

Pain management authorizations: Quick reference guide

Authorization is required

Authorization is required for outpatient interventional pain management services for Blue Care Network HMOSM (commercial) and BCN AdvantageSM members, for all diagnoses, for dates of service on or after Sept. 1, 2016 (for epidural and facet joint injections) and Dec. 1, 2016 (for sacroiliac joint injections, epidural adhesiolysis, radiofrequency ablation and regional sympathetic blocks).

Requesting authorization

Request authorization through eviCore healthcare. Visit evicore.com and click *Providers*. Then log in to eviCore’s electronic system. Providers can submit requests anytime.

Authorization requirements

Authorization is required for pediatric and adult BCN commercial and BCN Advantage members. To ensure the authorization process is as efficient as possible, we recommend that the office submitting requests have:


- Member name, date of birth, plan name and plan ID number
- Ordering doctor’s name, national provider identifier, tax identification number and fax number
- Site of service (facility or doctor’s office) – name, NPI, TIN, street address and fax number
- Service being requested – (CPT) codes and diagnosis codes
- All relevant clinical notes; imaging and X-ray reports, patient history and physical findings

An authorization approval for a request that is not initiated and approved in real time online will be faxed to the ordering doctor and the requested facility upon approval and will also be available on BCN’s e-referral system. eviCore will approve the specific facility (or doctor’s office) performing interventional pain services and the CPT code or codes for interventional pain services. **Contact eviCore healthcare for changes to the facility or procedure.**

It is the responsibility of the servicing facility to confirm that the referring doctor completed the prior authorization process for interventional pain services. Verification may be obtained through eviCore’s electronic system or by calling eviCore at **1-855-774-1317**.

Important! Authorization from eviCore healthcare does not guarantee claim payment. Services must be covered by BCN and the member must be eligible at the time services are rendered. **Claims submitted for unauthorized procedures are subject to denial.**

Urgent requests

 When service is required due to a medically urgent condition that is jeopardizing the member’s life or health and is deemed life-threatening, the referring doctor’s office must **call eviCore healthcare at 1-855-774-1317** for authorization. Please indicate that the notification is for **medically urgent care**.

In most cases, when the required information is provided in the initial call, a decision is made and communicated within one business day.

Authorization denials

eviCore healthcare notifies the referring doctor and requested facility in writing of a denial and provides a rationale for the determination within one business day of the decision. The denial notification outlines the appeal options per current state policy. eviCore healthcare also offers the ordering doctor a consultation with an eviCore healthcare medical director on a peer-to-peer basis. In certain instances, additional information provided during the peer-to-peer consultation is sufficient to satisfy medical necessity criteria.

Need clinical support?

When there is not enough information to approve an authorization request, eviCore will reach out to the provider before denying the request to allow him or her to provide pertinent information. If the provider is unable to respond within one business day, a denial will be issued.

To initiate a clinical discussion, call eviCore healthcare at **1-855-774-1317** and request a peer-to-peer discussion. **This is not for claim denial discussions. For those, providers must follow the appeal process.**