

# Radiology

Blue Cross Blue Shield of Illinois Medicaid Program



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# Our Clinical Approach

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# Clinical Staffing

## Multi-Specialty Expertise

Dedicated nursing and physician specialty teams for various solutions

>300  
Medical  
Directors

Covering  
51  
different  
specialties

800  
Nurses with  
diverse  
specialties /  
experience

- ◊ **Anesthesiology**
- ◊ **Cardiology**
- ◊ **Chiropractic**
- ◊ **Emergency Medicine**
- ◊ **Family Medicine**
  - Family Medicine / OMT
  - Public Health & General Preventative Medicine
- ◊ **Internal Medicine**
  - Cardiovascular Disease
  - Critical Care Medicine
  - Endocrinology, Diabetes & Metabolism
  - Geriatric Medicine
  - Hematology
  - Hospice & Palliative Medicine
  - Medical Oncology
  - Pulmonary Disease
  - Rheumatology
  - Sleep Medicine
  - Sports Medicine
- ◊ **Medical Genetics**
- ◊ **Nuclear Medicine**
- ◊ **OB/ GYN**
  - Maternal-Fetal Medicine
- ◊ **Oncology / Hematology**
- ◊ **Orthopedic Surgery**
- ◊ **Otolaryngology**
- ◊ **Pain Mgmt. / Interventional Pain**
- ◊ **Pathology**
  - Clinical Pathology
- ◊ **Pediatric**
  - Pediatric Cardiology
  - Pediatric Hematology-Oncology
- ◊ **Physical Medicine & Rehabilitation**
  - Pain Medicine
- ◊ **Physical Therapy**
- ◊ **Radiation Oncology**
- ◊ **Radiology**
  - Diagnostic Radiology
  - Neuroradiology
  - Radiation Oncology
  - Vascular & Interventional Radiology
- ◊ **Sleep Medicine**
- ◊ **Sports Medicine**
- ◊ **Surgery**
  - Cardiac
  - General
  - Neurological
  - Spine
  - Thoracic
  - Vascular
- ◊ **Urology**

## Competency-Based Routing

- Allows clinically complex cases to automatically route to a specific queue, based on clinical specialty for review
- Ensures greater accuracy of decision-making across the many clinical disciplines

## 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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# **Preauthorization Program for Blue Cross and Blue Shield Medicaid Program**

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## Program Overview

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

**Preauthorization applies to services that are:**

- Outpatient
- Elective / Non-emergent
- Diagnostic

**eviCore Preauthorization **does not apply** to services that are performed in:**

- Emergency room
- Inpatient
- 23-hour observation

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

# Applicable Membership

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

- **Blue Cross and Blue Shield of Illinois**
  - **Medicaid members**

## Preauthorization Required:

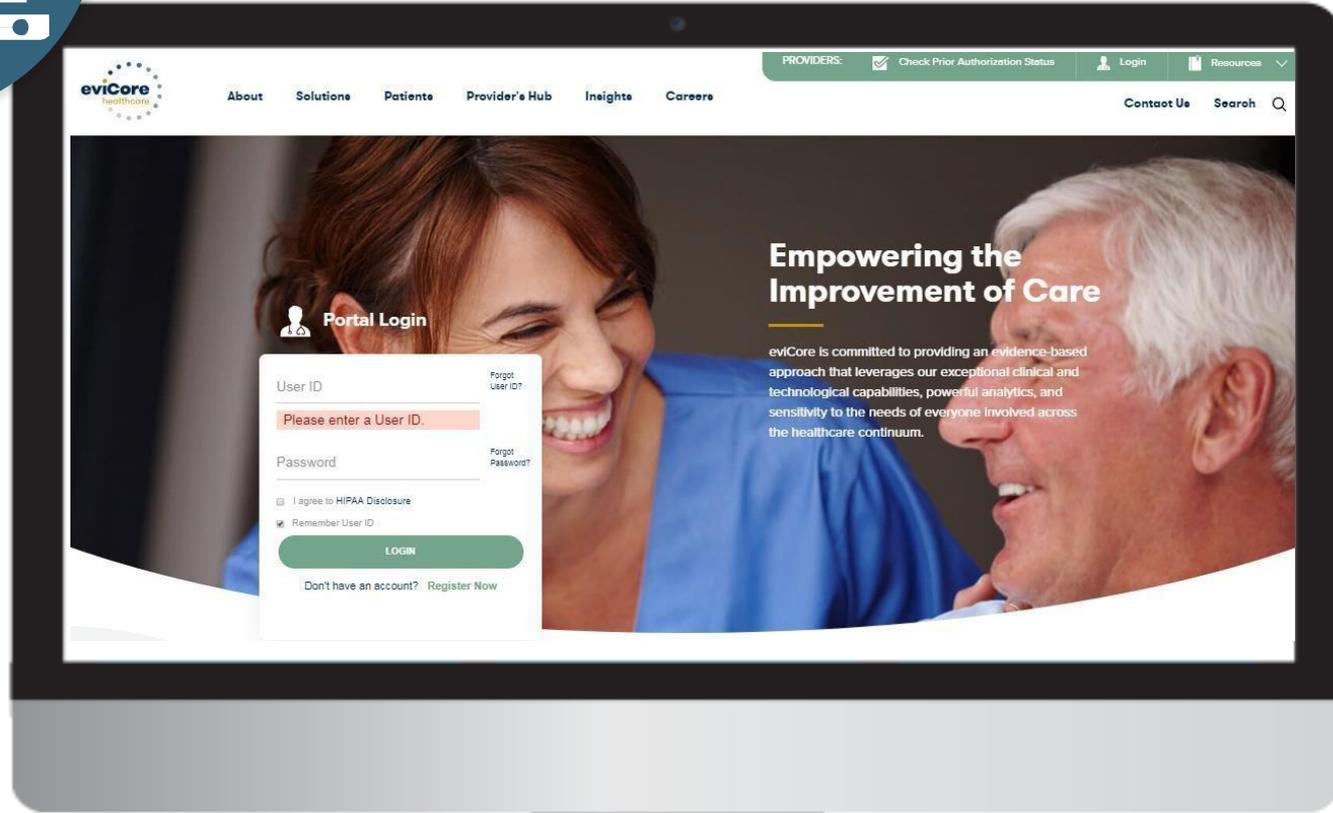
- CT, CTA (Computed Tomography, Computed Tomography Angiography)
- MRI, MRA (Magnetic Resonance Imaging, Magnetic Resonance Angiography)
- PET (Positron Emission Tomography)

