

# Pain Management, Spine Surgery, Joint Surgery Preauthorization for Blue Cross and Blue Shield Medicaid

## Provider Orientation



# Solutions



---

# Our Clinical Approach

---

# Clinical Staffing – Multispecialty Expertise

Dedicated nursing and physician specialty teams for a wide range of solutions

- ◊ **Anesthesiology**
- ◊ **Cardiology**
- ◊ **Chiropractic**
- ◊ **Emergency Medicine**
- ◊ **Family Medicine**
  - Family Medicine/OMT
  - Public Health & General Preventative Medicine
- ◊ **Gastroenterology**
- ◊ **Internal Medicine**
  - Cardiovascular Disease
  - Critical Care Medicine
  - Endocrinology, Diabetes & Metabolism
  - 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**



400+  
medical  
directors

Covering 51  
specialties

1k+  
nurses

# Evidence-Based Guidelines

The foundation of our musculoskeletal solution:



Dedicated  
pediatric  
guidelines



Medicare  
LCDs & NCDs



Academic  
institutional  
experts and  
community  
physician panels



Current  
clinical  
literature

## Aligned with National Societies

- American Academy of Neurology
- American College of Rheumatology
- American Association of Neurological Surgeons
- American Academy of Orthopedic Surgeons
- American Society of Interventional Pain Physicians
- North American Spine Society
- American College of Occupational and Environmental Medicine
- American Academy of Physical Medicine and Rehabilitation
- American Association of Hip and Knee Surgeons
- American Pain Society
- Official Disability Guidelines
- Medicare Guidelines
- Spine Intervention Society
- American Academy of Orthopedic Surgeons
- The American Orthopedic Society for Sports Medicine
- Cochrane Reviews
- American Physical Therapy Association
- American Chiropractic Association
- American Occupational Therapy Association
- American Speech Language Hearing Association
- American Society of Anesthesiologists

---

# **Preauthorization Program for Blue Cross and Blue Shield Medicaid**

---

## Program Overview

---

**eviCore began accepting requests on May 22, 2017 for dates of service June 1, 2017 and beyond.**

**Preauthorization applies to services that are:**

- Outpatient
- Elective / Non-emergent
- Inpatient-initial

**eviCore Preauthorization **does not apply** to services that are performed in:**

- Emergency room
- Inpatient-subsequent
- 23-hour observation

**It is the responsibility of the ordering provider to request preauthorization approval for services.**

# Applicable Membership

---

Preauthorization is required for Blue Cross and Blue Shield members enrolled in the following programs:

- **Blue Cross and Blue Shield of Illinois**
  - **Medicaid members**



## Preauthorization Required:

### Joint Surgery-IP & OP

- Large joint replacement
- Arthroscopic and open procedures

### Spine Surgery-IP & OP

- Spinal Implants
  - Spinal cord stimulators
  - Pain Pumps
- Cervical/Thoracic/Lumbar
  - Decompressions
  - Fusions

### Interventional Pain

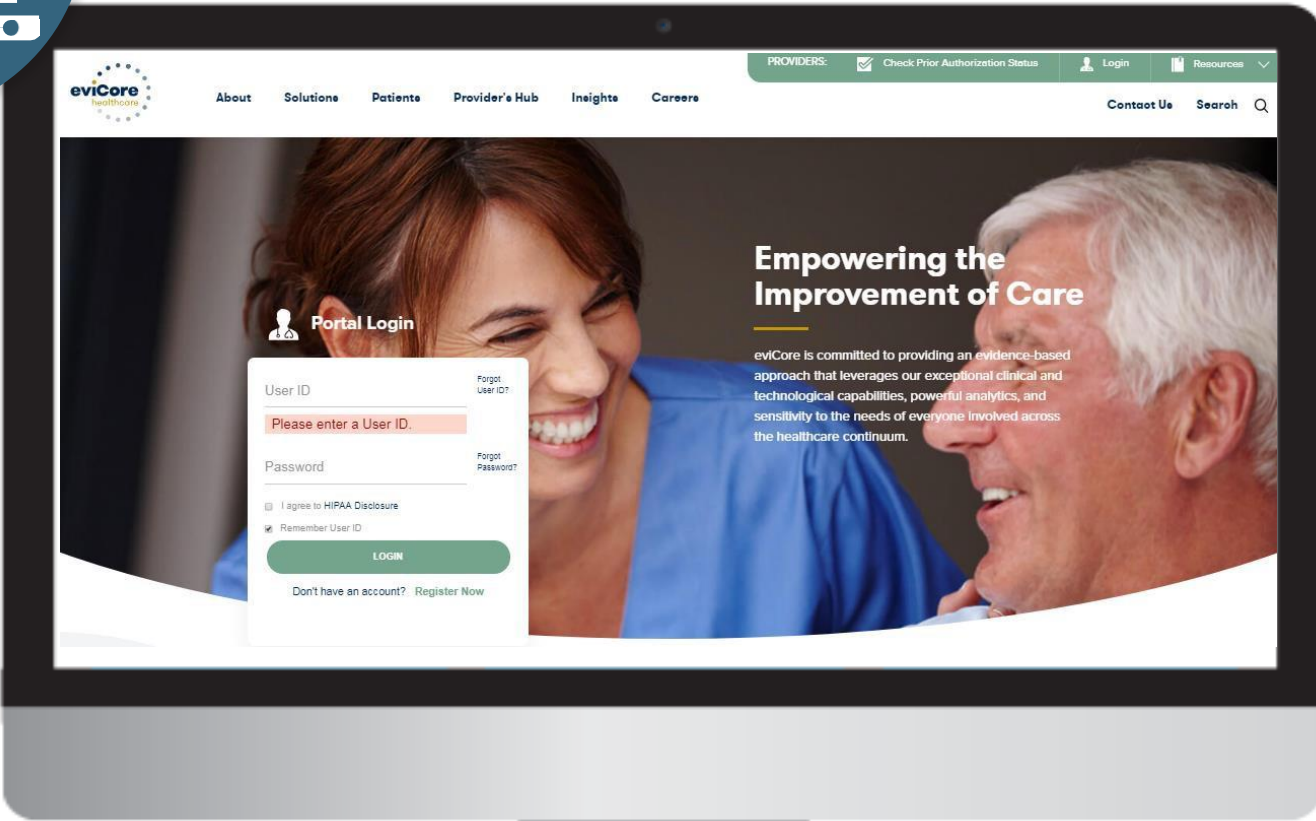
- Spinal injections
- Spinal implants
  - Spinal cord stimulators
  - Pain pumps

