

Specialized Therapies: PT/OT

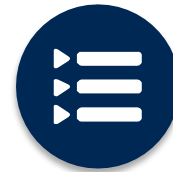
Provider Orientation Session
for Network Health WI

Medical Benefits Management (MBM)

Addressing the complexity of the healthcare system



10
Comprehensive
solutions



Evidence-based
clinical guidelines

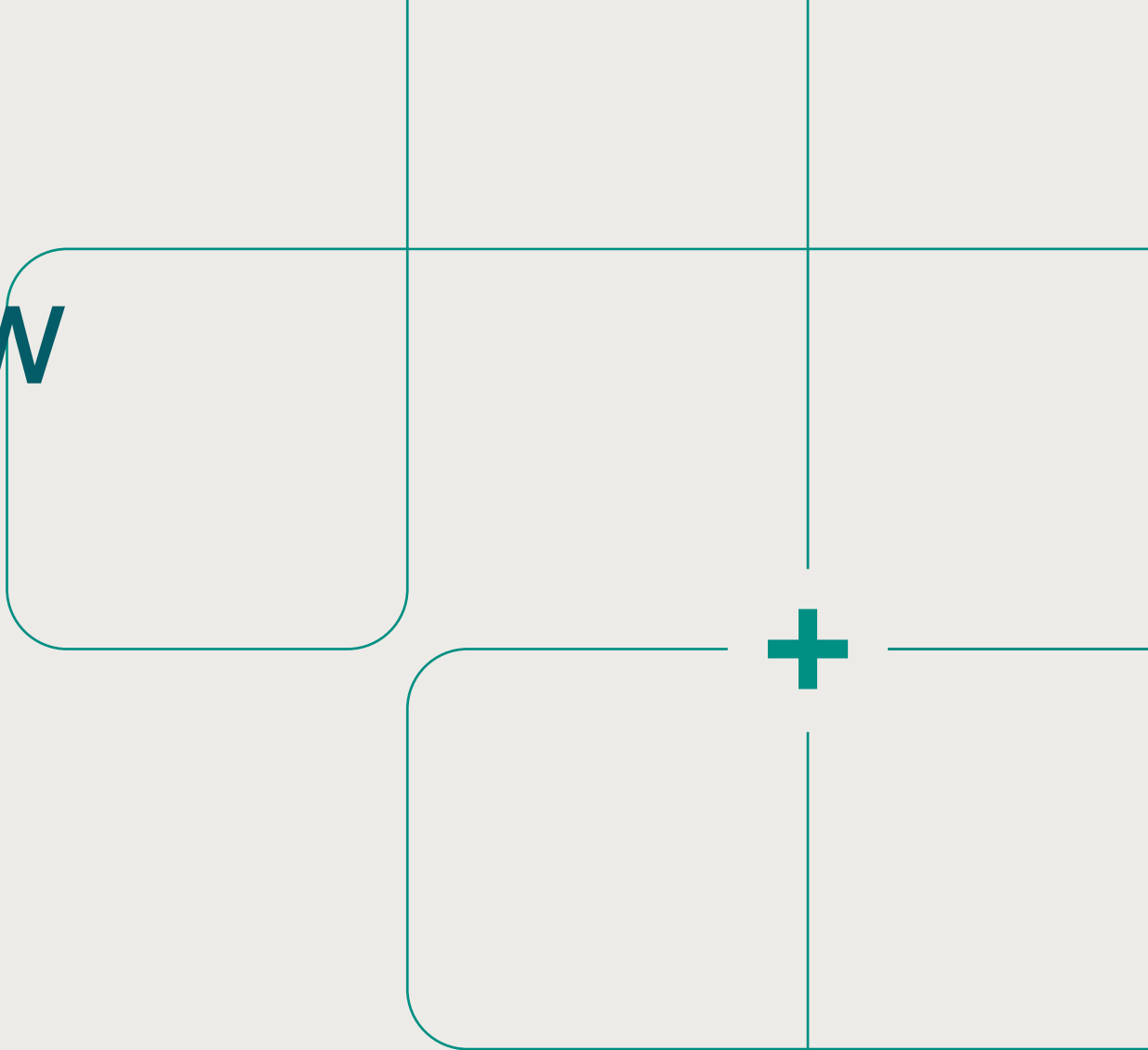


5k+ employees,
including
1k+ clinicians



Advanced, innovative,
and intelligent
technology

Program Overview



Network Health Wisconsin Prior Authorization Services

EviCore healthcare (EviCore) will begin accepting prior authorization requests for Physical Therapy and Occupational Therapy services on May 24, 2021 for dates of service June 1, 2021 and after.

Prior Authorization is required for members who are enrolled in Medicare and Commercial (Self Insured & Fully Insured) lines of business/programs.

Prior authorization applies to the following services:

- Outpatient only Physical and Occupational Therapy
- Telehealth/home Physical and Occupational Therapy
- Elective / Non-emergent Therapy



EviCore
By EVERNORTH

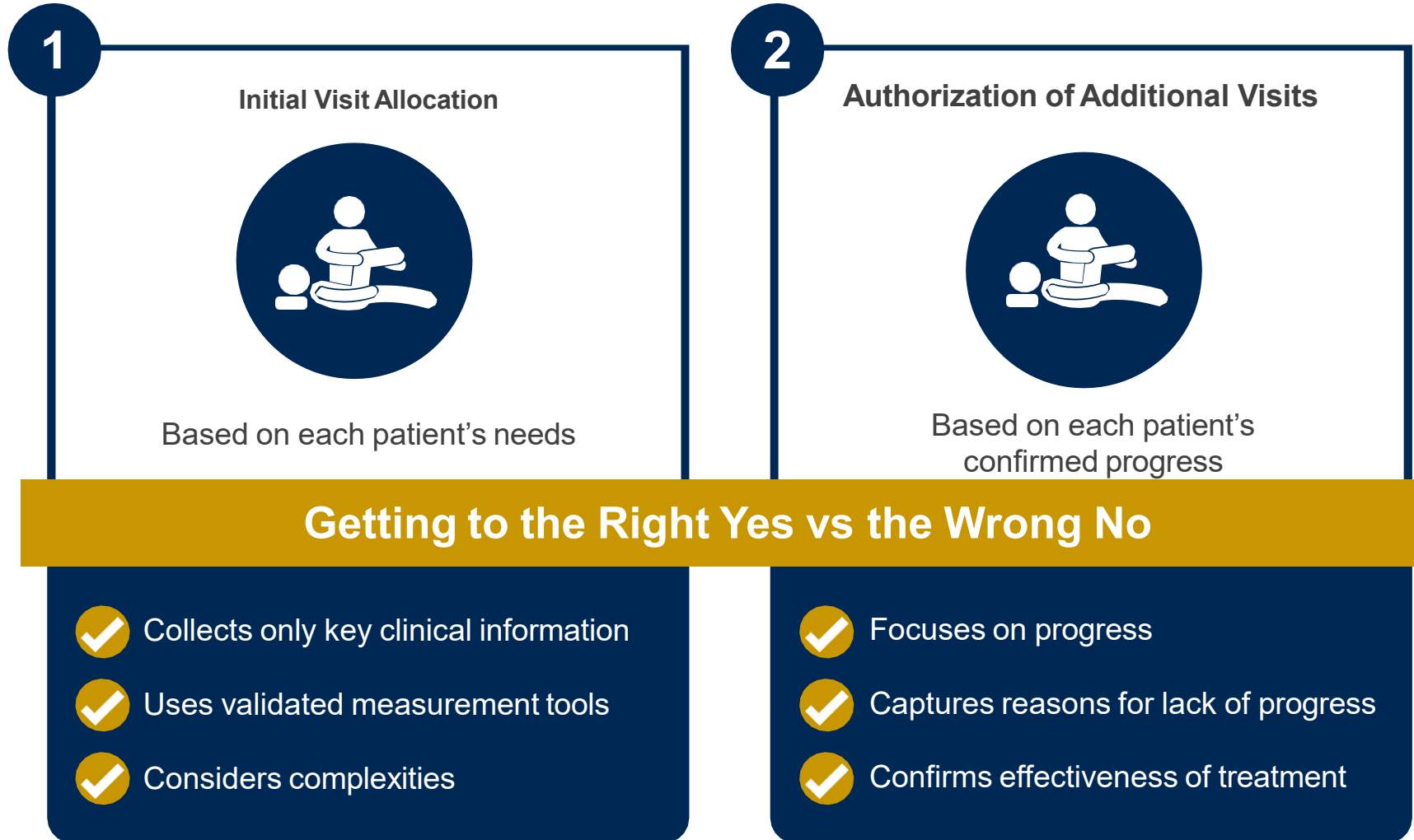
Providers should verify member eligibility and benefits on the secured provider log-in section at: <https://networkhealth.com/>

Prior Authorization Process – Specialty Therapies

corePath

- Simplified approach to clinical collection attempting to reduce administrative efforts for providers.
- Improves the ability to receive a real time decision when submitting a request via the web or phone.
- “Gets out of the way” of providers who are practicing efficiently and effectively.
- Adds quality measures via inclusion of patient reported functional outcomes.
- Uses data collected over the years from claims data (managed and unmanaged) to set the average # of visits for a condition.
- Acknowledges complexities that may require a greater frequency or intensity of care.
- Allows therapists to provide additional information for cases that are not “average”.

