

Musculoskeletal and Pain Management Program for Cigna

Provider Orientation



Company Highlights

3K+ employees
including 1K clinicians

Headquartered in Bluffton, SC

Offices across the US including:

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

SHARING
A VISION
AT THE CORE OF CHANGE.

90M members
managed nationwide



12M claims
processed annually

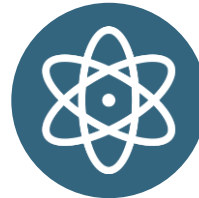
Integrated Solutions

All solutions operate on a single platform

LAB MANAGEMENT
19M lives



MEDICAL ONCOLOGY
12M lives



RADIATION THERAPY
19M lives

RADIOLOGY
65M lives



MUSCULOSKELETAL
19M lives

SLEEP
13M lives



CARDIOLOGY
46M lives



POST-ACUTE CARE
145K lives

Our Clinical Approach

Clinical Platform

Multi-Specialty Expertise

Family Medicine	Oncology/Hematology
Internal Medicine	Musculoskeletal
Pediatrics	<ul style="list-style-type: none">• Orthopedic Surgery
Sports Medicine	<ul style="list-style-type: none">• Spine Surgery
OB/GYN	<ul style="list-style-type: none">• Interventional Pain
Cardiology	
Nuclear Medicine	
Anesthesiology	Radiology
Radiation Oncology	<ul style="list-style-type: none">• Nuclear Medicine
Sleep Medicine	<ul style="list-style-type: none">• 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**

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

Service Model

Client and Provider Operations

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

Client Service Representatives



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

Client Service Managers



Client service managers handle complex issues and serve as the primary contact for account executives, health plans, and high-profile provider clients.

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 dedicated to specific providers 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.



Musculoskeletal and Pain Management Precertification Program for Cigna



Program Overview

eviCore will begin accepting requests on December 15, 2015 for dates of service January 1, 2016 and beyond

Precertification applies to services that are:

- Outpatient
- Inpatient
- Elective/non-emergent

Precertification **does not apply** to services that are performed in:

- Emergency room
- 23-hour observation

Precertification Required:

Joint Surgery (hip, knee, shoulder)

- Large joint replacement
- Arthroscopic and open procedures

Interventional Pain

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

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

<https://www.evicore.com/healthplan/cigna>

Applicable Membership

Authorization is required for Cigna members receiving these services:

- In the inpatient setting
- In the outpatient setting (for members with a Cigna ID card that indicates that precertification is required for outpatient procedures)

Members who do not require precertification are

- Outpatient requests for PHS members
- Alliance customers
- Massachusetts and Rhode Island CareLink members
- California Managed Care
- Hawaii
- Puerto Rico
- Guam

