

Radiology and Cardiology Management

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.

Advanced Imaging & Cardiology Services

Covered Advanced Imaging Services:

- CT, CTA
- MRI, MRA
- PET

Cardiology Services:

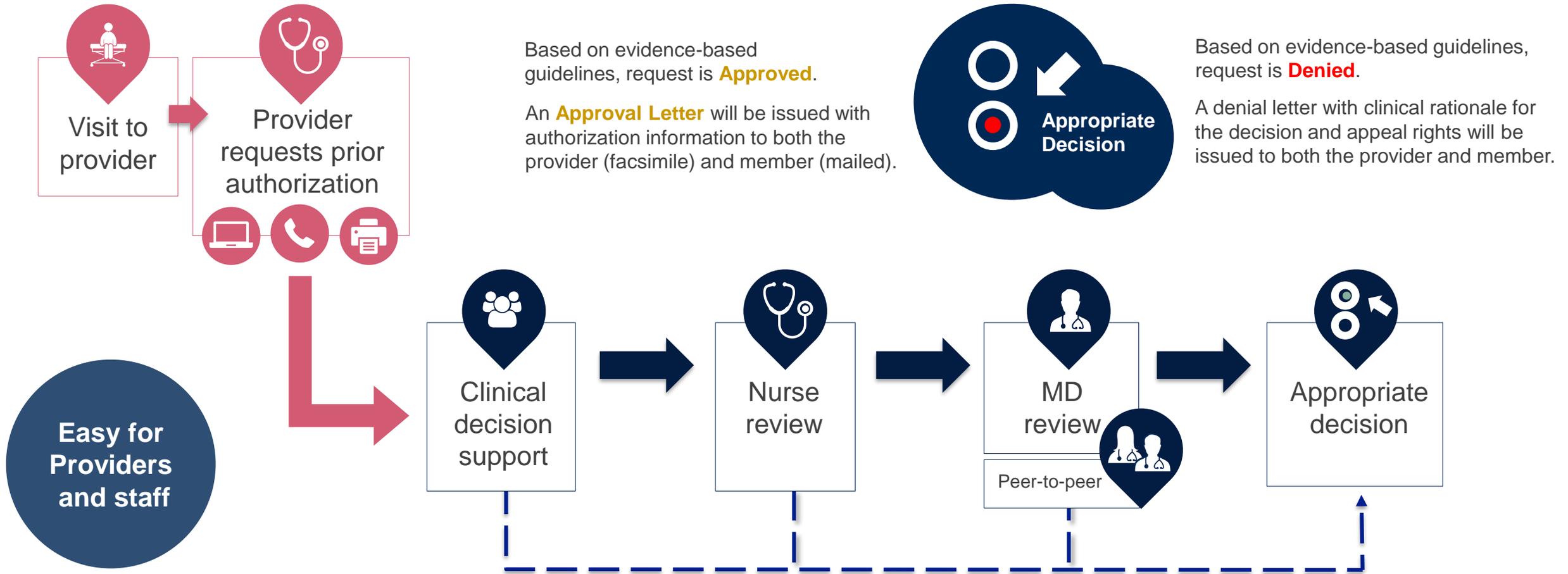
- Cardiac MR
- Cardiac CT
- Cardiac PET
- Nuclear Stress
- Echo
- Stress Echo
- Diagnostic Heart Cath



To find a **complete list** of radiology Current Procedural Terminology (CPT) codes that **require prior authorization through eviCore**, please visit:
<https://www.evicore.com/resources/healthplan/banner-health>

