

# Radiology Prior Authorization for Priority Health

## Provider Orientation





**100M Members  
Managed  
Nationwide**

**Headquartered in Bluffton, SC  
Offices across the US including:**

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

# 9 Comprehensive Solutions



The industry's most **comprehensive clinical evidence-based guidelines**



4k+ employees including **1k clinicians**

Engaging with 570k+ providers



Advanced, innovative, and intelligent technology



Utilization Management



**Quality Improvement Organizations**

Sharing Knowledge. Improving Health Care.  
CENTERS FOR MEDICARE & MEDICAID SERVICES



ACCREDITED  
HEALTH UTILIZATION  
MANAGEMENT

# 9

## Comprehensive Solutions

End-to-End Solution  
Integrated platform



Radiology



Cardiology



Musculoskeletal



Sleep Management



Medical Oncology



Specialty Drug



Radiation Therapy



Lab Management



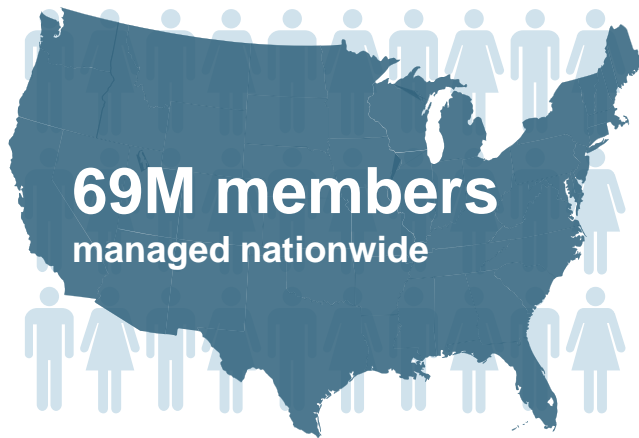
Post-Acute Care

# Radiology Solution - Our Experience

**30+ Regional**  
and National Clients

**570k+**  
providers engaged

**24 Years**  
Managing Radiology Services



## Members Managed

- 51M Commercial Memberships
- 6.8M Medicare Memberships
- 7.2 Medicaid Memberships



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# Our Clinical Approach

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# Clinical Platform

## Multi-Specialty Expertise

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

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

# Evidence-Based Guidelines

The foundation of our solutions:



Dedicated  
pediatric  
guidelines



Contributions  
from a panel  
of community  
physicians



Experts  
associated  
with academic  
institutions



Current  
clinical  
literature

## Aligned with National Societies

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

- American College of Therapeutic Radiology and Oncology
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Academy of Pediatrics
- American Society of Colon and Rectal Surgeons
- American Academy of Orthopedic Surgeons
- North American Spine Society
- American Association of Neurological Surgeons
- American College of Obstetricians and Gynecologists
- The Society of Maternal-Fetal Medicine

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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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# **Radiology Prior Authorization Program for Priority Health**

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# Program Overview

eviCore will begin accepting requests on September 5, 2018

## Prior authorization applies to services that are:

- Outpatient
- Elective / Non-emergent
- Diagnostic

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

- Emergency room
- 23-hour observation
- Inpatient

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

# Applicable Membership

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Authorization is required for Priority Health members enrolled in the following programs:

- **Commercial members**
- **Medicaid members**
- **Medicare members**



## Prior Authorization Required:

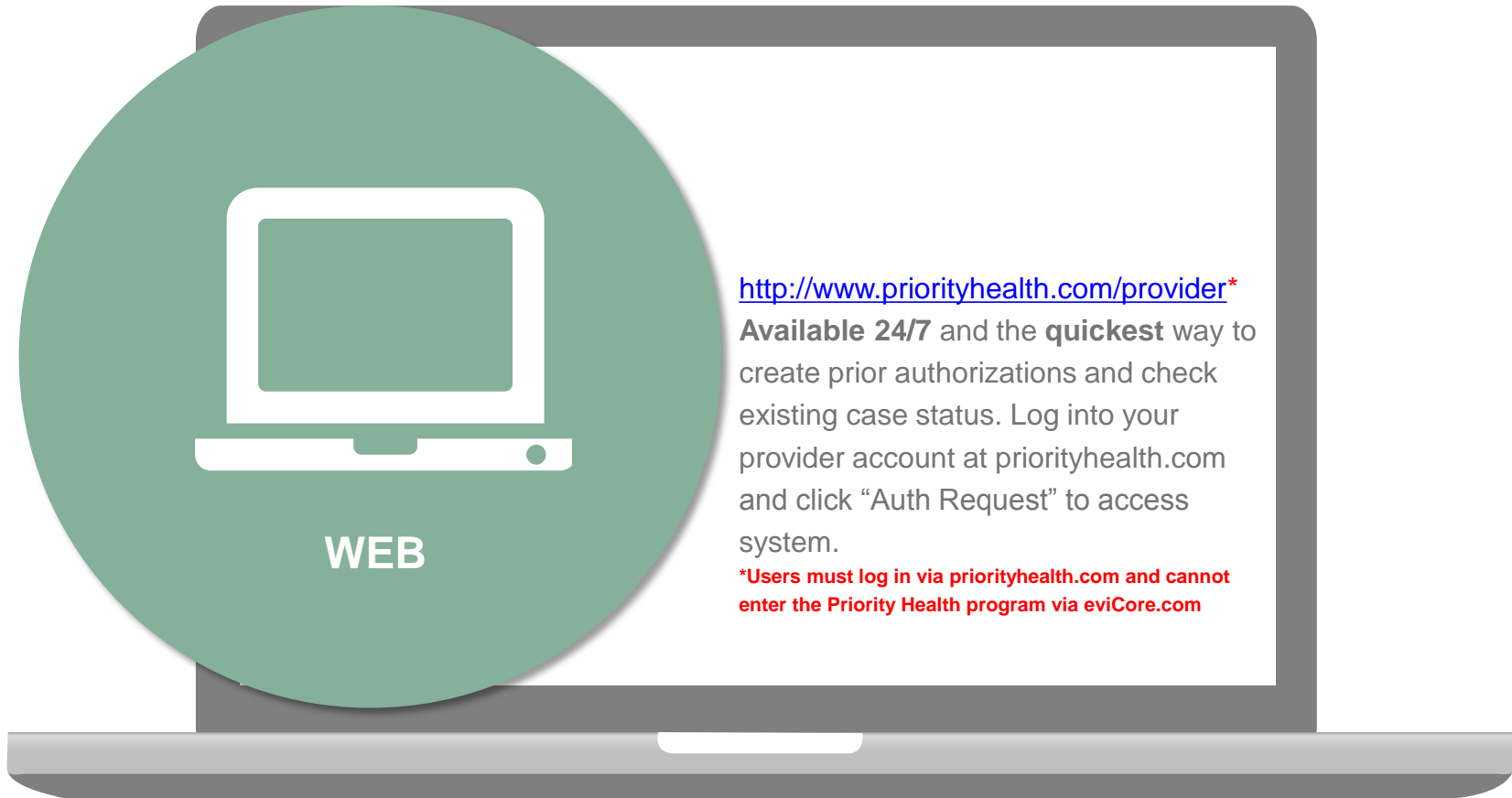
- CT, CTA (Computed Tomography, Computed Tomography Angiography)
- MRI, MRA (Magnetic Resonance Imaging, Magnetic Resonance Angiography)
- PET, PET/CT (Positron Emission Tomography, PET with Computed Tomography)
- Nuclear Medicine

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

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

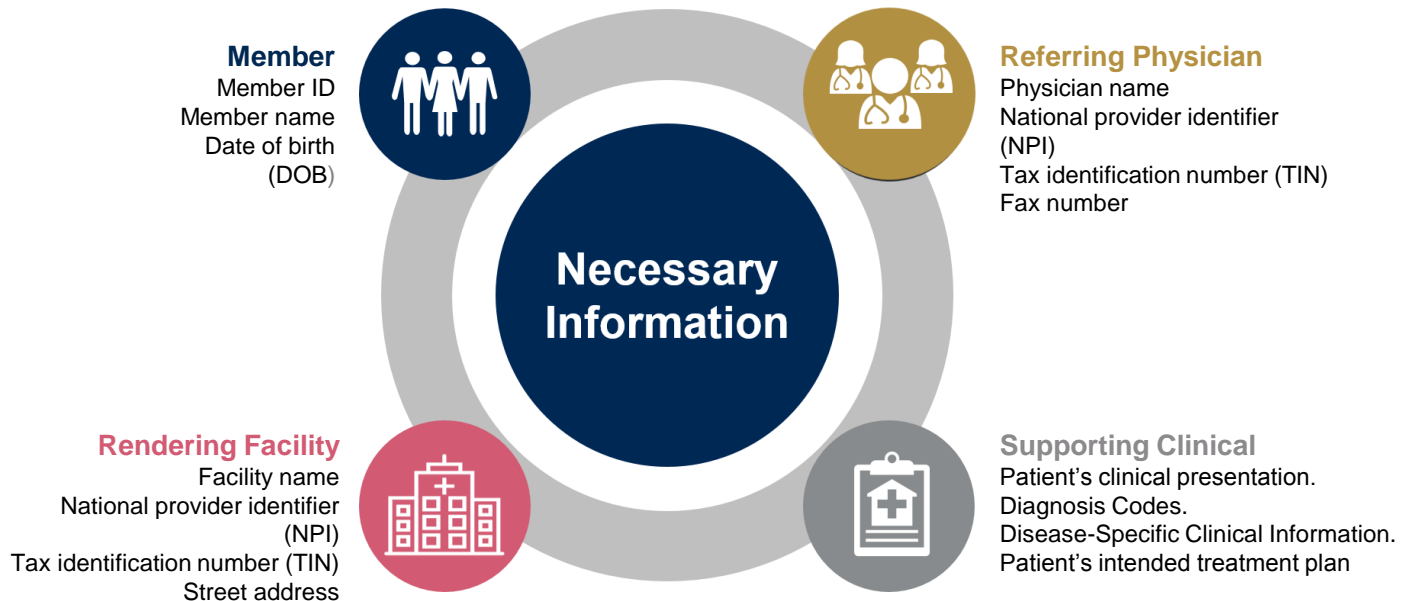
# Prior Authorization Requests

## How to request prior authorization:



Phone Option: **844.303.8456** 7:00 a.m. to 7:00 p.m. (EST) Monday - Friday  
Fax option: **800.540.2406** Fax forms available at  
[www.evicore.com/healthplan/priorityhealth](http://www.evicore.com/healthplan/priorityhealth)

# Needed Information



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

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



# Prior Authorization Outcomes

## Approved Requests:

- Medicare: the program will render a decision within **2** business days after receipt of all clinical information.
- Authorizations are good for **90 days** from the date of determination.

## Delivery:

- **Faxed** to ordering provider and facility
- **Mailed** to the member
- Information can be printed by logging into eviCore from your [priorityhealth.com](http://priorityhealth.com) account.

## Denied Requests:

- Communication of denial determination
- Communication of the rationale for the denial
- How to request a Clinical Consultation

## Delivery:

- **Faxed** to the ordering provider
- **Mailed** to the member

# Prior Authorization Outcomes – Commercial and Medicaid

## ➤ Reconsiderations

- Additional clinical information can be provided without the need for a physician to participate
- Must be requested within **14 business days** following the date of the determination  
**Commercial and Medicaid members only**

## ➤ Clinical Consultations

- If a request is **denied** and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians.
- Clinical Consultations must be requested within **14 business days** following the date of the determination.
- In certain instances, additional information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.
- Clinical Consultation reviews can be **scheduled** at a time convenient to your physician with a same specialty expertise Medical Director.

