Radiology
Cardiovascular
Pain Management

Provider Orientation Session

Aetna Better Health of Oklahoma

EviCore By EVERNORTH

aetna™

Agenda

Solution Overview
Radiology, Cardiovascular & Pain Management

Submitting Requests

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

EviCore Provider Portal
Overview, Features & Benefits

Provider Resources

Appendix

- Peer-to-Peer Scheduling Tool
- Additional Resources

Solution Overview

Aetna Better Health of Oklahoma Prior Authorization Services

EviCore will begin accepting prior authorization requests for Radiology, Cardiovascular and Pain Management services on 4/1/2024 for dates of service 4/1/2024 and after.

Applicable Membership	Prior authorization applies to the following services	Prior authorization does NOT apply to services performed in
• Medicaid	• Outpatient • Elective/Non-emergent	• Emergency Rooms • Observation Services • Inpatient Stays

Providers should verify member eligibility and benefits on the secured provider log-in section at: www.aetnabetterhealth.com/Oklahoma

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Radiology, Cardiovascular and Pain Management
Covered Services

Radiology

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

Cardiovascular

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

Interventional Pain

- Spinal injections
- Spinal implants
  - Spinal cord stimulators
  - Pain pumps

To find complete lists of Current Procedural Terminology (CPT) codes that require prior authorization, please visit:
https://www.aetnabetterhealth.com/oklahoma/providers/prior-authorization.html

Submitting Requests

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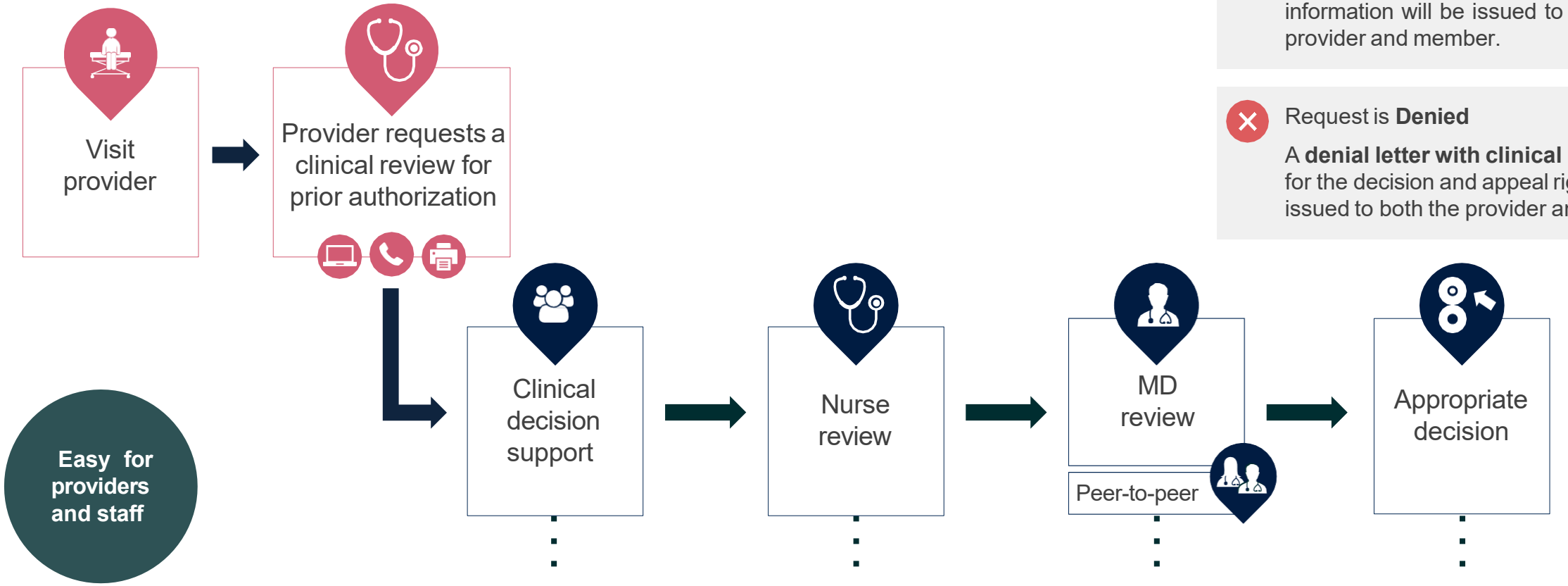
Utilization Management | Prior Authorization



Request is **Approved**

An **approval letter** with authorization information will be issued to both the provider and member.

Request is **Denied**

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

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Public Information

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**: Submit your requests anytime day or night
- **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
- **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: **866-668-8295**
Monday – Friday
7 AM – 7 PM (local time)

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

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Necessary Information for Prior Authorization

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

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

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

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

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Prior Authorization Outcomes, Special Considerations & Post-Decision Options

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Prior Authorization Determination Outcomes

Determination Outcomes

- **Turnaround Time:** Decisions on standard requests will be made within 72 hours from case submission. Urgent requests are processed within 24 hours.
- **Approved/Partially Approved Requests:** Authorizations are valid for 60 calendar days from the date of case submission. 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.
- **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 rights will be issued.

Notifications

- Notifications will be provided to members and providers per state requirements.
- Approval information can be printed on demand from the **EviCore portal**.

Special Circumstances

Retrospective Authorization Requests

- Retrospective requests will not be permitted.
- Please make sure to submit for prior authorization prior to the date of service.

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.

Special Circumstances (cont.)

Alternative Recommendation

- An alternative recommendation may be offered based on EviCore's evidence-based clinical guidelines.
- The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request.
- Providers have up to 5 business days to contact EviCore to accept the alternative recommendation.

Post-Decision Options
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 **866-668-8295** to speak with an agent who can provide available option(s) and instruction on how to proceed.

Alternatively, select 'All Post Decisions' under the authorization lookup function on **EviCore.com** to see available options.

Reconsiderations

- Reconsiderations must be requested within 5 business days after the determination date.
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an EviCore physician.

Appeals

- EviCore will not process first-level appeals.
- Appeal requests can be submitted directly to the health plan.

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EviCore Provider Portal

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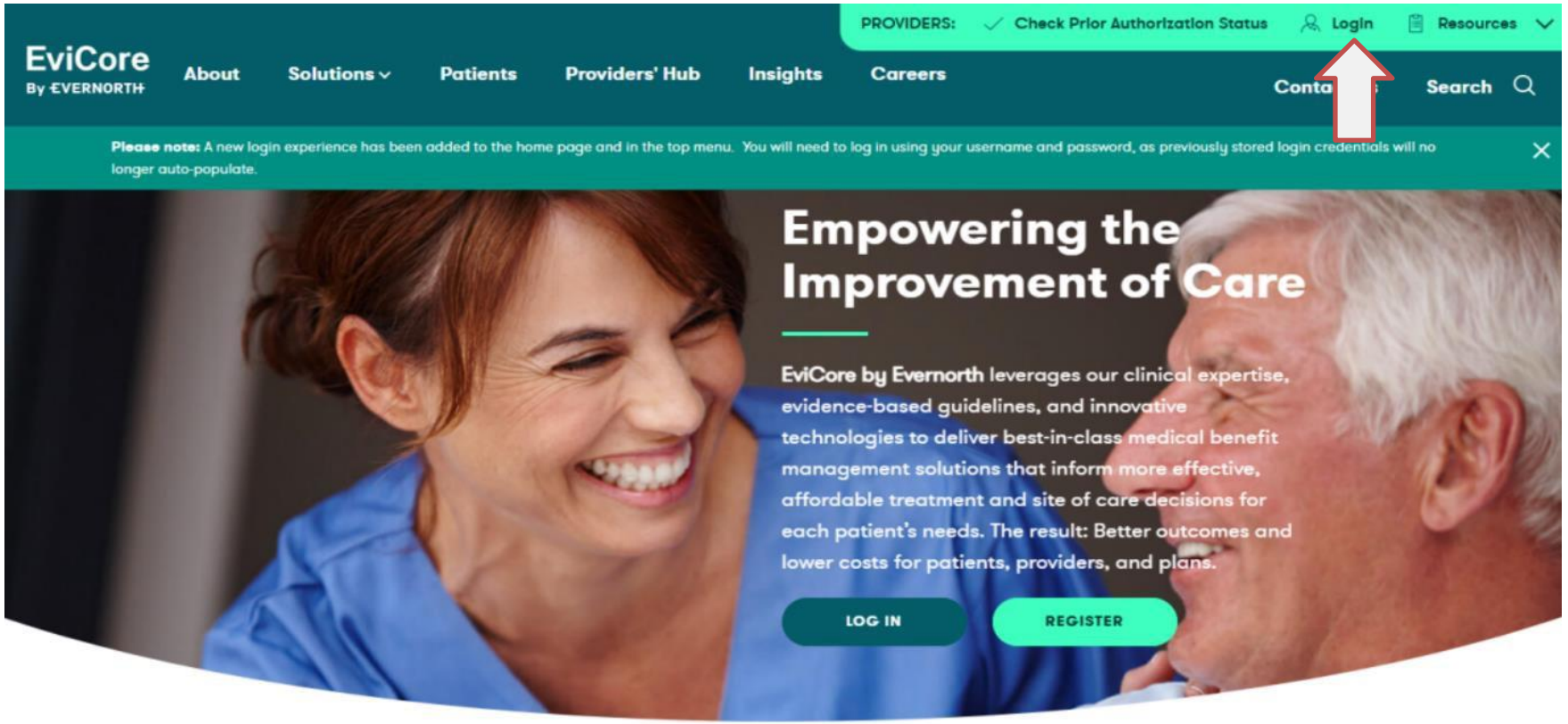
EviCore Provider Portal | Access and Compatibility