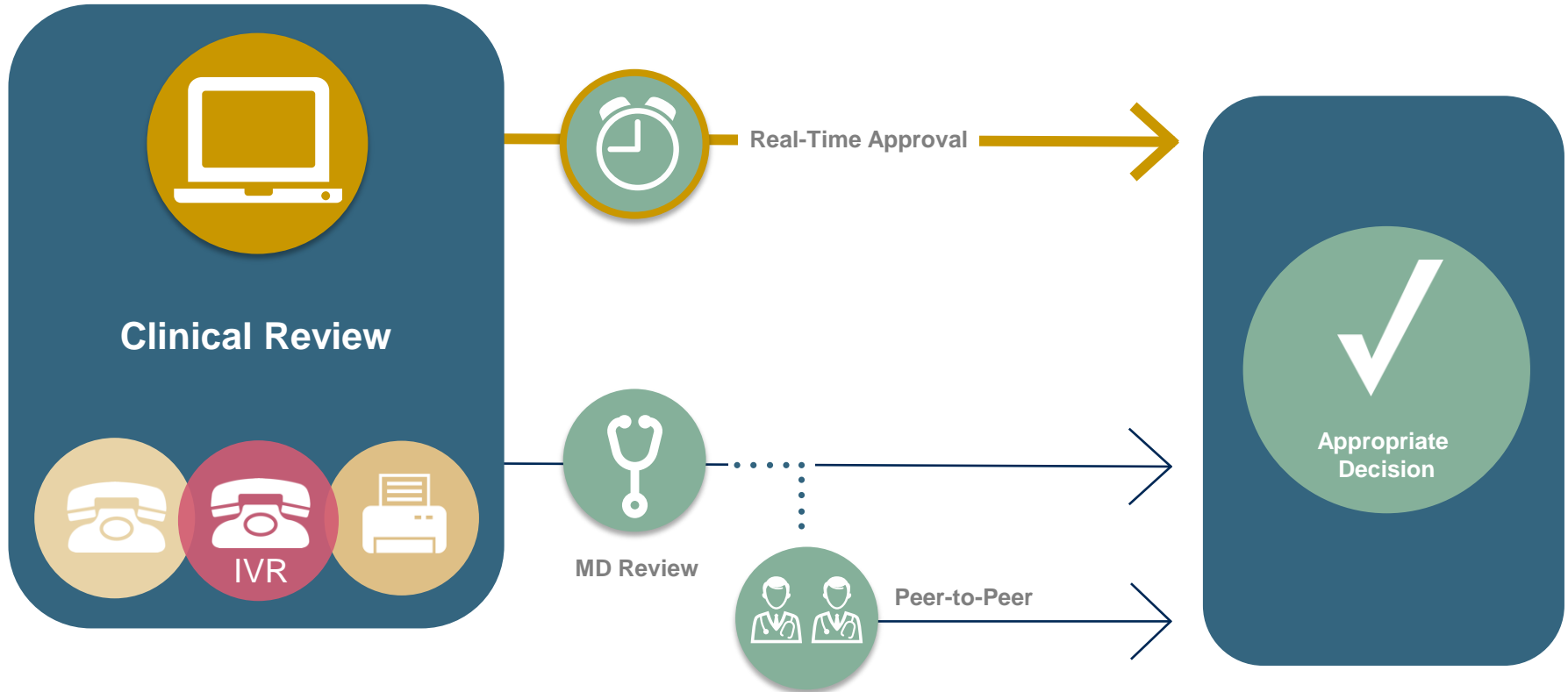
Precertification Requests

How to request precertification:



Clinical Review Notification

Clinical reviews submitted through the web portal may achieve real-time decision making



Needed Information



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

- Imaging studies and prior test results related to the diagnosis
- Office notes related to the current diagnosis

Precertification Outcomes – Approved Requests

➤ Approved Requests

- It is our business practice to typically complete requests within 2 business days from the receipt of complete clinical information.
- Decision is emailed or faxed to the rendering provider and the requested facility once medical necessity is met.
- Notification is mailed to the member.
- Can be printed on demand from the eviCore Web portal.
- Authorizations are good for 90 calendar days from initial request or for the approved inpatient length of stay.

MED SOLUTIONS
INTELLIGENT COST MANAGEMENT

130 Look Springs Boulevard, Suite 600, Frankan, IN 47601
Fax: 888-693-3210 / Phone: 888-693-3211

Prior Authorization Confirmation Fax

Case ID : 7777777	Case Type : Phone
Auth ID : A12121212	Effective : Mon, Oct 05, 09
Status : Approved	Expires : Thurs, Dec 03, 09

Patient Information

Name : DOE, JOHN	DOB : Dec 20, 1900
HP MemberID : 0000000001	HealthPlan : Sample Health Plan
Address : 123 ANY STREET ANYCITY, ST, 99999	

Performing Provider Information

Authorized Facility : ANYNAME RADIOLOGY	HealthPlan Id : 00000000XXXX
Address : 456 ANY STREET, ANYCITY, ST 99999	Phone : 800-555-1212
	Fax :

Referring Physician Information

Procedure Requested by: DOE, JANE	HealthPlan Id :
Address : 1234 ANY STREET ANYCITY, ST 99999	Phone : 800-555-1213
Specialty : GENERAL SURGERY	Fax :

Clinical Information

ICD9	Procedure		
784.0	Headache; Other symptoms involving the head or neck.		
CPT	Unit	Status	Procedure
70551	1	Approved	MRJ Brain or Head, without contrast material

MedSolutions is an independent company selected to manage high-tech radiology services. The authorization is for medical necessity and does not guarantee claims payment, which is based on member benefits.

If you have questions please contact Customer Service at 1-888-693-3211.

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If you have received this message by error, please notify MedSolutions sender at the address shown immediately and delete the related message from your files.

Precertification Outcomes: Denied Requests

➤ Delivery:

- Faxed to rendering provider
- Mailed to the member
- Notification is faxed to the facility

➤ Reconsideration

- Additional clinical information can be provided without the need for a physician to participate.
- Must be requested on or before the anticipated date of service
- Commercial members only

➤ Peer-to-Peer Review:

- A provider may request a peer-to-peer conversation.
 - Must be requested before or on the anticipated date of service
 - May be scheduled by calling: (888) 693-3297 option 3
 - Peer-to-peer conversations on denied services for Medicare members are educational only.

➤ Appeals:

- Clinical appeals must be initiated in writing through eviCore by:
 - Mail: 730 Cool Springs Blvd, Ste. 800, Franklin, TN 37067
 - Fax: (615) 468-4469
 - Email: appealsclaimsissues@evicore.com

Special Circumstances

➤ Retrospective Procedures:

- eviCore will conduct retrospective reviews if requested within 15 business days following the date of service
- Service must have been urgent and medically necessary.

➤ Outpatient Urgent Procedures:

- Contact eviCore by phone to request an expedited precertification review and provide clinical information
- Urgent cases process within 24 hours upon receipt of complete clinical information
- Medically urgent requests are defined as conditions that are a risk to the patient's life, health, ability to regain maximum function, or the patient is having severe pain that required a medically urgent procedure.

