

Therapy corePath®

Prior Authorization of Massage Therapy



Our Clinical Approach

Clinical Staffing

Multi-Specialty Expertise

Dedicated nursing and physician specialty teams for various solutions

>300
Medical
Directors

Covering
51
different
specialties

800
Nurses with
diverse
specialties /
experience

- ◊ Acupuncture
- ◊ Anesthesiology
- ◊ Cardiology
- ◊ Chiropractic
- ◊ Emergency Medicine
- Family Medicine
 - Family Medicine / OMT
- ◊ • Public Health & General Preventative Medicine
- Internal Medicine
 - Cardiovascular Disease
 - Critical Care Medicine
 - Endocrinology, Diabetes & Metabolism
 - Geriatric Medicine
 - Hematology
 - Hospice & Palliative Medicine
 - Medical Oncology
 - Pulmonary Disease
 - Rheumatology
 - Sleep Medicine
 - Sports Medicine

- ◊ Medical Genetics
- ◊ Nuclear Medicine
- ◊ OB / GYN
 - Maternal-Fetal Medicine
- ◊ • Occupational Therapy
- ◊ Oncology / Hematology
- ◊ Orthopedic Surgery
- ◊ Otolaryngology
- ◊ Pain Mgmt. / Interventional Pain Pathology
 - Clinical Pathology
- Pediatric
 - Pediatric Cardiology
- ◊ • Pediatric Hematology-Oncology
- Physical Medicine & Rehabilitation
 - ◊ Pain Medicine
- ◊ Physical Therapy
- Radiation Oncology

- ◊ Radiology
 - Diagnostic Radiology
 - Neuroradiology
 - Radiation Oncology
 - Vascular & Interventional Radiology
- ◊ Sleep Medicine
- ◊ Speech Therapy
- ◊ Sports Medicine
- Surgery
 - Cardiac
 - General
 - Neurological
 - Spine
 - Thoracic
- ◊ • Vascular
- Urology

Competency-Based Routing

- Allows clinically complex cases to automatically route to a specific queue, based on clinical specialty for review
- Ensures greater accuracy of decision-making across the many clinical disciplines

Evidence-Based Guidelines

The foundation
of our solutions



Dedicated
pediatric
guidelines



Contributions
from a panel of
community
physicians



Experts
associated with
academic
institutions



Current
clinical
literature

Aligned with National Societies

- American Academy of **Neurology**
- American Academy of **Orthopedic Surgeons**
- American Academy of **Pediatrics**
- American Academy of **Sleep Medicine**
- American Association of **Child and Adolescent Psychiatrists**
- American Association of Clinical **Endocrinology**
- American Association of **Neurological Surgeons**
- American College of **Cardiology**
- American College of **Chest Physicians**
- American College of **Gastroenterology**
- American College of **Medical Genetics and Genomics**
- American College of **Obstetricians and Gynecologists**
- American College of **Radiology**
- American College of **Rheumatology**
- American **Gastroenterologic** Association
- American **Heart** Association
- American **Massage Therapy** Association.
- American **Psychiatric** Association
- American Society for **Gastrointestinal Endoscopy**
- American Society for **Radiation Oncology**
- American Society of **Acupuncturists**
- American Society of **Addiction Medicine**
- American Society of **Clinical Oncology**
- American Society of **Colon and Rectal Surgeons**
- American Society of **Human Genetics**
- American Society of **Nuclear Cardiology**
- American **Thyroid** Association
- American **Urological** Association
- **Centers for Disease Control**
- College of American **Pathologists**
- **Endocrine** Society
- **Heart Rhythm** Society
- National Comprehensive **Cancer** Network
- North American **Spine** Society
- The Society of **Maternal-Fetal Medicine**
- United States **Food and Drug Administration**
- United States **Preventive Services** Task Force

What is corePath



Therapy corePath

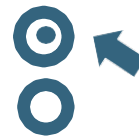
Evidence-based, condition-specific approach



Focused on the patient: Authorization strategy emphasizes the unique attributes of a patient's condition and any associated complexities



Streamlined for providers: Providers will experience a simplified and consistent prior authorization process that requires only key clinical information



Condition-specific approvals: Visits allocated in accordance with condition severity / complexity, functional loss, and confirmation that care is progressing as planned

Therapy corePath: How it Works

1

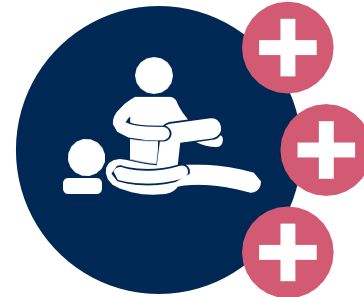
Initial Visit Allocation



Based on each patient's needs

2

Authorization of Additional Visits



Based on each patient's confirmed progress

Getting to the Right Yes vs the Wrong No

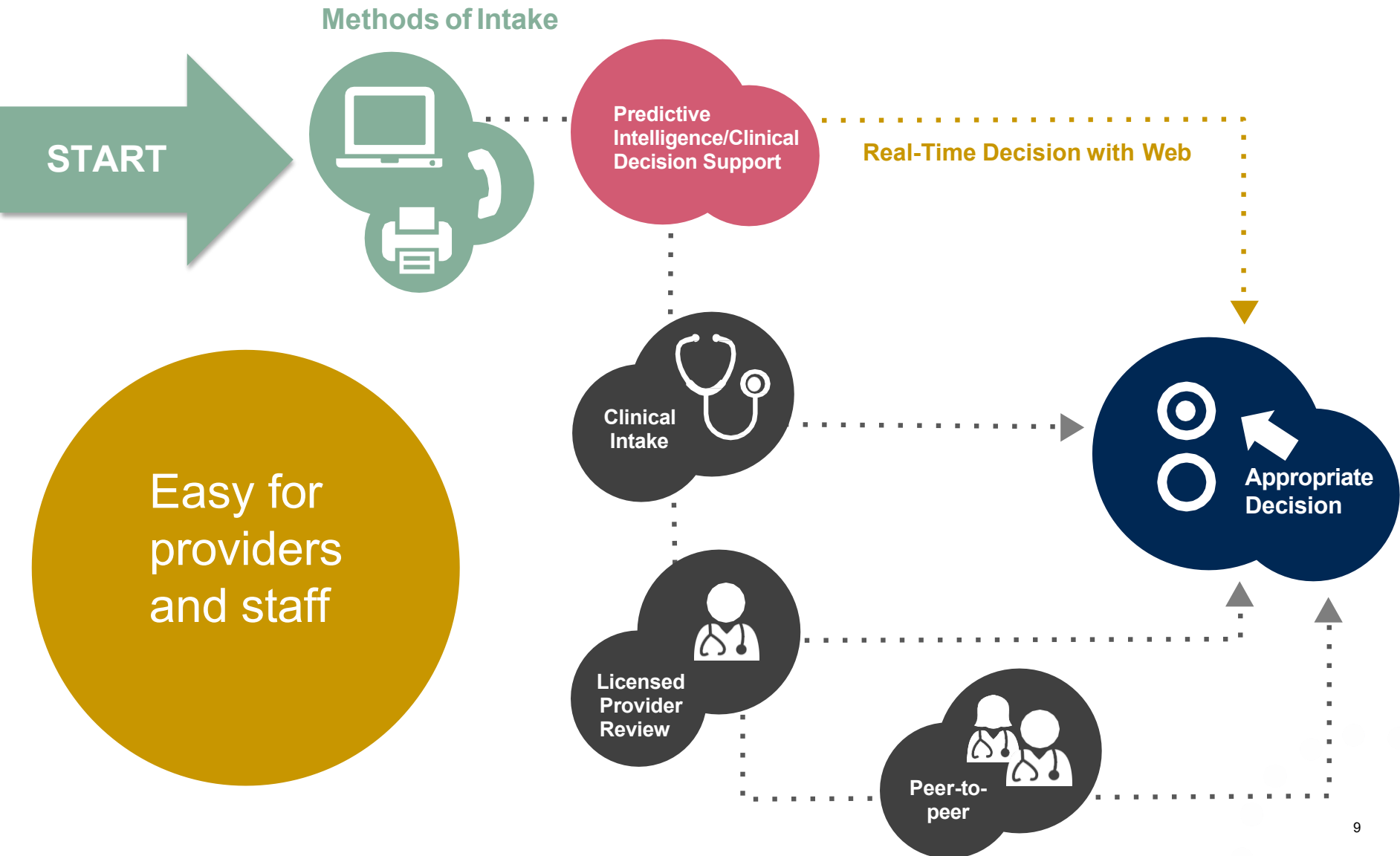
- ✓ Collects only key clinical information
- ✓ Uses validated measurement tools
- ✓ Considers complexities

