

Radiology/Cardiology Advanced Imaging

Provider Presentation for Highmark

Updated September 9, 2021



Empowering
the Improvement
of Care

Program Overview

Applicable Memberships

Prior Authorization is required for Highmark members who are enrolled in the following lines of business/programs in PA, WV, and DE:

| | |
|-------------------|---|
| Commercial | <ul style="list-style-type: none">• Radiology and Cardiology (Advanced Imaging)• Radiation Oncology• Laboratory Services• MSK: Spine/Joint/Pain Management |
| Medicare | <ul style="list-style-type: none">• Radiology and Cardiology (Advanced Imaging)• Radiation Oncology• Laboratory Services• MSK: Spine/Joint/Pain Management |

Highmark Prior Authorization Services

Prior authorization from eviCore applies to the following services:

- Outpatient
- Diagnostic
- Elective / Non-emergent

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

- Emergency Rooms
- Observation Services
- Inpatient Stays

Advanced Imaging & Cardiology Services

Advanced Imaging:

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

Cardiology Services:

- Stress Testing
 - Myocardial Perfusion Imaging (SPECT & PET)
 - Stress Echocardiology
- Cardiac CT & MRI
- Echocardiography; Transthoracic, Transesophageal*
- Diagnostic Heart Catheterization*

**Additional Advanced Imaging & Cardiology Service modalities in eviCore's program scope*



To find a complete list of Current Procedural Terminology (CPT) codes that require prior authorization through eviCore, please visit:
<https://www.evicore.com/resources/healthplan/highmark>

Submitting Requests

Methods to Submit Prior Authorization Requests

Provider Portal (preferred)

To submit a request for Prior Authorization from eviCore healthcare you will need to log in to your NaviNet account*.

- ❖ If Highmark has delegated eviCore to manage the Prior Authorization process for the member and requested services, you will be forwarded to the eviCore healthcare provider portal to complete your authorization request submission.

While phone and fax options are available, the provider portal is the quickest, most efficient way to request a prior authorization and check authorization status.

Phone Number:

888-564-5492

Monday – Friday, 7AM – 7PM

Fax Number:

800-540-2406

(go to www.eviCore.com to access clinical worksheets for fax submissions)



Keys to Successful Prior Authorizations

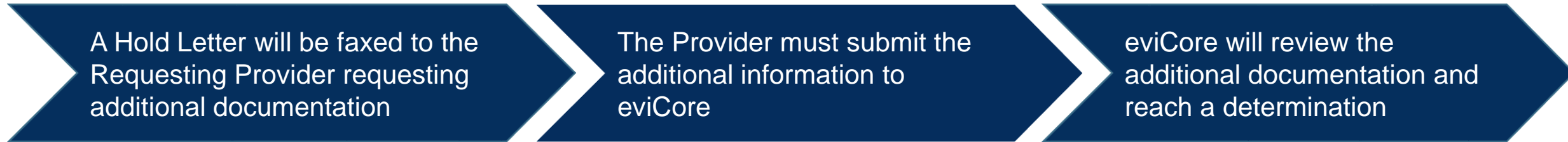
To obtain prior authorization the provider submitting the request will need to provide the below information:



Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

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



A Hold Letter will be faxed to the Requesting Provider requesting additional documentation

The Provider must submit the additional information to eviCore

eviCore will review the additional documentation and reach a determination

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

- Medicare: 1 calendar day
- Commercial: 3 calendar days for OH; 10 calendar days for PA & WV

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

Determination will be completed within 2 business days after the additional information is received.



Prior Authorization Outcomes & Special Considerations

Prior Authorization Approval

Approved Requests

- Standard requests will be processed within 2 business days (*after receipt of all necessary clinical information*)
- Authorizations are valid for 60 calendar days from the date of the final determination
- Authorization letters will be faxed to the ordering physician & rendering facility
- When initiating a case on the web you can receive e-notifications when a determination is made if you provide an email address
- Members will receive a letter by mail
- Approval information can be printed on demand from the eviCore portal: www.eviCore.com



When a Request is Determined as Inappropriate

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

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



Special Circumstances

Retrospective (Retro) Authorization Requests

- Must be submitted
 - Within 730 calendar days from the date of service for Commercial and Medicare cases; within 30 calendar days for DE Medicaid cases
- Retro requests submitted beyond this timeframe will be administratively denied
- Reviewed for clinical urgency and medical necessity
- Retro requests are processed within 30 calendar days after receipt of all necessary clinical information
- When authorized, the start date will be the submitted date of service

Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member
- Reviewed for clinical urgency and medical necessity
- Can be initiated on provider portal or by phone
- Urgent request will be reviewed within:
 - 24 hours not to exceed 72 hours of the request (*after receipt of all necessary clinical information*) for Commercial and Medicare cases, and within 72 hours for DE Medicaid cases



Special Circumstances cont.

