

WEB PORTAL OVERVIEW

**Registration & Web Portal Navigation
Reference Guide- MedSolutions Portal**



Account Registration

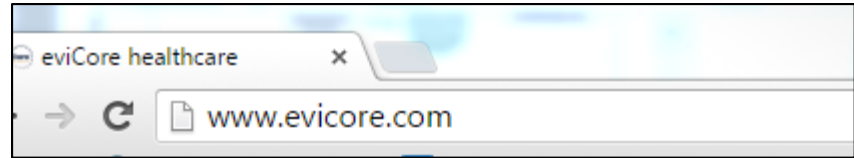
Portal Compatibility

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

- Google Chrome
- Mozilla Firefox
- Microsoft Edge

eviCore healthcare website

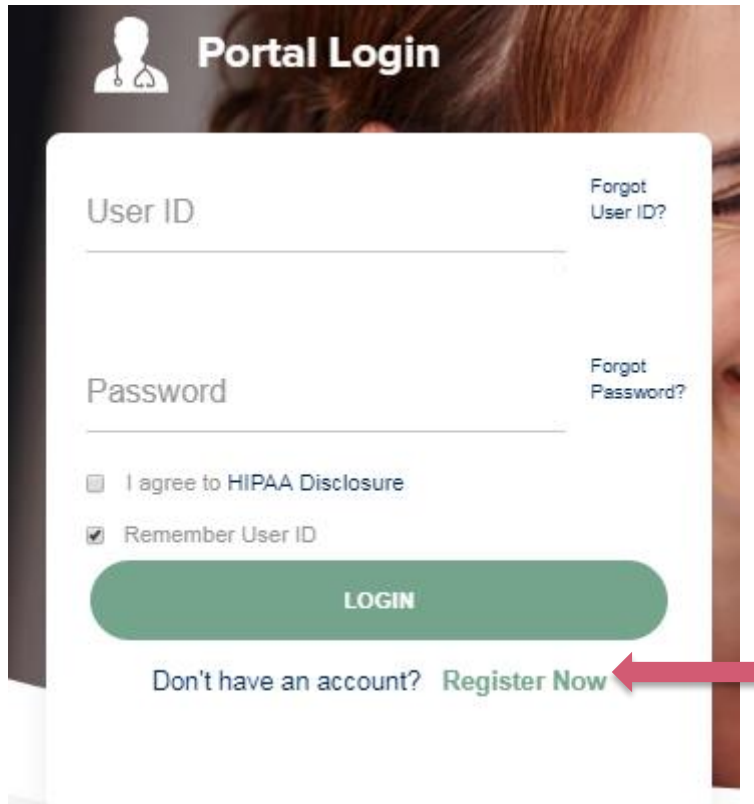
- Point web browser to evicore.com



- Login or Register

A screenshot of the "Portal Login" page on the eviCore healthcare website. The page features a white login form with a green "LOGIN" button. The form includes fields for "User ID" and "Password", each with a "Forgot" link. Below the password field, there are two checkboxes: "I agree to HIPAA Disclosure" (unchecked) and "Remember User ID" (checked). At the bottom of the form, there is a link that says "Don't have an account? Register Now". The background of the page shows a blurred image of a person's face.

Creating An Account



The screenshot shows a 'Portal Login' interface. At the top left is a white icon of a person with a stethoscope. To its right is the text 'Portal Login'. Below this is a white login form with two input fields: 'User ID' and 'Password'. To the right of the 'User ID' field is a link 'Forgot User ID?'. To the right of the 'Password' field is a link 'Forgot Password?'. Below the input fields are two checkboxes: 'I agree to HIPAA Disclosure' (unchecked) and 'Remember User ID' (checked). A large green rounded button labeled 'LOGIN' is centered below the checkboxes. At the bottom of the form, the text 'Don't have an account?' is followed by a green link 'Register Now'. A red arrow points from the right towards the 'Register Now' link.

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



Creating An Account



* Required Field

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*:

-Select-
CareCore National
Medsolutions

User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:	<input type="text"/>	Address*:	<input type="text"/> <input type="text"/>	Phone*:	<input type="text"/>
Email*:	<input type="text"/>	City*:	<input type="text"/>	Ext:	<input type="text"/>
Confirm Email*:	<input type="text"/>	State*:	Select <input type="text"/>	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	Zip*:	<input type="text"/>		
Last Name*:	<input type="text"/>	Office Name:	<input type="text"/>		

Next

➔ Select CareCore National or MedSolutions as the **Default Portal**, and complete the user registration form.

➔ Please note: For the MedSolutions portal, you will also need to select the appropriate **Account Type**: Facility, Physician, Billing Office, and Health Plan.

Creating An Account

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal:

User Registration

UserName:	MYoder	Address:	731 Cool Springs Blvd	Phone:	800-575-4517
Email:	evicorejedi1234@gmail.com	City:	Franklin	Ext:	
Account Type:	Physician	State:	TN	Zip:	37067
First Name:	Mallory	Office Name:	eviCore	Fax:	615-468-4408
Last Name:	Yoder				

Provider Information

Physician FirstName:	TEST	Physician LastName:	DOCTOR	Street Address:	730 COOL SPRINGS BLVD
State:	TN	Tax ID:	*****6789	NPI:	7417417410

Please read below to sign up as an appropriate user.

Physician: An Individual Practitioner, A Medical Group Practice or an assistant of a Physician who would create and check status of a Pre-authorization.

Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or Facility who would create and check status of a Pre-authorization.

Billing Office: A billing Office who can check the status of Pre-Authorization, claims and payments. If you represent multiple Tax IDs, please register with your Primary Tax ID. You can tie additional preferred Tax Ids after your initial login.

Health Plan: A Health Plan representative who can check the status of Pre-Authorization and Claims.

[Back](#)

[Submit Registration](#)



Review information provided, and click **“Submit Registration.”**

User Registration-Continued

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*: Medsolutions

User Registration

UserName: MYoder
Email: evicorejedi234@gmail.com
Account Type: Physician
First Name: Mallory
Last Name: Yoder

Provider Information

Physician FirstName: TEST Physician LastName: Yoder
State: TN Tax ID:

Please read below to sign up as an appropriate user.
Physician: An Individual Practitioner, A Medical Group Practice or an assistant
Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or Facility
Billing Office: A Billing Office or a group that has the status of Billing Office

USER REGISTRATION

User Access Agreement *Required

eviCore
Provider/Customer Access Agreement for Web-Based Applications

This Provider/Customer Access Agreement for Web-Based Applications ("Access Agreement") contains the terms and conditions for use by Provider/Customers of the web-based applications provided by eviCore through its Web Site. This Access Agreement applies to Provider/Customer and all employees and/or agents that have access to eviCore's web-based applications by utilizing a User ID and Personal Identification Number ("PIN"), Security Password, or other security device provided by eviCore, hereinafter referred to as "Users."

To obtain access to eviCore's Web Site applications, User must first read and agree to this Access Agreement. After reviewing these documents, User will be asked to accept the Access Agreement by checking the "Accept Terms and Conditions" check box. If User accepts, this will result in a binding contract between User and eviCore, just as if User had physically signed the Access Agreement.

Each and every time User accesses eviCore's web-based applications, User agrees to be bound by this Access Agreement, as it may be amended from time to time.

