Musculoskeletal Surgery and Interventional Pain Management Services Prior Authorization Program

Frequently Asked Questions for Highmark Providers

Recent updates are in *blue italics*: The most recent changes and additions to the frequently asked questions are presented in blue italic text. The revision date in the lower right corner of each page indicates the date those revisions were made.

Why is Highmark implementing a new management program for musculoskeletal surgical procedures and interventional pain management services?

Highmark is committed to partnering with health care providers to guarantee that our members, your patients, receive high-quality, medically necessary care in the most appropriate setting. Although there is no substitute for a physician's professional opinion, the reality of today's health care market is that in some instances nationally accepted evidence-based guidelines are not followed, resulting in inappropriate or unnecessary care delivery. Ensuring patients receive appropriate care based on well- established evidence-based clinical guidelines will result in better outcomes, better experience, and lower costs for our clients and our members. At the same time, Highmark is committed to trying to reduce unnecessary barriers to care and streamlining patient experience.

In keeping with our commitment of promoting continuous quality improvement for services provided to our members, Highmark has entered into an agreement with eviCore healthcare (eviCore) to implement a musculoskeletal (MSK) surgery and interventional pain management (IPM) services program. The new program incorporates a comprehensive clinical review, including predictive intelligence, clinical decision support, and peer-to-peer discussions. This approach confirms our members receive only medically necessary and appropriate MSK surgical and IPM services in the least intensive setting to promote the best outcomes.

Who is eviCore healthcare?

eviCore is an independent specialty medical benefits management company that has been providing utilization management services for Highmark since 2012.

Which Highmark members will eviCore manage for the MSK surgery and IPM program?

eviCore will manage MSK surgery and IPM services in Pennsylvania, Delaware and West Virginia for these members:

- Commercial fully insured
- Affordable Care Act
- Medicare Advantage

Note: Highmark will manage prior authorizations for MSK surgeries or IPM services for all other members according to the member's benefits. Benefits can vary by member contract, so please be sure to check the member's benefits before delivering care to confirm if an authorization is required. NaviNet® is available to help you check member benefits and to verify if an authorization is required.

What is the relationship between Highmark and eviCore?

Beginning Oct. 1, 2018, eviCore will manage outpatient IPM services and inpatient or outpatient spine surgery and joint surgery services for Highmark's fully insured Commercial, Medicare Advantage, and Affordable Care Act members.

Highmark will manage prior authorizations for MSK surgeries or IPM services for all other members according to the member's benefits.

How do I contact eviCore with questions, concerns, and issues?

1.) eviCore's Client and Provider Services Team

- A dedicated team that serves as a direct contact for health plan representatives and health plan contracted providers for resolution. They will handle all issues, questions, and inquiries specific to Highmark.
- The Client and Provider Services Team should be contacted for:
  - Questions regarding accuracy Assessment, Accreditation, and/or Privileging
  - Requests for an authorization to be resent to Highmark due to an authorization transmission fail or records rejection
  - Consumer Engagement inquiries
  - Eligibility issues (member, rendering facility, and/or ordering physician)
  - Issues experienced during case creation
  - Reports of system issues
- Contacting the Client and Provider Services Team
  - They are available Monday-Friday from 7am CST – 7pm CST at the following:
    Phone Number: (800) 575-4517
    Email: clientservices@eviCore.com

- The Client and Provider Services Team prefers to be contacted via email as doing so creates a ticket number for tracking purposes. When emailing, please ensure you include:
  - The Health Plan Name in the Subject Line of the email
- This will help route the inquiry to the Client Services team that is decided to Highmark
  - As many details as possible (without including PHI).
- The more information they have, the quicker they can complete their research and get back to you.
  - The case or authorization numbers if the inquiry is specific to an individual authorization.

