Radiology and Cardiology

Provider Orientation Session for CareFirst

Updated October 2025

EviCore
By EVERNORTH

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DISCLAIMER: RECORDED WEBINAR

THIS WEBINAR WILL BE RECORDED AND PUBLISHED ON CAREFIRST'S LEARNING AND ENGAGEMENT CENTER. BY REMAINING ON THE CALL, YOU CONSENT TO BEING RECORDED.

IF YOU DO NOT WISH TO BE RECORDED, PLEASE DROP THE CALL AND YOU MAY WATCH THE RECORDED SESSION AT A LATER DATE.

Important Information

A copy of this presentation will be emailed to all registrants after the webinar.

Please use the ***Looking for Support*** tool for all provider-related requests at **carefirst.com/providersupport**.

To get started, select the **Get Started** button and answer a few brief questions to be directed to support options specific to your needs. **Note:** Provider Relations voicemail and phone numbers will be discontinued by the end of 2025.

To keep the focus on the content being presented, you may enter your questions in the Q&A function within Zoom.

- Questions submitted are not publicly displayed until answered by CareFirst.
- You may see your question answered via the Q&A during the webinar.
- **All questions** will be responded to after the webinar via a follow-up email.
- Based on your questions, we may need to reach out to you directly to properly assist.

Agenda

Solutions Overview
Radiology and Cardiology

Submitting Requests

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

EviCore Provider Portal
Overview, Features & Benefits

Provider Resources

Questions & Next Steps

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

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Radiology and Cardiology Overview

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CareFirst Prior Authorization Services

EviCore will begin accepting prior authorization requests for Radiology and Cardiology services on July 15, 2024, for dates of service August 2, 2024, and after.

To allow time for authorization requests to be submitted and approved prior to rendering services, CareFirst is providing a grace period for claims submission for services that were already scheduled between July 22nd and August 1st. Claims submitted for services requiring authorization during this time will not be denied for no authorization. CareFirst will require approved authorizations to be on file for claims payment for dates of service beginning August 2nd and beyond.

Applicable Membership	Prior authorization applies to the following services	Prior authorization does NOT apply to services performed in
• Commercial-Fully Insured on the Facets source system *Access the 'How to Identify Commercial Fully Insured Members in CareFirst Direct' guide for assistance.*	• Outpatient • Elective/Non-emergent	• Emergency Rooms • Observation Services • Inpatient Stays

Providers should verify member eligibility and benefits by logging into the CareFirst Provider Portal (CareFirst Direct):
https://provider.carefirst.com

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Radiology Solution

Covered Services:

Advanced Imaging Services

- CT, CTA
- MRI, MRA
- PET, PET/CT

To find a **complete list** of radiology Current Procedural Terminology (CPT) codes that **require prior authorization through eviCore**, please visit:
https://www.evicore.com/resources/healthplan/carefirst

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Cardiology Solution

Covered Services:

Advanced Imaging and Diagnostic Services

- Nuclear Cardiology (SPECT & PET)
- Cardiac CT
- Cardiac MRI

To find a **complete list** of cardiology Current Procedural Terminology (CPT) codes that **require prior authorization through eviCore**, please visit:
https://www.evicore.com/resources/healthplan/carefirst

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Submitting Requests

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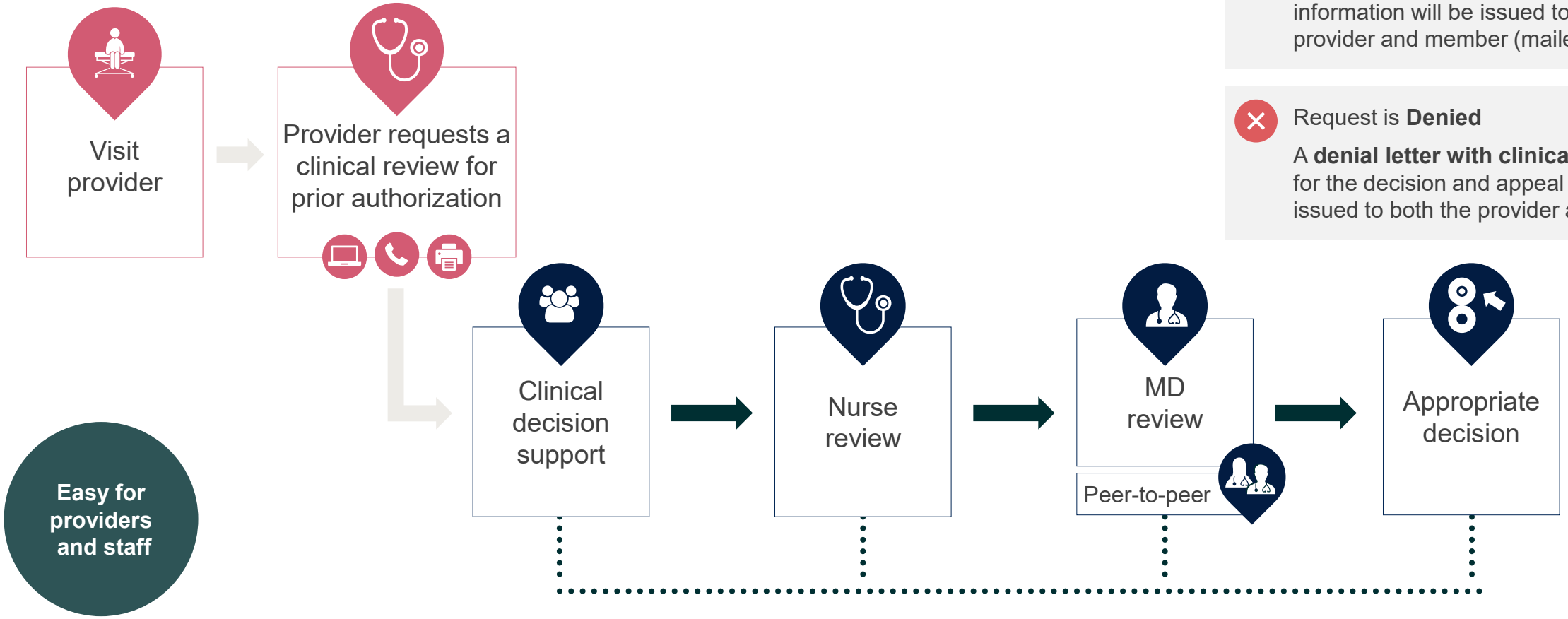
Utilization Management | Prior Authorization



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.

Easy for providers and staff

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Benefits to Using EviCore's Provider Portal

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

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

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

Or by **phone: 844-303-8450**

Monday – Friday
7 AM – 7 PM (EST)

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

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Necessary Information for Prior Authorization

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

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

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

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

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

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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.

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Prior Authorization Outcomes, Special Considerations & Post-Decision Options

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Prior Authorization Determination Outcomes

Determination Outcomes

- **Approved Requests:** Authorizations for MD and VA are valid for 90 calendar days from the date of the determination. Authorizations where the Jurisdiction state is DC those authorizations will be valid for 365 calendar days from the date of 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, 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

- A standard retro must be submitted within 2 business days from the date of services.
- An urgent retro must be submitted in 3 business days from the date of service.
- Any submitted beyond this timeframe will be expire.
- Reviewed for **clinical urgency** and medical necessity
- Processed within 30 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

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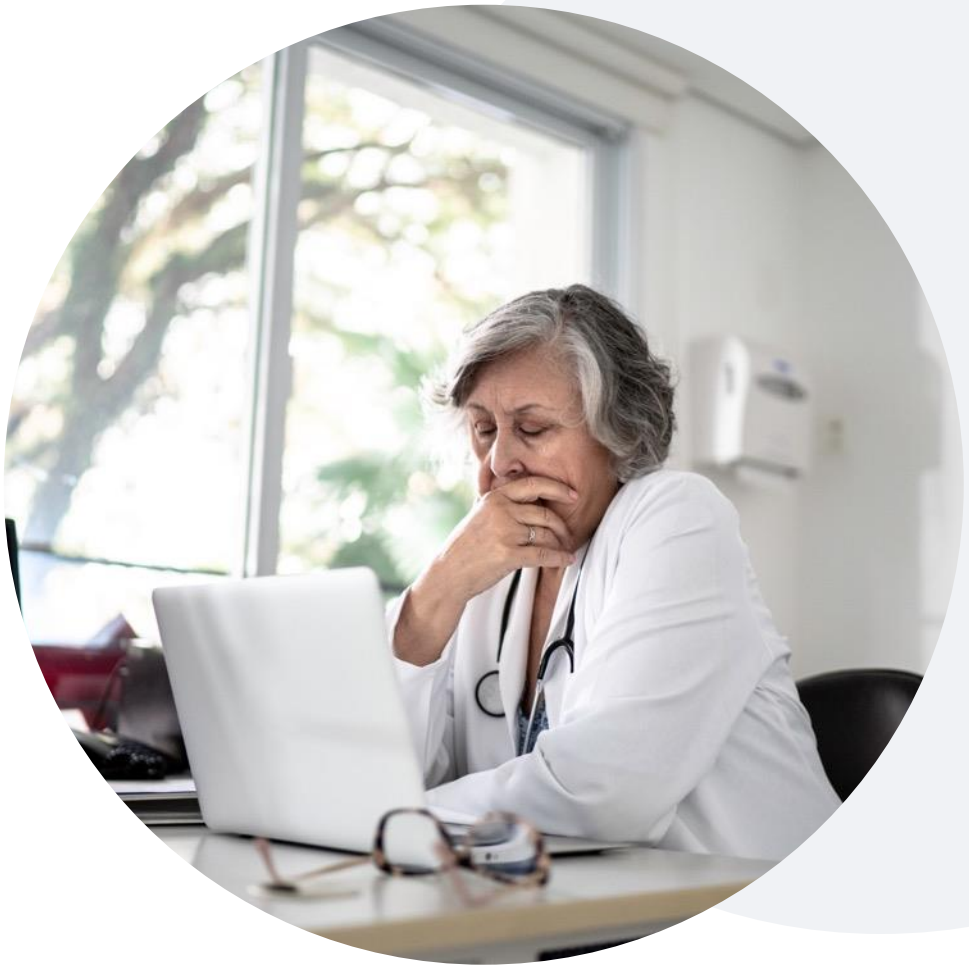
Special Circumstances (cont.)

