

Radiology & Cardiac Imaging Prior Authorization Program

Provider Orientation Session for FirstCarolinaCare



Empowering
the Improvement
of Care

Agenda

- Clinical Approach
- Program Overview
- Submitting Requests
- Prior Authorization Outcomes & Special Considerations
- Reconsideration Options
- Provider Portal Overview
- Additional Provider Portal Features
- Provider Resources
- Q & A

Clinical Approach

Evidence-Based Guidelines

The foundation of eviCore 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 Society for Radiation Oncology
- American Society of Clinical Oncology
- American Academy of Pediatrics
- 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

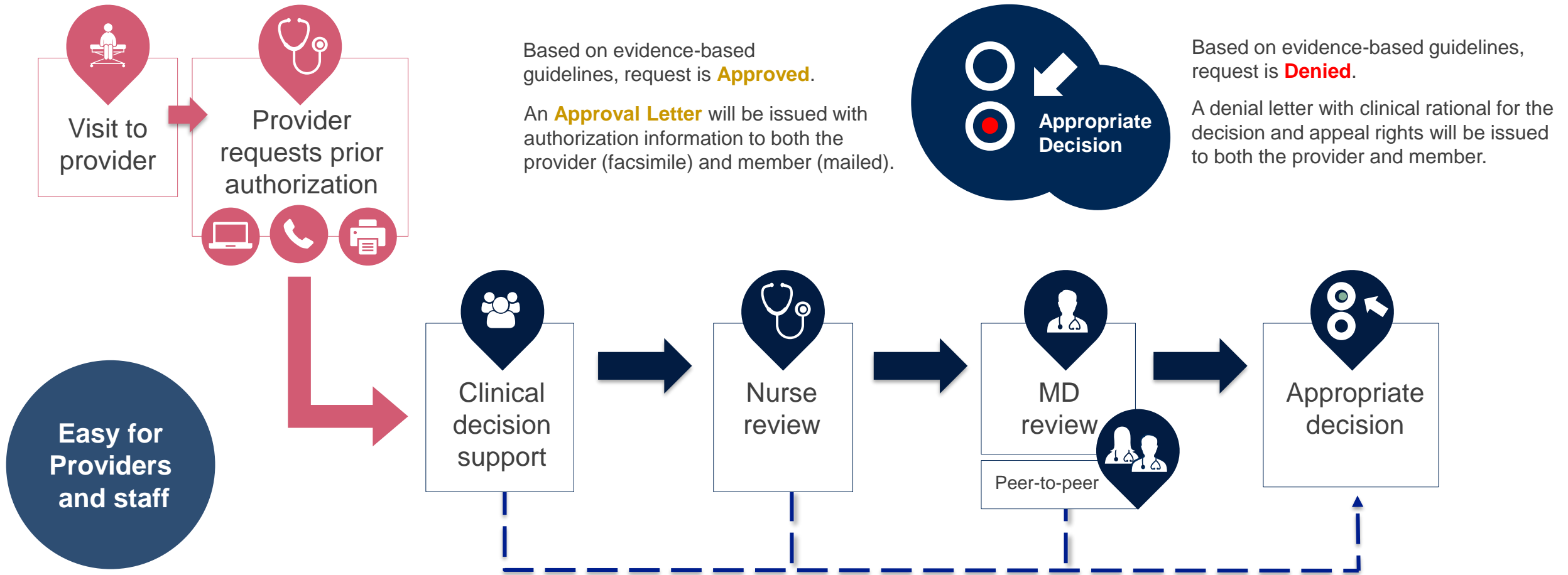
Clinical Staffing – Multispecialty Expertise

Dedicated nursing and physician specialty teams for a wide range of solutions

- ◆ **Anesthesiology**
- ◆ **Cardiology**
- ◆ **Chiropractic**
- ◆ **Emergency Medicine**
- ◆ **Family Medicine**
 - Family Medicine / OMT
 - Public Health & General Preventative Medicine
- ◆ **Gastroenterology**
- ◆ **Internal Medicine**
 - Cardiovascular Disease
 - Critical Care Medicine
 - Endocrinology, Diabetes & Metabolism
 - Geriatric Medicine
 - Hematology
 - Hospice & Palliative Medicine
 - Medical Oncology
 - Pulmonary Disease
 - Rheumatology
 - Sleep Medicine
 - Sports Medicine
- ◆ **Medical Genetics**
- ◆ **Nuclear Medicine**
- ◆ **OB / GYN**
 - Maternal-Fetal Medicine
- ◆ **Oncology / Hematology**
- ◆ **Orthopedic Surgery**
- ◆ **Otolaryngology**
- ◆ **Pain Mgmt. / Interventional Pain**
- ◆ **Pathology**
 - Clinical Pathology
- ◆ **Pediatric**
 - Pediatric Cardiology
 - Pediatric Hematology-Oncology
- ◆ **Physical Medicine & Rehabilitation**
 - Pain Medicine
- ◆ **Physical Therapy**
- ◆ **Radiation Oncology**
- ◆ **Radiology**
 - Diagnostic Radiology
 - Neuroradiology
 - Radiation Oncology
 - Vascular & Interventional Radiology
- ◆ **Sleep Medicine**
- ◆ **Sports Medicine**
- ◆ **Surgery**
 - Cardiac
 - General
 - Neurological
 - Spine
 - Thoracic
 - Vascular
- ◆ **Urology**