1. Limited License. Upon acceptance, eviCore grants Provider/Customer a revocable, nonexclusive, and nontransferable limited license to access electronically eviCore's web-based applications only so long as Provider/Customer is currently bound by a Provider/Customer Agreement (as used herein a "Provider/Customer Agreement" is an agreement to provide health care/medical services to members of health plans for which eviCore provides radiological services, whether it is with eviCore directly or said health plan(s)). The electronic access to and use of eviCore's web-based applications is subject to the terms and conditions of the Access Agreement.

Accept Terms and Conditions *

Submit Cancel

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




User Registration-Continued



Registration Successful

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



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

Create a Password

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

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



Change Password

Please set up a new password for your account.

Note: The password must be at least 8 characters long and contain at least one Uppercase letters, Lowercase letters, Numbers and Special character

Old Password*

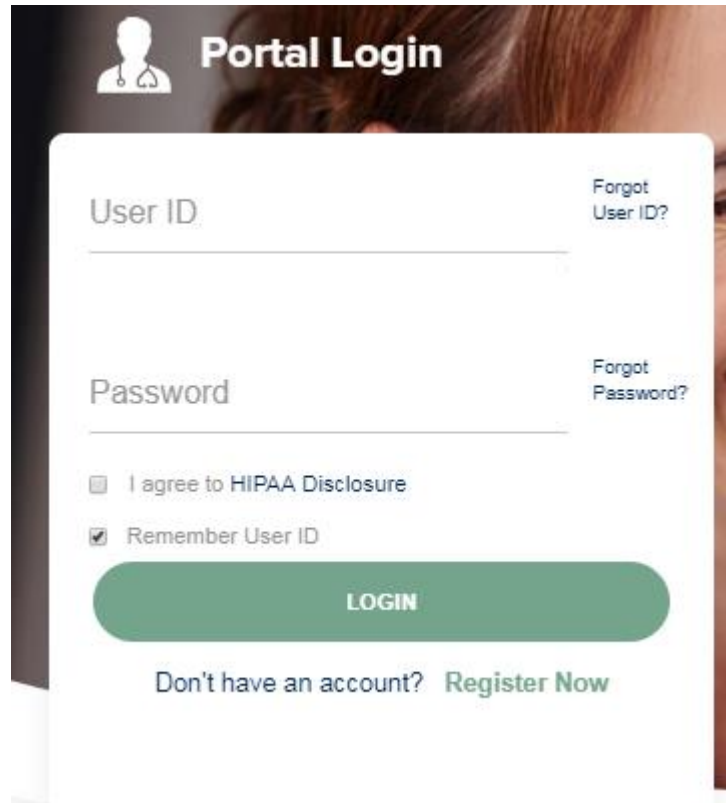
New Password*


Confirm New Password*

Continue

Cancel

Account Log-In



 **Portal Login**

User ID [Forgot User ID?](#)

Password [Forgot Password?](#)

I agree to HIPAA Disclosure

Remember User ID

LOGIN

Don't have an account? [Register Now](#)






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

Web Portal Overview

Legacy MedSolutions Portal

Announcement

Announcements Home Search/Start Case CareCore National Portal Post Acute Care

Announcements   

Important BCBS-KC Update - Posted on: 12 Dec 2022
All Radiology and Cardiology requests for BCBS-KC members can still be submitted through the MedSolutions portal. The change in process to the CareCore portal has been postponed. Please continue to submit these requests via the MedSolutions portal until further notice.

Cigna and CMA NEW POS Options for MSK- Posted on: 07 Dec 2022
[Cigna Healthcare](#) and [Cigna Medicare Advantage](#) Place of Service options now include **Ambulatory** and **Office** options in the dropdown for **MSK** requests. The Place of Service will still default to Inpatient or Outpatient, however, please remember to update to the appropriate Place of Service for your request. In addition, if Office is selected and Referring Physician is participating, the system will automatically select the 'Procedure to be performed at Requesting Physician's Office' checkbox.

National Contrast Shortage- Posted on: 11 May 2022
eviCore is aware of the contrast shortage. Our medical reviewers have received guidance with respect to the appropriate alternative imaging studies in accordance with our evidence-based clinical guidelines applicable to the individual case scenarios.

Aetna Sleep and MSK Migration- Posted on: 09 May 2022
Effective May 27, 2022, all Pain Management and Sleep online requests for [Aetna Health Management](#) & [Aetna Next Gen](#) members must be initiated on the CareCore National portal. After logging into your eviCore web account, if you are in the MedSolutions portal, you can select CareCore National Portal at the top to toggle over and submit your request. [Aetna Better Health](#) will remain unchanged.

Cigna Medicare Advantage rebrand- Posted on: 12 Apr 2022
Cigna has rebranded Cigna HealthSpring to [Cigna Medicare Advantage](#) starting 04/14/2022 across all eviCore platforms. Please ensure that you select Cigna Medicare Advantage when selecting the Health Plan from the drop down menu for any former HealthSpring member. There is no change to the Health Plan other than the name change.

CareCore Portal procedure programs- Posted on: 08 Apr 2022
Reminder -- For all Physical, Occupational, Speech, Chiropractic, Massage, or Acupuncture Therapy requests, or for Gastroenterology, Chemotherapy Drug, Specialty Drug, or Lab Management requests, please click the **CareCore National Portal** tab at the top because all of those programs will all be exclusive to the CareCore interface. If you do not have the CareCore National Portal tab at the top, please log out, go to www.evicore.com, then log in again.

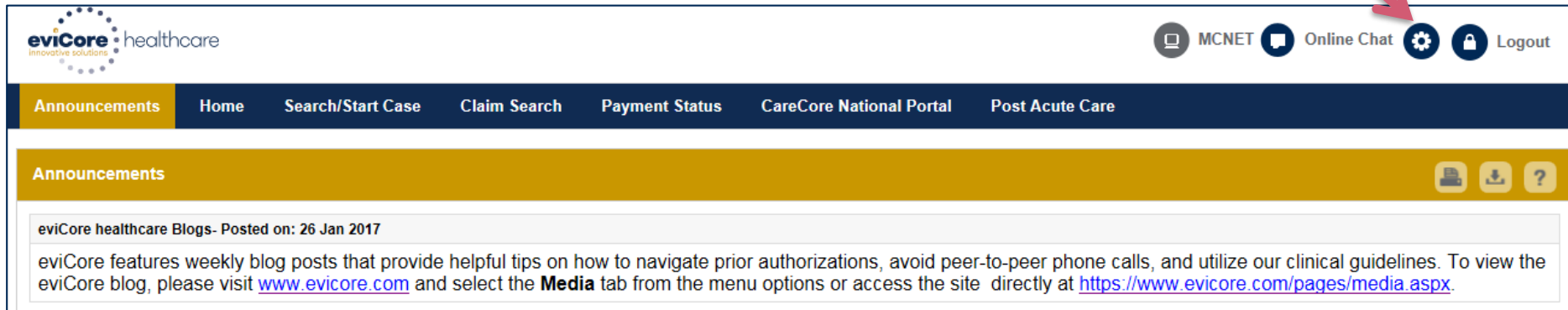
Once you have logged in to the site, you will be directed to the main landing page that includes important announcements.