Therapy corePath: How it Works



Ongoing care requires more detailed review to identify the individual patient's need

Prior Authorization Process

Clinical Information – What EviCore needs and why we need it

- Clinical information is required to determine whether the services requested are medically necessary.
- Use clinical worksheets located at EviCore.com as a guide to determine what clinical information is required.
- Be prepared to provide patient reported functional outcome measures with your submission (for example: ODI, NDI, DASH/QuickDASH, LEFS, HOOS JR, KOOS JR).
- Clinical information should be current – typically something collected within 14 days prior to the request.
 - Exception – for peds neurodevelopmental, information may be up to 20 days old and the standardized testing should have been completed within up to one year prior to the requested start date.
- **Missing or incomplete clinical information will delay case processing.**
- **Medicare cases with incomplete or missing information will receive special handling. CMS allows EviCore to reach out multiple times over a 14 day period to obtain the information required to complete our review.**

Prior Authorization Process

Extended PT/OT Authorization

- Providers should base the frequency and intensity of care on the patient's condition, complexities, functional status, and response to care.
- Avoid creating a plan of care based on historical or business practice. Providers will be expected to only use the visits (and units) that are medically necessary.
- Provider behavior will be monitored and if there is a pattern of unnecessary utilization, future cases will not be eligible for expanded authorizations in the future.

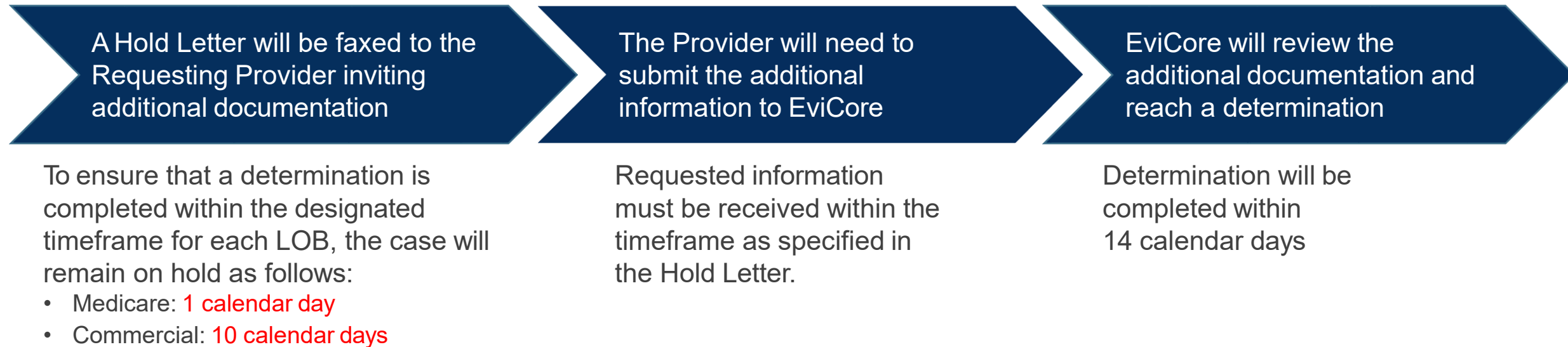
Pathway Questions

- Questions are included in the pathway to help EviCore create a case correctly.
- For example, you may be asked questions about the site (location) of the service.
 - Reason – Prior authorization may not be required for some sites of service.
 - Example – Emergency Department, Inpatient Services.
- Is the care requested following a mastectomy?
 - Should present only when the request is for a cervical or upper extremity condition.
 - Presents for both males and females since mastectomy applies to both.
 - There is a federal mandate related to post-mastectomy care.

Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

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



Prior Authorization Process

Requesting Authorization

- For the first request
 - Evaluate the member before you request prior authorization.
 - Network Health allows providers to evaluate and treat at the initial visit.
 - The evaluation code does not require prior authorization, but treatment does.
 - If treatment is provided during the evaluation visit, you have 7 days from the date of service to submit your request for authorization for the initial treatment.
- If additional care is needed:
 - You may submit your request as early as 7 days prior to the requested start date.
 - This allows time for the request to be reviewed and prevents a gap in care.
 - Remember to provide complete, current clinical information including patient reported functional outcome measures.
- **Retrospective** requests will be accepted up to 7 business days. Please note that any cases after 7 business days will be expired.
- **Notes:** Requests with a start date of > than 7 days in the future will not be accepted. If the member is away from therapy, reassess the condition once therapy has resumed. This allows you to provide current information to allow EviCore to determine medical necessity of ongoing therapy.

Treating Multiple conditions

Treating Multiple Conditions Within The Same Authorization Period

- If you are treating multiple conditions within the same period, there is no need to request authorization for treatment for each condition.
- The authorization covers all conditions treated within the same period of time.
- If you are treating more than 1 condition, advise EviCore to ensure adequate units are approved.
 - When submitting by the web, you will be asked if you are treating a second condition.
 - Answer = Yes; report information specific to the second condition
 - When requesting authorization over the phone, inform the agent that you are requesting authorization for two conditions
 - If submitting by fax, complete clinical worksheets for both conditions



Duplicate Care

- EviCore will approve care by two different providers within the same period only when it is medically necessary.
- Examples – PT and OT for therapy following a CVA; PT treating a knee condition and PT treating a vestibular condition.
- EviCore will not approve care by two providers within the same period if the care is duplicative.
- If a provider submits a request for authorization and there is an existing authorization for the same condition with a different provider, EviCore will reach out to the second provider to ask if the member has discontinued care with their original therapist. If this has occurred, please provide the date of discharge from the original therapist.
- If the condition being treated is the same and the member has not discontinued care with their original provider, the request for duplicate care will be denied.



Date Extensions

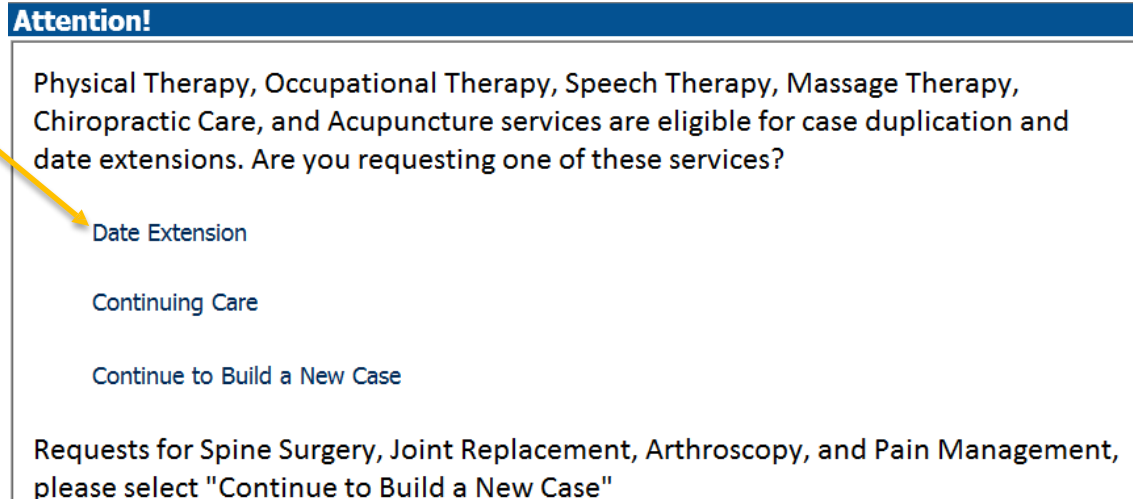
Date extensions are available if you are unable to use all units within the approved period

- Extend for the period that is needed, up to a maximum of 30 days
- One date extension is available per case
- **Must be requested prior to the expiration of the authorization**

Available

- By phone 855-727-7444
- Online

<https://carriers.carecorenational.com/PreAuthorization/screens/CreateCase.aspx>



Attention!

Physical Therapy, Occupational Therapy, Speech Therapy, Massage Therapy, Chiropractic Care, and Acupuncture services are eligible for case duplication and date extensions. Are you requesting one of these services?