## Prior Authorization Outcomes – Medicare / Medicare Advantage

### ➤ Pre-Decision Consultation

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

# Special Circumstances

## Appeals

- eviCore will process first level provider authorization appeals for **Commercial membership** only
- Requests for appeals must be submitted in writing to eviCore **within 120 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
- **Medicare does not allow retro authorization requests.**
- Retro Requests must be submitted with **120 calendar days for Commercial members** and within **30 calendar days for Medicaid members** following the date of service. Requests submitted later than these dates will be administratively denied.
- Retro requests are reviewed for clinical urgency and medical necessity. The Program will render a decision on a retrospective request within 30 calendar days of the retrospective request.
- **Medically urgent requests are defined as conditions that are a risk to the patient's life, health, ability to regain maximum function, or the patient is having severe pain that required a medically urgent procedure.**
- Contact eviCore by phone to request an expedited prior authorization review and provide clinical information
- Urgent Cases will be reviewed within **24 hours for Medicare and Medicaid membership** and within **72 hours for Commercial membership** of the request. <sup>20</sup>

## Retrospective Studies:

## Outpatient Urgent Studies:

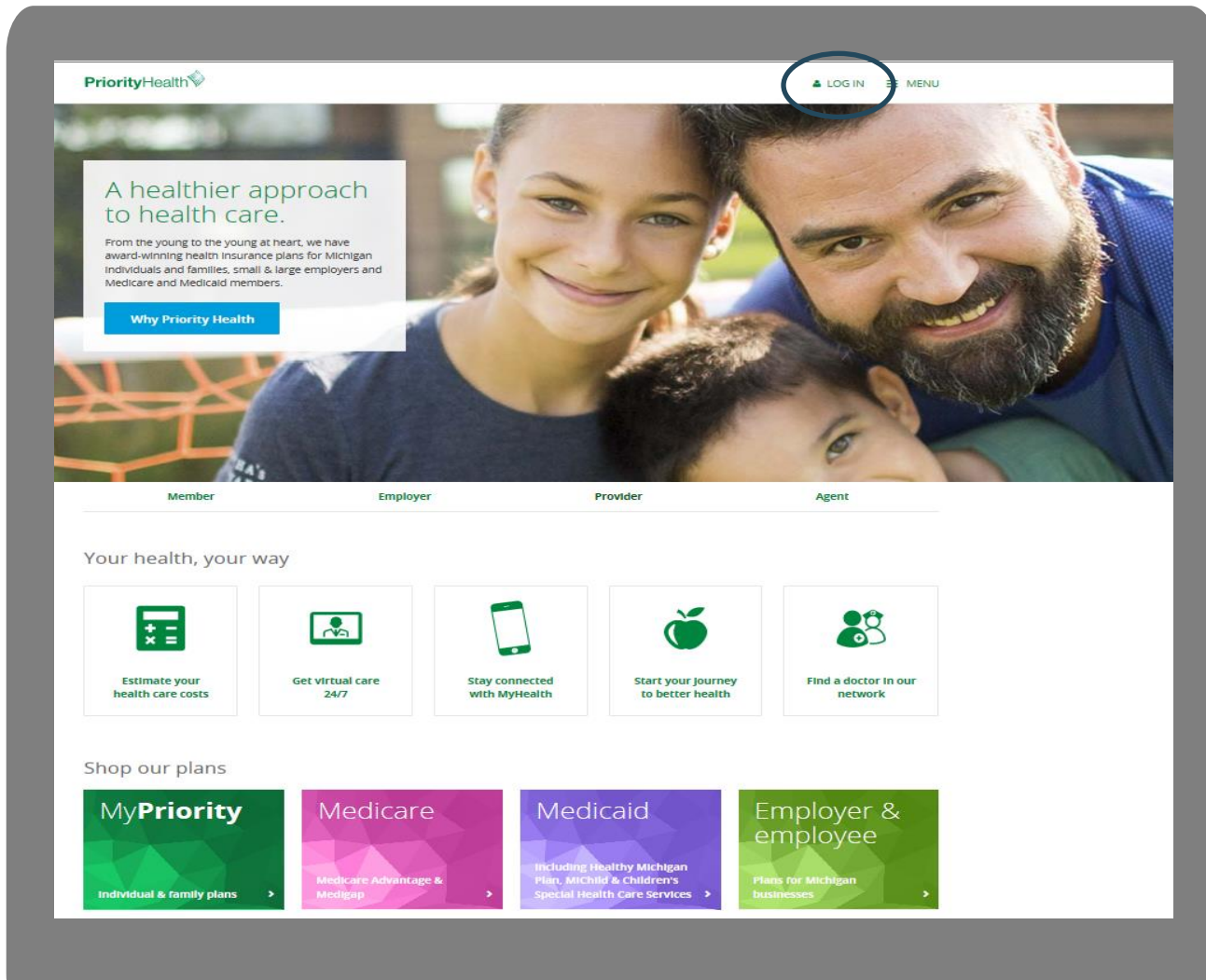
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# Requesting an Authorization

## Web Portal Services

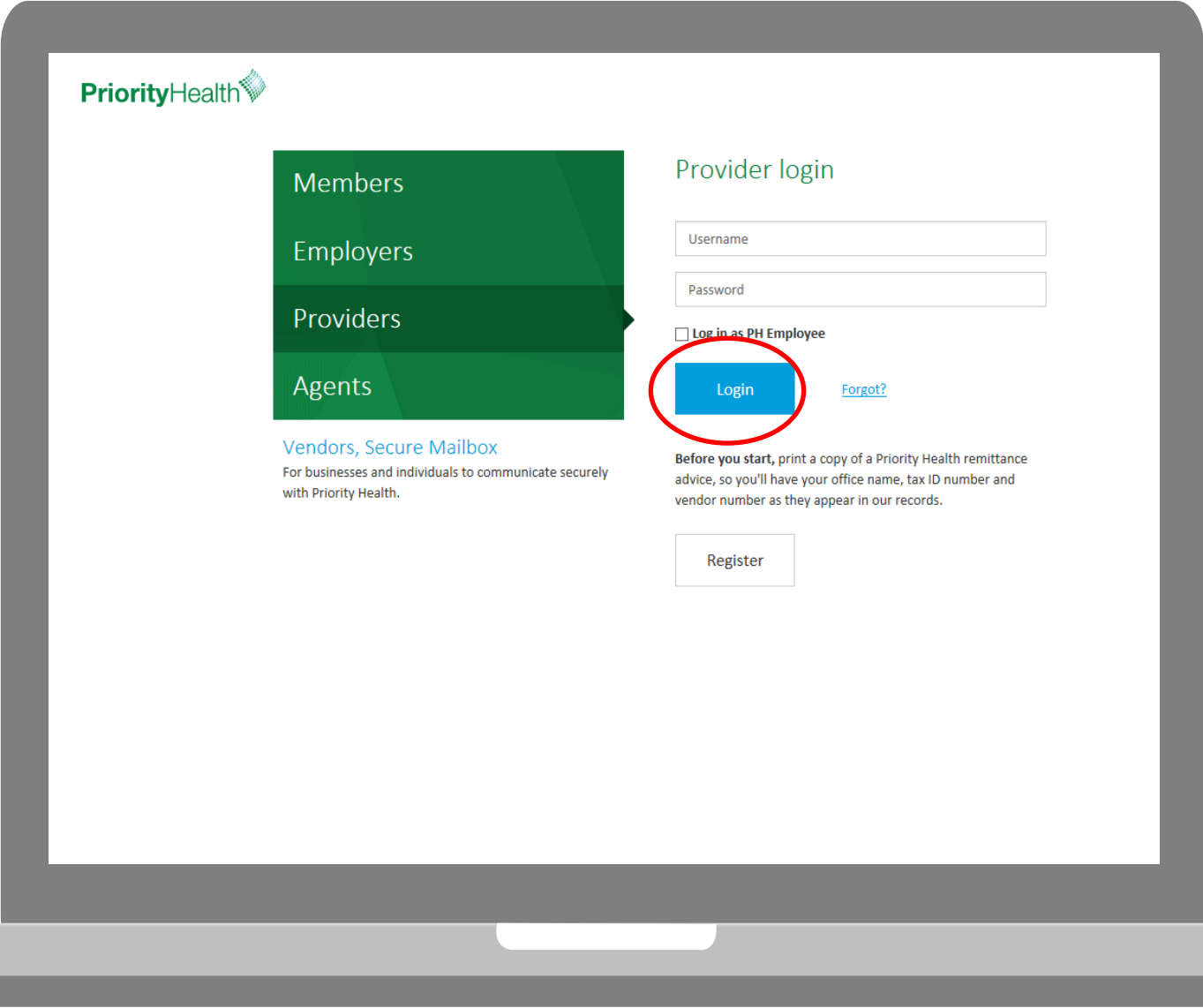
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# Initiating A Case



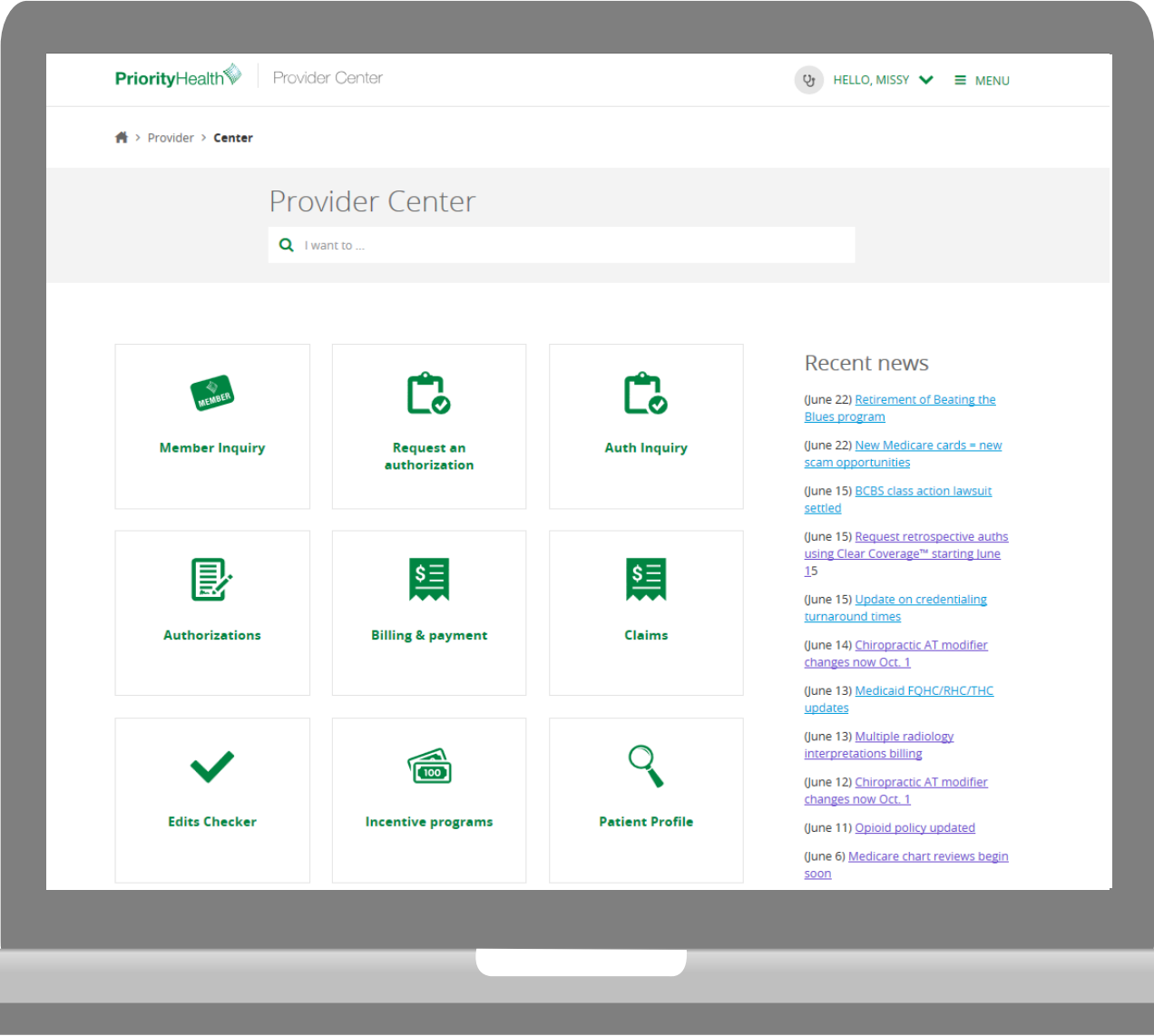
Go to provider portal log in screen at <http://www.priorityhealth.com/provider>.