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

<https://www.evicore.com/healthplan/bcbs>

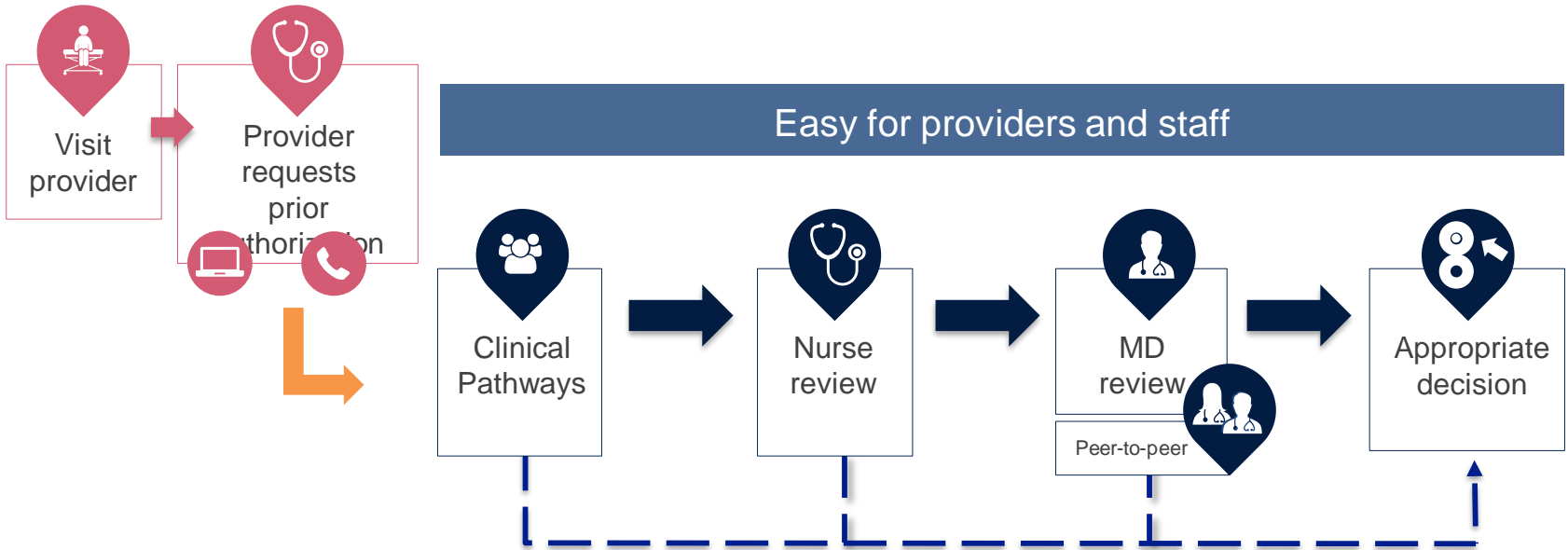



The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status and is available 24/7. By visiting [www.eviCore.com](http://www.eviCore.com) providers can spend their time where it matters most — with their patients!



Or by phone:  
**Phone Number:**  
888-252-1117  
7:00 a.m. to 7:00p.m.  
(Monday – Friday)

# Prior Authorization Process



 By submitting prior authorization requests through eviCore's portal, providers have the potential to receive immediate authorization when meeting criteria consistent with NCCN guidelines and BCBSIL's coverage criteria. Please ensure all necessary clinical information has been provided when answering the clinical pathway (clinical collection process) questions.

# Needed Information



**For planned procedures (not contingency procedures) please include the following clinical information:**

- Prior tests, and/or prior 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

# Preauthorization Outcomes

## Approved Requests:

- Medicaid requests are processed within 4 calendar days.
- Authorizations are typically good for 45 days from the date of determination.

## Delivery:

- Faxed to ordering provider and rendering facility. (verbal outreach for urgent requests).
- Mailed to the member, (verbal outreach for urgent requests).
- 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:

- Faxed to the ordering provider and rendering facility (verbal outreach for urgent requests).
- Mailed to the member (verbal outreach for urgent requests).

