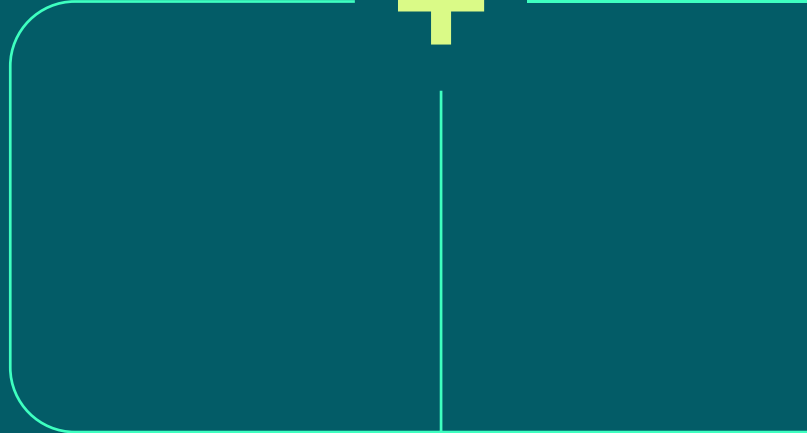


Radiology and Cardiology

Provider Orientation Session
for Aetna



Agenda

Solutions Overview

Submitting Requests

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

Site of Care Enhancement (Radiology)

Single Sign-on Process Via Availity

EviCore Provider Portal

Provider Resources

Appendix

Solution Overview

Aetna Prior Authorization Services

EviCore accepts prior authorization requests for radiology and cardiology services for Aetna members.



Applicable Membership

- + Medicare (Aetna Next Generation)
- + HMO
- + PPO

Radiology Site of Care medical necessity review is applicable for;

- + Commercial Fully Insured Members

Prior authorization applies to the following services

- + Outpatient
- + Elective/Non-emergent

Prior authorization does NOT apply to services performed in:

- + Emergency Rooms
- + Observation Services
- + Inpatient Stays

Providers should verify member eligibility and benefits on the secured provider log-in section at: <https://apps.availity.com/availity/web/public.elegant.login>

Services Requiring Prior Authorization

Radiology Advanced Imaging Services:

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

Cardiology Advanced imaging and diagnostic services

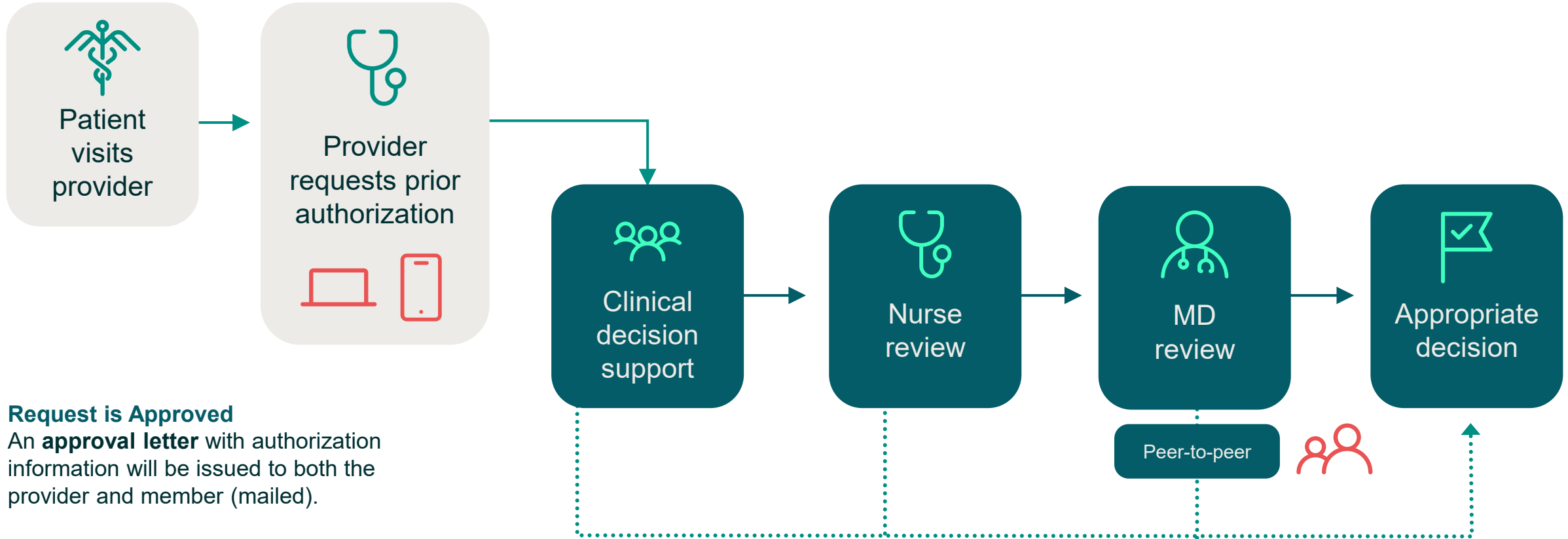
- Stress Testing
 - Myocardial Perfusion Imaging (SPECT & PET)
 - Stress Echocardiography
- Cardiac CT & MRI
- Echocardiography; Transthoracic, Transesophageal
- Diagnostic Heart Catheterization

To find a **complete list** of Current Procedural Terminology (CPT) codes that require **prior authorization** through EviCore, please visit: <https://www.EviCore.com/resources/healthplan/aetna-resources>



Submitting Requests

Pre-service prior authorization workflow



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.

How to Request Prior Authorization

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

- + **Save time:** Quicker process than requests by phone or fax
- + **Available 24/7**
- + **Save your progress:** If you need to step away, you can save your progress and resume later
- + **Upload additional clinical information:** No need to fax 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:** 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: **888-622-7329**

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

Or by fax: **844-822-3862**

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



Supporting Clinical

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



Rendering Facility

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

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.

I've received a request for additional clinical information. What's next?



Before a denial decision is issued on Medicare cases, EviCore will notify providers telephonically and in writing. From there, additional clinical information must be submitted to EviCore in advance of the due date referenced.

Important to note: If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is not held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed.

Once the determination is made, notifications will go out to the provider and member, and status will be available on [EviCore.com](https://www.evicore.com)

There are three ways to supply the requested information:

1. Fax to 844-822-3862
2. Upload directly into the case via the provider portal at [EviCore.com](https://www.evicore.com)
3. Request a Pre-Decision Clinical Consultation
This consultation can be requested via the EviCore website (see slide 48 for instructions), and must occur prior to the due date referenced

Pre-Decision Options: Medicare Members

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:

- EviCore will notify providers telephonically and in writing before a denial decision is issued on Medicare cases
- 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 844.822.3862 or **uploaded** directly into the case via the provider portal at www.EviCore.com
- Alternatively, providers can choose to request a **Pre-Decision Clinical Consultation** instead of submitting additional clinical information. This consultation can be requested via the EviCore website (see slide 48 for instructions).
- The Pre-Decision Clinical Consultation must occur prior to the due date referenced
- If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is not held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed
- Once the determination is made, notifications will go out to the provider and member, and status will be available on www.EviCore.com



Prior Authorization Outcomes, Special Considerations & Post-Decision Options

Prior Authorization Determination Outcomes

Determination Outcomes

- + **Approved Requests:** Authorizations are valid for 90 days from the date of the submission
- + **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](#).



Special Circumstances

Retrospective Authorization Requests



Must be submitted within 14 calendar days from the date of services



Any submitted beyond this timeframe will be administratively denied



Reviewed for **clinical urgency** and medical necessity



Processed within 30 calendar days



When authorized, the start date will be the submitted date of service



Special Circumstances

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



Special Circumstances

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



Providers have up to 3 calendar days to contact EviCore to accept the alternative recommendation

EviCore

By EVERNORTH



Special Circumstances

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



Commercial & Medicaid Members

My case has been denied. What's next?

- + Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied.
- + You may also call EviCore at **888-622-7329** to speak with an agent who can provide available option(s) and instruction on how to proceed.
- + Alternatively, select 'All Post Decisions' under the authorization lookup function on [EviCore.com](https://www.evicore.com) to see available options.



Reconsiderations

- + In some instances, additional clinical information provided in a reconsideration request may be sufficient for an approval.
- + Reconsiderations must be requested before an appeal is submitted.
- + Reconsiderations can be scheduled via the online EviCore portal, through the *Authorization Lookup* feature on www.evicore.com, more information can be found in the P2P section below (slide 65).