Alternative Recommendation

- An alternative recommendation may be offered, based on eviCore's evidence-based clinical guidelines
- The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request
- Providers have up to 14 calendar days to contact eviCore to accept the alternative recommendation

Authorization Update

- If updates are needed on an existing authorization, you can contact eviCore by phone at 888-564-5492
- If the authorization is not updated and a different facility location or CPT code is submitted on the claim, it may result in a claim denial



Reconsideration Options

Pre-Decision Options: Medicare Members

I've received a request for additional clinical information. What's next?

Submission of Additional Clinical Information

- eviCore will notify providers telephonically and in writing before a denial decision is issued on Medicare cases intent to deny notification)
- You can submit additional clinical information to eviCore for consideration per the instructions received
- Additional clinical information must be submitted to eviCore in advance of the due date referenced on the notification letter via the web portal, fax, or via a pre-decision clinical consultation

Pre-Decision Clinical Consultation

- Providers can choose to request a Pre-Decision Clinical Consultation instead of submitting additional clinical information
- The Pre-Decision Clinical Consultation must occur prior to the due date referenced on the "intent to deny" notification
- If additional information was submitted, we proceed with our determination and are not obligated to hold the case for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed

Post-Decision Options: Medicare Members

My case has been denied. What's next?

Clinical Consultation

- Providers can request a Clinical Consultation with an eviCore physician to better understand the reason for denial
- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation

Reconsideration

- Medicare cases do not include a Reconsideration option

Appeals

- eviCore will not process appeals for the Medicare membership
- Appeal requests must be initiated within 60 calendar days and need to be submitted to Highmark – refer to the denial letter on how to submit a request for appeal

Post-Decision Options: Commercial Members

My case has been denied. What's next?

Your determination letter is the best and fastest source for accessing information to assess what options exist on a case that has been denied. You can also call us at 888-564-5492 to speak to an agent who can provide available option(s) and instruction on how to proceed.

Reconsiderations

- Providers and/or staff can request a reconsideration review
- Reconsiderations must be requested within 14 calendar days after the determination date
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an eviCore physician

Appeals

- eviCore will process first-level appeals
- Appeal requests must be submitted to eviCore within 180 calendar days from the initial determination
- Appeal requests can be submitted in writing or verbally via a Clinical Consultation with an eviCore physician
- All clinical information and the prior authorization request will be reviewed by a physician other than the physician who made the initial determination
- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider

Post-Decision Options: DE Medicaid Members

My case has been denied. What's next?

Your determination letter is the best and fastest source for accessing information to assess what options exist on a case that has been denied. You can also call us at 888-564-5492 to speak to an agent who can provide available option(s) and instruction on how to proceed.

Reconsiderations

- Providers and/or staff can request a reconsideration review
- Reconsiderations must be requested within 14 calendar days after the determination date
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an eviCore physician

Appeals

- eviCore will not process appeals for the DE Medicaid membership
- Appeal requests must be initiated through Highmark – refer to the denial letter on how to submit a request for appeal

