

Radiology Advanced Imaging

Provider Orientation Session for Medical Mutual of Ohio

Updated September 2023



Agenda



Solutions Overview

Radiology Advanced Imaging

Submitting Requests

**Prior Authorization Outcomes, Special Considerations,
and Post-Decision Options**

eviCore Provider Portal

Overview, Features, and Benefits

Provider Resources

Questions & Next Steps

Solution Overview



Medical Mutual of Ohio Prior Authorization Services

eviCore healthcare (eviCore) will begin accepting prior authorization requests on December 18, 2017 for dates of service January 1, 2018 and beyond.

Applicable Membership:

- Commercial
- Medicare Advantage

*Does **NOT** include members with Medicare supplement.

Prior authorization applies to the following services:

- Outpatient
- Diagnostic
- Elective / Non-emergent

Prior authorization from eviCore 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.

Advanced Imaging

Services within Scope:

- CT, CTA
- MRI, MRA
- PET, PET/CT
- 3D Imaging
- Advanced Imaging (CT & MRI)
- Nuclear Cardiac Imaging (NCM/MPI)

To find a list of CPT codes that require prior authorization through eviCore, please visit:

<https://www.evicore.com/resources/healthplan/medical-mutual-of-ohio>



Submitting Requests



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.**
- **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 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 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 submissions.

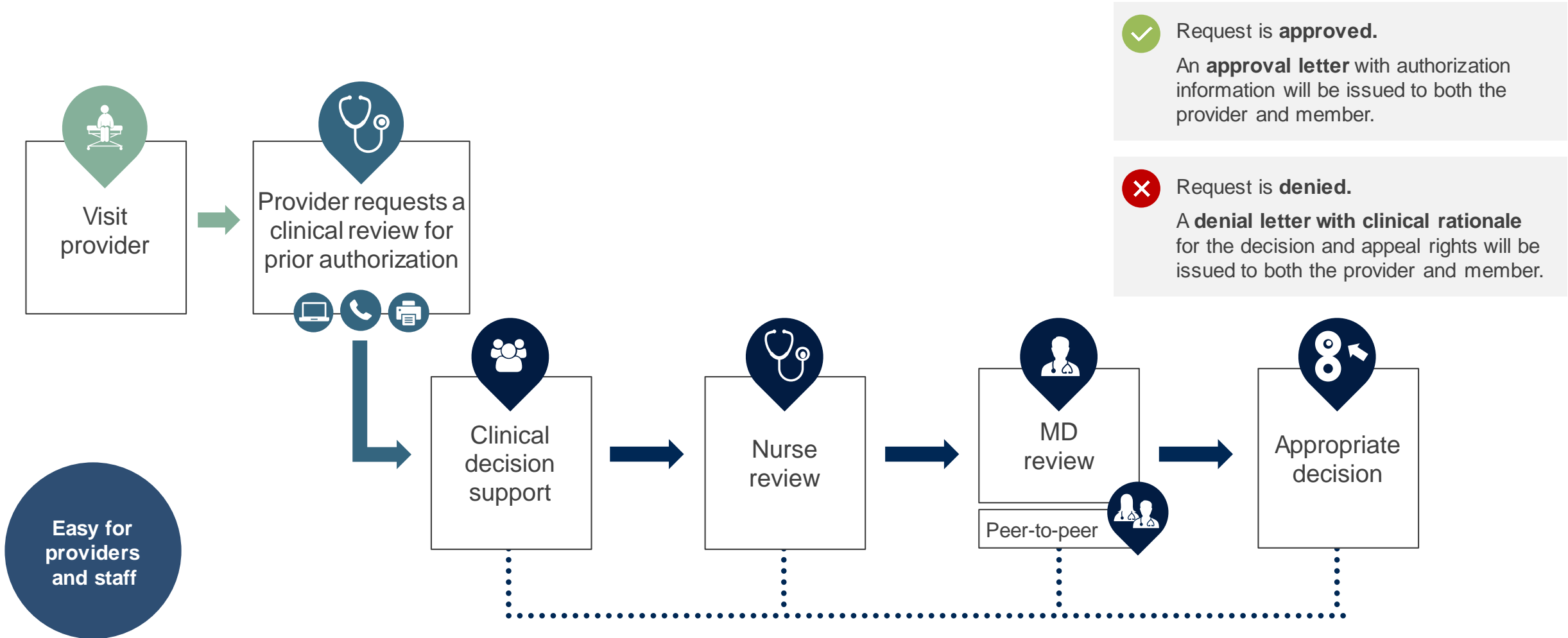
To access the eviCore Provider Portal, visit www.eviCore.com

Phone: 888-693-3211
Monday – Friday
7 AM – 7 PM (local time)

Fax: 844-822-3862



Utilization Management | Prior Authorization



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:

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

- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous test results

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, and Post-Decision Options

Prior Authorization Determination Outcomes

Determination Outcomes

- Standard requests are processed after receipt of all necessary clinical information within:
 - Medicare - 14 calendar days
 - Commercial - 10 calendar days
- **Approved Requests:** Authorizations are valid for 45 calendar days from the date of the final 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, including denied Site of Care (if applicable).
- **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 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 within 30 business days from the date of service.
- Any submitted beyond this timeframe will be administratively denied.
- Reviewed for **clinical urgency** and medical necessity.
- Processed within 30 calendar days for Commercial members, 14 calendar days for Medicare members.
- 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 48 hours for HMO and Fully Insured after receiving complete clinical information.



