

# Physical and Occupational Therapy

Provider Orientation Session for Meridian



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# Musculoskeletal Solution



Managing care for  
34M members



Commercial, Medicaid



National & local programs

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# Musculoskeletal (MSK) – Specialized Therapy Management: Our Team

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# Musculoskeletal by the Numbers

**45** 

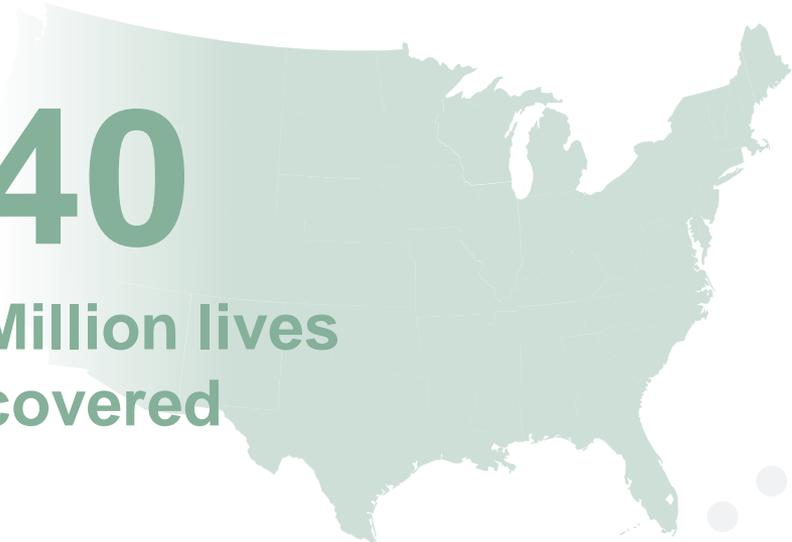
**Musculoskeletal  
physicians on staff**

**43** 

**Musculoskeletal-trained  
nurses on staff**

**93** 

**Musculoskeletal  
therapists  
(PT/OT/ST/MT/CHIRO/ACU)**

**40** 

**Million lives  
covered**

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# Criteria

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# Evidence-Based Guidelines

The foundation of our musculoskeletal solution:



Dedicated  
pediatric  
guidelines



Medicare  
LCDs & NCDs



Academic  
institutional  
experts and  
community  
physician panels



Current  
clinical  
literature

## Aligned with National Societies

- American Academy of Neurology
- American College of Rheumatology
- American Association of Neurological Surgeons
- American Academy of Orthopedic Surgeons
- American Society of Interventional Pain Physicians
- North American Spine Society
- American College of Occupational and Environmental Medicine
- American Academy of Physical Medicine and Rehabilitation
- American Association of Hip and Knee Surgeons
- American Pain Society
- Official Disability Guidelines
- Medicare Guidelines
- Spine Intervention Society
- American Academy of Orthopedic Surgeons
- The American Orthopedic Society for Sports Medicine
- Cochrane Reviews
- American Physical Therapy Association
- American Occupational Therapy Association
- American Speech Language Hearing Association
- American Society of Anesthesiologists

# Physical & Occupational Therapy (PT/OT)

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## Criteria

- Condition specific criteria synthesizes research, existing clinical practice guidelines, and expert clinical consensus
- Criteria is not specific to CPT codes; the criteria do include references for CPT codes that are/are not evidence based interventions for each condition.
- There is criteria for:
  - Orthopedic conditions
  - Neurological conditions
  - General medical conditions
  - Pediatric neurodevelopmental conditions



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# Physical & Occupational Therapy: Program Goals

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## Program Goals

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- Support **patient-centered care** founded on best available evidence
- Empower **patient independence**
- Promote **functionally oriented and measureable** treatment programs
- Focus on **skilled, medically necessary** treatment interventions



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# Physical & Occupational Therapy: Medical Necessity

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# Medical Necessity

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To be considered reasonable and necessary the following conditions must each be met:

- The services shall be considered under accepted standards of medical practice to be a **specific and effective** treatment for the patient's condition
- There must be an **expectation that the patient's condition will improve significantly in a reasonable (and generally predictable) period of time**
- The **amount, frequency, and duration** of the services must be reasonable under accepted standards of practice

# Medical Necessity

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## Additional requirements for therapy services:

- Services shall be of **such a level of sophistication or the condition of the patient shall be such that the services required can effectively performed only by a therapist**, or in the case of physical therapy and occupational therapy by or under the supervision of a therapist
- Services that do not require the performance or supervision of a therapist are **not skilled and are not considered reasonable or necessary therapy services, even if they are performed or supervised by a qualified professional**

# Medical Necessity

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## Medicare

- Medical necessity based on the need for skilled services not on progress or lack of
- Documentation should explain why the skills of a therapist are necessary
- Skilled maintenance therapy services are covered for members if the specialized skill, knowledge and judgment of a qualified therapist are required to:
  - To establish or design a maintenance program appropriate to the capacity and tolerance of the member
  - To educate/instruct the member or appropriate caregiver regarding the maintenance program
  - Perform periodic re-evaluations of the maintenance program
  - Provide reasonable and necessary care to prevent or slow further deterioration. Coverage will not be denied based on the absence of potential for improvement or restoration as long as skilled care is required.

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# Service Model

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# Enabling Better Outcomes

## Enhancing outcomes through Client and Provider engagement



### Client & Provider Operations

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



### Client Experience Manager

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.

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# Program Overview

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# Program Overview

eviCore healthcare will begin accepting requests on **October 21, 2019** for dates of service **November 1, 2019** and beyond

## Prior authorization applies to services that are:

- Outpatient, including outpatient therapy provided to custodial patients residing in a skilled nursing facility (SNF)

## Prior authorization **does NOT** apply to services performed in the following:

- Emergency room
- Inpatient
- Home health

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

## Applicable Membership

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Effective **November 1, 2019**: authorization is required through eviCore for Meridian members enrolled in the following health plans:

- **MeridianChoice** (Commercial)
- **MeridianHealth** (Medicaid)

Effective **January 1, 2020**: authorization is required through eviCore for members enrolled in the following health plans:

- **MeridianComplete** (Medicare-Medicaid Plan)
- **MeridianCare** (Medicare)
  - Note: MeridianCare will be changing its name and logo to WellCare, effective January 1, 2020

*Additional training opportunities will be made available in December 2019 – January 2020*

## Prior Authorization (PA) Required:

- Physical Therapy
- Occupational Therapy

**Note:** PA will be required starting at the first visit for all plans. PA is not required for the evaluation. If treatment occurs on the same day as the evaluation, PA would not be required as long as the evaluation and treatment are billed together and list the same date of service.

To find a list of CPT codes that require prior authorization through eviCore, please visit:

[www.evicore.com/healthplan/meridian\\_wellcare](http://www.evicore.com/healthplan/meridian_wellcare)

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# Prior Authorization Process

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# Prior Authorization Process

## What are the ways to request authorization through eviCore?

- Web – Preferred Method
  - Opportunity for real time decision for the initial and second request
  - Use worksheets as a guide to prepare to answer questions on the web
  - After the initial request, you have the ability to upload clinical documentation if patient is complex or not progressing as expected
- Phone – Physical Medicine line
  - Opportunity for real time decision for the initial and second request
  - Use worksheets as a guide to prepare to answer questions on the web
  - Providing answers to the questions posed on the web to a non-clinical agent
- Fax
  - Least preferred method
  - Not eligible for a real time decision
  - If necessary to fax, send completed eviCore worksheet
    - There is no need to send additional documentation unless requested

# Prior Authorization Process, cont.



## Prior Authorization Process, cont.

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### What is used to determine if services are medically necessary?

