

Musculoskeletal Management

Interventional Pain and Joint Surgery

Provider Orientation Presentation for Cigna



HITRUST
CSF Certified



Empowering
the Improvement
of Care

Agenda

- Company Overview
- Clinical Approach
- Program Overview
- Submitting Requests
- Prior Authorization Outcomes & Special Considerations
- Reconsideration Options
- Provider Portal Overview
- Additional Provider Portal Features
- Provider Resources
- Q & A

Company Overview

Medical Benefits Management (MBM)

Addressing the complexity of the healthcare system



10
Comprehensive
solutions



Evidence-based
clinical guidelines



5k+ employees,
including
1k+ clinicians



Advanced, innovative,
and intelligent
technology

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

Clinical Staffing – Multispecialty Expertise

Dedicated nursing and physician specialty teams for a wide range of 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
 - 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**

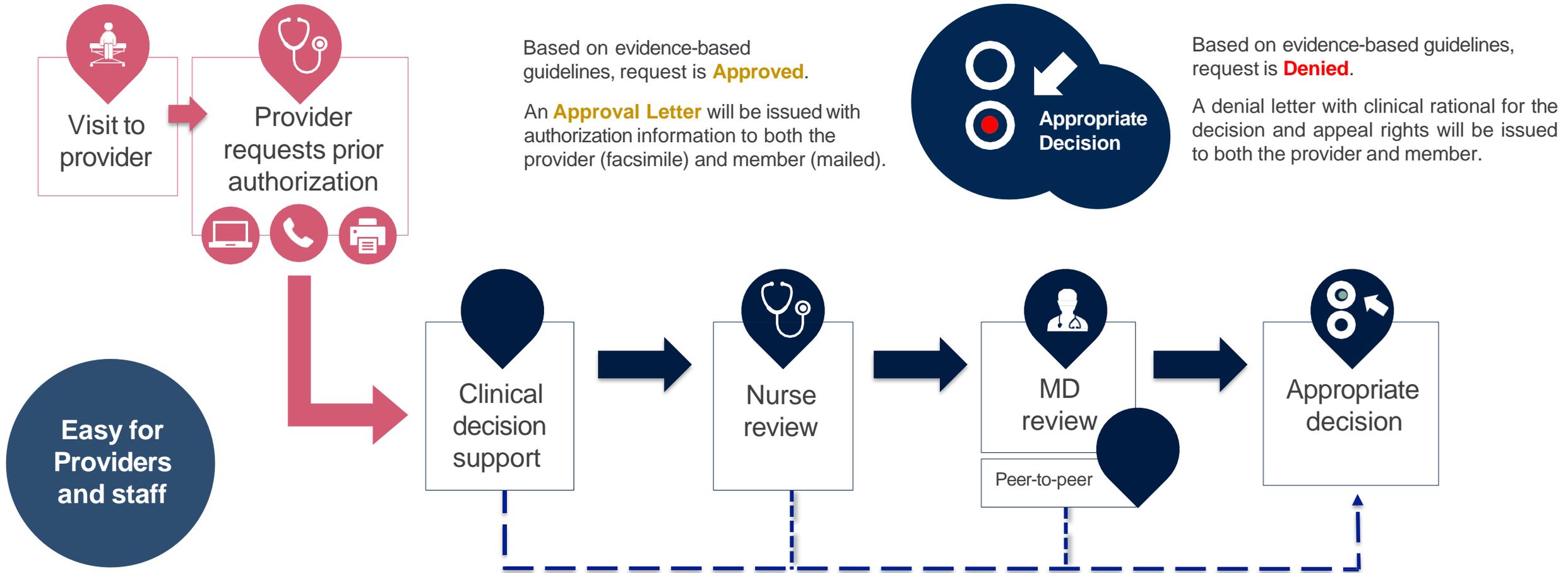


400+
medical
directors

Covering
51
specialties

1k+
nurses

Utilization Management – the Prior Authorization Process



Program Overview

Cigna Prior Authorization Services

eviCore healthcare (eviCore) will began accepting prior authorization requests for musculoskeletal services on December 15, 2015 for dates of service January 1, 2016 and after.

Prior authorization applies to the following services:

- Outpatient
- Inpatient
- Elective / Non-emergent

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

- Emergency Rooms
- Observation Services



Providers should verify member eligibility and benefits on the secured provider log-in section at: <https://cignaforhcp.cigna.com/>

Applicable Memberships

Prior authorization is required for the following membership:

- All Core HMO and PPO/OAP membership
 - PHS members (inpatient)
 - PHS+ members (inpatient/outpatient)
 - Cigna West
- Medicare Advantage (AZ only)
- Global Health (GHB)
- SAR & Payer Solutions (select plans)
- LocalPlus and Individual
- Narrow networks (Surefit, Connect/Focusin)
- Cigna membership in Alliance territories
- Transplant membership

Applicable Memberships

Prior authorization is not required for the following membership:

- Hawaii, Puerto Rico and Guam
- California HMO
- CareLink membership (MA/RI)
- Alliance membership (including HAP and MVP)
- SAR & Payer Solutions (select plans)
- Seton DSA
- Other external vendor manager members (RPO, Kelsey, MH)

Prior Authorization Required:

Interventional Pain:

- Spinal injections
- Spinal implants
 - Spinal cord stimulators
 - Pain pumps

Joint Surgery (Hip, Knee, Shoulder):

- Large joint replacement
- Arthroscopic and open procedures

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

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

Joint Surgery Requirements

Partial Knee and Total Knee Replacement is considered medically necessary when all of the following criteria have been met:

- **Function-limiting pain at short distances (e.g. walking less than ¼ mile, limiting activity to two city blocks, the equivalent to walking the length of a shopping mall) for at least 3 months duration.**
- **Loss of knee function which interferes with the ability to carry out age appropriate activities of daily living and/or demands of employment.**

Radiographic or arthroscopic findings of either of the following:

- **Severe unicompartamental (medial, lateral, or patellofemoral) degenerative arthritis evidenced by either Large osteophytes, marked narrowing of joint space, severe sclerosis, and definite deformity of bone contour (i.e., Kellgren-Lawrence Grade IV radiographic findings) or Exposed subchondral bone (i.e., Modified Outerbridge Classification Grade IV arthroscopy findings)**
- **Avascular necrosis (AVN) of the femoral condyles and/or proximal tibia.**
- **Intact, stable ligaments, in particular the anterior cruciate ligament**
- **Knee arc of motion (full extension to full flexion) greater than 90 degrees**

Failure of at least 3 months of provider directed non-surgical management.

- **For patients with BMI > 40, there must be failure of a least 6 months of provider directed non-surgical management**
- **Provider directed non-surgical management may be inappropriate. The medical record must clearly document why provider directed non-surgical management is not appropriate.**

Total knee replacement is considered medically necessary for a fracture of the distal femur when conservative management or surgical fixation is not considered a reasonable option.

Joint Surgery Requirements

The determination of medical necessity for the performance of shoulder surgery is always made on a case by case basis.

Shoulder arthroscopic or open surgical procedures may be considered medically necessary for individuals when surgery is being performed for fracture, tumor, infection or foreign body that has led to or will likely lead to progressive destruction.

Diagnostic Arthroscopy is considered medically necessary as a separate procedure when all of the following criteria have been met:

Function limiting pain (e.g. loss of shoulder function which interferes with the ability to carry out age appropriate activities of daily living and /or demands of employment for at least 6 months in duration).

Individual demonstrates any of the following abnormal shoulder physical examination findings as compared to the non involved side.

- Functionally limited range of motion (active or passive)
- Measurable loss in strength
- Positive Neer Impingement Test or Hawkins-Kennedy Impingement Test.
- Failure of provider directed non-surgical management for at least 3 months in duration.
- Advanced diagnostic imaging study (e.g., MRI; CT) is inconclusive for internal derangement/pathology
- Other potential pathological conditions including, but not limited to: fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain, and advanced glenohumeral osteoarthritis have been excluded.

