

# High-Tech Radiology Site-of-Care

Provider Forum for Cigna



# Agenda

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- Background
- Understanding the Cigna High-Tech Radiology Site-of-Care Program
- Program Specifics
- Provider Resources
- Questions and Answers

# Radiology – Our Experience

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eviCore healthcare (eviCore), a Cigna affiliate, provides industry-leading benefit management solutions for key medical segments, including advanced radiology imaging.

Our focus and commitment is to provide quality, cost-effective, and patient-centric care for Cigna customers.

**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

# How will site-of-care work?



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The High-Tech Radiology Site-of-Care program includes a medical necessity review of the site-of-care for computed tomography (CT) scans and magnetic resonance imaging (MRI) for certain Cigna customers.

eviCore reviews requests to ensure customers are directed to an appropriate alternative site of service, such as a freestanding facility, rather than an outpatient hospital setting (when available), except in situations where the use of an outpatient hospital setting is required due to the patient's clinical condition.

On September 1, 2021, this program will be expanded to include customers with self funded plans.\* With this expansion, all Cigna commercial (Non-Medicare) customers may be subject to the site-of-care medical necessity review. This program is already in effect for customers with fully insured plans (August 1, 2020) and Individual and Family Plans (January 1, 2021).

\* We may not review the “site-of-care” in all geographic markets, pending regulatory approval and/or network considerations.

# What this means for providers

Will the precertification/prior authorization submission process change?

- There is no change to the process for initiating precertification requests for customers with benefit plans that include a site-of-care medical necessity review. There is also no change when ordering providers select a freestanding radiology center or another office-based location.
- If a provider requests approval for an outpatient hospital setting and does not provide clinical rationale consistent with coverage policy criteria, we will deny authorization for the site of service. Medical records may also be required to support the clinical rationale.



# Site-of-Care: High-tech Radiology Coverage Policy

The clinical policy is used to help determine the medical necessity of the requested site-of-care for certain Cigna customers.

The full clinical policy, Site-of-Care: High-tech Radiology (0550), is located at [www.eviCore.com/Cigna](http://www.eviCore.com/Cigna).



## Medical Coverage Policy

Effective Date ..... 02/22/2021  
Next Review Date ..... 03/15/2022  
Coverage Policy Number ..... 0550

## Site of Care: High-tech Radiology

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### Related Coverage Resources

[eviCore High-tech Radiology \(Imaging\) guidelines](#)

#### INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document (Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document) may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

### Overview

This Coverage Policy addresses the medical necessity of a hospital-based imaging department or facility for the following high-tech imaging services: magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), computed tomography (CT), and computed tomography angiography (CTA).

### Coverage Policy

**A high-tech imaging service (i.e. MRI/MRA/CT/CTA) must meet applicable medical necessity criteria for coverage. When coverage criteria are met for the requesting imaging procedure, this coverage policy is used to help determine the medical necessity of the requested site of care.**

**A high-tech imaging procedure in a hospital-based imaging department or facility is considered medically necessary for an individual with ANY of the following indications:**

- age 18 and under
- requires obstetrical observation

Page 1 of 4  
Medical Coverage Policy: 0550

# Site-of-Care: High-tech Radiology Coverage Policy

The policy includes:

- Overview of the policy
- Review of what is/isn't covered
- General Background – including site-of-care definitions and Professional Societies/Organizations position
- Coding/Billing Information – including a link to the Cigna Precertification Procedure List



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- requires obstetrical observation

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Medical Coverage Policy: 0550

# Web portal submission experience: What's new?

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# If the member is included in the site-of-care program, a list of facilities will be offered during case build.

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

Physician **Physician Name:**  , **Tax ID :**  , **NPI :**  

Facility 

Please choose from one of the following facilities:

Facility Name	Address	Distance	Equipment	Tax Id
		0.38	CT, MRI, OPEN MR, PET	*****
		0.42	MRI	*****
			3D CONFORMAL, BRACHYTHERAPY, CT, DYMC, GEN YBT, IMPT	

The *information* on this slide is for educational purposes only and the actual provider experience on the portal may be different.

# Case Creation – Facility

- Select a 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 shows a web application interface for patient and case management. 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 DEA), a text input for 'Member ID' (xyz0002), and text inputs 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', and a 'Search' button.

**CASE DETAIL:**

- Member:** MEDSOLUTIONS DEMO, Member ID: XYZ0002, Health Plan/Program: MR DEMO PROGRAM - PA REG, Gender: MALE.
- OFFICE:** ICD Code: J3121, ICD Code: M05.92.
- Physician:** Physician Name: DOCTOR, TEST, Tax ID: \*\*\*\*8798, NPI: 3417412410.
- Facility:** A section with the text 'Please choose one of the following facilities:' and a table of facility options.

**Facility Selection Table:**

Facility Name	Address	Distance	Equipment	Tax ID	NPI	Taxonomy Codes
		3.96	MRI PET	****9014		
			3D CONFORMAL, ARTHROGRAM, BRACHYTHERAPY, COMP JOINT, COMP MSK, COMP SPINE, CT,			

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

The information on this slide is for educational purposes only and the actual provider experience on the portal may be different.

# If a facility is chosen that is not a free standing facility there will be an informational screen with a list of possible exception options

The customer's benefit requires the procedure be administered at the least intensive setting in order to be covered. The site you have selected may not be considered medically necessary. **Please Note:** You may change your facility selection to one of the above at any time before proceeding with the clinical review.

Do any of the following apply to this request? Is the patient under 18 years of age? If no, does the patient:

- require obstetrical observation;
- require perinatology services;
- require imaging related to transplantation services at an approved transplantation facility;
- have a known CT contrast allergy and use of that contrast agent is planned;
- have a known MR contrast allergy and use of that contrast agent is planned;
- require moderate or deep sedation or general anesthesia for the imaging procedure and freestanding facilities providing such sedation are not available
- have a documented diagnosis of claustrophobia requiring open magnetic resonance imaging which is not available in a freestanding facility;
- have a documented diagnosis of systemic cancer, where previous imaging has been performed at a hospital location and is necessary for continuity of care;
- is imaging outside the hospital-based imaging department or facility expected to adversely impact care?

If the answer is "no" to any of the preceding:

- is a surgery or procedure being performed at the hospital for which pre-operative or pre-procedure imaging is an integral component of the procedure;
- or is equipment for the size of the individual only available at a hospital-based imaging facility?

If "yes" to any of the above, please select which applies from this list. If none apply, please select "none of the above."

If '**None of the Above**' override is chosen:

This service is not eligible for coverage if rendered at the facility you have selected. By choosing '**None of the Above**' you attest there is no medical reason for selecting this location and the **site will be DENIED**. Please proceed with providing information regarding the procedure(s) requested for medical necessity determination.

Facility Name	Address	Distance	Equipment	Tax Id	NPI	Tax
HUNT REG		8	CARDIACIMPLNTBL, COMP JOINT, COMP MSK, COMP SPINE, CT, DXHC, FSLP, MRI, NCM, PAIN MGMT, PET	*****7293	1598750721	193200 282ND

- Select Reason
- Req Obstetrical Observation
- Req Perinatology Srvc
- Req Imaging for Transplant
- Req Moderate or Deep Sedation
- Claustrophobic
- Systemic Cancer
- Special Equipment Due to Size
- Known Allergy to MR Contrast
- Integral to Pre Op Procedure
- Image Integral to Procedure
- Adverse Effect
- Oncology Clinical Trial
- None of the Above

The selected facility

Override Reason:

Select Reason

Additional confirmation.

Override Reason Description:

# If you have entered an exception reason

Next I've entered a valid override and I'm given the option to continue.

The selected facility requires a selection reason and may require additional confirmation.

Override Reason:  Override Reason Description:

Facility Name	Address	Distance	Equipment	Tax Id	NPI	Taxonomy Codes	Relative Cost
[REDACTED]	[REDACTED]	21.38	COMP JOINT, COMP MSK, COMP SPINE, CT, DXHC, MRI, NCM, PAIN MGMT, PET, PET/CT, SPECT, SPINE FUSION, US	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	1.5	CT, CTA, DEXA, DOPPLER, MAMMOGRAPHY, MRA, MRI, MRI BREAST, US, USBREAST, USGENERAL, USGYN, USOB, USVASCULAR, XRAY	2	[REDACTED]	[REDACTED]	[REDACTED]

Back Save & Next

The information on this slide is for educational purposes only and the actual provider experience on the portal may be different.

