

# Musculoskeletal Management

## Interventional Pain, Spine and Joint Surgery

Provider Orientation Session for FirstCarolinaCare



Empowering  
the Improvement  
of Care

# Agenda

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- Clinical Approach
- Program Overview
- Submitting Requests
- Prior Authorization Outcomes & Special Considerations
- Reconsideration Options
- Provider Portal Overview
- Additional Provider Portal Features
- Provider Resources
- Q & A

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# Clinical Approach

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# Evidence-Based Guidelines

## The foundation of eviCore solutions



Dedicated  
pediatric  
guidelines



Contributions  
from a panel of  
community  
physicians



Experts  
associated  
with academic  
institutions



Current  
clinical  
literature



## Aligned with National Societies:

- American College of Cardiology
- American Heart Association
- American Society of Nuclear Cardiology
- Heart Rhythm Society
- American College of Radiology
- American Academy of Neurology
- American College of Chest Physicians
- American College of Rheumatology
- American Academy of Sleep Medicine
- American Urological Association
- National Comprehensive Cancer Network
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Academy of Pediatrics
- American Society of Colon and Rectal Surgeons
- American Academy of Orthopedic Surgeons
- North American Spine Society
- American Association of Neurological Surgeons
- American College of Obstetricians and Gynecologists
- The Society of Maternal-Fetal Medicine

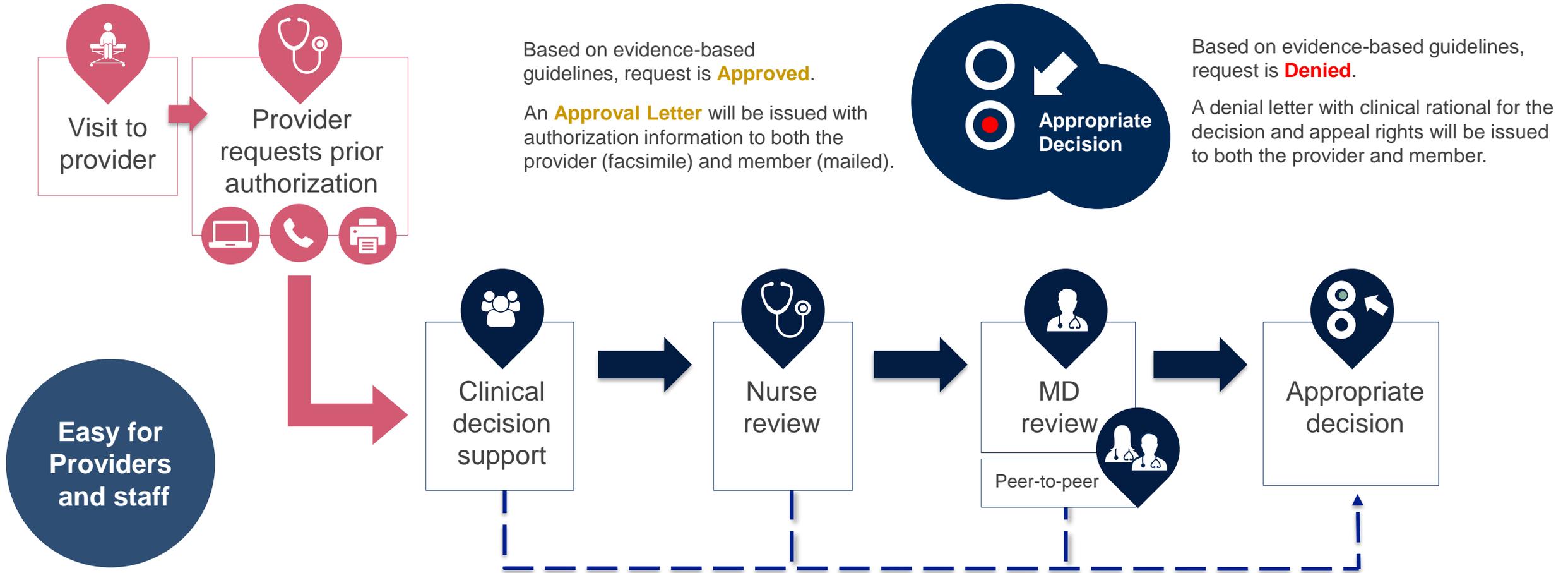
# Clinical Staffing – Multispecialty Expertise

## Dedicated nursing and physician specialty teams for a wide range of solutions

- ◆ **Anesthesiology**
- ◆ **Cardiology**
- ◆ **Chiropractic**
- ◆ **Emergency Medicine**
- ◆ **Family Medicine**
  - Family Medicine / OMT
  - Public Health & General Preventative Medicine
- ◆ **Gastroenterology**
- ◆ **Internal Medicine**
  - Cardiovascular Disease
  - Critical Care Medicine
  - Endocrinology, Diabetes & Metabolism
  - Geriatric Medicine
  - Hematology
  - Hospice & Palliative Medicine
  - Medical Oncology
  - Pulmonary Disease
  - Rheumatology
  - Sleep Medicine
  - Sports Medicine
- ◆ **Medical Genetics**
- ◆ **Nuclear Medicine**
- ◆ **OB / GYN**
  - Maternal-Fetal Medicine
- ◆ **Oncology / Hematology**
- ◆ **Orthopedic Surgery**
- ◆ **Otolaryngology**
- ◆ **Pain Mgmt. / Interventional Pain**
- ◆ **Pathology**
  - Clinical Pathology
- ◆ **Pediatric**
  - Pediatric Cardiology
  - Pediatric Hematology-Oncology
- ◆ **Physical Medicine & Rehabilitation**
  - Pain Medicine
- ◆ **Physical Therapy**
- ◆ **Radiation Oncology**
- ◆ **Radiology**
  - Diagnostic Radiology
  - Neuroradiology
  - Radiation Oncology
  - Vascular & Interventional Radiology
- ◆ **Sleep Medicine**
- ◆ **Sports Medicine**
- ◆ **Surgery**
  - Cardiac
  - General
  - Neurological
  - Spine
  - Thoracic
  - Vascular
- ◆ **Urology**



# Utilization Management – the Prior Authorization Process



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# **Program Overview – Interventional Pain, Spine and Joint Surgery**

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# First Carolina Care Prior Authorization Services Performed by eviCore

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eviCore healthcare (eviCore) will begin accepting prior authorization requests for Musculoskeletal Management services on **December 17, 2020** for treatments starting **January 1, 2021** and after.

