

Radiology and Cardiology

Provider Orientation Session for MassHealth



Empowering
the Improvement
of Care

Company Overview



266M
Members
Managed

10

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

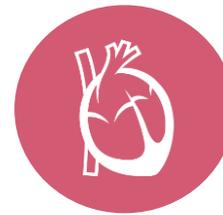
- 25.5M Commercial Memberships
- 2M Medicare Memberships
- 6.5M Medicaid Memberships

Cardiology Solution - Our Experience

20+ Regional
and National Clients

10k+
Cases built per day

13 Years
Managing Cardiology Services



Members Managed

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

Radiology and Cardiology – Our Experience



Our Clinical Approach

Clinical Staffing

Multi-Specialty Expertise

Dedicated nursing and physician specialty teams for various solutions

>300
Medical
Directors

Covering
51
different
specialties

800
Nurses with
diverse
specialties /
experience

- ◆ **Anesthesiology**
- ◆ **Cardiology**
- ◆ **Chiropractic**
- ◆ **Emergency Medicine**
- ◆ **Family Medicine**
 - Family Medicine / OMT
 - Public Health & General Preventative Medicine
- ◆ **Internal Medicine**
 - Cardiovascular Disease
 - Critical Care Medicine
 - Endocrinology, Diabetes & Metabolism
 - Geriatric Medicine
 - Hematology
 - Hospice & Palliative Medicine
 - Medical Oncology
 - Pulmonary Disease
 - Rheumatology
 - Sleep Medicine
 - Sports Medicine
- ◆ **Medical Genetics**
- ◆ **Nuclear Medicine**
- ◆ **OB / GYN**
 - Maternal-Fetal Medicine
- ◆ **Oncology / Hematology**
- ◆ **Orthopedic Surgery**
- ◆ **Otolaryngology**
- ◆ **Pain Mgmt. / Interventional Pain**
- ◆ **Pathology**
 - Clinical Pathology
- ◆ **Pediatric**
 - Pediatric Cardiology
 - Pediatric Hematology-Oncology
- ◆ **Physical Medicine & Rehabilitation**
 - Pain Medicine
- ◆ **Physical Therapy**
- ◆ **Radiation Oncology**
- ◆ **Radiology**
 - Diagnostic Radiology
 - Neuroradiology
 - Radiation Oncology
 - Vascular & Interventional Radiology
- ◆ **Sleep Medicine**
- ◆ **Sports Medicine**
- ◆ **Surgery**
 - Cardiac
 - General
 - Neurological
 - Spine
 - Thoracic
 - Vascular
- ◆ **Urology**

Evidence-Based Guidelines

The foundation of our solutions:



Dedicated
pediatric
guidelines



Contributions
from a panel
of community
physicians



Experts
associated
with academic
institutions



Current
clinical
literature

Aligned with National Societies

- American College of Cardiology
- American Heart Association
- American Society of Nuclear Cardiology
- Heart Rhythm Society
- American College of Radiology
- American Academy of Neurology
- American College of Chest Physicians
- American College of Rheumatology
- American Academy of Sleep Medicine
- American Urological Association
- National Comprehensive Cancer Network
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Academy of Pediatrics
- American Society of Colon and Rectal Surgeons
- American Academy of Orthopedic Surgeons
- North American Spine Society
- American Association of Neurological Surgeons
- American College of Obstetricians and Gynecologists
- The Society of Maternal-Fetal Medicine

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 February 24, 2020 for dates of service **March 1, 2020** and beyond

Prior authorization applies to services that are:

