

Radiology

Health Alliance Plan of Michigan

Agenda



Solutions Overview

Radiology Advanced Imaging

Submitting Requests

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

EviCore Provider Portal

Overview, Features & Benefits

Provider Resources

Questions & Next Steps

Appendix

Solution Overview

Health Alliance Plan of Michigan Prior Authorization Services

Applicable Membership

- Commercial
- Medicaid
- Medicare

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



It is the responsibility of the ordering provider to request prior authorization approval for services.

Advanced Imaging

Services within Scope:

- CT
- MRI
- PET, PET/CT
- 3D Imaging

To find a list of CPT codes that require prior authorization through EviCore, please visit: <https://www.EviCore.com/resources/healthplan/hap>



Submitting Requests

How to Request Prior Authorization

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

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

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

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By EVERNORTH

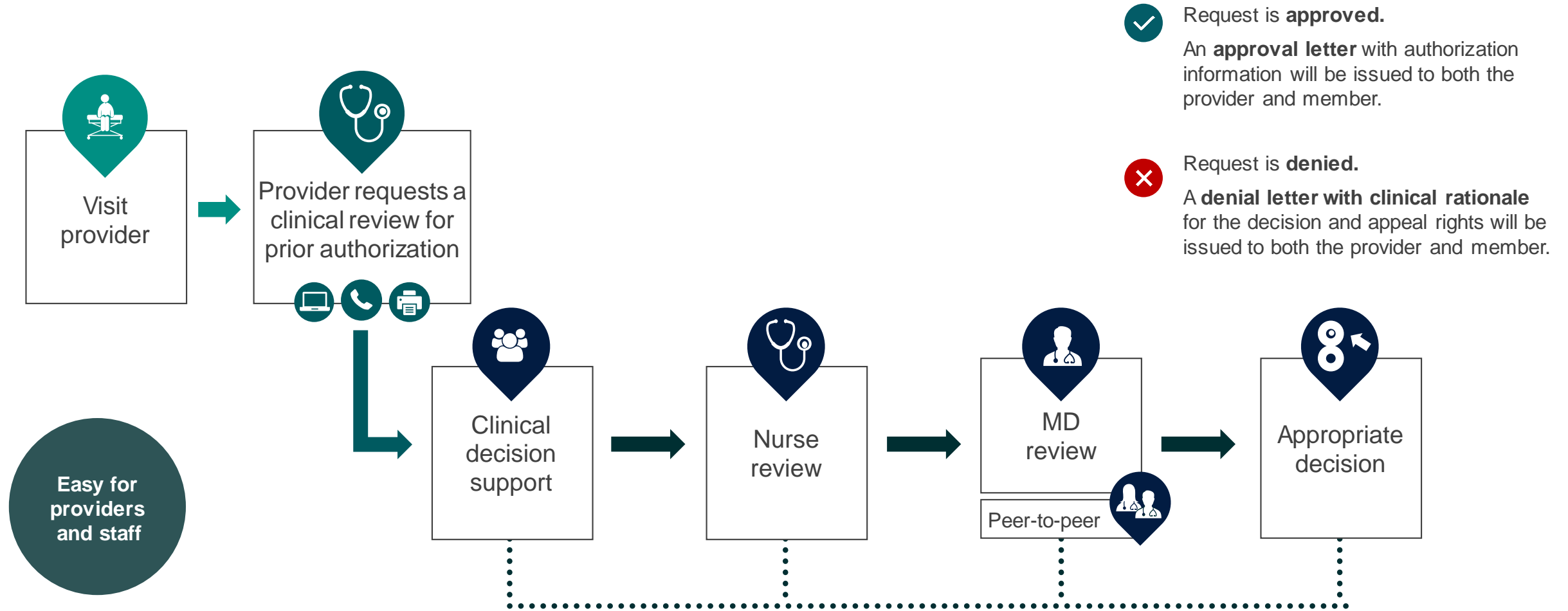


Phone: 888-564-5487

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

Fax: 800-540-2406

Utilization Management | Prior Authorization



Necessary Information for Prior Authorization

To obtain prior authorization on the very first submission, the provider submitting the request will need to gather information within four categories:

Member

- Health Plan ID
- Member name
- Date of birth (DOB)



Referring (Ordering) Provider

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

Rendering Facility

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

Supporting Clinical

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

Insufficient Clinical | Additional Documentation Needed

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

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

The provider must submit the additional information to EviCore.

EviCore will review the additional documentation and reach a determination.

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

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

Determination notifications will be sent.

Pre-Decision Options | Medicare Members

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.

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](https://www.EviCore.com).
3. **Request a Pre-Decision Clinical Consultation.**
This consultation can be requested via the EviCore website, and must occur prior to the due date referenced in the notification.

PLEASE 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 to the provider and member, and status will be available on [EviCore.com](https://www.EviCore.com).



Prior Authorization Outcomes, Special Considerations & Post-Decision Options

Prior Authorization Outcomes

Determination Outcomes:

- **Approved Requests:** Authorizations are valid for up to **180 calendar days** from the date of approval.
- **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:** Based on evidence-based guidelines, if a request is determined as inappropriate, 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 provider.
- Web initiated cases will receive e-notifications when a user opts to receive.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the EviCore portal:
www.EviCore.com



