

Prior Authorization of Cardiology for Aetna Better Health of Ohio

Provider Orientation



AETNA BETTER HEALTH® OF OHIO

Company Highlights

4K employees
including 1K clinicians

Headquartered in Bluffton, SC

Offices across the US including:

- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT
- Melbourne, FL
- Plainville, CT
- Sacramento, CA

SHARING
A VISION
AT THE CORE OF CHANGE.

100M members
managed nationwide



Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

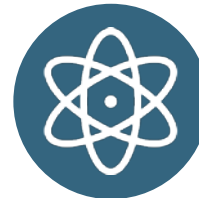
12M claims
processed annually

Integrated Solutions

LAB MANAGEMENT
19M lives



MEDICAL ONCOLOGY
14M lives



RADIATION THERAPY
22M lives

SPECIALTY DRUG
100k lives



MUSCULOSKELETAL
35M lives

RADIOLOGY
65M lives

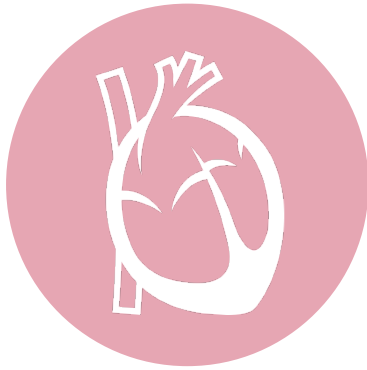


CARDIOLOGY
46M lives

SLEEP
13M lives



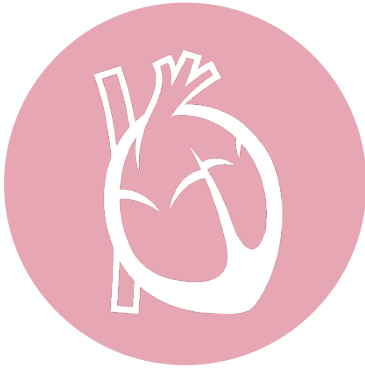
POST-ACUTE CARE
320k lives



Cardiology Solution Experience

- 10 years' experience - since 2006
- 20+ regional and national clients
- 46M total membership
 - 37.7M Commercial membership
 - 2.3M Medicare membership
 - 5.98M Medicaid membership





Cardiology Solution

Covered Services

Advanced imaging and diagnostic services

- Stress Testing
 - Myocardial Perfusion Imaging (SPECT & PET)
 - Stress Echocardiography
- Echocardiography; Transthoracic, Transesophageal
- Diagnostic Heart Catheterization

Our Clinical Approach

Clinical Platform

Multi-Specialty Expertise

Family Medicine	Oncology/Hematology
Internal Medicine	Surgery
Pediatrics	<ul style="list-style-type: none">• General• Orthopedic• Thoracic• Cardiac• Neurological• Otolaryngology• Spine
Sports Medicine	
OB/GYN	
Cardiology	
Nuclear Medicine	
Anesthesiology	Radiology
Radiation Oncology	<ul style="list-style-type: none">• Nuclear Medicine• Musculoskeletal• Neuroradiology
Sleep Medicine	

- **190+ board-certified medical directors**
- **Diverse representation of medical specialties**
- **450 nurses with diverse specialties and experience**
- **Dedicated nursing and physician teams by specialty for Cardiology, Oncology, OB-GYN, Spine/Orthopedics, Neurology, and Medical/Surgical**

Organic Evidence-Based Guidelines

The foundation of our solutions:



Dedicated
pediatric
guidelines



Contributions
from a panel
of community
physicians



Experts
associated
with academic
institutions



Current
clinical
literature

Aligned with National Societies

- American College of Cardiology
- American Heart Association
- American Society of Nuclear Cardiology
- Heart Rhythm Society
- American College of Radiology
- American Academy of Neurology
- American College of Chest Physicians
- American College of Rheumatology
- American Academy of Sleep Medicine
- American Urological Association
- National Comprehensive Cancer Network

- American College of Therapeutic Radiology and Oncology
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Society of Colon and Rectal Surgeons
- American Academy of Orthopedic Surgeons
- North American Spine Society
- American Association of Neurological Surgeons
- American College of Obstetricians and Gynecologists
- The Society of Maternal-Fetal Medicine

Service Model

Client Service Delivery Team

The Client Service delivery team is responsible for high-level service delivery to our health plan clients as well as ordering and rendering providers nationwide

Client Service Representatives



Client Service Representatives are cross-trained to investigate escalated provider and health plan issues.

Client Service Managers



Client Service Managers lead resolution of complex service issues and coordinate with partners for continuous improvement.

Regional Provider Engagement Managers



Regional Provider Engagement Managers are on-the-ground resources who serve as the voice of eviCore to the provider community.

Why Our Service Delivery Model Works



One centralized intake point allows for timely identification, tracking, trending, and reporting of all issues. It also enables eviCore to quickly identify and respond to systemic issues impacting multiple providers.



Complex issues are escalated to resources who are the subject matter experts and can quickly coordinate with matrix partners to address issues at a root-cause level.



Routine issues are handled by a team of representatives who are cross trained to respond to a variety of issues. There is no reliance on a single individual to respond to your needs.