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

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

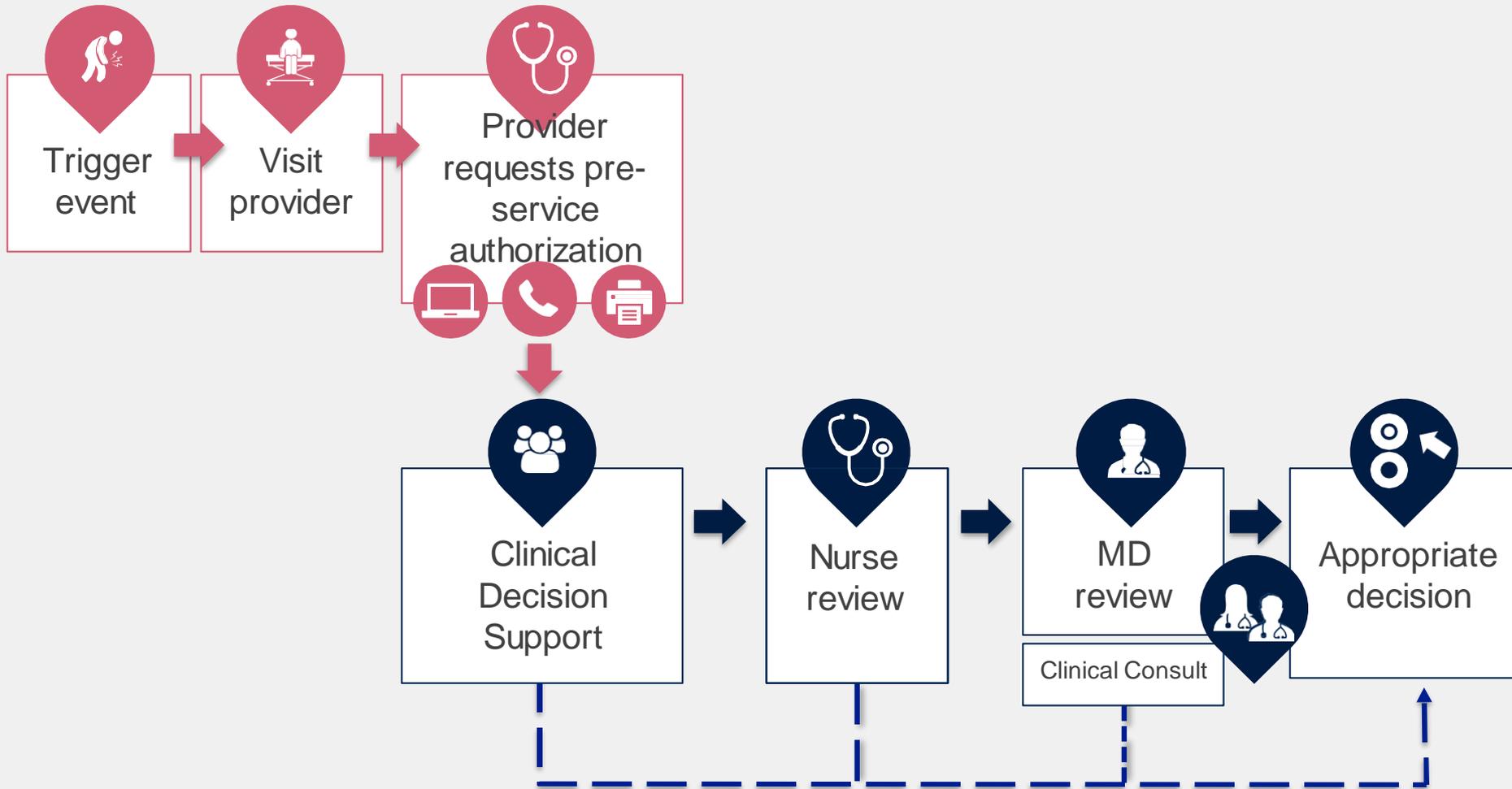


The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status and is available 24/7. By visiting [www.eviCore.com](http://www.eviCore.com) providers can spend their time where it matters most — with their patients!



Or by phone:  
**Phone Number:**  
855-252-1117  
7:00 a.m. to 7:00p.m.  
(Monday – Friday)

# Pre-service Authorization Process



# Needed Information



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

- Prior tests, and/or prior 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

# Preauthorization Outcomes

## Approved Requests:

- All requests are processed within 4 calendar days.
- Authorizations are typically good for 45 days from the date of determination.

## Delivery:

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

## Denied Requests:

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

## Delivery:

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

# Preauthorization Outcomes

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## ➤ 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

## Authorization Appeals

- eviCore will manage first level authorization appeals
- Authorization appeals must be made in writing within 30 calendar days of the determination. eviCore will respond within 15 business days.

## Outpatient Urgent Studies:

- Contact eviCore by phone or web portal to request an expedited preauthorization review and provide clinical information
- Urgent Cases will be reviewed within 72 hours of the request.

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# Web Portal Services

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# Portal Compatibility

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The eviCore.com website is compatible with the following web browsers:

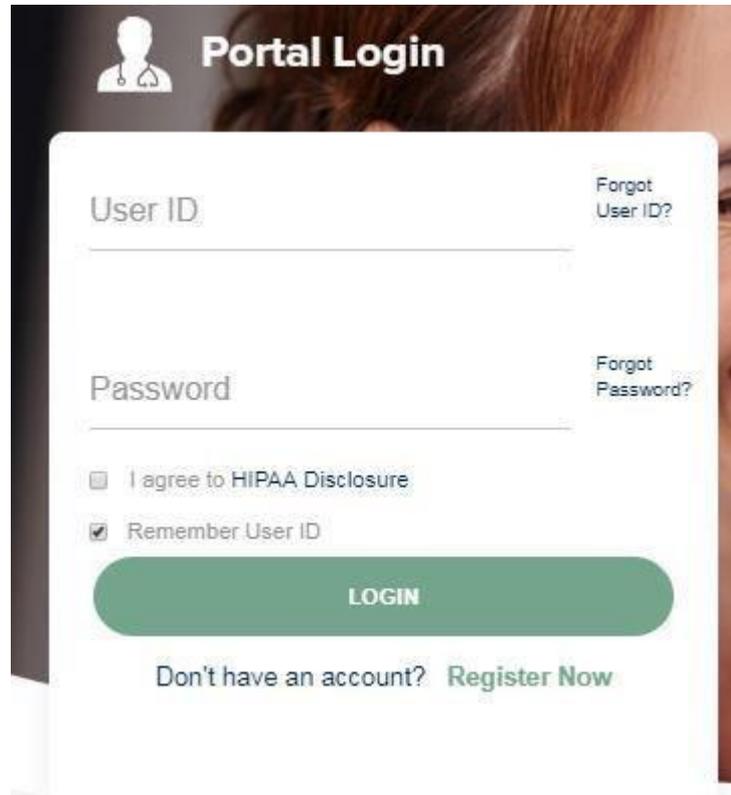
- Google Chrome
- Mozilla Firefox
- Internet Explorer 9, 10, and 11