## Prior authorization applies to the following Pain Mgmt services:

- Outpatient
- Diagnostic
- Elective / Non-emergent

## Prior authorization does **NOT** apply to services performed in:

- Emergency Rooms
- Observation Services
- Inpatient Stays



Providers should verify member eligibility and benefits on the secured provider log-in section at: [login.firstcarolinacare.com](https://login.firstcarolinacare.com)

# Applicable Memberships

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**Prior Authorization is required for FirstCarolinaCare members who are enrolled in the following lines of business/programs and ID # begins with 94:**

<b>Medicare</b>	<ul style="list-style-type: none"><li>• FirstMedicare Direct</li><li>• New Hanover Health FirstMedicare</li></ul>
<b>Commercial</b>	<ul style="list-style-type: none"><li>• Fully Insured</li><li>• Self Insured</li></ul>

**Prior Authorization requests should NOT be requested through eviCore for FirstCarolinaCare members who are enrolled in the following lines of business/programs:**

- FirstMedicare Direct Smart HMO

## Example of Musculoskeletal Categories Requiring Prior Authorization:

### Interventional Pain:

- Spinal injections
- Spinal implants
  - Spinal cord stimulators
  - Pain pumps

### Joint Surgery:

- Large joint replacement
  - Arthroscopic and open procedures

### Spine Surgery:

- Spinal implants
  - Spinal cord stimulators
  - Pain pumps
- Cervical/Thoracic/Lumbar
  - Decompressions
  - Fusions

To find a complete list of Current Procedural Terminology (CPT) codes that require prior authorization through eviCore, please visit:

<https://www.evicore.com/resources/health-plan/firstcarolinacare>

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# Submitting Requests

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# Methods to Submit Prior Authorization Requests

## FirstCarolinaCare Provider Portal (preferred)

The FCC online portal [login.firstcarolinacare.com](https://login.firstcarolinacare.com) is the quickest, most efficient way to request prior authorization and check authorization status, and it's available 24/7

### Phone Number:

877-872-4161

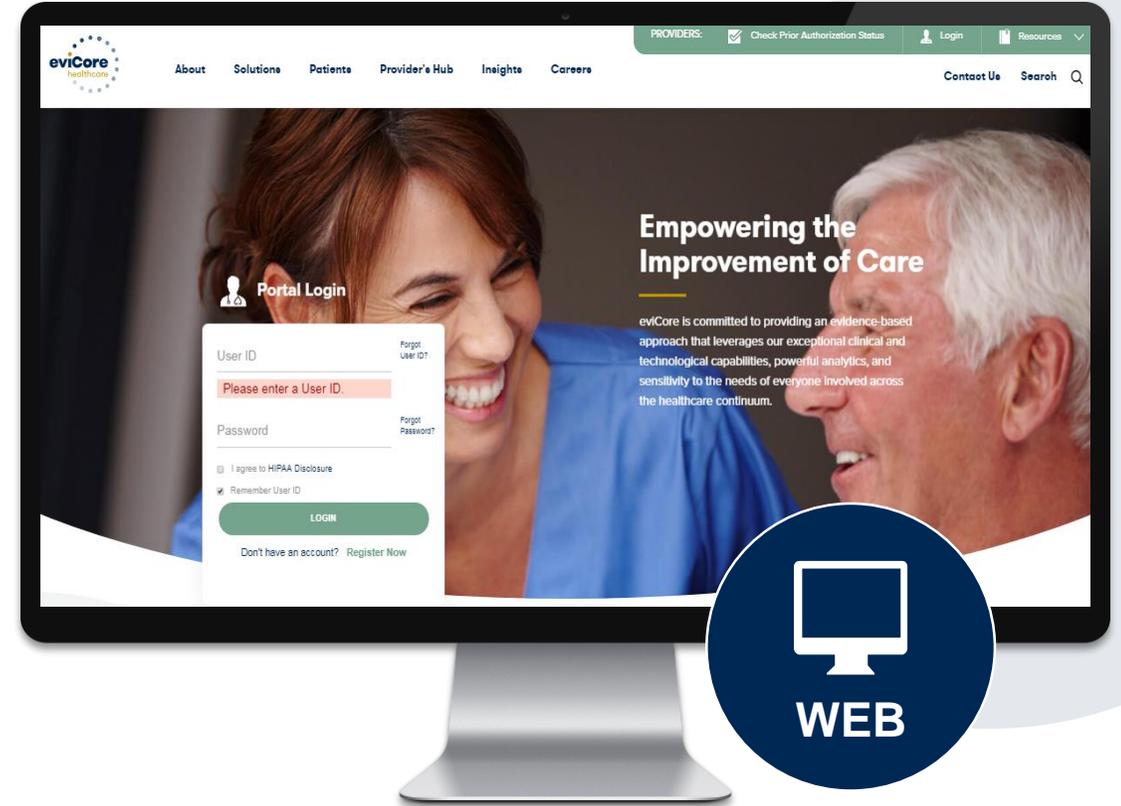
Monday through Friday:

7am to 7pm EST

### Fax Number:

866-699-8160

This fax number can be used to submit additional clinical information



# Benefits of Provider Portal

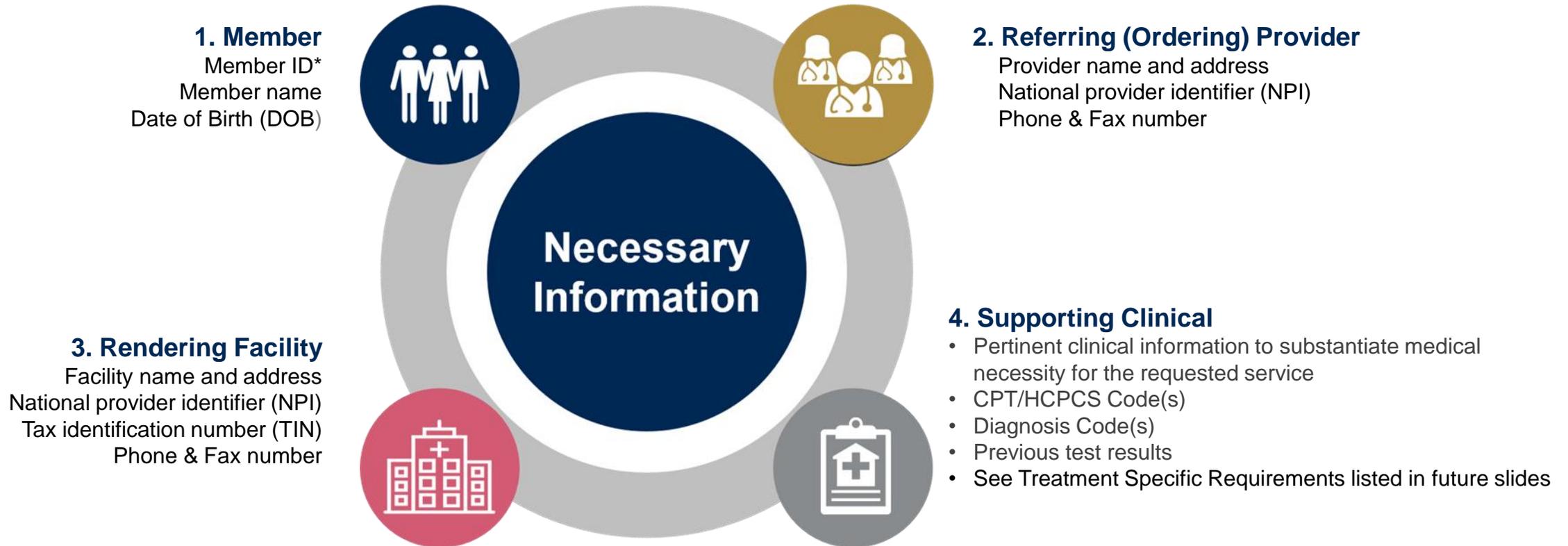
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**Did you know that most providers are already saving time submitting prior authorization requests online? The provider portal allows you to go from request to approval faster. Following are some benefits & features:**

- Saves time: Quicker process than phone authorization requests
- 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 4 categories of information:



\* Member Identification Number should begin with "94"

# Spine Surgery Requirements

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## **IMPORTANT:**

**Prior Authorization requests should be submitted at least two weeks prior to the anticipated date of an elective spinal surgery.**

## **Minimum documentation requirements:**

- CPT codes, disc levels, or motion segments involved for planned surgery and ICD-10 codes.
- Detailed documentation of the type, duration, and frequency of provider directed non-surgical treatment with response to each with details if less than clinically meaningful improvement to treatment.
- Written reports/interpretations of the most recent advanced diagnostic imaging studies by independent radiologist.
- Acceptable imaging modalities for purposes of the Spine Surgery guidelines are: CT, MRI and Myelography.