Appeals

- + EviCore will not 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.

Medicare Members

My case has been denied. What's next?

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

Reconsiderations



+ Medicare cases do not include a reconsideration option

Appeals



+ EviCore will not process first-level appeals.

+ All Post Decision options for a case is available in the portal

Authorization Lookup

Authorization Number:	NA	
Case Number:		Request Peer to Peer Consultation
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

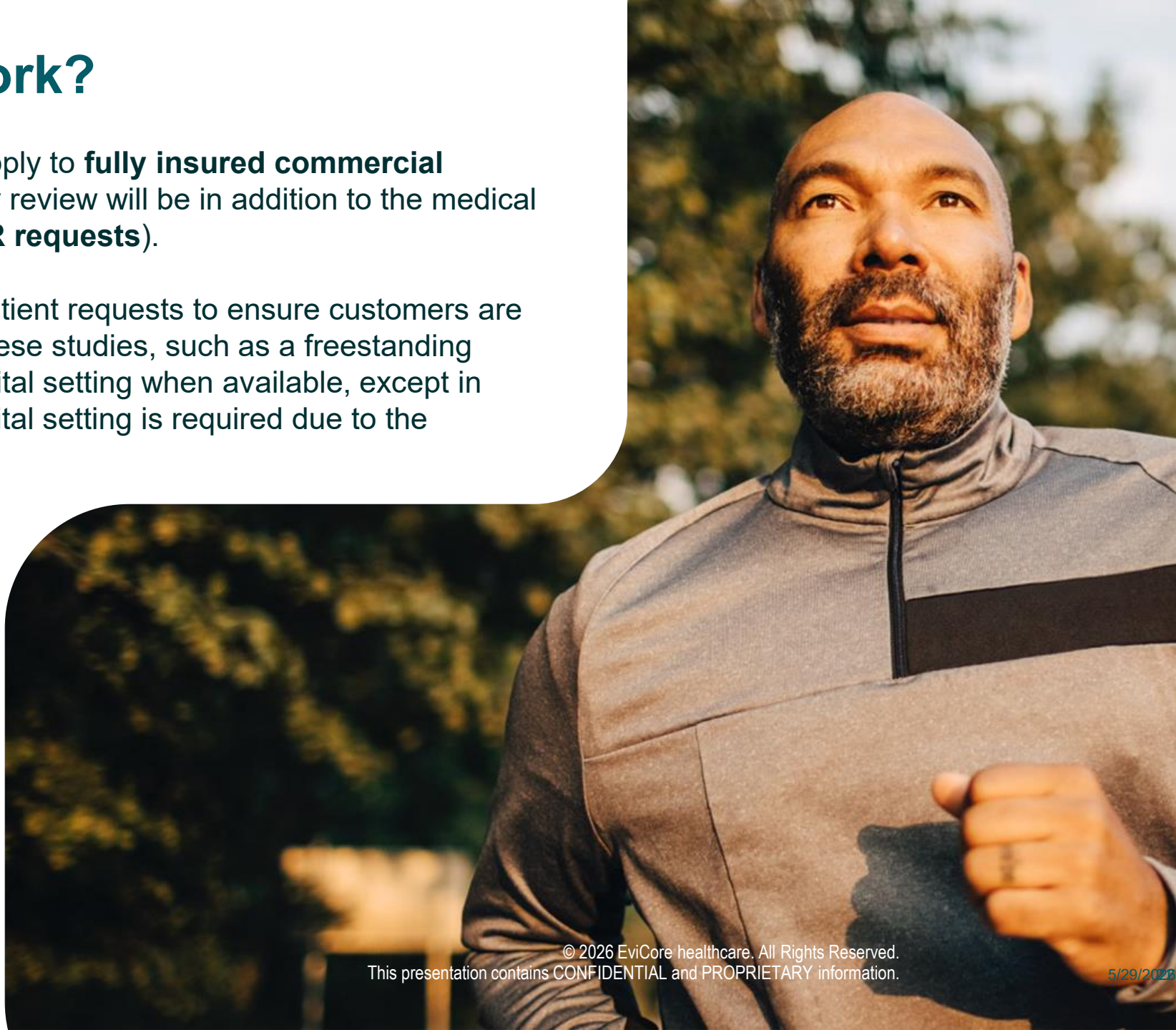
Site of Care – Fully Insured Commercial Membership

How will Site of Care work?

Aetna's Radiology Site of Care program will apply to **fully insured commercial members**. This Site of Care medical necessity review will be in addition to the medical necessity review of the procedure (**CT and MR requests**).

EviCore healthcare (EviCore) will review outpatient requests to ensure customers are directed to an appropriate site of service for these studies, such as a freestanding imaging center, rather than an outpatient hospital setting when available, except in situations where the use of an outpatient hospital setting is required due to the patient's clinical condition.

There will be no change when ordering providers refer customers to a freestanding imaging center. If a provider directs a customer to an outpatient hospital setting for a procedure and there is an alternative free-standing site available, he or she will need to identify the clinical condition that warrants the need for the service to be performed there. If there is no clinical rationale, EviCore may deny coverage.



Site of Care Enhancement

What is changing?

For membership included in site-of-care program there will be a separate medical necessity review for **both**:

- The requested procedure

AND

- The requested site of care

+The enhanced review will automatically be included in case build for these members.

+During case build, the clinical criteria for using a non preferred facility must be selected in order to proceed, and will be reviewed for medical necessity.

If any part of the case is denied (procedure and/or site of care) the overall case status will be denied.

Both the site-of-care **and** the procedure must be approved or any claims associated with the request will be denied.

More detailed training on the Site of Care Program can be found on the Aetna Provider Resource page: <https://www.EviCore.com/resources/healthplan/aetna-resources?solutionid=E0C4A52C-6112-49E1-82D0-278E2BFFECDF#solutiondocs>



Site Selection – Initial Site Lookup

During the site selection portion of the prior authorization process, search NPI or TIN for the site where the procedure will be performed. You can search by any fields listed. Searching with NPI, TIN, and zip code is the most efficient, and using 'Starts with' rather than 'Exact Match' can be used if you don't have the full site name.

- Enter the search criteria, and select 'Lookup Site' to search for the specific site where the testing/treatment will be performed.
- Selection of an outpatient facility will move the case forward to the clinical collection portion of the prior authorization process, consistent with the current Aetna site selection process. Selection of a hospital based setting will prompt the user to select a different facility.

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:	<input type="text"/>	Zip Code:	<input type="text"/>	Site Name:	<input type="text"/>
TIN:	<input type="text"/>	City:	<input type="text"/>	<input checked="" type="radio"/> Exact match	
				<input type="radio"/> Starts with	

Site Selection – Non-Preferred Site

Aetna’s Radiology Site of Care program applies to **fully insured commercial members**.

- + If a non preferred facility is searched/selected, you will be alerted that the site may not be considered medically necessity.
- + You will be presented with a list of preferred sites that are in network and in a convenient location to the members home address.
- + To select one of the preferred sites from the list, choose ‘select’ and then ‘submit’. If a preferred site is selected, the case will continue to clinical review.
- + If ‘None of the above’ is selected, indicating that the original site is still requested, a popup will alert you that the nonpreferred site may still require additional review, and allow one or more opportunity to change the site:

i Your site may require additional review. Would you like to search for a different site?

Yes No

SUBMIT

Alert!

i The site you have selected is an outpatient hospital which may not be considered medically necessary. The following is a randomly generated list of in-network rendering sites close to the member’s home address, or you can opt to search for a different rendering site not listed by entering new search criteria after selecting ‘none of the above’ below.

	Name	Address
<input type="button" value="SELECT"/>		
<input type="button" value="SELECT"/>		
<input type="button" value="SELECT"/>		
<input type="button" value="SELECT"/>		

1 2

None of the above

SUBMIT

Clinical Criteria for Non-Preferred Site for Site of Care

+ **If you chose a non preferred site**, you will be prompted to select the appropriate clinical criteria to support medical necessity.

Proceed to Clinical Information

i The site you have selected is an outpatient hospital which may not be considered medically necessary. Do any of the following apply to this request?

