Musculoskeletal Prior Authorization for Prominence Health Plan

Provider Orientation

Agenda

- Program Overview
- Submitting Requests
- Prior Authorization Outcomes, Special Considerations, and Post Decision Options
- Provider Portal Overview
- Additional Provider Portal Features
- Provider Resources
- Q & A

Program Overview

Prominence Health Plan Prior Authorization Services

eviCore healthcare (eviCore) will begin accepting prior authorization requests for cardiology and radiology services on October 24, 2016 for dates of service November 1, 2016 and now expand this to include southern Nevada's HMO/POS/POS membership effective April 1, 2018.

Applicable Membership:	Prior authorization applies to the following services:	Prior authorization does NOT apply to services performed in:
• Commercial HMO • Commercial PPO • Commercial POS • Members who **do not** require prior authorization: **Medicare**	• Outpatient • Elective / Non-emergent	• Emergency room • 23-hour observation services • Inpatient stays

It is the responsibility of the **ordering provider** to request prior authorization approval for services.

Prior Authorization Required:

Interventional Pain:
- Spinal injections
- Spinal implants
  - Spinal cord stimulators
  - Pain pumps

Joint Surgery:
- Large joint replacement
- Arthroscopic and open procedures

Spine Surgery:
- Spinal implants
  - Spinal cord stimulators
  - Pain pumps
- Cervical/Thoracic/Lumbar
  - Decompressions
  - Fusions

To find a complete list of Current Procedural Terminology (CPT) codes that require prior authorization through eviCore, please visit:

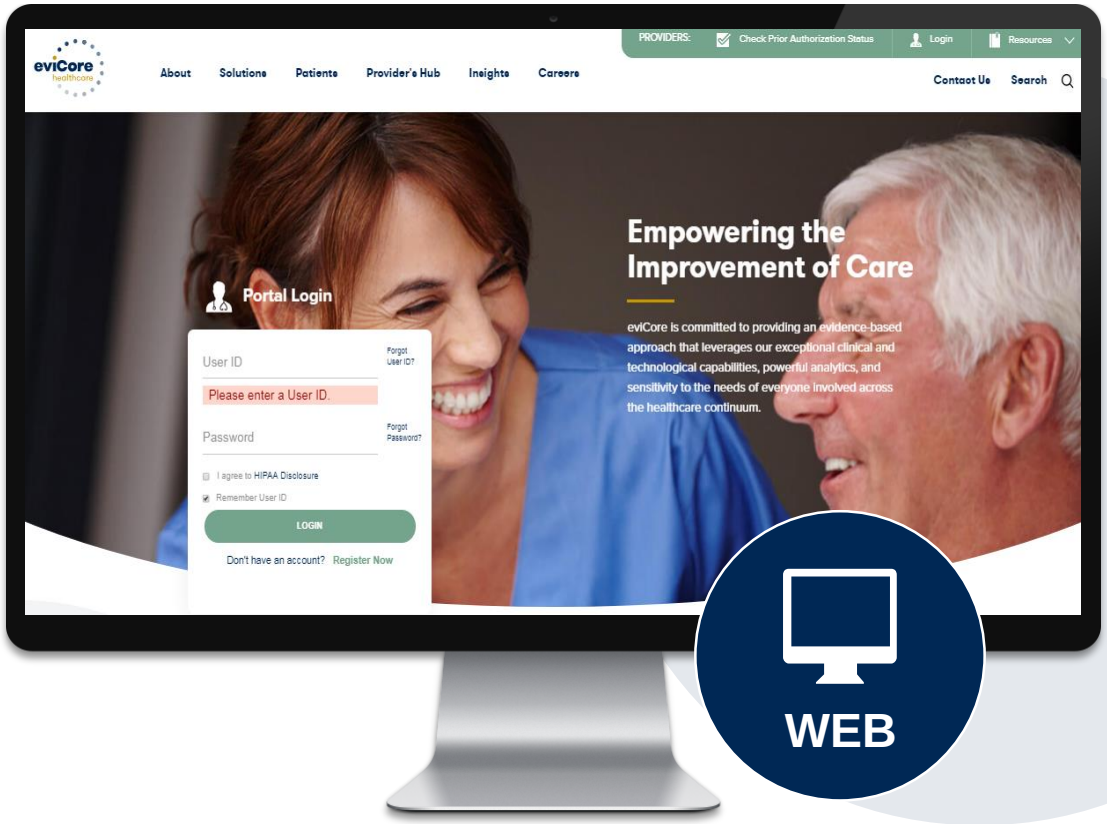
https://www.evicore.com/resources/healthplan/prominence

Submitting Requests

Methods to Submit Prior Authorization Requests

eviCore Provider Portal (preferred)

- **Saves time**: Quicker process than phone authorization requests
- **Available 24/7**: You can access the portal any time and any day
- **Save your progress**: If you need to step away, you can save your progress and resume later
- **Upload additional clinical information**: No need to fax in supporting clinical documentation, it can be uploaded on the portal to support a new request or when additional information is requested
- **View and print determination information**: Check case status in real-time
- **Dashboard**: View all recently submitted cases
- **E-notification**: Opt-in to receive email notifications when there is a change to case status
- **Duplication feature**: If you are submitting more than one prior authorization request, you can duplicate information to expedite submittals



Phone Number:
844.224.0495
Monday through Friday:
7 am – 7 pm local time

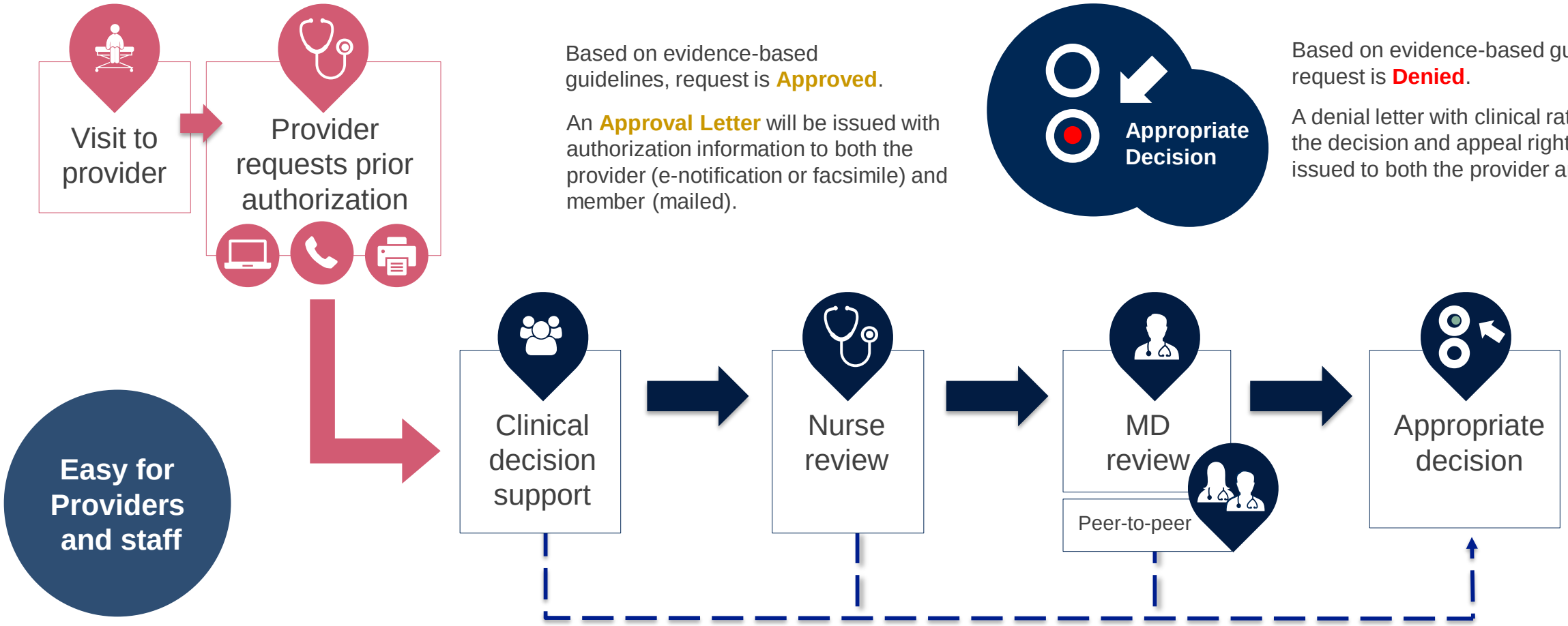
Fax Number:
855.774.1319
PA requests are accepted via fax and can be used to submit additional clinical information