- ✓ Focuses on progress
- ✓ Captures reasons for lack of progress
- ✓ Confirms effectiveness of treatment

Ongoing care requires more detailed review to identify the individual patient's need

Sample corePath Pathway

corePath is Embedded in the Clinical Review Process



Sample Massage corePathSM Pathway

Proceed to Clinical Information

1 Has the patient been evaluated by their medical doctor for this condition?

Yes No Unknown

1 This request is for:

- Initial care (for a condition not treated in the previous 60 days)
 Continuing care

1 Please indicate the primary treatment area/condition (Choose only one):

1 Please indicate the secondary treatment area/condition (Choose only one):

SUBMIT

Finish Later

Did you know?
You can save a certification request to finish later.

[Click here for help](#)

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High Potential for Immediate Approval When Pathway is Completed!

Sample Massage Therapy corePathSM Pathway

Proceed to Clinical Information

1 Please provide the most recent date of the medical doctor's evaluation:

1 Please provide the medical doctor's diagnosis:

SUBMIT

Finish Later

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request to finish later.


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High potential for immediate
approval when pathway is
completed.

Sample Massage Therapy corePathSM Pathway

 Please enter the date of initial evaluation

(NOTE: The clinical information may be considered out-of-date if the “date of initial evaluation” is greater than 10 days prior to the “treatment start date” for this request. Cases with out-of-date clinical information may be placed on hold awaiting current clinical information. This may delay an authorization decision.

SUBMIT

Finish Later

Did you know?

You can save a certification request to finish later.

High potential for immediate approval when pathway is completed.





The date of initial evaluation means the first date YOU saw the patient and collected clinical information like the pain scales or functional assessments.

Sample Massage Therapy corePathSM Pathway

Proceed to Clinical Information

Patient Reported/Standardized Assessment

 Please select the Physical Performance test used to assess your patient's condition. Authorization for care requires at least one patient reported functional or health test to minimize delay.

No patient reported / standardized assessment was performed 

SUBMIT

Finish Later

Did you know?
You can save a certification
request to finish later.


 Numeric Rating Scale, or NRS, is
the 0-10 Pain Scale

High potential for immediate
approval when pathway is
completed.

Sample Massage Therapy corePathSM Pathway

Proceed to Clinical Information

Numeric Rating Scale (NRS)

 Enter score (0-10):

SUBMIT

Finish Later

Did you know?
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request to finish later.

High potential for immediate
approval when pathway is
completed.

Sample Massage Therapy corePathSM Pathway

Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

You have been approved for 4 visits. Please use these visits before requesting more visits. Your therapist may submit another notification if authorization for additional care is necessary. To check for full benefits and eligibility information for the specific medical service, log in to www.premera.com as a provider and utilize the Prior Authorization tool and/or Benefit and Eligibility tool. Your case has been approved for 4 visits

Provider Name:		Contact:	Amy
Provider Address:		Phone Number:	(999) 999-9999
		Fax Number:	(999) 999-9999
Patient Name:		Patient ID:	
Insurance Carrier:			
Site Name:		Site ID:	JN70IV
Site Address:			
Primary Diagnosis Code:	M54.51	Description:	Vertebrogenic low back pain
Secondary Diagnosis Code:		Description:	
CPT Code:	MSMMT	Description:	MASSAGE THERAPY
Authorization Number:			
Review Date:	3/31/2023 9:22:20 AM		
Approved Treatment Start Date:	3/31/2023		
Expiration Date:	6/29/2023		
Status:	You have been approved for 4 visits. Please use these visits before requesting more visits. Your therapist may submit another notification if authorization for additional care is necessary. To check for full benefits and eligibility information for the specific medical service, log in to www.premera.com as a provider and utilize the Prior Authorization tool and/or Benefit and Eligibility tool. Your case has been approved for 4 visits		

CANCEL

PRINT

CONTINUE

High potential for immediate approval when pathway is completed.

Sample Massage Therapy corePathSM Pathway

Proceed to Clinical Information

1 Please provide the most recent date of the medical doctor's evaluation:

2 Please provide the medical doctor's diagnosis:

SUBMIT

Finish Later

Did you know?
You can save a certification
request to finish later.

[Click here for help](#)

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High potential for immediate
approval when pathway is
completed.



The date of **initial evaluation** means the first date YOU saw the patient.

The **date of current findings** is the most recently collected clinical information like the pain scales or functional assessments.

Sample Massage Therapy corePathSM Pathway

Proceed to Clinical Information

Response to Care

This care is expected to result in progressive improvement as described in the eviCore Massage Therapy Clinical Guidelines. Please mark if progress has been affected by the following:

N/A - Progress is not affected by any of the below listed options ▾

- N/A - Progress is not affected by any of the below listed options
- "Overdid it" causing increase in symptoms
- Symptoms progressed despite treatment
- Suffered a new injury resulting in significant change
- Unable to complete clinical visits
- Current care is maintenance, preventative, or palliative in nature


Did you know?

You can save a certification request to finish later.

High potential for immediate approval when pathway is completed.



