

Advanced Imaging, Cardiac Imaging & Pain Management

Provider Orientation Session for Aetna Better
Health of Maryland

+Agenda

- Program Overview
- Submitting Requests
- Prior Authorization Outcomes, Special Considerations & Post Decision Options
- Provider Portal Overview
- Provider Resources

Program Overview

+Aetna Better Health of Maryland Prior Authorization Services

+EviCore healthcare (eviCore) will begin accepting prior authorization requests on November 1, 2017 for dates of service November 1, 2017 and after.

Applicable Membership:	Prior authorization applies to the following services:	Prior authorization does NOT apply to services performed in:
All Aetna Better Health of Maryland members require an authorization from EviCore.	- Outpatient - Elective / Non-emergent	- Emergency Rooms - Observation Services - Inpatient Stays

+ Radiology Solution

Covered Services:

+Advanced imaging services

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

To find a **complete list** of radiology Current Procedural Terminology (CPT) codes that **require prior authorization through eviCore**, please visit:

[Aetna Better Health of MD Resources](#) | [EviCore by Evernorth](#)

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+Cardiology Solution

Covered Services:

+Advanced imaging and diagnostic services

- Stress Testing
 - Myocardial Perfusion Imaging
 - Stress Echocardiography
- Cardiac CT, MRI, PET
- Echocardiography
- Diagnostic Heart Catheterization

To find a **complete list** of cardiology Current Procedural Terminology (CPT) codes that **require prior authorization through eviCore**, please visit:

[Aetna Better Health of MD Resources | EviCore by Evernorth](#)

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+Musculoskeletal Solution

Covered Services:

+Interventional Pain

- Spinal Injections
- Spinal Implants
 - Spinal cord stimulators
 - Pain Pumps

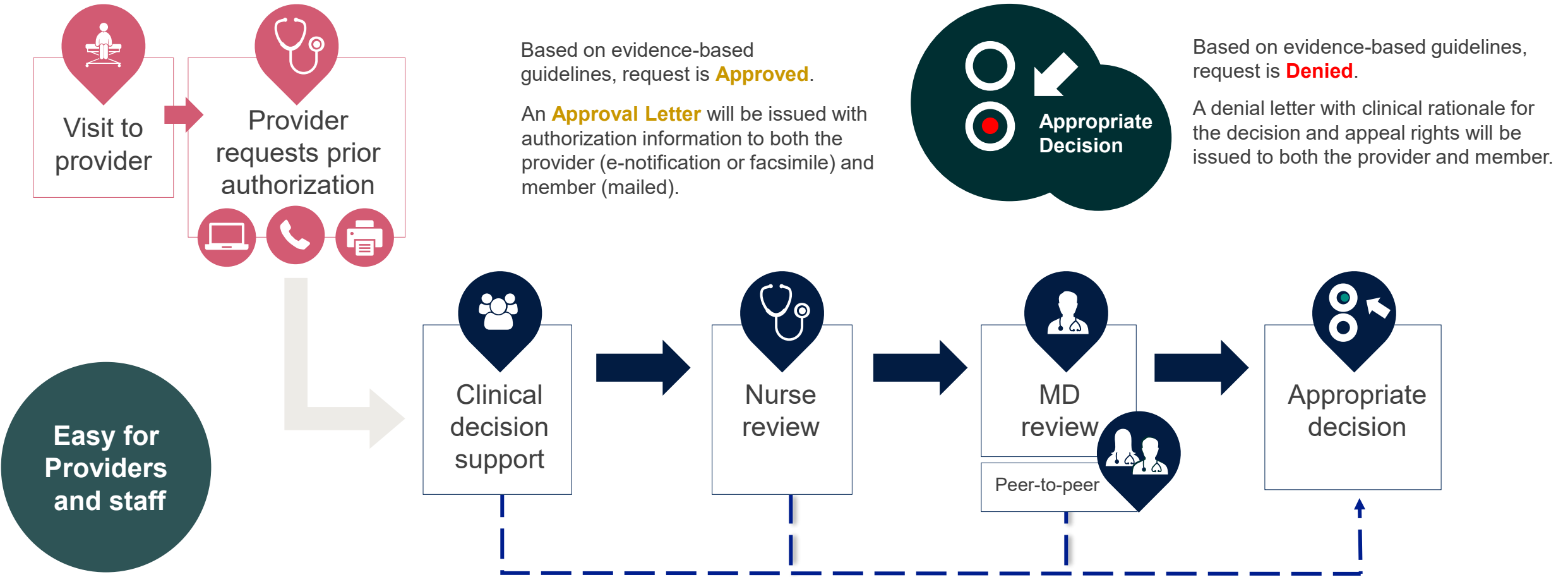
To find a **complete list** of Interventional Pain Management Current Procedural Terminology (CPT) codes that **require prior authorization through eviCore**, please visit:

