

**Horizon Blue Cross Blue Shield of New Jersey**  
**Pain Management Utilization Management Program**  
**Frequently Asked Questions**  
**Last Updated: 5/19/2022**

The Pain Management Prior Authorization program went live 4/1/2011. A modification to the CPT Codes requiring prior authorization will go into effect on 6/6/2022. CPT Codes for Spinal Implants will no longer require prior authorization through eviCore healthcare. This includes CPT Codes: 63650, 63655, 63663, 63664, 63685, 62350, 62351, 62360, 62361; 62362.

**Q1: What is a Prior Authorization (PA)?**

A1: PA is defined as the determination as to whether a requested service, procedure, prescription drug or medical device meets the Horizon Blue Cross Blue Shield of New Jersey clinical criteria for coverage based upon a utilization review performed by licensed professionals in accordance with New Jersey regulations.

**Q2: Who does my physician or other health care professional contact for PA?**

A2: Your physician or other health care professional should contact eviCore healthcare to request PA for Pain Management services. While you may contact eviCore healthcare to begin the PA process, it is recommended that your physician or other health care professional initiate the request on your behalf, as you may not have access to your treatment records or clinical information necessary to make a determination.

Physicians or other health care professionals may initiate a request using one of the following three methods:

- Requests may be submitted online at <[www.evicore.com](http://www.evicore.com)>.
- Call eviCore healthcare at **1-866-241-6603**.
- Fax Submission to **1-800-649-4548** (clinical worksheets can be obtained at <[www.evicore.com](http://www.evicore.com)>.)

PA will be provided at the end of the call, if all necessary clinical information has been provided and meets with clinical criteria.

**Q3: What information is required from the provider for a PA?**

A3: PA review requires administrative information and clinical information.

- Administrative information consists of:
  - Member and Provider/Facility information to enable identification of a unique member, a unique rendering provider and the site of service.
  - The CPT code of the procedure(s) that is/are planned.
  - Name of the facility where the services will be performed and the name of the anesthesiologist, if any.
- Clinical information is specific to the procedure. Horizon BCBSNJ's medical policy indicates what is required for approval of payment for a procedure.
  - Horizon BCBSNJ's Medical Policy is available at <[www.HorizonBlue.com/Providers](http://www.HorizonBlue.com/Providers)>.
  - Click *Reference Materials*.
  - Click *Utilization Management*.
  - Scroll down under *Medical Policy* and select *Click Here*.
- Required clinical information usually contains:
  - Onset of the condition.

- Conservative treatment and its duration prior to the interventional procedure.
- Current signs and symptoms supporting the need for the requested procedure.
- Diagnostic study results that may support the planned intervention.
- Planned course of follow up.

**Q4: What happens if my physician or other health care professional does not obtain PA?**

A4: All physicians and other health care professionals are required to obtain PA for pain management treatments prior to rendering them.

If a participating physician or other health care professional does not obtain authorization, you should not be billed for services that were rendered without the PA.

If an out-of-network physician or other health care professional does not obtain PA, you can be billed once the services are rendered.

**Q5: Is there a way to verify if a Prior Authorization (PA) number has been assigned to a request?**

A5: Yes. Registration is required through [www.evicore.com](http://www.evicore.com). Once signed into the website registration, go to Authorization Look Up.

- Select the member's Health Plan and enter the ordering Provider's NPI, and Office or Provider Name. These are required fields for this search.
- Enter the patient's ID and Date of Birth and click *Search*.

**Q6: Does a PA number expire?**

A6: Yes. A PA is good for 45 days.

**Q7: What if a physician or other health care professional does not agree with eviCore's PA determination?**

A7: The physician or other health care professional can contact the eviCore Peer to Peer Consultation line. The physician or other health care professional will be able to discuss the case in detail with an eviCore Medical Director by scheduling a Peer Consultation through the Authorization Look Up tool, located within the eviCore website registration.

**Q8: If the rendering physician or other health care professional changes during an authorization, will a new PA be required?**

A8: The new physician or other health care professional should contact eviCore to update the current authorization.