

RADIOLOGY & CARDIOVASCULAR  
IMAGING PROGRAM

# Provider Orientation Session for Wellmark Blue Cross Blue Shield



**EviCore**  
By EVERNORTH

Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc. and Wellmark Blue Cross and Blue Shield of South Dakota are independent licensees of the Blue Cross and Blue Shield Association. Wellmark contracts with EviCore by Evernorth (EviCore), an independent company to review requests for certain services for medical necessity and appropriateness on behalf of Wellmark.

# Wellmark BCBS Radiology & Cardiovascular Imaging Prior Authorization

EviCore by Evernorth (EviCore) manages prior authorization requests for Wellmark BCBS Radiology & Cardiovascular Imaging services

## Select Members:

Commercial (includes On Exchange)


- Fully Insured
- Self Insured

## Prior authorization applies to select codes for the following services:

- Outpatient
- Planned / Non-emergent

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

- Emergency Rooms
- Observation Services
- Inpatient Stays

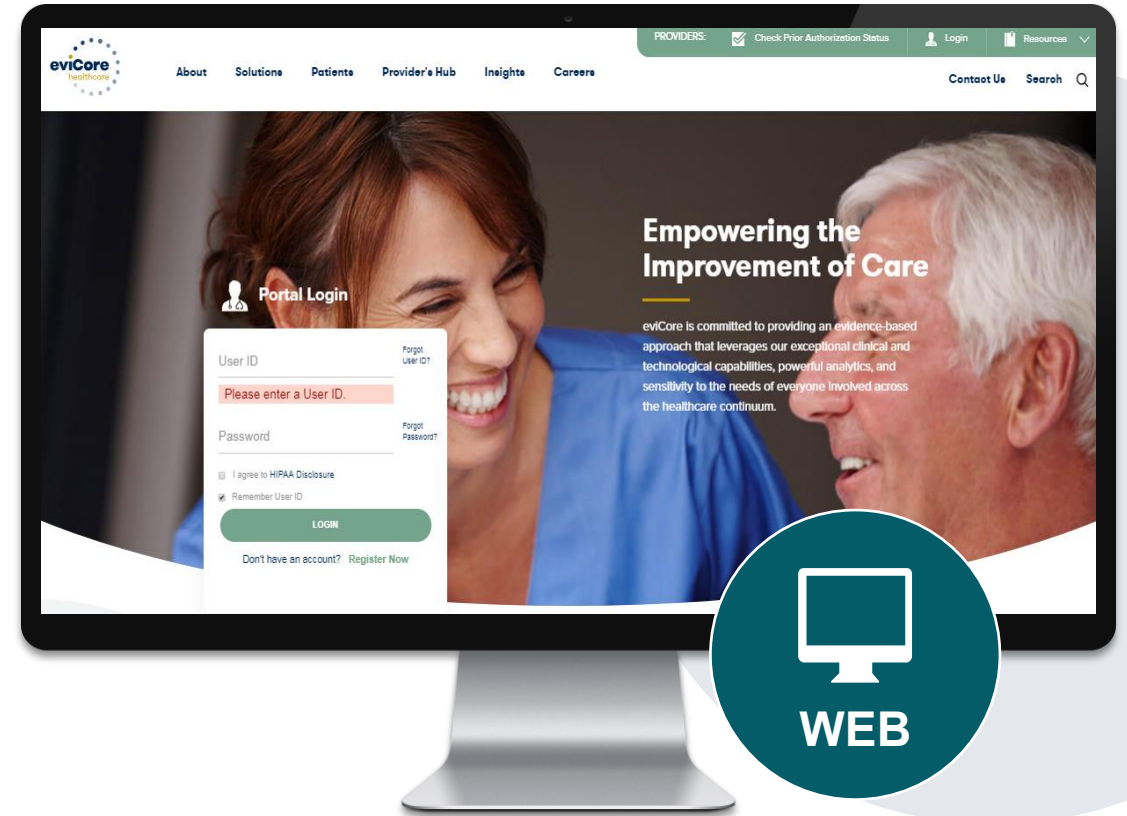
 Providers should verify member eligibility and benefits at: <https://evbi.wellmark.com/EVBI/SearchLocal.aspx>  
Check prior approval requirements on the secured provider log-in: [Authorization Table \(wellmark.com\)](#)