[Aetna Better Health of MD Resources](#) | [EviCore by Evernorth](#)



Submitting Requests

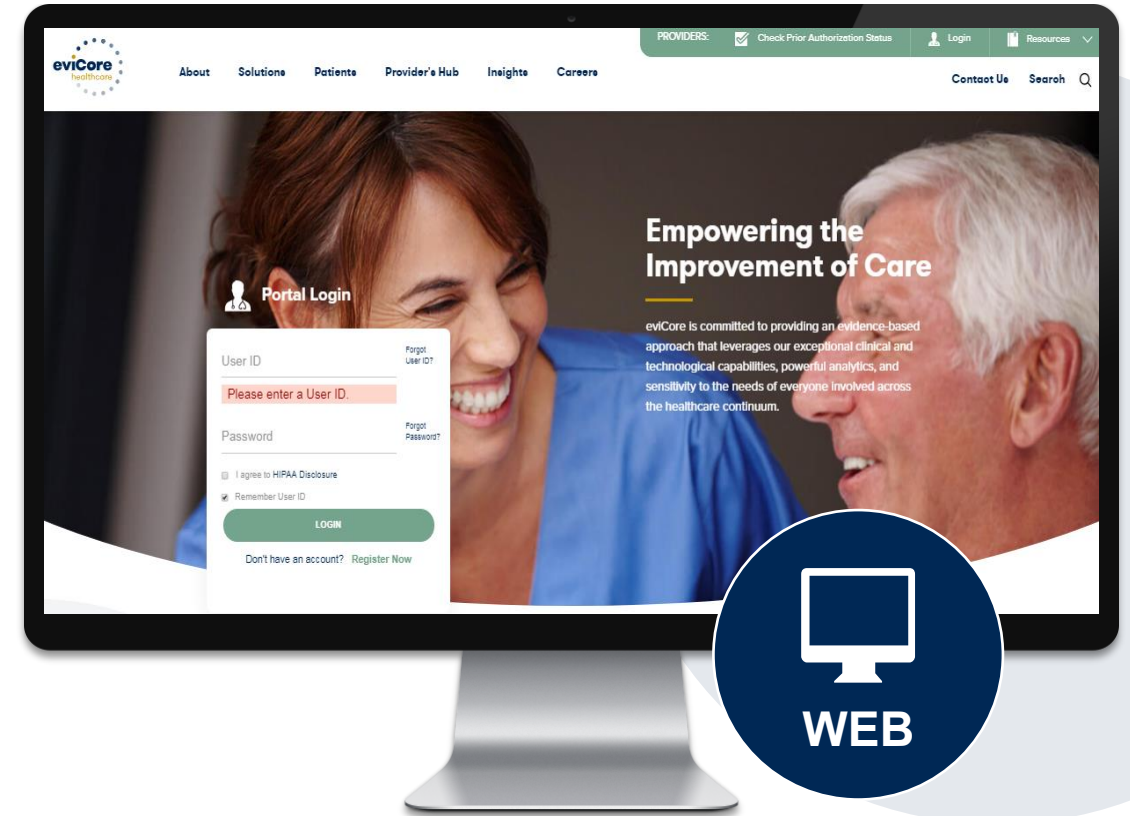
+Utilization Management – the Prior Authorization Process



+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



Phone Number:
888-693-3211
Monday through Friday:
8 am – 9 pm local time

Fax Number:
844-822-3862
PA requests are accepted via
fax and can be used to submit
additional clinical information