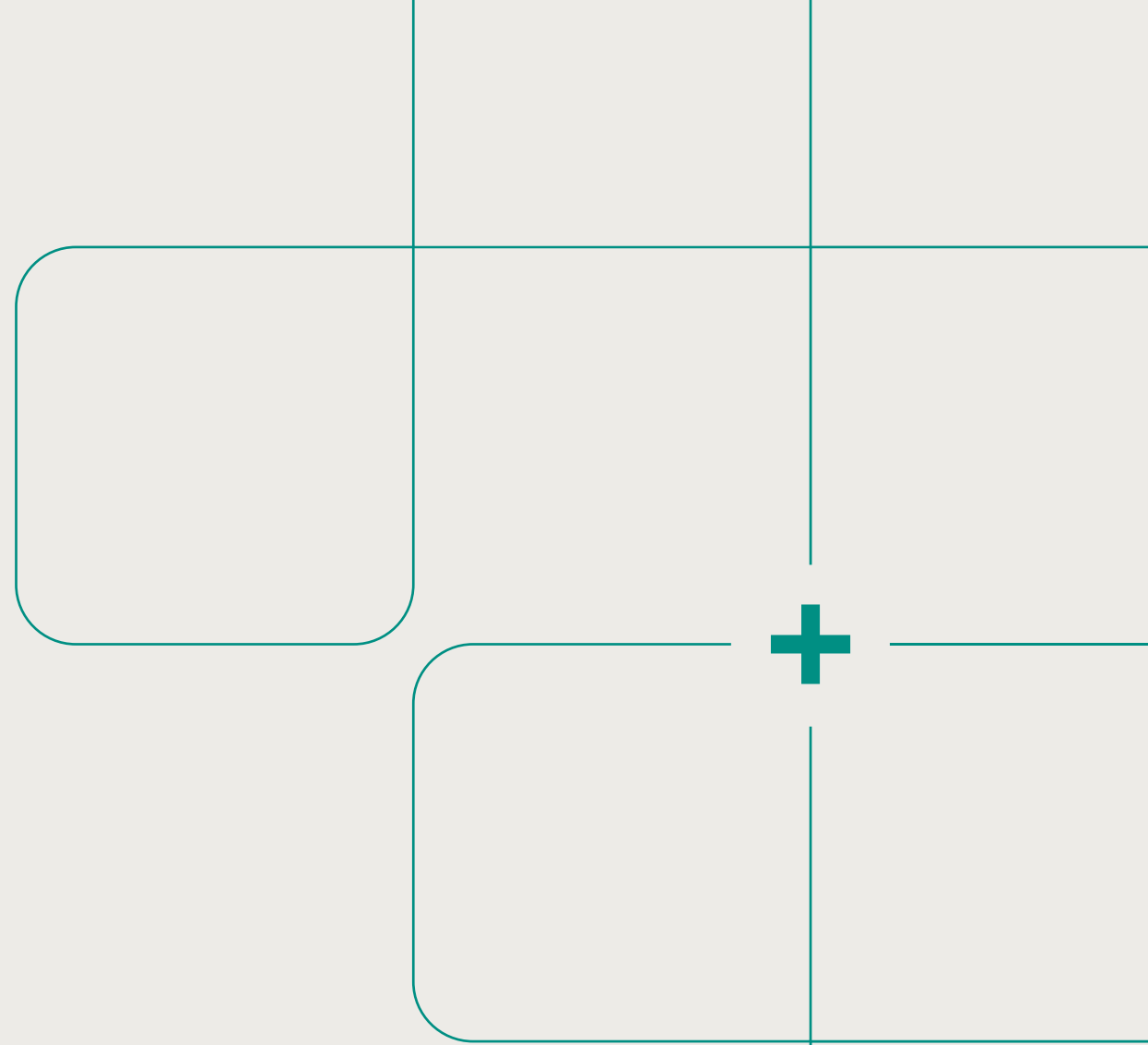
☒ Date Extension

☐ Continuing Care

☐ Continue to Build a New Case

Requests for Spine Surgery, Joint Replacement, Arthroscopy, and Pain Management, please select "Continue to Build a New Case"

Prior Authorization Outcomes & Special Considerations



Prior Authorization Approval

Approved Requests

- Standard requests are processed within 14 calendar days after receipt of all necessary clinical information
- The time frames for which authorizations are valid vary, but often are valid for up to 90 days
- Authorization letters will be faxed to the ordering physician & rendering facility
- When initiating a case on the web you may receive e-notifications when a determination is made, if you have provided your email address
- Members will receive a letter by mail
- Approval information can be printed on demand from the EviCore portal:
www.EviCore.com



Special Circumstances

Retrospective (Retro) Authorization Requests

- Must be submitted within 7 business days from the date of services
- Retro requests submitted beyond this timeframe will be expired
- Reviewed for clinical urgency and medical necessity
- Retro requests are processed within 14 calendar days
- When authorized, the start date will be the submitted date of service

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 request will be reviewed within 72 hours
- Reviewed for clinical urgency and medical necessity



When a Request is Determined as Inappropriate

Based on evidence-based guidelines, request is determined as **inappropriate**.

A denial letter with the rationale for the decision and the appeal rights will be issued to both the provider and member.



Post-Decision Options: Commercial

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 can also call us at 855-727-7444 to speak to an agent who can provide available option(s) and instruction on how to proceed.

Reconsiderations (for Commercial cases only)

- Providers and/or staff can request a reconsideration review
- Reconsiderations must be requested within 14 calendar days after the determination date
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an EviCore physician

Appeals

- EviCore is not delegated to manage appeals
- Please refer to the determination letter for instruction on how to file any appeal.

Pre-Decision Options: Medicare Members

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

Submission of Additional Clinical Information

- EviCore will notify providers telephonically and in writing before a denial decision is issued on Medicare cases
- You can submit additional clinical information to EviCore for consideration per the instructions received
- Additional clinical information must be submitted to EviCore in advance of the due date referenced

Pre-Decision Clinical Consultation

- Providers can choose to request a Pre-Decision Clinical Consultation instead of submitting additional clinical information
- The Pre-Decision Clinical Consultation must occur prior to the due date referenced
- If additional information was submitted, we proceed with our determination and are not obligated to hold the case for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed

Post-Decision Options: Medicare Members

My Medicare case has been denied. What are my options?

Clinical Consultation

- Providers can request a Clinical Consultation with an EviCore physician to better understand the reason for denial
- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation

Reconsideration

- Medicare cases do not include a Reconsideration option

Appeals

- EviCore will not process first-level appeals
- Appeal requests must be submitted to Network Health Wisconsin within 60 calendar days from the initial determination
- Appeal requests can be submitted to NH: Please refer to the denial letter for how to file an appeal or grievance

Submitting Requests

Methods to Submit Prior Authorization Requests

EviCore Provider Portal (preferred)

The EviCore online portal www.EviCore.com is the quickest, most efficient way to request prior authorization and check authorization status, and it's available 24/7

Phone Number:

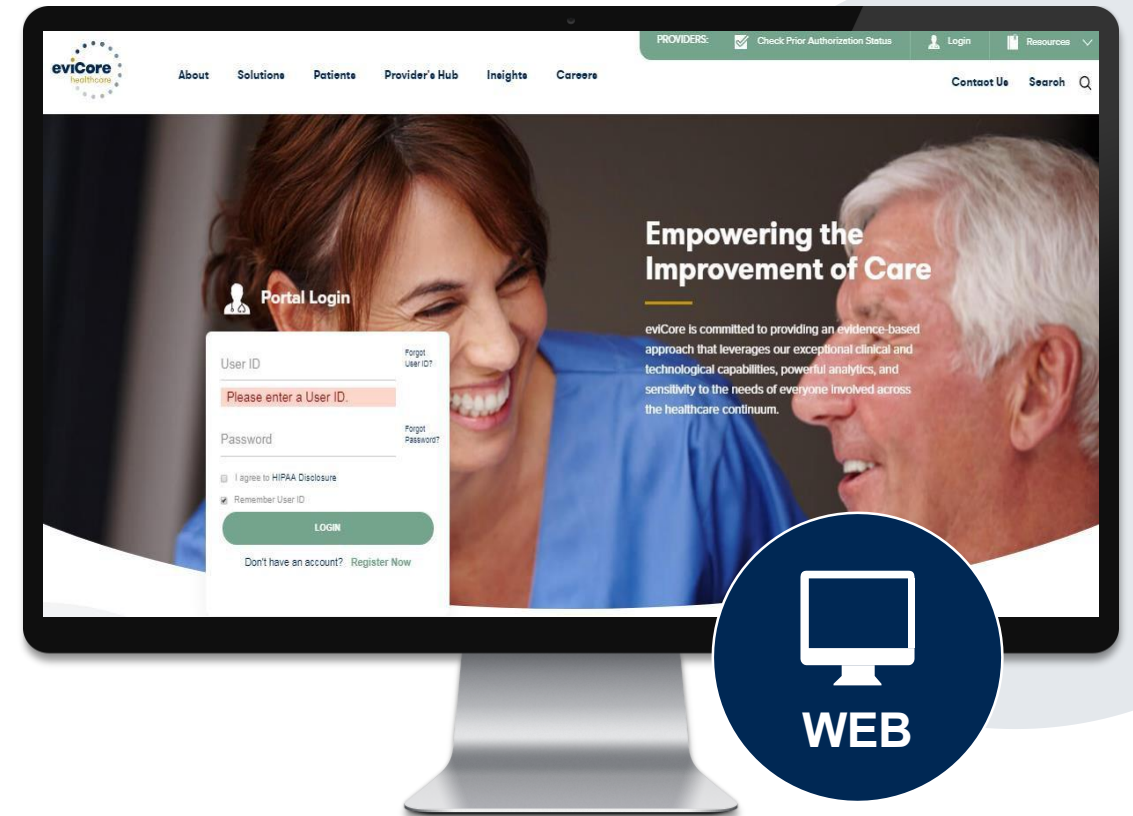
855-727-7444

Monday through Friday:
7 am – 7 pm central time

Fax Number:

855-774-1319

PA requests are accepted via fax and can be used to submit additional clinical information