- Clinical Criteria
  - Available 24 hours a day, 7 days a week at **www.evicore.com**
  - Synthesis of research, guidelines, and expert consensus
  - Updated annually and approved by Meridian
- Clinical information should be current
  - Adults within the prior 14 days
  - Peds within the prior 20 days; one standardized tests per year
- Complete the questions
  - **If there is no information or the information has gaps, it will delay the decision**
  - Worksheets to guide your clinical collection are available at **www.evicore.com** under the header “Clinical Guidelines and Forms”

# What is Therapy corePath<sup>SM</sup>?



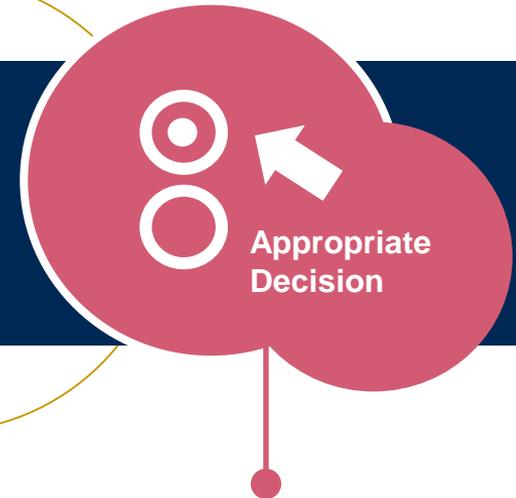
## Focused on the member

Authorization strategy emphasizes the unique attributes of a specific member's condition and any associated complexities.



## Streamlined for providers

Providers will experience a simplified and consistent prior authorization process that requires only key clinical information.



## Condition-specific approvals

Visits allocated in accordance with condition of severity and complexity, functional loss and confirmation that care is progressing as planned.

# Prior Authorization Process

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## corePath<sup>SM</sup>

- Simplified approach to clinical collection attempting to reduce administrative efforts for providers
- Improves the ability to receive a real time decision when submitting a request via the web or phone
- “Gets out of the way” for providers who are practicing efficiently and effectively
- Adds quality measures via inclusion of patient reported functional outcomes
- Uses data collected over the years from claims data (managed and unmanaged) to set the average number of visits for a condition
- Acknowledges complexities that may require a greater frequency or intensity of care
- Allows therapists to provide additional information for cases that are not “average”

# Sample Therapy corePath<sup>SM</sup> Pathway

## Initial Requests

1

This request is for treatment of:

- New condition that has not had previous treatment
- An existing condition that has had previous treatment
- Unknown

2

Please indicate the primary area of treatment (Choose only one):

Lumbar / Lower Thoracic Spine / Pelvis / Sacrum

Is there a second area being treated? If so, please indicate below.

No second area being treated

Dates:

You requested a treatment start date of 06/13/2017

3

Date of initial evaluation

06/13/2017

Date of onset of treatment:

06/13/2017

Enter date of current findings:

06/13/2017

## Case elated Questions:

- Identify new care vs. continuing care based on treatment area, not time
- Identify primary area of treatment
- First indicator of complexity – second unrelated treatment area

# Sample Therapy corePath<sup>SM</sup> Pathway

## Initial Requests, continued....

4 Please enter the Oswestry Disability Index score (in %)  
46

5 Does your patient have radiating pain below the knee?  
 Yes  No  Unknown

6 How many occurrences of low back pain has your patient had in the past 3 years?  
 1  2  3  4 or more

Submit

High Potential for Immediate  
Approval When Pathway is  
Completed!

## Initial Clinical Questions:

- Enter functional score, if available
  - Oswestry Index
  - Neck Disability Index
  - LEFS
  - Dash / QuickDASH
  - HOOS JR/KOOS JR
- Incorporates ROM, strength, pain, etc.
- Complexity:
  - Neural signs
  - Chronicity

# Sample Therapy corePath<sup>SM</sup> Pathway

## Follow-Up Clinical Questions:

- Current and previous functional score
- Complexity question – neutral signs
- Progress
  - Validated scores have MCD (minimal clinical difference) as progress indicator
  - Clinical assessment

## Follow-Up Request

**1**  **i** Please enter the Oswestry Disability Index score (in %)

**2**  **i** Please enter the previous ODI score

**3**  **i** Does your patient have radiating pain below the knee?  
 Yes  No

**i** Has your patient progressed as expected?  
 Yes  No

High potential for immediate approval when pathway is completed!

# Sample Therapy corePath<sup>SM</sup> Pathway

## Follow-Up Request – Lack of Progress Identified

**i** You indicated that your patient is NOT progressing as expected. Please indicate if any of the following occurred:

- Patient "overdid" activities or exercise resulting in temporary increase in symptoms  New injury resulting in significant change  
 Symptoms progressed despite treatment  Patient did not participate in clinical visits or home program

**i** Please indicate the nature of the new injury OR overuse incident.

N/A

### Lack of progress:

- Categories of explanations
- Used in algorithm to determine care
- Future, additional pathway to identify details

# Prior Authorization Process

## Requesting Authorization

- For the first request:
  - Evaluate the patient before you request prior authorization
    - Meridian will allow the initial evaluation and same day treatment on the same date of service
    - Evaluation codes do not require prior authorization
    - Any visit that occurs after that first DOS will require prior authorization through eviCore
- If additional care is needed:
  - You may submit your request as early as 7 days prior to the requested start date
  - This allows time for the request to be reviewed and prevents a gap in care
  - Remember to provide complete, current clinical information including patient reported functional outcome measures

**Notes:** Requests with a start date of more than 7 days in the future will not be accepted. If the patient is away from therapy, reassess the condition once therapy has resumed. This allows you to provide current information so eviCore can determine the medical necessity of ongoing therapy.

# Prior Authorization Process

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## Clinical Information – What eviCore needs and why we need it

- Clinical information is required to determine whether the services requested are medically necessary
- Use clinical worksheets located at [www.eviCore.com](http://www.eviCore.com) as a guide to determine what clinical information is required
- Be prepared to provide patient reported functional outcome measures with your submission
  - e.g., ODI, NDI, DASH/QuickDASH, LEFS, HOOS JR, KOOS JR
- Clinical information should be current – typically something collected within 14 days prior to the request
  - Exception – for peds neurodevelopmental, information may be up to 20 days old and the standardized testing should have been completed within one year prior to the requested start date
- **Missing or incomplete clinical information will delay case processing**

# Pathway Questions

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- Questions are included in the pathway to help eviCore create a case correctly
- You may be asked questions about the site (location) of the service
  - Reason – prior authorization may not be required for some sites of service
    - e.g., emergency department, inpatient services
- Is the care requested following a mastectomy?
  - Should present only when the request is for a cervical or upper extremity condition
  - Presents for both males and females since mastectomy applies to both
  - There is a federal mandate related to post-mastectomy care

# Preauthorization Program

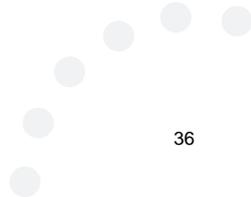
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## How to Request Additional Visits:

- Additional visits may be requested **as early as 7 days prior** to the requested start date.
- You will be asked to submit current clinical information
- Clinical information should be **current** (*within the past 7 – 14 days*)
- Use **clinical worksheets** as a guide
- If condition is complex or the worksheet does not capture aspects of the condition you want to convey, this information can be given as “additional information”
- The **start date** will be the first date you need additional visits to begin

## General Concepts

- Authorization Decisions
  - CareCoreNational Portal – visits and units over an approved period
  - Units are equal to the total number of CPT codes that can be billed over an approved period
  - Approved period may extend up to 180 days. Most decisions are 30 days in length
  - Clinical rationale are inserted into letters to advise member/provider how to use approval and/or reason for the adverse determination



# Clinical Information Worksheets

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- The clinical information worksheets are therapy specific and designed to assist with the submission of patient and provider information for medical necessity review
- Worksheets should be used as a guide for questions the therapist will be prompted to answer when completing the online requests
- These worksheets should be completed by the provider during the initial consultation and treatment planning, collecting the clinical information to allow for ease of submission
- Worksheets are available at **www.eviCore.com** under the resources tab



# Sample MSK corePath<sup>SM</sup> Forms

Worksheets for the following conditions are already available using the CorePath approach:

- PT/OT MSK Conditions
- PT Neurodevelopmental
- OT Neurodevelopmental

\*\*Other conditions will utilize former pathways

		<h2 style="text-align: center;">Musculoskeletal Program: PT/OT Therapy Intake Form</h2> <p style="text-align: center;"><i>Required for all MSK Conditions (Except Hand)</i></p> <p>Please use this fax form for NON-URGENT requests only. Failure to provide all relevant information may delay the determination. Phone and fax numbers may be found on eviCore.com under the Guidelines and Forms section. You may also log into the provider portal located on the site to submit an authorization request.</p> <p style="text-align: center; color: red;"><b>URGENT (same day) REQUESTS MUST BE SUBMITTED BY PHONE</b></p>				
<b>Previous Reference/Auth Number (If Continued Care):</b> _____		<b>Date of Submission:</b> _____				
<b>Service Type Requested:</b> <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy						
<b>PATIENT</b>	First Name: _____		MI: _____		Last Name: _____	
	Member ID: _____		DOB (mm/dd/yyyy): _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Street Address: _____				Apt #: _____	
	City: _____			State: _____		Zip: _____
	Home Phone: _____		Cell Phone: _____		Primary: <input type="checkbox"/> Home <input type="checkbox"/> Cell	
	Member Health Plan/Insurer: _____					
<b>PROVIDER</b>	First Name: _____		Last Name: _____			
	Primary Specialty: _____		TIN: _____		NPI: _____	
	Physician Phone: _____			Physician Fax: _____		
	Address: _____				Suite #: _____	
	City: _____		State: _____		Zip: _____	
	Office Contact: _____		Ext: _____		Email: _____	
<b>ADMINISTRATIVE</b>	<b>Diagnoses:</b>					
	Code		Description		Code	
	Start Date for this Request: _____					
	This is a (please select the most appropriate response):					
	<input type="checkbox"/> New condition not previously treated <input type="checkbox"/> Same/previous condition					
	Date of most recent evaluation: _____			Start of care for identified condition: _____		
	Date of current findings: _____					
	<b>Primary Treatment Area:</b>					
	Spine:		<input type="checkbox"/> Cervical / Upper Thoracic <input type="checkbox"/> Lower Thoracic / Lumbar / Pelvis			
Upper Extremity:		<input type="checkbox"/> Shoulder / Arm <input type="checkbox"/> Elbow / Wrist / Forearm				
Lower Extremity:		<input type="checkbox"/> Hip / Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Ankle / Foot				
<b>Secondary Treatment Area:</b>						
Spine:		<input type="checkbox"/> Cervical / Upper Thoracic <input type="checkbox"/> Lower Thoracic / Lumbar / Pelvis				
Upper Extremity:		<input type="checkbox"/> Shoulder / Arm <input type="checkbox"/> Elbow / Wrist / Forearm				
Lower Extremity:		<input type="checkbox"/> Hip / Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Ankle / Foot				
<b>Previous Treatment – Leave Blank if N/A:</b>						
If the member requires treatment for a new condition, what was the previous condition? <input type="checkbox"/> N/A						
<input type="checkbox"/> Cervical / Upper Thoracic		<input type="checkbox"/> Lower Thoracic / Lumbar / Pelvis		<input type="checkbox"/> UE - Shoulder/Arm		
<input type="checkbox"/> UE - Elbow/Wrist/Forearm		<input type="checkbox"/> LE - Hip/Thigh		<input type="checkbox"/> LE - Knee <input type="checkbox"/> LE - Ankle/Foot		
What is the status of the previous treatment? <input type="checkbox"/> Condition Resolved <input type="checkbox"/> Ongoing Treatment <input type="checkbox"/> N/A						
Is this request for fabricating a splint/orthotic or developing a home exercise program only? <input type="checkbox"/> Yes <input type="checkbox"/> No						

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# Therapy Management

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# Best Practices

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- Variation in frequency and intensity
  - Frequency and intensity of care should be individualized to meet the needs of your patient
    - Avoid historical practice patterns or care driven by business models
      - 3 visits/week throughout the episode
      - “We always bill 6 units per visit”
- The episode length should be determined by functional progress or lack of
  - Episode should have a definite end
- Emphasize the importance of carryover and self-management
- If condition is chronic, ensure the patient incorporates management strategies in daily life
- Investigate availability of community resources

# Multiple Conditions

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## Treating Multiple Conditions Within The Same Authorization Period

- If you are treating multiple conditions within the same period there is no need to request authorization for treatment for each condition
- The authorization covers all conditions treated within the same period of time
- If you are treating more than one condition advise eviCore to ensure adequate visits and units are approved
  - When requesting authorization through the web:
    - You will be asked if you are treating a second condition
      - Answer “yes” and report the information specific to the second condition
  - When requesting authorization over the phone:
    - Inform the agent that you are requesting authorization for two conditions

# Duplications

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## Duplicate Care

- eviCore will approve care by two different providers within the same period only when it is medically necessary
  - Examples:
    - PT treating a knee condition and PT treating a vestibular condition
    - PT and OT treating a patient who had a CVA
- eviCore will **not** approve care by two providers within the same period if the care is duplicative
- If a provider submits a request for authorization and there is an existing authorization for the same condition with a different provider, eviCore will reach out to the second provider to ask if the patient has discontinued care with their original therapist. If this has occurred, please provide the date of discharge from the original therapist
- If the condition being treated is the same and the patient has not discontinued care with their original provider, the request for duplicate care will be denied

# Prior Authorization Outcomes

## ➤ Approved Requests

- Requests are processed as expeditiously as possible and in accordance with regulatory timeframes
- Authorizations are typically good for up to **180 days** from the received date

## Delivery Method

- Faxed to requesting provider
- Mailed to the member
- 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 clinical consultation

## Delivery Method

- Faxed to the requesting provider
- Mailed to the member

# Special Circumstances

## Appeals

- eviCore will not be delegated for appeals
- Please follow the process currently in place with Meridian