Provider Portal Overview

SSO - HMK NaviNet to eviCore slides

Single-Sign On for Highmark Providers / NaviNet

The screenshot displays the NaviNet web application interface. At the top, there is a navigation bar with the NantHealth NaviNet logo, links for Home, Help, Contact Support, and Feedback, and a user greeting "Welcome, [username]". Below this is a blue header with "Workflows" and "Active Items". A secondary navigation bar includes "Highmark Blue Shield" and links for "Auth Submissions", "Selection Form", "Request Form", and "Collection Form". The main content area features the eviCore healthcare logo and a navigation menu with "Home", "Authorization Lookup", "Eligibility Lookup", and "Help / Contact Us". The date and time "Friday, October 26, 2018 9:30 AM" and a "Log Off (SSO)" button are visible. A progress indicator shows "20% Complete" with a bar chart. A modal dialog titled "Message from webpage" is open, displaying a warning icon and the text: "Please review the fax and phone numbers presented for accuracy. Change as necessary and click CONTINUE to confirm they are correct. Changes apply only to this specific case. If you wish the change to be permanent, please contact the Health Plan." Below the message is an "OK" button. The background form includes fields for "Fax", "Phone", "Ext.", "Cell Phone", and "Email", each with a "(?)" icon. At the bottom of the modal are "Cancel", "Print", and "Continue" buttons. A link "Click here for help or technical support" is located below the modal.

Member & Request Information

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

BACK **CONTINUE**

[Click here for help](#)

Verify the accuracy of the contact information – this information populates based on the health plan provider data for the NPI number of the ordering practitioner

Requested Service + Diagnosis

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

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

LOOKUP

Trouble selecting diagnosis code? Please follow [these steps](#)

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

Secondary diagnosis is optional for Radiology

LOOKUP

Enter the CPT and ICD10 codes – you will be able to enter multiple CPT codes

Verify Service Selection

Requested Service + Diagnosis

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](#)

BACK

CONTINUE

[Click here for help](#)

- Verify requested service & diagnosis
- Edit any information if needed by selecting Change Procedure or Primary Diagnosis
- Click **continue** to confirm your selection

Site Selection

Start by searching NPI or TIN for the site where the procedure will be performed. You can search by any fields listed. Searching with NPI, TIN, and zip code is the most efficient.

Add Site of Service

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

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

Clinical Certification

Proceed to Clinical Information

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 eviCore.

BACK

CONTINUE

- **Verify that all information is entered and make any changes needed**
- **You will not have the opportunity to make changes after this point**

Standard or Urgent Request?

- If your request is **urgent** select **No**
- When a request is submitted as Urgent, you will be required to upload relevant clinical information
- 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

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

Requesting Multiple CPT Codes

After you determine if the case is urgent or standard, you will be asked about additional procedures. Select **YES** if you want to add multiple CPT codes.

Clinical Certification

Will there be any additional procedures needing prior authorization for the same patient, date of service, and site of service?
 Yes No

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

Clinical Certification

Please enter the additional procedure code

70552

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

- Select **YES** to add Additional CPT codes.
- Enter one CPT at a time and select **SUBMIT** after each one.

Requesting Multiple CPT Codes

Clinical Certification

PROCEDURE CODE: 71447 WAS NOT ADDED TO THIS REQUEST

The medical discipline for this procedure requires a separate request.

Would you like to request an additional procedure code?

Yes No

SUBMIT

Cancel Print

If the CPT code does not pass validation, an onscreen message will inform you that the code is either out of scope, has been requested already, or requires the creation of a separate authorization

After successful completion, an onscreen message will display: "Each of your requested procedure codes has been added to this authorization"

Clinical Certification

Each of your requested procedure codes has been added to this authorization.

You can also find the procedure codes associated to this request via "Authorization Lookup" on the web.

SUBMIT

Finish Later

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

Cancel Print

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

CAREFUL
Selecting **CANCEL** will not save or submit any of the info you've just entered.

Requesting Multiple CPT Codes

● BEGINNING OF CLINICAL QUESTIONNAIRE FOR 70549 (MRA NECK W & W/O CONTRAST). Please click submit.

Proceed

SUBMIT

The clinical portion of the pathway will address each procedure requested individually.

Clinical Certification

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

Yes No

SUBMIT

Clinical Certification

Your request has been sent for further medical review for the following procedures: 70549, 70552, 70555

Provider Name:
Provider Address:

Contact:
Phone Number:
Fax Number:

Patient Name:
Insurance Carrier:

Patient Id:

Site Name:

Site ID: F54507

Site Address:

Primary Diagnosis Code: 200.00

Description: Encounter for general adult medical examination without abnormal findings

Secondary Diagnosis Code:

Description:

Date of Service: Not provided

CPT Code: 70549

Description: MRA NECK W & W/O CONTRAST

Case Number:

Review Date:

Expiration Date:

Status: Your request has been sent for further medical review for the following procedures: 70549, 70552, 70555

Print Continue

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


Example of Summary with all CPT codes

Proceed to Clinical Information – Survey Questions

Attention!

