

Advanced Imaging, Cardiac Imaging & Pain Management

Provider Orientation Session for Aetna Better Health of Kentucky



Empowering
the Improvement
of Care

Agenda

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

Program Overview

Aetna Better Health of Kentucky Prior Authorization Services

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

Applicable Membership:

- All Aetna Better Health of Kentucky members require an authorization from eviCore.

Prior authorization applies to the following services:

- Outpatient
- Elective / Non-emergent

Prior authorization does NOT apply to services performed in:

- Emergency Rooms
- Observation Services
- Inpatient Stays

Radiology Solution

Covered Services:

Advanced imaging services

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



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

<https://www.evicore.com/resources/healthplan/aetna-better-health/kentucky>

Cardiology Solution

Covered Services:

Advanced imaging and diagnostic services

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



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

<https://www.evicore.com/resources/healthplan/aetna-better-health/kentucky>

Musculoskeletal Solution

Covered Services:

Interventional Pain

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

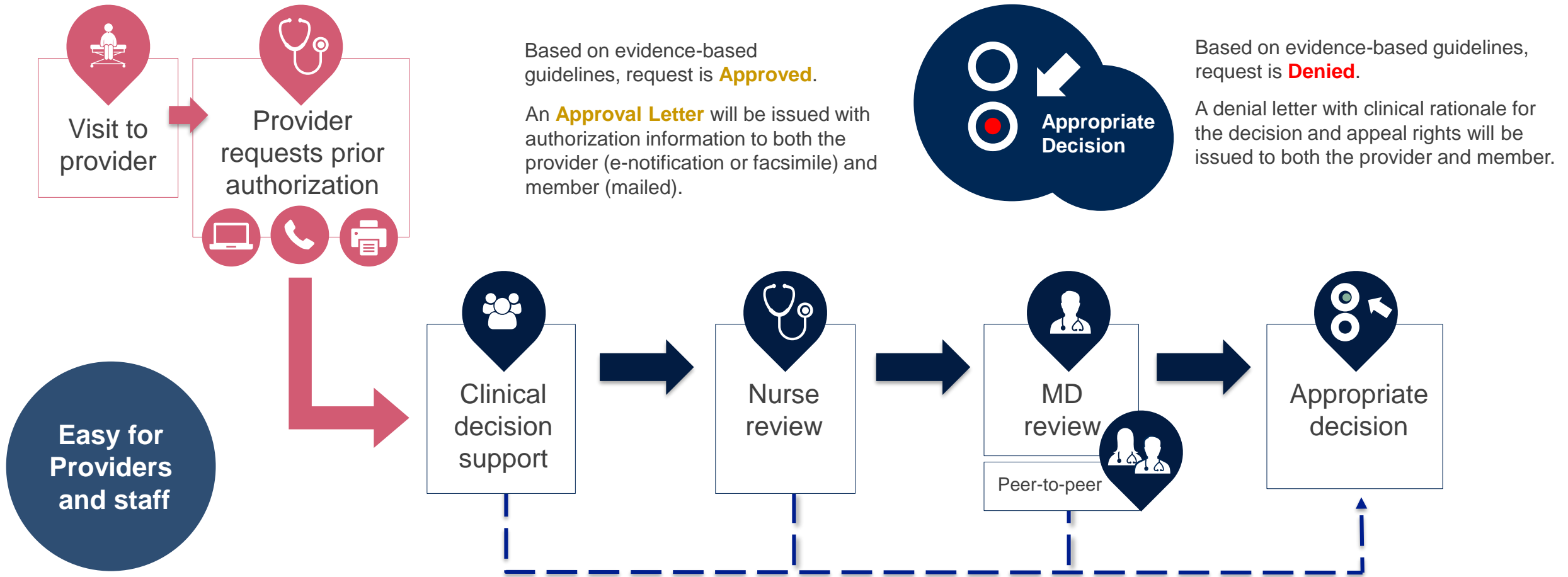


To find a **complete list** of Interventional Pain Management Current Procedural Terminology (CPT) codes that **require prior authorization through eviCore**, please visit:

