

WEB PORTAL OVERVIEW

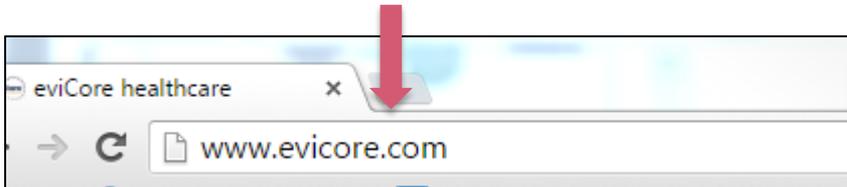
Registration & Web Portal Navigation Reference Guide



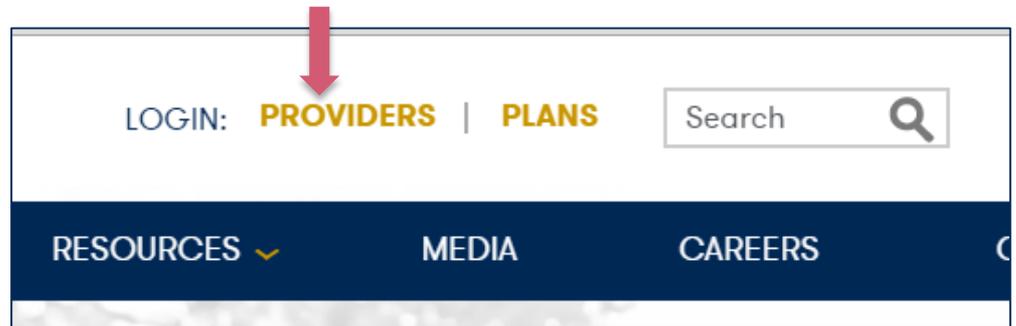
Account Registration

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.**

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](#)



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

Creating An Account

eviCore healthcare

* Required Field

Web Portal Preference

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

Default Portal*: CareCore National MedSolutions

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*: Address*:
Email*: City*: Phone*:
Confirm Email*: State*: Ext*:
First Name*: Zip*: Fax*:
Last Name*: Office Name*:

Next

- Select CareCore National or MedSolutions as the **Default Portal**, and complete the user registration form.
- Please note: For the MedSolutions portal, you will also need to select the appropriate **Account Type**: Facility, Physician, Billing Office, and Health Plan.

Creating An Account

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*: ▼

User Registration

UserName:	MYoder	Address:	731 Cool Springs Blvd	Phone:	800-575-4517
Email:	evicorejedi1234@gmail.com	City:	Franklin	Ext:	
Account Type:	Physician	State:	TN	Zip:	37067
First Name:	Mallory	Office Name:	eviCore	Fax:	615-468-4408
Last Name:	Yoder				

Provider Information

Physician FirstName:	TEST	Physician LastName:	DOCTOR	Street Address:	730 COOL SPRINGS BLVD
State:	TN	Tax ID:	****6789	NPI:	7417417410

Please read below to sign up as an appropriate user.
Physician: An Individual Practitioner, A Medical Group Practice or an assistant of a Physician who would create and check status of a Pre-authorization.
Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or Facility who would create and check status of a Pre-Authorization.
Billing Office: A billing Office who can check the status of Pre-Authorization, claims and payments. If you represent multiple Tax IDs, please register with your Primary Tax ID. You can tie additional preferred Tax Ids after your initial login.
Health Plan: A Health Plan representative who can check the status of Pre-Authorization and Claims.

[Back](#) [Submit 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

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 acceptance of this Agreement by eviCore's web-based applications is subject to the terms and conditions of the Agreement.

Accept Terms and Conditions *

Submit Cancel

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

User Registration-Continued

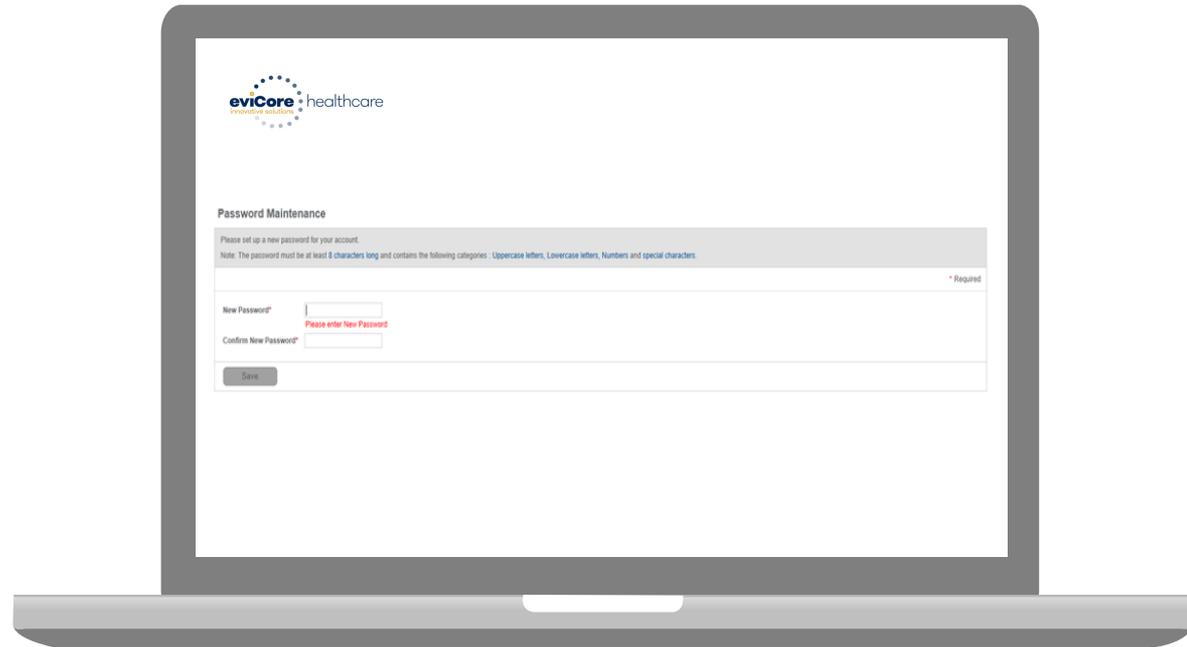


You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

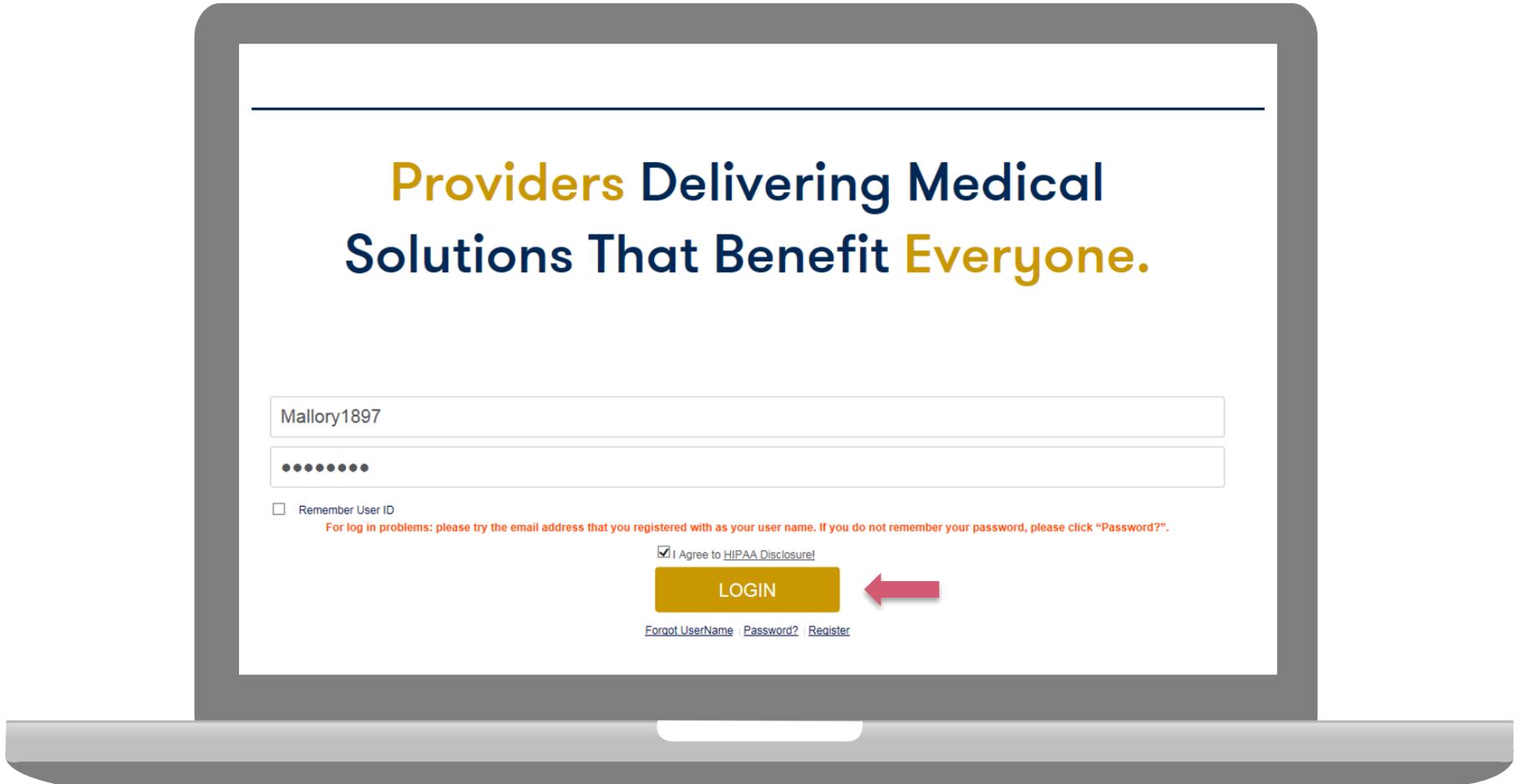
Create a Password

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

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



Account Log-In



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

Web Portal Overview

Cardiology & Ultrasound

Announcement

The screenshot shows the top navigation bar of the eviCore healthcare website. The logo is on the left, and navigation links include Home, Search/Start Case, Claim Search, Payment Status, CareCore National Portal (highlighted with a red circle), and Post Acute Care. On the right, there are icons for MCNET, Online Chat, settings, and Logout. Below the navigation bar is an 'Announcements' section with three entries:

- eviCore healthcare Blogs- Posted on: 26 Jan 2017**
eviCore features weekly blog posts that provide helpful tips on how to navigate prior authorizations, avoid peer-to-peer phone calls, and utilize our clinical guidelines. To view the eviCore blog, please visit www.evicore.com and select the **Media** tab from the menu options or access the site directly at <https://www.evicore.com/pages/media.aspx>.
- eviCore Website Redirect- Posted on: 21 Nov 2016**
Beginning December 3rd, users visiting the legacy MedSolutions (medsolutions.com and myportal.medsolutions.com) and CareCore National (carecorenational.com) sites will be automatically redirected to the new eviCore.com site. Please login with your existing username/password through the new unified portal located on eviCore.com: <https://www.evicore.com/pages/providerlogin.aspx>.
- Medically Urgent- Posted on: 01 Jun 2015**
Medically Urgent cases must be submitted by calling eviCore healthcare at 1-888-693-3211. For Texas Medicaid, please call 1-800-572-2116.
Urgent Care: is any request for medical care or treatment with respect to which the application of the time periods for making non-urgent care determinations could result in the following circumstances:
 - * Could seriously jeopardize the life or health of the member or the member's ability to regain maximum function, based on a prudent layperson's judgment, or
 - * In the opinion of a practitioner with knowledge of the member's medical condition, would subject the member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request. (NCQA HUM8)

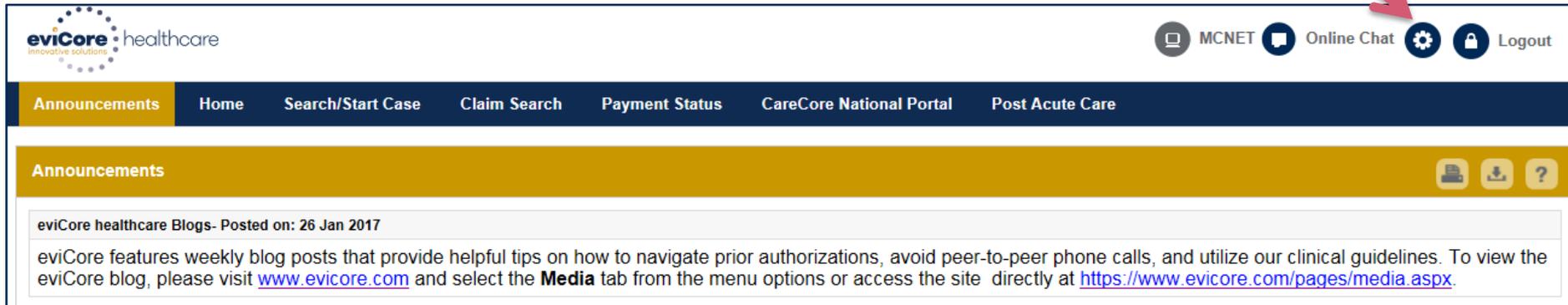
Once you have logged in to the site, you will be directed to the main landing page that includes important announcements.

Note: You can access the CareCore National Portal at any time without having to provide additional log-in information. Click the CareCore National Portal button on the top right corner to seamlessly toggle back and forth between the two portals.

Account Settings

The **Options Tool** allows you to access your Account Settings to update information:

- Change password
- Update user account information (address, phone number, etc.)
- Set up Preferred Tax ID numbers of Physicians or Facilities



The screenshot displays the eviCore healthcare website interface. At the top left is the eviCore healthcare logo. On the right side of the top navigation bar, there are icons for MCNET, Online Chat, and the Options Tool (a gear icon), which is highlighted by a red arrow. Next to the Options Tool icon is a Logout icon. Below the top navigation bar is a secondary navigation bar with links: Announcements, Home, Search/Start Case, Claim Search, Payment Status, CareCore National Portal, and Post Acute Care. Below this is an Announcements section with a yellow header and a white content area. The content area contains a blog post titled "eviCore healthcare Blogs- Posted on: 26 Jan 2017" with the following text: "eviCore features weekly blog posts that provide helpful tips on how to navigate prior authorizations, avoid peer-to-peer phone calls, and utilize our clinical guidelines. To view the eviCore blog, please visit www.evicore.com and select the **Media** tab from the menu options or access the site directly at <https://www.evicore.com/pages/media.aspx>."

