

Advanced Imaging Prior Authorization

Provider Orientation Session for Humana Healthy Horizons™ in Kentucky

LC9153KY1220-A (HUMP09153)

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan Inc.

EviCore
By EVERNORTH



+Agenda

- Company Overview
- Clinical Approach
- Program Overview
- Submitting Requests
- Prior Authorization Outcomes & Special Considerations
- Reconsideration Options
- Provider Portal Overview
- Additional Provider Portal Features
- Provider Resources
- Q & A

Company Overview

+Medical Benefits Management (MBM)

Addressing the complexity of the healthcare system



10
comprehensive
solutions



Evidence-based
clinical guidelines



5k+ employees,
including
1k+ clinicians



Advanced, innovative,
and intelligent
technology

Clinical Approach

+Evidence-based Guidelines

The foundation of our solutions



Dedicated
pediatric
guidelines



Contributions
from a panel of
community
physicians



Experts
associated
with academic
institutions



Current
clinical
literature

Aligned with national societies:

- American College of Cardiology
- American Heart Association
- American Society of Nuclear Cardiology
- Heart Rhythm Society
- American College of Radiology
- American Academy of Neurology
- American College of Chest Physicians
- American College of Rheumatology
- American Academy of Sleep Medicine
- American Urological Association
- National Comprehensive Cancer Network
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Academy of Pediatrics
- American Society of Colon and Rectal Surgeons
- American Academy of Orthopedic Surgeons
- North American Spine Society
- American Association of Neurological Surgeons
- American College of Obstetricians and Gynecologists
- The Society of Maternal-Fetal Medicine

+Clinical Staffing – Multispecialty Expertise

Dedicated nursing and physician specialty teams for a wide range of solutions

- ◆ Anesthesiology
- ◆ Cardiology
- ◆ Chiropractic
- ◆ Emergency Medicine
- ◆ Family Medicine
 - Family Medicine / OMT
 - Public Health & General Preventative Medicine
- ◆ Gastroenterology
- ◆ Internal Medicine
 - Cardiovascular Disease
 - Critical Care Medicine
 - Endocrinology, Diabetes & Metabolism
 - Geriatric Medicine
 - Hematology
 - Hospice & Palliative Medicine
 - Medical Oncology
 - Pulmonary Disease
 - Rheumatology
 - Sleep Medicine
 - Sports Medicine
- ◆ Medical Genetics
- ◆ Nuclear Medicine
- ◆ OB-GYN
 - Maternal-Fetal Medicine
- ◆ Oncology / Hematology
- ◆ Orthopedic Surgery
- ◆ Otolaryngology
- ◆ Pain Mgmt. / Interventional Pain
- ◆ Pathology
 - Clinical Pathology
- ◆ Pediatric
 - Pediatric Cardiology
 - Pediatric Hematology-Oncology
- ◆ Physical Medicine & Rehabilitation
 - Pain Medicine
- ◆ Physical Therapy
- ◆ Radiation Oncology
- ◆ Radiology
 - Diagnostic Radiology
 - Neuroradiology
 - Radiation Oncology
 - Vascular & Interventional Radiology
- ◆ Sleep Medicine
- ◆ Sports Medicine
- ◆ Surgery
 - Cardiac
 - General
 - Neurological
 - Spine
 - Thoracic
 - Vascular
- ◆ Urology

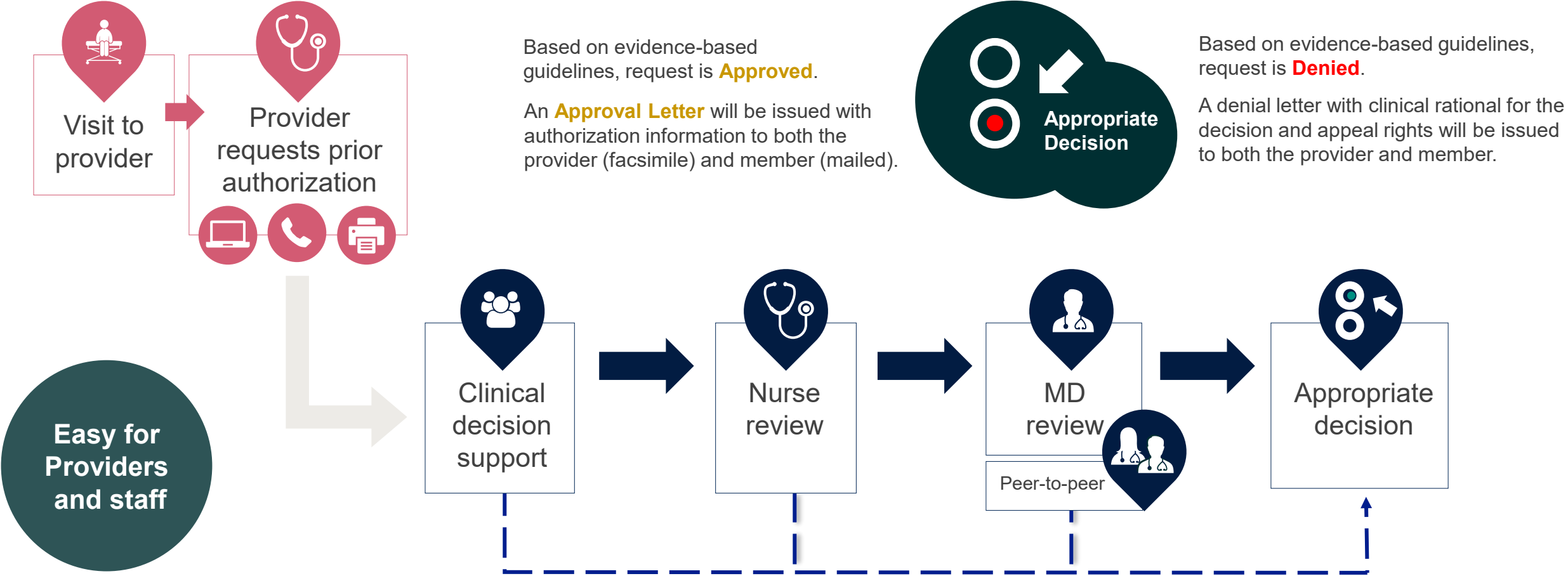


400+
medical
directors

Covering
51
specialties

1k+
nurses

+Utilization Management – the Prior Authorization Process



Program Overview

+Humana Healthy Horizons in Kentucky Prior Authorization Services

+eviCore healthcare (eviCore) will begin accepting prior authorization requests for select advanced imaging services on **February 22, 2021** for dates of service **March 1, 2021** and after.

