

MUSCULOSKELETAL (MSK) ADVANCED
PROCEDURES

Network Health Provider Presentation

Updated 2026

EviCore
By EVERNORTH



Network Health Prior Authorization Services

Applicable Membership	Prior authorization applies to the following services	Prior authorization does NOT apply to services performed in
- Commercial Members - Medicare Members	- Outpatient - Elective/Non-emergent	- Emergency Rooms - Observation Services

Verify member eligibility & benefits through your Network Health provider account at:
<https://login.networkhealth.com> or by calling Network Health.

- Medicare 855-580-9935 or 920-720-1460
- Group 800-826-0940 or 920-720-1300
- Individual and Family 855-275-1400 or 920-720-1400
- State of Wisconsin (ETF) 844-625-2208 or 920-720-1811

Spine & Joint Surgery and Pain Management

Interventional Pain:

- Spinal injections
- Spinal implants
 - Spinal cord stimulators
 - Pain pumps

Joint Surgery:

- Large joint replacement
 - Arthroscopic and open procedures

Spine Surgery:

- Spinal implants
 - Spinal cord stimulators
 - Pain pumps
- Cervical/Lumbar
 - Decompressions
 - Fusions

To find a list of CPT codes that require prior authorization through EviCore, please visit:

[Network Health WI Provider Resources | EviCore by Evernorth](#)



Necessary Information for Prior Authorization



To obtain prior authorization on the very first submission, the provider submitting the request will need to gather information within four categories:



Member

- ✓ Health Plan ID
- ✓ Member name
- ✓ Date of birth (DOB)



Referring (Ordering) Physician

- ✓ Physician name
- ✓ National provider identifier (NPI)
- ✓ Phone & fax number



Supporting Clinical

- ✓ Pertinent clinical information to substantiate medical necessity for the requested service
- ✓ CPT/HCPCS Code(s)
- ✓ Diagnosis Code(s)
- ✓ Previous test results



Rendering Facility

- ✓ Facility name
- ✓ Address
- ✓ National provider identifier (NPI)
- ✓ Tax identification number (TIN)
- ✓ Phone & fax number

All Clinical Information pages must include 2 patient/member identifiers

Additional Documentation Needed

If during case build all required pieces of documentation are not received, or are insufficient for EviCore to reach a determination, the following will occur:



A hold letter will be faxed to the requesting provider requesting additional documentation.



The provider must submit the additional information to EviCore.



EviCore will review the additional documentation and reach a determination.

The hold letter will inform the provider about what clinical information is needed as well as the **date by which it is needed**.

Requested information must be received within the timeframe as specified in the hold letter, or EviCore will render a determination based on the information shared on original submission.

Determination notifications will be sent.

I've received a request for additional clinical information. What's next?



Before a denial decision is issued on Medicare cases, EviCore will notify providers telephonically and in writing. From there, additional clinical information must be submitted to EviCore in advance of the due date referenced.

Important to note: If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is not held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed.

Once the determination is made, notifications will go out to the provider and member, and status will be available on [EviCore.com](https://www.evicore.com)

There are three ways to supply the requested information:

1. Fax to **855-744-1319**
2. Upload directly into the case via the provider portal at [EviCore.com](https://www.evicore.com). **All Clinical Information pages must include 2 patient/member identifiers**
3. Request a Pre-Decision Clinical Consultation
This consultation can be requested via the EviCore website, and must occur prior to the due date referenced

Prior Authorization Outcomes

Determination Outcomes:

- **Approved/ Partially Approved Requests:** Authorizations are valid for 60 calendar days from the date of case submission. In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved, as well as post-decision options for denied codes.
- **Denied Requests:** If a request is determined as inappropriate based on evidence-based guidelines, a notification with the rationale for the decision and post-decision rights will be issued.