## Preauthorization Outcomes

---

### ➤ 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

## ➤ Authorization Appeals

- eviCore will manage first level authorization appeals.
- Authorization appeals must be made in writing within 30 calendar days. eviCore will respond within 15 business days.

## ➤ Outpatient Urgent Services:

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

---

# Web Portal Services

---



# Benefits of the Provider Portal

**Did you know that most providers are already saving time submitting prior authorization requests online? The provider portal allows providers to go from request to approval faster. The following are some benefits and features:**

- Saves time: Providers experience a faster processing time online than via telephone.
- Available 24/7: The portal is available at any time.
- Option to save progress: If a provider needs to step away, he or she can save his or her progress and resume later.
- Upload option for additional clinical information: There is no need to fax in supporting clinical documentation; providers can upload it on the portal to support a new request or when additional information is requested.
- Ability to view and print determination information: Providers can check case status in real time.
- Dashboard: Providers can view all recently submitted cases.
- Duplication feature: If a provider is submitting more than one prior authorization request, he or she can duplicate information to expedite submittals.

# eviCore Portal and Compatibility

eviCore.com 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](#).

## Already a user?

If you already have access to eviCore's portal ([www.eviCore.com](http://www.eviCore.com)), simply log in with your User ID and Password and begin submitting requests.

**Don't have an account? Click "Register Now"**



## 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](#)

# Registration Form



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

## User Information

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

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



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

## User Registration

UserName:	Address:	Phone:
Email:	City:	Ext:
Account Type:	State:	Fax:
First Name:	Office Name:	
Last Name:		

[Back](#)

[Submit Registration](#)

[Web Support 800.646.0418](#)

[Legal Disclaimer](#) | [Privacy Policy](#) | [Corporate Website](#) | [Report Fraud & Abuse](#) | [Guidelines and Forms](#) | [Contact Us](#)

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

# User Access Agreement

The screenshot displays the eviCore healthcare user registration interface. A modal window titled "USER REGISTRATION" is open, showing the "User Access Agreement" section, which is marked as "\*Required". The agreement text includes:

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

At the bottom of the modal, there is a checkbox labeled "Accept Terms and Conditions" which is checked, and two buttons: "Submit" and "Cancel".

The background registration form includes the following fields and sections:

- Web Portal Preference: Please select the Portal that is listed in your provider training material. This selection determines the Default Portal.
- Default Portal: CareCore National (dropdown menu)
- User Registration section with fields: Username, Email, Account Type, First Name, Last Name, Phone, Ext, Fax, and Zip.
- Buttons: Back and Submit Registration.

Footer information: Web Support 800-646-0418, Legal Disclaimer, Privacy Policy, Corporate Website, Report Fraud & Abuse, Guidelines and Forms, Contact Us.

Accept the **Terms and Conditions**, and click **“Submit.”**

# Registration Successful

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



Registration Successful

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

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

### 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

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

# Add Practitioners

### Manage Your Account

Office Name:  CHANGE PASSWORD EDIT ACCOUNT

Address:

Primary Contact:

Email Address:

ADD PROVIDER

Click Column Headings to Sort

CANCEL

### 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

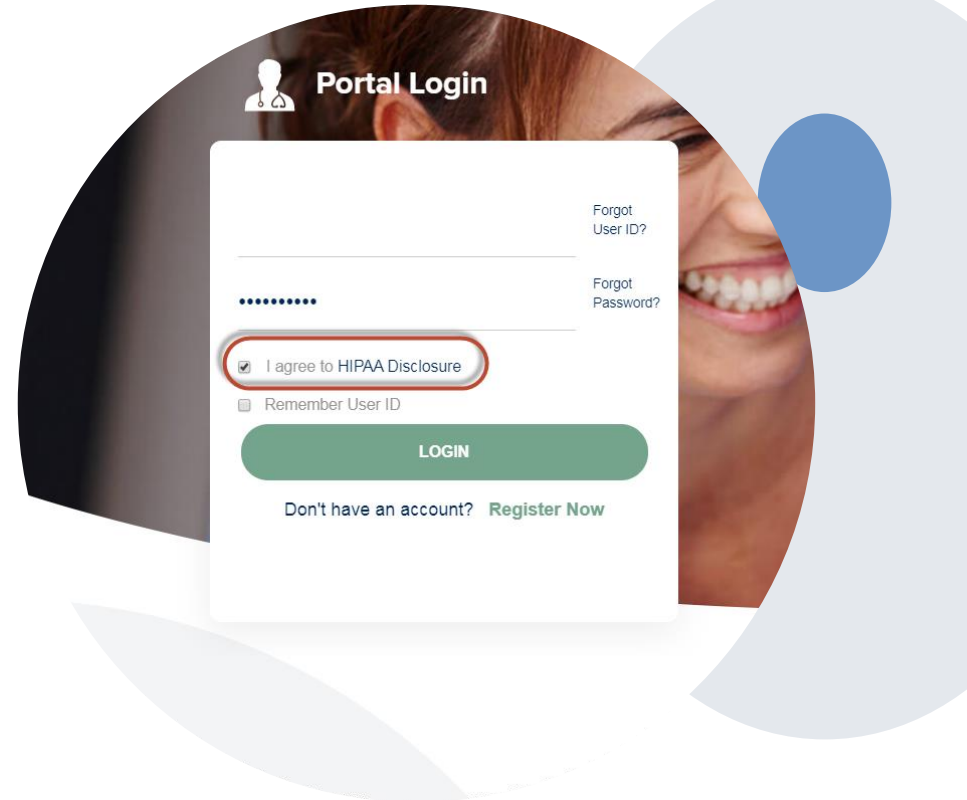
FIND MATCHES CANCEL

- Select the “**Manage Your Account**” tab, then the **Add Provider**
- Enter the NPI, state, and zip code to search for the provider
- Select the matching record based upon your search criteria
- Once you have selected a practitioner, your registration will be complete
- You can also click “**Add Another Practitioner**” to add another provider to your account
- You can access the “**Manage Your Account**” at any time to make any necessary updates or changes