# When “None of the Above” is chosen from the list

-require obstetrical observation;  
-require perinatology services;  
-require imaging related to transplantation services at an approved transplantation facility;  
-have a known contrast allergy and use of that contrast agent is planned;  
-require moderate or deep sedation or general anesthesia for the imaging procedure and freestanding facilities providing such sedation are not available  
-have a documented diagnosis of claustrophobia requiring open magnetic resonance imaging which is not available in a freestanding facility;  
-have a documented diagnosis of systemic cancer or other chronic debilitating illness, where previous imaging has been performed at a hospital location and is necessary for continuity of care;  
-is imaging outside the hospital-based imaging department or facility expected to adversely impact or delay care?

If the answer is "no" to any of the preceding:  
-is a surgery or procedure being performed at the hospital for which pre-operative or pre-procedure imaging is an integral component of the procedure;  
-or is equipment for the size of the individual only available at a hospital-based imaging facility?

If "yes" to any of the above, please select which applies from this list. If none apply, please select "none of the above."

If "None of the Above" override is chosen: This service is *not eligible* for coverage if rendered at the facility you have selected. By choosing "None of the Above" you attest there is no medical reason for selecting this location and the **site will be DENIED**. Please print the procedure(s) requested for medical necessity determination.

**ATTENTION**

By choosing "None of the Above" you are confirming there is no clinical rationale for this site to be selected, and your site of care will be denied. For a site approval please close this window, select the BACK button to search for a new facility, and select a site from the list of approved freestanding facilities before submitting the case.

OK

Facility Name: [Redacted] NPI: [Redacted] Taxonomy Code: [Redacted]

The selected facility requires a selection reason and may require additional confirmation.

Override Reason: None of the Above [Dropdown Arrow] Override Reason Description: [Text Area]

The *information* on this slide is for educational purposes only and the actual provider experience on the portal may be different.

# When “None of the Above” is chosen from the list

The selected facility requires a selection reason and may require additional confirmation.

Override Reason: **None of the Above** → Override Reason Description: none

Facility Name	Address	Distance	Equipment	Tax Id	NPI	Taxonomy Codes	Relative Cost
[REDACTED]	[REDACTED]	21.38	COMP JOINT, COMP MSK, COMP SPINE, CT, DXHC, MRI, NCM, PAIN MGMT, PET, PET/CT, SPECT, SPINE FUSION, US.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

1 - 1 of 1 items

Facility Name	Address	Distance	Equipment	Tax Id	NPI	Taxonomy Codes	Relative Cost
[REDACTED]	[REDACTED]	1.5	CT, CTA, DEXA, DOPPLER, MAMMOGRAPHY, MRA, MRI, MRI BREAST, US, USBREAST, USGENERAL, USGYN, USOB, USVASCULAR, XRAY	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

1 - 2 of 2 items

Back Save & Next

Finally I've selected none of the above for override reason, member info request form comes up and the user can continue to submit on next page.

**MEMBER CONTACT INFORMATION** ?

The Patient will be contacted by eviCore to discuss facility options.

A phone number, email or Exception reason must be entered →

Mobile Number:

Alternate Number:

Email:

If you are unable to provide member contact information for this patient, please choose a reason below:

Select Reasons

Telephonic contact with the member may be required.

Save & Next

The *information* on this slide is for educational purposes only and the actual provider experience on the portal may be different.

# Member Information

Facility: BANNER UNIVERSITY MEDICAL CENTER

### MEMBER CONTACT INFORMATION

The Patient will be contacted by eviCore to discuss facility options.

**A phone number, email or Exception reason must be entered**

Mobile Number:

Alternate Number:

Email:

If you are unable to provide member contact information for this patient, please choose a reason below:

Select Reasons

Telephonic contact with the member may be required.

**Save & Next**

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 (000) 000-0000. Please verify that it is correct. If you would like to change your Fax number, please click on the gear icon on the top right of the page for the Account Info screen.

Until a case number appears for this request, it is not a submitted case and it will not be reviewed for medical necessity. Please ensure all steps are completed in order to receive a case number.

I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

**Submit**

The *information* on this slide is for educational purposes only and the actual provider experience on the portal may be different.

# Prior Authorization Outcomes

## What is changing?

For memberships included in the site-of-care program, there will be a separate medical necessity review for:

- The requested procedure  
AND
- The requested site-of-care

**Note:** Both the site-of-care and the procedure must be approved; otherwise, any claims associated with the request will be denied.

## Denial Letter

- The letter will be faxed to the ordering physician and performing facility.
- If there is a denial of the site of service, eviCore will attempt an outreach to the member to provide the denial rationale and post-decision options and the member will receive the letter in the mail.
- The letter will contain the denial rationale and appeal options and instructions.



# Post-Decision Options

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## 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.

## 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.

## Appeals

- The denial letter includes appeal options and instructions.

**Please Note:** Failure to receive precertification for the site-of-care will result in the denial of claims payment.

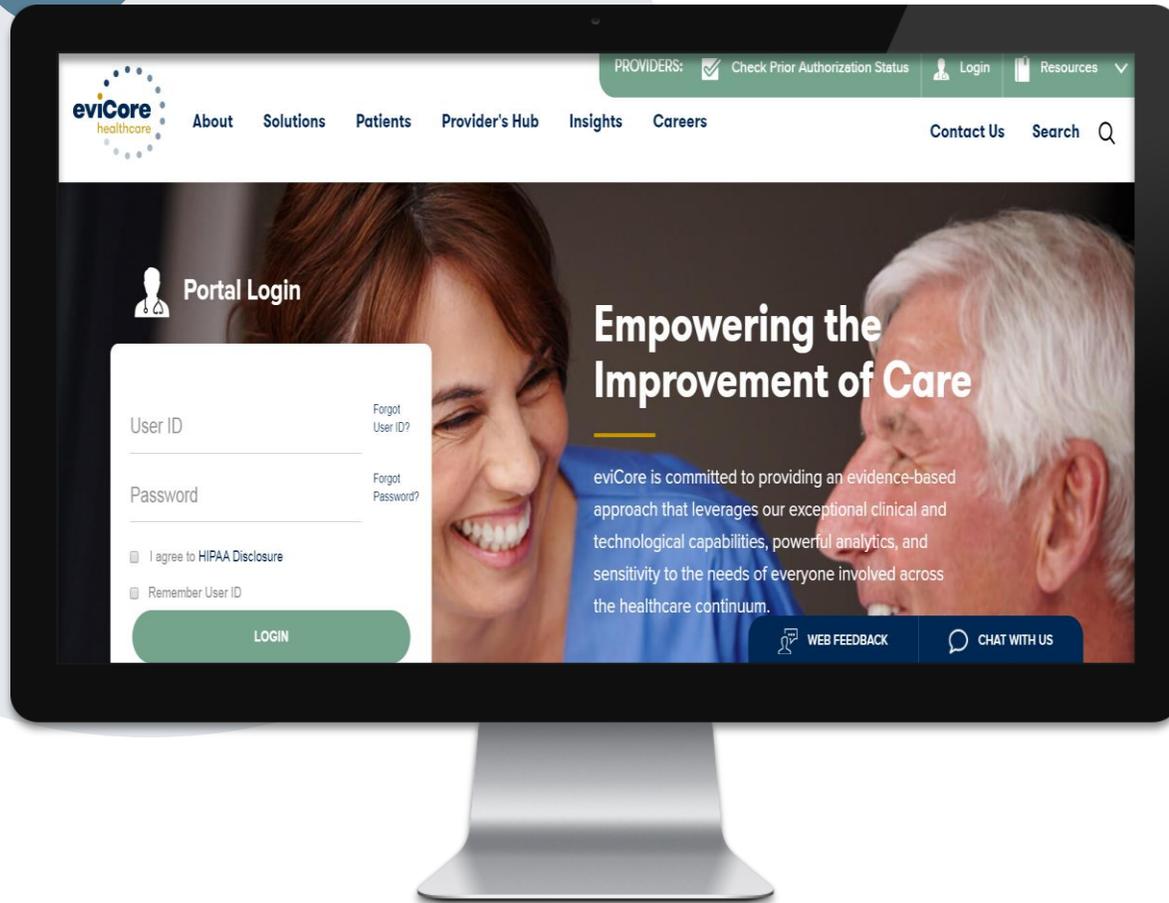


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# Provider Resources

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# Web 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!