Account Settings

Adding **Preferred Tax ID numbers** will allow you to view the summary of cases submitted for those providers:

- Search for a Tax ID by clicking **Physician** or **Facility**.
- Confirm you are authorized to access PHI by clicking the check box, and hit Save.



Preferences

Please set up Preferred Provider Tax IDs for your account. You can search and add a Physician or Facility Tax ID. Adding preferred tax id would allow you to view the summary of cases submitted for these provider Tax IDs. The Case Summary can be viewed via Case Lookup, Patient History and Recently Submitted grids. It also allows you to view the Claims details of your preferred Facilities.

Physician Facility

Tax ID*

Preferred Tax IDs on my account

Tax ID	Provider Type
123456789	Physician <input type="button" value="X"/>

Before proceeding, you must confirm that you are authorized to access Protected Health Information (PHI) as defined under the Health Insurance Portability and Accountability Act on behalf of the Tax ID/s added.

You must also agree to limit your access to the minimum amount of information necessary to perform a permitted treatment or other health care operations activity.

In the event you obtain access to information that you are not authorized to view, please notify eviCore immediately.

Failure to comply with these terms may result in immediate termination of you and your organization's access to eviCore' website.

Privacy Breaches: Be very careful to check the ordering physician's full name, their specialty and the last four digits of their TIN or NPI before selecting them in this system. By sending patients' Protected Health Information (PHI) to physicians who are not the ordering physicians, you may be in violation of HIPAA Privacy regulations.

* I hereby agree that I have read and understood the above message

Search/Start Case

Home Tab

The Home Page will have two worklists: **My Pending Worklist** and **Recently Submitted Cases**

My Pending Worklist

- Save case information and complete case at a later time
- Submit additional clinical to a pending case after submission without having to fax

Recently Submitted Cases

- Cases that are pending review and/or cases recently approved or denied

My Pending Worklist - 1* Cases Pending for Case Details and Survey will be deleted after 7 calendar days

Clear Filters Refresh Data Save Preference

	Case Number	Insurer Name	Patient Name	Date Of Birth	CPT Codes	ICD Codes	ICD Version	Referring Physician	Facility
✖		MEDSOLUTIONS DEMO	HILL, BOBBY	2/1/1974	70551	A01.4	10		

1 - 1 of 1 items

Recently Submitted Cases - 0

Start Date : 07/19/2016 End Date : 07/20/2016

Clear Filters Refresh Data Save Preference Only My Portal Cases

Case Number	Insurer Name	Patient Name	Date Of Birth	Case Status	Case Activity	Submit Date	Authorization Number	Effective Date	Expiration
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Search/Start Case – Member Lookup



PATIENT & CASE LOOKUP

Patient Search Result(s)

Patient Lookup

Insurer:* MEDSOLUTIONS DEN

Member ID: xyz0002

or

First Name:

Last Name:

Date of Birth:

Reset Search

*Select the Insurer (and) enter either the Member ID (or) Patient First Name, Last Name and Date of Birth

To conduct a **Patient Lookup**, first select the appropriate insurance company from the *Insurer* drop down. Next, enter the *Member ID* or *First Name*, *Last Name* and *Date of Birth* for the result to be returned.

Case/Auth Lookup

Case ID Auth Number

Search

For **Case/Auth Lookup**, you will only need to enter the *Case ID* or *Authorization Number* at the bottom of the page and tab over to hit **Search**.

Search/Start Case – Member Lookup

Patient Search Result(s) ?

Member ID	Patient Name	Date Of Birth	Gender	Address	Program	Program Effective Date	Program Term
XYZ00002	HILL, BOBBY	02/01/1974		101 MAIN ST	MSI DEMO PROGRAM - PA REQ	01/01/2009	12/31/2999

PLEASE MAKE SURE YOU ARE SELECTING THE CORRECT PATIENT STARTING A NEW REQUEST

If a partial ID is put in the search box, a list of members will populate. A patient can be selected once the patient is highlighted blue. Please make sure you select the correct patient by verifying the patient's name and DOB before clicking **Create Case**.

Patient Detail Information

Member ID:	XYZ00002	Gender:	MALE	Program:	MSI DEMO PROGRAM - PA REQ
Name:	HILL, BOBBY	Address:	101 MAIN ST, FRANKLIN, TN, 37067	Program Effective Date:	01/01/2009
Date of Birth:	02/01/1974	Insurer:	MEDSOLUTIONS DEMO	Program Term Date:	12/31/2999

This is a MEDSOLUTIONS DEMO Program Create Case

If there are cases associated with the patient, they will populate once the patient is selected. Double click on a case ID in the **Patient History** to open that case.

Patient History - 49 Records found ?

Case ID	Auth Number	Submit Date	Case Status	Case Description	Case Start Date	Case End Date
101840634		7/7/2016	Pending	RN Review Process		
101837513	A31309042	7/7/2016	Approved		07/07/2016	09/05/2016
101837334		7/7/2016	Canceled			
101827785		7/6/2016	Canceled			
101798766		6/30/2016	Pending	RN Review Process		

1 - 5 of 49 items

Case Creation – CPT/ICD Codes

- Begin typing the **CPT** and **ICD codes** or descriptions, then click the appropriate option with your cursor. Modifier selections will populate for the code, if applicable. The portal allows selection of unlimited CPT and ICD codes.
- A box will populate allowing you to enter the retro date of service if retrospective requests are able to be initiated via the web for the health plan specified.

The screenshot displays a web portal interface for case creation, divided into two main sections: Patient & Case Lookup and Case Detail.

Patient & Case Lookup:

- Patient Lookup:** Includes a dropdown for Insurer (MEDSOLUTIONS DEMO), a text input for Member ID (xyz00002), and fields for First Name, Last Name, and Date of Birth. A search button is present.
- Case/Auth Lookup:** Includes radio buttons for Case ID (selected) and Auth Number, and a search button.

Case Detail:

- Member Information:** Insurer: MEDSOLUTIONS DEMO, Member ID: XYZ00002, Health Plan/Program: MSI DEMO PROGRAM - PA REQ, First Name: BOBBY, Last Name: HILL, Date of Birth: 2/1/1974, Gender: MALE.
- CPT/CD Section:** Contains a search bar and a table for CPT Codes.

Code	Description	Modifier
73721	MRI Lower Extremity, any joint, without contrast material(s)	LT
- Diagnosis Section:** Includes radio buttons for ICD 9 (selected) and ICD 10, a search bar, and a table for Diagnosis Codes.

Code	Description
M25.562	Pain in left knee
- Date of Service:** A text input field with a calendar icon.
- Footer:** A "Save & Next" button.

Case Creation – Ordering Physician

- Select from a default **Physician** or search by **Name**, **Tax ID**, or **NPI** number, and select the state.
- Once the correct physician displays, select by clicking on the record. Then hit **“Save & Next.”**
- There is the option to **“Use Referring Physician as Requested Facility,”** if appropriate.

PATIENT & CASE LOOKUP

Patient Lookup

Insurer:* MEDSOLUTIONS DEM

Member ID: xyz00002

or

First Name:

Last Name:

Date of Birth:

*Select the Insurer (and) enter either the Member ID (or) Patient First Name, Last Name and Date of Birth

Case/Auth Lookup

Case ID Auth Number

CASE DETAIL

Member
Insurer: MEDSOLUTIONS DEMO Member ID: XYZ00002
Health Plan/Program: MSI DEMO PROGRAM - PA REQ
First Name: BOBBY Last Name: HILL Date of Birth: 2/1/1974 Gender: MALE

CPT/CD
CPT Codes : 73721 ICD Codes : M25.562

Physician

Use Referring Physician as Requested Facility

Physician Search

First Name: Test Tax ID: State: TN

Last Name: Doctor NPI:

Enter the First Name and Last Name or Tax Id or NPI.

First Name	Last Name	Address	City	State	Zip Code	NPI	Tax ID
TEST	DOCTOR	730 COOL SPRINGS BLVD	FRANKLIN	TN	370677289	7417417410	*****6789
TEST	DOCTOR	730 COOL SPRINGS BLVD	FRANKLIN	TN	370677289	7417417410	*****6789
TEST	DOCTOR	730 COOL SPRINGS BLVD	FRANKLIN	TN	370677289	7417417410	*****6789
TEST	DOCTOR	730 COOL SPRINGS BLVD	FRANKLIN	TN	370677289	7417417410	*****6789

1 - 5 of 8 items

Case Creation – Facility

- Select from a default **Facility** or search by clicking the **Search Facility** button and entering the **Facility Name**, **Tax ID**, or **NPI** number. For in-office procedures, click the Look-Up IOP button, and choose from the list.
- Once the correct facility displays, select by clicking on the record. Then hit **“Save & Next.”**

PATIENT & CASE LOOKUP

Patient Lookup

Insurer:* MEDSOLUTIONS DEM

Member ID: xyz00002

or

First Name:

Last Name:

Date of Birth:

*Select the Insurer (and) enter either the Member ID (or) Patient First Name, Last Name and Date of Birth

Case/Auth Lookup

Case ID Auth Number

CASE DETAIL

Member

Insurer: MEDSOLUTIONS DEMO Member ID: XYZ00002

Health Plan/Program: MSI DEMO PROGRAM - PA REQ

First Name: BOBBY Last Name: HILL Date of Birth: 2/1/1974 Gender: MALE

CPT/ICD

CPT Codes : 73721 ICD Codes : M25.562

Physician

Physician Name: DOCTOR , TEST , Tax ID : *****6789 , NPI : 7417417410

Facility

Please choose one of the following facilities:

Facility Name	Address	Distance	Equipment	Tax Id	NPI	Taxonomy Codes
BEACON MRI WEST	730 COOL SPRINGS BLVD, FRANKLIN, TN, 37067	0.86	MRI, PET	*****9014		
			3D CONFORMAL, ARTHROGRAM, BRACHYTHERAPY, COMP JOINT, COMP MSK, COMP SPINE, CT,			

1 - 2 of 2 items

Case Creation – Review and Submit

- You can edit the CPT/ICD codes, Physician, and Facility information by clicking the “Edit” icons next to the field that needs to be updated.
- Review the case information, then **click Submit**. Case details cannot be changed on the portal once you hit this button. Any changes after submission would need to be made via phone.
- Once you hit Submit, you will receive an automatic approval, or you will be prompted to respond to the clinical questions for additional information.

PATIENT & CASE LOOKUP

Patient Lookup

Insurer:* MEDSOLUTIONS DEMO

Member ID: xyz00002

or

First Name:

Last Name:

Date of Birth:

*Select the Insurer (and) enter either the Member ID (or) Patient First Name, Last Name and Date of Birth

Case/Auth Lookup

Case ID Auth Number

CASE DETAIL

Member **Insurer:** MEDSOLUTIONS DEMO **Member ID:** XYZ00002
Health Plan/Program: MSI DEMO PROGRAM - PA REQ
First Name: BOBBY **Last Name:** HILL **Date of Birth:** 2/1/1974 **Gender:** MALE

CPT/ICD **CPT Codes :** 73721 **ICD Codes :** M25.562

Physician **Physician Name:** DOCTOR , TEST , **Tax ID :** *****6789 , **NPI :** 7417417410

Facility **Facility Name:** BEACON MRI WEST , **Tax ID :** *****9014 , **NPI :**

Please review the case details before submitting the case. You can edit the CPT/ICD, Physician and Facility information. The case details can't be changed once you press the 'Submit' button. Once the case is submitted, you may be presented with a Survey to answer few questions about this request.

All Fax notifications for this case will be sent to (615) 468-4433. Please verify that it is correct. If you would like to change your Fax number, please click on the gear icon on the top right of the page for the Account Info screen.

Until a case number appears for this request, it is not a submitted case and it will not be reviewed for medical necessity. Please ensure all steps are completed in order to receive a case number.

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.

Providing Clinical Information

- If applicable, you will be asked a series of questions beginning with a reason for the request.
- Select from the dropdown, or enter a rationale in the text box if none of the options are applicable.

Survey

Member	Member ID	Date of Birth	Health Plan	Referring Physician	Specialty	Tax ID	NPI
BOBBY HILL	XYZ00002	02/01/1974	MSI DEMO PROGRAM - PA REQ	TEST DOCTOR	ALLERGY,OPTICIAN	*****	7417417410

Select a Reason for the Requested Procedures

73721 MRI Lower Extremity, any joint; without contrast material(s)
Which one of the following best describes the reason for the requested study.

Left Ankle
 Right Foot
 Hip
 Knee

Evaluation of Knee Pain

Providing Clinical Information

- Respond to the clinical questions that populate based upon the answers provided. You may save/print this information and come back at a later time, if needed. Cases will remain in your pending work list for seven calendar days.
- Select “**Continue**” to submit the survey answers.

Survey

Member	Member ID	Date of Birth	Health Plan	Referring Physician	Specialty	Tax ID	NPI
BOBBY HILL	XYZ00002	02/01/1974	MSI DEMO PROGRAM - PA REQ	TEST DOCTOR	ALLERGY,OPTICIAN	*****	7417417410

Requests (Purpose): 73721 (Evaluation of Knee Pain)

General Information

73721 - Left::Knee::Evaluation of Knee Pain

Date of the most recent contact with a provider to evaluate the LEFT knee
If known, enter the date and select the type of contact.

There has been provider-directed conservative treatment for this episode of LEFT knee pain
If known, enter the date the treatment first started and select the appropriate type.

There has NOT been provider-directed conservative treatment for this episode of LEFT knee pain

There has been an X-Ray of the LEFT knee since symptoms started
If known, enter the date of the most recent X-Ray and select the appropriate result.

There has NOT been an X-Ray of the LEFT knee since symptoms started

There has been previous advanced imaging to evaluate LEFT knee pain
NOTE: Advanced imaging may include CT, MRI, or MR Arthrogram. If known, enter the date and select the type of advanced imaging performed.

There has NOT been previous advanced imaging to evaluate LEFT knee pain
NOTE: Advanced imaging may include CT, MRI, or MR Arthrogram.

Print Save Continue

Providing Clinical Information

- Once the survey questions have been submitted, you may receive an approval based upon the answers/information provided.
- If additional review is required, the decision criteria will populate, and you can print the criteria guidelines if needed.

