

Prior Authorization of Cardiology for Blue Cross and Blue Shield Medicare and Medicaid Programs

Provider Orientation



Company Highlights

4K employees
including 1K clinicians

Headquartered in Bluffton, SC
Offices across the US including:

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

SHARING
A VISION
AT THE CORE OF CHANGE.

100M members
managed nationwide



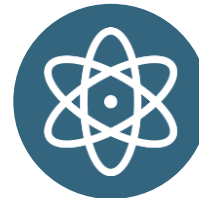
12M claims
processed annually

Integrated Solutions

LAB MANAGEMENT
19M lives



MEDICAL ONCOLOGY
14M lives



RADIATION THERAPY
29M lives

SPECIALTY DRUG
100k lives



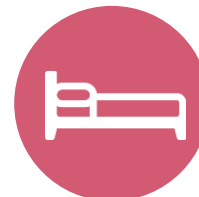
MUSCULOSKELETAL
34M lives

RADIOLOGY
65M lives

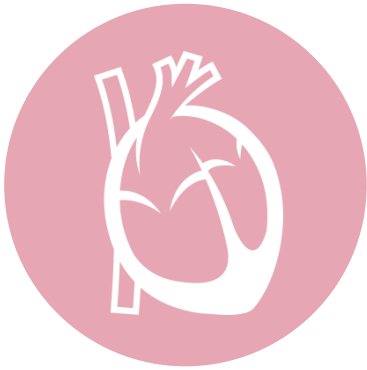


CARDIOLOGY
46M lives

SLEEP
14M lives



POST-ACUTE CARE
320k lives



Cardiology Solution Experience

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



Our Clinical Approach

Clinical Platform

Multi-Specialty Expertise

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

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

Evidence-Based Guidelines

The foundation of our solutions:



Dedicated
pediatric
guidelines



Contributions
from a panel
of community
physicians



Experts
associated
with academic
institutions



Current
clinical
literature

Aligned with National Societies

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

- American College of Therapeutic Radiology and Oncology
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American 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

Service Model

Client Provider Operations

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

Client Provider Representatives



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

Client Service Managers



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

Regional Provider Engagement Managers



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

Why Our Service Delivery Model Works



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



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



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

Prior Authorization Program for Blue Cross and Blue Shield Medicare and Medicaid Programs

Program Overview

eviCore will begin accepting requests on May 22, 2017 for dates of service June 1, 2017 and beyond.

Prior authorization applies to services that are:

- Outpatient
- Elective / Non-emergent
- Diagnostic

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

- Emergency room
- Inpatient
- 23-hour observation

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

Applicable Membership

Authorization is required for Blue Cross and Blue Shield members enrolled in the following programs:

- **Blue Cross and Blue Shield of Illinois**
 - Medicare and Medicaid members
- **Blue Cross and Blue Shield of Montana**
 - Medicare members
- **Blue Cross and Blue Shield of New Mexico**
 - Medicare members
- **Blue Cross and Blue Shield of Oklahoma**
 - Medicare members
- **Blue Cross and Blue Shield of Texas**
 - Medicare and Medicaid members



Prior Authorization Required:

- NCM/MPI (Nuclear Cardiac Imaging)
- Stress Echocardiograms
- Diagnostic Heart Catheterizations
- Ultrasounds

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

<https://www.evicore.com/healthplan/bcbs>

Prior Authorization Requests

How to request prior authorization:



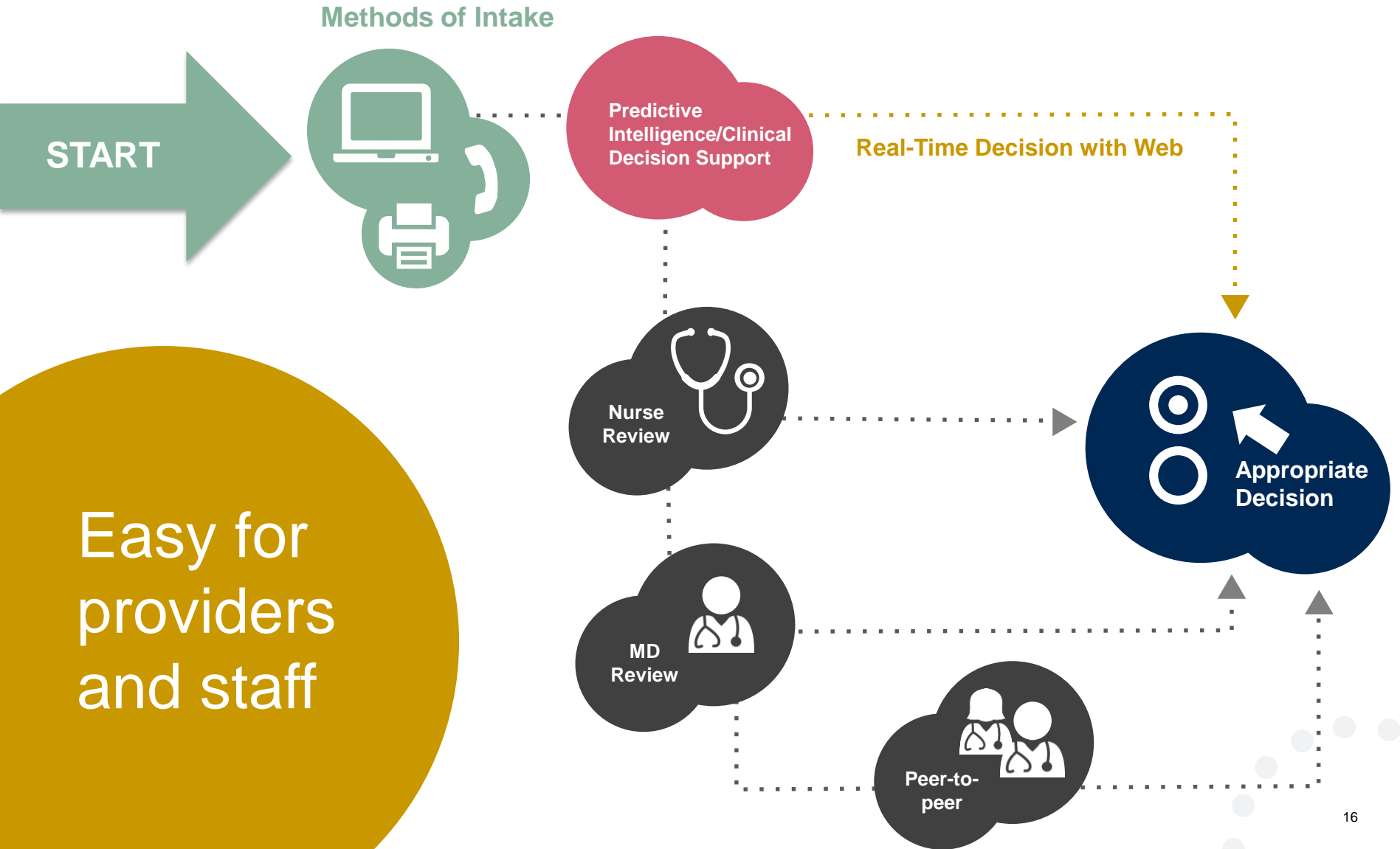
www.evicore.com

Available **24/7** and the **quickest** way to create prior authorizations and check existing case status

Or by phone:
855-252-1117
7:00 a.m. to 7:00 p.m.
local time
Monday - Friday

Faxed requests can be sent to 800-540-2406

Clinical Review Process



Needed Information

Member
Member ID
Member name
Date of birth (DOB)



Rendering Facility

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



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



Requests

CPT code(s) for requested study



The appropriate diagnosis code for the working of differential diagnosis

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

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

Prior Authorization Outcomes

Approved Requests:

- Medicare requests are processed within 14 calendar days
- IL Medicaid requests are processed within 4 calendar days
- TX Medicaid requests are processed within 3 business days
- Authorizations are typically good for 45 days from the date of determination

Delivery:

- Faxed to ordering provider and rendering facility. (verbal outreach for urgent requests)
- Mailed to the member, (verbal outreach for urgent requests)
- Information can be printed on demand from the eviCore healthcare Web Portal

Denied Requests:

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

Delivery:

- Faxed to the ordering provider and rendering facility
- Mailed to the member (verbal outreach for urgent requests)

Prior Authorization Outcomes

➤ Reconsiderations

- Additional clinical information can be provided without the need for a physician to participate
- Must be requested on or before the anticipated date of service
- Medicaid IL & TX members only

➤ Peer-to-Peer Review:

- If a request is denied and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians. In certain instances, additional information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval for Medicaid IL & TX members only.
- Peer-to-Peer reviews can be scheduled at a time convenient to your physician

Prior Authorization Outcomes – Medicare

➤ Pre-Decision Consultation

- If your case requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians prior to a decision being rendered.
- In certain instances, additional information provided during the pre-decision consultation is sufficient to satisfy the medical necessity criteria for approval

Special Circumstances

➤ Appeals

- eviCore will manage first level appeals
- Appeals must be made in writing within 120 calendar days and 30 calendar days for IL Medicaid cases. eviCore will respond within 30 calendar days, and 15 business days for IL Medicaid requests.

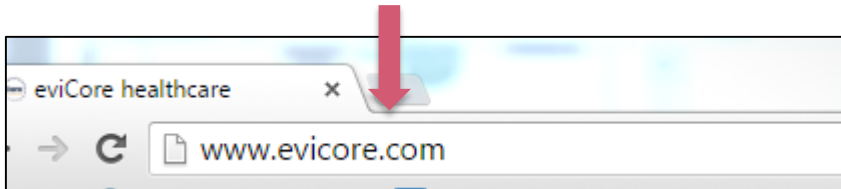
➤ Outpatient Urgent Studies:

- Contact eviCore by phone to request an expedited prior authorization review and provide clinical information
- Urgent Cases will be reviewed with 72 hours of the request.

Web Portal Services

eviCore healthcare website

- Point web browser to evicore.com



- Click on the "Providers" link



- Login or Register

Providers Delivering Medical Solutions That Benefit Everyone.

