Radiology and Cardiology

Provider Orientation Session
for HCAZ

2025

EviCore
By **EVERNORTH**

Agenda

Solutions Overview

Submitting Requests

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

EviCore Provider Portal

Provider Resources

Questions & Next Steps

Appendix

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Solution Overview

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HCAZ Prior Authorization Services

EviCore will authorize prior authorization requests for Radiology and Cardiology services for Health Choice members.

Applicable Membership

+ Health Choice Generation (Medicare)

+ Arizona Medicaid

+ ACA Standard Health with Health Choice – effective March 1, 2024

Prior authorization applies to the following services

+ Outpatient

+ Elective/Non-emergent

Prior authorization does NOT apply to services performed in:

+ Emergency Rooms

+ Observation Services

+ Inpatient Stays

Providers should verify member eligibility and benefits on the secured provider log-in section at: https://providerportal.healthchoiceaz.com/

HCAZ Prior Authorization Services

Prior Authorization applies to the following services:
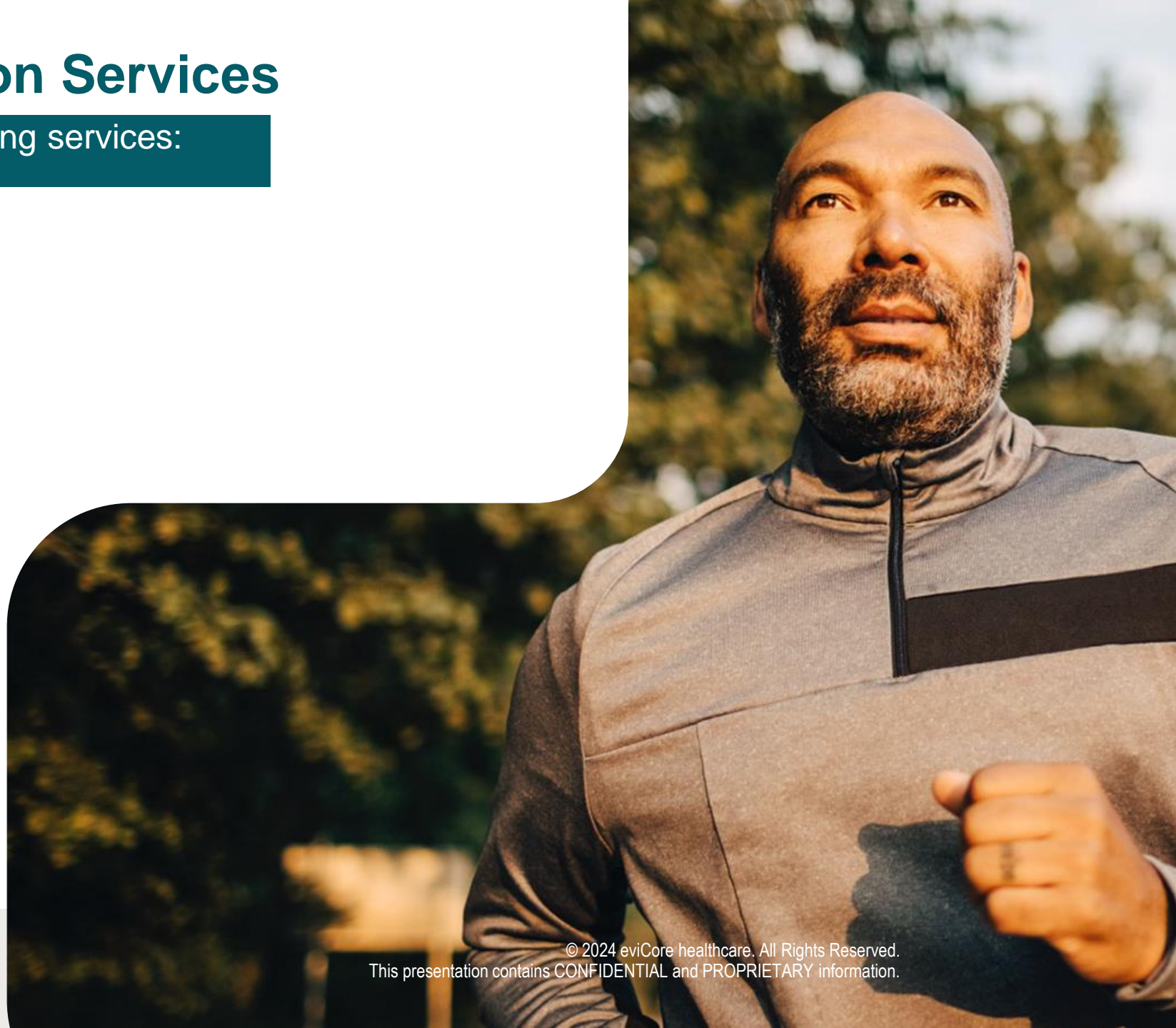
+ **Advanced imaging services**
  + CT, CTA
  + MRI, MRA
  + PET, PET/CT
  + Nuclear Medicine
+ **Primary imaging services**
  + OB Ultrasound
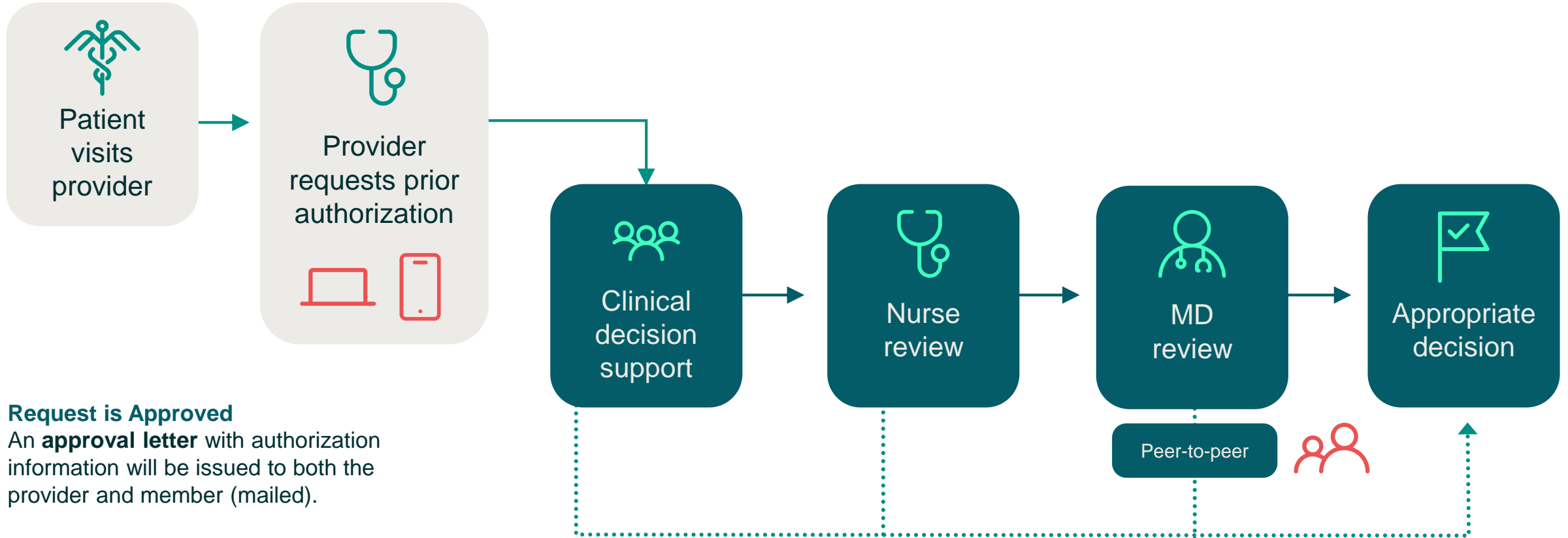+ **Cardiology Services**
  + Stress Testing
    + Myocardial Perfusion Imaging (SPECT & PET)
    + Stress Echocardiography
  + Cardiac CT & MRI
  + Echocardiography; Transthoracic,
  + Diagnostic Heart Catheterization