# eviCore healthcare website

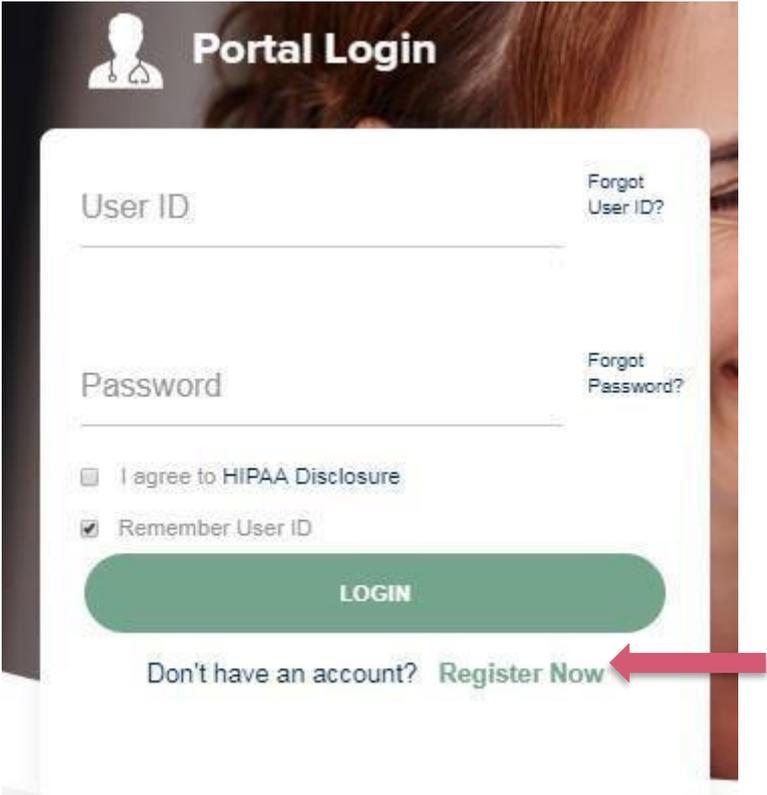
- Point web browser to evicore.com



- Login or Register

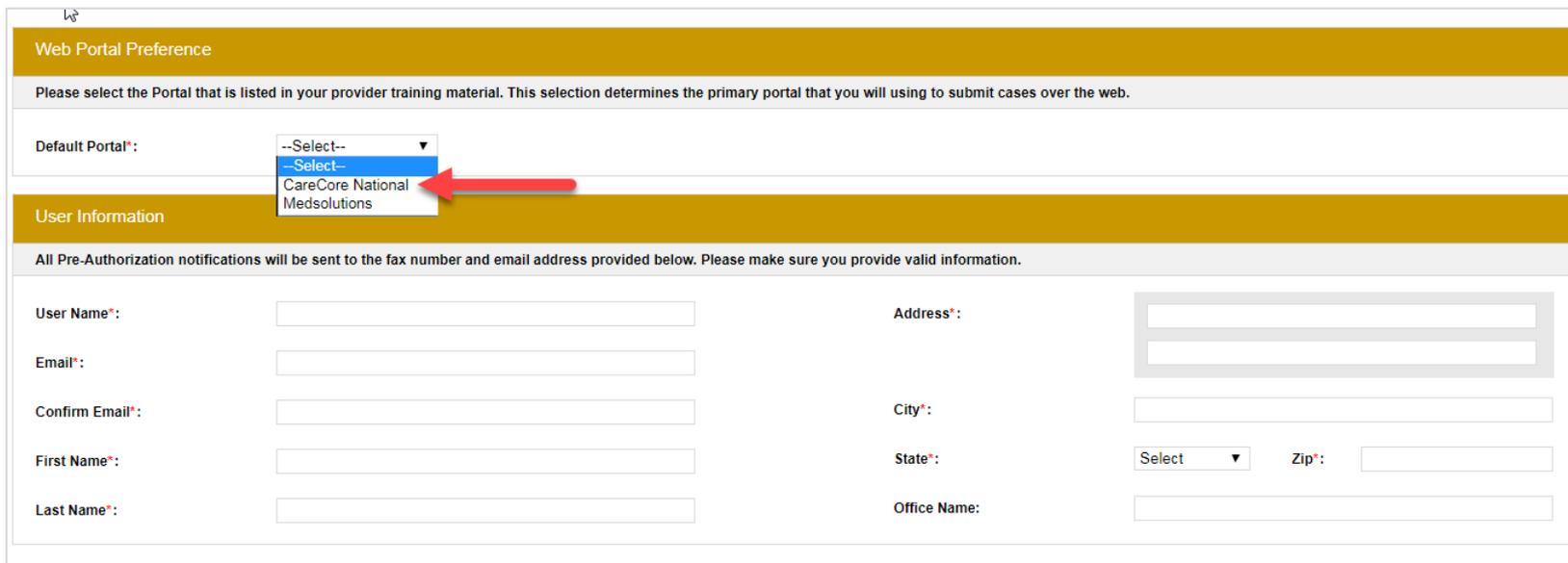
A screenshot of the 'Portal Login' form on the eviCore healthcare website. The form is titled 'Portal Login' and features a doctor icon. It contains two input fields: 'User ID' and 'Password'. To the right of the 'User ID' field is a link 'Forgot User ID?'. To the right of the 'Password' field is a link 'Forgot Password?'. Below the input fields are two checkboxes: 'I agree to HIPAA Disclosure' (unchecked) and 'Remember User ID' (checked). A large green button labeled 'LOGIN' is positioned below the checkboxes. At the bottom of the form, there is a link 'Don't have an account? Register Now'.