Prior authorization applies to the following services:

- Outpatient
- Diagnostic
- Elective / Non-emergent

Prior authorization does **NOT** apply to services performed in:

- Emergency Rooms
- Observation Services
- Inpatient Stays



Providers should verify member eligibility and benefits on the secured provider log-in section at www.Availity.com

+ Advanced Imaging Services

Covered Services:

- CT, CTA
- MRI, MRA
- PET, PET/CT
- Nuclear Medicine
- Nuclear Cardiology
- Cardiac Advanced Imaging
 - CT
 - MR
 - PET

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/humana/kentucky>



Submitting Requests

+Methods to Submit Prior-authorization Requests

eviCore Provider Portal (preferred)

+The eviCore online portal www.eviCore.com is the quickest, most efficient way to request prior authorization and check authorization status, and it's available 24/7

Phone Number:

866-672-8115

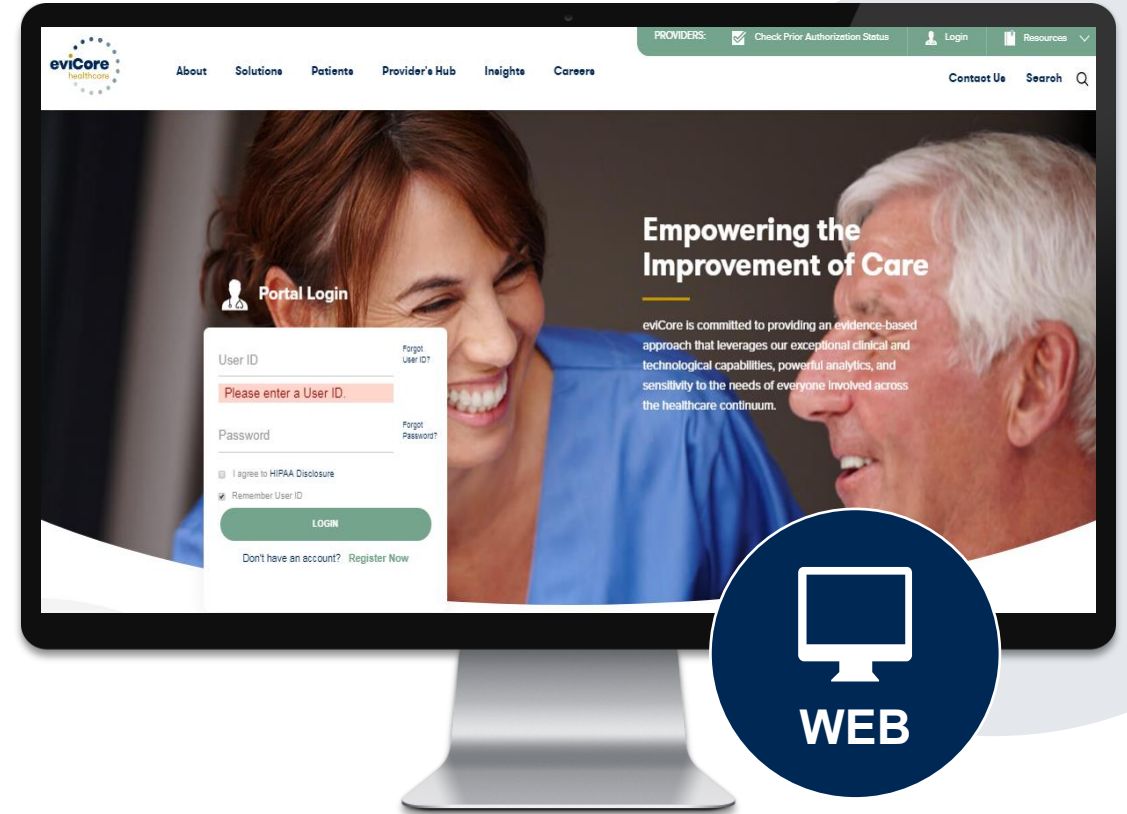
Monday through Friday:

7 am – 7 pm Eastern time

Fax Number:

800-540-2406

PA requests are accepted via fax and can be used to submit additional clinical information



