

Prior Authorization of Radiology & Cardiology for Aetna Better Health of Louisiana

Provider Orientation



aetna[®]

AETNA BETTER HEALTH[®] OF LOUISIANA

Organic Evidence-Based Guidelines

The foundation of our solutions:



Aligned with National Societies

- American College of Cardiology
- American Heart Association
- American Society of Nuclear Cardiology
- Heart Rhythm Society
- American College of Radiology
- American Academy of Neurology
- American College of Chest Physicians
- American College of Rheumatology
- American Academy of Sleep Medicine
- American Urological Association
- National Comprehensive Cancer Network
- American College of Therapeutic Radiology and Oncology
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Society of Colon and Rectal Surgeons
- American Academy of Orthopedic Surgeons
- North American Spine Society
- American Association of Neurological Surgeons
- American College of Obstetricians and Gynecologists
- The Society of Maternal-Fetal Medicine

Service Model

Client Service Delivery Team

The Client Service delivery team is responsible for high-level service delivery to our health plan clients as well as ordering and rendering providers nationwide

Client Service Representatives



Client Service Representatives are cross-trained to investigate escalated provider and health plan issues.

Client Service Managers



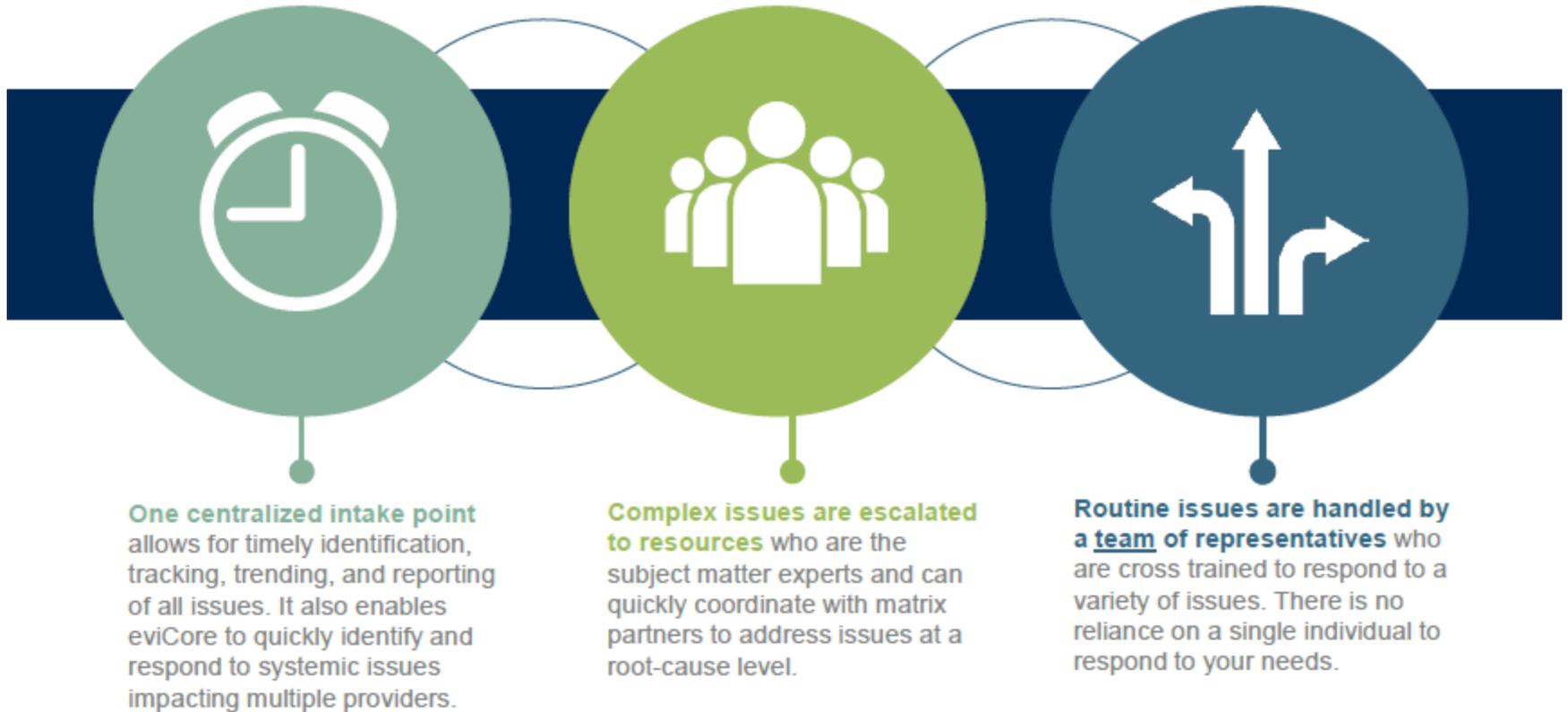
Client Service Managers lead resolution of complex service issues and coordinate with partners for continuous improvement.

