

# Musculoskeletal Prior Approval for Community Health Options

## 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**



**Quality Improvement Organizations**  
Sharing Knowledge. Improving Health Care.  
CENTERS FOR MEDICARE & MEDICAID SERVICES

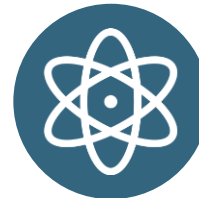
**12M claims**  
**processed annually**

# Integrated Solutions

LAB MANAGEMENT  
19M lives



MEDICAL ONCOLOGY  
14M lives



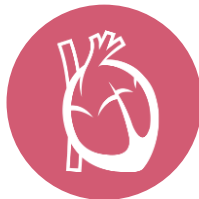
RADIATION THERAPY  
29M lives

SPECIALTY DRUG  
100k lives



MUSCULOSKELETAL  
34M lives

RADIOLOGY  
65M lives



CARDIOLOGY  
46M lives

SLEEP  
14M lives



POST-ACUTE CARE  
1.3M lives



## Musculoskeletal Solution 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



## Musculoskeletal by the Numbers

44



**Musculoskeletal  
physicians on staff**

66



**Musculoskeletal-trained  
nurses on staff**

56



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

34

**Million lives  
covered**



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# Our Clinical Approach

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# Clinical Platform

## Multi-Specialty Expertise

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

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

# 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



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# Service Model

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# 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.

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# **Musculoskeletal Prior Approval Program for Community Health Options**

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# Program Overview

eviCore will begin accepting requests on December 22, 2017 for dates of service January 1, 2018 and beyond

## Prior Approval through eviCore applies to services that are:

- Outpatient
- Diagnostic
- Elective / Non-emergent
  - Spine & Joint Procedures (may include an inpatient stay).

## Prior Approval **does not apply** to services that are performed in:

- Emergency Department (ED)
- Inpatient admissions
  - Procedures done during an unscheduled admission.

Notify Health Options within 48 hours of any inpatient admission.

It is the responsibility of the rendering provider to request Prior Approval approval for services. In some instances, the provider may be required to furnish the referral or order the requested services.

# Applicable Membership

**Prior Approval through eviCore for MSK services is required for all Health Options Members.**



## Prior Approval Required:

### Joint Surgery

- Large joint replacement (shoulder, hip, knee)
- Large joint arthroscopic and open procedures (shoulder, hip, knee)

### Spine Surgery

- Spinal Implants
  - Spinal cord stimulators
  - Pain Pumps
- Cervical/Thoracic/Lumbar
  - Decompressions
  - Fusions

### Interventional Pain

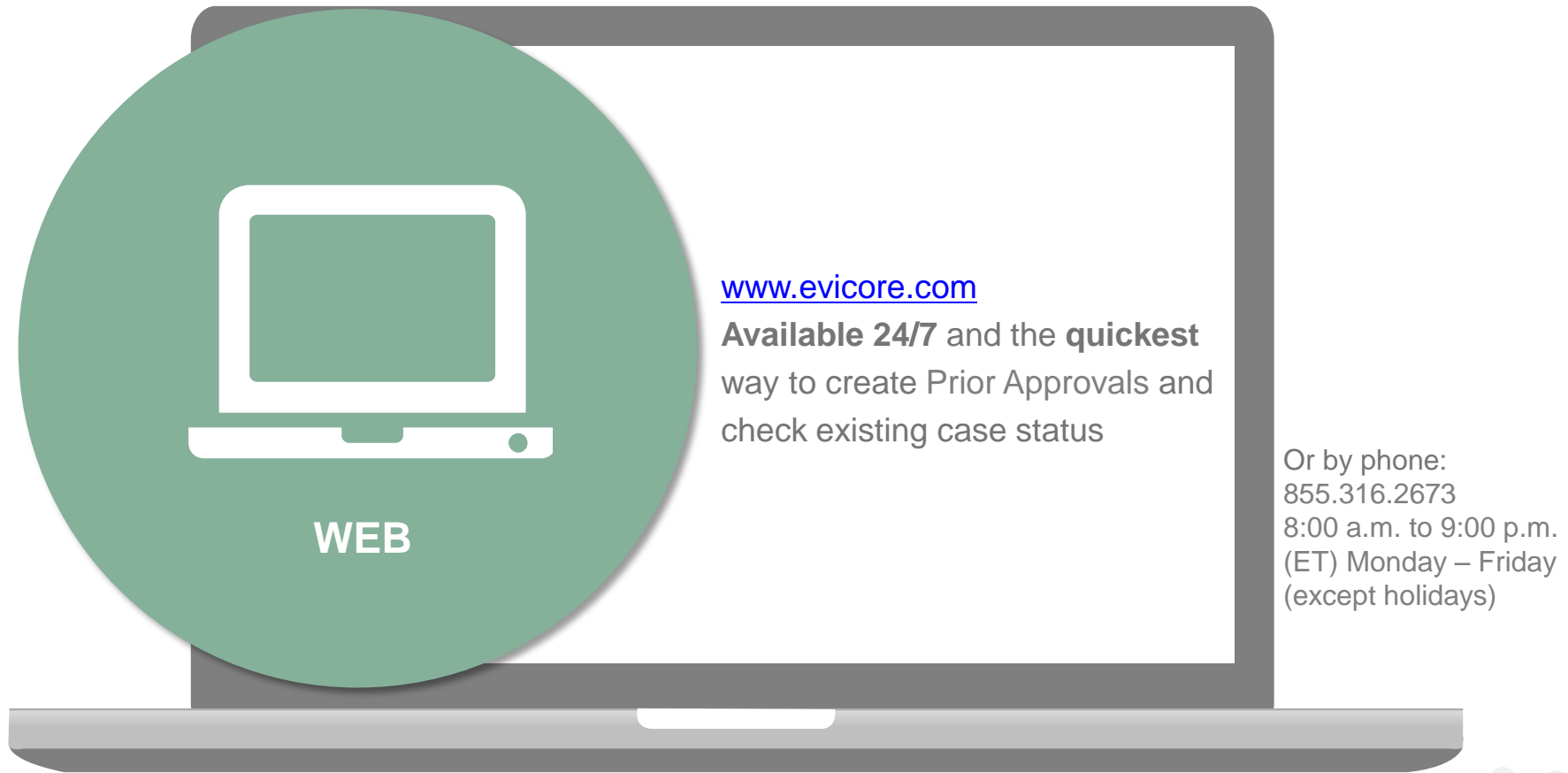
- Spinal injections
- Spinal implants
  - Spinal cord stimulators
  - Pain pumps

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

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

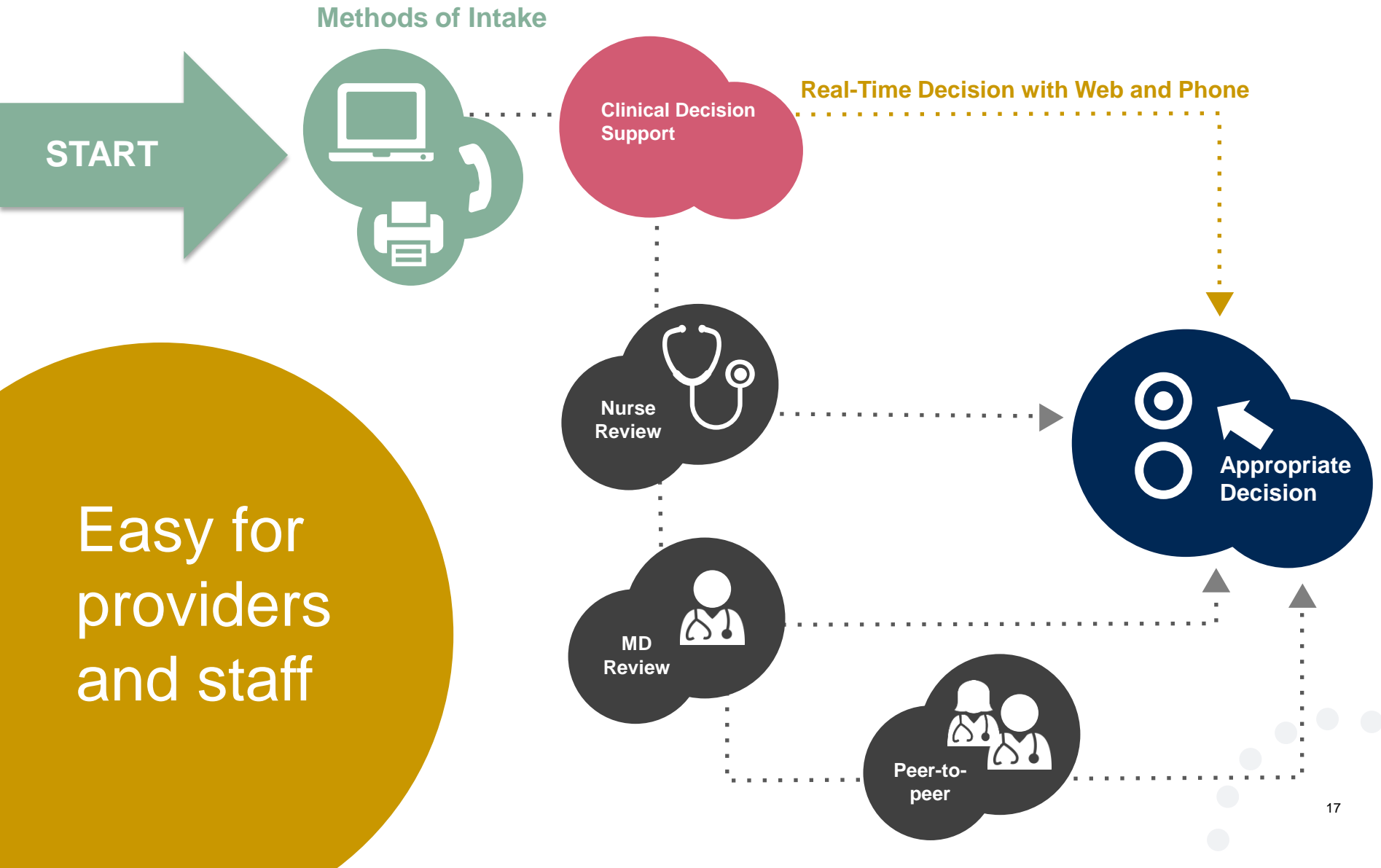
# Prior Approval Requests

## How to request Prior Approval:

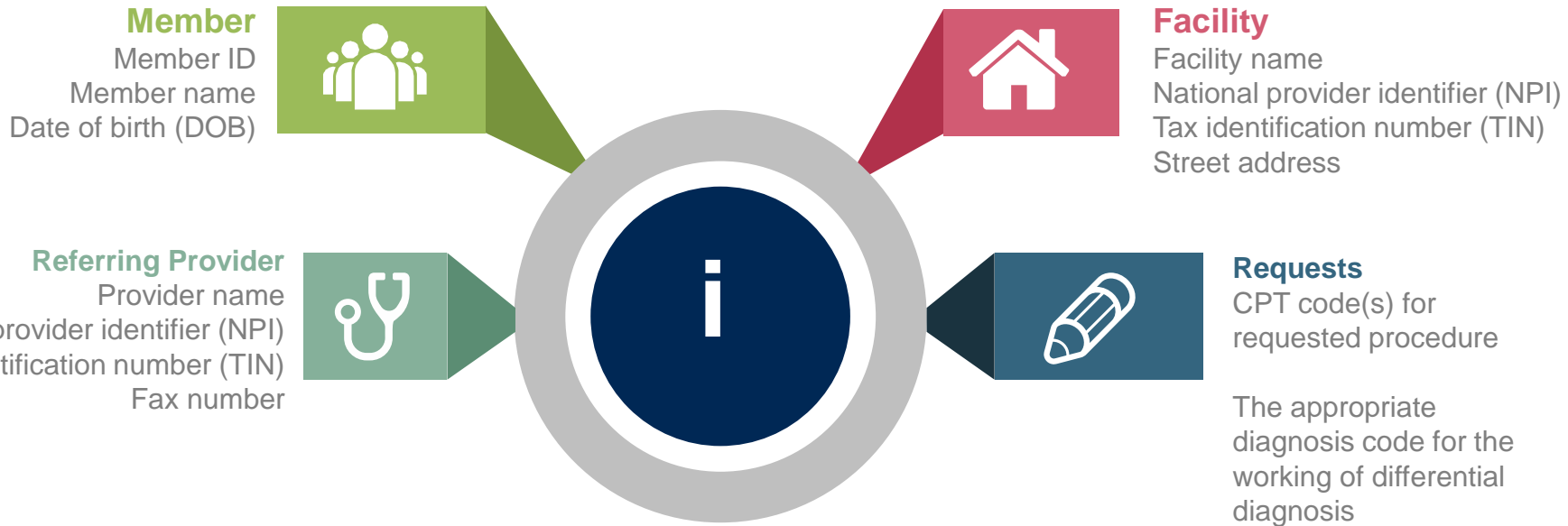




# Clinical Review Process



# Needed Information



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

- Imaging studies and prior test results related to the diagnosis
- Office notes related to the current diagnosis

# Prior Approval Outcomes

## ➤ Approved Requests:

- All requests are processed within two (2) business days after receipt of all necessary information.
- Authorizations are typically good for 60 calendar days from the date of determination.

