



Aetna Better Health® of Illinois

Radiology/Cardiology Management

Provider Orientation Session for Aetna Better Health of Illinois



HITRUST
CSF Certified

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



Empowering
the Improvement
of Care

Company Overview



**250M
Members
Managed**

**Headquartered in Bluffton, SC
Offices across the US including:**

- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT
- Melbourne, FL
- Plainville, CT
- Sacramento, CA
- St. Louis, MO

10 Comprehensive Solutions



The industry's most **comprehensive clinical evidence-based guidelines**



5k+ employees including **1k clinicians**

Engaging with 570k+ providers



Advanced, innovative, and intelligent technology



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

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

Cardiology – Our Experience



15 Years
Managing Cardiology Services

Client Experience

25+ Regional and National Clients

Case Statistics

10k+ requests processed per day

Memberships Managed

37.7M Commercial Members
2.3M Medicare Members
5.98M Medicaid Members

Our Clinical Approach

Evidence-Based Guidelines

The foundation of our solutions



Dedicated
pediatric
guidelines



Contributions
from a panel of
community
physicians



Experts
associated
with academic
institutions



Current
clinical
literature

Aligned with National Societies:

- American 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 Society for Radiation Oncology
- American Society of Clinical Oncology
- American Academy of Pediatrics
- 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

Radiology Solution

Covered Services:

Radiology Advanced imaging services

- CT, CTA
- MRI, MRA
- PET, PET/CT



Cardiology Solution

Covered Services:

Advanced imaging and diagnostic services

- Stress Testing
 - Myocardial Perfusion Imaging (SPECT & PET)
 - Stress Echocardiography
- Cardiac CT & MRI
- Echocardiography; Transthoracic, Transesophageal
- Diagnostic Heart Catheterization



Clinical Staffing – Multi-Specialty Expertise

Dedicated nursing and physician specialty teams for various solutions

- ◊ **Anesthesiology**
- ◊ **Cardiology**
- ◊ **Chiropractic**
- ◊ **Emergency Medicine**
- ◊ **Family Medicine**
 - Family Medicine / OMT
 - Public Health & General Preventative Medicine
- ◊ **Gastroenterology**
- ◊ **Internal Medicine**
 - Cardiovascular Disease
 - Critical Care Medicine
 - Endocrinology, Diabetes & Metabolism
 - Gastroenterology
 - Geriatric Medicine
 - Hematology
 - Hospice & Palliative Medicine
 - Medical Oncology
 - Pulmonary Disease
 - Rheumatology
 - Sleep Medicine
 - Sports Medicine
- ◊ **Medical Genetics**
- ◊ **Nuclear Medicine**
- ◊ **OB / GYN**
 - Maternal-Fetal Medicine
- ◊ **Oncology / Hematology**
- ◊ **Orthopedic Surgery**
- ◊ **Otolaryngology**
- ◊ **Pain Mgmt. / Interventional Pain**
- ◊ **Pathology**
 - Clinical Pathology
- ◊ **Pediatric**
 - Pediatric Cardiology
 - Pediatric Hematology-Oncology
- ◊ **Physical Medicine & Rehabilitation**
 - Pain Medicine
- ◊ **Physical Therapy**
- ◊ **Radiation Oncology**
- Radiology**
 - Diagnostic Radiology
 - Neuroradiology
 - Radiation Oncology
 - Vascular & Interventional Radiology
- ◊ **Sleep Medicine**
- ◊ **Sports Medicine**
- ◊ **Surgery**
 - Cardiac
 - General
 - Neurological
 - Spine
 - Thoracic
 - Vascular
- ◊ **Urology**



300+
Medical
Directors

Covering
51
different
specialties

800+
Nurses

Our Service Model

Enabling Better Outcomes

Enhancing outcomes through Client and Provider engagement

Client and Provider Operations Team –

Client Provider Representatives are cross-trained to investigate escalated provider and client related issues.

Client Experience Manager –

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

Regional Provider Engagement Manager –

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



Prior Authorization Overview

Aetna Better Health of Illinois Prior Authorization Services

eviCore healthcare will begin accepting prior authorization requests for Radiology and Cardiology on **12/01/2020** for dates of service 12/1/2020 and beyond.

Prior Authorization applies to the following services:

Radiology Advanced imaging services

- CT, CTA
- MRI, MRA
- PET, PET/CT

Cardiology Advanced imaging and diagnostic services

- Stress Testing
 - Myocardial Perfusion Imaging (SPECT & PET)
 - Stress Echocardiography
- Cardiac CT & MRI
- Echocardiography; Transthoracic, Transesophageal
- Diagnostic Heart Catheterization

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 Aetna Better Health of Illinois Provider Resource page to access a list of covered CPT codes, Clinical Worksheets, FAQs, Quick Reference Guides, and additional educational materials by visiting:

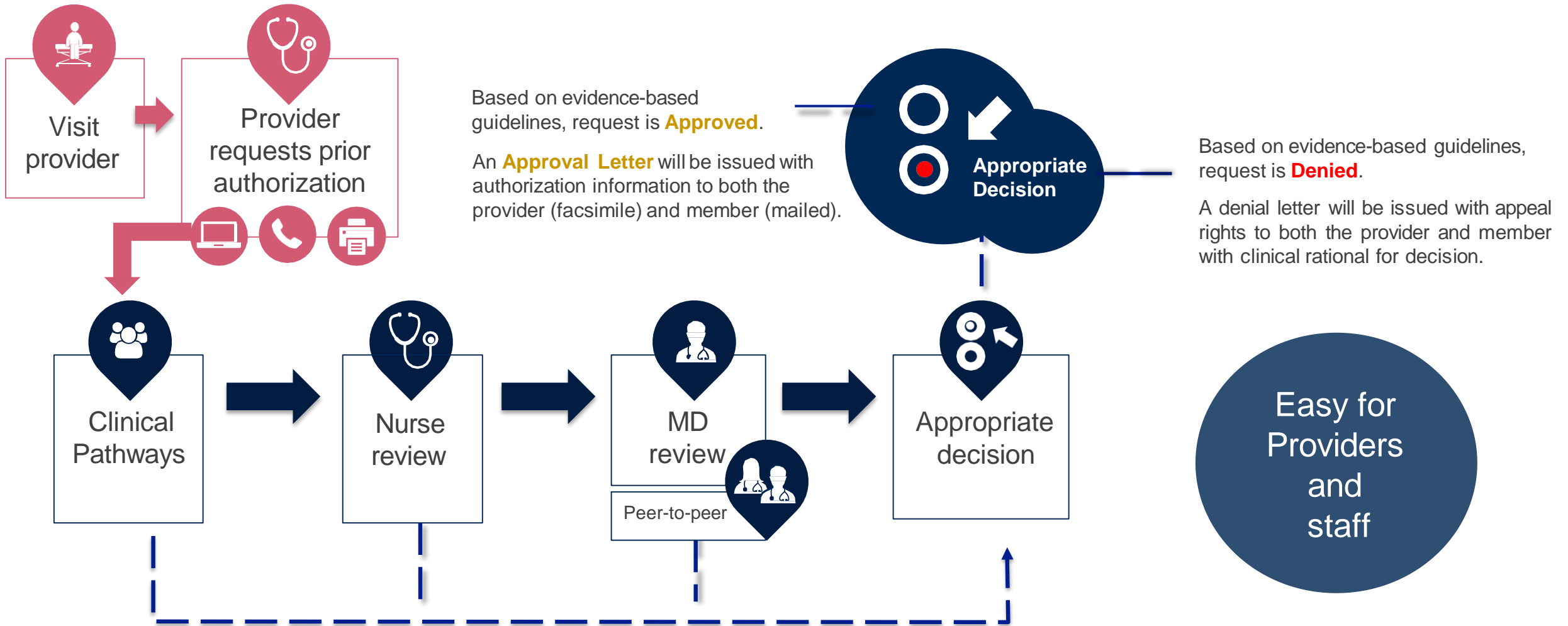
<https://www.evicore.com/resources/healthplan/aetna-better-health-of-il>

Applicable Memberships

Prior Authorization is required for Aetna Better Health of Illinois members who are enrolled in the following lines of business/programs:

- Medicaid
- ABH IL MCD ACA
- ABH IL MCD DA ICP
- ABH IL MCD NDCA TANF
- ABH IL MCD SNC
- ABH IL MCD FCARE
- ABH IL MCD FCARE SNC

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 Physician 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 **4 calendar** days after receipt of all necessary clinical information.
- Authorizations are typically valid for **60 Calendar** days from the date of the final determination.

Denied Requests

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

Authorization Letter

- The letter will be faxed to the ordering physician 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 physician 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 888-693-3211 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 Aetna Better Health of Illinois.



Post-Decision Options: Medicaid Members

My case has been denied. What's next?

Clinical Consultation

- Providers may request a Clinical Consultation with an eviCore physician for overturn consideration prior to submission of a formal reconsideration or appeal
- Clinical consultations must be requested within **14 calendar days** after the determination date

Reconsiderations

- Providers and/or staff can request a reconsideration review
- Reconsiderations must be requested within **14 calendar** days after the determination date
- Reconsiderations can be requested in writing or verbally