Utilization Management – the Prior Authorization Process



Program Overview – Radiology and Cardiac Imaging

FirstCarolinaCare Radiology & Cardiac Imaging Services Performed by eviCore

eviCore healthcare (eviCore) will begin accepting prior authorization requests for radiology services on **December 17, 2020** for dates of service **January 1, 2021** and after.

Prior authorization applies to the following Radiology & Cardiac Imaging services:

- Outpatient
- Diagnostic

Prior authorization does **NOT** apply to Radiology & Cardiac Imaging services performed in:

- Emergency Rooms
- Observation Services
- Inpatient Stays



Providers should verify member eligibility and benefits on the secured provider log-in section at: login.firstcarolinacare.com

Applicable Memberships

Prior Authorization is required for FirstCarolinaCare members who are enrolled in the following lines of business/programs and ID # begins with 94:

Medicare	<ul style="list-style-type: none">• FirstMedicare Direct• New Hanover Health FirstMedicare
Commercial	<ul style="list-style-type: none">• Fully Insured• Self Insured

Prior Authorization requests should NOT be requested through eviCore for FirstCarolinaCare members who are enrolled in the following lines of business/programs:

- FirstMedicare Direct Smart HMO

Radiology Solution

Covered Services:

Advanced imaging services

- CT, CTA
- MRI, MRA
- PET, PET/CT
- Nuclear Medicine

Primary imaging services

- Ultrasound/OB Ultrasound

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

<https://www.evicore.com/resources/healthplan/firstcarolinacare>



Cardiology Solution

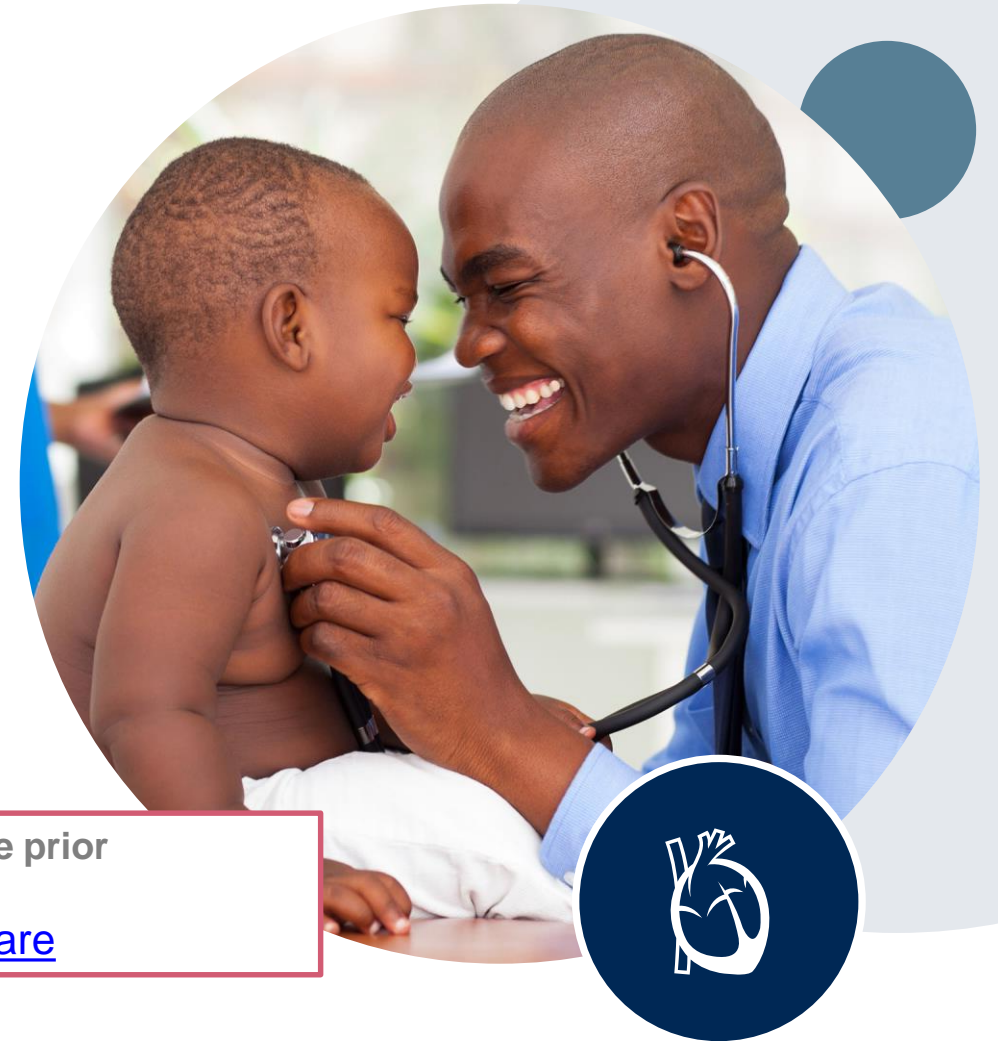
Covered Services:

Advanced imaging and diagnostic services

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

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

<https://www.evicore.com/resources/healthplan/firstcarolinacare>



Obstetrical Ultrasounds

eviCore’s approach to serving the needs of an OB Ultrasound provider and member is to facilitate a single contact with eviCore per pregnancy. The provider will be able to request multiple CPT codes and/or multiple units for the entire episode of care for the member’s pregnancy. The provider will only need to contact eviCore if something changes during the pregnancy. This episodic approach should help reduce the provider’s burden; traditionally, OB US requests were transactional and had to be submitted one at a time, causing a disruption in member care.

Clinical Guidelines

eviCore’s clinical guidelines can be found at the following link:

evicore.com/provider/clinical-guidelines

The guidelines can help direct the member to the appropriate ultrasound(s) based on the member’s indication.

CPT Codes and Descriptions

CPT Code	Description	Typically Performed At:	Pregnancy Category
76801	First Trimester Complete Ultrasound	<14 Weeks	High Risk
76802	First Trimester Complete Ultrasound-for each additional gestation	<14 Weeks	High Risk
76805	Fetal Anatomy Ultrasound	>= 16 Weeks	Low Risk
76810	Fetal Anatomy Ultrasound-for each additional gestation	>= 16 Weeks	Low Risk
76811	Detailed Fetal Anatomy Ultrasound	>=16 Weeks	High Risk
76812	Detailed Fetal Anatomy Ultrasound-for each additional gestation	>=16 Weeks	High Risk
76813	Fetal Nuchal Translucency	11-14 Weeks	Low or High Risk
76814	Fetal Nuchal Translucency-for each additional gestation	11-14 Weeks	Low or High Risk
76815	Quick Look Ultrasound (can be used for a modified BPP)	Varying Intervals*	High Risk
76816	Follow-Up Ultrasound, Growth Ultrasound (Biometry)	Varying Intervals*	High Risk
76817	Transvaginal Ultrasound	Varying Intervals*	High Risk
76818	Biophysical Profile (With Non-Stress Test)	Varying Intervals*	High Risk
76819	Biophysical Profile (Without Non-Stress Test)	Varying Intervals*	High Risk
76820	Umbilical Artery Doppler	Varying Intervals*	High Risk
76821	Middle Cerebral Artery Doppler	Varying Intervals*	High Risk
76825	Fetal Echocardiography	>16 Weeks	High Risk
76826	Follow-Up Fetal Echocardiography		High Risk
76827	Doppler Fetal Echocardiography	>16 Weeks	High Risk
76828	Follow-Up Doppler Fetal Echocardiography		High Risk
	*Please refer to our guidelines for the specific indication being requested		

Submitting Requests

Methods to Submit Prior Authorization Requests

FirstCarolinaCare Provider Portal (preferred)

The FCC online portal login.firstcarolinacare.com is the quickest, most efficient way to request prior authorization and check authorization status, and it's available 24/7

Phone Number:

877-872-4161

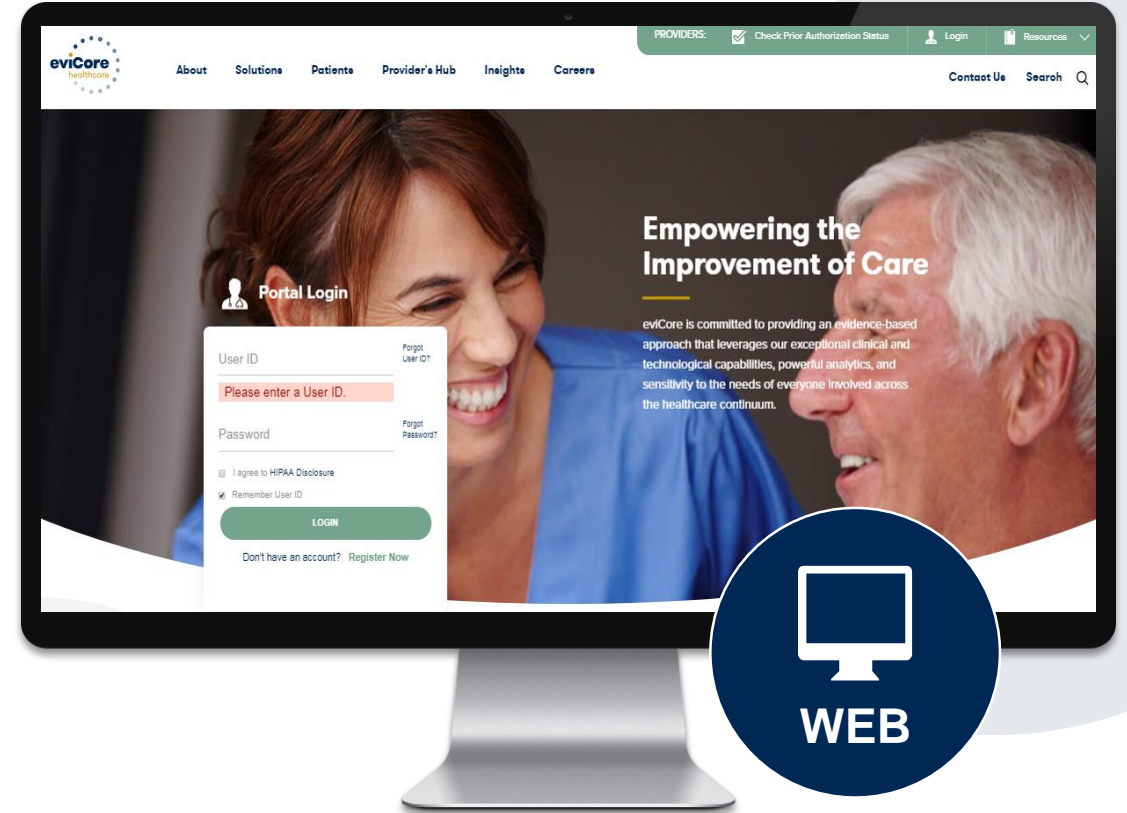
Monday through Friday:

7 am – 7 pm EST

Fax Number:

800-540-2406

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



Benefits of Provider Portal

Did you know that most providers are already saving time submitting prior authorization requests online? The provider portal allows you to go from request to approval faster. Following are some benefits & features:

- 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

Keys to Successful Prior Authorizations

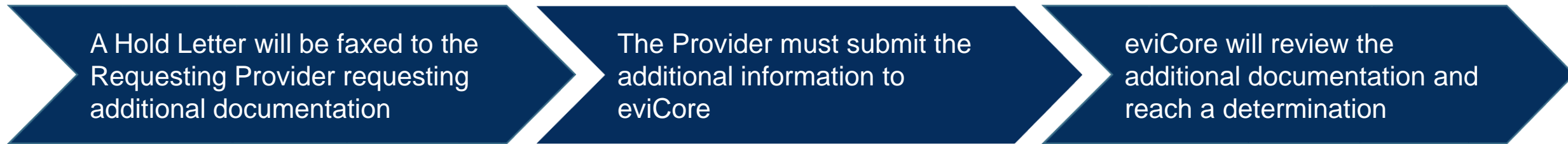
To obtain prior authorization on the very first submission, the provider submitting the request will need to gather four categories of information:



Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

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



To ensure that a determination is completed within the designated timeframe for each LOB, the case will remain on hold as follows:

- Medicare: 1 calendar day
- Commercial: 10 calendar days

Requested information must be received within the timeframe as specified in the Hold Letter.

Determination will be completed within

- **Medicare: 14 calendar days** of receipt of clinical information
- **Commercial: 3 business days** of receipt of clinical information



Prior Authorization Outcomes & Special Considerations

Prior Authorization Approval

Approved Requests

- Advanced Imaging prior authorizations are valid for 90 days from the date of the final determination
- Cardiology prior authorizations are valid for 90 days from the date of the final determination
- OB Ultrasound prior authorizations are valid for 270 days from the date of the initiation
- Prior authorization letters will be faxed to the ordering physician & rendering facility
- When initiating a case on the web you can receive e-notifications when a determination is made
- Members will receive a letter by mail
- Approval information can be accessed and printed on demand from eviCore via the FCC portal: login.firstcarolinacare.com



When a Request Does Not Meet Clinical Criteria

Based on evidence-based guidelines, request is determined as **denied**.

A denial letter with the rationale for the decision and the appeal rights will be issued to both the provider and member.



Radiology & Cardiac Imaging - Special Circumstances

Retrospective (Retro) Authorization Requests

- Will not be accepted for Radiology and Cardiac Imaging
- Will be accepted for OB Ultrasound within 14 calendar days

Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member
- Can be initiated on provider portal or by phone
- Urgent request will be reviewed within 72 hours



Radiology & Cardiac Imaging - Special Circumstances cont.

