

## Quick Reference Guide

### eviCore Provider Resources

<b>Web</b>	<a href="https://hho.fyi/evicore-hmk-medicaid-resources">hho.fyi/evicore-hmk-medicaid-resources</a>
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### Case Initiation

<b>Web</b>	<a href="http://www.evicore.com">www.evicore.com</a>
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<b>Phone</b>	1-888-564-5492
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<b>Fax</b>	1-800-540-2406
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### Clinical Guidelines

<b>Web</b>	<a href="https://hho.fyi/evicore-guidelines">hho.fyi/evicore-guidelines</a>
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### Clinical Worksheets

<b>Web</b>	<a href="https://hho.fyi/evicore-forms">hho.fyi/evicore-forms</a>
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### Client and Provider Services Team

<b>Email</b>	<a href="mailto:clientservices@evicore.com">clientservices@evicore.com</a>
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<b>Phone</b>	1-800-646-0418, option 4
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### Clinical Consultations (scheduled in advance)

<b>Web</b>	<a href="http://www.evicore.com">www.evicore.com</a>   Log in to schedule.
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<b>Phone</b>	1-888-564-5492
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### eviCore Web Support

<b>Email</b>	<a href="mailto:portal.support@evicore.com">portal.support@evicore.com</a>
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<b>Phone</b>	1-800-646-0418, Option 2
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### Additional Clinical

<b>Web</b>	<a href="http://www.evicore.com">www.evicore.com</a>   Log in to select authorization lookup and upload additional clinical.
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<b>Fax</b>	1-800-540-2406   For radiology, musculoskeletal, cardiology
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## eviCore Quick Reference Guide

<b>Web portal</b>	<a href="http://www.evicore.com">www.evicore.com</a>
<b>Radiology, Cardiology, Musculoskeletal</b>	<b>Phone:</b> 1-888-564-5492 <b>Fax:</b> 1-800-540-2406

## Prior Authorization Check List

Gather all relevant clinical information prior to beginning the prior authorization request. All of the below information should be related to the condition and available at the time of request.

- Physician exam notes
- Results of relevant tests
- Lab results
- Prior imaging and X-ray reports
- Patient history
- Physical findings
- Signs and symptoms
- Office visits

<b>Clinical Worksheets</b>	<a href="http://hho.fyi/evicore-forms">hho.fyi/evicore-forms</a>
<b>Clinical Guidelines</b>	<a href="http://hho.fyi/evicore-guidelines">hho.fyi/evicore-guidelines</a>

## Case Specific Information

<b>Urgent Turnaround Time</b>	Determination is made within 72 hours after all clinical documentation is received. Request may be made online or by phone.
<b>CPT Code Upgrade/Downgrade</b>	Request may be made online, under the authorization look up link or by phone.
<b>Backdating Case</b>	Request may be made by phone, and is allowed for all programs.
<b>Retrospective Case</b>	Prior authorization for late precertification for urgent and emergent is two business days. Prior authorization for late precertification for nonurgent or emergent (prior to claim) is 30 calendar days.
<b>Self-Service P2P Scheduling</b>	Located under the authorization look up link within the web portal login page. Select "P2P AVAILABILITY," "Request Peer to Peer Consultation," and follow prompts which will bring you to the eviCore medical director's schedule availability, where you are able to select a date/time to have peer call.

## Intake Department

- Phone case initiation
- Status checks
- To change a facility on a case
- To upgrade or downgrade a CPT code on an existing case
- To request a Clinical Consultation (Peer to Peer) discussion. (Online self-scheduling available)

**Phone:** 1-888-564-5492 and listen for the health plan prompt.

## Client and Provider Services

This escalation team of eviCore has specially trained agents that are responsible for HHO inquiries. They are able to research and resolve concerns that are brought forward for the below inquiries.

- Questions regarding accuracy assessment, accreditation, and/or credentialing.
- Requests for an authorization to be resent to the health plan.
- Consumer engagement inquiries.
- Complaints and grievances.
- Eligibility issues (member, rendering facility, and /or ordering physician).
- Issues experienced during case creation.
- Reports of system issues.
- Claim processing inquiries.

**Phone:** 1-800-646-0418, option 4

**Email:** [clientservices@evicore.com](mailto:clientservices@evicore.com)

### Web Support

- Request authorizations and check case status online - 24/7.
- Pause/start feature to complete initiated cases.
- Assistance with creating web registrations/web registration deactivation.
- Issues experienced while using the web.
- Upload electronic PDF/Word clinical documents.

**Phone:** 1-800-646-0418, option 2

**Email:** [portal.support@evicore.com](mailto:portal.support@evicore.com)

### Provider Engagement

The Provider Engagement team has designated Regional Manager's for each state. Your delegated Regional Manager is your point of contact at eviCore and is responsible for providing education on eviCore processes.