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

Account Settings

The **Options Tool** allows you to access your Account Settings to update information:

- Change password
- Update user account information (address, phone number, etc.)
- Add additional Tax ID numbers of Physicians or Facilities




The screenshot shows the top navigation bar of the eviCore healthcare website. The logo "eviCore healthcare" is on the left. On the right, there are icons for MCNET, Online Chat, and a gear icon (the Options Tool) which is highlighted by a red arrow. Next to the gear icon is a lock icon and the text "Logout". Below the navigation bar is a dark blue menu with the following items: "Announcements", "Home", "Search/Start Case", "Claim Search", "Payment Status", "CareCore National Portal", and "Post Acute Care". Below the menu is a yellow "Announcements" section with a printer icon, a download icon, and a question mark icon. The first announcement is titled "eviCore healthcare Blogs- Posted on: 26 Jan 2017" and contains text about weekly blog posts and a link to the eviCore media page.

Account Settings

Adding **Preferred Tax ID numbers** will allow you to view the summary of cases submitted for those providers:

- Search for a Tax ID by clicking **Physician** or **Facility**.
- Confirm you are authorized to access PHI by clicking the check box, and hit Save.
- Tax ID's will dictate which authorization requests the user is allowed to view



Preferences

Please set up Preferred Provider Tax IDs for your account. You can search and add a Physician or Facility Tax ID. Adding preferred tax id would allow you to view the summary of cases submitted for these provider Tax IDs. The Case Summary can be viewed via Case Lookup, Patient History and Recently Submitted grids. It also allows you to view the Claims details of your preferred Facilities.

Physician Facility

Tax ID*

Preferred Tax IDs on my account

Tax ID	Provider Type
123456789	Physician <input type="button" value="X"/>

Before proceeding, you must confirm that you are authorized to access Protected Health Information (PHI) as defined under the Health Insurance Portability and Accountability Act on behalf of the Tax ID/s added.

You must also agree to limit your access to the minimum amount of information necessary to perform a permitted treatment or other health care operations activity.

In the event you obtain access to information that you are not authorized to view, please notify eviCore immediately.

Failure to comply with these terms may result in immediate termination of you and your organization's access to eviCore' website.

Privacy Breaches: Be very careful to check the ordering physician's full name, their specialty and the last four digits of their TIN or NPI before selecting them in this system. By sending patients' Protected Health Information (PHI) to physicians who are not the ordering physicians, you may be in violation of HIPAA Privacy regulations.

* I hereby agree that I have read and understood the above message

Search/Start Case

Home Tab

The Home Page will have two worklists: **My Pending Worklist** and **Recently Submitted Cases**

My Pending Worklist

- Save case information and complete case at a later time
- Submit additional clinical to a pending case after submission without having to fax

Recently Submitted Cases

- Cases that are pending review and/or cases recently approved or denied

My Pending Worklist - 0 Cases pending for additional case details or a completed survey will be deleted after 7 calendar days.

Clear Filters Refresh Data Save Preference

Case Number	Insurer Name	Patient Name	Date Of Birth	CPT Codes	ICD Codes	ICD Version	Referring Physician	Facility	Start Date
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No items to display

Recently Submitted Cases - 3

Start Date : 08/15/2019 End Date : 08/16/2019 Clear Filters Refresh Data Save Preference Only My Portal Cases

Case Number	Insurer Name	Patient Name	Date Of Birth	Case Status	Case Activity	Submit Date	Authorization Number	Effective Date	Expiration Date	Refer
118938509	MEDSOLUTIONS DEMO	BUBBLES M POWERPUFF	2/1/1990	Denied		8/16/2019				TEST
118938079	MEDSOLUTIONS DEMO	BUBBLES M POWERPUFF	2/1/1990	Canceled		8/16/2019				TEST
118937358	MEDSOLUTIONS DEMO	BUBBLES M POWERPUFF	2/1/1990	Canceled		8/16/2019				TEST

1 - 3 of 3 items

Search/Start Case – Member Lookup



PATIENT & CASE LOOKUP

Patient Search Result(s)

Patient Lookup

Insurer:* MEDSOLUTIONS DEN

Member ID: xyz0002

or

First Name:

Last Name:

Date of Birth:

Reset Search

*Select the Insurer (and) enter either the Member ID (or) Patient First Name, Last Name and Date of Birth

Case/Auth Lookup

Case ID Auth Number

Search

To conduct a **Patient Lookup**, first select the appropriate insurance company from the *Insurer* drop down. Next, enter the *Member ID* or *First Name*, *Last Name* and *Date of Birth* for the result to be returned.

For **Case/Auth Lookup**, you will only need to enter the *Case ID* or *Authorization Number* at the bottom of the page and tab over to hit **Search**.

Search/Start Case – Member Lookup

Patient Search Result(s)

Member ID	Patient Name	Date Of Birth	Gender	Address	Program	Program Effective Date	Program Term Date
XYZ00003	POWERPUFF, BLOSSOM	1/1/1990	FEMALE	123 MAIN ST, FRANKLIN, TN, 37067	MSI DEMO PROGRAM - PA REQ	1/1/2008	12/31/2999

1 - 1 of 1 items

PLEASE MAKE SURE YOU ARE SELECTING THE CORRECT PATIENT

Patient Detail Information

Member ID: XYZ00003 Gender: FEMALE Program: MSI DEMO PROGRAM - PA REQ
Name: POWERPUFF, BLOSSOM Address: 123 MAIN ST, FRANKLIN, TN, 37067 Program Effective Date: 1/1/2008
Date of Birth: 1/1/1990 Insurer: MEDSOLUTIONS DEMO Program Term Date: 12/31/2999

This is a eviCore DEMO Program [Create Case](#)

Patient History - 3 Records found

Case ID	Auth Number	Submit Date	Case Status	Case A
115410627		2/8/2019	Canceled	
113514865		10/23/2018	Canceled	
113514809	A43427366	10/23/2018	Approved	10/23/2018 12/22/2018 76805-Approved

1 - 3 of 3 items

Callouts:

- If a partial ID is put in the search box, a list of members will populate. A patient can be selected once the patient is highlighted blue. Please make sure you select the correct patient by verifying the patient's name and DOB before clicking **Create Case**.
- If there are cases associated with the patient, they will populate once the patient is selected. Double click on a case ID in the **Patient History** to open that case.

Case Creation – CPT/ICD Codes

- Begin typing the **CPT** and **ICD codes** or descriptions, then click the appropriate option with your cursor. Modifier selections will populate for the code, if applicable. The portal allows selection of unlimited CPT and ICD codes.
- A box will populate allowing you to enter the retro date of service if retrospective requests are able to be initiated via the web for the health plan specified.

eviCore healthcare

Online Chat Logout

Announcements Home Search/Start Case CareCore National Portal Post Acute Care

PATIENT & CASE LOOKUP CASE DETAIL

Patient Lookup

Case Creation – CPT/ICD Codes

Insurer: MEDSOLUTIONS DEMO Member ID: XYZ00002
Health Plan/Program: MSI DEMO PROGRAM - PA REQ
First Name: BOBBY Last Name: HILL Date of Birth: 2/1/1974 Gender: MALE

Member ID: xyz00002 OR

First Name: Last Name: Date of Birth: Reset Search

*Select the Insurer (and) enter either the Member ID (or) Patient First Name, Last Name and Date of Birth

Case/Auth Lookup Case ID Auth Number Search

CPT/ICD CPT Codes : ICD Codes :

CPT Codes

Search:

Code	Description	Modifier
73721	MRI Lower Extremity, any joint; without contrast material(s)	LT

Diagnosis

ICD 9 ICD 10

Search:

Code	Description
M25.562	Pain in left knee

Please select the Date Of Service

Please do not Enter a Date of Service if the test is being performed today or in the future.