Diagnostic arthroscopy is considered not medically necessary for any other indication or condition.

eviCore Musculoskeletal Guidelines for Advanced Procedures:

<https://www.evicore.com/provider/clinical-guidelines-details?solution=musculoskeletal%20advanced%20procedures>

Interventional Pain Requirements

- **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

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.

Submitting Requests

Methods to Submit Prior Authorization Requests

eviCore Provider Portal (preferred)

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

Phone Number:

888-693-3297

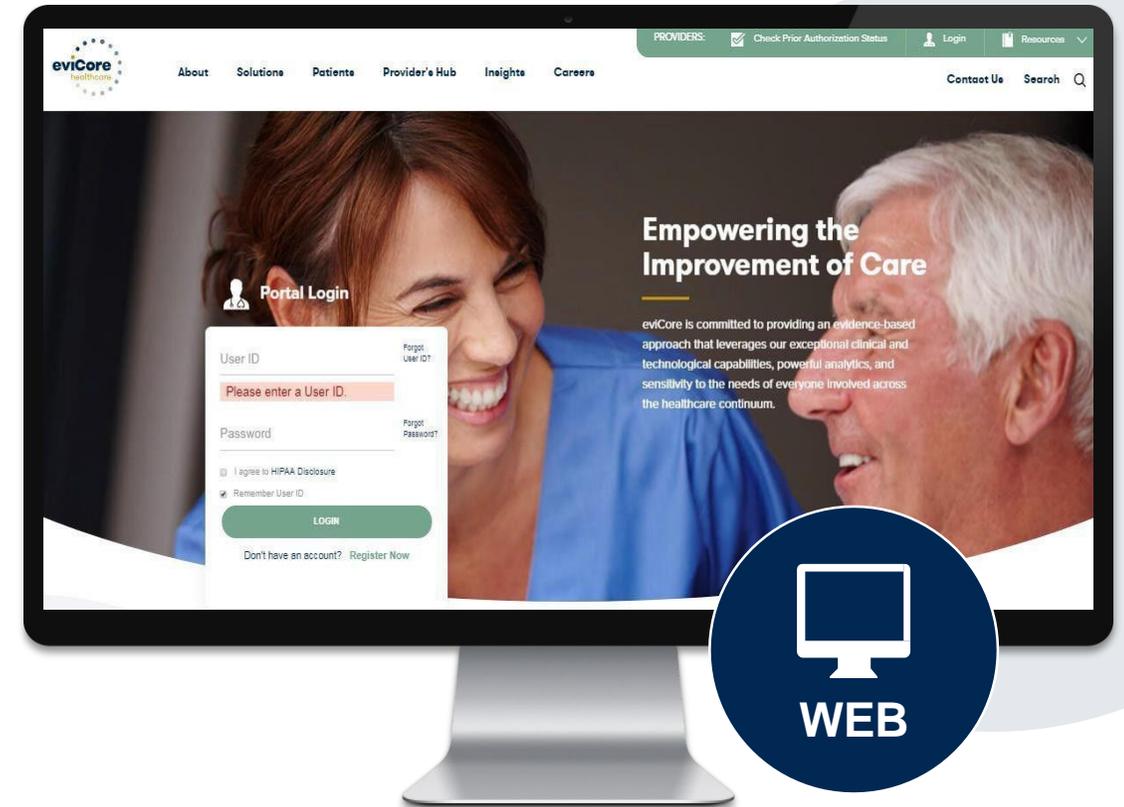
Monday through Friday:

7 am – 8 pm CST

Fax Number:

888-693-3210

PA requests are accepted via fax and can be used to submit additional clinical information



Benefits of Provider Portal

Did you know that most providers are already saving time submitting prior authorization requests online? The provider portal allows you to go from request to approval faster. Following are some benefits & features:

- Saves time: Quicker process than phone authorization requests
- Available 24/7: You can access the portal any time and any day
- Save your progress: If you need to step away, you can save your progress and resume later
- Upload additional clinical information: No need to fax in supporting clinical documentation, it can be uploaded on the portal to support a new request or when additional information is requested
- View and print determination information: Check case status in real-time
- Dashboard: View all recently submitted cases

Keys to Successful Prior Authorizations

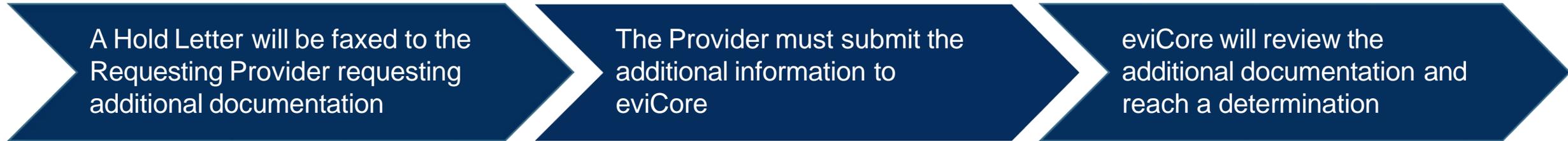
To obtain prior authorization on the very first submission, the provider submitting the request will need to gather four categories of information:



Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

If all required pieces of documentation are not received, or are insufficient for eviCore to reach a determination, the following will occur:



To ensure that a determination is completed within the designated timeframe for each LOB, the case will remain on hold as follows:

- Commercial: 45 calendar days

Requested information must be received within the timeframe as specified in the Hold Letter.

Determination will be completed within 2 business days



Prior Authorization Outcomes & Special Considerations

Prior Authorization Approval

Approved Requests

- Standard requests are processed within 2 business days after receipt of all necessary clinical information
- Authorizations are valid for 90 days from the initial request or for the approved inpatient length of stay
- Authorization letters will be faxed to the ordering physician & rendering facility
- When initiating a case on the web you can receive e-notifications when a determination is made
- Members will receive a letter by mail
- Approval information can be printed on demand from the eviCore portal: www.eviCore.com



When a Request is Determined as Inappropriate

Based on evidence-based guidelines, request is determined as **inappropriate**.



A denial letter with the rationale for the decision and the appeal rights will be issued to both the provider and member.

Special Circumstances

Retrospective (Retro) Authorization Requests

- Payer Solutions and SAR membership: Must be submitted within 365 business days from the date of service (all requests beyond 365 day, a claim can be submitted)
- All other Commercial membership: Must be submitted within 15 business days from the date of services (all requests beyond 15 days, a claim can be submitted)
- Reviewed for **clinical urgency** and medical necessity
- Retro requests are processed within 30 business days
- When authorized, the start date will be the submitted date of service

Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member
- Can be initiated on provider portal or by phone
- Urgent request will be reviewed within 24 hours



Special Circumstances cont.

Alternative Recommendation

- An alternative recommendation may be offered, based on eviCore's evidence-based clinical guidelines
- The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request

Authorization Update

- If updates are needed on an existing authorization, you can contact eviCore by phone
- If the authorization is not updated and a different facility location or CPT code is submitted on the claim, it may result in a claim denial



Adding Studies and CPT Code Changes

Requests may be submitted by the ordering provider or rendering facility. Requests must meet medical necessity criteria. Timeframes for the requested change vary by setting:

Inpatient

- You may change the date of service to any future date, change the facility or update a CPT code with three exceptions:
 - If the DOS currently on the case is within 1 business day of the current date
 - If the DOS requested is within 1 business day of the current date
 - If the DOS currently on the case is today or has already occurred (i.e. retrospective update)

Outpatient

- Facility change requests may be made at any time
- CPT change requests may be within 15 business days from the date of service



Reconsideration Options

Post-Decision Options

My case has been denied. What's next?

- Providers are often able to utilize post-decision activity to secure case review for overturn consideration
- Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied. You can also call us at 888-693-3297 to speak to an agent who can provide available option(s) and instruction on how to proceed.



Post-Decision Options: Commercial

My case has been denied. What's next?

