

Musculoskeletal Management

Interventional Pain, Spine and Joint Surgery

Provider Orientation Session for Banner Health Network



Empowering
the Improvement
of Care

Program Overview

Applicable Memberships

Prior Authorization is required for Banner Health members who are enrolled in the following lines of business:

Medicare Plans

- AARP Medicare Complete (UHC)
- Banner Medicare Advantage Prime HMO
- Banner Medicare Advantage Dual HMO (D-SNP)
- Banner Medicare Advantage Plus PPO – effective April 1, 2022

Medicaid Plans

- Banner – University Family Care/AHCCCS Complete Care – effective April 1, 2022
- Banner – University Family Care/ALTCS – effective April 1, 2022

Note: When requesting pre-service authorization for these members, please select Banner Health from the health plan dropdown list.

Banner Health Prior Authorization Services

eviCore currently accepts prior authorization requests for Medicare members. Effective April 1, 2022 prior authorization will be required for Medicaid membership

Prior authorization applies to the following services:

- Outpatient
- Diagnostic
- Elective / Non-emergent

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

- Emergency Rooms
- Observation Services
- Inpatient Stays



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

Pre-Service Authorization Required:

Interventional Pain:

- Spinal injections
- Spinal implants
 - Spinal cord stimulators
 - Pain pumps

Joint Surgery:

- Large joint replacement
 - Arthroscopic and open procedures

Spine Surgery:

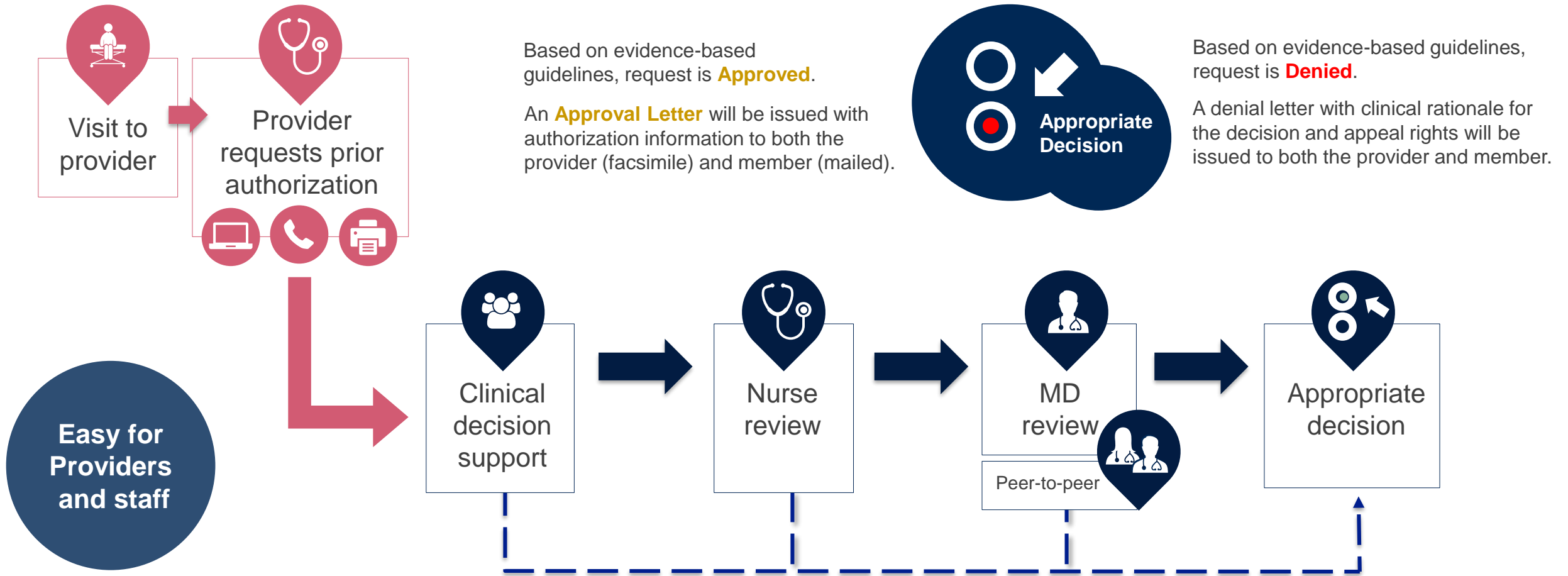
- Spinal implants
 - Spinal cord stimulators
 - Pain pumps
- Cervical/Thoracic/Lumbar
 - Decompressions
 - Fusions

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

<https://www.evicore.com/healthplan/bannerhealth>

Submitting Requests

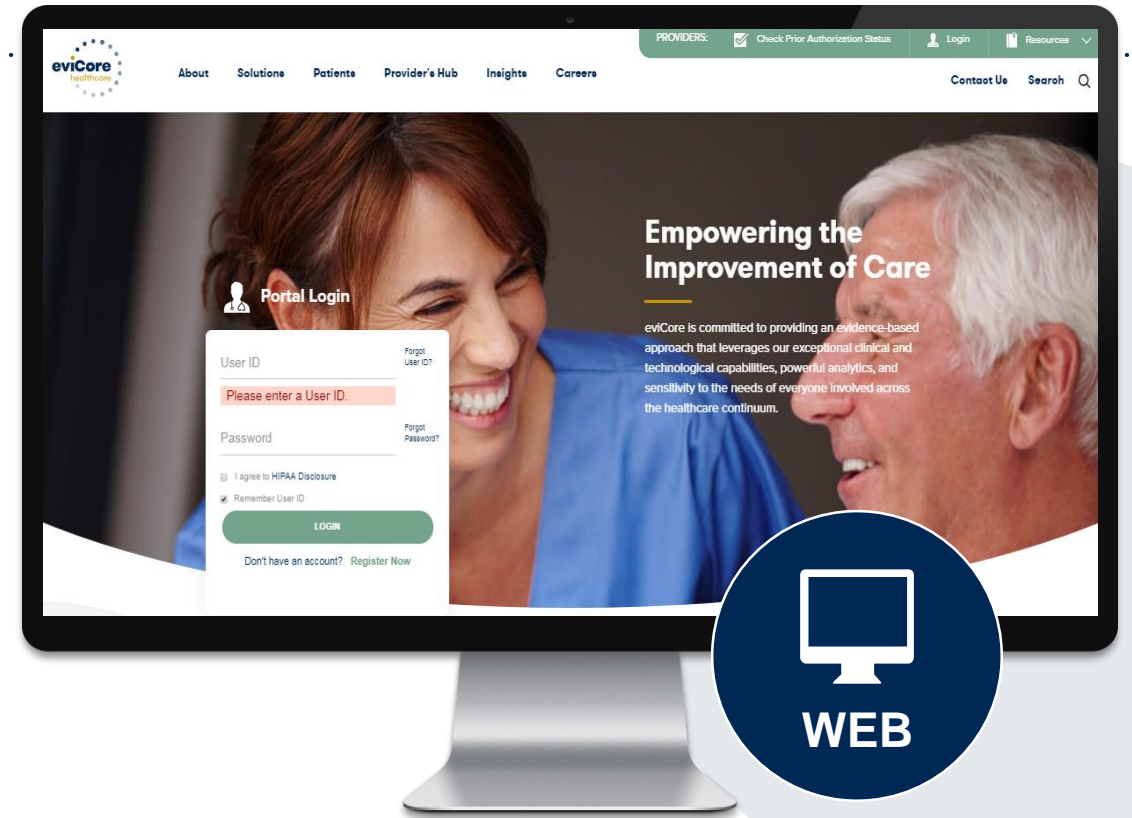
Utilization Management – the Prior Authorization Process



Methods to Submit Prior Authorization Requests

eviCore Provider Portal www.eviCore.com (preferred)

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



Phone Number:
888.444.9261
Monday through Friday
7am – 7pm local time

Fax Number:
888.693.3210
PA requests are accepted via
fax and can be used to submit
additional clinical information

Information needed for Prior Authorizations

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



Spine Surgery Requirements

Prior Authorization requests should be submitted at least two weeks prior to the anticipated date of an elective spinal surgery.