Regional Provider Engagement Managers



Regional Provider Engagement Managers are on-the-ground resources who serve as the voice of eviCore to the provider community.

Why Our Service Delivery Model Works



Prior Authorization Program for Aetna Better Health of Louisiana

aetna[®]

AETNA BETTER HEALTH[®] OF LOUISIANA

Program Overview

eviCore healthcare is accepting requests for Radiology & Cardiology services.

Prior authorization applies to services that are:

- Outpatient
- Elective/non-emergent
- Diagnostic

Prior authorization **does not apply** to services that are performed in:

- Emergency room
- Inpatient
- 23-hour observation

Prior Authorization Required

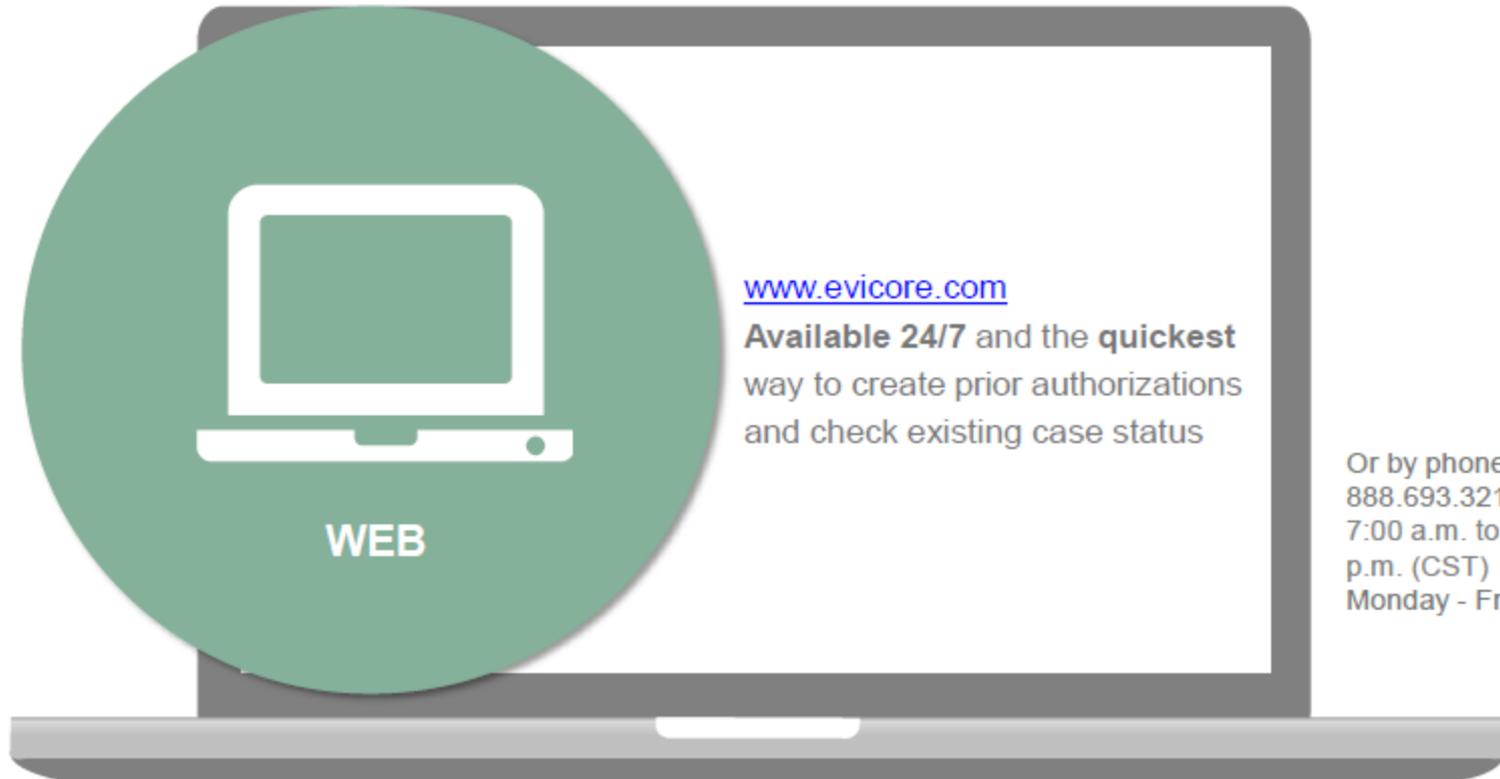
- CT, CTA (Computed Tomography, Computed Tomography Angiography)
- MRI, MRA (Magnetic Resonance Imaging, Magnetic Resonance Angiography)
- PET (Positron Emission Tomography)
- NCM/MPI (Nuclear Cardiac Imaging)
- Echocardiography (TTE, TEE and SE)
- Diagnostic Heart Catheterizations