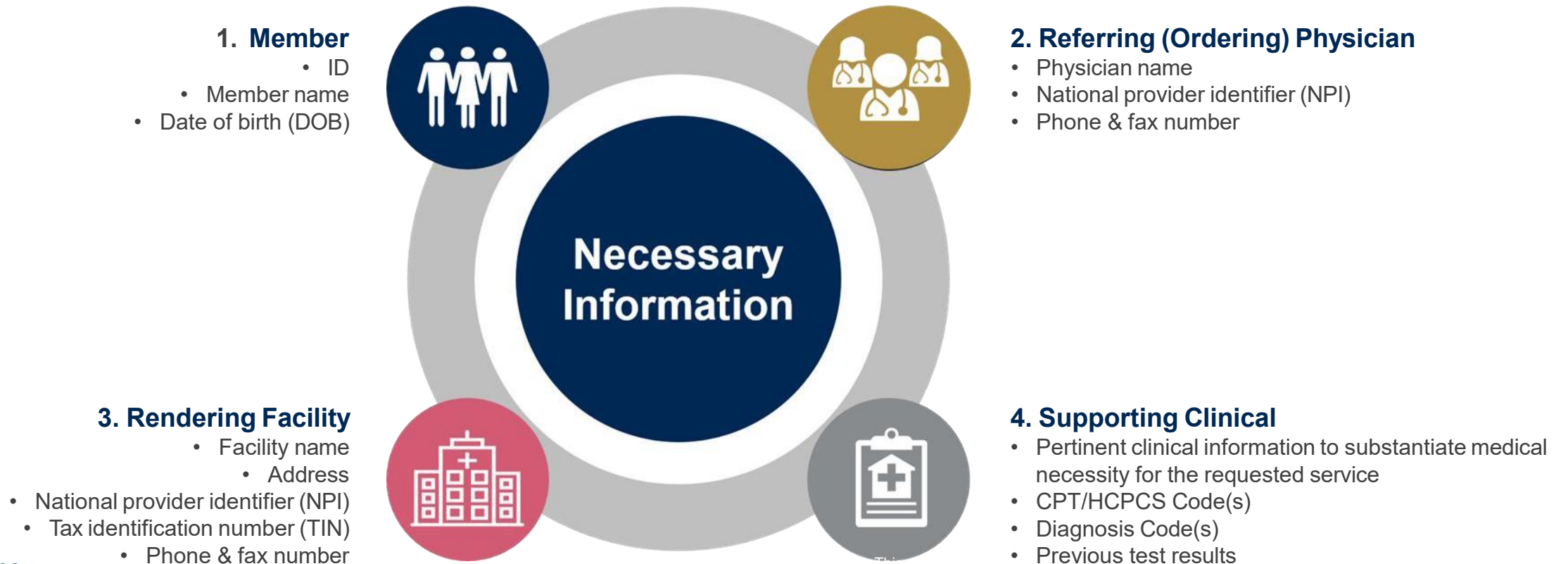
Benefits of Provider Portal

Did you know that most providers are already saving time submitting prior authorization requests online? The provider portal allows you to go from request to approval faster. Following are some benefits & features:

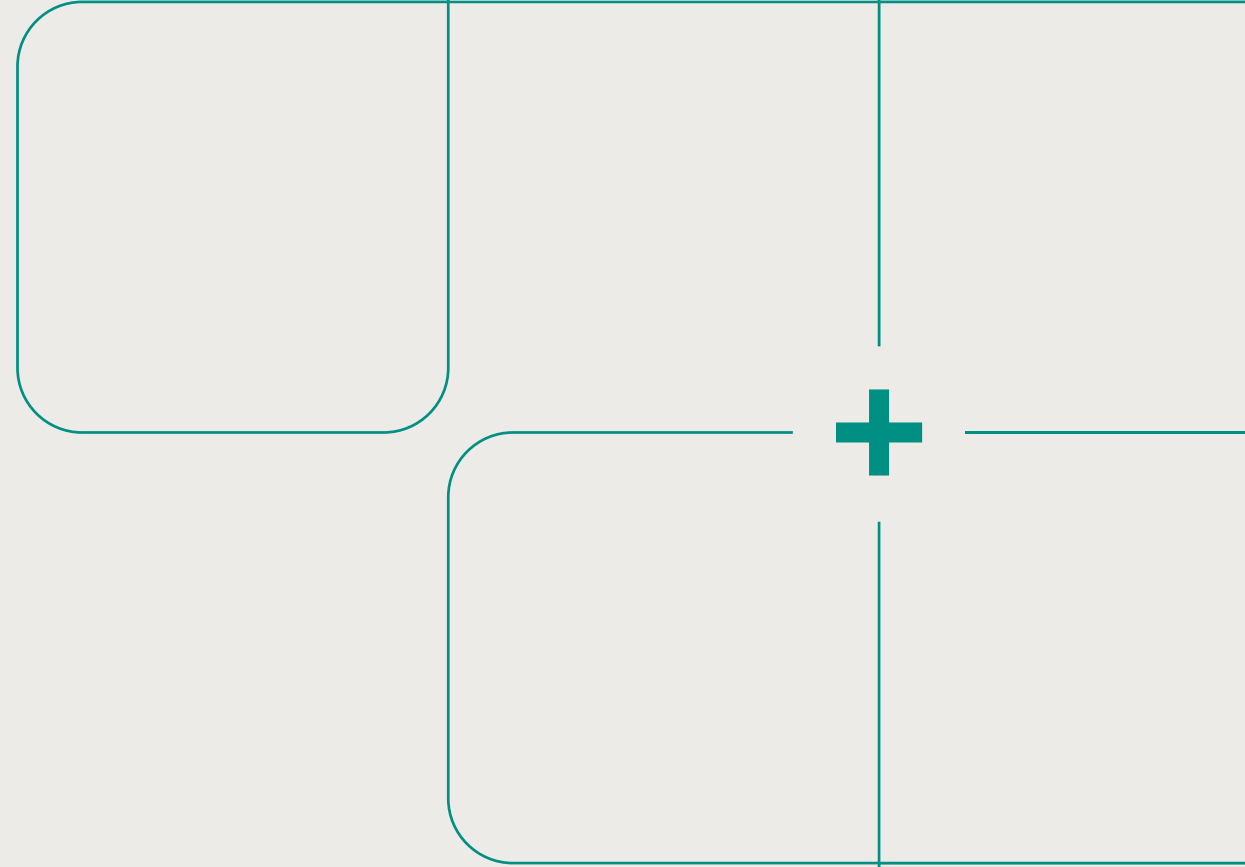
- Saves time: Quicker process than phone authorization requests
- Potential for Real Time Decision
- Available 24/7: You can access the portal any time and any day
- Save your progress: If you need to step away, you can save your progress and resume later
- Upload additional clinical information: No need to fax in supporting clinical documentation, it can be uploaded on the portal to support a new request or when additional information is requested
- 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 prior authorization request, you can duplicate information to expedite submittals

Keys to Successful Prior Authorizations

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



Provider Portal Overview



EviCore Provider Portal | Access and Compatibility

Most providers are already saving time submitting clinical review requests online vs. telephone.

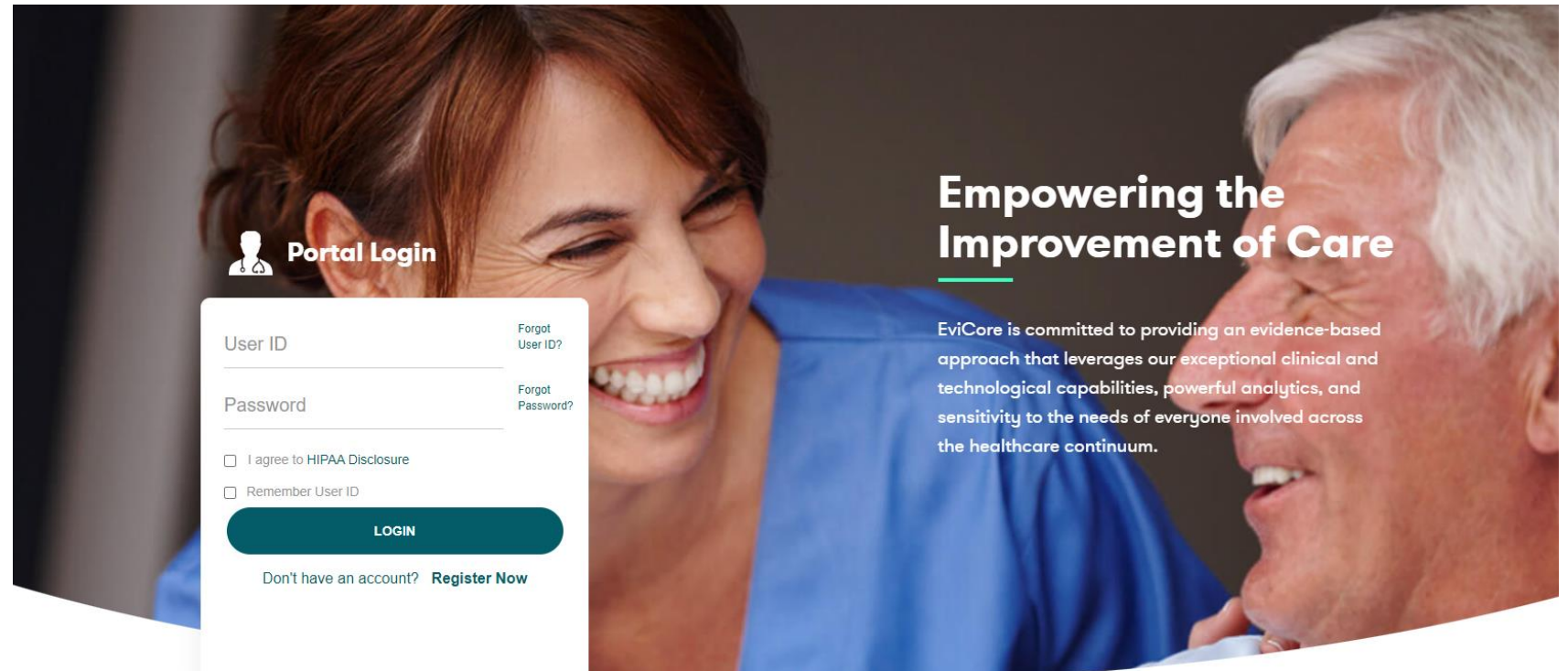
To access resources on the EviCore Provider Portal, visit EviCore.com/provider

Already a user?

Log in with User ID & Password.

Don't have an account?

Click **Register Now**.



EviCore's website is compatible with **all web browsers**. If you experience issues, you may need to **disable pop-up blockers** to access the site.

Creating an EviCore Provider Portal Account

Select **CareCore National** as the Default Portal.

Complete the User Information section in full and **Submit Registration**.

You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the login page.



