

# Blue Cross Blue Shield of Kansas City Radiology/Cardiology Platform Migration + New Pain Management Program

Provider Orientation Session



**HITRUST**  
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Empowering  
the Improvement  
of Care

# Agenda

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- Program Overview
- Provider Portal Walkthrough
- Additional Portal Features
- Provider Resources
- Q & A

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# Program Overview

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# BCBS-KC Prior Authorization Services

eviCore currently accepts **Radiology & Cardiology** prior authorization requests for Blue KC members through the MedSolutions portal. Beginning 3/1/23, these requests should be entered through the CareCore National portal at eviCore.com. Your staff can continue to use the MedSolutions portal through 2/28/23. As of 3/1/23, these requests including retrospective cases should be entered through the CareCore National portal, and the MedSolutions portal should no longer be used. In addition, eviCore will begin accepting **Pain Management** requests for Blue KC members as of 3/1/23 via the CareCore National portal, **for dates of service on or after 3/1/23.**

## Prior authorization applies to the following services:

- Outpatient
- Diagnostic
- Elective / Non-emergent

## Prior authorization does **NOT** apply to services performed in:

- Emergency Rooms
- Observation Services
- Inpatient Stays
- Home Health

It is the responsibility of the ordering provider to request prior authorization approval for services. Providers should verify member eligibility and benefits on the secured provider log-in section at: <https://apps.availity.com/availity/web/public.elegant.login>

# Interventional Pain Requirements

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- **Interventional Pain procedures require a separate pre-service authorization request for each date of service. The patients response to prior interventional pain injections will determine if a subsequent injection is appropriate. \*\*\*Including the response to the prior interventional pain injection in the office notes will help avoid processing delays.**
- **For an epidural injection, a patient must have a radiculopathy or radicular pattern confirmed on imaging or EMG/NCS. For a facet procedure, loading of the joint in extension and lateral rotation is needed. For sacroiliac joint injection, a patient must have 3 or 5 positive stress maneuvers of the sacroiliac joint.**
- **An epidural injection and facet joint injection in the same region is not allowed, except when there is a facet joint cyst compressing the exiting nerve root.**
- **No more than 1 level interlaminar epidural, 1 nerve root selective nerve root block, 2 level therapeutic transforaminal epidural, 3 level facet/medial branch nerve blocks are indicated in a single session.**
- **6 weeks of conservative care is need prior to an epidural steroid injection. 4 weeks of conservative care is needed prior to facet/medial branch nerve blocks and sacroiliac joint injections.**
- **For cervical and thoracic epidural injections, advanced imaging must be performed within the last 12 months.**
- **Fluoroscopic or CT scan image guidance is required for all interventional pain injections.**
- **The limit of diagnostic facet/medial branch nerve blocks is 2 prior to possible radiofrequency ablation. The limit of epidural steroid injections is 3 per episode and 4 per 12 month period.**

# Interventional Pain Requirements – continued

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- Epidural injections require a 2 week outcome prior to preauthorization of a subsequent epidural. Radiofrequency ablation of the medial branch nerves from C2 – 3 to L5 – S1 require a 6 week interval.
- An epidural steroid injection must have a least 2 of the following:
  - 50% or greater relief of radicular pain.
  - Increased level of function/physical activity.
  - And or decreased use of medication and/or additional medical services such as Physical Therapy/Chiropractic care.
- A diagnostic facet/medial branch nerve block must have at least 80% relief from the anesthetic. 2 facet/medial branch nerve blocks with a least 80% relief are needed for radiofrequency ablation.
- A therapeutic sacroiliac joint injection following a diagnostic joint injection must have >75% pain relief.
- A repeat therapeutic sacroiliac joint injection must have >75% pain relief and either an increase in level function or reduction in use of pain medication and/or medical services such as PT/Chiropractic care.