# Call Center

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## Prior Authorization Call Center – 888.693.3297

Our call centers are open from 8:00 a.m. to 7:00 p.m. local time.

Providers can contact our call center to do the following:

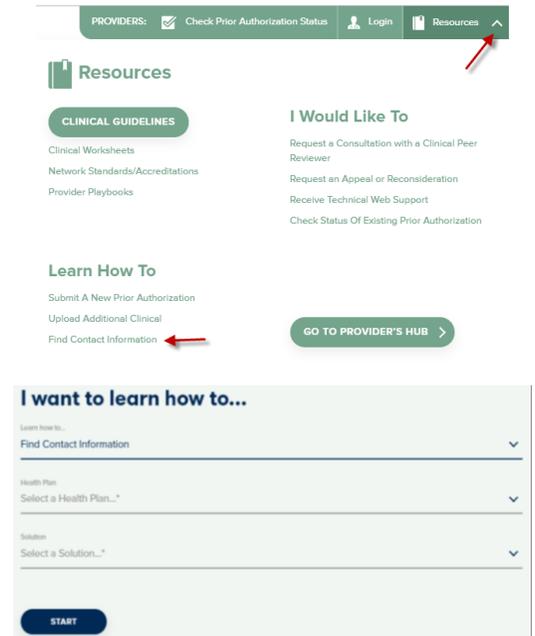
- Request prior authorization.
- Check the status of existing authorization requests.
- Discuss questions regarding authorizations and case decisions.
- Change the procedure code(s) on an existing case.
- Schedule a clinical consultation with an eviCore medical director.



# Additional 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).
- The “Resources” page includes clinical guidelines, online forms, and more.
- If you are unsure of how to contact eviCore, the quick reference tool can help.
  - Click the “Resources” tab.
  - Select “Find Contact Information” under the “Learn How To” section.
  - Type in Cigna and the solution to populate the contact phone and fax numbers as well as the appropriate legacy portal to utilize for case requests.



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

To speak with a Web Specialist, call 800.575.4594 or email [portal.support@evicore.com](mailto:portal.support@evicore.com).

# Client and Provider Services team

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## Client and Provider Services

eviCore 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 to 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 re-sent 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 Servicesteam

Email: [ClientServices@evicore.com](mailto:ClientServices@evicore.com) (preferred)

Phone: 800.575.4517

For prompt service, please have all pertinent information available when contacting 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 email Client Services with your inquiry.

eviCore uses the Cherwell Ticketing System for all email inquiries. You will be assigned a ticket number starting with T. This number will identify a specific issue which you have provided for review. The ticket number should be included in the subject line when following up on an existing inquiry.



# Provider Resource site

## Cigna-Specific Provider Resources

eviCore's Provider Experience team maintains provider resource pages that contain solution-specific educational materials to assist providers and their staff on a daily basis. The radiology provider resource page includes the following educational materials:

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

To access these helpful resources, please visit [www.eviCore.com/resources/healthplan/Cigna](http://www.eviCore.com/resources/healthplan/Cigna).

### Other Key Contacts:

- Provider Enrollment Questions – Contact Provider Services at 800.882.4462.
- Contracting Questions – Contact your Cigna Contracting Representative.
- eviCore Questions – Contact Kathleen Bass ([kbass@eviCore.com](mailto:kbass@eviCore.com)).



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# Thank You!

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# Provider Portal Overview

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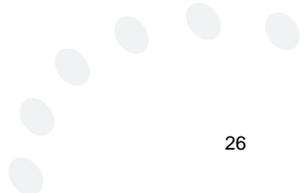
# Portal Compatibility

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

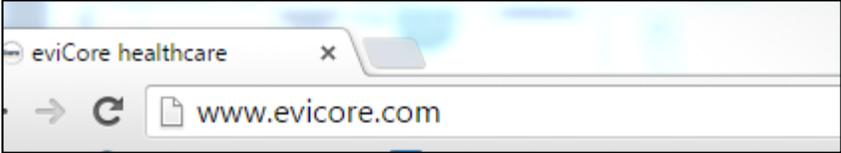
- Google Chrome
- Mozilla Firefox
- Internet Explorer 9, 10, and 11

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

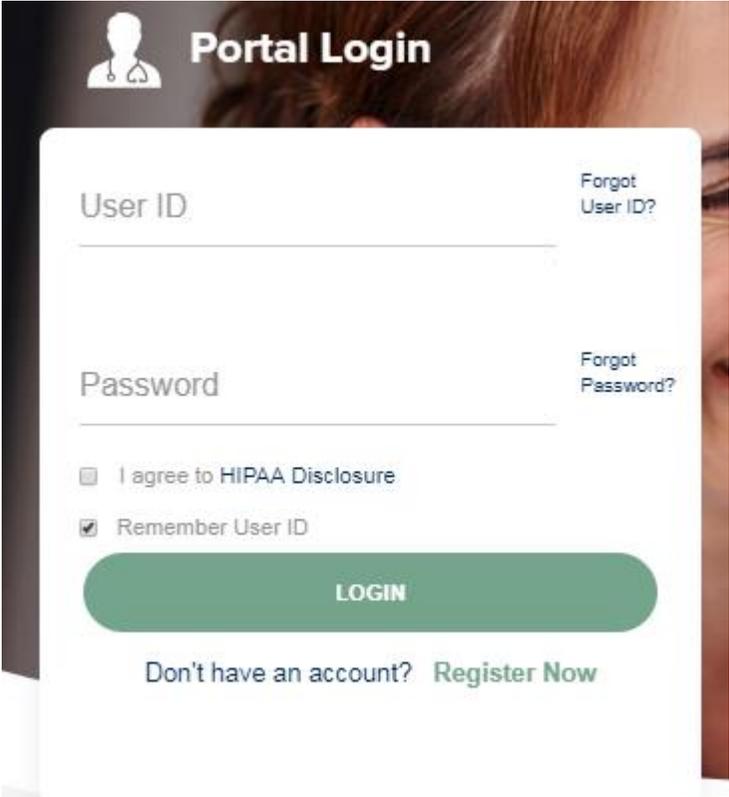


# eviCore healthcare website

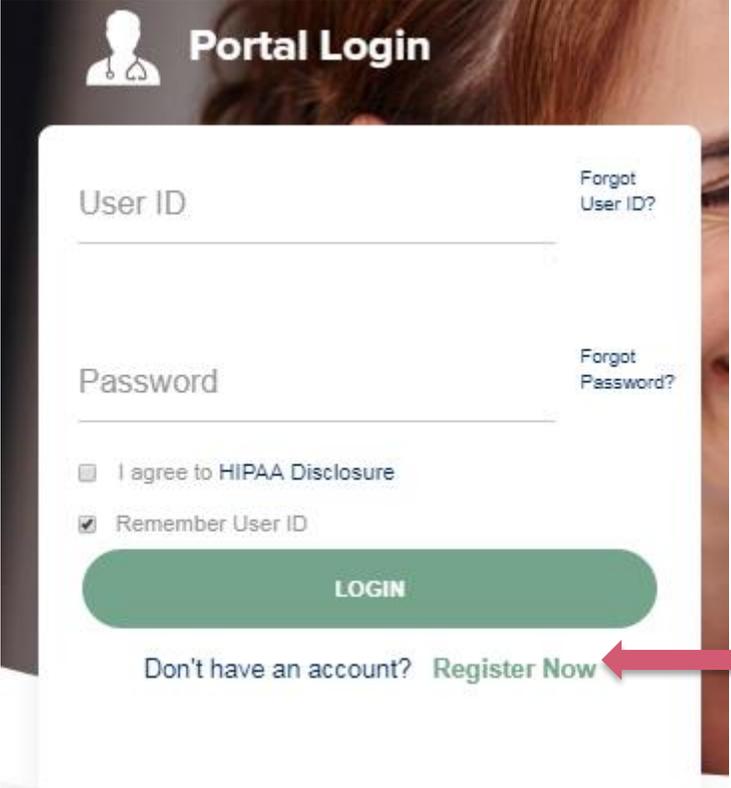
- Point web browser to evicore.com



- Login or Register



# Creating An Account



**Portal Login**

User ID [Forgot User ID?](#)

Password [Forgot Password?](#)

I agree to HIPAA Disclosure

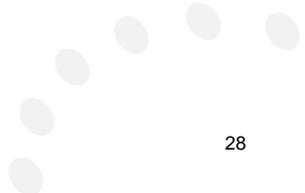
Remember User ID

**LOGIN**

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



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



# Creating An Account



\* Required Field

**Web Portal Preference**

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

Default Portal\*:  

**User Information**

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

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

➤ Select CareCore National or MedSolutions as the **Default Portal**, and complete the user registration form.

