



Frequently Asked Questions

Physical Medicine Program

Spinal Surgery

TABLE OF CONTENTS

SPINAL PROCEDURE/SURGERY: PROGRAM OVERVIEW 4

- When does the program start and which members are included? 5
- Is there paper work for the patient to fill out before they are eligible for the prior authorization program? 5
- Will new member cards be issued to Plan members? 5
- Can you provide me with an overview of this program? 5
- Is pre-authorization required? 5
- Does the program include inpatient services?..... 5
- Which places of service require a Medical Necessity Determination? 5
- Is a Medical Necessity Determination required if the treatment is administered at a hospital outpatient facility?..... 6
- Are the clinical criteria available for review? 6

SPINAL PROCEDURE/SURGERY: HOW TO SUBMIT A REQUEST 6

- How can I obtain authorization?..... 6
- Can pre-authorization requests be submitted via fax? 6
- What is the best way to submit a pre-authorization?..... 6
- Is Registration required at eviCore’s website? 6
- What is the extent of eviCore’s ability to issue a pre-authorization online?..... 6
- Will I be able to view pre-authorization status? 7
- Is there a way to delete a physician after he or she has been added to the Web account? 7

SPINAL PROCEDURE/SURGERY: UTILIZATION REVIEW PROCESS 7

- Will urgent requests be accepted? 7
- How will I know when a decision has been reached? 7
- What length of time is necessary for a case to go through the medical review process? 7
- What is the timeline for a peer-to-peer consultation?..... 7
- Is there a way to verify whether an approval number has been assigned to a pre-authorization request?..... 8

SPINAL PROCEDURE/SURGERY: DETERMINATIONS 8

- How long does my patient's approval last? 8
- Can a Medical Necessity Determination number expire? 8
- What is a partial approval notice?..... 8

Spinal Surgery

Can we file an appeal for cases that have been denied or partially denied?.....	8
What if a physician does not agree with eviCore’s adverse determination and wants to file an appeal?	8
SPINAL PROCEDURE/SURGERY: MODIFICATIONS TO REQUESTS	9
I have already obtained an approval for my patient. Is a new Medical Necessity Determination required if the patient requires additional treatment?	9
If a patient decides to change practices/facilities for a spine surgery procedure, is a new authorization for payment required?.....	9
SPINAL PROCEDURE/SURGERY: CLAIMS	9
Our system bills on a monthly basis. Is this a problem?	9
Where do I submit claims?	9
Does the authorization number need to be on the claim?	9
What if a claim has been denied?	9

Spinal Surgery

SPINAL PROCEDURE/SURGERY: PROGRAM OVERVIEW

Who is eviCore healthcare?

eviCore healthcare (formerly CareCore | MedSolutions) is a medical benefits management company committed to making a positive impact in healthcare. It is our passion, our purpose, and our promise.

We're built with the size and scale to address the complexity of today's healthcare system. Through our exceptional capabilities – and an acute sensitivity to the needs of everyone involved – we harness healthcare's evolving demand and inherent change to better manage and optimize health benefits.

The result is an evidence-based approach that utilizes our proven talent and leading-edge technology to realize better outcomes.

Our experienced professionals – including our clinical staff of doctors and nurses – have the breadth of expertise needed to embrace the perspectives and challenges of our constituents; enabling us to craft and co-create custom solutions and innovative services.

Our technology is a peerless, robust platform that identifies, generates and distributes the precise data, analytics and reports required for quicker, more informed decision-making in each of the millions of cases we handle.

From our unique position at the heart of patient, provider, and payer, we cultivate, connect and integrate the intelligence and insights that prompt more focused actions and improve results.

It's a mindset that proves quality, cost and competence are aligned. One that transcends simply saving resources and time; one that works to improve the system – and ultimately achieves better outcomes.

Asking the right questions leads to delivering the right answers at the right time to the right people – patients, providers, and payers.

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

The Health Plan has contracted with eviCore healthcare to assist with managing and administering benefits for interventional pain procedures; joint arthroscopies and replacement surgeries; spinal surgeries; physical, occupational, and speech therapy; chiropractic care, acupuncture, and massage therapy.

Please note: This FAQ only addresses Spinal Procedures/Surgeries.

Spinal Surgery

When does the program start and which members are included?

Please find detailed information on the Physical Medicine section of the Health Plan's website.