Benefits of Provider Portal

Did you know that most providers are already saving time submitting prior authorization requests online? The provider portal allows you to go from request to approval faster, here are some benefits & features:

- Saves time: Quicker process than phone authorization requests
- Available 24/7: You can access the portal any time and any day
- Save your progress: If you need to step away, you can save your progress and return at a later time
- Upload additional clinical information: No need to fax in supporting clinical documentation, it can be uploaded on the portal for a new request & when additional information is requested
- View and print determination information: Check case status in real-time
- Dashboard: View all recently submitted cases
- Duplication feature: If you have more than one prior authorization request to submit, you have the ability to duplicate information

Utilization Management – The Prior Authorization Process



Necessary Information for Prior Authorization

To obtain prior authorization on the very first submission, the provider submitting the request will need to gather four categories of information:

1. Member
- Health Plan ID
- Member name
- Date of birth (DOB)

2. Referring (Ordering) Physician
- Physician name
- National provider identifier (NPI)
- Phone & fax number

3. Rendering Facility
- Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number

4. Supporting Clinical
- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous test results

Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

If during case build all required pieces of documentation are not received, or are insufficient for eviCore to reach a determination, the following will occur:

A Hold Letter will be faxed to the Requesting Provider requesting additional documentation	The Provider must submit the additional information to eviCore	eviCore will review the additional documentation and reach a determination
The Hold notification will inform the provider about what clinical information is needed as well as the date by which it is needed.	Requested information must be received within the timeframe as specified in the Hold Letter, or eviCore will render a determination based on the original submission.	Determination notifications will be sent

Prior Authorization Outcomes, Special Considerations, and Post Decision Options

Prior Authorization Outcomes

Approved Requests

- All requests are processed within **2 business days** after receipt of all necessary clinical information.
- Authorizations are typically valid for **45 calendar days** from the date of the determination.
- Authorization letters will be faxed to the ordering physician.
- Web initiated cases will receive e-notifications when a user opts in to receive.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the eviCore portal: www.eviCore.com.

Prior Authorization Outcomes

Denied Requests

- Based on evidence-based guidelines, if a request is determined as inappropriate, a notification with the rationale for the decision and post decision/appeal rights will be issued.
- Denial letters will be faxed to the ordering provider and rendering facility. Texas providers will also receive a verbal denial.
- Members will receive a letter by mail.

PLEASE NOTE: The determination letter is the **best** immediate source to determine what options exist on a case that has been denied.

Special Circumstances

Retrospective (Retro) Authorization Requests

- Retro Requests must be submitted with **3 business days** following the date of service. Requests submitted after 3 business days will be administratively denied.
- Retros are reviewed for clinical urgency and medical necessity. Turnaround time on retro requests is 30 calendar days.
- When authorized, the start date will be the submitted date of service.

Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member.
- Can be initiated on provider portal or by phone.
- Urgent cases will be reviewed within 24 to 72 hours.

Post-Decision Options

When Request is Determined as Inappropriate

Based on evidence-based guidelines, request is determined as **inappropriate**.

A denial letter will be issued to the member, provider, and site with clinical rational for the decision and appeal rights.

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Post-Decision Options

My case has been denied. What's next?

- Providers are often able to utilize post-decision activity to have a case reviewed for overturn consideration.
- Your **determination letter** is the best immediate source to determine what options exist on a case that has been denied. You may also call us at **844.224.0495** to speak to an agent who can assist with advising which option is available and provide instruction on how to proceed.

Post-Decision Options

My case has been denied. What's next?

Reconsiderations

- Providers and/or staff can request a reconsideration review.
- Reconsiderations can be requested within **14 calendar days** after the determination date.
- Reconsiderations can be requested by phone or in writing.

Appeals

- eviCore healthcare will be delegated for first-level member and provider appeals.
- Requests for appeals must be submitted to eviCore within **180 calendar days** of the initial determination.
- A written notice of the appeal decision will be mailed to the member and faxed to the provider.

Post-Decision Options

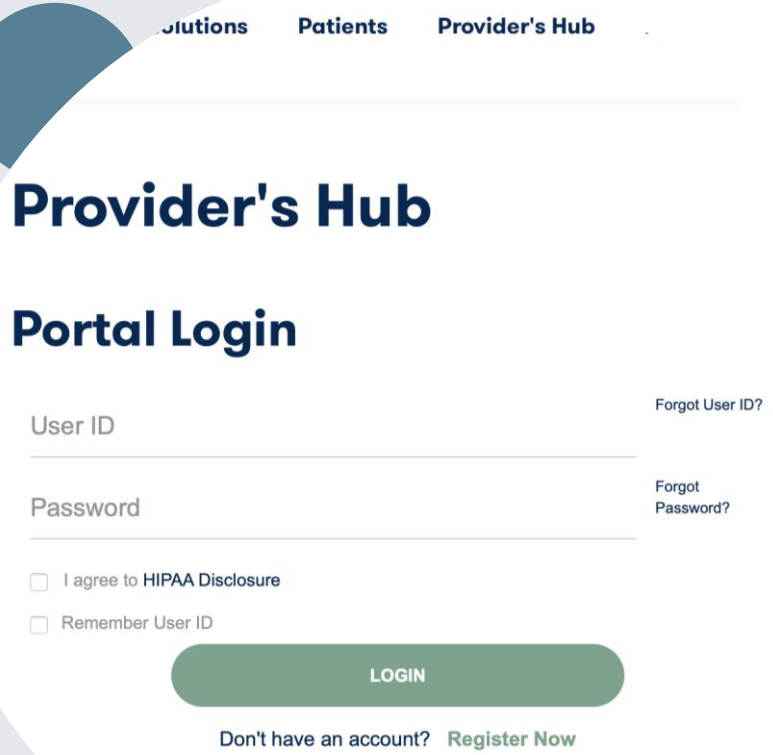
Reconsiderations

- Additional clinical information can be provided without the need for a physician to participate.
- Must be requested on or before the anticipated date of service.

Peer-to-Peer Review

- If a request is denied and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians. In certain instances, additional information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.
- Peer-to-Peer reviews can be scheduled at a time convenient for your physician by logging into eviCore's Provider Portal at www.eviCore.com.

