Radiology and Cardiology

Provider Orientation Sessions for Oscar

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Our Clinical Approach

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Evidence-Based Guidelines

The foundation of our solutions:

Dedicated pediatric guidelines

Contributions from a panel of community physicians

Experts associated with academic institutions

Current clinical literature

Aligned with National Societies

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

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Clinical Staffing

Multi-Specialty Expertise

Dedicated nursing and physician specialty teams for various solutions

- **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**

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Radiology and Cardiology Prior Authorization Process

Program Overview

eviCore healthcare will begin accepting requests on 12/15/2020 for dates of service 1/1/2021 and beyond for the expanded membership network.

Prior authorization applies to services that are:

- Outpatient
- Elective / Non-emergent
- Diagnostic

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

- Emergency room
- Inpatient
- 23-hour observation

It is the responsibility of the ordering 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.**

The expanded membership network.

- **As a part of the 2021 expansion, Oscar will offer 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

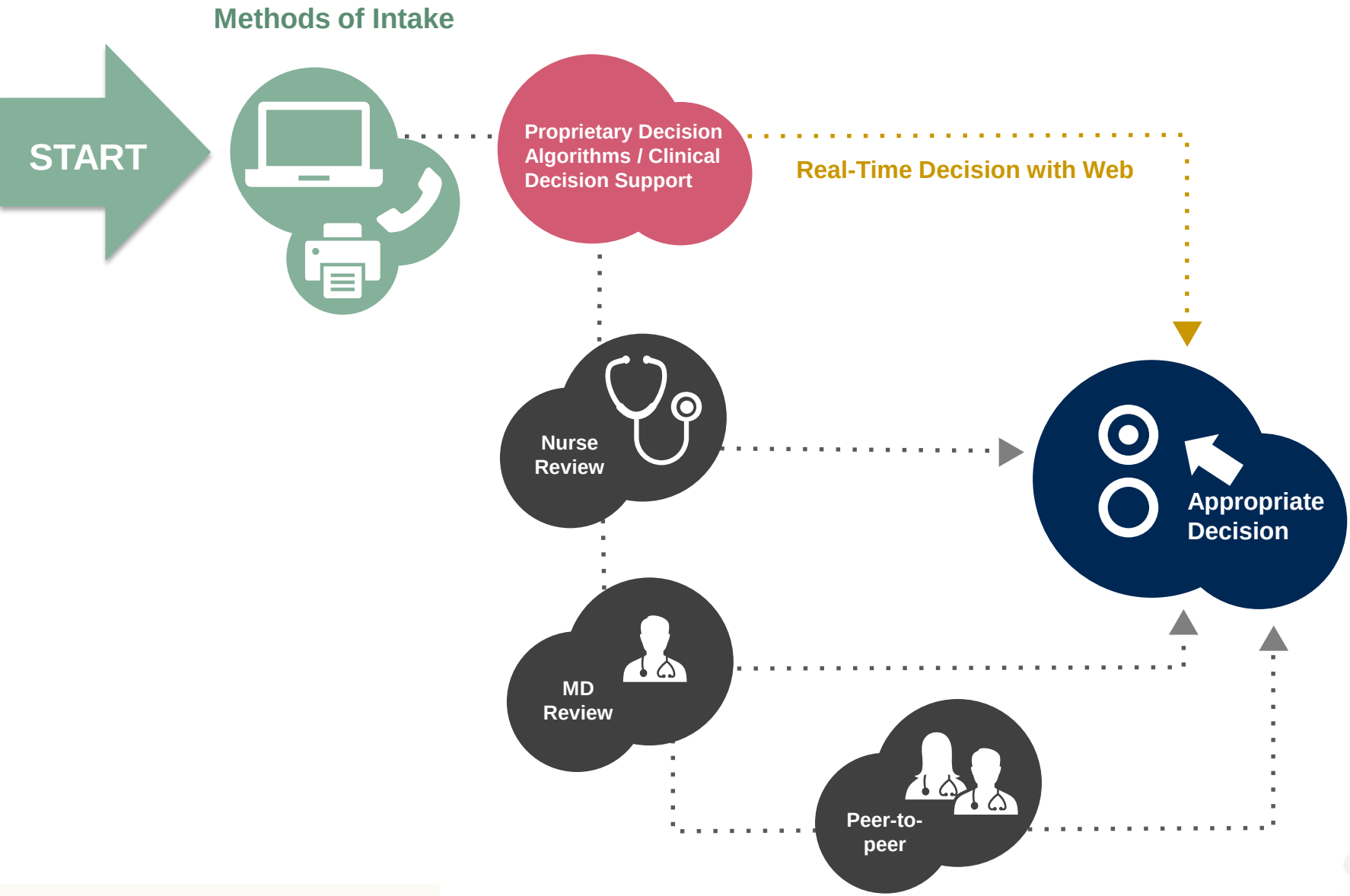
Prior Authorization Required:

- CT / CTA
- MRI / MRA
- PET / PET CT
- Diagnostic Ultrasounds (Non Obstetrical)
- Myocardial Perfusion Imaging (Nuclear Stress)
- Echo / Echo Stress
- Diagnostic Heart Cath
- Diagnostic Ultrasounds (Non Obstetrical)
- Cardiac Imaging (CT. MRI, PET)
- Cardiac Rhythm Implantable Device (CRID)

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

Clinical Review Process – Easy for Providers and Staff



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Needed Information

Member
Member ID
Member name
Date of birth (DOB)

Referring Physician
Physician name
National provider identifier (NPI)
Tax identification number (TIN)
Fax number

Rendering Facility
Facility name
National provider identifier (NPI)
Tax identification number (TIN)
Street address

Supporting Clinical
Patient's clinical presentation.
Diagnosis Codes.
Disease-Specific Clinical Information.
Patient's intended treatment plan

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

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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 and rendering facility.
- **Mailed** to the member.

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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.

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Web Portal Services

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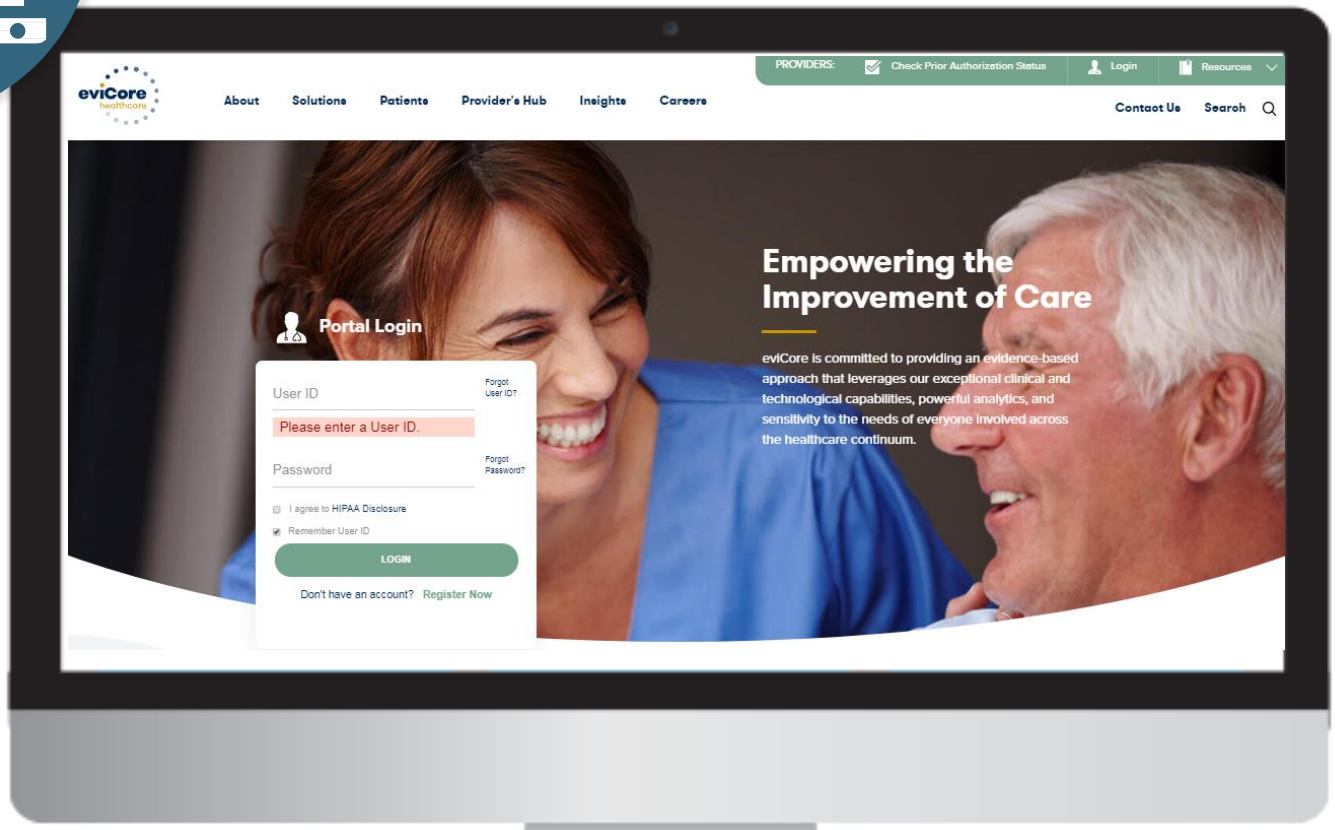
Portal Compatibility

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**.

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!



Or by phone:

Phone Number:
XXX-XXX-XXXX
7:00 a.m. to 7:00p.m.
(Monday - Friday

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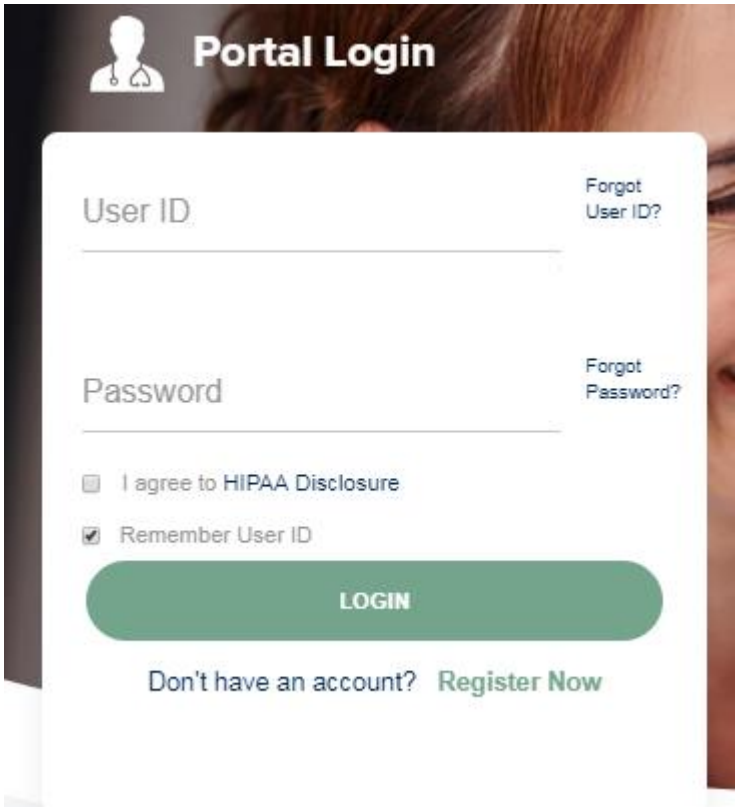
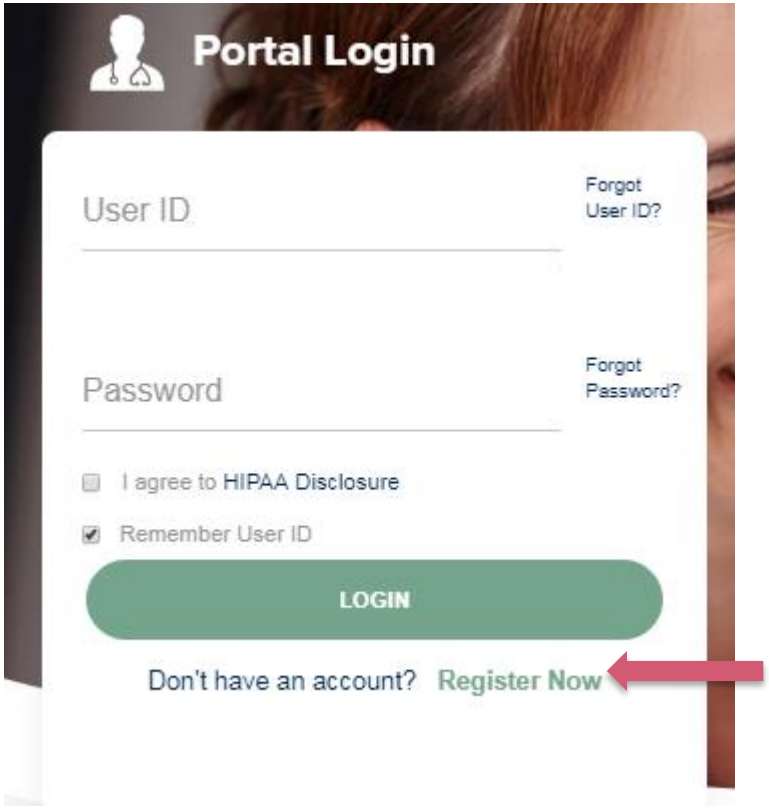
eviCore healthcare website