Alternative Recommendation

- 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

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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Post-Decision Options
Fully-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 **844-303-8450** 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 process first-level appeals.
- Appeal requests can be submitted in writing or verbally via a Clinical Consultation with an EviCore physician.
- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider.

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EviCore Portal Case Submission

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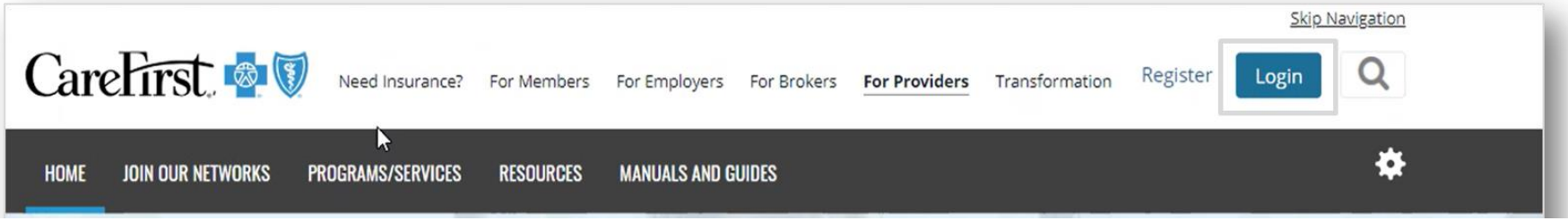
Single-Sign On (SSO) Experience

- Log into the CareFirst Provider Portal (CareFirst Direct) at https://provider.carefirst.com.
  - If you need to create an account, select 'Register' and follow the instructions.
    - For assistance with registration, utilize this guide, *Accessing and Registering for CareFirst Direct*



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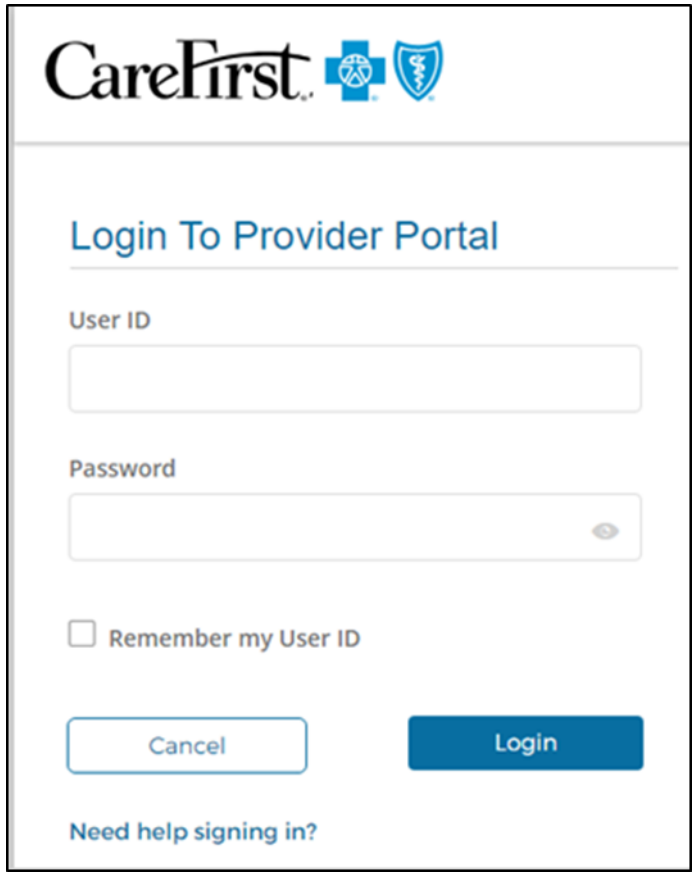
Log into the Provider Portal

- Enter your User ID and password. Next, select *Login*.



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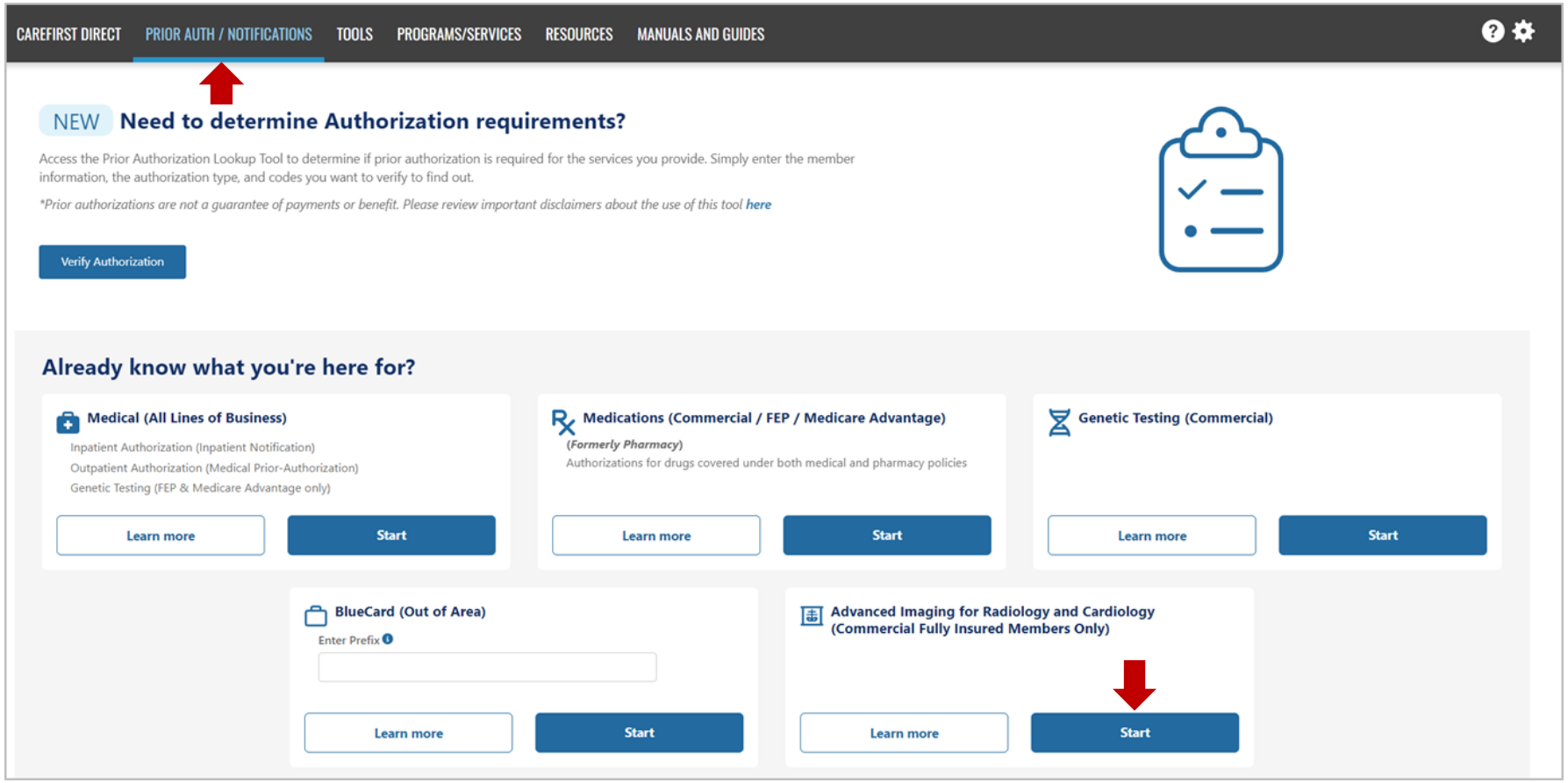
Access CareFirst's Provider Portal:

Select the ***Prior Auth/Notifications*** tab. Then select ***Start*** within the ***Advanced Imaging for Radiology and Cardiology*** box to be transferred to EviCore (CareCore National Portal).