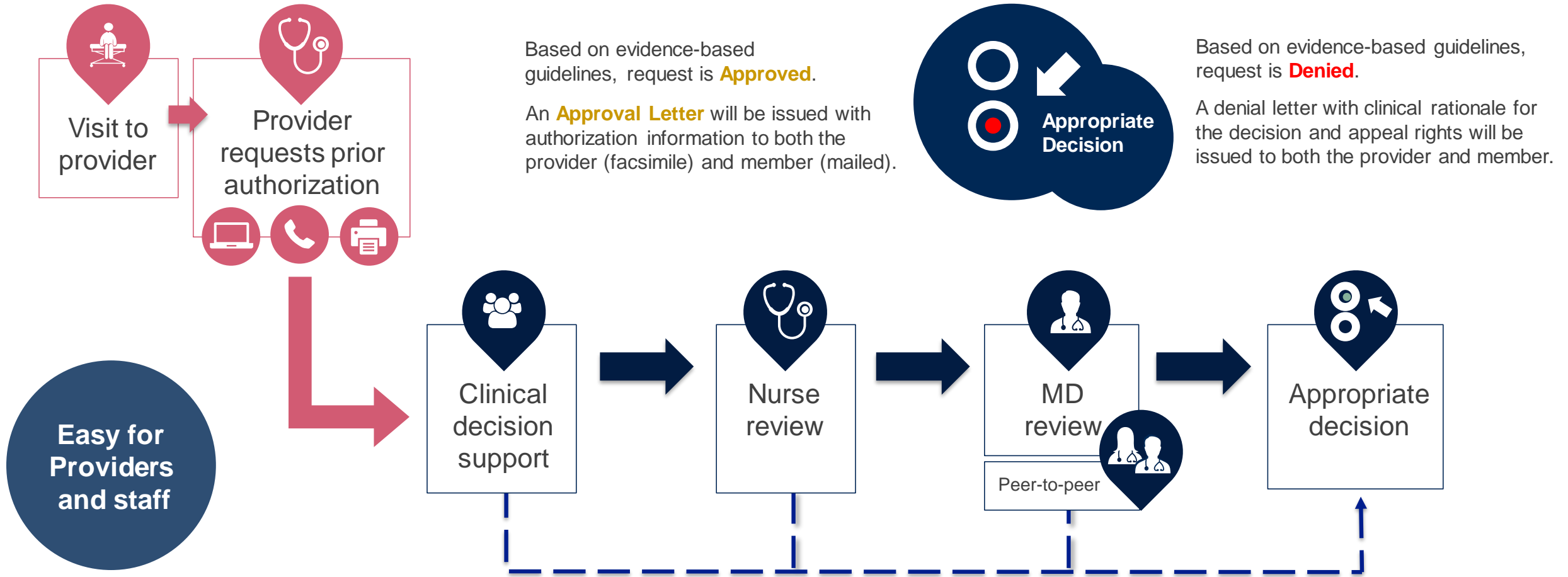
# Applicable Memberships

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**Prior Authorization is required for Blue KC members who are enrolled in the following lines of business/programs:**

