

Prior Authorization of Musculoskeletal Therapy & Chiropractic services 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



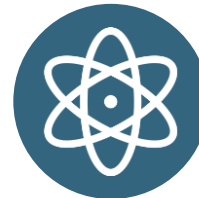
12M claims
processed annually

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



Musculoskeletal Solution Experience

- 8 years' experience - since 2008
- 30+ regional and national clients
- 34M total membership
 - 25.5M Commercial membership
 - 2M Medicare membership
 - 6.5M Medicaid membership
- 3,120 average cases built per day



Our Clinical Approach

Musculoskeletal by the Numbers

44



**Musculoskeletal
physicians on staff**

66



**Musculoskeletal-trained
nurses on staff**

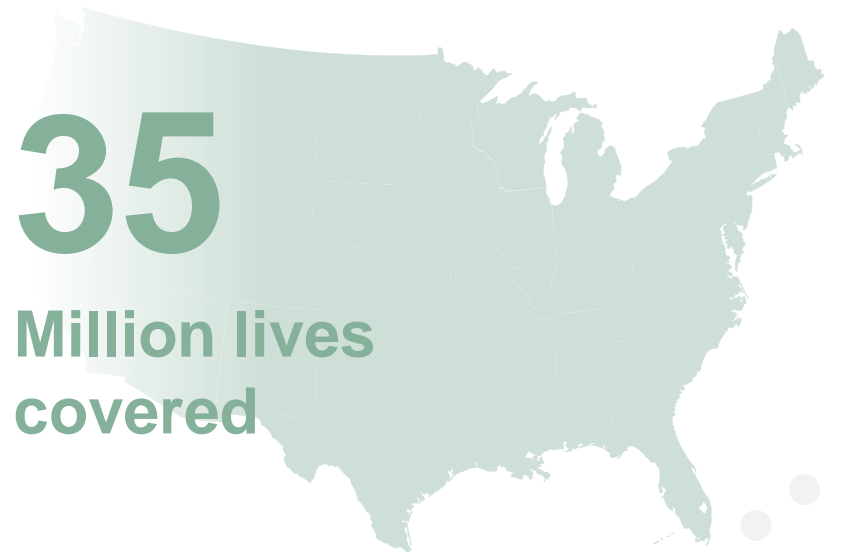
56



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

35

**Million lives
covered**



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 Chiropractic Association
- American Occupational Therapy Association
- American Speech Language Hearing Association
- American Society of Anesthesiologists

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.



Program Goals

- Authorize **medically necessary** services which require the skills of a licensed professional
- Promote **evidence-based practice**
- Identify and review treatment interventions where evidence is not present or does not support use
- Provide evidence-based guidelines to support authorization decisions and educate practitioners
- **Decrease or eliminate unexplained practice variation** and unnecessary visits
- Manage costs efficiently so members can **continue to receive quality care and skilled services**

Clinical Philosophy

- Support **patient-centered care** founded on best available evidence
- Promote **functionally oriented and measureable** treatment programs
- Focus on **skilled, medically necessary** treatment interventions
- Empower **patient independence**
- **Eliminate practice variation** that cannot be explained or justified



Medical Necessity

Medical Necessity

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.**
 - Exception – skilled maintenance therapy may be approved based on CMS definition
- The **amount, frequency, and duration** of the services must be reasonable under accepted standards of practice.

Medical Necessity

Additional Requirements for Therapy Services:

- Services shall be of **such a level of complexity and sophistication or the condition of the patient shall be such that the services required can be safely and 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

Accepted Standards of Medical Practice

- For these purposes, “accepted standards of medical practice” means standards that are based on **credible scientific evidence published in the peer-reviewed literature** generally recognized by the relevant healthcare community, **specialty society evidence-based guidelines or recommendation**, or **expert clinical consensus in the relevant clinical areas**.

Utilization Management

Clinical Case Managers review for:

- **Need for skilled services**
 - Level of complexity that requires the skills of a licensed practitioner
- **The frequency of care needed**
- **Initiation of home program**
 - Transition repetitive exercises (stretching and strengthening) from clinic to the home environment
- **The progress (or lack of progress) of the patient**
- **Patient compliance**



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

Program Overview

eviCore began 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

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

- Emergency room
- Inpatient
- Early Childhood Intervention (ECI) 3<

It is the responsibility of the performing 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:

- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Chiropractic

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 Program

- Clinical reviewers evaluate clinical information to determine whether services are medically necessary.
- Providers must request authorization before care is administered to ensure payment for services rendered.



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

Or Fax your request to 855-774-1319

Needed Information

Member

Member ID
Member name
Date of birth (DOB)



Performing Provider

Therapist name
National provider identifier (NPI)
Tax identification number (TIN)
Fax number
Street Address



Requests

Select MSMPT, MSMOT, MSMST or Chiropractic for requested services

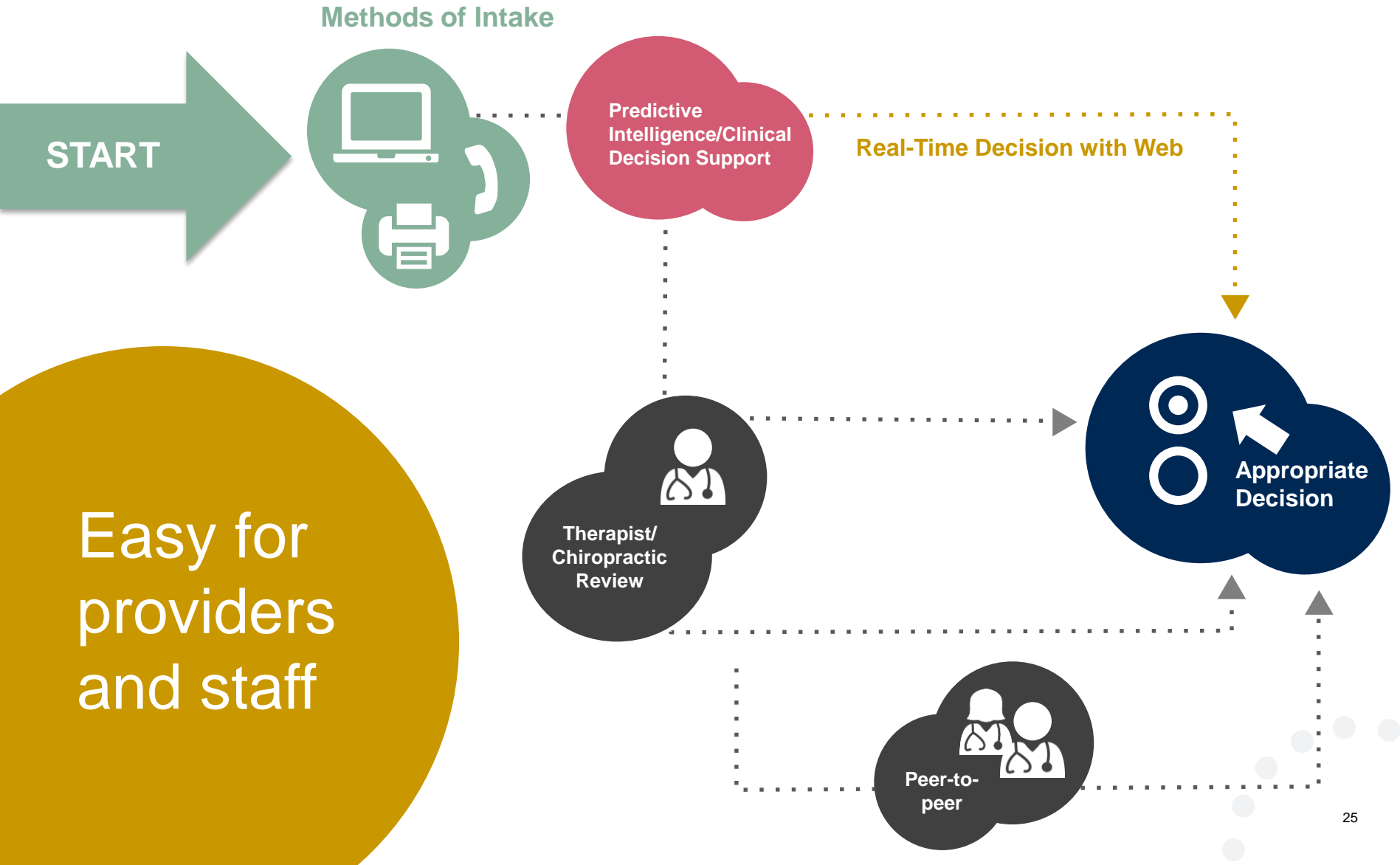


The appropriate diagnosis code for the working of differential diagnosis

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

- Patient's subjective complaints, objective examination findings, and level of function
- Information from Treatment Request Clinical Worksheet
- Information should be current (collected within the past 10 days)
- Office notes will be requested as needed

Clinical Review Process



Prior Authorization Process

- **Complete your initial evaluation**
 - The initial evaluation does not require prior authorization.
- **Notify eviCore healthcare *within 7 days* of the initial visit.**
- **Start date should be the first day of treatment (Date of initial evaluation or visit following if treatment was not provided during the initial visit)**
- **You will be asked to include clinical information including but not limited to :**
 - Patient demographics
 - Provider demographics
 - Diagnosis
 - If this is a request for post-surgical care
 - Patient reported functional outcomes
 - Complexities
 - If there are existing authorizations within the system, questions will be asked to determine if this is a new condition

Prior Authorization Process

WHAT HAPPENS NEXT?

Your submission will receive a real time decision or be sent for clinical review

Real time decisions (applies to web and phone submissions ONLY)

- if the clinical information provided meets medical criteria, the case may be eligible for a real time decision.
- Decision is based on the information provided including the diagnosis and condition severity.
- The approved visits/units should be spread over the entire approved period to prevent a gap in care.
- If more care is required after the approval period ends, the provider may submit a new request with current clinical information.

Clinical Review (applies to fax submissions and requests for continuing care)

- Current clinical information will be requested
- Collected within the seven days prior
- Clinical worksheets available at www.evicore.com under the **Clinical Guidelines and Forms** section

Prior Authorization Program Process – Important Concepts

Overlapping Requests

- Request for more visits within the existing approved time period
- Information you provide should explain why the visits could not be spread over the approved period
- Review to determine if additional visits are medically necessary
 - **Approve**
 - **Deny** additional visits within the existing approved period
 - **Partially approve** – Visits will be approved with a new start date
 - Existing authorization end date plus one day
- eviCore healthcare will approve one date extension per Approved Time Period up to 30 days as long as the authorization has not expired.
- Date extension can be requested via the online portal.

Prior Authorization Process – Important Concepts

Authorization decisions include:

- **Visits**
- **Units** – These represent the total # of CPT codes that can be billed over the approved period
- **Approved Time Period**

Example – 1 visit, 4 units from 1/1/16 to 1/1/16

- Units example – 97110 x4 or 97110 x2, 97035 x1, 97112 x1

Spread the Visits/Units over the approved period to prevent a gap in care.

Clinical Information Worksheets

- The treatment request clinical 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 through our web portal and are therapy-specific to the treatment request.