Appeals

- eviCore will not process appeals



•Special Circumstances

•Retrospective (Retro) Authorization Requests

- Not allowed

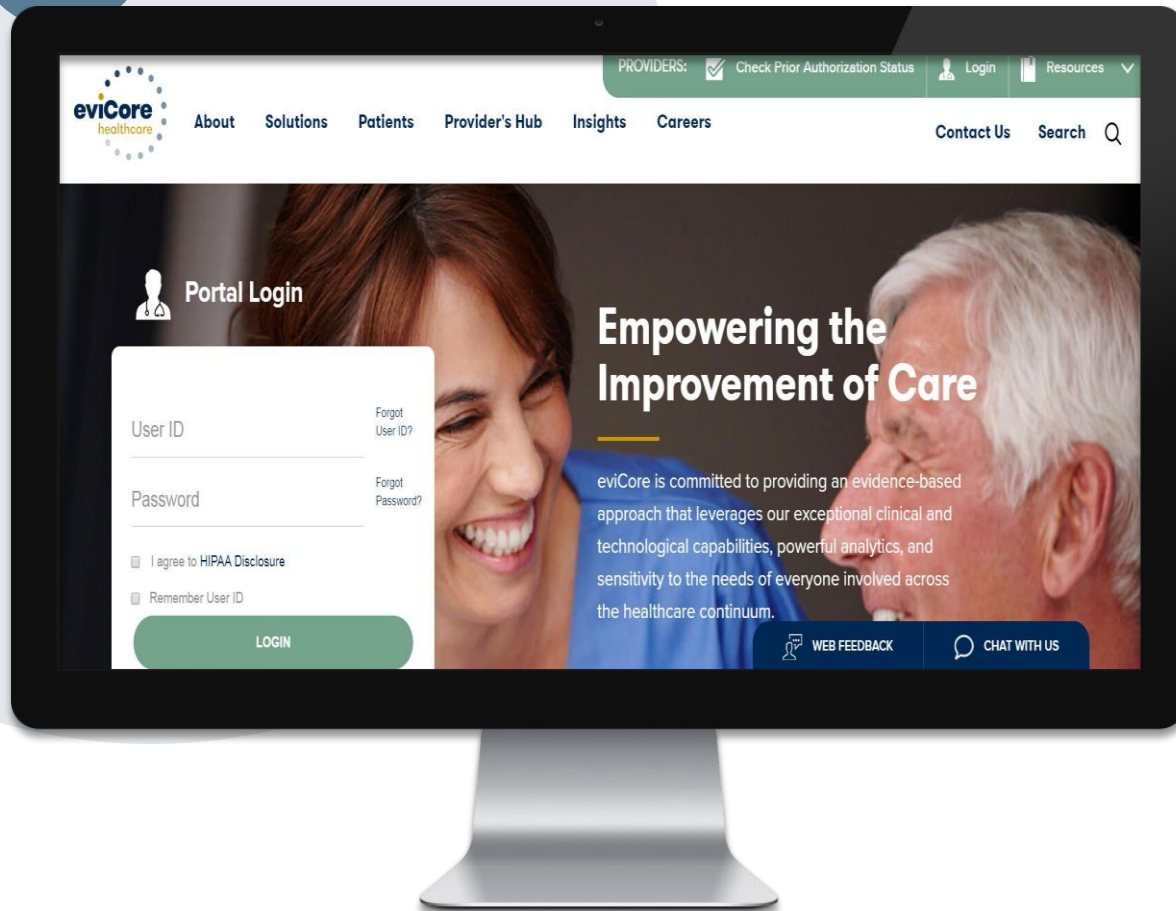
•Urgent Prior Authorization Requests

- Providers and/or staff can contact our office by phone and state that the prior authorization request is Urgent. Urgent request will be reviewed within 48 hours upon receiving the prior authorization request.



Provider Portal Overview

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:
(888)-693- 3211
7:00 a.m. to 7:00p.m.
(Monday - Friday)