# Methods to Submit Prior Authorization Requests

## EviCore Provider Portal (preferred)

- **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
- **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 prior authorization request, you can duplicate information to expedite submittals

**EviCore**  
By EVERNORTH



**Phone Number:**  
844-253-9502  
Monday through Friday:  
[7 am – 7 pm] Central Time

**Fax Number:**  
800-540-2406  
To be used to submit additional  
clinical information when the  
portal is not available

# 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

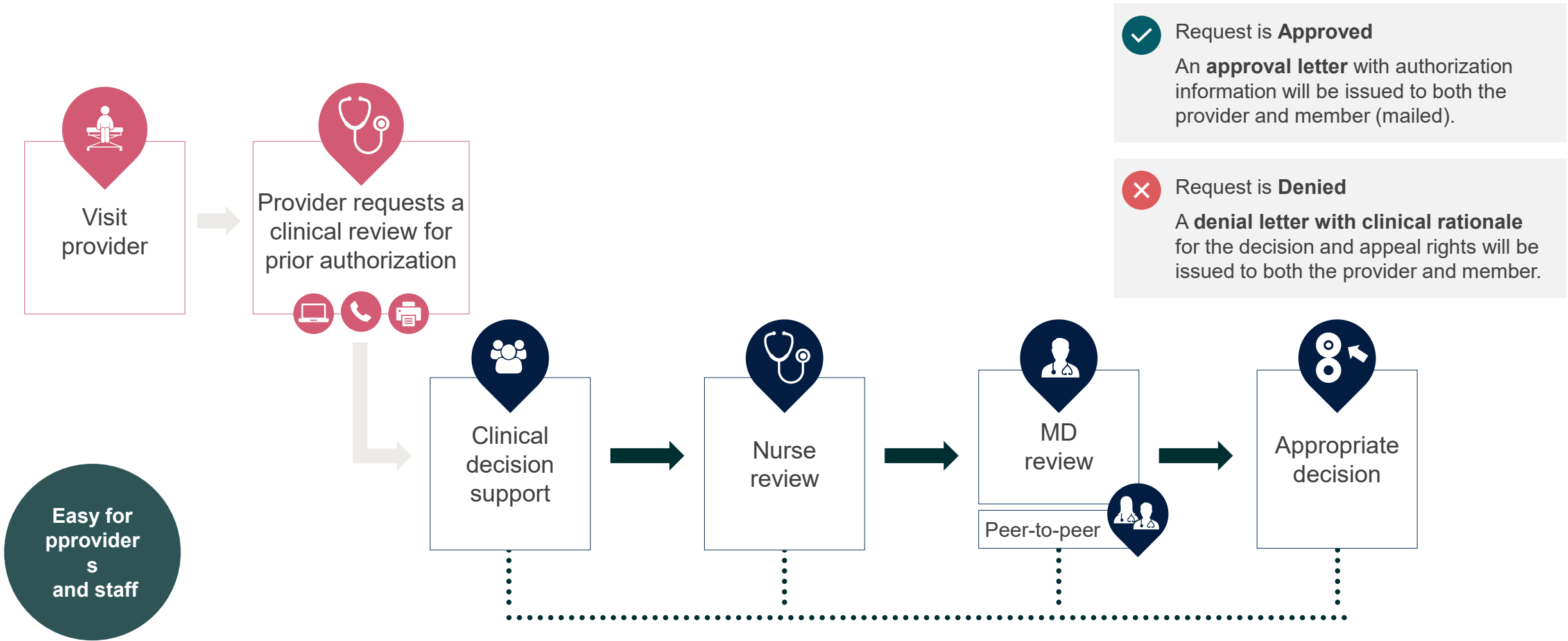
- Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number



## Supporting Clinical

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

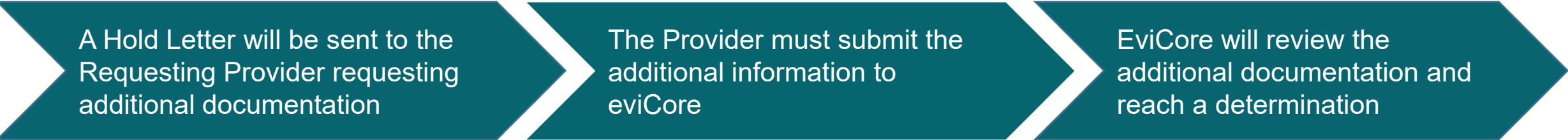
# Utilization Management | Prior Authorization



# Insufficient Clinical – Additional Documentation Needed

## Additional Documentation to Support Medical Necessity

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:



The Hold notification 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 to the ordering physician, rendering provider and the member.