➤ Please note: For the MedSolutions portal, you will also need to select the appropriate **Account Type**: Facility, Physician, Billing Office, and Health Plan.

# Creating An Account



\* Required Field

## Web Portal Preference

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

Default Portal\*:

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

## User Information

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

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

Next



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

# User Registration-Continued

### USER REGISTRATION

User Access Agreement \*Required

eviCore

Provider/Customer Access Agreement for Web-Based Applications

This Provider/Customer Access Agreement for Web-Based Applications ("Access Agreement") contains the terms and conditions for use by Provider/Customers of the web-based applications provided by eviCore through its Web Site. This Access Agreement applies to Provider/Customer and all employees and/or agents that have access to eviCore's web-based applications by utilizing a User ID and Personal Identification Number ("PIN"), Security Password, or other security device provided by eviCore, hereinafter referred to as "Users."

To obtain access to eviCore's Web Site applications, User must first read and agree to this Access Agreement. After reviewing these documents, User will be asked to accept the Access Agreement by checking the "Accept Terms and Conditions" check box. If User accepts, this will result in a binding contract between User and eviCore, just as if User had physically signed the Access Agreement.

Each and every time User accesses eviCore's web-based applications, User agrees to be bound by this Access Agreement, as it may be amended from time to time.

1. Limited License. Upon acceptance, eviCore grants Provider/Customer a revocable, nonexclusive, and nontransferable limited license to access electronically eviCore's web-based applications only so long as Provider/Customer is currently bound by a Provider/Customer Agreement (as used herein a "Provider/Customer Agreement" is an agreement to provide health care/medical services to members of health plans for which eviCore provides radiological services, whether it is with eviCore directly or said health

Accept Terms and Conditions \*

Submit Cancel



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

# User Registration-Continued



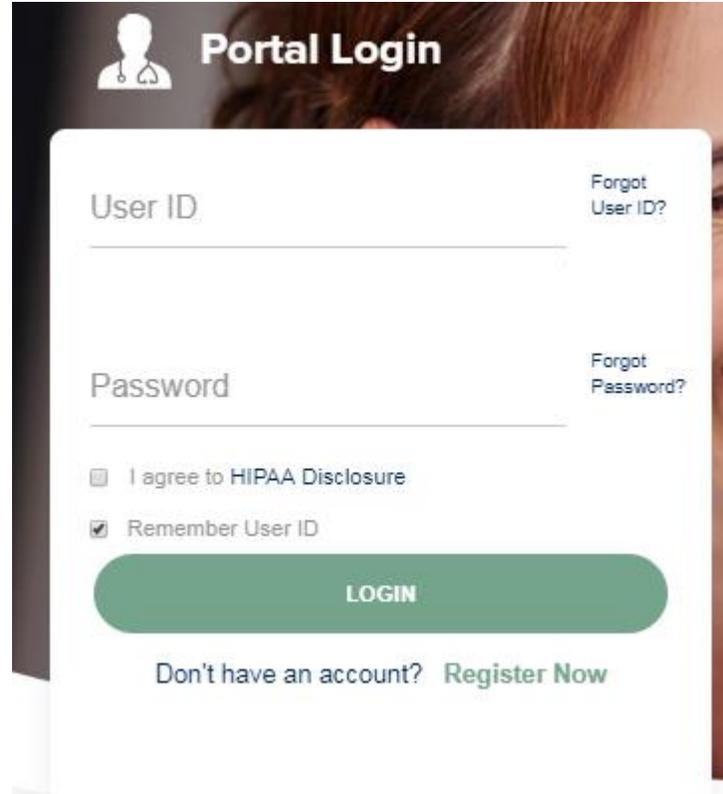
Registration Successful

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



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

# Account Log-In



The image shows a mobile application interface for a 'Portal Login'. At the top left, there is a white silhouette icon of a person with a stethoscope. To its right, the text 'Portal Login' is displayed in a bold, black font. Below this header is a white login form with rounded corners. The form contains two input fields: 'User ID' and 'Password'. To the right of the 'User ID' field is a link that says 'Forgot User ID?'. To the right of the 'Password' field is a link that says 'Forgot Password?'. Below the input fields are two checkboxes: the first is 'I agree to HIPAA Disclosure' with an unchecked box, and the second is 'Remember User ID' with a checked box. At the bottom of the form is a large, rounded green button with the word 'LOGIN' in white, uppercase letters. Below the button, the text 'Don't have an account? Register Now' is displayed, with 'Register Now' being a blue hyperlink.



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

# Announcement

The screenshot shows the top navigation bar of the eviCore healthcare website. The logo is on the left, and navigation links include Home, Search/Start Case, Claim Search, Payment Status, CareCore National Portal (highlighted with a red circle), and Post Acute Care. On the right, there are icons for MCNET, Online Chat, settings, and a lock icon labeled Logout. Below the navigation bar is a yellow 'Announcements' header with icons for a printer, 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)*

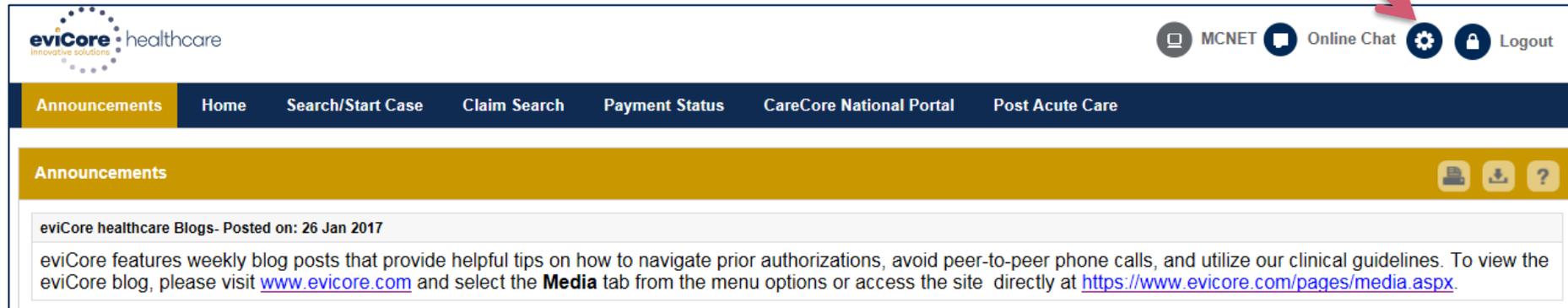
Once you have logged in to the site, you will be directed to the main landing page that includes important announcements.

**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



The screenshot displays the eviCore healthcare website interface. At the top left is the eviCore healthcare logo. On the right side of the top navigation bar, there are icons for MCNET, Online Chat, and the Options Tool (a gear icon), which is highlighted by a red arrow. Next to the Options Tool icon is a Logout icon. Below the navigation bar is a dark blue menu with the following items: Announcements, Home, Search/Start Case, Claim Search, Payment Status, CareCore National Portal, and Post Acute Care. Below the menu is a yellow banner with the text "Announcements" and three icons (print, download, help). Below the banner is a white box containing the text: "eviCore healthcare Blogs- Posted on: 26 Jan 2017" and "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>."