<https://www.evicore.com/solution/pages/musculoskeletal.aspx>

Examples of Clinical Worksheets



PT/OT Treatment Request Clinical Worksheet Musculoskeletal Conditions

For NON-URGENT requests, please fax this completed document also 855.774.1319. If there are any inconsistencies with the medical office section. Failure to provide all relevant information may delay the date the web at eviCore.com. **URGENT (same day) REQUESTS MUST BE**

Patient/Member	First Name: _____ Middle Initial: _____ Last Name: _____
	DOB (mm/dd/yyyy): _____ Gender: <input type="radio"/> Male <input type="radio"/> Female
	Street Address: _____
	City: _____ State: _____
Home Phone: _____ Cell Phone: _____	
Health Plan: _____ Member ID: _____	
Ordering Provider	First Name: _____ Last Name: _____
	Primary Specialty: _____ TIN: _____
	Physician Phone: _____ Physician Fax: _____
	Address: _____
City: _____ State: _____	
Office Contact: _____	
Contact Email: _____	
Facility/Site	First Name: _____ Last Name: _____
	Group/Site Name: _____
	Primary Specialty: _____ TIN: _____
	Site Phone: _____ Site Fax: _____
Address: _____	
City: _____ State: _____	
Diagnosis	Diagnosis, if known or rule out: _____
	ICD-10 Codes: _____
	Auth/Reference Number (if continued care): _____
	Date of last visit: _____ Start date of this request: _____

CONFIDENTIALITY NOTICE: This fax transmission, and any documents attached to it may contain confidential information such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This information is intended for the use of the individual(s) named above. If you are not the intended recipient, or a person responsible for delivering it to the intended recipient, please do not disclose, copy, distribution or use of any of the information contained in or attached to this transmission. If you have received this transmission in error, please immediately notify eviCore healthcare and destroy the original transmission in any manner.



Chiropractic Treatment Request Clinical Worksheet - Lumbar Spine

For NON-URGENT requests, please fax this completed document along with medical records, imaging, tests, etc. If there are any inconsistencies with the medical office records, please elaborate in the comment section. Failure to provide all relevant information may delay the determination. Phone and fax numbers are required. Please refer to the Guidelines and Fax Forms section. You may also log into the provider portal to request. **URGENT (same day) REQUESTS MUST BE SUBMITTED BY PHONE.**

Patient/Member	First Name: _____ Middle Initial: _____ Last Name: _____
	DOB (mm/dd/yyyy): _____ Gender: <input type="radio"/> Male <input type="radio"/> Female
	Street Address: _____ Apt #: _____
	City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Primary: _____	
Health Plan: _____ Member ID: _____ Group ID: _____	
Ordering Provider	First Name: _____ Last Name: _____
	Primary Specialty: _____ TIN: _____ NPI: _____
	Physician Phone: _____ Physician Fax: _____
	Address: _____ Suite #: _____
City: _____ State: _____ Zip: _____	
Office Contact: _____	
Contact Email: _____	
Facility/Site	First Name: _____ Last Name: _____
	Group/Site Name: _____
	Primary Specialty: _____ TIN: _____ NPI: _____
	Site Phone: _____ Site Fax: _____
Address: _____ Suite #: _____	
City: _____ State: _____ Zip: _____	
Diagnosis	Diagnosis, if known or rule out: _____
	ICD-10 Codes: _____
	Auth/Reference Number (if continued care): _____
	Date of last visit: _____ Start date of this request: _____

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Clinical Information	1. Date of - Onset: _____ Evaluation: _____ Current findings: _____
	2. Are there areas of complaint in addition to lumbar spine? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
	3. Select any of the following which apply:
	<input type="checkbox"/> Member not treated in the last 60 days
	<input type="checkbox"/> Member requires treatment for a new condition
	<input type="checkbox"/> Additional care for same condition treated in the last 60 days
	If member requires treatment for a new condition, answer questions 4 and 5.
	4. What was the previous condition treated?
	<input type="radio"/> Upper back - Thoracic spine <input type="radio"/> Upper Extremity
	<input type="radio"/> Head/neck - Cervical spine <input type="radio"/> Lower Extremity
5. What was the result of the previous treatment? <input type="radio"/> Condition resolved <input type="radio"/> Ongoing	
6. What is the current pain level? _____ /10 <input type="radio"/> Unknown	
7. If the patient has had previous treatment for this complaint, please indicate the response to treatment since the initial assessment of this condition:	
<input type="radio"/> Unknown response to treatment since initial assessment <input type="radio"/> Patient did not improve or worsen with previous course of treatment	
<input type="radio"/> Pain 0-24% improvement <input type="radio"/> Pain 75-100% improvement	
<input type="radio"/> Pain 25-49% improvement <input type="radio"/> Other: _____	
<input type="radio"/> Pain 50-74% improvement	
8. What is the percent of time the patient experiences pain?	
<input type="radio"/> 0-25% <input type="radio"/> 26-50% <input type="radio"/> 51-75% <input type="radio"/> 76-100% <input type="radio"/> Unknown	
9. Are any Red Flags present?	
<input type="checkbox"/> Articular Derangements <input type="checkbox"/> Signs or symptoms of cancer, chemotherapy or organic disease	
<input type="checkbox"/> Congenital connective tissue disorders <input type="checkbox"/> Neurological disorders	
<input type="checkbox"/> History of infection <input type="checkbox"/> Fracture or dislocation secondary to acute trauma	
<input type="checkbox"/> Signs and symptoms of vertebral basilar insufficiency <input type="checkbox"/> Atrophy in the extremities	
<input type="checkbox"/> Circulatory or cardiovascular disorders <input type="checkbox"/> Scoliosis > 20 degrees adult or > 10 degrees child	
<input type="checkbox"/> Fever or localized redness and swelling or ankylosing <input type="checkbox"/> No Red Flags present	
<input type="checkbox"/> Bone weakening of destructive disorders <input type="checkbox"/> Unknown	
10. Choose any of the following clinical exam findings that are present:	
<input type="checkbox"/> Radiating pain below knee reproduced on nerve compression or stretch test <input type="checkbox"/> Localized pain reproduced on palpation or orthopedic testing	
<input type="checkbox"/> Diffuse ache on passive motion <input type="checkbox"/> None/unknown specific exam findings	
<input type="checkbox"/> Pain referred from muscle or trigger points	

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 time frames will vary based on the members condition, generally it will be 30 calendar 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 (verbal outreach for urgent requests)
- Mailed to the member (verbal outreach for urgent requests)

Prior Authorization Outcomes – Medicare

➤ Pre-Decision Consultation

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

Prior Authorization Outcomes - Medicaid

➤ 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 providers. In certain instances, additional information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.
- **Peer-to-Peer reviews** can be scheduled at a time convenient to your provider.

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.

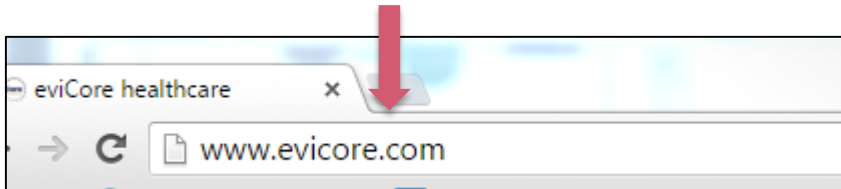
➤ Outpatient Urgent Services:

- 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.

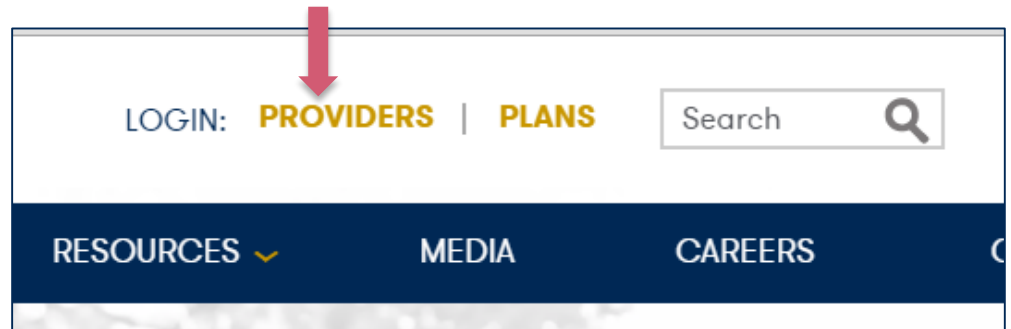
Web Portal Services

eviCore healthcare website

- Point web browser to evicore.com



- Click on the "Providers" link



- Login or Register

Providers Delivering Medical Solutions That Benefit Everyone.

User ID

Password

Remember User ID

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

I Agree to [HIPAA Disclosure!](#)

LOGIN

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

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

Creating An Account

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

 Remember User ID

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

 I Agree to [HIPAA Disclosure!](#)

LOGIN

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



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

Creating An Account

eviCore healthcare
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

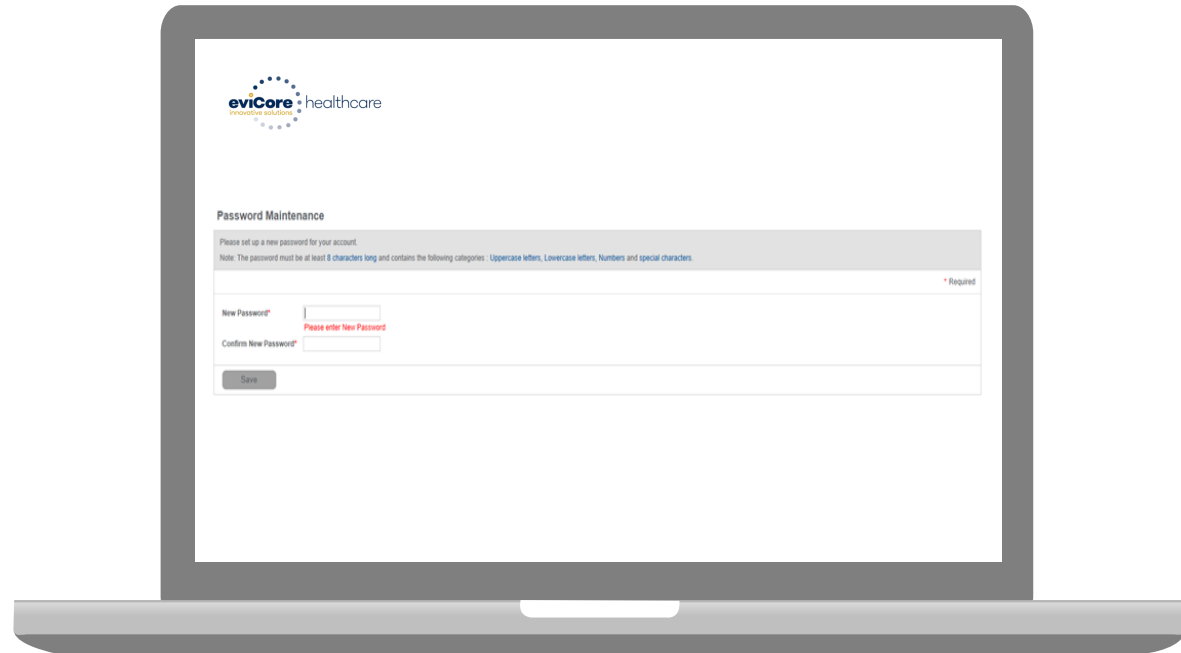


You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

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 (MALLORCA)' 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.

