

WEB PORTAL OVERVIEW

Registration & Web Portal Navigation Reference Guide



Account Registration

Web Browser Compatibility

The eviCore website is compatible with the following web browsers:

- Google Chrome
- Mozilla Firefox
- Microsoft Edge

The eviCore website is **not** compatible with the following web browsers:

- Internet Explorer
- Microsoft Edge under Internet Explorer Mode



eviCore healthcare website

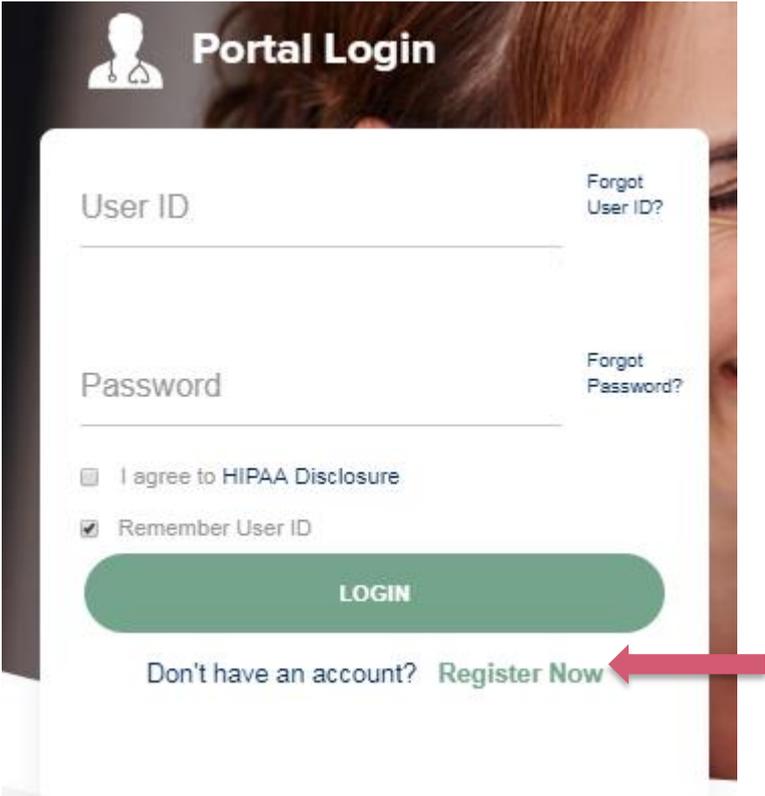
- Go to www.evicore.com



- 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 includes input fields for "User ID" and "Password", each with a "Forgot" link. Below the fields are two checkboxes: "I agree to HIPAA Disclosure" and "Remember User ID". A green "LOGIN" button is positioned below the checkboxes. At the bottom, there is a link that says "Don't have an account? Register Now".

Creating An Account



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



Creating An Account



* 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 use to submit cases over the web.

Default Portal*:

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"/> <input type="text" value="v"/>	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 CareCore National or MedSolutions as the **Default Portal**, and complete the user registration form.



Please note: For the MedSolutions portal, you will also need to select the appropriate **Account Type**: Facility, Physician, Billing Office, and Health Plan.

Creating An Account

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*:

User Registration

UserName:	MYoder	Address:	731 Cool Springs Blvd	Phone:	800-575-4517
Email:	evicorejedi1234@gmail.com	City:	Franklin	Ext:	
Account Type:	Physician	State:	TN	Zip:	37067
First Name:	Mallory	Office Name:	eviCore	Fax:	615-468-4408
Last Name:	Yoder				

Provider Information

Physician FirstName:	TEST	Physician LastName:	DOCTOR	Street Address:	730 COOL SPRINGS BLVD
State:	TN	Tax ID:	*****6789	NPI:	7417417410

Please read below to sign up as an appropriate user.

Physician: An Individual Practitioner, A Medical Group Practice or an assistant of a Physician who would create and check status of a Pre-authorization.

Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or Facility who would create and check status of a Pre-authorization.

Billing Office: A billing Office who can check the status of Pre-Authorization, claims and payments. If you represent multiple Tax IDs, please register with your Primary Tax ID. You can tie additional preferred Tax Ids after your initial login.

Health Plan: A Health Plan representative who can check the status of Pre-Authorization and Claims.

[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 LastName: Yoder
State: TN Tax ID:

Please read below to sign up as an appropriate user.
Physician: An Individual Practitioner, A Medical Group Practice or an assistant
Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or Facility
Billing Office: A Billing Office must be established by the state of TN. Authorization of Billing must be provided to the Billing Office by the state of TN. Billing Office must be established by the state of TN. Billing Office must be established by the state of TN.

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)). The electronic access to and use of eviCore's web-based applications is subject to the terms and conditions of the Access Agreement.

Accept Terms and Conditions *

Submit Cancel

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

User Registration-Continued



Registration Successful

Your Registration has been accepted. An email has been sent to your registered email account allowing you to set your password. Please close the browser.



➔ 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., ! # *)

Password Maintenance

Please set up a new password for your account.

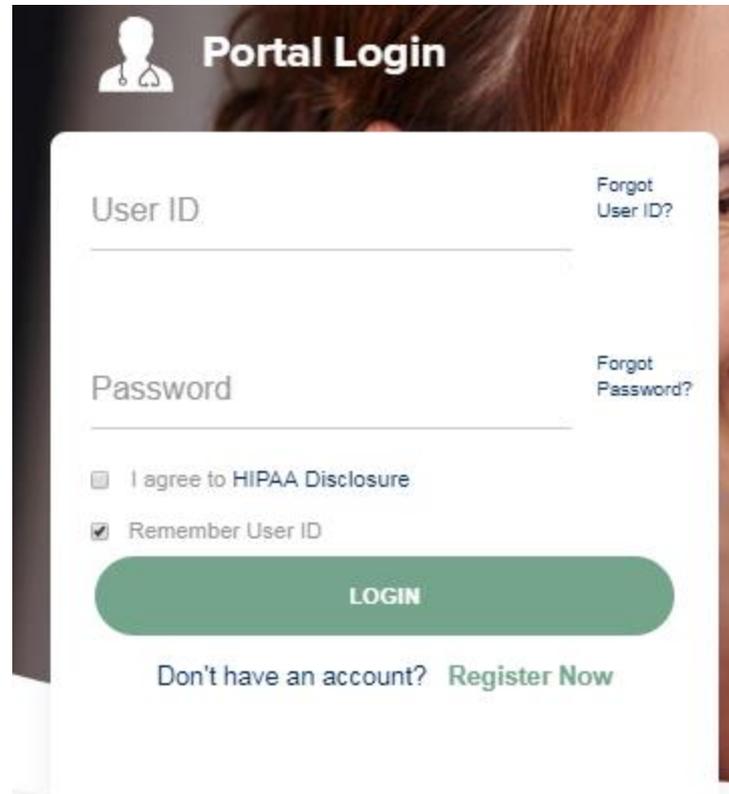
Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters.

New Password*

Confirm New Password*

Save

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 with a rounded top. 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: the first is 'I agree to HIPAA Disclosure' (unchecked), and the second is 'Remember User ID' (checked). Below the checkboxes is a green rounded button with the text 'LOGIN'. At the bottom of the form is the text '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 Overview

Legacy MedSolutions Portal

Announcement

Announcements Home Search/Start Case CareCore National Portal Post Acute Care

Announcements   

Important BCBS-KC Update - Posted on: 12 Dec 2022
All Radiology and Cardiology requests for BCBS-KC members can still be submitted through the MedSolutions portal. The change in process to the CareCore portal has been postponed. Please continue to submit these requests via the MedSolutions portal until further notice.

Cigna and CMA NEW POS Options for MSK - Posted on: 07 Dec 2022
[Cigna Healthcare](#) and [Cigna Medicare Advantage](#) Place of Service options now include **Ambulatory** and **Office** options in the dropdown for **MSK** requests. The Place of Service will still default to Inpatient or Outpatient, however, please remember to update to the appropriate Place of Service for your request. In addition, if Office is selected and Referring Physician is participating, the system will automatically select the 'Procedure to be performed at Requesting Physician's Office' checkbox.

National Contrast Shortage - Posted on: 11 May 2022
eviCore is aware of the contrast shortage. Our medical reviewers have received guidance with respect to the appropriate alternative imaging studies in accordance with our evidence-based clinical guidelines applicable to the individual case scenarios.

Aetna Sleep and MSK Migration - Posted on: 09 May 2022
Effective May 27, 2022, all Pain Management and Sleep online requests for [Aetna Health Management](#) & [Aetna Next Gen](#) members must be initiated on the CareCore National portal. After logging into your eviCore web account, if you are in the MedSolutions portal, you can select CareCore National Portal at the top to toggle over and submit your request. [Aetna Better Health](#) will remain unchanged.

Cigna Medicare Advantage rebrand - Posted on: 12 Apr 2022
Cigna has rebranded Cigna HealthSpring to [Cigna Medicare Advantage](#) starting 04/14/2022 across all eviCore platforms. Please ensure that you select Cigna Medicare Advantage when selecting the Health Plan from the drop down menu for any former HealthSpring member. There is no change to the Health Plan other than the name change.

CareCore Portal procedure programs - Posted on: 08 Apr 2022
Reminder -- For all Physical, Occupational, Speech, Chiropractic, Massage, or Acupuncture Therapy requests, or for Gastroenterology, Chemotherapy Drug, Specialty Drug, or Lab Management requests, please click the **CareCore National Portal** tab at the top because all of those programs will all be exclusive to the CareCore interface. If you do not have the CareCore National Portal tab at the top, please log out, go to www.evicore.com, then log in again.

