

# Radiology and Cardiology

Provider Orientation Sessions for Horizon NJ Health and Horizon NJ Total Care



© 2019 eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.



---

# Company Overview

---





## 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



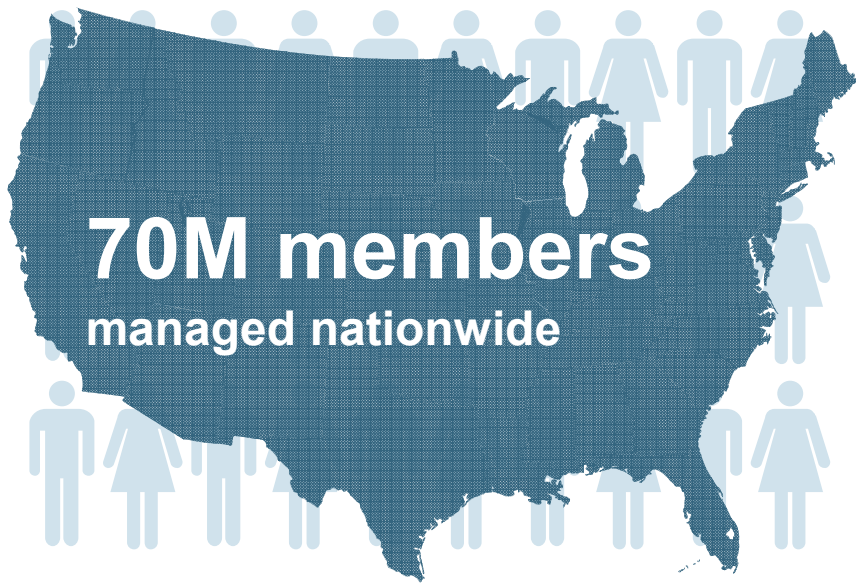
**Quality Improvement Organizations**  
Sharing Knowledge. Improving Health Care.  
CENTERS FOR MEDICARE & MEDICAID SERVICES

# Radiology Solution - Our Experience

**30+ Regional**  
and National Clients

**37k+**  
Cases built per day

**24 Years**  
Managing Radiology Services



## Members Managed

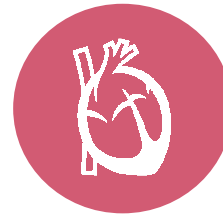
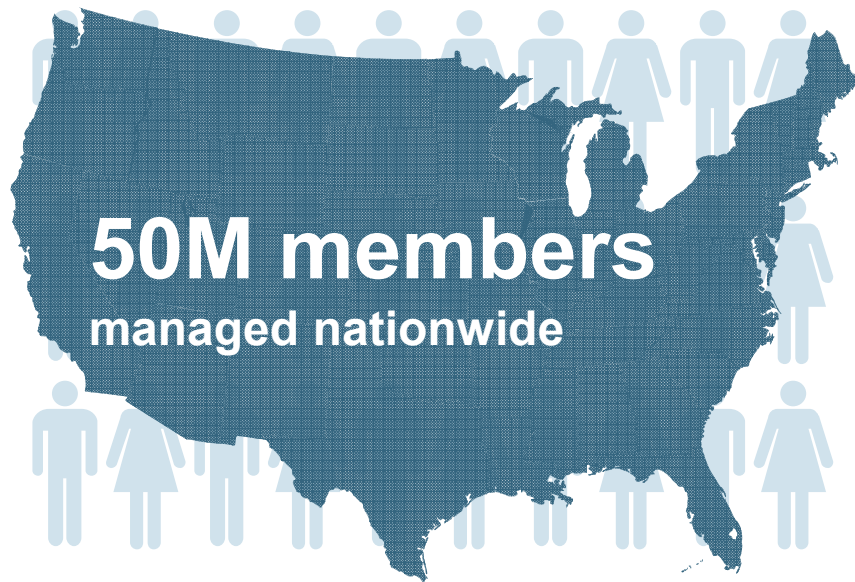
- **25.5M Commercial Memberships**
- **2M Medicare Memberships**
- **6.5M Medicaid Memberships**