<https://www.evicore.com/resources/healthplan/aetna-better-health/kentucky>

Submitting Requests

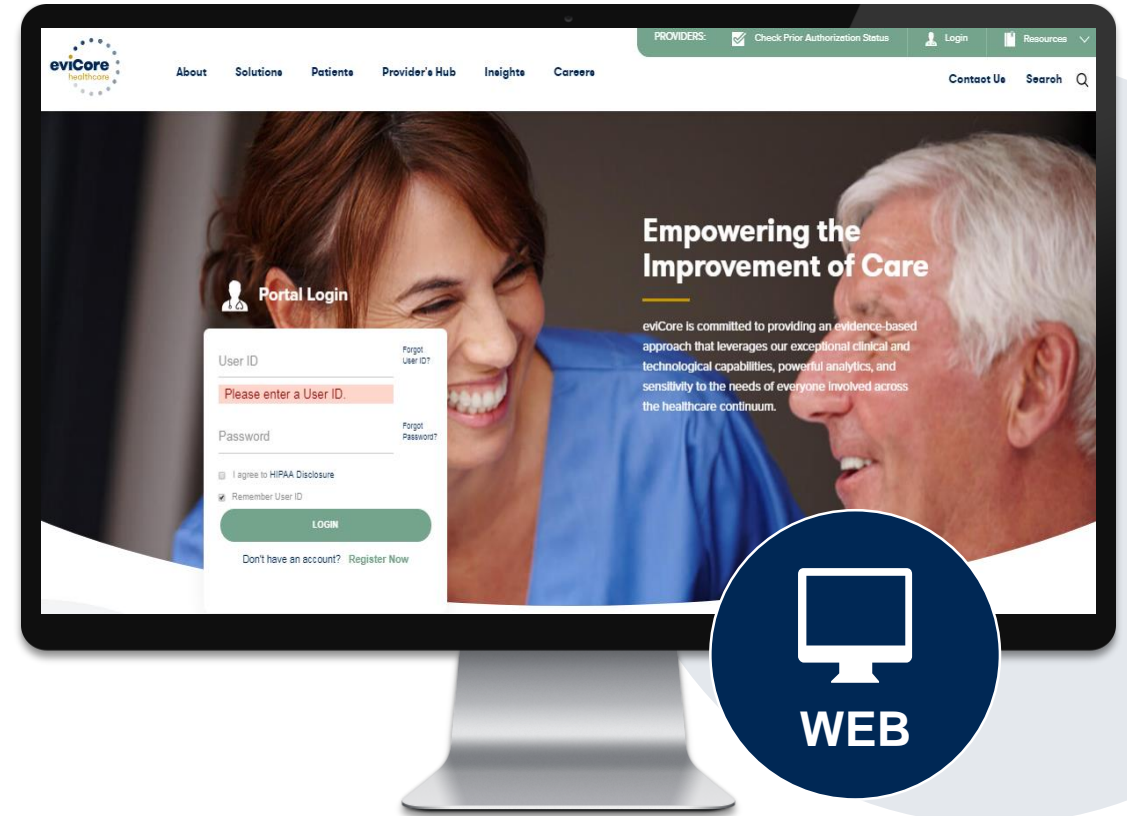
Utilization Management – the Prior Authorization Process



Methods to Submit Prior Authorization Requests

eviCore Provider Portal (preferred)

- **Saves time:** Quicker process than phone authorization requests
- **Available 24/7:** You can access the portal any time and any day
- **Save your progress:** If you need to step away, you can save your progress and resume later
- **Upload additional clinical information:** No need to fax in supporting clinical documentation, it can be uploaded on the portal to support a new request or when additional information is requested
- **View and print determination information:** Check case status in real-time
- **Dashboard:** View all recently submitted cases
- **E-notification:** Opt-in to receive email notifications when there is a change to case status
- **Duplication feature:** If you are submitting more than one prior authorization request, you can duplicate information to expedite submittals



