

Prior Authorization of Therapy, Chiropractic and Acupuncture Services

Health Alliance Medical Plans



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Applicable Membership

Authorization for physical therapy, occupational therapy, speech therapy, chiropractic, massage therapy, and acupuncture services is required for Health Alliance Medical Plans members enrolled in the following programs:

- Commercial
- Medicare Advantage

Program Overview

Starting August 1, 2018 Health Alliance's new and improved prior authorization program will go live.



Prior authorization does NOT apply to services performed in the following:

- Emergency room
- Inpatient
- Home health

It's the responsibility of the performing provider to request prior authorization approval for services.

Prior Authorization Required:

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Chiropractic Services
- Massage Therapy
- Acupuncture

To find a list of CPT codes that require prior authorization through eviCore, please visit:

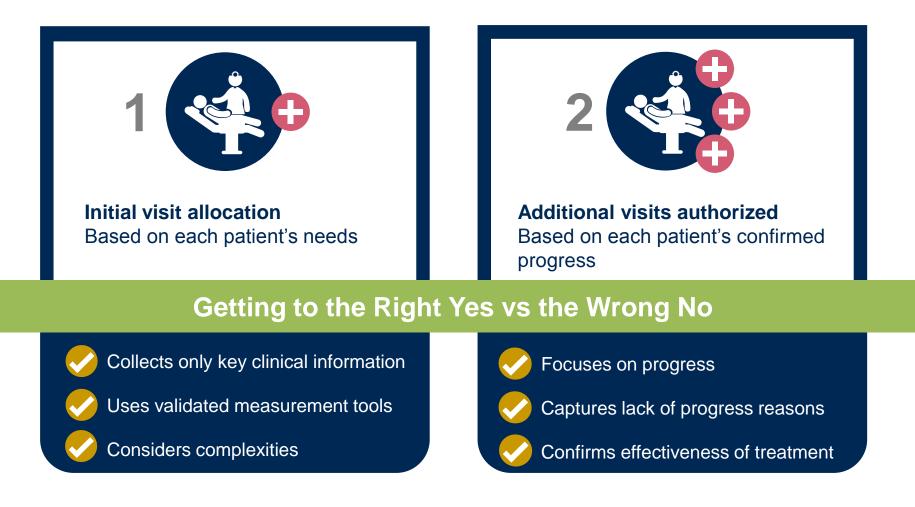
<u>www.evicore.com/healthplan/Health</u> _<u>Alliance</u>

What is corePathSM?



Focused on the Member Authorization strategy emphasizes the unique attributes of a specific member's condition and any associated complexities. Streamlined for Providers Providers will experience a simplified and consistent prior authorization process that requires only key clinical information. Condition-Specific Approvals Visits allocated in accordance with condition severity/complexity, functional loss and confirmation that care is progressing as planned.

corePathSM: How it Works...



Ongoing care requires more detailed review to identify the individual patient's special need

Pathway Comparisons: Initial Requests

Initial Requests:

- Function-based incorporates clinical, social, ADL factors
- Validated assessments objective comparison
- Clinical factors that identify more complex cases based on key clinicals, chronicity
- Patient severity and complexity established at entry point

Follow-Up Requests:

- Re-statement of functional status
- Focus on progress and effectiveness of treatment 'dynamic assessment'
- Identify progress attestation plus functional scale change
- Identify reasons for lack of progress compliance, re-injury, exacerbation, etc.

Initial Requests

This request is for treatment of:



New condition that has not had previous treatment
 An existing condition that has had previous treatment
 Unknown



Please indicate the primary area of treatment (Choose only one): Lumbar / Lower Thoracic Spine / Pelvis / Sacrum

Us there a second area being treated? If so, please indicate below. No second area being treated

Dates:

You requested a treatment start date of 06/13/2017



t
ngs:

Boto of initial avaluation

Case Related Questions:

- Identify new care vs. continuing care based on treatment area, not time
- Identify primary area of treatment
- First indicator of complexity

 second <u>unrelated</u> treatment area

Initial Requests, continued....



Please enter the Oswestry Disability Index score (in %)
46



Does your patient have radiating pain below the knee?
 Yes O No O Unknown



O How many occurrences of low back pain has your patient had in the past 3 years?
O 1 O 2 O 3 O 4 or more

Submit

High Potential for Immediate Approval When Pathway is Completed!

