MUSCULOSKELETAL (MSK) ADVANCED PROCEDURES

Network Health Provider Presentation

Updated 2026

EviCore By EVERNORTH

network health

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

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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]

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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

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

The provider must submit the additional information to EviCore.

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.

EviCore will review the additional documentation and reach a determination.

Determination notifications will be sent.

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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

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. **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

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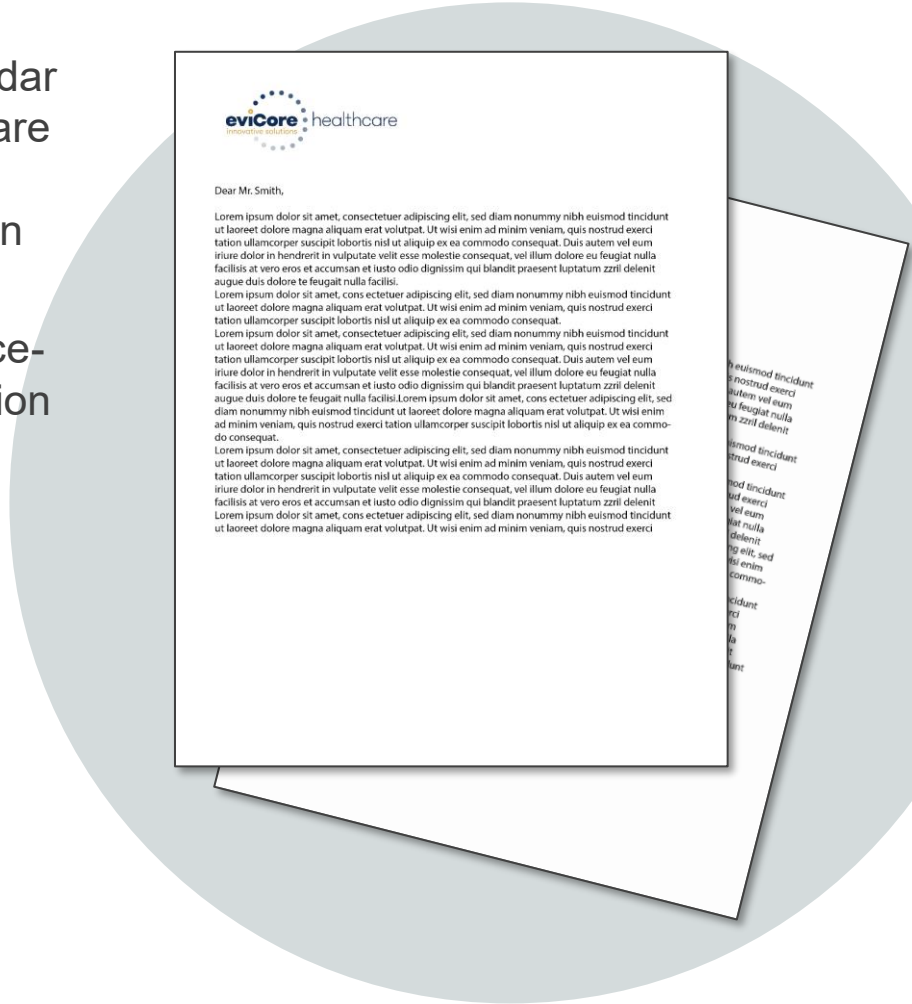
Prior Authorization Outcomes

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

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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

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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

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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

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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.

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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.