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

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

Necessary Information for Prior Authorization

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

1. Member

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



2. Referring (Ordering) Physician

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



3. Rendering Facility

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



4. Supporting Clinical

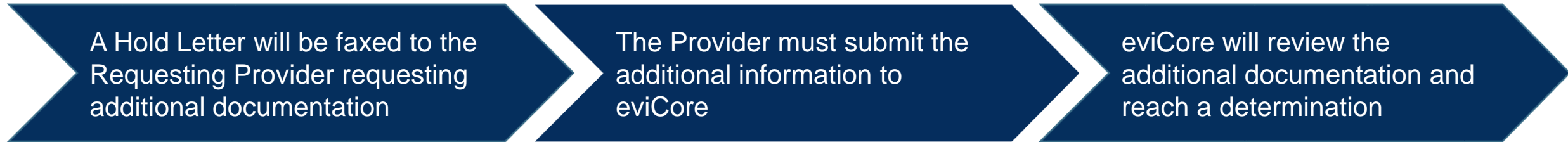
- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous test results



Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

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



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



Prior Authorization Outcomes, Special Considerations, and Post Decision Options

Prior Authorization Outcomes

Determination Outcomes:

- **Approved Requests:** Authorizations are valid for 60 days from the date of the determination
- **Denied Requests:** Based on evidence-based guidelines, if a request is determined as inappropriate, a notification with the rationale for the decision and post decision/appeal rights will be issued
- **Partially Approved Requests:** In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved as well as post decision options for denied codes.

Notifications:

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



Special Circumstances

Retrospective (Retro) Authorization Requests

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

Urgent Prior Authorization Requests

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



Special Circumstances cont.

Alternative Recommendation

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

Authorization Update

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



Post-Decision Options: Medicaid Members

My case has been denied. What's next?

Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied. You may also call eviCore at **888-693-3211** to speak to an agent who can provide available option(s) and instruction on how to proceed. Alternatively, select 'All Post Decisions' on www.eviCore.com , under the authorization lookup function, to see available options.