# 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 text 'healthcare innovative solutions'. Below the header, there is a section titled 'Preferences' with a grey background. The main content area contains a text box with instructions: '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.' Below this text are two radio buttons: 'Physician' (selected) and 'Facility'. There is a text input field for 'Tax ID\*' with an 'Add' button next to it. Below the input field is a table titled 'Preferred Tax IDs on my account' with two columns: 'Tax ID' and 'Provider Type'. The table contains one row with the value '123456789' in the 'Tax ID' column and 'Physician' in the 'Provider Type' column, with a red 'X' icon to the right of the row. To the right of the table is a large text area containing several paragraphs of legal disclaimers and a checkbox with the text '\* I hereby agree that I have read and understood the above message'. At the bottom right of the form are two buttons: 'Save' and 'Cancel'.

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

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 Case

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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
X	MEDSOLUTIONS DEMO		-----	70551	A01.4	10		

1 - 1 of 1 items

Recently Submitted Cases - 0

Start Date: 07/19/2015 End Date: 07/20/2015

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	Expires
-------------	--------------	--------------	---------------	-------------	---------------	-------------	----------------------	----------------	---------

# Search/Start Case – Member Lookup

The screenshot displays the 'Search/Start Case' interface for eviCore healthcare. The top navigation bar includes 'Announcements', 'Home', 'Search/Start Case' (highlighted), 'Claim Search', and 'Payment Status'. Below this is a yellow header for 'PATIENT & CASE LOOKUP' with a search icon and a 'Patient Search Result(s)' section.

The 'Patient Lookup' section contains the following fields and controls:

- Insurer:** A dropdown menu with 'MEDSOLUTIONS DEN' selected.
- Member ID:** A text input field containing 'xyz0002'.
- or** (radio button)
- First Name:** An empty text input field.
- Last Name:** An empty text input field.
- Date of Birth:** A date picker field.
- Buttons:** 'Reset' and 'Search' buttons.

Below the 'Patient Lookup' section is the 'Case/Auth Lookup' section:

- Case ID** (selected radio button) and **Auth Number** (unselected radio button).
- An empty text input field for the Case ID or Auth Number.
- A 'Search' button.

A note at the bottom of the 'Patient Lookup' section reads: '\*Select the Insurer (and) enter either the Member ID (or) Patient First Name, Last Name and Date of Birth'.

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
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	12/31/2999

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

**Patient Detail Information**

Member ID: [REDACTED] Gender: MALE Program: MSI DEMO PROGRAM - PA REQ  
Name: [REDACTED] Address: 1 [REDACTED] Program Effective Date: 01/01/2009  
Date of Birth: [REDACTED] Insurer: M [REDACTED] Program Term Date: 12/31/2999

This is a MEDSOLUTIONS DEMO Program

**Patient History - 49 Records found** ?

Case ID	Auth Number	Submit Date	Case Status	Case Description	Effective Date	Term Date
[REDACTED]	[REDACTED]	7/7/2016	Pending	RN Review Process		
[REDACTED]	[REDACTED]	7/7/2016	Approved		07/07/2016	09/05/2016
[REDACTED]	[REDACTED]	7/7/2016	Canceled			
[REDACTED]	[REDACTED]	7/6/2016	Canceled			
[REDACTED]	[REDACTED]	6/30/2016	Pending	RN Review Process		

1 - 5 of 49 items

**Callouts:**

- 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 two main sections: Patient & Case Lookup and Case Detail.

**Patient & Case Lookup:**

- Patient Lookup:** Includes a dropdown for Insurer (MEDSOLUTIONS DEMO), a text field for Member ID, and text 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' and 'Auth Number', and a 'Search' button.

**Case Detail:**

- Number:** Displays patient information: Insurer: MEDSOLUTIONS DEMO, Member ID: [redacted], Health Plan/Program: M09 DEMO PROGRAM - PA REG, First Name: [redacted], Last Name: [redacted], Date of Birth: 3/19/84, Gender: MALE.
- CPT/ICD:** A header for CPT Codes and ICD Codes with an edit icon.
- CPT Codes:** A table with columns for Code, Description, and Modifier. One entry is visible: Code 73221, Description MRI Lower Extremity, any joint, without contrast material(s), and Modifier LT.
- Diagnosis:** A section with radio buttons for ICD 9 and ICD 10, and a search field. One entry is visible: Code M25.502, Description Pain in left knee.
- Date of Service:** A text field with a calendar icon and the label 'Please select the Date Of Service'.
- Footer:** A red warning message: 'Please do not Enter a Date of Service if the test is being performed today or in the future.' and a 'Save & Next' button.

## 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."**

The screenshot displays a web application interface for case creation, divided into two main sections: Patient Lookup and Physician Search.

**Patient Lookup Section:**

- Header:** PATIENT & CASE LOOKUP
- Form Fields:**
  - Insurer: MEDICALSOLUTIONS DEL (dropdown)
  - Member ID: [input field]
  - First Name: [input field]
  - Last Name: [input field]
  - Date of Birth: [input field]
- Buttons:** Search, Cancel
- Instructions:** "Select the insurer (and) enter either the Member ID (or) Patient First Name, Last Name and Date of Birth."
- Case/Phys Lookup Section:**
  - Case ID: [input field]
  - Auth Number: [input field]
  - Search: [button]

**Physician Search Section:**

- Header:** Physician Search
- Form Fields:**
  - First Name: [input field]
  - Last Name: [input field]
  - State: TN (dropdown)
- Buttons:** Search, Cancel, Linking Physician
- Table:** A table listing search results with columns: First Name, Last Name, Address, City, State, Zip Code, NPI, and Tax ID. The first row is highlighted in blue.
- Table Data:**

First Name	Last Name	Address	City	State	Zip Code	NPI	Tax ID
TEST	DOCTOR	730 COOL SPRINGS BLVD	FRANKLIN	TN	37067200	76767676	777777
TEST	DOCTOR	730 COOL SPRINGS BLVD	FRANKLIN	TN	37067200	76767676	777777
TEST	DOCTOR	730 COOL SPRINGS BLVD	FRANKLIN	TN	37067200	76767676	777777
TEST	DOCTOR	730 COOL SPRINGS BLVD	FRANKLIN	TN	37067200	76767676	777777
- Page Navigation:** 1 - 5 of 5 items

# Case Creation – Facility if the member is included in the Site-of-Care Program a list of facilities will be offered

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

Physician **Physician Name:** \_\_\_\_\_, **Tax ID:** \_\_\_\_\_, **NPI:** \_\_\_\_\_

Facility

Please choose from one of the following facilities:

Facility Name	Address	Distance	Equipment	Tax Id
		0.38	CT, MRI, OPEN MR, PET	*****
		0.42	MRI	*****
			3D CONFORMAL, BRACHYTHERAPY, CT, DYMO, GEN YBT, IMPT	

The *information* on this slide is for educational purposes only and the actual provider experience on the portal may vary

# Case Creation – Facility

- Select a 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 a dropdown for 'Insurer' (MEDSOLUTIONS DEL), a text field for 'Member ID' (xy00002), and fields for 'First Name', 'Last Name', and 'Date of Birth'. Below these are 'Save' and 'Search' buttons. The 'Case/Auth Lookup' section has radio buttons for 'Case ID' and 'Auth Number' and a 'Search' button. The main 'CASE DETAIL' area shows patient information: Member (MEDSOLUTIONS DEMO), Health Plan (MID DEMO PROGRAM - PA REG), First Name (REDACTED), Last Name (REDACTED), Date of Birth (REDACTED), Gender (MALE), OPTACD (TEST), and Position (DOCTOR, TEST). A 'Facility' field is currently empty. Below this, a message reads 'Please choose one of the following facilities:'. A table lists facilities with columns for Facility Name, Address, Distance, Equipment, Tax ID, NPI, and Taxonomy Codes. The first row is highlighted in blue. At the bottom, there are buttons for 'Search Facility', 'Look-up IOP', and 'Save & Next'.

Facility Name	Address	Distance	Equipment	Tax ID	NPI	Taxonomy Codes
		1.8	MR, PET			
			3D CONFORMAL, WTRPROGRAM, BRACHYTHERAPY, COMP JOINT, COMP MSK, COMP SPINE, CT			

The information on this slide is for educational purposes only and the actual provider experience on the portal may vary

# If a facility is chosen that is not a free standing facility there will be an informational screen with a list of possible exception options

The customer's benefit requires the procedure be administered at the least intensive setting in order to be covered. The site you have selected may not be considered medically necessary. **Please Note:** You may change your facility selection to one of the above at any time before proceeding with the clinical review.