Clinical Consultation

- Providers can request a Clinical Consultation with an eviCore physician for overturn consideration prior to submission of a formal reconsideration or appeal

Reconsiderations

- Providers and/or staff can request a reconsideration review
- Reconsiderations can be requested in writing or verbally with a Reconsideration nurse

Appeals

- eviCore will process first-level clinical appeals
- All clinical information and the prior authorization request will be reviewed by a physician other than the physician who made the initial determination
- Appeal requests can be submitted in writing through eviCore by:
 - Mail: 730 Cool Springs Blvd, Ste. 800, Franklin, TN 37067
 - Fax: 615-468-4469
 - Email: appealsclaimissues@eviCore.com
- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider

Provider Portal Overview

Portal Compatibility

Solutions Patients Provider's Hub

Provider's Hub

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](#)

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

- Google Chrome
- Mozilla Firefox
- Microsoft Edge

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

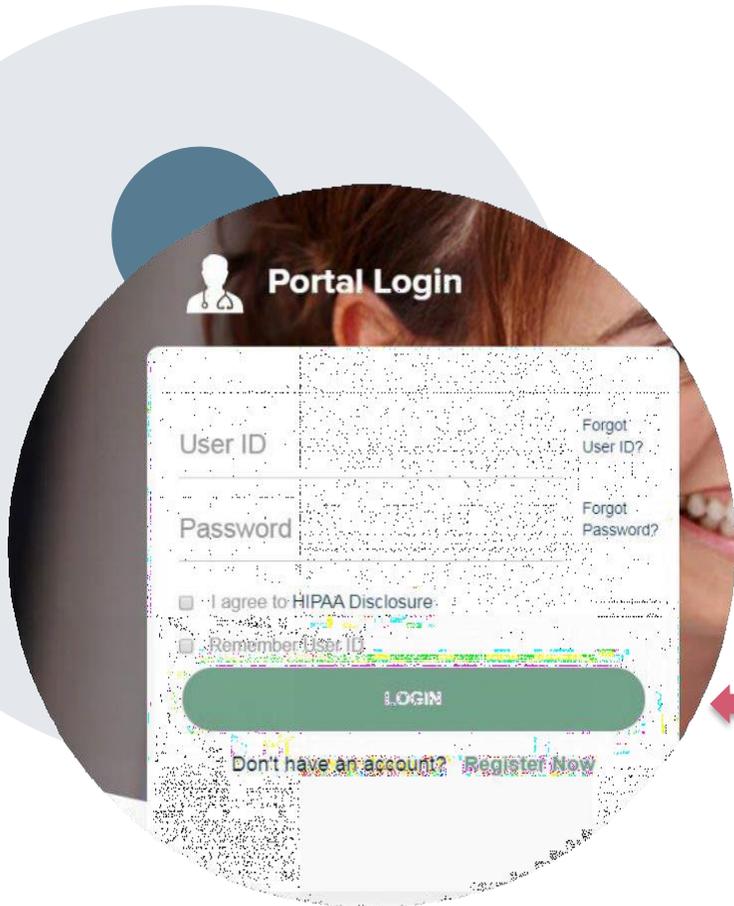
Visit www.evicore.com

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!



eviCore healthcare website

- Point web browser to evicore.com



- Click on the “Providers” link



- Login or Register

Providers Delivering Medical Solutions That Benefit Everyone.

User ID

Password

Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

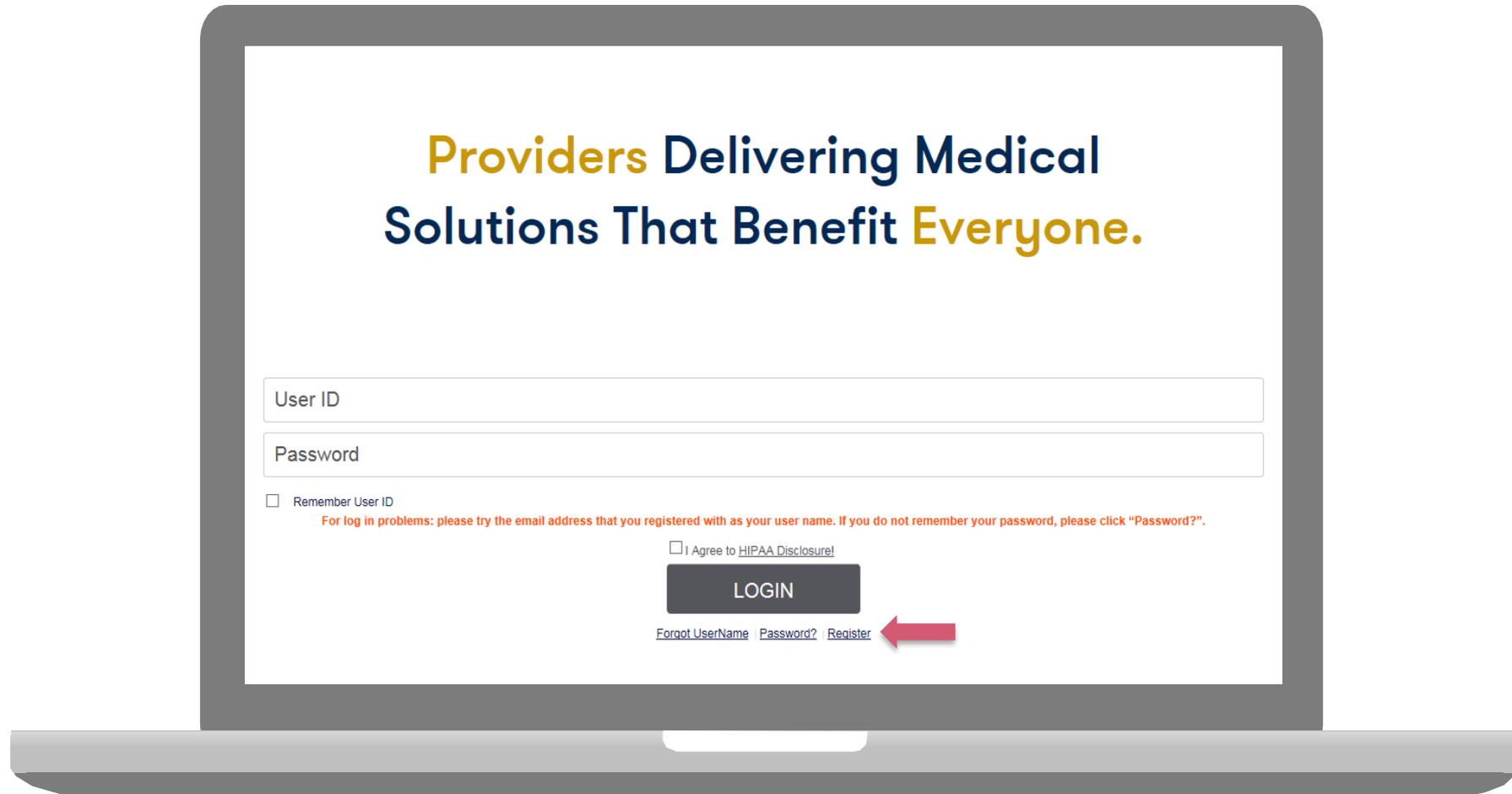
I Agree to [HIPAA Disclosure!](#)

LOGIN

[Forgot Username](#) [Password?](#) [Register](#)

This website is compatible with Internet Explorer 9, 10, 11, Mozilla Firefox and Google Chrome

Creating An Account



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

Creating An Account

eviCore healthcare

* Required Field

Web Portal Preference

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

Default Portal*: 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*: Address*: Phone*:
Email*: City*: Ext:
Confirm Email*: State*: Zip*:
First Name*: Office Name:
Last Name*:

Provider Information Account Type: Physician

Please Select the Physician that you represent. A notification will be sent to the organization regarding this registration

Physician First Name: Physician Last Name*:
Tax ID*: NPI:

Find

Please read below to sign up as an appropriate user.
Physician: An Individual Practitioner, A Medical Group Practice or an assistant of a Physician who would create and check status of a Pre-authorization.
Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or Facility who would create and check status of a Pre-Authorization.
Billing Office: A billing Office who can check the status of Pre-Authorization, claims and payments. If you represent multiple Tax IDs, please register with your Primary Tax ID. You can tie additional preferred Tax IDs after your initial login.
Health Plan: A Health Plan representative who can check the status of Pre-Authorization and Claims.