# Providing Additional Information

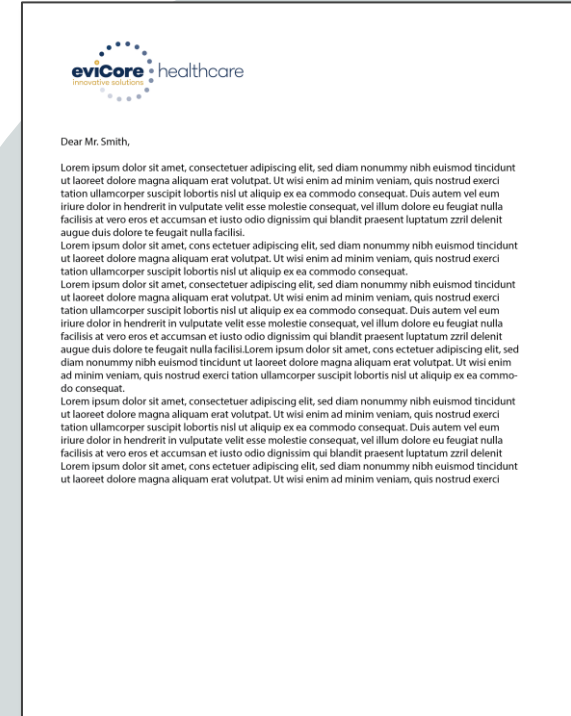
I've received a request for additional clinical information. What's next? There are three ways to supply the requested information to eviCore for review:

- Additional clinical information must be submitted to eviCore in advance of the due date referenced
  - Additional clinical information should be submitted to eviCore for consideration per the instructions received, clinical can be **faxed** to **800-540-2406** or **uploaded** directly into the case via the provider portal at [Authorization Table \(wellmark.com\)](#)
- Alternatively, providers can choose to request a **Pre-Decision Clinical Consultation** instead of submitting additional clinical information. This consultation can be self-scheduled via the eviCore website (see the end of this presentation for instructions).
  - The Pre-Decision Clinical Consultation must occur prior to the due date referenced
- If the additional clinical documentation is shared with eviCore via fax or uploaded on the portal, that clinical will be sent on to be reviewed for medical necessity determination. Once the documentation is shared, the case advances to review and the case is **not** held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed
- Once the determination is made, notifications will go out to the ordering provider, rendering lab and member, and status will be available on the portal.

# Prior Authorization Outcomes

## Determination Outcomes:

- **Approved Requests:** Authorizations are typically valid for 90 Calendar days from the date of the determination (authorization start date). If the specimen has been indicated as already collected, the authorization start date will be the specimen collect date.
- **Denied Requests:** Based on evidence-based guidelines, if a request is determined as inappropriate, a notification with the rationale for the decision and post decision/ appeal rights will be issued.
- **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.



# Prior Authorization Outcomes (continued)

## Notifications for Approvals/Denials/Partial Denials:

- Members will receive a letter by mail.
- Notices will be sent to the ordering physician and the rendering lab.
- Web initiated cases will receive e-notifications by default unless the user chooses **not** to receive notices electronically.
- If the user chooses not to receive e-notifications, authorization letters will be faxed.
- Approval information can also be printed on demand from the portal: [Authorization Table \(wellmark.com\)](https://www.wellmark.com)



# Special Circumstances

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## Retrospective (Retro) Authorization Requests

- Retrospective Requested Authorizations are not accepted.

## Expedited/Urgent Prior Authorization Requests

- EviCore uses the NCQA/URAC definition of expedited/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/Expedited cases are reviewed within 72 hours (Iowa), and 24 hours (South Dakota) depending on the member's state compliance requirements.



# Special Circumstances cont.

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## 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, by following the instructions provided in the denial notice.
- Providers have up to 14 calendar days to contact EviCore via phone to accept the alternative recommendation.

## Authorization Update

- If updates are needed on an existing authorization, please contact EviCore by phone at 844-253-9502.
- While EviCore needs to know if changes are made to the approved request, any change could result in the need for a separate clinical review and require a new request (and the original approved request would need to be withdrawn).
- If the authorization is not updated, it may result in a claim denial.