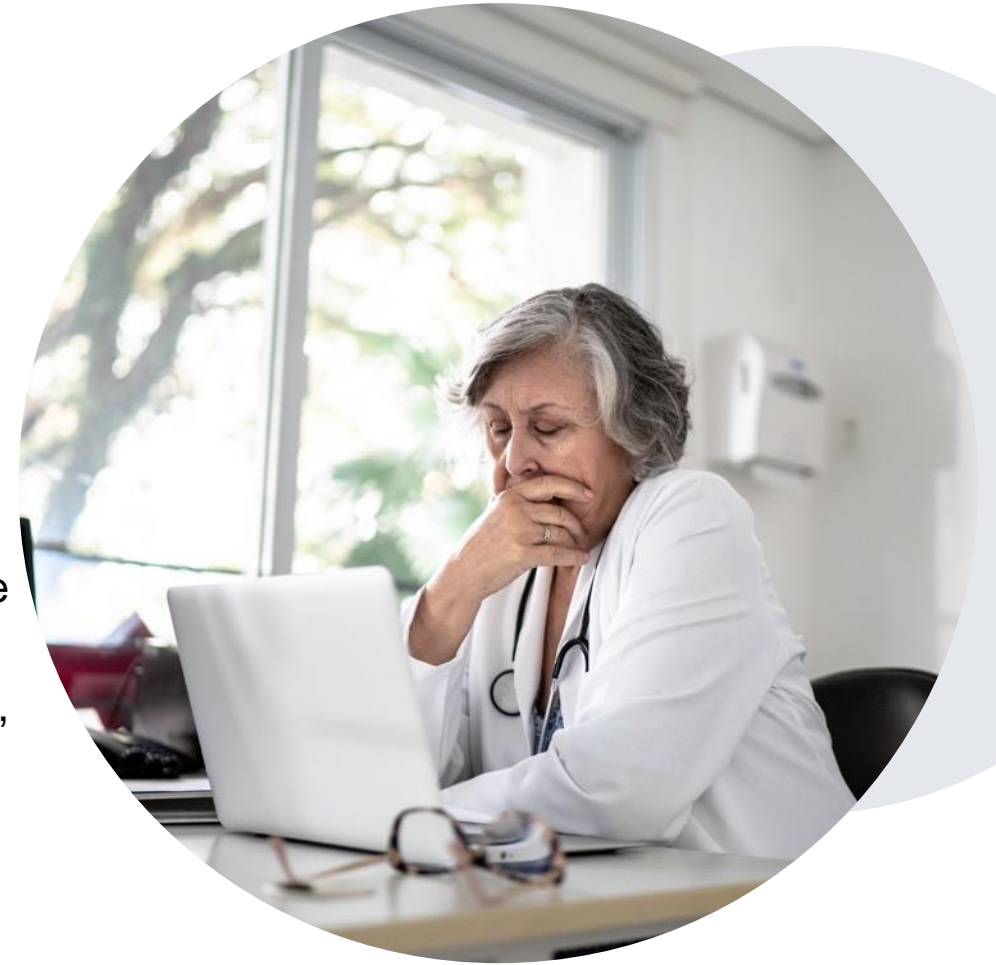
Special Circumstances

Alternative Recommendations

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

Authorization Update

- If updates are needed on an existing authorization, you can contact EviCore by phone at **888-564-5487**.
- While EviCore needs to know if changes are made to the approved request, any change could result in the need for a separate clinical review and require a new request (and the original approved request would need to be withdrawn).
- If the authorization is not updated, it may result in a claim denial.



Post-Decision Options | Commercial Members

My case has been denied. What's next?

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

You may also call EviCore at **888-564-5487** 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](https://www.evicore.com) to see available options.



Reconsiderations

- Reconsiderations must be requested within **15 business days** of the determination date.
- Reconsiderations can be requested with an EviCore physician.

Appeals

- EviCore will process first-level appeals for providers only.
- Appeal requests can be submitted in writing or verbally within **45 calendar days** of the initial determination.
- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider.

Post-Decision Options | Medicare Members

My case has been denied. What's next?

Clinical Consultation

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

Reconsideration

- Medicare cases **do not** include a reconsideration option.

Appeals

- EviCore **will not** process first-level appeals for Medicare members.



Special Circumstances

Retrospective (Retro) Authorization Requests

- Must be submitted within **365 calendar days** from the date of services.
- Retro requests submitted beyond this timeframe will be administratively denied.
- Reviewed for clinical urgency and medical necessity.
- Retro requests are processed within **14 calendar days**.
- 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 24 to 72 hours.



EviCore Provider Portal

EviCore Provider Portal | Access and Compatibility

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

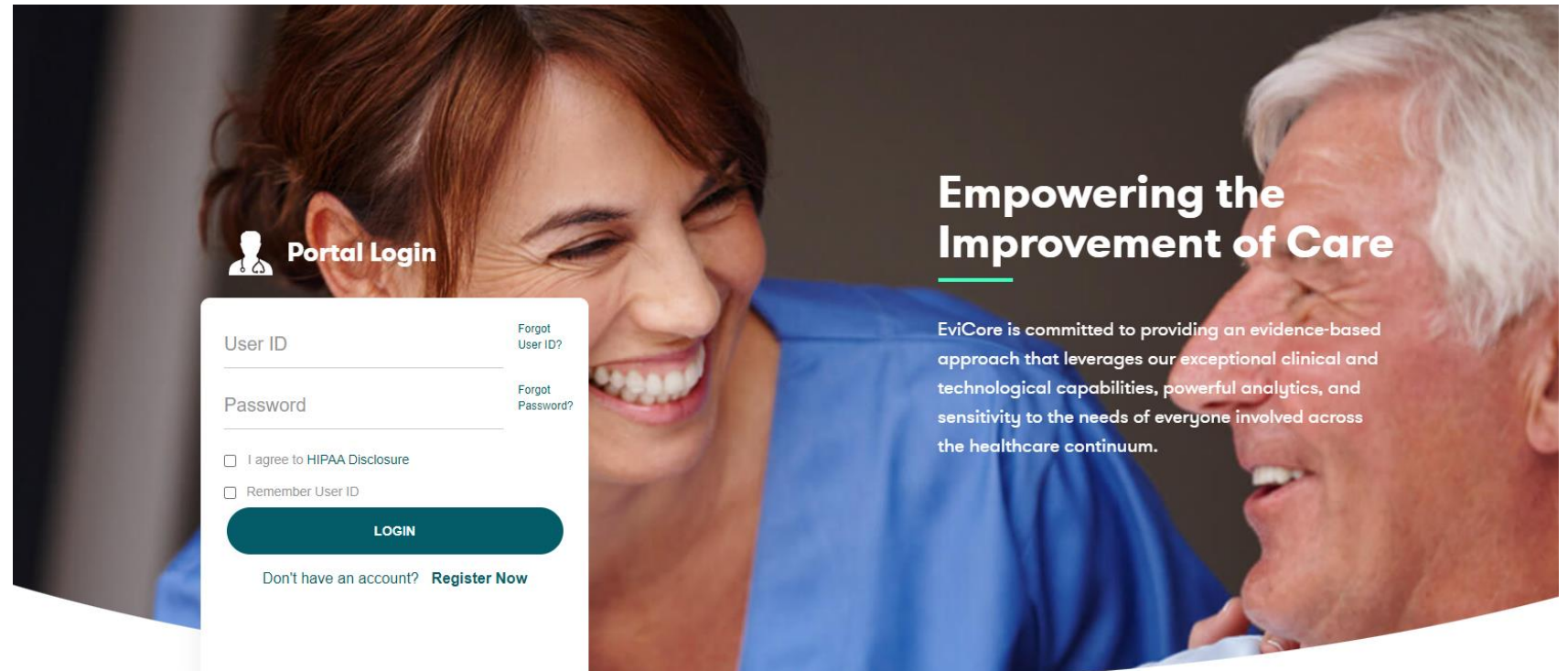
To access resources on the EviCore Provider Portal, visit EviCore.com/provider

Already a user?