Select a **Default Portal**. Choose the **Account Type**, and complete the registration form. There are (4) account types: Facility, Physician, Billing Office, and Health Plan

Creating An Account

Web Portal Preference

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

Default Portal*: Medsolutions

User Registration

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

Provider Information

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

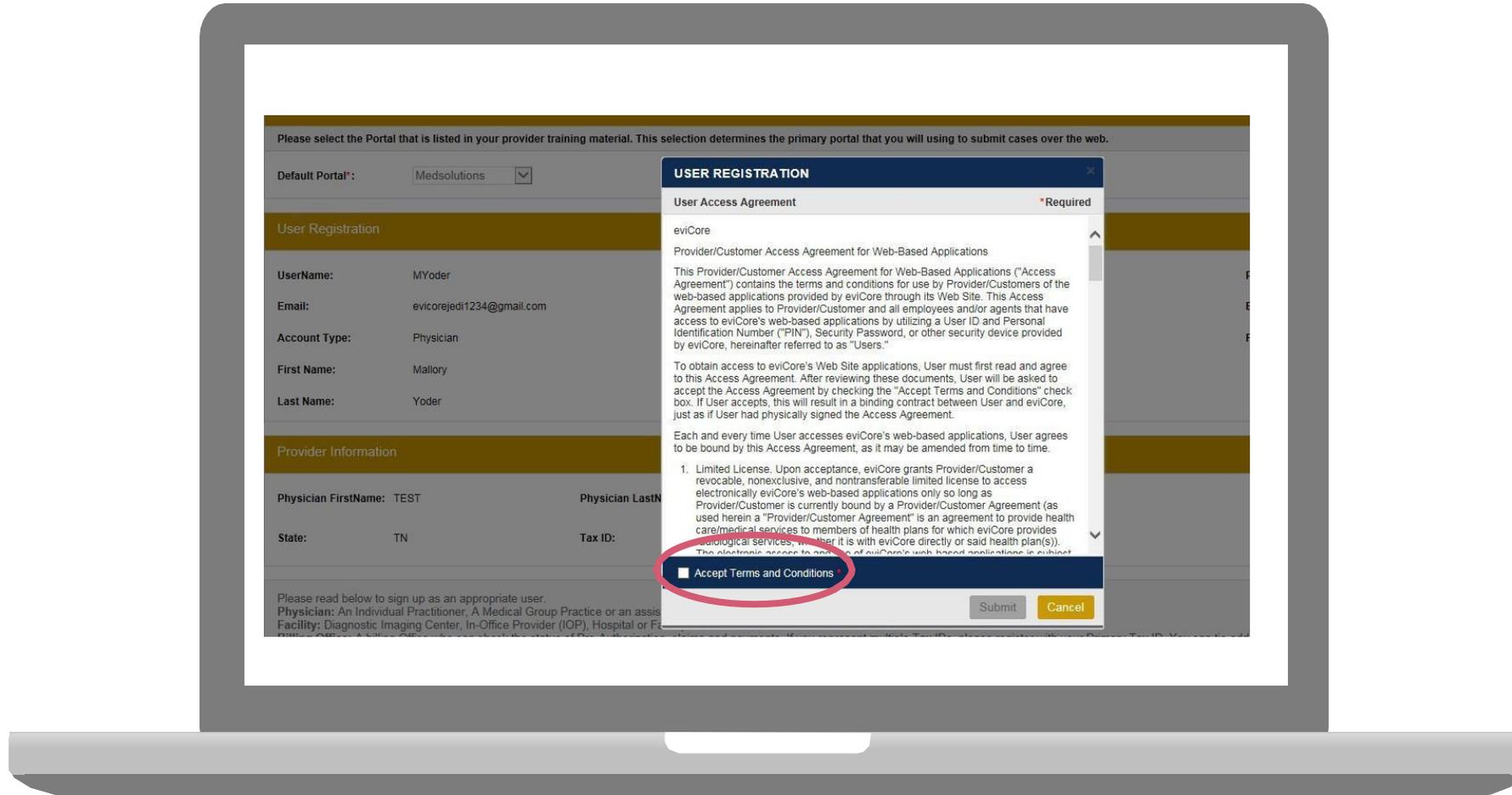
Please read below to sign up as an appropriate user.
Physician: An Individual Practitioner, A Medical Group Practice or an assistant of a Physician who would create and check status of a Pre-authorization.
Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or Facility who would create and check status of a Pre-authorization.
Billing Office: A billing Office who can check the status of Pre-Authorization, claims and payments. If you represent multiple Tax IDs, please register with your Primary Tax ID. You can tie additional preferred Tax ids after your initial login.
Health Plan: A Health Plan representative who can check the status of Pre-Authorization and Claims.

