

Radiology and Cardiology Management

Provider Orientation Session for Aetna



Empowering
the Improvement
of Care

Agenda

- Program Overview
- Submitting Requests
- Prior Authorization Outcomes, Special Considerations, Post Decision Outcomes
- Site of Care Enhancement (Radiology)
- Provider Portal Overview
- Additional Provider Portal Features
- Provider Resources
- Q & A

Program Overview

Aetna Prior Authorization Services

eviCore healthcare (eviCore) began accepting prior authorization requests on September 15, 2015.

The **Radiology Site of Care** enhancement for Fully Insured members begins December 1, 2021.

Prior authorization applies to the following services:

- Outpatient
- Diagnostic
- Elective / Non-emergent

Prior authorization does **NOT** apply to services performed in:

- Emergency Rooms
- Observation Services
- Inpatient Stays



It is the responsibility of the ordering provider to request prior authorization approval for services. Providers should verify member eligibility and benefits on the secured provider log-in section at:

<https://apps.availity.com/availity/web/public.elegant.login>

Applicable Memberships

Prior Authorization is required for Aetna members who are enrolled in the following lines of business/programs:

- **Medicare (Aetna Next Generation)**
- **HMO**
- **PPO**

Radiology Site of Care medical necessity review (effective 12/1/2021) is applicable to the following lines of business:

- **Commercial Fully Insured Members**

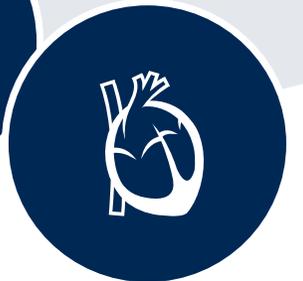
Services Requiring Prior Authorization

Radiology Advanced Imaging Services:

- CT, CTA
- MRI, MRA
- PET, PET/CT

Cardiology Advanced imaging and diagnostic services

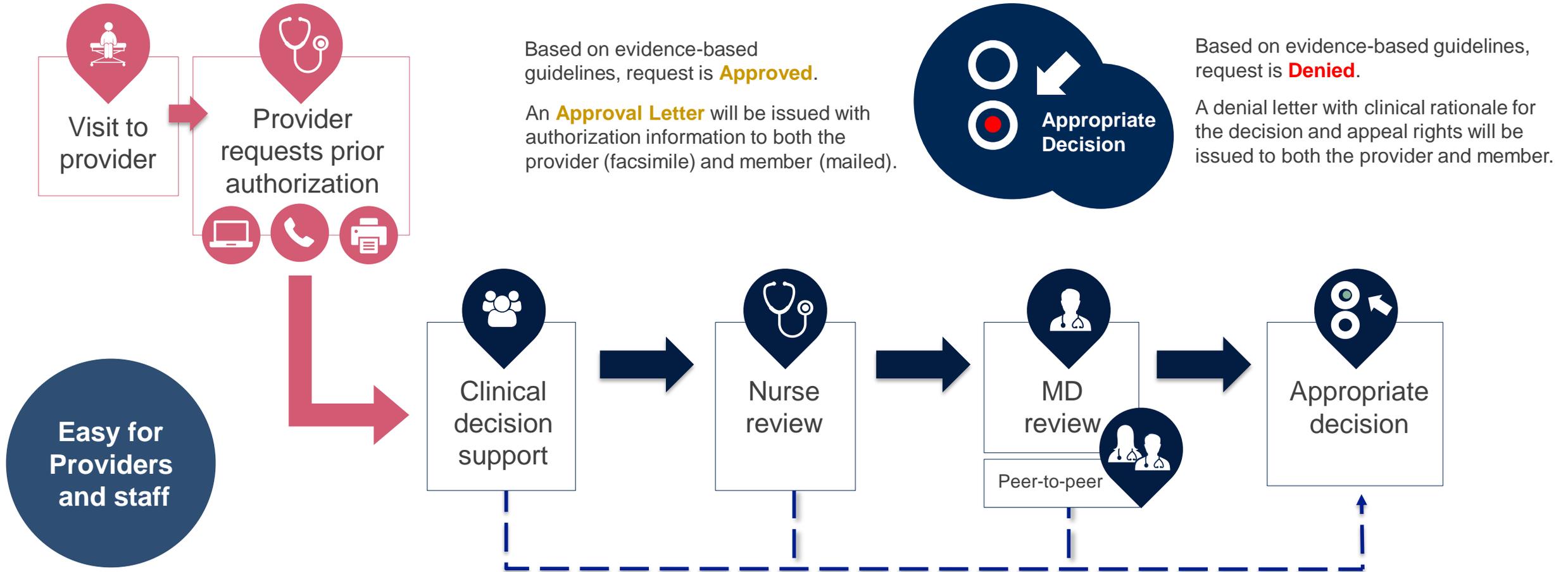
- Stress Testing
 - Myocardial Perfusion Imaging (SPECT & PET)
 - Stress Echocardiography
- Cardiac CT & MRI
- Echocardiography; Transthoracic, Transesophageal
- Diagnostic Heart Catheterization



To find a **complete list** of Current Procedural Terminology (CPT) codes that require **prior authorization** through eviCore, please visit:
<https://www.evicore.com/resources/healthplan/aetna>

Submitting Requests

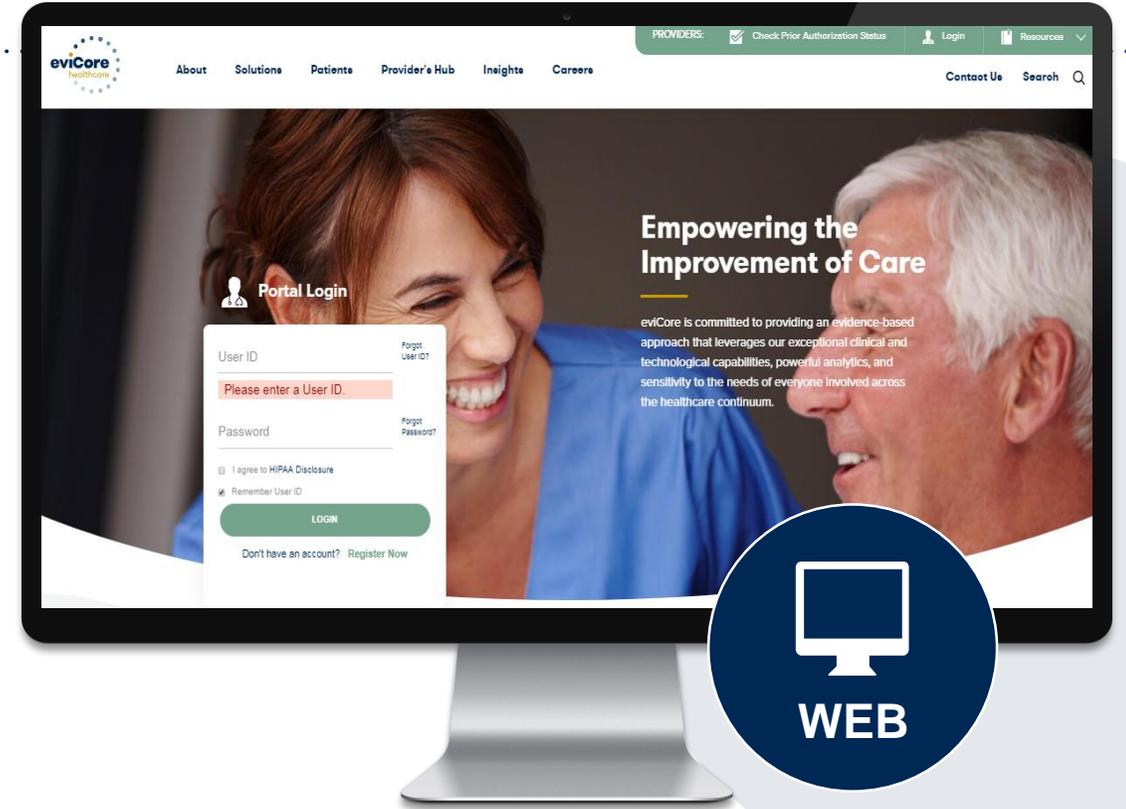
Utilization Management – the Prior Authorization Process



