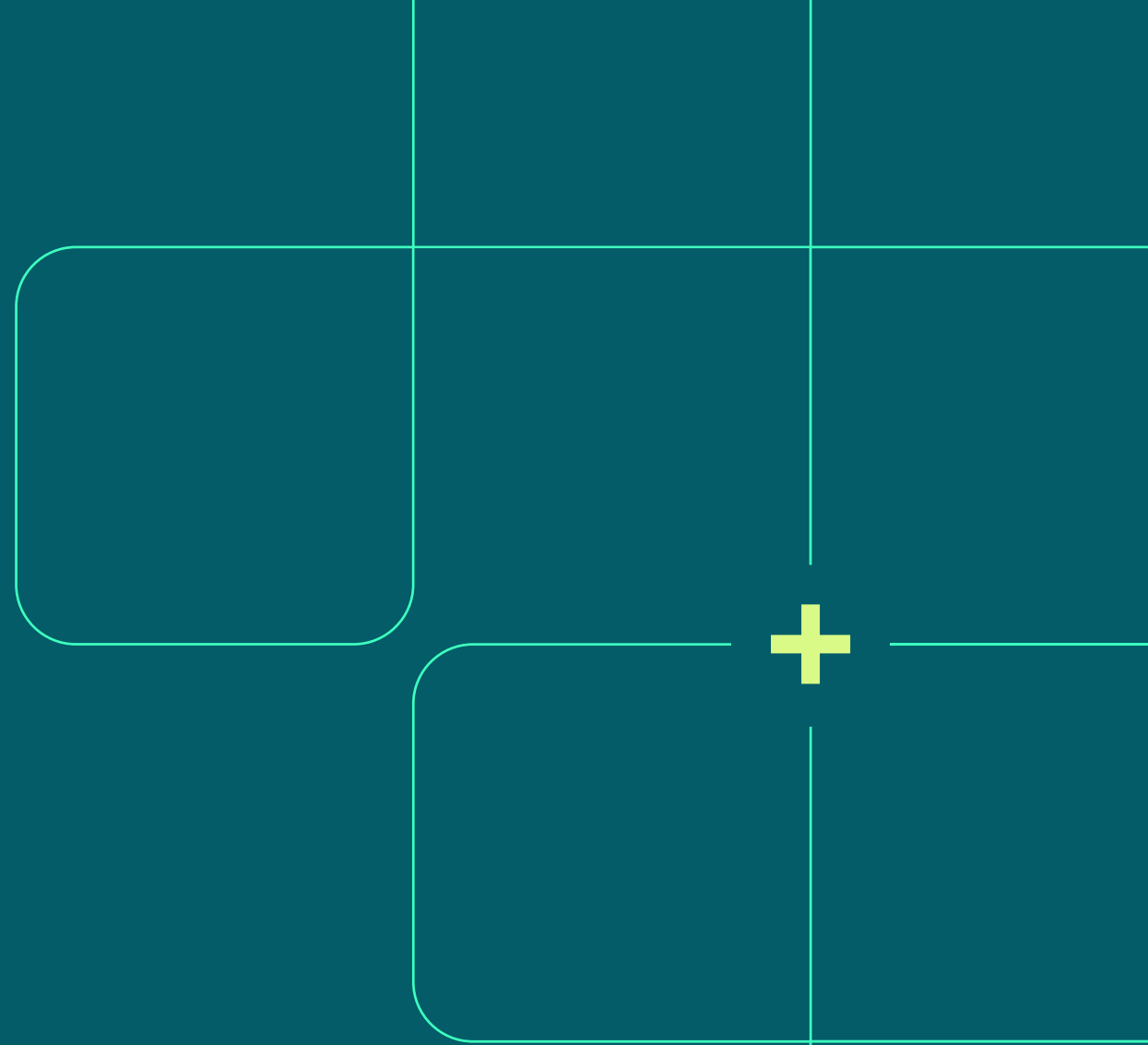


Radiology

Blue Cross Blue Shield Medicare Program



Program Overview

EviCore began accepting requests on May 22, 2017 for dates of service
July 1, 2017 and beyond.

**Preauthorization applies to
services that are:**

- Outpatient
- Elective / Non-emergent
- Inpatient-initial

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

- Emergency room
- Inpatient-subsequent
- 23-hour observation

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

Applicable Membership

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

- **Blue Cross and Blue Shield of Illinois**
 - Medicare members
- **Blue Cross and Blue Shield of Montana**
 - Medicare members
- **Blue Cross and Blue Shield of New Mexico**
 - Medicare members
- **Blue Cross and Blue Shield of Oklahoma**
 - Medicare members
- **Blue Cross and Blue Shield of Texas**
 - Medicare members

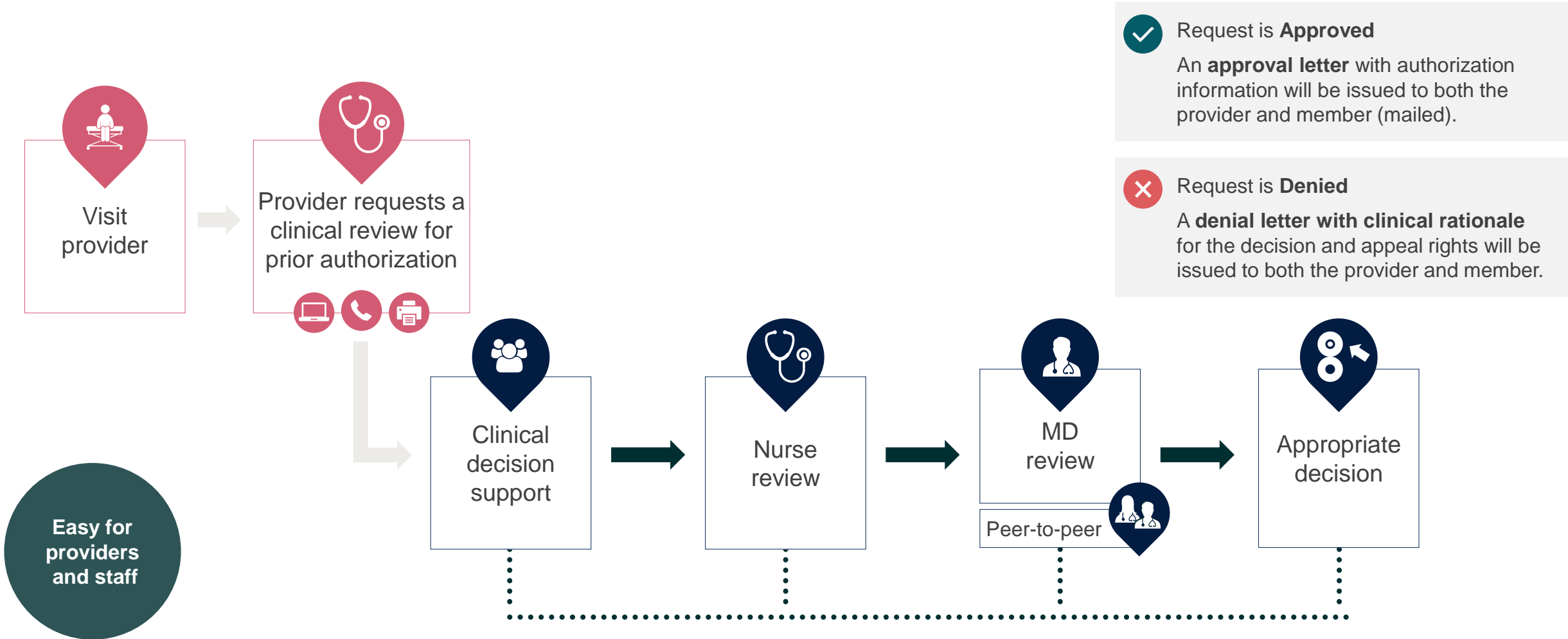
Preauthorization Required:

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

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

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

Utilization Management | Prior Authorization



Easy for
providers
and staff

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 in supporting clinical documentation, it can be uploaded on the portal
- **View and print determination information:** Check case status in real-time
- **Dashboard:** View all recently submitted cases
- **E-notification:** Opt-in to receive email notifications when there is a change to case status
- **Duplication feature:** If you are submitting more than one request, you can duplicate information to expedite submittals

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



Or by **phone: 855-252-1117**

Monday – Friday
7 AM – 7 PM (local time)

+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

Preauthorization Outcomes

Approved Requests:

- All requests are processed within 14 calendar days.
- Authorizations are typically good for 45 days from the date of determination.

Delivery:

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

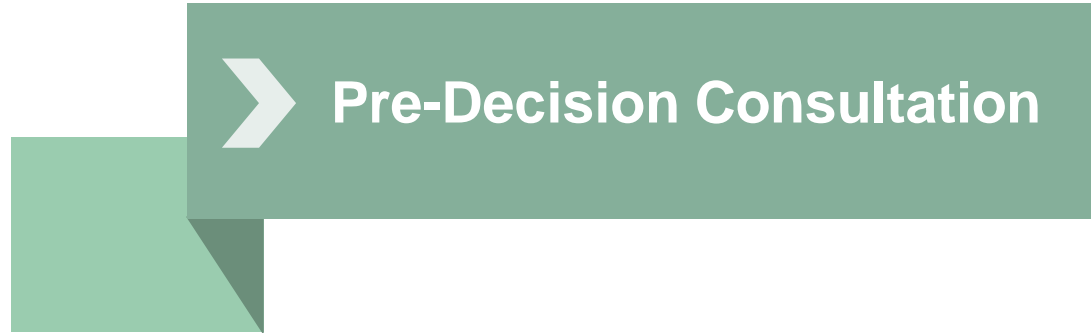
Denied Requests:

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

Delivery:

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

Preauthorization Outcomes



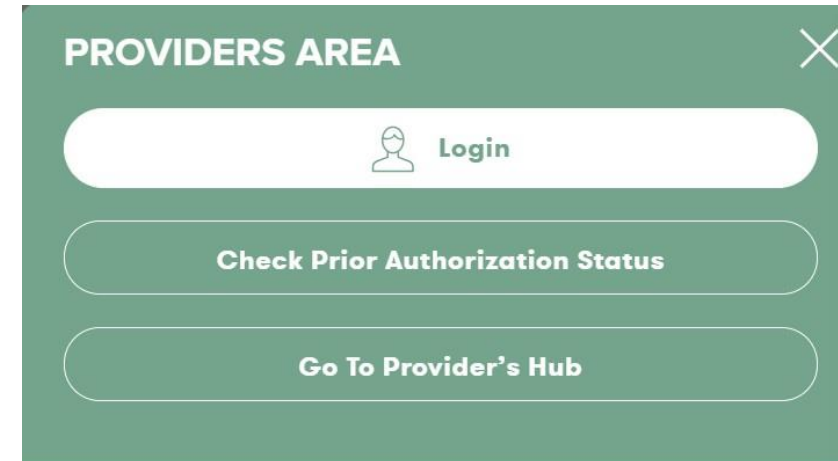
- If your case requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians prior to a decision being rendered.
- In certain instances, additional information provided during the pre-decision consultation is sufficient to satisfy the medical necessity criteria for approval.

Clinical Consultation

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



Select “Request a Consultation with a Clinical Peer Reviewer”



Resources

CLINICAL GUIDELINES

Clinical Worksheets

Network Standards/Accreditations

Provider Playbooks

Training Resources

I Would Like To

Request a Consultation with a Clinical Peer Reviewer

Special Circumstances

➤ Authorization Appeals

- eviCore will manage first level authorization appeals.
- Authorization appeals must be made in writing within 120 calendar days. eviCore will respond within 30 calendar days.

➤ Outpatient Urgent Services:

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

Web Portal Services

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

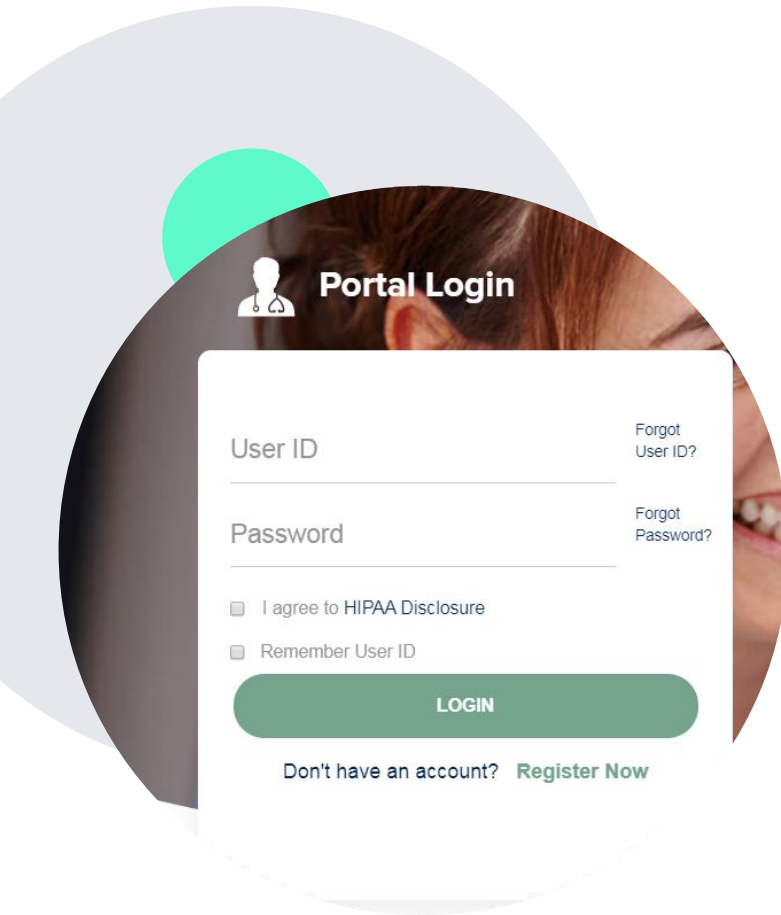
Visit www.evicore.com

+Already a user?