Changes to Approved Studies



Adding Studies & CPT Code Changes

Requests may be submitted by the ordering provider or rendering facility. Requests must meet medical necessity criteria. Timeframes for the requested change vary by setting:

Inpatient

You may change the date of service to any future date, change the facility or update a CPT code with three exceptions:

- If the DOS currently on the case is within 1 business day of the current date
- If the DOS requested is within 1 business day of the current date
- If the DOS currently on the case is today or has already occurred (i.e. retrospective update)
- If the timeframe is not met, a new case must be created and reviewed for medical necessity for that date of service

Outpatient

- Facility change requests may be made at any time
- CPT change requests may be within 15 business days from the date of service

Provider Resources



Provider Resources: Web-Based Services



Web-Based
Services



Pre-Certification
Call Center



Client Services
Department:



Documents

www.evicore.com

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

To speak with a Web Specialist, call (800) 646-0418

Provider Resources: Precertification Call Center



Web-Based
Services



Pre-Certification
Call Center



Client Services
Department:



Documents

7:00 AM - 8:00 PM CST: (888) 693-3297

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

eviCore fax number: (888) 693-3210

Provider Resources: Client and Provider Operations Team



Web-Based Services



Pre-Certification Call Center



Client Services Department:



Documents

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: Program Information



Web-Based
Services



Pre-Certification
Call Center



Client Services
Department:



Documents

Cigna site - includes all pertinent program documents:

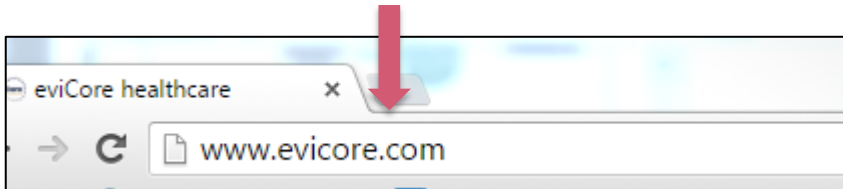
<https://www.evicore.com/healthplan/cigna>

- CPT code list of the procedures that require precertification
- Cigna quick reference guide
- eviCore clinical guidelines
- FAQ documents and announcement letters

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.**

 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

eviCore healthcare

* Required Field

Web Portal Preference

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

Default Portal*:

User Information

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

User Name*: Address*: Phone*:
Email*: City*: Ext*:
Confirm Email*: State*: Zip*: Fax*:
First Name*: Office Name:
Last Name*:

Provider Information

Account Type:

Please Select the Physician that you represent. A notification will be sent to the organization regarding this registration

Physician First Name: Physician Last Name*:
Tax ID*: NPI:

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.

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*:

User Registration

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

Review information provided, and click **“Submit Registration.”**

User Registration-Continued

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
Email: evicorejedi1234@gmail.com
Account Type: Physician
First Name: Mallory
Last Name: Yoder

Provider Information

Physician FirstName: TEST Physician LastN
State: TN Tax ID:

Please read below to sign up as an appropriate user.
Physician: An Individual Practitioner, A Medical Group Practice or an assis
Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or F

USER REGISTRATION

User Access Agreement *Required

eviCore
Provider/Customer Access Agreement for Web-Based Applications

This Provider/Customer Access Agreement for Web-Based Applications ("Access Agreement") contains the terms and conditions for use by Provider/Customers of the web-based applications provided by eviCore through its Web Site. This Access Agreement applies to Provider/Customer and all employees and/or agents that have access to eviCore's web-based applications by utilizing a User ID and Personal Identification Number ("PIN"), Security Password, or other security device provided by eviCore, hereinafter referred to as "Users."

To obtain access to eviCore's Web Site applications, User must first read and agree to this Access Agreement. After reviewing these documents, User will be asked to accept the Access Agreement by checking the "Accept Terms and Conditions" check box. If User accepts, this will result in a binding contract between User and eviCore, just as if User had physically signed the Access Agreement.

Each and every time User accesses eviCore's web-based applications, User agrees to be bound by this Access Agreement, as it may be amended from time to time.

1. Limited License. Upon acceptance, eviCore grants Provider/Customer a revocable, nonexclusive, and nontransferable limited license to access electronically eviCore's web-based applications only so long as Provider/Customer is currently bound by a Provider/Customer Agreement (as used herein a "Provider/Customer Agreement" is an agreement to provide health care/medical services to members of health plans for which eviCore provides radiological services, whether it is with eviCore directly or said health plan(s)). The electronic access to any of eviCore's web based applications is subject