Minimum documentation requirements:

- **CPT codes, disc levels, or motion segments involved for planned surgery and ICD-10 codes.**
- **Detailed documentation of the type, duration, and frequency of provider directed non-surgical treatment with response to each with details if less than clinically meaningful improvement to treatment.**
- **Written reports/interpretations of the most recent advanced diagnostic imaging studies by independent radiologist.**
- **Acceptable imaging modalities for purposes of the Spine Surgery guidelines are: CT, MRI and Myelography.**

For Spinal Fusion surgery requests:

- **Documentation of flexion-extension plan X-rays based upon indications for instability and/or other plain X-rays that document failure of instrumentation, fusion, etc.**
- **Documentation of nicotine-free status, as evidenced by either of the following, unless this is an urgent/emergent request, for decompression only without fusion, disc arthroplasty, or when myelopathy is present.**
- **evidenced by blood cotinine lab results of <10ng/mL. (In order to complete the prior authorization process for spinal fusion surgery, allow for sufficient time for submission of lab results performed after the 6-week cessation period.**

Spine Surgery Requirements continued

Some procedures in the eviCore Spine Surgery Guidelines require a trial of epidural steroid injections (ESIs)/selective nerve root blocks (SNRBs) unless there is a documented contraindications to ESIs/SNRBs.

Contraindications to ESIs/SNRBs include the presence of ANY of the following:

- Allergy to the medication to be administered
- A significantly altered or eliminated epidural space (e.g. congenital anatomic anomalies or previous surgery)
- Anticoagulation therapy
- Bleeding disorder
- Localized infection in the region to be injected
- Systemic infection
- Other co-morbidities which could be exacerbated by steroid usage (e.g. poorly controlled hypertension, severe congestive heart failure, diabetes, etc.)

eviCore Musculoskeletal Guidelines for Advanced Procedures:

<https://www.evicore.com/provider/clinical-guidelines-details?solution=musculoskeletal%20advanced%20procedures>

Clinical Details



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Wednesday, July 01, 2020 2:54 PM

[Log Off \(JDMASO\)](#)

Requested Service + Diagnosis

This procedure will be performed on 7/5/2020.

[CHANGE](#)

Musculoskeletal Management Procedures

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

SPINE SPINE SURGERY

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

Diagnosis

Primary Diagnosis Code: **M54.16**

Description: **Radiculopathy, lumbar region**

[Change Primary Diagnosis](#)

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

Secondary diagnosis is optional for Musculoskeletal Management

[LOOKUP](#)

[BACK](#)

[CONTINUE](#)

60% Complete

Provider and NPI

Patient

[EDIT](#)

Clinical Details

Attention!

Will you also be the surgeon performing the procedure?

YES

NO

Attention!

Surgeon Search

Use the fields below to search for specific providers. 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 provider name by entering some portion of the name and we will provide you the provider names that most closely match your entry.

NPI:

TIN:

Zip Code:

City:

Provider Name:

Exact match

Starts with

LOOKUP PROVIDER

Verify Treatment Selection



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Wednesday, July 1, 2020 3:14 PM

[Log Off \(JDMASO\)](#)

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: 7/5/2020
CPT Code: SPINE
Description: SPINE SURGERY
Primary Diagnosis Code: M54.16
Primary Diagnosis: Radiculopathy, lumbar region
Secondary Diagnosis Code:
Secondary Diagnosis:


[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)


60% Complete

Provider and NPI

Patient

[EDIT](#)

Clinical Collection Process – Pathway Questions



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Wednesday, July 01, 2020 3:29 PM

[Log Off \(JDMAS\)](#)

Proceed to Clinical Information

i Please enter the primary CPT code for this surgery.

i How many units? (Units for an assistant or co-surgeon should NOT be included here. Indicate the assistant / co-surgeon by requesting the appropriate modifier)

i Which region of the spine will this procedure be performed?

- Thoracic
- Cervical
- Lumbar
- Sacral
- This request is for E0760 and is NOT related to a spinal condition.

SUBMIT

Finish Later

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

CANCEL

Clinical Collection Process – Pathway Questions



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Wednesday, July 01, 2020 3:31 PM

[Log Off \(JE\)](#)

Proceed to Clinical Information

i Do you want to enter a second code for this surgery?

Yes No

SUBMIT

Finish Later

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

CANCEL

Clinical Collection Process – Pathway Questions



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Wednesday, July 01, 2020 3:32 PM

[Log Off \(JD\)](#)

Proceed to Clinical Information

SPINE / LEVEL

i Which spinal level(s) will be involved? (Choose ALL that apply):

- C1 - C2 C5 - C6
- C2 - C3 C6 - C7
- C3 - C4 C7 - T1
- C4 - C5 Other/Unknown

i How many previous cervical fusions has your patient had?

- 0 (This is the first cervical fusion)
- 1 previous cervical fusion
- 2 or more cervical fusions
- Unknown or not sure

i Does your patient have any of the following urgent or emergent conditions:

No urgent or emergent conditions exist ▼

SUBMIT

Clinical Certification – Case Summary – Medical Review

Summary of Your Request

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

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

Provider Name:	DR. [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 cervical disc displacement, unspecified cervical region
Secondary Diagnosis Code:	[REDACTED]	Description:	
Date of Service:	[REDACTED]	Description:	Spine Surgery
CPT Code:	[REDACTED]		
Case Number:	[REDACTED]		
Review Date:	5/13/2020 2:36:00 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.		

Clinical Certification – Case Summary - Approval

Summary of Your Request

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

Your case has been Approved.