Submitting Requests

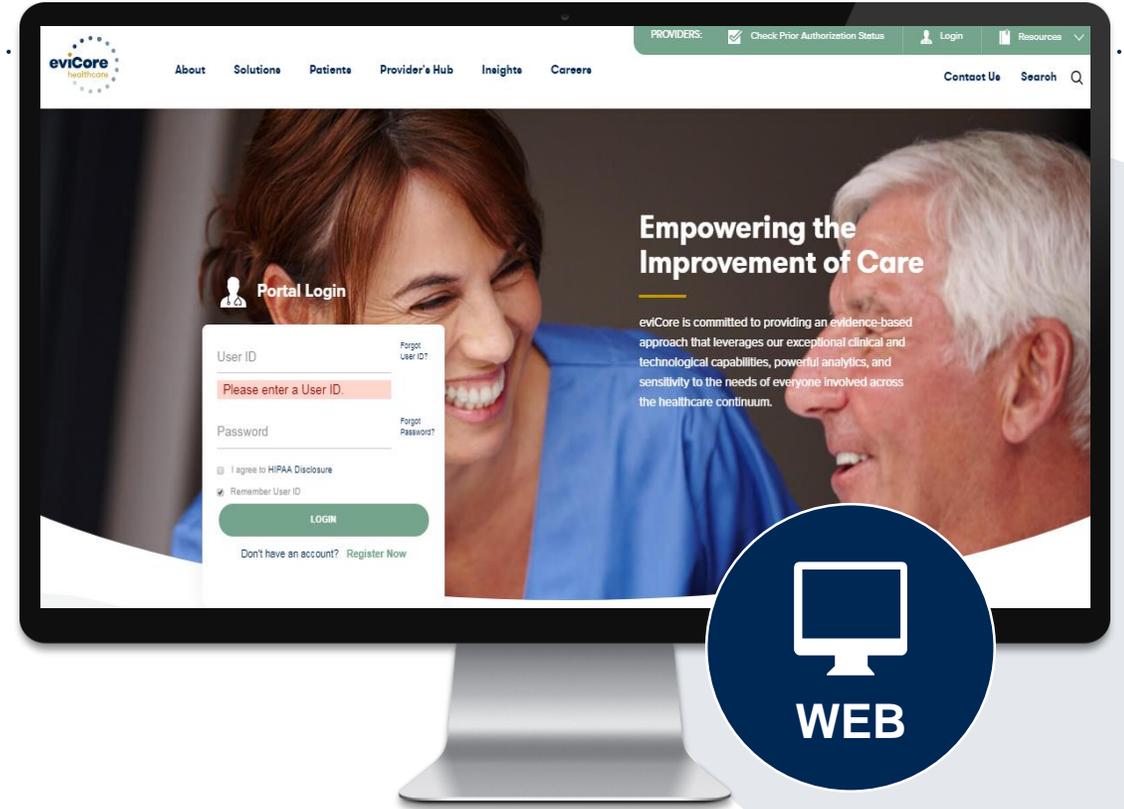
Utilization Management – the Prior Authorization Process



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
- **Dashboard:** View all recently submitted cases



Phone Number:

888.693-3211

Monday through Friday
7am – 7pm local time

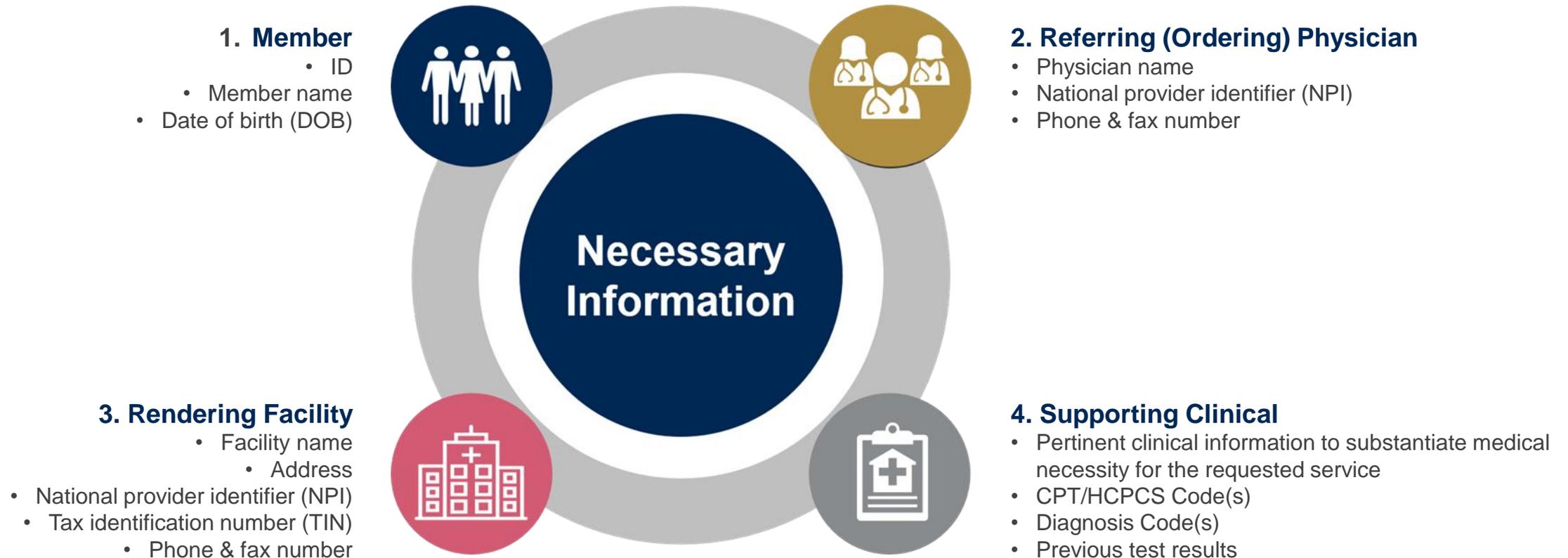
Fax Number:

888.693.3210

PA requests are accepted via fax and can be used to submit additional clinical information

Information needed for Prior Authorizations

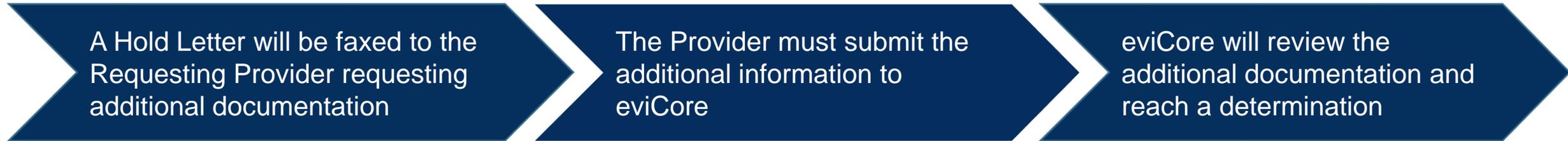
To obtain prior authorization on the very first submission, the provider submitting the request will need to gather four categories of information:



Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

If during case build all required pieces of documentation are not received, or are insufficient for eviCore to reach a determination, the following will occur:



The Hold notification will inform the provider about what clinical information is needed as well as the date by which it is needed.

Requested information must be received within the timeframe as specified in the Hold Letter, or eviCore will render a determination based on the original submission.

Determination notifications will be sent



Pre-Decision Options: Medicare Members

I've received a request for additional clinical information. What's next? There are three ways to supply the requested information to eviCore for review:

- eviCore will notify providers telephonically and in writing before a denial decision is issued on Medicare cases
- Additional clinical information must be submitted to eviCore in advance of the due date referenced
- Additional clinical information should be submitted to eviCore for consideration per the instructions received, clinical can be **faxed** to 888.693.3210 or **uploaded** directly into the case via the MedSolutions provider portal at www.eviCore.com
- Alternatively, providers can choose to request a **Pre-Decision Clinical Consultation** instead of submitting additional clinical information
- The Pre-Decision Clinical Consultation must occur prior to the due date referenced
- If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is not held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed
- Once the determination is made, notifications will go out to the provider and member, and status will be available on www.eviCore.com

Prior Authorization Outcomes, Special Considerations, and Post Decision Options

Prior Authorization Outcomes

- **Approved Requests** - Authorizations are typically valid for 90 days from the date of the date of initial request
- **Denied Requests** - Based on evidence-based guidelines, if a request is determined as inappropriate, a notification with the rationale for the decision and post decision/appeal rights will be issued
- **Partially Approved Requests** – In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved as well as post decision options for denied codes, including denied Site of Care (if applicable).