Initial Clinical Questions:

- Enter functional score, if available
 - Oswestry Index
 - Neck Disability Index
 - LEFS
 - Dash / QuickDASH
 - HOOS JR/KOOS JR
- Incorporates ROM, Strength, Pain, etc.
- Complexity:
 - Neural signs
 - Chronicity

Follow-Up Clinical Questions:

- Current and Previous Functional Score
- Complexity Question Neural Signs

• Progress

- Validated scores have MCD (minimal clinical difference) as progress indicator
- Clinical Assessment



41

OPlease enter the previous ODI score



Operation of the second sec

Please enter the Oswestry Disability Index score (in %)

Follow-Up Request



Has your patient progressed as expected?
 Yes O No

Submit

High Potential for Immediate Approval When Pathway is Completed!

Follow-Up Request – Lack of Progress Identified

OYou indicated that your patient is NOT progressing as expected. Please indicate if any of the following occurred:

Patient "overdid" activities or exercise resulting in temporary increase in symptoms 🗆 New injury resulting in significant change

Symptoms progressed despite treatment

Patient did not participate in clinical visits or home program

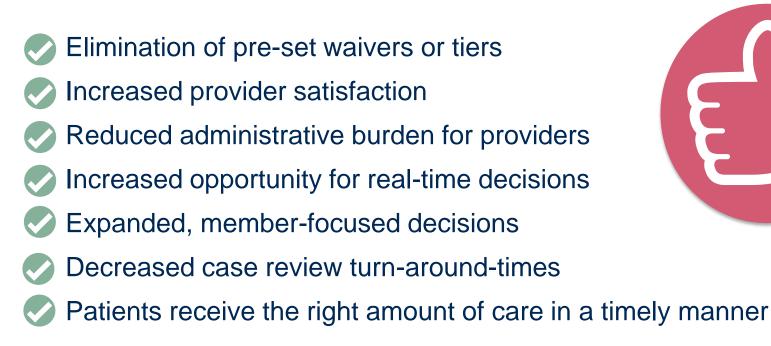
Please indicate the nature of the new injury OR overuse incident.

N/A

Lack of Progress:

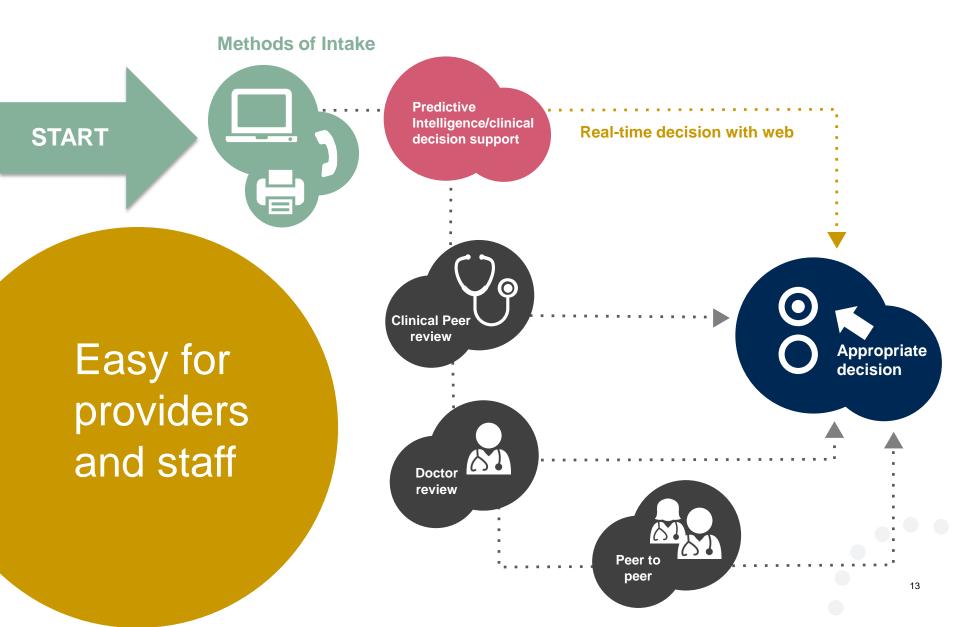
- Categories of explanations
- Used in algorithm to determine care
- Future, additional pathway to identify details

corePathSM Results





Clinical Review Process



Clinical Information Worksheets

- The clinical worksheets are specific to PT, OT, speech, chiropractic, massage therapy, and acupuncture, and designed to assist with the submission of patient and provider information for medical necessity review.
- Worksheets should be used as a guide for questions the provider will be prompted to answer when completing the online requests.
- These worksheets should be completed by the provider during the initial consultation and treatment planning, collecting the clinical information to allow for ease of submission.
- Worksheets are available through the Health Alliance implementation website and are specific to the service request.

https://www.evicore.com/healthplan/health_alliance



Sample MSK corePathSM Forms

Worksheets for the following conditions are available for corePath:

- PT/OT MSK Conditions (all joints, the hand and pelvic health)
- Lymphedema
- Vestibular
- PT Neurodevelopmental
- OT Neurodevelopmental
- Speech (adult + pediatric)
- Chiropractic
- Massage Therapy
- Acupuncture



Please use this fax form for NON-URGENT requests only. Failure to provide all relevant information may delay the determination. Phone and fax numbers may be found on eviCore.com under the Guidelines and Forms section. You may also log into the provider portal located on the site to submit an authorization request.