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

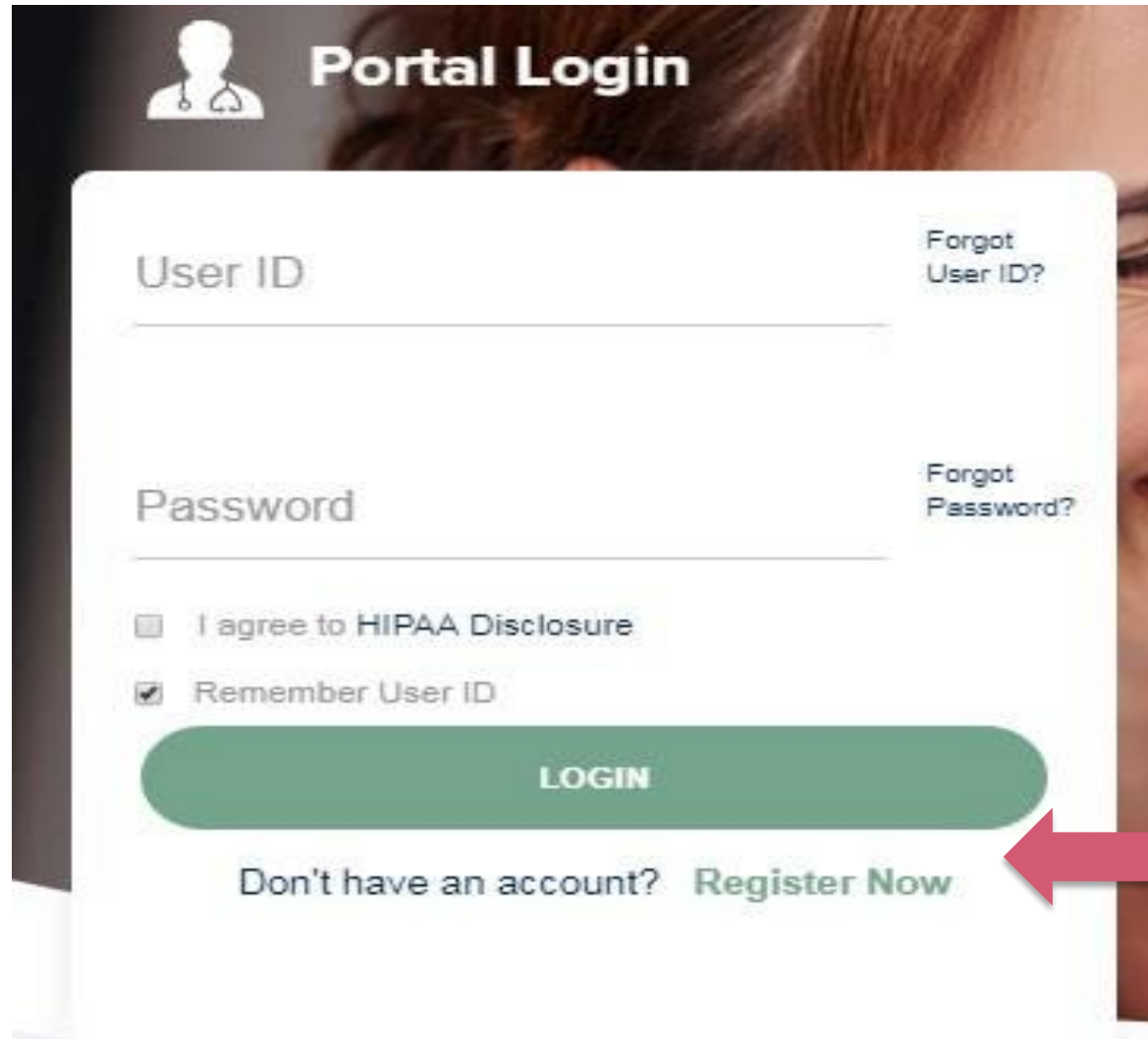
- Point web browser to evicore.com




- Login or Register

A screenshot of the 'Portal Login' form on the eviCore healthcare website. The form is white with rounded corners and is set against a background image of a person's face. At the top left of the form is a white silhouette icon of a person with a stethoscope. To the right of the icon is the text 'Portal Login'. Below the icon and title are two input fields: 'User ID' and 'Password'. To the right of the 'User ID' field is a link that says 'Forgot User ID?'. To the right of the 'Password' field is a link that says 'Forgot Password?'. Below the input fields are two checkboxes: the first is 'I agree to HIPAA Disclosure' and is unchecked; the second is 'Remember User ID' and is checked. Below the checkboxes is a large green button with the text 'LOGIN' in white. At the bottom of the form, there is a link that says 'Don't have an account? Register Now'.

Creating An Account



 **Portal Login**

User ID [Forgot User ID?](#)

Password [Forgot Password?](#)

I agree to HIPAA Disclosure

Remember User ID

LOGIN

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



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

Creating An Account



* 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*:	Select <input type="text"/>	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	Zip*:	<input type="text"/>		
Last Name*:	<input type="text"/>	Office Name:	<input type="text"/>		

Next

- Select CareCore National or MedSolutions as the **Default Portal**, and complete the user registration form.
- Please note: For the MedSolutions portal, you will also need to select the appropriate **Account Type**: Facility, Physician, Billing Office, and Health Plan.

Creating An Account



* Required Field

Web Portal Preference

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

Default Portal*:

If you are a health plan representative, please contact web support at 1-800-646-0415 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"/>	Phone*:	<input type="text"/>
Email*:	<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*:	<input type="text" value="Select"/>	Zip*:	<input type="text"/>
Last Name*:	<input type="text"/>	Office Name*:	<input type="text"/>		

Next



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

User Registration-Continued

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-Continued



Registration Successful

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



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

Create a Password

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

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



Password Maintenance

Please set up a new password for your account.

