

INTERVENTIONAL PAIN

# Utilization Management by EviCore

July 2026

# Getting the Approval Faster and Avoiding Re-Work

1. Use the Web Portal
2. Aligning on Clinical Guidelines
3. EviCore's Evidence Based Approach
4. Important Resources

# Benefits of the Provider Portal

The provider portal allows you to go from request to approval faster.

## Key Features:

- + Real time authorizations
- + Efficiency: Faster process than phone or fax
- + 24/7 Availability: 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 return later
- + View and print determination information
- + Check case status in real-time
- + Dashboard: View all recently submitted cases
- + Duplication feature: If you have more than one prior authorization request to submit, you can duplicate information

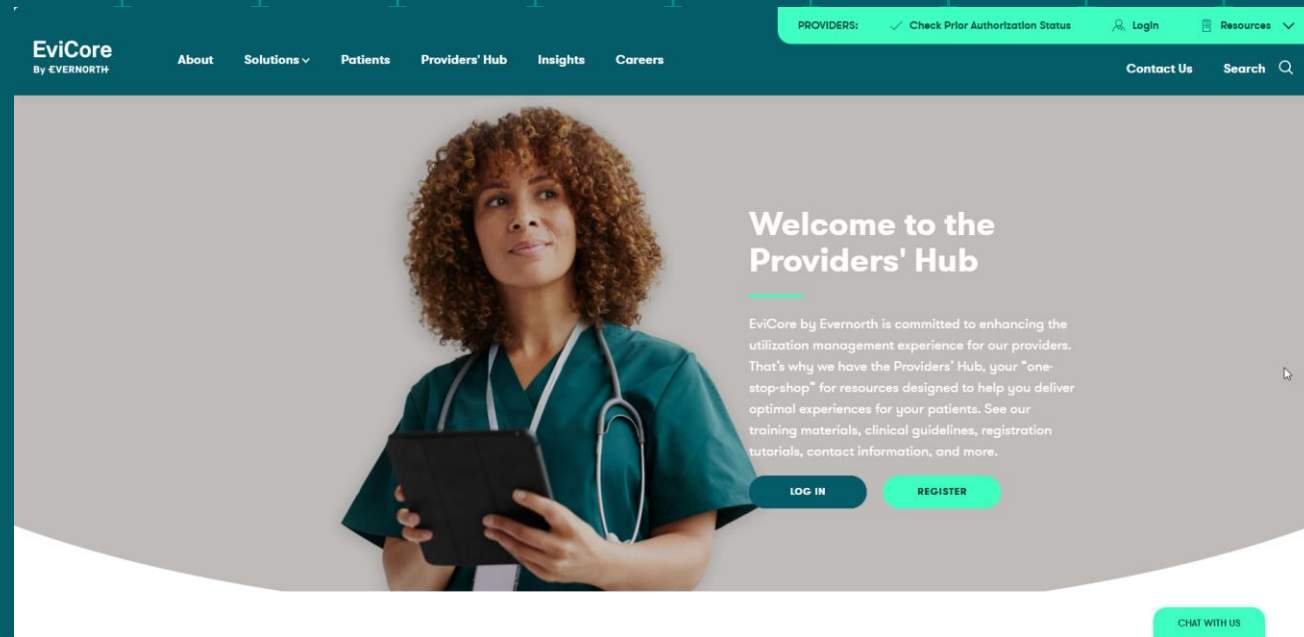


# Access and Portal Training

Access the EviCore provider portal on the Provider's Hub: [Provider's Hub | EviCore by Evernorth](#)

Register for Web Portal Training (non health plan specific) offered twice per week.  
[EviCore.Webex Provider Training](#) > Upcoming

- + Offers the ability for Real-Time approvals without the need to answer a long series of clinical questions
- + Provides step-by-step guidance on submitting requests
- + Includes case lookup, member lookup, and Self-Scheduling of Peer-to-Peer Consultations



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

# Evidence Based Guidelines: Value to Providers and Members

- Evidence-based clinical guidelines are developed using current medical literature, specialty society recommendations, and expert clinical input to support safe, effective, and appropriate patient care.
- Guidelines promote consistent clinical decision-making and help ensure patients receive the right treatment at the right time.
- Clinical guidelines provide a consistent framework for medical necessity determinations.
- Precertification uses these evidence-based criteria to evaluate medical necessity and support quality, safety, and appropriate utilization.
- Note that Medicare cases apply Local Coverage Determinations (LCDs) Guidelines and are developed and maintained according to CMS procedures outlined in the Medicare Program Integrity Manual.



# EviCore's Clinical Guidelines

EviCore maintains clinical guidelines which include contributions from a panel of community physicians and experts associated with academic institutions.

Guideline development incorporates evidence and recommendations from organizations such as:

- + NASS
- + SIS
- + ASIPP
- + AAOS

Please refer to the Guidelines for more details and specific requirements. [Musculoskeletal: Advanced Procedures | EviCore by Evernorth](#)



Organizations shown are representative examples and do not constitute a comprehensive list of all societies, evidence sources, or coverage policies considered during guideline development.