Notifications

- Authorization letters will be faxed to the ordering physician
- Web initiated cases will receive e-notifications when a determination is made
- Members will receive a letter by mail
- Status can be viewed from the eviCore portal: www.eviCore.com



Special Considerations

Retrospective (Retro) Authorization Requests

- Retro requests will need to be submitted to Banner Health

Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member
- Reviewed for clinical urgency and medical necessity
- Can be initiated on provider portal or by phone
- Urgent cases are typically reviewed within 72 hours



Special Considerations, continued

Alternative Recommendation

- An alternative recommendation may be offered, based on eviCore's evidence-based clinical guidelines, if the originally requested study does not meet guidelines
- The ordering provider can accept the alternative recommendation during case build, and the recommended study will be approved instead of the original requested one
- If the alternative recommendation is not accepted and the case is denied, providers still have up to 3 days to accept the alternative recommendation, either on the web portal or via phone
- If the alternative recommendation is not accepted within the allotted timeframe a reconsideration of the denial can be requested

Authorization Update

- If updates are needed on an existing authorization, you can contact eviCore by phone at 888.693.3211
- If the authorization is not updated and a different facility location or CPT code is submitted on the claim, it may result in a claim denial



Post-Decision Options

My case has been denied. What's next?

Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied. You may also call eviCore at **888.693.3211** to speak to an agent who can provide available option(s) and instruction on how to proceed.

Alternatively, you can view 'All Post Decisions' on www.eviCore.com Medsolutions portal by selecting the authorization from the home screen.

Reconsiderations

- In some instances, additional clinical information provided in a reconsideration request may be sufficient for an approval
- Medicare cases are **not** eligible for Reconsideration.
- Reconsiderations must be requested before an appeal is submitted

Appeals

- eviCore will not process first-level appeals

Clinical Consultations – Medicare Cases

- Providers can request a Clinical Consultation with an eviCore physician to better understand the reason for denial
- Once a denial decision has been made on a Medicare case the decision cannot be overturned via Clinical Consultation, this conversation is educational only

Portal Demo

Portal Demo

The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status



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



Provider Resources

Dedicated eviCore Teams

Call Center

- Phone: (888) 693-3211
- 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: 888.693.3211



Provider Resources

Prior Authorization Call Center – 888.693.3211

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

Web-Based Services and Online Resources

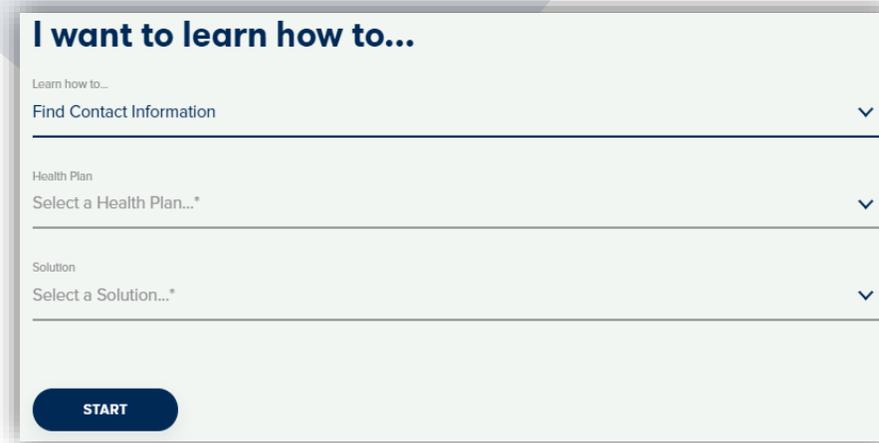
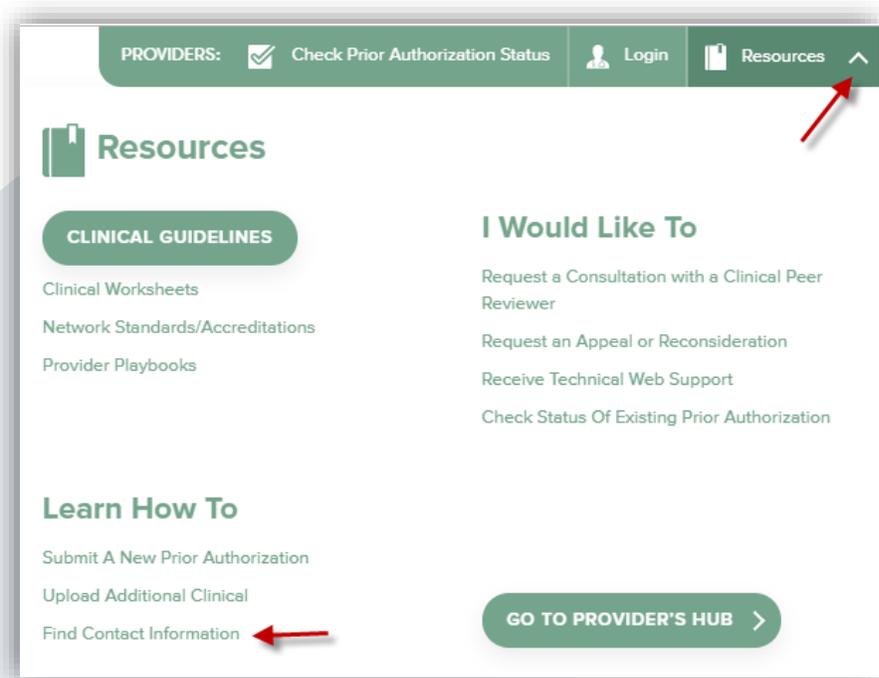
- Important tools, health plan-specific contact information, and resources can be found at www.evicore.com
- Select the **Resources** to view Clinical Guidelines, Online Forms, and more.