- Patient requires obstetrical observation
- Patient requires perinatology services
- Patient has a known chronic disease with prior high-tech imaging procedures for the diagnosis, management or ongoing surveillance of the disease at the hospital-affiliated imaging department
- Surgery or procedure is being performed at the hospital and pre-operative/procedural or post-operative/procedural imaging is an integral component of the care
- Moderate or deep sedation or general anesthesia is required for the imaging procedure and a freestanding facility capable of providing such sedation is not available
- Equipment for the size of the individual is only available at a hospital-affiliated imaging facility
- Individual has a documented diagnosis of claustrophobia requiring open magnetic resonance imaging which is not available in a freestanding facility
- Imaging outside the hospital-affiliated imaging department or facility is expected to adversely impact or delay care
- Imaging related to transplantation services at an approved transplantation facility
- None of the above

The appropriate clinical criteria must be selected from the drop down menu. If none apply, then select '**None of the above**'. If 'None of the above' is selected, you will receive a popup letting you know that the procedure (s) requested are not eligible for coverage at the non preferred site. You will still proceed through clinical collection to determine the medical necessity of the procedure itself, separate from Site of Care.

Proceed to Clinical Information

This service is not eligible for coverage if rendered at an outpatient hospital.

Please select Submit button to continue to review of requested procedure(s).

SUBMIT

If 'none of the above' is selected:

- Once the procedure has been reviewed for medical necessity, and if *approved*, if 'None of the Above' was chosen for the clinical criteria you will receive the message that the procedure is approved but the Site of Care denied:

Proceed to Clinical Information

The requested procedure is considered medically necessary, however the service is not eligible for coverage if rendered at an outpatient hospital. No additional information for the procedure is needed.

Please click Submit.

SUBMIT

- EviCore may reach out to the member to explain the reason for the site of care denial, offering them the opportunity to change to a preferred site in order to have the procedure performed. The case summary screen will inform you that your case has been sent for medical review.

- If ultimately the site is not changed, the resulting case will be **denied** (approved procedure / denied site). The notifications sent will explain any post decision options. You may call EviCore to change the site if the site of care is denied.

- Claims submitted will not be paid if the study is performed at the non preferred site.

Summary of Your Request

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

Your case has been sent to Medical Review.

Provider Name: Provider Address:	<div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div>	Contact: test Phone Number: (888) 888-8888 Fax Number: (888) 888-8888
Patient Name: Insurance Carrier:		Patient ID:
Site Name: Site Address:		Site ID:
Primary Diagnosis Code: Secondary Diagnosis Code: Date of Service: CPT Code: Case Number:		Description: Description: Description: MRI TMJ
Review Date: Expiration Date: Status:	11/3/2021 10:32:21 AM N/A Your case has been sent to Medical Review.	

CANCEL PRINT CONTINUE

Prior Authorization Outcomes

If any part of the case is denied (procedure and/or site of care) the overall case status will be **denied**.

Both the site-of-care **and** the procedure must be approved or any claims associated with the request will be denied.

NOTE: If the Site of Care is Denied and you would like to change to a preferred site in order to perform the procedure, you may change the site post denial by calling EviCore at (888) 622-7329. The original case denied for Site of Care needs to be updated to a preferred site rather than building a new case.

Determination Notifications

- Determination notifications will be faxed to the ordering physician, and mailed to the customer.
- If there is a denial of the site of service EviCore will attempt an outreach to the customer to provide the denial rationale and offer alternative site selection to the member.
- Denial determination letters will contain the denial rationale and appeal options and instructions.



Post-Decision Options

Reconsiderations

- + Providers and/or staff can request a reconsideration of a procedure and/or site by submitting additional clinical information without the need for a physician to participate.
- + Reconsiderations must be requested on or before the anticipated date the services will be performed.
- + Reconsiderations must be initiated within 14 days of the denial can be initiated directly via the EviCore web portal.

Clinical Consultations

- + If a request has been denied and requires further clinical review, we welcome requests for a clinical consultation with an EviCore medical director.
- + In certain instances, additional clinical information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.
- + Clinical consultations can be scheduled directly through the web portal at www.EviCore.com, under the authorization lookup feature.

Appeals


- + The denial letter includes appeal options and instructions. EviCore is not delegated UM appeals.




Single Sign-On Process Via Availity

Single Sign-On Process Via Availity

Providers are able to navigate to EviCore.com directly from Availity to initiate authorization for Aetna members.



Availity Essentials (Portal) LOGIN REGISTER



Availity | essentials

Please enter your credentials

User ID:

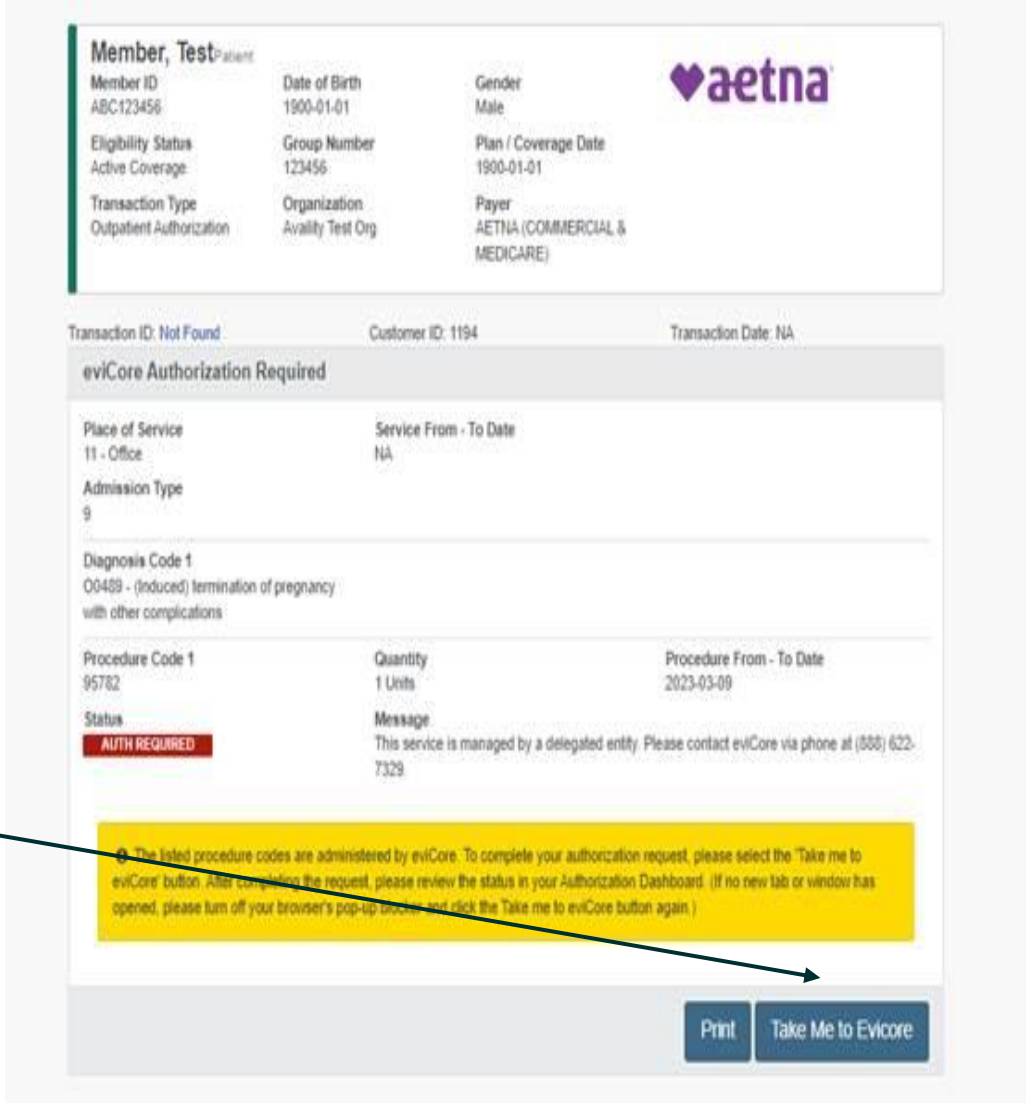
Password:

Show password

[Forgot your password?](#)
[Forgot your user ID?](#)

[Log in](#)

Once member eligibility is verified, an authorization request can begin. Click 'Take me to EviCore' to begin authorization request.