+Necessary Information for Prior Authorization

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

1. Member

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

3. Rendering Facility

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

2. Referring (Ordering) Physician

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

4. Supporting Clinical

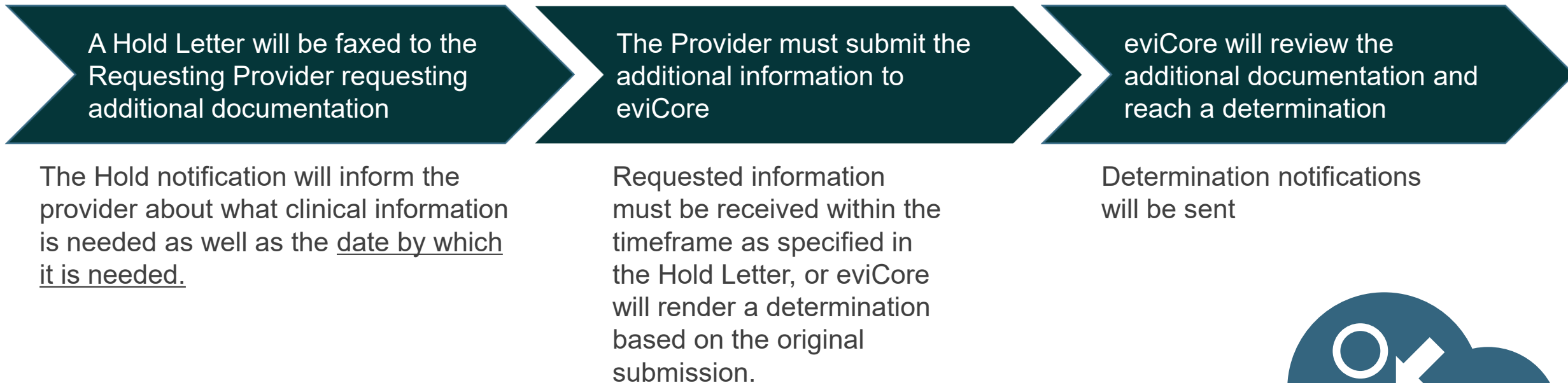
- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous test results



+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:



Prior Authorization Outcomes, Special Considerations, and Post Decision Options

+Prior Authorization Outcomes

Determination Outcomes:

- **Approved Requests:** Authorizations are valid for 60 days from the date of the determination
- **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.

+Notifications:

- Authorization letters will be faxed to the ordering physician
- Web initiated cases will receive e-notifications when a user opts in to receive
- Members will receive a letter by mail
- Approval information can be printed on demand from the eviCore portal:

www.eviCore.com

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Special Circumstances

+Retrospective (Retro) Authorization Requests

- Must be submitted within 7 calendar days from the date of services
- Retro requests submitted beyond this timeframe will be administratively denied
- Reviewed for **clinical urgency** and medical necessity
- Retro requests are processed within 30 calendar days
- When authorized, the start date will be the submitted date of service

+Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member
- Can be initiated on provider portal or by phone
- Urgent cases are typically reviewed within 24 to 72 hours



Special Circumstances cont.

+Alternative Recommendation

- An alternative recommendation may be offered, based on eviCore's evidence-based clinical guidelines
- The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request

+Authorization Update

- If updates are needed on an existing authorization, you can contact eviCore by phone
- Updates must be submitted within 7 calendar days from the date of service & may be subject to clinical review
- If the authorization is not updated and a different facility location or CPT code is submitted on the claim, it may result in a claim denial



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Post-Decision Options: 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 **888-693-3211** 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 , under the authorization lookup function, to see available options.

