Prior Authorization of Radiology, Non-OB Ultrasound and Cardiology

Provider Orientation

4K employees
including 1K clinicians

Headquartered in Bluffton, SC
Offices across the US including:

- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT
- Melbourne, FL
- Plainville, CT
- Sacramento, CA

SHARING
A VISION
AT THE CORE OF CHANGE.

100M members
managed nationwide

NCQA
Certification
*
Utilization Management

U·R·A·C
ACCREDITED
HEALTH UTILIZATION
MANAGEMENT

SIX SIGMA
6σ

**Quality Improvement
Organizations**
Sharing Knowledge. Improving Health Care.
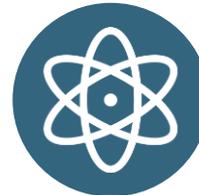*CENTERS FOR MEDICARE & MEDICAID SERVICES*

12M claims
processed annually

Integrated Solutions

LAB MANAGEMENT
19M lives

MEDICAL ONCOLOGY
14M lives

RADIATION THERAPY
29M lives

SPECIALTY DRUG
100k lives

MUSCULOSKELETAL
34M lives

RADIOLOGY
65M lives

CARDIOLOGY
46M lives

SLEEP
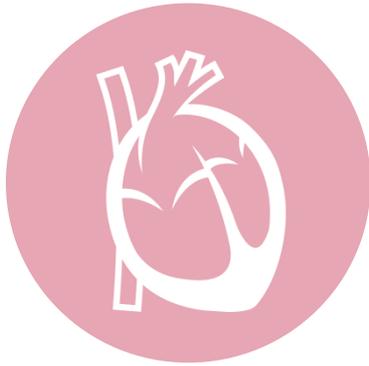14M lives

POST-ACUTE CARE
320k lives

Radiology Solution

Experience

- Since 1994

- 30⁺ regional and national clients

- 65M total members

  - 51M Commercial membership

  - 6.8M Medicare membership

  - 7.2M Medicaid membership

Cardiology Solution

Experience

- 11 years' experience - since 2006

- 20$^+$ regional and national clients

- 46M total membership

    - 37.7M Commercial membership

    - 2.3M Medicare membership

    - 5.98M Medicaid membership

Our Clinical Approach

Clinical Platform

Multi-Specialty Expertise

Family Medicine	Oncology/Hematology
Internal Medicine	Surgery
Pediatrics	
Sports Medicine	
OB/GYN	
Cardiology	
Nuclear Medicine	
Anesthesiology	Radiology
Radiation Oncology	
Sleep Medicine	

Surgery
- General
- Orthopedic
- Thoracic
- Cardiac
- Neurological
- Otolaryngology
- Spine

Radiology
- Nuclear Medicine
- Musculoskeletal
- Neuroradiology

- **190+ board-certified medical directors**

- **Diverse representation of medical specialties**

- **450 nurses with diverse specialties and experience**

- **Dedicated nursing and physician teams by specialty for Cardiology, Oncology, OB-GYN, Spine/Orthopedics, Neurology, and Medical/Surgical**

Evidence-Based Guidelines

The foundation of our solutions:

Dedicated pediatric guidelines

Contributions from a panel of community physicians

Experts associated with academic institutions

Current clinical literature

Aligned with National Societies

- American College of Cardiology
- American Heart Association
- American Society of Nuclear Cardiology
- Heart Rhythm Society
- American College of Radiology
- American Academy of Neurology
- American College of Chest Physicians
- American College of Rheumatology
- American Academy of Sleep Medicine
- American Urological Association
- National Comprehensive Cancer Network

- American College of Therapeutic Radiology and Oncology
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Academy of Pediatrics
- American Society of Colon and Rectal Surgeons
- American Academy of Orthopedic Surgeons
- North American Spine Society
- American Association of Neurological Surgeons
- American College of Obstetricians and Gynecologists
- The Society of Maternal-Fetal Medicine

Service Model

Client Provider Operations

The Client Provider Operations team is responsible for high-level service delivery to our health plan clients as well as ordering and rendering providers nationwide

Client Provider Representatives

Client Provider Representatives are cross-trained to investigate escalated provider and health plan issues.

Client Service Managers

Client Service Managers lead resolution of complex service issues and coordinate with partners for continuous improvement.

Regional Provider Engagement Managers

Regional Provider Engagement Managers are on-the-ground resources who serve as the voice of eviCore to the provider community.

Why Our Service Delivery Model Works

One centralized intake point allows for timely identification, tracking, trending, and reporting of all issues. It also enables eviCore to quickly identify and respond to systemic issues impacting multiple providers.

Complex issues are escalated to resources who are the subject matter experts and can quickly coordinate with matrix partners to address issues at a root-cause level.

Routine issues are handled by a team of representatives who are cross trained to respond to a variety of issues. There is no reliance on a single individual to respond to your needs.