# Account Login

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

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





---

# Case Initiation

---

# Initiating A Case



<a href="#">Home</a>	<a href="#">Certification Summary</a>	<a href="#">Authorization Lookup</a>	<a href="#">Eligibility Lookup</a>	<a href="#">Clinical Certification</a>	<a href="#">Certification Requests In Progress</a>	<a href="#">MSM Practitioner Perf. Summary Portal</a>	<a href="#">Resources</a>	<a href="#">Manage Your Account</a>	<a href="#">Help / Contact Us</a>
----------------------	---------------------------------------	--------------------------------------	------------------------------------	--	--	---	---------------------------	-------------------------------------	-----------------------------------

Tuesday, January 21, 2020 9:41 AM

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

[REQUEST AN AUTH](#)

[RESUME IN-PROGRESS REQUEST](#)

[SUMMARY OF AUTH](#)

[AUTH LOOKUP](#)

[MEMBER ELIGIBILITY](#)

© CareCore National, LLC. 2020 All rights reserved.

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

Choose **“request an auth”** 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

Wednesday, January 12, 2016 11:05 AM

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

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

© CareCore National, LLC. 2019 All rights reserved.

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

# Select Health Plan

## Choose Your Insurer

Requesting Provider: **TRICE, MICHEL, NP (000079794)**

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK

CONTINUE

[Click here for help.](#)

**Urgent Request?** You will be required to upload relevant clinical info at the end of this process. [Learn More.](#)

**Don't see the insurer you're looking for?** Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

- Choose the appropriate **Health Plan** for the request
- Once the plan is chosen, select the provider address in the next drop-down box
- Select CONTINUE and on the next screen **Add your contact info**

# Contact Information



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

Monday, October 18, 2021 4:12 PM

[Log Off \(AMYNLIBBY2\)](#)

## Add Your Contact Info

Provider's Name:\*  [?]

Who to Contact:\*  [?]

Fax:\*  [?]

Phone:\*  [?]

Ext.:  [?]

Cell Phone:

Email:

Receive notification of case status changes

[BACK](#) [CONTINUE](#)

New feature! This option allows you to receive e-notification updates for case status updates/changes.

[Click here for help](#)

30% Complete

**Provider and NPI**  
BL SUCAI  
1619362794  
(AETNA)

# Member Information

**Patient Eligibility Lookup**

Patient ID:\*

Date Of Birth:\*  MM/DD/YYYY

Patient Last Name Only:\*  [?]

**ELIGIBILITY LOOKUP**

**BACK**

- Enter the **member information**, including the patient ID number, date of birth, and last name. Click **Eligibility Lookup**

# Clinical Details

## Clinical Certification

This procedure will be performed on 2/21/2017. [CHANGE](#)

### Musculoskeletal Management Procedures

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

### Diagnosis

Primary Diagnosis Code: **M25.561**  
Description: **Pain in right knee**  
[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](#)



# Clinical Details

## 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.

# Clinical Certification Pathway, cont.

## Clinical Certification

### Facet Injection

1 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)

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

Yes  No  Unknown

1 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

1 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.

# Verify Service Selection

## 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](#)

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



Click **“continue”** to confirm your selection.

# Verify Service 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:

Zip Code:

Site Name:

TIN:

City:

Exact match

Starts with

LOOKUP SITE

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

# Site Selection



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

Tuesday, January 21, 2020 10:15 AM

## Add Site of Service

Selected Site: BELLEVUE NURSING CENTER - BELLEVUE NURSING CEN

FIND NEW SITE

Site Email (optional)

BACK

CONTINUE

[Click here for help](#)

