

MUSCULOSKELETAL THERAPIES

Provider Orientation Session for Moda Health

October 2026

Moda Health Prior Authorization Services



Applicable Membership

- + Moda Health commercial members

Prior authorization applies to the following services

- + Outpatient
- + Elective/Non-emergent

Prior authorization does NOT apply to services performed in:

- + At home Therapy (managed by the plan)
- + Emergency Rooms and Observation Services
- + Inpatient Stays including Skilled Nursing Facilities

EviCore will review services on a procedure only. Please contact Moda Health regarding authorization of an Inpatient Length of Stay

Providers should verify member eligibility and benefits on the secured provider log-in section on their: [Benefit Tracker](#)

Delegated Services

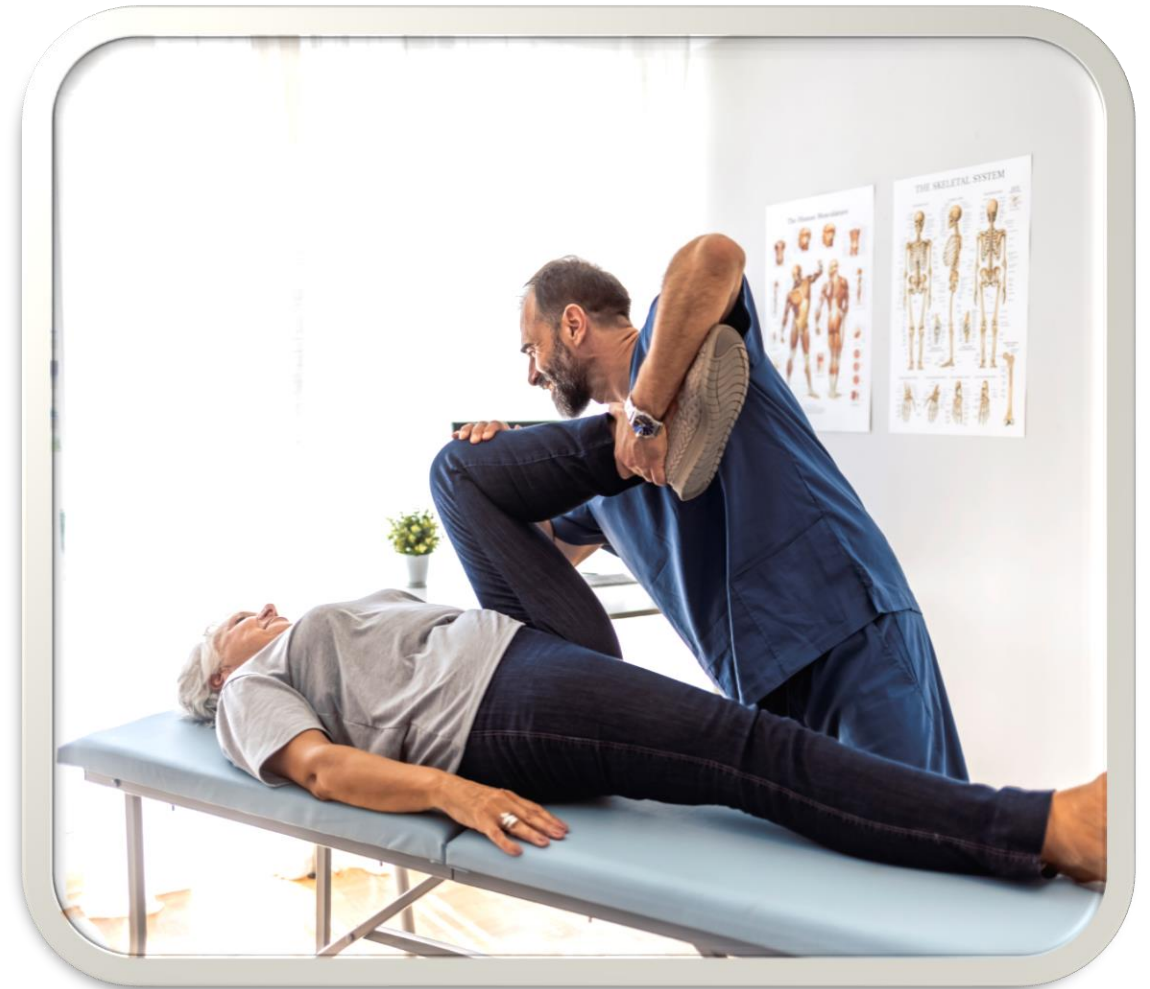
Physical Therapy

Occupational Therapy

Speech Therapy

Chiropractic Care

To find a list of CPT codes that require prior authorization through EviCore, please visit: [Moda Health Provider Resources](#) | [EviCore by Evernorth](#)



Prior Authorization Program

Clinical Philosophy

- + Support patient-centered care founded on best available evidence.
- + Promote functionally oriented and measurable treatment programs.
- + Focus on skilled, medically necessary treatment interventions.
- + Empower patient independence.
- + Eliminate practice variation that cannot be explained or justified.

Goals

- + Authorize medically necessary services which require the skills of a licensed professional.
- + Promote evidence-based practice.
- + Identify and review treatment interventions where evidence does not support use.
- + Decrease or eliminate unexplained practice variation and unnecessary visits.
- + Manage costs efficiently so members can continue to receive **quality care** and **skilled services**.