# Post-Decision Options:

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## 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 844-253-9502 to speak to an agent who can provide available option(s) and instruction on how to proceed. Alternatively, select 'All Post Decisions' on [www.EviCore.com](http://www.EviCore.com), under the authorization lookup function, to see available options.

### Reconsiderations

- Reconsiderations must be requested within 14 calendar days after the determination date.
- Reconsiderations should be requested in writing. A Clinical (peer to peer) Consultation with an EviCore physician can occur as a part of the reconsideration process.

### Appeals

- EviCore will process first-level appeals.
- Appeal requests need to be submitted in writing and received within 180 calendar days of the denial.
- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider.

# Provider Portal Overview

# Accessing the Portal via Wellmark BCBS

The screenshot displays the Wellmark website interface. At the top, there is a 'MENU' icon, the Wellmark logo, and a 'LOG IN / REGISTER' button. The main content area is titled 'RADIOLOGY AND CARDIOVASCULAR IMAGING UTILIZATION MANAGEMENT PROGRAM'. Below the title, there is a paragraph of text: 'Wellmark will be expanding its partnership with EviCore® to provide utilization management services for radiology and cardiovascular imaging. This will apply to Wellmark commercial members for dates of service effective Mar. 1, 2024.\*'. A footnote below reads: '\*As is the current policy, services performed within an inpatient stay, observation or emergency room visit will not require authorization.' On the left side, there is a navigation menu with a 'RADIOLOGY AND CARDIOVASCULAR IMAGING' section. A red arrow points from this menu item to the 'Medical Authorization Table' link in the 'Prior Authorization' section. Another red arrow points from the 'Medical Authorization Table' link to the 'Medical Policies' section on the right.

Access the Secure Provider Portal via Wellmark's webpage: [Radiology & Cardiovascular Imaging Program | Wellmark](#) then click on Wellmark's Medical Authorization Table.

# Accessing the Portal via Wellmark BCBS

**Wellmark.**

## Medical Authorization Table

The medical Authorization Table is your best resource for viewing medical policies and criteria used by Wellmark. It is also your first stop in learning whether an authorization is required.

**Obtain approval in advance to help prevent delays and unexpected costs.**

Beginning April 1, 2020, Part 2 providers will need to follow the steps when requesting a pre-service review for SUD (Substance Use Disorder) related services:

Providers must obtain authorized consent from the member or member's guardian for disclosure of patient identifying information to be released to Wellmark for:

- Treatment
- Payment of claims
- Health care operations
- Wellmark to re-disclose information with current and future treating entities related to this episode of care

If you don't have a consent form, we have created a [template](#) you may use.

To view authorizations and quantity limits for drugs and medications, please view the [drug authorization list](#) or the [FEP drug authorization list](#).

**View important details about authorization**

Use the search box and/or pre-service filter criteria below to narrow your search results. Click on the row header in the grid to sort your search results.

Show Pre-Service Review Only    Pre Service Review Type:    

Code - CPT/HCPCS	Title (Service/Description)	Pre Service Review Required	Type of Pre Service Review Required	Submit Using	Policy or Criteria Link(s)	Comments
0129U	Hereditary breast cancer–related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53)	Yes	Prior Approval	<a href="#">Utilization Management Tool: Procedures and DME</a>	<a href="#">Comprehensive multi-gene panel for hereditary breast cancer syndromes</a>	

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Log in to Wellmark so you can access your member's plan requirements.

Selecting Wellmark's Medical Authorization Table brings you here where you can input CPT, or description of service, in the Search Box.

The **Submit Using** column will soon be populated with the eviCore link if your code requires authorization through eviCore. The **Policy or Criteria (Link)** will guide you to eviCore's Clinical Guidelines for Wellmark members.

