

# Acupuncture Clinical Review & Prior Authorization for Moda Health

## Provider Orientation



# Agenda

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

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# Program Overview

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# Prior Authorization Program

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- Promote **evidence-based practice**.
- Identify and review treatment interventions where evidence does not support use.
- Provide evidence-based guidelines to support authorization decisions and educate practitioners.
- Authorize **medically necessary** services which require the skills of a licensed professional.
- **Decrease or eliminate unexplained practice variation** and unnecessary visits.
- Manage costs efficiently so members can **continue to receive quality care and skilled services**.

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

# Moda Health Prior Authorization Services

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## Applicable Membership:

- Commercial

## Prior authorization applies to the following services:

- Outpatient
- Elective / Non-emergent

## Prior authorization does NOT apply to services performed in:

- Emergency Rooms
- Inpatient Stays
- Home Health



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

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# Medical Necessity

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# Medical Necessity

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## Clinical Philosophy

- Support **patient-centered care** founded on best available evidence
- Promote **functionally oriented and measureable** treatment programs
- Focus on **skilled, medically necessary** treatment interventions
- Empower **patient independence**
- **Eliminate practice variation** that cannot be explained or justified

# Medical Necessity

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To be considered reasonable and necessary the following conditions must each be met:

- There must be high quality research supporting acupuncture as a **specific and effective** treatment for the patient's condition.
- There must be an **expectation that the patient's condition will improve progressively and significantly in a reasonable (and generally predictable) period of time.**
- The **amount, frequency, and duration** of the services must be reasonable under accepted standards of medical practice.
  - For these purposes, "accepted standards of medical practice" means standards that are based on **credible scientific evidence published in the peer-reviewed literature** generally recognized by the relevant healthcare community, **evidence-based guidelines or recommendation**, or **expert clinical consensus in the relevant clinical areas.**



# Medical Necessity

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## Medically Necessary Care is Grade A.

*SORT Grade	Recommendation based on	Examples
A	Consistent and good quality patient-oriented evidence	<ul style="list-style-type: none"><li>• Systematic Review or Meta-Analysis based on high quality Randomized Controlled Trials (RCTs) or Cohort Studies</li></ul>
B	Inconsistent or limited quality patient-oriented evidence	<ul style="list-style-type: none"><li>• Systematic Review or Meta-Analysis based on lower quality or inconsistent RCTs or cohort studies</li></ul>
C	Consensus, usual practice, case series, opinion, disease-oriented evidence	<ul style="list-style-type: none"><li>• Lower quality or inconsistent RCTs or cohort studies</li><li>• Consensus statements</li><li>• Case series or case study</li><li>• Usual practice</li><li>• Personal opinion</li></ul>

**\*Strength of Recommendation Taxonomy (SORT): A Patient-Centered Approach to Grading Evidence in the Medical Literature:** This is a unified and standardized approach to grading medical literature which was developed by collaborative effort of several peer-reviewed journals of family medicine and primary care, including American Family Physician.  
<https://www.aafp.org/afp/2004/0201/p548.html>

# Prior Authorization Program

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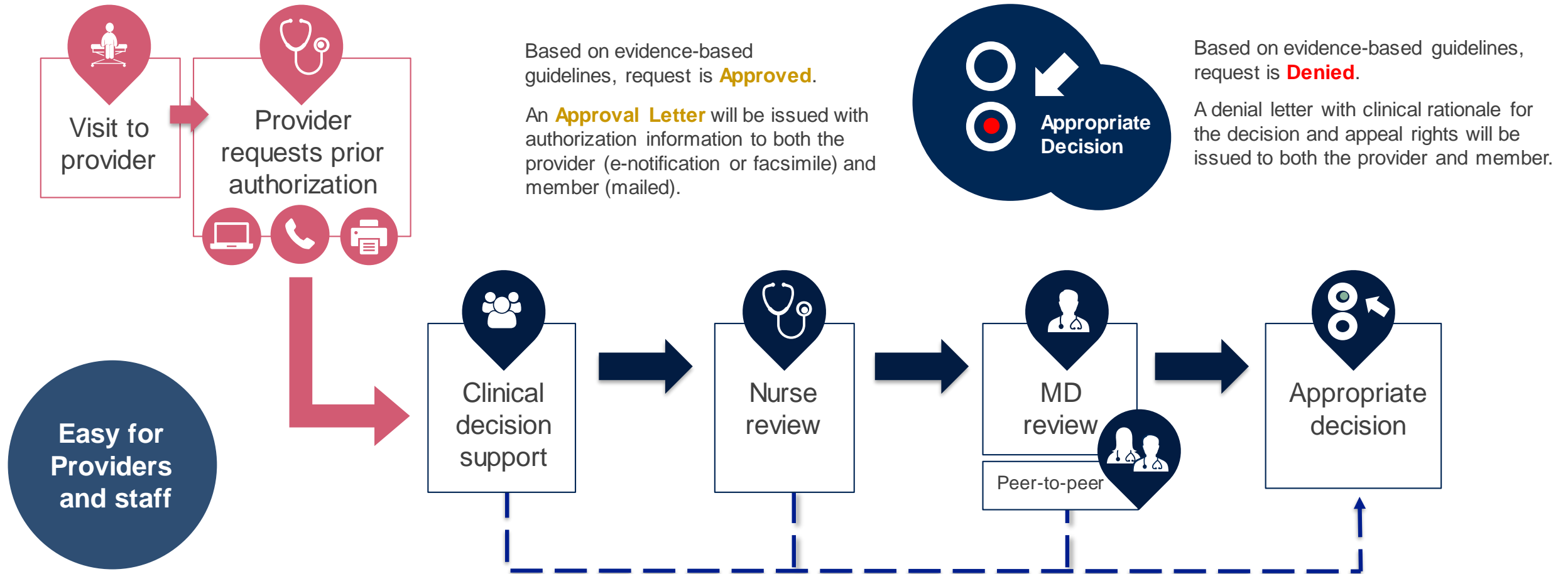
- Clinical reviewers evaluate clinical information to determine whether services meet medical necessity criteria.
- Providers are encouraged to request authorization before care is delivered to ensure payment for services rendered. However, providers may submit information for review up to **7 days** after care has been provided.
- There is no guarantee of payment for services rendered when a review is conducted retrospectively.