## Outpatient Urgent Studies

- To request an expedited prior authorization review and provide clinical information you can contact eviCore at **888-333-8641** or visit **[www.eviCore.com](http://www.eviCore.com)**
- Medically urgent requests are defined as conditions that are a risk to the member's life, health, and ability to regain maximum function

## Prior Authorization Outcomes

### Clinical consultations and reconsiderations:

- If a request is denied and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from requesting providers. One of eviCore's medical directors can assist in a review of the medical necessity for a requested procedure
- For all plans, clinical consultations can occur at any point prior to the decision
- For **MeridianChoice** and **MeridianHealth**, a clinical consultation/reconsideration can be requested up to 10 days following the date of the denial letter
- To request a clinical consultation, contact eviCore at 800-792-8744 option1 Monday – Friday, 7 a.m. to 7 p.m.
- To request a clinical consultation online, please visit [www.evicore.com/provider/request-a-clinical-consultation](http://www.evicore.com/provider/request-a-clinical-consultation)

# Clinical Consultation

- Provides the ability to review clinical aspects of the case with a peer
- Be prepared to provide information that was not submitted previously
- Schedule the clinical consultations online at

[www.evicore.com/provider/request-a-clinical-consultation](http://www.evicore.com/provider/request-a-clinical-consultation)



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## Request a Consultation with a Medical Director/Therapist

# Prior Authorization Process

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## Timely Filing

- Prior authorization is not required for all services provided at the evaluation visit
- Meridian allows providers to evaluate and treat at the initial visit
- Authorization for treatment beyond the initial visit must be requested prior to providing care
- Retrospective requests will not be accepted



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# Date Extension

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# Date Extensions

- Date extensions are available if you are unable to use all visits within the approved period
  - Extend for the period that is needed, up to a maximum of 30 days
  - One date extension is available per case
  - Must be requested prior to the expiration of the authorization
- Available:
  - By phone – select physical medicine
  - Online: **www.eviCore.com**

## Attention!

Physical Therapy, Occupational Therapy, Speech Therapy, Massage Therapy, Chiropractic Care, and Acupuncture services are eligible for case duplication and date extensions. Are you requesting one of these services?

Date Extension

Continuing Care

Continue to Build a New Case

Requests for Spine Surgery, Joint Replacement, Arthroscopy, and Pain Management, please select "Continue to Build a New Case"

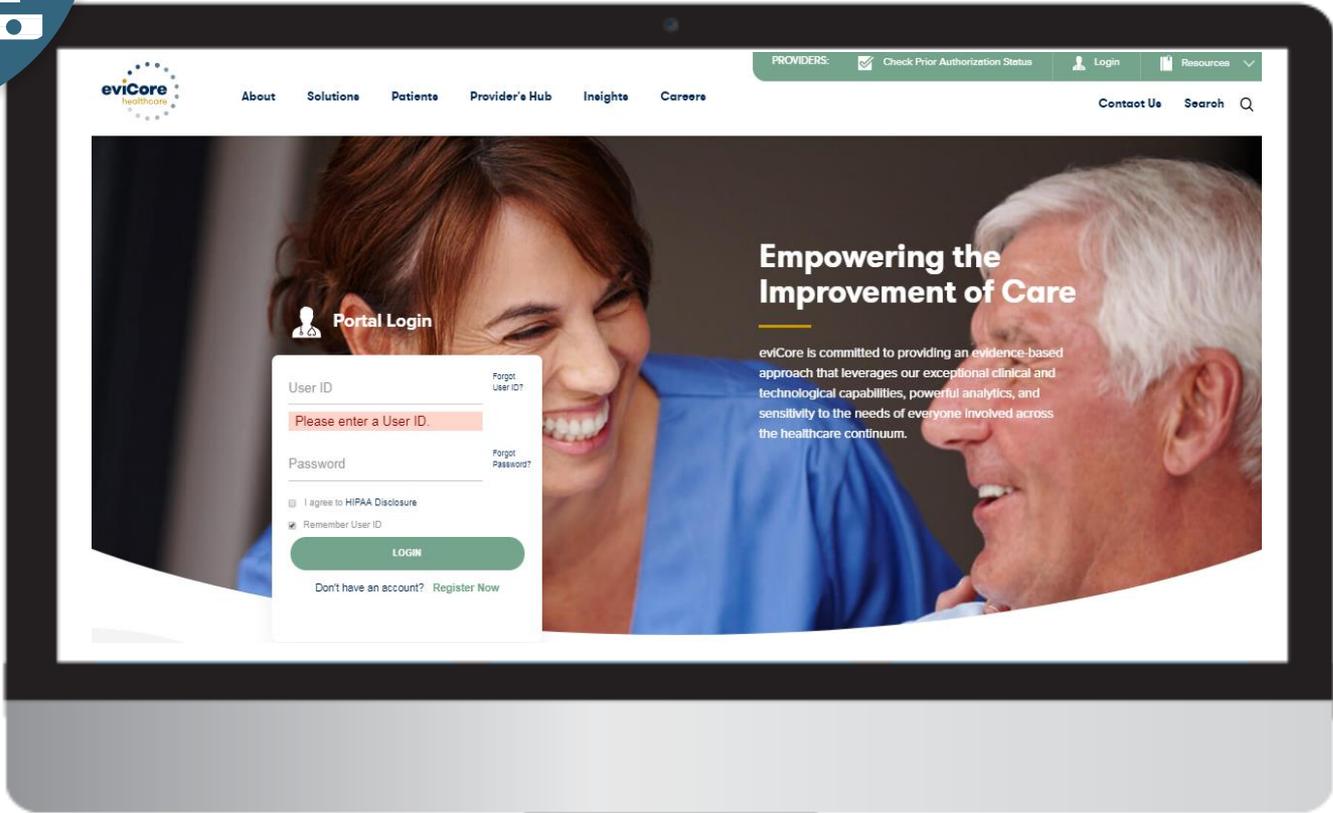
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# Web Portal Services

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The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status. It is available 24 hours a day, 7 days a week. By visiting [www.eviCore.com](http://www.eviCore.com) providers can spend their time where it matters most — with their patients!



Or by phone:  
**888-333-8641**  
Monday – Friday,  
7 a.m. to 7 p.m.

# Portal Compatibility

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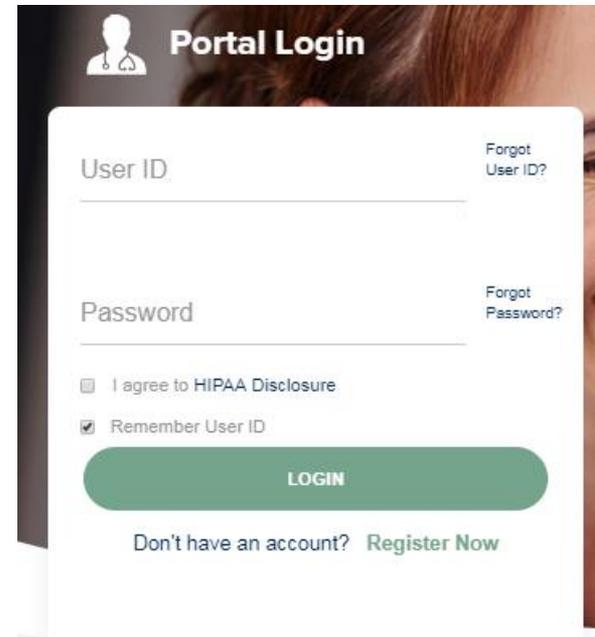
The eviCore.com website is compatible with the following web browsers:

- Google Chrome
- Mozilla Firefox
- Internet Explorer 9, 10, and 11

You may need to disable pop-up blockers to access the site. For information on how to disable pop-up blockers for any of these web browsers, please refer to our [Disabling Pop-Up Blockers guide](#).

