

## Quick Reference Guide

### Authorization Required

All out-patient, non-emergent services including:

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

### Authorization Not Required

- Inpatient Services
- Services done in the Emergency Room
- Home Health

### Authorization Requirements

To ensure the authorization process is as quick and efficient as possible, we highly recommend that the physician's office submitting requests have the following readily available:

- Clinical Information, including, but not limited to:
  - Diagnostic information
  - History of surgery, including complexities, type and date of surgery
  - Primary area of complaint and pain distribution
  - Select examination findings
  - Outcome Measurement Test Scores
  - Response to any treatment already provided
  - Reasons associated to any lack of progress
- Rendering Healthcare Provider Name/NPI/TIN
- Member ID/Name/DOB

When requesting authorization, select the following service type based on the services being requested:

- Select MSMPT, MSMOT, MSMMT, MSMST, CHIRO or ACUPN

### Authorizations

An authorization number will be faxed to the rendering healthcare provider and mailed to the member. eviCore healthcare will authorize a number of visits and units over an approved time period based on the information submitted.

It is the responsibility of the rendering healthcare provider to obtain an authorization. Verification may be obtained via the eviCore healthcare website or by calling **855-252-1115**.

**Important!** Authorization from eviCore healthcare does not guarantee claim payment. Services must be covered by the health plan and the member must be eligible at the time studies are rendered. **Claims submitted for unauthorized procedures are subject to denial, and the member must be held harmless.** Please verify the member's eligibility with the health plan.

### Authorization Denials

eviCore healthcare notifies the rendering healthcare provider via fax and member in writing of a denial and provides a rationale for the determination within one working day of decision. This communication sets forth the appeal options per current state policy. eviCore healthcare also offers the ordering provider a consultation with an eviCore healthcare provider on a peer-to-peer basis. In certain instances, additional information provided during the peer-to-peer consultation is sufficient to satisfy medical necessity criteria.

## Quick Reference Guide

We offer three convenient methods to request authorizations:

### Web Portal

The eviCore healthcare Web Portal is available 24/7 at <https://evicore.com/Pages/ProviderLogin.aspx>.

After a one-time registration, you are able to initiate a case, check status, review guidelines, view authorizations/eligibility, and more. The Web Portal remains the quickest, most efficient way to obtain information.

If you have questions or need assistance, please contact the Web Portal team via email at [portal.support@evicore.com](mailto:portal.support@evicore.com) or via phone at **800-646-0418 (Option 2)**.

### Phone

Contact us toll-free at **855-252-1115** from **7AM to 7PM Local Time**. For faster service, you'll need all pertinent clinical information before you call. Outside of normal business hours, you may call eviCore healthcare and leave a message for a return call the next business day.

eviCore healthcare's call center will be closed in observance of New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and the day after, and Christmas Day. **The web is available 24/7, 365 days a year.**

### Fax

Fax requests can be submitted to **855-774-1319**. You can obtain specific forms on the eviCore healthcare website at [www.evicore.com](http://www.evicore.com) under the Musculoskeletal Forms section.

**For Physical Therapy, Occupational Therapy, Speech Therapy, Acupuncture, Massage Therapy and Chiropractic requests, use the forms labeled 'corePath' under the "View more for health plan specific musculoskeletal forms" option.**

eviCore's Clinical Worksheets must be used for fax initiated requests. If the worksheet is completed, it is not necessary to fax additional clinical documentation. eviCore healthcare will respond by fax when the authorization decision is complete.

### Guidelines on the Web

To access the eviCore healthcare Guidelines via the web, visit our **Musculoskeletal** site at the following link:  
<http://www.evicore.com/solution/Pages/Musculoskeletal.aspx>

### *Need Clinical Support?*

If your case requires further clinical discussion for approval, we welcome requests for clinical determination discussions from providers. One of eviCore healthcare's clinical reviewers can assist. To request a clinical discussion, call eviCore healthcare at **855-252-1115** and request a peer to peer discussion. **Note!** *This is not where claim denials reconsideration would be discussed. For claim denials, you must follow the appeal process.*