# Many Delays and Appeals Can Be Prevented

Incomplete or procedure-specific documentation gaps are common reasons requests require additional review.

## Common Documentation Gaps

- + Conservative treatment duration and/or response to care not clearly documented
- + Functional limitations and pain severity not adequately described
- + Relevant imaging findings not included
- + Response to prior procedures or injections not documented
- + Procedure-specific exam findings missing

## Common Clinical Gaps

- + Attestations in the clinical collection pathway not aligned with clinical documentation submitted
- + Submitted documentation does not clearly support the requested procedure
- + Clinical intent is not clearly stated within the documentation submitted

**Providing complete, relevant, procedure-specific documentation with the initial submission may reduce requests for additional information, peer-to-peer consultations, and appeals**

# Many Delays and Appeals Can Be Prevented | continued

Recurring Deficiencies include:

## **Conservative Care Documentation**

- + Duration of treatment not provided
- + Follow-up after conservative care not documented
- + Lack of evidence demonstrating failure of conservative management

## **Pain and Functional Assessment**

- + No pain score or severity documentation
- + No description of ADL impairment or functional limitations
- + Lack of objective measures of clinical improvement

## **Procedure-Specific Requirements**

- + Facet procedures: prior MBB response not clearly documented
- + SI joint injections: provocative maneuvers missing or incompletely documented
- + Repeat injections: inadequate documentation of percentage and duration of pain relief
- + Imaging studies: required imaging findings not submitted or referenced

# Common Documentation Elements for Frequently Requested Interventional Pain Procedures

## Facet Procedures Common CPT Codes: 64490-64495, 64633-64636

- + Conservative treatment history and response
- + Documentation of functional impairment
- + Response to prior medial branch block(s) when applicable;
- + Appropriate timing between procedures

## ESI Common CPT Codes: 62321, 62323, 64479-64484

- + Conservative treatment history and response
- + Radicular symptoms
- + Correlating imaging findings
- + Response to prior injection when applicable

## SI Joint Procedures Common CPT Codes: 27096

- + Conservative treatment history and response
- + Positive provocative maneuvers
- + Initial clinical documentation supporting the SI joint as the pain generator
- + Response to prior diagnostic injection when applicable

*Examples shown are not a comprehensive list of all guideline requirements - make sure to refer to the proper, most updated version, guidelines based on the member's line of business*

Please refer to the Guidelines for more details and specific requirements. [Musculoskeletal: Advanced Procedures | EviCore by Evernorth](#) and LCD guidelines for Medicare members.

# EviCore's Pain Management Program

## Quick Checklist for a Complete Submission.

If the information provided does not include sufficient information to understand the patient's current clinical status, or if medical necessity for the request has not been demonstrated, the request cannot be approved.

Specific elements commonly required to establish medical necessity include, but are not limited to:

- + Current symptoms and pain severity
- + Functional limitations
- + Physical examination findings
- + Conservative treatment history, duration, and response
- + Relevant imaging
- + Prior procedure outcomes



**Important:** The information provided needs to be relevant to the intended procedure. Sending many pages of irrelevant material may contribute to delays in adjudication of the request.

# Important Resources

- + Guidelines: [Musculoskeletal: Advanced Procedures | EviCore by Evernorth](#)
- + EviCore's Provider Resource's for Network Health members: [Network Health WI Provider Resources | EviCore by Evernorth](#)
  - + CPT CODE LIST
  - + FAQ AND QUICK REFERENCE GUIDE
- + Provider's Hub: [Provider's Hub | EviCore by Evernorth](#)



# 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:

- + Eligibility issues (member, rendering facility, and/or ordering physician)
- + Questions regarding accreditation and/or credentialing
- + Requests for an authorization to be sent to the health plan
- + Complaints and grievances
- + Issues experienced during case creation
- + Reports of system issues
- + Issues with EviCore provider portal

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

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



# Continued Learning: Provider Training Opportunities



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

Whether you're just getting started or have been using the EviCore portal for a while, our **free, live training sessions** can help you work more efficiently and confidently. In just **one hour**, you'll learn tips, tools, and best practices you can use right away.

Sessions are offered on **multiple dates and times**, making it easy to fit training into your schedule.

### 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**

### 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!**

## EviCore Call Center / Intake

Call **866-668-9250**, representatives are available from 7 a.m. to 7 p.m. local time.

## EviCore Provider Engagement

Regional team that works directly with the provider community.

[Provider Engagement map and contacts](#)

Network Health resources are also available through [The Pulse Newsletter](#) and/or the Network Health website [Provider Resources | Network Health](#), or by calling 800-769-3186.

**Provider Engagement Managers** EviCore By EVERNORTH



**Regional Provider Engagement Managers**

|                                    |                                                                                      |
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## Other Dedicated Teams

Thank you!