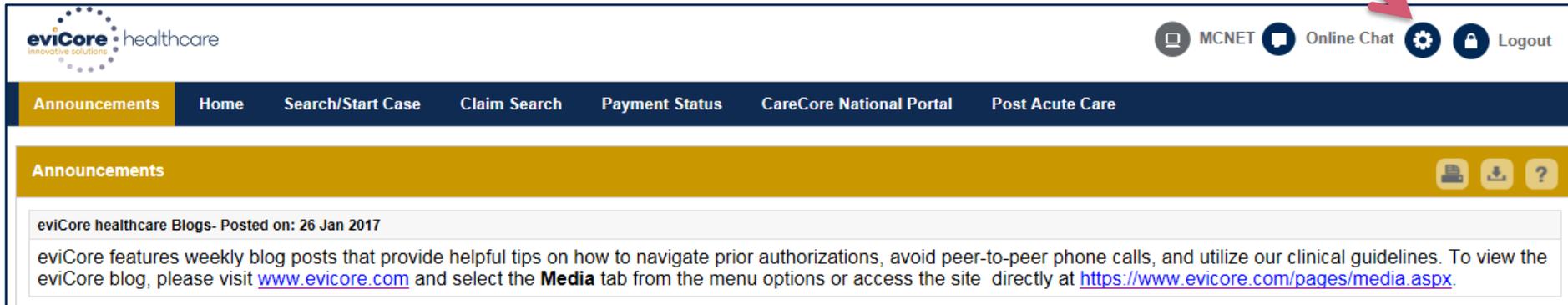
Once you have logged in to the site, you will be directed to the main landing page that includes important announcements.

Note: You can access the CareCore National Portal at any time without having to provide additional log-in information. Click the CareCore National Portal button on the top right corner to seamlessly toggle back and forth between the two portals.

Account Settings

The **Options Tool** allows you to access your Account Settings to update information:

- Change password
- Update user account information (address, phone number, etc.)
- Add additional Tax ID numbers of Physicians or Facilities



The screenshot displays the top navigation bar of the eviCore healthcare website. The logo "eviCore healthcare" is on the left. On the right, there are icons for "MCNET", "Online Chat", "Options Tool" (a gear icon), and "Logout". A red arrow points to the "Options Tool" icon. Below the navigation bar is a menu with items: "Announcements", "Home", "Search/Start Case", "Claim Search", "Payment Status", "CareCore National Portal", and "Post Acute Care". The "Announcements" section is highlighted in yellow and contains a blog post titled "eviCore healthcare Blogs- Posted on: 26 Jan 2017". The blog post text reads: "eviCore features weekly blog posts that provide helpful tips on how to navigate prior authorizations, avoid peer-to-peer phone calls, and utilize our clinical guidelines. To view the eviCore blog, please visit www.evicore.com and select the **Media** tab from the menu options or access the site directly at <https://www.evicore.com/pages/media.aspx>."

Account Settings

Adding **Preferred Tax ID numbers** will allow you to view the summary of cases submitted for those providers:

- Search for a Tax ID by clicking **Physician** or **Facility**.
- Confirm you are authorized to access PHI by clicking the check box, and hit Save.
- Tax ID's will dictate which authorization requests the user is allowed to view



Preferences

Please set up Preferred Provider Tax IDs for your account. You can search and add a Physician or Facility Tax ID. Adding preferred tax id would allow you to view the summary of cases submitted for these provider Tax IDs. The Case Summary can be viewed via Case Lookup, Patient History and Recently Submitted grids. It also allows you to view the Claims details of your preferred Facilities.

Physician Facility

Tax ID*

Preferred Tax Ids on my account

Tax ID	Provider Type
123456789	Physician <input type="button" value="X"/>

Before proceeding, you must confirm that you are authorized to access Protected Health Information (PHI) as defined under the Health Insurance Portability and Accountability Act on behalf of the Tax ID/s added.

You must also agree to limit your access to the minimum amount of information necessary to perform a permitted treatment or other health care operations activity.

In the event you obtain access to information that you are not authorized to view, please notify eviCore immediately.

Failure to comply with these terms may result in immediate termination of you and your organization's access to eviCore' website.

Privacy Breaches: Be very careful to check the ordering physician's full name, their specialty and the last four digits of their TIN or NPI before selecting them in this system. By sending patients' Protected Health Information (PHI) to physicians who are not the ordering physicians, you may be in violation of HIPAA Privacy regulations.

* I hereby agree that I have read and understood the above message

Search/Start Case

Home Tab

The Home Page will have two worklists: **My Pending Worklist** and **Recently Submitted Cases**

My Pending Worklist

- Save case information and complete case at a later time
- Submit additional clinical to a pending case after submission without having to fax

Recently Submitted Cases

- Cases that are pending review and/or cases recently approved or denied

My Pending Worklist - 0 Cases pending for additional case details or a completed survey will be deleted after 7 calendar days.

Clear Filters Refresh Data Save Preference

Case Number	Insurer Name	Patient Name	Date Of Birth	CPT Codes	ICD Codes	ICD Version	Referring Physician	Facility	Start Date
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No items to display

Recently Submitted Cases - 3

Start Date: 08/15/2019 End Date: 08/16/2019 Clear Filters Refresh Data Save Preference Only My Portal Cases

Case Number	Insurer Name	Patient Name	Date Of Birth	Case Status	Case Activity	Submit Date	Authorization Number	Effective Date	Expiration Date	Refer
118938509	MEDSOLUTIONS DEMO	BUBBLES M POWERPUFF	2/1/1990	Denied		8/16/2019				TEST
118938079	MEDSOLUTIONS DEMO	BUBBLES M POWERPUFF	2/1/1990	Canceled		8/16/2019				TEST
118937358	MEDSOLUTIONS DEMO	BUBBLES M POWERPUFF	2/1/1990	Canceled		8/16/2019				TEST

1 - 3 of 3 items

Search/Start Case – Member Lookup



PATIENT & CASE LOOKUP

Patient Search Result(s)

Patient Lookup

Insurer:* MEDSOLUTIONS DEN

Member ID: xyz0002

or

First Name:

Last Name:

Date of Birth:

Reset Search

*Select the Insurer (and) enter either the Member ID (or) Patient First Name, Last Name and Date of Birth

To conduct a **Patient Lookup**, first select the appropriate insurance company from the *Insurer* drop down. Next, enter the *Member ID* or *First Name*, *Last Name* and *Date of Birth* for the result to be returned.

Case/Auth Lookup

Case ID Auth Number

Search

For **Case/Auth Lookup**, you will only need to enter the *Case ID* or *Authorization Number* at the bottom of the page and tab over to hit **Search**.

Search/Start Case – Member Lookup

Patient Search Result(s)

Member ID	Patient Name	Date Of Birth	Gender	Address	Program	Program Effective Date	Program Term Date
XYZ00003	POWERPUFF, BLOSSOM	1/1/1990	FEMALE	123 MAIN ST, FRANKLIN, TN, 37067	MSI DEMO PROGRAM - PA REQ	1/1/2008	12/31/2999

1 - 1 of 1 items

PLEASE MAKE SURE YOU ARE SELECTING THE CORRECT PATIENT

Patient Detail Information

Member ID: XYZ00003 Gender: FEMALE Program: MSI DEMO PROGRAM - PA REQ
Name: POWERPUFF, BLOSSOM Address: 123 MAIN ST, FRANKLIN, TN, 37067 Program Effective Date: 1/1/2008
Date of Birth: 1/1/1990 Insurer: MEDSOLUTIONS DEMO Program Term Date: 12/31/2999

This is a eviCore DEMO Program [Create Case](#)

Patient History - 3 Records found

Case ID	Auth Number	Submit Date	Case Status	Case A
115410627		2/8/2019	Canceled	
113514885		10/23/2018	Canceled	
113514809	A43427356	10/23/2018	Approved	

1 - 3 of 3 items

Callouts:

- If a partial ID is put in the search box, a list of members will populate. A patient can be selected once the patient is highlighted blue. Please make sure you select the correct patient by verifying the patient's name and DOB before clicking **Create Case**.
- If there are cases associated with the patient, they will populate once the patient is selected. Double click on a case ID in the **Patient History** to open that case.

Case Creation – CPT/ICD Codes

- Begin typing the **CPT** and **ICD codes** or descriptions, then click the appropriate option with your cursor. Modifier selections will populate for the code, if applicable. The portal allows selection of unlimited CPT and ICD codes.
- A box will populate allowing you to enter the retro date of service if retrospective requests are able to be initiated via the web for the health plan specified.

The screenshot displays the 'Case Creation – CPT/ICD Codes' web portal. At the top, the eviCore healthcare logo is on the left, and 'Online Chat', a settings gear, a lock icon, and 'Logout' are on the right. A dark blue navigation bar contains 'Announcements', 'Home', 'Search/Start Case', 'CareCore National Portal', and 'Post Acute Care'. Below this is a yellow 'CASE DETAIL' header with a search icon and a help icon. The main content area is split into two columns. The left column, titled 'Patient Lookup', includes a dropdown for 'Insurer' (set to 'MEDSOLUTIONS DEMO'), a text input for 'Member ID' (containing 'xyz00002'), and fields for 'First Name', 'Last Name', and 'Date of Birth'. It features 'Reset' and 'Search' buttons. A note below reads: '*Select the Insurer (and) enter either the Member ID (or) Patient First Name, Last Name and Date of Birth'. The right column, titled 'CASE DETAIL', shows patient information: 'Insurer: MEDSOLUTIONS DEMO', 'Member ID: XYZ00002', 'Health Plan/Program: MSI DEMO PROGRAM - PA REQ', 'First Name: BOBBY', 'Last Name: HILL', 'Date of Birth: 2/1/1974', and 'Gender: MALE'. Below this is a 'CPT/ICD' section with a sub-header 'CPT Codes : ICD Codes :'. It contains a 'CPT Codes' table with a search bar and a table with columns 'Code', 'Description', and 'Modifier'. The table lists code '73721' with description 'MRI Lower Extremity, any joint; without contrast material(s)' and modifier 'LT'. Below the table is a 'Diagnosis' section with radio buttons for 'ICD 9' and 'ICD 10', a search bar, and a table with columns 'Code' and 'Description'. The table lists code 'M25.562' with description 'Pain in left knee'. At the bottom of the right column is a 'Please select the Date Of Service' field with a calendar icon and a red error message: 'Please do not Enter a Date of Service if the test is being performed today or in the future.' A 'Save & Next' button is located at the bottom right of the page.

