

Sleep Management

Provider Orientation for Health Alliance Plan



Company Overview



**100M
Members
Managed**

9 Comprehensive Solutions



The industry's most **comprehensive clinical evidence-based guidelines**



4.9k+ 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



Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

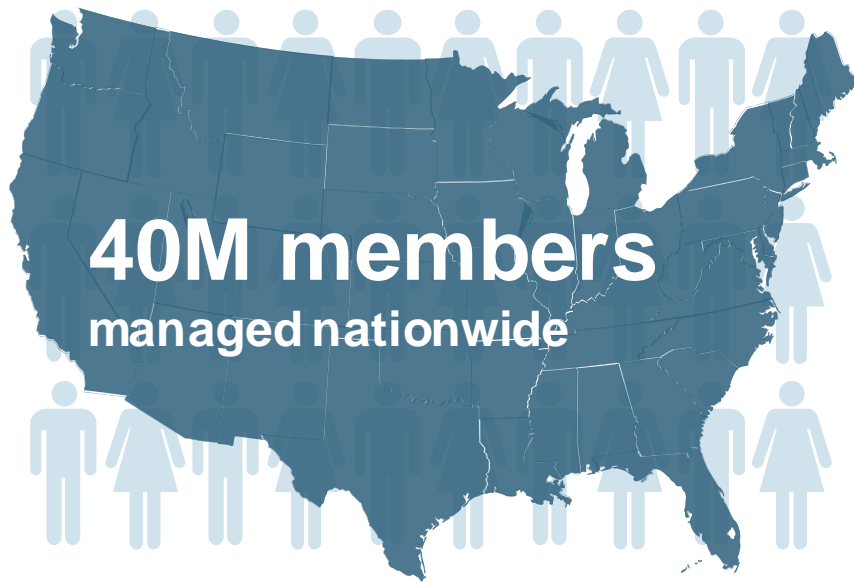


Musculoskeletal Management Solution - Our Experience

30+ Regional
and National Clients

8k+
Cases built per day

10 Years
Managing Musculoskeletal Services



Members Managed

- 25.5M Commercial Memberships
- 2M Medicare Memberships
- 6.5M Medicaid Memberships



Musculoskeletal by the Numbers

45



**Musculoskeletal
physicians on staff**

43



**Musculoskeletal-trained
nurses on staff**

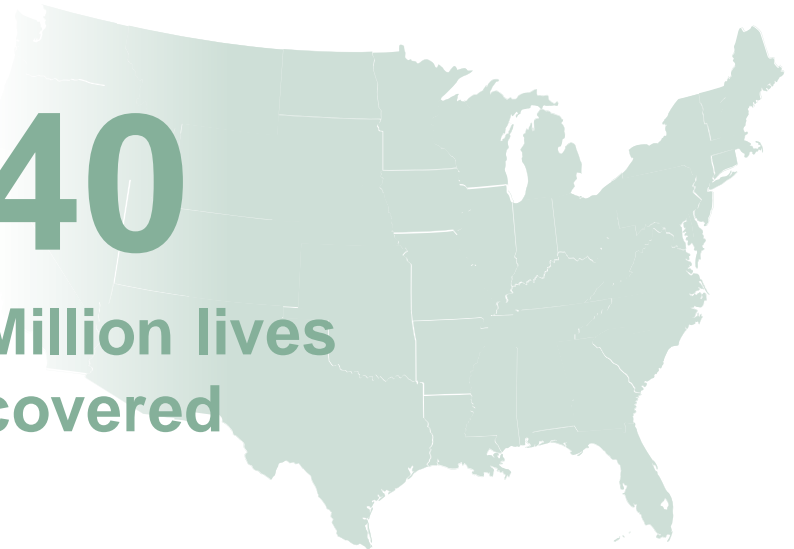
93



**Musculoskeletal
therapists**
(PT/OT/ST/MT/CHIRO/ACU)

40

**Million lives
covered**



Our Clinical Approach

Clinical Staffing

Multi-Specialty Expertise

Dedicated nursing and physician specialty teams for various solutions

>300
Medical
Directors

Covering
51
different
specialties

800
Nurses with
diverse
specialties /
experience

- **Anesthesiology**
- **Cardiology**
- **Chiropractic**
- **Emergency Medicine**
- **Family Medicine**
 - Family Medicine / OMT
 - Public Health & General Preventative Medicine
- **Internal Medicine**
 - Cardiovascular Disease
 - Critical Care Medicine
 - Endocrinology, Diabetes & Metabolism
 - Geriatric Medicine
 - Hematology
 - Hospice & Palliative Medicine
 - Medical Oncology
 - Pulmonary Disease
 - Rheumatology
 - Sleep Medicine
 - Sports Medicine

- **Medical Genetics**
- **Nuclear Medicine**
- **OB / GYN**
 - Maternal-Fetal Medicine
- **Oncology / Hematology**
- **Orthopedic Surgery**
- **Otolaryngology**
- **Pain Mgmt. / Interventional Pain**
- **Pathology**
 - Clinical Pathology
- **Pediatric**
 - Pediatric Cardiology
 - Pediatric Hematology-Oncology
- **Physical Medicine & Rehabilitation**
 - Pain Medicine
- **Physical Therapy**
- **Radiation Oncology**