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

# 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

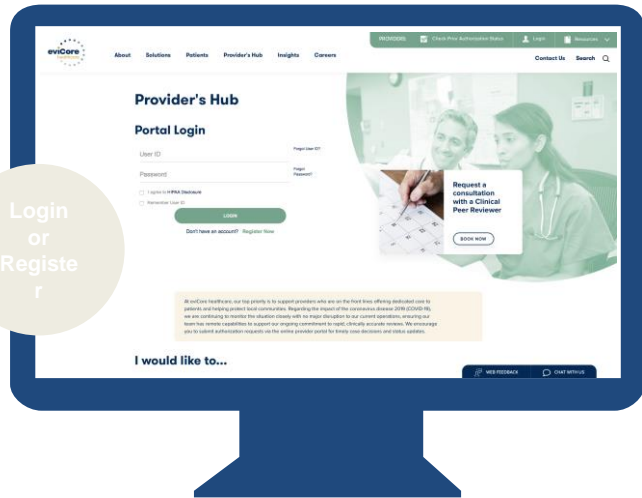
CONTINUE

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

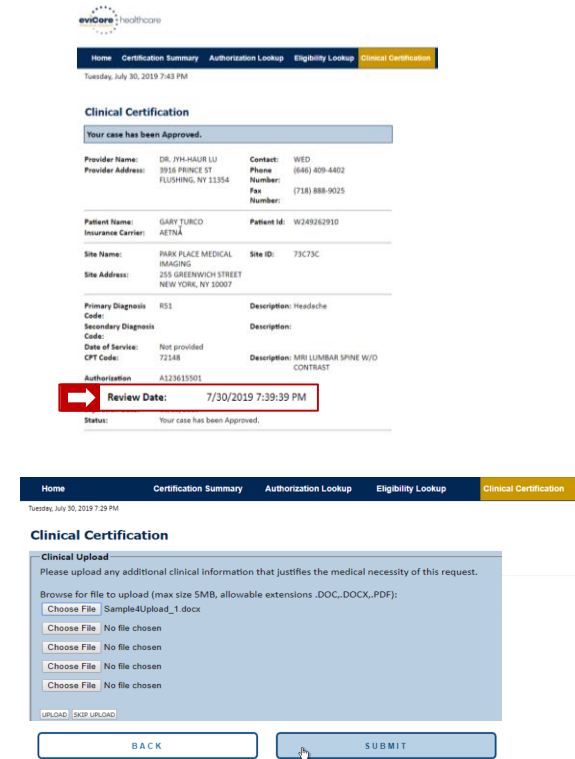




# Improved Provider Experience: Real-time Approval or Clinical Documentation Upload



*\*In some circumstances, you may be asked to complete a series of clinical questions which may result in an immediate approval or a request for clinical upload*



# Proceed to Clinical Information – Example of Questions

**Proceed to Clinical Information**

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

**SUBMIT**

**Attention!**

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

**YES** **NO**

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

**SUBMIT**

Finish Later

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

- **Clinical Certification** questions may populate based upon the information provided
- You can save your request and finish later if needed
- **Note:** You will have 2 business days to complete the case
- When logged in, you can resume a saved request by going to Certification Requests in Progress

# Request for clinical upload

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

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification**

Tuesday, July 30, 2019 7:29 PM

### 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 Sample4Upload\_1.docx

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD SKIP UPLOAD

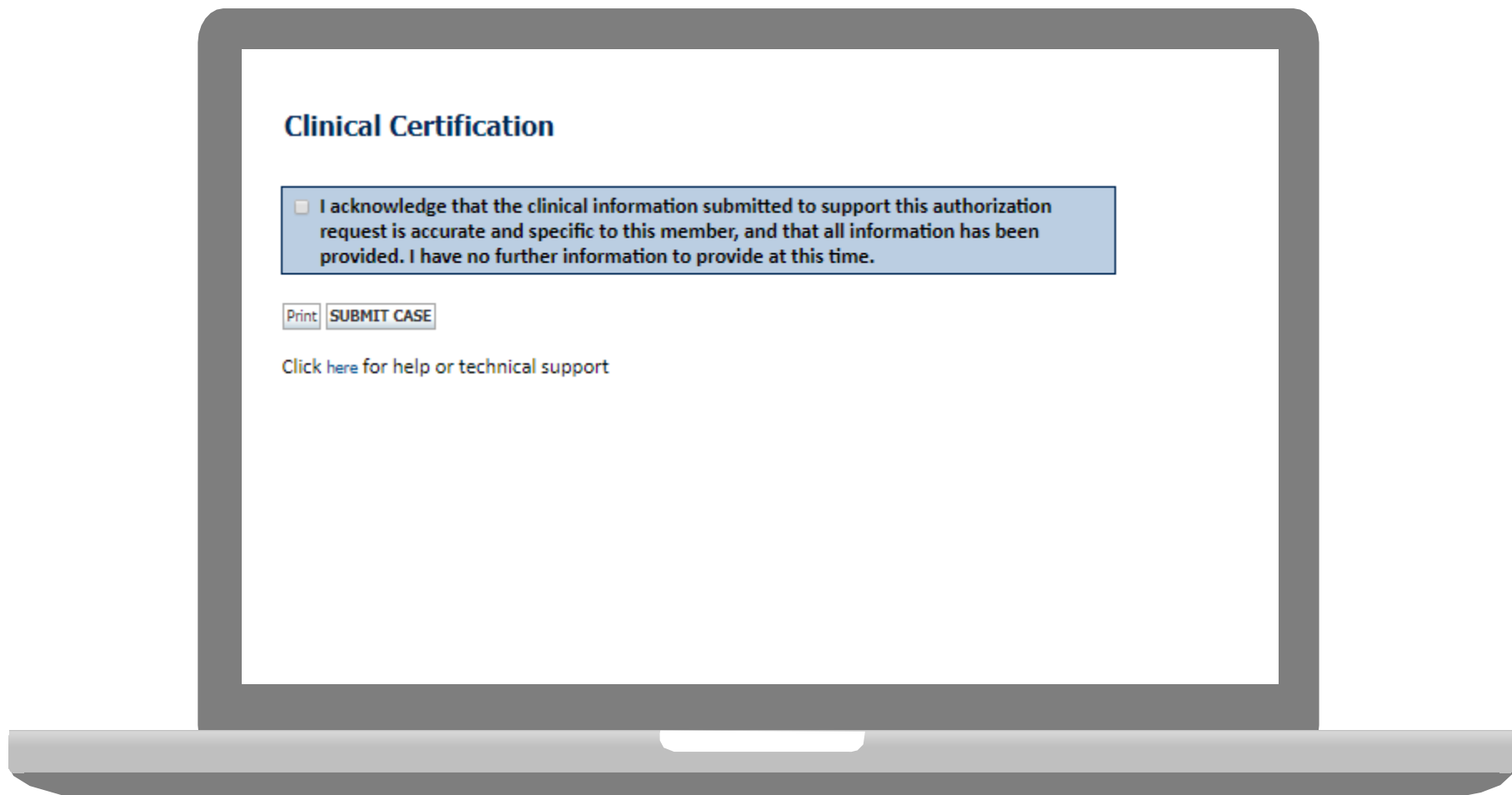
uld like to provide?

