

Radiology/Cardiology Provider Orientation for Vaya Health

Effective date: 4/1/23



Empowering
the Improvement
of Care

eviCore Comprehensive Solutions-Vaya Health Programs in Gold



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:

- Outpatient
- Diagnostic
- Routine / Non-emergent

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

- 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>

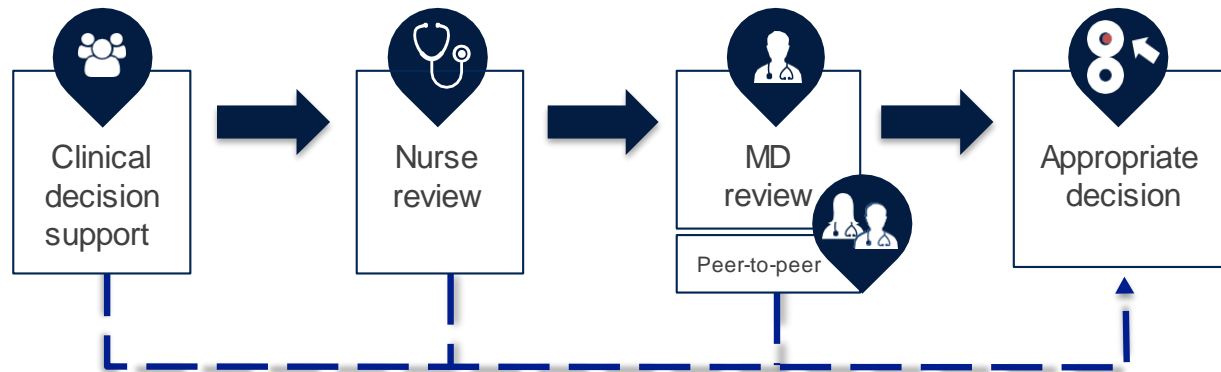
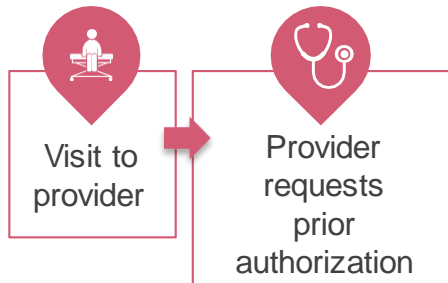
Utilization Management – Prior Authorization Process

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).

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

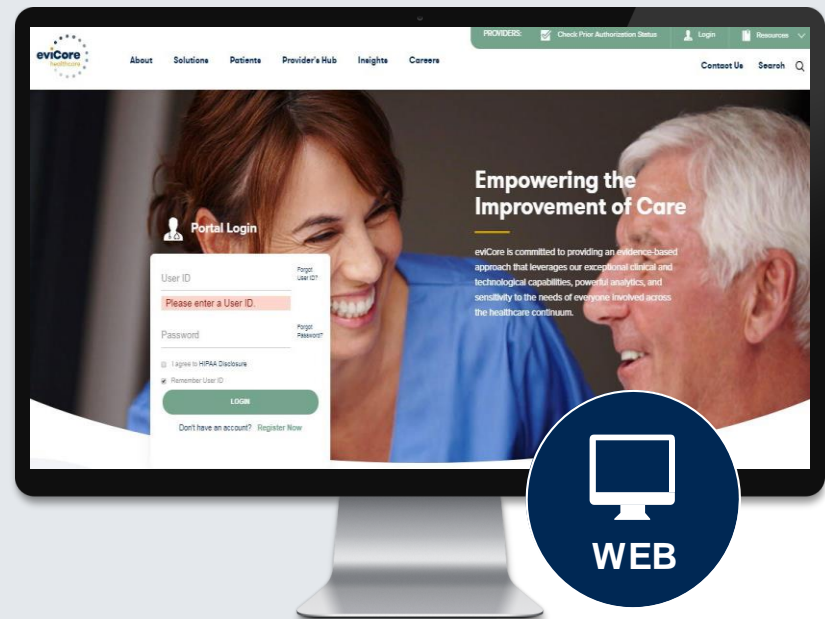
A denial letter with clinical rationale for the decision and appeal rights will be issued to both the provider and site (fax /email)and member (mailed)



