

Radiology and Cardiology Management

Provider Orientation Session for AdventHealth Advantage Plans



Empowering
the Improvement
of Care

Company Overview

Radiology – Our Experience



24 Years
Managing Radiology Services

Client Experience
50+ Regional and National Clients

Case Statistics
37k+ requests processed per day

Memberships Managed
25.5M Commercial Members
2M Medicare Members
6.5M Medicaid Members

Prior Authorization Overview

AdventHealth Advantage Plans Prior Authorization Services

eviCore healthcare will begin accepting prior authorization requests for Radiology/Cardiology on September 1, 2020, and beyond.

Prior Authorization applies to the following services:

Advanced imaging services

- CT, CTA
- MRI, MRA
- PET, PET/CT
- Nuclear Medicine
- Myocardial Perfusion Imaging (Nuclear Stress)
- Echo / Echo Stress
- Cardiac Imaging (CT, MRI, PET)

Prior Authorization does **NOT** apply to services that are in:

- Emergency Room Services
- 23-Hour Observations
- Inpatient Stays
- Other radiology procedures not indicated

Provider Resource Page

Providers and/or staff can utilize AdventHealth Advantage Plan's Provider Resource page to access a list of covered CPT codes, Clinical Worksheets, FAQs, Quick Reference Guides and additional educational materials by visiting:

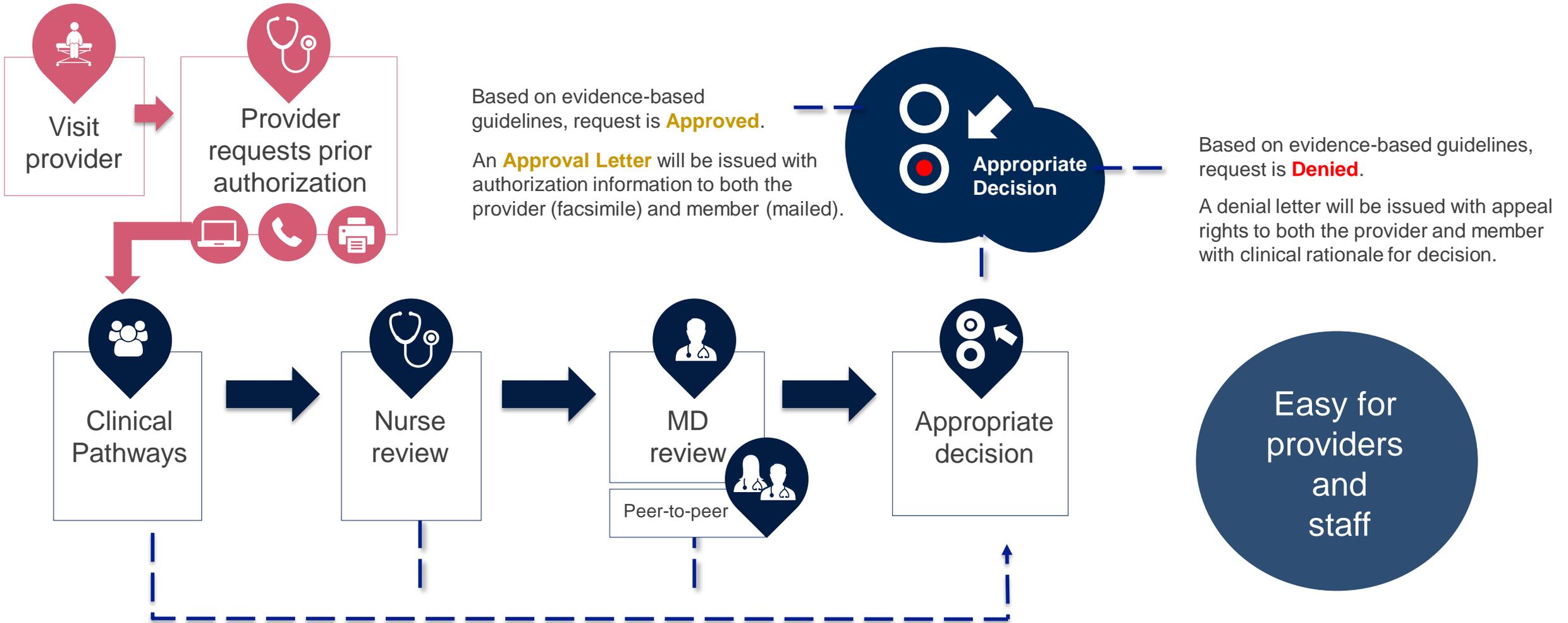
<https://www.evicore.com/resources/healthplan/adventhealth>

Applicable Memberships

Prior Authorization is required for AdventHealth Advantage Plans members who are enrolled in the following lines of business/programs:

- **Commercial**
- **Medicare Advantage**

Prior Authorization Process



Non-Clinical Information Needed

The following information must be provided to initiate the prior authorization request:

Member Information

- First and Last Name
- Date of Birth
- Member Identification Number
- Phone Number (If Applicable)

Ordering Provider Information

- First and Last Name
- Practice Address
- Individual National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers

Rendering Facility Information

- Facility Name
- Street Address
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers



Clinical Information Needed

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

- A relevant history and physical examination
- A relevant summary of the patient's clinical condition
- Imaging and/or pathology and/or laboratory reports as indicated relevant to the requested services
- The indication for the specified procedure
- Prior treatment regimens (for example, appropriate clinical trial of conservative management, if indicated)



Prior Authorization Outcomes

Approvals and Denials

Approved Requests

- All requests are processed in two business days after receipt of all necessary clinical information.
- Authorizations are typically valid for 45 days from the date of the final determination.

Denied Requests

- Communication of the denial determination and rationale.
- Letter contains reconsideration options based on the member's health plan and line of business.
- Instructions on how to request a Clinical Consultation.

Authorization Letter

- The letter will be faxed to the ordering provider and performing facility.
- The member will receive the letter in the mail.
- Approval information can be printed on demand from the eviCore portal.