Survey

Member	Member ID	Date of Birth	Health Plan	Referring Physician	Specialty	Tax ID	NPI
BOBBY HILL	XYZ00002	02/01/1974	MSI DEMO PROGRAM - PA REQ	TEST DOCTOR	ALLERGY,OPTICIAN	*****	7417417410

73721 MRI any Joint of Lower Extremity without contrast

Purpose : Left::Knee::Evaluation of Knee Pain

Based on the clinical information provided,
73721 Requires Clinical Review

Decision criteria for 73721

because based on the clinical information provided, there may not have been provider-directed conservative treatment OR the length or type of treatment indicates that advanced imaging may not be appropriate.

because based on the clinical information provided, a Knee X-ray may not have been performed since the symptoms started, and therefore advanced imaging may not be appropriate.

because based on the clinical information provided, there may not have been recent contact with the requesting provider to evaluate the knee, and therefore advanced imaging may not be appropriate.

because based on the clinical information provided, further clinical review is indicated to determine if there was a recent provider-directed trial of observation or treatment.

Action for 73721

Submit for Additional Review

Voluntarily Cancel Request

Print Save Submit All

This is Not a Complete Transaction.

Providing Clinical Information

- You can choose to “**Submit for Additional Review**” to proceed to the clinical upload and review process, or you may “**Voluntarily Cancel Request.**”
- Cancelling the request ensures there will not be a denial in the patient’s history.

Survey

Member	Member ID	Date of Birth	Health Plan	Referring Physician	Specialty	Tax ID	NPI
BOBBY HILL	XYZ00002	02/01/1974	MSI DEMO PROGRAM - PA REQ	TEST DOCTOR	ALLERGY,OPTICIAN	*****	7417417410

73721 MRI any Joint of Lower Extremity without contrast
Purpose : Left::Knee::Evaluation of Knee Pain

Based on the clinical information provided,
73721 Requires Clinical Review

Decision criteria for 73721

because based on the clinical information provided, there may not have been provider-directed conservative treatment OR the length or type of treatment indicates that advanced imaging may not be appropriate.

because based on the clinical information provided, a Knee X-ray may not have been performed since the symptoms started, and therefore advanced imaging may not be appropriate.

because based on the clinical information provided, there may not have been recent contact with the requesting provider to evaluate the knee, and therefore advanced imaging may not be appropriate.

because based on the clinical information provided, further clinical review is indicated to determine if there was a recent provider-directed trial of observation or treatment.

Action for 73721

Submit for Additional Review

Voluntarily Cancel Request



 **Print**  **Save**  **Submit All**

This is Not a Complete Transaction.

Providing Clinical Information

rt Case Claim Search Payment Status

← CASE DETAIL

Request for Additional Clinical Documentation

Your request will require additional Medical Review. Additional Clinical information relevant to this request will help avoid delays in the review process.

(Examples of Clinical Information : Recent Member History, Physical Exam Results, Lab Results, Prior Imaging Results, Prior Treatment)

You must select one of the following:

- Attach / Add additional clinical information now
- Will Fax or Call to provide additional clinical information
- There is no additional clinical information to provide

Depending upon the health plan, specific options for providing clinical will be available. You will then be asked to attached the electronic clinical information available.

Continue

Providing Clinical Information

Upload Additional Clinical Documentation

Additional Documentation

Warning: Please be sure and review that the attachments or notes apply to this case. Adding clinical information to the wrong case could result in a HIPAA violation.

File Name

No attachments saved

Clinical Notes

Note Text

Maximum Character limit on each note is 5000.

No notes saved

You can attach clinical notes or documents by clicking Browse and selecting the correct file(s) located on your computer.

You can type in free text notes as clinical information. Hit save for any notes entered in the text box.

Hit Apply to continue or Cancel to add additional information at a later time.

Providing Clinical Information

Upload Additional Clinical Documentation

Additional Documentation ?

Warning: Please be sure and review that the attachments or notes apply to this case. Adding clinical information to the wrong case could result in a HIPAA violation.

File Name

Browse

No attachments saved

Clinical Notes

Note Text

test

Maximum Character limit on each note is 5000.

Apply Cancel

Message from webpage

! Your Clinical documentation has been sent to eviCore for further review.

OK

Once you click Apply you will receive a message that your documentation has been accepted and that your case has been sent for medical review.

Case Summary Page – Pending Case

- Once you submit a case for medical review, you will be redirected to the **Pending Case Summary Page** where you'll be able to view case information including case number and current status/activity.

CASE SUMMARY ? 🖨️

Thank you for submitting your preauthorization request. The case has been sent to eviCore for further review.
If you have any questions please contact eviCore at 888-693-3211.

Case/Authorization

Service Order: 103003073	Initiated Date: 11/21/2016	Case Activity: RN Review Process	Case Status: Pending
---------------------------------	-----------------------------------	---	-----------------------------

Patient

Referring Physician

Requested Facility

First Name: BOBBY
Last Name: HILL
Date of Birth: 02/01/1974
Address: 101 MAIN ST, FRANKLIN, TN, 37067
Phone:
Member ID: XYZ00002
Insurer: MEDSOLUTIONS DEMO
Program: MSI DEMO PROGRAM - PA REQ

First Name: TEST
Last Name: DOCTOR
Address: 730 COOL SPRINGS BLVD, FRANKLIN, TN, 37067289
Phone : 9999999999
Fax : 9999999999
Specialty: ALLERGY,OPTICIAN
Tax ID: *****6789
NPI:

Name: BEACON MRI WEST
Address: 730 COOL SPRINGS BLVD, FRANKLIN, TN, 37067
Phone: 6154684000
Fax: 6154684001
Equipment: MRI, PET
Tax ID: *****9014
Taxonomy Code:
NPI:

CPT Codes

Diagnosis Codes

73721	1	MRI Lower Extremity, any joint; without contrast material(s)	Pending	LT			

1 - 1 of 1 items

ICD Code	ICD Version	Description
M25.562	10	Pain in left knee

1 - 1 of 1 items

Additional Documentation

Clinical Notes

File Name

Note Text
View

Case Summary Page – Approved Case

- The **Approved Case Summary Page** will provide case information such as the authorization number and effective/end date of the authorization.

CASE SUMMARY ? 📄

Thank you for submitting your preauthorization request. The Case has been Approved.

Case/Authorization

Service Order	Authorization Number:	Auth Effective Date: 07/01/2016	Auth End Date: 09/29/2016
Initiated Date: 07/01/2016	Decision Date: 07/01/2016	Decision Type : Initial	Case Status: Approved

Patient

Referring Physician

Requested Facility

First Name: BOBBY
Last Name: HILL
Date of Birth: 02/01/1974
Address: 101 MAIN ST, FRANKLIN, TN, 37067
Phone:
Member ID: XYZ0002
Insurer: MEDSOLUTIONS DEMO
Program: MSI DEMO PROGRAM - PA REQ

First Name: TEST
Last Name: DOCTOR
Address: 730 COOL SPRINGS BLVD, FRANKLIN, TN, 370677289
Phone : 9999999999
Fax : 9999999999
Specialty:
Tax ID:
NPI:

Name: TEST FACILITY FOR PORTAL
Address: PO, NASHVILLE, AA, 37211
Phone: 1231231231
Fax: 1231231231
Equipment: ARTHROGRAM, COMP JOINT, COMP MSK, COMP SPINE, CT, MRI, MYELOGRAM, NCM, OPEN MR, PAIN MGMT, PET, PET/CT, SPINE FUSION
Tax ID:
Taxonomy Code:
NPI:

CPT Codes

Diagnosis Codes

CPT C...	U...	Description	CPT St...	Cpt Modif...
73721	1	MRI Lower Extremity, any joint; without contrast material(s)	Pending	LT

ICD Code	ICD Version	Description
M25.562	10	Pain in left knee

Additional Documentation

Clinical Notes

File Name

Note Text

Member & Provider Notifications

Case Summary Page – Denied Case

- The **Denied Case Summary Page** will provide case information as well as the denial rational. Case Summary reports can be accessed/printed at any time.

CASE SUMMARY ? 🖨

Thank you for submitting your preauthorization request. The Case has been Denied.

Case/Authorization

Service Order: 100528213	Initiated Date: 12/17/2015	Decision Date: 12/17/2015
Decision Type : Initial	Case Status: Denied	

Patient

Referring Physician

Requested Facility

First Name: BOBBY
Last Name: HILL
Date of Birth: 02/01/1974
Address: 101 MAIN ST, FRANKLIN, TN, 37067
Phone:
Member ID: XYZ00002
Insurer: MEDSOLUTIONS DEMO
Program: MSI DEMO PROGRAM - PA REQ

First Name: TEST
Last Name: DOCTOR
Address: 730 COOL SPRINGS BLVD, FRANKLIN, TN, 370677289
Phone : 00000000
Fax : 00000000
Specialty:
Tax ID:
NPI:

Name: TEST FACILITY FOR PORTAL
Address: PO, NASHVILLE, AA, 37211
Phone: 1231231231
Fax: 1231231231
Equipment: ARTHROGRAM, COMP JOINT, COMP MSK, COMP SPINE, CT, MRI, MYELOGRAM, NCM, OPEN MR, PAIN MGMT, PET, PET/CT, SPINE FUSION
Tax ID:
Taxonomy Code:
NPI:

CPT Codes

Diagnosis Codes

CPT C...	U...	Description	CPT St...	Cpt Modif...
73721	1	MRI Lower Extremity, any joint; without contrast material(s)	Pending	LT

ICD Code	ICD Version	Description
M25.562	10	Pain in left knee

1 - 1 of 1 items

1 - 1 of 1 items

Additional Documentation

Clinical Notes

File Name

Note Text

Web Portal Overview

Radiation Therapy and Molecular Genomic
Testing

Welcome Screen

eviCore healthcare
innovative solutions

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

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

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

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

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

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

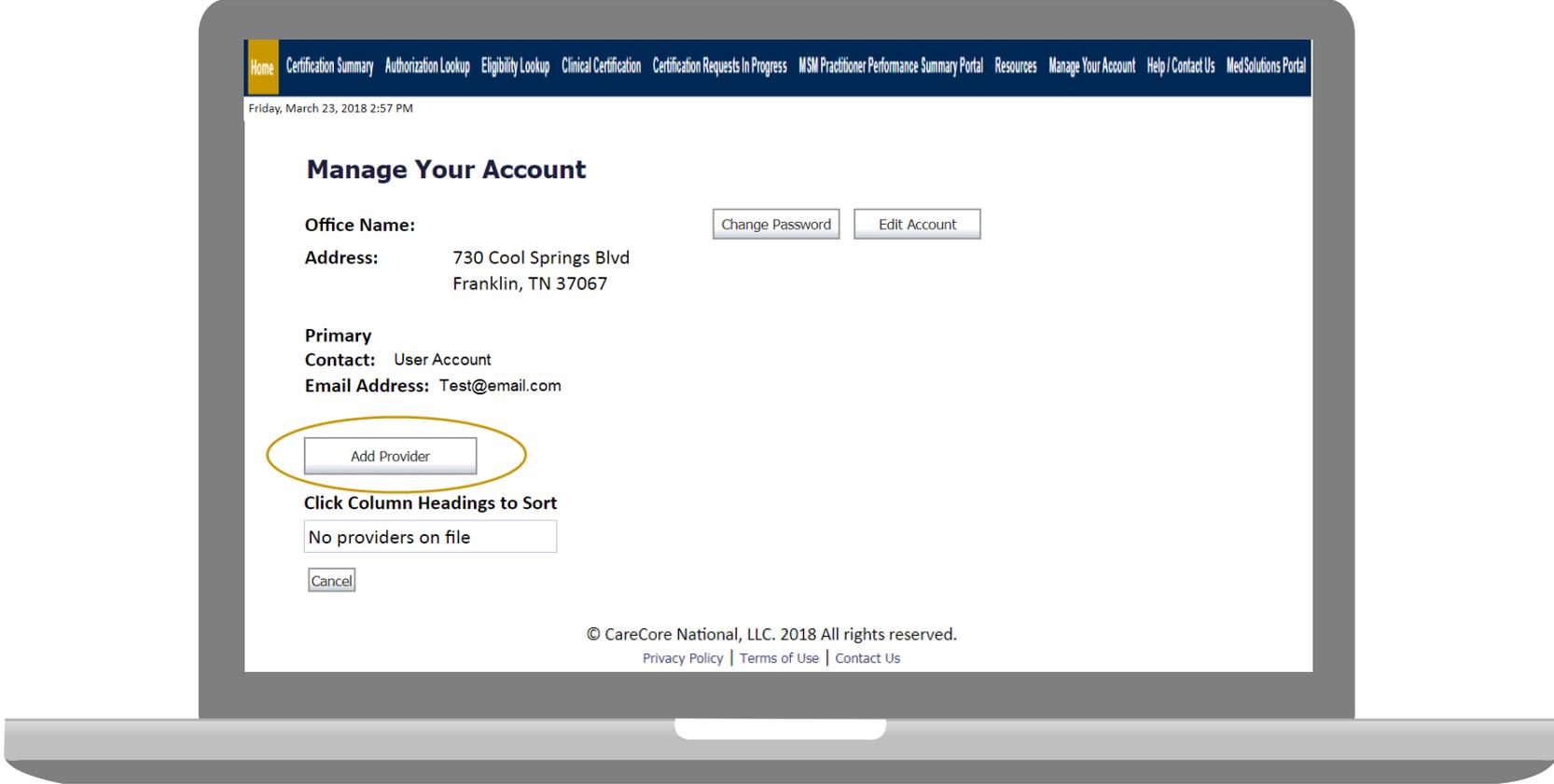
[Resume a certification request in progress >>](#) << [Did you know? You can save a certification request to finish later.](#)

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

[Check member eligibility >>](#)