Sample corePath[®] Massage Therapy Worksheet

	Musculoskeletal Program: Massage Therapy Clinical Worksheet These worksheets are used to collect the information needed for treatment request determinations. The determinations are made in accordance with the eviCore Massage Therapy Services Clinical Guidelines found at evicore.com
	Please use this fax form for NON-URGENT requests only. Failure to provide all relevant information may delay the determination. Phone and fax numbers may be found on evicore.com under the Guidelines and Forms section. You may also log into the provider portal located on the site to submit an authorization request. URGENT (same day) REQUESTS MUST BE SUBMITTED BY PHONE

Previous Reference/Auth Number (If Continued Care):	Date of Submission:
Place of Service:	

PATIENT	First Name:	MI:	Last Name:
	Member ID:	DOB (mm/dd/yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Street Address:	Apt #:	
	City:	State:	Zip:
	Home Phone:	Cell Phone:	Primary: <input type="checkbox"/> Home <input type="checkbox"/> Cell
Member Health Plan/Insurer:			

PROVIDER	First Name:	Last Name:	
	Primary Specialty:	TIN:	NPI:
	Physician Phone:	Physician Fax:	
	Address:	Suite #:	
	City:	State:	Zip:
Office Contact:	Ext:	Email:	

Diagnoses:			
Code	Description	Code	Description

Start Date for this Request:	
Has the patient been evaluated by their medical doctor for this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide the most recent date of the medical doctor's evaluation: _____ Medical Doctor's Diagnosis: _____
This is a request for (select the most appropriate):	<input type="checkbox"/> Initial care (for a condition not treated in the previous 60 days) <input type="checkbox"/> Continuing care

ADMINISTRATIVE	Primary Treatment Area/Condition: Choose only one.			
	<i>Musculoskeletal:</i>	<input type="checkbox"/> Headache / Migraine	<input type="checkbox"/> Cervical / Upper Thoracic	<input type="checkbox"/> Lower Thoracic / Lumbosacral
		<input type="checkbox"/> Shoulder / Arm	<input type="checkbox"/> Elbow / Forearm	<input type="checkbox"/> Hand / Wrist
		<input type="checkbox"/> Hip / Thigh	<input type="checkbox"/> Knee	<input type="checkbox"/> Ankle / Foot / Leg
	<i>Non-Musculoskeletal:</i>	<input type="checkbox"/> Cancer Pain	<input type="checkbox"/> Fibromyalgia	
	<input type="checkbox"/> Other			

ADMINISTRATIVE	Secondary Treatment Area/Condition: Choose only one.			<input type="checkbox"/> No second area being treated
	<i>Musculoskeletal:</i>	<input type="checkbox"/> Headache / Migraine	<input type="checkbox"/> Cervical / Upper Thoracic	<input type="checkbox"/> Lower Thoracic / Lumbosacral
		<input type="checkbox"/> Shoulder / Arm	<input type="checkbox"/> Elbow / Forearm	<input type="checkbox"/> Hand / Wrist
		<input type="checkbox"/> Hip / Thigh	<input type="checkbox"/> Knee	<input type="checkbox"/> Ankle / Foot / Leg
	<i>Non-Musculoskeletal:</i>	<input type="checkbox"/> Cancer Pain	<input type="checkbox"/> Fibromyalgia	
	<input type="checkbox"/> Other			

CONTINUED ON NEXT PAGE



Sample corePath® Massage Therapy Worksheet

Member Name:	Member ID:	Provider Name:
Date of initial evaluation:	Date of current findings:	

Please **ONLY** complete the following section(s) based upon the Treatment Area/Condition(s) selected above.
Information specific to the Primary Treatment Area **MUST** be completed.

OUTCOME ASSESSMENT: MUSCULOSKELETAL		
Complete the following section for initial or follow-up care as appropriate		
Indicate which patient reported outcome score was used from the selection below. If not done, select "None Used": <input type="checkbox"/> None Used		
	Initial	Follow-Up
<input type="checkbox"/> Headache Disability Index (HDI)	_____ (0-100 score)	Current: _____ Initial: _____
<input type="checkbox"/> Neck Disability Index (NDI)	_____ % (0-100 score)	Current: _____ % Initial: _____ %
<input type="checkbox"/> Oswestry Disability Index (ODI)	_____ % (0-100 score)	Current: _____ % Initial: _____ %
<input type="checkbox"/> Roland Morris Disability Questionnaire (RMDQ)	_____ (0-24 score)	Current: _____ Initial: _____
<input type="checkbox"/> Disabilities of Arm, Shoulder, and Hand (DASH/QuickDASH) More than 3 blank answers?	_____ (0-100 score) <input type="checkbox"/> Yes <input type="checkbox"/> No	Current: _____ Initial: _____
<input type="checkbox"/> Shoulder Pain and Disability Index (SPADI)	_____ (0-100 score)	Current: _____ Initial: _____
<input type="checkbox"/> Lower Extremity Functional Scale (LEFS)	_____ (0-80 score)	Current: _____ Initial: _____
<input type="checkbox"/> Hip Disability and Osteoarthritis Outcome Score (HOOS Jr)	_____ (0-100 score)	Current: _____ Initial: _____
<input type="checkbox"/> Knee Disability and Osteoarthritis Outcome Score (KOOS Jr)	_____ (0-100 score)	Current: _____ Initial: _____
<input type="checkbox"/> Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC)	_____ (0-96 score)	Current: _____ Initial: _____
<input type="checkbox"/> Numeric Rating Scale (NRS)	_____ (0-10 score)	Current: _____ Initial: _____

OUTCOME ASSESSMENT: NON-MUSCULOSKELETAL		
Complete the following section for initial or follow-up care as appropriate		
Indicate which patient reported outcome score was used from the selection below. If not done, select "None Used": <input type="checkbox"/> None Used		
	Initial	Follow-Up
<input type="checkbox"/> Fibromyalgia Impact Questionnaire (FIQ)	_____ (0-100 score)	Current: _____ Initial: _____
<input type="checkbox"/> Numeric Rating Scale (NRS)	_____ (0-10 score)	Current: _____ Initial: _____
<input type="checkbox"/> Quality of Life Questionnaire Core 30 (QLQ-C30)	_____ (30-126 score)	Current: _____ Initial: _____
<input type="checkbox"/> Quality of Life Scale (QOLS)	_____ (16-112 score)	Current: _____ Initial: _____

RESPONSE TO CARE		
	Initial	Follow-Up
This care is expected to result in progressive improvement as described in the eviCore Massage Therapy Clinical Guidelines. Please mark if progress has been affected by the following:	N/A – Leave Blank for initial Request	<input type="checkbox"/> N/A – Progress is not affected by any of the below listed options <input type="checkbox"/> "Overdid it" causing increase in symptoms <input type="checkbox"/> Symptoms progressed despite treatment <input type="checkbox"/> Suffered a new injury resulting in significant change <input type="checkbox"/> Unable to complete clinical visits <input type="checkbox"/> Current care is maintenance, preventive, or palliative in nature

Link to Clinical Worksheets: [Massage Therapy corePath Clinical Worksheet](#)

Start at evicore.com, click on Resources



From the Resources dropdown, select Clinical Worksheets



Select Musculoskeletal: Therapies



Musculoskeletal: Therapies

Enter Health Plan name in the search field



Musculoskeletal: Therapies

Search by health plan name to view clinical worksheets. Adobe PDF Reader is required to view clinical worksheets documents.