2.) eviCore Healthcare Intake Department

- eviCore's Healthcare Intake Department is available for the following items:
  - To change a facility case
  - To up code/down code a CPT code on an existing case
  - To request a peer-to-peer discussion on a denied case
  - To check the status of authorization requests
- Contacting the Healthcare Intake Department
  - They are available Monday-Friday from 7am CST – 7pm CST at the following number: (888) 564-5492

Is Highmark adopting eviCore's medical policies? When will they be available?
Highmark is adopting eviCore's medical policies and they will be effective July 30, 2018. The July 30, 2018, Medical Policy Update will include a notification about the medical policies.

eviCore maintains and utilizes the industry's most comprehensive clinical guidelines in collaboration with solution-specific Medical Advisory Committees comprising more than 200 nationally recognized academic and community-based, board-certified physicians. The committees base their criteria on guidelines established by medical specialty societies (for example, the NCCN), published research, and peer-reviewed literature. When new clinical information is made available, updates to clinical guidelines can be established within 24 hours.

Where can we find the eviCore medical policies?
They will be available on Highmark's site as well as at evicore.com. Policies are already posted publicly on eviCore's website and will be posted on Highmark's website on the effective date, July 30, 2018.

How do I submit a prior authorization request?
There are three ways to submit requests to eviCore for musculoskeletal surgical procedures and interventional pain management services:

1. **Web portal:** The web portal is the quickest, most efficient way to submit authorizations and check case status. The web portal is available 24 hours a day, 7 days a week. By using the web portal, you have real-time access to patient authorization and eligibility information, as well as the ability to submit requests at a time that best suits your schedule. The web portal can be accessed online through NaviNet.
2. **Phone:** eviCore's prior authorization call center is available from 7 a.m. to 7 p.m. EST, Monday through Friday. The telephone number is 1-888-564-5492.
3. **Fax:** If electing to submit prior authorization requests via fax, the appropriate eviCore clinical worksheet should be completed in its entirety and submitted to 1-800-540-2406.

What information will a provider need to initiate a prior authorization request?

- Member's name, date of birth, plan name, and plan identification number
- Rendering or ordering physician's name, National Provider Identifier (NPI), Tax Identification Number (TIN), and fax number
- Service being requested (CPT or HCPCS procedure codes and ICD-10-CM diagnosis codes)
- Rendering facility's name, the NPI, TIN, street address, and fax number
- Office notes related to the current diagnosis, imaging studies, and prior test results related to the diagnosis. All clinical information related to the prior authorization request should be submitted to support medical necessity.

Will urgent requests be accepted?
Yes. Medically urgent requests are defined as conditions that are a risk to the patient's life, health, ability to regain maximum function, or the patient is having severe pain that required a medically urgent procedure. It is important to note that **urgent requests must be initiated via phone**. Web and fax submissions will be considered standard requests. Urgent requests will be reviewed within 24 hours, not to exceed 72 hours from the receipt of the complete clinical information.

What is the turnaround time for a determination on a standard prior authorization request? eviCore is committed to reviewing all requests and giving case decisions within two business days of receiving all necessary clinical information.

How will all parties be notified if the prior authorization has been approved?
Ordering and rendering providers will receive written notification via fax. You can also validate the status using the Highmark provider portal at NaviNet or by calling eviCore at 1-888-564-5492.
Members will be notified in writing by mail.

If a prior authorization is not approved, what follow-up information will the referring provider receive?
For Commercial members, the referring provider will receive a denial letter that contains the reason for the denial as well as reconsideration and appeal rights and processes. A reconsideration allows providers the chance to provide additional information to support the request and includes the opportunity to request a peer-to-peer discussion with an eviCore medical director to review the decision.

For Medicare Advantage members, the referring provider will receive a denial letter that contains the reason for denial as well as appeal rights and processes. Please note that after a denial has been issued for a Medicare member, no changes to the case decision, such as a reconsideration, can be made. Speaking with an eviCore medical director is for educational purposes only.

What is the process for updating an authorization with a new CPT or HCPCS code?
For any CPT or HCPCS code changes to an existing authorization, please contact eviCore. Please have all clinical information relevant to your request available when you contact eviCore.

Can I extend an outpatient authorization period on my prior authorization?