Notifications:

- Web initiated cases will receive e-notifications when a user opts to receive.
- Members will receive a letter by mail.
- Authorization letters will be faxed to the rendering provider.
- Approval information can be printed on demand from the EviCore portal:
www.EviCore.com



Retrospective Authorization Requests



Must be submitted within 7 business days from the date of services



Any submitted beyond this timeframe will be administratively denied



Reviewed for **clinical urgency** and medical necessity



Processed within 30 calendar days



When authorized, the start date will be the submitted date of service



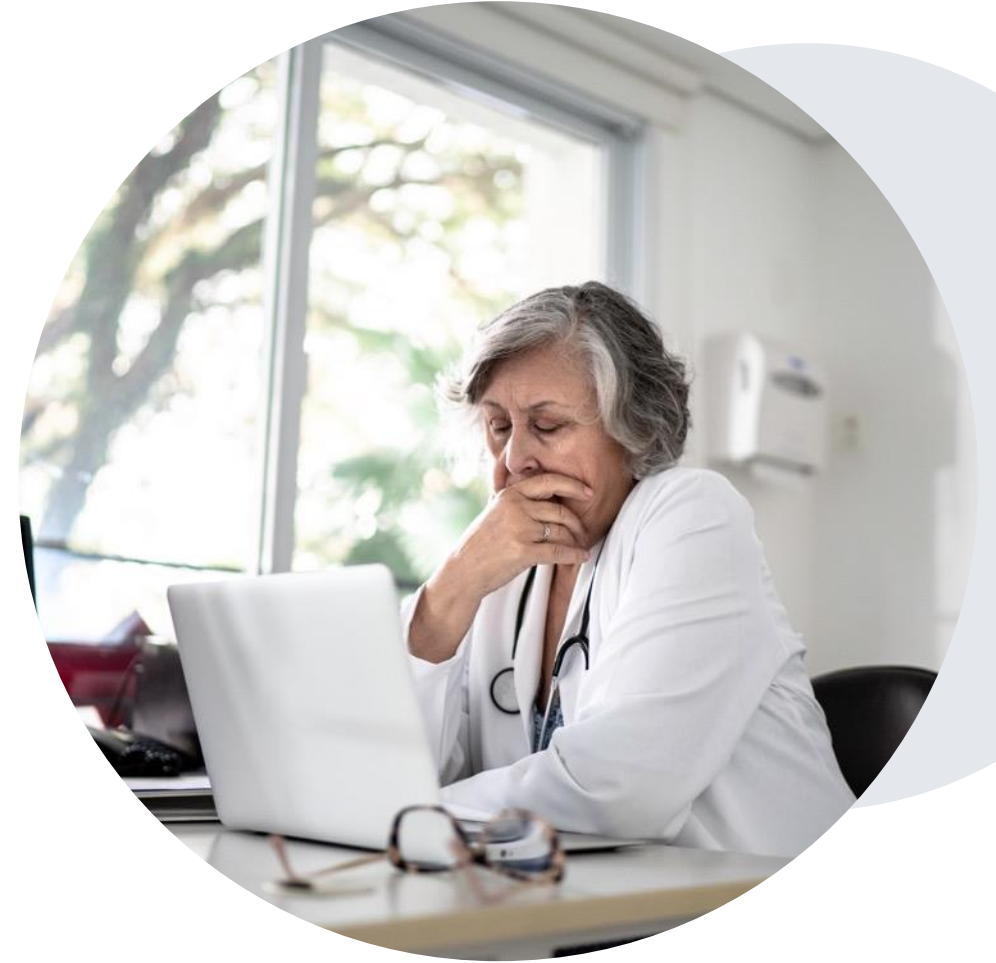
Special Circumstances

Authorization Updates

- If updates are needed on an existing authorization, you can contact EviCore by phone at **855-727-7444**
- While EviCore needs to know if changes are made to the approved request, any change could result in the need for a separate clinical review and require a new request (and the original approved request would need to be withdrawn).
- If the authorization is not updated, it may result in a claim denial.

Urgent Prior Authorization Requests

- EviCore uses the NCQA/URAC definition of urgent: when a delay in decision-making may seriously jeopardize the life or health of the member
- Can be initiated on provider portal or by phone
- Urgent cases are typically reviewed within 72 hours



Alternative Recommendation



An alternative recommendation may be offered based on EviCore's evidence-based clinical guidelines



The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request



Providers have up to 30 calendar days to contact EviCore to accept the alternative recommendation



Post-Decision Options | Commercial Members

My case has been denied. What's next?

Your **determination letter** is the best immediate source of information to assess what options exist on a case that has been denied. You may also call EviCore at **855-727-7444** to speak with an agent who can provide available option(s) and instruction on how to proceed.

Alternatively, select **All Post Decisions** under the **Authorization Lookup** function on [Provider's Hub | EviCore by Evernorth](#) to see available options.

Reconsiderations

- Providers can request a reconsideration review.
- Reconsiderations must be requested within **30 calendar days** after the determination date.
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an EviCore physician.