Methods to Submit Prior Authorization Requests

eviCore Provider Portal www.eviCore.com (preferred)

- **Saves time:** Quicker process than phone authorization requests
- **Available 24/7:** You can access the portal any time and any day
- **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 to support a new request or when additional information is requested
- **View and print determination information:** Check case status in real-time
- **Dashboard:** View all recently submitted cases
- **Duplication feature:** If you are submitting more than one prior authorization request, you can duplicate information to expedite submittals



Phone Number:
888.622.7329

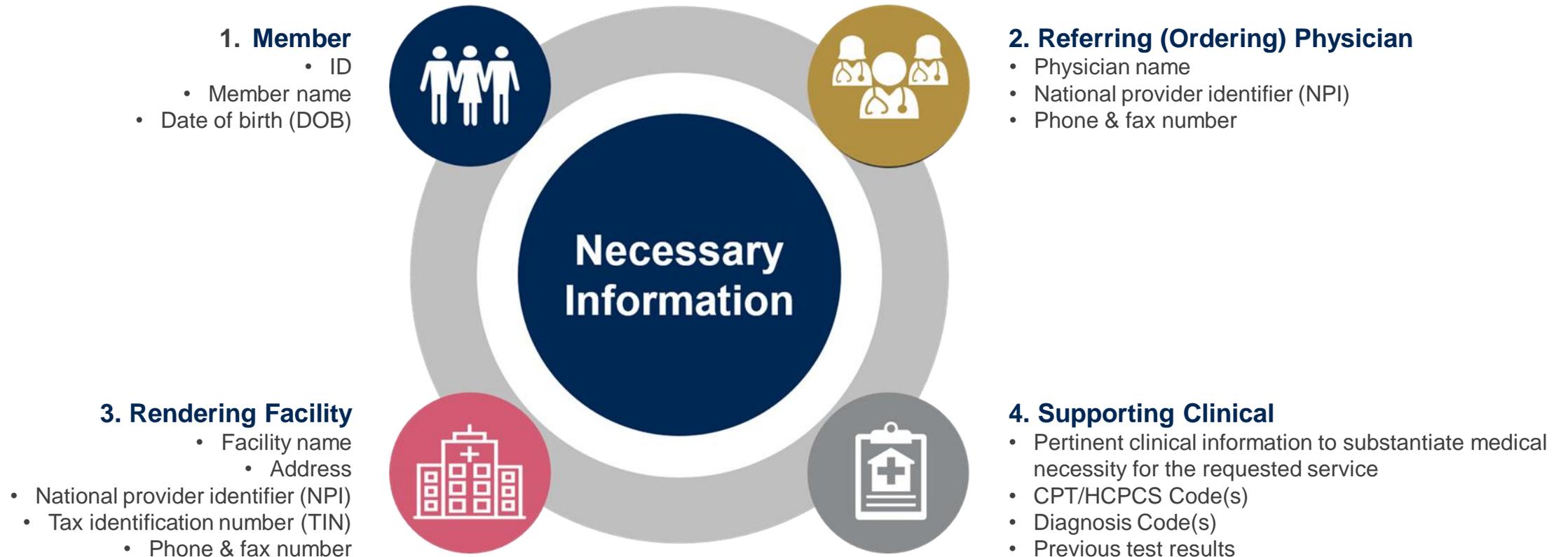
Monday through Friday
7am – 7pm local time

Fax Number:
844.822.3862

PA requests are accepted via fax and can be used to submit additional clinical information

Information needed for Prior Authorizations

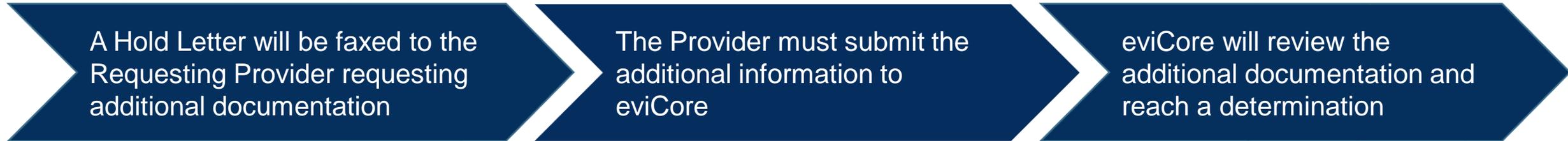
To obtain prior authorization on the very first submission, the provider submitting the request will need to gather four categories of information:



Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

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 notification 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



Pre-Decision Options: Medicare Members

I've received a request for additional clinical information. What's next? There are three ways to supply the requested information to eviCore for review:

- eviCore will notify providers telephonically and in writing before a denial decision is issued on Medicare cases
- Additional clinical information must be submitted to eviCore in advance of the due date referenced
- Additional clinical information should be submitted to eviCore for consideration per the instructions received, clinical can be **faxed** to 844.822.3862 or **uploaded** directly into the case via the provider portal at www.eviCore.com
- Alternatively, providers can choose to request a **Pre-Decision Clinical Consultation** instead of submitting additional clinical information. This consultation can be requested via the eviCore website (see slide 48 for instructions).
- The Pre-Decision Clinical Consultation must occur prior to the due date referenced
- 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 status will be available on www.eviCore.com

Prior Authorization Outcomes, Special Considerations, and Post Decision Options

Prior Authorization Outcomes

- **Approved Requests** - Authorizations are typically valid for 90 days from the date of the date of initial request
- **Denied Requests** - Based on evidence-based guidelines, if a request is determined as inappropriate, a notification with the rationale for the decision and post decision/appeal rights will be issued
- **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, including denied Site of Care (if applicable).

Notifications

- Authorization letters will be faxed to the ordering physician
- Web initiated cases will receive e-notifications when a determination is made
- Members will receive a letter by mail
- Approval information can be printed on demand from the eviCore portal:
www.eviCore.com



Special Considerations

Retrospective (Retro) Authorization Requests

- Must be submitted within 14 calendar days from the date of services
- Retro requests submitted beyond this timeframe will be administratively denied
- Reviewed for clinical urgency and medical necessity
- Retro requests are processed within 30 calendar days
- 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 72 hours



Special Considerations, continued

Alternative Recommendation

- An alternative recommendation may be offered, based on eviCore's evidence-based clinical guidelines, if the originally requested study does not meet guidelines
- The ordering provider can accept the alternative recommendation during case build, and the recommended study will be approved instead of the original requested one
- If the alternative recommendation is not accepted and the case is denied, providers still have up to 3 days to accept the alternative recommendation, either on the web portal or via phone
- If the alternative recommendation is not accepted within the allotted timeframe a reconsideration of the denial can be requested

Authorization Update

- If updates are needed on an existing authorization, you can contact eviCore by phone
- If the authorization is not updated and a different facility location or CPT code is submitted on the claim, it may result in a claim denial



Post-Decision Options

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 **888.622.7329** to speak to an agent who can provide available option(s) and instruction on how to proceed.