Reconsiderations

- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an eviCore physician
 - Additional clinical information can be provided without the need for a physician to participate. Must be requested on or before the anticipated date of service
 - If a request is denied and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians. In certain instances, additional information provided may be sufficient to satisfy the medical necessity criteria for approval

Appeals

- eviCore will not process first-level appeals
- A denial notification with the rationale for the decision and appeal rights will be provided to the member and ordering provider

Provider Portal Overview

Access and Compatibility

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

Access resources on the EviCore Provider Portal

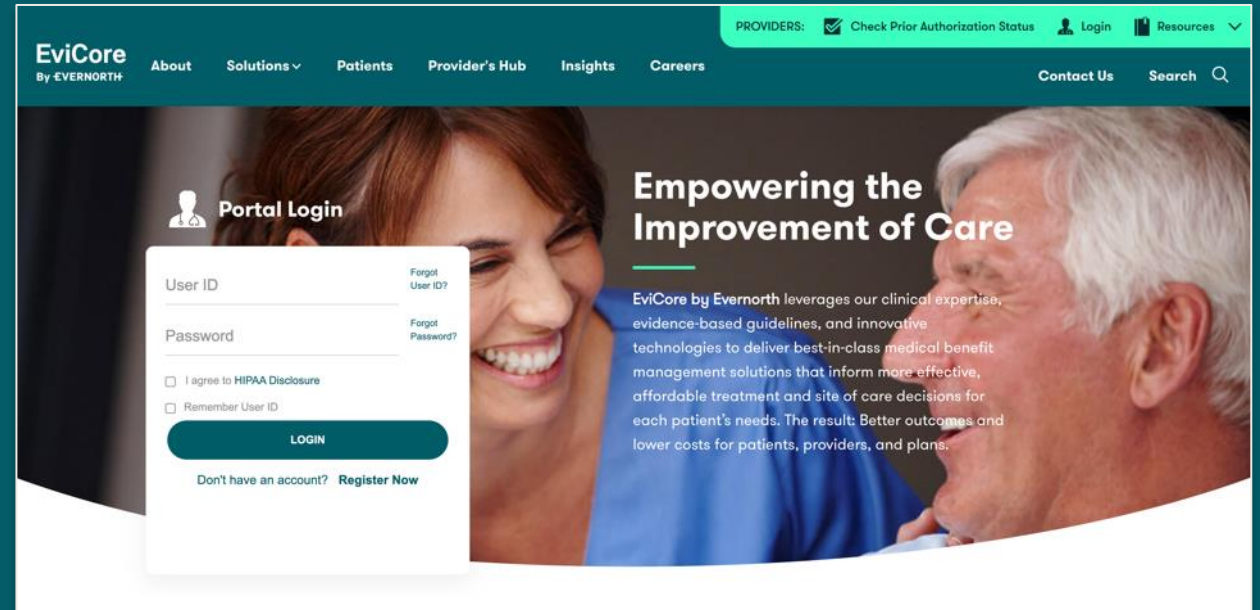
Visit evicore.com/provider

Already a user?

Log in with User ID & Password

Don't have an account?

Click **Register Now**



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

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

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

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* Required Field

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*: --Select--

User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:

Address*:

Phone*:

Email*:

City*:

Ext:

Confirm Email*:

State*:

Fax*:

First Name*:

Select

Zip*:

Last Name*:

Office Name:

Next

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Setting Up Multi-Factor Authentication (MFA)

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

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

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

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

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

Set up Two Factor Authentication

☒ Email ☐ SMS

Register Email Address

meh****@evicore.com

Send PIN

Please enter PIN sent to your Email Address

768342

Submit

Skip

Add Providers

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

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

Tuesday, June 25, 2024 8:56 AM [Log Off](#)

Manage Your Account

Office Name: eviCore [CHANGE PASSWORD](#) [EDIT ACCOUNT](#)

Address: work at home

Primary Contact: [Redacted] [ADD PROVIDER](#)

Email Address: [Redacted]

Click Column Headings to Sort

Name	NPI	
B		REMOVE NPI
F		REMOVE NPI
A		REMOVE NPI
P		REMOVE NPI
S		REMOVE NPI
T		REMOVE NPI
Y		REMOVE NPI

Add Practitioner

Enter Practitioner information and find matches.
*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