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# Submitting Requests

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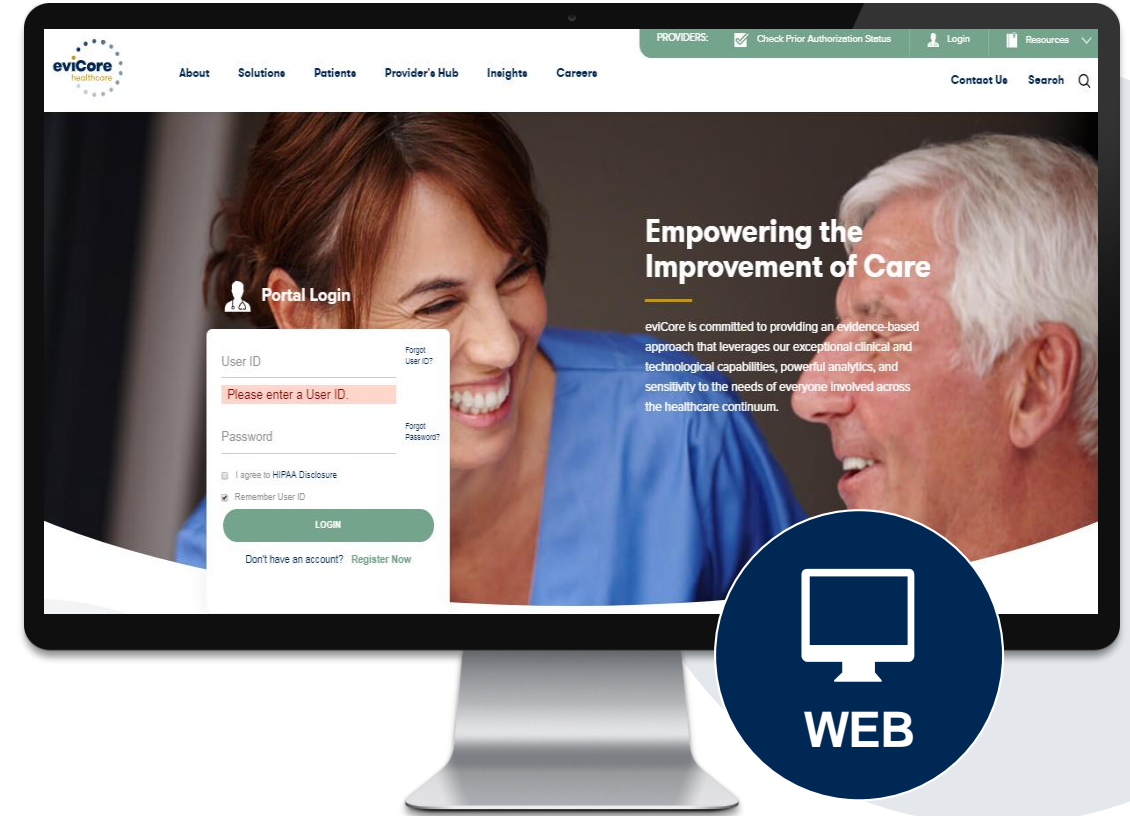
# Utilization Management – The Prior Authorization Process



# 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:**  
855.774.1319  
PA requests are accepted via  
fax and can be used to submit  
additional clinical information

