

Prior Authorization Quick Reference Guide.

Authorization Required

All outpatient, inpatient, non-emergent, elective procedures, including:

- Interventional pain management
- Spine surgery
- Joint surgery (hips, knees, shoulders)

Authorization Not Required

- Emergency room
- Observation stays

Urgent Outpatient Requests

When an outpatient service is required due to a medically urgent condition, the provider or office must **call eviCore healthcare (eviCore) at 1-888-564-5492** for authorization. Urgent care is a request for prior authorization of medical care or treatment required to prevent serious jeopardy to the life or health of the patient or to the patient's ability to regain maximum function or to manage severe pain that cannot be adequately managed without such medical care or treatment. eviCore will make a good faith effort to render a decision within 24 hours and not to exceed 72 hours of receipt of all necessary information. In most cases where requisite information is provided in the initial call, a decision is rendered and communicated within one business day. Please indicate that the authorization request is for **medically urgent care**.

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:

- Recent clinical information, including imaging studies and prior test results related to the diagnosis
- Office notes related to the current diagnosis
- Patient's name, address, and member current ID

Authorizations

An authorization number will be faxed to the provider or facility upon approval. eviCore will approve the CPT or HCPCS code or codes for the requested procedure. **Contact eviCore for changes to the facility or service.**

It is the responsibility of the provider or facility to confirm that prior authorization has been requested and approved prior to the service(s) being performed. Verification may be obtained via the eviCore website or by calling **1-888-564-5492**.

Important! Authorization from eviCore does not guarantee claim payment. Services must be covered by the health plan, and the member must be eligible at the time services 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 notifies the provider and member in writing of a denial and provides a rationale for the determination within one working day of the decision. This communication sets forth the appeal options per current state policy. eviCore also offers the physician a consultation with an eviCore medical director on a peer-to-peer basis for Commercial members. In certain instances, additional information provided during the peer-to-peer consultation is sufficient to satisfy medical necessity criteria.

Prior Authorization Quick Reference Guide.

We offer three convenient methods to request authorizations:

Web Portal

Authorizations can be submitted via NaviNet®. Providers who are not NaviNet enabled, should use the eviCore web portal at evicore.com/Pages/ProviderLogin.aspx (a one-time registration is required).

You are able to initiate a case, check status, review guidelines, view authorizations or eligibility, and more. NaviNet or the eviCore 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 or by phone at **1-800-646-0418, option 2.**

Phone

Contact us toll-free at **1-888-564-5492** from **7 a.m. to 7 p.m. EST, Monday through Friday.** For faster service, you'll need all pertinent clinical information before you call. Outside of normal business hours, you may call eviCore and leave a message for a return call the next business day.

eviCore'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. **NaviNet and the eviCore web portal are available 24/7, 365 days a year.**

Fax

Fax requests can be submitted to 1-800-540-2406. You can obtain condition-specific forms on the eviCore website at evicore.com under the **Clinical Guidelines and Forms** section. Complete the appropriate fax form and fax to the number above. eviCore will respond by fax when the authorization decision is complete.

Guidelines on the Web

To access the eviCore Guidelines via the web, visit evicore.com/solution/Pages/Musculoskeletal.aspx

From there you can access important information and resources:

- Education tools
- Program overview
- Clinical guidelines and Quick Reference Guides
- Online forms

Need Clinical Support?

If your case requires further clinical discussion for approval, we welcome requests for clinical determination discussions from the provider. One of eviCore's physicians can assist in a consideration of interventional pain management and spine or joint surgery options. To request a clinical discussion, call eviCore at **1-888-564-5492** and request a peer-to-peer discussion.

This is not where claim denials reconsideration would be discussed. For claim denials, you must follow the appeal process.

Implementation Site

The eviCore implementation website contains web registration and submission information, a comprehensive CPT code list, FAQ documents, and other important resources that are kept up-to-date for your convenience:

evicore.com/healthplan/highmark