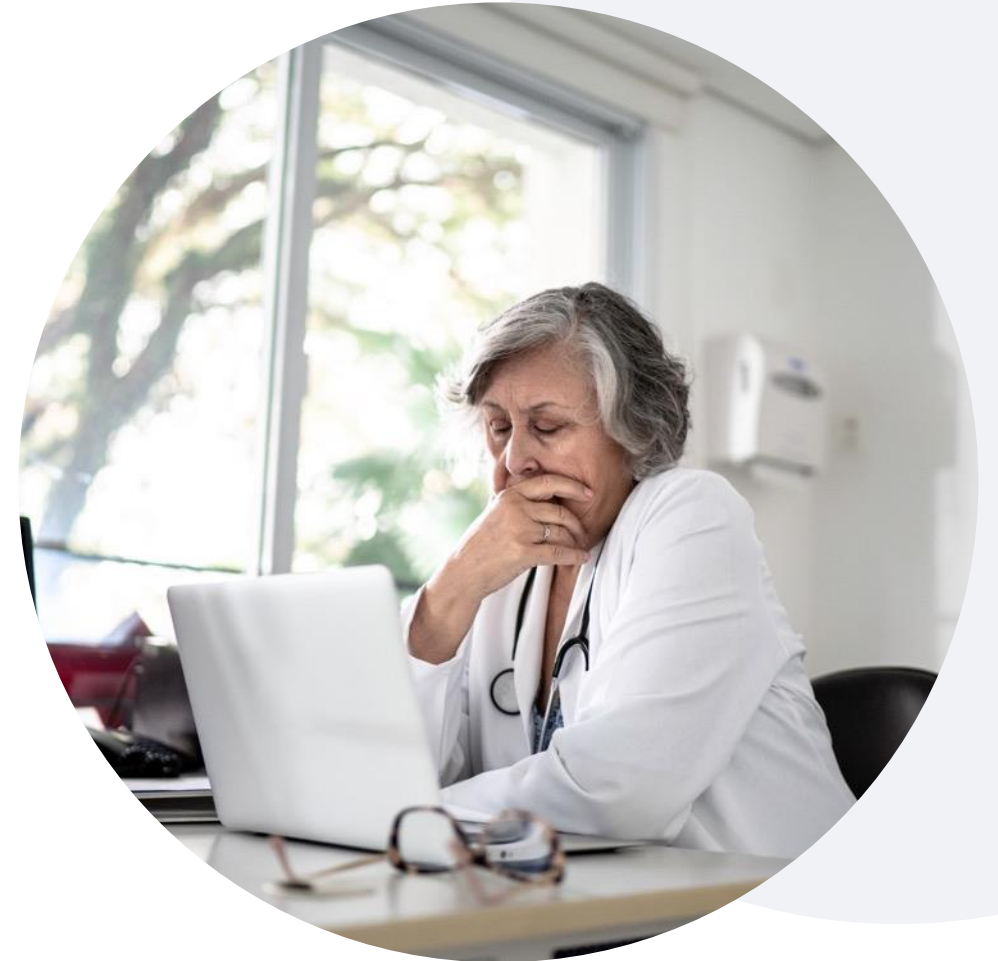
Special Circumstances

Alternative Recommendation

- An alternative recommendation may be offered based on eviCore's evidence-based clinical guidelines.
- The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request.
- Providers have up to 14 calendar days to contact eviCore to accept the alternative recommendation.

Authorization Update

- If updates are needed on an existing authorization, providers 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: 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 can also call us at **888-693-3211** to speak to an agent who can provide available option(s) and instruction on how to proceed.

Reconsiderations

- Providers and/or staff can request a reconsideration review.
- 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.

Appeals

- eviCore will process first-level appeals.
- Appeal requests must be submitted to eviCore within 180 calendar days from the initial determination.
- Appeal requests can be submitted in writing or verbally via a Clinical Consultation with an eviCore physician.
- All clinical information and the prior authorization request will be reviewed by a physician other than the physician who made the initial determination.
- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider.

Post-Decision Options: Medicare Members

My case has been denied. What's next?

Clinical Consultation

- Providers can request a Clinical Consultation with an eviCore physician to better understand the reason for denial.
- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation.

Reconsideration

- Medicare cases do not include a Reconsideration option.

Appeals

- eviCore will **not** process first-level appeals.
- Please refer to the denial notice for instructions and requirements to submit an appeal.

eviCore Provider Portal



eviCore Provider Portal | Features

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, submit appeal, and schedule a peer-to-peer.