Methods to Submit Prior Authorization Requests

eviCore Provider Portal www.eviCore.com (preferred)

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



Phone Number:

855.754.5527

Monday through Friday
7am – 7pm local time

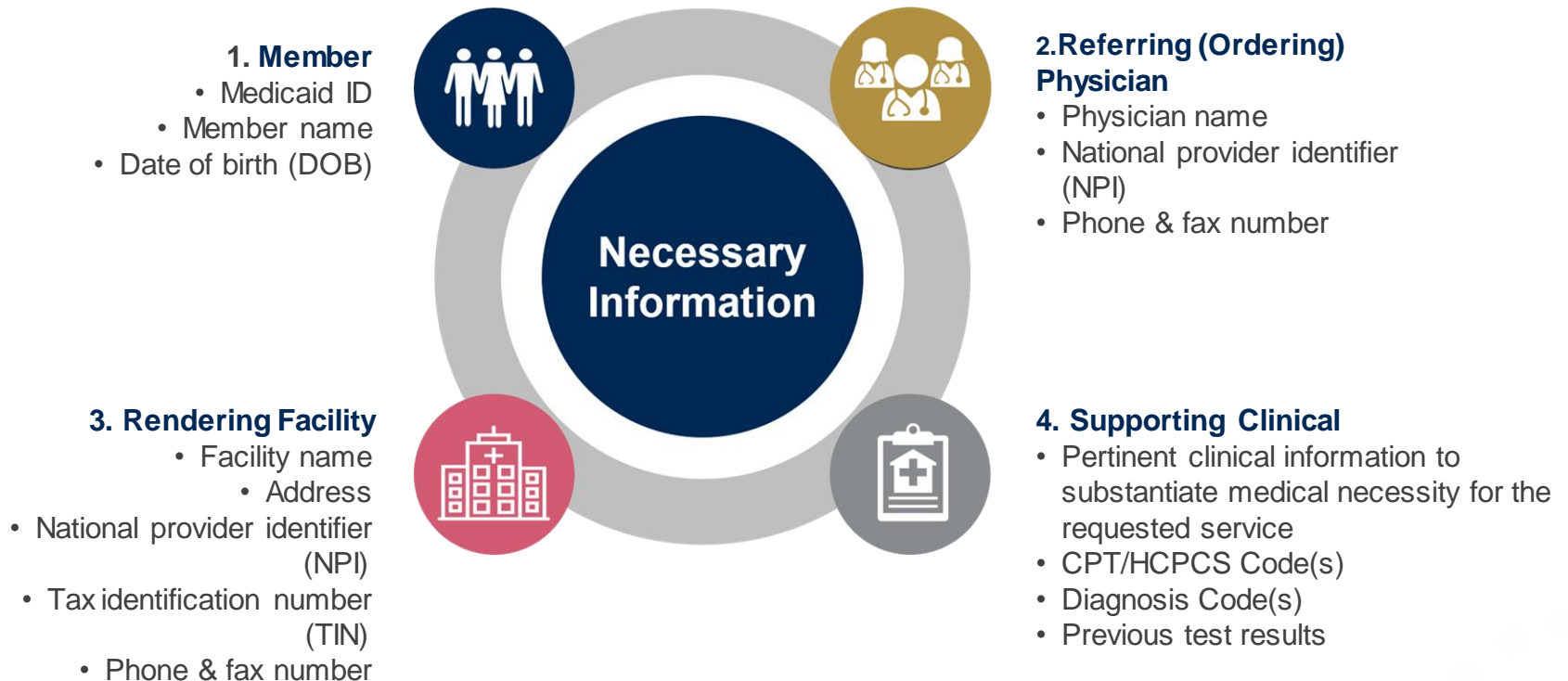
Fax Number:

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:



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 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.