Provider Name:	DR. BHARATH MANU ANKARA VETTI	Contact:	1000
Provider Address:	1200 6TH AVE W SAINT CLOUD, MN 56303	Phone Number:	(507) 325-1000
		Fax Number:	(507) 325-1000
Patient Name:	SMITH, JAMES	Patient Id:	12345678
Insurance Carrier:	WELLS FARGO		
Site Name:	COMMUNITY HOSPITAL OF ST. CLOUD	Site ID:	123456
Site Address:	875 COMMUNITY CENTER DR ST. CLOUD, MN 56303		
Primary Diagnosis Code:	M43.16	Description:	Spondylolisthesis, lumbar region
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	Spine Surgery
CPT Code:	SPINE		
Authorization Number:	12345678		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL **PRINT** **CONTINUE**

Joint Surgery Requirements

Partial Knee and Total Knee Replacement is considered medically necessary when all of the following criteria have been met:

- **Function-limiting pain at short distances (e.g. walking less than ¼ mile, limiting activity to two city blocks, the equivalent to walking the length of a shopping mall) for at least 3 months duration.**
- **Loss of knee function which interferes with the ability to carry out age appropriate activities of daily living and/or demands of employment.**

Radiographic or arthroscopic findings of either of the following:

- **Severe unicompartmental (medial, lateral, or patellofemoral) degenerative arthritis evidenced by either Large osteophytes, marked narrowing of joint space, severe sclerosis, and definite deformity of bone contour (i.e., Kellgren-Lawrence Grade IV radiographic findings) or Exposed subchondral bone (i.e., Modified Outerbridge Classification Grade IV arthroscopy findings)**
- **Avascular necrosis (AVN) of the femoral condyles and/or proximal tibia.**
- **Intact, stable ligaments, in particular the anterior cruciate ligament**
- **Knee arc of motion (full extension to full flexion) greater than 90 degrees**

Failure of at least 3 months of provider directed non-surgical management.

- **For patients with BMI > 40, there must be failure of a least 6 months of provider directed non-surgical management**
- **Provider directed non-surgical management may be inappropriate. The medical record must clearly document why provider directed non-surgical management is not appropriate.**

Total knee replacement is considered medically necessary for a fracture of the distal femur when conservative management or surgical fixation is not considered a reasonable option.

Joint Surgery Requirements

The determination of medical necessity for the performance of shoulder surgery is always made on a case by case basis.

Shoulder arthroscopic or open surgical procedures may be considered medically necessary for individuals when surgery is being performed for fracture, tumor, infection or foreign body that has led to or will likely lead to progressive destruction.

Diagnostic Arthroscopy is considered medically necessary as a separate procedure when all of the following criteria have been met:

Function limiting pain (e.g. loss of shoulder function which interferes with the ability to carry out age appropriate activities of daily living and /or demands of employment for at least 6 months in duration.

Individual demonstrates any of the following abnormal shoulder physical examination findings as compared to the non involved side.

- Functionally limited range of motion (active or passive)
- Measurable loss in strength
- Positive Neer Impingement Test or Hawkins-Kennedy Impingement Test.
- Failure of provider directed non-surgical management for at least 3 months in duration.
- Advanced diagnostic imaging study (e.g., MRI; CT) is inconclusive for internal derangement/pathology
- Other potential pathological conditions including, but not limited to: fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain, and advanced glenohumeral osteoarthritis have been excluded.

Diagnostic arthroscopy is considered not medically necessary for any other indication or condition.

eviCore Musculoskeletal Guidelines for Advanced Procedures:

<https://www.evicore.com/provider/clinical-guidelines-details?solution=musculoskeletal%20advanced%20procedures>

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Wednesday, July 01, 2020 3:47 PM

[Log Off \(JDMAS\)](#)

Requested Service + Diagnosis

This procedure has not been performed.

[CHANGE](#)

Musculoskeletal Management Procedures

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

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

Diagnosis

Primary Diagnosis Code: **M19.012**
Description: **Primary osteoarthritis, left shoulder**
[Change Primary Diagnosis](#)

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

Secondary diagnosis is optional for Musculoskeletal Management

[LOOKUP](#)

[BACK](#) [CONTINUE](#)

[Click here for help](#)

60% Complete

Provider and NPI

Patient

[DIT](#)

Clinical Details



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[Log Off \(JDMAS\)](#)

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: 7/5/2020
CPT Code: JOINT
Description: JOINT SURGERY
Primary Diagnosis Code: M19.012
Primary Diagnosis: Primary osteoarthritis, left shoulder
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

BACK **CONTINUE**

[Click here for help](#)

60% Complete

Provider and NPI

Patient [EDIT](#)

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Wednesday, July 01, 2020 3:51 PM

[Log Off \(JDMASON\)](#)

Proceed to Clinical Information

Please enter the primary CPT code for this surgery.

Which side is the procedure being performed on?

Left Right

SUBMIT

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Wednesday, July 01, 2020 3:52 PM

[Log Off \(JDMASO\)](#)

Proceed to Clinical Information

i Please indicate the type of procedure to be performed:

- Standard Total Shoulder Replacement
- Reverse Total Shoulder Replacement
- Total Shoulder Resurfacing

SUBMIT

Clinical Details



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Wednesday, July 01, 2020 3:55 PM

[Log Off \(JD\)](#)

Proceed to Clinical Information

Total Shoulder Replacement

i Has the patient had function-limiting pain (e.g., loss of shoulder function which interferes with the ability to carry out age appropriate activities of daily living and/or demands of employment) for at least three (3) months in duration?

Yes No Unknown

i Has your patient failed a course of at least three (3) months of provider-directed non-surgical management?

Yes No Unknown

i Is X-Ray or advanced diagnostic imaging (MRI or CT) conclusive for degenerative joint disease with marked joint space narrowing?

Yes No Unknown

i Please indicate if X-ray or advanced imaging findings include any of the following (choose all that apply)

- Irregular joint surfaces
- Cystic changes in the humeral head
- Glenoid sclerosis
- Charcot shoulder arthropathy
- Glenoid osteophyte changes
- None of the above
- Flattened glenoid

i Does your patient have any of the following contraindications (choose all that apply)

- Paralytic disorder of the shoulder
- One or more unstable conditions that would increase the risk of morbidity
- Active joint or systemic infection
- None of the above

Clinical Certification – Case Summary – Medical Review

Summary of Your Request

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

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

Provider Name:	DR. [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:	Spondylolisthesis, lumbar region
Secondary Diagnosis Code:	[REDACTED]	Description:	
Date of Service:	[REDACTED]	Description:	Joint Surgery
CPT Code:	[REDACTED]		
Case Number:	[REDACTED]		
Review Date:	5/13/2020 2:36:00 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.		

Clinical Certification – Case Summary - Approval

Summary of Your Request

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

Your case has been Approved.