# Initiating A Case



➔ Enter user name and password then click “Login”

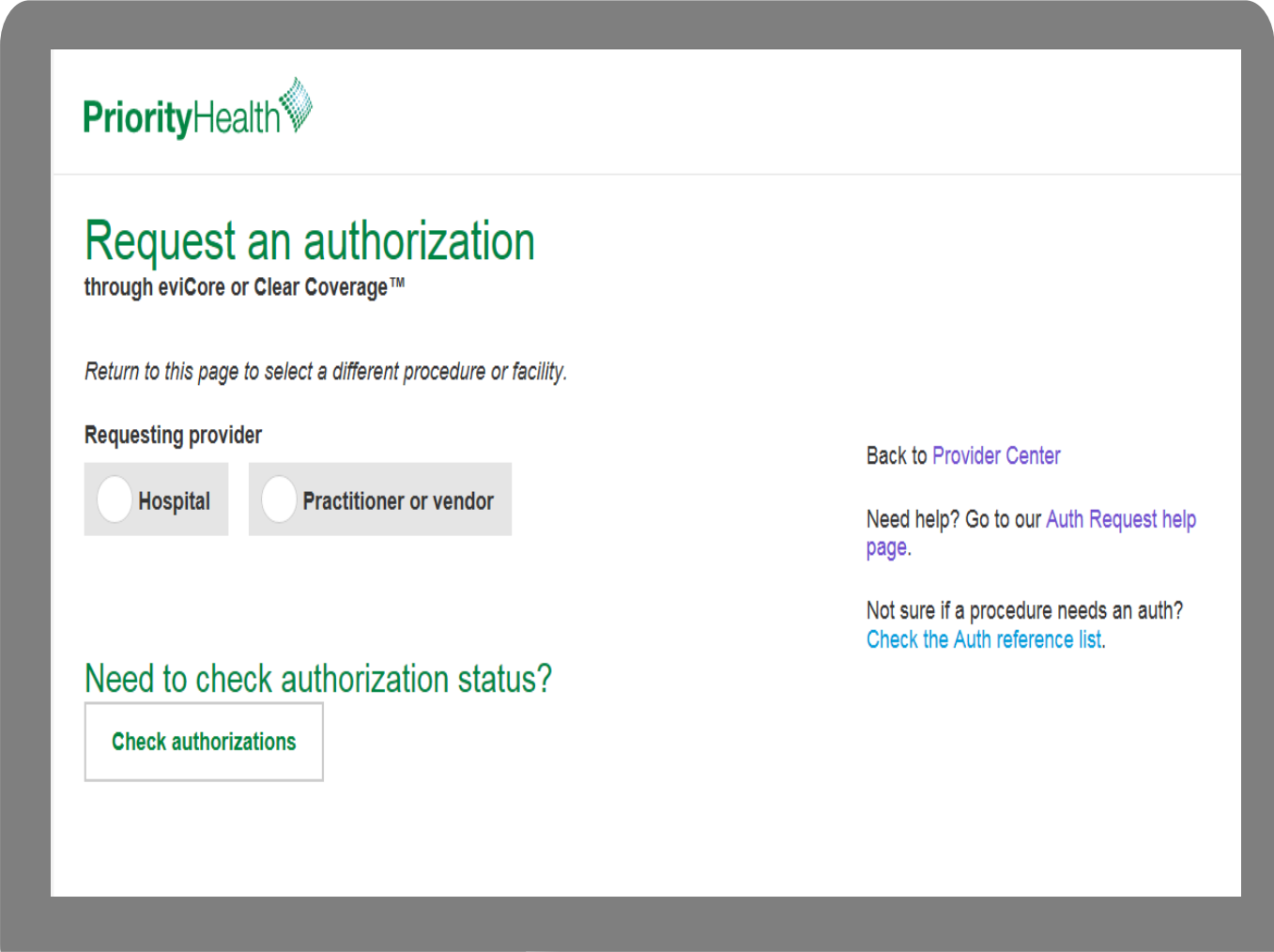
# Initiating A Case



➔ Click on “Request an authorization”



# Initiating A Case



Referring practice must select either “Hospital” or “Practitioner or Vendor.”

# Initiating A Case

**PriorityHealth**

## Request an authorization

through eviCore or Clear Coverage™

*Return to this page to select a different procedure or facility.*

**Requesting provider**

Hospital  Practitioner or vendor

**Primary procedure**

Type in or select a primary procedure or code, others can be selected later

74177 - CT ABD & PELVIS W/CONTRAST

**Facility**

ORTHOSPORT PT ATHL REHAB

[Go to eviCore](#)

**Need to check authorization status?**

[Check authorizations](#)

[Back to Provider Center](#)

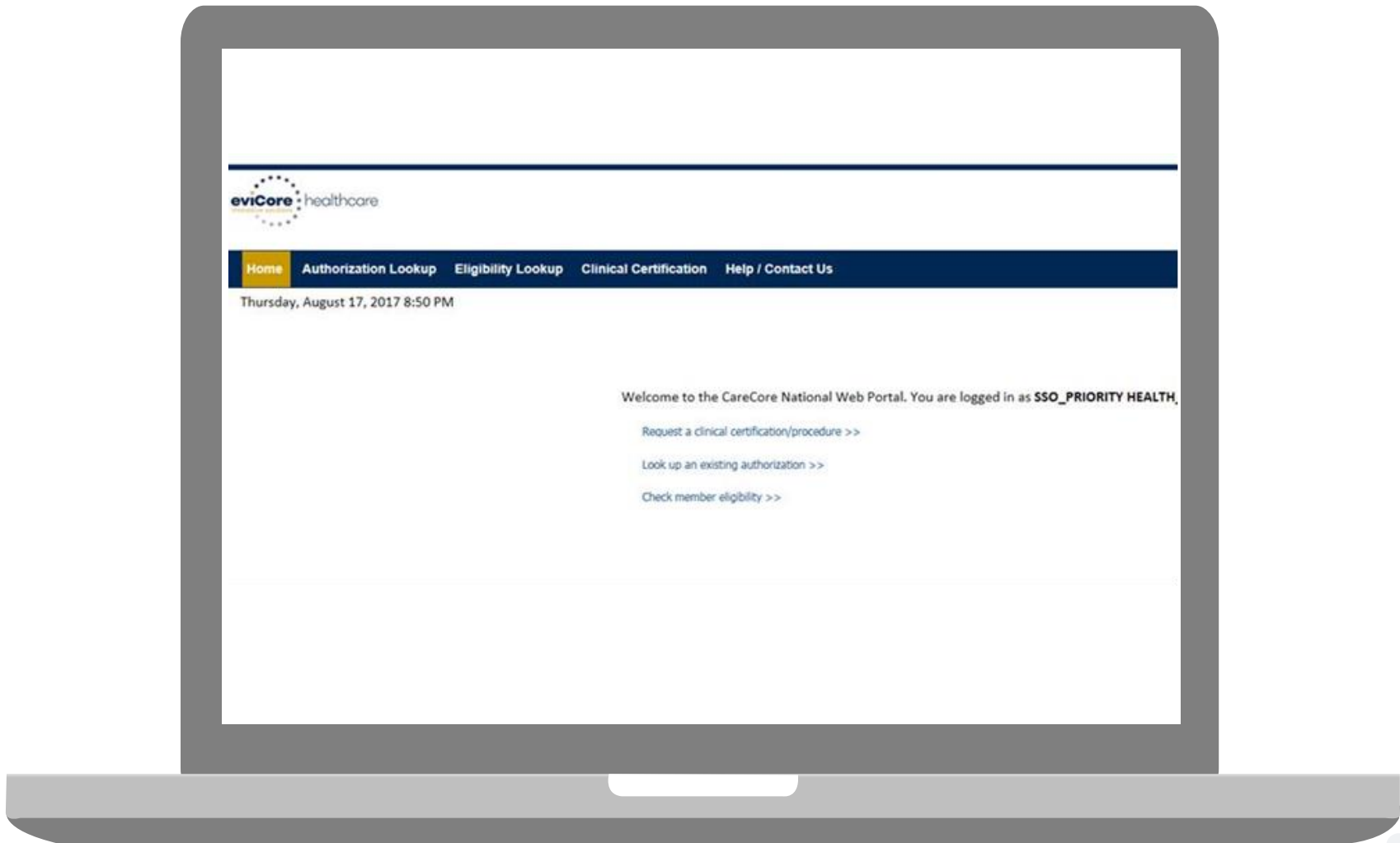
Need help? Go to our [Auth Request help page](#).

Not sure if a procedure needs an auth? [Check the Auth reference list](#).



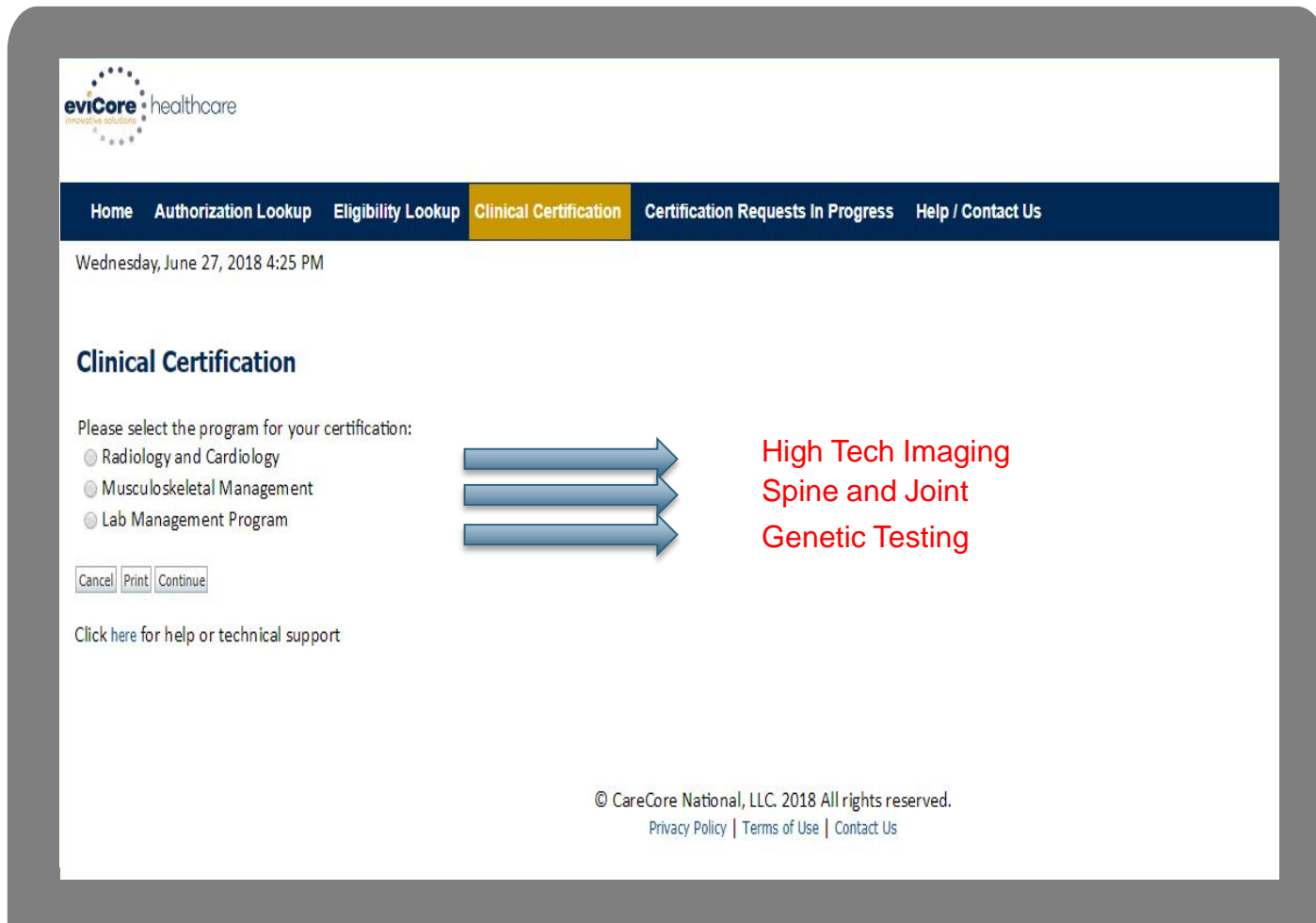
Using drop-down boxes, referring physician must select procedure/CPT code and facility. Then click “Go to eviCore.” and

# Service Options



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

# Select Program



Select the **Program** for your certification.