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

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

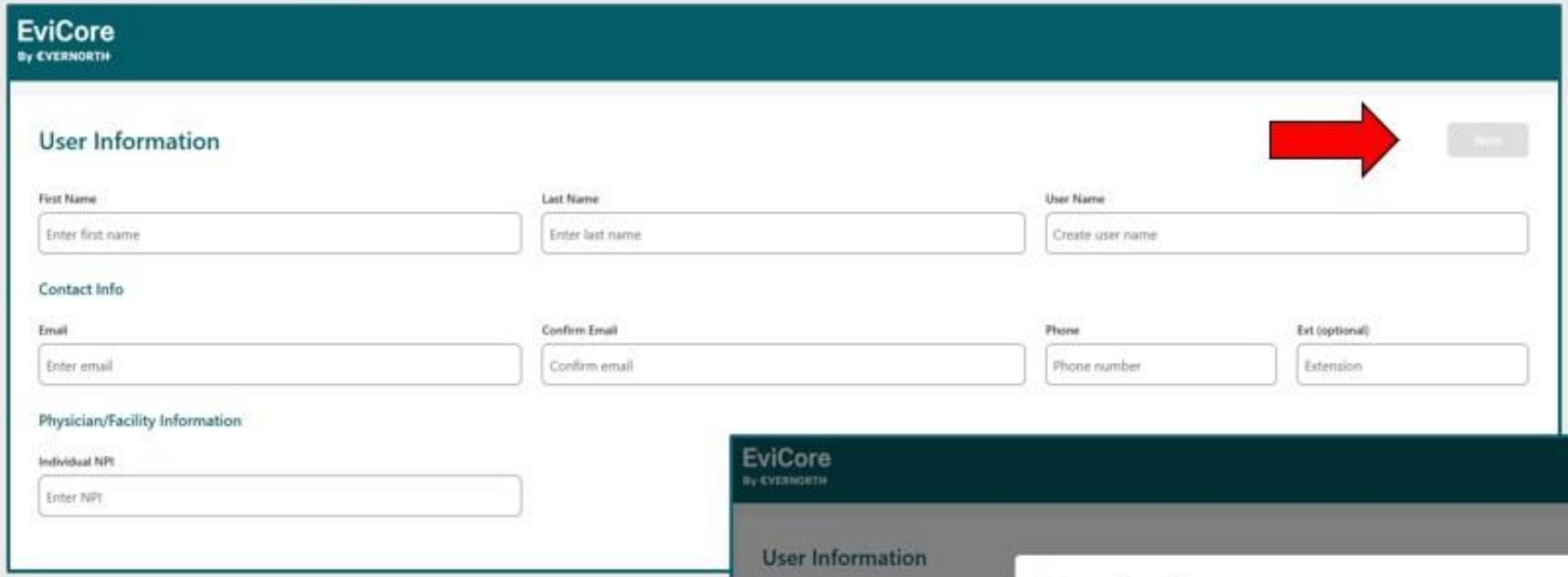
Already a user? **Log in** with User ID & Password.

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

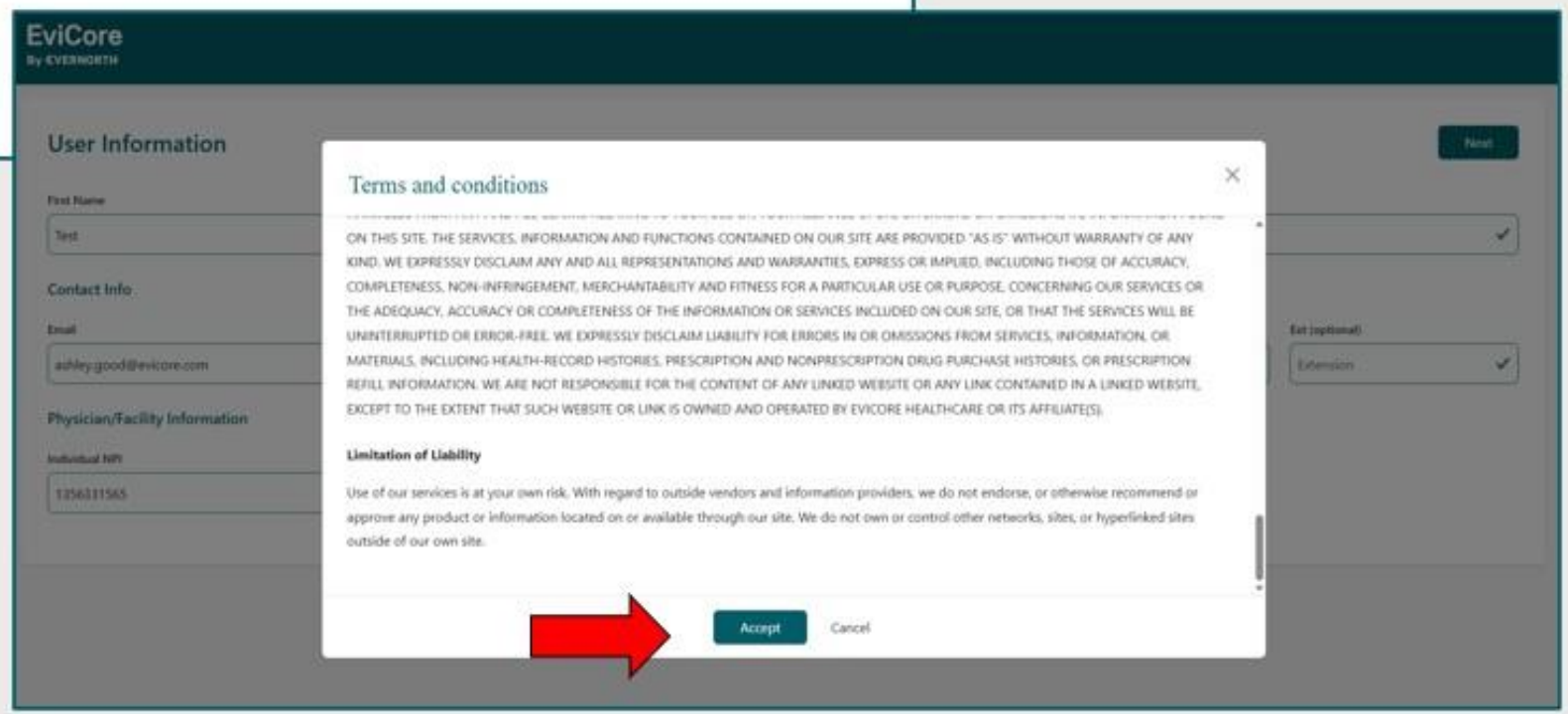


EviCore's website is compatible with **all web browsers**. If you experience issues, you may need to **disable pop-up blockers** to access the site.

Portal Registration



Enter your information here then click 'Next'



Read and accept the Terms and Conditions

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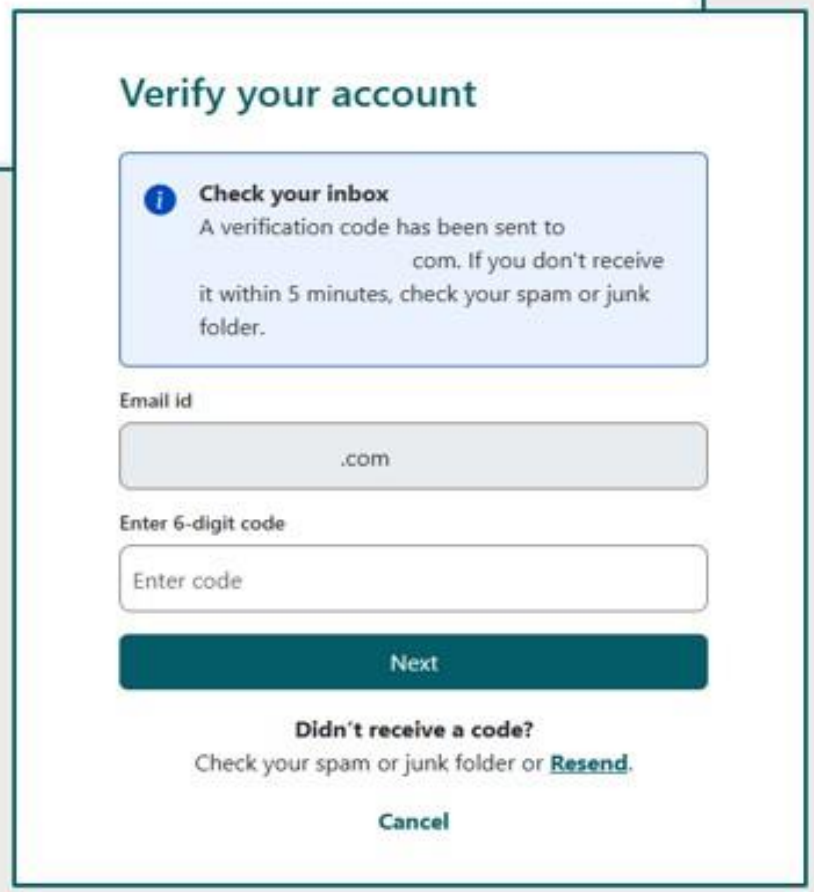
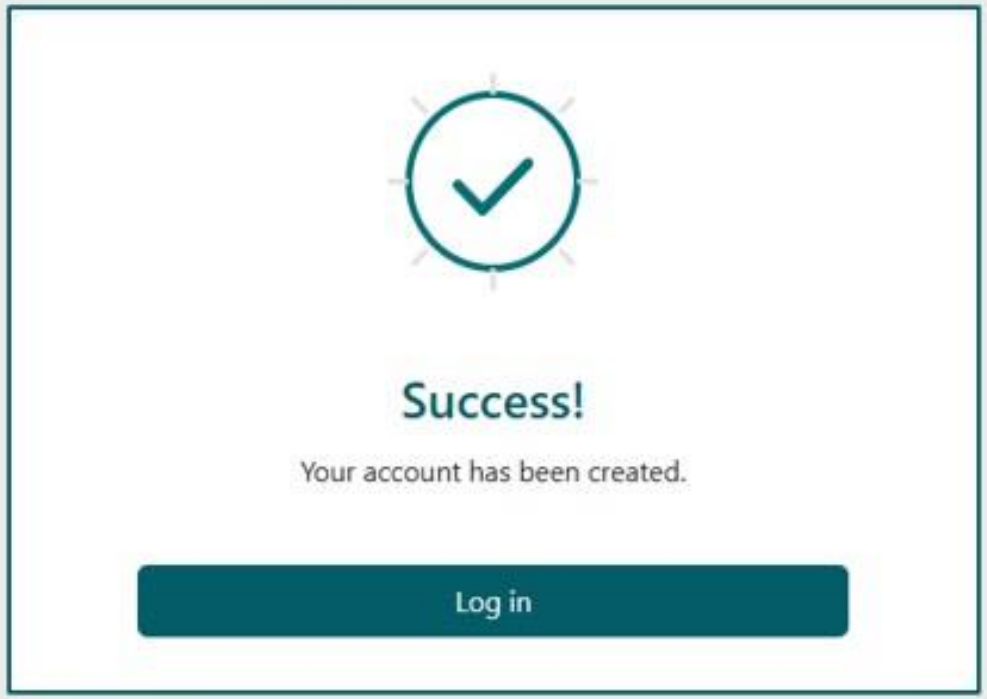
Portal Registration Continued