## ➤ Delivery:

- Faxed and mailed to requesting provider and rendering facility
- 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 reconsideration review, peer-to-peer review and appeal

## ➤ Delivery:

- Faxed and mailed to the requesting provider and rendering facility
- Mailed to the Member

# Prior Approval Outcomes

## ➤ Reconsiderations

- Additional clinical information can be provided without the need for a provider to participate
- Must be requested within 15 calendar days from the date of the determination.

## ➤ 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.
- **Peer-to-Peer reviews** can be scheduled at a time convenient to your provider and must be requested within 15 calendar days from the date of the determination.

# Special Circumstances

## ➤ Appeals

- eviCore will process first level appeals
- Requests for appeals must be submitted to eviCore within 180 calendar days of the initial determination
- The procedure request and all clinical information provided will be reviewed by a physician other than the one who made the initial determination.
- A written notice of the appeal decision will be mailed to the member and faxed to the provider

## ➤ Retrospective Reviews:

- Retro Requests for urgent clinical presentations must be submitted up to ten (10) business days of the date of service. Requests submitted after ten (10) business days will be administratively denied.
- Retros are reviewed for clinical urgency and medical necessity. Turn around time on retro requests is 30 calendar days.

## ➤ Outpatient Urgent Procedures:

- Contact eviCore by phone to request an expedited Prior Approval review and provide clinical information
- Urgent Cases will be reviewed with **48 hours** of the receipt of all necessary information.

# Updating an Authorization - Musculoskeletal



## Adding/Updating Authorization

Requests may be submitted by the ordering provider or rendering facility.

Date extensions:

- Date extensions are generally not approved.
- If unavoidable circumstances prevent the provider from performing the service within the approved date range, the provider needs to call eviCore before the authorization end date.
- Date extensions will be reviewed on a case-by-case basis.

You may change the CPT code on an authorization with the following timeframes:

- If services have **not** been performed, changes must be requested before the coverage period has expired.
- If services **have** been performed, CPT code changes must be requested within 10 business days from the DOS and will be reviewed for medical necessity (spine and joint surgery only).
- All interventional pain management authorization updates for CPT code changes must be made prior to the service being performed.

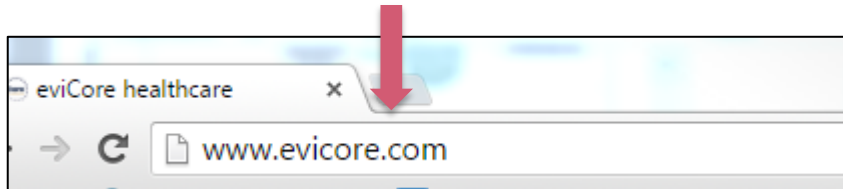
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# Web Portal Services

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# 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"/> <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*:	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

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\*: CareCore National

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				

BackSubmit Registration

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

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### User Registration

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

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### Provider Information

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

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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 the Access Agreement.

☒ **Accept Terms and Conditions** \*

Submit Cancel

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

# User Registration-Continued

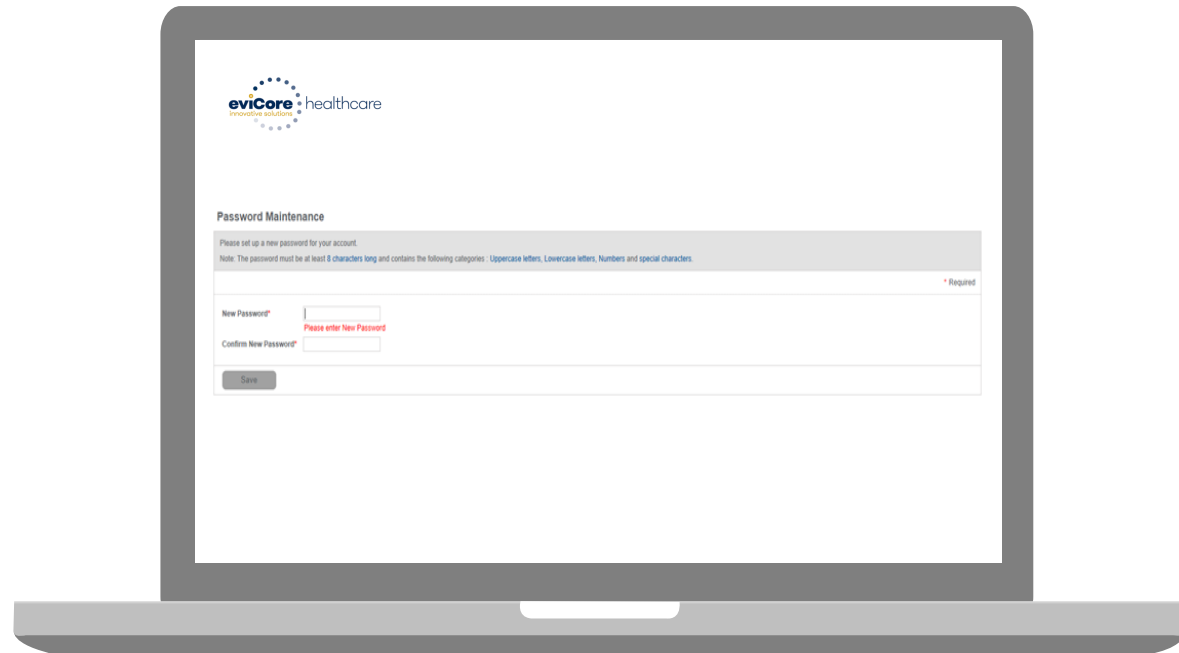


➤ You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

# Create a Password

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

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



The screenshot shows a laptop screen displaying the 'eviCore healthcare' logo at the top. Below the logo is the 'Password Maintenance' section. It contains a message: 'Please set up a new password for your account.' followed by a note: 'Note: The password must be at least 8 characters long and contain the following categories: Uppercase letters, Lowercase letters, Numbers and special characters.' There are two input fields: 'New Password\*' and 'Confirm New Password\*'. The 'New Password\*' field has a red error message 'Please enter New Password' below it. A 'Save' button is at the bottom of the form.

# 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**."

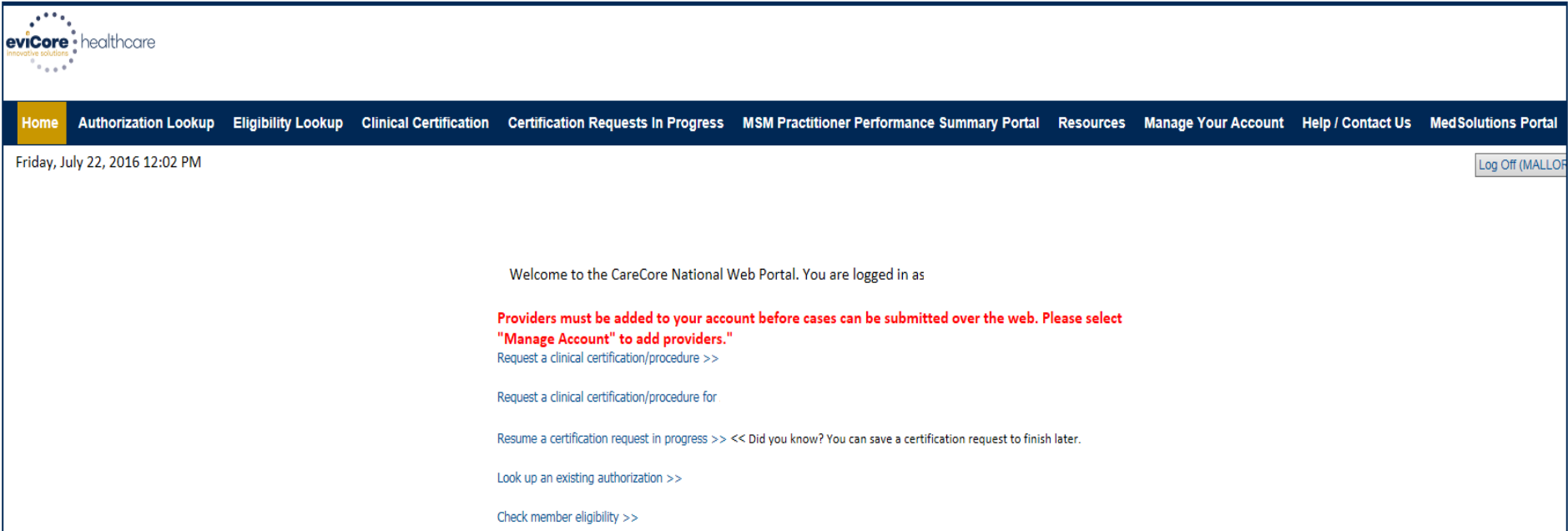
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# Account Overview

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# 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 (highlighted), 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. 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 has a light blue background and contains the following text: 'Welcome to the CareCore National Web Portal. You are logged in as' followed by 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.' Below this 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 >>'.