Appeals

- EviCore will not process appeals for Network Health.
- The timeframe by which appeal requests must be submitted to EviCore varies by line of business. Please refer to the denial letter for instructions.



Post-Decision Options | Medicare Members

My case has been denied. What's next?

Your **determination letter** is the best immediate source of information to assess what options exist on a case that has been denied. You may also call EviCore at **855-727-7444** to speak with an agent who can provide available option(s) and instruction on how to proceed.

Alternatively, select **All Post Decisions** under the **Authorization Lookup** function on [Provider's Hub | EviCore by Evernorth](#) to see available options.

Reconsiderations

- Medicare cases do **not** include a reconsideration option
- Providers can request a Clinical Consultation with an EviCore physician to better understand the reason for denial. However, once a denial decision has been made, the decision **cannot** be overturned via Clinical Consultation.

Appeals

- EviCore will not process appeals for Network Health.
- The timeframe by which appeal requests must be submitted to EviCore varies by line of business. Please refer to the denial letter for instructions.



Portal Features

How to Request Prior Authorization

The EviCore Provider Portal is the easiest, most efficient way to request clinical reviews and check statuses.

- **Save time:** Quicker process than requests by phone or fax
- **Available 24/7:** Submit your requests anytime day or night
- **Save your progress:** If you need to step away, you can save your progress and resume later
- **Upload additional clinical information:** No need to fax in supporting clinical documentation, it can be uploaded on the portal
- **View and print determination information:** Check case status in real-time
- **Dashboard:** View all recently submitted cases
- **Duplication feature:** If you are submitting more than one request, you can duplicate information to expedite submittals

To access the EviCore Provider Portal, visit [Provider's Hub | EviCore by Evernorth](#)

Or by phone: **855-727-7444**
Monday – Friday
7 AM – 7 PM (local time)

Or by fax: **855-774-1319**



EviCore Provider Portal | Features

UPX Dashboard

- Track recently submitted cases
- Share work list with co-workers to help manage cases

Clinical Certification

- Request a clinical review for prior authorization on the portal

Prior Authorization Status Lookup

- View and print any correspondence associated with the case
- Search by member information OR by case number with ordering national provider identifier (NPI)
- Review post-decision options and schedule a peer-to-peer consultation
- Self schedule a peer-to-peer consultation



Eligibility Lookup

- + After selecting **Eligibility Lookup**, you will be asked to select the health plan from the drop-down menu and then add the ordering provider's NPI.
- + Click continue and add the patient's health plan ID and their date of birth.
- + Select the appropriate patient from the search results listed.
- + The following window will indicate whether precertification is required.

EviCore

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Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Sunday, June 30, 2024 1:59 PM

Eligibility Lookup

All fields required

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:

MM/DD/YYYY

Search Results:

	Patient ID	MemberCode	Name	
SELECT		001		7/5

PRINT

SEARCH

EviCore

By EVERNORTH

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Sunday, June 30, 2024 1:59 PM

Eligibility Lookup

Health Plan:

Patient ID:

Member Code:

Therapy Eligibility:

Precertification is Required

PRINT

DONE

SEARCH AGAIN

[Click here for help](#)

Authorization Lookup

Authorization Lookup

Search by Member Information

Search by Authorization Number/NPI

OnePA: Prior Authorization Portal for Providers

Search by Claim Number/Health

Required Fields

Provider NPI:

Auth/Case Number:

SEARCH

PRINT

[Click here for help](#)

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Authorization Lookup examples

Authorization Lookup

Authorization Number: NA

Case Number:

Patient Name:

DOB:

Status: Pending Clinical Review

P2P Status:

P2P AVAILABILITY

Approval Date:

Service Code: 33208

Service Description: DUAL CHAMBER PACEMAKER (DDD)

Site Name:

Start Date: 9/6/2024

Expiration Date:

Date Last Updated: 9/6/2024 9:42:24 AM

Correspondence:

UPLOADS & FAXES

Clinical Upload:

UPLOAD ADDITIONAL CLINICAL

Procedures

Procedure	Description
33208	Insertion of new or replacement of permanent pacemaker (dev

PRINT

- A final decision has not yet been rendered on this case OR it requires special handling. If you have received a request for additional clinical information, please respond to our notice per the instructions received.
- Note that the ‘start date’ is actually the case receive date; it is not the start date of the authorization date span.
- If you would like to understand additional options available, please contact our Physician Support Unit at 1-800-792-8744, option 1