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’



User Registration Successful

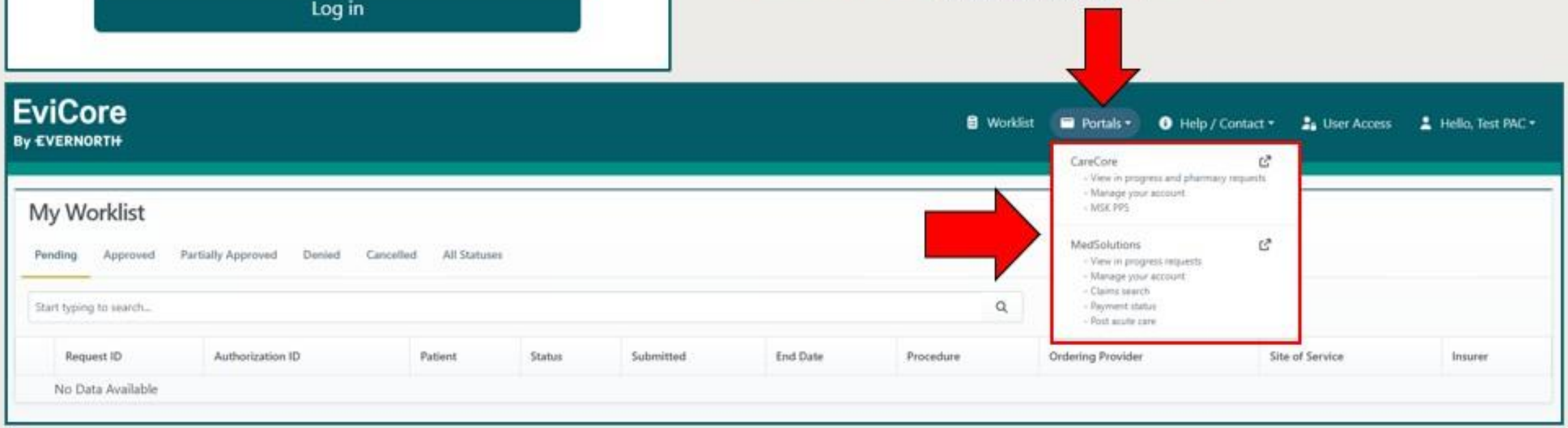


Create a Password

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

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

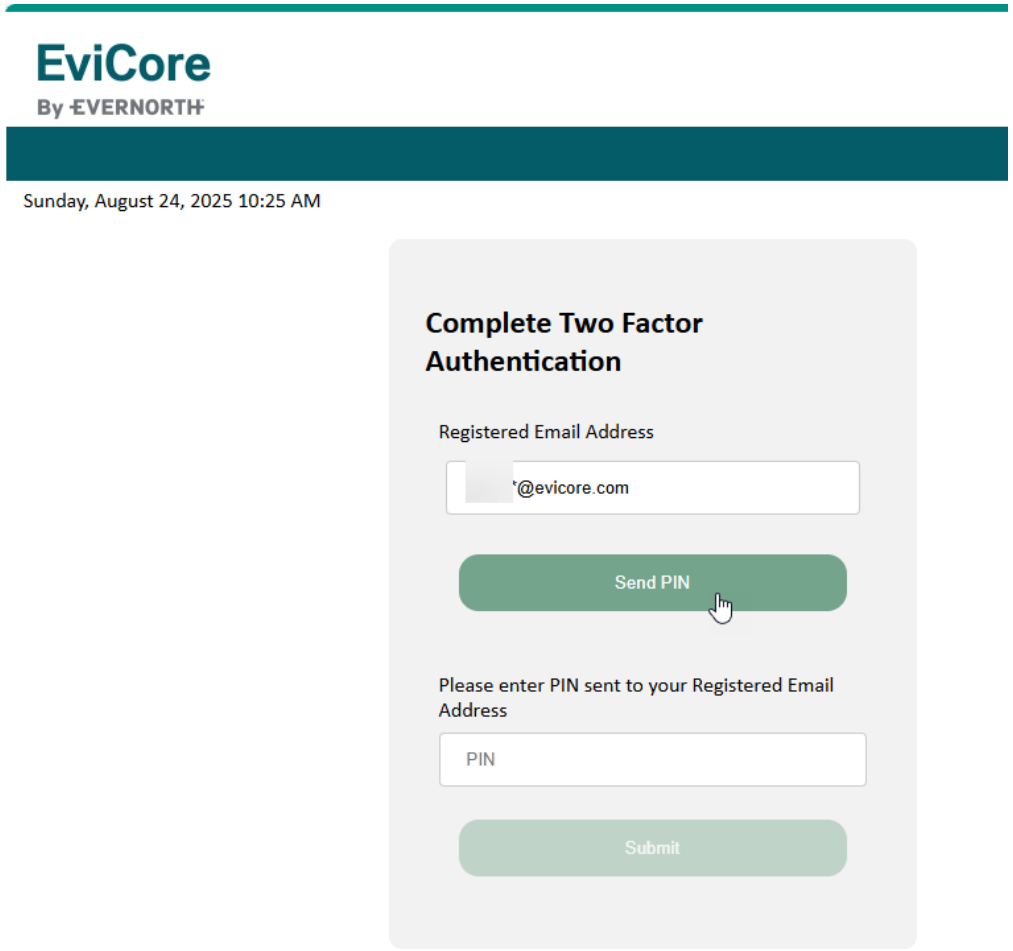
Once logged in, you can go to ‘Portals’ to access the CareCore option



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.



Portal Case Submission

Clinical Certification Request | Initiating a Case

To begin, please select one of the programs below that are applicable to Aetna Better Health of OK.

- Durable Medical Equipment (DME)
- Gastroenterology
- Lab Management Program
- Medical Oncology Pathways
- Musculoskeletal Management
- Radiation Therapy Management Program (RTMP)
- Radiology and Cardiology
- Sleep Management
- Specialty Drugs

CONTINUE

Click here for help

- Click **Clinical Certification** to begin a new request
- Select the **Program** for your certification
- Next you will submit the **Provider Information**

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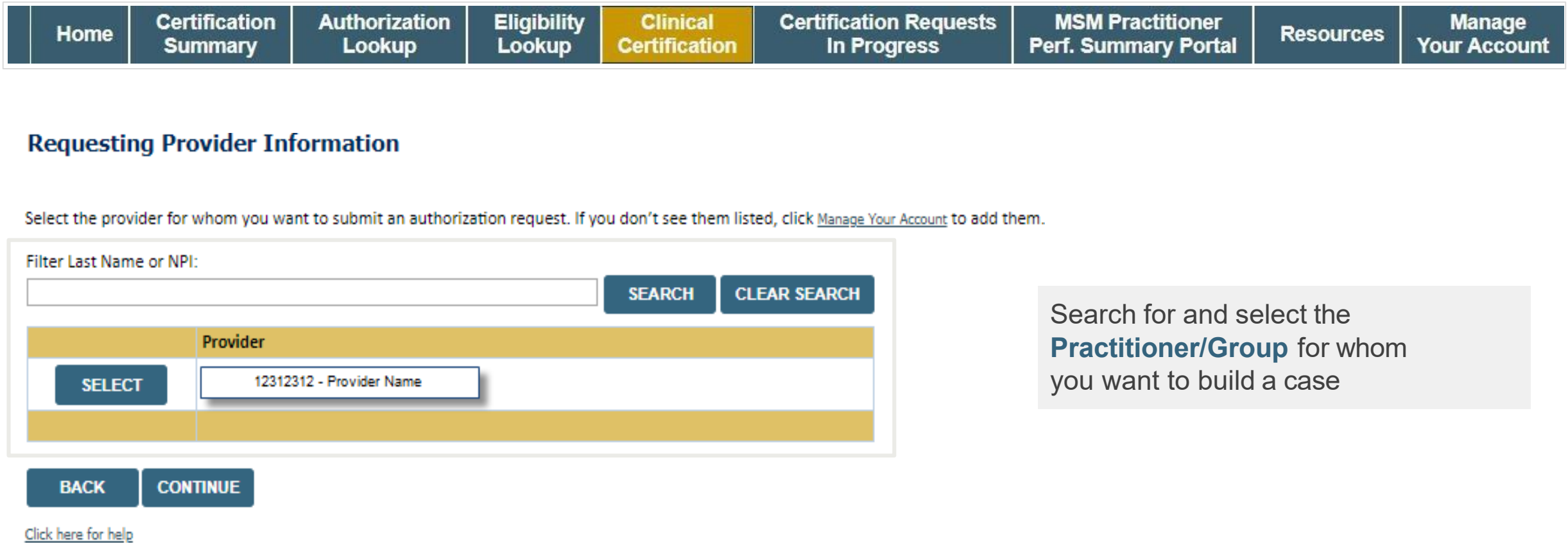
Clinical Certification Request | Search for and Select Provider