Save & Next

Case Creation – Ordering Physician

- Select from a default **Physician** or search by **Name**, **Tax ID**, or **NPI** number, and select the state.
- Once the correct physician displays, select by clicking on the record. Then hit **“Save & Next.”**
- There is the option to **“Use Referring Physician as Requested Facility,”** if appropriate.

PATIENT & CASE LOOKUP

Patient Lookup

Insurer:* MEDSOLUTIONS DEM

Member ID: xyz00002

or

First Name:

Last Name:

Date of Birth:

*Select the Insurer (and) enter either the Member ID (or) Patient First Name, Last Name and Date of Birth

Case/Auth Lookup

Case ID Auth Number

CASE DETAIL

Member

Insurer: MEDSOLUTIONS DEMO Member ID: XYZ00002

Health Plan/Program: MSI DEMO PROGRAM - PA REQ

First Name: BOBBY Last Name: HILL Date of Birth: 2/1/1974 Gender: MALE

CPT/CD

CPT Codes : 73721 ICD Codes : M25.562

Physician

Use Referring Physician as Requested Facility

Physician Search

First Name: Test Tax ID: State: TN

Last Name: Doctor NPI:

Enter the First Name and Last Name or Tax Id or NPI.

First Name	Last Name	Address	City	State	Zip Code	NPI	Tax ID
TEST	DOCTOR	730 COOL SPRINGS BLVD	FRANKLIN	TN	370677289	7417417410	*****6789
TEST	DOCTOR	730 COOL SPRINGS BLVD	FRANKLIN	TN	370677289	7417417410	*****6789
TEST	DOCTOR	730 COOL SPRINGS BLVD	FRANKLIN	TN	370677289	7417417410	*****6789
TEST	DOCTOR	730 COOL SPRINGS BLVD	FRANKLIN	TN	370677289	7417417410	*****6789
TEST	DOCTOR	730 COOL SPRINGS BLVD	FRANKLIN	TN	370677289	7417417410	*****6789

1 - 5 of 8 items

Case Creation – Facility

- Select from a default **Facility** or search by clicking the **Search Facility** button and entering the **Facility Name**, **Tax ID**, or **NPI** number. For in-office procedures, click the Look-Up IOP button, and choose from the list.
- Once the correct facility displays, select by clicking on the record. Then hit **“Save & Next.”**



Online Chat Logout

Announcements Home Search/Start Case CareCore National Portal Post Acute Care

PATIENT & CASE LOOKUP

Patient Lookup

Insurer: MEDSOLUTIONS DEI

Member ID: xyz00002

OR

First Name:

Last Name:

Date of Birth:

Reset
Search

*Select the Insurer (and) enter either the Member ID (or) Patient First Name, Last Name and Date of Birth

Case/Auth Lookup

Case ID Auth Number

Search

CASE DETAIL

Member Member ID: XYZ00002

Insurer: MEDSOLUTIONS DEMO

Health Plan/Program: MSI DEMO PROGRAM - PA REQ

First Name: BOBBY Last Name: HILL Date of Birth: 2/1/1974 Gender: MALE

CPT/ICD CPT Codes : 73721 ICD Codes : M25.562

Physician Physician Name: DOCTOR , TEST , Tax ID : *****8789 , NPI : 7417417410

Facility ?

Please choose one of the following facilities:

Facility Name	Address	Distance	Equipment	Tax Id	NPI	Taxonomy Codes
TEST FACILITY FOR PORTAL	PO, NASHVILLE, AA, 37211	9.47	3D CONFORMAL, ARTHROGRAM, BRACHYTHERAPY, COMP JOINT, COMP MSK, COMP SPINE, CT, GEN XRT, IMRT, MRI, MYELOGRAM, NCM, NEUTRON BEAM, OPEN MR, PAIN MGMT, PET PET/CT, PROTON	*****8789		

1 - 2 of 2 items

Search Facility
Save & Next

Case Creation – Review and Submit

- You can edit the CPT/ICD codes, Physician, and Facility information by clicking the “Edit” icons next to the field that needs to be updated.
- Review the case information, then **click Submit**. Case details cannot be changed on the portal once you hit this button. Any changes after submission would need to be made via phone.
- Once you hit Submit, you will receive an automatic approval, or you will be prompted to respond to the clinical questions for additional information.
- We are happy to announce a new feature on this page for status change e-notifications! This allows you to receive an email (e-notification) for any updates to status for this case.



Online Chat Logout

Announcements Home **Search/Start Case** CareCore National Portal Post Acute Care

PATIENT & CASE LOOKUP **CASE DETAIL**

Patient Lookup

Insurer*: MEDSOLUTIONS DEM

Member ID: xyz00002

OR

First Name:

Last Name:

Date of Birth:

Reset Search

*Select the Insurer (and) enter either the Member ID (or) Patient First Name, Last Name and Date of Birth

Case/Auth Lookup

Case ID Auth Number

Search

Member

Insurer: MEDSOLUTIONS DEMO Member ID: XYZ00002

Health Plan/Program: MSI DEMO PROGRAM - PA REQ

First Name: BOBBY Last Name: HILL Date of Birth: 2/1/1974 Gender: MALE

CPT/ICD

CPT Codes : 73721 ICD Codes : M25.562

Physician

Physician Name: DOCTOR , TEST , Tax ID : *****6789 , NPI : 7417417410

Facility

Facility Name: TEST FACILITY FOR PORTAL , Tax ID : *****6789 , NPI :

Please review the case details before submitting the case. You can edit the CPT/ICD, Physician and Facility information. The case details can't be changed once you press the 'Submit' button. Once the case is submitted, you may be presented with a Survey to answer few questions about this request.

All Fax notifications for this case will be sent to (999) 999-9999. Please verify that it is correct. If you would like to change your Fax number, please click on the gear icon on the top right of the page for the Account Info screen.

Until a case number appears for this request, it is not a submitted case and it will not be reviewed for medical necessity. Please ensure all steps are completed in order to receive a case number.

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.

I would like to receive email notifications when there is a change to the status of this case.

Notifications will be emailed to amynlibby@gmail.com, please verify that is the correct. If you would like to change your email address, please update now.

xxx@gmail.com This email will also be updated on the account info screen in the eNotification Email ID field.

Submit

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

Providing Clinical Information

- If applicable, you will be asked a series of questions beginning with a reason for the request.
- Select from the dropdown, or enter a rationale in the text box if none of the options are applicable.

Survey Submit Later

Note: Please complete questions below to receive an immediate notification as to whether the case is approved or if additional clinical information is required.

1 Which anatomy will be examined with the requested study?
 Hip Knee Ankle

Submit Review History

?

* 73721 MRI of lower extremity joint (ankle, knee or hip) without dye

Please select "Submit" to continue

Survey Submit Later

Note: Please complete questions below to receive an immediate notification as to whether the case is approved or if additional clinical information is required.