Provider Portal Overview



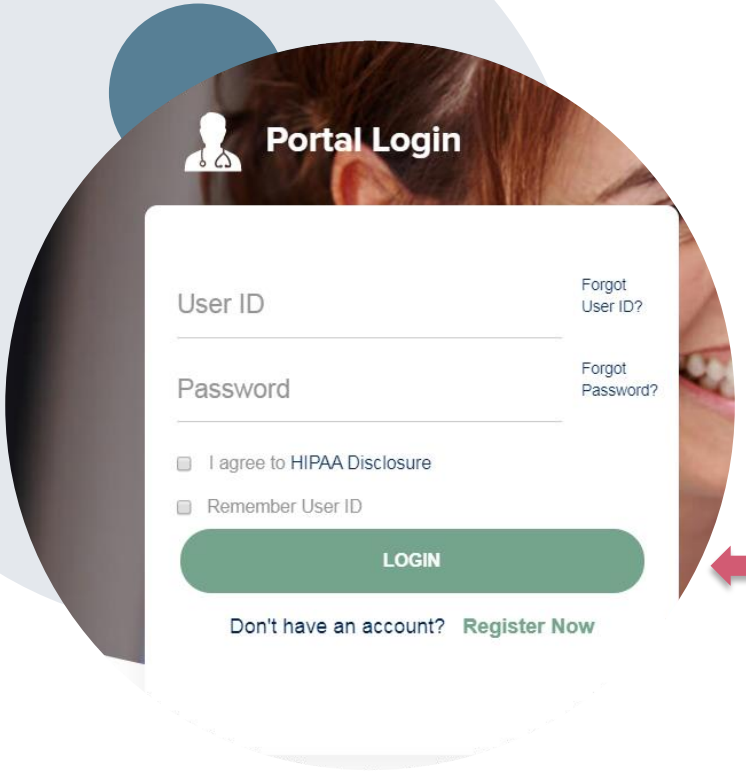
Portal Compatibility

The eviCore.com website is compatible with the following web browsers:

- Google Chrome
- Mozilla Firefox
- Internet Explorer 9, 10, and 11

You may need to disable pop-up blockers to access the site. For information on how to disable pop-up blockers for any of these web browsers, please refer to our Disabling Pop-Up Blockers guide.

eviCore healthcare Website



Visit www.evicore.com

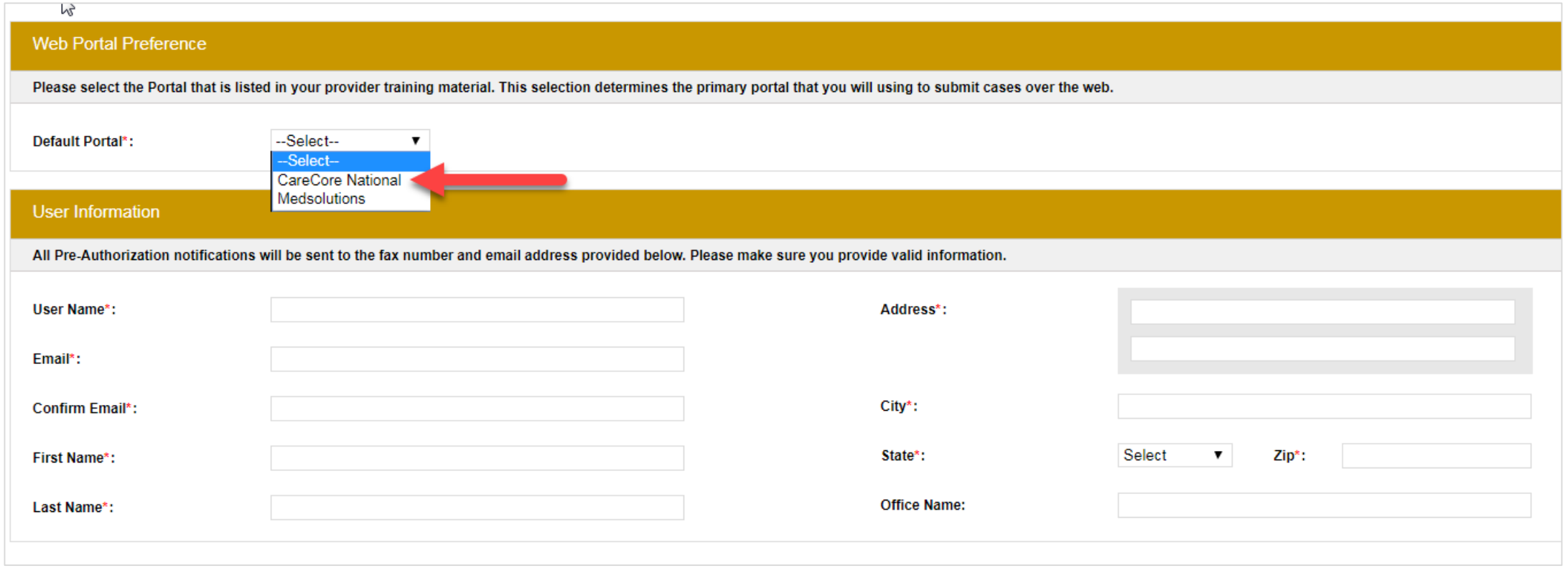
Already a user?

If you already have access to eviCore's online portal, simply log-in with your User ID and Password and begin submitting requests in real-time!

Don't have an account?

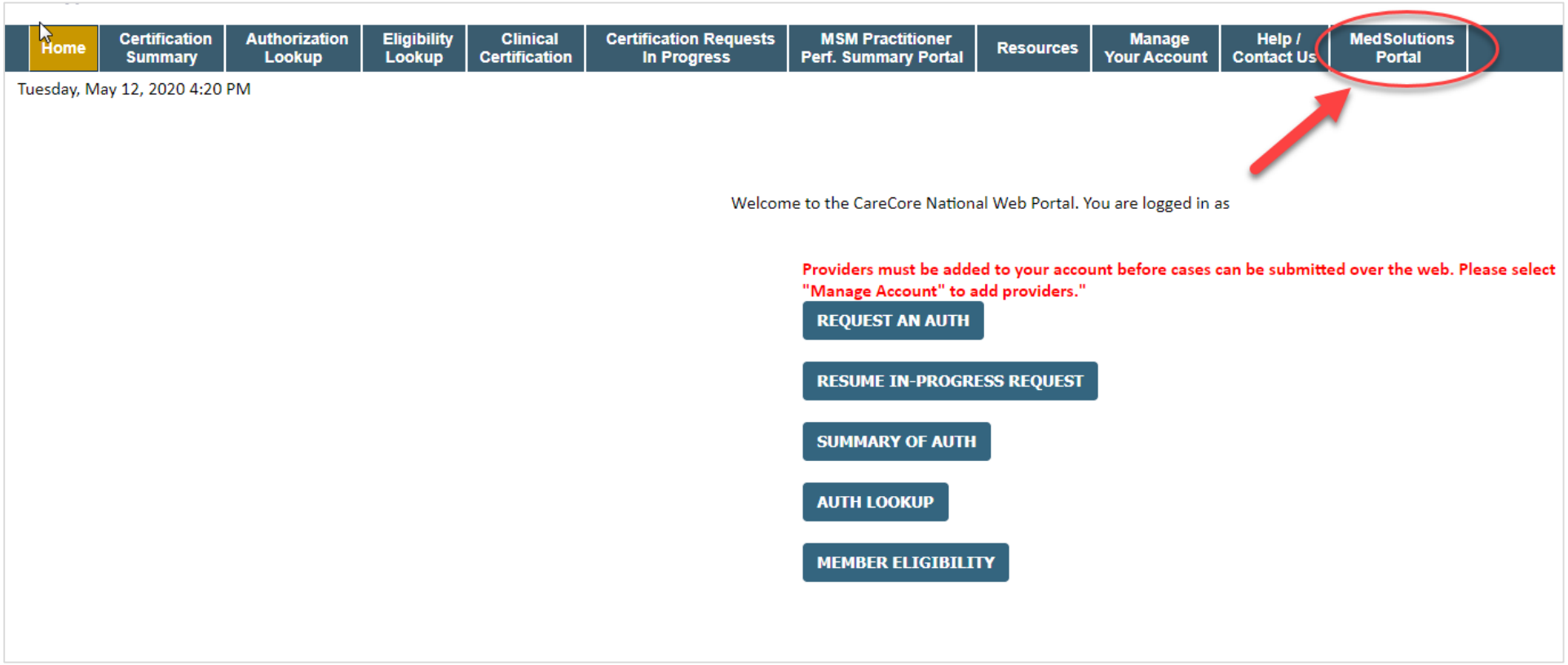
Click "Register Now" and provide the necessary information to receive access today!