Reconsiderations

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

Appeals

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

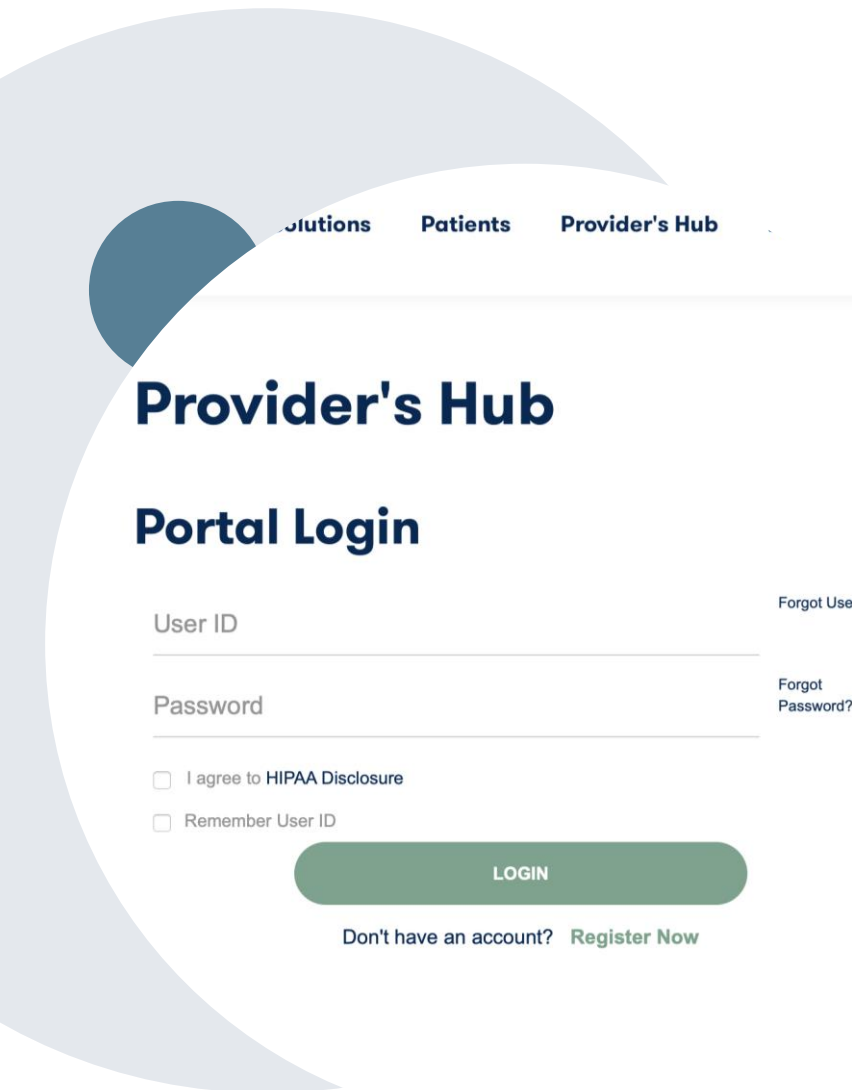
Provider Portal Overview

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

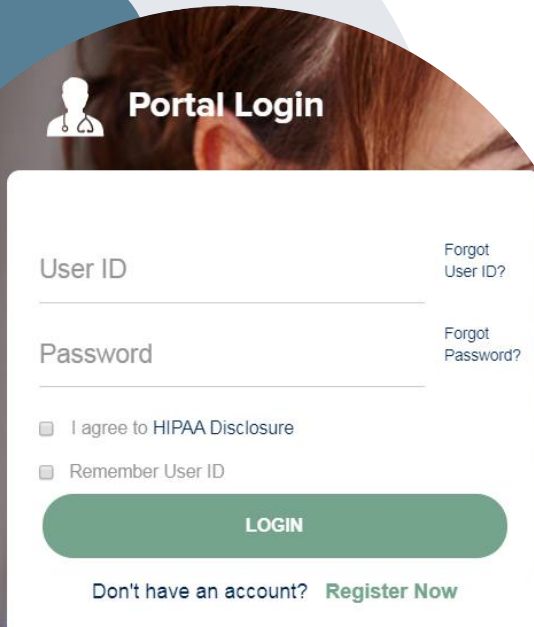
Visit www.evicore.com

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](#)


Creating An Account



* 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 use 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*:	<input type="text"/>	Address*:	<input type="text"/>	Phone*:	<input type="text"/>
Email*:	<input type="text"/>		<input type="text"/>	Ext:	<input type="text"/>
Confirm Email*:	<input type="text"/>	City*:	<input type="text"/>	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	State*:	<input type="text" value="Select"/> <input type="text" value="v"/>	Zip*:	<input type="text"/>
Last Name*:	<input type="text"/>	Office Name:	<input type="text"/>		

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:	<input type="text"/>	Physician Last Name*:	<input type="text"/>
Tax ID*:	<input type="text"/>	NPI:	<input type="text"/>

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 **MedSolutions** as the **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 use 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.

[Back](#) [Submit Registration](#)

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 Fa
Bill: OFF **Bill:** OFF

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.

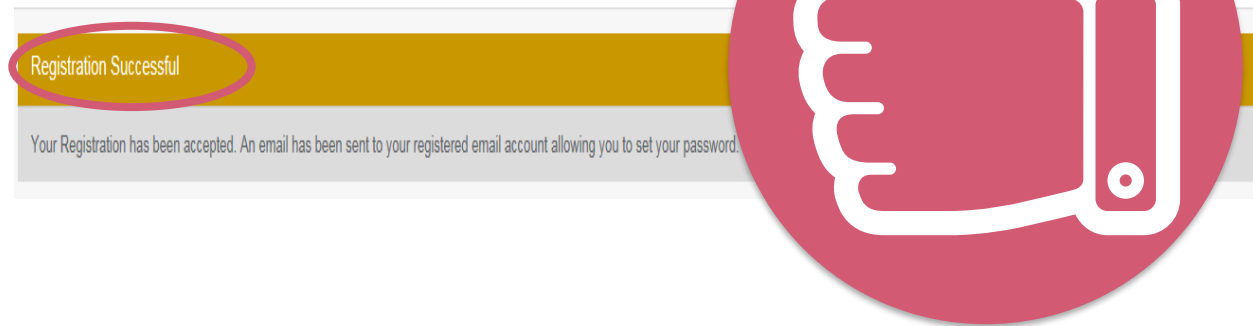
1. Limited License. Upon acceptance, eviCore grants Provider/Customer a revocable, nonexclusive, and nontransferable limited license to access electronically eviCore's web-based applications only so long as Provider/Customer is currently bound by a Provider/Customer Agreement (as used herein a "Provider/Customer 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 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., ! ? *)



Password Maintenance

Please set up a new password for your account.
Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters.

