



Administrative Physical and Occupational Therapy QRG

Main site for eviCore – www.evicore.com

Implementation website – www.evicore.com/healthplan

In addition to the main website, implementation websites tailored to a specific health plan are available. The websites include the CPT code list (list of codes that require prior authorization for a specific health plan), Frequently Asked Questions (FAQs), Quick Reference Guides (QRGs), links to clinical worksheets, and links to eviCore's evidence based guidelines.

Web Portal – <https://www.evicore.com/pages/providerlogin.aspx>

Using the Web Portal remains the quickest, most efficient way to obtain authorization. After a one-time registration, you can initiate a case, view case/authorization details, verify eligibility, and more. The Web Portal is available 24/7, 365 days a year.

Prior Authorization telephone number – 1-800-420-3471

Contact eviCore from 7:00 a.m. – 7:00 p.m. local time, Monday through Friday, to obtain prior authorization, check status of an existing case, discuss questions regarding authorizations and case decisions, or change facility or CPT codes on an existing case.

Client provider operations – clientservices@evicore.com or 800-575-4517 (option #3)

Contact Client Provider Operations for assistance with eligibility issues (member, rendering facility, and/or ordering clinician) or case-creation issues, to ask that an authorization be re-sent to the health plan, or to request education/training.

Web specialist – 800-646-0418 (option #2) or www.portal.support@evicore.com

This resource can provide assistance with requesting authorizations and checking case status online, resetting passwords, Web Portal registration and questions, using the pause/start feature to complete initiated cases, and resolving problems uploading electronic PDF/word clinical documents.

Live Chat feature

If you have any questions about navigating the Web Portal, we have a dedicated Web Support team available to assist. They can be reached via phone at **800-646-0418 (option #2)**, email at **www.portal.support@evicore.com**, or through our Live Chat resource. Our Live Chat feature is available from the home page of [evicore.com](http://www.evicore.com), and you do not need to be logged in to use this feature. Just click the LIVE CHAT banner and fill-out the short form to initiate the chat.

Clinical consultation – Visit www.evicore.com and select “Request a Clinical Consultation” in the *Provider Shortcuts Menu* in the top right-hand corner of your browser.

Checking case status

To look-up an authorization, select “Authorization Lookup” inside your Web Portal account. 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 using the Member Information feature. Enter the health plan, provider NPI, patient's ID number, and patient's date of birth.

Date extension

A date extension can be granted for a therapy case in which a provider was authorized visits, but was unable to perform those visits in the amount of time given. You can request a date extension via the Web Portal or telephonically.

Preparing to Build a Case: eviCore requires clinical information to determine if services are medically necessary. Submitted cases lacking complete clinical information often take longer to process and may result in a reduction of services or a denial. To reduce the time spent creating a case on the web or phone, have the following information available:

- Member information, including Name, Date of Birth, Address, Phone #, and Health Plan ID
- Provider information, including Name, NPI #, TIN, Phone #, Fax #, Address, and Specialty Type
- Current Clinical information
 - Adult – use eviCore's clinical worksheets to identify the clinical information needed
 - Pediatrics – use eviCore's clinical worksheets to identify the clinical information needed, including:
 - Standardized test scores within 1 year
 - Current clinical – typically collected within the prior 20 days
 - Progress toward goals
- Requested start date – this is the date you would like the authorization to begin.

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- Patient reported functional outcome measures (ODI, NDI, LEFS, HOOS JR, KOOS JR, or DASH/QuickDASH).

Note: **Building a case on the web is often the fastest and easiest way and offers a high likelihood of a real time approval for the first and second request.** If you call to start a case, you will be connected with a non-clinical agent who will collect the same information you submit on the web. While eviCore discourages submission by fax, if you must fax your request, include a completed eviCore clinical worksheet. If the worksheet is completed, there is no need to include additional clinical notes.

Requesting additional visits: In order to prevent interruption in care, submit requests for additional visits as early as 7 days prior to the requested start date.

Determinations: Depending on the health plan, eviCore will approve visits, units, or visits and units for use within an approved period. Visits/units should be distributed evenly over the approved period to prevent a gap in care. If eviCore reduces or denies a request (also known as an adverse determination), the letter will include a clinical rationale to explain why. The rationale is written in language a member can understand in order to comply with regulatory standards. If there has been an adverse determination, the letter will include directions for seeking reconsiderations, clinical consultation, or the appeal process. Review the letter you receive to determine the next steps.

Retrospective Authorization Requests. If the health plan allows retrospective requests, eviCore must review clinical information to determine if the services provided were medically necessary. Retrospective requests should be submitted by fax. Please include the following with any retrospective request:

- Dates of service you are requesting authorization for; include visits and units
- The initial evaluation and progress reports/re-evaluation
- Clinical records (including exercise logs and flow sheets) for each date of service you are requesting authorization for.