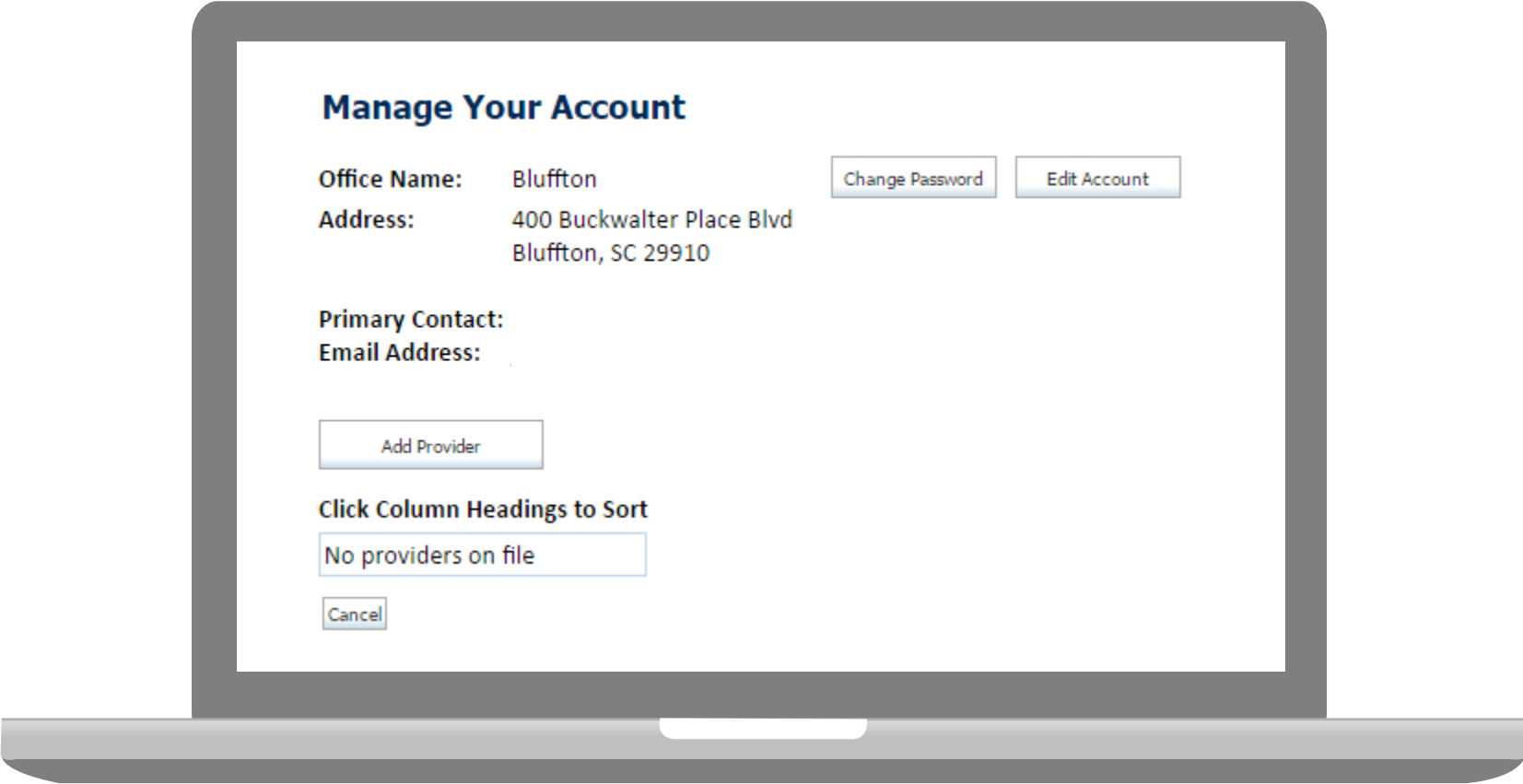
[Look up an existing authorization >>](#)

[Check member eligibility >>](#)

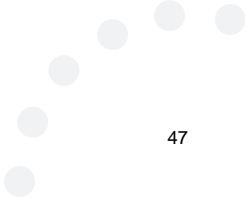
Providers will need to be added to your account prior to case submission. Click the **“Manage Account”** tab to add provider information.

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.

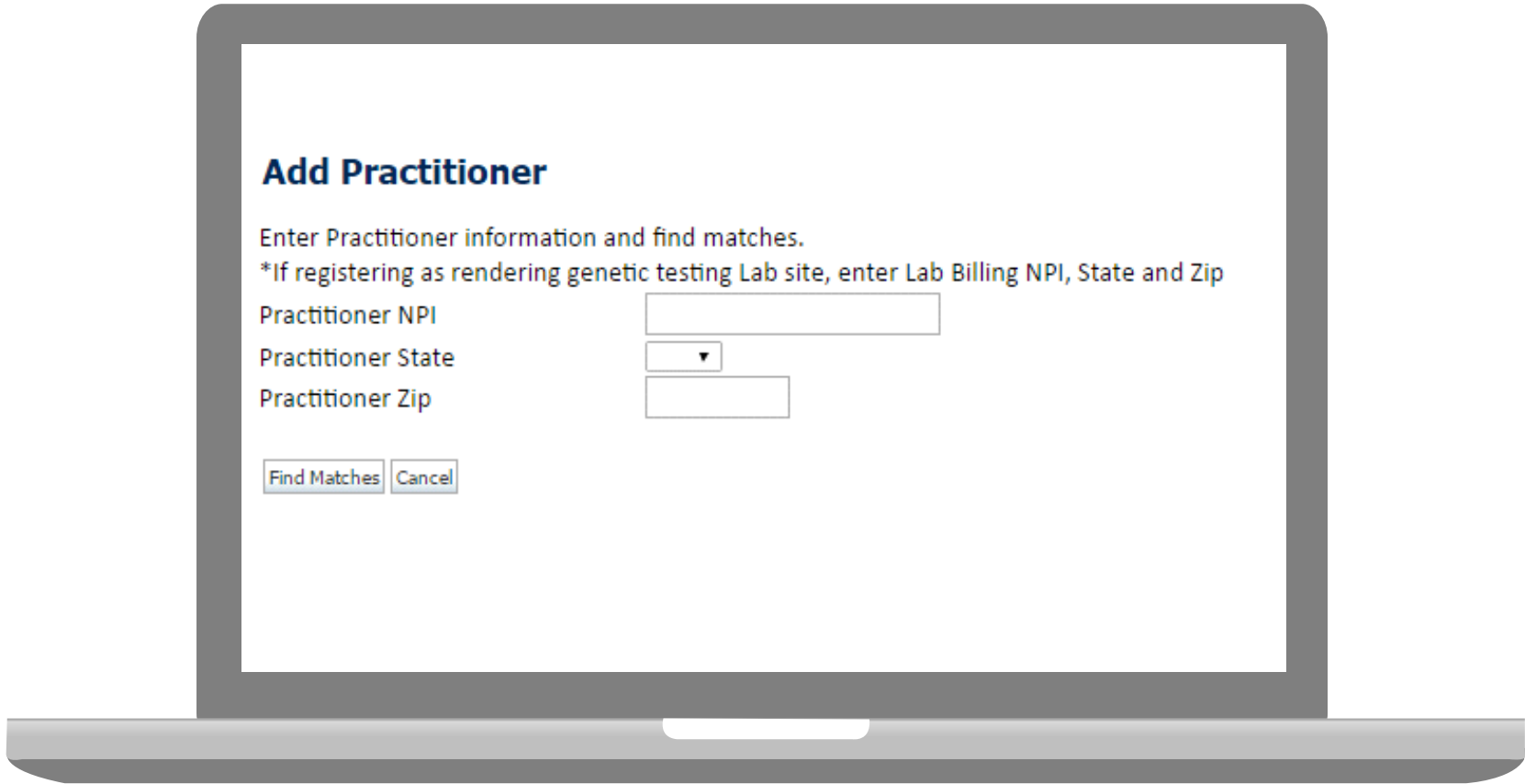
Add Practitioners



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

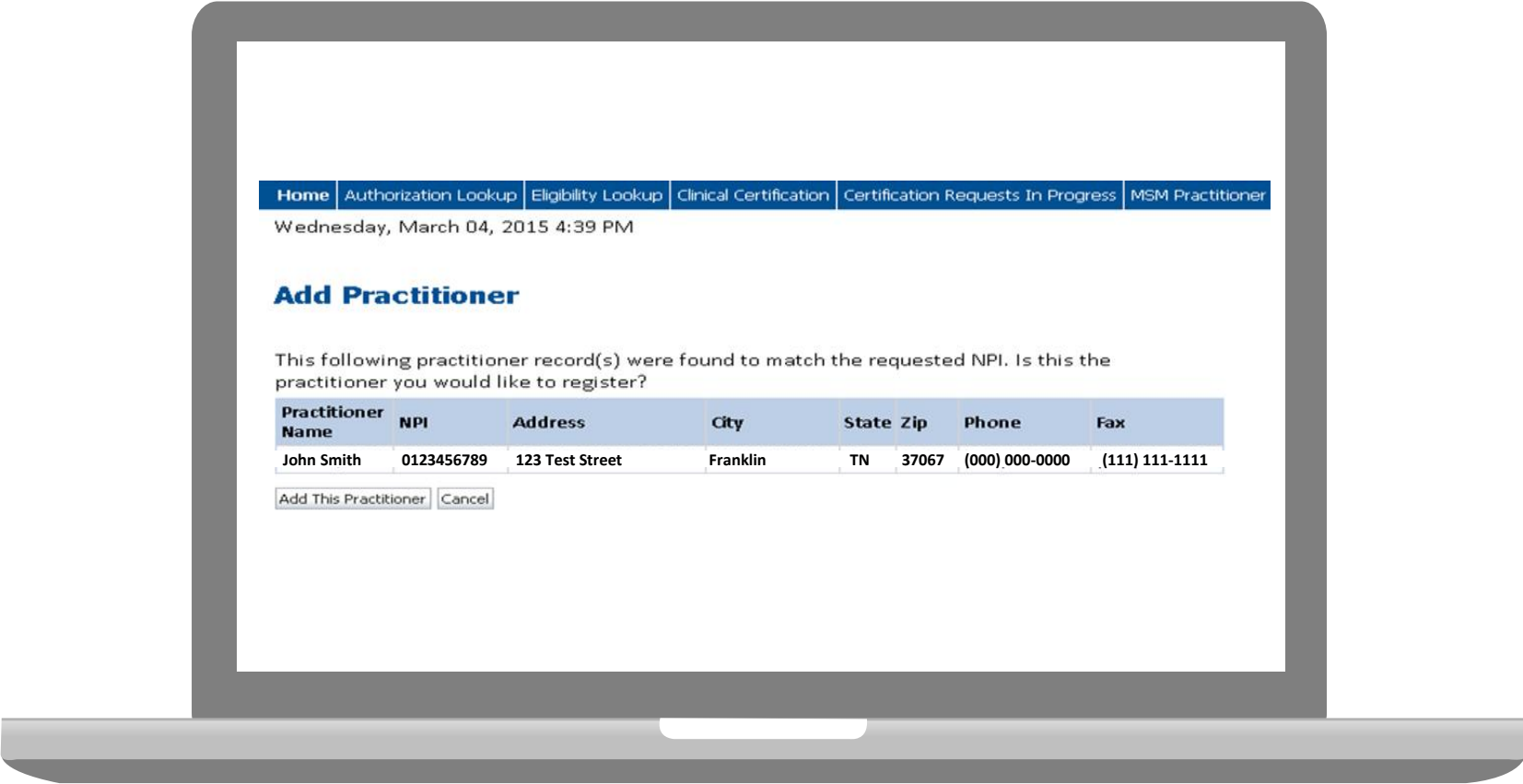
Practitioner State

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.