Case Creation – Ordering Physician

- Select from a default **Physician** or search by **Name**, **Tax ID**, or **NPI** number, and select the state.
- Once the correct physician displays, select by clicking on the record. Then hit **“Save & Next.”**
- There is the option to **“Use Referring Physician as Requested Facility,”** if appropriate.

PATIENT & CASE LOOKUP

Patient Lookup

Insurer:* MEDSOLUTIONS DEM

Member ID: xyz00002

or

First Name:

Last Name:

Date of Birth:

Reset
Search

*Select the Insurer (and) enter either the Member ID (or) Patient First Name, Last Name and Date of Birth

Case/Auth Lookup

Case ID
 Auth Number

Search

CASE DETAIL

Member

Insurer: MEDSOLUTIONS DEMO
 Member ID: XYZ00002

Health Plan/Program: MSI DEMO PROGRAM - PA REQ

First Name: BOBBY
 Last Name: HILL
 Date of Birth: 2/1/1974
 Gender: MALE

CPT/CD

CPT Codes : 73721 ICD Codes : M25.562

Physician

Use Referring Physician as Requested Facility

Physician Search

First Name: Test
Tax ID:
State: TN

Last Name: Doctor
NPI:

Enter the First Name and Last Name or Tax Id or NPI. Lookup Physician

First Name	Last Name	Address	City	State	Zip Code	NPI	Tax ID
TEST	DOCTOR	730 COOL SPRINGS BLVD	FRANKLIN	TN	370677289	7417417410	*****6789
TEST	DOCTOR	730 COOL SPRINGS BLVD	FRANKLIN	TN	370677289	7417417410	*****6789
TEST	DOCTOR	730 COOL SPRINGS BLVD	FRANKLIN	TN	370677289	7417417410	*****6789
TEST	DOCTOR	730 COOL SPRINGS BLVD	FRANKLIN	TN	370677289	7417417410	*****6789
TEST	DOCTOR	730 COOL SPRINGS BLVD	FRANKLIN	TN	370677289	7417417410	*****6789

1 - 5 of 8 items

1
2

Save & Next

Case Creation – Facility

- Select from a default **Facility** or search by clicking the **Search Facility** button and entering the **Facility Name**, **Tax ID**, or **NPI** number. For in-office procedures, click the Look-Up IOP button, and choose from the list.
- Once the correct facility displays, select by clicking on the record. Then hit **“Save & Next.”**



Announcements Home Search/Start Case CareCore National Portal Post Acute Care

PATIENT & CASE LOOKUP
CASE DETAIL

Patient Lookup

Insurer: MEDSOLUTIONS DEI

Member ID: xyz00002

OR

First Name:

Last Name:

Date of Birth:

Reset
Search

*Select the Insurer (and) enter either the Member ID (or) Patient First Name, Last Name and Date of Birth

Case/Auth Lookup

Case ID Auth Number

Search

CASE DETAIL

Member Insurer: MEDSOLUTIONS DEMO Member ID: XYZ00002
 Health Plan/Program: MSI DEMO PROGRAM - PA REQ
 First Name: BOBBY Last Name: HILL Date of Birth: 2/1/1974 Gender: MALE

CPT/ICD CPT Codes : 73721 ICD Codes : M25.582

Physician Physician Name: DOCTOR , TEST , Tax ID : *****8789 , NPI : 7417417410

Facility

Please choose one of the following facilities:

Facility Name	Address	Distance	Equipment	Tax Id	NPI	Taxonomy Codes
TEST FACILITY FOR PORTAL	PO, NASHVILLE, AA, 37211	9.47	3D CONFORMAL, ARTHROGRAM, BRACHYTHERAPY, COMP JOINT, COMP MSK, COMP SPINE, CT, GEN XRT, IMRT, MRI, MYELOGRAM, NCM, NEUTRON BEAM, OPEN MR, PAIN MGMT, PET PET/CT, PRON	*****8789		

1 - 2 of 2 items

Search Facility
Save & Next

Case Creation – Review and Submit

- You can edit the CPT/ICD codes, Physician, and Facility information by clicking the “Edit” icons next to the field that needs to be updated.
- Review the case information, then **click Submit**. Case details cannot be changed on the portal once you hit this button. Any changes after submission would need to be made via phone.
- Once you hit Submit, you will receive an automatic approval, or you will be prompted to respond to the clinical questions for additional information.
- We are happy to announce a new feature on this page for status change e-notifications! This allows you to receive an email (e-notification) for any updates to status for this case.



Online Chat Logout

Announcements Home Search/Start Case CareCore National Portal Post Acute Care

PATIENT & CASE LOOKUP

Patient Lookup

Insurer:* MEDSOLUTIONS DEM

Member ID: xyz00002

OR

First Name:

Last Name:

Date of Birth:

Reset
Search

*Select the Insurer (and) enter either the Member ID (or) Patient First Name, Last Name and Date of Birth

Case/Auth Lookup

Case ID Auth Number

Search

CASE DETAIL ?

Member

Insurer: MEDSOLUTIONS DEMO Member ID: XYZ00002

Health Plan/Program: MSI DEMO PROGRAM - PA REQ

First Name: BOBBY Last Name: HILL Date of Birth: 2/1/1974 Gender: MALE

CPT/ICD

CPT Codes : 73721 ICD Codes : M25.562 ✎

Physician

Physician Name: DOCTOR , TEST , Tax ID : *****6789 , NPI : 7417417410 ✎

Facility

Facility Name: TEST FACILITY FOR PORTAL , Tax ID : *****6789 , NPI : ✎

Please review the case details before submitting the case. You can edit the CPT/ICD, Physician and Facility information. The case details can't be changed once you press the 'Submit' button. Once the case is submitted, you may be presented with a Survey to answer few questions about this request.

All Fax notifications for this case will be sent to (999) 999-9999. Please verify that it is correct. If you would like to change your Fax number, please click on the gear icon on the top right of the page for the Account Info screen.

Until a case number appears for this request, it is not a submitted case and it will not be reviewed for medical necessity. Please ensure all steps are completed in order to receive a case number.

I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

I would like to receive email notifications when there is a change to the status of this case.

Notifications will be emailed to amynlibby@gmail.com, please verify that is the correct. If you would like to change your email address, please update now.

xxx@gmail.com This email will also be updated on the account info screen in the eNotification Email ID field.

Submit

New feature! This option allows you to receive e-notification updates for case status updates/changes.

23

Providing Clinical Information

- If applicable, you will be asked a series of questions beginning with a reason for the request.
- Select from the dropdown, or enter a rationale in the text box if none of the options are applicable.

Survey

Submit Later

Note: Please complete questions below to receive an immediate notification as to whether the case is approved or if additional clinical information is required.

1 Which anatomy will be examined with the requested study?

- Hip Knee Ankle

Submit Review History



* 73721 MRI of lower extremity joint (ankle, knee or hip) without dye

Please select "Submit" to continue

Survey

Submit Later

Note: Please complete questions below to receive an immediate notification as to whether the case is approved or if additional clinical information is required.

1 Which side will be examined with the requested study?

- Left Right

Submit Review History



* 73721 MRI of lower extremity joint (ankle, knee or hip) without dye

Please select "Submit" to continue

2 Which anatomy will be examined with the requested study?

- Knee

Providing Clinical Information

- Respond to the clinical questions that populate based upon the answers provided. You may save/print this information and come back at a later time, if needed. Cases will remain in your pending work list for seven calendar days.
- Select “**Submit**” to submit the survey answers.

Survey

Submit Later

Note: Please complete questions below to receive an immediate notification as to whether the case is approved or if additional clinical information is required.

① Which one of the following best describes the reason for the requested study?

Submit Review History



* 73721 MRI of lower extremity joint (ankle, knee or hip) without dye

Please select "Submit" to continue

② Which anatomy will be examined with the requested study?

✔ Knee

③ Which side will be examined with the requested study?

✔ Right

Providing Clinical Information

- Once the survey questions have been submitted, you may receive an approval based upon the answers/information provided.
- If additional review is required, the decision criteria will populate, and you can print the criteria guidelines if needed.

Survey

Submit Later

Note: Please complete questions below to receive an immediate notification as to whether the case is approved or if additional clinical information is required.

Based on the clinical information provided, this is consistent with eviCore Evidence based Clinical Guidelines.

1 Which action would you like to take?

- Continue
- Voluntarily Cancel Request

Submit Review History

2 Which anatomy will be examined with the requested study?

Knee

3 Which side will be examined with the requested study?

Right

4 Which one of the following best describes the reason for the requested study?

Evaluation of Knee Pain

5 Please enter the approximate date of the most recent face-to-face evaluation with any provider for this condition.

12/01/2018

6 Has there been provider-directed conservative treatment for this episode of xxx yyy pain?

Providing Clinical Information

- You can choose to “**Submit for Additional Review**” to proceed to the clinical upload and review process, or you may “**Voluntarily Cancel Request.**”
- Cancelling the request ensures there will not be a denial in the patient’s history.

Based on the clinical information provided, this is consistent with eviCore Evidence based Clinical Guidelines.

① Which action would you like to take?

- Continue
- Voluntarily Cancel Request



Providing Clinical Information

rt Case Claim Search Payment Status

CASE DETAIL

Request for Additional Clinical Documentation

Your request will require additional Medical Review. Additional Clinical information relevant to this request will help avoid delays in the review process.