* Required

New Password*

Please enter New Password

Confirm New Password*

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

The screenshot shows the eviCore healthcare website interface. At the top left is the eviCore healthcare logo. The top right corner contains links for MCNET, Online Chat, a settings gear icon, a lock icon, and Logout. Below this is a dark blue navigation bar with several menu items: Announcements (highlighted in yellow), Home, Search/Start Case, Claim Search, User Administration, Content Admin, Case Summary, Payment Status, Reports, System Admin, and CareCore National Portal (circled in red). Below the navigation bar is a yellow header for the Announcements section, which includes icons for print, download, and help. The main content area displays 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 announcement header: "New Announcements- Posted on: 01 Jan 2015".

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:

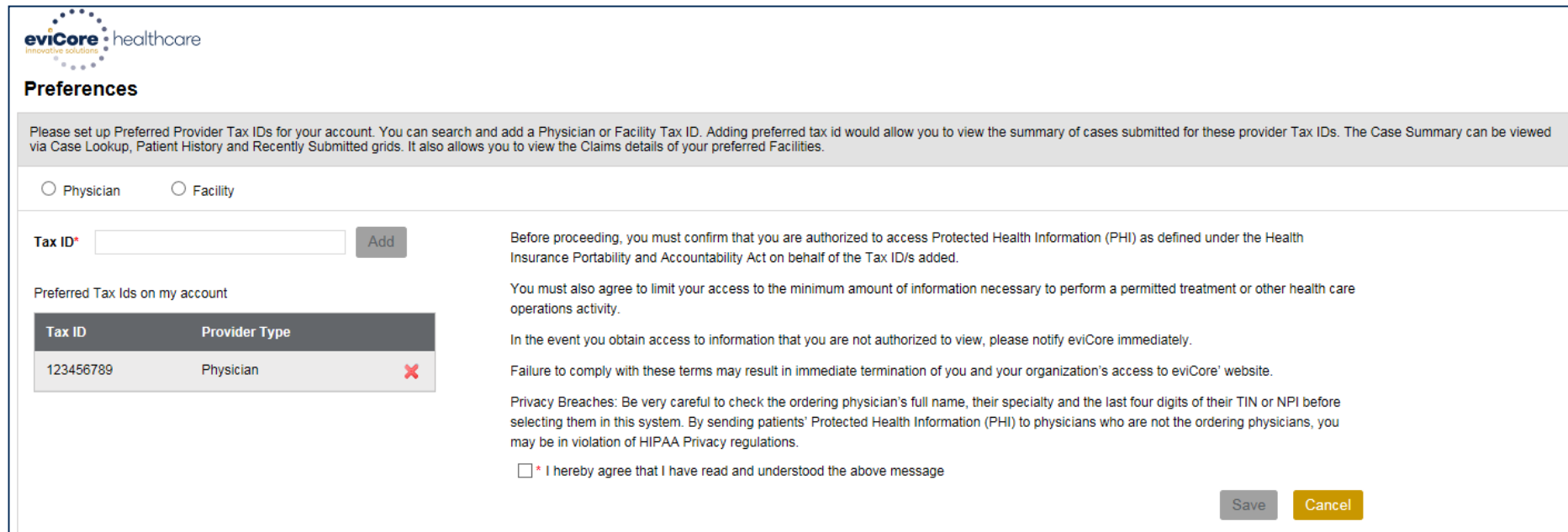
- Change password
- Update user account information (address, phone number, etc.)
- Set up preferred Tax ID numbers of Physicians or Facilities



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.



