

# Train the Trainer

Session for Banner Health Network



Empowering  
the Improvement  
of Care

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# Program Overview

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# Applicable Memberships

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Prior Authorization is required for Banner Health members who are enrolled in the following lines of business:

## Medicare Plans

- AARP Medicare Complete (UHC)
- Banner Medicare Advantage Prime HMO
- Banner Medicare Advantage Dual HMO (D-SNP)
- Banner Medicare Advantage Plus PPO – effective April 1, 2022

## Medicaid Plans

- Banner – University Family Care/AHCCCS Complete Care – effective April 1, 2022
- Banner – University Family Care/ALTCS – effective April 1, 2022

**Note:** When requesting pre-service authorization for these members, please select Banner Health from the health plan dropdown list.

# Banner Health Prior Authorization Services

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eviCore currently accepts prior authorization requests for Medicare members. Effective April 1, 2022 prior authorization will be required for Medicaid membership

Prior authorization applies to the following services:

- Outpatient
- Diagnostic
- Elective / Non-emergent

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

- Emergency Rooms
- Observation Services
- Inpatient Stays



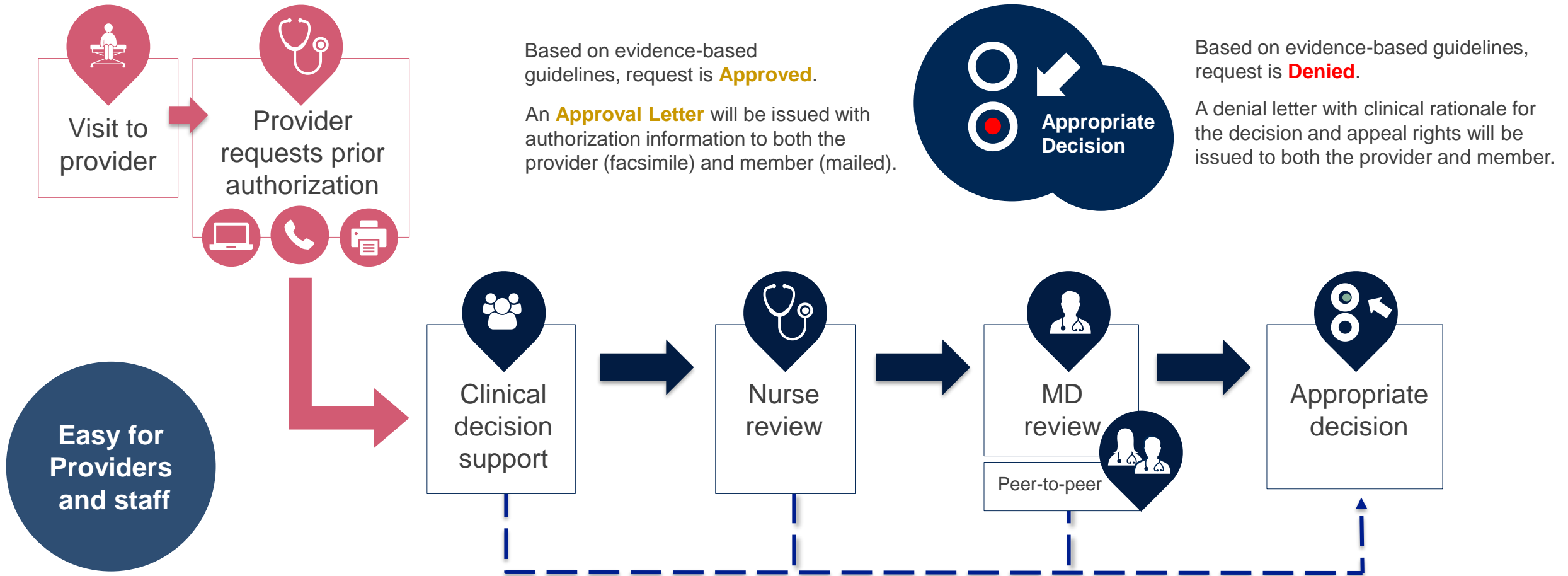
It is the responsibility of the ordering provider to request prior authorization approval for services.

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# Submitting Requests

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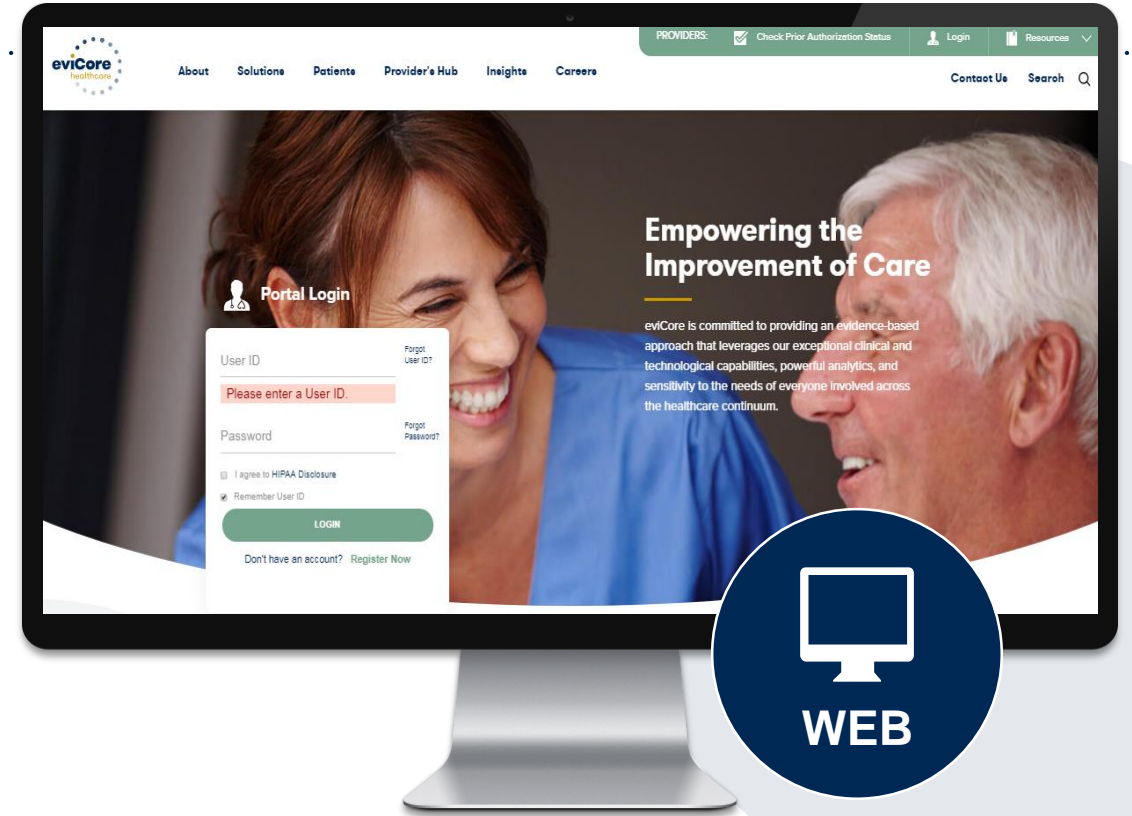
# Utilization Management – the Prior Authorization Process



# Methods to Submit Prior Authorization Requests

## eviCore Provider Portal [www.eviCore.com](http://www.eviCore.com) (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
- **Dashboard:** View all recently submitted cases