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

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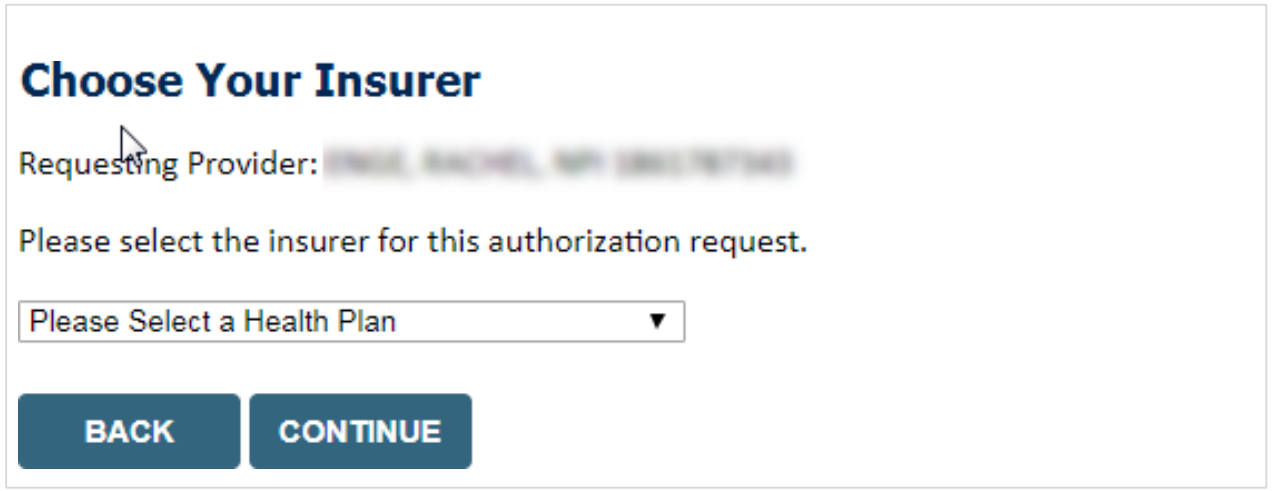
Clinical Certification Request | Select Health Plan



- Choose the appropriate **Health Plan** for the request
- Select **CONTINUE**

Clinical Certification Request | Enter Contact Information

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

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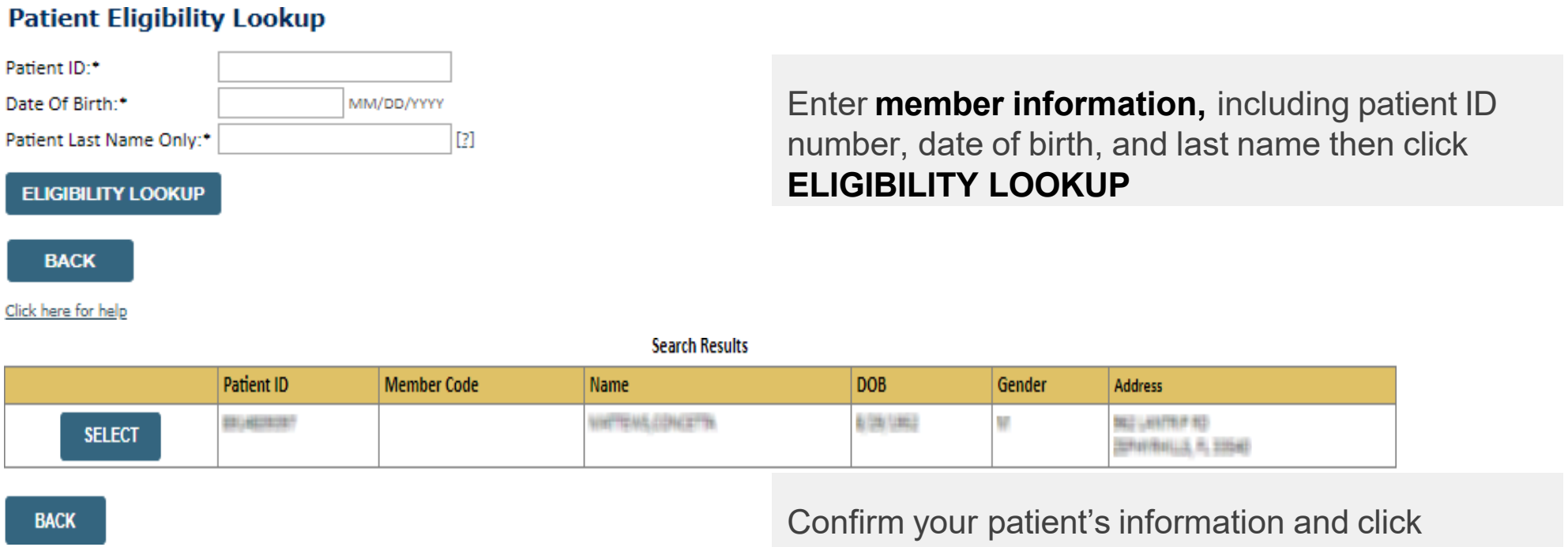
Clinical Certification Request | Enter Member Information



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

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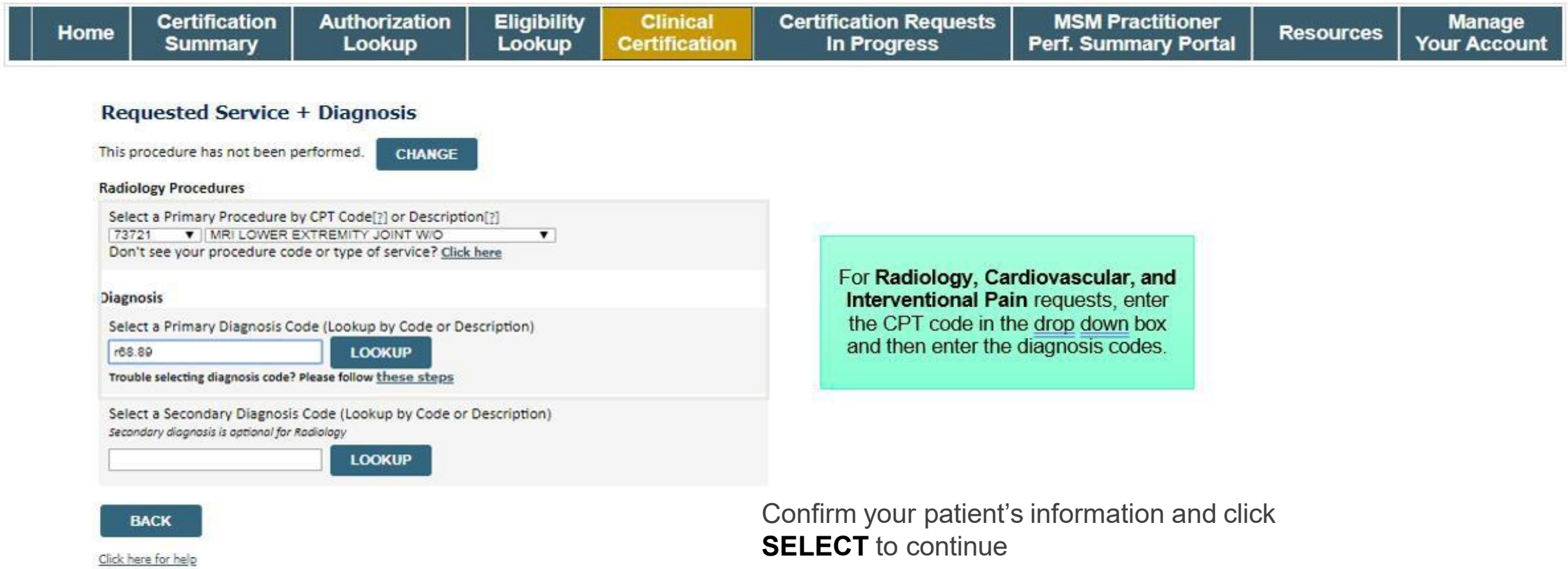
Clinical Certification Request | Enter Procedure & Diagnosis



For **Radiology, Cardiovascular, and Interventional Pain** requests, enter the CPT code in the drop down box and then enter the diagnosis codes.

Confirm your patient's information and click **SELECT** to continue

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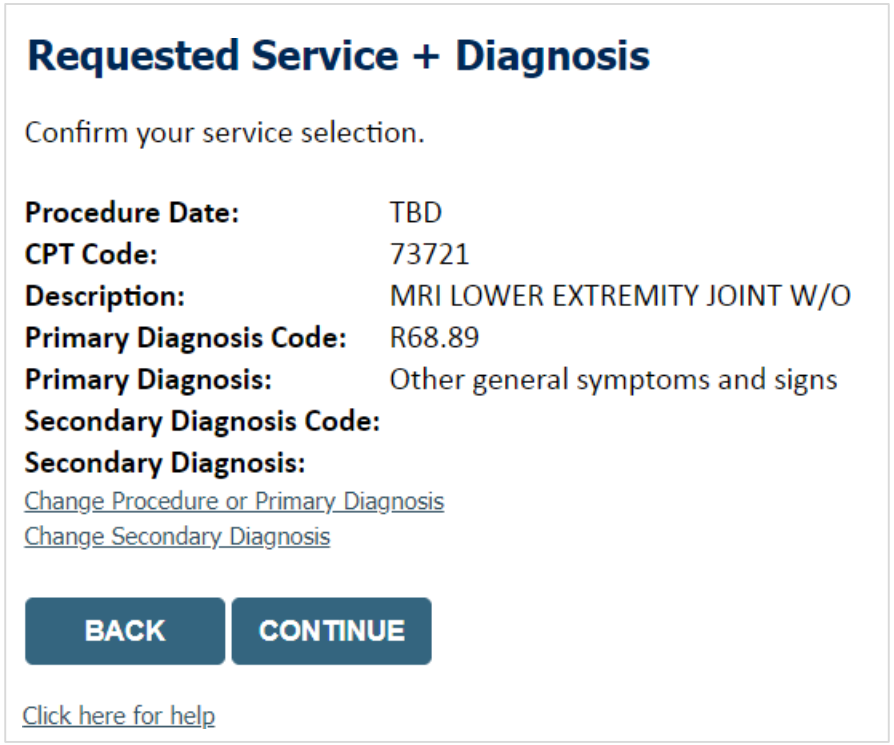
Clinical Certification Request | Verify Service Selection