Authorization Lookup

Authorization Number:

Case Number:

Patient Name:

DOB:

Status:

Approved

P2P Status:

P2P AVAILABILITY

Approval Date: 7/15/2024 12:00:00 AM

Service Code: 33208

Service Description: DUAL CHAMBER PACEMAKER (DDD)

Site Name:

Start Date: 7/15/2024

Expiration Date: 8/31/2024

Date Last Updated: 7/17/2024 6:48:25 PM

Correspondence:

UPLOADS & FAXES

Procedures

Procedure	Description	Qty Requested	Qty Approved
33208	Insertion of new or replacement of permanent pacemaker (device inserted under the skin in the chest in order to control your heart rate)	1	1

PRINT

Authorization Lookup – post decision options

Authorization Lookup

Denial example

Authorization Number: NA

Case Number:

P2P AVAILABILITY

Request Peer to Peer Consultation

Patient Name:

DOB:

Status: Denied

P2P Status:

ALL POST DECISION OPTIONS

Approval Date:

Service Code: 33208

Service Description: DUAL CHAMBER PACEMAKER (DDD)

Site Name:

Start Date:

Expiration Date:

Date Last Updated: 7/23/2024 10:53:55 AM

Correspondence:

UPLOADS & FAXES

Procedures

Procedure	Description
33208	Insertion of new or replacement of permanent pacemaker (device inserted under the skin in the chest in order to c

Authorization Lookup

Reconsideration allowed through eviCore until 08/21/2024.

First Level Appeal allowed through eviCore until 2/3/2025.

Second Level Appeal is not delegated to eviCore or is no longer available for this case.

Would you like to process a Standard Pre-Service Reconsideration?

☐ Yes

☐ No

Note: Expedited or Post-Service Reconsiderations must be initiated by calling eviCore at 800-792-8744, option 1.

Submit

Authorization Lookup – Access Uploads and Faxes

Authorization Lookup

Authorization Number:

NA

Case Number:

Patient Name:

DOB:

Status:

Denied

P2P Status:

ALL POST DECISION OPTIONS

Approval Date:

Service Code:

33208

Service Description:

DUAL CHAMBER PACEMAKER (DDD)

Site Name:

Start Date:

7/18/2024

Expiration Date:

Date Last Updated:

7/23/2024 10:53:55 AM

Correspondence:

UPLOADS & FAXES

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
33208	Insertion of new or replacement of permanent pacemaker (device inserted under the skin in the chest in order to control your heart rate)	1	0	

Uploads & Faxes

Attached Faxes

Sent Letters & Faxes

Document Uploads

4 documents sent.

Episode ID	Date Sent	Time Sent	Document Name	Recipient	View
A221443384	07/18/2024	12:29:25	BCMN0301 - Hold Some Info PHYS	Physician	VIEW
A221443384	07/20/2024	02:15:59	EVI0704 - Pending Medical Director Review PHYS	Physician	VIEW
A221443384	07/23/2024	11:03:32	BCMN0201 - Denial PHYS	Physician	VIEW
A221443384	07/23/2024	11:03:32	BCMN0200 - Denial MBR	Patient	VIEW

CLOSE

Provider Resources

Clinical Guidelines and Worksheets

How do I access CID Worksheets and/or EviCore's clinical guidelines?

1. Open the **Resources** menu in the top right of the browser at www.EviCore.com.
2. Select **Clinical Guidelines** or **Clinical Worksheets**
3. Select 'Musculoskeletal: Advanced Procedures'
4. Type in "Network Health WI" in the 'Search by Health Plan'

CLINICAL GUIDELINES

PROVIDER RESOURCES

Clinical Worksheets



Cardiac & Vascular Intervention



Cardiovascular & Radiology



Durable Medical Equipment



Embarc Benefit Protection®



Gastroenterology



Laboratory Management



Medical Drug Management



Medical Oncology



Musculoskeletal: Advanced Procedures



Musculoskeletal: Therapies



Post-Acute Care



Radiation Oncology

Follow the below steps to access the clinical guidelines.

[READ MORE](#)

If you require a copy of the guidelines that were used to make a determination on a specific request of treatment or services, please email the case number and request to: regcriteria@EviCore.com.

To request any additional assistance in accessing the guidelines, provide feedback or clinical evidence related to the evidence-based guidelines, please [click here](#).