### Phone Number:

888.693-3211-Rad/Card

888.444.9261-all other programs

Monday through Friday

7am – 7pm local time

### Fax Number:

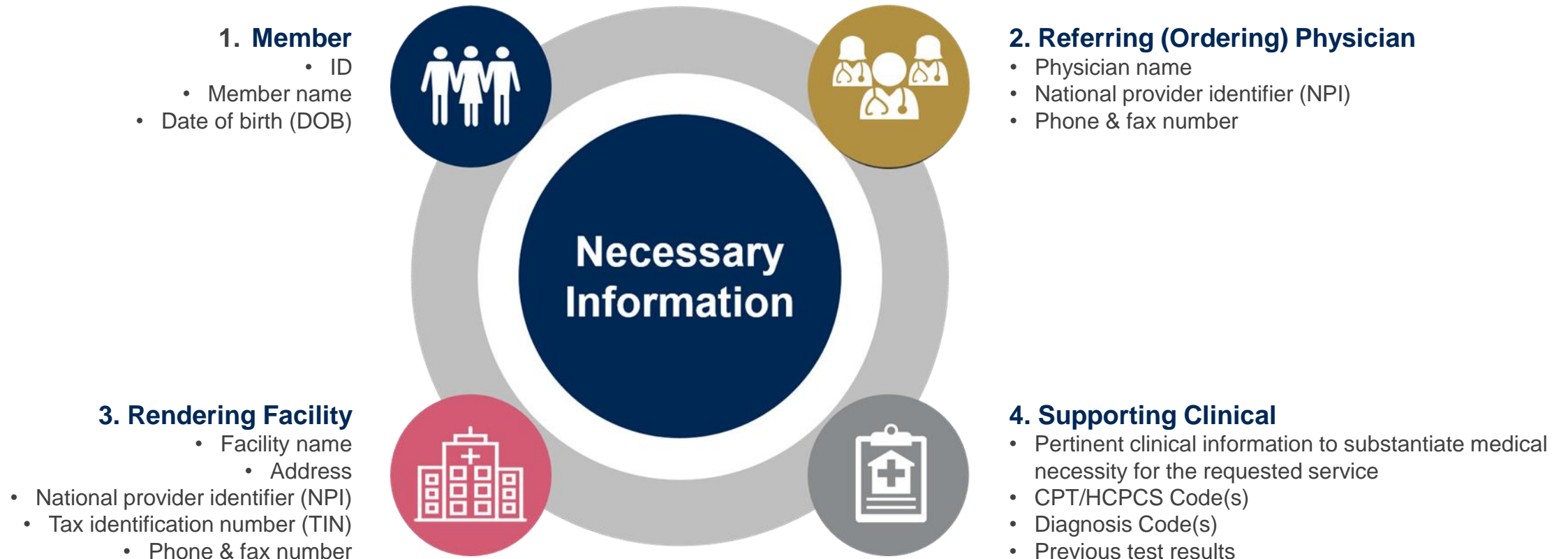
888.693.3210

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

# Information needed for Prior Authorizations

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



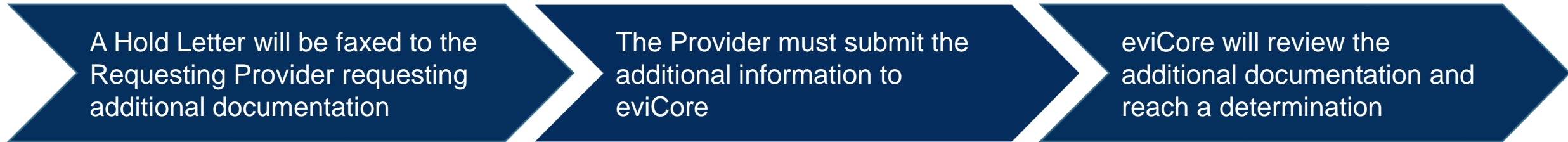


# Insufficient Clinical – Additional Documentation Needed

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## Additional Documentation to Support Medical Necessity

If during case build all required pieces of documentation are not received, or are insufficient for eviCore to reach a determination, the following will occur:



The Hold notification will inform the provider about what clinical information is needed as well as the date by which it is needed.

Requested information must be received within the timeframe as specified in the Hold Letter, or eviCore will render a determination based on the original submission.

Determination notifications will be sent



# Pre-Decision Options: Medicare Members

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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 888.693.3210 or **uploaded** directly into the case via the provider portal at [www.eviCore.com](http://www.eviCore.com)
- Alternatively, providers can choose to request a **Pre-Decision Clinical Consultation** instead of submitting additional clinical information
- 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](http://www.eviCore.com)

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# **Prior Authorization Outcomes, Special Considerations, and Post Decision Options**

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# Prior Authorization Outcomes

- **Approved Requests** - Authorizations are typically valid for 45 days from the date of the date of initial request
- **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, including denied Site of Care (if applicable).

## Notifications

- Authorization letters will be faxed or emailed to the ordering physician
- Web initiated cases will receive e-notifications when a determination is made
- Members will receive a letter by mail



# Special Considerations

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## Retrospective (Retro) Authorization Requests

- Retro requests will need to be submitted to Banner Health

## 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
- Reviewed for clinical urgency and medical necessity
- Can be initiated by phone ( MedSolutions Portal) On web (CareCoreNational Portal)
- Urgent cases are typically reviewed within 72 hours



# Special Considerations, continued

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## Alternative Recommendation

- An alternative recommendation may be offered, based on eviCore's evidence-based clinical guidelines, if the originally requested study does not meet guidelines
- The ordering provider can accept the alternative recommendation during case build, and the recommended study will be approved instead of the original requested one
- If the alternative recommendation is not accepted and the case is denied, providers still have up to 3 days to accept the alternative recommendation, either on the web portal or via phone
- If the alternative recommendation is not accepted within the allotted timeframe a reconsideration of the denial can be requested

## Authorization Update

- If updates are needed on an existing authorization, you can contact eviCore by phone at 888.693.3211- Rad/Card or 888.444.9261 – all other programs.
- 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



# Post-Decision Options

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## My case has been denied. What's next?

Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied. You may also call eviCore at **888.693.3211-Rad/Card** or **888.444.9261**-all other programs to speak to an agent who can provide available option(s) and instruction on how to proceed.

## Reconsiderations

- In some instances, additional clinical information provided in a reconsideration request may be sufficient for an approval
- Medicare cases are **not** eligible for Reconsideration.
- 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](http://www.eviCore.com), there is more information on how to schedule these in the Portal Overview section below

## Appeals

- eviCore will not process first-level appeals

## Clinical Consultations – Medicare Cases

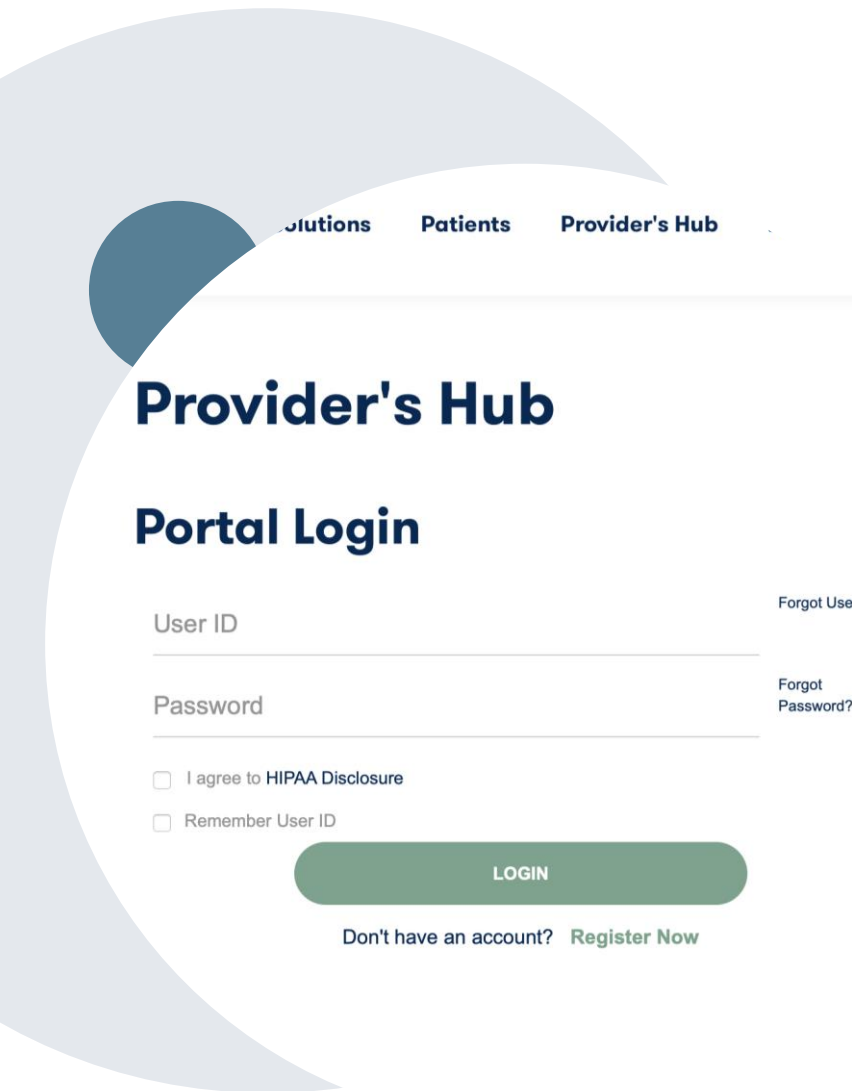
- Providers can request a Clinical Consultation with an eviCore physician to better understand the reason for denial
- Once a denial decision has been made on a Medicare case the decision cannot be overturned via Clinical Consultation, this conversation is educational only

# Portal Compatibility

The eviCore.com website is compatible with the following web browsers:

- Google Chrome
- Mozilla Firefox
- Internet Explorer 9, 10, and 11

You may need to disable pop-up blockers to access the site. For information on how to disable pop-up blockers for any of these web browsers, please refer to our [Disabling Pop-Up Blockers guide](#).





# eviCore healthcare Website

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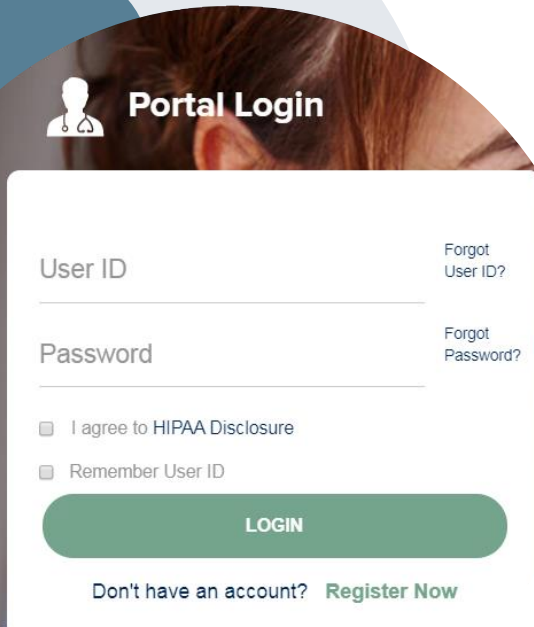
Visit [www.evicore.com](http://www.evicore.com)

## Already a user?

If you already have access to eviCore's online portal, simply log-in with your User ID and Password and begin submitting requests in real-time!

## Don't have an account?

Click "Register Now" and provide the necessary information to receive access today!



