MEMBER MIGRATION: PHYSICAL MEDICINE PROGRAM FOR SPINE AND JOINT

Provider Education Series

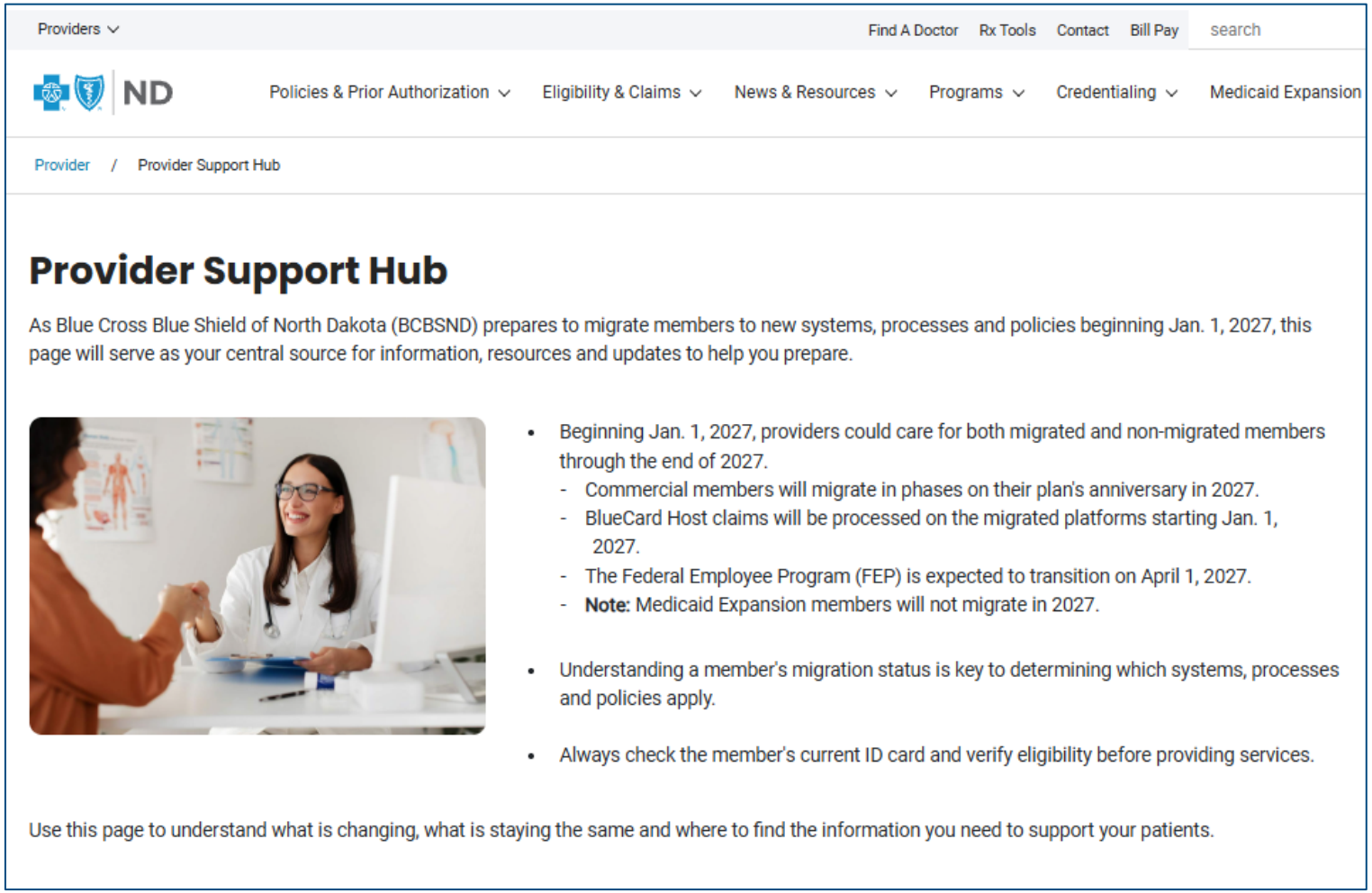
Blue Cross Blue Shield of North Dakota is an independent licensee of the Blue Cross Blue Shield Association.

Provider Support Hub

New Provider Support Hub Available

Starting 1/1/2027, BCBSND will be migrating commercial members to new systems, policies and processes in phases through the end of 2027. A new Provider Support Hub has been created to assist providers with this transition.

Explore Provider Support Hub →



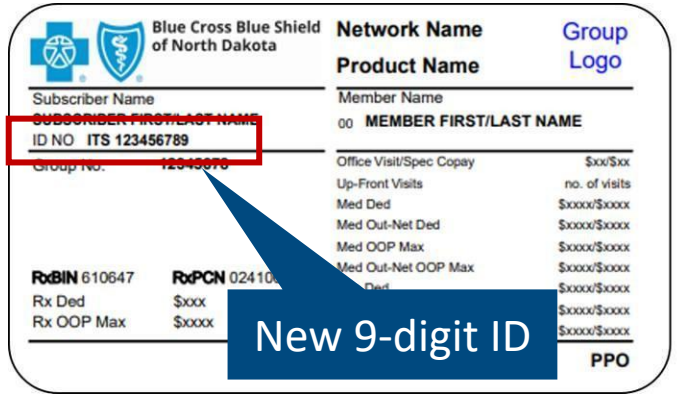
Know which member path applies

Migration status determines which systems, policies and processes apply.

Migrated members

New member ID card and new member ID number. Coverage and claims processing have moved to the new systems, processes and policies.

FRONT



BACK



Non-migrated members

Until migration, use current systems and processes, including Availity Essentials, website guidance for non-migrated members and existing provider manuals.

Note: BCBSND updates identify whether they apply to migrated members, non-migrated members or all members.

Provider Orientation Session for Blue Cross Blue Shield of North Dakota (BCBSND)

MUSCULOSKELETAL JOINT & SPINE SURGERIES

December 2026

EviCore By EVERNORTH

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EviCore is a separate company that provides utilization management services.

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Blue Cross Blue Shield of North Dakota (BCBSND) Prior Authorization Services

EviCore will accept prior authorization requests for the musculoskeletal services on Dec. 18, 2026, for dates of service Jan. 1, 2027, and after.



Applicable membership
Commercial BCBSND migrated members

Prior authorization applies to the following services

- Joint and spine surgeries
- Level of care for those procedures needing to be done inpatient

Prior authorization does NOT apply to services performed in:

- Emergency rooms
- Observation services

Providers can verify member eligibility and benefits on Availity Essentials - Sign In. Not all plan benefits will display within Availity. Please contact the Provider Service Department phone **number on the back of the member ID card for** additional benefit information.

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Agenda

1. Submitting Requests
2. Prior Authorization Outcomes, Special Considerations & Post-Decision Options
3. EviCore Provider Portal
4. Provider Resources

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Submitting Requests

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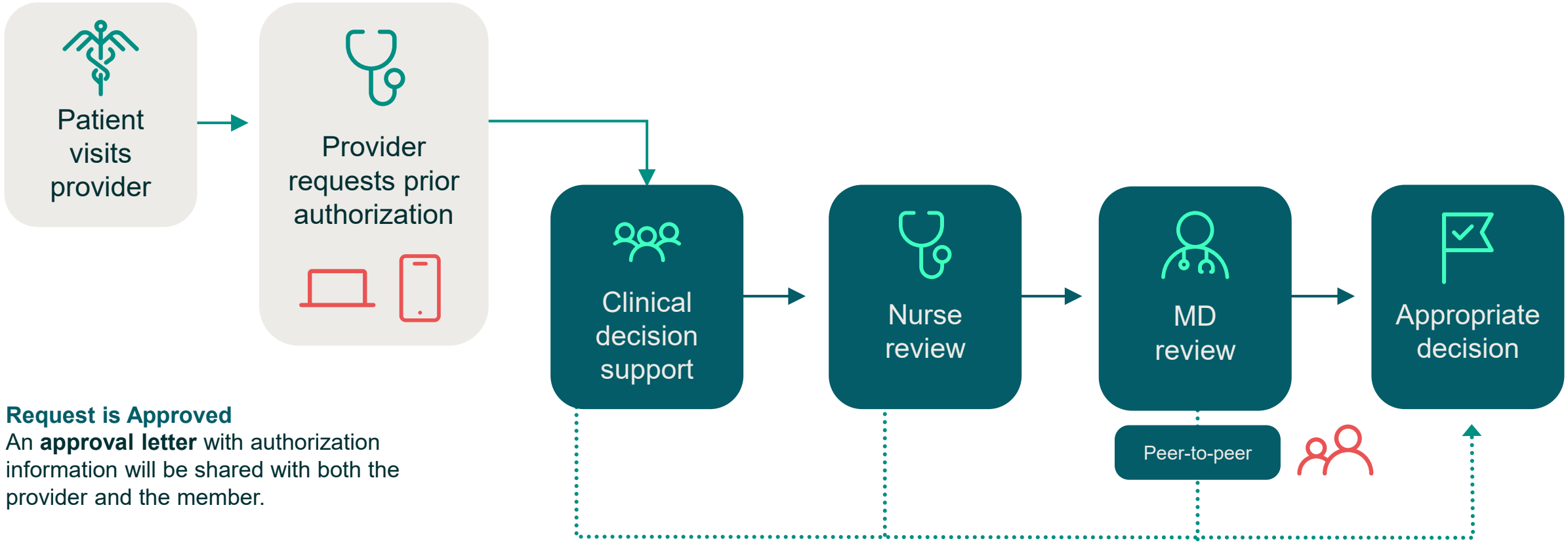
Pre-service prior authorization workflow



Request is Approved
An **approval letter** with authorization information will be shared with both the provider and the member.

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

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How to Request Prior Authorization

The 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**
- **Check case status:** Via the authorization look up feature
- **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
- **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

Access Availity Essentials - Sign In

To access the EviCore Provider Portal, visit Provider's Hub | EviCore by Evernorth

Or by phone: 855-252-1115
Monday through Friday
7 a.m. to 7 p.m. CT

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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

- ✓ Member ID number
- ✓ Member name
- ✓ Date of birth

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 the member's first and last name and an additional patient identifier, such as date of birth and health plan ID.

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Prior Authorization Outcomes, Special Considerations & Post-Decision Options

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Prior Authorization Determination Outcomes

Determination Outcomes

- **Approved Requests:** Authorizations are valid for 12 months from the date of the case approval.
- **Partially Approved Requests:** 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, including denied Level of Care (when applicable).
- **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 or appeal rights will be issued.



Notifications

- Approval information can be printed on demand from the provider portal. Providers will receive e-notifications if they opted in to this method.
- Authorization letters will be faxed if a user opted out of e-notification.
- Members will receive a letter by mail.

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Special Circumstances

Retrospective Authorization Requests

Must be submitted within 30 calendar days from the date of service.

Any requests submitted beyond this timeframe will be expired/cancelled.

Will be reviewed for **clinical urgency** and medical necessity.

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



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Special Circumstances

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 the provider portal or by phone.

Urgent cases are typically reviewed within 72 hours.



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Special Circumstances

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 14 calendar days to contact EviCore to accept the alternative recommendation.



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Special Circumstances

Authorization Update

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.



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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 855-252-1115 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 **EviCore.com** to see available options.



Reconsiderations

- Reconsiderations must be requested within 14 calendar days after the determination date.
- Reconsiderations can be requested in writing or verbally via a Peer-to-Peer Clinical Consultation with an EviCore physician.



Appeals

- EviCore will process first-level appeals which can be submitted within 180 days of the initial denial.
- Request an appeal in writing or verbally via a Peer-to-Peer Clinical Consultation with an EviCore physician.
- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider.