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

Reconsiderations

- In some instances, additional clinical information provided in a reconsideration request may be sufficient for an approval
- Medicare cases are not eligible for Reconsideration
- Reconsiderations must be requested before an appeal is submitted
- Reconsiderations can be scheduled via the online eviCore portal, through the Authorization Lookup feature on www.eviCore.com , there is more information on how to schedule these in the Portal Overview section below (slide 53)

Appeals

- eviCore will not process first-level appeals

The screenshot shows the 'Authorization Lookup' interface. It displays the following information:

Authorization Number:	NA
Case Number:	
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:	

There is a blue arrow pointing down to the 'Request Peer to Peer Consultation' link in the top right corner. Another blue arrow points left to the 'ALL POST DECISION OPTIONS' button at the bottom left.

Clinical Consultations – Medicare Cases

- Providers can request a Clinical Consultation with an eviCore physician to better understand the reason for denial
- Once a denial decision has been made on a Medicare case the decision cannot be overturned via Clinical Consultation, this conversation is educational only

Site of Care – Fully Insured Commercial Membership

Site of Care Enhancement

What is changing?

For membership included in site-of-care program there will be a separate medical necessity review for both:

- The requested procedure
 - AND**
 - The requested site of care
- The enhanced review will automatically be included in case build for these members.
 - During case build, the clinical criteria for using a non preferred facility must be selected in order to proceed, and will be reviewed for medical necessity.

If any part of the case is denied (procedure and/or site of care) the overall case status will be **denied**.

Both the site-of-care **and** the procedure must be approved or any claims associated with the request will be denied.

More detailed training on the Site of Care Program can be found on the Aetna Provider Resource page: <https://www.evicore.com/resources/healthplan/aetna-resources?solutionid=E0C4A52C-6112-49E1-82D0-278E2BFFECDF#solutiondocs>



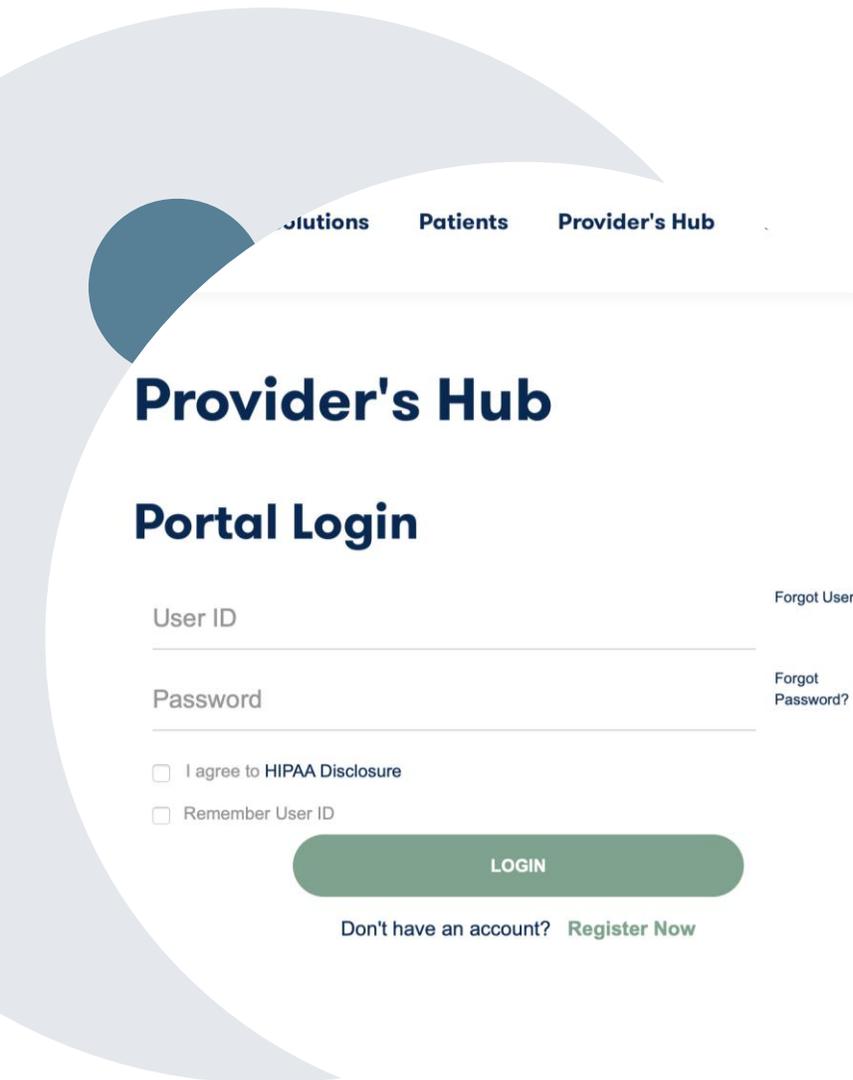
Provider Portal Overview

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

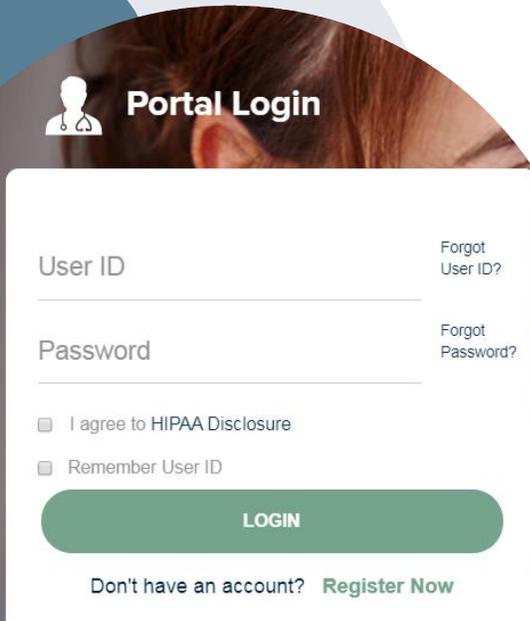
Visit www.evicore.com

Already a user?

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

Don't have an account?

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



Portal Login

User ID [Forgot User ID?](#)

Password [Forgot Password?](#)