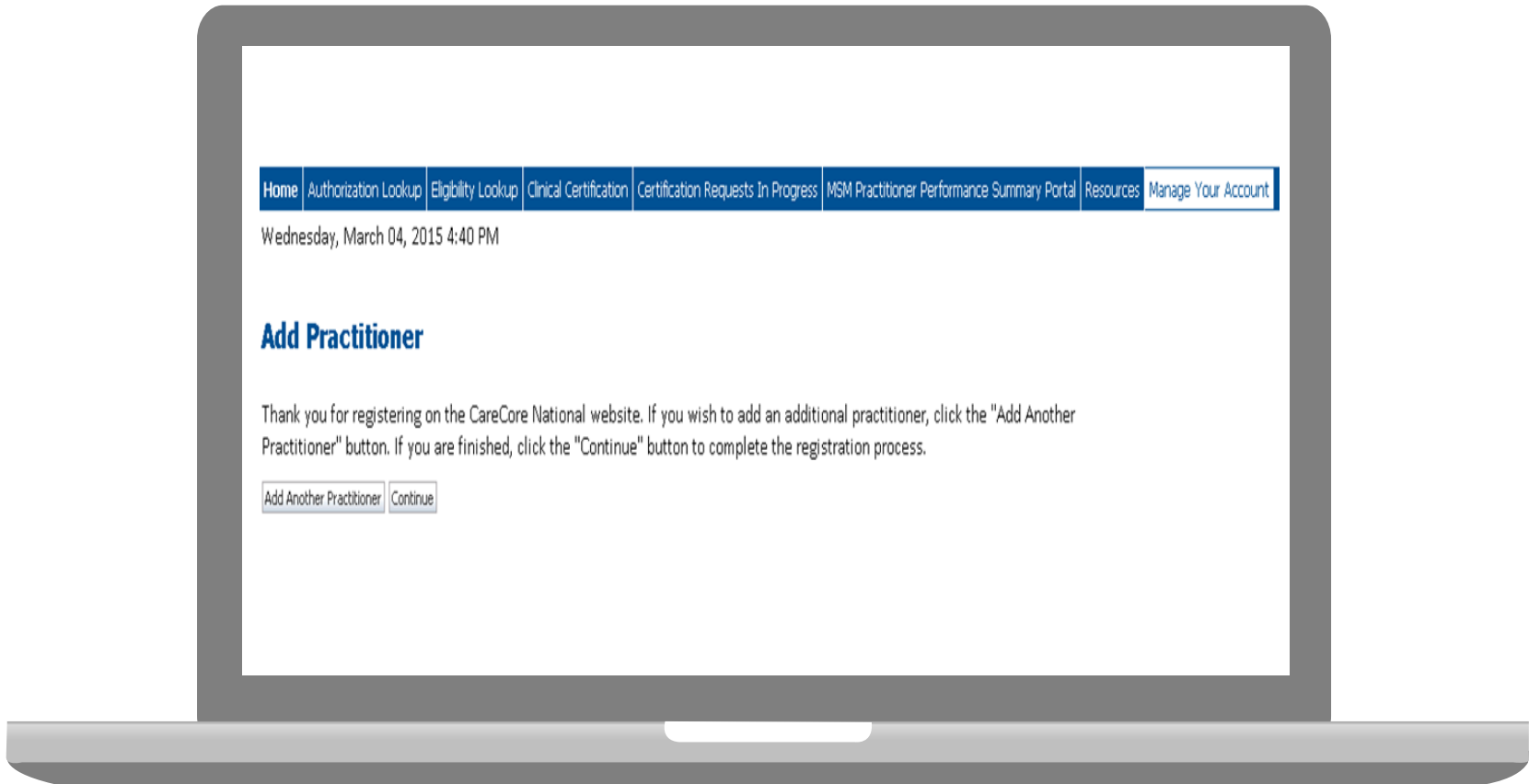
Adding Practitioners



Select the matching record based upon your search criteria



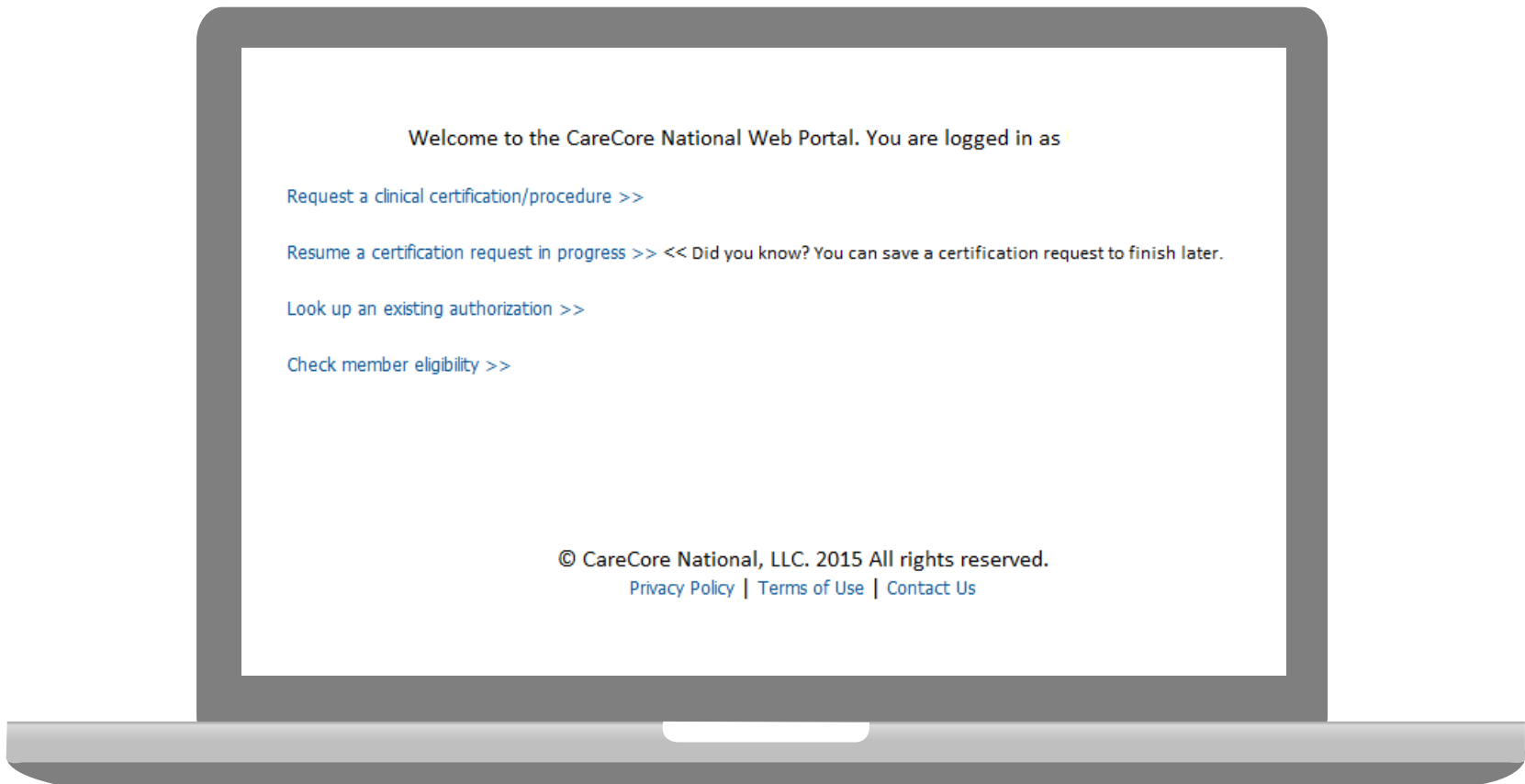
Manage Your Account



- 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



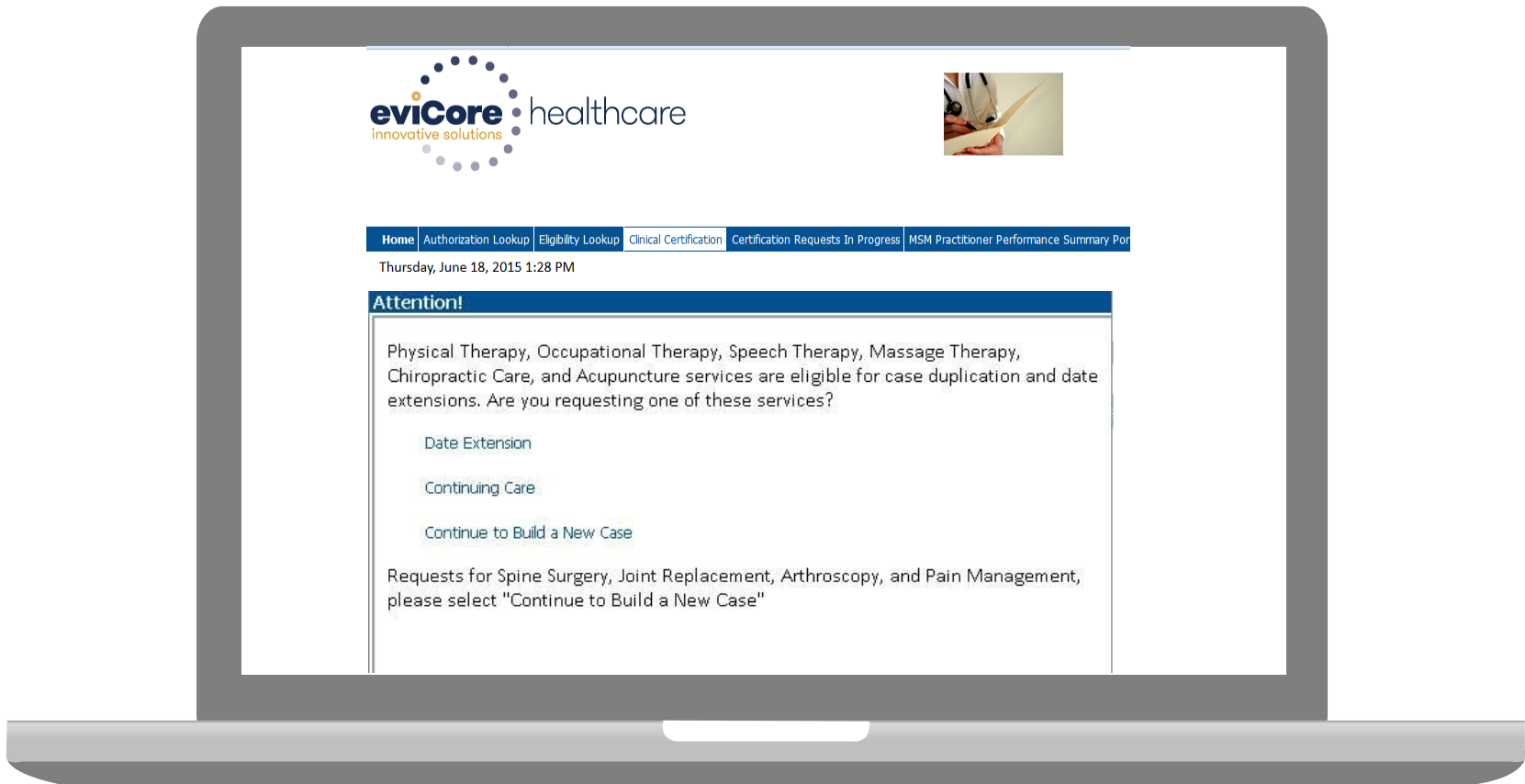
- Choose **“request a clinical certification/procedure”** to begin a new case request.