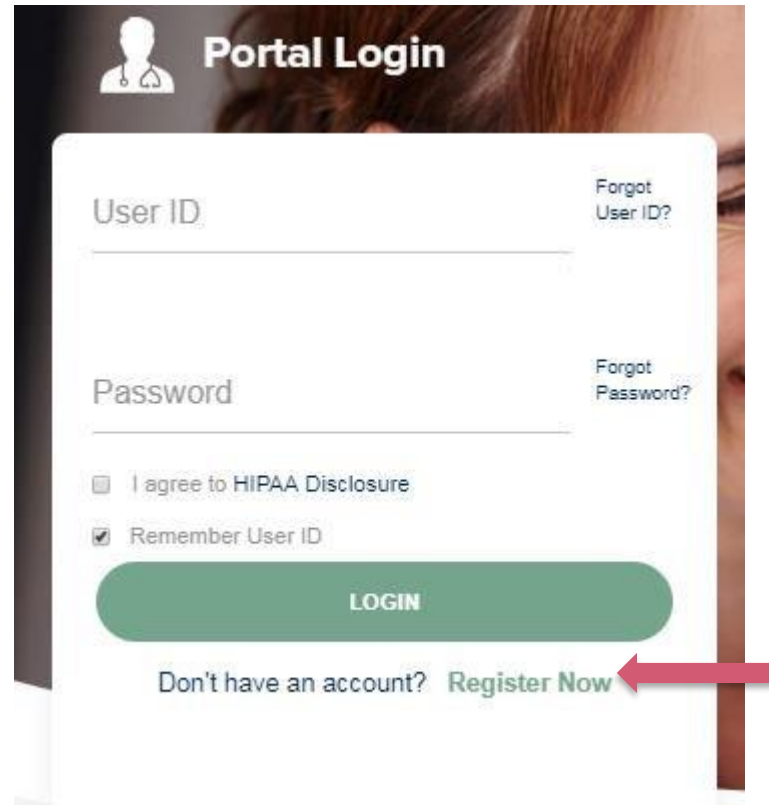
- +If you already have access to eviCore's online portal, simply log-in with your
- +User ID and Password and begin submitting requests in real-time!

Don't have an account?

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



Creating An Account



The image shows a 'Portal Login' form. At the top left is a doctor icon. The form has two input fields: 'User ID' and 'Password'. To the right of the 'User ID' field is a link 'Forgot User ID?'. To the right of the 'Password' field is a link 'Forgot Password?'. Below the input fields are two checkboxes: 'I agree to HIPAA Disclosure' (unchecked) and 'Remember User ID' (checked). A green 'LOGIN' button is below the checkboxes. At the bottom, it says 'Don't have an account? Register Now'. A red arrow points to the 'Register Now' link.

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](#)

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

Creating An Account

- + Select CareCore National or MedSolutions as the **Default Portal**, and complete the user registration form.
- + Please note: For the MedSolutions portal, you will also need to select the appropriate
- + **Account Type**: Facility, Physician, Billing Office, and Health Plan.

The screenshot shows a laptop displaying the eViCore healthcare user registration form. The form is divided into two main sections: 'Web Portal Preference' and 'User Information'. In the 'Web Portal Preference' section, there is a 'Default Portal' dropdown menu. A red arrow points to this dropdown, which is currently set to 'Select--'. The dropdown menu shows two options: 'CareCore National' and 'MedSolutions'. Below this section is the 'User Information' section, which contains various input fields for user details. The fields are arranged in two columns. The left column includes 'User Name*', 'Email*', 'Confirm Email*', 'First Name*', and 'Last Name*'. The right column includes 'Address*', 'City*', 'State*' (with a 'Select' dropdown), 'Zip*', 'Office Name*', 'Phone*', 'Ext*', and 'Fax*'. A 'Next' button is located at the bottom right of the form. The eViCore healthcare logo is visible in the top left corner of the form.

Creating An Account

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

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*:

Medsolutions

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

Fax:

615-468-4408

First Name:

Mallory

Office Name:

eviCore

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

User Registration-Continued

Accept the **Terms and Conditions**, and click **“Submit.”**

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 First Name: TEST Physician Last Name: Yoder

State: TN Tax ID:

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 eviCore's web-based applications is subject to the terms and conditions of the Access Agreement.

☐ Accept Terms and Conditions

Submit Cancel

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

User Registration-Continued

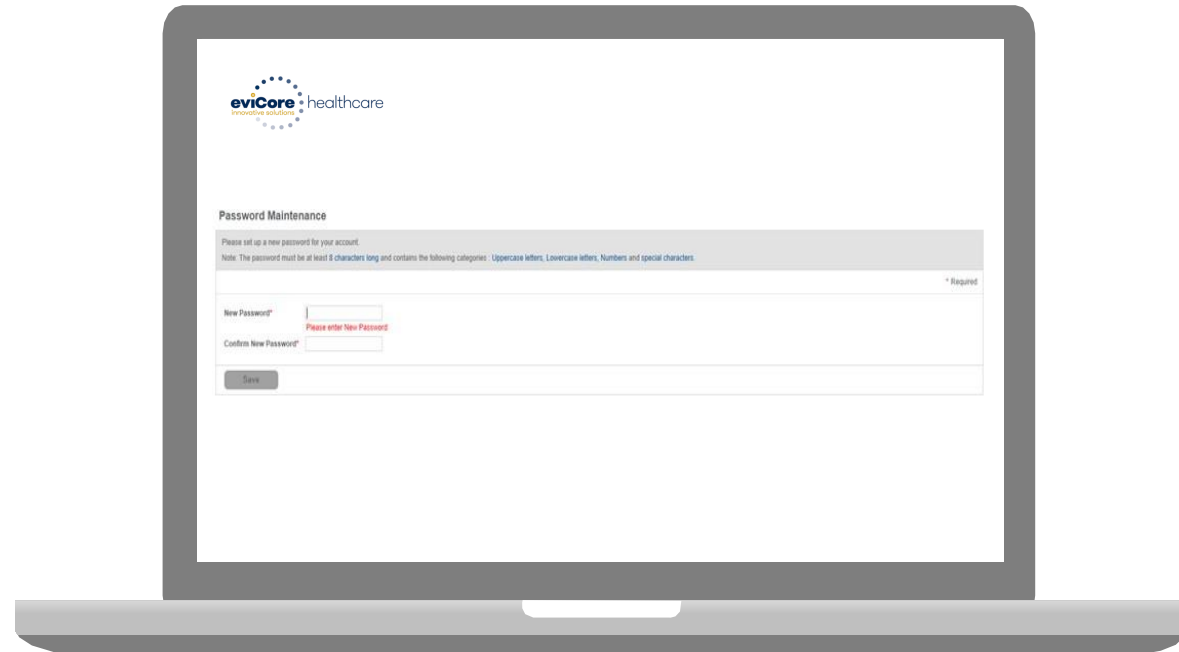
You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.



Create a Password

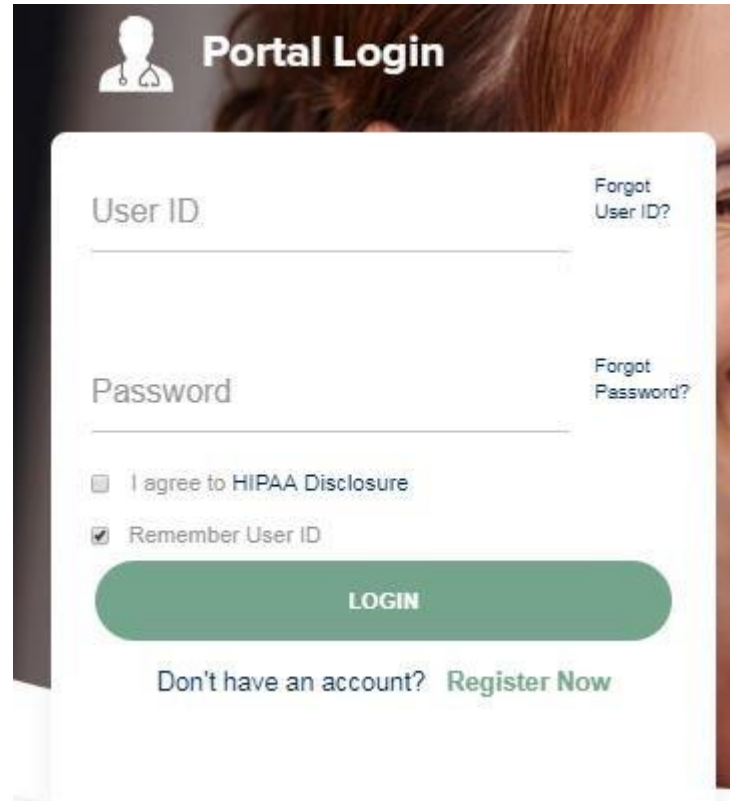
+ Your password must be at least (8) characters long and contain the following:

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



Account Log-In

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



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

+Multi-Factor Authentication MFA

The image displays two side-by-side screenshots of a web interface titled "Set up Two Factor Authentication".

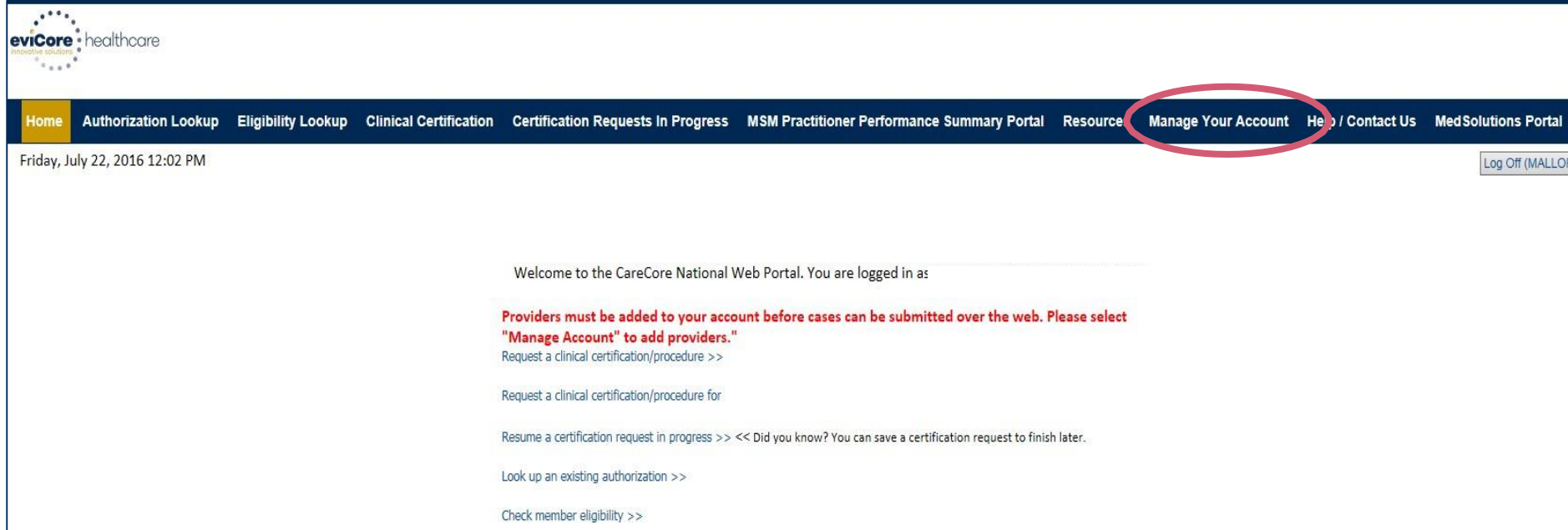
The left screenshot shows the "SMS" option selected (indicated by a filled radio button). Below the title, it says "Register Mobile Number". There is a text input field containing "USA (+1)" and "123-456-7890", followed by an information icon. Below this is a green button labeled "Send PIN". At the bottom, there is a text input field labeled "Please enter the PIN sent to your Mobile Number" and a green "Submit" button.

The right screenshot shows the "Email" option selected (indicated by a filled radio button). Below the title, it says "Register Email Address". There is a text input field containing "example@evicore.com". Below this is a green button labeled "Send PIN". At the bottom, there is a text input field labeled "Please enter PIN sent to your Email Address" and a green "Submit" button.