- **Radiology**
 - Diagnostic Radiology
 - Neuroradiology
 - Radiation Oncology
 - Vascular & Interventional Radiology
- **Sleep Medicine**
- **Sports Medicine**
- **Surgery**
 - Cardiac
 - General
 - Neurological
 - Spine
 - Thoracic
 - Vascular
- **Urology**

Evidence-Based Guidelines

The foundation of our solutions:



Dedicated
Molecular
Genomic
Guidelines



Contributions
from a panel
of community
physicians



Experts
associated
with academic
institutions



Current
clinical
literature

Aligned with National Societies

- National Comprehensive Cancer Network
- National Society of Genetic Counselors
- American College of Obstetrics and Gynecology
- American College of Medical Genetics and Genomics
- American Society of Human Genetics
- American Society of Clinical Oncology
- College of American Pathologists
- American Gastroenterological Association
- Society for Maternal Fetal Medicine
- Association for Molecular Pathology
- American College of Cardiology
- American College of Chest Physicians
- American Academy of Neurology
- American Society of Colon and Rectal Surgeons
- American Heart Association
- American Academy of Pediatrics
- American Society for Reproductive Medicine
- American College of Gastroenterology
- American College of Cardiology Foundation
- National Institutes of Health

Service Model

Enabling Better Outcomes

Enhancing outcomes through Client and Provider engagement



Client & Provider Operations

Client Provider Representatives are cross-trained to investigate escalated provider and health plan issues.



Client Experience Manager

Client Service Managers lead resolution of complex service issues and coordinate with partners for continuous improvement.



Regional Provider Engagement Managers

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



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.

Musculoskeletal Management Prior Authorization Process

Program Overview

Prior authorization applies to services that are:

- Outpatient
- Elective / Non-emergent
- Diagnostic

Prior authorization **does not apply** to services that are performed in:

- Emergency room
- Inpatient
- 23-hour observation

It is the responsibility of the ordering provider to request prior authorization approval for services.

Applicable Membership

Authorization is required for HAP members enrolled in the following programs:

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

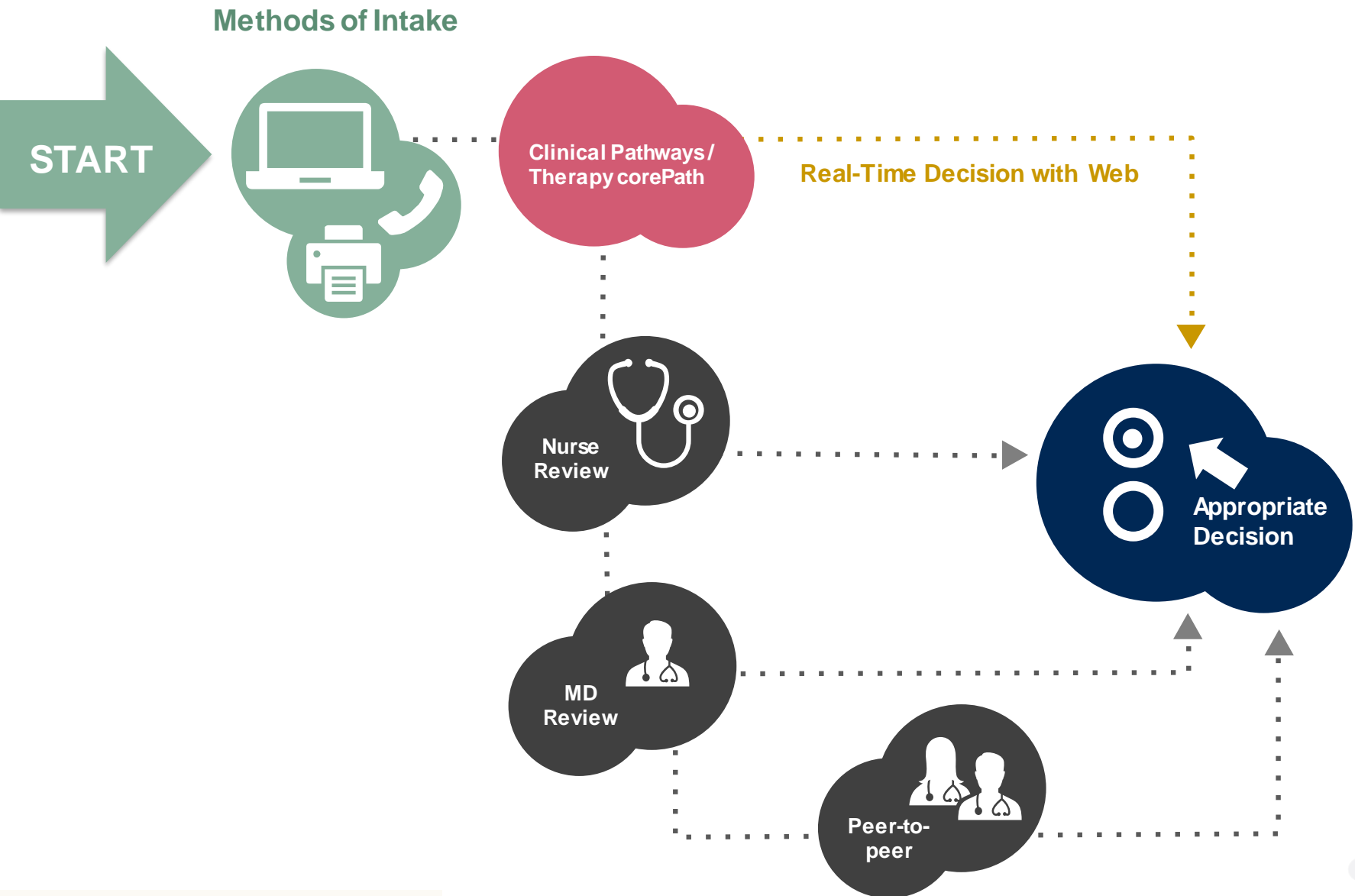
Prior Authorization Required:

- Facility Based Polysomnography
- Facility Based PAP Titration
- Facility Based Split-Night Studies
- Home Sleep Testing
- Home APAP Titration
- PAP Therapy Devices and Supplies
- PAP Therapy Compliance
- Oral Appliances

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

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

Clinical Review Process – Easy for Providers and Staff



Needed Information



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

- Prior tests, lab work, and/or imaging studies performed related to this diagnosis
- The notes from the patient's last visit related to the diagnosis
- Type and duration of treatment performed to date for the diagnosis

Prior Authorization Outcomes

➤ Approved Requests

- All requests are processed within 2 business after receipt of all necessary clinical information.
- Authorizations are typically good for **45 days** from the date of determination.

Delivery Method

- Faxed to ordering provider and rendering facility
- Mailed to the member
- Information can be printed on demand from the eviCore healthcare Web Portal

➤ Denied Requests

- Communication of denial determination
- Communication of the rationale for the denial
- How to request a Peer Review

Delivery Method

- Faxed to the ordering provider and rendering facility
- Mailed to the member

Prior Authorization Outcomes - Commercial

Clinical Consultations

- If a request is denied and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians. In certain instances, additional information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.
- **Clinical Consultations** can be scheduled at a time convenient to your physician by visiting www.evicore.com/pages/requestaconsultation.aspx

Reconsiderations

- Additional clinical information can be provided without the need for a physician to participate
- Must be requested on or before the anticipated date of service
- Commercial members only

Prior Authorization Outcomes – Medicare / Medicare Advantage

Pre-Decision Consultation

- If your case requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians prior to a decision being rendered.
- In certain instances, additional information provided during the pre-decision consultation is sufficient to satisfy the medical necessity criteria for approval

Special Circumstances

Appeals

- eviCore will process first level appeals – Commercial; Medicare appeals are processed by the health plan
- Requests for appeals must be submitted to eviCore within 45 of calendar days of the initial determination
- A written notice of the appeal decision will be mailed to the member and faxed to the provider