Alternative Recommendation

- An alternative recommendation may be offered, based on eviCore's evidence-based clinical guidelines
 - Alternative recommendations are available for Commercial only
- The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request
- Providers have up to 60 calendar days to contact eviCore to accept the alternative recommendation

Prior Authorization Update

- If updates are needed on an existing authorization, you can contact eviCore by phone 877-872-4161
- If the authorization is not updated and a different facility location or CPT code is submitted on the claim, it may result in a claim denial



Reconsideration and Post Decision Options

Post-Decision Options

My case has been denied. What's next?

- Providers are often able to utilize post-decision activity to secure case review for overturn consideration. The reconsideration processes is not available for Medicare Advantage members.
- Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied. You can also call us at 877-872-4161 to speak to an agent who can provide available option(s) and instruction on how to proceed.



Pre-Decision Options: Medicare Members

I've received a request for additional clinical information. What's next?

Submission of Additional Clinical Information

- eviCore will attempt to notify providers telephonically and in writing before a denial decision is issued on Medicare cases
- You can submit additional clinical information to eviCore for consideration per the instructions received
- Additional clinical information must be submitted to eviCore in advance of the due date referenced

Pre-Decision Clinical Consultation

- Providers can choose to request a Pre-Decision Clinical Consultation instead of submitting additional clinical information
- The Pre-Decision Clinical Consultation must occur prior to the due date referenced
- If additional information was submitted, we proceed with our determination and are not obligated to hold the case for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed

Post-Decision Options: Medicare Members

My case has been denied. What's next?

Clinical Consultation

- Providers can request a Clinical Consultation with an eviCore physician to better understand the reason for denial
- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation

Reconsideration

- Medicare cases do not include a Reconsideration option

Appeals

- eviCore will not process appeals. Refer to the appeal flier contained within the denial letter for instructions on how to file an appeal.
- A denial letter with the rationale for the decision and the appeal rights will be issued to both the provider and member.

Post-Decision Options: Commercial

My case has been denied. What's next?

Reconsiderations

- Providers and/or staff can request a reconsideration review
- Reconsiderations must be requested within 14 calendar days after the determination date
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an eviCore physician

Appeals

- eviCore will not process appeals. Refer to the appeal flier contained within the denial letter for instructions on how to file an appeal.
- A denial letter with the rationale for the decision and the appeal rights will be issued to both the provider and member.

Provider Portal Overview

Single-Sign On Experience

The screenshot displays the First CarolinaCare website interface. At the top left is the logo for First CarolinaCare Insurance Company. To the right, there are navigation links for Forms & Resources, 9+ Notifications, Announcements, Contact, Account, and Log Out. A dropdown menu for Office Personnel is also visible. Below the navigation bar is a dark green header with links for Request Preauthorization, Authorizations, Claims, Claim Reprocessing Inquiries, and Attach To Member. A pink attention banner reads: "Attention! 1 Claim Reprocessing Inquiries Need More Information". The main content area is titled "Request Preauthorization" and includes a section "Do I Need to File?" with a link to "Look up the member to view Preauthorization Lists". Below this is a "Filing Options" section featuring logos for Altruista Health (with a link "File at Altruista") and eviCore healthcare (with a link "File at eviCore"). A note below the logos asks: "What if I get into Altruista or eviCore and the Procedure Code says NOT available or Covered or Not Covered for the member I'm working with?" and provides instructions on how to proceed. The footer contains sections for "Forms & Resources" (All Forms & Resources, Policy and Procedures, Clinical Guidelines, Members' Rights and Responsibilities), "Contact" (Contact Us, Website Feedback, Announcements, Informed Newsletter), and a disclaimer about Medicare Direct plans. It also includes a copyright notice for First CarolinaCare Insurance Company and a recommendation to download Adobe Reader for PDF files.

- Providers may access the eviCore online portal through the FirstCarolinaCare secure provider portal, login.firstcarolinacare.com
- You must create an account in order to access the secure provider portal. The 'Create an Account' option is available at login.firstcarolinacare.com
- Log in to the FCC site in order to be routed to eviCore. FCC prior authorizations can only be created when accessing eviCore through the single-sign-on (SSO) option
- If you are unable to create an account to access the online portal, please call to submit your prior authorization request to eviCore:

Phone Number:

877-872-4161

Monday through Friday:

7 am – 7 pm EST

Initiating A Case

Home **Certification Summary** **Authorization Lookup** **Eligibility Lookup** **Clinical Certification** **Certification Requests In Progress** **MSM Practitioner Perf. Summary Portal** **Resources** **Manage Your Account**

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”

Select Health Plan & Provider Contact Info

Choose Your Insurer

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

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.