Cardiology Prior Authorization Program for Aetna Better Health of Ohio



AETNA BETTER HEALTH® OF OHIO

Program Overview

eviCore will begin accepting requests on September 26, 2016 for dates of service October 3, 2016 and beyond

Prior authorization applies to services that are:

- Outpatient
- Elective/non-emergent
- Diagnostic

Prior authorization **does not apply** to services that are performed in:

- Emergency room
- Inpatient
- 23-hour observation

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

Prior Authorization Required:

- **NCM/MPI (Nuclear Cardiac Imaging)**
- **Echocardiography (TTE, TEE and SE)**
- **Diagnostic Heart Catheterizations**

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

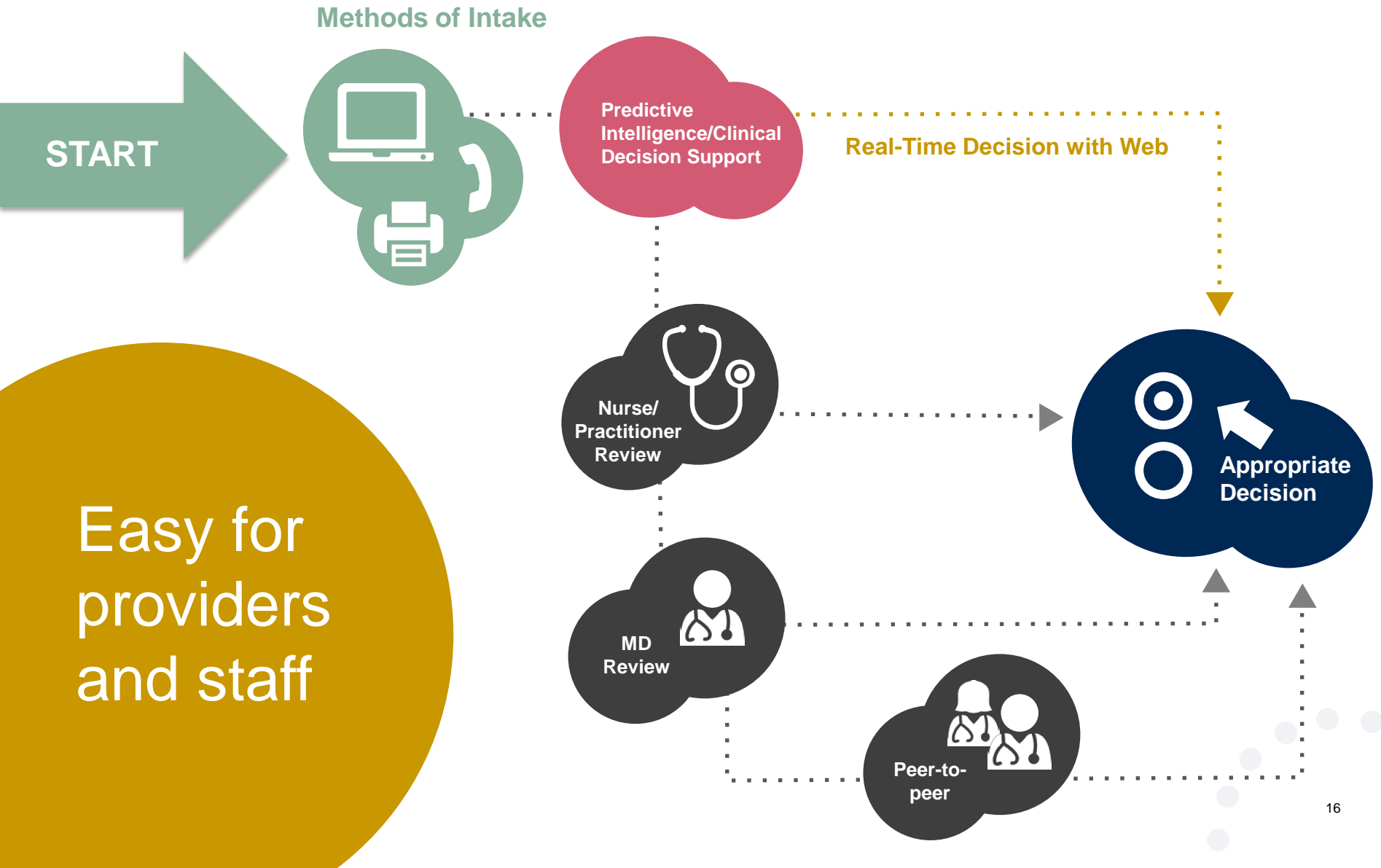
[http://www.medsolutions.com/implementation/
AetnaOH/](http://www.medsolutions.com/implementation/AetnaOH/)