Certification Summary

- Track recently submitted cases.



eviCore Provider Portal | Access and Compatibility

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

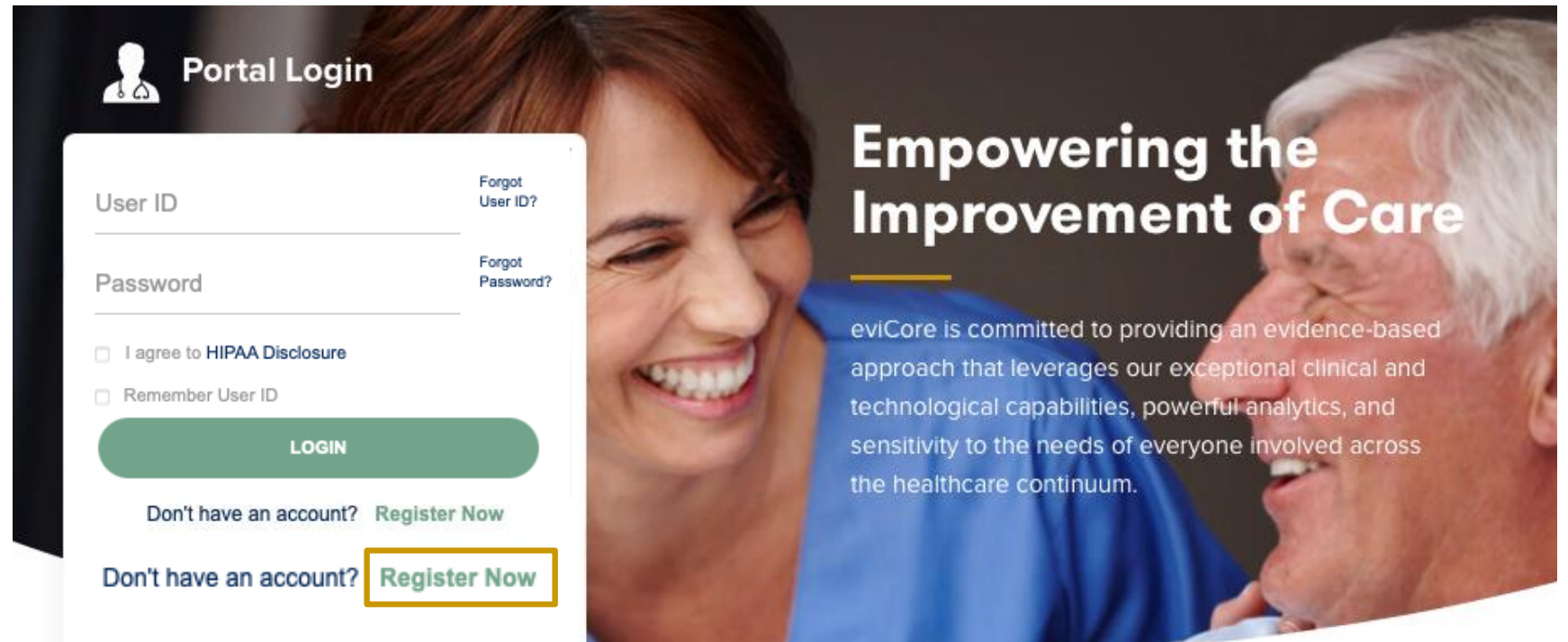
To access resources on the eviCore Provider Portal, visit www.eviCore.com

Already a user?

Log in with User ID & Password.

Don't have an account?

Click **Register Now**.



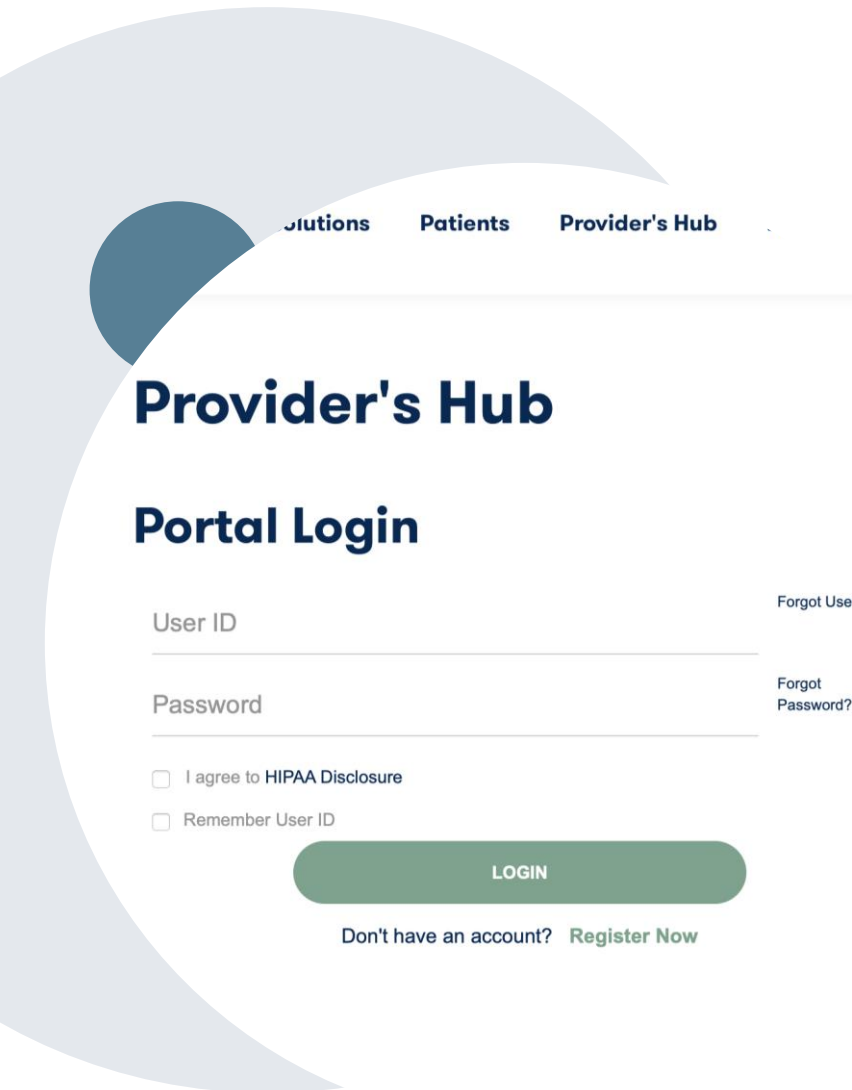
eviCore's website is compatible with all web browsers. If you experience issues, you may need to disable pop-up blockers to access the site.