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Portal Features

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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**

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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

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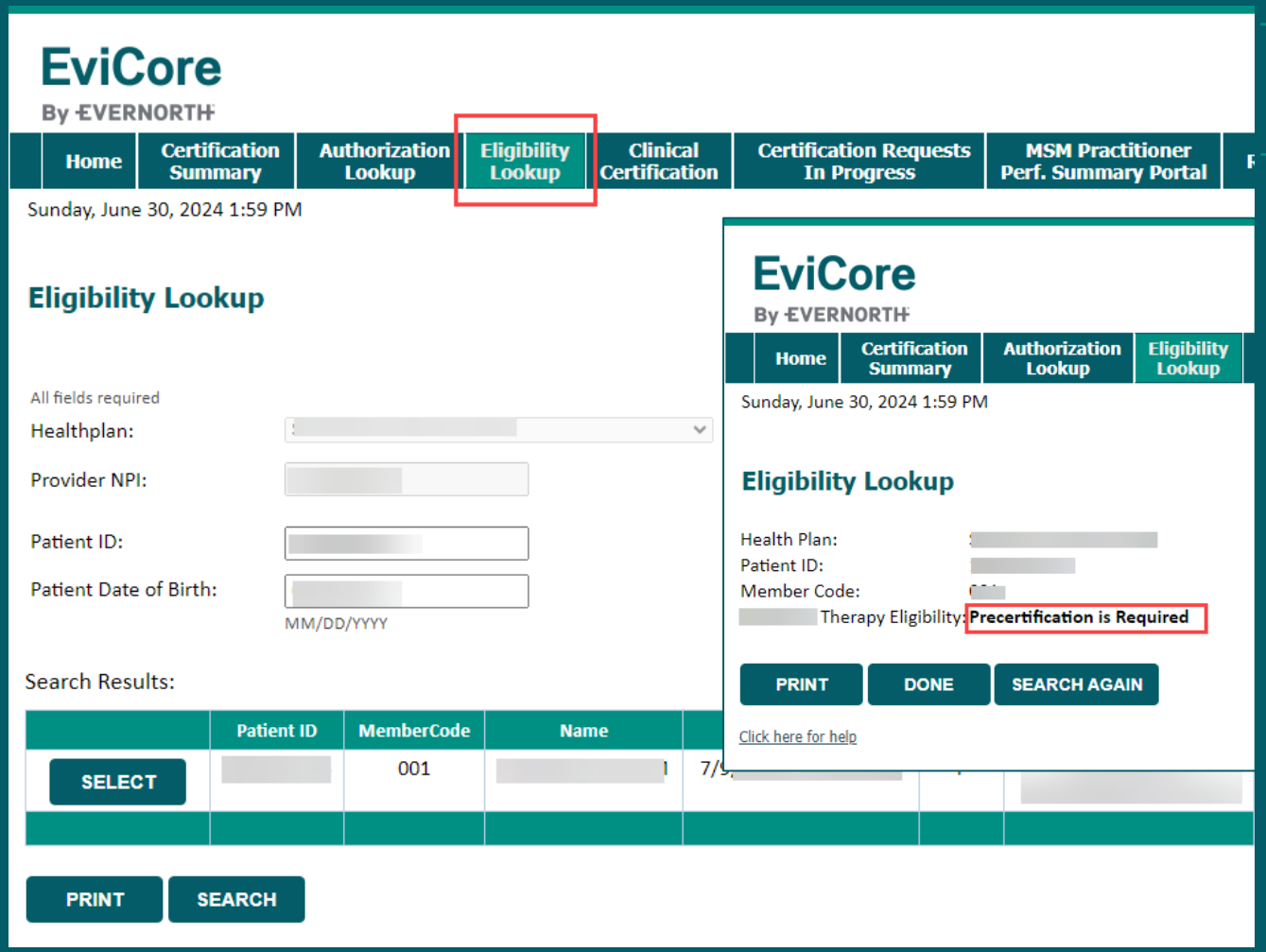
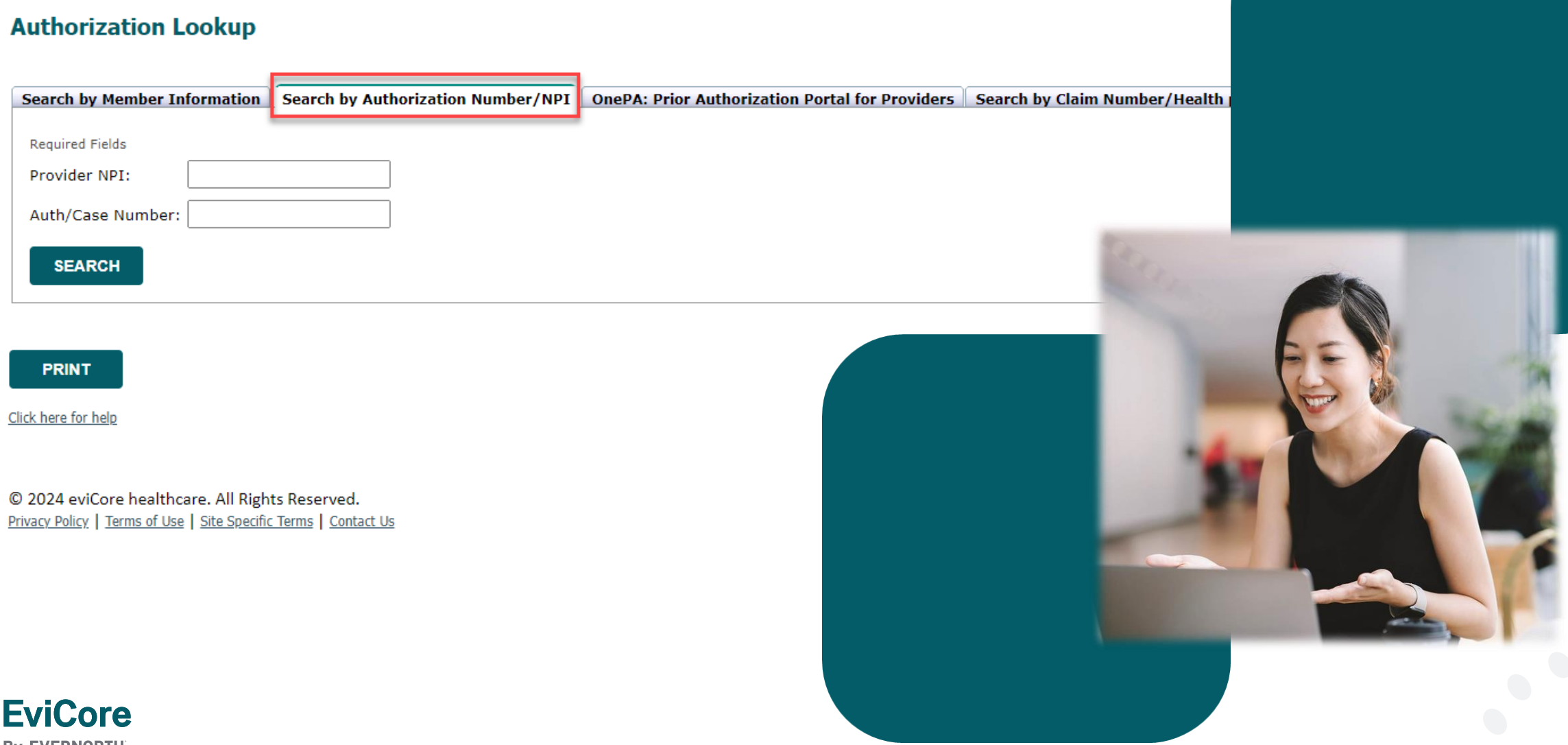
Eligibility Lookup