- Choose the appropriate **FirstCarolinaCare** as the Health Plan for the request
- Once the plan is chosen, select the provider address in the next drop-down box
- Select **CONTINUE** and on the next screen **Add your contact info**
- Provider name, fax and phone will pre-populate, you can edit as necessary
- By entering a valid email you can receive e-notifications

Add Your Contact Info

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

Who to Contact:* [REDACTED] [?]

Fax:* [REDACTED] [?]

Phone:* [REDACTED] [?]

Ext.: [REDACTED] [?]

Cell Phone: [REDACTED]

Email: [REDACTED]

BACK **CONTINUE**

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

Select a Primary Procedure by CPT Code[?] or Description[?]
OBUS OB Ultrasound
Don't see your procedure code or type of service? [Click here](#)

- 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
- **Note:** OB ultrasound requests entered as 'OBUS'

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

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

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 2 business days to complete the case
- When logged in, you can resume a saved request by going to Certification Requests in Progress

Next Step: Criteria not met

If criteria are not met based on clinical questions, you will receive a similar request for additional info:

i Is there any additional information specific to the member's condition y

- I would like to upload a document after the survey
- I would like to enter additional notes in the space provided
- I would like to upload a document and enter additional notes
- I have no additional information to provide at this time

SUBMIT

Summary of Your Request

Please review the details of your request below and if everything looks correct click SUBMIT

Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.

Provider Name:	DR. [REDACTED]	Contact:	[REDACTED]
Provider Address:	[REDACTED]	Phone Number:	[REDACTED]
		Fax Number:	[REDACTED]
Patient Name:	[REDACTED]	Patient Id:	[REDACTED]
Insurance Carrier:	[REDACTED]		
Site Name:	[REDACTED]	Site ID:	[REDACTED]
Site Address:	[REDACTED]		
Primary Diagnosis Code:	[REDACTED]	Description:	Recurrent pregnancy loss
Secondary Diagnosis Code:	[REDACTED]	Description:	
Date of Service:	[REDACTED]	Description:	OB Ultrasound
CPT Code:	[REDACTED]		
Case Number:	[REDACTED]		
Review Date:	5/13/2020 2:36:00 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.		

Tips:

- Upload clinical notes on the portal, to avoid any delays (e.g., by faxing)
- Enter additional notes in the space provided only when necessary
- Additional information uploaded to the case will be sent for clinical review
- Print-out a summary of the request that includes the case # and indicates 'Your case has been sent to clinical review'

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 ARJARA VETTE	Contact:	Info
Provider Address:	1200 6TH AVE W SAINT CLOUD, MN 56303	Phone Number:	(763) 292-3333
		Fax Number:	(763) 292-3333
Patient Name:	ANTHONY GALLI	Patient Id:	ANTHONY
Insurance Carrier:	WELLSURE		
Site Name:	COMMONWEALTH MEDICAL LLC	Site ID:	ANTHONY
Site Address:	875 UNIVERSITY AVENUE SW CORNING, AL 36708		
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	MRI LOWER EXTREMITY JOINT W/O
CPT Code:	73721		
Authorization Number:	663636666		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL **PRINT** **CONTINUE**

Additional Provider Portal Features

Certification Summary

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 MedSolutions Portal

Certification Summary

Search.. 🔍 ☰

Page 1 of 0 10 ▾

Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description	Site Name	Expiration Date	Correspondence	Upload Clinical
<input type="text"/> x	<input type="text"/> x	<input type="text"/> x	<input type="text"/> x	<input type="text"/> x			<input type="text"/> x					

Page 1 of 0 10 ▾

- Certification Summary tab allows you to track recently submitted cases
- The work list can also be filtered

Authorization Lookup

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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Authorization Lookup

Search by Member Information Search by Authorization Number/ NPI

- You can look-up authorization status on the portal
- Search by member information OR
- Search by authorization number with ordering NPI
- View and print any correspondence

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:

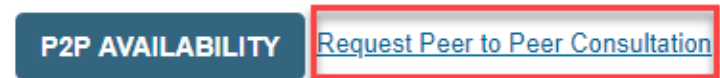
- Program (Radiation Therapy Management Program)
- Provider ([REDACTED])
- Program and Provider (Radiation Therapy Management Program and [REDACTED])
- Program and Health Plan (Radiation Therapy Management Program and CIGNA)

GO

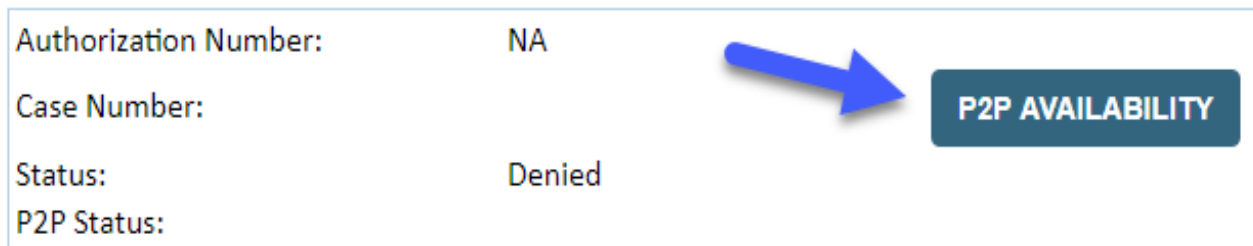
- Duplicate feature allows you to start a new request using same information
- Eliminates entering duplicate information
- Time saver!