To find a list of CPT (Current Procedural Terminology) codes that require prior authorization through eviCore, please visit:

<https://www.evicore.com/resources/healthplan/aetna-better-health/louisiana>

Prior Authorization Requests

How to request prior authorization:



Or by phone:
888.693.3211
7:00 a.m. to 8:00
p.m. (CST)
Monday - Friday

Needed Information



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

- Prior tests, lab work, and/or imaging studies performed related to this diagnosis
- The notes from the patient's last visit related to the diagnosis
- Type and duration of treatment performed to date for the diagnosis

Prior Authorization Outcomes

Approved Requests:

- All requests are processed within 14 calendar days after receipt of all necessary clinical information.
- Authorizations are typically good for 60 calendar from the date of request.

Delivery:

- Written notification will be mailed to the ordering physician and the requested/rendering facility once medical necessity is met.
- Notification is not provided to the member.
- Information can be printed on demand from the eviCore healthcare Web Portal.

Denied Requests:

- Communication of denial determination
- Communication of the rationale for the denial
- How to request a Peer Review

Delivery:

- Written notification will be mailed to ordering provider and oral notice will also be provided for urgent/expedited cases
- Notification is not provided to the member
- Written notification will be mailed to the requested/rendering facility

Prior Authorization Outcomes

➤ Appeals

- eviCore will not process first level appeals
- Appeals will be handled by Aetna Better Health

➤ Retrospective Studies:

- eviCore will allow retrospective requests but only where clinical urgency prevented prior authorization.
- Retrospective requests will be accepted up to 3 business days from the date of service.
- Requests may be submitted by telephone or fax only
- Retrospective decisions will be rendered within 14 calendar days

➤ Outpatient Urgent Studies:

- Contact eviCore by phone, fax or via the web to request an expedited prior authorization review and provide clinical information
- Urgent Cases will be reviewed within 72 hours.

Changes to Approved Authorizations

CHANGES IN STUDY OR RENDERING LOCATION:

- Contact eviCore healthcare to request an authorization update via phone.
- Changes must be made **prior** to the date of service.
- Changes that are mandatory updates will be accepted up to 3 business days following date of service.

PREFERRED UPDATES ALLOWED

- Change of Rendering Facility
- Downcode Contrast

MANDATORY UPDATES REQUIRED

- Upcode Contrast
- Change of body part (e.g. Head to Head/Neck)
- Modality change (e.g. CT to MR)

Web Portal Services

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 white with a green 'LOGIN' button. It includes fields for 'User ID' and 'Password', each with a 'Forgot' link. There are also checkboxes for 'I agree to HIPAA Disclosure' and 'Remember User ID'. A link for 'Register Now' is located at the bottom of the form. The background of the form is a blurred image of a person's face.