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

# Utilization Management – The Prior Authorization Process

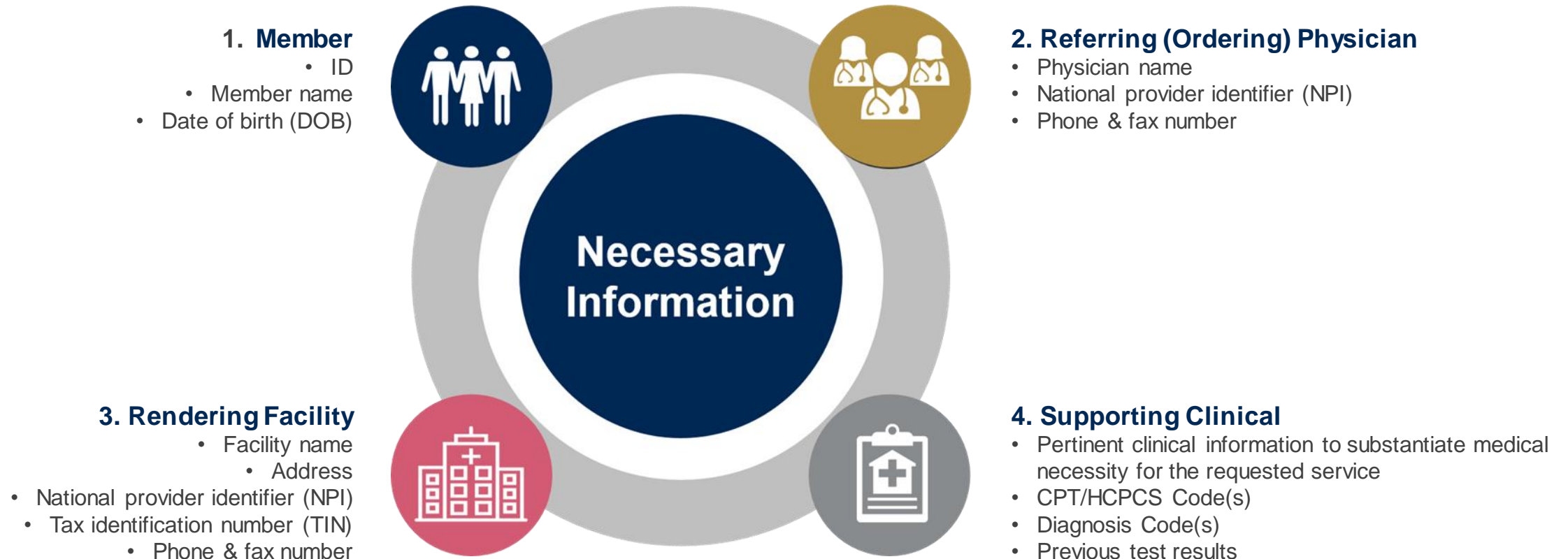




# Information Needed for Prior Authorization

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To obtain prior authorization on the very first submission, the provider submitting the request will need to gather four categories of information:



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# Provider Portal Walkthrough

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# eviCore healthcare Website

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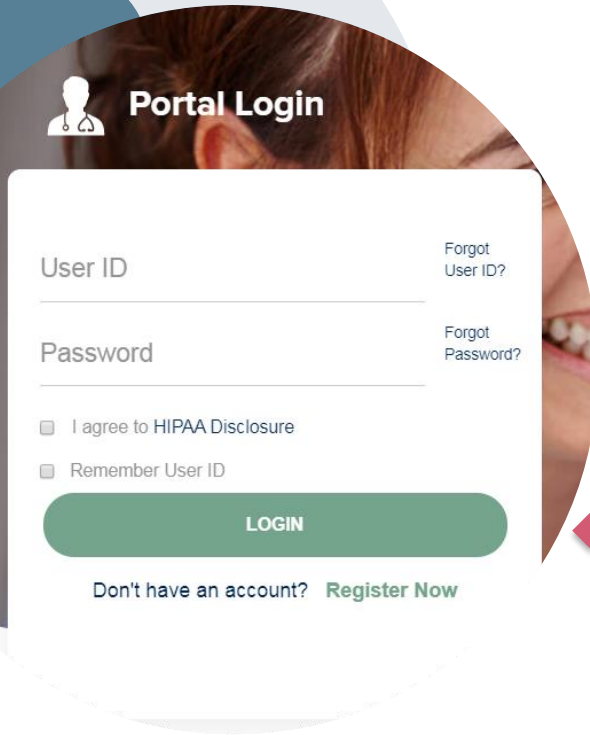
Visit [www.evicore.com](http://www.evicore.com)

## Already a user?

If you already have access to eviCore's online portal, simply log-in with your User ID and Password and begin submitting requests in real time!

## Don't have an account?

Click "Register Now" and provide the necessary information to receive access today!



# Creating an Account

**Web Portal Preference**

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

Default Portal\*: --Select--  
--Select--  
CareCore National Medsolutions

**User Information**

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

User Name\*:

Email\*:

Confirm Email\*:

First Name\*:

Last Name\*:

Address\*:

City\*:

State\*: Select

Zip\*:

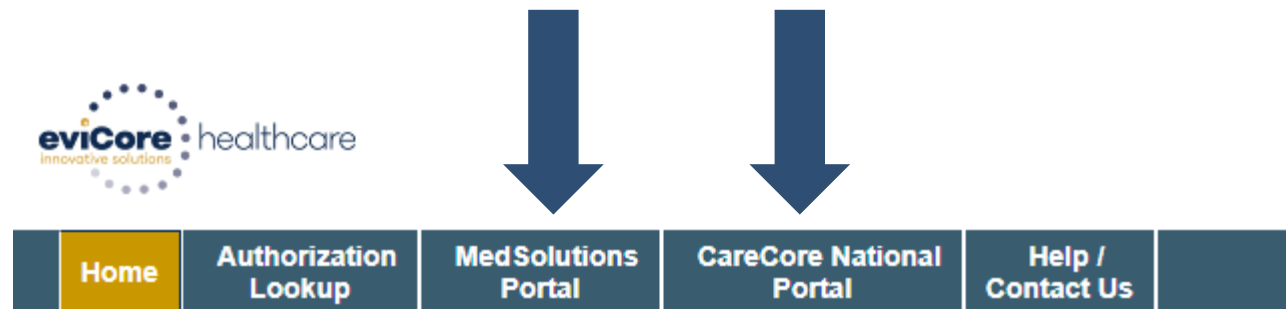
Office Name:

- **Select CareCore National as the Default Portal, complete the User Information section in full, and Submit Registration.**
- You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the log-in page.

# Platform Migration – Effective 3/1/2023



- Starting March 1, 2023, all BCBS-KC Radiology & Cardiology requests must be submitted through the CareCore National portal at [www.eviCore.com](http://www.eviCore.com), instead of the MedSolutions portal.
- If a provider has an existing login, the same credentials are used for both portals and a new account does not need to be created.
- Any authorizations requested prior to March 1, 2023 can still be viewed on the MedSolutions portal, but as of March 1, 2023 all new requests must be created on the CareCore National portal, as shown below.



# Portal Differences – MedSolutions vs. CareCore

**PATIENT & CASE LOOKUP** | **CASE DETAIL**

**Patient Lookup**

Insurer: MEDSOLUTIONS DEMO

Member ID: xyz00002

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: \*\*\*\*5789 | 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.

**Submit**

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

## Request an Authorization

To begin, please select a program below:

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

**CONTINUE**

[Click here for help](#)

The MedSolutions portal shows the majority of case build information in a single screen view, while the CareCore portal prompts you step by step how to build a case, starting with program selection.

# Welcome Screen

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

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

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

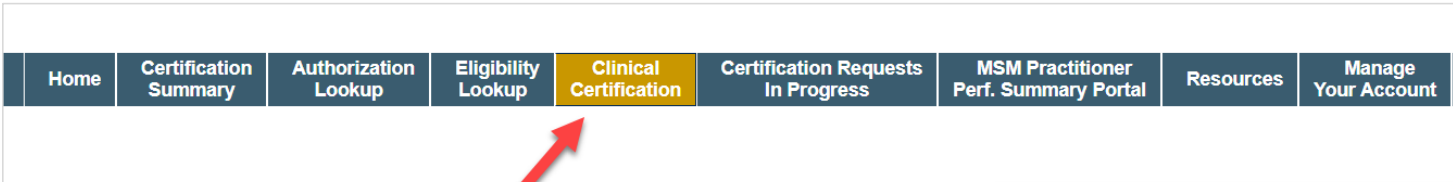
# Add Practitioners

The image shows two overlapping web forms. The background form is titled 'Manage Your Account' and contains fields for 'Office Name', 'Address', 'Primary Contact', and 'Email Address'. It has buttons for 'CHANGE PASSWORD', 'EDIT ACCOUNT', 'ADD PROVIDER', and 'CANCEL'. Below the fields is a message 'No providers on file' and a note 'Click Column Headings to Sort'. The foreground form is titled 'Add Practitioner' and contains instructions: 'Enter Practitioner information and find matches.' and '\*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip'. It has input fields for 'Practitioner NPI', 'Practitioner State' (a dropdown menu), and 'Practitioner Zip'. It has buttons for 'FIND MATCHES' and 'CANCEL'.

