

Radiology/Cardiology Advanced Imaging

Provider Presentation for Highmark Blue Cross Blue Shield of Western New York



Empowering
the Improvement
of Care

Program Overview

Applicable Memberships

Prior Authorization is required for Highmark Blue Cross Blue Shield of Western New York members, who are enrolled in the following lines of business/programs and have moved onto the Highmark system:

Commercial

- Radiology and Cardiology (Advanced Imaging)



Members with ID cards that are white front and back and have the Highmark logo, will require prior authorization through the Highmark system.

Highmark Prior Authorization Services

Highmark BCBSWNY will require prior authorization through NaviNet for delegated membership effective 12/1/2021 and forward for those moved onto Highmark's system.

Prior authorization from eviCore applies to the following services:

- Outpatient
- Diagnostic
- Elective / Non-emergent

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

- Emergency Rooms
- Observation Services
- Inpatient Stays

Member eligibility and benefits can be verified through HEALTHeNET.

Access to NaviNet will be necessary. Register through the below link.

<https://navinet.secure.force.com/>

Advanced Imaging & Cardiology Services

Advanced Imaging:

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

Cardiology Services:

- Stress Testing
 - Myocardial Perfusion Imaging (SPECT & PET)
 - Stress Echocardiology
- Cardiac CT & MRI
- Echocardiography; Transthoracic, Transesophageal*
- Diagnostic Heart Catheterization*

**Additional Advanced Imaging & Cardiology Service modalities in eviCore's program scope*



To find a complete list of Current Procedural Terminology (CPT) codes that require prior authorization through eviCore, please visit:
<https://www.evicore.com/resources/healthplan/highmark>

Submitting Requests

Methods to Submit Prior Authorization Requests

Provider Portal (preferred)

To submit a request for Prior Authorization from eviCore healthcare you will need to log in to your NaviNet account.

- ❖ If Highmark has delegated eviCore to manage the Prior Authorization process for the member and requested services, you will be forwarded to the eviCore healthcare provider portal to complete your authorization request submission.

While phone and fax options are available, the provider portal is the quickest, most efficient way to request a prior authorization and check authorization status.

Phone Number:

888-564-5492

Monday – Friday, 7AM – 7PM

Fax Number:

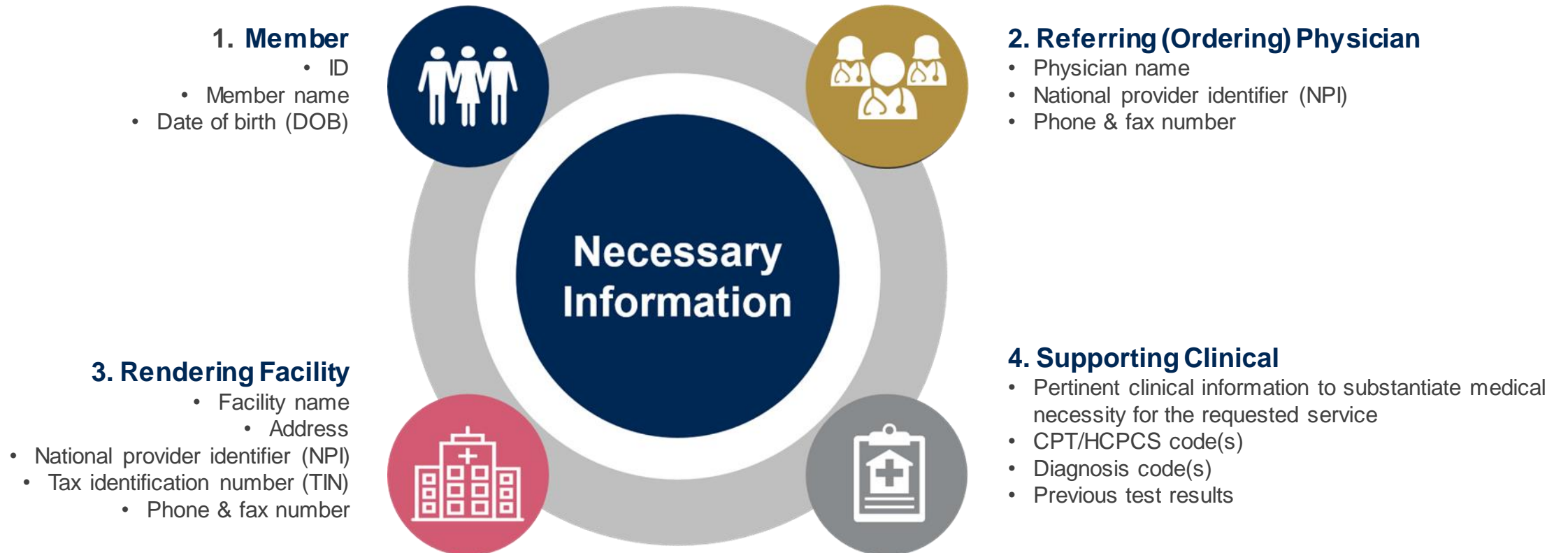
800-540-2406

(go to www.eviCore.com to access clinical worksheets for fax submissions)



Keys to Successful Prior Authorizations

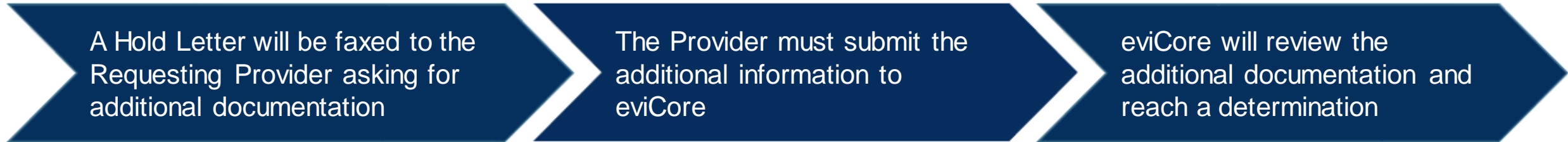
To obtain prior authorization the provider submitting the request will need to provide the below information:



Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

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



Requested information must be received within the timeframe as specified in the Hold Letter.

Prior Authorization Outcomes & Special Considerations

Prior Authorization Approval

Approved Requests

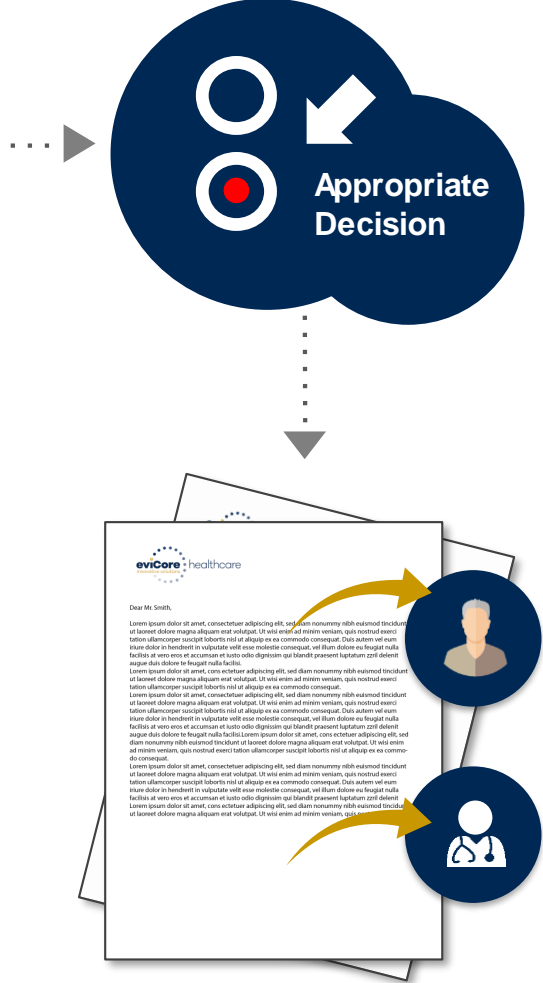
Authorizations are valid for 60 calendar days from the date of the final determination *(during the COVID pandemic period, authorizations will be valid for 180 days)*