Do any of the following apply to this request? Is the patient under 18 years of age? If no, does the patient:

- require obstetrical observation;
- require perinatology services;
- require imaging related to transplantation services at an approved transplantation facility;
- have a known CT contrast allergy and use of that contrast agent is planned;
- have a known MR contrast allergy and use of that contrast agent is planned;
- require moderate or deep sedation or general anesthesia for the imaging procedure and freestanding facilities providing such sedation are not available
- have a documented diagnosis of claustrophobia requiring open magnetic resonance imaging which is not available in a freestanding facility;
- have a documented diagnosis of systemic cancer, where previous imaging has been performed at a hospital location and is necessary for continuity of care;
- is imaging outside the hospital-based imaging department or facility expected to adversely impact care?

If the answer is "no" to any of the preceding:

- is a surgery or procedure being performed at the hospital for which pre-operative or pre-procedure imaging is an integral component of the procedure;
- or is equipment for the size of the individual only available at a hospital-based imaging facility?

If "yes" to any of the above, please select which applies from this list. If none apply, please select "none of the above."

If **'None of the Above'** override is chosen:

This service is not eligible for coverage if rendered at the facility you have selected. By choosing **'None of the Above'** you attest there is no medical reason for selecting this location and the **site will be DENIED**. Please proceed with providing information regarding the procedure(s) requested for medical necessity determination.

Facility Name	Address	Distance	Equipment	Tax Id	NPI	Tax
HUNT REG		8	CARDIACIMPLNTBL, COMP JOINT, COMP MSK, COMP SPINE, CT, DXHC, FSLP, MRI, NCM, PAIN MGMT, PET	*****7293	1596750721	193200 282ND

1 - 1 of 1 items

The selected facility

Override Reason: **Select Reason**

Override Reason Description:

# If you have entered an exception reason

Facility Name	Address	Distance	Equipment	Tax Id	NPI	Taxonomy Codes	Relative Cost
[REDACTED]	[REDACTED]	21.38	COMP JOINT, COMP MSK, COMP SPINE, CT, DXHC, MRI, NCM, PAIN MGMT, PET, PET/CT, SPECT, SPINE FUSION, US	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

1 - 1 of 1 items

Next I've entered a valid override and I'm given the option to continue.

The selected facility requires a selection reason and may require additional confirmation.

Override Reason:  Override Reason Description:

Facility Name	Address	Distance	Equipment	Tax Id	NPI	Taxonomy Codes	Relative Cost
[REDACTED] Y	[REDACTED] Z	1.5	CT, CTA, DEXA, DOPPLER, MAMMOGRAPHY, MRA, MRI, MRI BREAST, US, USBREAST, USGENERAL, USGYN, USOB, USVASCULAR, XRAY	2	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED] 3	[REDACTED] A						

1 - 2 of 2 items

[Back](#) [Save & Next](#)

The information on this slide is for educational purposes only and the actual provider experience on the portal may be different.

# When “None of the above” is chosen from the list

-require obstetrical observation;  
-require perinatology services;  
-require imaging related to transplantation services at an approved transplantation facility;  
-have a known contrast allergy and use of that contrast agent is planned;  
-require moderate or deep sedation or general anesthesia for the imaging procedure and freestanding facilities providing such sedation are not available  
-have a documented diagnosis of claustrophobia requiring open magnetic resonance imaging which is not available in a freestanding facility;  
-have a documented diagnosis of systemic cancer or other chronic debilitating illness, where previous imaging has been performed at a hospital location and is necessary for continuity of care;  
-is imaging outside the hospital-based imaging department or facility expected to adversely impact or delay care?

If the answer is “no” to any of the preceding:  
-is a surgery or procedure being performed at the hospital for which pre-operative or pre-procedure imaging is an integral component of the procedure;  
-or is equipment for the size of the individual only available at a hospital-based imaging facility?

If “yes” to any of the above, please select which applies from this list. If none apply, please select “none of the above.”

If “None of the Above” override is chosen: This service is not eligible for coverage if rendered at the facility you have selected. By choosing “None of the Above” you attest there is no medical reason for selecting this location and the **site will be DENIED**. Please print the procedure(s) requested for medical necessity determination.

**ATTENTION**

By choosing “None of the Above” you are confirming there is no clinical rationale for this site to be selected, and your site of care will be denied. For a site approval please close this window, select the BACK button to search for a new facility, and select a site from the list of approved freestanding facilities before submitting the case.

OK

Facility Name	Address	NPI	Taxonomy Code
EMERGENCY MEDICAL	607 S PO		273Y00000X, 282H00000X

The selected facility requires a selection reason and may require additional confirmation.

Override Reason: None of the Above

Override Reason Description:

The *information* on this slide is for educational purposes only and the actual provider experience on the portal may be different.

# When “None of the above” is chosen from the list

Facility Name	Address	Distance	Equipment	Tax Id	NPI	Taxonomy Codes	Relative Cost
		21.38	COMP JOINT, COMP MSK, COMP SPINE, CT, DXHC, MRI, NCM, PAIN MGMT, PET, PET/CT, SPECT, SPINE FUSION, US				

The selected facility requires a selection reason and may require additional confirmation.

Override Reason: **None of the Above** ← Override Reason Description: none

Facility Name	Address	Distance	Equipment	Tax Id	NPI	Taxonomy Codes	Relative Cost
		1.5	CT, CTA, DEXA, DOPPLER, MAMMOGRAPHY, MRA, MRI, MRI BREAST, US, USBREAST, USGENERAL, USGYN, USOB, USVASCULAR, XRAY				

Back Save & Next

**MEMBER CONTACT INFORMATION** ?

The Patient will be contacted by eviCore to discuss facility options.

A phone number, email or Exception reason must be entered ←

Mobile Number:

Alternate Number:

Email:

If you are unable to provide member contact information for this patient, please choose a reason below:

Select Reasons

Telephonic contact with the member may be required

Save & Next

Finally I've selected none of the above for override reason, member info request form comes up and the user can continue to submit on next page.

The *information* on this slide is for educational purposes only and the actual provider experience on the portal may be different.

# Member Information

Facility: BANNER UNIVERSITY MEDIC... 4357 110430400

### MEMBER CONTACT INFORMATION

The Patient will be contacted by eviCore to discuss facility options.

**A phone number, email or Exception reason must be entered**

Mobile Number:

Alternate Number:

Email:

If you are unable to provide member contact information for this patient, please choose a reason below:

Select Reasons

Telephonic contact with the member may be required.

**Save & Next**

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 (000) 000-0000. Please verify that it is correct. If you would like to change your Fax number, please click on the gear icon on the top right of the page for the Account Info screen.

Until a case number appears for this request, it is not a submitted case and it will not be reviewed for medical necessity. Please ensure all steps are completed in order to receive a case number.

I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

**Submit**

The *information* on this slide is for educational purposes only and the actual provider experience on the portal may be different.

## Case Creation – Review and Submit

- You can edit the CPT/ICD codes, Physician, and Facility information by clicking the “Edit” icons next to the field that needs to be updated.
- Review the case information, then **click Submit**. Case details cannot be changed on the portal once you hit this button. Any changes after submission would need to be made via phone.
- Once you hit Submit, you will receive an automatic approval, or you will be prompted to respond to the clinical questions for additional information.

**PATIENT & CASE LOOKUP**

**Case Detail**

**Member**  
Insurer: MEDI SOLUTIONS DEMO Member ID: XY200002  
Health Plan Program: MSI DEMO PROGRAM - PA REQ  
First Name: Last Name: Date of Birth: Gender: MALE

**CPT/ICD**  
CPT Codes : 73721 ICD Codes : M25.562

**Physician**  
Physician Name: DOCTOR, TEST, Tax ID: \*\*\*\*6789, NPI: 7417417410

**Facility**  
Facility Name: ST, Tax ID: \*\*\*\*9014, NPI:

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

All Fax notifications for this case will be sent to (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.

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.