Portal Login

User ID [Forgot User ID?](#)

Password [Forgot Password?](#)

I agree to HIPAA Disclosure

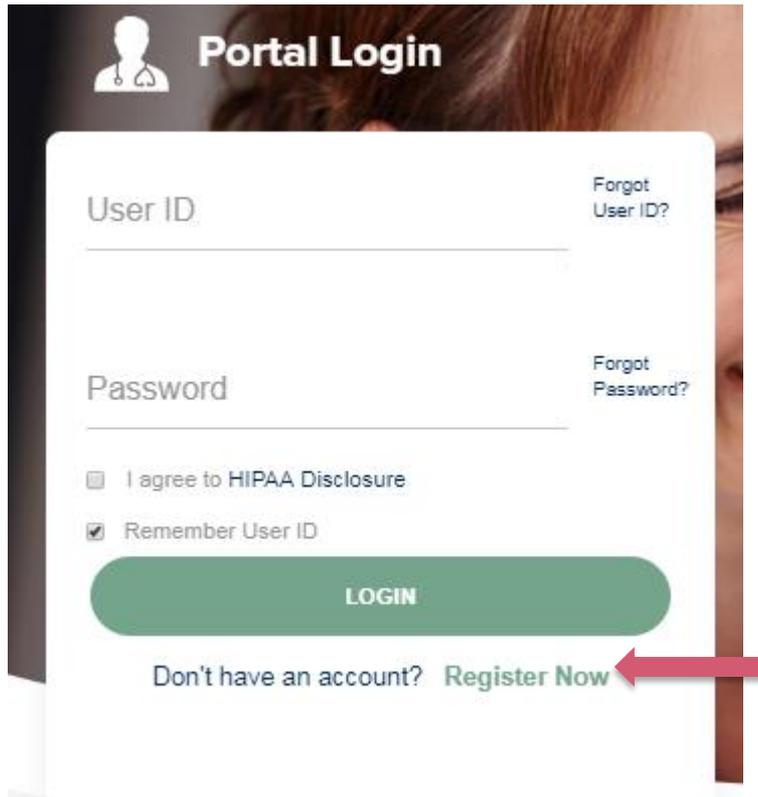
Remember User ID

LOGIN

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



Creating an Account



The image shows a 'Portal Login' form with the following elements:

- Header:** A white silhouette of a person with a stethoscope next to the text 'Portal Login'.
- User ID:** A text input field with the label 'User ID' and a link 'Forgot User ID?' to its right.
- Password:** A text input field with the label 'Password' and a link 'Forgot Password?' to its right.
- Agreements:** Two checkboxes: one for 'I agree to HIPAA Disclosure' (unchecked) and one for 'Remember User ID' (checked).
- Login Button:** A large green rounded button with the text 'LOGIN' in white.
- Registration Link:** The text 'Don't have an account? Register Now' with a red arrow pointing to the 'Register Now' link.



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



Creating an Account

eviCore healthcare

* 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: -Select-
CareCore National
MedSolutions

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"/>	Phone*	<input type="text"/>
Email*	<input type="text"/>		<input type="text"/>	Ext:	<input type="text"/>
Confirm Email*	<input type="text"/>	City:	<input type="text"/>	Fax*:	<input type="text"/>
First Name*	<input type="text"/>	State*:	Select <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*: Medsolutions

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 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 assist
Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or F

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 biological services, whether it is with eviCore directly or said health plan(s)).
The 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



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., ! ? *)