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

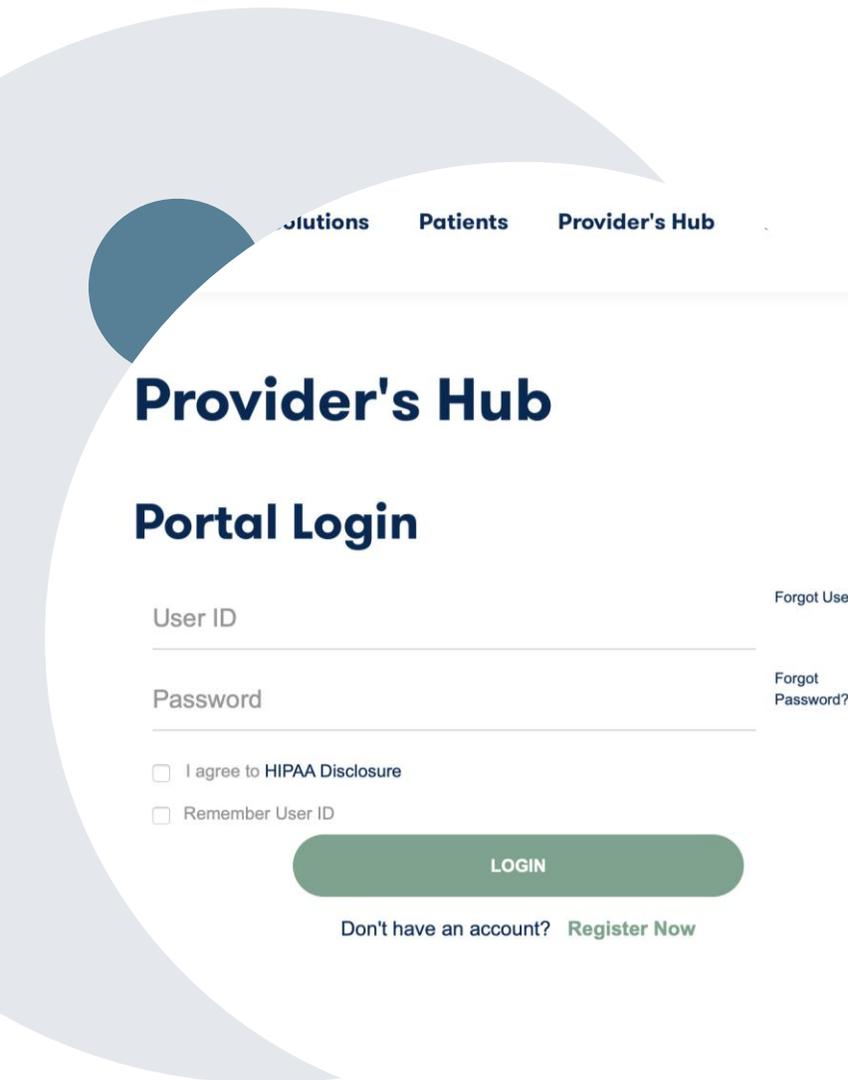
Provider Portal Overview

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

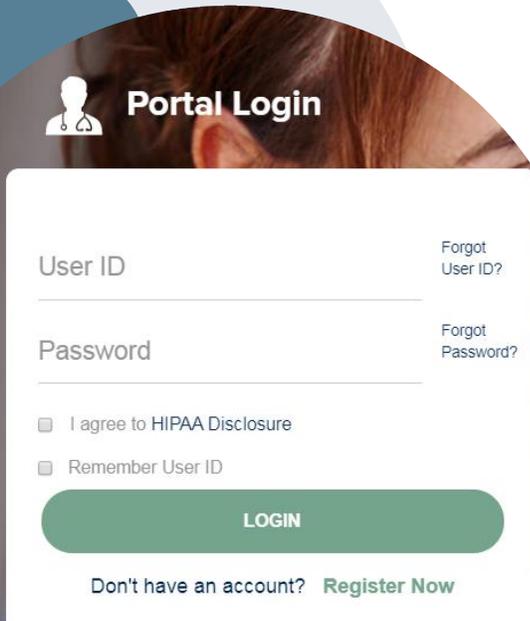
Visit www.evicore.com

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!



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](#)

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 - 1* Cases Pending for Case Details and 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
✖		MEDSOLUTIONS DEMO	HILL, BOBBY	2/1/1974	70551	A01.4	10		

1 - 1 of 1 items

Recently Submitted Cases - 0

Start Date : 07/19/2016 End Date : 07/20/2016

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

Search/Start Case – Member Lookup

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 *Auth Number* at the bottom of the page and 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
XYZ00002	HILL, BOBBY	02/01/1974		101 MAIN ST, FRANKLIN, TN, 37067	MSI DEMO PROGRAM - PA REQ	01/01/2009	12/31/2999

PLEASE MAKE SURE YOU ARE SELECTING THE CORRECT PATIENT. STARTING A NEW REQUEST

Patient Detail Information

Member ID: XYZ00002 **Gender:** MALE **Program:** MSI DEMO PROGRAM - PA REQ
Name: HILL, BOBBY **Address:** 101 MAIN ST, FRANKLIN, TN, 37067 **Program Effective Date:** 01/01/2009
Date of Birth: 02/01/1974 **Insurer:** MEDSOLUTIONS DEMO **Program Term Date:** 12/31/2999

This is a MEDSOLUTIONS DEMO Program Create Case

Patient History - 49 Records found ? Refresh Data

Case ID	Auth Number	Submit Date	Case Status	Case Description	Case Effective Date	Case Termination Date