Accept Terms and Conditions *

Submit Cancel



Accept the **Terms and Conditions**, and click **"Submit."**

User Registration-Continued

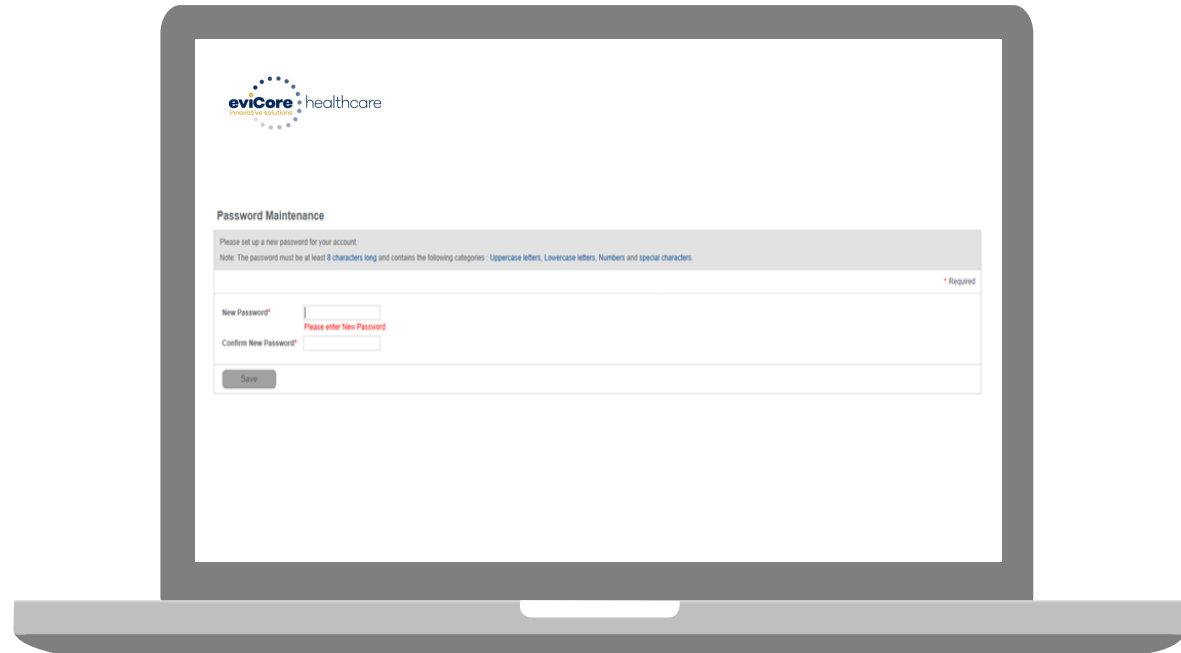


You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

Create a Password

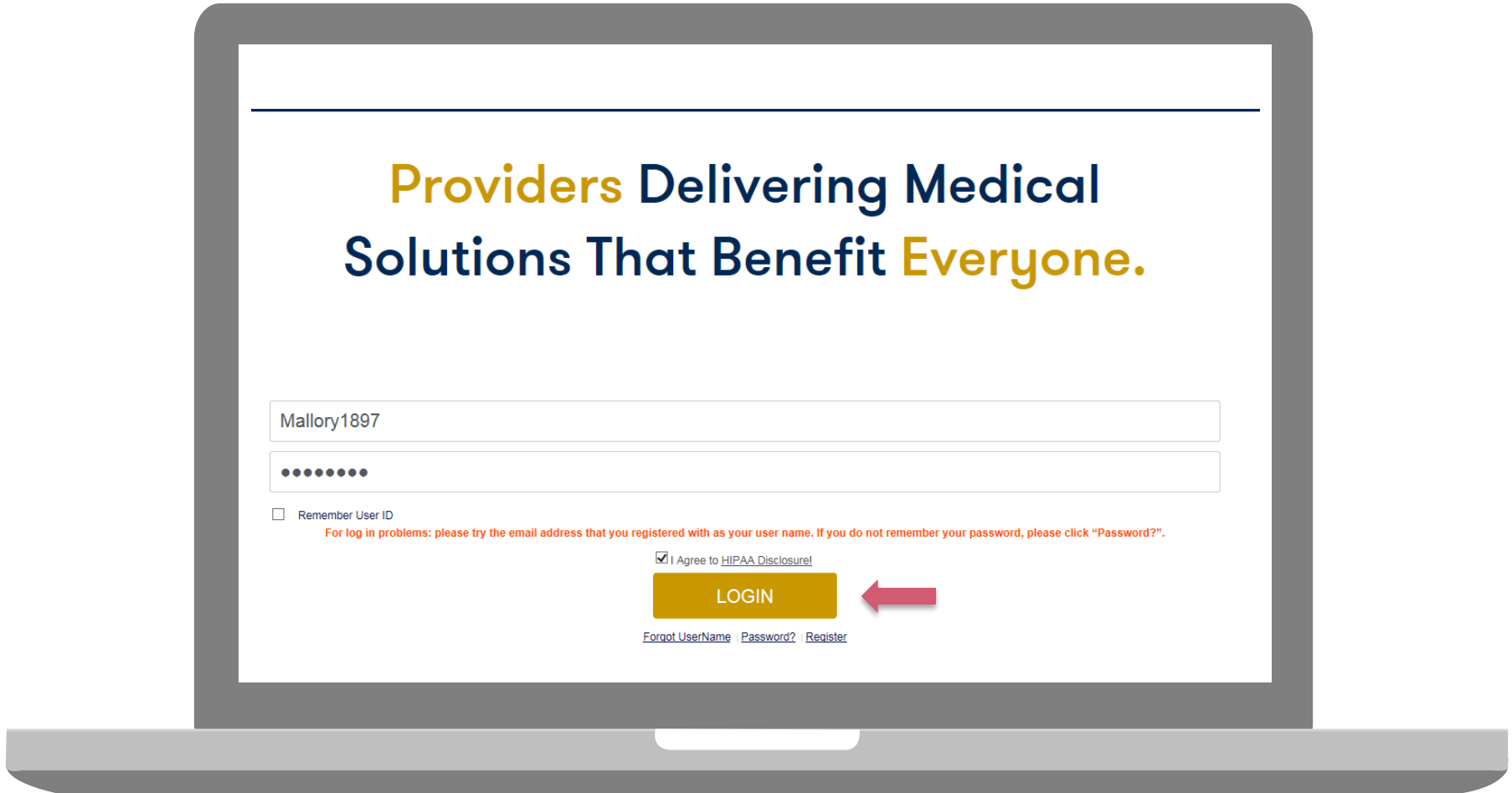
Your password must be at least (8) characters long and contain the following:

- ✓ Uppercase letters
- ✓ Lowercase letters
- ✓ Numbers
- ✓ Characters (e.g., ! ? *)



Web Account Overview

Account Log-In



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

Announcement

The screenshot displays the eviCore healthcare website interface. At the top left is the eviCore healthcare logo with the tagline 'innovative solutions'. On the top right, there are icons for MCNET, Online Chat, a settings gear, a lock icon, and a Logout button. Below this is a dark blue navigation bar with the following menu items: Announcements, Home, Search/Start Case, Claim Search, User Administration, Content Admin, Case Summary, Payment Status, Reports, System Admin, and CareCore National Portal. The 'CareCore National Portal' button is circled in red. Below the navigation bar is a yellow header for the 'Announcements' section, which includes icons for printing, downloading, and help. The main content area shows an announcement titled 'Low Dose CT Screening for Lung Cancer- Posted on: 19 Jan 2016' with a note: 'When requesting services for Lung Cancer Screening, please note that for Medicare patients, the appropriate CPT Code G0297 should be used in accordance with CMS Guidelines. Upon approval, this will ensure proper payment upon billing of claims. Note: This does not apply to Cigna'. Below this is another section titled 'New Announcements- Posted on: 01 Jan 2015' which is currently empty.

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 if you are 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**.



Preferences

Please set up Preferred Provider Tax IDs for your account. You can search and add a Physician or Facility Tax ID. Adding preferred tax id would allow you to view the summary of cases submitted for these provider Tax IDs. The Case Summary can be viewed via Case Lookup, Patient History and Recently Submitted grids. It also allows you to view the Claims details of your preferred Facilities.

Physician Facility

Tax ID*

Preferred Tax Ids on my account

Tax ID	Provider Type
123456789	Physician <input type="button" value="X"/>

Before proceeding, you must confirm that you are authorized to access Protected Health Information (PHI) as defined under the Health Insurance Portability and Accountability Act on behalf of the Tax ID/s added.

You must also agree to limit your access to the minimum amount of information necessary to perform a permitted treatment or other health care operations activity.

In the event you obtain access to information that you are not authorized to view, please notify eviCore immediately.

Failure to comply with these terms may result in immediate termination of you and your organization's access to eviCore' website.

Privacy Breaches: Be very careful to check the ordering physician's full name, their specialty and the last four digits of their TIN or NPI before selecting them in this system. By sending patients' Protected Health Information (PHI) to physicians who are not the ordering physicians, you may be in violation of HIPAA Privacy regulations.

* I hereby agree that I have read and understood the above message

Search/Start Case

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 - 1* Cases Pending for Case Details and 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	
✖		MEDSOLUTIONS DEMO	HILL, BOBBY	2/1/1974	70551	A01.4	10			

Recently Submitted Cases - 0											
Clear Filters Refresh Data Save Preference <input checked="" type="checkbox"/> Only My Portal Cases											
Start Date :	07/19/2016	End Date :	07/20/2016								
Case Number	Insurer Name	Patient Name	Date Of Birth	Case Status	Case Activity	Submit Date	Authorization Number	Effective Date	Expiration		

Search/Start Case – Member Lookup



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

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.

Case/Auth Lookup

Case ID Auth Number

Search

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**.

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 REQ	01/01/2009	12/31/2999

PLEASE MAKE SURE YOU ARE SELECTING THE CORRECT PATIENT. 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 Create Case

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.

Patient History - 49 Records found ?

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

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. *Please note - the portal allows selection of unlimited CPT and ICD codes.*
- The **Place of Service** option will populate automatically, but it is important to verify the setting of the procedure performed, regardless of CPT code.