Search by Health Plan ...



All PT and OT corePath Forms will be listed under the Physical and Occupational Therapy Header



Massage Therapy

corePath Massage

Information required to support the authorization request



If clinical information is needed, please be able to supply:

- Pain levels and/or functional assessments, doctor's diagnosis and most recent date of examination
- The notes from the patient's last visit related to the diagnosis
- Type and duration of treatment performed to date for the diagnosis

Massage Therapy corePath[®] Summary

- ✓ Elimination of pre-set waivers
- ✓ Increased provider satisfaction
- ✓ Reduced administrative burden for providers
- ✓ Increased opportunity for real-time decisions
- ✓ Expanded, member-focused decisions
- ✓ Decreased case review turn-around-times
- ✓ Patients able to receive the right amount of care in a timely manner



Medical Necessity

Medical Necessity

To be considered reasonable and necessary the following conditions must each be met:

- There must be high quality research supporting massage therapy as a **specific and effective** treatment for the patient's condition.
- There must be an **expectation that the patient's condition will improve progressively and significantly in a reasonable (and generally predictable) period of time.**
- The **amount, frequency, and duration** of the services must be reasonable under accepted standards of practice.
 - For these purposes, "accepted standards of medical practice" means standards that are based on **credible scientific evidence published in the peer-reviewed literature** generally recognized by the relevant healthcare community, **evidence-based guidelines or recommendation**, or **expert clinical consensus in the relevant clinical areas.**

Clinical Guidelines:

Start at evicore.com, click on Resources



From the Resources dropdown, select Clinical Guidelines



Select Musculoskeletal: Therapies



Musculoskeletal: Therapies

Enter Health Plan name in the search field



Musculoskeletal: Therapies

Search by health plan name to view clinical worksheets. Adobe PDF Reader is required to view clinical worksheets documents.

Search by Health Plan ...



Scroll down to find the current clinical guidelines for your specialty



Massage

Massage Therapy Guidelines
Effective 02/15/2019

Utilization Management

Clinical Case Managers review for:

- **Condition treated** – Evidence base supports medical necessity
- **Appropriate medical co-management** – The right care at the right time. Depending on the condition, this might be concurrent treatment (medication, therapy, etc), evidence of a current evaluation/diagnosis, or not required
- **Need for skilled service** – Level of complexity that requires the skills of a licensed practitioner
- **The frequency of care needed** – Appropriate to the type, severity and complexity of condition
- **The progress (or lack of progress) of the patient** – Response to care, patient compliance, natural course of the condition

Utilization Management

Measuring Progress with Standardized Assessments

- Medically necessary care results in **measurable progress toward recovery**. Your documented assessments should be **quantifiable** to be able to show progress in the symptoms treated.
- The required assessments are commonly used, standard assessments with set reference values that are easily administered by massage therapists.

Massage therapy standardized assessments:

<input type="checkbox"/> Headache Disability Index (HDI)
<input type="checkbox"/> Neck Disability Index (NDI)
<input type="checkbox"/> Oswestry Disability Index (ODI)
<input type="checkbox"/> Roland Morris Disability Questionnaire (RMDQ)
<input type="checkbox"/> Disabilities of Arm, Shoulder, and Hand (DASH/QuickDASH) More than 3 blank answers?
<input type="checkbox"/> Shoulder Pain and Disability Index (SPADI)
<input type="checkbox"/> Lower Extremity Functional Scale (LEFS)
<input type="checkbox"/> Hip Disability and Osteoarthritis Outcome Score (HOOS Jr)
<input type="checkbox"/> Knee Disability and Osteoarthritis Outcome Score (KOOS Jr)
<input type="checkbox"/> Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC)
<input type="checkbox"/> Numeric Rating Scale (NRS)

<input type="checkbox"/> Fibromyalgia Impact Questionnaire (FIQ)
<input type="checkbox"/> Numeric Rating Scale (NRS)
<input type="checkbox"/> Quality of Life Questionnaire Core 30 (QLQ-C30)
<input type="checkbox"/> Quality of Life Scale (QOLS)

➔ NRS is the 0-10 Pain Scale

Member Benefits

Benefits

Before care is initiated...

There may be times where you are prompted to contact eviCore to verify benefits. This means that an eviCore may need to reach out to the health plan directly to verify pieces of the members benefits before continuing.

- click SUBMIT – follow prompts until the end, you will be provided a case number on the last screen.
- Upload clinical on the next screen and/or call the number on the screen to complete your request. You may also choose to fax in to complete your request, if you fax in, please include the case number.



Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performan

Tuesday, February 12, 2019 7:13 PM

Clinical Certification

PLEASE CLICK SUBMIT

The patient's benefits will need to be verified. Please call eviCore at 1-855-319-8421 to verify the member's benefits.

SUBMIT



Benefits



Before care is initiated...

- Understand the member's benefit structure and identify any benefit limits
- If benefits are shared between specialties, coordination of benefits is in the member's best interest.
 - If benefits are shared by multiple specialties it will be important to ask the member if care is being received from another provider at the same time.
 - If yes, ask if the care is for the same condition or for different conditions?
 - If the same condition, discuss benefit of receiving care from one provider.
 - If for different conditions, determine if care is being provided for a condition that can or cannot be treated within your practice.
- If a benefit limit exists, consider using what is truly medically necessary versus setting the treatment plan based on the available benefit.
 - For example, if the member has 30 visits available, do not schedule 30 visits at the start of care.
- The medical benefit is designed to allow therapy to return to essential activities of daily living
 - It was not designed to allow continued therapy to return to recreational or athletic activities

Prior Authorization

Prior Authorization Process

What are the ways to request authorization through eviCore?

- Web - Preferred Method 
 - Opportunity for real time decision for the initial and second request
 - Use worksheets as a guide to prepare to answer questions on the web
 - After the initial request, you have the ability to upload clinical documentation if patient is complex or not progressing as expected
- Phone
 - Opportunity for real time decision for the initial and second request
 - Use worksheets as a guide to prepare to answer questions on the web
 - Providing answers to the questions posed on the web to a non-clinical agent
- Fax 
 - Least desired form of submission
 - Eliminates opportunity for a real time decision
 - Old technology so it is prone to transmission errors
 - Complete worksheet
 - Only send clinical notes if patient is complex or not progressing as expected.

Prior Authorization Process

What is used to determine if services are medically necessary?