# Accessing Member Eligibility and Verification

The screenshot displays the Wellmark provider portal interface. On the left is a dark sidebar with a 'MENU' icon and categories: CLAIMS AND PAYMENT, PROVIDER RESOURCES, PROVIDER COMMUNICATIONS, MEDICARE ADVANTAGE, and QUICK LINKS. The main content area has a header with the Wellmark logo, 'LOG IN / REGISTER', and a search icon. Below the header, the 'Check Member Coverage' section is highlighted. It contains the following text: 'Providers should always validate member coverage includes the molecular testing utilization management program by using the [Check Member Information tool](#) located on the Wellmark provider portal.\*' A red arrow points to this link. Below this, it states: 'The molecular testing prior approval language will be in the Notification Section of EVBI.' and 'Please note that this tool is not available to out-of-network providers. Out of network providers can contact customer service for member eligibility in the program.' Further down, it says: 'Authorizations through eviCore will only be for molecular testing codes. Out-of-network approval should be obtained by a network provider prior to any non-molecular testing services being performed by an out-of-network provider. Submit the request using Wellmark's Medical Authorization Tool, Jiva. For more information, please reference the [Health Services section of the Wellmark provider guide](#).' Below this is the 'eviCore Contact Information' section, which states: 'The eviCore Healthcare Web Portal is available 24/7 and can be accessed through [Wellmark's Medical Authorization Table](#).' and 'Providers can call eviCore toll-free at [1-844-253-9502](#) from 7:00 a.m. to 7:00 p.m. CST Monday through Friday.' The 'Available Training' section follows, stating: 'Online orientation sessions will be held to assist providers with the new program. Sessions will last approximately one hour and will be held on the following dates and times:' and lists four sessions: 'Tuesday, September 12 at 10:00 a.m. CST', 'Thursday, September 14 at 1:00 p.m. CST', 'Tuesday, September 19 at 9:30 a.m. CST', and 'Monday, October 2 at 12:30 p.m. CST'. A 'FEEDBACK' button is visible on the right side of the main content area.

## Notification Requirements

Outpatient  
Molecular  
Testing  
Utilization  
Management  
Program – prior  
approval is  
required.  
For more  
information visit  
[Wellmark.com/  
authable](https://www.wellmark.com/authable)

By clicking on Check Member Information will bring you to the Wellmark log-in page, or to the EVBI – Eligibility Verification/Benefit Information screen if you are already logged in.

# Accessing the Medical Policies

The image shows a composite of three elements. On the left is a 'Related Links' sidebar from Wellmark.com with 'Medical Policies' highlighted in yellow. In the center is a browser notification that says 'You are now leaving Wellmark.com' with a 'CONTINUE TO NEW SITE' button. An arrow points from this button to the right, where a screenshot of the eviCore healthcare End User Agreement is shown. The agreement includes sections for AMA Disclaimer, NCCN Disclaimer, and Intellectual Property Protection.

**Tips**

- » Know when to expect a response
- » Learn about FEP requirements
- » Review important types of authorizations
- » Understand out-of-area diagnosis imaging

**Related Links**

- » Provider Guides
- » Medical Policies**
- » Forms
- » Find a Provider or Facility
- » Drug Information
- » Provider newsletter
- » Education

**eviCore healthcare®**

Clinical Guidelines and Resources - End User Agreement

**AMA Disclaimer**

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**NCCN Disclaimer**

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**Intellectual Property Protection**

In addition to the [Terms of Use](#), eviCore's Clinical Review Criteria ("CRC") and related content is made available for the limited uses of: reference; and individual use, only limited to facilitating the determination of medically necessary and appropriate clinical treatment by clinicians for specific delegated patients under their care. The CRC and related content is proprietary information of eviCore, and copyrighted to the full extent of the law. Except as expressly permitted, you may not modify, copy, reproduce, republish, upload, post, transmit, hyperlink to or from, or distribute

By clicking on the **Medical Policies** link from **Wellmark's Related Links** will bring you to the **Provider Resource site at eviCore.com** where you can access **Clinical Guidelines and policies**.

# Welcome to the EviCore Portal via single sign on (SSO)



Tuesday, August 08, 2023 1:08 PM

## Request an Authorization

To begin, please select a program below:

- Lab Management Program
- Radiology and Cardiology

**CONTINUE**

[Click here for help](#)

- Select Radiology and Cardiology

# Provider Selection

### Requesting Provider Information

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

Healthplan: Wellmark BCBS

TIN:

NPI:

Last Name:  (requires NPI or TIN)

City:  (city only, no state)

Zip:

**SEARCH**

### Add Your Contact Info

Provider's Name:\*  [?]

Who to Contact:\*  [?]

Fax:\*  [?]

Phone:\*  [?]

Ext.:  [?]

Cell Phone:

Email:  [?]