BACK SUBMIT

## 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

# Medical Review



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:
<hr/>	
Patient Name:	Patient Id:
Insurance Carrier:	
<hr/>	
Site Name:	Site ID:
Site Address:	

Primary Diagnosis Code:	M25.562	Description:	Pain in left knee
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided		
CPT Code:	73721	Description:	MRI LOWER EXTREMITY JOINT W/O
Authorization Number:			
Review Date:	2:12:39 PM		
Expiration Date:			
Status:	Your case has been Approved.		

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

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

# Medical Review

## Clinical Certification

Your Case has been sent to Medical Review

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

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

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

# Duplication Feature

## Success

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 (Radiation Therapy Management Program)
- Provider (██████████)
- Program and Provider (Radiation Therapy Management Program and ██████████)
- Program and Health Plan (Radiation Therapy Management Program and CIGNA)

GO

- Duplicate feature allows you to start a new request using same information
- Eliminates entering duplicate information
- Time saver!

# 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



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

Tuesday, January 21, 2020 10:43 AM

## Authorization Lookup

Authorization Number: **AL00000007**  
Case Number: **0000000000**  
Health Plan Auth Number: **0000000000**  
Status: Approved  
Approval Date: 1/21/2020 12:00:00 AM  
Service Code: 71250  
Service Description: CT THORAX W/O CONTRAST  
Site Name: **HEALTHVIEW IMAGING CENTER**  
Expiration Date: 3/6/2020  
Date Last Updated: 1/21/2020 8:21:28 AM  
Correspondence: **UPLOADS & FAXES**

**Procedures**

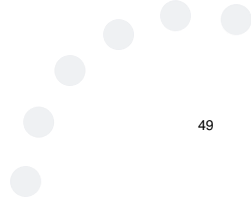
Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
71250 <b>CHANGE SERVICE CODE</b>	Computed tomography (CT) (a special kind of picture) of your chest without contrast (dye)	1	1	

**PRINT**

[Click here for help](#)

© CareCore National, LLC. 2020 All rights reserved.  
[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

The authorization will then be accessible to review. To print authorization correspondence, select **Uploads & Faxes**.



# 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](#)

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

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


---


# Provider Resources





# Certification Summary

## Certification Summary

Search..  

Single Status  
 Show All 

Filter By Multiple Statuses  
 Show All 


Date  
 7 days 



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

Wednesday, September 26, 2018 2:27 PM

### Certification Summary

Search..  