Remember User ID

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

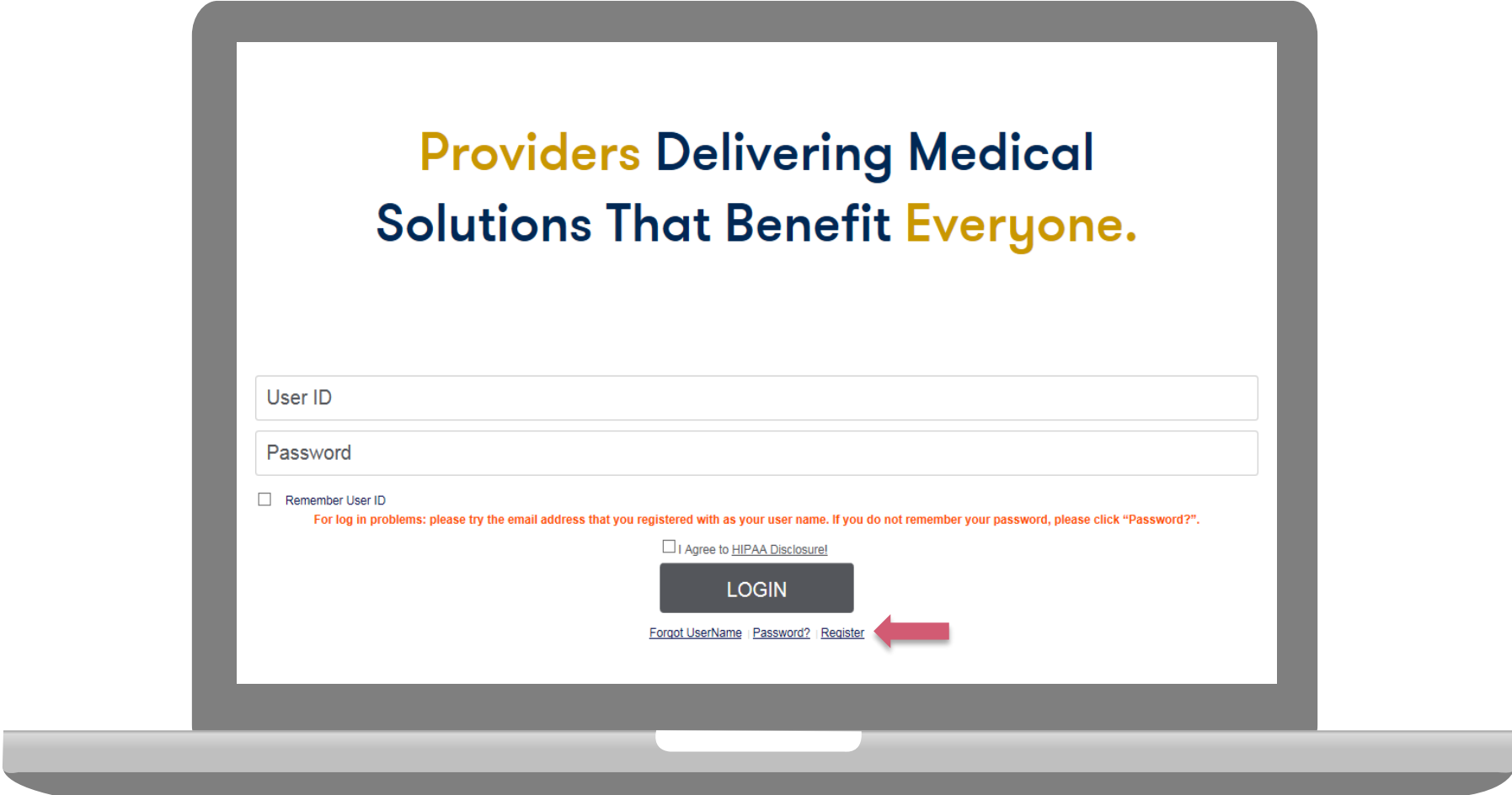
I Agree to [HIPAA Disclosure!](#)

LOGIN

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

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

Creating An Account



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



Creating An Account

eviCore healthcare
INNOVATIVE SOLUTIONS

* Required Field

Web Portal Preference

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

Default Portal*: **CareCore National** ▼

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"/>	Phone*:	<input type="text"/>
Email*:	<input type="text"/>		<input type="text"/>	Ext:	<input type="text"/>
Confirm Email*:	<input type="text"/>	City*:	<input type="text"/>	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	State*:	Select ▼	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

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				

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

User Registration-Continued

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

Default Portal*: Medsolutions

User Registration

UserName: MYoder
Email: evicorejedi1234@gmail.com
Account Type: Physician
First Name: Mallory
Last Name: Yoder

Provider Information

Physician FirstName: TEST Physician Last Name: Yoder
State: TN Tax ID:

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

USER REGISTRATION

User Access Agreement *Required

eviCore
Provider/Customer Access Agreement for Web-Based Applications

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

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

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

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

Accept Terms and Conditions *

Submit Cancel

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

User Registration-Continued

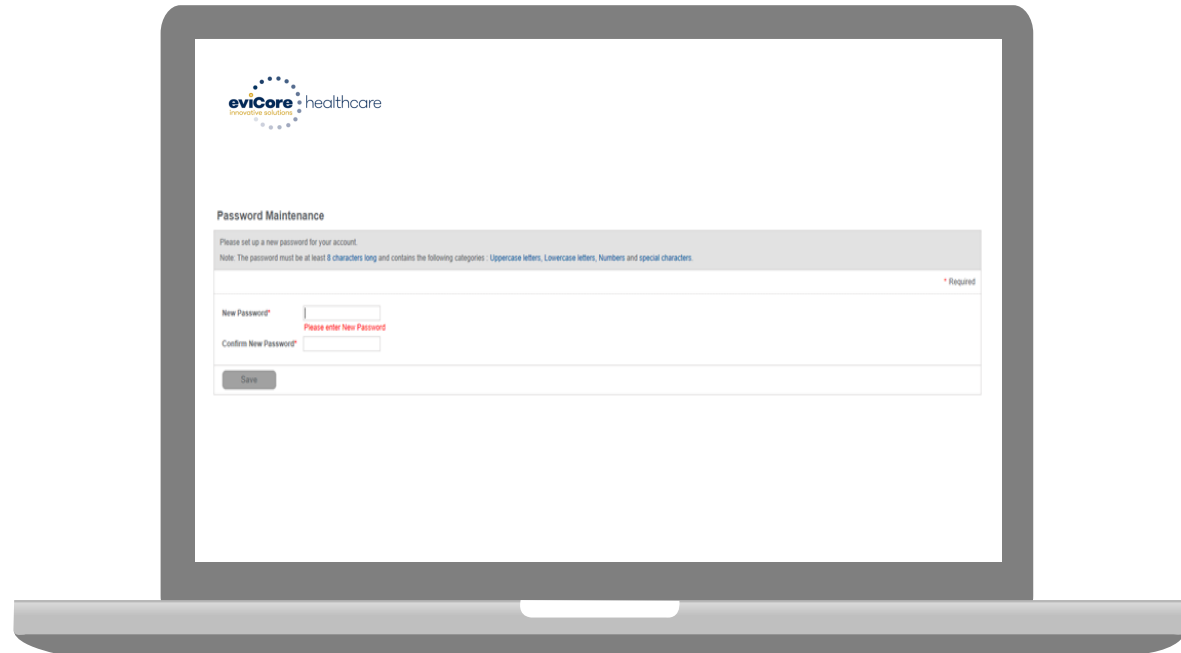


➔ You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

Create a Password

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

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



Account Log-In

Providers Delivering Medical
Solutions That Benefit Everyone.

Mallory1897

••••••••

Remember User ID

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

I Agree to [HIPAA Disclosure!](#)

LOGIN

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



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

Account Overview

Welcome Screen

The screenshot shows the CareCore National Web Portal. At the top left is the eviCore healthcare logo with the tagline 'innovative solutions'. A dark blue navigation bar contains the following links: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, MSM Practitioner Performance Summary Portal, Resource, **Manage Your Account** (circled in red), Help / Contact Us, and MedSolutions Portal. 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

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.

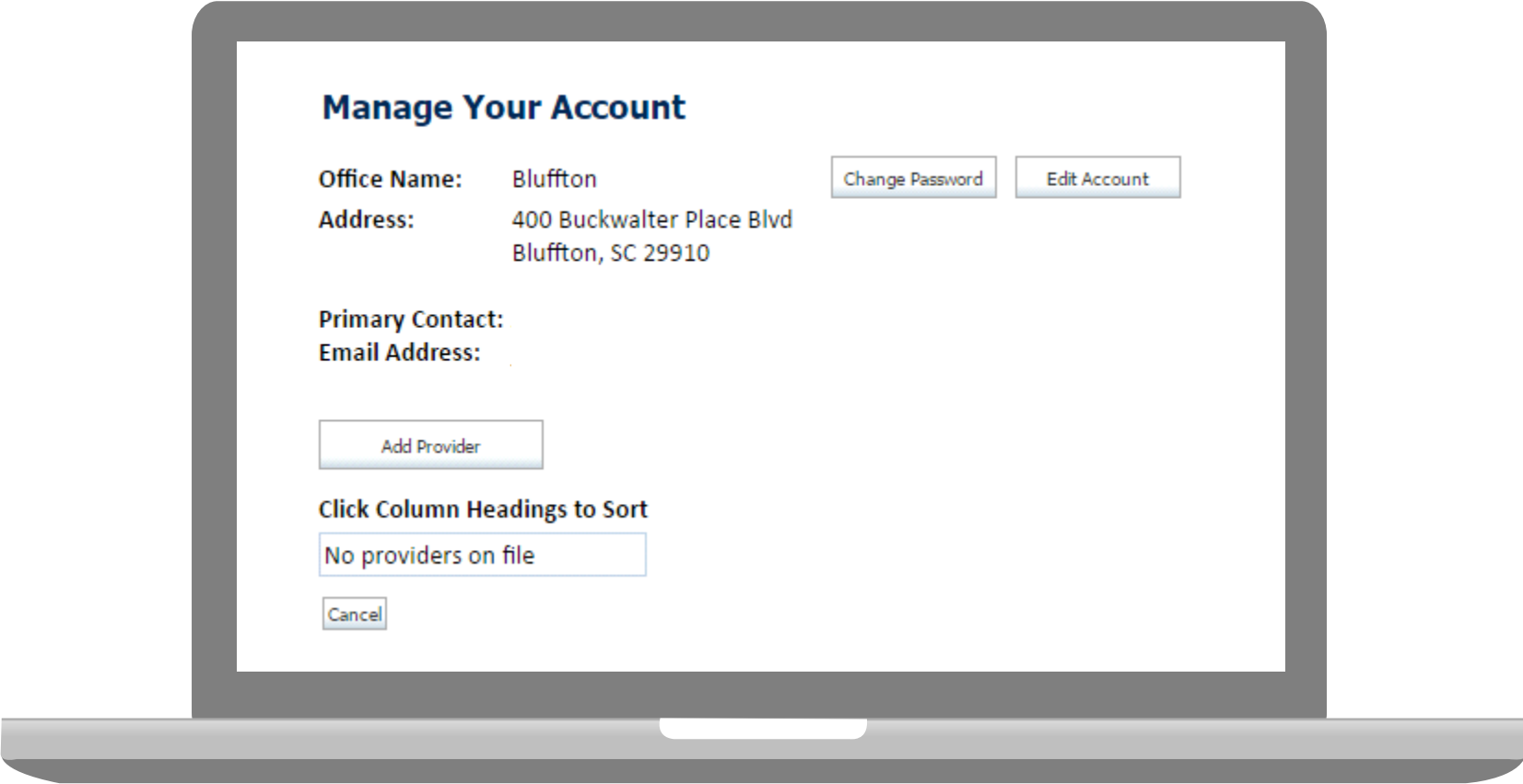
[Look up an existing authorization >>](#)