- 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.



Authorization Lookup



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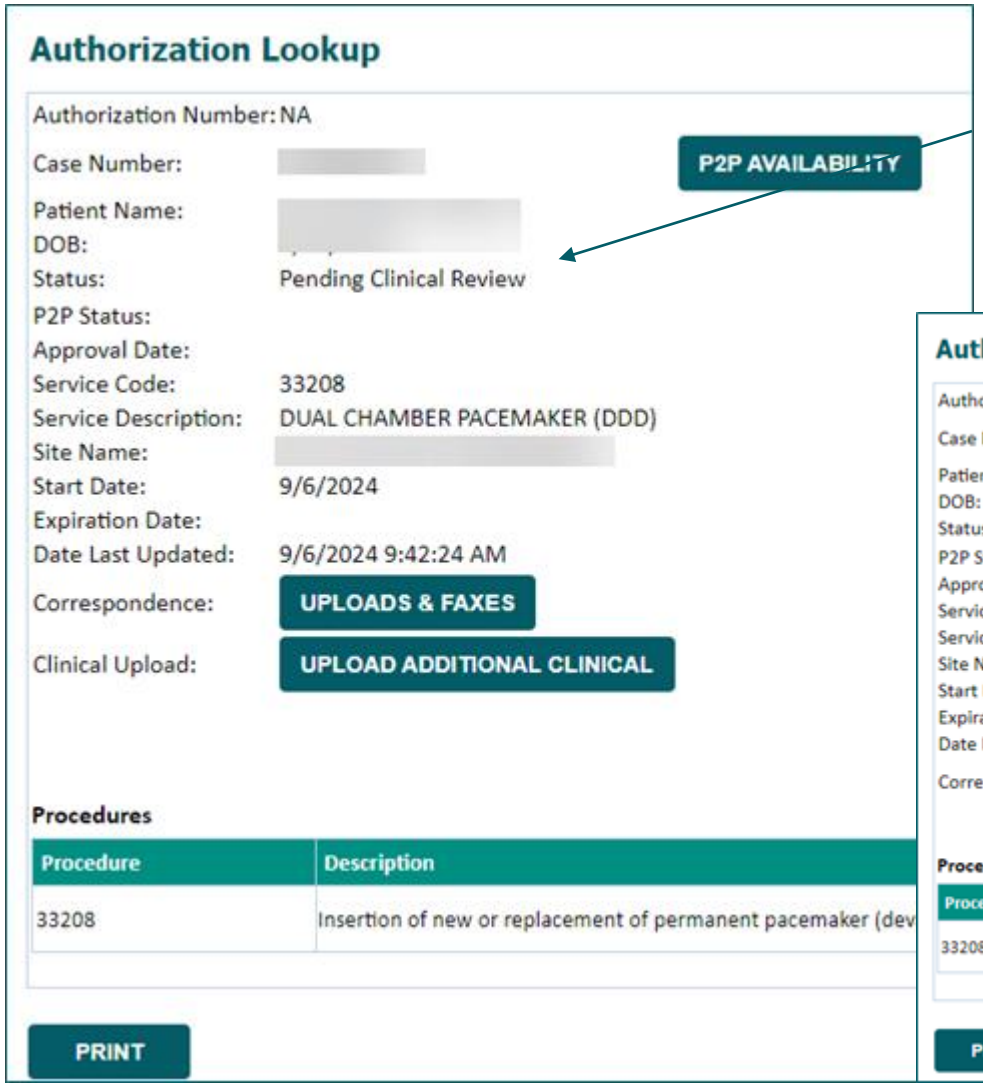
Authorization Lookup examples