Prior Authorization Program for Martin's Point HealthCare

Program Overview

eviCore will begin accepting prior authorization requests on September 18, 2017 for dates of service October 1, 2017 and beyond

Prior authorization applies to services that are:

- Outpatient
- Elective/non-emergent
- Diagnostic

Prior authorization does not apply to services that are performed in:

- Emergency room
- Inpatient
- 23-hour observation

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

Applicable Membership

Authorization is required for Martin's Point HealthCare members enrolled in the following programs:

- **Generations Advantage**

Members who **do not require prior authorization** are

- **US Family Health Plan**

Prior Authorization Required:

- **CT, CTA (Computed Tomography, Computed Tomography Angiography)**

- **MRI, MRA (Magnetic Resonance Imaging, Magnetic Resonance Angiography)**

- **PET (Positron Emission Tomography)**

- **NCM/MPI (Nuclear Cardiac Imaging)**

- **Stress Echocardiograms**

- **Cardiac Imaging (MR, PET, CT)**

- **NON-OB Ultrasounds**

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

https://www.evicore.com/healthplan/martins_point

Prior Authorization Requests

How to request prior authorization:

WEB
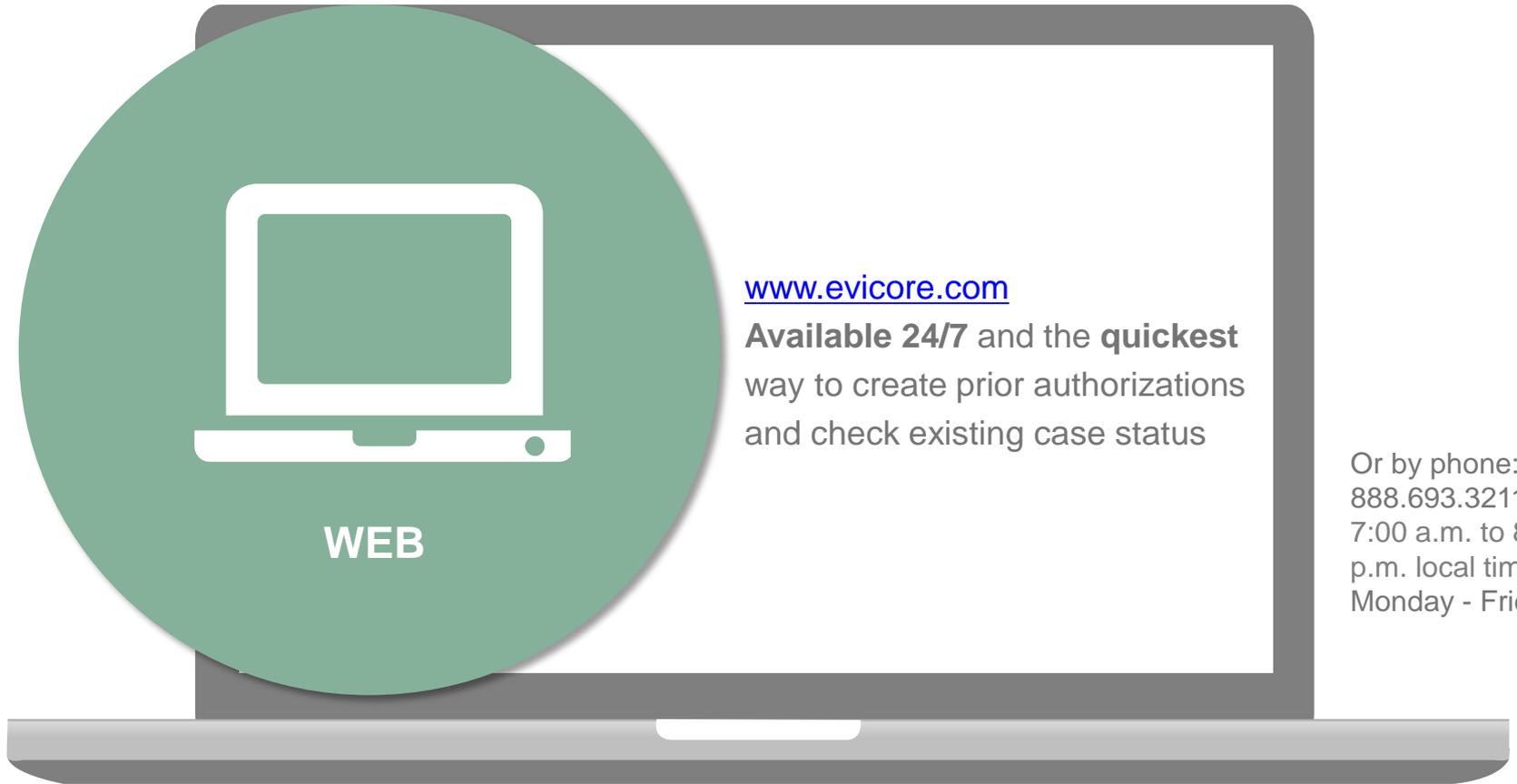
www.evicore.com
Available 24/7 and the **quickest** way to create prior authorizations and check existing case status