**Portal Login**

User ID [Forgot User ID?](#)

Password [Forgot Password?](#)

I agree to HIPAA Disclosure

Remember User ID

**LOGIN**

Don't have an account? [Register Now](#)

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# **Provider Portal Overview-MedSolutions Portal Radiology and Cardiology**

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# Search/Start Case

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# Home Tab

The Home Page will have two worklists: **My Pending Worklist** and **Recently Submitted Cases**

## My Pending Worklist

- Save case information and complete case at a later time
- Submit additional clinical to a pending case after submission without having to fax

## Recently Submitted Cases

- Cases that are pending review and/or cases recently approved or denied

My Pending Worklist - 0 Cases pending for additional case details or a completed survey will be deleted after 7 calendar days.

Clear Filters Refresh Data Save Preference

Case Number	Insurer Name	Patient Name	Date Of Birth	CPT Codes	ICD Codes	ICD Version	Referring Physician	Facility	Start Date
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No items to display

Recently Submitted Cases - 3

Start Date: 08/15/2019 End Date: 08/16/2019 Clear Filters Refresh Data Save Preference  Only My Portal Cases

Case Number	Insurer Name	Patient Name	Date Of Birth	Case Status	Case Activity	Submit Date	Authorization Number	Effective Date	Expiration Date	Referr
118938509	MEDSOLUTIONS DEMO	BUBBLES M POWERPUFF	2/1/1990	Denied		8/16/2019				TEST
118938079	MEDSOLUTIONS DEMO	BUBBLES M POWERPUFF	2/1/1990	Canceled		8/16/2019				TEST
118937358	MEDSOLUTIONS DEMO	BUBBLES M POWERPUFF	2/1/1990	Canceled		8/16/2019				TEST

1 - 3 of 3 items

# Search/Start Case – Member Lookup

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innovative solutions

Announcements Home **Search/Start Case** Claim Search Payment Status

PATIENT & CASE LOOKUP

Patient Search Result(s)

Patient Lookup

Insurer:\* MEDSOLUTIONS DEN

Member ID: xyz0002

or

First Name:

Last Name:

Date of Birth:

Reset Search

\*Select the Insurer (and) enter either the Member ID (or) Patient First Name, Last Name and Date of Birth

Case/Auth Lookup

Case ID  Auth Number

Search

To conduct a **Patient Lookup**, first select the appropriate insurance company from the *Insurer* drop down. Next, enter the *Member ID* or *First Name*, *Last Name* and *Date of Birth* for the result to be returned.

For **Case/Auth Lookup**, you will only need to enter the *Case ID* or *Authorization Number* at the bottom of the page and tab over to hit **Search**.

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21 21

# Case Creation – CPT/ICD Codes

- Begin typing the **CPT** and **ICD codes** or descriptions, then click the appropriate option with your cursor. Modifier selections will populate for the code, if applicable. The portal allows selection of unlimited CPT and ICD codes.
- A box will populate allowing you to enter the retro date of service if retrospective requests are able to be initiated via the web for the health plan specified.

The screenshot displays the 'Case Creation - CPT/ICD Codes' interface. At the top, there are navigation links: 'Announcements', 'Home', 'Search/Start Case', 'CareCore National Portal', and 'Post Acute Care'. The main header includes 'PATIENT & CASE LOOKUP' and 'CASE DETAIL'. The 'Patient Lookup' section shows the insurer as 'MEDSOLUTIONS DEMO' and the member ID as 'xyz00002'. The patient's name is 'BOBBY HILL' and the date of birth is '2/1/1974'. The 'CPT/ICD' section has two tabs: 'CPT Codes' and 'ICD Codes'. The 'CPT Codes' tab is active, showing a search bar and a table with one entry: '73721 MRI Lower Extremity, any joint; without contrast material(s)' with a modifier of 'LT'. The 'Diagnosis' section has radio buttons for 'ICD 9' and 'ICD 10', with 'ICD 9' selected. It shows a search bar and a table with one entry: 'M25.562 Pain in left knee'. Below the diagnosis section is a 'Please select the Date Of Service' field with a calendar icon. A red error message at the bottom states: 'Please do not Enter a Date of Service if the test is being performed today or in the future.' The 'Save & Next' button is at the bottom right.

eviCore healthcare

Online Chat Logout

Announcements Home Search/Start Case CareCore National Portal Post Acute Care

PATIENT & CASE LOOKUP CASE DETAIL

Patient Lookup

Case Creation – CPT/ICD Codes

Insurer: MEDSOLUTIONS DEMO Member ID: XYZ00002  
Health Plan/Program: MSI DEMO PROGRAM - PA REQ  
First Name: BOBBY Last Name: HILL Date of Birth: 2/1/1974 Gender: MALE

Member ID: xyz00002

OR

First Name:   
Last Name:   
Date of Birth:

Reset Search

\*Select the Insurer (and) enter either the Member ID (or) Patient First Name, Last Name and Date of Birth

Case/Auth Lookup

Case ID  Auth Number

Search

CPT/ICD CPT Codes : ICD Codes :

CPT Codes

Search:

Code	Description	Modifier
73721	MRI Lower Extremity, any joint; without contrast material(s)	LT

Diagnosis

ICD 9  ICD 10

Search:

Code	Description
M25.562	Pain in left knee

Please select the Date Of Service

Please do not Enter a Date of Service if the test is being performed today or in the future.

Save & Next

# Case Creation – Ordering Physician

- Select from a default **Physician** or search by **Name**, **Tax ID**, or **NPI** number, and select the state.
- Once the correct physician displays, select by clicking on the record. Then hit **“Save & Next.”**
- There is the option to **“Use Referring Physician as Requested Facility,”** if appropriate.

### PATIENT & CASE LOOKUP

**Patient Lookup**

Insurer:\* MEDSOLUTIONS DEM

Member ID: xyz00002

or

First Name:

Last Name:

Date of Birth:

\*Select the Insurer (and) enter either the Member ID (or) Patient First Name, Last Name and Date of Birth

**Case/Auth Lookup**

Case ID  Auth Number

### CASE DETAIL

Member

Insurer: MEDSOLUTIONS DEMO    Member ID: XYZ00002

Health Plan/Program: MSI DEMO PROGRAM - PA REQ

First Name: BOBBY    Last Name: HILL    Date of Birth: 2/1/1974    Gender: MALE

CPT/CD

CPT Codes : 73721    ICD Codes : M25.562

Physician

Use Referring Physician as Requested Facility

#### Physician Search

First Name:     Tax ID:     State:

Last Name:     NPI:

Enter the First Name and Last Name or Tax Id or NPI.

First Name	Last Name	Address	City	State	Zip Code	NPI	Tax ID
TEST	DOCTOR	730 COOL SPRINGS BLVD	FRANKLIN	TN	370677289	7417417410	*****6789
TEST	DOCTOR	730 COOL SPRINGS BLVD	FRANKLIN	TN	370677289	7417417410	*****6789
TEST	DOCTOR	730 COOL SPRINGS BLVD	FRANKLIN	TN	370677289	7417417410	*****6789
TEST	DOCTOR	730 COOL SPRINGS BLVD	FRANKLIN	TN	370677289	7417417410	*****6789

1 - 5 of 8 items

# Case Creation – Facility

- Select from a default **Facility** or search by clicking the **Search Facility** button and entering the **Facility Name**, **Tax ID**, or **NPI** number. For in-office procedures, click the Look-Up IOP button, and choose from the list.
- Once the correct facility displays, select by clicking on the record. Then hit **“Save & Next.”**

**eviCore** healthcare

Announcements Home Search/Start Case CareCore National Portal Post Acute Care

Online Chat Logout

**PATIENT & CASE LOOKUP** CASE DETAIL

**Patient Lookup**

Insurer: MEDSOLUTIONS DEI

Member ID: xyz00002

OR

First Name:

Last Name:

Date of Birth:

Reset Search

\*Select the Insurer (and) enter either the Member ID (or) Patient First Name, Last Name and Date of Birth

**Case/Auth Lookup**

Case ID  Auth Number

Search

**Member**

Insurer: MEDSOLUTIONS DEMO Member ID: XYZ00002

Health Plan/Program: MSI DEMO PROGRAM - PA REQ

First Name: BOBBY Last Name: HILL Date of Birth: 2/1/1974 Gender: MALE

**CPT/ICD**

CPT Codes : 73721 ICD Codes : M25.582

**Physician**

Physician Name: DOCTOR , TEST , Tax ID : \*\*\*\*\*8789 , NPI : 7417417410

**Facility**

Please choose one of the following facilities:

Facility Name	Address	Distance	Equipment	Tax Id	NPI	Taxonomy Codes
TEST FACILITY FOR PORTAL	PO, NASHVILLE, AA, 37211	9.47	3D CONFORMAL, ARTHROGRAM, BRACHYTHERAPY, COMP JOINT, COMP MSK, COMP SPINE, CT, GEN XRT, IMRT, MRI, MYELOGRAM, NCM, NEUTRON BEAM, OPEN MR, PAIN MGMT, PET PET/CT, PROTON	*****8789		

1 - 2 of 2 items

Search Facility Save & Next



# Case Creation – Review and Submit

- You can edit the CPT/ICD codes, Physician, and Facility information by clicking the “Edit” icons next to the field that needs to be updated.
- Review the case information, then **click Submit**. Case details cannot be changed on the portal once you hit this button. Any changes after submission would need to be made via phone.
- Once you hit Submit, you will receive an automatic approval, or you will be prompted to respond to the clinical questions for additional information.
- We are happy to announce a new feature on this page for status change e-notifications! This allows you to receive an email (e-notification) for any updates to status for this case.