## **For Spinal Fusion surgery requests:**

- Documentation of flexion-extension plan X-rays based upon indications for instability and/or other plain X-rays that document failure of instrumentation, fusion, etc.
- Documentation of nicotine-free status, as evidenced by either of the following, unless this is an urgent/emergent request, for decompression only without fusion, disc arthroplasty, or when myelopathy is present.
- evidenced by blood cotinine lab results of <10ng/ml. (In order to complete the prior authorization process for spinal fusion surgery, allow for sufficient time for submission of lab results performed after the 6-week cessation period.

# Spine Surgery Requirements continued

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**Some procedures in the eviCore Spine Surgery Guidelines require a trial of epidural steroid injections (ESIs)/selective nerve root blocks (SNRBs) unless there are documented contraindications to ESIs/SNRBs.**

**Contraindications to ESIs/SNRBs include the presence of ANY of the following:**

- Allergy to the medication to be administered
- A significantly altered or eliminated epidural space (e.g. congenital anatomic anomalies or previous surgery)
- Anticoagulation therapy
- Bleeding disorder
- Localized infection in the region to be injected
- Systemic infection
- Other co-morbidities which could be exacerbated by steroid usage (e.g. poorly controlled hypertension, severe congestive heart failure, diabetes, etc.)

**eviCore Musculoskeletal Guidelines for Advanced Procedures:**

<https://www.evicore.com/provider/clinical-guidelines-details?solution=musculoskeletal%20advanced%20procedures>

# Joint Surgery Requirements

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**Partial Knee and Total Knee Replacement is considered medically necessary when all of the following criteria have been met:**

- **Function-limiting pain at short distances (e.g. walking less than ¼ mile, limiting activity to two city blocks, the equivalent to walking the length of a shopping mall) for at least 3 months duration.**
- **Loss of knee function which interferes with the ability to carry out age appropriate activities of daily living and/or demands of employment.**

**Radiographic or arthroscopic findings of either of the following:**

- **Severe unicompartmental (medial, lateral, or patellofemoral) degenerative arthritis evidenced by either large osteophytes, marked narrowing of joint space, severe sclerosis, and definite deformity of bone contour (i.e., Kellgren-Lawrence Grade IV radiographic findings) or Exposed subchondral bone (i.e., Modified Outerbridge Classification Grade IV arthroscopy findings)**
- **Avascular necrosis (AVN) of the femoral condyles and/or proximal tibia.**
- **Intact, stable ligaments, in particular the anterior cruciate ligament**
- **Knee arc of motion (full extension to full flexion) greater than 90 degrees**

**Failure of at least 3 months of provider directed non-surgical management.**

- **For patients with BMI > 40, there must be failure of a least 6 months of provider directed non-surgical management**
- **Provider directed non-surgical management may be inappropriate. The medical record must clearly document why provider directed non-surgical management is not appropriate.**

**Total knee replacement is considered medically necessary for a fracture of the distal femur when conservative management or surgical fixation is not considered a reasonable option.**

# Joint Surgery Requirements

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The determination of medical necessity for the performance of shoulder surgery is always made on a case by case basis.

Shoulder arthroscopic or open surgical procedures may be considered medically necessary for individuals when surgery is being performed for fracture, tumor, infection or foreign body that has led to or will likely lead to progressive destruction.

Diagnostic Arthroscopy is considered medically necessary as a separate procedure when all of the following criteria have been met:

Function limiting pain (e.g. loss of shoulder function which interferes with the ability to carry out age appropriate activities of daily living and /or demands of employment for at least 6 months in duration.

Individual demonstrates any of the following abnormal shoulder physical examination findings as compared to the non involved side.

- Functionally limited range of motion (active or passive)
- Measurable loss in strength
- Positive Neer Impingement Test or Hawkins-Kennedy Impingement Test.
- Failure of provider directed non-surgical management for at least 3 months in duration.
- Advanced diagnostic imaging study (e.g., MRI; CT) is inconclusive for internal derangement/pathology
- Other potential pathological conditions including, but not limited to: fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain, and advanced glenohumeral osteoarthritis have been excluded.

Diagnostic arthroscopy is considered not medically necessary for any other indication or condition.

eviCore Musculoskeletal Guidelines for Advanced Procedures:

<https://www.evicore.com/provider/clinical-guidelines-details?solution=musculoskeletal%20advanced%20procedures>

# Interventional Pain Requirements

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- **Interventional Pain procedures require a separate pre-service authorization request for each date of service. The patients response to prior interventional pain injections will determine if a subsequent injection is appropriate. \*\*\*Including the response to the prior interventional pain injection in the office notes will help avoid processing delays.**
- **For an epidural injection, a patient must have a radiculopathy or radicular pattern confirmed on imaging or EMG/NCS. For a facet procedure, loading of the joint in extension and lateral rotation is needed. For sacroiliac joint injection, a patient must have 3 or 5 positive stress maneuvers of the sacroiliac joint.**
- **An epidural injection and facet joint injection in the same region is not allowed, except when there is a facet joint cyst compressing the exiting nerve root.**
- **No more than 1 level interlaminar epidural, 1 nerve root selective nerve root block, 2 level therapeutic transforaminal epidural, 3 level facet/medial branch nerve blocks are indicated in a single session.**
- **6 weeks of conservative care is need prior to an epidural steroid injection. 4 weeks of conservative care is needed prior to facet/medial branch nerve blocks and sacroiliac joint injections.**
- **For cervical and thoracic epidural injections, advanced imaging must be performed within the last 12 months.**
- **Fluoroscopic or CT scan image guidance is required for all interventional pain injections.**
- **The limit of diagnostic facet/medial branch nerve blocks is 2 prior to possible radiofrequency ablation. The limit of epidural steroid injections is 3 per episode and 4 per 12 month period.**

# Interventional Pain Requirements continued

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**Epidural injections require a 2 week outcome prior to preauthorization of a subsequent epidural. Radiofrequency ablation of the medial branch nerves from C2 – 3 to L5 – S1 require a 6 week interval.**

**An epidural steroid injection must have a least 2 of the following:**

**50% or greater relief of radicular pain.**

**Increased level of function/physical activity.**

**And or decreased use of medication and/or additional medical services such as Physical Therapy/Chiropractic care.**

**A diagnostic facet/medial branch nerve block must have at least 80% relief from the anesthetic. 2 facet/medial branch nerve blocks with a least 80% relief are needed for radiofrequency ablation.**

**A therapeutic sacroiliac joint injection following a diagnostic joint injection must have >75% pain relief.**

**A repeat therapeutic sacroiliac joint injection must have >75% pain relief and either an increase in level function or reduction in use of pain medication and/or medical services such as PT/Chiropractic 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:

A Hold Letter will be faxed to the Requesting Provider requesting additional documentation

The Provider must submit the additional information to eviCore

eviCore will review the additional documentation and reach a determination

To ensure that a determination is completed within the designated timeframe for each line of business, the case will remain on **hold** as follows:

- Medicare: **1** calendar days
- Commercial: **10** calendar days

Requested information must be received within the timeframe as specified in the Hold Letter. Failure to submit this information may result in a medical necessity denial.