Or by phone:
888.693.3211
7:00 a.m. to 8:00 p.m. local time
Monday - Friday

Clinical Review Process

Methods of Intake

START

Predictive Intelligence/Clinical Decision Support

Real-Time Decision with Web

Nurse/Practitioner Review

MD Review

Peer-to-peer

Appropriate Decision

Easy for providers and staff
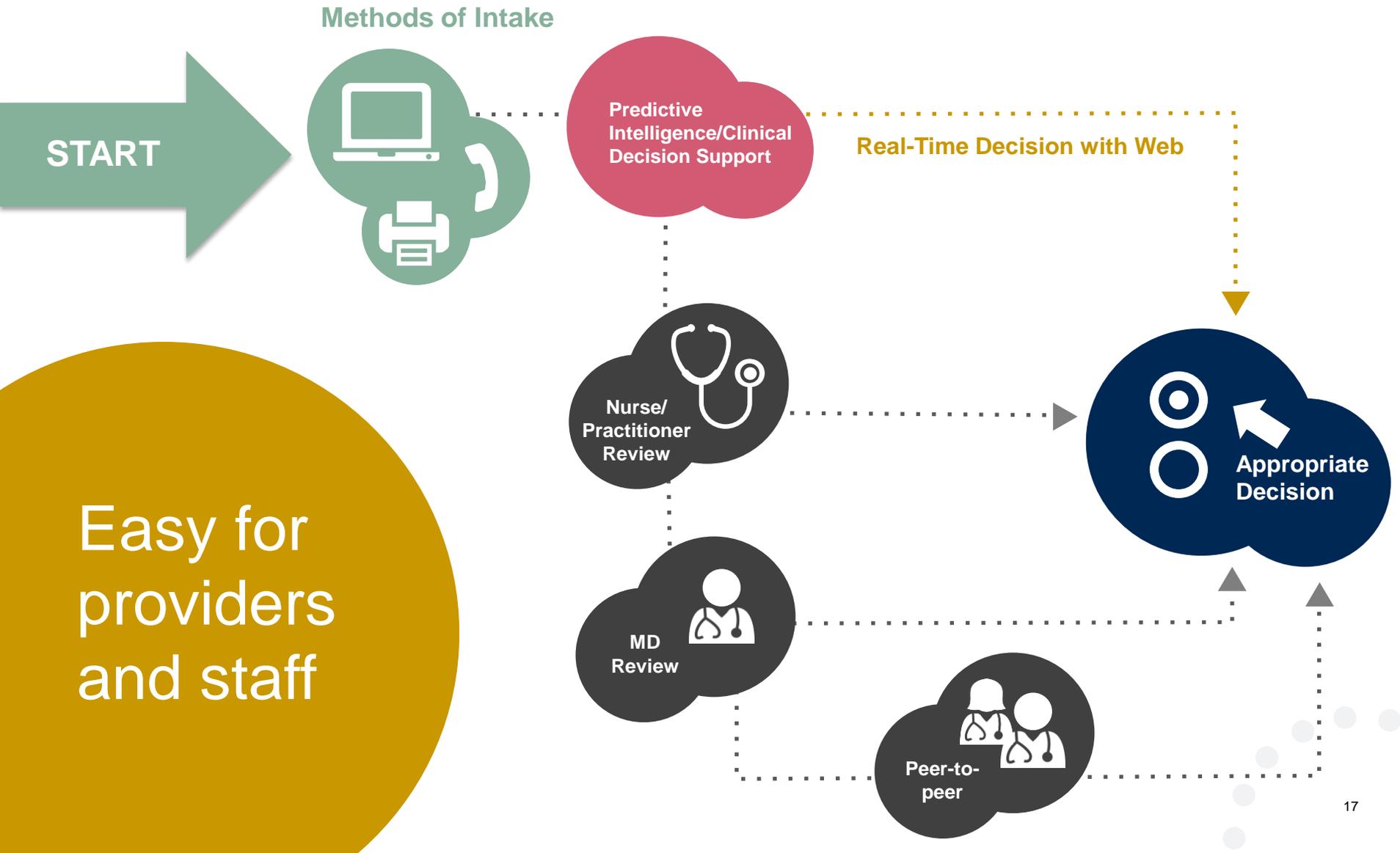
Needed Information

Member
Member ID
Member name
Date of birth (DOB)

Rendering Facility
Facility name
National provider identifier (NPI)
Tax identification number (TIN)
Street address

Referring/Ordering Physician
Physician name
National provider identifier (NPI)
Tax identification number (TIN)
Fax number

Requests
CPT code(s) for requested imaging

The appropriate diagnosis code for the working of differential diagnosis

If clinical information is needed, please be able to supply:

• Prior tests, lab work, and/or imaging studies performed related to this diagnosis

• The notes from the patient's last visit related to the diagnosis

• Type and duration of treatment performed to date for the diagnosis

Prior Authorization Outcomes

Approved Requests:

- All requests are processed within 14 calendar days after receipt of all necessary clinical information.
- Authorizations are typically good for 45 days from the date of request.

Delivery:

- Faxed to ordering provider and rendering facility
- Mailed to the member
- Information can be printed on demand from the eviCore healthcare Web Portal

Denied Requests:

- Communication of denial determination
- Communication of the rationale for the denial
- How to request a Peer Review

Delivery:

- Faxed to the ordering provider
- Mailed to the member

Prior Authorization Outcomes – Medicare / Medicare Advantage

Pre-Decision Consultation

- If your case requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians prior to a decision being rendered.

- In certain instances, additional information provided during the pre-decision consultation is sufficient to satisfy the medical necessity criteria for approval

Special Circumstances

Appeals

- eviCore will not process first level appeals
- Appeal rights and process will be included in the adverse determination letter

Retrospective Studies:

- Retro Requests are not allowed for this program

Outpatient Urgent Studies:

- Contact eviCore by phone to request an expedited prior authorization review and provide clinical information
- Urgent Cases will be reviewed with **72 hours** of the request.

