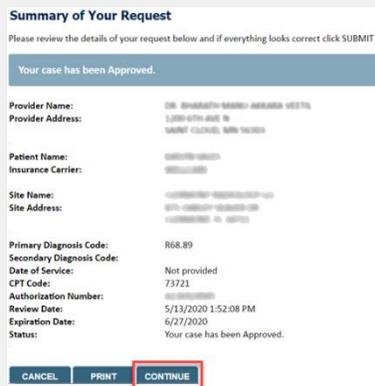


## Prior Authorization Process Efficiencies with EviCore

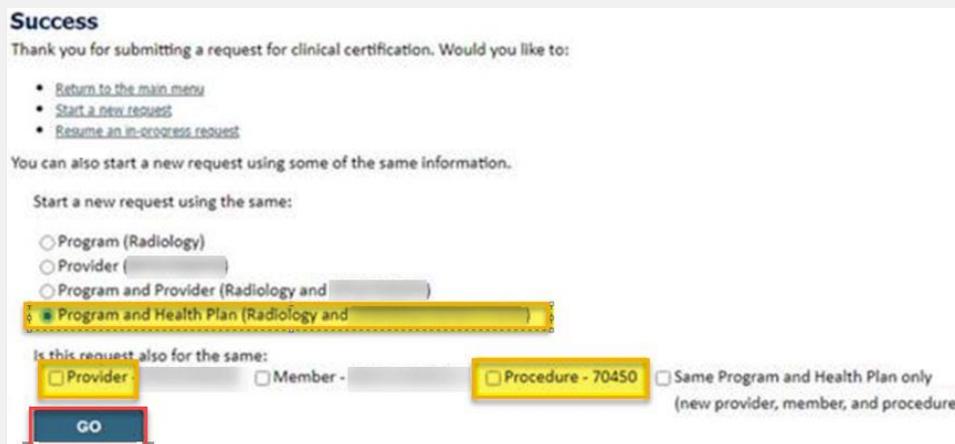
EviCore’s submission tool for prior authorizations includes features to create process efficiencies for provider offices. The following document highlights two of these features.

### Case Duplication Options

1. After submitting initial case, user will see a **Summary of your Request** screen. Click **CONTINUE** (bottom of page).



2. To create a new request using some of the same information, **select corresponding duplication options** (Program and Health Plan, Provider, Procedure) and click **GO** (bottom of page).
  - Circle buttons= allow 1 selection
  - Square buttons= multi-selection
  - See highlighted selections in example for when a member has two Wellmark coverages.



3. The data in the fields selected will auto-populate in the new auth request, and the provider will need to complete the remaining information in the new case before submitting.

**NOTE:** For a dual coverage situation, be sure to submit the same CPT codes, Dx codes, clinical information, etc. The only difference should be the member ID.

## Requesting a Bilateral Procedure

1. In the **Proceed to Clinical Information** section, select the **acknowledgement box** to attest the clinical information is accurate and specific to the member, and click **CONFIRM AND CONTINUE**.



**Proceed to Clinical Information**  
 You are about to enter the clinical information collection phase of the authorization process.  
 Once you have clicked "CONFIRM AND 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 online request, be sure to complete the clinical review before exiting the system. Even if you will be submitting additional information at a later time, please continue through the final summary page. Failure to formally submit your full request will cause the record to expire with no additional correspondence from eviCore.

acknowledge that the clinical information I am about to submit for this authorization request is accurate and specific to this member, and that all information will be provided for this request.

[BACK](#) [CONFIRM AND CONTINUE](#)

2. Click **YES** or **NO** to identify if the case is Routine/Standard priority.



**Proceed to Clinical Information**  
 Is this case Routine/Standard?

[YES](#) [NO](#)

3. Screen will populate **clinical certification questions** based on the previous information provided. The portal recognizes codes that user may want to request a **bilateral procedure for the same anatomy**. Select **Yes** for this question and click **Submit**. This auth request will now be for both sides of the same anatomy.



**Proceed to Clinical Information**  
 Will this procedure, 73706 (CT ANGIOGRAPHY LOWER EXTREMITY), be performed bilaterally (Left and Right) for the same anatomy?

Yes  No

[Submit](#)

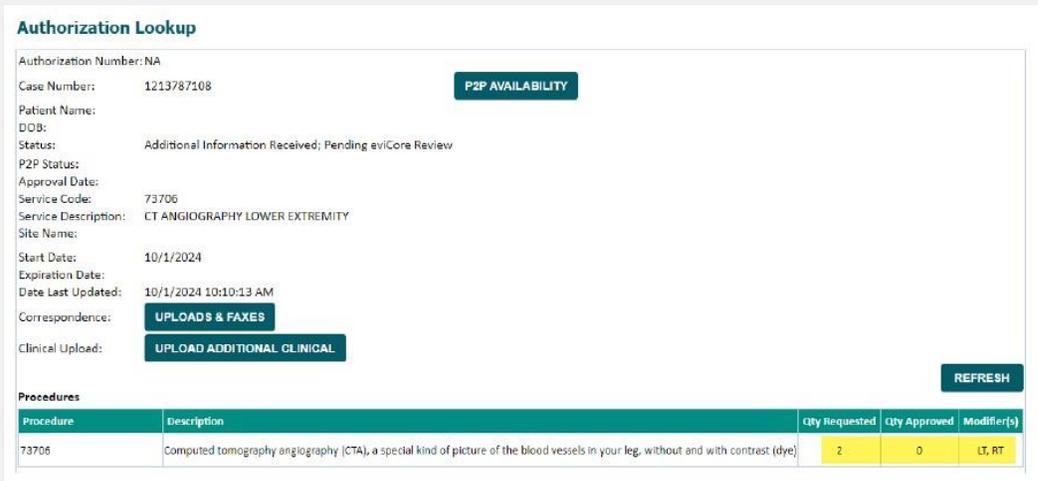
4. **NOTE:** User will have additional questions to answer in clinical information section and may have to upload clinical documentation.
5. After submitting initial case, user will see the **Summary of your Request** screen and the case # will be provided.



**Summary of Your Request**  
 Please review the details of your request below and if everything looks correct click CONTINUE

Your case has been sent to Medical Review.  
 The prior authorization you submitted, Case A219843680, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

6. Using the case #, user can review the authorization request using the **Authorization Lookup** tool to confirm the request was updated to be a bilateral procedure.



**Authorization Lookup**

Authorization Number: NA

Case Number: 1213787108 [P2P AVAILABILITY](#)

Patient Name:  
 DOB:  
 Status: Additional Information Received; Pending eviCore Review

P2P Status:  
 Approval Date:  
 Service Code: 73706  
 Service Description: CT ANGIOGRAPHY LOWER EXTREMITY  
 Site Name:

Start Date: 10/1/2024  
 Expiration Date:  
 Date Last Updated: 10/1/2024 10:10:13 AM

Correspondence: [UPLOADS & FAXES](#)

Clinical Upload: [UPLOAD ADDITIONAL CLINICAL](#)

[REFRESH](#)

Procedures	Description	Qty Requested	Qty Approved	Modifier(s)
73706	Computed tomography angiography (CTA), a special kind of picture of the blood vessels in your leg, without and with contrast (dye)	2	0	LT, RT