The screenshot shows the 'Preferences' section of the eviCore healthcare account settings. It includes a header with the eviCore logo and the word 'healthcare'. Below the header is a sub-header 'Preferences' and a greyed-out instruction box. The main content area has two radio buttons for 'Physician' and 'Facility'. There is a 'Tax ID*' input field with an 'Add' button. Below this is a table titled 'Preferred Tax Ids on my account' with columns for 'Tax ID' and 'Provider Type'. The table contains one entry: '123456789' for 'Physician', with a red 'X' icon in the right margin. To the right of the table is a large text area with a disclaimer and a checkbox for agreement. At the bottom right are 'Save' and 'Cancel' buttons.

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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*

Tax ID	Provider Type
123456789	Physician

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

Portal Case Submission

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

The screenshot displays two worklist panels. The top panel, titled 'My Pending Worklist - 1', shows a single case with the following details:

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

The bottom panel, titled 'Recently Submitted Cases - 0', is currently empty. It includes date filters for 'Start Date' (07/19/2016) and 'End Date' (07/20/2016), and a checked checkbox for 'Only My Portal Cases'.

Search/Start Case – Member Lookup

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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 *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	M	101 MAIN ST	MSI DEMO PROGRAM - PA		12/31/2999

PLEASE MAKE SURE YOU ARE SELECTING THE CORRECT PATIENT. [CLICK HERE TO CREATE A NEW REQUEST](#)

Patient Detail Information

Member ID: XYZ00002 Gender: M Program: MSI DEMO PROGRAM - PA
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](#)

Patient History - 49 Records found

Case ID	Auth Number	Submit Date	Case Status	Case Description
101840634		7/7/2016	Pending	
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

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**.

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 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 a web portal interface for case creation, divided into two main sections: Patient & Case Lookup and Case Detail.

Patient & Case Lookup:

- Patient Lookup:** Includes a dropdown for Insurer (MEDSOLUTIONS DEM), a text input for Member ID (xyz00002), and fields for First Name, Last Name, and Date of Birth. A search button is present.
- Case/Auth Lookup:** Includes radio buttons for Case ID (selected) and Auth Number, and a search button.

Case Detail:

- Member 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 Section:** Contains two sub-sections:
 - CPT Codes:** A search bar and a table with columns Code, Description, and Modifier. One entry is shown: Code 73721, Description MRI Lower Extremity, any joint, without contrast material(s), and Modifier LT.
 - Diagnosis:** Radio buttons for ICD 9 (selected) and ICD 10, a search bar, and a table with columns Code and Description. One entry is shown: Code M25.562, Description Pain in left knee.
- Date of Service:** A text input field with a calendar icon and a note: "Please do not Enter a Date of Service if the test is being performed today or in the future."
- Save & Next:** A button at the bottom right.

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 DEMO

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 : 73721 ICD Codes : M25.562

Physician

Use Referring Physician as Requested Facility

Physician Search

First Name: Test Tax ID: State: TN

Last Name: Doctor 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 - 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 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.”**

PATIENT & CASE LOOKUP

Patient Lookup

Insurer:* MEDSOLUTIONS DEM

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 : 73721 ICD Codes : M25.562

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
BEACON MRI WEST	730 COOL SPRINGS BLVD, FRANKLIN, TN, 37067	0.86	MRI, PET	*****9014		
			3D CONFORMAL, ARTHROGRAM, BRACHYTHERAPY, COMP JOINT, COMP MSK, COMP SPINE, CT,			

Search Facility **Look-up IOP** **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.

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/ICD
CPT Codes : 73721 ICD Codes : M25.562

Physician
Physician Name: DOCTOR , TEST , Tax ID : *****6789 , NPI : 7417417410

Facility
Facility Name: BEACON MRI WEST , Tax ID : *****9014 , 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) 468-4408. 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.

Providing Clinical Information

Member	Member ID	Date of Birth	Health Plan	Referring Physician	Specialty	Tax ID	NPI
BOBBY HILL	JY2UNH02	04/01/1978	MSI DEMO PROGRAM - PA	DOCTOR TEST	DERMATOLOGY,ACUPUNCTURE	*****	

Select a Reason for the Requested Procedure

73721 MRI Lower Extremity, any joint; without contrast material(s)

Which one of the following best describes the reason for the requested procedure?