Member, Test Patient

Member ID ABC123456	Date of Birth 1900-01-01	Gender Male
Eligibility Status Active Coverage	Group Number 123456	Plan / Coverage Date 1900-01-01
Transaction Type Outpatient Authorization	Organization Availity Test Org	Payer AETNA (COMMERCIAL & MEDICARE)

Transaction ID: Not Found Customer ID: 1194 Transaction Date: NA

eviCore Authorization Required

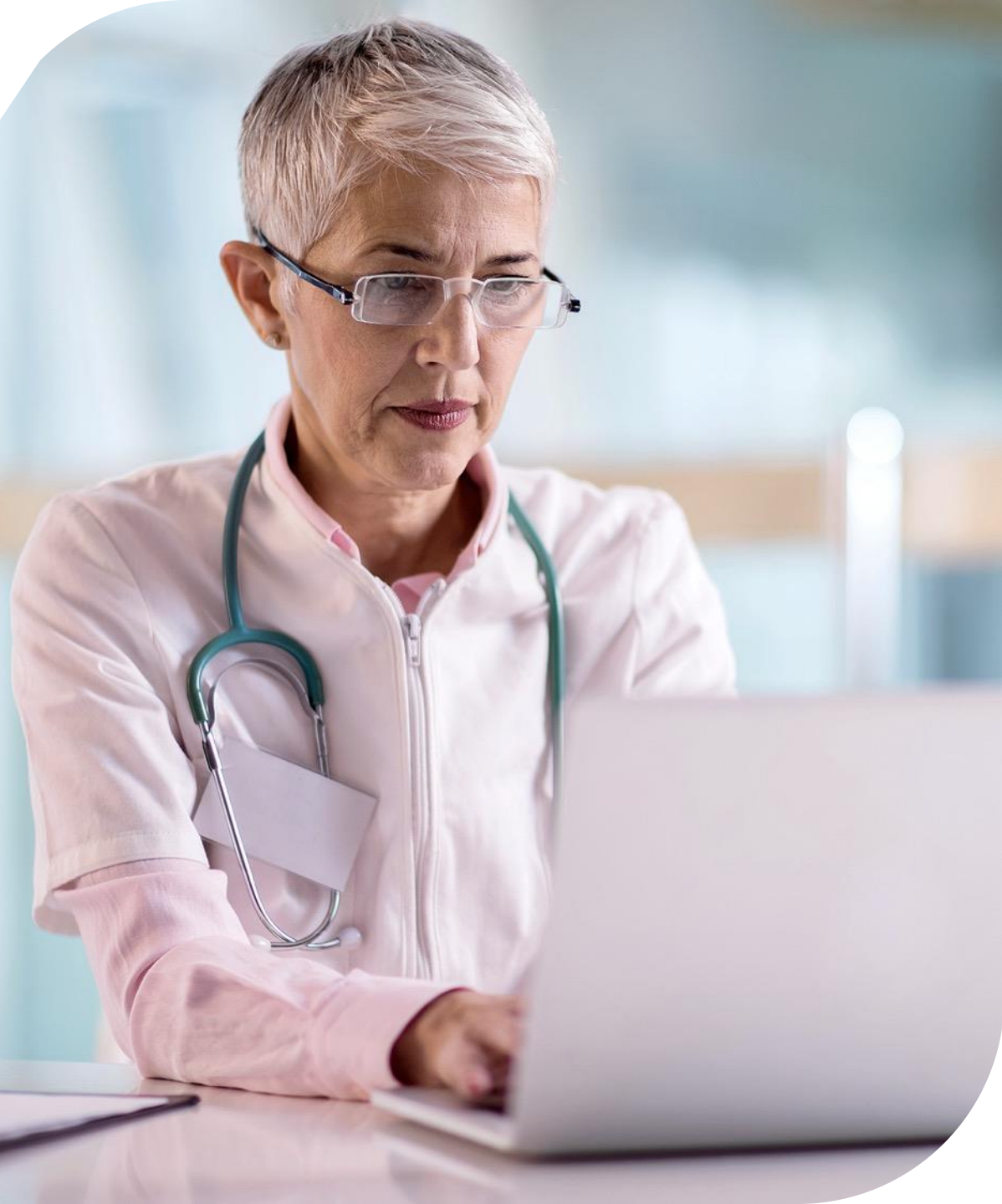
Place of Service 11 - Office	Service From - To Date NA	
Admission Type 9		
Diagnosis Code 1 O0489 - (Induced) termination of pregnancy with other complications		
Procedure Code 1 95782	Quantity 1 Units	Procedure From - To Date 2023-03-09
Status AUTH REQUIRED	Message This service is managed by a delegated entity. Please contact eviCore via phone at (800) 622-7329	

The listed procedure codes are administered by eviCore. To complete your authorization request, please select the "Take me to eviCore" button. After completing the request, please review the status in your Authorization Dashboard. (If no new tab or window has opened, please turn off your browser's pop-up blocker and click the Take me to eviCore button again.)

[Print](#) [Take Me to EviCore](#)

Availity Client Services: 800-282-4548

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

EviCore Provider Portal | Access and Compatibility

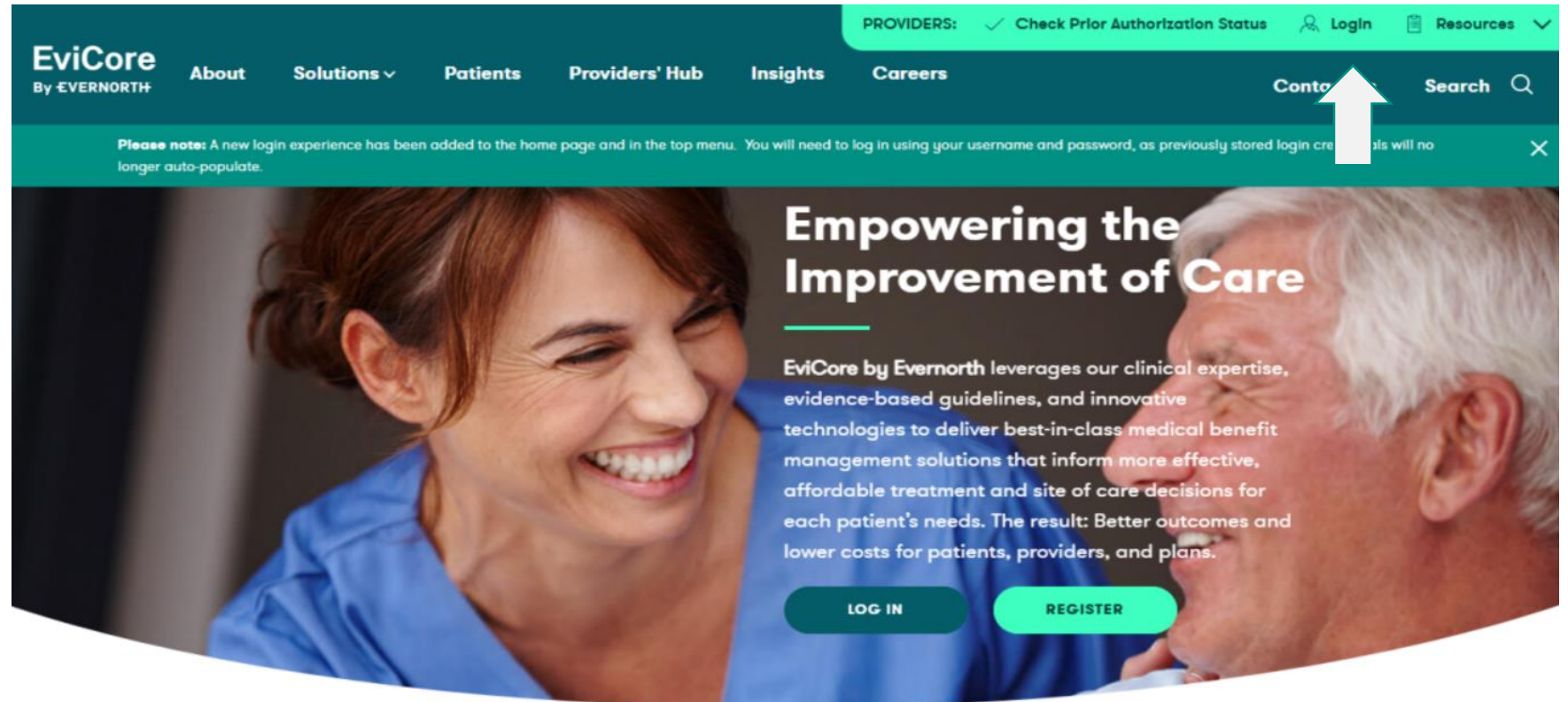
Most providers are already saving time submitting clinical review requests online vs. telephone.

+ To access resources on the EviCore Provider Portal, visit [EviCore.com](https://www.evicore.com)

+ Already a user?

Log in with User ID & Password.

+ Don't have an account? Click **Register**.



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.