- Select the **Manage Your Account** tab, then **Add Provider**
- Enter the NPI, state, and zip code to search for the provider
- Select the matching record based upon your search criteria
- Once you have selected a practitioner, your registration will be complete
- You can also click **Add Another Practitioner** to add another provider to your account
- You can access the **Manage Your Account** at any time to make any necessary updates or changes



# Initiating a Case



The screenshot shows a navigation bar with the following items: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, **Clinical Certification** (highlighted with a red arrow), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, and Manage Your Account.

### Request an Authorization

To begin, please select a program below:

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

**CONTINUE**

### Requesting Provider Information

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

Filter Last Name or NPI:

**SEARCH** **CLEAR SEARCH**

Provider	
<b>SELECT</b>	[REDACTED]

**BACK** **CONTINUE**

- Choose **Clinical Certification** to begin a new request
- Select the appropriate program (Note: Pain Management requests fall under Musculoskeletal Management)
- Select **Requesting Provider Information**

# Select Health Plan & Provider Contact Info

## Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

Please Select a Health Plan

BACK

CONTINUE

[Click here for help.](#)

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

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

- Choose the appropriate Health Plan (BCBS-KC) for the request
- Once the plan is chosen, select the provider address in the next drop-down box
- Select CONTINUE and on the next screen add your contact info
- Provider name, fax and phone will pre-populate, you can edit as necessary
- By entering a valid email you can receive e-notifications

## Add Your Contact Info

Provider's Name:\*  [?]

Who to Contact:\*  [?]

Fax:\*  [?]

Phone:\*  [?]

Ext.:  [?]

Cell Phone:

Email:

BACK

CONTINUE

# Member & Request Information

**Patient Eligibility Lookup**

Patient ID:\*

Date Of Birth:\*  MM/DD/YYYY

Patient Last Name Only:\*  [?]

**ELIGIBILITY LOOKUP**

**BACK**

<a href="#">Home</a>	<a href="#">Authorization Lookup</a>	<a href="#">Med Solutions Portal</a>	<a href="#">CareCore National Portal</a>	<a href="#">Unified Worklist</a>	<a href="#">Help / Contact Us</a>
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Monday, June 13, 2022 1:39 PM

### Requested Service + Diagnosis

This procedure was performed on 6/13/2022. **CHANGE**

#### Musculoskeletal Management Procedures

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

62323 | Injection with guidance L/S

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

#### Diagnosis

Primary Diagnosis Code: **M54.51**  
Description: **Vertebrogenic low back pain**  
[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)  
*Secondary diagnosis is optional for Musculoskeletal Management*

**LOOKUP**

**BACK** **CONTINUE**

[Click here for help](#)

- Enter the Member Information, including the patient ID, date of birth, and last name, then click Eligibility Lookup
- Next screen you can enter CPT code & diagnosis code (see Pain Management example provided)

# Verify Service Selection

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## Requested Service + Diagnosis

Confirm your service selection.

**Procedure Date:**

**CPT Code:**

**Description:**

**Primary Diagnosis Code:**

**Primary Diagnosis:**

**Secondary Diagnosis Code:**

**Secondary Diagnosis:**

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

**BACK**

**CONTINUE**

[Click here for help](#)

- **Verify requested service & diagnosis**
- **Edit any information if needed by selecting Change Procedure or Primary Diagnosis**
- **Click Continue to confirm your selection**

# Site Selection

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Start by searching NPI or TIN for the site where the procedure will be performed. You can search by any fields listed. Searching with NPI, TIN, and zip code is the most efficient.

## Add Site of Service

### Specific Site Search

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

NPI:

Zip Code:

Site Name:

TIN:

City:

Exact match

Starts with

**LOOKUP SITE**

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

# Clinical Certification

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## Proceed to Clinical Information

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

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

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

BACK

CONTINUE

- **Verify that all information is entered and make any changes needed**
- **You will not have the opportunity to make changes after this point**

# Standard or Urgent Request?

- If your request is **Urgent** select **No**
- When a request is submitted as Urgent, you will be required to upload relevant clinical information
- If the case is **Standard** select **Yes**
- You can upload up to FIVE documents in .doc, .docx, or .pdf format – max 5MB document size
- Your case will only be considered Urgent if there is a successful upload

### Proceed to Clinical Information

Is this case Routine/Standard?