URGENT (same day) REQUESTS MUST BE SUBMITTED BY PHONE

Previous Reference/Auth I	lumber (If Continued Care):		Date of Submission:
Service Type Requested:	Physical Therapy	Occupational Therapy	

eviCore · healthcare

	First Name:		M	:			La	st Name:				
E	Member ID:		DOB (m	m/do	d/yyyy):				Gender	: 🗌	Male	Female
EN I	Street Address	e -								Apt #		
AT	City:					Sta	te:			Zip:		
E C	Home Phone:		Cell Pho	one:					Primary	/:	Home	Cell
	Member Healt	n Plan/Insurer:										

	First Name	:	l	Last Name:					
IDER	Primary Sp	ecialty:	TIN:			NPI:			
IDE	Physician F	Phone:	1	Physician Fa	ax:				
RO	Address:						Suite	#:	
РВ	City:				State:			Zip:	
	Office Cont	act:	Ext:			Email:			

	Diagnoses:					_					
	Code		D	escription		(Code		Desc	cription	
	Start Date for the	his Reque	st:								
	This is a (pleas	e select ti	ne most a	ppropriate response):							
	New cor	ndition not	previous	sly treated	Same/	previo	us condi	tion			
	Date of most re	ecent eval	uation:			Start	of care	for identified	d condition:		
[Date of current	findings:									
ADMINISTRATIVE	Primary Treat	ment Are	a:								
¥	S	pine:	Cervica	I / Upper Thoracic		Lower	Thoraci	c / Lumbar	/ Pelvis		
	Upper Extre	mity:	Should	er / Arm		Elbow	/Wrist/	Forearm			
ž	Lower Extre	mity:	Hip / T	high		Knee			Ankle	e / Foot	
MO	Secondary Tre	eatment /	rea:								
◄	S	pine:	Cervica	l / Upper Thoracic		Lower	Thoraci	c / Lumbar	/ Pelvis		
	Upper Extre	mity:	Should	er / Arm		Elbow	/Wrist/	Forearm			
	Lower Extre	mity:	Hip / Th	nigh		Knee			Ankle	/ Foot	
	Previous Trea										
				for a new condition, w							
	Cervica	/ Upper 7	horacic	l ower Thora	acic / I	lumba	r / Pelvis	: 🗌 U	JE - Shoulde	er/Arm	

Cervical / Upper Thoracic	Lower Thoracic / Lumbar / Pel	vis 📃 UE - Shoulder/Arm	
UE - Elbow/Wrist/Forearm	📃 LE – Hip/Thigh 📃 LE	- Knee LE - Ankle/Fo	oot
What is the status of the previous treat	ment? Condition Resolved	Ongoing Treatment	N/A
Is this request for fabricating a splint/or	rthotic or developing a home exercis	e program only? 📃 Yes	No