- Clinical Criteria
 - Detailed in eviCore's Massage Therapy Clinical Guidelines
 - Available 24/7 @ www.evicore.com
 - Synthesis of research, guidelines, expert consensus
 - Updated annually and approved by the Health Plan
- Clinical information
 - Should be current (less than 14 days old)
 - Use standardized assessments (0-10 pain scale, PSFS)
 - Complete the questions
 - **If there is no information or information has gaps, it will delay the decision**
 - Worksheets are available at www.evicore.com to guide your clinical collection

Prior Authorization Process

Timely Filing

- It is recommended to obtain authorization prior to performing the requested services.
 - Requests can be placed up to 7 days **before** the start date.
 - Request can be placed up to 7 days **after** the start date.
 - **The time frame to place a request may vary depending on health plan. You can confirm the specific time frame by viewing the specific health plan's documents.**
- **IF** the health plan does allow for retrospective requests, the following information will be required:
 - Dates of service you are requesting approval for
 - Total # of visits and units requested for the authorization period requested
 - Initial evaluation and/or progress reports
 - Clinical notes, flow sheets, treatment logs for each date of service requested.
- Additional information related to timely filing can be located on the health plan's implementation page.

Letters and Rationale

Letters/Rationale

- Letters are
 - Faxed to Provider
 - Mailed to Member
 - Available for review in the web portal
- **Read the letters!** They include information to explain any adverse determination (reduction or denial)
 - Clinical Rationale
 - Written in terms the member understands
 - Does not include medical jargon
 - Reconsideration and Appeal Information
 - Provides information on requesting a Peer to Peer discussion

Web Portal Account Registration

eviCore healthcare website

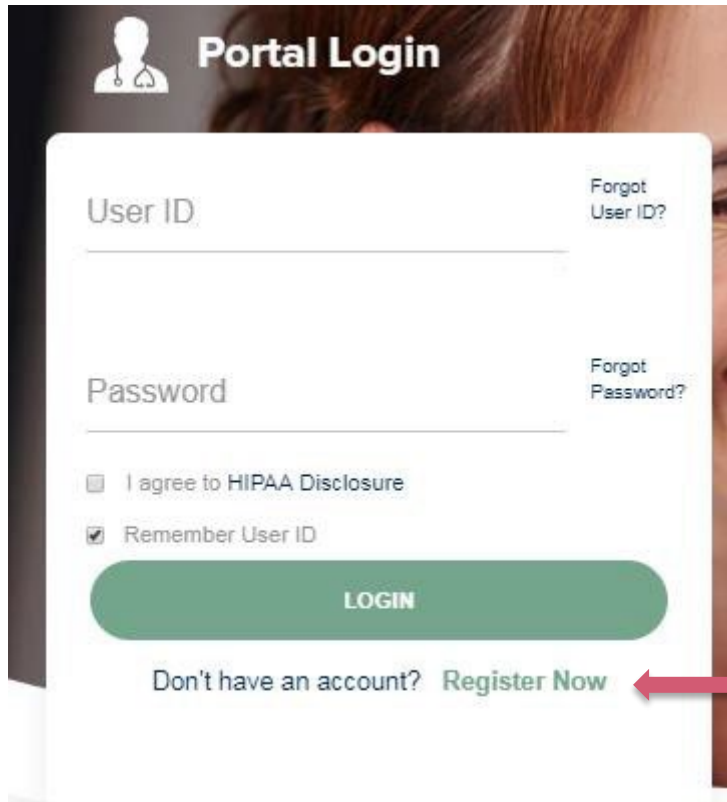
- Point web browser to evicore.com




- Login or Register

A screenshot of the 'Portal Login' form on the eviCore healthcare website. The form is titled 'Portal Login' and features a doctor icon. It contains two input fields: 'User ID' and 'Password'. To the right of the 'User ID' field is a link 'Forgot User ID?'. To the right of the 'Password' field is a link 'Forgot Password?'. Below the input fields are two checkboxes: 'I agree to HIPAA Disclosure' (unchecked) and 'Remember User ID' (checked). A green 'LOGIN' button is positioned below the checkboxes. At the bottom of the form, there is a link 'Don't have an account? Register Now'.

Creating An Account



 **Portal Login**

User ID [Forgot User ID?](#)

Password [Forgot Password?](#)

I agree to HIPAA Disclosure

Remember User ID

LOGIN

Don't have an account? [Register Now](#)



To create a new account, click **Register**.

Creating An Account

eviCore healthcare
integrated solutions

* Required Field

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*: ←

If you want to register as a Client User at CareCore National, then please contact us: 1-800-918-8924 x20136.

User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:	<input type="text"/>	Address*:	<input type="text"/> <input type="text"/>	Phone*:	<input type="text"/>
Email*:	<input type="text"/>	City*:	<input type="text"/>	Ext:	<input type="text"/>
Confirm Email*:	<input type="text"/>	State*:	<input type="text" value="Select"/> ▼	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	Zip*:	<input type="text"/>		
Last Name*:	<input type="text"/>	Office Name*:	<input type="text"/>		

Next



Select a **Default Portal**, and complete the registration form.

Creating An Account

Please review the information before you submit this registration. An Email will be sent to your registered email address to set your password.

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*:

If you want to register as a Client User at CareCore National, then please contact us: 1-800-918-8924 x20136.

User Registration

UserName:	MYG123	Address:	730 Cool Springs	Phone:	800-575-4517
Email:	tesaccount@gmail.com	City:	Franklin	Ext:	
Account Type:	Physician	State:	TN	Zip:	37067
First Name:	Test	Office Name:	Test Office	Fax:	615-468-4408
Last Name:	Account				

[Back](#) [Submit Registration](#)

Review information provided, and click **“Submit Registration.”**

User Registration-Continued

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*: Medsolutions

User Registration

UserName: MYoder
Email: evicorejedi1234@gmail.com
Account Type: Physician
First Name: Mallory
Last Name: Yoder

Provider Information

Physician FirstName: TEST Physician LastN
State: TN Tax ID:

Please read below to sign up as an appropriate user.
Physician: An Individual Practitioner, A Medical Group Practice or an assis
Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or Fa

USER REGISTRATION

User Access Agreement *Required

eviCore
Provider/Customer Access Agreement for Web-Based Applications

This Provider/Customer Access Agreement for Web-Based Applications ("Access Agreement") contains the terms and conditions for use by Provider/Customers of the web-based applications provided by eviCore through its Web Site. This Access Agreement applies to Provider/Customer and all employees and/or agents that have access to eviCore's web-based applications by utilizing a User ID and Personal Identification Number ("PIN"), Security Password, or other security device provided by eviCore, hereinafter referred to as "Users."

To obtain access to eviCore's Web Site applications, User must first read and agree to this Access Agreement. After reviewing these documents, User will be asked to accept the Access Agreement by checking the "Accept Terms and Conditions" check box. If User accepts, this will result in a binding contract between User and eviCore, just as if User had physically signed the Access Agreement.

Each and every time User accesses eviCore's web-based applications, User agrees to be bound by this Access Agreement, as it may be amended from time to time.