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Submitting Requests

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Pre-service prior authorization workflow

Patient visits provider → Provider requests prior authorization → Clinical decision support → Nurse review → MD review → Appropriate decision

Peer-to-peer

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.

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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:** 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**: 866-706-2108**

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

Or by 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)

Referring (Ordering) Physician
- ✓ Physician name
- ✓ National provider identifier (NPI)
- ✓ 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

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

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Additional Documentation Needed

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

A hold letter will be faxed to the requesting provider requesting additional documentation.

> **The provider must submit the additional information to EviCore.**

> **EviCore will review the additional documentation and reach a determination.**

The hold letter will inform the provider about what clinical information is needed as well as the **date by which it is needed.**

Requested information must be received within the timeframe as specified in the hold letter, or EviCore will render a determination based on the original submission.

Determination notifications will be sent.

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

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

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 status will be available on EviCore.com

There are three ways to supply the requested information:

1. Fax to **800-540-2406**

2. Upload directly into the case via the provider portal at EviCore.com

3. Request a Pre-Decision Clinical Consultation This consultation can be requested via the EviCore website (see slide 48 for instructions), and must occur prior to the due date referenced

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Prior Authorization Outcomes, Special Considerations & Post-Decision Options

Prior Authorization Determination Outcomes

Determination Outcomes

+ Approved Requests: Authorizations are valid for 60 days from the date of the final determination. OBUS requests are good for 270 calendars days.
+ Partially Approved Requests: In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved, as well as post-decision options for denied codes, including denied Site of Care (if applicable)
+ Denied Requests: If a request is determined as inappropriate based on evidence-based guidelines, a notification with the rationale for the decision and post-decision/ appeal rights will be issued.