**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** Submit Later

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

1 Which anatomy will be examined with the requested study?  
 Hip  Knee  Ankle

\* 73721 MRI of lower extremity joint (ankle, knee or hip) without dye  
 Please select "Submit" to continue

**Survey** Submit Later

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

1 Which side will be examined with the requested study?  
 Left  Right

\* 73721 MRI of lower extremity joint (ankle, knee or hip) without dye  
 Please select "Submit" to continue

Which anatomy will be examined with the requested study?  
 Knee

# Providing Clinical Information

- Respond to the clinical questions that populate based upon the answers provided. You may save/print this information and come back at a later time, if needed. Cases will remain in your pending work list for seven calendar days.
- Select “**Submit**” to submit the survey answers.

**Survey** Submit Later

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

① Which one of the following best describes the reason for the requested study?

Submit Review History

Ⓜ \* 73721 MRI of lower extremity joint (ankle, knee or hip) without dye

Ⓜ Please select "Submit" to continue

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

Ⓜ Which side will be examined with the requested study?  
✔ Right

# Providing Clinical Information

- Once the survey questions have been submitted, you may receive an approval based upon the answers/information provided.
- If additional review is required, the decision criteria will populate, and you can print the criteria guidelines if needed.

Survey Submit Later

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

**Based on the clinical information provided, this is consistent with eviCore Evidence based Clinical Guidelines.**

① Which action would you like to take?

- Continue
- Voluntarily Cancel Request

Submit | Review History

② Which anatomy will be examined with the requested study?

- Knee

② Which side will be examined with the requested study?

- Right

② Which one of the following best describes the reason for the requested study?

- Evaluation of Knee Pain

② Please enter the approximate date of the most recent face-to-face evaluation with any provider for this condition.

- 12/01/2018

② Has there been provider-directed conservative treatment for this episode of xxx yyy pain?

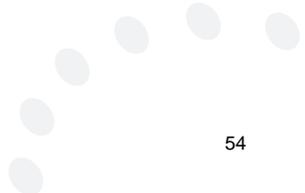
# Providing Clinical Information

- You can choose to “**Submit for Additional Review**” to proceed to the clinical upload and review process, or you may “**Voluntarily Cancel Request.**”
- Cancelling the request ensures there will not be a denial in the patient’s history.

**Based on the clinical information provided, this is consistent with eviCore Evidence based Clinical Guidelines.**

① Which action would you like to take?

- Continue
- Voluntarily Cancel Request



# Providing Clinical Information

rt Case Claim Search Payment Status

CASE DETAIL

### Request for Additional Clinical Documentation

Your request will require additional Medical Review. Additional Clinical information relevant to this request will help avoid delays in the review process.

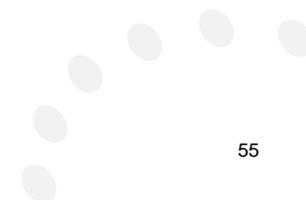
(Examples of Clinical Information : Recent Member History, Physical Exam Results, Lab Results, Prior Imaging Results, Prior Treatment)

You must select one of the following:

- Attach / Add additional clinical information now
- Will Fax or Call to provide additional clinical information
- There is no additional clinical information to provide

Depending upon the health plan, specific options for providing clinical will be available. You will then be asked to attached the electronic clinical information available.

Continue



# Providing Clinical Information

**Upload Additional Clinical Documentation** [X]

**Additional Documentation** [?]

Warning: Please be sure and review that the attachments or notes apply to this case. Adding clinical information to the wrong case could result in a HIPAA violation.

File Name

No attachments saved

**Clinical Notes**

Note Text

Maximum Character limit on each note is 5000.

No notes saved

You can attach clinical notes or documents by clicking Browse and selecting the correct file(s) located on your computer.

You can type in free text notes as clinical information. Hit save for any notes entered in the text box.

Hit Apply to continue or Cancel to add additional information at a later time.

# Providing Clinical Information

**Upload Additional Clinical Documentation**

**Additional Documentation** ?

Warning: Please be sure and review that the attachments or notes apply to this case. Adding clinical information to the wrong case could result in a HIPAA violation.

File Name

Browse

No attachments saved

**Clinical Notes**

Note Text

test

Maximum Character limit on each note is 5000.

Apply Cancel

**Message from webpage**

! Your Clinical documentation has been sent to eviCore for further review.

OK

**Once you click Apply you will receive a message that your documentation has been accepted and that your case has been sent for medical review.**

## Case Summary Page – Pending Case

- Once you submit a case for medical review, you will be redirected to the **Pending Case Summary Page** where you'll be able to view case information including case number and current status/activity.

### CASE SUMMARY

Thank you for submitting your preauthorization request. The case has been sent to eNCare for further review.  
If you have any questions please contact eNCare at 888-993-3211.

#### Case Authorization

Service Order: 102003073	Initiated Date: 11/21/2016	Case Activity: RN Review Process	Case Status: Pending
--------------------------	----------------------------	----------------------------------	----------------------

#### Patient

First Name: [REDACTED]  
Last Name: [REDACTED]  
Date of Birth: [REDACTED]  
Address: [REDACTED]  
Phone: [REDACTED]  
Member ID: [REDACTED]  
Issuer: MEDSOLUTIONS DEMO  
Program: MSI DEMO PROGRAM - PA REQ

#### Referring Physician

First Name: TEST  
Last Name: DOCTOR  
Address: 750 COOL SPRINGS BLVD,  
FRANKLIN, TN, 370677299  
Phone: 909999999  
Fax: 909999999  
Specialty: ALLERGY/OPTICIAN  
Tax ID: \*\*\*\*6789  
NPI: [REDACTED]

#### Requested Facility

Name: [REDACTED]  
Address: [REDACTED]  
Phone: [REDACTED]  
Fax: [REDACTED]  
Equipment: MRI, PET  
Tax ID: \*\*\*\*9014  
Taxonomy Code: [REDACTED]  
NPI: [REDACTED]

#### CPT Codes

CPT Bl.	Cpt Mod.	CPT Bl.	Cpt Mod.
73721	1	MRI Lower Extremity, any joint, without contrast material(s)	Pending LT

1 - 1 of 1 items

#### Diagnosis Codes

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 [View](#)



# 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: Initial Date: 3/17/2020 Decision Date: 3/17/2020 Decision Type: Initial Case Status: Denied

Site Review: Denied

**Patient**

First Name: [Redacted]  
 Last Name: [Redacted]  
 Date of Birth: [Redacted]  
 Address: [Redacted]  
 Phone: [Redacted]  
 Member ID: [Redacted]  
 Insurer: MEDSOLUTIONS DEMO  
 Program: MS DEMO PROGRAM - PA REG

**Referring Physician**

First Name: TEST  
 Last Name: DOCTOR  
 Address: [Redacted]  
 Phone: 00000000  
 Fax: 00000000  
 Specialty:  
 Tax ID:  
 NPI:

**Requested Facility**

Name: [Redacted]  
 Address: [Redacted]  
 Phone: [Redacted]  
 Fax: [Redacted]  
 Equipment: ARTHROGRAM, COMP JOINT, COMP NKA, COMP SPINE, CT, MR, MYELOGRAM, NCM, OPEN MR, PAIN MGMT, PET, PET/CT, SPINE FUSION  
 Tax ID:  
 Taxonomy Code:  
 NPI:

**CPT Codes**

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

1 - 1 of 1 item

**Diagnosis Codes**

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

1 - 1 of 1 item

**Additional Documentation**

File Name

**Clinical Notes**

Note Text

# MedSolutions Online Peer to Peer Scheduling



**HITRUST**  
CSF Certified

**Quality Improvement Organizations**  
Sharing Knowledge. Improving Healthcare.  
www.ahrq.gov/qio

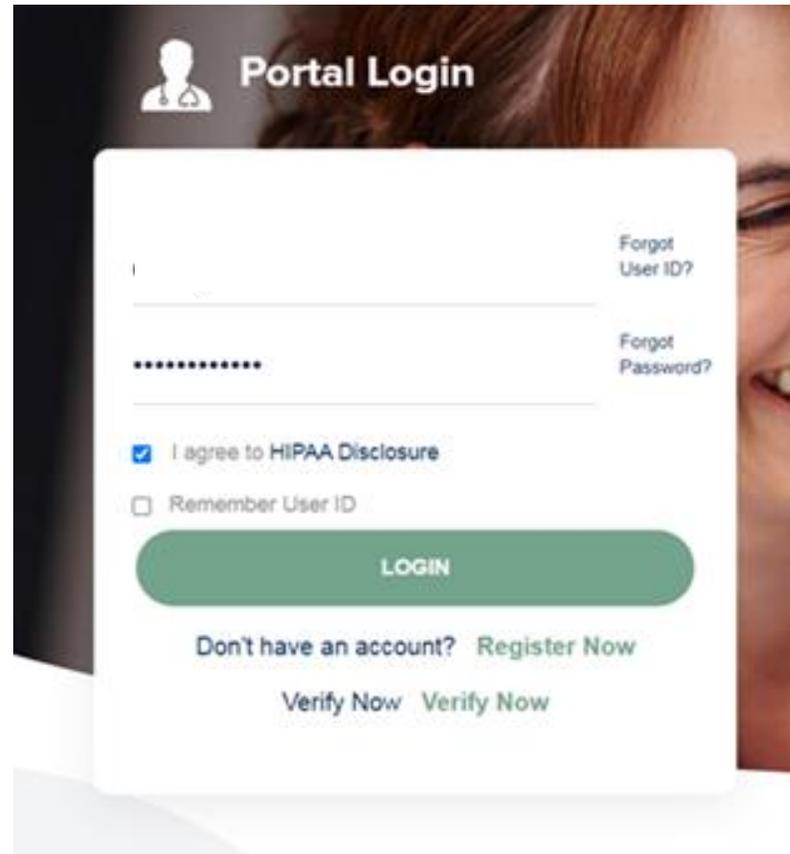


Empowering  
the Improvement  
of Care

# MedSolutions Online Peer to Peer Scheduling

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- Log into your account at [www.evicore.com](http://www.evicore.com)



The image shows a 'Portal Login' form overlaid on a background image of a smiling woman. The form includes a user ID input field with a 'Forgot User ID?' link, a password input field with a 'Forgot Password?' link, a checked checkbox for 'I agree to HIPAA Disclosure', and an unchecked checkbox for 'Remember User ID'. A green 'LOGIN' button is centered below the checkboxes. At the bottom, there are links for 'Don't have an account? Register Now' and two 'Verify Now' links.

**Portal Login**

[Forgot User ID?](#)

[Forgot Password?](#)

I agree to HIPAA Disclosure

Remember User ID

**LOGIN**

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

[Verify Now](#) [Verify Now](#)

# MedSolutions Online Peer to Peer Scheduling

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

The screenshot displays the MedSolutions Online Peer to Peer Scheduling interface. At the top, a navigation bar includes tabs for 'Announcements', 'Home', 'Search/Start Case', 'CareCore National Portal', and 'Post Acute Care'. A red arrow points to the 'Home' tab.

Below the navigation bar, there are two main sections:

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

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

**Recently Submitted Cases - 10**

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

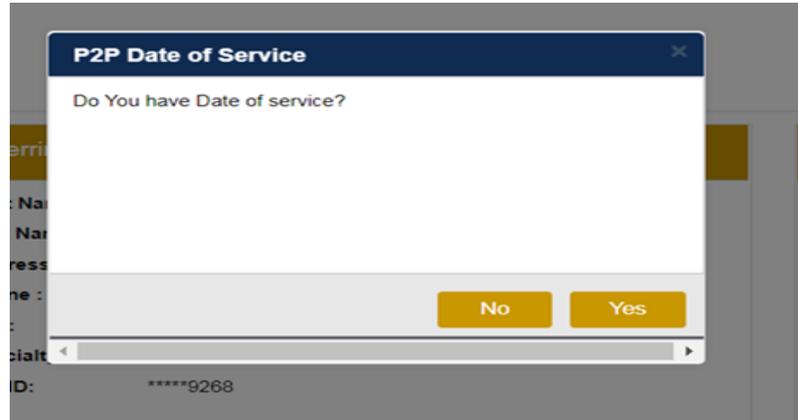
	Case Number	Insurer Name	Patient Name	Date Of Birth	Case Status	Case Activity	Submit Date	Authorization Number	Effective Date	Expiration Date
		CIGNA HEALTHCARE			Denied		6/1/2021			
					Denied		6/1/2021			
		CIGNA HEALTHCARE			Denied		6/1/2021			
		CIGNA HEALTHCARE			Pending	Pending Outreach	6/1/2021			



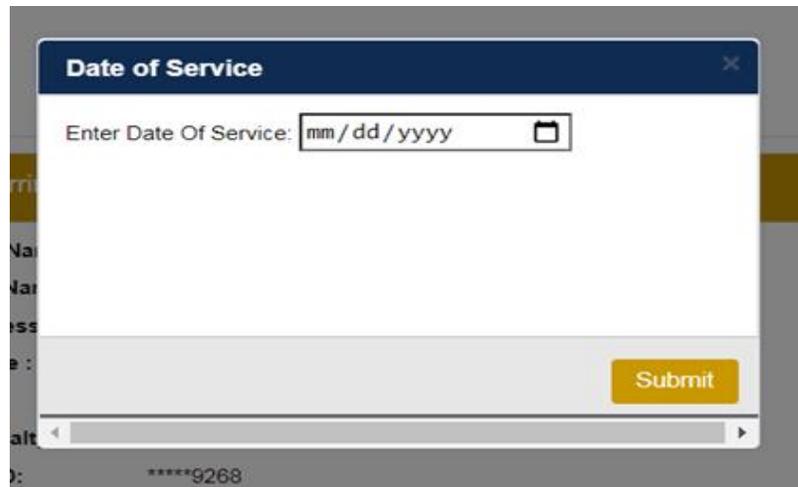
# MedSolutions Online Peer to Peer Scheduling

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



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



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

# MedSolutions Online Peer to Peer Scheduling

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

**New P2P Request**



Case Ref #: [Remove](#)

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

<b>Member Information</b>	<b>Case P2P Information</b>
Name	Episode ID
DOB	P2P Valid Until
State	Modality
Health Plan	Level of Review <span style="margin-left: 20px;">Informal P2P</span>
Member ID	System Name

[Continue](#)

# MedSolutions Online Peer to Peer Scheduling

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

Case Info      Questions      Schedule      Confirmation

### Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type

Level of Review    Informal P2P

### Questions

Please indicate your availability

#### Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✓

#### Preferred Times

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

#### Time Zone

US/Eastern

[Continue >](#)

# MedSolutions Online Peer to Peer Scheduling

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

The screenshot displays the MedSolutions Online Peer to Peer Scheduling interface for the week of 6/2/2021 to 6/8/2021. The interface is divided into two sections, each showing a weekly grid of appointment times for a specific provider. The top section is titled "1st Priority by Skill" and shows appointment times for Wednesday through Tuesday. The bottom section is also titled "1st Priority by Skill" and shows appointment times for Thursday through Tuesday. The interface includes navigation buttons for "Prev Week" and "Next Week" and a "Show more..." link for each day's list of times.

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

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

# MedSolutions Online Peer to Peer Scheduling

## Confirm Contact Details

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

**P2P Info**

Date Wed 6/2/21  
Time 6:00 pm EDT

Reviewing Provider

**Case Info**

1st Case

Case #  
Episode ID  
Member Name  
Member DOB  
Member State  
Health Plan  
Member ID  
Case Type  
Level of Review Informal P2P

**P2P Contact Details**

Name of Provider Requesting P2P

Contact Person Name

Contact Person Location  
Provider Office

Phone Number for P2P Phone Ext.  
(xxx) xxx-xxxx Phone Ext.

Alternate Phone Phone Ext.  
(xxx) xxx-xxxx Phone Ext.

Requesting Provider Email

Contact Instructions

Submit >

# MedSolutions Online Peer to Peer Scheduling

- You will see a summary screen with the date and time of the peer to peer.  
Your appointment has been scheduled.

**Contact Details**

Name of Provider Requesting P2P

Contact Person Name

Contact Person Location

Requesting Provider Email

Phone Number for P2P

Alternate Contact Phone

Contact Instruction

**Cases**

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type

Level of Review Informal P2P

**Scheduled**

  Wed 6/2/21 - 6:00 pm EDT SCHEDULED

 **Activity**

6/2/21 - 4:48 PM  I scheduled this request with

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# Thank You!

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