[Check member eligibility >>](#)

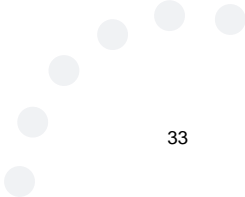
Providers will need to be added to your account prior to case submission. Click the **“Manage Account”** tab to add provider information.

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

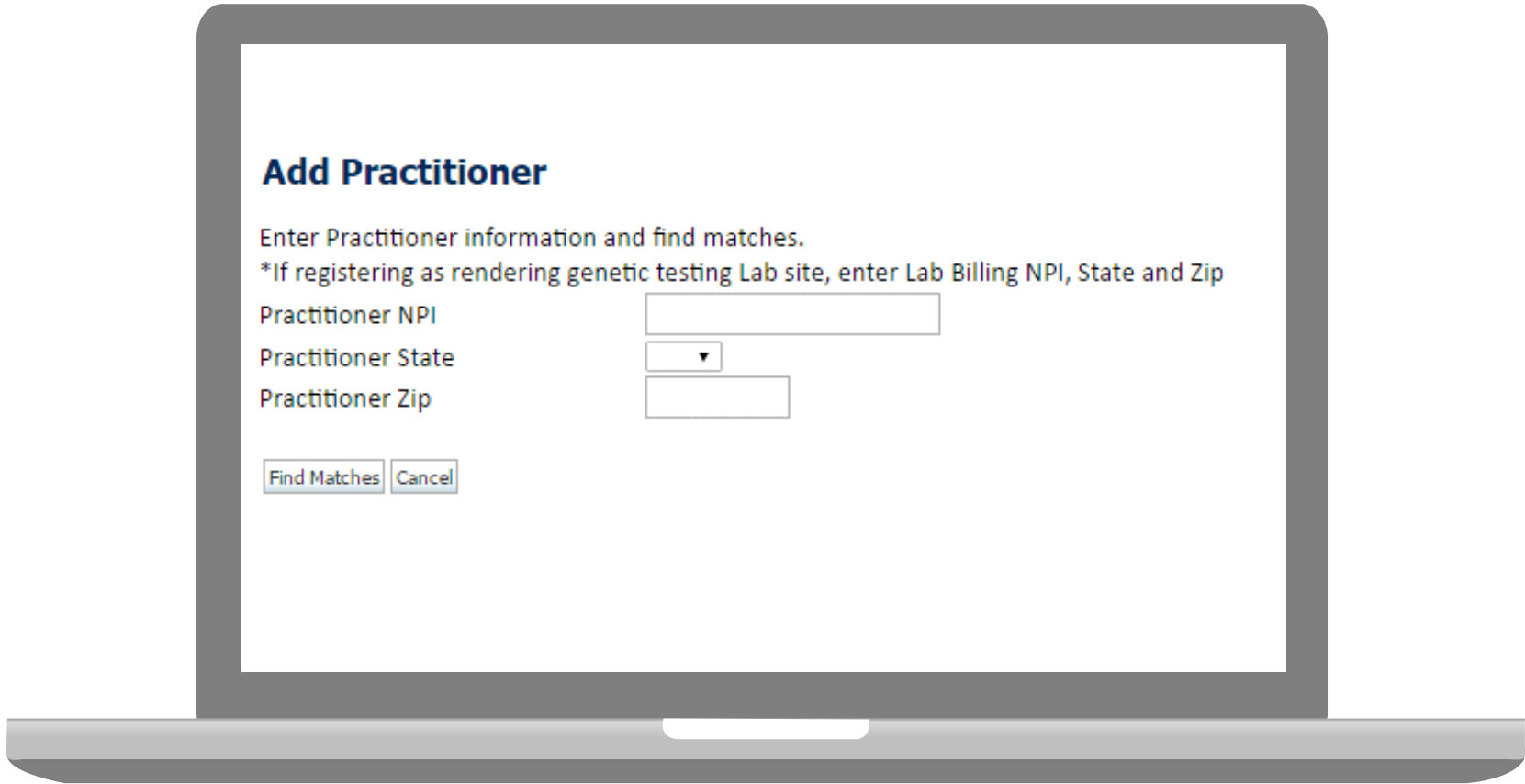
Add Practitioners



Click the “Add Provider” button.



Add Practitioners



Add Practitioner

Enter Practitioner information and find matches.
*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

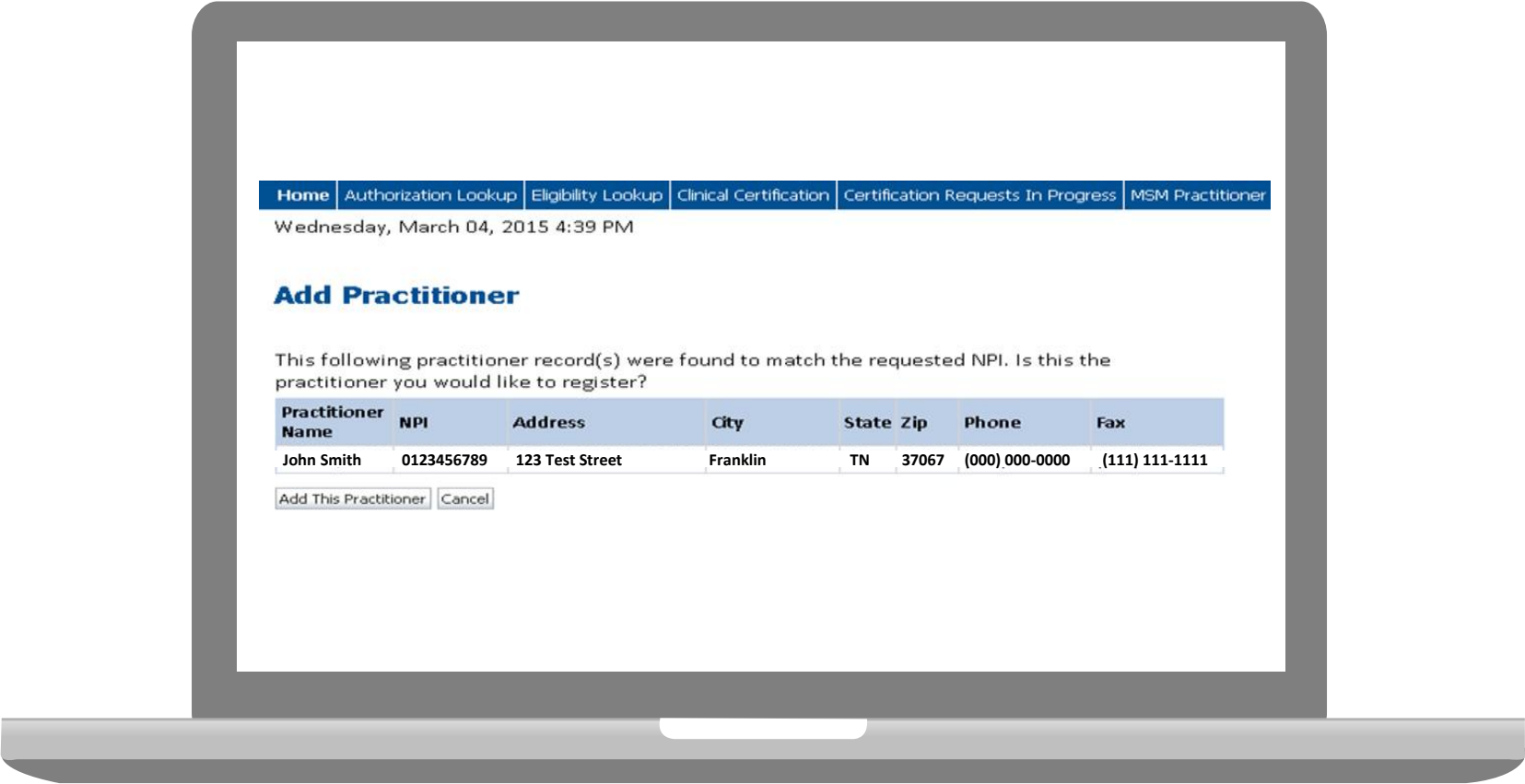
Practitioner NPI

Practitioner State

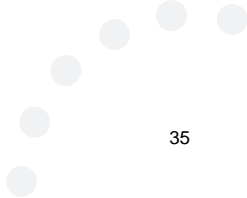
Practitioner Zip

➤ 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.