(Examples of Clinical Information : Recent Member History, Physical Exam Results, Lab Results, Prior Imaging Results, Prior Treatment)

You must select one of the following:

- Attach / Add additional clinical information now
- Will Fax or Call to provide additional clinical information
- There is no additional clinical information to provide

Depending upon the health plan, specific options for providing clinical will be available. You will then be asked to attached the electronic clinical information available.

Continue

Providing Clinical Information

Upload Additional Clinical Documentation

Additional Documentation

Warning: Please be sure and review that the attachments or notes apply to this case. Adding clinical information to the wrong case could result in a HIPAA violation.

File Name

No attachments saved

Clinical Notes

Note Text

Maximum Character limit on each note is 5000.

No notes saved

You can attach clinical notes or documents by clicking Browse and selecting the correct file(s) located on your computer.

You can type in free text notes as clinical information. Hit save for any notes entered in the text box.

Hit Apply to continue or Cancel to add additional information at a later time.

Providing Clinical Information

Upload Additional Clinical Documentation

Additional Documentation ?

Warning: Please be sure and review that the attachments or notes apply to this case. Adding clinical information to the wrong case could result in a HIPAA violation.

File Name

Browse

No attachments saved

Clinical Notes

Note Text

test

Maximum Character limit on each note is 5000.

Apply Cancel

Message from webpage

! Your Clinical documentation has been sent to eviCore for further review.

OK

Once you click Apply you will receive a message that your documentation has been accepted and that your case has been sent for medical review.

Case Summary Page – Pending Case

- Once you submit a case for medical review, you will be redirected to the **Pending Case Summary Page** where you'll be able to view case information including case number and current status/activity.

CASE SUMMARY ? 📄

Thank you for submitting your preauthorization request. The case has been sent to eviCore for further review.
If you have any questions please contact eviCore at 888-693-3211.

Case/Authorization

Service Order: 118937358 Initiated Date: 08/16/2019 Case Activity: Physician Review Process Case Status: Pending

Patient

First Name: BUBBLES
Last Name: POWERPUFF
Date of Birth: 02/01/1990
Address: 123 MAIN ST, FRANKLIN, TN, 37067
Phone:
Member ID: XYZ00004
Insurer: MEDSOLUTIONS DEMO
Program: MSI DEMO PROGRAM - PA REQ

Referring Physician

First Name: TEST
Last Name: DOCTOR
Address: 730 COOL SPRINGS BLVD, FRANKLIN, TN, 370677289
Phone: 999/999-9999
Fax: 999/999-9999
Specialty: ALLERGY,OPTICIAN
Tax ID: *****8789
NPI: 7417417410

Requested Facility

Name: TEST FACILITY FOR PORTAL
Address: PO, NASHVILLE, AA, 37211
Phone: 123/123-1231
Fax: 123/123-1231
Equipment: 3D Conformal,Performs Arthrograms,Brachytherapy,Comprehensive Joint,Comprehensive Musculoskeletal,Comprehensive Spine,CT Scan,General Radiation Therapy,IMRT,MRI Scan,Performs Myelograms,Nuclear Medicine study,Neutron Beam Treatment Delivery,MRI Open and Closed,Pain Management,PET Study,PET/CT Scanner,Proton Beam Therapy,Spine Surgery – Spine Fusion,Ultrasound
Tax ID: *****8789
Taxonomy Code:
NPI:

CPT Codes

CPT Code	Units	Description	CPT Status	Cpt Modifier
73721	1	MRI Lower Extremity, any joint; without contrast material(s)	Pending	

1 - 1 of 1 items

Diagnosis Codes

ICD Code	ICD Version	Description
R88.89	10	OTHER GENERAL SYMPTOMS AND SIGNS

1 - 1 of 1 items

Additional Documentation

File Name

Clinical Notes

Note Text

Case Summary Page – Approved Case

- The **Approved Case Summary Page** will provide case information such as the authorization number and effective/end date of the authorization.

CASE SUMMARY ? 🖨️

Thank you for submitting your preauthorization request. The Case has been Approved.

Case/Authorization

Service Order: 118938079	Authorization Number: A48197107	Auth Effective Date: 08/16/2019	Auth End Date: 10/15/2019
Initiated Date: 08/16/2019	Decision Date: 08/16/2019	Decision Type: Initial	Case Status: Approved

Patient

Referring Physician

Requested Facility

First Name: BUBBLES

Last Name: POWERPUFF

Date of Birth: 02/01/1990

Address: 123 MAIN ST, FRANKLIN, TN, 37067

Phone:

Member ID: XYZ00004

Insurer: MEDSOLUTIONS DEMO

Program: MSI DEMO PROGRAM - PA REQ

First Name: TEST

Last Name: DOCTOR

Address: 730 COOL SPRINGS BLVD, FRANKLIN, TN, 370877289

Phone: 9999999999

Fax: 9999999999

Specialty: ALLERGY,OPTICIAN

Tax ID: *****8789

NPI: 7417417410

Name: TEST FACILITY FOR PORTAL

Address: PO, NASHVILLE, AA, 37211

Phone: 1231231231

Fax: 1231231231

Equipment: 3D CONFORMAL, ARTHROGRAM, BRACHYTHERAPY, COMP JOINT, COMP MSK, COMP SPINE, CT, GEN XRT, IMRT, MRI, MYELOGRAM, NCM, NEUTRON BEAM, OPEN MR, PAIN MGMT, PET, PET/CT, PROTON BEAM, SPECT, SPINE FUSION, TEE, US, USGENERAL, USGUIDEDPROC, USGYN, USOB

Tax ID: *****8789

Taxonomy Code:

NPI:

CPT Codes

Diagnosis Codes

CPT Code	Units	Description	CPT Sta...	Cpt Modifier
73721	1	MRI Lower Extremity, any joint; without contrast material(s)	Approved	

1 - 1 of 1 items

ICD Code	ICD Version	Description
R08.89	10	Other general symptoms and signs

1 - 1 of 1 items

Additional Documentation

Clinical Notes

File Name

Note Text

Case Summary Page – Denied Case

- The **Denied Case Summary Page** will provide case information as well as the denial rationale. Case Summary reports can be accessed/printed at any time.

CASE SUMMARY ? 🖨

Thank you for submitting your preauthorization request. The Case has been Denied.

Case/Authorization

Service Order: 118938509 Initiated Date: 08/16/2019 Decision Date: 08/16/2019 Decision Type : Initial

Case Status: Denied

Patient

First Name: BUBBLES
Last Name: POWERPUFF
Date of Birth: 02/01/1990
Address: 123 MAIN ST, FRANKLIN, TN, 37067
Phone:
Member ID: XY200004
Insurer: MEDSOLUTIONS DEMO
Program: MSI DEMO PROGRAM - PA REQ

Referring Physician

First Name: TEST
Last Name: DOCTOR
Address: 730 COOL SPRINGS BLVD, FRANKLIN, TN, 370677289
Phone : 999/999-9999
Fax : 999/999-9999
Specialty: ALLERGY,OPTICIAN
Tax ID: *****8789
NPI: 7417417410

Requested Facility

Name: TEST FACILITY FOR PORTAL
Address: PO, NASHVILLE, AA, 37211
Phone: 123/123-1231
Fax: 123/123-1231
Equipment: 3D Conformal,Performs Arthrograms,Brachytherapy,Comprehensive Joint,Comprehensive Musculoskeletal,Comprehensive Spine,CT Scan,General Radiation Therapy,IMRT,MRI Scan,Performs Myelograms,Nuclear Medicine study,Neutron Beam Treatment Delivery,MRI Open and Closed,Pain Management,PET Study,PET/CT Scanner,Proton Beam Therapy,Spine Surgery – Spine Fusion,Ultrasound
Tax ID: *****8789
Taxonomy Code:
NPI:

CPT Codes

CPT C...	U...	Description	CPT S...	Denial Rationale Description	Cpt Mod...
73721	1	MRI Lower Extremity, any joint; without contrast material(s)	Denied	The requested procedure(s) is/are not reviewed by eviCore healthcare based on the clinical indications submitted.	

1 - 1 of 1 items

Diagnosis Codes

ICD Code	ICD Version	Description
R68.89	10	OTHER GENERAL SYMPTOMS AND SIGNS

1 - 1 of 1 items

Additional Documentation

File Name

Clinical Notes

Note Text

Web Portal Overview

Legacy CareCore National Portal

Welcome Screen



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 9:24 AM

Welcome to the CareCore National Web Portal. You are logged in as **AMYINTG**.

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

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- Providers will need to be added to your account prior to case submission. Click the **“Manage Account”** tab to add provider information.
- **Note:** You can access the MedSolutions Portal at any time without having to provide additional log-in information. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals.

Adding Providers



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 9:26 AM

Manage Your Account

Office Name: test

CHANGE PASSWORD

EDIT ACCOUNT

Address: 730 Cool Springs Blvd
Franklin, TN 37067

Primary Contact: Amy Oliphant

Email Address: amy.oliphant@evicore.com

ADD PROVIDER

Click Column Headings to Sort

No providers on file

CANCEL

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Click the “Add Provider” button.

Adding Providers



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 9:26 AM

Add Practitioner

Enter Practitioner information and find matches.

*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

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Enter the **Provider's NPI**, **State**, and **Zip Code** to search for the provider record to add to your account. You are able to add multiple Providers to your account.

Adding Providers



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 9:29 AM

Add Practitioner

This following practitioner record(s) were found to match the requested NPI. Is this the practitioner you would like to register?

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax
Last, First	12312312	1 MD Address	Franklin	TN	37067	(999)999-9999	(999)999-9999

ADD THIS PRACTITIONER

CANCEL

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Select the matching record based upon your search criteria

Manage Your Account



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 9:38 AM

Add Practitioner

Thank you for registering on the CareCore National website. If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to complete the registration process.