# Select Referring Provider

**Clinical Certification**

Search by TIN, NPI, provider last name, city and/or zip.

Healthplan: PRIORITY HEALTH

TIN:

NPI:

Last Name:  (requires NPI or TIN)

City:  (city only, no state)

Zip:

Select one of the following providers:

|                                       | Provider   | Address                                       | Tax ID    | NPI       |
|---------------------------------------|------------|---|-----------|-----------|
| <input type="button" value="SELECT"/> | PROVIDER 1 | 100 MAIN STREET, SUITE 100, ANYTOWN, NY 12345 | 123456789 | 987654321 |
| <input type="button" value="SELECT"/> | PROVIDER 2 | 100 MAIN STREET, SUITE 100, ANYTOWN, NY 12345 | 123456789 | 987654321 |
| <input type="button" value="SELECT"/> | PROVIDER 3 | 100 MAIN STREET, SUITE 100, ANYTOWN, NY 12345 | 123456789 | 987654321 |

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



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

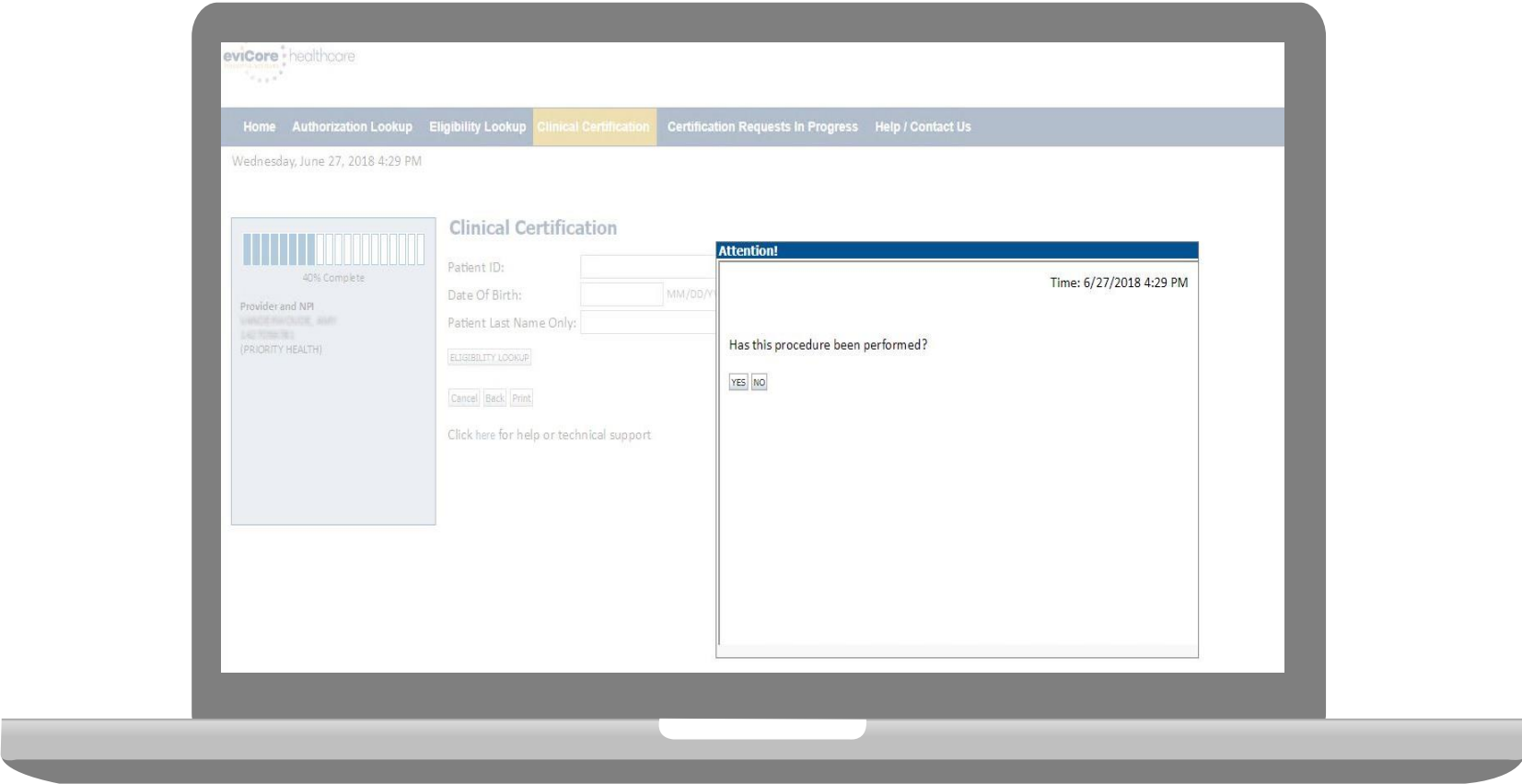
# Referring Provider Contact Information

The screenshot shows a web application interface for 'Clinical Certification'. At the top, there is a navigation menu with links: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, Physician Criteria, and Manage Your Account. Below the menu, the date and time are displayed as 'Tuesday, April 15, 2014 3:48 PM'. On the left side, there is a progress bar with 10 bars, the first of which is filled, and the text '10% Complete' below it. Below the progress bar, the word 'Physician' is displayed, and an 'EDIT' button is visible to its right. The main content area is titled 'Clinical Certification' and contains a form with the following fields: 'Physician's Name' (empty), 'Who to Contact' (filled with 'Test Contact'), 'Fax' (filled with '(555) 555-5555'), 'Phone' (filled with '(555) 555-5556'), 'Ext.' (empty), 'Cell Phone' (filled with '(122) 334-4556'), and 'Email' (filled with 'test@test.com'). At the bottom of the form, there are four buttons: 'Cancel', 'Back', 'Print', and 'Continue'. In the bottom right corner, there is a small copyright notice: '© 2014. All rights reserved. Us'.



Enter the appropriate information for the point of contact individual.

# Member/Procedure Information



Verify if the procedure has already been performed.

# Member Information

The screenshot shows a web browser displaying the eviCore healthcare portal. The page title is "Clinical Certification". The navigation bar includes "Home", "Authorization Lookup", "Eligibility Lookup", "Clinical Certification" (highlighted), "Certification Requests In Progress", and "Help / Contact Us". The date and time are "Wednesday, June 27, 2018 4:29 PM".

On the left, there is a progress bar showing "40% Complete" and a section titled "Provider and NPI" with the text "SARAH M. GILCHRIST, NP" and "(PRIORITY HEALTH)".

The main form area is titled "Clinical Certification" and contains the following fields:

- Patient ID:
- Date Of Birth:  MM/DD/YYYY
- Patient Last Name Only:  [?]

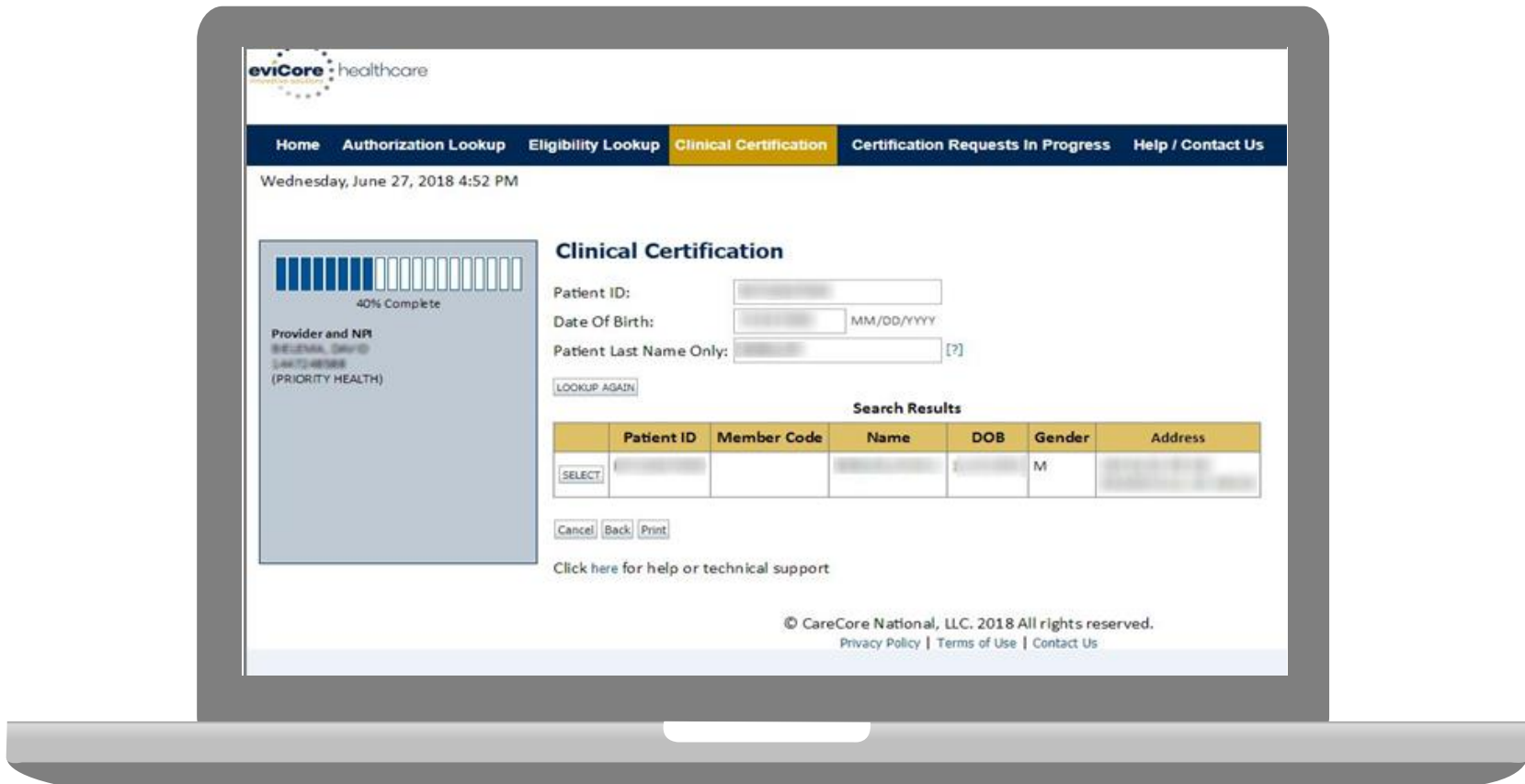
Below the form fields are buttons for "ELIGIBILITY LOOKUP", "Cancel", "Back", and "Print". A link "Click here for help or technical support" is also present.

At the bottom right, the copyright notice reads: "© CareCore National, LLC. 2018 All rights reserved. Privacy Policy | Terms of Use | Contact Us".