Clinical Worksheet Example –

	A: Cervical / Upper Thoracic		Request Type: Initia	I Follow-Up				
Post-Surgical Care: Yes	No If yes, Date of Su							
Surgery Type: Decompression Levels of Surgery: Com	Discectomy Discectomy		Fotal Disc Replacement 🛛 Scolio	sis/Deformity/Fracture				
	plete the following section for initial Initial	OR f	iollow-up care as appropriate Follow-Up					
Neck Disability Index score (NDI):	% 🗌 Not performe		TREATMENT AREA: L	ower Thoracic / Lumbar / Pelvis		Request Type: Initial Follow-	Un	
Radiating pain below elbow:	Yes No	S				Request Type. I midai Pollow-	op	
	□ 1 □ 2 □ 3 ≥ N/A - Leave Blank for Initial Request	5		No If yes, Date of Surgery				
Has pt. responded as expected?	N/A – Leave Blank for Initial Request N/A – Leave Blank for Initial Request	Ē	Surgery Type: Decompression	Discectomy Fusion	Total Dis	sc Replacement 🔄 Scoliosis/Deformity/Fract	ure	
If patient has not responded, lack	10A - Leave Dave for milar respect	4	Levels of Surgery:					
Change from previous NDI: Has pt. responded as expected? If patient has not responded, lack of patient progress due to: (select the most appropriate)	N/A – Leave Blank for Initial Request	BAR	Comp	olete the following section for initial OR i	follow-u	ıp care as appropriate		
		N		Initial		Follow-Up		
		2	Oswestry Disability Index Score:	% 🗌 Not performed		% 🗌 Not performed		
TREATMENT AREA: U	Jpper Extremity (All Conditions)	CIC	Radiating Pain to Knee or Below:	Yes No		TREATMENT AREA: Pe	vic Pain / Incontinence	Request Type: Initial Follow-Up
Post-Surgical Care: Yes	No If yes, Date of S	Ā	Number of episodes in past 3 yrs:	1 2 3 ≥4		Complete		
If yes, Indicate Type of Surgery from	Selection Below:	0	Change from Previous ODI:	N/A - Leave Blank for Initial Request		· · · ·	e the following section for initial or foll	
Shoulder: Rotator Cuff	Total Shoulder Biceps/S	Ę	Has pt. responded as expected?	N/A - Leave Blank for Initial Request	Ε	Indicate which patient reported outcom	ne score was used from the selection belo	w. If no score, select "None Used": 📃 None used
Elbow: Tendon Repair/D	ebridement Total Elbow	LOWER	If patient has not responded, lack of patient progress due to:			Please enter all component scores	Initial	Follow-Up
Wrist: Tendon Repair/D Ligament Repair	lebridement 🗌 Carpal Tunnel Rel	LOV	(select the most appropriate)	N/A - Leave Blank for Initial Request		 Pelvic Floor Distress Inventory 20 (PFDI-20). 	Summary score (0-300)	Summary score (0-300)
Hand: Herve Release (i Finger Joint Repl Complet	acement Debridement/Infection	·—				Pelvic Floor Impact Questionnaire - short form 7 (PFIQ-7).	Summary score (0-300)	Summary score (0-300)
Complet Assessment Measure Used:	e the following section below for ini Initial DASH QuickDASH	-	TREATMENT AREA: Low Post-Surgical Care: Yes	ver Extremity (All Conditions) No If yes, Date of S	s ug	NIH – Chronic Prostatitis Symptom Index (NIH-CPSI).	Summary score (0-43)	Summary score (0-43)
Function/Symptom Score: More than 3 blank answers?	Ves Not performed		Indicate Type of Surgery from Select		2	Oswestry Disability Index	%	%
	No Work Sports/ Mu		Knee: Total/ Partial Ar			Does your patient demonstrate:	Iliac crest height OR Pubic symphy	· · · · · · · · · · · · · · · · · · ·
Optional module included? Optional Module Score: Shoulder / Elbow: Does your patient demonstrate (choose all that apply)	Loss of 15 degrees or more of el		Hip: Total/Partial Art		acir	boes your patient demonstrate.	Positive provocative S.I. test OR Sa	, , ,
Does your patient demonstrate	Recurrent subluxation/dislocation	NS	Bursectomy				 INABILITY to perform repetitive con 	
	Measurable (less than 4/5) weak	ō	Ankle/Foot: Total Ankle Rep		_			
HAND ONLY: Does your patient demonstrate	 (Abduction, Flexion, External Rol Fracture of humeral head, greater 		Ligament Reco	nstruction Osteochondral/ Microfr	actı 👩		INABILITY to relax the pelvic floor r	nuscles
HAND ONLY:	Crush injury OR fracture of dista		Comp	plete the following section for initial or fo		Incontinence (if applicable):	Number of leakage events per day:	(Enter 0 If not applicable)
Does your patient demonstrate	Total active range of motion of th	CON	· · · ·	Initial		Has pt. responded as expected?	N/A - Leave Blank for Initial Request	Yes No
	Total active range of motion of a	H				If patient has not responded, lack of		Overdid" activities/exercise causing increase in
Change from previous DASH:	Post-surgical or post-traumatic si N/A – Leave Blank for Initial Request	M	Identify Functional Test Performed:	LEFS (0-80 score range)		patient progress due to:		symptoms
Patient responded as expected?	N/A – Leave Blank for Initial Request	≥		 HOOS Jr (0-100 score range) KOOS Jr (0-100 score range) 		(select the most appropriate)		Progression of symptoms despite treatment
If patient has not responded as		N		None of the Above			N/A – Leave Blank for Initial Request	Suffered a new injury resulting in significant
expected, lack of patient progress due to:		E	Functional Score:					change
(select the most appropriate)	N/A – Leave Blank for Initial Request	E	Does your patient demonstrate:					Unable to complete clinical visits/home program
		Ă	Does your patient demonstrate:	 Loss of 10 degrees or more of kn Grade 3 or 4 laxity of the ankle or 				
		Ľ Ľ		Tinetti Gait/Balance score < 24 O				
		OWE				dditional Clinical Information:		
		2		Measurable (less than 4/5) weak (Abduction, Flexion, External Rot				
			Change from Previous Score:	N/A – Leave Blank for Initial Request				
			Has pt. responded as expected?	N/A - Leave Blank for Initial Request	Ε			
			If patient has not responded, lack of patient progress due to: (select the most appropriate)	N/A – Leave Blank for Initial Request				