ADD ANOTHER PRACTITIONER

CONTINUE

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- Once you have selected a practitioner, your registration will be completed. You can then access the **“Manage Your Account”** tab to make any necessary updates or changes.
- You can also click **“Add Another Practitioner”** to add another provider to your account.

Certification Summary

eviCore healthcare

Home Certification Summary Authorization Lookup

Tuesday, January 21, 2020 9:39 AM

Log Off (AMYINTG)

Certification Summary

Search..  

Single Status
Show All ▼

Filter By Multiple Statuses
Show All ▼

Date
7 days ▼

Submit Close

Page 1 of 0 | 10 ▼

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

Page 1 of 0 | 10 ▼

No records to display

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- 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.

Initiating A Case



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 9:41 AM

Welcome to the CareCore National Web Portal. You are logged in as **AMYINTG**.

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

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Choose **“request an auth”** to begin a new case request.

Select Program



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 9:42 AM

Request an Authorization

To begin, please select a program below:

- Durable Medical Equipment(DME)
- Gastroenterology
- Lab Management Program
- Medical Oncology Pathways
- Musculoskeletal Management
- Radiation Therapy Management Program (RTMP)
- Radiology and Cardiology
- Sleep Management
- Specialty Drugs

CONTINUE

[Click here for help](#)

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Select the **Program** for your certification.

Select Provider



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

Tuesday, January 21, 2020 9:43 AM

[Log Off \(AMYINTG\)](#)

Requesting Provider Information

10% Complete

Select the provider for whom you want to submit an authorization request. If you don't see them listed, click [Manage Your Account](#) to add them.

Filter Last Name or NPI:

SEARCH CLEAR SEARCH

Provider	
SELECT	12312312 - Provider Name

- BACK
- CONTINUE

[Click here for help](#)

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Select the **Practitioner/Group** for whom you want to build a case.



Select Health Plan



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 9:46 AM

[Log Off \(AMYINTG\)](#)

Choose Your Insurer

Requesting Provider: **GALENA UNIV, NP 328282828**

Please select the insurer for this authorization request.

Please Select an Address

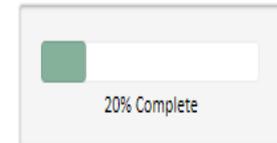
[Click here for help](#)

Urgent Request? You will be required to upload relevant clinical info at the end of this process. [Learn More.](#)

Don't see the insurer you're looking for? Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

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Choose the appropriate **Health Plan** for the case request. If the health plan does not populate, please contact the plan at the number found on the member's identification card. Once the plan is chosen, please select the provider address in the next drop down box.

Contact Information



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Monday, October 18, 2021 4:12 PM

[Log Off \(AMYNLIBBY2\)](#)

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

Receive notification of case status changes

[BACK](#) [CONTINUE](#)

New feature! This option allows you to receive e-notification updates for case status updates/changes.

[Click here for help](#)

30% Complete

Provider and NPI
BI, SUCAI
3659363794
(AETNA)

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Member/Procedure Information

Attention!

Time: 1/21/2020 9:53 AM

Has this procedure been performed?

Verify if the procedure has already been performed.



Member Information



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

Tuesday, January 21, 2020 9:53 AM

[Log Off \(AMYINTG\)](#)

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

40% Complete

Provider and NPI
GALPHEA, UNITE
UNITE/UNITE
(MEDICARE)

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT	00000000000000000000000000000000		WATSON, JONATHAN	01/01/1980	M	100 WATSON RD SPRINGVILLE, FL 32086

BACK

[Click here for help](#)

Enter the **member information** including the Patient ID number, date of birth, and patient's last name. Click **“Eligibility Lookup.”**

Confirm your patient's information and click select to continue.

Requested Procedure & Diagnosis



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 10:03 AM

[Log Off \(AMYINTG\)](#)

Requested Service + Diagnosis

This procedure has not been performed. [CHANGE](#)

Radiology Procedures

Select a Primary Procedure by CPT Code[?] or Description[?]

73721 | MRI LOWER EXTREMITY JOINT W/O

Don't see your procedure code or type of service? [Click here](#)

Diagnosis

Select a Primary Diagnosis Code (Lookup by Code or Description)

r68.89 [LOOKUP](#)

Trouble selecting diagnosis code? Please follow [these steps](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)

Secondary diagnosis is optional for Radiology

[LOOKUP](#)

[BACK](#)

[Click here for help](#)

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60% Complete

Provider and NPI
GALIND, ANNE
123456789
(MFL000000000)

Patient
[REDACTED] [EDIT](#)

Select the **CPT** and **Diagnosis** codes.

Verify Service Selection



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 10:07 AM

[Log Off \(AMYINTG\)](#)

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: TBD
CPT Code: 73721
Description: MRI LOWER EXTREMITY JOINT W/O
Primary Diagnosis Code: R68.89
Primary Diagnosis: Other general symptoms and signs
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

[BACK](#) [CONTINUE](#)

[Click here for help](#)

60% Complete

Provider and NPI
Garcia, Albert
(3104100000)
(MFL/CARD)

Patient
[REDACTED] [EDIT](#)
[REDACTED]
[REDACTED]

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Click **continue** to confirm your selection.

Site Selection



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

Tuesday, January 21, 2020 10:12 AM

[Log Off \(AMYINTG\)](#)

Add Site of Service

Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI: Zip Code:

TIN: City: Site Name:

Exact match
 Starts with

LOOKUP SITE

	Name	Address
<input type="button" value="SELECT"/>	BELLEVUE WINDING CENTER - BELLEVUE WINDING CEN	2000 CITRUS BLVD LEESBURG, FL 34748
<input type="button" value="SELECT"/>	BELLEVUE WINDING CENTER - DIAGNOSTIC & WINDING	2000 CITRUS BLVD LEESBURG, FL 34748
<input type="button" value="SELECT"/>	BELLEVUE WINDING CENTER - WINDING COUNTY DIAGNOS	2000 DE ARCADE BLVD BELLEVUE, FL 32622
<input type="button" value="SELECT"/>	BELLEVUE WINDING CENTER - BELLEVUE WINDING CEN	10000 US HIGHWAY 90 BELLEVUE, FL 32622

BACK

[Click here for help](#)

80% Complete

Provider and NPI

0000000000
0000000000
(0000000000)

Patient

0000000000
0000000000
0000000000

[EDIT](#)

Service

[EDIT](#)

73721 MRI LOWER EXTREMITY
JOINT W/O
R68.89 Other general symptoms
and signs

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Select the **specific site** where the testing/treatment will be performed.

Site Selection



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 10:15 AM

Add Site of Service

Selected Site: BELLEVUE IMAGING CENTER -- BELLEVUE IMAGING CEN

FIND NEW SITE

Site Email (optional)

BACK

CONTINUE

[Click here for help](#)

This page allows you to enter an email address for a facility representative.

Clinical Certification



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 10:17 AM

Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click **SUBMIT CASE** before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the **SUBMIT CASE** button will cause the case record to expire with no additional correspondence from eviCore.

[BACK](#) [CONTINUE](#)

[Click here for help](#)

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- Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.
- You will not have the opportunity to make changes after that point.

Submitting Urgent Cases

Select an Urgency Indicator and Upload your patient's relevant medical records that support your request.

If your request is urgent select **No**, if the case is standard select **Yes**.

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

You can upload up to **FIVE documents** in .doc, .docx, or .pdf format. Your case will only be considered Urgent if there is a successful upload.

Submitting Urgent Cases- Upload Required

Clinical Certification

Clinical Upload

Please upload any additional clinical information that justifies the medical necessity of this request.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF):

No file chosen

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If **additional information** is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page.

Providing clinical information via the web is the quickest, most efficient method.

Clinical Certification



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 10:18 AM

Proceed to Clinical Information

- Will there be any additional procedures needing prior authorization for the same patient, date of service, and site of service?
- Yes No

SUBMIT

[Click here for help](#)

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Clinical Certification questions may populate based upon the information provided.

Please answer each clinical question, as it applies to your patient.

Clinical Certification



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 10:19 AM

Proceed to Clinical Information

Which anatomy will be examined with the requested study?

Hip Knee Ankle

SUBMIT

Finish Later

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

[Click here for help](#)

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- Please answer each clinical question, as it applies to your patient.
- You can click the **“Finish Later”** button to save your progress.

Clinical Certification



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

Tuesday, January 21, 2020 10:20 AM

Proceed to Clinical Information

Which side will be examined with the requested study?

Left Right

SUBMIT

Finish Later

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

[Click here for help](#)

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- Please answer each clinical question, as it applies to your patient.
- You can click the **“Finish Later”** button to save your progress.

Clinical Certification



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

Tuesday, January 21, 2020 10:28 AM

Proceed to Clinical Information

1 Which one of the following best describes the reason for the requested study?

SUBMIT

Finish Later

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

[Click here for help](#)

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- Please answer each clinical question, as it applies to your patient.
- You can click the **“Finish Later”** button to save your progress.

Clinical Certification



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

Tuesday, January 21, 2020 10:30 AM

Proceed to Clinical Information

- Are you ready to upload the patient medical record now?
- No, I will upload at a later time
- Yes, I am ready to upload the record

SUBMIT

Finish Later

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

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If **additional information** is required, you will have the option upload additional clinical for review.

Providing clinical information via the web is the quickest, most efficient method.

Clinical Certification

Clinical Document Upload

Browse for file to upload (max size 25MB for all 5 instances, allowable extensions .DOC,.DOCX,.PDF,.PNG,.JPG,.JPEG,.TIF,.TXT,.ZIP (for ZIP MaxSize 10MB only)):

Choose File No file chosen

UPLOAD

If **additional information** is required, you will have the option upload additional clinical for review.

Providing clinical information via the web is the quickest, most efficient method.

