

An eviCore Primer for Massage Therapists

by Robbin Blake



What is eviCore?

Beginning July 1, 2016, Premera/Lifewise started using eviCore to manage the authorization of care for physical medicine modalities which are:

- Acupuncture
- Speech Therapy
- Physical Therapy
- Massage Therapy
- Occupational Therapy
- Chiropractic/manipulation

Regence started using eviCore in 2015. Essentially, eviCore is supposed to reduce the expenses for the health plan insurers by "reducing" the amount of "unnecessary" care given to its members. According to the Regence eviCore Physical Medicine document updated May 2016 on page 2, "Through prior authorization, the Health Plan helps members get the most of their coverage by making sure that the proposed treatments are right for their condition, effective, and medically necessary."

eviCore began as CareCore in 1992 and through a series of acquisitions, grew into a very large provider of medical authorizations and it works with insurance companies in numerous states across the country and has over 3,000 employees. It is a Medical Benefits Management (MBM) that uses an evidence-based approach to the management and distribution of medical benefits. It also manages a handful of medicare plans and works with many states to manage parts of their medicaid programs. eviCore is based in Bluffton, South Carolina. In 2015, CareCore changed it's name to eviCore.

How Does the eviCore System Work?

- **Notification:** Once you have determined that a client requires authorization through eviCore, you have to provide "notification" to eviCore within 7 calendar days of the first session. Notification can also be sent up to 7 calendar days prior to the first session.
- **Determination:** Authorization may be provided anywhere from instantaneously or may be sent to medical review. Both the Regence and Premera guidelines state medical review should be completed within an average of 2 days. However, at this point, eviCore can take up to 5 days (as of March 2017), with Premera clients taking a bit longer than Regence. eviCore starts the count, not from the day you process, but the day after. So if you provide notification on Tuesday, you are supposed to receive a reply from eviCore by end of day on Thursday. Standard authorization periods are for 30 days and the authorization will include number of visits/units and expiration date.
- If you have what is considered to be an "unauthorized" visit from the client (you accidentally see your client 5 times when you were authorized for 4, or you didn't have authorization for more visits after the first authorized sessions expired), within 7 days of the unauthorized visit submit a plan of care for medical review.
- **Treatment Request:** If further treatment is required past the initial authorization, submit a treatment request within 7 calendar days of the last authorized treatment date. eviCore is supposed to respond within an average of 2 days after doing a medical review but can take up to 5 days.

Note: If you are unable to complete your authorized sessions by the expiration date, you can request a 30 day extension, but you have to make your request prior to the original expiration date. You can call eviCore at 855-252-1115 or go online to request an extension. According to eviCore, they will only allow one extension per authorization period. If you receive another set of additional authorized sessions for the same client, you should be able to also get an extension for the new period if needed.

Once authorized for treatment of a new condition, both eviCore generally provides 4, 1-hour long massage visits with the initial authorization for both Regence and Premera clients. Often, re-authorizations are only for 2 visits.

With every request for authorization, you will receive documentation either denying, waiving or authorizing treatment. Keep this with your client records.

Overview -- Processing a Client through eviCore

The overall process is fairly easy on paper. Deciding how to manage your clients through the eviCore system can get pretty complicated in larger clinics. The communication of which client needs authorization, if the client receives authorization or not and when paperwork needs to be submitted are key to making the process work within a clinic.

Here are the basic steps:

- Decide how you want to interact with eviCore -- online, over the phone or via fax.
- Create a process for determining which of your Regence and Premera clients need to be processed through eviCore
- Develop a process for obtaining authorizations through eviCore.
- Develop a process for obtaining additional authorizations through eviCore.
- Develop a process for handling denials from eviCore, which also includes contesting eviCore processing errors.

If you are not a individual provider and processing your own paperwork, determine who has responsibility for doing tasks and communicating information within your organization as part of the above processes.

Step 1 -- Decide How to Interact with eviCore

Determine what works for you in processing/receiving information from eviCore.