Web Portal Services

eviCore healthcare website

- Point web browser to evicore.com
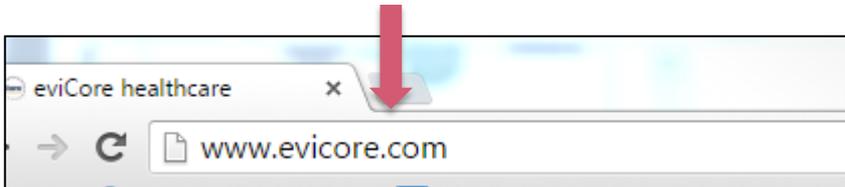
- Click on the "Providers" link
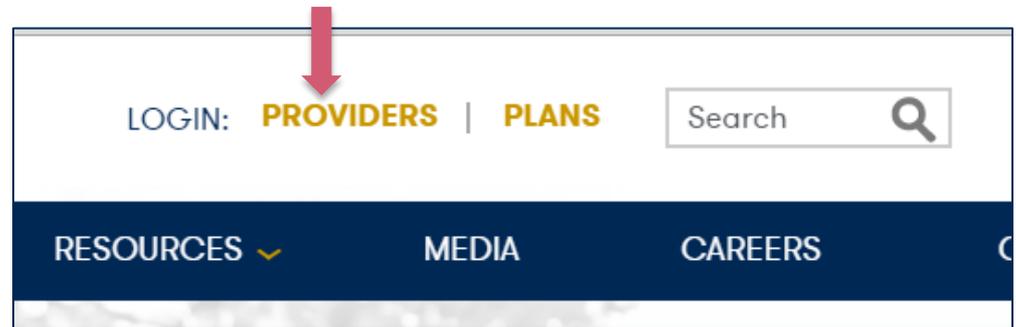
- Login or Register

Providers Delivering Medical Solutions That Benefit **Everyone.**

User ID

Password

☐ Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

☐ I Agree to HIPAA Disclosure!

LOGIN

Forgot UserName | Password? | Register

This website is compatible with Internet Explorer 9, 10, 11, Mozilla Firefox and Google Chrome

Creating An Account

Providers Delivering Medical Solutions That Benefit **Everyone.**

User ID

Password

☐ Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

☐ I Agree to HIPAA Disclosure!

LOGIN

Forgot UserName | Password? | Register

To create a new account, click Register.

Creating An Account

Select a **Default Portal.** Choose the **Account Type**, and complete the registration form. There are (4) account types: Facility, Physician, Billing Office, and Health Plan

Creating An Account

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*:   Medsolutions

User Registration

UserName:	MYoder	Address:	731 Cool Springs Blvd	Phone:	800-575-4517
Email:	evicorejedi1234@gmail.com			Ext:	
		City:	Franklin		
Account Type:	Physician			Fax:	615-468-4408
		State:	TN Zip: 37067		
First Name:	Mallory				
		Office Name:	eviCore		
Last Name:	Yoder				

Provider Information

Physician FirstName:	TEST	Physician LastName:	DOCTOR	Street Address:	730 COOL SPRINGS BLVD
State:	TN	Tax ID:	*****6789	NPI:	7417417410

Please read below to sign up as an appropriate user.
Physician: An Individual Practitioner, A Medical Group Practice or an assistant of a Physician who would create and check status of a Pre-authorization.
Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or Facility who would create and check status of a Pre-Authorization.
Billing Office: A billing Office who can check the status of Pre-Authorization, claims and payments. If you represent multiple Tax IDs, please register with your Primary Tax ID. You can tie additional preferred Tax Ids after your initial login.
Health Plan: A Health Plan representative who can check the status of Pre-Authorization and Claims.

Back   Submit Registration

Review information provided, and click "Submit Registration."

User Registration-Continued

Accept the Terms and Conditions, and click "Submit."
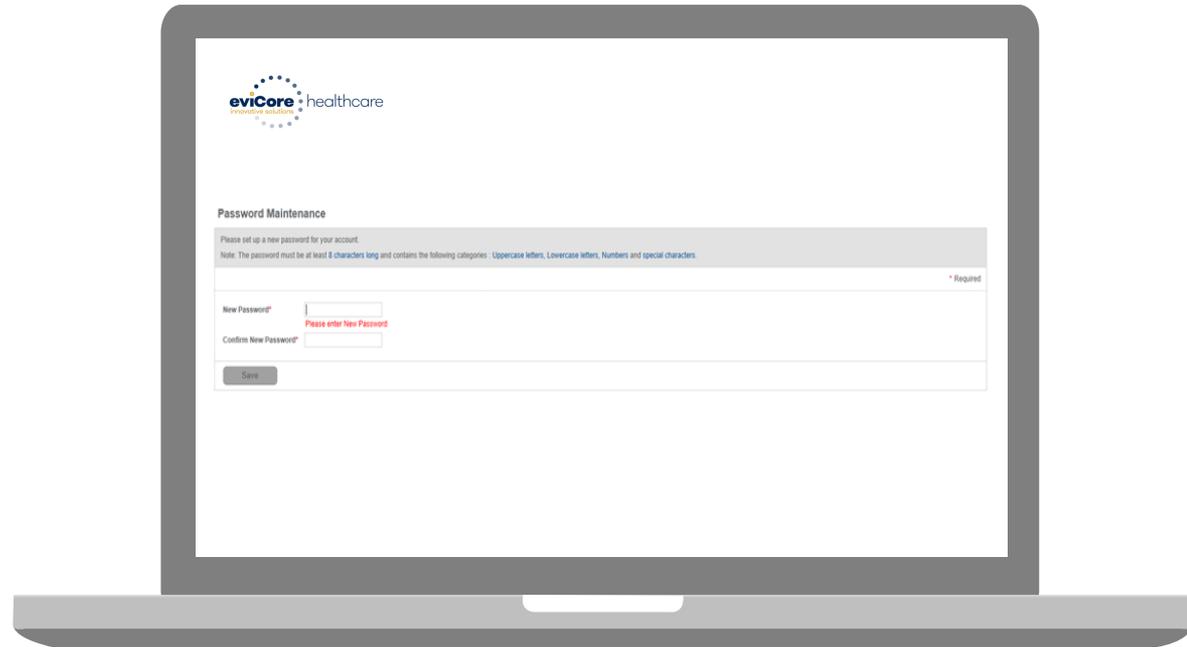
User Registration-Continued