# eviCore Website

- Open web browser and type in **www.evicore.com**
- Login or Register



# Creating An Account



\* 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 use to submit cases over the web.

Default Portal\*:



If you want to register as a Client User at CareCore National, then please contact us: 1-800-918-8924 x20136.

## User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:	<input type="text"/>	Address*:	<input type="text"/> <input type="text"/>	Phone*:	<input type="text"/>
Email*:	<input type="text"/>	City*:	<input type="text"/>	Ext:	<input type="text"/>
Confirm Email*:	<input type="text"/>	State*:	<input type="text" value="Select"/> ▼	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	Zip*:	<input type="text"/>		
Last Name*:	<input type="text"/>	Office Name*:	<input type="text"/>		

Next



Select a **Default Portal**, and complete the registration form.

# Creating an Account, cont.

Please review the information before you submit this registration. An Email will be sent to your registered email address to set your password.

## 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\*:

If you want to register as a Client User at CareCore National, then please contact us: 1-800-918-8924 x20136.

## User Registration

UserName:	MYG123	Address:	730 Cool Springs	Phone:	800-575-4517
Email:	tesaccount@gmail.com	City:	Franklin	Ext:	
Account Type:	Physician	State:	TN	Zip:	37067
First Name:	Test	Office Name:	Test Office	Fax:	615-468-4408
Last Name:	Account				

[Back](#) [Submit Registration](#)



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



# User Registration

## 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.

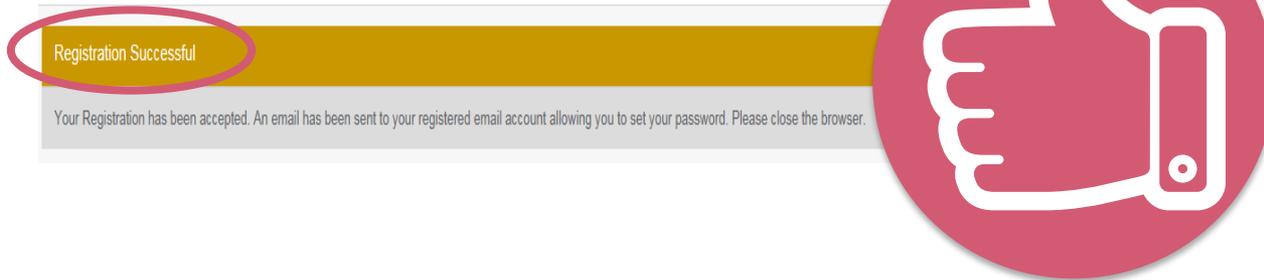
1. Limited License. Upon acceptance, eviCore grants Provider/Customer a revocable, nonexclusive, and nontransferable limited license to access electronically eviCore's web-based applications only so long as Provider/Customer is currently bound by a Provider/Customer Agreement (as used herein a "Provider/Customer 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 any of eviCore's web-based applications is subject

Accept Terms and Conditions \*

Submit Cancel

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

## User Registration, cont.



- 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., ! ? \*)



## Password Maintenance

Please set up a new password for your account.

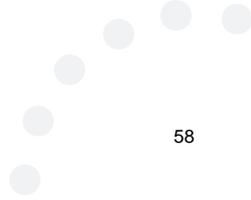
Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters.

---

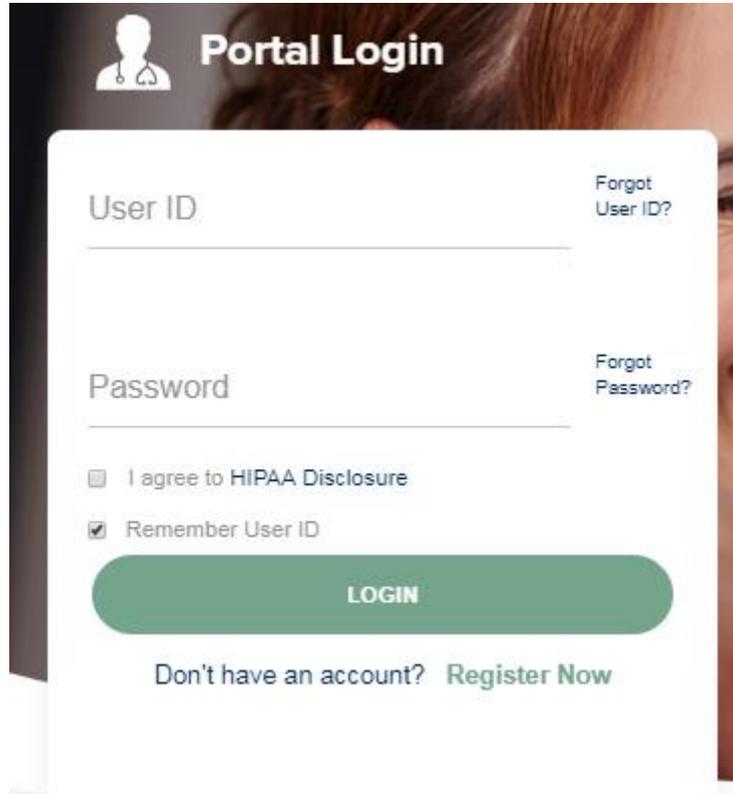
New Password\*

Confirm New Password\*

Save



# Account Login



The screenshot shows a 'Portal Login' interface. At the top left is a white icon of a person with a stethoscope. To its right is the text 'Portal Login'. Below this is a white login form with a rounded bottom. The form contains two input fields: 'User ID' and 'Password'. To the right of the 'User ID' field is a link 'Forgot User ID?'. To the right of the 'Password' field is a link 'Forgot Password?'. Below the input fields are two checkboxes: the first is 'I agree to HIPAA Disclosure' (unchecked), and the second is 'Remember User ID' (checked). At the bottom of the form is a large green rounded button with the text 'LOGIN' in white. Below the button is the text 'Don't have an account? Register Now'.