Portal Registration

EviCore
By EVERNORTH

User Information

First Name: Last Name: User Name:

Contact Info

Email: Confirm Email: Phone: Ext (optional):

Physician/Facility Information

Individual NPI:

Next

Enter your information here then click 'Next'

Read and accept the Terms and Conditions

EviCore
By EVERNORTH

User Information

First Name: Contact Info: Physician/Facility Information:

Next

Terms and conditions

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Limitation of Liability


Use of our services is at your own risk. With regard to outside vendors and information providers, we do not endorse, or otherwise recommend or approve any product or information located on or available through our site. We do not own or control other networks, sites, or hyperlinked sites outside of our own site.

Accept **Cancel**

Portal Registration Continued

EviCore
By EVERNORTH

Registration Summary

Back Next 

User Information
First Name: Test Last Name: PAC User Name: TestPAC1

Contact Info
Email: Phone: 5555555555

Physician/Facility Information
Individual NPI:

1. Confirm the details are correct, then click 'Next'
2. You will then be sent a verification code to the email provided
3. Enter the 6-digit code, then click 'Next'

Verify your account

i Check your inbox
A verification code has been sent to .com. If you don't receive it within 5 minutes, check your spam or junk folder.

Email id

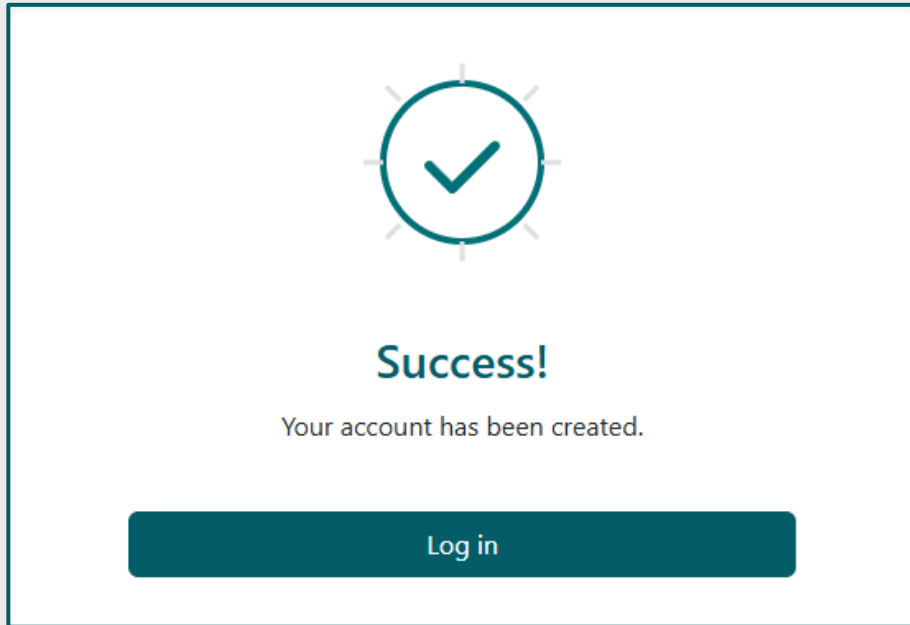
Enter 6-digit code

Next

Didn't receive a code?
Check your spam or junk folder or [Resend](#).

Cancel

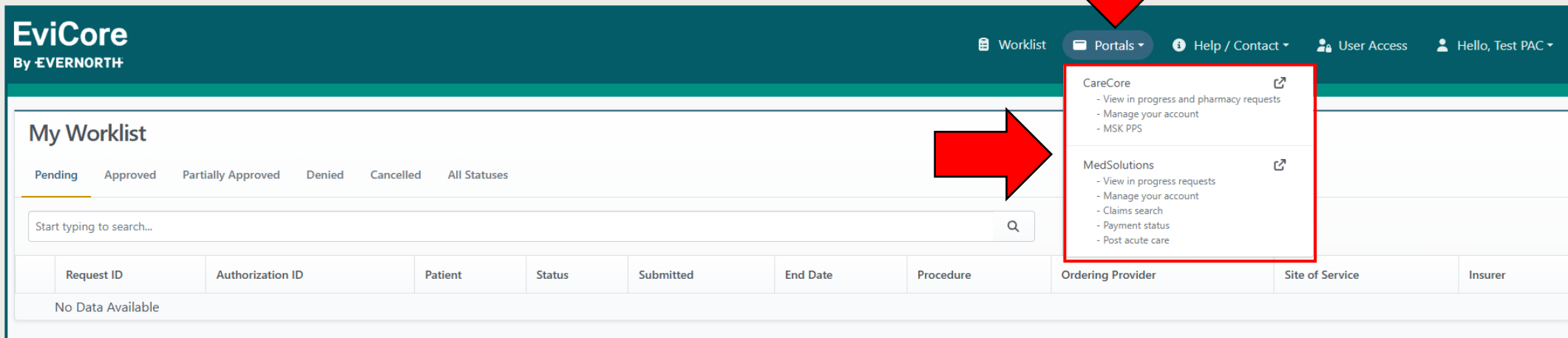
User Registration Successful



Create a Password
Password must be at least 8 characters long and contain the following:

- ✓ Uppercase Letters
- ✓ Lowercase Letters
- ✓ Numbers
- ✓ Characters (e.g., !#*)

Once logged in, you can go to 'Portals' to access the CareCore option



EviCore.com Access | Two Factor Authentication

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

- After you log in, you will be prompted to register your device for MFA.
- Choose which authentication method you prefer: Email or SMS. Then, **enter your email address or mobile phone number.**
- Once you select **Send PIN**, 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.

EviCore
By EVERNORTH

Sunday, August 24, 2025 10:25 AM

Complete Two Factor Authentication

Registered Email Address

*@evicore.com

Send PIN

Please enter PIN sent to your Registered Email Address

PIN

Submit

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 'Manage Your Account' interface. At the top, a navigation bar includes tabs for Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account, and Help / Contact Us. The 'Manage Your Account' section contains the following elements:

- Office Name:** [Text field]
- Address:** [Text field]
- Primary Contact:** [Text field]
- Email Address:** [Text field]
- Buttons:** CHANGE PASSWORD, EDIT ACCOUNT, ADD PROVIDER
- Message:** Click Column Headings to Sort. No providers on file.
- Button:** CANCEL

The 'Add Practitioner' section includes the following elements:

- Text:** Enter Practitioner information and find matches. *If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip
- Fields:** Practitioner NPI, Practitioner State (dropdown), Practitioner Zip
- Buttons:** FIND MATCHES, CANCEL

Provider Resources

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](#)

Contact EviCore's Dedicated Teams



Web-Based Services and Portal Support

- Live chat
- [ECRM](#)
- Phone: **800-646-0418** (option 2)

Provider Engagement

Regional team that works directly with the provider community.

- + **Scott Jarrett**
- + Email: scott.jarrett@evicore.com
- + Phone: **615-487-8129**

Call Center/Intake Center

Call **888-622-7329**. Representatives are available from 7 a.m. to 7 p.m. local time.

Provider Resource Website

EviCore 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 materials
 - + CPT code lists
- + To access these helpful resources, please visit [Provider Resources | EviCore by Evernorth](#)
 - + Contact our Client and Provider Services team at [ECRM](#) or by phone at **1-800-646-0418 (option 4)**