EviCore coverage policies include background and supporting information and citations for sources used to develop the policy. Some clinical policies may have a supplemental literature summary available which will provide additional commentary regarding clinical benefits and harms to the patient population being served. Additional literature summaries may be accessed by selecting 'Supplemental Information' and then entering "EviCore by Evernorth" in the search by health plan function.

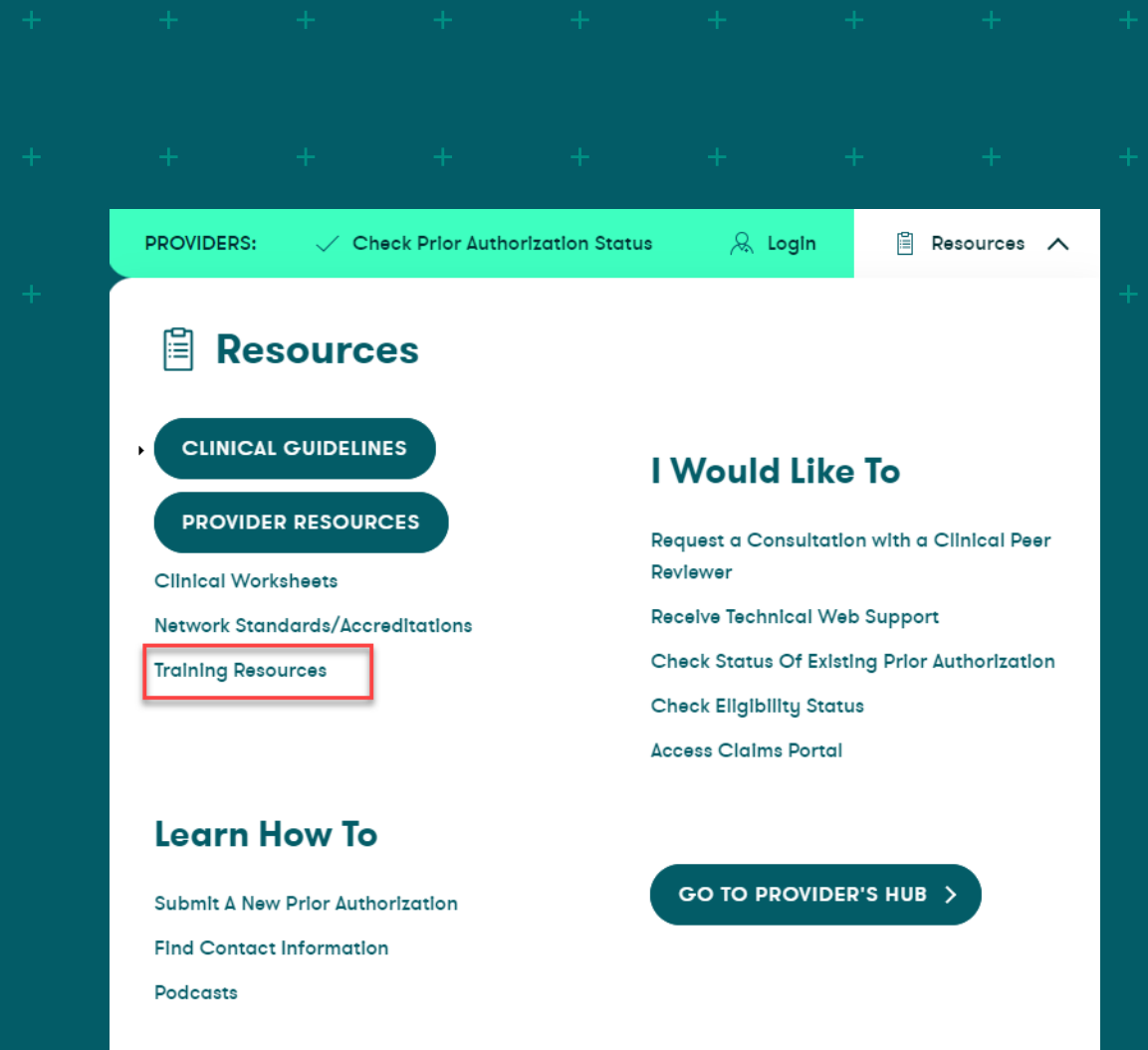
Network Health WI



Non-Health Plan Specific (EviCore) Provider Resources

The EviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

- Required Clinical Information checklist
- EviCore's evidence-based clinical guidelines
- Clinical worksheets
- Podcasts & Insights
- Solution Specific Frequently Asked Questions
- Training resources



Network Health specific Provider Resource Website

EviCore's Provider Engagement team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis.