Back Submit Registration



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

User Registration-Continued



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

User Registration-Continued

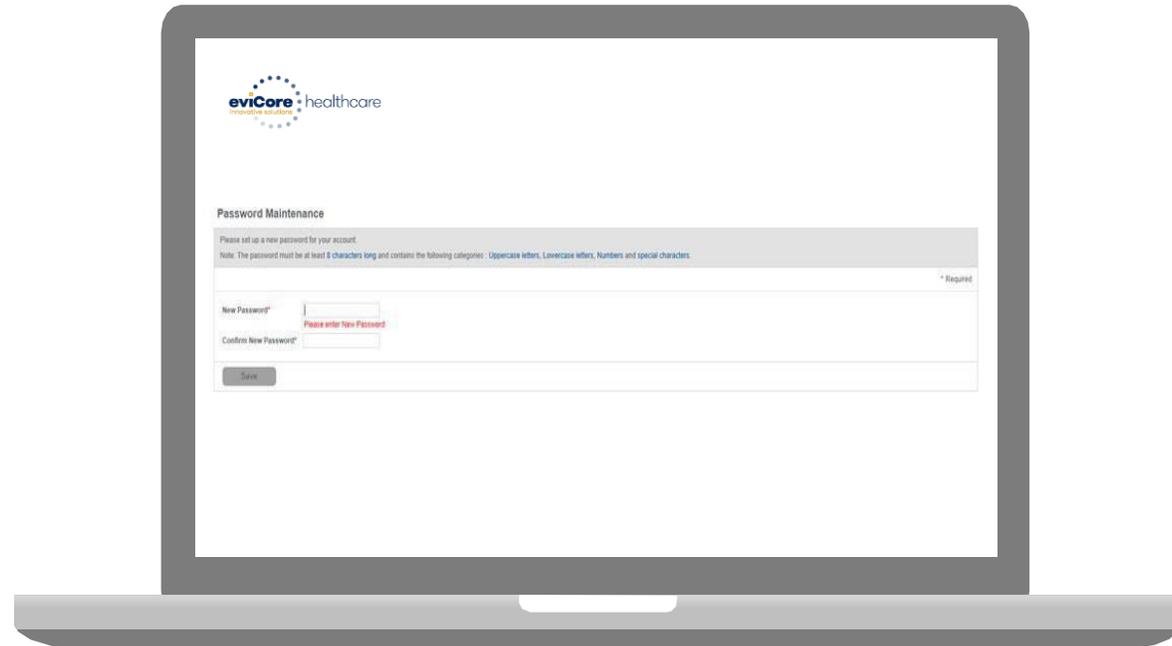


You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

Create a Password

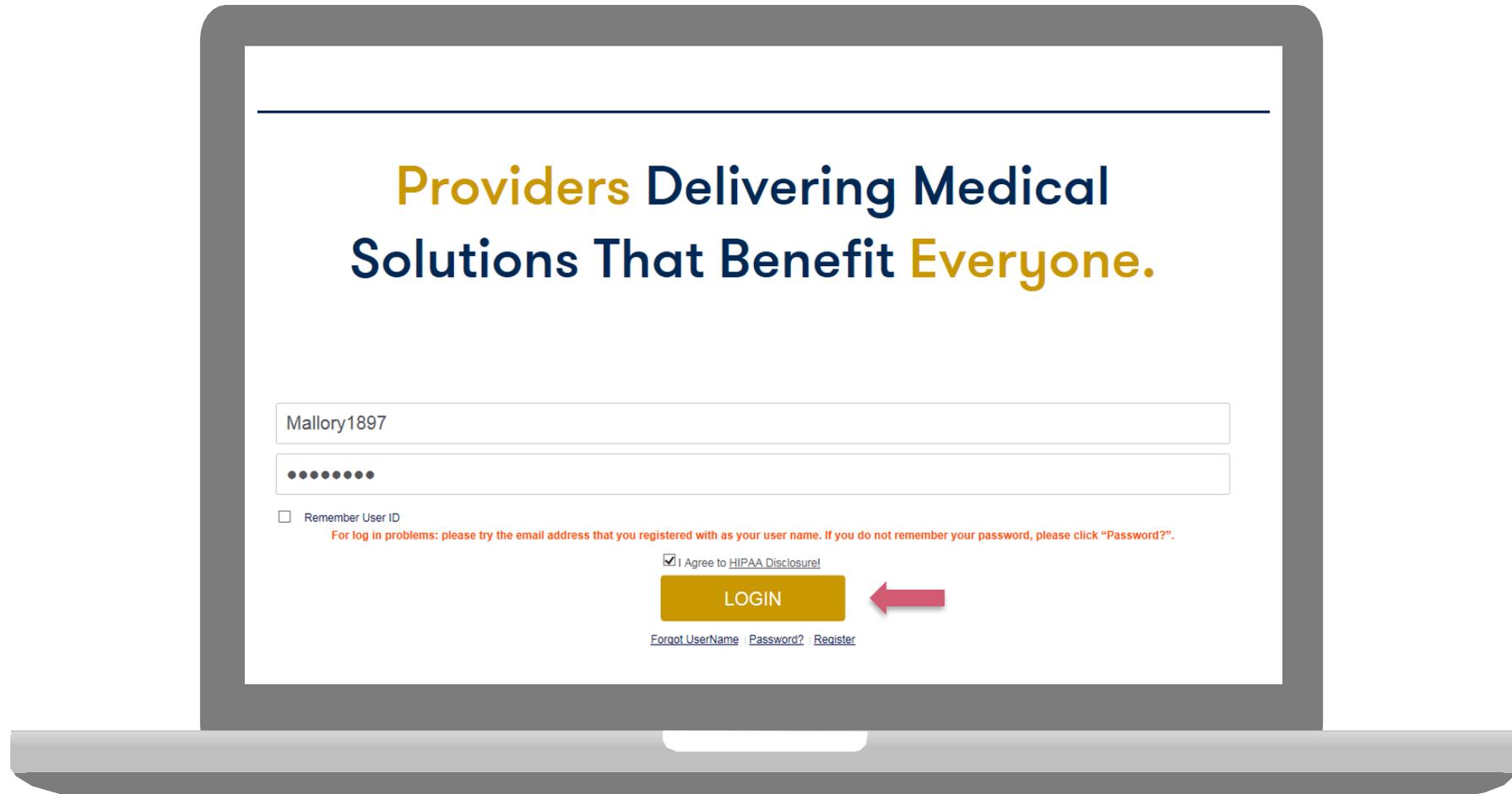
Your password must be at least (8) characters long and contain the following:

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



Web Account Overview

Account Log-In



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

Announcement

The screenshot displays 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, User Administration, Content Admin, Case Summary, Payment Status, Reports, System Admin, and CareCore National Portal (circled in red). Below the navigation bar is a yellow header for the 'Announcements' section, which includes icons for printing, downloading, and help. The main content area shows an announcement titled 'Low Dose CT Screening for Lung Cancer- Posted on: 19 Jan 2016' with a note: 'When requesting services for Lung Cancer Screening, please note that for Medicare patients, the appropriate CPT Code G0297 should be used in accordance with CMS Guidelines. Upon approval, this will ensure proper payment upon billing of claims. Note: This does not apply to Cigna'. Below this is another section titled 'New Announcements- Posted on: 01 Jan 2015' which is currently empty.

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 if you are registered. Click the CareCore National Portal button on the top right corner to seamlessly toggle back and forth between the two portals without having to log-in multiple accounts.

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 'Preferences' title and a greyed-out instruction box. The main content area has two radio buttons for 'Physician' and 'Facility'. Below these is a 'Tax ID*' input field with an 'Add' button. A table titled 'Preferred Tax Ids on my account' shows one entry with Tax ID '123456789' and Provider Type 'Physician'. To the right of the table is a large text area with several paragraphs of legal notices and a checkbox for agreement. At the bottom right are 'Save' and 'Cancel' buttons.

eviCore healthcare
innovative solutions

Preferences

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

Physician Facility

Tax ID*

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

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

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

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

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

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

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

Search/Start Case

Home Tab

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

My Pending Worklist

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

Recently Submitted Cases

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

My Pending Worklist - 1* Cases Pending for Case Details and 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
✖		MEDSOLUTIONS DEMO	HILL, BOBBY	2/1/1974	70551	A01.4	10		

1 - 1 of 1 items

Recently Submitted Cases - 0

Start Date : 07/19/2016 End Date : 07/20/2016 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
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Search/Start Case – Member Lookup

The screenshot displays the eviCore healthcare search interface. At the top, the eviCore logo is visible. Below it is a navigation bar with tabs for Announcements, Home, Search/Start Case (highlighted), Claim Search, and Payment Status. The main content area is titled 'PATIENT & CASE LOOKUP' and is divided into two sections: 'Patient Lookup' and 'Case/Auth Lookup'. The 'Patient Lookup' section includes a dropdown menu for 'Insurer' (set to 'MEDSOLUTIONS DEN'), a text input for 'Member ID' (containing 'xyz0002'), and radio buttons for 'or' to select between 'First Name', 'Last Name', and 'Date of Birth'. Below these are 'Reset' and 'Search' buttons. A note below the form states: '*Select the Insurer (and) enter either the Member ID (or) Patient First Name, Last Name and Date of Birth'. The 'Case/Auth Lookup' section has radio buttons for 'Case ID' (selected) and 'Auth Number', a text input field, and a 'Search' button. A 'Patient Search Result(s)' header is visible on the right side of the page.

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 *Auth Number* at the bottom of the page and 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
XYZ00002	HILL, BOBBY	02/01/1974		101 MAIN ST, FRANKLIN, TN, 37067	MSI DEMO PROGRAM - PA REQ	01/01/2009	12/31/2999

PLEASE MAKE SURE YOU ARE SELECTING THE CORRECT PATIENT. STARTING A NEW REQUEST

Patient Detail Information

Member ID: XYZ00002 **Gender:** MALE **Program:** MSI DEMO PROGRAM - PA REQ
Name: HILL, BOBBY **Address:** 101 MAIN ST, FRANKLIN, TN, 37067 **Program Effective Date:** 01/01/2009
Date of Birth: 02/01/1974 **Insurer:** MEDSOLUTIONS DEMO **Program Term Date:** 12/31/2999

This is a MEDSOLUTIONS DEMO Program Create Case

Patient History - 49 Records found ? Refresh Data

Case ID	Auth Number	Submit Date	Case Status	Case Description	Effective Date	Term Date
101840634		7/7/2016	Pending	RN Review Process		
101837513	A31309042	7/7/2016	Approved		07/07/2016	09/05/2016
101837334		7/7/2016	Canceled			
101827785		7/6/2016	Canceled			
101798766		6/30/2016	Pending	RN Review Process		

1 - 5 of 49 items

Callout 1: If a partial ID is put in the search box, a list of members will populate. A member can be selected once the member 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. *Please note - the portal allows selection of unlimited CPT and ICD codes.*
- The **Place of Service** option will populate automatically, but it is important to verify the setting of the procedure performed, regardless of CPT code. Please see page 52 for place of service descriptions.