# Cardiology Solution - Our Experience

**20+ Regional**  
and National Clients

**10k+**  
Cases built per day

**13 Years**  
Managing Radiology Services



## Members Managed

- **37.7M Commercial Memberships**
- **2.3M Medicare Memberships**
- **5.98M Medicaid Memberships**

# 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

## Competency-Based Routing

- Allows clinically complex cases to automatically route to a specific queue, based on clinical specialty for review
- Ensures greater accuracy of decision-making across the many clinical disciplines

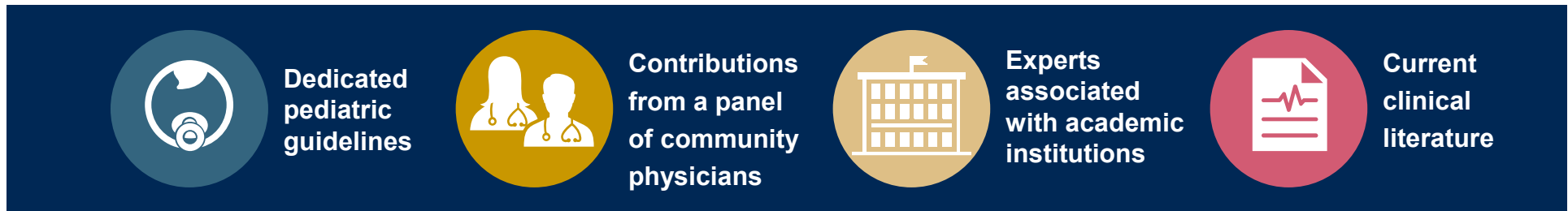


---

# Evidence-Based Guidelines

---

## The foundation of our solutions:



## 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

# Our 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.



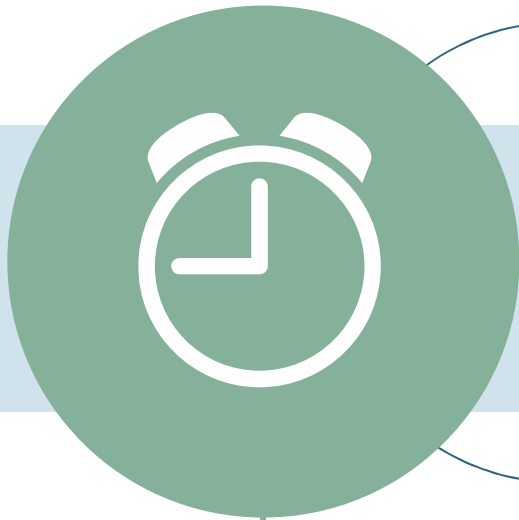
### Regional Provider Engagement Managers

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

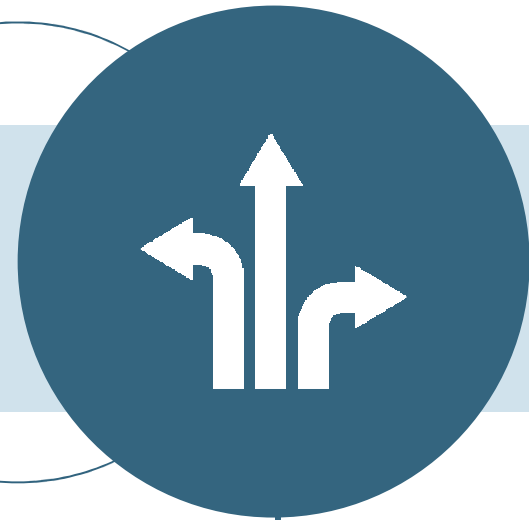
---



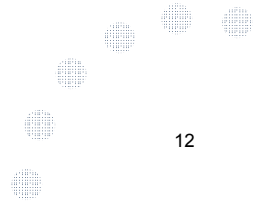
**One centralized intake point** allows for timely identification, tracking, trending, and reporting of all issues. It also enables eviCore to quickly identify and respond to systemic issues impacting multiple providers.