Is this a request for a bilateral procedure of a previously requested authorization?

- **Clinical Certification** questions populate based upon the information provided – see www.eviCore.com to access the Clinical Worksheets



MRI Abdomen and Pelvis Imaging Request

For NON-URGENT requests, please fax this completed document along with medical records, imaging, tests, etc. If there are any inconsistencies with the medical office records, please elaborate in the comment section. Failure to provide all relevant information may delay the determination. Phone and fax numbers can be found on eviCore.com under the Guidelines and Fax Forms section. You may also log into the provider portal located on the site to submit an authorization request. **URGENT (same day) REQUESTS MUST BE SUBMITTED BY PHONE.**

| | | | | |
|--------------------------|--|--|-----------------------|------------------|
| Patient/Member | First Name: _____ | | Middle Initial: _____ | Last Name: _____ |
| | DOB (mm/dd/yyyy): _____ | | | |
| | Street Address: _____ | | | |
| | City: _____ | | | |
| | Home Phone: _____ | | | |
| Health Plan: _____ | | | | |
| Ordering Provider | First Name: _____ | | | |
| | Primary Specialty: _____ | | | |
| | Physician Phone: _____ | | | |
| | Address: _____ | | | |
| | City: _____ | | | |
| Facility/Site | First Name: _____ | | | |
| | Group/Site Name: _____ | | | |
| | Primary Specialty: _____ | | | |
| | Site Phone: _____ | | | |
| | Address: _____ | | | |
| Procedure | Check all applicable CPT Codes: | | MRI Abd _____ | |
| | | | MRI _____ | |
| Diagnosis | Diagnosis, if known or rule out: _____ | | | |
| | ICD-10 Codes: _____ | | | |
| | Date of last visit: _____ | | | |

CONFIDENTIALITY NOTICE: This fax transmission regulations such as the Health Insurance Portability (s) named above. If you are not the intended recipient, disclosure, copying, distribution or use of any of the received this transmission in error, please immediately inform the sender.

| | | | | |
|--|--|--|--|--|
| Clinical Information | 1. Date of most recent office visit or other contact with physician: _____ <input type="checkbox"/> Don't Know | | | |
| | 2. Type of most recent documented contact with physician? | | | |
| | <input type="radio"/> Hospital | | <input type="radio"/> Phone call with office staff | |
| | <input type="radio"/> Office visit | | <input type="radio"/> Phone call with physician | |
| | <input type="radio"/> Email | | <input type="radio"/> Don't Know | |
| | <input type="radio"/> Other: _____ | | | |
| | 3. Is there a reason to avoid CT contrast (allergy to contrast material or renal failure)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know | | | |
| | 4. Is a lipoma suspected? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know | | | |
| | 5. Are there unclear findings on previous ultrasound? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know | | | |
| | 6. Is there a current pregnancy? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know | | | |
| | 7. Is this for right lower quadrant pain with associated fever? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know | | | |
| | 8. Is this to evaluate for causes of hematuria? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know | | | |
| | 9. Is pain present? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know | | | |
| | 10. Are there unclear findings in previous CT-Abdomen imaging? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know | | | |
| | 11. Is this for right upper quadrant pain associated with fever? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know | | | |
| | 12. Is jaundice present? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know | | | |
| | 13. Is the AFP elevated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know | | | |
| | 14. Is the study to evaluate liver lesion? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know | | | |
| | 15. Are there unclear findings in previous CT-Pelvic imaging? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know | | | |
| | 16. Is this for pre or post surgery? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know | | | |
| 17. Is a UAE planned? (Uterine Artery Embolization is an invasive procedure to treat fibroids) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know | | | | |
| 18. Has a UAE been completed within the last 6 months? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know | | | | |
| 19. Is abnormal uterine or vaginal bleeding present? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know | | | | |
| 20. Has there been a period of conservative treatment (Birth control pills or hormones)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know | | | | |

eviCore healthcare | www.eviCore.com | 400 Buckwater Place Blvd • Bluffton, SC • 29910 | 800.310.0924

Clinical Certification

Enhanced Process

- Clinical survey questions **may** populate based upon the information provided.
However...
- For some cardiology and radiology cases, the experience may be different due to enhancements we are making in the system.
- We have been able to replace clinical surveys with a new faster and streamlined process.
- These enhancements will reduce submission time and improve turnaround times.



