Radiology/Cardiology Provider Orientation for Vaya Health

Effective date: 4/1/23

Laboratory
19M lives

Radiology
100M lives

Radiation Oncology
39M lives

Cardiology
50M lives

10 | Comprehensive Solutions

Medical Oncology
13.5M lives

Musculoskeletal
40M lives

Specialty Drug
723k lives

Sleep
16M lives

Post-Acute Care
1.7M lives

Gastroenterology
New solution 2019

Program Overview

Applicable Memberships

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

- **Vaya Total Care**

Note: When requesting authorization for these members, please select Vaya Health from the health plan dropdown list.

Vaya Health Prior Authorization Services

eviCore will require prior authorization requests for members with a date of service 4/1/2023 and beyond

Prior authorization applies to the following services:	Prior authorization does **NOT** apply to services performed in:
• Outpatient • Diagnostic • Routine / Non-emergent	• Emergency Rooms • Observation Services • Inpatient Stays • As a referral from a hospital emergency department or an urgent care facility

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

Advanced Imaging Radiology and Cardiology

Imaging services that require a prior authorization

- Cat Scan (CT), Cat Scan Angiography (CTA)
- Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiogram (MRA)
- Positive Emission Tomography (PET)

Cardiology Services:

- Cardiac Magnetic Resonance Imaging
- Cardiac Cat Scan
- Cardiac PET
- Nuclear Stress
- Echocardiography
- Stress Echocardiography
- Diagnostic Heart Catheterization
- Cardiac Implants

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

https://www.evicore.com/resources/healthplan/vayahealth

Utilization Management – Prior Authorization Process

Visit to provider

Provider requests prior authorization

Easy for Providers and staff

Based on NC Clinical Coverage Policy requirements and evidence-based guidelines, request is **Approved**.

An **Approval Letter** will be issued with authorization information to the provider and site (facsimile or email).

Appropriate Decision

Based on evidence-based guidelines, request is **Denied**.

A denial letter with clinical rationale for the decision and appeal rights will be issued to both the provider and site(fax /email)and member (mailed)

Clinical decision support → Nurse review → MD review → Appropriate decision

Peer-to-peer
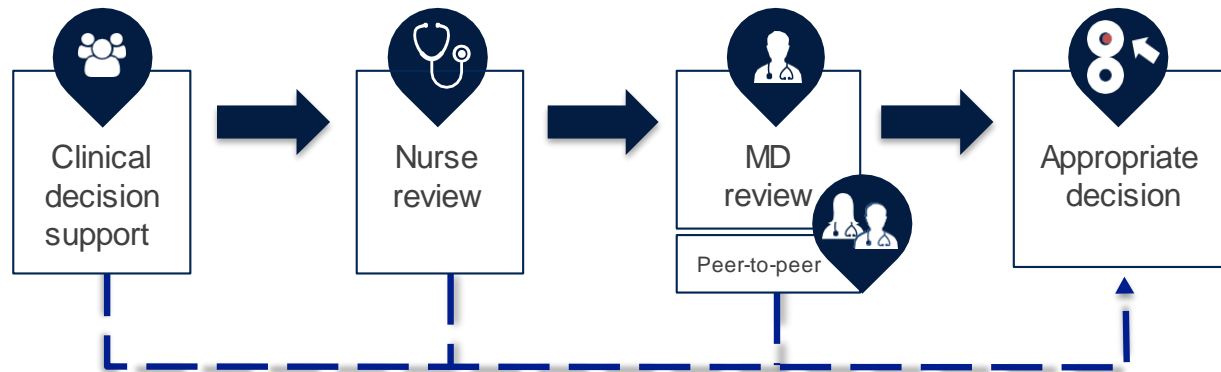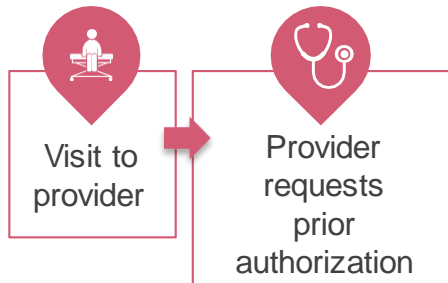
Methods to Submit Prior Authorization Requests

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.