1. Limited License. Upon acceptance, eviCore grants Provider/Customer a revocable, nonexclusive, and nontransferable limited license to access electronically eviCore's web-based applications only so long as Provider/Customer is currently bound by a Provider/Customer Agreement (as used herein a "Provider/Customer Agreement" is an agreement to provide health care/medical services to members of health plans for which eviCore provides radiological services, whether it is with eviCore directly or said health plan(s)). This electronic access to applications of eviCore's web based applications is subject

Accept Terms and Conditions *

Submit Cancel

Accept the **Terms and Conditions**, and click **"Submit."**

User Registration-Continued



➤ You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

Create a Password

Your password must be at least (8) characters long and contain the following:

- ✓ Uppercase letters
- ✓ Lowercase letters
- ✓ Numbers
- ✓ Characters (e.g., ! ? *)



Change Password

Please set up a new password for your account.

Note: The password must be at least 8 characters long and contain at least one Uppercase letters, Lowercase letters, Numbers and Special character

Old Password*

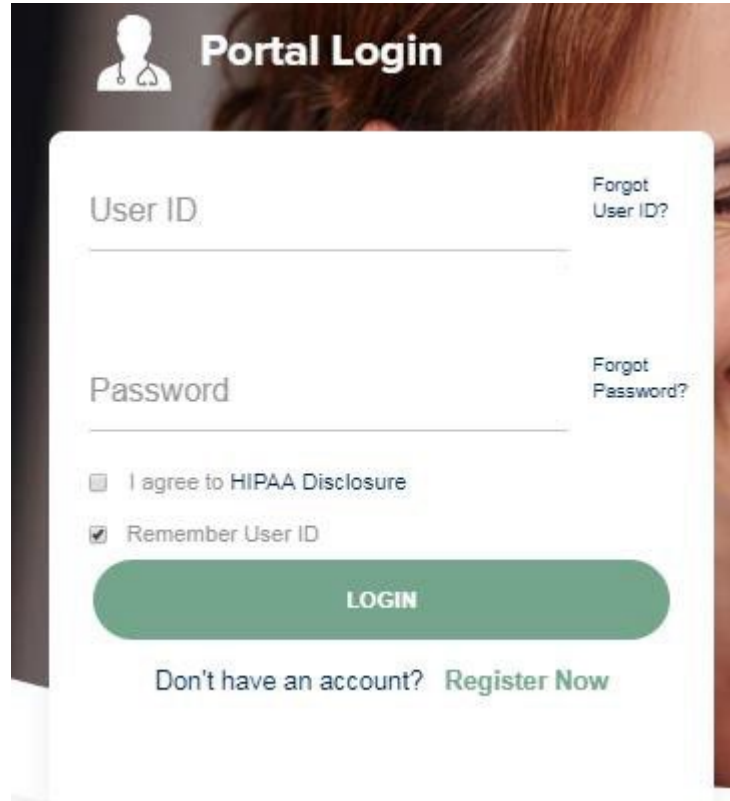
New Password*

Confirm New Password*

Continue

Cancel

Account Log-In



The image shows a 'Portal Login' form. At the top left is a white icon of a person with a stethoscope. To its right is the text 'Portal Login'. Below this is a white form box with a light gray border. Inside the form box, there are two input fields: 'User ID' and 'Password'. To the right of the 'User ID' field is a link that says 'Forgot User ID?'. To the right of the 'Password' field is a link that says 'Forgot Password?'. Below the input fields are two checkboxes: the first is 'I agree to HIPAA Disclosure' with an unchecked checkbox, and the second is 'Remember User ID' with a checked checkbox. Below the checkboxes is a large green rounded rectangular button with the word 'LOGIN' in white capital letters. At the bottom of the form box, there is a link that says 'Don't have an account? Register Now'.

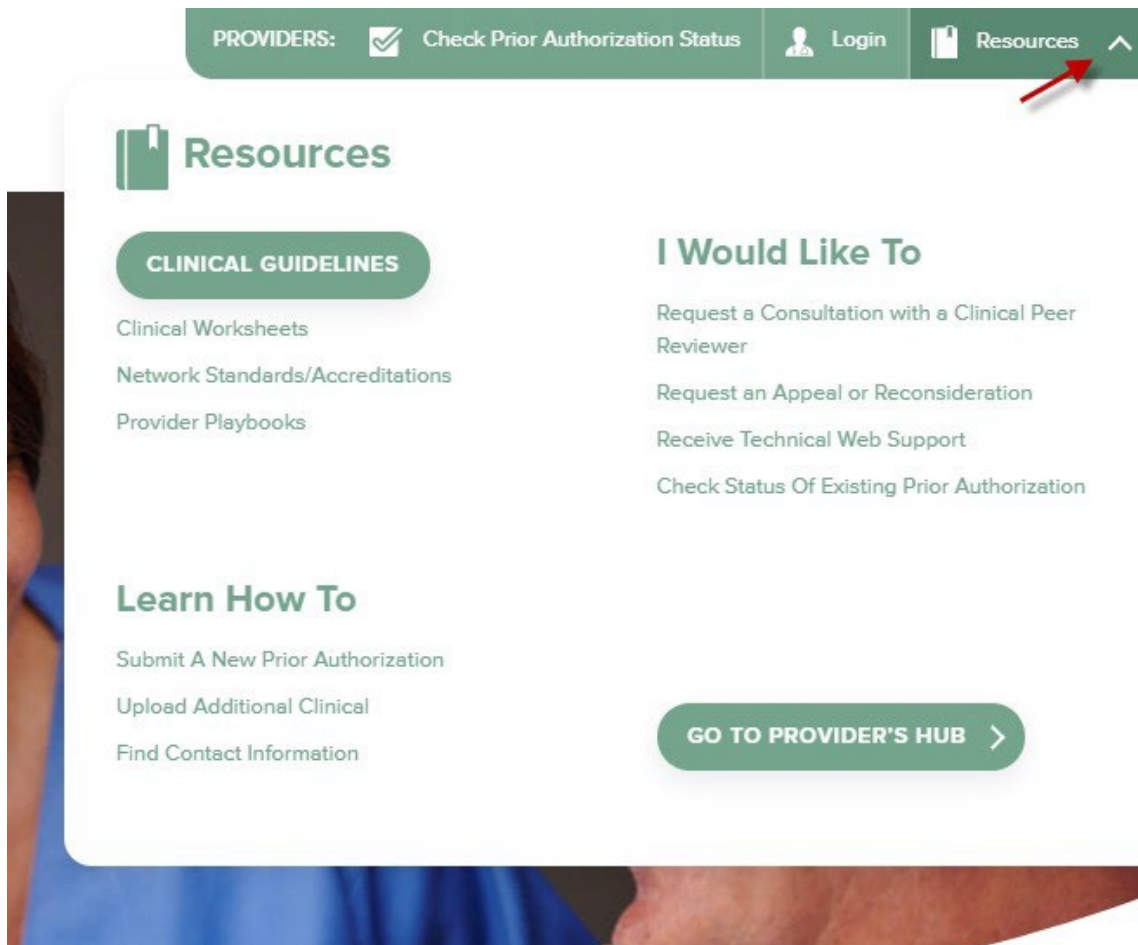


To log-in to your account, enter your **User ID** and **Password**. Agree to the HIPAA Disclosure, and click “**Login**.”