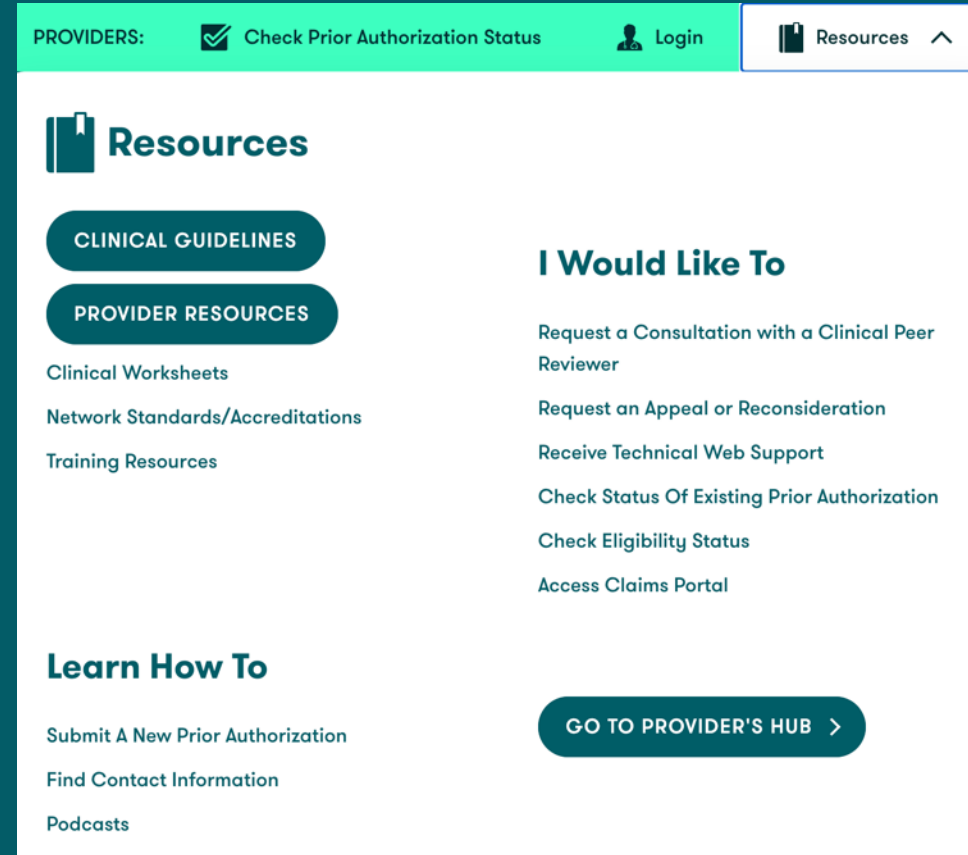


Our Client and Provider Services team can assist you with any questions or issues related to the EviCore process.

Quick Reference Tool

Where can I locate plan-specific contact information?

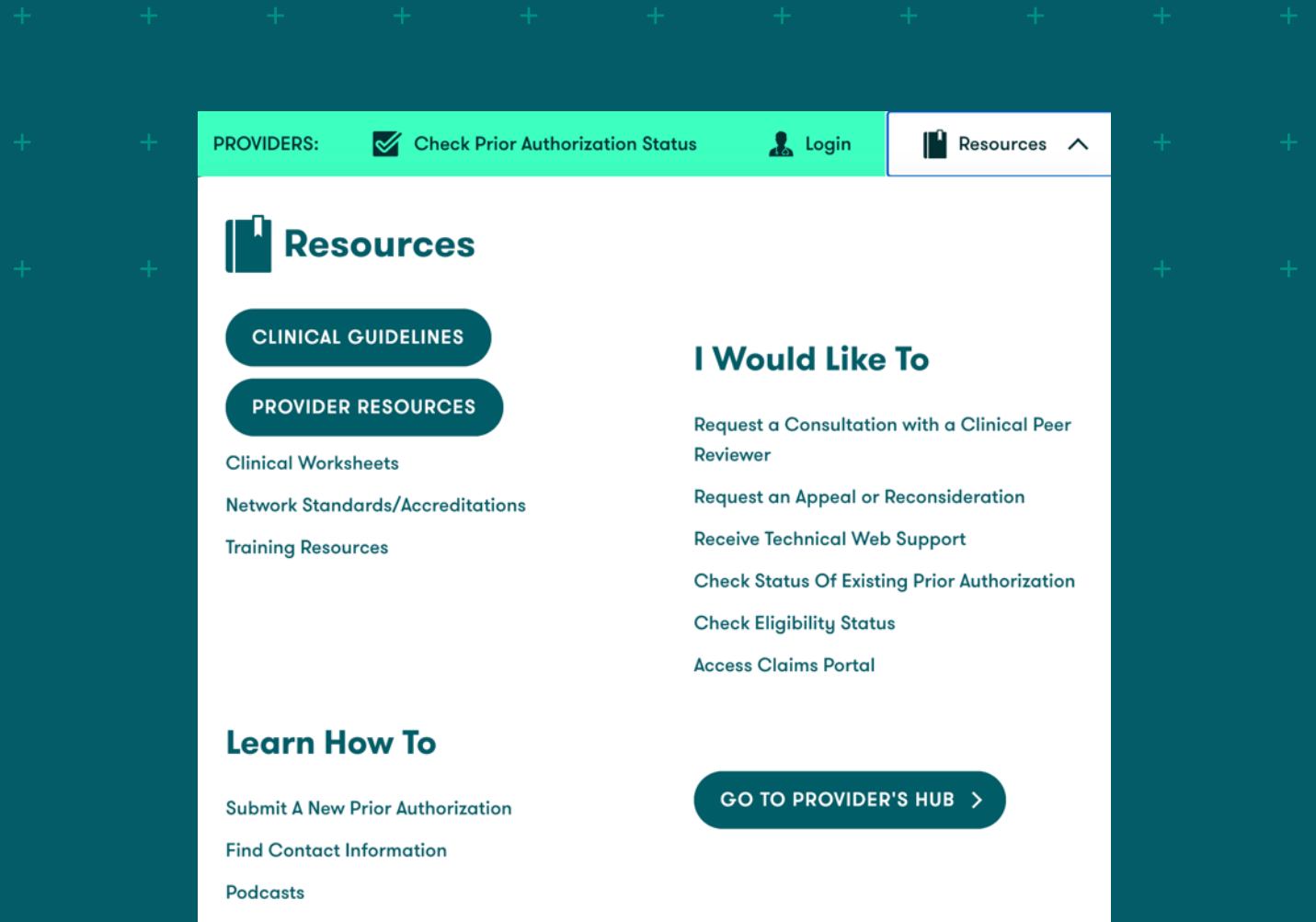
1. Go to www.evicore.com
2. Open the **Resources** menu in the top right of the browser
3. Select **Find Contact Information**
4. Use **Select a Health Plan** and **Select a Solution** to populate the contact phone and fax numbers
 - + This will also advise which portal to use for case requests



EviCore Provider's Hub

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

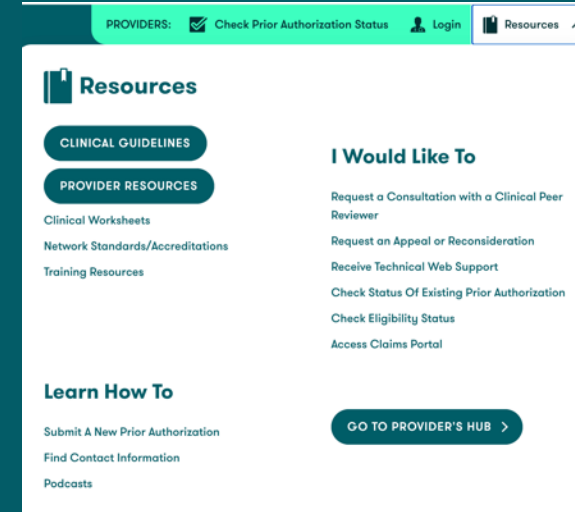
1. Open the **Resources** menu in the top right of the browser
2. Select **GO TO PROVIDERS HUB** to access clinical guidelines, schedule consultations (P2P), and more




Clinical Guidelines

How do I access EviCore’s clinical guidelines?

1. Open the **Resources** menu in the top right of the browser
2. Select **Clinical Guidelines**
3. Select the solution/program associated with the requested guidelines
4. Search by health plan name to view clinical guidelines
5. If you would like to view all guidelines, type in “EviCore healthcare” as your health plan