Notifications

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

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Special Circumstances

Retrospective Authorization Requests

Must be submitted within 3 business days from the date of services

Any submitted beyond this timeframe will be administratively denied

Reviewed for **clinical urgency** and medical necessity

Processed within 30 calendar days

When authorized, the start date will be the submitted date of service

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Special Circumstances

Urgent Prior Authorization Requests

EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member

Can be initiated on provider portal or by phone

Urgent cases are typically reviewed within 24 to 72 hours

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Special Circumstances

Authorization Update

📱 If updates are needed on an existing authorization, providers can contact EviCore by phone

⚠️ If the authorization is not updated and a different facility location or CPT code is submitted on the claim, it may result in a claim denial

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Commercial & Medicaid 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 **866-706-2108** 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 **EviCore.com** to see available options.

Reconsiderations

+ Reconsiderations must be requested within 14 calendar days after the determination date.

+ Reconsiderations can be requested [in writing or verbally via a Clinical Consultation with an EviCore physician].

Appeals

+ EviCore **will not** process first-level appeals.

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Medicare Members

My case has been denied. What's next?

+ 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.

Reconsiderations

+ Medicare cases **do not** include a reconsideration option

Appeals

+ EviCore **will not** process first-level appeals.

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EviCore Provider Portal
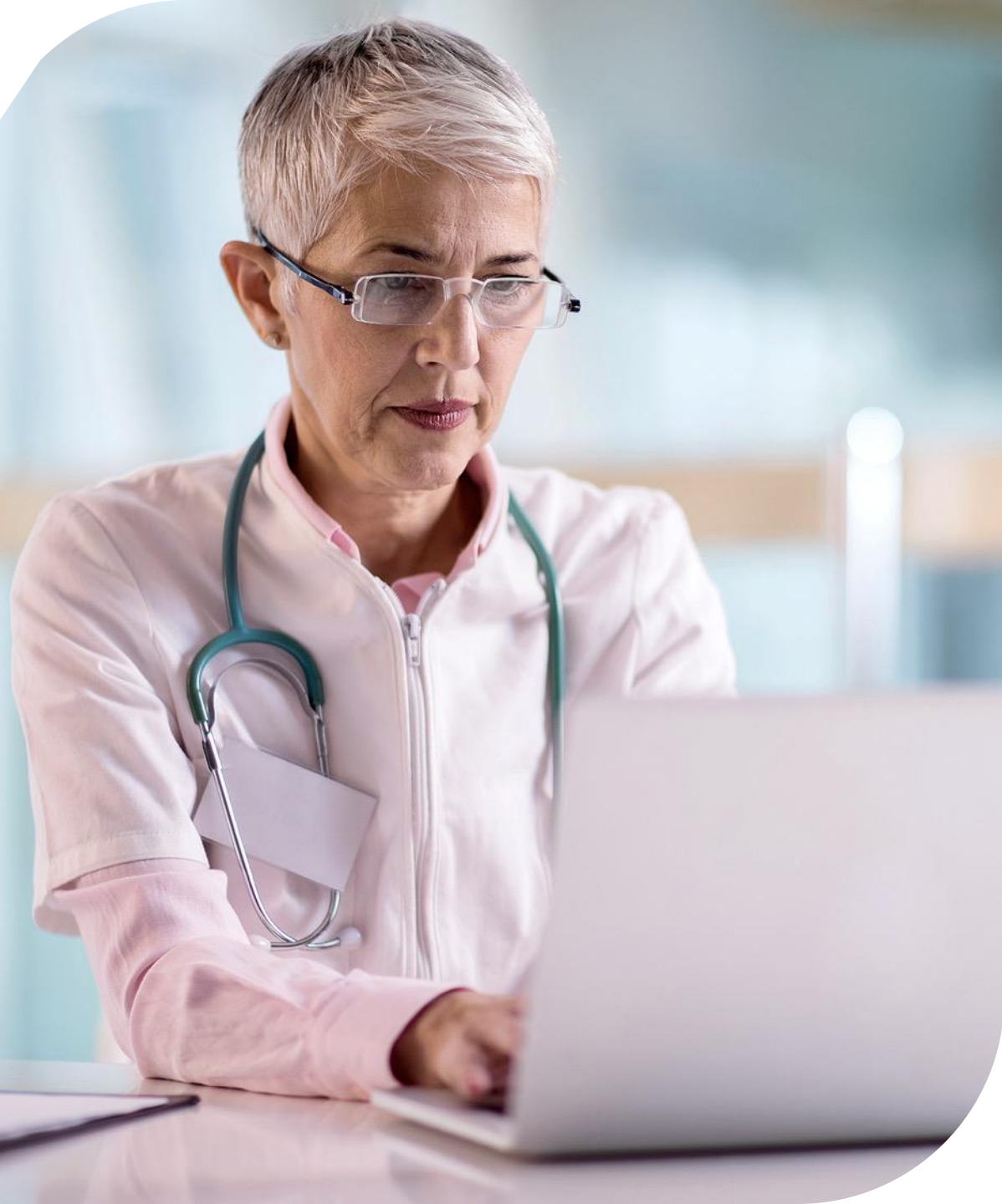
Features

Eligibility Lookup

+ Confirm if patient requires clinical review

Clinical Certification

+ Request a clinical review for prior authorization on the portal

Prior Authorization Status Lookup

+ View and print any correspondence associated with the case

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

+ Review post-decision options, submit appeal, and schedule a peer-to-peer

Certification Summary

+ Track recently submitted cases

Access and Compatibility

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

Access resources on the EviCore Provider Portal

Visit **evicore.com/provider**

Already a user?