Required Field

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*: --Select--

User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:

Address*:

Phone*:

Email*:

City*:

Ext*:

Confirm Email*:

State*:

Fax*:

First Name*:

Zip*:

Last Name*:

Office Name:

Next

Web Support 800-646-0418

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Setting Up Multi-Factor Authentication (MFA)

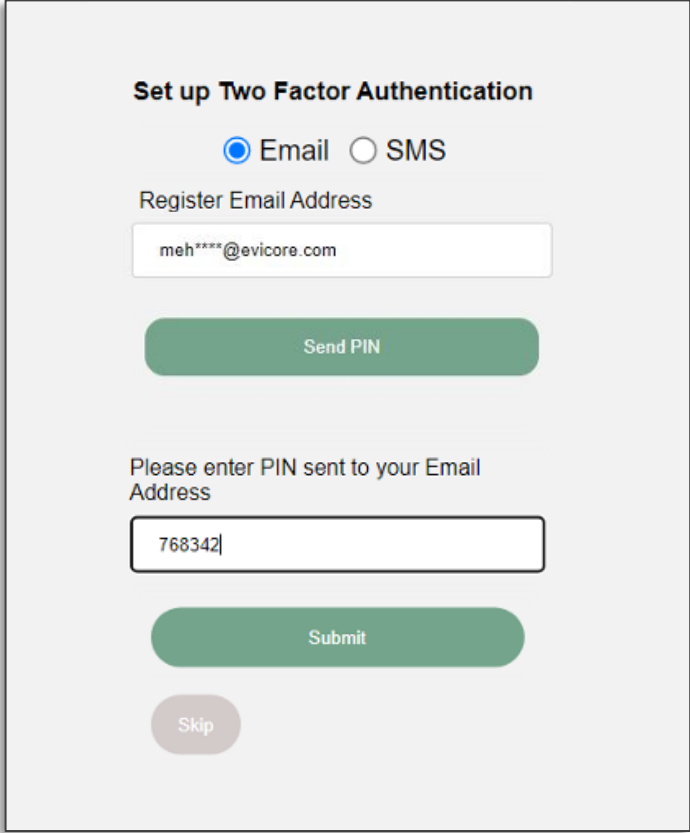
To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

After you log in, you will be prompted to register your device for MFA.

Choose which authentication method you prefer: Email or SMS.
Then, enter your email address or mobile phone number.

Select **Send PIN**, and a 6-digit pin will be generated and sent to your chosen device.

After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.

A screenshot of a web form titled "Set up Two Factor Authentication". At the top, there are two radio buttons: "Email" (selected) and "SMS". Below this is a label "Register Email Address" followed by a text input field containing "meh****@evicore.com". A green "Send PIN" button is below the input field. Further down, a label "Please enter PIN sent to your Email Address" is followed by a text input field containing "768342". A green "Submit" button is below this field, and a grey "Skip" button is at the bottom left of the form area.

Set up Two Factor Authentication

☒ Email ☐ SMS

Register Email Address

meh****@evicore.com

Send PIN

Please enter PIN sent to your Email Address

768342

Submit

Skip

EviCore Provider Portal | Add Providers



Providers will need to be added to your account prior to case submission.

- Click the **Manage Your Account** tab to add provider information.
- Select **Add Provider**.
- Enter the NPI, state, and zip code to search for the provider.
- Select the matching record based upon your search criteria.
- Once you have selected a practitioner, your registration will be complete.
- You can also click **Add Another Practitioner** to add another provider to your account.
- You can access the **Manage Your Account** at any time to make any necessary updates or changes.

Manage Your Account

Office Name:
Address:

Primary Contact:
Email Address:

ADD PROVIDER

Click Column Headings to Sort

No providers on file

CANCEL

Add Practitioner

Enter Practitioner information and find matches.
*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

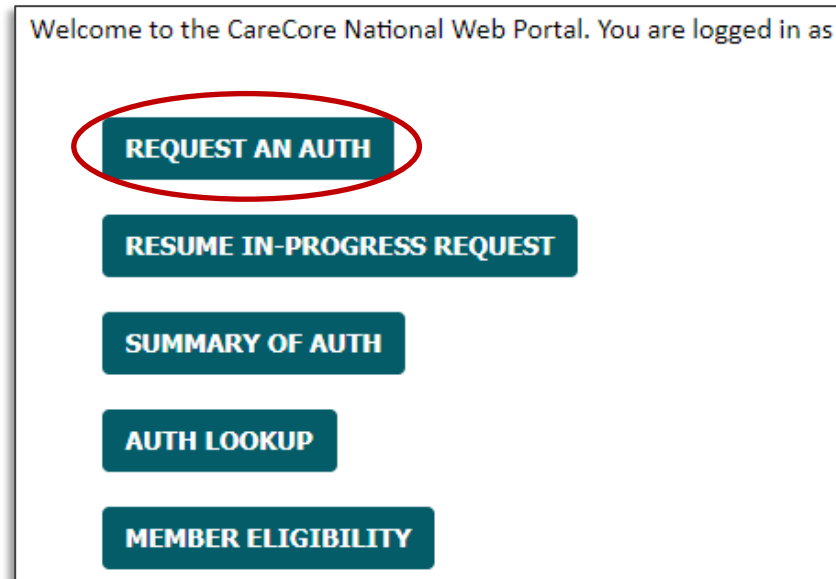
Practitioner State

Practitioner Zip

FIND MATCHES **CANCEL**

Initiating a Case

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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- Click the **Clinical Certification** tab to get started.
- Choose **Request an Auth** to begin a new case request.

Select Program

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Request an Authorization

To begin, please select a program below:

- ☐ Durable Medical Equipment(DME)
- ☐ Gastroenterology
- ☐ Lab Management Program
- ☐ Medical Oncology Pathways
- ☒ Musculoskeletal Management
- ☐ Pharmacy Drugs (Express Scripts Coverage)
- ☐ Radiation Therapy Management Program (RTMP)
- ☐ Radiology and Cardiology
- ☐ Sleep Management
- ☐ Specialty Drugs

CONTINUE

[Click here for help](#)

Attention!

Physical Therapy, Occupational Therapy, Speech Therapy, Massage Therapy, Chiropractic Care, and Acupuncture services are eligible for case duplication and date extensions. Are you requesting one of these services?

Date Extension

Continuing Care

Continue to Build a New Case

Requests for Spine Surgery, Joint Replacement, Arthroscopy, and Pain Management, please select "Continue to Build a New Case"

Always select "Build a New Case" for the 1st authorization request from EviCore.

- Select the **Program** for your certification.

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Clinical Certification Request | Search and Select Provider

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH CLEAR SEARCH

	Provider
SELECT	

If the provider's NPI is not listed above, please use the search feature below to add a new provider and continue with case build.

Search By NPI: SEARCH

BACK CONTINUE

[Click here for help](#)

- Search for and select the **Provider/Group** for whom you want to build a case. This is the list of providers you added to your account.
- If the **Provider/Group** is not on your list of providers added to your account, you can now **Search by NPI**.

Clinical Certification Request | Search and Select Provider

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
SELECT	

If the provider's NPI is not listed above, please use the search feature below to add a new provider and continue with case build.

Search By NPI:

SEARCH

	Practitioner Name	NPI	Address	City	State	ZipCode	Phone	Fax
SELECT								

BACK

CONTINUE

[Click here for help](#)

Attention!

Do you want to add this NPI () to your account for future requests ?

YES

NO

By choosing **YES**, the practitioner will be added to the provider list in your account.

- Once the provider is found by searching **NPI**, the line will turn gray to indicate they are selected.

Clinical Certification Request | Select Health Plan

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Choose Your Insurer

Requesting Provider: _____

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK

CONTINUE

[Click here for help](#)

- Choose the appropriate **health plan** for the request.
- Another drop down will appear to select the appropriate address for the **provider**.
- Click **CONTINUE**.

Clinical Certification Request | Enter Contact Information

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

☒ Receive notification of case status changes. Please enter email address in box above.

Please review the fax and phone numbers presented for accuracy. Change as necessary and click "Confirm Fax and Continue" to confirm they are correct. Changes apply only to this specific request. If you wish the change to be permanent, please contact the Health Plan.

BACK

CONFIRM FAX AND CONTINUE

[Click here for help](#)

- Enter/edit the **provider's name** and appropriate information for the point of contact.
- Practitioner name, fax, and phone will pre-populate; edit as necessary.

The e-notification box is checked by default to enable email notices for any updates on case status changes. Make sure to uncheck this box if you prefer to receive faxed notices.

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Expected Treatment Date

Attention!

Time: 4/16/2024 11:37 AM

 What is the expected procedure date or treatment start date for this request? (MM/DD/20YY)



If the Date of Service is unknown, please enter today's date.

SUBMIT

Note: Prior authorization from EviCore should begin before the initial evaluation.

Clinical Certification Request | Enter Member Information

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*

MM/DD/YYYY

Patient Last Name Only:*

[?]

When entering patient details, please review and confirm the spelling of the patient's name. Verify accuracy of the patient's ID and date of birth.

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

- Enter **member information**, including patient ID number, date of birth, and last name.
- Click **ELIGIBILITY LOOKUP**.

Search Results						
	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT						
BACK Click here for help						

- Confirm the patient’s information and click **SELECT** to continue.

Clinical Certification Request | Procedure and Diagnosis Codes

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Requested Service + Diagnosis

This procedure will be performed on 4/19/2024. CHANGE

Musculoskeletal Management Procedures

Select a Procedure by CPT Code[?] or Description[?]