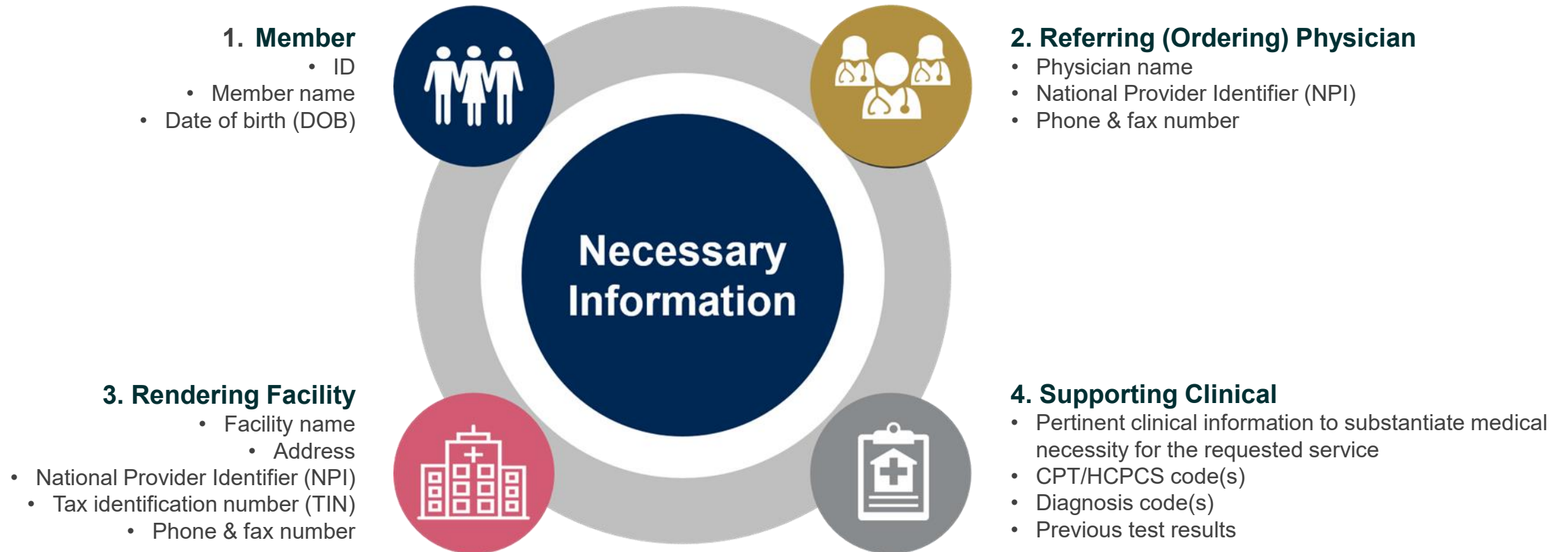
+Benefits of Provider Portal

Did you know that most providers already save time by submitting prior-authorization requests online? The provider portal allows you to go from request to approval faster. Following are some benefits and features:

- Saves time: Quicker process than phone authorization requests
- Available 24/7: You can access the portal any time and any day
- 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 to support a new request or when additional information is requested
- View and print determination information: Check case status in real-time
- Dashboard: View all recently submitted cases
- Duplication feature: If you are submitting more than one prior authorization request, you can duplicate information to expedite submittals

+Keys to Successful Prior Authorizations

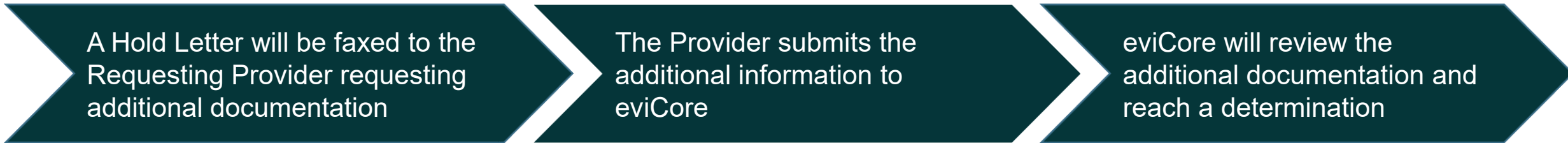
To obtain prior authorization on the very first submission, the provider submitting the request will need to gather four categories of information:



+Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

+If 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 submits the additional information to eviCore

eviCore will review the additional documentation and reach a determination

To ensure that a determination is completed within the designated timeframe for each LOB, the case will remain on hold as follows:

- Medicaid: 24 hours

Requested information must be received within the time frame as specified in the Hold Letter.

Determination will be completed within 2 business days



Prior Authorization Outcomes & Special Considerations

+Prior Authorization Approval

Approved Requests

- Standard requests are processed within two business days after receipt of the request for service
- Authorizations are valid for 90 calendar days from the date of the final determination
- Authorization letters will be faxed to the ordering physician and rendering facility
- When initiating a case on the web you can receive e-notifications when a determination is made
- Members will receive a letter by mail
- Approval information can be printed on demand from the eviCore portal at www.eviCore.com



+When a Request is Determined as Inappropriate



Based on evidence-based guidelines, request is determined as **inappropriate**.

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

Special Circumstances

+Retrospective (Retro) Authorization Requests

- Must be submitted within two business days from the date of services
- Are administratively denied if submitted beyond the two-business-day time frame
- Are reviewed for **clinical urgency** and medical necessity
- Processed within 14 calendar days
- Have a start date that matches the submitted date of service

+Urgent Prior Authorization Requests

- eviCore uses the CMS definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member
- A request should not be submitted as **urgent** unless it meets the CMS definition
- Can be initiated on provider portal or by phone
- For **urgent** requests, a decision will be made as expeditiously as the member's health conditions requires and no later than two (2) business days after receipt of the request for service



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, you 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

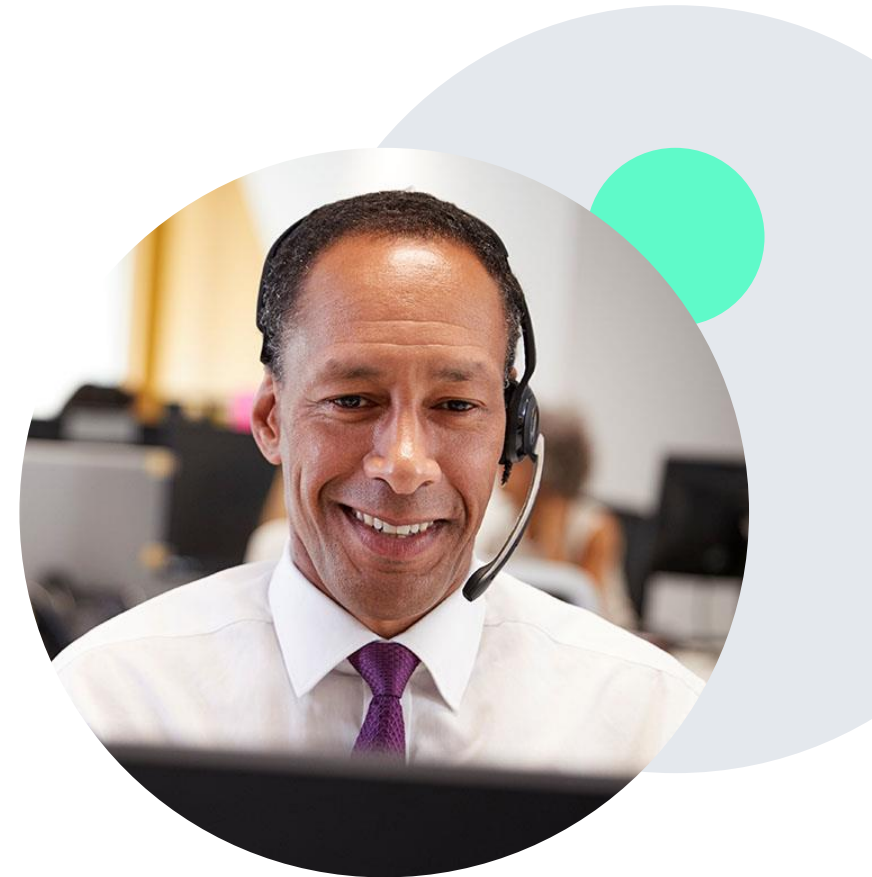


Reconsideration Options

Post-Decision Options

My case has been denied. What's next?

