

# Radiology Management

Provider Education for Blue Cross<sup>®</sup> Blue Shield<sup>®</sup> of Arizona (BCBSAZ)



An Independent Licensee of the Blue Cross Blue Shield Association



Empowering  
the Improvement  
of Care

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# Company Overview

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**250M  
Members  
Managed**

# 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

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

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



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

# Radiology – Our Experience



**24 Years**  
Managing Radiology Services

**Client Experience**  
50+ Regional and National Clients

**Case Statistics**  
37k+ requests processed per day

**Memberships Managed**  
25.5M Commercial Members  
2M Medicare Members  
6.5M Medicaid Members

# Cardiology – Our Experience



**15 Years**  
Managing Cardiology Services

**Client Experience**  
25+ Regional and National Clients

**Case Statistics**  
10k+ requests processed per day

**Memberships Managed**  
37.7M Commercial Members  
2.3M Medicare Members  
5.98M Medicaid Members

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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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# High-tech Imaging Precertification Program for BCBSAZ

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An Independent Licensee of the Blue Cross Blue Shield Association

# Blue Cross® Blue Shield® of Arizona Prior Authorization Services (BCBSAZ)

Medicare Advantage: eviCore healthcare will begin accepting prior authorization requests for Radiology on 5/25/2020 for dates of service 6/1/2020 and beyond.

## Prior Authorization applies to the following services:

### Advanced imaging services:

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

## Prior Authorization does **NOT** apply to services that are in:

- Emergency Room Services
- 23 Hour Observations
- Inpatient Stays

## Important Information

**Note:** Any provider can initiate a precertification request. However, if a required precertification is not obtained, the penalty is applied to:  
a) the contracted servicing provider or facility  
b) the member, if an out-of-network provider or facility is used

## Provider Resource Page

Providers and/or staff can utilize BCBSAZ's Provider Resource page to access a list of covered CPT codes, Clinical Worksheets, FAQs, Quick Reference Guides, and additional educational materials by visiting:

[www.evicore.com/healthplan/azblue](http://www.evicore.com/healthplan/azblue)

# Continuity of Care – Medicare Advantage

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Medicare Advantage patients already enrolled in a treatment protocol as of May 31, 2020 will not need a new precertification to continue their treatment. All new treatment protocols starting on or after June 1, 2020 will require a precertification through eviCore.

## Treatment Protocol started prior to 6/1/2020:

- Does not require new precertification

## Treatment protocol will start 6/1/2020 and after:

- Requires new precertification through eviCore

**Note:** Any provider can initiate a precertification request. However, if a required precertification is not obtained, the penalty is applied to:

- a) the contracted servicing provider or facility
- b) the member, if an out-of-network provider or facility is used

# Applicable BCBSAZ MA Membership

eviCore prior authorization is required for BCBSAZ members enrolled in the following MA benefit plans (does *not* include plans administered by P3 Health Partners):

BENEFIT PLAN	PREFIX	SERVICE AREA	PRIOR AUTH ADMINISTRATOR
Blue Medicare Advantage Classic (HMO)	M2K	Maricopa County and parts of Pinal County	BCBSAZ, in partnership with eviCore for certain services
Blue Medicare Advantage Plus (HMO)			
BluePathway Plan 2 (HMO)	M2V	Maricopa County	
BluePathway Plan 3 (HMO)			
BlueJourney (PPO)	M3P	Maricopa and Pima counties	

# BCBSAZ commercial members in-scope for eviCore UM

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## eviCore UM is required for these BCBSAZ members:

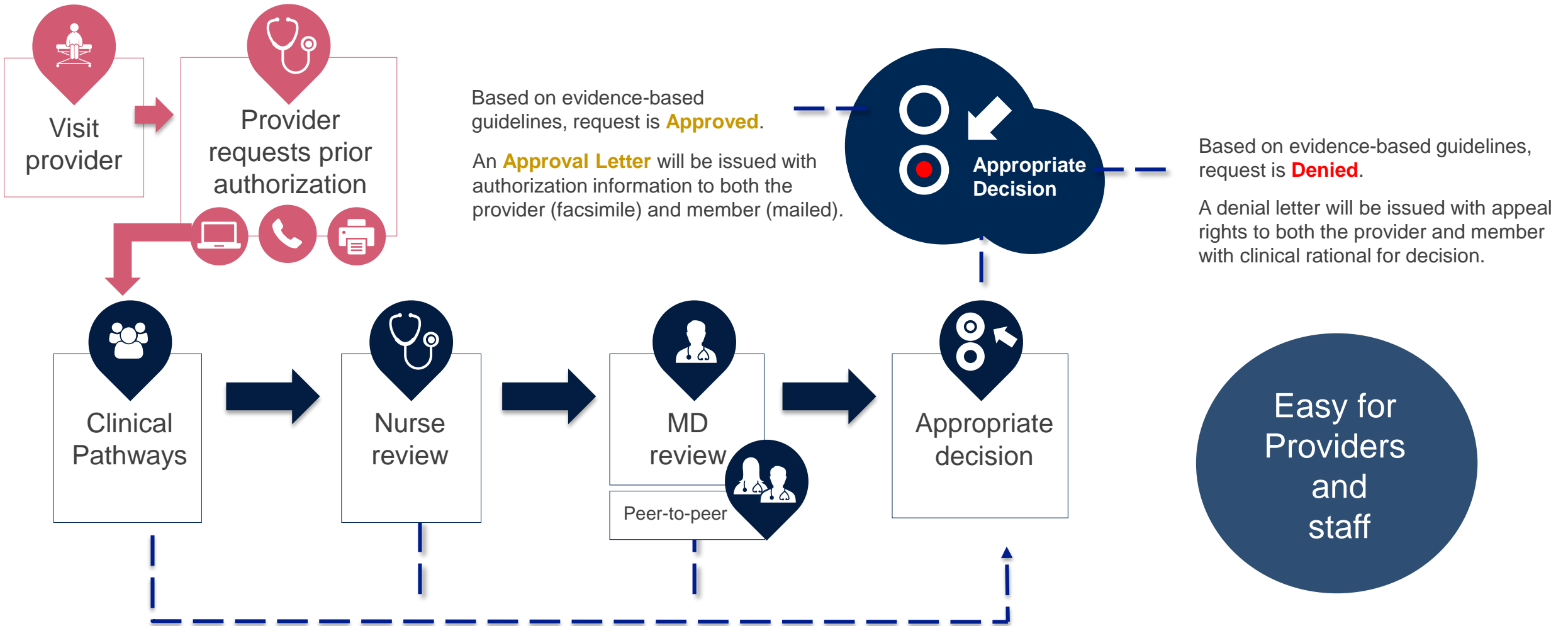
- Most of our fully insured and administered benefit plans
- BCBSAZ-administered MA plans (DOS 6/1/2020 and beyond)