You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.
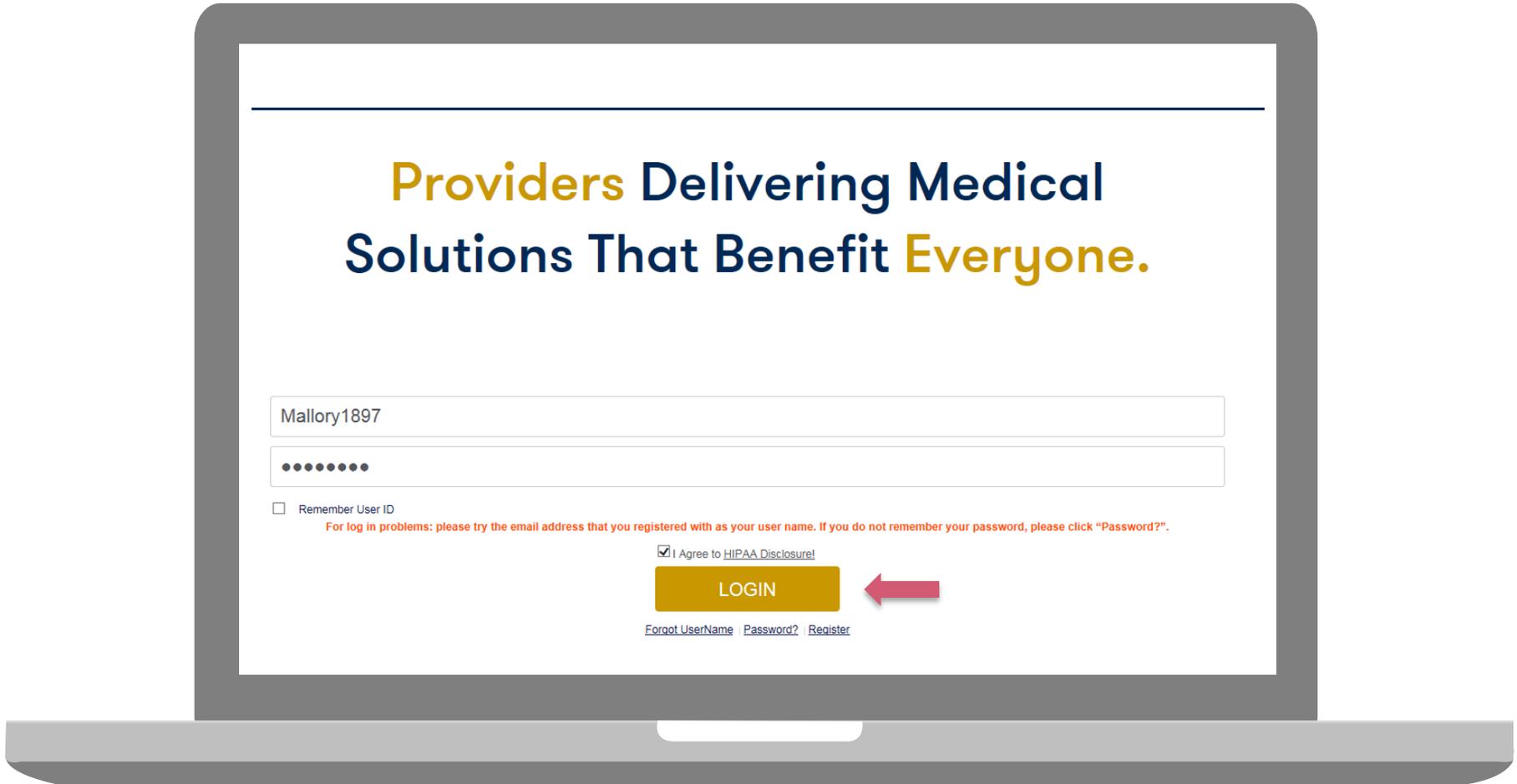
Create a Password

Your password must be at least (8) characters long and contain the following:

✓ Uppercase letters

✓ Lowercase letters

✓ Numbers

✓ Characters (e.g., ! ? *)

Account Log-In

Providers Delivering Medical
Solutions That Benefit **Everyone.**

> Mallory1897

> ●●●●●●●●

☐ Remember User ID
For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

☑ I Agree to HIPAA Disclosure!

