

Prior Authorization of Cardiology for Aetna Better Health of Pennsylvania

Provider Orientation



AETNA BETTER HEALTH® OF PENNSYLVANIA

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

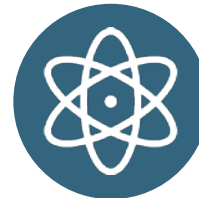
12M claims
processed annually

Integrated Solutions

LAB MANAGEMENT
19M lives



MEDICAL ONCOLOGY
14M lives



RADIATION THERAPY
22M lives

SPECIALTY DRUG
100k lives



MUSCULOSKELETAL
35M lives

RADIOLOGY
65M lives

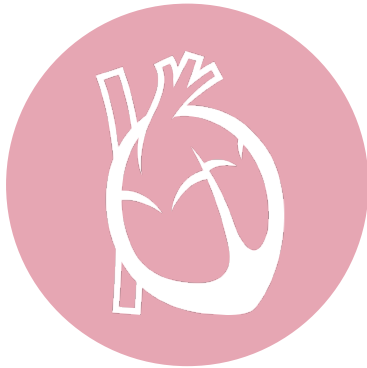


CARDIOLOGY
46M lives

SLEEP
13M lives



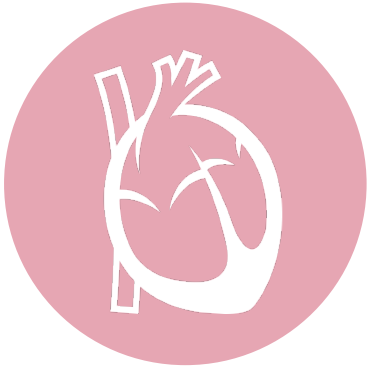
POST-ACUTE CARE
320k lives



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 Pennsylvania



AETNA BETTER HEALTH® OF PENNSYLVANIA

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:

- CT, CTA (Computed Tomography, Computed Tomography Angiography)
- MRI, MRA (Magnetic Resonance Imaging, Magnetic Resonance Angiography)
- PET (Positron Emission Tomography)
- 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:

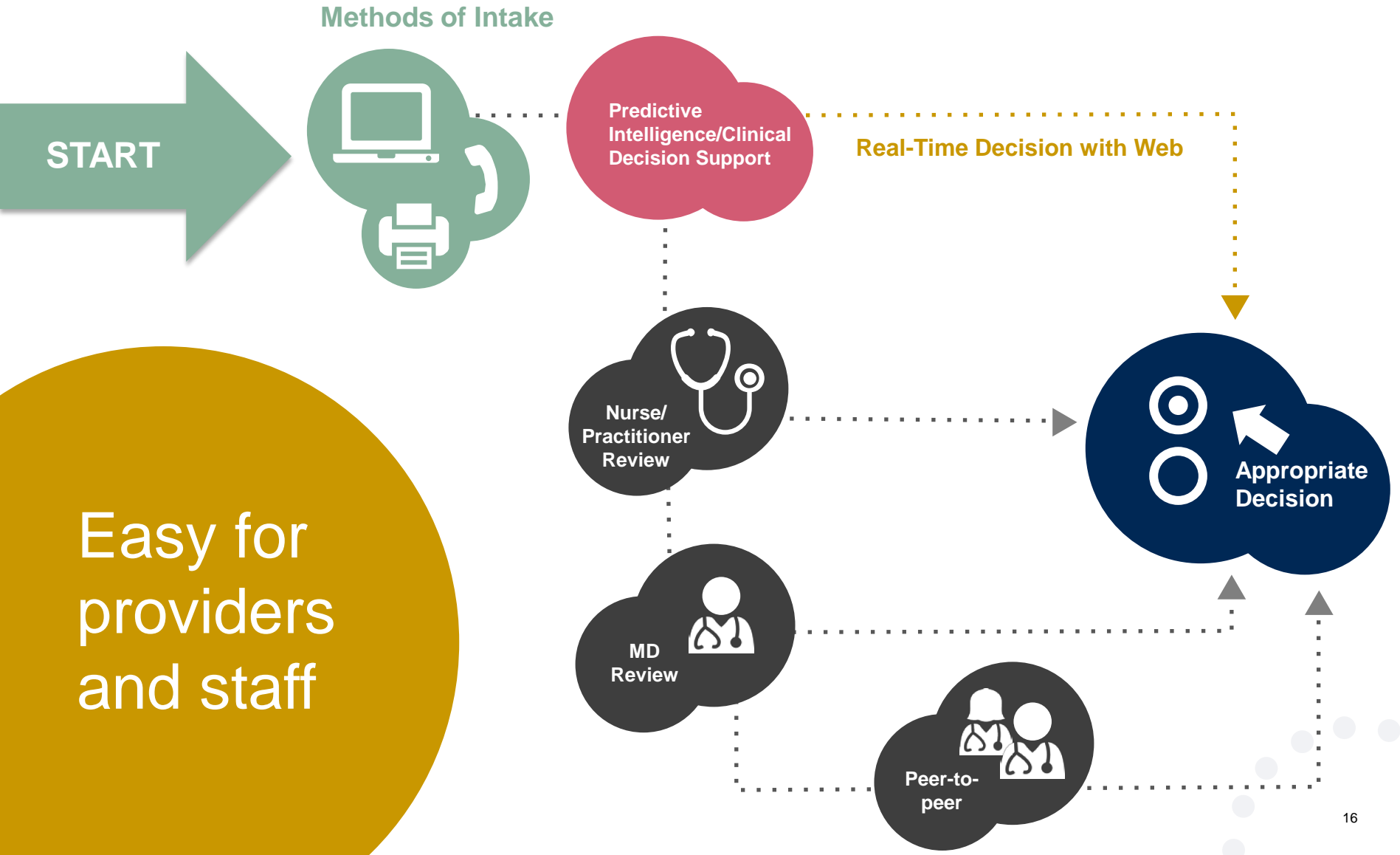
<http://www.medsolutions.com/implementation/abhpa>