Finalizing the Case Submission

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.”

Next Step: Criteria not met

If criteria are not met based on clinical questions, you will receive a similar request for additional info:

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

- I would like to upload a document after the survey
- I would like to enter additional notes in the space provided
- I would like to upload a document and enter additional notes
- I have no additional information to provide at this time

SUBMIT

Summary of Your Request

Please review the details of your request below and if everything looks correct click SUBMIT

Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.

| | | | |
|---------------------------|---|---------------|--------------------------|
| Provider Name: | DR. ROBERTA MARIE GARDNER MD/FA | Contact: | DR. |
| Provider Address: | 1000 W. 10th St Suite 1000, Lincoln, NE 68502 | Phone Number: | 402-441-1000 |
| Patient Name: | MARIE MARIE | Fax Number: | 402-441-1000 |
| Insurance Carrier: | WELLS FARGO | Patient Id: | 100000000 |
| Site Name: | CLINICAL REVISIONS LLC | Site ID: | 100000000 |
| Site Address: | 875 S. 10th St Lincoln, NE 68502 | | |
| Primary Diagnosis Code: | 99.05 | Description: | Recurrent pregnancy loss |
| Secondary Diagnosis Code: | | Description: | |
| Date of Service: | Not provided | Description: | OB Ultrasound |
| CPT Code: | 99201 | | |
| Case Number: | 100000000 | | |
| Review Date: | 5/13/2020 2:36:00 PM | | |
| Expiration Date: | N/A | | |
| Status: | Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641. | | |

Tips:

- Upload clinical notes on the portal, to avoid any delays (e.g., by faxing)
- Enter additional notes in the space provided only when necessary
- Additional information uploaded to the case will be sent for clinical review
- Print-out a summary of the request that includes the case # and indicates 'Your case has been sent to clinical review'

Criteria Met: Real-time Approval

If your request is authorized during the initial submission, you can print the summary of the request for your records.

Summary of Your Request

Please review the details of your request below and if everything looks correct click SUBMIT

Your case has been Approved.

| | | | |
|----------------------------------|---|----------------------|----------------------------------|
| Provider Name: | DR. BHARATH MANU ANKARA VEETHI | Contact: | 1000 |
| Provider Address: | 1200 6TH AVE W SAINT CLOUD, MN 56301 | Phone Number: | (320) 254-1000 |
| | | Fax Number: | (320) 254-1000 |
| Patient Name: | WILLIAM | Patient Id: | 1000000 |
| Insurance Carrier: | WILLIAM | | |
| Site Name: | CLINICAL RESEARCH CENTER | Site ID: | 1000000 |
| Site Address: | 875 UNIVERSITY BLVD SE CLINICAL FL 30702 | | |
| Primary Diagnosis Code: | R68.89 | Description: | Other general symptoms and signs |
| Secondary Diagnosis Code: | | Description: | |
| Date of Service: | Not provided | Description: | MRI LOWER EXTREMITY JOINT W/O |
| CPT Code: | 73721 | | |
| Authorization Number: | 1000000 | | |
| Review Date: | 5/13/2020 1:52:08 PM | | |
| Expiration Date: | 6/27/2020 | | |
| Status: | Your case has been Approved. | | |

CANCEL **PRINT** **CONTINUE**

Additional Provider Portal Features

Authorization Lookup

| | | | | | | | | |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|
| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Manage Your Account |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|

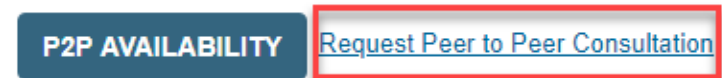
Authorization Lookup

Search by Member Information Search by Authorization Number/ NPI

- You can look-up authorization status on the portal
- Search by member information OR
- Search by authorization number with ordering NPI
- View and print any correspondence


How to schedule a Peer to Peer Request

- Log into your account at www.evicore.com
- Perform Authorization Lookup to determine the status of your request.
- Click on the “P2P Availability” button to determine if your case is eligible for a Peer to Peer conversation:
- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.



Authorization Lookup

| | |
|-----------------------|--------|
| Authorization Number: | NA |
| Case Number: | |
| Status: | Denied |
| P2P Status: | |



How to schedule a Peer to Peer Request

Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the “All Post Decision Options” button to learn what other action may be taken.