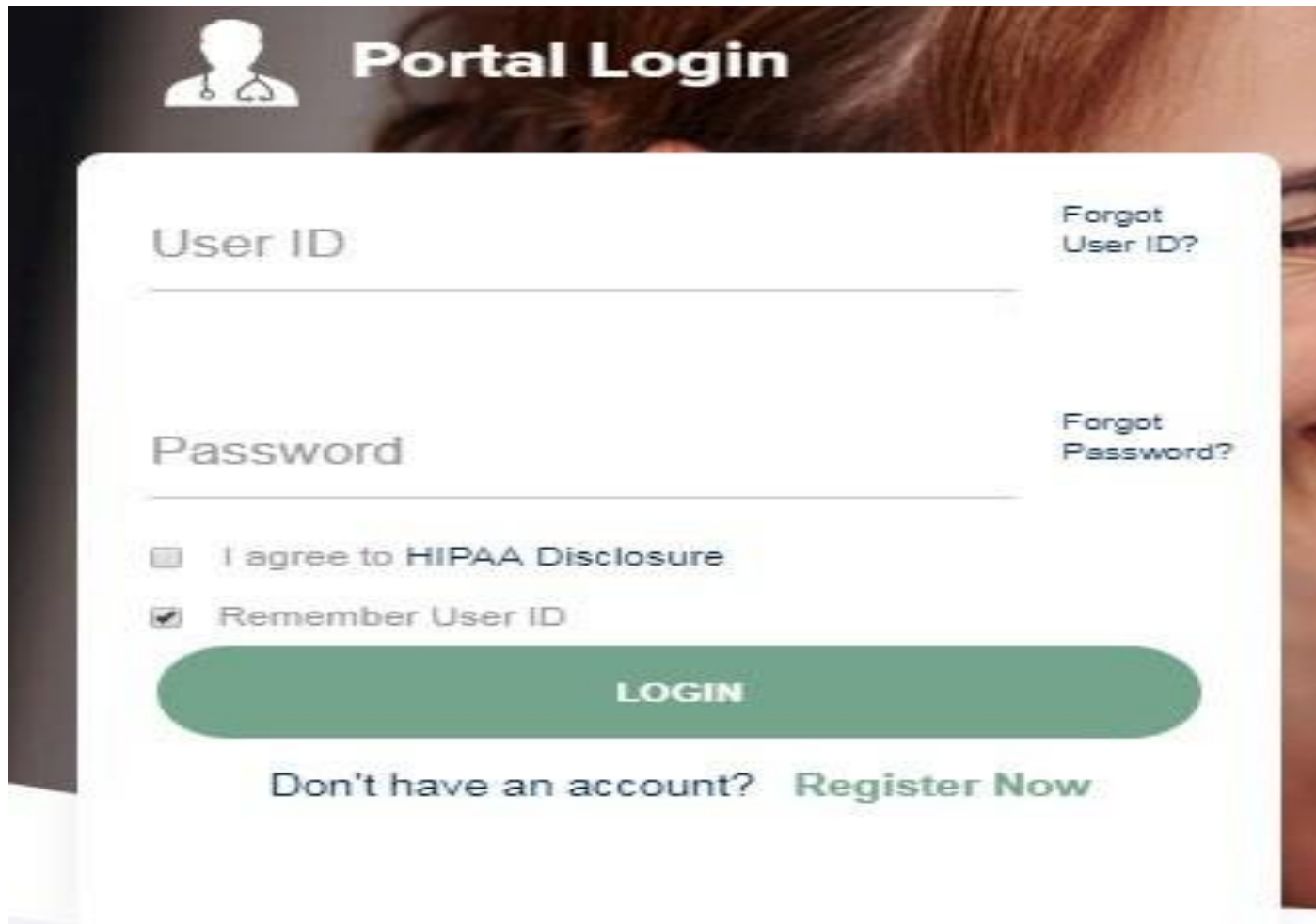
Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters.

New Password*

Confirm New Password*

Save

Account Log-In



The image shows a 'Portal Login' form. At the top left is a white silhouette icon of a person with a stethoscope. To its right is the text 'Portal Login' in a bold, black font. Below this, the form is white with rounded corners. It features 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 box, and the second is 'Remember User ID' with a checked box. At the bottom of the form is a large, rounded green button with the word 'LOGIN' in white, uppercase letters. Below the button is the text 'Don't have an account? Register Now'.



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

Announcement

The screenshot shows the eviCore healthcare website interface. At the top left is the eviCore healthcare logo. On the top right, there are icons for MCNET, Online Chat, a settings gear, a lock icon, and a Logout button. Below this is a dark blue navigation bar with the following menu items: Announcements (highlighted in yellow), Home, Search/Start Case, Claim Search, Payment Status, CareCore National Portal, and Post Acute Care. The main content area has a yellow header for 'Announcements' with three icons (print, download, help) on the right. There are three announcement cards:

- 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)

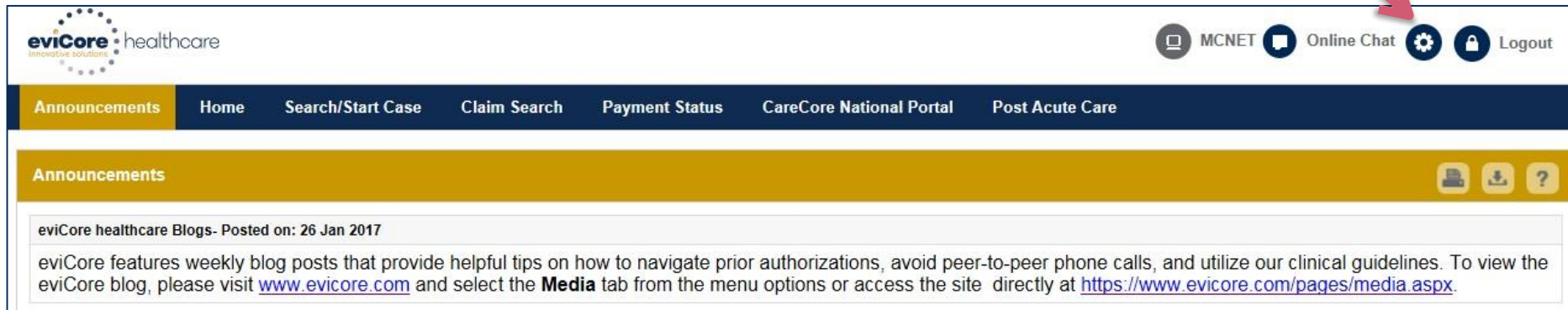
Once you have logged in to the site, you will be directed to the main landing page that includes important announcements.