Page 1 of 0   10 No records to display

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

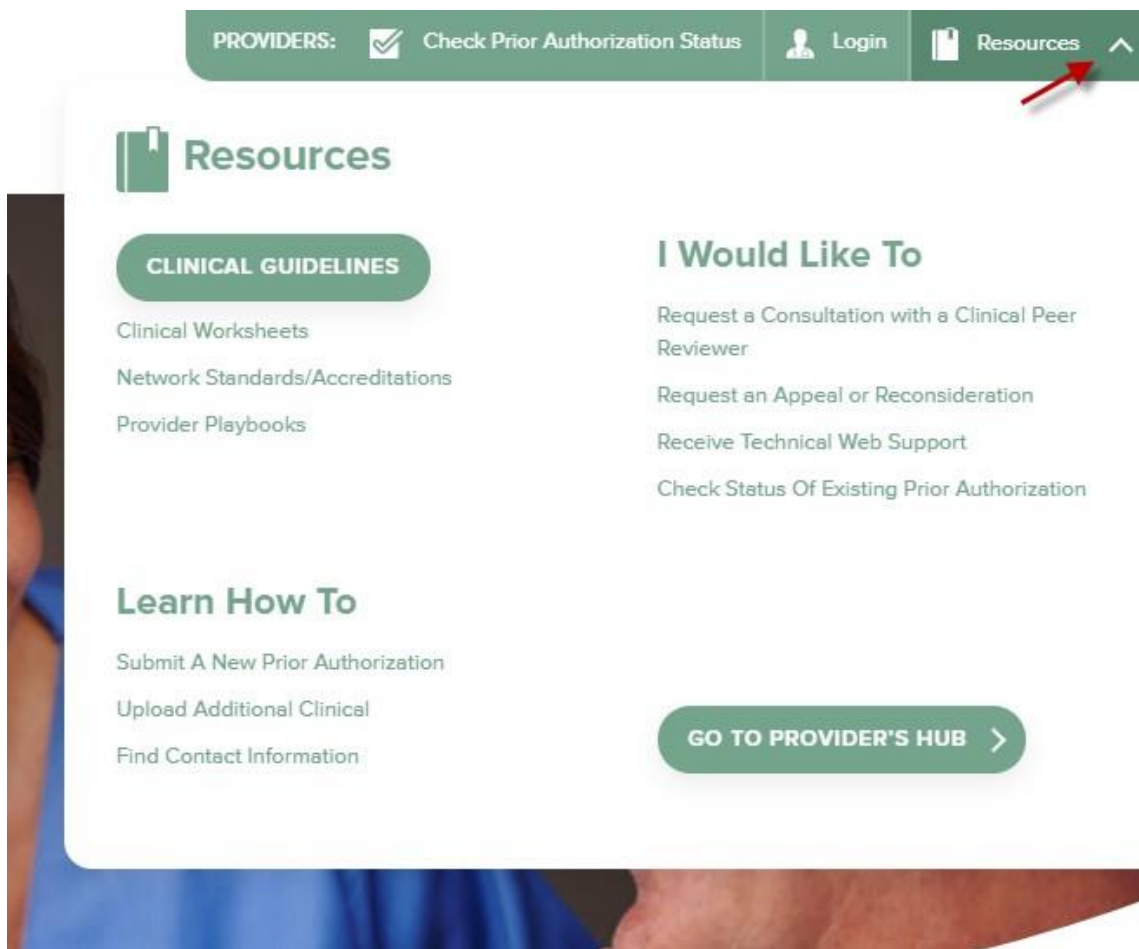
Page 1 of 0   10 No records to display

➤ CareCore National Portal now includes a **“Certification Summary”** tab to better track your recently submitted cases

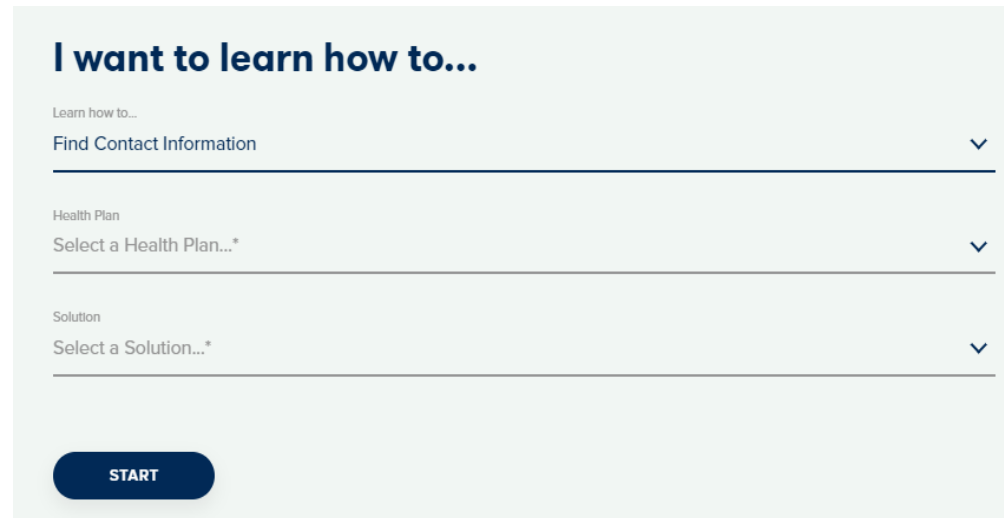
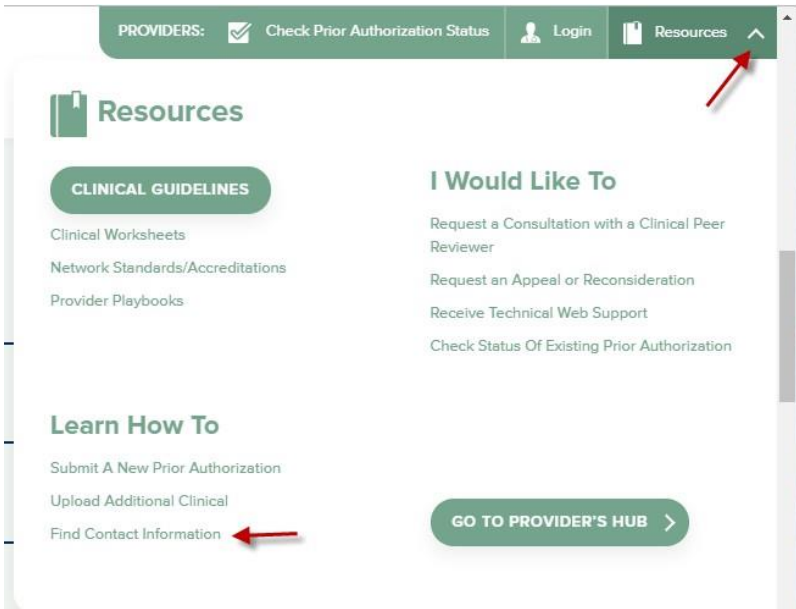
➤ The work list can also be filtered, as seen above

# Online Resources

- You can access important tools and resources at [www.evicore.com](http://www.evicore.com).
- Select the **Resources** to view **FAQs, Clinical Guidelines, Online Forms**, and more.



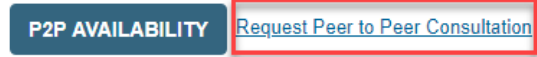
# Quick Reference Tool



Access health plan specific contact information at [www.evicore.com](http://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.