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EviCore Provider Portal

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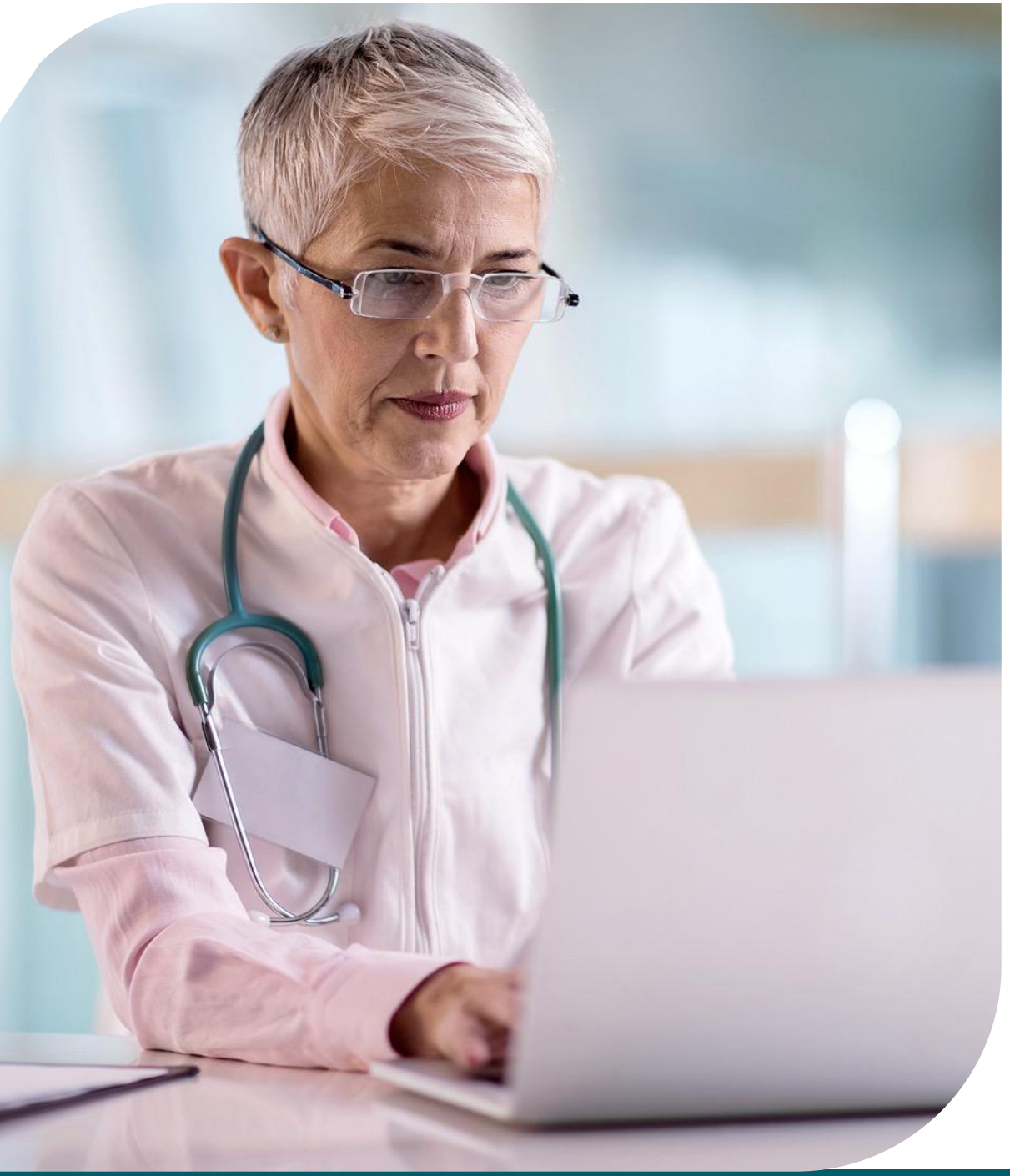

Authorization Lookup Feature

Prior Authorization Status

- Search by member information OR by case number with ordering national provider identifier (NPI).
- View and print any correspondence associated with the case.
- Upload clinical information directly from the summary screen.
- Review post-decision options, request a reconsideration, and/or self schedule a peer-to-peer clinical consultation.
- Submit an appeal when applicable.

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Access and Compatibility

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

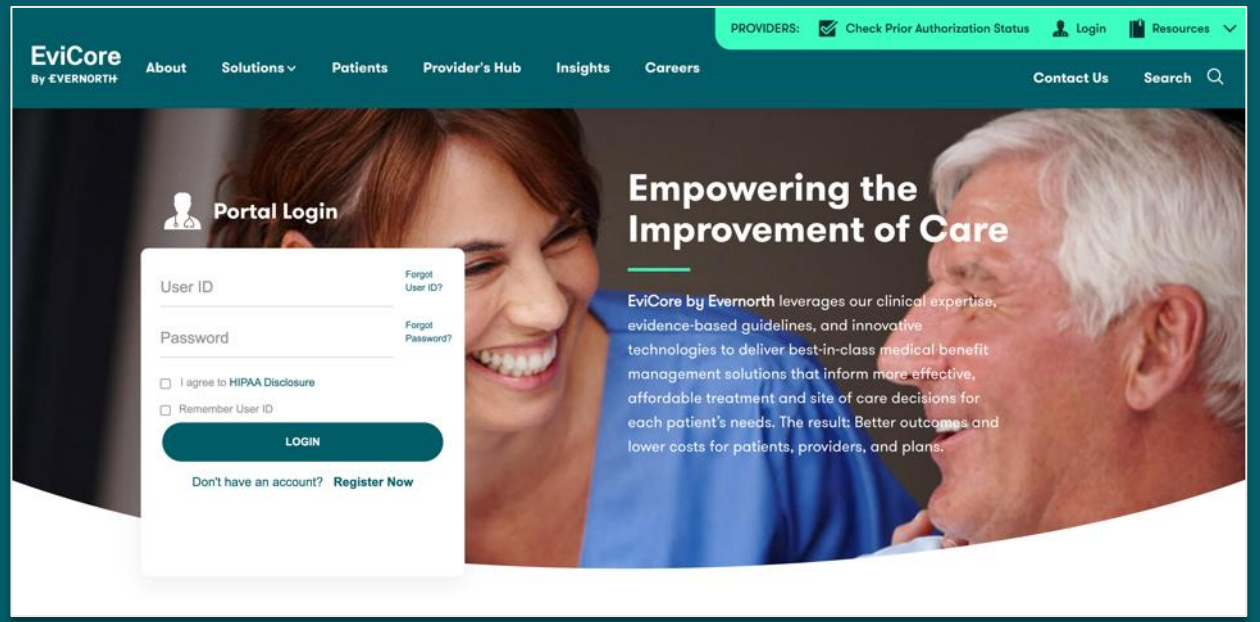
Access resources on the EviCore Provider Portal

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.

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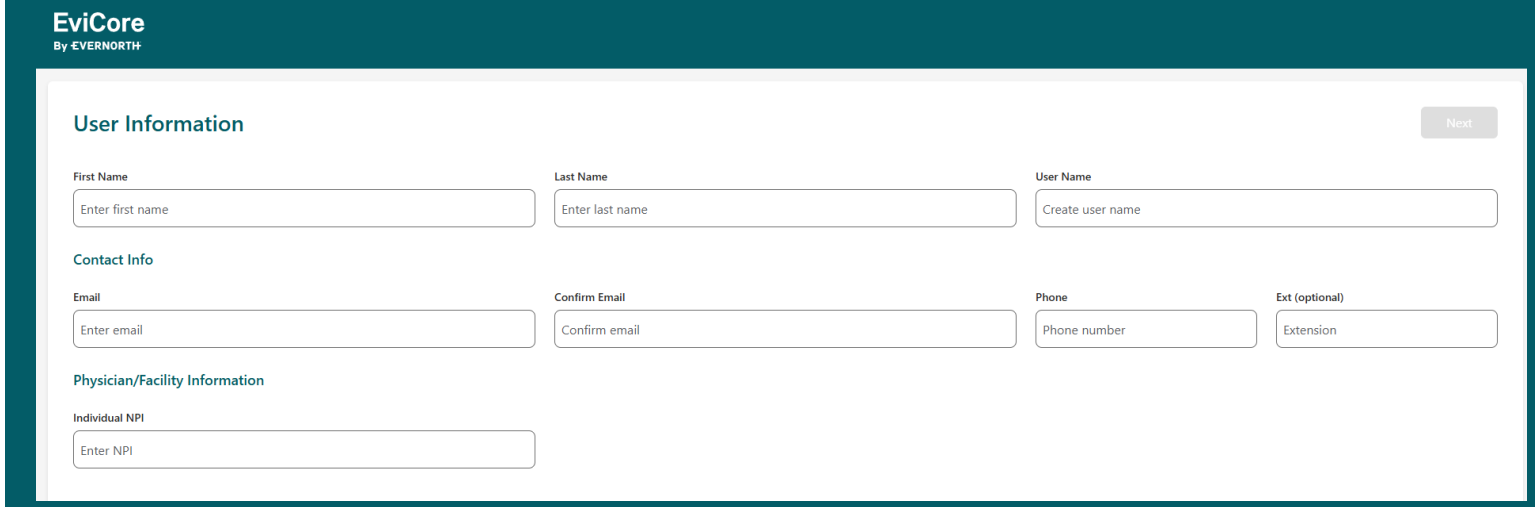
Creating an Account

Select CareCore National as the Default Portal.

Complete the User Information section in full and click **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.



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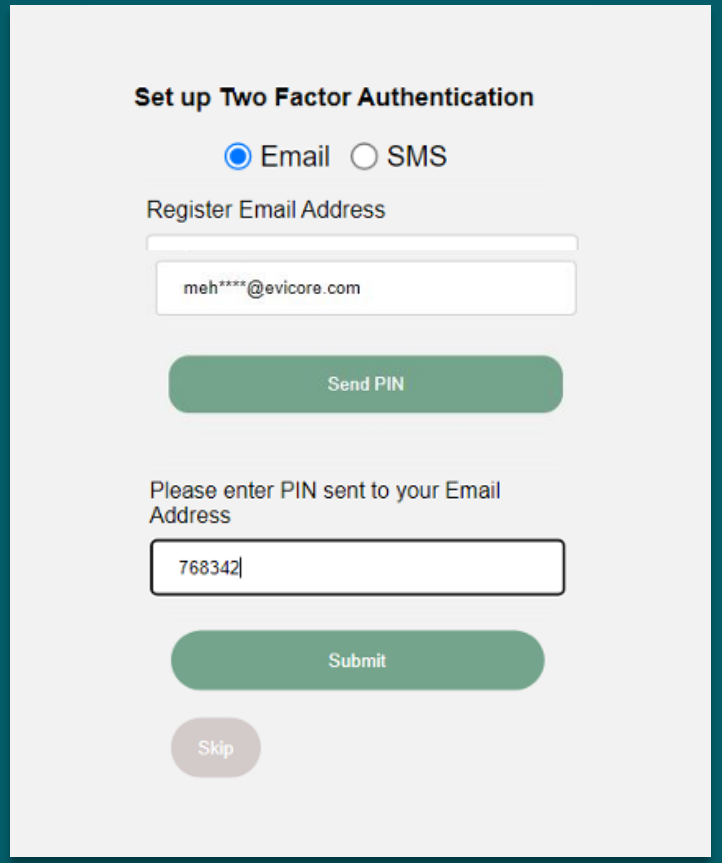
Setting Up Multi-Factor Authentication (MFA)

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.



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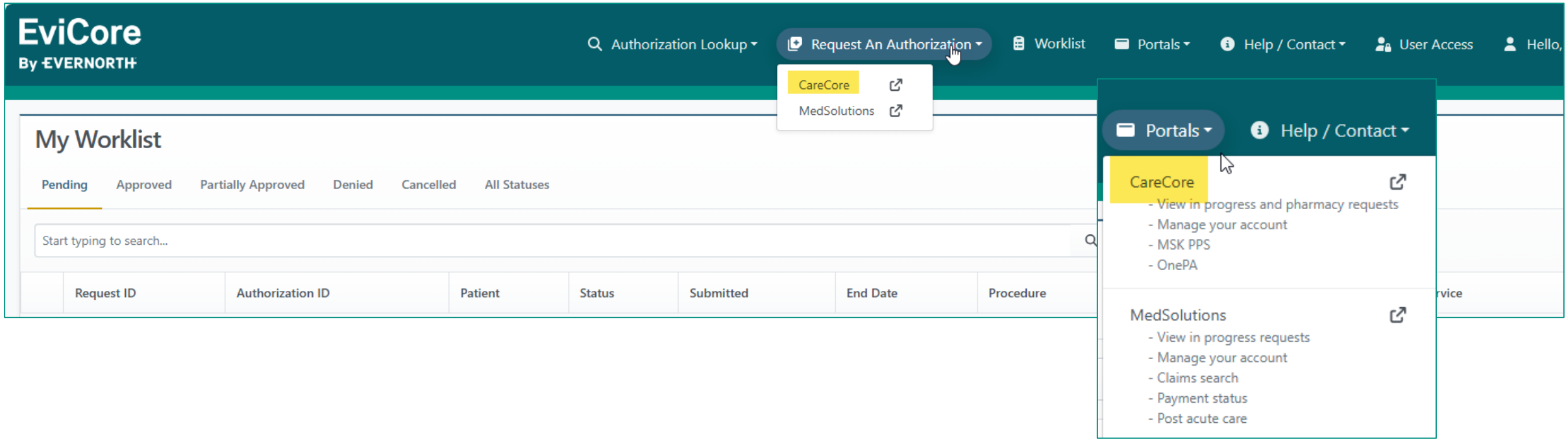
Provider Unified Experience Dashboard (UPX)

When logging in directly to EviCore portal, users land on the UPX dashboard designed as a user 'worklist.' Please visit our Provider's Hub at [Provider's Hub | EviCore by Evernorth] to learn more about the benefits of UPX.