Denial Letter

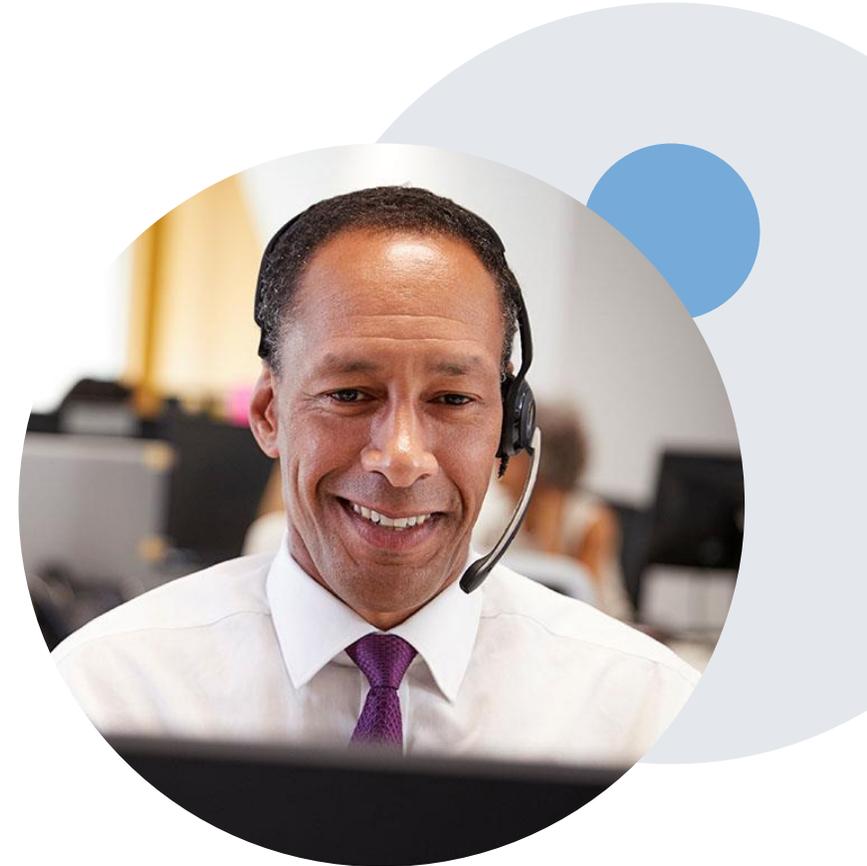
- The letter will be faxed to the ordering provider and performing facility.
- The member will receive the letter in the mail.
- The letter will contain the denial rationale and reconsideration options and instructions.



Post-Decision Options

My case has been denied. What's next?

- In most instances, eviCore is delegated management of post-decision activity.
- Providers are often able to utilize post-decision activity to have a case reviewed for overturn consideration.
- The Post-Decision Options available, and delegation of the activity to eviCore, may vary by health plan and line of business.
- Your determination letter is the best immediate source to determine what options exist on a case that has been denied. You may also call us at 877-825-7722 to speak to an agent who can assist with advising which option is available and provide instruction on how to proceed.
- When the option is available, Providers, Nurse Practitioners and Physician Assistants can request a clinical consultation by visiting: www.evicore.com/provider/request-a-clinical-consultation
- The next couple of slides will address post-decision activity often managed by eviCore per line of business for AdventHealth Advantage Plans.



Post-Decision Options

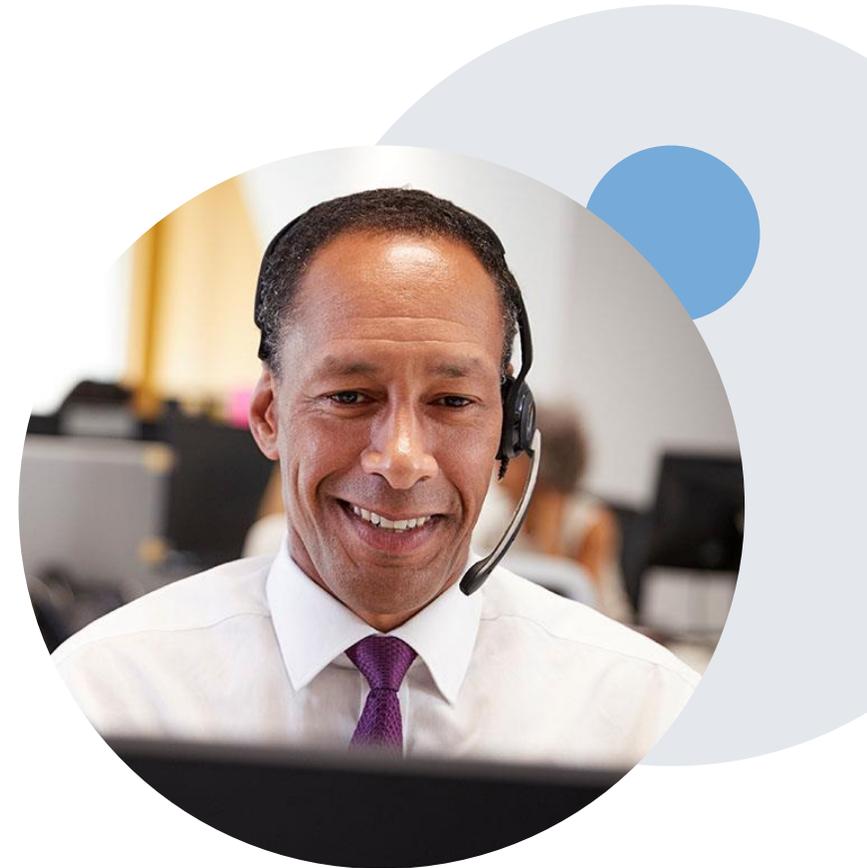
Commercial Memberships

Reconsiderations

- If a request has been denied and requires further clinical review, you are welcome to request a Clinical Consultation with an eviCore Physician within five business days after the determination date.
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an eviCore Physician.
- In certain instances, additional clinical information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.
- Providers, Nurse Practitioners and Physician Assistants can request a clinical consultation by visiting:
- www.evicore.com/provider/request-a-clinical-consultation

Appeals

- eviCore will not process first-level appeals



Pre-Decision Options: Medicare Members

I've received a request for additional clinical information. What next?