## eviCore UM is *not* required for these members (follow precert/prior auth instructions on the back of the ID card):

- Certain large employer groups with customized benefit plans
- Members with PCP Coordinated Care HMO benefit plans
- Members with TPA-administered employer group plans
- Members with MA plans that are administered by P3 Health Partners
- Members with Federal Employee Program® (FEP®) plans
- Members with BlueCard® (out-of-area) plans



# Prior Authorization Process



# Non-Clinical Information Needed

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The following information must be provided to initiate the prior authorization request:

## Member Information

- First and Last Name
- Date of Birth
- Member Identification Number
- Phone Number (If Applicable)

## Ordering Physician Information

- First and Last Name
- Practice Address
- Individual National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers

## Rendering Facility Information

- Facility Name
- Street Address
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers



# Clinical Information Needed

If clinical information is needed, please be able to supply the following information:

- A relevant history and physical examination
- A relevant summary of the patient's clinical condition
- Imaging and/or pathology and/or laboratory reports as indicated relevant to the requested services
- The indication for the specified procedure
- Prior treatment regimens (for example, appropriate clinical trial of conservative management, if indicated)
- If additional clinical information is required in order to render a determination on a case, the case will be placed into a Hold status by eviCore and a notification will be sent to the ordering provider requesting the information necessary for review and the date by which it is needed.
- Failure to submit requested clinical information within the required timeframe may result in denial for Medical Necessity.



# Basic prior authorization process

## What happens when I submit a prior authorization request?

### Approved Requests

- All requests are processed in 2 business days after receipt of all necessary clinical information.
- High Tech Imaging Authorizations are typically valid for 45 days from the date of the final determination.

### Denied Requests

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

### Authorization Letter

- The letter will be faxed to the ordering physician
- The member will receive the letter in the mail.
- Approval information is uploaded to the eviCore online request/status tool and can be printed on demand from the eviCore portal.

### 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.
- Denial information is uploaded to the eviCore online request/status tool and can be printed on demand from the eviCore portal



# Urgent prior authorization requests

## How can I submit a prior authorization request for an urgent medical situation?

### Medically urgent services: definition

Medically urgent services address conditions that are a **risk to the patient's life, health, or ability to regain maximum function**, or when the patient is having severe pain that requires a medically urgent procedure.

### Requesting an urgent prior authorization

- This option is not available for situations that are *not* medically urgent (such as administrative delays, scheduling, etc.)
- You can submit **medically urgent** prior authorization requests online at [eviCore.com](https://www.eviCore.com).
- When you see the question “Is this request standard/routine?” respond “No.” Your case will be automatically be sent to the urgent work list.
- You may also call eviCore with an urgent request. 866.743.9630
- Urgent requests are reviewed within 24 hours.



# Authorization scenarios and follow-up options

Scenario	Options for commercial plans	Options for MA plans
1. <i>My authorization request was pended for additional information. I haven't rendered the service yet.</i>	Request eviCore peer-to-peer clinical consultation or submit additional clinical information to eviCore.*	
2. <i>My authorization request was denied. I haven't rendered the service yet.</i>	Request eviCore reconsideration (re-review) for potential overturn of denial*	Request eviCore consultation or submit appeal with supporting records to BCBSAZ* <i>eviCore consultation can't be used to overturn the denial</i>
3. <i>My authorization request was denied. I have already rendered the service, but haven't submitted a claim yet.</i>	Submit appeal with supporting records to BCBSAZ*	Submit claim with supporting records to BCBSAZ
	<i>eviCore consultation can't be used to overturn the denial</i>	
4. <i>Oops! I didn't request authorization before rendering the service. I haven't submitted a claim yet.</i>	Request post-service retrospective review within 30 days <i>The request may be denied and penalties may apply</i>	
5. <i>Oops! I didn't request authorization before rendering the service. I have already submitted a claim.</i>	Follow instructions on your remit for post-service, post-claim retrospective review <i>The request may be denied and penalties may apply</i>	
6. <i>I disagree with the final authorization denial decision.</i>	Submit appeal with supporting records to BCBSAZ* <i>eviCore consultation can't be used to overturn the denial</i>	

\* Follow the instructions in your eviCore notice for submitting additional information or requesting clinical consultations.

# How does a Peer-to-Peer Consultation (P2P) work?

## How P2Ps work for commercial plans

If a request has been pended or denied and requires further clinical review, you may request a clinical consultation. In certain instances, additional clinical information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.

## How P2Ps work for Medicare Advantage plans

If a request has been pended for additional clinical information, follow the instruction on the notice from eviCore. If the determination decision has not yet been made, the consultation could influence the initial decision.


If a denial decision has already been made, the information shared in the consultation may *not* be used to overturn the denial. The information shared in the consultation may be used in submitting an appeal.

## How to request an eviCore P2P

Providers, nurse practitioners and physician assistants can request a clinical consultation by:

- Visiting [evicore.com/provider/request-a-clinical-consultation](https://evicore.com/provider/request-a-clinical-consultation) and requesting a scheduling appointment
- Using the Self-Service P2P consultation option from the Authorization Lookup tool on the provider portal, eliminating the need to receive a scheduling callback:

Authorization Lookup	
Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	





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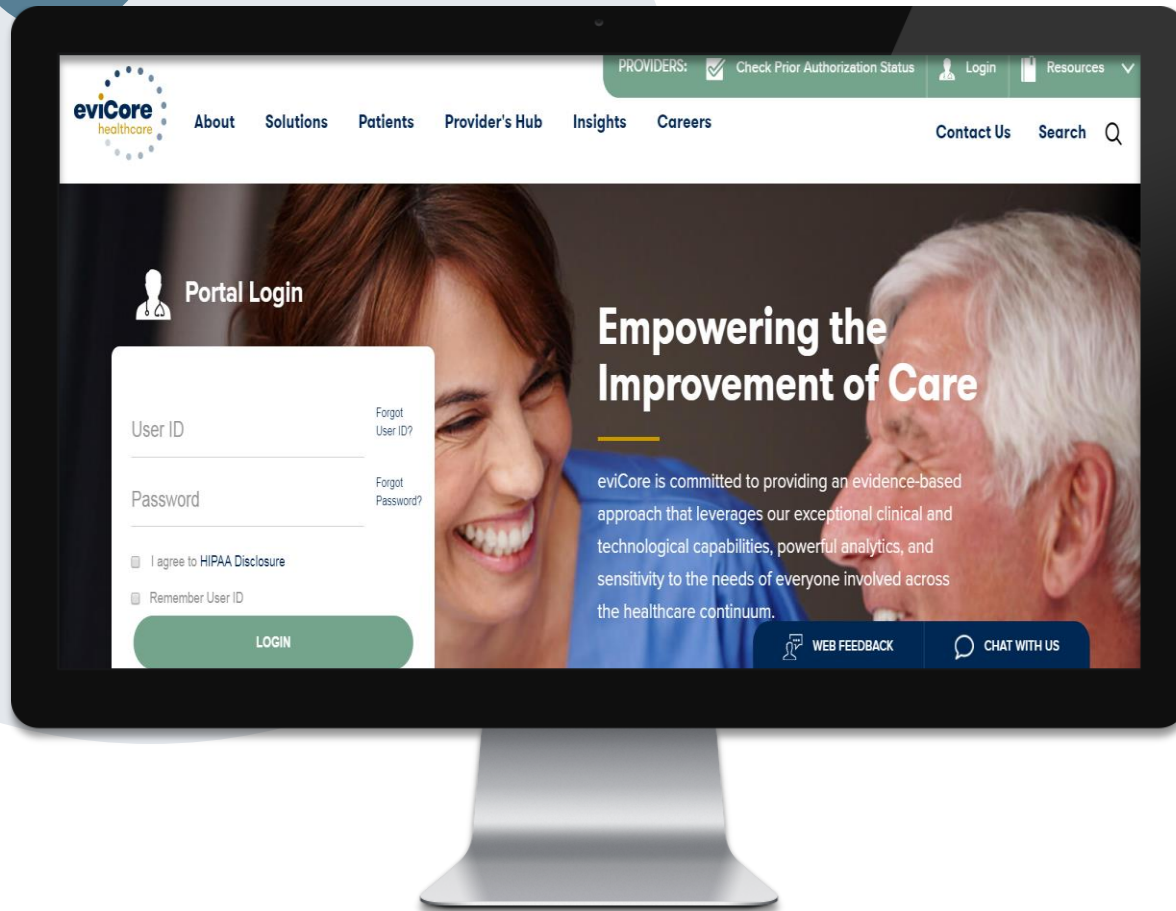
# Provider Portal Overview

Account Access

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# 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:**

866.540.2406

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

(Monday – Friday)

# Portal Compatibility

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

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

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

# Online Precertification Requests – from the BCBSAZ Secure Portal

## Accessing the eviCore request tool from the BCBSAZ secure provider portal (single sign-on):



Practice Management ^ Provider Resources v Education & Training v Population Health v

**ACCOUNT MANAGEMENT**  
Change Contact Information  
Change Password  
My Account  
Office User Management  
Provider Information Change  
Provider Management  
Sub Organization Management

**CLAIMS**  
Claim Status Inquiry  
Online Remits

**CLINICAL CRITERIA**  
BCBSAZ Members-InterQual® Search  
BCBSAZ Members-Chiropractic Guidelines  
BCBSAZ Members-eviCore Guidelines  
BCBSAZ Members-site-of-Service Criteria  
BlueCard (Out-of-Area) Members  
CHS Group Members  
FEP Members

**ELIGIBILITY & BENEFITS**  
CHS Group Information  
Eligibility and Benefits Inquiry  
Eligibility and Benefits Results  
Member ID Prefix Lists  
My Patients List

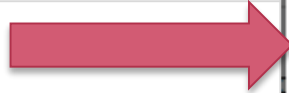
**PCP COORDINATED CARE HMO PLANS**  
2020 Provider Guide  
Fax-Referrals/Precerts Request  
Online-Referrals/Precerts Request or View ⓘ  
PCP Panel Roster

**PHARMACY**  
Pharmacy Information

**PRECERTIFICATION**  
BCBSAZ Members-Precert Code List Std  
BCBSAZ Members-Precert Lookup Tool  
BCBSAZ Members-Precert Req Lists 2020  
BCBSAZ Members-Requests  
BCBSAZ Members-Requests: PCP HMO  
BCBSAZ Members-Requests: **eviCore**  
BCBSAZ Members-Requests: PCP HMO  
BCBSAZ Members-Resources: eviCore  
BCBSAZ Members-Resources: Pharmacy  
BCBSAZ Members-Specialty Med List  
BlueCard (Out-of-Area) Members  
CHS Group Members  
FEP Members  
Precertification Requests – Quick Guide

# Online Precertification Requests

BCBSAZ Members-Requests: eviCore



Provider portal

## Enter Required Information

Tax ID \*:

Member ID \*:

Date of Birth \*:

Service Type \*:

# Online Prior Auth Requests – from the BCBSAZ MA Secure Provider Portal

Accessing the eviCore request tool from the BCBSAZ MA secure provider portal at [azbluemedicare.com](http://azbluemedicare.com) > Resources > Prior Authorization and Care Management:

## **Prior Authorization and Care Management**

[Care Management Referral Form](#)

[Part B Drug List - BCBSAZ](#)

[Part D Drug Coverage Determination Form \(Submit Online\)](#)

[Part D Drug Coverage Determination Fax Form](#)

[Prior Authorization Request Fax Form](#)

 [Prior Authorization Requests/Status: eviCore](#)

[Prior Authorization Requirements Code List 2020 - BCBSAZ](#)

[Prior Authorization Requirements Code List 2020 - P3 Health Partners](#)

# Online Prior Authorization Requests

## Prior Authorization and Care Management

Care Management Referral Form

Part B Drug List – BCBSAZ

Part D Drug Coverage Determination Form (Submit Online)