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Portal Case Submission

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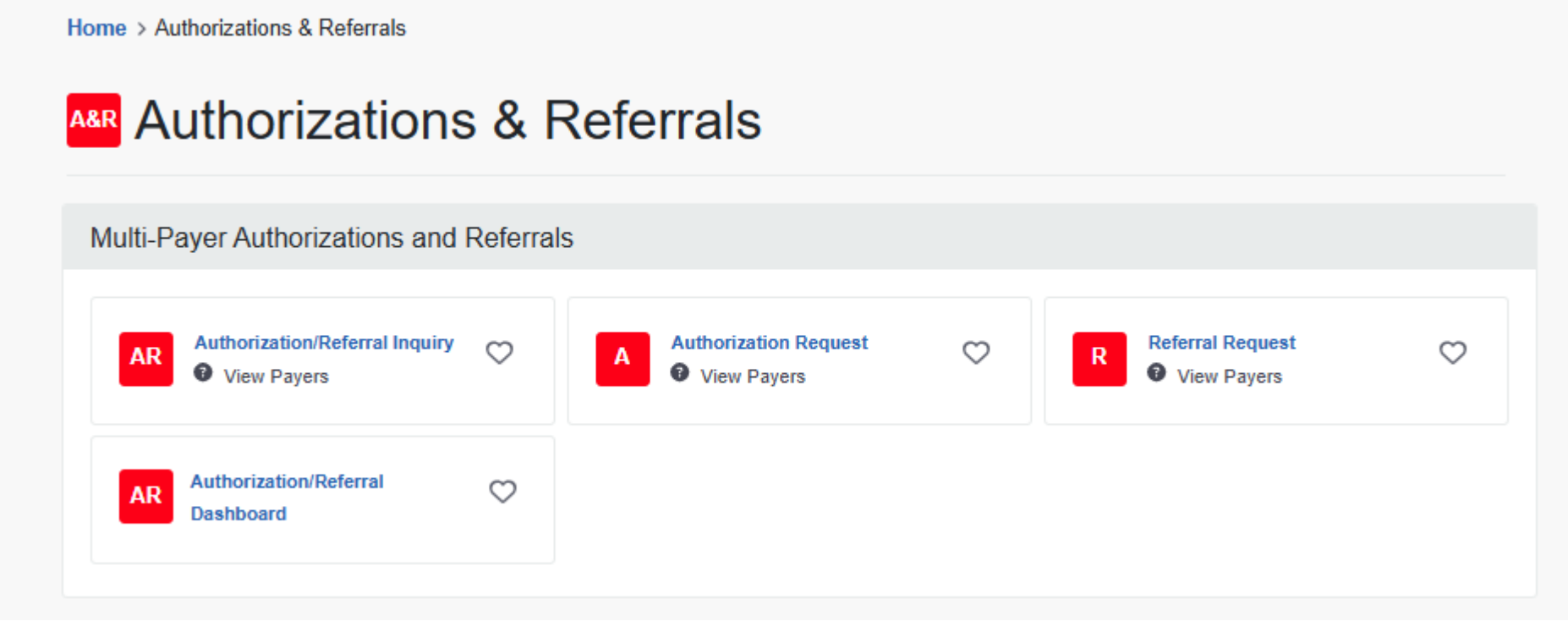
Single-Sign On (SSO) Experience with Availity Essentials

When a provider is using the authorization request functionality in Availity and they enter a procedure code that EviCore supports, during the ‘is an authorization required’ check, the system triggers a pathway that directs the user to a SSO to EviCore and complete the request as shown on the next two slides.



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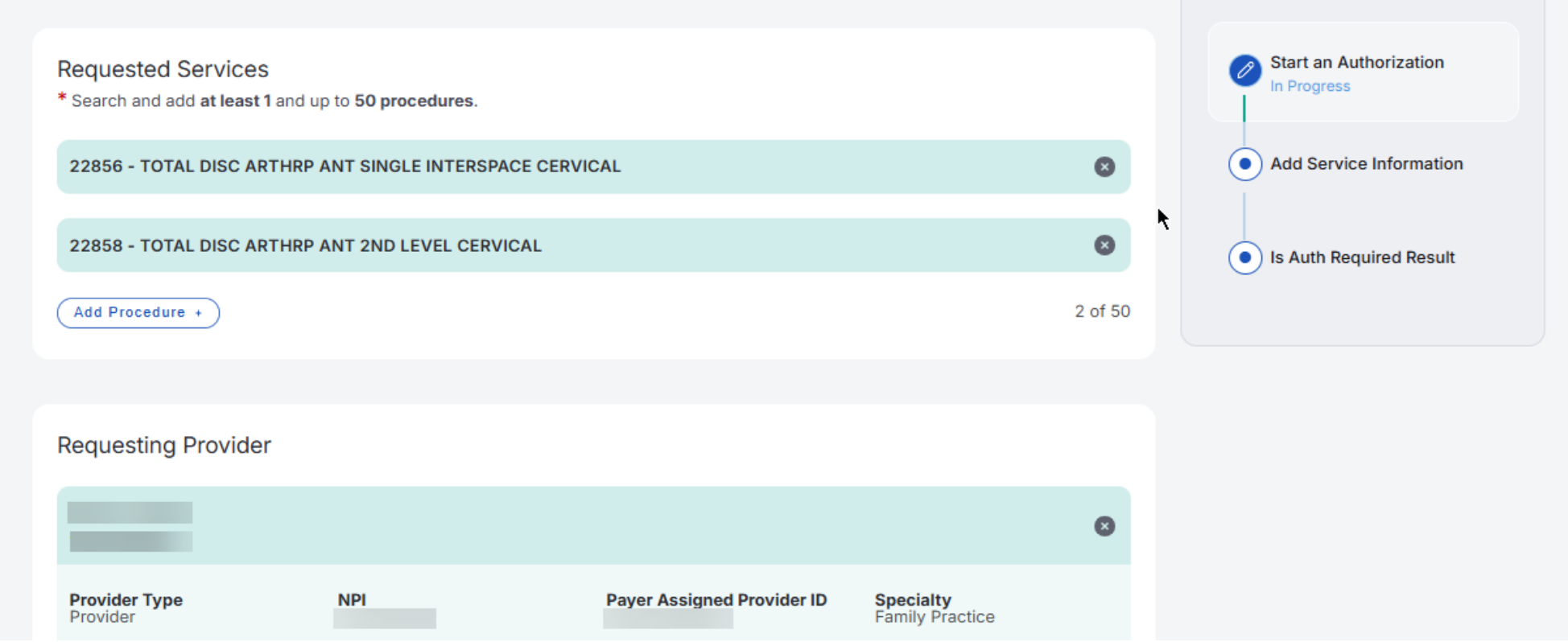
Single-Sign On (SSO) Experience with Availity Essentials



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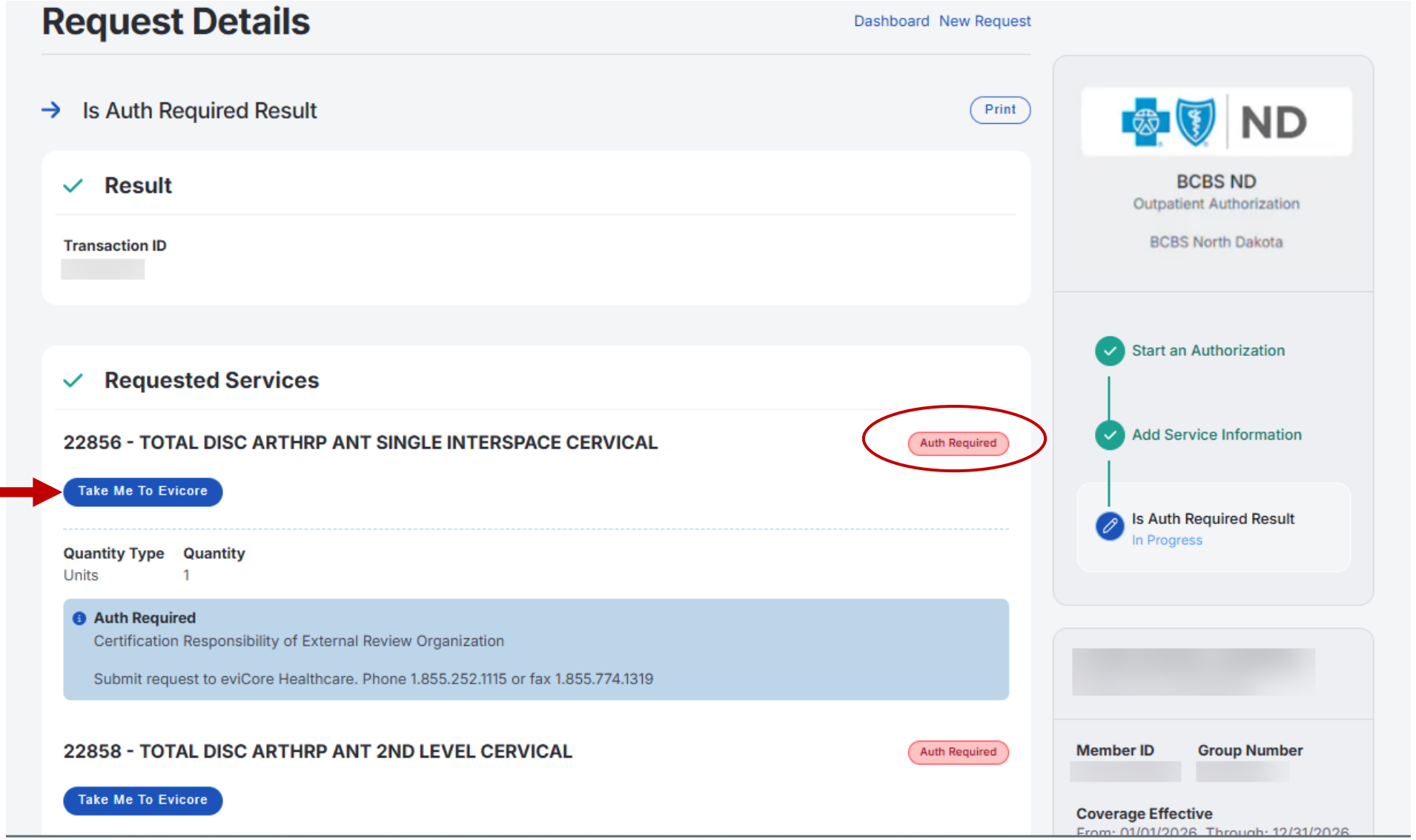
Single-Sign On (SSO) Experience with Availity Essentials



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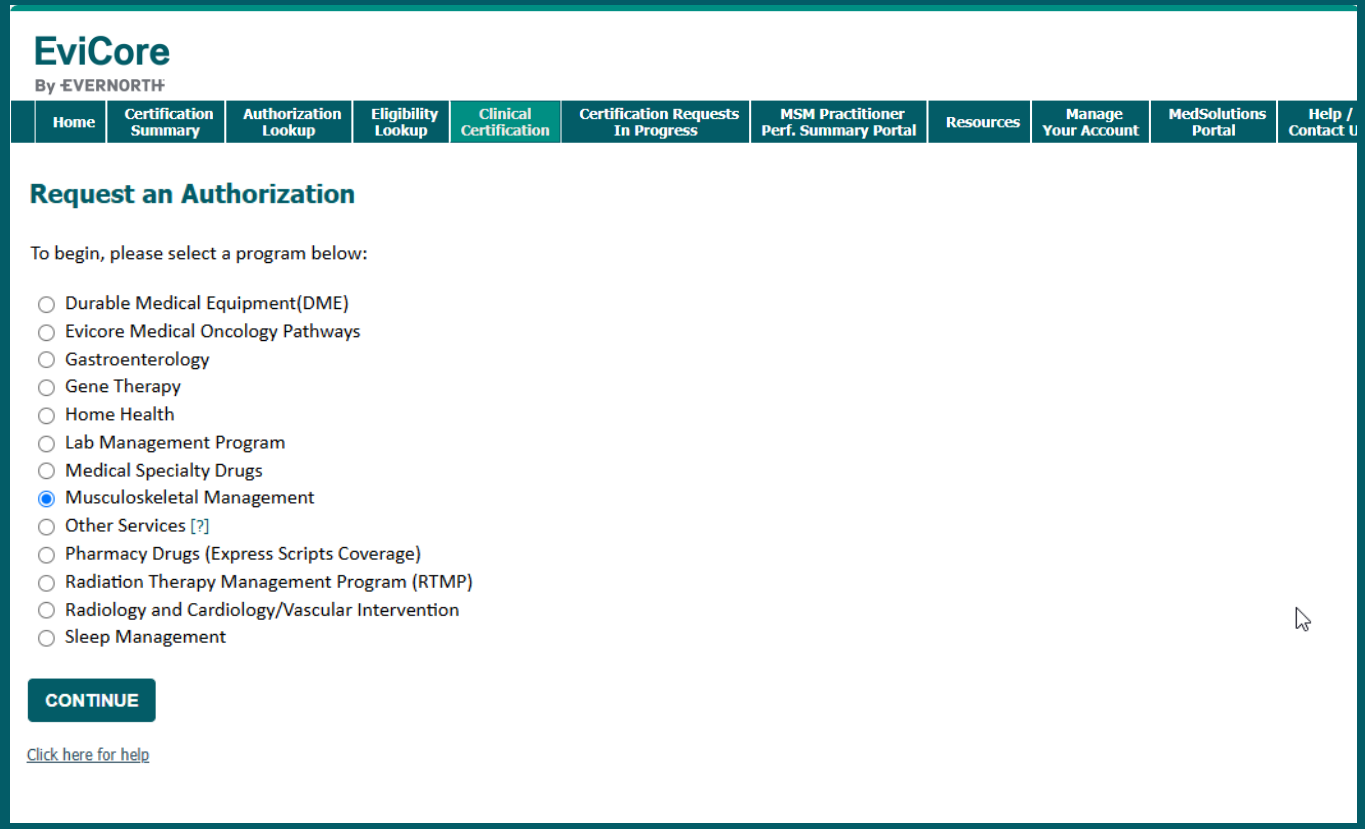
Initiating a Case in the EviCore portal

- Click **Clinical Certification** to begin a new request.
- Select the **Program** for your certification.