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

Account Overview

Welcome Screen

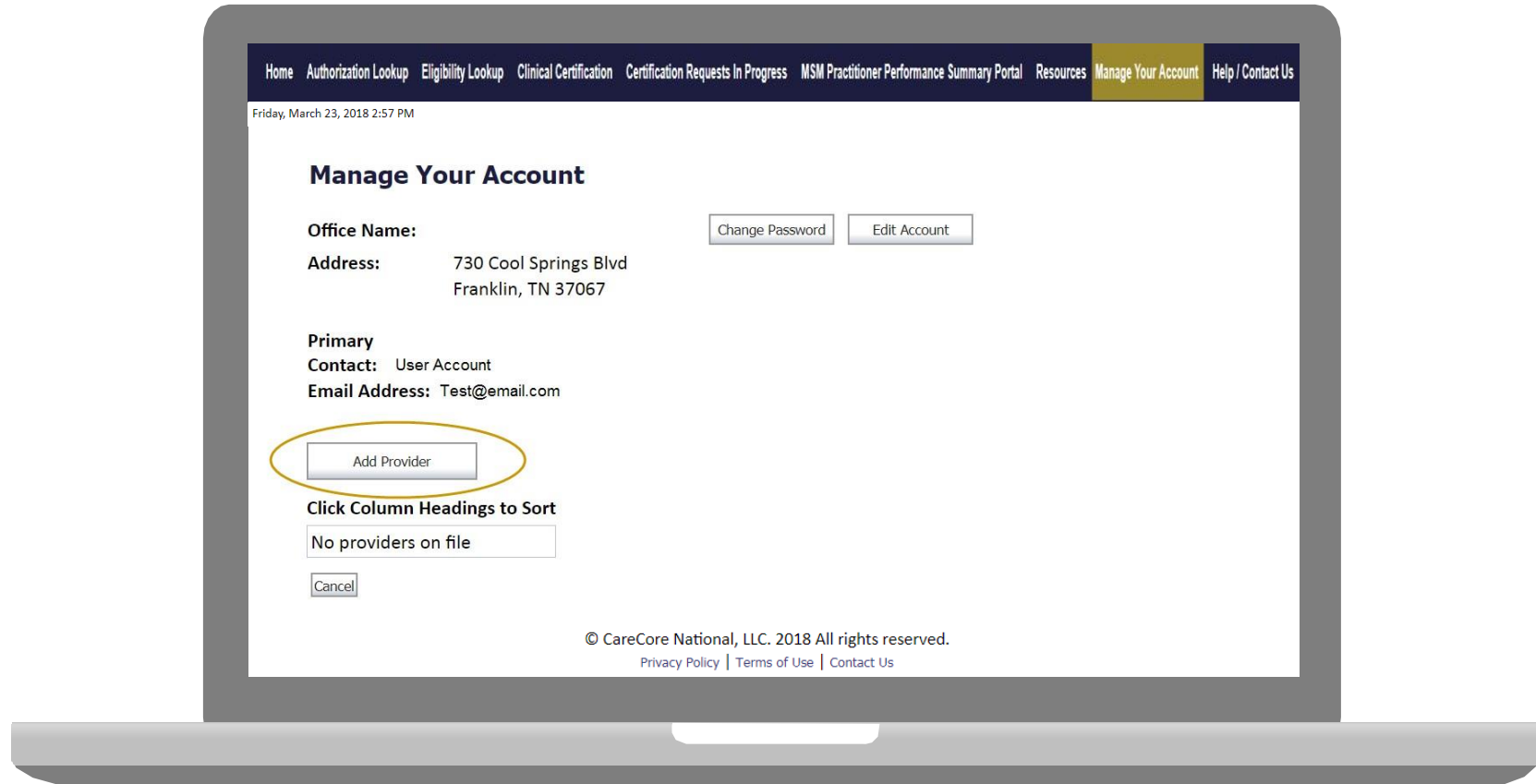


Providers will need to be added to your account prior to case submission. Click the “**Manage Account**” tab to add provider information.

Note: You can access the MedSolutions Portal at any time if you are registered. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals without having to log-in multiple accounts.

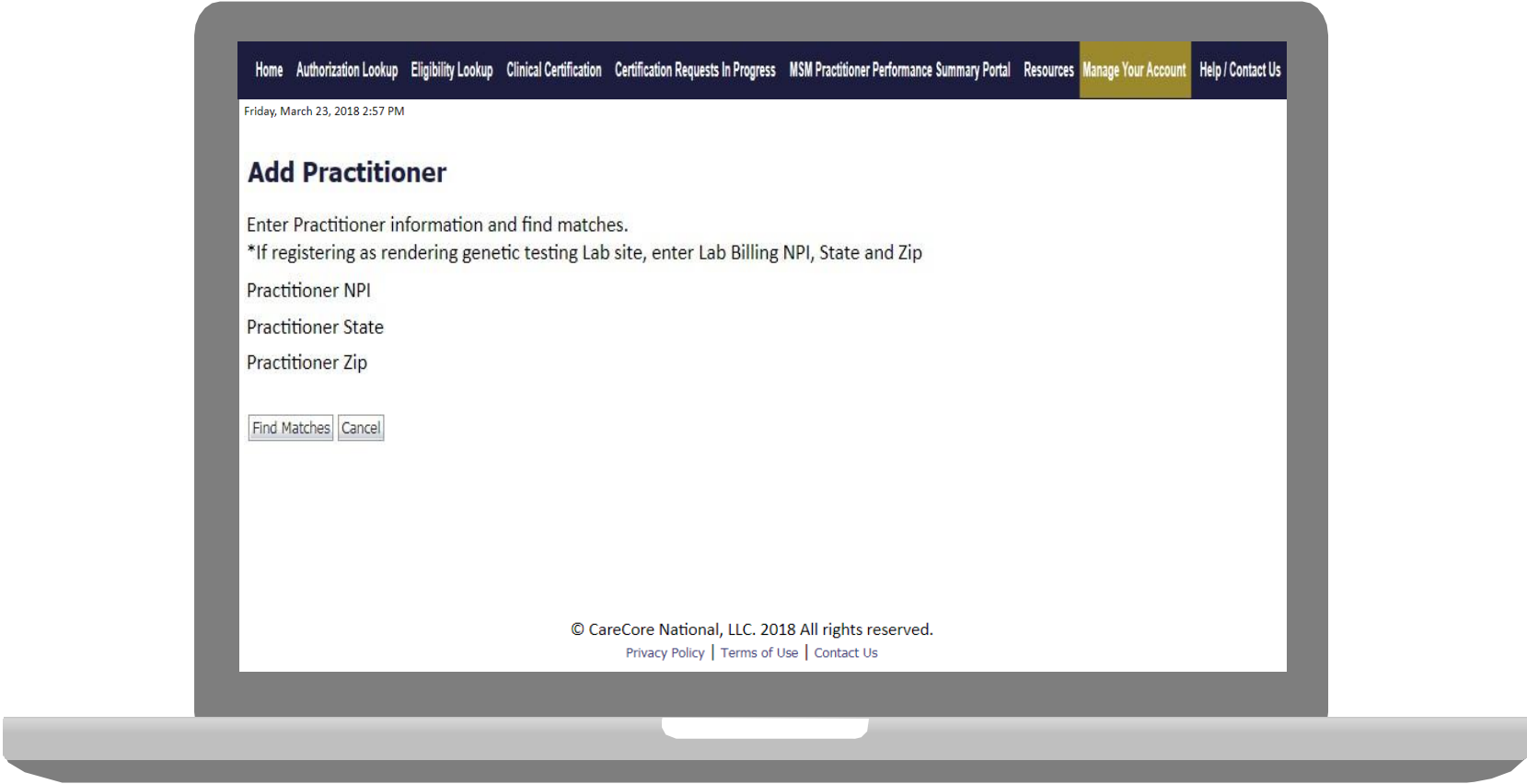
Add Practitioners

Click the “Add Provider” button.



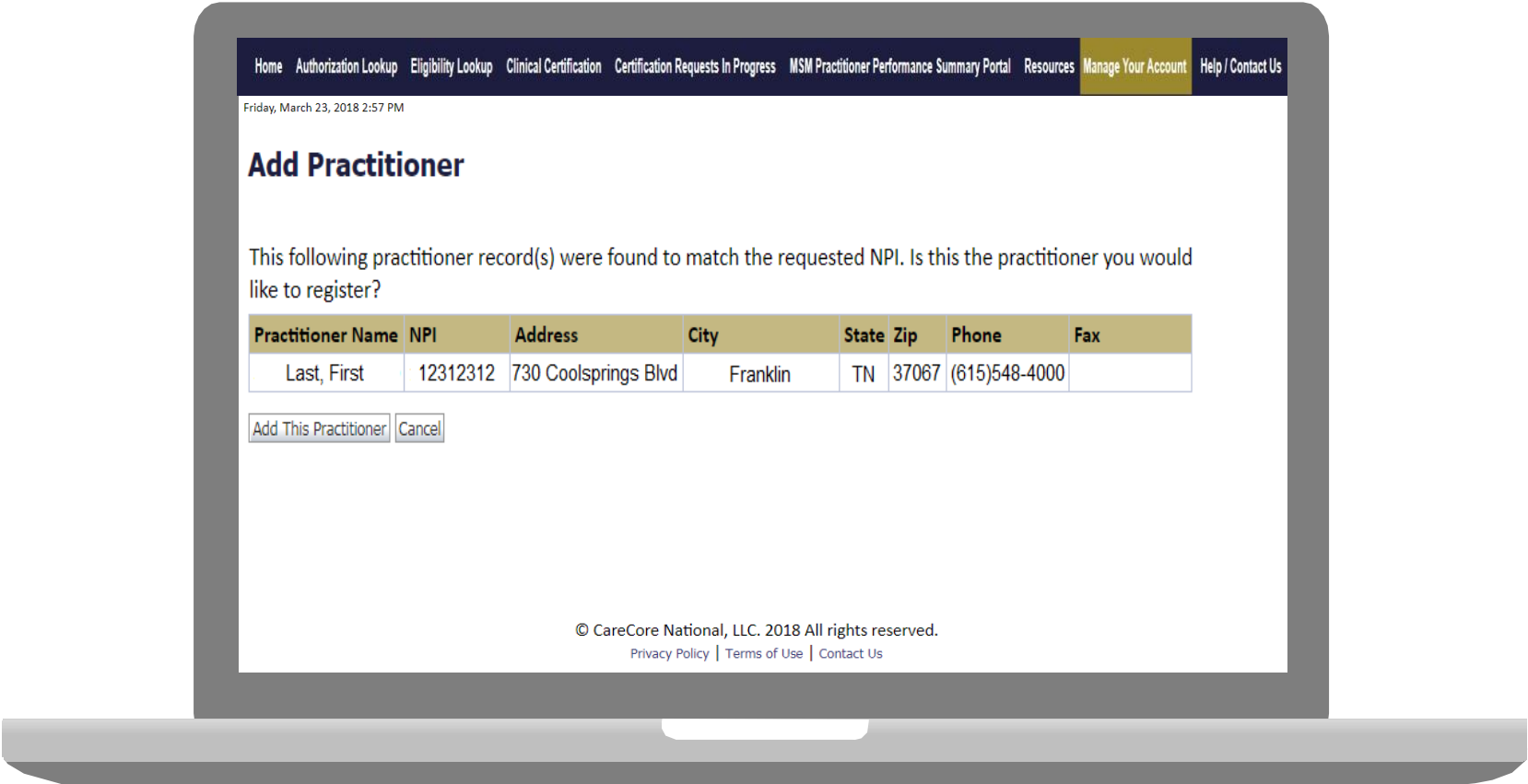
Add Practitioners

Enter the **Provider's NPI, State, and Zip Code** to search for the provider record to add to your account. You are able to add multiple Providers to your account.