- Authorization letters will be faxed to the ordering physician & rendering facility
- When initiating a case on the web you can receive e-notifications when a determination is made if you provide an email address
- Members will receive a letter by mail
- Approval information can be printed on demand from the eviCore portal:
www.eviCore.com



When a Request is Determined as Inappropriate

Based on evidence-based guidelines, request is determined as inappropriate



A denial letter with the rationale for the decision and the appeal rights will be issued to both the provider and member

Special Circumstances

Retrospective (Retro) Authorization Requests

- Must be submitted
 - Within 730 calendar days from the date of service for Commercial cases
 - 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 after receipt of all necessary clinical information
 - 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
- Reviewed for clinical urgency and medical necessity
- Can be initiated on NaviNet or by phone
- Urgent request will be reviewed within:
 - 24 hours not to exceed 72 hours of the request (*after receipt of all necessary clinical information*) for Commercial cases



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
- Providers have up to 14 calendar days to contact eviCore to accept the alternative recommendation; hardcoded for all clients

Authorization Update

- If updates are needed on an existing authorization, you can contact eviCore by phone at 888-564-5492
- 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



Reconsideration Options

Post-Decision Options: Commercial Members

My case has been denied. What's next?

Your determination letter is the best and fastest source for accessing information to assess what options exist on a case that has been denied. You can also call us at 888-564-5492 to speak to an agent who can provide available option(s) and instruction on how to proceed.

Reconsiderations

- Providers and/or staff can request a reconsideration review
- Reconsiderations requested within 180 calendar days after the determination date will be accepted without formal appeal. Untimely reconsideration requests will be treated as first level appeals
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an eviCore physician

Appeals

- eviCore will process first-level appeals
- Appeal requests must be submitted to eviCore within 180 calendar days from the initial determination
- Appeal requests can be submitted in writing or verbally via a Clinical Consultation with an eviCore physician
- All clinical information and the prior authorization request will be reviewed by a physician other than the physician who made the initial determination
- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider

Provider Portal Overview

NaviNet – Enabled Providers

Workflows for this Plan

- Eligibility and Benefits Inquiry
- Auth Inquiry and Reports
- Authorization Submission**
- Case Management Referral Inquiry
- Claim Status Inquiry
- Claim Investigation Inquiry
- Claim Submission
- Estimate Submission
- Diagnosis Code Inquiry
- Procedure Code Inquiry
- Network Provider Inquiry
- Network Facility Inquiry
- Provider Information
- AR Management
- BlueExchange® (Out-of-Area)
- Resource Center
- Claims Dashboard
- COB Questionnaire
- Provider Facing Analytics

Select Auth Submission Function

	AUDIENCE	DATE POSTED
COVID-19 IN-NETWORK INPATIENT COST SHARE	ALL	4/30/2021
LABILE	ALL	4/30/2021
HOME HEALTH TIMEOUT NOTIFICATION	ALL	4/21/2021
EXTENDED THROUGH DECEMBER 2021: MEDICARE SEQUESTRATION TEMPORARY PAYMENT INCREASE	ALL	4/15/2021
NAVINET SYTSTEM UNAVAILABLE APRIL 16-17, 2021	ALL	4/14/2021
HIGHMARK'S APRIL CODING KNOWLEDGE COLLEGE WEBINAR	PROFESSIONAL	4/7/2021
PROVIDER PATHWAYS PROGRAM METRICS ENHANCEMENTS EFFECTIVE JUNE 1, 2021	PROFESSIONAL	3/31/2021

In the SPOTLIGHT...