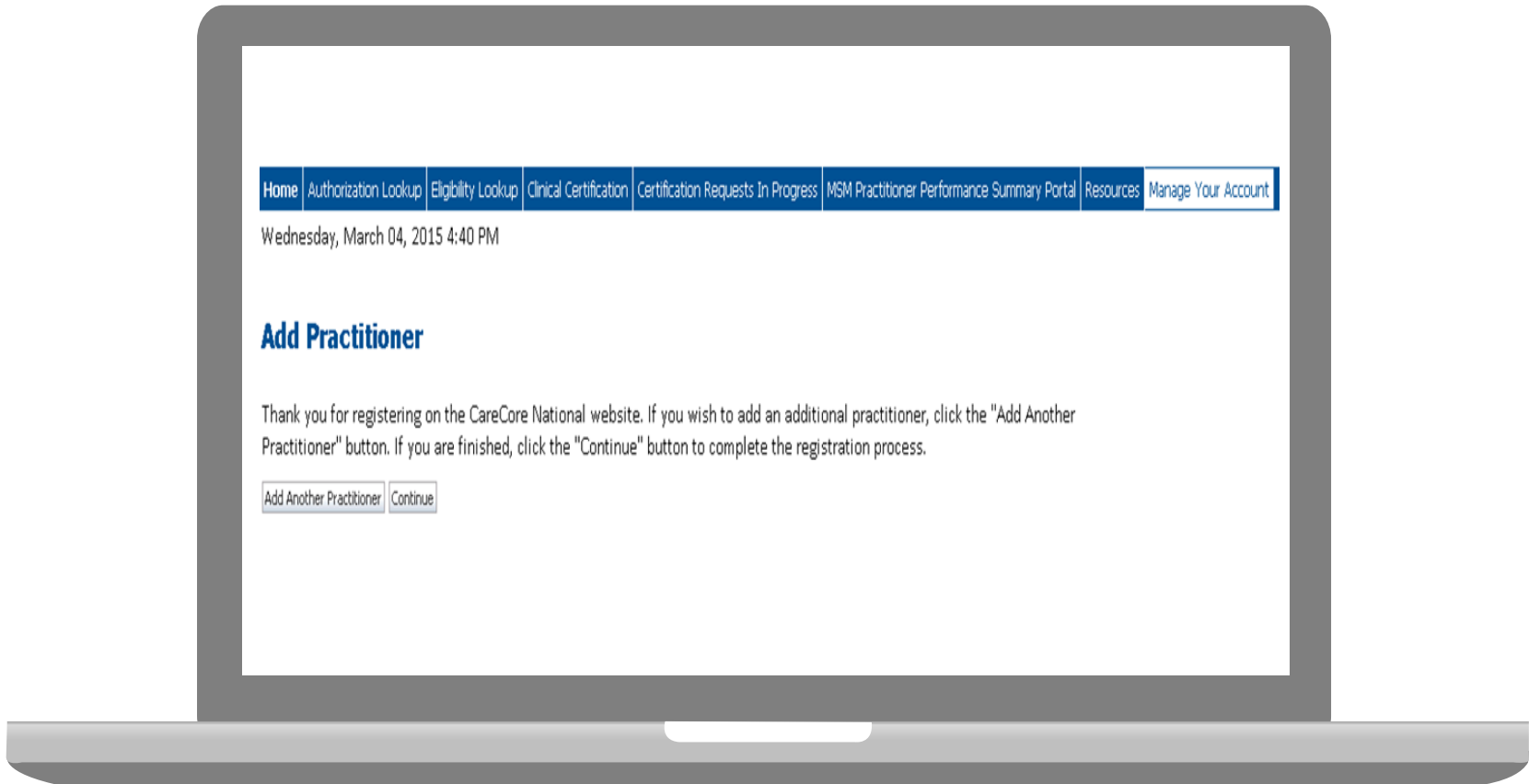
Adding Practitioners



Select the matching record based upon your search criteria



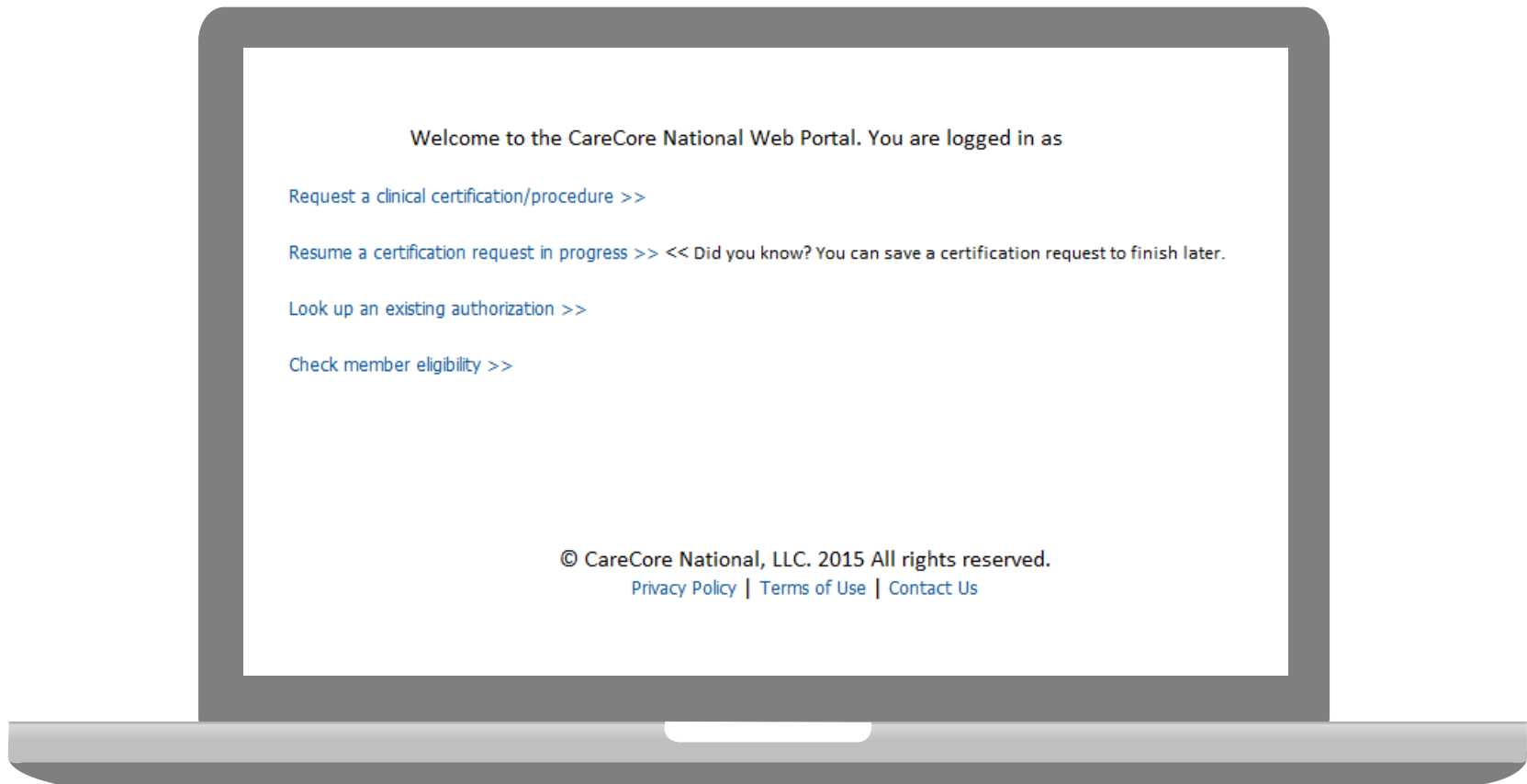
Manage Your Account



- 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.