- Providers are often able to utilize post-decision activity to secure case review for overturn consideration
- Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied. You also can call us at 866-672-8115 to speak to an agent who can provide available option(s) and instruction on how to proceed.



Post-decision Options: Medicaid Enrollees

My case has been denied. What's next?

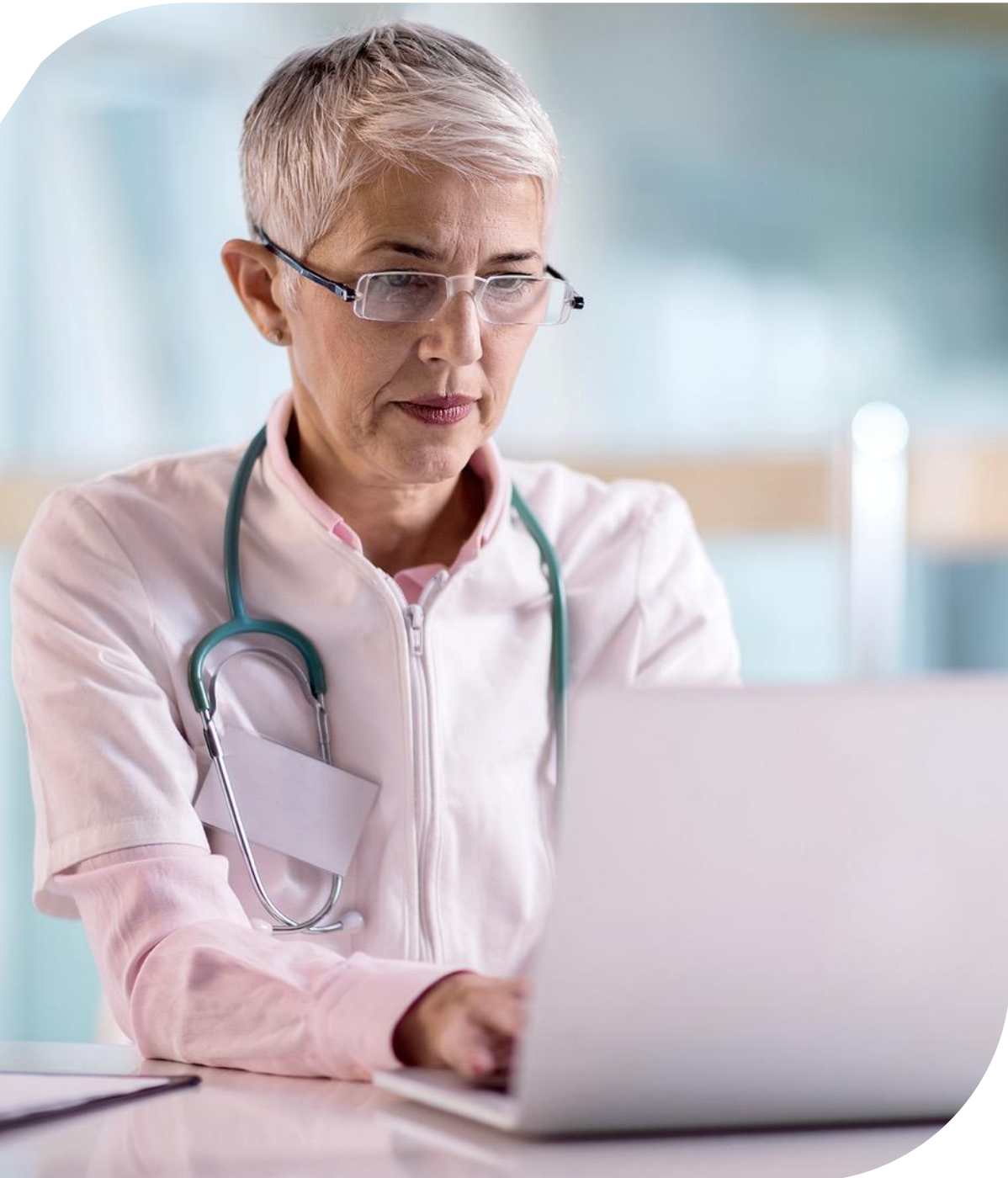
Reconsiderations

- Providers and/or staff can request a reconsideration review
- Reconsiderations must be requested within five business days after the determination date and performed within two business days of the request.
- Reconsiderations can be requested in writing or verbally via a clinical consultation with an eviCore physician

Appeals

- eviCore will not process first-level appeals
- A denial letter with the rationale for the decision and the appeal rights will be issued to both the provider and member.