Prior Authorization Requests

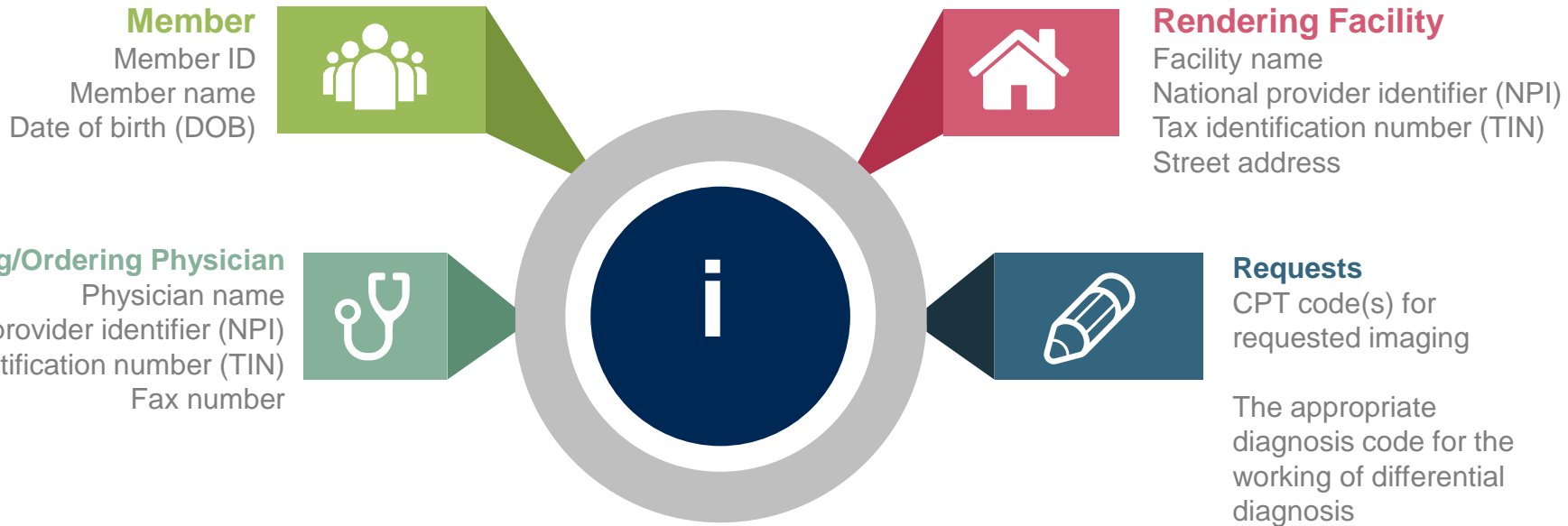
How to request prior authorization:



Clinical Review Process



Needed Information



If clinical information is needed, please be able to supply:

- Prior tests, lab work, and/or imaging studies performed related to this diagnosis
- The notes from the patient's last visit related to the diagnosis
- Type and duration of treatment performed to date for the diagnosis

Prior Authorization Outcomes

➤ Approved Requests:

- All requests are processed within 14 calendar days after receipt of all necessary clinical information.
- Authorizations are good for 60 calendar days from the date of request.

➤ Delivery:

- Faxed to ordering physician once medical necessity is met.
- No notice to member
- Written notification to the ordering/rendering facility
- Information can be printed on demand from the eviCore healthcare Web Portal.

➤ Denied Requests:

- Written communication of denial determination
- Communication of the rationale for the denial
- How to request a Peer Review

➤ Delivery:

- Written notice mailed to the member
- Fax notification to the ordering physician .
- No notification to the requesting/rendering facility. Denial status will be available on the Web Portal.

Special Circumstances

➤ Appeals

- eviCore will not process first level appeals
- Appeals will be handled by Aetna Better Health of Ohio

➤ Retrospective Studies:

- eviCore will allow retrospective requests only where clinical urgency prevented prior authorization.
- Any retro requests must be submitted within 3 business days of the date of service.
- Retro requests will be reviewed for medical necessity only and a decision will be rendered in 14 calendar days.

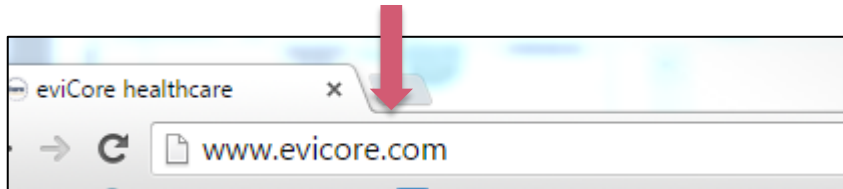
➤ Outpatient Urgent Studies:

- Contact eviCore by phone, fax or via the web to request an expedited prior authorization review and provide clinical information
- Urgent Cases will be reviewed within 72 hours.

Web Portal Services

eviCore healthcare website

- Point web browser to evicore.com



- Click on the “Providers” link



- Login or Register

Providers Delivering Medical Solutions That Benefit Everyone.

☐ Remember User ID
For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

☐ I Agree to [HIPAA Disclosure!](#)

[Forgot UserName](#) [Password?](#) [Register](#)

This website is compatible with Internet Explorer 9, 10, 11, Mozilla Firefox and Google Chrome



Creating An Account

Providers Delivering Medical
Solutions That Benefit **Everyone.**

☐ Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

☐ I Agree to [HIPAA Disclosure!](#)