Select Program



Select the **Program** for your certification.

Service Options



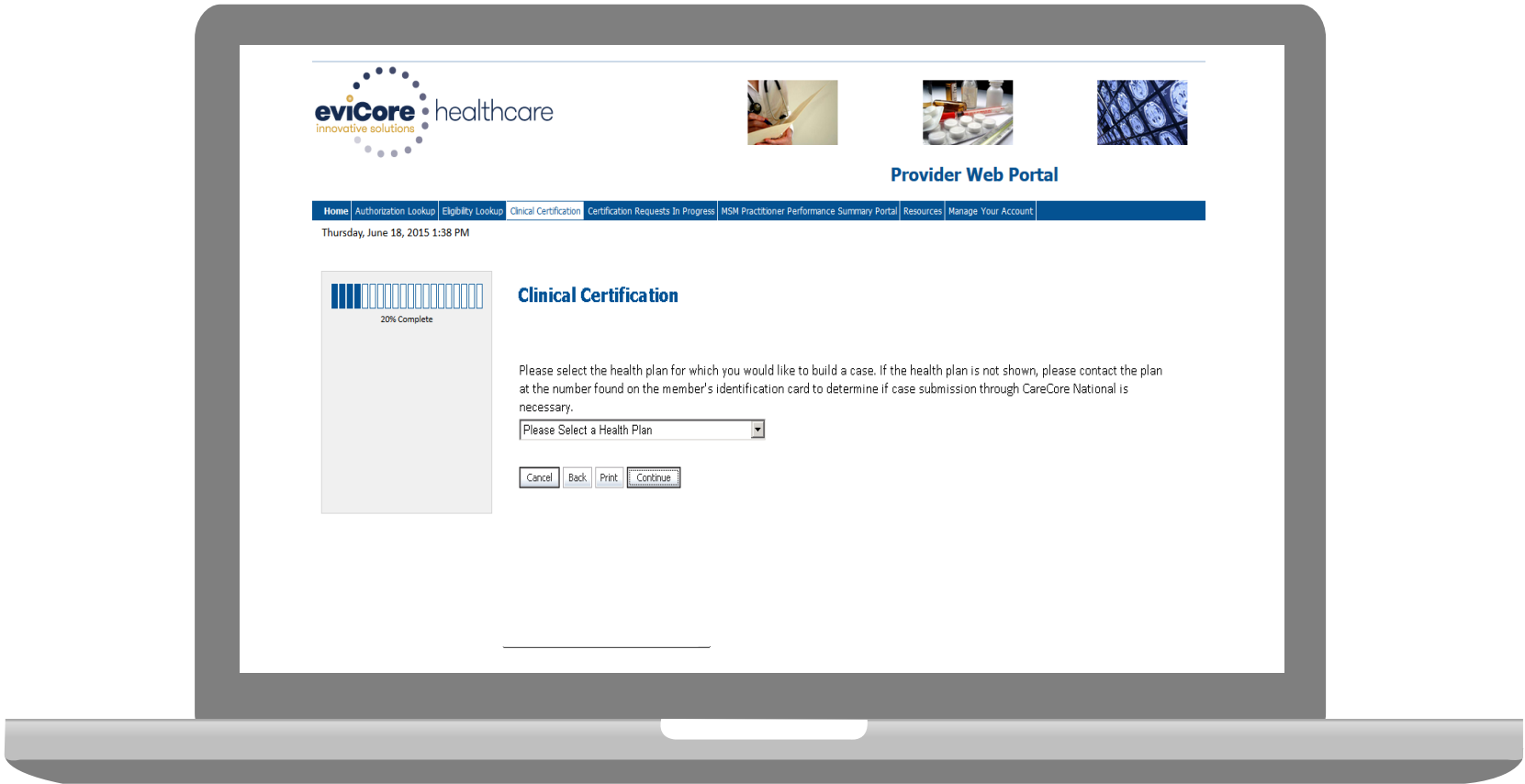
➔ Select **Date Extension**, **Continuing Care**, or **Build a New Case**.

Select Provider



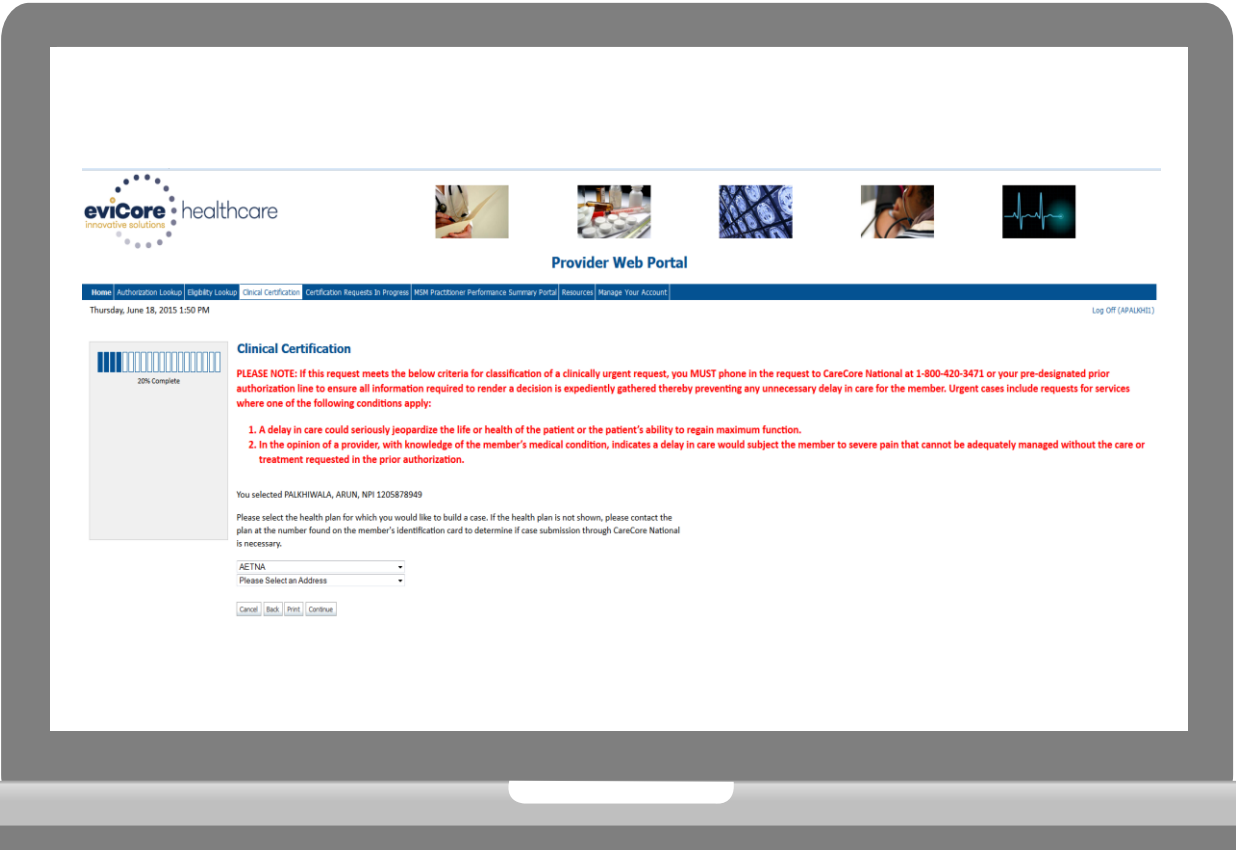
Select the **Practitioner/Group** for whom you want to build a case.

Select Health Plan



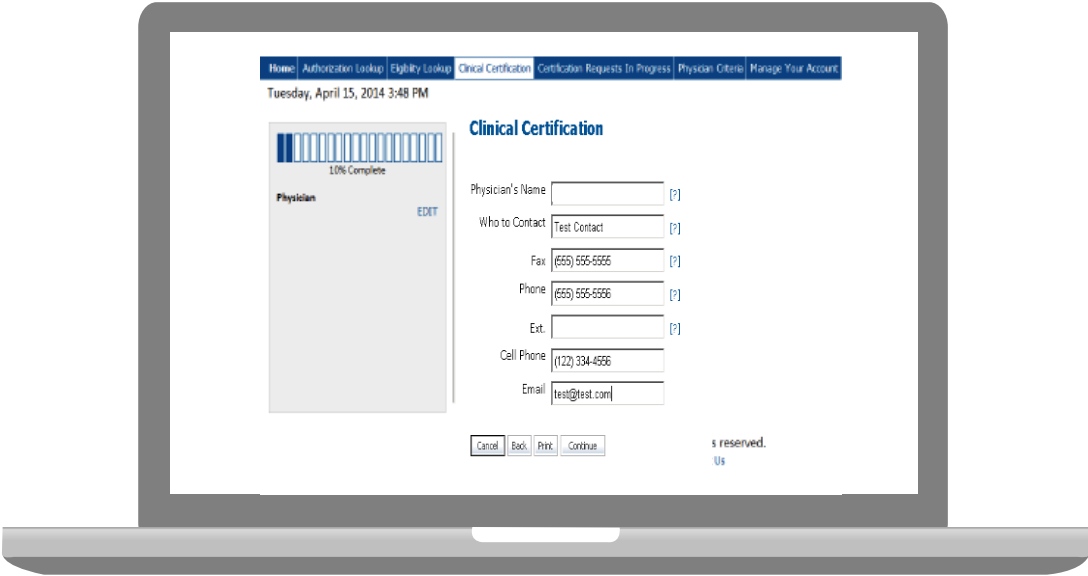
Choose the appropriate **Health Plan** for the case request.