Prior Authorization Program

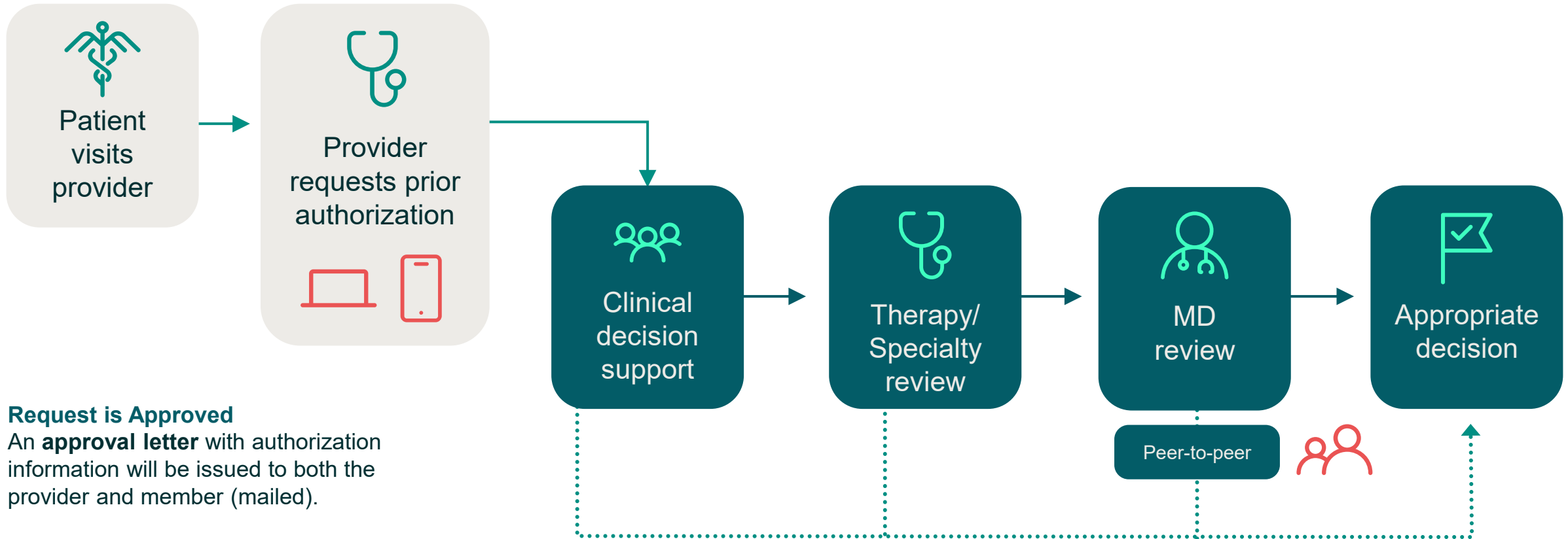
Medical Necessity

- + The condition is expected to improve significantly in a reasonable and generally predictable time-period. Therapy duration should **not** be ongoing without end.
- + The amount, frequency, and length of the services must be reasonable under accepted standards of practice.
 - For these purposes, “accepted standards of medical practice” means widely accepted clinical concepts and practices based on high-quality scientific evidence published in peer-reviewed literature or evidence-based guidelines.
- + The medical benefit is designed to allow therapy to return the patient to essential activities of daily living.
 - It was **not** designed to allow continued therapy to return to recreational or athletic activities.
 - It was **not** designed to cover therapy for the purpose of improving or maintaining general fitness.



Submitting Requests

Pre-service prior authorization workflow



Request is Approved

An **approval letter** with authorization information will be issued to both the provider and member (mailed).

Request is Denied

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

EviCore

By EVERNORTH

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
- + **Available 24/7**
- + **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
- + **E-notification:** Receive email notifications when there is a change to case status
- + **Duplication feature:** If you are submitting more than one request, you can duplicate information to expedite submittals

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

Or by phone: **844.303.8451**

Monday – Friday
7 AM – 7 PM (local time)

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

- ✓ Patient's subjective complaints, objective examination findings, and quantified measures of function.
- ✓ Baseline and current clinical information from the initial evaluation.
- ✓ Provider's impression of the member's response to treatment (follow-up visits).
- ✓ Information from patient-reported functional outcome measures, progress notes, and/or clinical worksheets.
- ✓ Complexities that will impact the therapy plan of care.



Rendering Facility

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

All clinical information pages must include the member's first and last name and at least one additional patient identifier, such as date of birth and health plan ID.