Creating An Account



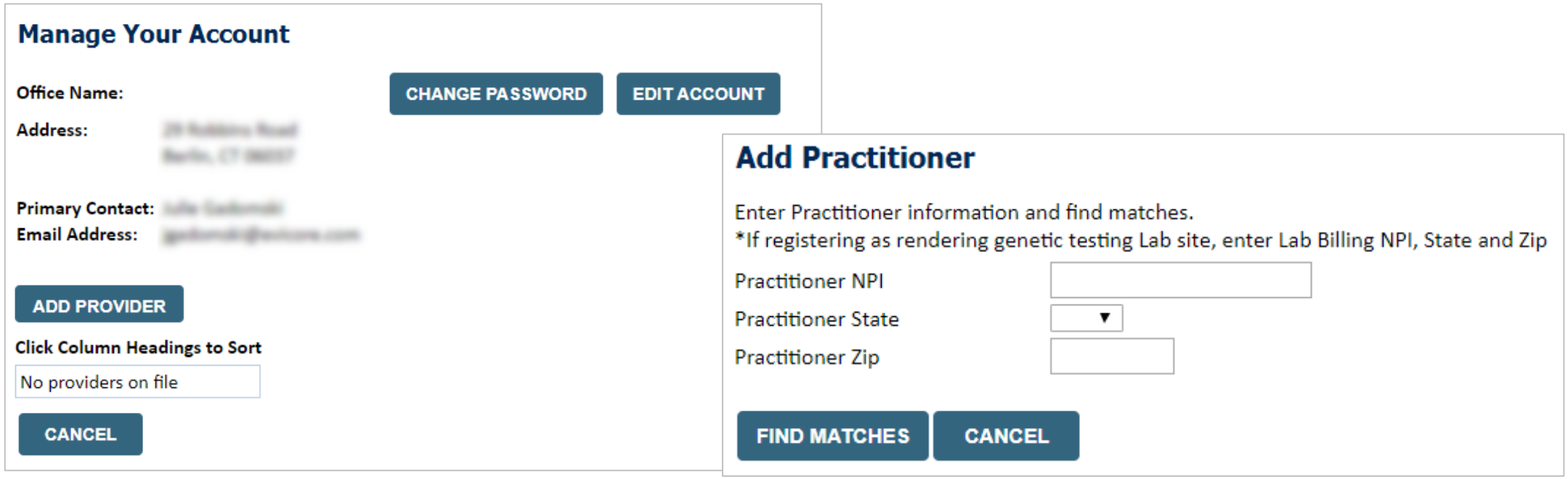
- Select CareCore National as the Default Portal, complete the User Information section in full, and Submit Registration.
- You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the log-in page.

Welcome Screen



Note: You can access the MedSolutions Portal at any time without having to provide additional log-in information. Click the MedSolutions Portal on the top-right corner to seamlessly toggle back and forth between the two portals.

Add Practitioners



- Select the **Manage Your Account** tab, then **Add Provider.**
- Enter the NPI, state, and zip code to search for the provider.
- Select the matching record based upon your search criteria.
- Once you have selected a practitioner, your registration will be complete.
- You can also click **Add Another Practitioner** to add another provider to your account.
- You can access the **Manage Your Account** at any time to make any necessary updates or changes.

Portal Demo

The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status.

https://vimeo.com/322273075/da75873cdf

Clinical Certification – Case Summary – Medical Review

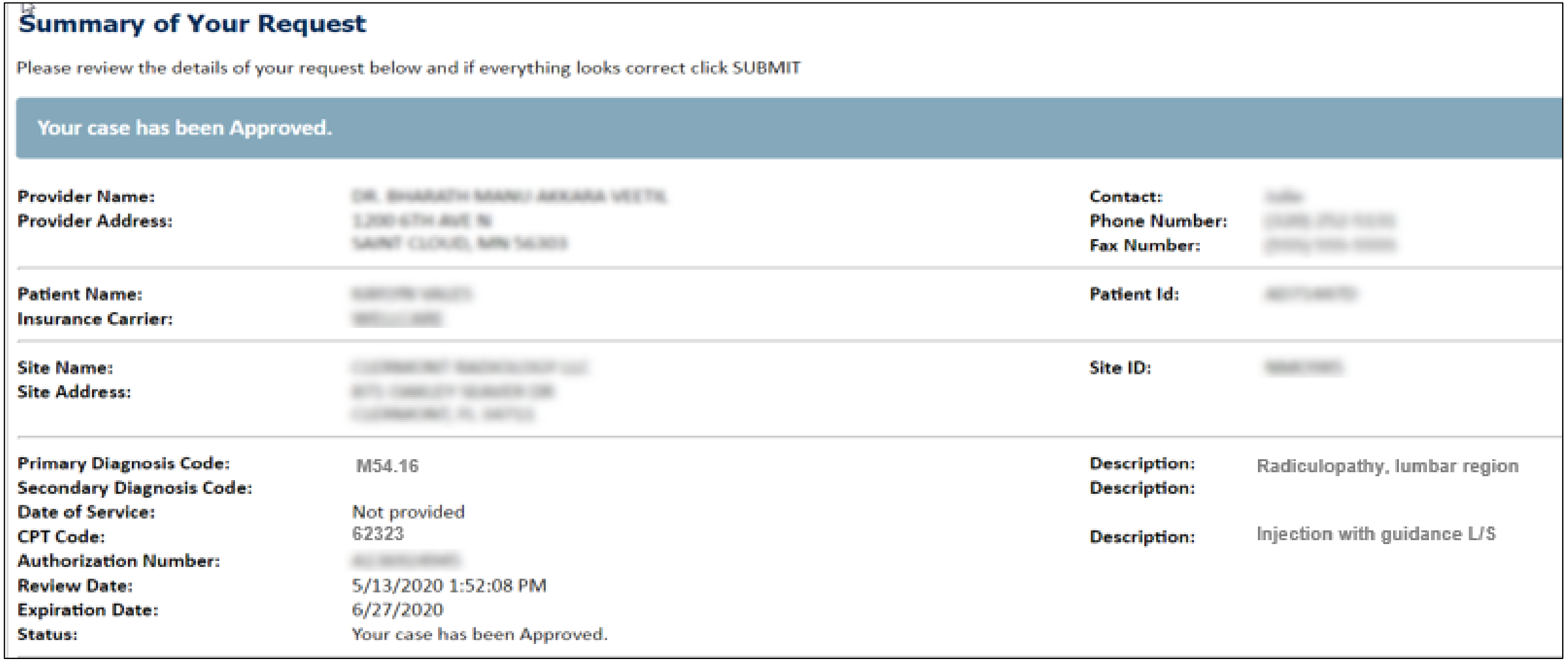
Summary of Your Request

Please review the details of your request below and if everything looks correct click SUBMIT

Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.