Select Address



Contact Information

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



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 will be performed on 7/1/2016. [CHANGE](#)

Musculoskeletal Management Procedures

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

MSMPT PHYSICAL THERAPY

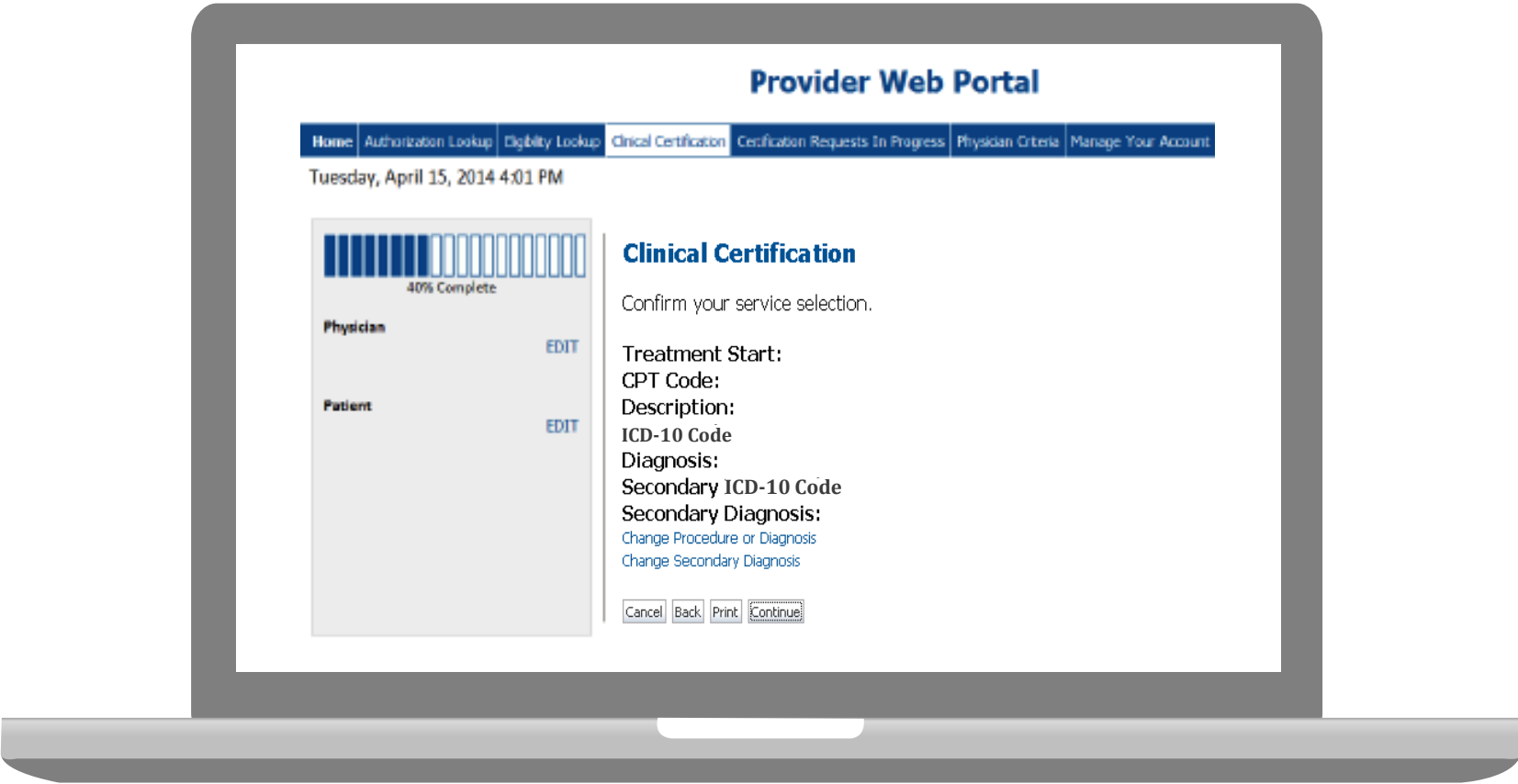
Diagnosis

Diagnosis Code: **M54.12**
Description: **Radiculopathy, cervical region**
[Change Diagnosis](#)

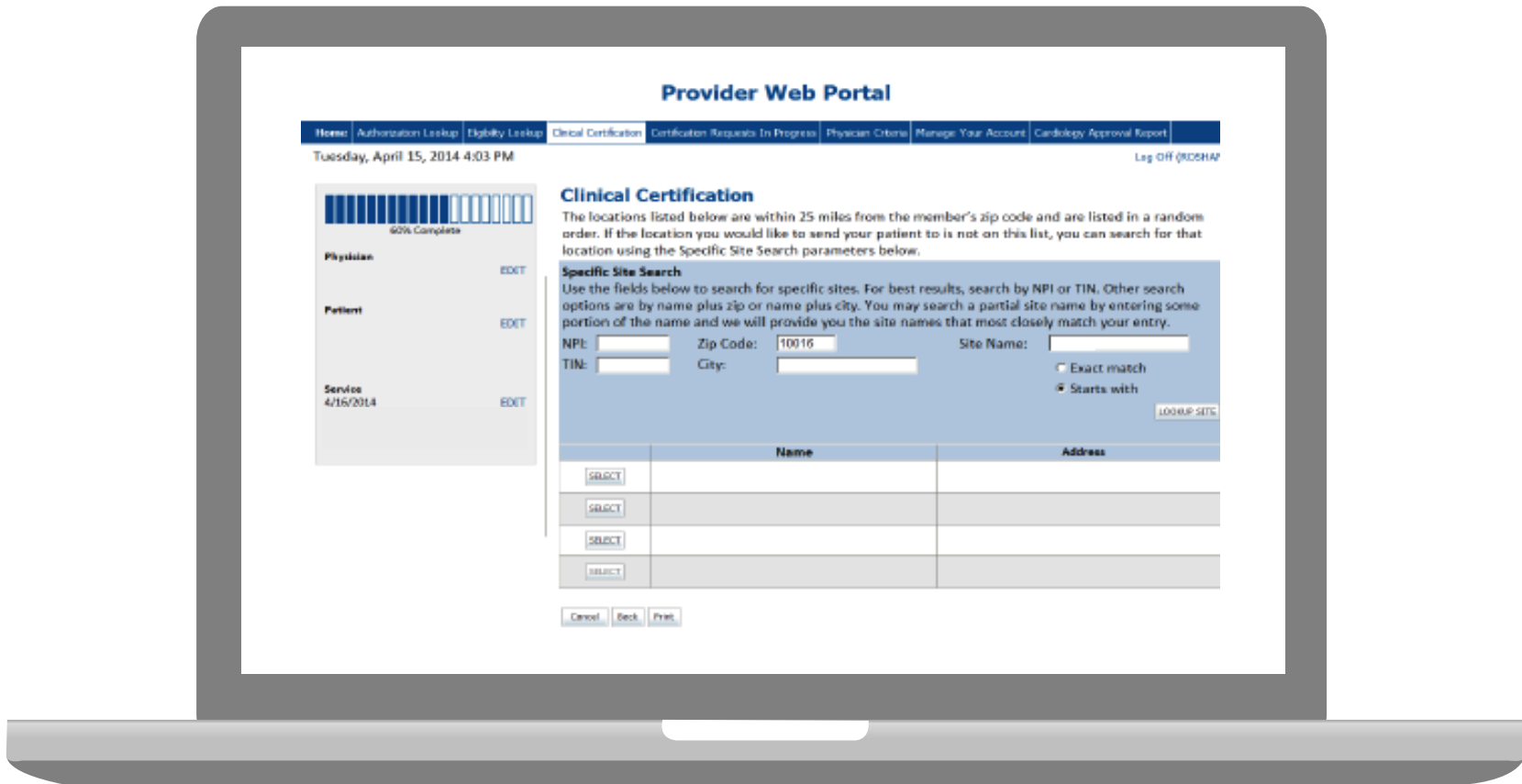
[Cancel](#) [Back](#) [Print](#) [Continue](#)

