

# Gastroenterology

Provider Orientation Session for Network Health



Empowering  
the Improvement  
of Care

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# Company Overview

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**100M  
Members  
Managed**

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

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

# 10 Comprehensive Solutions



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



5k+ employees including **1k clinicians**

Engaging with 570k+ providers



Advanced, innovative, and intelligent technology



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

# Gastroenterology - Our Tenth Solution!

10

Comprehensive Solutions



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# Our Clinical and Service Approach

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# Evidence-Based Guidelines

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The foundation of our solutions

## Aligned with National Societies:

- American Society for Gastrointestinal Endoscopy
- American College of Physicians
- American College of Gastroenterology
- American Gastroenterological Association
- Canadian Association of Gastroenterology
- European Society of Gastrointestinal Endoscopy



# Clinical Staffing – Multi-Specialty Expertise

Dedicated nursing and physician specialty teams for various solutions

- ◆ **Anesthesiology**
- ◆ **Cardiology**
- ◆ **Chiropractic**
- ◆ **Emergency Medicine**
- ◆ **Family Medicine**
  - Family Medicine / OMT
  - Public Health & General Preventative Medicine
- ◆ **Gastroenterology**
- ◆ **Internal Medicine**
  - Cardiovascular Disease
  - Critical Care Medicine
  - Endocrinology, Diabetes & Metabolism
  - Gastroenterology
  - 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**



# Why Our Service Delivery Model Works

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**One centralized intake point** allows for timely identification, tracking, trending, and reporting of all issues. It also enables eviCore to quickly identify and respond to systemic issues impacting multiple providers.



**Complex issues are escalated to resources** who are the subject matter experts and can quickly coordinate with matrix partners to address issues at a root-cause level.



**Routine issues are handled by a team of representatives** who are cross trained to respond to a variety of issues. There is no reliance on a single individual to respond to your needs.

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# Program Overview

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# Gastroenterology

eviCore healthcare will begin accepting prior authorization requests for Gastroenterology services on 6/29/2021 for dates of service 7/1/2021 and beyond.

## Prior Authorization applies to the following services:

- Esophagogastroduodenoscopy (EGD)
- Capsule Endoscopy (CAP)
- Colonoscopy (COL), non-screening only

## Monitored Anesthesia Care (MAC)

All ancillary procedure codes, including Monitored Anesthesia, performed in conjunction with denied services, are not covered and will likely not be reimbursed by Network Health if performed.

## Prior Authorization does **NOT** apply to services that are in:

- Emergency Room Services
- 23 Hour Observations
- Inpatient Stays

## Provider Resource Page

Providers and/or staff can utilize Network Health Provider Resource page to access a list of covered CPT codes, Clinical Worksheets, FAQs, Quick Reference Guides, and additional educational materials by visiting:

<https://www.evicore.com/resources/healthplan/network-health-wisconsin?solutionid=061D5D92-A3E1-42CF-96C2-3A96ABDF4F15#solutiondocs>

# Colonoscopy Management

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## Non-screening and surveillance colonoscopies will be reviewed in this program

- All non-screening colonoscopies will require medical necessity review.
- If an authorization is not on file for non-screening colonoscopy, claims payment may be denied.
- Network Health Plan will conduct retrospective claims analyses on screening colonoscopies to ensure proper utilization of screening indications.
- Medical necessity review is not required for average-risk\* or high-risk\*\* screening colonoscopies
  - \* Average risk applies to those asymptomatic individuals undergoing a screening colonoscopy with no previously diagnosed colon cancer, colonic adenomas, or inflammatory bowel disease involving the colon.
  - \*\* High risk applies to those asymptomatic individuals undergoing screening colonoscopy due to family history of colorectal cancer or polyps.

# More on Colonoscopy Management

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As you know, colonoscopies are performed for two basic reasons:

- for asymptomatic, routine colorectal cancer screening and
- for diagnostic reasons or for surveillance of a previous colonoscopy's findings.

For this program, asymptomatic routine screening colonoscopies do NOT require an authorization with eviCore and ONLY surveillance/diagnostic colonoscopies do.

For cases in which the indication for the colonoscopy is asymptomatic routine colorectal cancer screening, should the procedure become therapeutic (e.g., removal of a polyp) during its course, authorization is not required.

- **In this situation, the code for the therapeutic procedure should be submitted with a PT modifier (or, in the case of Medicare- modifier 33) signifying that the colonoscopy started as screening but turned therapeutic due to the detection of polyps or other abnormalities during the procedure.**

# News about Colorectal Cancer Screenings

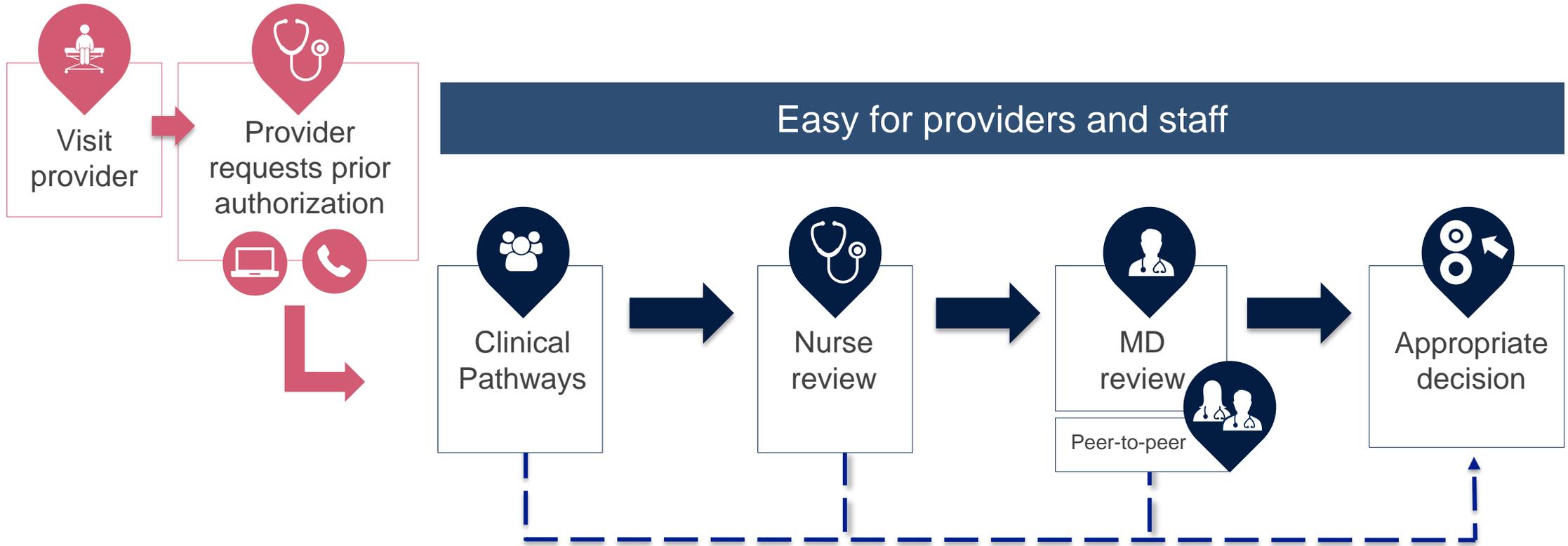
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While this program does not require prior authorization for Colorectal Cancer Screenings, we wanted to share an important update.