PATIENT & CASE LOOKUP

Patient Lookup

Insurer*: MEDSOLUTIONS DEN

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 : ICD Codes :

CPT Codes

Search:

Code	Description	Modifier
64479	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level	LT

Diagnosis

ICD 9 ICD 10

Search:

Code	Description
G89.29	Other chronic pain

Please select the Date Of Service Place Of Service Initial Service Request

The POS will default to outpatient/inpatient based upon the CPT codes provided. Verify the setting of the procedure performed, and change accordingly, if needed. See page 52

Case Creation – Place of Service

- **Ambulatory**- This should be used when the request will be handled at an ASC (Ambulatory Surgery Center).
- **Office** – This should be used when the request will be requested in the office setting. As an added benefit, this option will also select the ‘Procedure to be performed at Requesting Physician’s Office’ (previously known as the Physician as Facility button on the portal) when the Ordering Physician is a Participating provider.
- **Outpatient** – This should be used if being performed in the Hospital setting and as an Outpatient procedure.
- **Inpatient** – This should be used if being performed in the Hospital setting and as an Inpatient procedure.

Selecting a Product limits which CPTs can be entered into a request. Please be aware that you may have to initiate separate requests for separate Products.

Health Plan or eviCore may contact the patient about this authorization request via call or text.

eviCore healthcare is unable to accept a retrospective or same-day request for an inpatient authorization. If the patient has already been admitted and you cannot change the start date, please contact Cigna directly by using the number on the back of the customer's ID card, and select "urgent" or "emergency" at the appropriate prompt, in order to speak with a Cigna agent (do not select the "pain management or joint surgery" prompt) **Please make sure the correct Place of Service is selected for the procedure being requested before moving forward.**

If you are requesting inpatient services within 2 business days of the admission date, please contact eviCore at 888-693-3297 to initiate the request.

Please select the Date Of Service 

Place Of Service Initial Service Request

POS Name

Outpatient Hospital

- Ambulatory (24)
- Inpatient (21)
- Office (11)
- Outpatient (22)**

Save & Next

Case Creation – Ordering Physician

- Select from a default **Physician** or search by **Name**, **Tax ID**, or **NPI** number.
- Once the correct physician displays, select by clicking on the record. Then hit **“Save & Next.”**

Patient Lookup

Insurer: MEDSOLUTIONS DE ▼

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

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 : 84479 ICD Codes : 684.8

Physician

Physician Preferences

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

1 - 1 of 1 items

Procedure to be performed at Requesting Physician's Office

Physician Search

First Name: Tax ID: State: Select State ▼
 Last Name: 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 5 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 procedure, 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 DEN

Member ID: xyz00002

or

First Name:

Last Name:

Date of Birth:

Reset **Search**

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

Case/Auth Lookup

Case ID Auth Number

Search

CASE DETAIL

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

CPT/ICD
 CPT Codes : 64479 ICD Codes : G89.29

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
TEST FACILITY FOR PORTAL	PO, NASHVILLE, AA, 37211	9.47	ARTHROGRAM, COMP JOINT, COMP MSK, COMP SPINE, CT, MRI, MYELOGRAM, NCM, OPEN MR, PAIN MGMT, PET, PET/CT, SPINE FUSION			

1 - 1 of 1 items

Search Facility **Look-up IOP** **Save & Next**

Case Creation – Review and Submit

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

The screenshot displays the eviCore healthcare portal interface. At the top, there is a navigation bar with the eviCore logo and links for Online Chat, settings, and Logout. Below this is a secondary navigation bar with tabs for Announcements, Home, Search/Start Case (selected), CareCore National Portal, and Post Acute Care. The main content area is divided into two columns. The left column contains a 'PATIENT & CASE LOOKUP' section with a 'Patient Lookup' form. This form includes fields for Insurer (set to MEDSOLUTIONS DEMO), Member ID (xyz00002), and an 'OR' option. Below this are fields for First Name, Last Name, and Date of Birth, along with 'Reset' and 'Search' buttons. A note below the search fields states: '*Select the Insurer (and) enter either the Member ID (or) Patient First Name, Last Name and Date of Birth'. The right column is titled 'CASE DETAIL' and shows a summary of the case information: Member (MEDSOLUTIONS DEMO, Member ID: XYZ00002), Health Plan/Program (MSI DEMO PROGRAM - PA REQ), First Name (BOBBY), Last Name (HILL), Date of Birth (2/1/1974), and Gender (MALE). Below this are three rows for CPT/ICD, Physician (DOCTOR, TEST, Tax ID: ****6789, NPI: 7417417410), and Facility (TEST FACILITY FOR PORTAL, Tax ID: ****6789, NPI:). Each row has an edit icon. A large red warning box is present, stating: 'Please review the case details before submitting the case. You can edit the CPT/ICD, Physician and Facility information. The case details can't be changed once you press the "Submit" button. Once the case is submitted, you may be presented with a Survey to answer few questions about this request. All Fax notifications for this case will be sent to (999) 999-9999. Please verify that it is correct. If you would like to change your Fax number, please click on the gear icon on the top right of the page for the Account Info screen. Until a case number appears for this request, it is not a submitted case and it will not be reviewed for medical necessity. Please ensure all steps are completed in order to receive a case number.' Below the warning box are two checked checkboxes: '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.' and 'I would like to receive email notifications when there is a change to the status of this case.' A note indicates that notifications will be emailed to amynlibby@gmail.com and that the user's email address (xxx@gmail.com) will be updated on the account info screen. A callout bubble highlights a new feature: 'New feature! This option allows you to receive e-notification updates for case status updates/changes.' A 'Submit' button is located at the bottom right of the form.

Survey Questions

- After you hit Submit, you may be directed to the **Clinical Survey** questions specific to the procedure being requested.
- As you move through the survey, the previously answered questions will be available in the Review History section at the bottom of the survey.

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

Survey Submit Later Continue

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

Cervical Injection

What level(s) will this procedure be performed at?

C1 - C2 T4 - T5
 C2 - C3 T5 - T6
 C3 - C4 T6 - T7
 C4 - C5 T7 - T8
 C5 - C6 T8 - T9
 C6 - C7 T9 - T10
 C7 - T1 T10 - T11
 T1 - T2 T11 - T12
 T2 - T3 T12 - L1
 T3 - T4 Unknown or not sure

Is this request for a Therapeutic or Diagnostic injection? (NOTE: Select "Diagnostic" if the purpose of this injection is to establish a diagnosis or confirm the source of pain. Select "Therapeutic" if the purpose of this procedure is treat pain caused by known pathology)

Diagnostic (Injection of anesthetic ONLY to see if pain is from the level injected)
 Therapeutic (Injection includes a steroid)

Survey Questions

- As you move through the survey, the previously answered questions will be available in the Review History section at the bottom of the survey. It is important to complete all questions to receive an immediate notification as to whether the case is approved or if additional clinical information is required.