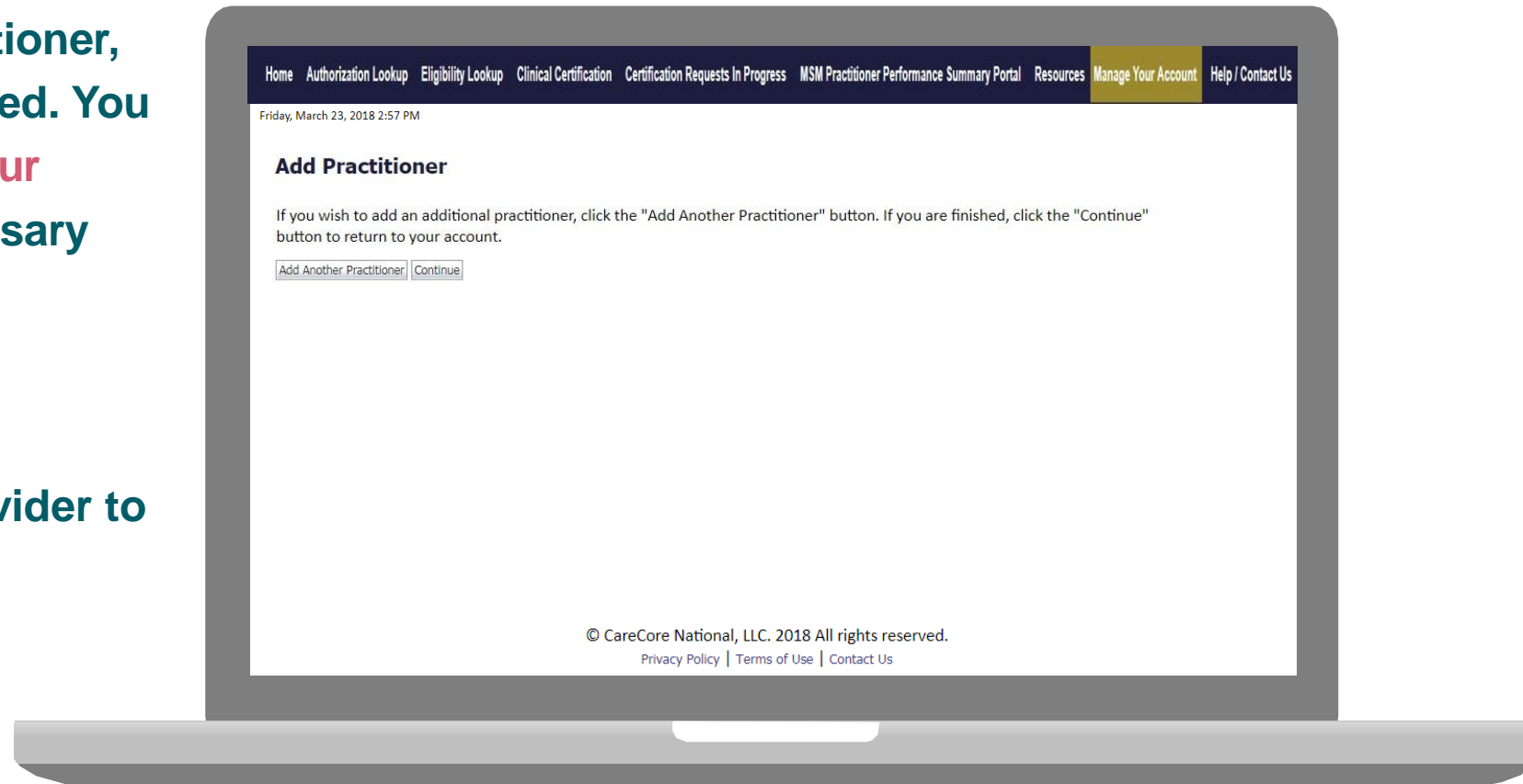
Adding Practitioners

Select the matching record based upon your search criteria



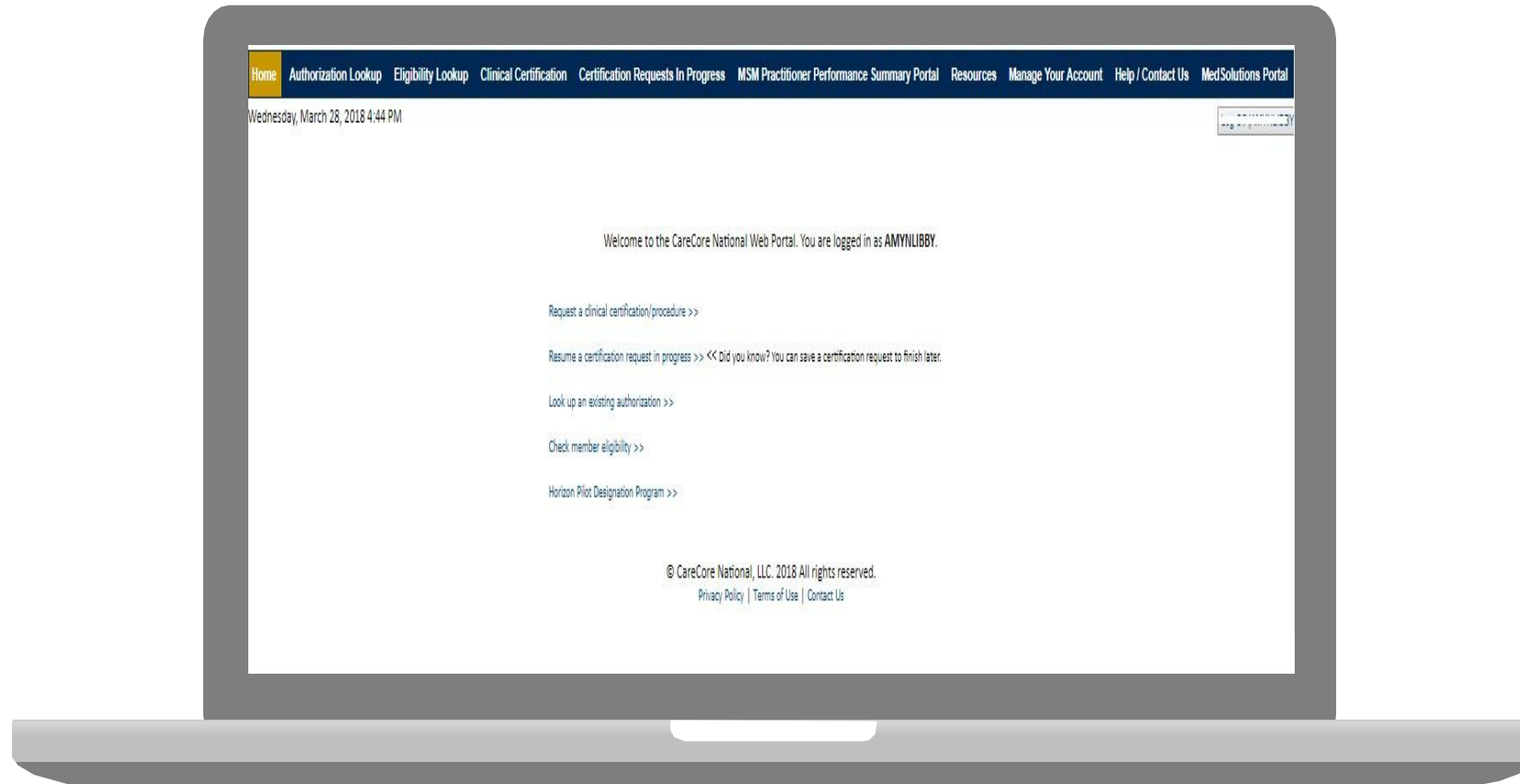
Manage Your Account

- Once you have selected a practitioner, your registration will be completed. You can then access the **“Manage Your Account”** tab to make any necessary updates or changes.
- You can also click **“Add Another Practitioner”** to add another provider to your account.



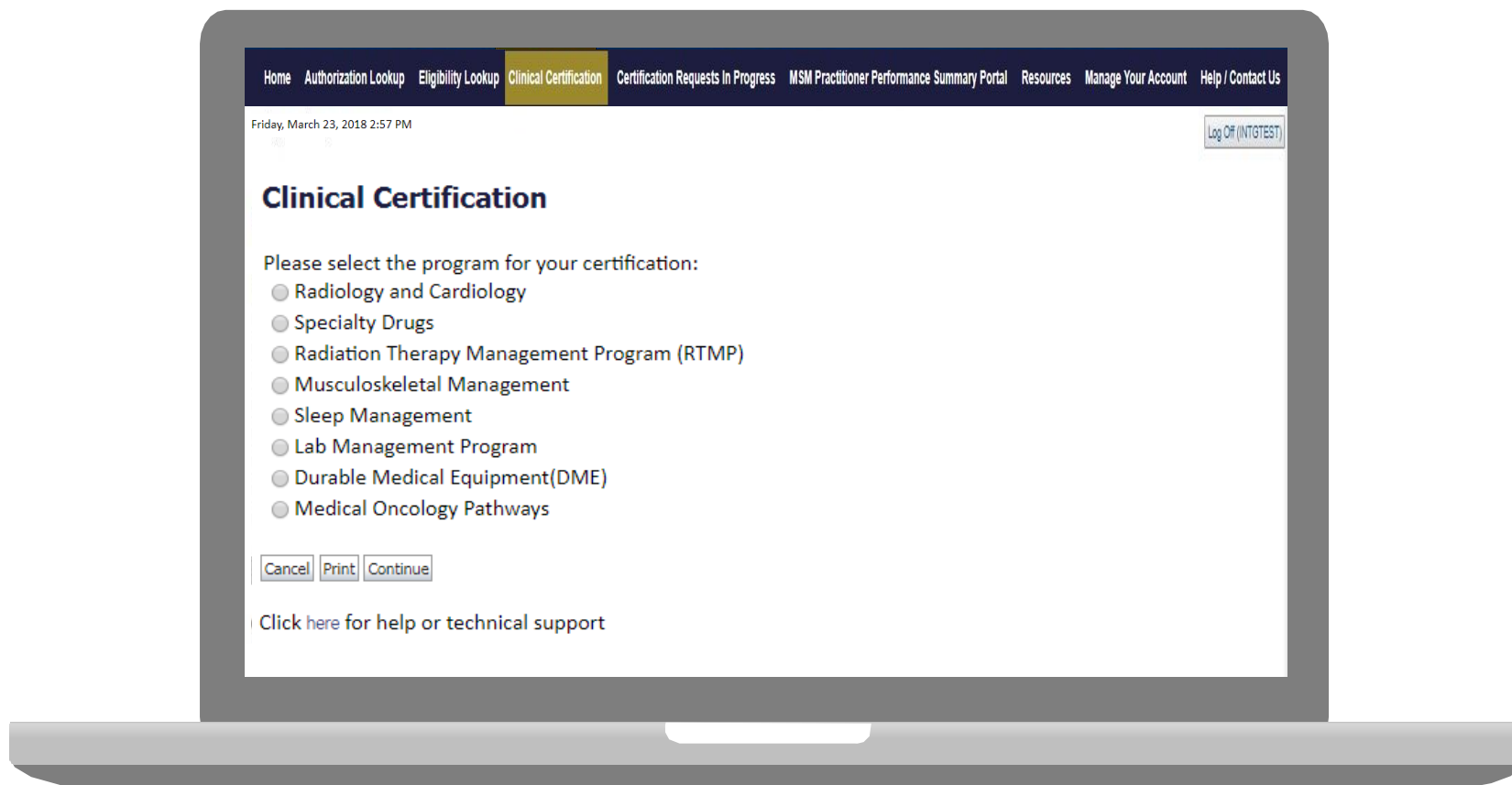
Case Initiation

Initiating A Case



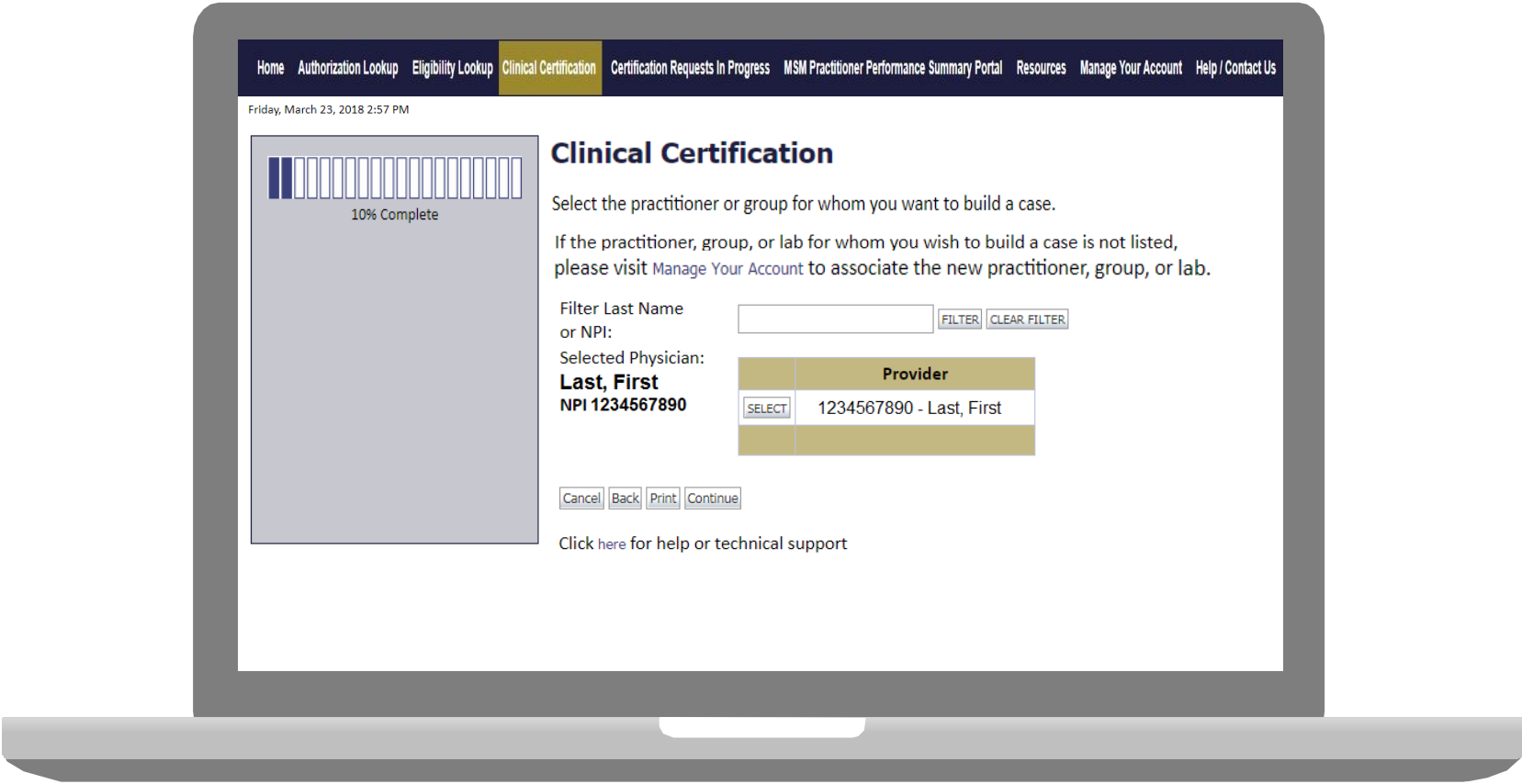
Choose **“request a clinical certification/procedure”** to begin a new case request.

