

# Peripheral Vascular Disease Intervention

## Provider Orientation Session for Network Health Wisconsin

January 1, 2024



# Agenda

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## **Solution Overview**

Peripheral Vascular Disease Intervention

## **Submitting Requests**

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

## **eviCore Provider Portal**

- Portal Demo
- Overview, Features & Benefits

## **Provider Resources**

## **Q & A**

## **Appendix**

- Portal Case Submission
- Peer-to-Peer Scheduling Tool

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# Peripheral Vascular Disease (PVD) Intervention - Solution Overview

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# Network Health Wisconsin Prior Authorization Services

eviCore will begin accepting prior authorization requests for PVD Intervention services on 12/11/2023 for dates of service 1/1/2024 and after.

Applicable Membership	Prior authorization through eviCore applies to the following services	Prior authorization through eviCore does NOT apply to the following services
<ul style="list-style-type: none"><li>• Medicare</li><li>• Commercial (self-insured &amp; fully-insured)</li><li>• Individual &amp; Family (IFP) Plans</li></ul>	<ul style="list-style-type: none"><li>• Outpatient</li><li>• Elective/Non-emergent</li></ul>	<ul style="list-style-type: none"><li>• Emergency Rooms</li><li>• Observation Services</li><li>• Inpatient Stays</li></ul>

Verify member eligibility & benefits through your Network Health provider account at: <https://login.networkhealth.com> or by calling Network Health.

- Medicare 855-580-9935 or 920-720-1460
- Group 800-826-0940 or 920-720-1300
- Individual and Family 855-275-1400 or 920-720-1400
- State of Wisconsin (ETF) 844-625-2208 or 920-720-1811

# Cardiovascular Solution

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## Covered Services:

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



# Vascular Intervention

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

- Carotid Disease:
  - Carotid endarterectomy
  - Carotid stent
  - TCAR
- EVAR/TEVAR
- Venous Disease
- Lower extremity endovascular procedures

**Note:** Bilateral codes are approved based on medical necessity. Depending on the outcome of the clinical review, one side may be approved and the other denied, or both sides may be deemed appropriate.



# Network Health PVD Intervention Managed Code List

[Network Health Wisconsin Implementation Resources | eviCore healthcare](#)

The screenshot shows the eviCore healthcare website interface. At the top right, there is a green button labeled 'PROVIDERS: Check Prior Authorization Status'. The main navigation menu includes 'About', 'Solutions', 'Patients', 'Provider's Hub', 'Insights', and 'Careers'. Below the navigation, there are three tabs: 'OVERVIEW', 'GENERAL RESOURCES', and 'SOLUTION RESOURCES'. A 'Back to Solutions' button is located above the 'Cardiovascular' heading. The 'Cardiovascular' section contains a table with two entries:

Code List Title	Effective Date	Code Type
Network Health of Wisconsin Vascular Intervention CPT Code List	Effective 01/01/2024	CPT Codes
NWH Cardiology Code List	Effective 01/01/2023	CPT Codes

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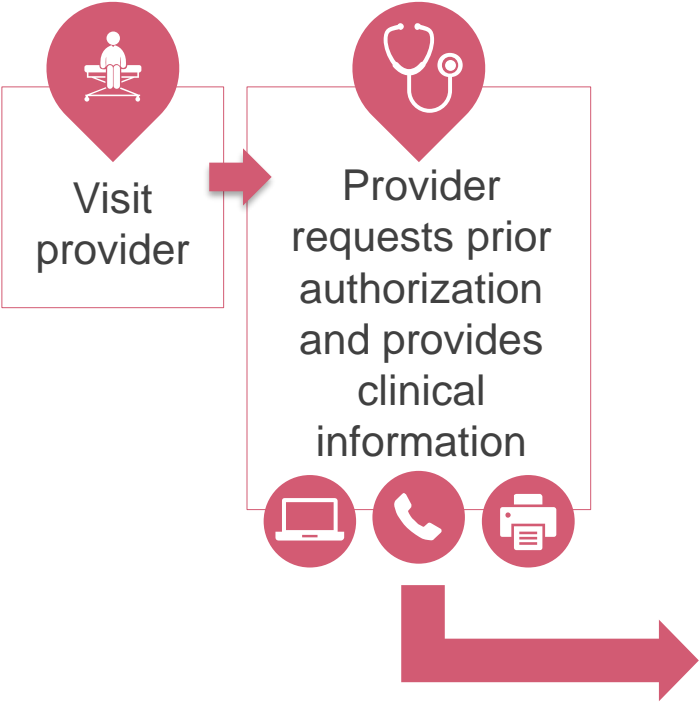
# Submitting Requests

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# PVD Interventions | Prior Authorization Process