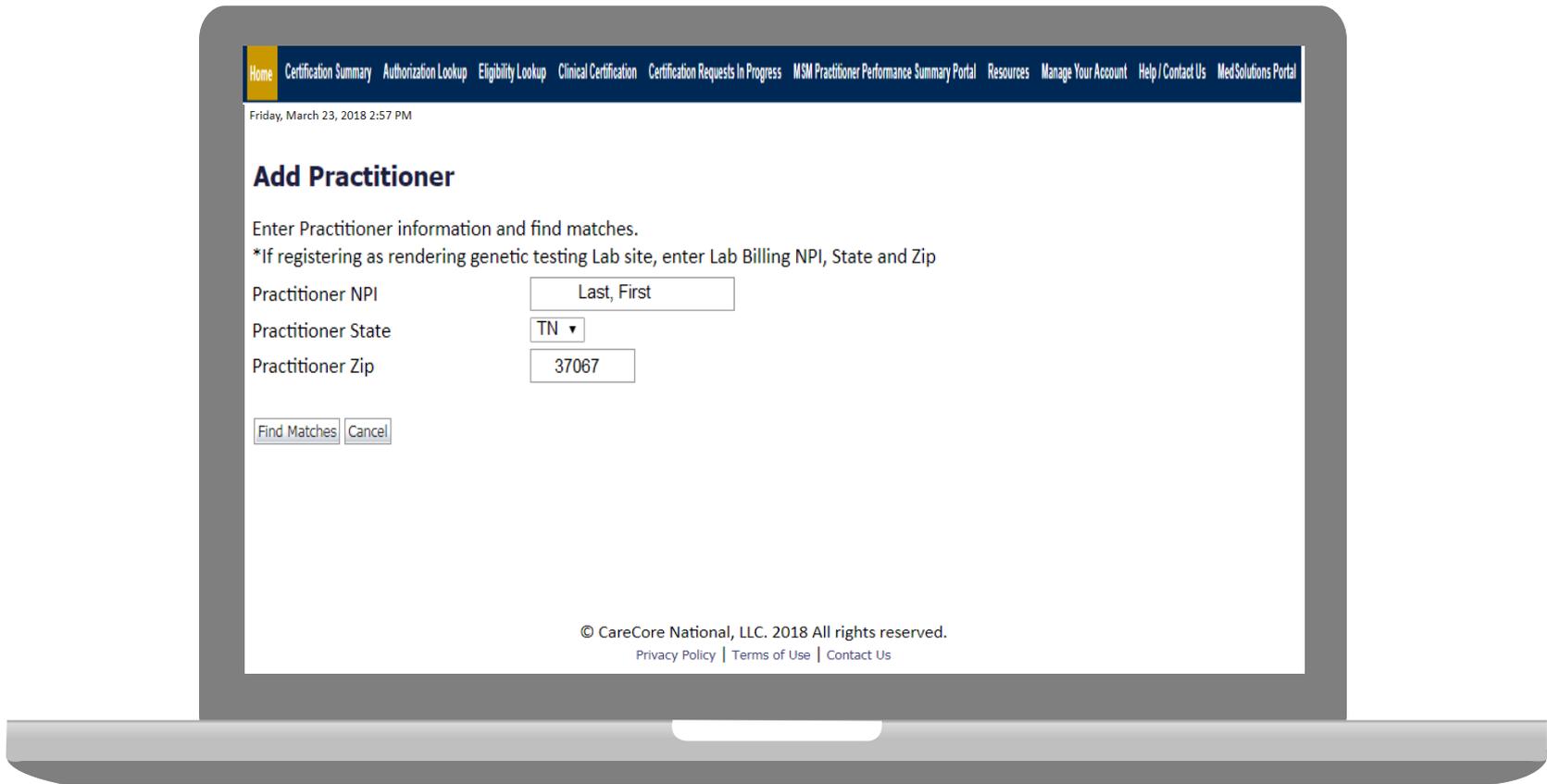
- Providers will need to be added to your account prior to case submission. Click the “**Manage Account**” tab to add provider information.
- **Note:** You can access the MedSolutions Portal at any time without having to provide additional log-in information. Click the MedSolutions Portal button on the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

Add Practitioners



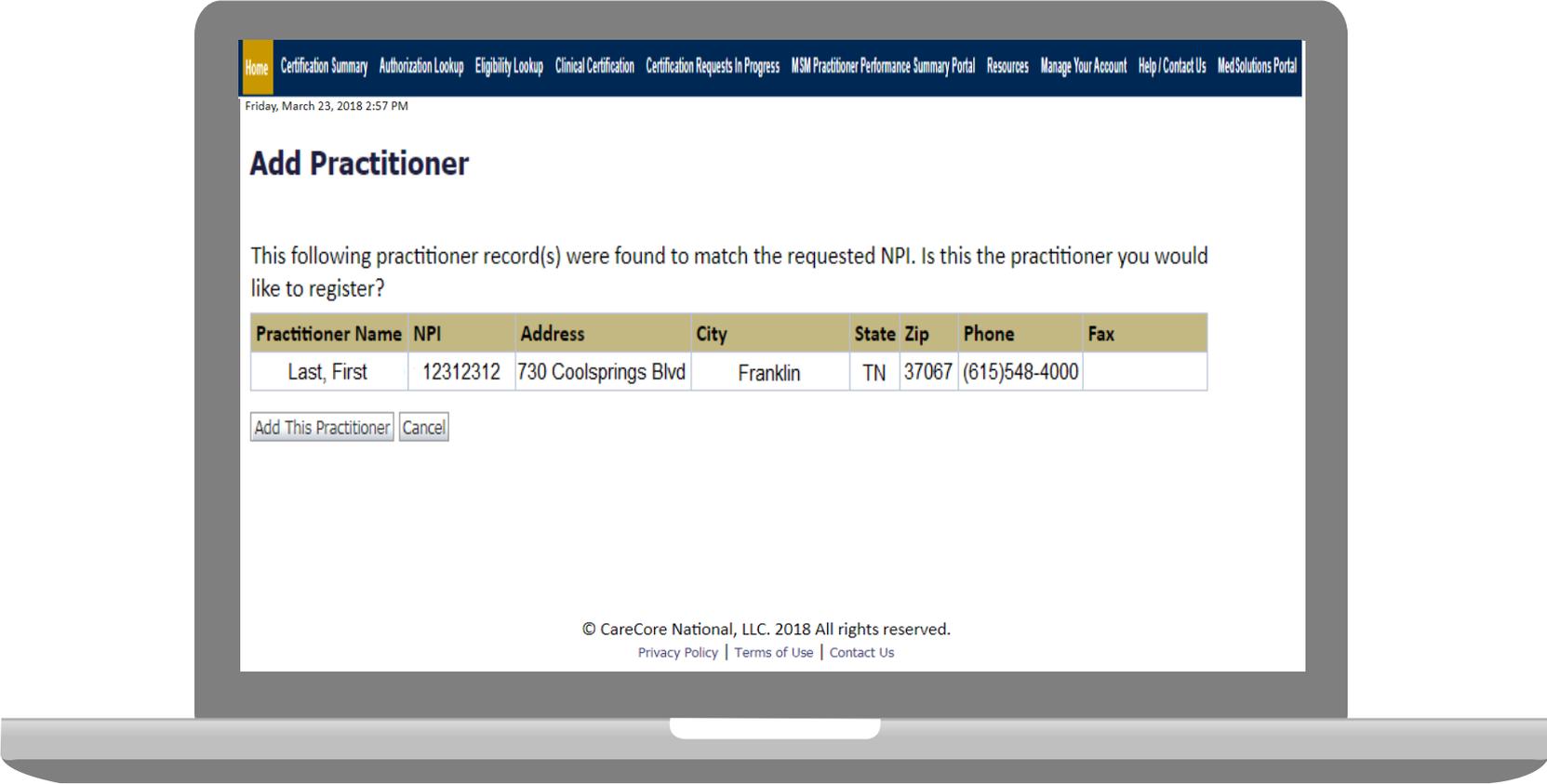
Click the “Add Provider” button.

Add Practitioners



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.