1 Which side will be examined with the requested study?
 Left Right

Submit Review History

?

* 73721 MRI of lower extremity joint (ankle, knee or hip) without dye

Please select "Submit" to continue

2 Which anatomy will be examined with the requested study?
 Knee

Providing Clinical Information

- Respond to the clinical questions that populate based upon the answers provided. You may save/print this information and come back at a later time, if needed. Cases will remain in your pending work list for seven calendar days.
- Select “**Submit**” to submit the survey answers.

Survey

Submit Later

Note: Please complete questions below to receive an immediate notification as to whether the case is approved or if additional clinical information is required.

① Which one of the following best describes the reason for the requested study?

Submit Review History



* 73721 MRI of lower extremity joint (ankle, knee or hip) without dye

Please select "Submit" to continue

☐ Which anatomy will be examined with the requested study?

✔ Knee

☐ Which side will be examined with the requested study?

✔ Right

Providing Clinical Information

- Once the survey questions have been submitted, you may receive an approval based upon the answers/information provided.
- If additional review is required, the decision criteria will populate, and you can print the criteria guidelines if needed.

Survey

Submit Later

Note: Please complete questions below to receive an immediate notification as to whether the case is approved or if additional clinical information is required.

Based on the clinical information provided, this is consistent with eviCore Evidence based Clinical Guidelines.

Which action would you like to take?

- Continue
- Voluntarily Cancel Request

Submit Review History

Which anatomy will be examined with the requested study?

Knee

Which side will be examined with the requested study?

Right

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

Evaluation of Knee Pain

Please enter the approximate date of the most recent face-to-face evaluation with any provider for this condition.

12/01/2018

Has there been provider-directed conservative treatment for this episode of xxx yyy pain?

Providing Clinical Information

- You can choose to “**Submit for Additional Review**” to proceed to the clinical upload and review process, or you may “**Voluntarily Cancel Request.**”
- Cancelling the request ensures there will not be a denial in the patient’s history.

Based on the clinical information provided, this is consistent with eviCore Evidence based Clinical Guidelines.

① Which action would you like to take?

- Continue
- Voluntarily Cancel Request

Providing Clinical Information

rt Case Claim Search Payment Status

CASE DETAIL

Request for Additional Clinical Documentation

Your request will require additional Medical Review. Additional Clinical information relevant to this request will help avoid delays in the review process.

(Examples of Clinical Information : Recent Member History, Physical Exam Results, Lab Results, Prior Imaging Results, Prior Treatment)

You must select one of the following:

- Attach / Add additional clinical information now
- Will Fax or Call to provide additional clinical information
- There is no additional clinical information to provide

Depending upon the health plan, specific options for providing clinical will be available. You will then be asked to attached the electronic clinical information available.

Continue

Providing Clinical Information

Upload Additional Clinical Documentation [X]

Additional Documentation [?]

Warning: Please be sure and review that the attachments or notes apply to this case. Adding clinical information to the wrong case could result in a HIPAA violation.

File Name [] [Browse]

No attachments saved

Clinical Notes

Note Text []

Maximum Character limit on each note is 5000.

[]

No notes saved [Save]

[Apply] [Cancel]

You can attach clinical notes or documents by clicking Browse and selecting the correct file(s) located on your computer.

You can type in free text notes as clinical information. Hit save for any notes entered in the text box.

Hit Apply to continue or Cancel to add additional information at a later time.

Providing Clinical Information

Upload Additional Clinical Documentation

Additional Documentation ?

Warning: Please be sure and review that the attachments or notes apply to this case. Adding clinical information to the wrong case could result in a HIPAA violation.

File Name

Browse

No attachments saved

Clinical Notes

Note Text

test

Maximum Character limit on each note is 5000.

Apply Cancel

Message from webpage

! Your Clinical documentation has been sent to eviCore for further review.

OK

Once you click Apply you will receive a message that your documentation has been accepted and that your case has been sent for medical review.

Case Summary Page – Pending Case

- Once you submit a case for medical review, you will be redirected to the **Pending Case Summary Page** where you'll be able to view case information including case number and current status/activity.

CASE SUMMARY



Thank you for submitting your preauthorization request. The case has been sent to eviCore for further review.
If you have any questions please contact eviCore at 888-693-3211.

Case/Authorization

Service Order: 118937368 Initiated Date: 08/16/2019 Case Activity: Physician Review Process Case Status: Pending

Patient

First Name: BUBBLES
Last Name: POWERPUFF
Date of Birth: 02/01/1990
Address: 123 MAIN ST, FRANKLIN, TN, 37067
Phone:
Member ID: XYZ00004
Insurer: MEDSOLUTIONS DEMO
Program: MSI DEMO PROGRAM - PA REQ

Referring Physician

First Name: TEST
Last Name: DOCTOR
Address: 730 COOL SPRINGS BLVD, FRANKLIN, TN, 370677289
Phone : 999/999-9999
Fax : 999/999-9999
Specialty: ALLERGY,OPTICIAN
Tax ID: *****8789
NPI: 7417417410

Requested Facility

Name: TEST FACILITY FOR PORTAL
Address: PO, NASHVILLE, AA, 37211
Phone: 123/123-1231
Fax: 123/123-1231
Equipment: 3D Conformal,Performs Arthrograms,Brachytherapy,Comprehensive Joint,Comprehensive Musculoskeletal,Comprehensive Spine,CT Scan,General Radiation Therapy,IMRT,MRI Scan,Performs Myelograms,Nuclear Medicine study,Neutron Beam Treatment Delivery,MRI Open and Closed,Pain Management,PET Study,PET/CT Scanner,Proton Beam Therapy,Spine Surgery - Spine Fusion,Ultrasound
Tax ID: *****8789
Taxonomy Code:
NPI:

CPT Codes

CPT Code	Units	Description	CPT Status	Cpt Modifier
73721	1	MRI Lower Extremity, any joint; without contrast material(s)	Pending	

1 - 1 of 1 items

Diagnosis Codes

ICD Code	ICD Version	Description
R68.89	10	OTHER GENERAL SYMPTOMS AND SIGNS

1 - 1 of 1 items

Additional Documentation

File Name

Clinical Notes

Note Text

Case Summary Page – Approved Case

- The **Approved Case Summary Page** will provide case information such as the authorization number and effective/end date of the authorization.

CASE SUMMARY ? 🖨️

Thank you for submitting your preauthorization request. The Case has been Approved.