# 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



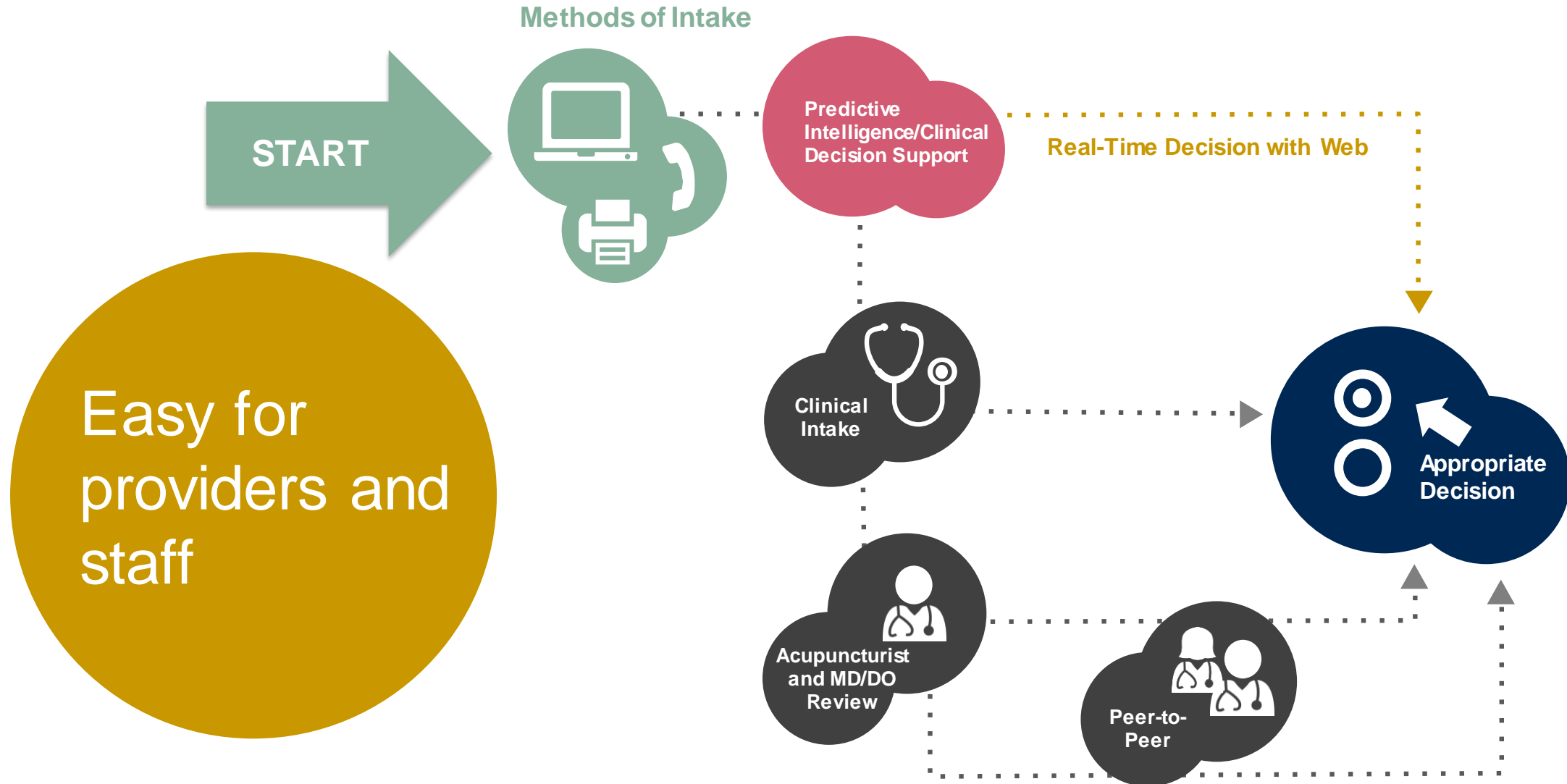
# Information Required for Request



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

- Patient's subjective complaints, objective examination findings, and level of function
- Information from Treatment Request Clinical Worksheet
- Information should be current (collected within the past 10 days)
- Office notes will be requested as needed

# Clinical Review Process





# Prior Authorization Process

## If you are requesting authorization before treatment begins:

- Complete your initial evaluation.
  - The initial evaluation **does not** require prior authorization.
- Notify eviCore healthcare **within 7 days** of the initial visit.
- Start date should be the **first day of treatment** (Date of initial evaluation or visit following if treatment was not provided during the initial visit).
- Notification requires submission of the following information:
  - Patient demographics
  - Provider demographics
  - Minimal clinical information
    - Type of condition
    - Post surgical?
      - If yes, date of surgery?
    - If prior care, questions will be asked to determine if this is a new condition.

# Prior Authorization Process

## How to Request Additional Visits:

- Additional visits may be requested as early as **7 days** prior to the requested start date.
- You will be asked to submit current clinical information
- Clinical information should be **current** (within the past 10 days)
- Use the **Acupuncture Treatment Request Clinical Worksheet**
- If condition is complex or the worksheet does not capture aspects of the condition you want to convey, this information can be given as “additional information” via upload, fax, or text box summary
- The **start date** will be the first date you need additional visits to begin.

# Prior Authorization Process

## Overlapping Requests

- Request for more visits within the existing approved time period.
- Information you provide should explain why the visits could not be spread over the approved period.
- Reviewed to determine if additional visits are medically necessary.
  - **Approve**
  - **Deny** additional visits within the existing approved period.
  - **Partially Approve** – Visits will be approved with a new start date.
    - Existing authorization end date, plus one day.
- If all authorized visits have not been used within the authorized time period, the provider has 30 days from the original authorization expiration date to request and extension.
- Date extensions can be requested via the online portal.

# Prior Authorization Process

If you are asking for authorization after services have been provided:

- Any claim submitted without an authorization on file will be **denied**.
- An authorization may be obtained prior to services being rendered or up to **7 days after**.
- A retrospective request will need to be started if an authorization is requested more than 7 days after the date of service. However, not all Commercial groups allow for retrospective review.
- If a claim is submitted without an authorization on file you will have **14 calendar days** to initiate the authorization process before the claim is denied.

# Prior Authorization Process

## Clinical Information Worksheets

- The treatment request clinical worksheets include the standardized assessments for acupuncture, and they are designed to assist with the submission of patient and provider information for medical necessity review.
- Worksheets should be used as a guide for questions the acupuncturist will be prompted to answer when completing the online requests.
- These worksheets should be completed by the provider during the initial consultation and treatment planning, collecting the clinical information to allow for ease of submission.
- Worksheets are available through our web portal and are therapy-specific to the treatment request, i.e., use the Acupuncture Clinical Treatment Request Worksheet to request acupuncture services.