Select Program



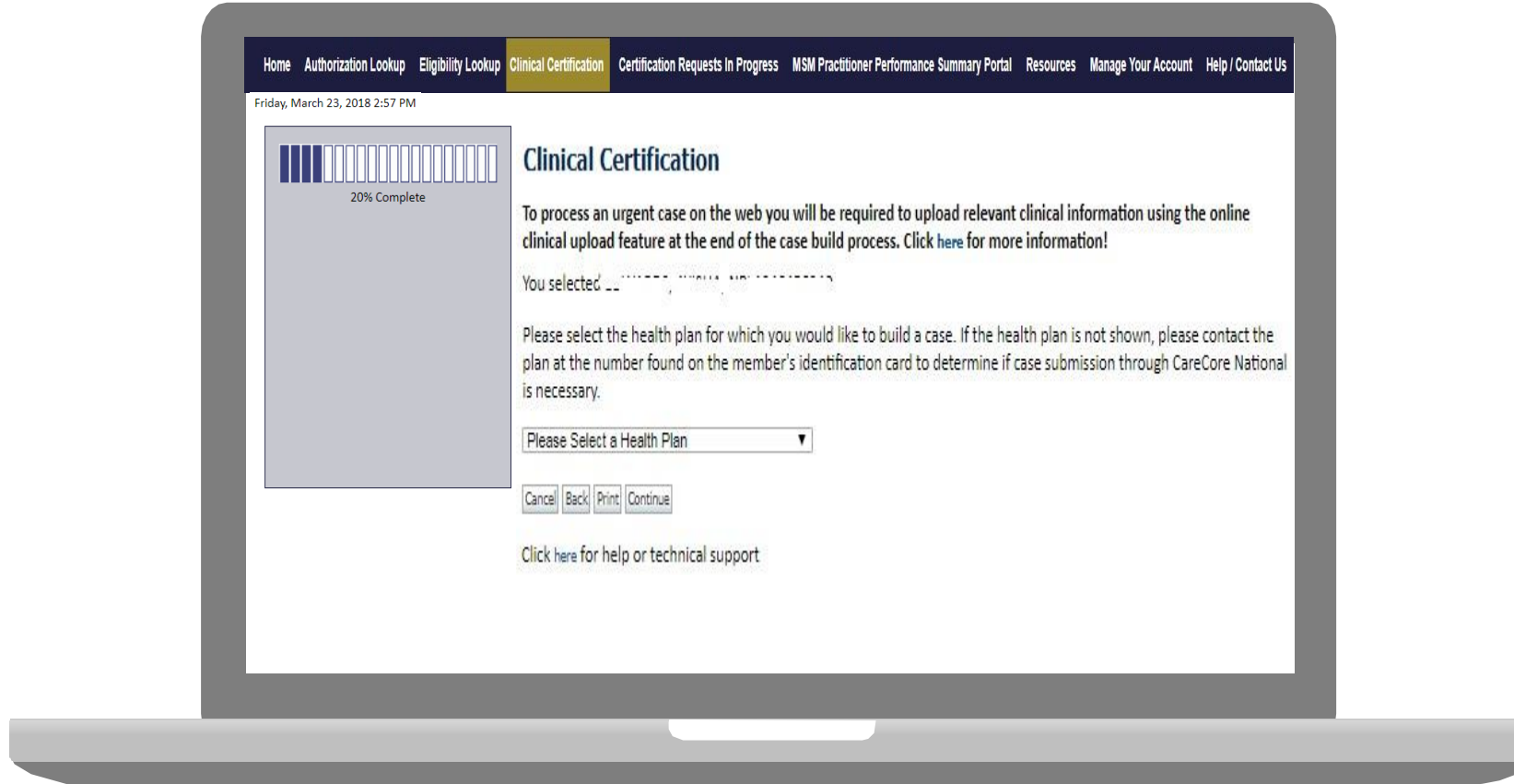
Select the **Program** for your certification.

Select Provider



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

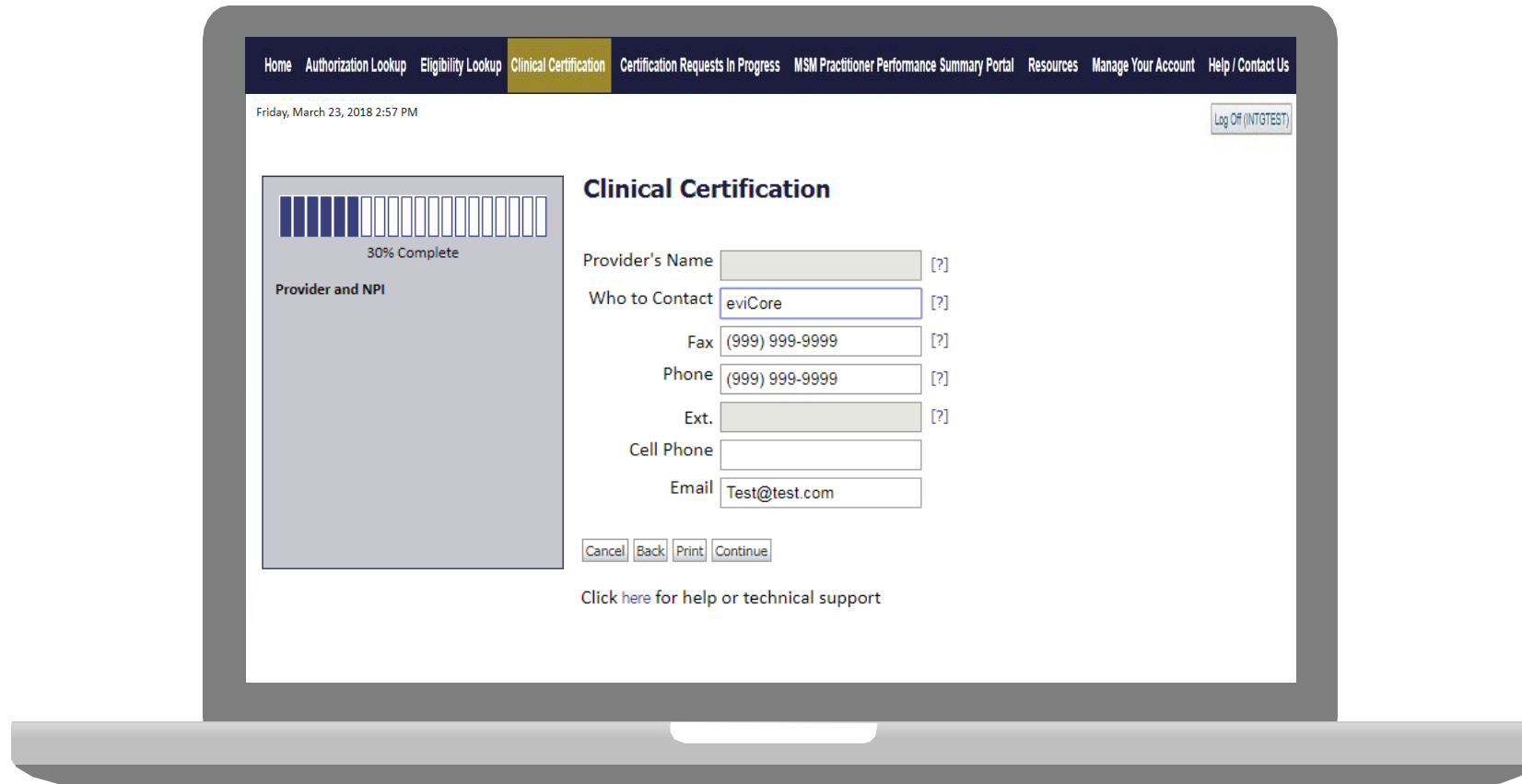
Select Health Plan



The screenshot displays the 'Clinical Certification' section of a web application. The navigation bar at the top includes links for Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, MSM Practitioner Performance Summary Portal, Resources, Manage Your Account, and Help / Contact Us. The date and time 'Friday, March 23, 2018 2:57 PM' are shown. On the left, a progress bar indicates '20% Complete'. The main content area is titled 'Clinical Certification' and contains instructions: 'To process an urgent case on the web you will be required to upload relevant clinical information using the online clinical upload feature at the end of the case build process. Click [here](#) for more information!'. Below this, it says 'You selected [redacted]'. A paragraph follows: 'Please select the health plan for which you would like to build a case. If the health plan is not shown, please contact the plan at the number found on the member's identification card to determine if case submission through CareCore National is necessary.' A dropdown menu labeled 'Please Select a Health Plan' is present. At the bottom of the form are buttons for 'Cancel', 'Back', 'Print', and 'Continue'. A link 'Click [here](#) for help or technical support' is also visible.

Choose the appropriate **Health Plan for the case request. If the health plan does not populate, please contact the plan at the number found on the member's identification card. Once the plan is chosen, please select the provider address in the next drop down box.**

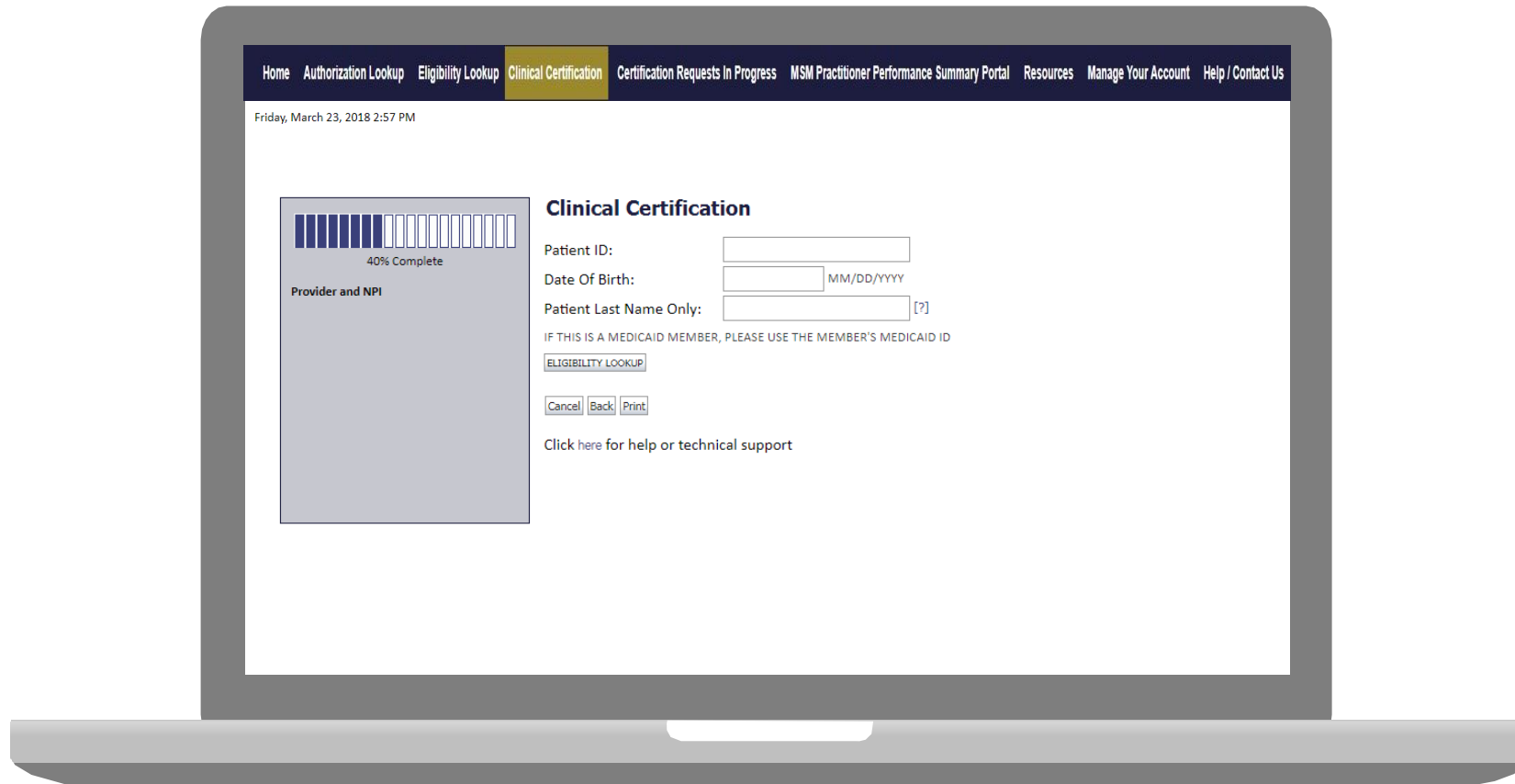
Contact Information



The screenshot shows a web application interface for 'Clinical Certification'. The top navigation bar includes links for Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, MSM Practitioner Performance Summary Portal, Resources, Manage Your Account, and Help / Contact Us. The page header shows the date 'Friday, March 23, 2018 2:57 PM' and a 'Log Off (INTGTEST)' button. On the left, a progress bar indicates '30% Complete' with 10 bars, 3 of which are filled. Below the progress bar is a section titled 'Provider and NPI' with a large greyed-out area. The main form area is titled 'Clinical Certification' and contains the following fields: 'Provider's Name' (empty), 'Who to Contact' (filled with 'eviCore'), 'Fax' (filled with '(999) 999-9999'), 'Phone' (filled with '(999) 999-9999'), 'Ext.' (empty), 'Cell Phone' (empty), and 'Email' (filled with 'Test@test.com'). At the bottom of the form are buttons for 'Cancel', 'Back', 'Print', and 'Continue'. A link 'Click here for help or technical support' is located below the buttons.