Portal Compatibility

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

- Google Chrome
- Mozilla Firefox
- Microsoft Edge

Note: You may need to disable pop-up blockers to access the site.




Creating An Account

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* 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 using to submit cases over the web.

Default Portal*: 

User Information

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

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

Provider Information

Account Type:

Please Select the Physician that you represent. A notification will be sent to the organization regarding this registration

Physician First Name: Physician Last Name*:
Tax ID*: NPI:

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

- Select a **MedSolutions** as the **Default Portal**.
- Choose the **Account Type**, and complete the registration form. There are four (4) account types: Facility, Physician, Billing Office, and Health Plan.

Creating An Account

Web Portal Preference

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

Default Portal*:

User Registration

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

Provider Information

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

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

[Back](#) [Submit Registration](#)

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

User Registration-Continued

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

Default Portal*: Medsolutions

User Registration

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

Provider Information

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

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

USER REGISTRATION

User Access Agreement *Required

eviCore
Provider/Customer Access Agreement for Web-Based Applications

This Provider/Customer Access Agreement for Web-Based Applications ("Access Agreement") contains the terms and conditions for use by Provider/Customers of the web-based applications provided by eviCore through its Web Site. This Access Agreement applies to Provider/Customer and all employees and/or agents that have access to eviCore's web-based applications by utilizing a User ID and Personal Identification Number ("PIN"), Security Password, or other security device provided by eviCore, hereinafter referred to as "Users."

To obtain access to eviCore's Web Site applications, User must first read and agree to this Access Agreement. After reviewing these documents, User will be asked to accept the Access Agreement by checking the "Accept Terms and Conditions" check box. If User accepts, this will result in a binding contract between User and eviCore, just as if User had physically signed the Access Agreement.

Each and every time User accesses eviCore's web-based applications, User agrees to be bound by this Access Agreement, as it may be amended from time to time.

1. Limited License. Upon acceptance, eviCore grants Provider/Customer a revocable, nonexclusive, and nontransferable limited license to access electronically eviCore's web-based applications only so long as Provider/Customer is currently bound by a Provider/Customer Agreement (as used herein a "Provider/Customer Agreement" is an agreement to provide health care/medical services to members of health plans for which eviCore provides radiological services, whether it is with eviCore directly or said health plan(s)). The electronic access to any use of eviCore's web based applications is subject

Accept Terms and Conditions *

Submit Cancel

Accept the Terms and Conditions, and click Submit.

Setting Up Multi-Factor Authentication (MFA)

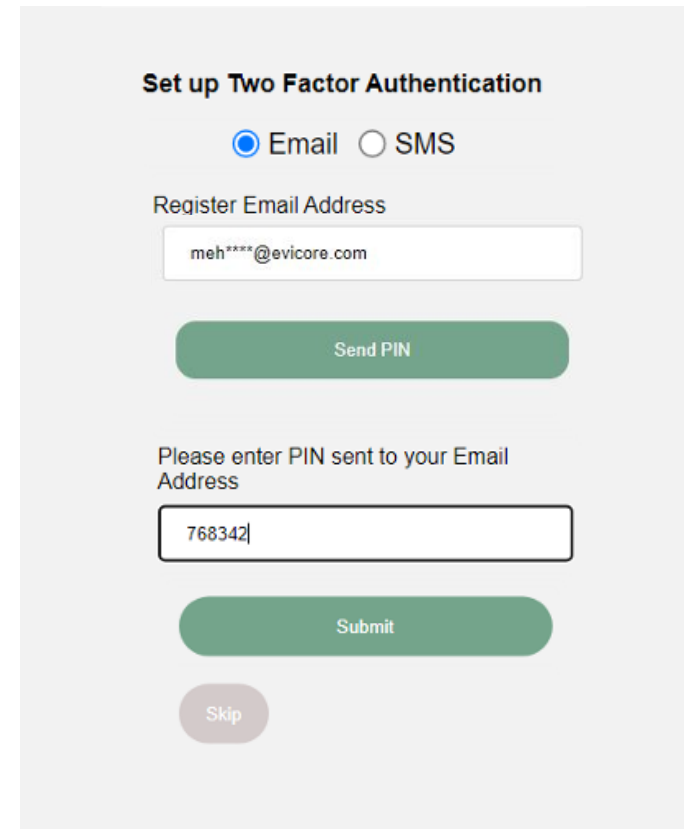
To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