Retrospective Services

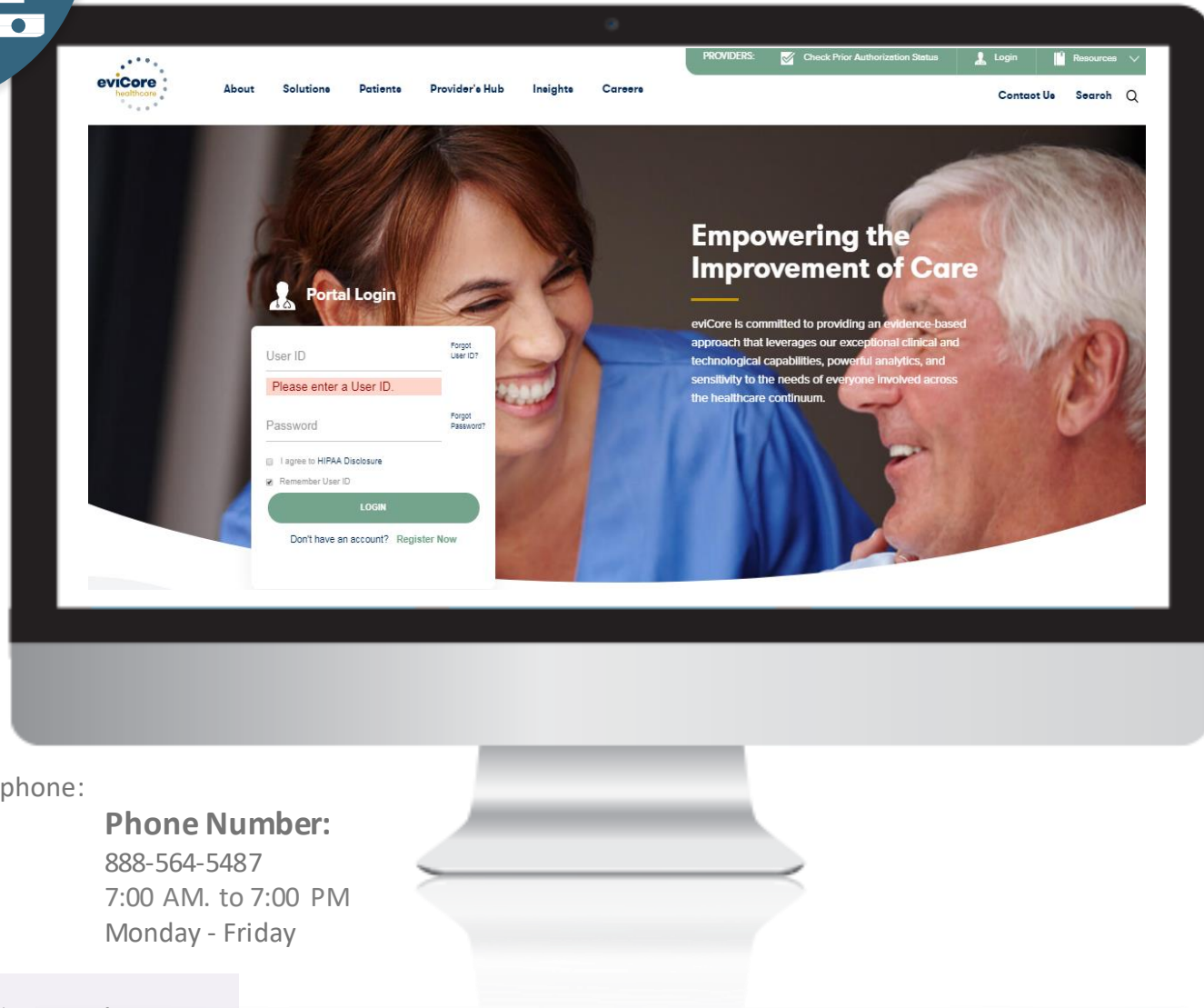
- Retro Requests are allowed for Commercial members and must be submitted within 15 **business days** following the date of service. Retrospective requests are not allowed for Medicare patients.
- Retro requests are reviewed for clinical urgency and medical necessity. Turn around time on retro requests is 30 calendar **days**.

Outpatient Urgent Services

- Contact eviCore by phone to request an expedited prior authorization review and provide clinical information
- Urgent Cases will be reviewed with **72 hours** of the request.



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 providers can spend their time where it matters most — with their patients!



Or by phone:

Phone Number:
888-564-5487
7:00 AM. to 7:00 PM
Monday - Friday

Web Portal Services

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](#).



eviCore healthcare website

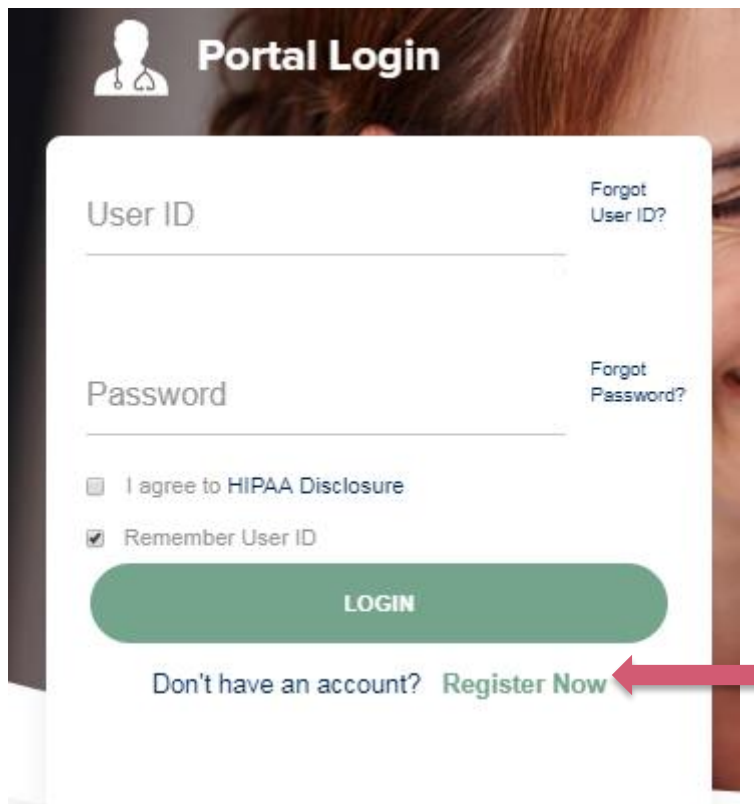
- Point web browser to evicore.com



- Login or Register

A screenshot of the 'Portal Login' page on the eviCore healthcare website. The page features a white login form centered on a background image of a person's face. The form includes fields for 'User ID' and 'Password', each with a 'Forgot' link to its right. Below the password field are two checkboxes: 'I agree to HIPAA Disclosure' and 'Remember User ID'. A large green 'LOGIN' button is positioned below the checkboxes. At the bottom of the form, there is a link that says 'Don't have an account? Register Now'.