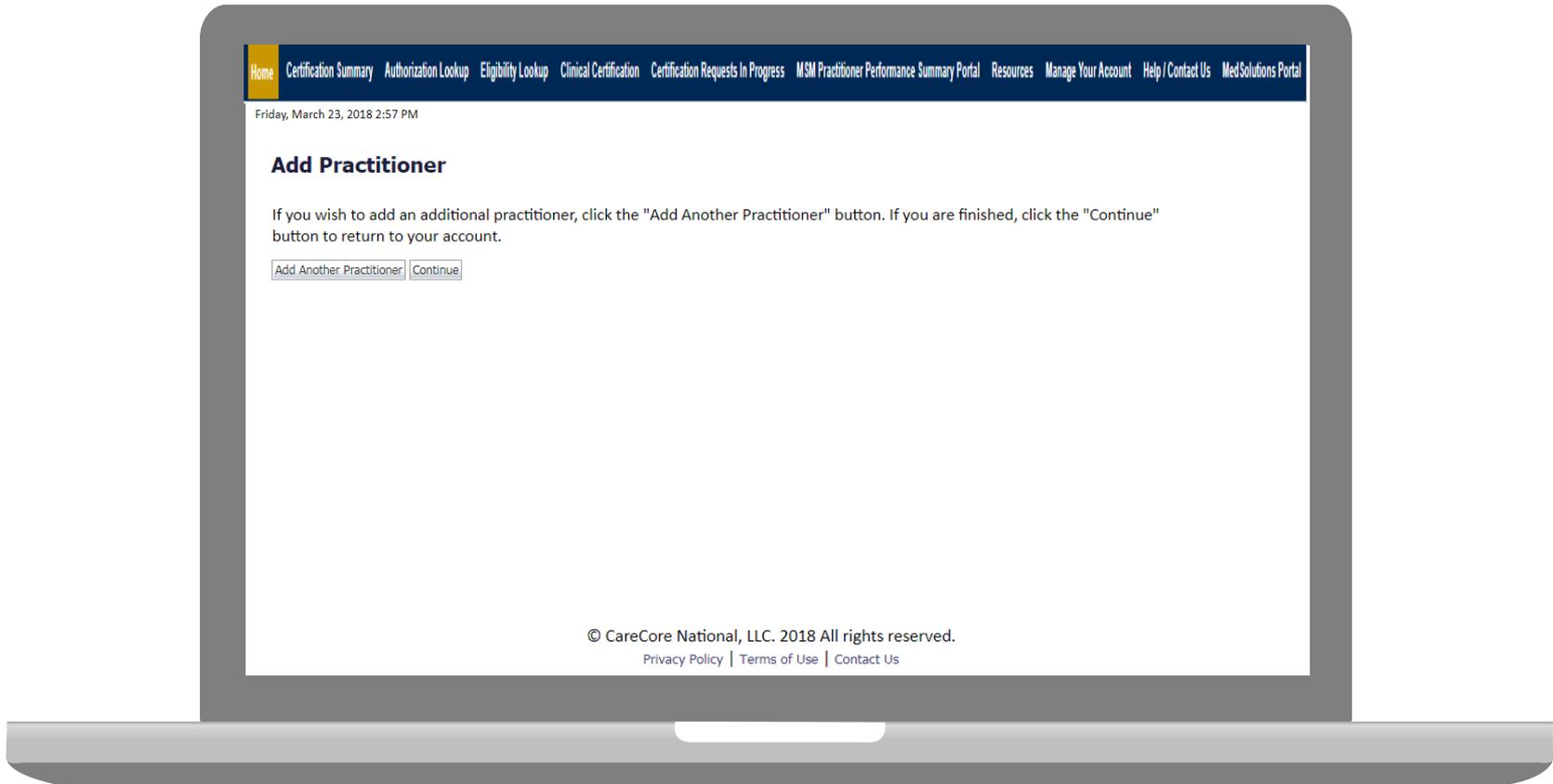
Adding Practitioners



Select the matching record based upon your search criteria

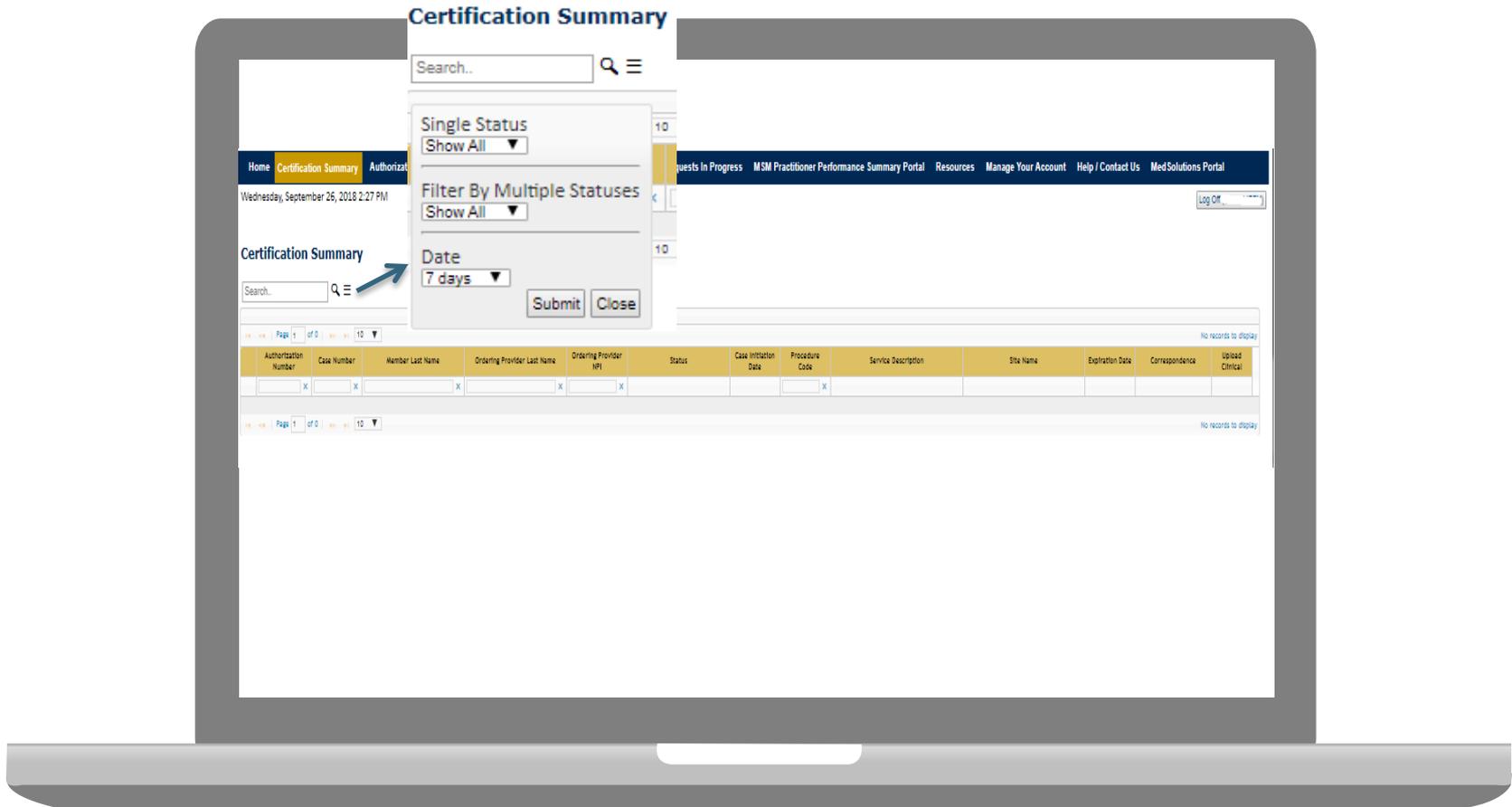


Manage Your Account



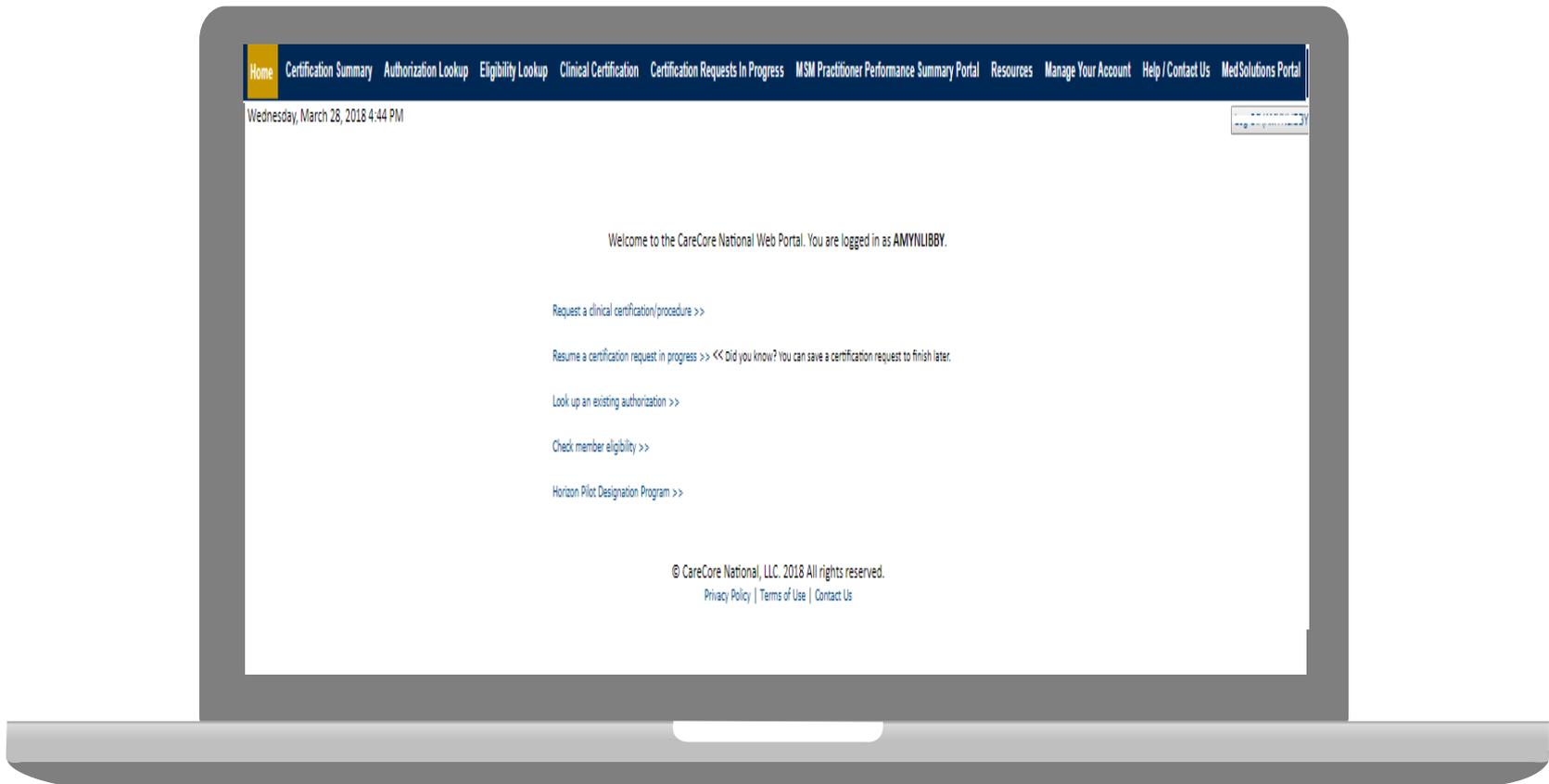
- Once you have selected a practitioner, your registration will be completed. You can then access the **“Manage Your Account”** tab to make any necessary updates or changes.
- You can also click **“Add Another Practitioner”** to add another provider to your account.

New Certification Summary



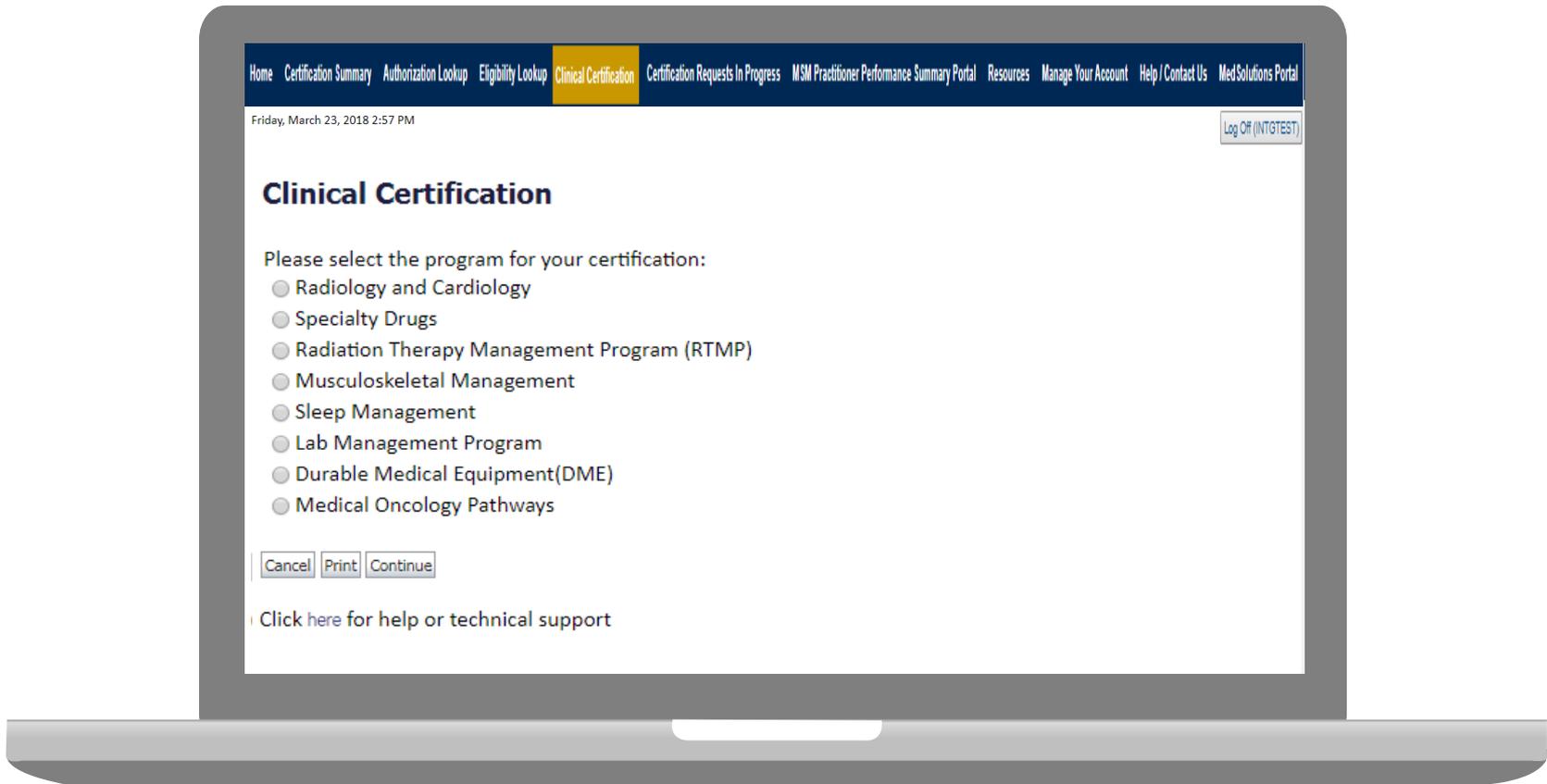
- CareCore National Portal now includes a Certification Summary tab, to better track your recently submitted cases.
- The work list can also be filtered - as seen above.

Initiating A Case



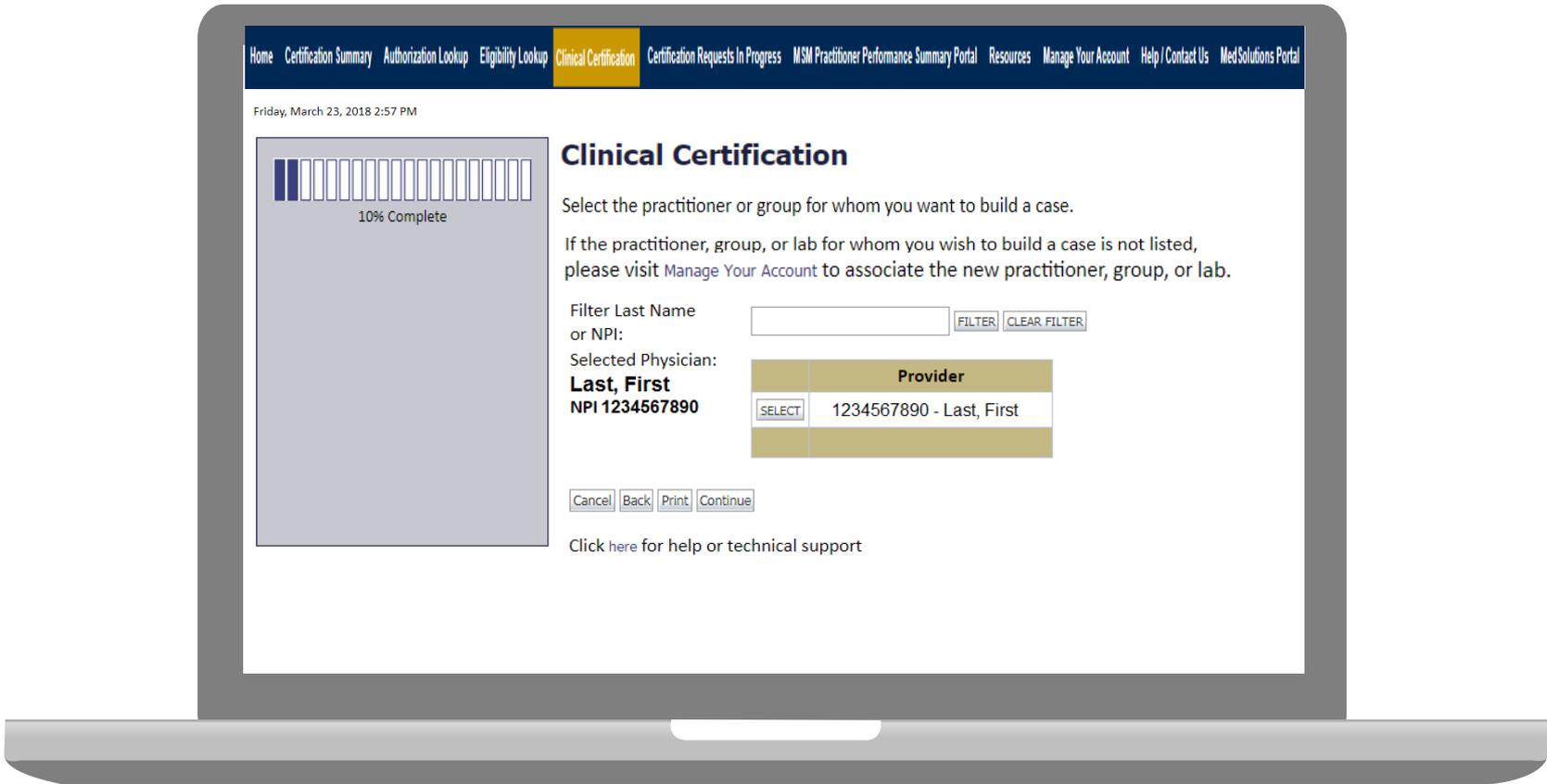
Choose **“request a clinical certification/procedure”** to begin a new case request.