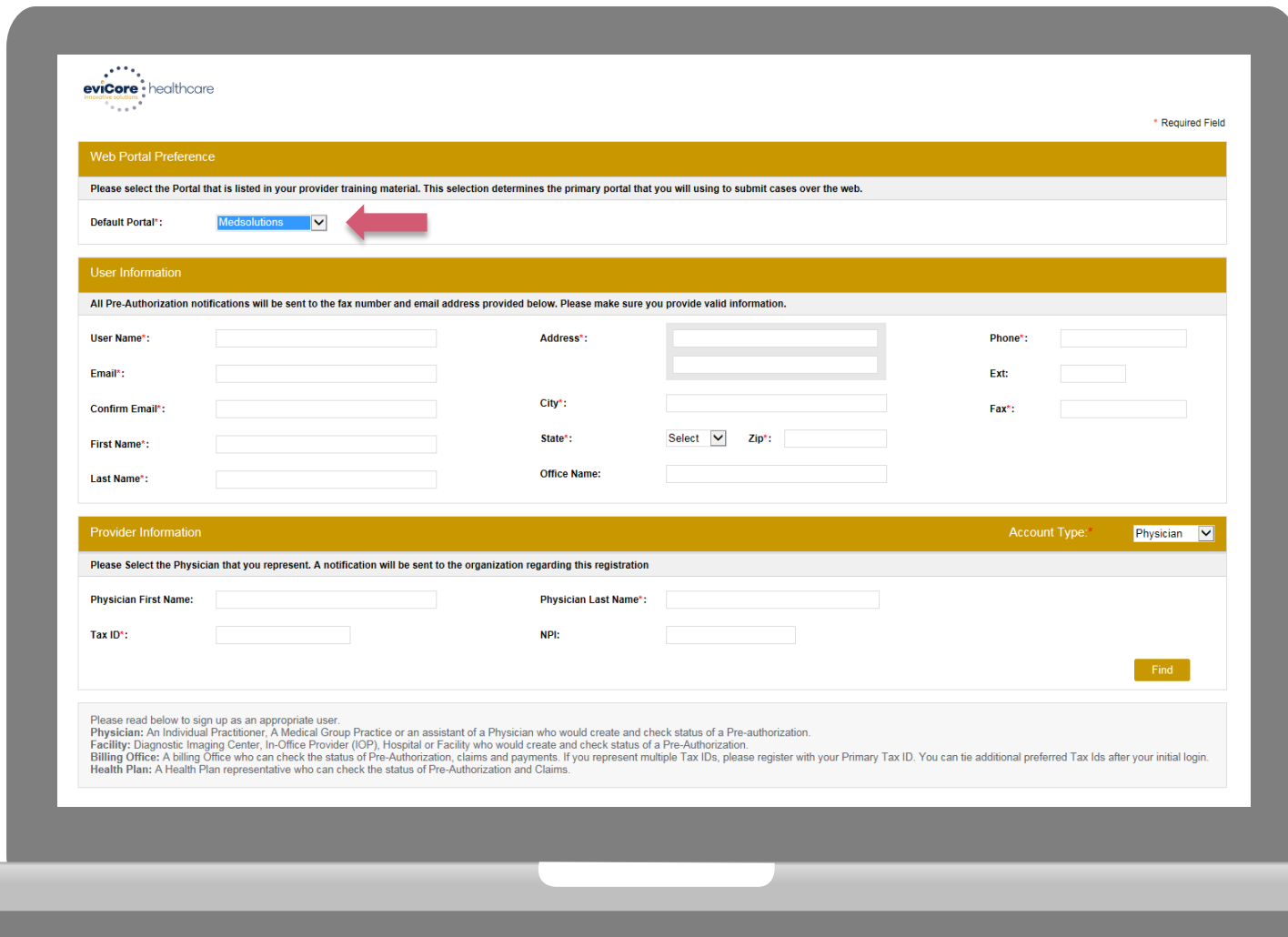
LOGIN

[Forgot UserName](#) [Password?](#) [Register](#)



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

Creating An Account



The screenshot shows a web form for creating an account with eviCore healthcare. The form is divided into three main sections: Web Portal Preference, User Information, and Provider Information. A red arrow points to the 'Default Portal' dropdown menu, which is currently set to 'Medsolutions'. The 'User Information' section contains fields for User Name, Address, Phone, Email, Confirm Email, City, State, Zip, First Name, Last Name, and Office Name. The 'Provider Information' section includes fields for Physician First Name, Physician Last Name, Tax ID, and NPI, along with a 'Find' button. The 'Account Type' dropdown is set to 'Physician'. A footer section provides instructions for signing up as an appropriate user, including definitions for Physician, Facility, Billing Office, and Health Plan.

eviCore healthcare
Intelligent Solutions

* Required Field

Web Portal Preference

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

Default Portal*: 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*: Address*:
Phone*:
Email*: Ext:
Confirm Email*: City*:
Fax*:
First Name*: State*: Select Zip*:
Last Name*: Office Name:

Provider Information

Account Type: Physician

Please Select the Physician that you represent. A notification will be sent to the organization regarding this registration

Physician First Name: Physician Last Name*:
Tax ID*: NPI:
Find

Please read below to sign up as an appropriate user.
Physician: An Individual Practitioner, A Medical Group Practice or an assistant of a Physician who would create and check status of a Pre-authorization.
Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or Facility who would create and check status of a Pre-Authorization.
Billing Office: A billing Office who can check the status of Pre-Authorization, claims and payments. If you represent multiple Tax IDs, please register with your Primary Tax ID. You can tie additional preferred Tax IDs after your initial login.
Health Plan: A Health Plan representative who can check the status of Pre-Authorization and Claims.

➔ Select a **Default Portal**. Choose the **Account Type**, and complete the registration form. There are (4) account types: Facility, Physician, Billing Office, and Health Plan

Creating An Account

Web Portal Preference

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

Default Portal*: Medsolutions

User Registration

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

Provider Information

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

Please read below to sign up as an appropriate user.