The Provider must submit the additional information to eviCore

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.

eviCore will review the additional documentation and reach a determination

Determination notifications will be sent.



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:

[Request Peer to Peer Consultation](#)

Status:

Denied

P2P Eligibility Result:

Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.

P2P Status:

ALL POST DECISION OPTIONS

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



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



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

PROVIDERS: Check Prior Authorization Status Login Resources

Resources

CLINICAL GUIDELINES

- Clinical Worksheets
- Network Standards/Accreditations
- Provider Playbooks

I Would Like To

- Request a Consultation with a Clinical Peer Reviewer
- Request an Appeal or Reconsideration
- Receive Technical Web Support
- Check Status Of Existing Prior Authorization

Learn How To

- Submit A New Prior Authorization
- Upload Additional Clinical
- Find Contact Information

GO TO PROVIDER'S HUB >

Note: A red arrow points to the 'Resources' menu item, and another red arrow points to the 'Find Contact Information' link.

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

I want to learn how to...

Learn how to...

- Find Contact Information
- Health Plan
- Solution

START

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!

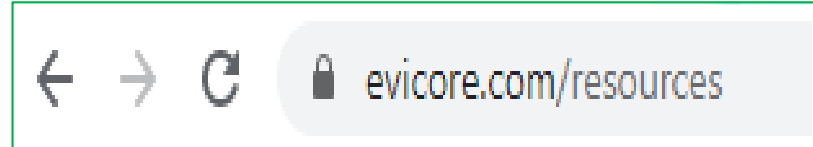


Provider Portal Overview- Registering for a log in

Account Registration

eviCore healthcare website

- Point web browser to evicore.com



- Login or Register
- To create a new account, click **Register Now**

A screenshot of the eviCore healthcare website's login page. At the top, there are two tabs: "PROVIDERS:" and "Login" with a user icon. Below the tabs are two input fields: "User ID" and "Password". To the right of each field is a link: "Forgot User ID?" and "Forgot Password?". Below the input fields are two checkboxes: "I agree to HIPAA Disclosure" and "Remember User ID". A large green button labeled "LOGIN" is centered below the checkboxes. At the bottom, there is a link "Don't have an account? Register Now" with a red arrow pointing to it from the right.

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*:

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*:	<input type="text" value="Select"/> <input type="text" value="v"/>	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	Zip*:	<input type="text"/>		
Last Name*:	<input type="text"/>	Office Name:	<input type="text"/>		

- 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



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

Tuesday, January 21, 2020 9:26 AM

Add Practitioner

Enter Practitioner information and find matches.

*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

FIND MATCHES **CANCEL**

© CareCore National, LLC. 2020 All rights reserved.

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

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

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Med Solutions Portal	Unified Worklist	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	----------------------	------------------	-------------------

Manage Your Account

Office Name: Test

CHANGE PASSWORD

EDIT ACCOUNT

Address: 122 Sea Hill
Chattanooga, TN

Primary Contact: Test Doctor

Email Address: Test.doctor@provider.com

ADD PROVIDER

Click Column Headings to Sort

No providers on file

CANCEL

- 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

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Unified Worklist	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	------------------	-------------------

Add Practitioner

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

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax
Test Doctor	12356789	122 Sea Hill	Chattanooga	TN	37302	423-555-5555	423-222-2222

ADD THIS PRACTITIONER

CANCEL

- 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

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Unified Worklist	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	------------------	-------------------

Add Practitioner

If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to return to your account.