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.**

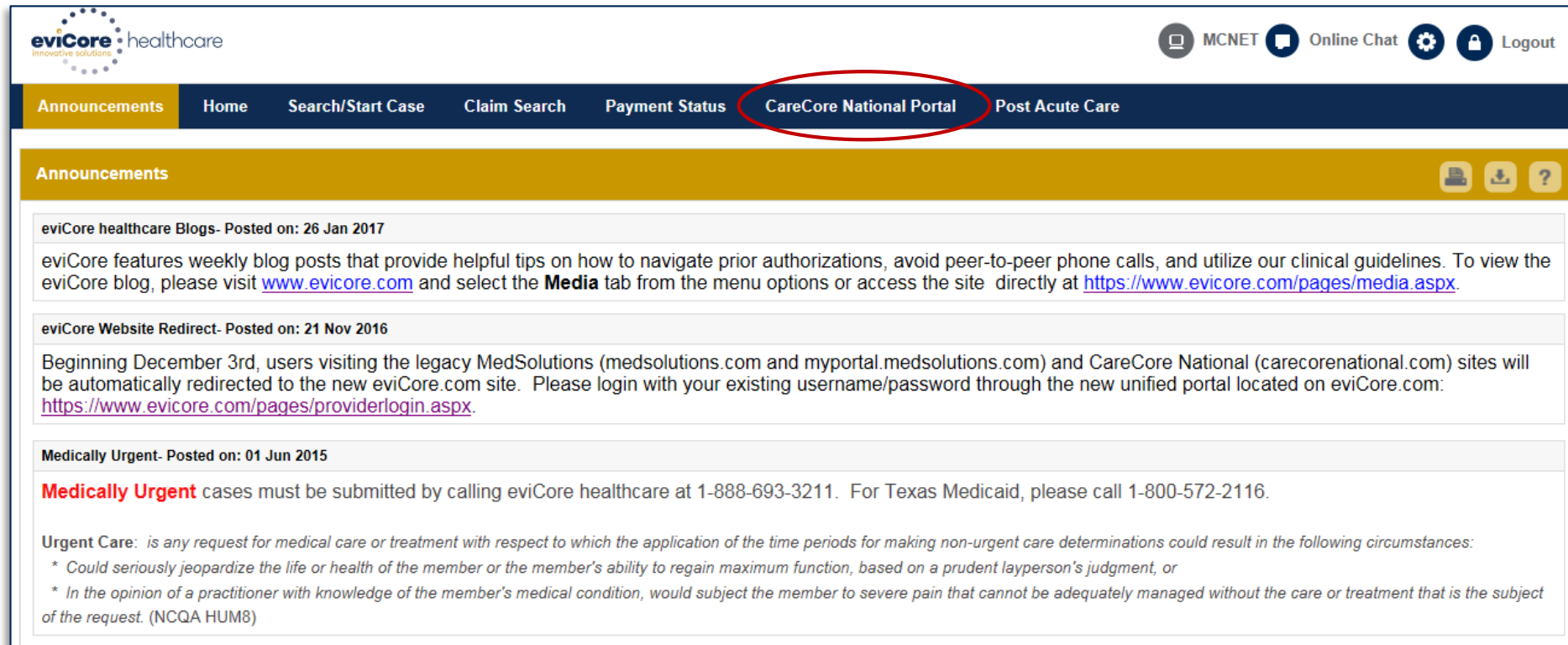
Select **Send PIN**, and a 6-digit pin will be generated and sent to your chosen device.

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



The screenshot displays a web interface for setting up two-factor authentication. At the top, it says "Set up Two Factor Authentication". Below this, there are two radio buttons: "Email" (which is selected) and "SMS". Underneath, it prompts the user to "Register Email Address" with a text input field containing "meh****@evicore.com". A green "Send PIN" button is positioned below the input field. Further down, it asks the user to "Please enter PIN sent to your Email Address" with a text input field containing "768342". A green "Submit" button is located below this field, and a grey "Skip" button is at the bottom.

Announcements



The screenshot shows the eviCore healthcare website interface. At the top left is the eviCore healthcare logo. On the top right, there are icons for MCNET, Online Chat, a settings gear, a lock icon, and a Logout button. Below this is a dark blue navigation bar with several menu items: Announcements (highlighted in yellow), Home, Search/Start Case, Claim Search, Payment Status, CareCore National Portal (circled in red), and Post Acute Care. Below the navigation bar is a yellow header for the 'Announcements' section, which includes icons for a printer, a download arrow, and a question mark. The main content area contains three announcement cards:

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

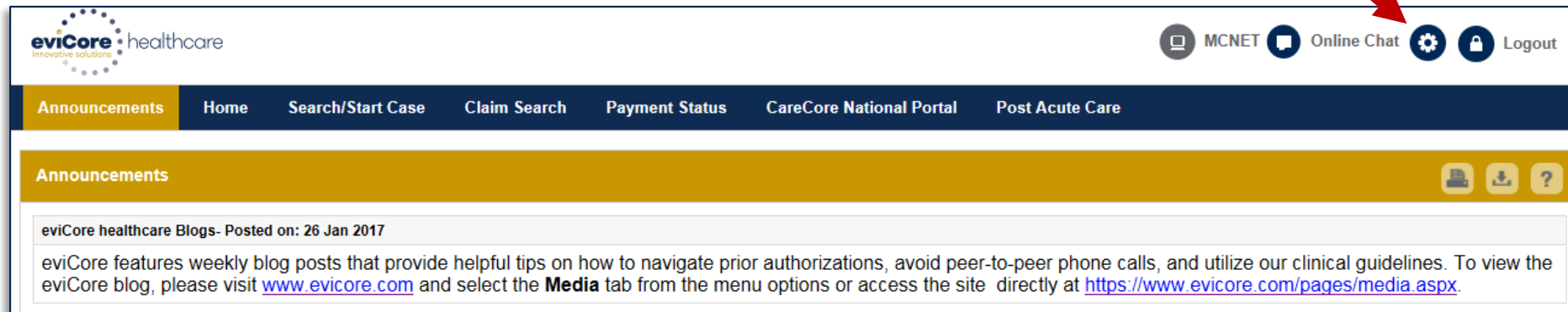
Once you have logged in to the site, you will be directed to the main landing page that includes important announcements.