I agree to HIPAA Disclosure

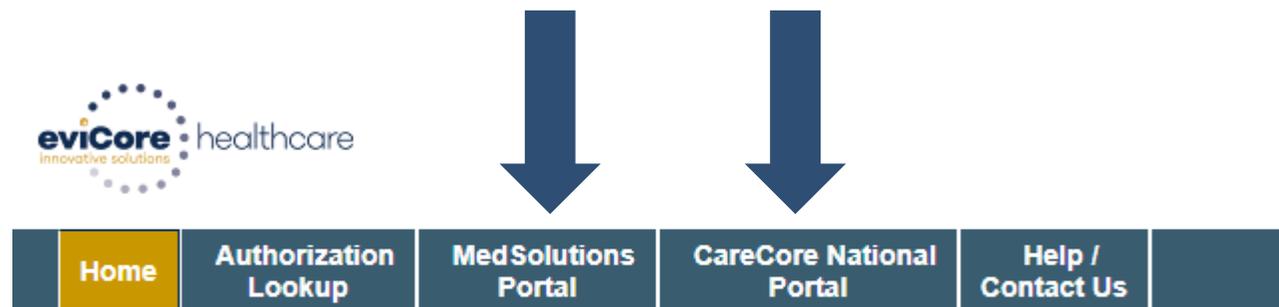
Remember User ID

LOGIN

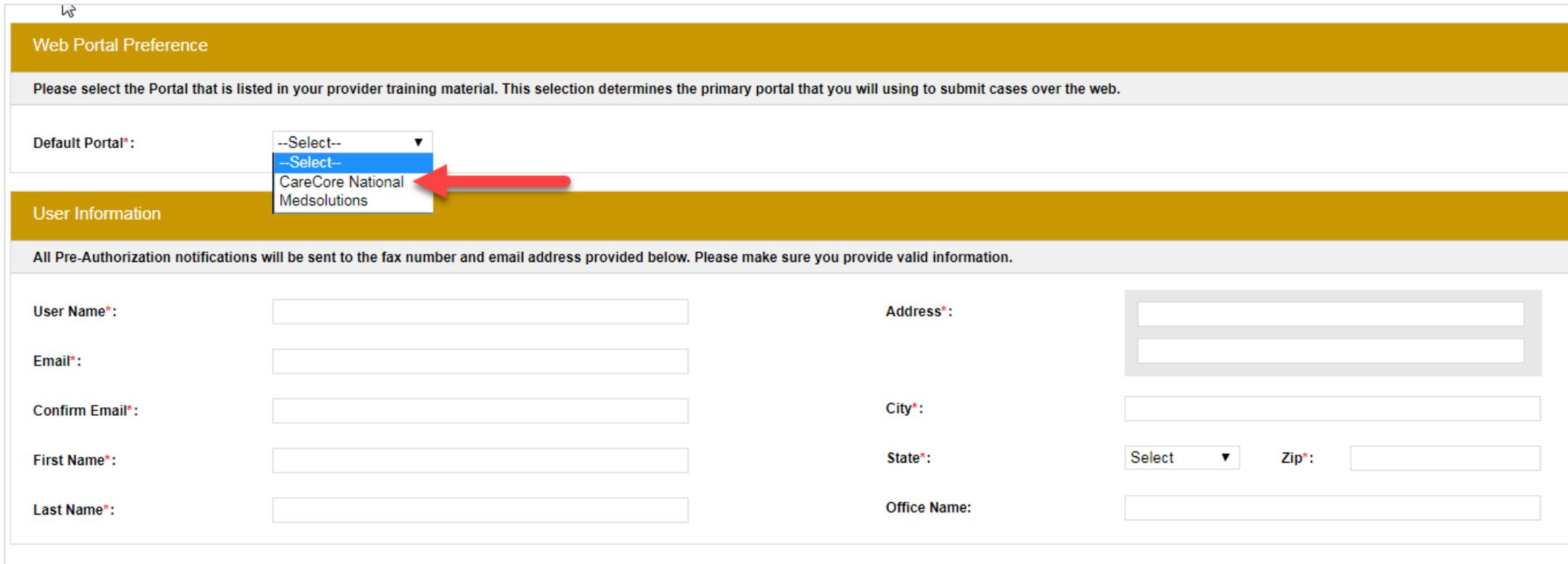
Don't have an account? [Register Now](#)

Platform Migration, effective 11/24/2021

- Starting November 24, 2021, all Aetna requests must be submitted through the CareCore National portal at www.eviCore.com, instead of the MedSolutions Portal.
- If a provider has an existing login, the same credentials are used for both portals and a new account does not need to be created.
- Authorizations requested prior to November 24 can continue to be viewed on the MedSolutions portal, but new Radiology requests must be created on the CareCore portal, as outlined below.



Creating An Account



Web Portal Preference

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

Default Portal*: --Select--
--Select--
CareCore National Medsolutions

User Information

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

User Name*:

Email*:

Confirm Email*:

First Name*:

Last Name*:

Address*:

City*:

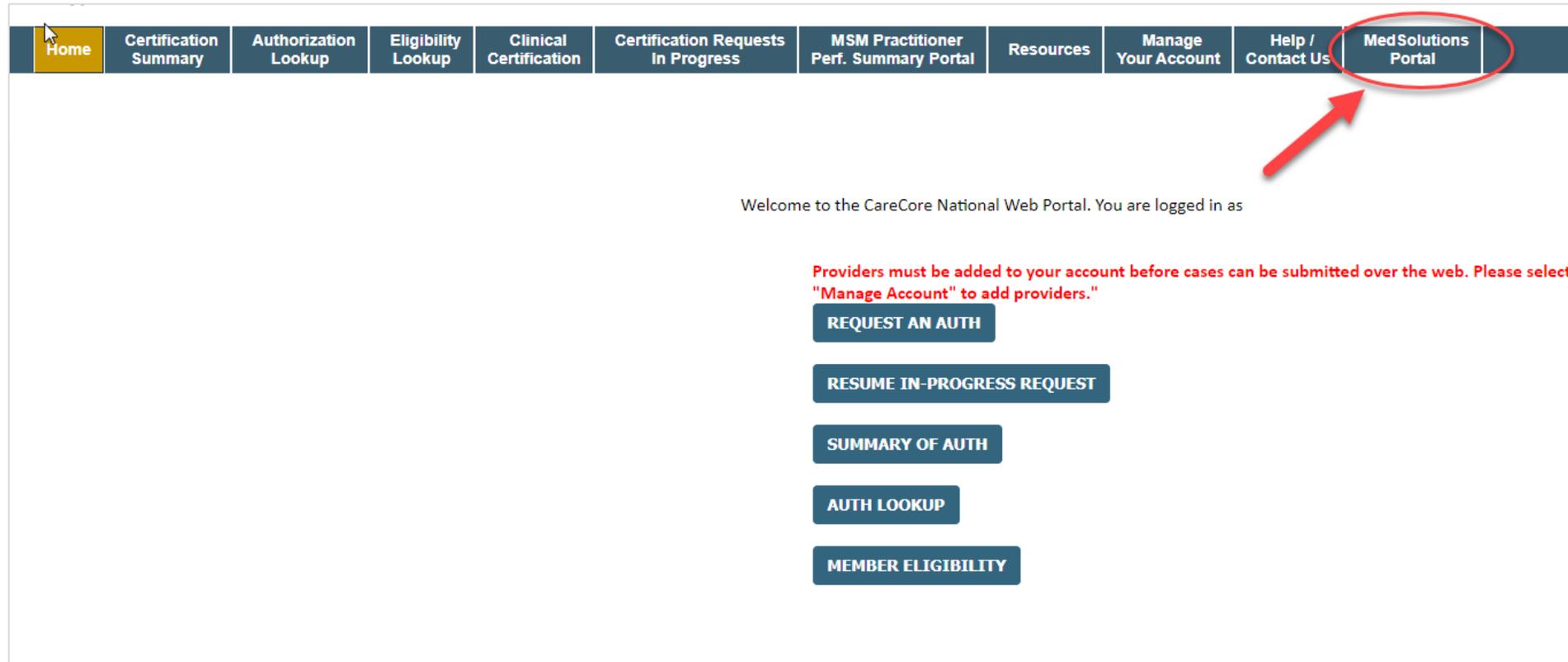
State*: Select

Zip*:

Office Name:

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

Welcome Screen



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

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

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

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

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

Add Practitioners

The image shows two overlapping web forms. The background form is titled "Manage Your Account" and contains fields for "Office Name:", "Address:", "Primary Contact:", and "Email Address:". It also features buttons for "CHANGE PASSWORD" and "EDIT ACCOUNT", and an "ADD PROVIDER" button. Below these is a section for "Click Column Headings to Sort" with a box containing "No providers on file" and a "CANCEL" button. The foreground form is titled "Add Practitioner" and includes instructions: "Enter Practitioner information and find matches." and "*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip". It has input fields for "Practitioner NPI", "Practitioner State" (a dropdown menu), and "Practitioner Zip", along with "FIND MATCHES" and "CANCEL" buttons.