- Outpatient
- Elective / Non-emergent
- Diagnostic

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

- Emergency room
- Inpatient
- 23-hour observation

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

Applicable Membership

Authorization is required for MassHealth

- **Medicaid**
- **Fee For Service**
- **PCC Plans**
- **Primary Care ACO plan**



Clinical Codes (CPT Codes) and Guidelines

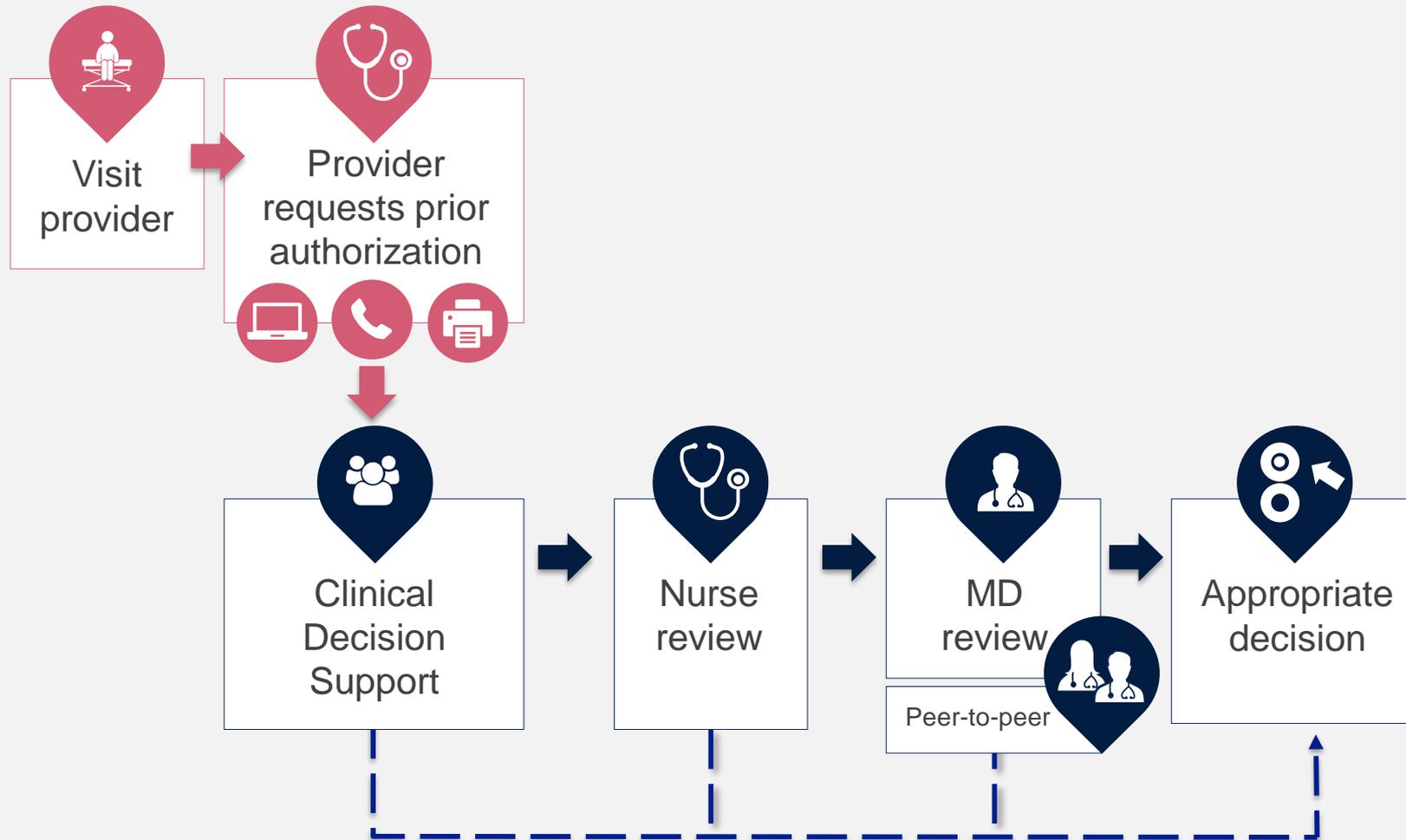
Prior Authorization Required:

- CT / CTA
- MRI / MRA
- PET / PET CT
- Diagnostic Ultrasounds (there are 10 codes that require prior authorization)
- Myocardial Perfusion Imaging (Nuclear Stress)
- Echo / Echo Stress
- Cardiac Imaging (CT, MRI, PET)

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

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

Prior Authorization Process



Non-Clinical Information Needed

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

Member Information

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

Ordering Physician Information

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

Rendering Facility Information

- Facility Name
- Street Address (i.e. 111 Tennessee Rd. Franklin, TN 37067)
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers



Clinical Information Needed

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

- A relevant history and physical examination
- A relevant summary of the patient's clinical condition
- Imaging and/or pathology and/or laboratory reports as indicated relevant to the requested services
- The indication for the specified procedure
- Prior treatment regimens (for example, appropriate clinical trial of conservative management, if indicated)



Prior Authorization Outcomes

Approvals and Denials

• Approved Requests

- All requests are processed in 2 business days after receipt of all necessary clinical information.
- **Radiology and Cardiology** authorizations are typically valid for 45 calendar days from the date of the final determination.

• Denied Requests

- Communication of the denial determination and rationale.
- Instructions on how to request a Clinical Consultation.

• Authorization Letter

- The letter will be faxed to the ordering and rendering physician.
- Approval information can be printed on demand from the eviCore portal.
- If email address is supplied you can get an e-notification

• Denial Letter

- The letter will be faxed to the ordering and rendering physician.
- The member will receive the letter in the mail.



Educate and Pay

Effective 3/1/2020-6/1/2020

For the timeframe of ninety (90) days, all prior authorization requests where the provider answered the questions in the pathway will be approved.

If the provider does not submit clinical, the prior authorization will be denied.

Process:

- Provider must request a prior authorization
- eviCore will review for medical necessity
- Prior authorization will be approved
- If the request did not meet medical necessity, the provider will be notified of the denial rational for educational purposes only
- MassHealth will adjudicate the claim

Note: Starting 6/1/2020, approval will be based on the prior authorization request meeting medical necessity and will be approved/denied appropriately



Post Decision Options

Appeals

- eviCore will not process first level member or provider appeals.
- Appeal requests should be submitted to the Health Plan.
- The appeal process is outlined on the written denial notification.

Retrospective (Retro) Authorization Requests

- All Retrospective requests must be submitted within 14 business days from the date the services were performed. Retrospective requests that are submitted beyond this timeframe will be administratively denied.
- Retrospective authorization requests are reviewed for clinical urgency and medical necessity.
- eviCore has 14 calendar days to provide a final determination for retrospective authorization requests.

Urgent Prior Authorization Requests

- Urgent requests can now be submitted on eviCore's website www.evicore.com. When asked "Is this request standard/routine?" simply answer no and the case will be considered an urgent request.
- Providers and/or staff can also contact our office by phone 866-896-2201 and state that the prior authorization request is Urgent. Urgent requests will be reviewed within 24 hours upon receiving the prior authorization request.



Prior Authorization Outcomes

Clinical Consultations and Reconsiderations

Clinical Consultations

If a request is denied and requires further clinical discussion for approval, we welcome requests for clinical determination discussions with referring physicians. In certain circumstances, additional information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.

Providers, Nurse Practitioners and Physician Assistants can request a clinical consultation by visiting:

www.evicore.com/provider/request-a-clinical-consultation

Reconsiderations

Additional clinical information can be provided within 14 calendar days of the denial without the need for a physician to participate. Reconsiderations can only be requested one (1) time.