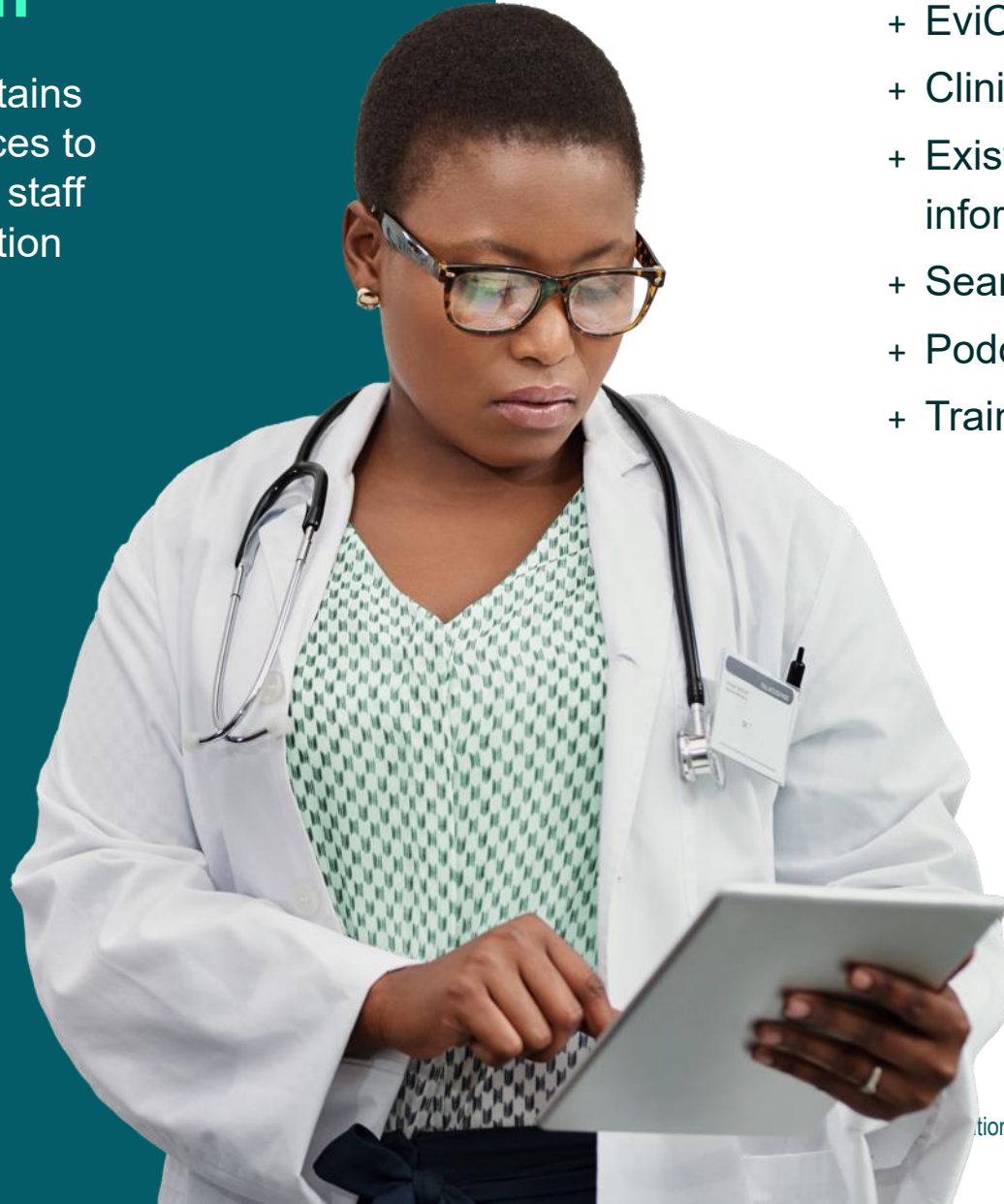
EviCore coverage policies include background and supporting information and citations for sources used to develop the policy. Some clinical policies may have a supplemental literature summary available which will provide additional commentary regarding clinical benefits and harms to the patient population being served. Additional literature summaries may be accessed by selecting 'Supplemental Information' and then entering "EviCore by Evernorth" in the search by health plan function.

Search by Health Plan ... 

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](https://www.evicore.com) and understand all the resources available on the Provider's Hub.



Learn how to access:

- + EviCore's evidence-based clinical guidelines
- + Clinical worksheets
- + Existing prior authorization request status information
- + Search for contact information
- + Podcasts & insights
- + Training resources

Register for a Provider Resource Review Forum:

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

Contacts and Helpful Links

Web-Based Services

[ECRM](#)
800-646-0418, option 2

Client & Provider Operations

[ECRM](#)
800-646-0418, option 4

Provider Engagement

You can find a list of Regional Provider Engagement Managers at www.EviCore.com → Provider's Hub → Training Resources

Worksheets

EviCore.com/provider/online-forms

Clinical Guidelines

EviCore.com/provider/clinical-guidelines

Request a Clinical Consultation

EviCore.com





EviCore's Provider Newsletter

Stay up-to-date with our free provider newsletter

To subscribe:

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

Thank You

Appendix

Portal Case Submission

Initiating a Case

- + Click **Clinical Certification** to begin a new request
- + Select the **Program** for your certification

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

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](#)

Search for and Select Provider

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

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

Requesting Provider Information

Select the ordering provider for this authorization request.

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

	Provider
SELECT	
SELECT	
SELECT	
SELECT	

1 / 34

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

Search By NPI: **SEARCH**

BACK **CONTINUE**

[Click here for help](#)

Select 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**



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

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

Please Select a Health Plan

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



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

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

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.

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 **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

The screenshot shows a web application interface with a teal header and a navigation menu. The navigation menu includes: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, and Manage Your Account. The main content area is titled "Patient Eligibility Lookup" and contains three input fields: "Patient ID:*" (text), "Date Of Birth:*" (calendar icon) MM/DD/YYYY, and "Patient Last Name Only:*" (text) with a help icon [?]. Below the fields is a note: "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." There are two buttons: "ELIGIBILITY LOOKUP" and "BACK". At the bottom, there is a table with a "SELECT" button and a table with columns: Patient ID, Member Code, Name, DOB, Gender, and Address. The table contains one row of data with blurred content.

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT	[blurred]	[blurred]	[blurred]	[blurred]	[blurred]	[blurred]

Enter Requested Procedure and Diagnosis

- + Select appropriate **CPT** and **Diagnosis codes**
- + **Note:** OB ultrasound requests entered as 'OBUS'

+	+	+	+	+	+	+	+	+	+	+	+
+	+	+	+	+	+	+	+	+	+	+	+
+	+	+	+	+	+	+	+	+	+	+	+

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

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](#)
Additional Procedure codes will be collected/presented during the clinical questionnaire

Diagnosis

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

[LOOKUP](#)

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

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

[LOOKUP](#)

[BACK](#)

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

OBUS OB Ultrasound

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

Verify Service Selection

- + Verify requested service & diagnosis
- + Edit any information if needed by selecting **Change Procedure** or **Primary Diagnosis**
- + Click **CONTINUE** to confirm your selection

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

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](#)

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

The screenshot shows a navigation menu with the following items: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, and Manage Your Account. Below the menu is a form titled "Add Site of Service".

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](#)

eviCore
intelliPath[®]

**Real-time decision
Request is complete**

Clinical Certification

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

The screenshot shows a web application interface with a navigation menu at the top. The menu items are: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted in teal), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, and Manage Your Account. Below the menu is a white box with a teal border containing the following text:

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 of 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.

At the bottom of the box are two buttons: **BACK** and **CONTINUE**.

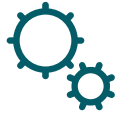
Standard or Urgent Request?

- + 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

The screenshot shows a web application interface for a clinical certification request. At the top is a navigation menu with the following items: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted in green), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, and Manage Your Account. Below the menu is a form titled 'Urgency Indicator' with the following text: '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.' Below this text are three radio button options: '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.', and 'None of the above'. The 'None of the above' option is selected. Below the radio buttons is a section titled 'Clinical Upload' with the text: '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.' Below this text is a file upload section with the text: 'Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):'. There are five 'Choose File' buttons, each followed by 'No file chosen'. At the bottom of the form is an 'UPLOAD' button. To the right of the form is a box titled 'Proceed to Clinical Information' with the text: 'Is this case Routine/Standard?' and two buttons: 'YES' and 'NO'.

EviCore IntelliPath®

Automating and streamlining the end-to-end prior authorization process



Touchless workflow

Reduces provider administrative burden



Real-time decisions

Expedites evidence-based patient care



EMR-focused workflow

Supports connectivity to provider's EMR



Automated submission of necessary patient information for streamlined prior authorization request.



Real-time, touchless case approvals when applicable



Easy submission of additional clinical information required for approval.



EviCore
IntelliPath®

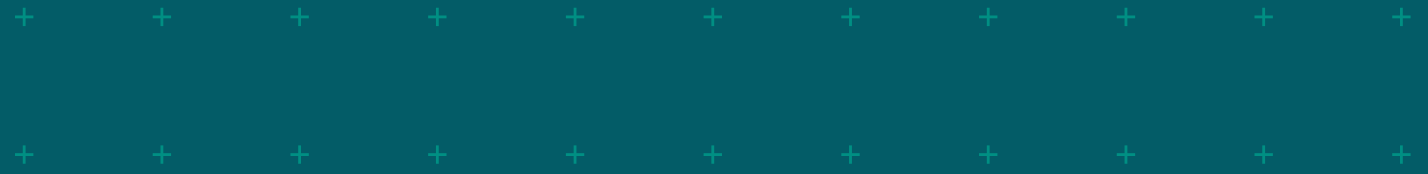


Case Status



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'



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):

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

EviCore
By EVERNORTH

Required Medical Information Check List

Radiology

- Rule out/diagnosis
- Symptoms
- Physical Exam findings
- Treatment such as medications, physical therapy, surgery; chemotherapy. Please include dates and duration of treatment.
- Re-evaluation post treatment for some indications
- Recent relevant imaging
- Recent relevant laboratory work
- Pertinent medical history and family history
- For imaging exam requests for cancer, indicate if the exam is requested for initial staging or restaging following treatment or surveillance. Please provide the type and stage of cancer, date of diagnosis, type of treatment and date of treatment completion.