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

Initiating A Case

The screenshot shows a navigation menu at the top with the following items: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted in yellow with a red arrow pointing to it), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, and Manage Your Account.

Request an Authorization

To begin, please select a program below:

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

CONTINUE

Requesting Provider Information

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

Filter Last Name or NPI:

SEARCH **CLEAR SEARCH**

Provider	
SELECT	[Redacted]

BACK **CONTINUE**

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

Select Health Plan & Provider Contact Info

Choose Your Insurer

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK

CONTINUE

[Click here for help.](#)

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

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

Add Your Contact Info

Provider's Name:* [REDACTED] [?]

Who to Contact:* [REDACTED] [?]

Fax:* [REDACTED] [?]

Phone:* [REDACTED] [?]

Ext.: [REDACTED] [?]

Cell Phone: [REDACTED]

Email: [REDACTED]

BACK

CONTINUE

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

Member & Request Information

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

ELIGIBILITY LOOKUP

BACK

Requested Service + Diagnosis

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

Radiology Procedures

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

73721 MRI LOWER EXTREMITY JOINT W/O

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

Diagnosis

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

LOOKUP

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

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

Secondary diagnosis is optional for Radiology

LOOKUP

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

Verify Service Selection

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: TBD
CPT Code: 73721
Description: MRI LOWER EXTREMITY JOINT W/O
Primary Diagnosis Code: R68.89
Primary Diagnosis: Other general symptoms and signs
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

- **Verify requested service & diagnosis**
- **Edit any information if needed by selecting Change Procedure or Primary Diagnosis**
- **Click **continue** to confirm your selection**

Site Selection

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

Add Site of Service

Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI:	<input type="text"/>	Zip Code:	<input type="text"/>	Site Name:	<input type="text"/>
TIN:	<input type="text"/>	City:	<input type="text"/>	<input checked="" type="radio"/> Exact match	
				<input type="radio"/> Starts with	

LOOKUP SITE

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

Site of Care – Radiology requests (if applicable)

- During the site selection portion of the prior authorization process, search NPI or TIN for the site where the procedure will be performed. You can search by any fields listed. Searching with NPI, TIN, and zip code is the most efficient, and using ‘Starts With’ rather than ‘Exact Match’ can be used if you don’t have the full site name.
- Enter the search criteria, and select ‘Lookup Site’ to search for the specific site where the testing/treatment will be performed.
- Selection of an outpatient facility will move the case forward to the clinical collection portion of the prior authorization process, consistent with the current Aetna site selection process. **Selection of a hospital based setting will prompt the user to select a different facility.**

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

select either option for site name lookup

LOOKUP SITE

Site of care – clinical criteria for nonpreferred site

- If a non preferred site is selected, you will be prompted to enter the clinical criteria for using a non preferred facility.

Proceed to Clinical Information

The site you have selected is an outpatient hospital which may not be considered medically necessary. Do any of the following apply to this request?

- Patient requires obstetrical observation
- Patient requires perinatology services
- Patient has a known chronic disease with prior high-tech imaging procedures for the diagnosis, management or ongoing surveillance of the disease at the hospital-affiliated imaging department
- Surgery or procedure is being performed at the hospital and pre-operative/procedural or post-operative/procedural imaging is an integral component of the care
- Moderate or deep sedation or general anesthesia is required for the imaging procedure and a freestanding facility capable of providing such sedation is not available
- Equipment for the size of the individual is only available at a hospital-affiliated imaging facility
- Individual has a documented diagnosis of claustrophobia requiring open magnetic resonance imaging which is not available in a freestanding facility
- Imaging outside the hospital-affiliated imaging department or facility is expected to adversely impact or delay care
- Imaging related to transplantation services at an approved transplantation facility
- None of the above ←

- The appropriate clinical criteria must be selected from the drop-down menu. If none apply, then select ‘None of the above’. If ‘None of the above’ is selected, you will receive a popup letting you know that the procedure(s) requested are not eligible for coverage at the non preferred site. You will still proceed through clinical collection to determine the medical necessity of the procedure itself, separate from Site of Care.

- More detailed information on the Radiology Site of care program can be found here:

<https://www.evicore.com/resources/healthplan/aetna-resources?solutionid=E0C4A52C-6112-49E1-82D0-278E2BFFECDF#solutiondocs>

Proceed to Clinical Information

This service is not eligible for coverage if rendered at an outpatient hospital.

Please select Submit button to continue to review of requested procedure(s).

SUBMIT

Clinical Certification

Proceed to Clinical Information

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

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

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

BACK

CONTINUE

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

Standard or Urgent Request?

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

Proceed to Clinical Information

Is this case Routine/Standard?

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

Proceed to Clinical Information

Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.
In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

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

- A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.
- A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.
- None of the above

Clinical Upload

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

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

No file chosen

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 (Radiology).

Clinical Certification

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

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

Clinical Certification

Please enter the additional procedure code

70552

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.

Requesting Multiple CPT Codes

Clinical Certification

PROCEDURE CODE: 71447 WAS NOT ADDED TO THIS REQUEST

The medical discipline for this procedure requires a separate request.

Would you like to request an additional procedure code?

Yes No

Clinical Certification

Each of your requested procedure codes has been added to this authorization.

You can also find the procedure codes associated to this request via "Authorization Lookup" on the web.

Finish Later

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

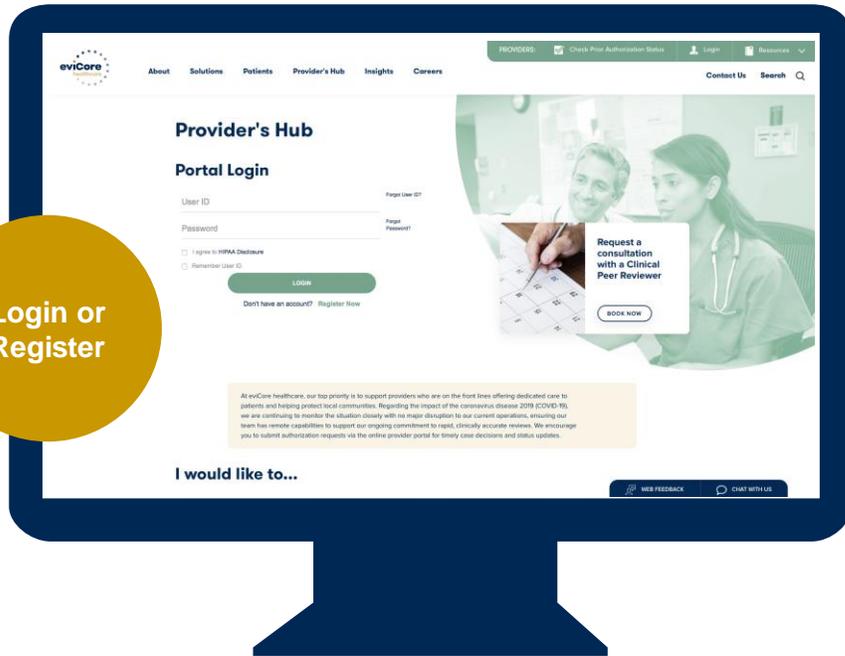
Click [here](#) for help or technical support

If the CPT code does not pass validation, an onscreen message will inform you that the code is either out of scope, has been requested already, or requires the creation of a separate authorization. If the CPT code has been added, an onscreen message will display.