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, July 22, 2016 12:02 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.](#)

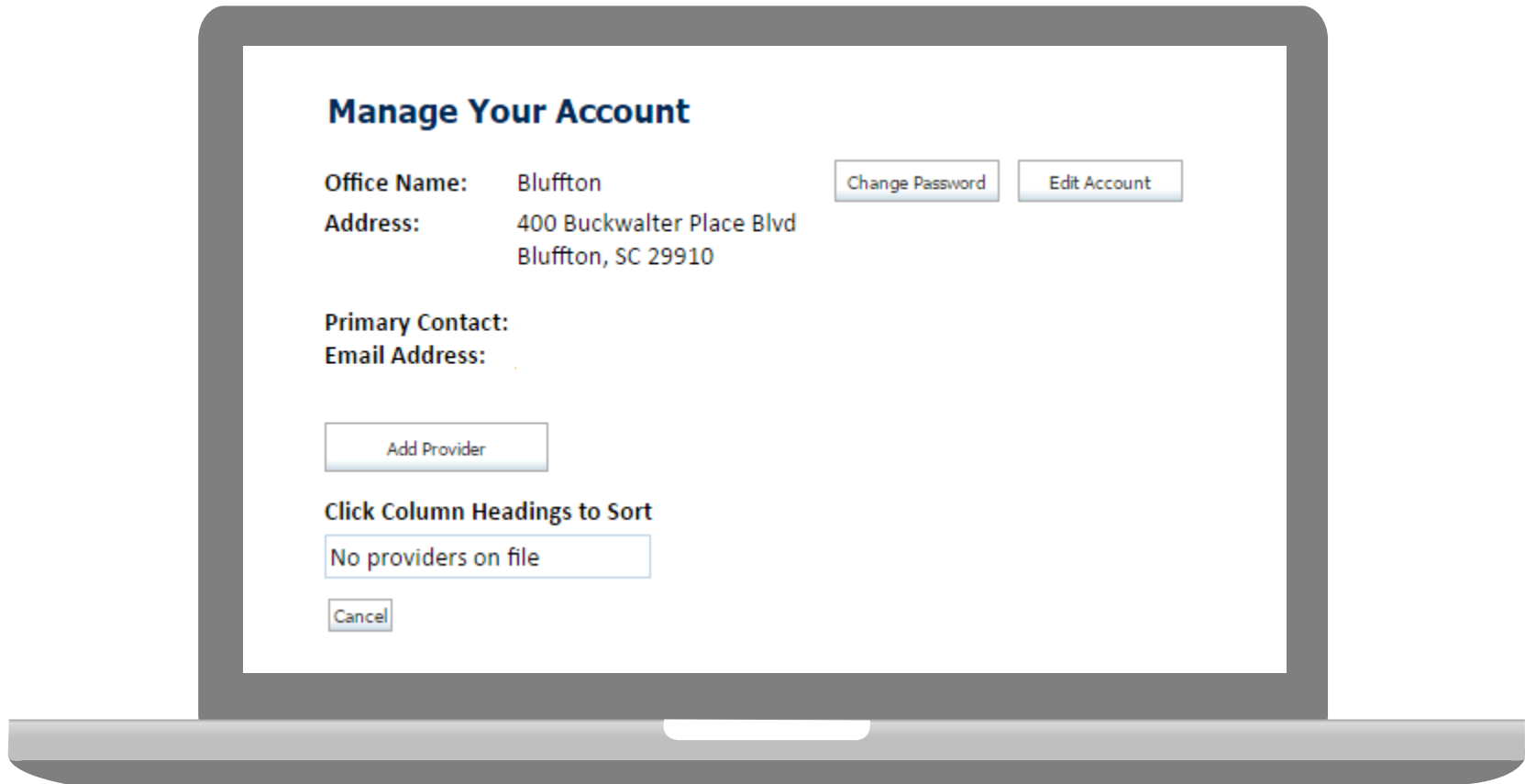
[Look up an existing authorization >>](#)

[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 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



**Manage Your Account**

Office Name: Bluffton [Change Password](#) [Edit Account](#)

Address: 400 Buckwalter Place Blvd  
Bluffton, SC 29910

Primary Contact:  
Email Address:

[Add Provider](#)

Click Column Headings to Sort

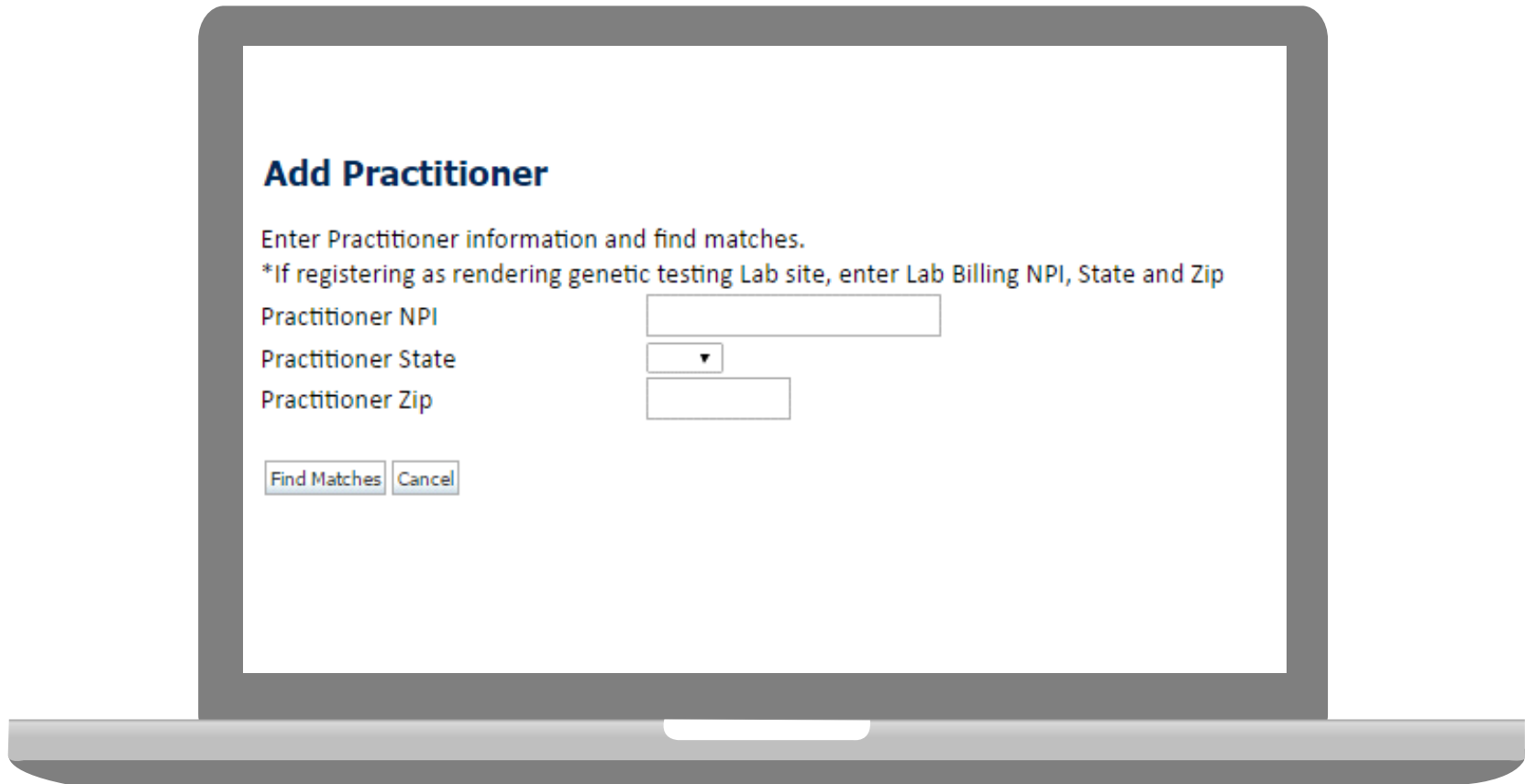
No providers on file

[Cancel](#)



Click the “**Add Provider**” button.

# Add Practitioners



The image shows a laptop screen displaying a web form titled "Add Practitioner". The form includes instructions to enter practitioner information and find matches, with a note for genetic testing lab sites. It features input fields for Practitioner NPI, State (a dropdown menu), and Zip, along with "Find Matches" and "Cancel" buttons.