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

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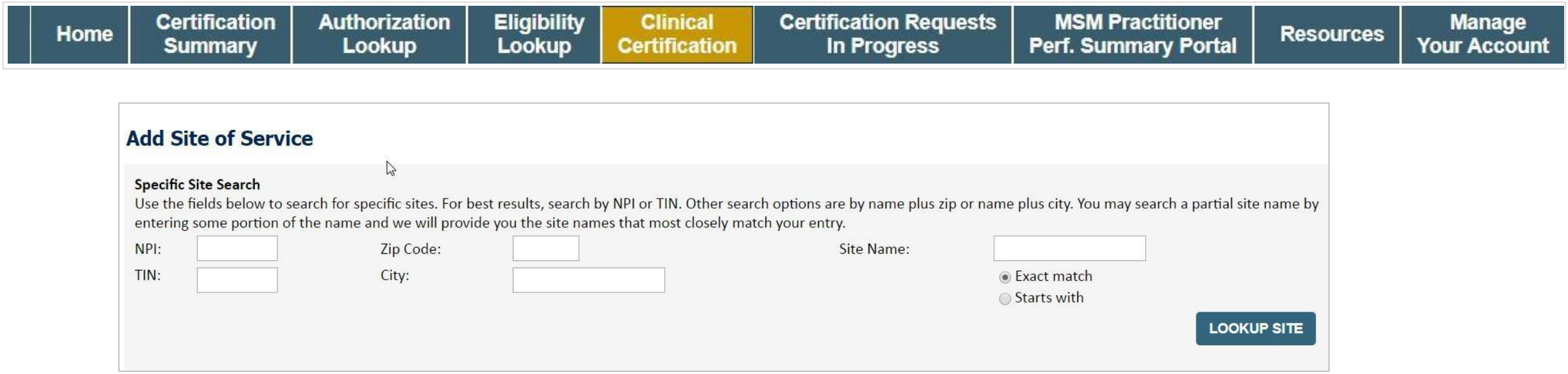
Clinical Certification Request | Site Selection



- 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

eviCore intelliPath®

Real-time decision

Request is complete

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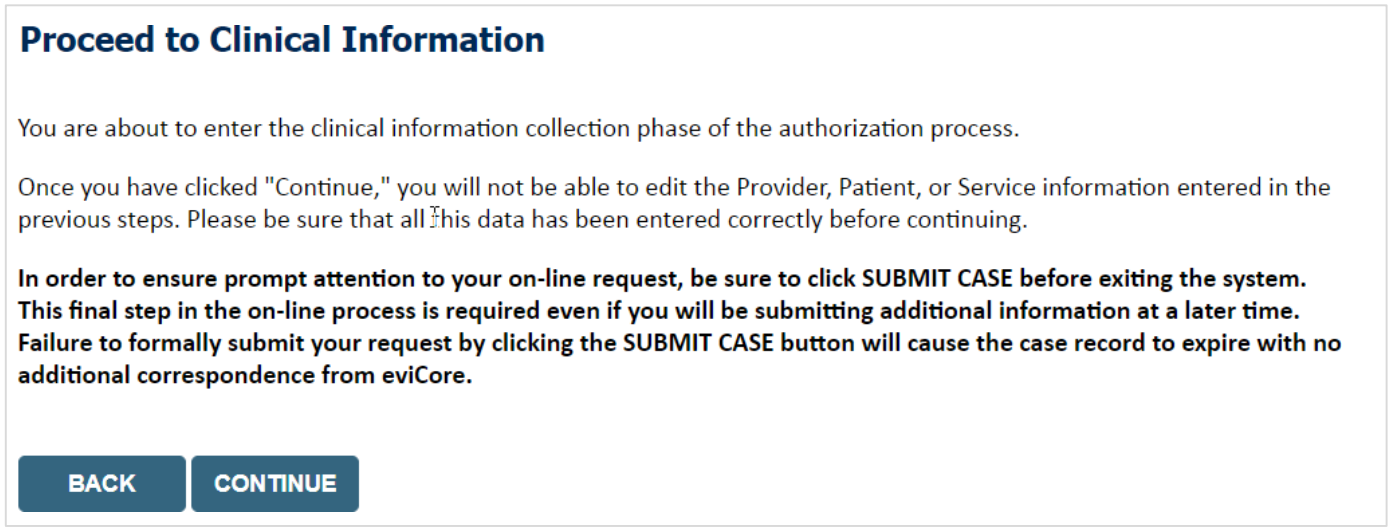
Clinical Certification Request | Clinical Certification



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

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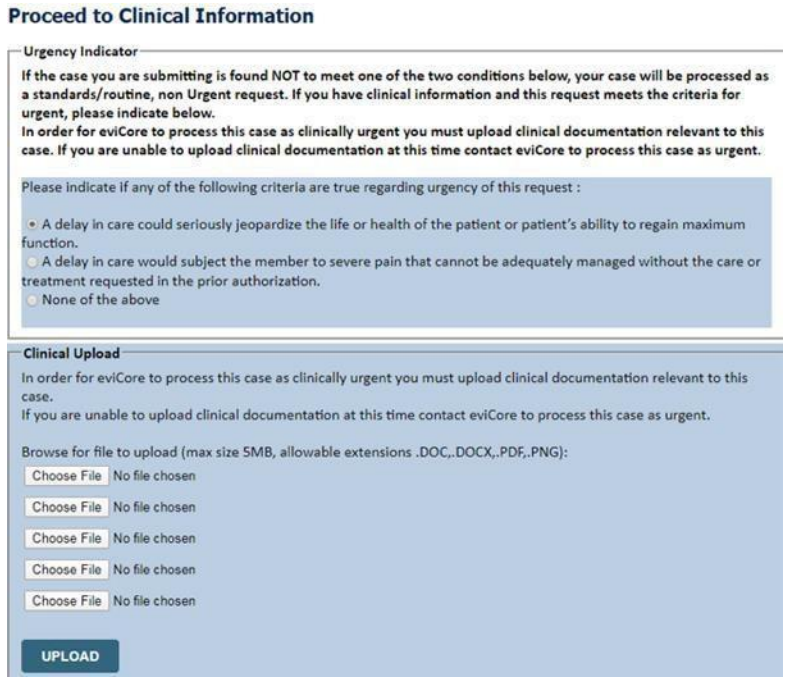
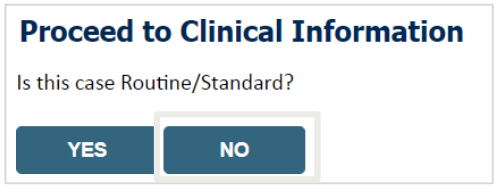
Clinical Certification Request | Standard or Urgent Request?





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

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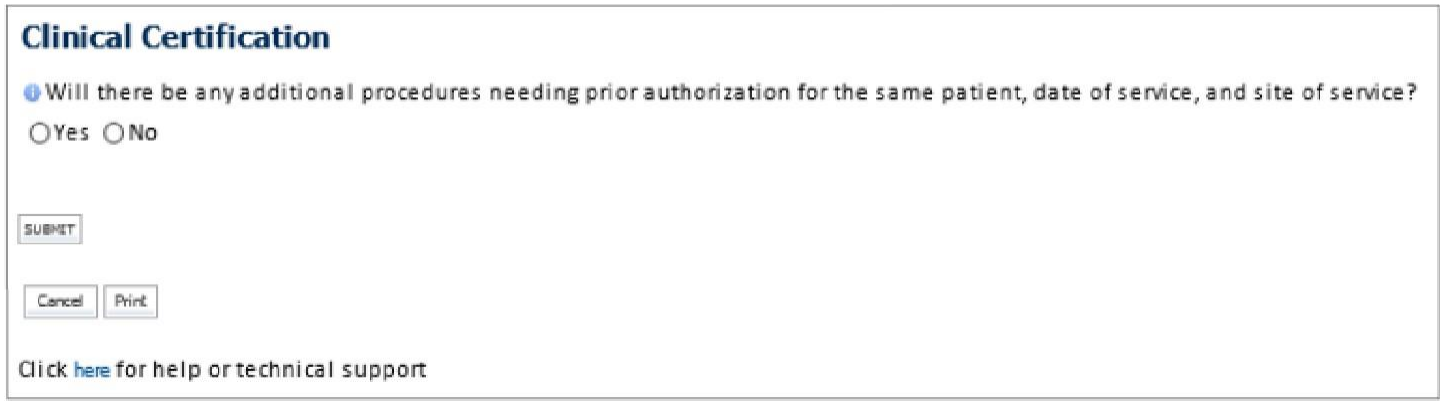
Requesting Multiple CPT Codes

After you indicate the case urgency of the case, you will be asked about additional procedures.
All CPT codes must be for the same program.



- Select **YES** to add Additional CPT codes.
- Enter one CPT at a time and select **SUBMIT** after each one.

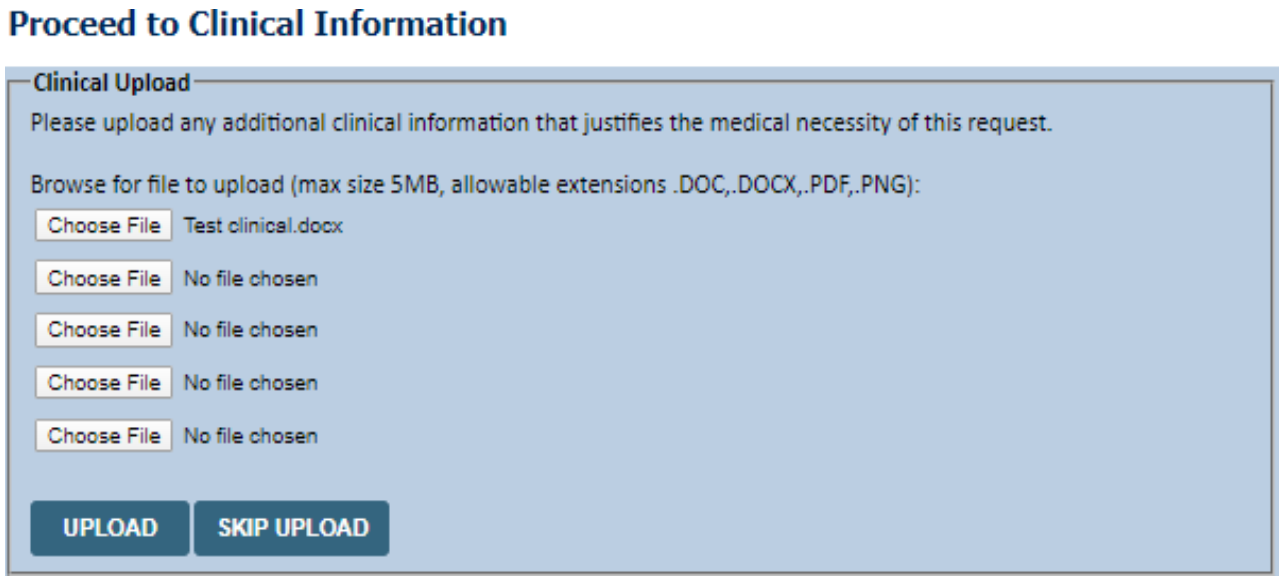
Improved Provider Experience

Real-Time Decision or Clinical Documentation Upload

*In some circumstances, you may be asked to complete a series of clinical questions which may result in an immediate approval or a request for clinical upload.