Provider Name:	[redacted]	**Contact:**	[redacted]
Provider Address:	[redacted]	**Phone Number:**	[redacted]
		Fax Number:	[redacted]
Patient Name:	[redacted]	**Patient Id:**	[redacted]
Insurance Carrier:	[redacted]		
Site Name:	[redacted]	**Site ID:**	[redacted]
Site Address:	[redacted]		
Primary Diagnosis Code:	[redacted]	**Description:**	Radiculopathy, lumbar region
Secondary Diagnosis Code:		**Description:**	
Date of Service:	[redacted]		
CPT Code:	[redacted]	**Description:**	Injection with guidance L/S
Case Number:	[redacted]		
Review Date:	5/13/2020 2:36:00 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.		

Clinical Certification – Case Summary - Approval



Summary of Your Request

Please review the details of your request below and if everything looks correct click SUBMIT

Your case has been Approved.

Provider Name:	[redacted]	**Contact:**	[redacted]
Provider Address:	[redacted]	**Phone Number:**	[redacted]
		Fax Number:	[redacted]
Patient Name:	[redacted]	**Patient Id:**	[redacted]
Insurance Carrier:	[redacted]		
Site Name:	[redacted]	**Site ID:**	[redacted]
Site Address:	[redacted]		
Primary Diagnosis Code:	M54.16	**Description:**	Radiculopathy, lumbar region
Secondary Diagnosis Code:		**Description:**	
Date of Service:	Not provided		
CPT Code:	62323	**Description:**	Injection with guidance L/S
Authorization Number:	[redacted]		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

Spine Surgery Requirements

Prior Authorization requests should be submitted at least *two weeks* prior to the anticipated date of an elective spinal surgery.

Minimum documentation requirements:

- **CPT codes, disc levels, or motion segments involved for planned surgery and ICD-10 codes.**
- **Detailed documentation of the type, duration, and frequency of provider directed non-surgical treatment with response to each with details if less than clinically meaningful improvement to treatment.**
- **Written reports/interpretations of the most recent advanced diagnostic imaging studies by independent radiologist.**
- **Acceptable imaging modalities for purposes of the Spine Surgery guidelines are: CT, MRI and Myelography.**

For Spinal Fusion surgery requests:

- **Documentation of flexion-extension plan X-rays based upon indications for instability and/or other plain X-rays that document failure of instrumentation, fusion, etc.**
- **Documentation of nicotine-free status, as evidenced by either of the following, unless this is an urgent/emergent request, for decompression only without fusion, disc arthroplasty, or when myelopathy is present.**
- **evidenced by blood cotinine lab results of <10ng/mL. (In order to complete the prior authorization process for spinal fusion surgery, allow for sufficient time for submission of lab results performed after the 6-week cessation period.**

Spine Surgery Requirements continued

Some procedures in the eviCore Spine Surgery Guidelines require a trial of epidural steroid injections (ESIs)/selective nerve root blocks (SNRBs) unless there is a documented contraindications to ESIs/SNRBs.

Contraindications to ESIs/SNRBs include the presence of ANY of the following:

- **Allergy to the medication to be administered**
- **A significantly altered or eliminated epidural space (e.g. congenital anatomic anomalies or previous surgery)**
- **Anticoagulation therapy**
- **Bleeding disorder**
- **Localized infection in the region to be injected**
- **Systemic infection**
- **Other co-morbidities which could be exacerbated by steroid usage (e.g. poorly controlled hypertension, severe congestive heart failure, diabetes, etc.)**

eviCore Musculoskeletal Guidelines for Advanced Procedures:

https://www.evicore.com/provider/clinical-guidelines-details?solution=musculoskeletal%20advanced%20procedures

Joint Surgery Requirements

Partial Knee and Total Knee Replacement is considered medically necessary when all of the following criteria have been met:

- **Function-limiting pain at short distances (e.g. walking less than ¼ mile, limiting activity to two city blocks, the equivalent to walking the length of a shopping mall) for at least 3 months duration.**
- **Loss of knee function which interferes with the ability to carry out age appropriate activities of daily living and/or demands of employment.**

Radiographic or arthroscopic findings of either of the following:

- **Severe unicompartmental (medial, lateral, or patellofemoral) degenerative arthritis evidenced by either Large osteophytes, marked narrowing of joint space, severe sclerosis, and definite deformity of bone contour (i.e., Kellgren-Lawrence Grade IV radiographic findings) or Exposed subchondral bone (i.e., Modified Outerbridge Classification Grade IV arthroscopy findings)**
- **Avascular necrosis (AVN) of the femoral condyles and/or proximal tibia.**
- **Intact, stable ligaments, in particular the anterior cruciate ligament**
- **Knee arc of motion (full extension to full flexion) greater than 90 degrees**

Failure of at least 3 months of provider directed non-surgical management.

- **For patients with BMI > 40, there must be failure of a least 6 months of provider directed non-surgical management**
- **Provider directed non-surgical management may be inappropriate. The medical record must clearly document why provider directed non-surgical management is not appropriate.**

Total knee replacement is considered medically necessary for a fracture of the distal femur when conservative management or surgical fixation is not considered a reasonable option.

Joint Surgery Requirements

The determination of medical necessity for the performance of shoulder surgery is always made on a case by case basis.

Shoulder arthroscopic or open surgical procedures may be considered medically necessary for individuals when surgery is being performed for fracture, tumor, infection or foreign body that has led to or will likely lead to progressive destruction.

Diagnostic Arthroscopy is considered medically necessary as a separate procedure when all of the following criteria have been met:

Function limiting pain (e.g. loss of shoulder function which interferes with the ability to carry out age appropriate activities of daily living and /or demands of employment for at least 6 months in duration.

Individual demonstrates any of the following abnormal shoulder physical examination findings as compared to the non involved side.

- **Functionally limited range of motion (active or passive)**
- **Measurable loss in strength**
- **Positive Neer Impingement Test or Hawkins-Kennedy Impingement Test.**
- **Failure of provider directed non-surgical management for at least 3 months in duration.**
- **Advanced diagnostic imaging study (e.g., MRI; CT) is inconclusive for internal derangement/pathology**
- **Other potential pathological conditions including, but not limited to: fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain, and advanced glenohumeral osteoarthritis have been excluded.**

Diagnostic arthroscopy is considered not medically necessary for any other indication or condition.

eviCore Musculoskeletal Guidelines for Advanced Procedures:

https://www.evicore.com/provider/clinical-guidelines-details?solution=musculoskeletal%20advanced%20procedures

Interventional Pain Requirements

- **Interventional Pain procedures require a separate pre-service authorization request for each date of service. The patients response to prior interventional pain injections will determine if a subsequent injection is appropriate. ***Including the response to the prior interventional pain injection in the office notes will help avoid processing delays.**
- **For an epidural injection, a patient must have a radiculopathy or radicular pattern confirmed on imaging or EMG/NCS. For a facet procedure, loading of the joint in extension and lateral rotation is needed. For sacroiliac joint injection, a patient must have 3 or 5 positive stress maneuvers of the sacroiliac joint.**
- **An epidural injection and facet joint injection in the same region is not allowed, except when there is a facet joint cyst compressing the exiting nerve root.**
- **No more than 1 level interlaminar epidural, 1 nerve root selective nerve root block, 2 level therapeutic transforaminal epidural, 3 level facet/medial branch nerve blocks are indicated in a single session.**
- **6 weeks of conservative care is need prior to an epidural steroid injection. 4 weeks of conservative care is needed prior to facet/medial branch nerve blocks and sacroiliac joint injections.**
- **For cervical and thoracic epidural injections, advanced imaging must be performed within the last 12 months.**
- **Fluoroscopic or CT scan image guidance is required for all interventional pain injections.**
- **The limit of diagnostic facet/medial branch nerve blocks is 2 prior to possible radiofrequency ablation. The limit of epidural steroid injections is 3 per episode and 4 per 12 month period.**

Interventional Pain Requirements continued

Epidural injections require a 2 week outcome prior to preauthorization of a subsequent epidural. Radiofrequency ablation of the medial branch nerves from C2 – 3 to L5 – S1 require a 6 week interval.