The screenshot displays a web interface for case creation, divided into several sections:

- PATIENT & CASE LOOKUP:** Contains a search bar and a "Patient Lookup" section with fields for Insurer (MEDSOLUTIONS DEN), Member ID (xyz00002), First Name, Last Name, and Date of Birth. A "Reset" and "Search" button are present.
- CASE DETAIL:** Shows patient information: 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:** A section for selecting codes, with a sub-section for "CPT Codes". It includes a search bar and a table with columns for Code, Description, and Modifier. The table shows a selected code: 64479, Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level, with a modifier of LT.
- Diagnosis:** A section for selecting diagnosis codes, with radio buttons for ICD 9 and ICD 10. It includes a search bar and a table with columns for Code and Description. The table shows a selected code: G89.29, Other chronic pain.
- Bottom Section:** Includes a "Please select the Date Of Service" field, a "Place Of Service" dropdown menu (set to "Outpatient (2)"), and an "Initial Service Request" checkbox.
- Buttons:** A "Save & Next" button is located at the bottom right.

A blue callout box with a white border and a dark blue background contains the text: "The POS will default to outpatient/inpatient based upon the CPT codes provided. Verify the setting of the procedure performed, and change accordingly, if needed." An arrow points from this box to the "Place Of Service" dropdown menu.

Case Creation – Ordering Physician

- Select from a default **Physician** or search by **Name**, **Tax ID**, or **NPI** number.
- Once the correct physician displays, select by clicking on the record. Then hit **“Save & Next.”**

PATIENT & CASE LOOKUP

Patient Lookup

Insurer: MEDSOLUTIONS DEN

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

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/ICD CPT Codes : 64479 ICD Codes : G89.29

Physician Use Referring Physician as Requested Facility

Physician Search

First Name: Tax ID: State: TN

Last Name: NPI:

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

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
TEST	DOCTOR	730 COOL SPRINGS BLVD	FRANKLIN	TN	370677289	7417417410	*****6789

1 2
1 - 5 of 8 items

Save & Next

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 procedure, 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.”**

🔍 PATIENT & CASE LOOKUP

Patient Lookup

Insurer*

Member ID:

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/ICD ✎

CPT Codes : 64479 ICD Codes : G89.29

Physician ✎

Physician Name: DOCTOR , TEST , Tax ID : *****6789 , 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	ARTHROGRAM, COMP JOINT, COMP MSK, COMP SPINE, CT, MRI, MYELOGRAM, NCM, OPEN MR, PAIN MGMT, PET, PET/CT, SPINE FUSION			

1 - 1 of 1 items

Survey Questions

- After you hit Submit, you may be directed to the **Clinical Survey** questions specific to the procedure being requested.
- As you move through the survey, the previously answered questions will be available in the Review History section at the bottom of the survey.

The screenshot displays a web application interface with a 'Survey' modal window open. The background shows a 'CASE DETAIL' section with various input fields and buttons. The modal window has a dark blue header with the word 'Survey' and two buttons: 'Submit Later' and 'Continue'. Below the header, a red note reads: 'Note: Please complete questions below to receive an immediate notification as to whether the case is approved or if additional clinical information is required.' The main content of the modal is titled 'Cervical Injection' and contains two questions. The first question asks 'What level(s) will this procedure be performed at?' and lists 15 options: C1 - C2, T4 - T5, C2 - C3, T5 - T6, C3 - C4, T6 - T7, C4 - C5, T7 - T8, C5 - C6, T8 - T9, C6 - C7, T9 - T10, C7 - T1, T10 - T11, T1 - T2, T11 - T12, T2 - T3, T12 - L1, and T3 - T4, plus an 'Unknown or not sure' option. The second question asks 'Is this request for a Therapeutic or Diagnostic injection?' and provides a note: '(NOTE: Select "Diagnostic" if the purpose of this injection is to establish a diagnosis or confirm the source of pain. Select "Therapeutic" if the purpose of this procedure is treat pain caused by known pathology)'. It offers two radio button options: 'Diagnostic (Injection of anesthetic ONLY to see if pain is from the level injected)' and 'Therapeutic (Injection includes a steroid)'. The background interface includes a 'PATIENT & CASE LOOKUP' section with fields for 'Insurer' (MEDSOLUTIONS DEN), 'Member ID' (xyz00002), 'First Name', 'Last Name', and 'Date of Birth', along with 'Reset' and 'Search' buttons. A 'Case/Auth Lookup' section at the bottom has radio buttons for 'Case ID' and 'Auth Number' and a 'Search' button.

Survey Questions

- As you move through the survey, the previously answered questions will be available in the Review History section at the bottom of the survey. It is important to complete all questions to receive an immediate notification as to whether the case is approved or if additional clinical information is required.

