

# High-Tech Radiology

## Provider Orientation Session for Cigna



Empowering  
the Improvement  
of Care

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# Company Overview

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**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, MS

# 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

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# Our Clinical Approach

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# 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 – 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**



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# Our Service Model

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# Enabling Better Outcomes

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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.

# Why Our Service Delivery Model Works

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**One centralized intake point** allows for timely identification, tracking, trending, and reporting of all issues. It also enables eviCore to quickly identify and respond to systemic issues impacting multiple providers.



**Complex issues are escalated to resources** who are the subject matter experts and can quickly coordinate with matrix partners to address issues at a root-cause level.



**Routine issues are handled by a team of representatives** who are cross trained to respond to a variety of issues. There is no reliance on a single individual to respond to your needs.

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# Prior Authorization Overview

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# Cigna Prior Authorization Services

eviCore healthcare began accepting prior authorization requests for Radiology in 2011.

## Prior Authorization applies to the following services:

### Advanced imaging services:

- CT, CTA
- MRI, MRA
- PET, PET/CT
- Nuclear Medicine
- Stress Echocardiograms
- Diagnostic Heart Catheterizations

## 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 Cigna's Provider Resource page to access a list of covered CPT codes, Clinical Worksheets, FAQs, Quick Reference Guides, and additional educational materials by visiting:

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

# Applicable Memberships

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Prior Authorization is required for Cigna members who are enrolled in the following lines of business:

- Cigna OAP/PPO PHS+
- Cigna HMO/Flex/POS PHS+ (excluding CA)
- Cigna MEDICARE (Arizona)
- Cigna SAR (certain employer groups)
- GWH-Cigna OAP/PPO
- GWH-Cigna HMO
- GWH-Cigna Payer Solutions
- GWH-Cigna Payer Solutions Individual
- Cigna Global
- Cigna & GWH-Cigna Alliance- Effective 3/1/15