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

Account Settings

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

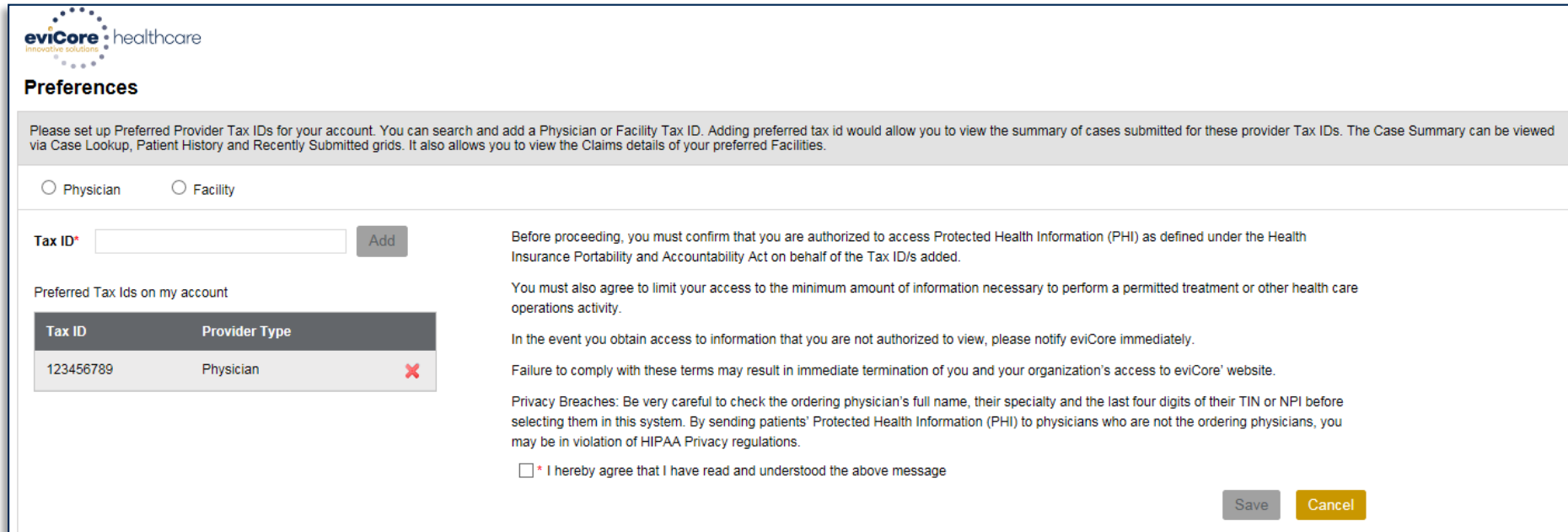
- Change password
- Update user account information (address, phone number, etc.)
- Set up preferred Tax ID numbers of physicians or facilities



Account Settings

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

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



The screenshot shows the 'Preferences' section of the eviCore healthcare account settings. It includes a header with the eviCore logo and the word 'healthcare'. Below the header is a sub-header 'Preferences' and a greyed-out instruction box. The main content area has two radio buttons for 'Physician' and 'Facility'. Below these is a 'Tax ID*' input field with an 'Add' button. A table titled 'Preferred Tax Ids on my account' shows one entry with Tax ID '123456789' and Provider Type 'Physician'. To the right of the table is a large text area with a disclaimer and a checkbox for agreement. At the bottom right are 'Save' and 'Cancel' buttons.

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Preferences

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

Physician Facility

Tax ID*

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

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

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

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

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

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

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

Portal Case Submission

Home Tab

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

My Pending Worklist

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

Recently Submitted Cases

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

The screenshot displays two worklist sections. The top section, 'My Pending Worklist - 1', has a yellow header with the text 'Cases Pending for Case Details and Survey will be deleted after 7 calendar days'. It includes a table with columns: Case Number, Insurer Name, Patient Name, Date Of Birth, CPT Codes, ICD Codes, ICD Version, Referring Physician, and Facility. A single row is visible with a red 'X' in the Case Number column. The bottom section, 'Recently Submitted Cases - 0', has a yellow header and includes date filters for 'Start Date' (07/19/2016) and 'End Date' (07/20/2016). Its table columns are: Case Number, Insurer Name, Patient Name, Date Of Birth, Case Status, Case Activity, Submit Date, Authorization Number, Effective Date, and Expiration. Both sections have navigation icons and a '1 - 1 of 1 items' indicator.

