INTERVENTIONAL PAIN & JOINT ARTHROSCOPY PROVIDER TRAINING PRESENTATION
Interventional Pain
• Spinal injections

Spine Surgery
• Fusions
• Decompressions
• Stimulators / pain pumps
• Site of service

Large Joint Surgery
   * Hip, Knee, Shoulder
• Arthroscopy
• Joint replacement
• Site of service

Specialized Therapy Services
• Physical / Occupational Therapy
• Speech Therapy
• Chiropractic
• Acupuncture
• Massage

Advanced Imaging Services
WEB ACCOUNT REGISTRATION
If already registered, enter your User ID and password, and click on the arrow.

If you are not registered, select “Register for an Account” to begin the account registration process.
After selecting “Register,” you will be directed to an instructional page outlining the information and steps needed to create your web portal account.

Register for a User Account

Please read the following carefully. It will provide you with directions and a list of the information you will need to register.

**Step 1: Verify a valid email address:** You will need to provide a valid email address and verify that address by responding to a confirmation email.

**Step 2: Basic Registration Information:** During this step, you will need to provide basic information about yourself, including name, address, phone, fax, and office name.

**Step 3: Attestation:** During this step, you will need to agree to our website usage statement.

**Step 4: Selecting a username and password:** During this step, you will pick both a username and password.

**Step 5: Practitioner Association:** To associate a practitioner with this account the following information is required: Practitioner NPI, Practitioner State, and Practitioner Zip code.

**Step 6: Add Additional Practitioners to Account:** If you wish to add any additional practitioners, please proceed through this step. The same information as above will be required: Practitioner NPI, Practitioner State, and Practitioner Zip code.

Please gather all of the above information before starting this process.
Enter your name and email address to verify your account. Click “Submit” to proceed to the next step.
After submitting your information, you will receive a confirmation email with a link. Select the link to continue the registration process. You have 24 hours to complete the registration.
Complete the registration form by entering the required information including mailing address, phone number, and office name.

Click “Submit” to proceed to the next step in the registration process.
Click “I Agree” to the Attestation Statement to continue with the registration process.
Create a valid Username and Password.
Click “Submit.”
Click “Yes, Associate Practitioner(s) Now” and add the practitioner information requested: NPI, State, and Zip code.
Select the matching record based upon your search criteria.
Once you have selected a practitioner, your registration will be completed. You can then access the “Manage Your Account” tab to make any necessary updates or changes. You can also click “Add Another Practitioner” to add another provider to your account.
Once registered, providers are granted access to the web portal. After logging into your account, a welcome screen provides options. Choose “request a clinical certification/procedure” to begin a new case request.
PRIOR AUTHORIZATION PROCESS
eviCore healthcare will began accepting requests on June 15, 2015 for dates of service July 1, 2015 and beyond.

Prior authorization applies to services that are:
- Outpatient
- Elective / Non-emergent

Prior authorization does not apply to services that are performed in:
- Emergency Room
- Inpatient
- 23-hour observation

It is the responsibility of the ordering provider to request prior authorization approval for services.
PRIOR AUTHORIZATION PROCESS

• Scope of program
  • See CPT code list at www.carecorenational.com

• Intake process

• Required Information

• Clinical review
Prior Authorization Requests

There are two ways to request prior authorization:

Web Portal
www.carecorenational.com

Phone
1-855-252-1115
7:00 a.m. to 7:00 p.m. (Local Time)
Monday through Friday
# NEEDED INFORMATION

<table>
<thead>
<tr>
<th>MEMBER:</th>
<th>Referring/Ordering Physician:</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Member ID</td>
<td>o Physician Name</td>
</tr>
<tr>
<td>o Member Name</td>
<td>o National Provider Identifier (NPI)</td>
</tr>
<tr>
<td>o Date of Birth (DOB)</td>
<td>o State and Zip Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REQUEST:</th>
<th>Rendering Facility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Patient’s Intended Treatment Plan</td>
<td>o Facility Name</td>
</tr>
<tr>
<td>o Patient’s Clinical Presentation</td>
<td>o Address</td>
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<tr>
<td>o Physician worksheet</td>
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**If clinical information is needed, please be able to supply:**
- Prior tests, lab work, and/or imaging studies performed related to this diagnosis
- The notes from the patient’s last visit related to the diagnosis
- Type and duration of treatment performed to date for the diagnosis
INTERVENTIONAL PAIN – INFORMATION REQUESTED

