Vascular Intervention

Provider Orientation Session for Aetna

August / September 2023

eviCore healthcare
by Evernorth

Agenda

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Vascular Intervention

Submitting Requests

Prior Authorization Outcomes, Special Considerations & Pre/Post-Decision Options

eviCore Provider Portal
- Overview, Features & Benefits
- Portal Case Submission

Provider Resources

Q & A

Appendix
- Peer-to-Peer Scheduling Tool

Vascular Intervention Solution Overview

Cardiovascular Solution

Covered Services:

- Stress Testing
  - Myocardial Perfusion Imaging (SPECT & PET)
  - Stress Echocardiography
- Cardiac CT & MRI
- Echocardiography
  - Transthoracic (TTE)
  - Transesophageal (TEE)
- Diagnostic Heart Catheterization
- Pacemakers
- Implantable Cardioverter Defibrillator (ICD)
- **Vascular Intervention***
- Percutaneous Coronary Intervention

Vascular Intervention

Procedures for peripheral atherosclerosis that are included in the PVD intervention program include:

- Angioplasty

- Stent Placement

- Additional PTA or Stent Placement

- Atherectomy

Aetna Prior Authorization Services

eviCore will begin accepting prior authorization requests for Vascular Intervention services on 9/1/23 for dates of service 9/1/23 and after.

Applicable Membership	Prior authorization through eviCore applies to the following services	Prior authorization through eviCore does NOT apply to the following services
• Medicare • Commercial (Fully Insured) • Individual & Family (IFP) Plans	• Outpatient • Elective/Non-emergent	• Emergency Rooms • Observation Services • Inpatient Stays* *require prior authorization through Aetna

Providers should verify member eligibility and benefits on the secured provider log-in section at:
https://apps.availity.com/availity/web/public.elegant.login

Aetna Peripheral Arterial Disease Managed Code List

Iliac
37220 PTA
37221 PTA and Stent
+37222 PTA, additional vessel
+37223 PTA and Stent, additional vessel
0238T Iliac Atherectomy (no RVUs established)

Femoral / Popliteal
37224 PTA
37225 PTA with Atherectomy
37226 PTA with Stent
37227 PTA with Stent and Atherectomy

Tibial / Peroneal
37228 PTA
37229 PTA with Atherectomy
37230 PTA with Stent
37231 PTA with Stent and Atherectomy
+37232 PTA, additional vessel
+37233 PTA with Atherectomy, additional vessel
+37234 PTA with Stent, additional vessel
+37235 PTA w Stent & Atherectomy, add'l vessel