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

Member Information



The screenshot shows a web application interface for 'Clinical Certification'. At the top is a navigation bar with links: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, MSM Practitioner Performance Summary Portal, Resources, Manage Your Account, and Help / Contact Us. Below the navigation bar, the date and time 'Friday, March 23, 2018 2:57 PM' are displayed. The main content area is divided into two sections. On the left, there is a progress indicator showing 12 bars, with 5 bars filled (40% Complete), and a section titled 'Provider and NPI' which is currently empty. On the right, the 'Clinical Certification' section contains three input fields: 'Patient ID:', 'Date Of Birth:' (with a placeholder 'MM/DD/YYYY'), and 'Patient Last Name Only:' (with a placeholder '[?]'). Below these fields, a note states 'IF THIS IS A MEDICAID MEMBER, PLEASE USE THE MEMBER'S MEDICAID ID'. A button labeled 'ELIGIBILITY LOOKUP' is positioned below the note. At the bottom of the form, there are three buttons: 'Cancel', 'Back', and 'Print'. A link 'Click here for help or technical support' is also present.

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

Member/Procedure Information

The screenshot displays the Evernorth Health Services Clinical Certification portal. The top navigation bar includes links for Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, MSM Practitioner Performance Summary Portal, Resources, Manage Your Account, and Help / Contact Us. The date and time shown are Friday, March 23, 2018 2:57 PM.

The main content area is titled "Clinical Certification" and contains a form for patient information. The form fields are:

- Patient ID:
- Date Of Birth:
- Patient Last Name Only:
-
- Patient Cell Phone:
- Patient Email:
-

Below the form, there is a link: [Click here for help or technical support](#).

An "Attention!" dialog box is overlaid on the right side of the form. It contains the following fields and options:

- Patient ID:
- Time:
- Patient Name:
- Has this procedure been performed?
-

Verify if the procedure has already been performed.

Clinical Details

Clinical Certification

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

Radiology Procedures

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

70551 ▼

MRI Brain W/O CONTRAST ▼

Diagnosis

Diagnosis Code: **F01.50**

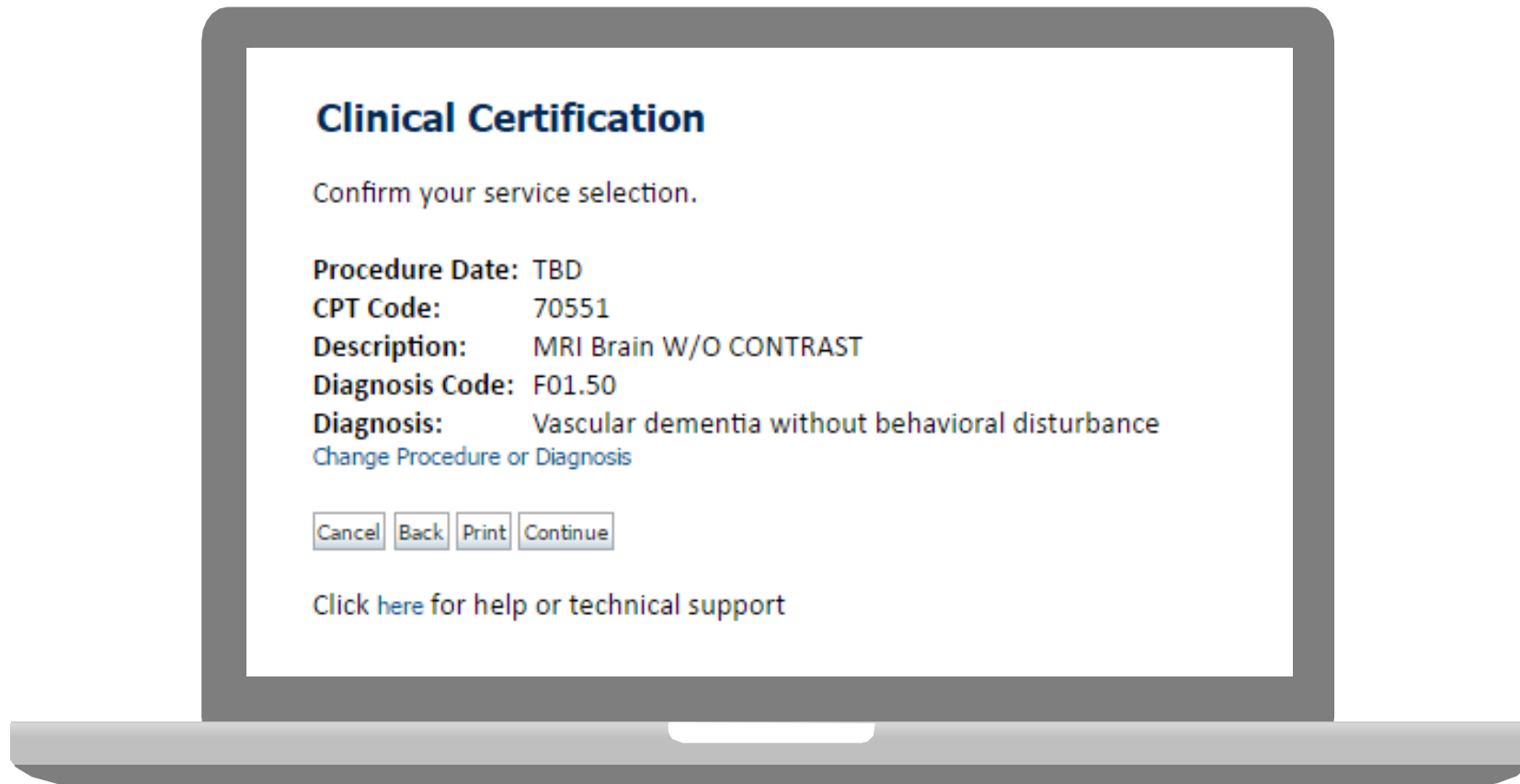
Description: **Vascular dementia without behavioral disturbance**

[Change Diagnosis](#)

[Cancel](#) [Back](#) [Print](#) [Continue](#)

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

Verify Service Selection



Clinical Certification

Confirm your service selection.

Procedure Date: TBD
CPT Code: 70551
Description: MRI Brain W/O CONTRAST
Diagnosis Code: F01.50
Diagnosis: Vascular dementia without behavioral disturbance
[Change Procedure or Diagnosis](#)

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

Site Selection

The screenshot displays the Evernorth Clinical Certification portal. The top navigation bar includes links for Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, MSM Practitioner Performance Summary Portal, Resources, Manage Your Account, and Help / Contact Us. The date and time are shown as Friday, March 23, 2018 2:57 PM.

The main content area is titled "Clinical Certification". On the left, there is a progress bar showing 80% completion. Below it, there are sections for "Provider and NPI", "Patient", and "Service", each with an "EDIT" link. The "Service" section shows "71250 CT THORAX W/O CONTRAST" and "R06.02 Shortness of breath".

The "Specific Site Search" section is highlighted in blue. It contains the following text: "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."

The search fields are:

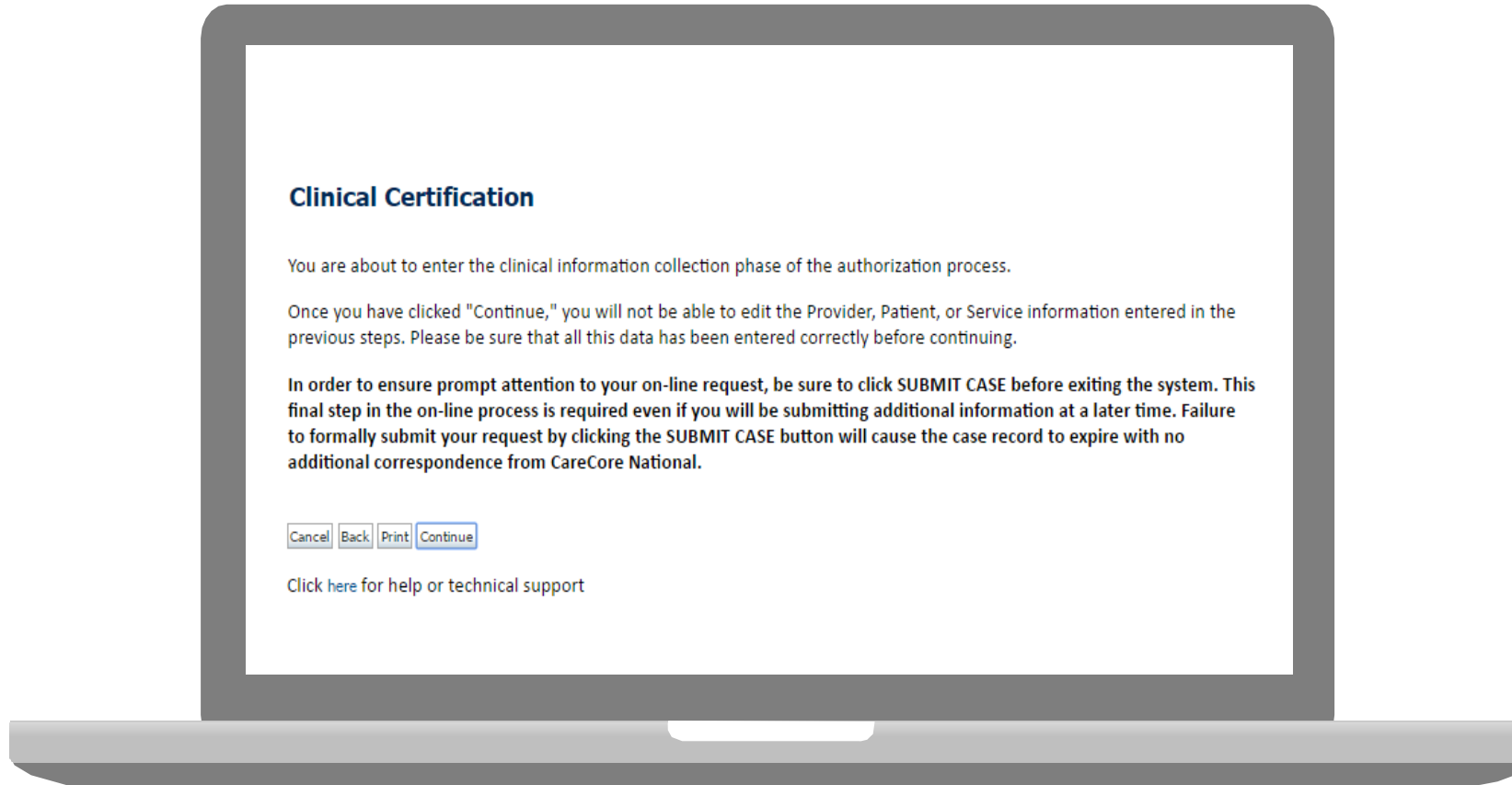
- NPI: 1234567890
- Zip Code: [empty]
- Site Name: [empty]
- TIN: [empty]
- City: [empty]

There are two radio buttons for search criteria: "Exact match" (selected) and "Starts with". A "LOOKUP SITE" button is located at the bottom right of the search section.

At the bottom of the page, there are links for "Cancel", "Back", and "Print". A link "Click here for help or technical support" is also present.

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

Clinical Certification



- **Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.**
- **You will not have the opportunity to make changes after that point.**

Contact Information

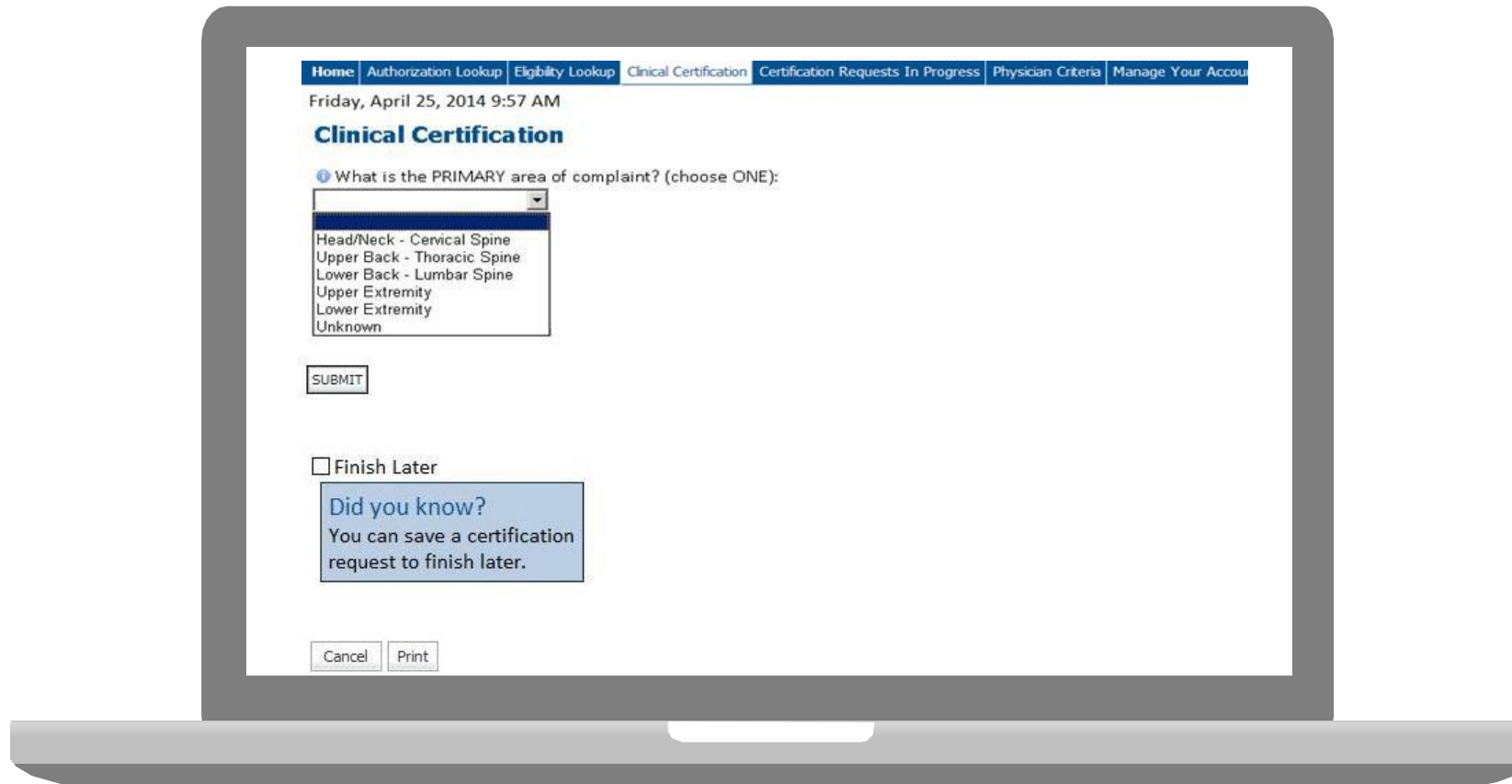
Select an Urgency Indicator and Upload your patient's relevant medical records that support your request.