Log in with User ID & Password.

Don't have an account?

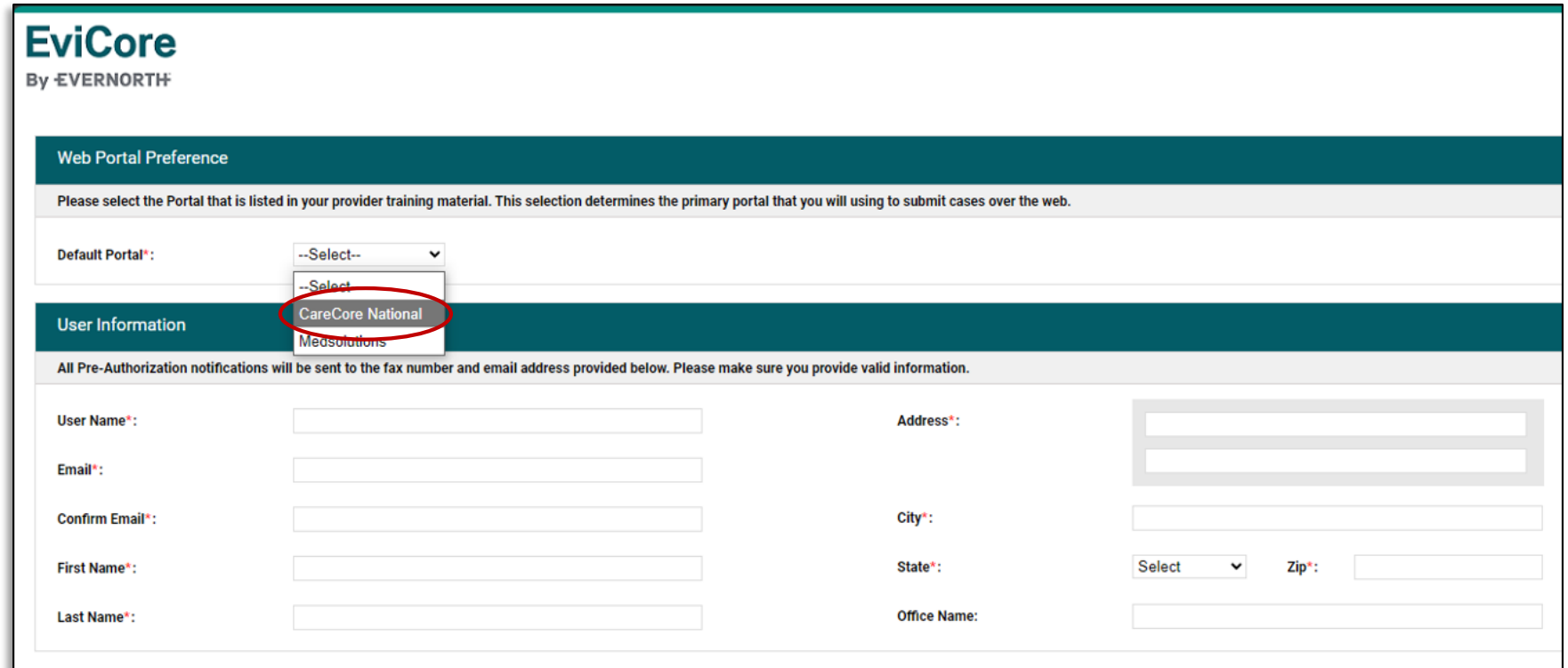
Click **Register Now**.



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 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.



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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*: --Select--

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*:

Email*:

Confirm Email*:

First Name*:

Last Name*:

Address*:

City*:

State*: Select

Zip*:

Office Name:

Setting Up Multi-Factor Authentication (MFA)

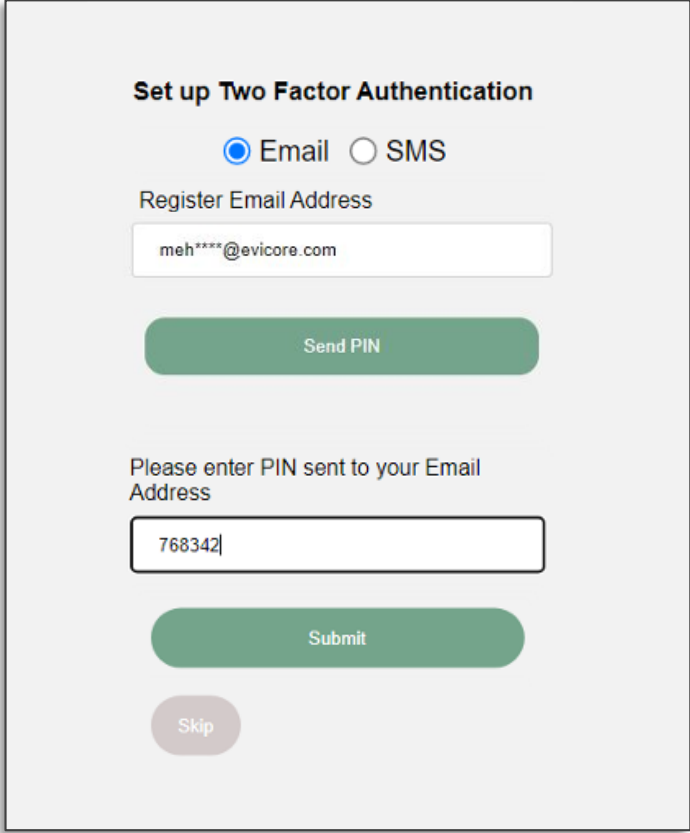
To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

After you log in, you will be prompted to register your device for MFA.

Choose which authentication method you prefer: Email or SMS.
Then, enter your email address or mobile phone number.

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

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

A screenshot of a web form titled "Set up Two Factor Authentication". The form has two radio buttons: "Email" (selected) and "SMS". Below the radio buttons is a label "Register Email Address" and a text input field containing "meh****@evicore.com". A green "Send PIN" button is below the input field. Further down is a label "Please enter PIN sent to your Email Address" and a text input field containing "768342". A green "Submit" button is below the second input field. At the bottom is a grey "Skip" button.