Creating An Account



The image shows a 'Portal Login' form. At the top left is a doctor icon. The form has two input fields: 'User ID' and 'Password'. To the right of each field is a link: 'Forgot User ID?' and 'Forgot Password?'. Below the password field are two checkboxes: 'I agree to HIPAA Disclosure' (unchecked) and 'Remember User ID' (checked). A green 'LOGIN' button is below the checkboxes. At the bottom, it says 'Don't have an account? Register Now'. A red arrow points to the 'Register Now' link.

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*: CareCore National 



If you want to register as a Client User at CareCore National, then please contact us: 1-800-918-8924 x20136.

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*:	<div><input type="text"/> <input type="text"/></div>	Phone*:	<input type="text"/>
Email*:	<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*:	Select 	Zip*:	<input type="text"/>
Last Name*:	<input type="text"/>	Office Name*:	<input type="text"/>		

Next



Select a **Default Portal**, and complete the registration form.

Creating An Account

Please review the information before you submit this registration. An Email will be sent to your registered email address to set your password.

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*:

If you want to register as a Client User at CareCore National, then please contact us: 1-800-918-8924 x20136.

User Registration

UserName:	MYG123	Address:	730 Cool Springs	Phone:	800-575-4517
Email:	tesaccount@gmail.com	City:	Franklin	Ext:	
Account Type:	Physician	State:	TN	Zip:	37067
First Name:	Test	Office Name:	Test Office	Fax:	615-468-4408
Last Name:	Account				

[Back](#)[Submit Registration](#)

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

User Registration-Continued

The screenshot shows the eviCore healthcare User Registration page. A modal window titled "USER REGISTRATION" is open, displaying the "User Access Agreement" which is marked as "Required". The agreement text includes a limited license for web-based applications. At the bottom of the modal, the checkbox "Accept Terms and Conditions" is selected and circled in orange. The background page shows registration fields for Username, Email, Account Type, First Name, and Last Name, along with contact information fields for Phone, Ext, and Fax. Buttons for "Back", "Submit Registration", "Submit", and "Cancel" are visible.

Please review the information before you submit this registration. An Email will be sent to your registered email address to set your password.

Web Portal Preference

Please select the Portal that is listed in your provider training material.

Default Portal: CareCore National

If you are a health plan representative, please contact web support at 1-800-999-9999.

User Registration

UserName: testing5

Email: test@test123.com

Account Type: Physician

First Name: test

Last Name: test

Phone: 999-999-9999

Ext:

Fax: 999-999-9999

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 plan(s)). The electronic acceptance and use of eviCore's web-based applications is subject to the terms and conditions of the Access Agreement.

☒ Accept Terms and Conditions

Submit Cancel

Back Submit Registration



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

Create a Password

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

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



Password Maintenance

Please set up a new password for your account.

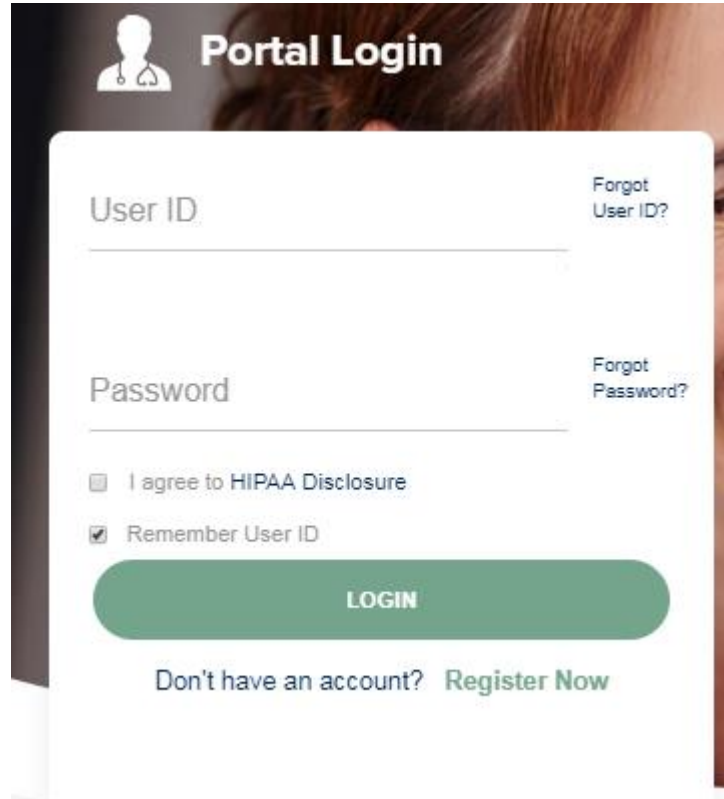
Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters.