Is there paper work for the patient to fill out before they are eligible for the prior authorization program?

No. Each in-scope member is automatically enrolled in the program.

Will new member cards be issued to Plan members?

No.

Can you provide me with an overview of this program?

eviCore will manage utilization of the Health Plan's inpatient and outpatient spinal surgery, outpatient physical and occupational therapy, outpatient speech therapy, outpatient chiropractic services, outpatient acupuncture treatment, and outpatient massage therapy.

Code List

- Each of the CPT codes for the program services will require an authorization to be on file for proper claims payment. Pre-authorizations are required for professional and facility claims.
- CPT codes requiring pre-service authorization for accurate claims payment are available on the Physical Medicine section on the Health Plan's website.

Spinal Surgery

- Surgery codes including anticipated implants will require authorization prior to service for accurate claims payment:
 - Differences between billed and authorized codes will be accounted for at time of claims payment
 - Services planned for the inpatient setting will also be reviewed for site of service authorization.

Is pre-authorization required?

Yes. Pre-authorization is required for all codes on the CPT list.

Does the program include inpatient services?

Yes. The program will include spinal surgery, regardless of whether it is performed in an inpatient or outpatient setting.

Which places of service require a Medical Necessity Determination?

All professional (office and outpatient) and institutional claims for both inpatient and outpatient spinal surgery require authorization for claims payment.

Spinal Surgery

Is a Medical Necessity Determination required if the treatment is administered at a hospital outpatient facility?

Yes. Medical Necessity Determinations are required for in-scope members for inpatient and outpatient spinal surgery.

Are the clinical criteria available for review?

Yes. This document is available online through the eviCore provider Web portal at www.carecorenational.com.

SPINAL PROCEDURE/SURGERY: HOW TO SUBMIT A REQUEST

How can I obtain authorization?

Pre-authorizations can be obtained 24 hours a day, 7 days a week on the Web at www.carecorenational.com. Pre-authorizations can also be submitted by phone from 7 a.m. to 7 p.m. local time Monday through Friday (excluding holidays) at 1 (855) 252-1115.

Can pre-authorization requests be submitted via fax?

Yes. Requests for Medical Necessity Determinations can be submitted via fax. Please fax the completed clinical worksheet found at the following site to 800-540-2406.

<https://www.carecorenational.com/benefits-management/musculoskeletal-management/physical-medicine-program-tools-and-criteria.aspx>

What is the best way to submit a pre-authorization?

The fastest way for physicians to achieve a Medical Necessity Determination is by visiting the eviCore website at www.carecorenational.com prior to the date of service requiring authorization for accurate payment. If you do not have access to the Internet, you can request a Medical Necessity Determination by calling eviCore at 1 (855) 252-1115.

Is Registration required at eviCore's website?

Yes. A one-time registration is required for each practice or individual. You will be required to log-in prior to obtaining authorizations on the web.

What is the extent of eviCore's ability to issue a pre-authorization online?

The eviCore website will allow physicians to submit pre-authorization requests and obtain an approval online in real time (subject to criteria being met). Physicians unfamiliar with the website's capabilities can access a web use training module online at www.carecorenational.com. They could also contact eviCore Provider Relations at (800) 646-0418 opt 3 or by email at providerrelations@carecorenational.com to request an onsite Web use training session. The provider portal on the eviCore website at www.carecorenational.com is the quickest and easiest means of securing pre-authorization.

Spinal Surgery

Will I be able to view pre-authorization status?

Yes. Providers can view and track all submitted pre-authorizations online at www.carecorenational.com (a one-time registration is required).

Is there a way to delete a physician after he or she has been added to the Web account?

A user can always delete a physician. There is a "REMOVE" button on the "Manage Account" page where the physicians are listed.

SPINAL PROCEDURE/SURGERY: UTILIZATION REVIEW PROCESS

Will urgent requests be accepted?

Yes. Urgent requests will be accepted and a determination expedited if clinically required.

How will I know when a decision has been reached?

When using the online system, immediate authorization will be available when coverage criteria are met. For cases whose decision is reached after clinical review, the provider will be notified with verbal or written communication according to applicable regulation and law.

What length of time is necessary for a case to go through the medical review process?

If coverage criteria are met, the approval is instantaneous. When coverage criteria are not immediately met, clinical review of the request will be done in the order that the requests are received, but not longer than two business days for most case types. The utilization review timeframes will comply with applicable regulation and law.