**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.



---

# **Radiology and Cardiology Prior Authorization Process**

---

---

## Program Overview

---

eviCore healthcare will begin accepting requests on **12/16/2019** for dates of service **1/1/2020** and beyond

**Prior authorization applies to services that are:**

- Outpatient
- Elective / Non-emergent
- Diagnostic

**Prior authorization through eviCore **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.**

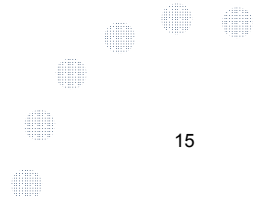
---

## Applicable Membership

---

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

- **Medicaid Managed Care**
- **NJ FamilyCare**
- **Horizon NJ TotalCare (HMO SNP)**
- **Managed Long Term Services & Supports (MLTSS)**



## Prior Authorization Required:

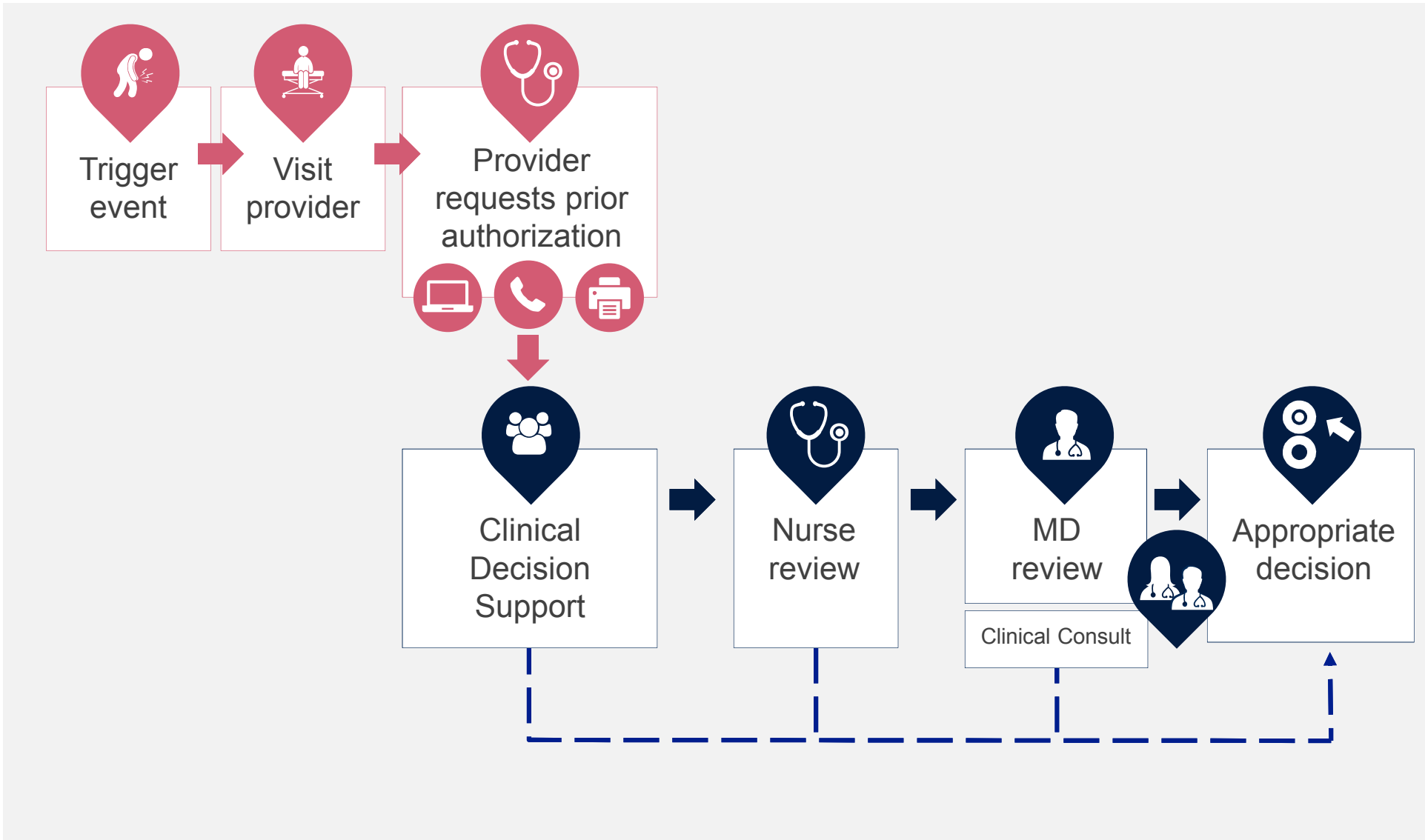
- CT, CTA (Computed Tomography, Computed Tomography Angiography)
- MRI, MRA (Magnetic Resonance Imaging, Magnetic Resonance Angiography)
- PET (Positron Emission Tomography)
- NCM/MPI (Nuclear Cardiac Imaging)
- Stress Echocardiograms
- Diagnostic Heart Catheterizations
- Cardiac Implantable Devices