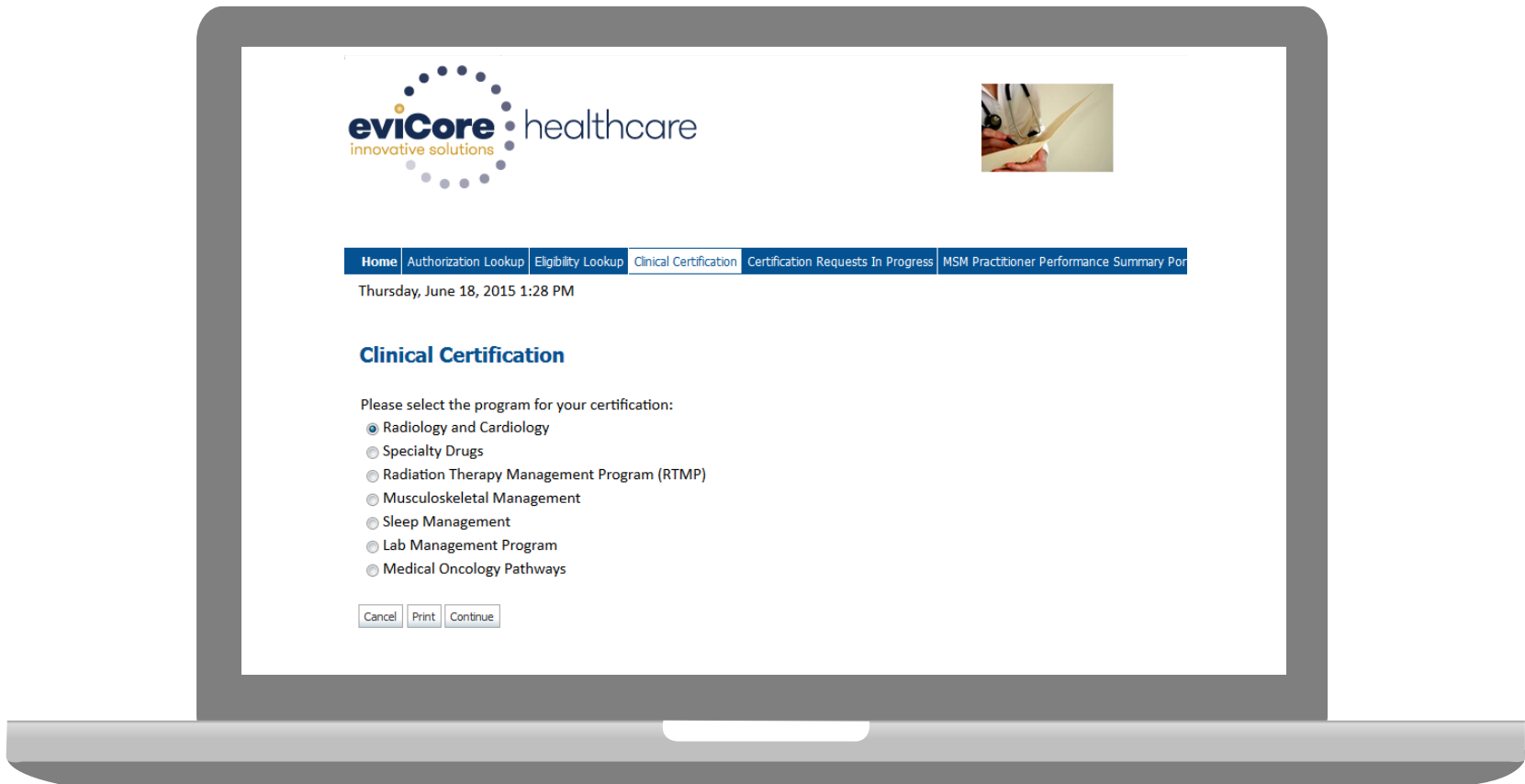
Case Initiation

Initiating A Case



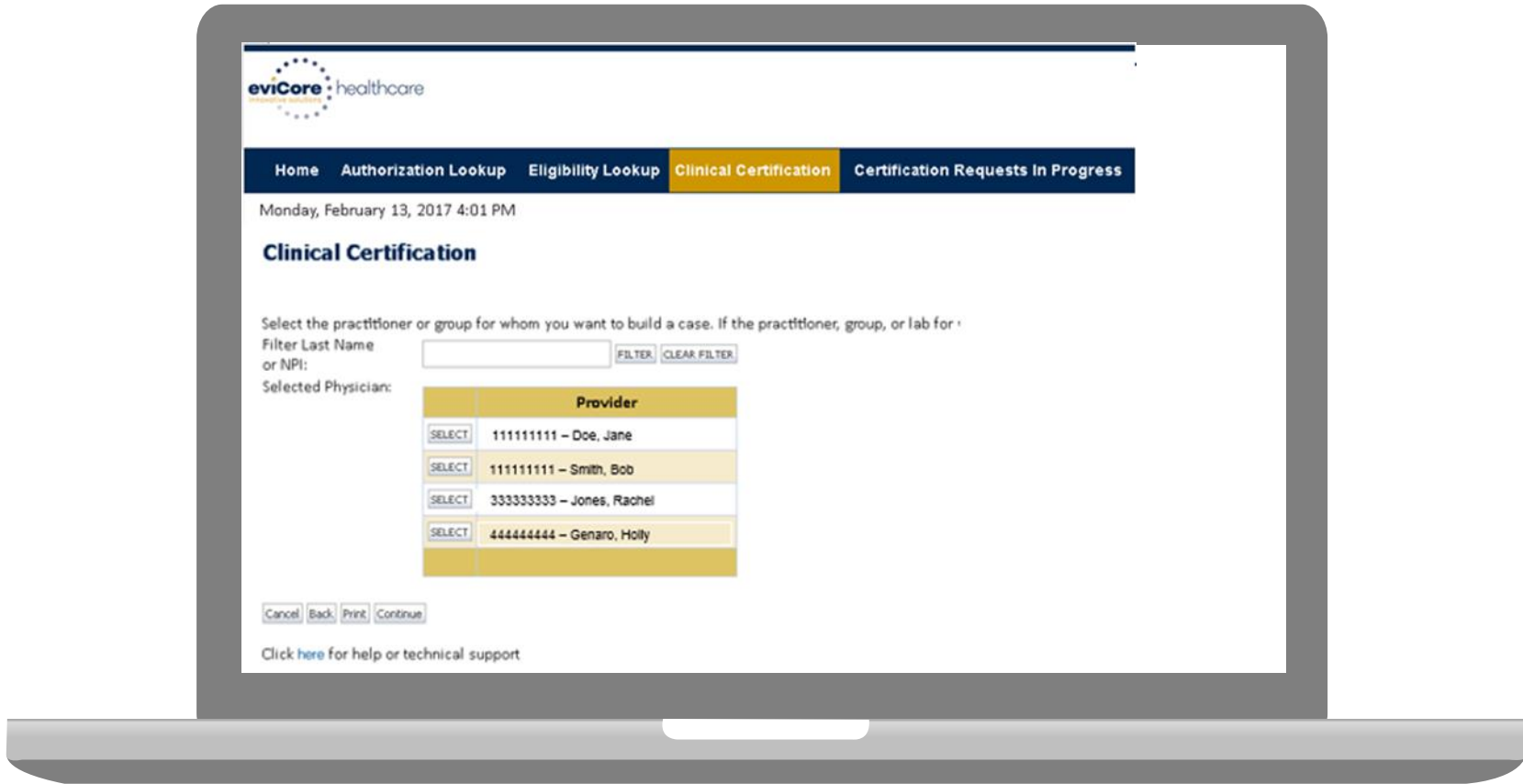
- Choose **“request a clinical certification/procedure”** to begin a new case request.

Select Program



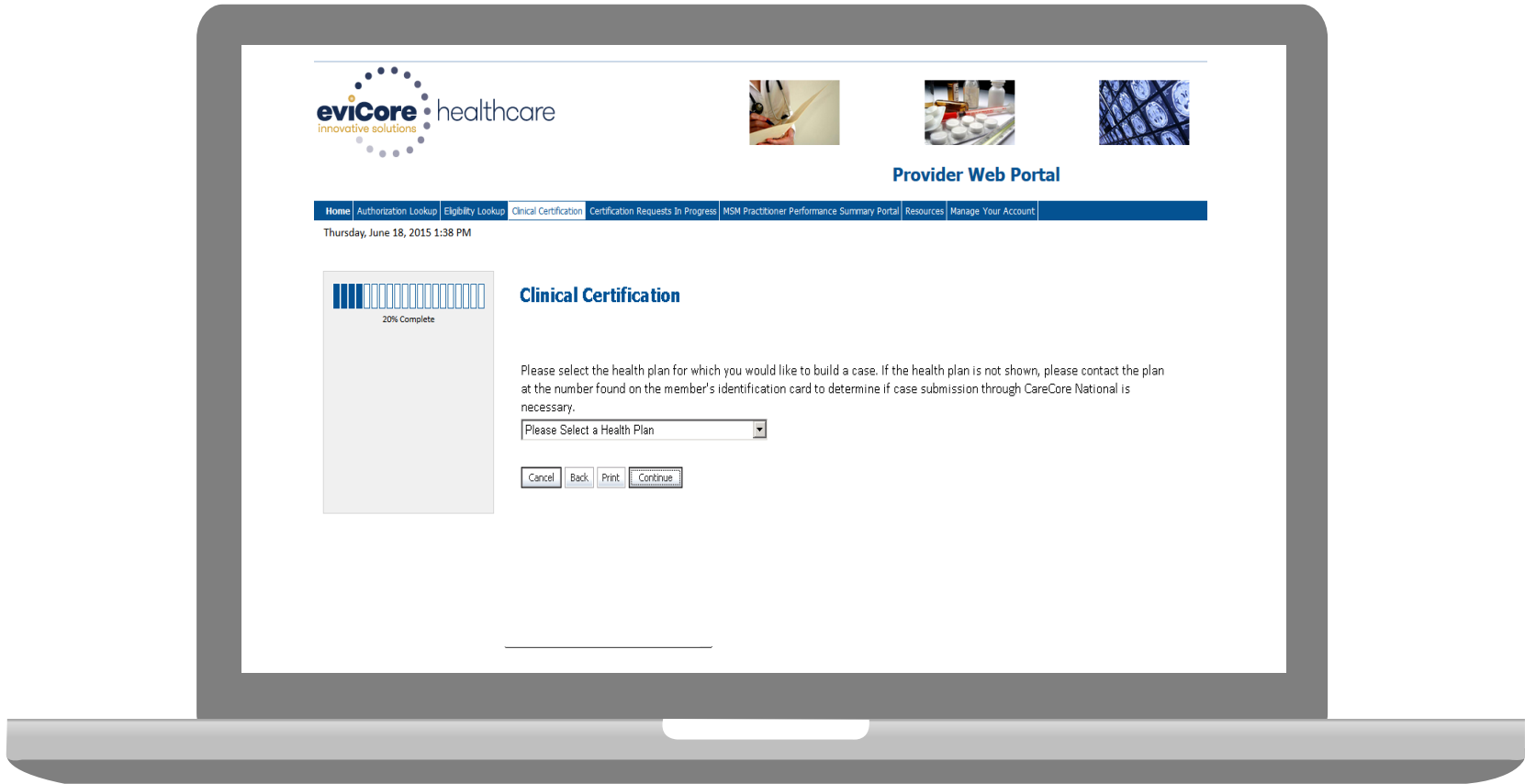
Select the **Program** for your certification.