- In May 2021 the United States Preventative Task Force (USPSTF) published the anticipated update to their recommendation for the age at which to be screened.
- The updated USPSTF recommendation is to be effective January, 2022.
- As a result of this anticipated update, Network Health proactively adopted this recommendation, and has already begun to cover Colorectal Cancer Screenings for patients ages 45 to 49 years.



# Prior Authorization Process



By submitting Prior Authorization requests through eviCore's online portal, providers have the potential to receive immediate authorization. Please ensure all necessary clinical information has been provided when answering the clinical pathway (clinical collection process) questions.

# Non-Clinical Information Needed

The following information must be provided to initiate the prior authorization request:

## Member Information

- First and Last Name
- Date of Birth
- Member Identification Number
- Phone Number (If Applicable)

## Ordering Physician Information

- First and Last Name
- Practice Address
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers

## Rendering Facility Information

- Facility Name
- Street Address (i.e. 111 Tennessee Rd. Franklin, TN 37067)
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers



# Clinical Information Needed

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

- A relevant history and physical examination
- A relevant summary of the patient's clinical condition
- Imaging and/or pathology and/or laboratory reports as indicated relevant to the requested procedure
- Co-morbidities if relevant
- The indication for the specified procedure
- Prior treatment regimens (for example, appropriate clinical trial of conservative management, if indicated)
- Results of prior endoscopic procedures if relevant
- Genetic testing results, if applicable



# Prior Authorization Process

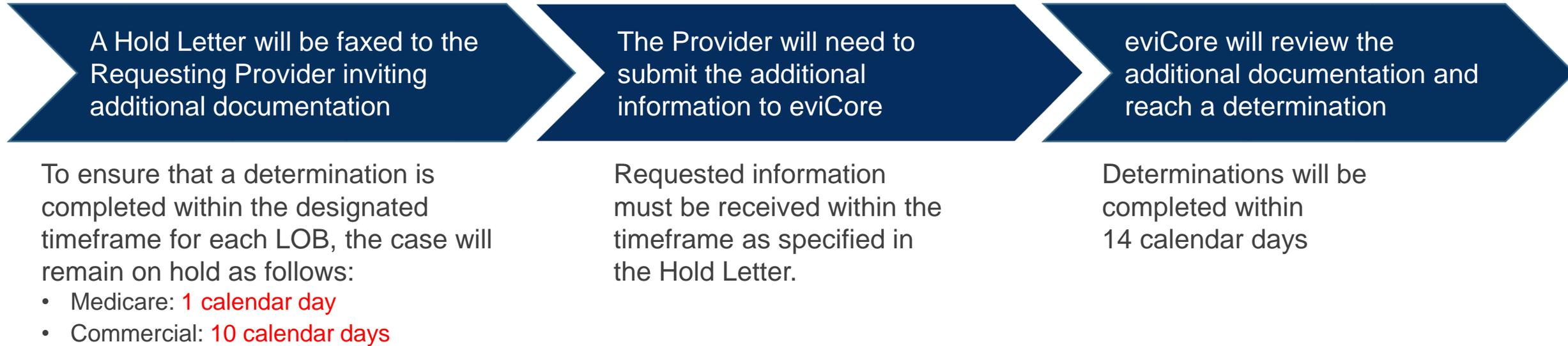
- **Questions are included in the pathway to help eviCore create a case correctly.**
- **Clinical information is required to determine whether the services requested are medically necessary.**
- **To assist provider's understanding of the medical necessity expectations, we have resources available on our website:**
  - **Specific questions and answers about Gastroenterology procedures can be found under solution resources for Gastroenterology: FAQs and eviCore delegated CPT code lists are available**
  - **Clinical Guidelines are also available on our Providers Hub (screen shots shown later in the presentation)**
- **Medicare cases with incomplete or missing information will receive special handling. CMS allows eviCore to reach out multiple times over a 14 day period to obtain the information required to complete our review.**
- **Missing or incomplete clinical information will delay case processing.**

# Insufficient Clinical – Additional Documentation Needed

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## Additional Documentation to Support Medical Necessity

If all required pieces of documentation are not received, or are insufficient for eviCore to reach a determination, the following will occur:



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# **Prior Authorization Outcomes & Special Considerations**

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# Prior Authorization Outcomes

## Approvals and Denials

### Approved Requests

- Requests are processed within 2 business days after receipt of all necessary clinical information.
- Authorizations are typically valid for 90 days from the date of the final determination.

### Denied Requests

- Communication of the denial determination and rationale.
- Instructions on how to request a Clinical Consultation.

### Approval Letter

- The letter will be faxed to the ordering physician and performing facility.
- The member will receive the letter in the mail.
- Approval information can be printed on demand from the eviCore portal.

### Denial Letter

- The letter will be faxed to the ordering physician and performing facility.
- The member will receive the letter in the mail.
- The letter will contain the denial rationale and appeal options and instructions.



# Reconsideration Options

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## Reconsiderations – available only for Commercial memberships

Physicians and/or staff can request a reconsideration by submitting additional clinical information without the need for a physician to participate.

Reconsideration must be requested on or before the anticipated date the services will be performed. Reconsiderations are available in most states and should be submitted prior to submitting an appeal request.

## Clinical Consultations

If a request requires further clinical review, we welcome requests for a Clinical Consultation with an eviCore Medical Director. In certain instances (non-Medicare), additional clinical information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.

Physicians, Nurse Practitioners and Physician Assistants can request a clinical consultation directly through the portal via Authorization Lookup (shown later in this presentation)



# Special Circumstances

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## Appeals

- eviCore will not be delegated to process appeals at this time for gastroenterology procedures. Appeals should be submitted directly to Network Health by following the appeal instructions referenced in the denial letter.