**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

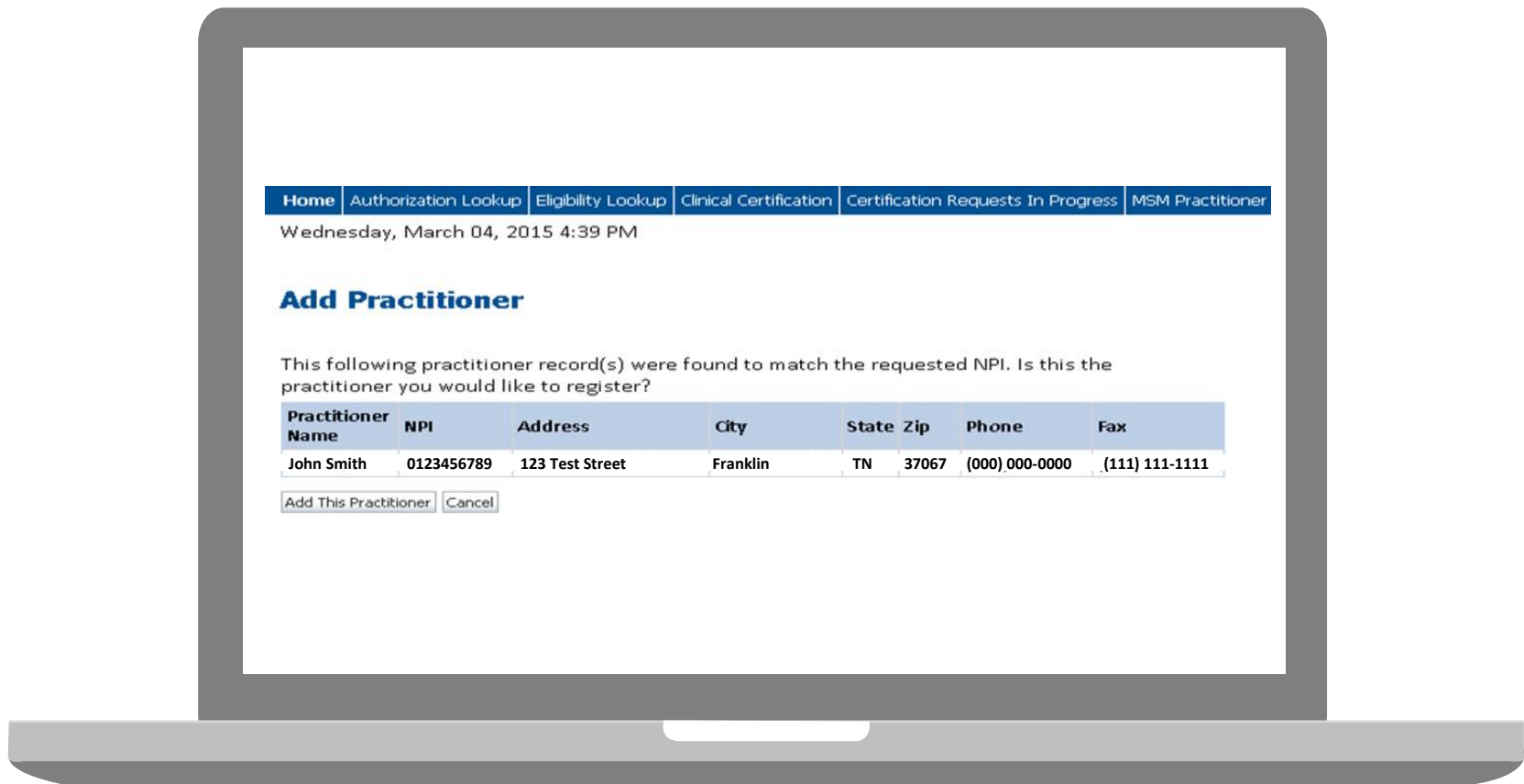
Practitioner State

Practitioner Zip



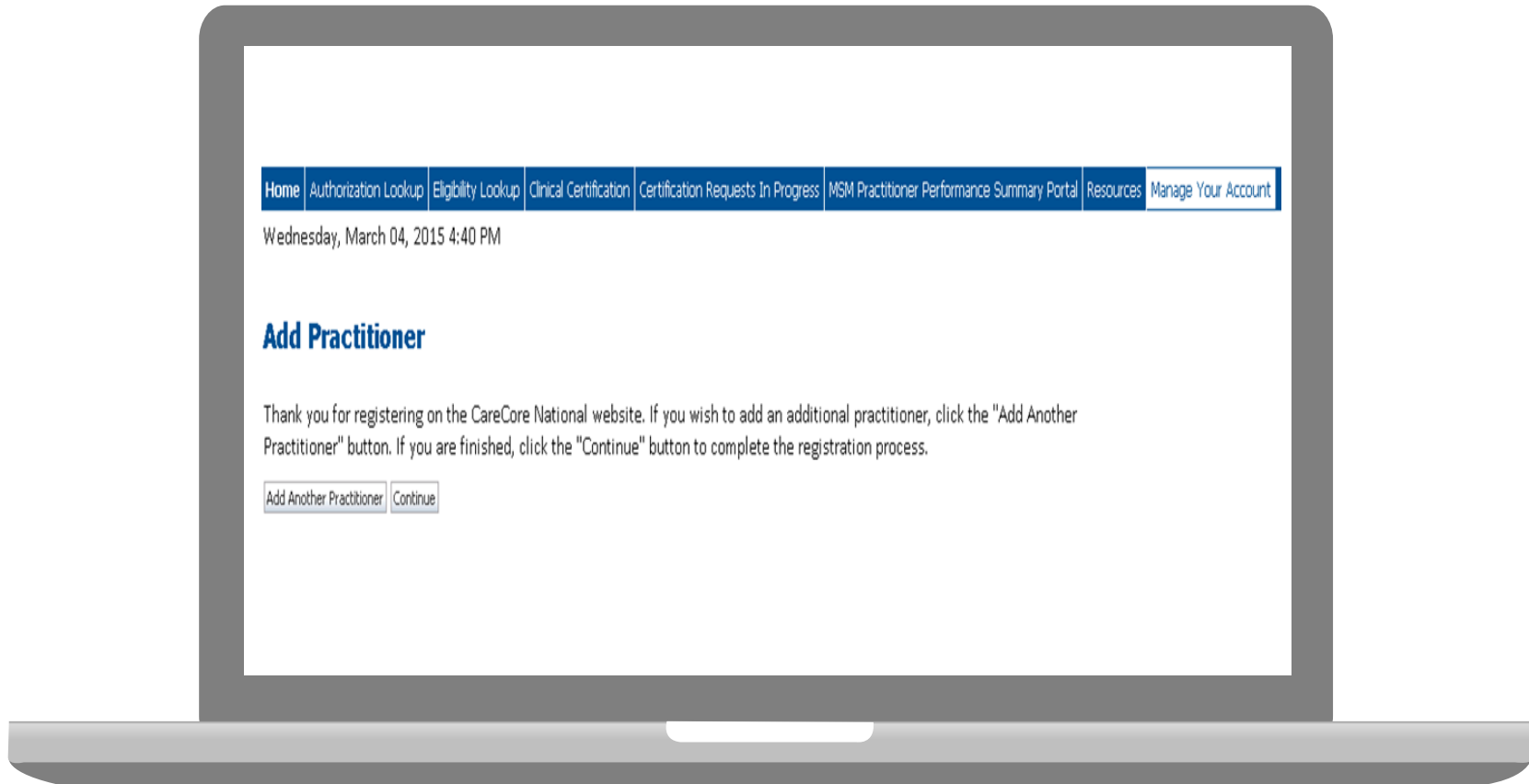
Enter the **Provider's NPI**, **State**, and **Zip Code** to search for the provider record to add to your account. You are able to add multiple Providers to your account.

# Adding Practitioners



Select the matching record based upon your search criteria

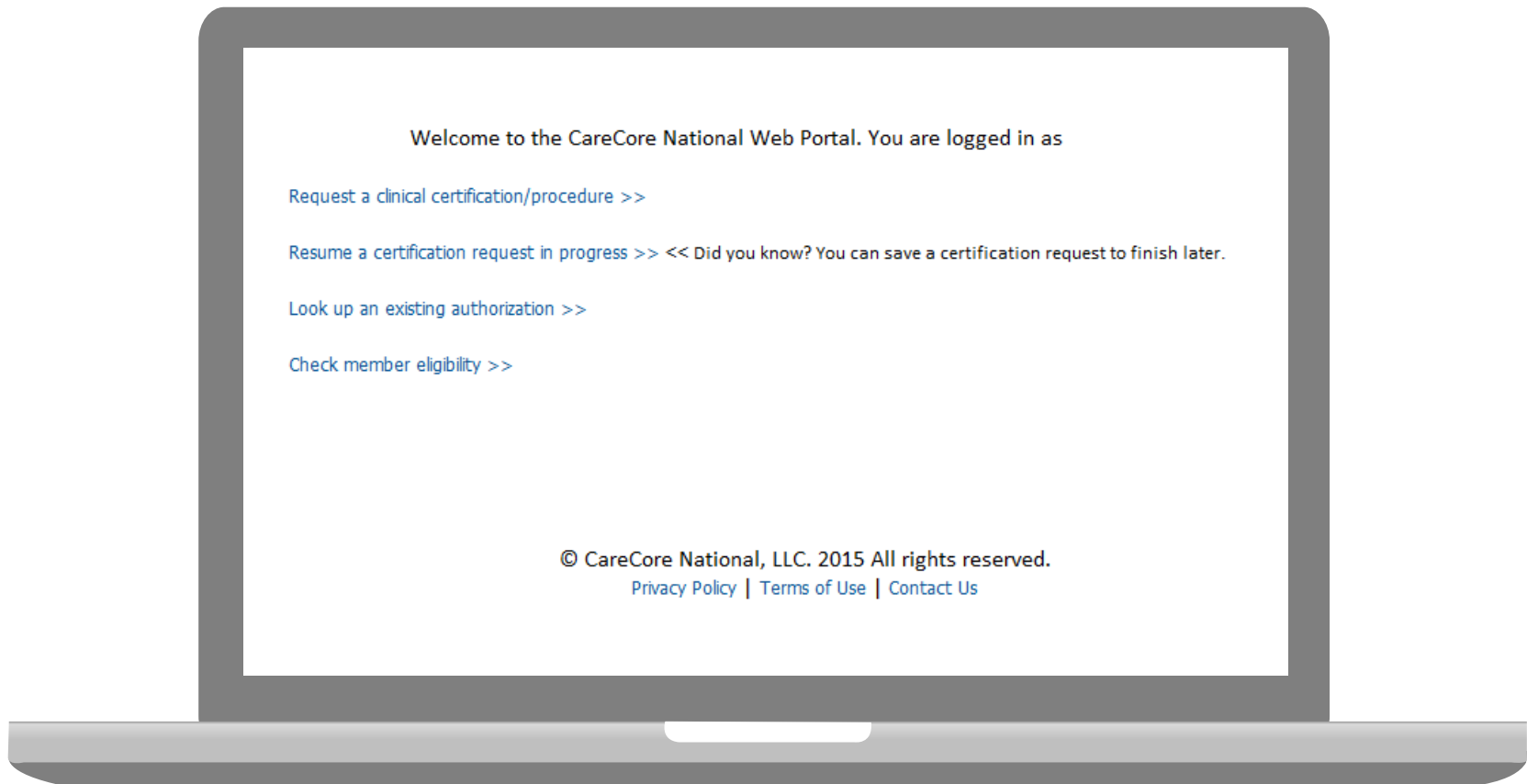
# Manage Your Account



- 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.