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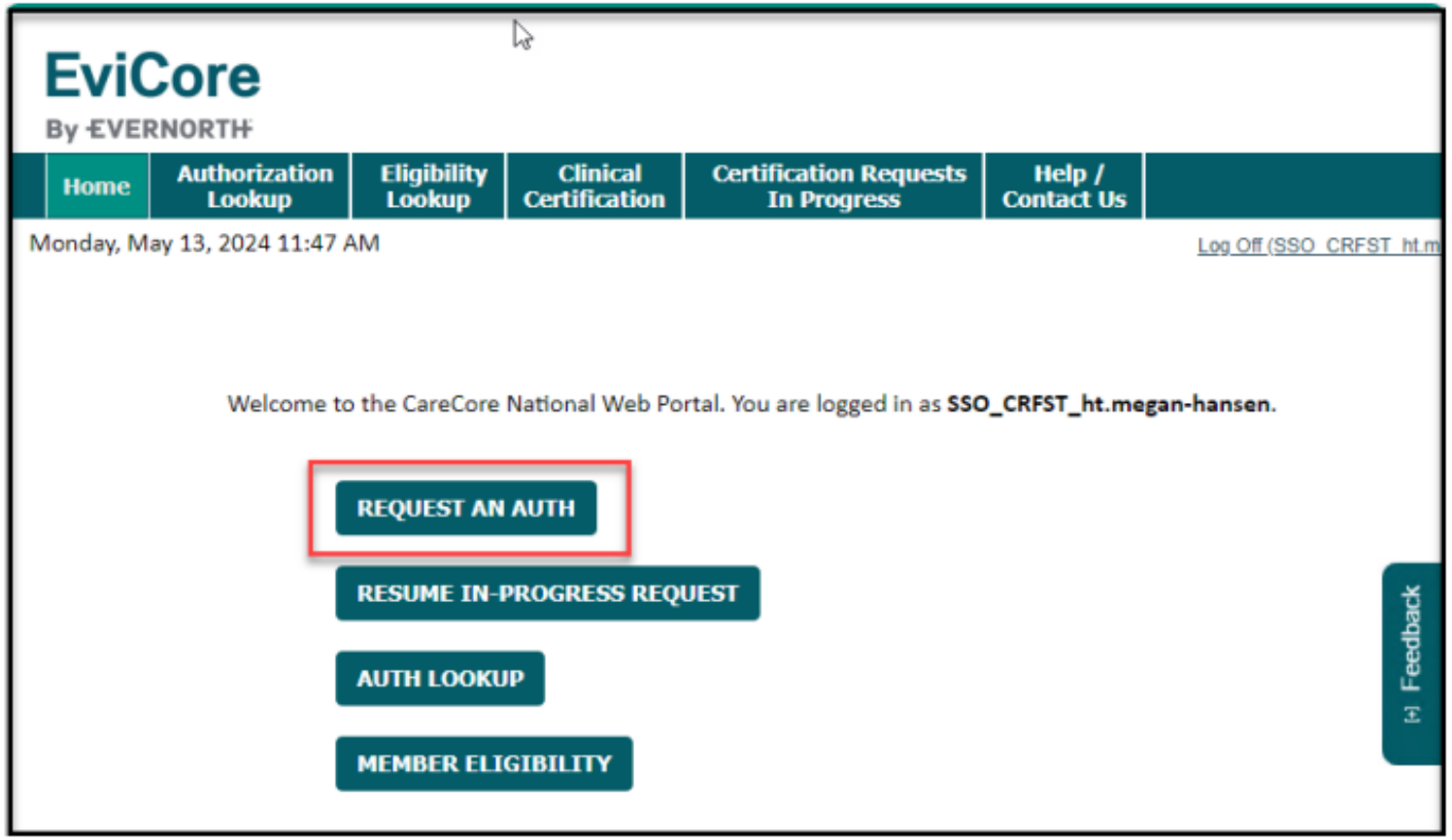
Clinical Certification Request | Initiating a Case



- Select **"Request An Auth"**

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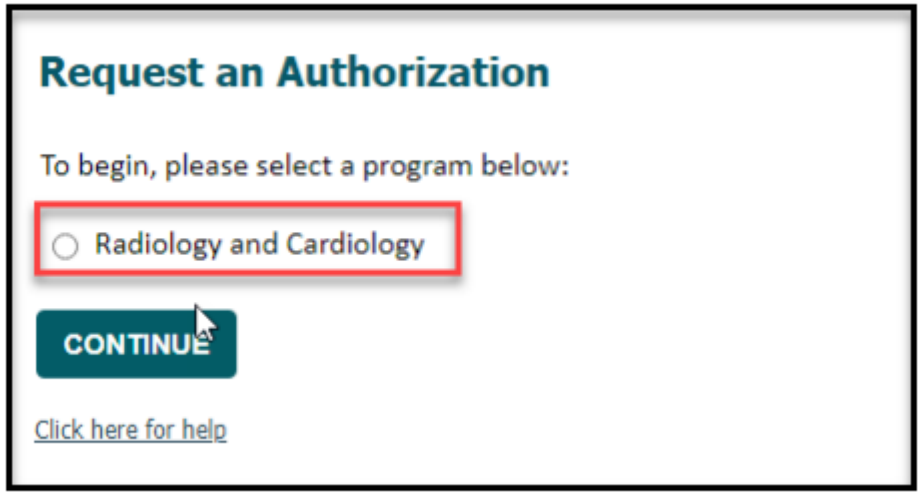
Clinical Certification Request | Initiating a Case

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



- Select **"Radiology and Cardiology" and press "Continue"**

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Clinical Certification Request | 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

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Home	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	Help / Contact Us

Friday, June 21, 2024 9:14 AM

Requesting Provider Information

Search for Provider by TIN, NPI, provider last name, city and/or zip.

Healthplan: CAREFIRST BCBS
TIN:
NPI: XXXXXXXXXX
Last Name: (requires NPI or TIN)
City: (city only, no state)
Zip:

SEARCH

Select one of the following providers:

	Provider	Address	Tax ID	NPI
SELECT	NAME, PHYSICIAN	123 STREET NAME, CITY, STATE, ZIP CODE	123456789	XXXXXXXXXX

- ”Enter the NPI or Tax ID (TIN) for the Requesting/Ordering Provider and select **“Search”**
- If the provider is located, select the provider by pressing **“Select”**
- **IMPORTANT:** If you are unable to locate the provider you need, please contact EviCore directly at **844-303-8450** to enter the request. (Representatives are available from 7 a.m. to 7 p.m.)

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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

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Home	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	Help / Contact Us

Friday, June 21, 2024 10:59 AM

Add Your Contact Info

Provider's Name:* NAME, PHYSICIAN [?]
Who to Contact:* First and Last Name [?]
Fax:* (555) 555-5555 [?]
Phone:* (555) 555-5555 [?]
Ext.: [?]
Cell Phone:
Email: name@email.com
☑ Receive notification of case status changes

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

- The e-notification box will be checked by default so that updates for any case status changes are communicated via email. If you prefer to receive notices via fax, make sure to un-check this box.
- Ensure all required fields are complete & accurate, and press "**Confirm and Continue**".

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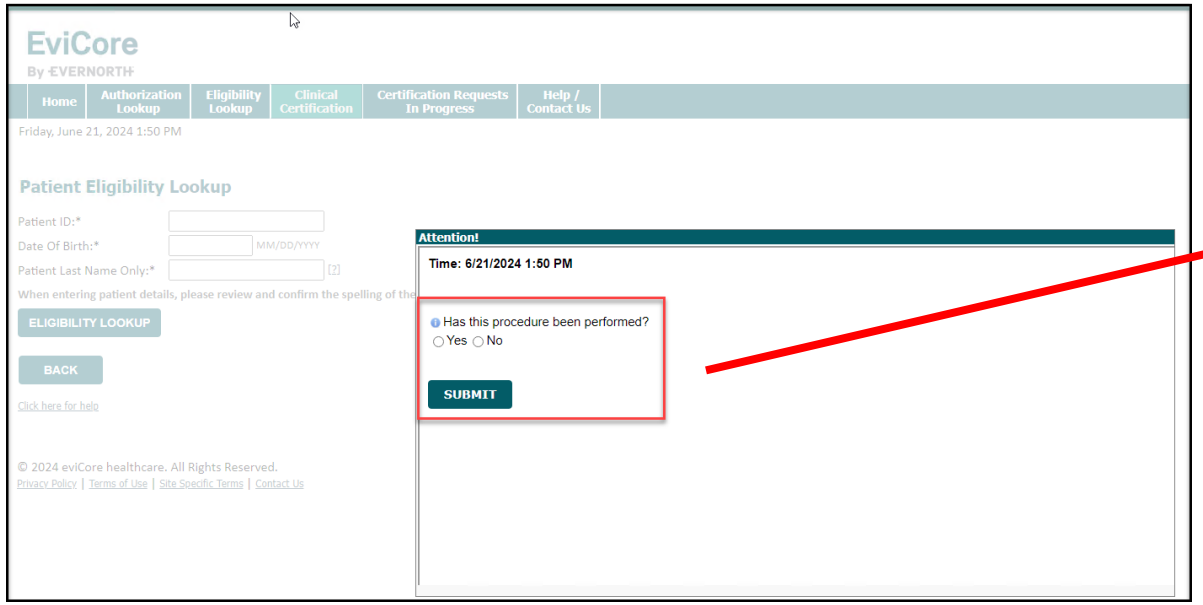
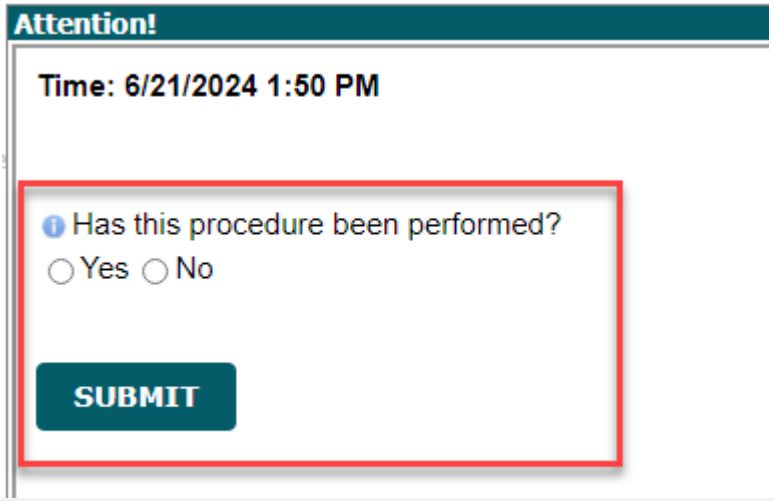
Clinical Certificate Request | Procedure Pop-Up Question

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





- Select “**Yes**” or “**No**” to procedure pop-up question and press “**Submit**”

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Clinical Certification Request | Enter Member Information

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Friday, June 21, 2024 11:15 AM

Patient Eligibility Lookup

Patient ID:* XXXXXXXXX
Date Of Birth:* 01/01/2024 MM/DD/YYYY
Patient Last Name Only:* LAST NAME [?]