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

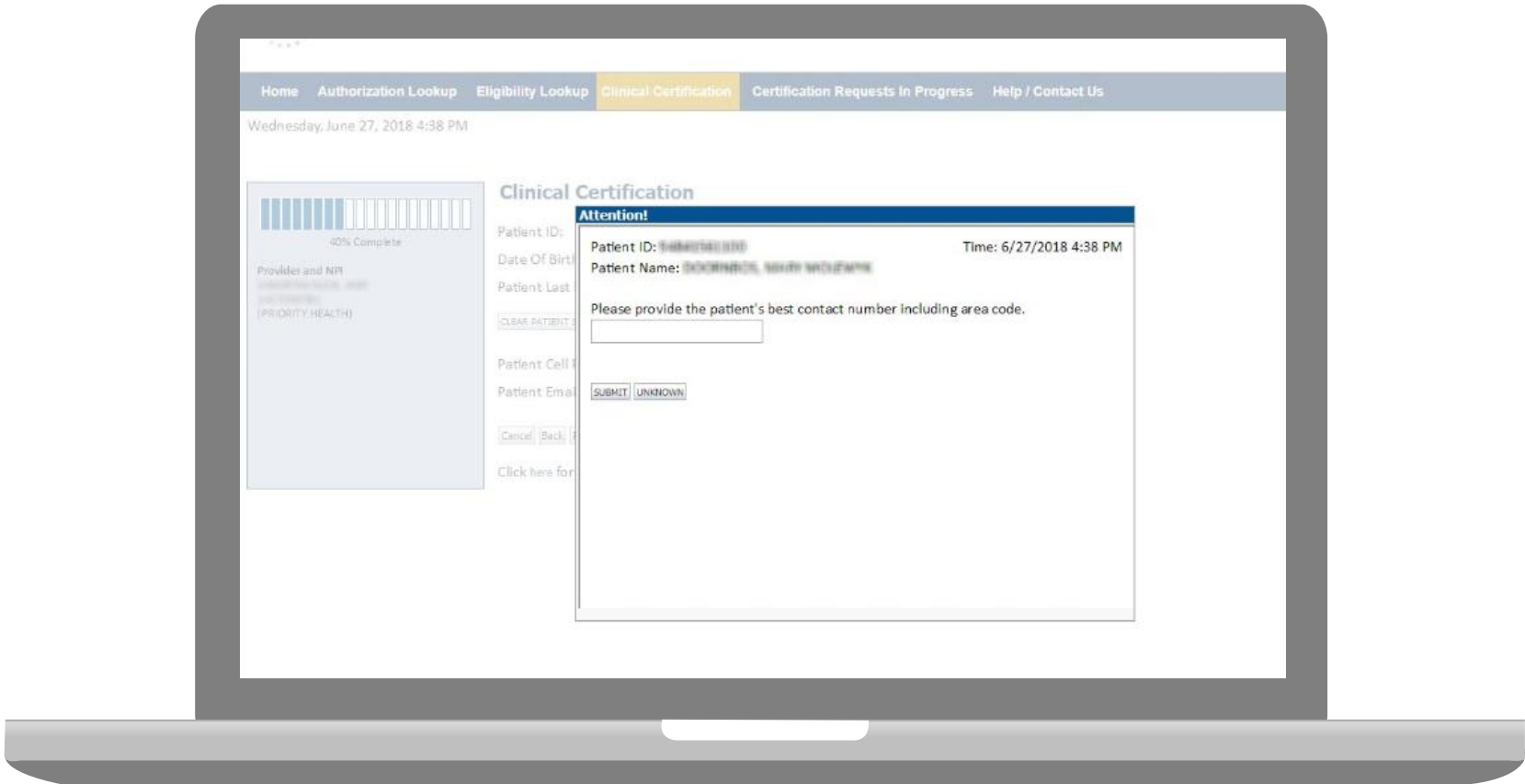


# Member Information



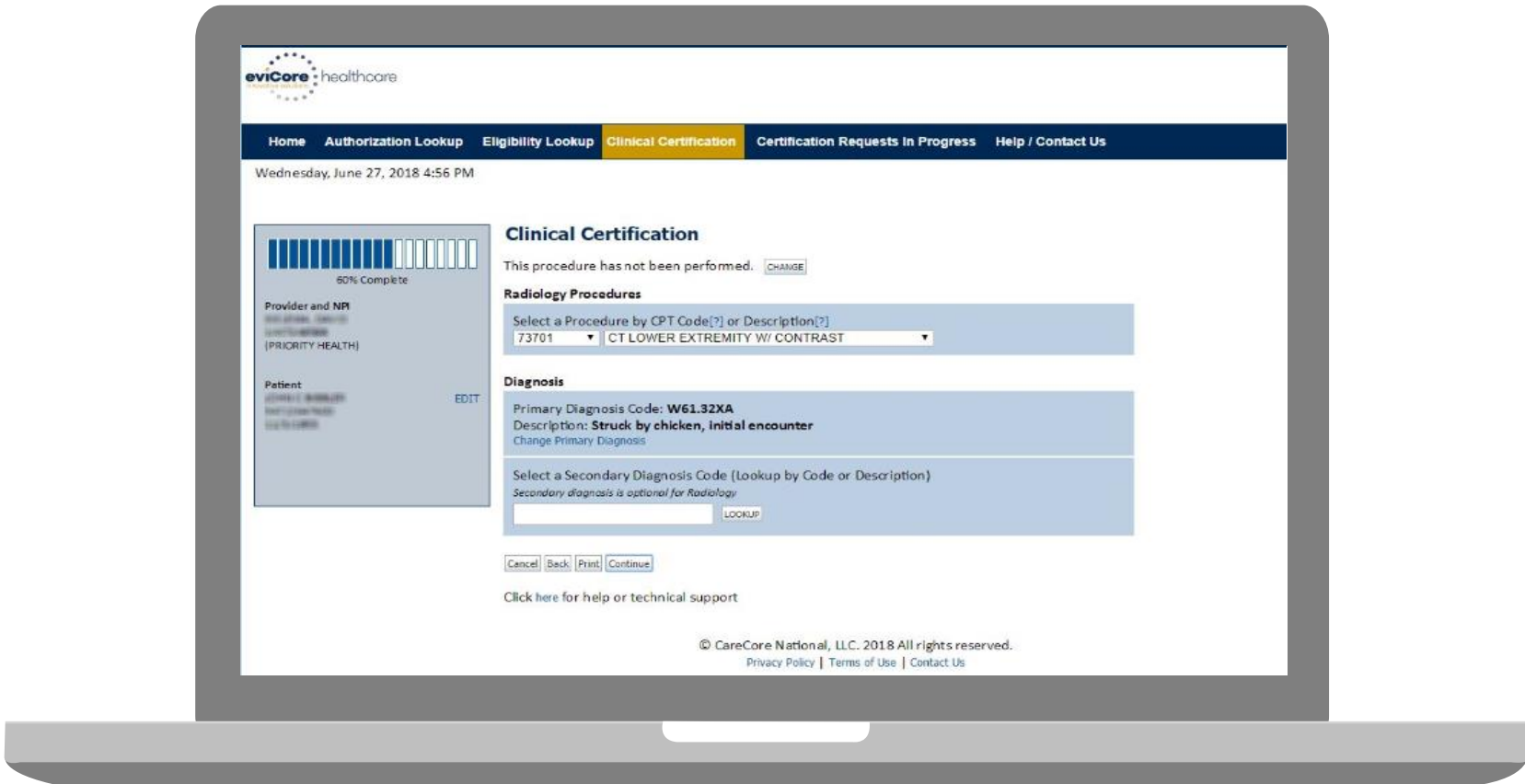
Confirm **member information** including the address. Click **“Select”**.

# Member Information



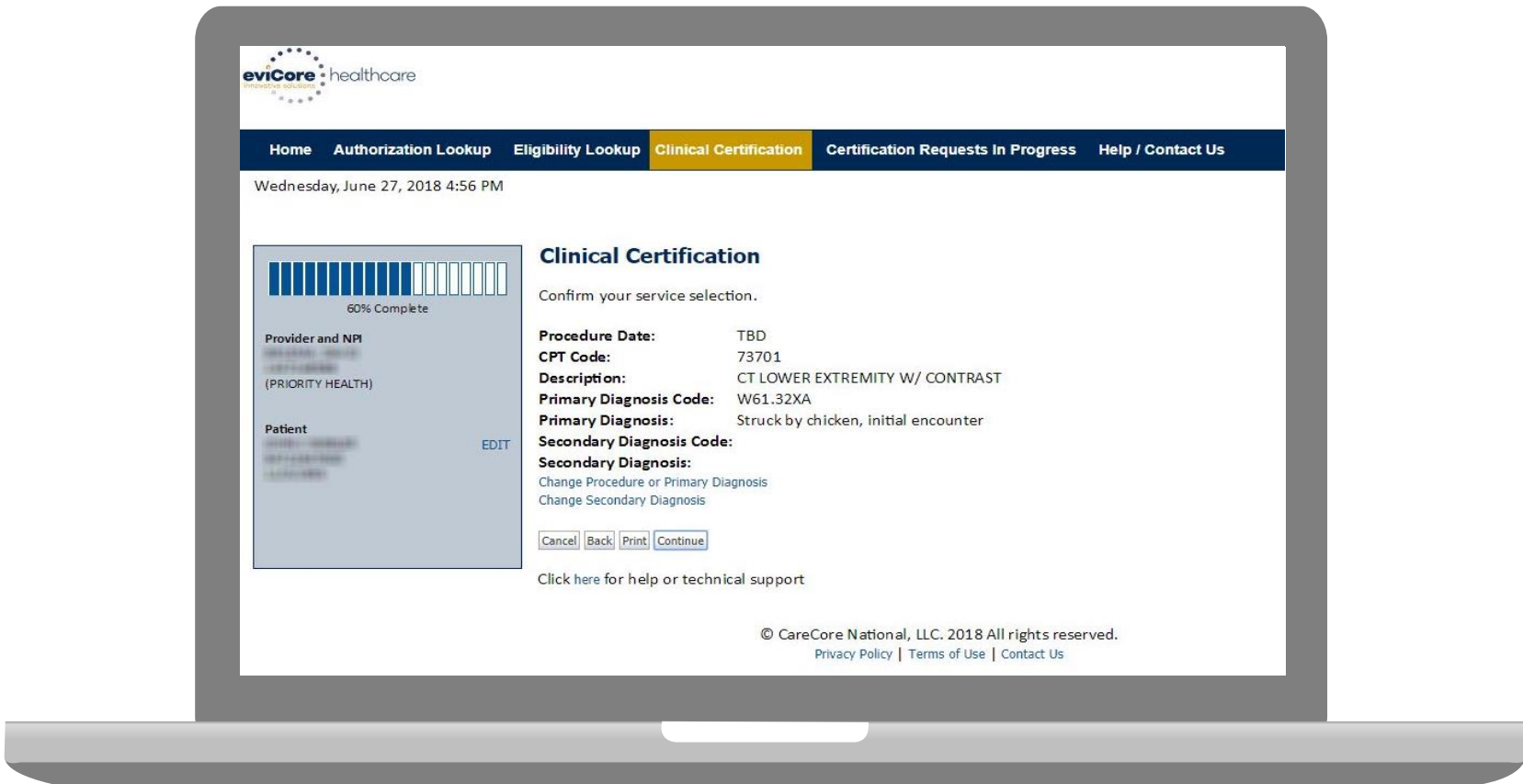
Enter the member's best contact number.

# Clinical Details



Select the **CPT** and **Diagnosis** codes.

# Verify Service Selection



Click **continue** to confirm your selection.

# Site Selection for Rendering Physician

The screenshot shows the 'Clinical Certification' page of the eviCore healthcare system. The page has a dark blue navigation bar with links for Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, and Help / Contact Us. Below the navigation bar, the date and time are displayed as 'Tuesday, June 26, 2018 10:55 AM' and a 'Log Off (SSO\_PRIORITY HEALTH)' button is visible in the top right corner.

The main content area is titled 'Clinical Certification' and is divided into several sections:

- Progress Bar:** A bar showing 80% completion.
- Provider and NP:** Information for the provider, including '70450 CT HEAD/BRAIN W/O CONTRAST' and 'C44.111 Basal cell carcinoma of skin of unspecified eyelid, including canthus'. There are 'EDIT' buttons next to this section.
- Patient:** A section for patient information with an 'EDIT' button.
- Service:** A section for service information with an 'EDIT' button.
- Specific Site Search:** A section with instructions: 'Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.' It includes input fields for NPI, TIN, Zip Code, and City, and a 'Site Name' field with radio buttons for 'Exact match' and 'Starts with'. A 'LOOKUP SITE' button is located to the right.
- Table:** A table with two columns: 'Name' and 'Address'. It contains two rows of data, each with a 'SELECT' button in the 'Name' column.
- Buttons:** 'Cancel', 'Back', and 'Print' buttons are located below the table.
- Footer:** Copyright information: '© CareCore National, LLC. 2018 All rights reserved.' and links for 'Privacy Policy | Terms of Use | Contact Us'.