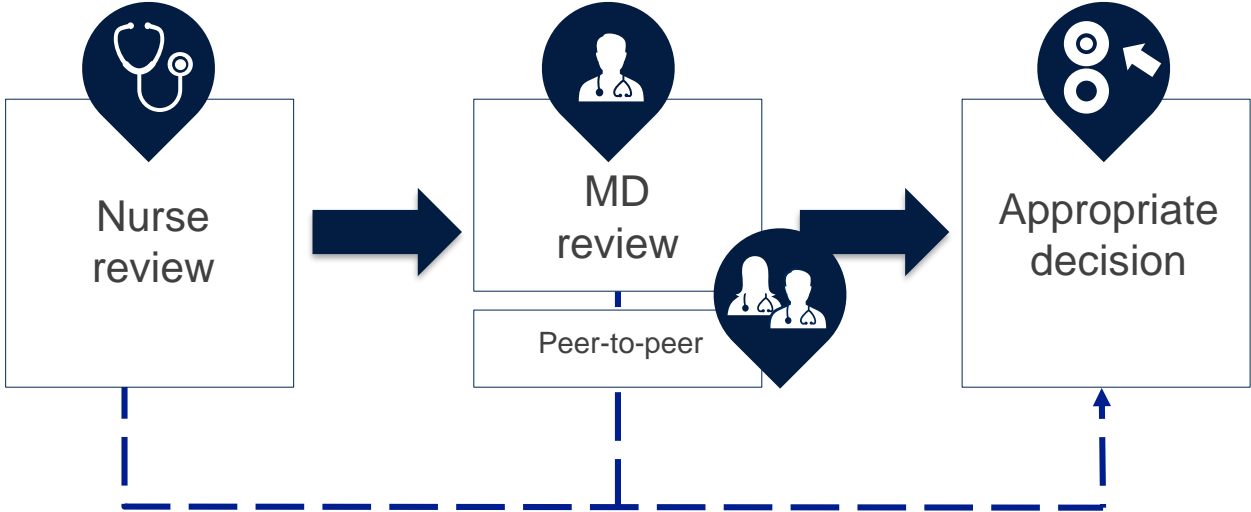


Request is **Approved**

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

Request is **Denied**

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



# How to Request Prior Authorization

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

- **Save time:** Quicker process than requests by phone or fax
- **Available 24/7:** Submit requests at any time day or night
- **Save your progress:** If you need to step away, you can save your progress and resume later
- **Upload additional clinical information:** No need to fax in supporting clinical documentation, it can be uploaded on the portal
- **View and print determination information:** Check case status in real-time
- **Dashboard:** View all recently submitted cases
- **E-notification:** Opt-in to receive email notifications when there is a change to case status
- **Duplication feature:** If you are submitting more than one request, you can duplicate information to expedite submittals

To access the eviCore Provider Portal, visit [evicore.com/provider](https://www.evicore.com/provider)



Contact eviCore by **phone: 855-727-7444**  
Monday – Friday 7 AM – 7 PM (local time)

Or **fax: 800-540-2406**

# 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)

## Rendering Facility

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



## Referring (Ordering) Physician

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

## Supporting Clinical

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

# Worksheets can Make it Easier

**Peripheral Vascular Intervention Request**

**eviCore**  
healthcare  
by Evernorth

**URGENT (same-day) REQUESTS MUST BE SUBMITTED BY PHONE.**

For **NON-URGENT** requests, please fax this completed document along with medical records, imaging, tests, etc. If there are any inconsistencies with the medical office records, please elaborate in the comment section. Failure to provide all relevant information may delay the determination. Phone and fax numbers can be found on our website, [eviCore.com](http://eviCore.com). Click the **Resources** tab, located in the top right of the page and under **Learn How To**, select **Find Contact Information**. You may also submit an authorization request by logging in to the provider portal from this site.

PATIENT / MEMBER	First Name:		Middle Initial:	Last Name:			
	DOB (mm/dd/yyyy):		Gender:	Male	Female		
	Street Address:			Apt #:			
	City:		State:	Zip Code:			
	Home Phone:		Cell Phone:	Primary Contact #: Home      Cell			
	Health Plan:		Member ID:	Group ID:			
ORIGINATING PROVIDER	First Name:		Last Name:				
	Primary Specialty:		TIN:	NPI:			
	Physician Phone:		Physician Fax:				
	Street Address:			Suite #:			
	City:		State:	Zip Code:			
FACILITY / SITE	Group or Facility/Site Name:						
	Primary Specialty:		TIN:	NPI:			
	Group/Site Phone:		Group/Site Fax:				
	Street Address:			Suite #:			
PROCEDURE CODE(S)	Check all codes that apply						
		Iliac	Femoral Popliteal	Angioplasty	Stenting	Intravascular Ultrasound	
		Tibial/Peroneal	37220	37224	37246	37236	37252
	37228	37232	37221	37225	37247	37237	37253
	37229	37233	37222	37226			
	37230	37234	37223	37227			
37231	37235	0238T					
DIAGNOSIS CODE(S)	Diagnosis, if known or rule out:						
	Date of last visit:	ICD-10 Code:	Retro date of service:				

**CONFIDENTIALITY NOTICE:** This fax transmission, and any documents attached to it may contain confidential or privileged information subject to privacy regulations such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This information is intended only for the use of the recipient(s) named above. If you are not the intended recipient, or a person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of any of the information contained in or attached to this transmission is STRICTLY PROHIBITED. If you have received this transmission in error, please immediately notify eviCore healthcare and destroy the original transmission and its attachments without saving them in any manner.