<b>Regional Provider Engagement Manager</b>	Merritt Senters <b>Email:</b> <a href="mailto:merritt.senters@evicore.com">merritt.senters@evicore.com</a> <b>Phone:</b> 615-788-5568
<b>Health Plan Resource Page</b>	<a href="https://hho.fyi/evicore-hmk-medicaid-resources">hho.fyi/evicore-hmk-medicaid-resources</a>

## Required Medical Information

Program	Required Medical Information
<b>Radiology</b>	Rule out/diagnosis.
	Symptoms.
	Physical exam findings.
	Treatment such as medications, physical therapy, surgery, chemotherapy.
	Re-evaluation post treatment for some indications.
	Recent relevant imaging.
	Recent relevant laboratory work.
	Pertinent medical history and family history.
	For cancer imaging exam requests, indicate if the exam is requested for initial staging or restaging following treatment or surveillance. Provide the type and stage of cancer, date of diagnosis, type of treatment, and date of treatment completion.
<b>Cardiology</b>	Current office notes.
	Lipid panels.
	Reports of current electrocardiograms (EKGs) signed by doctors.
	Reports of previously performed left heart catheterizations, nuclear stress tests, routine exercise stress tests, echocardiograms and stress echocardiograms (as applicable), previous cardiac imaging studies (CT, MR, PET).
	For cardiac implantable devices (CRID), reports of EKGs, EP studies, cardiac device interrogations, along with history and physical.
<b>Musculoskeletal Program for Spine Surgery</b>	Prior authorization requests should be submitted at least two weeks prior to the anticipated date of an elective spine surgery.
	Signs/symptoms.
	Date of first office visit related to this condition and/or after symptoms began.
	Last office visit including re-evaluation.
	Physical exam findings.
	Previous medical history.
	Duration and type of physician-directed treatment.
	Outcomes of prior surgical/nonsurgical physician-directed treatment and prior surgical/nonsurgical interventions.
	Results of relevant prior imaging related to the request including the radiologists report of advanced diagnostic imaging studies.
	Results of the Oswestry Disability Index (ODI).
	SF-36 or modified Japanese Orthopedic Association (mJOA) scores as required by the client's spine surgery clinical criteria.
Fill out the spine surgery clinical worksheet ( <a href="http://hho.fyi/msk-spine-form">hho.fyi/msk-spine-form</a> )	
<b>Musculoskeletal Program for Joint Surgery</b>	Date of most recent physical exam along with physical exam findings and patient complaints.
	Medical history/duration of complaints.
	Other pertinent medical history/comorbidities.
	Dates/duration/response to conservative treatment such as medication and various therapies (please specify).
	Prior imaging films/reports with date of service (MRI, CT, x-ray, or bone scan).
	Severity of pain and details of functional disabilities interfering with activities of daily living.
Physician's treatment plan.	

<b>Musculoskeletal Program for Shoulder Surgery</b>	Date of most recent physical exam along with physical exam findings and patient complaints.
	Medical history/duration of complaints.
	Other pertinent medical history/comorbidities.
	Dates/duration/response to conservative treatment such as medication and various therapies (please specify).
	Prior imaging films/reports with date of service (MRI, CT, X-ray or bone scan).
	Severity of pain and details of functional disabilities interfering with activities of daily living.
	Physician's treatment plan.
	Functional limitations related to symptoms, Range of motion?
<b>Musculoskeletal Program for Pain Management</b>	CPT codes and specific levels of injection and/or specific muscle groups to be injected. Specific prior injection history with dates/level/side/response to injection, especially if it is an injection into the same vertebral region (e.g., cervical, thoracic or lumbar spine).
	Total number of injections/procedures in the past 12 months for the diagnoses (to include all prior doctors).
	Date of most recent physical exam along with physical exam findings and patient complaints.
	Medical history/duration of complaints.
	Other pertinent medical history/comorbidities.
	Name of injectant.
	Type or method of radiofrequency ablation and/or percutaneous decompression.
	Dates/duration/response to conservative treatment such as medication and various therapies (please specify)
	Date of MRI and other imaging with findings.
	Indication whether this is related to workers' compensation or a motor vehicle accident. If so, please include date of injury/accident.
	Specify imaging guidance type.
	Proposed date of service for current request.
	Any anesthesia requirements.
	Complaints and symptoms, length of time experiencing symptoms.
	Co-morbid conditions with recent supporting office notes and length of time with conditions.
	List of current medications.
	If there was a prior sleep study, date and what type of study?
	What is the reason for a repeat study.
	Has the patient ever been on PAP therapy before, date.
	Epworth sleepiness scale.
	How many new re-occurrences has the patient experienced in last 12 months?
	Patients' response to care.
	Reasons for patient not responding to care.
Patients' status to provider prescribed pain medication.	
Additional information for non-MSK conditions: date of most recent medical evaluation, current medical co-management, and condition specific outcome measures.	