# How to schedule a Peer to Peer Request

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

 **P2P AVAILABILITY**

## How to schedule a Peer to Peer Request

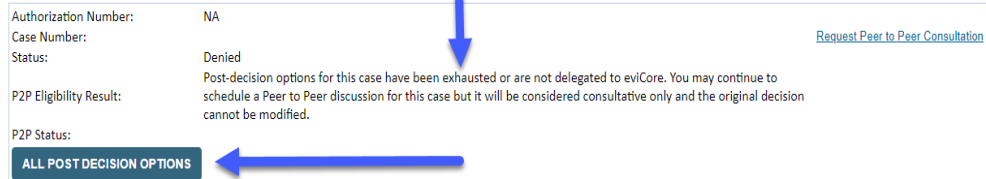
Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the “All Post Decision Options” button to learn what other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

### Authorization Lookup

Authorization Number:	NA
Case Number:	
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:	

[Request Peer to Peer Consultation](#)

**ALL POST DECISION OPTIONS**





# How to Schedule a Peer to Peer Request

Case Reference Number Case information will auto-populate from prior lookup

Member Date of Birth

+ Add Another Case

Lookup Cases >

It 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.

Case Ref #

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

Remove P2P Eligible

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 >](#)

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.

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 →

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	1st Priority by Skill
6:15 pm EDT 6:30 pm EDT 6:45 pm EDT	-	-	-	-	-	-	

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	1st Priority by Skill
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...	-	-	-	

# 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 displays a web interface for scheduling a Peer-to-Peer (P2P) appointment. At the top, there are four tabs: 'Case Info', 'Questions', 'Schedule', and 'Confirmation'. The 'Case Info' tab is active, showing a 'P2P Info' section with the date 'Mon 5/18/20' and time '6:30 pm EDT'. Below this is a 'Case Info' section with a list of fields: Case #, Episode ID, Member Name, Member DOB, Member State, Health Plan, Member ID, Case Type (MSK Spine Surgery), and Level of Review (Reconsideration P2P). The main 'P2P Contact Details' section contains several input fields: 'Name of Provider Requesting P2P' (filled with 'Dr. Jane Doe'), 'Contact Person Name' (filled with 'Office Manager John Doe'), 'Contact Person Location' (dropdown menu), 'Phone Number for P2P' (filled with '(555) 555-5555'), 'Phone Ext.' (filled with '12345'), 'Alternate Phone' (filled with '[xxx] xxx-xxxx'), 'Phone Ext.' (filled with 'Phone Ext.'), 'Requesting Provider Email' (filled with 'droffice@internet.com'), and 'Contact Instructions' (filled with 'Select option 4, ask for Dr. Doe'). A 'Submit >' button is located at the bottom right of the form. Blue arrows point to the 'Name of Provider Requesting P2P', 'Phone Number for P2P', and 'Contact Instructions' fields.

- 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. At the top, there is a 'Scheduling' header with a calendar icon. Below this is a 'Scheduled' section with a calendar icon and the text 'Mon 5/18/20 - 6:30 pm EDT'. At the bottom right of the summary, there is a red oval containing the word 'SCHEDULED' in white capital letters.

# Canceling or Rescheduling a Peer to Peer Appointment

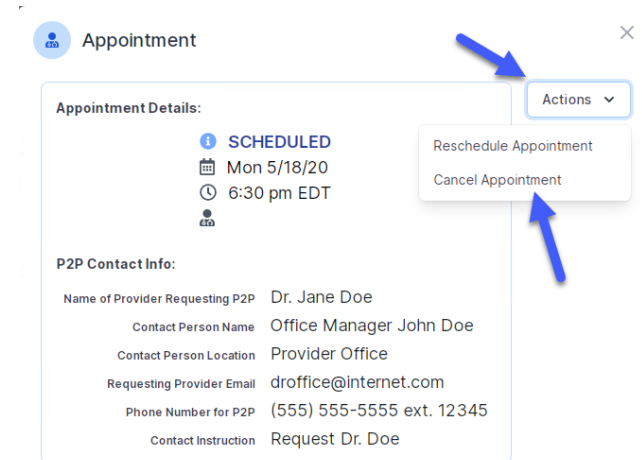
## To cancel or reschedule an appointment

- 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

opportunity to select

If choosing to reschedule, you will have the  
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 Newsletter

---

## Stay Updated With Our Free Provider Newsletter

eviCore's provider newsletter is sent out to the provider community with important updates and tips. If you are interested in staying current, feel free to subscribe:

- Go to [eviCore.com](https://www.evicore.com)
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with 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](http://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

## How to register for a Provider Resource Review Forum?

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



# Provider Resources: Preauthorization Call Center



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

**7:00 AM - 7:00 PM (Local Time): 855-252-1117**

- Obtain preauthorization 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

[clientservices@evicore.com](mailto:clientservices@evicore.com)

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Request for an authorization to be re-sent to the health plan

# Provider Resources: Implementation Document



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

## Provider Enrollment Questions

Contact your Provider Network Consultant for more information

**Blue Cross and Blue Shield Implementation site - includes all implementation documents:**

<https://www.evicore.com/healthplan/bcbs>

- CPT code list of the procedures that require preauthorization
- 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](mailto:ClientServices@evicore.com).

---

# Thank You!

---