Preauthorization Outcomes

Approved Requests:

- corePath may give immediate approval for the 1st and 2nd request (Speech 1st request only)
- All requests are processed within **2** business days after receipt of all necessary clinical information.
- Authorizations are typically good for
 30-90 days from the requested start of care date.

Delivery:

- Faxed to the provider
- Mailed to Medicare members only (not commercial)
- Information can be printed on demand from the Health Alliance Web Portal: YourHealthAlliance.org

Denied Requests:

- Communication of denial determination
- Communication of the rationale for the denial
- How to request a Peer Review

• Delivery:

- Mailed to provider
- Mailed to member (both Medicare and commercial)

Preauthorization Outcomes – Commercial

Reconsiderations:

Clinical Consultation:

A reconsideration is a post-denial, pre-appeal process that allows for the medical necessity determination for the treatment to be reconsidered prior to going to appeal.

- Must be requested within 14 calendar days of the date of determination
- The provider will have the opportunity to discuss the decision with a clinical peer reviewer.
- If a request is denied and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from providers. In certain instances, additional information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.
- Clinical consultation can be scheduled at a time convenient to your provider.

Appeals:

• Appeals are managed by the health plan

Preauthorization Outcomes – Medicare Advantage

Pre-Decision Consultation:

- If your case requires further clinical information for authorization, eviCore will reach out to the provider to offer a discussion with a clinical peer reviewer prior to a decision being rendered.
- In certain instances, additional information provided during the predecision consultation is sufficient to satisfy the medical necessity criteria for approval.

Appeals:

Appeals are managed by the health plan

Special Circumstances

Retrospective Services:

 If the first treatment is provided with the evaluation, retro-authorization is permitted for the evaluation/treatment visit only. If treatment is not provided with evaluation, the provider must get prior authorization for subsequent visits (earliest date they can request additional visits is the day of submission).

Urgent Requests:

- Contact eviCore by phone to request an expedited authorization review and provide clinical information
- Urgent cases will be reviewed within 24 hours (not to exceed 72 hours) of the request.

Prior Authorization Requests

Friendly Reminder: Submit Online!



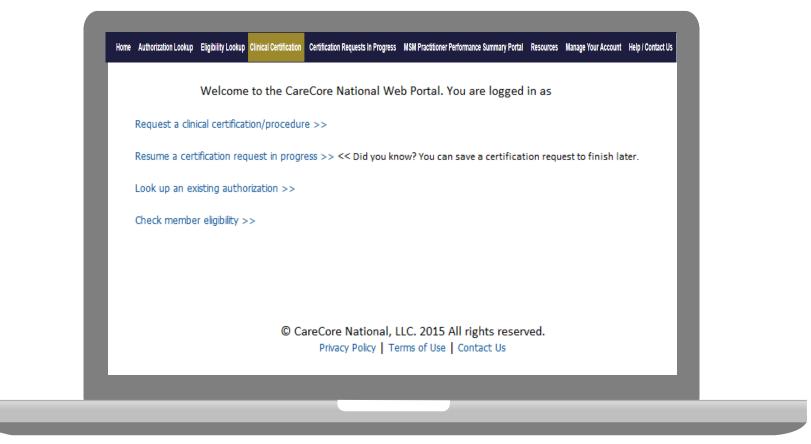
www.YourHealthAlliance.org

Available 24/7 and the quickest, most efficient way to create prior authorizations and check existing case status. Web submissions also have a high potential for immediate approval!

Or by phone: 1-844-303-8452 7 a.m. to 7 p.m. (local time) Monday through Friday

Fax: 1-800-540-2416

Initiating a Case



Choose "request a clinical certification/procedure" to begin a new case request.