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

<https://www.horizonnjhealth.com/providers/resources/utilization-management/precertification-reference-list/horizon-nj-health>



# Prior Authorization Process



---

## 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 days 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
- 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
- Mailed to the member

---

## Special Circumstances

---

### Appeals

- eviCore will process first level appeals for the Medicaid population. DSNP appeals will remain with Horizon BCBS.
- Requests for appeals must be submitted to eviCore within 60 calendar days of the initial determination
- The imaging request and all clinical information provided will be reviewed by a physician other than the one who made the initial determination.
- A written notice of the appeal decision will be mailed to the member and faxed to the provider

### Outpatient Urgent Studies

- Contact eviCore by web request or 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](http://www.eviCore.com) providers can spend their time where it matters most — with their patients!

Or by phone:

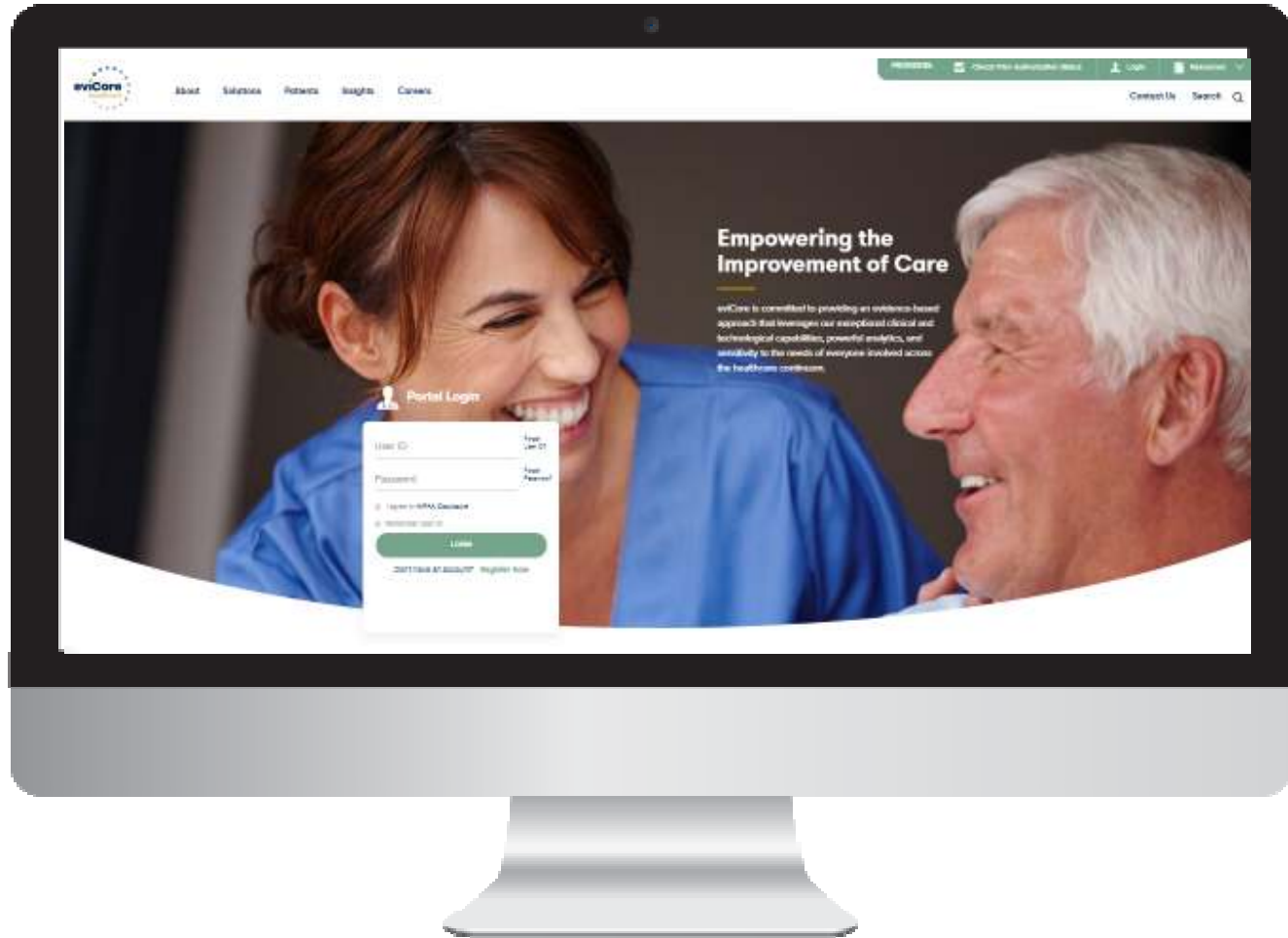
**866-496-6200**

**7AM – 7PM ET.**

Monday – Friday

**9AM – 5PM ET.**

Saturday - Sunday



# Web Portal Services

The screenshot displays the eviCore healthcare website. At the top left is the eviCore healthcare logo. The navigation menu includes links for About, Solutions, Patients, Insights, and Careers. On the right side of the header, there are links for PROVIDERS: Check Prior Authorization Status, Login, and Resources. A Contact Us link and a search icon are also present.

The main content area features a large background image of a smiling healthcare professional in blue scrubs interacting with an elderly patient. Overlaid on the left side of this image is a 'Portal Login' form. The form includes fields for 'User ID' and 'Password', each with a 'Forgot' link. Below these fields are checkboxes for 'I agree to HIPAA Disclosure' and 'Remember User ID'. A green 'LOGIN' button is positioned below the checkboxes, and a link for 'Don't have an account? Register Now' is at the bottom of the form.

## Empowering the Improvement of Care

eviCore is committed to providing an evidence-based approach that leverages our exceptional clinical and technological capabilities, powerful analytics, and sensitivity to the needs of everyone involved across the healthcare continuum.

# Creating An Account

eviCore healthcare \* 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: 1-800-818-8924 x29136.