Provider Name:	DR. BHARATH MANU ARKARA VEETIL	Contact:	1000
Provider Address:	1200 6TH AVE N SAINT CLOUD, MN 56301	Phone Number:	(320) 250-1000
		Fax Number:	(320) 250-1000
Patient Name:	JOHN DOE	Patient Id:	12345678
Insurance Carrier:	WELLS FARGO		
Site Name:	ST. JOSEPH HOSPITAL	Site ID:	123456
Site Address:	875 UNIVERSITY AVENUE ST. JOSEPH, MN 56381		
Primary Diagnosis Code:	M17.12	Description:	Unilateral primary osteoarthritis, left knee
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	Joint Surgery
CPT Code:	JOINT		
Authorization Number:	12345678		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL **PRINT** **CONTINUE**

Interventional Pain Requirements

- **Interventional Pain procedures require a separate pre-service authorization request for each date of service. The patients response to prior interventional pain injections will determine if a subsequent injection is appropriate. ***Including the response to the prior interventional pain injection in the office notes will help avoid processing delays.**
- **For an epidural injection, a patient must have a radiculopathy or radicular pattern confirmed on imaging or EMG/NCS. For a facet procedure, loading of the joint in extension and lateral rotation is needed. For sacroiliac joint injection, a patient must have 3 or 5 positive stress maneuvers of the sacroiliac joint.**
- **An epidural injection and facet joint injection in the same region is not allowed, except when there is a facet joint cyst compressing the exiting nerve root.**
- **No more than 1 level interlaminar epidural, 1 nerve root selective nerve root block, 2 level therapeutic transforaminal epidural, 3 level facet/medial branch nerve blocks are indicated in a single session.**
- **6 weeks of conservative care is need prior to an epidural steroid injection. 4 weeks of conservative care is needed prior to facet/medial branch nerve blocks and sacroiliac joint injections.**
- **For cervical and thoracic epidural injections, advanced imaging must be performed within the last 12 months.**
- **Fluoroscopic or CT scan image guidance is required for all interventional pain injections.**
- **The limit of diagnostic facet/medial branch nerve blocks is 2 prior to possible radiofrequency ablation. The limit of epidural steroid injections is 3 per episode and 4 per 12 month period.**

Interventional Pain Requirements continued

Epidural injections require a 2 week outcome prior to preauthorization of a subsequent epidural. Radiofrequency ablation of the medial branch nerves from C2 – 3 to L5 – S1 require a 6 week interval.

An epidural steroid injection must have a least 2 of the following:

50% or greater relief of radicular pain.

Increased level of function/physical activity.

And or decreased use of medication and/or additional medical services such as Physical Therapy/Chiropractic care.

A diagnostic facet/medial branch nerve block must have at least 80% relief from the anesthetic. 2 facet/medial branch nerve blocks with a least 80% relief are needed for radiofrequency ablation.

A therapeutic sacroiliac joint injection following a diagnostic joint injection must have >75% pain relief.

A repeat therapeutic sacroiliac joint injection must have >75% pain relief and either an increase in level function or reduction in use of pain medication and/or medical services such as PT/Chiropractic care.

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Wednesday, July 01, 2020 4:05 PM

[Log Off \(JDMASOI\)](#)

Requested Service + Diagnosis

This procedure will be performed on 7/5/2020.

[CHANGE](#)

Musculoskeletal Management Procedures

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

62323 Injection with guidance L/S

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



With Interventional Pain, enter the applicable CPT code or description.

Diagnosis

Primary Diagnosis Code: **M54.5**

Description: **Low back pain**

[Change Primary Diagnosis](#)

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

Secondary diagnosis is optional for Musculoskeletal Management

[LOOKUP](#)

[BACK](#)

[CONTINUE](#)

[Click here for help](#)

60% Complete

Provider and NPI

Patient

[EDIT](#)

Clinical Details

Attention!

Will you be rendering this procedure in your office?

Clinical Details



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Wednesday, July 01, 2020 4:07 PM

[Log Off \(JDMA\)](#)


Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: 7/5/2020
CPT Code: 62323
Description: Injection with guidance L/S
Primary Diagnosis Code: M54.5
Primary Diagnosis: Low back pain
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

BACK **CONTINUE**

[Click here for help](#)


60% Complete

Provider and NPI

Patient

[EDIT](#)

Clinical Details



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Wednesday, July 01, 2020 4:16 PM

[Log Off \(JDMASON\)](#)

Proceed to Clinical Information

i Please indicate the type of procedure to be performed:

- An epidural steroid injection
- A trial for an implanted pump
- An epidural injection/catheter for obstetrical or surgical anesthesia
- An epidural steroid injection/catheter for perioperative pain management
- An epidural steroid injection to treat post-herpetic neuralgia

SUBMIT

Clinical Details



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Wednesday, July 01, 2020 4:17 PM

[Log Off \(JDMAS\)](#)

Proceed to Clinical Information

Lumbar Epidural Injection

i Please indicate the type of injectate(s) that will be used (choose all that apply):

- Anesthetic with or without contrast agent
- Corticosteroid with or without contrast agent
- Biologics (e.g., platelet rich plasma, stem cells, amniotic fluid)
- Spinraza
- Other injectate(s)
- Unknown

i How many levels will this procedure be performed at?

One (1) Level

SUBMIT

Clinical Details



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[Log Off \(JDMAS\)](#)

Proceed to Clinical Information

How many epidural steroid injections of ALL types have been performed in this region for this episode of pain in the last 6 months? (Please include transforaminal AND interlaminar injections)

0 (This is the first injection of this type at this level) ▾

How many epidural steroid injections of ALL types have been performed in this region in the last 12 months? (Please include transforaminal AND interlaminar injections)

0 ▾

SUBMIT

Finish Later

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

CANCEL

[Click here for help](#)

Clinical Details



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[Log Off \(JDMA\)](#)

Proceed to Clinical Information

Does physical exam/patient history indicate any of the following: (Choose all that apply)

- Pain and/or abnormal sensation (numbness, tingling, burning, etc.) that radiates into the arm or leg
- Symptomatic spinal stenosis
- Positive straight leg raise/crossed leg raise test (for lumbar procedures) or Spurling's maneuver (for cervical procedures)
- Loss of strength
- Change in sensation to light touch, pressure, pin prick or temperature
- Decreased, absent or asymmetric reflex(es)
- Positive electrodiagnostic study (EMG/NCV) for nerve root compression
- None of the above or unknown

Please indicate the documented number of weeks of conservative care prior to this request: (e.g. number of weeks of physical therapy / chiropractic care, exercise, NSAIDs, and or appropriate medication)

6 or more

Will your patient be participating in an active rehabilitation or therapeutic exercise program following this injection?

- Yes No Unknown

PROCESSING...

Clinical Certification – Case Summary – Medical Review

Summary of Your Request

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

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

Provider Name:	DR. [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:	Radiculopathy, lumbar region
Secondary Diagnosis Code:	[REDACTED]	Description:	
Date of Service:	[REDACTED]	Description:	Injection with guidance L/S
CPT Code:	[REDACTED]		
Case Number:	[REDACTED]		
Review Date:	5/13/2020 2:36:00 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.		

Clinical Certification – Case Summary - Approval

Summary of Your Request

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

Your case has been Approved.