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

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:
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

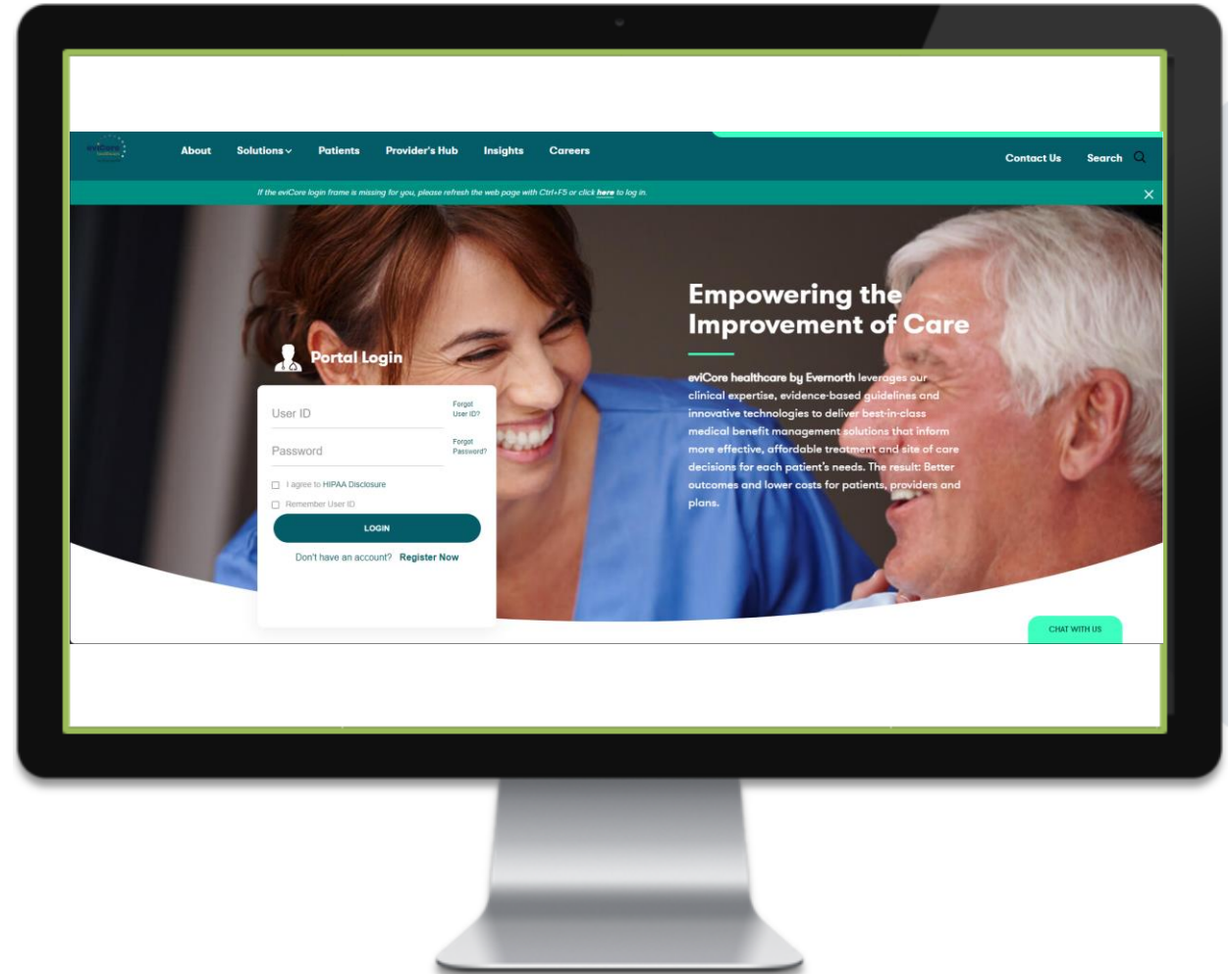
Practitioner Zip

FIND MATCHES **CANCEL**

Provider Portal Demo | Radiology

The EviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status.

Click [HERE](#) to
view
a video demo
(2 min)



EviCore Portal Features

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

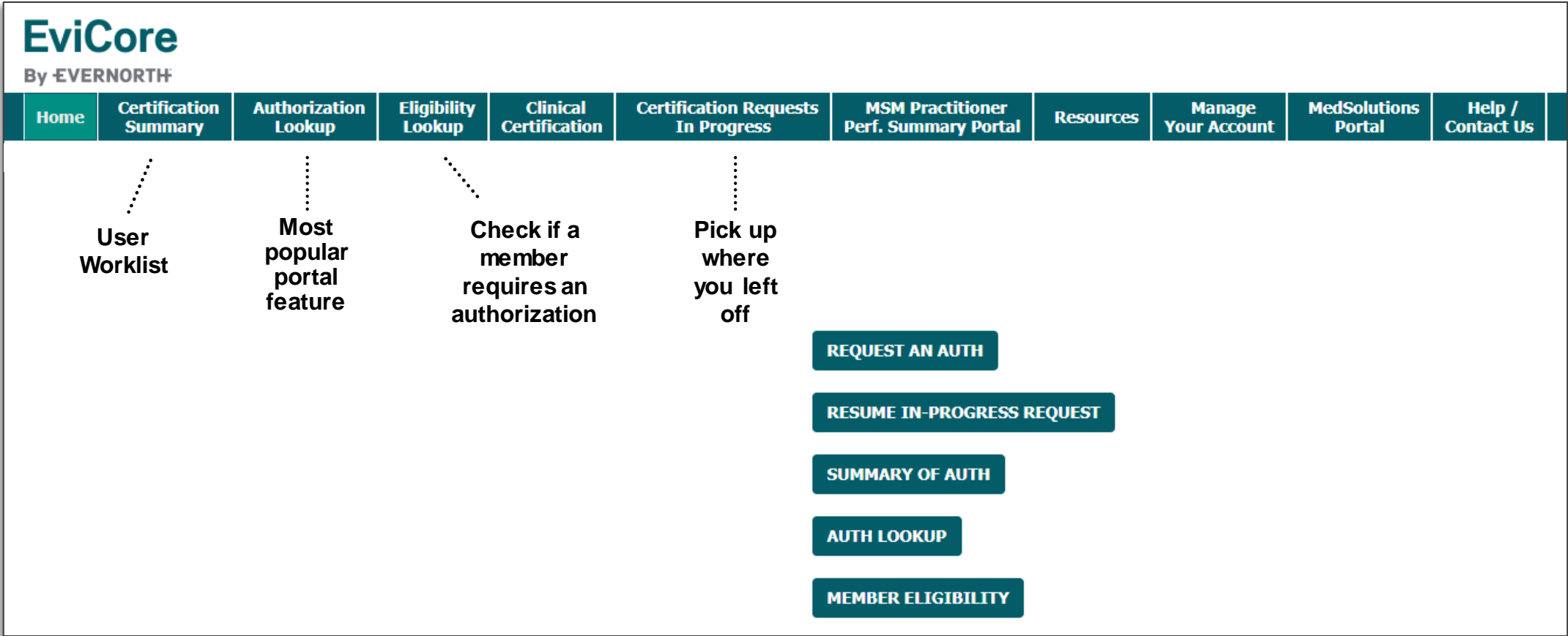
- View and print any correspondence associated with the case.
- Search by member information OR by case number with ordering national provider identifier (NPI).
- Review post-decision options, submit appeal, and schedule a peer-to-peer.