- Online: You can create an account at:
<https://myevicoreportal.medsolutions.com/User/Registration/Index>
- Phone: Call eviCore at 855-252-1115
- Fax: Fax the "Massage Therapy Treatment Request Clinical Worksheet" to 1-855-774-1319. The form can be found at: <https://www.evicore.com/Online%20Forms/Massage%20Therapy.pdf> or <https://www.carecorenational.com/content/pdf/55/55B59A2B98C24789938AD7EE32EFC102.pdf>

There is also a bit of strategy in which method you use. If you have very few clients that need to be processed through eviCore, the Fax method may work for you. However, this is the least secure method to transfer information and is subject to "we never got it" issues. Requesting and getting authorizations is time sensitive. So if you have a number of authorizations to process, consider the phone or online option. Online is nice in that you can process documentation anytime and all of your information is in one place and you can easily check to see the status of each client. By phoning in authorization requests, you have to deal with customer service being open from 7am to 7pm local time. However, urgent, same day requests can only be phoned in.

Step 2 -- Determine Which Clients Require Authorization through eviCore

When you call Premera or Regence, they will tell you if authorization is needed when you do your initial call to confirm benefits, make sure that you immediately confirm benefits. As much as possible try and confirm your Regence and Premera client benefits prior to their first appointment. In the past, this was very difficult to do as people did not want to give out information over the phone to a stranger but the longer the authorization system is in place the more standard it will be to request information prior to care.

Note: "No preauthorization required" does not mean that there your client does not have massage therapy benefits, it just means that you do not need to process your client through eviCore.

If you are a individual provider, it's easy enough to write the information down in the client's folder/computerized patient account. However, if you're part of a clinic, if the treating massage therapist is not processing their own clients, then whomever confirms benefits has to make certain that this information is visible to the treating massage

therapist and scheduler (if this is not same person who confirms authorizations). Also, the documents needed for the first visit to request authorization should be in the client's folder/paperwork for the treating massage therapist to process with the client -- there will be more on this in the next section.

Make the need for authorization very obvious to the treating massage therapist as failure to get documentation processed on the first visit can cause denial of authorization or delay treatment while getting the appropriate authorization.

Step 3 -- Develop a Process for Obtaining eviCore Authorizations

During the first session with a client, the treating massage therapist must obtain information about the client to report back to eviCore. This information will be used to measure improvement over the time of treatment and will be the basis for making future requests for additional sessions if needed. Here are the pieces of information needed:

- at least three measurable functional traits that are affected by the client's issue (sleeping, walking, sitting, lifting, reaching, etc) that are scaled from 0=completely not able to do, to 10=completely able to do without symptoms (Patient-Specific Functional Scale or PSFS). If you are not familiar with a PSFS form, click the link to see what it looks like http://www.tac.vic.gov.au/_data/assets/pdf_file/0020/27317/Patient-specific.pdf.
- a record of the average level of pain and what percentage of the time they have it
- any relevant range of motion limitations

At the end of this document is a one-page form that you can use in your practice which will capture all of this information. The form is called an "eviCore Auth Detail Form"

If you want, you can measure this client information and capture it on your eviCore Auth Detail Form at every session, but at the very least, capture this information from the first and last session within an authorized timeframe (generally a 30 day window). Note: the authorization period may change in the future based on changes to law being processed through the Washington State Office of the Insurance Commissioner.

Process for an individual provider

- If you are an individual provider, you just need to have the Auth Detail Form in your client file ready for the first session and fill it out as you treat.
- Use the Auth Detail Form to fill in the Massage Therapy Treatment Request Clinical Worksheet that you use to fax or call in a Notification to request authorization or to file your online notification.
- When you receive a reply back from eviCore on your initial Authorization request, file it in the client's records.
- If you work with folders, mark the start and expiration date down for your client on the sign-in form and how many authorizations are provided. If you do not have a single sign-in form that is carried in a client's record, then create a form that lays on top of the client's records (preferably on the non-SOAP side) that makes this information clear. Have a way for counting how many sessions have occurred with that client. Make sure this information does not get covered up.
- If you process everything in a computer, you should still have an individual sign-in form for each client, if you do not, then in the person's account, you need to somehow mark in the computer:
 - That the client is processed through eviCore and that all details about the eviCore authorization are immediately noticeable every time you treat your eviCore clients so you don't skip a step.
 - That the client has "x" number of sessions with start/end dates
 - That the client has "y" number of sessions left
 - That the appropriate paperwork is filled out with the first and last session and processed within eviCore within the authorization period.