Prior Authorization Requests

How to request prior authorization:



Clinical Review Process



Needed Information

Member
Member ID
Member name
Date of birth (DOB)



Rendering Facility

Facility name
National provider identifier (NPI)
Tax identification number (TIN)
Street address



Referring/Ordering Physician
Physician name
National provider identifier (NPI)
Tax identification number (TIN)
Fax number



Requests

CPT code(s) for requested imaging



The appropriate diagnosis code for the working of differential diagnosis

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 3 business days after receipt of all necessary clinical information.
- Authorizations are typically good for 60 calendar from the date of request.

➤ Delivery:

- Both oral notification made and faxed notification to ordering physician.
- Both oral notification made and written notification mailed to the member.
- Both oral notification made and written notification mailed to the requesting/rendering facility.
- Information can be printed on demand from the eviCore healthcare Web Portal.

➤ Denied Requests:

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

➤ Delivery:

- Both oral notification made and faxed notification to ordering physician.
- Both oral notification made and written notification mailed to the member.
- Both oral notification made and written notification mailed to the requesting/rendering facility.

Special Circumstances

Appeals

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

Retrospective Studies:

- Retrospective requests will be allowed but only where clinical urgency prevented prior authorization.
- Retrospective requests will be accepted for up to 3 business days following the date of service
- Retro requests will be reviewed for medical necessity only and a decision will be rendered within 14 calendar days.

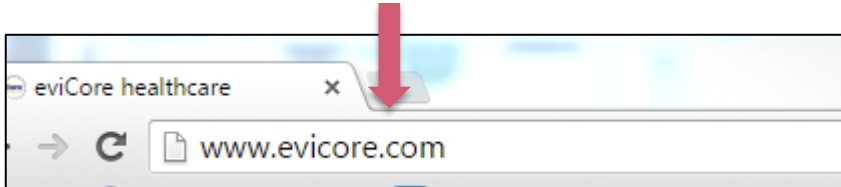
Outpatient Urgent Studies:

- Contact eviCore by phone, fax or 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!](#)

LOGIN

[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

eviCore healthcare

* 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*:

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*: City*: Ext:
Confirm Email*: State*: Zip*: Fax*:
First Name*: Office Name:
Last Name*:

Provider Information

Account Type:

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:

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*:

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 LastN
State: TN Tax ID:

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

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 biological services, whether it is with eviCore directly or said health plan(s)). The electronic acceptance of this Agreement by eviCore's web-based applications is subject

Accept Terms and Conditions *

Submit Cancel

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

User Registration-Continued

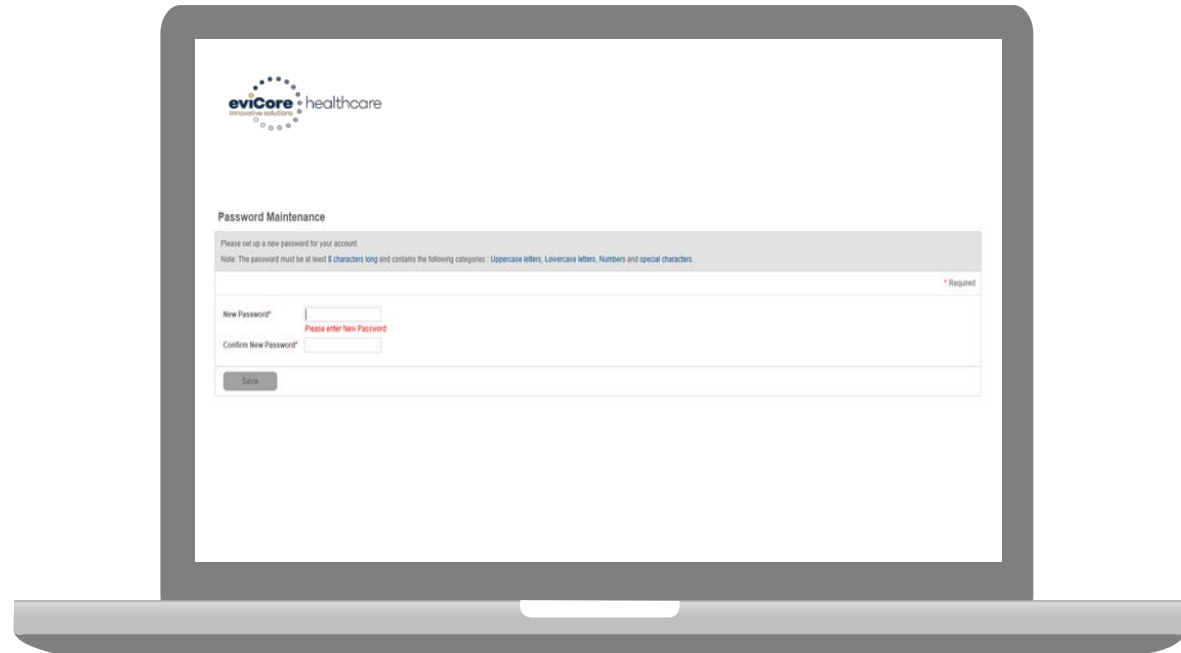


You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

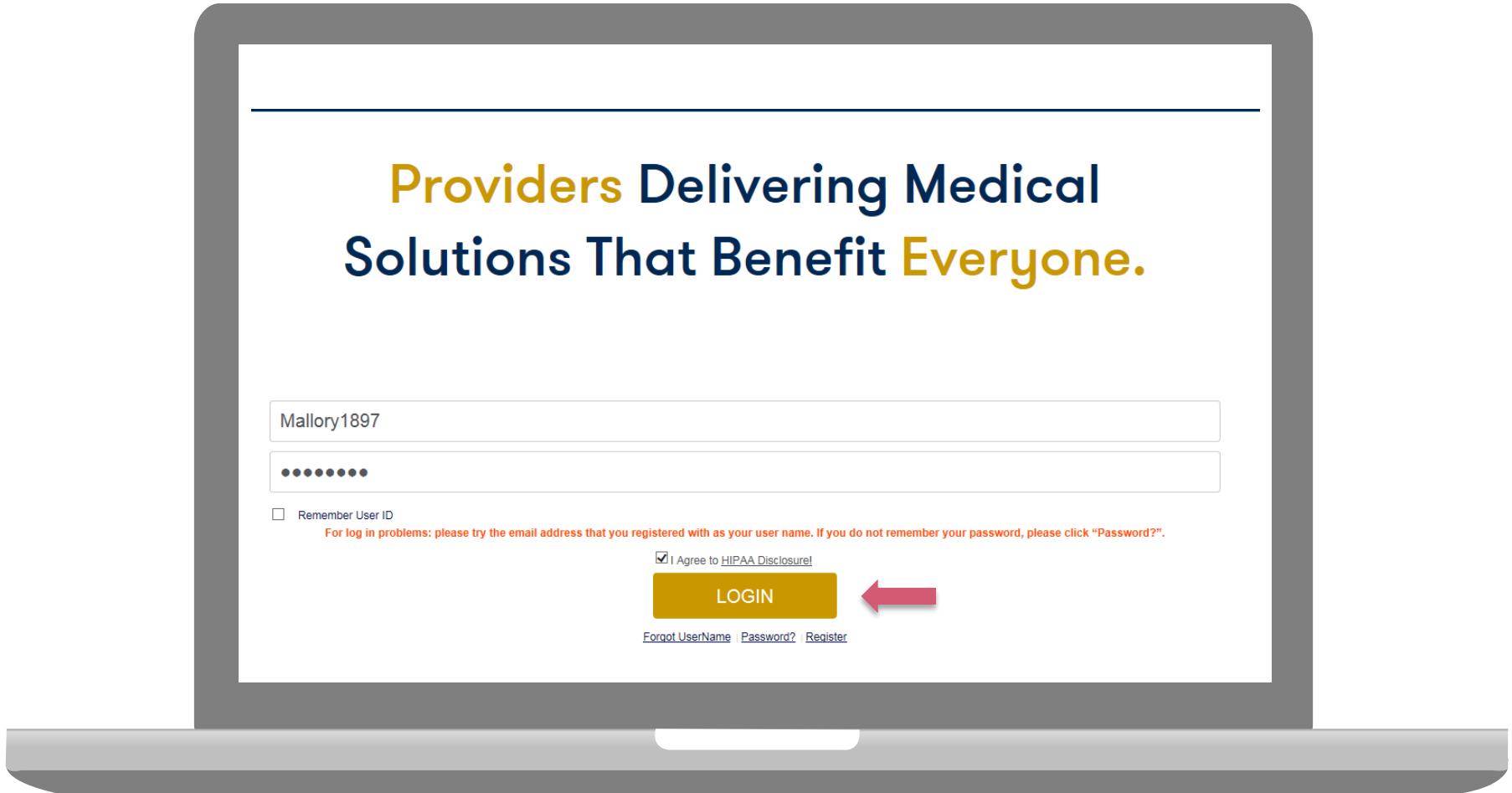
Create a Password

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

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



Account Log-In



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

Announcements

The screenshot displays the eviCore healthcare website interface. At the top left is the eviCore healthcare logo with the tagline 'innovative solutions'. The top right corner contains navigation links: MCNET, Online Chat, a settings gear icon, a lock icon, and Logout. Below this is a dark blue navigation bar with several menu items: Announcements (highlighted in yellow), Home, Search/Start Case, Claim Search, User Administration, Content Admin, Case Summary, Payment Status, Reports, System Admin, and CareCore National Portal (circled in red). The main content area has a yellow header labeled 'Announcements' with three icons (print, download, help) on the right. Below this, there is a section titled 'Low Dose CT Screening for Lung Cancer- Posted on: 19 Jan 2016' with a paragraph of text and a red note: 'Note: This does not apply to Cigna'. A second section titled 'New Announcements- Posted on: 01 Jan 2015' is currently empty.