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

# Welcome Screen

eviCore healthcare  
innovative solutions

Home Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us **MedSolutions Portal**

Friday, March 23, 2018 2:57 PM [Log Off \(MALLORCA\)](#)

Welcome to the CareCore National Web Portal. You are logged in as

**Providers must be added to your account before cases can be submitted over the web. Please select "Manage Account" to add providers.**

[Request a clinical certification/procedure >>](#)

[Request a clinical certification/procedure for](#)

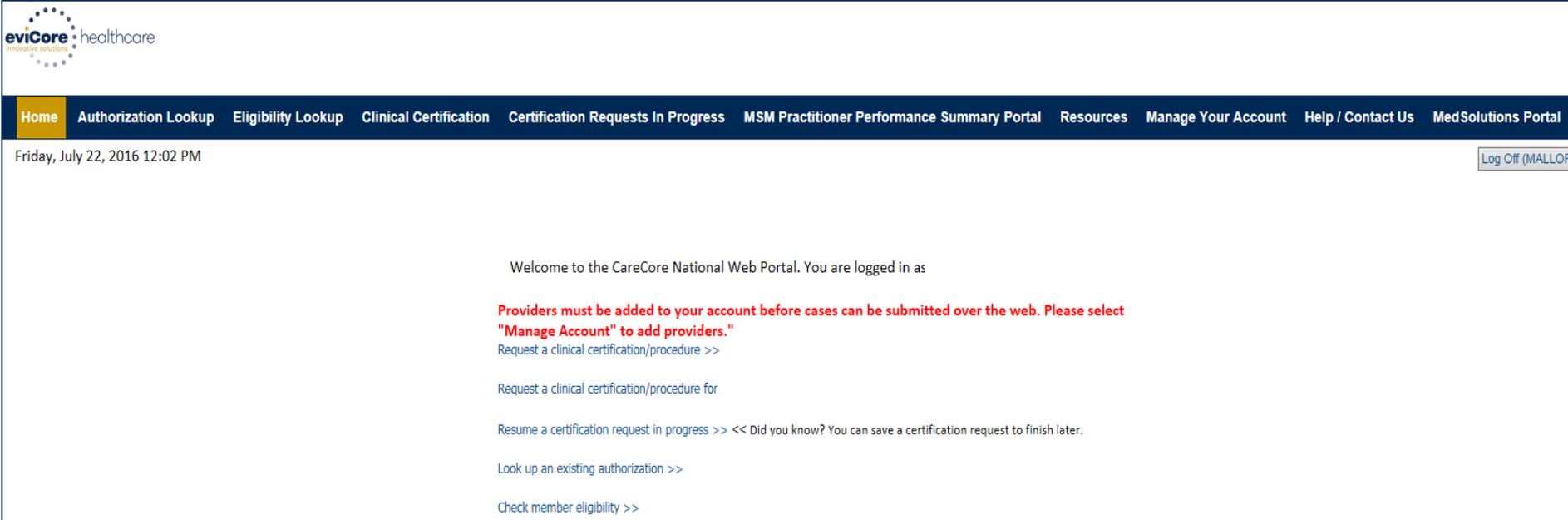
[Resume a certification request in progress >>](#) << [Did you know? You can save a certification request to finish later.](#)

[Look up an existing authorization >>](#)

[Check member eligibility >>](#)

- Providers will need to be added to your account prior to case submission. Click the “**Manage Account**” tab to add provider information.
- **Note:** You can access the MedSolutions Portal at any time without having to provide additional log-in information. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals.

# Welcome Screen



The screenshot shows the CareCore National Web Portal. At the top left is the eviCore healthcare logo with the tagline 'innovative solutions'. Below the logo is a dark blue navigation bar with white text for the following links: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, MSM Practitioner Performance Summary Portal, Resources, Manage Your Account, Help / Contact Us, and MedSolutions Portal. The 'Home' link is highlighted with a yellow background. Below the navigation bar, the date and time 'Friday, July 22, 2016 12:02 PM' are displayed on the left, and a 'Log Off (MALLOR)' button is on the right. The main content area contains the following text: 'Welcome to the CareCore National Web Portal. You are logged in as'. Below this is a red warning message: 'Providers must be added to your account before cases can be submitted over the web. Please select "Manage Account" to add providers.' Underneath the warning are several links: 'Request a clinical certification/procedure >>', 'Request a clinical certification/procedure for', 'Resume a certification request in progress >> << Did you know? You can save a certification request to finish later.', 'Look up an existing authorization >>', and 'Check member eligibility >>'.



Providers will need to be added to your account prior to case submission.  
Click the **“Manage Account”** tab to add provider information.

**Note:** Once you are registered, you can access the MedSolutions Portal at any time. Click the **“MedSolutions Portal”** button on the top right corner to toggle back and forth between the two portals seamlessly without having to log-in multiple accounts.

# Add Practitioners

Friday, March 23, 2018 2:57 PM

## Manage Your Account

**Office Name:**

Change Password

Edit Account

**Address:** 730 Cool Springs Blvd  
Franklin, TN 37067

**Primary**

**Contact:** User Account

**Email Address:** Test@email.com

Add Provider

Click Column Headings to Sort

No providers on file

Cancel

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Click the “**Add Provider**” button.

# Add Practitioners, cont.

## Add Practitioner

Enter Practitioner information and find matches.

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

Practitioner NPI

Practitioner State

Practitioner Zip



Enter the **provider's NPI**, **state**, and **zip code** to search for the provider record to add to your account. You are able to add multiple providers to your account.

# Add Practitioners, cont.

Friday, March 23, 2018 2:57 PM

## Add Practitioner

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

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax
Last, First	12312312	730 Coolsprings Blvd	Franklin	TN	37067	(615)548-4000	

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Select the matching record based upon your search criteria.



# Manage Your Account

Friday, March 23, 2018 2:57 PM

## Add Practitioner

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

[Add Another Practitioner](#) [Continue](#)

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➤ Once you have selected a practitioner, your registration will be completed. You can then access the **“Manage Your Account”** tab to make any necessary updates or changes.

➤ You can also click **“Add Another Practitioner”** to add another provider to your account.

# Certification Summary

## Certification Summary

Search..  

Single Status  
Show All

Filter By Multiple Statuses  
Show All

Date  
7 days



Home **Certification Summary** Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us Med Solutions Portal

Wednesday, September 26, 2018 2:27 PM

### Certification Summary

Search..  

Page 1 of 0 10  No records to display

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  No records to display

➤ CareCore National Portal now includes a **“Certification Summary”** tab to better track your recently submitted cases.

➤ The work list can also be filtered, as seen above.

# Select Program

## Clinical Certification

Please select the program for your certification:

- Radiology and Cardiology
- Specialty Drugs
- Radiation Therapy Management Program (RTMP)
- Musculoskeletal Management
- Sleep Management
- Lab Services
- Medical Oncology Pathways



Select the **program** for your certification.



# Select Provider

## Clinical Certification

Select the practitioner or group for whom you want to build a case. If the practitioner, group, or lab for whom you wish to build a case is not listed, please visit [Manage Your Account](#) to associate the new practitioner, group, or lab.

Filter Last Name

or NPI:

Selected Physician:

Provider	
<input type="button" value="SELECT"/>	
1 2 3	

[Click here](#) for help or technical support

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# Select Health Plan



20% Complete

## Clinical Certification

To process an urgent case on the web you will be required to upload relevant clinical information using the online clinical upload feature at the end of the case build process. [Click here](#) for more information!

You selected

Please select the health plan for which you would like to build a case. If the health plan is not shown, please contact the plan at the number found on the member's identification card to determine if case submission through CareCore National is necessary.

Click [here](#) for help or technical support

Choose the appropriate **Health Plan** for the case request. If the health plan does not populate, please contact the plan at the number found on the member's identification card. Once the plan is chosen, please select the provider address in the next drop down box.

# Contact Information



30% Complete

**Provider and NPI**

## Clinical Certification

Provider's Name  [?]

Who to Contact  [?]

Fax  [?]

Phone  [?]

Ext.  [?]

Cell Phone

Email

[Click here](#) for help or technical support



Enter the **provider's name** and appropriate information for the point of contact individual.