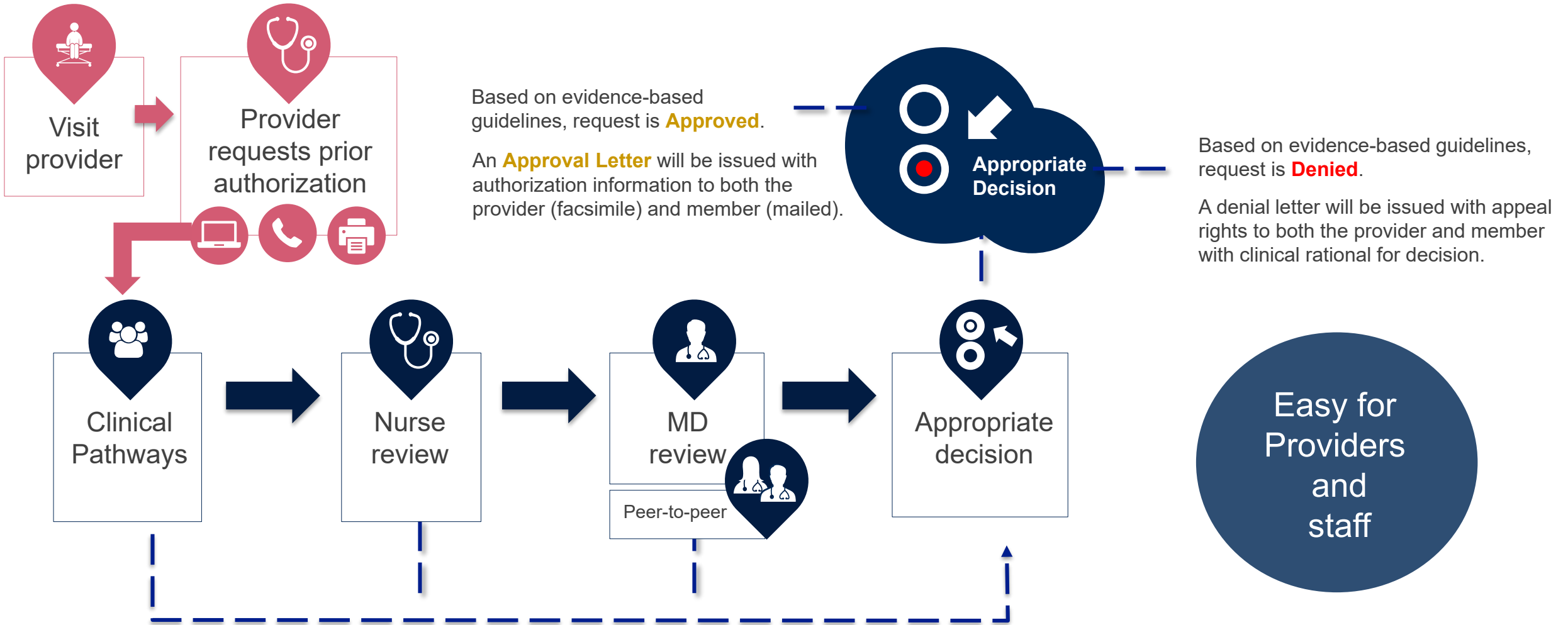
# Applicable Memberships

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**Prior Authorization is NOT required for Cigna members who are enrolled in the following lines of business however, the provider is encouraged to call eviCore healthcare for all customers:**

- Cigna OAP/PPO PHS
- Cigna HMO/Flex/POS PHS
- Cigna HMO/Flex/POS PHS+ (California only)
- Cigna SAR (all other employer group)
- Cigna & GWH-Cigna Alliance- Will require authorization through eviCore healthcare effective 3/1/15
- Cigna Indemnity
- Cigna Case Management
- GWH-Cigna Opt Out

# 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
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers

## Rendering Facility Information

- Facility Name
- Street Address (i.e. 111 Tennessee Rd. Franklin, TN 37067)
- 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 2 business days. This may vary depending on if clinical was requested and received.
- Authorizations are typically valid for 60 days..

- 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.

### Denied Requests Include:

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

### Denial Letter

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

### Authorization Letter



# Post-Decision Options

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## Commercial Memberships

### Clinical Consultations

If a request has been denied and requires further clinical review, we welcome requests for a Clinical Consultation with an eviCore Medical Director. In certain instances, additional clinical information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.

Providers, Nurse Practitioners and Physician Assistants can request a clinical consultation by visiting:

[www.evicore.com/provider/request-a-clinical-consultation](http://www.evicore.com/provider/request-a-clinical-consultation)

### Reconsiderations

Providers and/or staff can request a reconsideration by submitting additional clinical information without the need for a physician to participate. Reconsideration must be requested on or before the anticipated date the services will be performed. This reconsideration option is only applicable to Commercial memberships.



# Special Circumstances

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## Appeals

- eviCore will process first level appeals
- Appeal requests must be submitted to eviCore within 365 calendar days from the initial determination.
- All clinical information and the prior authorization request will be reviewed by a physician other than the physician who made the initial determination.
- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider.