## Retrospective (Retro) Authorization Requests

- All Retrospective requests must be submitted within 7 business days from the date the services were performed. Retrospective requests that are submitted beyond this time frame would be advised to submit an appeal.
- Retrospective authorization requests are reviewed for medical necessity.

## Urgent Prior Authorization Requests

- Urgent requests can now be submitted on eviCore's website [www.evicore.com](http://www.evicore.com). When asked "Is this request standard/routine?" simply answer no and the case will be sent to the urgent work list.
- Providers and/or staff can also contact our office by phone and state that the prior authorization request is Urgent. Urgent request will be reviewed within 24 hours upon receiving the prior authorization request.
- Medically urgent outpatient procedures must meet the NCQA definition of medical urgency requests defined as conditions that are a risk to the patient's life, health, ability to regain maximum function, or the patient is having severe pain that requires a medically urgent procedure.



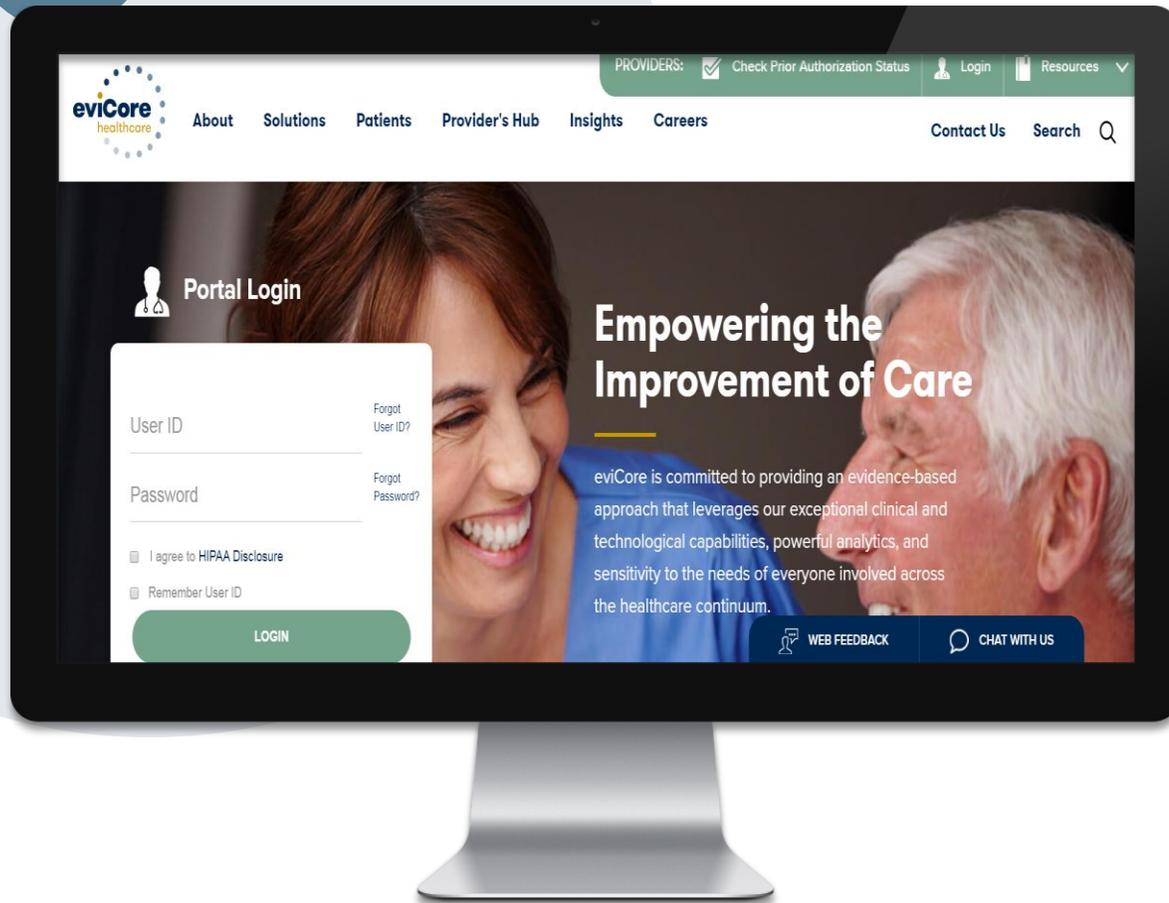
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# Provider Portal Overview

Registration

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# eviCore Provider Portal



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:

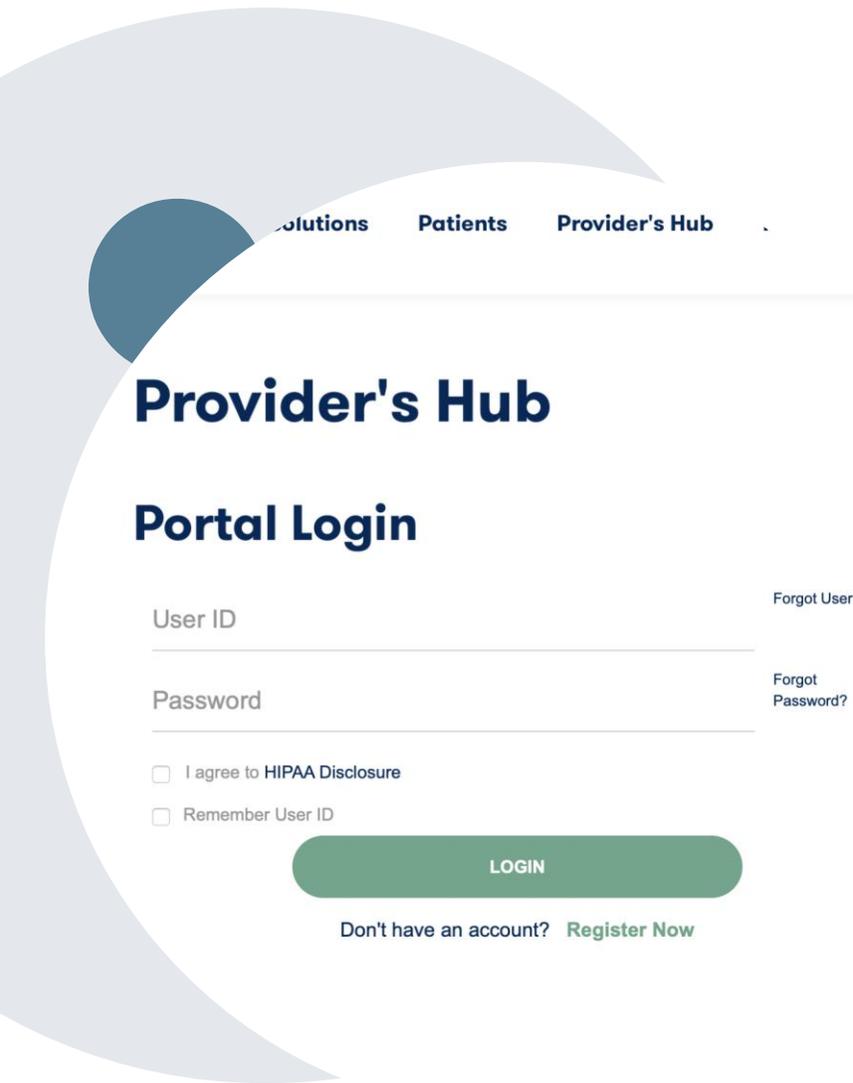
(866) 668 -9250  
7:00 a.m. to 7:00p.m.  
Monday - Friday