# Member Information



40% Complete

Provider and NPI

## Clinical Certification

Patient ID:

Date Of Birth:  MM/DD/YYYY

Patient Last Name Only:  [?]

IF THIS IS A MEDICAID MEMBER, PLEASE USE THE MEMBER'S MEDICAID ID

[Click here for help or technical support](#)



Enter the **member information** including the patient ID number, date of birth, and patient's last name.



Click **“Eligibility Lookup.”**

# Clinical Details



60% Complete

Provider and NPI

Patient

EDIT

## Clinical Certification

This procedure will be performed on 4/1/2019. [CHANGE](#)

### Musculoskeletal Management Procedures

Select a Procedure by CPT Code[?] or Description[?]

MSMPT  PHYSICAL THERAPY

Don't see your procedure code or type of service? [Click here](#)

### Diagnosis

Primary Diagnosis Code: **R68.89**

Description: **Other general symptoms and signs**

[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)

*Secondary diagnosis is optional for Musculoskeletal Management*

[LOOKUP](#)

[Cancel](#) [Back](#) [Print](#) [Continue](#)

Click [here](#) for help or technical support



Select the **CPT** and **diagnosis codes**

# Verify Service Selection



60% Complete

Provider and NPI

Patient

EDIT

## Clinical Certification

Confirm your service selection.

**Procedure Date:** 4/1/2019  
**CPT Code:** MSMPT  
**Description:** PHYSICAL THERAPY  
**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](#)

Click [here](#) for help or technical support

Click **continue** to confirm your selection.

# Site Selection

Wednesday, January 16, 2019 11:05 AM

Log Off

## Clinical Certification

### 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 type="radio"/> Exact match	
				<input type="radio"/> Starts with	

LOOKUP SITE

[Cancel](#) [Back](#) [Print](#)

[Click here for help or technical support](#)

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

# Site Selection

## Clinical Certification

Selected Site:

FIND NEW SITE

Site Email (optional)

Cancel

Back

Print

Continue

Click [here](#) for help or technical support

This page allows you to enter an email address for a facility representative.

# Clinical Certification

## Clinical Certification

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 CareCore National.**

Click [here](#) for help or technical support

- Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.
- **You will not have the opportunity to make changes after that point.**

# Clinical Certification

## Clinical Certification

Is this case Routine/Standard?

Yes No



➤ Select an urgency indicator and upload your patient's relevant medical records that support your request

➤ If your request is urgent select **"No"**

➤ If the case is standard select **"Yes"**

**Note:** 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.

# Urgent Supporting Documentation

## Clinical Certification

**Clinical Upload**

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

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

No file chosen

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If **additional information** is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page.

Providing clinical information via the web is the quickest, most efficient method.

# Clinical Certification Pathway

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us Med Solutions Portal

Wednesday, January 16, 2019 11:05 AM

Log Off

## Clinical Certification

**i** Is this request for Home Health services?

Yes  No  Unknown

SUBMIT

Finish Later

Did you know?  
You can save a certification  
request to finish later.

Cancel Print

Click [here](#) for help or technical support

➤ Once you have entered the clinical collection phase of the case process, you can save the information and return **within two business days** to complete.

# Clinical Certification Pathway

Wednesday, January 16, 2019 11:05 AM

Log Off

## Clinical Certification

### TYPE OF CONDITION

Please select Developmental for all pediatric cases EXCEPT primary musculoskeletal injuries such as ankle sprain, fracture, WITHOUT an underlying developmental or neuromuscular condition like cerebral palsy)

1 Indicate the type of condition that therapy is being requested for:

SUBMIT

Finish Later

Did you know?  
You can save a certification request to finish later.

Cancel Print

Click [here](#) for help or technical support

## Clinical Certification

1 Please select the primary area:

1 Is there a second body part being treated?

SUBMIT

# Attestation

## Clinical Certification

I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

Print **SUBMIT CASE**

Click [here](#) for help or technical support



Acknowledge the clinical certification statements, and hit **“Submit Case”**

# Approval

## Clinical Certification

Your case has been Approved.

<b>Provider Name:</b>		<b>Contact:</b>	
<b>Provider Address:</b>		<b>Phone Number:</b>	
		<b>Fax Number:</b>	
<hr/>			
<b>Patient Name:</b>		<b>Patient Id:</b>	
<b>Insurance Carrier:</b>			
<hr/>			
<b>Site Name:</b>		<b>Site ID:</b>	
<b>Site Address:</b>			
<hr/>			
<b>Primary Diagnosis Code:</b>		<b>Description:</b>	
<b>Secondary Diagnosis Code:</b>		<b>Description:</b>	
<b>CPT Code:</b>		<b>Description:</b>	
<b>Modifier:</b>			
<b>Authorization Number:</b>			
<b>Review Date:</b>			
<b>Expiration Date:</b>			
<b>Status:</b>	Your case has been Approved.		



Once the clinical pathway questions are completed and if the answers have met the clinical criteria, an **approval** will be issued



Print the screen and store in the patient's file

# Medical Review

## Clinical Certification

Your case has been sent to Medical Review

<b>Provider Name:</b>		<b>Contact:</b>	
<b>Provider Address:</b>		<b>Phone Number:</b>	
		<b>Fax Number:</b>	
<hr/>		<hr/>	
<b>Patient Name:</b>		<b>Patient Id:</b>	
<b>Insurance Carrier:</b>			
<hr/>		<hr/>	
<b>Site Name:</b>		<b>Site ID:</b>	
<b>Site Address:</b>			
<hr/>		<hr/>	
<b>Primary Diagnosis Code:</b> R68.89		<b>Description:</b> Other general symptoms and signs	
<b>Secondary Diagnosis Code:</b>		<b>Description:</b>	
<b>CPT Code:</b> M SMPT		<b>Description:</b> PHYSICAL THERAPY	
<b>Modifier:</b>			
<b>Authorization Number:</b>			
<b>Review Date:</b>			
<b>Expiration Date:</b>			
<b>Status:</b> Pending			

Once the clinical pathway questions are completed and the case has not meet clinical review. The status will reflect pending and at the top “Your case has been sent to Medical Review”.

Print the screen and store in the patient’s file.

# Building Additional Cases

## Clinical Certification

Thank you for submitting a request for clinical certification. Would you like to:

- Return to the main menu
- Start a new request
- Resume an in-progress request

You can also start a new request using some of the same information.

Start a new request using the same:

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

GO

Cancel Print

[Click here](#) for help or technical support

Once a case has been submitted for clinical certification, you can return to the **Main Menu**, **resume an in-progress request**, or **start a new request**. You can indicate if any of the previous case information will be needed for the new request.

# Authorization Look Up



Tuesday, November 22, 2016 2:30 PM

## Authorization Lookup

### New Security Features Implemented

**Search by Member Information**

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:   
MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:

**Search by Authorization Number/ NPI**

REQUIRED FIELDS

Provider NPI:

Auth/Case Number:

➤ Search by **Authorization Number/NPI**. Enter the **provider's NPI** and authorization or **case number**. Select **"Search."**

➤ You can also search by **Member Information**, and enter the **health plan**, **provider's NPI**, patient's ID, and patient's date of birth.