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

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

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

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

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

User Registration-Continued

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

Default Portal*: Medsolutions

User Registration

UserName: MYoder

Email: evicorejedi1234@gmail.com

Account Type: Physician

First Name: Mallory

Last Name: Yoder

Provider Information

Physician FirstName: TEST Physician Last Name: Yoder

State: TN Tax ID:

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

USER REGISTRATION

User Access Agreement *Required

eviCore

Provider/Customer Access Agreement for Web-Based Applications

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

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

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

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

☒ Accept Terms and Conditions *

Submit Cancel

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

User Registration-Continued

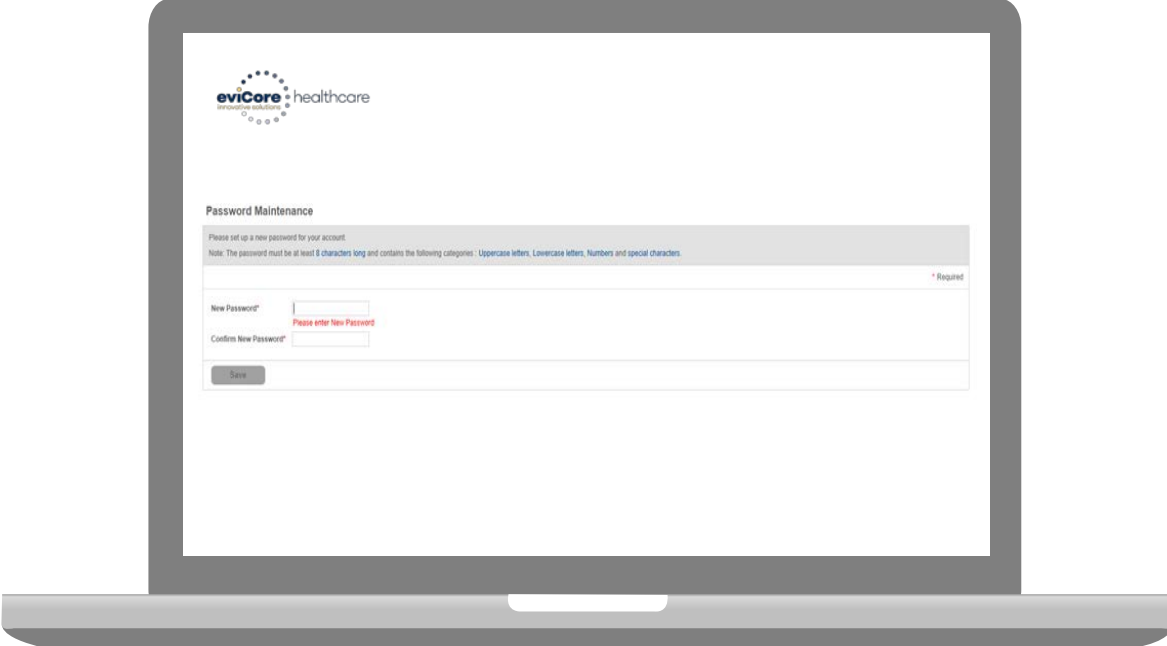


You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

Create a Password

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

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



The screenshot shows a laptop displaying the 'eviCore healthcare' logo at the top. Below the logo is a section titled 'Password Maintenance'. Inside this section, there is a grey box with the text: 'Please set up a new password for your account.' and a note: 'Note: The password must be at least 8 characters long and contain the following categories: Uppercase letters, Lowercase letters, Numbers and special characters.' To the right of the note is a small asterisk and the word 'Required'. Below the note are two input fields: 'New Password*' and 'Confirm New Password*'. The 'New Password*' field has a red error message 'Please enter New Password' below it. At the bottom of the form is a 'Save' button.

Account Log-In

Providers Delivering Medical
Solutions That Benefit Everyone.

Mallory1897

.....

☐ Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

☒ I Agree to [HIPAA Disclosure!](#)

[Forgot UserName](#) | [Password?](#) | [Register](#)

LOGIN



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

Announcements

The screenshot shows the eviCore healthcare website interface. The top navigation bar contains the following links: Home, Search/Start Case, Claim Search, User Administration, Content Admin, Case Summary, Payment Status, Reports, System Admin, and CareCore National Portal (highlighted with a red circle). The main content area displays an announcement titled "Low Dose CT Screening for Lung Cancer- Posted on: 19 Jan 2016". The announcement text states: "When requesting services for Lung Cancer Screening, please note that for Medicare patients, the appropriate CPT Code G0297 should be used in accordance with CMS Guidelines. Upon approval, this will ensure proper payment upon billing of claims. Note: This does not apply to Cigna". Below this is a section for "New Announcements- Posted on: 01 Jan 2015".

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

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

Account Settings

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


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



Account Settings

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

- Search for a Tax ID by clicking **Physician** or **Facility**.
- Confirm you are authorized to access PHI by clicking the check box, and hit Save.

**Preferences**

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

☐ Physician ☐ Facility

Tax ID* Add

Preferred Tax IDs on my account

Tax ID	Provider Type
123456789	Physician

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

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

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

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

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

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

SaveCancel

Search/Start Case

Home Tab

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

My Pending Worklist

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

Recently Submitted Cases

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

My Pending Worklist - 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 - 1 of 1 items

[illegible]

Search/Start Case – Member Lookup

eviCore healthcare
innovative solutions

Announcements Home **Search/Start Case** Claim Search Payment Status

PATIENT & CASE LOOKUP

Patient Search Result(s)

Patient Lookup

Insurer:* MEDSOLUTIONS DEN

Member ID: xyz0002

or

First Name:

Last Name:

Date of Birth:

Reset Search

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

Case/Auth Lookup

☒ Case ID ☐ Auth Number

Search

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

For **Case/Auth Lookup**, you will only need to enter the *Case ID* or *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	MSI DEMO PROGRAM - PA REQ	01/01/2009	12/31/2999

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

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**.