- Point web browser to evicore.com

- Login or Register

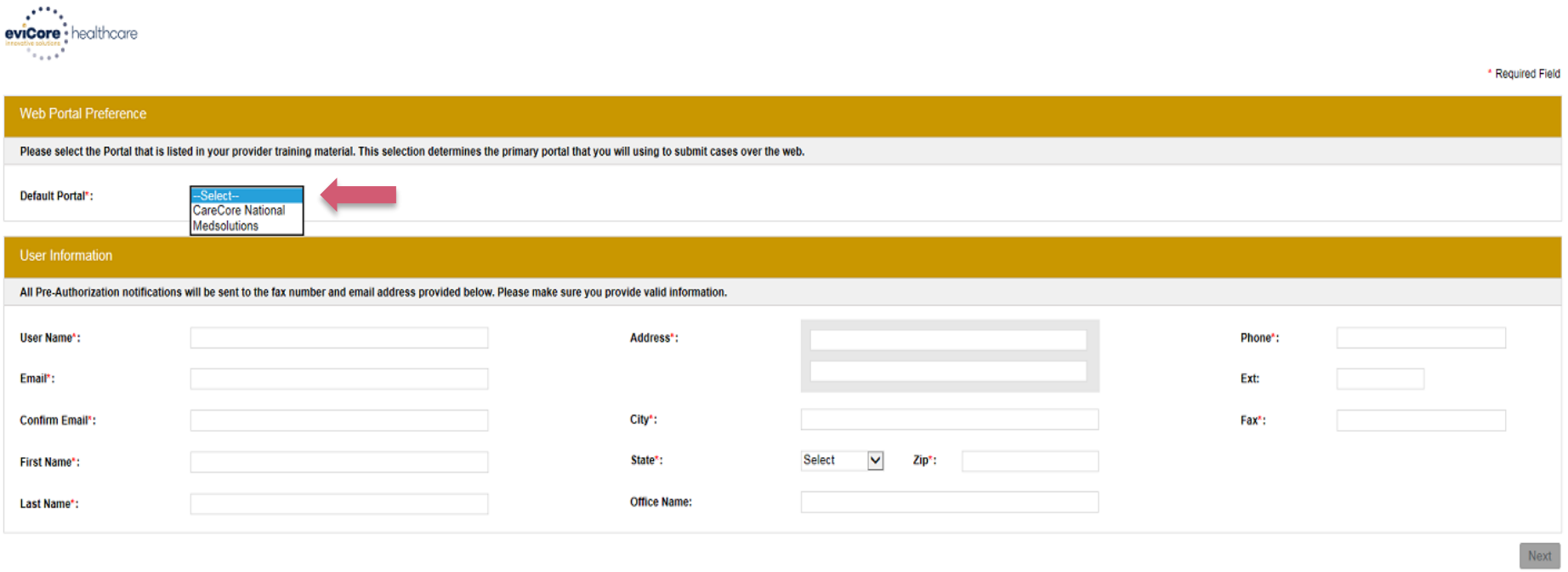


Creating An Account



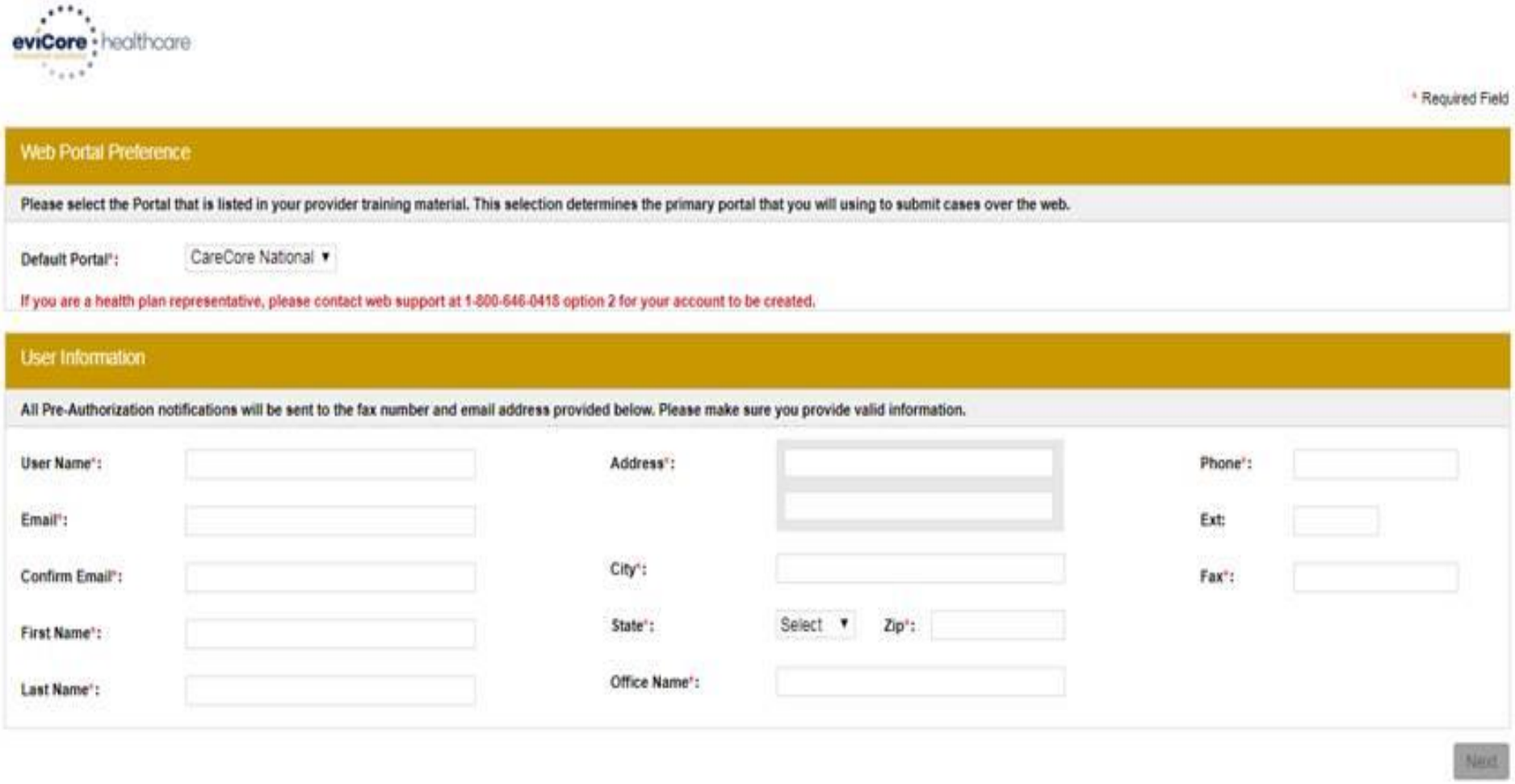
To create a new account, click **Register.**

Creating An Account



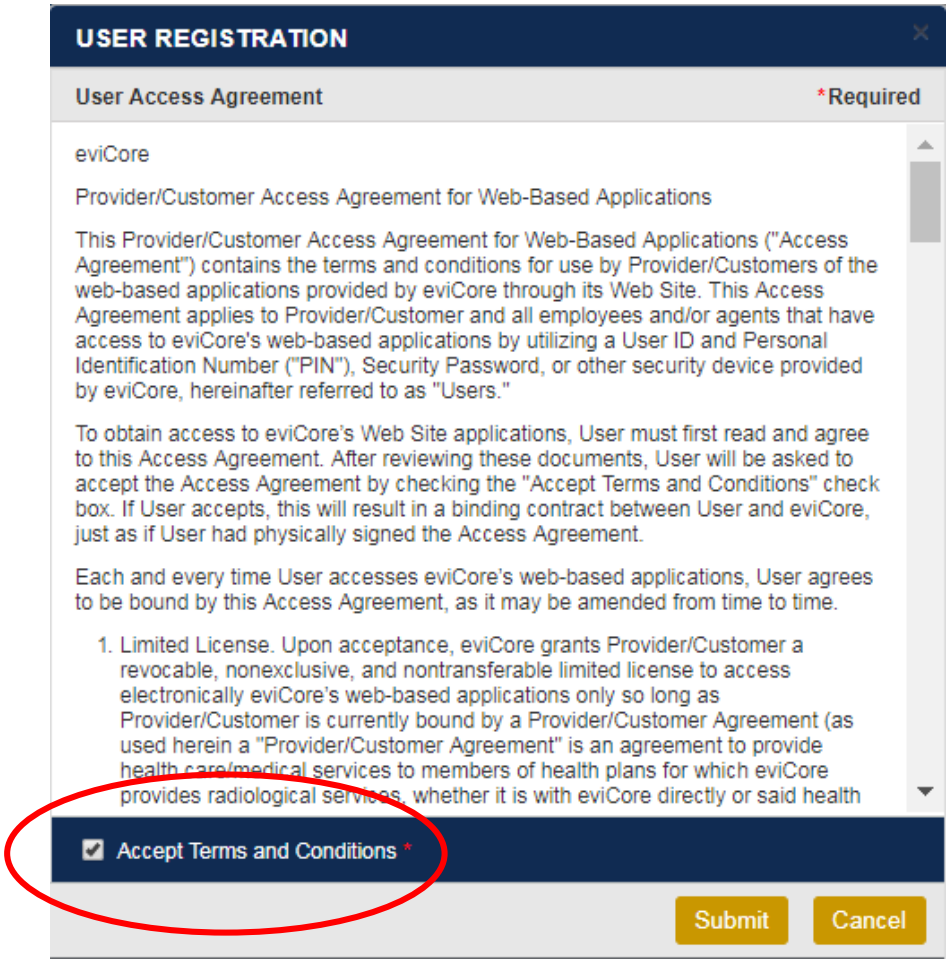
- Select CareCore National or MedSolutions as the **Default Portal**, and complete the user registration form.
- Please note: For the MedSolutions portal, you will also need to select the appropriate **Account Type:** Facility, Physician, Billing Office, and Health Plan.

Creating An Account



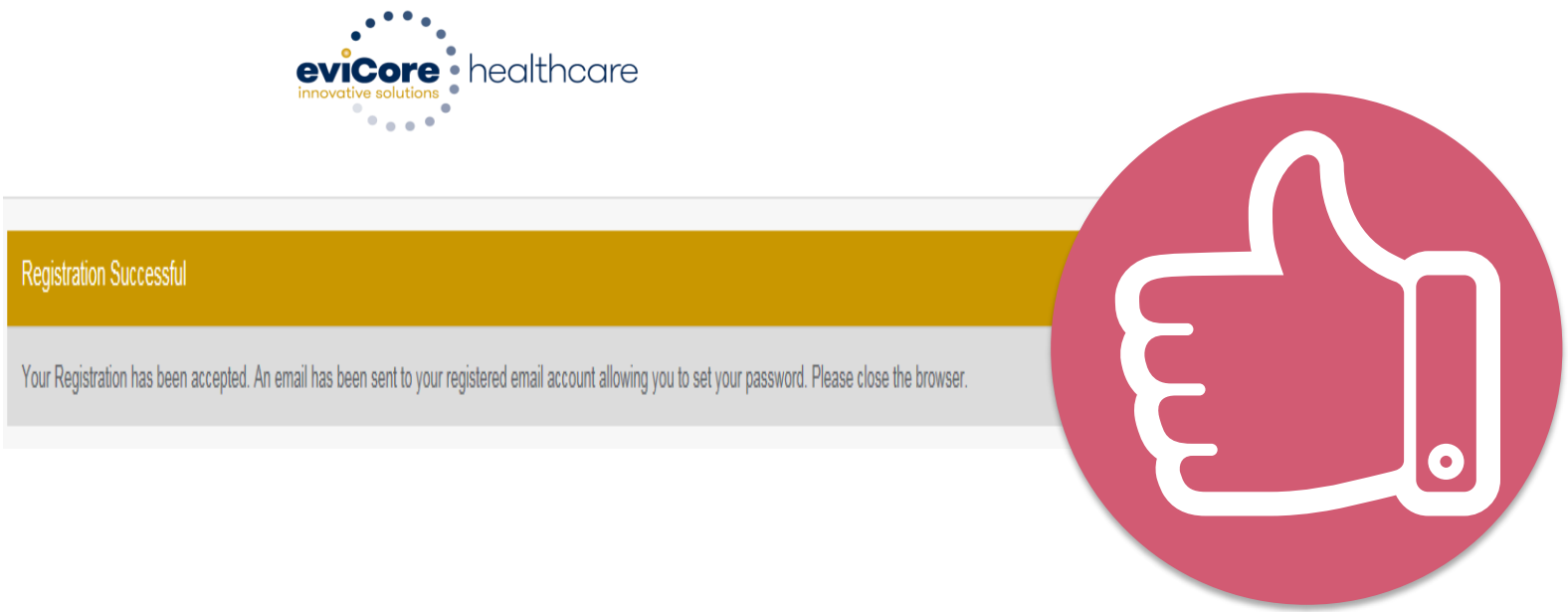
Review information provided, and click "**Submit Registration.**"