[EXTENDED THROUGH DECEMBER 2021: COVID-19 IN-NETWORK INPATIENT COST SHARE WAIVERS](#)

[EXTENDED THROUGH DECEMBER 2021: MEDICARE SEQUESTRATION TEMPORARY PAYMENT INCREASE](#)

When news items are removed from this page, they will remain on the Plan Central Library page on the Provider Resource Center.

Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association. Highmark Blue Cross Blue Shield serves the 29 counties of western Pennsylvania. Blue Cross, Blue Shield and the cross and shield symbols are registered service marks of the Blue Cross and Blue Shield Association. Highmark is a registered mark of Highmark Inc. NaviNet is a registered trademark of NaviNet, Inc. NaviNet, Inc. is an independent company that provides a secure, web-based portal between providers and health care insurance plans.

NaviNet – Enabled Providers

The screenshot shows the NantHealth NaviNet interface. At the top, the logo for NantHealth NaviNet is displayed. Below the logo, the breadcrumb navigation reads: Highmark Blue Cross Blue Shield | Auth Submission | Billing Provider Selection Form. The main content area contains the instruction: "Please select a Referred from Billing Provider:". Below this instruction is a dropdown menu labeled "Referred From Billing Provider:". A red callout bubble points to the dropdown menu with the text: "Select appropriate referred from provider name from dropdown." At the bottom of the form, there are two buttons: "Submit" and "Save". A second red callout bubble points to the "Submit" button with the text: "Then click Submit".

NaviNet – Enabled Providers



Selection Form

Step 1. Please select a Referred from Service Provider and enter the Proposed Date of Service (both are required):

Service Provider: 1
Proposed Date of Service: 2

Step 2. For faster results, enter Member ID with Date of Birth and/or Member First Name:

Member ID: 3 Member Date of Birth:
Member First Name: Member Last Name:

Step 3. Please select a Category and then a Service from the selections below:

Category: 4 Service:

Category and Services Added:

Category	Service
----------	---------

5

NaviNet – Enabled Providers

NantHealth | NaviNet

Highmark Blue Cross Blue Shield | Auth Submission | Selection Form | Request Form

Patient Last Name: _____ Patient First Name: _____
Gender: • • • Date of Birth: • • • • •
Group #: _____
Member ID #: _____

Service Details:
Requested Service: Advanced and Cardiac Imaging - Request
Proposed Date of Service: 05/04/2021

Referred To Provider:
While an authorization request may be approved for medical necessity, such approval does not mean that the service will be processed as an In-Network benefit.
Please enter a provider ID, search for a provider, or select a preferred provider from the dropdown.

1 **Select a Referred to Provider OR Facility**

Billing Provider: _____ Preferred Providers
Description: _____
Service Provider: _____
Description: _____
Optional Search
Add Preferred Provider:

Referred To Facility:
While an authorization request may be approved for medical necessity, such approval does not mean that the service will be processed as an In-Network benefit.
Please enter a facility ID, search for a facility, or select a preferred facility from the dropdown.

Facility: _____ Optional Search
Description: _____
Add Preferred Facility:

Diagnosis Codes:
You may enter or search for up to 3 diagnosis codes. To add an additional diagnosis code, click the "Add Diagnosis Code" button.

2 Search Type: ICD-10
Diagnosis Code: _____ Optional Search Description: _____
Add Diagnosis Code

[View Details](#)

Referred From Provider Information:
Billing Provider Name: _____
Address: _____ 3
Service Provider: _____
Contact Name: _____ 4 Contact Phone: _____ 5

Comments:
History/Symptoms: _____
Diagnostic Testing: _____
Treatment Plan: _____
Discharge Plan: _____

An authorization means that the requested service has been determined to be medically necessary and/or appropriate. It does not mean that the requested service is covered under the member's benefit plan. Payment is contingent upon benefit coverage for the services rendered and eligibility of the patient.