Clinical Consultation/Peer to Peer Scheduling Tool

Clinical Consultation/Peer to Peer

- Provides the ability to review clinical aspects of the case with a peer
- Be prepared to provide information that was not submitted previously
- Schedule the P2P on line



PROVIDERS AREA

 [Login](#)

[Check Prior Authorization Status](#)

[Go To Provider's Hub](#)

Resources

CLINICAL GUIDELINES

[Clinical Worksheets](#)

[Network Standards/Accreditations](#)

[Provider Playbooks](#)

[Training Resources](#)

I Would Like To

[Request a Consultation with a Clinical Peer Reviewer](#)

Web Portal Services

MMIS Home Page

◀ Collapse Services

▶ Provider Services

- > Home
- > Provider Search
- > Manage Batch Files
- > Manage Service Authorizations
 - > Pre-Admission Screening
 - > Prior Authorization
 - > Enter PA Request
 - > Inquire/Maintain PA Request
 - > Referrals
 - > Request Transportation
 - > Transportation
- > Manage Correspondence and Reporting
- > Manage Members
- > Manage Claims and Payments
- > Manage Provider Information
- > Administer Account
- > Reference Publications
- > EHR Incentive Program
- > News & Updates
- > Related Links

Welcome anarayana1

▶ [Mass.Gov Home](#) ▶ [State Agencies](#) ▶ [State Online Service](#)

▶ [Enter PA Request](#)

Prior Authorization Templates

Please select the type of Prior Authorization you want to enter. You may choose only one Assignment. Before selecting a prior authorization request type from one of the dropdown lists, please review the rules that appear at the bottom of the page to determine whether you can submit a new PA request here, unless the Member is in the Community Case Management Assignment Plan (CCM).

Basic Medical Assignment

Durable Medical Equipment Assignment

Therapy Services Assignment

Please go to [eviCore](#) if you want to request or inquire about a prior authorization for Advanced Imaging Services.

A new prior authorization request must not have any of the following cross combination of a PA assignment code and a provider type:

Assignment Code

- Absorbent Products (AP)
- DME-Other (DM)
- Enterals (EN)
- Home Health (HH)
- Occupational Therapy (OT)
- Orthotics and Prosthetics (OP)
- Oxygen (OX)
- Physical Therapy (PT)
- Skilled Nursing (SN)
- Speech Therapy (ST)
- Standers (SD)
- Wheelchairs And Repairs (MR)

Provider Type

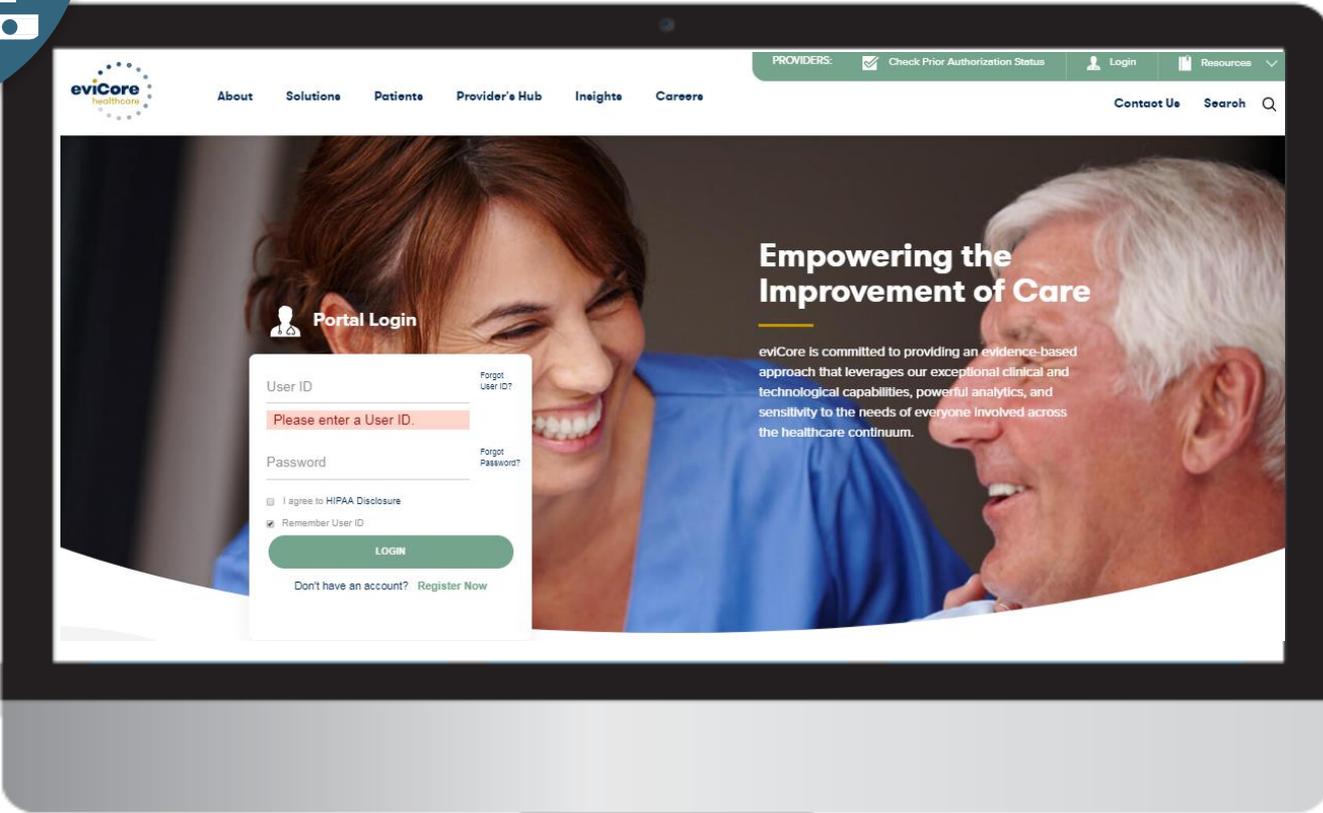
- DMEPOS (79)
- Durable Medical Equipment (41)
- Home Health Agency (60)
- Orthotics (47)
- Oxygen And Respiratory Therapy Equip (42)
- Pharmacy (40)
- Podiatrist (06)
- Prosthetics (43)

Please go to the [MassHealth LTSS](#) if you need to use any combination of the PA assignment code and the provider type as listed above.