Submission of Additional Clinical

- eviCore will notify Providers telephonically and in writing before a denial decision is issued on Medicare cases
- You may submit additional clinical to eviCore for consideration per the instructions received
- Additional clinical must be submitted to eviCore in advance of the due date referenced

Pre-Decision Clinical Consultation

- Providers may choose to request a Pre-Decision Clinical Consultation instead of submitting additional clinical information
- The Pre-Decision Clinical Consultation must occur before the due date referenced
- If additional information was submitted, we will proceed with our determination and are not obligated to hold the case for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed



Post-Decision Options: Medicare Members

My case has been denied. What next?

Clinical Consultation

- Providers may request a Clinical Consultation with an eviCore Physician to understand the reason for denial
- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation

Reconsideration

- Medicare cases do not have a Reconsideration option

Appeals

- eviCore will not process first-level appeals



Special Circumstances

Retrospective (Retro) Authorization Requests

All Retrospective requests must be submitted within 15 business days from the date the services were performed. Retrospective requests that are submitted beyond this timeframe will be administratively denied.

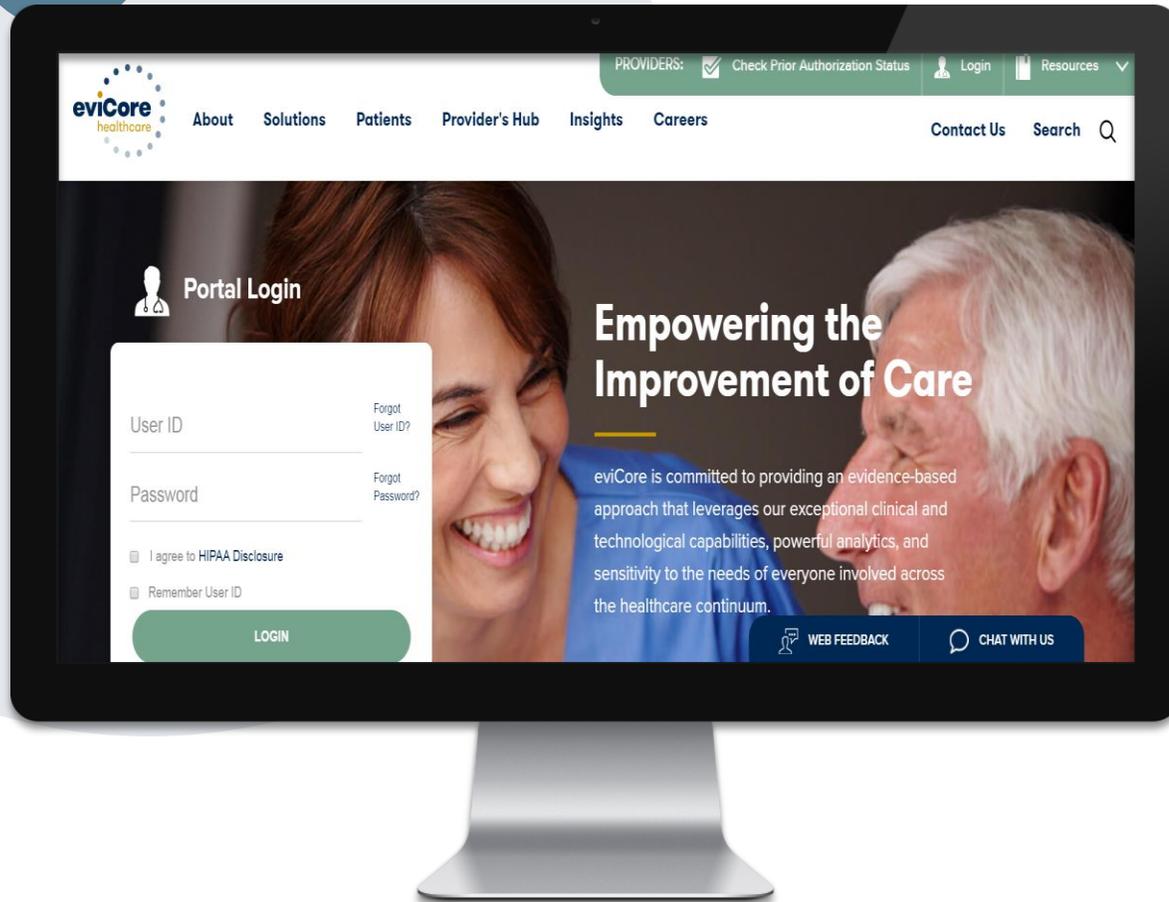
Urgent Prior Authorization Requests

Urgent requests can now be submitted on eviCore's website www.evicore.com. When asked, "Is this request standard/routine?" simply answer no and the case will be sent to the urgent work list.

Providers and/or staff can also contact our office by phone and state that the prior authorization request is urgent. Urgent requests will be reviewed within 24 hours upon receiving the prior authorization request.



eviCore Provider Portal



The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status and is available 24/7.

By visiting www.eviCore.com, providers can spend their time where it matters most — with their patients!

Or by phone:

Phone Number:

877-825-7722

8 a.m. to 7 p.m.

Monday - Friday

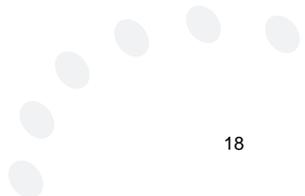
Provider Portal Overview

Portal Compatibility

The eviCore.com website is compatible with the following web browsers:

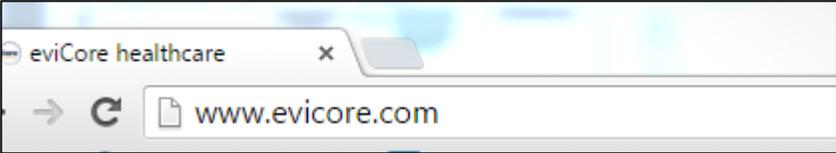
- **Google Chrome**
- **Mozilla Firefox**
- **Internet Explorer 9, 10 and 11**

You may need to disable pop-up blockers to access the site. For information on how to disable pop-up blockers for any of these web browsers, please refer to our “Disabling Pop-Up Blockers” guide.