Clinical Certification Request | Request for Clinical Upload

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



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

Tips:

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

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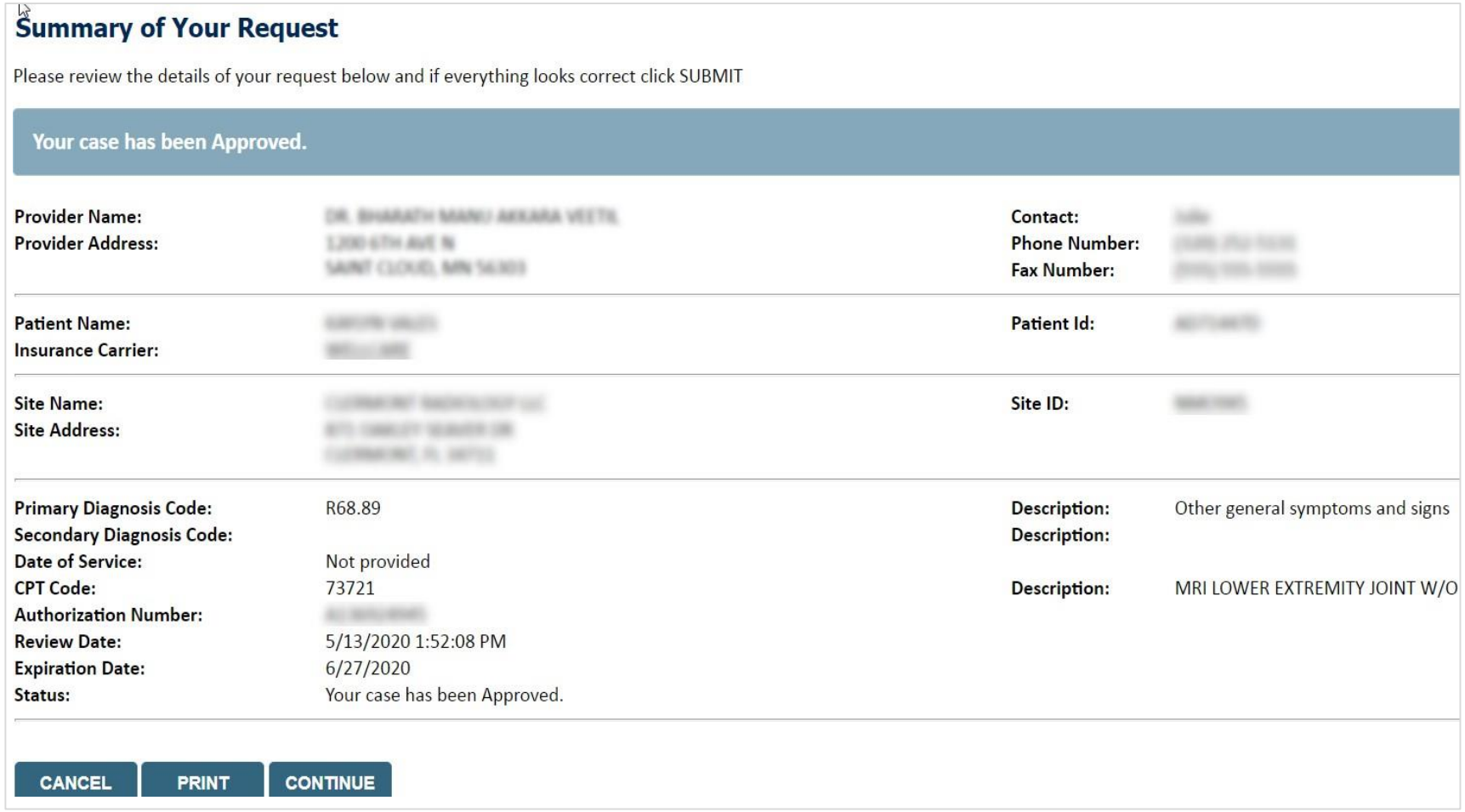
Clinical Certification Request | Criteria Met



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:	[redacted]	**Contact:**	[redacted]
Provider Address:	[redacted]	**Phone Number:**	[redacted]
		Fax Number:	[redacted]
Patient Name:	[redacted]	**Patient Id:**	[redacted]
Insurance Carrier:	[redacted]		
Site Name:	[redacted]	**Site ID:**	[redacted]
Site Address:	[redacted]		
Primary Diagnosis Code:	R68.89	**Description:**	Other general symptoms and signs
Secondary Diagnosis Code:		**Description:**	
Date of Service:	Not provided		
CPT Code:	73721	**Description:**	MRI LOWER EXTREMITY JOINT W/O
Authorization Number:	[redacted]		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL PRINT CONTINUE

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

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Provider Resources

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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

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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 **866-668-8295.** Representatives are available from 7 a.m. to 7 p.m. local time.

Provider Resource Website

EviCore's Provider Engagement team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis.

This page can include:

- Frequently asked questions
- Quick reference guides
- Provider training
- CPT code lists

To access codes delegated to EviCore and other resources, please visit:

https://www.evicore.com/resources/healthplan/aetna-better-health/oklahoma

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EviCore Provider Newsletter

Stay up-to-date with our free provider newsletter

To subscribe:

- Visit **EviCore.com**
- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**
- Enter a valid email address

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Thank You

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Appendix

Peer-to-Peer (P2P) Scheduling Tool & Additional Resources

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Provider Resources | Schedule a P2P Request

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

- Log-in to your account at EviCore.com
- Perform **Clinical Review Lookup** to determine the status of your request
- Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a Peer-to-Peer consultation
- 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.

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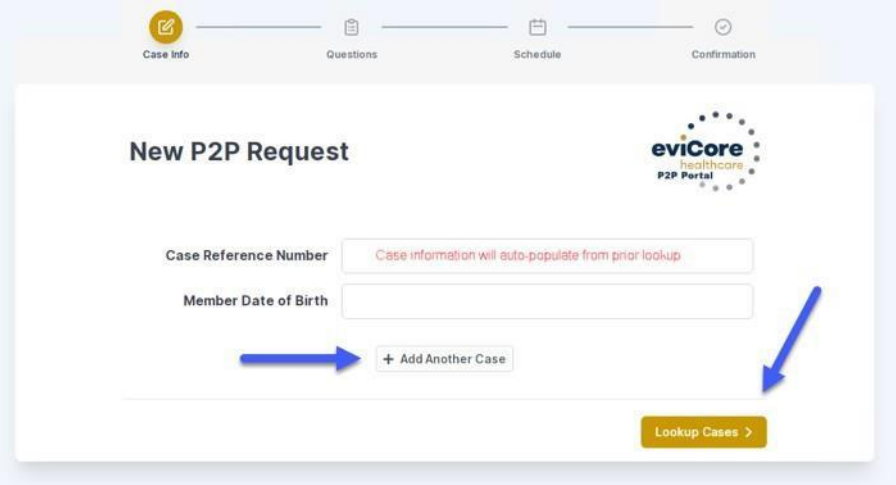
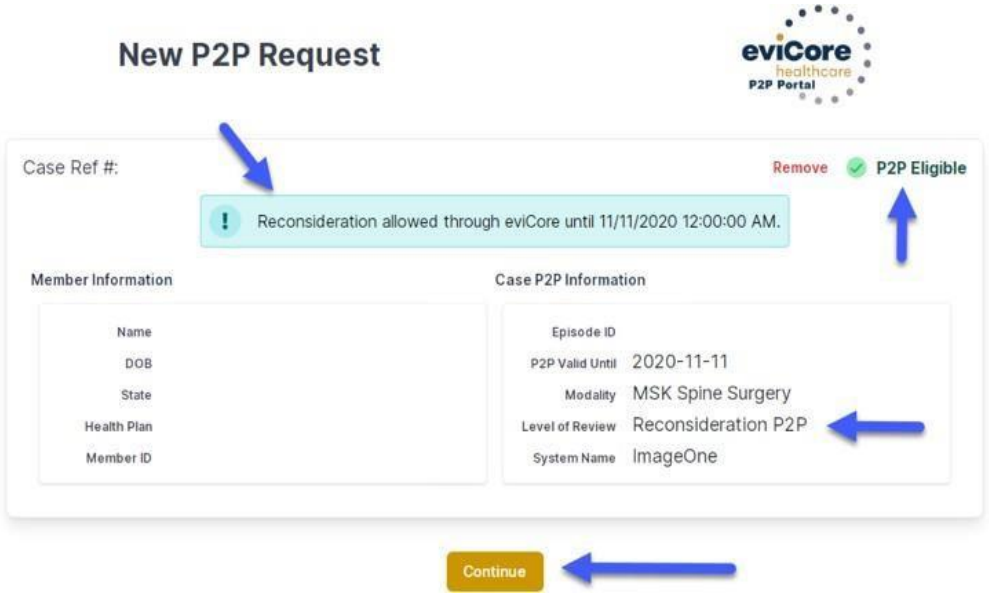
Provider Resources | Schedule a P2P Request (con't.)