When entering patient details, please review and confirm the spelling of the patient's name. Verify accuracy of the patient's ID and date of birth.

LOOKUP AGAIN

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT	XXXXXXXXX	04	LAST NAME, FIRST NAME	01/01/2024	F	123 STREET NAME CITY, STATE, ZIP CODE

BACK

- Enter **member information,** including: patient ID number, date of birth, and last name then select **"Eligibility Lookup"**
- If patient is found, patient information will display. Then select **"Select"**

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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

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Home | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | Help / Contact Us

Friday, June 21, 2024 11:26 AM

Patient Eligibility Lookup

Patient ID:*
Date Of Birth:* MM/DD/YYYY
Patient Last Name Only:* [?]
When entering patient details, please review and confirm the spelling of the patient's name. Verify ac

CLEAR PATIENT SELECTION

Patient Cell Phone
Patient Email

BACK CONTINUE

Click here for help

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Attention!

Patient ID: XXXXXXXXXX Time: 6/21/2024 11:26 AM
Patient Name: LAST NAME, FIRST NAME

Please provide the patient's best contact number including area code.

SUBMIT UNKNOWN

- If member's phone number is not found on file, this pop-up will occur. If the phone number is known, you may enter and press "**Submit**"; otherwise select "**Unknown**" to continue.

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Clinical Certification Request |Enter Requested Procedure and Diagnosis

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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Home | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | Help / Contact Us

Friday, June 21, 2024 2:04 PM

Requested Service + Diagnosis

This procedure has not been performed. CHANGE

Radiology Procedures

Select a Primary Procedure by CPT Code[?] or Description[?]
74177 | CT ABDOMEN & PELVIS W/
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)
r10.9 LOOKUP
Trouble selecting diagnosis code? Please follow these steps

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

BACK

- Select appropriate **CPT** and **Diagnosis codes.**
- You have the option to input up to two (2) diagnosis codes and select "**LookUp**"

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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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Friday, June 21, 2024 2:07 PM

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

Site Email (optional)

BACK

- Search for the **site of service** where the procedure will be performed (for best results, search with NPI, TIN, **and** zip code)
- Select "**LookUp Site**"
- Select the specific site where the procedure will be performed

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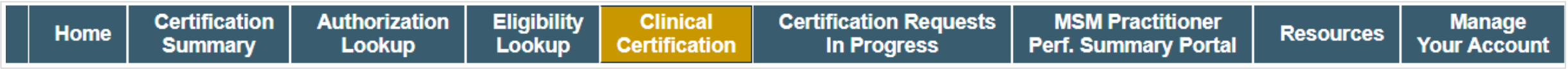
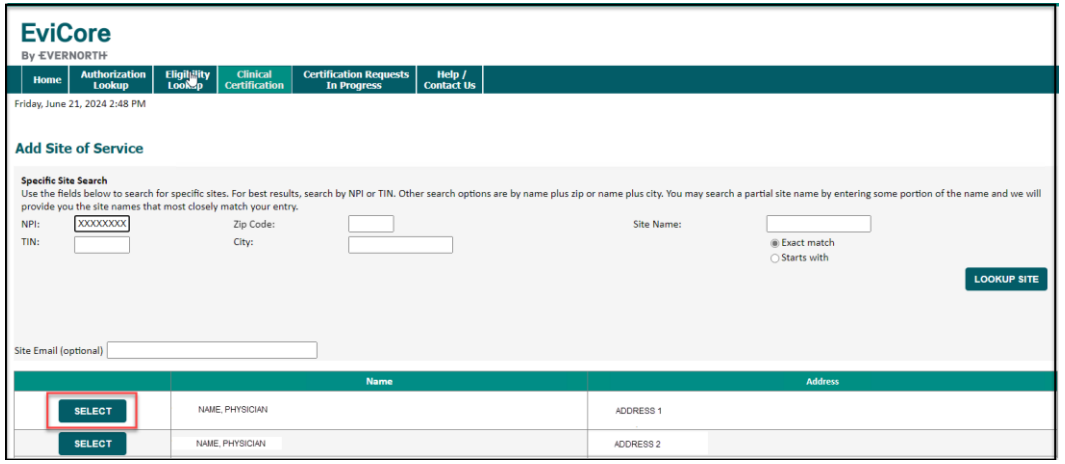
Clinical Certification Request | Site Selection

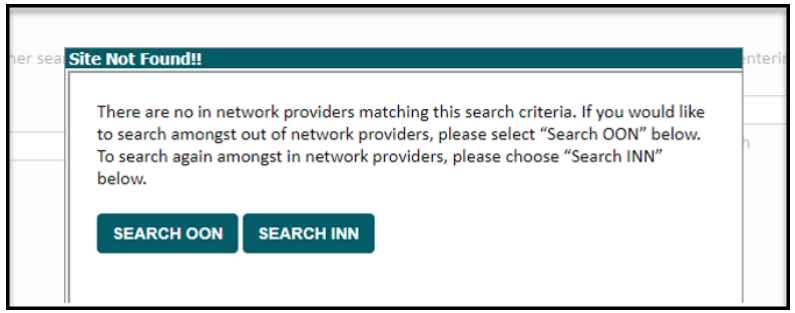


- How Site Selection Works:
  - The first search looks for In-Network Providers. If an In-Network provider is found, the provider will populate. However, if an In-Network provider is <u>not</u> found, options to search Out-of-Network or In-Network displays.

INN Provider Found:



INN Provider Not Found:



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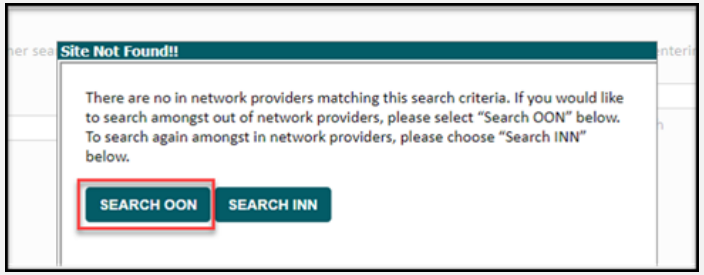
Clinical Certification Request | Site Selection

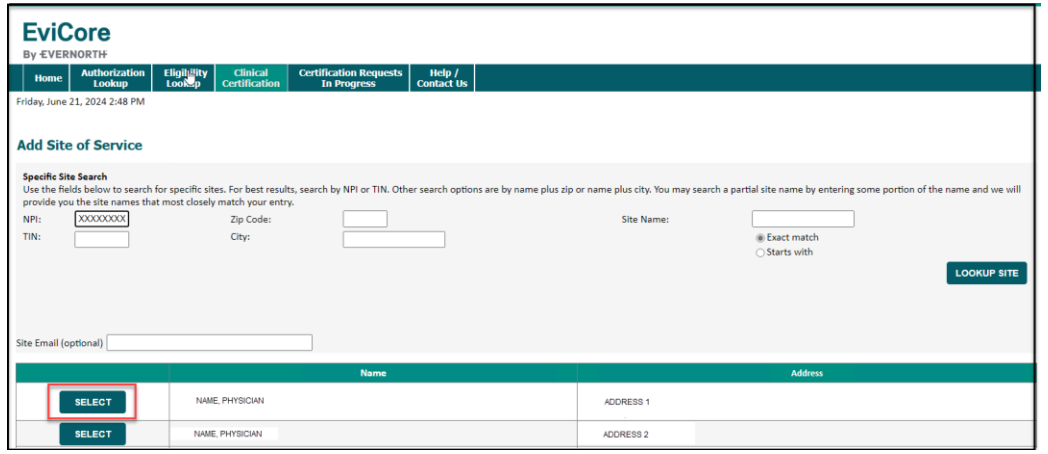
Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Manage Your Account

- How Site Selection Works:

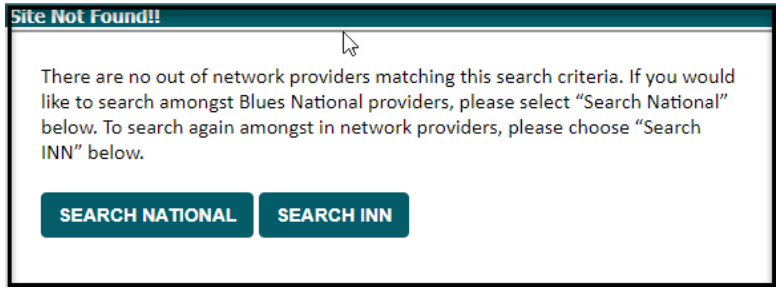


  - If "Search OON" is selected, the system will search for Out of Network Providers. If an Out-of-Network provider is found, the provider will populate. However, if an Out-of-Network provider is not found, options to search amongst the Blues National providers or In-Network displays.

OON Provider Found:



OON Provider Not Found:



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Clinical Certification Request | OON Exceptions

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

Alert!

Is there a reason for the out of network site? Please select one of the following options:

There are geographic barriers to care in accordance with MD Regulation 31.10.44.05
The patient's need for continuity of care is indicated.
Special pediatric accommodations.
Specialized procedure or equipment is required to account for a patient's clinical indications.
Unreasonable wait time in accordance with MD Regulation 31.10.44.06
None of the above.