**CLINICAL INFORMATION:** please attach additional pages to provide more information or comments.

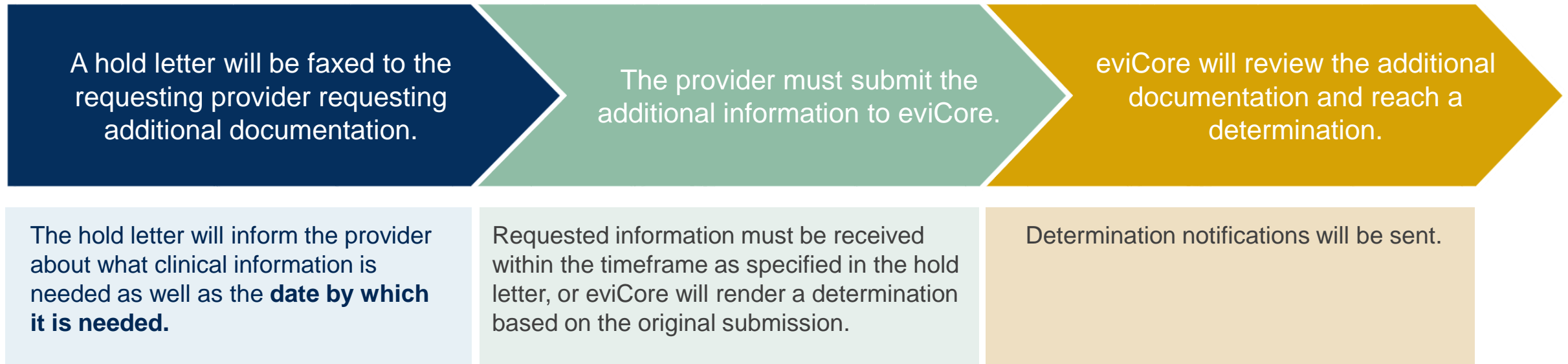
1	Prior authorization (PA) is required for chronic lower extremity ischemia from either longstanding stenosis or occlusion in the outpatient setting. Published guidelines recommend hospitalization for acute limb ischemia. Is acute limb ischemia the primary reason for this request?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
2	Date of most recent office visit or contact with physician?	
3	Which of the following is the main reason for this request?	<input type="checkbox"/> Claudication (cramping in the legs with walking) <input type="checkbox"/> Ischemic rest pain <input type="checkbox"/> Non healing wound <input type="checkbox"/> Gangrene <input type="checkbox"/> Failure of prior intervention <input type="checkbox"/> Abnormal study findings <input type="checkbox"/> Lower extremity artery aneurysm <input type="checkbox"/> Other leg pain <input type="checkbox"/> None of the above <input type="checkbox"/> I don't know (this will prevent expedited approval)
4	Select all of the following lower extremity procedures that have been performed in the same extremity for which PA is being requested:	<input type="checkbox"/> None <input type="checkbox"/> Prior endovascular stent placement <input type="checkbox"/> Prior lower extremity bypass Surgery <input type="checkbox"/> Prior Angioplasty <input type="checkbox"/> Other: <input type="checkbox"/> I don't know
5	What lower extremity symptoms are present? Select all that apply.	<input type="checkbox"/> None <input type="checkbox"/> Leg muscle cramping with walking <input type="checkbox"/> Foot pain at rest <input type="checkbox"/> Foot or leg wound that is not showing signs of healing for > two weeks. <input type="checkbox"/> Other:
6	Did the patient have an ABI test performed after symptoms started?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know If yes, was the ABI <0.5? <input type="checkbox"/> Yes <input type="checkbox"/> No
7	Did the patient start on a structured walking program if the primary reason for the request is claudication?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
8	If applicable, did the walking program last >3 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
9	Were symptoms stable after the walking program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
10	Were any medications started to assist with lower extremity symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
11	Were there any significant findings on physical examination?	<input type="checkbox"/> Absent or diminished pulses <input type="checkbox"/> Dependent rubor <input type="checkbox"/> Ischemic wound <input type="checkbox"/> Gangrene <input type="checkbox"/> Cool limb
12	Was there a prior duplex, CT/MRI angiogram or diagnostic angiogram performed since the symptoms started?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
13	Have other diagnostic imaging studies been performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do the results correlate with the symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No
Who is making this request?		Title: <input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> PA <input type="checkbox"/> NP <input type="checkbox"/> Other:
Signature:		Date:

Want to make it easier?  
 Use our [clinical worksheets on eviCore.com](http://eviCore.com) to ensure all the necessary information is included in your requests.

# Insufficient Clinical | Additional Documentation Needed

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Vascular Intervention requests do require clinical documents to be shared on case creation. 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:



# Sharing additional Medical Information

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

For some cases, before a denial decision is issued, additional clinical information must be submitted to eviCore in advance of the due date referenced.

### There are three ways to supply the requested information:

1. **Upload** directly into the case via the provider portal at [eviCore.com](https://www.eviCore.com)
2. **Fax** to 800-540-2406
3. **Request a Pre-Decision Clinical Consultation (P2P)**  
This consultation can be requested via the eviCore website (instructions are included in the appendix) and must occur prior to the due date referenced

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

**Once the determination is made, notifications will go out to the provider and member, and the status will be available on [eviCore.com](https://www.eviCore.com).**



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

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# Prior Authorization Determination Outcomes

## Determination Outcomes

- **Approved Requests:** Authorizations are valid for 180 calendar days from the date of the determination.
- **Partially Approved Requests:** In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved, as well as post-decision options for denied codes.
- **Denied Requests:** If a request is determined as inappropriate based on evidence-based guidelines, a notification with the rationale for the decision and post-decision/appeal rights will be issued.

## Notifications

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





# Special Circumstances

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## Retrospective Authorization Requests

- Must be submitted by phone within **7 business days** from the date of service
- If submitted beyond this timeframe will be administratively denied
- Reviewed for **clinical urgency** and medical necessity
- 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 Circumstances Authorization Updates

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We understand that procedures can sometimes change.

- If updates are needed for an existing authorization, providers can contact eviCore by phone at **855-727-7444**.
- Changes to the procedure may require another Medical Necessity review or a new authorization.
- If there is a change in procedure and the update is not communicated to eviCore, it may impact claim payment. The billed services should align with the requested and approved procedure.
- Changes can be made on an approved authorization as long as a claim has not yet been submitted.



# New Code Bundles

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- Related CPT codes will be placed into a single billing group
  - MDO only needs to request the indicated billing group by submitting ONE of the CPT codes from within that group
    - All related codes will be considered during the review process
    - Related codes will be primarily grouped according to procedure type and anatomic region
    - Right/left/bilateral specification for the entire bundle are allowed where appropriate
    - Multiple bundles may be requested for the same case if different anatomic regions are indicated
- Benefits of new billing group process:
  - Will reduce the size of each case
  - Easier case building through web portal
  - Fewer documents generated

# New Code Bundles (continued)

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- Each bundle has specific CPT codes allocated within as well as its own substitution logic
  - Example – Lower extremity arterial femoral/popliteal bundle
    - Contains CPT codes 37224, 37225, 37226, 37227
    - Substitution logic will only allow ONE of these codes to be selected for billing from this bundle
- Bundle Features:
  - Each bundle will contain different CPT code combinations
  - Each bundle will have different substitution logic based on which codes are included
  - Each bundle will have a maximum number of units that may be allowed for billing
    - Will limit the number of CPT codes that may be selected from each bundle

# Post-Decision Options | Commercial Members

## My case has been denied. What's next?

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

You may also call eviCore at **855-727-7444** to speak with an agent who can provide available option(s) and instruction on how to proceed.