Log in with User ID & Password

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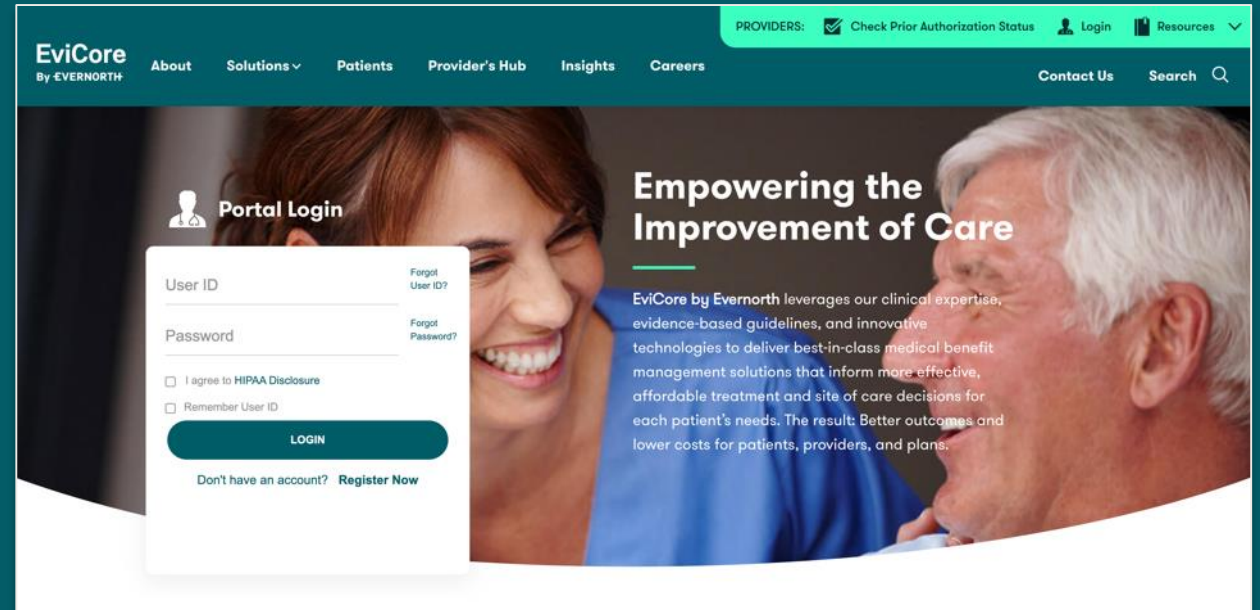
EviCore's website is compatible with all web browsers. If you experience issues, you may need to disable pop-up blockers to access the site.

Creating an 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.

Setting Up Multi-Factor Authentication (MFA)

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

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.

Set up Two Factor Authentication

◉ Email ○ SMS

Register Email Address

meh****@evicore.com

Send PIN

Please enter PIN sent to your Email Address

768342

Submit

Skip

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Add Providers

+ **You can add providers and their NPI's 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

+ 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

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Provider Portal Demo

Radiology

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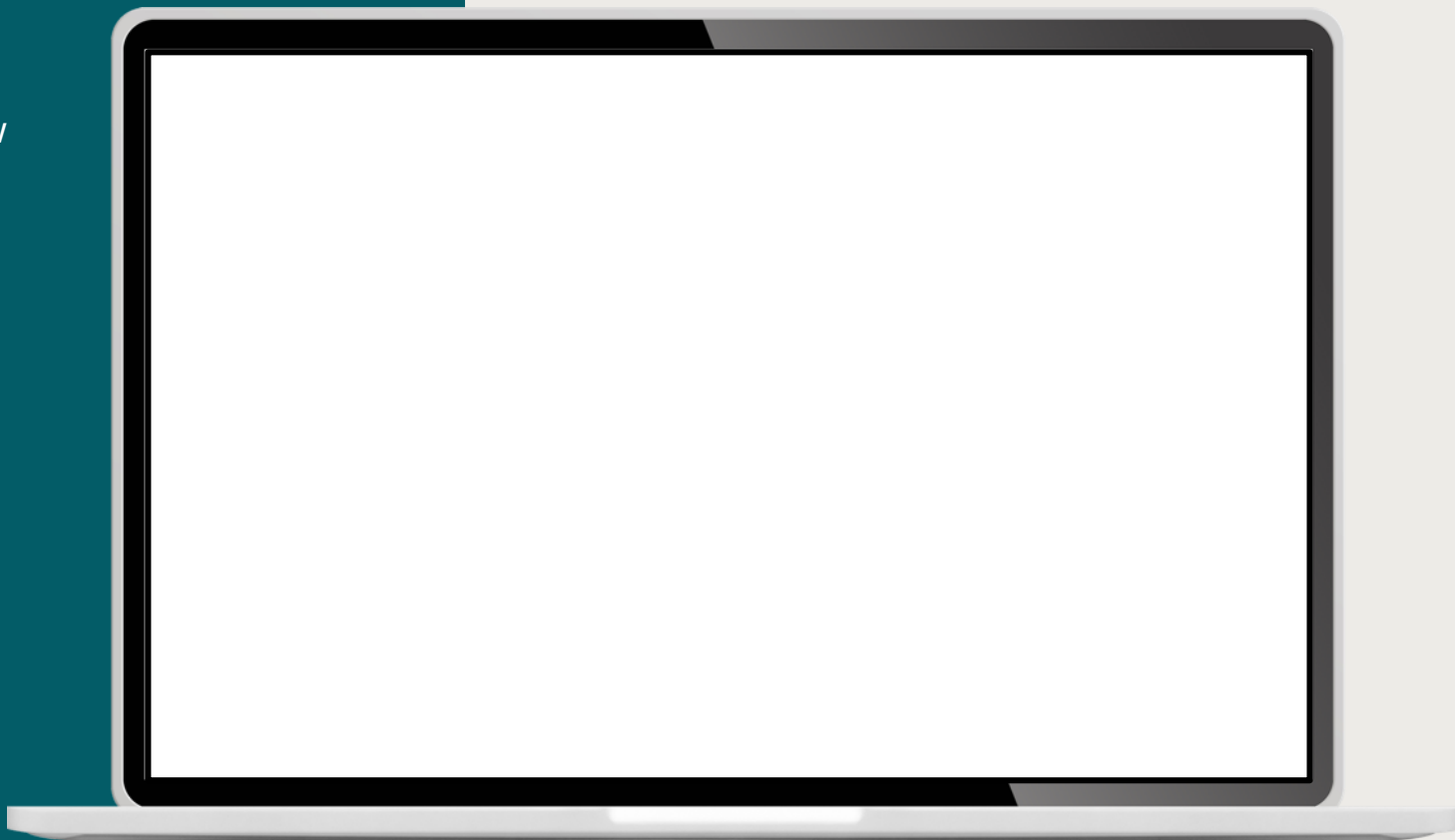
Radiology