Service Options

evicore hec	althcare		
	Lookup Clinical Certification Certification Requests In Progres	s MSM Practitioner Performance Summary Por	
Thursday, June 18, 2015 1:28 PM Attention!			
Chiropractic Care, and extensions. Are you red Date Extension Continuing Care Continue to Build a Na Requests for Spine Surg	upational Therapy, Speech Therapy, Ma Acupuncture services are eligible for c questing one of these services? ew Case gery, Joint Replacement, Arthroscopy, a e to Build a New Case''	ase duplication and date	

Select Date Extension, Continuing Care, or Build a New Case. The Date Extension and Continuing Care options do not apply to Spine/Joint and Pain Management requests.

Select Program

Cli	nical Certi	fication				
Plea	se select the p	rogram for you	ur certificatio	on:		
۱	Ausculoskeleta	Managemen	t			
0	adiation Thera	py Manageme	ent Program	(RTMP)		
Car	oel Print Cor	the				
Click	here for help of	technical sup	oport			

Select the Musculoskeletal Management program for your certification.

Select a Provider

	Clinical Certification
10% Complete	Identify a referring provider by name, location, and insurance carrier to proceed.
	Selected Physician: Provider
	SELICT
	Cancel Back Print Continue
	Click here for help or technical support

Select the practitioner or group for whom you want to build a case.

Contact Information

	Clinical Cer	tification		
30% Complete	Provider's Name		[?]	
Provider and NPI	Who to Contact	eviCore	[?]	
	Fax	(999) 999-9999	[?]	
	Phone	(999) 999-9999	[?]	
	Ext.		[?]	
	Cell Phone]	
	Email	Test@test.com]	
	Cancel Back Print	Continue	-	
	Click here for help	or technical support		

Member Information

40% Complete	Clinical Certification Patient ID:	n	
Provider and NPI	Date Of Birth:	MM/DD/YYYY	
	Patient Last Name Only:	[?]	
	ELIGIBILITY LOOKUP		
	Cancel Back Print		
	Click here for help or technical	support	
			_
			_

Enter the member information, including the Patient ID, Date Of Birth, and Patient Last
Name Only. Click ELIGIBILITY LOOKUP.

Member History

Patient ID: Patient Name:	Time:	
What is the expected procedure data request? MM/DD/20		
SUBMIT		

Member History

ease review the patient's MSM history. You may be asked about this history inical review. MSM History ipisode Date Episode ID Patient Name CPT Code CPT Description Case Status	Patient ID	nt ID				Time: 9/2/2
pisode Date Episode ID Patient Name CPT Code CPT Description Case Status	Patient Name	nt Name				
	Please review th clinical review.				ay be asked abo	out this histo
/2/2015 A	Episode Date Ep	ode Date Episode ID	Patient Name	CPT Code	CPT Description	Case Status
	9/2/2015	015				A
K PRINT THIS PAGE		RINT THIS PAGE				

Verify Service Selection

	Clinical Certification
60% Complete	Confirm your service selection.
Provider and NPI	Procedure Date:
	CPT Code:
Patient	Description:
	Primary Diagnosis Code:
	Primary Diagnosis:
	Secondary Diagnosis Code:
	Secondary Diagnosis:
	Change Procedure or Primary Diagnosis
	Change Secondary Diagnosis
	Cancel Back Print Continue
	Click here for help or technical support

Click continue to confirm your selection.

Site Selection

Friday, March 23, 2018 2:57 PM							
	Clinical Certi	fication					
80% Complete	Specific Site Search Use the fields below to sear entering some portion of th	ch for specific sites. For best e name and we will provide	results, search by NPI or T you the site names that m	TIN. Other search options are by r lost closely match your entry.	name plus zip or name p	olus city. You may search a partial	site name by
Provider and NPI	NPI: TIN:	Zip Code: City:	99999			Test Hospital • Exact match • Starts with	_
							LOOKUP SITE
Patient	Cancel Back Print						
EDIT	Click here for help or technical	support					

Clinical Details

Clinical Certification	
This procedure will be performed on 7/1/2016. CHANGE	
Musculoskeletal Management Procedures	
Select a Procedure by CPT Code[?] or Description[?] MSMPT PHYSICAL THERAPY	
Diagnosis	
Diagnosis Code: M54.12 Description: Radiculopathy, cervical region Change Diagnosis	
Cancel Back Print Continue	
Click here for help or technical support	

Pause/Save Option

Friday, April 25, 2014 9:57 AM Clinical Certification		
chincar cer uncation		
What is the PRIMARY area of comple	aint? (choose ONE):	
Head/Neck - Cervical Spine Upper Back - Thoracic Spine		
Lower Back - Lumbar Spine		
Upper Extremity Lower Extremity		
Unknown		
SUBMIT		
Sobert		
Finish Later		
Did you know? You can save a certification		
request to finish later.		
request to finish facer.		
Dural Dist		
Cancel Print		
Cancel Print		