The screenshot displays the 'Case Detail' page in the eviCore healthcare portal. The navigation bar includes 'Announcements', 'Home', 'Search/Start Case', 'CareCore National Portal', and 'Post Acute Care'. The 'Search/Start Case' section is active, showing a search bar and a 'Patient Lookup' sidebar. The sidebar contains fields for 'Insurer' (MEDSOLUTIONS DEM), 'Member ID' (xyz00002), and 'OR' buttons. Below the sidebar is a 'Case/Auth Lookup' section with radio buttons for 'Case ID' and 'Auth Number'. The main 'CASE DETAIL' area shows the following information:

- Member:** Insurer: MEDSOLUTIONS DEMO, Member ID: XYZ00002, Health Plan/Program: MSI DEMO PROGRAM - PA REQ, First Name: BOBBY, Last Name: HILL, Date of Birth: 2/1/1974, Gender: MALE.
- CPT/ICD:** CPT Codes : 73721, ICD Codes : M25.562.
- Physician:** Physician Name: DOCTOR , TEST , Tax ID : \*\*\*\*\*6789 , NPI : 7417417410.
- Facility:** Facility Name: TEST FACILITY FOR PORTAL , Tax ID : \*\*\*\*\*6789 , NPI :

Below the case details, there is a warning message: 'Please review the case details before submitting the case. You can edit the CPT/ICD, Physician and Facility information. The case details can't be changed once you press the 'Submit' button. Once the case is submitted, you may be presented with a Survey to answer few questions about this request.' This is followed by a note about fax notifications and a section for e-notifications with two checked checkboxes: 'I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.' and 'I would like to receive email notifications when there is a change to the status of this case.' A text field shows 'xxx@gmail.com' and a note that this email will also be updated on the account info screen. A 'Submit' button is located at the bottom right. A callout bubble at the bottom center highlights the new e-notification feature.

# Providing Clinical Information

rt Case   Claim Search   Payment Status

← CASE DETAIL

### Request for Additional Clinical Documentation

Your request will require additional Medical Review. Additional Clinical information relevant to this request will help avoid delays in the review process.

(Examples of Clinical Information : Recent Member History, Physical Exam Results, Lab Results, Prior Imaging Results, Prior Treatment)

You must select one of the following:

- Attach / Add additional clinical information now
- Will Fax or Call to provide additional clinical information
- There is no additional clinical information to provide

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mber, pl

Depending upon the health plan, specific options for providing clinical will be available. You will then be asked to attached the electronic clinical information available.

Continue

# Providing Clinical Information

**Upload Additional Clinical Documentation** [X]

**Additional Documentation** [?]

Warning: Please be sure and review that the attachments or notes apply to this case. Adding clinical information to the wrong case could result in a HIPAA violation.

File Name [ ] [Browse]

No attachments saved

**Clinical Notes**

Note Text [ ]

Maximum Character limit on each note is 5000.

[ ]

No notes saved [Save]

[Apply] [Cancel]

You can attach clinical notes or documents by clicking Browse and selecting the correct file(s) located on your computer.

You can type in free text notes as clinical information. Hit save for any notes entered in the text box.

Hit Apply to continue or Cancel to add additional information at a later time.

# Providing Clinical Information

**Upload Additional Clinical Documentation**

**Additional Documentation** ?

Warning: Please be sure and review that the attachments or notes apply to this case. Adding clinical information to the wrong case could result in a HIPAA violation.

File Name

Browse

No attachments saved

**Clinical Notes**

Note Text

test

Maximum Character limit on each note is 5000.

Apply Cancel

**Message from webpage**

! Your Clinical documentation has been sent to eviCore for further review.

OK

Once you click Apply you will receive a message that your documentation has been accepted and that your case has been sent for medical review.

# Case Summary Page – Pending Case

- Once you submit a case for medical review, you will be redirected to the **Pending Case Summary Page** where you'll be able to view case information including case number and current status/activity.

CASE SUMMARY ? 📄

Thank you for submitting your preauthorization request. The case has been sent to eviCore for further review.  
If you have any questions please contact eviCore at 888-693-3211.

Case/Authorization

Service Order: 118937358
Initiated Date: 08/16/2019
Case Activity: Physician Review Process
Case Status: Pending

Patient

Referring Physician

Requested Facility

**First Name:** BUBBLES  
**Last Name:** POWERPUFF  
**Date of Birth:** 02/01/1990  
**Address:** 123 MAIN ST, FRANKLIN, TN, 37067  
**Phone:**  
**Member ID:** XYZ00004  
**Insurer:** MEDSOLUTIONS DEMO  
**Program:** MSI DEMO PROGRAM - PA REQ

**First Name:** TEST  
**Last Name:** DOCTOR  
**Address:** 730 COOL SPRINGS BLVD, FRANKLIN, TN, 370677289  
**Phone :** 999/999-9999  
**Fax :** 999/999-9999  
**Specialty:** ALLERGY,OPTICIAN  
**Tax ID:** \*\*\*\*\*8789  
**NPI:** 7417417410

**Name:** TEST FACILITY FOR PORTAL  
**Address:** PO, NASHVILLE, AA, 37211  
**Phone:** 123/123-1231  
**Fax:** 123/123-1231  
**Equipment:** 3D Conformal,Performs Arthrograms,Brachytherapy,Comprehensive Joint,Comprehensive Musculoskeletal,Comprehensive Spine,CT Scan,General Radiation Therapy,IMRT,MRI Scan,Performs Myelograms,Nuclear Medicine study,Neutron Beam Treatment Delivery,MRI Open and Closed,Pain Management,PET Study,PET/CT Scanner,Proton Beam Therapy,Spine Surgery – Spine Fusion,Ultrasound  
**Tax ID:** \*\*\*\*\*8789  
**Taxonomy Code:**  
**NPI:**

CPT Codes

Diagnosis Codes

CPT Code	Units	Description	CPT Status	Cpt Modifier
73721	1	MRI Lower Extremity, any joint; without contrast material(s)	Pending	

1 - 1 of 1 items

ICD Code	ICD Version	Description
R88.89	10	OTHER GENERAL SYMPTOMS AND SIGNS

1 - 1 of 1 items

Additional Documentation

Clinical Notes

File Name

Note Text

# Case Summary Page – Approved Case

- The **Approved Case Summary Page** will provide case information such as the authorization number and effective/end date of the authorization.

CASE SUMMARY
? 📄

Thank you for submitting your preauthorization request. The Case has been Approved.

**Case/Authorization**

<b>Service Order:</b> 118938079	<b>Authorization Number:</b> A48197107	<b>Auth Effective Date:</b> 08/16/2019	<b>Auth End Date:</b> 10/15/2019
<b>Initiated Date:</b> 08/16/2019	<b>Decision Date:</b> 08/16/2019	<b>Decision Type:</b> Initial	<b>Case Status:</b> Approved

**Patient**

**Referring Physician**

**Requested Facility**

<b>First Name:</b> BUBBLES <b>Last Name:</b> POWERPUFF <b>Date of Birth:</b> 02/01/1990 <b>Address:</b> 123 MAIN ST, FRANKLIN, TN, 37067 <b>Phone:</b> <b>Member ID:</b> XYZ00004 <b>Insurer:</b> MEDSOLUTIONS DEMO <b>Program:</b> MSI DEMO PROGRAM - PA REQ	<b>First Name:</b> TEST <b>Last Name:</b> DOCTOR <b>Address:</b> 730 COOL SPRINGS BLVD, FRANKLIN, TN, 370877289 <b>Phone :</b> 9999999999 <b>Fax :</b> 9999999999 <b>Specialty:</b> ALLERGY,OPTICIAN <b>Tax ID:</b> *****8789 <b>NPI:</b> 7417417410	<b>Name:</b> TEST FACILITY FOR PORTAL <b>Address:</b> PO, NASHVILLE, AA, 37211 <b>Phone:</b> 1231231231 <b>Fax:</b> 1231231231 <b>Equipment:</b> 3D CONFORMAL, ARTHROGRAM, BRACHYTHERAPY, COMP JOINT, COMP MSK, COMP SPINE, CT, GEN XRT, IMRT, MRI, MYELOGRAM, NCM, NEUTRON BEAM, OPEN MR, PAIN MGMT, PET, PET/CT, PROTON BEAM, SPECT, SPINE FUSION, TEE, US, USGENERAL, USGUIDEDPROC, USGYN, USOB <b>Tax ID:</b> *****8789 <b>Taxonomy Code:</b> <b>NPI:</b>
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**CPT Codes**

**Diagnosis Codes**

CPT Code	Units	Description	CPT Sta...	Cpt Modifier
73721	1	MRI Lower Extremity, any joint; without contrast material(s)	Approved	

ICD Code	ICD Version	Description
R08.89	10	Other general symptoms and signs

**Additional Documentation**

**Clinical Notes**

<b>File Name</b>	<b>Note Text</b>
------------------	------------------

# Case Summary Page – Denied Case

- The **Denied Case Summary Page** will provide case information as well as the denial rationale. Case Summary reports can be accessed/printed at any time.

CASE SUMMARY
?

Thank you for submitting your preauthorization request. The Case has been Denied.