User Registration-Continued



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

User Registration-Continued

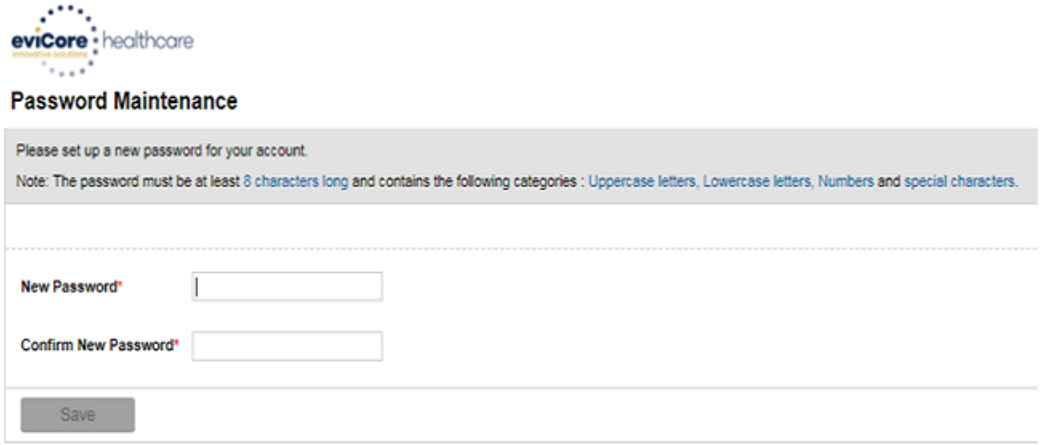


You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

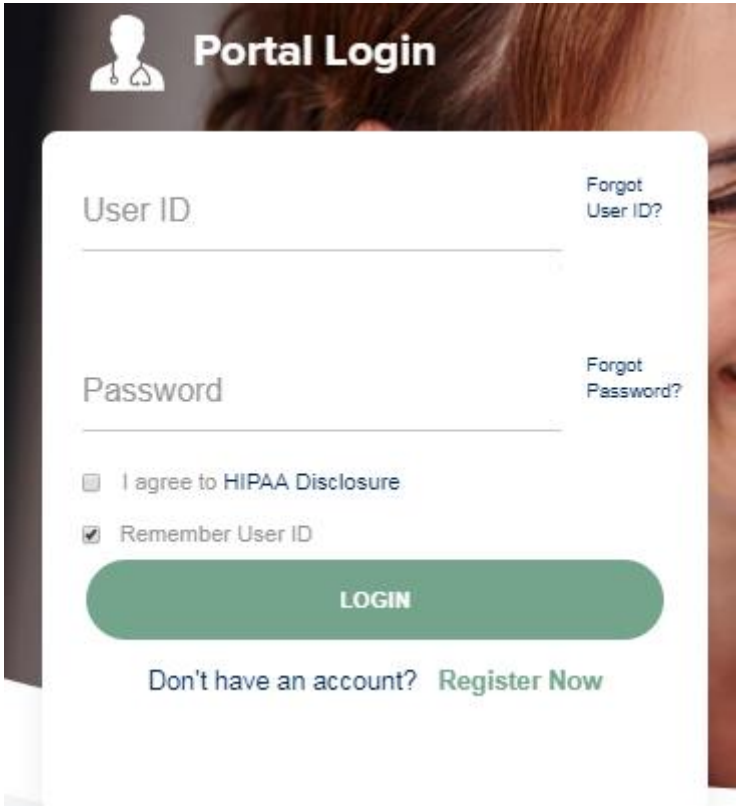
Create a Password

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

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

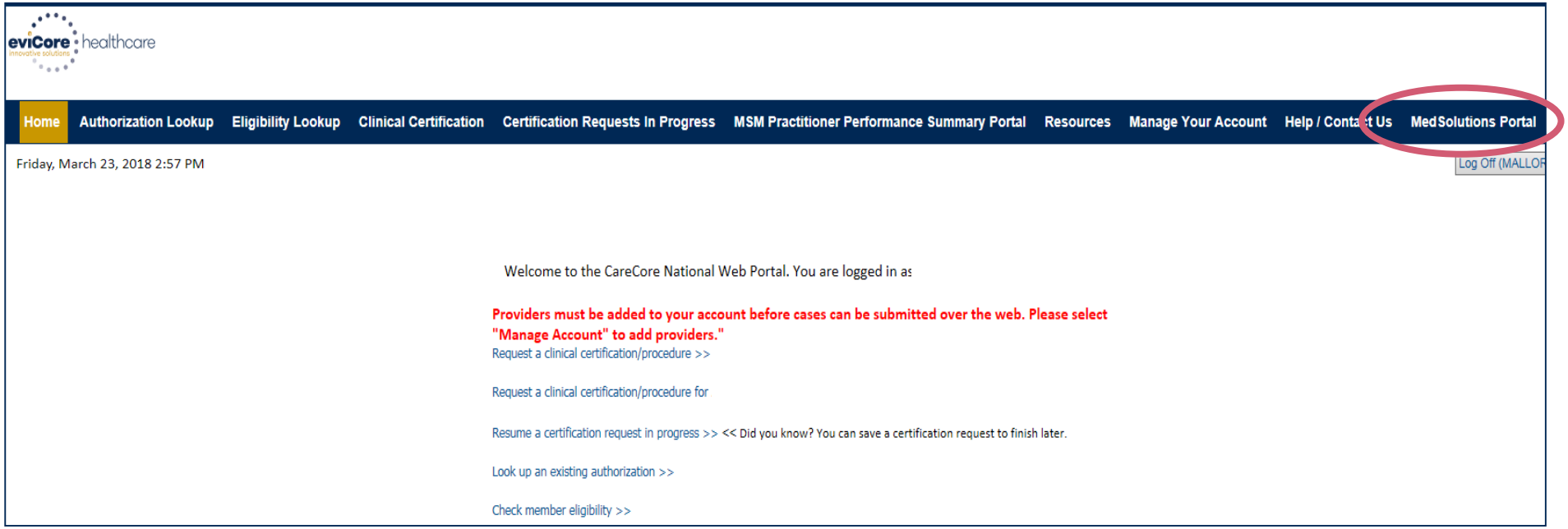


Account Log-In



To log-in to your account, enter your **User ID** and **Password**. Agree to the HIPAA Disclosure, and click "**Login**."

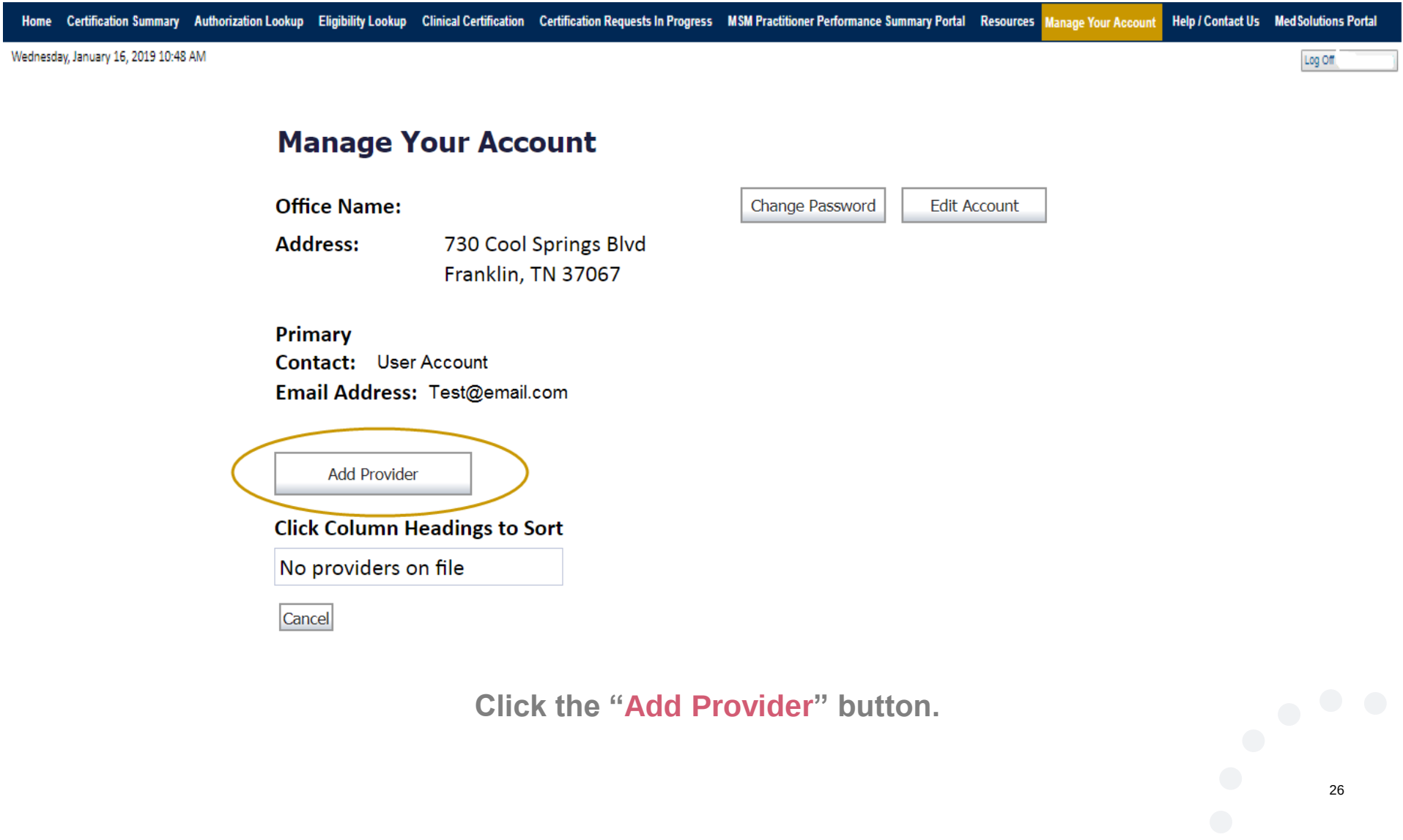
Welcome Screen



- Providers will need to be added to your account prior to case submission. Click the "**Manage Account**" tab to add provider information.

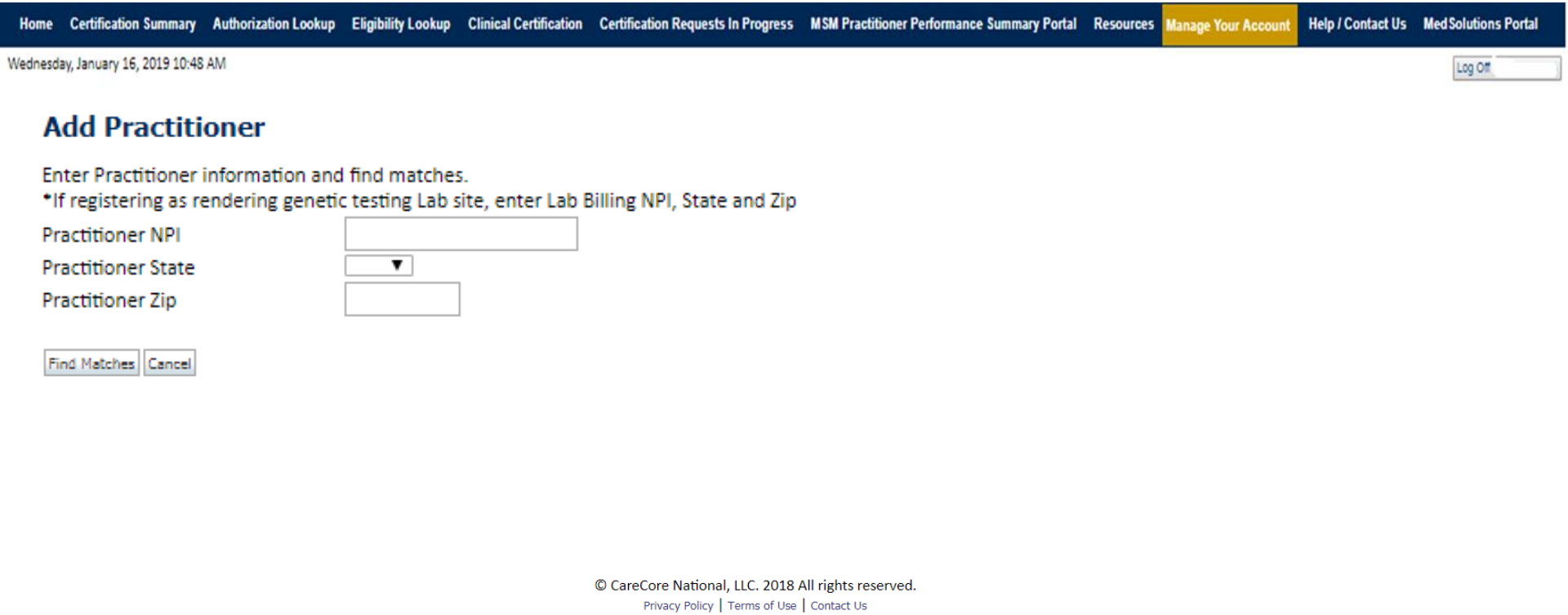
- ***Note:*** *You can access the MedSolutions Portal at any time without having to provide additional log-in information. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals.*

Add Practitioners



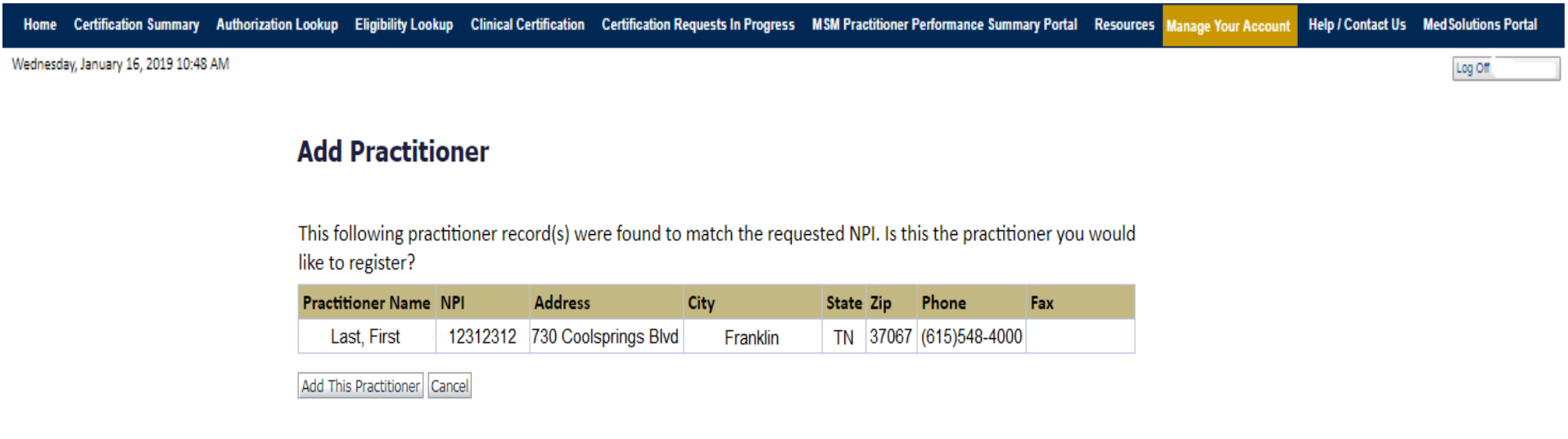
Click the "**Add Provider**" button.

Add Practitioners



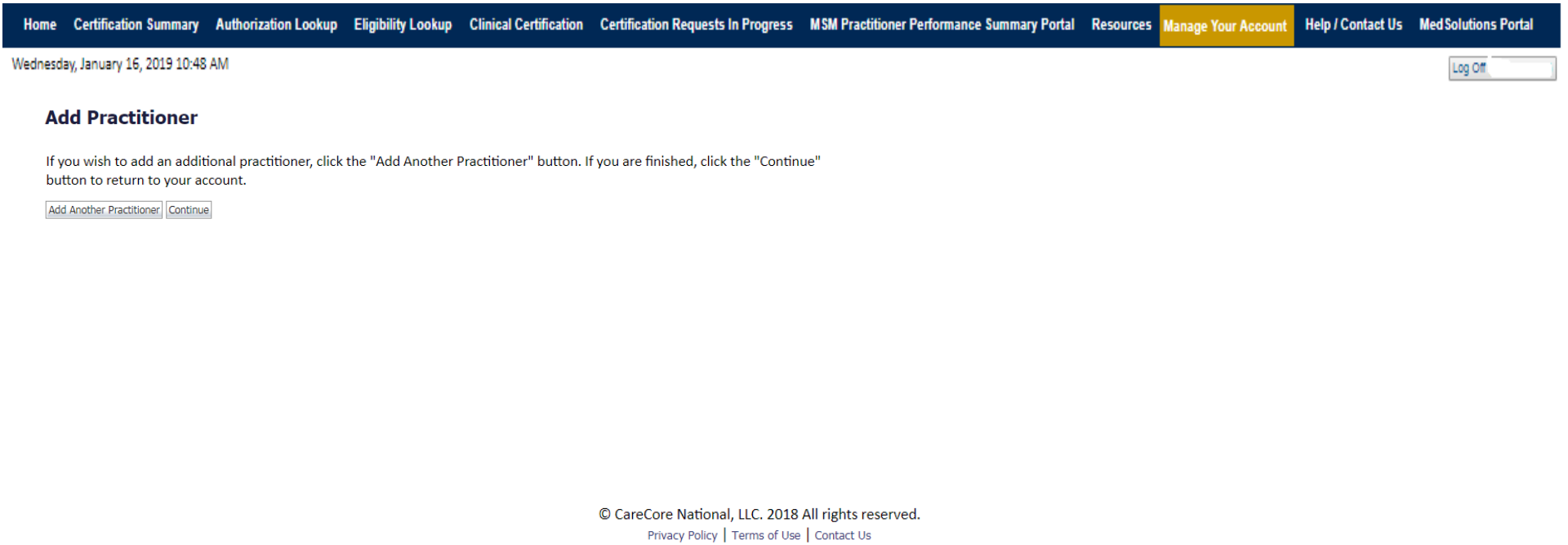
Enter the **Provider's NPI**, **State**, and **Zip Code** to search for the provider record to add to your account. You are able to add multiple Providers to your account.