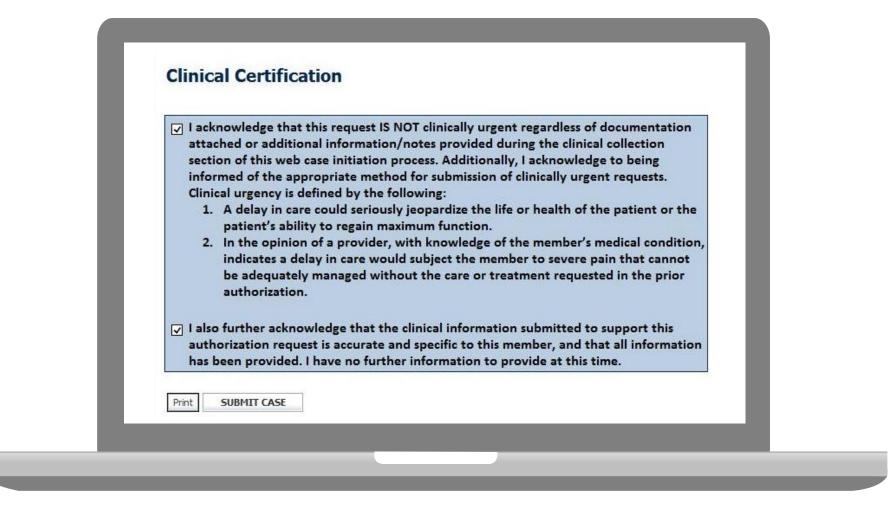
Once you have entered the clinical collection phase of the case process, you can save the information and return within (2) business days to complete.

Medical Review

Is there any additional in	nformation specific to the member's condition you would like to provide?
O I would like to upload a	document
O I would like to enter add	ditional notes in the space provided
O I would like to upload a	document and enter additional notes
● I have no additional info	ormation to provide at this time
Enter text in the space pro	ovided below or both.
Additional Information -	Notes:
You may upload a docum Additional Upload Docur	ment from your computer (PDF or Word less than 5MB) ment: Browse
SUBNIT	

If additional information is required, you will have the option to either upload documentation, enter information into the text field, or contact us via phone. Providing clinical information via the web is the quickest, most efficient method.

Medical Review



Acknowledge the Clinical Certification statements, and hit "Submit Case."

Approval

Your case has been Ap	oproved.			
Provider Name:		Contact:		
Provider Address:		Phone		
		Number:		
÷		Fax Number:		
Patient Name:		Patient Id:		
Insurance Carrier:				
Site Name:	2694	Site ID:	Same	
Site Address:				
Primary Diagnosis Code:		Description:	-	
Secondary Diagnosis Code:		Description:		
CPT Code:		Description:		
Modifier:				
Authorization Number:				
Review Date:				
Expiration Date:				
Status:	Your case has been Ap	proved.		

Once the clinical pathway questions are completed and the answers have met the clinical criteria, an approval will be issued.

Print the screen and store in the patient's file.

Building Additional Cases

Home Authorization Lookup Eligibility Lookup Clinical Certification	Certification Requests In Progress	MSM Practitioner Performance Summary	Portal Resources Manage Yo	ur Account Help / Contact Us	
Friday, March 09, 2018 5:56 PM				Log Off (INTGTEST)	
Clinical Certification					
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 Provider 					
Program and Provider Program and Health Plan					
- Flogram and Tealth Flam					
a0					
Cancel Print					
Click here for help or technical support					

Once a case has been submitted for clinical certification, you can return to the Main Menu, resume an in-progress request, or start a new request. You can indicate if any of the previous case information will be needed for the new request.

Authorization Look Up

eviCore healthcare					
Home Authorization Lookup	Eligibility Lookup Clinical Certificati	on Certification Requests In Progress	MSM Practitioner Performance Su	Immary Portal Resources	Manage Your Account
Tuesday, November 22, 2016 2:30	PM				
Authorization Looku	p				
New Security Features Implen	nented				
Search by Member Inform	ation		@ Course has Australia		
REQUIRED FIELDS			Search by Authori	zation Number/ NPI	
Healthplan:		\sim	REQUIRED FIELDS		
Provider NPI:	·		Provider NPI:	×]
			Auth/Case Number:]
Patient ID:			Search		
Patient Date of Birth:					
	MM/DD/YYYY				
OPTIONAL FIELDS					
Case Number:					
or					
Authorization Number:	× ×				

- Select Search by Authorization Number/NPI. Enter the provider's NPI and authorization or case number. Select Search.
- You can also search for an authorization by Member Information, and enter the health ₃₈ plan, Provider NPI, patient's ID number, and patient's date of birth.