The screenshot displays a web application interface for a medical survey. The main header is split into 'PATIENT & CASE LOOKUP' and 'CASE DETAIL'. A 'Survey' modal window is open, containing the following content:

- Survey** (with 'Submit Later' and 'Continue' buttons)
- Note:** Please complete questions below to receive an immediate notification as to whether the case is approved or if additional clinical information is required.
- Question 1:** Please indicate the documented response to the previous injection. Did your patient experience at least 2 weeks of: (Choose ALL that apply)
 - At least 50% pain relief
 - Increased level of function (e.g. return to work)
 - Reduced level of pain medication and / or other medical services (e.g. physical therapy or chiropractic)
 - No change in symptoms
 - None of the above or unknown response
- Question 2:** Will your patient be participating in an active rehabilitation or therapeutic exercise program following this injection?
 - Yes No Unknown
- Buttons:** 'Submit' and 'Review History'
- Section: Cervical Injection**
 - Question 3:** What level(s) will this procedure be performed at?
 - Unknown or not sure
 - Text:** Is this request for a Therapeutic or Diagnostic injection? (NOTE: Select "Diagnostic" if the purpose of this injection is to establish a diagnosis or confirm the source of pain. Select "Therapeutic" if the purpose of this procedure is to treat pain caused by known pathology)
 - Question 4:** Therapeutic (Injection includes a steroid)

The background interface shows a 'Patient Lookup' form with fields for Insurer (MEDSOLUTIONS DEN), Member ID (xyz00002), and Name/Date of Birth. A 'Submit' button is visible at the bottom right of the background page.

Survey Questions

- Once you have answered the survey questions, the response history will populate. Hit **Submit** to complete the survey.

PATIENT & CASE LOOKUP | **CASE DETAIL**

Patient Lookup

Insurer: MEDSOLUTIONS DEN

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

Survey

Note: Please complete questions below to receive an immediate notification as to whether the case is approved or if additional clinical information is required.

The survey has been completed.

Cervical Injection

What level(s) will this procedure be performed at?

- Unknown or not sure

Is this request for a Therapeutic or Diagnostic injection? (NOTE: Select "Diagnostic" if the purpose of this injection is to establish a diagnosis or confirm the source of pain. Select "Therapeutic" if the purpose of this procedure is treat pain caused by known pathology)

Therapeutic (Injection includes a steroid)

How many previous injections of this type have been performed for this episode of pain? (NOTE: Please count only transforaminal or selective nerve root blocks)

1

How many previous cervical epidural injections of ALL types have been performed in the past 12 months?

1

Please indicate the documented response to the previous injection. Did your patient experience at least 2 weeks of: (Choose ALL that apply)

- Increased level of function (e.g. return to work)

Survey Questions

- The survey is now complete and you can click **continue** to close the survey box.
- Based on the information provided, you may receive an automatic approval and be redirected to the approved case summary page or you may be directed to the clinical documentation page.

PATIENT & CASE LOOKUP | **CASE DETAIL** ?

Survey

Submit Later | Continue

Survey Completed! Please click 'Continue' button / close(if in a browser).

Review History

- 🔗 Cervical Injection
- ☑️ 🔗 What level(s) will this procedure be performed at?
 - ✔️ Unknown or not sure
 - Is this request for a Therapeutic or Diagnostic injection? (NOTE: Select "Diagnostic" if the purpose of this injection is to establish a diagnosis or confirm the source of pain. Select "Therapeutic" if the purpose of this procedure is treat pain caused by known pathology)
 - ✔️ Therapeutic (Injection includes a steroid)
- ☑️ 🔗 How many previous injections of this type have been performed for this episode of pain? (NOTE: Please count only transforaminal or selective nerve root blocks)
 - ✔️ 0 (This is the first injection of this type at this level)
- ☑️ 🔗 How many previous cervical epidural injections of ALL types have been performed in the past 12 months?
 - ✔️ 1
- ☑️ 🔗 Does physical exam/patient history indicate any of the following: (Choose all that apply)
 - ✔️ Pain that radiates into the arm or leg along the course of a spinal nerve root
- Please indicate the documented number of weeks of conservative care prior to this request: (e.g. number of weeks of physical therapy / chiropractic care, exercise, NSAIDs, and or appropriate medication)

Submit

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

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

No attachments saved

Clinical Notes

Note Text

Maximum Character limit on each note is 5000.

No notes saved

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 Medsolutions for further review.

OK

Once you click Apply you will receive a message that your documentation has been accepted, and the 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: 101902410	Initiated Date: 07/14/2016	Case Activity: RN Review Process	Case Status: Pending
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Patient

Referring Physician

Requested Facility

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

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

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

Diagnosis Codes

CPT Code	Units	Description	CPT Status	Cpt Modifier
95811	1	Polysomnography, age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	Approved	

1 - 1 of 1 items

ICD Code	ICD Version	Description
G47.33	10	Obstructive sleep apnea (adult) (pediatric)

1 - 1 of 1 items

Additional Documentation

Clinical Notes

File Name

Note Text

test View

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 Code	Units	Description	CPT Status	Cpt Modifier
95811	1	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	Approved	