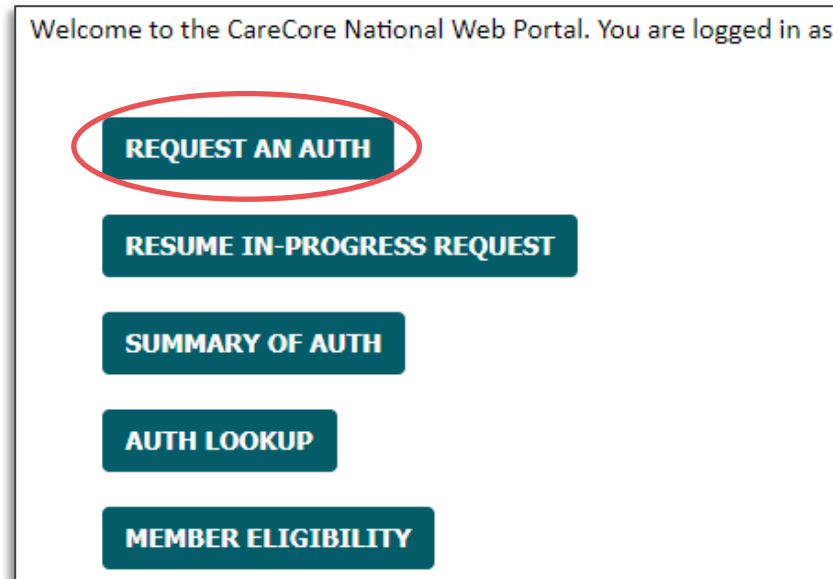
[FIND MATCHES](#) [CANCEL](#)

[Feedback](#)

Portal Case Submission

Initiating a Case

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Add Provider	MedSolutions Portal	Unified Dashboard	Help / Contact Us
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- Click the **Clinical Certification** tab to get started.
- Choose **Request an Auth** to begin a new case request.

Initiating a Case

+ Select the **Program** for your certification

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Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

Manage Your Account

MedSolutions Portal

Help / Contact Us

Request an Authorization

To begin, please select a program below:

☐ Durable Medical Equipment(DME)

☐ Gastroenterology

☐ Lab Management Program

☐ Medical Drug Management

☐ Medical Oncology Pathways

☐ Musculoskeletal Management

☐ Pharmacy Drugs (Express Scripts Coverage)

☐ Radiation Therapy Management Program (RTMP)

☐ Radiology and Cardiology

☐ Sleep Management

CONTINUE

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Search for and Select Provider

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

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Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

Manage Your Account

MedSolutions Portal

Help / Contact U

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
SELECT	
SELECT	
SELECT	
SELECT	
SELECT	
SELECT	
SELECT	

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

Search By NPI:

SEARCH

BACK

CONTINUE

Select Health Plan

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

The screenshot shows the EviCore website interface for a Clinical Certification Request. The header includes the EviCore logo and a navigation bar with links: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account, MedSolutions Portal, and Help / Contact Us. The main heading is 'Choose Your Insurer'. Below it, there is a 'Requesting Provider' field. A message states: 'Please select the insurer for this authorization request.' There are two dropdown menus. The first is labeled 'INSURER NAME'. The second is labeled 'Please Select an Address provider' and is open, showing a list of addresses. A mouse cursor is hovering over the first address in the list: '911 E 20TH ST STE 300'. Other addresses include '2100 S MARION RD STE 310', '6215 S CLIFF AVE STE 110', '1333 MAY ST', '300 S BRUCE ST', '1521 CARLSON ST', '506 E BRIDGE ST', '366 E GEORGE ST', '6100 S LOUISE AVE STE 2100', and '6800 S LOUISE AVE'. At the bottom, there is a copyright notice: '© 2024 eviCore healthcare. All Rights Reserved.' and links for 'Privacy Policy', 'Terms of Use', 'Site Specific Terms', and 'Contact Us'.

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

Choose Your Insurer

Requesting Provider: [Redacted]

Please select the insurer for this authorization request.

INSURER NAME [Dropdown]

Please Select an Address provider [Dropdown]

Please Select an Address

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

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

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

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Enter Contact Information

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

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

Tuesday, June 25, 2024 9:23 AM

Add Your Contact Info

Provider's Name:* [2]

Who to Contact:* your name here [2]

Fax:* (555) 555-5555 [2]

Phone:* (555) 555-5555 [2]

Ext.: [2]

Cell Phone:

Email: c

☒ Receive notification of case status changes

Please review the fax and phone numbers presented for accuracy. Change as necessary and click "Confirm Fax and Continue" to confirm they are correct. Changes apply only to this specific request. If you wish the change to be permanent, please contact the Health Plan.