# Creating An Account



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

# Creating An Account



The screenshot shows a web form titled "Web Portal Preference". Below the title is a yellow bar with the text "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." Below this is a label "Default Portal\*" followed by a dropdown menu. The dropdown menu is open, showing three options: "--Select--", "CareCore National", and "Medsolutions". A red arrow points to the "CareCore National" option. Below the dropdown is another yellow bar with the text "User Information". Below this is a grey bar with the text "All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information." Below this are several input fields: "User Name\*", "Email\*", "Confirm Email\*", "First Name\*", "Last Name\*", "Address\*", "City\*", "State\*" (with a "Select" dropdown), "Zip\*", and "Office Name".

- Select **CareCore National** as the Default Portal, complete the User Information section in full, and **Submit Registration**.
- You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the log-in page.

# Creating An Account

Please review the information before you submit this registration. An Email will be sent to your registered email address to set your password.

**Web Portal Preference**

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

Default Portal\*:

If you want to register as a Client User at CareCore National, then please contact us: 1-800-918-8924 x20136.

**User Registration**

<b>UserName:</b>	MYG123	<b>Address:</b>	730 Cool Springs	<b>Phone:</b>	800-575-4517
<b>Email:</b>	tesaccount@gmail.com	<b>City:</b>	Franklin	<b>Ext:</b>	
<b>Account Type:</b>	Physician	<b>State:</b>	TN	<b>Zip:</b>	37067
<b>First Name:</b>	Test	<b>Office Name:</b>	Test Office	<b>Fax:</b>	615-468-4408
<b>Last Name:</b>	Account				

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



# User Registration-Continued

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

Default Portal: Medsolutions

### User Registration

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

### Provider Information

Physician FirstName: TEST      Physician LastN  
State: TN      Tax ID:

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

#### 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)). This electronic access to any of eviCore's web based applications is subject