101840634		7/7/2016	Pending	RN Review Process		
101837513	A31309042	7/7/2016	Approved		07/07/2016	09/05/2016
101837334		7/7/2016	Canceled			
101827785		7/6/2016	Canceled			
101798766		6/30/2016	Pending	RN Review Process		

1 - 5 of 49 items

If a partial ID is put in the search box, a list of members will populate. A member can be selected once the member 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.

The screenshot displays the 'Case Creation - CPT/ICD Codes' web portal. At the top, there is a navigation bar with 'Announcements', 'Home', 'Search/Start Case', 'CareCore National Portal', and 'Post Acute Care'. The main header includes 'PATIENT & CASE LOOKUP' and 'CASE DETAIL'. The patient information section shows: 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. The CPT/ICD section has two tabs: 'CPT Codes' and 'ICD Codes'. Under 'CPT Codes', a search bar is present, and a table shows a selected code: Code: 73721, Description: MRI Lower Extremity, any joint; without contrast material(s), Modifier: LT. Under 'Diagnosis', there are radio buttons for 'ICD 9' and 'ICD 10', with 'ICD 9' selected. A search bar is also present, and a table shows a selected code: Code: M25.562, Description: Pain in left knee. Below the code selection, there is a field for 'Please select the Date Of Service' with a calendar icon. A red error message states: 'Please do not Enter a Date of Service if the test is being performed today or in the future.' At the bottom right, there is a 'Save & Next' button.