Certification Summary

- Track recently submitted cases.



Provider Portal | Feature Access



Certification Summary | User Worklist

[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](#)

Certification Summary

Search For:

All Other Programs

Search..

Page 1 of 1

10

	Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description
1	NA					Expired / Cancelled	05/01/2024		

Page 1 of 1

10

- The **Certification Summary** tab allows you to track recently submitted cases.
- The worklist can also be filtered.

Authorization Lookup

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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Authorization Lookup

Search by Member Information Search by Authorization Number/NPI OnePA: Prior Authorization Portal for Providers Search by Claim Number/Health plan

Required Fields

Healthplan:

PRINT

[Click here for help](#)

- 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-Peer calls.
- View and print any correspondence.

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Provider Resources

Contact EviCore's Dedicated Teams

Client and Provider Services

For eligibility issues (member or provider not found in system) or transactional authorization related issues requiring research.

- Email: ClientServices@EviCore.com
- Phone: **800-646-0418** (option 4).

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.

[Provider Engagement Manager Territory List](#)



Call Center/Intake Center

Call **888-564-5487**. Representatives are available from 7 a.m. to 7 p.m. local time.

Ongoing Provider Portal Training

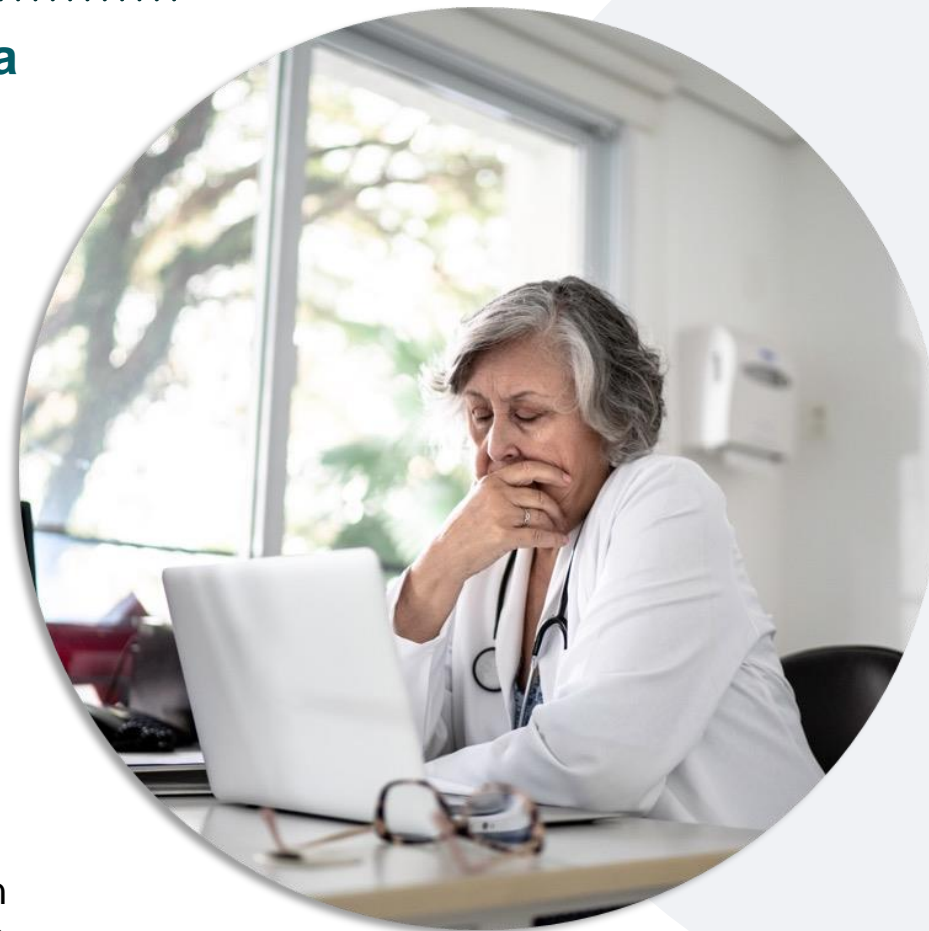
The EviCore Portal Team offers general portal training, twice a week, every week.

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

How to register:

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

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



Provider Resource Website

Provider Resource Pages

EviCore's Provider Engagement team maintains provider resource pages that contain educational material to assist providers and their staff on a daily basis. The provider resource pages include, but are not limited to, the following:

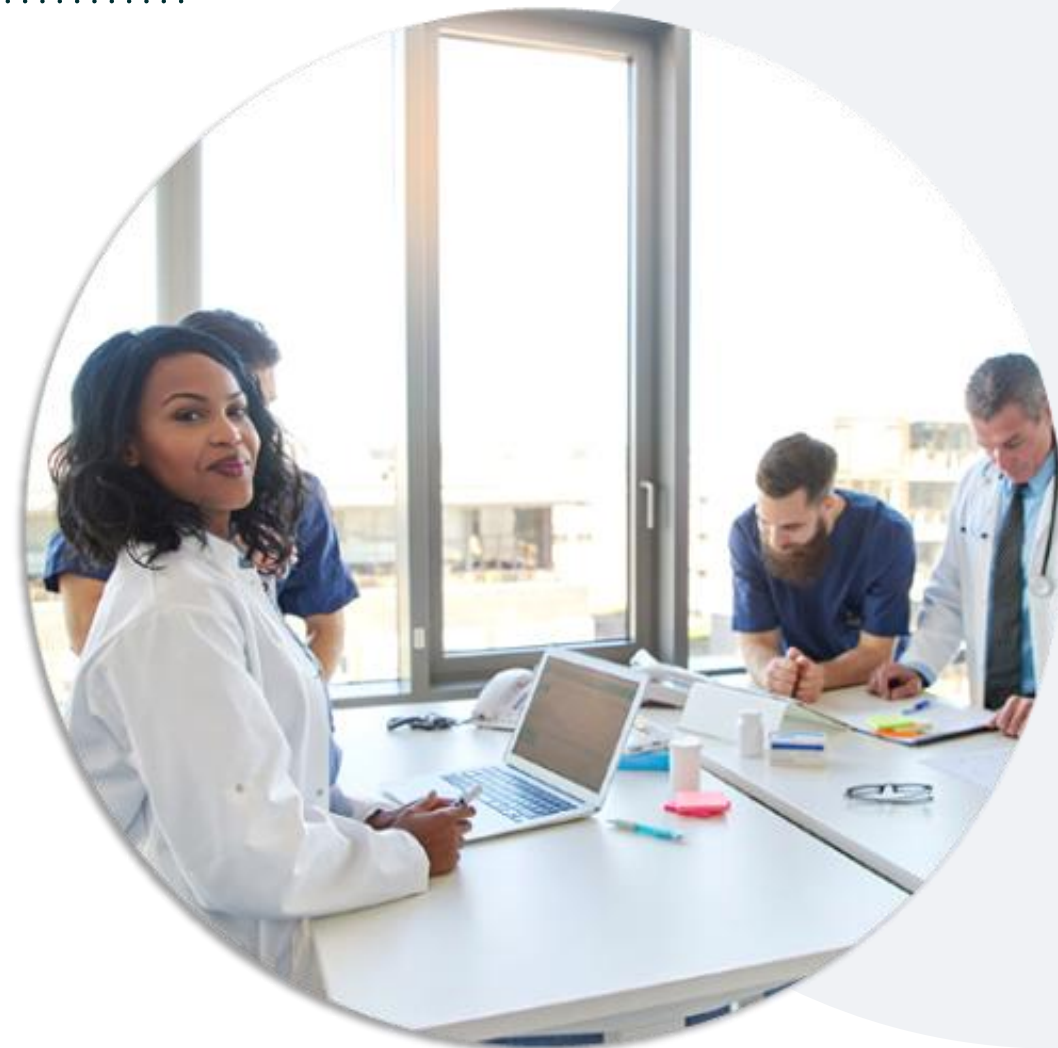
- Provider training material
- CPT code list
- Quick Reference Guide (QRG)
- Frequently Asked Questions (FAQ)

To access these helpful resources, please visit:

<https://www.evicore.com/resources/healthplan/hap>

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's Hub](#).



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 **Intro to EviCore Online Resources** session 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

To register, go to EviCore.com, then:

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



EviCore's Provider Newsletter

Stay up to date with our free provider newsletter!

To subscribe:

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



Thank You

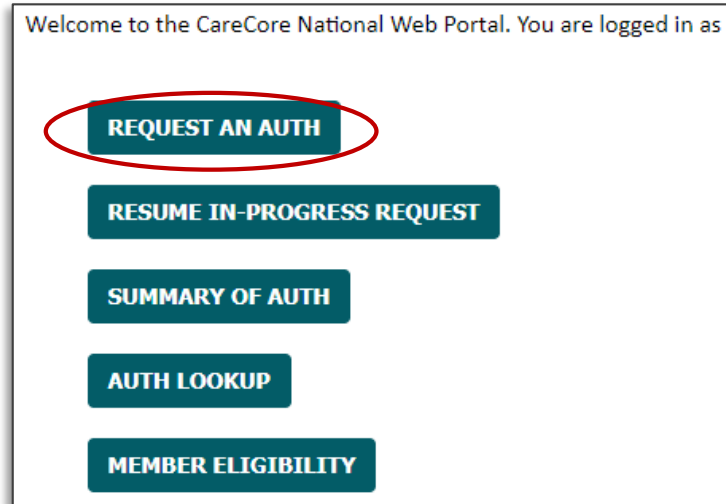
Appendix

Portal Case Submission

Initiating a Case

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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- To initiate a prior authorization request via the EviCore portal, select **Request an Auth** or **Clinical Certification**.



Select a Program

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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Request an Authorization

To begin, please select a program below:

- ☐ Durable Medical Equipment(DME)
- ☐ Evicore Medical Oncology Pathways
- ☐ Gastroenterology
- ☐ Lab Management Program
- ☐ Medical Specialty Drugs
- ☐ Musculoskeletal Management
- ☐ Pharmacy Drugs (Express Scripts Coverage)
- ☐ Radiation Therapy Management Program (RTMP)
- ☐ Radiology and Cardiology/Vascular Intervention
- ☐ Sleep Management

CONTINUE

[Click here for help](#)

- Select **Radiology and Cardiology** from the program list, then continue.

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Select Provider

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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Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
SELECT	

If the provider's NPI is not listed above, please use the search feature below to add a new provider and continue with case build.

Search By NPI:

SEARCH

BACK

CONTINUE

[Click here for help](#)

- Select the provider who is referring the patient for treatment.

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	MedSolutions Portal	Help / Contact Us
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Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK

CONTINUE

[Click here for help](#)

- Choose the appropriate **health plan** for the request.
- Another drop down will appear to select the appropriate address for the **provider**.
- Click **CONTINUE**.

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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	MedSolutions Portal	Help / Contact Us
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Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

☒ Receive notification of case status changes. Please enter email address in box above.

Please review the fax and phone numbers presented for accuracy. Change as necessary and click "Confirm Fax and Continue" to confirm they are correct. Changes apply only to this specific request. If you wish the change to be permanent, please contact the Health Plan.

BACK

CONFIRM FAX AND CONTINUE

[Click here for help](#)

- Enter/Edit the **provider's name** and appropriate information for the point of contact.
- Practitioner name, fax, and phone will pre-populate; edit as necessary.

The e-notification box is checked by default to enable email notices for any updates on case status changes. Make sure to uncheck this box if you prefer to receive faxed notices.

Clinical Certification Request | Procedure and Diagnosis Codes

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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Requested Service + Diagnosis

This procedure will be performed on 5/6/2024. [CHANGE](#)

Musculoskeletal Management Procedures

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

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

Additional Procedure codes will be collected/presented during the clinical questionnaire

Diagnosis

Select a Primary Diagnosis Code (Lookup by Code or Description)

LOOKUP

Trouble selecting diagnosis code? Please follow [these steps](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)

Secondary diagnosis is optional for Musculoskeletal Management

LOOKUP

BACK

[Click here for help](#)

- Enter the primary CPT code.
- Add diagnosis code(s).