[Continue](#)



The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status and is available 24/7. By visiting www.evicore.com providers can initiate a case for prior authorization.



Or by phone:

Phone Number:
866-896-2201
7:00 a.m. to 7:00p.m.
Monday - Friday

Portal Compatibility

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

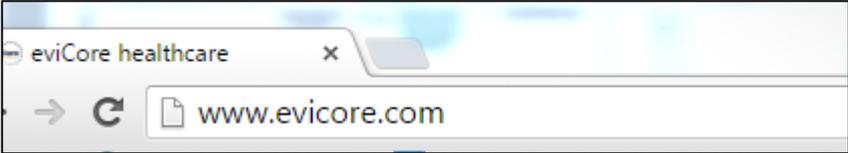
- Google Chrome
- Mozilla Firefox
- Internet Explorer 9, 10, and 11

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

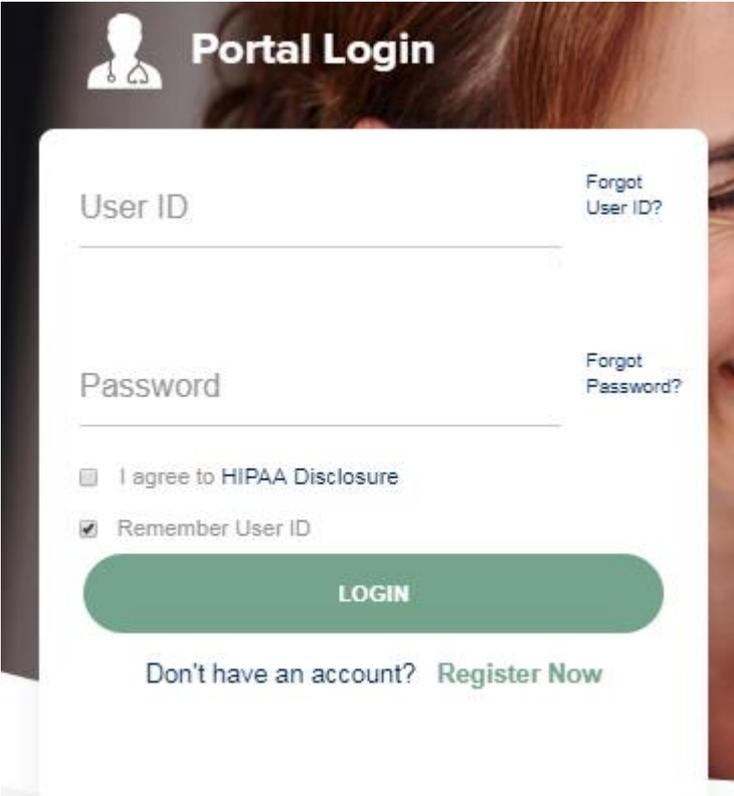


eviCore healthcare website

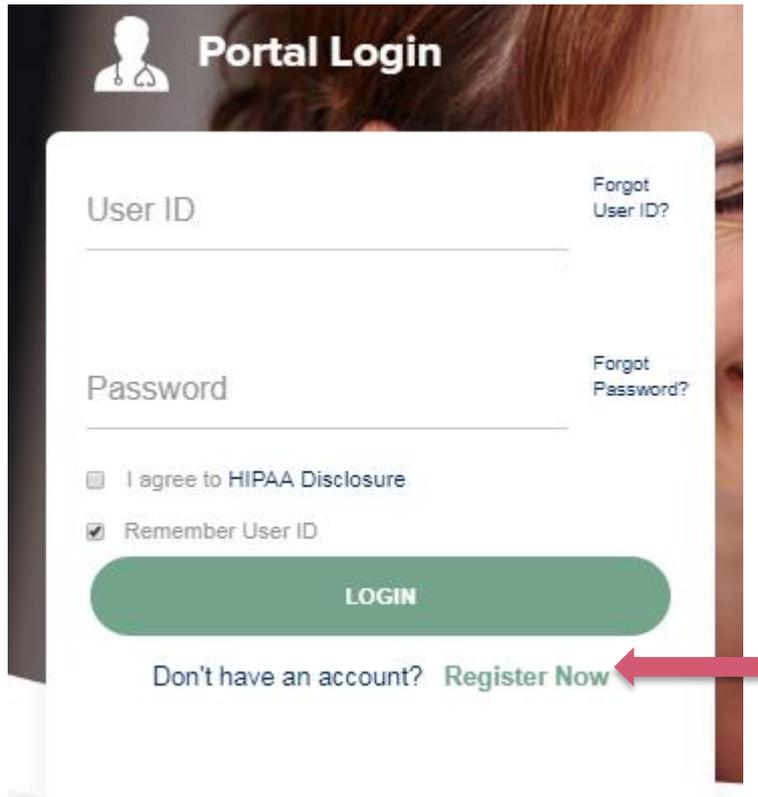
- Point web browser to evicore.com



- Login or Register



Creating An Account



The image shows a 'Portal Login' form with the following elements:

- Header:** A white silhouette of a person with a stethoscope next to the text 'Portal Login'.
- User ID:** A text input field with a 'Forgot User ID?' link to its right.
- Password:** A text input field with a 'Forgot Password?' link to its right.
- Agreements:** Two checkboxes: 'I agree to HIPAA Disclosure' (unchecked) and 'Remember User ID' (checked).
- Login Button:** A green rounded button labeled 'LOGIN'.
- Registration Link:** The text 'Don't have an account? Register Now' with a red arrow pointing to the 'Register Now' link.