- History and Physical Exam Findings
- Intended disc/segment level and side (right/left/bilateral)
- Specific medication to be injected, type of radiofrequency to be used, and type of imaging guidance
- History of previous injections (include dates and outcome)
- Conservative therapy, including outcomes of any procedural interventions, medication use, and physical therapy
- Results of recent imaging studies (Xray/MRI/CT scan)
Review for Medical Necessity – Key Points

- Timing between injections/procedures (can vary from 2-12 weeks)
- The response from the prior injection/procedure (example: must be > 50% relief of pain)
- History, physical, and imaging results must be concordant with diagnosis and intended injection/procedure
- Adequate period of conservative treatment (usually 4-6 weeks)
- No more than one pain procedure per session
- Cannot exceed maximum procedure limits (example: no more than 6 injections per year)
ARTHROSCOPY/ARTHROPLASTY (JOINT REPLACEMENT)

- History and Physical Exam Findings
- Intended side (right/left/bilateral)
- Conservative therapy, including outcomes of any procedural interventions, medication use, and physical therapy
- Results of recent imaging studies (Xray/MRI/CT scan)

Site of Service

Anticipated Assistant or Co-Surgeon

Discharge Plan
**REVIEW FOR MEDICAL NECESSITY – KEY POINTS**

- History, physical, and imaging results must be concordant with diagnosis and intended procedure

- Adequate period of conservative treatment (usually 4-6 weeks except in acute cases)

- Site of service consistent with guidelines
MUSCULOSKELETAL TOOLS AND CRITERIA

The physician worksheets posted to carecorenational.com contain all the questions that we will ask during clinical review. Questions are updated frequently, so only print what you need.
The physician worksheet is best completed by the physician during the initial consultation with the patient. Inaccurate information causes authorized services to differ from those that are actually delivered and can lead to adverse determinations.
eviCore healthcare offers both Web-based and phone-based request initiation. The process can be completed in as little as three minutes on the Web if all patient, physician, facility, and clinical information is collected beforehand.

**PRIOR AUTHORIZATION PROCESS**

**Intake**
- Collect demographic information
- Identify diagnosis

**Clinical Review**
- Diagnosis/Treatment Plan
- Comparison to clinical criteria
- Approval or referral for MD review when necessary

**Physician Review**
- Board Certified MD
- Physician consultation as appropriate
PRIOR AUTHORIZATION OUTCOMES

Authorization Outcomes:
• Authorizations are valid for 45 days from date of approval and can be extended
• Information can be printed on demand from the eviCore Web Portal
• Requests can be approved, partially approved and denied.
RECONSIDERATION REQUESTS

• A reconsideration is a post-denial, pre-appeal process that allows for the medical necessity determination for the treatment to be reconsidered prior to going to appeal.

• Health Plan provides an opportunity for the provider to request a reconsideration of an adverse determination within seven (7) business days of the decision.

• The requesting provider will have the opportunity to discuss the decision with the clinical peer reviewer making the denial determination or with a different clinical peer if the original reviewer is not available.
Once registered, providers are granted access to the web portal.

After logging into your account, a welcome screen provides options. Choose “request a clinical certification/procedure” to begin a new case request.
Select the **program** for your certification.
Select the practitioner/group for whom you want to build a case.
Choose the appropriate **health plan** for the case request.
SELECT ADDRESS

Provider Web Portal

Clinical Certification

PLEASE NOTE: If this request meets the below criteria for classification of a clinically urgent request, you MUST phone in the request to CareCore National at 1-800-420-3471 or your pre-designated prior authorization line to ensure all information required to render a decision is expediently gathered thereby preventing any unnecessary delay in care for the member. Urgent cases include requests for services where one of the following conditions apply:

1. A delay in care could seriously jeopardize the life or health of the patient or the patient’s ability to regain maximum function.
2. In the opinion of a provider, with knowledge of the member’s medical condition, indicates a delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.