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

Verify Service Selection



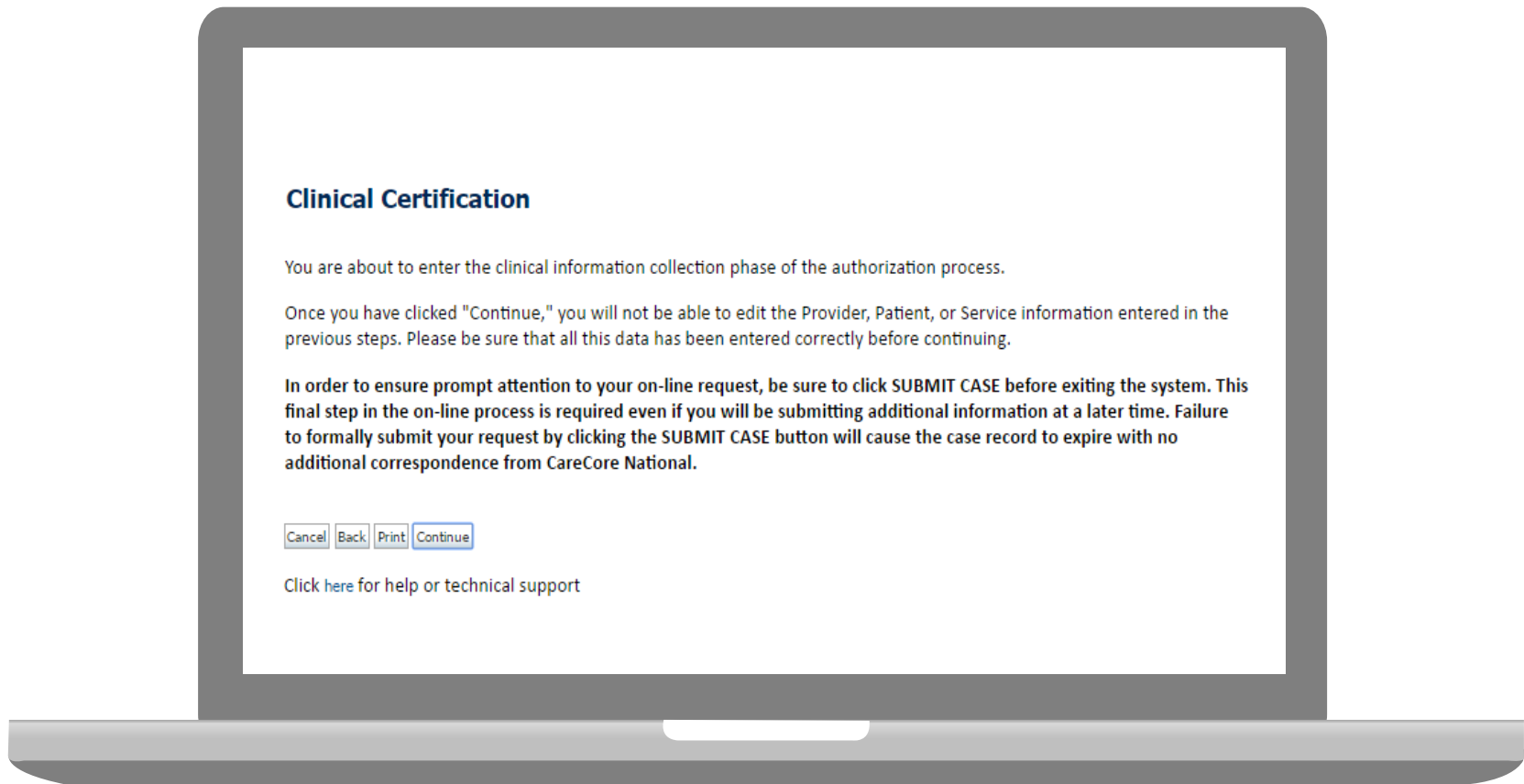
Site Selection



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



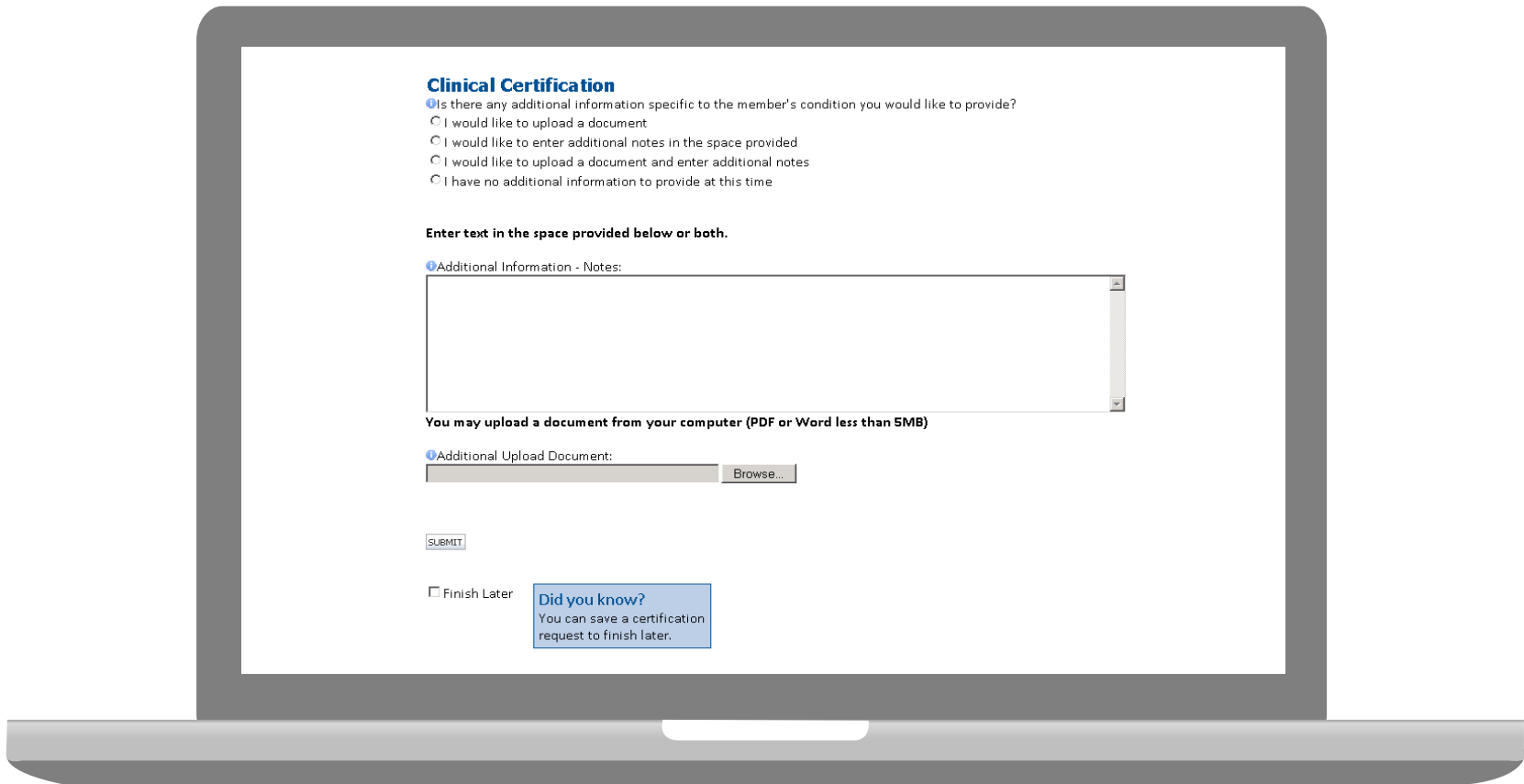
- Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.
- You will not have the opportunity to make changes after that point.

Pause/Save Option

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: Friday, April 25, 2014 9:57 AM. The main heading is "Clinical Certification". A question asks: "What is the PRIMARY area of complaint? (choose ONE):". Below this is a dropdown menu with the following options: Head/Neck - Cervical Spine, Upper Back - Thoracic Spine, Lower Back - Lumbar Spine, Upper Extremity, Lower Extremity, and Unknown. A "SUBMIT" button is located below the dropdown menu. There is also a checkbox labeled "Finish Later". A blue callout box contains the text: "Did you know? You can save a certification request to finish later." At the bottom of the form, there are "Cancel" and "Print" buttons.

➤ Once you have entered the clinical collection phase of the case process, you can save the information and return **within (2) business days** to complete.

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:

Contact:

Provider Address:

Phone

Number:

Fax Number:

Patient Name:

Patient Id:

Insurance Carrier:

Site Name:

Site ID:

Site Address:

Primary Diagnosis Code:

Description:

Secondary Diagnosis
Code:

Description:

CPT Code:

Description:

Modifier:

Authorization Number:

Review Date:

Expiration Date:

Status: Your case has been Approved.

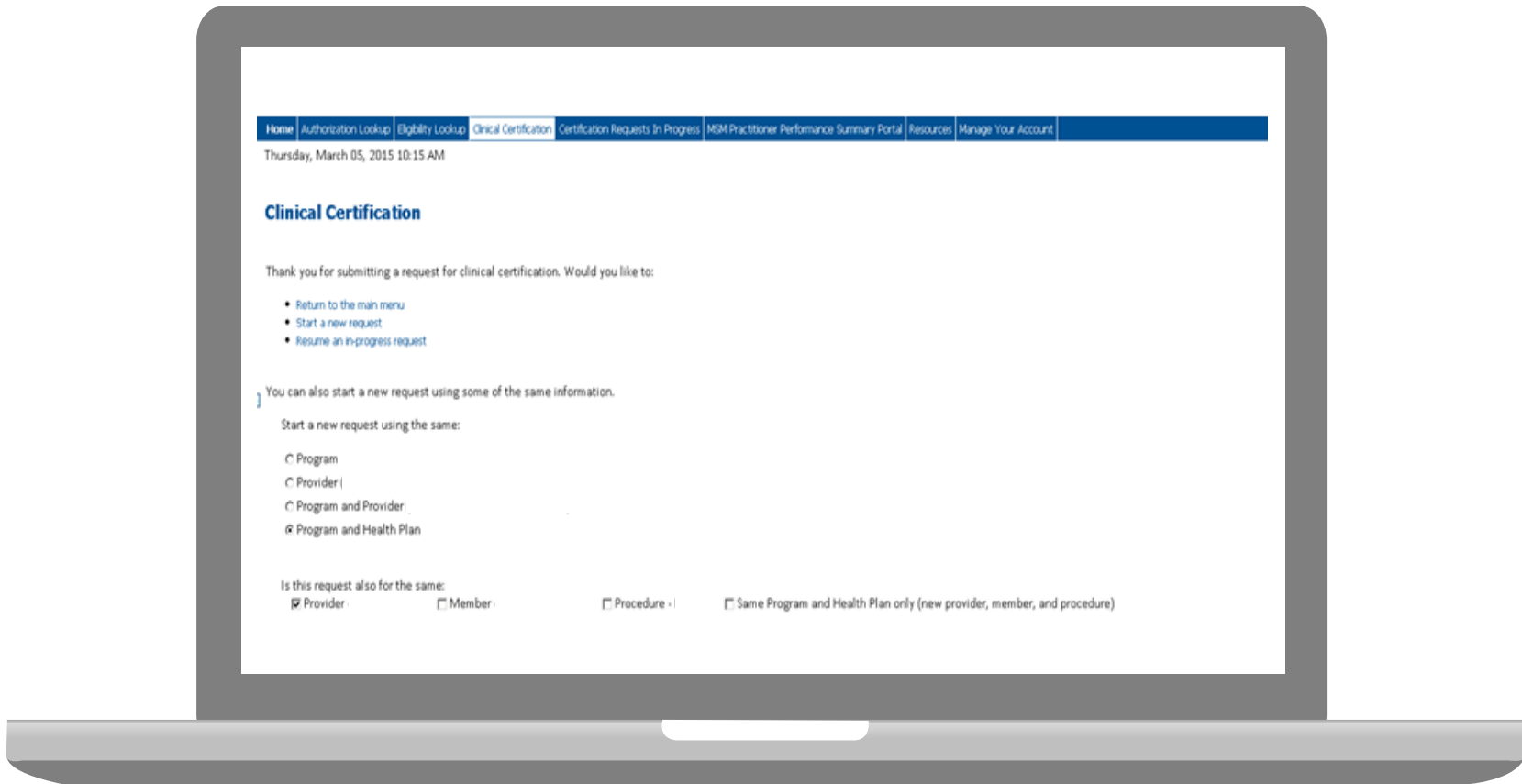
Print

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 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

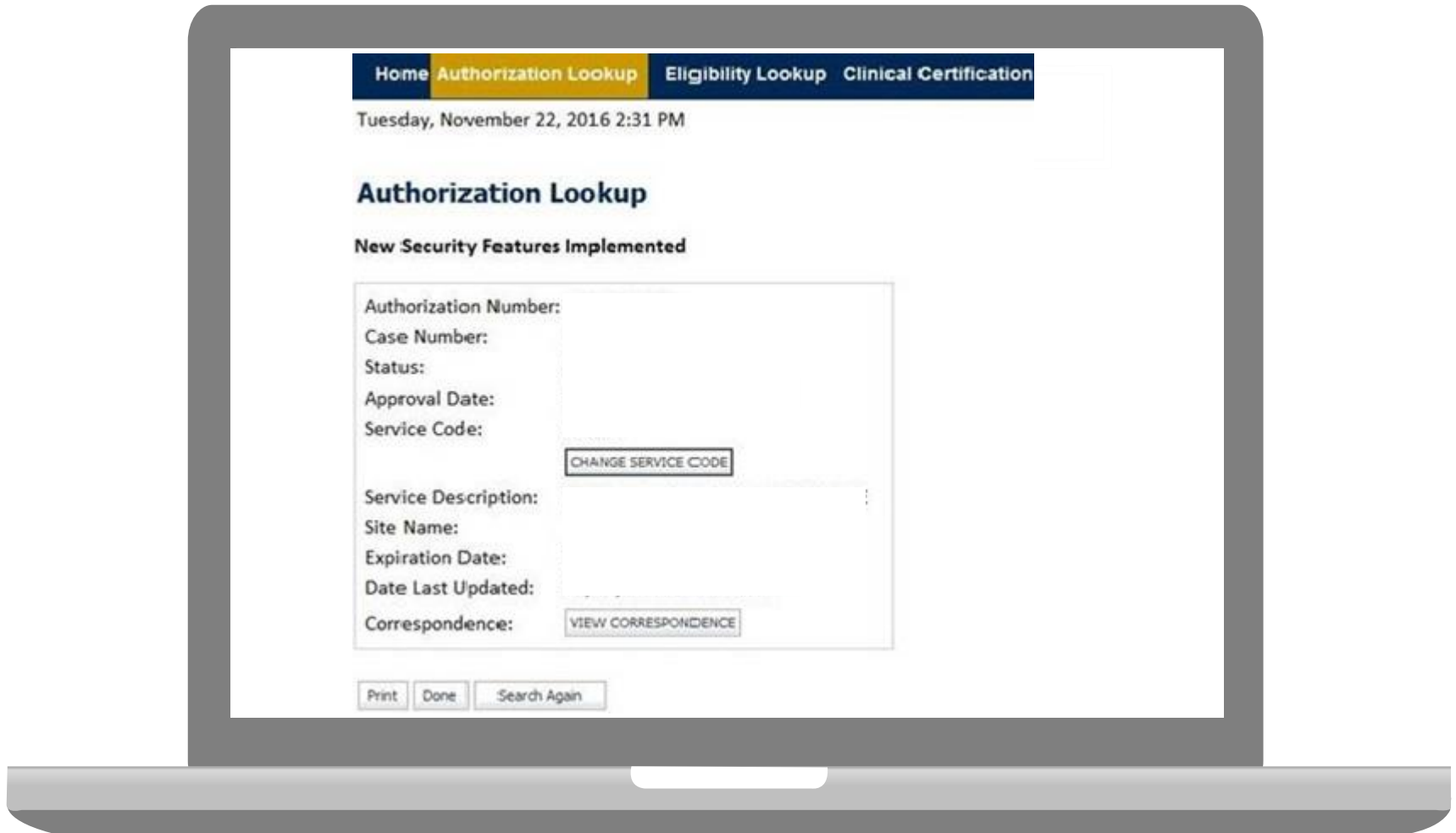
REQUIRED FIELDS

Provider NPI:

Auth/Case Number:

- 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



The authorization will then be accessible to review. To print authorization correspondence, select **View Correspondence**.