6 [Submit](#) [Save](#) [View Referral/Auth](#) [Go to top](#)

SSO - HMK NaviNet to eviCore slides

Single-Sign On for Highmark Providers / NaviNet

The screenshot displays the NaviNet web application interface. At the top, there is a navigation bar with the NantHealth logo, 'NaviNet', and links for 'Home', 'Help', 'Contact Support', and 'Feedback'. A 'Welcome,' dropdown menu is visible on the right. Below this is a blue header with 'Workflows' and 'Active Items'. The main content area features the 'eviCore healthcare' logo and a navigation bar with 'Home', 'Authorization Lookup', 'Eligibility Lookup', and 'Help / Contact Us'. The date and time 'Friday, October 26, 2018 9:30 AM' are shown. A 'Log Off (SSO)' button is in the top right. A modal dialog box is open in the center, titled 'Message from webpage', with a warning icon. The message reads: 'Please review the fax and phone numbers presented for accuracy. Change as necessary and click CONTINUE to confirm they are correct. Changes apply only to this specific case. If you wish the change to be permanent, please contact the Health Plan.' Below the message are input fields for 'Fax', 'Phone', 'Ext.', 'Cell Phone', and 'Email', each with a '(?)' icon. At the bottom of the dialog are 'Cancel', 'Print', and 'Continue' buttons. In the background, a progress bar shows '20% Complete' and a 'Provider and NPI' section with '(HMKM410)' is visible. A link for 'Click here for help or technical support' is at the bottom.

Member & Request Information

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

BACK **CONTINUE**

[Click here for help](#)

Verify the accuracy of the contact information – this information populates based on the health plan provider data for the NPI number of the ordering practitioner

Requested Service + Diagnosis

This procedure has not been performed. **CHANGE**

Radiology Procedures

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

73721 ▼ MRI LOWER EXTREMITY JOINT W/O ▼

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

Diagnosis

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

LOOKUP

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

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

Secondary diagnosis is optional for Radiology

LOOKUP

Enter the CPT and ICD10 codes – you will be able to enter multiple CPT codes

Verify Service Selection

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: TBD
CPT Code: 73721
Description: MRI LOWER EXTREMITY JOINT W/O
Primary Diagnosis Code: R68.89
Primary Diagnosis: Other general symptoms and signs
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

- Verify requested service & diagnosis
- Edit any information if needed by selecting Change Procedure or Primary Diagnosis
- Click **continue** to confirm your selection

Site Selection

Start by searching NPI or TIN for the site where the procedure will be performed. You can search by any fields listed. Searching with NPI, TIN, and zip code is the most efficient.

Add Site of Service

Specific Site Search

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

NPI:	<input type="text"/>	Zip Code:	<input type="text"/>	Site Name:	<input type="text"/>
TIN:	<input type="text"/>	City:	<input type="text"/>	<input checked="" type="radio"/> Exact match	
				<input type="radio"/> Starts with	

[LOOKUP SITE](#)

- Select the **specific site** where the testing/treatment will be performed.

Clinical Certification

Proceed to Clinical Information

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

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

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

BACK

CONTINUE

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

Standard or Urgent Request?