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*

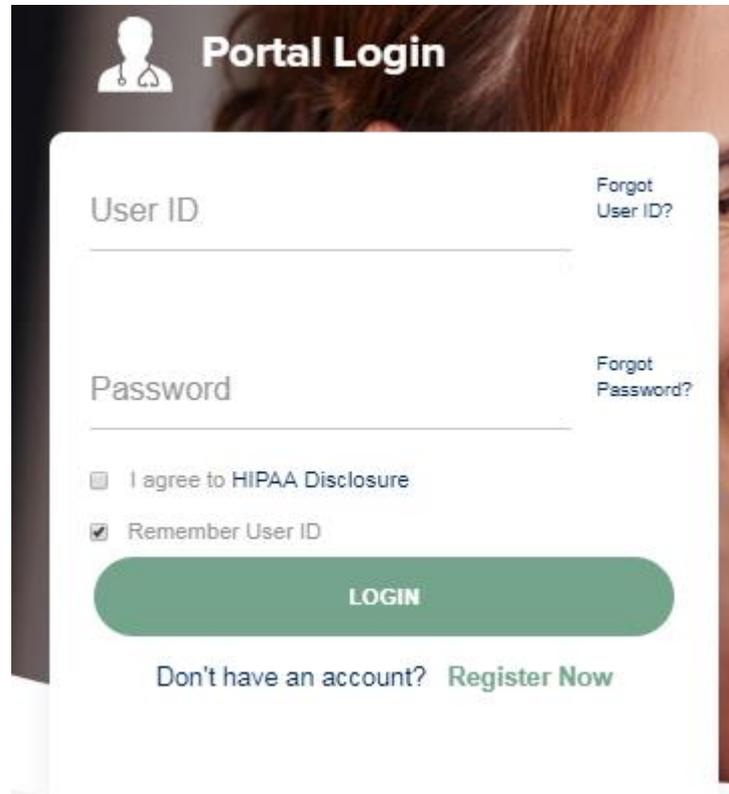
New Password*

Confirm New Password*

Continue

Cancel

Account Login



The image shows a mobile application interface for a 'Portal Login'. At the top left, there is a white silhouette icon of a person with a stethoscope. To its right, the text 'Portal Login' is displayed in a bold, black font. Below this header is a white login card with rounded corners. The card contains 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. At the bottom of the card is a large, rounded green button with the word 'LOGIN' in white, uppercase letters. Below the button, the text 'Don't have an account? Register Now' is displayed, with 'Register Now' in a green color.



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

Announcement



Announcements



Platform Toggle- Posted on: 10 Jan 2019

Please note that you can seamlessly access the CareCore National Portal at any time by clicking CareCore National Portal on the menu bar. From the CareCore National Portal, you can then click MedSolutions Portal on the menu bar to toggle back to the MedSolutions Portal. For assistance in determining which portal to use, please enter the member's health plan and solution into our Quick Reference Tool at www.evicore.com/resources/pages/providers.aspx.

eviCore healthcare Blogs- Posted on: 26 Jan 2017

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>.

Medically Urgent- Posted on: 01 Jun 2015

Medically Urgent cases must be submitted by calling eviCore healthcare at 1-888-693-3211. For Texas Medicaid, please call 1-800-572-2116.

Urgent Care: is any request for medical care or treatment with respect to which the application of the time periods for making non-urgent care determinations could result in the following circumstances:

- * Could seriously jeopardize the life or health of the member or the member's ability to regain maximum function, based on a prudent layperson's judgment, or
- * In the opinion of a practitioner with knowledge of the member's medical condition, would subject the member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request. (NCQA HUM8)

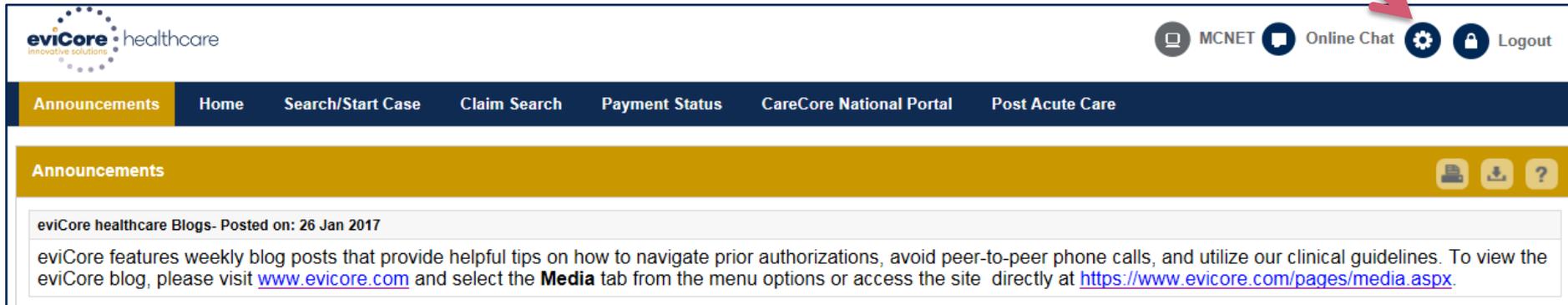
Once you have logged in to the site, you will be directed to the main landing page that includes important announcements.