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

## Reconsiderations

- Reconsiderations must be requested within 30 calendar days after the determination date.
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation (P2P) with an eviCore physician.

## Appeals

- eviCore will not process appeals.
- Appeal requests can be submitted to Network Health Wisconsin with 180 days.



# Post-Decision Options | Medicare Members

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## My case has been denied. What's next?

### Clinical Consultation (P2P)

- 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 appeals.



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# eviCore Provider Portal Registration

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# eviCore Provider Portal | Overview

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

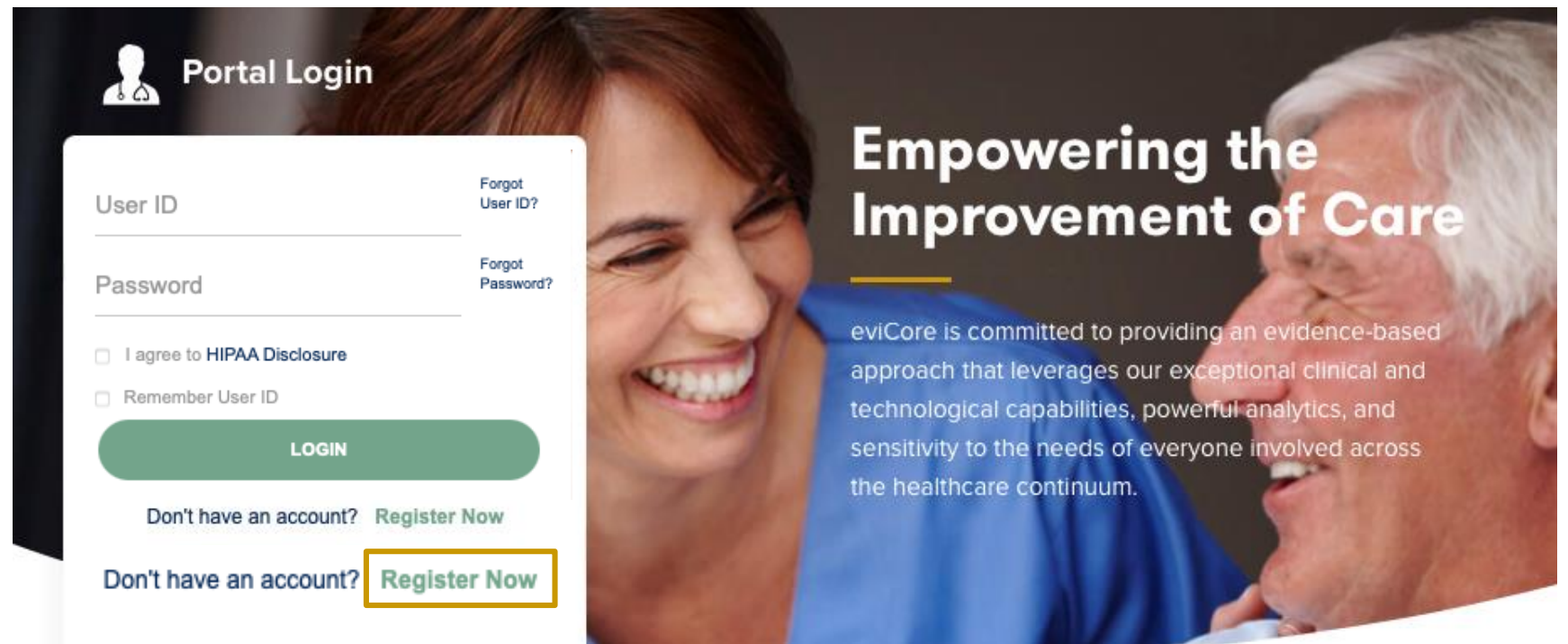
To access resources on the eviCore Provider Portal, visit [evicore.com/provider](https://evicore.com/provider)

Already a user?

Log in with User ID & Password

Don't have an account?

Click **Register Now**



eviCore's website is compatible with all web browsers. No matter what browser used, the user does need to disable pop-up blockers to access the site.



# Creating an eviCore Provider Portal Account

Select **CareCore National** as the Default Portal.

Complete the User Information section in full and **Submit Registration**.

You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the login page.



\* 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\*:  (dropdown menu showing CareCore National and 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*:	<input type="text"/>	Address*:	<input type="text"/>	Phone*:	<input type="text"/>
Email*:	<input type="text"/>		<input type="text"/>	Ext:	<input type="text"/>
Confirm Email*:	<input type="text"/>	City*:	<input type="text"/>	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	State*:	<input type="text" value="Sele"/>	Zip*:	<input type="text"/>
Last Name*:	<input type="text"/>	Office Name:	<input type="text"/>		

Next

# Setting Up Multi-Factor Authentication (MFA)

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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 button options: "Email" (which is selected) and "SMS". Underneath, the text "Register Email Address" is followed by a text input field containing the email address "meh\*\*\*\*@evicore.com". A green button labeled "Send PIN" is positioned below the email field. Further down, the text "Please enter PIN sent to your Email Address" is followed by a text input field containing the PIN "768342". A green button labeled "Submit" is located below the PIN field, and a grey button labeled "Skip" is at the bottom.