**Case/Authorization**

Service Order: 118938509	Initiated Date: 08/16/2019	Decision Date: 08/16/2019	Decision Type : Initial
Case Status: Denied			

**Patient**

**Referring Physician**

**Requested Facility**

**First Name:** BUBBLES  
**Last Name:** POWERPUFF  
**Date of Birth:** 02/01/1990  
**Address:** 123 MAIN ST, FRANKLIN, TN, 37067  
**Phone:**  
**Member ID:** XY200004  
**Insurer:** MEDSOLUTIONS DEMO  
**Program:** MSI DEMO PROGRAM - PA REQ

**First Name:** TEST  
**Last Name:** DOCTOR  
**Address:** 730 COOL SPRINGS BLVD, FRANKLIN, TN, 370677289  
**Phone :** 999/999-9999  
**Fax :** 999/999-9999  
**Specialty:** ALLERGY,OPTICIAN  
**Tax ID:** \*\*\*\*\*8789  
**NPI:** 7417417410

**Name:** TEST FACILITY FOR PORTAL  
**Address:** PO, NASHVILLE, AA, 37211  
**Phone:** 123/123-1231  
**Fax:** 123/123-1231  
**Equipment:** 3D Conformal,Performs Arthrograms,Brachytherapy,Comprehensive Joint,Comprehensive Musculoskeletal,Comprehensive Spine,CT Scan,General Radiation Therapy,IMRT,MRI Scan,Performs Myelograms,Nuclear Medicine study,Neutron Beam Treatment Delivery,MRI Open and Closed,Pain Management,PET Study,PET/CT Scanner,Proton Beam Therapy,Spine Surgery – Spine Fusion,Ultrasound  
**Tax ID:** \*\*\*\*\*8789  
**Taxonomy Code:**  
**NPI:**

**CPT Codes**

**Diagnosis Codes**

CPT C...	U...	Description	CPT S...	Denial Rationale Description	Cpt Mod...
73721	1	MRI Lower Extremity, any joint; without contrast material(s)	Denied	The requested procedure(s) is/are not reviewed by eviCore healthcare based on the clinical indications submitted.	

ICD Code	ICD Version	Description
R68.89	10	OTHER GENERAL SYMPTOMS AND SIGNS

**Additional Documentation**

**Clinical Notes**

File Name
Note Text

# MedSolutions Online Peer to Peer Scheduling

- Select the “home” tab, and see all requests recently submitted

The screenshot displays the MedSolutions Online Peer to Peer Scheduling interface. At the top, there is a navigation bar with tabs: "Announcements", "Home", "Search/Start Case", "CareCore National Portal", and "Post Acute Care". A red arrow points to the "Home" tab. Below the navigation bar, there are two main sections:

**My Pending Worklist - 4** Cases pending for additional case details or a completed survey will be deleted after 7 calendar days.

Case Number	Insurer Name	Patient Name	Date Of Birth	CPT Codes	ICD Codes	ICD Version	Referring Physician	Facility
✗	AETNA HEALTH MANAGEMENT			70450				6/
✗	CIGNA HEALTHCARE							6/
	CIGNA HEALTHCARE							6/
✗	CIGNA HEALTHCARE							5/

**Recently Submitted Cases - 10**

Start Date : 06/01/2021 End Date : 06/02/2021

Case Number	Insurer Name	Patient Name	Date Of Birth	Case Status	Case Activity	Submit Date	Authorization Number	Effective Date	Expiration Date
	CIGNA HEALTHCARE			Denied		6/1/2021			
	AETNA BETTER HEALTH OF LOUISIANA			Denied		6/1/2021			
	CIGNA HEALTHCARE			Denied		6/1/2021			
	CIGNA HEALTHCARE			Pending	Pending Outreach	6/1/2021			

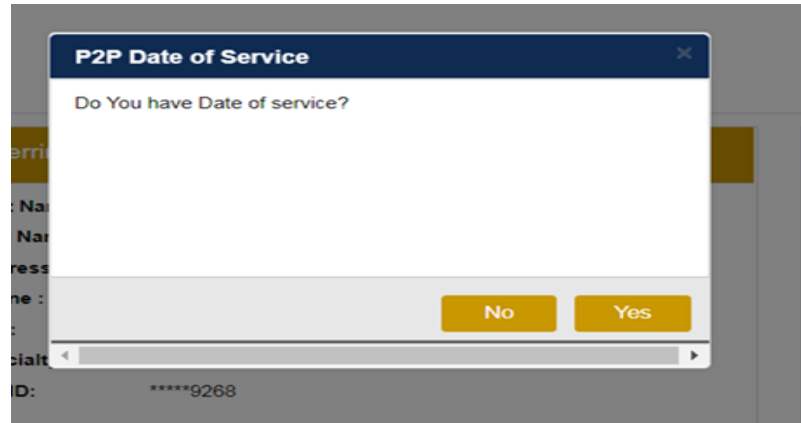




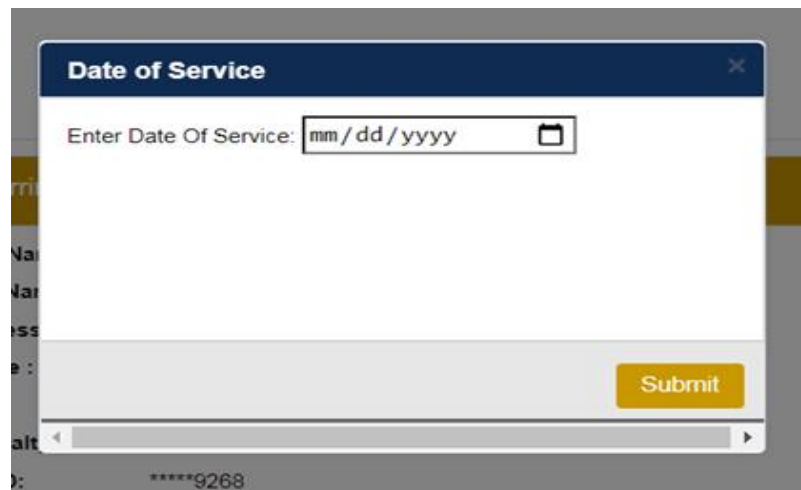
# MedSolutions Online Peer to Peer Scheduling

---

- You will then be asked questions about the date of service.



A screenshot of a web application dialog box titled "P2P Date of Service". The dialog box has a dark blue header with a close button (X) on the right. The main content area is white and contains the question "Do You have Date of service?". At the bottom of the dialog box, there are two yellow buttons: "No" on the left and "Yes" on the right. The dialog box is overlaid on a blurred background of a user profile page.




A screenshot of a web application dialog box titled "Date of Service". The dialog box has a dark blue header with a close button (X) on the right. The main content area is white and contains the text "Enter Date Of Service:" followed by a text input field with a placeholder "mm/dd/yyyy" and a calendar icon to its right. At the bottom of the dialog box, there is a single yellow button labeled "Submit". The dialog box is overlaid on a blurred background of a user profile page.

# MedSolutions Online Peer to Peer Scheduling

- You will see a list of options for the denied case, including a peer to peer (If available). Click “continue”

**New P2P Request**



Case Ref #: Remove

**!** This case allows for a Reconsideration before a Peer to Peer discussion is needed. To request a Reconsideration with a clinical Nurse, please call [redacted]. You may also submit a Reconsideration via fax at [redacted]. To proceed with scheduling a Peer to Peer discussion with an eviCore physician, click 'Continue' to proceed. Please note – if you proceed with scheduling, your opportunity to request a Reconsideration may be exhausted.

<b>Member Information</b>	<b>Case P2P Information</b>
Name	Episode ID
DOB	P2P Valid Until
State	Modality
Health Plan	Level of Review <b>Informal P2P</b>
Member ID	System Name

[Continue](#)

# MedSolutions Online Peer to Peer Scheduling

- You will be prompted to identify your preferred days and times for a peer to peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click Continue.

Case Info      Questions      Schedule      Confirmation

### Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type

Level of Review    Informal 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 >

# MedSolutions Online Peer to Peer Scheduling

- You will be prompted with a list of eviCore Physicians/Reviewers and appointment options per your availability. Select any of the listed appointment times to continue.

The screenshot displays two weekly appointment grids for the week of 6/2/2021 to 6/8/2021. The top grid shows appointments for a provider with a profile picture icon. The bottom grid shows appointments for another provider, also with a profile picture icon. Both grids are titled "1st Priority by Skill".

**Top Grid (Provider 1):**

Day	Available Times
Wed 6/2/21	5:00 pm EDT, 5:15 pm EDT, 5:45 pm EDT, 6:00 pm EDT, Show more...
Thu 6/3/21	11:30 am EDT, 12:00 pm EDT, 12:15 pm EDT, 12:30 pm EDT, Show more...
Fri 6/4/21	11:30 am EDT, 11:45 am EDT, 12:00 pm EDT, 12:15 pm EDT, Show more...
Sat 6/5/21	-
Sun 6/6/21	-
Mon 6/7/21	11:30 am EDT, 11:45 am EDT, 12:00 pm EDT, 12:15 pm EDT, Show more...
Tue 6/8/21	11:30 am EDT, 2:00 pm EDT, 2:15 pm EDT, 2:30 pm EDT, Show more...