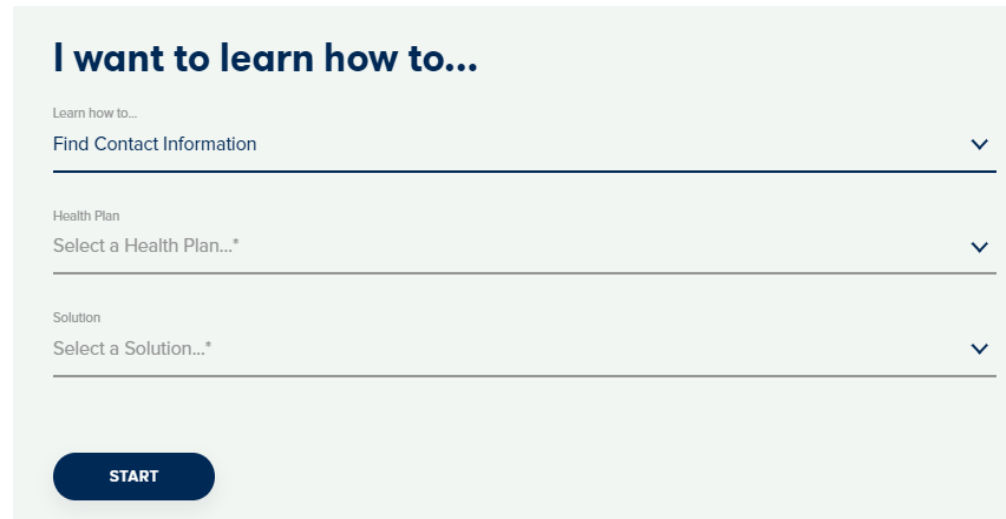
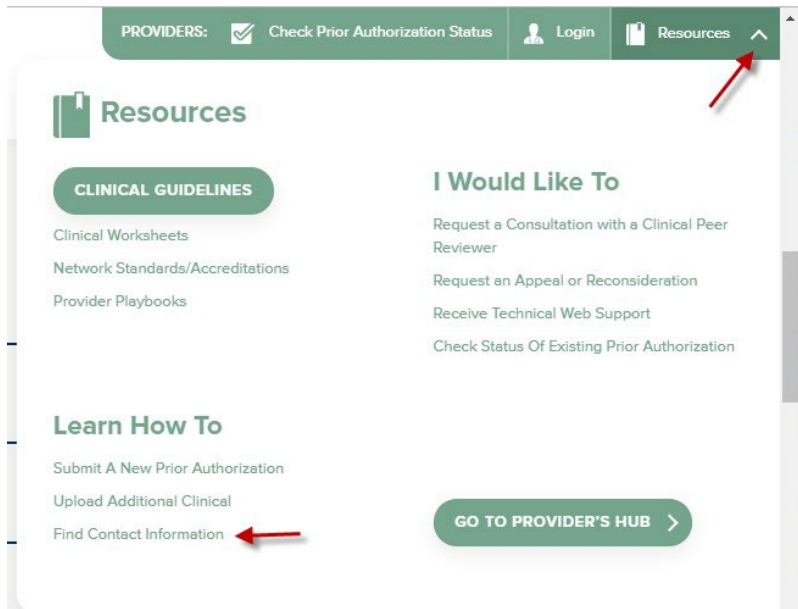
Web Portal Services

Online Resources

- You can access important tools and resources at www.evicore.com.
- Select the **Resources** to view **FAQs, Clinical Guidelines, Online Forms**, and more.



Quick Reference Tool



Access health plan specific contact information at www.evicore.com by clicking the resources tab then select **Find Contact Information**, under the Learn How to section. Simply select Health Plan and Solution to populate the contact phone and fax numbers as well as the appropriate legacy portal to utilize for case requests.

Certification Summary

Certification Summary

Home Certification Summary A Search.. Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us MedSolutions Portal

Wednesday, September

Certification Summary Search..

Single Status Show All

Filter By Multiple Statuses Show All

Date 7 days Submit Close

Authorization Number	Case Number	Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description	Site Name	Expiration Date	Correspondence	Upload Clinical

No records to display

No records to display

- CareCore National Portal now includes a Certification Summary tab, to better track your recently submitted cases.
- The work list can also be filtered - as seen above.

Authorization look up



Authorization Lookup

New Security Features Implemented

Search by Member Information

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:
MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:

Search by Authorization Number/ NPI

REQUIRED FIELDS

Provider NPI:

Auth/Case Number:



Select Search by **Authorization Number/NPI**. Enter the provider's NPI and authorization or case number. Select **Search**.

You can also search for an authorization by **Member Information**, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.

Search Results and Electronic Clinical Upload Feature

Home **Authorization Lookup** Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal

New Security Features Implemented

Authorization Number: NA

Case Number:

Status: Additional Information Required

Approval Date:

Service Code:

Service Description:

Site Name:

Expiration Date:

Date Last Updated: 10:45:49 AM

Correspondence: [VIEW CORRESPONDENCE](#)

Clinical Upload: [UPLOAD ADDITIONAL CLINICAL](#)



Approval

Clinical Certification

Your case has been Approved.

Provider Name:		Contact:	
Provider Address:		Phone Number:	
		Fax Number:	
<hr/>			
Patient Name:		Patient Id:	
Insurance Carrier:			
<hr/>			
Site Name:		Site ID:	
Site Address:			
<hr/>			
Primary Diagnosis Code:		Description:	
Secondary Diagnosis Code:		Description:	
CPT Code:		Description:	
Modifier:			
Authorization Number:			
Review Date:			
Expiration Date:			
Status:	Your case has been Approved.		

Once the clinical pathway questions are completed and the answers have met the clinical criteria, an **approval** will be issued.

Print the screen and store in the patient's file.

Date Extensions

Date extensions are available if you are unable to use all visits within the approved period

- Extend for the period that is needed, up to a maximum of 30 days
- Must be requested prior to the expiration of the authorization

Available

- By phone
- Online

<https://carriers.carecorenational.com/PreAuthorization/screens/CreateCase.aspx>

Attention!

Physical Therapy, Occupational Therapy, Speech Therapy, Massage Therapy, Chiropractic Care, and Acupuncture services are eligible for case duplication and date extensions. Are you requesting one of these services?