Accept Terms and Conditions \*

Submit Cancel

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

# User Registration-Continued

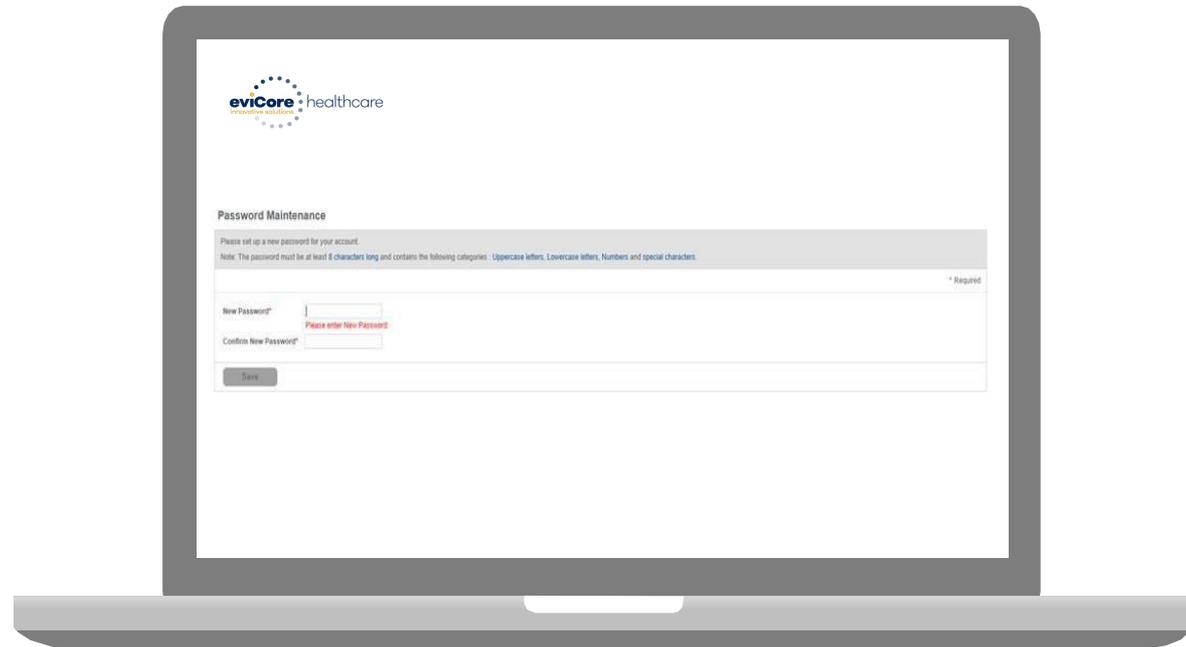


➤ You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

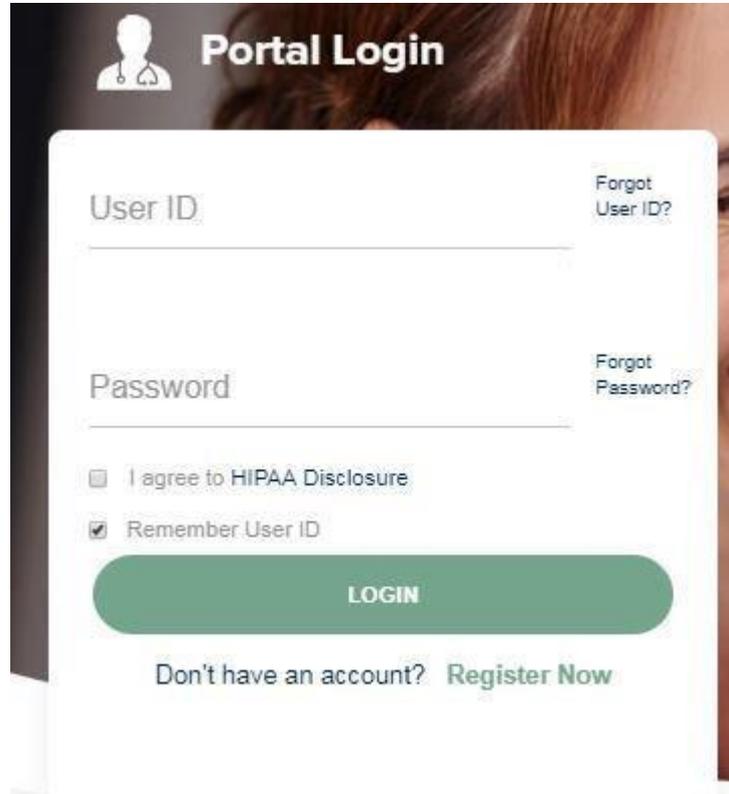
# Create a Password

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

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



# Account Log-In



The image shows a 'Portal Login' interface. At the top left is a white icon of a person with a stethoscope. To its right is the text 'Portal Login'. Below this is a white login form with a dark background. The form contains two input fields: 'User ID' and 'Password'. To the right of the 'User ID' field is a link 'Forgot User ID?'. To the right of the 'Password' field is a link 'Forgot Password?'. Below the input fields are two checkboxes: 'I agree to HIPAA Disclosure' (unchecked) and 'Remember User ID' (checked). At the bottom of the form is a green rounded button labeled 'LOGIN'. Below the button is the text 'Don't have an account? Register Now'.



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

# Multi-Factor Authentication MFA

The image displays two side-by-side screenshots of a 'Set up Two Factor Authentication' interface. The left screenshot shows the 'SMS' option selected (indicated by a filled radio button) under the heading 'Set up Two Factor Authentication'. Below this, there is a 'Register Mobile Number' section with a dropdown menu set to 'USA (+1)' and a text input field containing '123-456-7890'. A 'Send PIN' button is located below the input field. A small note reads 'Only one device (Email or SMS) is currently allowed.' Below the button, there is a section titled 'Please enter the PIN sent to your Mobile Number' with a 'PIN' input field and a 'Submit' button. The right screenshot shows the 'Email' option selected (indicated by a filled radio button) under the heading 'Set up Two Factor Authentication'. Below this, there is a 'Register Email Address' section with a text input field containing 'example@evicore.com'. A 'Send PIN' button is located below the input field. A small note reads 'Only one device (Email or SMS) is currently allowed.' Below the button, there is a section titled 'Please enter PIN sent to your Email Address' with a 'PIN' input field and a 'Submit' button.

- To safeguard your patients' private health information (PHI) we have implemented a **multifactor authentication (MFA)** process.
- After you log in, you will be prompted to enter your email address or mobile phone number. This preference will be saved for future use.
- Select “**Send Pin,**” and a 6-digit pin is generated and sent to your chosen device.
- After entering the provided PIN# in the portal display, you will successfully be authenticated and logged in. **You will need to perform the MFA process every time you log in.**

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# Account Overview

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# Welcome Screen

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

Tuesday, May 12, 2020 4:20 PM

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 AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

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

# Add Practitioners

### Manage Your Account

Office Name:  CHANGE PASSWORD EDIT ACCOUNT

Address:

Primary Contact:

Email Address:

ADD PROVIDER

Click Column Headings to Sort

CANCEL

### 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

FIND MATCHES CANCEL

- Select the “[Manage Your Account](#)” tab, then the [Add Provider](#)
- Enter the NPI, state, and zip code to search for the provider
- Select the matching record based upon your search criteria
- Once you have selected a practitioner, your registration will be complete
- You can also click “[Add Another Practitioner](#)” to add another provider to your account
- You can access the “[Manage Your Account](#)” at any time to make any necessary updates or changes

# Select Program

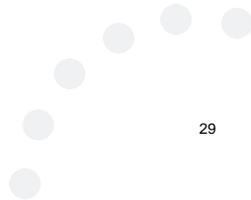
## Clinical Certification

Please select the program for your certification:

- Radiology and Cardiology
- Specialty Drugs
- Radiation Therapy Management Program (RTMP)
- Musculoskeletal Management
- Sleep Management
- Lab Management Program
- Durable Medical Equipment(DME)
- Medical Oncology Pathways

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

Select the **Program** for your certification.



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# Case Initiation

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# Initiating A Case

**Request an Authorization**

To begin, please select a program below:

- Durable Medical Equipment(DME)
- Gastroenterology
- Lab Management Program
- Medical Oncology Pathways
- Musculoskeletal Management
- Radiation Therapy Management Program (RTMP)
- Radiology and Cardiology
- Sleep Management
- Specialty Drugs

**CONTINUE**

**Requesting Provider Information**

Select the provider for whom you want to submit an authorization request. If you don't see them listed, click [Manage Your Account](#) to add them.

Filter Last Name or NPI:

**SEARCH** **CLEAR SEARCH**

Provider	
<b>SELECT</b>	[REDACTED]

**BACK** **CONTINUE**

- Choose **Clinical Certification** to begin a new request
- Select the appropriate program
- Select “Requesting Provider Information”

# Select Health Plan & Provider Contact Info

## Choose Your Insurer

Requesting Provider: [PREVIOUS PROVIDER]

Please select the insurer for this authorization request.

Please Select a Health Plan

BACK

CONTINUE

[Click here for help](#)

**Urgent Request?** You will be required to upload relevant clinical info at the end of this process. [Learn More](#).

**Don't see the insurer you're looking for?** Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

- Choose the appropriate **Health Plan** for the request
- Once the plan is chosen, select the provider address in the next drop-down box
- Select CONTINUE and on the next screen **Add your contact info**
- Provider name, fax and phone will pre-populate, you can **edit** as necessary
- By entering a valid email you can receive e-notifications

## Add Your Contact Info

Provider's Name:\* [PREVIOUS PROVIDER] [?]

Who to Contact:\* [?]

Fax:\* [?]

Phone:\* [?]

Ext.: [?]

Cell Phone:

Email: [?]

BACK

CONTINUE

# Member & Request Information

### Patient Eligibility Lookup

Patient ID:\*

Date Of Birth:\*  MM/DD/YYYY

Patient Last Name Only:\*  [?]