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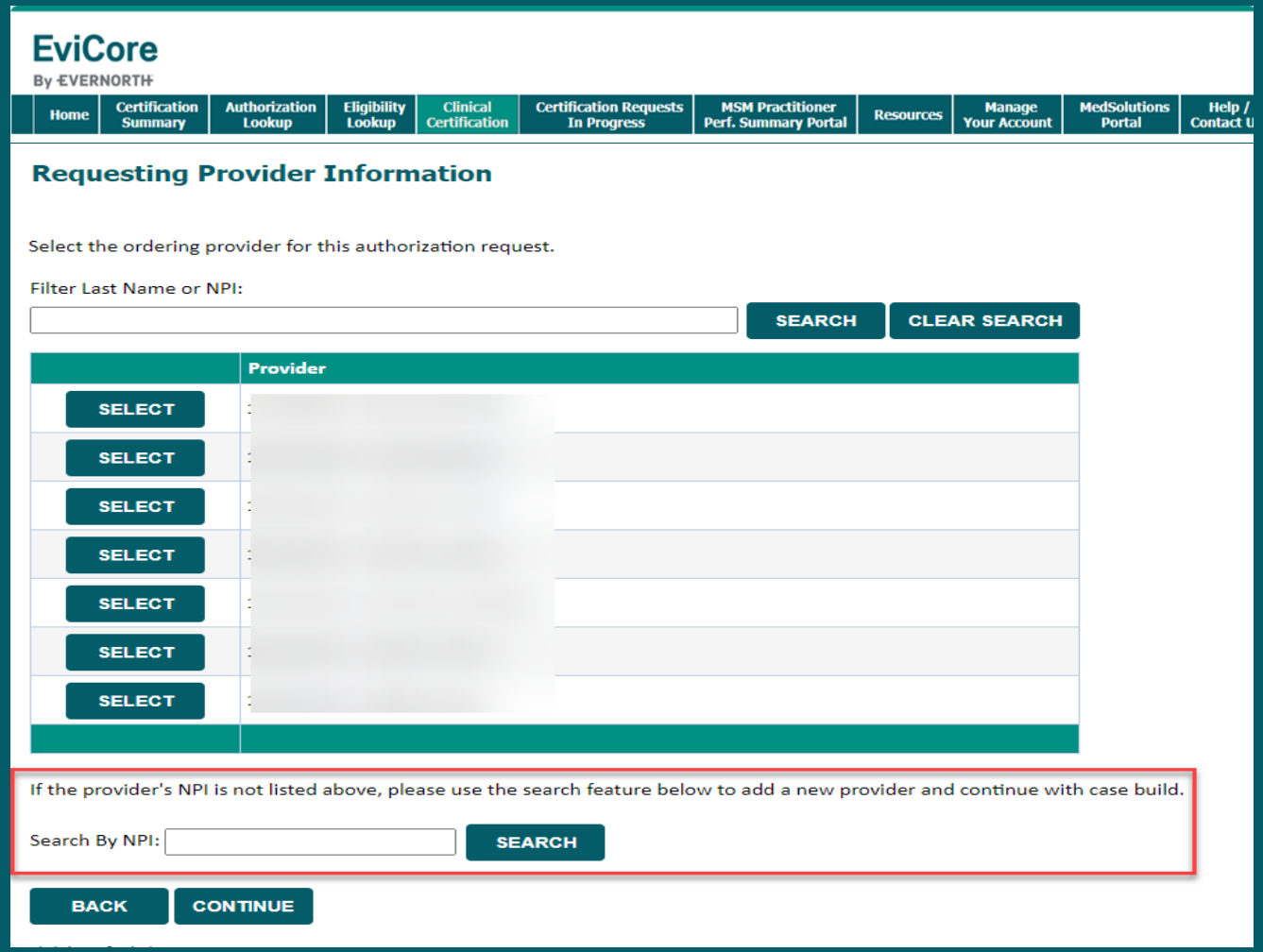
Search for and Select Provider

Search for and select the **Practitioner/Group** for whom you want to build a case.



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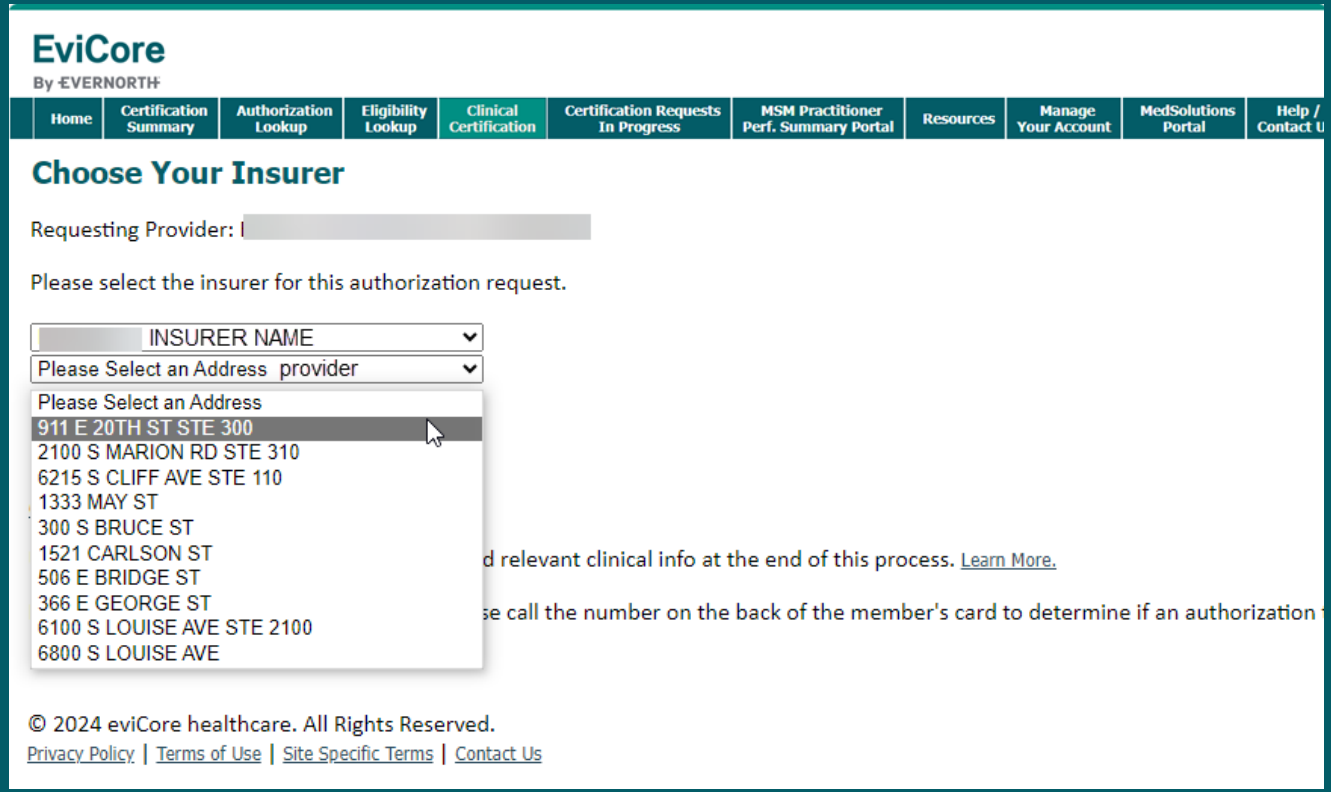
Select Health Plan

- Choose the BCBSND in the drop down for the insurer name field.
- Another drop down will appear to select the appropriate address for the **provider.**
- Select **CONTINUE**



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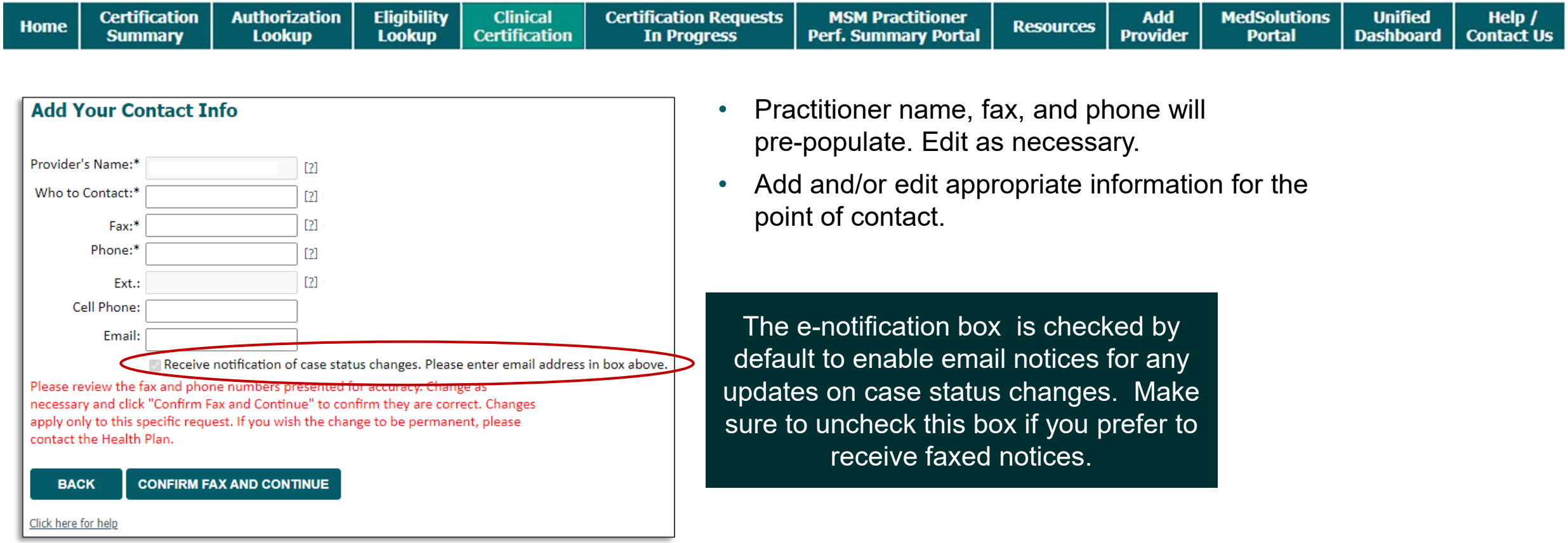
Clinical Certification Request | Enter Contact Information



- Practitioner name, fax, and phone will pre-populate. Edit as necessary.
- Add and/or edit appropriate information for the point of contact.

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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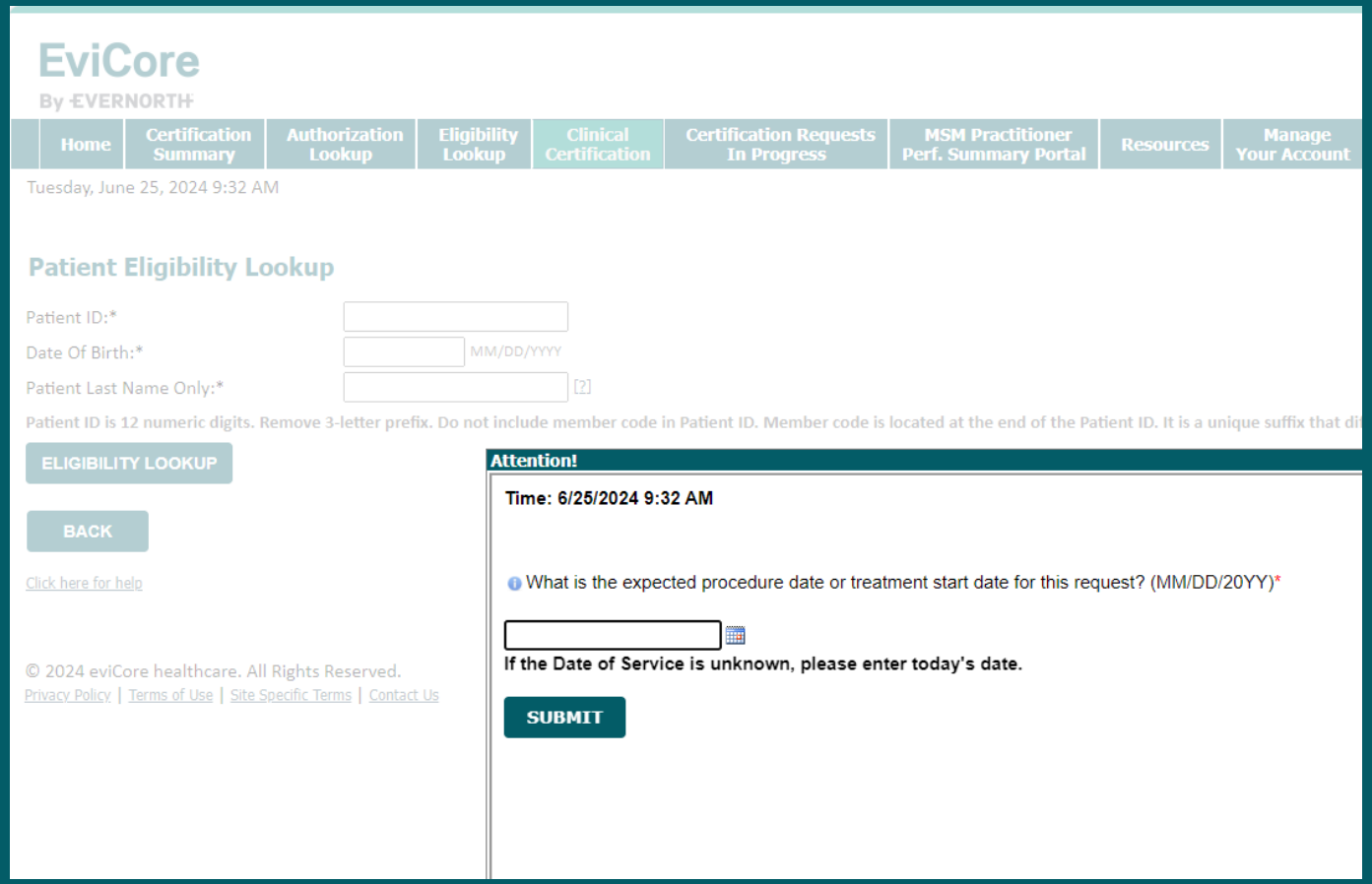
Enter the expected date of service

Enter the expected date of service. If unknown, enter today's date.