Select Program



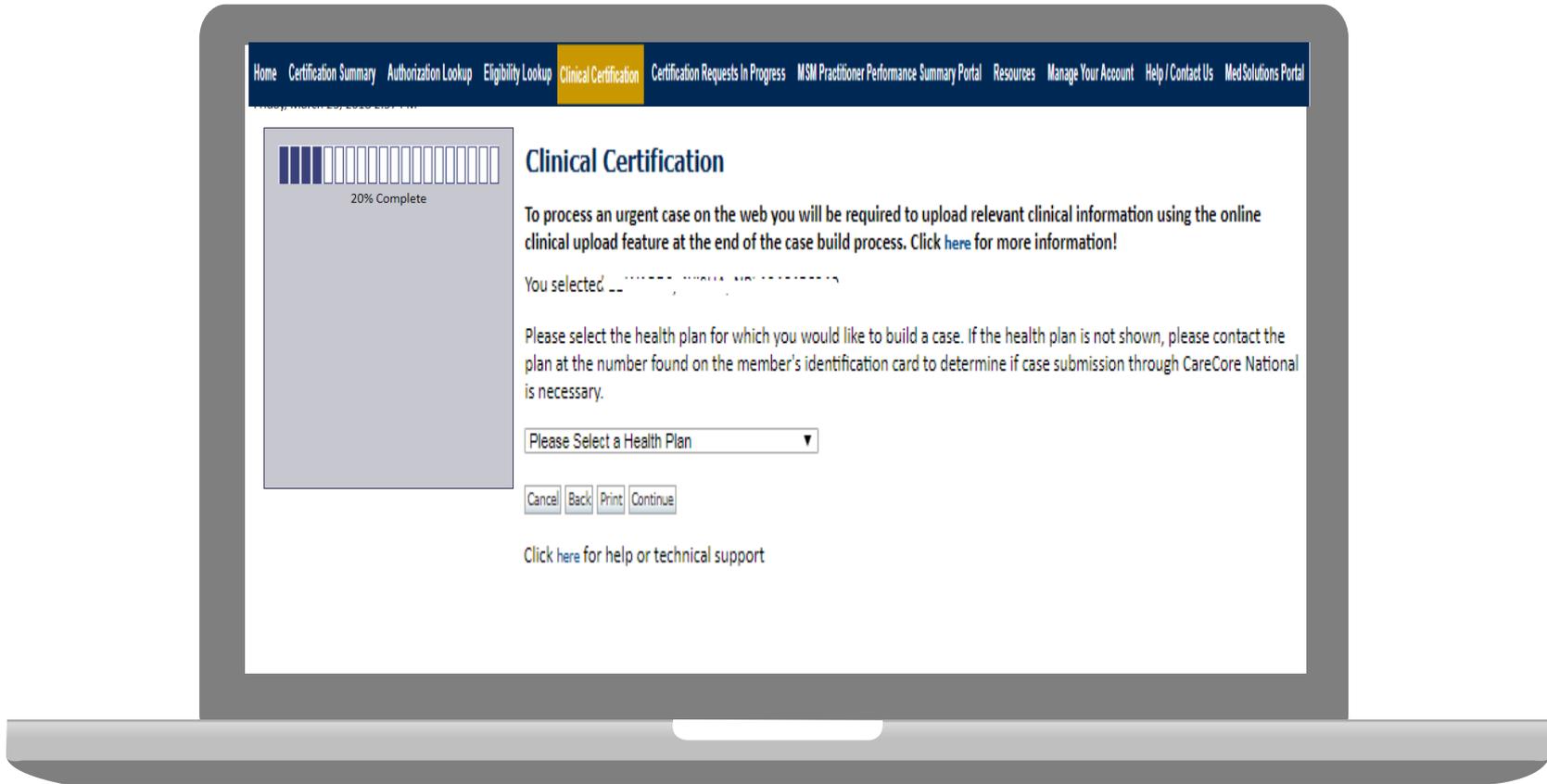
Select the **Program** for your certification.

Select Provider



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

Select Health Plan



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

Contact Information

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

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

Clinical Certification

30% Complete

Provider and NPI

Provider's Name [?]

Who to Contact [?]

Fax [?]

Phone [?]

Ext. [?]

Cell Phone

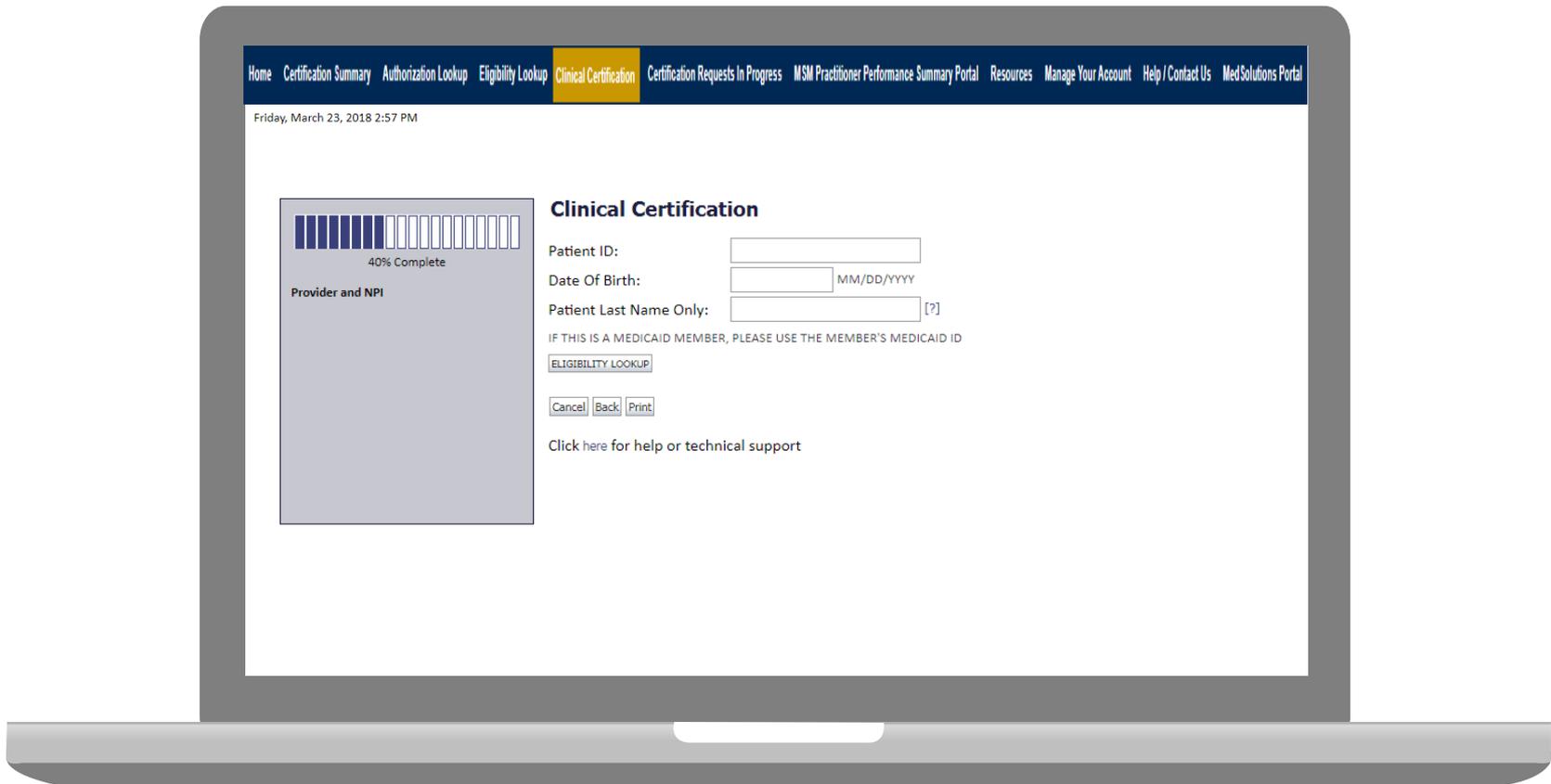
Email

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

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

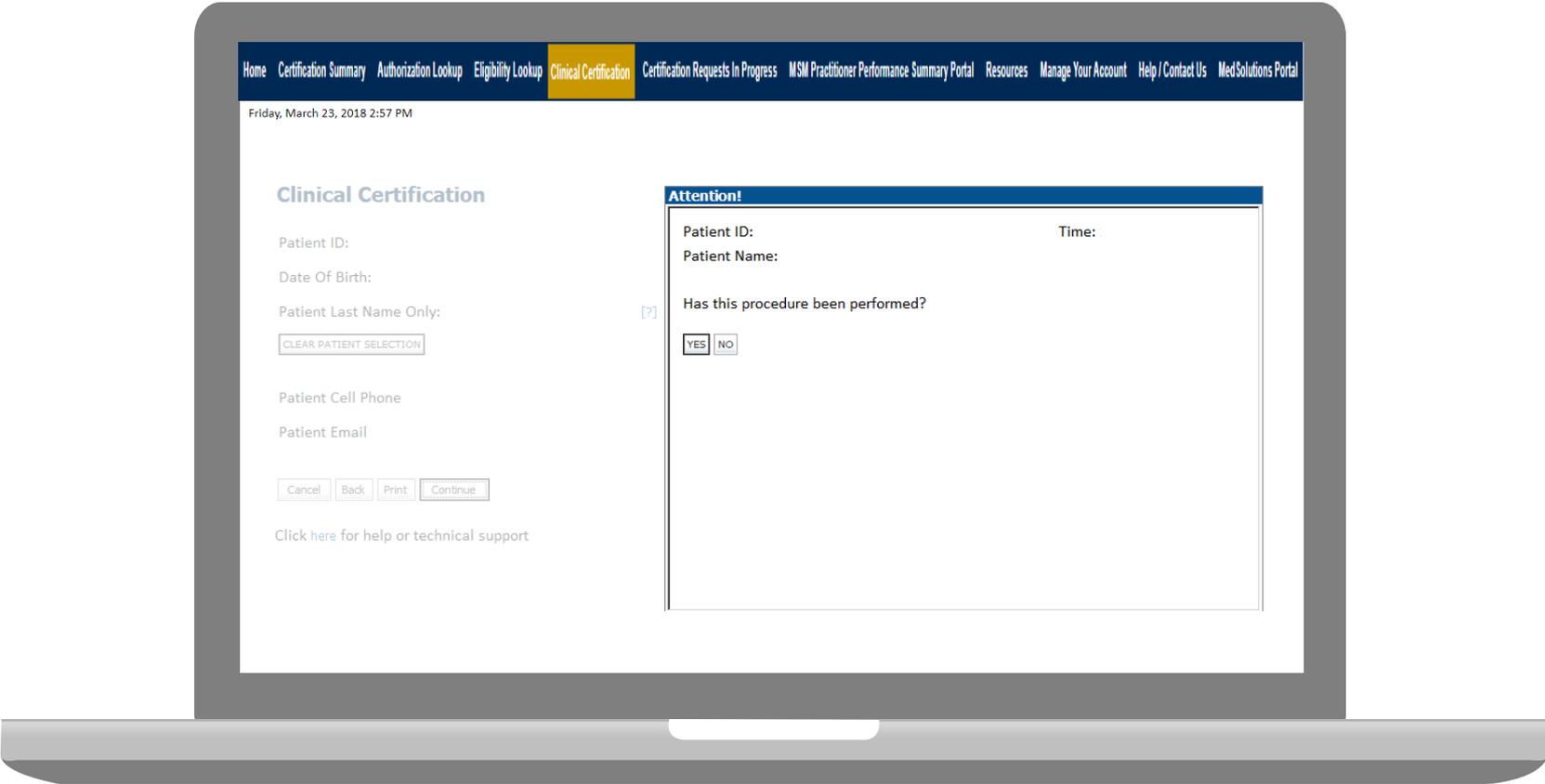
Enter the **Provider's name** and appropriate information for the point of contact individual.

Member Information



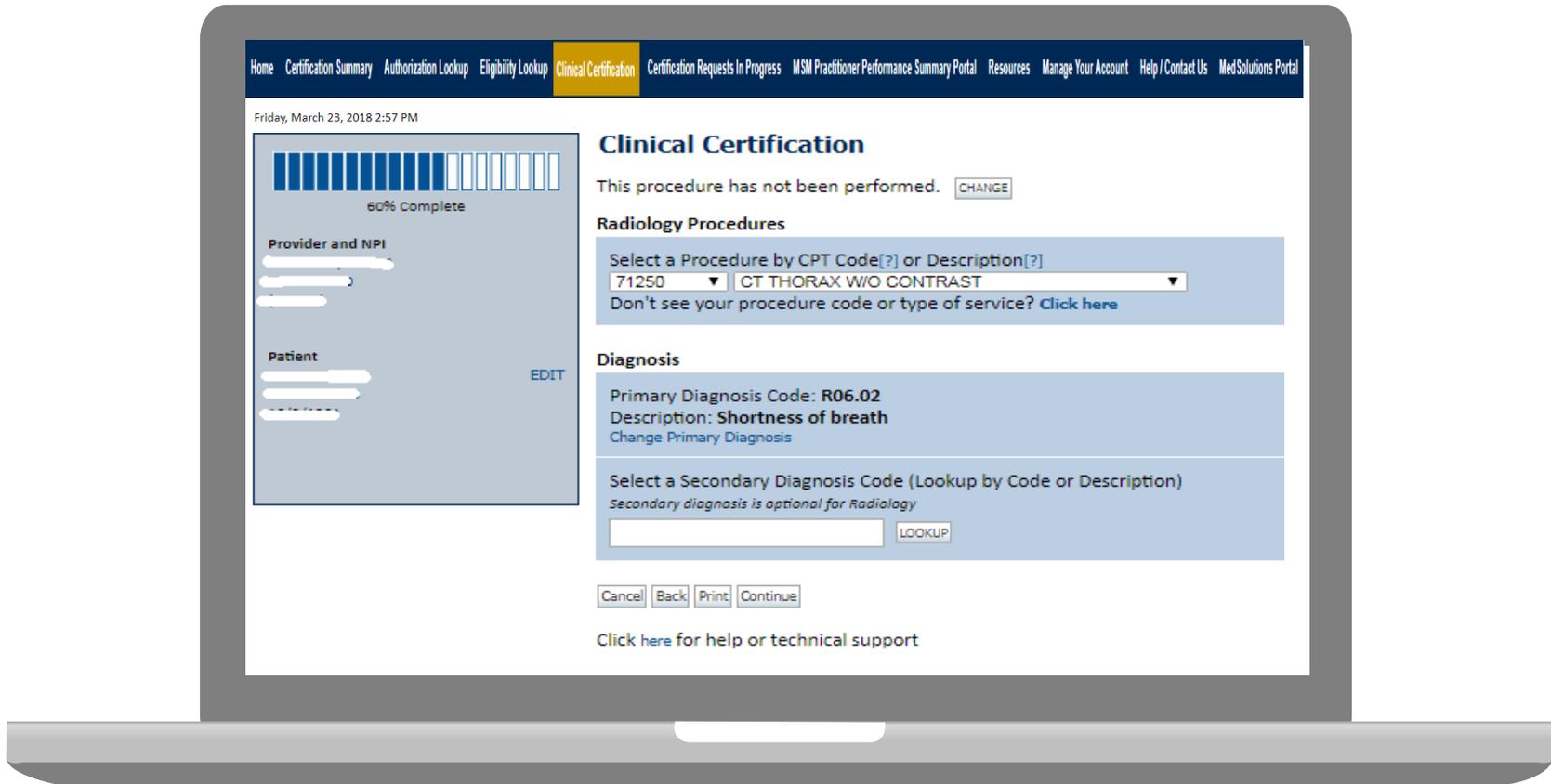
Enter the **member information** including the Patient ID number, date of birth, and patient's last name. Click **"Eligibility Lookup."**

Member/Procedure Information



Verify if the procedure has already been performed.