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 **due date indicated in the letter**.

The provider must submit the additional information to EviCore. If uploading documents is not available, you can fax to 800-540-2406



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



EviCore will review the additional documentation and reach a determination.

Determination notifications will be sent.

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



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. Upload directly into the case via the provider portal at [EviCore.com](https://www.evicore.com). Remember that all clinical information pages must include 2 patient/member identifiers.
2. Request a Pre-Decision Clinical Consultation
This consultation can be requested via the EviCore website (see appendix for instructions), and must occur prior to the due date referenced
3. Fax to 855-774-1319

Prior Authorization Process | Clinical Information

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.
 - + The **clinical worksheets** are specific to conditions and designed to assist with the submission of the patient and provider information for medical necessity review.
 - + Worksheets should be used as a guide for questions, and the provider will be prompted to answer when completing the online requests.
 - + These worksheets should be completed by the provider during the initial consultation/evaluation and treatment planning, collecting the clinical information to allow for ease of submission.
 - + Physical & occupational therapy requests have the ability for a real time decision for the first **two (2)** requests for an episode of care.
- + 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 **10 days** prior of the request.
- + **Missing or incomplete clinical information will delay case processing.**

Clinical Worksheets | Therapy

Physical Therapy & Occupational Therapy

CorePath 3 MSK PTOTChiro

corePath HH-SNF-General Medical

corePath MSK PTOT Neurodevelopmental

corePath PTOT Lymphedema

corePath PTOT Neurologic

Corepath PTOT Vestibular

corePath PTOT Wound Care

Speech Therapy

corePath ST Adult

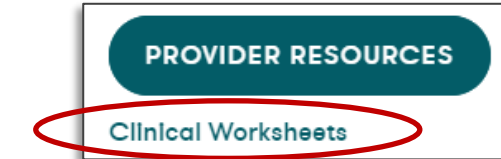
corePath ST Pediatric

Link to Clinical Worksheets

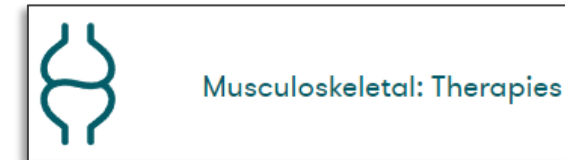
Start at EviCore.com, click on **Resources**.