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

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

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Announcements Home Search/Start Case Claim Search Payment Status

PATIENT & CASE LOOKUP Patient Search Result(s)

Patient Lookup

Insurer: MEDSOLUTIONS DEN

Member ID: xyz0002

or

First Name:

Last Name:

Date of Birth:

Reset Search

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

Case/Auth Lookup

Case ID Auth Number

Search

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

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

Member Lookup

Patient Search Result(s)

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

PLEASE MAKE SURE YOU ARE SELECTING THE CORRECT PATIENT. [VIEW REQUEST](#)

Patient Detail Information

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

This is a MEDSOLUTIONS DEMO Program [Create Case](#)

Patient History - 49 Records found

Case ID	Auth Number	Submit Date	Status	Notes
101840634		7/7/2016		
101837513	A31309042	7/7/2016		
101837334		7/7/2016	Canceled	
101827785		7/6/2016	Canceled	
101798766		6/30/2016	Pending	RN Review Process

1 - 5 of 49 items

Callout 1: If a partial ID is put in the search box, a list of members will populate. A patient can be selected once the patient is highlighted blue. Please make sure you select the correct patient by verifying the patient's name and DOB before clicking **Create Case**.

Callout 2: If there are cases associated with the patient, they will populate once the patient is selected. Double click on a case ID in the **Patient History** to open that case.

Case Creation – CPT/ICD Codes

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

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

Patient & Case Lookup:

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

Case Detail:

- Member Information:** Insurer: MEDSOLUTIONS DEMO, Member ID: XYZ00002, Health Plan/Program: MSI DEMO PROGRAM - PA REQ, First Name: BOBBY, Last Name: HILL, Date of Birth: 2/1/1974, Gender: MALE.
- CPT/ICD:** A section for entering codes, with a search bar and a table of results.
- CPT Codes Table:**

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

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

Case Creation – Ordering Physician

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

PATIENT & CASE LOOKUP

Patient Lookup

Insurer: MEDSOLUTIONS DEM

Member ID: xyz00002

or

First Name:

Last Name:

Date of Birth:

Reset Search

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

Case/Auth Lookup

Case ID Auth Number

Search

CASE DETAIL

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

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

Physician

Use Referring Physician as Requested Facility

Physician Search

First Name: Test Tax ID: State: TN

Last Name: Doctor NPI:

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

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

1 - 5 of 8 items

Save & Next

Case Creation – Facility

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

PATIENT & CASE LOOKUP

Patient Lookup

Insurer:* MEDSOLUTIONS DEM

Member ID: xyz00002

or

First Name:

Last Name:

Date of Birth:

Reset **Search**

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

Case/Auth Lookup

Case ID Auth Number

Search

CASE DETAIL

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

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

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

Facility

Please choose one of the following facilities:

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

Search Facility **Look-up IOP** **Save & Next**

Case Creation – Review and Submit

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

PATIENT & CASE LOOKUP

Patient Lookup

Insurer:* MEDSOLUTIONS DEM

Member ID: xyz00002

or

First Name:

Last Name:

Date of Birth:

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

Case/Auth Lookup

Case ID Auth Number

CASE DETAIL

Member

Insurer: MEDSOLUTIONS DEMO Member ID: XYZ00002

Health Plan/Program: MSI DEMO PROGRAM - PA REQ

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

CPT/ICD

CPT Codes : 73721 ICD Codes : M25.562

Physician

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

Facility

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

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

All Fax notifications for this case will be sent to (615) 468-4408. Please verify that it is correct. If you would like to change your Fax number, please click on the gear icon on the top right of the page for the Account Info screen.

Providing Clinical Information

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

Survey

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

Select a Reason for the Requested Procedures

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

Left Ankle
 Right Foot
 Hip
 Knee

Evaluation of Knee Pain

Continue

Providing Clinical Information

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

Survey

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

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

General Information

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

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

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

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

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

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

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

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

Print Save Continue

Providing Clinical Information

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

Survey

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

73721 MRI any Joint of Lower Extremity without contrast

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

Based on the clinical information provided,
73721 Requires Clinical Review

Decision criteria for 73721

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

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

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

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

Action for 73721

Submit for Additional Review

Voluntarily Cancel Request

Print Save Submit All

This is Not a Complete Transaction.

Providing Clinical Information

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

Survey

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

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

Based on the clinical information provided,
73721 Requires Clinical Review

Decision criteria for 73721

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

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

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

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

Action for 73721

Submit for Additional Review

Voluntarily Cancel Request

Print Save Submit All

This is Not a Complete Transaction.

Providing Clinical Information

rt Case Claim Search Payment Status

Request for Additional Clinical Documentation

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

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

You must select one of the following:

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

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

Continue

Providing Clinical Information

Upload Additional Clinical Documentation

Additional Documentation ?

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

File Name

Browse

No attachments saved

Clinical Notes ?

Note Text

Maximum Character limit on each note is 5000.

No notes saved

Save

Apply **Cancel**

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


You can type in free text notes as clinical information. Click **Save** for any notes entered in the text box.

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

Providing Clinical Information

The screenshot shows a web application window titled "Upload Additional Clinical Documentation". It features a yellow header bar with a question mark icon. Below the header, a red warning message reads: "Warning: Please be sure and review that the attachments or notes apply to this case. Adding clinical information to the wrong case could result in a HIPAA violation." The interface includes a "File Name" input field, a "Browse" button, and a "No attachments saved" status. A "Clinical Notes" section contains a "Note Text" input field with the text "test" and a note that the "Maximum Character limit on each note is 5000". At the bottom, there are "Apply" and "Cancel" buttons. A blue callout box at the bottom of the window states: "Once you click **Apply** you will receive a message that your documentation has been accepted and that your case has been sent for medical review."