Determination will be completed within:

- **Medicare: 14 calendar** days of receipt of clinical information
- **Commercial: 3 business** days of receipt of clinical information



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# Prior Authorization Outcomes & Special Considerations

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# Prior Authorization Approval

## Approved Requests

- Musculoskeletal Procedures are valid for 90 days from the date of the final determination
- Authorization letters will be faxed to the ordering provider & rendering facility
- When initiating a case on the web you can receive e-notifications when a determination is made
- Members will receive a letter by mail
- Approval information can be accessed and printed on demand from eviCore via the FCC portal: [login.firstcarolinacare.com](http://login.firstcarolinacare.com)



# When a Request Does Not Meet Clinical Criteria

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



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

# Musculoskeletal - Special Circumstances

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## Retrospective (Retro) Authorization Requests

- Retrospective requests are not in scope for FirstCarolinaCare.

## 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 requests will be reviewed within 72 hours



# Musculoskeletal - Special Circumstances cont.

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## Alternative Recommendation

- An alternative recommendation may be offered, based on eviCore's evidence-based clinical guidelines
  - Alternative recommendations are available for Commercial only
- The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request
- Providers have up to 60 calendar days to contact eviCore to accept the alternative recommendation

## Authorization Update

- If updates are needed on an existing authorization, you can contact eviCore by phone at 877-872-4161.
- 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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# Reconsideration and Post Decision Options

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# Post-Decision Options

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## My case has been denied. What's next?

- Providers are often able to utilize post-decision activity to secure case review for overturn consideration. The reconsideration processes is not available for Medicare Advantage members.
- 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 877-872-4161 to speak to an agent who can provide available option(s) and instruction on how to proceed.



# Pre-Decision Options: Medicare Members

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## 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

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## My case has been denied. What's next?

### 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 appeals. Refer to the appeal flier contained within the denial letter for instructions on how to file an appeal.
- 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

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## My case has been denied. What's next?

### Reconsiderations

- 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 will not process appeals. Refer to the appeal flier contained within the denial letter for instructions on how to file an appeal.
- A denial letter with the rationale for the decision and the appeal rights will be issued to both the provider and member.

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# Provider Portal Overview

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# Single-Sign On Experience

First CarolinaCare INSURANCE COMPANY

Forms & Resources 9+ Notifications Announcements Contact Account Log Out

Request Preauthorization Authorizations Claims Claim Reprocessing Inquiries Attach To Member

Attention! 1 Claim Reprocessing Inquiries Need More Information

## Request Preauthorization

### Do I Need to File?

[Look up the member](#) to view Preauthorization Lists

### Filing Options



File at Altruista



File at eviCore

**What if I get into Altruista or eviCore and the Procedure Code says NOT available or Covered or Not Covered for the member I'm working with?**

If the member's Preauthorization Lists OR the Customer Service representative indicates that the procedure requires a referral/preauth then notify [Health Alliance](#) that the member's Altruista or eviCore information is incorrect.

**Forms & Resources**

- All Forms & Resources
- Policy and Procedures
- Clinical Guidelines
- Members' Rights and Responsibilities

**Contact**

- Contact Us
- Website Feedback
- Announcements
- Informed Newsletter

FirstCarolinaCare Insurance Company's FirstMedicare Direct plans are HMO and PPO plans with a Medicare contract. Enrollment in a FirstMedicare Direct plan depends on contract renewal. Every effort has been made to ensure that this information is accurate. It is not intended to replace the legal source. In case of any discrepancy between this information and the legal source, the legal source will govern in all cases. Report a compliance concern or potential fraud, waste or abuse.

All contents copyright © FirstCarolinaCare Insurance Company.

Notice of Medicare Privacy Practices  
Legal Notice and Website Privacy Statement  
Non-discrimination Notice

We recommend you download Adobe Reader to view all PDF files on this page.

- Providers may access the eviCore online portal through the FirstCarolinaCare secure provider portal, [login.firstcarolinacare.com](http://login.firstcarolinacare.com)
- You must create an account in order to access the secure provider portal. The 'Create an Account' option is available at [login.firstcarolinacare.com](http://login.firstcarolinacare.com)
- Log in to the FCC site in order to be routed to eviCore. FCC prior authorizations can only be created when accessing eviCore through the single-sign-on (SSO) option
- If you are unable to create an account to access the online portal, please call to submit your prior authorization request to eviCore:

## Phone Number:

877-872-4161

Monday through Friday:

7 am – 7 pm EST

# Initiating A Case

The screenshot shows a navigation menu with the following items: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, **Clinical Certification** (highlighted with a red arrow), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, and Manage Your Account.

**Request an Authorization**

To begin, please select a program below:

- Durable Medical Equipment(DME)
- Gastroenterology
- Lab Management Program
- Medical Oncology Pathways
- Musculoskeletal Management
- Radiation Therapy Management Program (RTMP)
- Radiology and Cardiology
- Sleep Management
- Specialty Drugs

**CONTINUE**

**Requesting Provider Information**

Select the provider for whom you want to submit an authorization request. If you don't see them listed, click [Manage Your Account](#) to add them.

Filter Last Name or NPI:

**SEARCH** **CLEAR SEARCH**

Provider	
<b>SELECT</b>	[Redacted]
[Redacted]	

**BACK** **CONTINUE**

- Choose **Clinical Certification** to begin a new request
- Select the appropriate program
- Select “Requesting Provider Information”

# Type of Request

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## 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"

# Select Health Plan & Provider Contact Info

**Choose Your Insurer**

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

**BACK** **CONTINUE**

[Click here for help.](#)

**Urgent Request?** You will be required to upload relevant clinical info at the end of this process. [Learn More.](#)

**Don't see the insurer you're looking for?** Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

- Choose the **FirstCarolinaCare** as the **Health Plan** for the request
- Once the plan is chosen, select the provider address in the next drop-down box
- Select **CONTINUE** and on the next screen **Add your contact info**
- Provider name, fax and phone will pre-populate, you can edit as necessary
- By entering a valid email you can receive e-notifications

**Add Your Contact Info**

Provider's Name:\* [REDACTED] [?]

Who to Contact:\* [REDACTED] [?]

Fax:\* [REDACTED] [?]

Phone:\* [REDACTED] [?]

Ext.: [REDACTED] [?]