Authorization Lookup

| | | |
|-------------------------|---|---|
| Authorization Number: | NA | |
| Case Number: | | Request Peer to Peer Consultation |
| 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. | |
| P2P Status: | | |

ALL POST DECISION OPTIONS

Once the “Request Peer to Peer Consultation” link is selected, you will be transferred to our scheduling software via a new browser window.

How to Schedule a Peer to Peer Request

Case Info Questions Schedule Confirmation

New P2P Request

eviCore healthcare P2P Portal

Case Reference Number

Member Date of Birth

+ Add Another Case

Lookup Cases >

Upon first login, you will be asked to confirm your default time zone.

You will be presented with the Case Number and Member Date of Birth (DOB) for the case you just looked up.

You can add another case for the same Peer to Peer appointment request by selecting “Add Another Case”

To proceed, select “Lookup Cases”

You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click Continue to proceed.

New P2P Request

eviCore healthcare P2P Portal

Case Ref #: Remove ✔ P2P Eligible

! Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

| Member Information | Case P2P Information |
|--------------------|-------------------------------------|
| Name | Episode ID |
| DOB | P2P Valid Until 2020-11-11 |
| State | Modality MSK Spine Surgery |
| Health Plan | Level of Review Reconsideration P2P |
| Member ID | System Name ImageOne |

Continue

How to Schedule a Peer to Peer Request

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type MSK Spine Surgery

Level of Review Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

| Mon | Tues | Wed | Thurs | Fri |
|-----|------|-----|-------|-----|
| ✓ | ✓ | ✓ | ✓ | ✗ |

Preferred Times

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

Time Zone

US/Eastern

[Continue >](#)

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

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week 5/18/2020 - 5/24/2020 (Upcoming week) Next Week →

1st Priority by Skill

| Mon 5/18/20 | Tue 5/19/20 | Wed 5/20/20 | Thu 5/21/20 | Fri 5/22/20 | Sat 5/23/20 | Sun 5/24/20 |
|---|-------------|-------------|-------------|-------------|-------------|-------------|
| 6:15 pm EDT 6:30 pm EDT 6:45 pm EDT | - | - | - | - | - | - |

1st Priority by Skill

| Mon 5/18/20 | Tue 5/19/20 | Wed 5/20/20 | Thu 5/21/20 | Fri 5/22/20 | Sat 5/23/20 | Sun 5/24/20 |
|--|--|--|--|-------------|-------------|-------------|
| 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT 4:15 pm EDT Show more... | 2:00 pm EDT 2:15 pm EDT 2:30 pm EDT 2:45 pm EDT Show more... | 4:15 pm EDT 4:30 pm EDT 4:45 pm EDT 5:00 pm EDT Show more... | 3:15 pm EDT 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT Show more... | - | - | - |

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

How to Schedule a Peer to Peer

Confirm Contact Details

- Contact Person Name and Email Address will auto-populate per your user credentials

The screenshot shows a multi-step scheduling process with four stages: Case Info, Questions, Schedule, and Confirmation. The 'P2P Contact Details' section is active and contains the following fields:

- Name of Provider Requesting P2P:** Dr. Jane Doe (indicated by a blue arrow)
- Contact Person Name:** Office Manager John Doe
- Contact Person Location:** Provider Office
- Phone Number for P2P:** (555) 555-5555 (indicated by a blue arrow)
- Phone Ext.:** 12345 (indicated by a blue arrow)
- Alternate Phone:** (xxx) xxx-xxxx
- Phone Ext.:** Phone Ext.
- Requesting Provider Email:** droffice@internet.com
- Contact Instructions:** Select option 4, ask for Dr. Doe (indicated by a blue arrow)

A 'Submit >' button is located at the bottom right of the form.

- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:

- Name of Provider Requesting P2P
- Phone Number for P2P
- Contact Instructions

- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

The screenshot shows a 'Scheduling' summary page with the following details:

- Scheduling** (calendar icon)
- Scheduled** (calendar icon)
- Mon 5/18/20 - 6:30 pm EDT** (clock icon)
- SCHEDULED** (circled in red)

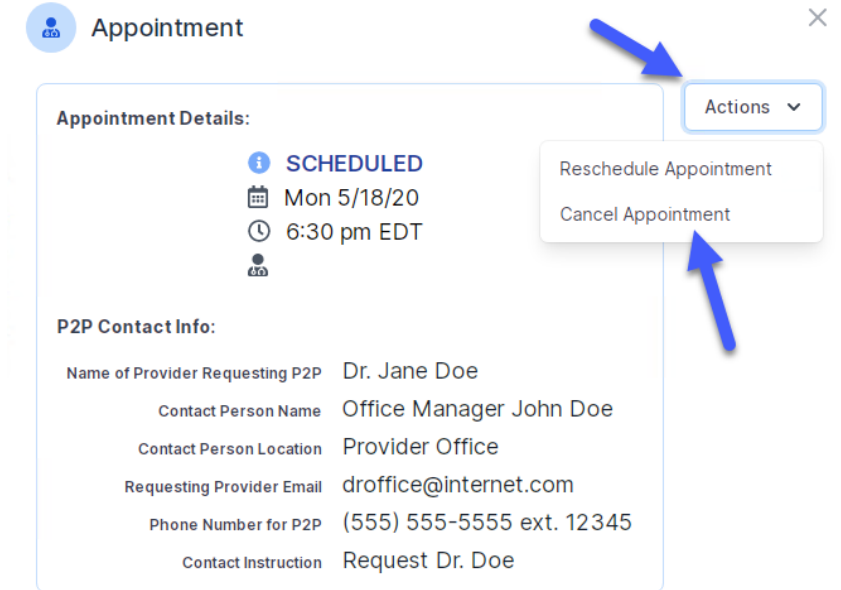
Canceling or Rescheduling a Peer to Peer Appointment

To cancel or reschedule an appointment

- Access the scheduling software per the instructions above
- Go to “My P2P Requests” on the left pane navigation.
- Select the request you would like to modify from the list of available appointments
- Once opened, click on the schedule link. An appointment window will open
- Click on the Actions drop-down and choose the appropriate action

If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.

If choosing to cancel, you will be prompted to input a cancellation reason



- Close browser once done

Provider Resources

Dedicated Call Center

Prior Authorization Call Center – 888-564-5492

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

Providers can contact our call center to perform the following:

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



Provider Resource Website

Provider Resource Pages

eviCore's Provider Experience team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis. The provider resource page will include, but is not limited to, the following educational materials:

- Frequently Asked Questions
- Quick Reference Guides
- Provider Training
- CPT code list

To access these helpful resources, please visit <https://www.evicore.com/resources/healthplan/highmark>

Receive tips and stay updated eviCore's provider newsletter. Subscribe at www.eviCore.com. Just scroll down and add a valid email so that we can send you monthly updates.



Provider Resource Review Forums

The eviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

We invite you to attend a Provider Resource Review Forum, to navigate www.eviCore.com and understand all the resources available on the Provider's Hub. Learn how to access:

- eviCore's evidence-based clinical guidelines
- Clinical worksheets
- Check-status function of existing prior authorization
- Search for contact information
- Podcasts & Insights
- Training resources

I want to learn how to...

Learn how to...

Find Contact Information

Health Plan

Select a Health Plan...*

Solution

Select a Solution...*

START

PROVIDERS: Check Prior Authorization Status Login Resources ^

Resources

CLINICAL GUIDELINES

- Clinical Worksheets
- Network Standards/Accreditations
- Provider Playbooks

I Would Like To

- Request a Consultation with a Clinical Peer Reviewer
- Request an Appeal or Reconsideration
- Receive Technical Web Support
- Check Status Of Existing Prior Authorization

Learn How To

- Submit A New Prior Authorization
- Upload Additional Clinical
- Find Contact Information

GO TO PROVIDER'S HUB >

How to register for a Provider Resource Review Forum?

You can find a list of scheduled **Provider Resource Review Forums** on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming

Client & Provider Operations Team

Client and Provider Services

Dedicated team to address provider-related requests and concerns including:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- Consumer Engagement Inquiries
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

How to Contact our Client and Provider Services team

Email: ClientServices@evicore.com (preferred)

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

For prompt service, please have all pertinent information available. When emailing, make sure to include the health plan in the subject line with a description of the issue, with member/provider/case details when applicable.



Provider Engagement Team

Provider Engagement team

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

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

How to contact the Provider Engagement team?

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

Thank You!