LOGIN

Forgot UserName | Password? | Register

To log-in to your account, enter your **User ID** and **Password**. Agree to the HIPAA Disclosure, and click "**Login**."

Announcement

Once you have logged in to the site, you will be directed to the main landing page that includes important announcements.

Note: You can access the CareCore National Portal at any time once registered. Click the CareCore National Portal button on the top right corner to seamlessly toggle back and forth between the two portals without having to log-in multiple accounts.

Account Settings

The **Options Tool** allows you to access your Account Settings to update information:

- Change password
- Update user account information (address, phone number, etc.)
- Set up preferred Tax ID numbers of Physicians or Facilities

Account Settings

Adding **Preferred Tax ID numbers** will allow you to view the summary of cases submitted for those providers:

- Search for a Tax ID by clicking **Physician** or **Facility**.
- Confirm you are authorized to access PHI by clicking the check box, and hit Save.

Search/Start Case

Home Tab

The Home Page will have <u>two</u> 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

	Case Number	Insurer Name	Patient Name	Date Of Birth	CPT Codes	ICD Codes	ICD Version	Referring Physician	Facility
✕		MEDSOLUTIONS DEMO	HILL, BOBBY	2/1/1974	70551	A01.4	10		

My Pending Worklist - 1   Cases Pending for Case Details and Survey will be deleted after 7 calendar days

Clear Filters   Refresh Data   Save Preference

1 - 1 of 1 items

Recently Submitted Cases - 0

Start Date : 07/19/2016   End Date : 07/20/2016

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	Expiratio

Search/Start Case – Member Lookup

eviCore healthcare
innovative solutions

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

🔍 PATIENT & CASE LOOKUP ◄

Patient Search Result(s)

Patient Lookup

Insurer:* MEDSOLUTIONS DEM ▾

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* <u>or</u> *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 *Auth Number* at the bottom of the page and hit **Search**.

36

Search/Start Case – Member Lookup

Patient Search Result(s)   ?

Member ID	Patient Name	Date Of Birth	Gender	Address	Program	Program Effective Date	Program Term
XYZ00002	HILL, BOBBY	02/01/1974		101 MAIN ST	MSI DEMO PROGRAM - PA	009	12/31/2999

PLEASE MAKE SURE YOU ARE SELECTING THE COR... STARTING A NEW REQUEST

> If a partial ID is put in the search box, a list of members will populate. A member can be selected once the member is highlighted blue. Please make sure you select the correct patient by verifying the patient's name and DOB before clicking **Create Case**.

Patient Detail Information

Member ID: XYZ00002	**Gender:** MALE	**Program:** MSI DEMO PROGRAM - PA REQ
Name: HILL, BOBBY	**Address:** 101 MAIN ST, FRANKLIN, TN, 37067	**Program Effective Date:** 01/01/2009
Date of Birth: 02/01/1974	**Insurer:** MEDSOLUTIONS DEMO	**Program Term Date:** 12/31/2999

This is a MEDSOLUTIONS DEMO Program   ate Case

Patient History - 49 Records found   ⬇ ?

                                                                   resh Data

> If there are cases associated with the patient, they will populate once the patient is selected. Double click on a case ID in the **Patient History** to open that case.

Case ID ▼	⌄	Auth Number	⌄	Submit Date	⌄	Case Status				⌄	
101840634				7/7/2016		Pending	RN Review Process				7
101837513		A31309042		7/7/2016		Approved		07/07/2016	09/05/2016		6
101837334				7/7/2016		Canceled					2
101827785				7/6/2016		Canceled					7
101798766				6/30/2016		Pending	RN Review Process				7

⏮ ◀ **1** 2 3 4 5 6 7 8 9 10 ▶ ⏭   1 - 5 of 49 items

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 <u>unlimited</u> CPT and ICD codes.

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.

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."**

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.

Providing Clinical Information

Member	Member ID	Date of Birth	Health Plan	Referring Physician	Specialty	Tax ID	NPI
BOBBY HILL	XY200002	02/01/1974	MSI DEMO PROGRAM - PA RE	DOCTOR TEST	DERMATOLOGY,ACUPUNCTURE	*******	

Select a Reason for the Requested Proce

73721 MRI Lower Extremity, any joint; without contrast material(s)
Which one of the following best describes the reason for the requeste

- ● Left   ● Ankle
- ○ Right   ○ Foot
                  ○ Hip
                  ○ Knee

- select one - ▼

✔ Continue

> If applicable, you will be asked a series of questions. Start by selecting a reason for the requested study.
>
> **Note:** A reason must be selected in order to proceed and Continue to turn green.

Providing Clinical Information

- If applicable, you will be asked a series of questions beginning with a reason for the request.
- Select from the dropdown, or enter a rationale in the text box if none of the options are applicable.

Providing Clinical Information

- Respond to the clinical questions that populate based upon the answers provided. You may save/print this information and come back at a later time, if needed. Cases will remain in your pending work list for seven calendar days.

- Select "**Continue**" to submit the survey answers.