Process for a clinic

Setting up the communication loop in processing authorizations is the most important thing to making the system work.

- Possible Option -- You have an internal billing person who also confirms insurance: If you have this person within your clinic the easiest thing to do is to make this person responsible for the process. This person:
 - confirms that eviCore authorization is required
 - notes the details in the client's records so that the treating massage therapist has immediate access to the details when treating the client with every session
 - ensures that the treating massage therapist has the required paperwork for the first and last sessions
 - ensures that there is a method for the filled out documents to get back to the internal billing person
 - ensures that the required details are processed to eviCore
- Possible Option -- You have a person that confirms insurance details but billing is done externally: You have to decide if the person who confirms insurance details is going to be responsible for managing the eviCore cycle or if your massage therapists have to do it on their own. The biggest issue you face if you have each of your massage therapist manage their own processing is who takes financial responsibility if the massage therapist messes up and payment cannot be processed? And the answer to this is it depends on whether the massage therapist is an employee or contractor, and if an employee, how payment is made to the massage therapist. You need to consider these details when setting up your system.

Step 4 Develop a Re-Authorization Process

The process for requesting additional authorizations is almost the same as the authorization process. Whoever manages the authorization process in a clinic should also manage the re-authorization process (i.e. this is when you are requesting more sessions after the initial authorization has ended).

- The treating massage therapist fills out the Auth Detail Form at the last Authorized session and then either fills out the Massage Therapy Treatment Request Clinical Worksheet (or their portion of it) and if the treating massage therapist is an individual provider they process the details to eviCore or if in a clinic they give the information to the responsible party.
- The person who processes the request with eviCore has 7 days to do so. However, if your client is generally seen on a weekly basis you really need to process the request immediately. eviCore will take up to 3 days (generally they take more than less time) to process the request. So if your request is denied, you need to have time to request a review. See more details in the next section regarding denials.
- Once the request for more sessions is approved, then the appropriate person needs to mark the client's records with appropriate details (start/expiration dates, number of authorized sessions, etc) as indicated above in Step 3.
- If you scheduled your client a week out and the initial request is denied, make sure that the client's session is cancelled or rescheduled.

Additional processes for a clinic

- An extra step is needed here from Step 3 since the treating massage therapist and the client need to be informed that the request for additional authorizations has been approved, so the treating massage therapist and client aren't left in limbo and left off the schedule.
- Either the treating massage therapist can be verbally told or a computer spreadsheet is kept by the person processing authorizations that shows the status of all clients being processed through eviCore.
- Simply indicating the information either in the client's chart or on their computer record ensures that the treating massage therapist has to check in numerous times -- if they can remember which clients are up for re-authorization.

- The treating massage therapist needs to make sure that their clients are properly scheduled for their first session of the new authorization period.
- If you scheduled your client a week out and the initial request is denied, make sure that the receptionist is notified to cancel or reschedule the client.

Note: it is really easy for a disconnect to happen and a client to be forgotten and not get rescheduled after their initial authorization has run out and a new set of sessions are approved. Or, to forget to cancel a session if your client was denied more sessions and it's taking longer to get the client approved for more. Make sure you have a process to make this go smoothly for your clients.

Step 5 Develop a Process for Handling Denials From eviCore

There are two types of denials that can happen:

- either a request for initial authorization or for additional authorizations is denied
- you believe that you processed something correctly but eviCore is denying that it was correctly processed.

Request for initial authorization or re-authorization is denied

Before appealing a denied request, consider a "Reconsideration", eviCore's term for a peer review. This is done via the phone at: 855-252-1115. You have 7 business days after a denied request to process a reconsideration. According to eviCore's Premera documentation, "The requesting provider will have the opportunity to discuss the decision with the clinical peer reviewer making the denial determination or with a different clinical peer if the original reviewer is not be available."