Message from webpage

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

OK

Case Summary Page – Pending Case

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

CASE SUMMARY

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

Case/Authorization

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

<h4>Patient</h4> <p>First Name: BOBBY Last Name: HILL Date of Birth: 02/01/1974 Address: 101 MAIN ST, FRANKLIN, TN, 37067 Phone: Member ID: XYZ00002 Insurer: MEDSOLUTIONS DEMO Program: MSI DEMO PROGRAM - PA REQ</p>	<h4>Referring Physician</h4> <p>First Name: TEST Last Name: DOCTOR Address: 730 COOL SPRINGS BLVD, FRANKLIN, TN, 370677289 Phone : 9999999999 Fax : 9999999999 Specialty: ALLERGY,OPTICIAN Tax ID: *****6789 NPI: 7417417410</p>	<h4>Requested Facility</h4> <p>Name: BEACON MRI WEST Address: 730 COOL SPRINGS BLVD, FRANKLIN, TN, 37067 Phone: 6154684000 Fax: 6154684001 Equipment: MRI, PET Tax ID: *****9014 Taxonomy Code: NPI:</p>
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<h4>CPT Codes</h4> <table><thead><tr><th>CPT C...</th><th>U...</th><th>Description</th><th>CPT St...</th><th>Cpt Modif...</th></tr></thead><tbody><tr><td>73721</td><td>1</td><td>MRI Lower Extremity, any joint; without contrast material(s)</td><td>Pending</td><td>LT</td></tr></tbody></table> <p>1 - 1 of 1 items</p>	CPT C...	U...	Description	CPT St...	Cpt Modif...	73721	1	MRI Lower Extremity, any joint; without contrast material(s)	Pending	LT	<h4>Diagnosis Codes</h4> <table><thead><tr><th>ICD Code</th><th>ICD Version</th><th>Description</th></tr></thead><tbody><tr><td>M25.562</td><td>10</td><td>Pain in left knee</td></tr></tbody></table> <p>1 - 1 of 1 items</p>	ICD Code	ICD Version	Description	M25.562	10	Pain in left knee
CPT C...	U...	Description	CPT St...	Cpt Modif...													
73721	1	MRI Lower Extremity, any joint; without contrast material(s)	Pending	LT													
ICD Code	ICD Version	Description															
M25.562	10	Pain in left knee															

<h4>Additional Documentation</h4> <p>File Name</p>	<h4>Clinical Notes</h4> <p>Note Text</p> <p>Test Case. View</p>
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Case Summary Page – Approved Case

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

CASE SUMMARY

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

Case/Authorization

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

Patient

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

Referring Physician

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

Requested Facility

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

CPT Codes

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

Diagnosis Codes

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

Additional Documentation

File Name

Clinical Notes

Note Text

Member & Provider Notifications

Case Summary Page – Denied Case

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

CASE SUMMARY ?

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

Case/Authorization

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

Patient

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

Referring Physician

First Name: TEST
Last Name: DOCTOR
Address: 730 COOL SPRINGS BLVD, FRANKLIN, TN, 370677289
Phone: 999999999
Fax: 999999999
Specialty:
Tax ID:
NPI:

Requested Facility

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

CPT Codes

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

1 - 1 of 1 items

Diagnosis Codes

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

1 - 1 of 1 items

Additional Documentation

File Name

Clinical Notes

Note Text

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.

Michael Morgan, RN, BSN

- Email: Michael.Morgan@eviCore.com
- Phone: **615-468-4000, ext 27165**

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's Client and Provider Services team 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
- CPT code list

To access these helpful resources, visit:

<https://www.evicore.com/resources/healthplan/medical-mutual-of-ohio>

Contact our Client and Provider Services team via email at **ClientServices@eviCore.com** or by phone at **800-646-0418 (option 4)**.

Ongoing Provider Portal Training

The eviCore Portal Team offers general portal training, twice a week, every week.

All online orientation sessions are free of charge and will last approximately one hour. Advance registration is required, so follow the instructions below to sign up:

How To Register:

1. Go to <http://eviCore.webex.com/>
2. Click on the “hamburger” menu on the far left hand side (below the eviCore logo), then choose “**Webex Training.**”
3. On the **Live Sessions** screen, click the “**Upcoming**” tab. In the search box above the tabs, type: **eviCore Portal Training.**
4. Choose the date and time for the session you would like to attend, and click the “**Register**” link beside it. You will need to register separately for each session.
5. Complete the required information and click the “**Register**” button.

Immediately after registering, you will receive an e-mail containing the toll-free phone number, meeting number, conference password, and a link to the web portion of the conference. **Please keep the registration e-mail so you will have the Web conference information for the session in which you will be participating.**



Provider Resource Review Forum

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 learn how to navigate [eviCore.com](https://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
- Existing prior authorization request status information
- Search for contact information
- Podcasts & insights
- Training resources

Register for a Provider Resource Review Forum:

Provider's Hub > Scroll down to eviCore Provider Orientation Session Registrations > Upcoming



eviCore's Provider Newsletter

Stay up-to-date with our free provider newsletter!

To subscribe:

- Visit [eviCore.com](https://www.eviCore.com).
- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**.
- Enter a valid email address.



Thank You