1 - 1 of 1 items

Diagnosis Codes

ICD Code	ICD Version	Description
G47.33	10	Obstructive sleep apnea (adult) (pediatric)

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 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: 100528213	Initiated Date: 12/17/2015	Decision Date: 12/17/2015
Decision Type : Initial	Case Status: Denied	

Patient

Referring Physician

Requested Facility

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

First Name: TEST
Last Name: DOCTOR
Address: 730 COOL SPRINGS BLVD, FRANKLIN, TN, 370677289
Phone : 999999999
Fax : 999999999
Specialty:
Tax ID:
NPI:

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

Diagnosis Codes

CPT Code	Units	Description	CPT S...	Denial Rationale Description
95811	1	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	Denied	Based on MedSolutions Imaging Guidelines, we are unable to approve the requested

1 - 1 of 1 items

ICD Code	ICD Version	Description
G47.33	10	Obstructive sleep apnea (adult) (pediatric)

1 - 1 of 1 items

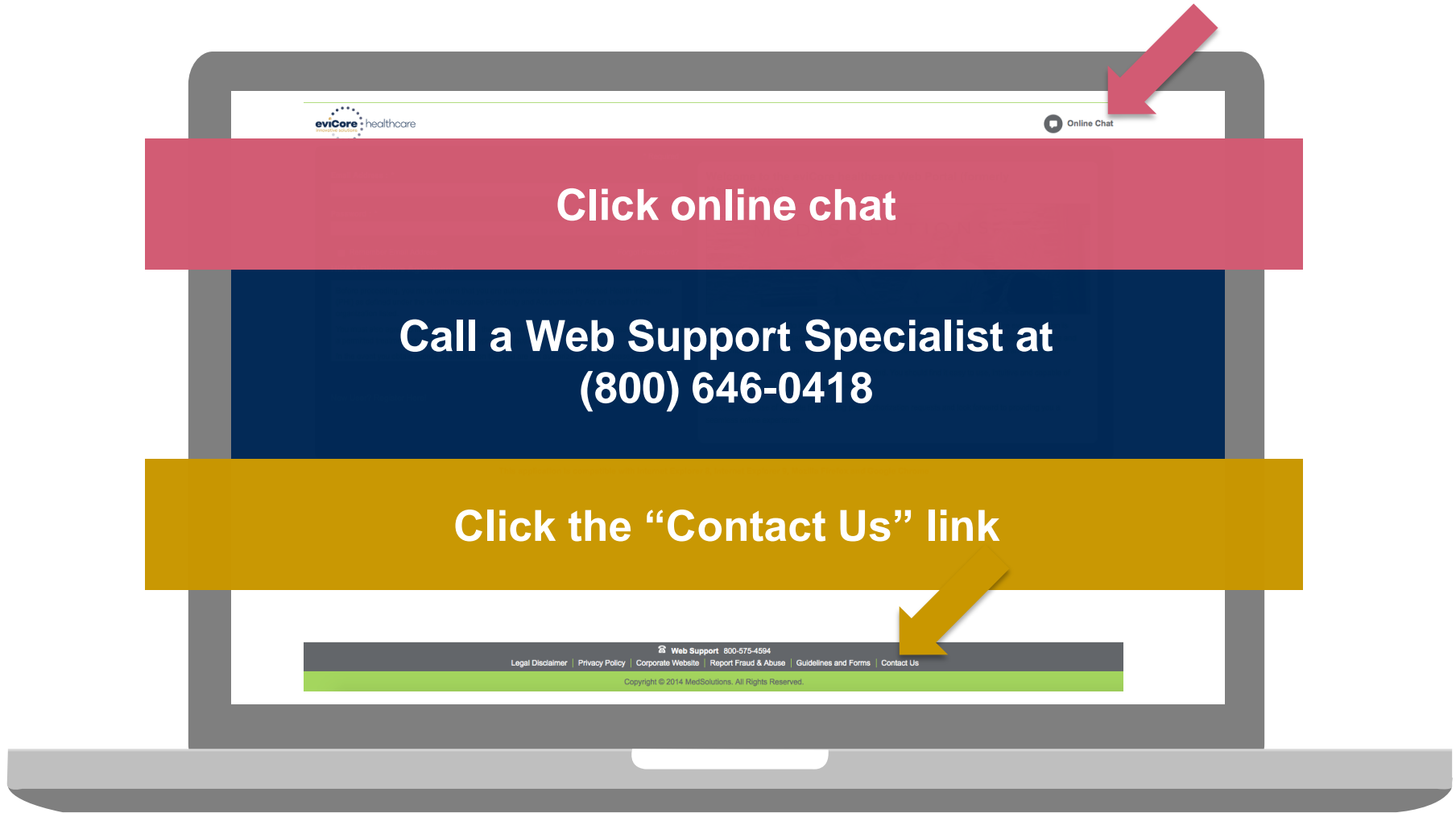
Additional Documentation

Clinical Notes

File Name

Note Text

Web Portal Services-Assistance



Web Portal Services-Available 24/7

Thank You!