MSMPT

PHYSICAL THERAPY

Don't see your procedure code or type of service? [Click here](#)

Additional Procedure codes will be collected/presented during the clinical questionnaire

Diagnosis

Primary Diagnosis Code: **M25.50**
Description: **Pain in unspecified joint**
[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Musculoskeletal Management

LOOKUP

BACK

CONTINUE

[Click here for help](#)

- Enter **MSMPT** for the CPT code.
- Add diagnosis code(s).

Clinical Certification Request | Verify Service Selection

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Attention!

Patient ID:

Time:

Patient Name:

Please review the patient's MSM history. You may be asked about this history during clinical review.

MSM History

Episode Date	Episode ID	Patient Name	CPT Code	CPT Description	Case Status

OK

[Print this page](#)

- Review the patient's history before proceeding to site selection.
- Note:** Place of service can vary depending on health plan rules.

Attention!

Will the procedure be performed in your office?

Yes

No

Clinical Certification Request | Site Selection

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Add Site of Service

Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI:

Zip Code:

Site Name:

TIN:

City:

Exact match

Starts with

LOOKUP SITE

- Search for the **site of service** where the procedure will be performed (for best results, search with NPI, TIN, **or** zip code).
- **Select** the specific site where the procedure will be performed.

Clinical Certification Request | Clinical Certification

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "CONFIRM AND CONTINUE," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your online request, be sure to complete the clinical review before exiting the system. Even if you will be submitting additional information at a later time, please continue through the final summary page. Failure to formally submit your full request will cause the record to expire with no additional correspondence from eviCore.

☐ I acknowledge that the clinical information I am about to submit for this authorization request is accurate and specific to this member, and that all information will be provided for this request.

BACK

CONFIRM AND CONTINUE

- Verify that all information is entered and correct.
- Check the acknowledgement statement.
- **You will not have the opportunity to make changes after this point.**

Clinical Certification Request | Standard or Urgent Request?

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Proceed to Clinical Information

Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standard/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

☒ A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.

☐ A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.

☐ None of the above

Clinical Upload

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case.

If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Required Medical information checklist

Browse for file to upload (max size 25MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

UPLOAD

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

- If the case is **standard**, select **Yes**.
- If your request is **urgent**, select **No**.
- When a request is submitted as urgent, you will be **required** to upload relevant clinical information.
- Upload up to **FIVE** documents. (.doc, .docx, or .pdf format; max 5MB size)
- Your case will only be considered urgent if there is a successful upload.

Clinical Collection

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

Proceed to Clinical Information

TYPE OF CONDITION

Please select Developmental/Pediatric for all Pediatric cases EXCEPT primary musculoskeletal injuries such as ankle sprain, fracture, WITHOUT an underlying developmental or neuromuscular condition like cerebral palsy.)

 Please indicate the condition for which therapy is being requested:

SUBMIT

☐ Finish Later

Did you know?
You can save a certification request to finish later.

You can check the “Finish Later” box to save your progress. You’ll have until the end of the day to complete the case.

Clinical Collection | From the Clinical Worksheets

Please indicate the primary treatment area (CHOOSE ONE):

Knee ▼

Please indicate the secondary area of treatment (CHOOSE ONE, If any)

No second area being treated ▼

SUBMIT

Proceed to Clinical Information

Lower Extremity

Please indicate side(s) being treated:

- ☐ Right
- ☐ Left
- ☐ Both / Bilateral

Please indicate the functional measure used (CHOOSE ONE):

- ☒ LEFS (Lower Extremity Functional Scale)
- ☐ HOOS Jr. (HIP Disability and Osteoarthritis Outcome Score Jr)
- ☐ KOOS Jr. (KNEE Disability and Osteoarthritis Outcome Score Jr)
- ☐ FOTO Hip / Knee / Ankle / Foot (Focus On Therapeutic Outcomes)
- ☐ Other functional assessment / No functional assessment

SUBMIT

Criteria Met

Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

You have been approved for 4 visits. Please use these visits before requesting more visits. Your therapist may submit another notification if authorization for additional care is necessary. To check for full benefits and eligibility information for the specific medical service, log in to [www.premera.com](#) as a provider and utilize the Prior Authorization tool and/or Benefit and Eligibility tool.Your case has been approved for 4 visits

Provider Name:		Contact:	Amy
Provider Address:		Phone Number:	(999) 999-9999
		Fax Number:	(999) 999-9999
Patient Name:		Patient Id:	
Insurance Carrier:			
Site Name:		Site ID:	
Site Address:			
Primary Diagnosis Code:	M54.51	Description:	Vertebrogenic low back pain
Secondary Diagnosis Code:		Description:	
CPT Code:		Description:	
Authorization Number:			
Review Date:			
Approved Treatment Start Date:			
Expiration Date:			
Status:	You have been approved for 4 visits. Please use these visits before requesting more visits. Your therapist may submit another notification if authorization for additional care is necessary. To check for full benefits and eligibility information for the specific medical service, log in to www.premera.com as a provider and utilize the Prior Authorization tool and/or Benefit and Eligibility tool.Your case has been approved for 4 visits		

CANCEL

PRINT

CONTINUE

- Once the clinical pathway questions are completed and the answers have met the clinical criteria, an **approval** will be issued.
- You can print the certification and store in the patient’s record if needed.

- ☒ Is there any additional information specific to the member's condition you would like to provide?

☐ I would like to upload a document

☐ I would like to enter additional clinical notes in the space provided

☐ I would like to upload a document and enter additional notes

☐ I have no additional information to provide at this time

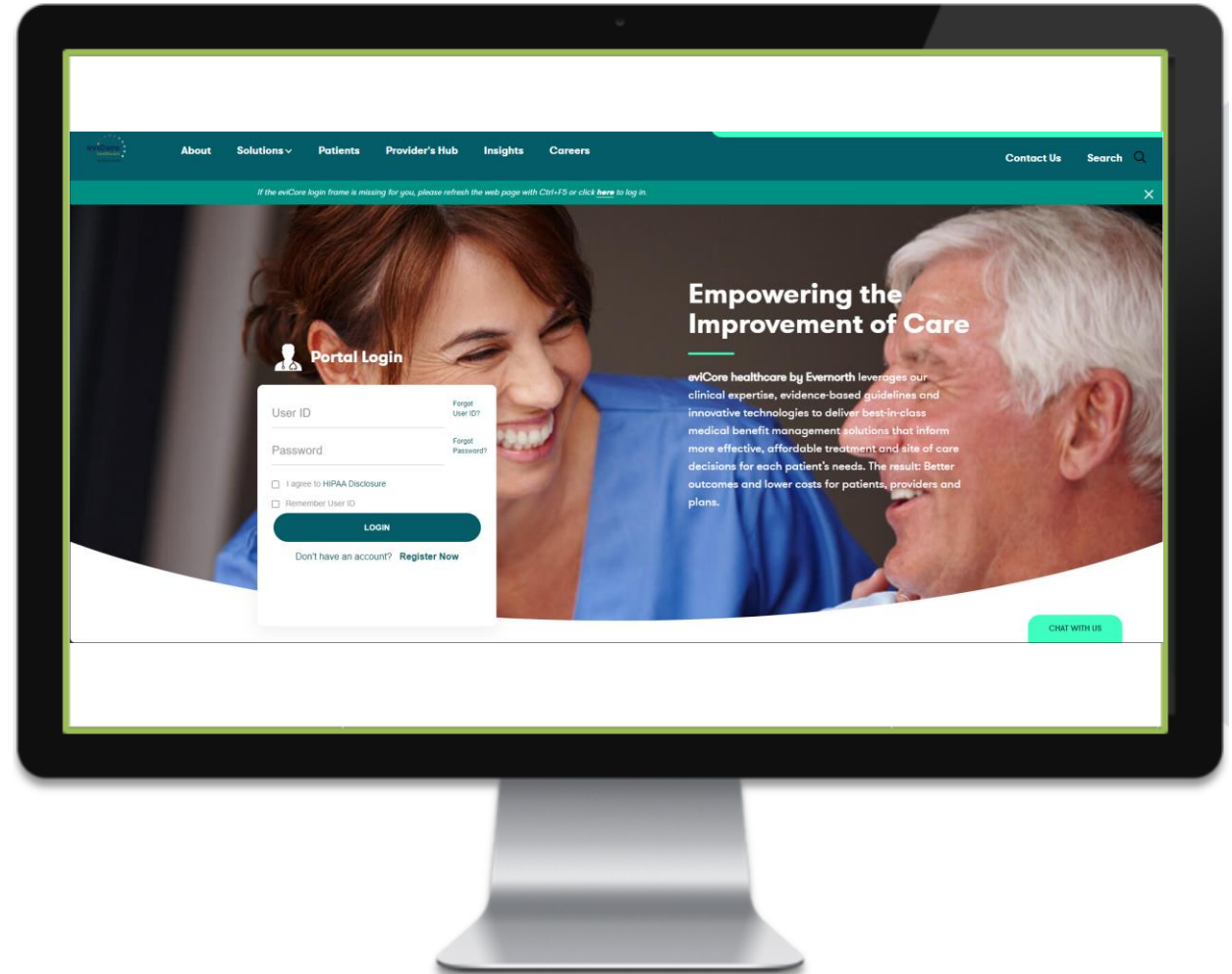
PRINT **CONTINUE**

EviCore
By EVERNORTH

Provider Portal Demo

The EviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status.

Click [HERE](#) to
view
a video demo
(2 min)



Sample Therapy corePathSM Pathway

Initial Requests

1

This request is for treatment of:

☒ New condition that has not had previous treatment

☐ An existing condition that has had previous treatment

☐ Unknown

2

Please indicate the primary area of treatment (Choose only one):

Lumbar / Lower Thoracic Spine / Pelvis / Sacrum

Is there a second area being treated? If so, please indicate below.