Stenting
CPT® Abbreviated Description x
37236 Transcatheter placement of an intravascular stent(s), open or percutaneous; initial artery
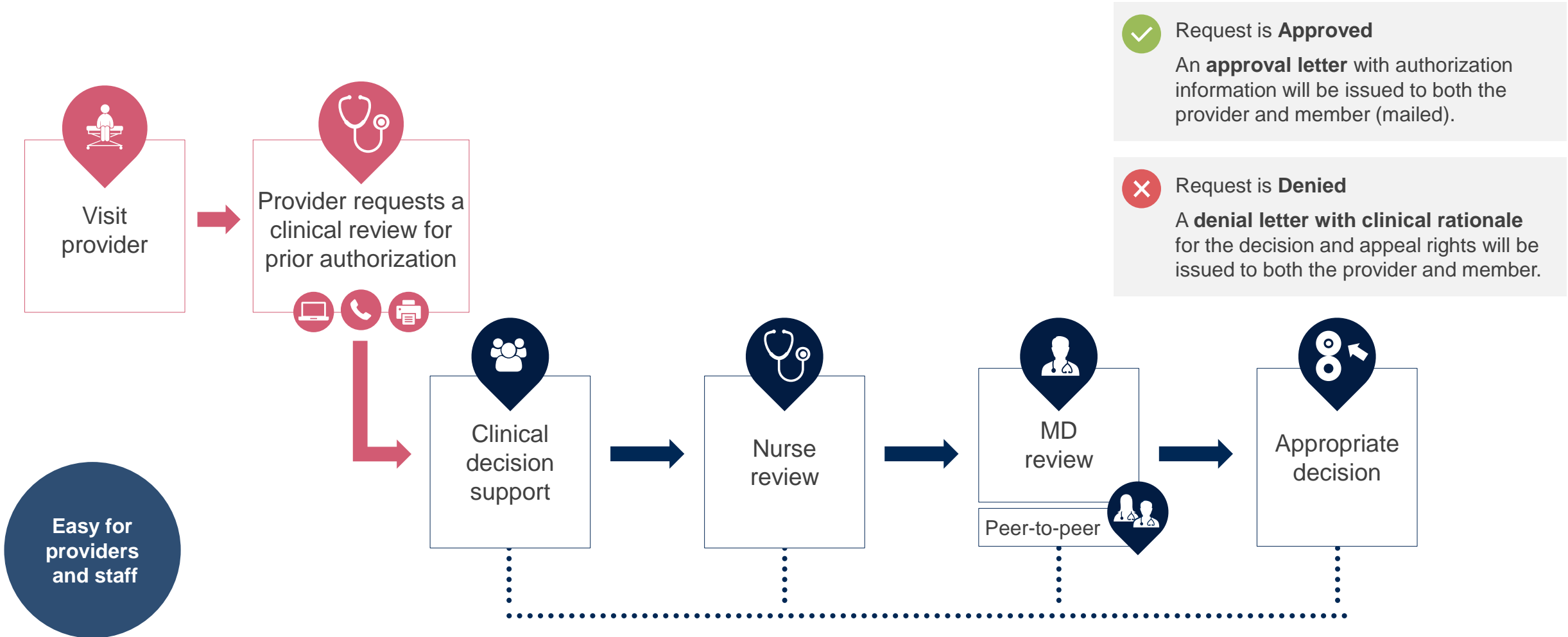+37237 Transcatheter placement of an intravascular stent(s), open or percutaneous; each additional artery

Submitting Requests

Utilization Management | Prior Authorization

Visit provider → **Provider requests a clinical review for prior authorization**

Clinical decision support → **Nurse review** → **MD review** / Peer-to-peer → **Appropriate decision**

Easy for providers and staff

✓ Request is **Approved**

An **approval letter** with authorization information will be issued to both the provider and member (mailed).

✕ Request is **Denied**

A **denial letter with clinical rationale** for the decision and appeal rights will be issued to both the provider and member.

How to Request Prior Authorization

The eviCore Provider Portal is the easiest, most efficient way to request clinical reviews and check statuses.

- **Save time**: Quicker process than requests by phone or fax

- **Available 24/7**: Submit requests at any time day or night

- **Save your progress**: If you need to step away, you can save your progress and resume later

- **Upload additional clinical information**: No need to fax in supporting clinical documentation, it can be uploaded on the portal

- **View and print determination information**: Check case status in real-time

- **Dashboard**: View all recently submitted cases

- **E-notification**: Opt-in to receive email notifications when there is a change to case status

- **Duplication feature**: If you are submitting more than one request, you can duplicate information to expedite submittals

To access the eviCore Provider Portal, visit **evicore.com/provider**

Or contact eviCore by **phone: 888-693-3211**
Monday – Friday 7 AM – 7 PM (local time)

Or by **fax: 888-444-1562**

Necessary Information for Prior Authorization

To obtain prior authorization on the very first submission, the provider submitting the request will need to gather information within four categories:

Want to make it easier?
Use our **clinical worksheets on eviCore.com** to ensure all the necessary information is included in your requests.

Member
- Health plan ID
- Member name
- Date of birth (DOB)

Referring (Ordering) Physician
- Physician name
- National provider identifier (NPI)
- Phone & fax number

Rendering Facility
- Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number

Supporting Clinical
- CPT/Diagnosis codes
- Recent (within 6 months) in-person clinical evaluation which includes a detailed history and physical exam
- Imaging studies, including ankle-brachial indices, arterial duplex, or angiograms if applicable
- Prior procedure reports
- Reports from other providers participating in treatment of the relevant condition

Insufficient Clinical | Additional Documentation Needed

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

A hold letter will be faxed to the requesting provider requesting additional documentation.	The provider must submit the additional information to eviCore.	eviCore will review the additional documentation and reach a determination.
The hold letter will inform the provider about what clinical information is needed as well as the **date by which it is needed.**	Requested information must be received within the timeframe as specified in the hold letter, or eviCore will render a determination based on the original submission.	Determination notifications will be sent.