- For members that do not have Out-of-Network benefits and an Out-of-Network provider or Blues National Provider is selected, an exception reason to use the Out-of-Network/Blues site must be selected.
  - If none of the exception reasons apply, select "**None of the above**"

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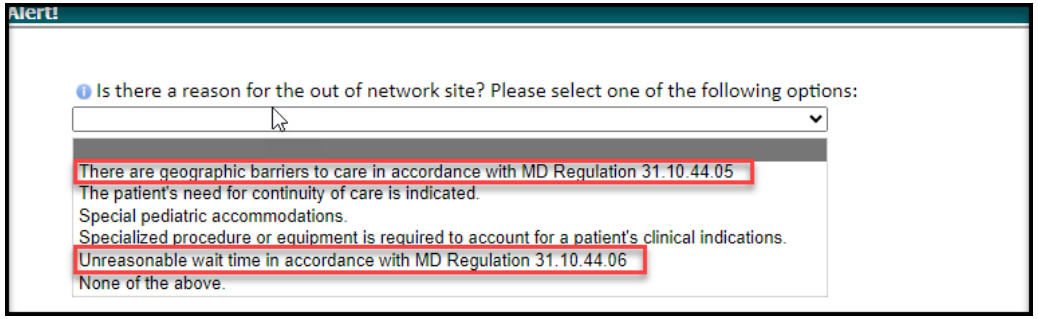
Clinical Certification Request | OON Exceptions

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

IMPORTANT TO NOTE:

- The regulations noted below apply to **all** CareFirst members.
  - "There are geographic barriers to care in accordance with MD Regulation 31.10.44.05"
  - "Unreasonable wait time in accordance with MD Regulation 31.10.44.06"

(The member does not have to live in MD (Maryland) to select an exception reason)



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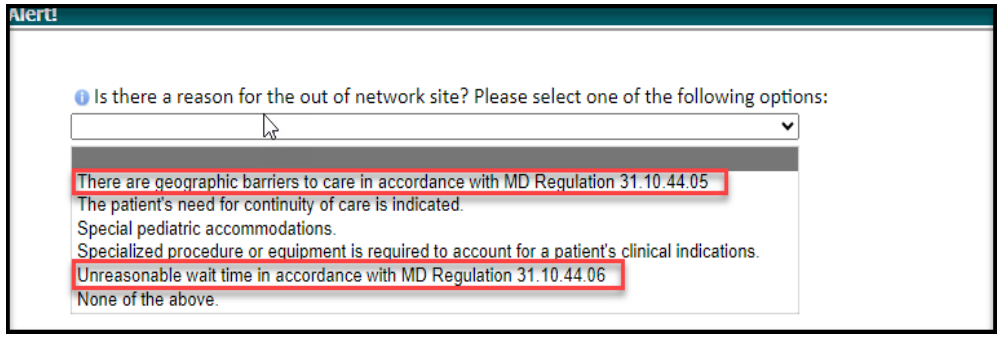
Clinical Certification Request | OON Exceptions

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

IMPORTANT TO NOTE:

- For more information regarding the regulations, please visit:
  - Geographic Barriers to Care: Pages - 31.10.44.05.aspx (maryland.gov)
  - Unreasonable Wait Time: Pages - 31.10.44.06.aspx (maryland.gov)

(The member does not have to live in MD (Maryland) to select an exception reason)



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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

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 and then select the box that acknowledges the clinical information that will be submitted is accurate for the member you're requesting the prior auth for
- If correct select **"Confirm and Continue"**
- **You will not have the opportunity to make changes after this point**

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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

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 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

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Clinical Certification Request | Required Medical Checklist

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

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

Required Medical Information Check List

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Program	Required Medical Information
Radiology	
☐	Rule out/diagnosis
☐	Symptoms
☐	Physical Exam findings
☐	Treatment such as medications, physical therapy, surgery; chemotherapy
☐	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.
Cardiovascular	

- Below the Clinical Upload description, you select "**Required Medical Information Checklist**"
- Once you open the document you will search for the Radiology and Cardiology program section to review the list of required medical information EviCore requires in order for the prior authorization to meet medical necessity.
- Direct link to document: [Required Medical Information Check List.pdf (evicore.com)]

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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 2 business days to complete the case)
- Select **Certification Requests in Progress** to resume a saved request

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Clinical Certification Request

Proceed to Clinical Information

Example Questions

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Home | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | Help / Contact Us

Monday, June 24, 2024 12:53 PM

Proceed to Clinical Information

eviCore is responsible for prior authorization / medical necessity reviews for services rendered on or after 08/02/2024 for this plan and service. If you plan to perform these services on or after 08/02/2024, please continue below.

Continue Cancel

SUBMIT

Finish Later

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

- Providers will receive the following statement advising that EviCore is responsible for reviewing Radiology and Cardiology service rendered on or after 8/2/2024.
- If the services are planned to be performed on or after 8/2/2024 please select **“Continue”** .

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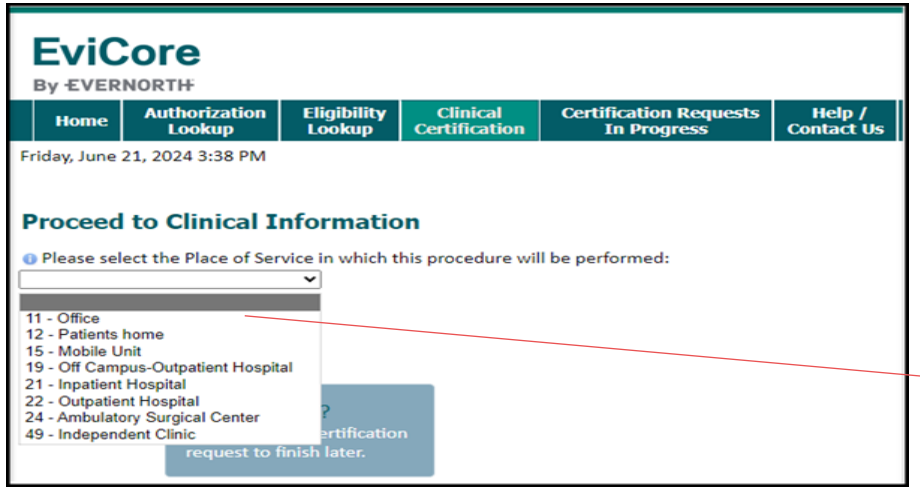
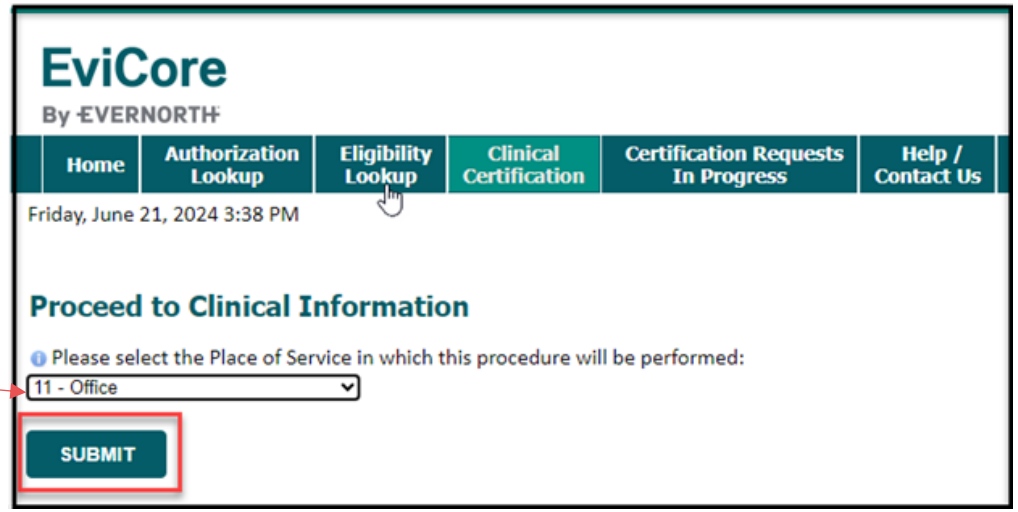
Clinical Certification Request

Proceed to Clinical Information

Example Questions





- Provider will be asked to select the place of service in which the procedure will be performed from the drop down the list.
- When finished, select **“Submit”**

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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

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

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Clinical Certification Request | Criteria Met

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Home | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | Help / Contact Us

Monday, June 24, 2024 12:34 PM

Summary of Your Request

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

Your case has been Approved.
The prior authorization you submitted, Case A#########, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

Provider Name:	LAST NAME, FIRST NAME	**Contact:**	FIRST AND LAST NAME
Provider Address:	123 STREET NAME CITY, STATE, ZIP CODE	**Phone Number:**	(555) 555-5555
		Fax Number:	(555) 555-5555
Patient Name:	LAST NAME, FIRST NAME	**Patient Id:**	XXXXXXXXX
Insurance Carrier:	CAREFIRST BCBS		
Site Name:		**Site ID:**	
Site Address:	SITE NAME 123 STREET NAME CITY, STATE, ZIP CODE		
Primary Diagnosis Code:	R10.9	**Description:**	Unspecified abdominal pain
Secondary Diagnosis Code:		**Description:**	
Date of Service:	Not provided		
CPT Code:	74177	**Description:**	CT ABDOMEN & PELVIS W/
Authorization Number:	A#########		
Case Number:	1194491707		
Review Date:	6/24/2024 12:28:25 PM		
Expiration Date:	6/24/2025		
Status:	Your case has been Approved. The prior authorization you submitted, Case A######### has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.		

CANCEL | PRINT | CONTINUE

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

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Clinical Certification Request | Criteria Not Met

Is there any additional information specific to the member's condition you would like to provide?