- *Spine surgery and joint surgery requests can be extended as long as the request falls within the original 60 day time frame.*
- *Interventional pain management requests are not eligible for date extensions.*

What should I do if I have an existing prior authorization for an MSK surgery or IPM service? Highmark will honor existing prior authorizations for continuity of care on claims for MSK surgeries or IPM services that overlap during the transition to the new program.

How should I submit a retrospective request for procedures prior to the effective date of the new program?
Retro requests for dates of service prior to Oct. 1, 2018, must be submitted to Highmark. Highmark will review the request using the medical policy guidelines that were applicable on the date the service was performed.

Will eviCore process claims for Highmark?
No. eviCore will only manage prior authorization requests. Pre-certification or pre-service approval is not a guarantee of payment of benefits.

What happens if procedure codes need to be changed or added to after surgery has been completed?
Once surgery has been completed and additional procedures were required, please contact eviCore via phone and let them know what codes need to be added. Please be prepared to offer additional documentation to support the change.

What would the process be if a patient is receiving a procedure where prior authorization is required by eviCore for an inpatient stay?
eviCore will review the surgery prior authorization request for medical necessity and make a determination based on the clinical information provided by the provider. eviCore will collect the requested place of service during the prior authorization process. If the requested procedure is approved and an inpatient place of service is

appropriate, eviCore will communicate an inpatient length of stay to the provider. The provider will not need to seek a separate approval for the inpatient stay. eviCore does not provide concurrent bed day management for inpatient admissions. All modifications or extensions to the approved length of stay are handled by Highmark using existing concurrent review processes.

Will retrospective reviews be accepted?
eviCore will accept retrospective review requests if submitted within 730 business days following the date of service. Requests submitted after 730 business days will be administratively denied.
Requests will be reviewed for medical necessity. Turnaround time on retrospective requests is 30 calendar days.

What are the parameters of an appeals request?
eviCore will manage first-level provider appeals for only Highmark Commercial and Affordable Care Act members. Requests for appeals must be submitted to eviCore within 365 calendar days of the initial determination. A written notice of the appeal decision will be mailed to the member and faxed to the provider.

Highmark will process appeals for Medicare Advantage members. Where should first-level provider appeals for Commercial or Affordable Care Act members be sent?
Appeals must be submitted by mail, fax, or email to:

Mail:
eviCore healthcare
Attn: Clinical Appeal Dept.
400 Buckwalter Place Boulevard Bluffton, SC 29910

Fax:
1-866-699-8128

Email: **Appealsfax@evicore.com**

What should I do to appeal a denial prior to the effective date of the new program?
Appeals for services that were denied before the new MSK and IPM program goes into effect must be submitted to Highmark. Highmark will review the appeal using the medical policy guidelines that were applicable on the date the service was performed.

Can a "series-of-three" epidural steroid injection be authorized?
There is insufficient scientific evidence to support the scheduling of a "series-of-three" injection in either a diagnostic or therapeutic approach. The medical necessity of subsequent injections should be evaluated individually and be based on the response of the individual to the previous injection with regard to clinically relevant sustained reductions in pain, decreased need for medication, and improvement in the individual's functional abilities. Please refer to eviCore's evidence-based guidelines at **evicore.com**.

What are the smoking cessation requirements for spinal surgery?
Highmark has made the decision not to enforce smoking cessation as a requirement in the spinal surgery medical necessity criteria at this time. Highmark promotes evidence-based health care and shared decision-making to inform patients and practitioners on how to achieve the best health outcomes.

Where can I find additional resources?
eviCore's provider resource page for the Highmark MSK surgery and IPM services program contains thefollowing educational materials:

- Provider orientation session invitation
- Procedure code (CPT and HCPCS) lists
- Quick Reference Guide
- Frequently Asked Questions
- Provider orientation presentation
- Links to evidence-based guidelines, clinical worksheets, fax forms, and other additional information

Please visit eviCore's provider resource page at
https://www.evicore.com/resources/healthplan/highmark#solutiondocs.