Please select the health plan for which you would like to build a case. If the health plan is not shown, please contact the plan at the number found on the member’s identification card to determine if case submission through CareCore National is necessary.
Enter the Physician’s name and appropriate information for the point of contact individual.
Enter the member information including Patient ID number, date of birth, and patient’s last name. Click “Eligibility Lookup.”
Clinical Certification

What is the expected procedure date or treatment start date for this request? 05/01/2015 MM/DD/20YY

Musculoskeletal Management Procedures

Select a Procedure by CPT Code or Description

64493 FACET INJ LUMBOSACRAL, 1 LEVEL

Diagnosis

ICD-9 Code: 724.2
Description: LUMBAGO
Change Diagnosis

Cancel  Back  Print  Continue

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Privacy Policy  |  Terms of Use  |  Contact Us
VERIFY SERVICE SELECTION

Provider Web Portal

Clinical Certification
Confirm your service selection.

Procedure Date:
CPT Code:
Description:
ICD-9 Code:
Diagnosis:
Change Procedure or Diagnosis

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Once you have entered the clinical collection phase of the case process, you can save the information and return within (2) business days to complete.
Once the clinical pathway questions are completed and the answers have met the clinical criteria, an approval will be issued.

Print the screen and store in the patient’s file.
If additional information is required, you will have the option to either upload documentation, enter information into the text field, or contact us via phone.
CASE NUMBERS

Case numbers are:

- Assigned to every new request
- Used for reference purposes only
- Not valid for payment
- Formatted as a 10-digit numeric value
  - Ex: 1004567890

Authorization/Determinations Numbers are:

- Formatted as an Alpha code followed by numeric values
  - Ex: A012345678
- Approved for a 45 day approved time period
- Approved in 2 business days after receipt of all clinical information

Modifications to Authorized Procedures

- For any modifications to authorized procedures, call (855)252-1115 and select Customer Service.
Clinical Certification

Thank you for submitting a request for clinical certification. Would you like to:

- Return to the main menu
- Start a new request
- Resume an in-progress request

You can also start a new request using some of the same information.

Start a new request using the same:

- Program (Musculoskeletal Management)
- Provider (, )
- Program and Provider (Musculoskeletal Management and )
- Program and Health Plan
BUILDING ADDITIONAL CASES

Clinical Certification

Thank you for submitting a request for clinical certification. Would you like to:

- Return to the main menu
- Start a new request
- Resume an in progress request

You can also start a new request using some of the same information.

Start a new request using the same:

- [ ] Program (Muscloskeletal Management)
- [ ] Provider
- [ ] Program and Provider (Muscloskeletal Management and ___)
- [ ] Program and Health Plan

Is this request also for the same:

- [ ] Provider
- [ ] Member
- [ ] Procedure - 64684
- [ ] Same Program and Health Plan only (new provider, member, and procedure)

PLEASE NOTE: If this request meets the below criteria for classification of a clinically urgent request, you MUST phone in the request to CareCore National at 1-800-420-3471 or your pre-designated prior authorization line to ensure all information required to render a decision is expeditiously gathered thereby preventing any unnecessary delay in care for the member. Urgent cases include requests for services where one of the following conditions apply:

1. A delay in care could seriously jeopardize the life or health of the patient or the patient’s ability to regain maximum function.
2. In the opinion of a provider, with knowledge of the member’s medical condition, indicates a delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.

Print | Continue
Authorization Lookup

New Security Features Implemented

Authorization Number: [Blank]
Case Number: [Blank]
Status: Approved
Approval Date: 8/27/2015 11:39:16 AM
Service Code: 64484
Modifier: RT
Service Description: Transforam epidural inj addl
Site Name: [Blank]
Expiration Date: 10/11/2015
Date Last Updated: 8/27/2015 11:41:19 AM
Correspondence: [VIEW CORRESPONDENCE]
ELIGIBILITY LOOK UP

CONFIDENTIALITY NOTICE: Certain portions of this website are accessible only by authorized users and unique identity. Disclosure or use of information contained in the code-accessed portions is STRICTLY PROHIBITED.
Additional Online Resources
RESOURCES AND INFORMATION
Helpful criteria, worksheets, and tutorials are available for all eviCore programs. This information is kept up-to-date and is available 24/7 on the eviCore website.

This is a sample of the MSM Tools & Criteria.
ANY QUESTIONS?