CAREFUL

Selecting **CANCEL** will not save or submit any of the info you've just entered.

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



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

Tuesday, July 30, 2019 7:43 PM

Clinical Certification

Your case has been Approved.

Provider Name:	DR. JYH-HAUR LU	Contact:	WED
Provider Address:	3916 PRINCE ST FLUSHING, NY 11354	Phone Number:	(646) 409-4402
		Fax Number:	(718) 888-9025

Patient Name:	GARY TURCO	Patient ID:	W249262910
Insurance Carrier:	AETNA		

Site Name:	PARK PLACE MEDICAL IMAGING	Site ID:	73C73C
Site Address:	255 GREENWICH STREET NEW YORK, NY 10007		

Primary Diagnosis Code:	R51	Description:	Headache
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided		
CPT Code:	72148	Description:	MRI LUMBAR SPINE W/O CONTRAST

Authorization:	A123615501
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Review Date: 7/30/2019 7:39:39 PM

Status: Your case has been Approved.

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

Tuesday, July 30, 2019 7:29 PM

Clinical Certification

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

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

Choose File Sample4Upload_1.docx

Choose File No file chosen

UPLOAD SKIP UPLOAD

BACK SUBMIT

*In some circumstances, you may be asked to complete a series of clinical questions which may result in an immediate approval or a request for clinical upload

Clinical Certification

Why am I no longer seeing the clinical survey questions when I submit a prior authorization request on some of my requests?

Enhanced Process

- Clinical survey questions **may** populate based upon the information provided. *However...*
- For **some** radiology cases, the experience may be different due to enhancements we are making in the system.
- We have been able to **replace** clinical surveys with a new faster and streamlined process.
- These enhancements will **reduce** submission **time** and improve turnaround times.
- If the case is not approved in real-time based on the clinical information, you will be asked to **submit** the member's medical record supporting the request for services.
- You will be prompted to **upload clinical** at that time, or you can choose to send it in at a later time – a delay in providing clinical will cause a delayed case decision.



Request for clinical upload

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

Is there any additional information specific to the member's condition you would like to provide?

- I would like to upload a document after the survey
- I would like to enter additional notes in the space provided
- I would like to upload a document and enter additional notes
- I have no additional information to provide at this time

SUBMIT

Tips:

- Upload clinical notes on the portal, to avoid any delays (e.g., by faxing)
- Enter additional notes in the space provided only when necessary
- Additional information uploaded to the case will be sent for clinical review

The screenshot shows a web application interface for 'Clinical Certification'. At the top is a dark blue navigation bar with links: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, and Clinical Certification (highlighted in yellow). Below the navigation bar is the date 'Tuesday, July 30, 2019 7:29 PM'. The main content area is titled 'Clinical Certification' and contains a 'Clinical Upload' section. This section has a light blue background and contains the text: 'Please upload any additional clinical information that justifies the medical necessity of this request.' Below this is the instruction: 'Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF):'. There are five 'Choose File' buttons. The first button is selected and shows the filename 'Sample4Upload_1.docx'. The other four buttons show 'No file chosen'. At the bottom of the upload section are two buttons: 'UPLOAD' and 'SKIP UPLOAD'. Below the upload section are two large buttons: 'BACK' and 'SUBMIT'. A mouse cursor is pointing at the 'SUBMIT' button.

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”

Next Step: Criteria met OR Criteria not met

Summary of Your Request

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

CRITERIA NOT MET = Clinical Review

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

Provider Name: DR. BHARATH MANU ARKARA VEETIL
Provider Address: 1200 6TH AVE N
 SAINT CLOUD, MN 56303

Patient Name: SHARON WALKER
Insurance Carrier: WILLIAMS

Site Name: CORNING MEDICAL SUPPLY INC
Site Address: 875 CORNING BLVD
 CORNING, N.Y. 14803

Primary Diagnosis Code: N/A
Secondary Diagnosis Code: Not provided
Date of Service: N/A
CPT Code: N/A
Case Number: 123456789
Review Date: 5/13/2020 2:36:00 PM
Expiration Date: N/A
Status: Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.

- Print-out a summary of the request that includes the case # and indicates 'Your case has been sent to clinical review'

Summary of Your Request

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

CRITERIA MET

Your case has been Approved.

Provider Name: DR. BHARATH MANU ARKARA VEETIL
Provider Address: 1200 6TH AVE N
 SAINT CLOUD, MN 56303

Contact: N/A
Phone Number: 888-333-8641
Fax Number: 888-333-8641

Patient Name: SHARON WALKER
Insurance Carrier: WILLIAMS

Patient Id: 123456789

Site Name: CORNING MEDICAL SUPPLY INC
Site Address: 875 CORNING BLVD
 CORNING, N.Y. 14803

Site ID: 123456789

Primary Diagnosis Code: R68.89
Secondary Diagnosis Code: Not provided
Date of Service: Not provided
CPT Code: 73721
Authorization Number: 123456789
Review Date: 5/13/2020 1:52:08 PM
Expiration Date: 6/27/2020
Status: Your case has been Approved.

Description: Other general symptoms and signs
Description: MRI LOWER EXTREMITY JOINT W/O

CANCEL
PRINT
CONTINUE

Duplication Feature

- Once a case has been submitted, the Duplicate feature allows a new request to be started using some of the same information
- This eliminates entering duplicate information and allows multiple cases to be built efficiently
- Time saver!

Success

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

- [Return to the main menu](#)
- [Start a new request](#)
- [Resume an in-progress request](#)

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

Start a new request using the same:

- Program (Radiation Therapy Management Program)
- Provider ([REDACTED])
- Program and Provider (Radiation Therapy Management Program and [REDACTED])
- Program and Health Plan (Radiation Therapy Management Program and [REDACTED])

GO

Additional Provider Portal Features

Certification Summary / Authorization Lookup

The top ribbon menu has several helpful features :

Certification Summary

- Certification Summary tab allows you to track recently submitted cases and view status at a glance
- The work list can also be filtered

Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description	Site Name	Expiration Date	Correspondence	Upload Clinical

Authorization Lookup

- Authorization Lookup tab shows case status and post decision information
- Search by member information OR by authorization number /ordering NPI
- View and print any correspondence
- Initiate Reconsiderations and Peer to Peer Consultations

Search by Member Information Search by Authorization Number/ NPI

Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description	Site Name	Expiration Date	Correspondence	Upload Clinical

How to schedule a Peer to Peer Request

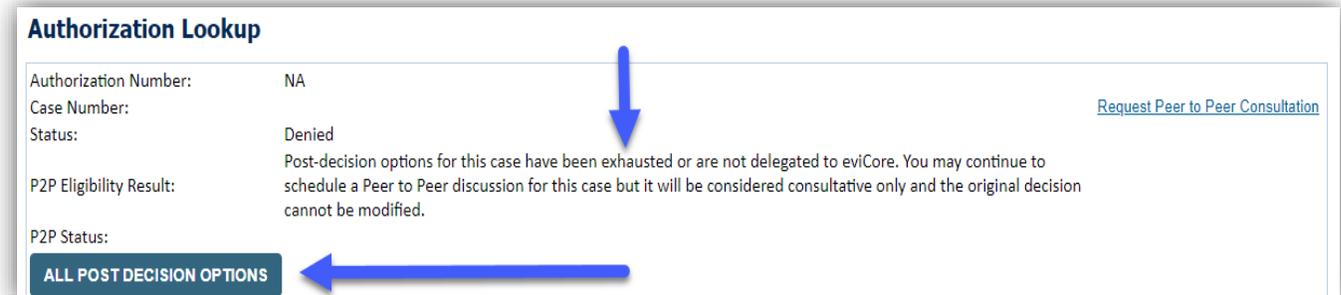
- Log into your account at www.evicore.com
- Perform Authorization Lookup to determine the status of your request.
- Click on the “P2P Availability” button to determine if your case is eligible for a Peer to Peer conversation:



- 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.