ADD ANOTHER PRACTITIONER **CONTINUE**

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

Initiating A Case

Request an Authorization

To begin, please select a program below:

- Durable Medical Equipment(DME)
- Gastroenterology
- Lab Management Program
- Medical Oncology Pathways
- Musculoskeletal Management
- Radiation Therapy Management Program (RTMP)
- Radiology and Cardiology
- Sleep Management
- Specialty Drugs

CONTINUE

Requesting Provider Information

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

Filter Last Name or NPI:

SEARCH **CLEAR SEARCH**

Provider	
SELECT	[REDACTED]

BACK **CONTINUE**

- Choose **Clinical Certification** to begin a new request
- Select the appropriate program
- Select “Requesting Provider 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 9:07 AM

Choose Your Insurer

Requesting Provider:

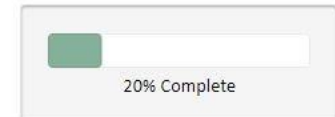
Please select the insurer for this authorization request.

[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](#)



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](#)

© CareCore National, LLC. 2022 All rights reserved.

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

 30% Complete

Provider and NPI

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:	<input type="text"/>	Zip Code:	<input type="text"/>	Site Name:	<input type="text"/>
TIN:	<input type="text"/>	City:	<input type="text"/>	<input checked="" type="radio"/> Exact match	<input type="radio"/> Starts with

[LOOKUP SITE](#)

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

Clinical Certification

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

Proceed to Clinical Information

Is this case Routine/Standard?

YES **NO**

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practic Perf. Summary F

Thursday, May 14, 2020 3:04 PM

Proceed to Clinical Information

Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

- A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.
- A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.
- None of the above

Clinical Upload

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case.

If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD

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

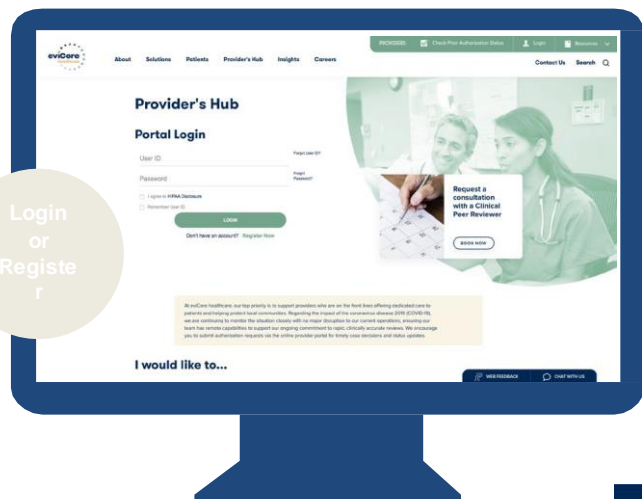


Tuesday, July 30, 2019 7:43 PM

Clinical Certification

Your case has been Approved.

Provider Name:	DR. JYH-HAUR LU	Contact:	WED
Provider Address:	3916 PRINCE ST FLUSHING, NY 11354	Phone Number:	(646) 409-4402
		Fax Number:	(718) 888-9025
Patient Name:	GARY TURCO	Patient Id:	W249262910
Insurance Carrier:	AETNA		
Site Name:	PARK PLACE MEDICAL IMAGING	Site ID:	73C73C
Site Address:	255 GREENWICH STREET NEW YORK, NY 10007		
Primary Diagnosis Code:	R51	Description:	Headache
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided		
CPT Code:	72148	Description:	MRI LUMBAR SPINE W/O CONTRAST
Authorization:	A123615501		
		Review Date:	7/30/2019 7:39:39 PM
Expiration Date:	7/30/2019		
Status:	Your case has been Approved.		



Tuesday, July 30, 2019 7:29 PM

Clinical Certification

Clinical Upload

Please upload any additional clinical information that justifies the medical necessity of this request.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF):

Sample4Upload_1.docx

No file chosen

No file chosen

No file chosen

No file chosen

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
Provider Address: 1200 6TH AVE W
SAINT CLOUD, MN 56303

Contact: [REDACTED]
Phone Number: [REDACTED]
Fax Number: [REDACTED]

Patient Name: [REDACTED]
Insurance Carrier: [REDACTED]

Patient Id: [REDACTED]

Site Name: [REDACTED]
Site Address: [REDACTED]

Site ID: [REDACTED]

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: [REDACTED]

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:
- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.