EviCore Provider Portal



Features

Eligibility Lookup

- + Confirm if patient requires clinical review

Clinical Certification

- + Request a clinical review for prior authorization on the portal

Prior Authorization Status Lookup

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

Certification Summary

- + Track recently submitted cases

Access and Compatibility

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

Access resources on the EviCore Provider Portal

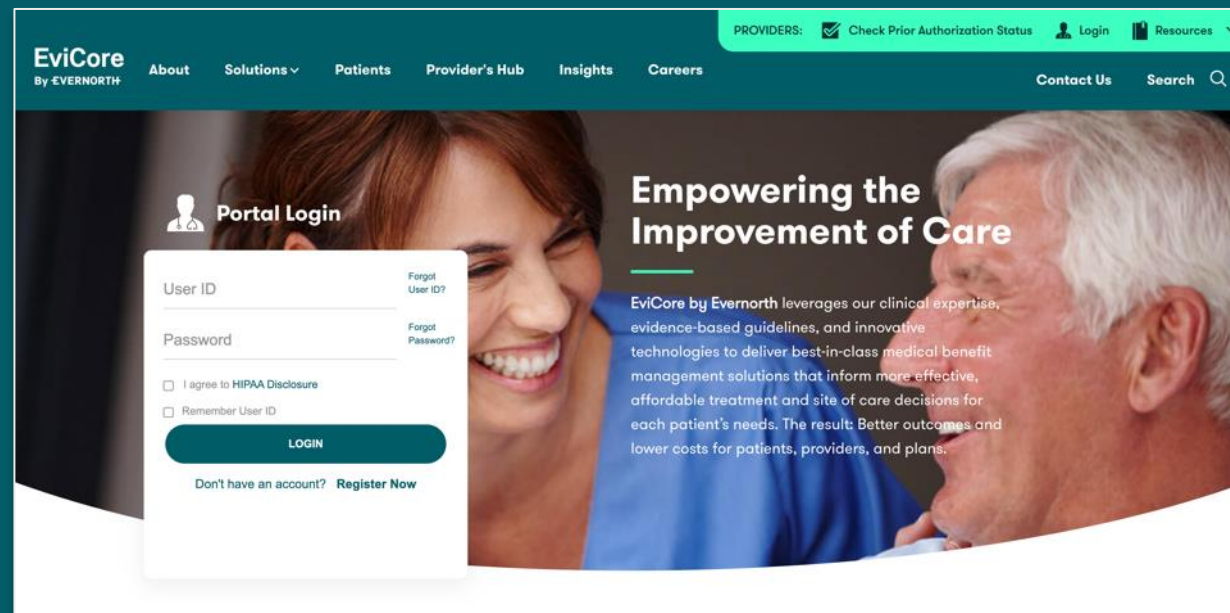
Visit evicore.com/provider

Already a user?

Log in with User ID & Password

Don't have an account?

Click **Register Now**



EviCore's website is compatible with all web browsers. If you experience issues, you may need to disable pop-up blockers to access the site.

Creating an Account

Select CareCore National as the Default Portal.

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

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

Setting Up Multi-Factor Authentication (MFA)

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

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

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

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

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

Set up Two Factor Authentication

Email SMS

Register Email Address

meh****@evicore.com

Send PIN

Please enter PIN sent to your Email Address

768342

Submit

Skip

Add Providers

- + You can add providers and their NPI's to your account prior to case submission
- + Click the **Manage Your Account** tab to add provider information
- + Select **Add Provider**
- + Enter the NPI, state, and zip code to search for the provider
- + Select the matching record based upon your search criteria
- + You can also click **Add Another Practitioner** to add another provider to your account
- + You can access the **Manage Your Account** at any time to make any necessary updates or changes

The screenshot displays the EviCore provider portal interface. At the top, there is a navigation bar with tabs: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account, MedSolutions Portal, and Help Contact. The 'Manage Your Account' tab is active. Below the navigation bar, the user's account information is displayed: Office Name: eviCore, Address: work at home, Primary Contact: [redacted], and Email Address: [redacted]. There are buttons for 'CHANGE PASSWORD' and 'EDIT ACCOUNT'. An 'ADD PROVIDER' button is also visible. Below this, a table with columns 'Name' and 'NPI' is shown, with a 'REMOVE NPI' button next to each row. A modal window titled 'Add Practitioner' is open, containing a search form with fields for 'Practitioner NPI', 'Practitioner State' (a dropdown menu), and 'Practitioner Zip'. There are 'FIND MATCHES' and 'CANCEL' buttons at the bottom of the modal. The background of the slide features a grid of teal plus signs.

Provider Resources



Client and Provider Services

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

- + Access: [ECRM Services](#)
- + ECRM educational resources: [ECRM Resources | EviCore by Evernorth](#)
- + Trouble using ECRM? Send an email to: ECRMSupport@EviCore.com

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

Call 866.672.8115, representatives are available from 7 a.m. to 7 p.m. local time.



Contact EviCore's Dedicated Teams

EviCore Communication Relationship Management (ECRM)

For program-related questions or concerns, please submit inquiries via the [EviCore Communication Relationship Management \(ECRM\)](#) application. Common issues addressed through ECRM include:

- Questions regarding accreditation and/or credentialing
- Requests for an authorization to be sent to the health plan
- Complaints and grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues
- Issues with EviCore provider portal

ECRM is available **24/7**. Users can login or register here, [ECRM](#)

Additional Information about ECRM, including trainings, can be found on [Providers Hub](#)

+Provider Resource Website

Provider Resource Pages

+eviCore's Provider Experience team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis. The provider resource page will include, but is not limited to, the following educational materials:

- Frequently Asked Questions
- Quick Reference Guides
- Provider Training
- CPT code list

+To access these helpful resources, please visit

+<https://www.evicore.com/resources/healthplan/humana/kentucky>
Humana Healthy Horizons in Kentucky Provider Services: 800-444-9137



+Provider Newsletter

Stay Updated With Our Free Provider Newsletter

+eviCore's provider newsletter is sent out to the provider community with important updates and tips. If you are interested in staying current, feel free to subscribe:

- Go to eviCore.com
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates



+Provider Resource Review Forums

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 navigate 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
- Check-status function of existing prior authorization
- Search for contact information
- Podcasts and insights
- Training resources

How to register for a Provider Resource Review Forum?