No second area being treated

Dates:

You requested a treatment start date of 06/13/2017

3

Date of initial evaluation

06/13/2017

Date of onset of treatment:

06/13/2017

Enter date of current findings:

06/13/2017

Case related questions:

- Identify new care vs. continuing care based on treatment area, not time
- Identify primary area of treatment
- First indicator of complexity – second unrelated treatment area

Many screens have imbedded messages that help you understand the criteria

Sample Therapy corePathSM Pathway

Initial Requests, continued....

4  Please enter the Oswestry Disability Index score (in %)

5  Does your patient have radiating pain below the knee?
☒ Yes ☐ No ☐ Unknown

6  How many occurrences of low back pain has your patient had in the past 3 years?
☐ 1 ☒ 2 ☐ 3 ☐ 4 or more

High Potential for Immediate
Approval When Pathway is
Completed!

+ Initial clinical questions:

- Enter functional score, if available
 - Oswestry Index
 - Neck Disability Index
 - LEFS
 - Dash / QuickDASH
- Incorporates ROM, Strength,
+ Pain, etc.
- Complexity:
 - Neural signs

Sample Therapy corePathSM Pathway

Follow-up request

Follow-up clinical questions:

- Current and previous functional score
- Complexity question – neural signs
- Progress
 - Validated scores have MCD (minimal clinical difference) as progress indicator
 - Clinical assessment

1

Please enter the Oswestry Disability Index score (in %)

41

Please enter the previous ODI score

46

2

Does your patient have radiating pain below the knee?

☐ Yes ☒ No

3

Has your patient progressed as expected?

☒ Yes ☐ No

Submit

High potential for immediate approval when pathway is completed.

Sample Therapy corePathSM Pathway

Follow-up request – Lack of progress identified

i You indicated that your patient is NOT progressing as expected. Please indicate if any of the following occurred:

- ☒ Patient "overdid" activities or exercise resulting in temporary increase in symptoms ☐ New injury resulting in significant change
☐ Symptoms progressed despite treatment ☐ Patient did not participate in clinical visits or home program

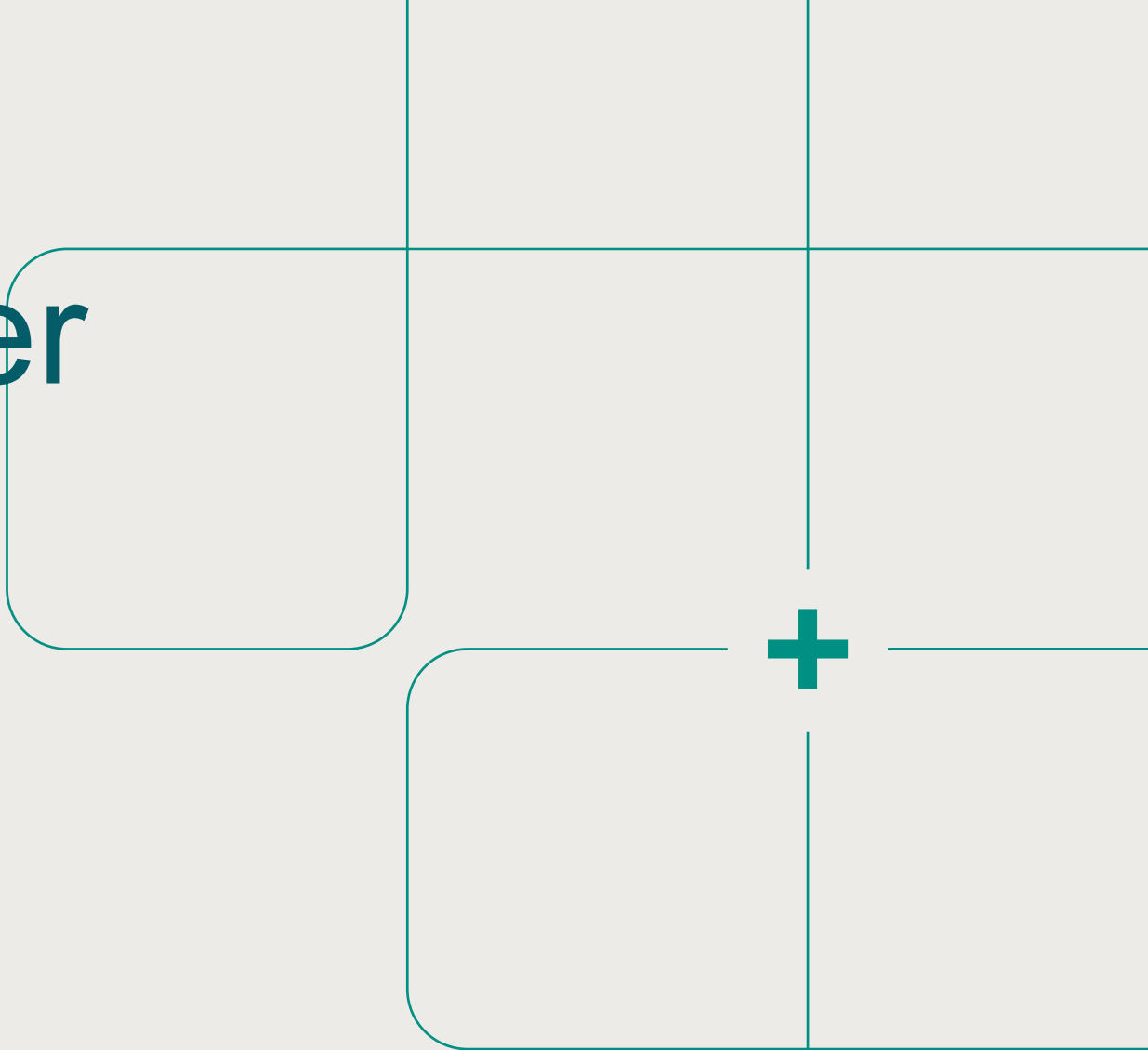
i Please indicate the nature of the new injury OR overuse incident.

N/A

Lack of progress:

- Categories of explanations
- Used in algorithm to determine care
- Future, additional pathway to identify details

Additional Provider Portal Features

A decorative graphic on the right side of the slide. It consists of two rounded rectangles, one above the other, with a large plus sign (+) positioned between them. The rectangles and the plus sign are outlined in a teal color.

Certification Summary

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

Manage Your Account

Help / Contact Us

MedSolutions Portal

Certification Summary

Search..

Page 1 of 0

Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description	Site Name	Expiration Date	Correspondence	Upload Clinical

Page 1 of 0

- Certification Summary tab allows you to track recently submitted cases
- The work list can also be filtered

___ Duplication Feature

— — Success

Thank you for submitting a request for clinical certification. Would you like to:

- [Return to the main menu](#)
- [Start a new request](#)
- [Resume an in-progress request](#)

You can also start a new request using some of the same information.

Start a new request using the same:

- ☐ Program (Radiation Therapy Management Program)
- ☐ Provider ([REDACTED])
- ☐ Program and Provider (Radiation Therapy Management Program and [REDACTED])
- ☐ Program and Health Plan (Radiation Therapy Management Program and CIGNA)

GO

- Duplicate feature allows you to start a new request using same information
- Eliminates entering duplicate information
- Time saver!

Authorization Lookup

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

Authorization Lookup

☐ Search by Member Information

☐ Search by Authorization Number/ NPI

- You can look-up authorization status on the portal
- Search by member information OR
- Search by authorization number with ordering NPI
- View and print any correspondence

How to schedule a Peer to Peer Request

- Log into your account at www.EviCore.com
- Perform Authorization Lookup to determine the status of your request.
- Click on the “P2P Availability” button to determine if your case is eligible for a Peer to Peer conversation:
- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.

P2P AVAILABILITY

[Request Peer to Peer Consultation](#)

Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	



P2P AVAILABILITY

How to schedule a Peer to Peer Request

Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the “All Post Decision Options” button to learn what other action may be taken.

Authorization Lookup

Authorization Number:	NA	
Case Number:		Request Peer to Peer Consultation
Status:	Denied	
P2P Eligibility Result:	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.	
P2P Status:		
ALL POST DECISION OPTIONS		

Once the “Request Peer to Peer Consultation” link is selected, you will be transferred to our scheduling software via a new browser window.

How to Schedule a Peer to Peer Request

Case Info Questions Schedule Confirmation

New P2P Request

Case Reference Number Case information will auto-populate from prior lookup

Member Date of Birth

+ Add Another Case

Lookup Cases >

Upon first login, you will be asked to confirm your default time zone.

You will be presented with the Case Number and Member Date of Birth (DOB) for the case you just looked up.

You can add another case for the same Peer to Peer appointment request by selecting “Add Another Case”

You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click Continue to proceed.

New P2P Request

Case Ref #: Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM. Remove P2P Eligible

Member Information	Case P2P Information
Name	Episode ID
DOB	P2P Valid Until 2020-11-11
State	Modality MSK Spine Surgery
Health Plan	Level of Review Reconsideration P2P
Member ID	System Name ImageOne

Continue

To proceed, select “Lookup Cases”

How to Schedule a Peer to Peer Request

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type

Level of Review

MSK Spine Surgery

Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone

US/Eastern

Continue >

You will be prompted with a list of EviCore Physicians/Reviewers and appointment options per your availability. Select any of the listed appointment times to continue.

You will be prompted to identify your preferred Days and Times for a Peer to Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click Continue.

