Physical Medicine and Therapy UM Program

Frequently Asked Questions

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Who is eviCore healthcare?
eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for Regence.

What services are managed through eviCore's Physical Medicine Program?
eviCore manages the following Physical Medicine services for Regence:

✓ Physical Therapy	✓ Acupuncture	✓ Massage Therapy
✓ Speech Therapy	✓ Occupational Therapy	✓ Chiropractic

Note! Prior authorization is not needed for select chronic pediatric diagnosis codes for patients age 17 and younger. The code list is posted on the health plan's Physical Medicine web page. The diagnosis codes do not require prior authorization for acupuncture, chiropractic/manipulation treatments, physical, occupational, speech and massage therapies. After a pediatric patient turns 18, requested services will be subject to prior authorization in accordance with his/her benefit plan.

Why is authorization required if the patient has not reached their benefit limits?
Medical necessity is included in all provider and patient contracts. eviCore's role is to monitor the use of the patient's benefit. Medical necessity is not always "what the doctor ordered", but what the patient needs to return to basic everyday functioning.

Which patients are included in the program?
Please refer to the detailed information on the Health Plan's provider website, in the pre-authorization section.

How do I verify patient eligibility?
Follow your standard Health Plan process for eligibility verification.

Who needs to request prior authorization?
Prior authorization requests should be submitted by the healthcare provider who will be rendering Physical Medicine services. eviCore does not manage PCP referrals and, as such, a PCP does not need to initiate the prior authorization request.

Does this program apply to naturopathic physicians (NDs) who perform physical medicine procedures?
This program applies to any physician, therapist, or other healthcare professional billing any of the CPT codes under the scope of our Physical Medicine Program. Any provider billing codes on the CPT Code List for an in-scope patient requires authorization from eviCore.

Does the patient's initial evaluation require prior authorization?
No, the patient's initial evaluation does not require prior authorization; however, if additional services are performed the same day, prior authorization will be required for those services. You have 7 days from the initial date of service to initiate the prior authorization request in this scenario.

Is an exam required each time the patient needs treatment?
No. A full exam is not required each time you seek authorization. The clinical information requested by eviCore should be easily obtained through routine patient assessment.

If a patient sees a new provider, will a new prior authorization request need to be submitted?
Yes. When a patient changes to a treating provider who is not within the same practice, a new authorization is required.

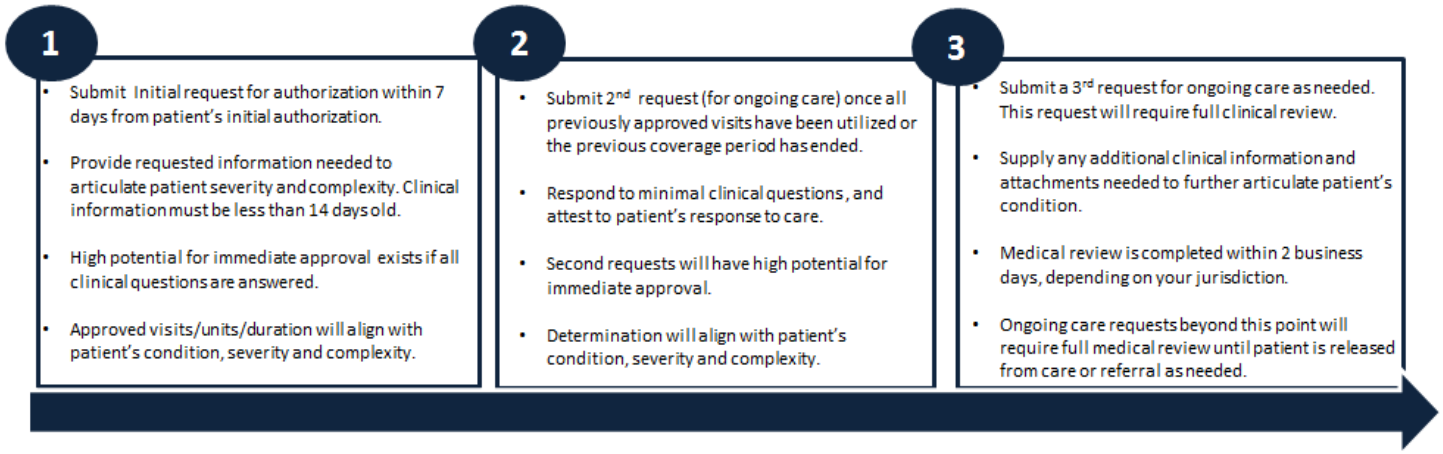
What CPT codes are included in the program? Return to Table of Contents