Cell Phone: [REDACTED]

Email: [REDACTED]

**BACK** **CONTINUE**

# Standard or Urgent Request?

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- If your request is **urgent** select **No**
- When a request is submitted as Urgent, you will be required to upload relevant clinical information
- If the case is **standard** select **Yes**
- You can upload up to **FIVE documents** in .doc, .docx, or .pdf format
- Your case will only be considered Urgent if there is a successful upload

## Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

# Clinical Details – Spine Surgery



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
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Wednesday, July 01, 2020 2:54 PM

[Log Off \(JDMASO\)](#)

## Requested Service + Diagnosis

This procedure will be performed on 7/5/2020.

[CHANGE](#)

### Musculoskeletal Management Procedures

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

SPINE SPINE SURGERY

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

### Diagnosis

Primary Diagnosis Code: **M54.16**

Description: **Radiculopathy, lumbar region**

[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)

Secondary diagnosis is optional for Musculoskeletal Management

[LOOKUP](#)

[BACK](#)

[CONTINUE](#)

60% Complete

**Provider and NPI**

**Patient**

[EDIT](#)

# Clinical Details – Spine Surgery

## Attention!

Will you also be the surgeon performing the procedure?

YES

NO

## Attention!

### Surgeon Search

Use the fields below to search for specific providers. 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 provider name by entering some portion of the name and we will provide you the provider names that most closely match your entry.

NPI:

TIN:

Zip Code:

City:

Provider Name:

- Exact match  
 Starts with

LOOKUP PROVIDER

# Verify Treatment Selection – Spine Surgery



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
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Wednesday, July 1, 2020 3:14 PM

[Log Off \(JDMASO\)](#)

## Requested Service + Diagnosis

Confirm your service selection.

**Procedure Date:** 7/5/2020  
**CPT Code:** SPINE  
**Description:** SPINE SURGERY  
**Primary Diagnosis Code:** M54.16  
**Primary Diagnosis:** Radiculopathy, lumbar region  
**Secondary Diagnosis Code:**  
**Secondary Diagnosis:**

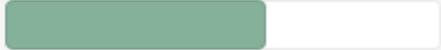
[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

  
60% Complete

**Provider and NPI**

**Patient**

[EDIT](#)

# Clinical Collection Process – Spine Pathway Questions



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
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Wednesday, July 01, 2020 3:29 PM

[Log Off \(JDMAS\)](#)

## Proceed to Clinical Information

**i** Please enter the primary CPT code for this surgery.

**i** How many units? (Units for an assistant or co-surgeon should NOT be included here. Indicate the assistant / co-surgeon by requesting the appropriate modifier)

**i** Which region of the spine will this procedure be performed?

- Thoracic
- Cervical
- Lumbar
- Sacral
- This request is for E0760 and is NOT related to a spinal condition.

**SUBMIT**

Finish Later

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

**CANCEL**

# Clinical Collection Process – Spine Pathway Questions



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
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Wednesday, July 01, 2020 3:31 PM

[Log Off \(JE\)](#)

## Proceed to Clinical Information

**i** Do you want to enter a second code for this surgery?

Yes  No

**SUBMIT**

Finish Later

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

**CANCEL**

# Clinical Collection Process – Spine Pathway Questions



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
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Wednesday, July 01, 2020 3:32 PM

[Log Off \(JD\)](#)

## Proceed to Clinical Information

### SPINE / LEVEL

**i** Which spinal level(s) will be involved? (Choose ALL that apply):

- C1 - C2  C5 - C6
- C2 - C3  C6 - C7
- C3 - C4  C7 - T1
- C4 - C5  Other/Unknown

**i** How many previous cervical fusions has your patient had?

- 0 (This is the first cervical fusion)
- 1 previous cervical fusion
- 2 or more cervical fusions
- Unknown or not sure

**i** Does your patient have any of the following urgent or emergent conditions:

No urgent or emergent conditions exist ▼

**SUBMIT**

# Clinical Certification – Case Summary - Approval

**Summary of Your Request**

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

**Your case has been Approved.**

<b>Provider Name:</b>	DR. BHARATH MANU ANKARA VETTI	<b>Contact:</b>	1000
<b>Provider Address:</b>	1200 6TH AVE W SAINT CLOUD, MN 56303	<b>Phone Number:</b>	(507) 325-1000
		<b>Fax Number:</b>	(507) 325-1000
<b>Patient Name:</b>	SMITH, JAMES	<b>Patient Id:</b>	1234567
<b>Insurance Carrier:</b>	WELLS FARGO		
<b>Site Name:</b>	COMMUNITY HOSPITAL OF ST. CLOUD	<b>Site ID:</b>	123456
<b>Site Address:</b>	875 COMMUNITY CENTER DR ST. CLOUD, MN 56303		
<b>Primary Diagnosis Code:</b>	M43.16	<b>Description:</b>	Spondylolisthesis, lumbar region
<b>Secondary Diagnosis Code:</b>		<b>Description:</b>	
<b>Date of Service:</b>	Not provided	<b>Description:</b>	Spine Surgery
<b>CPT Code:</b>	SPINE		
<b>Authorization Number:</b>	123456789		
<b>Review Date:</b>	5/13/2020 1:52:08 PM		
<b>Expiration Date:</b>	6/27/2020		
<b>Status:</b>	Your case has been Approved.		

**CANCEL** **PRINT** **CONTINUE**

# Clinical Certification – Case Summary – Medical Review

## Summary of Your Request

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

Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.

Provider Name:	DR. [REDACTED]	Contact:	[REDACTED]
Provider Address:	[REDACTED]	Phone Number:	[REDACTED]
		Fax Number:	[REDACTED]
Patient Name:	[REDACTED]	Patient Id:	[REDACTED]
Insurance Carrier:	[REDACTED]		
Site Name:	[REDACTED]	Site ID:	[REDACTED]
Site Address:	[REDACTED]		
Primary Diagnosis Code:	[REDACTED]	Description:	Other cervical disc displacement, unspecified cervical region
Secondary Diagnosis Code:	[REDACTED]	Description:	
Date of Service:	[REDACTED]	Description:	Spine Surgery
CPT Code:	[REDACTED]		
Case Number:	[REDACTED]		
Review Date:	5/13/2020 2:36:00 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.		

# Clinical Details – Joint Surgery



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
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Wednesday, July 01, 2020 3:47 PM

[Log Off \(JDMAS\)](#)

## Requested Service + Diagnosis

This procedure has not been performed.

[CHANGE](#)

### Musculoskeletal Management Procedures

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

JOINT  JOINT SURGERY

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

### Diagnosis

Primary Diagnosis Code: **M19.012**

Description: **Primary osteoarthritis, left shoulder**

[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](#)

60% Complete

**Provider and NPI**

**Patient**

[DIT](#)

# Clinical Details – Joint Surgery



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
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Wednesday, July 01, 2020 3:49 PM

[Log Off \(JDMAS\)](#)

## Requested Service + Diagnosis

Confirm your service selection.

**Procedure Date:** 7/5/2020  
**CPT Code:** JOINT  
**Description:** JOINT SURGERY  
**Primary Diagnosis Code:** M19.012  
**Primary Diagnosis:** Primary osteoarthritis, left shoulder  
**Secondary Diagnosis Code:**  
**Secondary Diagnosis:**  
[Change Procedure or Primary Diagnosis](#)  
[Change Secondary Diagnosis](#)

**BACK** **CONTINUE**

[Click here for help](#)

60% Complete

**Provider and NPI**

**Patient** [EDIT](#)

# Clinical Details – Joint Surgery



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Wednesday, July 01, 2020 3:51 PM

[Log Off \(JDMASON\)](#)

## Proceed to Clinical Information

Please enter the primary CPT code for this surgery.