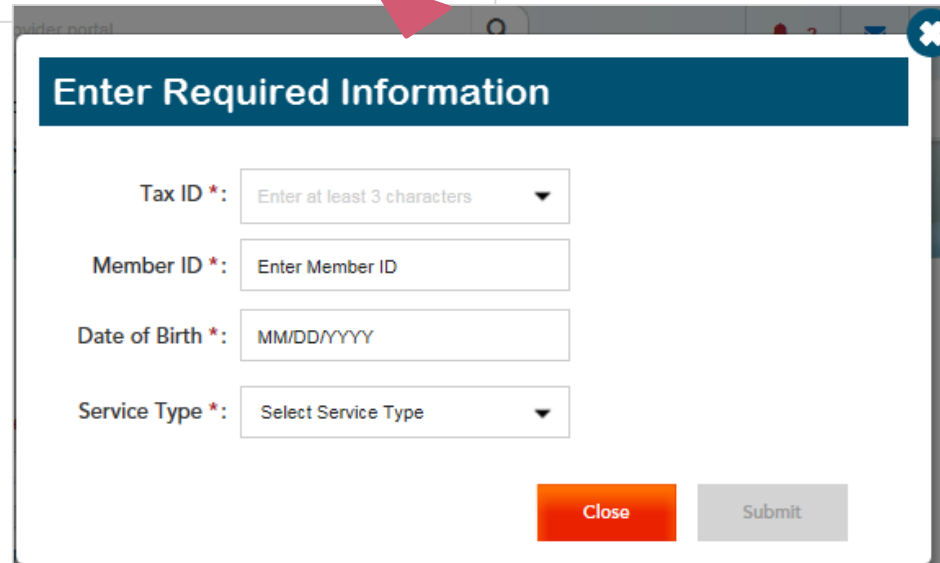
Part D Drug Coverage Determination Fax Form

Prior Authorization Request Fax Form

Prior Authorization Requests/Status: **eviCore**

Prior Authorization Requirements Code List 2020 – BCBSAZ

Prior Authorization Requirements Code List 2020 – P3 Health Partners



The screenshot shows a web form titled "Enter Required Information" with a dark blue header. Below the header are four input fields, each with an asterisk indicating it is required:

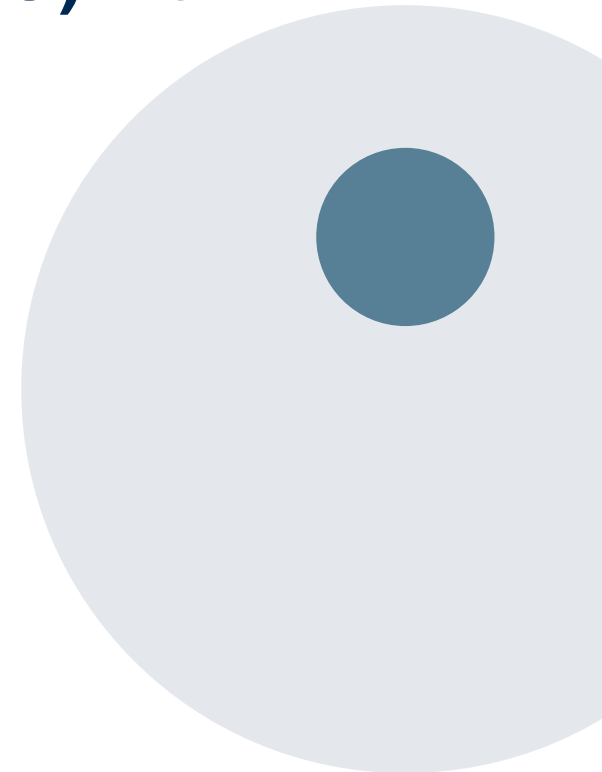
- Tax ID \*:** A text input field with the placeholder text "Enter at least 3 characters" and a dropdown arrow on the right.
- Member ID \*:** A text input field with the placeholder text "Enter Member ID".
- Date of Birth \*:** A text input field with the placeholder text "MM/DD/YYYY".
- Service Type \*:** A dropdown menu with the placeholder text "Select Service Type".

At the bottom right of the form are two buttons: an orange "Close" button and a grey "Submit" button. A red arrow points from the "eviCore" text in the list above to the top right corner of the form window.

# Login Options: Which one is best for your needs?

## Direct login from eviCore site vs. Single Sign-On (SSO) from BCBSAZ secure portal

FUNCTIONS	Notes	
Save & Finish Later	To find and resume a specific authorization request, you must be logged in the same way you were when you created the request	
Create Request	The SSO link in the BCBSAZ MA secure portal works only for BCBSAZ MA members.	When logged in to eviCore directly, you can make authorization requests for members of any insurance plan utilizing eviCore.
View Summary	You can only see the authorization summary tab when you are logged in to eviCore directly. The summary tab displays your recent cases from all insurance plans.	