Provider Resources

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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**
+ Phone: **(800) 646-0418** (option 4).

Web-Based Services and Portal Support

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

Provider Engagement

+ Regional team that works directly with the provider community.
+ **Kellie Thompson**
+ Email: **kellie.thompson@evicore.com**
+ Phone: **800-918-8924 x27658**.

Call Center

Call **866-706-2108**, representatives are available from 7 a.m. to 7 p.m. local time.

Contact EviCore's Dedicated Teams

Provider Resource Website

EviCore's Client and Provider Services team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis.

This page will include:

+ Frequently asked questions

+ Quick reference guides

+ Provider training

+ CPT code list

+ To access these helpful resources, visit **Provider Resources**

+ Contact our Client and Provider Services team via email at **ClientServices@evicore.com** or by phone at **1-800-646-0418 (option 4)**

Contact our Client and Provider Services team via email at

+ ClientServices@evicore.com

+ 1-800-646-0418 (option 4)

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Quick Reference Tool

Where can I locate plan-specific contact information?

1. Open the **Resources** menu in the top right of the browser
2. Select **Find Contact Information**
3. Use **Select a Health Plan** and **Select a Solution** to populate the contact phone and fax numbers
   + This will also advise which portal to use for case requests

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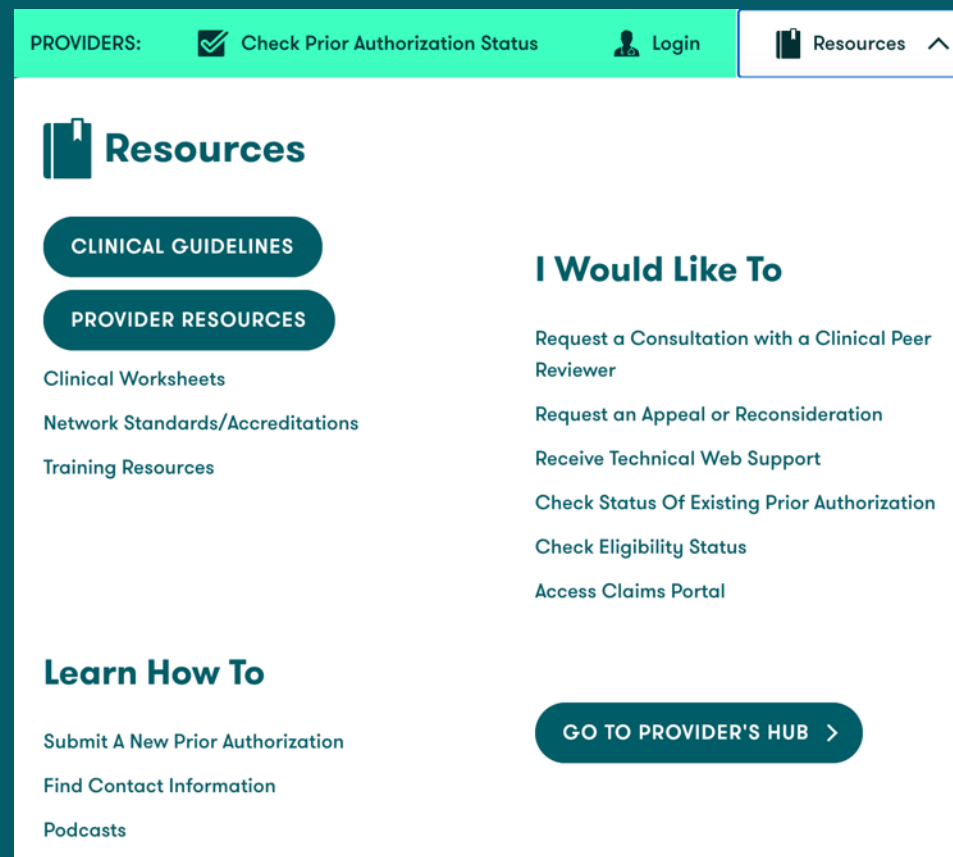
EviCore Provider's Hub