- 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

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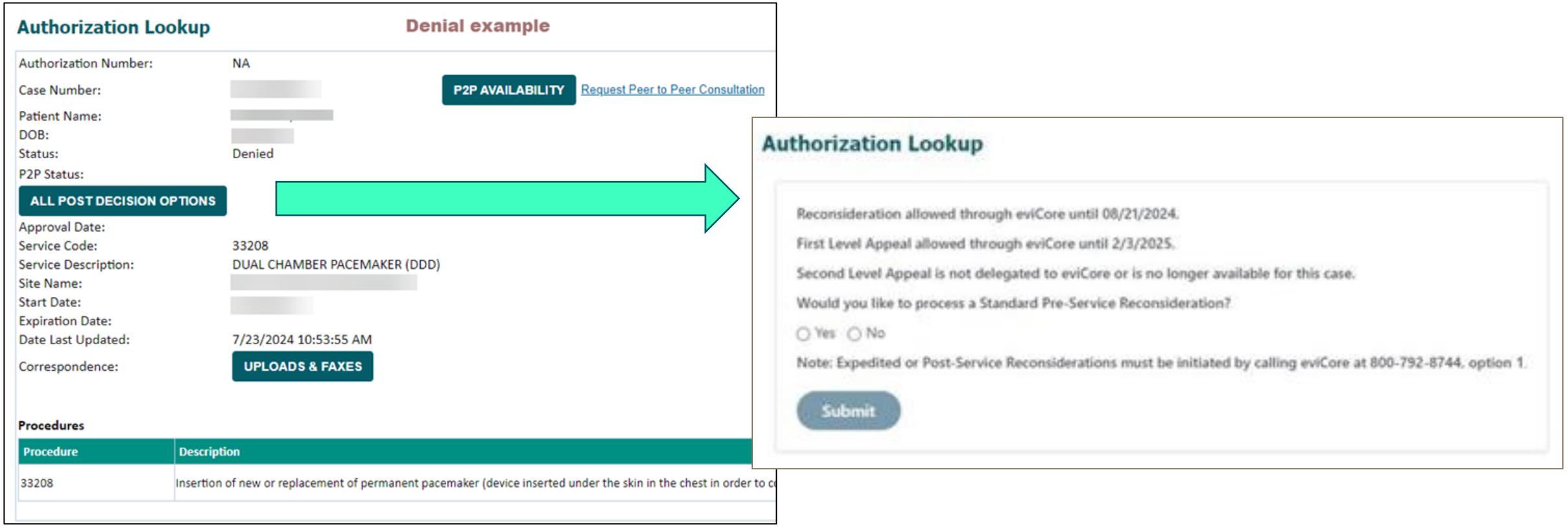
Authorization Lookup – post decision options



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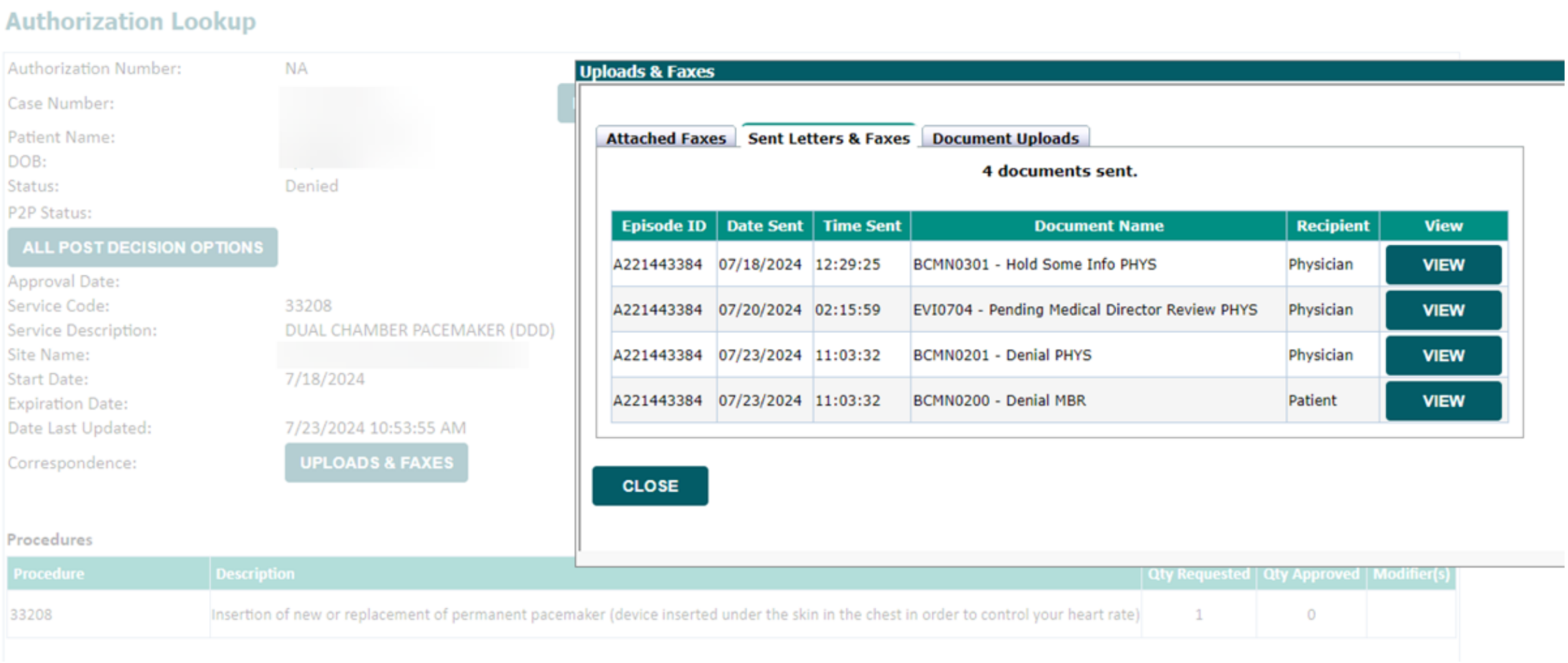
Authorization Lookup – Access Uploads and Faxes