### 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.

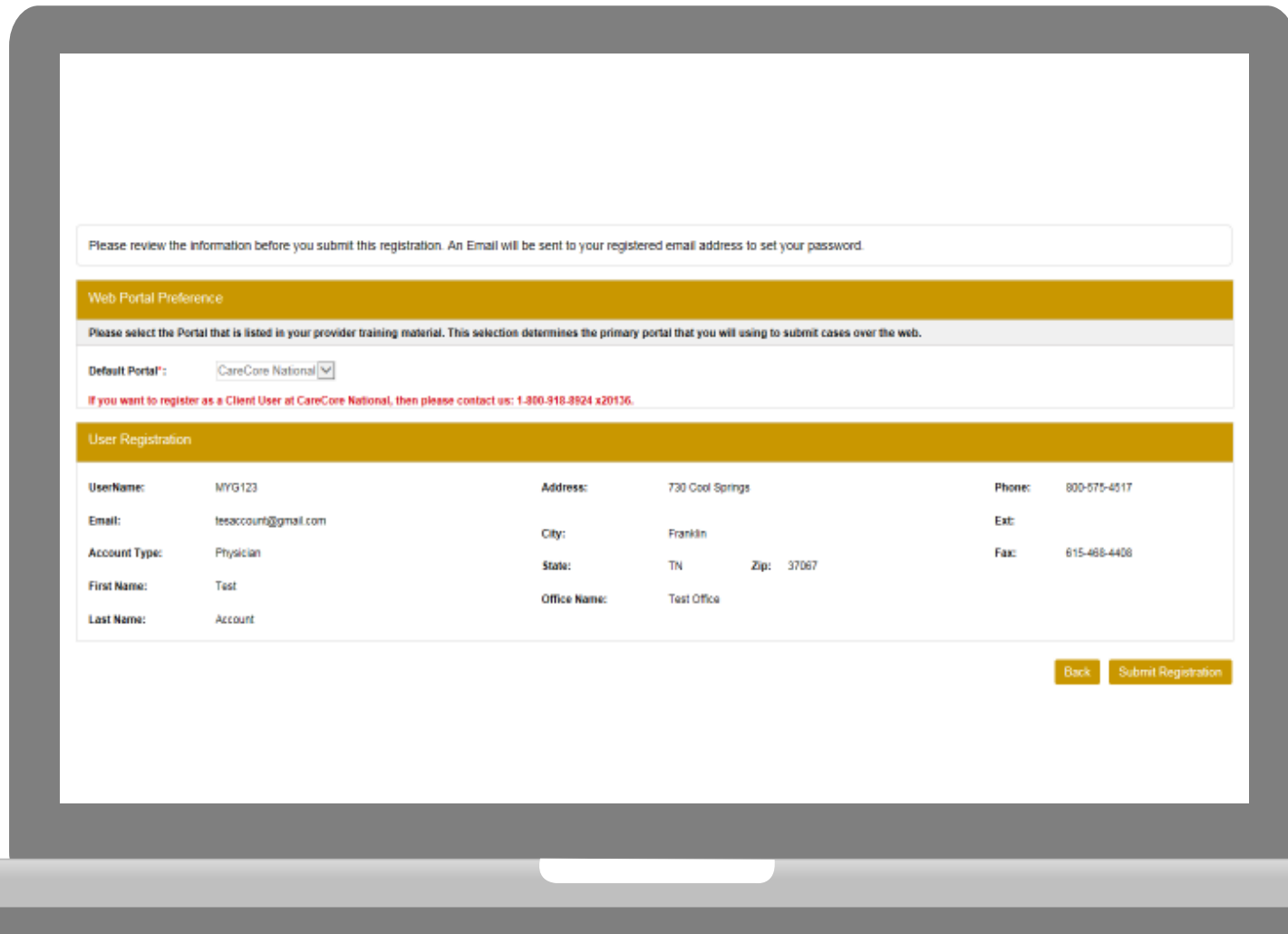
User Name*: <input type="text"/>	Address*: <input type="text"/>	Phone*: <input type="text"/>
Email*: <input type="text"/>	<input type="text"/>	Ext: <input type="text"/>
Confirm Email*: <input type="text"/>	City*: <input type="text"/>	Fax*: <input type="text"/>
First Name*: <input type="text"/>	State*: <span style="border: 1px solid black; padding: 2px;">Select</span> <input type="text"/>	Zip*: <input type="text"/>
Last Name*: <input type="text"/>	Office Name*: <input type="text"/>	



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



# Creating An Account



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