Select Provider



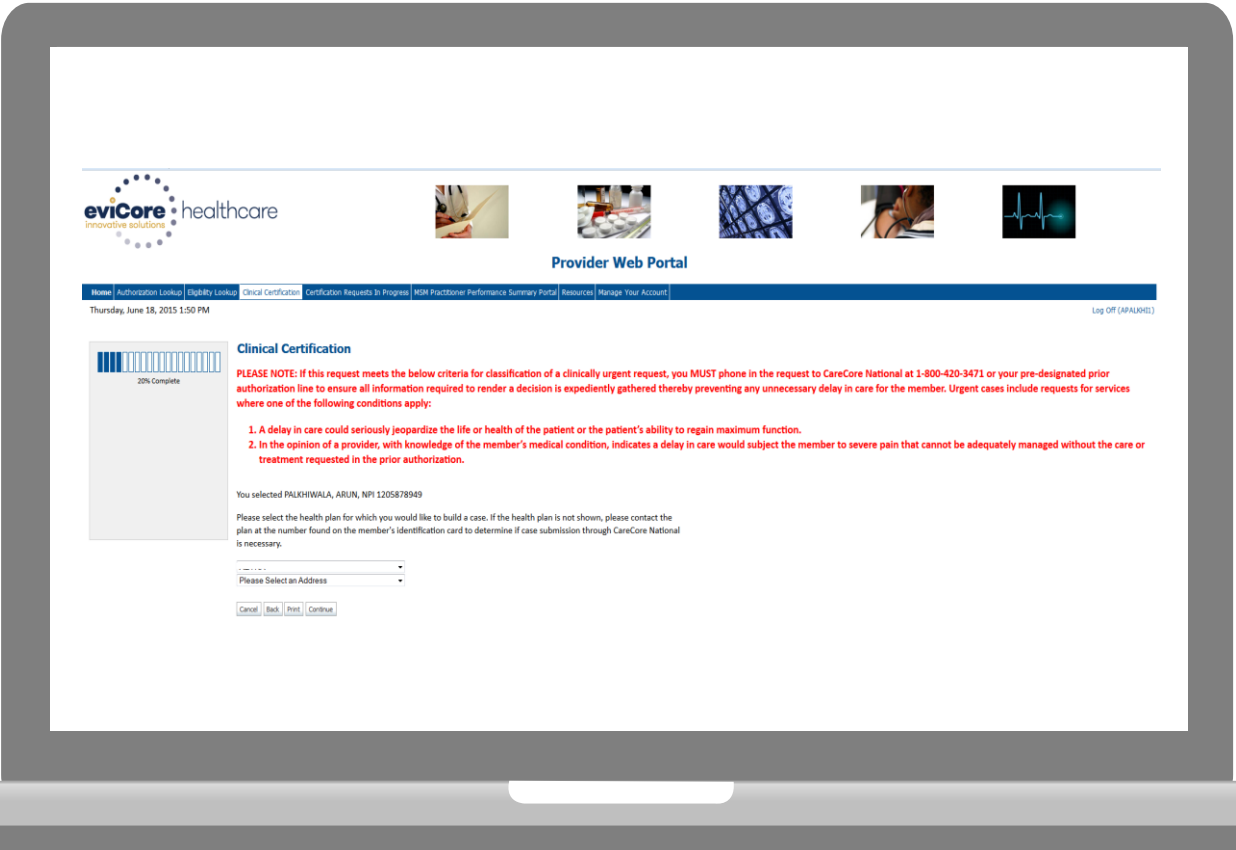
Select the **Practitioner/Group** for whom you want to build a case.

Select Health Plan



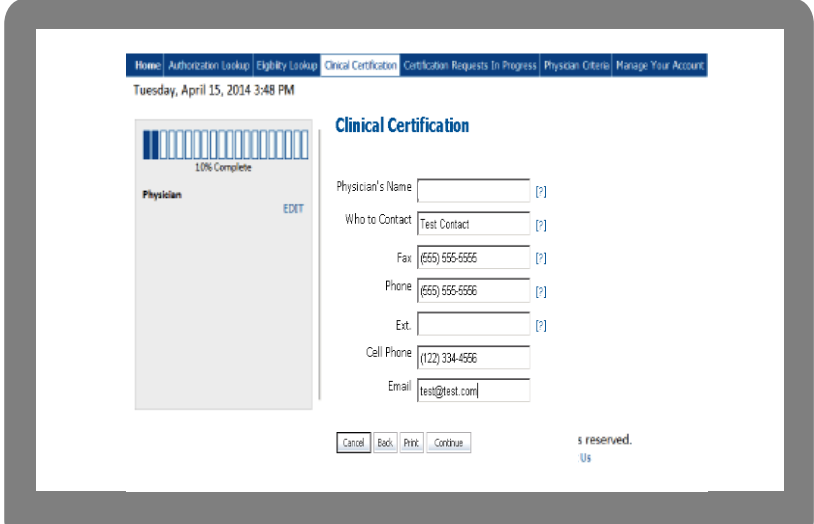
➤ Choose the appropriate **Health Plan** for the case request. If the health plan does not populate, please contact the plan at the number found on the member's identification card.

Select Address



Contact Information

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



The screenshot shows a web application interface for "Clinical Certification". At the top, there is a navigation bar with links: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, Physician Criteria, and Manage Your Account. Below the navigation bar, the date and time are displayed: "Tuesday, April 15, 2014 3:48 PM".

The main content area is titled "Clinical Certification" and contains a progress indicator on the left showing "10% Complete" and a "Physician" section with an "EDIT" button. To the right, there is a form with the following fields:

- Physician's Name:
- Who to Contact:
- Fax:
- Phone:
- Ext.:
- Cell Phone:
- Email:

At the bottom of the form, there are buttons for "Cancel", "Back", "Print", and "Continue". In the bottom right corner, there is a small copyright notice: "s reserved. Us".

Member Information

Patient Information

30% Complete

Physician
DOE, JOHN

Clinical Certification

Patient ID:

Date Of Birth: MM/DD/YYYY

Patient Last Name Only: [?]

[LOOKUP AGAIN](#)

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
<input type="button" value="SELECT"/>				3/23/1953		

[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

Clinical Certification

This procedure has not been performed. [CHANGE](#)

Radiology Procedures

Select a Procedure by CPT Code[?] or Description[?]
93306 ECHO, Complete with Doppler

Diagnosis

Primary Diagnosis Code: **I25.10**
Description: **Atherosclerotic heart disease of native coronary artery without angina pectoris**
[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Radiology
 [LOOKUP](#)

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

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

Verify Service Selection

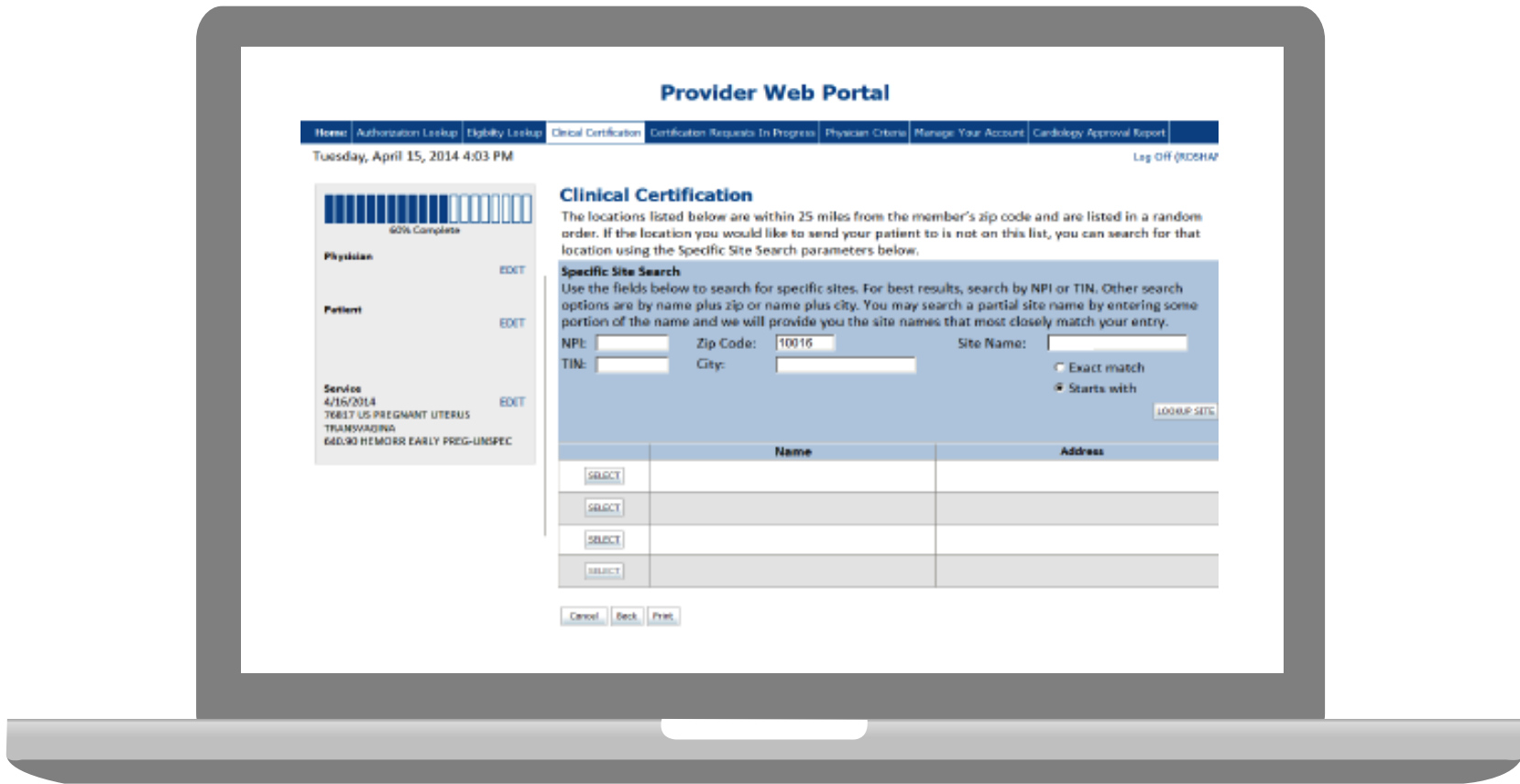
Clinical Certification

Confirm your service selection.

Procedure Date: TBD
CPT Code: 93306
Description: ECHO, Complete with Doppler
Primary Diagnosis Code: I25.10
Primary Diagnosis: Atherosclerotic heart disease of native coronary artery without angina pectoris
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

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

Site Selection



Select the specific site needed.