Cases that meet the definition of an expedited case will be resolved within three hours and a notification will occur within that timeframe.

The turnaround times are dependent upon all necessary information being provided to eviCore. If there is insufficient information to make a determination, a hold letter will be faxed to the provider's office indicating what information is still required. The surest way to avoid this scenario is to have the typically requested information before calling eviCore.

What is the timeline for a peer-to-peer consultation?

When there is a request for a peer-to-peer conversation, we will make an effort to immediately transfer the call to an available eviCore medical director. When a medical director is not available, we will offer a scheduled call-back time that is convenient for the practice. These timeframes will comply with applicable regulation and law.

Spinal Surgery

Is there a way to verify whether an approval number has been assigned to a pre-authorization request?

Yes. After logging in at www.carecorenational.com, users can click on “Authorization Lookup” to determine the status of a case.

SPINAL PROCEDURE/SURGERY: DETERMINATIONS

How long does my patient's approval last?

Surgical authorizations last for 60 days. eviCore communicates the expiration date in the approval notification for each case.

Can a Medical Necessity Determination number expire?

Yes. eviCore communicates the expiration date in the approval notification provided for each case. Authorization expiration dates are also available at the eviCore website at www.carecorenational.com after login by clicking on “Authorization Lookup.”

What is a partial approval notice?

A partial approval notice will inform the provider of approved and non-approved services for the submitted pre-authorization request. It will also contain clinical appeal information.

Can we file an appeal for cases that have been denied or partially denied?

We recommend that you utilize the reconsideration process before filing a formal appeal. Reconsiderations are completed via the telephone and through peer-to-peer consultations as applicable. If the initial decision is upheld, then the next step is a first level appeal. See “What if a physician does not agree with eviCore’s determination and wants to file an appeal?” on the following page.

Please note: If applicable, Medicare Advantage cases do not allow for reconsiderations. Please refer to the appeal steps on the adverse determination letter.

What if a physician does not agree with eviCore’s adverse determination and wants to file an appeal?

For denied commercial cases, we recommend that you utilize the reconsideration process before filing a formal appeal. Reconsiderations are completed via the telephone and through peer-to-peer consultations as applicable. If the initial decision is upheld, then the next step is a first level appeal. Reconsiderations are not available for Medicare Advantage members. Please refer to the adverse determination letter for detailed appeal steps.

Spinal Surgery

The provider can appeal a clinical decision in writing to:

E-mail: appealsfax@carecorenational.com
Mail: CCN APPEALS DEPARTMENT
400 Buckwalter Place BLVD.
Bluffton, SC 29910

SPINAL PROCEDURE/SURGERY: MODIFICATIONS TO REQUESTS

I have already obtained an approval for my patient. Is a new Medical Necessity Determination required if the patient requires additional treatment?

Surgery codes, including anticipated implants, will require pre-authorization prior to service for accurate claims payment. Minor modifications to a treatment that changes the applicable approved CPT code will require additional Medical Necessity Determination. Major changes such as a non-fusion procedure to a fusion procedure, or an outpatient service moving to an inpatient site of service should also be re-reviewed. Please call eviCore at 1 (855) 252-1115 for steps on how to proceed. Differences between billed and authorized codes will be accounted for at time of claim payment.

If a patient decides to change practices/facilities for a spine surgery procedure, is a new authorization for payment required?

For any modifications to an approved request, please call eviCore at 1 (855) -252-1115.

SPINAL PROCEDURE/SURGERY: CLAIMS

Our system bills on a monthly basis. Is this a problem?

As long as date of service is within the approved time period, you can bill monthly or weekly.

Where do I submit claims?

Submit claims for all musculoskeletal procedures directly to Health Plan.

Does the authorization number need to be on the claim?

No. There are no changes for submitting a claim. Please follow the standard Health Plan claims filing process.

What if a claim has been denied?

A claim can be denied for different reasons. Please look at the denial reason code and description on the explanation of benefits before calling Health Plan.

Spinal Surgery

If your claim has been denied due to lack of a Medical Necessity Determination and you have not contacted eviCore for a Medical Necessity Determination, call eviCore and submit the request. If your request does not demonstrate Medical Necessity, you will be notified in a manner consistent with your state's requirements. This notice will provide detailed instruction for submitting clinical appeals.