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.)
- Set up Preferred Tax ID numbers of Physicians or Facilities



The screenshot displays the eviCore healthcare website interface. At the top left is the eviCore logo with the tagline "innovative solutions" and "healthcare". On the top right, there are navigation icons for MCNET, Online Chat, and a gear icon representing the Options Tool, which is highlighted by a red arrow. Next to the gear icon is a lock icon and the text "Logout". Below the header is a dark blue navigation bar with the following menu items: "Announcements", "Home", "Search/Start Case", "Claim Search", "Payment Status", "CareCore National Portal", and "Post Acute Care". Below the navigation bar is a yellow "Announcements" section with icons for print, download, and help. The main content area shows a blog post titled "eviCore healthcare Blogs- Posted on: 26 Jan 2017" with the following text: "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.



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*

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

Preferred Tax IDs on my account

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

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
-------------	--------------	--------------	---------------	-----------	-----------	-------------	---------------------	----------	------------

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

Callout 1: 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 in blue. Please make sure you select the correct patient by verifying the patient's name and DOB before clicking **Create Case**.

Callout 2: 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 a web portal interface for case creation, divided into several sections:

- PATIENT & CASE LOOKUP:** Contains a "Patient Lookup" form with fields for Insurer (MEDSOLUTIONS DEMO), Member ID (xyz00002), First Name, Last Name, and Date of Birth. It includes "Reset" and "Search" buttons and a note: "*Select the Insurer (and) enter either the Member ID (or) Patient First Name, Last Name and Date of Birth". Below is a "Case/Auth Lookup" section with radio buttons for "Case ID" (selected) and "Auth Number", and a "Search" button.
- CASE DETAIL:** Displays patient information: Member (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).
- CPT/CD:** A section for entering codes, with sub-sections for "CPT Codes" and "Diagnosis".
 - CPT Codes:** Includes a search field and a table with columns "Code", "Description", and "Modifier". A row shows Code "73721", Description "MRI Lower Extremity, any joint, without contrast material(s)", and Modifier "LT".
 - Diagnosis:** Includes radio buttons for "ICD 9" and "ICD 10" (selected), a search field, and a table with columns "Code" and "Description". A row shows Code "M25.562" and Description "Pain in left knee".
- Date of Service:** A field with a calendar icon and a note: "Please do not Enter a Date of Service if the test is being performed today or in the future."
- Buttons:** "Save & Next" is located at the bottom right.

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:

*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

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.

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

1 - 5 of 8 items

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.”**

PATIENT & CASE LOOKUP

Patient Lookup

Insurer:* MEDSOLUTIONS DEM

Member ID: xyz00002

or

First Name:

Last Name:

Date of Birth:

*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

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

Please choose one of the following facilities:

Facility Name	Address	Distance	Equipment	Tax Id	NPI	Taxonomy Codes
BEACON MRI WEST	730 COOL SPRINGS BLVD, FRANKLIN, TN, 37067	0.86	MRI, PET	*****9014		
			3D CONFORMAL, ARTHROGRAM, BRACHYTHERAPY, COMP JOINT, COMP MSK, COMP SPINE, CT,			

1 - 2 of 2 items

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.

PATIENT & CASE LOOKUP

Patient Lookup

Insurer:* MEDSOLUTIONS DEMO

Member ID: xyz00002

or

First Name:

Last Name:

Date of Birth:

*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

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: BEACON MRI WEST , Tax ID : *****9014 , 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 (615) 468-4433. 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 this request IS NOT clinically urgent regardless of documentation attached or additional information/notes provided during the clinical collection section of this web case initiation process. Additionally, I acknowledge to being informed of the appropriate method for submission of clinically urgent requests. Clinical urgency is defined by the following:

1. A delay in care could seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.
2. In the opinion of a provider, with knowledge of the member's medical condition, indicates a delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.