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

Proceed to Clinical Information

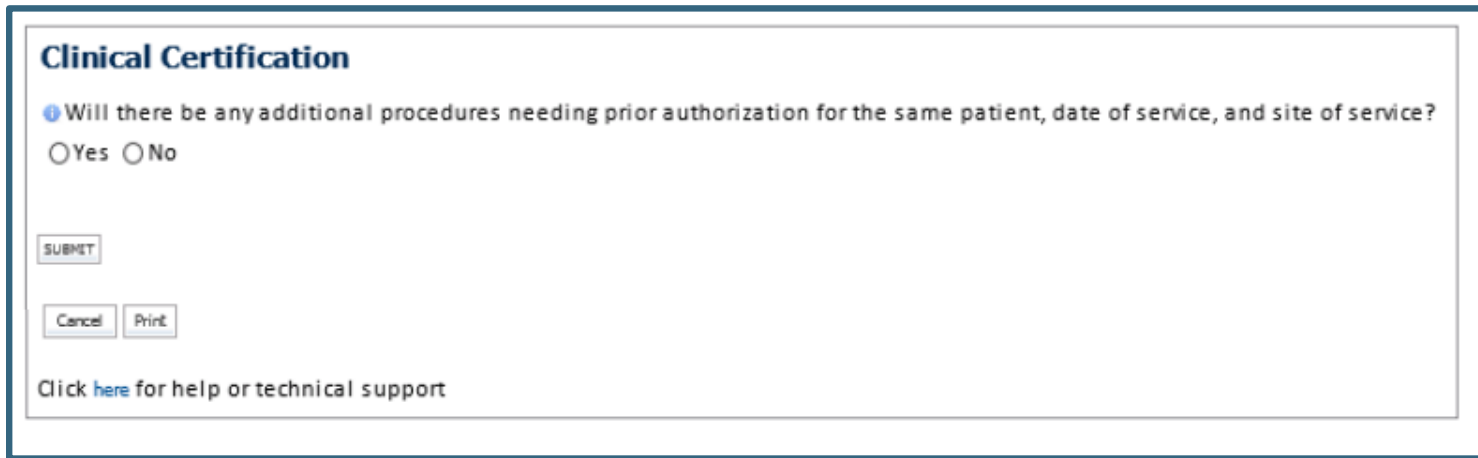
Is this case Routine/Standard?

YES

NO

Requesting Multiple CPT Codes

After you determine if the case is urgent or standard, you will be asked about additional procedures. Select **YES** if you want to add multiple CPT codes.



Clinical Certification

Will there be any additional procedures needing prior authorization for the same patient, date of service, and site of service?

Yes No

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



Clinical Certification

Please enter the additional procedure code

70552

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

- Select **YES** to add Additional CPT codes.
- Enter one CPT at a time and select **SUBMIT** after each one.

Requesting Multiple CPT Codes

Clinical Certification

PROCEDURE CODE: 71447 WAS NOT ADDED TO THIS REQUEST

The medical discipline for this procedure requires a separate request.

Would you like to request an additional procedure code?

Yes No

If the CPT code does not pass validation, an onscreen message will inform you that the code is either out of scope, has been requested already, or requires the creation of a separate authorization

After successful completion, an onscreen message will display: "Each of your requested procedure codes has been added to this authorization"

Clinical Certification

Each of your requested procedure codes has been added to this authorization.

You can also find the procedure codes associated to this request via "Authorization Lookup" on the web.

Finish Later

Did you know? You can save a certification request to finish later.

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

CAREFUL
Selecting **CANCEL** will not save or submit any of the info you've just entered.

Requesting Multiple CPT Codes

● BEGINNING OF CLINICAL QUESTIONNAIRE FOR 70549 (MRA NECK W & W/O CONTRAST). Please click submit.

Proceed

SUBMIT

The clinical portion of the pathway will address each procedure requested individually.

Clinical Certification

● Is this request to evaluate suspicion of cancer, screening for cancer, active evaluation or monitoring of known cancer?

Yes No

SUBMIT

Clinical Certification

Your request has been sent for further medical review for the following procedures: 70549, 70552, 70555

Provider Name:
Provider Address:

Contact:
Phone Number:
Fax Number:

Patient Name:
Insurance Carrier:

Patient Id:

Site Name:

Site ID: F54507

Site Address:

Primary Diagnosis Code: 200.00

Description: Encounter for general adult medical examination without abnormal findings

Secondary Diagnosis Code:

Description:

Date of Service: Not provided

CPT Code: 70549

Description: MRA NECK W & W/O CONTRAST

Case Number:

Review Date:

Expiration Date:

Status: Your request has been sent for further medical review for the following procedures: 70549, 70552, 70555

Print Continue

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


Example of Summary with all CPT codes

Proceed to Clinical Information – Survey Questions

Attention!

Is this a request for a bilateral procedure of a previously requested authorization?