The CPT codes included in the program are available at the Health Plan's provider website, in the Pre-Authorization section.

How does eviCore's prior authorization process work?

eviCore's prior authorization process will differ based on the requested service type. Effective 3/1/18, eviCore introduced a new prior authorization model, titled Therapy corePath (or corePath), for Physical Therapy, Occupational Therapy and Chiropractic services. Effective, 11/1/2018, eviCore introduced corePath for Acupuncture, Massage Therapy and Speech Therapy.

- **Therapy corePath:** Prior authorization process begins after patient's initial visit through collection of minimal clinical information, including standardized functional assessment scores. The clinical information collected is used to establish patient severity and complexity at onset of care. Requests for ongoing care will consider patient's response to previous treatment. corePath will yield a high potential for immediate approval during first and second prior authorization requests. corePath will be available for Speech Therapy on initial requests only. Ongoing care for Speech Therapy will require most recent test results and goals with baseline and current objective measures to support a request for ongoing care. Determinations are member-centric and consider patient's condition and severity/complexity factors described during the clinical collection process.



Note! corePath was intentionally designed to collect minimal clinical information during initial and second submissions to optimize the potential for immediate approval. This process helps to reduce the administrative burden associated to submitting requests for prior authorization while still allowing eviCore to consider clinical appropriateness based on each individual patient's unique clinical presentation. It is recommended that providers only supply responses to the clinical information requested during the first and second request for authorization when the potential for immediate approval exists. Additional clinical information and associated attachments may be supplied during and after the 3rd submission when full medical review is required.

How do I request prior authorization?

The process for submitting requests for authorization is the same for both legacy processes and corePath submission.

You may request prior authorization online at **www.eviCore.com**. Online submissions are the ***quickest*** and most ***efficient*** way to request prior authorization and have the highest potential of returning an automatic approval!

You may also request authorization telephonically by calling eviCore at **855-252-1115**. eviCore is available for telephonic case initiation Monday through Friday between 7 AM and 7 PM local time.

Fax submissions may be submitted to **855-774-1319** using the applicable clinical worksheet available at **www.evicore.com**.

Note! Prior authorization requests submitted by fax have a higher likelihood of requiring full clinical review. To avoid delays, we encourage web submission.

What clinical information is collected during the prior authorization process?
The clinical information requested by eviCore during prior authorization may differ per each specialized service, patient age and condition, and request type (i.e., initial request, second or more). You may reference the condition-specific Clinical Worksheets for a better understanding of what clinical information will be requested for each requested service.

Baseline clinical information should **always** be included when submitting an initial request. This typically includes:

- Diagnostic information
- History of surgery, as applicable
- Complexities and additional information about recent surgery (i.e. type and date)
- Primary area of complaint; pain distribution
- Select examination findings, i.e. range of motion and strength
- Outcome Measurement Test scores
- Standardized test scores, as applicable
- PSFS scores, as requested per service type and condition

The following may be collected during a request for prior authorization of continuing care:

- Patient response to treatment
- Updated Outcome Measurement Test scoring, including change from previously reported score
- Identification of reasons associated to lack of progress from treatment provided

Where can I find the Clinical Worksheets used by eviCore.
Clinical Worksheets for all services and conditions managed by eviCore for this program may be found at the links below:

- Physical Therapy and Occupational Therapy:
  - Musculoskeletal Conditions (Including Hand and Pelvic Pain)
  - Vestibular
  - Lymphedema
  - Adult Neurologic
  - Pediatric Neurodevelopmental (PT)
  - Pediatric Neurodevelopmental (OT)

- Chiropractic
- Massage Therapy
- Acupuncture
- Speech

Can I attach additional clinical information when requesting prior authorization?
You may be able to submit additional clinical information in limited scenarios.