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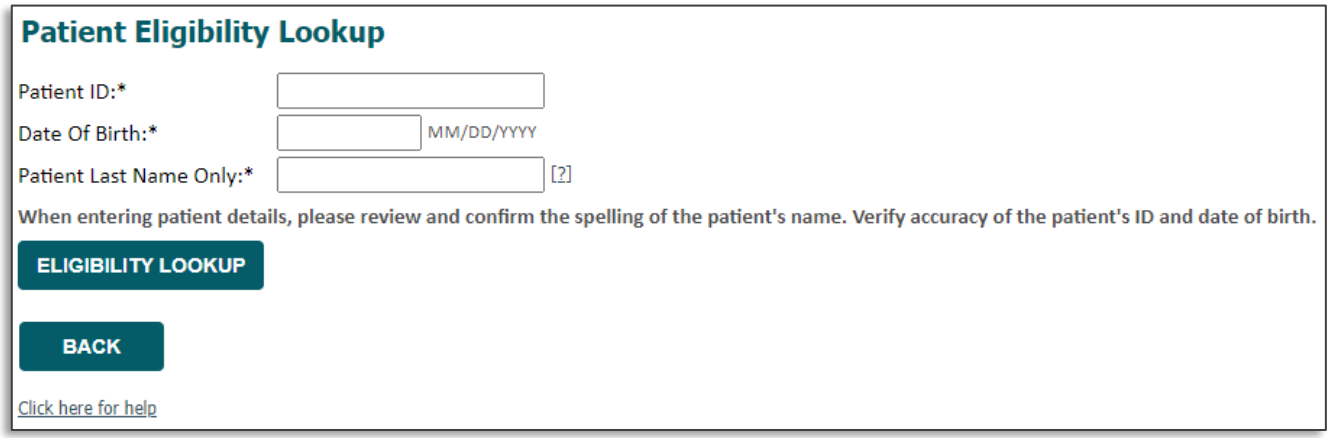
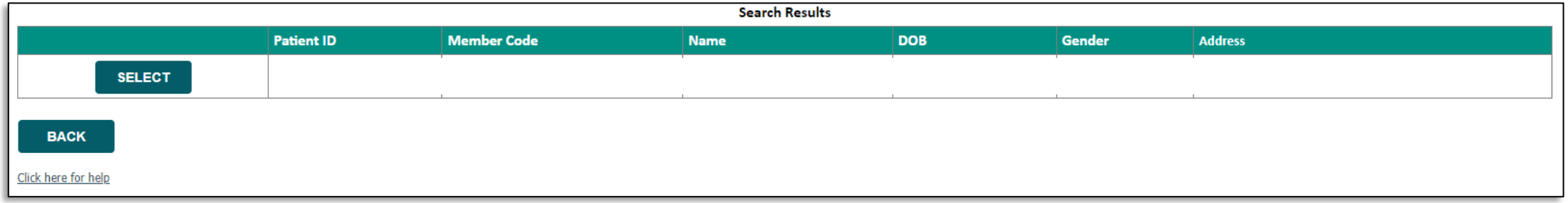
Clinical Certification Request | Search and Select Member





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



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

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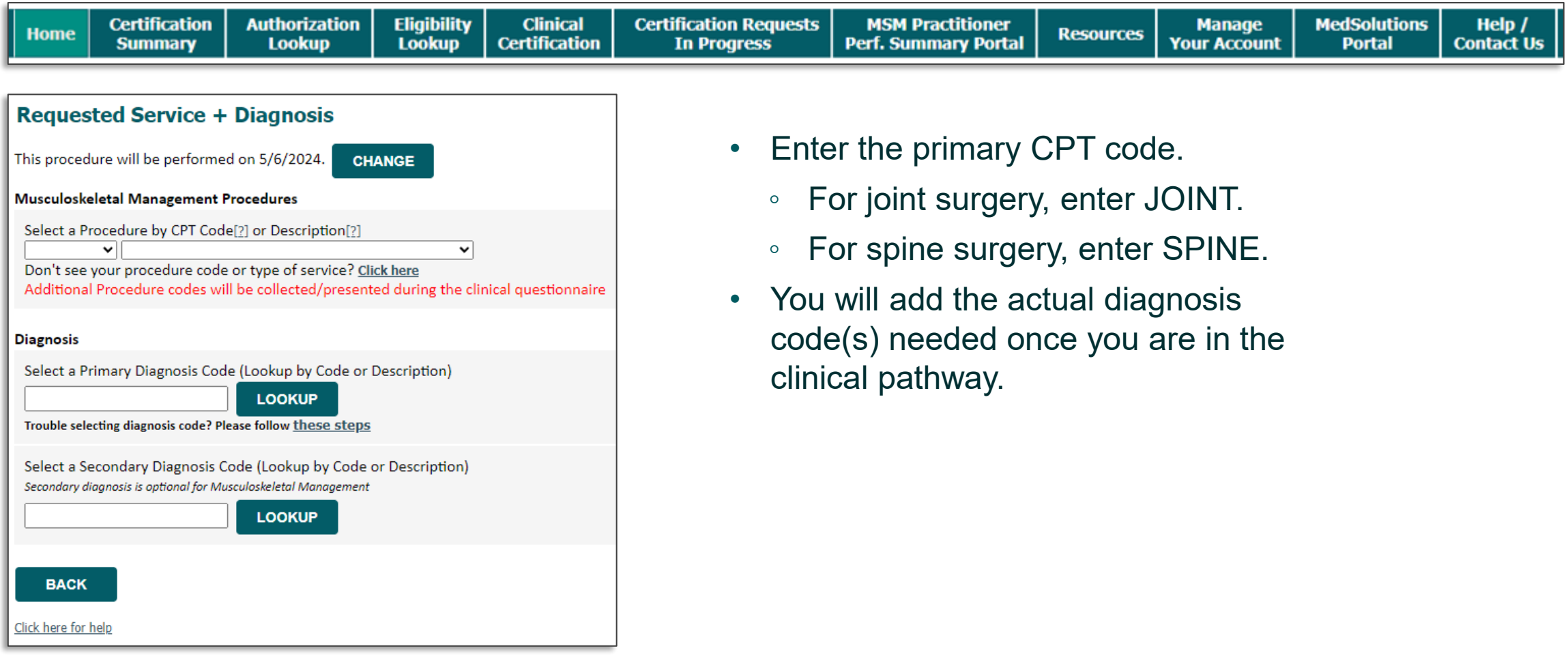
Clinical Certification Request | Procedure and Diagnosis Codes



- Enter the primary CPT code.
  - For joint surgery, enter JOINT.
  - For spine surgery, enter SPINE.
- You will add the actual diagnosis code(s) needed once you are in the clinical pathway.

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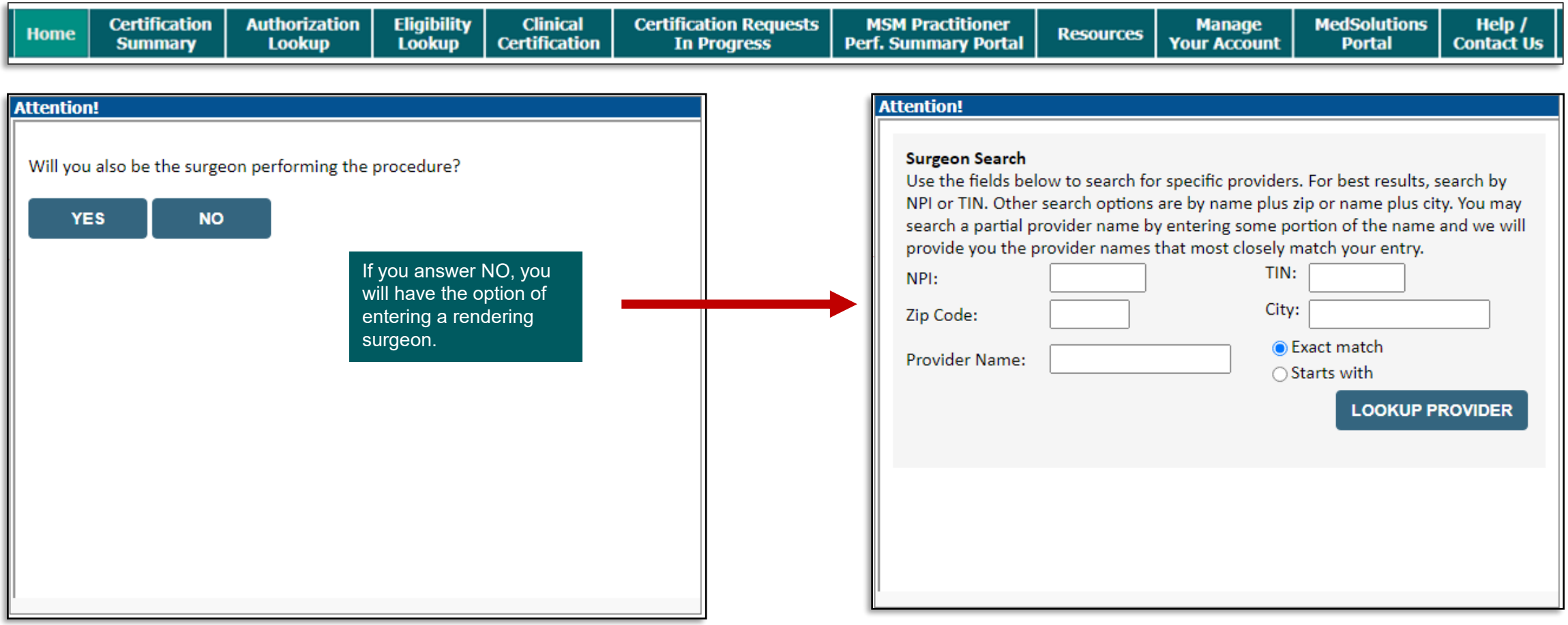
Clinical Certification Request | Clinical Details



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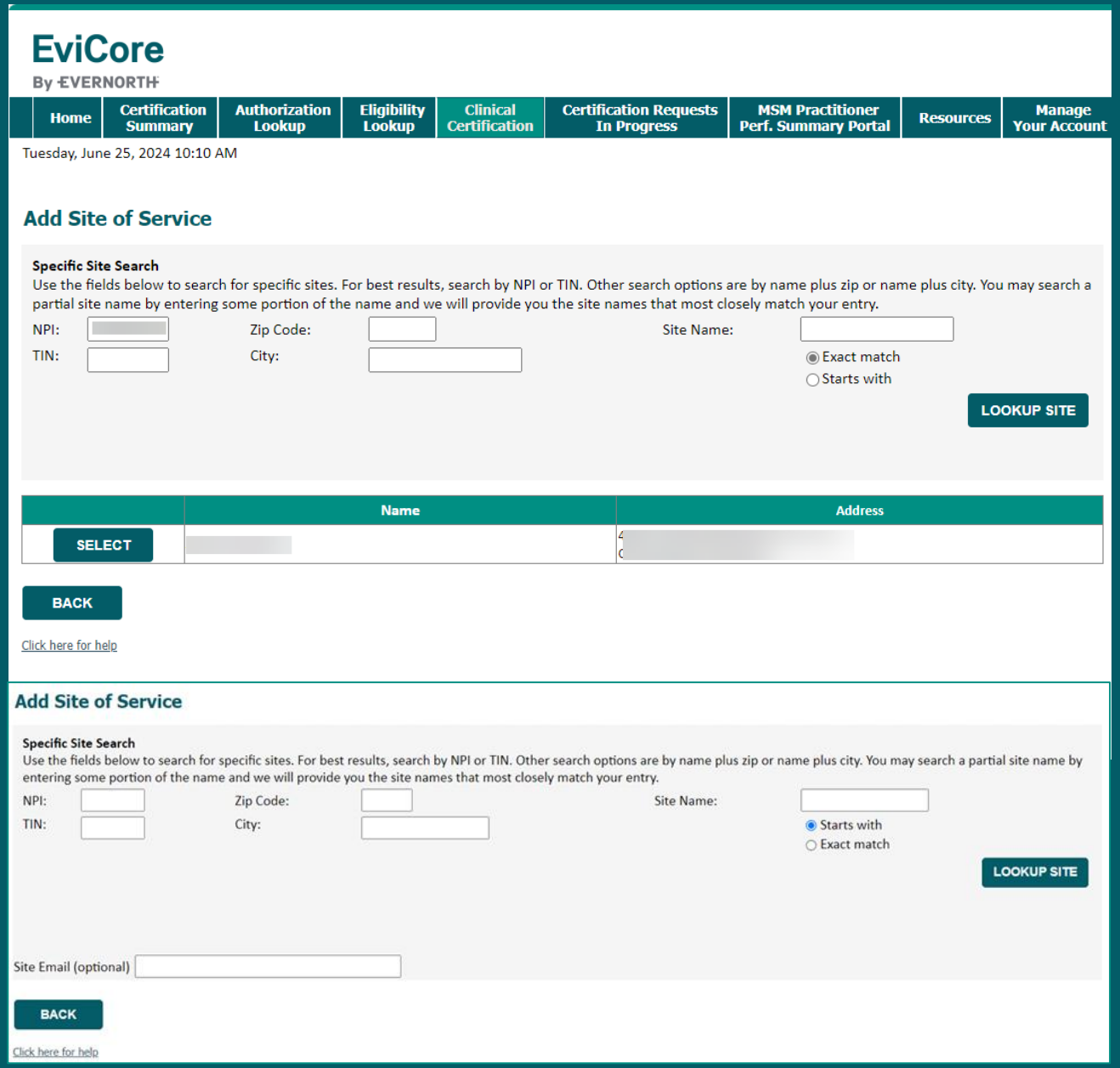
Site Selection Screen

- Search for the **site of service** where the procedure will be performed (for best results, search with NPI, TIN, **and** zip code).
- Select the specific site where the procedure will be performed.
- If you do not know the NPI of the rendering provider (site/facility), you can select **"Starts with"** to broaden your search.