## Retrospective (Retro) Authorization Requests

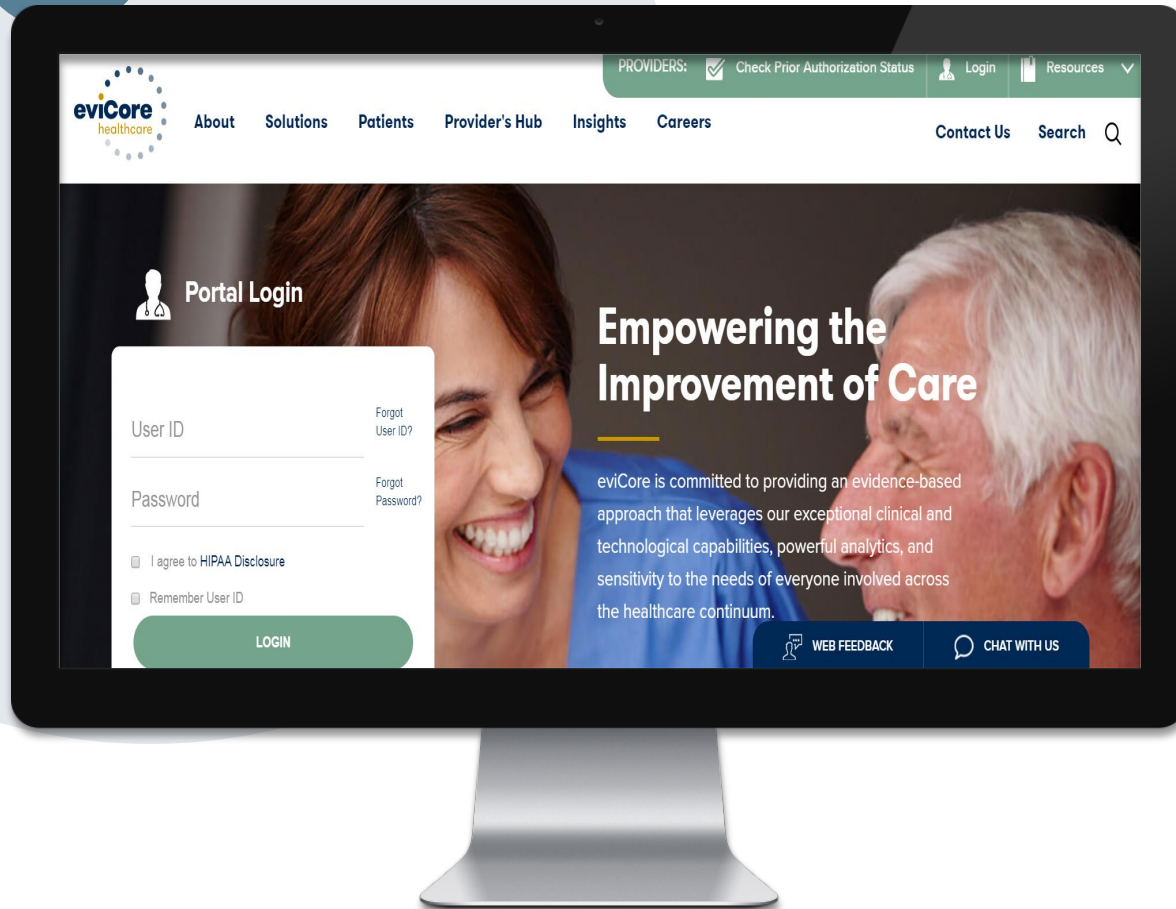
- Payer Solutions and SAR membership: Must be submitted within 365 business days from the date of services (all requests beyond 365 days, a claim can be submitted)
- All other Commercial membership: Must be submitted within 15 business days from the date of services (all requests beyond 15 days, a claim 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

- Urgent requests can now be submitted on eviCore's website [www.evicore.com](http://www.evicore.com). When asked "Is this request standard/routine?" simply answer no and the case will be sent to the urgent work list.
- Providers and/or staff can also contact our office by phone and state that the prior authorization request is Urgent. Urgent request will be reviewed within 24 hours upon receiving the prior authorization request.



# eviCore Provider Portal



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

By visiting [www.eviCore.com](http://www.eviCore.com) providers can spend their time where it matters most — with their patients!

Or by phone:

**Phone Number:**

(888) 693 - 3297

7:00 a.m. to 7:00p.m.

