

Chiropractic - Prior Authorization Process

Provider Orientation Sessions for Oscar



oscar



The expanded membership network.

- **As a part of the 2021 expansion, Oscar will offer Commercial Individual and Family Plans for the first time in:**
 - North Carolina (Asheville)
 - Oklahoma (Oklahoma City)
 - 4 markets in Iowa, including Des Moines and Sioux City
- **Existing state footprints will be expanded to**
 - Boulder, Colorado
 - 3 markets in Northeast Pennsylvania,
 - multiple markets across Florida, including Jacksonville, Sarasota, and Tallahassee
 - across new counties in Phoenix, AZ, and Columbus, OH



Applicable Membership

Authorization is required for Oscar members enrolled in Commercial (fully insured) plans in the following states/cities:

Arizona	Phoenix
Colorado	Boulder & Denver
Florida	Daytona, Homosasss Springs, Jacksonville, Miami, Ocala, Orlando, Sarasota, Tallahassee, Tampa, Port St. Luci, & Punta Gorda
Georgia	Atlanta
Iowa	Des Moines, Sioux City, Waterloo, & Dubuque
Kansas & Missouri	Kansas City
New Jersey	
New York	
North Carolina	Asheville
Ohio	Cleveland & Columbus
Oklahoma	Oklahoma City
Pennsylvania	Philadelphia, Allentown, Scranton & East Stroudsburg
Tennessee	Memphis & Nashville
Texas	Austin, Dallas - Fort Worth, El Paso, Houston, & San Antonio
Virginia	Richmond



Prior Authorization Outcomes

Approved Requests:

- All requests are processed within **2** business days after receipt of all clinical information.

Delivery:

- **Faxed** to ordering provider and rendering facility.
- **Mailed** to the member.
- Information can be printed on demand by logging into eviCore healthcare portal.

Denied Requests:

- Communication of denial determination.
- Communication of the rationale for the denial.
- How to request a Clinical Consultation.

Delivery:

- **Faxed** to the ordering provider
- **Mailed** to the member.

Special Circumstances



Appeals:

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



Outpatient Urgent Studies:

- **Medically urgent requests are defined as conditions that are a risk to the patient's life, health, ability to regain maximum function, or the patient is having severe pain that required a medically urgent procedure.**
- Contact eviCore by phone or use our online portal to request an expedited prior authorization review and provide clinical information.
- Urgent Cases will be reviewed within 72 hours of the request.
- Verbal outreach is made to the provider.

Web Portal Services

Portal Compatibility

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

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

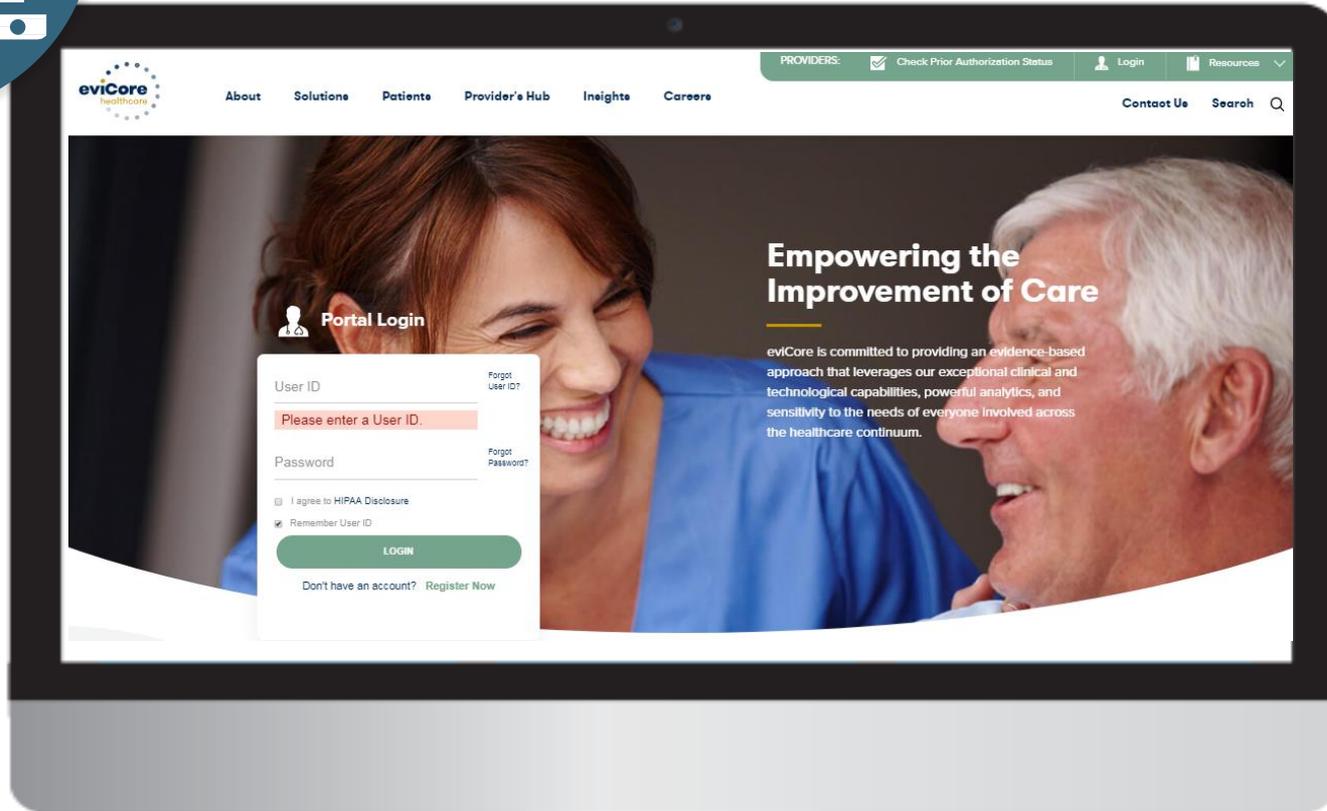
You may need to disable pop-up blockers to access the site. For information on how to disable pop-up blockers for any of these web browsers, please refer to our [Disabling Pop-Up Blockers guide](#).





WEB

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 spend their time where it matters most — with their patients!



Phone Request:

Phone #: 855-252-1118

7:00 a.m. to 7:00p.m.

Monday - Friday

Faxed Request allowed
for Texas programs only.

Fax #: 800-540-2406

eviCore healthcare website

- Point web browser to evicore.com



- Login or Register

A screenshot of the 'Portal Login' form on the eviCore healthcare website. The form is white and set against a background image of a person's face. At the top left of the form is a doctor icon and 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: 'I agree to HIPAA Disclosure' (unchecked) and 'Remember User ID' (checked). At the bottom of the form is a large green button labeled 'LOGIN'. Below the button is the text 'Don't have an account? Register Now'.

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*:
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" value="v"/> Zip*: <input type="text"/>	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	Office Name:	<input type="text"/>		
Last 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.

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."**

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

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

Welcome Screen

The screenshot shows the CareCore National Web Portal. At the top left is the eviCore healthcare logo with the tagline 'innovative solutions'. Below the logo is a dark blue navigation bar with white text for the following links: Home (highlighted in yellow), Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, MSM Practitioner Performance Summary Portal, Resources, Manage Your Account, Help / Contact Us, and MedSolutions Portal. Below the navigation bar, the date and time 'Friday, March 23, 2018 2:57 PM' are displayed on the left, and a 'Log Off (MALLORCA)' button is on the right. The main content area contains the following text: 'Welcome to the CareCore National Web Portal. You are logged in as'. Below this is a red warning message: 'Providers must be added to your account before cases can be submitted over the web. Please select "Manage Account" to add providers.' This is followed by several links: '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 >>', and '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.

Manage Your Account

Manage Your Account

Office Name: **CHANGE PASSWORD** **EDIT ACCOUNT**

Address:

Primary Contact:

Email Address:

ADD PROVIDER

Click Column Headings to Sort

CANCEL

Add Practitioner

Enter Practitioner information and find matches.
*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

FIND MATCHES **CANCEL**

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

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	

Add This Practitioner Cancel

Select the matching record based upon your search criteria

Select Program



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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Monday, June 22, 2020 3:28 PM

L

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](#)

[Click here for help](#)

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Select Health Plan & Provider Contact Info

Wednesday, January 16, 2019 11:05 AM

Log Off

Choose Your Insurer

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

Please Select a Health Plan

[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.

Add Your Contact Info

Provider's Name:* [REDACTED] [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [REDACTED] [?]

Ext.: [?]

Cell Phone:

Email: [REDACTED]

- Choose Oscar 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

Member & Request Information

Patient Eligibility Lookup

Patient ID:*
Date Of Birth:* MM/DD/YYYY
Patient Last Name Only:* [?]

ELIGIBILITY LOOKUP

BACK

- Enter the **member information**, including the patient ID number, date of birth, and last name. Click **Eligibility Lookup**
- The pop up window will ask for the treatment start date.

Attention!

Time: 6/11/2020 1:22 PM

What is the expected procedure date or treatment start date for this request? MM/DD/20YY

SUBMIT

Request Information

Requested Service + Diagnosis

This procedure will be performed on 7/16/2020.

CHANGE

Musculoskeletal Management Procedures

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

CHIRO CHIROPRACTIC

Don't see your procedure code or type of service? [Click here](#)

Diagnosis

Primary Diagnosis Code: **M25.50**

Description: **Pain in unspecified joint**

[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)

Secondary diagnosis is optional for Musculoskeletal Management

LOOKUP

BACK

CONTINUE

Attention!

Will the procedure be performed in your office?

Yes

No

- Next you can enter CPT code (MSMPT)
- Also add diagnosis code(s)

Verify Service Selection

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: [REDACTED]
CPT Code: CHIRO
Description: CHIROPRACTIC
Primary Diagnosis Code: M25.50
Primary Diagnosis: Pain in unspecified joint
Secondary Diagnosis Code:
Secondary Diagnosis:

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

Attention!

Patient ID: [REDACTED]

Patient Name: [REDACTED]

Please review the patient's [REDACTED] 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	[REDACTED]	[REDACTED]	[REDACTED]	PHYSICAL THERAPY	A
3/18/2020	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	A
9/17/2019	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	A
7/18/2019	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	A
4/26/2019	[REDACTED]	[REDACTED]	MSMPT	PHYSICAL THERAPY	A

- Verify requested service & diagnosis
- Edit any information if needed by selecting **Change Procedure or Primary Diagnosis**
- Click **continue** to confirm your selection

Site Selection

Start by searching NPI or TIN for the site where the procedure will be performed. You can search by any fields listed. Searching with NPI, TIN, and zip code is the most efficient.

Add Site of Service

Specific Site Search

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

NPI:	<input type="text"/>	Zip Code:	<input type="text"/>	Site Name:	<input type="text"/>
TIN:	<input type="text"/>	City:	<input type="text"/>		

- Exact match
- Starts with

LOOKUP SITE

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

Site Selection – (Site of Service)

Pop up “Attention” window asking for the “setting”

Attention!

Patient ID: Time:

Patient Name:

In what setting will this procedure be performed?

- Office
- A portion of an off-campus hospital provider-based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization
- A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization
- Ambulatory Surgery
- Unknown

SUBMIT

Clinical Certification

Clinical Certification

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from CareCore National.

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

- **Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.**
- **You will not have the opportunity to make changes after that point.**

Routine or Urgent Request?

- If the case is **standard** select **Yes**
- If your request is **urgent** select **No**
- When a request is submitted as urgent you will be **required** to upload relevant clinical information
- 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

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

Proceed to Clinical Information – Example of Questions

Proceed to Clinical Information

TYPE OF CONDITION

Please select Developmental/Pediatric for all Pediatric cases EXCEPT primary musculoskeletal injuries such as ankle sprain,

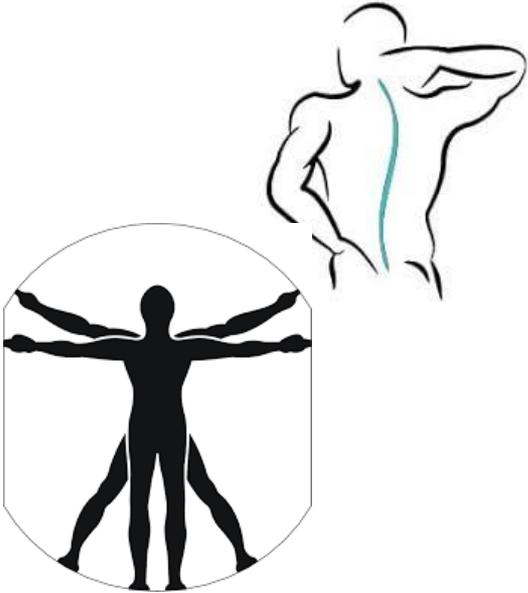
i Please indicate the type of condition that therapy is being requested for.

SUBMIT

Finish Later

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

CANCEL



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

Clinical Information – Imbedded messages

Proceed to Clinical Information

Dates:

You requested a treatment start date of 07/07/2020

1 Date of initial evaluation

07/07/2020 

1 Date of onset of CONDITION:

07/04/2020 

1 Enter date of current findings:

07/06/2020 

The clinical information will be considered out-of-date if the “date of current findings” is greater than 10 days prior to the “treatment start date” for this request. Cases with out-of-date clinical information may be placed on hold awaiting current clinical information. This may delay an authorization decision.

Finish Later

Did you know?

You can save a certification request to finish later.

- Questions may populate based upon the information provided
- Many screens have imbedded messages that help you understand the criteria.

Attestation

Clinical Certification

I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

Print **SUBMIT CASE**

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

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

Criteria Met

If your request is authorized during the initial submission you can print out 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:	[Redacted]	Contact:	[Redacted]
Provider Address:	[Redacted]	Phone Number:	[Redacted]
		Fax Number:	[Redacted]
Patient Name:	[Redacted]	Patient Id:	[Redacted]
Insurance Carrier:	[Redacted]		
Site Name:	[Redacted]	Site ID:	[Redacted]
Site Address:	[Redacted]		
Primary Diagnosis Code:	[Redacted]	Description:	Other general symptoms and signs
Secondary Diagnosis Code:	[Redacted]	Description:	[Redacted]
Date of Service:	Not provided	Description:	[Redacted]
CPT Code:	[Redacted]		
Authorization Number:	[Redacted]		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL **PRINT** **CONTINUE**

Criteria not met

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

Is there any additional information specific to the member's condition you would like to provide?

- 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 CONTINUE

Your case has been sent to Medical Review.

Provider Name:	[REDACTED]	Contact:	[REDACTED]
Provider Address:	[REDACTED]	Phone Number:	[REDACTED]
		Fax Number:	[REDACTED]
Patient Name:	[REDACTED]	Patient Id:	[REDACTED]
Insurance Carrier:	WELLCARE		
Site Name:	[REDACTED]	Site ID:	[REDACTED]
Site Address:	[REDACTED]		
Primary Diagnosis Code:	M25.50	Description:	Pain in unspecified joint
Secondary Diagnosis Code:	[REDACTED]	Description:	
Date of Service:	[REDACTED]	Description:	PHYSICAL THERAPY
CPT Code:	[REDACTED]		
Case Number:	[REDACTED]		
Review Date:	[REDACTED]		
Expiration Date:	[REDACTED]		
Status:	Your case has been sent to Medical Review.		

CANCEL **PRINT** **CONTINUE**

[Click here for help](#)

Tips:

- You may upload clinical notes on the portal
- Additional information uploaded to the case will be sent for clinical review
- Print out summary of request that includes the case # and indicates 'Your case has been sent to clinical review'

Additional Provider Portal Features

Certification Summary



- 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

Single Status
Show All ▾

Filter By Multiple Statuses
Show All ▾

Date
7 days ▾

Submit Close

Certification Summary

Search.. 🔍 ☰

Page 1 of 1 10 ▾ View 1 - 3 of 3

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
1	1				Expired / Cancelled	07/06/2020	CHIRO	CHIROPRACTIC		--	Uploads & Faxes	
2	1				Approved	07/06/2020		PHYSICAL THERAPY		08/06/2020	Uploads & Faxes	
3	1				Pending Clinical Review	07/06/2020	97161	PHYSICAL THERAPY		--	Uploads & Faxes	Upload

Page 1 of 1 10 ▾ View 1 - 3 of 3

- Certification Summary tab allows you to track recently submitted cases
- The work list can also be filtered by clicking on the 3 lines

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



Tuesday, November 22, 2016 2:30 PM

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:

Search

- 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.

Search Results and Electronic Clinical Upload Feature

New Security Features Implemented

Authorization Number:	NA
Case Number:	
Status:	Additional Information Required
Approval Date:	
Service Code:	
Service Description:	
Site Name:	
Expiration Date:	
Date Last Updated:	9/15/2017 10:45:49 AM
Correspondence:	VIEW CORRESPONDENCE
Clinical Upload:	UPLOAD ADDITIONAL CLINICAL 

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



Online Resources

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

PROVIDERS: Check Prior Authorization Status Login Resources

Resources

CLINICAL GUIDELINES

- Clinical Worksheets
- Network Standards/Accreditations
- Provider Playbooks

I Would Like To

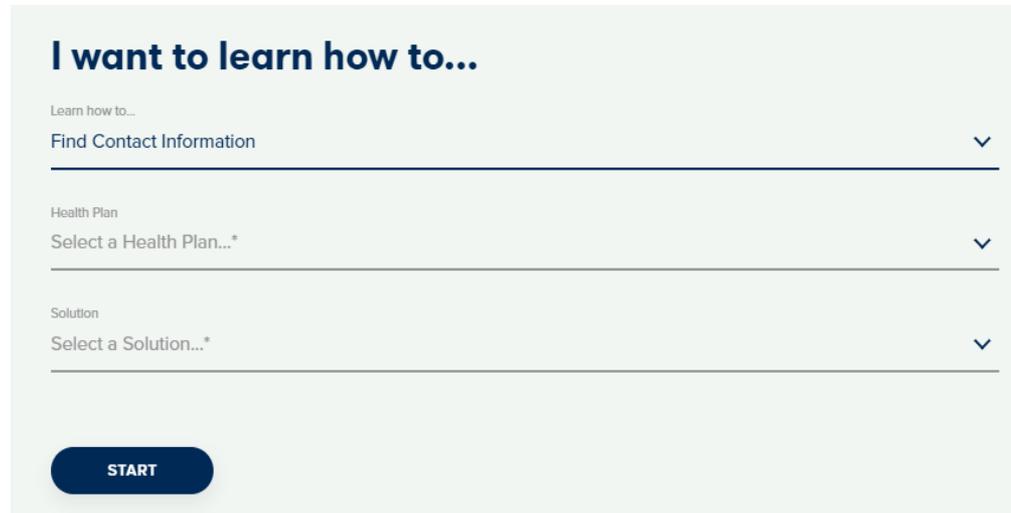
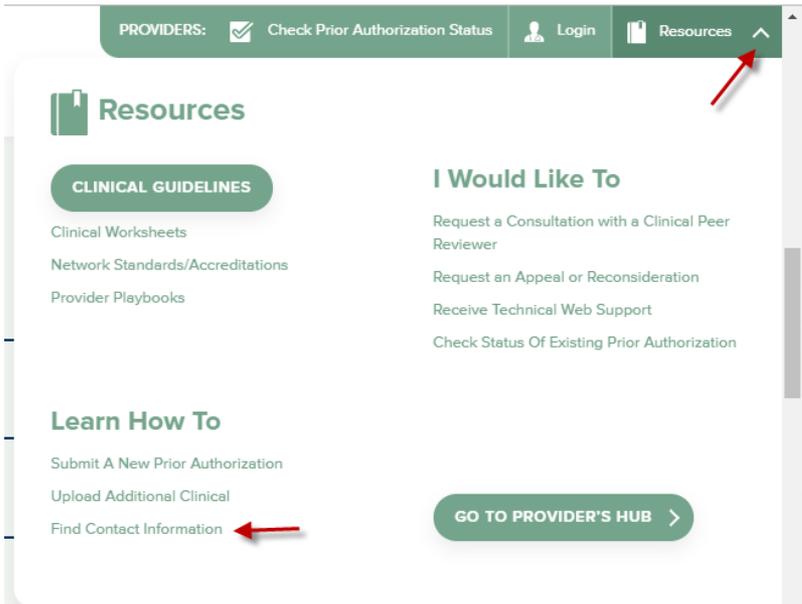
- Request a Consultation with a Clinical Peer Reviewer
- Request an Appeal or Reconsideration
- Receive Technical Web Support
- Check Status Of Existing Prior Authorization

Learn How To

- Submit A New Prior Authorization
- Upload Additional Clinical
- Find Contact Information

[GO TO PROVIDER'S HUB >](#)

Quick Reference Tool



Access health plan specific contact information at www.evicore.com by clicking the resources tab then select **Find Contact Information**, under the Learn How to section. Simply select Health Plan and Solution to populate the contact phone and fax numbers as well as the appropriate legacy portal to utilize for case requests.

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): 855-252-1118

- 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

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 Oscar Provider Services at **855-672-2755**



Web-Based Services



Client Provider Operations



Documents

Oscar website:

<https://www.hioscar.com/providers>

eviCore / Oscar Provider Resources Page

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

- Provider Orientation Presentation
- CPT code lists of the procedures that require prior authorization
- eviCore clinical guidelines
- FAQ documents and announcements

You can obtain a copy of this presentation on the Provider Resource page listed above.

Thank You!