**YES** **NO**

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	<b>Clinical Certification</b>	Certification Requests In Progress	MSM Practitioner Perf. Summary F
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Thursday, May 14, 2020 3:04 PM

### Proceed to Clinical Information

**Urgency Indicator**

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.  
In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

- A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.
- 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.
- None of the above

**Clinical Upload**

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case.  
If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

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

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

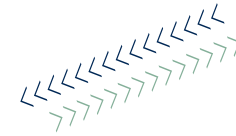
Choose File No file chosen

Choose File No file chosen

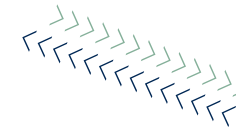
**UPLOAD**

# Improved Experience: Real-time Approval or Clinical Upload

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**\*In some circumstances, you may be asked to complete a series of clinical questions which may result in an immediate approval or a request for clinical upload**





# Clinical Survey Questions for Pain Management

Monday, June 13, 2022 2:23 PM

## Proceed to Clinical Information

### Lumbar Epidural Injection

Please indicate the type of injectate(s) that will be used (choose all that apply):

- Anesthetic
- Corticosteroid
- Biologics (e.g., platelet rich plasma, stem cells, amniotic fluid)
- Spinraza® (nusinersen)
- Other injectate(s)
- Unknown

How many levels will this procedure be performed at?

SUBMIT

Finish Later

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

Monday, June 13, 2022 2:23 PM

## Proceed to Clinical Information

How many epidural steroid injection sessions of ALL types have been performed in this region for this episode of pain in the last 6 months? (Please include transforaminal AND interlaminar injections)

How many epidural steroid injection sessions of ALL types have been performed in this region in the last 12 months? (Please include transforaminal AND interlaminar injections)

SUBMIT

Finish Later

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

**Pain Management cases will offer you a series of questions to answer about your request**

# Finalizing the Case Submission

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## 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**

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# Additional Portal Features

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# Duplication Feature

- Once a case has been submitted, the Duplication feature allows a new request to be started using some of the same information
- This process eliminates the need to enter duplicate information and allows multiple cases to be built efficiently

**Success**

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

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

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

Start a new request using the same:

- Program (Radiation Therapy Management Program)
- Provider ( [REDACTED] )
- Program and Provider (Radiation Therapy Management Program and [REDACTED] )
- Program and Health Plan (Radiation Therapy Management Program and [REDACTED] )

**GO**

# Certification Summary / Authorization Lookup

The top ribbon menu has several helpful features :

**Certification Summary**

- Certification Summary tab allows you to track recently submitted cases and view status at a glance
- The work list can also be filtered

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"/>					

**Authorization Lookup**

- Authorization Lookup tab shows case status and post decision information
- Search by member information OR by authorization number /ordering NPI
- View and print any correspondence
- Initiate Reconsiderations and Peer to Peer Consultations

Search by Member Information       Search by Authorization Number/ NPI

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# Provider Resources

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# eviCore Provider Support Teams

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## Client and Provider Services

Dedicated team to address provider-related requests and concerns including:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- 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

**Email:** [ClientServices@evicore.com](mailto:ClientServices@evicore.com) For prompt service, please have all pertinent information available. When emailing, make sure to include the health plan in the subject line with a description of the issue, with member/provider/case details when applicable. You will be provided a ticket number for tracking purposes.

## Provider Engagement Team

You can find a list of Regional Provider Engagement Managers at [www.eviCore.com](http://www.eviCore.com) →  
Provider's Hub → Training Resources



# Call Center & Online Assistance

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## Prior Authorization Call Center – 888.333.9082

- Call center hours are 7am – 7pm Monday-Friday local time

## Web-Based Services and Online Resources

- Important tools, health plan-specific contact information, and resources can be found at [www.evicore.com](http://www.evicore.com)
- Select the **Resources** to view Clinical Guidelines, Online Forms, and more

## Web Support

- Our dedicated **Web Support** team 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](mailto:portal.support@evicore.com).

## Provider Resource Page

<https://www.evicore.com/resources/healthplan/blue-cross-blue-shield/kansas-city>





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# Q & A

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# Thank You!

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