You can find a list of scheduled **Provider Resource Review Forums** on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



EviCore

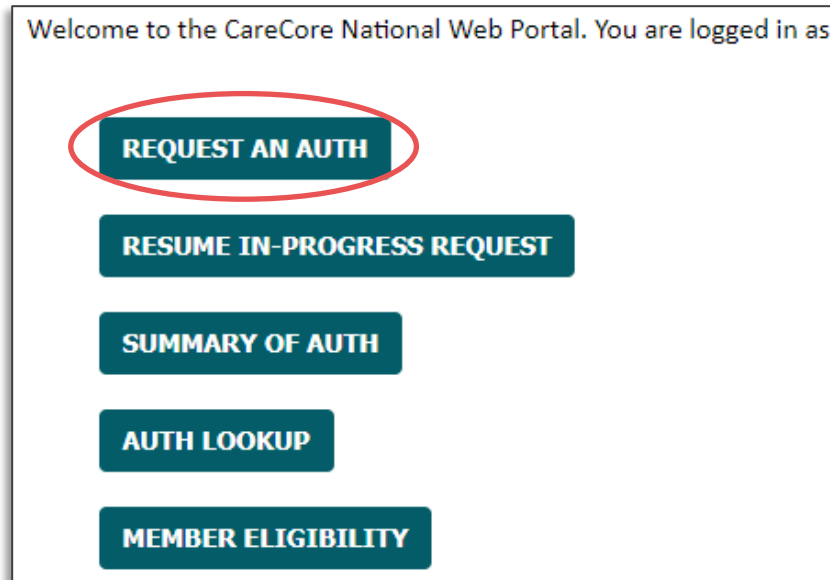
By EVERNORTH

Thank you!



Portal Case Submission

Initiating a Case



- Click the **Clinical Certification** tab to get started.
- Choose **Request an Auth** to begin a new case request.

Initiating a Case

+ Select the **Program** for your certification

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

Request an Authorization

To begin, please select a program below:

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

CONTINUE

[Click here for help](#)

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Search for and Select Provider

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

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

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI: **SEARCH** **CLEAR SEARCH**

	Provider
SELECT	
SELECT	
SELECT	
SELECT	
SELECT	
SELECT	
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**

Select Health Plan

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

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Choose Your Insurer

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

INSURER NAME [v]

Please Select an Address provider [v]

Please Select an Address

- 911 E 20TH ST STE 300
- 2100 S MARION RD STE 310
- 6215 S CLIFF AVE STE 110
- 1333 MAY ST
- 300 S BRUCE ST
- 1521 CARLSON ST
- 506 E BRIDGE ST
- 366 E GEORGE ST
- 6100 S LOUISE AVE STE 2100
- 6800 S LOUISE AVE

and relevant clinical info at the end of this process. [Learn More.](#)

se call the number on the back of the member's card to determine if an authorization

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Enter Contact Information

- + Enter the **Provider's name** and appropriate information for the point of contact individual
- + Provider name, fax and phone will pre-populate, edit as necessary

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Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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Tuesday, June 25, 2024 9:23 AM

Add Your Contact Info

Provider's Name:* [2]

Who to Contact:* [2]

Fax:* [2]

Phone:* [2]

Ext.: [2]

Cell Phone:

Email:

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.

[Click here for help](#)

BACK **CONFIRM FAX AND CONTINUE**

The “Receive notification of case status changes” box is checked by default. Make sure you enter a valid email address to assure you receive notices of case updates.

If you prefer fax notices, uncheck the box and make sure to include a valid fax number.

Enter Member Information

- + Enter the expected date of service. If unknown, enter today's date.
- + Then, enter the **member information**, including: patient ID number, date of birth, and last name then click **ELIGIBILITY LOOKUP**
- + Confirm your patient's information and click **SELECT** to continue

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

Tuesday, June 25, 2024 9:32 AM

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

Patient ID is 12 numeric digits. Remove 3-letter prefix. Do not include member code in Patient ID. Member code is located at the end of the Patient ID. It is a unique suffix that di

ELIGIBILITY LOOKUP

BACK

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Attention!

Time: 6/25/2024 9:32 AM

What is the expected procedure date or treatment start date for this request? (MM/DD/20YY)*

If the Date of Service is unknown, please enter today's date.

SUBMIT

Enter Requested Procedure and Diagnosis

- + Select the most appropriate **CPT** and **Diagnosis** codes for your request

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Requested Service + Diagnosis

This procedure was performed on 6/25/2024. **CHANGE**

Musculoskeletal Management Procedures

Select a Procedure by CPT Code[?] or Description[?]
64483 Epidural inj; single level
Don't see your procedure code or type of service? [Click here](#)
[Additional Pr](#)

Requested Service + Diagnosis

Diagnosis

This procedure has not been performed. **CHANGE**

Primary Diagnosis: /
Description: /
[Change Primary](#)

Select a Secondary Diagnosis
Secondary diagnosis

BACK

[Click here for help](#)

Radiology Procedures

Select a Primary Procedure by CPT Code[?] or Description[?]
78815 PET W CT SKULL TO MID-THIGH
Don't see your procedure code or type of service? [Click here](#)
Additional Procedure codes will be collected/presented during the clinical questionnaire

Diagnosis

Primary Diagnosis Code: **R50.2**
Description: **Drug induced fever**
[Change Primary Diagnosis](#)

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

LOOKUP

BACK **CONTINUE**

[Click here for help](#)

Site Selection

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

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Tuesday, June 25, 2024 10:10 AM

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

	Name	Address
SELECT	<input type="text"/>	<input type="text"/>

Add Site of Service

BACK

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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: Starts with Exact match

LOOKUP SITE

Site Email (optional)

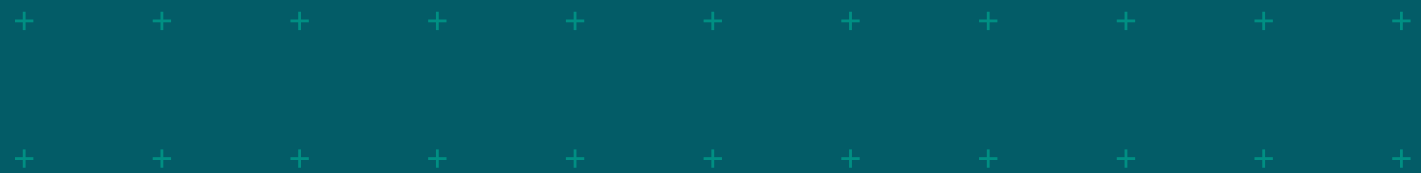
BACK

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Clinical Certification

- + You may get pop up windows along the submission process, so make sure to read the messages carefully and follow the guidance.
- + Verify that all information is entered and correct
- + **You will not have the opportunity to make changes after this point**



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Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Tuesday, June 25, 2024 9:44 AM

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.