# eviCore Provider Portal | Add Providers



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

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

**Manage Your Account**

Office Name:  [CHANGE PASSWORD](#) [EDIT ACCOUNT](#)

Address:

Primary Contact:   
Email Address:

[ADD PROVIDER](#)

Click Column Headings to Sort

No providers on file

[CANCEL](#)

**Add Practitioner**

Enter Practitioner information and find matches.  
\*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

[FIND MATCHES](#) [CANCEL](#)

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# eviCore Provider Portal Demonstration (submitting requests)

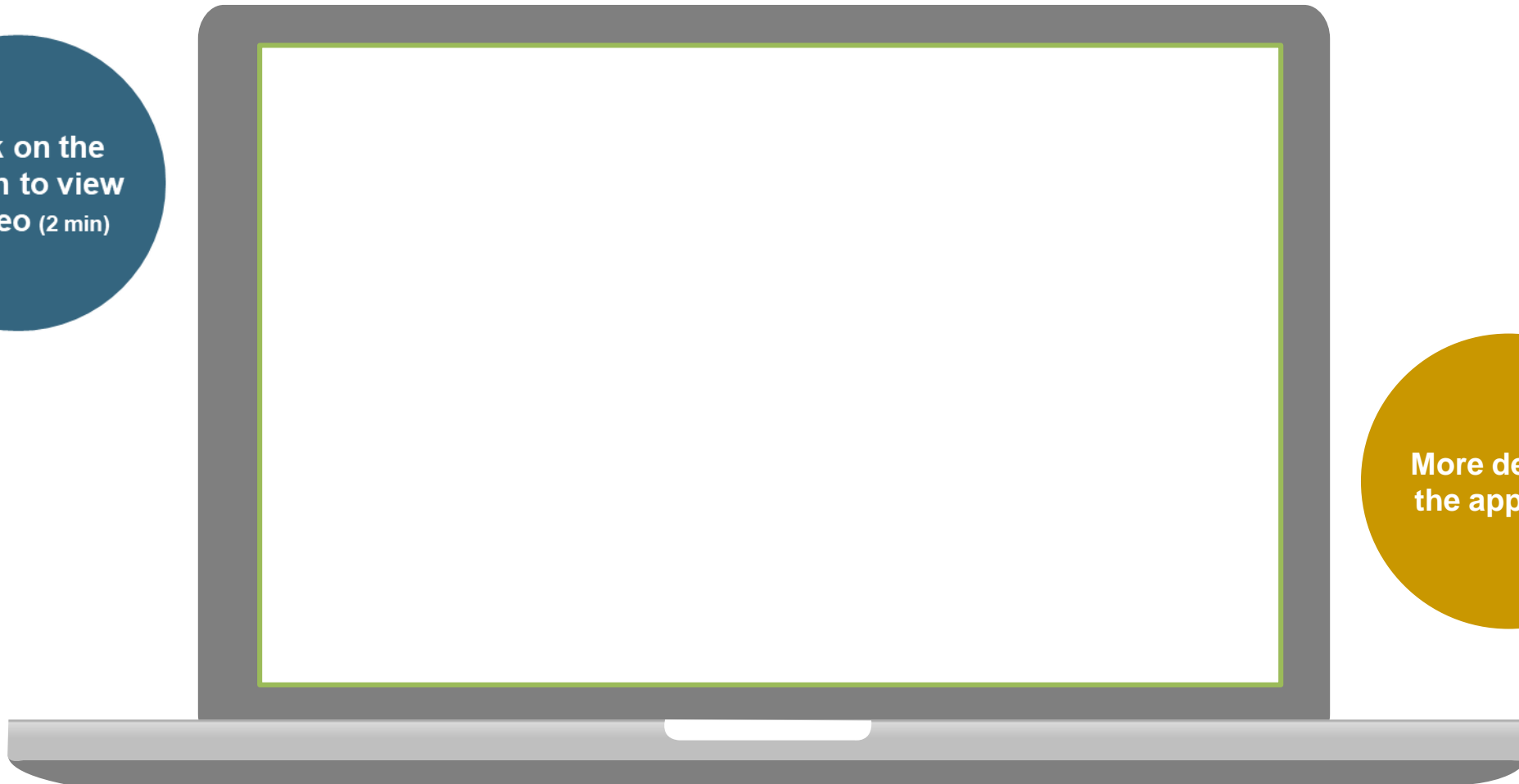
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# Provider Portal Demo

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Click on the  
screen to view  
a video (2 min)



More detail in  
the appendix

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# eviCore Provider Portal Features

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# eviCore Provider Portal | Features & Benefits

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## Clinical Certification

- Request a clinical review for prior authorization on the portal

## Certification Summary

- Track recently submitted cases (worklist)

## Prior Authorization Status Lookup

- View and print any correspondence associated with the case
- Search by member information OR by case number with ordering national provider identifier (NPI)
- Review post-decision options and schedule a peer-to-peer consultation

## Eligibility Lookup

- Confirm if patient requires clinical review



# Certification Summary



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Wednesday, May 17, 2023 5:10 PM

[Log Off](#) [Log In](#)

## Certification Summary

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

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Expand your list as desired

Single Status  
Show All

Filter By Multiple Statuses  
Show All

Date  
7 days  
7 days  
14 days  
30 days

Submit Close

- Certification Summary tab allows you to track recently submitted cases
- The work list can also be filtered as shown



# Authorization Lookup | Popular Tool

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

Search by Member Information                       Search by Authorization Number/ NPI



- You can lookup an authorization case status on the portal
- Search by member information OR
- Search by authorization number with ordering NPI
- Initiate Appeals and/or Schedule Peer to Peers
- View and print any correspondence

# Authorization Lookup – example 1



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

Friday, October 20, 2023 3:42 PM

[Log](#)

## Authorization Lookup

Authorization Number: NA

Case Number: 1190020300

**P2P AVAILABILITY**

Patient Name: [Redacted]

DOB: [Redacted]

Status: Pending eviCore Review

P2P Status:

Approval Date:

Service Code: 37220

Service Description: Revascularization endovascular

Site Name: [Redacted]

Start Date:

Expiration Date:

Date Last Updated: 10/20/2023 1:51:22 PM

Correspondence: **UPLOADS & FAXES**

Clinical Upload: **UPLOAD ADDITIONAL CLINICAL**

[Run Clinical Questionnaire](#)

**REFRESH**

### Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
37220 <b>CHANGE CODE</b>	Revascularization, restoring blood flow in an area of the body by unblocking blood vessels with one of several methods, includes placement of a balloon that inflates to allow blood flow, initial blood vessel	1	0	LT
37221 <b>CHANGE CODE</b>	Revascularization, restoring blood flow in an area of the body by unblocking blood vessels with one of several methods, includes placement of a balloon that inflates to allow blood flow, initial blood vessel	1	0	LT
37224 <b>CHANGE CODE</b>	Revascularization, restoring blood flow in an area of the body by unblocking blood vessels with one of several methods, includes placement of a balloon that inflates to allow blood flow, within the same blood vessel	1	0	LT
37226 <b>CHANGE CODE</b>	Revascularization, restoring blood flow in an area of the body by unblocking blood vessels with one of several methods, includes placement of a balloon that inflates to allow blood flow, within the same blood vessel	1	0	LT

- See Status
- See uploads and faxes that have already been shared
- View and print any correspondence
- Schedule a peer to peer directly on the portal as shown in the appendix

# Authorization Lookup - example 2



Friday, October 20, 2023 3:45 PM

[Log Out](#)

## Authorization Lookup

Authorization Number:   
 Case Number:  **P2P AVAILABILITY**  
 Patient Name:   
 DOB:   
 Status: **Partial Approval**  
 P2P Status: **ALL POST DECISION OPTIONS**  
 Approval Date: 10/19/2023 12:00:00 AM  
 Service Code: 37220  
 Service Description: Revascularization endovascular  
 Site Name:   
 Start Date: 10/19/2023  
 Expiration Date: 4/16/2024  
 Date Last Updated: 10/20/2023 2:03:22 PM  
 Correspondence: **UPLOADS & FAXES**

**REFRESH**

- See Status
- See uploads and faxes that have already been shared
- View and print any correspondence
- Schedule a peer to peer directly on the portal as shown in the appendix

### Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
37220 <b>CHANGE CODE</b>	Revascularization, restoring blood flow in an area of the body by unblocking blood vessels with one of several methods, includes placement of a balloon that inflates to allow blood flow, initial blood vessel	1	0	RT
37221 <b>CHANGE CODE</b>	Revascularization, restoring blood flow in an area of the body by unblocking blood vessels with one of several methods, includes placement of a balloon that inflates to allow blood flow, initial blood vessel	1	0	RT
37222 <b>CHANGE CODE</b>	Revascularization, restoring blood flow in an area of the body by unblocking blood vessels with one of several methods, includes placement of a balloon that inflates to allow blood flow, additional blood vessels	1	0	
37223 <b>CHANGE CODE</b>	Revascularization, restoring blood flow in an area of the body by unblocking blood vessels with one of several methods, includes placement of a balloon that inflates to allow blood flow, within the same blood vessel	1	0	
37224 <b>CHANGE CODE</b>	Revascularization, restoring blood flow in an area of the body by unblocking blood vessels with one of several methods, includes placement of a balloon that inflates to allow blood flow, within the same blood vessel	1	1	

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# Provider Resources

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# Contact eviCore's Dedicated Teams

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## 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](mailto:clientservices@evicore.com)
- Phone: (800) 646-0418 (option 4).

## Web-Based Services and Portal Support

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

## Provider Engagement

Regional team that works directly with the provider community.

### Lisa Mekkelsen for Wisconsin

- Email: [lisa.mekkelsen@evicore.com](mailto:lisa.mekkelsen@evicore.com)
- Phone: 843-949-0022.

## Intake Center/ Customer Service

Call 855-727-4444, agents are available from 7 a.m. to 7 p.m. central time.



# Provider Resources on eviCore.com

.....  
eviCore maintains provider resource pages that contain health plan specific, 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 [Network Health Wisconsin Implementation Resources | eviCore healthcare](#)

eviCore also maintains online resources not specific to health plans, such as Guidelines and our required clinical information checklist.

To access these helpful resources, visit [eviCore's Provider Hub](#)



# Provider Resource Review Forum | Tips and Tools

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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 **Prior Authorization Online Portal Tips and Tools** 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:

Go to: [eviCore Healthcare \(webex.com\)](https://www.evicore.com)

Click the **Upcoming** tab and search for "Prior Authorization Online Portal Tips and Tools."

Click register next to the session that fits your schedule



# eviCore's Provider Newsletter

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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





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# Thank You

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# Appendix

## Portal screen shot overview

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# Clinical Certification Request | Case Initiation Process

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

[Click here for help](#)

- When building a new case you will need to select the applicable program from the list.
- Vascular intervention services falls under the Cardiology program

# Clinical Certification Request | Search for and Select Provider

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

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

Filter Last Name or NPI:

	Provider
<input type="button" value="SELECT"/>	12312312 - Provider Name

[Click here for help](#)

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

Chose the requesting provider from the providers listed on your account. If your provider is not listed, you can add a new provider under the Manage Your Account tab

# Clinical Certification Request | Select Health Plan

---

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

## Choose Your Insurer

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK

CONTINUE

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

# Clinical Certification Request | Enter Contact Information

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

## Add Your Contact Info

Provider's Name:\*  [?]

Who to Contact:\*  [?]

Fax:\*  [?]

Phone:\*  [?]

Ext.:  [?]