Adding Practitioners



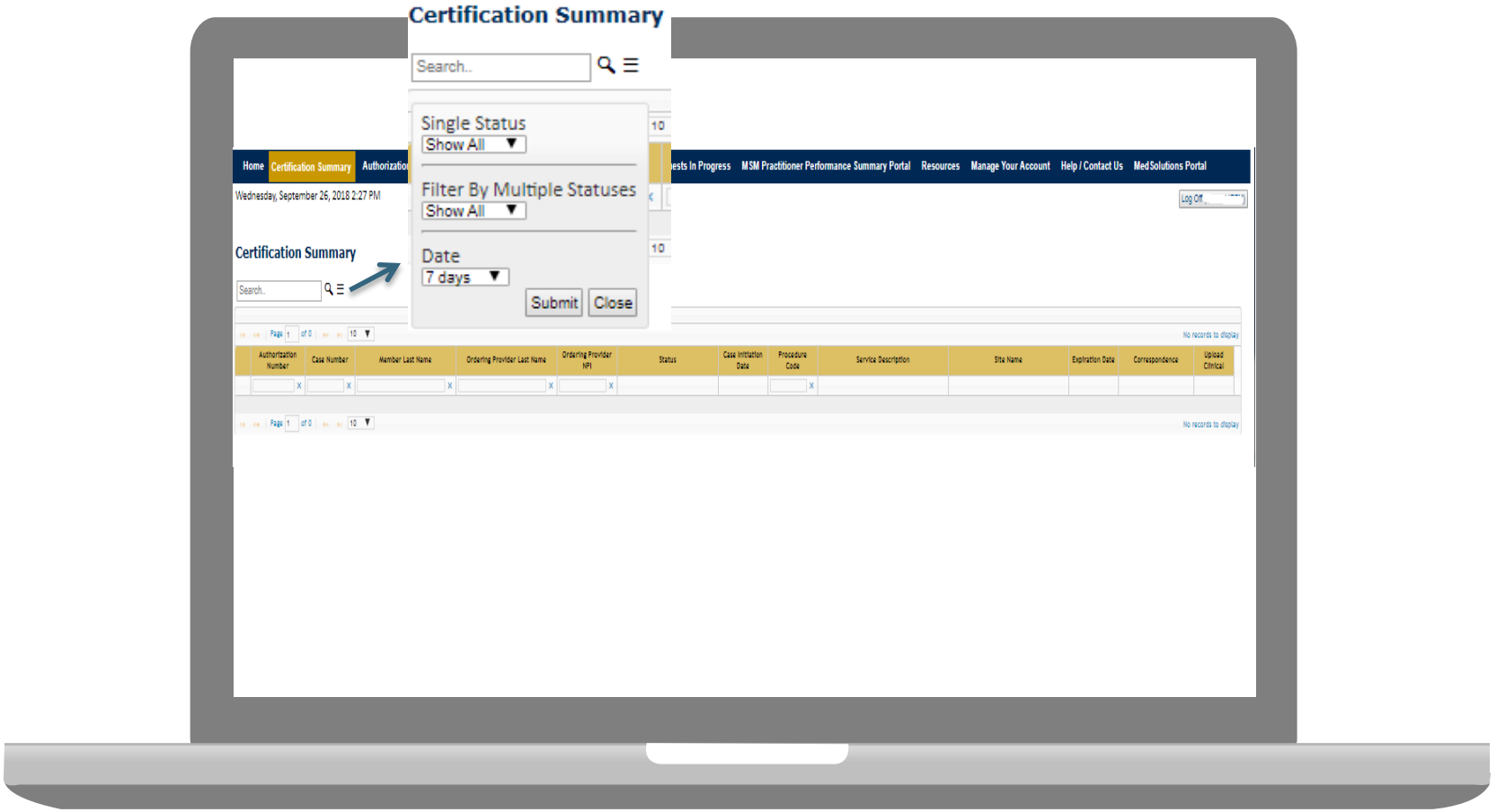
Select the matching record based upon your search criteria

Manage Your Account



- 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.

Certification Summary

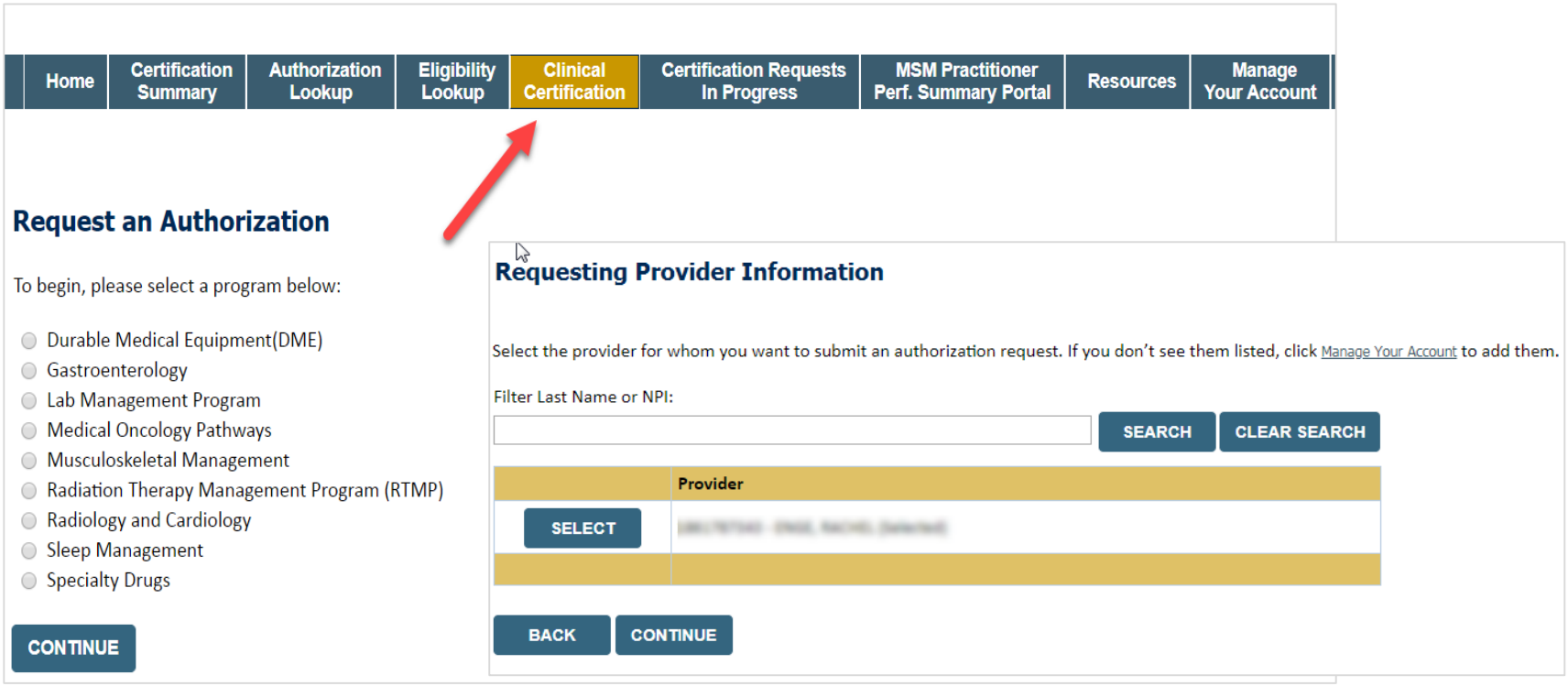


- CareCore National Portal now includes a Certification Summary tab, to better track your recently submitted cases.
- The work list can also be filtered - as seen above.

CareCore National Home Screen

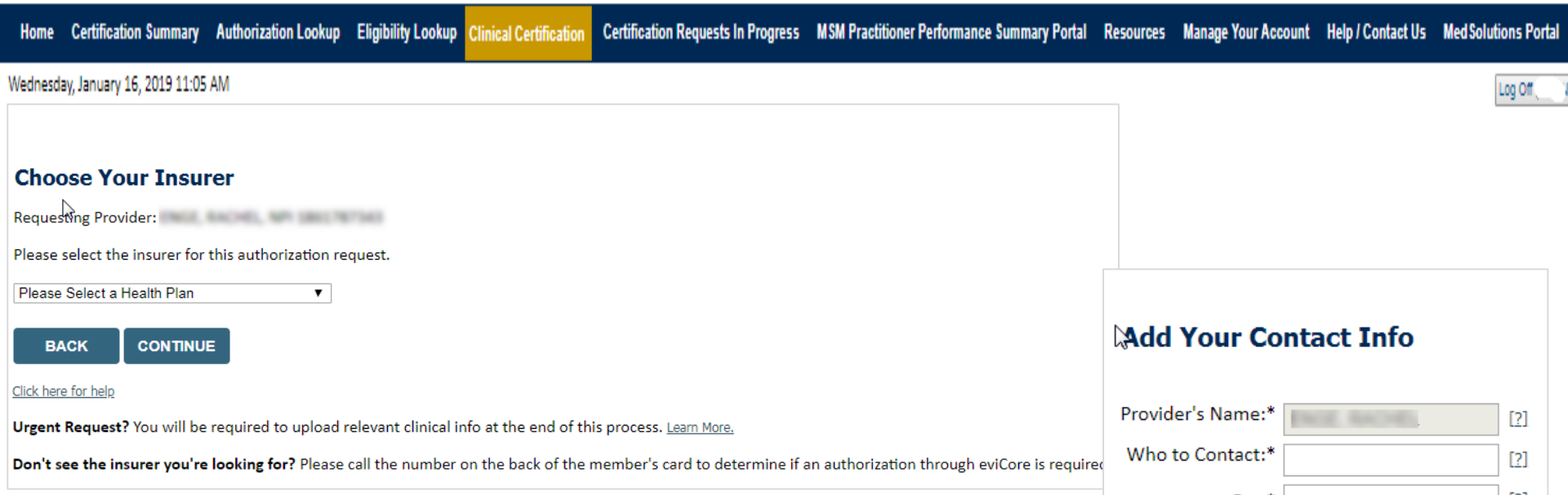
Choose **"request a clinical certification/procedure"** to begin a new case request.

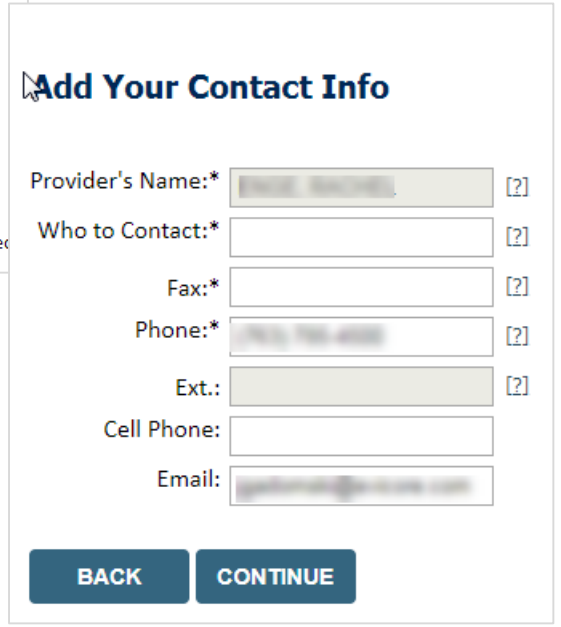
Initiating A Case



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

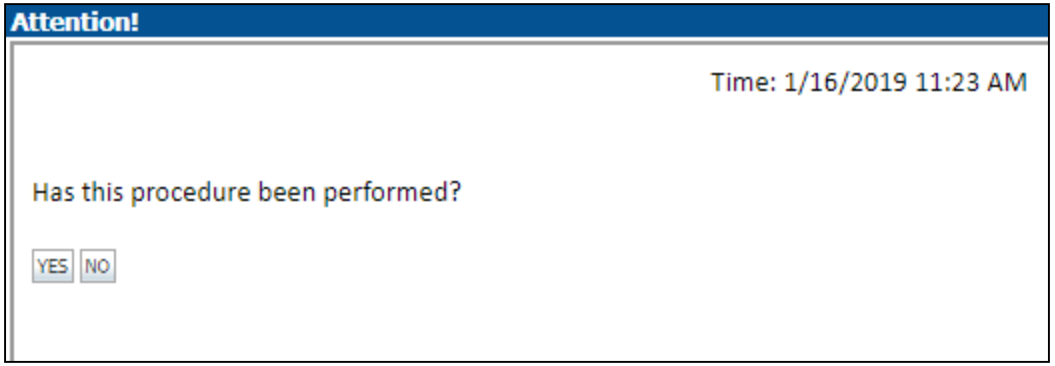
Select Health Plan & Provider Contact Info





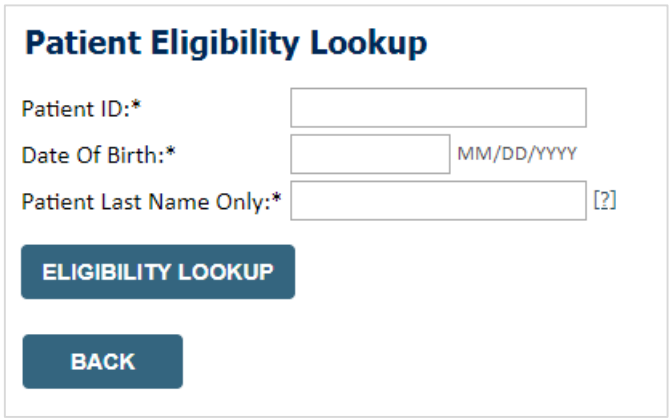
- Choose Oscar for the request
- Once the plan is chosen, select the provider address in the next drop-down box
- Select CONTINUE and on the next screen Add your contact info
- Provider name, fax and phone will pre-populate, you can edit as necessary