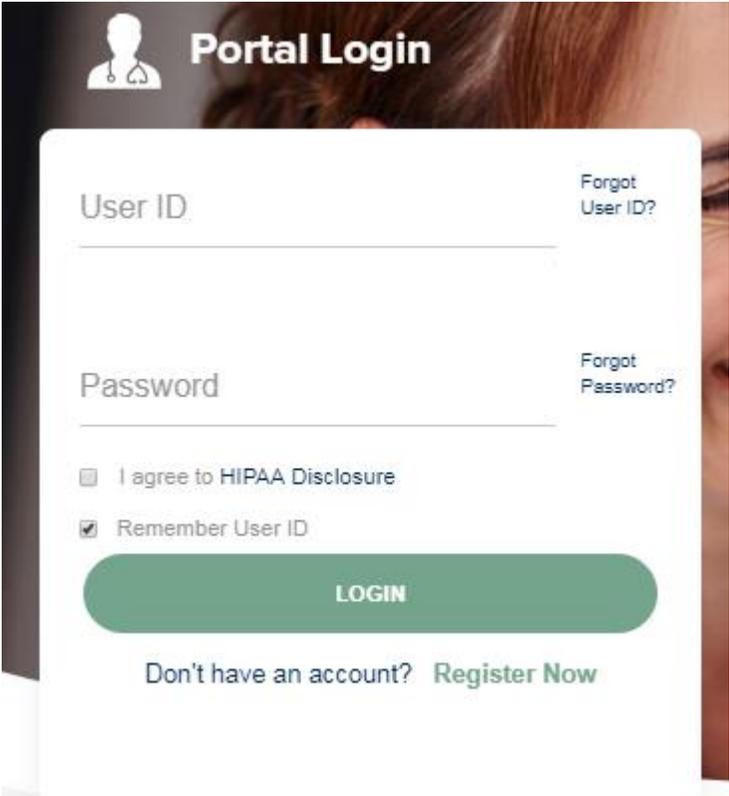


eviCore healthcare website

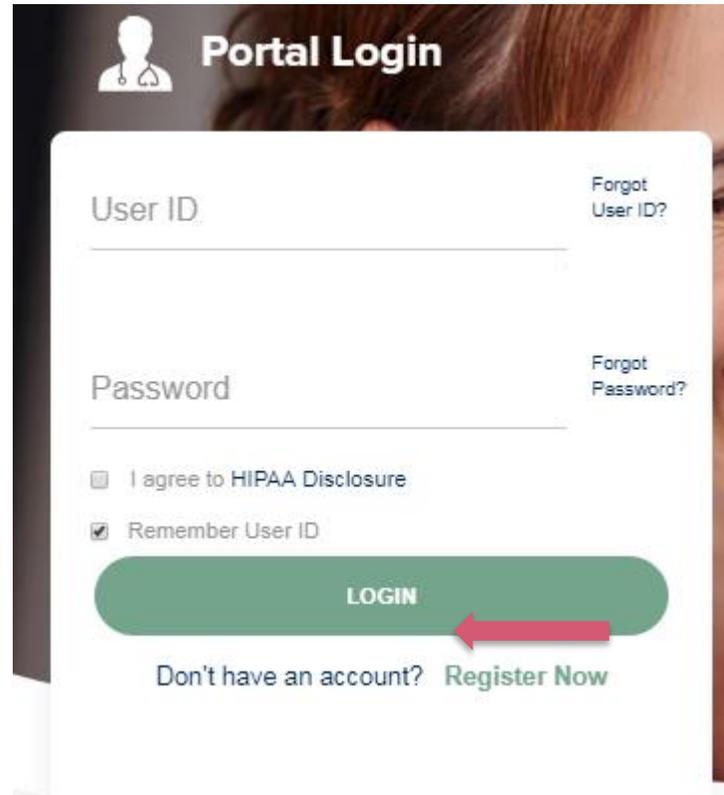
- Point web browser to evicore.com



- Log in or Register



Create An Account



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

- Header:** A white doctor icon and the text 'Portal Login'.
- User ID Field:** A text input field with the label 'User ID' and a link 'Forgot User ID?' to its right.
- Password Field:** A text input field with the label 'Password' and a link 'Forgot Password?' to its right.
- Agreements:** Two checkboxes: 'I agree to HIPAA Disclosure' (unchecked) and 'Remember User ID' (checked).
- Login Button:** A green rounded button labeled 'LOGIN'.
- Registration Link:** A link 'Register Now' in green text, preceded by the text 'Don't have an account?'.

A red arrow points from the 'Register Now' link towards the 'LOGIN' button.

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

Create 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 using 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"/> ▼ | Fax*: | <input type="text"/> |
| First Name*: | <input type="text"/> | Zip*: | <input type="text"/> | | |
| Last Name*: | <input type="text"/> | Office Name: | <input type="text"/> | | |

Select “**CareCore National**” as the Default Portal and complete the user registration form.

Create 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*:

If you are a health plan representative, please contact web support at 1-800-646-0418 option 2 for your account to be created.

User Information

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

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

Next

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

User Registration

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

Accept Terms and Conditions *

Submit Cancel

Accept the Terms and Conditions and click **“Submit.”**

User Registration



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 was successful.
You will be sent an email to create your password.

Create a Password

Your password must be at least eight 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.