Provider Name:	DR. BHARATH MANI ANKARA VETTU	Contact:	1000
Provider Address:	1200 6TH AVE N SAINT CLOUD, MN 56301	Phone Number:	(320) 252-1000
		Fax Number:	(320) 252-1000
Patient Name:	ANTHONY JAMES	Patient Id:	ANTHONY
Insurance Carrier:	WELLSURE		
Site Name:	COMBINED MEDICAL GROUP	Site ID:	1000000
Site Address:	875 COMBINED SQUARE DR COMBINED, FL 32709		
Primary Diagnosis Code:	M54.16	Description:	Radiculopathy, lumbar region
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided		
CPT Code:	62323	Description:	Injection with guidance L/S
Authorization Number:	10000000		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

Additional Provider Portal Features

Portal Features

Certification Certification & Summary

- You can begin an authorization request
- Allows you to track recently submitted cases

Authorization Lookup

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

Eligibility Lookup

- Confirm if member requires prior authorization

eNotification Alerts

- You can opt in to case status email alerts



Duplication Feature

Success

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

- [Return to the main menu](#)
- [Start a new request](#)
- [Resume an in-progress request](#)

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

Start a new request using the same:

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

GO

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

Provider Resources

Dedicated eviCore Teams

Call Center

- Phone: (888) 444.9261
- Representatives available 7 a.m. to 7 p.m. (local time)

Web Support

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

Client & Provider Operations Team

- Email: clientservices@eviCore.com
- Eligibility issues (member or provider not found in system)
- Transactional authorization related issues requiring research

Provider Engagement

- **Kellie Thompson – AZ, CO, HI, NM, TX, UT**
 - Kellie.Thompson@evicore.com
 - 800.918.8924 x27658
- Regional team that works directly with the provider community



Provider Resource Website

Provider Resource Pages

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

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

To access these helpful resources, please visit

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

Banner Health Network Provider Services: 888.444.9261



Provider Resources

Prior Authorization Call Center – 888.444.9261

- Call center hours are 7am – 7pm Monday-Friday local time

Web-Based Services and Online Resources

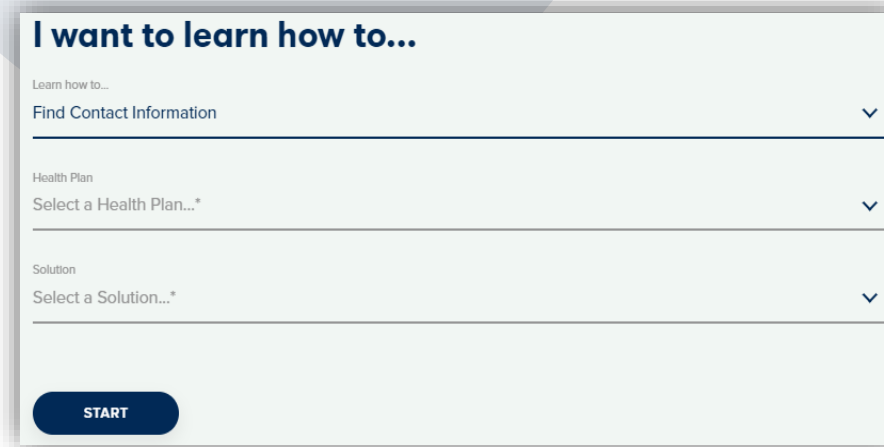
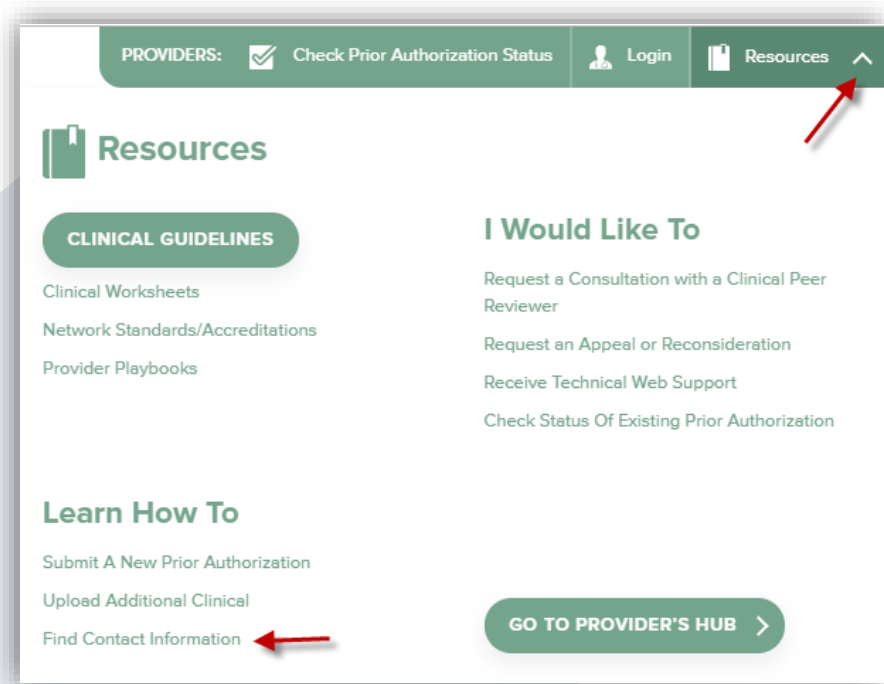
- Important tools, health plan-specific contact information, and resources can be found at www.evicore.com
- Select the **Resources** to view Clinical Guidelines, Online Forms, and more.

Provider Resource Page

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

Web Support

- The quickest, most efficient way to request prior authorization is through our provider portal. Our dedicated **Web Support** team can assist providers in navigating the portal and addressing any web-related issues during the online submission process.
- To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email portal.support@evicore.com



eviCore Provider Support Teams

Client and Provider Services

Dedicated team to address provider-related requests and concerns including:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- Consumer Engagement Inquiries
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

How to Contact our Client and Provider Services team

Email: ClientServices@evicore.com For prompt service, please have all pertinent information available. When emailing, make sure to include the health plan in the subject line with a description of the issue, with member/provider/case details when applicable.

Provider Engagement team

You can find a list of Regional Provider Engagement Managers at www.eviCore.com →
Provider's Hub → Training Resources



Provider Newsletter

Stay Updated With Our Free Provider Newsletter

eviCore's provider newsletter is sent out to the provider community with important updates and tips. If you are interested in staying current, feel free to subscribe:

- Go to [eviCore.com](https://www.eviCore.com)
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates



Provider Resource Review Forums

The eviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

We invite you to attend a Provider Resource Review Forum, to navigate www.eviCore.com and understand all the resources available on the Provider's Hub. Learn how to access:

- eviCore's evidence-based clinical guidelines
- Clinical worksheets
- Check-status function of existing prior authorization
- Search for contact information
- Podcasts & Insights
- Training resources

How to register for a Provider Resource Review Forum?

You can find a list of scheduled **Provider Resource Review Forums** on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



Thank You!