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week

5/18/2020 - 5/24/2020 (Upcoming week)

Next Week →

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT 6:30 pm EDT 6:45 pm EDT	-	-	-	-	-	-

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT 3:45 pm EDT 4:00 pm EDT 4:15 pm EDT Show more...	2:00 pm EDT 2:15 pm EDT 2:30 pm EDT 2:45 pm EDT Show more...	4:15 pm EDT 4:30 pm EDT 4:45 pm EDT 5:00 pm EDT Show more...	3:15 pm EDT 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT Show more...	-	-	-

EviCore

By EVERNORTH

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How to Schedule a Peer to Peer

Confirm Contact Details

- Contact Person Name and Email Address will auto-populate per your user credentials

The screenshot shows a four-step process bar at the top: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (active). The 'P2P Info' section on the left shows the date as Mon 5/18/20 and time as 6:30 pm EDT. The 'Case Info' section lists details for the 1st Case, including Case #, Episode ID, Member Name, Member DOB, Member State, Health Plan, Member ID, Case Type (MSK Spine Surgery), and Level of Review (Reconsideration P2P). The 'P2P Contact Details' section on the right contains several fields: 'Name of Provider Requesting P2P' (Dr. Jane Doe), 'Contact Person Name' (Office Manager John Doe), 'Contact Person Location' (Provider Office), 'Phone Number for P2P' ((555) 555-5555), 'Phone Ext.' (12345), 'Alternate Phone' ((xxx) xxx-xxxx), 'Phone Ext.' (Phone Ext.), 'Requesting Provider Email' (droffice@internet.com), and 'Contact Instructions' (Select option 4, ask for Dr. Doe). A blue arrow points to the 'Name of Provider Requesting P2P' field, another points to the 'Phone Number for P2P' field, and a third points to the 'Phone Ext.' field. A 'Submit >' button is at the bottom right.

- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:
 - Name of Provider Requesting P2P
 - Phone Number for P2P
 - Contact Instructions
- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

The screenshot shows a 'Scheduling' summary page. It includes a 'Scheduled' section with a calendar icon, a clock icon, and the date and time 'Mon 5/18/20 - 6:30 pm EDT'. A red circle highlights the word 'SCHEDULED' in a blue box at the bottom right.

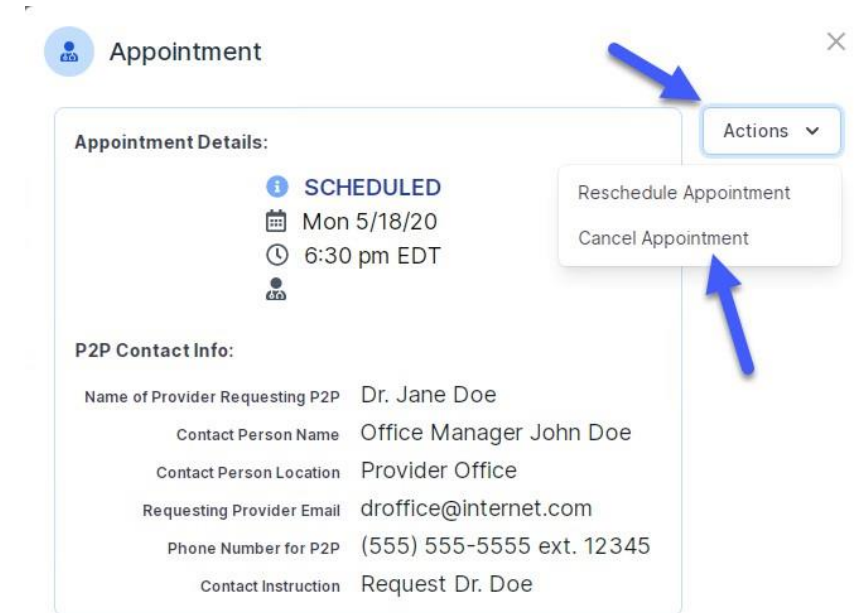
Canceling or Rescheduling a Peer to Peer Appointment

To cancel or reschedule an appointment

- Access the scheduling software per the instructions above
- Go to “My P2P Requests” on the left pane navigation.
- Select the request you would like to modify from the list of available appointments
- Once opened, click on the schedule link. An appointment window will open
- Click on the Actions drop-down and choose the appropriate action

If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.

If choosing to cancel, you will be prompted to input a cancellation reason



- Close browser once done

Provider Resources



EviCore Communication Relationship Management (ECRM)

For program-related questions or concerns, please submit inquiries via the **EviCore Communication Relationship Management (ECRM)** application. Common issues addressed through ECRM include:

- Questions regarding accreditation and/or credentialing
- Requests for an authorization to be sent to the health plan
- Complaints and grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues
- Issues with EviCore's provider portal
 - You can also call a Web Support Specialist at 800-646-0418 (option 2)
 - Chat with web support on the [EviCore Provider Resource page](#)

ECRM is available **24/7**. Users can login or register [**HERE**](#).

Additional Information about ECRM can be found on the [**Providers' Hub**](#).



Contact EviCore's Dedicated Teams



Web-Based Services and Portal Support

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

Provider Engagement

Regional team that works directly with the provider community. To find your Provider Engagement Manager for your area visit [provider-engagement-manager-territory-list-v2.pdf](#).

Call Center/Intake Center

Call **855-727-7444**. Representatives are available from 7 a.m. to 7 p.m. local time.

Provider Resource Website

Provider Resource Pages

EviCore's Provider Experience team maintains provider resource pages that contain specific Lab Management educational materials to assist providers and their staff on a daily basis. The provider resource page will include, but is not limited to, the following educational materials:

- Provider Training
- CPT code list(s)
- Quick Reference Guide (QRG)
- Frequently Asked Questions (FAQ) Document

To access these helpful resources, please visit:

<https://www.EviCore.com/resources>

(Choose specific health plan from the dropdown menu)

EviCore also maintains online resources not specific to health plans, such as guidelines and our required clinical information checklist.

To access these helpful resources, visit EviCore's [Providers' Hub](#).



Network Health Wisconsin Provider Services: 800-207-5769

TTY/TDD# 800-947-3529

Fax 920-720-1918

Ongoing sessions for Web Portal Training

- Provides step-by-step guidance on submitting requests through both the EviCore CareCore National platform and EviCore MedSolutions platform.
- Includes portal registration, authorization lookup, and scheduling Peer-to-Peer consultations.

Register for Provider Sessions:

Provider's Hub > Scroll to EviCore Provider Orientation Session Registrations > Upcoming

EviCore Online Provider Resources Review Forum

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

We invite you to attend an **Intro to EviCore Online Resources** to learn how to navigate EviCore's web site and understand all the non-health plan specific resources available on the Provider's Hub.

Included is a broad overview of registering and using the EviCore portal. This is great for those new to EviCore.com and the prior authorization process.

EviCore's Provider Newsletter

Stay up to date with our free provider newsletter!

To subscribe:

- Visit EviCore.com.
- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**.
- Enter a valid email address



Stay Updated With Our Provider Newsletter

Your email address

SUBSCRIBE →

Thank You

Tips to Improve Efficiency

Medical necessity and patient-focused care

- **The member's needs determine medical necessity.**
 - The member's clinical presentation and specific needs are the primary factors considered when determining medical necessity.
 - The physician's prescription for therapy frequency and duration does not demonstrate medical necessity.
- **Review medical necessity regularly.**
 - The member's response to care should be evaluated each visit to allow modification of the treatment plan based on the member's current status.
 - Complete a review of continuing medical necessity at least every 30 days. This allows you to assess how the member is responding to therapy.
 - Clinical documentation should include the member's response to care, functional improvement, and remaining functional deficits.
 - Consider whether the skills of a therapist are still necessary and if it is, identify the specific interventions that require that skill

More Tips to Improve Efficiency

Members have different needs.

- Evaluate and determine each member's specific needs. Members with the same or similar diagnoses have different needs based on their own circumstances. Avoid following "cookbook" protocols.

Once or twice a week may work.

- Many members do not need therapy three times a week. Members may be seen once or twice a week as they work toward their goals following their comprehensive home program.

Let progress determine frequency.

- Do not schedule an entire series of visits at a set frequency. Instead, determine the date of the member's next visit based on the member's progress after each visit. Set goals for the member's next visit during each therapy appointment.

Decrease frequency during strengthening and stretching phase.

- Strengthening and stretching take time. After instructing the member in a strengthening and/or flexibility home program, allow time for the member to work on the exercises. The intensity of care should be decreased during this phase. Often the member needs to be seen only once or twice a week to update the home program.

Passive motion can be taught.

- Passive-motion exercises can be taught to a family member or other caregiver. After providing a home program in passive motion, check with the member once or twice weekly to monitor progress.

Reduce passive modalities.

- Reduce or eliminate passive modalities after the acute phase of therapy.

Final Tips

Members' independent work

Responsibility for success.

Let members know they will be responsible for the success of their therapy program. Inform members of their responsibilities and reinforce them at each visit or as necessary. Have the member demonstrate the home program at each visit to ensure that it is being done correctly and that the member is compliant.

Warming up is not billable.

Using a bicycle or treadmill to warm up prior to treatment is not skilled care and should not be a billed procedure. The member can usually be taught to do warm-up exercises independently.

Independent exercise can be done without skilled supervision.

Once a member is able to complete an exercise safely, make it part of the member's independent program. Time spent exercising independently is not reimbursable.

Eliminate repetitive exercise.

Eliminate repetitive exercise under skilled supervision. The member should do this independently.

Long-term modality can be done at home.

For members who need a long-term modality such as electrical stimulation, paraffin wax, contrast baths, etc., instruct them in this for home use.

Instruct the member about edema reduction and pain management.

Instruct the member in a home program for edema reduction and pain management.