Receive notification of case status changes

**BACK** **CONTINUE**

[Click here for help](#)

- **Select the ordering Practitioner or Group for the requested service.**
- **Add/change the contact information appropriate for the point of contact for the case.**

# Member Lookup Information (Eligibility)



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

Wednesday, March 22, 2023 3:52 PM

## Patient Eligibility Lookup

Patient ID:\*

Date Of Birth:\*  MM/DD/YYYY

Patient Last Name Only:\*  [?]

ELIGIBILITY LOOKUP

BACK

Enter the member information including the patient ID number (W00 from ID Card), date of birth and last name. Click **Eligibility Lookup**

## Patient Eligibility Lookup

Patient ID:\*

Date Of Birth:\*  MM/DD/YYYY

Patient Last Name Only:\*  [?]

LOOKUP AGAIN

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
<input type="button" value="SELECT"/>	1	01			F	

BACK

[Click here for help](#)

# Enter the Procedure & Diagnosis, and Verify Selection



- Home
- Authorization Lookup
- Clinical Certification**
- Certification Requests In Progress

## Requested Service + Diagnosis

This procedure has not been performed. [CHANGE](#)

### Radiology Procedures

Select a Primary Procedure by CPT Code[?] or Description[?]  
   
Don't see your procedure code or type of service? [Click here](#)

### Diagnosis

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

[LOOKUP](#)

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

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

*Secondary diagnosis is optional for Radiology*

[LOOKUP](#)

[BACK](#)

[Click here for help](#)

## Requested Service + Diagnosis

Confirm your service selection.

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

**Secondary Diagnosis:**

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

[BACK](#) [CONTINUE](#)

[Click here for help](#)

Edit any information if needed by selecting the appropriate link.

# Site Selection

**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**

**carriers.carecorenational.com says**

This provider is Out of Network. Please resubmit with an In Network Provider. For member benefits, please contact the Health Plan using the number on the back of the member's ID card.

**OK**

- If you enter a provider that is not in the Wellmark network, you'll receive a pop-up message asking you to select an in-network provider.
- Selecting an out of network provider will result in a higher out of pocket cost to the member.

# Clinical Certification

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## Proceed to Clinical Information

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

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

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

BACK

CONTINUE

- **Verify that all information is entered and make any changes needed**
- **You will not have the opportunity to make changes after this point**

# Standard or Urgent/Expedited Request?

- If the case is **standard** select **Yes**
- If your request is **Urgent/Expedited** select **No**
- When a request is submitted as Urgent/Expedited, you will be required to upload relevant clinical information
- Your case will only be considered Urgent/Expedited-if there is a successful upload of clinical documentation
- You can upload up to FIVE documents in .doc, .docx, or .pdf format – max 25MB document size

### Proceed to Clinical Information

Is this case Routine/Standard?

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Perf. Summary F

Thursday, May 14, 2020 3:04 PM

### 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):

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

# Proceed to Clinical Information – Example of 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 will populate based upon the information provided

You can save your request and Finish Later if needed

- You will be able to complete the case later that day
- When logged in, you can resume a saved request by going to Certification Requests in Progress. Please make sure to complete the case before the end of the day to avoid losing your information.

EviCore

By EVERNORTH

# Next Step: Criteria not met

If criteria is not met based on clinical questions, you will receive a similar request for additional info:

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

- I would like to upload a document after the survey
- I would like to enter additional 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

**SUBMIT**

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

**Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.**

<b>Provider Name:</b>	DR. BRADLEY WOODS, M.D. (OB/GYN)	<b>Contact:</b>	Self
<b>Provider Address:</b>	1200 W. 10th St Tulsa, Oklahoma 74106	<b>Phone Number:</b>	(918) 456-7890
		<b>Fax Number:</b>	(918) 456-7890
<b>Patient Name:</b>	MEMBER NAME	<b>Patient ID:</b>	MEMBER ID
<b>Insurance Carrier:</b>	MEMBER ID		
<b>Site Name:</b>	MEMBER ADDRESS	<b>Site ID:</b>	MEMBER ID
<b>Site Address:</b>	MEMBER ADDRESS MEMBER CITY, STATE, ZIP		
<b>Primary Diagnosis Code:</b>	992	<b>Description:</b>	Recurrent pregnancy loss
<b>Secondary Diagnosis Code:</b>		<b>Description:</b>	
<b>Date of Service:</b>	Not provided	<b>Description:</b>	OB Ultrasound
<b>CPT Code:</b>	99203		
<b>Case Number:</b>	MEMBER ID		
<b>Review Date:</b>	5/13/2020 2:36:00 PM		
<b>Expiration Date:</b>	N/A		
<b>Status:</b>	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.		