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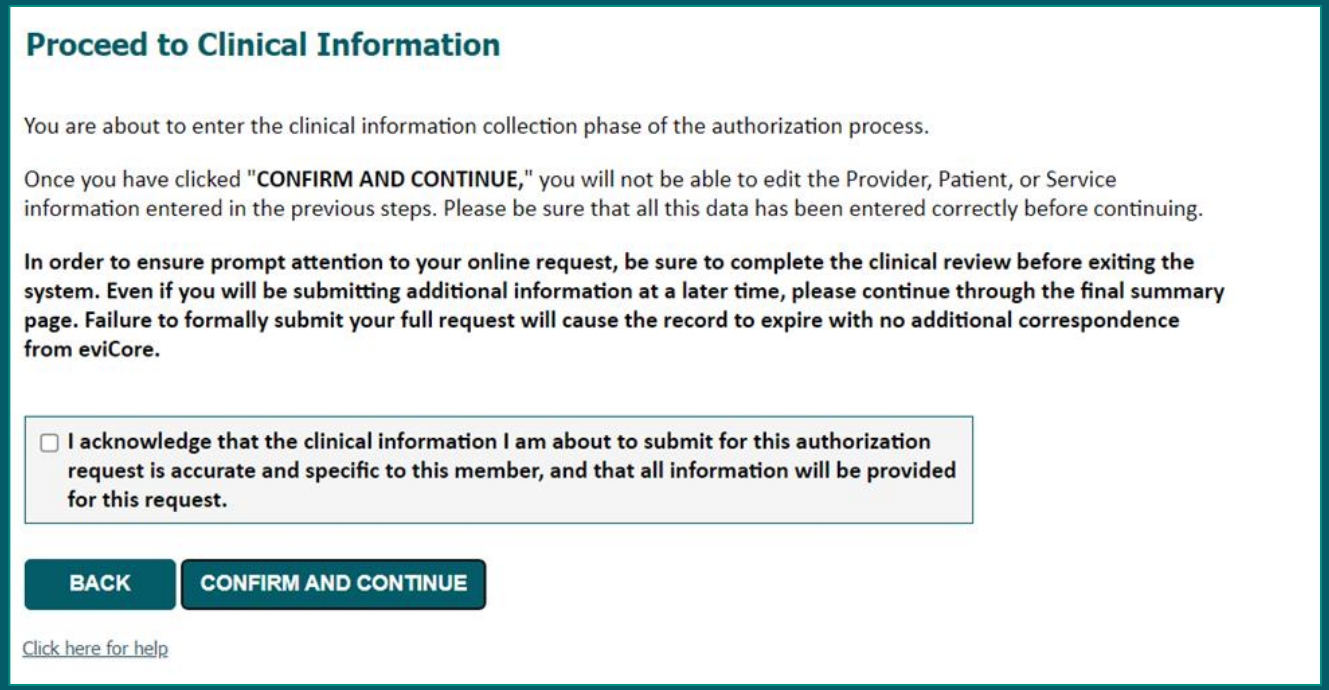
Clinical Certification

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



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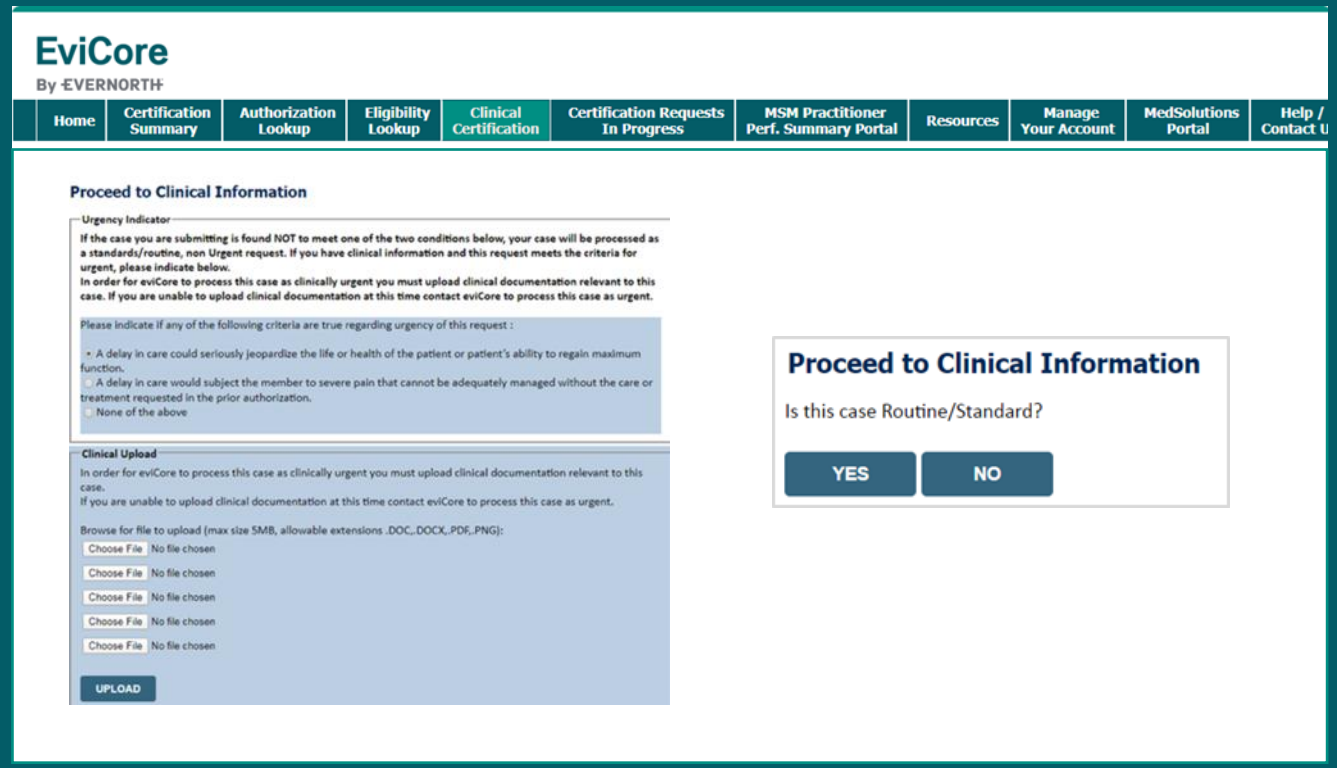
Standard or Urgent Request?

- 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)*
- Your case will only be considered urgent if there is a successful upload.



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Clinical Pathway Example Questions

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Clinical Collection Process | Pathway Questions



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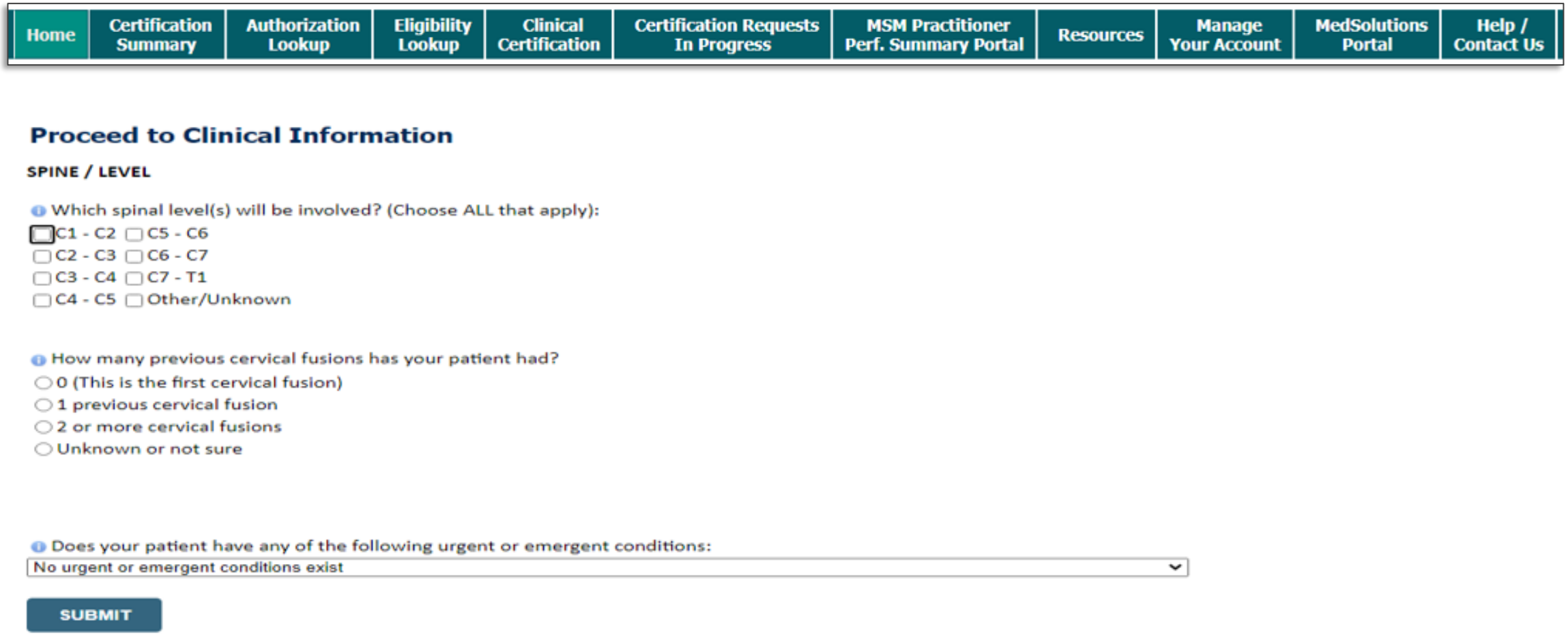
Clinical Collection Process | Pathway Questions



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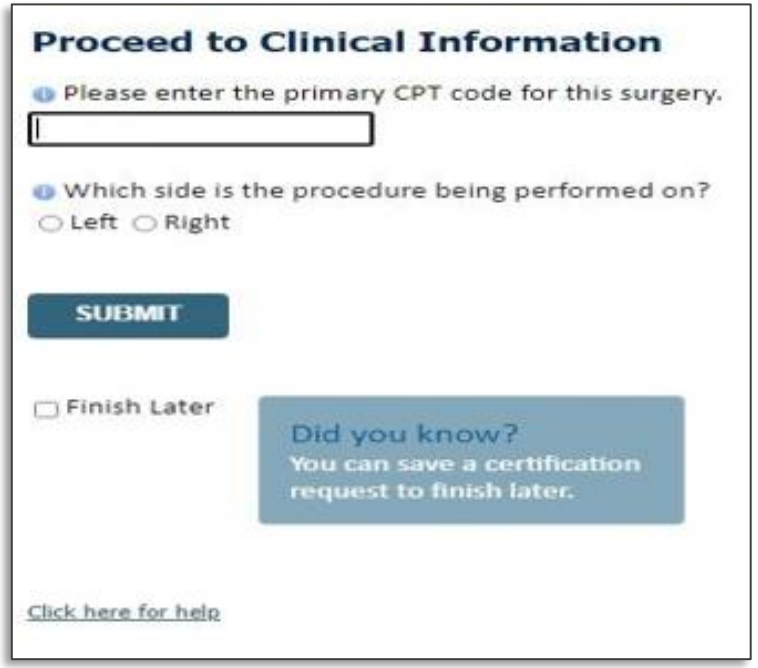
Clinical Collection Process | Pathway Questions





- Enter the primary CPT code for the surgery.
- If needed, you can enter a secondary CPT code.