From the Resources dropdown, select **Clinical Worksheets**.



Select Musculoskeletal: **Therapies**.



Enter **Health Plan** name in the search field.

Search by health plan name to view clinical worksheets. Adobe PDF Reader is required to view clinical worksheets documents.

If you would like to view all eviCore core worksheets, please type in "eviCore healthcare" as your health plan.

Search by Health Plan ... 

The PT-OT **worksheets** will be listed under The **Physical & Occupational Therapy** header.

Physical Therapy & Occupational Therapy

Prior Authorization Process

If you are requesting authorization before treatment begins:

- + Complete your initial evaluation, then submit for prior authorization within **7 days**.* The initial evaluation **does not** require prior authorization.
- + Start date should be the **first day of treatment** (Date of initial evaluation or visit following if treatment was not provided during the initial evaluation visit).
- + When requesting ongoing or continuing care, you can submit up to **7 calendar days** prior to the next start date for authorization.
- + Notification requires submission of minimal clinical information:
 - Type of condition
 - Post-surgical therapy? If so, please provide the date of surgery.
 - Functional outcome measures
- + If there was prior therapy, questions will be asked to determine if this is a new condition.
- + The extension must be requested prior to the expiration of the authorization.

Retrospective Requests:

- + * If you submit for prior authorization within 7 days of the initial date of service, it is considered a concurrent request (**not** considered retrospective).
- + Retrospective (post service) requests are also allowed as long as it is submitted within 14 calendar days of the start date of the services needed. If approved, the start date will be the stated start date needed.

Authorization Decisions Include:

- + Number of visits approved
- + Approved time span is 180 days

Prior Authorization Process | Important Concepts

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.
- + When treating more than one condition, please 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.
- + If a member is receiving treatment from a different therapist within the same clinic with a new plan of care for a specialty condition (vestibular treatment, wound care, etc.), then a separate authorization may be indicated. Be sure to submit under the appropriate ICD10 code and state this request is for a new condition by a different therapist.

Prior Authorization Process

+ How to Request Additional Visits:

- + Additional visits may be requested as early as **7 calendar days** prior to the requested start date.
- + The **start date** will be the first date you need additional visits to begin.
- + Clinical information should be **current**. Recommended timeframes:
 - Adult and non-developmental pediatric patients = **14 calendar days**
 - Developmental pediatric patients = **30 calendar days**
- + Use the appropriate **Clinical Worksheet** as a guide. Please provide initial and current functional outcome measure scores.
- + If condition is complex or the worksheet does not capture aspects of the condition you want to convey, this information can be given as “additional information” via upload, fax, or text box summary.
- + Address any complexities that will impact the therapy plan of care.
- + Provider’s impression of the member’s response to care.

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 Process

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

- + The extension must be requested prior to the expiration of the authorization.
- + Extend for the period that is needed up to a maximum of **30 days**.