These pages have a solution specific tab which include:

- + Frequently asked questions
- + Quick reference guides
- + Provider training
- + CPT code list

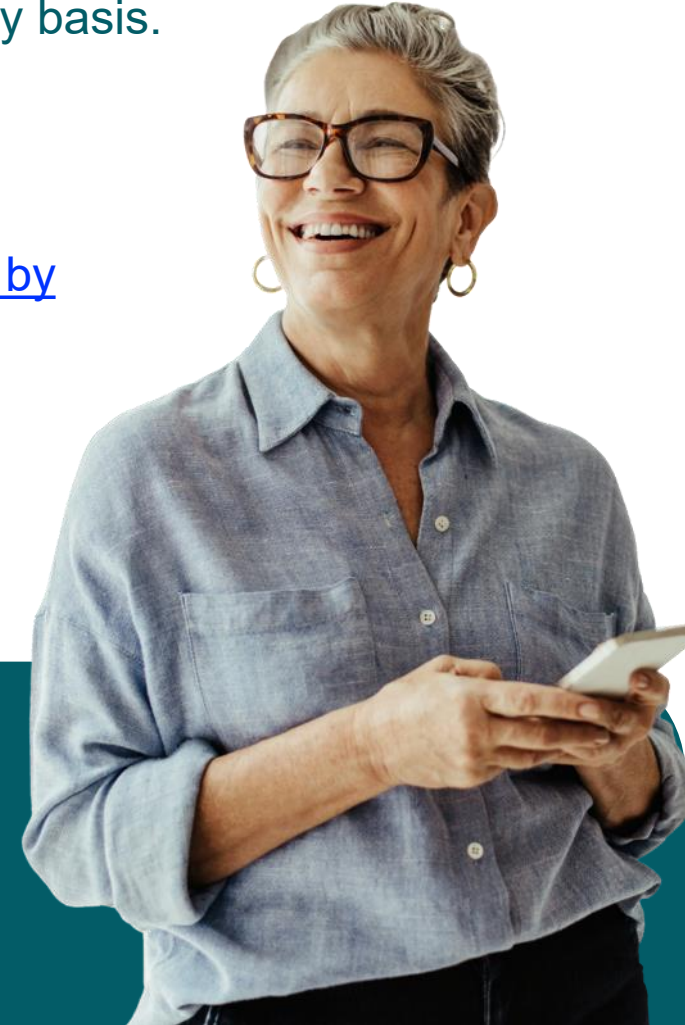
To access these helpful resources, visit

[Network Health WI Provider Resources | EviCore by Evernorth](#)

To access additional authorization information via Network Health provider resources, visit [Network Health | Authorization Information](#)



EviCore also maintains online resources not specific to health plans at: [Provider's Hub | EviCore by Evernorth](#)



Client and Provider Services

For eligibility issues (member or provider not found in system) or transactional authorization related issues requiring research. Requests will be initiated through EviCore's self-service application, ECRM.

- + Access: [ECRM Services](#)
- + Phone: **(800) 646-0418** (option 4).

Web-Based Services and Portal Support

- + Live chat
- + Access: [ECRM Services](#)
- + Phone: **800-646-0418** (option 2).

Provider Engagement

- + Regional team that works directly with the provider community.
- + **Lisa Mekkelsen**
- + Email: lisa.mekkelsen@evicore.com
- + Phone: **843-949-0022**

Call Center

Call **855-727-7444**, representatives are available from 7 a.m. to 7 p.m. central time.

Contact EviCore's Dedicated Teams



Provider Training Opportunities



Get More Out of the EviCore Portal—Join a Free Training Session

Training Options & Frequency

- + [Intro to Web Portal Training](#)– Offered **twice per week**
- + [Intro to EviCore Online Resources](#)– Offered **twice per month**
- + [Therapy Provider Training](#) (*for therapy providers*) – Offered **twice per quarter**
- + [Post-Acute Care Portal Training](#) (*for hospitals and post-acute care providers*)
– Offered **once per week**

How to View Sessions & Register

1. Click on the training session you would like to attend.
2. Select your preferred date and time by checking the radio button.
3. Complete the registration form.
4. Look for a confirmation email with session details.

Have questions? The training host's contact information will be included in your confirmation email.

We look forward to seeing you at an upcoming training session!



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Thank You