- I would like to upload a document
- I would like to enter additional clinical notes in the space provided
- I would like to upload a document and enter additional notes
- I have no additional information to provide at this time

PRINT CONTINUE

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Home | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | Help / Contact Us

Friday, June 21, 2024 3:43 PM

Summary of Your Request

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

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

Provider Name:	LAST NAME, FIRST NAME	**Contact:**	FIRST AND LAST NAME
Provider Address:	123 STREET NAME CITY, STATE, ZIP CODE	**Phone Number:**	(555) 555-5555
		Fax Number:	(555) 555-5555
Patient Name:	LAST NAME, FIRST NAME	**Patient Id:**	XXXXXXXXX
Insurance Carrier:	CAREFIRST BCBS		
Site Name:	SITE NAME	**Site ID:**	
Site Address:	123 STREET NAME CITY, STATE, ZIP CODE		
Primary Diagnosis Code:	R10.9	**Description:**	Unspecified abdominal pain
Secondary Diagnosis Code:		**Description:**	
Date of Service:	Not provided		
CPT Code:	74177	**Description:**	CT ABDOMEN & PELVIS W/
Case Number:	#########		
Review Date:	6/21/2024 3:37:33 PM		
Expiration Date:	N/A		
Status:	Your case has been sent for Medical Review. The prior authorization you submitted, Case A#########, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.		

CANCEL PRINT CONTINUE

- Once you complete the clinical questions, you will have an opportunity to upload additional clinical information.
- Once you select the appropriate option on submission of clinical, you will hit "**Continue**"
- You can **Print the summary of the request** for your records.

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Clinical Certification Request | Completion of Prior Auth

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Home | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | Help / Contact Us

Wednesday, June 26, 2024 5:08 PM

Success

Thank you for submitting a request for clinical certification. Would you like to:

- Return to the main menu
- Start a new request

You can also start a new request using some of the same information.

Start a new request using the same:

- Program (Radiology)
- Provider (LAST NAME, FIRST NAME)
- Program and Provider (Radiology and LAST NAME, FIRST NAME)
- Program and Health Plan (Radiology and CAREFIRST BCBS)

GO

CANCEL PRINT

Click here for help

- After you've selected **"Continue"** from the two previous screens, your prior authorization has been successfully submitted and you will be asked if you would like to return to the main menu or request a new authorization.

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Authorization LookUp

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

Authorization Lookup

Search by Member Information

Required Fields

Healthplan:

Provider NPI

Patient ID:

Patient Date of Birth:

MM/DD/YYYY

Optional Fields

Case Number:

or

Authorization Number:

PRINT SEARCH

Search by Authorization Number/ NPI

Search by Authorization Number/ NPI

Required Fields

Provider NPI:

Auth/Case Number:

SEARCH

- To look up the status of an Authorization, Select Search by Authorization Number/NPI. Enter the provider's NPI and authorization or case number. Select Search.
- You can also search for an authorization by Member Information, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.

Important Note to Servicing Providers: The **Authorization Lookup** function can also be used to verify if a prior authorization has been submitted and approved prior to rendering service.

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Upload Correspondence

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

Authorization Lookup

Authorization Number:
Case Number:
Health Plan Auth Number:
Status: Approved
Approval Date:
Service Code:
Service Description:
Site Name:
Expiration Date:
Date Last Updated:
Correspondence: UPLOADS & FAXES

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
CHANGE SERVICE CODE				

PRINT

- The authorization will then be accessible to review. To print authorization correspondence, select **“Print”**

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Provider Resources

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Contact EviCore's Dedicated Teams

EviCore Call Center (representatives are available from 7 a.m. to 7 p.m.)	EviCore Client and Provider Operations Team	EviCore Authorization Portal Team	EviCore Provider Engagement Contact (Lisa Mekkelsen)
• Phone: **844-303-8450** • Initiating an authorization request • Status checks • Questions about your auth request or case decisions • Speak to a clinical reviewer • Schedule a Peer-to-Peer	• Email: clientservices@EviCore.com • Phone: **(800) 646-0418** (option 4) • Credentialing inquires • Eligibility questions • Assist with any issues/inquires encountered during case build	• Email: portal.support@EviCore.com • Phone: **800-646-0418** (option 2) • (Live Chat • Assist with any issues/inquires you might have, navigating the Portal or with your Portal account.	• Email: lisa.Mekkelsen@evicore.com • Phone: **843-949-0022** • Regional team that works directly with the provider community.

CareFirst Contact Information

- **Technical Issues with CareFirst Provider Portal:** Contact the CareFirst Help Desk at 877-526-8390
- **Claims Questions:** Contact CareFirst Provider Service
- CareFirst Provider Quick Reference Guide

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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
https://www.evicore.com/resources/healthplan/carefirst

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

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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

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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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Thank You

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Appendix

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Peer-to-Peer (P2P) Scheduling Tool

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10/6/2025

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

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

- From CareFirst's Provider Website, https://provider.carefirst.com, log into the CareFirst Provider Portal (CareFirst Direct).
- Select the Prior Auth/Notification tab.
- Select Start Now within the Advanced Imaging for Cardiology and Radiology box to be transferred to EviCore healthcare Prior Authorization Portal (CareCore National Portal)
- From the EviCore Prior Authorization Portal landing page, you will see "**Clinical Review Lookup**" at the top of the screen to determine the status of request
- Click on the **P2P Availability** button to determine if your case is eligible for a Peer-to-Peer consultation
- Please note to carefully read any messaging that displays (example verbiage below)

*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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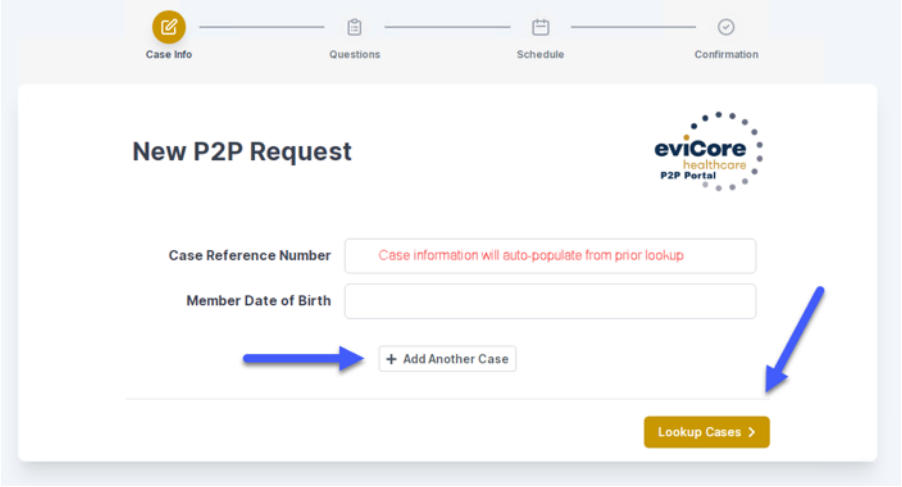
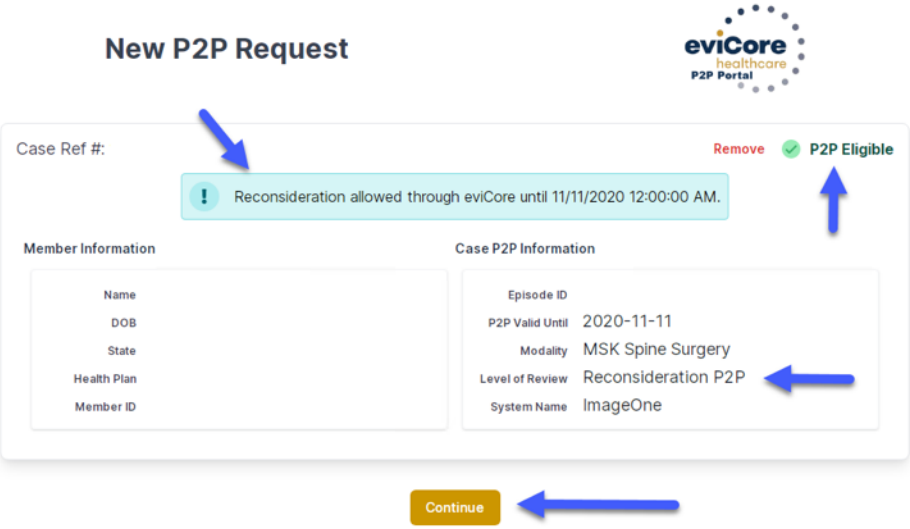
Provider Resources | Schedule a P2P Request (con't.)