Authorization Status

Authorization			
New Security Featur	es Implemented		
Authorization Numb Case Number:	er:		
Status: Approval Date: Service Description:	Approved		
Site Name: Expiration Date: Date Last Updated:	6/28/2018	12000	
Correspondence:	VIEW CORRESPONDENCE		
Print Done Search Again Click here for help or			

.

The authorization will then be accessible to review. To print authorization correspondence, select View Correspondence.

Authorization Status

New Security Feature	s Implemented
Authorization Numbe	r:NA
Case Number:	
Status:	Additional Information Required
Approval Date:	
Service Code:	
Service Description:	Physical Therapy
Site Name:	
Expiration Date:	
Date Last Updated:	9/15/2017 10:45:49 AM
Correspondence:	VIEW CORRESPONDENCE
Clinical Upload:	UPLOAD ADDITIONAL CLINICAL

Eligibility Look Up



Home	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Performance Summary Portal	Resources	Manage Your Account	Help / Contact Us
Thursday	, March 15, 2018 4:43 PM							Log Off (INTGTEST)

Eligibility Lookup

New Security Features Implemented

Health Plan:	
Patient ID:	
Member Code:	
Cardiology Eligibility:	Medical necessity determination required.
Radiology Eligibility:	Precertification is Required
Radiation Therapy Eligibility:	Medical necessity determination required.
MSM Pain Mgt Eligibility:	Precertification is Required
Sleep Management Eligibility	Medical necessity determination required.

Print Done Search Again

Click here for help or technical support

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You may also confirm the patient's eligibility by selecting the Eligibility Lookup tab.

Important Tips

- The provider should always complete the initial evaluation BEFORE submitting a request for prior authorization.
- Submission by web increases the chance of a real time approval for the initial and second request.
 - Requests that report lack of progress will be reviewed by a clinical peer reviewer.
 - A clinical peer reviewer will review all requests after the second request – from the 3rd request on there will be no real time approval available (2nd request on for Speech).
- In order to receive an appropriate decision to best treat the member's condition, it is important that all questions are answered.

Important Tips

- Currently, this approach is not available for neurological conditions. However, an updated clinical collection process/pathway is being developed.
- You may request additional visits as early as 7 days prior to the requested start date.

- Requests should include current outcomes measures and clinical information.
- Worksheets are available to assist.

Important Tips

- Spread the visits/units over the approved period
- Medicare only: Requests for additional visits prior to the end date of partially approved authorization require an appeal to the health plan
 - Case will be expired and you will be advised to follow the appeal process
- Cases with no information or incomplete clinical information may take up to 14 days to process as allowable by CMS

- eviCore will reach out to the provider in multiple ways to obtain the necessary clinical information
- · When we receive the information, the case will be reviewed
- If clinical has not been received by the 12th day, the case may be denied.

Provider Resources







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Provider Resources: Pre-Certification Call Center



Pre-Certification Call Center



Client Provider Operations



Documents

7:00 AM - 7:00 PM (Local Time): 844-303-8452

- Obtain pre-certification or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case

eviCore fax number: 800-540-2406

Provider resources: Web-based services



Pre-certification call center





Documents

portal.support@evicore.com

To speak with a web specialist, call 1-800-646-0418, select option 2

- Request authorizations and check case status online 24/7
- Web portal registration and questions
- Pause/Start feature to complete initiated cases
- Upload electronic PDF and Word clinical documents

Provider Resources: Client Services Department



Pre-certification call center



Provider Relations Department

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Documents

clientservices@evicore.com

To speak with a client services representative, call 1-800-646-0418, select option 3

- Eligibility issues (member, rendering facility or ordering physician)
- Issues experienced during case creation
- Request for an authorization to be re-sent to the health plan
- Request for education and training on program processes

Provider Resources: Implementation Document



Pre-Certification Call Center



Client Provider Operations

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Implementation site for Health Alliance Medical Plans

https://www.evicore.com/healthplan/Health Alliance

- Provider Orientation Presentation
- CPT code list of the procedures that require prior authorization
- Quick Reference Guide
- eviCore clinical guidelines
- FAQ documents and announcement letters

Coding guidelines and program criteria: https://www.evicore.com/solution/pages/musculoskeletal.aspx

You can obtain a copy of this presentation on the implementation site listed above. If you are unable to locate a copy of the presentation, please contact the Client Provider Operations team at <u>ClientServices@evicore.com</u>.

Thank you!