If your request is urgent select No, if the case is standard select Yes.



You can upload up to **FIVE documents** in .doc, .docx, or .pdf format. Your case will only be considered Urgent if there is a successful upload.

Pause/Save Option

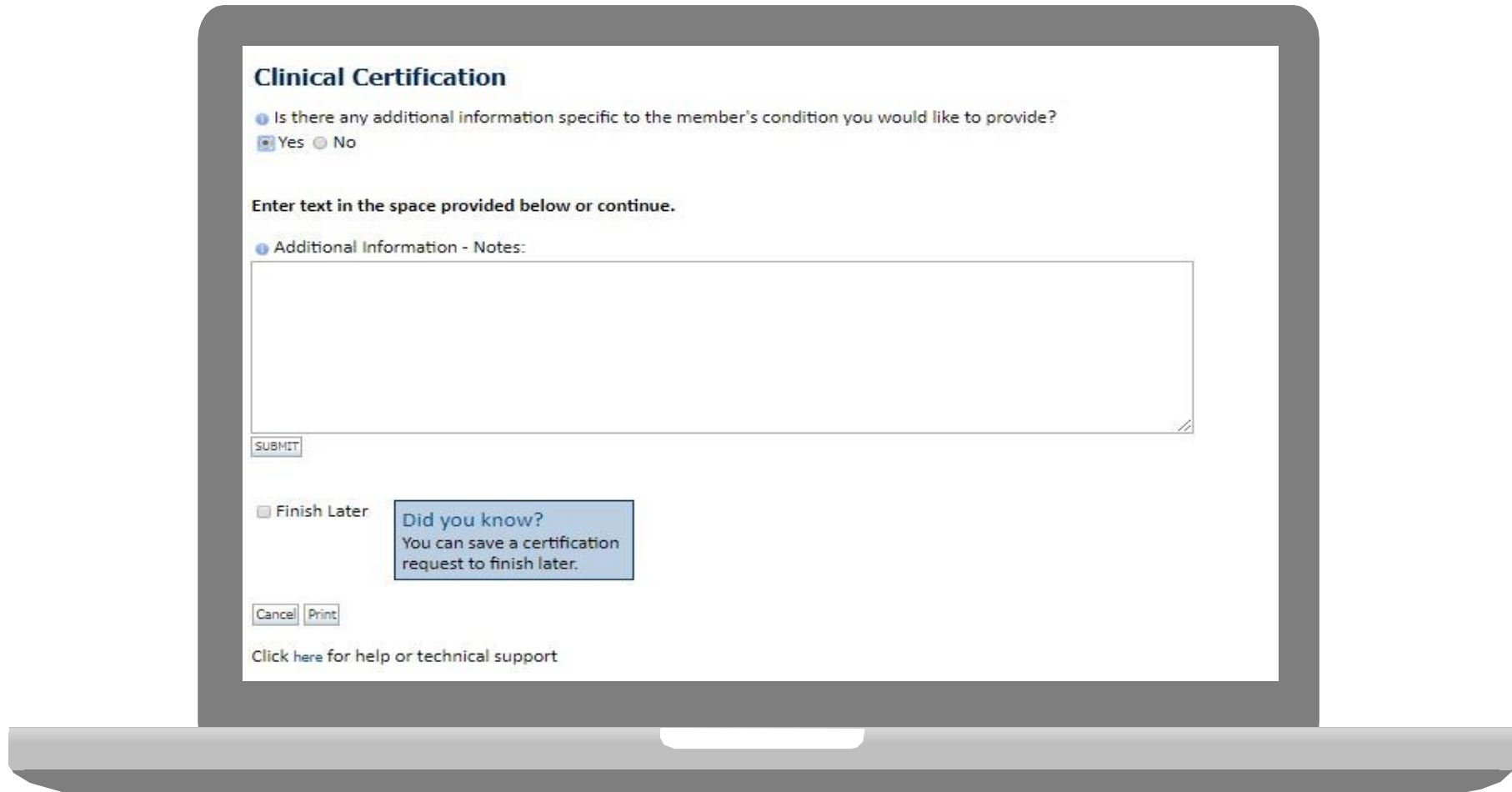


The screenshot shows a web application interface for 'Clinical Certification'. At the top, there is a navigation bar with links: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (active), Certification Requests In Progress, Physician Criteria, and Manage Your Account. Below the navigation bar, the date and time are displayed: 'Friday, April 25, 2014 9:57 AM'. The main heading is 'Clinical Certification'. A question asks, 'What is the PRIMARY area of complaint? (choose ONE):'. Below this is a dropdown menu with the following options: Head/Neck - Cervical Spine, Upper Back - Thoracic Spine, Lower Back - Lumbar Spine, Upper Extremity, Lower Extremity, and Unknown. A 'SUBMIT' button is located below the dropdown. Below the 'SUBMIT' button is a checkbox labeled 'Finish Later'. A blue callout box with the text 'Did you know? You can save a certification request to finish later.' is positioned below the checkbox. At the bottom of the form, there are 'Cancel' and 'Print' buttons.



Once you have entered the clinical collection phase of the case process, you can save the information and return **within (2) business days** to complete.

Medical Review



The screenshot shows a laptop screen with a web form titled "Clinical Certification". The form contains the following elements:

- Clinical Certification** (Section Header)
- Question: "Is there any additional information specific to the member's condition you would like to provide?"
- Radio buttons: ☒ Yes, ☐ No
- Text prompt: "Enter text in the space provided below or continue."
- Section: "Additional Information - Notes:"
- Large text input box for notes.
- "SUBMIT" button.
- Checkbox: ☐ Finish Later
- Callout box: "Did you know? You can save a certification request to finish later."
- "Cancel" and "Print" buttons.
- Footer: "Click [here](#) for help or technical support"

If **additional information** is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page. Providing clinical information via the web is the quickest, most efficient method.

Medical Review

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):

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

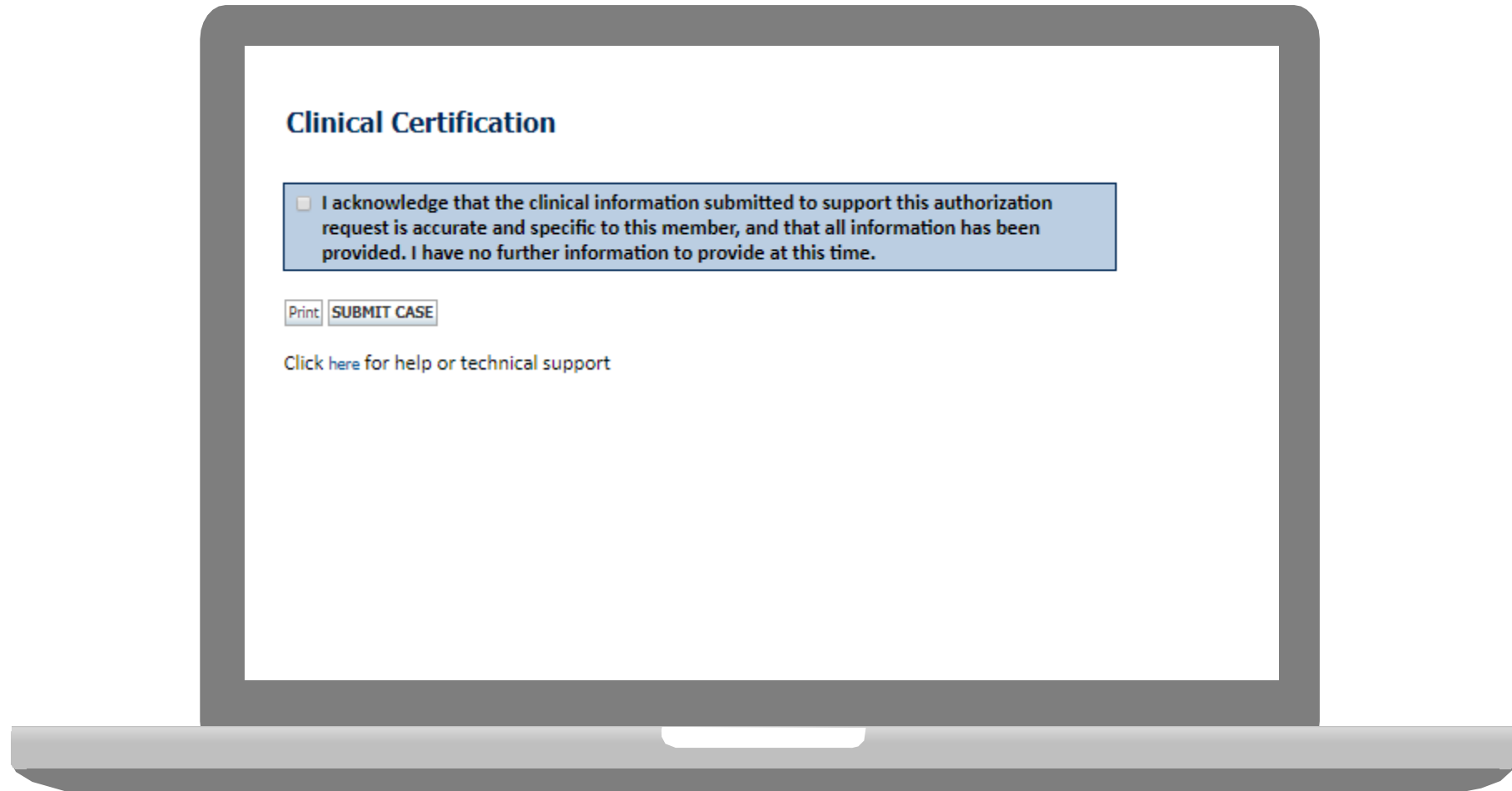
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If **additional information** is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page.

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



Medical Review



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.

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

Acknowledge the Clinical Certification statements, and hit **“Submit Case.”**

Approval

Clinical Certification

Your case has been Approved.