New Password*

Confirm New Password*

Save

Account Log-In

A screenshot of a 'Portal Login' form. At the top left is a white icon of a person with a stethoscope. To its right is the title 'Portal Login' in bold. Below the title are two input fields: 'User ID' and 'Password'. To the right of the 'User ID' field is a link 'Forgot User ID?'. To the right of the 'Password' field is a link 'Forgot Password?'. Below the input fields are two checkboxes: 'I agree to HIPAA Disclosure' (unchecked) and 'Remember User ID' (checked). Below these is a large green button with the text 'LOGIN' in white. At the bottom, there is a link 'Don't have an account? Register Now'.

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

Welcome Screen

eviCore healthcare
innovative solutions

[Home](#) [Authorization Lookup](#) [Eligibility Lookup](#) [Clinical Certification](#) [Certification Requests In Progress](#) [MSM Practitioner Performance Summary Portal](#) [Resources](#) [Manage Your Account](#) [Help / Contact Us](#) [MedSolutions Portal](#)

Friday, March 23, 2018 2:57 PM [Log Off \(MALLOP\)](#)

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

Providers must be added to your account before cases can be submitted over the web. Please select "Manage Account" to add providers.

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

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

[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 >>](#)

- 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

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

Wednesday, January 16, 2019 10:48 AM

Log Off

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.

*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

[Find Matches](#) [Cancel](#)

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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	

Add This Practitioner Cancel

Select the matching record based upon your search criteria

Manage Your Account

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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- 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

Wednesday, September 26, 2018 2:27 PM

Search..

Single Status
Show All

Filter By Multiple Statuses
Show All

Date
7 days

Submit Close

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

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.

Case Initiation

Initiating A Case

Wednesday, January 16, 2019 11:05 AM

[Log Off](#)

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

[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 >>](#)

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

Select Program

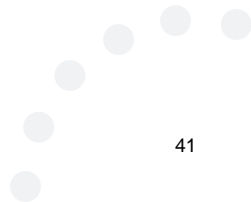
Clinical Certification

Please select the program for your certification:

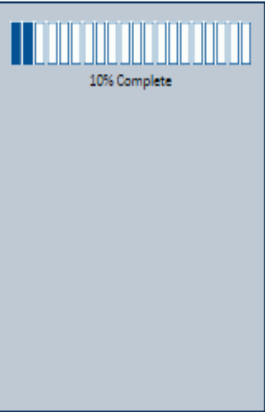
- ☐ Radiology and Cardiology
- ☐ Specialty Drugs
- ☐ Radiation Therapy Management Program (RTMP)
- ☒ Musculoskeletal Management
- ☐ Sleep Management
- ☐ Lab Services
- ☐ Medical Oncology Pathways



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.

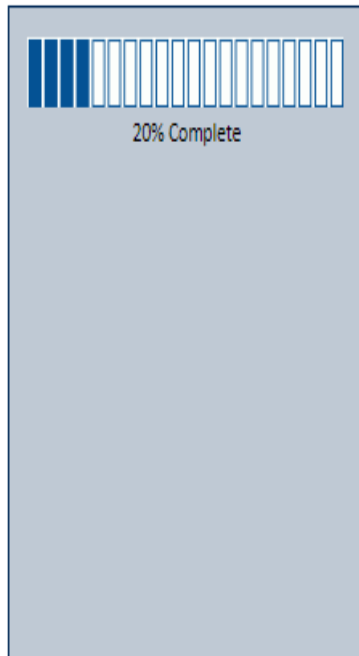
Filter Last Name or NPI:

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"/>	
<input type="button" value="SELECT"/>	
<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 Health Plan



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.

Cancel Back Print Continue

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

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

Cancel Back Print Continue

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

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

Member/Procedure Information

Attention!

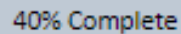
Time: 1/16/2019 11:23 AM

Has this procedure been performed?

Verify if the procedure has already been performed.

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
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Log Off



Clinical Certification

--

Page 10

MM/DD/YYYY

--	--

[?]

ELIGIBILITY LOOKUP

Cancel Back Print

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

Clinical Details

Wednesday, January 16, 2019 11:05 AM

Log Off

Clinical Certification

This procedure will be performed on 4/1/2019. [CHANGE](#)

Musculoskeletal Management Procedures

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

64493 FACET INJ LUMBOSACRAL, 1 LEVEL

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 Musculoskeletal Management

[LOOKUP](#)

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

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

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

[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](#)

Log Off

60% Complete

Clinical Certification

Confirm your service selection.

Procedure Date: 4/1/2019
CPT Code: 64493
Description: FACET INJ LUMBOSACRAL, 1 LEVEL
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](#)

Cancel Back Print Continue

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

Click **continue** to confirm your selection.

Site Selection

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

Wednesday, January 16, 2019 11:05 AM

Log Off

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:

Zip Code:

Site Name:

TIN:

City:

☒ Exact match

☐ 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

Wednesday, January 16, 2019 11:05 AM

Log Off

Clinical Certification

Selected Site:

FIND NEW SITE

Site Email (optional)

Cancel

Back

Print

Continue

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

Wednesday, January 16, 2019 11:05 AM

Log Off

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

Clinical Certification

Is this case Routine/Standard?

Yes No



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**.