- 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.



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

How to Schedule a Peer to Peer Request

- 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

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

Member Date of Birth

[+ Add Another Case](#)

[Lookup Cases >](#)

New P2P Request

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

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

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 >](#)

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...	-	-	-

How to Schedule a Peer to Peer

Confirm Contact Details

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

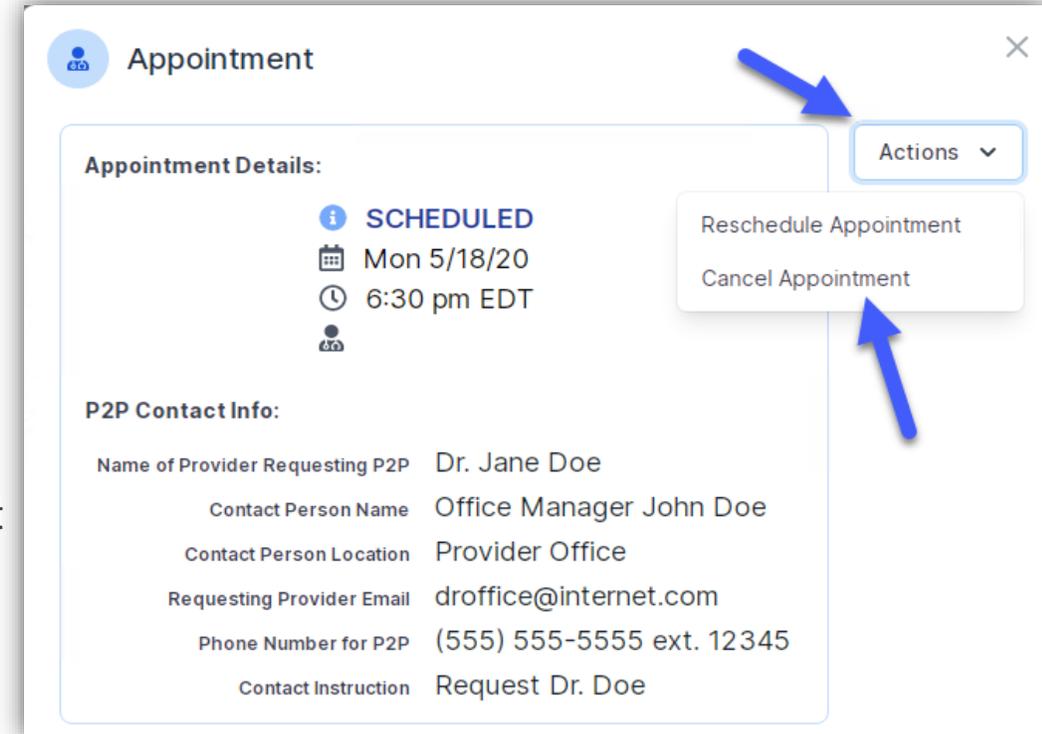
The screenshot shows a multi-step scheduling process. The 'P2P Contact Details' section is active, with blue arrows pointing to the 'Name of Provider Requesting P2P' (Dr. Jane Doe), 'Phone Number for P2P' ((555) 555-5555), and 'Contact Instructions' (Select option 4, ask for Dr. Doe) fields. A 'Submit' button is visible at the bottom right.

The summary card displays the appointment details: 'Scheduling', 'Scheduled', and 'Mon 5/18/20 - 6:30 pm EDT'. A red circle highlights the word 'SCHEDULED' in the bottom right corner.

Canceling or Rescheduling a Peer to Peer Appointment

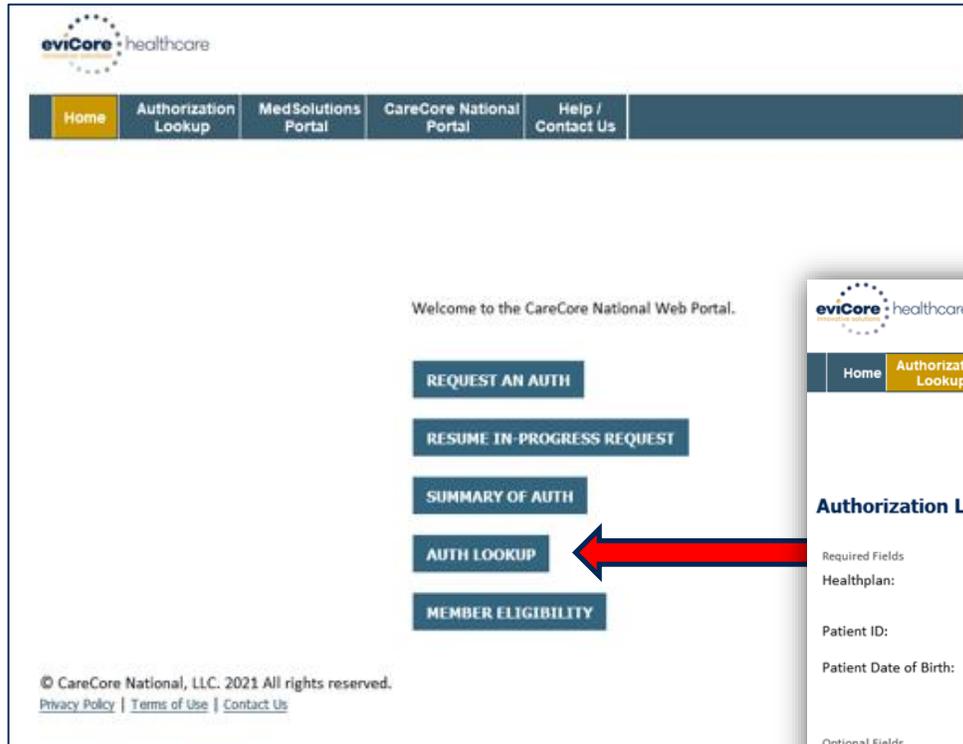
To cancel or reschedule an appointment

- 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



eviCore Reconsideration Review Process on the Web

- Select “Auth Lookup” from the main menu, then enter health plan and patient information or authorization number
- When the authorization summary displays, select ‘All Post Decision Options’ to see if the case is eligible for Reconsideration or Appeal



eviCore healthcare

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

Authorization Lookup

Required Fields

Healthplan:

Patient ID:

Patient Date of Birth:
MM/DD/YYYY

Optional Fields

Case Number:

or

Authorization Number:

PRINT SEARCH

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

Authorization Lookup

Authorization Number: NA

Case Number: P2P AVAILABILITY

Status: Denied

P2P Status: **ALL POST DECISION OPTIONS**

Approval Date:

Procedure Code: SPINE

Units Requested: 1

Units Approved: 0

Service Description: SPINE SURGERY

Site Name:

Expiration Date:

Date Last Updated:

Correspondence: UPLOADS & FAXES

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
		1	0	

PRINT SEARCH

eviCore Reconsideration Review Process on the Web (cont.)