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Provider Resources

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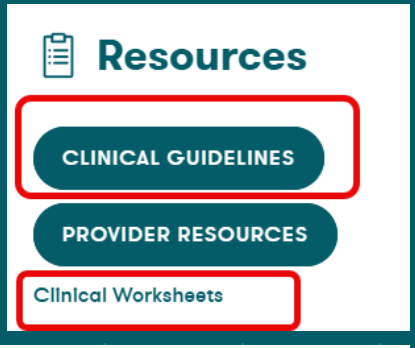
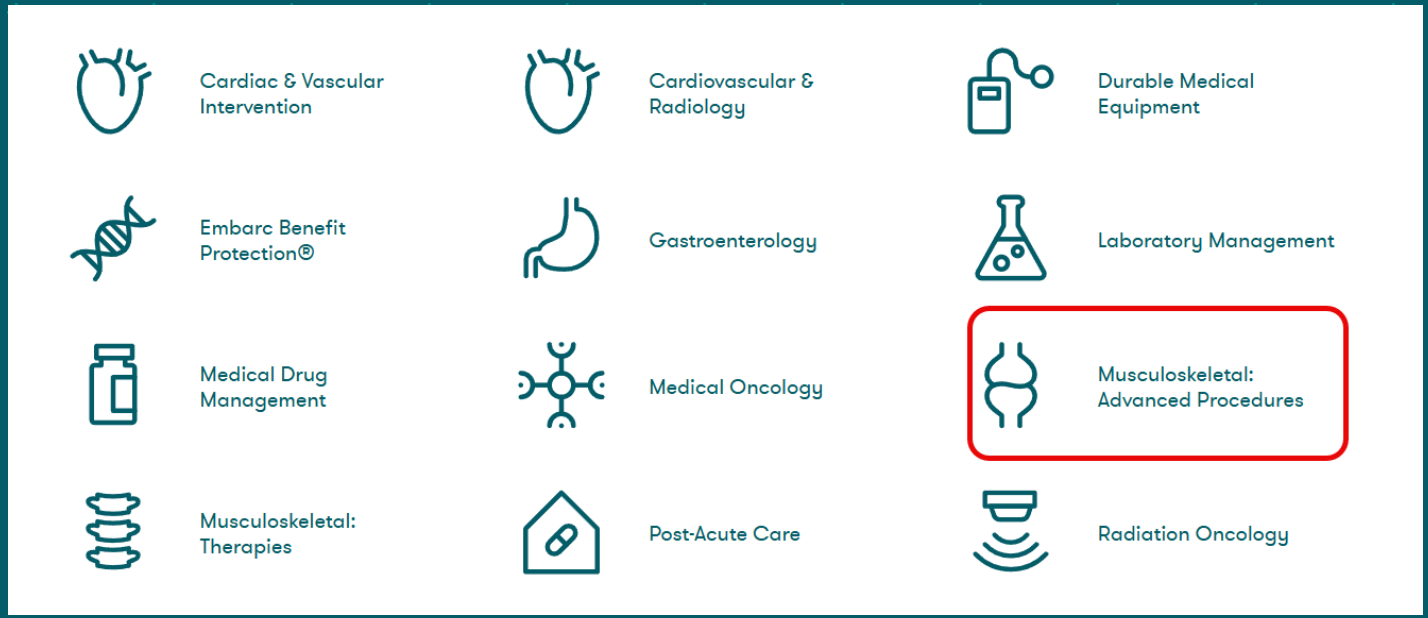
PROVIDER RESOURCES