Monday - Friday

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# Provider Portal Overview

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# 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, and Logout. Below this is a dark blue navigation bar with several menu items: Announcements, Home, Search/Start Case, Claim Search, Payment Status, CareCore National Portal (circled in red), and Post Acute Care. Below the navigation bar is a yellow header for the Announcements section, which includes icons for print, download, and help. The main content area contains three announcement boxes:

- 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](http://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>.
- eviCore Website Redirect- Posted on: 21 Nov 2016**  
Beginning December 3rd, users visiting the legacy MedSolutions (medsolutions.com and myportal.medsolutions.com) and CareCore National (carecorenational.com) sites will be automatically redirected to the new eviCore.com site. Please login with your existing username/password through the new unified portal located on eviCore.com: <https://www.evicore.com/pages/providerlogin.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)

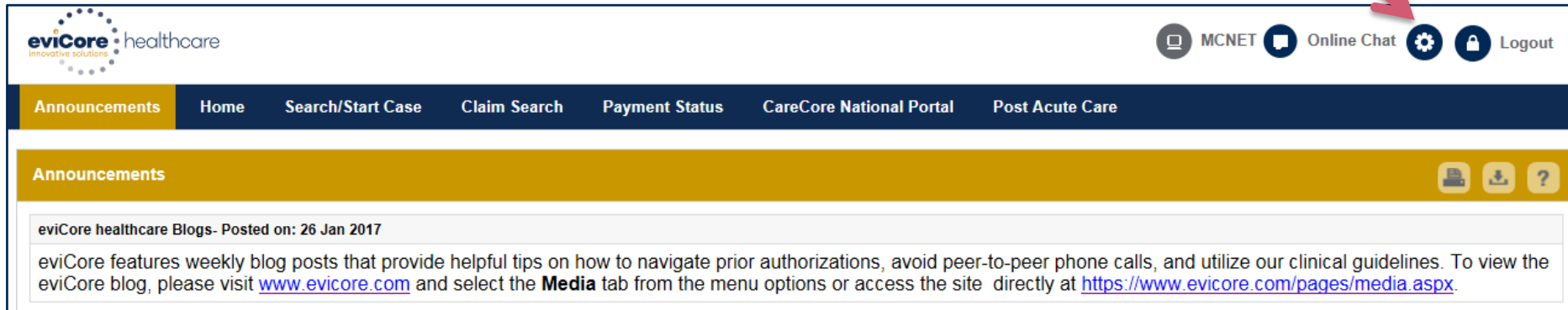
Once you have logged in to the site, you will be directed to the main landing page that includes important announcements.

**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 paragraph 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 of this section is a checkbox labeled '\* I hereby agree that I have read and understood the above message'. At the very bottom of the form are 'Save' and 'Cancel' buttons.

eviCore healthcare

### 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 <span style="color: red;">✖</span>

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

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# Search/Start Request

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# 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

eviCore healthcare  
Innovative solutions

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
XYZ00002	HILL, BOBBY	02/01/1974	MALE	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 BEFORE CREATING A NEW REQUEST

**Patient Detail Information**

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

This is a MEDSOLUTIONS DEMO Program Create Case

**Patient History - 49 Records found**

Case ID	Auth Number	Submit Date	Case Status
101840634		7/7/2016	Pending
101837513	A31309042	7/7/2016	Approved
101837334		7/7/2016	Canceled
101827785		7/6/2016	Canceled
101798766		6/30/2016	Pending

1 - 5 of 49 items

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**.

If there are cases associated with the patient, they will populate once the patient is selected. Double click on a case ID in the **Patient History** to open that case.

# Case Creation – CPT/ICD Codes

- Begin typing the **CPT** and **ICD codes** or descriptions, then click the appropriate option with your cursor. Modifier selections will populate for the code, if applicable. The portal allows selection of unlimited CPT and ICD codes.
- A box will populate allowing you to enter the retro date of service if retrospective requests are able to be initiated via the web for the health plan specified.

The screenshot displays a web portal interface for case creation, divided into several sections:

- PATIENT & CASE LOOKUP:** Contains a search form with fields for Insurer (MEDSOLUTIONS DEN), Member ID (xyz00002), First Name, Last Name, and Date of Birth. A "Search" button is present.
- CASE DETAIL:** Displays 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: 2/11/1974, Gender: MALE.
- CPT/ICD:** A section for entering codes, with a sub-section for **CPT Codes**. It includes a search bar and a table with columns for Code, Description, and Modifier. The table shows a single entry: Code 73721, Description "MRI Lower Extremity, any joint, without contrast material(s)", and Modifier "LT".
- Diagnosis:** A section for entering diagnosis codes, with radio buttons for ICD 9 and ICD 10 (selected). It includes a search bar and a table with columns for Code and Description. The table shows a single entry: Code M25.562, Description "Pain in left knee".
- Date of Service:** A field labeled "Please select the Date Of Service" with a calendar icon.
- Footer:** A "Save & Next" button.