- Tips:**
- Upload clinical notes on the portal to avoid any delays by faxing
  - Additional information uploaded to the case will be sent for clinical review
  - Print out summary of request that includes the case # and indicates 'Your case has been sent to medical review'

# Criteria Met

If your request is authorized during the initial submission you can print out the summary of the request for your records.

### Summary of Your Request

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

**Your case has been Approved.**

<b>Provider Name:</b>	DR. BHARATH MANU ANKARA VEETIL	<b>Contact:</b>	1000
<b>Provider Address:</b>	1200 6TH AVE N SAINT CLOUD, MN 56303	<b>Phone Number:</b>	(320) 292-3333
		<b>Fax Number:</b>	(320) 292-3333
<b>Patient Name:</b>	SMITH, JAMES	<b>Patient Id:</b>	12345678
<b>Insurance Carrier:</b>	WELLS FARGO		
<b>Site Name:</b>	CLINICAL MEDICAL GROUP	<b>Site ID:</b>	123456
<b>Site Address:</b>	875 UNIVERSITY BLVD CORNING, AL 36303		
<b>Primary Diagnosis Code:</b>	R68.89	<b>Description:</b>	Other general symptoms and signs
<b>Secondary Diagnosis Code:</b>		<b>Description:</b>	
<b>Date of Service:</b>	Not provided		
<b>CPT Code:</b>	73721	<b>Description:</b>	MRI LOWER EXTREMITY JOINT W/O
<b>Authorization Number:</b>	12345678		
<b>Review Date:</b>	5/13/2020 1:52:08 PM		
<b>Expiration Date:</b>	6/27/2020		
<b>Status:</b>	Your case has been Approved.		

**CANCEL** **PRINT** **CONTINUE**



# Portal Features and Provider Resources

# Portal Features



## Authorization Lookup

- You can look-up authorization status on the portal and print any correspondence
- Search by member information OR by authorization number with ordering NPI
- Review post-decision options, submit appeal and schedule a peer-to-peer

## Clinical Certification

- You can begin another authorization request

Resume requests already started and saved to “Finish Later” by selecting **Certification Requests in Progress**

# Authorization Lookup example

### Authorization Lookup

Authorization Number: NA

Case Number: 1 **P2P AVAILABILITY**

Patient Name: [REDACTED]

DOB: [REDACTED]

Status: Pending eviCore Review

P2P Status:

Approval Date:

Service Code: 73220

Service Description: MRI UPPER EXTREMITY W & W/O CO

Site Name: [REDACTED]

Start Date:

Expiration Date:

Date Last Updated: 11/9/2023 3:21:42 PM

Correspondence: **UPLOADS & FAXES**

Clinical Upload: **UPLOAD ADDITIONAL CLINICAL**

[Run Clinical Questionnaire](#)

**PRINT**

A final decision has not yet been rendered on this case OR it requires special handling. If you have received a request for additional clinical information, please respond to our notice per the instructions received.  
If you would like to understand additional options available, please contact our Physician Support Unit at 1-800-792-8744, option 1

### Authorization Lookup Approval example

Authorization Number: A [REDACTED]

Case Number: 1

Patient Name: [REDACTED]

DOB: [REDACTED]

Status: Approved

P2P Status:

Approval Date: 11/8/2023 7:11:28 PM

Service Code: 73220

Service Description: MRI UPPER EXTREMITY W & W/O CO

Site Name: [REDACTED]

Start Date: 11/8/2023

Expiration Date: 12/23/2023

Date Last Updated: 11/8/2023 7:12:14 PM

Correspondence: **UPLOADS & FAXES**

**PRINT**

### Authorization Lookup Denial example

Authorization Number: NA

Case Number: [REDACTED] **P2P AVAILABILITY**

Patient Name: [REDACTED]

DOB: [REDACTED]

Status: Denied

P2P Status:

**ALL POST DECISION OPTIONS**

Approval Date:

Service Code: 73220

Service Description: MRI UPPER EXTREMITY W & W/O CO

Site Name: [REDACTED]