Clinical Certification



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

Tuesday, January 21, 2020 10:33 AM

Proceed to Clinical Information

I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

SUBMIT CASE

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Acknowledge the Clinical Certification statements, and hit **“Submit Case.”**

Medical Review



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

Tuesday, January 21, 2020 10:34 AM

[Log Off \(AMYINTG\)](#)

Summary of Your Request

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

Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with CareCore at anytime, please call 1-888-333-8641.

Provider Name:	DR. UNWAH SAUNDERS	Contact:	test
Provider Address:	400 E CHESTNUT ST LOUISVILLE, KY 40202	Phone Number:	(999) 999-9999
		Fax Number:	(999) 999-9999
Patient Name:	[REDACTED]	Patient Id:	[REDACTED]
Insurance Carrier:	[REDACTED]		
Site Name:	[REDACTED]	Site ID:	[REDACTED]
Site Address:	[REDACTED]		
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	MRI LOWER EXTREMITY JOINT W/O
CPT Code:	73721		
Case Number:	[REDACTED]		
Review Date:	1/21/2020 10:18:05 AM		
Expiration Date:	N/A		
Status:	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with CareCore at anytime, please call 1-888-333-8641.		

[CANCEL](#) [PRINT](#) [CONTINUE](#)

[Click here for help](#)

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Once the clinical pathway questions are completed and the case has not meet clinical review. The status will reflect pending and at the top “Your case has been sent to Medical Review”.

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:	

Primary Diagnosis Code:	M25.562	Description:	Pain in left knee
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided		
CPT Code:	73721	Description:	MRI LOWER EXTREMITY JOINT W/O
Authorization Number:			
Review Date:	2:12:39 PM		
Expiration Date:			
Status:	Your case has been Approved.		

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

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

Building Additional Cases



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

Tuesday, January 21, 2020 10:37 AM

Success

Thank you for submitting a request for clinical certification. Would you like to:

- [Return to the main menu](#)
- [Start a new request](#)
- [Resume an in-progress request](#)

You can also start a new request using some of the same information.

Start a new request using the same:

- Program (Radiology)
- Provider (~~CareMax, United~~)
- Program and Provider (Radiology and ~~CareMax, United~~)
- Program and Health Plan (Radiology and ~~VitalityCare~~)

GO

CANCEL

PRINT

[Click here for help](#)

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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.

Authorization look up



Authorization Lookup

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

Search by Authorization Number/ NPI

Required Fields

Provider NPI:

Auth/Case Number:

SEARCH

PRINT

SEARCH

[Click here for help](#)

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- 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.

Authorization Status



- Home
- Certification Summary
- Authorization Lookup**
- Eligibility Lookup
- Clinical Certification
- Certification Requests In Progress
- MSM Practitioner Perf. Summary Portal
- Resources
- Manage Your Account
- Help / Contact Us
- Med Solutions Portal

Tuesday, January 21, 2020 10:43 AM

Authorization Lookup

Authorization Number: **AUT0200007**
Case Number: **0000000000**
Health Plan Auth Number: **0000000000**
Status: Approved
Approval Date: 1/21/2020 12:00:00 AM
Service Code: 71250
Service Description: CT THORAX W/O CONTRAST
Site Name: **BELLEVUE IMAGING CENTER**
Expiration Date: 3/6/2020
Date Last Updated: 1/21/2020 8:21:28 AM
Correspondence: **UPLOADS & FAXES**

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
71250 CHANGE SERVICE CODE	Computed tomography (CT) (a special kind of picture) of your chest without contrast (dye)	1	1	

PRINT

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The authorization will then be accessible to review. To print authorization correspondence, select **Uploads & Faxes**.

Provider Resources

CareCore National Online Peer to Peer Scheduling



How to schedule a Peer to Peer Request

- Log into your account at www.evicore.com
- Perform Authorization Lookup to determine the status of your request.
- Click on the “P2P Availability” button to determine if your case is eligible for a Peer to Peer conversation:
- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.

Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	



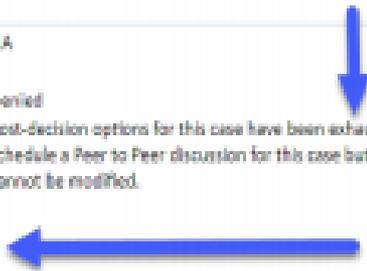


How to Schedule a Peer to Peer Request

Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the “All Post Decision Options” button to learn what other action may be taken.

Authorization Lookup

Authorization Number:	NA	
Case Number:		Request Peer to Peer Consultation
Status:	Denied	
P2P Eligibility Result:	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.	
P2P Status:		
ALL POST DECISION OPTIONS		



Once the “Request Peer to Peer Consultation” link is selected, you will be transferred to our scheduling software via a new browser window.

How to Schedule a Peer to Peer Request

The screenshot shows the 'New P2P Request' interface. At the top, there are four navigation tabs: 'Case Info', 'Questions', 'Schedule', and 'Confirmation'. The main content area has the title 'New P2P Request' and the 'eviCore healthcare P2P Portal' logo. Below the title, there are two input fields: 'Case Reference Number' (containing the text 'Case information will auto-populate from prior lookup') and 'Member Date of Birth'. A blue arrow points to a '+ Add Another Case' button located below the 'Member Date of Birth' field. At the bottom right of the form, there is a yellow 'Lookup Cases >' button, with another blue arrow pointing to it.

Upon first login, you will be asked to confirm your default time zone.

You will be presented with the Case Number and Member Date of Birth (DOB) for the case you just looked up.

You can add another case for the same Peer to Peer appointment request by selecting “Add Another Case”

To proceed, select “Lookup Cases”

How to Schedule a Peer to Peer Request

You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click Continue to proceed.

New P2P Request

eviCore
healthcare
P2P Portal

Case Ref #: Remove ✔ P2P Eligible

! Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

Member Information	Case P2P Information
Name	Episode ID
DOB	P2P Valid until 2020-11-11
State	Modality MSK Spine Surgery
Health Plan	Level of Review Reconsideration P2P
Member ID	System Name ImageOne

Continue

How to Schedule a Peer to Peer Request

Case Info

1st Case

- Case #
- Episode ID
- Member Name
- Member DOB
- Member State
- Health Plan
- Member ID
- Case Type MSK Spine Surgery
- Level of Review Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone

US/Eastern

[Continue >](#)

You will be prompted to identify your preferred Days and Times for a Peer to Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click Continue.

How to Schedule a Peer to Peer Request

You will be prompted with a list of eviCore Physicians/Reviewers and appointment options per your availability. Select any of the listed appointment times to continue.

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week 5/18/2020 - 5/24/2020 (Upcoming week) Next Week →

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT 6:30 pm EDT 6:45 pm EDT	-	-	-	-	-	-

↑ **6:30 pm EDT**

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT 3:45 pm EDT 4:00 pm EDT 4:15 pm EDT Show more...	3:00 pm EDT 3:15 pm EDT 3:30 pm EDT 3:45 pm EDT Show more...	4:15 pm EDT 4:30 pm EDT 4:45 pm EDT 5:00 pm EDT Show more...	3:15 pm EDT 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT Show more...	-	-	-

How to Schedule a Peer to Peer Request

Confirm Contact Details

- Contact Person Name and Email Address will auto-populate per your user credentials

The screenshot shows a web interface for scheduling a Peer-to-Peer request. At the top, there are four progress indicators: 'Case Info' (checked), 'Questions' (checked), 'Schedule' (checked), and 'Confirmation' (active). The main content is divided into two columns.

P2P Info

- Date: Mon 5/18/20
- Time: 8:30 pm EDT
- Reviewing Provider: [User Icon]

Case Info

1st Case

- Case #
- Episode ID
- Member Name
- Member DOB
- Member State
- Health Plan
- Member ID
- Case Type: MSK Spine Surgery
- Level of Review: Reconsideration P2P

P2P Contact Details

- Name of Provider Requesting P2P: Dr. Jane Doe
- Contact Person Name: Office Manager John Doe
- Contact Person Location: Provider Office
- Phone Number for P2P: 555 555-5555
- Phone Ext.: 12345
- Alternate Phone: xxx xxx-xxxx
- Phone Ext.: Phone Ext.
- Requesting Provider Email: droffice@internet.com
- Contact Instructions: Select option 4, ask for Dr. Doe

Submit >

How to Schedule a Peer to Peer Request

Confirm Contact Details

- Contact Person Name and Email Address will auto-populate per your user credentials

P2P Info
Date: Mon 5/18/20
Time: 6:30 pm EDT
Reviewing Provider: [User Icon]

Case Info
1st Case
Case #
Episode ID
Member Name
Member DOB
Member State
Health Plan
Member ID
Case Type: MSK Spine Surgery
Level of Review: Reconsideration P2P

P2P Contact Details
Name of Provider Requesting P2P: Dr. Jane Doe
Contact Person Name: Office Manager John Doe
Contact Person Location: Provider Office
Phone Number for P2P: (555) 555-5555
Alternate Phone: [xxx] xxx-xxxx
Requesting Provider Email: droffice@infonet.com
Contact Instructions: Select option 4, ask for Dr. Doe

Submit >

- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:

- Name of Provider Requesting P2P
- Phone Number for P2P
- Contact Instructions

- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

Scheduling

Scheduled

Mon 5/18/20 - 6:30 pm EDT

SCHEDULED

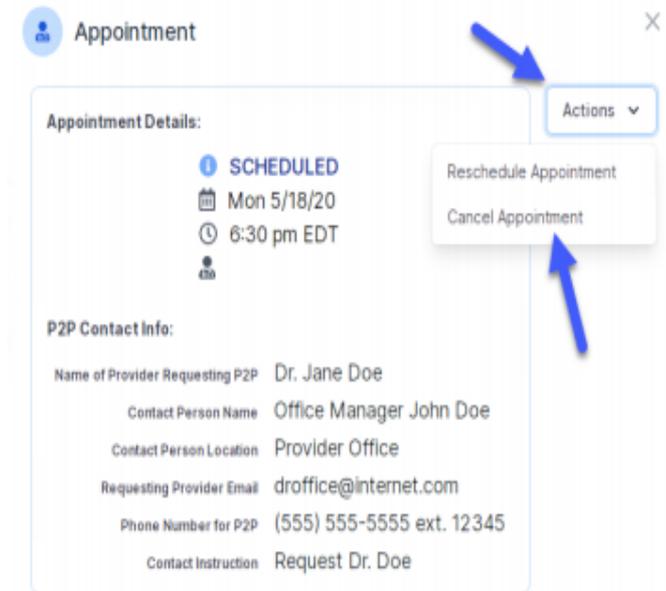
How to Cancel or Reschedule a Peer to Peer Appointment

To cancel or reschedule an appointment

- Access the scheduling software per the instructions above
- Go to “My P2P Requests” on the left pane navigation.
- Select the request you would like to modify from the list of available appointments
- Once opened, click on the schedule link. An appointment window will open
- Click on the Actions drop-down and choose the appropriate action

If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.