Which side is the procedure being performed on?

Left  Right

SUBMIT

# Clinical Details – Joint Surgery



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
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Wednesday, July 01, 2020 3:52 PM

[Log Off \(JDMASO\)](#)

## Proceed to Clinical Information

**i** Please indicate the type of procedure to be performed:

- Standard Total Shoulder Replacement
- Reverse Total Shoulder Replacement
- Total Shoulder Resurfacing

**SUBMIT**

# Clinical Details – Joint Surgery



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
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Wednesday, July 01, 2020 3:55 PM

[Log Off \(JD\)](#)

## Proceed to Clinical Information

### Total Shoulder Replacement

**i** Has the patient had function-limiting pain (e.g., loss of shoulder function which interferes with the ability to carry out age appropriate activities of daily living and/or demands of employment) for at least three (3) months in duration?

Yes  No  Unknown

**i** Has your patient failed a course of at least three (3) months of provider-directed non-surgical management?

Yes  No  Unknown

**i** Is X-Ray or advanced diagnostic imaging (MRI or CT) conclusive for degenerative joint disease with marked joint space narrowing?

Yes  No  Unknown

**i** Please indicate if X-ray or advanced imaging findings include any of the following (choose all that apply)

- Irregular joint surfaces
- Cystic changes in the humeral head
- Glenoid sclerosis
- Charcot shoulder arthropathy
- Glenoid osteophyte changes
- None of the above
- Flattened glenoid

**i** Does your patient have any of the following contraindications (choose all that apply)

- Paralytic disorder of the shoulder
- One or more unstable conditions that would increase the risk of morbidity
- Active joint or systemic infection
- None of the above

# Clinical Certification – Case Summary – Medical Review

## Summary of Your Request

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

Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.

Provider Name:	DR. [REDACTED]	Contact:	[REDACTED]
Provider Address:	[REDACTED]	Phone Number:	[REDACTED]
		Fax Number:	[REDACTED]
Patient Name:	[REDACTED]	Patient Id:	[REDACTED]
Insurance Carrier:	[REDACTED]		
Site Name:	[REDACTED]	Site ID:	[REDACTED]
Site Address:	[REDACTED]		
Primary Diagnosis Code:	[REDACTED]	Description:	Spondylolisthesis, lumbar region
Secondary Diagnosis Code:	[REDACTED]	Description:	
Date of Service:	[REDACTED]	Description:	Joint Surgery
CPT Code:	[REDACTED]		
Case Number:	[REDACTED]		
Review Date:	5/13/2020 2:36:00 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.		

# Clinical Certification – Case Summary - Approval

**Summary of Your Request**

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

Your case has been Approved.

<b>Provider Name:</b>	DR. BHARATH MANU ARKARA VEETIL	<b>Contact:</b>	1000
<b>Provider Address:</b>	1200 6TH AVE N SAINT CLOUD, MN 56301	<b>Phone Number:</b>	(320) 250-1000
		<b>Fax Number:</b>	(320) 250-1000
<b>Patient Name:</b>	JOHN DOE	<b>Patient Id:</b>	12345678
<b>Insurance Carrier:</b>	WELLS FARGO		
<b>Site Name:</b>	ST. JOSEPH HOSPITAL	<b>Site ID:</b>	123456
<b>Site Address:</b>	875 UNIVERSITY AVENUE ST. JOSEPH, MN 56381		
<b>Primary Diagnosis Code:</b>	M17.12	<b>Description:</b>	Unilateral primary osteoarthritis, left knee
<b>Secondary Diagnosis Code:</b>		<b>Description:</b>	
<b>Date of Service:</b>	Not provided	<b>Description:</b>	Joint Surgery
<b>CPT Code:</b>	JOINT		
<b>Authorization Number:</b>	12345678		
<b>Review Date:</b>	5/13/2020 1:52:08 PM		
<b>Expiration Date:</b>	6/27/2020		
<b>Status:</b>	Your case has been Approved.		

**CANCEL** **PRINT** **CONTINUE**

# Clinical Details – Interventional Pain



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Wednesday, July 01, 2020 4:05 PM

[Log Off \(JDMASOI\)](#)

## Requested Service + Diagnosis

This procedure will be performed on 7/5/2020.

[CHANGE](#)

### Musculoskeletal Management Procedures

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

62323 Injection with guidance L/S

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



With Interventional Pain, enter the applicable CPT code or description.

### Diagnosis

Primary Diagnosis Code: **M54.5**

Description: **Low back pain**

[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](#)

60% Complete

**Provider and NPI**

**Patient**

[EDIT](#)

# Clinical Details - Interventional Pain

---

**Attention!**

Will you be rendering this procedure in your office?

# Clinical Details - Interventional Pain



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
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Wednesday, July 01, 2020 4:07 PM

[Log Off \(JDMA\)](#)

## Requested Service + Diagnosis

Confirm your service selection.

**Procedure Date:** 7/5/2020  
**CPT Code:** 62323  
**Description:** Injection with guidance L/S  
**Primary Diagnosis Code:** M54.5  
**Primary Diagnosis:** Low back pain  
**Secondary Diagnosis Code:**  
**Secondary Diagnosis:**  
[Change Procedure or Primary Diagnosis](#)  
[Change Secondary Diagnosis](#)

**BACK** **CONTINUE**

[Click here for help](#)

  
60% Complete

**Provider and NPI**

**Patient**

[EDIT](#)

# Clinical Details - Interventional Pain



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Wednesday, July 01, 2020 4:16 PM

[Log Off \(JDMASON\)](#)

## Proceed to Clinical Information

**i** Please indicate the type of procedure to be performed:

- An epidural steroid injection
- A trial for an implanted pump
- An epidural injection/catheter for obstetrical or surgical anesthesia
- An epidural steroid injection/catheter for perioperative pain management
- An epidural steroid injection to treat post-herpetic neuralgia

**SUBMIT**

# Clinical Details - Interventional Pain



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Wednesday, July 01, 2020 4:17 PM

[Log Off \(JDMAS\)](#)

## Proceed to Clinical Information

### Lumbar Epidural Injection

**i** Please indicate the type of injectate(s) that will be used (choose all that apply):

- Anesthetic with or without contrast agent
- Corticosteroid with or without contrast agent
- Biologics (e.g., platelet rich plasma, stem cells, amniotic fluid)
- Spinraza
- Other injectate(s)
- Unknown

**i** How many levels will this procedure be performed at?

One (1) Level

**SUBMIT**

# Clinical Details - Interventional Pain



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
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Wednesday, July 01, 2020 4:20 PM

[Log Off \(JDMAS\)](#)

## Proceed to Clinical Information

How many epidural steroid injections of ALL types have been performed in this region for this episode of pain in the last 6 months? (Please include transforaminal AND interlaminar injections)

0 (This is the first injection of this type at this level) ▾

How many epidural steroid injections of ALL types have been performed in this region in the last 12 months? (Please include transforaminal AND interlaminar injections)