Prior Authorization Outcomes, Special Considerations & Pre/Post-Decision Options

Prior Authorization Determination Outcomes

Determination Outcomes

- **Approved Requests:** Authorizations are valid for 180 calendar days from the date of the determination.

- **Partially Approved Requests:** In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved, as well as post-decision options for denied codes.

- **Denied Requests:** If a request is determined as inappropriate based on evidence-based guidelines, a notification with the rationale for the decision and post-decision/appeal rights will be issued.

Notifications

- Authorization letters will be faxed to the ordering physician.
- Web-initiated cases will receive e-notifications if a user opted in for this method.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the **eviCore portal**.

Special Circumstances

Retrospective Authorization Requests

- Must be submitted by phone within 14 calendar days from the date of service
- Any submitted beyond this timeframe will be administratively denied
- Reviewed for clinical urgency and medical necessity
- Processed within 3 business days (72 hours)
- When authorized, the start date will be the submitted date of service

Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member
- Can be initiated on provider portal or by phone
- Urgent cases are typically reviewed within 24 to 72 hours

Special Circumstances
Authorization Updates

We understand that procedures can sometimes change.

- If updates are needed for an existing authorization, providers can contact eviCore by phone.

- Changes to the procedure will typically require another Medical Necessity review on a new authorization.

- If there is a change in procedure and the update is not communicated to eviCore, it may impact claim payment. The billed services should align with the requested and approved procedure.

Pre-Decision Options | Medicare Members

I've received a request for additional clinical information. What's next?

Before a denial decision is issued on Medicare cases, eviCore will notify providers telephonically and in writing. From there, additional clinical information must be submitted to eviCore in advance of the due date referenced.

There are three ways to supply the requested information:

1. **Fax** to 888-444-1562
2. **Upload** directly into the case via the provider portal at **eviCore.com**
3. **Request a Pre-Decision Clinical Consultation**
   This consultation can be requested via the eviCore website (instructions are included in the appendix) and must occur prior to the due date referenced

Important to note: If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is not held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed.

Once the determination is made, notifications will go out to the provider and member, and the status will be available on eviCore.com.

Post-Decision Options | Commercial Members

My case has been denied. What's next?

Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied.

You may also call eviCore at **888-693-3211** to speak with an agent who can provide available option(s) and instruction on how to proceed.

Alternatively, select 'All Post Decisions' under the authorization lookup function on the eviCore portal to see available options.

Reconsiderations

- Reconsiderations must be requested within 14 calendar days after the determination date.
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an eviCore physician.
- eviCore will make a decision within 1 day for verbal requests and 5 days for written requests

Appeals

- eviCore will not process first-level appeals.
- Appeal requests can be submitted to Aetna.

eviCore Provider Portal

eviCore Provider Portal | Features & Benefits

Eligibility Lookup

- Confirm if patient requires clinical review

Clinical Certification

- Request a clinical review for prior authorization on the portal

Prior Authorization Status Lookup

- View and print any correspondence associated with the case

- Search by member information OR by case number with ordering national provider identifier (NPI)

- Review post-decision options and schedule a peer-to-peer consultation

Certification Summary

- Track recently submitted cases

eviCore Provider Portal | Overview

Most providers are already saving time submitting clinical review requests online vs. telephone

To access resources on the eviCore Provider Portal, visit
evicore.com/provider

Already a user?