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

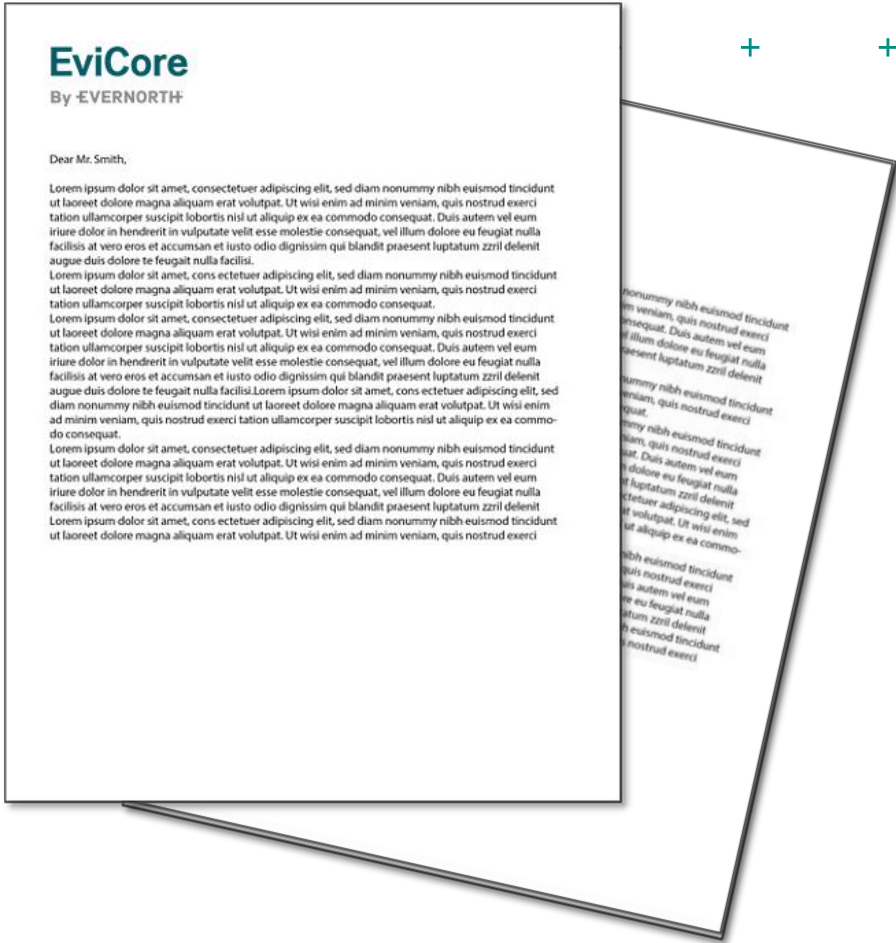
+ + + + + + + + + + +

Determination Outcomes

- + Approved Requests: Authorizations are typically valid for 180 days from the date of determination.
- + Partially Approved Requests: In instances where some visits are approved and some are not, the determination letter will specify what has been approved, as well as post-decision options for denied visits.
- + 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/ appeal rights will be issued.
- + All post decision options go through the health plan. However, EviCore offers a clinical consultation to better understand the decision.

Notifications

- + Authorization letters will be faxed to the ordering physician.
- + Web-initiated cases will receive e-notifications if a user elected this method.
- + Members will receive a letter by mail.
- + Approval information can be printed on demand from the [Provider's Hub | EviCore by Evernorth](#).



+ +

Special Circumstances

Urgent Prior Authorizations & Updates



EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member.



Urgent cases are typically reviewed within 24 hours.



If updates are needed on an existing authorization, providers can contact EviCore by phone



If the authorization is not updated and a different facility location or CPT code is submitted on the claim, it may result in a claim denial