Cell Phone:

Email:

Receive notification of case status changes

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

[Click here for help](#)

- Provider information will pre-populate based on the provider file information in our system.
- Please enter your (requester) name in the “who to contact” field, and enter or edit the fax, phone and email to assure accuracy.
- If the contact information is not accurate, **we will not be able to contact you** with updates, or reach you if additional information is needed.
- **E-notification is check by default.** If you prefer to receive faxed updates, un-check this box and make sure the fax number is accurate.

# Clinical Certification Request | Enter Member Information

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

## Patient Eligibility Lookup

Patient ID:\*

Date Of Birth:\*  MM/DD/YYYY

Patient Last Name Only:\*  [?]

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

### Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
<input type="button" value="SELECT"/>	884888887		WATKINS, JONATHAN	8/28/1982	M	1800 WATKINS RD SPRINGVILLE, FL 32086

BACK

Enter **member information**, including: patient ID number, date of birth, and last name then click **ELIGIBILITY LOOKUP**

Confirm your patient's information and click **SELECT** to continue

# Clinical Details

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

### Requested Service + Diagnosis

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

#### Radiology Procedures

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

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

#### Diagnosis

Primary Diagnosis Code: **170.25**  
Description: **Atherosclerosis of native arteries of other extremities with ulceration**  
[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)  
*Secondary diagnosis is optional for Radiology*

[LOOKUP](#)

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

[Click here for help](#)

- Select the applicable **primary procedure code** and primary **diagnosis code** associated with the member's condition.
- You can also chose to enter a secondary diagnosis code.
- On the following screen, you will be asked to confirm your selections in the next step before moving forward.



# New Code Bundles

---

- Related CPT codes will be placed into a single billing group
  - MDO only needs to request the indicated billing group by submitting ONE of the CPT codes from within that group
    - All related codes will be considered during the review process
    - Related codes will be primarily grouped according to procedure type and anatomic region
    - Right/left/bilateral specification for the entire bundle are allowed where appropriate
    - Multiple bundles may be requested for the same case if different anatomic regions are indicated
- Benefits of new billing group process:
  - Will reduce the size of each case
  - Easier case building through web portal
  - Fewer documents generated

# New Code Bundles (continued)

---

- Each bundle has specific CPT codes allocated within as well as its own substitution logic
  - Example – Lower extremity arterial femoral/popliteal bundle
    - Contains CPT codes 37224, 37225, 37226, 37227
    - Substitution logic will only allow ONE of these codes to be selected for billing from this bundle
- Bundle Features:
  - Each bundle will contain different CPT code combinations
  - Each bundle will have different substitution logic based on which codes are included
  - Each bundle will have a maximum number of units that may be allowed for billing
    - Will limit the number of CPT codes that may be selected from each bundle

# Clinical Certification Request | Site Selection

---

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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## Add Site of Service

### Specific Site Search

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

NPI:

Zip Code:

Site Name:

TIN:

City:

Exact match

Starts with

LOOKUP SITE

- Search for the **Site of Service** where the procedure will be performed. For best results, search with NPI **and** zip code when '**Exact match**' is selected. When searching by site name, select '**Starts with.**'
- Select the specific site where the procedure will be performed

# Clinical Certification Request | Clinical Certification

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

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

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

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

BACK

CONTINUE

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

# Clinical Certification Request | Standard or Urgent?

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

## Proceed to Clinical Information

### Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.

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

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

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

### Clinical Upload

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case.

If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

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

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

UPLOAD

## Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

- If the case is **standard**, select **Yes**
- If the case is **urgent**, select **No**
- When a request is submitted as urgent, you will be **required** to upload relevant clinical information
- Up to **five documents** can be uploaded  
(.doc, .docx, or .pdf format; max 5MB size)
- Your case will only be considered urgent if there is a successful upload

# Requesting Multiple CPT Codes

---

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

### Clinical Certification

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

Yes  No

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.

# Clinical Certification Request | Request for Clinical Upload

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

## Proceed to Clinical Information

**Clinical Upload**

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

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

Choose File Test clinical.docx

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

**UPLOAD** **SKIP UPLOAD**

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

### Tips:

- Providing clinical information via the web is the fastest and most efficient method
- Enter additional notes in the space provided only when necessary
- Additional information uploaded to the case will be sent for clinical review
- Print out a summary of the request that includes the case # and indicates 'Your case has been sent to clinical review'

# Finalizing the Case Submission

---

## Clinical Certification

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

Print

SUBMIT CASE

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

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



---

# Appendix

## Self schedule a P2P

---




# Provider Resources | Schedule a P2P Request

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

## Authorization Lookup


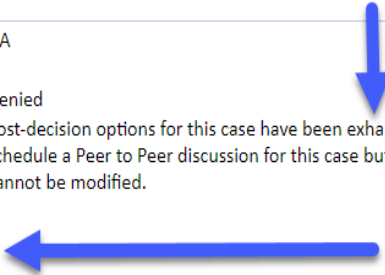
Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	



**P2P AVAILABILITY** [Request Peer to Peer Consultation](#)

## Authorization Lookup

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:	



- Log-in to your account at [eviCore.com](https://www.eviCore.com)
- Perform **Clinical Review Lookup** to determine the status of your request
- Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a Peer-to-Peer consultation
- Note carefully any messaging that displays\*

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

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

# Provider Resources | Schedule a P2P Request (cont.)

Case Info Questions Schedule Confirmation

## New P2P Request

eviCore healthcare P2P Portal

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

Member Date of Birth

+ Add Another Case

Lookup Cases >

- Upon first login, you will be asked to confirm your default time zone
- You will be presented with the Case Number and Member Date of Birth
- Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**
- To proceed, select **Lookup Cases**

- You will receive a confirmation screen with member and case information, including the Level of Review for the case in question
- Click **Continue** to proceed

## New P2P Request

eviCore healthcare P2P Portal

Case Ref #: Remove P2P Eligible

! Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

Member Information	Case P2P Information
Name	Episode ID
DOB	P2P Valid Until 2020-11-11
State	Modality MSK Spine Surgery
Health Plan	Level of Review Reconsideration P2P
Member ID	System Name ImageOne