Log in with User ID & Password

Don't have an account?
Click **Register Now**
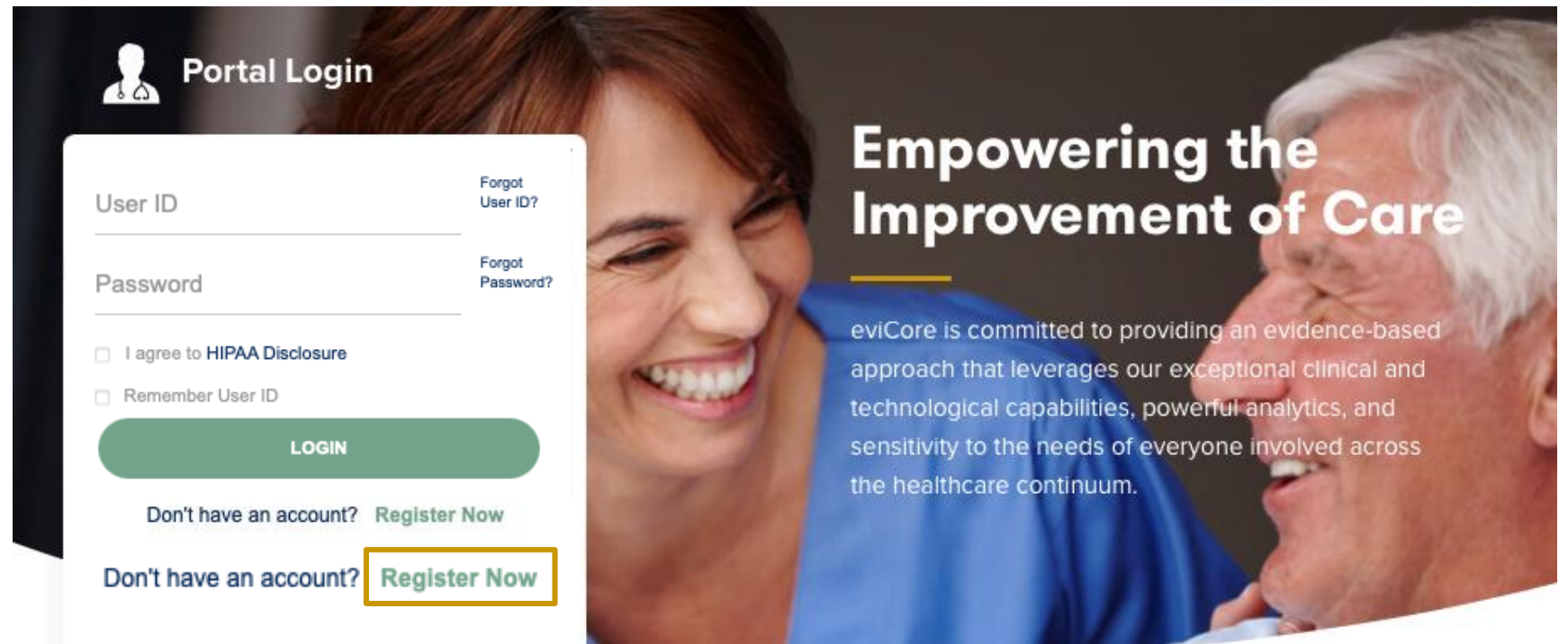
eviCore's website is compatible with all web browsers. If you experience issues, you may need to disable pop-up blockers to access the site.

Creating an eviCore Provider Portal Account

Go to www.eviCore.com to register.

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 login page.

Setting Up Multi-Factor Authentication (MFA)

To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

After you log in, you will be prompted to register your device for MFA.

Choose which authentication method you prefer: Email or SMS.
Then, **enter your email address or mobile phone number.**

Select **Send PIN**, and a 6-digit pin will be generated and sent to your chosen device.

After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.

eviCore Provider Portal | Add Providers

Providers will need to be added to your account prior to case submission

- Click the **Manage Your Account** tab to add provider information

- Select **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

Clinical Certification Request | Case Initiation Process

- When building a new case you will need to select the applicable **program** from the list

- As part of the process you will be asked to enter the member information (patient ID, date of birth and last name), then click **Eligibility Lookup** to verify the member

- Select the applicable **CPT code** and corresponding **diagnosis code** associated with the member's condition (you will be asked to confirm your selections in the next step before moving forward)

Clinical Certification Request | 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

Choose Your Insurer

Requesting Provider: ▓▓▓▓▓▓▓▓▓▓▓▓

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK   **CONTINUE**

- Choose the appropriate **Health Plan** for the request
- Another drop down will appear to select the appropriate address for the **provider**
- Select **CONTINUE**

Clinical Certification Request | Search for and Select Provider

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

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
SELECT	12312312 - Provider Name

BACK   CONTINUE

Click here for help

Search for and select the **Practitioner/Group** for whom you want to build a case

Clinical Certification Request | Enter Contact Information

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

Add Your Contact Info

Provider's Name:* [BI, SUCAI] [2]