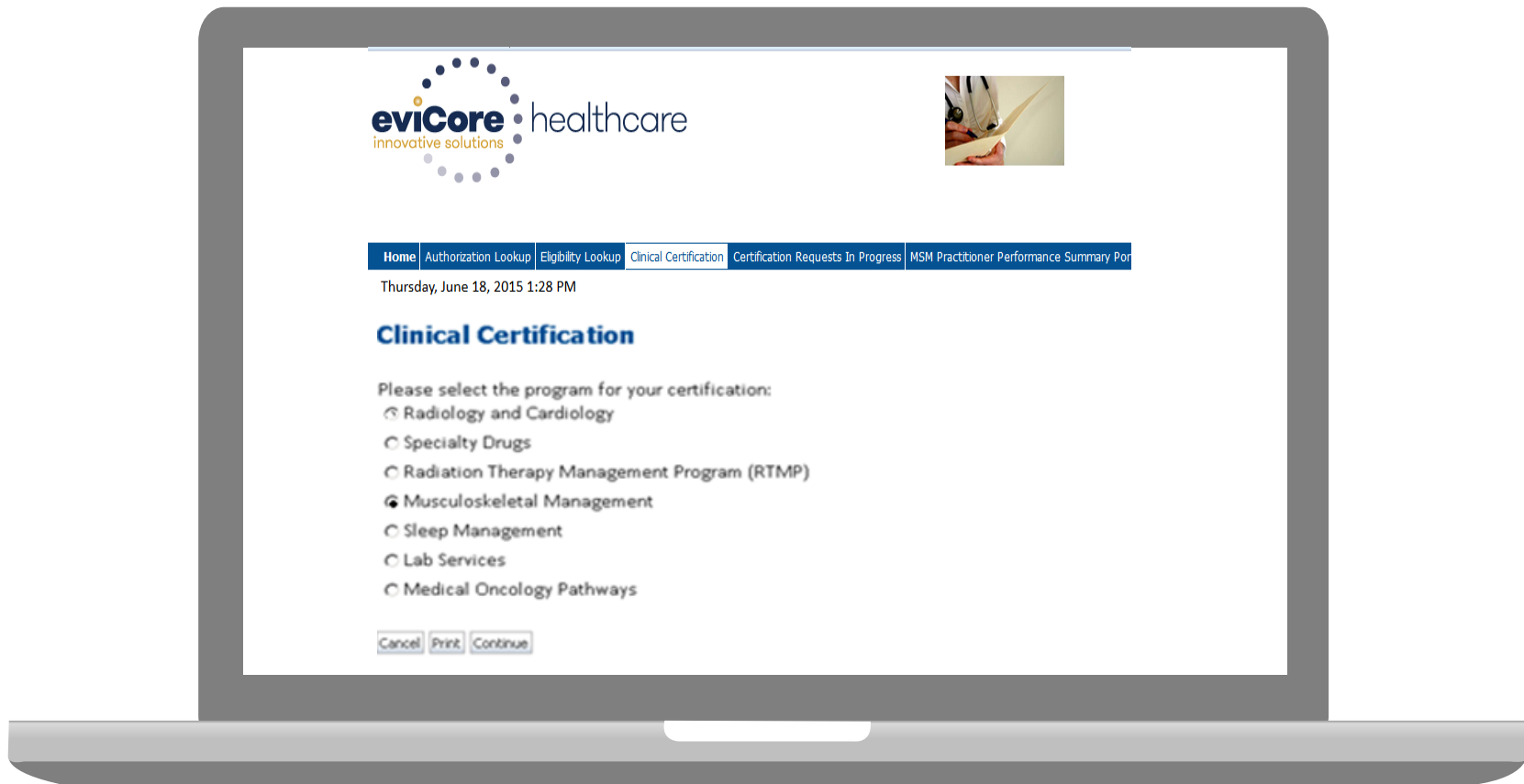
# Case Initiation

# Initiating A Case



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

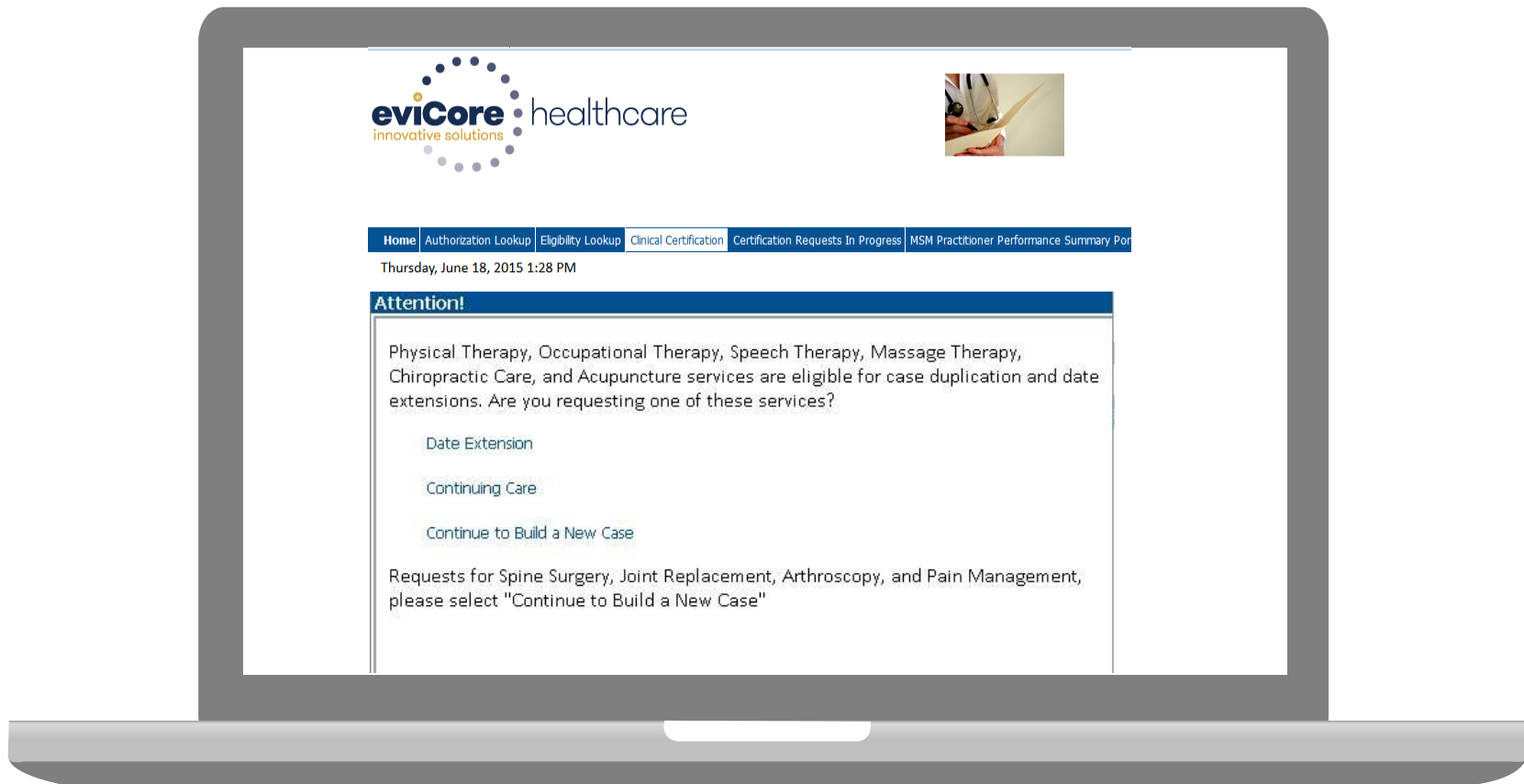
# Select Program



Select the **Program** for your certification.




# Service Options



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

# Select Provider



The screenshot displays the eviCore healthcare Provider Web Portal. The header includes the eviCore logo with the tagline 'innovative solutions', two small images (one of a person holding a clipboard and another of laboratory equipment), and the title 'Provider Web Portal'. A navigation bar contains links: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, MSM Practitioner Performance Summary Portal, Resources, and Manage Your Account. The date and time 'Thursday, June 18, 2015 1:30 PM' are shown below the navigation bar.

The main content area is titled 'Clinical Certification'. On the left, there is a progress bar with 10 segments, the first of which is filled, and the text '10% Complete' below it. To the right of the progress bar, the text reads: '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.' Below this, there is a form with the following fields:

Filter Last Name or NPI:

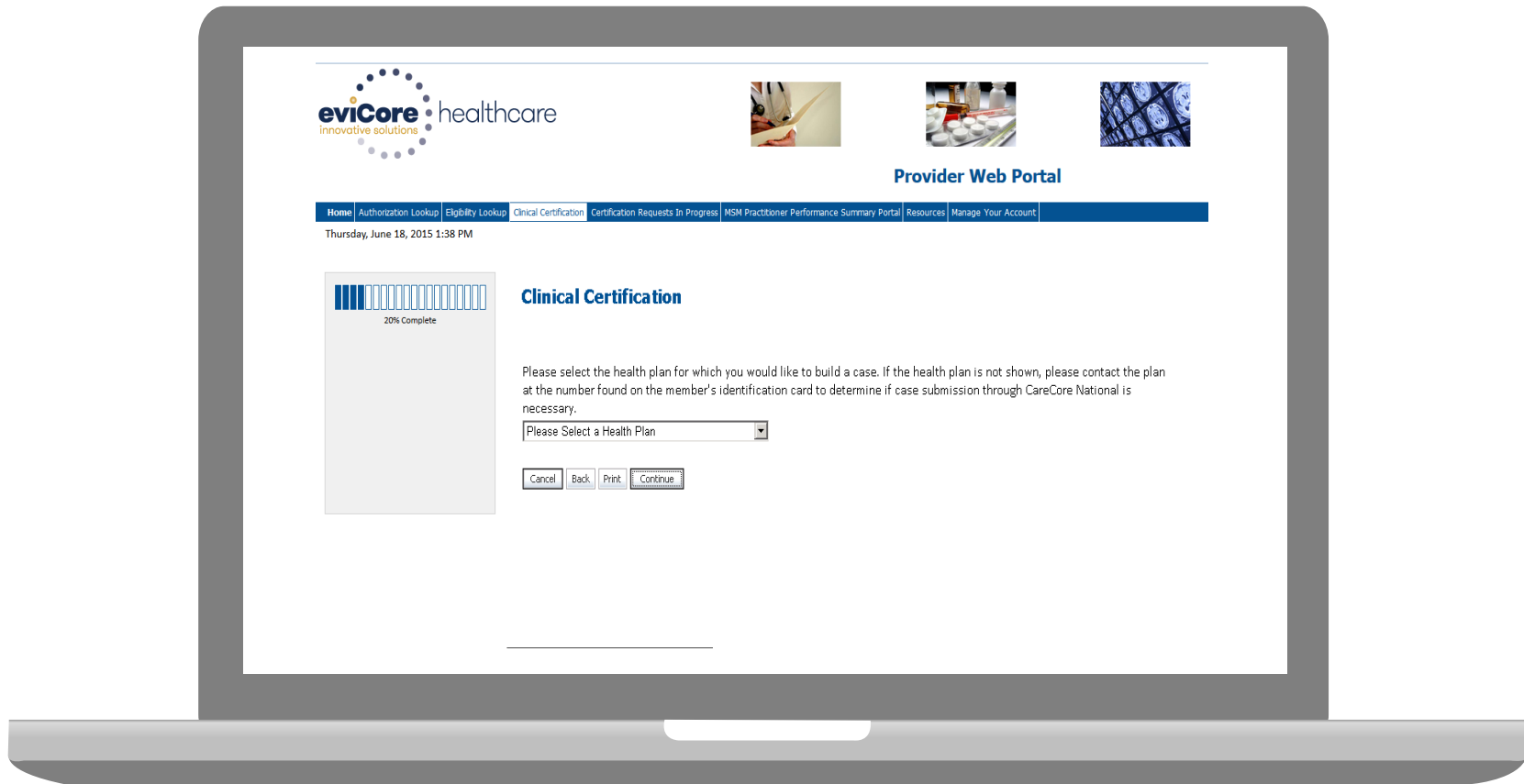
Selected Physician:

	Physician
<input type="button" value="SELECT"/>	

At the bottom of the form, there are four buttons: Cancel, Back, Print, and Continue.

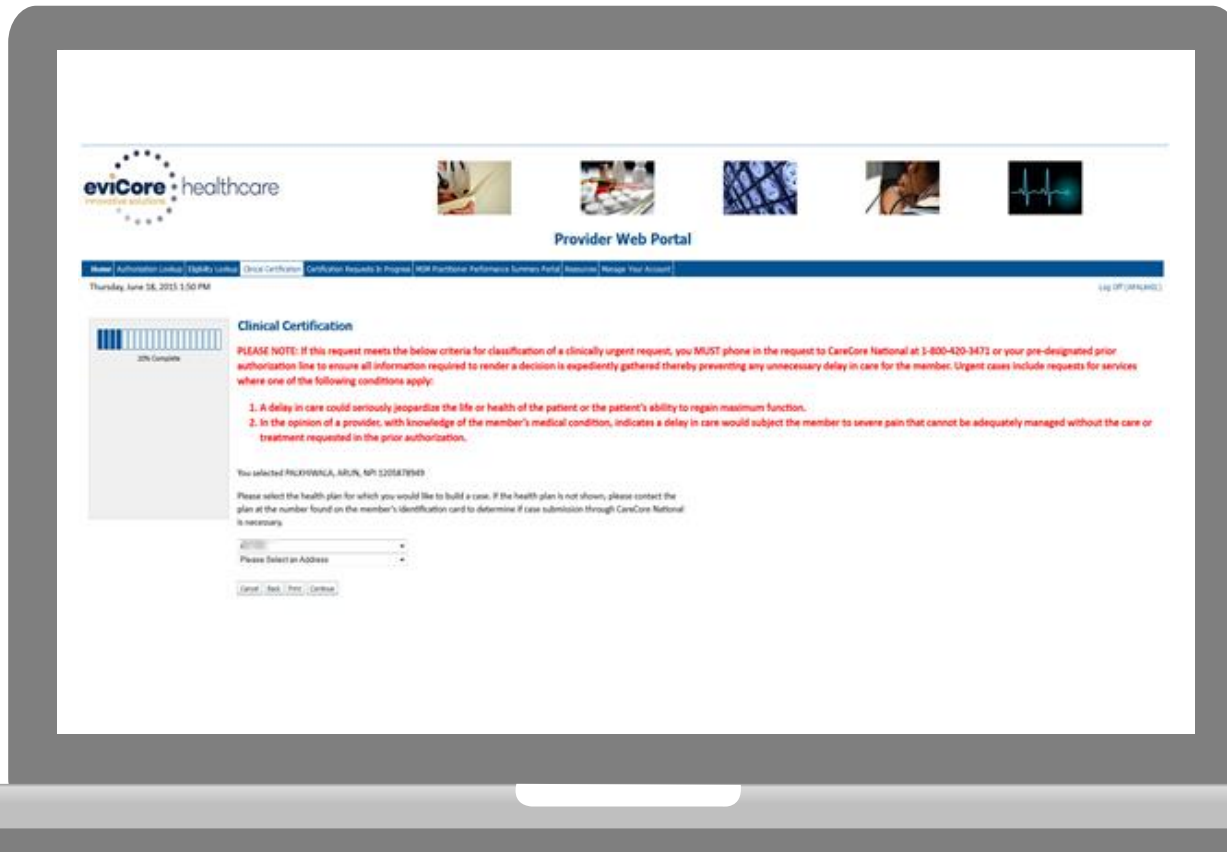
➤ Select the **Practitioner/Group** for whom you want to build a case.

# Select Health Plan



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

# Select Address



The screenshot displays the eviCore healthcare Provider Web Portal. The header includes the eviCore logo, a navigation bar with links like Home, Authorization Lookup, Eligibility Lookup, Clinical Certification, and a date/time stamp. The main content area is titled 'Clinical Certification' and features a progress bar (20% Complete) and a 'PLEASE NOTE' section with criteria for urgent requests. Below this, it shows the selected provider (PRADHWANA, MD, NP) and a section for selecting a health plan and address. The address selection section includes a dropdown menu and buttons for Cancel, Back, Print, and Continue.

**eviCore healthcare**

Provider Web Portal

Home | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MGR Performance Performance Summary Portal | Resources | Manage Your Account

Thursday, June 28, 2018 1:50 PM

Log Off (PRADHWANA)

**Clinical Certification**

20% Complete

**PLEASE NOTE:** If this request meets the below criteria for classification of a clinically urgent request, you **MUST** phone in the request to CareCore National at 1-800-420-3471 or your pre-designated prior authorization line to ensure all information required to render a decision is expediently gathered thereby preventing any unnecessary delay in care for the member. Urgent cases include requests for services where one of the following conditions apply:

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.

You selected PRADHWANA, MD, NP 1205879949

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.