**ELIGIBILITY LOOKUP**

**BACK**

### Requested Service + Diagnosis

This procedure has not been performed. **CHANGE**

#### Radiology Procedures

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

73721 | MRI LOWER EXTREMITY JOINT W/O

Don't see your procedure code or type of service? [Click here](#)

#### Diagnosis

Select a Primary Diagnosis Code (Lookup by Code or Description)

**LOOKUP**

**Trouble selecting diagnosis code? Please follow [these steps](#)**

Select a Secondary Diagnosis Code (Lookup by Code or Description)

*Secondary diagnosis is optional for Radiology*

**LOOKUP**

- Enter the **member information**, including the patient ID number, date of birth, and last name. Click **Eligibility Lookup**
- Next screen you can enter CPT code & diagnosis code

# Site Selection

Start by searching NPI or TIN for the site where the procedure will be performed. You can search by any fields listed. Searching with NPI, TIN, and zip code is the most efficient.

## Add Site of Service

### Specific Site Search

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.

NPI:

Zip Code:

Site Name:

TIN:

City:

Exact match

Starts with

LOOKUP SITE

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

# Clinical Certification

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## Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

**In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from eviCore.**

BACK

CONTINUE

- Verify that all information is entered and make any changes needed
- You will not have the opportunity to make changes after this point

# Standard or Urgent Request?

- If your request is **urgent** select **No**
- When a request is submitted as Urgent, you will be required to upload relevant clinical information
- If the case is **standard** select **Yes**
- You can upload up to FIVE documents in .doc, .docx, or .pdf format – max 5MB document size
- Your case will only be considered Urgent if there is a successful upload

### Proceed to Clinical Information

Is this case Routine/Standard?

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Summary F
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Thursday, May 14, 2020 3:04 PM

### Proceed to Clinical Information

**Urgency Indicator**

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

- A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.
- 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.
- None of the above

**Clinical Upload**

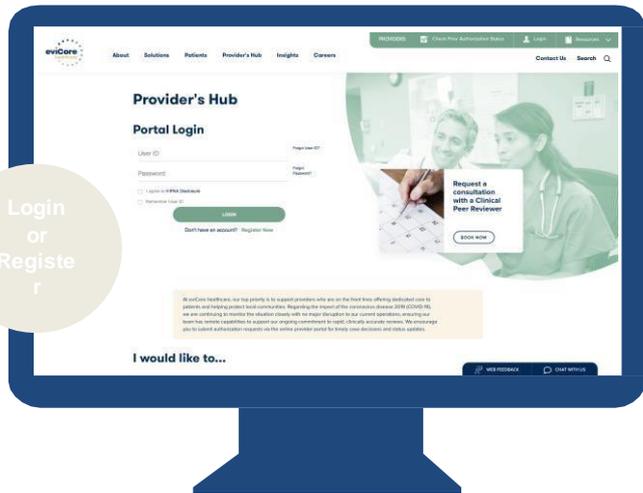
In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

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

No file chosen



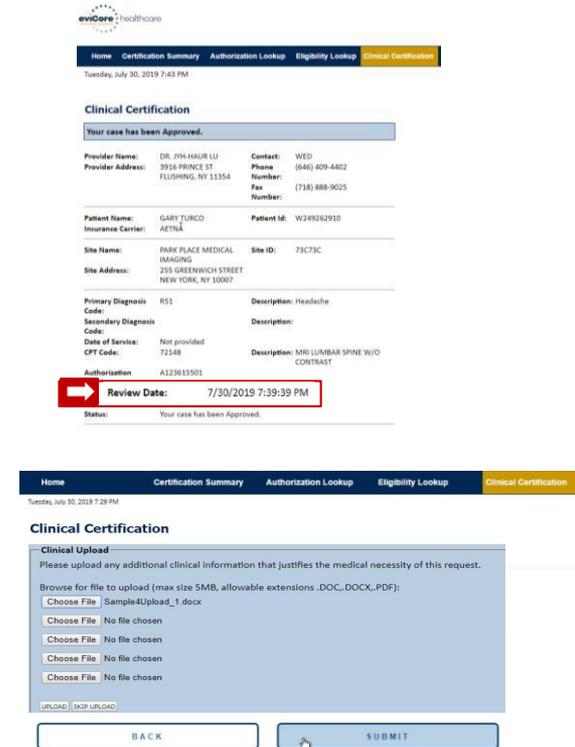
# Improved Provider Experience: Real-time Approval or Clinical Documentation Upload



Real-time Decision  
or  
Clinical Upload



*\*In some circumstances, you may be asked to complete a series of clinical questions which may result in an immediate approval or a request for clinical upload (Delete if AI is 100% at go-live)*



# Proceed to Clinical Information – Example of Questions

**Proceed to Clinical Information**

Will there be any additional procedures needing prior authorization for the same patient, date of service, and site of service?  
 Yes  No

**SUBMIT**

**Attention!**

Is this a request for a bilateral procedure of a previously requested authorization?

**YES** **NO**

Which anatomy will be examined with the requested study?  
 Hip  Knee  Ankle

**SUBMIT**

Finish Later

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

- **Clinical Certification** questions may populate based upon the information provided
- You can save your request and finish later if needed
- **Note:** You will have 2 business days to complete the case
- When logged in, you can resume a saved request by going to Certification Requests in Progress

# Request for clinical upload

If criteria are not met based on clinical questions, you will receive a similar request for additional info:

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification**

Tuesday, July 30, 2019 7:29 PM

### 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):

Choose File Sample4Upload\_1.docx

Choose File No file chosen

UPLOAD SKIP UPLOAD

BACK SUBMIT

### Summary of Your Request

Please review the details of your request below and if everything looks correct click SUBMIT

**Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.**

Provider Name:	DR. BRADLEY DORRIS BRADLEY DORRIS 12345678901234 12345678901234	Contact:	1234
Provider Address:	12345678901234 12345678901234 12345678901234	Phone Number:	1234-5678-9012
Patient Name:	12345678901234	Fax Number:	1234-5678-9012
Insurance Carrier:	12345678901234	Patient ID:	12345678901234
Site Name:	12345678901234 12345678901234 12345678901234	Site ID:	12345678901234
Site Address:	12345678901234 12345678901234 12345678901234		
Primary Diagnosis Code:	1234	Description:	Recurrent pregnancy loss
Secondary Diagnosis Code:	1234	Description:	
Date of Service:	12/31/2019	Description:	OB Ultrasound
CPT Code:	1234		
Case Number:	12345678901234		
Review Date:	5/13/2020 2:36:00 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.		