# eviCore healthcare Website

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



## 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](#)

## Already a user?

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

## Don't have an account?

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




# 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.

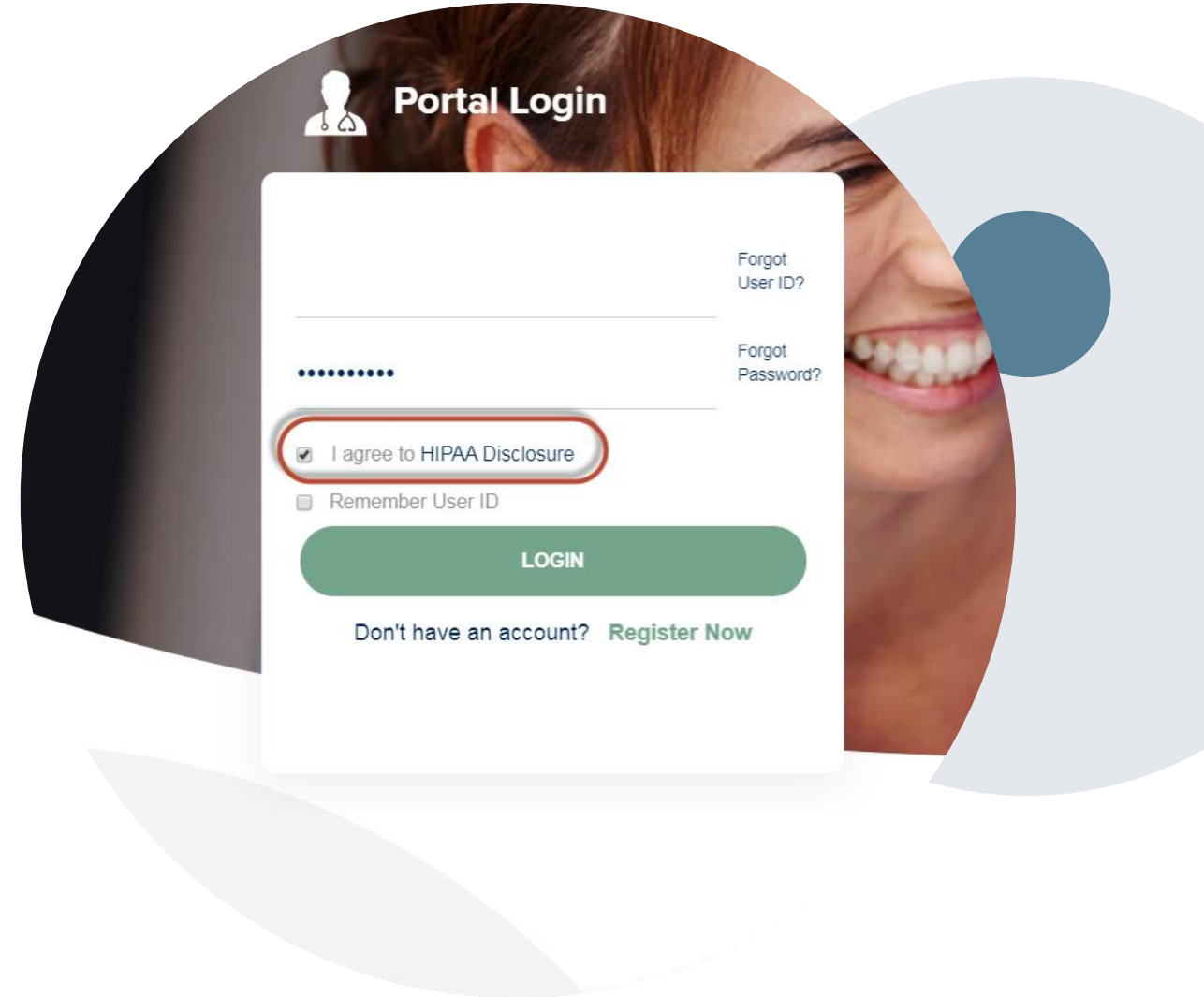
User Name*:	<input type="text"/>	Address*:	<input type="text"/>	Phone*:	<input type="text"/>
Email*:	<input type="text"/>		<input type="text"/>	Ext:	<input type="text"/>
Confirm Email*:	<input type="text"/>	City*:	<input type="text"/>	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	State*: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

- Select CareCore National as the **Default Portal**, and complete the user registration form.
- Review information provided, and click **“Submit Registration.”**

# Account Login

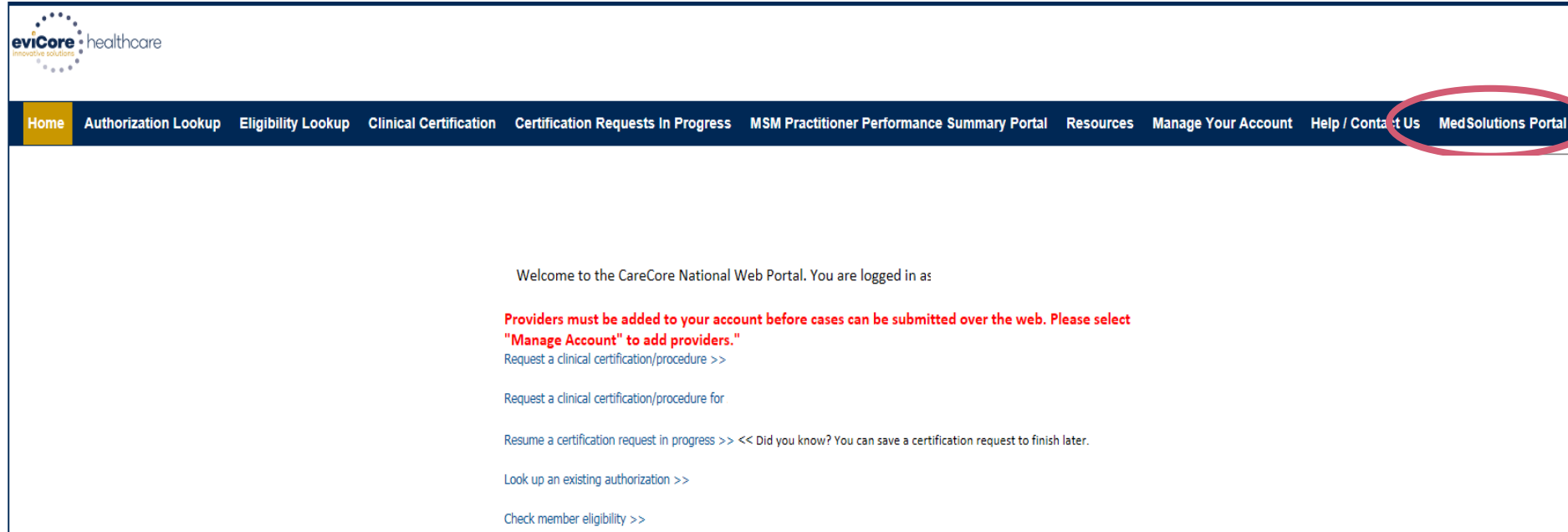
To log-in to your account,  
enter your **User ID** and  
**Password**.

Agree to the HIPAA  
Disclosure, and click “**Login**.”



The image shows a 'Portal Login' interface. At the top, there is a user icon and the text 'Portal Login'. Below this, there are two input fields: one for 'User ID?' and one for 'Password?'. The password field is masked with dots. Below the password field, there is a checkbox labeled 'I agree to HIPAA Disclosure' which is checked and highlighted with a red circle. Below this is another checkbox labeled 'Remember User ID'. At the bottom of the form is a green 'LOGIN' button. Below the button, there is a link that says 'Don't have an account? Register Now'.