- 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



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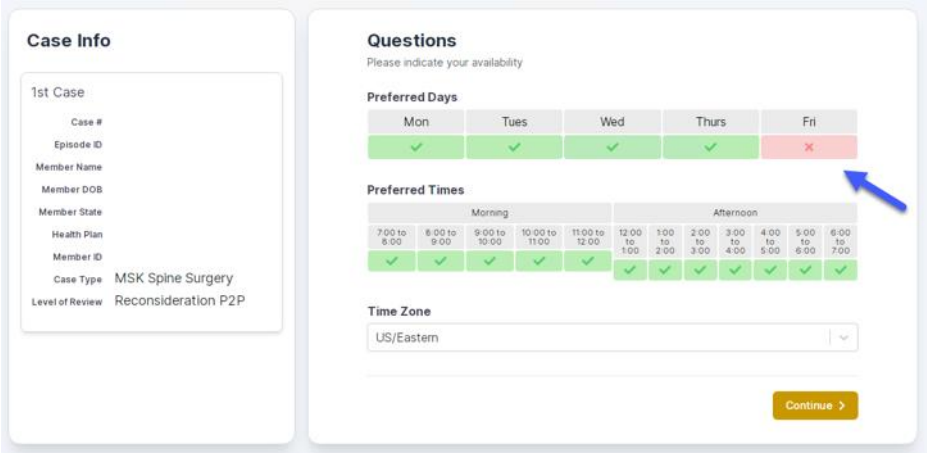
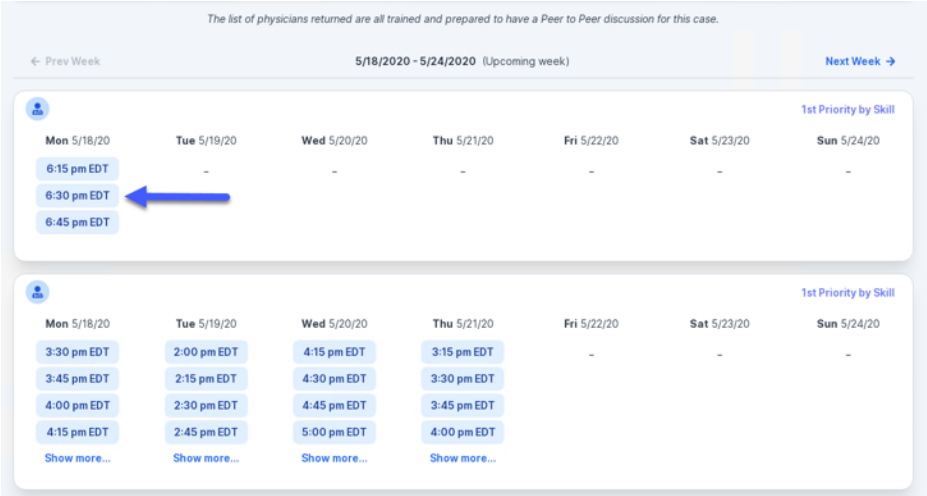
Provider Resources | Schedule a P2P Request (con't.)





- 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**

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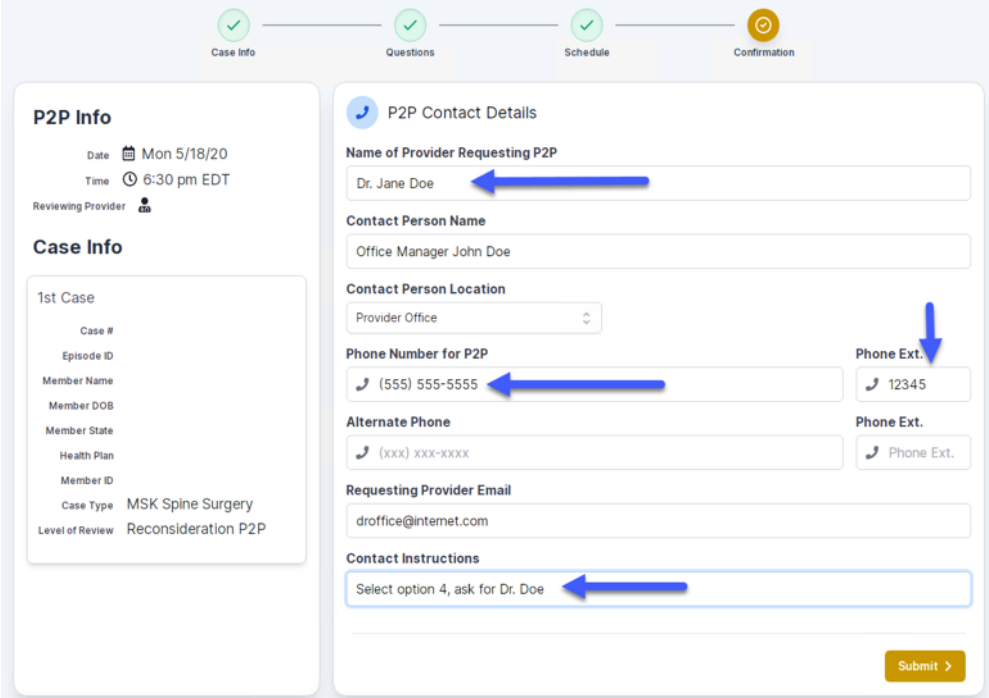
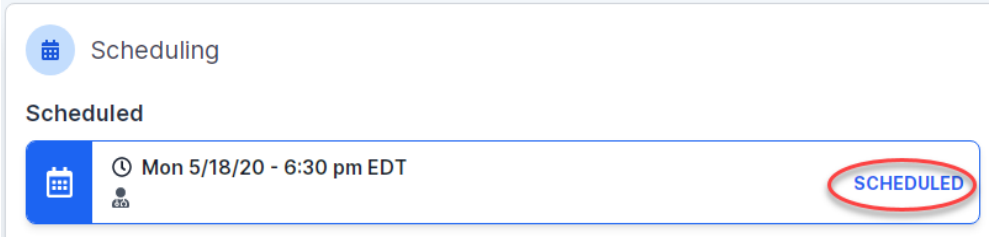
Provider Resources | Schedule a P2P Request (con't.)





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

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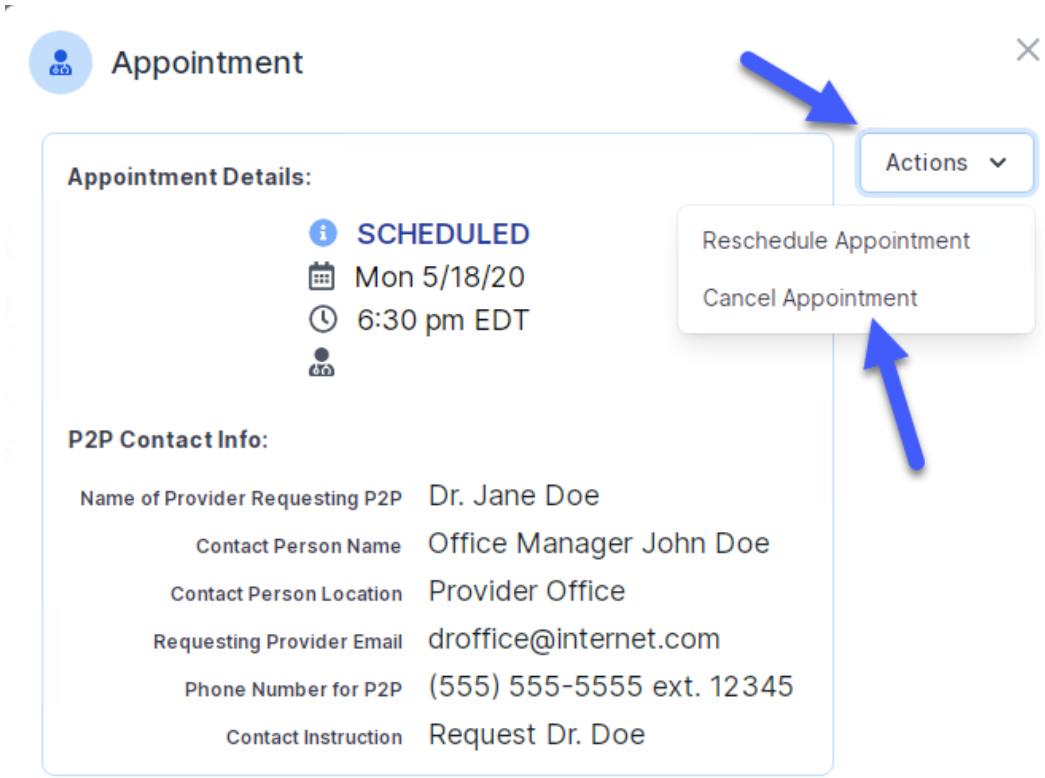
Provider Resources | Cancel or Reschedule a P2P Appointment



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

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Provider Resources | Contacts and Helpful Links

Web-Based Services	portal.support@EviCore.com	800-646-0418, option 2
Client Provider Operations	clientservices@EviCore.com	
Provider Engagement: Merritt Senters, Regional Provider Engagement Manager	Merritt.senters@EviCore.com	615-788-5568
Worksheets	EviCore.com/provider/online-forms	
Clinical Guidelines	EviCore.com/provider/clinical-guidelines	
Request a Clinical Consultation	EviCore.com	