If choosing to cancel, you will be prompted to input a cancellation reason



- Close browser once done

MedSolutions Online Peer to Peer Scheduling



HITRUST
CSF Certified

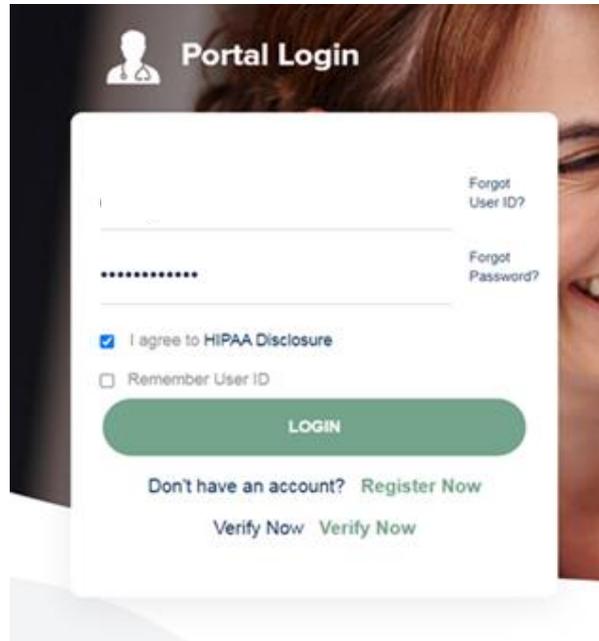
 **Quality Improvement Organizations**
Sharing Knowledge, Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES



Empowering
the Improvement
of Care

MedSolutions Online Peer to Peer Scheduling

- Log into your account at www.evicore.com



The image shows a 'Portal Login' form overlaid on a background image of a smiling woman. The form is white with a dark header area containing a person icon and the text 'Portal Login'. It features two input fields: the first for a User ID and the second for a password, which is masked with dots. To the right of each field is a link: 'Forgot User ID?' and 'Forgot Password?'. Below the password field is a checkbox labeled 'I agree to HIPAA Disclosure' which is checked, and another checkbox labeled 'Remember User ID' which is unchecked. A large green button with the text 'LOGIN' is centered below the checkboxes. At the bottom of the form, there are two links: 'Don't have an account? Register Now' and 'Verify Now Verify Now'.

MedSolutions Online Peer to Peer Scheduling

- Select the "home" tab, and see all requests recently submitted

The screenshot displays the MedSolutions Online Peer to Peer Scheduling interface. At the top, a dark blue navigation bar contains several tabs: "Announcements" (highlighted with a red arrow), "Home", "Search/Start Case", "CareCore National Portal", and "Post Acute Care".

Below the navigation bar, there are two main sections:

My Pending Worklist - 4: This section displays a table of pending cases. The header includes "Cases pending for additional case details or a completed survey will be deleted after 7 calendar days." and action icons for "Clear Filters", "Refresh Data", and "Save Preference". The table columns are Case Number, Insurer Name, Patient Name, Date Of Birth, CPT Codes, ICD Codes, ICD Version, Referring Physician, and Facility. The first row shows a case with CPT Code 70450 and Insurer AETNA HEALTH MANAGEMENT. The second and third rows show cases with Insurer CIGNA HEALTHCARE. The fourth row shows a case with Insurer CIGNA HEALTHCARE. A pagination bar at the bottom indicates "1 - 4 of 4 items".

Recently Submitted Cases - 10: This section displays a table of recently submitted cases. The header includes "Only My Portal Cases" and action icons for "Clear Filters", "Refresh Data", and "Save Preference". The table columns are Case Number, Insurer Name, Patient Name, Date Of Birth, Case Status, Case Activity, Submit Date, Authorization Number, Effective Date, and Expiration Date. The first row shows a case with Insurer CIGNA HEALTHCARE and Case Status Denied. The second row shows a case with Insurer AETNA BETTER HEALTH OF LOUISIANA and Case Status Denied. The third row shows a case with Insurer CIGNA HEALTHCARE and Case Status Denied. The fourth row shows a case with Insurer CIGNA HEALTHCARE and Case Status Pending. A pagination bar at the bottom indicates "1 - 5 of 10 items".

MedSolutions Online Peer to Peer Scheduling

- Double click on the case to check the status and options for a peer to peer

Case/Authorization

Service Order: | **Initiated Date:** 06/01/2021 **Decision Date:** 06/01/2021 **Decision Type:** Initial

Case Status: Denied **Date Of Service:**

P2P AVAILABILITY

Patient

First Name:
Last Name:
Date of Birth:
Address:
Phone:
Member ID:
Insurer:
Program:

Referring Physician

First Name:
Last Name:
Address:
Phone :
Fax :
Specialty:
Tax ID:
NPI:

Requested Facility

Name:
Address:
Phone:
Fax:
Equipment:
Tax ID:
Taxonomy Code
NPI:

CPT Codes

CPT ...	U ...	Description	CPT ...	Denial Rationale	Description	Cpt Mod ...
70450	1	CT HEAD or Brain, without contrast	Denied	Based on eviCore Head Imaging Guidelines Section(s): HD 11.1	Headache Non-Indications, we cannot	

1 - 1 of 1 items

Diagnosis Codes

ICD Code	ICD Version	Description
M10.00	10	IDIOPATHIC GOUT, UNSPECIFIED SITE

1 - 1 of 1 items

Additional Documentation

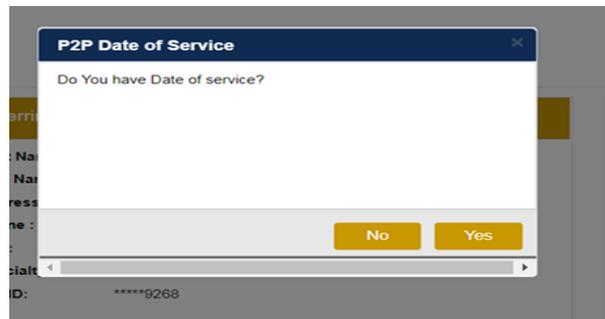
File Name

Clinical Notes

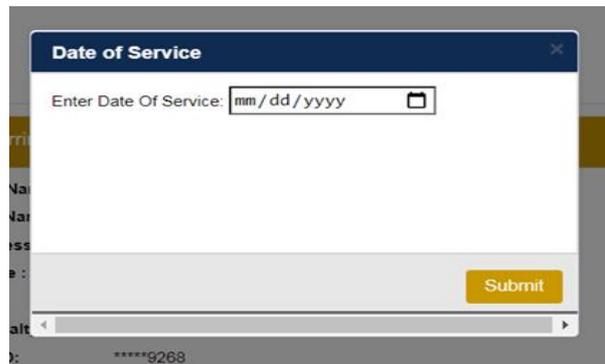
Note Text

MedSolutions Online Peer to Peer Scheduling

- You will then be asked questions about the date of service.



A screenshot of a web application dialog box titled "P2P Date of Service". The dialog box has a dark blue header with a close button (X) on the right. The main content area is white and contains the question "Do You have Date of service?". At the bottom of the dialog box, there are two yellow buttons: "No" and "Yes". The dialog box is overlaid on a grey background that shows parts of a form with labels like "Name", "Address", "Phone", "Specialty", and "ID: *****9268".



A screenshot of a web application dialog box titled "Date of Service". The dialog box has a dark blue header with a close button (X) on the right. The main content area is white and contains the text "Enter Date Of Service:" followed by a text input field with a date mask "mm/dd/yyyy" and a calendar icon. At the bottom of the dialog box, there is a yellow "Submit" button. The dialog box is overlaid on a grey background that shows parts of a form with labels like "Name", "Address", "Phone", "Specialty", and "ID: *****9268".

MedSolutions Online Peer to Peer Scheduling

- You will see a list of options for the denied case, including a peer to peer (If available). Click “continue”

New P2P Request



Case Ref #: Remove

! This case allows for a Reconsideration before a Peer to Peer discussion is needed. To request a Reconsideration with a clinical Nurse, please call [redacted]. You may also submit a Reconsideration via fax at : [redacted]. To proceed with scheduling a Peer to Peer discussion with an eviCore physician, click 'Continue' to proceed. Please note – if you proceed with scheduling, your opportunity to request a Reconsideration may be exhausted.

<p>Member Information</p> <table border="1" style="width: 100%;"><tr><td>Name</td><td></td></tr><tr><td>DOB</td><td></td></tr><tr><td>State</td><td></td></tr><tr><td>Health Plan</td><td></td></tr><tr><td>Member ID</td><td></td></tr></table>	Name		DOB		State		Health Plan		Member ID		<p>Case P2P Information</p> <table border="1" style="width: 100%;"><tr><td>Episode ID</td><td></td></tr><tr><td>P2P Valid Until</td><td></td></tr><tr><td>Modality</td><td></td></tr><tr><td>Level of Review</td><td>Informal P2P</td></tr><tr><td>System Name</td><td></td></tr></table>	Episode ID		P2P Valid Until		Modality		Level of Review	Informal P2P	System Name	
Name																					
DOB																					
State																					
Health Plan																					
Member ID																					
Episode ID																					
P2P Valid Until																					
Modality																					
Level of Review	Informal P2P																				
System Name																					

Continue

MedSolutions Online Peer to Peer Scheduling

- You will be prompted to identify your preferred days and times for a peer to peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click Continue.