Clinical Certification



The image shows a laptop screen displaying a 'Clinical Certification' form. The form has a title 'Clinical Certification' and a question: 'Which one of the following best describes the reason for the requested study.' Below the question is a dropdown menu with the selected option 'Suspected New Stroke with or without a Prior History of Stroke'. There is a 'SUBMIT' button below the dropdown. Below the 'SUBMIT' button is a checkbox labeled 'Finish Later'. A blue callout box points to the 'Finish Later' checkbox with the text: 'Did you know? You can save a certification request to finish later.' At the bottom of the form are 'Cancel' and 'Print' buttons.

➤ Questions will populate based upon the information provided. You can click the **“Finish Later”** button to save your progress. You have two business days to complete the case.

Medical Review

Clinical Certification

Is there any additional information specific to the member's condition you would like to provide?

- I would like to upload a document
- 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

Enter text in the space provided below or both.

Additional Information - Notes:

You may upload a document from your computer (PDF or Word less than 5MB)

Additional Upload Document:

Browse...

SUBMIT

Finish Later

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

➤ If **additional information** is required, you will have the option to either upload documentation, enter information into the text field, or contact us via phone.

Medical Review

Clinical Certification

- I acknowledge that this request IS NOT clinically urgent regardless of documentation attached or additional information/notes provided during the clinical collection section of this web case initiation process. Additionally, I acknowledge to being informed of the appropriate method for submission of clinically urgent requests. Clinical urgency is defined by the following:
1. A delay in care could seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.
 2. In the opinion of a provider, with knowledge of the member's medical condition, indicates a delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.
- I also further 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

Acknowledge the Clinical Certification statements, and hit “**Submit Case.**”

Approval

Clinical Certification

Your case has been Approved.

Provider Name:

Provider Address:

Contact:

Phone
Number:

Fax Number:

Patient Name:

Insurance Carrier:

Patient Id:

Site Name:

Site Address:

Site ID:

Primary Diagnosis Code:

Secondary Diagnosis
Code:

CPT Code:

Description:

Description:

Description:

Modifier:

Authorization Number:

Review Date:

Expiration Date:

Status:

Your case has been Approved.

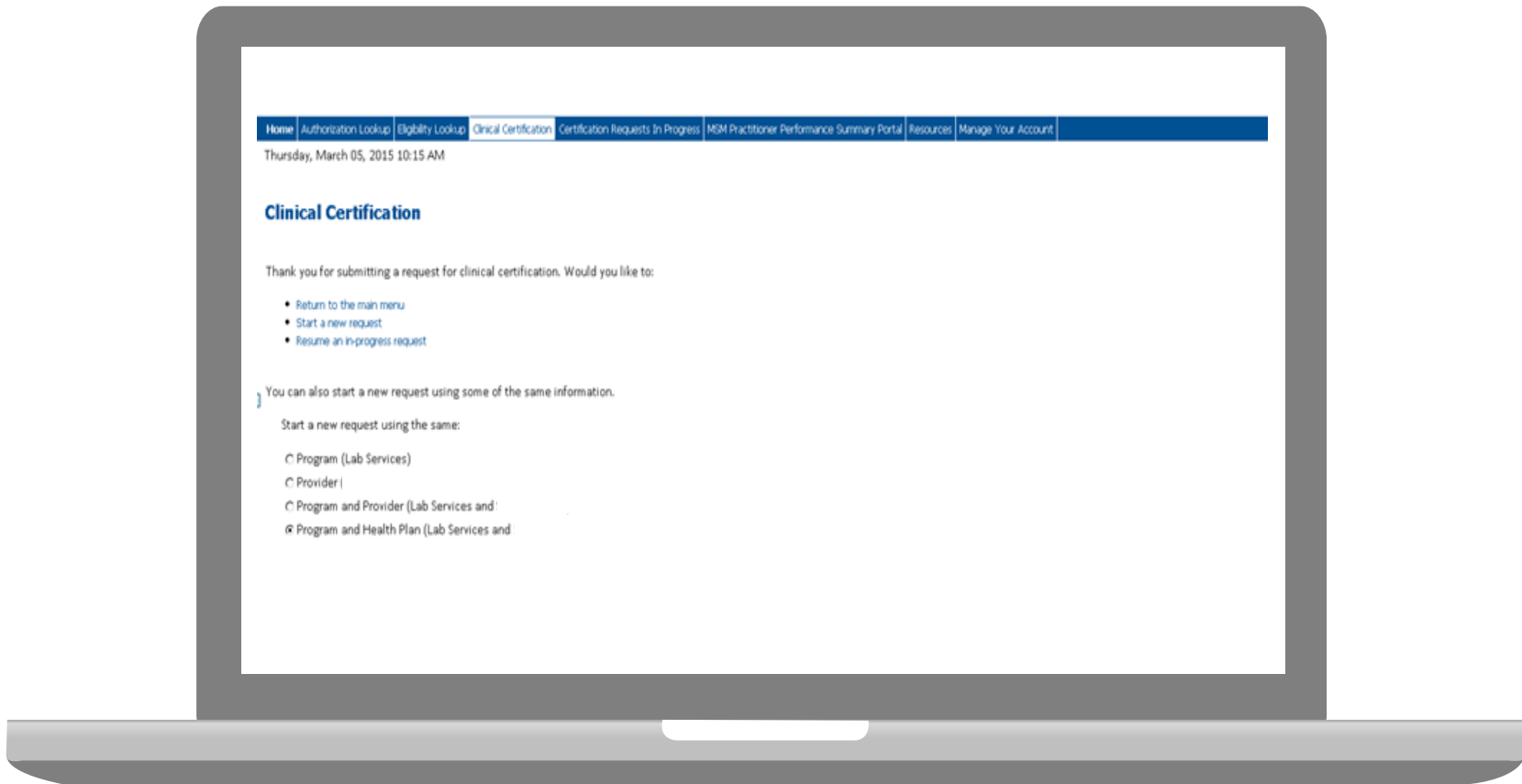
Print

Continue

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.

Building Additional Cases



➔ 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're even able to 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

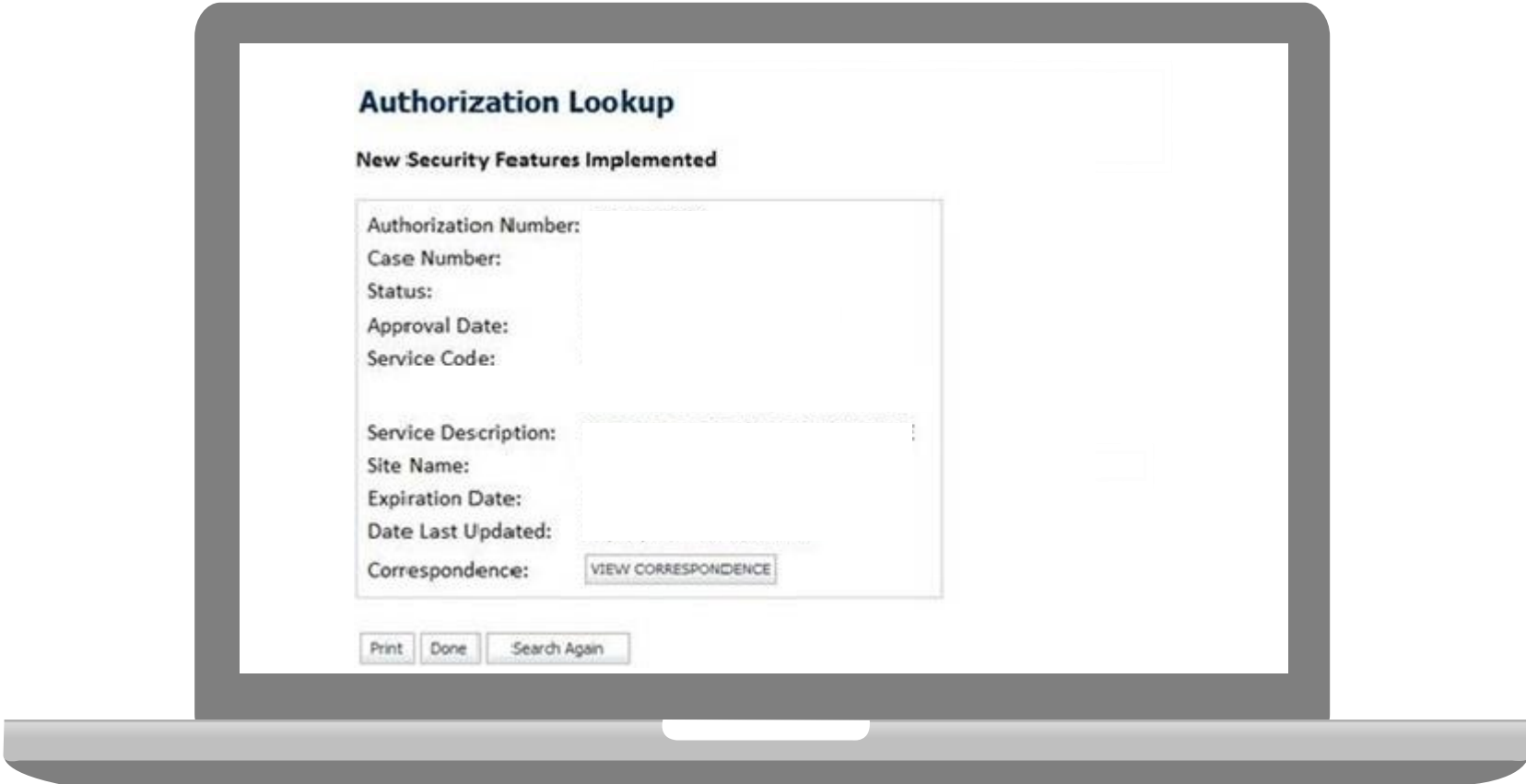
REQUIRED FIELDS

Provider NPI:

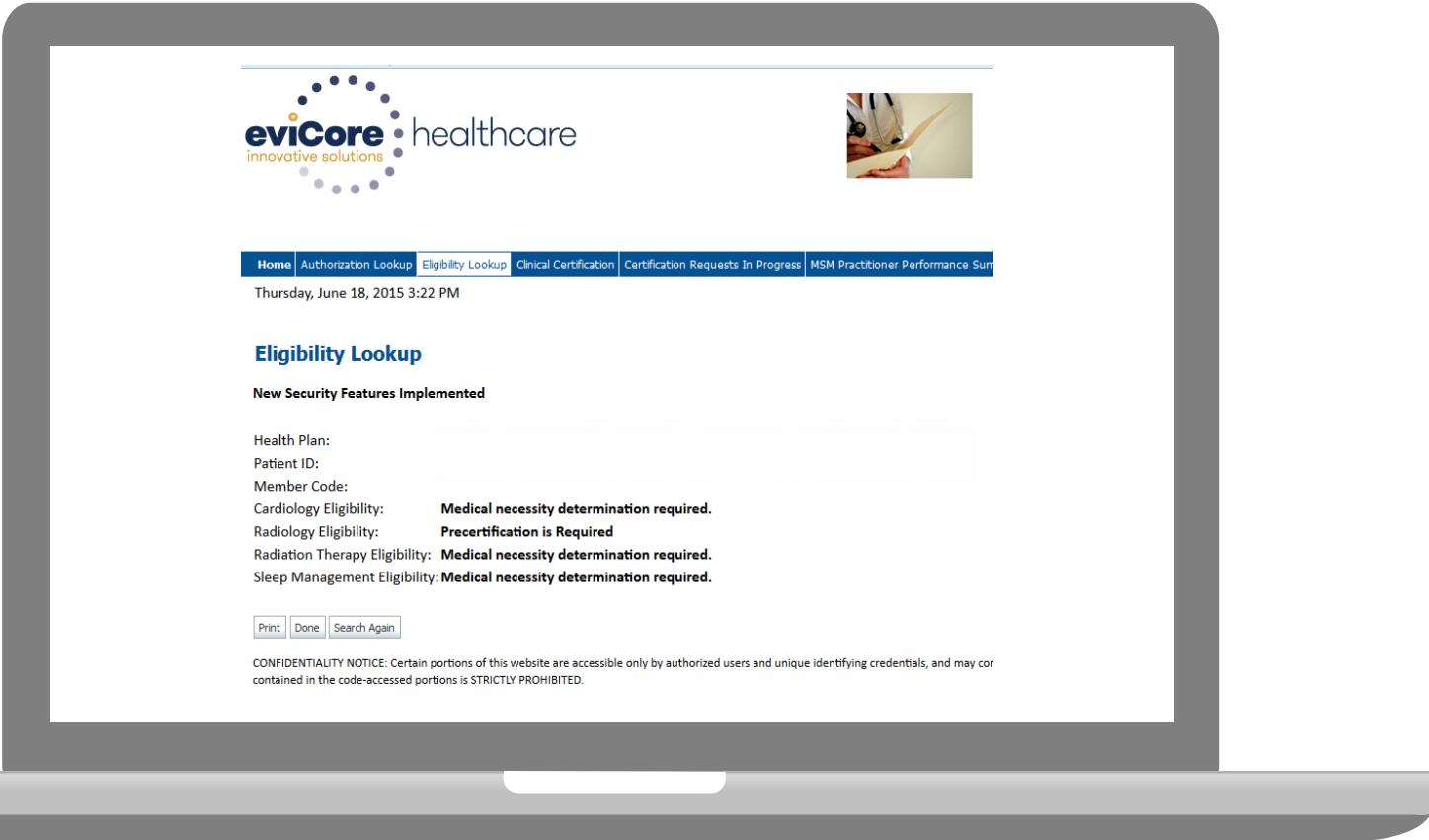
Auth/Case Number:

- Select Search by **Authorization Number/NPI**. Enter the provider's NPI and authorization or case number. Select **Search**.
- You can also search for an authorization by **Member Information**, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.

Authorization Status



Eligibility Look Up



[Home](#) | [Authorization Lookup](#) | [Eligibility Lookup](#) | [Clinical Certification](#) | [Certification Requests In Progress](#) | [MSM Practitioner Performance Summary](#)

Thursday, June 18, 2015 3:22 PM

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.**

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

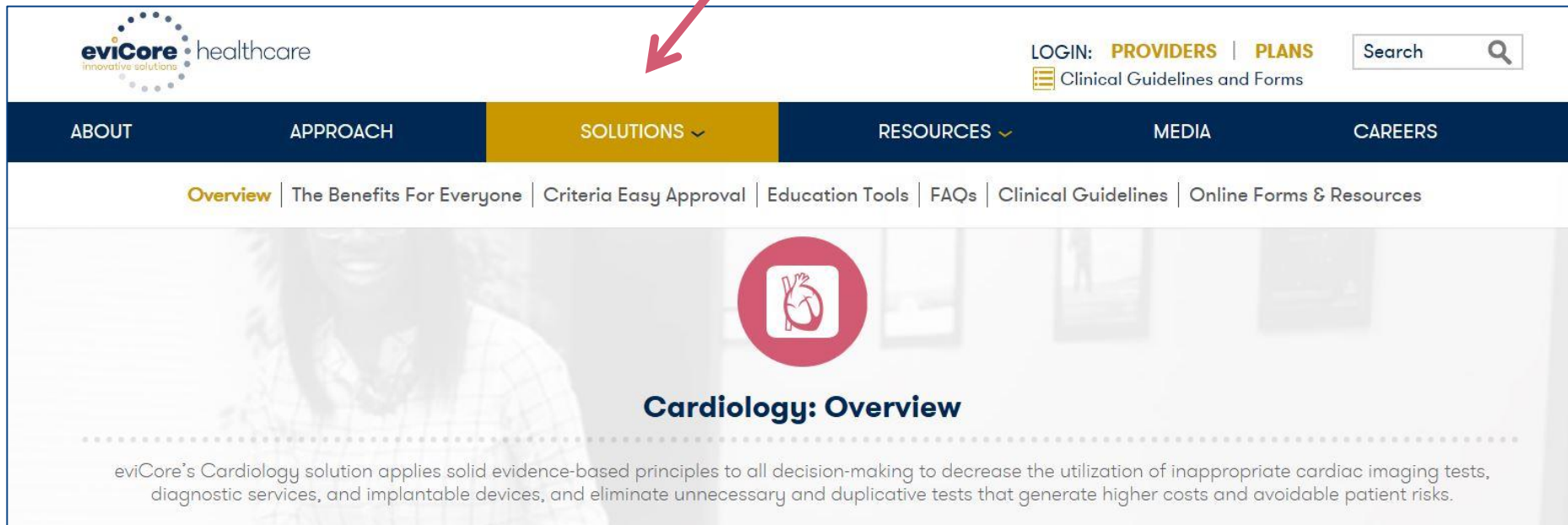
CONFIDENTIALITY NOTICE: Certain portions of this website are accessible only by authorized users and unique identifying credentials, and may contain information the disclosure of which is STRICTLY PROHIBITED.

Provider Resources



Radiology/Cardiology Online Resources

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



The screenshot displays the top navigation bar of the eviCore healthcare website. The logo on the left reads "eviCore healthcare" with "innovative solutions" in smaller text below. On the right, there are links for "LOGIN: PROVIDERS | PLANS" and a search box labeled "Search" with a magnifying glass icon. Below the search box is a link for "Clinical Guidelines and Forms". The main navigation bar is dark blue with white text for "ABOUT", "APPROACH", "SOLUTIONS", "RESOURCES", "MEDIA", and "CAREERS". The "SOLUTIONS" menu item is highlighted in yellow and has a red arrow pointing to it. Below the navigation bar is a secondary menu with links: "Overview", "The Benefits For Everyone", "Criteria Easy Approval", "Education Tools", "FAQs", "Clinical Guidelines", and "Online Forms & Resources". The "Overview" link is highlighted in yellow. Below this menu is a large banner image of a smiling woman. In the center of the banner is a red circular icon containing a white heart with a stethoscope. Below the icon, the text "Cardiology: Overview" is displayed in a bold, dark blue font. At the bottom of the banner, a paragraph of text reads: "eviCore's Cardiology solution applies solid evidence-based principles to all decision-making to decrease the utilization of inappropriate cardiac imaging tests, diagnostic services, and implantable devices, and eliminate unnecessary and duplicative tests that generate higher costs and avoidable patient risks."

eviCore Provider Blog Series

- The eviCore blog series focuses on making processes more efficient and easier to understand by providing helpful tips on how to navigate prior authorizations, avoid peer-to-peer phone calls, and utilize our clinical guidelines.
- You can access the blog publications from the **Media** tab or via the direct link at <https://www.evicore.com/pages/media.aspx>.

The screenshot displays the eviCore healthcare website interface. At the top left is the eviCore logo with the tagline 'innovative solutions' and 'healthcare'. To the right, there are links for 'LOGIN: PROVIDERS | PLANS', a search bar, and a menu for 'Clinical Guidelines and Forms'. The main navigation bar includes 'ABOUT', 'APPROACH', 'SOLUTIONS', 'RESOURCES', 'MEDIA' (highlighted in yellow with a blue arrow pointing to it), and 'CAREERS'. Below the navigation, the 'FEATURED' section shows a blog post titled 'Clinical Guidelines: a Brief History' with a 'READ MORE' button and a share icon. To the right, there is a 'Search' section with a 'Keyword Search' input field, a 'Twitter Feed' section with the eviCore logo and handle '@evicarehc', and a 'Tweets by @evicarehc' section showing two tweets from the account.

Web Portal Services-Assistance

Email portal.support@evicore.com

Call a Web Support Specialist at
(800) 646-0418 (Option 2)

Connect with us via Live Chat

Web Portal Services-Available 24/7

Provider Resources: Pre-Certification Call Center



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

6:00 AM - 6:00 PM: 855-252-1117

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

Provider Resources: Client Provider Operations



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

clientservices@evicore.com

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

Provider Resources: Implementation Document



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

Provider Enrollment Questions:
Contact your Provider Network Consultant for more information

Blue Cross and Blue Shield Implementation site - includes all implementation documents:

<https://www.evicore.com/healthplan/bcbs>

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

You can obtain a copy of this presentation on the implementation site listed above. If you are unable to locate a copy of the presentation, please contact the Client Provider Operations team at ClientServices@evicore.com.

Thank You!