How to schedule a Peer to Peer Request

- Log into your account at login.firstcarolinacare.com
- Navigate to eviCore and 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



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

New P2P Request

Case Reference Number

Member Date of Birth

[+ Add Another Case](#)

[Lookup Cases >](#)

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”

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.

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
✓	✓	✓	✓	✗

Preferred Times

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone

US/Eastern

[Continue >](#)

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 3:45 pm EDT 4:00 pm EDT 4:15 pm EDT Show more...	2:00 pm EDT 2:15 pm EDT 2:30 pm EDT 2:45 pm EDT Show more...	4:15 pm EDT 4:30 pm EDT 4:45 pm EDT 5:00 pm EDT Show more...	3:15 pm EDT 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT Show more...	-	-	-

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.

How to Schedule a Peer to Peer

Confirm Contact Details

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

The screenshot shows a four-step process: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (pending). The 'P2P Contact Details' section includes the following fields:

- Name of Provider Requesting P2P:** Dr. Jane Doe (indicated by a blue arrow)
- Contact Person Name:** Office Manager John Doe
- Contact Person Location:** Provider Office
- Phone Number for P2P:** (555) 555-5555 (indicated by a blue arrow)
- Phone Ext.:** 12345 (indicated by a blue arrow)
- Alternate Phone:** (xxx) xxx-xxxx
- Phone Ext.:** Phone Ext.
- Requesting Provider Email:** droffice@internet.com
- Contact Instructions:** Select option 4, ask for Dr. Doe (indicated by a blue arrow)

A 'Submit >' button is located at the bottom right of the form.

- 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.

The 'Scheduling' summary page displays the following information:

- Scheduling** (calendar icon)
- Scheduled** (calendar icon)
- Mon 5/18/20 - 6:30 pm EDT** (clock icon)
- SCHEDULED** (circled in red)

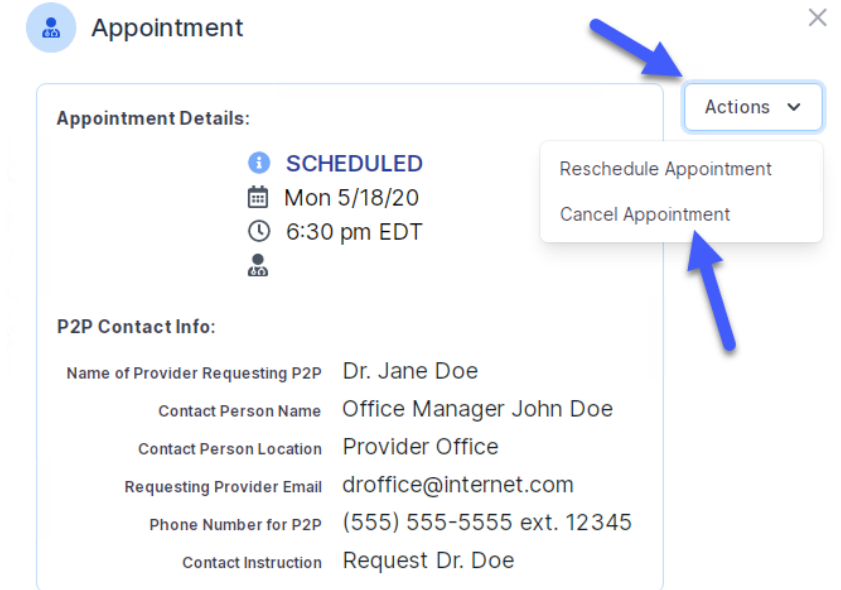
Canceling or Rescheduling a Peer to Peer Appointment