**Bottom Grid (Provider 2):**

Day	Available Times
Wed 6/2/21	-
Thu 6/3/21	8:45 am EDT, 9:30 am EDT, 10:00 am EDT, 10:15 am EDT, Show more...
Fri 6/4/21	8:45 am EDT, 9:00 am EDT, 9:15 am EDT, 9:30 am EDT, Show more...
Sat 6/5/21	-
Sun 6/6/21	-
Mon 6/7/21	8:45 am EDT, 9:00 am EDT, 9:15 am EDT, 9:30 am EDT, Show more...
Tue 6/8/21	-

# MedSolutions Online Peer to Peer Scheduling

## Confirm Contact Details

- Contact Person Name and Email Address will auto-populate per your user credentials
- Be sure to update the following fields so we can reach the right person
  - Name of Provider requesting P2P
  - Phone number for P2P
  - Contact instructions

The screenshot displays the 'P2P Info' and 'P2P Contact Details' sections of the scheduling interface.

**P2P Info**

- Date: Wed 6/2/21
- Time: 6:00 pm EDT
- Reviewing Provider: Danielle Weiss

**Case Info**

1st Case

Case #	<a href="#">124528110</a>
Episode ID	
Member Name	iret
Member DOB	
Member State	
Health Plan	_TH
Member ID	
Case Type	
Level of Review	Initial P2P

**P2P Contact Details**

Name of Provider Requesting P2P

Curtis Rudd

Name

Curtis Rudd

Location

Provider Office

Phone Number for P2P

(xxx) xxx-xxxx

Phone Ext.

Phone Ext.

Alternate Phone

(xxx) xxx-xxxx

Phone Ext.

Phone Ext.

Requesting Provider Email

...com

Contact Instructions

Contact Instructions

Submit >

# E-notification MedSolutions Portal

Facility

Facility Name: TEST FACILITY FOR PORTAL , Tax ID : \*\*\*\*\*6789 , NPI :



Please review the case details before submitting the case. You can edit the CPT/ICD, Physician and Facility information. The case details can't be changed once you press the 'Submit' button. Once the case is submitted, you may be presented with a Survey to answer few questions about this request.

All Fax notifications for this case will be sent to (615) 468-4433. Please verify that it is correct. If you would like to change your Fax number, please click on the gear icon on the top right of the page for the Account Info screen.

Until a case number appears for this request, it is not a submitted case and it will not be reviewed for medical necessity. Please ensure all steps are completed in order to receive a case number.

I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

I would like to receive email notifications when there is a change to the status of this case.



Submit

---

# **Provider Portal Overview- CareCoreNational**

**Medical Oncology, Radiation Therapy, P/T,  
O/T, Joint Surgery and Pain Management**

---



# Welcome Screen



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

Tuesday, January 21, 2020 9:24 AM

Welcome to the CareCore National Web Portal. You are logged in as **AMYINTG**.

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

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- Providers will need to be added to your account prior to case submission. Click the “**Manage Account**” tab to add provider information.
- **Note:** You can access the MedSolutions Portal at any time without having to provide additional log-in information. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals.

# Certification Summary



eviCore healthcare

Home Certification Summary Authorization Lookup

Tuesday, January 21, 2020 9:39 AM

Log Off (AMYINTG)

### Certification Summary

Search..  

Single Status  
Show All

Filter By Multiple Statuses  
Show All

Date  
7 days

Submit Close

No records to display

Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description	Site Name	Expiration Date	Correspondence	Upload Clinical

No records to display

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- CareCore National Portal now includes a Certification Summary tab, to better track your recently submitted cases.
- The work list can also be filtered - as seen above.

# Select Program



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

Tuesday, January 21, 2020 9:42 AM

## Request an Authorization

To begin, please select a program below:

- 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](#)

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Select the **Program** for your certification.

# Contact Information



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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

Monday, October 18, 2021 4:12 PM

[Log Off \(AMYNLIBBY2\)](#)

## Add Your Contact Info

Provider's Name:\*  [?]  
Who to Contact:\*  [?]  
Fax:\*  [?]  
Phone:\*  [?]  
Ext.:  [?]  
Cell Phone:   
Email:

Receive notification of case status changes

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

New feature! This option allows you to receive e-notification updates for case status updates/changes.

[Click here for help](#)

30% Complete


**Provider and NPI**  
BI, SUCAI  
3679363794  
(AETNA)

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# Clinical Details - Radiation Therapy

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



40% Complete

Provider and NPI

## Clinical Certification

This procedure will be performed on 7/1/2016.

### Radiation Therapy Procedures

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

RCBREA  Breast Cancer

### Diagnosis

Diagnosis Code: **C50.412**

Description: **Malignant neoplasm of upper-outer quadrant of left female breast**

[Change Diagnosis](#)

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

*Secondary diagnosis is optional for Radiation Therapy*

# Clinical Details – Medical Oncology



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

Tuesday, November 05, 2019 9:09 AM

Log Off

60% Complete

Provider and NPI

Patient

EDIT

## Clinical Certification

This procedure will be performed on . [CHANGE](#)

### Medical Oncology Pathways

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

CHEMO | CHEMOTHERAPY

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

Primary Chemotherapy and Supportive drugs must be entered as separate requests.

### Diagnosis

Primary Diagnosis Code: **R68.89**

Description: **Other general symptoms and signs**

[Change Primary Diagnosis](#)

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

Secondary diagnosis is optional for Medical Oncology Pathways

[LOOKUP](#)

[Cancel](#) [Back](#) [Print](#) [Continue](#)

[Click here for help or technical support](#)

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Select the **CPT** and **Diagnosis** codes.

# Request Information- Physical Therapy/Occupational Therapy

## Requested Service + Diagnosis

This procedure will be performed on 6/22/2020.

[CHANGE](#)

### Musculoskeletal Management Procedures

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

MSMPT  PHYSICAL THERAPY

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

### Attention!

Will the procedure be performed in your office?

### Diagnosis

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

M25.50

[LOOKUP](#)

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

Secondary Diagnosis Code: **M25.50**

Description: **Pain in unspecified joint**

[Change Secondary Diagnosis](#)

[BACK](#)

[Click here for help](#)

- Next you can enter CPT code (MSMPT or MSMOT)
- Also add diagnosis code(s)
- Note: Place of service vary depending on health plan rules.

# Clinical Details- Joint Surgery



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

Wednesday, July 01, 2020 3:47 PM

[Log Off \(JDMAS\)](#)

## Requested Service + Diagnosis

This procedure has not been performed.

[CHANGE](#)

### Musculoskeletal Management Procedures

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

JOINT JOINT SURGERY

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

### Diagnosis

Primary Diagnosis Code: **M19.012**

Description: **Primary osteoarthritis, left shoulder**

[Change Primary Diagnosis](#)

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

Secondary diagnosis is optional for Musculoskeletal Management

[LOOKUP](#)

[BACK](#)

[CONTINUE](#)

[Click here for help](#)

60% Complete

Provider and NPI

Patient

[DIT](#)



# Clinical Details – Pain Management



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

Wednesday, July 01, 2020 4:05 PM

[Log Off \(JDMASOI\)](#)

## Requested Service + Diagnosis

This procedure will be performed on 7/5/2020.

[CHANGE](#)

### Musculoskeletal Management Procedures

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

62323 Injection with guidance L/S

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



With Interventional Pain, enter the applicable CPT code or description.

### Diagnosis

Primary Diagnosis Code: **M54.5**

Description: **Low back pain**

[Change Primary Diagnosis](#)

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

Secondary diagnosis is optional for Musculoskeletal Management

[LOOKUP](#)

[BACK](#)

[CONTINUE](#)

[Click here for help](#)

60% Complete

**Provider and NPI**

**Patient**

[EDIT](#)

# Verify Service Selection

## Requested Service + Diagnosis

Confirm your service selection.

**Procedure Date:** 6/22/2020  
**CPT Code:** MSMPT  
**Description:** PHYSICAL THERAPY  
**Primary Diagnosis Code:** M25.50  
**Primary Diagnosis:** Pain in unspecified joint  
**Secondary Diagnosis Code:**  
**Secondary Diagnosis:**

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

- Review the patient's history
- Verify requested service & diagnosis
- Edit any information if needed by selecting change procedure or primary diagnosis
- Click **continue** to confirm your selection

# Clinical Certification

---

## Proceed to Clinical Information

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

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

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

BACK

CONTINUE

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

# Standard or Urgent Request?

- If your request is **urgent** select **No**
- When a request is submitted as Urgent, you will be required to upload relevant clinical information
- If the case is **standard** select **Yes**
- You can upload up to FIVE documents in .doc, .docx, or .pdf format – max 5MB document size
- Your case will only be considered Urgent if there is a successful upload

### Proceed to Clinical Information

Is this case Routine/Standard?