Case Creation – CPT/ICD Codes

- Begin typing the **CPT** and **ICD codes** or descriptions, then click the appropriate option with your cursor. *Please note - the portal allows selection of unlimited CPT and ICD codes.*
- The **Place of Service** option will populate automatically, but it is important to verify the setting of the procedure performed, regardless of CPT code.

The screenshot displays a web interface for case creation. On the left, a 'PATIENT & CASE LOOKUP' sidebar contains fields for Insurer (MEDSOLUTIONS DEN), Member ID (xyz00002), and search options for Patient First Name, Last Name, and Date of Birth. Below this is a 'Case/Auth Lookup' section with radio buttons for Case ID and Auth Number. The main 'CASE DETAIL' area shows member information: 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. The 'CPT/ICD' section has a search bar and a table with one entry: Code 64479, Description 'Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level', and Modifier LT. Below this is a 'Diagnosis' section with radio buttons for ICD 9 and ICD 10, and a search bar with one entry: Code G89.29, Description 'Other chronic pain'. At the bottom, there are fields for 'Please select the Date Of Service', 'Place Of Service' (set to Outpatient (2)), and 'Initial Service Request' (checkbox). A 'Save & Next' button is in the bottom right. A blue callout box with an arrow pointing to the 'Place Of Service' dropdown contains the text: 'The POS will default to outpatient/inpatient based upon the CPT codes provided. Verify the setting of the procedure performed, and change accordingly, if needed.'

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

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 procedure, 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.”**

PATIENT & CASE LOOKUP

Patient Lookup

Insurer*: MEDSOLUTIONS DEN

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/ICD
CPT Codes : 64479 ICD Codes : G89.29

Physician
Physician Name: DOCTOR , TEST , Tax ID : *****6789 , 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	ARTHROGRAM, COMP JOINT, COMP MSK, COMP SPINE, CT, MRI, MYELOGRAM, NCM, OPEN MR, PAIN MGMT, PET, PET/CT, SPINE FUSION			

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.

eviCore healthcare Innovative Solutions

Online Chat | Settings | 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

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: 118937358 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, 37087
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, 370877289
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
R88.89	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

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, 370877289
Phone : 9999999999
Fax : 9999999999
Specialty: ALLERGY,OPTICIAN
Tax ID: *****6789
NPI: 7417417410

Requested Facility

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: *****6789
Taxonomy Code:
NPI:

CPT 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

Diagnosis Codes

ICD Code	ICD Version	Description
R08.89	10	Other general symptoms and signs

1 - 1 of 1 items

Additional Documentation

File Name

Clinical Notes

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, 37087
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, 370877289
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
R88.89	10	OTHER GENERAL SYMPTOMS AND SIGNS

1 - 1 of 1 items

Additional Documentation

File Name

Clinical Notes

Note Text

Online P2P Scheduling Tool

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.