Health Plan: [Dropdown Menu]

Please Select an Address: [Dropdown Menu]

Cancel Back Print Continue

# 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 (active), 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'. On the left, there is a progress bar showing 10% completion. Below the progress bar, there is a section labeled 'Physician' with an 'EDIT' button. On the right, there are several input fields: 'Physician's Name' (required), 'Who to Contact' (Test Contact), 'Fax' (655) 555-5555 (required), 'Phone' (655) 555-5556 (required), 'Ext.' (required), 'Cell Phone' (122) 334-4556, and 'Email' (test@test.com). At the bottom of the form, there are buttons for 'Cancel', 'Back', 'Print', and 'Continue'. In the bottom right corner, there is a small text: 's reserved. Us'.

# Member Information

**Patient Information**

30% Complete

**Physician**  
DOE, JOHN [EDIT](#)

**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
<a href="#">SELECT</a>				3/23/1953		

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

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



Enter the **member information** including the Member ID number, date of birth, and Member's last name. Click **"Eligibility Lookup."**

# Member History

Patient ID

Time: 9/2/2015 5:47 PM

Patient Name:

Please review the patient's MSM history. You may be asked about this history during clinical review.

### MSM History

Episode Date	Episode ID	Patient Name	CPT Code	CPT Description	Case Status
9/2/2015					A

OK

PRINT THIS PAGE

# Clinical Details

## Clinical Certification

This procedure will be performed on 2/21/2017. [CHANGE](#)

### Musculoskeletal Management Procedures

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

JOINT ▼

JOINT SURGERY ▼

### Diagnosis

Primary Diagnosis Code: **M25.561**

Description: **Pain in right knee**

[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](#)



# Verify Service Selection

The screenshot shows a web portal interface for a provider. At the top, there is a navigation bar with links: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (which is highlighted), Certification Requests In Progress, Physician Criteria, and Manage Your Account. Below the navigation bar, the date and time are displayed: Friday, February 24, 2017 4:48 PM. The main content area is titled "Clinical Certification" and contains a progress bar showing 60% completion. To the left of the progress bar, there are two sections: "Provider and NPI" and "Patient", both with blurred information and an "EDIT" button. To the right of the progress bar, there is a "Confirm your service selection." section with the following details: Procedure Date: [blurred], CPT Code: JOINT, Description: JOINT SURGERY, Primary Diagnosis Code: M25.512, Primary Diagnosis: Pain in left shoulder, and Secondary Diagnosis Code: [blurred]. Below these details are links for "Change Procedure or Primary Diagnosis" and "Change Secondary Diagnosis". At the bottom of the form, there are buttons for "Cancel", "Back", "Print", and "Continue". A link for "Click here for help or technical support" is also present.

**Provider Web Portal**

Home | Authorization Lookup | Eligibility Lookup | **Clinical Certification** | Certification Requests In Progress | Physician Criteria | Manage Your Account

Friday, February 24, 2017 4:48 PM

**Clinical Certification**

Confirm your service selection.

60% Complete

Provider and NPI

Patient

EDIT

**Procedure Date:** [blurred]

**CPT Code:** JOINT

**Description:** JOINT SURGERY

**Primary Diagnosis Code:** M25.512

**Primary Diagnosis:** Pain in left shoulder

**Secondary Diagnosis Code:** [blurred]

**Secondary Diagnosis:**

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

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

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

# Site Selection

The screenshot displays the 'Provider Web Portal' interface. At the top, a navigation bar includes links for Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (which is the active page), Certification Requests In Progress, Physician Orders, Manage Your Account, and Cardiology Approval Report. The date and time are shown as 'Tuesday, April 15, 2014 4:03 PM', and a 'Log Off @NCHAP' link is present.

On the left side, there is a progress bar indicating '60% Complete'. Below it, a form for 'Physician' and 'Patient' information is shown, with an 'EDIT' link next to each field. The 'Service' is listed as '4/16/2014' with an 'EDIT' link.

The main content area is titled 'Clinical Certification'. It contains a paragraph explaining that the listed locations are within 25 miles of the member's zip code and are listed in a random order. It also mentions that if the desired location is not on the list, users can search for it using the 'Specific Site Search' parameters.

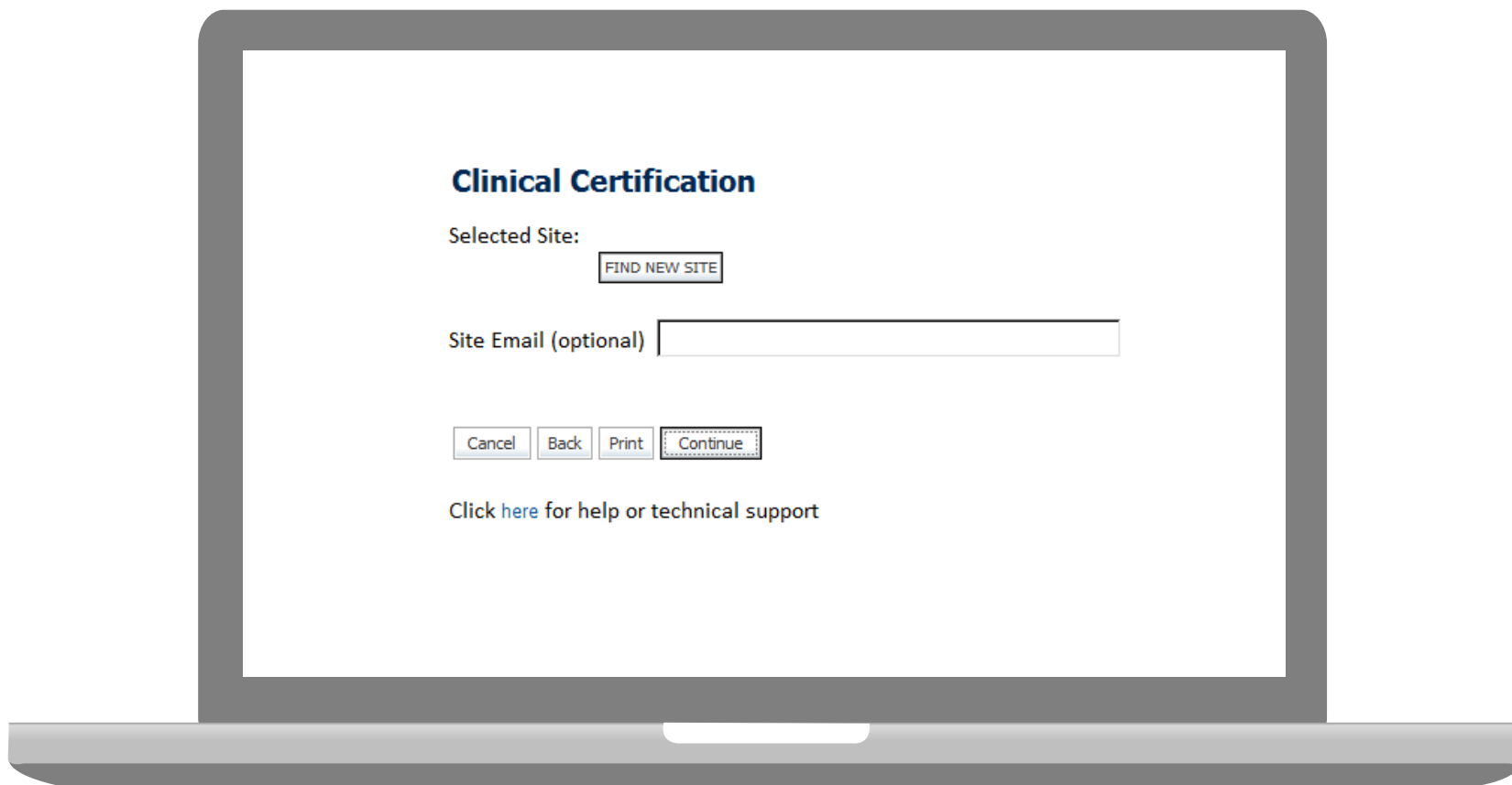
The 'Specific Site Search' section includes input fields for NPI, Zip Code (pre-filled with '10016'), Site Name, TIN, and City. There are radio buttons for 'Exact match' and 'Starts with' (which is selected). A 'LOOKUP SITE' button is located to the right of the search options.

Below the search section is a table with two columns: 'Name' and 'Address'. The table contains four rows, each with a 'SELECT' button in the 'Name' column and an empty space in the 'Address' column.

At the bottom of the form, there are three buttons: 'Cancel', 'Back', and 'Print'.

Select the appropriate site for the request.

# Site Selection



**Clinical Certification**

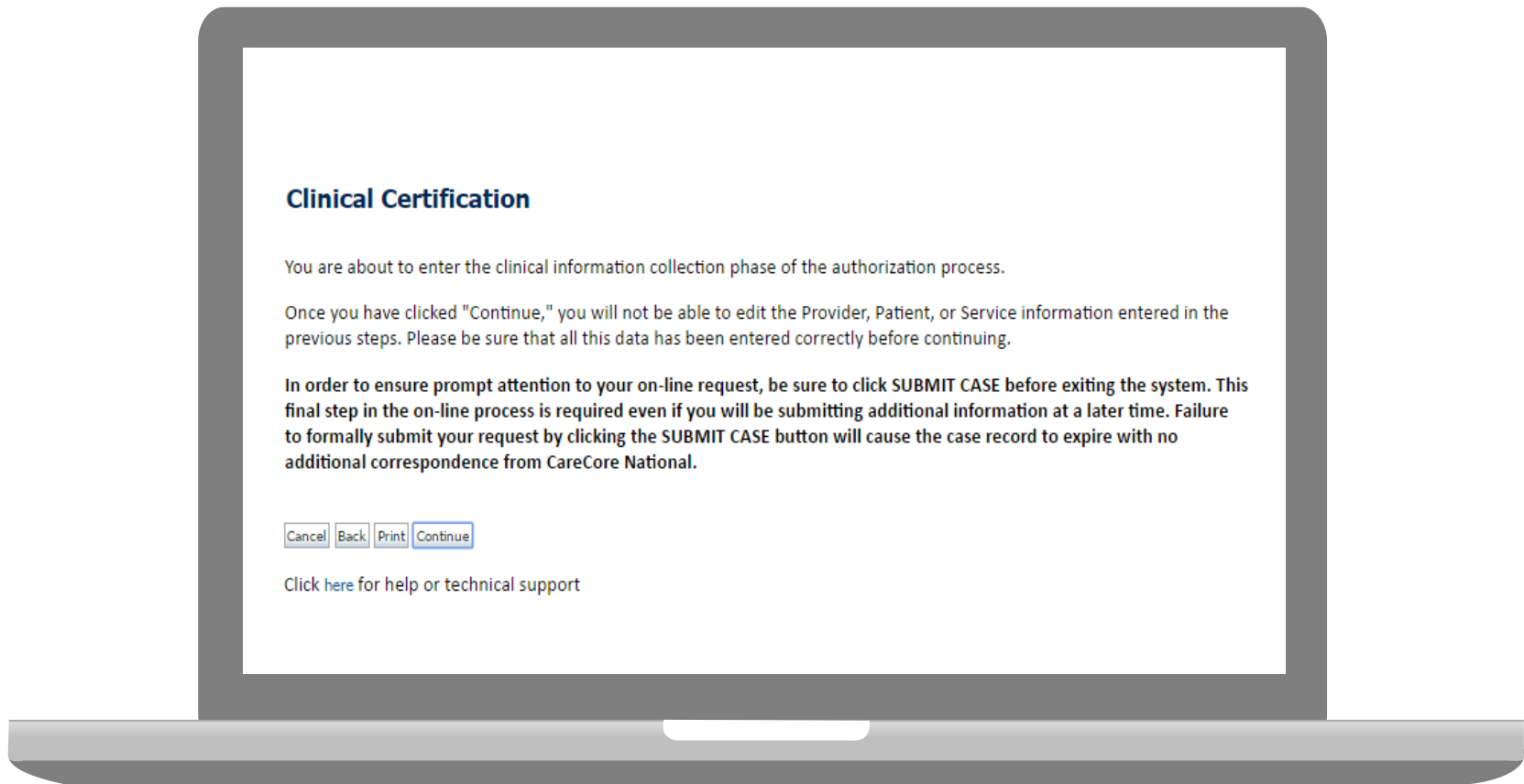
Selected Site:

Site Email (optional)

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

Confirm the site selection.