Who to Contact:* [ ] [2]

Fax:* [(XX) XXX-XXXX] [2]

Phone:* [(XX) XXX-XXXX] [2]

Ext.: [ ] [2]

Cell Phone: [ ]

Email: [amynibby@gmail.com]

☑ Receive notification of case status changes

BACK   CONTINUE

Click here for help

- Enter the **Provider's name** and appropriate information for the point of contact individual
- Provider name, fax and phone will pre-populate, edit as necessary

NEW! Check this box to enable e-notification updates for any case status changes

Clinical Certification Request | Site Selection

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

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

- Search for the **site of service** where the procedure will be performed (for best results, search with NPI, TIN, **and** zip code)

- **Select** the specific site where the procedure will be performed

Clinical Certification Request | Clinical Certification

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

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 correct

- **You will not have the opportunity to make changes after this point**

Clinical Certification Request | Standard or Urgent?

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

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):

Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen

UPLOAD

Proceed to Clinical Information

Is this case Routine/Standard?

YES   NO

- If the case is **standard,** select **Yes**

- If the case is **urgent,** select **No**

- When a request is submitted as urgent, you will be **required** to upload relevant clinical information

- Up to **five documents** can be uploaded
  (.doc, .docx, or .pdf format; max 5MB size)

- Your case will only be considered urgent if there is a successful upload

Requesting Multiple CPT Codes

After you indicate the case urgency of the case, you will be asked about additional procedures. All CPT codes must be for the same program.

Clinical Certification

ⓘ Will there be any additional procedures needing prior authorization for the same patient, date of service, and site of service?

○ Yes ○ No

SUBMIT

Cancel Print

Click here for help or technical support

Clinical Certification

ⓘ Please enter the additional procedure code

70552

SUBMIT

Cancel Print

Click here for help or technical support

- **Select YES to add Additional CPT codes.**
- **Enter one CPT at a time and select SUBMIT after each one.**

Clinical Certification Request | Request for Clinical Upload

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

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):

[Choose File] Test clinical.docx
[Choose File] No file chosen
[Choose File] No file chosen
[Choose File] No file chosen
[Choose File] No file chosen

[UPLOAD] [SKIP UPLOAD]

If **additional information** is required, you will have the option to upload more clinical information for review.

Tips:

- Providing clinical information via the web is the fastest and most efficient method

- 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'

Finalizing the Case Submission

Clinical Certification

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

Print SUBMIT CASE

Click here for help or technical support

Acknowledge the Clinical Certification statements and **click** "Submit Case."

Provider Resources

Contact eviCore's Dedicated Teams

Client and Provider Services

For eligibility issues (member or provider not found in system) or transactional authorization related issues requiring research.

- Email: **clientservices@evicore.com**
- Phone: **(800) 646-0418** (option 4)

Provider Engagement

Regional team that works directly with the provider community.

Scott Jarrett

- Email: **scott.jarrett@evicore.com**
- Phone: **615-487-8129**

Web-Based Services and Portal Support

- Live chat
- Email: **portal.support@evicore.com**
- Phone: **800-646-0418** (option 2)

Call Center

Call **888-693-3211**, representatives are available from 7 a.m. to 7 p.m. local time.

Provider Resource Website

eviCore maintains provider resource pages that contain client and solution specific educational materials to assist providers and their staff on a daily basis.

This page will include:

- Frequently asked questions

- Quick reference guides

- Provider training content

- CPT code lists

To access these helpful resources, please visit:
https://www.evicore.com/resources/healthplan/aetna

Q & A

Thank You

Appendix

Peer-to-Peer (P2P) Scheduling Tool

Provider Resources | Schedule a P2P Request

If your case is eligible for a Peer-to-Peer (P2) consultation, a link will display, allowing you to proceed to scheduling without any additional messaging

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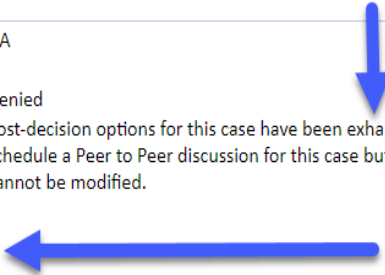
Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	

P2P AVAILABILITY ←

P2P AVAILABILITY [Request Peer to Peer Consultation]

Authorization Lookup

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

ALL POST DECISION OPTIONS ←

- Log-in to your account at **eviCore.com**

- Perform **Clinical Review 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 consultation

- Note carefully any messaging that displays*

*In some instances, a Peer-to-Peer consultation is allowed, but the case decision can not be changed. In such cases, you can still request a **Consultative-Only Peer-to-Peer.** You can also click on the **ALL POST-DECISION OPTIONS** button to learn what other action can be taken.