- Upon first login, you will be asked to confirm your default time zone
- You will be presented with the Case Number and Member Date of Birth
- Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**
- To proceed, select **Lookup Cases**

- You will receive a confirmation screen with member and case information, including the Level of Review for the case in question
- Click **Continue** to proceed



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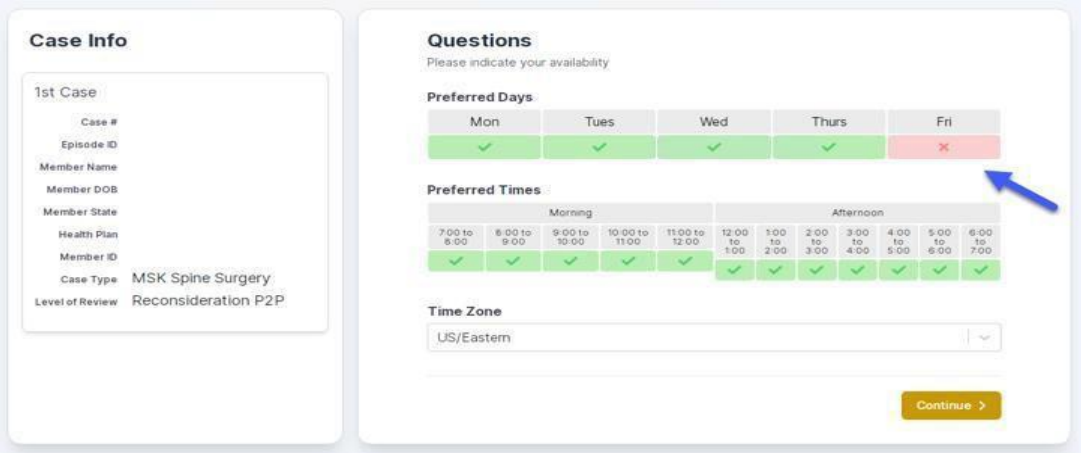
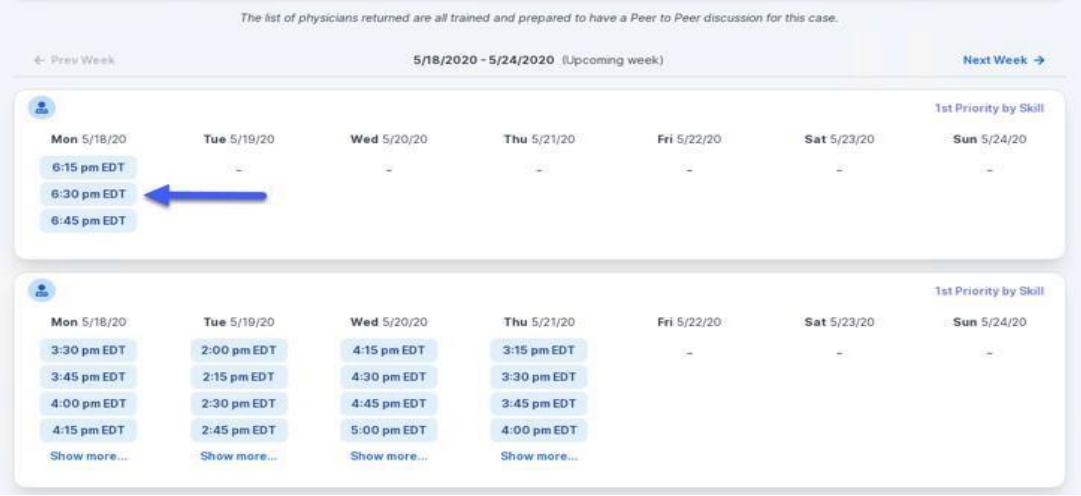
Provider Resources | Schedule a P2P Request (con't.)





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

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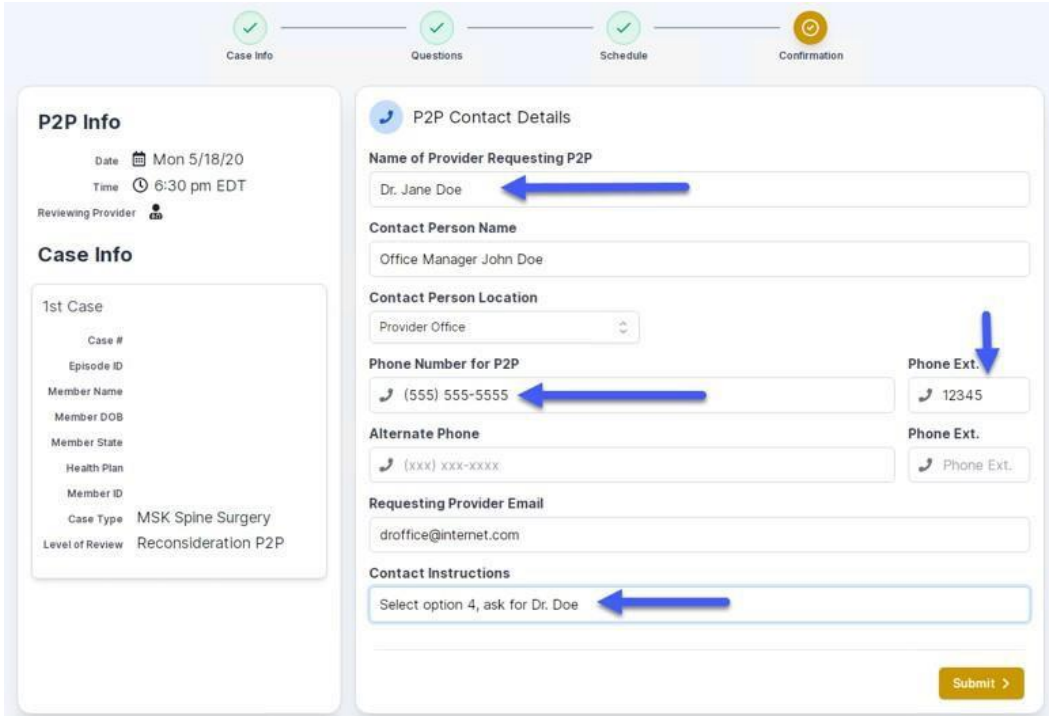
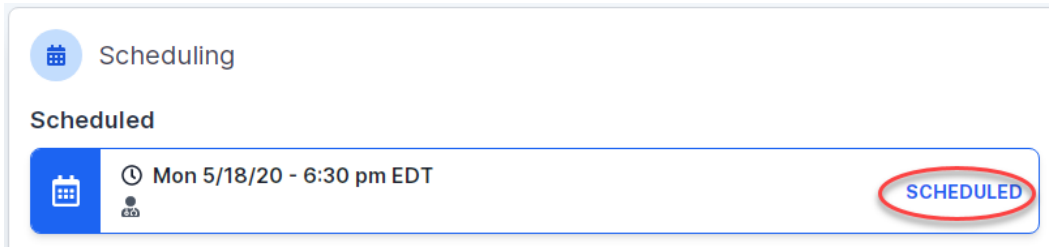
Provider Resources | Schedule a P2P Request (con't.)





Update the following fields to ensure the correct person is contacted for the Peer-to-Peer appointment:

- Name of Provider Requesting P2P
- Phone Number for P2P
- Contact Instructions

Click **Submit** to schedule the appointment

You will be presented with a summary page containing the details of your scheduled appointment

Confirm contact details

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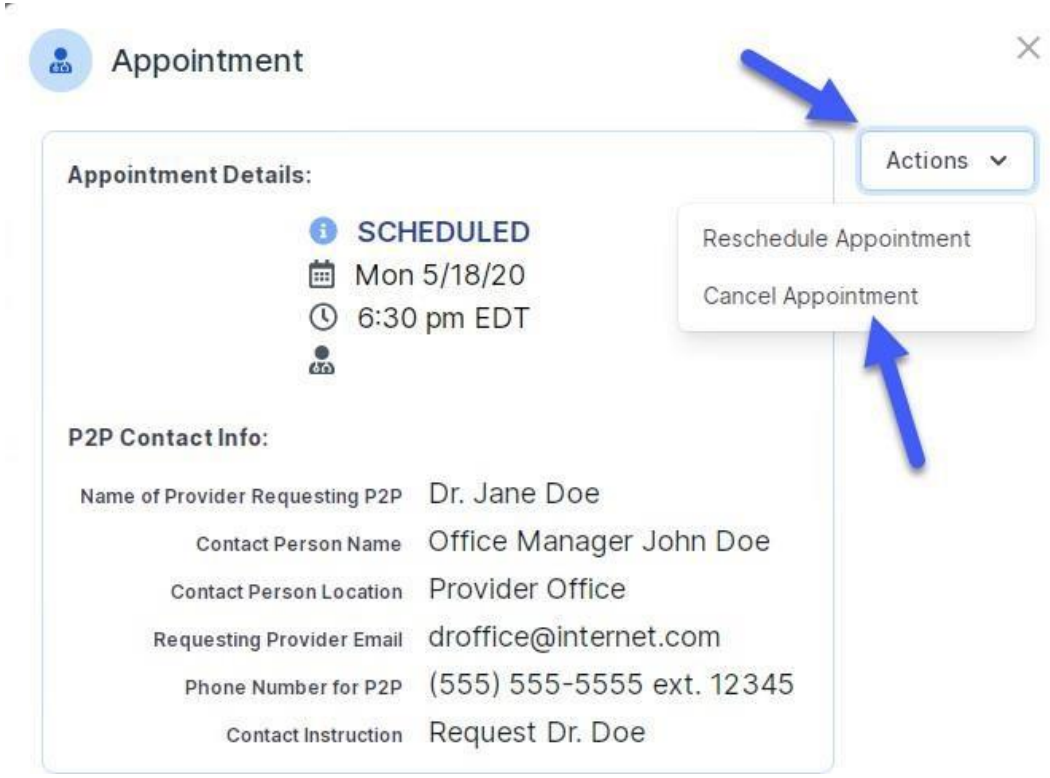
Provider Resources | Cancel or Reschedule a P2P Appointment

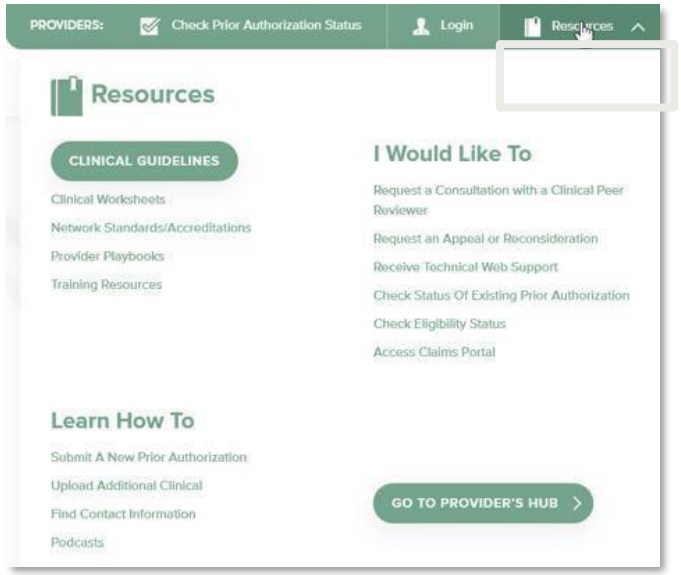


To cancel or reschedule an appointment:

- Access the scheduling software and select **My P2P Requests** on the left-pane navigation
- Select the request you would like to modify from the list of available appointments
- When the request appears, click on the schedule link. An appointment window will open
- Click on the **Actions** drop-down and choose the appropriate action
  - **If choosing to reschedule,** select a new date or time as you did initially
  - **If choosing to cancel,** input a cancellation reason
- Close the browser once finished

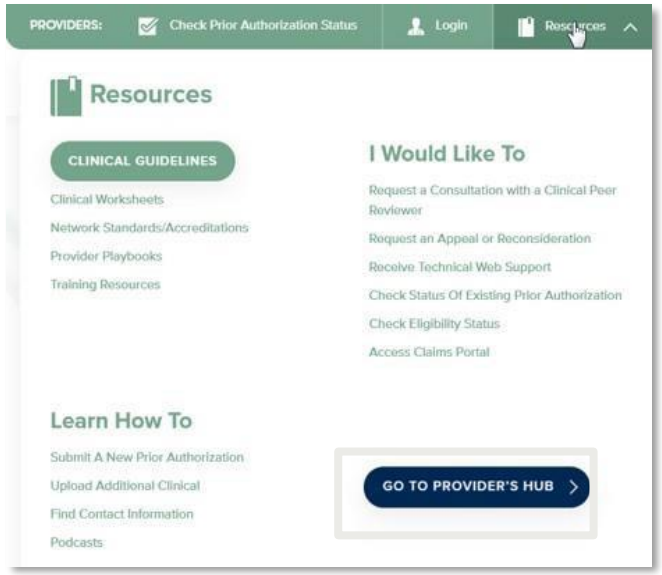
Provider Resources | EviCore Provider's Hub

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



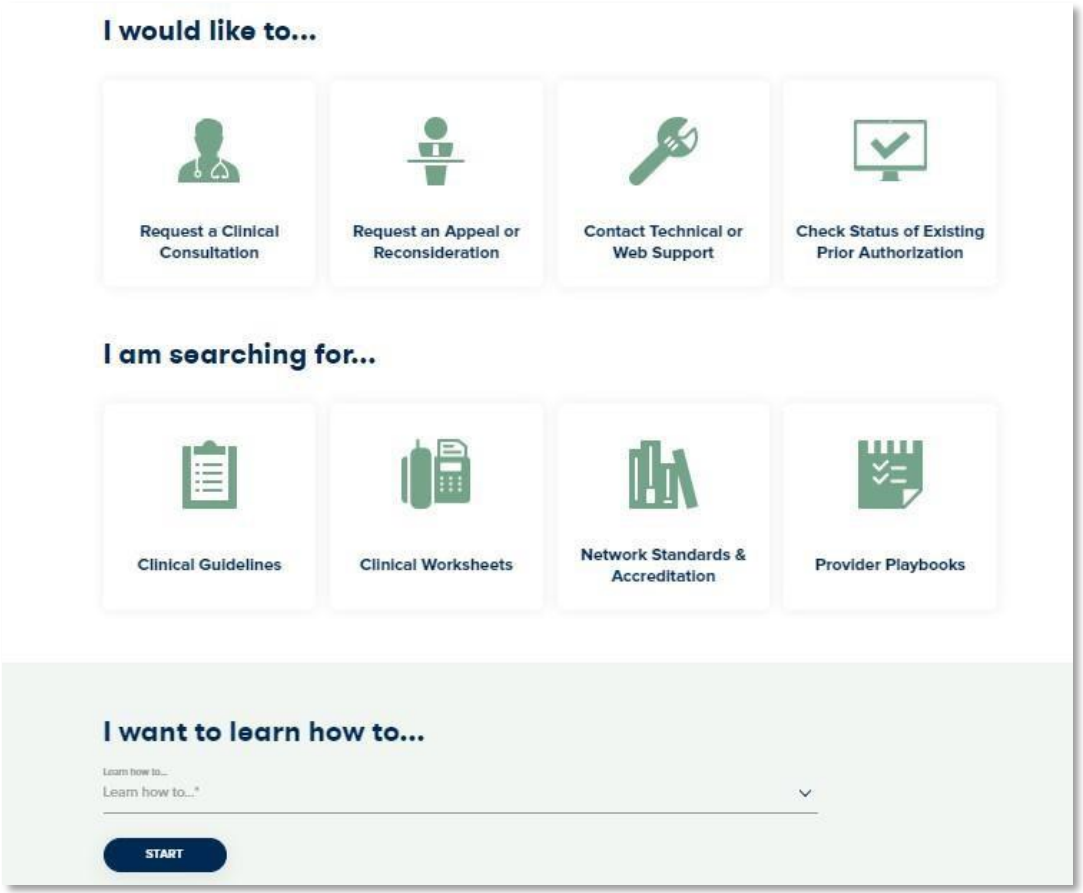
Step 1

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



Step 2

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



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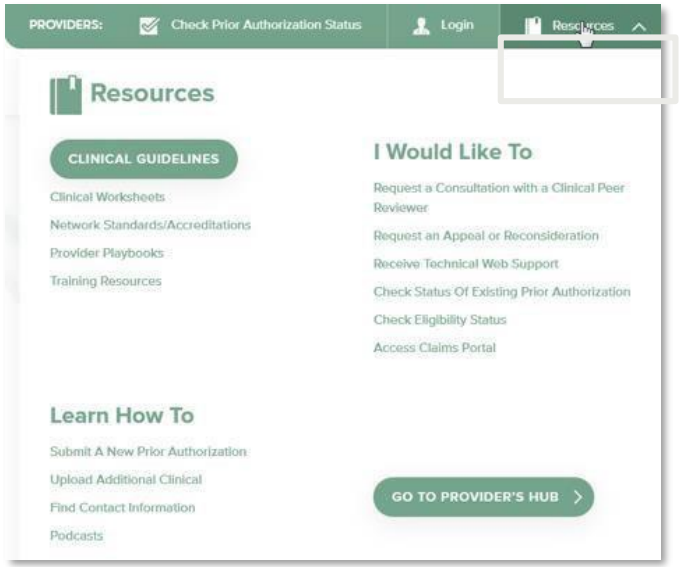
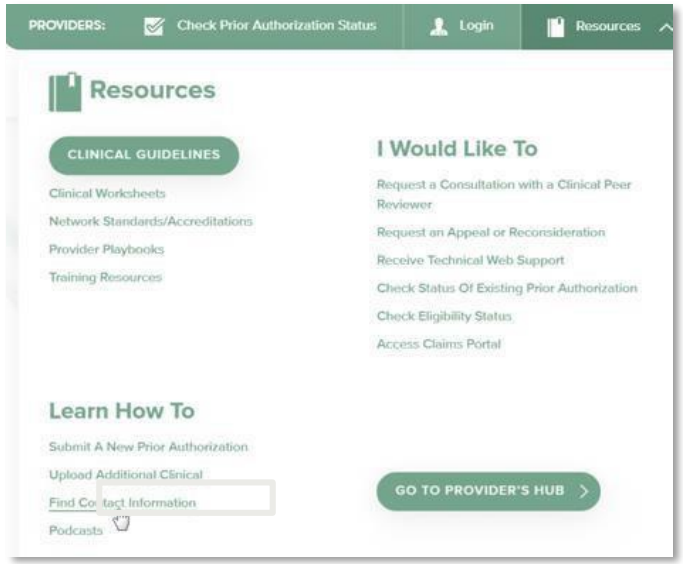
Provider Resources | Quick Reference Tool

Where can I locate plan-specific contact information?



Step 1

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



Step 2

Select **Find Contact Information**

Step 3

- Use **Select a Health Plan** and **Select a Solution** to populate the contact phone and fax numbers
- This will also advise which portal to use for case requests

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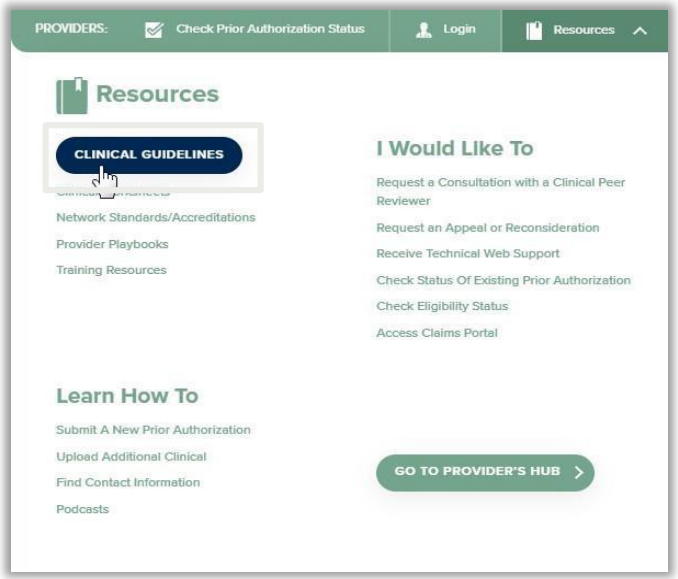
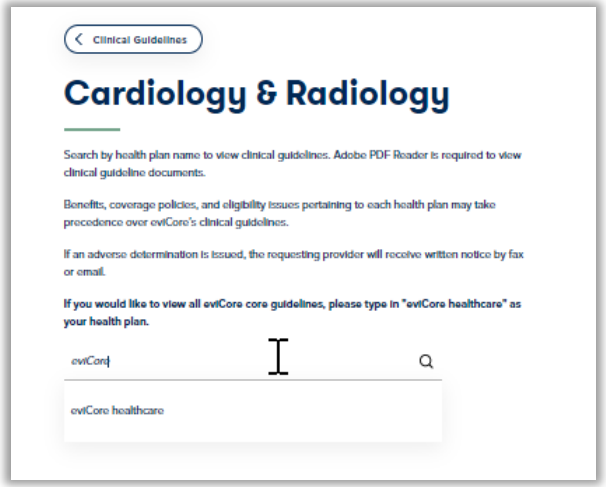
Public Information

Provider Resources | Clinical Guidelines

How do I access EviCore's clinical guidelines?





Step 1

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

Step 2

Select the solution/program associated with the requested guidelines

Step 3

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

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