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	MedSolutions Portal	Help / Contact Us
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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, TIN, **or** zip code).
- **Select** the specific site where the procedure will be performed.

Clinical Certification Request | Clinical Certification

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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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.

☐ I 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

- Verify that all information is entered and correct.
- Check the acknowledgement statement.
- Once you enter the clinical collection phase of the process, the answers to the clinical questions will not save unless the case is completed.
- **You will not have the opportunity to make changes after this point.**

Clinical Certification Request | Standard or Urgent Request?

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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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 standard/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.

Required Medical information checklist

Browse for file to upload (max size 25MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

UPLOAD

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

- 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; max 5MB size)
- Your case will only be considered urgent if there is a successful upload.

Improved Provider Experience | Real-Time Decision or Clinical Documentation Upload



You'll be asked to complete a short series of clinical questions which may result in an immediate approval. If an immediate approval does not occur, you'll be prompted to upload clinical information.

The screenshot shows the 'Clinical Certification' page in the EviCore healthcare portal. The page header includes navigation links: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, and Clinical Certification. The date and time are Tuesday, July 30, 2019 7:43 PM. The main heading is 'Clinical Certification' with a sub-heading 'Your case has been Approved.' Below this, a table displays case details:

Provider Name:	DR. JYH-HAUR LU	Contact:	WED
Provider Address:	3916 PRINCE ST FLUSHING, NY 11354	Phone Number:	(646) 409-4402
		Fax Number:	(718) 888-9025
Patient Name:	GARY TURCO	Patient ID:	W249262910
Insurance Carrier:	AETNA		
Site Name:	PARK PLACE MEDICAL IMAGING	Site ID:	73C73C
Site Address:	255 GREENWICH STREET NEW YORK, NY 10007		
Primary Diagnosis Code:	R51	Description:	Headache
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided		
CPT Code:	72148	Description:	MRI LUMBAR SPINE W/O CONTRAST
Authorization:	A123615501		
Review Date:	7/30/2019 7:39:39 PM		
Status:	Your case has been Approved.		

The screenshot shows the 'Clinical Upload' page in the EviCore healthcare portal. The page header includes navigation links: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, and Clinical Certification. The date and time are Tuesday, July 30, 2019 7:39 PM. The main heading is 'Clinical Upload' with a sub-heading 'Please upload any additional clinical information that justifies the medical necessity of this request.' Below this, a section titled 'Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF):' contains five 'Choose File' buttons. The first button is labeled 'SampleUpload_1.docx', and the others are labeled 'No file chosen'. At the bottom, there are 'UPLOAD' and 'SKIP UPLOAD' buttons, a checkbox labeled 'I have additional clinical documentation to attach or fax', and 'BACK' and 'SUBMIT' buttons.

Clinical Certification Request | Proceed to Clinical Information

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.

- **Clinical Certification** questions may populate based on the information provided.
- You can save your request and finish it later if needed.
Note: You will have until the end of the business day to complete the case.
- Select **Certification Requests in Progress** to resume a saved request (this function is **not** available for single-sign- on (SSO) users).

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
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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.

Required Medical information checklist

Browse for file to upload (max size 25MB, 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

EviCore

By EVERNORTH

Required Medical Information Check List

Radiology

☐ Rule out/diagnosis

☐ Symptoms

☐ Physical Exam findings

☐ Treatment such as medications, physical therapy, surgery; chemotherapy. Please include dates and duration of treatment.

☐ Re-evaluation post treatment for some indications

☐ Recent relevant imaging

☐ Recent relevant laboratory work

☐ Pertinent medical history and family history

☐ For imaging exam requests for cancer, indicate if the exam is requested for initial staging or restaging following treatment or surveillance. Please provide the type and stage of cancer, date of diagnosis, type of treatment and date of treatment completion.

If **additional information** is required, you will have the option to upload more clinical information. Review the list of *required medical information* EviCore requires in order for the prior authorization to meet medical necessity.

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 number and indicates “Your case has been sent to clinical review.”

Direct link to document: [Required Medical Information Check List.pdf \(evicore.com\)](#)

Clinical Certification Request | Criteria Met

Please review the details of your request below and if everything looks correct click SUBMIT

Your case has been Approved.

Provider Name:	DR. BHARATH MANU ARKARA VEETIL	Contact:	Info
Provider Address:	1200 6TH AVE N SAINT CLOUD, MN 56303	Phone Number:	(320) 754-1500
		Fax Number:	(320) 754-1500
Patient Name:	ANTHONY VALDES	Patient Id:	ANTHONY
Insurance Carrier:	WELLSFARGO		
Site Name:	CLINICAL RESEARCH CENTER LLC	Site ID:	0000000
Site Address:	875 LAMAR BLVD CORPUS CHRISTI, TX 78401		
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	
CPT Code:	73721	Description:	MRI LOWER EXTREMITY JOINT W/O
Authorization Number:	0000000000		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL

PRINT

CONTINUE

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

Online Peer-to-Peer Scheduling Tool

Schedule a P2P

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
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:

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.

Schedule a P2P

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

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**.

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 >](#)

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	2:00 pm EDT	4:15 pm EDT	3:15 pm EDT	-	-	-
3:45 pm EDT	2:15 pm EDT	4:30 pm EDT	3:30 pm EDT	-	-	-
4:00 pm EDT	2:30 pm EDT	4:45 pm EDT	3:45 pm EDT	-	-	-
4:15 pm EDT	2:45 pm EDT	5:00 pm EDT	4:00 pm EDT	-	-	-
Show more...	Show more...	Show more...	Show more...	-	-	-

Schedule a P2P

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.

The screenshot displays the 'Schedule' step of the P2P scheduling process. The interface includes a progress bar at the top with four steps: Case Info, Questions, Schedule (active), and Confirmation. The main form is divided into two columns. The left column contains 'P2P Info' (Date: Mon 5/18/20, Time: 6:30 pm EDT, Reviewing Provider) and 'Case Info' (1st Case details including Case #, Episode ID, Member Name, Member DOB, Member State, Health Plan, Member ID, Case Type: MSK Spine Surgery, and Level of Review: Reconsideration P2P). The right column contains 'P2P Contact Details' with fields for '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), 'Alternate Phone' ((xxx) xxx-xxxx), 'Requesting Provider Email' (droffice@internet.com), and 'Contact Instructions' (Select option 4, ask for Dr. Doe). Blue arrows point to the 'Name of Provider Requesting P2P', 'Phone Number for P2P', and 'Contact Instructions' fields. A 'Submit' button is at the bottom right. Below the form is a 'Scheduling' summary card showing the appointment is scheduled for Mon 5/18/20 - 6:30 pm EDT, with a 'SCHEDULED' status badge circled in red.