Date Extension

Continuing Care

Continue to Build a New Case

Requests for Spine Surgery, Joint Replacement, Arthroscopy, and Pain Management, please select "Continue to Build a New Case"

Eligibility Look Up



Home Authorization Lookup **Eligibility Lookup** Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us

Eligibility Lookup

New Security Features Implemented

Health Plan:

Patient ID:

Member Code:

Cardiology Eligibility: **Medical necessity determination required.**

Radiology Eligibility: **Precertification is Required**

Radiation Therapy Eligibility: **Medical necessity determination required.**

MSM Pain Mgt Eligibility: **Precertification is Required**

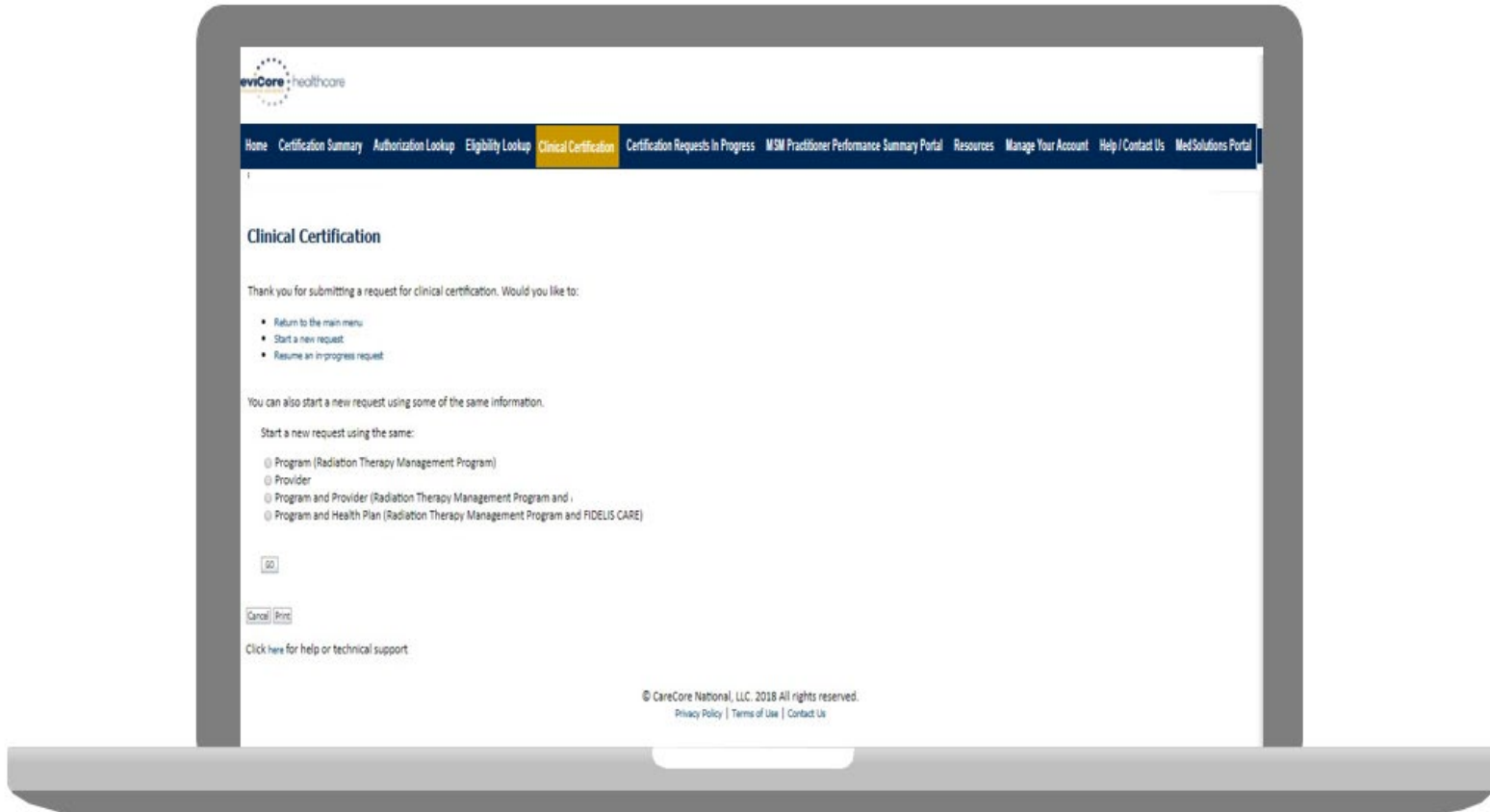
Sleep Management Eligibility: **Medical necessity determination required.**

Click [here](#) for help or technical support

CONFIDENTIALITY NOTICE: Certain portions of this website are accessible only by authorized users and unique identifying credentials, and may contain confidential or privileged information. If you are not an authorized recipient of the information, you are hereby notified that any access, disclosure, copying, distribution, or use of any of the information contained in the code-accessed portions is STRICTLY PROHIBITED.

You may also confirm the patient's eligibility by selecting the **Eligibility Lookup** tab.

Building Additional Cases



Once a case has been submitted for clinical certification, you can return to the **Main Menu**, **resume an in-progress request**, or **start a new request**. You can indicate if any of the previous case information will be needed for the new request.

Provider Resources



Online Resources

Clinical consultation

Visit www.evicore.com and select “Request a Consultation with a Clinical Peer Reviewer” from the Resources Tab in the drop down menu in the top right-hand corner of your browser.

PROVIDERS: Check Prior Authorization Status Login Resources ^

Resources

CLINICAL GUIDELINES

- Clinical Worksheets
- Network Standards/Accreditations
- Provider Playbooks
- Training Resources

I Would Like To

- Request a Consultation with a Clinical Peer Reviewer
- Request an Appeal or Reconsideration
- Receive Technical Web Support
- Check Status Of Existing Prior Authorization
- Check Eligibility Status
- Access Claims Portal

Learn How To

- Submit A New Prior Authorization
- Upload Additional Clinical
- Find Contact Information

GO TO PROVIDER'S HUB >

Provider Resources

Main site for eviCore – www.evicore.com

eviCore telephone number: (800) 918- 8924

<https://www.evicore.com/resources/pages/providers.aspx#>

Contact eviCore from 7:00 a.m. – 7:00 p.m. local time, Monday through Friday, to obtain prior authorization, check status of an existing case, discuss questions regarding authorizations and case decisions, or change facility or CPT codes on an existing case.

Resource Page: www.evicore.com/healthplan

In addition to the main website, resource pages tailored to a specific health plan are available. The websites include the CPT code list (list of codes that require prior authorization for a specific health plan), training materials and presentations, links to clinical worksheets, and links to eviCore's evidence based guidelines.

Client provider operations: clientservices@evicore.com or (800) 646-0418 (Option #4)

Contact Client Provider Operations for assistance with eligibility issues (member, rendering facility, and/or ordering clinician) or case-creation issues, to ask that an authorization be re-sent to the health plan, or to request education/training.

Web Portal Services-Assistance

Email portal.support@evicore.com

Call a Web Support Specialist at
(800)646-0418 (Option 2)

Connect with us via Live Chat



Web Portal Services-Available 24/7

Thank You!

