

eviCore healthcare Musculoskeletal (MSK) Program Frequently Asked Questions About Joint, Spine and Pain Management

Who is eviCore healthcare?

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides targeted utilization management services for Security Health Plan.

What is the relationship between Security Health Plan and eviCore healthcare?

Beginning on April 22, 2019, eviCore will manage musculoskeletal prior approval services for Security Health Plan for dates of services May1, 2019 or later.

What type of eviCore services are addressed in this MSK FAQ document?

- Interventional Pain Management
- Joint Surgery (Shoulder, Hip, Knee)
- Spine Surgery

How do I submit a Prior Approval request?

The quickest, most efficient way to obtain Prior Approval is through the 24/7 self-service web portal at www.evicore.com. When a case is initiated on the web portal and meets clinical criteria, a real-time authorization may be received. Prior Approval can also be obtained via phone at (888-444-6185) or fax at (800-540-2406).

Which eviCore portal do I use for interventional pain request? MedSolutions or CareCore National portal?

CareCore National

What information will a provider need to initiate a Prior Approval request?

- Member's name, date of birth, plan name and plan ID number
- Ordering provider's name, National Provider Identifier (NPI), Tax Identification Number (TIN), Fax number
- Service being requested (CPT codes and diagnosis codes)
- Rendering facility's name, NPI, TIN, street address, fax number
- Medical records related to the current diagnosis, results of diagnostic imaging studies and the duration/type/outcome of prior treatment related to the current diagnosis. All clinical information related to the Prior Approval request should be submitted to support medical necessity.

Does medically urgent care require Prior Approval?

The services managed under eviCore's Interventional Pain Management, Joint and Spine surgery programs are unlikely to be required on an urgent basis. Procedures done in an Emergency Department (ED) do not require Prior Approval. These requests can be made by web or phone. If by phone you will want to inform the Rep that the case is urgent. Most times an approval will be given while on the phone but if further review is needed, we will make a decision within 24 hours (four hours is the eviCore standard).

What is the turnaround time for a determination on a standard Prior Approval request?

It is our business practice to complete requests within two (2) business days from the receipt of complete clinical information. When a case is initiated on the web portal and meets clinical criteria, you could receive a real-time, immediate authorization.

What if there is not a date of service determined? When will the approval date be?

The date the procedure was approved.

How long are prior authorizations approved?

Outpatient authorizations are typically good for 60 days. Inpatient authorizations are based on the date of service and length of stay.

How will all parties be notified if the requested service has been approved?

Requesting and rendering providers will be notified of the Prior Approval via fax and/or email. Both providers can validate a Prior Approval by using the eviCore website or by calling eviCore Customer Service. Members will receive notification via mail.

How will existing authorizations be handled?

Any authorizations that existed prior to eviCore management will be handled by **SHP WI** claims edit.

What are my options when a Prior Approval request is denied?

There are two options after requested services are denied. A reconsideration review or a clinical peer-to-peer discussion can be requested. If additional clinical information is available without the need for a provider to participate, a reconsideration review can be requested by phone up to 10 business days from the date of the denial. If additional clinical information is available but there is a need for the requesting provider to participate in a discussion, (s)he may schedule a call to speak with an eviCore Medical Director in the same specialty expertise.

If a request is denied, what follow-up information will the provider receive?

The requesting and rendering providers will receive a denial letter that contains the reason for denial as well as Reconsideration and Appeal rights.

Will we be granted extensions, if the authorization expires?

If the coverage period is 60 days or longer, the program does not allow authorization extensions to the authorization effective period as the patient's clinical presentation often changes during the authorization span. Providers must request a new authorization.

How should I handle a retrospective request for authorization?

Retrospective cases will not be allowed with this program.

Is there any difference in request for Pediatric cases?

The Program will process pediatric cases applying eviCore's age-specific guidelines. There are no other special considerations regarding pediatric patients.

What is the process if a Member is receiving a procedure where prior approval is required by eviCore healthcare for an inpatient stay?

eviCore will review the request for an inpatient admission related to joint/spine surgeries for medical necessity and provide prior authorization for an initial length of stay. Any extensions to the initially approved length of stay

will be managed by Security Health Plan staff via the Plan's concurrent review process. Please contact the Security Health Plan Utilization Management Department at 1-800-991-8109 for any extensions to the initially approved length of stay.

What are the parameters of an appeals request?

eviCore will not be delegated for appeals. Please contact Security Health Plan. This information will be detailed in the denial notification letter.

Are there any Medicaid specific considerations?

Please refer to ForwardHealth interactive fee schedule for payable services, provider types and specialties and places of service <https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/MaxFeeSearch.aspx>

Will eviCore conduct concurrent review of the patient's inpatient hospital stay?

eviCore **will NOT** perform concurrent review services for delegated joint/spine procedures requested to be performed in an inpatient setting. Please contact Security Health Plan for information.

Will eviCore review delegated joint/spine procedures for medical necessity if the provider indicates that the procedure will be performed in an inpatient setting?

eviCore **will** review all delegated joint/spine procedures regardless of the treatment setting.

Will eviCore conduct a medical necessity review on the inpatient admission for delegated joint/spine procedures?

eviCore **will** conduct a medical necessity review on the inpatient admission for delegated joint/spine procedures indicated to be performed in an inpatient setting..

Will eviCore assign an Initial Length of Stay for approved inpatient Joint/Spine cases?

eviCore **will** assign an initial length of stay based on interQual clinical criteria.

Will eviCore present scripting in advance of clinical review advising the ordering provider of the need to obtain inpatient authorization from SHP?

eviCore will present the following script for all joint/spine cases regardless of indicated place of service. *'Please note, if eviCore approves the procedure(s), the inpatient hospital admission and your patient requires an extension to the originally approved length of stay, you will need to obtain an extension from Security Health Plan. Please call the number on the back of the member's ID card and provides the eviCore case number to submit your extension request. Unapproved bed days billed could be denied for lack of prior authorization'*