An epidural steroid injection must have a least 2 of the following:

50% or greater relief of radicular pain.
Increased level of function/physical activity.
And or decreased use of medication and/or additional medical services such as Physical Therapy/Chiropractic care.

A diagnostic facet/medial branch nerve block must have at least 80% relief from the anesthetic. 2 facet/medial branch nerve blocks with a least 80% relief are needed for radiofrequency ablation.

A therapeutic sacroiliac joint injection following a diagnostic joint injection must have >75% pain relief.

A repeat therapeutic sacroiliac joint injection must have >75% pain relief and either an increase in level function or reduction in use of pain medication and/or medical services such as PT/Chiropractic care.

Additional Provider Portal Features

Portal Features

Certification Summary

- Allows you to track recently submitted cases

Authorization Lookup

- You can look-up authorization status on the portal and print any correspondence
- Search by member information OR by authorization number with ordering NPI
- Review post-decision options, submit appeal and schedule a peer-to-peer

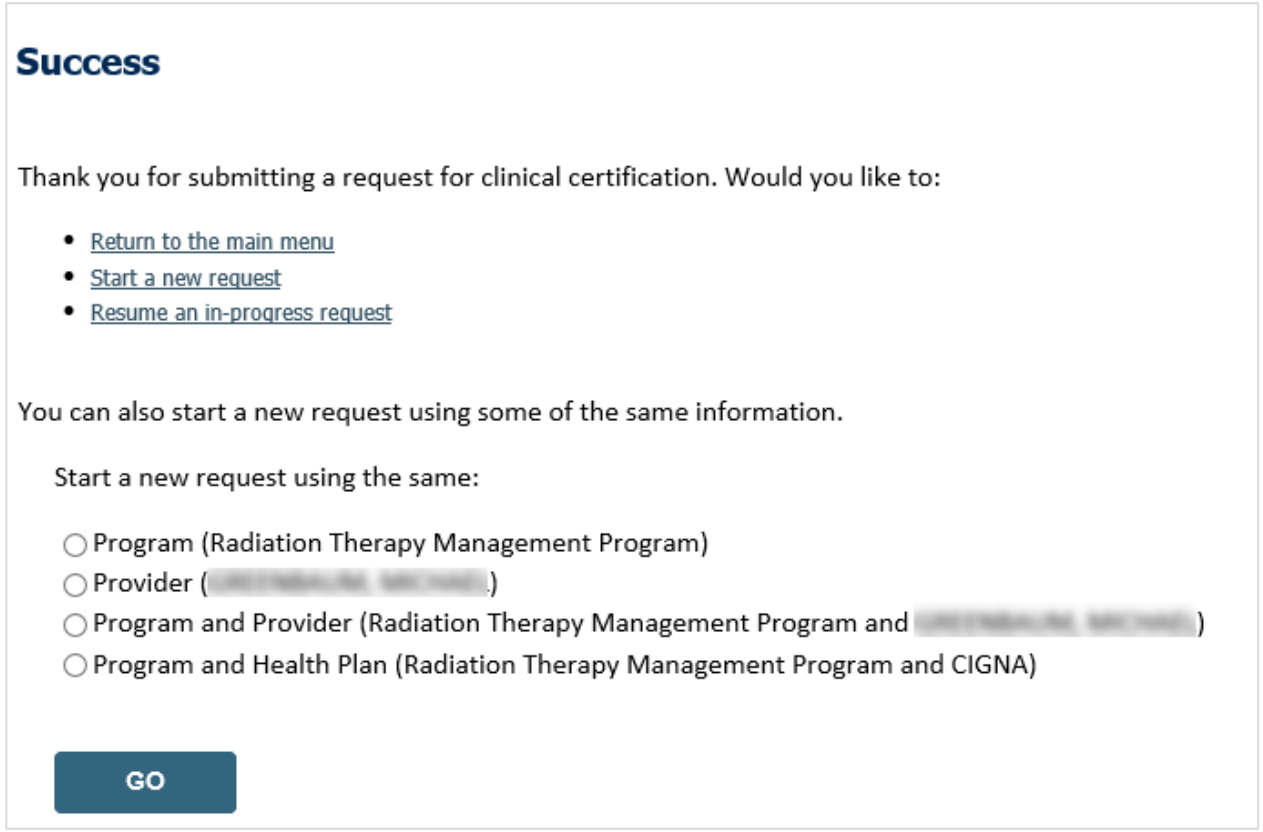
Eligibility Lookup

- Confirm if member requires prior authorization

Clinical Certification

- You can begin an authorization request

Duplication Feature



- Duplicate feature allows you to start a new request using same information
- Eliminates entering duplicate information
- Time saver!

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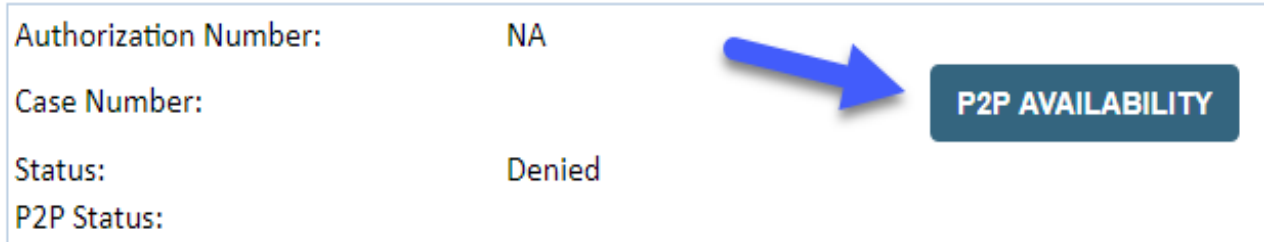
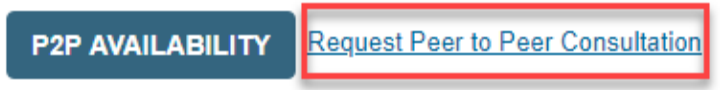
How to schedule a Peer to Peer Request

- Log into your account at www.evicore.com.
- Perform Authorization Lookup to determine the status of your request.
- Click on the “P2P Availability” button to determine if your case is eligible for a Peer to Peer conversation:

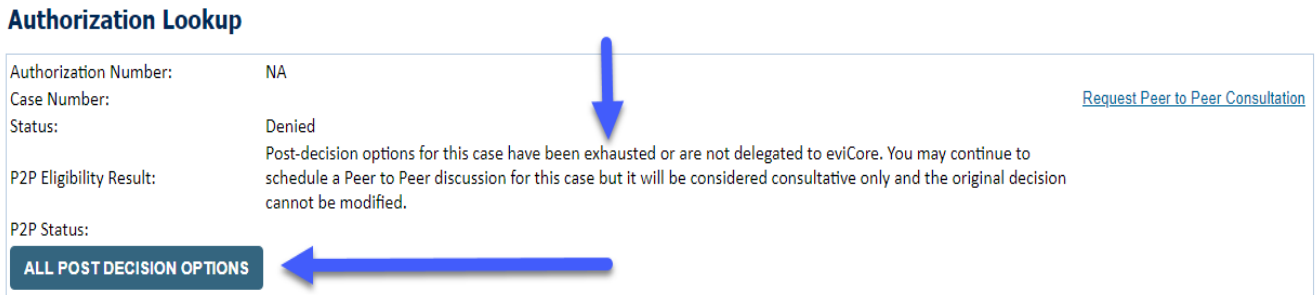


- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.