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

Provider Resources | Schedule a P2P Request (con't.)

- 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

- 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

- Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**

- To proceed, select **Lookup Cases**

Provider Resources | Schedule a P2P Request (con't.)

- You will be prompted with a list of eviCore Physicians / Reviewers and appointment options

- Select any of the listed appointment times to continue

- You will be prompted to identify your preferred days and times for a Peer-to-Peer consultation (all opportunities will be automatically presented)

- Click on any **green checkmark** to **deselect** that option and then click **Continue**

Provider Resources | Schedule a P2P Request (con't.)

Update the following fields to ensure the correct person is contacted for the Peer-to-Peer appointment:
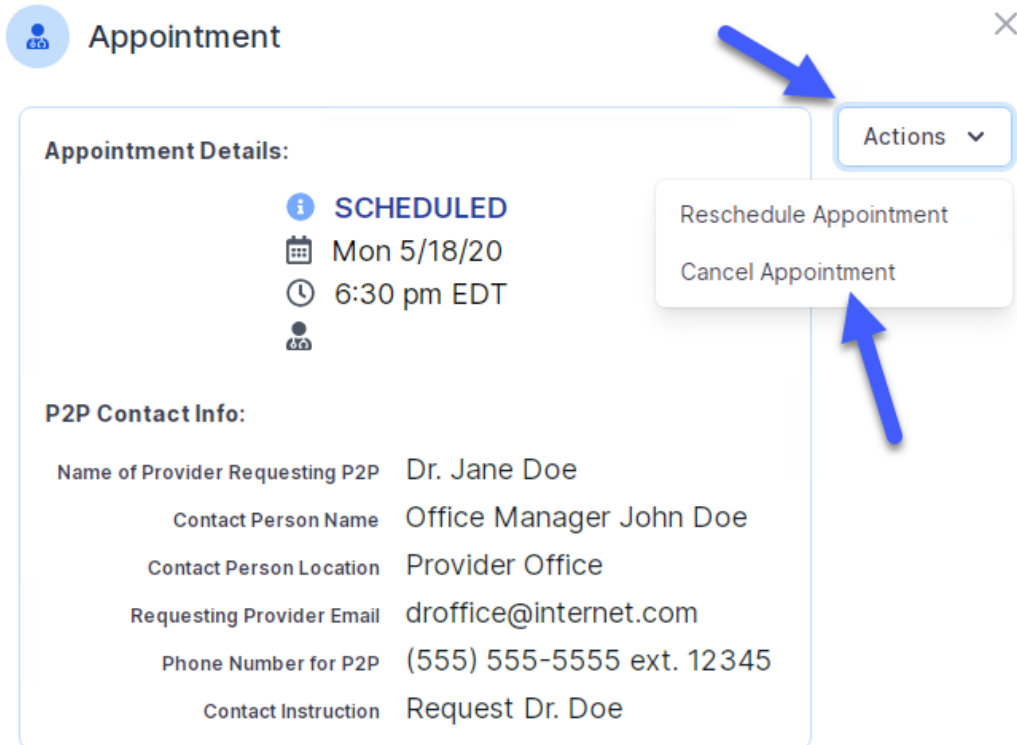
- Name of Provider Requesting P2P
- Phone Number for P2P
- Contact Instructions

Click **Submit** to schedule the appointment

You will be presented with a summary page containing the details of your scheduled appointment

Confirm contact details

Provider Resources | Cancel or Reschedule a P2P Appointment

To cancel or reschedule an appointment:

- Access the scheduling software and select **My P2P Requests** on the left-pane navigation
- Select the request you would like to modify from the list of available appointments
- When the request appears, 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,** select a new date or time as you did initially
  - **If choosing to cancel,** input a cancellation reason
- Close the browser once finished