# User Registration-Continued

**USER REGISTRATION**

**User Access Agreement** \*Required

eviCore

Provider/Customer Access Agreement for Web-Based Applications

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

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

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

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

Accept Terms and Conditions \*

Submit Cancel



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

# User Registration-Continued



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

# 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.

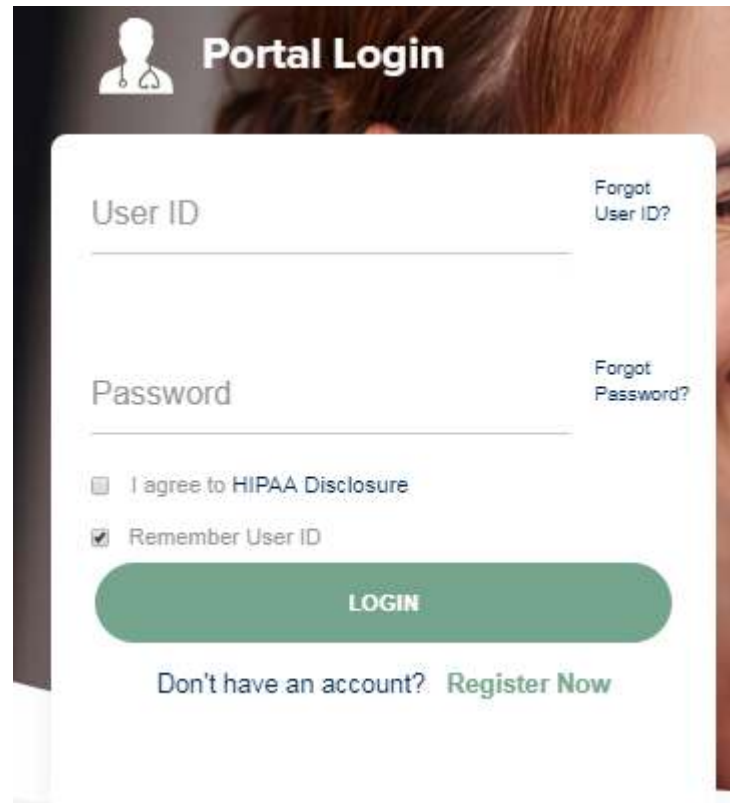
Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters.