Providing Clinical Information

- Once the survey questions have been submitted, you may receive an approval based upon the answers/information provided.
- If additional review is required, the decision criteria will populate, and you can print the criteria guidelines if needed.

Survey

Member	Member ID	Date of Birth	Health Plan	Referring Physician	Specialty	Tax ID	NPI
BOBBY HILL	XYZ00002	02/01/1974	MSI DEMO PROGRAM - PA REQ	TEST DOCTOR	ALLERGY,OPTICIAN	*******	7417417410

73721   MRI any Joint of Lower Extremity without contrast
Purpose : Left::Knee::Evaluation of Knee Pain

Based on the clinical information provided,
73721 Requires Clinical Review

Decision criteria for 73721

because based on the clinical information provided, there may not have been provider-directed conservative treatment OR the length or type of treatment indicates that advanced imaging may not be appropriate.
because based on the clinical information provided, a Knee X-ray may not have been performed since the symptoms started, and therefore advanced imaging may not be appropriate.
because based on the clinical information provided, there may not have been recent contact with the requesting provider to evaluate the knee, and therefore advanced imaging may not be appropriate.
because based on the clinical information provided, further clinical review is indicated to determine if there was a recent provider-directed trial of observation or treatment.

Action for 73721
○ Submit for Additional Review
○ Voluntarily Cancel Request

🖨 Print   Save   ✔ Submit All   **This is Not a Complete Transaction.**

Providing Clinical Information

- You can choose to "**Submit for Additional Review**" to proceed to the clinical upload and review process, or you may "**Voluntarily Cancel Request.**"
- Cancelling the request ensures there will not be a denial in the patient's history.

Survey

Member	Member ID	Date of Birth	Health Plan	Referring Physician	Specialty	Tax ID	NPI
BOBBY HILL	XYZ00002	02/01/1974	MSI DEMO PROGRAM - PA REQ	TEST DOCTOR	ALLERGY,OPTICIAN	*******	7417417410

73721 MRI any Joint of Lower Extremity without contrast
Purpose : Left::Knee::Evaluation of Knee Pain

Based on the clinical information provided,
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because based on the clinical information provided, there may not have been recent contact with the requesting provider to evaluate the knee, and therefore advanced imaging may not be appropriate.
because based on the clinical information provided, further clinical review is indicated to determine if there was a recent provider-directed trial of observation or treatment.

Action for 73721
○ Submit for Additional Review
○ Voluntarily Cancel Request

🖨 Print   Save   ✓ Submit All   **This is Not a Complete Transaction.**

Providing Clinical Information

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

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 ✕

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 <u>save</u> 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.

Message from webpage ✕

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

OK

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

Apply   Cancel

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 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

Service Order	Authorization Number:	Auth Effective Date: 07/01/2016	Auth End Date: 09/29/2016
Initiated Date: 07/01/2016	Decision Date: 07/01/2016	Decision Type : Initial	Case Status: Approved

Patient

First Name:	BOBBY
Last Name:	HILL
Date of Birth:	02/01/1974
Address:	101 MAIN ST, FRANKLIN, TN, 37067
Phone:	
Member ID:	XYZ00002
Insurer:	MEDSOLUTIONS DEMO
Program:	MSI DEMO PROGRAM - PA REQ

Referring Physician

First Name:	TEST
Last Name:	DOCTOR
Address:	730 COOL SPRINGS BLVD, FRANKLIN, TN, 370677289
Phone :	9999999999
Fax :	9999999999
Specialty:	
Tax ID:	
NPI:	

Requested Facility

Name:	TEST FACILITY FOR PORTAL
Address:	PO, NASHVILLE, AA, 37211
Phone:	1231231231
Fax:	1231231231
Equipment:	ARTHROGRAM, COMP JOINT, COMP MSK, COMP SPINE, CT, MRI, MYELOGRAM, NCM, OPEN MR, PAIN MGMT, PET, PET/CT, SPINE FUSION
Tax ID:	
Taxonomy Code:	
NPI:	

CPT Codes

CPT C...	U...	Description	CPT St...	Cpt Modif...
73721	1	MRI Lower Extremity, any joint; without contrast material(s)	Pending	LT

1 - 1 of 1 items

Diagnosis Codes

ICD Code	ICD Version	Description
M25.562	10	Pain in left knee

1 - 1 of 1 items

Additional Documentation

File Name

Clinical Notes

Note Text

Member & Provider Notifications

Case Summary Page – Denied Case

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

Web Portal Services-Assistance

Click online chat

Call a Web Support Specialist at (800) 646.0418 (Option 2)

Click the "Contact Us" link

eviCore healthcare

Online Chat

☎ Web Support 800-575-4594

Legal Disclaimer | Privacy Policy | Corporate Website | Report Fraud & Abuse | Guidelines and Forms | Contact Us