- **Clinical Certification** questions populate based upon the information provided – see www.eviCore.com to access the Clinical Worksheets



MRI Abdomen and Pelvis Imaging Request

For NON-URGENT requests, please fax this completed document along with medical records, imaging, tests, etc. If there are any inconsistencies with the medical office records, please elaborate in the comment section. Failure to provide all relevant information may delay the determination. Phone and fax numbers can be found on eviCore.com under the Guidelines and Fax Forms section. You may also log into the provider portal located on the site to submit an authorization request. **URGENT (same day) REQUESTS MUST BE SUBMITTED BY PHONE.**

Patient/Member	First Name: _____ Middle Initial: _____ Last Name: _____				
	DOB (mm/dd/yyyy): _____				
	Street Address: _____				
	City: _____				
	Home Phone: _____				
	Health Plan: _____				
Ordering Provider	First Name: _____				
	Primary Specialty: _____				
	Physician Phone: _____				
	Address: _____				
	City: _____				
	Office Contact: _____				
	Contact Email: _____				
Facility/Site	First Name: _____				
	Group/Site Name: _____				
	Primary Specialty: _____				
	Site Phone: _____				
	Address: _____				
	City: _____				
Procedure	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Check all applicable CPT Codes:</td> <td style="width: 40%;">MRI Abc</td> </tr> <tr> <td></td> <td>MRI</td> </tr> </table>	Check all applicable CPT Codes:	MRI Abc		MRI
Check all applicable CPT Codes:	MRI Abc				
	MRI				
Diagnosis	Diagnosis, if known or rule out: _____ ICD-10 Codes: _____ Date of last visit: _____				

Clinical Information

1. Date of most recent office visit or other contact with physician: _____ <input type="checkbox"/> Don't Know
2. Type of most recent documented contact with physician?
<input type="radio"/> Hospital <input type="radio"/> Phone call with office staff <input type="radio"/> Office visit <input type="radio"/> Phone call with physician <input type="radio"/> Email <input type="radio"/> Don't Know <input type="radio"/> Other: _____
3. Is there a reason to avoid CT contrast (allergy to contrast material or renal failure)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
4. Is a lipoma suspected? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
5. Are there unclear findings on previous ultrasound? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
6. Is there a current pregnancy? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
7. Is this for right lower quadrant pain with associated fever? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
8. Is this to evaluate for causes of hematuria? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
9. Is pain present? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
10. Are there unclear findings in previous CT-Abdomen imaging? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
11. Is this for right upper quadrant pain associated with fever? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
12. Is jaundice present? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
13. Is the AFP elevated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
14. Is the study to evaluate liver lesion? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
15. Are there unclear findings in previous CT-Pelvic imaging? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
16. Is this for pre or post surgery? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
17. Is a UAE planned? (Uterine Artery Embolization is an invasive procedure to treat fibroids) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
18. Has a UAE been completed within the last 6 months? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
19. Is abnormal uterine or vaginal bleeding present? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
20. Has there been a period of conservative treatment (Birth control pills or hormones)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know

CONFIDENTIALITY NOTICE: This fax transmission regulations such as the Health Insurance Portability (s) named above. If you are not the intended recipient disclosure, copying, distribution or use of any of the received this transmission in error, please immediately in any manner.

eviCore healthcare | www.eviCore.com | 400 Buckwater Place Blvd • Bluffton, SC • 29910 | 803.316.0924

Clinical Certification

Enhanced Process

- Clinical survey questions **may** populate based upon the information provided. *However...*
- For some cardiology and radiology cases, the experience may be different due to enhancements we are making in the system.
- We have been able to replace clinical surveys with a new faster and streamlined process.
- These enhancements will reduce submission time and improve turnaround times.



Finalizing the Case Submission

Clinical Certification

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

[Print](#) [SUBMIT CASE](#)

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

Acknowledge the Clinical Certification statements, and hit “Submit Case.”

Next Step: Criteria not met

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

i Is there any additional information specific to the member's condition you would like to provide?