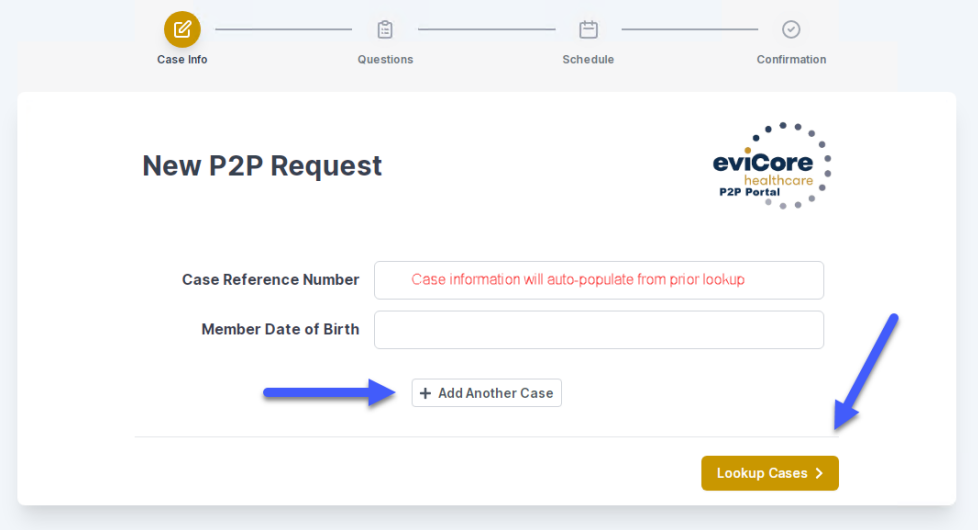
How to schedule a Peer to Peer Request

Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the “All Post Decision Options” button to learn what other action may be taken.



Once the “Request Peer to Peer Consultation” link is selected, you will be transferred to our scheduling software via a new browser window.

How to Schedule a Peer to Peer Request



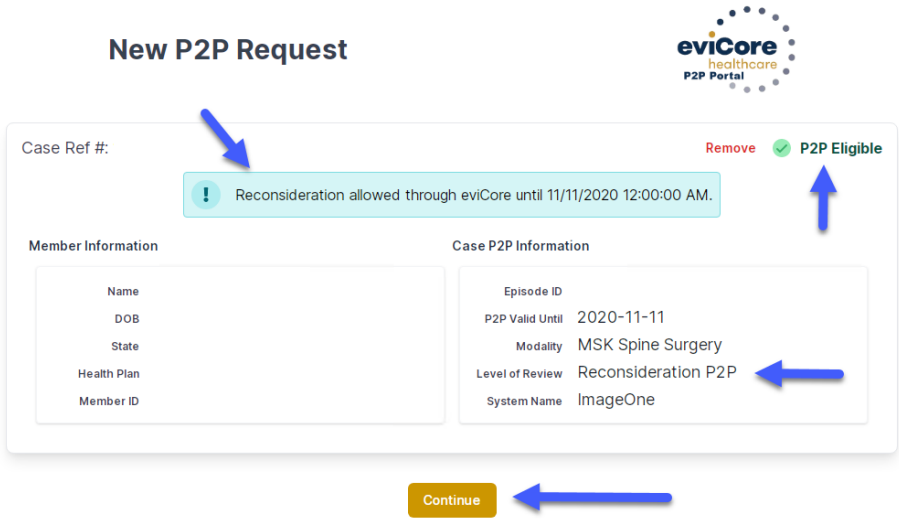
Upon first login, you will be asked to confirm your default time zone.

You will be presented with the Case Number and Member Date of Birth (DOB) for the case you just looked up.

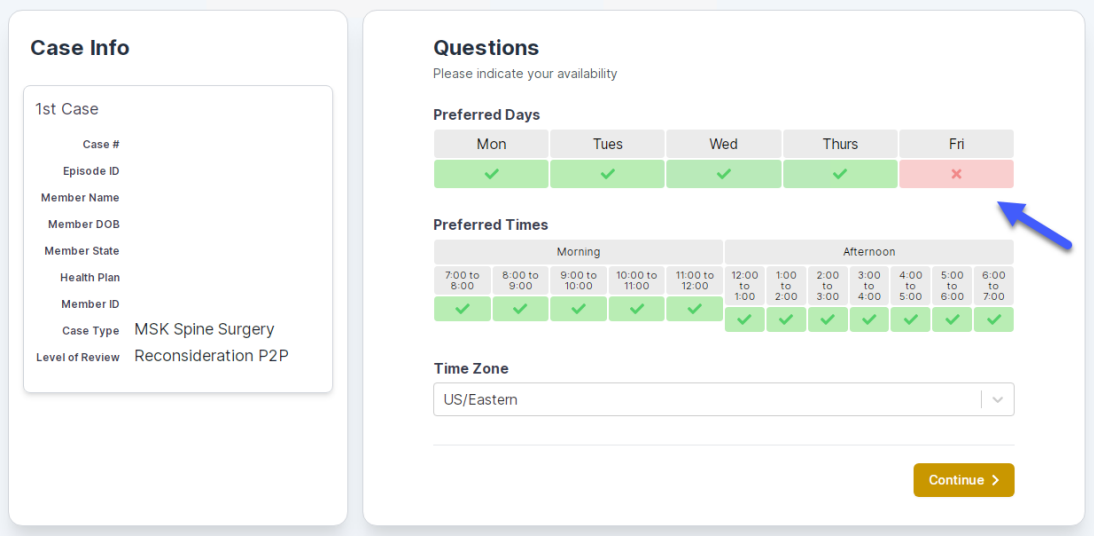
You can add another case for the same Peer to Peer appointment request by selecting “Add Another Case”

To proceed, select “Lookup Cases”

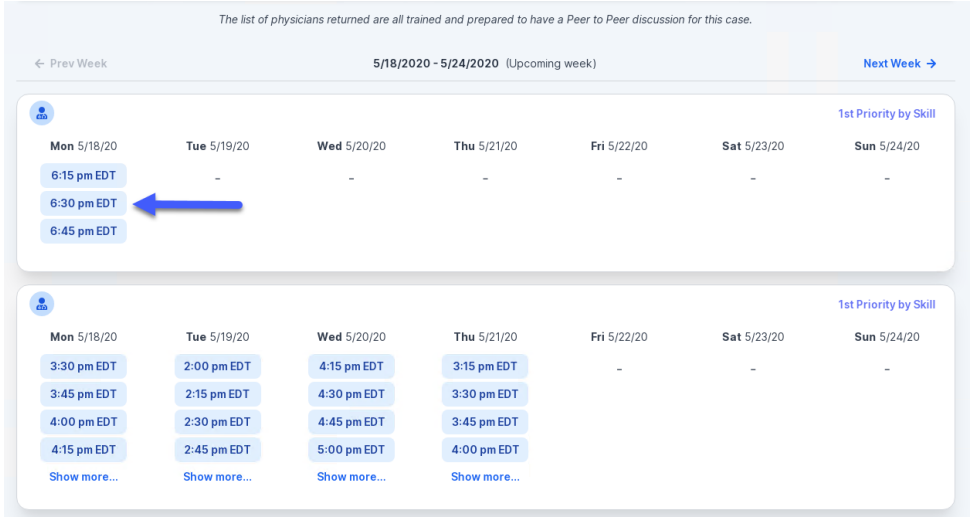
You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click Continue to proceed.