Copyright © 2014 MedSolutions. All Rights Reserved.
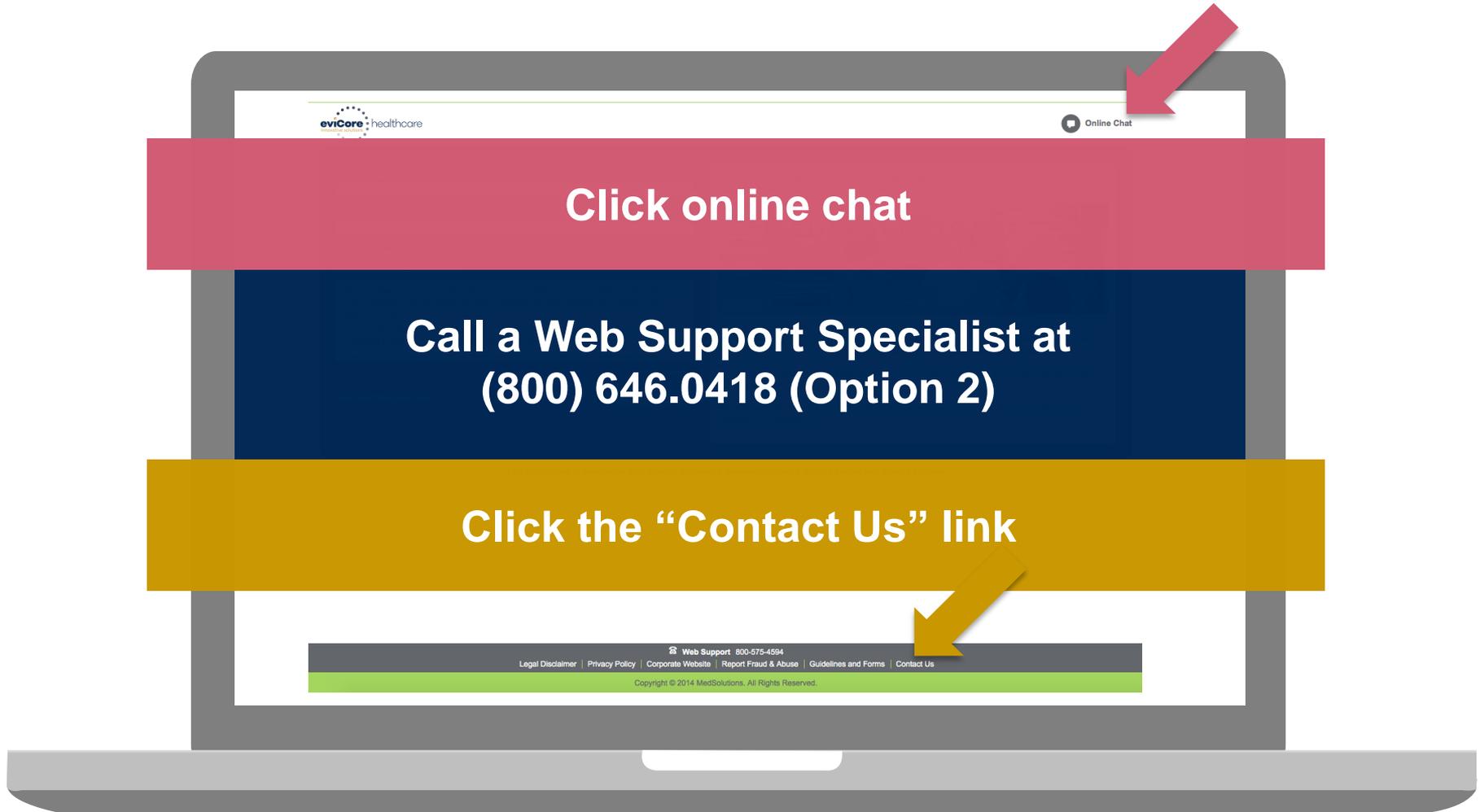
Web Portal Services-Available 24/7

Provider Resources

Radiology/Cardiology Online Resources

Clinical Guidelines, FAQ's, Online Forms, and other important resources can be accessed at www.evicore.com. Click "Solutions" from the menu bar, and select the specific program needed.

eviCore Provider Blog Series

- The eviCore blog series focuses on making processes more efficient and easier to understand by providing helpful tips on how to navigate prior authorizations, avoid peer-to-peer phone calls, and utilize our clinical guidelines.

- You can access the blog publications from the **Media** tab or via the direct link at https://www.evicore.com/pages/media.aspx.

Provider Resources: Prior Authorization Call Center

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

7:00 AM - 8:00 PM: (888) 693-3211

- Obtain pre-certification or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case

Provider Resources: Web-Based Services

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

www.evicore.com

To speak with a Web Specialist, call 800-646-0418 (Option 2) or email portal.support@evicore.com

- Request authorizations and check case status online
- Print case summary reports
- Attach clinical documents during <u>and</u> after case creation
- Auto save **– no data lost**
- Export and print work lists
- View cases by individual user and office

Provider Resources: Client Provider Operations

clientservices@evicore.com

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Request for an authorization to be resent to the health plan

Provider Resources: Implementation Document

Provider Enrollment Questions Contact Martin's Point HealthCare at
https://forproviders.martinspoint.org/tools/credentialing

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

Martin's Point HealthCare Implementation site - includes all implementation documents:

www.eviCore.com/healthplan/martins_point

- **Provider Orientation Presentation**
- **CPT code list of the procedures that require prior authorization**
- **Quick Reference Guide**
- **eviCore clinical guidelines**
- **FAQ documents and announcement letters**

You can obtain a copy of this presentation on the implementation site listed above. If you are unable to locate a copy of the presentation, please contact the Client Provider Operations team at **ClientServices@evicore.com**.

Thank You!