New Password\*

Confirm New Password\*

Save

# Account Log-In



The screenshot shows a 'Portal Login' form. At the top left is a white icon of a person with a stethoscope. To its right is the text 'Portal Login'. Below this is a white form box with a light green border. Inside the form box, there 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 the checkboxes is a large green button with the text 'LOGIN'. At the bottom of the form box is the text '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**.”

---

# Account Overview

---

---

# Initiating A Case

---

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 >>](#)

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

# Add Practitioners

Log Out

## 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

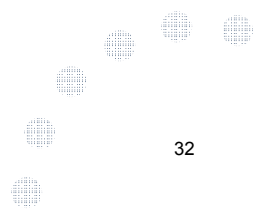
Add Provider

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

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

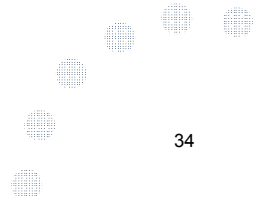
---

## 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

Select the matching record based upon your search criteria



---

# Manage Your Account

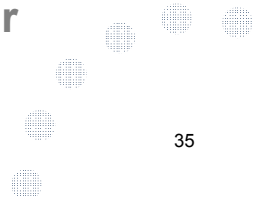
---

## 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.

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

eviCore healthcare

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

### Certification Summary

Search. 🔍

Page 1 of 0 10 ▼

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>			

Page 1 of 0 10 ▼

The Certification Summary option stores cases recently created.

# Case Initiation

# Initiating A Case

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

[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 >>](#)

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

---

# Select Program

---

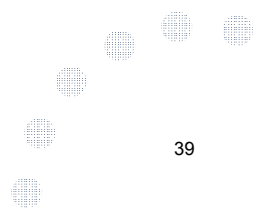
## Clinical Certification

Please select the program for your certification:


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

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

Select the **Program** for your certification.



# Select Provider



10% Complete

## Clinical Certification

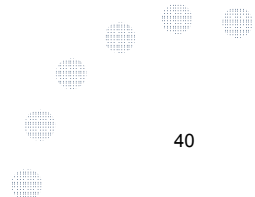
Select the practitioner or group for whom you want to build a case. If the practitioner, group, or lab for whom you wish to build a case is not listed, please visit [Manage Your Account](#) to associate the new practitioner, group, or lab.

Filter Last Name or NPI:

Selected Physician:

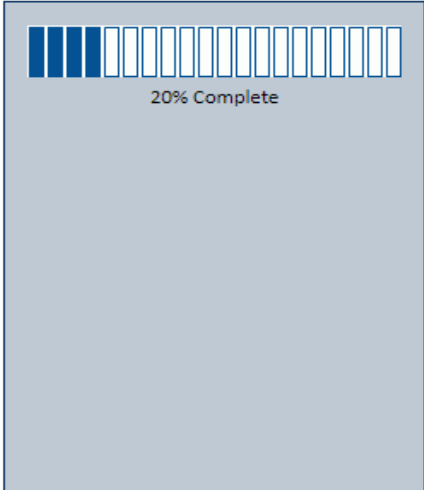
Provider	
SELECT	:
SELECT	:
SELECT	:
SELECT	:
SELECT	:
SELECT	:
SELECT	:
SELECT	:
SELECT	:
SELECT	:
1 2 3	

[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.