[Click here for help](#)

[BACK](#) [CONFIRM FAX AND CONTINUE](#)

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

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

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Enter Member Information

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

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Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

Manage Your Account

Tuesday, June 25, 2024 9:32 AM

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*MM/DD/YYYY

Patient Last Name Only:*[?]

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

ELIGIBILITY LOOKUP

BACK

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Attention!

Time: 6/25/2024 9:32 AM

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

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

SUBMIT

Enter Requested Procedure and Diagnosis

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

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Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

Manage Your Account

MedSolutions Portal

Help / Contact U

Requested Service + Diagnosis

This procedure was performed on 6/25/2024.

CHANGE

Musculoskeletal Management Procedures

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

64483 | Epidural inj; single level

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

Additional Pr

Diagnosis

Primary Diag

Description: /

[Change Primary](#)

Select a Seco

Secondary diagn

BACK

[Click here for help](#)

Requested Service + Diagnosis

This procedure has not been performed.

CHANGE

Radiology Procedures

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

78815 | PET W CT SKULL TO MID-THIGH

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

Additional Procedure codes will be collected/presented during the clinical questionnaire

Diagnosis

Primary Diagnosis Code: R50.2

Description: Drug induced fever

[Change Primary Diagnosis](#)

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

Secondary diagnosis is optional for Radiology

LOOKUP

BACK

CONTINUE

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30

Site Selection

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

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Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

Manage Your Account

Tuesday, June 25, 2024 10:10 AM

Add Site of Service

Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI:

Zip Code:

Site Name:

TIN:

City:

Exact match

Starts with

LOOKUP SITE

SELECT

Name

Address

BACK

Click here for help

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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:

Starts with

Exact match

LOOKUP SITE

Site Email (optional)

BACK

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31

Clinical Certification

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

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Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

Manage Your Account

MedSolutions Portal

Help / Contact Us

Tuesday, June 25, 2024 9:44 AM

Proceed to Clinical Information

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

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

In order to ensure prompt attention to your online request, be sure to complete the clinical review before exiting the system. Even if you will be submitting additional information at a later time, please continue through the final summary page. Failure to formally submit your full request will cause the record to expire with no additional correspondence from eviCore.

☐ I acknowledge that the clinical information I am about to submit for this authorization request is accurate and specific to this member, and that all information will be provided for this request.

Proceed to Clinical Information

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

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

In order to ensure prompt attention to your online request, be sure to complete the clinical review before exiting the system. Even if you will be submitting additional information at a later time, please continue through the final summary page. Failure to formally submit your full request will cause the record to expire with no additional correspondence from eviCore.

☐ I acknowledge that the clinical information I am about to submit for this authorization request is accurate and specific to this member, and that all information will be provided for this request.

BACK

CONFIRM AND CONTINUE

[Click here for help](#)

Alert!

Patient ID: [REDACTED] Time: 6/25/2024 9:44 AM

Patient Name: [REDACTED]

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

OK

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32

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 displays the EviCore web application interface. At the top, the EviCore logo and 'By EVERNORTH' are visible. A navigation bar contains links: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account, MedSolutions Portal, and Help / Contact Us. The main content area is titled 'Proceed to Clinical Information'. It includes an 'Urgency Indicator' section with explanatory text and a list of criteria for urgent cases. Below this is a 'Clinical Upload' section with instructions and five file upload fields, each with a 'Choose File' button and 'No file chosen' text. An 'UPLOAD' button is at the bottom of the upload section. To the right of the main form, a smaller box titled 'Proceed to Clinical Information' asks 'Is this case Routine/Standard?' with 'YES' and 'NO' buttons.

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

Proceed to Clinical Information

Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

- ☐ A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.
- ☐ A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.
- ☐ None of the above

Clinical Upload

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case.

If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

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

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD

Proceed to Clinical Information

Is this case Routine/Standard?