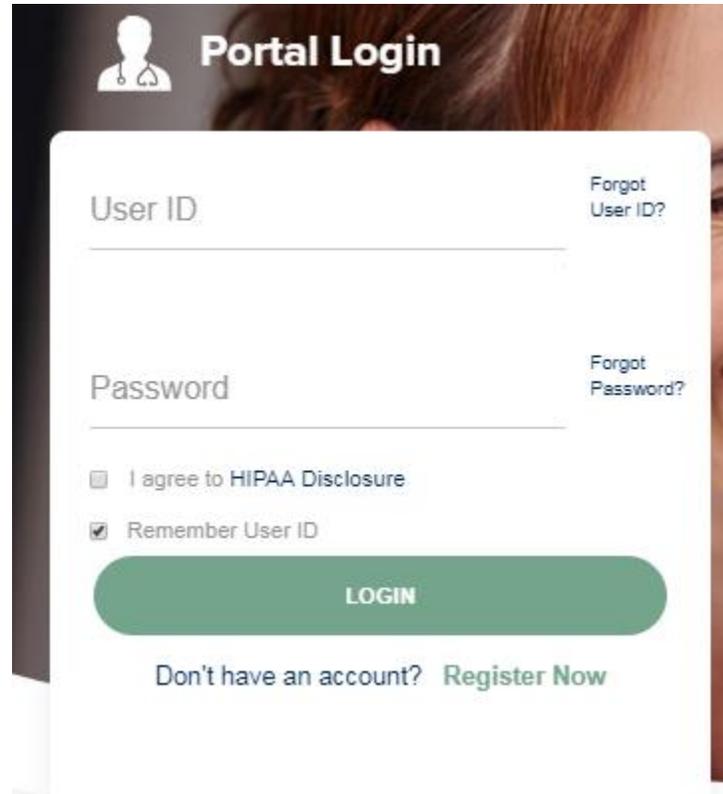
Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters.

New Password*

Confirm New Password*

Save

Account 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 white. Below this, a white login form is centered on a dark background. The form 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 form is a large, rounded green button with the word 'LOGIN' in white capital letters. Below the button, the text 'Don't have an account? Register Now' is displayed, with 'Register Now' in green.

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

Welcome Screen

eviCore healthcare
innovative solutions

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

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

Providers must be added to your account before cases can be submitted over the web. Please select "Manage Account" to add providers.

[Request a clinical certification/procedure >>](#)

[Request a clinical certification/procedure for:](#)

[Resume a certification request in progress >>](#) << Did you know? You can save a certification request to finish later.

[Look up an existing authorization >>](#)

[Check member eligibility >>](#)

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

Add Providers

Manage Your Account

Office Name:

Change Password

Edit Account

Address: 730 Cool Springs Blvd
Franklin, TN 37067

Primary

Contact: User Account

Email Address: Test@email.com

Add Provider

Click Column Headings to Sort

No providers on file

Cancel

Click the **“Add Provider”** button.

Add Providers

Add Practitioner

Enter Practitioner information and find matches.

Practitioner NPI

Practitioner State

Practitioner Zip

Enter the Provider's (aka Practitioner) NPI, State and ZIP Code to search for the provider record to add to your account. You can add multiple Providers to your account.

Add Practitioners

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 | 730 Coolsprings Blvd | Franklin | TN | 37067 | (615)548-4000 | |

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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 Performance Summary Portal](#) [Resources](#) **Manage Your Account** [Help / Contact Us](#) [Med Solutions Portal](#)

Add Practitioner

If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to return to your account.

[Add Another Practitioner](#) [Continue](#)

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- Once you have selected a provider, your registration will be complete. 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

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

Certification Summary

Search..

Search..

Single Status
Show All

Filter By Multiple Statuses
Show All

Date
7 days

Submit Close

Page 1 of 0 10

No records to display

| 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 |
|----------------------|----------------------|----------------------|-----------------------------|-----------------------|--------|----------------------|----------------------|---------------------|-----------|-----------------|----------------|-----------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | <input type="text"/> | | | | | |

Page 1 of 0 10

No records to display

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

Initiate A Case

[Home](#) [Certification Summary](#) [Authorization Lookup](#) [Eligibility Lookup](#) [Clinical Certification](#) [Certification Requests In Progress](#) [MSM Practitioner Performance Summary Portal](#) [Resources](#) [Manage Your Account](#) [Help / Contact Us](#) [Med Solutions Portal](#)

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

[Review a summary of recent certifications >>](#)

[Request a clinical certification/procedure >>](#)

[Resume a certification request in progress >>](#) << Did you know? You can save a certification request to finish later.

[Look up an existing authorization >>](#)

[Check member eligibility >>](#)

[Horizon Pilot Designation Program >>](#)

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Choose “**Request a clinical certification/procedure**” to begin a new case request.

Select Program

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

Clinical Certification

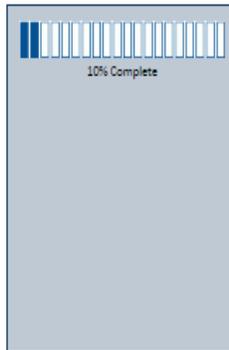
Please select the program for your certification:

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

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

Select the program for your certification.

Select Provider



Clinical Certification

Select the practitioner or group for whom you want to build a case. If the practitioner, group, or lab for whom you wish to build a case is not listed, please visit [Manage Your Account](#) to associate the new practitioner, group, or lab.

Filter Last Name
or NPI:

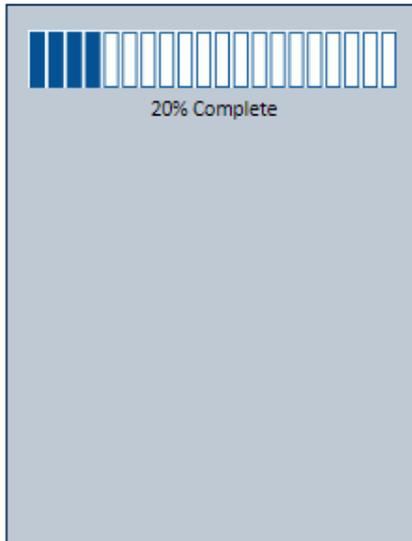
Selected Physician:

| Provider |
|---------------------------------------|
| <input type="button" value="SELECT"/> |

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

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

Select Health Plan



Clinical Certification

To process an urgent case on the web you will be required to upload relevant clinical information using the online clinical upload feature at the end of the case build process. [Click here](#) for more information!