Authorization Lookup

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





How to schedule a Peer to Peer Request

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

Authorization Lookup

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

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

How to Schedule a Peer to Peer Request

Case Info Questions Schedule Confirmation

New P2P Request

Case Reference Number Case information will auto-populate from prior lookup

Member Date of Birth

+ Add Another Case

Lookup Cases >

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

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”

New P2P Request

Case Ref #: Remove ✓ P2P Eligible

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

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

Continue

How to Schedule a Peer to Peer Request

Case Info

1st Case

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

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Time Zone

US/Eastern

Continue >

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

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

← Prev Week

5/18/2020 - 5/24/2020 (Upcoming week)

Next Week →



1st Priority by Skill

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



1st Priority by Skill

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

How to Schedule a Peer to Peer

Confirm Contact Details

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

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

Name of Provider Requesting P2P

Phone Number for P2P

Contact Instructions

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



P2P Info

Date Mon 5/18/20
Time 6:30 pm EDT
Reviewing Provider

Case Info

1st Case

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

P2P Contact Details

Name of Provider Requesting P2P

Contact Person Name

Contact Person Location

Phone Number for P2P

Phone Ext.

Alternate Phone

Phone Ext.

Requesting Provider Email

Contact Instructions

Scheduling

Scheduled

Mon 5/18/20 - 6:30 pm EDT

SCHEDULED

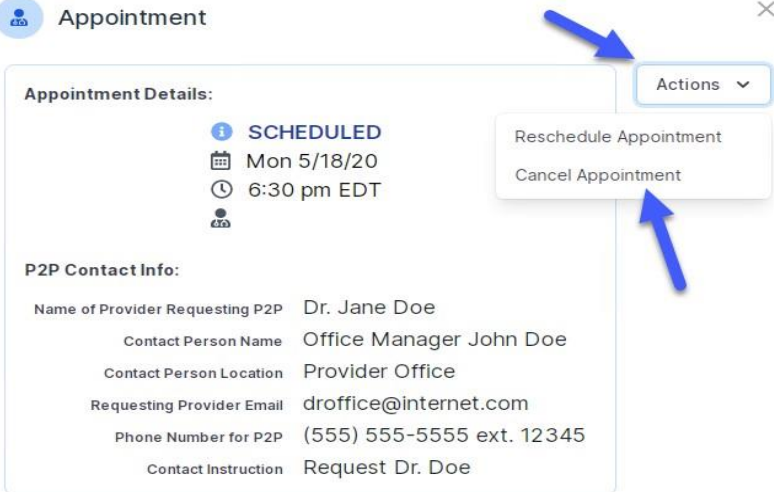
Canceling or Rescheduling a Peer to Peer Appointment

To cancel or reschedule an appointment

- Access the scheduling software per the instructions above.
- Go to “My P2P Requests” on the left pane navigation.
- Select the request you would like to modify from the list of available appointments.
- Once opened, click on the schedule link. An appointment window will open.
- Click on the Actions drop-down and choose the appropriate action.

If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.

If choosing to cancel, you will be prompted to input a cancellation reason.



The screenshot shows a window titled "Appointment" with a close button (X) in the top right corner. The window is divided into two main sections: "Appointment Details" and "P2P Contact Info".

Appointment Details:

- SCHEDULED** (indicated by an information icon)
- Mon 5/18/20** (indicated by a calendar icon)
- 6:30 pm EDT** (indicated by a clock icon)

P2P Contact Info:

Name of Provider Requesting P2P	Dr. Jane Doe
Contact Person Name	Office Manager John Doe
Contact Person Location	Provider Office
Requesting Provider Email	droffice@internet.com
Phone Number for P2P	(555) 555-5555 ext. 12345
Contact Instruction	Request Dr. Doe

In the top right corner of the window, there is an "Actions" drop-down menu. A blue arrow points to this menu. The menu is open, showing two options: "Reschedule Appointment" and "Cancel Appointment". A second blue arrow points to the "Cancel Appointment" option.

- Close browser once done

Thank You!