Clinical Details



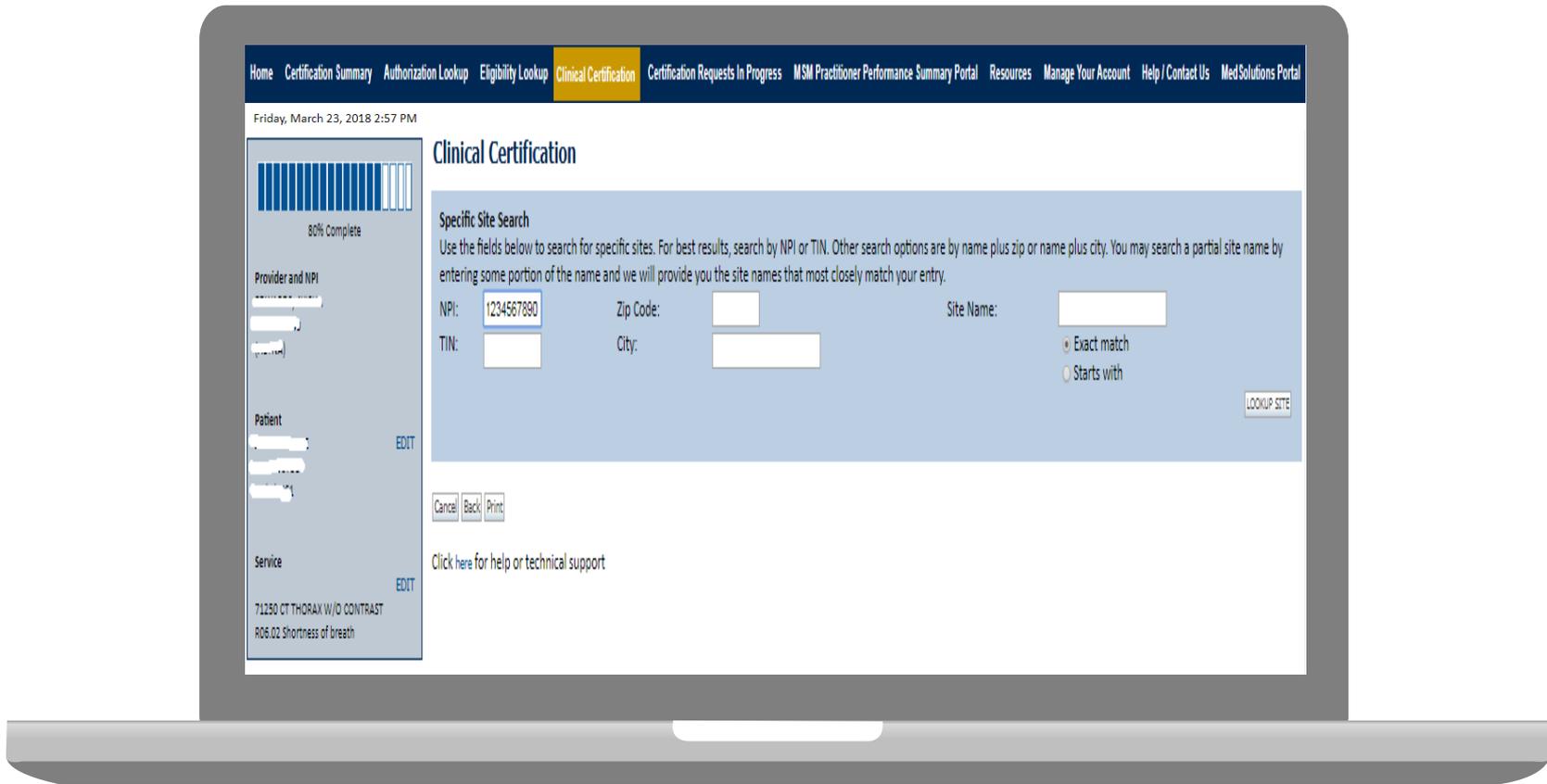
Select the **CPT** and **Diagnosis** codes.

Verify Service Selection



Click **continue** to confirm your selection.

Site Selection



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

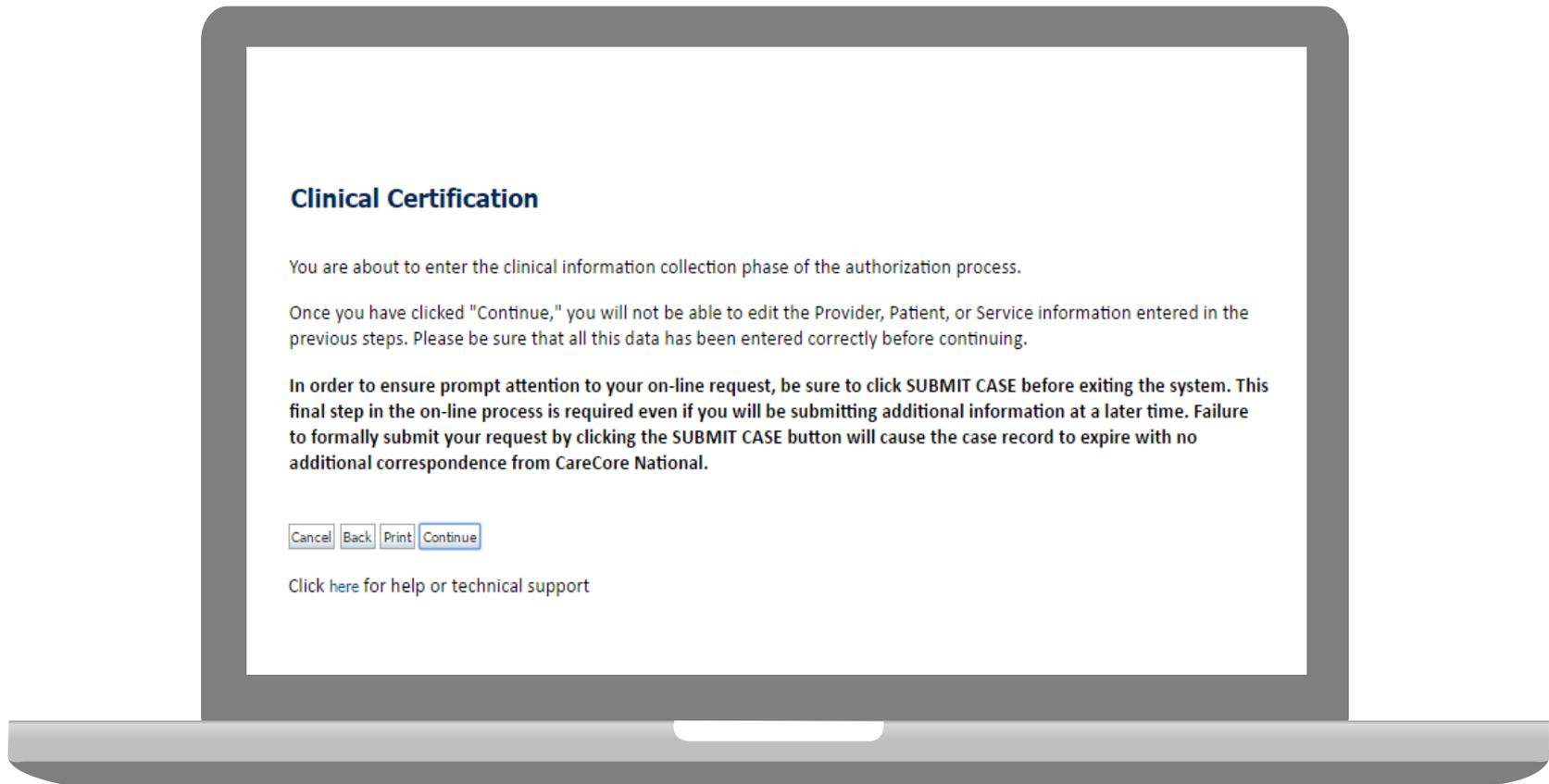
Site Selection



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.**

Contact Information

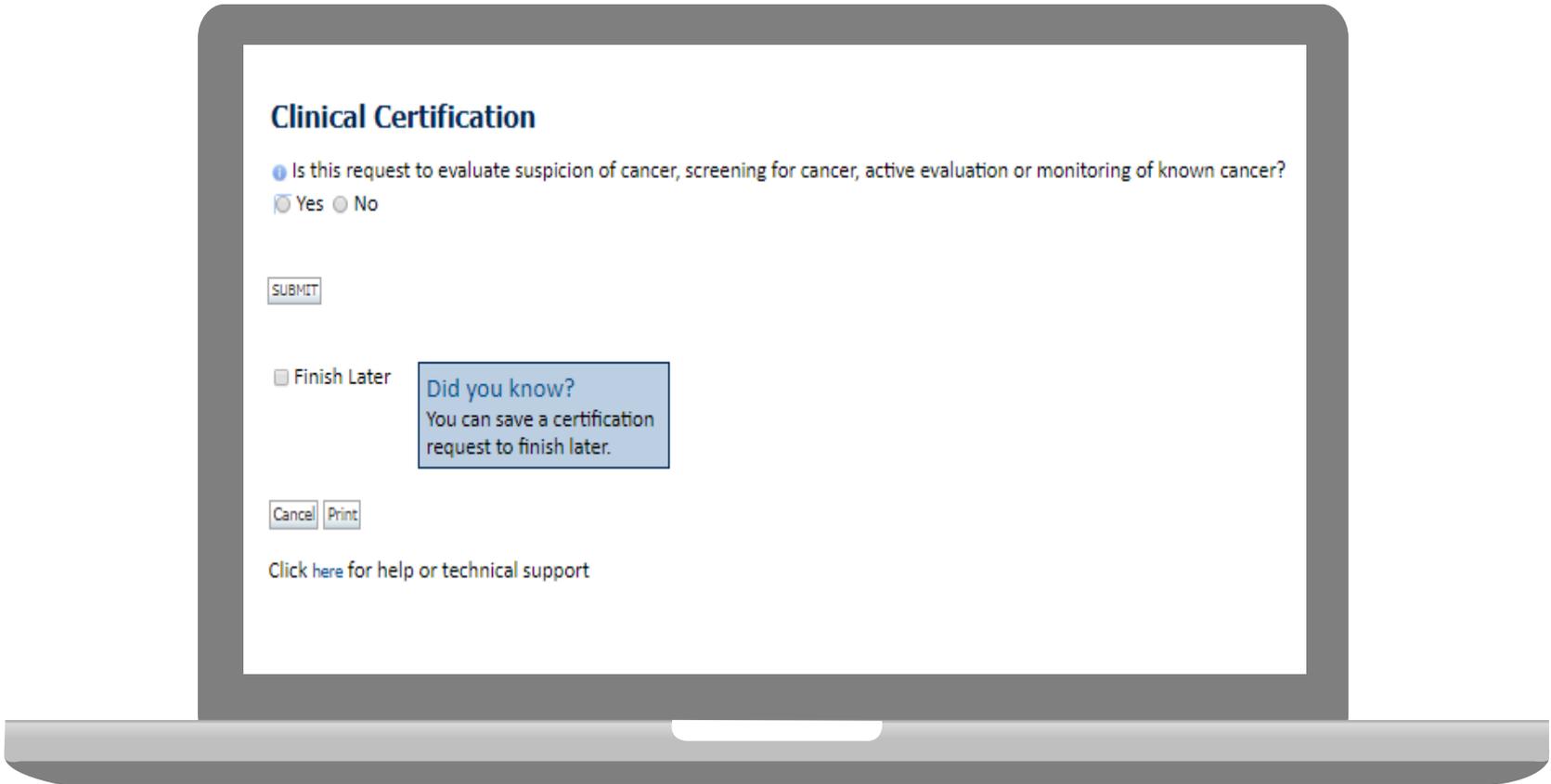
Select an Urgency Indicator and Upload your patient's relevant medical records that support your request.

If your request is urgent select No, if the case is standard select Yes.



You can upload up to **FIVE documents** in .doc, .docx, or .pdf format. Your case will only be considered Urgent if there is a successful upload.

Clinical Certification



Clinical Certification questions may populate based upon the information provided.

Clinical Certification



The screenshot shows a web form titled "Clinical Certification" on a laptop screen. The form contains the following elements:

- Title:** Clinical Certification
- Question:** Which one of the following best describes the reason for the requested study.
- Input:** A dropdown menu with a downward arrow.
- Buttons:** A "SUBMIT" button.
- Checkbox:** An unchecked checkbox labeled "Finish Later".
- Callout Box:** A blue box with the text "Did you know? You can save a certification request to finish later."
- Buttons:** "Cancel" and "Print" buttons.
- Text:** "Click [here](#) for help or technical support".

- You can click the **“Finish Later”** button to save your progress.
- You have **two (2) business days** to complete the case.

Clinical Certification

Clinical Certification

1 What is the date of the most recent contact with the requesting provider for this problem? (Enter an approximate date if the exact date is not known)

1 Enter the type of contact.

- Email
- Office visit
- Phone call
- Other
- Unknown

Finish Later

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

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

Select a **reason** for the requested study, or choose “Not Listed” if none of the available options are appropriate.

Medical Review

Clinical Certification

Is there any additional information specific to the member's condition you would like to provide?
 Yes No

Enter text in the space provided below or continue.