Appendix

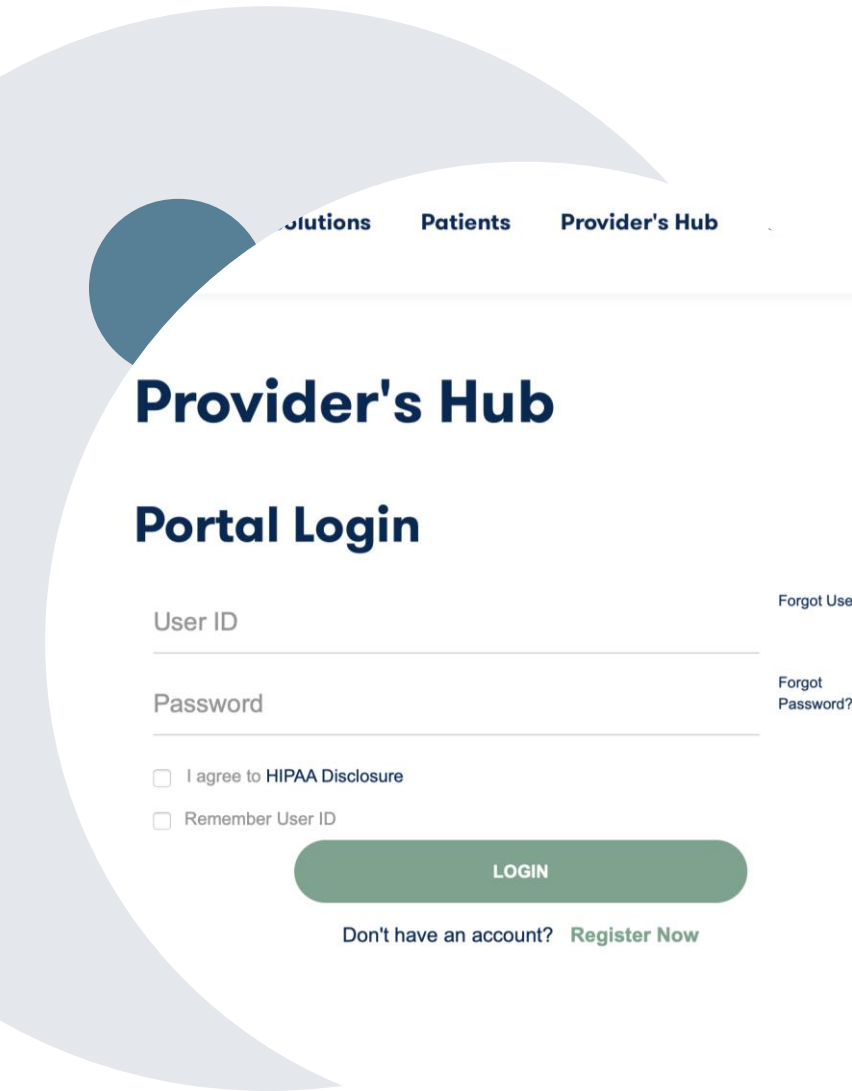
Provider Portal Overview

Portal Compatibility

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

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

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



eviCore healthcare Website

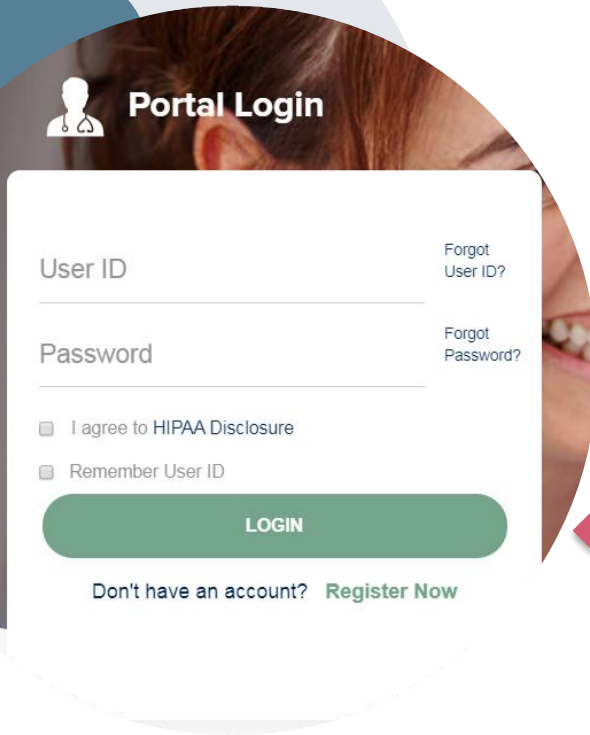
Visit www.evicore.com

Already a user?

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

Don't have an account?

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



Welcome Screen



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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

Tuesday, January 21, 2020 9:24 AM

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

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

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- 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.

Adding Providers



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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

Tuesday, January 21, 2020 9:26 AM

Manage Your Account

Office Name: test

CHANGE PASSWORD

EDIT ACCOUNT

Address: 730 Cool Springs Blvd
Franklin, TN 37067

Primary Contact: Amy Oliphant

Email Address: amy.oliphant@evicore.com

ADD PROVIDER

Click Column Headings to Sort

No providers on file

CANCEL

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Click the “Add Provider” button.

Adding Providers



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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Tuesday, January 21, 2020 9:26 AM

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

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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 Providers



- 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

Tuesday, January 21, 2020 9:29 AM

Add Practitioner

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

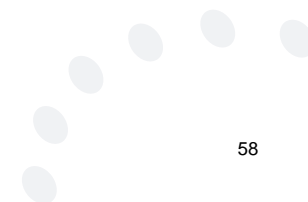
Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax
Last. First	12312312	1 MD Address	Franklin	TN	37087	(999)999-9999	(999)999-9999

- ADD THIS PRACTITIONER
- CANCEL

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Select the matching record based upon your search criteria



Manage Your Account



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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Tuesday, January 21, 2020 9:38 AM

Add Practitioner

Thank you for registering on the CareCore National website. If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to complete the registration process.

ADD ANOTHER PRACTITIONER

CONTINUE

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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.

Certification Summary



eviCore healthcare

Home Certification Summary Authorization Lookup

Tuesday, January 21, 2020 9:39 AM

Log Off (AMYINTG)

Certification Summary

Search..  

Single Status
Show All ▼

Filter By Multiple Statuses
Show All ▼

Date
7 days ▼

Submit Close

No records to display

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

No records to display

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- 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.

Initiating A Case



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 9:41 AM

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

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

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Choose **“request an auth”** to begin a new case request.

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



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](#)

Select the **Program** for your certification.

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Select Provider



- 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

Tuesday, January 21, 2020 9:43 AM

[Log Off \(AMYINTG\)](#)

Requesting Provider Information

10% Complete

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

Filter Last Name or NPI:

[SEARCH](#)[CLEAR SEARCH](#)

Provider	
SELECT	12312312 - Provider Name

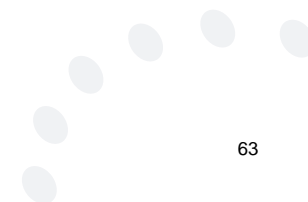
- [BACK](#)
- [CONTINUE](#)

[Click here for help](#)

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Select the **Practitioner/Group** for whom you want to build a case.



Select Health Plan



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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Tuesday, January 21, 2020 9:46 AM

[Log Off \(AMYINTG\)](#)

Choose Your Insurer

Requesting Provider: [CALVIN, LARRY, NP 328282828](#)

Please select the insurer for this authorization request.

Please Select an Address

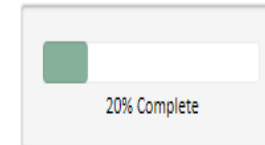
[Click here for help](#)

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.