Alert!
Patient ID: [redacted] Time: 6/25/2024 9:44 AM
Patient Name: [redacted]

This member will receive the highest coverage level from his or her plan by using a provider within the plan's limited network. The cost to the member is significantly higher when using an out-of-network provider. Go to bluecrossmn.com/findadoctor to find a provider in the member's preferred network.

OK

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**

[Click here for help](#)

Standard or Urgent Request?

- + If the case is **standard**, select **Yes**
- + If your request is **urgent**, select **No**
- + When a request is submitted as urgent, you will be **required** to upload relevant clinical information
- + Upload up to **FIVE documents** (.doc, .docx, or .pdf format)
- + Your case will only be considered urgent if there is a successful upload

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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 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

Choose File No file chosen

UPLOAD

Proceed to Clinical Information

Is this case Routine/Standard?

YES **NO**

Improved Provider Experience

Real-Time Decision or Clinical Documentation Upload



Workflow that reduces provider administrative burden by reducing the clinical survey experience



Real-time decisions

Expedites evidence-based patient care



When a Real-Time approval does not occur, simply upload clinical information that supports the request



Clinical Certification

Your case has been Approved.

Provider Name:		Contact:	WED
Provider Address:		Phone Number:	()
		Fax Number:	()

Patient Name:		Patient ID:	
Insurance Carrier:			

Site Name:	P	Site ID:	
Site Address:	2		
	N		

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 Number:			
Review Date:			
Expiration Date:			
Status:	Your case has been Approved.		

Clinical Certification

Clinical Upload

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

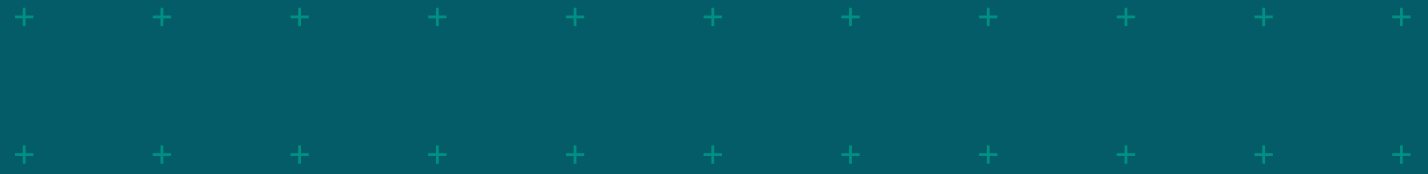
Browse for file to upload (max size 5MB, allowable extensions .DOC, .DOCX, .PDF):

Choose File	Sample4Upload_1.docx
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen

UPLOAD SKIP UPLOAD

Proceed to Clinical Information

- + **Clinical Certification** questions may populate based on the information provided
- + You can save your request and **'Finish later'** if needed. Please make sure to complete the case by the end of the day to avoid the case expiring.
- + Select **Certification Requests in Progress** to resume a saved request (this function is **not** available for single sign on (SSO) users)



Example Questions

The screenshot shows a form titled "Proceed to Clinical Information". It contains a question: "Will there be any additional procedures needing prior authorization for the same patient, date of service, and site of service?" with radio buttons for "Yes" and "No". A "SUBMIT" button is visible below the question.

An "Attention!" pop-up is overlaid on the form, asking: "Is this a request for a bilateral procedure of a previously requested authorization?" with "YES" and "NO" buttons.

Another pop-up is overlaid on the "Attention!" pop-up, asking: "Which anatomy will be examined with the requested study?" with radio buttons for "Hip", "Knee", and "Ankle". Below this pop-up is a "SUBMIT" button and a "Finish Later" checkbox.

A blue callout box at the bottom right of the "Finish Later" pop-up says: "Did you know? You can save a certification request to finish later."

Request for Clinical Upload

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

Tips:

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

EviCore
By EVERNORTH

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 U

Proceed to Clinical Information

Clinical Upload

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

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

Choose File Test clinical.docx

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD SKIP UPLOAD

Criteria Met

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

EviCore
By EVERNORTH

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

Summary of Your Request

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

Your case has been Approved.

Provider Name:	DR. BHARATH MANKU ANKARA VETTU	Contact:	666
Provider Address:	1200 6TH AVE SE SAINT CLOUD, MN 56301	Phone Number:	(320) 939-1000
		Fax Number:	(320) 939-1000
Patient Name:	ANTHONY BROWN	Patient Id:	ANTHONY
Insurance Carrier:	WELLSFARGO		
Site Name:	CLINICAL RESEARCH CENTER	Site ID:	ANTHONY
Site Address:	875 UNIVERSITY BLVD SE CLINICAL FL 30702		
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	MRI LOWER EXTREMITY JOINT W/O
CPT Code:	73721		
Authorization Number:	00000000		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

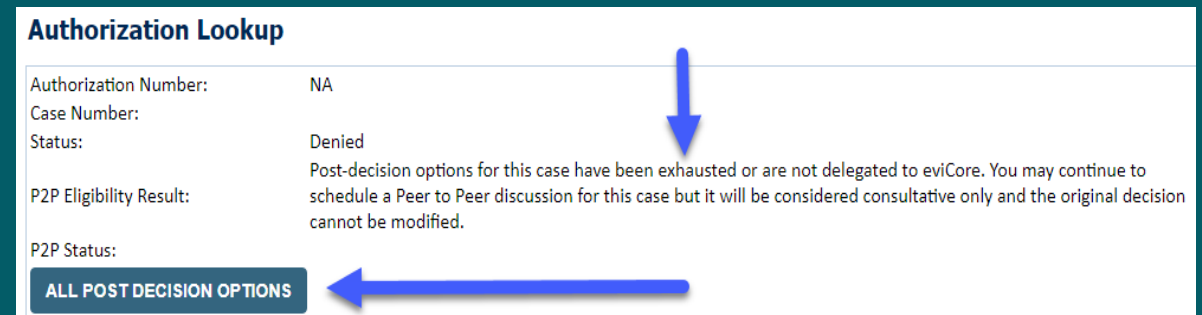
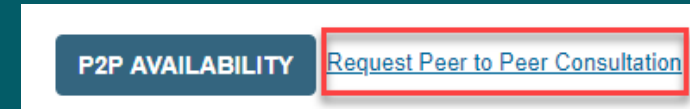
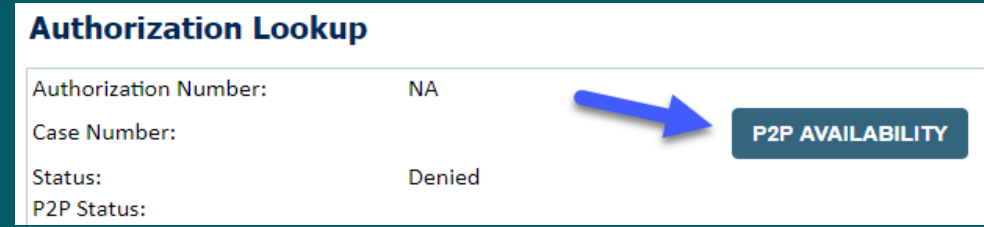
CANCEL | PRINT | CONTINUE