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

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

Wednesday, January 16, 2019 11:05 AM

Log Off

Clinical Certification

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):

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

UPLOAD

SKIP UPLOAD

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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 Pathway

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

Wednesday, January 16, 2019 11:05 AM

Log Off

Clinical Certification

 Is this request for Home Health services?

☐ Yes ☐ No ☐ Unknown

SUBMIT

☐ Finish Later

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

Cancel Print

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

 Once you have entered the clinical collection phase of the case process, you can save the information and return **within two business days** to complete.

Clinical Certification Pathway

Clinical Certification

Facet Injection

i Please indicate how many facet injections or medial branch blocks have been performed at this level and side: (NOTE: Enter '0' if this is the first)

i Has a posterior fusion been performed at any level to be injected/aspirated?

☐ Yes ☐ No ☐ Unknown

i Please indicate the facet joint(s) that the procedure will be performed on (choose all that apply)

- ☐ L1 - L2 ☐ L4 - L5
☐ L2 - L3 ☐ L5 - S1
☐ L3 - L4 ☐ Unknown or not sure

i Please indicate the side(s) that the procedure will be performed on:

- ☐ Right side ONLY (unilateral)
☐ Left side ONLY (unilateral)
☐ Both right AND left sides (bilateral)

SUBMIT

☐ Finish Later

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

Cancel Print

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

Once you have entered the clinical collection phase of the case process, you can save the information and return **within two business days** to complete.

Attestation

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

Wednesday, January 16, 2019 11:05 AM

Log Off

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

According to the presented information, this request for Physical Therapy meets medical necessity criteria.

Provider Name:
Provider Address:

Contact:
Phone
Number:
Fax Number:

Patient Name:
Insurance Carrier:

Patient Id:

Site Name:
Site Address:

Site ID:

Primary Diagnosis Code: R68.89

Description: Other general symptoms and signs

Secondary Diagnosis Code:

Description:

CPT Code: MSMPT
Authorization Number:

Description: PHYSICAL THERAPY

Review Date: 3/29/2019 2:15:20 PM

Approved Treatment 4/1/2019

Start Date:

Expiration Date: 5/1/2019

Status: According to the presented information, this request for Physical Therapy meets medical necessity criteria.

[Print](#) [Continue](#)

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

Once the clinical pathway questions are completed and 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

Provider Name:

Provider Address:

Contact:

Phone

Number:

Fax Number:

Patient Name:

Insurance Carrier:

Patient Id:

Site Name:

Site Address:

Site ID:

Primary Diagnosis Code: R68.89

Secondary Diagnosis
Code:

CPT Code: MSMP

Description: Other general symptoms and
signs

Description:

Description: PHYSICAL THERAPY

Modifier:

Authorization Number:

Review Date:

Expiration Date:

Status: 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

Wednesday, January 16, 2019 11:05 AM

[Log Off](#)

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

eviCore healthcare

Home Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account

Tuesday, November 22, 2016 2:30 PM

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](#)



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](#)

Thursday, March 15, 2018 4:43 PM

[Log Off \(INTGTEST\)](#)

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

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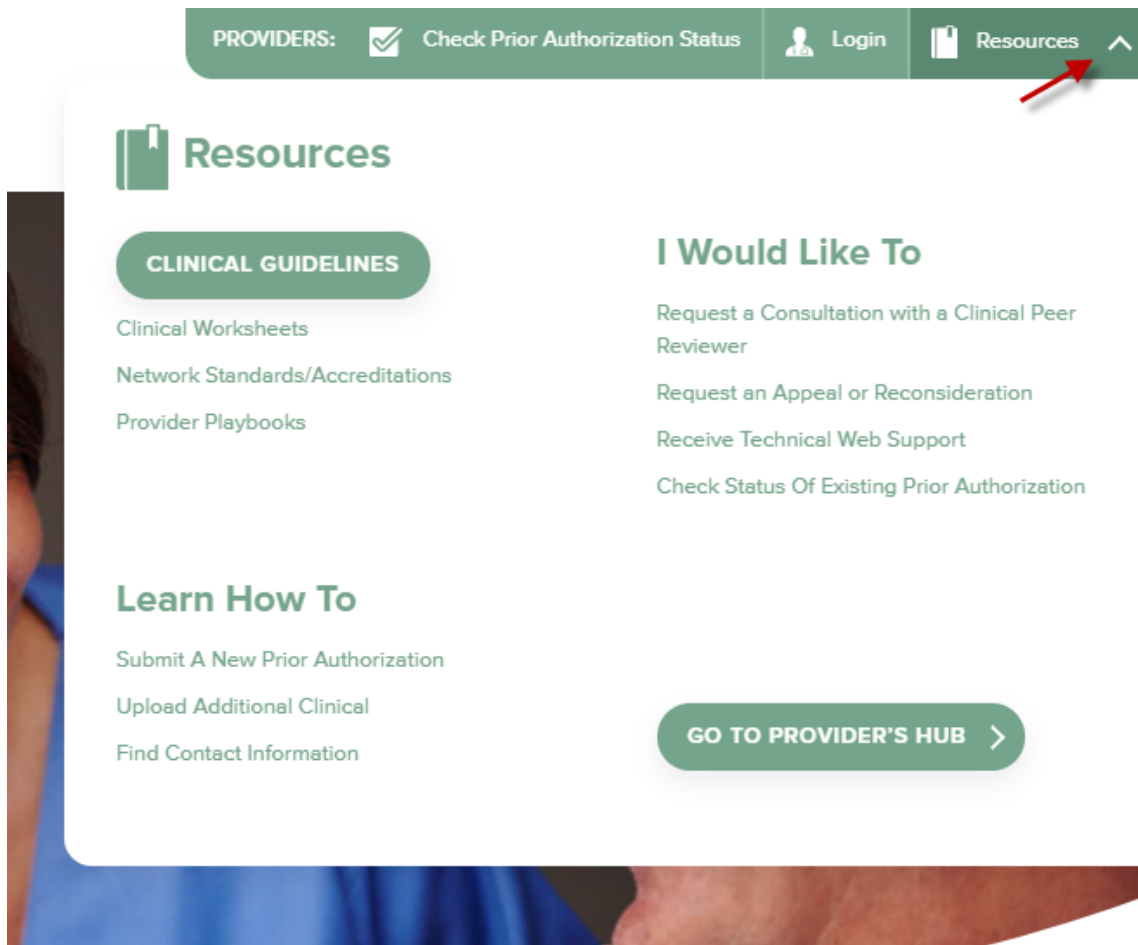
You may also confirm the patient's eligibility by selecting the **Eligibility Lookup** tab.