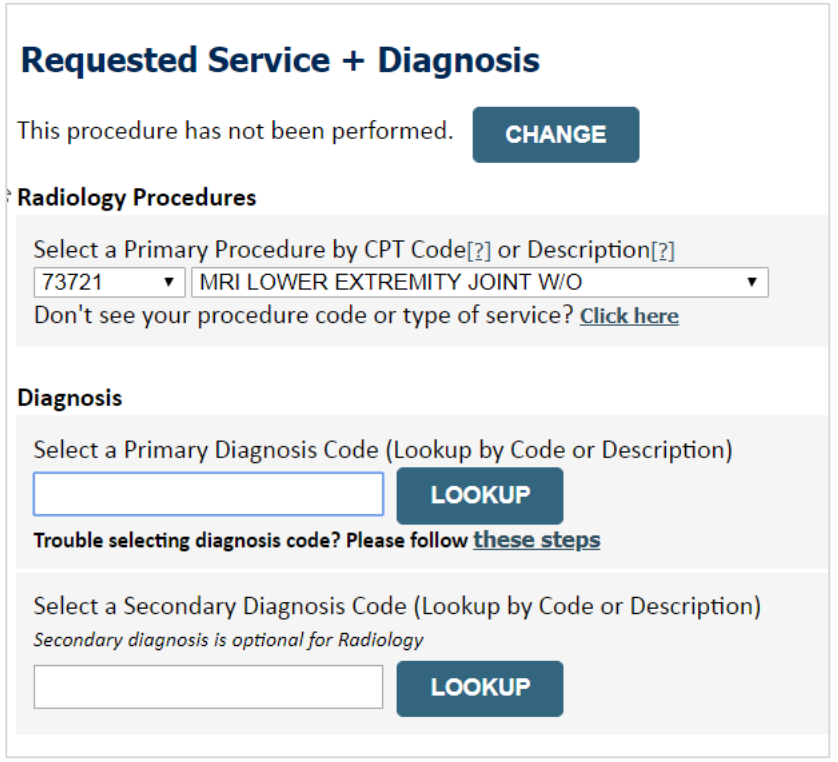
Member/Procedure Information



Verify if the procedure has already been performed.

Member & Request Information





- Enter the member information, including the patient ID number, date of birth, and last name. Click Eligibility Lookup
- Next screen you can enter CPT code & diagnosis code

Verify Service Selection

Requested Service + Diagnosis

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

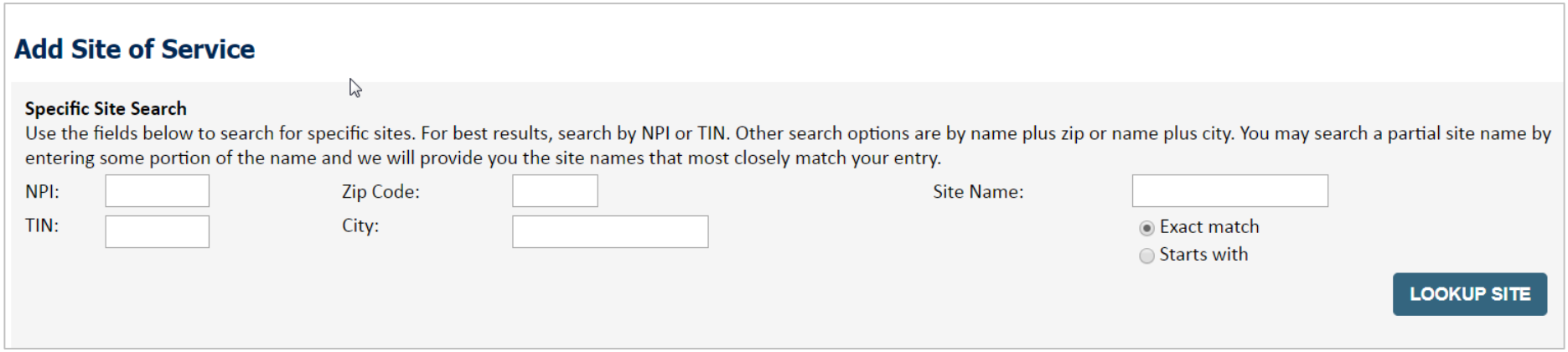
BACK CONTINUE

Click here for help

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

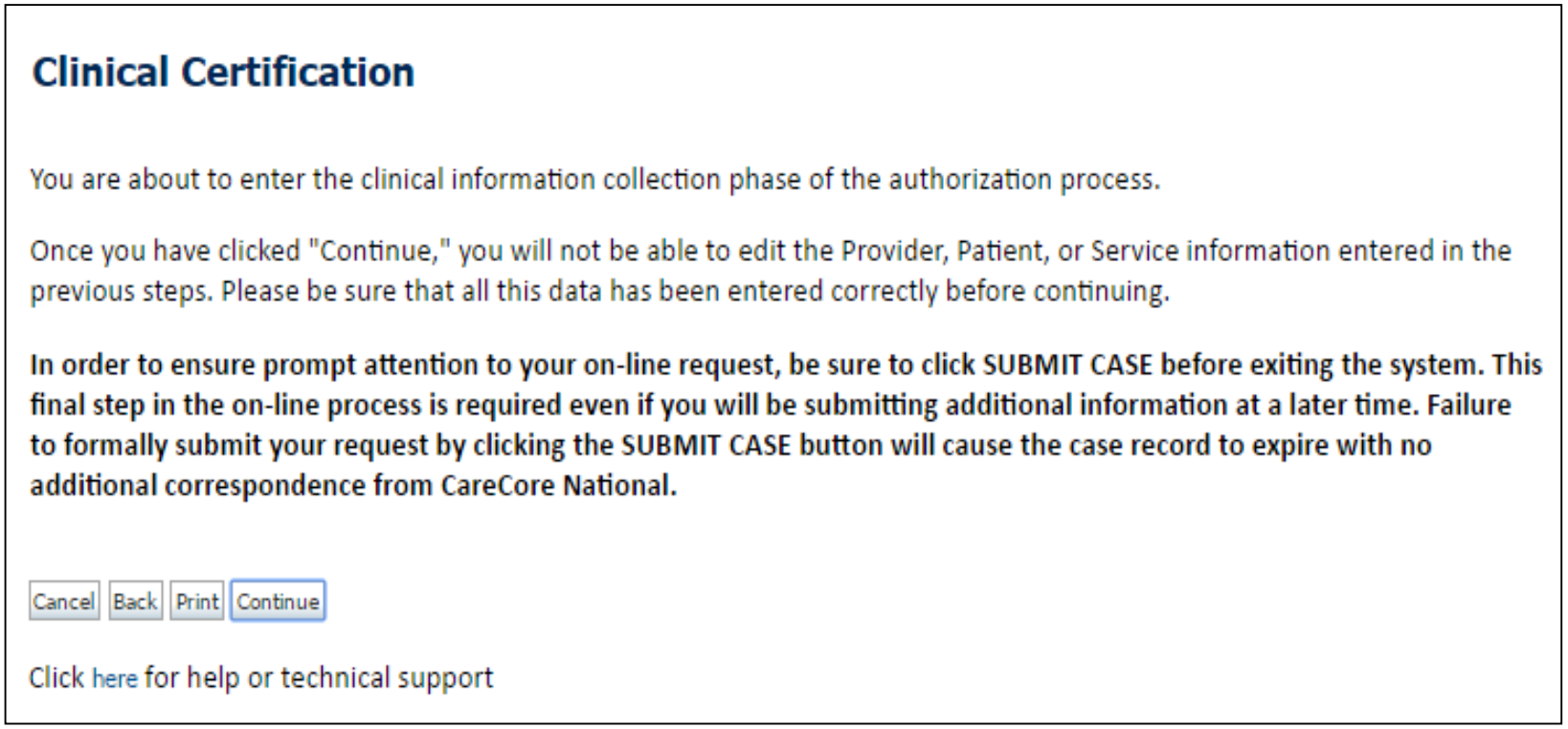
Site Selection

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.



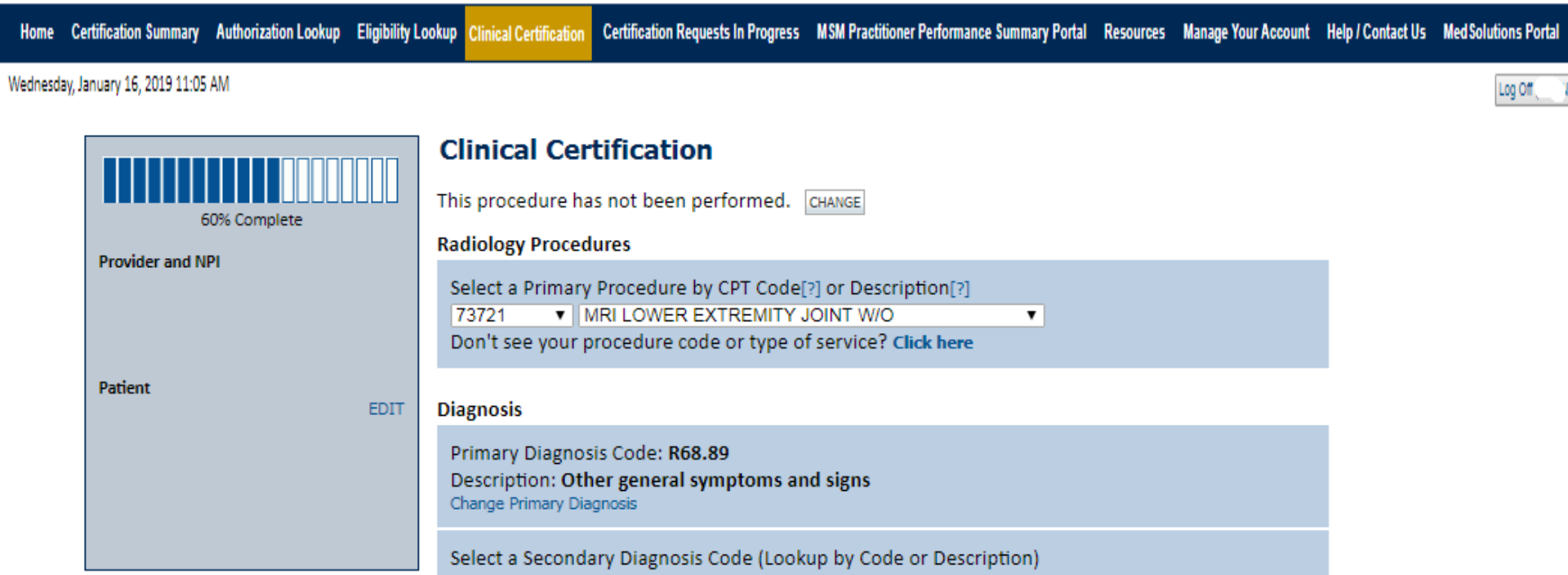
Select the specific site where the testing/treatment will be performed.

Clinical Certification



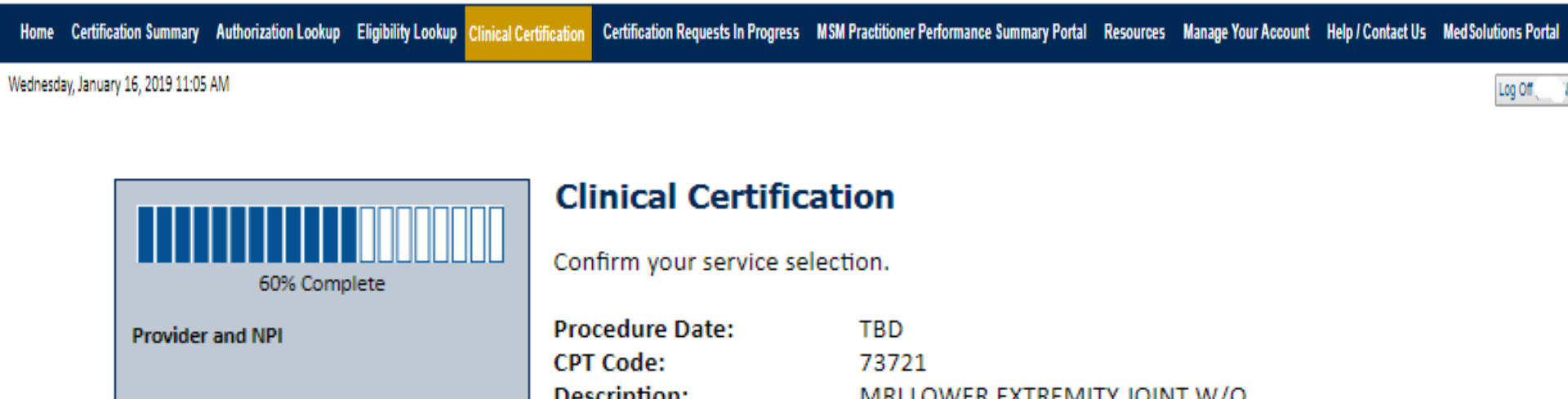
- Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.
- You will not have the opportunity to make changes after that point.