WEB
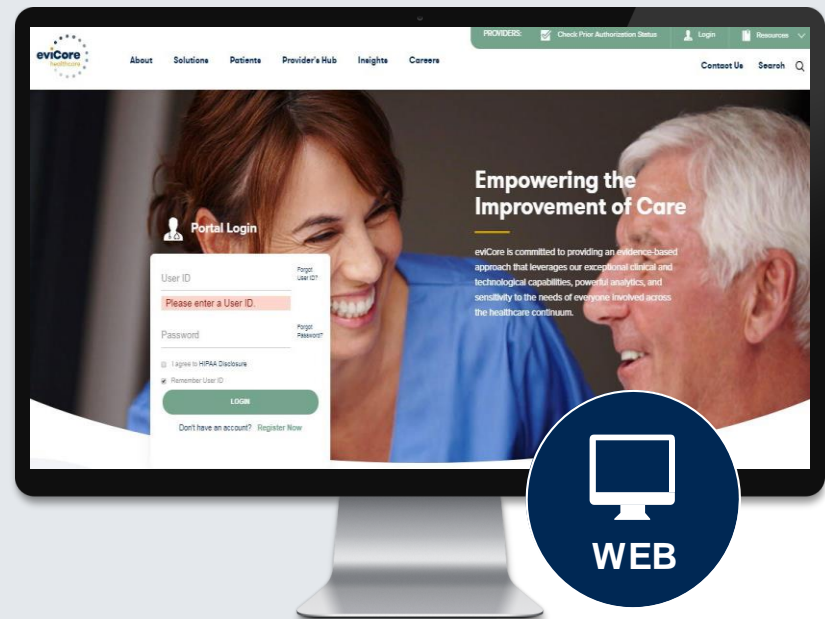
Phone Number:
855.754.5527
Monday through Friday 7am – 7pm local time

Fax Number:
800.540.2406
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:

1. Member
- Medicaid ID
- Member name
- Date of birth (DOB)

2.Referring (Ordering) Physician
- Physician name
- National provider identifier (NPI)
- Phone & fax number

Necessary Information

3. Rendering Facility
- Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number

4. Supporting Clinical
- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous test results

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:

A Hold Letter will be faxed to the Requesting Provider requesting additional documentation	The Provider must submit the additional information to eviCore	eviCore will review the additional documentation and reach a determination

The Hold notification will inform the provider about what clinical information is needed as well as the date by which it is needed. For Urgent cases the turn around time is 72 hours.

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.

Appropriate Decision

Prior Authorization Outcomes, Special Considerations, and Post Decision Options

Prior Authorization Outcomes

- **Approved Requests -** Authorizations are typically valid for **30 days** from the date of initial request .

- **Denied Requests -** Based on evidence-based guidelines, if a request is determined as not medically necessary, a notification with the rationale for the decision and post decision options/ 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.

Notifications

- **Authorization letters will be faxed or emailed to the ordering physician and site.**
- Web initiated cases will receive e-notifications when a determination is made.
- Members will receive a letter by mail when services are denied or partially approved.
- Approval information can be printed on demand from the eviCore portal: **www.eviCore.com.**

Special Considerations

Retrospective (Retro) Authorization Requests

- Retro requests are allowed within up to and including July 1, 2023. After this date, retros are only allowed in the event of a member's retroactive enrollment in NC Medicaid.

Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of **urgent**: the need for a requested service must be such that adherence to the standard timeframe could seriously jeopardize a member's life, health, or ability to attain, maintain or regain maximum function. Reviewed for clinical urgency and medical necessity.

- Can be initiated on provider portal or by phone.

- Urgent cases are reviewed within **72 hours** of the request.

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 on the web or by phone 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, the only option for the provider would be an appeal.

Prior Authorization Update

- If updates are needed on an existing prior authorization, you can contact eviCore by phone at 855.754.5527.

- If the prior 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 855.754.5527 to speak to an agent who can provide available option(s) and instruction on how to proceed.

Alternatively, select 'All Post Decisions' on www.eviCore.com under the authorization lookup function, to see available options.

Peer to Peer (P2P)

- P2P must be requested within 3 business days of the denial.

- P2P's can be scheduled via the online eviCore portal, through the Authorization Lookup feature on www.eviCore.com .