**YES** **NO**

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	<b>Clinical Certification</b>	Certification Requests In Progress	MSM Practitioner Perf. Summary F
------	-----------------------	----------------------	--------------------	-------------------------------	------------------------------------	----------------------------------

Thursday, May 14, 2020 3:04 PM

### Proceed to Clinical Information

**Urgency Indicator**

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.  
In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

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

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

**Clinical Upload**

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

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

Choose File No file chosen

Choose File No file chosen

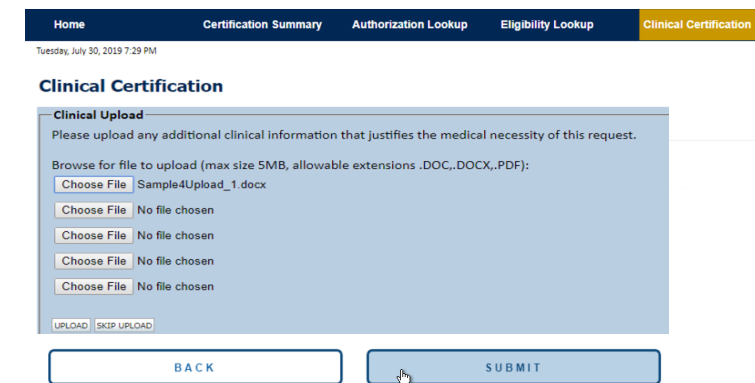
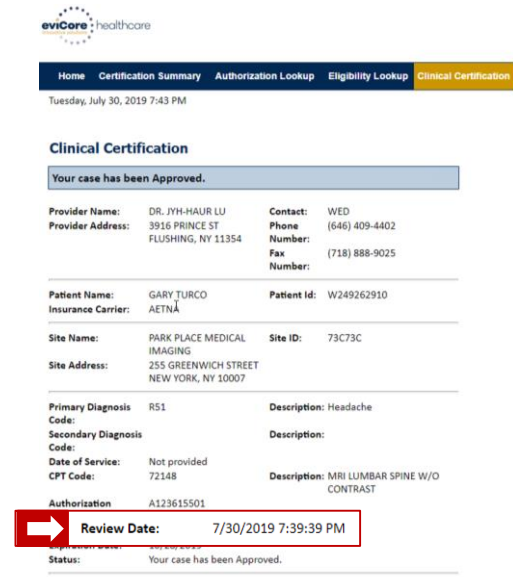
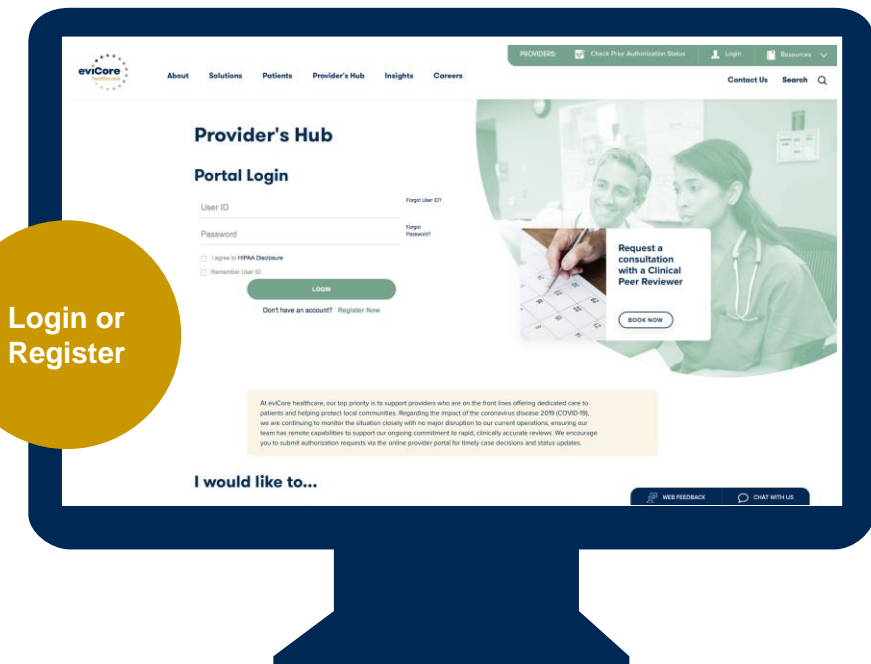
Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

**UPLOAD**

# Improved Provider Experience: Real-time Approval 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 (Delete if AI is 100% at go-live)*

# Request for clinical upload

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

**Home**   **Certification Summary**   **Authorization Lookup**   **Eligibility Lookup**   **Clinical Certification**

Tuesday, July 30, 2019 7:29 PM

### 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):

Sample4Upload\_1.docx

No file chosen

No file chosen

No file chosen

No file chosen

#### Summary of Your Request

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

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

<b>Provider Name:</b>	DR. BRADLEY HENRY ANDERSON MD 1000 17TH AVE N SUITE 1000, MINNEAPOLIS, MN 55412	<b>Contact:</b>	612-333-8641
<b>Provider Address:</b>		<b>Phone Number:</b>	612-333-8641
		<b>Fax Number:</b>	612-333-8641
<b>Patient Name:</b>	BRADY, JESSICA	<b>Patient Id:</b>	60114676
<b>Insurance Carrier:</b>	WELLSFARGO		
<b>Site Name:</b>	CLINICAL REVISIONS INC 8711 LINDSEY PARKWAY SW LYNNWOOD, MN 55835	<b>Site ID:</b>	60114676
<b>Primary Diagnosis Code:</b>	99.05	<b>Description:</b>	Recurrent pregnancy loss
<b>Secondary Diagnosis Code:</b>		<b>Description:</b>	
<b>Date of Service:</b>	Not provided		
<b>CPT Code:</b>	59000	<b>Description:</b>	OB Ultrasound
<b>Case Number:</b>	10000000000000000000		
<b>Review Date:</b>	5/13/2020 2:36:00 PM		
<b>Expiration Date:</b>	N/A		
<b>Status:</b>	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.		

## Tips:

- Upload clinical notes on the portal, to avoid any delays (e.g., by faxing)
- 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'

# 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.**

<b>Provider Name:</b>	DR. BHARATH MANU ARJARA VETTE	<b>Contact:</b>	Info
<b>Provider Address:</b>	1200 6TH AVE W SAINT CLOUD, MN 56303	<b>Phone Number:</b>	(320) 252-3333
		<b>Fax Number:</b>	(320) 252-3333
<b>Patient Name:</b>	ANTHONY GALLI	<b>Patient Id:</b>	ANTHONY
<b>Insurance Carrier:</b>	WELLSURE		
<b>Site Name:</b>	COMMONWEALTH MEDICAL LLC	<b>Site ID:</b>	ANTHONY
<b>Site Address:</b>	875 UNIVERSITY BLVD SE CORNING, AL 36201		
<b>Primary Diagnosis Code:</b>	R68.89	<b>Description:</b>	Other general symptoms and signs
<b>Secondary Diagnosis Code:</b>		<b>Description:</b>	
<b>Date of Service:</b>	Not provided	<b>Description:</b>	MRI LOWER EXTREMITY JOINT W/O
<b>CPT Code:</b>	73721		
<b>Authorization Number:</b>	600000000		
<b>Review Date:</b>	5/13/2020 1:52:08 PM		
<b>Expiration Date:</b>	6/27/2020		
<b>Status:</b>	Your case has been Approved.		

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

---

# **Online P2P Scheduling Tool**

## **CareCoreNational portal**

---



# How to schedule a Peer to Peer Request


---

- Log into your account at [www.evicore.com](http://www.evicore.com)
- Perform Authorization 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 conversation:
- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.



## Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	



# How to schedule a Peer to Peer Request

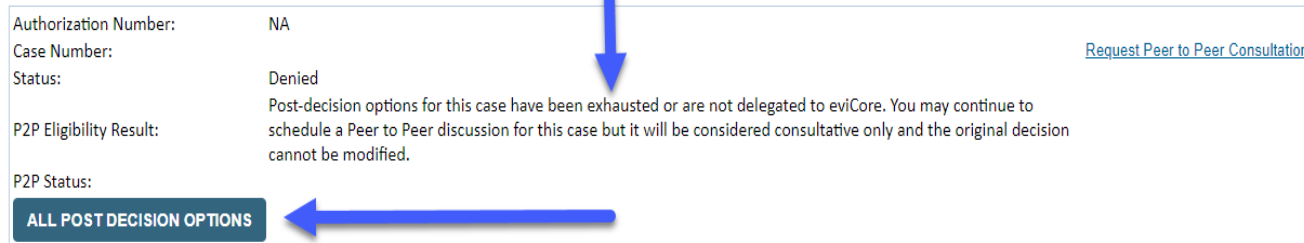
---

Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the “All Post Decision Options” button to learn what other action may be taken.

## Authorization Lookup

Authorization Number:	NA	
Case Number:		<a href="#">Request Peer to Peer Consultation</a>
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**



Once the “Request Peer to Peer Consultation” link is selected, you will be transferred to our scheduling software via a new browser window.

# How to Schedule a Peer to Peer Request

Case Info Questions Schedule Confirmation

## New P2P Request

eviCore healthcare P2P Portal

Case Reference Number

Member Date of Birth

+ Add Another Case

Lookup Cases >

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 (DOB) for the case you just looked up.

You can 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.

## New P2P Request

eviCore healthcare P2P Portal

Case Ref #:  Remove  P2P Eligible

! Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

Member Information	Case P2P Information
Name	Episode ID
DOB	P2P Valid Until 2020-11-11
State	Modality MSK Spine Surgery
Health Plan	Level of Review Reconsideration P2P
Member ID	System Name ImageOne

Continue

# How to Schedule a Peer to Peer Request

### 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 >](#)

You will be prompted with a list of eviCore Physicians/Reviewers and appointment options per your availability. Select any of the listed appointment times to 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	-	-	-	-	-	-

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
3:30 pm EDT 3:45 pm EDT 4:00 pm EDT 4:15 pm EDT Show more...	2:00 pm EDT 2:15 pm EDT 2:30 pm EDT 2:45 pm EDT Show more...	4:15 pm EDT 4:30 pm EDT 4:45 pm EDT 5:00 pm EDT Show more...	3:15 pm EDT 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT Show more...	-	-	-

You will be prompted to identify your preferred Days and Times for a Peer to Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click Continue.