Case/Authorization

Service Order: 118938079	Authorization Number: A48197107	Auth Effective Date: 08/16/2019	Auth End Date: 10/15/2019
Initiated Date: 08/16/2019	Decision Date: 08/16/2019	Decision Type: Initial	Case Status: Approved

Patient

Referring Physician

Requested Facility

First Name: BUBBLES

Last Name: POWERPUFF

Date of Birth: 02/01/1990

Address: 123 MAIN ST, FRANKLIN, TN, 37067

Phone:

Member ID: XYZ00004

Insurer: MEDSOLUTIONS DEMO

Program: MSI DEMO PROGRAM - PA REQ

First Name: TEST

Last Name: DOCTOR

Address: 730 COOL SPRINGS BLVD, FRANKLIN, TN, 370877289

Phone : 9999999999

Fax : 9999999999

Specialty: ALLERGY,OPTICIAN

Tax ID: *****8789

NPI: 7417417410

Name: TEST FACILITY FOR PORTAL

Address: PO, NASHVILLE, AA, 37211

Phone: 1231231231

Fax: 1231231231

Equipment: 3D CONFORMAL, ARTHROGRAM, BRACHYTHERAPY, COMP JOINT, COMP MSK, COMP SPINE, CT, GEN XRT, IMRT, MRI, MYELOGRAM, NCM, NEUTRON BEAM, OPEN MR, PAIN MGMT, PET, PET/CT, PROTON BEAM, SPECT, SPINE FUSION, TEE, US, USGENERAL, USGUIDEDPROC, USGYN, USOB

Tax ID: *****8789

Taxonomy Code:

NPI:

CPT Codes

Diagnosis Codes

CPT Code	Units	Description	CPT Sta...	Cpt Modifier
73721	1	MRI Lower Extremity, any joint; without contrast material(s)	Approved	

1 - 1 of 1 items

ICD Code	ICD Version	Description
R88.89	10	Other general symptoms and signs

1 - 1 of 1 items

Additional Documentation

Clinical Notes

File Name

Note Text

Case Summary Page – Denied Case

- The **Denied Case Summary Page** will provide case information as well as the denial rationale. Case Summary reports can be accessed/printed at any time.

CASE SUMMARY ? 🖨️

Thank you for submitting your preauthorization request. The Case has been Denied.

Case/Authorization

Service Order: 118938509 Initiated Date: 08/16/2019 Decision Date: 08/16/2019 Decision Type : Initial

Case Status: Denied

Patient

First Name: BUBBLES
Last Name: POWERPUFF
Date of Birth: 02/01/1990
Address: 123 MAIN ST, FRANKLIN, TN, 37067
Phone:
Member ID: XY200004
Insurer: MEDSOLUTIONS DEMO
Program: MSI DEMO PROGRAM - PA REQ

Referring Physician

First Name: TEST
Last Name: DOCTOR
Address: 730 COOL SPRINGS BLVD, FRANKLIN, TN, 370677289
Phone : 999/999-9999
Fax : 999/999-9999
Specialty: ALLERGY,OPTICIAN
Tax ID: *****8789
NPI: 7417417410

Requested Facility

Name: TEST FACILITY FOR PORTAL
Address: PO, NASHVILLE, AA, 37211
Phone: 123/123-1231
Fax: 123/123-1231
Equipment: 3D Conformal,Performs Arthrograms,Brachytherapy,Comprehensive Joint,Comprehensive Musculoskeletal,Comprehensive Spine,CT Scan,General Radiation Therapy,IMRT,MRI Scan,Performs Myelograms,Nuclear Medicine study,Neutron Beam Treatment Delivery,MRI Open and Closed,Pain Management,PET Study,PET/CT Scanner,Proton Beam Therapy,Spine Surgery – Spine Fusion,Ultrasound
Tax ID: *****8789
Taxonomy Code:
NPI:

CPT Codes

CPT C...	U...	Description	CPT S...	Denial Rationale Description	Cpt Mod...
73721	1	MRI Lower Extremity, any joint; without contrast material(s)	Denied	The requested procedure(s) is/are not reviewed by eviCore healthcare based on the clinical indications submitted.	

1 - 1 of 1 items

Diagnosis Codes

ICD Code	ICD Version	Description
R68.89	10	OTHER GENERAL SYMPTOMS AND SIGNS

1 - 1 of 1 items

Additional Documentation

File Name

Clinical Notes

Note Text

Provider Resources

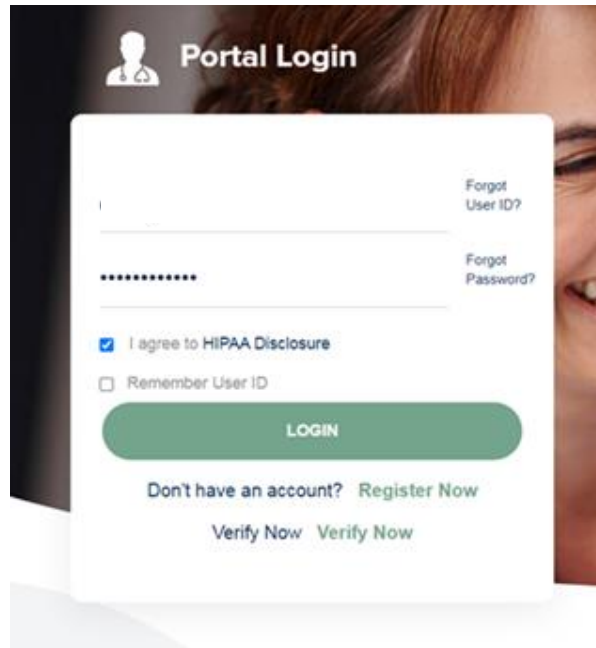
MedSolutions Online Peer to Peer Scheduling



Empowering
the Improvement
of Care

MedSolutions Online Peer to Peer Scheduling

- Log into your account at www.evicore.com



The image shows a 'Portal Login' form overlaid on a background image of a woman's face. The form is white with a green 'LOGIN' button. It includes fields for User ID and Password, a checkbox for 'I agree to HIPAA Disclosure', and a checkbox for 'Remember User ID'. There are also links for 'Forgot User ID?', 'Forgot Password?', 'Don't have an account? Register Now', and 'Verify Now'.

Portal Login

[Forgot User ID?](#)

[Forgot Password?](#)

I agree to HIPAA Disclosure

Remember User ID

LOGIN

Don't have an account? [Register Now](#)

[Verify Now](#) [Verify Now](#)

MedSolutions Online Peer to Peer Scheduling

- Select the "home" tab, and see all requests recently submitted

The screenshot displays the MedSolutions Online Peer to Peer Scheduling interface. At the top, a navigation bar includes tabs for "Announcements", "Home", "Search/Start Case", "CareCore National Portal", and "Post Acute Care". A red arrow points to the "Home" tab. Below the navigation bar, there are two main sections:

My Pending Worklist - 4: Cases pending for additional case details or a completed survey will be deleted after 7 calendar days. This section contains a table with the following data:

Case Number	Insurer Name	Patient Name	Date Of Birth	CPT Codes	ICD Codes	ICD Version	Referring Physician	Facility	
✗	AETNA HEALTH MANAGEMENT			70450					6/
✗	CIGNA HEALTHCARE								6/
	CIGNA HEALTHCARE								6/
✗	CIGNA HEALTHCARE								5/

Recently Submitted Cases - 10: This section includes filters for "Start Date" (06/01/2021) and "End Date" (06/02/2021). It contains a table with the following data:

Case Number	Insurer Name	Patient Name	Date Of Birth	Case Status	Case Activity	Submit Date	Authorization Number	Effective Date	Expiration Date
	CIGNA HEALTHCARE			Denied		6/1/2021			
	AETNA BETTER HEALTH OF LOUISIANA			Denied		6/1/2021			
	CIGNA HEALTHCARE			Denied		6/1/2021			
	CIGNA HEALTHCARE			Pending	Pending Outreach	6/1/2021			