- There is more information on how to schedule these in the Portal Overview section below.

Appeals

- eviCore is delegated first level appeals.

- An appeal must be requested within **60 calendar days** from the denial date.

- Only members and their authorized representatives may request an appeal.

Authorization Look Up- Peer to Peer

Be sure to review the message that populates

Authorization Lookup

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

Request Peer to Peer Consultation

ALL POST DECISION OPTIONS

Portal Demo

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

Right Click for Portal demonstration.
Choose open hyperlink

WEB

Additional Provider Portal Features

Portal Features

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

- Eligibility can be found by accessing the Vaya portal: https://providers.vayahealth.com/

E-Notification Alerts

- You can opt in to case status email alerts

WEB

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

[GO]

- Duplication 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: (855) 754-5527
- 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

- Patricia Allen, Regional Provider Engagement Manager

  - pallen@evicore.com
  - 800.918.8924 x24176

- Merrit Senters, Regional Provider Engagement Manager

- Merritt.senters@evicore.com

- 615-788-5568

- Regional team 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 includes, but is not limited to, the following educational materials:

- Frequently Asked Questions
- Provider Training
- CPT code list

To access these helpful resources, please visit
https://www.evicore.com/resources/healthplan/vaya

Vaya Health Provider Services: 866-990-9712

Provider Resources

Prior Authorization Call Center – 855.754.5527

- 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 **Resources** to view Clinical Guidelines, Online Forms, and more.

Provider Resource Page:

https://www.evicore.com/resources/healthplan/vaya

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 existing prior authorizations, 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.

Provider Engagement Team

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

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. The member/provider/case details should be in the body of the email.

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

- Scroll down and add a valid email to subscribe

- You will begin receiving email provider newsletters with updates

Stay Updated With Our Provider Newsletter

Your email address

SUBSCRIBE

Thank You!

Provider Portal Overview- Registering for a log in

Account Registration

eviCore healthcare website

- Point web browser to evicore.com

← → C 🔒 evicore.com/resources
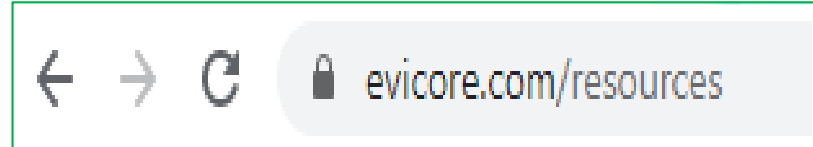
- Login or Register
- To create a new account, click **Register Now**

PROVIDERS: 👤 Login

User ID   Forgot User ID?

Password   Forgot Password?

☐ I agree to HIPAA Disclosure
☐ Remember User ID

LOGIN

Don't have an account? **Register Now**

Creating An Account

- Select **CareCore National** as the Default Portal, complete the User Information section in full and **Submit Registration.**
- You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the log in page.
- Once logged in, you will have the ability to initiate a case, check a case status and much more!

Adding Providers

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.

Add Providers To Your Account

- **Once logged in, you will want to add providers to your account prior to case submission. Click the "Manage Account" tab, then the Add Provider link. You should add all referring providers to your account also.**

Add Providers To Your Account

- **Select the matching record based upon your search criteria.**
- **Once you have selected a practitioner, your registration will be complete**

Add Providers To Your Account

- **You can also click "Add Another Practitioner" to add another Physician to your account**

Initiating A Case

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

eviCore · healthcare

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

Monday, June 13, 2022 9:07 AM

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

[dropdown ⌄]
[dropdown ⌄]

BACK   **CONTINUE**

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.
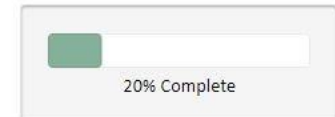
© CareCore National, LLC. 2022 All rights reserved.
Privacy Policy | Terms of Use | Contact Us

20% Complete

P Public 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 |

Monday, June 13, 2022 9:08 AM

Add Your Contact Info

Provider's Name:* [_____] [?]

Who to Contact:* [_____] [?]

Fax:* ( )[_____] [?]

Phone:* ( )[_____] [?]

Ext.: [_____] [?]