# 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 (active), 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 is asked: "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. Below the "SUBMIT" button is a checkbox labeled "Finish Later". A blue box contains the text: "Did you know? You can save a certification request to finish later." At the bottom of the form, there are two buttons: "Cancel" and "Print".

➤ 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

- ☒ 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 ID:

Site Address:

Primary Diagnosis Code:

Secondary Diagnosis  
Code:

CPT Code:

Description:

Description:

Description:

Modifier:

Authorization Number:

Review Date:

Expiration Date:

Status:

Your case has been Approved.

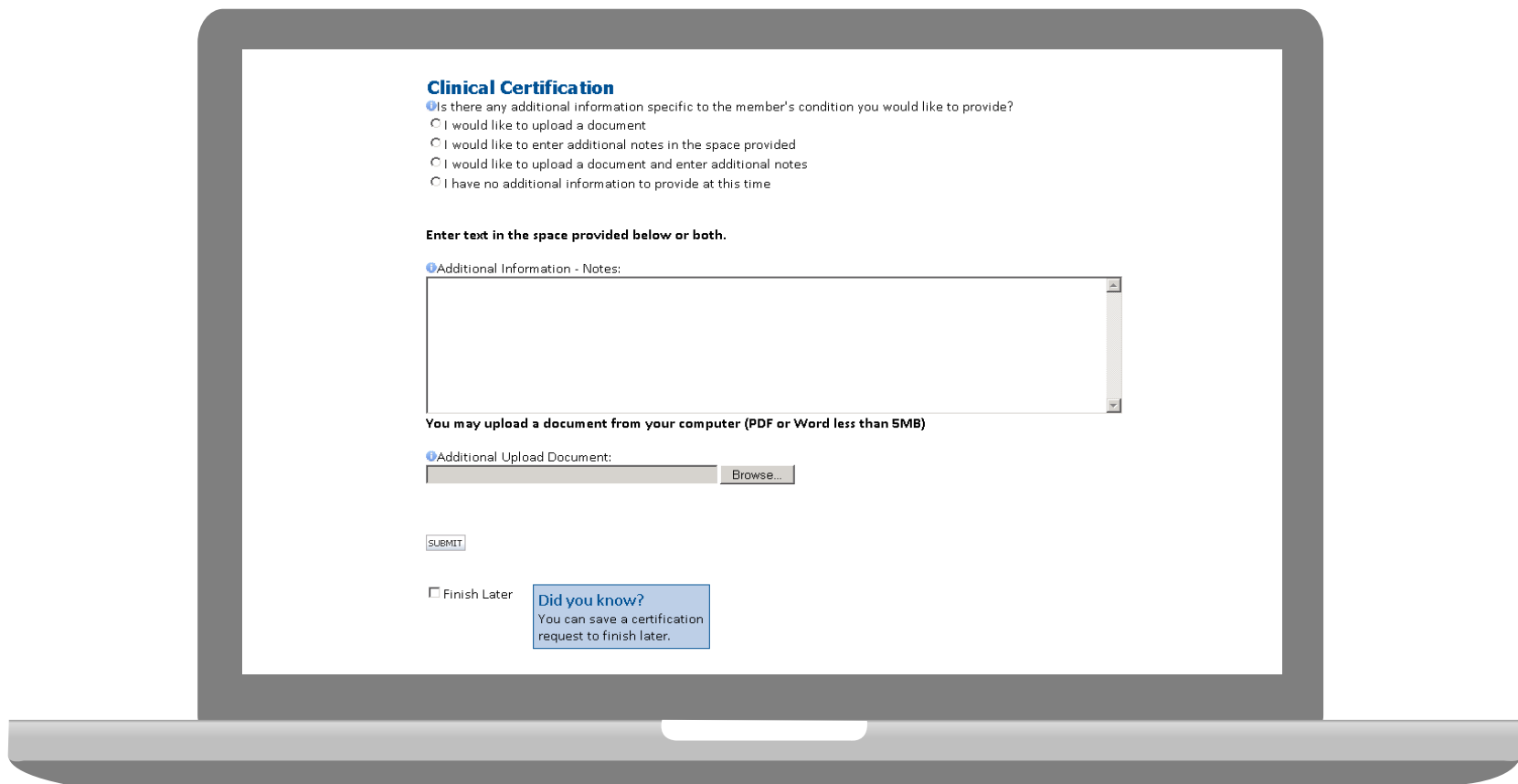
Print

Continue

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

Print the screen and store in the Member's file.

# Medical Review



**Clinical Certification**

① 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.

① Additional Information - Notes:

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

① Additional Upload Document:

Browse...

SUBMIT

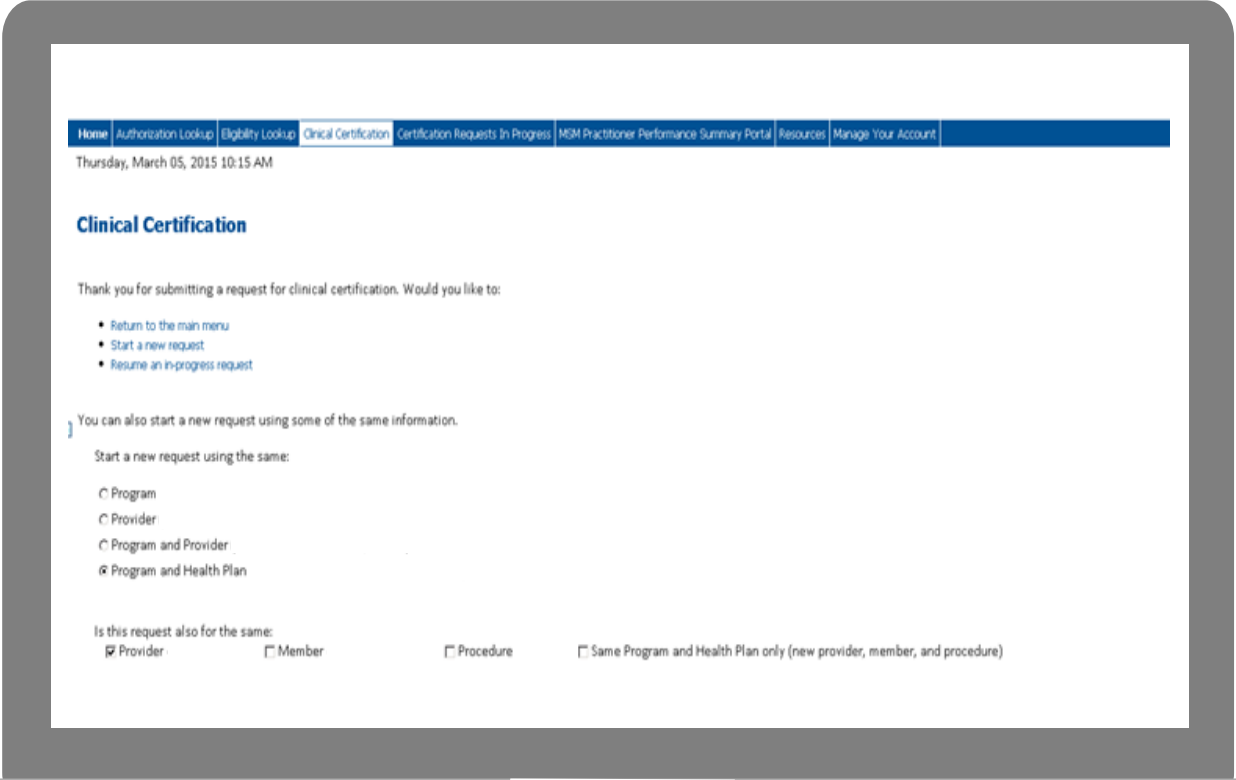
☐ Finish Later

**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.



# Building Additional Cases



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, MSM Practitioner Performance Summary Portal, Resources, and Manage Your Account. Below the navigation bar, the date and time are displayed: Thursday, March 05, 2015 10:15 AM. The main heading is "Clinical Certification". Below this, a message says: "Thank you for submitting a request for clinical certification. Would you like to:". This is followed by a list of options: "Return to the main menu", "Start a new request", and "Resume an in-progress request". Below the list, a message says: "You can also start a new request using some of the same information." This is followed by a section titled "Start a new request using the same:" with four radio button options: "Program", "Provider", "Program and Provider", and "Program and Health Plan" (which is selected). Below this, a section titled "Is this request also for the same:" has four checkbox options: "Provider" (checked), "Member", "Procedure", and "Same Program and Health Plan only (new provider, member, and procedure)".

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

Thursday, March 05, 2015 10:15 AM

## 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

☐ Provider

☐ Program and Provider

☒ Program and Health Plan

Is this request also for the same:

☒ Provider    ☐ Member    ☐ Procedure    ☐ Same Program and Health Plan only (new provider, member, and procedure)

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

eviCore healthcare

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

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

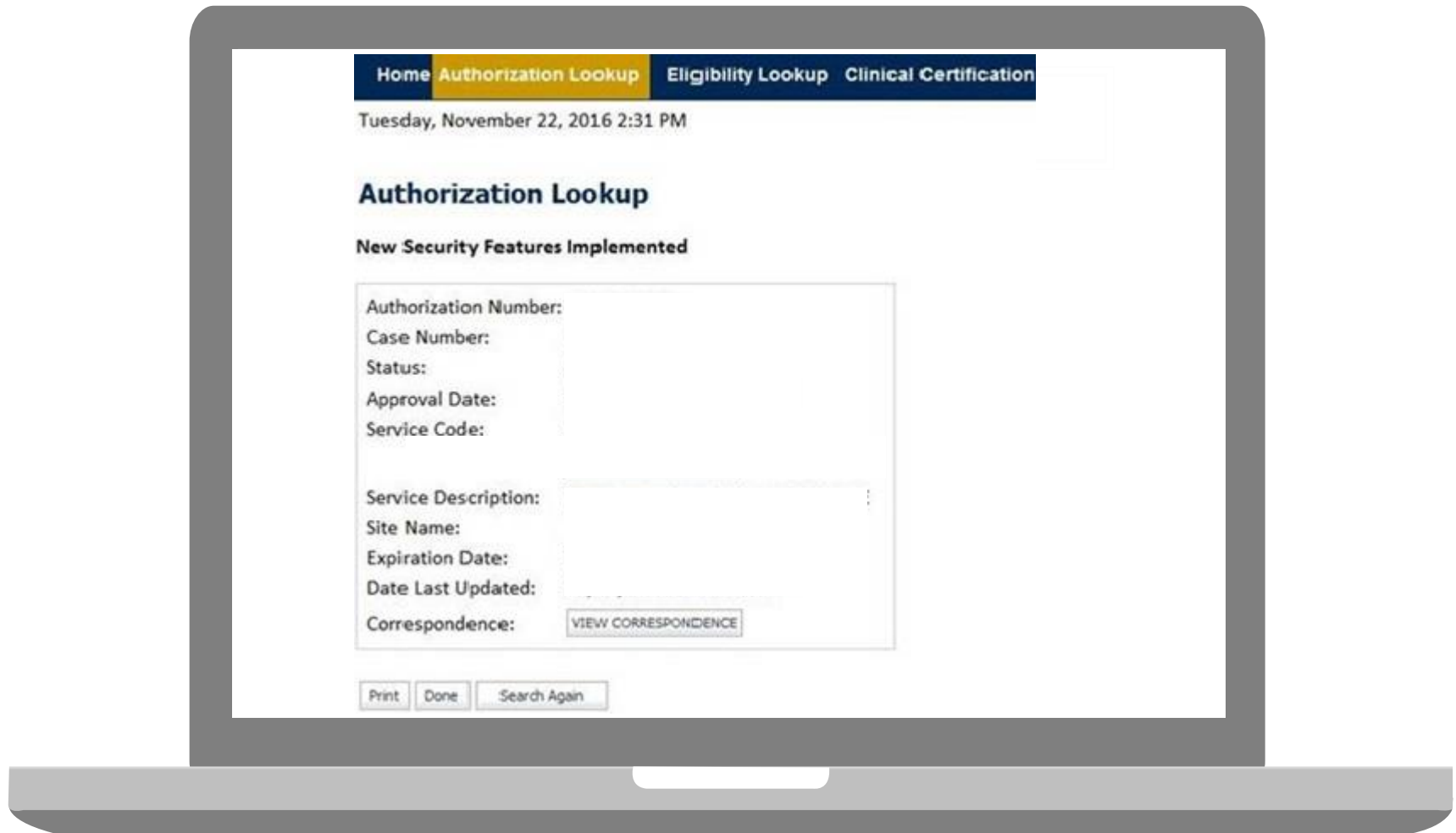
Provider NPI:

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, Member's ID number, and Member's date of birth.