Additional Information - Notes:

Finish Later

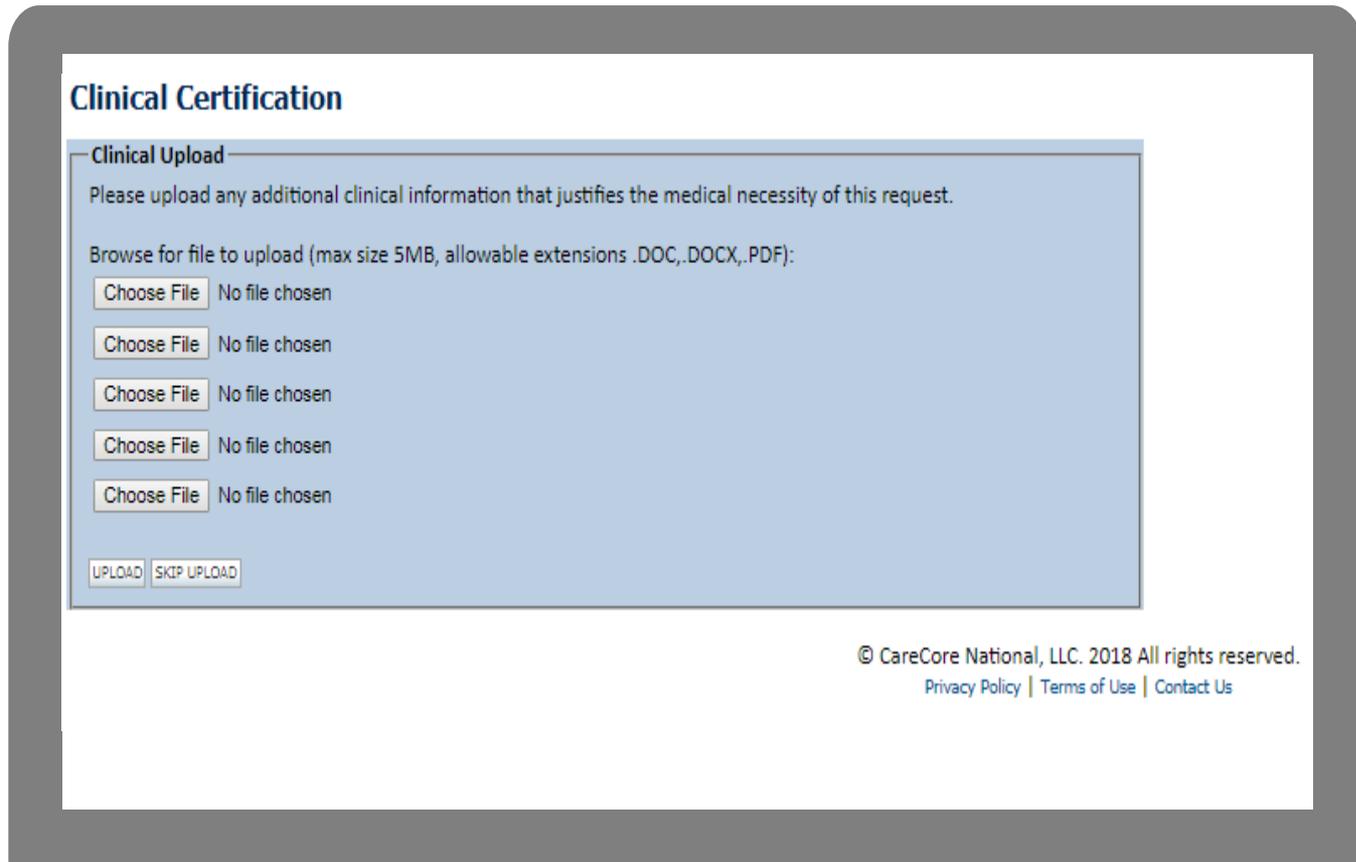
Did you know?
You can save a certification request to finish later.

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

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

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

Medical Review



Clinical Certification

Clinical Upload

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

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

No file chosen

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

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

Medical Review

Clinical Certification

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

[Print](#) [SUBMIT CASE](#)

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

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

Approval

Clinical Certification

Your case has been Approved.

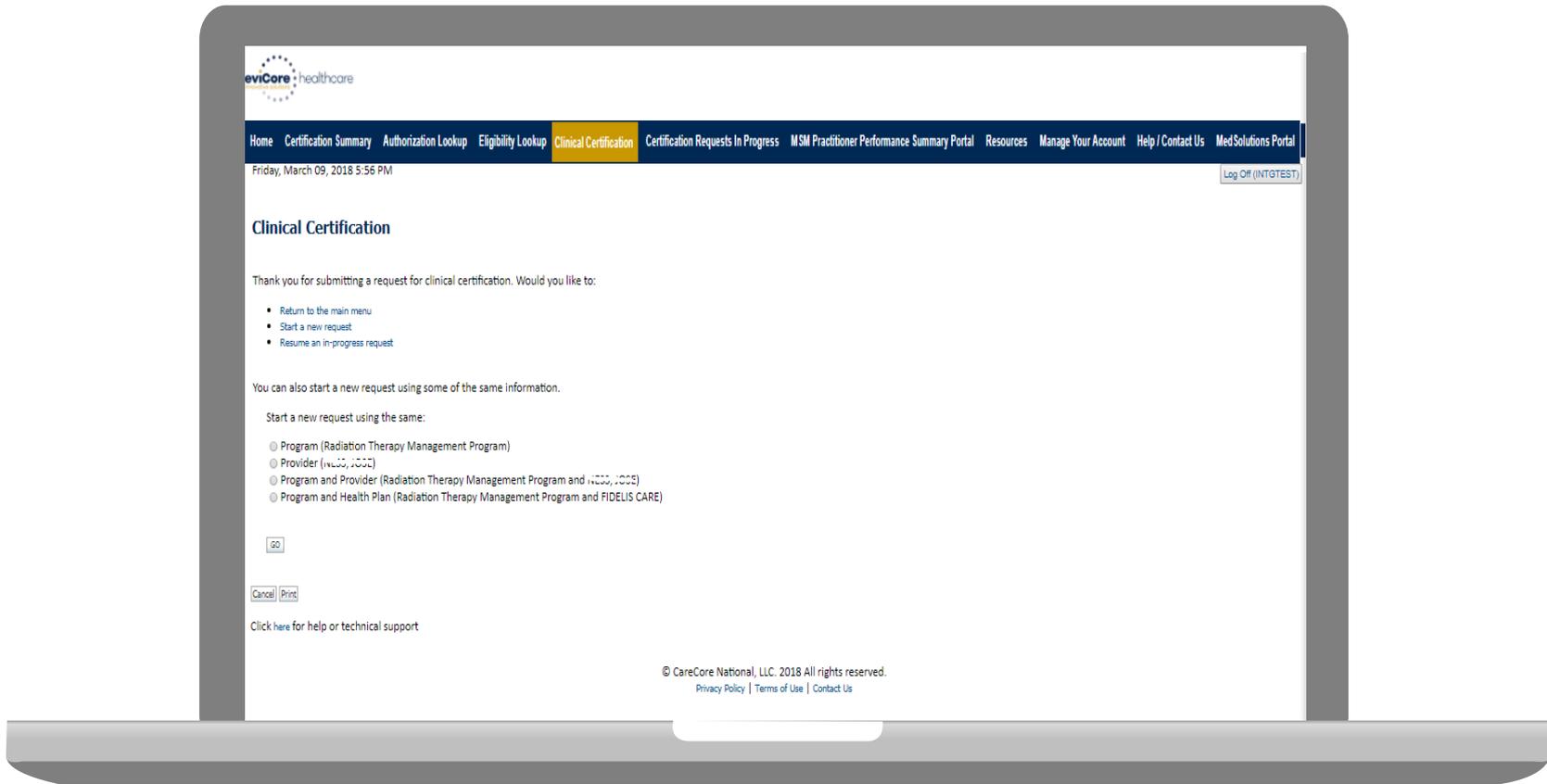
Provider Name:	Contact:
Provider Address:	Phone Number:
	Fax Number:
<hr/>	
Patient Name:	Patient ID:
Insurance Carrier:	
<hr/>	
Site Name:	Site ID:
Site Address:	

Primary Diagnosis Code:	M25.562	Description:	Pain in left knee
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided		
CPT Code:	73721	Description:	MRI LOWER EXTREMITY JOINT W/O
Authorization Number:			
Review Date:	2:12:39 PM		
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



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



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

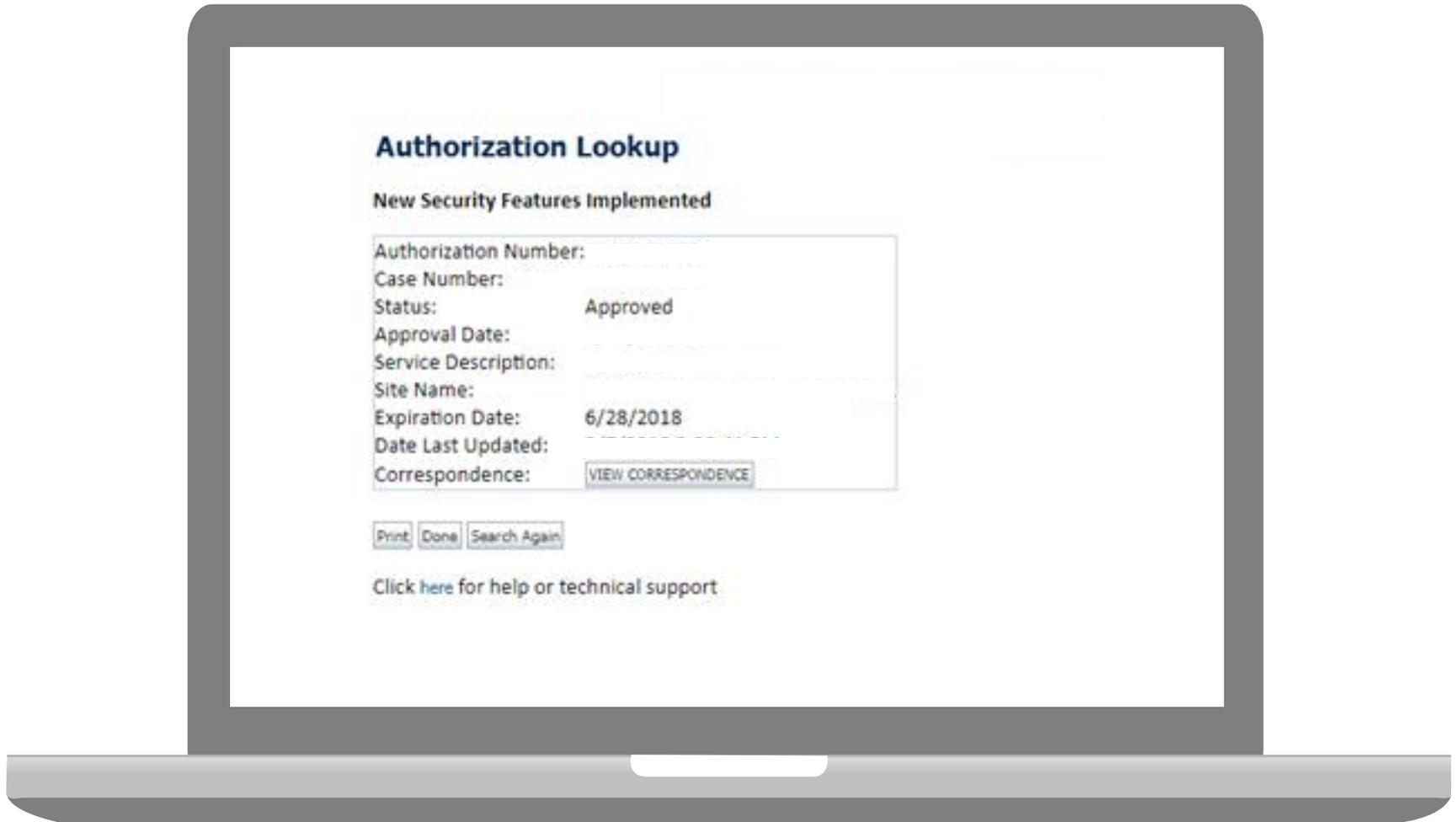
REQUIRED FIELDS

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 Portal Resources Manage Your Account Help / Contact Us

Thursday, March 15, 2018 4:43 PM

Log Off (INTGTEST)

Eligibility Lookup

New Security Features Implemented

Health Plan:

Patient ID:

Member Code:

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

Radiology Eligibility: **Precertification is Required**

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

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

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

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

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

CONFIDENTIALITY NOTICE: Certain portions of this website are accessible only by authorized users and unique identifying credentials, and may contain confidential or privileged information. If you are not an authorized recipient of the information, you are hereby notified that any access, disclosure, copying, distribution, or use of any of the information contained in the code-accessed portions is STRICTLY PROHIBITED.

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

Provider Resources

Online Resources

- You can access important tools and resources at www.evicore.com.
- Select the **Solution** to view **FAQs, Clinical Guidelines, Online Forms**, and more.

The screenshot shows 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". On the right, there is a login section with "LOGIN: PROVIDERS | PLANS" and a search box containing the text "Search" and a magnifying glass icon. Below the login text is a link with a list icon and the text "Clinical Guidelines and Forms". The navigation menu is a dark blue bar with the following items: "ABOUT", "APPROACH", "SOLUTIONS" (highlighted in yellow with a dropdown arrow), "RESOURCES" (with a dropdown arrow), "MEDIA", and "CAREERS". The "SOLUTIONS" dropdown menu is open, showing two columns: "Specialty Solutions" and "Market Solutions".

Specialty Solutions	Market Solutions
Musculoskeletal	Provider
Radiation Therapy	Health Plan
Medical Oncology	Government
Post-Acute Care	
Specialty Drug Management	
	Radiology
	Cardiology
	Sleep
	Lab Management

Quick Reference Tool

The screenshot shows the top navigation bar of the eviCore healthcare website. The logo is on the left, and the navigation menu includes ABOUT, APPROACH, SOLUTIONS, RESOURCES (highlighted), MEDIA, and CAREERS. A search bar is on the right. Below the navigation is a breadcrumb trail: Overview | Clinical Guidelines | Quick Reference Tool | Online Forms & Resources | Solutions | Video Tutorial. The main content area features a yellow circle with a downward arrow and the heading "Quick Reference Tool". Below this is a paragraph: "Select the member's health plan and solution in the dropdowns below to access the appropriate contact phone and fax numbers as well as initiate a case request online." Two dropdown menus are shown: "Select Health Plan" and "Select Solution (Required)". The "Select Solution (Required)" dropdown is open, showing a list of medical specialties: Cardiology, Lab Management, Medical Oncology, Musculoskeletal, Post-Acute Care, Radiation Therapy, Radiology, and Sleep.

This inset screenshot shows a close-up of the "Quick Reference Tool" interface. It features two dropdown menus: "Select Health Plan" and "Musculoskeletal". Below these is a "SHOW RESULTS" button. The section is titled "To Create a Case" and includes the text: "After logging in, select Legacy CareCore National Portal. Click here to login." Below this is a section titled "Contact Details" which lists contact information for three services: Pain Management (Phone: 888-333-8641, Fax: 800-540-2406), Therapy (Phone: 888-333-8641, Fax: 855-774-1319), and Chiro (Phone: 800-409-9081, Fax: 866-255-1033).

Access the **Quick Reference Tool** at www.evicore.com under the “Clinical Guidelines and Forms” section. Select the Health Plan and Solution to populate the contact phone and fax numbers as well as the appropriate legacy portal to utilize for case requests.

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

Thank You!