# How to Schedule a Peer to Peer

## Confirm Contact Details

- Contact Person Name and Email Address will auto-populate per your user credentials

The screenshot shows a four-step process: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (pending). The 'P2P Contact Details' form includes the following fields:

- Name of Provider Requesting P2P:** Dr. Jane Doe (indicated by a blue arrow)
- Contact Person Name:** Office Manager John Doe
- Contact Person Location:** Provider Office
- Phone Number for P2P:** (555) 555-5555 (indicated by a blue arrow)
- Phone Ext.:** 12345 (indicated by a blue arrow)
- Alternate Phone:** (xxx) xxx-xxxx
- Phone Ext.:** Phone Ext.
- Requesting Provider Email:** droffice@internet.com
- Contact Instructions:** Select option 4, ask for Dr. Doe (indicated by a blue arrow)

A 'Submit >' button is located at the bottom right of the form.

- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:

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

- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

The 'Scheduling' summary page displays the following information:

- Scheduling** (calendar icon)
- Scheduled**
- Mon 5/18/20 - 6:30 pm EDT** (clock icon)
- SCHEDULED** (circled in red)

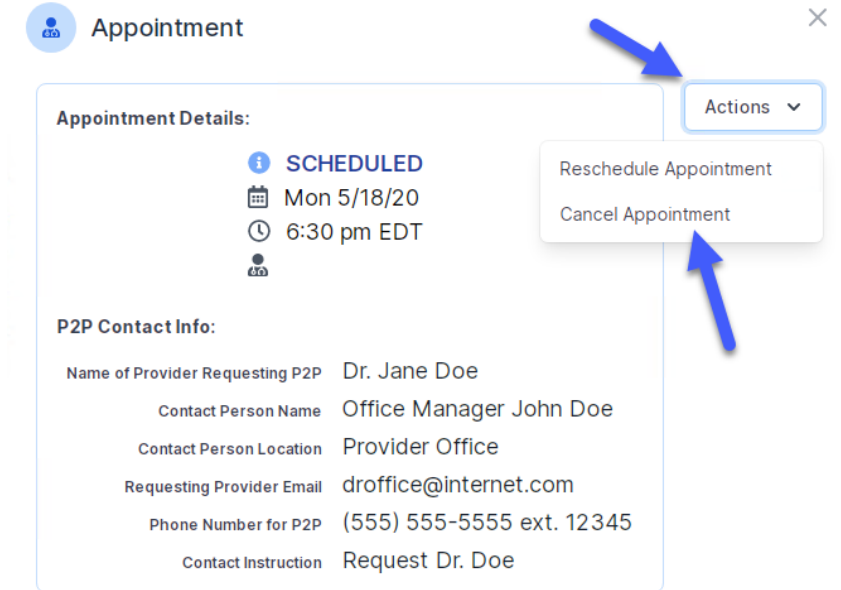
# Canceling or Rescheduling a Peer to Peer Appointment

## To cancel or reschedule an appointment

- Access the scheduling software per the instructions above
- Go to “My P2P Requests” on the left pane navigation.
- Select the request you would like to modify from the list of available appointments
- Once opened, 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, you will have the opportunity to select a new date or time as you did initially.

If choosing to cancel, you will be prompted to input a cancellation reason



- Close browser once done

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# Provider Resources

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# Dedicated eviCore Teams

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## Call Center

- Phone: (888) 693-3211-Rad/Card or 888.444.9261 – all other programs
- Representatives available 7 a.m. to 7 p.m. (local time)

## Web Support

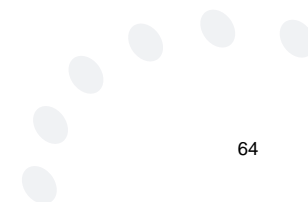
- Live chat
- Email: [portal.support@evicore.com](mailto:portal.support@evicore.com)
- Phone: (800) 646-0418 (Option #2)

## Client & Provider Operations Team

- Email: [clientservices@eviCore.com](mailto:clientservices@eviCore.com)
- Eligibility issues (member or provider not found in system)
- Transactional authorization related issues requiring research

## Provider Engagement

- **Kellie Thompson – AZ, CO, HI, NM, TX, UT**
  - **[Kellie.Thompson@evicore.com](mailto:Kellie.Thompson@evicore.com)**
  - **800.918.8924 x27658**
- Regional team that works directly with the provider community





# Provider Resource Website

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## Provider Resource Pages

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

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

To access these helpful resources, please visit

<https://www.evicore.com/resources/healthplan/bannerhealth>



**Banner Health Network Provider Services: 888.693.3211 – Rad/Card or 888.444.9261 – all other programs**

# Provider Resources

**Prior Authorization Call Center – 888.693.3211- Rad/Card or 888.444.9261 – all other programs**

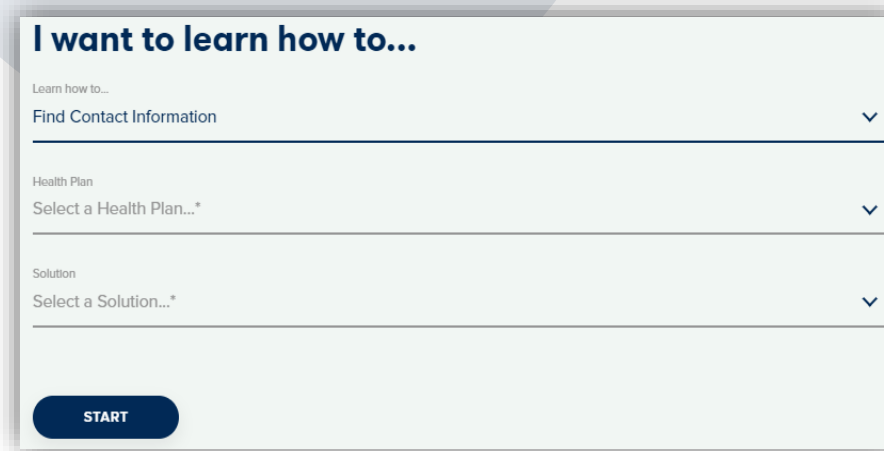
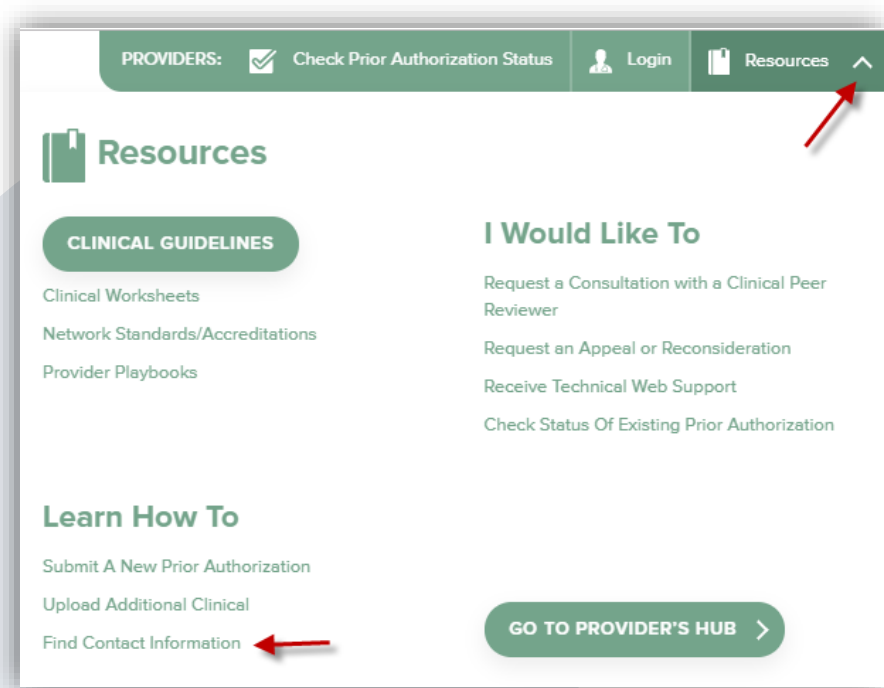
- Call center hours are 7am – 7pm Monday-Friday local time
- Web-Based Services and Online Resources**
- Important tools, health plan-specific contact information, and resources can be found at [www.evicore.com](http://www.evicore.com)
  - Select the **Resources** to view Clinical Guidelines, Online Forms, and more.

## Provider Resource Page

<https://www.evicore.com/resources/healthplan/bannerhealth>

## Web Support

- The quickest, most efficient way to request prior authorization is through our provider portal. Our dedicated **Web Support** team can assist providers in navigating the portal and addressing any web-related issues during the online submission process.
- To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email [portal.support@evicore.com](mailto:portal.support@evicore.com)



# eviCore Provider Support Teams

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## Client and Provider Services

Dedicated team to address provider-related requests and concerns including:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- Consumer Engagement Inquiries
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

### How to Contact our Client and Provider Services team

**Email:** [ClientServices@evicore.com](mailto:ClientServices@evicore.com) For prompt service, please have all pertinent information available. When emailing, make sure to include the health plan in the subject line with a description of the issue, with member/provider/case details when applicable.

## Provider Engagement team

You can find a list of Regional Provider Engagement Managers at [www.eviCore.com](http://www.eviCore.com) →  
Provider's Hub → Training Resources



# Provider Newsletter

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## Stay Updated With Our Free Provider Newsletter

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

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



# Provider Resource Review Forums

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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](http://www.eviCore.com) and understand all the resources available on the Provider's Hub. Learn how to access:

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

## How to register for a Provider Resource Review Forum?

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



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# Thank You!

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