Please Select a Health Plan

- BCBSTX
- COMMUNITY HEALTH OPTIONS
- FIDELIS CARE
- GHI
- HEALTH ALLIANCE PLAN
- HEALTHFIRST
- HIP
- HMO SELECT - GHI
- HORIZON
- HORIZON MEDICAID**
- KAISER PERMANENTE
- MASSHEALTH
- MODA HEALTH
- MOLINA HEALTHCARE
- MVP
- OSCAR
- OXFORD
- PRIORITY HEALTH
- PROMINENCE HEALTH PLAN
- QUALCHOICE

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  [?]

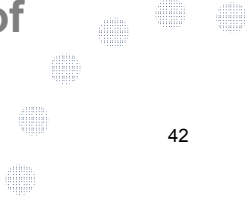
Ext.  [?]

Cell Phone

Email

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

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

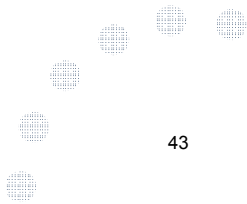


# Member/Procedure Information

**Attention!**


Has this procedure been performed?

Verify if the procedure has already been performed.



# Member Information

Log Off



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[?]

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)

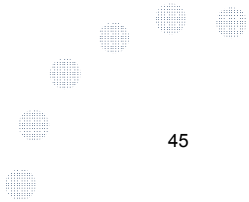
*Secondary diagnosis is optional for Radiology*

[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

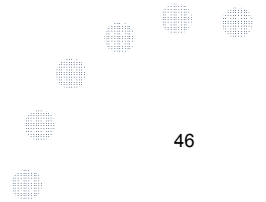
## Clinical Certification

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

Log Off

100% Complete

Provider and NPI

Patient

Service

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

EDIT

EDIT

## 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

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

---

# Clinical Certification

---

## 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 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):

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

---

## 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

Log Off

## 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

---

## 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: \_\_\_\_\_ Contact: \_\_\_\_\_  
Provider Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

---

Patient Name: \_\_\_\_\_ Patient Id: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_

---

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.

# Building Additional Cases

## 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 |
- 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.



# Authorization Status

## Authorization Lookup

Authorization Number: :  
Case Number: :  
Status: Approved  
Approval Date: 1/16/2019 11:21:14 AM  
Service Code: 73721  
Service Description: MRI LOWER EXTREMITY JOINT W/O  
Site Name:  
Expiration Date: 4/16/2019  
Date Last Updated: 1/16/2019 11:21:15 AM  
Correspondence: [VIEW CORRESPONDENCE](#)

**Procedures**

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
73721 <a href="#">CHANGE SERVICE CODE</a>	73721 Magnetic resonance imaging (MRI) (a special kind of picture) of your knee or ankle without contrast (dye)	1	1	

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

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

The authorization will then be accessible to review. To print authorization correspondence, select **View Correspondence**.

# Eligibility Look Up



Log Off (INTGTEST)

## Eligibility Lookup

Health Plan: HORIZON  
Patient ID:  
Member Code: 101  
Cardiology Eligibility: **Prior authorization required**  
Radiology Eligibility: **Prior Authorization Required.**  
Radiation Therapy Eligibility: **Prior authorization required**  
MSM Pain Mgt Eligibility:  
Laboratory Eligibility:  
Disclaimer:

Print Done Search Again

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

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

---

# Provider Resources



# Provider Resources: Prior Authorization Call Center



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

**7:00 AM - 7:00 PM (Eastern Time): 866-496-6200**

- 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

[www.eviCore.com](http://www.eviCore.com)

To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email [portal.support@evicore.com](mailto: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) 575-4517 (Option #3) or email [clientservices@evicore.com](mailto: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 healthplan

## Provider Resources: Implementation Website



Provider Enrollment Questions – Contact Horizon NJ Health and Horizon NJ Total Care 800-682-9091

<https://www.horizonnjhealth.com/for-providers/resources/utilization-management/precertification-reference-list/horizon-nj-health>



Web-Based Services

Horizon NJ Health and Horizon NJ Total Care Provider Resources Page – Includes all implementation documents:

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



Client Provider Operations

- Provider Orientation Presentation
- Quick Reference Guide
- FAQ documents and announcement letters



Documents

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](mailto:ClientServices@evicore.com).

---

# Thank You!

---