Our clinical pathways have been specifically designed to collect all clinical information we need to make a decision for a patient's condition. Completed pathways will likely yield an instant approval of services. If we are unable to render an automatic approval, and require additional clinical information for review, the option to upload attachments or notes will become available after all pathway questions are answered.

You may also include additional clinical information that you would like to be considered during the prior authorization process for a fax initiated case; ***however***, submissions that include journal notes or attachments **will** require additional clinical review and are less likely to yield an immediate approval.

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What Outcome Measurement tools are commonly used by eviCore?
eviCore uses the following outcome assessment tests during its prior authorization review processes based on the patient's region of complaint. Providers are encouraged to use these standardized outcome measurement tools as part of their routine practice and to represent patient response to treatment:

- ✓ Neck Disability Index (NDI)
- ✓ Lower Extremity Functional Scale (LEFS)
- ✓ HOOS Jr
- ✓ PSFS (for Massage and Acupuncture only)
- ✓ Oswestry Disability Index (ODI)
- ✓ Disabilities of Arm, Shoulder and Hand (DASH/QuickDASH)
- ✓ KOOS Jr
- ✓ For Speech Therapy: standard scores can be included from standardized assessments.

Note! eviCore has carefully selected the above Outcome Measurement Tests based on a number of factors, including consideration of tests that have broad application, validated and consistent scoring methodology, defined clinimetrics and ease of use. eviCore closely monitors the evolution of standard practices and may expand upon this list over time, as appropriate.

Can an Athletic Trainer initiate a prior authorization request to provide physical therapy?
No. **Note!** While certain states may allow athletic trainers to perform specific tasks related to physical therapy, they must be performed under supervision of a physical therapist and the therapist is responsible for prior authorization of services.

Does eviCore require that rehabilitation be performed by a physical therapist?
Qualified providers can perform all of the services that fall within their scope of practice. No specific CPT code is designated for "rehabilitation"; however, many CPT codes can be used when helping a patient recover function, which is often referred to as *rehabilitation.*

Can chiropractors create therapy cases?
Chiropractors should request/start with Chiropractic authorization requests. If the particular plan does not have the Chiropractic benefit, or if the plan does not require prior authorization for spinal manipulations, then you will be prompted to create a PT authorization.

Will separate authorizations be required for a patient with two concurrent diagnoses?
No. eviCore considers all diagnoses reported during the prior authorization process and allows for collection of additional information specific to secondary treatment areas, as applicable. **Note!** Separate requests for prior authorization are required if the patient is receiving care from multiple healthcare providers or specialties.

How long do I have to submit a request for prior authorization?
Prior authorization must be submitted before treating your patient.

What do I enter as the start date on my prior authorization request?
The Start Date should reflect the date you want the authorization to begin.

How far in advance can I submit a request for prior authorization?
Requests for authorization must be submitted no more than **seven (7)** days prior to the requested start date. Requesting care too far in advance does not allow you to report current examination findings and clinical information.

Is there a timelime associated to consideration of current clinical findings?
Clinical information must be less than **fourteen (14)** days old from your requested start date to be considered current. Prior authorization requests with out-of-date clinical information may be placed on hold awaiting current clinical information.

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How can I initiate prior authorization for a medically urgent request?
Medically urgent requests – defined as conditions that are a risk to the patient's life, health, ability to regain maximum function or cause severe pain that may require a medically urgent procedure – must be initiated by phone. All web and fax cases will be considered standard. **Note!** Cases should not be classified as medically urgent solely for convenience of the patient or healthcare provider, but medically urgent as defined by NCQA.