➔ Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process. The referring physician information appears at the left screen, and you will select the rendering physician and site.

You will not have the opportunity to make changes after that point.

# Site Selection Setting for Rendering Physician

The screenshot displays the Avicore healthcare Clinical Certification interface. The top navigation bar includes links for Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, and Help / Contact Us. The date and time are Wednesday, June 27, 2018 4:59 PM.

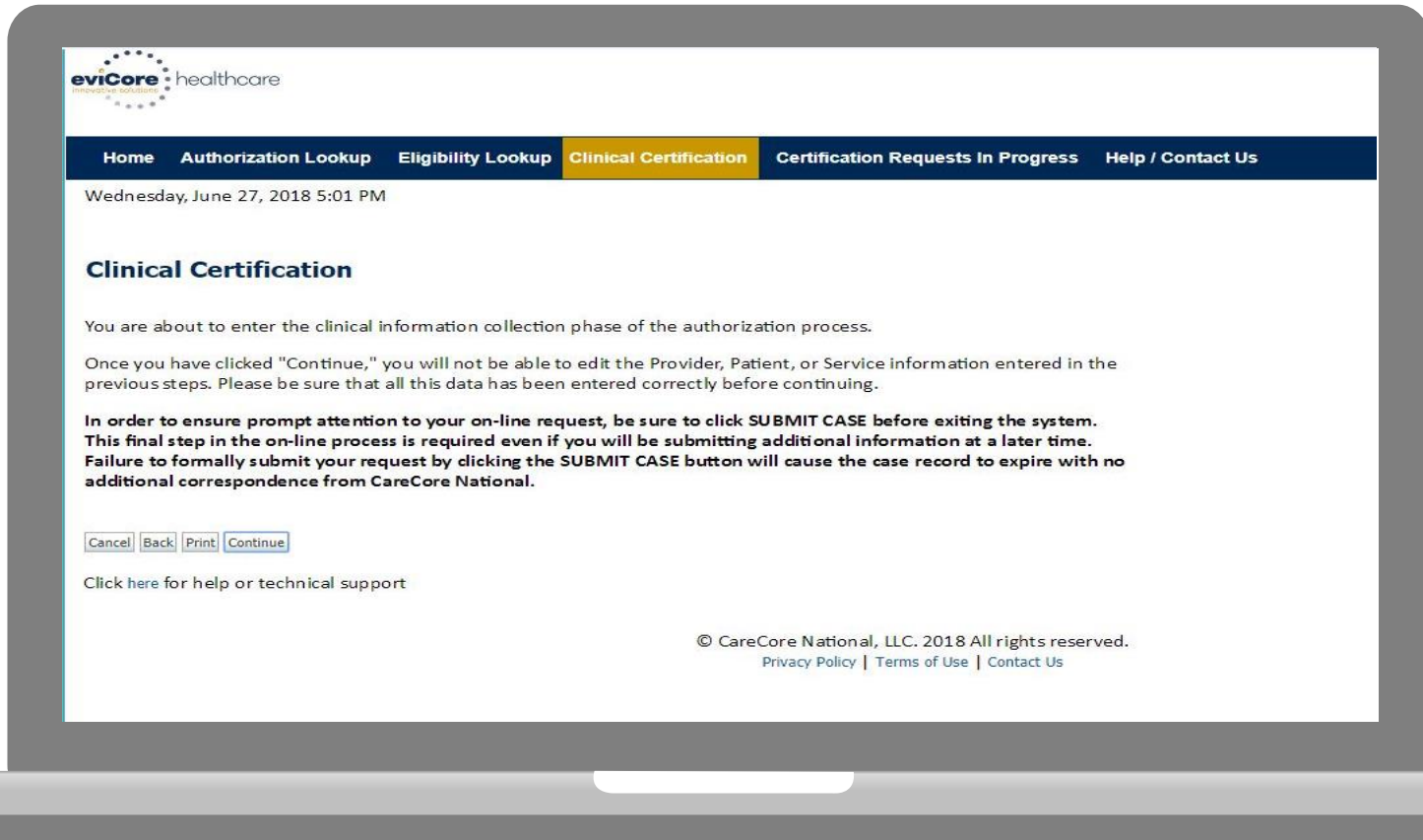
The main content area is titled "Clinical Certification" and features a progress bar at 80% Complete. The form includes fields for Provider and NPI (Priority Health), Patient (Metropolitan Hospital UB - HOSP), and Service (73701 CT LOWER EXTREMITY W/ CONTRAST W61.32XA Struck by chicken, initial encounter). The Site is also listed as Metropolitan Hospital UB - HOSP.

An "Attention!" dialog box is open, displaying the Patient ID, Patient Name, and Time (6/27/2018 4:59 PM). The dialog asks, "In what setting will this procedure be performed?" and provides three radio button options: Office, Inpatient hospital, and Ambulatory Surgery. The "Inpatient hospital" option is selected. A "SUBMIT" button is visible at the bottom of the dialog.

At the bottom of the page, there are links for Privacy Policy, Terms of Use, and Contact Us.

➤ Select what setting the procedure will be performed.

# Clinical Certification



Click **“Continue”** to begin entering the clinical information.

## Clinical Certification



**Clinical Certification**

Which one of the following best describes the reason for the requested study.

Suspected New Stroke with or without a Prior History of Stroke

SUBMIT

Finish Later

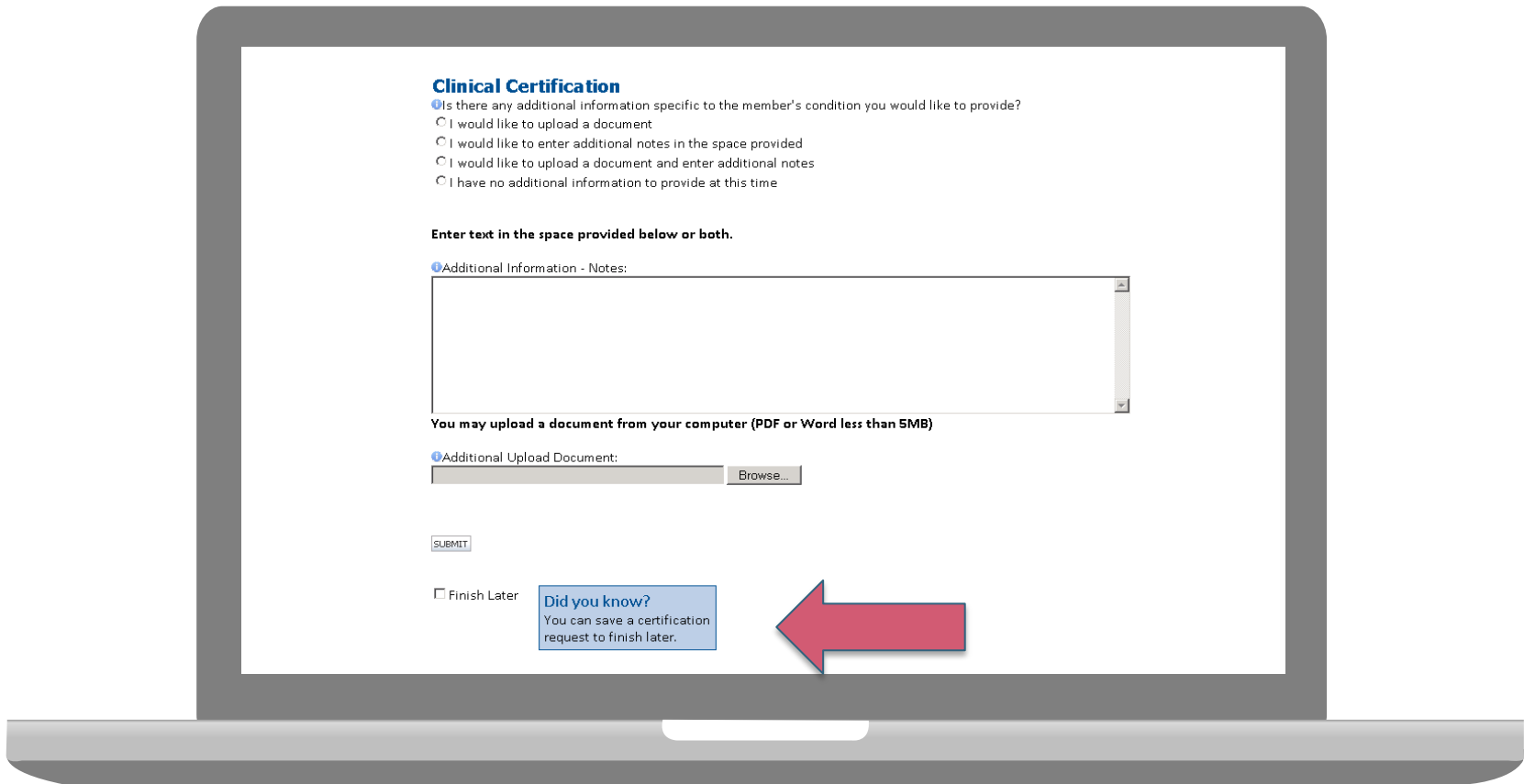
Did you know?  
You can save a certification request to finish later.

Cancel Print

➤ Questions will populate based upon the information provided.



# 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)

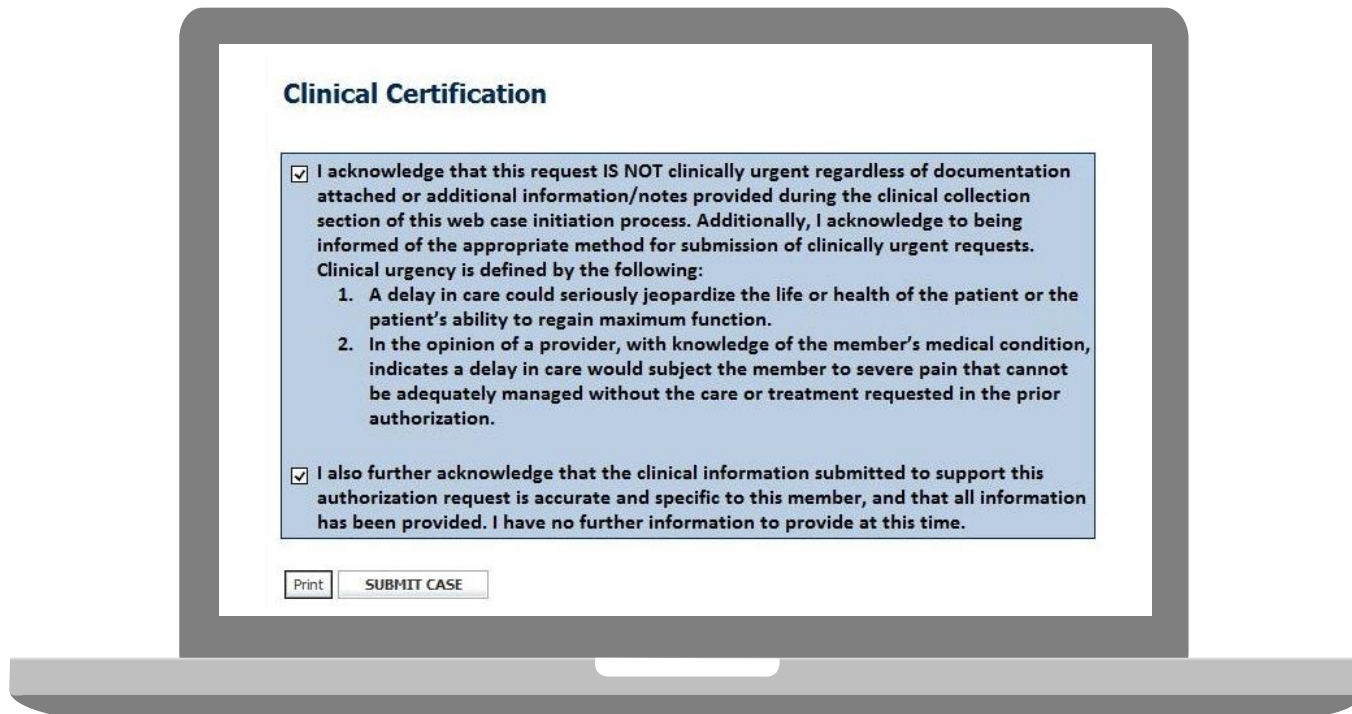
Additional Upload Document:

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.