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.**

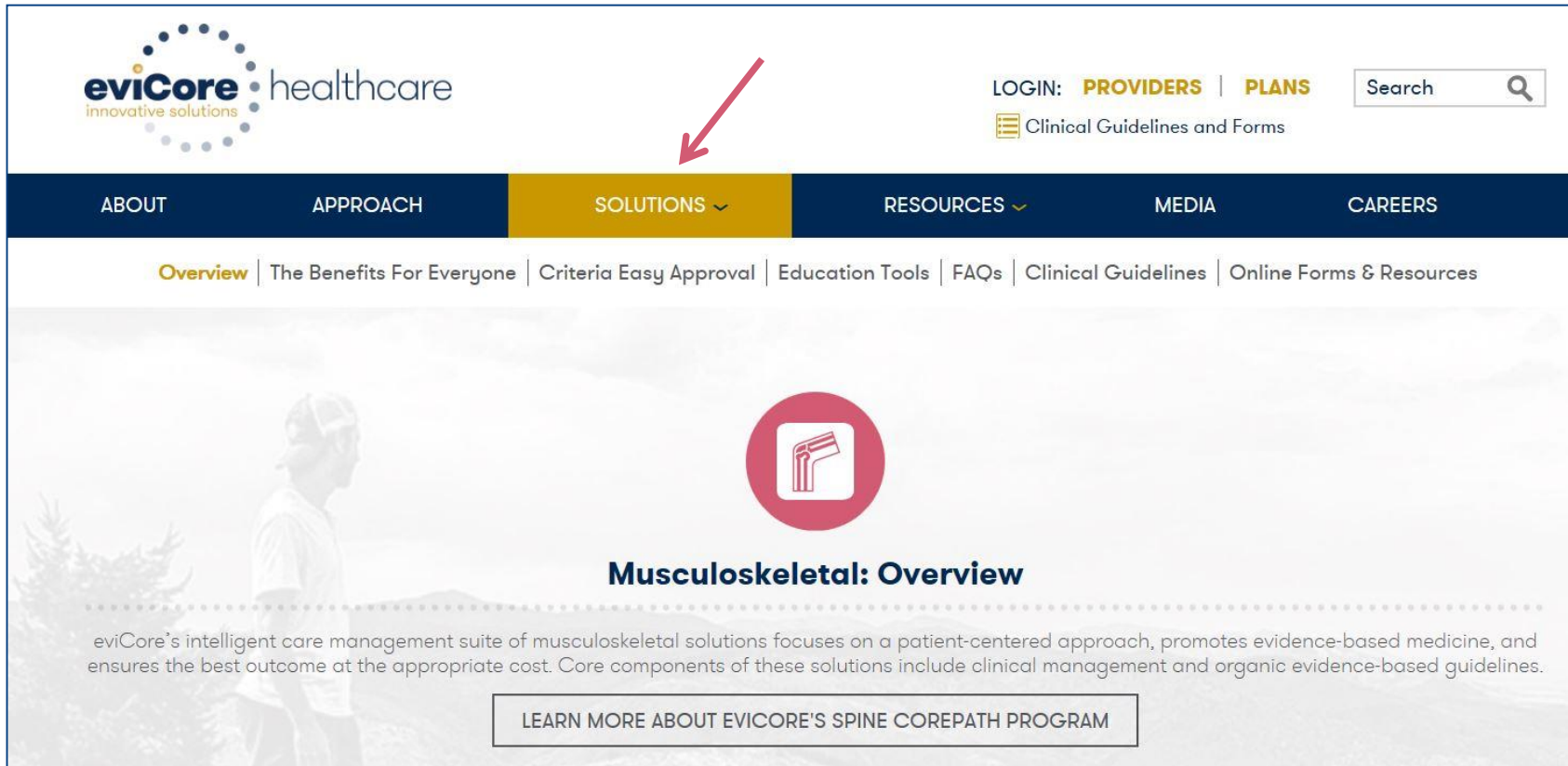
CONFIDENTIALITY NOTICE: Certain portions of this website are accessible only by authorized users and unique identifying credentials, and may contain information the disclosure of which is STRICTLY PROHIBITED.

Provider Resources



Musculoskeletal Online Resources

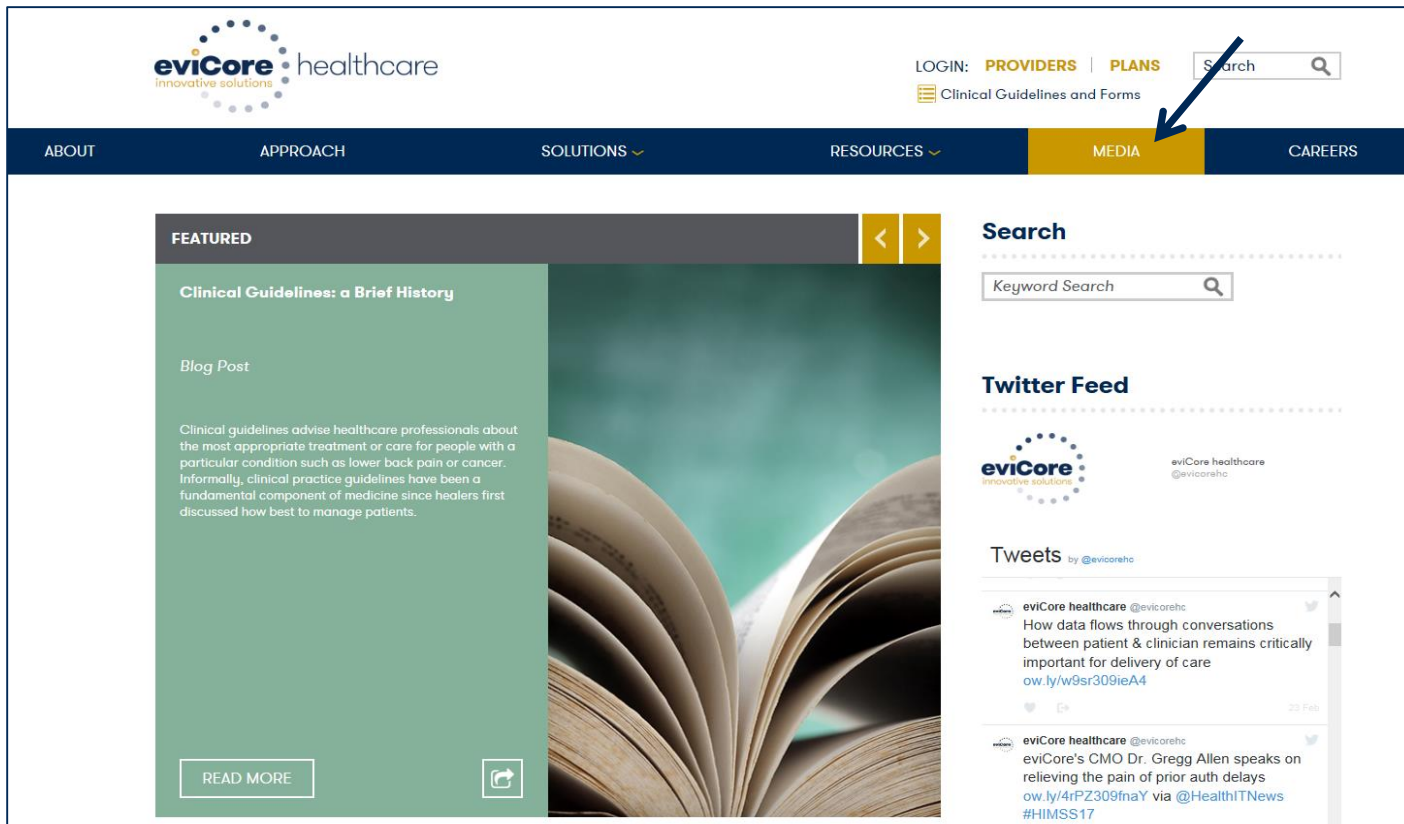
Clinical Guidelines, FAQ's, Online Forms, and other important resources can be accessed at www.evicore.com. Click **“Solutions”** from the menu bar, and select the specific program needed.



The screenshot displays the eviCore healthcare website interface. At the top left is the eviCore logo with the tagline 'innovative solutions' and the word 'healthcare'. To the right of the logo is a navigation menu with items: ABOUT, APPROACH, SOLUTIONS (highlighted in yellow with a red arrow pointing to it), RESOURCES, MEDIA, and CAREERS. Further right is a search bar with the text 'Search' and a magnifying glass icon. Below the search bar is a link for 'Clinical Guidelines and Forms'. The main content area features a horizontal navigation bar with the following links: Overview, The Benefits For Everyone, Criteria Easy Approval, Education Tools, FAQs, Clinical Guidelines, and Online Forms & Resources. Below this is a large image of a construction worker in a hard hat and safety glasses, looking out over a landscape. In the center of the image is a red circular icon containing a white graphic of a spine. Below the image is the heading 'Musculoskeletal: Overview' and a paragraph of text: 'eviCore's intelligent care management suite of musculoskeletal solutions focuses on a patient-centered approach, promotes evidence-based medicine, and ensures the best outcome at the appropriate cost. Core components of these solutions include clinical management and organic evidence-based guidelines.' At the bottom of the image is a button that reads 'LEARN MORE ABOUT EVICORE'S SPINE COREPATH PROGRAM'.

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" and a search bar. Below the login links is a menu for "Clinical Guidelines and Forms". The main navigation bar includes "ABOUT", "APPROACH", "SOLUTIONS", "RESOURCES", "MEDIA" (highlighted in yellow), and "CAREERS". A blue arrow points to the "MEDIA" tab. The main content area features a "FEATURED" section with a blog post titled "Clinical Guidelines: a Brief History". The post text reads: "Clinical guidelines advise healthcare professionals about the most appropriate treatment or care for people with a particular condition such as lower back pain or cancer. Informally, clinical practice guidelines have been a fundamental component of medicine since healers first discussed how best to manage patients." Below the text is a "READ MORE" button and a share icon. To the right of the featured post is a "Search" section with a "Keyword Search" input field. Below that is a "Twitter Feed" section showing tweets from @evicarehc, including one about data flow in patient-clinician conversations and another about Dr. Gregg Allen speaking on prior authorization delays.

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

7:00 AM - 7:00 PM (Local Time): 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>

- Provider Orientation Presentation
- 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!