Clinical Details



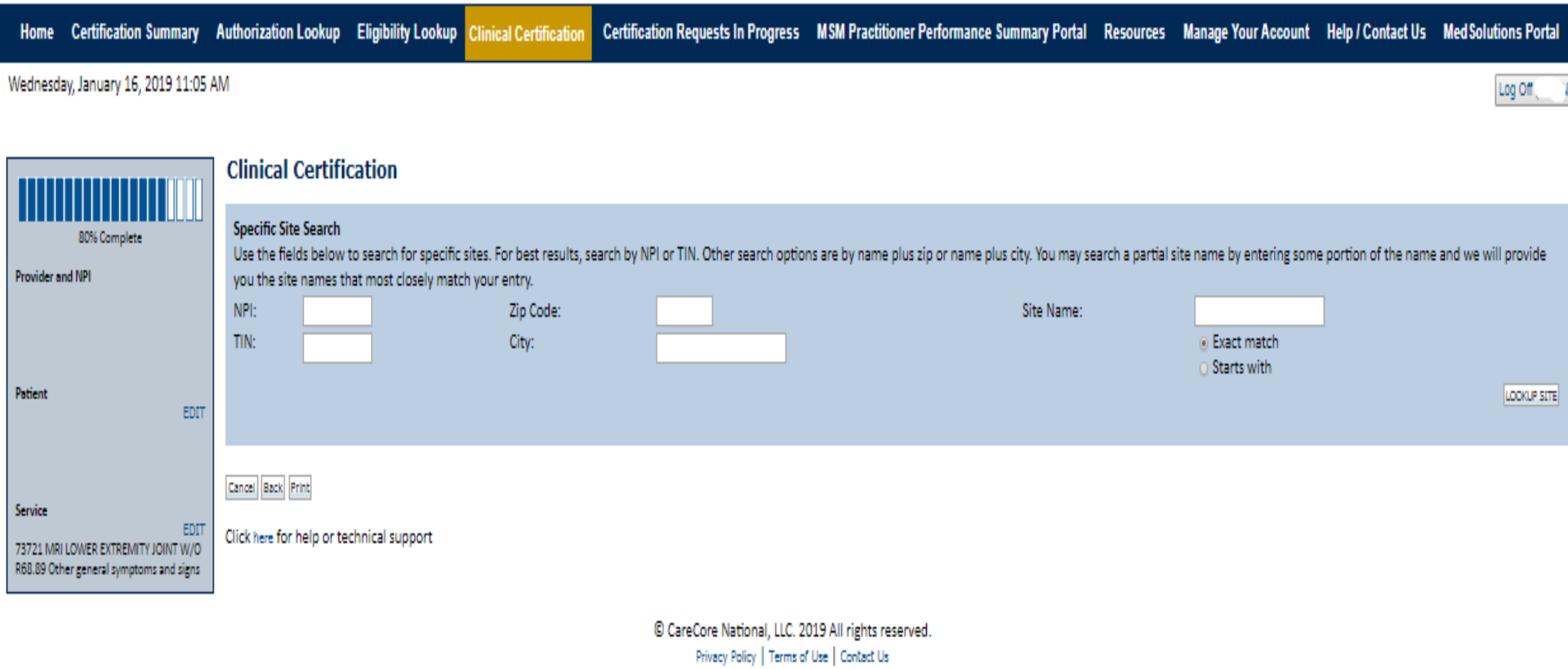
Select the CPT and Diagnosis codes.

Verify Service Selection



Click **continue** to confirm your selection.

Site Selection



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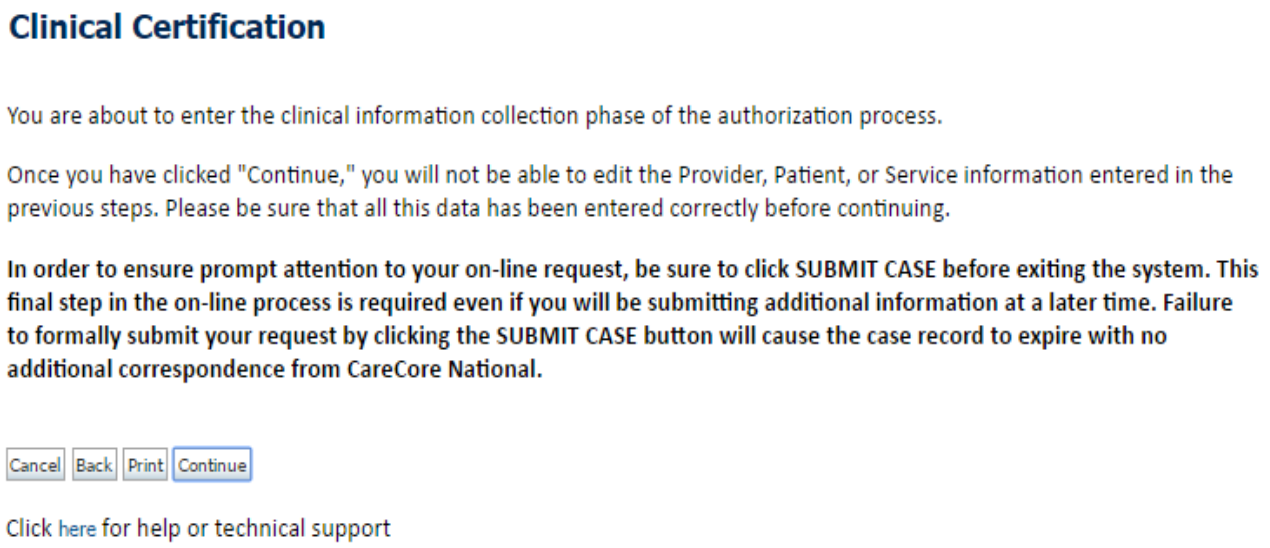


- Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.
- You will not have the opportunity to make changes after that point.

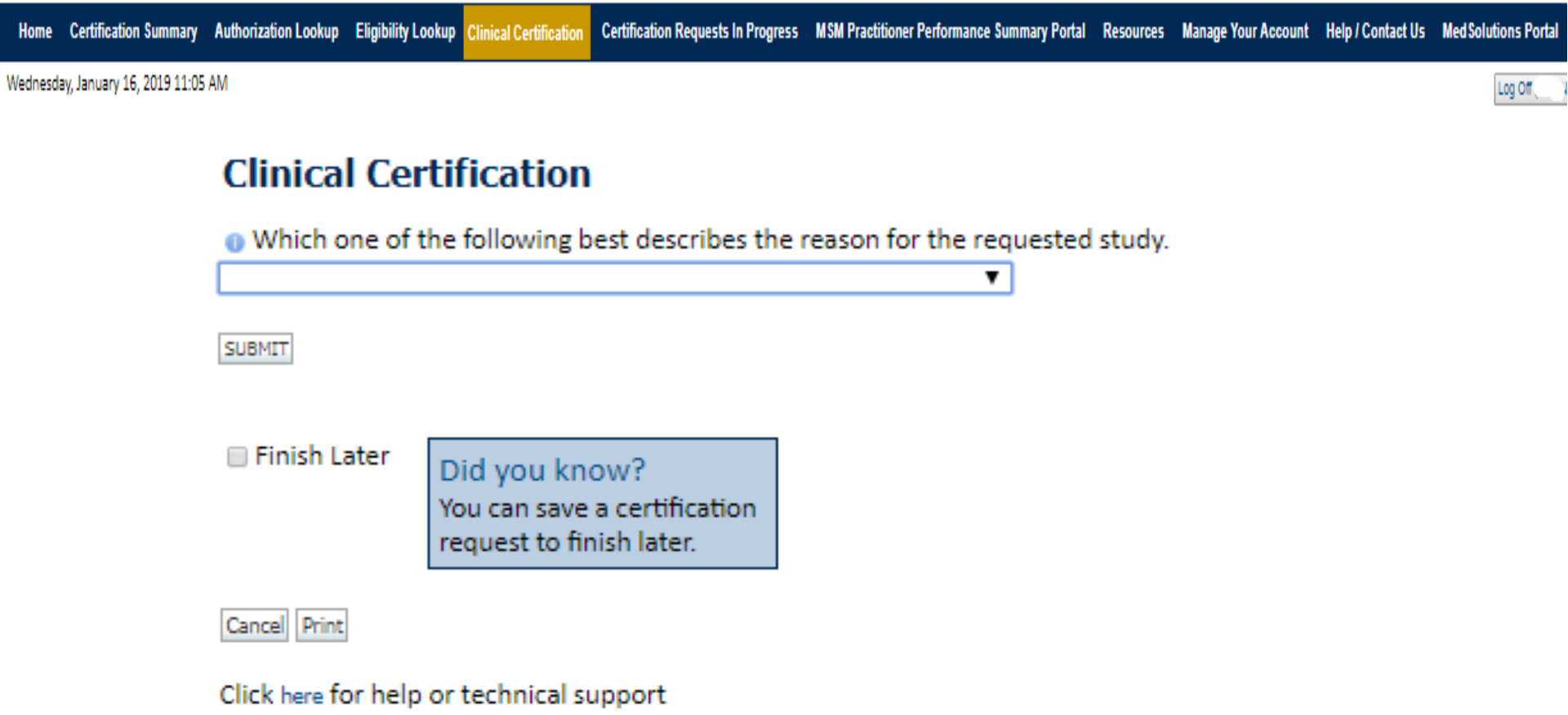
Contact Information

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.

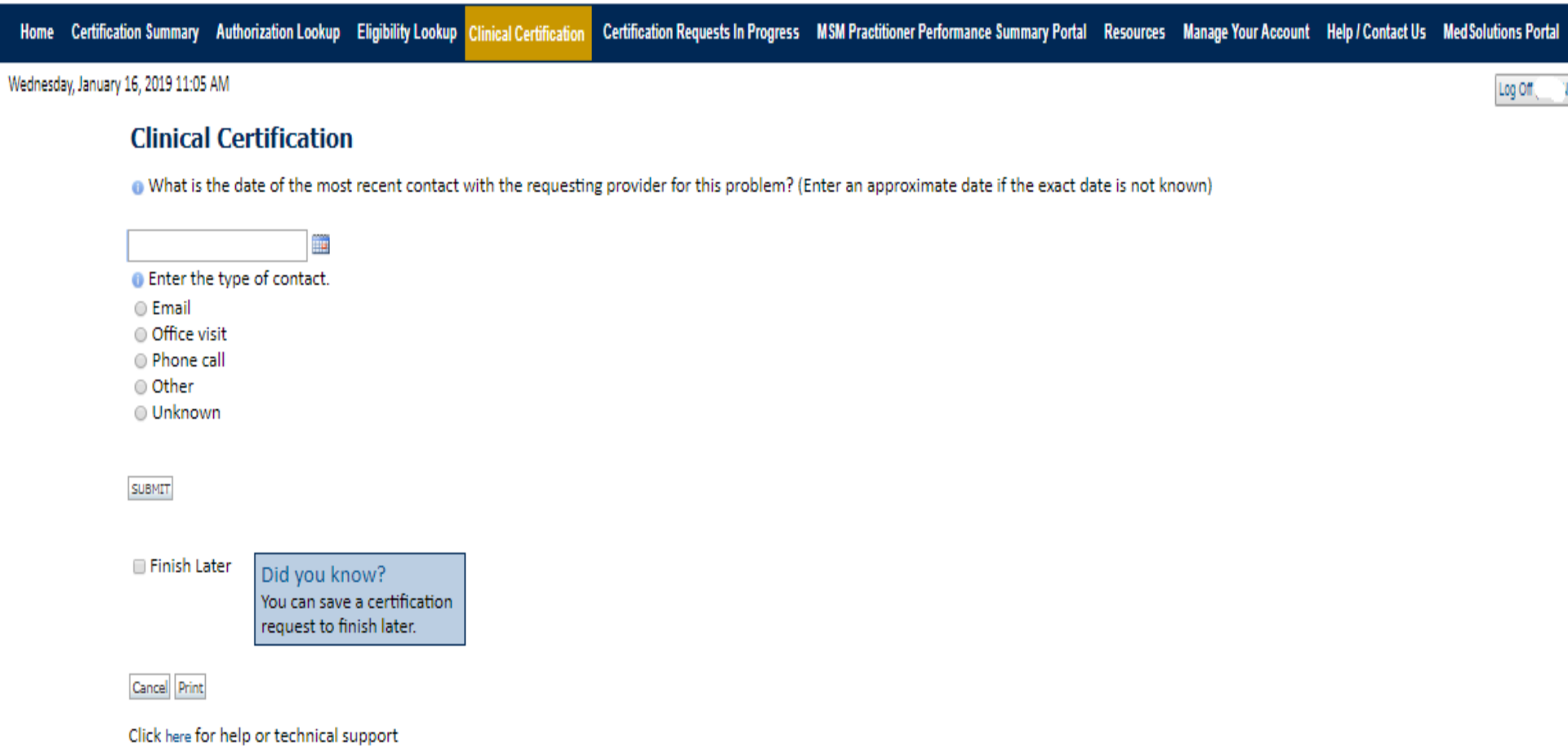
You can upload up to **FIVE documents** in .doc, .docx, or .pdf format. Your case will only be considered Urgent if there is a successful upload.

Clinical Certification



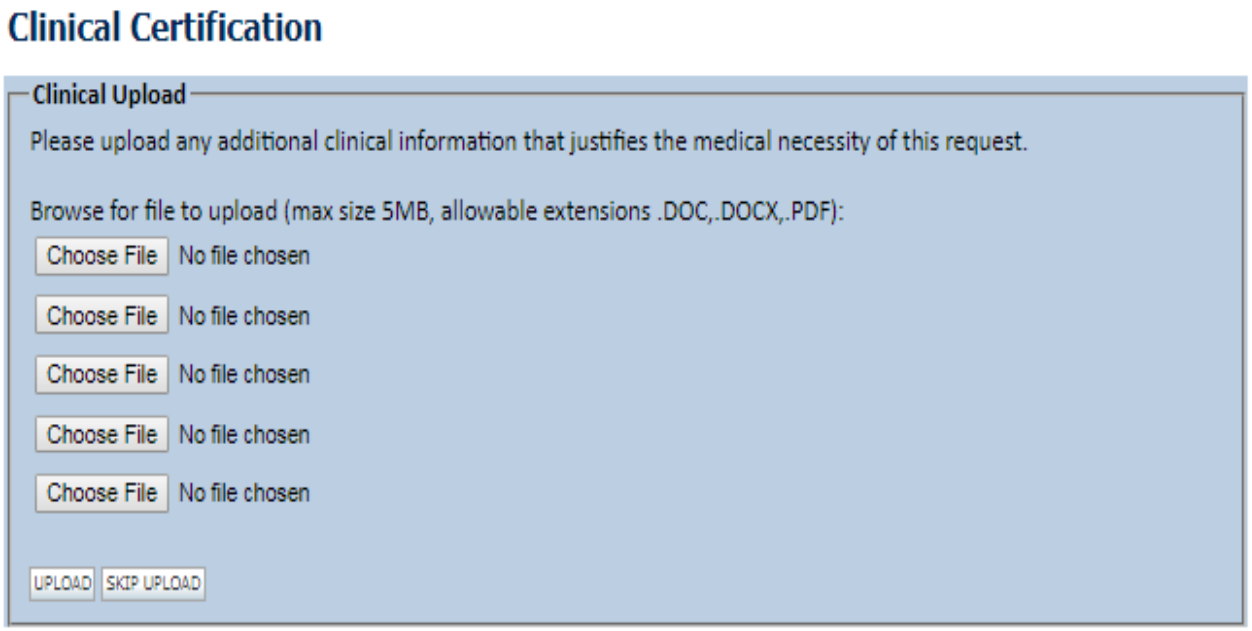
- You can click the **"Finish Later"** button to save your progress.
- You have **two (2) business days** to complete the case.

Clinical Certification



Select a reason for the requested study, or choose "Not Listed" if none of the available options are appropriate.