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:   |

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|                    |             |
|--------------------|-------------|
| Patient Name:      | Patient Id: |
| Insurance Carrier: |             |

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|               |          |
|---------------|----------|
| 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.

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



## Clinical Certification

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

- [Return to the main menu](#)
- [Start a new request](#)

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

Start a new request using the same:

- Program (Radiology)
- Provider (PRIORITY HEALTH)
- Program and Provider (Radiology and PRIORITY HEALTH)
- Program and Health Plan (Radiology and PRIORITY HEALTH)

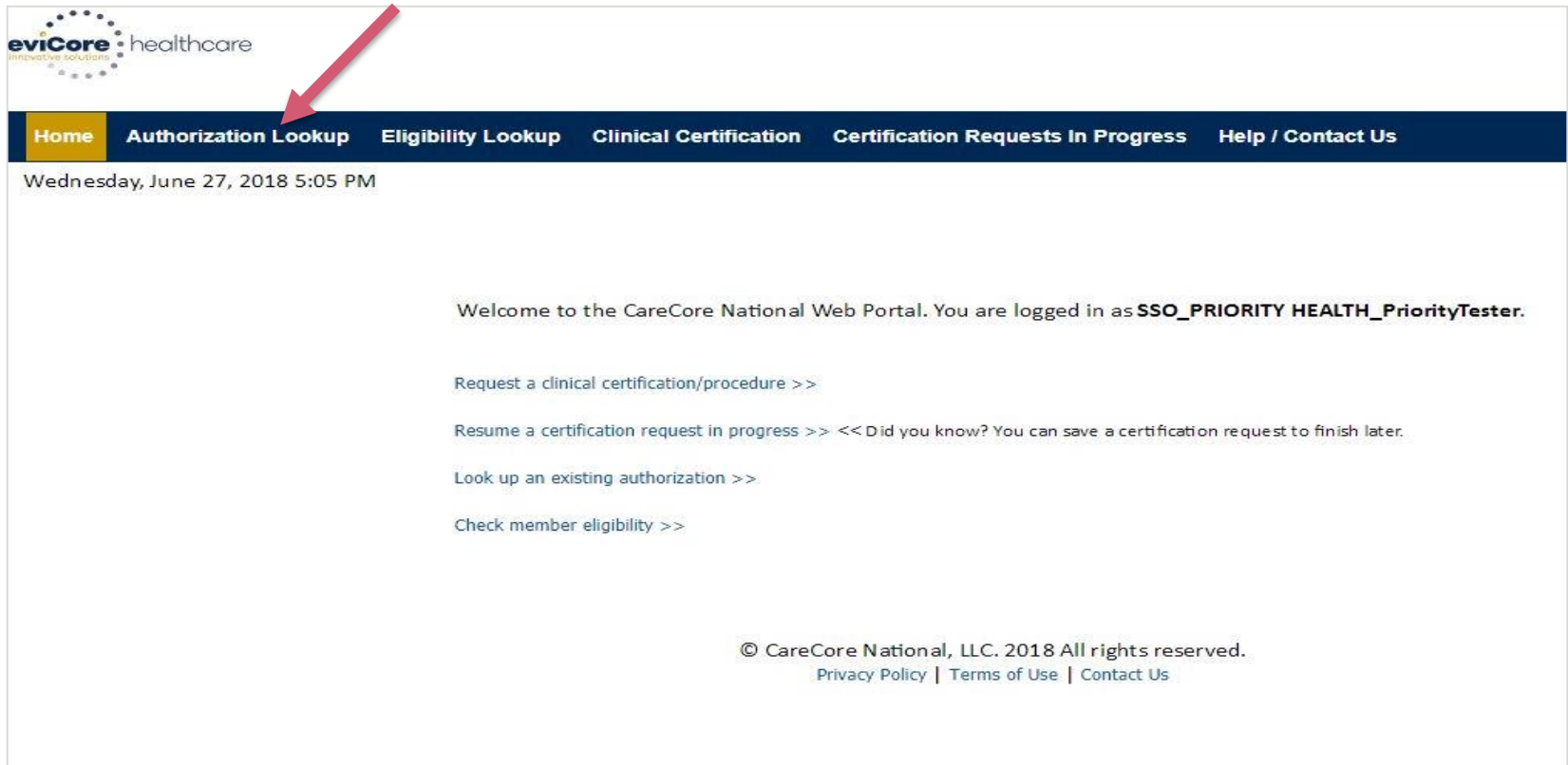
GO

Cancel Print

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

# Authorization look up

Log on to [www.priorityhealth.com](http://www.priorityhealth.com), click on Auth request, follow the steps and click “Go to eviCore”



When logged into your web portal account, select **Authorization Lookup** from the menu options at the top.

# Authorization look up

eviCore healthcare  
Innovative solutions

Home **Authorization Lookup** Eligibility Lookup Clinical Certification Certification Requests In Progress Help / Contact Us

Wednesday, June 27, 2018 5:10 PM

## Authorization Look up

Search by Member Information  Search by Authorization Number/ NPI

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:   
MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

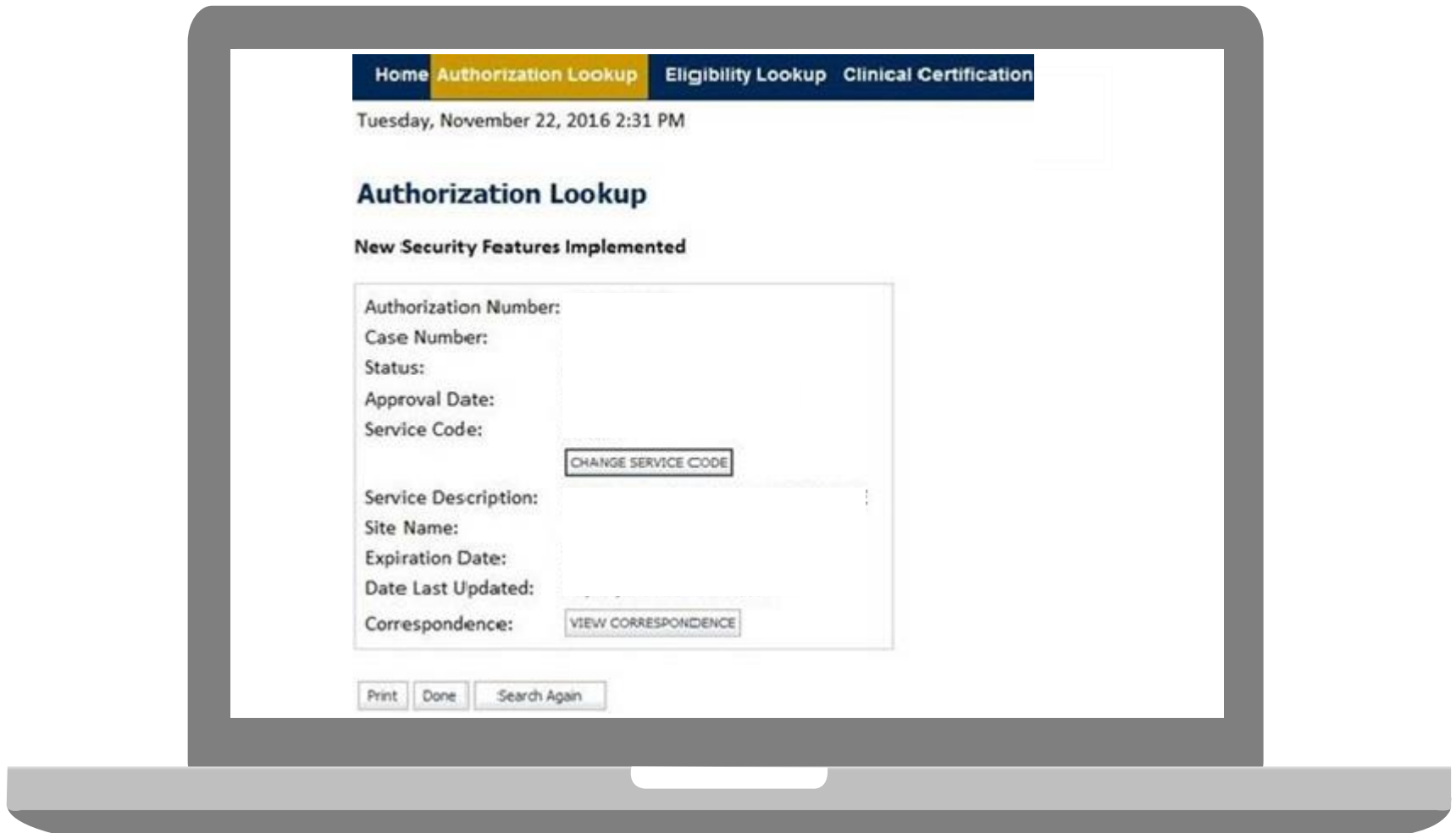
Authorization Number:

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

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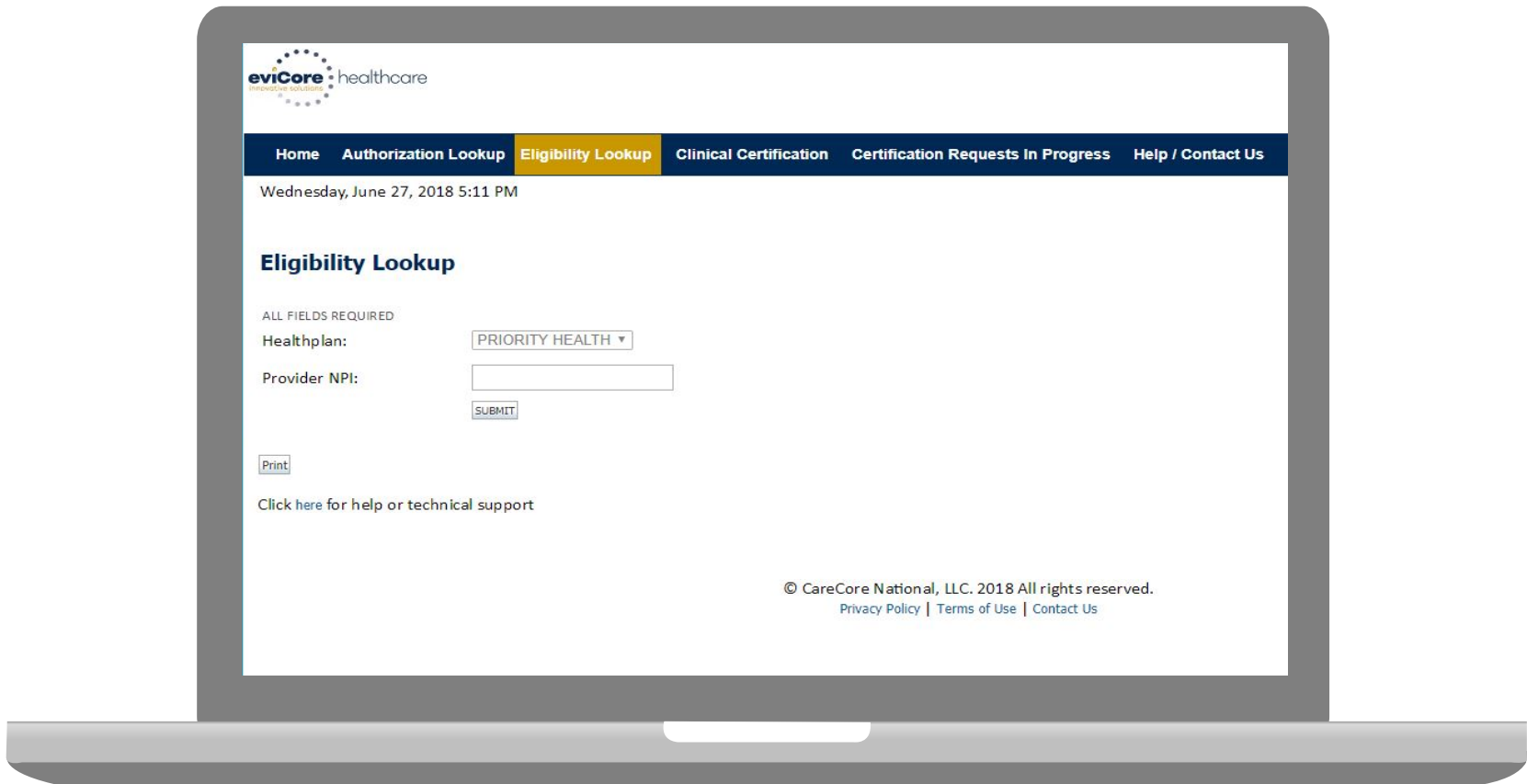
- Select Search by **Authorization Number/NPI**. Enter the provider's NPI and authorization or case number. Select **Search**.
- You can also search for an authorization by **Member Information**, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.