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/

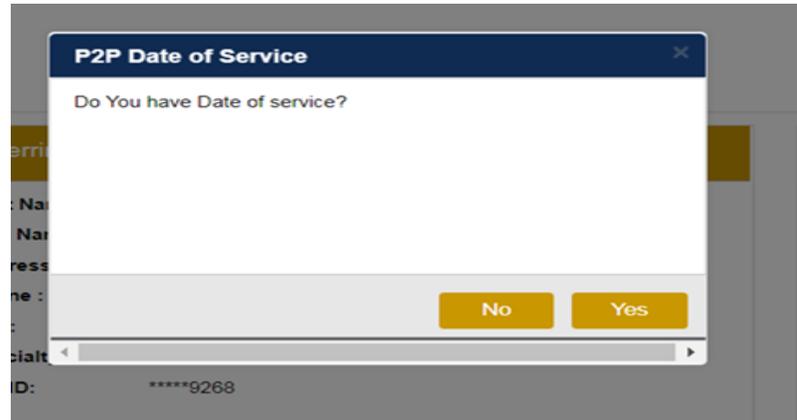
Recently Submitted Cases - 10

Start Date : 06/01/2021 End Date : 06/02/2021

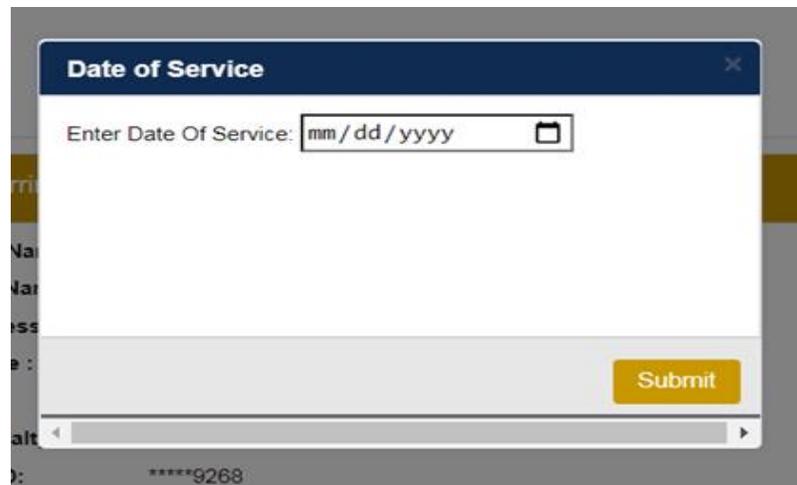
Case Number	Insurer Name	Patient Name	Date Of Birth	Case Status	Case Activity	Submit Date	Authorization Number	Effective Date	Expiration Date
	CIGNA HEALTHCARE			Denied		6/1/2021			
	AETNA BETTER HEALTH OF LOUISIANA			Denied		6/1/2021			
	CIGNA HEALTHCARE			Denied		6/1/2021			
	CIGNA HEALTHCARE			Pending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

MedSolutions Online Peer to Peer Scheduling

- 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" on the left and "Yes" on the right. The dialog box is overlaid on a blurred background of a form with fields for "Name", "Address", and "ID: *****9268".



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 the placeholder "mm/dd/yyyy" and a calendar icon to its right. At the bottom of the dialog box, there is a single yellow button labeled "Submit". The dialog box is overlaid on a blurred background of a form with fields for "Name", "Address", and "ID: *****9268".

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.

<p>Member Information</p> <table border="1" style="width: 100%;"><tr><td style="text-align: center;">Name</td></tr><tr><td style="text-align: center;">DOB</td></tr><tr><td style="text-align: center;">State</td></tr><tr><td style="text-align: center;">Health Plan</td></tr><tr><td style="text-align: center;">Member ID</td></tr></table>	Name	DOB	State	Health Plan	Member ID	<p>Case P2P Information</p> <table border="1" style="width: 100%;"><tr><td style="text-align: center;">Episode ID</td></tr><tr><td style="text-align: center;">P2P Valid Until</td></tr><tr><td style="text-align: center;">Modality</td></tr><tr><td style="text-align: center;">Level of Review</td></tr><tr><td style="text-align: center;">System Name</td></tr></table> <p style="text-align: right;">Informal P2P</p>	Episode ID	P2P Valid Until	Modality	Level of Review	System Name
Name											
DOB											
State											
Health Plan											
Member ID											
Episode ID											
P2P Valid Until											
Modality											
Level of Review											
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 separate scheduling sections, each with a user icon and the text "1st Priority by Skill".

Section 1 (Top):

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	-	-	11:30 am EDT	11:30 am EDT
5:15 pm EDT	12:00 pm EDT	11:45 am EDT			11:45 am EDT	2:00 pm EDT
5:45 pm EDT	12:15 pm EDT	12:00 pm EDT			12:00 pm EDT	2:15 pm EDT
6:00 pm EDT	12:30 pm EDT	12:15 pm EDT			12:15 pm EDT	2:30 pm EDT
Show more...	Show more...	Show more...			Show more...	Show more...

Section 2 (Bottom):

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 Danielle Weiss

Case Info

1st Case

Case # [124528110](#)

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type

Level of Review

P2P Contact Details

Name of Provider Requesting P2P
Curtis Rudd

Name
Curtis Rudd

Location
Provider Office

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

Alternate Phone
 (xxx) xxx-xxxx Phone Ext.

Requesting Provider Email
@.com

Contact Instructions
Contact Instructions

Submit >