# Welcome Screen



- Providers will need to be added to your account prior to case submission. Click the **“Manage Account”** tab to add provider information.
- ***Note:*** You can access the MedSolutions Portal at any time without having to provide additional log-in information. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals.

# Add Practitioners

## Manage Your Account

**Office Name:**

Change Password

Edit Account

**Address:** 730 Cool Springs Blvd  
Franklin, TN 37067

**Primary**

**Contact:** User Account

**Email Address:** Test@email.com

Add Provider

Click Column Headings to Sort

No providers on file

Cancel

Click the “Add Provider” button.

# Add Practitioners

## Add Practitioner

Enter Practitioner information and find matches.

Practitioner NPI

Practitioner State

Practitioner Zip

Enter the **Provider's NPI**, **State**, and **Zip Code** to search for the provider record to add to your account. You are able to add multiple Providers to your account.

# Adding Practitioners

## Add Practitioner

This following practitioner record(s) were found to match the requested NPI. Is this the practitioner you would like to register?

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax
Last, First	12312312	730 Coolsprings Blvd	Franklin	TN	37067	(615)548-4000	

Select the matching record based upon your search criteria

# Manage Your Account

Home Certification Summary Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources **Manage Your Account** Help / Contact Us Med Solutions Portal

## Add Practitioner

If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to return to your account.

[Add Another Practitioner](#) [Continue](#)

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[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

- Once you have selected a practitioner, your registration will be completed. You can then access the **“Manage Your Account”** tab to make any necessary updates or changes.
- You can also click **“Add Another Practitioner”** to add another provider to your account.

# Certification Summary

Home **Certification Summary** Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us MedSolutions Portal

### Certification Summary

Search..

Search..

Single Status  
Show All

Filter By Multiple Statuses  
Show All

Date  
7 days

Submit Close

Page 1 of 0 10

No records to display

Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description	Site Name	Expiration Date	Correspondence	Upload Clinical
<input type="text"/> X	<input type="text"/> X	<input type="text"/> X	<input type="text"/> X	<input type="text"/> X			<input type="text"/> X					

Page 1 of 0 10

No records to display

- CareCore National Portal now includes a Certification Summary tab, to better track your recently submitted cases.
- The work list can also be filtered - as seen above.



# Initiating A Case

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Performance Summary Portal

Resources

Manage Your Account

Help / Contact Us

Med Solutions Portal

Welcome to the CareCore National Web Portal. You are logged in

[Review a summary of recent certifications >>](#)

[Request a clinical certification/procedure >>](#)

[Resume a certification request in progress >>](#) << Did you know? You can save a certification request to finish later.

[Look up an existing authorization >>](#)

[Check member eligibility >>](#)

[Horizon Pilot Designation Program >>](#)

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[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

Choose **“request a clinical certification/procedure”** to begin a new case request.

# Select Program

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us Med Solutions Portal

## Clinical Certification

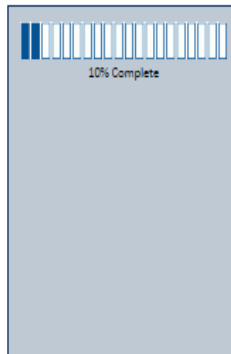
Please select the program for your certification:

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

Click [here](#) for help or technical support

Select the **Program** for your certification.

# Select Provider



## Clinical Certification

Select the practitioner or group for whom you want to build a case. If the practitioner, group, or lab for whom you wish to build a case is not listed, please visit [Manage Your Account](#) to associate the new practitioner, group, or lab.

Filter Last Name  
or NPI:


Selected Physician:

Provider
<input type="button" value="SELECT"/>
<input type="button" value="SELECT"/>
<input type="button" value="SELECT"/>
<input type="button" value="SELECT"/>
<input type="button" value="SELECT"/>
<input type="button" value="SELECT"/>
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<input type="button" value="SELECT"/>
<input type="button" value="SELECT"/>
<input type="button" value="SELECT"/>
1 2 3

Click [here](#) for help or technical support

Select the **Practitioner/Group** for whom you want to build a case.

# Select Health Plan



20% Complete

## Clinical Certification

To process an urgent case on the web you will be required to upload relevant clinical information using the online clinical upload feature at the end of the case build process. [Click here](#) for more information!

You selected

Please select the health plan for which you would like to build a case. If the health plan is not shown, please contact the plan at the number found on the member's identification card to determine if case submission through CareCore National is necessary.

Please Select a Health Plan ▼

[Cancel](#) [Back](#) [Print](#) [Continue](#)


Click [here](#) for help or technical support

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Choose the appropriate **Health Plan** for the case request. If the health plan does not populate, please contact the plan at the number found on the member's identification card. Once the plan is chosen, please select the provider address in the next drop down box.

# Contact Information



30% Complete

**Provider and NPI**

## Clinical Certification

Provider's Name  [?]

Who to Contact  [?]

Fax  [?]

Phone  [?]

Ext.  [?]

Cell Phone

Email

[Click here for help or technical support](#)

Enter the **Provider's name** and appropriate information for the point of contact individual.

# Member/Procedure Information

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us Med Solutions Portal

## Attention!


Has this procedure been performed?

YES  NO

Verify if the procedure has already been performed.

# Member Information

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us Med Solutions Portal



40% Complete

Provider and NPI

## Clinical Certification

Patient ID:

Date Of Birth:

 MM/DD/YYYY

Patient Last Name Only:

 [?]


ELIGIBILITY LOOKUP

Cancel Back Print

Click [here](#) for help or technical support

Enter the **member information** including the Patient ID number, date of birth, and patient's last name. Click **“Eligibility Lookup.”**

# Clinical Details

  
60% Complete

Provider and NPI

Patient [EDIT](#)

## Clinical Certification

This procedure has not been performed. [CHANGE](#)

### Radiology Procedures

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

73721 MRI LOWER EXTREMITY JOINT W/O

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

### Diagnosis

Primary Diagnosis Code: **R68.89**

Description: **Other general symptoms and signs**

[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)

*Secondary diagnosis is optional for Radiology*

[LOOKUP](#)


[Cancel](#) [Back](#) [Print](#) [Continue](#)

Click [here](#) for help or technical support

Select the **CPT** and **Diagnosis** codes.



# Verify Service Selection



60% Complete

Provider and NPI

Patient

[EDIT](#)

## Clinical Certification

Confirm your service selection.