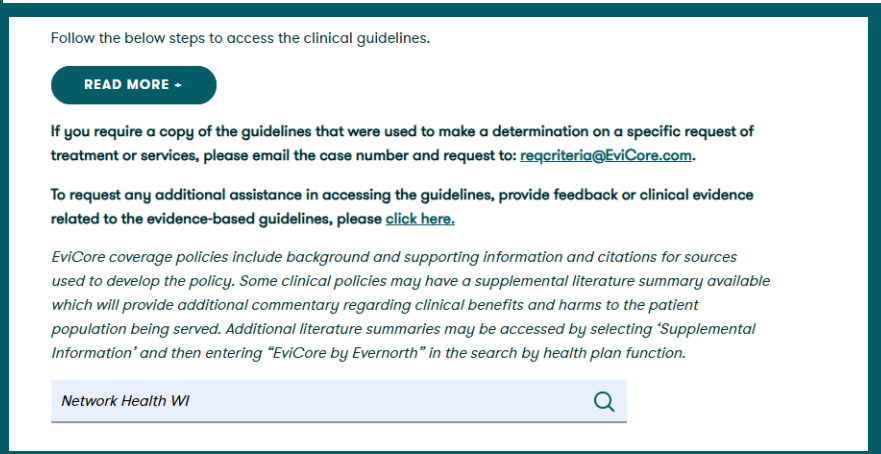
Clinical Guidelines and Worksheets

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







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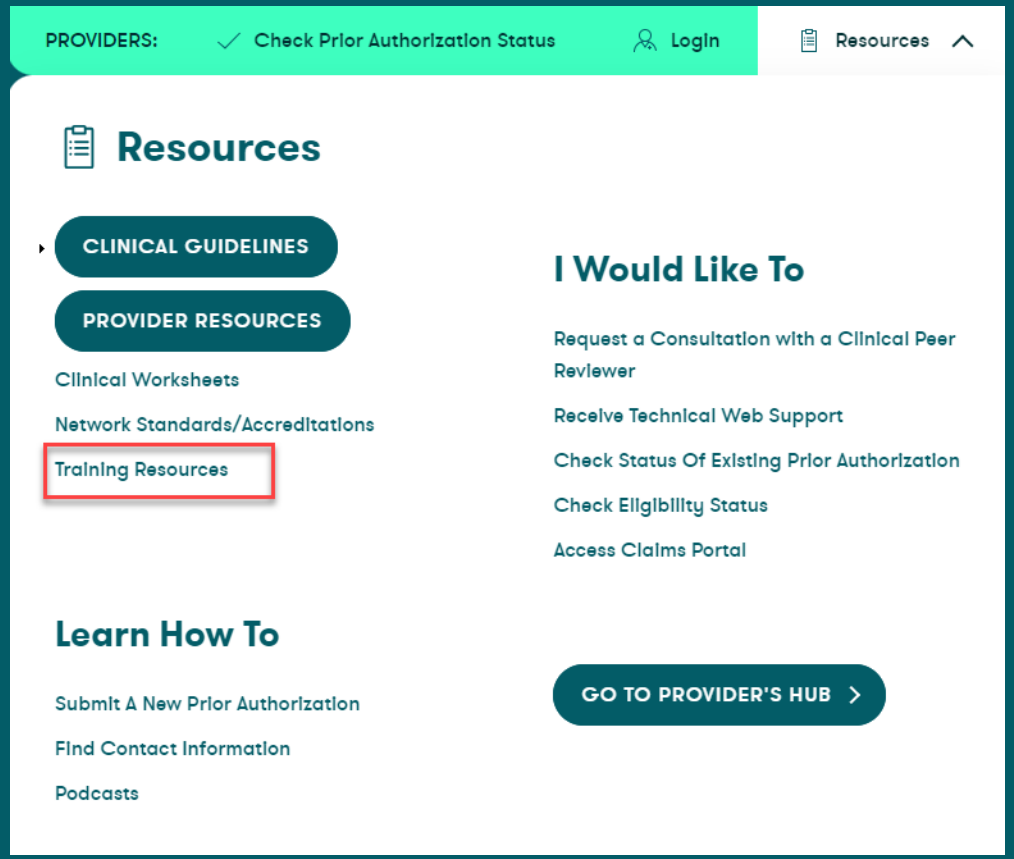
Non-Health Plan Specific (EviCore) Provider Resources

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



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Network Health specific Provider Resource Website