Providers and staff can access important tools and resources at EviCore.com

1. Open the **Resources** menu in the top right of the browser
2. Select **GO TO PROVIDERS HUB** to access clinical guidelines, schedule consultations (P2P), and more

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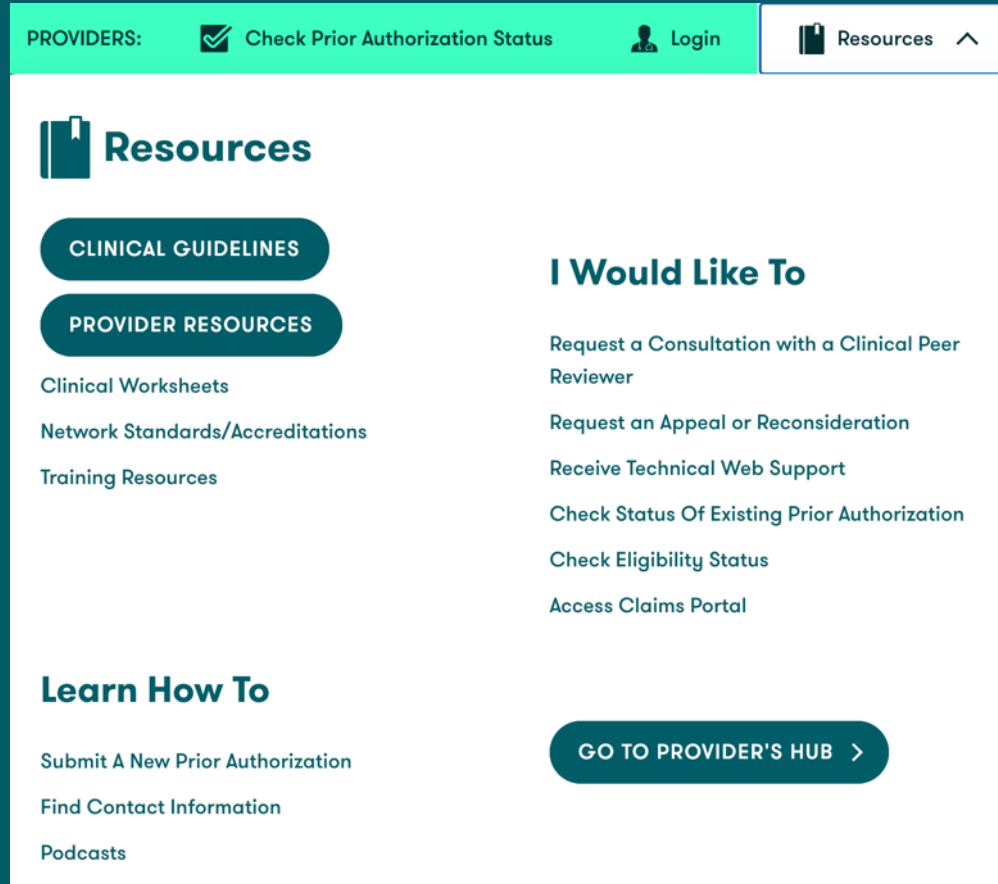
Clinical Guidelines

How do I access EviCore's clinical guidelines?

1. Open the **Resources** menu in the top right of the browser

2. Select **Clinical Guidelines**

3. Select the solution/program associated with the requested guidelines

4. Search by health plan name to view clinical guidelines

5. If you would like to view all guidelines, type in "EviCore healthcare" as your health plan
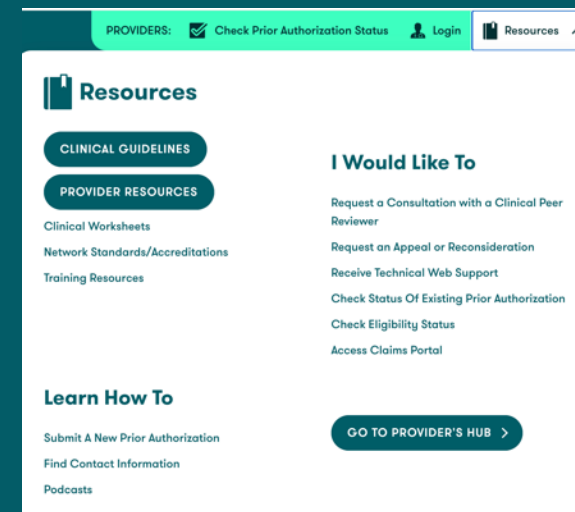
Provider Resource Review Forum