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*

Preferred Tax Ids on my account

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

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

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

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

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

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

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

Search/Start Case

Home Tab

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

My Pending Worklist

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

Recently Submitted Cases

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

My Pending Worklist - 1* Cases Pending for Case Details and Survey will be deleted after 7 calendar days

Clear Filters Refresh Data Save Preference

	Case Number	Insurer Name	Patient Name	Date Of Birth	CPT Codes	ICD Codes	ICD Version	Referring Physician	Facility
✖		MEDSOLUTIONS DEMO	HILL, BOBBY	2/1/1974	70551	A01.4	10		

1 - 1 of 1 items

Recently Submitted Cases - 0

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

Clear Filters Refresh Data Save Preference Only My Portal Cases

Case Number	Insurer Name	Patient Name	Date Of Birth	Case Status	Case Activity	Submit Date	Authorization Number	Effective Date	Expiration
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Search/Start Case – Member Lookup



PATIENT & CASE LOOKUP

Patient Search Result(s)

Patient Lookup

Insurer:* MEDSOLUTIONS DEN

Member ID: xyz0002

or

First Name:

Last Name:

Date of Birth:

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

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.

Case/Auth Lookup

Case ID Auth Number

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

This is a MEDSOLUTIONS DEMO Program Create Case

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.

Patient History - 49 Records found Download ?

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

1 - 5 of 49 items

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:

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

Case/Auth Lookup

Case ID Auth Number

CASE DETAIL

Member

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

CPT/ICD

CPT Codes : ICD Codes :

CPT Codes

Search:

Code	Description	Modifier
95811	Polysomnography; age 5 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:

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

Case/Auth Lookup

Case ID Auth Number

CASE DETAIL

Member

Insurer: MEDSOLUTIONS DEMO Member ID: XYZ00002

Health Plan/Program: MSI DEMO PROGRAM - PA REQ

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

CPT/ICD

CPT Codes : 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.

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

1 - 5 of 8 items

Case Creation – Facility

- Select from a default **Facility** or search by clicking the **Search Facility** button and entering the **Facility Name**, **Tax ID**, or **NPI** number. For in-office 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:* ▼

Member ID:

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:*

Member ID:

or

First Name:

Last Name:

Date of Birth:

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

Case/Auth Lookup

Case ID Auth Number

CASE DETAIL

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

CPT/ICD
CPT Codes: 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.

Providing Clinical Information

Member	Member ID	Date of Birth	Health Plan	Referring Physician	Specialty	Tax ID	NPI
BOBBY MILL	JY2JHNDZ	02/01/1974	MSI DEMO PROGRAM PA RE	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

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.

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

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



Print



Save for 7 days



Submit All

Providing Clinical Information

72141

MRI Cervical Spine without contrast

Based on the clinical information provided, 72141 is not consistent with the guidelines.

Decision criteria for 72141:

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.

Based on the information submitted, this request 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

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

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

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

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?

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.

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

CASE DETAIL

Request for Additional Clinical Documentation

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

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

You must select one of the following:

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

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

Continue

Providing Clinical Information

Upload Additional Clinical Documentation

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

No attachments saved

Clinical Notes

Note Text

Maximum Character limit on each note is 5000.

No notes saved

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

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

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

Providing Clinical Information

Upload Additional Clinical Documentation

Additional Documentation ?

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

File Name

Browse

No attachments saved

Clinical Notes

Note Text

test

Maximum Character limit on each note is 5000.

Apply Cancel

Message from webpage

⚠ Your Clinical documentation has been sent to Medsolutions for further review.

OK

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

Referring Physician

Requested Facility

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

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

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

Diagnosis 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	

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

Additional Documentation

Clinical Notes

File Name

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

Referring Physician

Requested Facility

First Name: BOBBY
Last Name: HILL
Date of Birth: 02/01/1974
Address: 101 MAIN ST, FRANKLIN, TN, 37067
Phone:
Member ID: XYZ0002
Insurer: MEDSOLUTIONS DEMO
Program: MSI DEMO PROGRAM - PA REQ