Continue

# Provider Resources | Schedule a P2P Request (cont.)

### Case Info

1st Case

Case #  
Episode ID  
Member Name  
Member DOB  
Member State  
Health Plan  
Member ID  
Case Type MSK Spine Surgery  
Level of Review Reconsideration P2P

### Questions

Please indicate your availability

**Preferred Days**

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

**Preferred Times**

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

**Time Zone**  
US/Eastern

[Continue >](#)

- You will be prompted with a list of eviCore Physicians / Reviewers and appointment options
- Select any of the listed appointment times to continue
- You will be prompted to identify your preferred days and times for a Peer-to-Peer consultation (all opportunities will be automatically presented)
- Click on any **green checkmark** to **deselect** that option and then click **Continue**

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...	-	-	-

# Provider Resources | Schedule a P2P Request (cont.)

**P2P Info**

Date Mon 5/18/20  
Time 6:30 pm EDT  
Reviewing Provider

**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

**P2P Contact Details**

Name of Provider Requesting P2P  
Dr. Jane Doe

Contact Person Name  
Office Manager John Doe

Contact Person Location  
Provider Office

Phone Number for P2P  
(555) 555-5555

Phone Ext.  
12345

Alternate Phone  
(xxx) xxx-xxxx

Phone Ext.  
Phone Ext.

Requesting Provider Email  
droffice@internet.com

Contact Instructions  
Select option 4, ask for Dr. Doe

**Submit**

**Scheduling**

Scheduled

Mon 5/18/20 - 6:30 pm EDT

**SCHEDULED**

Update the following fields to ensure the correct person is contacted for the Peer-to-Peer appointment:

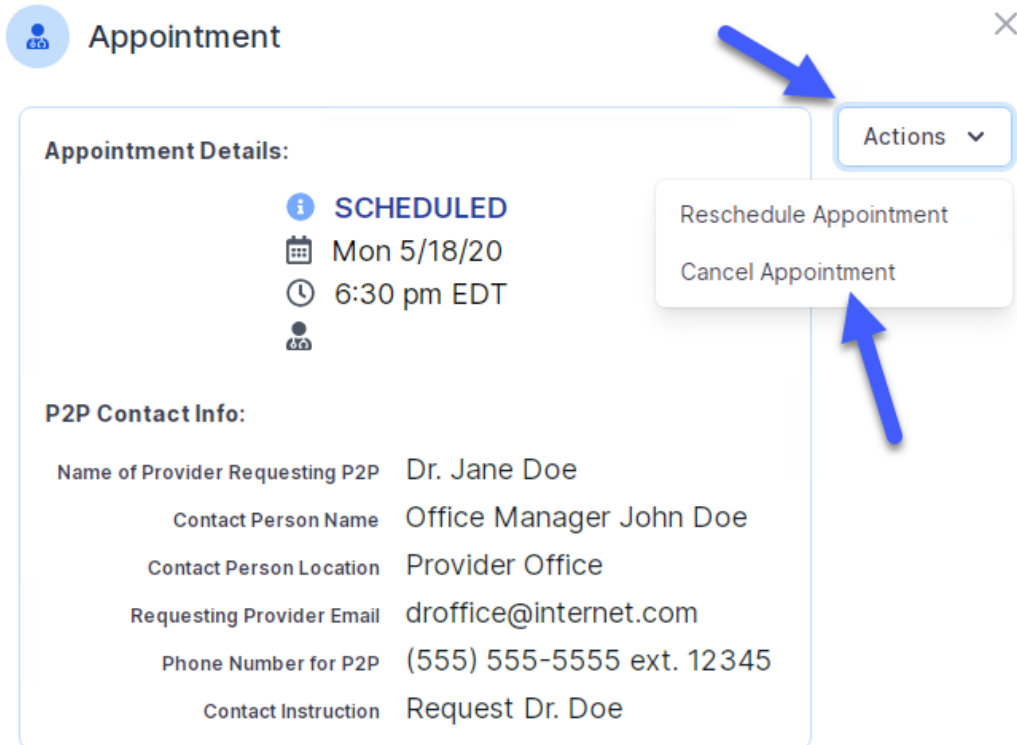
- Name of Provider Requesting P2P
- Phone Number for P2P
- Contact Instructions

Click **Submit** to schedule the appointment

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

Confirm contact details

# Provider Resources | Cancel or Reschedule a P2P Appointment



The screenshot shows a window titled "Appointment" with a close button (X) in the top right corner. The window is divided into two main sections: "Appointment Details" and "P2P Contact Info".

**Appointment Details:**

- Status: **SCHEDULED** (indicated by an information icon 'i')
- Date: **Mon 5/18/20** (indicated by a calendar icon)
- Time: **6:30 pm EDT** (indicated by a clock icon)

**P2P Contact Info:**

Name of Provider Requesting P2P	Dr. Jane Doe
Contact Person Name	Office Manager John Doe
Contact Person Location	Provider Office
Requesting Provider Email	droffice@internet.com
Phone Number for P2P	(555) 555-5555 ext. 12345
Contact Instruction	Request Dr. Doe

On the right side of the "Appointment Details" section, there is an "Actions" drop-down menu. A blue arrow points to this menu. The menu is open, showing two options: "Reschedule Appointment" and "Cancel Appointment". A second blue arrow points to the "Cancel Appointment" option.

## To cancel or reschedule an appointment:

- Access the scheduling software and select **My P2P Requests** on the left-pane navigation
- Select the request you would like to modify from the list of available appointments
- When the request appears, click on the schedule link. An appointment window will open
- Click on the **Actions** drop-down and choose the appropriate action
  - **If choosing to reschedule**, select a new date or time as you did initially
  - **If choosing to cancel**, input a cancellation reason
- Close the browser once finished