

Spine Surgery

Frequently Asked Questions

Who is eviCore healthcare?

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for Blue Cross Blue Shield of Rhode Island (BCBSRI)

Which members will eviCore healthcare manage for the Musculoskeletal Management program?

eviCore will manage prior authorization for BCBSRI members who are enrolled in the following programs:

Medicare Advance/Medicare Advantage

What is the relationship between eviCore and BCBSRI?

eviCore manages Spine surgery services.

Which Musculoskeletal services require prior authorization for BCBSRI?

eviCore has a list of covered services that will now require authorization for Spine Surgery. The list of covered services can be found by visiting:

[Blue Cross and Blue Shield of Rhode Island Implementation Resources | eviCore healthcare](#)

How do I request a prior authorization through eviCore healthcare?

Providers and/or staff can request prior authorization in one of the following ways:

Web Portal

Use your bcbsri.com account, choose preauthorization and the program. This will link you to eviCore's portal where you will start your case.

Call Center

eviCore's call center **888-233-8158** is open from 7 a.m. to 7 p.m. local time M-F. Providers and/or staff can request prior authorization and make revisions to existing cases.

Fax

Providers and/or staff can fax to **800-540-2406** their prior authorization requests by completing the clinical worksheets found on eviCore's website at www.evicore.com/provider/online-forms

Who needs to request prior authorization through eviCore?

All ordering (requesting) physicians are required to obtain a prior authorization for services prior to the service being rendered. We suggest requesting the prior authorization at least two (2) weeks in advance.

What information is required when requesting prior authorization?

When requesting prior authorization, please ensure the proprietary information is readily available:

Member

- First and Last Name
- Date of Birth
- Member ID

Ordering Provider

- First and Last Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Number

Rendering (Performing) Provider

- Facility Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)



- Street Address

Clinical(s)

- Requested Procedure Code (SPINE)
- Signs and symptoms (Diagnosis)
- Imaging Study Results
- Results of relevant test(s)
- All additional clinical information associated with the authorization request

Where can I access eviCore healthcare's clinical worksheets and guidelines?

eviCore's clinical worksheets and guidelines are available online 24/7 and can be found by visiting one of the following links:

Clinical Worksheets

www.evicore.com/provider/online-forms

Clinical Guidelines

www.evicore.com/provider/clinical-guidelines

When will I receive the authorization number once the prior authorization request has been approved?

Once the prior authorization request has been approved, the authorization information will be provided to the requesting and rendering providers and the member,

Note: The authorization number will begin with the letter 'A' followed by a nine-digit number. A123456789

How will the authorization determinations be communicated to the provider? Member?

Approval: Member (written and verbal) Rendering (written) Requesting (written)

Denials: Member (written and verbal) Rendering (written) Requesting (written and verbal)

What is the turnaround time for a determination on a standard pre-service authorization request?

All requests are processed within 14 calendar days from receipt of request. Please make certain all necessary clinical information has been submitted initially.

How can the servicing provider confirm that the prior authorization number is valid?

Providers can confirm that the prior authorization is valid by logging into our web portal, which provides 24/7 access to view prior authorization numbers. To access the portal, please visit www.evicore.com.

To request a fax letter with the prior authorization number, please call eviCore healthcare at 888-233-8158 to speak with a customer service specialist.

How long is the authorization valid?

Authorizations are valid for 180 calendar days. If the service is not performed within calendar days from the issuance of the authorization, please contact eviCore healthcare.

Note: Authorizations performed outside of the authorized timeframe's can possibly lead to a denial of claims payment.

Do services performed in an inpatient setting at a hospital or emergency room setting require prior authorization?



Prior authorization is required when performed as an inpatient. eviCore healthcare will review the surgery pre-service authorization request for medical necessity and make a determination based on the clinical information provided. eviCore will collect the requested place of service during the pre-service authorization process.

What qualifies a request as urgent?

Urgent requests are defined as a condition that a) could seriously jeopardize the life or health of the consumer or the ability of the consumer to regain maximum function, or b) in the opinion of a physician with knowledge of the consumer's medical condition, would subject the consumer to severe pain that cannot be adequately managed without the care or treatment that is the subject of the case.

What is the most effective way to get authorization for urgent requests?

Urgent requests may be initiated on our web portal at www.bcbsri.com choose preauthorization and the program which will link to eviCore's portal or by calling our contact center at **888-233-8158**. Urgent requests will be processed within 72 hours from the receipt of complete clinical information.

What happens if codes need to be changed/added to after surgery has been completed?

Once surgery has been completed and additional procedures were required, please contact eviCore via phone at **888-233-8158** and advise what codes need to be added. Please be prepared to offer additional documentation to support the change.

How do I check the eligibility and benefits of a member?

Member eligibility and benefits should be verified with BCBSRI at www.bcbsri.com before requesting prior authorization through eviCore.

How do I determine if a provider is in network?

Participation status can be verified by using the BCBSRI Provider Portal or contacting **Provider Relations at 800-230-9050**. Providers may also contact eviCore healthcare Client Services at **888-233-8158**. eviCore receives a provider file from BCBSRI with all independently contracted participating and non- participating providers.

If denied, what follow-up information will the requesting provider receive?

The requesting provider will receive a denial letter that contains the reason for denial as well as their options.

Where do I submit my claims?

All claims will continue to be filed directly to BCBSRI.

Does eviCore review cases retrospectively if no authorization was obtained?

Retrospective requests must be initiated by phone or writing within 27 months following the date of service. Please have all clinical information relevant to your request available when you contact eviCore healthcare.

How do I submit a program related question or concern?

For program related questions or concerns, please email: clientservices@evicore.com

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page at [Blue Cross and Blue Shield of Rhode Island Implementation Resources | eviCore healthcare](#)