Pain Management
Frequently Asked Questions

Who is EviCore?

EviCore is an independent specialty medical benefits management company that provides utilization management services for Aetna Better Health New Jersey.

Which members will EviCore manage for the Musculoskeletal Management Program?

EviCore will manage prior authorization for Aetna Better Health New Jersey members who are enrolled in the following programs:

- AAPP
- Medicaid

Which Musculoskeletal services require prior authorizations for Aetna Better Health New Jersey?

Go to https://www.Evicore.com/resources Find the Health Plan > Select solution resources> Select the correct solution> Select CPT Codes.

Pain Management
- Spinal injections
- Spinal implants
    o Spinal cord stimulators
    o Pain pumps

Who needs to request prior authorization through EviCore?

All ordering (requesting) physicians are required to obtain prior authorization for services prior to the service being rendered in an office or outpatient setting.

How do I request a prior authorization through EviCore?

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

Web Portal
The EviCore portal is the quickest, most efficient way to request prior authorization and is available 24/7.Providers can request authorization by visiting www.Evicore.com

Call Center
EviCore's call center is open from 7 a.m. to 7 p.m. local time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling 866-668-8295

Fax
Providers and/or staff can fax prior authorization requests by completing the clinical worksheets found on EviCore's website at www.Evicore.com/provider/online-forms

How do I check an existing prior authorization request for a member?

P Public Information

Our web portal provides 24/7 access to check the status of existing authorizations. To check the status of your authorization request, please visit www.EviCore.com and sign in with your login credentials.

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 (CPT Code)
- Signs and symptoms
- Imaging/X-ray reports
- Results of relevant test(s)
- Working diagnosis
- Patient history, including previous therapy

How long is the authorization valid?

Authorizations are valid for 60 calendar days from the date of submission for outpatient procedures. If the service is not performed within the 60 calendar days from the issuance of the authorization, please contact EviCore.

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

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

Urgent requests are defined as a condition that is a risk to the patient's health, ability to regain maximum function and/or the patient is experiencing severe pain that require a medically urgent procedure. Urgent requests may be initiated on our web portal at EviCore.com or by contacting our contact center at 866-668-8295. Urgent requests will be processed within 72 hours from the receipt of complete clinical information.

Note: Please select urgent for those cases that truly are urgent and not simply for a "quicker" review. Also note that if a request is selected as urgent but does not meet guidelines to be considered urgent, the case may be reassigned as a routine case.

Where can I access EviCore guidelines?

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

Clinical Guidelines

Public Information

www.EviCore.com/provider/clinical-guidelines

After I submit my request when and how will I receive the determination?

After all clinical info is received, for normal (non- urgent) requests a decision is made within 14 calendar days from the date of case submission. For urgent requests, a decision is made within 72 hours. The provider will be notified by fax.

What are my options if I receive and adverse determination?

The referring and rendering provider will receive a denial letter that contains the reason for denial as well as reconsideration and appeal rights process.

Note: The referring provider may request a reconsideration via Peer-to-Peer or in writing within 5 calendar days following the decision date.

Does EviCore review cases retrospectively if no authorization was obtained?

For Medicaid Members:

Retrospective requests must be initiated by phone or in writing within 90 calendar days following the date of service.

For AAPP Members:

Retrospective requests must be initiated by phone or in writing within 180 calendar days following the date of service.

*Please have all clinical information relevant to your request available when you contact EviCore.

What verification elements are required when clinical documentations is provided to EviCore?

EviCore requires name (first and last) and one additional identifier from the list below.

+ Date of birth

+ Correct case number/Episode ID

+ Member identification number

+ Full address (Street, City, State and zip code)

+ Full phone number including area code

+ Driver's license number or other government-issued ID

Although it is desirable, Patient Identity Verifiers are not required on every page. If there are no conflicting identifiers present, it is acceptable to assume each page is a continuation of the prior page. A Cover Page with two Patient Identifiers present will satisfy HIPAA verification if no Patient discrepancy is present within subsequent pages.

How do I make a revision to an authorization that has been performed? How do I make a revision to authorization that has not been performed?

The requesting provider or member should contact EviCore at 866-668-8295 with any change to the authorization, whether the surgery has been completed or additional procedures were required. Please be prepared to offer

additional documentation to support the change. It is very important to update EviCore of any changes to the authorization in order for claims to be correctly processed for the facility that receives the member.

What information about the prior authorization will be visible on the EviCore website?

The authorization status function on the website will provide the following information:
- Prior Authorization Number/Case Number
- Status of Request
- Site Name and Location
- Prior Authorization Date
- Expiration Date

Where do I submit my claims?

All claims will continue to be filed directly to Aetna Better Health New Jersey.

Where do I submit questions or concerns regarding this program?

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

Common Items to Send to Client Services:

- 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

Who do I contact for online support/questions?

Web portal inquiries can be emailed to portal.support@EviCore.com or call 800-646-0418 (Option 2).

What are the benefits of using EviCore Web Portal?

Our web portal provides 24/7 access to submit or check on the status of your request. The portal also offers additional benefits for your convenience:
- **Speed** – Requests submitted online require half the time (or less) than those taken telephonically. They can often be processed immediately.
- **Efficiency** – Medical documentation can be attached to the case upon initial submission, reducing follow-up calls and consultation.
- **Real-Time Access** – Web users are able to see real-time status of a request.
- **Member History** – Web users are able to see both existing and previous requests for a member

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page at: Aetna Better Health NJ Provider Resources | EviCore by Evernorth

Public Information