Medical Review



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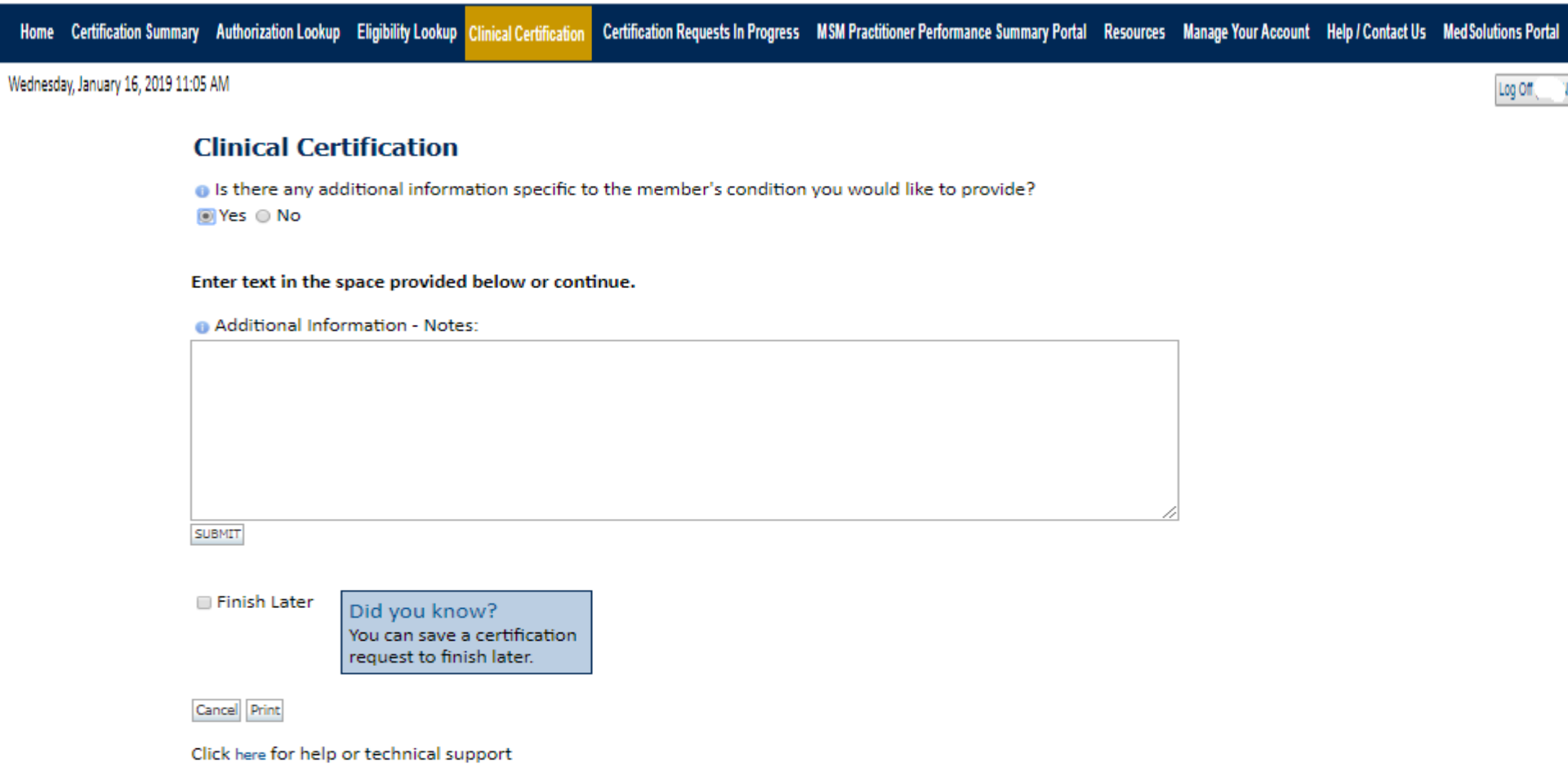
If additional information is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page.
Providing clinical information via the web is the quickest, most efficient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

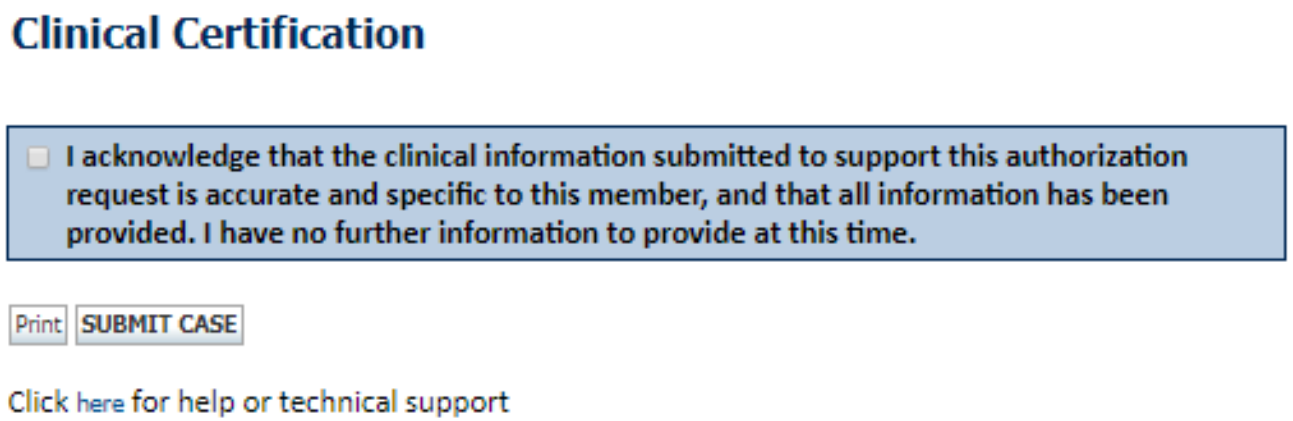
Medical Review



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



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.	

Print Continue

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

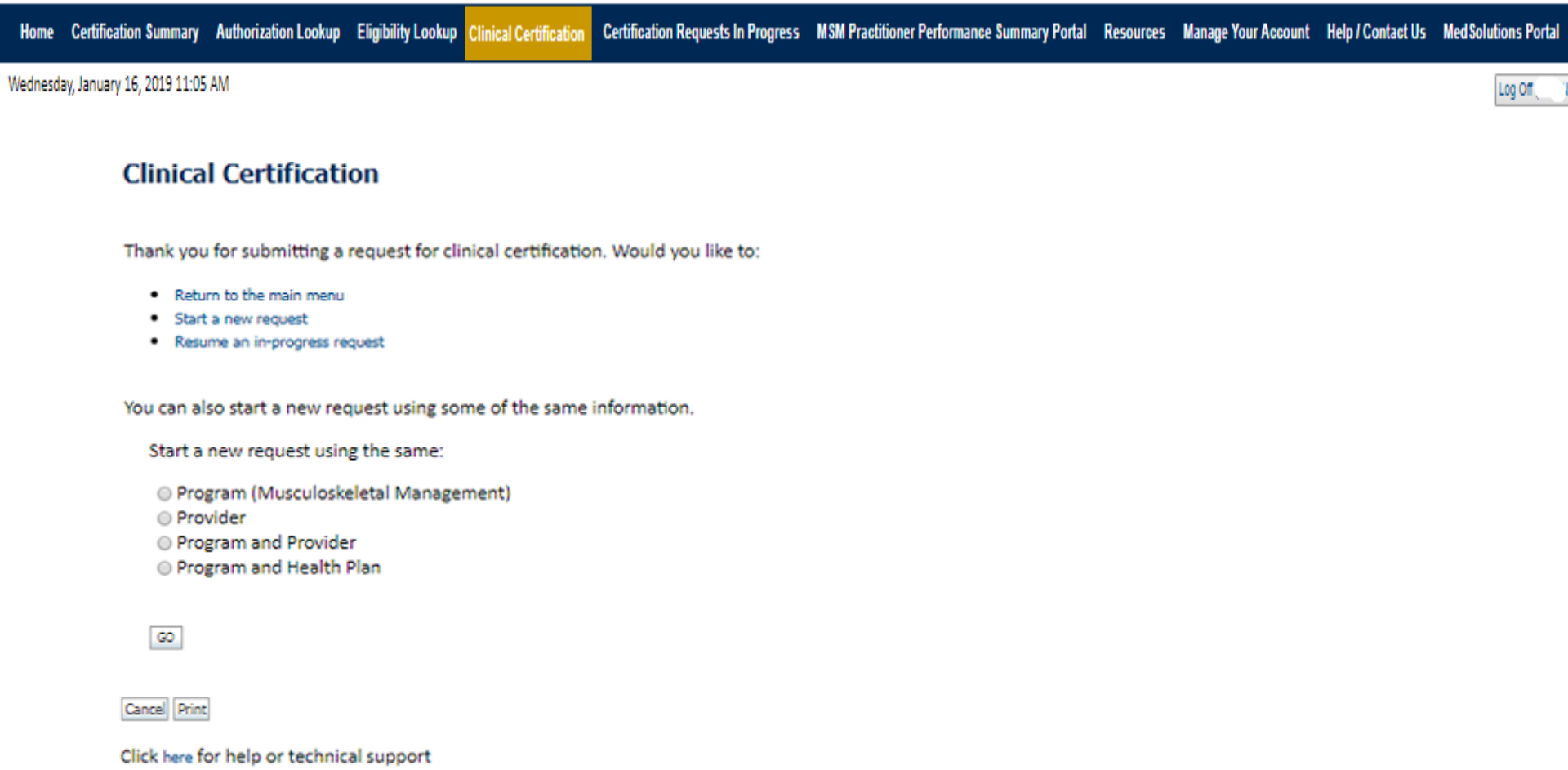
Provider Name:		**Contact:**	
Provider Address:		**Phone Number:**	
		Fax Number:	
Patient Name:		**Patient Id:**	
Insurance Carrier:			
Site Name:		**Site ID:**	
Site Address:			
Primary Diagnosis Code:	M25.562	**Description:**	Pain in left knee
Secondary Diagnosis Code:		**Description:**	
Date of Service:	Not provided		
CPT Code:	73721	**Description:**	MRI LOWER EXTREMITY JOINT W/O
Authorization Number:			
Review Date:			
Expiration Date:			
Status:	Pending		

Print Continue

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".

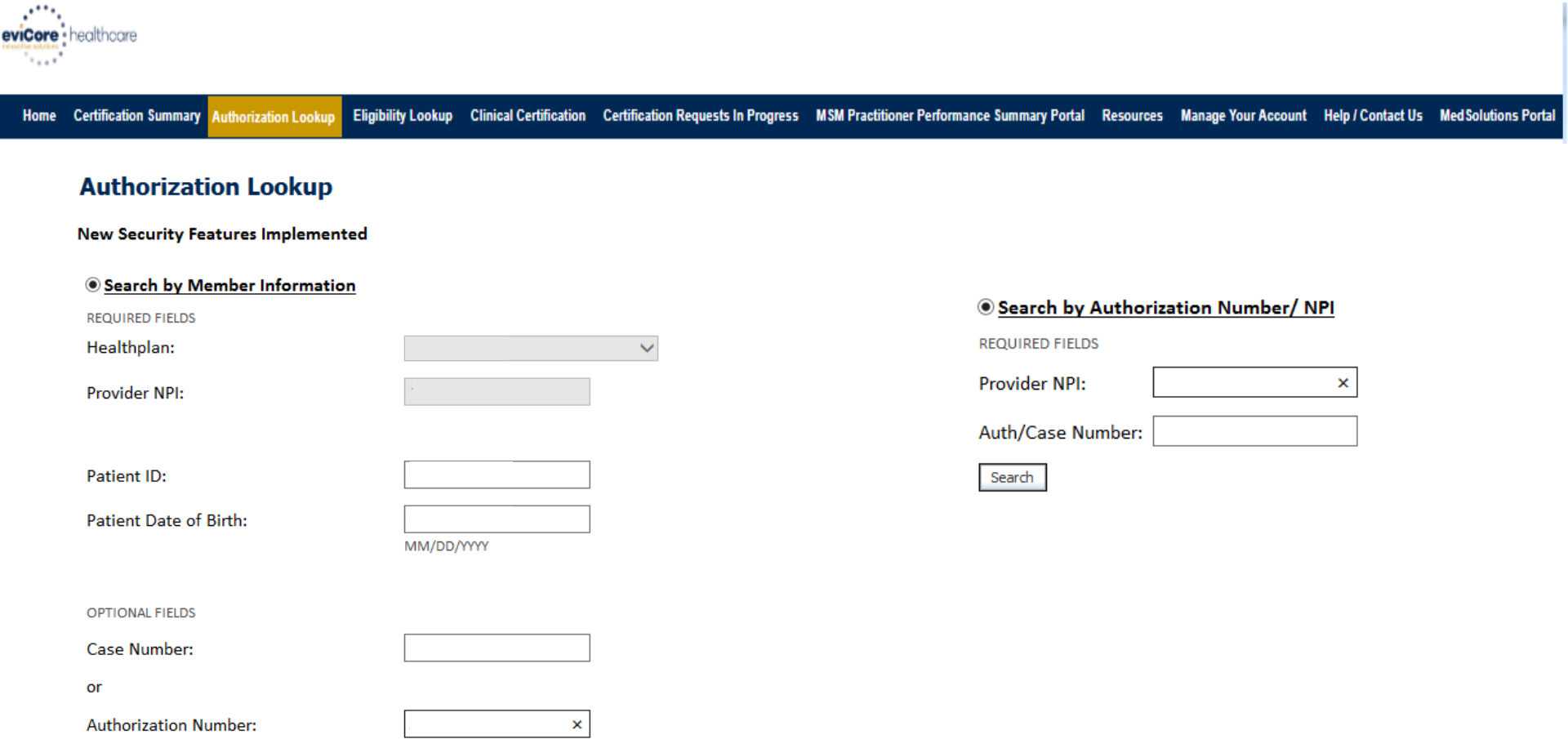
Print the screen and store in the patient's file.