To create a new account, click **Register**.



Creating An Account



* Required Field

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*:

--Select--
CareCore National
Medsolutions



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"/>	City*:	<input type="text"/>	Ext:	<input type="text"/>
Confirm Email*:	<input type="text"/>	State*:	Select <input type="text"/>	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	Zip*:	<input type="text"/>		
Last Name*:	<input type="text"/>	Office Name:	<input type="text"/>		

Next

➤ Select CareCore National or MedSolutions as the **Default Portal**, and complete the user registration form.

➤ Please note: For the MedSolutions portal, you will also need to select the appropriate **Account Type**: Facility, Physician, Billing Office, and Health Plan.

Creating An Account



* Required Field

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will use 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"/>	City*:	<input type="text"/>	Ext:	<input type="text"/>
Confirm Email*:	<input type="text"/>	State*:	<input type="text" value="Select"/>	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	Zip*:	<input type="text"/>		
Last Name*:	<input type="text"/>	Office Name*:	<input type="text"/>		

Next

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 radiological services, whether it is with eviCore directly or said health

Accept Terms and Conditions *

Submit Cancel

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

User Registration-Continued



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.



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.

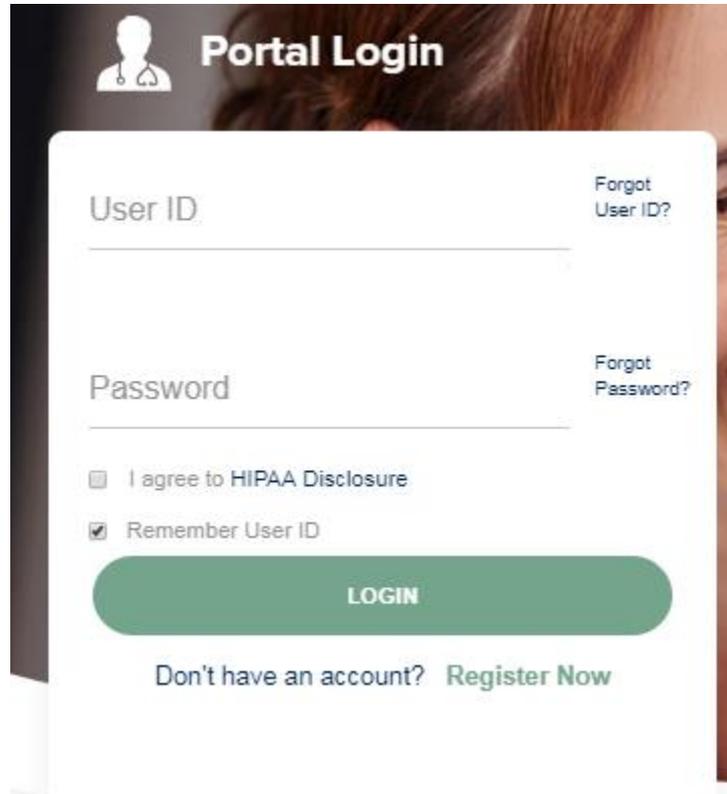
Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters.

New Password*

Confirm New Password*

Save

Account Log-In

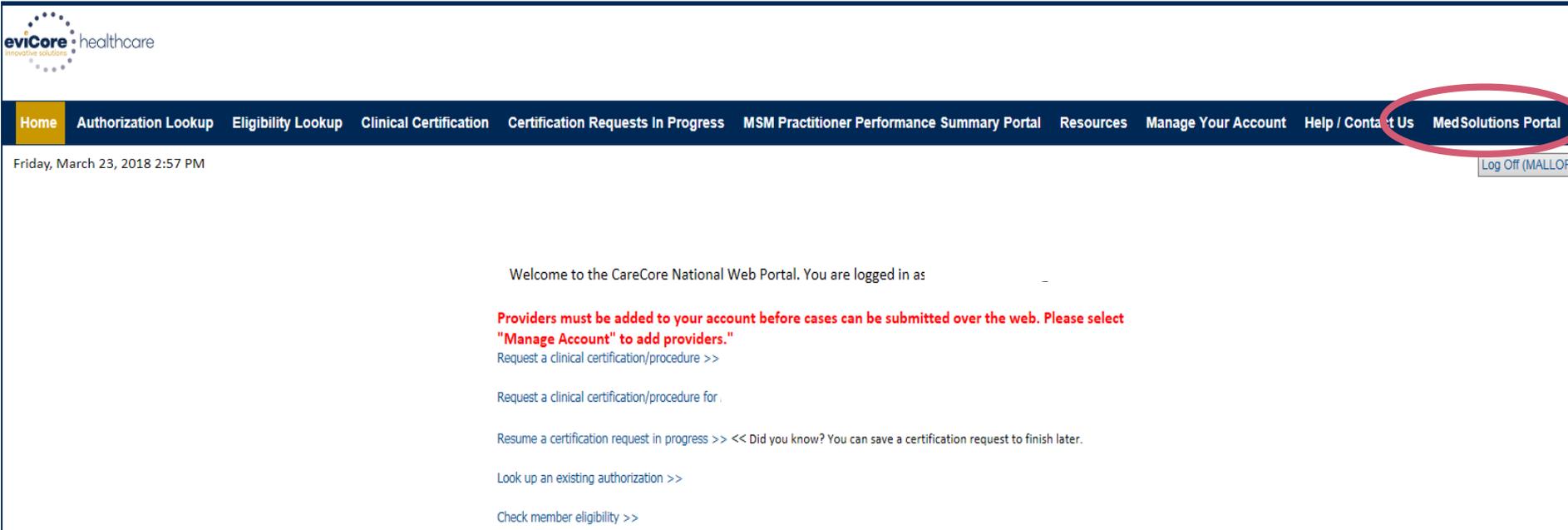


The image shows a 'Portal Login' form. At the top left is a white icon of a person with a stethoscope. To its right is the text 'Portal Login'. Below this are two input fields: 'User ID' and 'Password'. To the right of the 'User ID' field is a link 'Forgot User ID?'. To the right of the 'Password' field is a link 'Forgot Password?'. Below the input fields are two checkboxes: one for 'I agree to HIPAA Disclosure' (unchecked) and one for 'Remember User ID' (checked). Below the checkboxes is a green rounded rectangular button with the text 'LOGIN'. At the bottom of the form 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**.”

Welcome Screen



eviCore healthcare
innovative solutions

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

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

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

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

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

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

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

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

[Check member eligibility >>](#)

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

Add Practitioners

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

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

Adding Practitioners

Add Practitioner

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

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

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.

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

Initiating A Case

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Performance Summary Portal

Resources

Manage Your Account

Help / Contact Us

Med Solutions Portal

Wednesday, January 16, 2019 10:50 AM

Log Off, N

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

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

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

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

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

[Check member eligibility >>](#)

[Horizon Pilot Designation Program >>](#)

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

Select A program



[Home](#) [Authorization Lookup](#) **[Clinical Certification](#)** [Certification Requests In Progress](#) [Help / Contact Us](#) [Help / Contact Us](#)

Tuesday, April 30, 2019 9:30 PM

Clinical Certification

Please select the program for your certification:

- Radiology and Cardiology
- Musculoskeletal Management
- Lab Management Program

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

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"/>	
1 2 3	

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

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Select Health Plan



20% Complete

Clinical Certification

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

You selected

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

Please Select a Health Plan ▼

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

Choose **MassHealth** 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



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](#)

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30% Complete

Provider and NPI
BI, SUCAI
3659363794
(AETNA)

Member/Procedure Information

Attention!

Time: 1/16/2019 11:23 AM

Has this procedure been performed?

Verify if the procedure has already been performed.

Requested Procedure & Diagnosis



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 10:03 AM

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

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)
r08.00 [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](#)

[BACK](#)

[Click here for help](#)

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60% Complete

Provider and NPI
[Redacted] [Redacted]
(MFL000000)

Patient
[Redacted] [EDIT](#)

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



Outpatient Utilization Management (OPUM) Codes- Billing Requirement

TC Modifier

The list of OPUM CPT Codes can be reviewed by choosing Solution Resources using this link:

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

Note: When a provider submits the claim and is billing for one of the OPUM CPT codes, they will need to send a modifier on the claim. The modifier that will be required for providers to submit is TC.

OPUM Codes: 78472, 78473, 78481, 78483, 78496, 95782, 95783, 95800, 95805, 95806, 95807, 95808, 95810, 95811, G0399, 78451, 78452, 78453, 78454, 78491, 78492, 78459, 93350, 93351

Site Selection

Clinical Certification

Specific Site Search

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

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

LOOKUP SITE

Cancel Back Print

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

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

Site Selection



- 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 10:12 AM

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

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](#)

	Name	Address
SELECT	BELLEVUE NURSING CENTER - BELLEVUE NURSING CEN	2000 CITRUS BLVD LEESBURG, FL 34748
SELECT	BELLEVUE NURSING CENTER - DIAGNOSTIC & NURSING	2000 CITRUS BLVD LEESBURG, FL 34748
SELECT	BELLEVUE NURSING CENTER - WILSON COUNTY DIAGNOS	2000 DE WARE BLVD BELLEVUE, FL 32622
SELECT	BELLEVUE NURSING CENTER - BELLEVUE NURSING CEN	2000 DE WARE BLVD BELLEVUE, FL 32622

[BACK](#)

[Click here for help](#)

80% Complete

Provider and NPI

GROUP, UNIMP
310422000
(MFLCARE)

Patient [EDIT](#)

310422000
310422000
310422000

Service [EDIT](#)

73721 MRI LOWER EXTREMITY
 JOINT W/O
 R68.89 Other general symptoms
 and signs

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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



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
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Tuesday, January 21, 2020 10:17 AM

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

[Click here for help](#)

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- 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.

Urgent/Standard Online

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.

Urgent Supporting Documentation

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

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

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

Clinical Certification



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 10:18 AM

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

[Click here for help](#)

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Clinical Certification questions may populate based upon the information provided.

Please answer each clinical question, as it applies to your patient.

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.

Clinical Certification



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 10:30 AM

Proceed to Clinical Information

- Are you ready to upload the patient medical record now?
- No, I will upload at a later time
- Yes, I am ready to upload the record

SUBMIT

Finish Later

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

[Click here for help](#)

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If **additional information** is required, you will have the option upload additional clinical for review.
Providing clinical information via the web is the quickest, most efficient method.



Supporting Documentation

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.

Clinical Certification



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 10:31 AM

Proceed to Clinical Information

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,.PNG):

Test clinical.docx

No file chosen

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If **additional information** is required, you will have the option upload additional clinical for review.
Providing clinical information via the web is the quickest, most efficient method.



Clinical Certification



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

Tuesday, January 21, 2020 10:33 AM

Proceed to Clinical Information

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.

SUBMIT CASE

[Click here for help](#)

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

Approval

Clinical Certification

Your case has been Approved.

Provider Name:
Provider Address:

Contact:
Phone Number:
Fax Number:

Patient Name:
Insurance Carrier:

Patient ID:

Site Name:

Site ID:

Site Address:

Primary Diagnosis Code: M25.562

Description: Pain in left knee

Secondary Diagnosis Code:

Description:

Date of Service: Not provided

CPT Code: 73721

Description: MRI LOWER EXTREMITY JOINT W/O

Authorization Number:

Review Date: 2:12:39 PM

Expiration Date:

Status: Your case has been Approved.

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

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

Medical Review

Clinical Certification

Your Case has been sent to Medical Review

Provider Name:	Contact:
Provider Address:	Phone Number:
	Fax Number:
<hr/>	
Patient Name:	Patient Id:
Insurance Carrier:	
<hr/>	
Site Name:	Site ID:
Site Address:	
<hr/>	
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
<hr/>	
Authorization Number:	
Review Date:	
Expiration Date:	
Status: Pending	

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

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

Building Additional Cases

Clinical Certification

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

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

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

Start a new request using the same:

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

GO

Cancel Print

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

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

Authorization look up



Authorization Lookup

New Security Features Implemented

Search by Member Information

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:
MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:

Search by Authorization Number/ NPI

REQUIRED FIELDS

Provider NPI:

Auth/Case Number:

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

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: **XXXXXXXXXX**
Case Number: **XXXXXXXXXX**
Health Plan Auth Number: **XXXXXXXXXX**
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 CHANGE SERVICE CODE	Computed tomography (CT) (a special kind of picture) of your chest without contrast (dye)	1	1	

PRINT

[Click here for help](#)

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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					

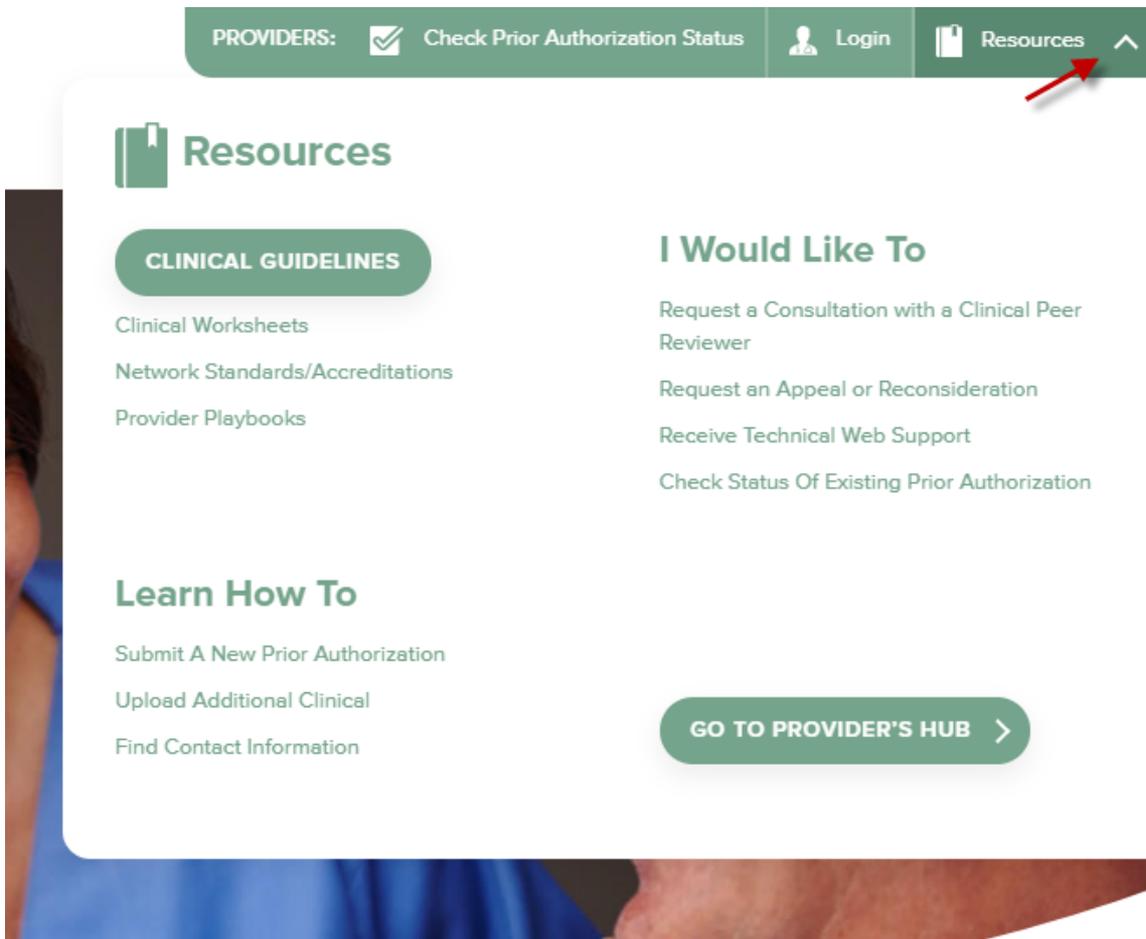
Page 1 of 0 10 No records to display

➤ 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

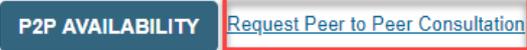
- You can access important tools and resources at www.evicore.com.
- Select the **Resources** to view **FAQs**, **Clinical Guidelines**, **Online Forms**, and more.



The screenshot displays the Evicore website interface. At the top, a green navigation bar contains the following items: "PROVIDERS:" with a checkmark icon, "Check Prior Authorization Status", a user icon with "Login", and "Resources" with a dropdown arrow. A red arrow points to the "Resources" dropdown arrow. Below the navigation bar, the "Resources" page is shown with a green header and a book icon. The page is divided into two main sections. The left section is titled "CLINICAL GUIDELINES" in a green rounded button and lists "Clinical Worksheets", "Network Standards/Accreditations", and "Provider Playbooks". The right section is titled "I Would Like To" and lists "Request a Consultation with a Clinical Peer Reviewer", "Request an Appeal or Reconsideration", "Receive Technical Web Support", and "Check Status Of Existing Prior Authorization". At the bottom left, a "Learn How To" section lists "Submit A New Prior Authorization", "Upload Additional Clinical", and "Find Contact Information". A green rounded button at the bottom right says "GO TO PROVIDER'S HUB" with a right-pointing arrow. The background of the page shows a person in a blue lab coat.

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:	

A blue arrow points from the 'Status' field of the table to a dark blue button labeled 'P2P AVAILABILITY'.

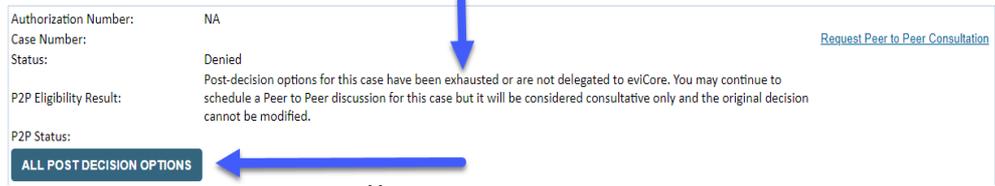
How to schedule a Peer to Peer Request

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.

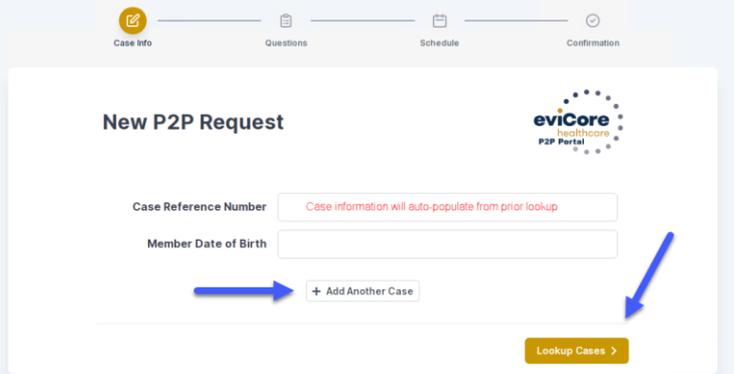
Authorization Lookup

Authorization Number:	NA
Case Number:	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



How to Schedule a Peer to Peer Request

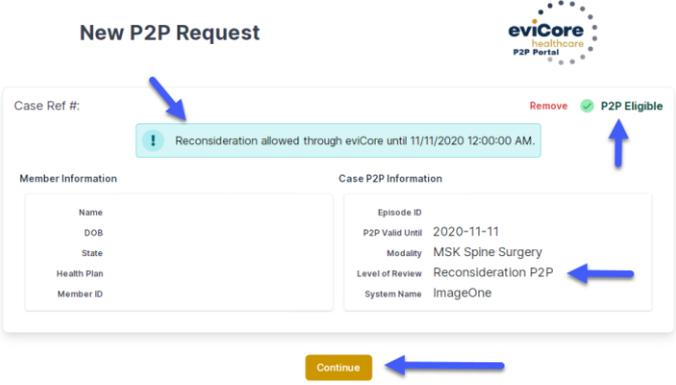


You will be presented with the Case Number and Member Date of Birth (DOB) for the case you just looked up.

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.



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 to confirm 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.

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 4:30 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

P2P Info
Date: Mon 5/18/20
Time: 6:30 pm EDT
Reviewing Provider

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

P2P Contact Details
Name of Provider Requesting P2P: Dr. Jane Doe
Contact Person Name: Office Manager John Doe
Contact Person Location: Provider Office
Phone Number for P2P: (555) 555-5555, Phone Ext.: 12345
Alternate Phone: [xxx] xxx-xxxx, Phone Ext.: Phone Ext.
Requesting Provider Email: droffice@internet.com
Contact Instructions: Select option 4, ask for Dr. Doe
Submit >

- 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.

Scheduling
Scheduled
Mon 5/18/20 - 6:30 pm EDT
SCHEDULED

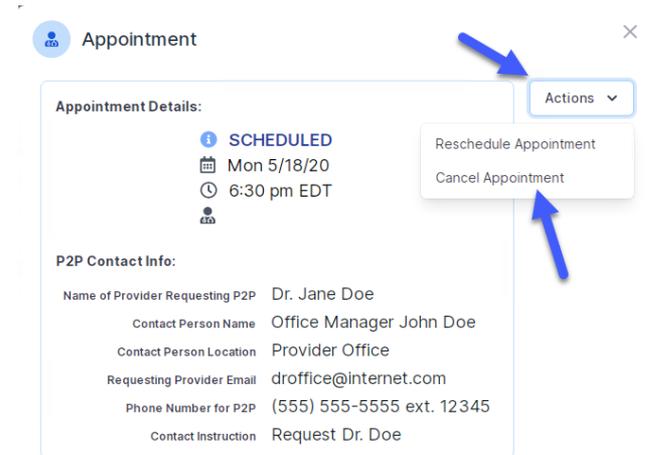
Canceling or Rescheduling a Peer to Peer Appointment

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 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 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 → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



Provider Resources: Prior Authorization Call Center



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

7:00 AM - 7:00 PM (Local Time): (866) 896-2201

- 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

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

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

Provider Resources: Client Provider Operations



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

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

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

Provider Resources: Implementation Website

Provider Enrollment Questions – Contact Provider Services at 800- 841-2900



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

MassHealth's provider resources page

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

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

You can obtain a copy of this presentation on the implementation site listed above.

Thank You!