Peer-to-Peer (P2P) Scheduling Tool

Schedule a P2P Request

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

1. Log-in to your account at EviCore.com
2. Perform **Clinical Review Lookup** to determine the status of your request
3. Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a Peer-to-Peer consultation
4. Note carefully any messaging that displays*

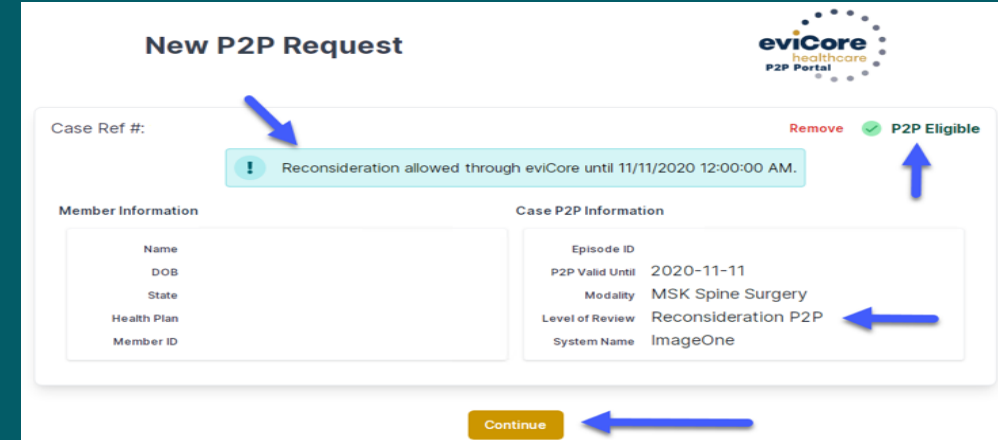
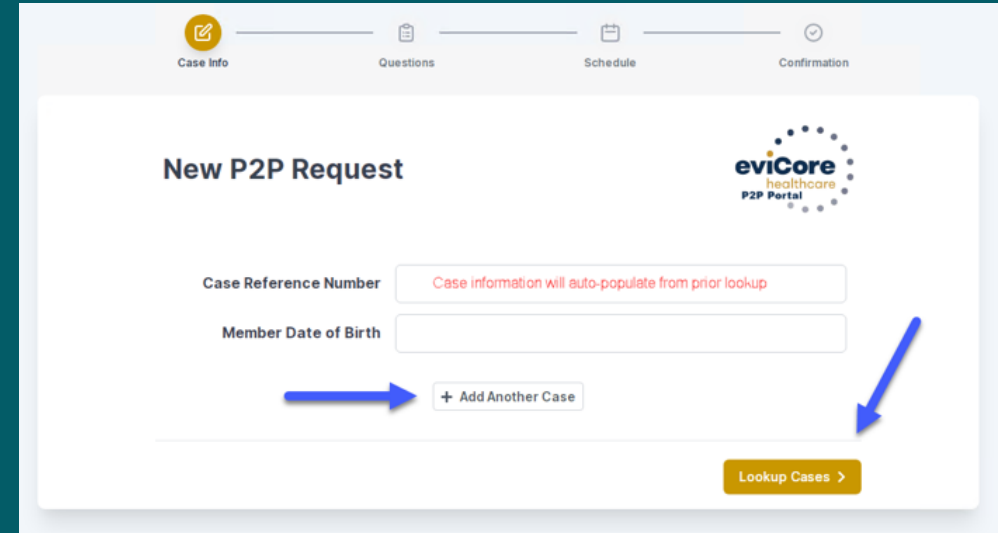


*In some instances, a Peer-to-Peer consultation is allowed, but the case decision can not be changed. In such cases, you can still request a **Consultative-Only Peer-to-Peer**. You can also click on the **ALL POST-DECISION OPTIONS** button to learn what other action can be taken.

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 Request (con't.)

1. Upon first login, you will be asked to confirm your default time zone
2. You will be presented with the Case Number and Member Date of Birth
3. Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**
4. To proceed, select **Lookup Cases**
5. You will receive a confirmation screen with member and case information, including the Level of Review for the case in question
6. Click **Continue** to proceed



Schedule a P2P Request (con't.)

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

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 →

	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
1st Priority by Skill	6:15 pm EDT	-	-	-	-	-	-
	6:30 pm EDT						
	6:45 pm EDT						
1st Priority by Skill	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 Request (con't.)

1. Update the following fields to ensure the correct person is contacted for the Peer-to-Peer appointment:
 - + Name of Provider Requesting P2P
 - + Phone Number for P2P
 - + Contact Instructions
2. Click **Submit** to schedule the appointment
3. You will be presented with a summary page containing the details of your scheduled appointment
4. Confirm contact details

The screenshot displays the 'Schedule' step of a P2P Request process. At the top, a progress bar shows four steps: Case Info (checked), Questions (checked), Schedule (active), and Confirmation (pending). 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, DOB, 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 provider name, phone number, and contact instructions fields. A 'Submit' button is located at the bottom right of the form.

The screenshot shows the 'Scheduling' summary page. It features a 'Scheduling' header with a calendar icon. Below it, the appointment is listed as 'Scheduled' for 'Mon 5/18/20 - 6:30 pm EDT'. A blue box on the left contains a calendar icon and a clock icon. A red oval highlights the word 'SCHEDULED' in the top right corner of the appointment card.

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