You selected

Please select the health plan for which you would like to build a case. If the health plan is not shown, please contact the plan at the number found on the member's identification card to determine if case submission through CareCore National is necessary.

Please Select a Health Plan ▼

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

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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, select the provider address in the next drop-down box.

Contact Information



30% Complete

Provider and NPI

Clinical Certification

Provider's Name [?]

Who to Contact [?]

Fax [?]

Phone [?]

Ext. [?]

Cell Phone

Email

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

Enter the Provider's name and appropriate information for the point-of-contact individual.

Member/Procedure Information

[Home](#) [Certification Summary](#) [Authorization Lookup](#) [Eligibility Lookup](#) **[Clinical Certification](#)** [Certification Requests In Progress](#) [MSM Practitioner Performance Summary Portal](#) [Resources](#) [Manage Your Account](#) [Help / Contact Us](#) [Med Solutions Portal](#)

Attention!

Has this procedure been performed?

YES NO

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 Performance Summary Portal Resources Manage Your Account Help / Contact Us Med Solutions Portal



40% Complete

Provider and NPI

Clinical Certification

Patient ID:

Date Of Birth:

 MM/DD/YYYY

Patient Last Name Only:

 [?]

ELIGIBILITY LOOKUP

Cancel

Back

Print

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

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

Clinical Details


60% Complete

Provider and NPI

Patient [EDIT](#)

Clinical Certification

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

Primary Diagnosis Code: **R68.89**

Description: **Other general symptoms and signs**

[Change Primary Diagnosis](#)

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

Secondary diagnosis is optional for Radiology

[LOOKUP](#)

[Cancel](#) [Back](#) [Print](#) [Continue](#)

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

Select the CPT and Diagnosis codes.

Verify Service Selection


60% Complete

Provider and NPI

Patient

[EDIT](#)

Clinical Certification

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](#)

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

Click **“Continue”** to confirm your selection.

Site Selection

80% Complete

Provider and NPI

Patient [EDIT](#)

Service [EDIT](#)

73721 MRI LOWER EXTREMITY JOINT W/O
R68.09 Other general symptoms and signs

Clinical Certification

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: | <input type="text"/> | Zip Code: | <input type="text"/> | Site Name: | <input type="text"/> |
| TIN: | <input type="text"/> | City: | <input type="text"/> | <input checked="" type="radio"/> Exact match | |
| | | | | <input type="radio"/> Starts with | |

[LOOKUP SITE](#)

[Cancel](#) [Back](#) [Print](#)

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

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

Site Selection

Clinical Certification

Selected Site:

FIND NEW SITE

Site Email (optional)

Cancel Back Print Continue

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

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

Clinical Certification

Clinical Certification

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 CareCore National.

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

- 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.**

Contact Information

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.

Clinical Certification

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.

Medical Review

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

- If additional information is required, you will have the option to either freehand 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 Performance Summary Portal Resources Manage Your Account Help / Contact Us Med Solutions Portal

Clinical Certification

 Is this request to evaluate suspicion of cancer, screening for cancer, active evaluation or monitoring of known cancer?

Yes No

Finish Later

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

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

Clinical Certification questions may populate based upon the information provided.

Clinical Certification

Clinical Certification

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.

Cancel Print

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

- Click **“Finish Later”** to save your progress.
- You have two business days to complete the case.

Clinical Certification

Clinical Certification

1 What is the date of the most recent contact with the requesting provider for this problem? (Enter an approximate date if the exact date is not known)

1 Enter the type of contact.

- Email
- Office visit
- Phone call
- Other
- Unknown

SUBMIT

Finish Later

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

Cancel Print

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

Select the date and type of most recent contact.

Medical Review

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

Clinical Certification

Is there any additional information specific to the member's condition you would like to provide?

Yes No

Enter text in the space provided below or continue.

Additional Information - Notes:

SUBMIT

Finish Later

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

Cancel Print

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

- If additional information is required, you will have the option to either freehand 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.

Medical Review

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

Clinical Certification

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.

Print **SUBMIT CASE**

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

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

Approval

Clinical Certification

Your case has been Approved.

Provider Name:
Provider Address:

Contact:
Phone
Number:
Fax Number:

Patient Name:
Insurance Carrier:

Patient ID:

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.

Print Continue

- 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.

Medical Review

Clinical Certification

Your Case has been sent to Medical Review

| | | | |
|--------------------------------------|---|--------------|-------------------------------|
| Provider Name: | Contact: | | |
| Provider Address: | Phone Number: | | |
| | Fax Number: | | |
| <hr/> | | | |
| Patient Name: | Patient Id: | | |
| Insurance Carrier: | | | |
| <hr/> | | | |
| Site Name: | Site ID: | | |
| Site Address: | | | |
| <hr/> | | | |
| Primary Diagnosis Code: | 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: | | | |
| Expiration Date: | | | |
| Status: | Pending | | |
| <hr/> | | | |
| <input type="button" value="Print"/> | <input type="button" value="Continue"/> | | |

- If the clinical pathway questions are completed and the case has not met clinical criteria, the status will reflect pending and at the top, **“Your case has been sent to Medical Review”**.
- Print the screen and store in the patient’s file.