MedSolutions Online Peer to Peer Scheduling

- Double click on the case to check the status and options for a peer to peer

Case/Authorization

Service Order: | Initiated Date: 06/01/2021 Decision Date: 06/01/2021 Decision Type : Initial

Case Status: Denied Date Of Service:

P2P AVAILABILITY

Patient

First Name:
Last Name:
Date of Birth:
Address:

Phone:
Member ID:
Insurer:
Program:

Referring Physician

First Name:
Last Name:
Address:
Phone :
Fax :
Specialty:
Tax ID:
NPI:

Requested Facility

Name:
Address:

Phone:
Fax:
Equipment:
Tax ID:
Taxonomy Code
NPI:

CPT Codes

CPT ...	U ...	Description	CPT ...	Denial Rationale Description	Cpt Mod ...
70450	1	CT HEAD or Brain, without contrast	Denied	Based on eviCore Head Imaging Guidelines Section(s): HD 11.1 Headache Non-Indications, we cannot	

1 - 1 of 1 items

Diagnosis Codes

ICD Code	ICD Version	Description
M10.00	10	IDIOPATHIC GOUT, UNSPECIFIED SITE

1 - 1 of 1 items

Additional Documentation

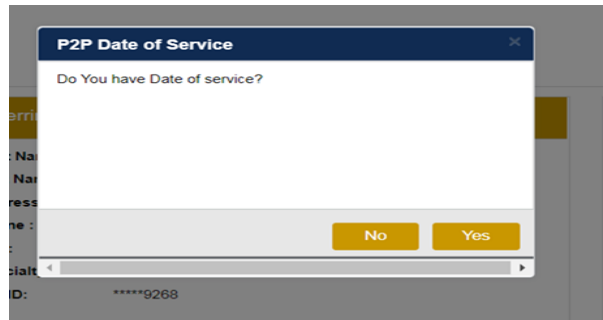
File Name

Clinical Notes

Note Text

MedSolutions Online Peer to Peer Scheduling

- You will then be asked questions about the date of service.



A screenshot of a web application dialog box titled "P2P Date of Service". The dialog box has a dark blue header with a close button (X) on the right. The main content area is white and contains the question "Do You have Date of service?". At the bottom of the dialog box, there are two yellow buttons: "No" and "Yes". The dialog box is overlaid on a blurred background of a web form.




A screenshot of a web application dialog box titled "Date of Service". The dialog box has a dark blue header with a close button (X) on the right. The main content area is white and contains the text "Enter Date Of Service:" followed by a text input field with a date mask "mm/dd/yyyy" and a calendar icon. At the bottom right of the dialog box, there is a yellow "Submit" button. The dialog box is overlaid on a blurred background of a web form.

MedSolutions Online Peer to Peer Scheduling

- You will see a list of options for the denied case, including a peer to peer (if available). Click “continue”

New P2P Request



Case Ref #: Remove

! This case allows for a Reconsideration before a Peer to Peer discussion is needed. To request a Reconsideration with a clinical Nurse, please call [redacted]. You may also submit a Reconsideration via fax at [redacted]. To proceed with scheduling a Peer to Peer discussion with an eviCore physician, click 'Continue' to proceed. Please note – if you proceed with scheduling, your opportunity to request a Reconsideration may be exhausted.

Member Information	Case P2P Information
Name DOB State Health Plan Member ID	Episode ID P2P Valid Until Modality Level of Review: Informal P2P System Name

[Continue](#)

MedSolutions Online Peer to Peer Scheduling

- 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.

Case Info Questions Schedule Confirmation

Case Info

1st Case

Case #
Episode ID
Member Name
Member DOB
Member State
Health Plan
Member ID
Case Type
Level of Review Informal 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 >

MedSolutions Online Peer to Peer Scheduling

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

The screenshot displays the MedSolutions Online Peer to Peer Scheduling interface. At the top, it shows navigation options: "← Prev Week", "6/2/2021 - 6/8/2021 (Upcoming week)", and "Next Week →". Below this, there are two weekly appointment grids, each with a "1st Priority by Skill" label.

Grid 1 (Top):

Day	Wed 6/2/21	Thu 6/3/21	Fri 6/4/21	Sat 6/5/21	Sun 6/6/21	Mon 6/7/21	Tue 6/8/21
5:00 pm EDT				-	-	11:30 am EDT	11:30 am EDT
5:15 pm EDT						11:45 am EDT	2:00 pm EDT
5:45 pm EDT						12:00 pm EDT	2:15 pm EDT
6:00 pm EDT						12:15 pm EDT	2:30 pm EDT
Show more...		Show more...	Show more...			Show more...	Show more...

Grid 2 (Bottom):

Day	Wed 6/2/21	Thu 6/3/21	Fri 6/4/21	Sat 6/5/21	Sun 6/6/21	Mon 6/7/21	Tue 6/8/21
-		8:45 am EDT	8:45 am EDT	-	-	8:45 am EDT	-
		9:30 am EDT	9:00 am EDT			9:00 am EDT	
		10:00 am EDT	9:15 am EDT			9:15 am EDT	
		10:15 am EDT	9:30 am EDT			9:30 am EDT	
		Show more...	Show more...			Show more...	

MedSolutions Online Peer to Peer Scheduling

Confirm Contact Details

- Contact Person Name and Email Address will auto-populate per your user credentials
- Be sure to update the following fields so we can reach the right person
 - Name of Provider requesting P2P
 - Phone number for P2P
 - Contact instructions

P2P Info

Date 📅 Wed 6/2/21
Time 🕒 6:00 pm EDT
Reviewing Provider 👤

Case Info

1st Case

Case #
Episode ID
Member Name
Member DOB
Member State
Health Plan
Member ID
Case Type
Level of Review

Informal P2P

P2P Contact Details

Name of Provider Requesting P2P

Contact Person Name

Contact Person Location
Provider Office

Phone Number for P2P
(xxx) xxx-xxxx Phone Ext.

Alternate Phone
(xxx) xxx-xxxx Phone Ext.

Requesting Provider Email

Contact Instructions
Contact Instructions

Submit >

MedSolutions Online Peer to Peer Scheduling

- You will see a summary screen with the date and time of the peer to peer.
Your appointment has been scheduled.

Contact Details

Name of Provider Requesting P2P
Contact Person Name
Contact Person Location
Requesting Provider Email
Phone Number for P2P
Alternate Contact Phone
Contact Instruction

Cases

1st Case

Case #
Episode ID
Member Name
Member DOB
Member State
Health Plan
Member ID
Case Type
Level of Review Informal P2P

Scheduled

Wed 6/2/21 - 6:00 pm EDT SCHEDULED

Activity

6/2/21 - 4:48 PM | scheduled this request with |

Eligibility 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	Med Solutions Portal
------	-----------------------	----------------------	---------------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------	----------------------

Tuesday, January 21, 2020 10:46 AM

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

Eligibility Lookup

Health Plan: **Wellcare**
Patient ID: **76077124246**
Member Code:
Cardiology Eligibility: **Precertification is Required**
Radiology Eligibility: **Precertification is Required**
Radiation Therapy Eligibility: **The procedure for the member's plan does not require preauthorization with eviCore healthcare at this time. If you have questions regarding this member's benefits or eligibility, please contact the health plan using the phone number [REDACTED] ID card.**
MSM Pain Mgt Eligibility: **Precertification** Building Additional Cases
Sleep Management Eligibility: **Precertification is Required**