The screenshot displays a web application interface with a 'Survey' modal window open. The background shows a 'CASE DETAIL' section with a 'Patient Lookup' form containing fields for Insurer (MEDSOLUTIONS DEN), Member ID (xyz00002), First Name, Last Name, and Date of Birth. There are 'Reset' and 'Search' buttons. Below the form, there are instructions to select the Insurer and enter patient details. The 'Survey' modal window has a title bar with 'Survey' and buttons for 'Submit Later' and 'Continue'. A red note states: 'Note: Please complete questions below to receive an immediate notification as to whether the case is approved or if additional clinical information is required.' The survey questions are:

- 1 Please indicate the documented response to the previous injection. Did your patient experience at least 2 weeks of: (Choose ALL that apply)
 - At least 50% pain relief
 - Increased level of function (e.g. return to work)
 - Reduced level of pain medication and / or other medical services (e.g. physical therapy or chiropractic)
 - No change in symptoms
 - None of the above or unknown response
- 2 Will your patient be participating in an active rehabilitation or therapeutic exercise program following this injection?
 - Yes
 - No
 - Unknown

At the bottom of the modal, there are 'Submit' and 'Review History' buttons. Below the survey questions, there is a 'Review History' section with a question: 'Cervical Injection' and a sub-question: 'What level(s) will this procedure be performed at?'. The sub-question has two options: 'Unknown or not sure' (checked) and 'Therapeutic (Injection includes a steroid)' (checked). A note explains: 'Is this request for a Therapeutic or Diagnostic injection? (NOTE: Select "Diagnostic" if the purpose of this injection is to establish a diagnosis or confirm the source of pain. Select "Therapeutic" if the purpose of this procedure is treat pain caused by known pathology)'. The background interface also shows a 'Submit' button and a 'Review History' button.

Survey Questions

- Once you have answered the survey questions, the response history will populate. Hit **Submit** to complete the survey.

Survey Submit Later Continue

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

The survey has been completed.

Cervical Injection

What level(s) will this procedure be performed at?

- Unknown or not sure

Is this request for a Therapeutic or Diagnostic injection? (NOTE: Select "Diagnostic" if the purpose of this injection is to establish a diagnosis or confirm the source of pain. Select "Therapeutic" if the purpose of this procedure is treat pain caused by known pathology)

Diagnostic

- Therapeutic (Injection includes a steroid)

How many previous injections of this type have been performed for this episode of pain? (NOTE: Please count only transforaminal or selective nerve root blocks)

- 1

How many previous cervical epidural injections of ALL types have been performed in the past 12 months?

- 1

Please indicate the documented response to the previous injection. Did your patient experience at least 2 weeks of: (Choose ALL that apply)

- Increased level of function (e.g. return to work)

Survey Questions

- The survey is now complete and you can click **continue** to close the survey box.
- Based on the information provided, you may receive an automatic approval and be redirected to the approved case summary page or you may be directed to the clinical documentation page.

Survey Submit Later Continue

Survey Completed! Please click 'Continue' button / close(if in a browser).

Review History

- 🔗 Cervical Injection
 - 📄 What level(s) will this procedure be performed at?
 - ✔ Unknown or not sure
 - 📄 Is this request for a Therapeutic or Diagnostic injection? (NOTE: Select "Diagnostic" if the purpose of this injection is to establish a diagnosis or confirm the source of pain. Select "Therapeutic" if the purpose of this procedure is treat pain caused by known pathology)
 - ✔ Therapeutic (Injection includes a steroid)
 - 📄 How many previous injections of this type have been performed for this episode of pain? (NOTE: Please count only transforaminal or selective nerve root blocks)
 - ✔ 0 (This is the first injection of this type at this level)
 - 📄 How many previous cervical epidural injections of ALL types have been performed in the past 12 months?
 - ✔ 1
 - 📄 Does physical exam/patient history indicate any of the following: (Choose all that apply)
 - ✔ Pain that radiates into the arm or leg along the course of a spinal nerve root
 - 📄 Please indicate the documented number of weeks of conservative care prior to this request: (e.g. number of weeks of physical therapy / chiropractic care, exercise, NSAIDs, and or appropriate medication)

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

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]

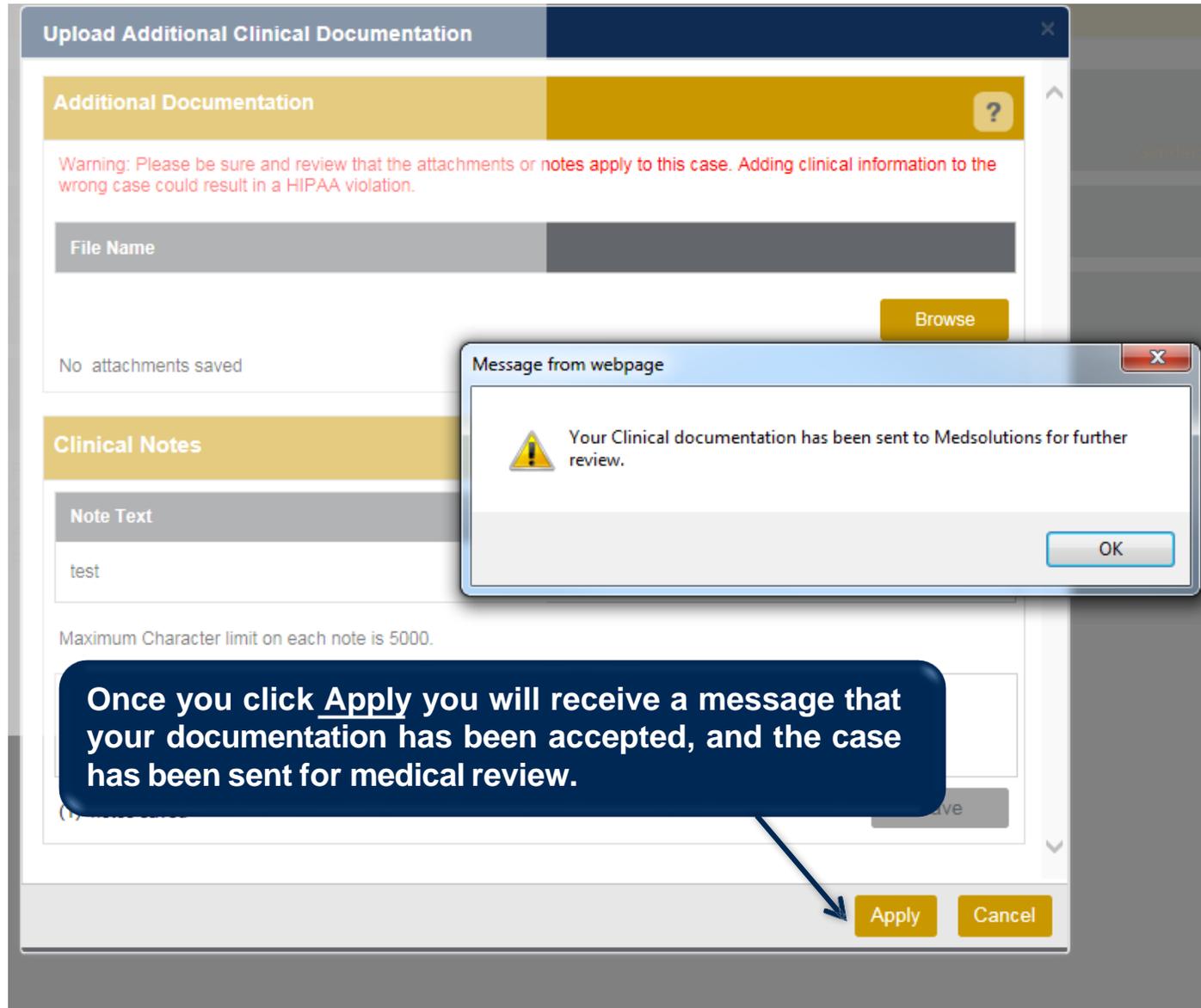
[Apply] [Cancel]

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 Medsolutions for further review.