Start Date:

Expiration Date:

Date Last Updated: 10/30/2023 8:20:47 AM

Correspondence: **UPLOADS & FAXES**

**PRINT**

[Click here for help](#)

# Dedicated eviCore Teams

## Call Center

- + Phone: (844)-253-9502
- + Representatives available 7 a.m. to 7 p.m. (Central Time)

## Web Support

- + Live chat
- + Access: [ECRM Services](#)
- + Phone: (800) 646-0418 (Option #2)

## Client & Provider Operations Team

For assistance with membership, claims, provider network issues, etc., submit the issue to our dedicated teams via EviCore Communication Relationship Management (ECRM):

- + Access: [ECRM Services](#)
- + ECRM educational resources: [ECRM Resources | EviCore by Evernorth](#)
- + Trouble using ECRM? Send an email to: [ECRMSupport@EviCore.com](mailto:ECRMSupport@EviCore.com)
- + Phone: (800) 646-0418 (Option #4)

## Provider Engagement

Lisa Mekkelsen (Iowa and South Dakota)

- + [Lisa.Mekkelsen@eviCore.com](mailto:Lisa.Mekkelsen@eviCore.com)
- + 843-949-0022

Regional team that works directly with the provider community

# Provider Resources for Wellmark BCBS

## Health plan specific Provider Resources at [eviCore.com](https://www.evicore.com)

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/wellmark-bcbs>

## Wellmark BCBS Provider Services

Iowa: 800-362-2218

South Dakota: 800-774-3892

**EviCore**

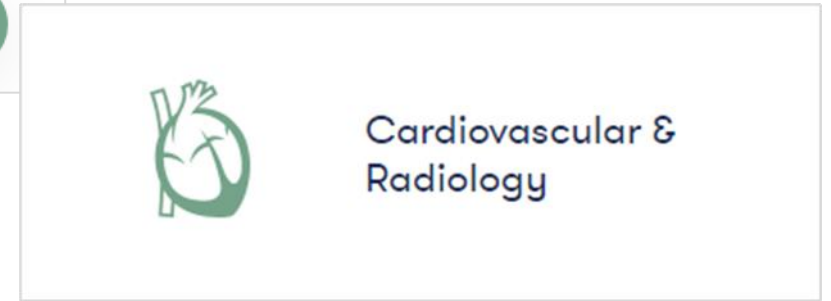
By EVERNORTH



# Clinical Guidelines / Medical Policies

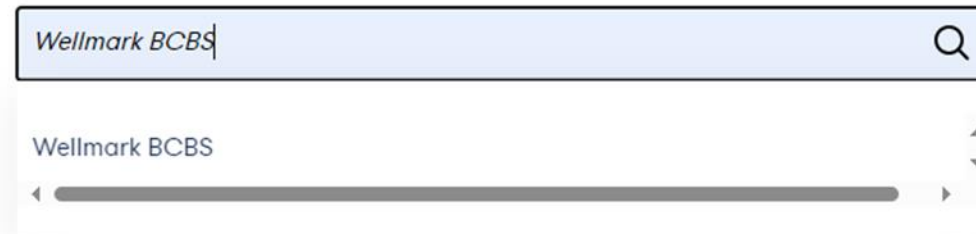
## How to access our Guidelines/Medical Policies

- + Go to [www.evicore.com](http://www.evicore.com) and select the 'Resources' drop down menu on the far right hand side of your browser.
- + Then select the 'Clinical Guidelines' button to be directed to the main clinical guidelines page.
- + Scroll down and select the 'Cardiovascular and Radiology' solution.
- + Type in "Wellmark BCBS" in the 'Search Health Plan' search bar and press enter.
- + Select the appropriate guideline specific to the requested imaging



If you require a copy of the guidelines that were used to make a determination on a specific request of treatment or services, please email the case number and request to: [reqcriteria@eviCore.com](mailto:reqcriteria@eviCore.com).

To request any additional assistance in accessing the guidelines, provide feedback or clinical evidence related to the evidence-based guidelines, please [click here](#).



# Non-Health Plan specific Provider Resources

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 Prior Authorization Online Portal Tips and Tools, to navigate [www.EviCore.com](http://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 & Insights
- + Training resources



# Provider Newsletter

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## 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](https://www.evicore.com)
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates



Thank you!