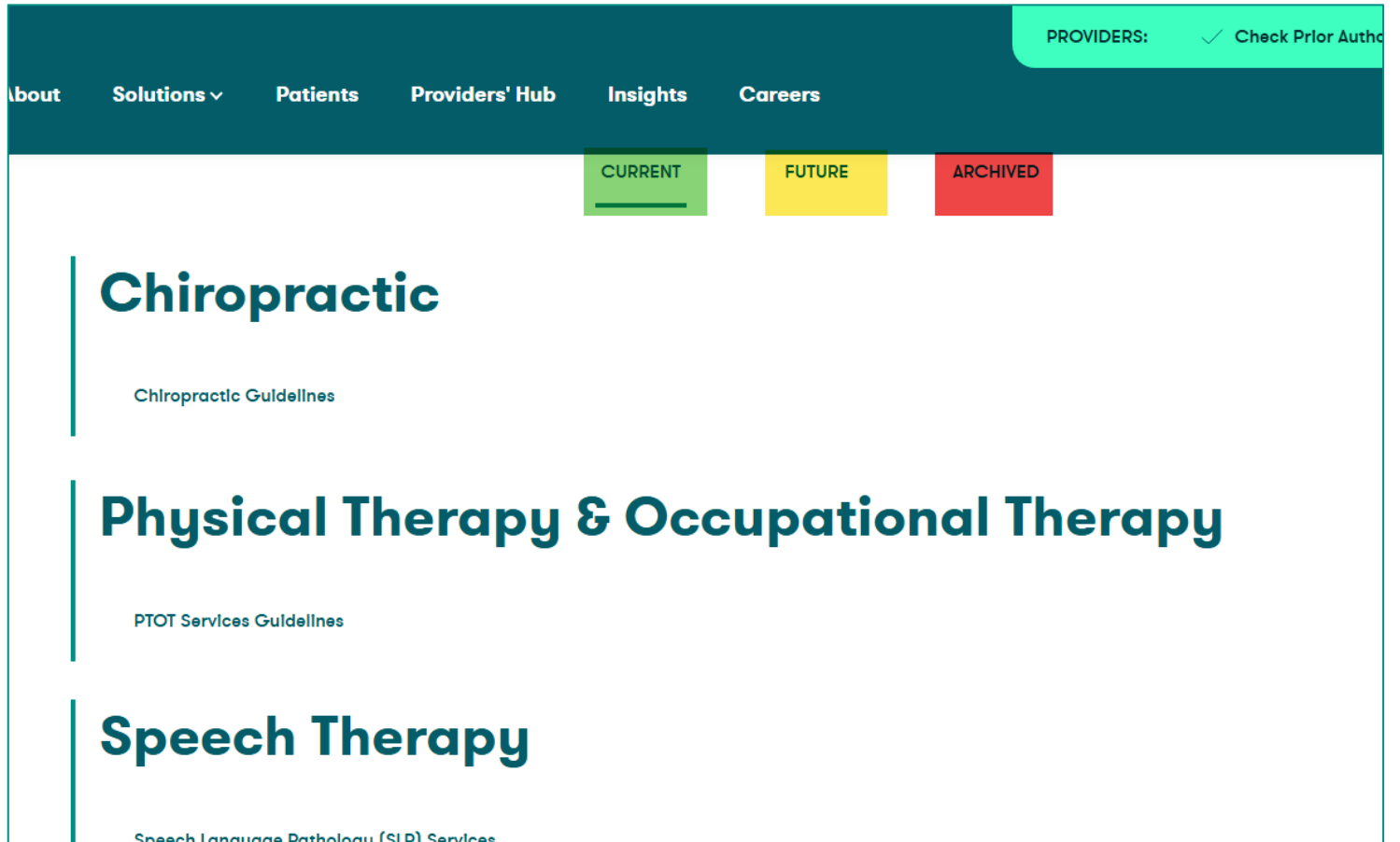


Provider Resources

Clinical Guidelines

Go to www.evicore.com and select the 'Resources' drop-down menu on the top right of the page.

- + Select the 'Clinical Guidelines' button to be directed to the main clinical guidelines page.
- + Scroll down and select the 'Musculoskeletal: Therapies'
- + Type in the appropriate health plan (Moda Health) in the 'Search Health Plan' search bar and press enter.
- + Select the appropriate guideline specific to the requested procedure/treatment.



Client and Provider Services

For assistance with membership, claims, provider network issues, etc., submit the issue to our dedicated teams via **EviCore Communication Relationship Management (ECRM)**:

- + Access: [ECRM Services](#)
- + ECRM educational resources: [ECRM Resources | EviCore by Evernorth](#)
- + Trouble using ECRM? Send an email to: ECRMSupport@EviCore.com
- + 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, Oregon, Washington**
 - + Email: Lisa.Mekkelsen@evicore.com
 - + Phone: **843-949-0022**.
- + **Katie Potter, Alaska, Texas**
 - + Email: Kathryn.Potter@evicore.com
 - + Phone: **800.918.8924 x-26211**

Call Center

Call **844-545-9213**, representatives are available from 7 a.m. to 7 p.m. local time.