Provider Name:
Provider Address:

Contact:
Phone Number:
Fax Number:

Patient Name:
Insurance Carrier:

Patient Id:

Site Name:

Site ID:

Site Address:

Primary Diagnosis Code: M25.562

Description: Pain in left knee

Secondary Diagnosis Code:

Description:

Date of Service: Not provided

CPT Code: 73721

Description: MRI LOWER EXTREMITY JOINT W/O

Authorization Number:

Review Date: 2:12:39 PM

Expiration Date:

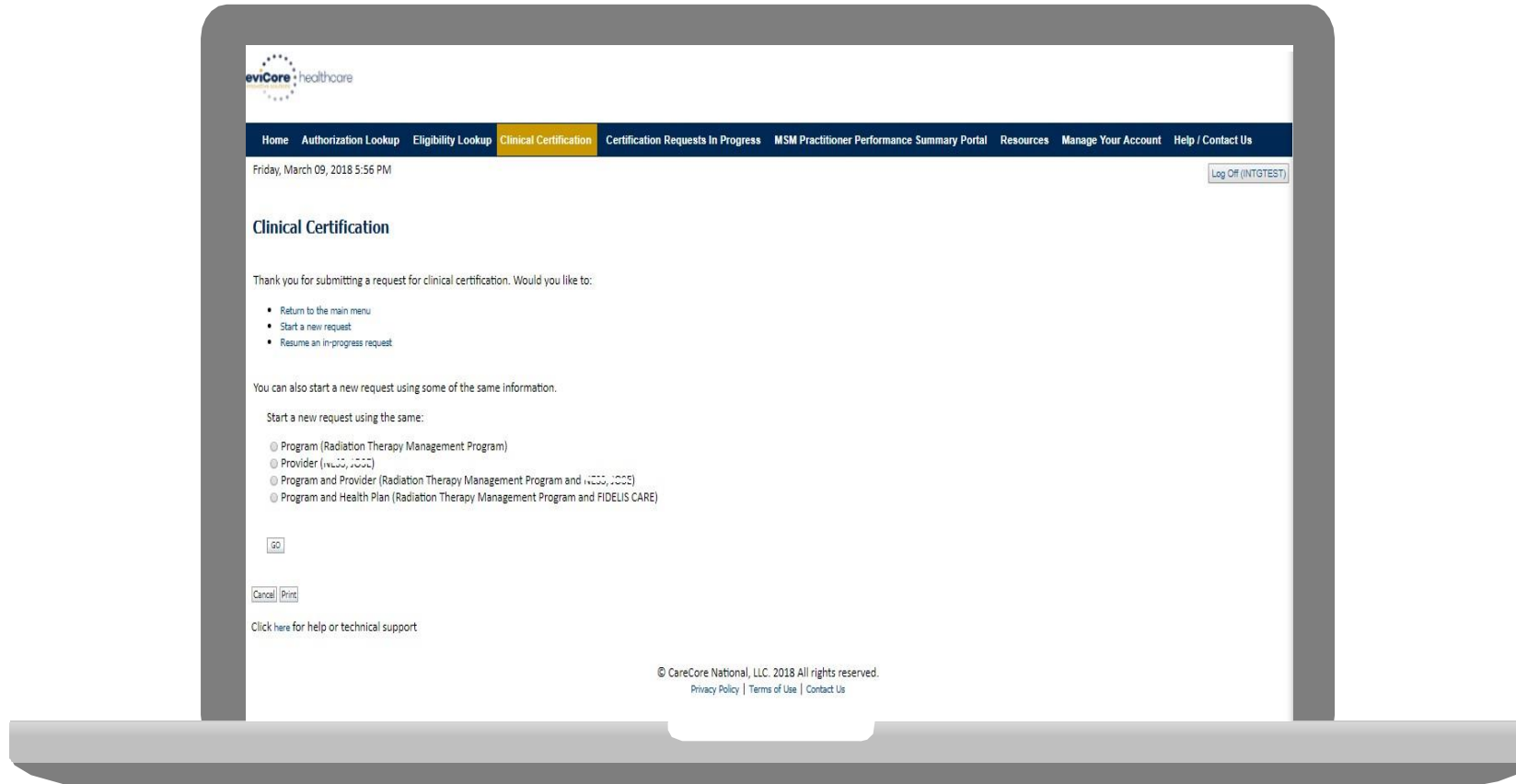
Status: Your case has been Approved.

Print Continue

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

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

Building Additional Cases



Once a case has been submitted for clinical certification, you can return to the **Main Menu**, **resume an in-progress request**, or **start a new request**. You can indicate if any of the previous case information will be needed for the new request.

Authorization look up

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

Tuesday, November 22, 2016 2:30 PM

Authorization Lookup

New Security Features Implemented

☒ Search by Member Information

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:

MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:

☒ Search by Authorization Number/ NPI

REQUIRED FIELDS

Provider NPI:

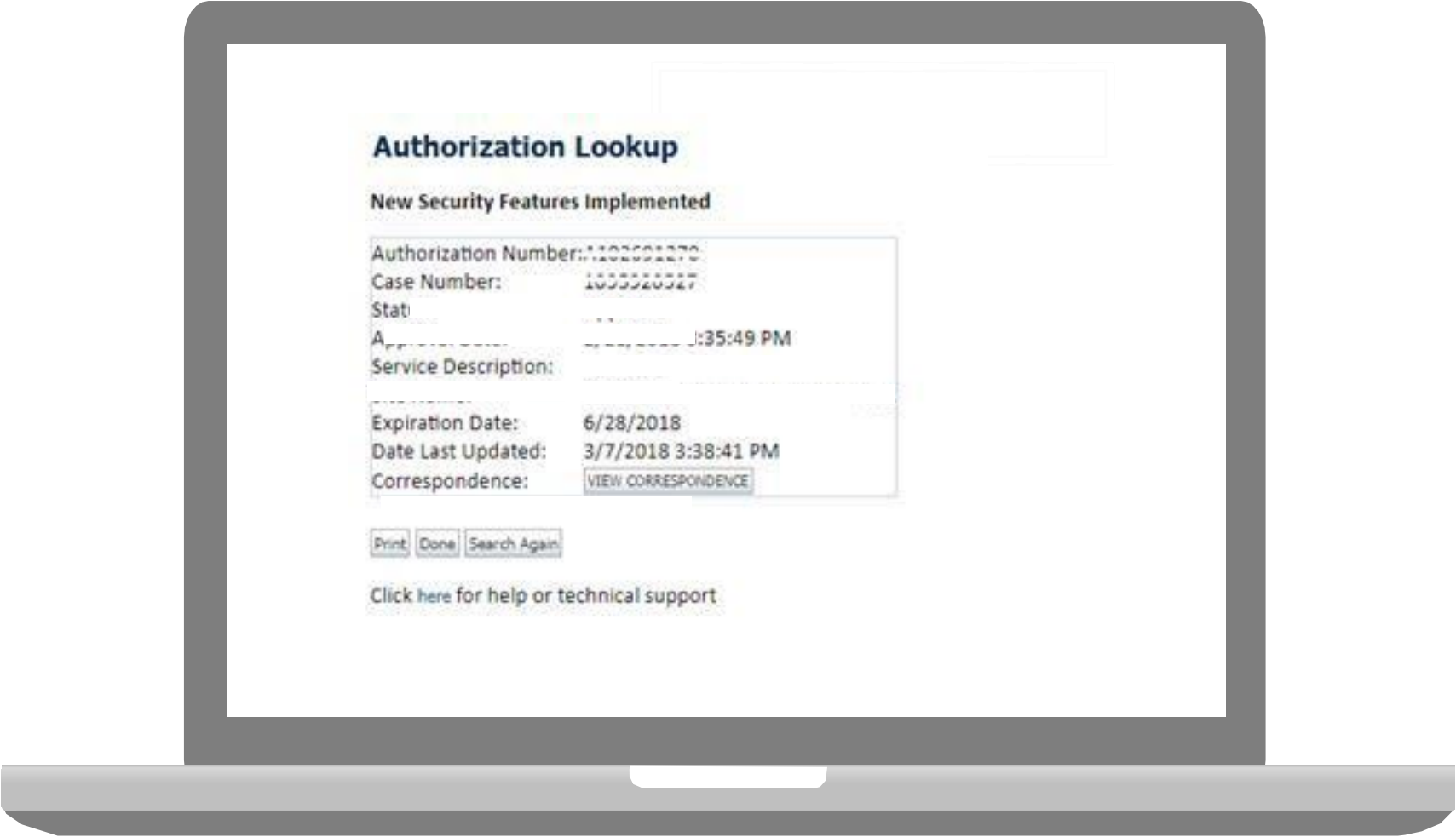
Auth/Case Number:

Search

- Select Search by **Authorization Number/NPI**. Enter the provider's NPI and authorization or case number. Select **Search**.

- You can also search for an authorization by **Member Information**, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.

Authorization Status



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

Eligibility Look Up

[Home](#) [Authorization Lookup](#) **[Eligibility Lookup](#)** [Clinical Certification](#) [Certification Requests In Progress](#) [MSM Practitioner Performance Summary Portal](#) [Resources](#) [Manage Your Account](#) [Help / Contact Us](#)

Thursday, March 15, 2018 4:43 PM

Log Off (INTGTEST)

Eligibility Lookup

New Security Features Implemented

Health Plan:

Patient ID:

Member Code:

Cardiology Eligibility: **Medical necessity determination required.**

Radiology Eligibility: **Precertification is Required**

Radiation Therapy Eligibility: **Medical necessity determination required.**

MSM Pain Mgt Eligibility: **Precertification is Required**

Sleep Management Eligibility: **Medical necessity determination required.**

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

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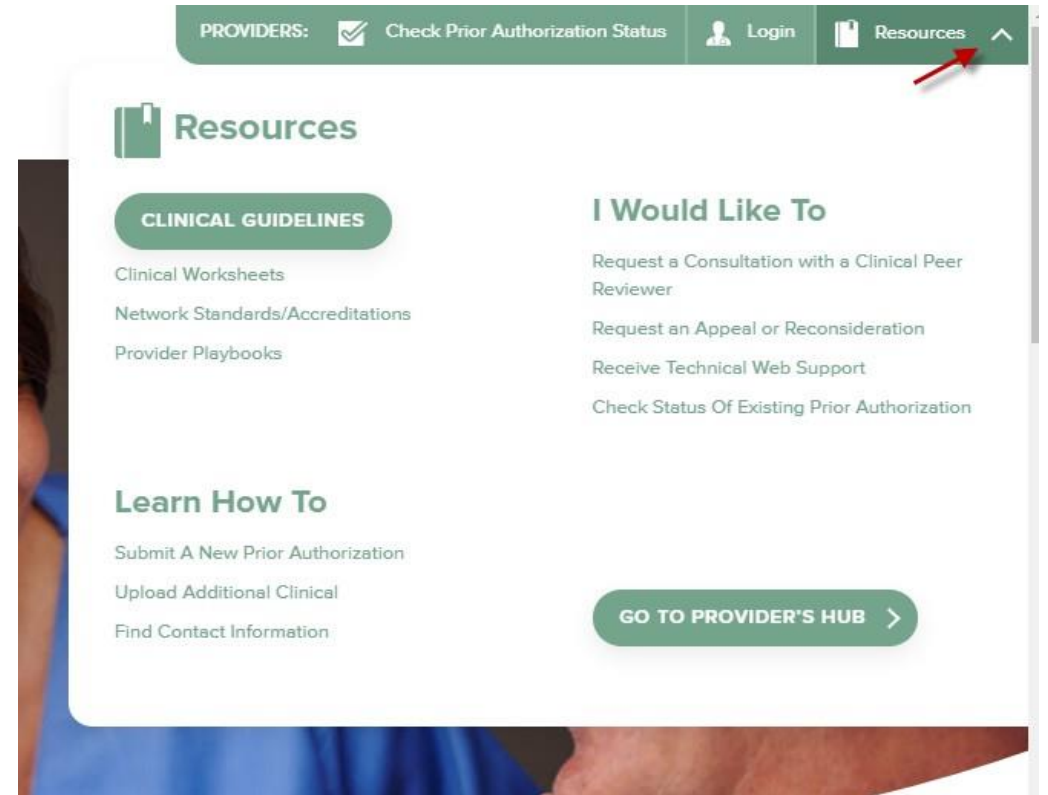
You may also confirm the patient's eligibility by selecting the **Eligibility Lookup** tab.

Provider Resources

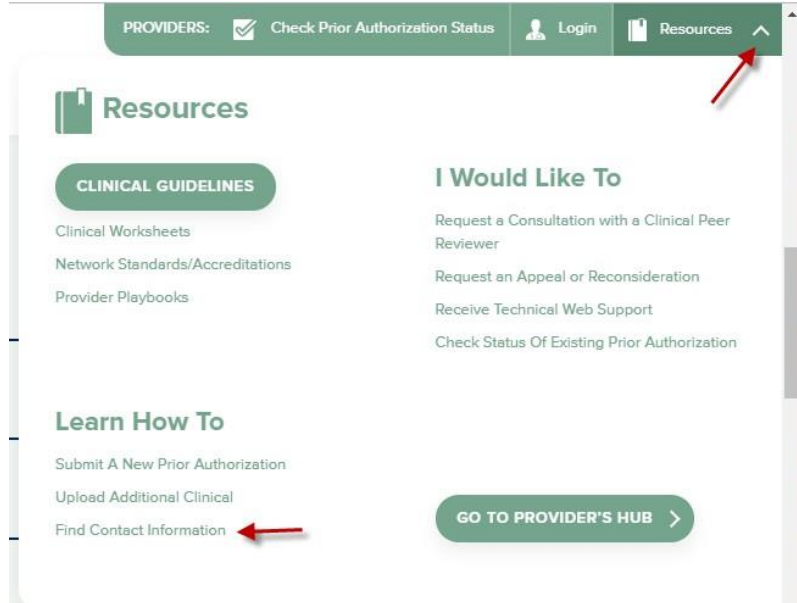


Online Resources

- You can access important tools and resources at www.evicore.com.
- Select the Resources to view FAQs, Clinical Guidelines, Online Forms, and more.



Quick Reference Tool



The screenshot shows a form titled 'I want to learn how to...'. Below the title, there is a section labeled 'Learn how to...' with three dropdown menus. The first dropdown menu is labeled 'Find Contact Information' and has a downward arrow. The second dropdown menu is labeled 'Select a Health Plan...*' and has a downward arrow. The third dropdown menu is labeled 'Select a Solution...*' and has a downward arrow. At the bottom of the form, there is a blue button labeled 'START'.

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

Provider Resources: Preauthorization Call Center



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

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

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

Provider Resources: Web-Based Services



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

www.evicore.com

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

- Request authorizations and check case status online – 24/7
- Pause/Start feature to complete initiated cases
- Upload electronic PDF/word clinical documents

Provider Resources: Client Provider Operations



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

clientservices@evicore.com

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Request for an authorization to be re-sent to the health plan

Provider Resources: Implementation Document



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

Provider Enrollment Questions

Contact your Provider Network Consultant for more information

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

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

- CPT code list of the procedures that require preauthorization
- Quick Reference Guide
- eviCore clinical guidelines
- FAQ documents and announcement letters

You can obtain a copy of this presentation on the implementation site listed above. If you are unable to locate a copy of the presentation, please contact the Client Provider Operations team at

ClientServices@evicore.com.

Thank You!