Cell Phone: [_____]

Email: [_____]

☐ Receive notification of case status changes

BACK   **CONTINUE**

Click here for help

30% Complete

Provider and NPI

P Public Information

Member & Request Information

Patient Eligibility Lookup

Patient ID:* [   ]

Date Of Birth:* [   ] MM/DD/YYYY

Patient Last Name Only:* [   ] [?]

ELIGIBILITY LOOKUP

BACK

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)
[   ] **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**

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

Verify Service Selection

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date:	TBD
CPT Code:	73721
Description:	MRI LOWER EXTREMITY JOINT W/O
Primary Diagnosis Code:	R68.89
Primary Diagnosis:	Other general symptoms and signs
Secondary Diagnosis Code:	
Secondary Diagnosis:	

Change Procedure or Primary Diagnosis
Change Secondary Diagnosis

BACK **CONTINUE**

Click here for help

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

Site Selection

Start by searching NPI or TIN for the site where the procedure will be performed. You can search by any fields listed. Searching with NPI, TIN, and zip code is the most efficient.

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

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

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**

- **Verify that all information is entered and make any changes needed**

- **You will not have the opportunity to make changes after this point**

Standard or Urgent Request?

- If your request is urgent select **No**

- When a request is submitted as Urgent, you will be required to upload relevant clinical information

- If the case is standard select **Yes**

- You can upload up to FIVE documents in .doc, .docx, or .pdf format – max 5MB document size

- Your case will only be considered Urgent if there is a successful upload

Improved Provider Experience: Real-time Approval or Clinical Documentation Upload

Proceed to Clinical Information – Example of Questions

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

Attention!

Is this a request for a bilateral procedure of a previously requested authorization?

YES   **NO**

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.

- **Clinical Certification** questions may populate based upon the information provided
- You can save your request and finish later if needed
- **Note**: You will have to complete the case by the end of the day
- When logged in, you can resume a saved request by going to Certification Requests in Progress

Criteria Met

If your request is authorized during the initial submission, you can print the summary of the request for your records.

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 AKKARA VEETIL	**Contact:** Julie
Provider Address: 1200 6TH AVE N SAINT CLOUD, MN 56303	**Phone Number:** (xxx) xxx-xxxx / **Fax Number:** (xxx) xxx-xxxx

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

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

Primary Diagnosis Code:	R68.89	**Description:**	Other general symptoms and signs
Secondary Diagnosis Code:		**Description:**	
Date of Service:	Not provided		
CPT Code:	73721	**Description:**	MRI LOWER EXTREMITY JOINT W/O
Authorization Number:			
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

[CANCEL] [PRINT] [CONTINUE]

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:

Authorization Lookup

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

P2P AVAILABILITY

- 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.

P2P AVAILABILITY   Request Peer to Peer Consultation

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:	
Status:	Denied
	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 Eligibility Result:	
P2P Status:	

Request Peer to Peer Consultation

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

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.

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"

How to Schedule a Peer to Peer Request

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.

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.

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.
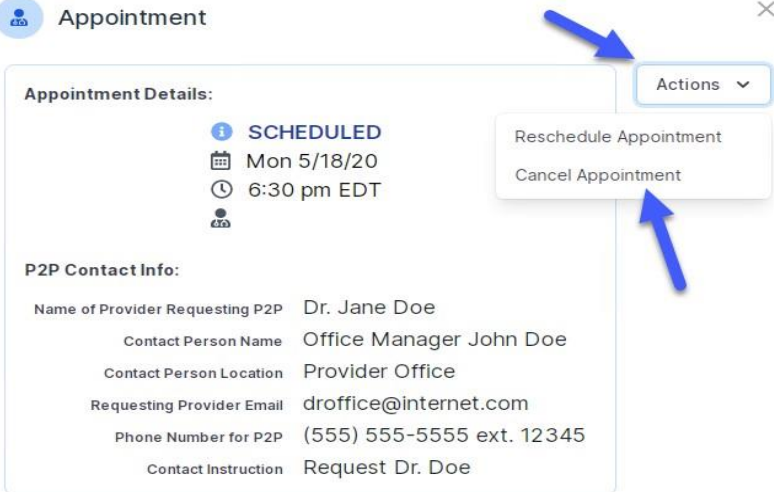
Canceling or Rescheduling a Peer to Peer Appointment

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

Thank You!