# Authorization Status

## Authorization Lookup

### New Security Features Implemented

Authorization Number:	
Case Number:	
Status:	Approved
Approval Date:	
Service Description:	
Site Name:	
Expiration Date:	6/28/2018
Date Last Updated:	
Correspondence:	<a href="#">VIEW CORRESPONDENCE</a>

[Print](#) [Done](#) [Search Again](#)

Click [here](#) for help or technical support

➤ The authorization will then be accessible to review.

➤ To print authorization correspondence, select **“View Correspondence.”**

# Search Results and Electronic Clinical Upload Feature

## New Security Features Implemented

Authorization Number:	NA
Case Number:	
Status:	Additional Information Required
Approval Date:	
Service Code:	
Service Description:	
Site Name:	
Expiration Date:	
Date Last Updated:	9/15/2017 10:45:49 AM
Correspondence:	<a href="#">VIEW CORRESPONDENCE</a>
Clinical Upload:	<a href="#">UPLOAD ADDITIONAL CLINICAL</a> 

# Eligibility Look Up



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

Thursday, March 15, 2018 4:43 PM

Log Off (INTGTEST)

## Eligibility Lookup

### New Security Features Implemented

Health Plan:

Patient ID:

Member Code:

Cardiology Eligibility: **Medical necessity determination required.**

Radiology Eligibility: **Precertification is Required**

Radiation Therapy Eligibility: **Medical necessity determination required.**

MSM Pain Mgt Eligibility: **Precertification is Required**

Sleep Management Eligibility: **Medical necessity determination required.**

Print Done Search Again

Click [here](#) for help or technical support

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You may also confirm the patient's eligibility by selecting the **Eligibility Lookup** tab.

## Important Tips

---

- The therapist should always complete the initial evaluation **prior to** submitting the first request authorization
- In order to receive a decision that best reflects the needs of the patient, submit current clinical information and answer all questions
- Submit your request to eviCore within 7 days of the requested start date
- Submission by web or phone increases the chance of a real time approval for the initial and second request
  - Requests that report lack of progress will be reviewed by a therapist
  - A therapist will review all requests after the second request (real time approval not available from 3<sup>rd</sup> request on)
- Worksheets are available to assist
- Spread the visits/units over the approved period

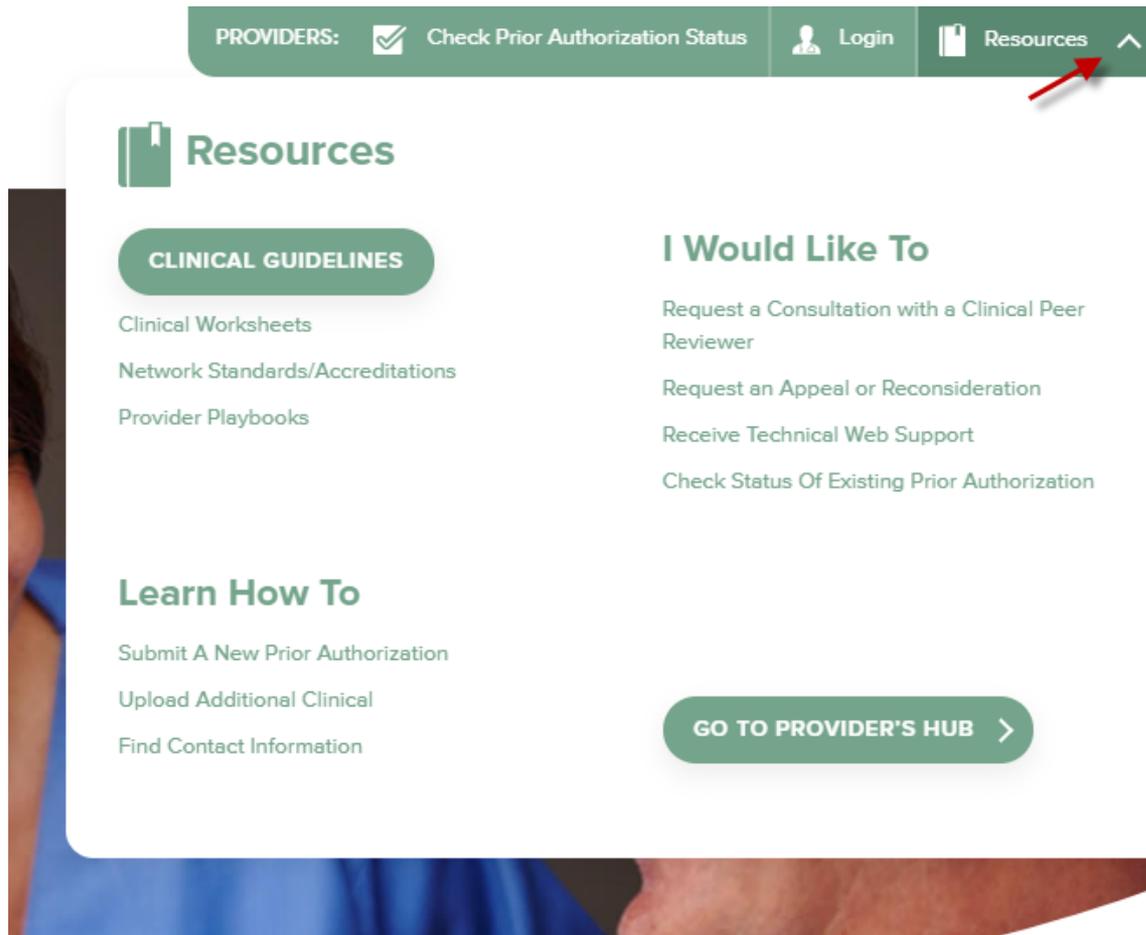
---

# Provider Resources



# Online Resources

- You can access important tools and resources at [www.evicore.com](http://www.evicore.com)
- Select “Resources” to view **FAQs**, **clinical guidelines**, **online forms**, and more



# Provider Resources: Prior Authorization Call Center



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

Call **888-333-8641** Monday – Friday, 7 a.m. to 7 p.m.

- Obtain prior authorization 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

# Provider Resources: Web-Based Services



Pre-certification  
call center



Web-based  
services



Provider Relations  
Department



Documents

To speak with a Web Specialist, call **800-646-0418** (option #2) or email **[portal.support@evicore.com](mailto:portal.support@evicore.com)**.

They can advise on the following:

- Request authorizations and check case status online – available 24 hours a day, 7 days a week
- Pause/start feature to complete initiated cases
- Upload electronic PDF/Word clinical documents

# Provider Resources: Provider Relations Department



Pre-certification  
call center



Web-based  
services



Provider Relations  
Department



Documents

To speak with a client services representative, call **800-646-0418** (option #3) or email **[clientservices@eviCore.com](mailto:clientservices@eviCore.com)**

- Eligibility issues (member, rendering facility or ordering physician)
- Issues experienced during case creation
- Request for an authorization to be re-sent to the health plan
- Request for education and training on program processes

# Provider Resources: Provider Resource Page

Provider Enrollment Questions – Contact Meridian’s Provider Services



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

**evicore-Meridian Provider Resource Page**

**[www.evicore.com/healthplan/meridian\\_wellcare](http://www.evicore.com/healthplan/meridian_wellcare)**

**You can access the following:**

- **Provider Orientation Presentation**
- **CPT code list of the procedures that require prior authorization**
- **Quick Reference Guide**
- **eviCore clinical guidelines**
- **FAQ documents and announcement letters**

---

# Thank you!

---