# Authorization Status



The screenshot shows a web application interface for 'Authorization Lookup'. At the top, there is a navigation bar with links: 'Home', 'Authorization Lookup' (highlighted in yellow), 'Eligibility Lookup', and 'Clinical Certification'. Below the navigation bar, the date and time 'Tuesday, November 22, 2016 2:31 PM' are displayed. The main heading is 'Authorization Lookup', followed by a sub-heading 'New Security Features Implemented'. A large form box contains several input fields: 'Authorization Number:', 'Case Number:', 'Status:', 'Approval Date:', 'Service Code:', 'Service Description:', 'Site Name:', 'Expiration Date:', 'Date Last Updated:', and 'Correspondence:'. A 'VIEW CORRESPONDENCE' button is located next to the 'Correspondence:' field. At the bottom of the form, there are three buttons: 'Print', 'Done', and 'Search Again'.

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

# Eligibility Look Up



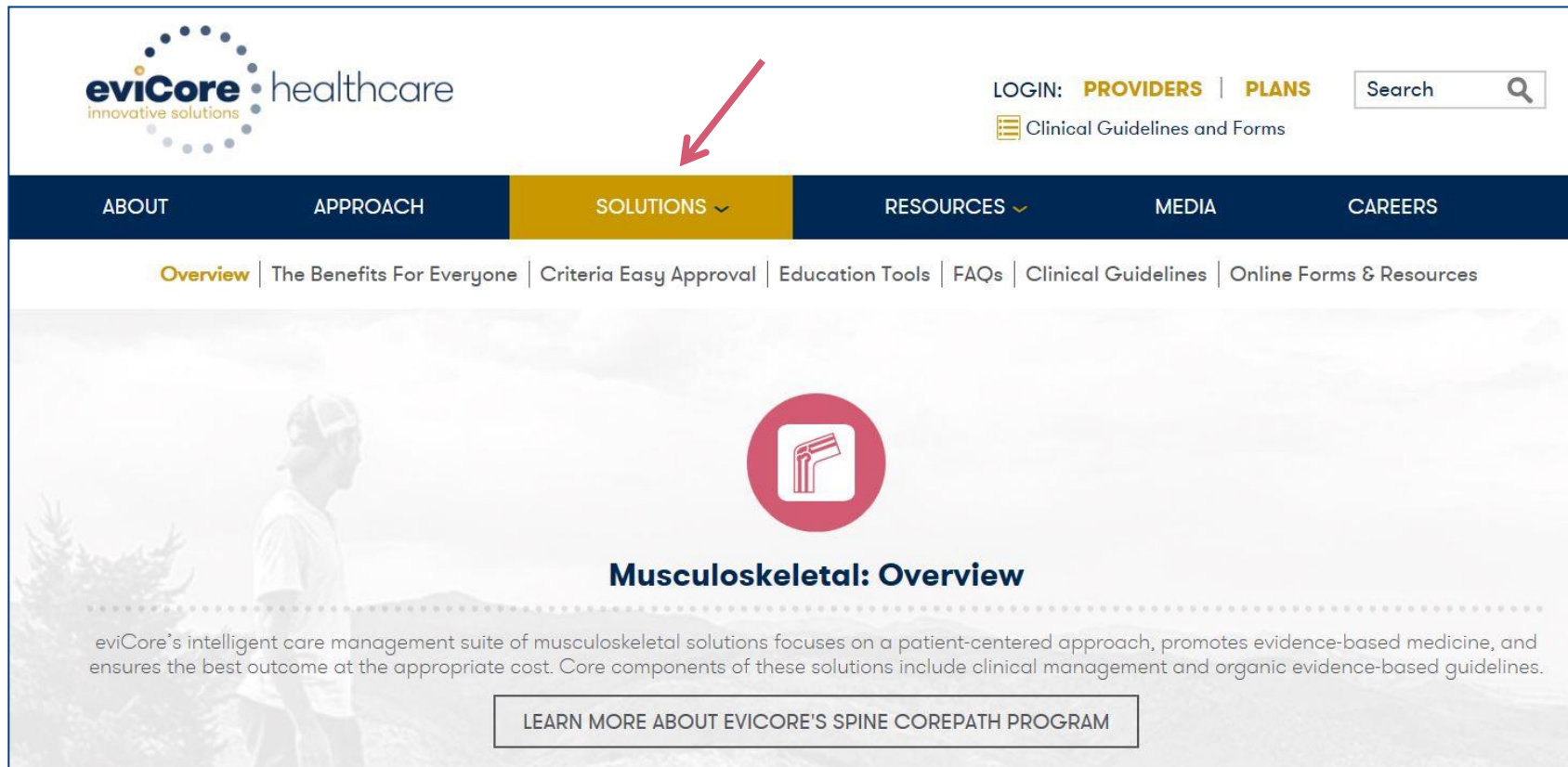
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# Provider Resources



# Musculoskeletal Online Resources

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



The screenshot displays the eviCore healthcare website. The header includes the eviCore logo with the tagline 'innovative solutions', a login section for 'PROVIDERS' and 'PLANS', and a search bar. A red arrow points to the 'SOLUTIONS' menu item in the navigation bar. Below the navigation bar, a secondary menu lists various resources, with 'Overview' highlighted. The main content area features a large image of a person in a hard hat, a red circular icon with a white medical symbol, and the heading 'Musculoskeletal: Overview'. A text block describes eviCore's intelligent care management suite, and a button at the bottom invites users to 'LEARN MORE ABOUT EVICORE'S SPINE COREPATH PROGRAM'.

eviCore healthcare  
innovative solutions

LOGIN: **PROVIDERS** | **PLANS**  
Clinical Guidelines and Forms

Search

ABOUT APPROACH **SOLUTIONS** RESOURCES MEDIA CAREERS

**Overview** | The Benefits For Everyone | Criteria Easy Approval | Education Tools | FAQs | Clinical Guidelines | Online Forms & Resources

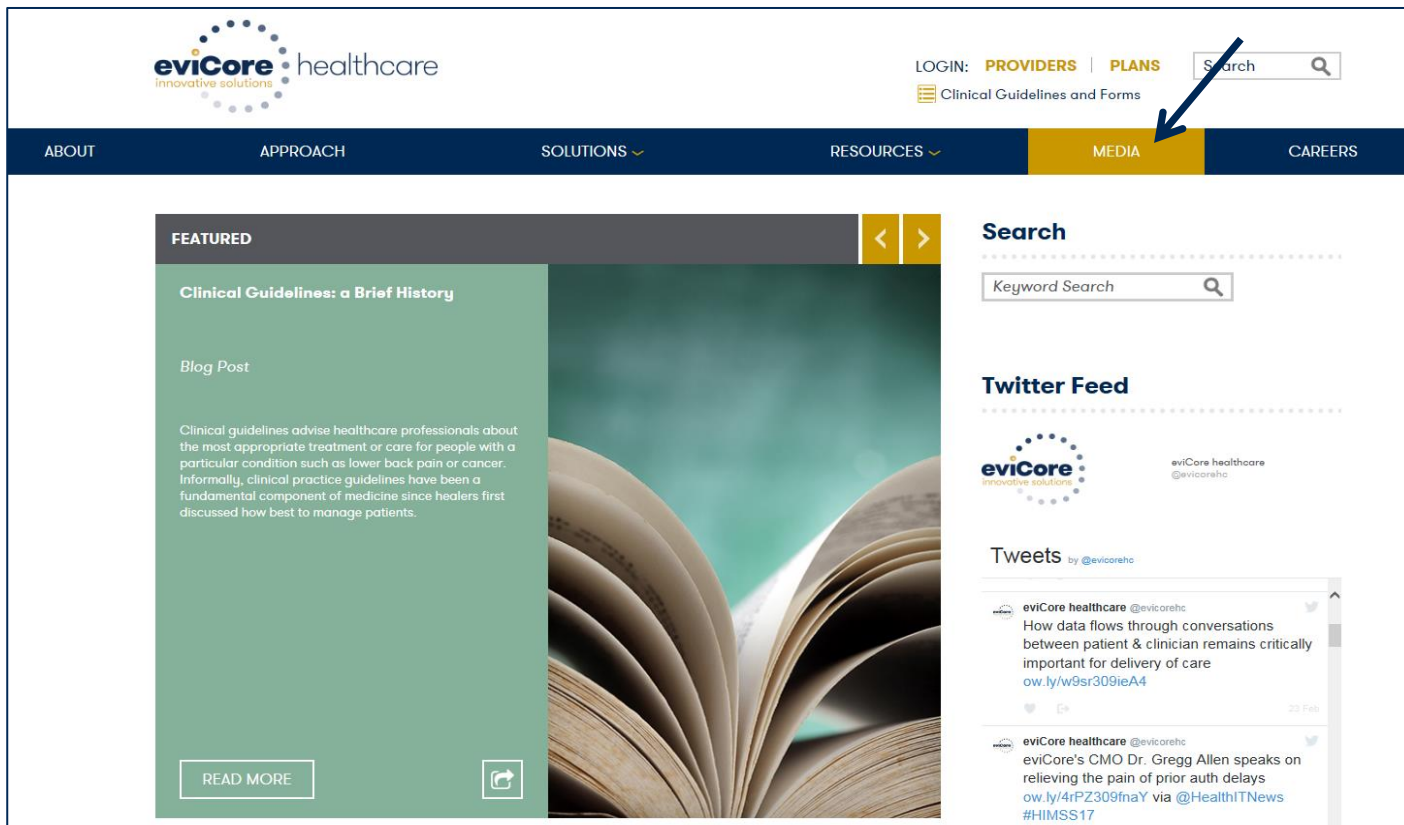
**Musculoskeletal: Overview**

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.

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>.



# Provider Resources: Pre-Certification Call Center



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

**8:00 AM - 9:00 PM (Local Time): (855) 316-2673**

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

eviCore fax number: (800) 540-2406



# Provider Resources: Web-Based Services



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

[www.evicore.com](http://www.evicore.com)

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

- Request authorizations and check case status online – 24/7
- Web Portal registration and questions
- Pause/Start feature to complete initiated cases
- Upload electronic PDF/word clinical documents

# Provider Resources: Client Provider Operations



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

[clientservices@evicore.com](mailto:clientservices@evicore.com)

- Eligibility issues (Member, rendering facility, and/or ordering provider)
- 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 Community Health Options at (855) 624-6463

**Community Health Options Implementation site - includes all implementation documents:**

**<https://www.evicore.com/healthplan/HealthOptions>**

- **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](mailto:ClientServices@evicore.com)**.

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# Thank You!

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