Case Info Questions Schedule Confirmation

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type

Level of Review Informal P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✓

Preferred Times

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone

US/Eastern

Continue >

MedSolutions Online Peer to Peer Scheduling

- You will be prompted with a list of eviCore Physicians/Reviewers and appointment options per your availability. Select any of the listed appointment times to continue.

The screenshot displays the MedSolutions Online Peer to Peer Scheduling interface for the week of 6/2/2021 to 6/8/2021. The interface is divided into two sections, each showing a weekly grid of appointment times. The top section is titled "1st Priority by Skill" and the bottom section is also titled "1st Priority by Skill".

Top Section: 1st Priority by Skill

Day	Wed 6/2/21	Thu 6/3/21	Fri 6/4/21	Sat 6/5/21	Sun 6/6/21	Mon 6/7/21	Tue 6/8/21
5:00 pm EDT	5:00 pm EDT			-	-		
5:15 pm EDT	5:15 pm EDT						
5:45 pm EDT	5:45 pm EDT						
6:00 pm EDT	6:00 pm EDT						
Show more...	Show more...		Show more...			Show more...	Show more...

Bottom Section: 1st Priority by Skill

Day	Wed 6/2/21	Thu 6/3/21	Fri 6/4/21	Sat 6/5/21	Sun 6/6/21	Mon 6/7/21	Tue 6/8/21
8:45 am EDT		8:45 am EDT	8:45 am EDT	-	-	8:45 am EDT	
9:30 am EDT		9:30 am EDT	9:00 am EDT			9:00 am EDT	
10:00 am EDT		10:00 am EDT	9:15 am EDT			9:15 am EDT	
10:15 am EDT		10:15 am EDT	9:30 am EDT			9:30 am EDT	
Show more...		Show more...	Show more...			Show more...	

MedSolutions Online Peer to Peer Scheduling

Confirm Contact Details

- Contact Person Name and Email Address will auto-populate per your user credentials
- Be sure to update the following fields so we can reach the right person
 - Name of Provider requesting P2P
 - Phone number for P2P
 - Contact instructions

P2P Info

Date 📅 Wed 6/2/21
Time 🕒 6:00 pm EDT
Reviewing Provider 👤

Case Info

1st Case

Case #	
Episode ID	
Member Name	
Member DOB	
Member State	
Health Plan	
Member ID	
Case Type	
Level of Review	Informal P2P

P2P Contact Details

Name of Provider Requesting P2P

Contact Person Name

Contact Person Location

Phone Number for P2P

Alternate Phone

Requesting Provider Email

Contact Instructions

MedSolutions Online Peer to Peer Scheduling

- You will see a summary screen with the date and time of the peer to peer.
Your appointment has been scheduled.

Contact Details

Name of Provider Requesting P2P
Contact Person Name
Contact Person Location
Requesting Provider Email
Phone Number for P2P
Alternate Contact Phone
Contact Instruction

Cases

1st Case
Case #
Episode ID
Member Name
Member DOB
Member State
Health Plan
Member ID
Case Type
Level of Review Informal P2P

Scheduled

  Wed 6/2/21 - 6:00 pm EDT SCHEDULED

Activity

6/2/21 - 4:48 PM  scheduled this request with

Eligibility Look Up



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us	Med Solutions Portal
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Tuesday, January 21, 2020 10:46 AM

[Log Off \(AMYNLIBBY\)](#)

Eligibility Lookup

Health Plan: **Wellcare**
Patient ID: **78017124248**
Member Code:
Cardiology Eligibility: **Precertification is Required**
Radiology Eligibility: **Precertification is Required**
Radiation Therapy Eligibility: **The procedure for the member's plan does not require preauthorization with eviCore healthcare at this time. If you have questions regarding this member's benefits or eligibility, please contact the health plan using the phone number [REDACTED] ID card.**
MSM Pain Mgt Eligibility: **Precertification** Building Additional Cases
Sleep Management Eligibility: **Precertification is Required**

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

Additional Information

If you are initiating a prior authorization for one of the plans below, please access your web portal account on the appropriate site listed.

Health Plan	Phone	Website
Americhoice	866-842-3278	www.uhcprovider.com
BCBS of AL	205-220-6899	https://providers.bcbsal.org/portal/
BCBS of MI Exception: Post-Acute Care is through the eviCore portal)	855-237-3501	www.bcbsm.com
BCBS of MN	800-282-4548	www.availity.com
BCBS of TN	800-924-7141	www.availity.com
Empire	866-842-3278	www.uhcprovider.com
Excellus (Exception: Sleep Program for Durable Medical Equipment is through the eviCore portal)	800-278-1247	www.excellusbcbs.com
Health Alliance Medical Plan	800-851-3379	https://www.healthalliance.org/
Highmark	888-482-8057	www.navinet.net
NHP	866-842-3278	www.uhcprovider.com
Oxford	866-842-3278	www.uhcprovider.com
Oxford Chemo only	800-918-8924	www.oxhp.com
Priority Health	800-942-4765 opt 6	www.priorityhealth.com/provider
River Valley	866-842-3278	www.uhcprovider.com
Summa Care	800-996-8401	https://summacare.myplancentral.com
UHC	866-842-3278	www.uhcprovider.com
UHC Community	866-842-3278	www.uhcprovider.com
UHC West	855-359-9999	www.uhcwest.com

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.

PROVIDERS: Check Prior Authorization Status Login Resources

Resources

CLINICAL GUIDELINES

- Clinical Worksheets
- Network Standards/Accreditations
- Provider Playbooks

I Would Like To

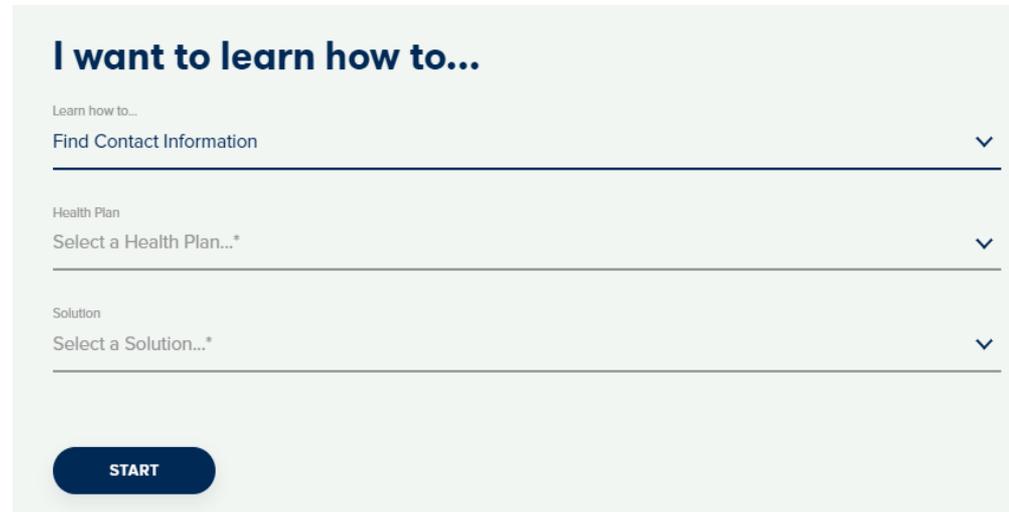
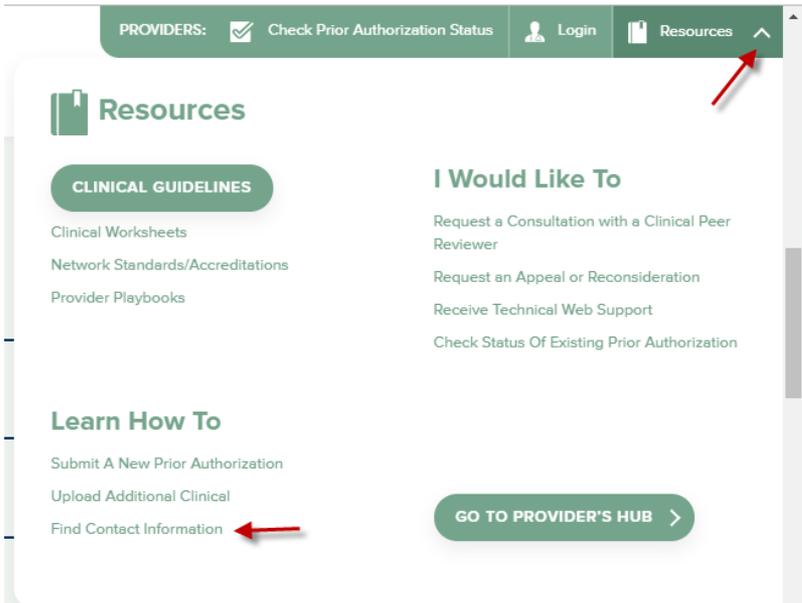
- Request a Consultation with a Clinical Peer Reviewer
- Request an Appeal or Reconsideration
- Receive Technical Web Support
- Check Status Of Existing Prior Authorization

Learn How To

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

GO TO PROVIDER'S HUB >

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.

Web Portal Services-Assistance

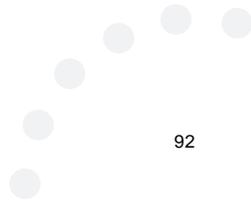
Email portal.support@evicore.com

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!