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

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

# 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 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 : 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.”**

The screenshot displays the 'PATIENT & CASE LOOKUP' interface. On the left, the 'Patient Lookup' section includes fields for Insurer (MEDSOLUTIONS DEM), Member ID (xyz00002), and search criteria (First Name, Last Name, Date of Birth). Below this is the 'Case/Auth Lookup' section with radio buttons for Case ID and Auth Number. The main 'CASE DETAIL' area on the right shows patient information: Member (MEDSOLUTIONS DEM, Member ID: XYZ00002, Health Plan: 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), and Physician (Physician Name: DOCTOR, TEST, Tax ID: \*\*\*\*\*6789, NPI: 7417417410). A 'Facility' section prompts the user to choose from a list of facilities. The table below shows one facility selected:

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		

At the bottom of the interface are buttons for 'Search Facility', 'Look-up IOP', and '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.

The screenshot shows a web application interface for case creation. It is divided into two main sections: "PATIENT & CASE LOOKUP" on the left and "CASE DETAIL" on the right.

**PATIENT & CASE LOOKUP:**

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

**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. Includes an edit icon.
- Physician:** Physician Name: DOCTOR , TEST , Tax ID : \*\*\*\*\*6789 , NPI : 7417417410. Includes an edit icon.
- Facility:** Facility Name: BEACON MRI WEST , Tax ID : \*\*\*\*\*9014 , NPI : . Includes an edit icon.

**Footer/Disclaimer:**

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) 468-4408. 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.

**Submit**

# 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


Member	Member ID	Date of Birth	Health Plan	Referring Physician	Specialty	Tax ID	NPI
BOBBY HILL	XYZ00002	02/01/1974	MSI DEMO PROGRAM - PA REQ	TEST DOCTOR	ALLERGY,OPTICIAN	*****	7417417410

**Select a Reason for the Requested Procedures**

73721 MRI Lower Extremity, any joint; without contrast material(s)  
Which one of the following best describes the reason for the requested study.

Left       Ankle  
 Right       Foot  
                   Hip  
                   Knee

Evaluation of Knee Pain

 Continue

# 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 “**Continue**” to submit the survey answers.

**Survey**

Member	Member ID	Date of Birth	Health Plan	Referring Physician	Specialty	Tax ID	NPI
BOBBY HILL	XYZ00002	02/01/1974	MSI DEMO PROGRAM - PA REQ	TEST DOCTOR	ALLERGY,OPTICIAN	*****	7417417410

Requests (Purpose): 73721 (Evaluation of Knee Pain)

### General Information

73721 - Left::Knee::Evaluation of Knee Pain

Date of the most recent contact with a provider to evaluate the LEFT knee  
If known, enter the date and select the type of contact.

There has been provider-directed conservative treatment for this episode of LEFT knee pain  
If known, enter the date the treatment first started and select the appropriate type.

There has NOT been provider-directed conservative treatment for this episode of LEFT knee pain

There has been an X-Ray of the LEFT knee since symptoms started  
If known, enter the date of the most recent X-Ray and select the appropriate result.

There has NOT been an X-Ray of the LEFT knee since symptoms started

There has been previous advanced imaging to evaluate LEFT knee pain  
NOTE: Advanced imaging may include CT, MRI, or MR Arthrogram. If known, enter the date and select the type of advanced imaging performed.

There has NOT been previous advanced imaging to evaluate LEFT knee pain  
NOTE: Advanced imaging may include CT, MRI, or MR Arthrogram.