Building Additional Cases



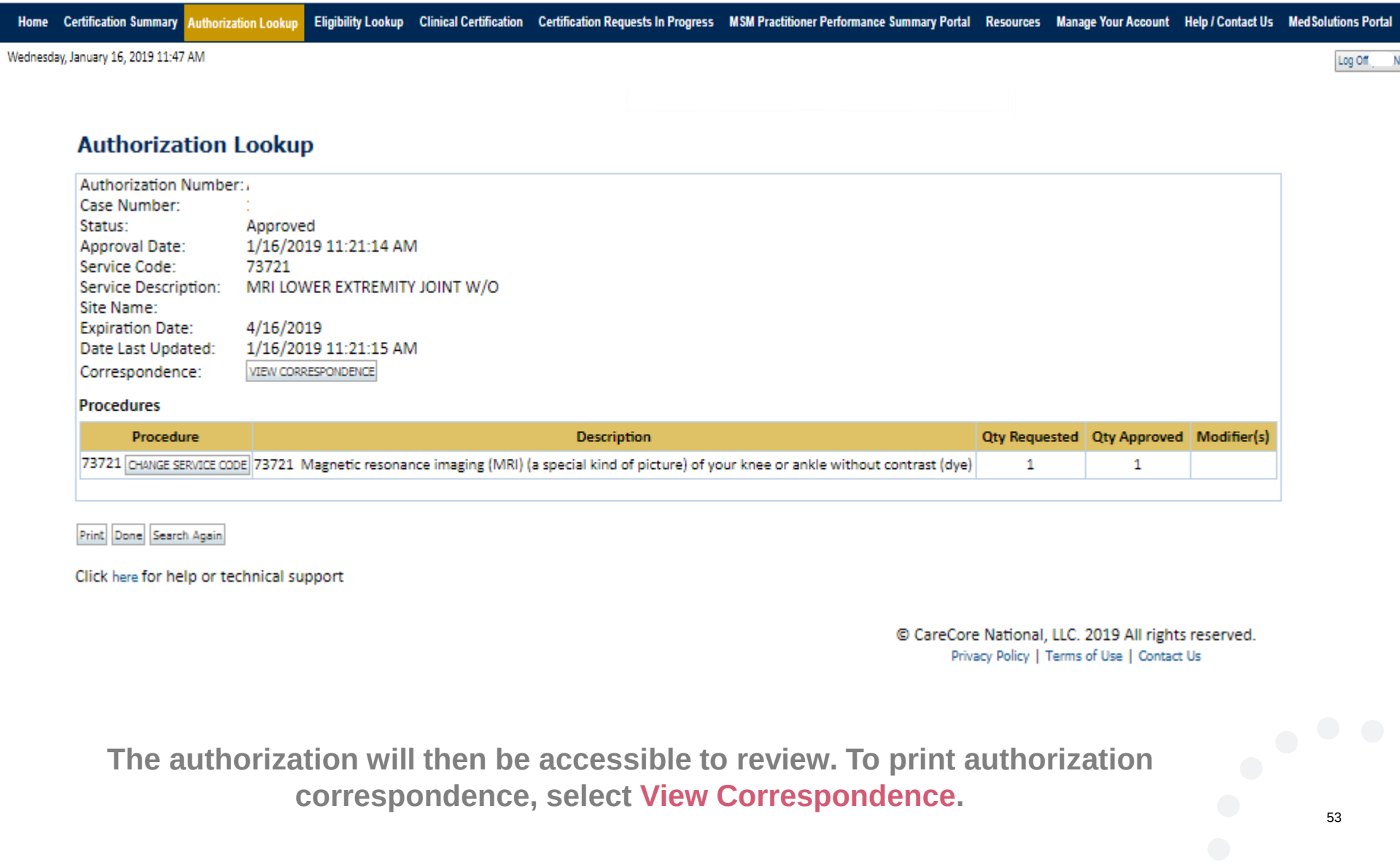
Once a case has been submitted for clinical certification, you can return to the Main Menu, resume an in-progress request, or start a new request. You can indicate if any of the previous case information will be needed for the new request.

Authorization look up



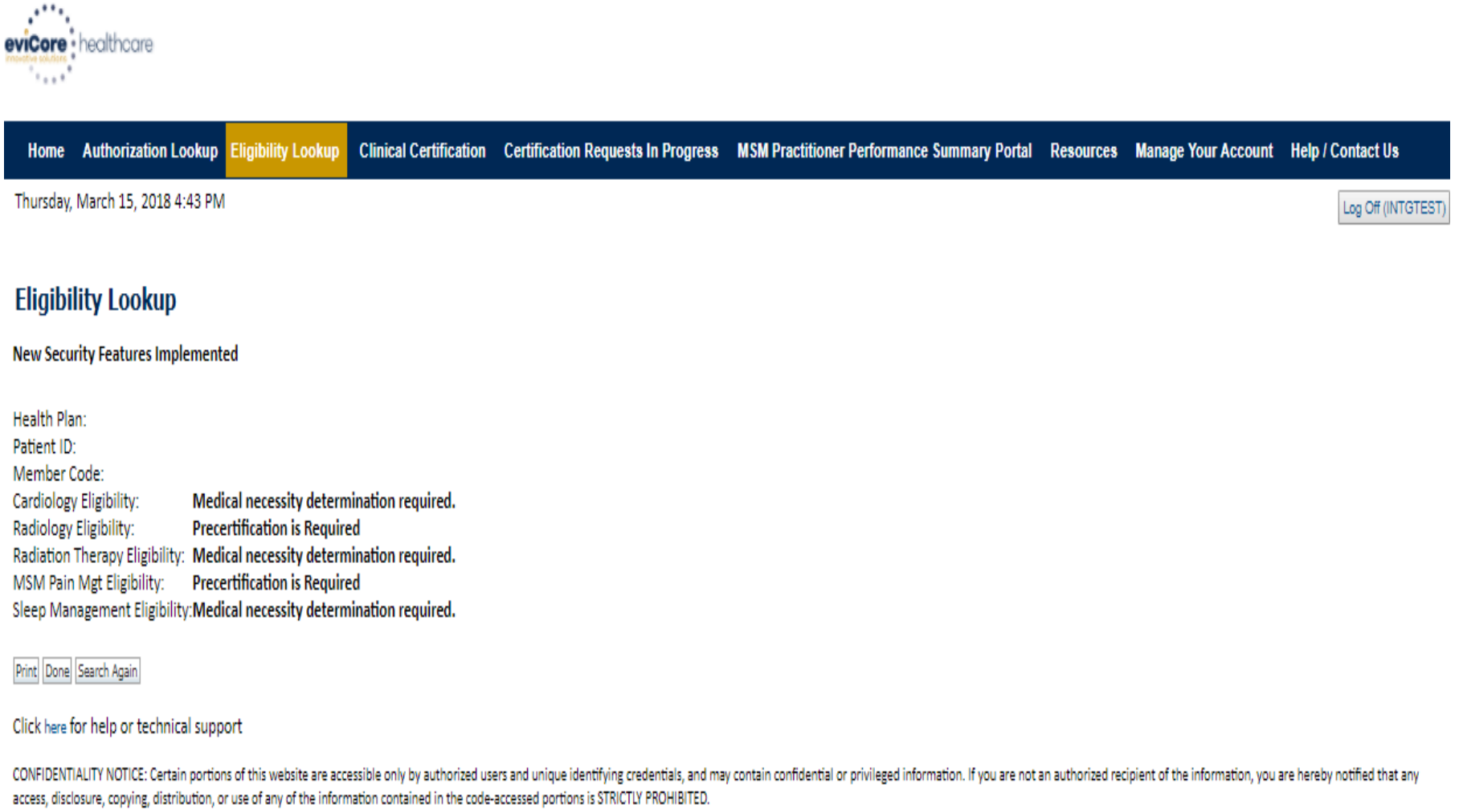
- Select Search by **Authorization Number/NPI**. Enter the provider's NPI and authorization or case number. Select **Search**.
- You can also search for an authorization by **Member Information**, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.

Authorization Status



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

Eligibility Look Up

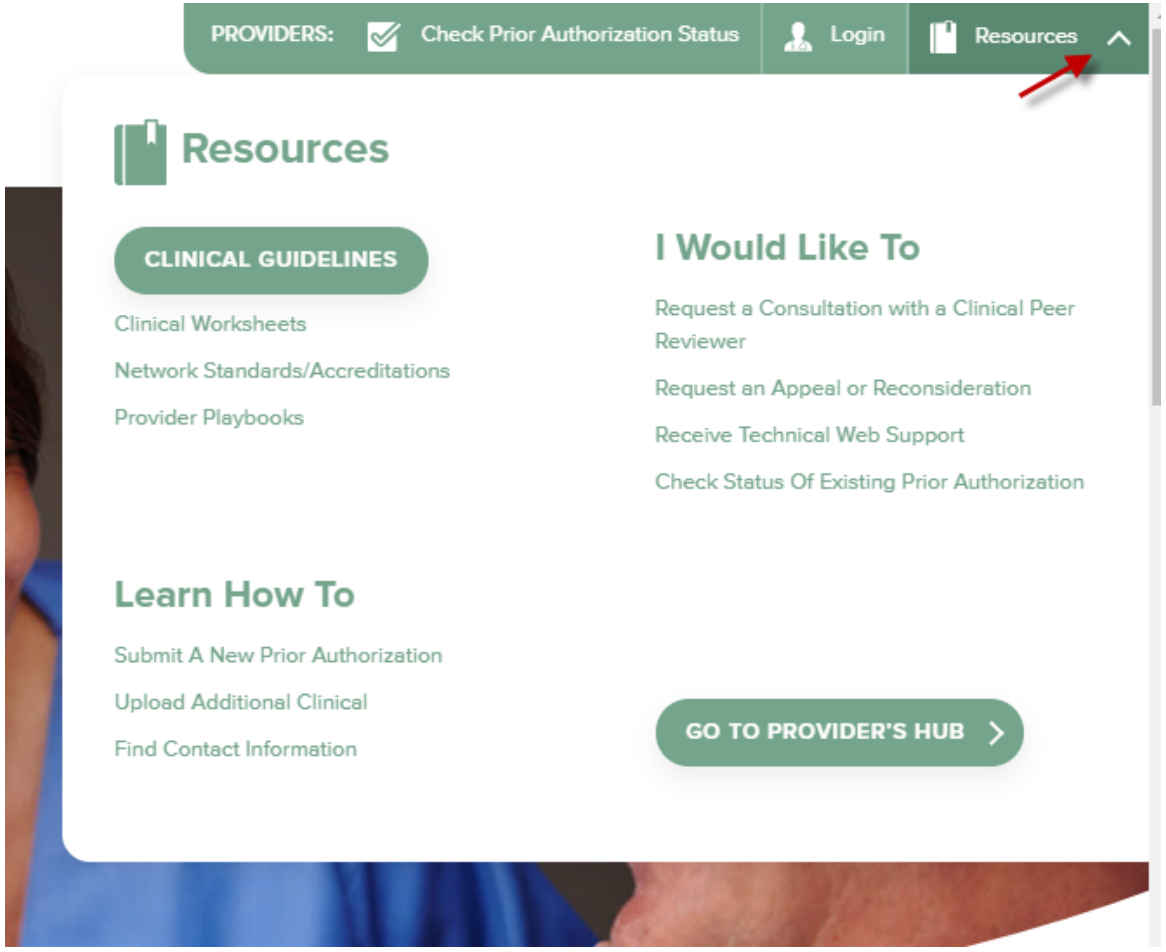


You may also confirm the patient's eligibility by selecting the Eligibility Lookup tab.

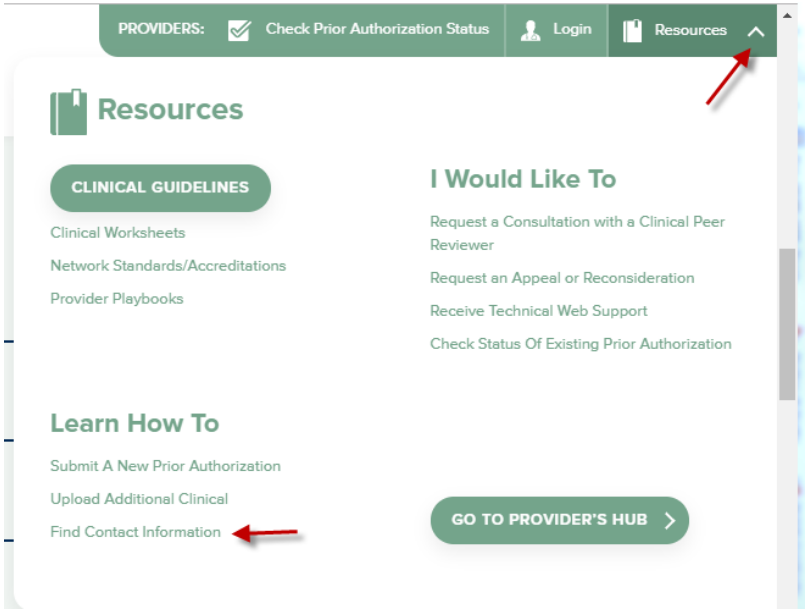
Provider Resources

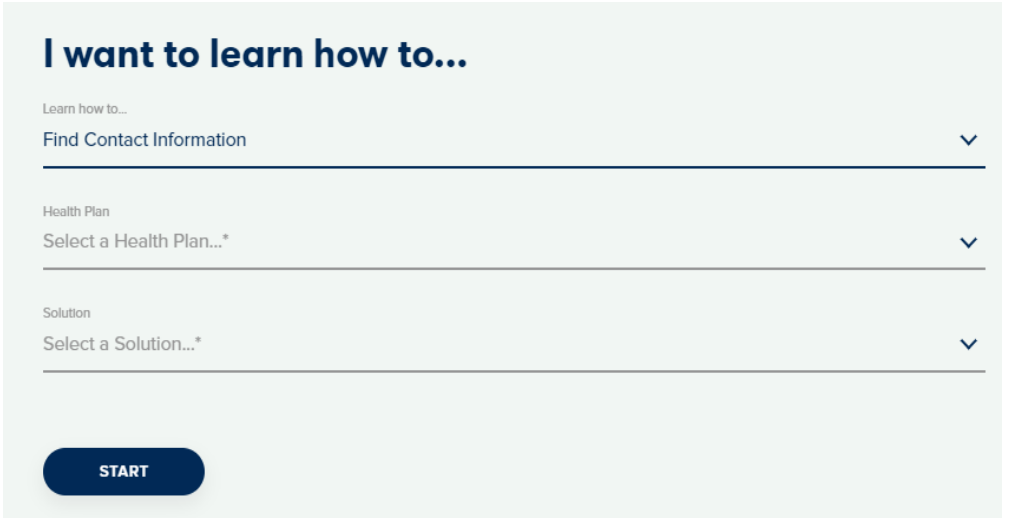
Online Resources

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



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

ved.
TIAL and PROPRIETARY information.

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

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TIAL and PROPRIETARY information.

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

ved.
TIAL and PROPRIETARY information.

Provider Resources: Implementation Website

Web-Based Services

Client Provider Operations

Documents

Provider Enrollment Questions – Contact Oscar Provider Services at 855-672-2755

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.

ved.
TIAL and PROPRIETARY information.

Thank You!