Left Ankle
 Right Foot
 Hip
 Knee

- select one -

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.

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

Select a Reason for the Requested Procedures

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

Left Ankle
 Right Foot
 Hip
 Knee

Evaluation of Knee Pain



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.

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

Requests (Purpose): 73721 (Evaluation of Knee Pain)

General Information

73721 - Left::Knee::Evaluation of Knee Pain

Date of the most recent contact with a provider to evaluate the LEFT knee
If known, enter the date and select the type of contact.

There has been provider-directed conservative treatment for this episode of LEFT knee pain
If known, enter the date the treatment first started and select the appropriate type.

There has NOT been provider-directed conservative treatment for this episode of LEFT knee pain

There has been an X-Ray of the LEFT knee since symptoms started
If known, enter the date of the most recent X-Ray and select the appropriate result.

There has NOT been an X-Ray of the LEFT knee since symptoms started

There has been previous advanced imaging to evaluate LEFT knee pain
NOTE: Advanced imaging may include CT, MRI, or MR Arthrogram. If known, enter the date and select the type of advanced imaging performed.

There has NOT been previous advanced imaging to evaluate LEFT knee pain
NOTE: Advanced imaging may include CT, MRI, or MR Arthrogram.

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,
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

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

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

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

The screenshot shows a web application window titled "Upload Additional Clinical Documentation". It features a yellow header bar with a question mark icon. Below the header, a red warning message reads: "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." The interface includes a "File Name" input field, a "Browse" button, and a "No attachments saved" status. A "Clinical Notes" section contains a "Note Text" input field with the text "test" and a note that the "Maximum Character limit on each note is 50". At the bottom, there are "Apply" and "Cancel" buttons. A blue "Message from webpage" dialog box is overlaid on the "Apply" button, displaying a yellow warning icon and the text: "Your Clinical documentation has been sent to eviCore for further review." with an "OK" button.

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: 103003073 Initiated Date: 11/21/2016 Case Activity: RN Review Process Case Status: Pending

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: ALLERGY,OPTICIAN
Tax ID: *****6789
NPI: 7417417410

Requested Facility

Name: BEACON MRI WEST
Address: 730 COOL SPRINGS BLVD, FRANKLIN, TN, 37067
Phone: 6154684000
Fax: 6154684001
Equipment: MRI, PET
Tax ID: *****9014
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

Test Case. 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: 40514511	Authorization Number: A31265711	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

Referring Physician

Requested Facility

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 : 999999999
 Fax : 999999999
 Speciality:
 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 Code	Units	Description	CPT Status	Cpt Modifier
CPT C...	U...	Description	CPT St...	Cpt Modif...
73721	1	MRI Lower Extremity, any joint; without contrast material(s)	Pending	LT

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

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.

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: XY200002
Insurer: MEDSOLUTIONS DEMO
Program: MSI DEMO PROGRAM - PA REQ

First Name: TEST
Last Name: DOCTOR
Address: 730 COOL SPRINGS BLVD, FRANKLIN, TN, 370677289
Phone : 00000000
Fax : 00000000
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 C...	U...	Description	CPT St...	Cpt Modif...
73721	1	MRI Lower Extremity, any joint; without contrast material(s)	Pending	LT

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

Additional Documentation

Clinical Notes

File Name

Note Text

Provider Resources

Dedicated eviCore Teams

Call Center

- Phone: (888) 693-3211
- Representatives available 8 a.m. to 9 p.m. (local time)

Web Support

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

Client & Provider Operations Team

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



Provider Resource Website

Provider Resource Pages

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

- Quick Reference Guides
- Provider Training
- CPT code list

To access these helpful resources, please visit

<https://www.evicore.com/resources/healthplan/aetna-better-health/kentucky>

Aetna Better Health of Kentucky Provider Services: 855.300.5528



Provider Newsletter

Stay Updated With Our Free Provider Newsletter

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

- Go to [eviCore.com](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

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

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

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

How to register for a Provider Resource Review Forum?

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



Thank You!