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



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.

The screenshot shows the 'Preferences' section of the eviCore healthcare account settings. It includes a header with the eviCore logo and the word 'healthcare'. Below the header, there is a section titled 'Preferences' with a grey background. A message explains that users can search and add Physician or Facility Tax IDs to view case summaries. There are two radio buttons for 'Physician' and 'Facility'. Below this is a 'Tax ID*' input field with an 'Add' button. A table titled 'Preferred Tax IDs on my account' shows one entry: Tax ID 123456789, Provider Type Physician, with a red 'X' icon. To the right of the table, there is a series of text blocks: '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.', and '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.' At the bottom right, there is a checkbox with the text '* I hereby agree that I have read and understood the above message' and two buttons: 'Save' and 'Cancel'.

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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 ✖

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

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Announcements Home **Search/Start Case** Claim Search Payment Status

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

Case/Auth Lookup

Case ID Auth Number

Search

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.

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	
113514865		10/23/2018	Canceled	
113514809	A43427356	10/23/2018	Approved	10/23/2018 12/22/2018 78805-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 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 two main sections: Patient & Case Lookup and Case Detail.

Patient & Case Lookup:

- Patient Lookup:** Includes a dropdown for Insurer (MEDSOLUTIONS DEM), a text field for Member ID (xyz00002), and fields for First Name, Last Name, and Date of Birth. Buttons for Reset and Search are present.
- Case/Auth Lookup:** Includes radio buttons for Case ID (selected) and Auth Number, and a Search button.

Case Detail:

- Member Information:** Insurer: MEDSOLUTIONS DEMO, Member ID: XYZ00002, Health Plan/Program: MSI DEMO PROGRAM - PA REQ, First Name: BOBBY, Last Name: HILL, Date of Birth: 2/1/1974, Gender: MALE.
- CPT/ICD Section:** Includes a CPT Codes table and a Diagnosis section.

Code	Description	Modifier
73721	MRI Lower Extremity, any joint, without contrast material(s)	LT

Diagnosis: Radio buttons for ICD 9 and ICD 10 (selected). Search field and a table with one entry:

Code	Description
M25.562	Pain in left knee

Please select the Date Of Service [Date Picker]

Please do not Enter a Date of Service if the test is being performed today or in the future.

Save & Next

Case Creation – Ordering Physician

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

PATIENT & CASE LOOKUP

Patient Lookup

Insurer:* MEDSOLUTIONS DEM

Member ID: xyz00002

or

First Name:

Last Name:

Date of Birth:

Reset
Search

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

Case/Auth Lookup

Case ID
 Auth Number

Search

CASE DETAIL

Member

Insurer: MEDSOLUTIONS DEMO
 Member ID: XYZ00002

Health Plan/Program: MSI DEMO PROGRAM - PA REQ

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

CPT/CD

CPT Codes : 73721 ICD Codes : M25.562

Physician

Use Referring Physician as Requested Facility

Physician Search

First Name: Test
 Tax ID:
State: TN

Last Name: Doctor
 NPI:

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

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

1 - 5 of 8 items

Save & Next

Case Creation – Facility

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

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,			

E-notification MedSolutions Portal

Facility

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



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

All Fax notifications for this case will be sent to (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 the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

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



Submit

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

Ⓜ Which anatomy will be examined with the requested study?
✔ Knee

Ⓜ 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.

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 [X]

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 []

Maximum Character limit on each note is 5000.

[]

No notes saved [Save]

[Apply] [Cancel]

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

Referring Physician

Requested Facility

First Name: BUBBLES

Last Name: POWERPUFF

Date of Birth: 02/01/1990

Address: 123 MAIN ST, FRANKLIN, TN, 37087

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 : 999/999-9999

Fax : 999/999-9999

Specialty: ALLERGY,OPTICIAN

Tax ID: *****8789

NPI: 7417417410

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

Diagnosis 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

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

1 - 1 of 1 items

Additional Documentation

Clinical Notes

File Name

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

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:	9999999999
Fax:	9999999999
Specialty:	ALLERGY,OPTICIAN
Tax ID:	*****6789
NPI:	7417417410

Requested Facility

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:	*****6789
Taxonomy Code:	
NPI:	

CPT Codes

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

1 - 1 of 1 items

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

Provider Resources

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
- Consumer Engagement Inquiries
- Eligibility issues (member, rendering facility, and/or ordering physician)
- 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, please e-mail 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 which you have provided for review.