0 ▾

**SUBMIT**

Finish Later

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

**CANCEL**

[Click here for help](#)

# Clinical Details - Interventional Pain



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
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Wednesday, July 01, 2020 4:21 PM

[Log Off \(JDMA\)](#)

## Proceed to Clinical Information

Does physical exam/patient history indicate any of the following: (Choose all that apply)

Pain and/or abnormal sensation (numbness, tingling, burning, etc.) that radiates into the arm or leg

Symptomatic spinal stenosis

Positive straight leg raise/crossed leg raise test (for lumbar procedures) or Spurling's maneuver (for cervical procedures)

Loss of strength

Change in sensation to light touch, pressure, pin prick or temperature

Decreased, absent or asymmetric reflex(es)

Positive electrodiagnostic study (EMG/NCV) for nerve root compression

None of the above or unknown

Please indicate the documented number of weeks of conservative care prior to this request: (e.g. number of weeks of physical therapy / chiropractic care, exercise, NSAIDs, and or appropriate medication)

6 or more

Will your patient be participating in an active rehabilitation or therapeutic exercise program following this injection?

Yes  No  Unknown

PROCESSING...

# Clinical Certification – Case Summary – Medical Review

## Summary of Your Request

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

Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.

Provider Name: DR. [REDACTED]  
Provider Address: [REDACTED]

Contact: [REDACTED]  
Phone Number: [REDACTED]  
Fax Number: [REDACTED]

Patient Name: [REDACTED]  
Insurance Carrier: [REDACTED]

Patient Id: [REDACTED]

Site Name: [REDACTED]  
Site Address: [REDACTED]

Site ID: [REDACTED]

Primary Diagnosis Code: [REDACTED]  
Secondary Diagnosis Code: [REDACTED]  
Date of Service: [REDACTED]  
CPT Code: [REDACTED]  
Case Number: [REDACTED]  
Review Date: 5/13/2020 2:36:00 PM  
Expiration Date: N/A

Description: Radiculopathy, lumbar region  
Description:  
Description: Injection with guidance L/S

Status: Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.

# Clinical Certification – Case Summary - Approval

## Summary of Your Request

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

Your case has been Approved.

<b>Provider Name:</b>	DR. BHARATH MANI ANKARA VETTU	<b>Contact:</b>	1000
<b>Provider Address:</b>	1200 6TH AVE NW SAINT CLOUD, MN 56303	<b>Phone Number:</b>	(320) 250-1000
		<b>Fax Number:</b>	(320) 250-1000
<b>Patient Name:</b>	ANTHONY GARCIA	<b>Patient Id:</b>	ANTHONY
<b>Insurance Carrier:</b>	WELLS FARGO		
<b>Site Name:</b>	COMMERCE BANK	<b>Site ID:</b>	1000000
<b>Site Address:</b>	875 COMMERCE BANK DR COMMERCE, FL 33530		
<b>Primary Diagnosis Code:</b>	M54.16	<b>Description:</b>	Radiculopathy, lumbar region
<b>Secondary Diagnosis Code:</b>		<b>Description:</b>	
<b>Date of Service:</b>	Not provided		
<b>CPT Code:</b>	62323	<b>Description:</b>	Injection with guidance L/S
<b>Authorization Number:</b>	1000000		
<b>Review Date:</b>	5/13/2020 1:52:08 PM		
<b>Expiration Date:</b>	6/27/2020		
<b>Status:</b>	Your case has been Approved.		

---

# Additional Provider Portal Features

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# Certification Summary

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**Certification Summary**

Search..  

Page 1 of 0 10

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>					

Page 1 of 0 10

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

# Authorization Lookup

---

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

# 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)

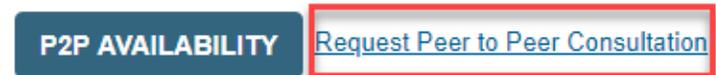
GO

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

# How to schedule a Peer to Peer Request

---

- Log into your account at [login.firstcarolinacare.com](http://login.firstcarolinacare.com)
- Navigate to eviCore and 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.



## Authorization Lookup

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

 **P2P AVAILABILITY**

# How to schedule a Peer to Peer Request

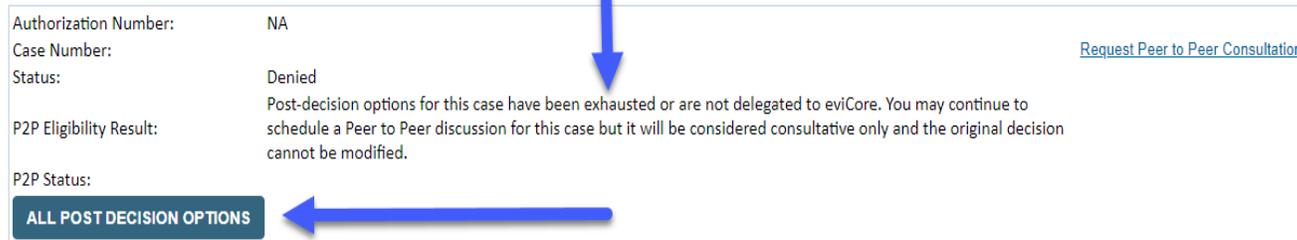
---

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:		<a href="#">Request Peer to Peer Consultation</a>
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

eviCore healthcare P2P Portal

Case Reference Number

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”

To proceed, select “Lookup Cases”

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

eviCore healthcare P2P Portal

Case Ref #:  Remove ✔ P2P Eligible

! Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

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

# 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 MSK Spine Surgery

Level of Review 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.

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...	-	-	-

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.

# 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: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (pending). The 'P2P Contact Details' section includes the following fields:

- Name of Provider Requesting P2P:** Dr. Jane Doe (indicated by a blue arrow)
- Contact Person Name:** Office Manager John Doe
- Contact Person Location:** Provider Office
- Phone Number for P2P:** (555) 555-5555 (indicated by a blue arrow)
- Phone Ext.:** 12345 (indicated by a blue arrow)
- Alternate Phone:** (xxx) xxx-xxxx
- Phone Ext.:** Phone Ext.
- Requesting Provider Email:** droffice@internet.com
- Contact Instructions:** Select option 4, ask for Dr. Doe (indicated by a blue arrow)

A 'Submit >' button is located at the bottom right of the form.