P2P Contact Details

1. Use the radio button option to select who will perform the P2P with the EviCore Medical Director.
2. Open fields will manually open to input the provider's first, last name, and their credential.

The screenshot shows a web form titled "P2P Contact Details" with a phone icon. It is divided into two main sections: "Appointment Details" and "Who will be performing the P2P consultation?".

Appointment Details:

- Date: Fri 5/24/2024
- Time: 7:00 am PDT
- Person: Tamara Fackler

Who will be performing the P2P consultation? Required

Three radio button options are listed:

- ☐ Requesting Provider
- ☐ Contact Person
- ☐ Someone else

PROVIDER

Name of Referring Physician on Case Required

Fields for Name and Credential:

- First Name: [Text Input]
- Last Name: [Text Input]
- Credential Required: [Dropdown Menu with "Select..." and a downward arrow]

CONTACT PERSON

Contact First Name Required

Field for Name:

- Contact First Name: [Text Input]

Contact Last Name Required

Field for Name:

- Contact Last Name: [Text Input]

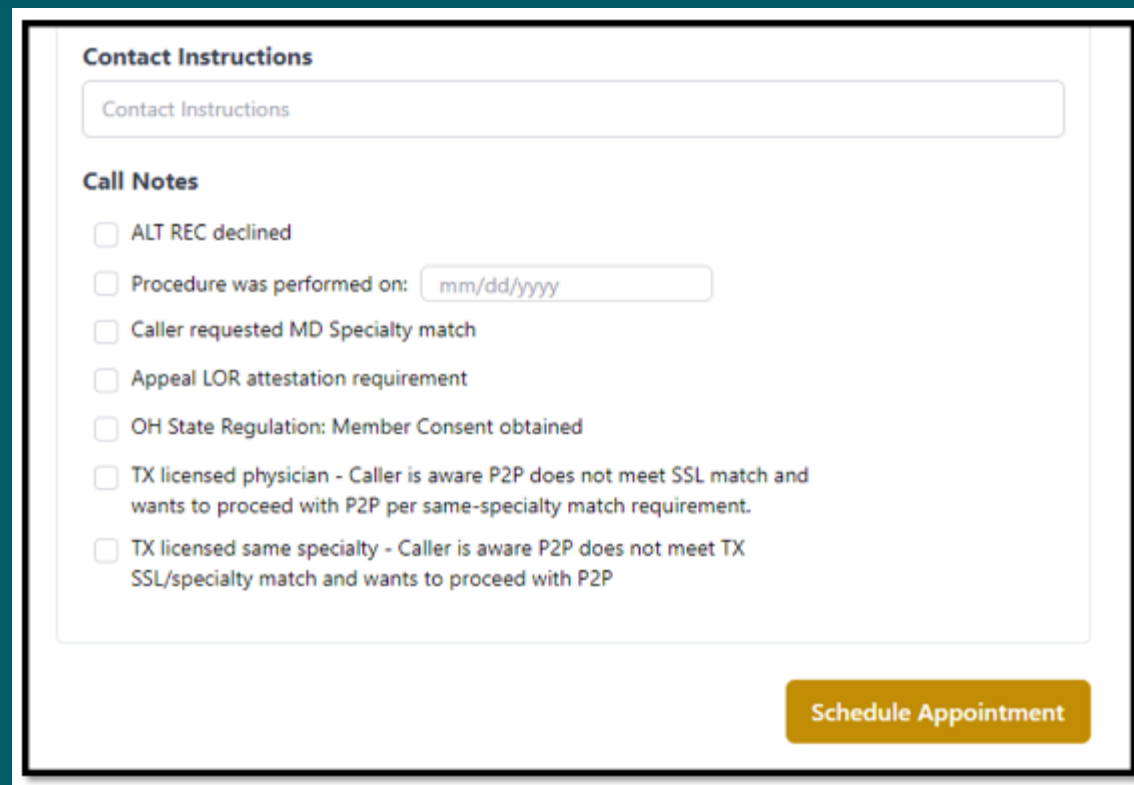
Contact Person Location Required

Field for Location:

- Select...: [Dropdown Menu with a downward arrow]

Call Notes

1. Use the radio button to select options if applicable.
2. If “Procedure was performed on” is selected, then the date is required.



The screenshot shows a web form titled "Call Notes" within a "Contact Instructions" section. At the top is a text input field labeled "Contact Instructions". Below it, the "Call Notes" section contains a list of checkboxes. The second checkbox, "Procedure was performed on:", is selected and is followed by a date input field showing "mm/dd/yyyy". Other checkboxes include "ALT REC declined", "Caller requested MD Specialty match", "Appeal LOR attestation requirement", "OH State Regulation: Member Consent obtained", "TX licensed physician - Caller is aware P2P does not meet SSL match and wants to proceed with P2P per same-specialty match requirement.", and "TX licensed same specialty - Caller is aware P2P does not meet TX SSL/specialty match and wants to proceed with P2P". A yellow "Schedule Appointment" button is located at the bottom right of the form.

Contact Instructions

Contact Instructions

Call Notes

☐ ALT REC declined

☒ Procedure was performed on: mm/dd/yyyy

☐ Caller requested MD Specialty match

☐ Appeal LOR attestation requirement

☐ OH State Regulation: Member Consent obtained

☐ TX licensed physician - Caller is aware P2P does not meet SSL match and wants to proceed with P2P per same-specialty match requirement.

☐ TX licensed same specialty - Caller is aware P2P does not meet TX SSL/specialty match and wants to proceed with P2P

Schedule Appointment

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.

The screenshot shows a window titled "Appointment" with a close button (X) in the top right corner. On the left, there is a blue circular icon with a person silhouette. The window is divided into two main sections: "Appointment Details:" and "P2P Contact Info:". The "Appointment Details:" section includes an information icon (i), the status "SCHEDULED" in blue, a calendar icon, the date "Mon 5/18/20", a clock icon, the time "6:30 pm EDT", and a person icon. The "P2P Contact Info:" section contains a table with the following data:

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 window, there is an "Actions" drop-down menu. A blue arrow points to this menu, and another blue arrow points to the "Cancel Appointment" option in the dropdown list. The "Reschedule Appointment" option is also visible in the list.