Do services provided in an inpatient setting at a hospital or in an emergency room require prior authorization?
No. eviCore's Physical Medicine Program manages outpatient services only. Services performed during in inpatient stay or in an emergency room setting do not require prior authorization per this program.

How long is an approved authorization period?
Approved coverage periods may vary based on patient age, condition, surgical history and request type (initial or subsequent). Most cases will have a 30 day coverage period.

How many visits are generally approved?
Approved visits will vary based on each individual patient's condition, severity and complexity and response to treatment received once provided.

Why does eviCore limit the duration or amount of approved services?
eviCore suggests an appropriate number of visits and duration recommended for the patient to demonstrate response to treatment. Providers are encouraged to use the visits approved first, after which continuing care can be requested. Providers will be asked specific questions pertaining to the patient's response to treatment or lack thereof for consideration of additional visits.

Can additional visits be requested?
Yes. Additional visits can be requested as early as **seven (7)** days prior to the next requested start date. **Note!** Medicare cases cannot overlap with a previous coverage period when requested services were fully denied. If additional visits are needed, your request for more visits must start after the expiration of the denied authorization OR, if additional visits are needed within the existing authorization period, you will need to appeal the denied services.

Can I extend the approved timeframe if I have not used all approved visits?
Yes. eviCore will allow up to one (1) extension per approved coverage period for up to **thirty (30) days**. The extension must be requested online or telephonically, up to 30 days past the original expiration date. When submitting your request, please specify the duration of time you would like for the extension. Date extensions cannot be requested via fax.

Can I include Durable Medical Equipment (DME) supplies on an authorization request?
This is not required. eviCore does not review for medical necessity of DME supplies.

How long will it take for a determination to be rendered?
Completed cases that were initiated online have the highest potential to receive an instant approval; however, if your request requires additional clinical review, eviCore will follow the contractual and/or compliance and regulatory turn-around-times as stipulated below:

- Medicare Urgent – Within 72 hours
- Medicare Non-Urgent – Within 14 calendar days
- Non-Medicare – Within 2 business days of receipt of **sufficient clinical information** needed to render a decision.

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Will eviCore's medical necessity decision specify the number of services and/or units approved?
Yes. Our decision will include the total number of visits and units approved over a specific coverage period duration. **Note!** eviCore's decision is based solely on medical necessity of the requested services and does not guarantee payment. Payment may be subject to further eligibility and benefit checks.

What is the format of the eviCore Authorization Number?
An authorization number is one (1) alpha character followed by nine (9) numeric values: i.e., A123456789.

Is the clinical criteria available for review?
Yes. Our clinical criteria is available online at http://www.evicore.com/solution/Pages/Musculoskeletal.aspx

Will clinical review be done by someone of the same discipline?
Yes. Requests requiring clinical review will be performed by appropriate specialty reviewers. For instance, chiropractic requests will be reviewed by a licensed chiropractic reviewer.

How are chronic or long-term pain conditions considered?
Each case is evaluated individually according to the clinical information provided. Generally, therapy services are authorized when care requires the services of a skilled professional and there is evidence of progress and improvement. It is appropriate for the treating clinician to educate the patient and the caregiver in a home management program. If the patient's condition changes significantly and additional skilled services are required, additional services can be requested and authorized.

Will treatment for a chronic condition be authorized if the condition worsens without treatment?
If the care delivered is skilled and meets the guidelines for medical necessity, we will authorize visits/units based on the clinical information presented. We will expect the home management program to be updated and, if needed, the patient and caregiver should be instructed on additional procedures to maintain maximum function for the patient. The care should be spread over time and the provider should take on a role of a consultant to assist the patient in managing the condition.