Print Save Continue

# 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**

Member	Member ID	Date of Birth	Health Plan	Referring Physician	Specialty	Tax ID	NPI
BOBBY HILL	XYZ00002	02/01/1974	MSI DEMO PROGRAM - PA REQ	TEST DOCTOR	ALLERGY,OPTICIAN	*****	7417417410

73721

MRI any Joint of Lower Extremity without contrast

Purpose : Left::Knee::Evaluation of Knee Pain

**Based on the clinical information provided,**  
73721 Requires Clinical Review

**Decision criteria for 73721**

because based on the clinical information provided, there may not have been provider-directed conservative treatment OR the length or type of treatment indicates that advanced imaging may not be appropriate.

because based on the clinical information provided, a Knee X-ray may not have been performed since the symptoms started, and therefore advanced imaging may not be appropriate.

because based on the clinical information provided, there may not have been recent contact with the requesting provider to evaluate the knee, and therefore advanced imaging may not be appropriate.

because based on the clinical information provided, further clinical review is indicated to determine if there was a recent provider-directed trial of observation or treatment.

Action for 73721

Submit for Additional Review

Voluntarily Cancel Request

Print
 Save
 Submit All

This is Not a Complete Transaction.

# 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.

**Survey**

Member	Member ID	Date of Birth	Health Plan	Referring Physician	Specialty	Tax ID	NPI
BOBBY HILL	XYZ00002	02/01/1974	MSI DEMO PROGRAM - PA REQ	TEST DOCTOR	ALLERGY,OPTICIAN	*****	7417417410

**73721** MRI any Joint of Lower Extremity without contrast  
Purpose : Left::Knee::Evaluation of Knee Pain

**Based on the clinical information provided,**  
73721 Requires Clinical Review

**Decision criteria for 73721**

because based on the clinical information provided, there may not have been provider-directed conservative treatment OR the length or type of treatment indicates that advanced imaging may not be appropriate.

because based on the clinical information provided, a Knee X-ray may not have been performed since the symptoms started, and therefore advanced imaging may not be appropriate.

because based on the clinical information provided, there may not have been recent contact with the requesting provider to evaluate the knee, and therefore advanced imaging may not be appropriate.

because based on the clinical information provided, further clinical review is indicated to determine if there was a recent provider-directed trial of observation or treatment.

**Action for 73721**

Submit for Additional Review

Voluntarily Cancel Request

Print Save Submit All

**This is Not a Complete Transaction.**

# 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

The screenshot shows a web application interface for uploading clinical documentation. The main window is titled "Upload Additional Clinical Documentation". It contains a yellow header bar with the text "Additional Documentation" and a question mark icon. Below this is a red warning message: "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." The interface includes a "File Name" input field, a "Browse" button, and a "No attachments saved" message. Below this is a "Clinical Notes" section with a "Note Text" input field containing the text "test" and a "Maximum Character limit on each note is 5000." message. At the bottom of the interface are "Apply" and "Cancel" buttons. A blue callout box with white text points to the "Apply" button, stating: "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." A "Message from webpage" dialog box is overlaid on the interface, displaying a yellow warning icon and the text: "Your Clinical documentation has been sent to eviCore for further review." with an "OK" button.



# 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: 103003073
Initiated Date: 11/21/2016
Case Activity: RN Review Process
Case Status: Pending

**Patient**

**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

**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:** BEACON MRI WEST  
**Address:** 730 COOL SPRINGS BLVD, FRANKLIN, TN, 37067  
**Phone:** 6154684000  
**Fax:** 6154684001  
**Equipment:** MRI, PET  
**Tax ID:** \*\*\*\*\*9014  
**Taxonomy Code:**  
**NPI:**

**CPT Codes**

CPT C...	U...	Description	CPT St...	Cpt Modif...
73721	1	MRI Lower Extremity, any joint; without contrast material(s)	Pending	LT