Provider Resources

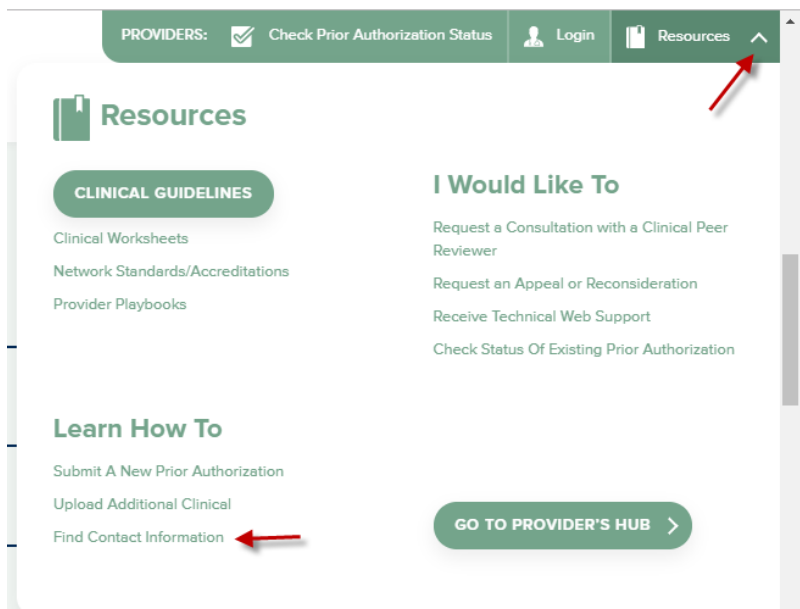


Online Resources

- You can access important tools and resources at www.evicore.com.
- Select the Resources to view **Clinical Guidelines**, **Online Forms**, and more.



Quick Reference Tool



I want to learn how to...

Learn how to...

Find Contact Information ▼

Health Plan

Select a Health Plan...* ▼

Solution

Select a Solution...* ▼

START

Access health plan specific contact information at www.evicore.com by clicking the resources tab then select **Find Contact Information**, under the Learn How to section. Simply select Health Plan and Solution to populate the contact phone and fax numbers as well as the appropriate legacy portal to utilize for case requests.

Provider Resources: Prior Authorization Call Center



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

7:00 AM - 7:00 PM (Local Time): 888-564-5487

- Obtain prior authorization or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case

Provider Resources: Web-Based Services



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

evicore.com

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

- Request authorizations and check case status online – 24/7
- Pause/Start feature to complete initiated cases
- Upload electronic PDF/word clinical documents

Provider Resources: Client Provider Operations



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

To reach eviCore Client Services, call (800) 646-0418 (Option #4) or email clientservices@evicore.com

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Questions regarding accuracy assessment, accreditation, and/or credentialing
- Issues experienced during case creation
- Request for an authorization to be resent to the health plan

Provider Resources: Provider Resource Page

Provider Enrollment Questions – Contact Provider Services at 313.664.8075



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

HAP Provider Resource Page

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

- Provider Orientation Presentation
- CPT code list of the procedures that require prior authorization
- Quick Reference Guide
- eviCore clinical guidelines
- FAQ documents and announcement letters

You can obtain a copy of this presentation on the implementation site listed above. If you are unable to locate a copy of the presentation, please contact the Client Provider Operations team at ClientServices@evicore.com.

Thank you



Julie Carpenter
Regional Provider Engagement Manager
Julie.carpenter@eviCore.com