# Authorization Status



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

# Eligibility Look Up



Select the health plan from the dropdown and enter the provider NPI.



# Eligibility Look Up



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

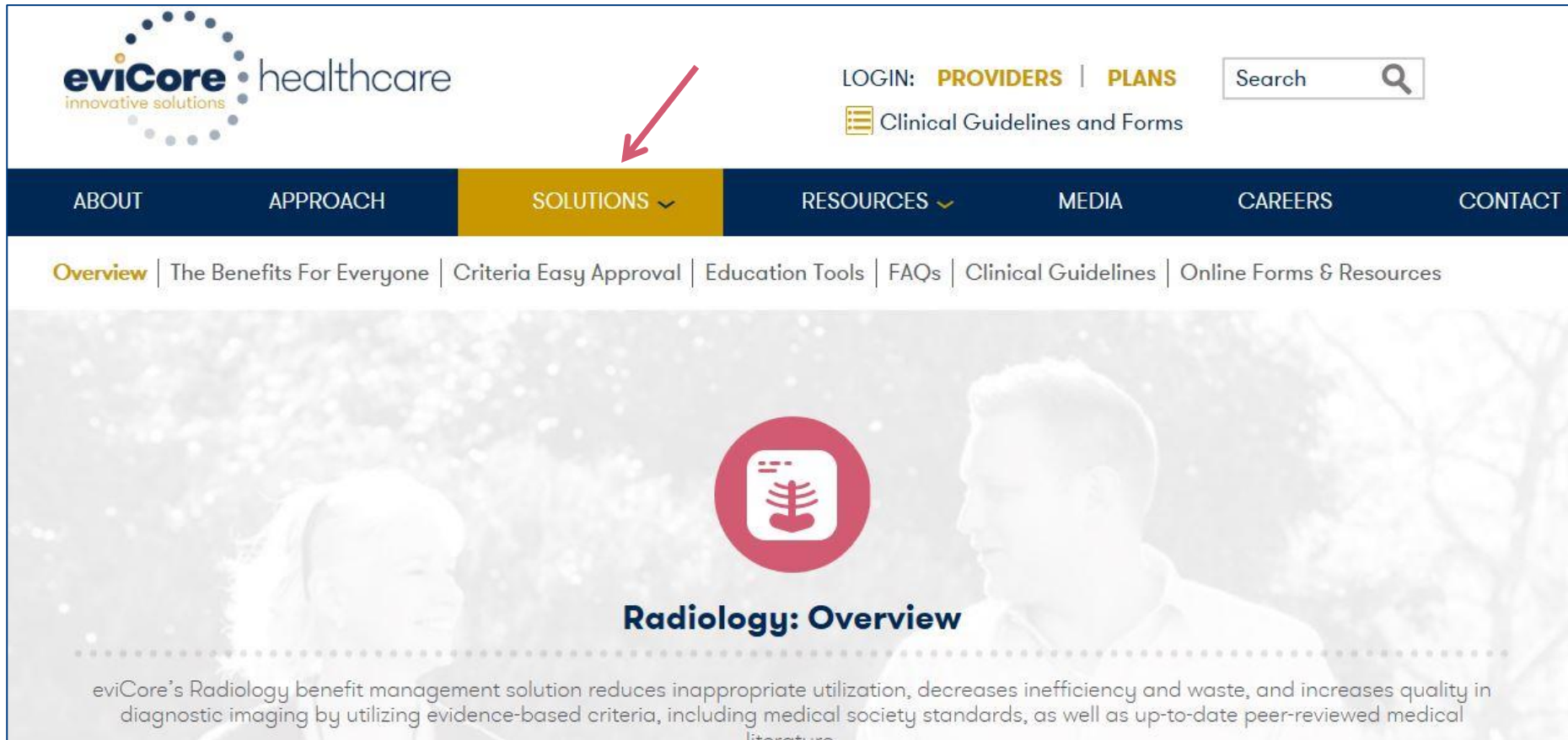
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# Provider Resources



# Radiology/Cardiology Online Resources

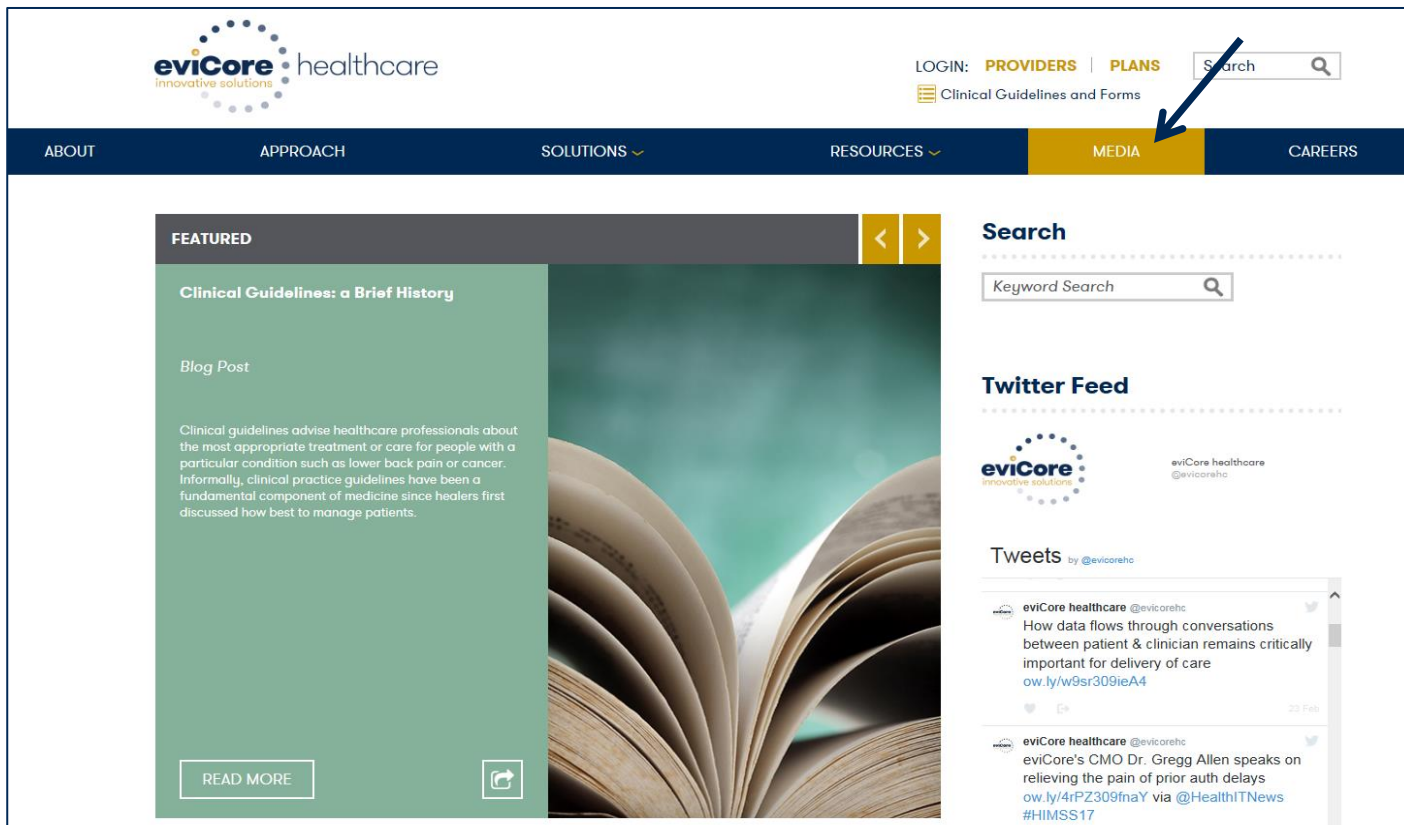
Clinical Guidelines, Online Forms and other important resources can be accessed at [www.evicore.com/healthplan/priorityhealth](http://www.evicore.com/healthplan/priorityhealth). Click “**Solutions**” from the menu bar, and select the specific program needed.



The screenshot displays the top navigation bar of the eviCore healthcare website. The logo on the left reads "eviCore healthcare" with "innovative solutions" in smaller text below "eviCore". To the right of the logo is a search bar with the text "Search" and a magnifying glass icon. Further right are links for "LOGIN: PROVIDERS | PLANS" and a menu icon followed by "Clinical Guidelines and Forms". The main navigation bar is dark blue with white text for "ABOUT", "APPROACH", "SOLUTIONS", "RESOURCES", "MEDIA", "CAREERS", and "CONTACT". The "SOLUTIONS" link is highlighted in yellow and has a red arrow pointing to it. Below the navigation bar is a horizontal menu with the following items: "Overview", "The Benefits For Everyone", "Criteria Easy Approval", "Education Tools", "FAQs", "Clinical Guidelines", and "Online Forms & Resources". The main content area features a large background image of a woman and a man. In the center, there is a red circular icon containing a white medical symbol of a human torso with a red heart and a white document with a red checkmark. Below this icon, the text "Radiology: Overview" is displayed in a bold, dark blue font. At the bottom of the page, a paragraph of text reads: "eviCore's Radiology benefit management solution reduces inappropriate utilization, decreases inefficiency and waste, and increases quality in diagnostic imaging by utilizing evidence-based criteria, including medical society standards, as well as up-to-date peer-reviewed medical literature."

# 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 **Insights** tab or via the direct link at [www.evicore.com/healthplan/priorityhealth](http://www.evicore.com/healthplan/priorityhealth).



The screenshot displays the eviCore healthcare website interface. At the top left is the eviCore logo with the tagline 'innovative solutions'. To the right, there are links for 'LOGIN: PROVIDERS | PLANS' and a search bar. Below the navigation bar, the 'MEDIA' tab is highlighted in yellow, with a blue arrow pointing to it. The main content area features a 'FEATURED' section with a green background and a large image of an open book. The featured article is titled 'Clinical Guidelines: a Brief History' and includes a 'Blog Post' section with introductory text. A 'READ MORE' button is visible at the bottom of the featured article. On the right side of the page, there is a 'Search' section with a 'Keyword Search' input field, a 'Twitter Feed' section with the eviCore logo and handle '@evicarehc', and a 'Tweets by @evicarehc' section showing two tweets. The first tweet discusses data flow in patient-clinician conversations, and the second mentions CMO Dr. Gregg Allen speaking on prior authorization delays.

# Provider Resources: Pre-Certification Call Center



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

**7:00 AM - 7:00 PM (Eastern Time): (844) 303-8456**

- Clinically urgent requests
- 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

# Web Portal Services-Assistance-eviCore



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

**Web Support**

**Phone: 800-646-0418 (Option 2)**

**Email: [portal.support@evicore.com](mailto:portal.support@evicore.com)**

Web Portal Services-Available 24/7

# 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 rendering physician)
- 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 Priority Health at 800-942-4765

**Priority Health Implementation site - includes all implementation documents:**

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

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

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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