Provider Resources

Prior Authorization Call Center – 888.693.3211

Our call centers are open from 7:00 a.m. to 7:00 p.m. (local time).

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

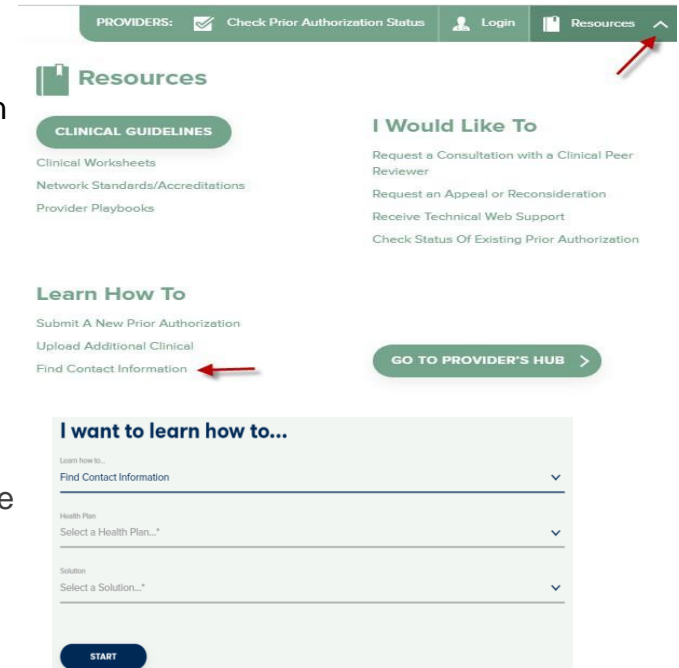
- Request Prior Authorization
- Check Status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case
- Request to speak to a clinical reviewer
- Schedule a clinical consultation with an eviCore Medical Director



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 the Resources to view Clinical Guidelines, Online Forms, and more.
- The Quick Reference Tool can be found by clicking the resources tab then select Find Contact Information, under the Learn How to section. Simply type in [Client Name] and Solution to populate the contact phone and fax numbers as well as the appropriate legacy 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 Newsletter

Stay Updated With Our Free Provider Newsletter

eviCore's provider newsletter is sent out to the provider community with important updates and tips. If you are interested in staying current, feel free to subscribe:

- Go to [eviCore.com](https://www.eviCore.com)
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates



Provider Resource Review Forums

The eviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process

We invite you to attend a Provider Resource Review Forum, to navigate www.eviCore.com and understand all the resources available on the Provider's Hub. Learn how to access:

- eviCore's evidence-based clinical guidelines
- Clinical worksheets
- Check-status function of existing prior authorization
- Search for contact information
- Podcasts & Insights
- Training resources

How to register for a Provider Resource Review Forum?

You can find a list of scheduled **Provider Resource Review Forums** on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



Provider Resources

Client and Provider Services

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- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- Consumer Engagement Inquiries
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

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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 which 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/aetna-better-health-of-il>

Provider Enrollment Questions – Contact Provider Services at 866-329-4701 (TTY: 711)



MedSolutions Online Peer to Peer Scheduling

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

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

My Pending Worklist - 4 Cases pending for additional case details or a completed survey will be deleted after 7 calendar days.

Case Number	Insurer Name	Patient Name	Date Of Birth	CPT Codes	ICD Codes	ICD Version	Referring Physician	Facility
✗	AETNA HEALTH MANAGEMENT			70450				6/
✗	CIGNA HEALTHCARE							6/
	CIGNA HEALTHCARE							6/
✗	CIGNA HEALTHCARE							5/

1 - 4 of 4 items

Recently Submitted Cases - 10

Start Date : 06/01/2021 | End Date : 06/02/2021

Case Number	Insurer Name	Patient Name	Date Of Birth	Case Status	Case Activity	Submit Date	Authorization Number	Effective Date	Expiration Date
	CIGNA HEALTHCARE			Denied		6/1/2021			
	AETNA BETTER HEALTH OF LOUISIANA			Denied		6/1/2021			
	CIGNA HEALTHCARE			Denied		6/1/2021			
	CIGNA HEALTHCARE			Pending	Pending Outreach	6/1/2021			

1 - 5 of 10 items

MedSolutions Online Peer to Peer Scheduling

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

Case/Authorization

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

Case Status: Denied Date Of Service:

P2P AVAILABILITY

Patient

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

Referring Physician

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

Requested Facility

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

CPT Codes

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

1 - 1 of 1 items

Diagnosis Codes

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

1 - 1 of 1 items

Additional Documentation

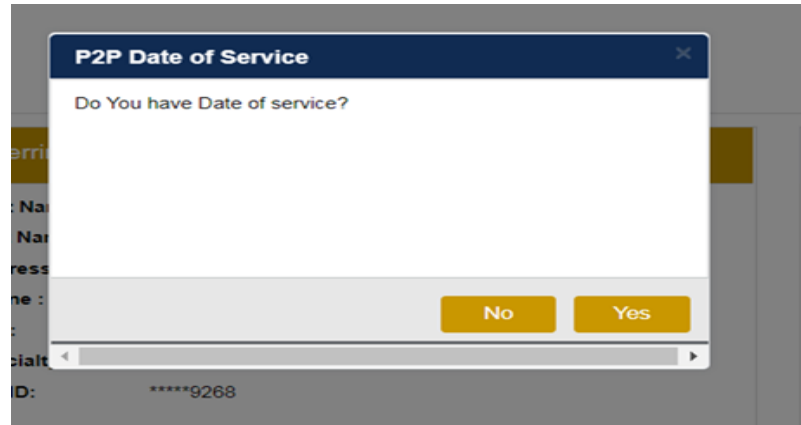
File Name

Clinical Notes

Note Text

MedSolutions Online Peer to Peer Scheduling

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



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




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

MedSolutions Online Peer to Peer Scheduling

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

New P2P Request



Case Ref #: [Remove](#)

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

Member Information	Case P2P Information
<p>Name</p> <p>DOB</p> <p>State</p> <p>Health Plan</p> <p>Member ID</p>	<p>Episode ID</p> <p>P2P Valid Until</p> <p>Modality</p> <p>Level of Review Informal P2P</p> <p>System Name</p>

[Continue](#)

MedSolutions Online Peer to Peer Scheduling

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

Case Info Questions Schedule Confirmation

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type

Level of Review Informal P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✓

Preferred Times

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

Time Zone

US/Eastern

Continue >

MedSolutions Online Peer to Peer Scheduling

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

Case Info Questions Schedule Confirmation

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type

Level of Review Informal P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✓

Preferred Times

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

Time Zone

US/Eastern

Continue >

MedSolutions Online Peer to Peer Scheduling

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

The screenshot displays two weekly scheduling grids for the week of 6/2/2021 to 6/8/2021. Each grid is titled "1st Priority by Skill" and includes a "Show more..." link. The top grid shows appointment times for a provider, and the bottom grid shows appointment times for another provider.

← Prev Week	6/2/2021 - 6/8/2021 (Upcoming week)							Next Week →
	1st Priority by Skill							
Wed 6/2/21	Thu 6/3/21	Fri 6/4/21	Sat 6/5/21	Sun 6/6/21	Mon 6/7/21	Tue 6/8/21		
5:00 pm EDT	11:30 am EDT	11:30 am EDT	-	-	11:30 am EDT	11:30 am EDT		
5:15 pm EDT	12:00 pm EDT	11:45 am EDT			11:45 am EDT	2:00 pm EDT		
5:45 pm EDT	12:15 pm EDT	12:00 pm EDT			12:00 pm EDT	2:15 pm EDT		
6:00 pm EDT	12:30 pm EDT	12:15 pm EDT			12:15 pm EDT	2:30 pm EDT		
Show more...	Show more...	Show more...			Show more...	Show more...		

	1st Priority by Skill						
Wed 6/2/21	Thu 6/3/21	Fri 6/4/21	Sat 6/5/21	Sun 6/6/21	Mon 6/7/21	Tue 6/8/21	
-	8:45 am EDT	8:45 am EDT	-	-	8:45 am EDT	-	
	9:30 am EDT	9:00 am EDT			9:00 am EDT		
	10:00 am EDT	9:15 am EDT			9:15 am EDT		
	10:15 am EDT	9:30 am EDT			9:30 am EDT		
	Show more...	Show more...			Show more...		

MedSolutions Online Peer to Peer Scheduling

Confirm Contact Details

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

P2P Info

Date Wed 6/2/21
Time 6:00 pm EDT
Reviewing Provider Danielle Weiss

Case Info

1st Case

Case #	124528110
Episode ID	
Member Name	iret
Member DOB	
Member State	
Health Plan	_TH
Member ID	
Case Type	
Level of Review	Initial P2P

P2P Contact Details

Name of Provider Requesting P2P

ame

ocation

Phone Number for P2P Phone Ext.

Alternate Phone Phone Ext.

Requesting Provider Email

Contact Instructions

FAQ

- **What if my request is urgent?**
- Urgent requests **must** meet the CMS guidelines definition for urgent. Although an immediate appointment for an urgent request may not be guaranteed, please note that most peer to peer discussions are completed same-day.
- **How do I cancel or make a change to my scheduled appointment?**
- Call our contact center at (800) 918-8924 (option 1).
- **What if I have trouble using this form?**
- Call our web portal support team at (800) 646-0418 or email portal.support@evicore.com.
- **Will I be able to access a same-specialty physician for peer to peer review?**
- There is a message box on the form where you can request this but eviCore makes every effort to have a same specialty match.

Thank You!