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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



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Monday, October 18, 2021 4:12 PM

[Log Off \(AMYNLIBBY2\)](#)

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

Receive notification of case status changes

BACK

CONTINUE

New feature! This option allows you to receive e-notification updates for case status updates/changes.

[Click here for help](#)

30% Complete

Provider and NPI
BI, SUCAI
3679363794
(AETNA)

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Member/Procedure Information

Attention!

Time: 1/21/2020 9:53 AM

Has this procedure been performed?

Verify if the procedure has already been performed.



Member Information



- 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

Tuesday, January 21, 2020 9:53 AM

[Log Off \(AMYINTG\)](#)

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

40% Complete

Provider and NPI
GROUP, UNIT
UNEMPLOYED
(MEDICARE)

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT	00000000000000000000000000000000		WATSON, JONATHAN	01/01/1980	M	1234567890 SPRINGVILLE, FL 32040

BACK

[Click here for help](#)

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

Confirm your patient's information and click select to continue.

Requested Procedure & Diagnosis



- 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

Tuesday, January 21, 2020 10:03 AM

[Log Off \(AMYINTG\)](#)

Requested Service + Diagnosis

This procedure has not been performed.

[CHANGE](#)

Radiology Procedures

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

73721 | MRI LOWER EXTREMITY JOINT W/O

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

Diagnosis

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

r68.89 | [LOOKUP](#)

Trouble selecting diagnosis code? Please follow [these steps](#)

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

Secondary diagnosis is optional for Radiology

| [LOOKUP](#)

[BACK](#)

[Click here for help](#)

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60% Complete

Provider and NPI
GALIND, ANNE
123456789
(MFL000000000)

Patient
[REDACTED] [EDIT](#)

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

Verify Service Selection



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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Tuesday, January 21, 2020 10:07 AM

[Log Off \(AMYINTG\)](#)

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](#)

60% Complete

Provider and NPI
[Redacted] [Redacted]
[Redacted] (MEDI-CARE)

Patient
[Redacted] [Redacted]
[Redacted] [Redacted]

[EDIT](#)

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Click **continue** to confirm your selection.

Site Selection



- 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

Tuesday, January 21, 2020 10:12 AM

[Log Off \(AMYINTG\)](#)

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: Zip Code: Site Name:
TIN: City: Exact match Starts with

LOOKUP SITE

	Name	Address
SELECT	BELLEVUE NURSING CENTER - BELLEVUE NURSING CEN	2000 CITRUS BLVD LEESBURG, FL 34748
SELECT	BELLEVUE NURSING CENTER - DIAGNOSTIC & NURSING	2000 CITRUS BLVD LEESBURG, FL 34748
SELECT	BELLEVUE NURSING CENTER - WILSON COUNTY DIAGNOS	2000 DE ARCADE BLVD BELLEVUE, FL 32822
SELECT	BELLEVUE NURSING CENTER - BELLEVUE NURSING CEN	10000 US HIGHWAY 90 BELLEVUE, FL 32822

BACK

[Click here for help](#)

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80% Complete

Provider and NPI
GALPHEE, UNIVAT
330000000
(MFL/CARE)

Patient
UNIVAT, UNIVAT
330000000
(MFL/CARE) [EDIT](#)

Service [EDIT](#)
73721 MRI LOWER EXTREMITY
JOINT W/O
R68.89 Other general symptoms
and signs

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

Site Selection



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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Tuesday, January 21, 2020 10:15 AM

Add Site of Service

Selected Site: BELLEVUE IMAGING CENTER -- BELLEVUE IMAGING GEN

FIND NEW SITE

Site Email (optional)

BACK

CONTINUE

[Click here for help](#)

This page allows you to enter an email address for a facility representative.

Clinical Certification



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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Tuesday, January 21, 2020 10:17 AM

Proceed to Clinical Information

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

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

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

[BACK](#) [CONTINUE](#)

[Click here for help](#)

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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.

Submitting Urgent Cases

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**.

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

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.

Submitting Urgent Cases- Upload Required

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



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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

Tuesday, January 21, 2020 10:18 AM

Proceed to Clinical Information

- Will there be any additional procedures needing prior authorization for the same patient, date of service, and site of service?
 Yes No

SUBMIT

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Clinical Certification questions may populate based upon the information provided.

Please answer each clinical question, as it applies to your patient.

Clinical Certification



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Tuesday, January 21, 2020 10:19 AM

Proceed to Clinical Information

Which anatomy will be examined with the requested study?

Hip Knee Ankle

SUBMIT

Finish Later

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

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- Please answer each clinical question, as it applies to your patient.
- You can click the **“Finish Later”** button to save your progress.

Clinical Certification



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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Tuesday, January 21, 2020 10:20 AM

Proceed to Clinical Information

Which side will be examined with the requested study?

Left Right

SUBMIT

Finish Later

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- Please answer each clinical question, as it applies to your patient.
- You can click the **“Finish Later”** button to save your progress.

Clinical Certification



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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Tuesday, January 21, 2020 10:28 AM

Proceed to Clinical Information

Which one of the following best describes the reason for the requested study?

SUBMIT

Finish Later

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- Please answer each clinical question, as it applies to your patient.
- You can click the **“Finish Later”** button to save your progress.

Clinical Certification



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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

Tuesday, January 21, 2020 10:30 AM

Proceed to Clinical Information

- Are you ready to upload the patient medical record now?
- No, I will upload at a later time
- Yes, I am ready to upload the record

SUBMIT

Finish Later

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

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If **additional information** is required, you will have the option upload additional clinical for review.

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



Clinical Certification



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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Tuesday, January 21, 2020 10:31 AM

Proceed to Clinical Information

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,.PNG):

Test clinical.docx

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 upload additional clinical for review.

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

Clinical Certification



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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Tuesday, January 21, 2020 10:33 AM

Proceed to Clinical Information

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.

SUBMIT CASE

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

Medical Review



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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Tuesday, January 21, 2020 10:34 AM

[Log Off \(AMYINTG\)](#)

Summary of Your Request

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

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

Provider Name:	DR. UNANI SALIM	Contact:	test
Provider Address:	403 E CHESTNUT ST LOUISVILLE, KY 40202	Phone Number:	(999) 999-9999
		Fax Number:	(999) 999-9999
Patient Name:	[REDACTED]	Patient Id:	[REDACTED]
Insurance Carrier:	[REDACTED]		
Site Name:	[REDACTED]	Site ID:	[REDACTED]
Site Address:	[REDACTED]		
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	MRI LOWER EXTREMITY JOINT W/O
CPT Code:	73721		
Case Number:	[REDACTED]		
Review Date:	1/21/2020 10:18:05 AM		
Expiration Date:	N/A		
Status:	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with CareCore at anytime, please call 1-888-333-8641.		

[CANCEL](#) [PRINT](#) [CONTINUE](#)

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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”.

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.