If you are still denied at the reconsideration, then you can appeal by writing to:

Fax: 866-699-8128
 Mail: Clinical Appeals
 eviCore healthcare
 400 Buckwalter Place Blvd
 Mail Stop 600
 Bluffton, SC 29910

Incorrect processing causes a denial

You need to have proof that you did whatever was required to be done that eviCore is denying. Here is an example. In a clinic, all information is processed to eviCore online. This clinic has a person offsite that manages the internal insurance processing. She processed something just before midnight one time because the involved therapist did not provide information until the last minute. eviCore denied the request for additional authorizations not because the client didn't warrant it, but because eviCore claimed the information was processed after the maximum 7 calendar days allowed. However, the clinic's insurance processing person processed it prior to midnight PST in the allotted time required and eviCore stated it was processed just before 3am EST making it 8 days. She ended up going to the WA State Office of the Insurance Commissioner and filed a complaint and won as she was able to prove that she processed the re-authorization request correctly according to the documented eviCore process.

Is it possible to make an appeal directly to Regence/Premera outside of the eviCore system?

I do not know as this hasn't been an issue at the clinic I work out of. On 11/30/16, I called both Regence/Premera provider services and asked what the process was to appeal a denied eviCore Appeal and all I was told was that if EviCore denied a Level I appeal, that the denial letter would have further instructions if there was still an alternative appeal route to take it. Personally, I would contact the insurance company and then if told that it was still denied, then I would tell them that I was going to the OIC.

What to do if you cannot get satisfaction through eviCore or the insurance company

If you have a client that you feel is being treated unfairly and you're not able to resolve it with eviCore or the insurance company, contact the WA State's Office of the Insurance Commissioner. You can't just say, "this sucks" or "eviCore is wasting my time", you have to provide factual information on an actual case of how your client is not receiving the care he or she should because of an issue with any part of the insurance process. The link for the insurance commissioner is below.

- click on <https://www.insurance.wa.gov/complaints-and-fraud/file-a-complaint/> to file a complaint.

eviCore Processing Tips

- Consider filling out the Auth Detail form and treatment request paperwork, not just for the first and fourth sessions, but also for the session prior to the last authorized one in case the patient does not show up for the last authorized session. This works well as sessions sometimes get rescheduled, people get ill, life happens.
- If your client only used 3 or less of their 4 authorized sessions, it would be better to ask for an extension, then to request additional sessions.
- Clients do not need new authorizations if they are being seen by multiple massage therapists within the same clinic. However, if a client goes from massage therapist to another massage therapist not in the same clinic, then each massage therapist needs to provide Notification to eviCore and receive Authorization to treat.
- If you want to speak to a supervisor at eviCore after not getting satisfaction regarding the issue that prompted your call, you will need to be prepared to be very assertive in order to speak with a supervisor. The first-line customer service person will do everything they can do to keep from passing you up the management line. You may need to use every arsenal in your tool box in order to speak with a supervisor. If all else fails, tell them that they have left you no choice but to seek assistance from the Office of the Insurance Commissioner.
- Doctors will sometimes put down the underlying conditions on prescriptions instead of what the actual issue is that is bringing the client into your treatment room. For instance, if the doctor puts Fibromyalgia, Parkinsons or Cancer down on the referral, more than likely eviCore is going to deny treatment because it's either for an ongoing chronic condition requiring maintenance treatment or a condition in which massage therapy is not going to make a difference in resolving (like for cancer). Instead of trying to process this referral to eviCore, go back to the client's doctor and ask if they would be more specific to the actual issue that massage therapy could provide a benefit for and help to improve the condition of. You may need to guide your doctor's office on this.
- If your client's doctor provides multiple Diagnosis Codes for treatment, use them carefully like a chess master to a.) make sure that your client gets the best massage care possible, but also b) gets the amount of care they need via the eviCore system.
- Sometimes clients want to pay cash out of pocket because they have not met their deductible or because they want to avoid going through eviCore. By your contract, you are not able to offer that service to your client, you have to process a claim for them through their insurance company and through eviCore if the client's plan requires it. If eviCore (when prior authorization is required) or the insurance company (when prior authorization is not required) denies the service, then the client will need to pay cash out of pocket for the service. If the insurance company finds out that you did not process a member's massage session through them, then you are subject to having to return the money back to the client, even if service was rendered. Review your insurance provider contract. The only exception to this is if the massage was not "medically necessary" and would not have been reimbursed anyway through the client's insurance company.