Build Additional Cases

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

Clinical Certification

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 (Musculoskeletal Management)
- Provider
- Program and Provider
- Program and Health Plan

GO

Cancel Print

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

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

New Security Features Implemented

Search by Member Information

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:
MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:

Search by Authorization Number/ NPI

REQUIRED FIELDS

Provider NPI:

Auth/Case Number:

- Select **“Search by Authorization Number/NPI”** and 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

Authorization Lookup

Authorization Number:
Case Number:
Status: Approved
Approval Date:
Service Code: 73721
Service Description: MRI LOWER EXTREMITY JOINT W/O
Site Name:
Expiration Date:
Date Last Updated:
Correspondence: [VIEW CORRESPONDENCE](#)

Procedures

| Procedure | Description | Qty Requested | Qty Approved | Modifier(s) |
|---|---|---------------|--------------|-------------|
| 73721 CHANGE SERVICE CODE | 73721 Magnetic resonance imaging (MRI) (a special kind of picture) of your knee or ankle without contrast (dye) | 1 | 1 | |

[Print](#) [Done](#) [Search Again](#)

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

The authorization will then be accessible to review. To print authorization correspondence, select **“View Correspondence.”**

Eligibility Lookup



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

Eligibility Lookup

New Security Features Implemented

Health Plan:

Patient ID:

Member Code:

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

Radiology Eligibility: **Precertification is Required**

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

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

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

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

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

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

Self Service Peer to Peer Scheduling

Beginning 5/22/2020, Providers will have the ability to schedule Peer to Peer requests entirely online.

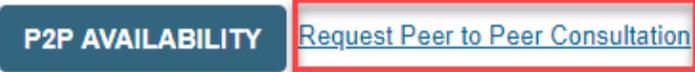
What's changing?

Our new scheduling system takes into consideration all case logic needed to determine if a case is eligible for a Peer to Peer conversation. No more waiting for email confirmation from an internal eviCore representative! Take scheduling into your own hands!

Note: *This tool is only currently available for cases managed through our legacy CareCore National platform. Expansion to all other platforms is coming soon.*

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

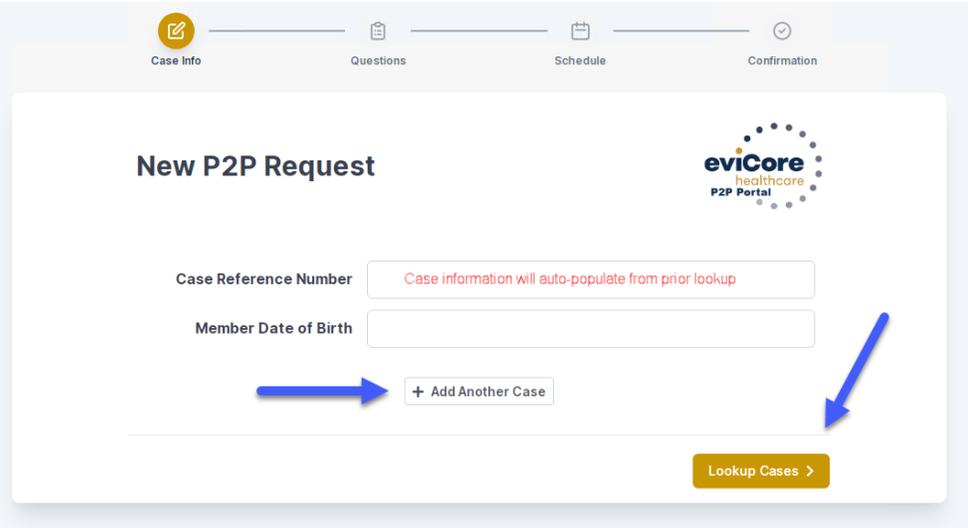
| | | |
|-------------------------|---|---|
| Authorization Number: | NA | |
| Case Number: | | Request Peer to Peer Consultation |
| Status: | Denied | |
| P2P Eligibility Result: | Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule 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



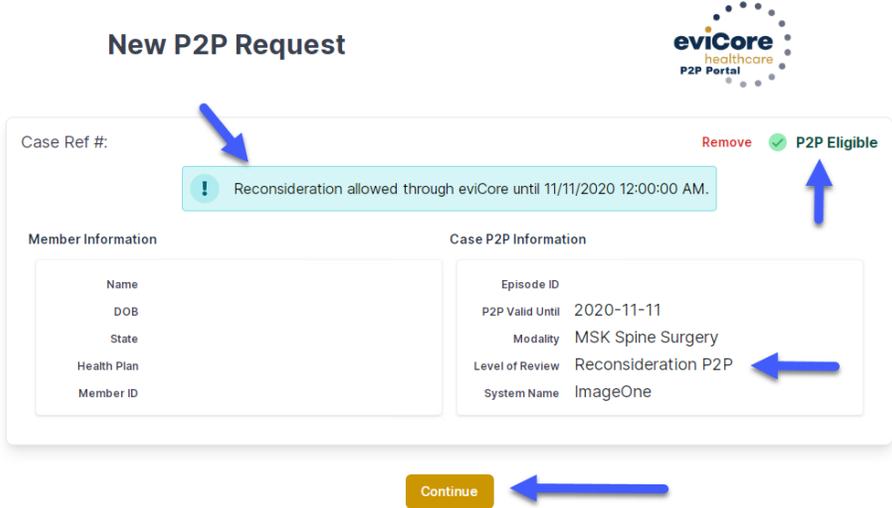
Upon first login, you will be asked to confirm your default time zone.

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”

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.



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

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 →

1st Priority by Skill

| 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 | - | - | - | - | - | - |

1st Priority by Skill

| 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... | 2:00 pm EDT 2:15 pm EDT 2:30 pm EDT 2:45 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

Confirm Contact Details

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

- 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.

