

Radiology & Cardiology Management

Provider Orientation for Moda Health



Agenda

- Program Overview
- Submitting Requests
- Prior Authorization Outcomes, Special Considerations, and Post Decision Options
- Provider Portal Overview
- Additional Provider Portal Features
- Provider Resources
- Q & A

Program Overview

Moda Health Plan Prior Authorization Services

Applicable Membership:

- Commercial
- Medicare

Prior authorization applies to the following services:

- Outpatient
- Elective / Non-emergent
- Diagnostic

Prior authorization does NOT apply to services performed in:

- Emergency Rooms
- 23-hour Observation Services
- Inpatient Stays



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

Covered Services

Prior authorization is required for:

Advanced Imaging Services

- CT, CTA (Computed Tomography, Computed Tomography Angiography)
- MRI, MRA (Magnetic Resonance Imaging, Magnetic Resonance Angiography)
- PET (Positron Emission Tomography)
- OB/NON-OB Ultrasounds

Cardiology

- NCM/MPI (Nuclear Cardiac Imaging)
- Stress Echocardiograms
- Diagnostic Heart Catheterizations

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

Covered Services

OB Ultrasound

- ALL OBUS requests require notification to eviCore healthcare at which time all OBUS requests will be reviewed based on the specific CPT code criteria and eviCore guidelines.
- CPT codes 76801, 76813, 76805, and 76811 have specific criteria that must be met based on the individual CPT code.
- All other OBUS CPT codes will be reviewed based on eviCore guidelines.
- Please include the patient's gestational at the time the requested OBUS CPT code(s) will be performed, any prior OBUS that have been done (include the CPT code, date, and results), and the patient's prenatal record.
- Batched requests for multiple ultrasounds (up to 12 weeks) may be requested on one case and will be approved if clinical criteria is met to perform serial ultrasounds. These requests will usually be requested by a maternal fetal medicine specialist for a high risk pregnancy.

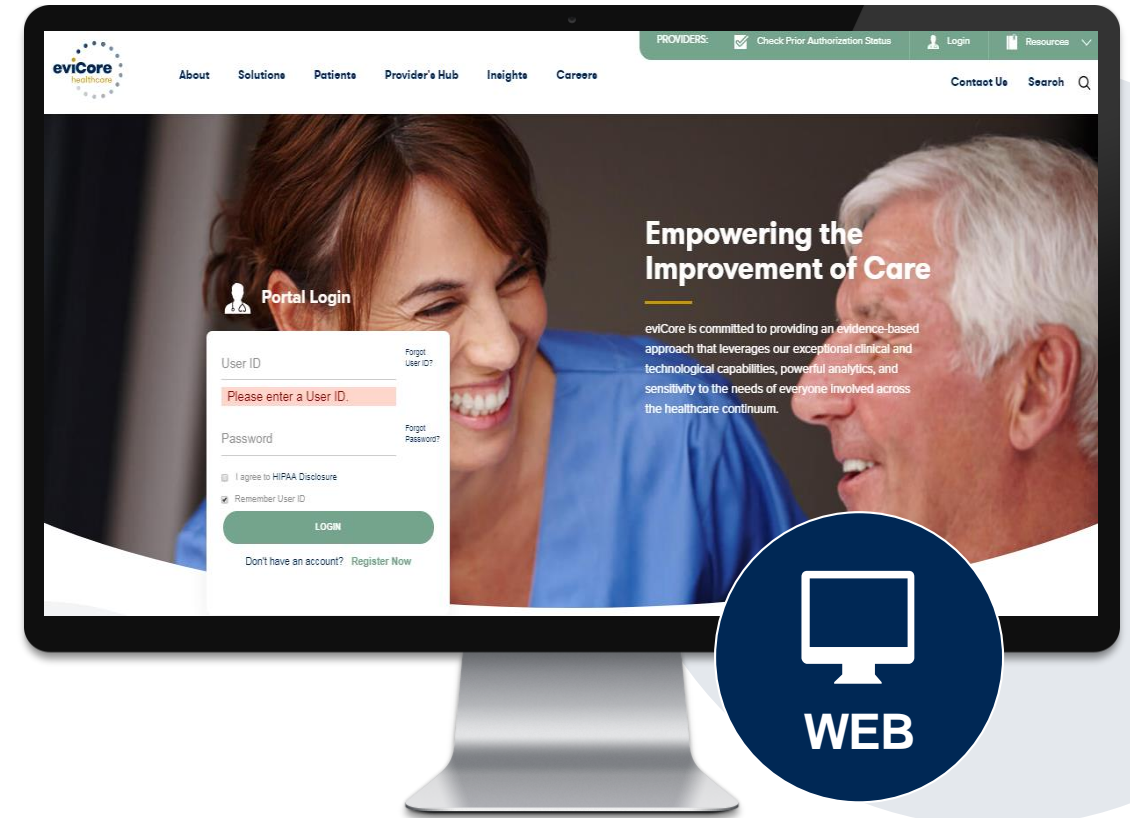
Please Note: All requests for OBUS will be reviewed by the Imaging Guidelines located at www.evicore.com

Submitting Requests

Methods to Submit Prior Authorization Requests

eviCore Provider Portal (preferred)

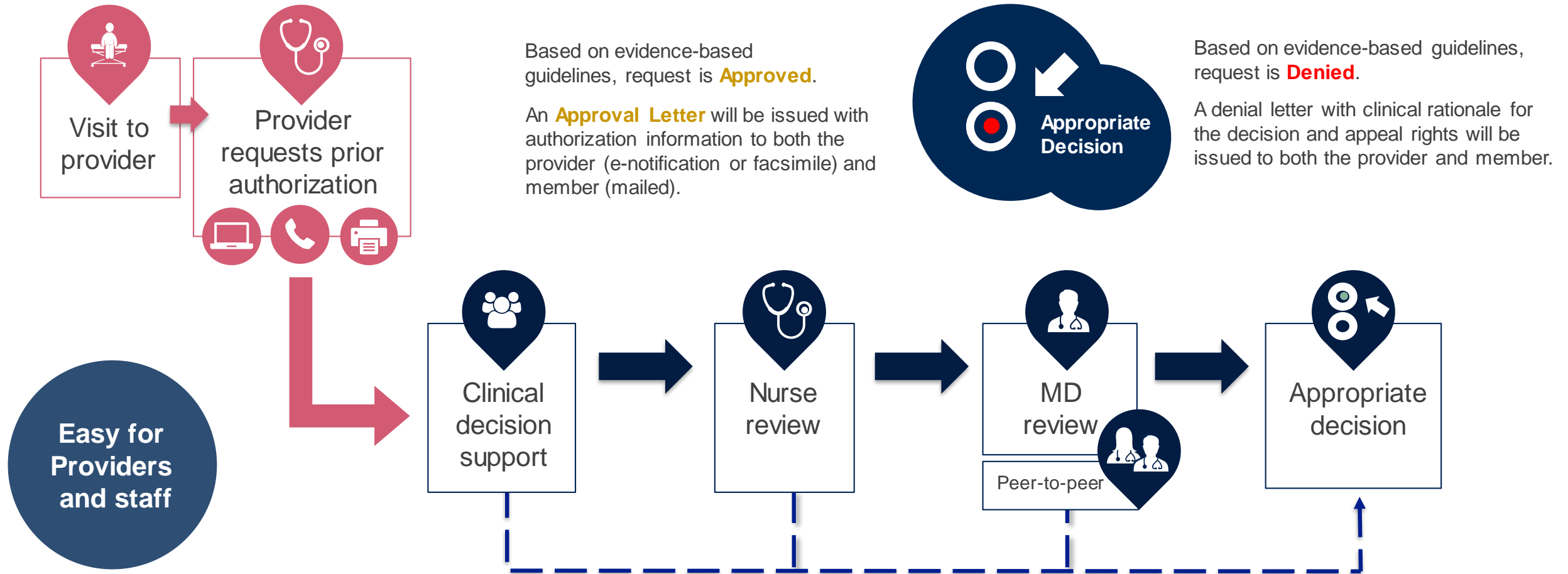
- **Saves time:** Quicker process than phone authorization requests.
- **Available 24/7:** You can access the portal any time and any day.
- **Save your progress:** If you need to step away, you can save your progress and resume later.
- **Upload additional clinical information:** No need to fax in supporting clinical documentation, it can be uploaded on the portal to support a new request or when additional information is requested.
- **View and print determination information:** Check case status in real-time.
- **Dashboard:** View all recently submitted cases.
- **E-notification:** Opt-in to receive email notifications when there is a change to case status.
- **Duplication feature:** If you are submitting more than one prior authorization request, you can duplicate information to expedite submittals.



Phone Number:
844.303.8451
Monday through Friday:
7 am – 7 pm local time

Fax Number:
800.540.2406
PA requests are accepted via
fax and can be used to submit
additional clinical information

Utilization Management – The Prior Authorization Process



Necessary Information for Prior Authorization

To obtain prior authorization on the very first submission, the provider submitting the request will need to gather four categories of information:

1. Member

- Health Plan ID
- Member name
- Date of birth (DOB)

3. Rendering Facility

- Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number

2. Referring (Ordering) Physician

- Physician name
- National provider identifier (NPI)
- Phone & fax number

4. Supporting Clinical

- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous test results



Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

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

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

The Hold notification will inform the provider about what clinical information is needed as well as the date by which it is needed.

The Provider must submit the additional information to eviCore

Requested information must be received within the timeframe as specified in the Hold Letter, or eviCore will render a determination based on the original submission.

eviCore will review the additional documentation and reach a determination

Determination notifications will be sent



Prior Authorization Outcomes, Special Considerations, and Post Decision Options

Prior Authorization Outcomes

Approved Requests

- All requests are processed within **2 business days** after receipt of all necessary clinical information (72 hours for AK members).
- Authorizations are valid for **90 calendar days** from the date of the determination.
- Authorization letters will be faxed to the ordering physician.
- Web initiated cases will receive e-notifications when a user opts in to receive.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the eviCore portal: www.eviCore.com.

Partially Approved Requests

- In instances where multiple CPT codes are requested, some may be approved and some denied.
- In these instances, the determination letter will specify what has been approved as well as post decision options for denied codes, including denied Site of Care (if applicable).



Prior Authorization Outcomes

Denied Requests

- Based on evidence-based guidelines, if a request is determined as inappropriate, a notification with the rationale for the decision and post decision/appeal rights will be issued.
- Denial letters will be faxed to the ordering provider and rendering facility. Members will receive a letter by mail.

PLEASE NOTE: The determination letter is the **best** immediate source to determine what options exist on a case that has been denied.

Special Circumstances

Retrospective (Retro) Authorization Requests

- Commercial or WA – Must be submitted within **14 calendar days** from date of service.
- Commercial Alaska - Must be submitted within **365 calendar days** from date of service.
- Retros are reviewed for clinical urgency and medical necessity. Turnaround time on retro requests is **30 calendar days**.
- When authorized, the start date will be the submitted date of service.

Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member.
- Can be initiated on provider portal or by phone.
- Urgent cases are reviewed within 24 to 72 hours.



Post-Decision Options

When Request is Determined as Inappropriate



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



A denial letter will be issued to the member, provider, and site with clinical rational for the decision and appeal rights.

Post-Decision Options

My case has been denied. What's next?

- Providers are often able to utilize post-decision activity to have a case reviewed for overturn consideration.
- Your **determination letter** is the best immediate source to determine what options exist on a case that has been denied. You may also call us at **844.303.8451** to speak to an agent who can assist with advising which option is available and provide instruction on how to proceed.



Post-Decision Options

My case has been denied. What's next?

Reconsiderations

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

Appeals

- eviCore healthcare will be delegated for first-level appeals for **Commercial** members only.
- Requests for appeals must be submitted to eviCore within **180 calendar days** of the initial determination.
- A written notice of the appeal decision will be mailed to the member and faxed to the provider.

Post-Decision Options: Commercial

Reconsiderations (written)

- Additional clinical information can be provided in writing without the need for a physician to participate.
- Must be requested within **45 calendar days** of the determination.

Peer-to-Peer Review (verbal)

- If a request is denied and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians. In certain instances, additional information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.
- A Peer-to-Peer must be scheduled within **10 business days** of the determination.
- Peer-to-Peer reviews can be scheduled at a time convenient for your physician by logging into eviCore's Provider Portal at www.eviCore.com.

Note: Your **determination letter** is the **best immediate source** to determine what options exist on a case that has been denied.

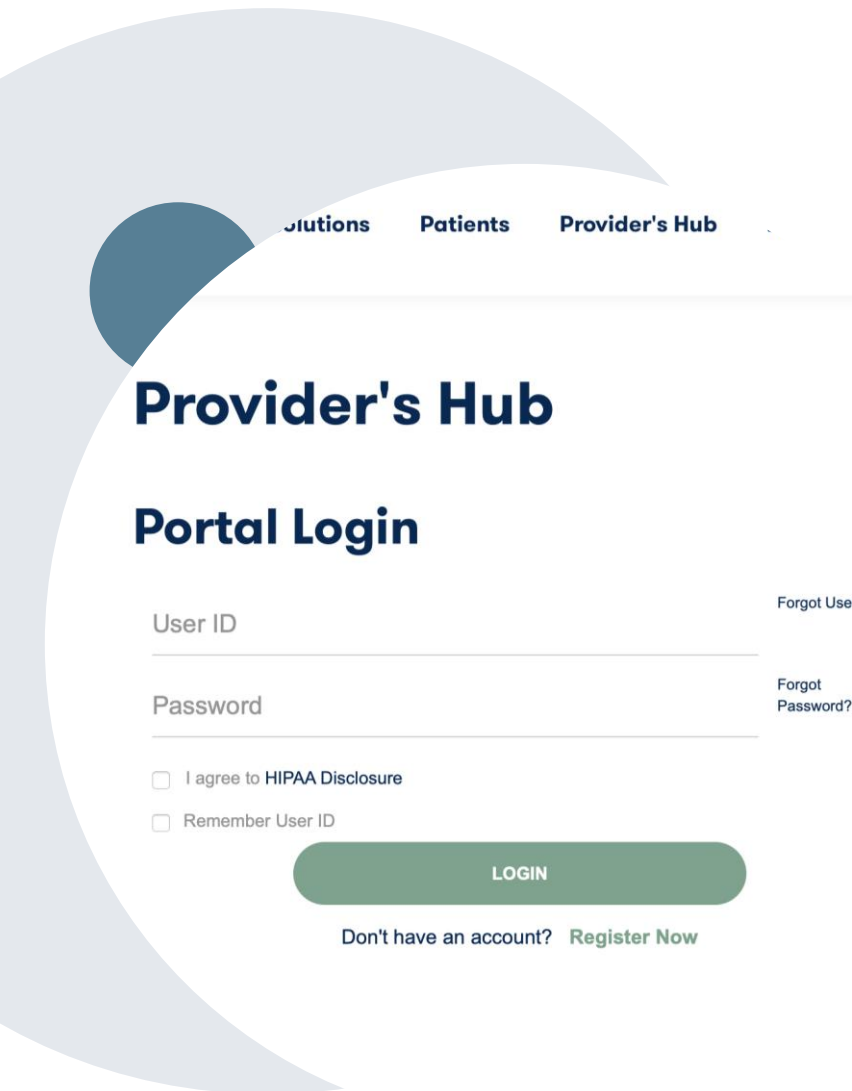
Provider Portal Overview

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

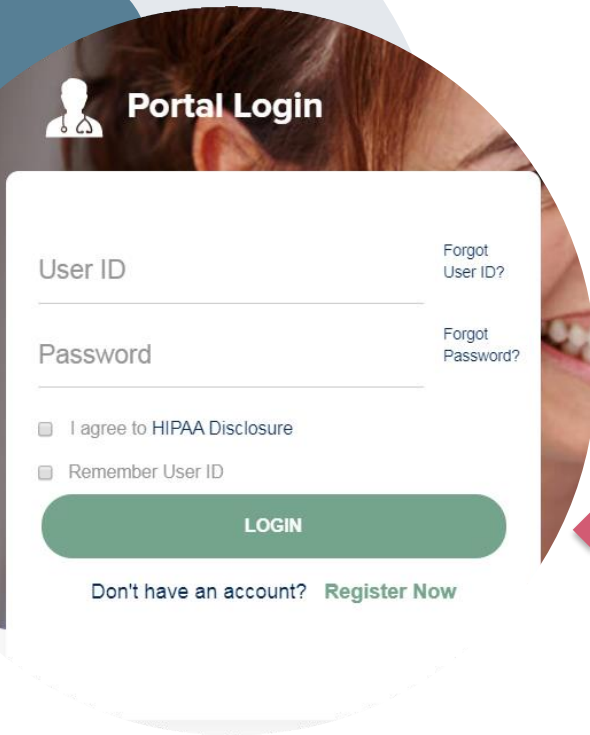
Visit www.evicore.com

Already a user?

If you already have access to eviCore's online portal, simply log-in with your User ID and Password and begin submitting requests in real-time!

Don't have an account?

Click "Register Now" and provide the necessary information to receive access today!



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](#)

Creating An Account

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--
--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*:

Email*:

Confirm Email*:

First Name*:

Last Name*:

Address*:

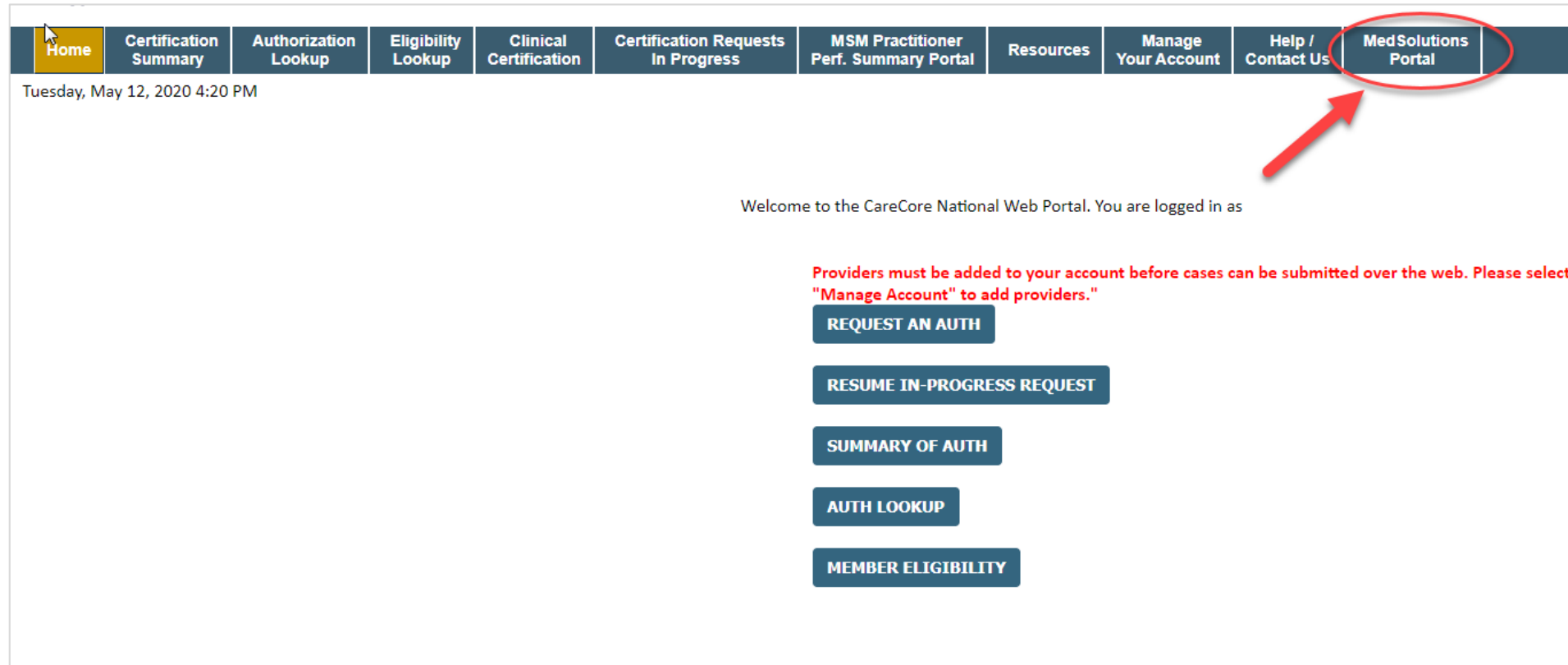
City*:

State*: Select ▼ Zip*:

Office Name:

- Select **CareCore National** as the Default Portal, complete the User Information section in full, and **Submit Registration**.
- You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the log-in page.

Welcome Screen



Note: You can access the **MedSolutions Portal** at any time without having to provide additional log-in information. Click the MedSolutions Portal 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: 2000 Main Street
New York, NY 10001

Primary Contact: John Doe
Email Address: john.doe@evicore.com

ADD PROVIDER

Click Column Headings to Sort

No providers on file

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 **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.

Portal Demonstration

The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status.

[Click here for a portal demonstration.](#)



Additional Provider Portal Features

Portal Features

Certification Summary

- Allows you to track recently submitted cases.

Authorization Lookup

- You can look-up authorization status on the portal and print any correspondence.
- Search by member information OR by authorization number with ordering NPI.
- Review post-decision options, submit appeal and schedule a peer-to-peer.

Eligibility Lookup

- Confirm if member requires prior authorization.

Clinical Certification

- You can begin an authorization request.



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:

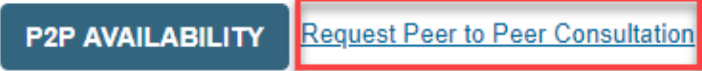
- ☐ Program (Radiation Therapy Management Program)
- ☐ Provider ()
- ☐ Program and Provider (Radiation Therapy Management Program and)
- ☐ Program and Health Plan (Radiation Therapy Management Program and CIGNA)

GO

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


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:	



P2P AVAILABILITY

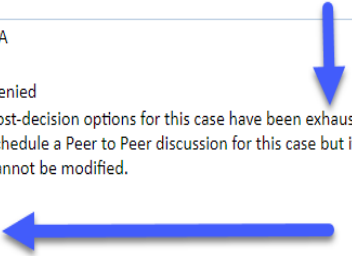
How to schedule a Peer-to-Peer Request

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](#)



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

How to Schedule a Peer-to-Peer Request

Case Info Questions Schedule Confirmation

New P2P Request

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

Member Date of Birth

+ Add Another Case

Lookup Cases >

Upon first login, you will be asked to confirm your default time zone. You will be presented with the Case Number and Member Date of Birth (DOB) for the case you just looked up.

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

To proceed, select “Lookup Cases.”

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

New P2P Request

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 >

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.

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

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

[← Prev Week](#)

5/18/2020 - 5/24/2020 (Upcoming week)

[Next Week →](#)

1st Priority by Skill

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

1st Priority by Skill

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

How to Schedule a Peer-to-Peer Request

Confirm Contact Details

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

The screenshot shows a four-step process: Case Info, Questions, Schedule, and Confirmation. The 'Schedule' step is active. On the left, 'P2P Info' shows the date (Mon 5/18/20) and time (6:30 pm EDT). Below it, 'Case Info' lists case details including '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 form area, 'P2P Contact Details', contains several 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 showing 'Provider Office'), 'Phone Number for P2P' (filled with '(555) 555-5555'), 'Phone Ext.' (filled with '12345'), 'Alternate Phone' (filled with '(xxx) xxx-xxxx'), 'Phone Ext.' (dropdown menu showing '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 at the bottom right. Blue arrows point to the 'Name of Provider Requesting P2P', 'Phone Number for P2P', and 'Contact Instructions' fields, indicating they need to be updated.

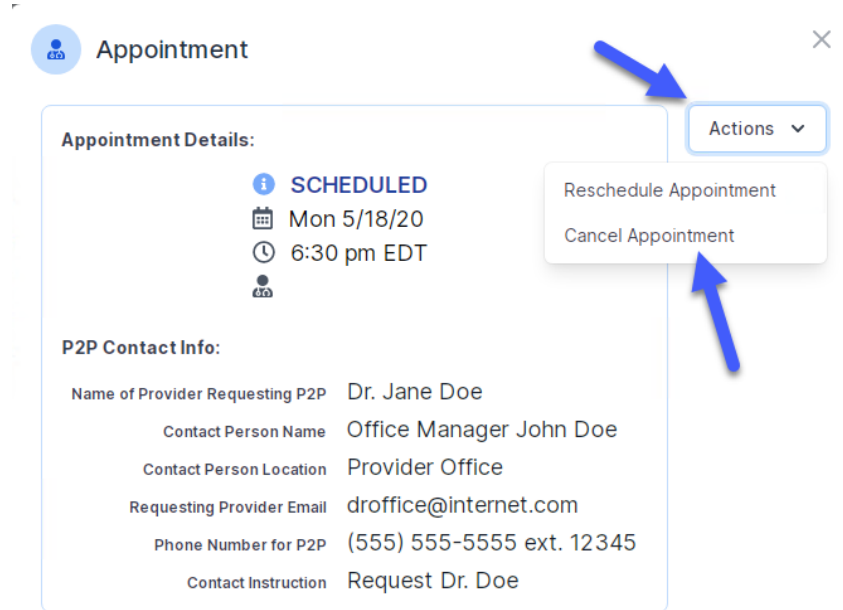
- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:
 - Name of Provider Requesting P2P
 - Phone Number for P2P
 - Contact Instructions
- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

The screenshot shows a 'Scheduling' summary page. It includes a calendar icon and the text 'Scheduled'. Below this, it shows the date and time 'Mon 5/18/20 - 6:30 pm EDT' next to a person icon. A red button with the word 'SCHEDULED' in white text is at the bottom right.

Canceling or Rescheduling a Peer-to-Peer Appointment

To cancel or reschedule an appointment

- Access the scheduling software per the instructions above.
- Go to **My P2P Requests** on the left pane navigation.
- Select the request you would like to modify from the list of available appointments.
- Once opened, click on the schedule link. An appointment window will open.
- Click on the **Actions** drop-down and choose the appropriate action.
 - If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.
 - If choosing to cancel, you will be prompted to input a cancellation reason.



- Close browser once done.

Provider Resources

Dedicated eviCore Teams

Call Center

- Phone: 844.303.8451
- Representatives available 7 a.m. to 7 p.m. (local time)

Web Support

- Live chat
- Email: portal.support@evicore.com
- Phone: (800) 646-0418 (Option 2)

Client & Provider Operations Team

- Email: clientservices@evicore.com (preferred)
- Phone: 800.646.0418 (option 4)
- Eligibility issues (member or provider not found in system)
- Transactional, authorization-related issues requiring research

Provider Engagement

- Michael Morgan, RN, BSN
 - Email: Michael.Morgan@evicore.com
 - Phone: 615.468.4000, ext. 24320
- Regional team that works directly with the provider community.

Provider Resource Website

Provider Resource Pages

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

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

To access these helpful resources, please visit

<https://www.evicore.com/resources/healthplan/moda-health>



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
- 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 Prior Authorization Online Portal Tips and Tools** session, 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 Prior Authorization Online Portal Tips and Tools** session on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



Thank You!