YES **NO**

Improved Provider Experience

Real-Time Decision or Clinical Documentation Upload



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



Real-time decisions

Expedites evidence-based patient care



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



Clinical Certification

Your case has been Approved.

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

Patient Name:		Patient ID:	
Insurance Carrier:			

Site Name:		Site ID:	
Site Address:			

Primary Diagnosis Code:	R51	Description:	Headache
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided		
CPT Code:	72148	Description:	MRI LUMBAR SPINE W/O CONTRAST
Authorization Number:			
Review Date:			
Expiration Date:			
Status:	Your case has been Approved.		

Clinical Certification

Clinical Upload

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

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

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

UPLOAD SKIP UPLOAD

Proceed to Clinical Information

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

Example Questions

Proceed to Clinical Information

- 1 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.

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'

The screenshot shows the EviCore web application interface. At the top, the EviCore logo is displayed with 'By EVERNORTH' underneath. A navigation bar contains several menu items: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted in green), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account, MedSolutions Portal, and Help / Contact Us. Below the navigation bar, the main heading is 'Proceed to Clinical Information'. Under this heading is a section titled 'Clinical Upload' with a light blue background. The text inside this section reads: 'Please upload any additional clinical information that justifies the medical necessity of this request.' Below this text is a label 'Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):'. There are five file selection rows, each with a 'Choose File' button and a text field. The first row shows 'Test clinical.docx' in the text field, while the others show 'No file chosen'. At the bottom of the 'Clinical Upload' section are two buttons: 'UPLOAD' and 'SKIP UPLOAD'.

Criteria Met

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

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Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

Manage Your Account

MedSolutions Portal

Help / Contact Us

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:
Provider Address:

DR. BHARATH MANI ARJANA VETTEL
1200 6TH AVE SE
SAINT CLOUD, MN 56301

Contact:
Phone Number:
Fax Number:

763-438-2343
763-438-2343

Patient Name:
Insurance Carrier:

ANTHONY WILSON
WELLS FARGO

Patient Id:

ANTHONY WILSON

Site Name:
Site Address:

COLUMBIAN MEDICAL GROUP LLC
875 COMBUSTION BLVD SE
COLUMBIAN, IL 62532

Site ID:

ANTHONY WILSON

Primary Diagnosis Code:
Secondary Diagnosis Code:
Date of Service:
CPT Code:
Authorization Number:
Review Date:
Expiration Date:
Status:

R68.89

Not provided
73721
ANTHONY WILSON
5/13/2020 1:52:08 PM
6/27/2020
Your case has been Approved.

Description:
Description:

Other general symptoms and signs
MRI LOWER EXTREMITY JOINT W/O

CANCEL

PRINT

CONTINUE

EviCore

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37

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's provider portal
 - You can also call a Web Support Specialist at 800-646-0418 (option 2)
 - Chat with web support on the [EviCore Provider Resource page](#)

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

Additional Information about ECRM can be found on the [**Providers' Hub**](#).



Client and Provider Services

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

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

Web-Based Services and Portal Support

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

Provider Engagement

- Regional team that works directly with the provider community.
- **Provider Engagement Manager Territory List**

Call Center

Call (888) 693-3211, representatives are available from 7 a.m. to 7 p.m. local time.

Contact EviCore's Dedicated Teams



+Provider Resource Website

Provider Resource Pages

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

- Quick Reference Guides
- Provider Training
- CPT code list

+To access these helpful resources, please visit

+[Aetna Better Health of MD Resources | EviCore by Evernorth](#)

Aetna Better Health of Maryland Provider Services: 855.300.5528



+Provider Newsletter

Stay Updated With Our Free Provider Newsletter

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

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



+Provider Resource Review Forums

The eviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

+We invite you to attend a Provider Resource Review Forum, to navigate www.eviCore.com and understand all the resources available on the Provider's Hub. Learn how to access:

- eviCore's evidence-based clinical guidelines
- Clinical worksheets
- Check-status function of existing prior authorization
- Search for contact information
- Podcasts & Insights
- Training resources

How to register for a Provider Resource Review Forum?

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



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Thank You!