Criteria Met

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

Provider Name:	DR. BHARATH MANNI ARKANA VESTI	Contact:	Info
Provider Address:	1200 6TH AVE SE SAINT CLOUD, MN 56302	Phone Number:	(763) 434-1000
		Fax Number:	(763) 434-1000
Patient Name:	WALTER WALKER	Patient Id:	WALTERW
Insurance Carrier:	WELLS FARGO		
Site Name:	CLINICAL RESEARCH CENTER	Site ID:	WALTER
Site Address:	875 UNIVERSITY AVENUE SE CLINICAL RESEARCH CENTER		
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.		

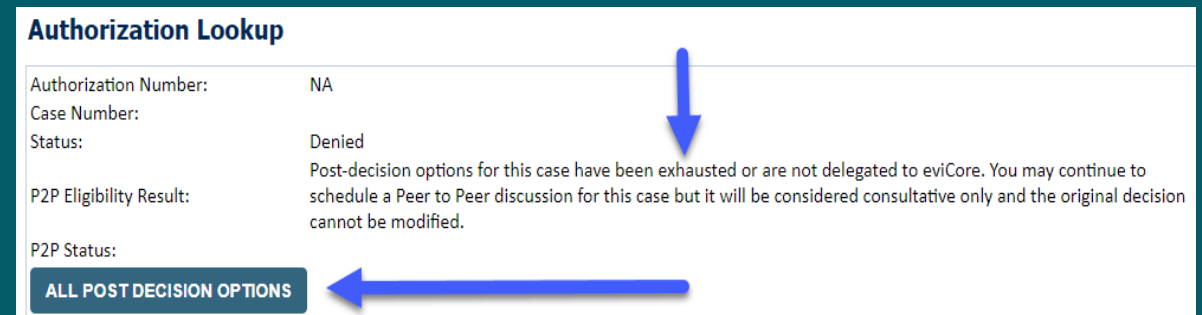
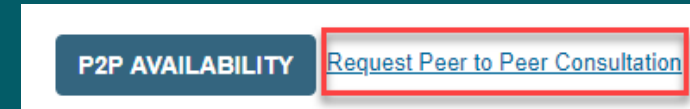
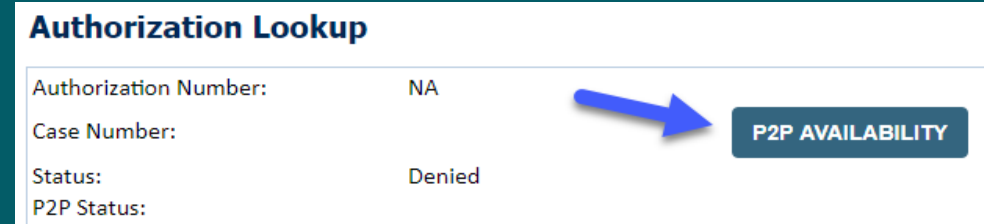
CANCEL **PRINT** **CONTINUE**

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*

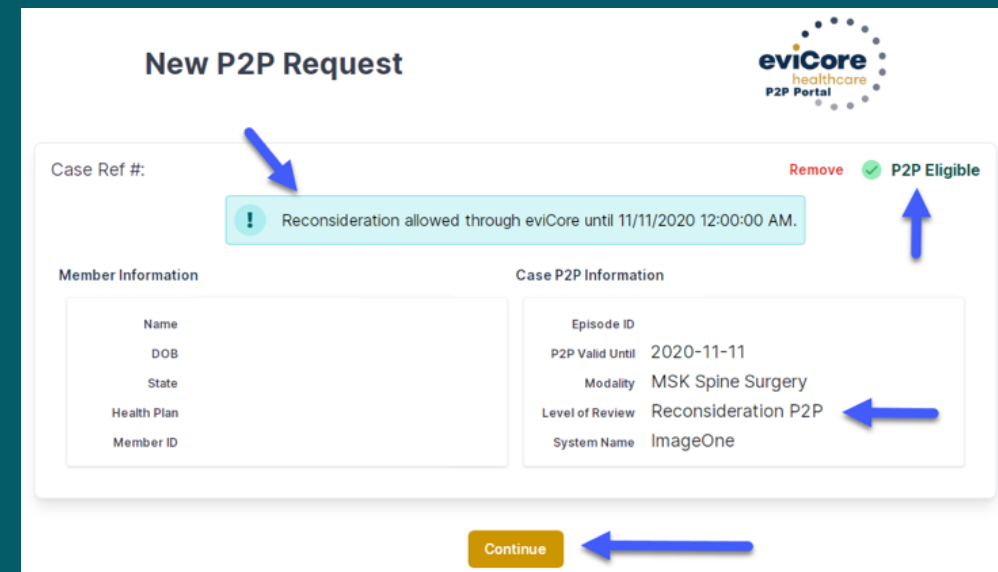
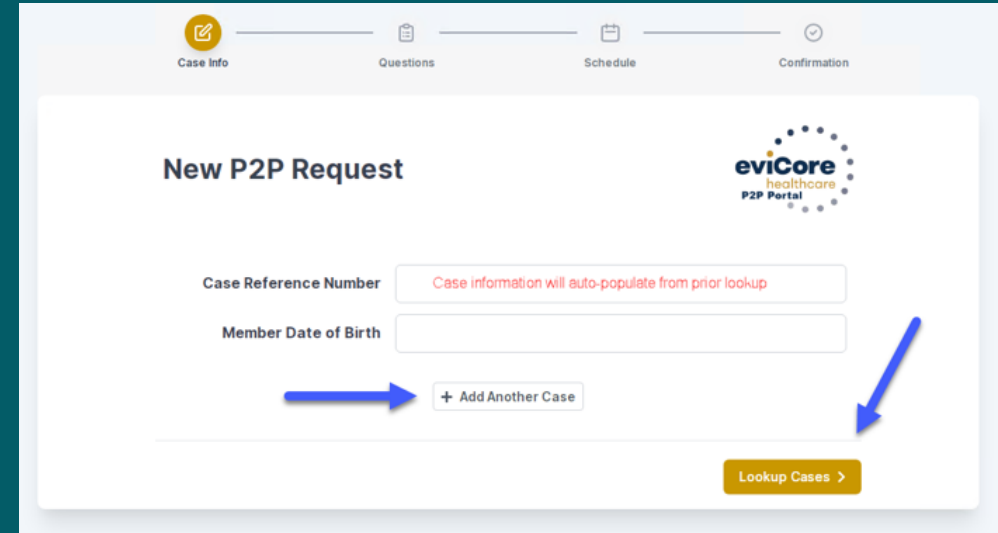


*In some instances, a Peer-to-Peer consultation is allowed, but the case decision can not be changed. In such cases, you can still request a **Consultative-Only Peer-to-Peer**. You can also click on the **ALL POST-DECISION OPTIONS** button to learn what other action can be taken.

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 →

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT	-	-	-	-	-	-
6:30 pm EDT	-	-	-	-	-	-
6:45 pm EDT	-	-	-	-	-	-

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT	2:00 pm EDT	4:15 pm EDT	3:15 pm EDT	-	-	-
3:45 pm EDT	2:15 pm EDT	4:30 pm EDT	3:30 pm EDT	-	-	-
4:00 pm EDT	2:30 pm EDT	4:45 pm EDT	3:45 pm EDT	-	-	-
4:15 pm EDT	2:45 pm EDT	5:00 pm EDT	4:00 pm EDT	-	-	-
Show more...	Show more...	Show more...	Show more...	-	-	-

Schedule a P2P 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 form. The form is divided into two main sections: 'P2P Info' and 'P2P Contact Details'. The 'P2P Info' section includes the date (Mon 5/18/20) and time (6:30 pm EDT). The 'P2P Contact Details' section includes fields for the name of the 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). A 'Submit' button is located at the bottom right of the form. Below the form, a 'Scheduling' section shows the appointment is 'Scheduled' for Mon 5/18/20 - 6:30 pm EDT, with a 'SCHEDULED' badge.

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