<https://www.evicore.com/solution/pages/musculoskeletal.aspx>

# Clinical Information Worksheets



## Acupuncture Treatment Request Clinical Worksheet

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

Patient/Member	First Name:	Middle Initial:	Last Name:
	DOB (mm/dd/yyyy):	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
	Street Address:	Apt #:	
	City:	State:	Zip:
Ordering Provider	Home Phone:	Cell Phone:	Primary Contact: <input type="checkbox"/> Home <input type="checkbox"/> Cell
	Health Plan:	Member ID:	Group ID:
	First Name:	Last Name:	
	Primary Specialty:	TIN:	NPI:
Facility/Site	Provider Phone:	Provider Fax:	
	Address:	Suite #:	
	City:	State:	Zip:
	Office Contact:	Ext:	
Diagnosis	Contact Email:		
	First Name:	Last Name:	
	Group/Site Name:		
	Primary Specialty:	TIN:	NPI:
Diagnosis	Site Phone:	Site Fax:	
	Address:	Suite #:	
	City:	State:	Zip:
	Diagnosis, if known:		
Diagnosis	ICD-10 Codes:		
	Auth/Reference Number (if continued care):		
	Date of last visit:		
	Start date of this request:		

**CONFIDENTIALITY NOTICE:** This fax transmission, and any documents attached to it may contain confidential or privileged information subject to privacy regulations such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This information is intended only for the use of the recipient (s) named above. If you are not the intended recipient, or a person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of any of the information contained in or attached to this transmission is STRICTLY PROHIBITED. If you have received this transmission in error, please immediately notify eviCore healthcare and destroy the original transmission and its attachments without saving them in any manner.

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### Clinical Information

1. Date of - Onset:	Evaluation:	Current findings:
2. What is the primary area(s) of complaint?	Right leg (M79.604) <input type="checkbox"/>	Left leg (M79.605) <input type="checkbox"/>
Head or Cervical Spine (M54.2) <input type="checkbox"/>	Right Arm (M79.601) <input type="checkbox"/>	Upper back/Thoracic Spine (M54.6) <input type="checkbox"/>
Lower back/Lumbar spine (M54.5) <input type="checkbox"/>	Left Arm (M79.602) <input type="checkbox"/>	Other: <input type="text"/>
3. Check any of the following which apply:		
Member not treated in last 60 days <input type="checkbox"/>		
Member requires treatment for a new condition <input type="checkbox"/>		
Additional care for same condition treated in the last 60 days <input type="checkbox"/>		
If member requires treatment for a new condition, answer questions 4-6:		
4. What was the previous condition treated?		
Head or cervical spine <input type="checkbox"/> Upper extremities <input type="checkbox"/> Upper back or thoracic spine <input type="checkbox"/>		
Lower back/lumbar spine <input type="checkbox"/> Other: <input type="text"/>		
5. What was the result of the previous condition?		
Resolved <input type="checkbox"/> Ongoing: <input type="checkbox"/>		
6. Was the new condition caused by a precipitating event? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>		
If applicable, describe the precipitating event: <input type="text"/>		
7. Are any red flags present? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>		
If yes, has the patient recently consulted an MD for this condition? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>		
8. What is the patient's primary functional limitation? <input type="text"/>		
9. How much has this functional limitation improved since this episode of treatment began? Please enter a numeric value representing a % improvement: <input type="text"/> %		
10. Currently, what is the symptom intensity PRE-treatment? <input type="text"/> /10 <input type="checkbox"/> Unknown		
11. Currently, what is the symptom frequency PRE-treatment?		
<input type="checkbox"/> 0-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100% <input type="checkbox"/> Unknown		
12. Currently, what is the symptom intensity POST-treatment? <input type="text"/> /10 <input type="checkbox"/> Unknown		
13. Currently, what is the symptom frequency POST-treatment?		
<input type="checkbox"/> 0-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100% <input type="checkbox"/> Unknown		
14. Currently, what is the duration of post-treatment relief (# of days)? <input type="text"/>		
Additional relevant clinical information: <input type="text"/>		

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# **Prior Authorization Outcomes, Special Considerations, and Post Decision Options**

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# Prior Authorization Outcomes

## Approved Requests

- All requests are processed within **2 business days** after receipt of all necessary clinical information.
- Authorizations are typically valid for **30 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](http://www.eviCore.com).





# Prior Authorization Outcomes

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## 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. Texas providers will also receive a verbal denial.
- 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

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## 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 hours.

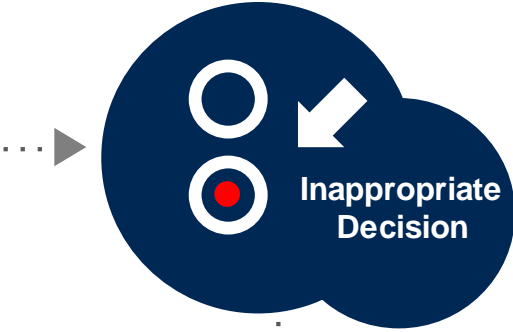


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# Post-Decision Options

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# 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

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## 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 will process 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

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## 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

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

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# Provider Portal Overview

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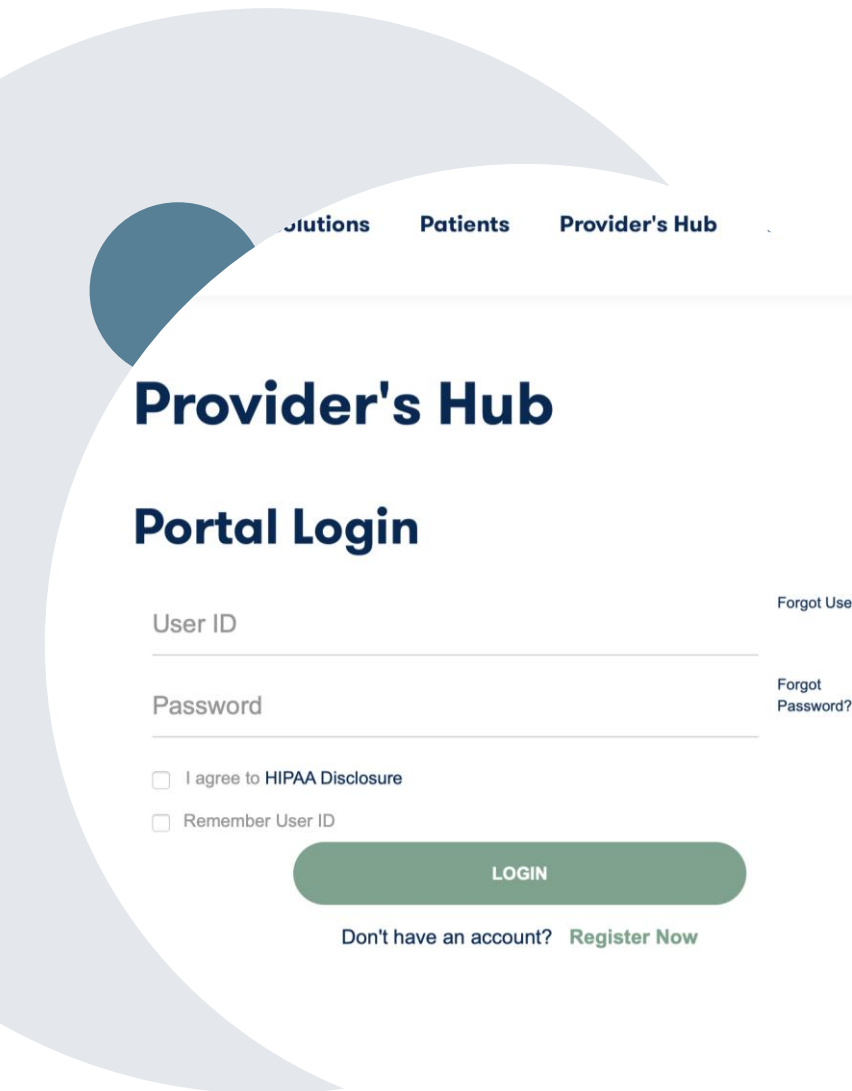


# Portal Compatibility

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

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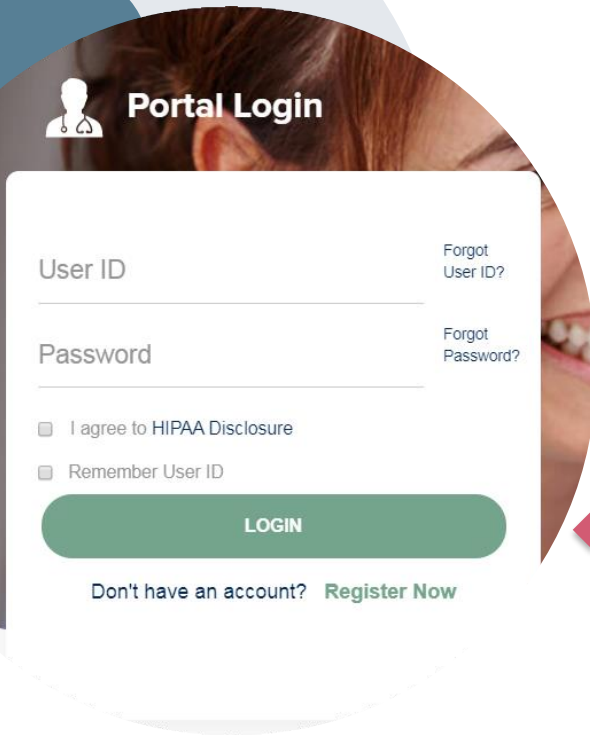
Visit [www.evicore.com](http://www.evicore.com)

## 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?](#)

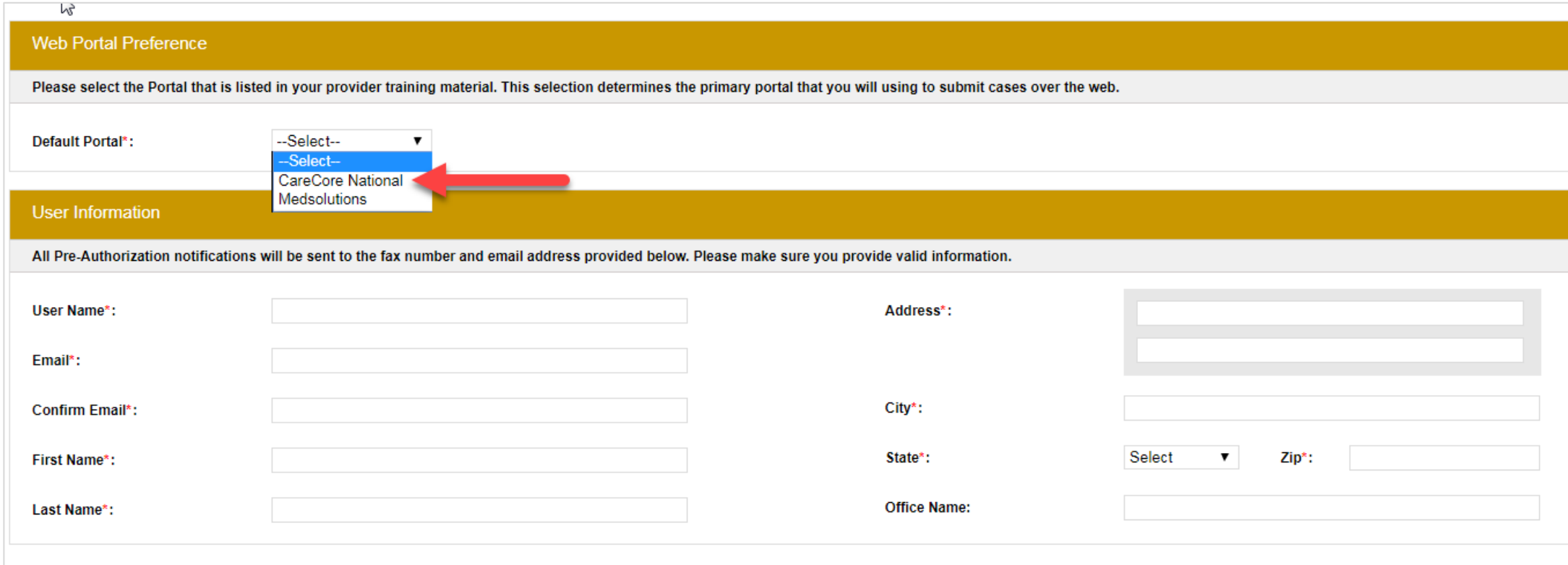
☐ I agree to HIPAA Disclosure

☐ 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\*:  Address\*:

Email\*:

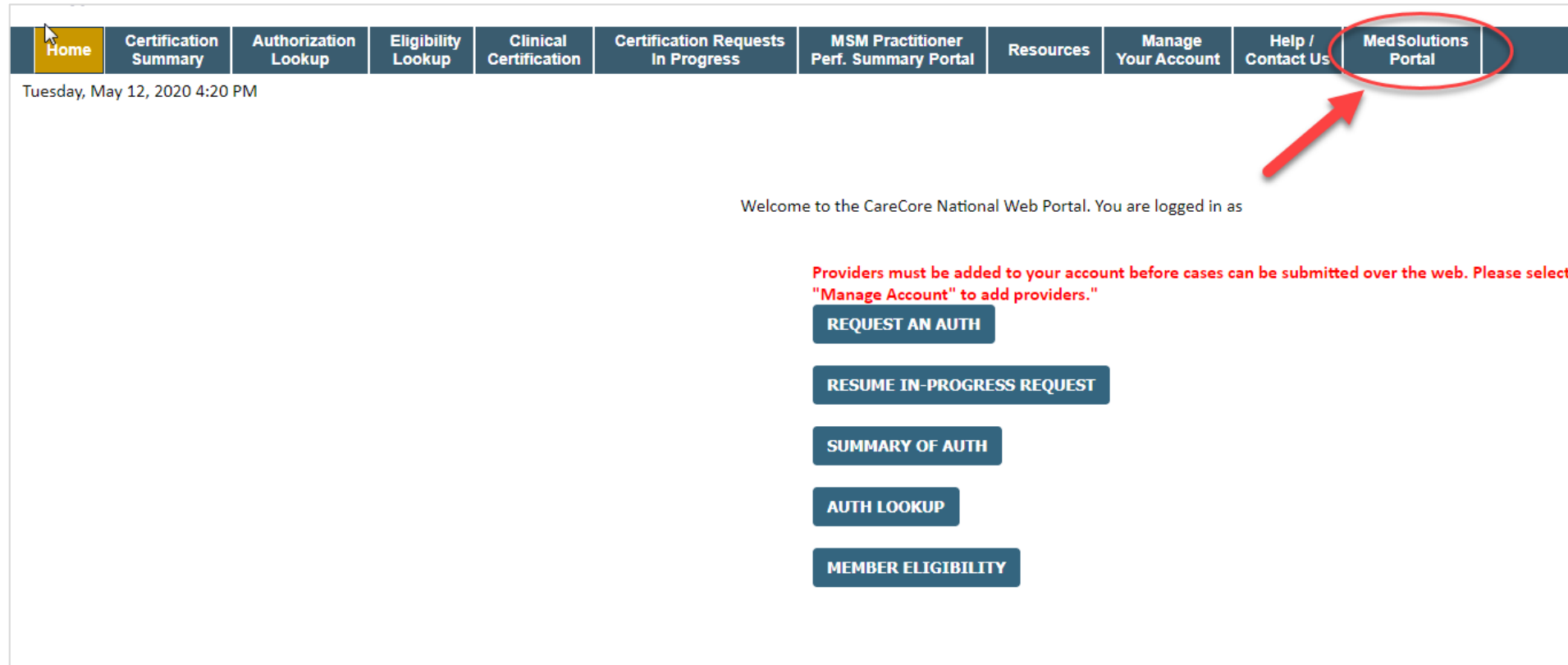
Confirm Email\*:  City\*:

First Name\*:  State\*: Select Zip\*:

Last Name\*:  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  
Boston, CT 06007

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.

# Initiating A Case

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

Manage Your Account

## Request an Authorization

To begin, please select a program below:

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

CONTINUE

## Requesting Provider Information

Select the provider for whom you want to submit an authorization request. If you don't see them listed, click [Manage Your Account](#) to add them.

Filter Last Name or NPI:

SEARCHCLEAR SEARCH

	Provider
SELECT	DR. JAMES M. SMITH, MD

BACK

CONTINUE

- Choose **Clinical Certification** to begin a new request
- Select the appropriate program
- Select “Requesting Provider Information”

# Select Health Plan & Provider Contact Info

## Choose Your Insurer

Requesting Provider: **THIEL, RACHHEL, MD (260275248)**

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**
- Provider name, fax and phone will pre-populate, you can edit as necessary
- By entering a valid email you can receive e-notifications

## Add Your Contact Info

Provider's Name:\* **THIEL, RACHHEL, MD** [?]

Who to Contact:\* [?]

Fax:\* [?]

Phone:\* **(765) 750-4000** [?]

Ext.: [?]

Cell Phone:

Email: **gachiel@evicore.com**

BACK

CONTINUE

# Member Information

- New patients are registered or current patients are selected from the drop down list.
- Enter patient info, and please use forward slashes to separate MM/DD/YYYY when entering the DOB; all three fields are required.
- Once entered click on “Eligibility Lookup” and select from the list of patients that are displayed, which may include an entire family; then click continue.

## Clinical Certification

**New Patient Registration**

Member ID  
(no spaces or dashes)

Date of Birth (MM/DD/YYYY)

Last Name

First Name (optional)

**Current Patients**

Filter by Physician:

Choose an existing Patient:



# Clinical Details

- Enter the expected procedure date.
- Remember you have seven calendar days to initiate a treatment plan from the initial date of service.
- Select your specialty and enter your ICD10 or description and click **look up**.
- Once you click **submit**, you will be prompted to **continue**.

## Clinical Certification

This procedure will be performed on 7/16/2018. [CHANGE](#)

### Musculoskeletal Management Procedures

Select a Procedure by CPT Code [?](#) or Description [?](#)

ACUPN  ACUPUNCTURE

### Diagnosis

Primary Diagnosis Code: M54.40

Description: Lumbago with sciatica, unspecified side

[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](#)

# Verify Service Selection

## Requested Service + Diagnosis

Confirm your service selection.

**Procedure Date:**

**CPT Code:**

**Description:**

**Primary Diagnosis Code:**

**Primary Diagnosis:**

**Secondary Diagnosis Code:**

**Secondary Diagnosis:**

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

- Review the patient's history.
- Verify requested service & diagnosis.
- Edit any information if needed by selecting change procedure or primary diagnosis.
- Click **continue** to confirm your selection.

### Attention!

Patient ID: 00000000000000000000

Time: 6/19/2020 6:38 PM

Patient Name: POOLE, GREGORY J

Please review the patient's MSM history. You may be asked about this history during clinical review.

#### MSM History

Episode Date	Episode ID	Patient Name	CPT Code	CPT Description	Case Status
4/7/2020	00000000000000000000	POOLE, GREGORY J	MSMPT	PHYSICAL THERAPY	A
3/18/2020	00000000000000000000	POOLE, GREGORY J	MSMOT	OCCUPATIONAL THERAPY	A
9/17/2019	00000000000000000000	POOLE, GREGORY J	MSMOT	OCCUPATIONAL THERAPY	A
7/18/2019	00000000000000000000	POOLE, GREGORY J	MSMOT	OCCUPATIONAL THERAPY	A
4/26/2019	00000000000000000000	POOLE, GREGORY J	MSMPT	PHYSICAL THERAPY	A

# Site Selection

Start by searching NPI or TIN for the treating practitioner. You can search by any fields listed, searching with NPI, TIN, or zip code is the most efficient.

## Add Site of Service

### Specific Site Search

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

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

LOOKUP SITE

# Clinical Certification

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## 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.

# Criteria not met

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

**i** Is there any additional information specific to the member's condition y

☐ I would like to upload a document after the survey

☐ I would like to enter additional notes in the space provided

☐ I would like to upload a document and enter additional notes

☐ I have no additional information to provide at this time

**SUBMIT**

### Summary of Your Request

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

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

Provider Name:	DR. ROBERTA MARIA ANDREA VOTTA	Contact:	DR. ROBERTA MARIA ANDREA VOTTA
Provider Address:	1000 17TH AVE SE SUITE 1000 ALBUQUERQUE, NM 87102	Phone Number:	(505) 426-7888
		Fax Number:	(505) 426-7888
Patient Name:	ANTHONY JACOB	Patient Id:	ANTHONY
Insurance Carrier:	WELLS FARGO		
Site Name:	COMBINED MEDICAL GROUP	Site ID:	1000000
Site Address:	8711 COMBINED MEDICAL DR ALBUQUERQUE, NM 87102		
Primary Diagnosis Code:	900	Description:	Recurrent pregnancy loss
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	OB Ultrasound
CPT Code:	59000		
Case Number:	1000000		
Review Date:	5/13/2020 2:36:00 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.		

## Tips:

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

# Criteria Met

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

Summary of Your Request

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

Your case has been Approved.

Provider Name:	DR. BHARATH MANU ARKARA VEETIL	Contact:	1466
Provider Address:	1200 6TH AVE NW SAINT CLOUD, MN 56303	Phone Number:	(320) 254-1000
		Fax Number:	(320) 254-1000
Patient Name:	ANTHONY VALDES	Patient Id:	ANTHONY
Insurance Carrier:	WELLS FARGO		
Site Name:	COMMONWEALTH HOSPITAL LLC	Site ID:	WELLS FARGO
Site Address:	875 COMBUSTION BLVD CORPUS CHRISTI, TX 78401		
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	MRI LOWER EXTREMITY JOINT W/O
CPT Code:	73721		
Authorization Number:	0000000000		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL

PRINT

CONTINUE

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# Additional Provider Portal Features

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# Portal Features

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## 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 ( [REDACTED] )
- ☐ Program and Provider (Radiation Therapy Management Program and [REDACTED] )
- ☐ Program and Health Plan (Radiation Therapy Management Program and CIGNA)

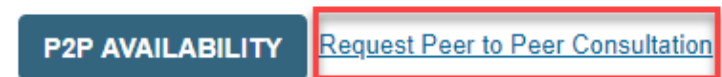
GO

- 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


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- 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:		<a href="#">Request Peer to Peer Consultation</a>
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

**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 #: Remove ✓ P2P Eligible

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

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

Continue

# How to Schedule a Peer to Peer Request

**Case Info**

1st Case

Case #  
Episode ID  
Member Name  
Member DOB  
Member State  
Health Plan  
Member ID  
Case Type MSK Spine Surgery  
Level of Review Reconsideration P2P

**Questions**

Please indicate your availability

**Preferred Days**

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

**Preferred Times**

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

**Time Zone**

US/Eastern

Continue >

You will be prompted 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.

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

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

← Prev Week

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

Next Week →

1st Priority by Skill

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

1st Priority by Skill

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

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# How to Schedule a Peer to Peer

## Confirm Contact Details

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

The screenshot shows a four-step process bar at the top: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (active). The 'P2P Info' section on the left shows the date as Mon 5/18/20 and time as 6:30 pm EDT. The 'Case Info' section lists details for the 1st Case, 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 'P2P Contact Details' section on the right contains the following fields with blue arrows pointing to them: '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' (placeholder '(xxx) xxx-xxxx'), 'Phone Ext.' (placeholder 'Phone Ext.'), 'Requesting Provider Email' (filled with 'droffice@intemet.com'), and 'Contact Instructions' (filled with 'Select option 4, ask for Dr. Doe'). A 'Submit >' button is at the bottom right.

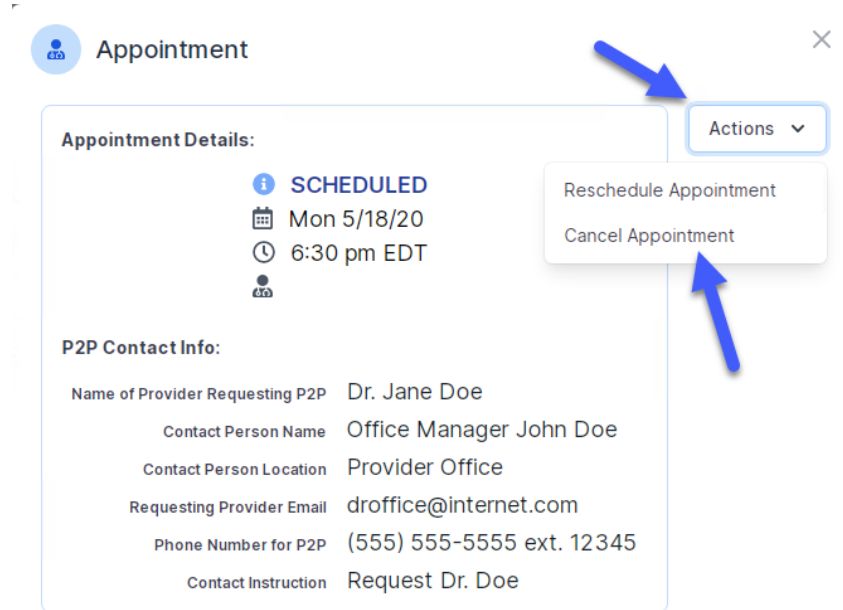
- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:
  - Name of Provider Requesting P2P
  - Phone Number for P2P
  - Contact Instructions
- Click submit to schedule appointment. You will be presented with a summary page containing the details 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 appointment date and time: 'Mon 5/18/20 - 6:30 pm EDT'. At the bottom right, there is a red button with 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.
  - 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: 844.224.0495
- Representatives available 7 a.m. to 7 p.m. (local time)

## Web Support

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

## Client & Provider Operations Team

- Email: [clientservices@eviCore.com](mailto: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](mailto: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

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## 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://eviCore.com)
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates



# Provider Resource Review Forums

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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](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 Prior Authorization Online Portal Tips and Tools** session on [www.eviCore.com](http://www.eviCore.com) → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



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# Thank You!

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