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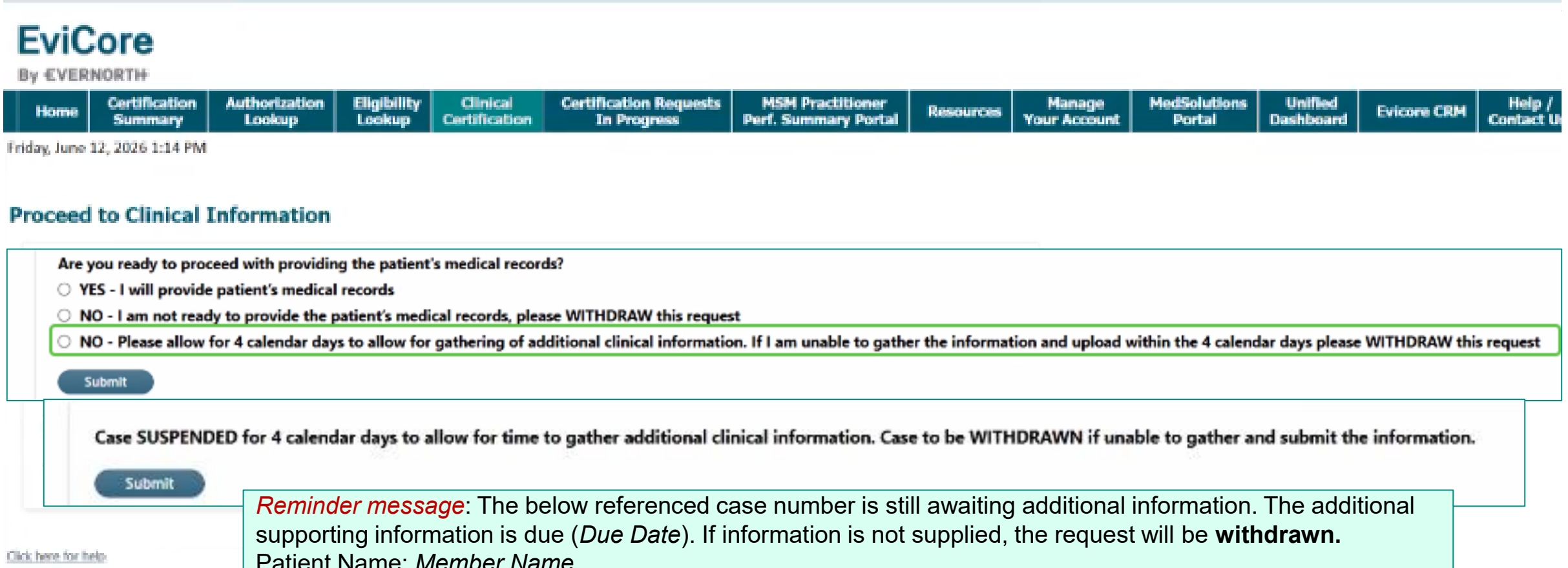
Clinical Certification Request | Option to Withdraw



Reminder message: The below referenced case number is still awaiting additional information. The additional supporting information is due (*Due Date*). If information is not supplied, the request will be **withdrawn.**
Patient Name: *Member Name*
Health Plan Name: *Payor*
Member ID: *Member ID*
Case Number: *Episode ID*

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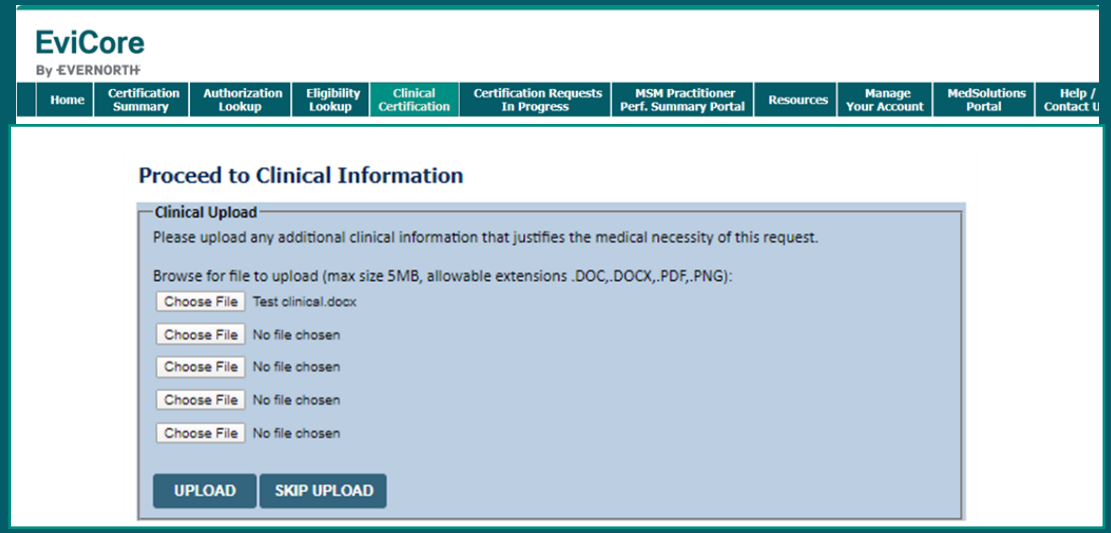
Request for Clinical Upload

If **additional information** is required, you will have the option to upload more clinical information for review.

Tips:

- Providing clinical information via the web is the fastest and most efficient method.
- Enter additional notes in the space provided only when necessary.
- Additional information uploaded to the case will be sent for clinical review.
- Print out a summary of the request that includes the case # and indicates 'Your case has been sent to clinical review'.



eviCore requires name (first and last) and one additional identifier from the list below:

+ Date of birth
+ Correct case number/Episode ID
+ Member identification number
+ Full address (Street, City, State and zip code)
+ Full phone number including area code
+ Driver's license number or other government-issued ID.

Although it is desirable, Patient Identity Verifiers are not required on every page. If there are no conflicting identifiers present, it is acceptable to assume each page is a continuation of the prior page. A Cover Page with two Patient Identifiers present will satisfy HIPAA verification if no Patient discrepancy is present within subsequent pages.

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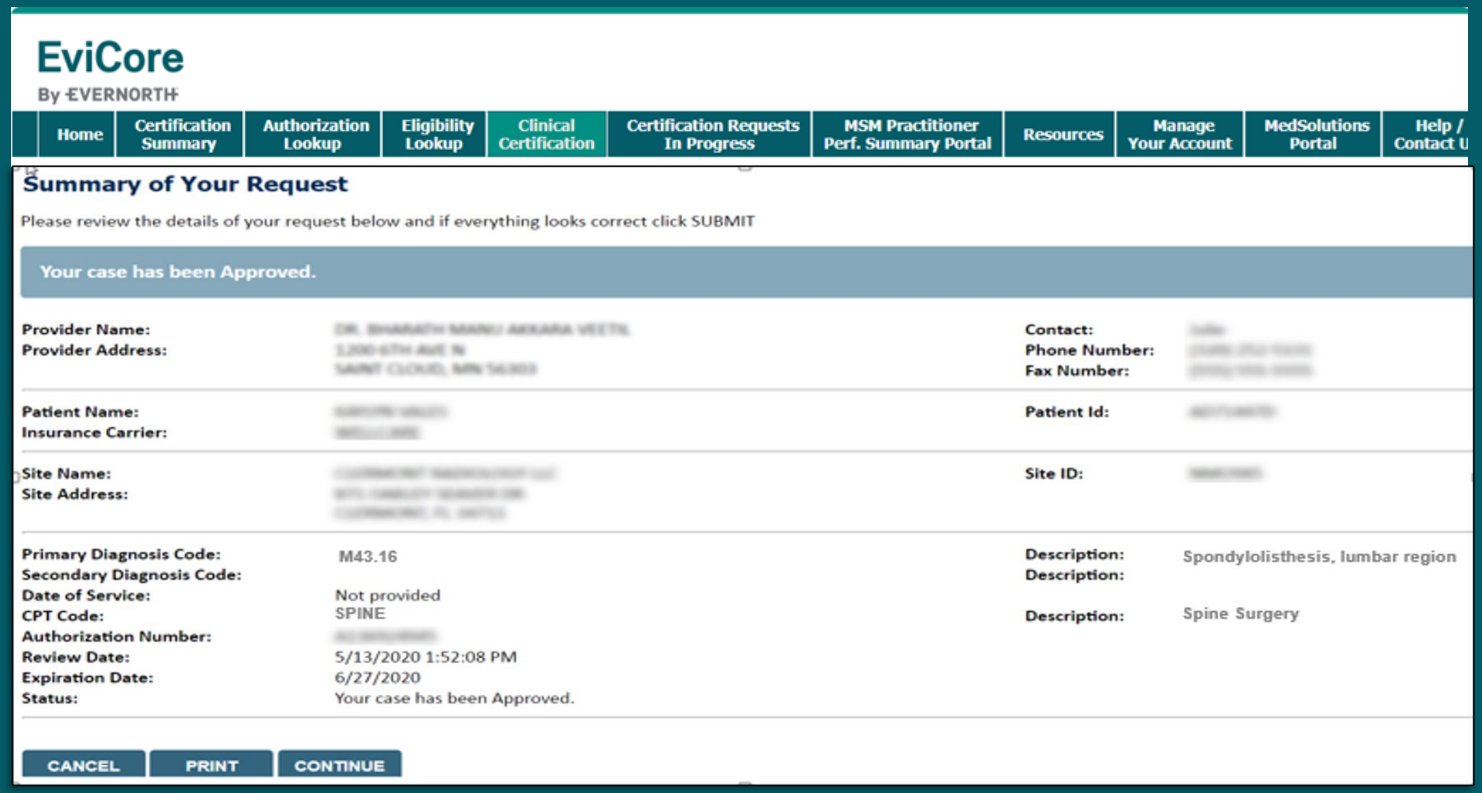
Criteria Met

If your request is authorized during the initial submission, you can **PRINT the summary of the request** for your records.



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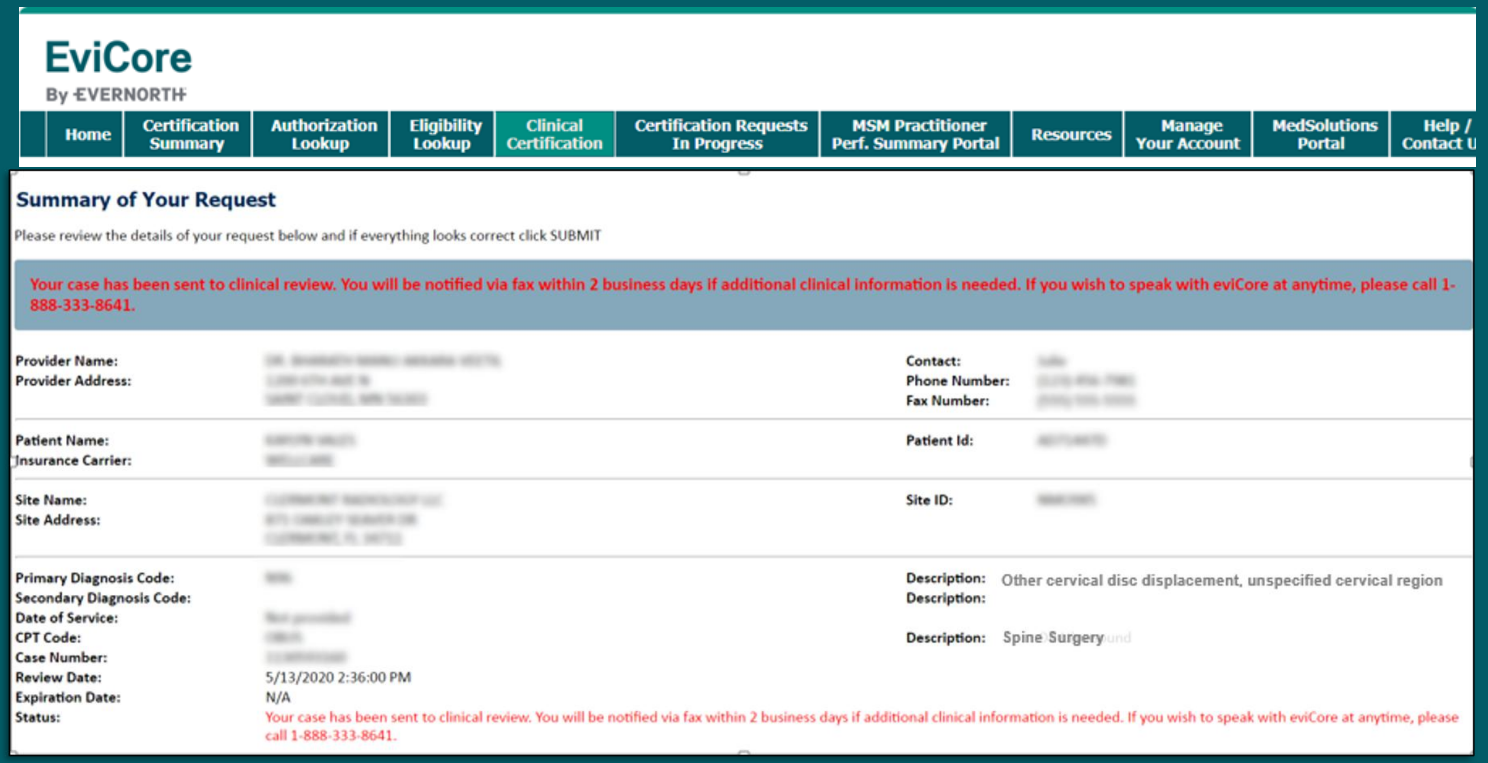
Sent to Clinical Review

If your request is not authorized during the initial submission, the case summary screen will include the case number and pertinent information.

You can **PRINT the summary of the request** for your records.



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Provider Resources

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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.