1 - 1 of 1 items

ICD Code	ICD Version	Description
M25.562	10	Pain in left knee

1 - 1 of 1 items

**Additional Documentation**

File Name

**Clinical Notes**

Note Text
Test Case. <span style="float: right;"><a href="#">View</a></span>

# 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	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

<p><b>First Name:</b> BOBBY  <b>Last Name:</b> HILL  <b>Date of Birth:</b> 02/01/1974  <b>Address:</b> 101 MAIN ST, FRANKLIN, TN, 37067  <b>Phone:</b>  <b>Member ID:</b> XYZ00002  <b>Insurer:</b> MEDSOLUTIONS DEMO  <b>Program:</b> MSI DEMO PROGRAM - PA REQ</p>	<p><b>First Name:</b> TEST  <b>Last Name:</b> DOCTOR  <b>Address:</b> 730 COOL SPRINGS BLVD, FRANKLIN, TN, 370677289  <b>Phone :</b> 999999999  <b>Fax :</b> 999999999  <b>Specialty:</b>  <b>Tax ID:</b>  <b>NPI:</b></p>	<p><b>Name:</b> TEST FACILITY FOR PORTAL  <b>Address:</b> PO, NASHVILLE, AA, 37211  <b>Phone:</b> 1231231231  <b>Fax:</b> 1231231231  <b>Equipment:</b> ARTHROGRAM, COMP JOINT, COMP MSK, COMP SPINE, CT, MRI, MYELOGRAM, NCM, OPEN MR, PAIN MGMT, PET, PET/CT, SPINE FUSION  <b>Tax ID:</b>  <b>Taxonomy Code:</b>  <b>NPI:</b></p>
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CPT Codes

Diagnosis Codes

CPT C...	U...	Description	CPT St...	Cpt Modif...
73721	1	MRI Lower Extremity, any joint; without contrast material(s)	Pending	LT

ICD Code	ICD Version	Description
M25.562	10	Pain in left knee

Additional Documentation

Clinical Notes

File Name	Note Text
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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 :** ///////////////  
**Fax :** ///////////////  
**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 C...	U...	Description	CPT St...	Cpt Modif...
73721	1	MRI Lower Extremity, any joint; without contrast material(s)	Pending	LT

ICD Code	ICD Version	Description
M25.562	10	Pain in left knee

Additional Documentation

Clinical Notes

File Name

Note Text

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# Provider Resources

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# Provider Resources

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## Prior Authorization Call Center – (888) 693-3297

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:

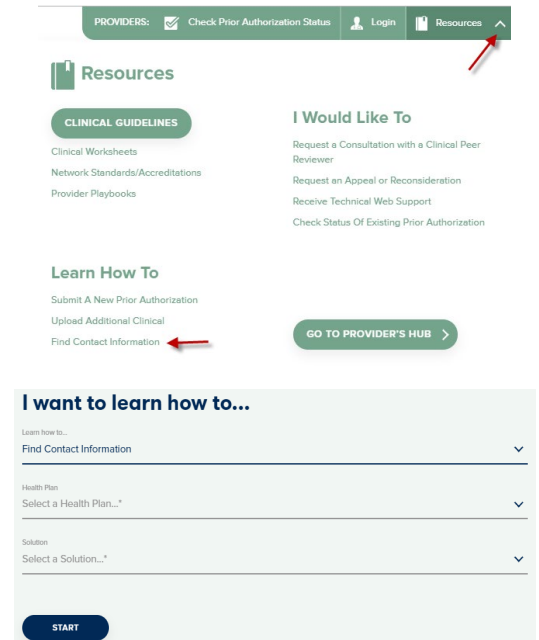
- Request Prior Authorization
- Check Status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case
- Request to speak to a clinical reviewer
- Schedule a clinical consultation with an eviCore Medical Director



# Provider Resources

## Web Based Services and Online Resources

- You can access important tools, health plan specific contact information and resources at [www.evicore.com](http://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.



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](mailto:portal.support@evicore.com)

# Provider Resources

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## 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:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- Consumer Engagement Inquiries
- Complaints and Grievances
- 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](mailto: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

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## 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/cigna>

**Provider Enrollment Questions – Contact Provider Services at (800) 646-0418**





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# Thank You!

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