**Procedure Date:** TBD  
**CPT Code:** 73721  
**Description:** MRI LOWER EXTREMITY JOINT W/O  
**Primary Diagnosis Code:** R68.89  
**Primary Diagnosis:** Other general symptoms and signs  
**Secondary Diagnosis Code:**  
**Secondary Diagnosis:**  
[Change Procedure or Primary Diagnosis](#)  
[Change Secondary Diagnosis](#)

[Click here for help or technical support](#)

Click **continue** to confirm your selection.

# Site Selection

80% Complete

Provider and NPI

Patient [EDIT](#)

Service [EDIT](#)

73721 MRI LOWER EXTREMITY JOINT W/O  
R68.09 Other general symptoms and signs

## Clinical Certification

### Specific Site Search

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

NPI:	<input type="text"/>	Zip Code:	<input type="text"/>	Site Name:	<input type="text"/>
TIN:	<input type="text"/>	City:	<input type="text"/>	<input checked="" type="radio"/> Exact match	
				<input type="radio"/> Starts with	

[LOOKUP SITE](#)

[Cancel](#) [Back](#) [Print](#)

[Click here](#) for help or technical support

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

# Site Selection

## Clinical Certification

Selected Site:

Site Email (optional)

Click [here](#) for help or technical support

This page allows you to enter an email address for a facility representative.

# Clinical Certification

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us Med Solutions Portal

## Clinical Certification

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

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

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

Click [here](#) for help or technical support

- Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.
- **You will not have the opportunity to make changes after that point.**

## Contact Information

---

Select an Urgency Indicator and Upload your patient's relevant medical records that support your request.

If your request is urgent select **No**, if the case is standard select **Yes**.

### Clinical Certification

Is this case Routine/Standard?

Yes No



You can upload up to **FIVE documents** in .doc, .docx, or .pdf format. Your case will only be considered Urgent if there is a successful upload.

# Medical Review

**Clinical Upload**

Please upload any additional clinical information that justifies the medical necessity of this request.

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

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

If **additional information** is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page.

Providing clinical information via the web is the quickest, most efficient method.

# Clinical Certification

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us Med Solutions Portal

## Clinical Certification

Is this request to evaluate suspicion of cancer, screening for cancer, active evaluation or monitoring of known cancer?

Yes  No

SUBMIT

Finish Later

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

Cancel Print

Click [here](#) for help or technical support

**Clinical Certification** questions may populate based upon the information provided.

# Clinical Certification

## Clinical Certification

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

SUBMIT

Finish Later

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

Cancel Print

[Click here](#) for help or technical support

- You can click the **“Finish Later”** button to save your progress.
- You have **two (2) business days** to complete the case.



# Medical Review

## Clinical Certification

Is there any additional information specific to the member's condition you would like to provide?

Yes  No

Enter text in the space provided below or continue.

Additional Information - Notes:

SUBMIT

Finish Later

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

Cancel Print

[Click here](#) for help or technical support

If **additional information** is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page.

Providing clinical information via the web is the quickest, most efficient method.

# Medical Review

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us Med Solutions Portal

## Clinical Certification

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

Print **SUBMIT CASE**

Click [here](#) for help or technical support

Acknowledge the Clinical Certification statements, and hit “**Submit Case.**”

# Approval

## Clinical Certification

Your case has been Approved.

Provider Name:  
Provider Address:

Contact:  
Phone  
Number:  
Fax Number:

Patient Name:  
Insurance Carrier:

Patient ID:

Site Name:

Site ID:

Site Address:

Primary Diagnosis Code:	M25.562	Description:	Pain in left knee
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided		
CPT Code:	73721	Description:	MRI LOWER EXTREMITY JOINT W/O

Authorization Number:

Review Date: 2:12:39 PM

Expiration Date:

Status: Your case has been Approved.

Once the clinical pathway questions are completed and if the answers have met the clinical criteria, an **approval** will be issued.

Print the screen and store in the patient's file.

# Medical Review

## Clinical Certification

Your Case has been sent to Medical Review

<b>Provider Name:</b>		<b>Contact:</b>	
<b>Provider Address:</b>		<b>Phone Number:</b>	
		<b>Fax Number:</b>	
<hr/>			
<b>Patient Name:</b>		<b>Patient Id:</b>	
<b>Insurance Carrier:</b>			
<hr/>			
<b>Site Name:</b>		<b>Site ID:</b>	
<b>Site Address:</b>			
<hr/>			
<b>Primary Diagnosis Code:</b>	M25.562	<b>Description:</b>	Pain in left knee
<b>Secondary Diagnosis Code:</b>		<b>Description:</b>	
<b>Date of Service:</b>	Not provided		
<b>CPT Code:</b>	73721	<b>Description:</b>	MRI LOWER EXTREMITY JOINT W/O
<hr/>			
<b>Authorization Number:</b>			
<b>Review Date:</b>			
<b>Expiration Date:</b>			
<b>Status:</b>	Pending		

Once the clinical pathway questions are completed and the case has not meet clinical review. The status will reflect pending and at the top “Your case has been sent to Medical Review”.

Print the screen and store in the patient’s file.

# Building Additional Cases

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us Med Solutions Portal

## Clinical Certification

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

- Return to the main menu
- Start a new request
- Resume an in-progress request

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

Start a new request using the same:

- Program (Musculoskeletal Management)
- Provider
- Program and Provider
- Program and Health Plan

GO

Cancel Print

Click [here](#) for help or technical support

Once a case has been submitted for clinical certification, you can return to the **Main Menu**, **resume an in-progress request**, or **start a new request**. You can indicate if any of the previous case information will be needed for the new request.

# Authorization look up



## Authorization Lookup

### New Security Features Implemented

**Search by Member Information**

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:   
MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:

**Search by Authorization Number/ NPI**

REQUIRED FIELDS

Provider NPI:

Auth/Case Number:

- Select Search by **Authorization Number/NPI**. Enter the provider's NPI and authorization or case number. Select **Search**.
- You can also search for an authorization by **Member Information**, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.