Patient Detail Information

Member ID: XYZ00002

Name: HILL, BOBBY

Date of Birth: 02/01/1974

Gender: MALE

Address: 101 MAIN ST, FRANKLIN, TN, 37067

Insurer: MEDSOLUTIONS DEMO

Program: MSI DEMO PROGRAM - PA REQ

Program Effective Date: 01/01/2009

Program Term Date: 12/31/2999

This is a MEDSOLUTIONS DEMO Program

Create Case

Patient History - 49 Records found

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 ID	Auth Number	Submit Date	Case Status			
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

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.*

PATIENT & CASE LOOKUP

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

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 : ICD Codes :

CPT Codes

Search:

Code	Description	Modifier
95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	

Diagnosis

☐ ICD 9 ☒ ICD 10

Search:

Code	Description
A27.0	Leptospirosis icterohemorrhagica

Case Creation – Ordering Physician

- Select from a default **Physician** or search by **Name**, **Tax ID**, or **NPI** number.
- Once the correct physician displays, select by clicking on the record. Then hit **“Save & Next.”**

PATIENT & CASE LOOKUP

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

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: 95811 ICD Codes: A27.0

Physician

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.

Lookup Physician

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

1 - 5 of 8 items

Save & Next

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 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

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: 95811 ICD Codes: A27.0

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 Code
BEACON MRI WEST	730 COOL SPRINGS BLVD, FRANKLIN, TN, 37067	0.86	MRI, PET	*****9014		
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,			

1 - 2 of 2 items

Search Facility

Look-up IOP

Save & Next

Case Creation – Review and Submit

- You can edit the CPT/ICD codes, Physician, and Facility information by clicking the “Edit” icons next to the field that needs to be updates.
- Review the case information, then **click Submit**. Case details cannot be changed once you hit this button.

PATIENT & CASE LOOKUP

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

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: 95811 ICD Codes: A27.0

Physician

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

Facility

Facility Name: TEST FACILITY FOR PORTAL , Tax ID : ***** , 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 (615) 468-4408. 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.

Submit

Providing Clinical Information

Member	Member ID	Date of Birth	Health Plan	Referring Physician	Specialty	Tax ID	NPI
BOBBY HILL	XXXXXXXXXX	MM/DD/YYYY	MSI DEMO PROGRAM - PA	DOCTOR TEST	DERMATOLOGY,ACUPUNCTURE	*****	

Select a Reason for the Requested Procedure

73721 MRI Lower Extremity, any joint; without contrast material(s)

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

- ☒ Left
- ☐ Right
- ☒ Ankle
- ☐ Foot
- ☐ Hip
- ☐ Knee

- select one -

✓ Continue

If applicable, you will be asked a series of questions. Start by selecting a reason for the requested study.

Note: A reason must be selected in order to proceed and Continue to turn green.

Providing Clinical Information

PATIENT & CASE LOOKUP CASE DETAIL

Patient Lookup

Insurer: MEDSOLUTION

Member ID: xyz00002

First Name: Last Name: Date of Birth:

Reset

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

Case/Auth Lookup

Case ID Auth Number

Survey

Member	Member ID	Date of Birth	Health Plan	Referring Physician	Specialty	Tax ID	NPI
BOBBY HILL	XYZ00002	02/01/1974	MSI DEMO PROGRAM - PA REQ	TEST DOCTOR			

Requests (Purpose): 70552 (test(manually entered by user))

Submit

Please Review the Information Below

When you're ready to submit the survey, click Continue to proceed with the request.

Please note once you submit you will not be able to change the information provided.

Print Save Continue

NOTE: Once you submit, you will NOT be able to change the information provided.

Providing Clinical Information

Member	Member ID	Date of Birth	Health Plan	Referring Physician	Specialty	Tax ID	NPI
MALEDOBYEAR1990 RBMADULTTESTMEMBER	ACDSRBM0045	01/01/1990	MSI DEMO ACDS PROGRAM RBM	DOCTOR 1 ACDS RBM TEST (730 COOL SPRINGS BLVD SUITE 800)	VERIFY	*****	

72141

MRI Cervical Spine without contrast

Purpose : Cervical (Neck) Pain with or without radiating symptoms

Based on the clinical information provided,
72141 is consistent with MedSolutions Evidence based Clinical Guidelines.

Decision criteria for **72141**

- MET** because based on the clinical information provided, there has been at least 6 weeks of provider-directed treatment or observation including clinical re-evaluation based on the dates of the office visits provided, and therefore advanced imaging may be appropriate.
- MET** because based on the clinical information provided, there has not been a prior CT or MRI of the Cervical spine, and therefore advanced imaging may be appropriate.

Action for 72141

- ☐ Continue
- ☐ Voluntarily Cancel Request



Print



Save for 7 days



Submit All

A message received in **GREEN** means the clinical criteria has been met; however, the case is not complete until further action is taken.

Providing Clinical Information

72141

MRI Cervical Spine without contrast

Based on the clinical
72141 is not con

Decision criteria for 7

NOT MET

because based on the clinical information provided, there may not have been at least 6 weeks of provider-directed treatment or observation OR there may not have been a clinical re-evaluation based on the dates of the office visits provided, and therefore advanced imaging may not be appropriate.

If the system determines the imaging is not consistent with guidelines based on the clinical data supplied, the request would go through the traditional review process or the user may Voluntarily Cancel, ensuring the patient doesn't receive a denial.

d on the information submitted, this
will not be recommended for this
dual. Do you wish to continue this
est by submitting for additional review,
luntarily cancel the request at this time?

Action for 72141

☐ Submit for Additional Review

☐ Voluntarily Cancel Request



Print



Save for 7 days



Submit All

This is Not a Complete Transaction.

By clicking Submit for Additional Review, you will be given the opportunity to provide additional clinical information

Providing Clinical Information

72141

MRI Cervical Spine without contrast

Based on the clinical information provided, 72141 is not recommended for this individual.