Building Additional Cases



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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

Tuesday, January 21, 2020 10:37 AM

Success

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

- [Return to the main menu](#)
- [Start a new request](#)
- [Resume an in-progress request](#)

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

Start a new request using the same:

- Program (Radiology)
- Provider (~~CareMax, United~~)
- Program and Provider (Radiology and ~~CareMax, United~~)
- Program and Health Plan (Radiology and ~~VitalityCare~~)

GO

CANCEL

PRINT

[Click here for help](#)

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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



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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

Tuesday, January 21, 2020 10:39 AM

[Log Off \(AMYINTG\)](#)

Authorization Lookup

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:

PRINT

SEARCH

[Click here for help](#)

Search by Authorization Number/ NPI

Search by Authorization Number/ NPI

Required Fields

Provider NPI:

Auth/Case Number:

SEARCH

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- 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



- 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
- Med Solutions Portal

Tuesday, January 21, 2020 10:43 AM

Authorization Lookup

Authorization Number: [#123456789](#)
Case Number: [1123456789](#)
Health Plan Auth Number: [123456789](#)
Status: Approved
Approval Date: 1/21/2020 12:00:00 AM
Service Code: 71250
Service Description: CT THORAX W/O CONTRAST
Site Name: [BELLVIEW IMAGING CENTER](#)
Expiration Date: 3/6/2020
Date Last Updated: 1/21/2020 8:21:28 AM
Correspondence: [UPLOADS & FAXES](#)

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
71250 CHANGE SERVICE CODE	Computed tomography (CT) (a special kind of picture) of your chest without contrast (dye)	1	1	

[PRINT](#)

[Click here for help](#)

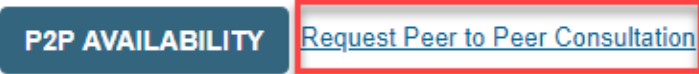
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The authorization will then be accessible to review. To print authorization correspondence, select **Uploads & Faxes**.

Online P2P Scheduling Tool


How to schedule a Peer to Peer Request

- Log into your account at www.evicore.com
- Perform Authorization Lookup to determine the status of your request.
- Click on the “P2P Availability” button to determine if your case is eligible for a Peer to Peer conversation:
- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.



Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	



A blue arrow points from the "Status: Denied" row of the table to a dark blue button with the text "P2P AVAILABILITY" in white.

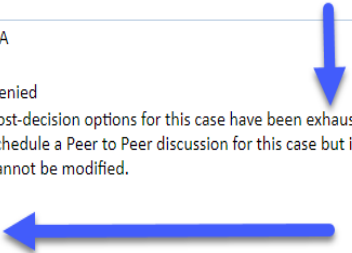
How to schedule a Peer to Peer Request

Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the “All Post Decision Options” button to learn what other action may be taken.

Authorization Lookup

Authorization Number:	NA	
Case Number:		Request Peer to Peer Consultation
Status:	Denied	
P2P Eligibility Result:	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.	
P2P Status:		

ALL POST DECISION OPTIONS



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

How to Schedule a Peer to Peer Request

Case Info | Questions | Schedule | Confirmation

New P2P Request

eviCore healthcare P2P Portal

Case Reference Number

Member Date of Birth

+ Add Another Case

Lookup Cases >

Upon first login, you will be asked to confirm your default time zone.

You will be presented with the Case Number and Member Date of Birth (DOB) for the case you just looked up.

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

To proceed, select “Lookup Cases”

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

New P2P Request

eviCore healthcare P2P Portal

Case Ref #: Remove P2P Eligible

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

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

Continue

How to Schedule a Peer to Peer Request

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type MSK Spine Surgery

Level of Review Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

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

Time Zone

US/Eastern

[Continue >](#)

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

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

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

← Prev Week 5/18/2020 - 5/24/2020 (Upcoming week) Next Week →

1st Priority by Skill

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

1st Priority by Skill

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

How to Schedule a Peer to Peer

Confirm Contact Details

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

- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:

- Name of Provider Requesting P2P
- Phone Number for P2P
- Contact Instructions

- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

The screenshot shows a multi-step scheduling process with four stages: Case Info, Questions, Schedule, and Confirmation. The 'Schedule' stage is active. The form includes a 'P2P Info' section with date and time, a 'Case Info' section with a table of case details, and a 'P2P Contact Details' section with several input fields. Blue arrows point to the 'Name of Provider Requesting P2P' field (containing 'Dr. Jane Doe'), the 'Phone Number for P2P' field (containing '(555) 555-5555'), and the 'Contact Instructions' field (containing 'Select option 4, ask for Dr. Doe'). A 'Submit >' button is at the bottom right.

Case Info	
Date	Mon 5/18/20
Time	6:30 pm EDT
Reviewing Provider	[User Icon]

1st Case	
Case #	
Episode ID	
Member Name	
Member DOB	
Member State	
Health Plan	
Member ID	
Case Type	MSK Spine Surgery
Level of Review	Reconsideration P2P

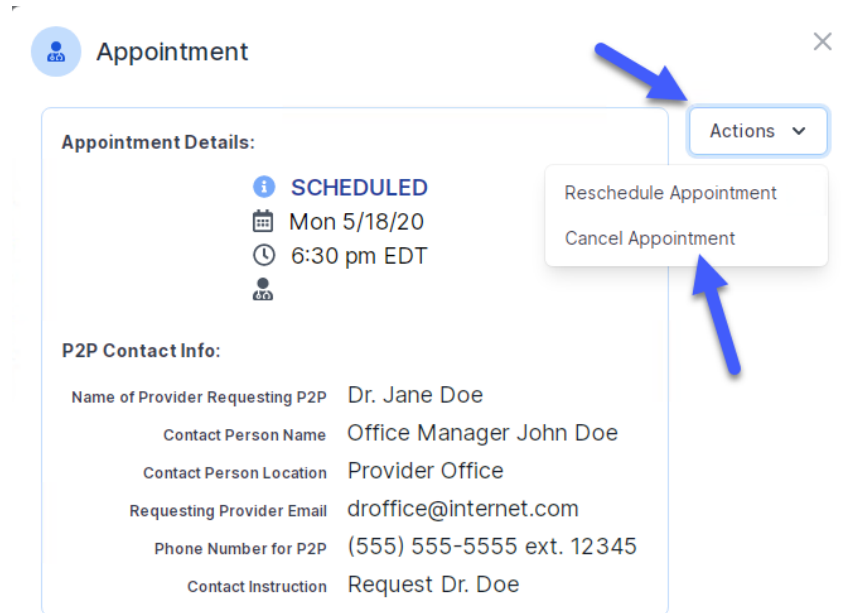
P2P Contact Details	
Name of Provider Requesting P2P	Dr. Jane Doe
Contact Person Name	Office Manager John Doe
Contact Person Location	Provider Office
Phone Number for P2P	(555) 555-5555
Phone Ext.	12345
Alternate Phone	(xxx) xxx-xxxx
Phone Ext.	Phone Ext.
Requesting Provider Email	droffice@internet.com
Contact Instructions	Select option 4, ask for Dr. Doe

The screenshot shows a 'Scheduling' summary card. It includes a calendar icon, the text 'Scheduled', a clock icon with the time 'Mon 5/18/20 - 6:30 pm EDT', a person icon, and a red oval containing the word 'SCHEDULED'.

Canceling or Rescheduling a Peer to Peer Appointment

To cancel or reschedule an appointment

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



- Close browser once done