# Portal Compatibility

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

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

You may need to disable pop-up blockers to access the site. For information on how to disable pop-up blockers for any of these web browsers, please refer to our [Disabling Pop-Up Blockers guide](#).



# eviCore healthcare Website

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



## Portal Login

User ID

[Forgot User ID?](#)

Password

[Forgot Password?](#)

I agree to HIPAA Disclosure

Remember User ID

LOGIN

Don't have an account? [Register Now](#)

## Already a user?

If you already have access to eviCore's online portal, simply login with your User ID and Password and begin submitting requests real-time!

## Don't have an account?

Click "Register Now" and provide the necessary information to receive access today!

# Registration Form

The screenshot shows the registration form with the following sections:

- Web Portal Preference:** A dropdown menu for 'Default Portal' is set to 'CareCore National'. A red arrow points to this dropdown. Below it, a note states: 'If you are a health plan representative, please contact web support at 1-800-646-0418 option 2 for your account to be created.'
- User Information:** A section with a note: 'All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.' It contains input fields for: User Name, Address, Phone, Email, City, Ext, Confirm Email, State (a dropdown menu), Zip, First Name, and Office Name. A 'Next' button is located at the bottom right of this section.

At the bottom of the page, there is a footer with links: Legal Disclaimer, Privacy Policy, Corporate Website, Report Fraud & Abuse, Guidelines and Forms, and Contact Us. A 'Web Support: 800-646-0418' icon is also present.

Select a **Default Portal**, and complete the registration form.

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

The screenshot shows the registration form with the following sections:

- Web Portal Preference:** A red-bordered box highlights the instruction: 'Please review the information before you submit this registration. An Email will be sent to your registered email address to set your password.' Below it, the 'Default Portal' dropdown is set to 'CareCore National'. A note states: 'If you are a health plan representative, please contact web support at 1-800-646-0418 option 2 for your account to be created.'
- User Registration:** A section with input fields for: UserName, Address, Phone, Email, City, Ext, Account Type, State, First Name, Office Name, and Last Name.

At the bottom right of the form, there are 'Back' and 'Submit Registration' buttons. The footer at the bottom of the page is identical to the first screenshot, including the 'Web Support: 800-646-0418' icon and various links.

# Creating An Account



\* 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\*:

If you are a health plan representative, please contact web support at 1-800-646-0418 option 2 for your account to be created.

## User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:	<input type="text"/>	Address*:	<input type="text"/> <input type="text"/>	Phone*:	<input type="text"/>
Email*:	<input type="text"/>	City*:	<input type="text"/>	Ext:	<input type="text"/>
Confirm Email*:	<input type="text"/>	State*:	<input type="text" value="Select"/>	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	Zip*:	<input type="text"/>		
Last Name*:	<input type="text"/>	Office Name*:	<input type="text"/>		

Next



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

# User Access Agreement

The screenshot displays the eviCore healthcare user registration interface. A modal window titled "USER REGISTRATION" is open, showing the "User Access Agreement" section, which is marked as "\*Required". The agreement text includes:

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

At the bottom of the modal, there is a checkbox labeled "Accept Terms and Conditions" which is checked, and two buttons: "Submit" and "Cancel".

The background registration form includes fields for: Web Portal Preference, Default Portal\* (set to CareCore National), Username, Email, Account Type, First Name, Last Name, Phone, Ext, Fax, and Zip. A "Submit Registration" button is visible at the bottom right of the form.

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

# Registration Successful

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



## Registration Successful

Your Registration has been accepted. An email has been sent to your registered email account allowing you to set your password. Please close the browser.

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

### Password Maintenance

Please set up a new password for your account.

Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters.

New Password\*

Confirm New Password\*

Save

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

# Account Login

To log-in to your account,  
enter your **User ID** and  
**Password**.

Agree to the HIPAA  
Disclosure, and click “**Login**.”

Portal Login

Forgot User ID?

Forgot Password?

.....

I agree to HIPAA Disclosure

Remember User ID

LOGIN

Don't have an account? [Register Now](#)

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# Provider Portal Overview

Adding Providers

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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	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

Monday, March 29, 2021 2:14 PM

[Log Off](#)

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

- REQUEST AN AUTH
- RESUME IN-PROGRESS REQUEST
- SUMMARY OF AUTH
- AUTH LOOKUP
- MEMBER ELIGIBILITY

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

# Adding Providers



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	<b>Manage Your Account</b>	MedSolutions Portal	Help / Contact Us
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Monday, March 29, 2021 2:29 PM

[Log Off](#)

## Manage Your Account

Office Name:

[CHANGE PA:](#) [EDIT ACCOU](#)

Address:

Primary Contact:

Email Address:

[ADD PROVIDER](#)

Click Column Headings to Sort

No providers on file

[CANCEL](#)

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Under the “Manage Your Account” tab Click the “Add Provider” button.

# Adding Providers



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Monday, March 29, 2021 2:47 PM

[Log Off](#)

## 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 MATCH](#) [CANCEL](#)

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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 Providers



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Monday, March 29, 2021 2:51 PM

[Log Off](#)

## Add Practitioner

This following practitioner record(s) were found to match the requested NPI. Is this the practitioner you would like to register?

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax
Last, First	12345678	123 Test RD	City	AB	12345	(123)456-7890	

[ADD THIS PR](#) [CANCEL](#)

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Select the matching record based upon your search criteria

# Adding Providers and/or Laboratories



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Monday, March 29, 2021 3:06 PM

[Log Off](#)

## Add Practitioner

Thank you for registering on the CareCore National website. If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to complete the registration process.

ADD ANOTH	CONTINUE
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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.