You can click on the Not Met decision criteria to view and print the guidelines, if needed.

Decision criteria for 72141

NOT MET

because based on the clinical information provided, the symptoms may be improving after a provider-directed trial of clinical care or observation, and therefore advanced imaging may not be appropriate.

Based on the information submitted, this study will not be recommended for this individual. Do you wish to continue this request by submitting for additional review, or voluntarily cancel the request at this time?

Action for 72141

- ☐ Submit for Additional Review
- ☐ Voluntarily Cancel Request

SPINE IMAGING GUIDELINES

SP-11~Neck Pain and Cervical Radiculopathy

SP-11.1 General

- ✓ Cervical spine MRI without contrast can be considered for all patients with posterior neck/periscapular/upper back pain without or with neurological features (radiculopathy, myelopathy, etc) if:
 - Failed 6 weeks of physician guided clinical care (treatment or observation, See: SP-1.1) with clinical re-evaluation
 - Red Flags (see SP-1.2)

Practice Notes:

Pain radiation patterns into the thoracic spine area do not justify the addition of thoracic spine advanced imaging on that basis alone.

Cervical radiculopathy is often confused with shoulder disorders, brachial plexopathy and median/ulnar neuropathies.

Electrodiagnostic testing (EMGs/NCV) is generally used to confirm, not establish, a diagnosis of peripheral nerve entrapment and/or a motor/sensory neuropathy based upon history and physical examination findings. Electrodiagnostic testing is often considered when advanced imaging of the spine does not reveal compressive pathology and/or after 6 weeks of unimproved symptoms of extremity pain, weakness, numbness and/or tingling.

SP-11.2 Cervical Spine Trauma:

Providing Clinical Information

rt Case Claim Search Payment Status

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

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.

Save

No notes saved

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

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.

46

Providing Clinical Information

The screenshot shows a web application interface for uploading clinical documentation. The main window is titled "Upload Additional Clinical Documentation". It contains two main sections: "Additional Documentation" and "Clinical Notes".

Additional Documentation Section:

- Header: "Additional Documentation" with a question mark icon.
- Warning: "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."
- Form: A "File Name" input field.
- Button: A yellow "Browse" button.
- Status: "No attachments saved".

Clinical Notes Section:

- Header: "Clinical Notes".
- Form: A "Note Text" input field containing the text "test".
- Text: "Maximum Character limit on each note is 5000."
- Buttons: "Apply" and "Cancel" buttons at the bottom right.

Message from webpage:



A modal dialog box is displayed over the form. It has a title bar "Message from webpage" and a close button (X). The message reads: "Your Clinical documentation has been sent to Medsolutions for further review." with a yellow warning icon. An "OK" button is at the bottom right.

Annotation:

A dark blue callout box with white text points to the "Apply" button. The text says: "Once you click Apply you will receive a message that your documentation has been accepted, and the 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: 101902410 **Initiated Date:** 07/14/2016 **Case Activity:** RN Review Process **Case Status:** Pending

Patient
First Name: BOBBY
Last Name: HILL
Date of Birth: 02/01/1974
Address: 101 MAIN ST, FRANKLIN, TN, 37067
Phone:
Member ID: XYZ00002
Insurer: MEDSOLUTIONS DEMO
Program: MSI DEMO PROGRAM - PA REQ

Referring Physician
First Name: TEST
Last Name: DOCTOR
Address: 730 COOL SPRINGS BLVD, FRANKLIN, TN, 370677289
Phone : 9999999999
Fax : 9999999999
Specialty:
Tax ID:
NPI:

Requested Facility
Name: TEST FACILITY FOR PORTAL
Address: PO, NASHVILLE, AA, 37211
Phone: 1231231231
Fax: 1231231231
Equipment: ARTHROGRAM, COMP JOINT, COMP MSK, COMP SPINE, CT, MRI, MYELOGRAM, NCM, OPEN MR, PAIN MGMT, PET, PET/CT, SPINE FUSION
Tax ID:
Taxonomy Code:
NPI:

CPT Codes

CPT Code	Units	Description	CPT Status	Cpt Modifier
95811	1	Polysomnography, age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	Approved	

1 - 1 of 1 items

Diagnosis Codes

ICD Code	ICD Version	Description
G47.33	10	Obstructive sleep apnea (adult) (pediatric)

1 - 1 of 1 items

Additional Documentation

File Name

Clinical Notes

Note Text

test

View

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	Authorization Number:	Auth Effective Date: 07/01/2016	Auth End Date: 09/29/2016
Initiated Date: 07/01/2016	Decision Date: 07/01/2016	Decision Type : Initial	Case Status: Approved

Patient

First Name: BOBBY
Last Name: HILL
Date of Birth: 02/01/1974
Address: 101 MAIN ST, FRANKLIN, TN, 37067
Phone:
Member ID: XY200002
Insurer: MEDSOLUTIONS DEMO
Program: MSI DEMO PROGRAM - PA REQ

Referring Physician

First Name: TEST
Last Name: DOCTOR
Address: 730 COOL SPRINGS BLVD, FRANKLIN, TN, 370677289
Phone : 9999999999
Fax : 9999999999
Specialty:
Tax ID:
NPI:

Requested Facility

Name: TEST FACILITY FOR PORTAL
Address: PO, NASHVILLE, AA, 37211
Phone: 1231231231
Fax: 1231231231
Equipment: ARTHROGRAM, COMP JOINT, COMP MSK, COMP SPINE, CT, MRI, MYELOGRAM, NCM, OPEN MR, PAIN MGMT, PET, PET/CT, SPINE FUSION
Tax ID:
Taxonomy Code:
NPI:

CPT Codes

CPT Code	Units	Description	CPT Status	Cpt Modifier
95811	1	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	Approved	

1 - 1 of 1 items

Diagnosis Codes

ICD Code	ICD Version	Description
G47.33	10	Obstructive sleep apnea (adult) (pediatric)

1 - 1 of 1 items

Additional Documentation

File Name

Clinical Notes

Note Text

Member & Provider Notifications

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: 100528213	Initiated Date: 12/17/2015	Decision Date: 12/17/2015
Decision Type: Initial	Case Status: Denied	

Patient

First Name:	BOBBY
Last Name:	HILL
Date of Birth:	02/01/1974
Address:	101 MAIN ST, FRANKLIN, TN, 37067
Phone:	
Member ID:	XYZ00002
Insurer:	MEDSOLUTIONS DEMO
Program:	MSI DEMO PROGRAM - PA REQ

Referring Physician

First Name:	TEST
Last Name:	DOCTOR
Address:	730 COOL SPRINGS BLVD, FRANKLIN, TN, 370677289
Phone :	99999999
Fax :	99999999
Specialty:	
Tax ID:	
NPI:	

Requested Facility

Name:	TEST FACILITY FOR PORTAL
Address:	PO, NASHVILLE, AA, 37211
Phone:	1231231231
Fax:	1231231231
Equipment:	ARTHROGRAM, COMP JOINT, COMP MSK, COMP SPINE, CT, MRI, MYELOGRAM, NCM, OPEN MR, PAIN MGMT, PET, PET/CT, SPINE FUSION
Tax ID:	
Taxonomy Code:	
NPI:	

CPT Codes

CPT Code	Units	Description	CPT S...	Denial Rationale Description
95811	1	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	Denied	Based on MedSolutions Imaging Guidelines, we are unable to approve the requested

1 - 1 of 1 items

Diagnosis Codes

ICD Code	ICD Version	Description
G47.33	10	Obstructive sleep apnea (adult) (pediatric)

1 - 1 of 1 items

Additional Documentation

File Name

Clinical Notes

Note Text

Web Portal Services-Assistance



The image shows a laptop screen displaying the eviCore healthcare website. A red arrow points to the 'Online Chat' button in the top right corner. A pink banner across the middle of the screen contains the text 'Click online chat'. Below this, a dark blue banner contains the text 'Call a Web Support Specialist at (800)575.4594 (Option 2)'. A yellow banner at the bottom of the screen contains the text 'Click the “Contact Us” link', with a yellow arrow pointing to the 'Contact Us' link in the footer. The footer also includes links for 'Legal Disclaimer', 'Privacy Policy', 'Corporate Website', 'Report Fraud & Abuse', and 'Guidelines and Forms', along with a copyright notice for 2014 MedSolutions.

Click online chat

**Call a Web Support Specialist at
(800)575.4594 (Option 2)**

Click the “Contact Us” link



Web Portal Services-Available 24/7

Provider Resources



Online Resources

Clinical Guidelines, FAQ's, Online Forms, and other important resources can be accessed at www.evicore.com. Click **"Solutions"** from the menu bar, and select the specific program needed.



LOGIN: **PROVIDERS** | **PLANS**

Search

ABOUT

APPROACH

SOLUTIONS

RESOURCES

MEDIA

CAREERS

Overview | The Benefits For Everyone | Criteria Easy Approval | Education Tools | FAQs | Clinical Guidelines | Online Forms & Resources



Cardiology: Overview

eviCore's Cardiology solution applies solid evidence-based principles to all decision making to decrease the utilization of inappropriate cardiac imaging tests, diagnostic services, and implantable devices, and eliminate unnecessary and duplicative tests that generate higher costs and avoidable patient risks.

Provider Resources: Prior Authorization Call Center



Pre-Certification
Call Center



Web-Based
Services



Client Services
Department:



Documents

7:00 AM - 8:00 PM CST: (888) 693-3211

- Obtain pre-certification or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case

eviCore fax number: 844-822-3862 (844-82AETNA)

Provider Resources: Web-Based Services



Pre-Certification
Call Center



Web-Based
Services



Client Services
Department:



Documents

www.evicore.com

To speak with a Web Specialist, call (800) 575-4594

- Request authorizations and check case status online
- Print case summary reports
- Attach clinical documents during and after case creation
- Auto save – no data lost
- Export and print work lists
- View cases by individual user and office

Provider Resources: Client Services Department



Pre-Certification
Call Center



Web-Based
Services



Client Services
Department:



Documents

clientservices@evicore.com

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Questions regarding accuracy assessment, accreditation, and/or credentialing
- Issues experienced during case creation
- Request for an authorization to be resent to the health plan
- Consumer engagement Inquiries

Provider Resources: Implementation Document



Pre-Certification
Call Center



Web-Based
Services



Client Services
Department:



Documents

Provider Enrollment Questions Contact – Please call the number on the back of the members card

Aetna Better Health of Ohio Implementation site - includes all implementation documents:

<http://www.medsolutions.com/implementation/AetnaOH/>

- CPT code list of the procedures that require prior authorization
- ABH OH quick reference guide
- eviCore clinical guidelines
- FAQ documents and announcement letters

To obtain a copy of this presentation, please contact the Client Services department at clientservices@evicore.com

Thank You!