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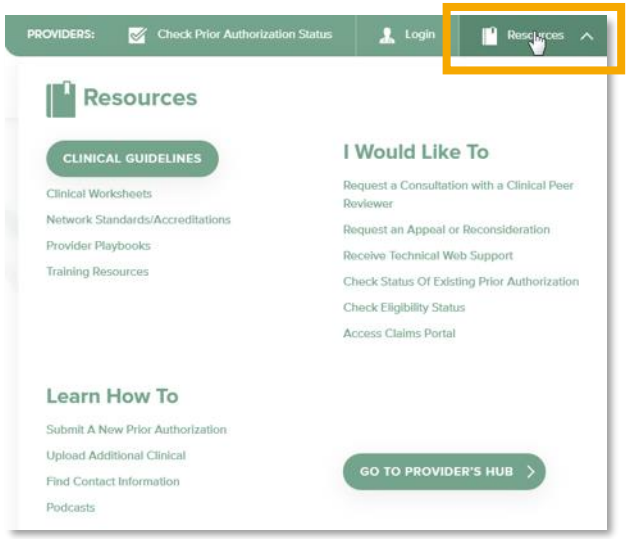
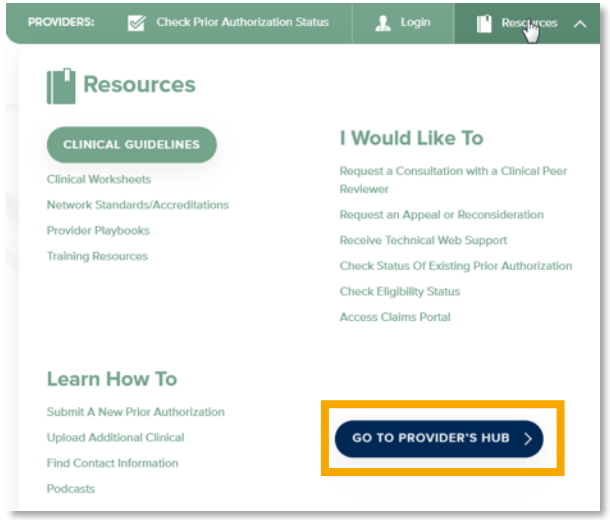
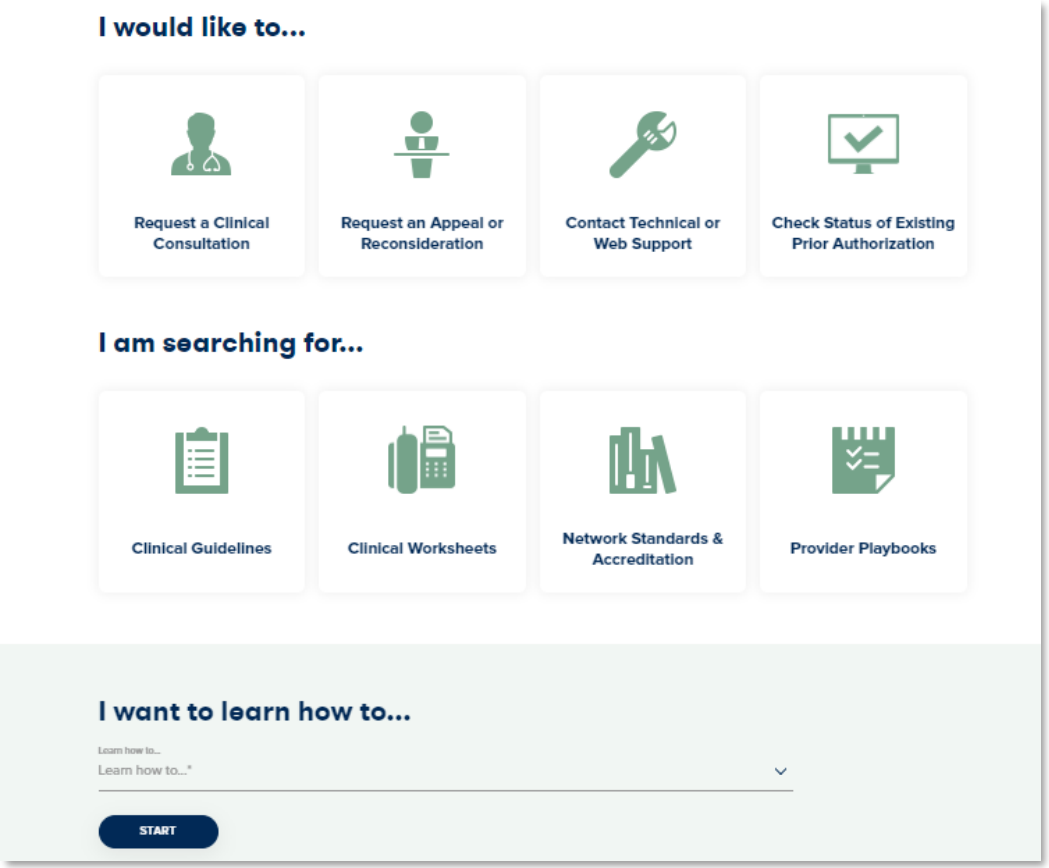
Provider Resources | EviCore Provider's Hub

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







Step 1

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

Step 2

Select **GO TO PROVIDERS HUB** to access clinical guidelines, schedule consultations (P2P), and more

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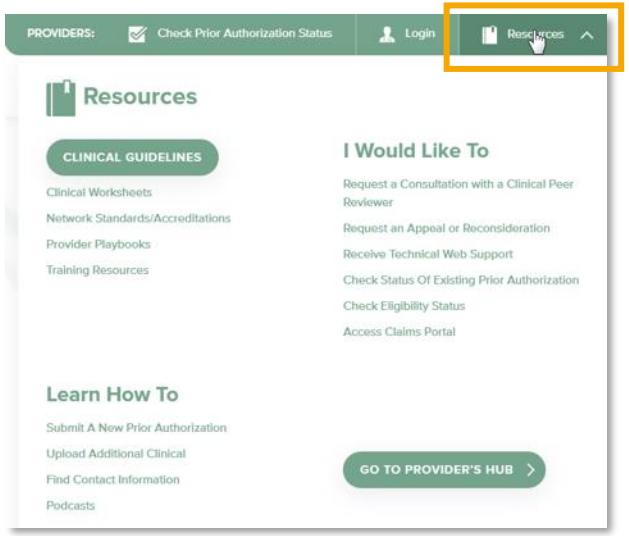
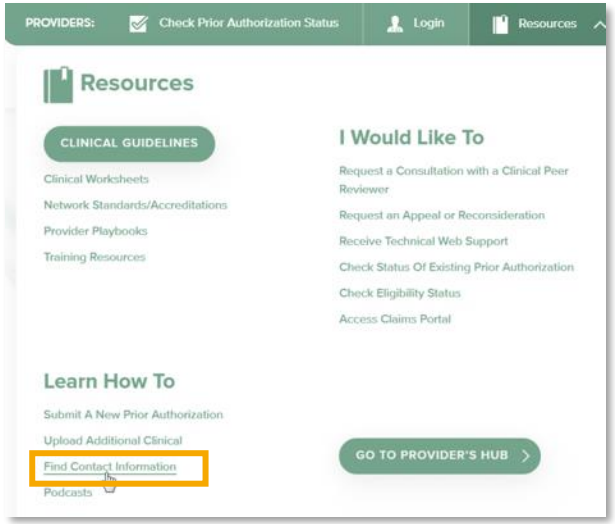
Provider Resources | Quick Reference Tool

Where can I locate plan-specific contact information?



Step 1

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



Step 2

Select **Find Contact Information**

Step 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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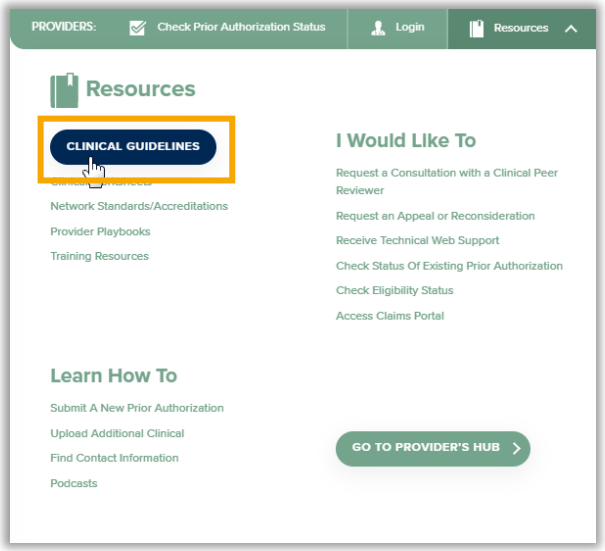
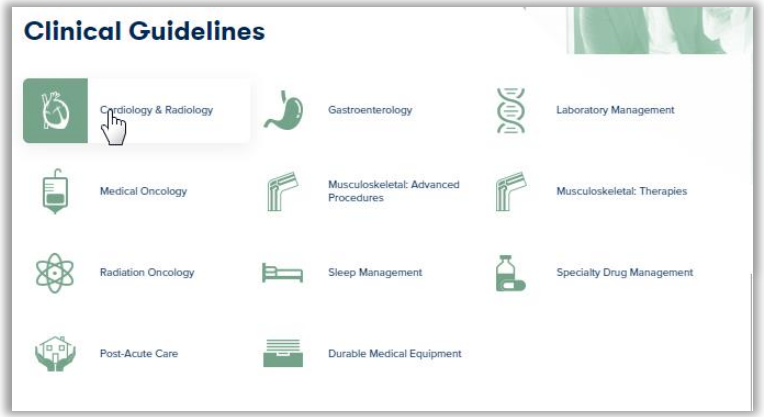
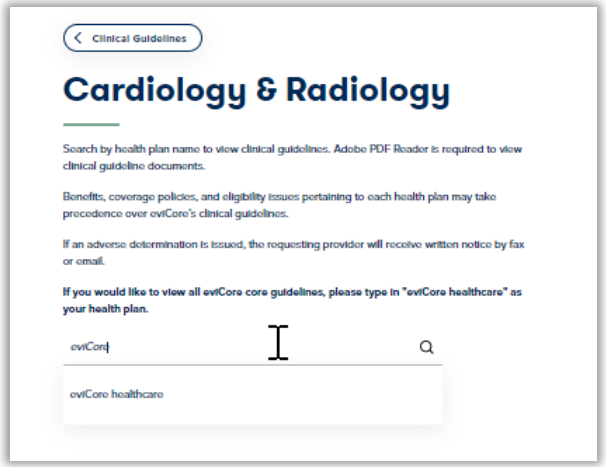
Provider Resources | Clinical Guidelines

How do I access EviCore's clinical guidelines?







Step 1

- Open the **Resources** menu in the top right of the browser
- Select **Clinical Guidelines**

Step 2

Select the solution/program associated with the requested guidelines

Step 3

- Search by health plan name to view clinical guidelines
- If you would like to view all guidelines, type in "EviCore healthcare" as your health plan

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