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

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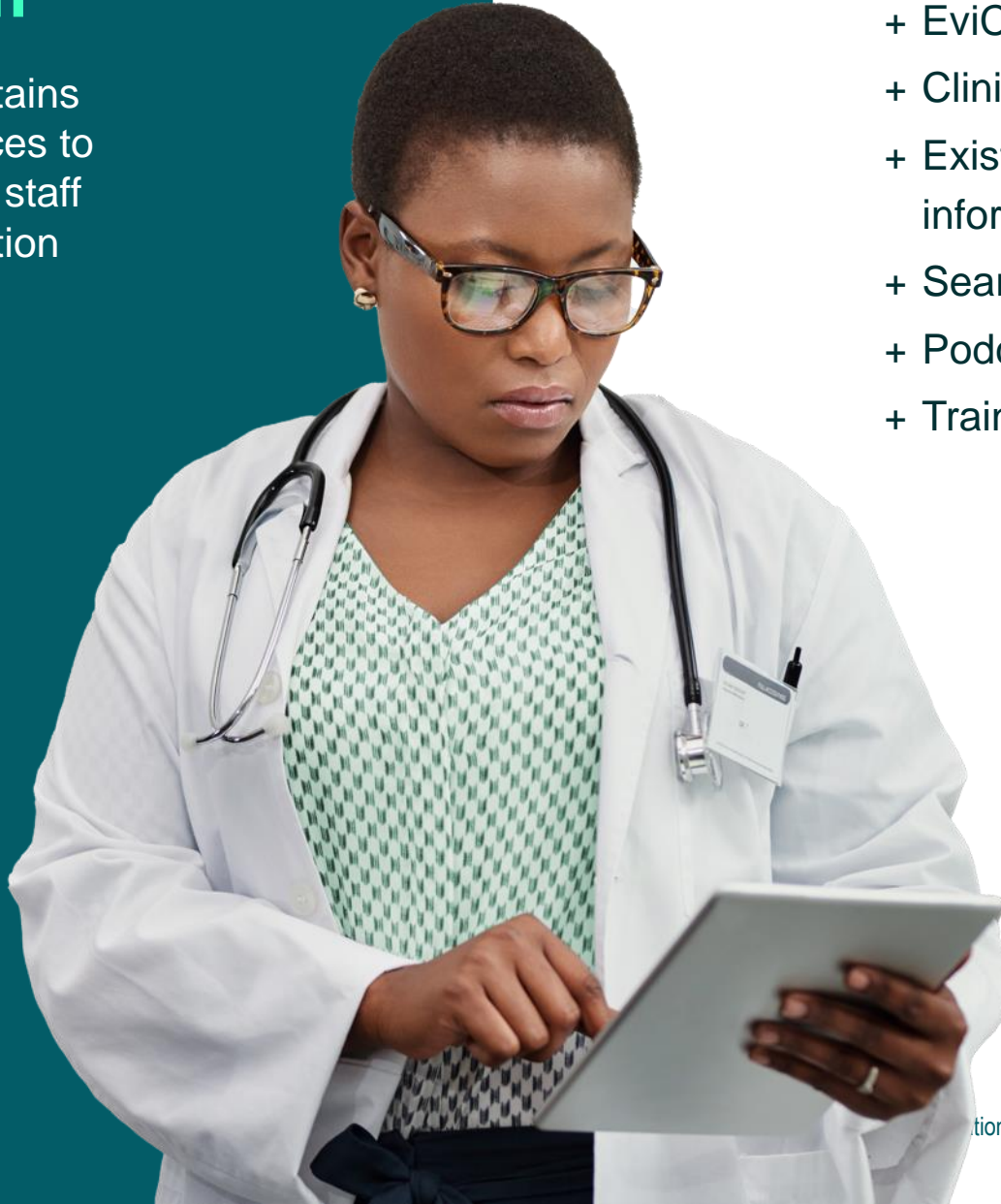
Learn how to access:

+ EviCore's evidence-based clinical guidelines

+ Clinical worksheets

+ Existing prior authorization request status information

+ Search for contact information

+ Podcasts & insights

+ Training resources

Register for a Provider Resource Review Forum:

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

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Contacts and Helpful Links

Web-Based Services
portal.support@evicore.com
800-646-0418, option 2

Client Provider Operations
clientservices@evicore.com

Provider Engagement:
Kellie Thompson,
Regional Provider Engagement Manager
Kellie.thompson@evicore.com
800-918-8924, x27658

Worksheets
evicore.com/provider/online-forms

Clinical Guidelines
evicore.com/provider/clinical-guidelines

Request a Clinical Consultation
evicore.com

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EviCore's Provider Newsletter

Stay up-to-date with our free provider newsletter

To subscribe:

+ Visit EviCore.com

+ Scroll down to the section titled Stay Updated With Our Provider Newsletter

+ Enter a valid email address

Thank You

Appendix

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Portal Case Submission

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Initiating a Case

+ Click **Clinical Certification** to begin a new request

+ Select the **Program** for your certification

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress

Request an Authorization

To begin, please select a program below:

○ Durable Medical Equipment(DME)
○ Gastroenterology
○ Lab Management Program
○ Medical Drug Management
○ Medical Oncology Pathways
○ Musculoskeletal Management
○ Pharmacy Drugs (Express Scripts Coverage)
○ Radiation Therapy Management Program (RTMP)
○ Radiology and Cardiology
○ Sleep Management

CONTINUE

Click here for help

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Search for and Select Provider

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

Select Health Plan

+ Choose the appropriate **Health Plan** for the request

+ Another drop down will appear to select the appropriate address for the **provider**

+ Select **CONTINUE**

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

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK **CONTINUE**

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Enter Contact Information

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

+ Provider name, fax and phone will pre-populate, edit as necessary

The "Receive notification of case status changes" box is checked by default. Make sure you enter a valid email address to assure you receive notices of case updates. If you prefer fax notices, uncheck the box and make sure to include a valid fax number.

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Enter Member Information

+ 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

Enter Requested Procedure and Diagnosis

+ Select appropriate **CPT** and **Diagnosis codes**

+ **Note:** OB ultrasound requests entered as 'OBUS'

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Verify Service Selection

+ Verify requested service & diagnosis

+ Edit any information if needed by selecting **Change Procedure** or **Primary Diagnosis**

+ Click **CONTINUE** to confirm your selection

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

Confirm your service selection.

Procedure Date:	TBD
CPT Code:	73721
Description:	MRI LOWER EXTREMITY JOINT W/O
Primary Diagnosis Code:	R68.89
Primary Diagnosis:	Other general symptoms and signs
Secondary Diagnosis Code:	
Secondary Diagnosis:	

Change Procedure or Primary Diagnosis
Change Secondary Diagnosis

BACK   CONTINUE

Click here for help

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Site Selection

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

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

Clinical Certification

+ Verify that all information is entered and correct

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

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

Proceed to Clinical Information

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

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

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

BACK   CONTINUE

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Standard or Urgent Request?

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

+ If your request is **urgent,** select **No**

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

+ Upload up to **FIVE documents** *(.doc, .docx, or .pdf format)*

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

EviCore intelliPath®

Automating and streamlining the end-to-end prior authorization process

⚙ **Touchless workflow**
Reduces provider administrative burden

☑ **Real-time decisions**
Expedites evidence-based patient care

🖥 **EMR-focused workflow**
Supports connectivity to provider's EMR

Automated submission of necessary patient information for streamlined prior authorization request.

Real-time, touchless case approvals when applicable

Easy submission of additional clinical information required for approval.

EviCore intelliPath®

EMR

Case Status 🔴 🔵

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Proceed to Clinical Information

+ **Clinical Certification** questions may populate based on the information provided

+ You can save your request and '**Finish later**' if needed. Please make sure to complete the case by the end of the day to avoid the case expiring.

+ Select **Certification Requests in Progress** to resume a saved request (this function is **not** available for single sign on (SSO) users)

Example Questions

Proceed to Clinical Information

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

◯ Yes ◯ No

SUBMIT

Attention!

Is this a request for a bilateral procedure of a previously requested authorization?

YES **NO**

◉ Which anatomy will be examined with the requested study?
◯ Hip ◯ Knee ◯ Ankle

SUBMIT

☐ Finish Later

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

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Request for Clinical 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'

Criteria Met

If your request is authorized during the initial submission, you can **PRINT the summary of the request** for your records.

Peer-to-Peer (P2P) Scheduling Tool

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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

1. Log-in to your account at EviCore.com

2. Perform **Clinical Review Lookup** to determine the status of your request

3. Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a Peer-to-Peer consultation

4. Note carefully any messaging that displays*

Authorization Lookup

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

P2P AVAILABILITY

P2P AVAILABILITY   Request Peer to Peer Consultation

Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.
P2P Eligibility Result:	
P2P Status:	

ALL POST DECISION OPTIONS

*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.

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Schedule a P2P Request
(con't.)

1. Upon first login, you will be asked to confirm your default time zone

2. You will be presented with the Case Number and Member Date of Birth

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

4. To proceed, select **Lookup Cases**

5. You will receive a confirmation screen with member and case information, including the Level of Review for the case in question

6. Click **Continue** to proceed

Schedule a P2P Request
(con't.)

1. You will be prompted with a list of EviCore Physicians / Reviewers and appointment options

2. Select any of the listed appointment times to continue

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

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

![EviCore By EVERNORTH]

Schedule a P2P Request
(con't.)

1. 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
2. Click **Submit** to schedule the appointment
3. You will be presented with a summary page containing the details of your scheduled appointment
4. Confirm contact details

Cancel or Reschedule a P2P Appointment

To cancel or reschedule an appointment:

1. Access the scheduling software and select **My P2P Requests** on the left-pane navigation

2. Select the request you would like to modify from the list of available appointments

3. When the request appears, click on the schedule link. An appointment window will open

4. 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

5. Close the browser once finished