- If a reconsideration or first level appeal is delegated through eviCore, the user will see the following question at the bottom of available appeal options
- User can answer “Yes” to move forward
- If the user answers “No” an appeal or reconsideration will not be started and the following notation will be placed on the case: Post Decision Review process opened and abandoned by Web User. Case will not proceed to Reconsideration or Appeal review at this time.
- Note: Select ‘No’ to go back to schedule a Peer-to-Peer

eviCore healthcare
innovative solutions

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

Thursday, May 20, 2021 10:00 AM

Authorization Lookup

Peer to Peer Review allowed through eviCore until 11/14/2021 12:00:00 AM.

First Level Appeal allowed through eviCore until 11/14/2021.

Second Level Appeal is not delegated to eviCore or is no longer available for this case.

i Would you like to process a Standard Pre-Service Appeal?
 Yes No

Note: Expedited or Post-Service Appeals must be initiated by calling eviCore at 800-792-8744, option 4.

SUBMIT

eviCore Reconsideration Process on the Web (cont.)

- New or additional clinical documentation is required; Failure to upload new or additional clinical documentation will cancel the request

eviCore healthcare

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

Thursday, May 20, 2021 10:10 AM [Log Off \(CSTATEN\)](#)

Authorization Lookup

New or additional clinical is required when submitting a Post Decision Review request online. Please upload clinical in order to proceed. Failure to upload clinical information at this time will abandon the request.

Do you acknowledge that the uploaded clinical information used to initiate this post decision request is new and not previously reviewed?

Yes No

SUBMIT

- After the post decision review is initiated, the user will return to the authorization lookup
- Status will be updated to show additional information was submitted and pending review
- A determination will be faxed to the provider

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

Thursday, May 20, 2021 10:18 AM [Log Off \(CSTATEN\)](#)

Authorization Lookup

Authorization Number: NA

Case Number: 1144128675 **P2P AVAILABILITY**

Health Plan Auth Number:

Status: Additional Information Received, Pending Medical Director Review

P2P Status:

Approval Date:

Service Code: 71250

Service Description: CT THORAX W/O CONTRAST

Site Name: ST VINCENTS MEDICAL CENTE

Expiration Date:

Date Last Updated: 5/20/2021 10:18:42 AM

Correspondence: **UPLOADS & FAXES**

Clinical Upload:

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

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
71250	Computed tomography (CT) (a special kind of picture) of your chest without contrast (dye)	1	0	

Provider Resources

Provider Resources

Prior Authorization Call Center – 888.622.7329

- Call center hours are 7am – 7pm Monday-Friday local time

Web-Based Services and Online Resources

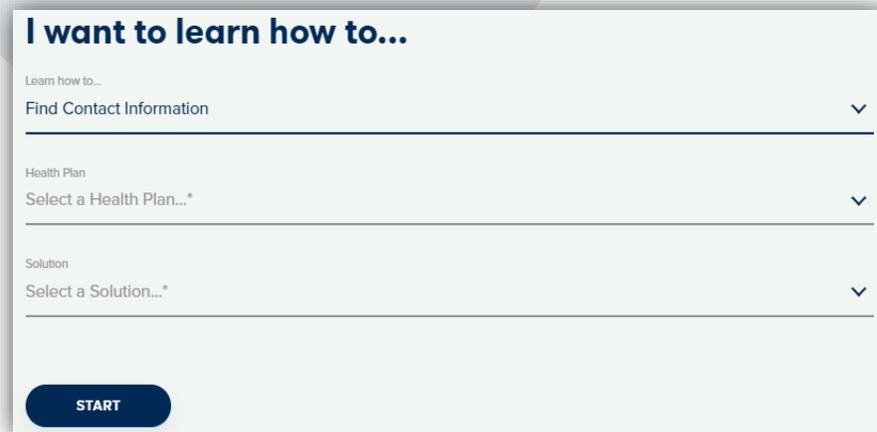
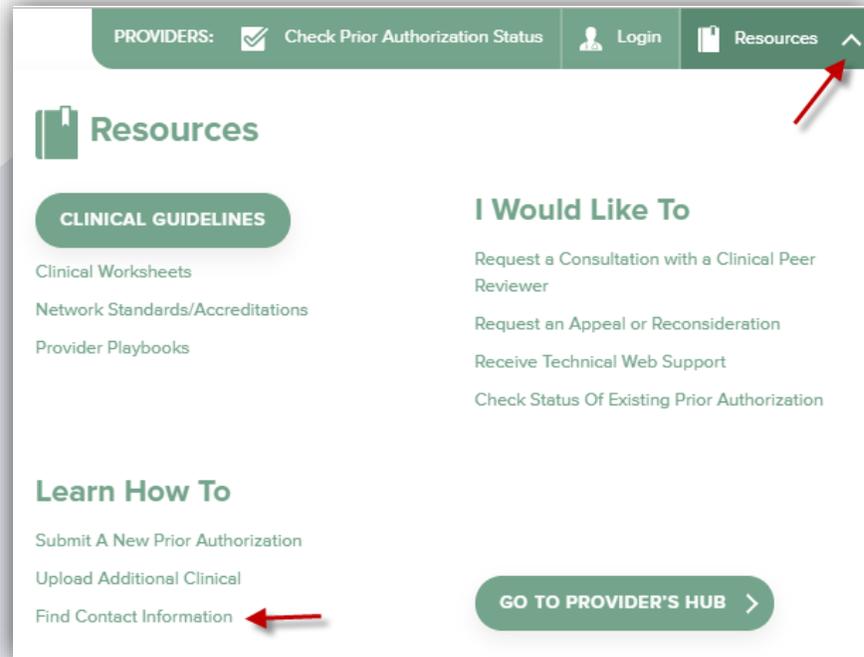
- Important tools, health plan-specific contact information, and resources can be found at www.evicore.com
- Select the **Resources** to view Clinical Guidelines, Online Forms, and more.

Provider Resource Page

<https://www.evicore.com/resources/healthplan/aetna>

Web Support

- The quickest, most efficient way to request prior authorization is through our provider portal. Our dedicated **Web Support** team 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



eviCore Provider Support Teams

Client and Provider Services

Dedicated team to address provider-related requests and concerns including:

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

How to Contact our Client and Provider Services team

Email: ClientServices@evicore.com For prompt service, please have all pertinent information available. When emailing, make sure to include the health plan in the subject line with a description of the issue, with member/provider/case details when applicable.

Provider Engagement team

You can find a list of Regional Provider Engagement Managers at www.eviCore.com →
Provider's Hub → Training Resources



Provider Newsletter

Stay Updated With Our Free Provider Newsletter

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

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



Provider Resource Review Forums

The eviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

We invite you to attend a Provider Resource Review Forum, to navigate www.eviCore.com and understand all the resources available on the Provider's Hub. Learn how to access:

- eviCore's evidence-based clinical guidelines
- Clinical worksheets
- Check-status function of existing prior authorization
- Search for contact information
- Podcasts & Insights
- Training resources

How to register for a Provider Resource Review Forum?

You can find a list of scheduled **Provider Resource Review Forums** on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



Thank You!