# Search Results and Electronic Clinical Upload Feature

Home

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Performance Summary Portal

## New Security Features Implemented

Authorization Number: NA

Case Number:

Status: Additional Information Required

Approval Date:

Service Code:

Service Description:

Site Name:

Expiration Date:

Date Last Updated: 9/15/2017 10:45:49 AM

Correspondence: [VIEW CORRESPONDENCE](#)

Clinical Upload: [UPLOAD ADDITIONAL CLINICAL](#)



The authorization will then be accessible to review. To print authorization correspondence, select **View Correspondence**. Additionally, additional clinical can be uploaded from this screen.

# Self-Service Peer to Peer Scheduling Feature

eviCore healthcare

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

Tuesday, May 19, 2020 11:04 AM [Log Out \(SHANING\)](#)

### Authorization Lookup

Authorization Number: NA  
 Case Number: [REDACTED] **P2P AVAILABILITY**  
 Status: Denied  
 P2P Status:  
**ALL POST DECISION OPTIONS**

Approval Date:  
 Service Code: 72148  
 Service Description: MRI LUMBAR SPINE W/O CONTRAST  
 Site Name: [REDACTED]  
 Expiration Date:  
 Date Last Updated: 4/28/2020 6:22:32 PM  
 Correspondence: **UPLOADS & FAXES**

**Procedures**

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
72148	Magnetic Resonance Imaging (MRI), a special kind of picture of your lower back without contrast (dye)	1	0	

**PRINT**

- eviCore’s scheduling system takes into consideration all case logic needed to determine if a case is eligible for a Peer to Peer conversation (P2P)
- Search for an authorization to determine if a case is eligible for a P2P
- If the case is eligible for a P2P, a link will display, allowing scheduling without any additional messaging

Authorization Number: NA  
 Case Number: [REDACTED] **P2P AVAILABILITY**  
 Status: Denied  
 P2P Status:

Authorization Number: NA  
 Case Number: [REDACTED]  
 Status: Denied  
 P2P Eligibility Result: Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified. [Request Peer to Peer Consultation](#)  
 P2P Status:  
**ALL POST DECISION OPTIONS**

- Pay attention to any messaging that displays. In some instances, a P2P is allowed, but the case decision cannot be changed. Instead, a Consultative Only P2P can be scheduled. The “All Post Decision Options” button will display any other action that may be taken.



# Eligibility Look Up



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

## Eligibility Lookup

### New Security Features Implemented

Health Plan:

Patient ID:

Member Code:

Cardiology Eligibility: **Medical necessity determination required.**

Radiology Eligibility: **Precertification is Required**

Radiation Therapy Eligibility: **Medical necessity determination required.**

MSM Pain Mgt Eligibility: **Precertification is Required**

Sleep Management Eligibility: **Medical necessity determination required.**

[Print](#) [Done](#) [Search Again](#)

Click [here](#) for help or technical support

CONFIDENTIALITY NOTICE: Certain portions of this website are accessible only by authorized users and unique identifying credentials, and may contain confidential or privileged information. If you are not an authorized recipient of the information, you are hereby notified that any access, disclosure, copying, distribution, or use of any of the information contained in the code-accessed portions is STRICTLY PROHIBITED.

You may also confirm the patient's eligibility by selecting the **Eligibility Lookup** tab.

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# Provider Resources

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# Provider Resources

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## Prior Authorization Call Center – 866.743.9630

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:

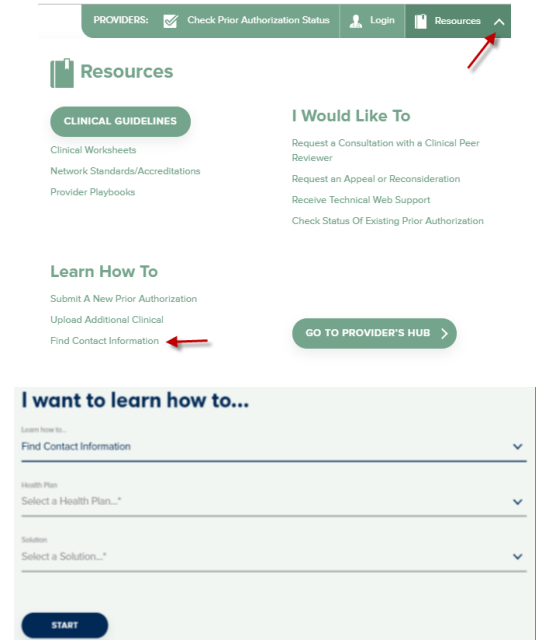
- Request Prior Authorization
- Check Status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case
- Request to speak to a clinical reviewer
- Schedule a clinical consultation with an eviCore Medical Director



# 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. Simply type in [Client Name] and Solution to populate the contact phone and fax numbers as well as the appropriate legacy portal to utilize for case requests.



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

To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email [portal.support@evicore.com](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
- 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

The BCBSAZ provider resource page includes helpful resources:

- Frequently Asked Questions
- Program Overview
- Code Lists
- Clinical Guidelines
- Clinical Worksheets

To access the page, please visit

[www.evicore.com/resources/healthplan/azblue](http://www.evicore.com/resources/healthplan/azblue)

**Provider Enrollment Questions – Contact BCBSAZ Provider Assistance at 602-864-4320 or 1-800-232-2345**



# Customized Provider Resource Page

[www.evicore.com/resources/healthplan/azblue](http://www.evicore.com/resources/healthplan/azblue)

The screenshot shows a web page for BCBSAZ Resources. At the top left is a dark blue 'MENU' button. In the center is the 'eviCore healthcare' logo. At the top right is a green 'PROVIDERS' button with a doctor icon. Below the menu is a 'Back to health plan' button. The main heading is 'BCBSAZ Resources' with the BlueCross BlueShield Arizona logo and the text 'An Independent Licensee of the Blue Cross Blue Shield Association'. A large image shows two healthcare professionals in a hallway. At the bottom, there are three tabs: 'OVERVIEW' (highlighted with a yellow bar), 'GENERAL RESOURCES', and 'SOLUTION RESOURCES'.

Access clinical guidelines, code lists, clinical worksheets,  
and other helpful resources for the BCBSAZ eviCore programs.

Questions for eviCore? Contact Client Services at [ClientServices@eviCore.com](mailto:ClientServices@eviCore.com) or call 1-800-646-0418 (option 4)

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Questions for BCBSAZ? Contact Provider Assistance at 602-864-4320 or 1-800-232-2345

# Thank You!

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