How to Schedule a Peer to Peer Request



You will be prompted with a list of eviCore Physicians/Reviewers and appointment options per your availability. Select any of the listed appointment times to continue.

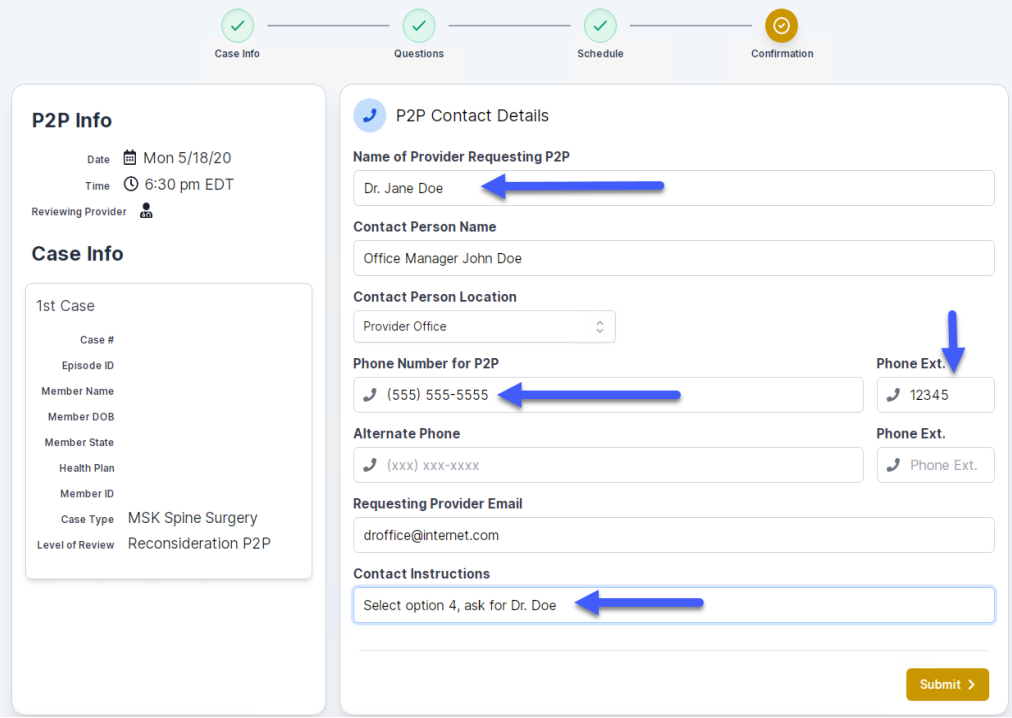


You will be prompted to identify your preferred Days and Times for a Peer to Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click Continue.

How to Schedule a Peer to Peer

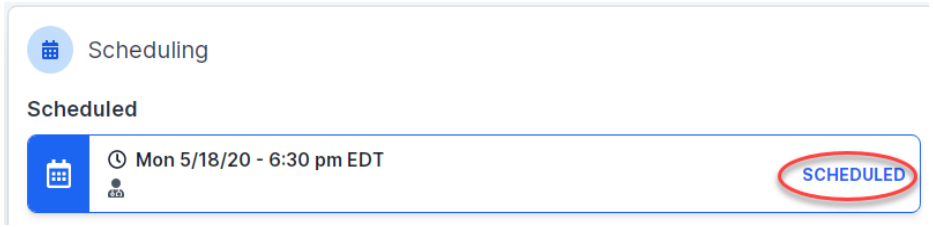
Confirm Contact Details

- Contact Person Name and Email Address will auto-populate per your user credentials



- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:
  - Name of Provider Requesting P2P
  - Phone Number for P2P
  - Contact Instructions

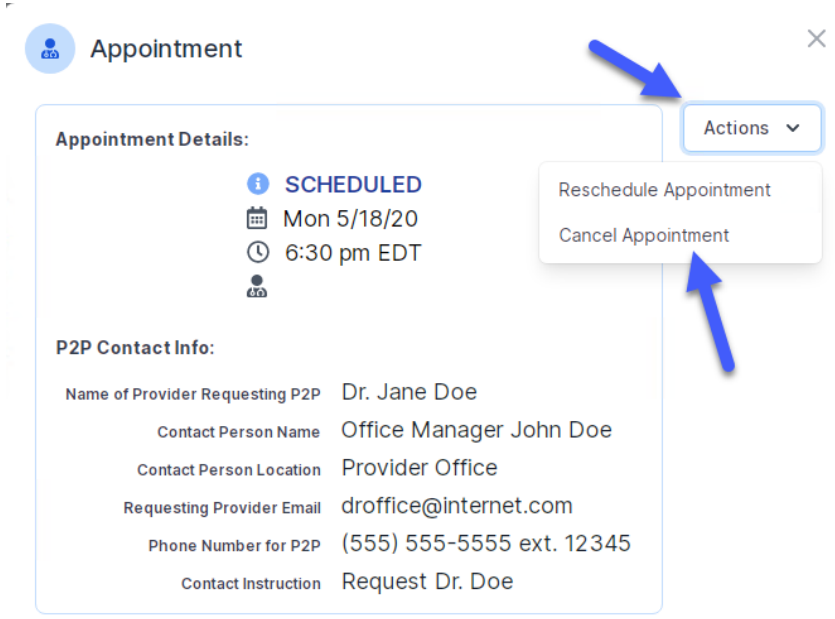
- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.



Canceling or Rescheduling a Peer to Peer Appointment

To cancel or reschedule an appointment

- Access the scheduling software per the instructions above.
- Go to **My P2P Requests** on the left pane navigation.
- Select the request you would like to modify from the list of available appointments.
- Once opened, click on the schedule link. An appointment window will open.
- Click on the **Actions** drop-down and choose the appropriate action.
  - If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.
  - If choosing to cancel, you will be prompted to input a cancellation reason.



- Close browser once done

Provider Resources

Dedicated eviCore Teams

Call Center

- Phone: 844.224.0495
- Representatives available 7 a.m. to 7 p.m. (local time)

Web Support

- Live chat
- Email: portal.support@evicore.com
- Phone: (800) 646-0418 (Option 2)

Client & Provider Operations Team

- Email: clientservices@eviCore.com (preferred)
- Phone: 800.646.0418 (option 4)
- Eligibility issues (member or provider not found in system)
- Transactional, authorization-related issues requiring research

Provider Engagement

- Michael Morgan, RN, BSN
  - Email: Michael.Morgan@eviCore.com
  - Phone: 615.468.4000, ext. 24320
- Regional team that works directly with the provider community.

Provider Resource Website

Provider Resource Pages

eviCore's Provider Experience team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis. The provider resource page will include, but is not limited to, the following educational materials:

- Frequently Asked Questions
- Quick Reference Guides
- Provider Training
- CPT code list

To access these helpful resources, please visit

https://www.evicore.com/resources/healthplan/prominence

Provider Newsletter

Stay Updated With Our Free Provider Newsletter

eviCore's provider newsletter is sent out to the provider community with important updates and tips. If you are interested in staying current, feel free to subscribe:

- Go to eviCore.com
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates

Provider Resource Review Forums

The eviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

We invite you to attend a **Provider Prior Authorization Online Portal Tips and Tools** session, to navigate www.eviCore.com and understand all the resources available on the Provider's Hub. Learn how to access:

- eviCore's evidence-based clinical guidelines
- Clinical worksheets
- Check-status function of existing prior authorization
- Search for contact information
- Podcasts & Insights
- Training resources

How to register for a Provider Resource Review Forum?

You can find a list of scheduled **Provider Prior Authorization Online Portal Tips and Tools** session on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming

Thank You!