I also further 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.

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?

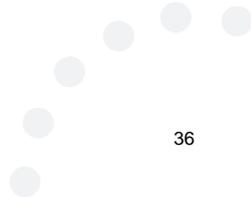
Providing Clinical Information

- 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	

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

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

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

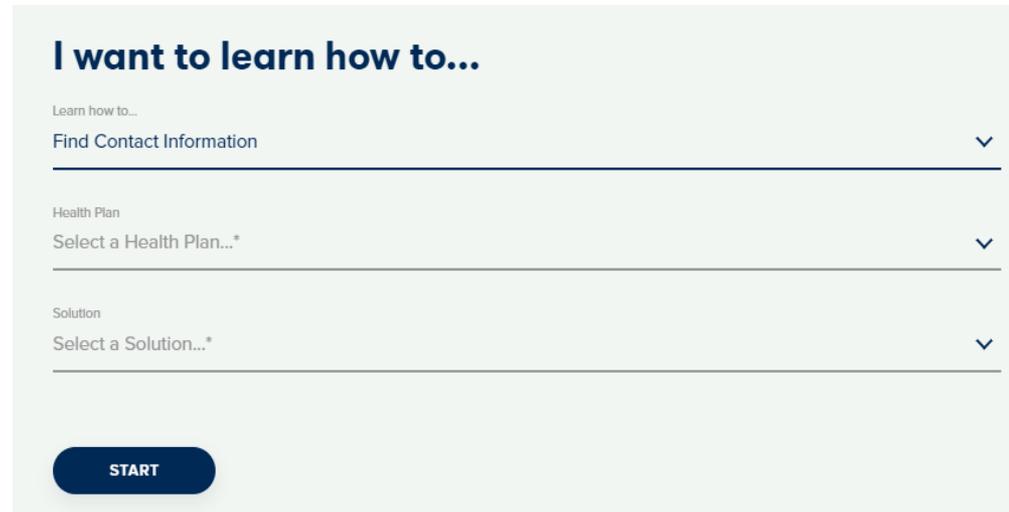
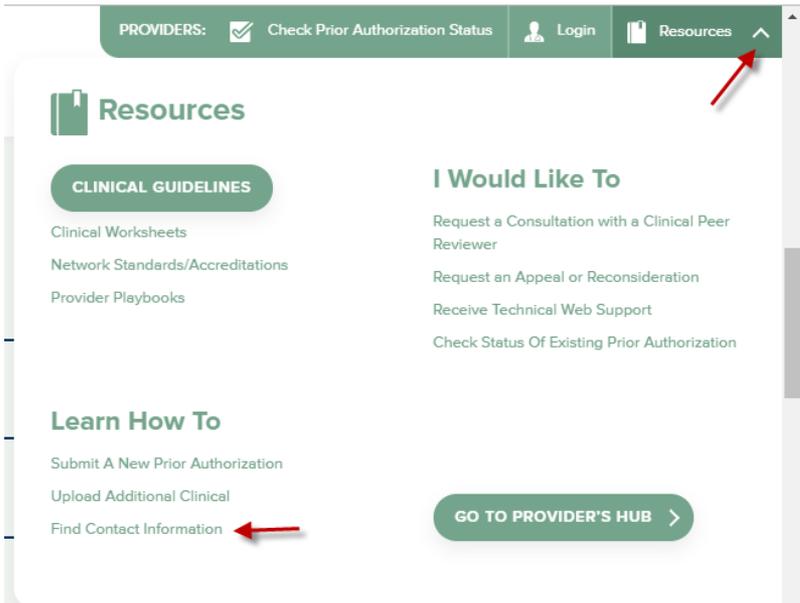
- Request a Consultation with a Clinical Peer Reviewer
- Request an Appeal or Reconsideration
- Receive Technical Web Support
- Check Status Of Existing Prior Authorization

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!