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# Provider Portal Overview

Submitting Online Prior Authorization Requests

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# Initiating A Request



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

Monday, March 29, 2021 2:14 PM

[Log Off](#)

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

- REQUEST AN AUTH
- RESUME IN-PROGRESS REQUEST
- SUMMARY OF AUTH
- AUTH LOOKUP
- MEMBER ELIGIBILITY

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

# Select Program



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Med Solutions Portal	Help / Contact Us	
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Monday, March 29, 2021 3:15 PM

[Log Off](#)

## 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**

[Click here for help](#)

**Select the Program for your certification and indicate if you are requesting as a referring provider or rendering lab.**

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# Select Provider



Monday, March 29, 2021 3:18 PM

[Log Off](#)

## 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:

	Provider
<input type="button" value="SELECT"/>	12345678 – Last, First (Selected)

[Click here for help](#)

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

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# Select Health Plan



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Monday, March 29, 2021 3:28 PM

[Log Off](#)

## Choose Your Insurer

Requesting Provider: Last, First, NPI 12345678

Please select the insurer for this authorization request.

Network Health	▼
123 Network Health RD	▼

[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.

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**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.**

# Contact Information



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

Monday, March 29, 2021 3:51 PM

[Log Off](#)

## Add Your Contact Info

Provider's Name:\*  [?](#)

Who to Contact:\*  [?](#)

Fax:\*  [?](#)

Phone:\*  [?](#)

Ext.:  [?](#)

Cell Phone:

Email:

[BACK](#) [CONTINUE](#)

[Click here for help](#)

 30% Complete

**Provider and NPI**  
Last, First  
1234567890  
(Network Health)

Message from webpage

 Please review the fax and phone numbers presented for accuracy. Change as necessary and click CONTINUE to confirm they are correct. Changes apply only to this specific case. If you wish the change to be permanent, please contact the Health Plan.

[OK](#)

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

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# Member Information



<a href="#">Home</a>	<a href="#">Authorization Lookup</a>	<a href="#">MedSolutions Portal</a>	<a href="#">CareCore National Portal</a>	<a href="#">Help / Contact Us</a>
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Tuesday, March 30, 2021 11:07 AM

[Log Off](#)

## Patient Eligibility Lookup

Patient ID:\*

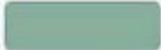
Date Of Birth:\*  MM/DD/YYYY

Patient Last Name Only:\*  [2]

**ELIGIBILITY LOOKUP**

**BACK**

[Click here for help](#)

  
40% Complete

**Provider and NPI**

Last, First  
1234567890  
(Network Health)

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

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# Clinical Details

**eviCore** healthcare

Home Authorization Lookup Med Solutions Portal CareCore National Portal Help / Contact Us

Tuesday, March 30, 2021 11:10 AM [Log Off](#)

### Requested Service + Diagnosis

This procedure has not been performed. [CHANGE](#)

#### Gastroenterology Procedures

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

GECAP  
GEEGD

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 Gastroenterology*

[LOOKUP](#)

[BACK](#)

[Click here for help](#)

**60% Complete**

**Provider and NPI**  
Last, First  
1234567890  
(Network Health)

**Patient**  
Last, First  
98765432  
1/1/2001

**Enter the CPT Code and Diagnosis relevant to the requested test(s)**

# Verify Service Selection



Home Authorization Lookup MedSolutions Portal CareCore National Portal Help / Contact Us

Tuesday, March 30, 2021 11:16 AM

[Log Off](#)

## Requested Service + Diagnosis

Confirm your service selection.

**Procedure Date:** TBD  
**CPT Code:** GECAP  
**Description:** Capsule Endoscopy  
**Primary Diagnosis Code:** R10.0  
**Primary Diagnosis:** Acute abdomen  
**Secondary Diagnosis Code:**  
**Secondary Diagnosis:**

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

**BACK** **CONTINUE**

[Click here for help](#)

**Confirm the correct diagnosis has been selected.**

**60% Complete**

**Provider and NPI**  
Last, First  
1234567890  
(Network Health)

**Patient**  
Last, First  
98765432  
1/1/2001 [EDIT](#)

**Service**  
GECAP Capsule Endoscopy  
F98.5 Adult onset fluency disorder

# Site Selection



Home	Authorization Lookup	MedSolutions Portal	CareCore National Portal	Help / Contact Us
------	----------------------	---------------------	--------------------------	-------------------

Tuesday, March 30, 2021 11:17 AM

[Log Off](#)

## 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**

**BACK**

[Click here for help](#)

80% Complete

**Provider and NPI**  
Last, First  
1234567890  
(Network Health)

**Patient** [EDIT](#)  
Last, First  
98765432  
1/1/2001

**Service** [EDIT](#)  
GECAP Capsule Endoscopy  
R10.0 Acute abdomen

**Site**  
Last, First

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

# Clinical Collection Process



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	<b>Clinical Certification</b>	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	-------------------------------	------------------------------------	---------------------------------------	-----------	---------------------

Tuesday, March 30, 2021 11:23 AM

## 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.**



[Click here for help](#)

**Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process**

# Urgency Indicator



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	<b>Clinical Certification</b>	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	-------------------------------	------------------------------------	---------------------------------------	-----------	---------------------

Tuesday, March 30, 2021 11:24 AM

## Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

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

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# Clinical Collection Process - Pathway Questions



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Cor
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-----

Tuesday, March 30, 2021 11:46 AM

[Log Off \(t](#)

## Proceed to Clinical Information

Please select the CPT code you plan to perform.

- 91110
- 91111
- 0355T

SUBMIT

BACK

CONTINUE

[Click here for help](#)

A few preliminary questions will be asked to direct to the right set of clinical questions.

# Clinical Pathway Questions



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

Tuesday, March 30, 2021 11:47 AM

## Proceed to Clinical Information

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)

Enter the type of contact.

SUBMIT

Finish Later

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

BACK

CONTINUE

[Click here for help](#)

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.

# Clinical Pathway Questions



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	<b>Clinical Certification</b>	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	-------------------------------	------------------------------------	---------------------------------------	-----------	---------------------

Tuesday, March 30, 2021 11:47 AM

## Proceed to Clinical Information

Please select the PRIMARY reason for Capsule Endoscopy.

- Screening and Surveillance of individuals with a Genetic Syndrome (Polyposis, Peutz-Jehger's, etc.)
- Individual is unable to tolerate endoscopic procedure
- GI bleeding
- Known Celiac Disease
- Suspected or Known Crohn's Disease
- Small Bowel Tumors
- Other not listed

### Did you know?

You can save a certification request to finish later.