Contact EviCore's Dedicated Teams



Provider Resource Website

EviCore's Provider Engagement team maintains educational resources to assist providers and their staff with the EviCore prior authorization process. Access these helpful resources by clicking here:

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

These pages will include:

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

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

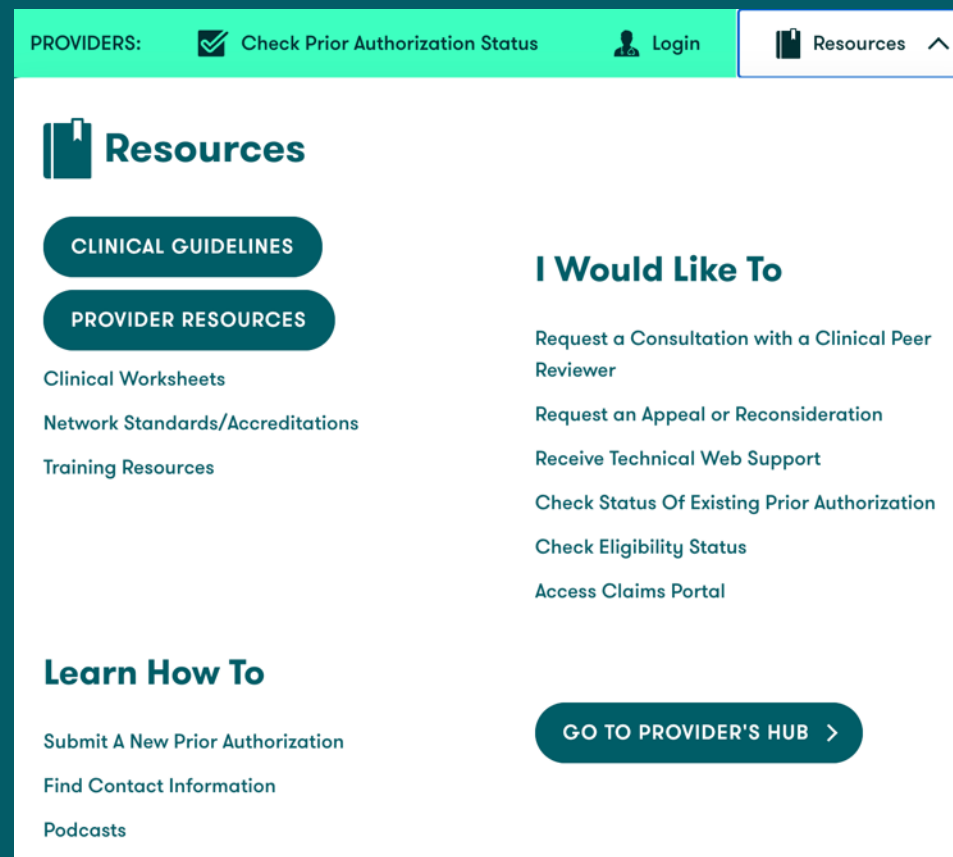
To access these helpful resources, visit EviCore's [Provider's Hub | EviCore by Evernorth](#).



Quick Reference Tool

Where can I locate plan-specific contact information?

1. Open the **Resources** menu in the top right of the browser
2. Select **Find Contact Information**
3. Use **Select a Health Plan** and **Select a Solution** to populate the contact phone and fax numbers
 - + This will also advise which portal to use for case requests



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**
- + [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!



EviCore's Provider Newsletter

Stay up-to-date with our free provider newsletter

To subscribe:

- + Visit [EviCore.com](https://www.EviCore.com)
- + Scroll down to the section titled Stay Updated With Our Provider Newsletter
- + Enter a valid email address