- ECRM: **https://ecrm.evernorth.com/ecrm**
- Phone: **800-646-0418** (option 4)

Web-Based Services and Portal Support

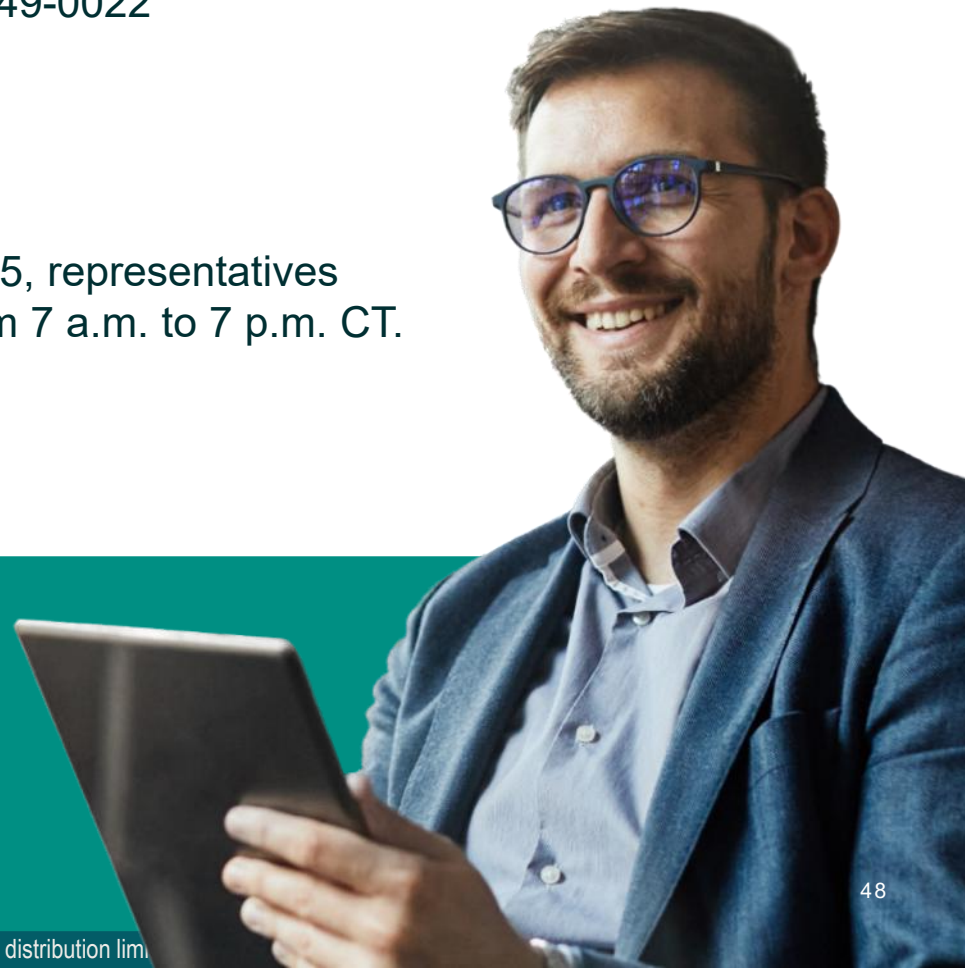
- Live chat
- Web: **https://ecrm.evernorth.com/ecrm**
- Phone: **800-646-0418** (option 2)

Provider Engagement

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

Call Center

Call 855-252-1115, representatives are available from 7 a.m. to 7 p.m. CT.



Contact EviCore's Dedicated Teams

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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.

This page will include:

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

To access these helpful resources, visit **Blue Cross Blue Shield of North Dakota Provider Resource Page | EviCore by Evernorth**



Access important Blue Cross Blue Shield of North Dakota (BCBSND) provider information via Provider Support Hub | BCBSND

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Blue Cross Blue Shield of North Dakota is an independent licensee of the Blue Cross Blue Shield Association.

EviCore is a separate company that provides utilization management services.

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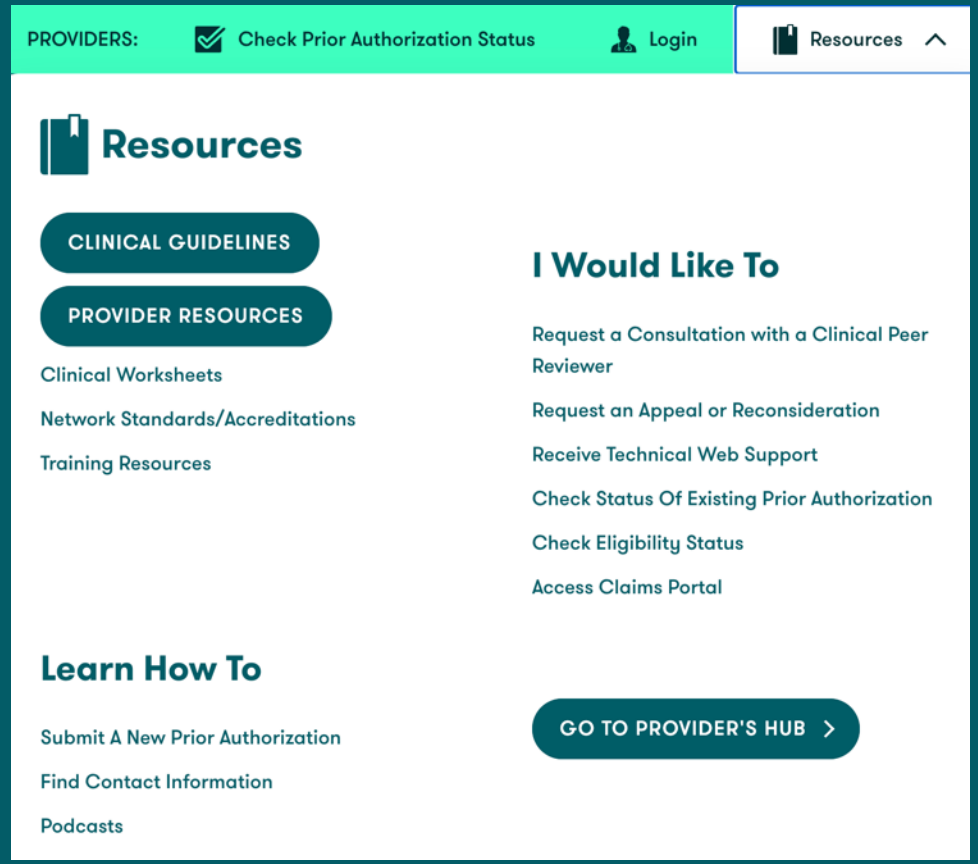
Quick Reference Tool

Open the **Resources** menu in the top right of the browser of any EviCore.com page.



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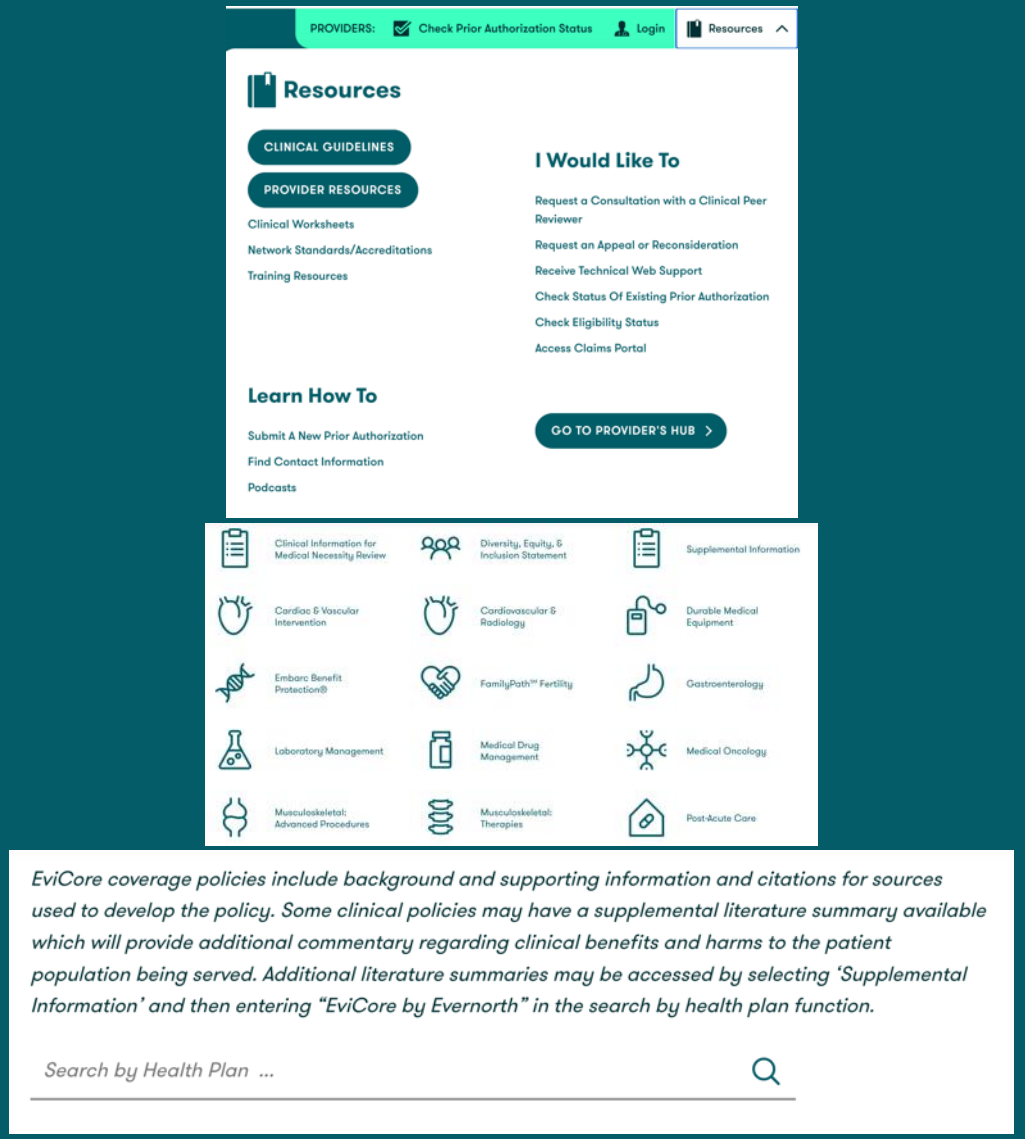
Clinical Guidelines

How do I access EviCore's clinical guidelines?

1. Open the **Resources** menu in the top right of the browser
2. Select **Clinical Guidelines**
3. Select the Musculoskeletal | Advanced Procedures
4. Enter BCBSND in the search field to view clinical guidelines



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EviCore is a separate company that provides utilization management services.

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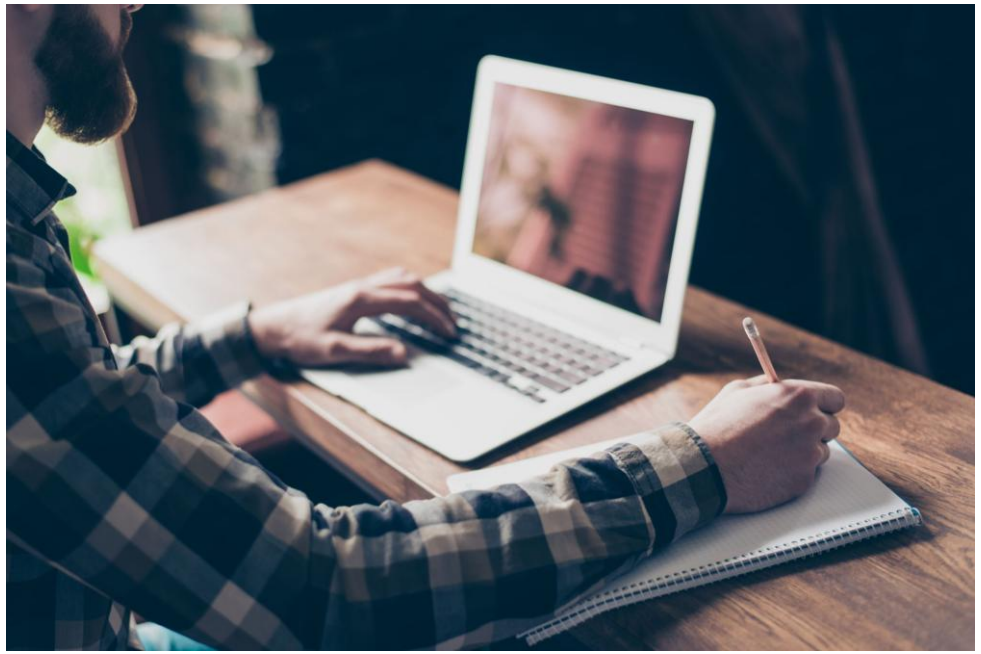
Continued Learning:
Provider Training Opportunities



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**

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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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

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Quick Links

- **Evicore webpage -**
- **Main Provider webpage -** https://www.bcbsnd.com/providers
- **Provider Support Hub -** https://www.bcbsnd.com/providers/news-resources/provider-support-hub
- **Physical Medicine webpage -** https://www.bcbsnd.com/providers/policies-precertification/physical-medicine-program
- **HealthCare News -** https://www.bcbsnd.com/providers/news-resources/healthcare-news
- **HealthCare News registration -** https://www.bcbsnd.com/providers/news-resources/healthcare-news-sign-up
- **EviCore Provider Newsletter -** www.evicore.com

  *Scroll down to the section titled Stay Updated With Our Provider Newsletter
- **Contact Us -** https://www.bcbsnd.com/contact

***The contact us page will be updated as new phone numbers and mailing addresses become available.*

Thank you!