We Would Like Your Feedback

There is always room for improvement in setting up and managing processes. We would like to hear back from you if you have some useful tips on what is working for you as an individual therapist or as a clinic owner/massage therapist. You can email us at clinical-practices@mywsmta.org with "eviCore Primer" in the subject line your tips. Thank you.

We also want to know details of specific situations. We are looking for specific examples as we are trying to determine if their are common issues. Here are some examples of what we're looking for:

- The average time it takes you to process a notification or authorization online to eviCore. This should not be a guestimate. Time how long it takes to process at least three clients and then average the actual times.
- How many clients have been denied additional treatments in the 3 month period in which you started processing in eviCore? We need to know the total number of clients that requests were made for and how many of these clients received denied requests. It can be any three month period of time. In any three month period of time, how many clients did you process that received 1, 2, 3, 4, 5, or 6 sessions with the initial authorization request? (e.g. 15 clients with 4 initial session, 5 clients with 3 initial sessions, 2 clients with 2 initial sessions)
- In any three month period of time, how many clients did you process that received 1, 2, 3, 4, 5, or 6 sessions for additional requested sessions? (e.g. 15 clients with 2 additional, 3 clients with 3 additional, 2 clients with 1 additional session)

For clinics over 5 therapists, even 1 month's worth of information would be useful. If you're not able to provide all of this information, even one or two bullet points worth would be helpful.

Please email your details to clinical-practices@mywsmta.org with "eviCore Primer" in the subject line. Thank you.

Links for Further Information:

Premera website link for eviCore information:

<https://www.premera.com/wa/provider/utilization-review/outpatient-rehabilitation/>

Regence website link for eviCore information:

https://www.regence.com/web/regence_provider/physical-medicine

eviCore webpage for Premera:

<https://www.evicore.com/healthplan/Premera>

eviCore webpage for Regence:

<https://www.carecorenational.com/benefits-management/musculoskeletal-management/physical-medicine-program-tools-and-criteria.aspx>

eviCore - Premera FAQs:

<https://www.carecorenational.com/content/pdf/impl/premera/EviCore-FAQs-Premera.pdf>

eviCore - Regence FAQs:

<https://www.regence.com/documents/10192/286192/Physical+medicine+and+therapy+FAQ/0165693e-c8ab-4a9a-abe1-9d70fb1ca0c1>

eviCore - Premera Quick Reference Guide:

<https://www.carecorenational.com/content/pdf/impl/premera/Premera-QRG.pdf>

eviCore - Premera Provider Orientation:

<https://www.carecorenational.com/content/pdf/impl/premera/PremeraPresentation.pdf>

eviCore Clinical Guidelines for Massage Therapy:

<https://www.evicore.com/ReferenceGuidelines/Massage%20Therapy%20Guidelines.pdf>

eviCore's newer, not so useful website:

<https://www.evicore.com/>

eviCore's older, more useful website:

<https://www.carecorenational.com/>

eviCore Auth Detail Form

Client Name _____

PSFS:

Activity	Date:						
	Total Score:						
	Ave Score:						

0 = Unable to perform Activity
 10 = Able to perform Activity at the same level as before injury or problem.

Reminder: Please make sure the Activity relates to the injured or problem area covered in the authorization

% Change = (New Ave Score - Old Ave Score)/Old Ave Score

PAIN:

Current Level	/10	/10	/10	/10	/10	/10
(0-25%, 26-50%, 51-75%, 76-100%)						

ROM:

Notes: