

Prior Authorization Provider Orientation for Oscar

Provider Orientation 2020



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9 Comprehensive Solutions



The industry's most **comprehensive clinical evidence-based guidelines**



4.9k+ employees including **1k clinicians**

Engaging with 570k+ providers



Advanced, innovative, and intelligent technology

Headquartered in Bluffton, SC Offices across the US including:

- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT
- Melbourne, FL
- Plainville, CT
- Sacramento, CA



Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Our Clinical Approach

Clinical Staffing

Multi-Specialty Expertise

Dedicated nursing and physician specialty teams for various solutions

>300
Medical
Directors

Covering
51
different
specialties

800
Nurses with
diverse
specialties /
experience

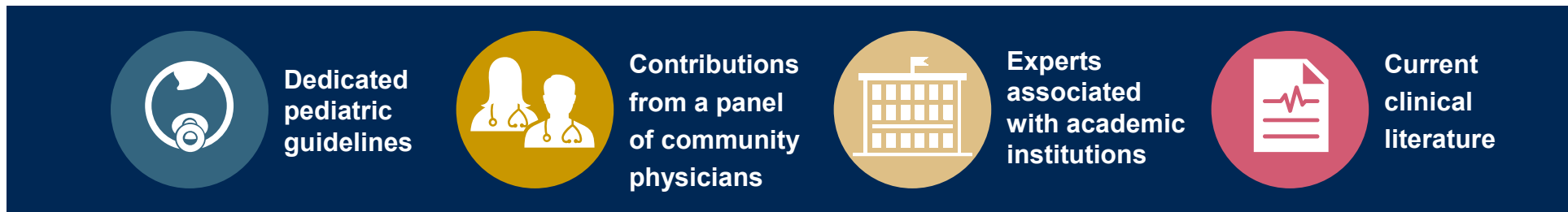
- **Anesthesiology**
- **Cardiology**
- **Chiropractic**
- **Emergency Medicine**
- **Family Medicine**
 - Family Medicine / OMT
 - Public Health & General Preventative Medicine
- **Internal Medicine**
 - Cardiovascular Disease
 - Critical Care Medicine
 - Endocrinology, Diabetes & Metabolism
 - Geriatric Medicine
 - Hematology
 - Hospice & Palliative Medicine
 - Medical Oncology
 - Pulmonary Disease
 - Rheumatology
 - Sleep Medicine
 - Sports Medicine

- **Medical Genetics**
- **Nuclear Medicine**
- **OB / GYN**
 - Maternal-Fetal Medicine
- **Oncology / Hematology**
- **Orthopedic Surgery**
- **Otolaryngology**
- **Pain Mgmt. / Interventional Pain**
- **Pathology**
 - Clinical Pathology
- **Pediatric**
 - Pediatric Cardiology
 - Pediatric Hematology-Oncology
- **Physical Medicine & Rehabilitation**
 - Pain Medicine
- **Physical Therapy**
- **Radiation Oncology**

- **Radiology**
 - Diagnostic Radiology
 - Neuroradiology
 - Radiation Oncology
 - Vascular & Interventional Radiology
- **Sleep Medicine**
- **Sports Medicine**
- **Surgery**
 - Cardiac
 - General
 - Neurological
 - Spine
 - Thoracic
 - Vascular
- **Urology**

Evidence-Based Guidelines

The foundation of our solutions:



Aligned with National Societies

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

Radiology and Cardiology Prior Authorization Process

Program Overview

eviCore healthcare will begin accepting requests on **12/15/2019** for dates of service **1/1/2020** and beyond

Prior authorization applies to services that are:

- Outpatient
- Elective / Non-emergent
- Diagnostic

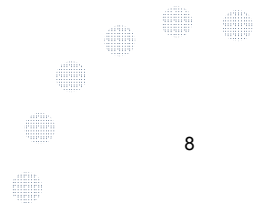
It is the responsibility of the ordering provider to request prior authorization approval for services.

**** Inpatient requests always require authorization and are reviewed by Oscar. Please contact Oscar to submit an inpatient authorization request.**

Applicable Membership

Authorization is required for Oscar members enrolled in Commercial Individual plans in the following states/cities:

- **Texas – Dallas, Houston, El Paso, San Antonio; Austin – Individual TX**
- **Florida – Tampa, Miami, Ocala, Orlando; Daytona – Individual FL.**
- **Colorado – Denver – Individual CO.**
- **Georgia – Atlanta – Individual GA.**
- **Kansas – Kansas City – Individual KS.**
- **Missouri – Kansas City – Individual MO.**
- **Pennsylvania – Philadelphia – Individual PA.**
- **Virginia – Richmond – Individual VA.**



Prior Authorization Required:

- Lab Management
- Medical Oncology
- Radiation Oncology
- Radiology
- Cardiology
- Sleep
- Spine Surgery
- Joint Surgery
- Interventional Pain
- Chiropractic

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

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

Needed Information



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

- Prior tests, lab work, and/or imaging studies performed related to this diagnosis
- The notes from the patient's last visit related to the diagnosis
- Type and duration of treatment performed to date for the diagnosis

Prior Authorization Outcomes

➤ Approved Requests:

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

Notification:

- **Faxed** to ordering provider and rendering facility.
- **Mailed** to the member.
- **Verbal** advisement when required by state regulation.

➤ Denied Requests:

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

Notification:

- **Faxed** to the ordering provider and rendering facility.
- **Mailed** to the member.
- **Verbal** advisement when required by state regulation.

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.



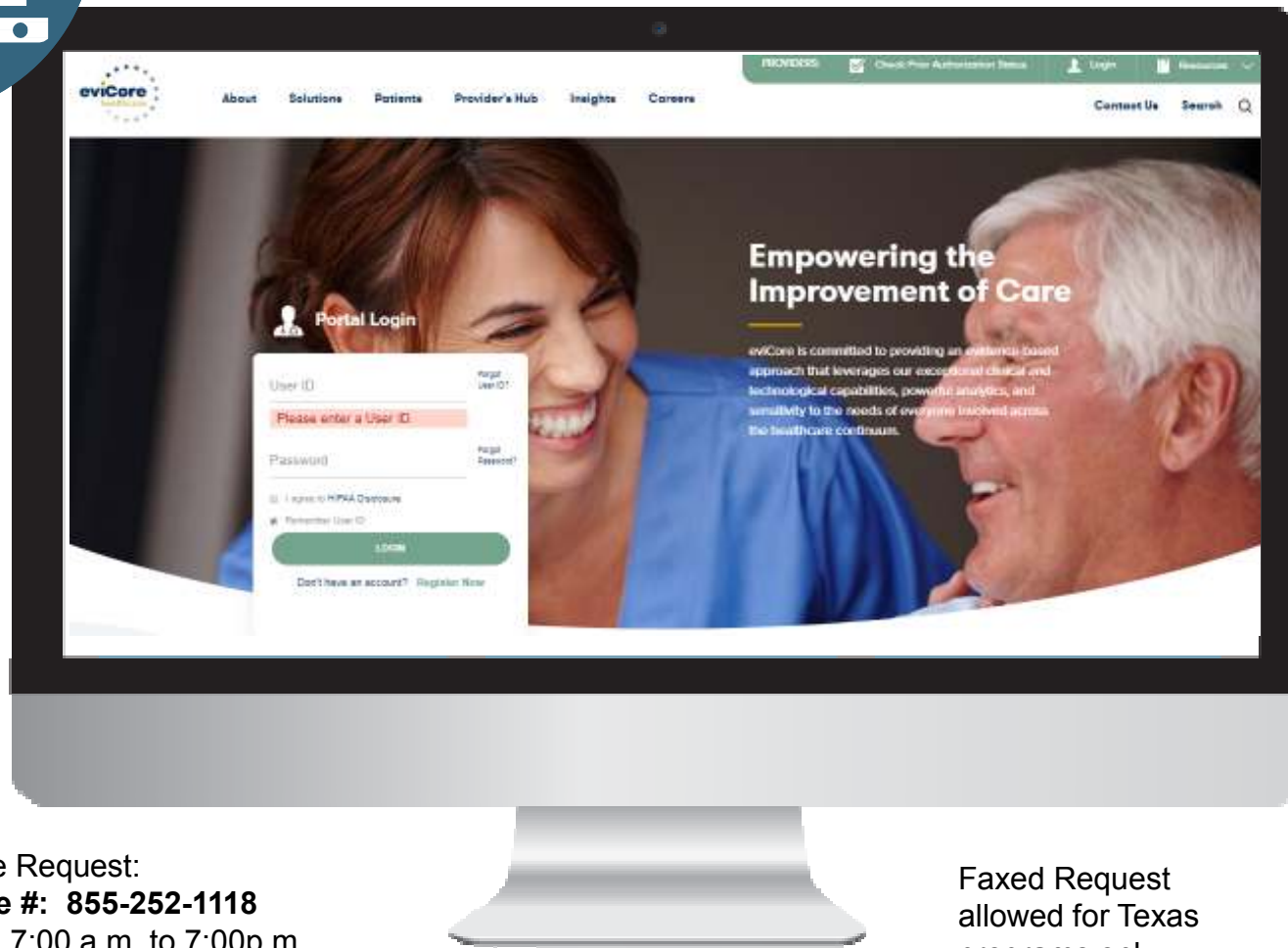
Outpatient Urgent Studies:

- **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 ordering provider.

Web Portal Services



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 with a green 'LOGIN' button. It includes fields for 'User ID' and 'Password', each with a 'Forgot' link. There are checkboxes for 'I agree to HIPAA Disclosure' and 'Remember User ID'. A link for 'Register Now' is at the bottom.

Portal Login

User ID [Forgot User ID?](#)

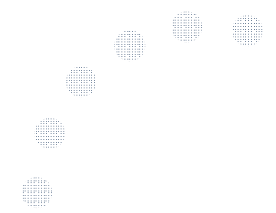
Password [Forgot Password?](#)

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: **CareCore National** (selected) | MedSolutions

User Information

All Pre-Authentication 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"/>	Phone:	<input type="text"/>
Email:	<input type="text"/>		<input type="text"/>	Cell:	<input type="text"/>
Confirm Email:	<input type="text"/>	City:	<input type="text"/>	Fax:	<input type="text"/>
First Name:	<input type="text"/>	State:	<input type="text"/>		
Last Name:	<input type="text"/>	Office Name:	<input type="text"/>		

➤ 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."**

User Registration-Continued

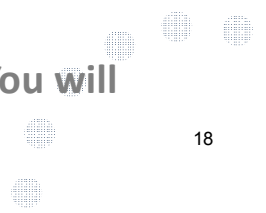


Registration Successful

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



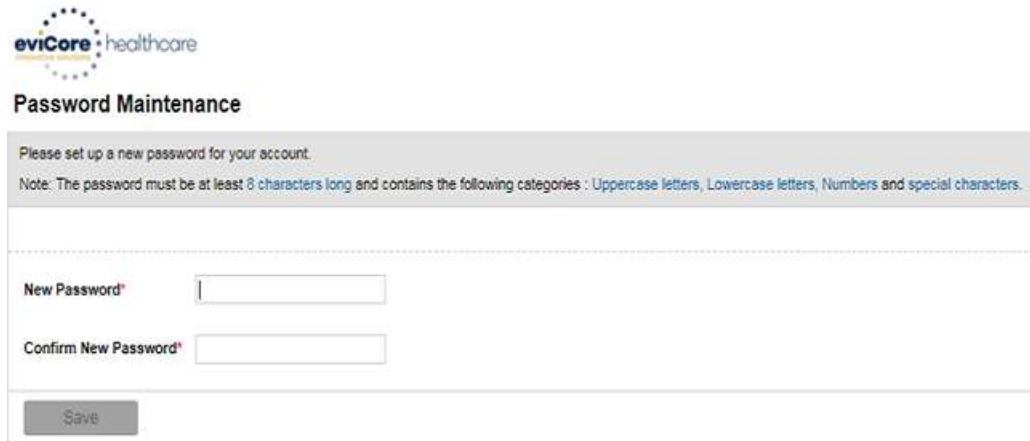
You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.



Create a Password

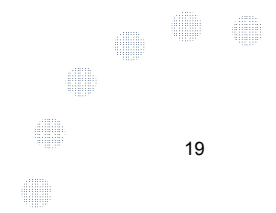
Your password must be at least (8) characters long and contain the following:

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



The screenshot shows the 'eviCore healthcare' logo at the top left. Below it is the title 'Password Maintenance'. A grey instruction bar contains the text: '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.' Below this are two input fields: 'New Password*' and 'Confirm New Password*'. At the bottom is a 'Save' button.

ALD6
ALP9



Slide 19

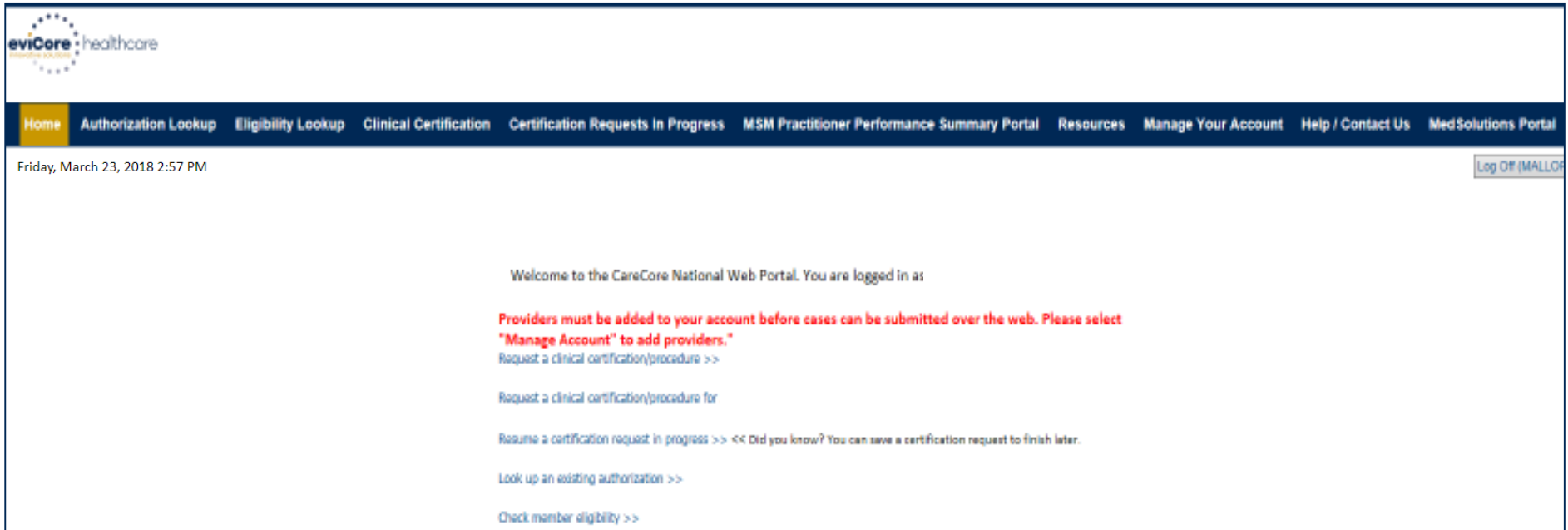
ALP6 Change the image to Password development.

Austin L Pewitt, 3/29/2019

ALP9 completed

Austin L Pewitt, 3/29/2019

Welcome Screen



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

Add Practitioners

Wednesday, January 16, 2019 10:48 AM

Log Off

Manage Your Account

Office Name:

Change Password

Edit Account

Address: 730 Cool Springs Blvd
Franklin, TN 37067

Primary

Contact: User Account

Email Address: Test@email.com

Add Provider

Click Column Headings to Sort

No providers on file

Cancel

Click the “Add Provider” button.

Add Practitioners

Wednesday, January 16, 2019 10:48 AM

Log Off

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

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

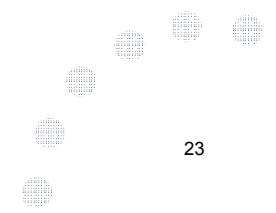
Adding Practitioners

Add Practitioner

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

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax
Last, First	12312312	730 Coolsprings Blvd	Franklin	TN	37067	(815)548-4000	

Select the matching record based upon your search criteria



Manage Your Account

Wednesday, January 16, 2019 10:48 AM

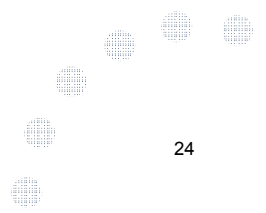
Log Off

Add Practitioner

If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to return to your account.

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



Initiating A Case

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

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

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

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

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

[Check member eligibility >>](#)

[Horizon Pilot Designation Program >>](#)

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

Select Program

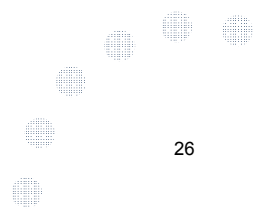
Clinical Certification

Please select the program for your certification:

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

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

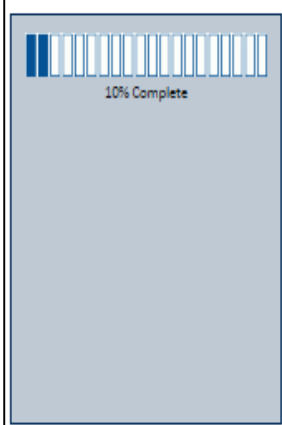
Select the **Program** for your certification.



Select Provider

Wednesday, January 16, 2019 11:05 AM

Log Off



Clinical Certification

Select the practitioner or group for whom you want to build a case. If the practitioner, group, or lab for whom you wish to build a case is not listed, please visit [Manage Your Account](#) to associate the new practitioner, group, or lab.

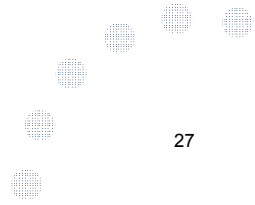
Filter Last Name

or NPI:


Selected Physician:

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

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



Select Health Plan



20% Complete

Clinical Certification

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

You selected


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

Please Select a Health Plan ▼

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

Choose the appropriate **Health Plan** for the case request. If the health plan does not populate, please contact the plan at the number found on the member's identification card. Once the plan is chosen, please select the provider address in the next drop down box.

Contact Information



30% Complete

Provider and NPI

Clinical Certification

Provider's Name [?]

Who to Contact [?]

Fax [?]

Phone [?]

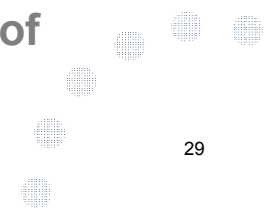
Ext. [?]

Cell Phone

Email

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

Enter the **Provider's name** and appropriate information for the point of contact individual.



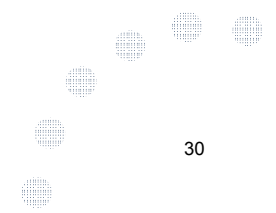
Member/Procedure Information

Attention!


Time: 1/16/2019 11:23 AM

Has this procedure been performed?

Verify if the procedure has already been performed.



Member Information



40% Complete

Provider and NPI

Clinical Certification

Patient ID:

Date Of Birth: MM/DD/YYYY


Patient Last Name Only: [?]

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

Enter the **member information** including the Patient ID number, date of birth, and patient's last name. Click **“Eligibility Lookup.”**



Clinical Details


60% Complete

Provider and NPI

Patient [EDIT](#)

Clinical Certification

This procedure has not been performed. [CHANGE](#)

Radiology Procedures

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

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

Diagnosis

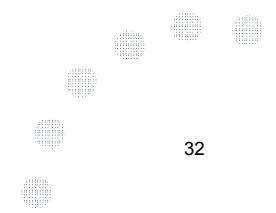
Primary Diagnosis Code: **R68.89**
Description: **Other general symptoms and signs**
[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Radiology
 [LOOKUP](#)


[Cancel](#) [Back](#) [Print](#) [Continue](#)

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

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



Verify Service Selection



60% Complete

Provider and NPI

Patient [EDIT](#)

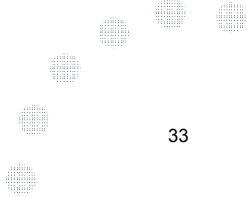
Clinical Certification

Confirm your service selection.

Procedure Date: TBD
CPT Code: 73721
Description: MRI LOWER EXTREMITY JOINT W/O
Primary Diagnosis Code: R68.89
Primary Diagnosis: Other general symptoms and signs
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

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

Click **continue** to confirm your selection.



Site Selection

80% Complete

Provider and NPI

Patient

Service

73721 MRI LOWER EXTREMITY JOINT W/O
R68.09 Other general symptoms and signs

Clinical Certification

Specific Site Search

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

NPI: Zip Code: Site Name:

TIN: City:

Exact match
 Starts with

LOOKUP SITE

Cancel Back Print

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

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

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.

Contact Information

Select an Urgency Indicator and Upload your patient's relevant medical records that support your request.

If your request is urgent select **No**, if the case is standard select **Yes**.



Clinical Certification
Is this case Routine/Standard?
 Yes No

A red arrow points to the 'No' button.

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.

Medical Review

Clinical Certification

Clinical Upload

Please upload any additional clinical information that justifies the medical necessity of this request.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF):

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

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

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

Clinical Certification

Clinical Certification

? Is this request to evaluate suspicion of cancer, screening for cancer, active evaluation or monitoring of known cancer?

Yes No

Finish Later

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

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

Clinical Certification questions may populate based upon the information provided.

Medical Review

Wednesday, January 16, 2019 11:05 AM

Log Off

Clinical Certification

Is there any additional information specific to the member's condition you would like to provide?
 Yes No

Enter text in the space provided below or continue.

Additional Information - Notes:

Finish Later

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

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

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

Medical Review

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.

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

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

Approval

Clinical Certification

Your case has been Approved.

Provider Name: _____ Contact: _____
Provider Address: _____ Phone Number: _____
Fax Number: _____

Patient Name: _____ Patient ID: _____
Insurance Carrier: _____

Site Name: _____ Site ID: _____
Site Address: _____

Primary Diagnosis Code: M25.562 Description: Pain in left knee
Secondary Diagnosis Code: _____ Description: _____
Date of Service: Not provided
CPT Code: 73721 Description: MRI LOWER EXTREMITY JOINT W/O

Authorization Number: _____
Review Date: 2:12:39 PM
Expiration Date: _____
Status: Your case has been Approved.

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

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

Medical Review

Clinical Certification

Your Case has been sent to Medical Review

Provider Name: _____ **Contact:** _____
Provider Address: _____ **Phone Number:** _____
_____ **Fax Number:** _____

Patient Name: _____ **Patient Id:** _____
Insurance Carrier: _____

Site Name: _____ **Site ID:** _____
Site Address: _____

Primary Diagnosis Code: M25.562 **Description:** Pain in left knee
Secondary Diagnosis Code: _____ **Description:** _____

Date of Service: Not provided
CPT Code: 73721 **Description:** MRI LOWER EXTREMITY JOINT W/O

Authorization Number: _____
Review Date: _____
Expiration Date: _____
Status: Pending

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

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

Building Additional Cases

Clinical Certification

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

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

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

Start a new request using the same:

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

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

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

Authorization look up



Authorization Lookup

New Security Features Implemented

Search by Member Information

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:
MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:

Search by Authorization Number/ NPI

REQUIRED FIELDS

Provider NPI:

Auth/Case Number:

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

Authorization Status

Authorization Lookup

Authorization Number: :
Case Number: :
Status: Approved
Approval Date: 1/16/2019 11:21:14 AM
Service Code: 73721
Service Description: MRI LOWER EXTREMITY JOINT W/O
Site Name:
Expiration Date: 4/16/2019
Date Last Updated: 1/16/2019 11:21:15 AM
Correspondence: [VIEW CORRESPONDENCE](#)

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
73721 CHANGE SERVICE CODE	73721 Magnetic resonance imaging (MRI) (a special kind of picture) of your knee or ankle without contrast (dye)	1	1	

[Print](#) [Done](#) [Search Again](#)

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

The authorization will then be accessible to review. To print authorization correspondence, select **View Correspondence**.

Eligibility Look Up

Eligibility Lookup

Health Plan: OSCAR
Patient ID:
Member Code: 01
Cardiology Eligibility: **Precertification is Required**
Radiology Eligibility: **Precertification is Required**
Specialty Drugs Eligibility: **Precertification is Required**
Radiation Therapy Eligibility: **Precertification is Required**
MSM Pain Mgt Eligibility: **Precertification is Required**
Sleep Management Eligibility: **Precertification is Required**
Laboratory Eligibility: **Precertification is Required**
Chemo Pathways Eligibility: **Precertification is Required**

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

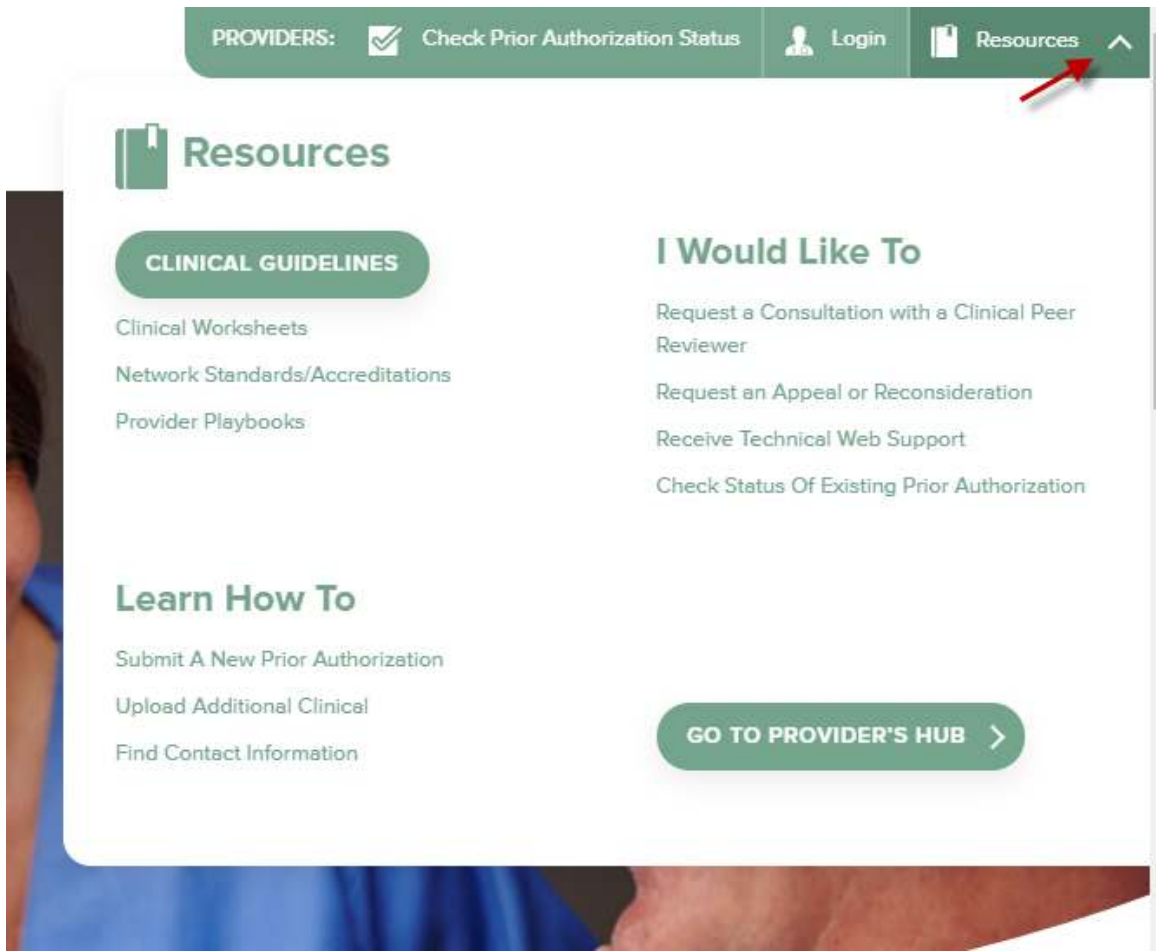
You may also confirm the patient's eligibility by selecting the **Eligibility Lookup** tab.

Provider Resources



Online Resources

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



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

www.eviCore.com

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

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

Provider Resources: Client Provider Operations



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

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

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

Provider Resources: Implementation Website



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

Provider Enrollment Questions – Contact Provider Services at **855-672-2788**

[Client Name] Provider Resources Page

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

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

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

Thank You!