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

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

Diagnosis 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	

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

Additional Documentation

Clinical Notes

File Name

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

Referring Physician

Requested Facility

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

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

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

Diagnosis 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

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

1 - 1 of 1 items

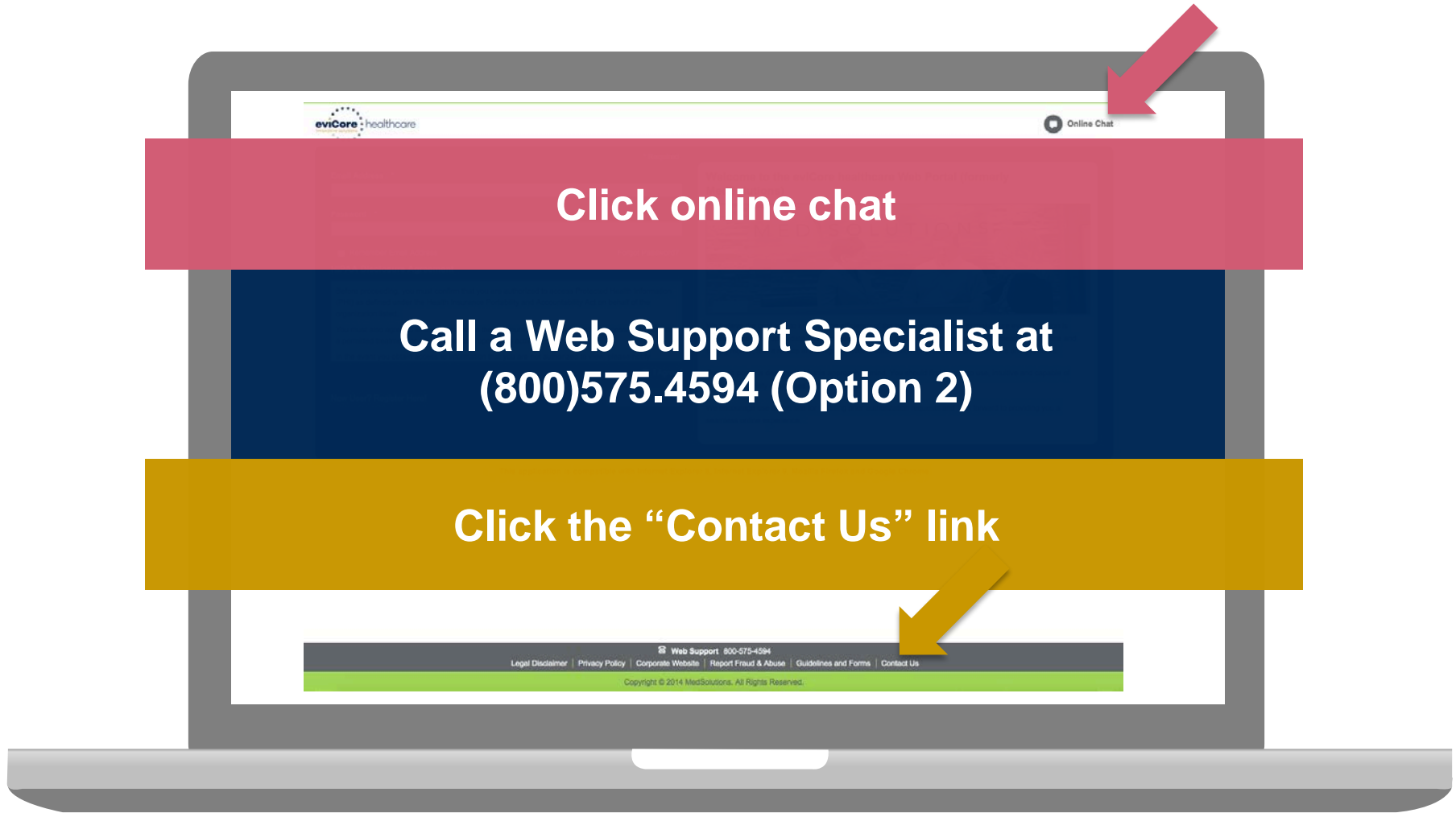
Additional Documentation

Clinical Notes

File Name

Note Text

Web Portal Services-Assistance



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.



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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: 1-844-82AETNA

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 Pennsylvania Implementation site - includes all implementation documents:

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

- CPT code list of the procedures that require prior authorization
- ABH PA 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!