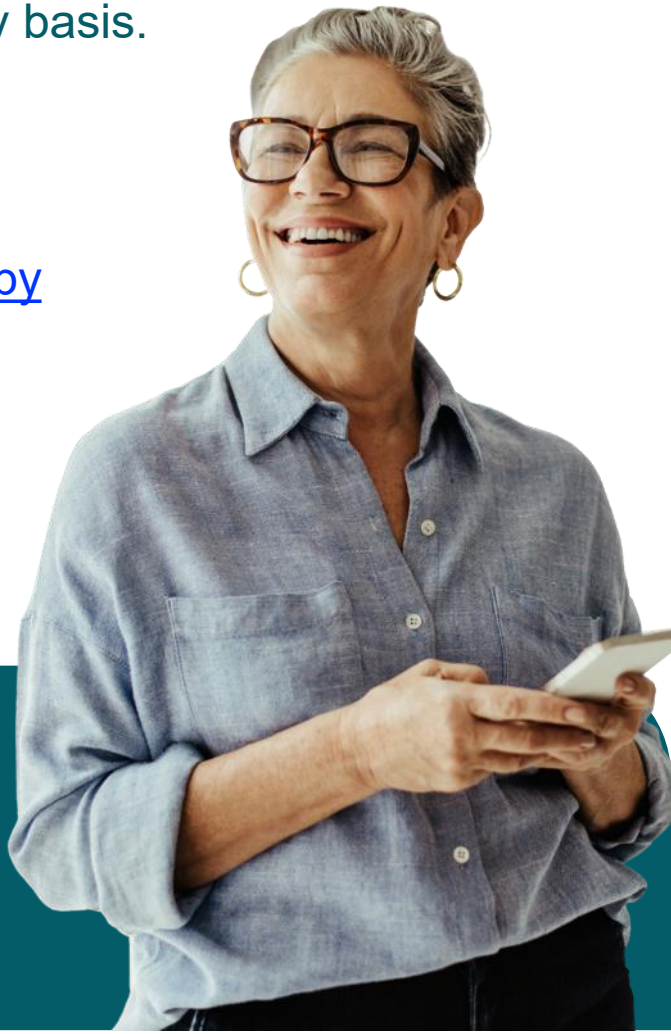
EviCore's Provider Engagement team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis.

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

Contact EviCore's Dedicated Teams

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.

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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