BACK

CONTINUE

[Click here for help](#)

Select the primary reason for the requested capsule endoscopy.

# Clinical Pathway Questions



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	<b>Clinical Certification</b>	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	-------------------------------	------------------------------------	---------------------------------------	-----------	---------------------

Tuesday, March 30, 2021 11:47 AM

## Proceed to Clinical Information

Please select the PRIMARY reason for Capsule Endoscopy.

- Screening and Surveillance of individuals with a Genetic Syndrome (Polyposis, Peutz-Jehger's, etc.)
- Individual is unable to tolerate endoscopic procedure
- GI bleeding
- Known Celiac Disease
- Suspected or Known Crohn's Disease
- Small Bowel Tumors
- Other not listed

### Did you know?

You can save a certification request to finish later.

BACK

CONTINUE

[Click here for help](#)

**If you need to confirm information you are entering or need to add additional data check “finish later” and then the submit button. You will have 48 hours to complete the case.**

# Clinical Pathway Questions +



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress
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Tuesday, March 30, 2021 11:48 AM

## Proceed to Clinical Information

Has the individual had a previous Capsule Endoscopy for this reason?

Yes  No  Unknown

SUBMIT

Finish Later

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

BACK

CONTINUE

[Click here for help](#)

# Clinical Pathway Questions +



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------

Tuesday, March 30, 2021 11:49 AM

## Proceed to Clinical Information

Are any of the following signs or symptoms present?

SUBMIT

Finish Later

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

BACK

CONTINUE

[Click here for help](#)

# Clinical Pathway Questions +



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------

Tuesday, March 30, 2021 11:49 AM

## Proceed to Clinical Information

Are any of the following signs or symptoms present?

- Rectal bleeding observed
- Melena (Black tarry stool)
- Obscure bleeding
- Iron deficiency anemia
- None of the above
- Unknown

Finish Later

### Did you know?

You can save a certification request to finish later.

BACK

CONTINUE

[Click here for help](#)

# Clinical Pathway Questions +



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------

Tuesday, March 30, 2021 11:50 AM

## Proceed to Clinical Information

**i** Has the individual had an EGD?

Yes  No  Unknown

SUBMIT

Finish Later

Did you know?

You can save a certification request to finish later.

BACK

CONTINUE

[Click here for help](#)

# Clinical Pathway Questions +



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------

Tuesday, March 30, 2021 11:54 AM

## Proceed to Clinical Information

**i** Please select the appropriate result.

- Negative/Normal
- Identified cause of GI bleed
- None of the above
- Unknown

SUBMIT

Finish Later

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

BACK

CONTINUE

[Click here for help](#)

# Clinical Pathway Questions +



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------

Tuesday, March 30, 2021 11:55 AM

## Proceed to Clinical Information

Has the individual had a Colonoscopy?

Yes  No  Unknown

SUBMIT

Finish Later

Did you know?

You can save a certification request to finish later.

BACK

CONTINUE

[Click here for help](#)

# Clinical Pathway Questions +



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------

Tuesday, March 30, 2021 11:55 AM

## Proceed to Clinical Information

Please select the appropriate result.

- Negative/Normal
- Identified cause of GI bleed
- None of the above
- Unknown

SUBMIT

Finish Later

Did you know?

You can save a certification request to finish later.

BACK

CONTINUE

[Click here for help](#)

# Clinical Collection Process – Clinical Upload



Home	Authorization Lookup	MedSolutions Portal	CareCore National Portal	Help / Contact Us
------	----------------------	---------------------	--------------------------	-------------------

Tuesday, March 30, 2021 3:49 PM

## Proceed to Clinical Information

Are you ready to upload documentation now?

- Yes, I am ready to upload the record. (If Urgent/Expedited case, upload is required)
- No, I will upload at a later time

SUBMIT

Finish Later

### Did you know?

You can save a certification request to finish later.

[Click here for help](#)

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

# Clinical Collection Process – Clinical Upload +



Home	Authorization Lookup	MedSolutions Portal	CareCore National Portal	Help / Contact Us
------	----------------------	---------------------	--------------------------	-------------------

Tuesday, March 30, 2021 3:49 PM

[Log Off](#)

## Proceed to Clinical Information

You may have noticed the removal of clinical surveys in the workflow or been requested to upload clinical at the beginning of the case submission process. This has been done in an effort to streamline your case submission process.

Want to learn more?

[Click here](#) for more details.

SUBMIT

Finish Later

### Did you know?

You can save a certification request to finish later.

# Clinical Collection Process – Clinical Upload +



Home	Authorization Lookup	MedSolutions Portal	CareCore National Portal	Help / Contact Us
------	----------------------	---------------------	--------------------------	-------------------

Tuesday, March 30, 2021 3:50 PM

## Proceed to Clinical Information

### 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,.PNG):

<input type="text"/>	Browse...

<b>UPLOAD</b>	<b>SKIP UPLOAD</b>
---------------	--------------------

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# Clinical Certification Statements



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal
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Tuesday, March 30, 2021 11:57 AM

## Proceed to Clinical Information

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.

Is this case Routine/Standard?

YES

NO

SUBMIT CASE

[Click here for help](#)

# Clinical Certification – Approval Case Summary



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

Tuesday, March 30, 2021 11:57 AM

[Log Off](#)

## Summary of Your Request

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

Your case has been Approved.

<b>Provider Name:</b>		<b>Contact:</b>	
<b>Provider Address:</b>		<b>Phone Number:</b>	
		<b>Fax Number:</b>	
<b>Patient Name:</b>		<b>Patient Id:</b>	
<b>Insurance Carrier:</b>			
<b>Site Name:</b>		<b>Site ID:</b>	
<b>Site Address:</b>			
<b>Primary Diagnosis Code:</b>	R10.0	<b>Description:</b>	Acute abdomen
<b>Secondary Diagnosis Code:</b>		<b>Description:</b>	
<b>Date of Service:</b>	4/5/2021	<b>Description:</b>	GI imaging; esophagus
<b>CPT Code:</b>	91111		
<b>Authorization Number:</b>	A150405554		
<b>Review Date:</b>	3/30/2021 11:46:22 AM		
<b>Expiration Date:</b>	9/26/2021		
<b>Status:</b>	Your case has been Approved.		

CANCEL PRINT CONTINUE

Once the clinical pathway questions are completed and if the answers have met the clinical criteria, a “Real Time” approval will be issued.

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

# Clinical Certification – Pending Case Summary



## Summary of Your Request

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

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 1-800-420-3471.