To cancel or reschedule an appointment

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

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

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



- Close browser once done

Provider Resources

Dedicated Call Center

Prior Authorization Call Center – 877.872.4161

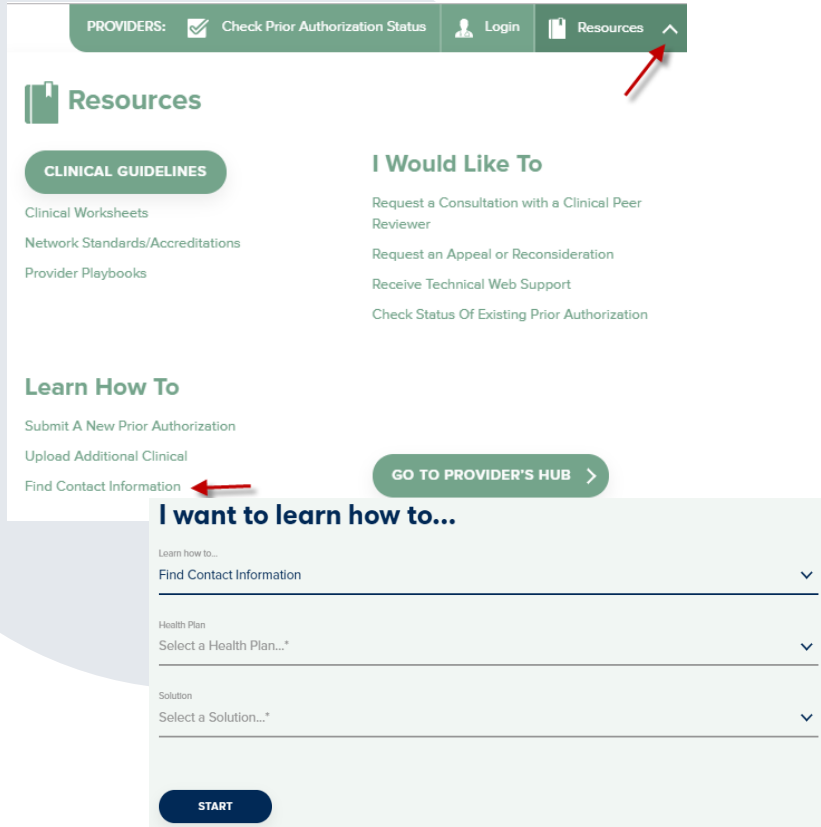
Our call centers are open from 7 a.m. to 7 p.m. Eastern

Providers can contact our call center to perform the following:

- Request Prior Authorization
- Check Status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case
- Request to speak to a clinical reviewer
- Schedule a clinical consultation with an eviCore Medical Director



Online Resources



Web-Based Services and Online Resources

- You can access important tools, health plan-specific contact information, and resources at www.evicore.com/resources/healthplan/firstcarolinacare
- Select the Resources to view Clinical Guidelines, Online Forms, and more.
- Provider’s Hub section includes many resources
- Provider forums and portal training are offered weekly, you can find a session on www.eviCore.WebEx.com, select WebEx Training, and search upcoming for a “eviCore Portal Training” or “Provider Resource Review Forum”
- 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

Client & Provider Operations Team

Client and Provider Services

Dedicated team to address provider-related requests and concerns including:

- Requests for an authorization to be resent to the health plan
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

How to Contact our Client and Provider Services team

Email: ClientServices@evicore.com (preferred)

Phone: 1 (800) 646-0418 (option 4)

For prompt service, please have all pertinent information available. When emailing, make sure to include the health plan in the subject line with a description of the issue, with member/provider/case details when applicable.



Provider Engagement Team

Provider Engagement team

Regional team that on-boards providers for new solutions and provides continued support to the provider community. How can the provider engagement team help?

- Partner with the health plan to create a market-readiness strategy for a new and/or existing program
- Conduct onsite and WebEx provider-orientation sessions
- Provide education to supporting staff to improve overall experience and efficiency
- Create training materials
- Monitor and review metrics and overall activity
- Conduct provider-outreach activities when opportunities for improvement have been identified
- Generate and review provider profile reports specific to a TIN or NPI
- Facilitate clinical discussions with ordering providers and eviCore medical directors

How to contact the Provider Engagement team?

You can find a list of Regional Provider Engagement Managers at [evicore.com](https://www.evicore.com) → Provider's Hub → Training Resources

Provider Resource Website

Provider Resource Pages

eviCore's Provider Experience team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis. The provider resource page will include, but is not limited to, the following educational materials:

- Frequently Asked Questions
- Quick Reference Guides
- Provider Training
- CPT code list

To access these helpful resources, please visit

<https://www.evicore.com/resources/healthplan/firstcarolinacare>

FirstCarolinaCare Provider Services: 910-715-8100



Provider Newsletter

Stay Updated With Our Free Provider Newsletter

eviCore's provider newsletter is sent out to the provider community with important updates and tips. If you are interested in staying current, feel free to subscribe:

- Go to [eviCore.com](https://www.eviCore.com)
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates



Provider Resource Review Forums

The eviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

We invite you to attend a Provider Resource Review Forum, to navigate www.eviCore.com and understand all the resources available on the Provider's Hub. Learn how to access:

- eviCore's evidence-based clinical guidelines
- Clinical worksheets
- Check-status function of existing prior authorization
- Search for contact information
- Podcasts & Insights
- Training resources

How to register for a Provider Resource Review Forum?

You can find a list of scheduled **Provider Resource Review Forums** on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



Thank You!