- 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 'Scheduling' summary page displays the following information:

- Scheduled:** Mon 5/18/20 - 6:30 pm EDT
- Status:** SCHEDULED (indicated by a red circle)

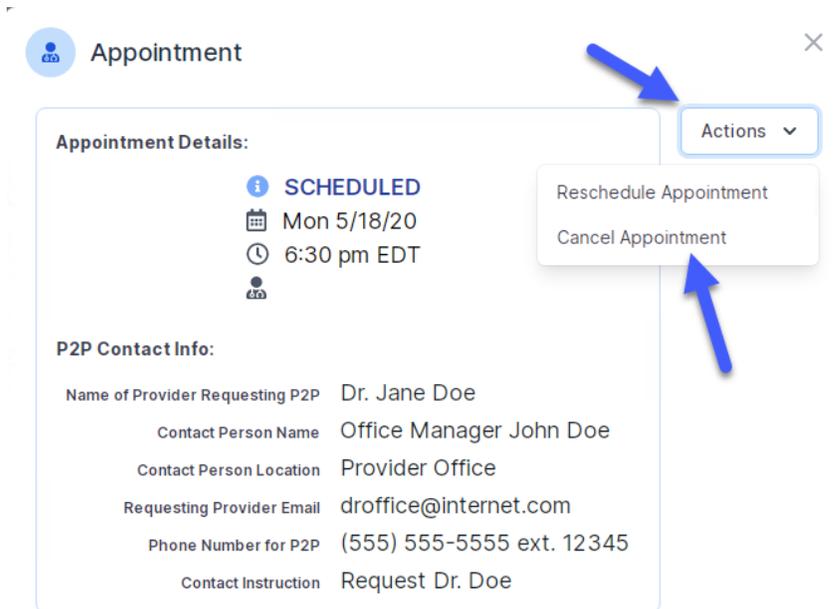
# Canceling or Rescheduling a Peer to Peer Appointment

## 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

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# Provider Resources

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# Dedicated Call Center

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## Prior Authorization Call Center – 877.872.4161

Our call centers are open from 7 a.m. to 7 p.m. Eastern.

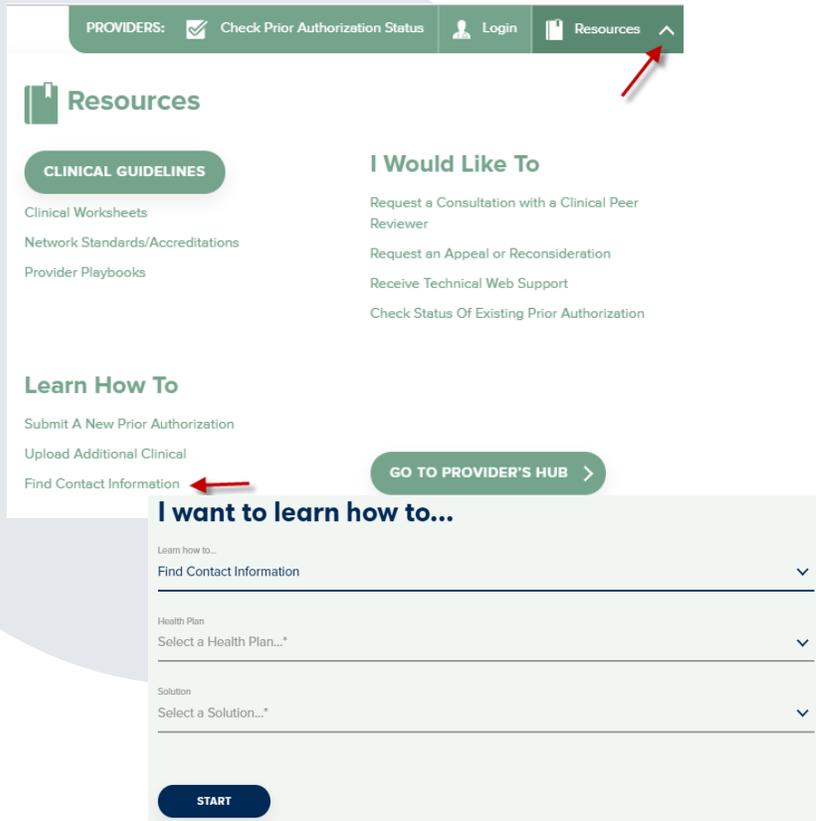
Providers can contact our call center to perform the following:

- Request Prior Authorization
- Check Status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case
- Request to speak to a clinical reviewer
- Schedule a clinical consultation with an eviCore Medical Director



# Online Resources

## Web-Based Services and Online Resources



- You can access important tools, health plan-specific contact information, and resources at [www.evicore.com/resources/healthplan/firstcarolinacare](http://www.evicore.com/resources/healthplan/firstcarolinacare)
- Select the Resources to view Clinical Guidelines, Online Forms, and more.
- Provider’s Hub section includes many resources
- Provider forums and portal training are offered weekly, you can find a session on [www.eviCore.WebEx.com](http://www.eviCore.WebEx.com), select WebEx Training, and search upcoming for a “eviCore Portal Training” or “Provider Resource Review Forum”
- The quickest, most efficient way to request prior authorization is through our provider portal. Our dedicated **Web Support** team can assist providers in navigating the portal and addressing any web-related issues during the online submission process.
- To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email [portal.support@evicore.com](mailto:portal.support@evicore.com)
- If you do not have access to the internet, you can use the following contact information to submit a prior authorization request:

### Phone Number:

877-872-4161

Monday through Friday:

7am to 7pm EST

# eviCore Client & Provider Operations Team

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## Client and Provider Services

Dedicated team to address provider-related requests and concerns including:

- Requests for an authorization to be resent to the health plan
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

## How to Contact our Client and Provider Services team

**Email:** [ClientServices@evicore.com](mailto:ClientServices@evicore.com) (preferred)

**Phone:** 1 (800) 646-0418 (option 4)

For prompt service, please have all pertinent information available. When emailing, make sure to include the health plan in the subject line with a description of the issue, with member/provider/case details when applicable.



# eviCore Provider Engagement Team

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## Provider Engagement team

Regional team that on-boards providers for new solutions and provides continued support to the provider community. How can the provider engagement team help?

- Partner with the health plan to create a market-readiness strategy for a new and/or existing program
- Conduct onsite and WebEx provider-orientation sessions
- Provide education to supporting staff to improve overall experience and efficiency
- Create training materials
- Monitor and review metrics and overall activity
- Conduct provider-outreach activities when opportunities for improvement have been identified
- Generate and review provider profile reports specific to a TIN or NPI
- Facilitate clinical discussions with ordering providers and eviCore medical directors

## How to contact the Provider Engagement team?

You can find a list of Regional Provider Engagement Managers at [evicore.com](https://www.evicore.com) → Provider's Hub → Training Resources

# eviCore Provider Resource Website

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## Provider Resource Pages

eviCore's Provider Experience team maintains provider resource pages that contain client- and solution-specific 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:

- Frequently Asked Questions
- Quick Reference Guides
- Provider Training
- CPT code list

To access these helpful resources, please visit

<https://www.evicore.com/resources/healthplan/firstcarolinacare>

**FirstCarolinaCare Provider Services: 910-715-8100**



# eviCore Provider Newsletter

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## Stay Updated With eviCore's Free Provider Newsletter

eviCore's provider newsletter is sent out to the provider community with important updates and tips. If you are interested in staying current, feel free to subscribe:

- Go to [eviCore.com](https://eviCore.com)
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates



# eviCore Provider Resource Review Forums

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

We invite you to attend a Provider Resource Review Forum, to navigate [www.eviCore.com](http://www.eviCore.com) and understand all the resources available on the Provider's Hub. Learn how to access:

- eviCore's evidence-based clinical guidelines
- Clinical worksheets
- Check-status function of existing prior authorization
- Search for contact information
- Podcasts & Insights
- Training resources

## How to register for a Provider Resource Review Forum?

You can find a list of scheduled **Provider Resource Review Forums** on [www.eviCore.com](http://www.eviCore.com) → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



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# Thank You!

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