Provider Name:	Contact:
Provider Address:	Phone Number:
	Fax Number:
Patient Name:	Patient Id:
Insurance Carrier:	
Site Name:	Site ID:
Site Address:	
Primary Diagnosis Code:	Description:
Secondary Diagnosis Code:	Description:
Date of Service:	
CPT Code:	Description:
Case Number:	
Review Date:	
Expiration Date:	
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 1-800-420-3471.

CANCEL PRINT CONTINUE

Once the clinical pathway questions are completed and if the case has not met clinical criteria, the status will reflect pending. At the bottom, there will be a note stating “Your case has been sent to clinical review”.

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

# Certification Summary



Tuesday, March 30, 2021 4:05 PM

[Log Off](#)

## Certification Summary

Single Status  
[Show All](#)

Filter By Multiple Statuses  
[Show All](#)

Date  
[7 days](#)

[Submit](#) [Close](#)

Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description	Site Name	Expiration Date	Correspondence

No records to display

- 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.

# Building Additional Cases



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

Friday, April 02, 2021 2:53 PM

[Log Off](#)

## 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 (Gastroenterology)
- Provider
- Program and Provider (Gastroenterology and
- Program and Health Plan (Gastroenterology and

GO

CANCEL

PRINT

**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.**

# Eligibility Lookup Tool

The screenshot shows the eviCore healthcare website's navigation menu with the 'Eligibility Lookup' option highlighted. Below the menu is a timestamp: 'Tuesday, March 30, 2021 12:20 PM'. The main heading is 'Eligibility Lookup'. A radio button is selected for 'OnePA: Prior Authorization Portal for Providers'. Below this, a note states 'All fields required'. A form field labeled 'Healthplan:' is present with a dropdown arrow. A blue 'PRINT' button is located below the form. A link for 'Click here for help' is provided. At the bottom, the footer contains the copyright notice: '© CareCore National, LLC. 2021 All rights reserved.' and links for 'Privacy Policy', 'Terms of Use', and 'Contact Us'.

eviCore healthcare

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

Tuesday, March 30, 2021 12:20 PM

## Eligibility Lookup

OnePA: Prior Authorization Portal for Providers

All fields required

Healthplan:

**PRINT**

[Click here for help](#)

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# Authorization Lookup Tool



Tuesday, March 30, 2021 3:34 PM

## Authorization Lookup

Required Fields

Healthplan:

Patient ID:

Patient Date of Birth:   
MM/DD/YYYY

Optional Fields

Case Number:

or

Authorization Number:



[Click here for help](#)

**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 Lookup Tool (Continued)



Home	<b>Authorization Lookup</b>	MedSolutions Portal	CareCore National Portal	Help / Contact Us
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Tuesday, March 30, 2021 3:45 PM

## Authorization Lookup

Authorization Number:

Case Number:

P2P AVAILABILITY

Status: Approved

P2P Status:

Approval Date: 3/30/2021 11:58:21 AM

Service Code: GECAP

CHANGE SERVICE CODE

Service Description: Capsule Endoscopy

Site Name:

Expiration Date: 9/26/2021

Date Last Updated: 3/30/2021 11:58:21 AM

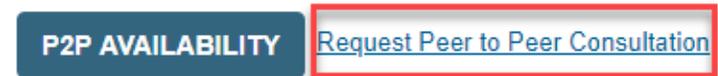
Correspondence:

UPLOADS & FAXES

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

# How to schedule a Peer to Peer Request

- Log into your account at [www.evicore.com](http://www.evicore.com)
- Perform Authorization Lookup to determine the status of your request.
- Click on the “P2P Availability” button to determine if your case is eligible for a Peer to Peer conversation:
- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.



## Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	



# How to schedule a Peer to Peer Request

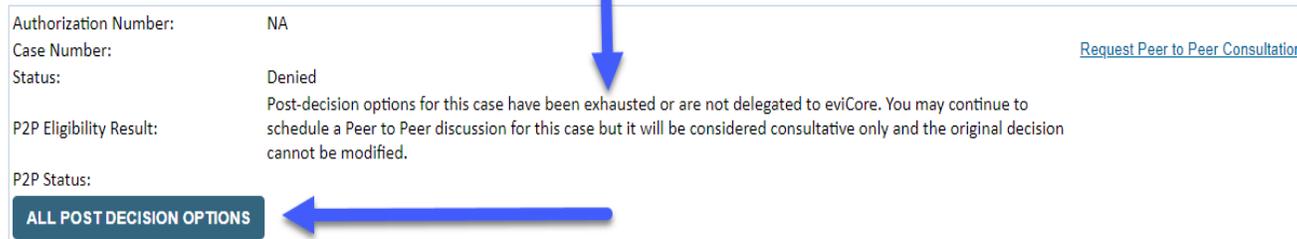
---

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**



Once the “Request Peer to Peer Consultation” link is selected, you will be transferred to our scheduling software via a new browser window.

# How to Schedule a Peer to Peer Request

Case Info Questions Schedule Confirmation

## New P2P Request

eviCore healthcare P2P Portal

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

Member Date of Birth

+ Add Another Case

Lookup Cases >

Upon first login, you will be asked to confirm your default time zone.

You will be presented with the Case Number and 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.

## New P2P Request

eviCore healthcare P2P Portal

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 >](#)

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 →

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
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 3:45 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...	-	-	-

You will be prompted to identify your preferred Days and Times for a Peer to Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click Continue.

# How to Schedule a Peer to Peer

## Confirm Contact Details

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

The screenshot shows a four-step process: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (pending). The 'P2P Contact Details' section includes the following fields:

- Name of Provider Requesting P2P:** Dr. Jane Doe (indicated by a blue arrow)
- Contact Person Name:** Office Manager John Doe
- Contact Person Location:** Provider Office
- Phone Number for P2P:** (555) 555-5555 (indicated by a blue arrow)
- Phone Ext.:** 12345 (indicated by a blue arrow)
- Alternate Phone:** (xxx) xxx-xxxx
- Phone Ext.:** Phone Ext.
- Requesting Provider Email:** droffice@internet.com
- Contact Instructions:** Select option 4, ask for Dr. Doe (indicated by a blue arrow)

A 'Submit >' button is located at the bottom right of the form.

- 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.