## Tips:

- Upload clinical notes on the portal, to avoid any delays (e.g., by faxing)
- Enter additional notes in the space provided only when necessary
- Additional information uploaded to the case will be sent for clinical review
- Print-out a summary of the request that includes the case # and indicates 'Your case has been sent to clinical review'

# Duplication Feature

## Success

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 (Radiation Therapy Management Program)
- Provider (XXXXXXXXXX)
- Program and Provider (Radiation Therapy Management Program and XXXXXXXXXXXX)
- Program and Health Plan (Radiation Therapy Management Program and CIGNA)

GO

- Duplicate feature allows you to start a new request using same information
- Eliminates entering duplicate information
- Time saver!

# Clinical Consultation

- Provides the ability to review clinical aspects of the case with a peer
- Be prepared to provide information that was not submitted previously
- Schedule the clinical consultations on line



www.evicore.com Go to  
Authorization Lookup, check if a P2P  
is available and proceed with the link  
give to schedule the P2P  
consultation

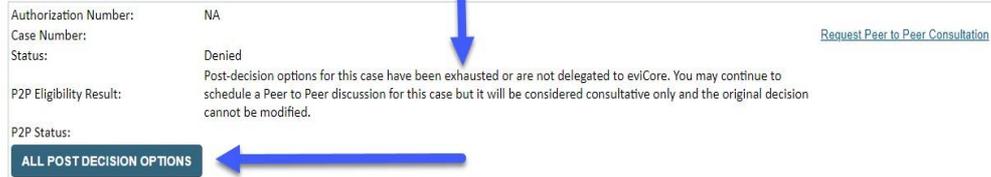
# How to schedule a Peer to Peer Request

Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the “All Post Decision Options” button to learn what other action may be taken.

## Authorization Lookup

Authorization Number:	NA	
Case Number:		<a href="#">Request Peer to Peer Consultation</a>
Status:	Denied	
P2P Eligibility Result:	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.	
P2P Status:		

**ALL POST DECISION OPTIONS**



# How to Schedule a Peer to Peer Request

Case Reference Number Case information will auto-populate from prior lookup

Member Date of Birth

+ Add Another Case

Lookup Cases >

It time zone.

...presented case member Member Date of Birth (DOB) for the case you just looked up.

You can add another case for the same Peer to Peer appointment request by selecting “Add Another Case”

To proceed, select “Lookup Cases”

You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click Continue to proceed.

Case Ref #: Remove P2P Eligible

! Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

Member Information	Case P2P Information
Name	Episode ID
DOB	P2P Valid Until 2020-11-11
State	Modality MSK Spine Surgery
Health Plan	Level of Review Reconsideration P2P
Member ID	System Name ImageOne

Continue

# How to Schedule a Peer to Peer Request

### Case Info

1st Case

Case #  
Episode ID  
Member Name  
Member DOB  
Member State  
Health Plan  
Member ID  
Case Type: MSK Spine Surgery  
Level of Review: Reconsideration P2P

### Questions

Please indicate your availability

**Preferred Days**

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

**Preferred Times**

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

**Time Zone**  
US/Eastern

[Continue >](#)

Click on any green check mark to deselect the option and then click Continue.

You will be prompted with a list of eviCore Physicians/Reviewers and appointment options per your availability. Select any of the listed appointment times to continue.

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week      5/18/2020 - 5/24/2020 (Upcoming week)      Next Week →

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT 6:30 pm EDT 6:45 pm EDT	-	-	-	-	-	-

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT 2:45 pm EDT 4:00 pm EDT 4:15 pm EDT Show more...	2:00 pm EDT 2:15 pm EDT 2:30 pm EDT 2:45 pm EDT Show more...	4:15 pm EDT 4:30 pm EDT 4:45 pm EDT 5:00 pm EDT Show more...	3:15 pm EDT 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT Show more...	-	-	-

1st Priority by Skill

# How to Schedule a Peer to Peer

## Confirm Contact Details

- Contact Person Name and Email Address will auto-populate per your user credentials

**P2P Info**  
Date: Mon 5/18/20  
Time: 6:30 pm EDT  
Reviewing Provider

**Case Info**

1st Case

Case #	
Episode ID	
Member Name	
Member DOB	
Member State	
Health Plan	
Member ID	
Case Type	MSK Spine Surgery
Level of Review	Reconsideration P2P

**P2P Contact Details**

Name of Provider Requesting P2P  
Dr. Jane Doe

Contact Person Name  
Office Manager John Doe

Contact Person Location  
Provider Office

Phone Number for P2P  
(555) 555-5555 Phone Ext. 12345

Alternate Phone  
[xxx] xxx-xxxx Phone Ext. Phone Ext.

Requesting Provider Email  
droffice@internet.com

Contact Instructions  
Select option 4, ask for Dr. Doe

Submit >

- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:

Name of Provider Requesting P2P

Phone Number for P2P

Contact Instructions

- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

Scheduling

Scheduled

Mon 5/18/20 - 6:30 pm EDT

SCHEDULED

# Authorization Lookup example

### Authorization Lookup

Authorization Number: NA

Case Number:  P2P AVAILABILITY

Status: Pending eviCore Review

P2P Status:

Approval Date:

Service Code: LABTST

Service Description: MOLECULAR GENETIC TEST

Site Name: MOUNT SINAI GENOMICS

Expiration Date:

Date Last Updated: 7/15/2020 5:30:44 PM

Correspondence: UPLOADS & FAXES

Clinical Upload: Upload Additional Clinical

**The option to attach clinical information is not available for this case at this time:  
Please fax clinical information to 800-540-2406**

---

Authorization Number:

Case Number:  P2P AVAILABILITY

Status: Approved

P2P Status:

Approval Date: 7/13/2020 12:00:00 AM

Service Code: LABTST

Service Description: MOLECULAR GENETIC TEST

Site Name: MOUNT SINAI GENOMICS

Expiration Date: 1/9/2021

Date Last Updated: 7/15/2020 5:25:14 PM

Correspondence: UPLOADS & FAXES

A final decision has not yet been rendered on this case OR it requires special handling. If you have received a request for additional clinical information, please respond to our notice per the instructions received. If you would like to understand additional options available, please contact our Physician Support Unit at 1-800-792-8744, option 1

#### Uploads & Faxes

Attached Faxes
Sent Letters & Faxes
Document Uploads

3 documents sent.