OK

Once you click Apply you will receive a message that your documentation has been accepted, and the 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: 101902410
Initiated Date: 07/14/2016
Case Activity: RN Review Process
Case Status: Pending

Patient

Referring Physician

Requested Facility

First Name: BOBBY
Last Name: HILL
Date of Birth: 02/01/1974
Address: 101 MAIN ST, FRANKLIN, TN, 37067
Phone:
Member ID: XYZ00002
Insurer: MEDSOLUTIONS DEMO
Program: MSI DEMO PROGRAM - PA REQ

First Name: TEST
Last Name: DOCTOR
Address: 730 COOL SPRINGS BLVD, FRANKLIN, TN, 370677289
Phone : 9999999999
Fax : 9999999999
Specialty:
Tax ID:
NPI:

Name: TEST FACILITY FOR PORTAL
Address: PO, NASHVILLE, AA, 37211
Phone: 1231231231
Fax: 1231231231
Equipment: ARTHROGRAM, COMP JOINT, COMP MSK, COMP SPINE, CT, MRI, MYELOGRAM, NCM, OPEN MR, PAIN MGMT, PET, PET/CT, SPINE FUSION
Tax ID:
Taxonomy Code:
NPI:

CPT Codes

Diagnosis Codes

CPT Code	Units	Description	CPT Status	Cpt Modifier
95811	1	Polysomnography, age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	Approved	

ICD Code	ICD Version	Description
G47.33	10	Obstructive sleep apnea (adult) (pediatric)

Additional Documentation

Clinical Notes

File Name

Note Text

test View

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: 40514511	Authorization Number:	Auth Effective Date: 07/01/2016	Auth End Date: 09/29/2016
Initiated Date: 07/01/2016	Decision Date: 07/01/2016	Decision Type: Initial	Case Status: Approved

Patient

Referring Physician

Requested Facility

First Name: BOBBY Last Name: HILL Date of Birth: 02/01/1974 Address: 101 MAIN ST, FRANKLIN, TN, 37057 Phone: Member ID: XY2D0002 Insurer: MEDSOLUTIONS DEMO Program: MSI DEMO PROGRAM - PA REQ	First Name: TEST Last Name: DOCTOR Address: 730 COOL SPRINGS BLVD, FRANKLIN, TN, 370677289 Phone : 9999999999 Fax : 9999999999 Specialty: Tax ID: NPI:	Name: TEST FACILITY FOR PORTAL Address: PO, NASHVILLE, AA, 37211 Phone: 1231231231 Fax: 1231231231 Equipment: ARTHROGRAM, COMP JOINT, COMP MSK, COMP SPINE, CT, MRI, MYELOGRAM, NCM, OPEN MR, PAIN MGMT, PET, PET/CT, SPINE FUSION Tax ID: Taxonomy Code: NPI:
---	---	---

CPT Codes

CPT Code	Units	Description	CPT Status	Cpt Modifier
95811	1	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	Approved	

1 - 1 of 1 items

Diagnosis Codes

ICD Code	ICD Version	Description
G47.33	10	Obstructive sleep apnea (adult) (pediatric)

1 - 1 of 1 items

Additional Documentation

File Name

Clinical Notes

Note Text

Member & Provider Notifications

Case Summary Page – Denied Case

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

CASE SUMMARY ? 🖨️

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

Case/Authorization

Service Order: 100528213	Initiated Date: 12/17/2015	Decision Date: 12/17/2015
Decision Type: Initial	Case Status: Denied	

Patient

Referring Physician

Requested Facility

First Name: BOBBY
Last Name: HILL
Date of Birth: 02/01/1974
Address: 101 MAIN ST, FRANKLIN, TN, 37067
Phone:
Member ID: XY200002
Insurer: MEDSOLUTIONS DEMO
Program: MSI DEMO PROGRAM - PA REQ

First Name: TEST
Last Name: DOCTOR
Address: 730 COOL SPRINGS BLVD, FRANKLIN, TN, 370677289
Phone: 99999999
Fax: 99999999
Specialty:
Tax ID:
NPI:

Name: TEST FACILITY FOR PORTAL
Address: PO, NASHVILLE, AA, 37211
Phone: 1231231231
Fax: 1231231231
Equipment: ARTHROGRAM, COMP JOINT, COMP MSK, COMP SPINE, CT, MRI, MYELOGRAM, NCM, OPEN MR, PAIN MGMT, PET, PET/CT, SPINE FUSION
Tax ID:
Taxonomy Code:
NPI:

CPT Codes

Diagnosis Codes

CPT Code	Units	Description	CPT S...	Denial Rationale Description
95811	1	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	Denied	Based on MedSolutions Imaging Guidelines, we are unable to approve the requested

1 - 1 of 1 items

ICD Code	ICD Version	Description
G47.33	10	Obstructive sleep apnea (adult) (pediatric)

1 - 1 of 1 items

Additional Documentation

Clinical Notes

File Name

Note Text

Provider Resources

Dedicated Call Center

Prior Authorization Call Center – 888.693.3297

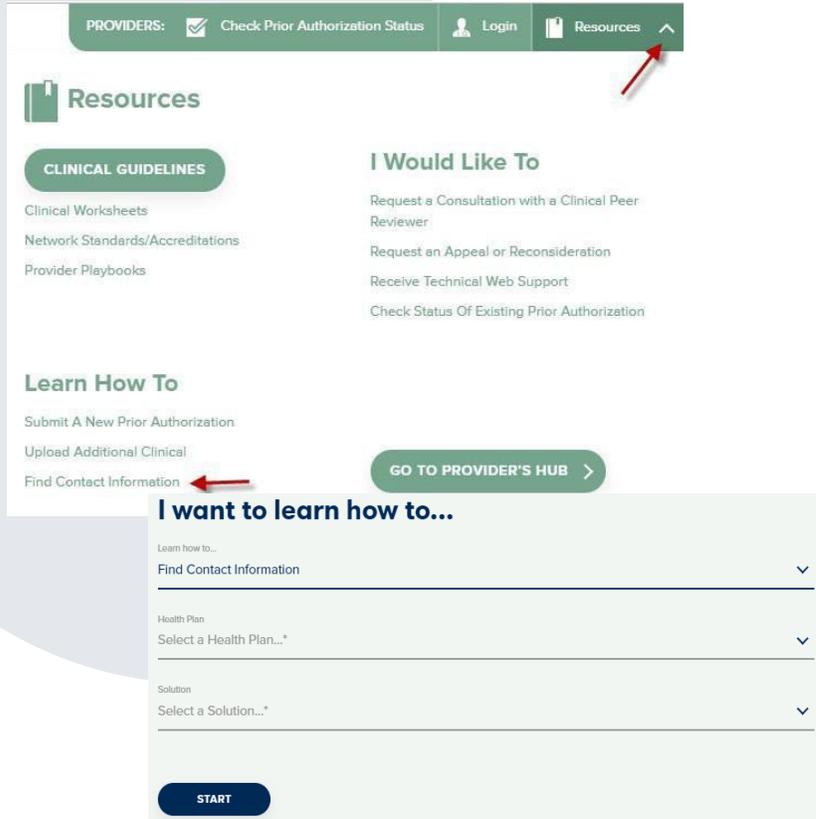
Our call centers are open from 7 a.m. to 8 p.m. (local time).

Providers can contact our call center to perform 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



Online 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.
- Provider's Hub section includes many resources
- Provider forums and portal training are offered weekly, you can find a session on www.eviCore.WebEx.com, select WebEx Training, and search upcoming for a "eviCore Portal Training" or "Provider Resource Review Forum"
- The quickest, most efficient way to request prior authorization is through our provider portal. 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

Client & Provider Operations Team

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
- 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

Email: ClientServices@evicore.com (preferred)

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

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.



Provider Engagement Team

Provider Engagement team

Regional team that on-boards providers for new solutions and provides continued support to the provider community. How can the provider engagement team help?

- Partner with the health plan to create a market-readiness strategy for a new and/or existing program
- Conduct onsite and WebEx provider-orientation sessions
- Provide education to supporting staff to improve overall experience and efficiency
- Create training materials
- Monitor and review metrics and overall activity
- Conduct provider-outreach activities when opportunities for improvement have been identified
- Generate and review provider profile reports specific to a TIN or NPI
- Facilitate clinical discussions with ordering providers and eviCore medical directors

How to contact the Provider Engagement team?

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

Provider Resource Website

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
- Provider Training
- CPT code list

To access these helpful resources, please visit:

<https://www.evicore.com/healthplan/cigna>



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

Thank You!