The 'Scheduling' summary page displays the following information:

- Scheduling** (calendar icon)
- Scheduled**
- Mon 5/18/20 - 6:30 pm EDT** (clock icon)
- SCHEDULED** (circled in red)

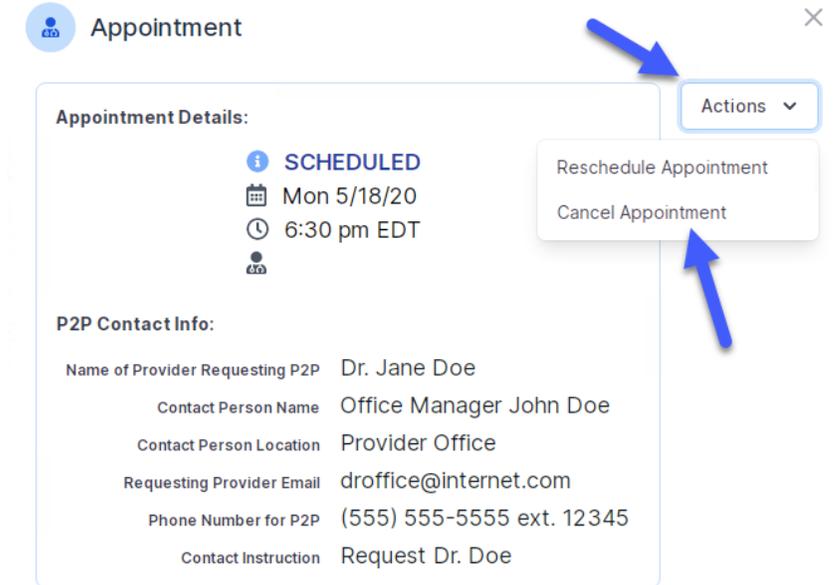
# Canceling or Rescheduling a Peer to Peer Appointment

## To cancel or reschedule an appointment

- Access the scheduling software per the instructions above
- Go to “My P2P Requests” on the left pane navigation.
- Select the request you would like to modify from the list of available appointments
- Once opened, click on the schedule link. An appointment window will open
- Click on the Actions drop-down and choose the appropriate action

If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.

If choosing to cancel, you will be prompted to input a cancellation reason



- Close browser once done

---

# Provider Resources

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# Provider Resources

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## Prior Authorization Call Center – 855-727-7444

Our call centers are open from 7:00 a.m. to 7:00 p.m. (local time).

Providers can contact our call center to do one of the following:

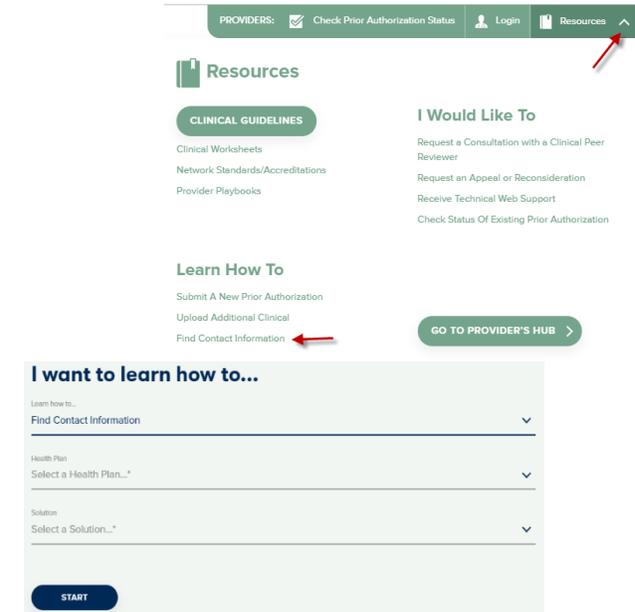
- Request Prior Authorization
- Check Status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case
- Request to speak to a clinical reviewer
- Schedule a clinical consultation with an eviCore Medical Director



# Online Provider Resources

## Web Based Services and Online Resources

- You can access important tools, health plan specific contact information and resources at [www.evicore.com](http://www.evicore.com)
- Select the Resources to view Clinical Guidelines, Online Forms, and more.
- The Quick Reference Tool can be found by clicking the resources tab then select Find Contact Information, under the Learn How to section. Simply select Network Health and Solution to populate the contact phone and fax numbers as well as the appropriate legacy portal to utilize for case requests.
- Provider forums and portal training are offered weekly, you can find a session on [www.eviCore.WebEx.com](http://www.eviCore.WebEx.com), select WebEx Training, and search upcoming for a “eviCore Portal Training” or “Provider Resource Review Forum”



The quickest, most efficient way to request prior authorization is through our provider portal. We have a dedicated **Web Support** team that can assist providers in navigating the portal and addressing any web related issues during the online submission process.

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

# More online Provider Resources

## Client Specific Provider Resource Pages

eviCore's Provider Experience team maintains provider resource pages that contain client and solution specific educational materials to assist providers and their staff on a daily basis. The provider resource page will include but is not limited to the following educational materials:

- Frequently Asked Questions
- Quick Reference Guides
- Solution PowerPoint Overview
- Announcements
- Detailed list of procedure codes that require prior authorization
- To access these helpful resources, please visit:  
<https://www.evicore.com/resources/healthplan/network-health-wisconsin>

**Network Health Wisconsin Provider Services: 800-207-5769**

**TTY/TDD# 800-947-3529**

**Fax 920-720-1918**



# Provider Services - Resolution of Issues

## Client and Provider Services

eviCore healthcare has a dedicated Client and Provider Services team to address provider related requests and concerns. In most instances, this team can provide a resolution within 24-48 hours from the date the request was submitted. Here are some common requests that can be sent to our Client and Provider Services team for assistance:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation

### How to Contact our Client and Provider Services team

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

**Phone:** 1 (800) 646 - 0418 (option 4)

For prompt service, please have all pertinent information available when calling Client Services. If emailing, make sure to include a description of the issue with member/ provider/case details when applicable. Outside of normal business hours, please e-mail Client Services with your inquiry.

eviCore uses the Cherwell Ticketing System for all email inquiries. You will be assigned a ticket number starting with T. This number will identify a specific issue which you have provided for review.



# Provider Engagement Team

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## Provider Engagement team

Regional team that on-boards providers for new solutions and provides continued support to the provider community. How can the provider engagement team help?

- Partner with the health plan to create a market-readiness strategy for a new and/or existing program
- Conduct onsite and WebEx provider-orientation sessions
- Provide education to supporting staff to improve overall experience and efficiency
- Create training materials
- Monitor and review metrics and overall activity
- Conduct provider-outreach activities when opportunities for improvement have been identified
- Generate and review provider profile reports specific to a TIN or NPI
- Facilitate clinical discussions with ordering providers and eviCore medical directors

## How to contact the Provider Engagement team?

You can find a list of Regional Provider Engagement Managers at [evicore.com](https://www.evicore.com) → Provider's Hub → Training Resources

# 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



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# Thank You!

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