Episode ID	Date Sent	Time Sent	Document Name	Recipient	View
<input type="text"/>	07/15/2020	17:25:44	OSC0101 - Approval Standard PHYS	Physician	<span style="border: 1px solid #0056b3; padding: 2px 5px; font-weight: bold;">VIEW</span>
<input type="text"/>	07/15/2020	17:25:44	OSC0104 - Approval Standard SITE	Site	<span style="border: 1px solid #0056b3; padding: 2px 5px; font-weight: bold;">VIEW</span>
<input type="text"/>	07/15/2020	17:25:45	OSC0100 - Approval Standard MBR	Patient	<span style="border: 1px solid #0056b3; padding: 2px 5px; font-weight: bold;">VIEW</span>

CLOSE

# 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.

# Duplication Feature

## Success

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 (Radiation Therapy Management Program)
- Provider (XXXXXXXXXX)
- Program and Provider (Radiation Therapy Management Program and XXXXXXXXXXXX)
- Program and Health Plan (Radiation Therapy Management Program and CIGNA)

GO

- Duplicate feature allows you to start a new request using same information
- Eliminates entering duplicate information
- Time saver!

# 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:	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.

Print Continue

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

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

---

# Provider Resources



# Online Resources

- You can access important tools and resources at [www.evicore.com](http://www.evicore.com).
- Select the **Resources** to view **FAQs, Clinical Guidelines, Online Forms**, and more.

PROVIDERS:  Check Prior Authorization Status Login Resources

## Resources

**CLINICAL GUIDELINES**

- Clinical Worksheets
- Network Standards/Accreditations
- Provider Playbooks

### I Would Like To

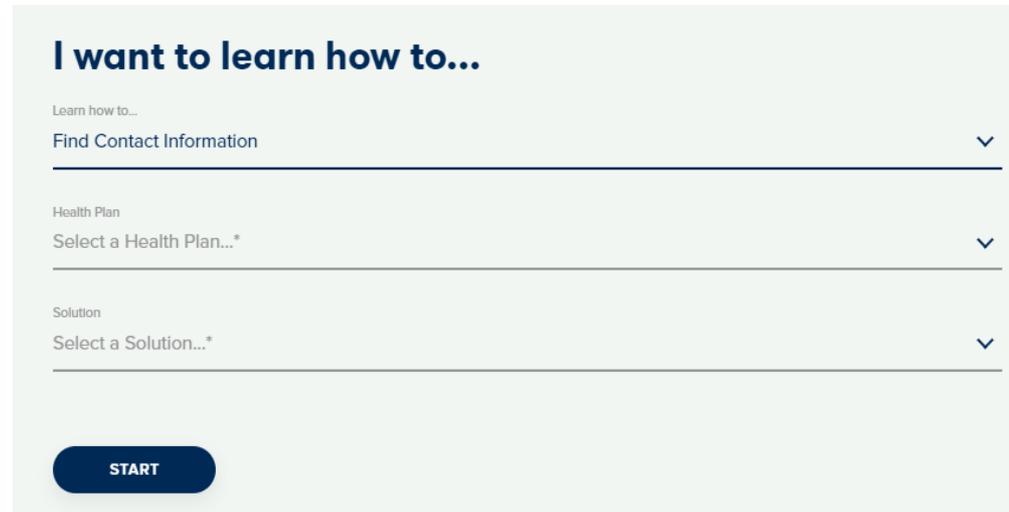
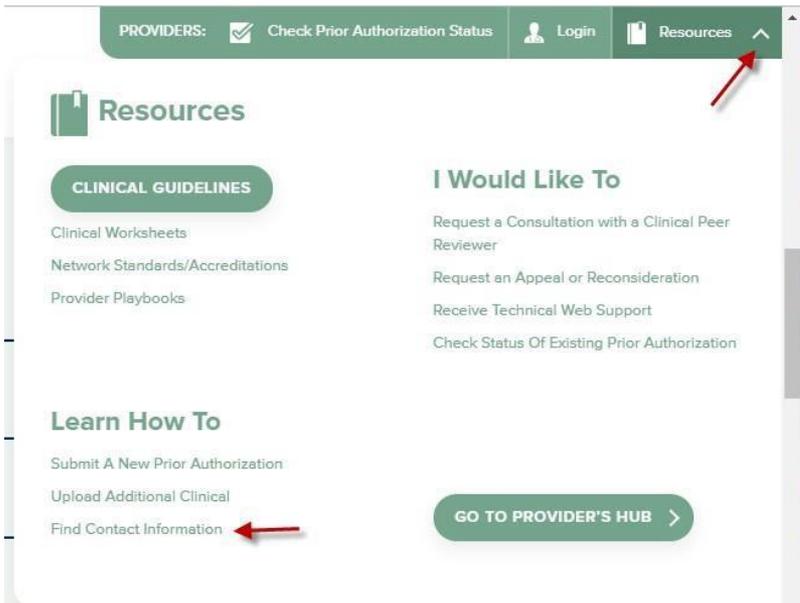
- Request a Consultation with a Clinical Peer Reviewer
- Request an Appeal or Reconsideration
- Receive Technical Web Support
- Check Status Of Existing Prior Authorization

### Learn How To

- Submit A New Prior Authorization
- Upload Additional Clinical
- Find Contact Information

**GO TO PROVIDER'S HUB** >

# Quick Reference Tool



Access health plan specific contact information at [www.evicore.com](http://www.evicore.com) by clicking the resources tab then select **Find Contact Information**, under the Learn How to section. Simply select Health Plan and Solution to populate the contact phone and fax numbers as well as the appropriate legacy portal to utilize for case requests.

# Provider Newsletter

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## Stay Updated With Our Free Provider Newsletter

eviCore's provider newsletter is sent out to the provider community with important updates and tips. If you are interested in staying current, feel free to subscribe:

- Go to [eviCore.com](https://www.evicore.com)
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates



# Provider Resources: Preauthorization Call Center



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

**7:00 AM - 7:00 PM (Local Time): 855-252-1117**

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

# Provider Resources: 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
- 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 physician)
- Questions regarding accuracy assessment, accreditation, and/or credentialing
- Issues experienced during case creation
- Request for an authorization to be re-sent to the health plan

# Provider Resources: Implementation Site

## Provider Enrollment Questions

Contact your Provider Network Consultant for more information



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

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

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

- **Provider Orientation Presentation**
- **CPT code list of the procedures that require preauthorization**
- **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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