[PRINT](#) [DONE](#) [SEARCH AGAIN](#)

[Click here for help](#)

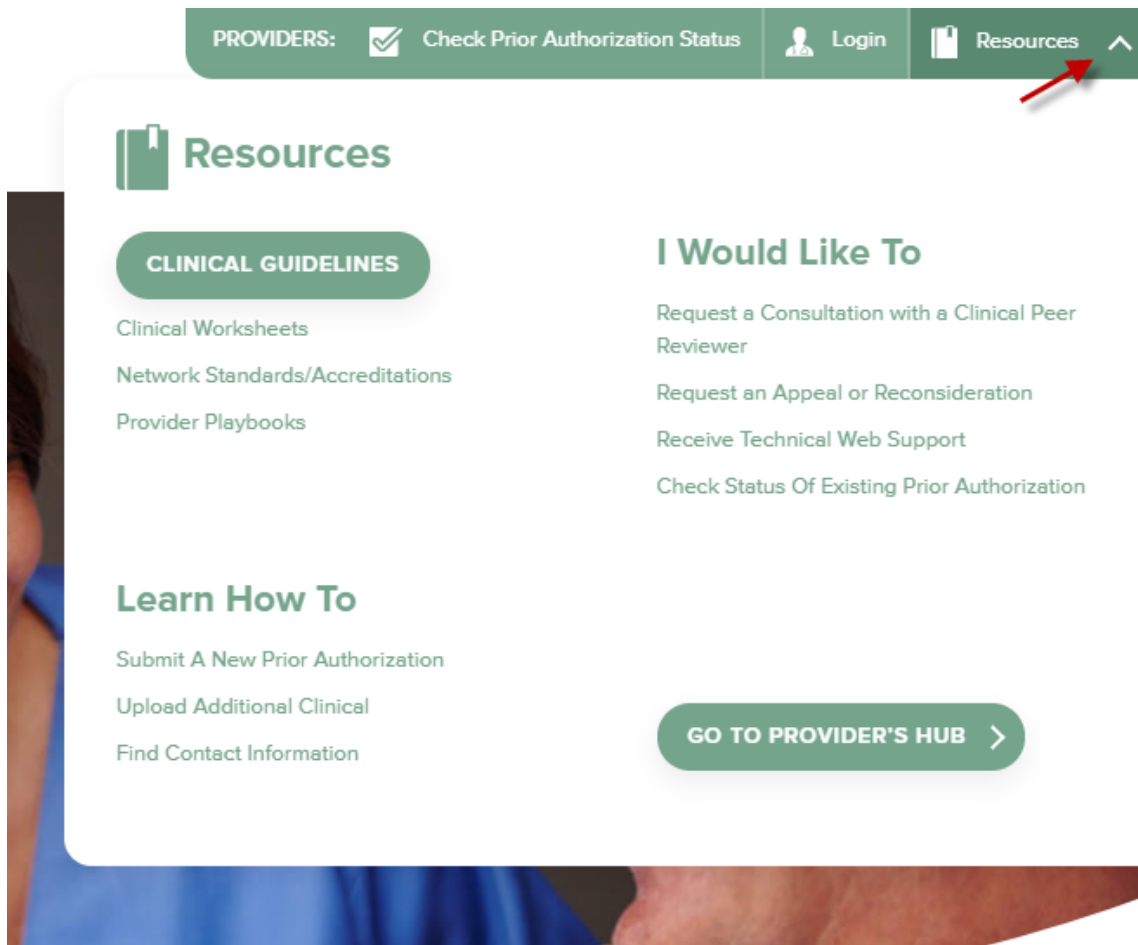
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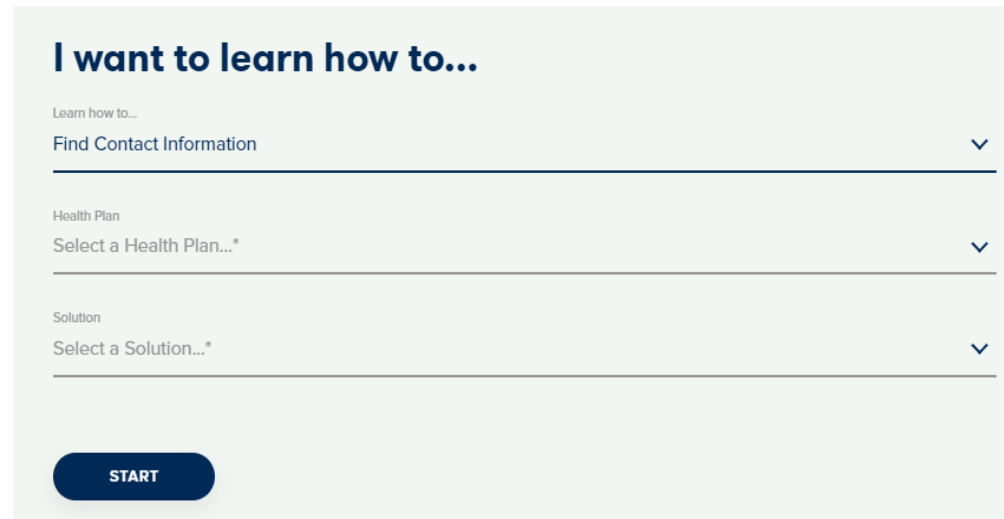
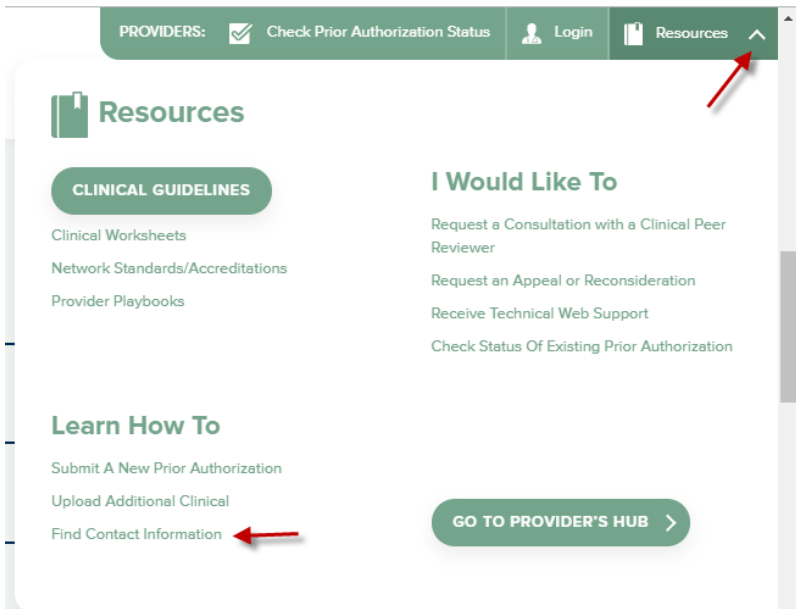
You may also confirm the patient's eligibility by selecting the **Eligibility Lookup** tab.

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.

Web Portal Services-Assistance

Email portal.support@evicore.com

Call a Web Support Specialist at
(800)646-0418 (Option 2)

Connect with us via Live Chat

Web Portal Services-Available 24/7



Thank You!