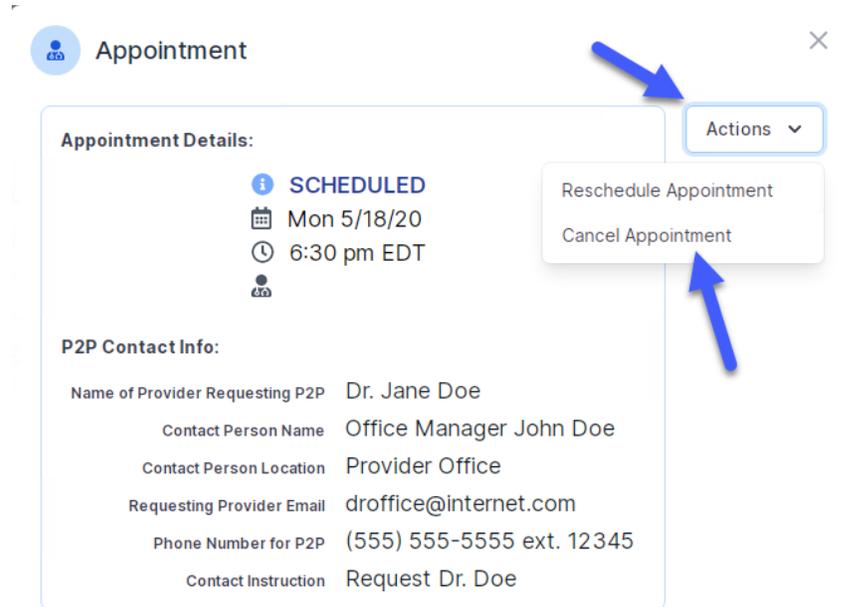
The screenshot displays a web interface for scheduling a Peer-to-Peer (P2P) appointment. At the top, a progress bar shows four steps: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (active). The main content is divided into two columns. The left column contains 'P2P Info' with date and time, and 'Case Info' with a list of case details. The right column is titled 'P2P Contact Details' and includes several input fields: 'Name of Provider Requesting P2P' (filled with 'Dr. Jane Doe'), 'Contact Person Name' (filled with 'Office Manager John Doe'), 'Contact Person Location' (dropdown menu), 'Phone Number for P2P' (filled with '(555) 555-5555'), 'Alternate Phone' (filled with '(xxx) xxx-xxxx'), 'Requesting Provider Email' (filled with 'droffice@internet.com'), and 'Contact Instructions' (filled with 'Select option 4, ask for Dr. Doe'). A 'Submit >' button is located at the bottom right of the form. Blue arrows point to the provider name, phone number, and contact instructions fields.

The screenshot shows a summary page for a scheduled appointment. It features a 'Scheduling' header with a calendar icon. Below it, the text 'Scheduled' is displayed. A summary bar shows the date and time: 'Mon 5/18/20 - 6:30 pm EDT'. On the right side of this bar, there is a red oval containing the word 'SCHEDULED' in white capital letters.

Canceling or Rescheduling 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

Provider Resources

Provider Resources

Prior Authorization Call Center – 877-825-7722

eviCore call centers are open from 8 a.m. to 7 p.m. (local time).

Providers can contact the call center to do one of the following:

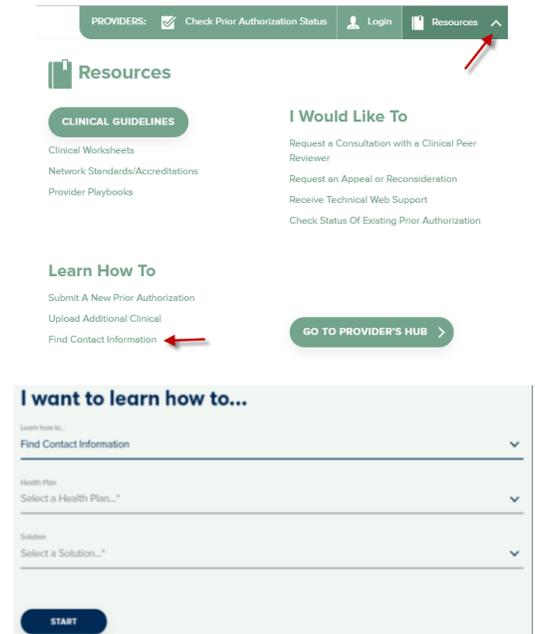
- Request Prior Authorization
- Check status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case
- Request to speak to a clinical reviewer
- Schedule a clinical consultation with an eviCore Medical Director



Provider Resources

Web-Based Services and Online Resources

- You can access important tools, health plan-specific contact information and resources at www.evicore.com.
- Select **“Resources”** to view Clinical Guidelines, Online Forms and more.
- The Quick Reference Tool can be found by clicking the Resources tab, then selecting **“Find Contact Information,”** under the **“I want to learn how to...”** section. Simply type in the health plan and solution to populate the contact phone and fax numbers, as well as the appropriate portal to utilize for case requests.



The quickest, most efficient way to request prior authorization is through our provider portal. We have a dedicated **Web Support** team that can assist providers in navigating the portal and addressing any web-related issues during the online submission process.

To speak with a Web Specialist, call 800-646-0418 (Option #2) or email portal.support@evicore.com

Provider Resources

Client and Provider Services

eviCore healthcare has a dedicated Client and Provider Services team to address provider-related requests and concerns. In most instances, this team can provide a resolution within 24-48 hours from the date the request was submitted. Here are some common requests that can be sent to our Client and Provider Services team for assistance:

- Requests for an authorization to be resent to the health plan
- Eligibility issues (member, rendering facility and/or ordering provider)
- Issues experienced during case creation
- Reports of system issues

How to Contact our Client and Provider Services team

Phone: 1-800-646-0418 (Option 4)

Email: ClientServices@evicore.com

For prompt service, please have all pertinent information available when calling Client Services. If emailing, make sure to include a description of the issue with member/ provider/case details when applicable. Outside of normal business hours, email Client Services with your inquiry.

eviCore uses the Cherwell Ticketing System for all email inquiries. You will be assigned a ticket number starting with T. This number will identify a specific issue that you have provided for review.



Provider Resources

Client-Specific Provider Resource Pages

eviCore's Provider Experience team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis. The provider resource page will include, but is not limited to, the following educational materials:

- Frequently Asked Questions
- Quick Reference Guides
- Solution PowerPoint Overview
- Training Sessions
- Announcement Letter

To access these helpful resources, please visit :

<https://www.evicore.com/resources/healthplan/adventhealth>

Provider Enrollment Questions – Contact Provider Services at 844-522-5278



Thank You!