Can I speak to a reviewer regarding a denied request?
Yes. You may request a Peer-to-Peer discussion online at **www.evicore.com** or telephonically by calling eviCore at **855-252-1115**. **Note!** eviCore cannot overturn any denials issued for Medicare requests via a peer-to-peer conversation.

Can I file an appeal for requests that have been fully or partially denied?
It is recommended that you utilize reconsideration processes before submitting request for formal appeal. Reconsiderations may be initiated telephonically or through a peer-to-peer conversation. Requests upheld via reconsideration processes may be appealed further. **Note!** Fully denied Medicare requests can only be overturned via formal appeal processes.

Appeals may be submitted via fax or in writing to:

Fax: 866-699-8128

Mail: Clinical Appeals
400 Buckwalter Place Blvd
Mail Stop 600
Bluffton, SC 29910

Are retrospective review requests allowed?
Prior authorization is required for participating providers. That said, if you were incorrectly told that a patient does not require prior authorization, and have a copy of the eligibility message providing this information, eviCore will allow a retro-authorization.

Non-participating providers are encouraged to follow the prior authorization process and the Health Plan will reimburse for services with prior authorization approval through available non-participating benefits. Also note:

- If a non-participating provider does not request prior authorization, we will review medical records once the claim is submitted to determine medical necessity.
- If a non-participating provider receives a denial for a service deemed not medically necessary, the patient is responsible for payment.

Where do I submit claims?
Follow your routine Health Plan process for claims submission.

Is there a feedback mechanism for providers with eviCore?
Yes, you can send feedback regarding the program directly to the Health Plan, or you may contact eviCore by email at clientservices@evicore.com or telephonically at 800-646-0418 prompt 3.

Appendix

✓ **Key Program Definitions:**

- Requested Start Date – Start of next authorization period; date of next unauthorized visit
- Initial Evaluation Date – First time the condition currently being treated was evaluated at your office
- Date of Onset – Date of accident or injury, or the other date the symptoms were first noticed by your patient
- Date of Current Clinical Information – Reference date for the clinical information submitted typically the most recent visit
- Number of Previous Episodes – Number of distinct occurrences of pain, with or without treatment

✓ **Web Portal Q&A:**

- How do I access the Provider Portal?
  - Go to www.evicore.com and click on the Provider Login Link. Once there, enter your username and password. If you have not created an account, click on "Register" and follow directions to create your account.

- How can I track the status of my prior authorization request online?
  - You may track the status of your prior authorization request online. Once logged in, select "Authorization Lookup" to view the current status of your request.

- What authorization information will be visible on the eviCore website?
  - The authorization status function on our website will provide the following information:

✓ Auth/Case Number	✓ Status of Request	✓ CPT Codes/Quantity
✓ Procedure Name	✓ Site Name and Location	✓ Authorization Date
✓ Expiration Date		

- Why isn't the eligibility information accurate online?
  - eviCore's Web Portal does not function as the source of plan benefit eligibility. eviCore provides only Physical Medicine program authorization requirements.

- Why is my location not shown correctly in the eviCore site?
  - If you have any issues finding your location on the web portal, please call eviCore's Provider Relations team at 800-646-0418, option 3. Please keep in mind that you should be appropriately credentialed for the place that you wish to locate within the eviCore Provider Portal. Note that the Health Plan should be contacted to verify or update participation of a specific location/demographic.

- Are there tools I can use to get familiar with the web portal?
  - eviCore's Provider Relations team is happy to provide one-on-one portal training to providers. Additionally, the eviCore website provides videos on registration and web submission.

✓ **Quick Links:**

- eviCore healthcare Homepage: **www.evicore.com**
- Clinical Criteria: www.evicore.com->resources-> clinical guidelines
- Clinical Worksheets: www.evicore.com->resources-> online forms & resources
- Tutorial Videos: www.evicore.com->resources
- eviCore Main Phone Number: 855-252-1115
- eviCore Fax Number for fax requests: 855-774-1319
- eviCore support email: clientservices@evicore.com