- I would like to upload a document after the survey
- I would like to enter additional notes in the space provided
- I would like to upload a document and enter additional notes
- I have no additional information to provide at this time

SUBMIT

Summary of Your Request

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

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

Provider Name:	DR. ROBERTO MENDOZA-SANTANA MD/FAHA	Contact:	1-888-333-8641
Provider Address:	1000 W. 10TH ST SUITE 1000, WICHITA, KS 67202	Phone Number:	316-261-8888
		Fax Number:	316-261-8888
Patient Name:	MARTHA GARCIA	Patient Id:	1000000000
Insurance Carrier:	WELLS FARGO		
Site Name:	WELLS FARGO MEDICAL CENTER	Site ID:	1000000000
Site Address:	875 S. GARDNER BLVD WICHITA, KS 67202		
Primary Diagnosis Code:	99.02	Description:	Recurrent pregnancy loss
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	OB Ultrasound
CPT Code:	99201		
Case Number:	1000000000		
Review Date:	5/13/2020 2:36:00 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.		

Tips:

- Upload clinical notes on the portal, to avoid any delays (e.g., by faxing)
- Enter additional notes in the space provided only when necessary
- Additional information uploaded to the case will be sent for clinical review
- Print-out a summary of the request that includes the case # and indicates 'Your case has been sent to clinical review'

Criteria Met: Real-time Approval

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

Summary of Your Request

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

Your case has been Approved.

Provider Name:	DR. BHARATH MANU ANKARA VEETHI	Contact:	1000
Provider Address:	1200 6TH AVE W SAINT CLOUD, MN 56303	Phone Number:	(320) 254-1000
		Fax Number:	(320) 254-1000
Patient Name:	WILLIAM	Patient Id:	1000000
Insurance Carrier:	WILLIAM		
Site Name:	CLINICAL RESEARCH CENTER	Site ID:	1000000
Site Address:	875 UNIVERSITY AVENUE CLINICAL FL 1000		
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	MRI LOWER EXTREMITY JOINT W/O
CPT Code:	73721		
Authorization Number:	1000000		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL **PRINT** **CONTINUE**


Additional Provider Portal Features

Authorization Lookup

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

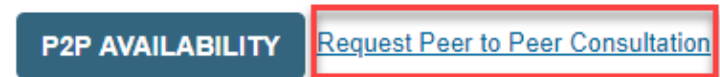
Search by Member Information Search by Authorization Number/ NPI



- You can look-up authorization status on the portal
- Search by member information OR
- Search by authorization number with ordering NPI
- View and print any correspondence


How to schedule a Peer to Peer Request

- Log into your account at www.evicore.com
- Perform Authorization Lookup to determine the status of your request.
- Click on the “P2P Availability” button to determine if your case is eligible for a Peer to Peer conversation:
- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.



Authorization Lookup

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

 **P2P AVAILABILITY**

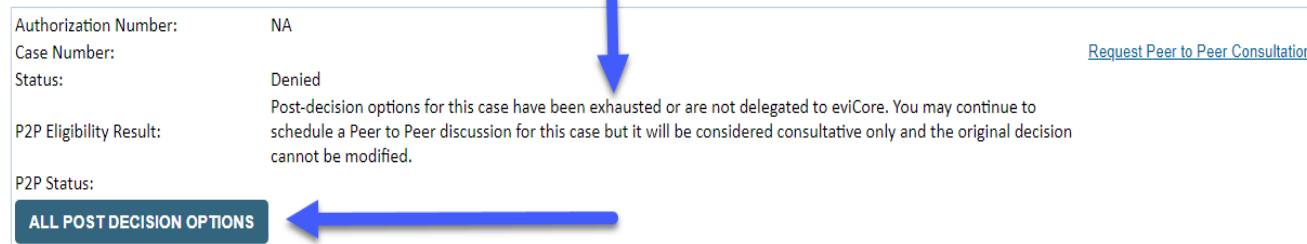
How to schedule a Peer to Peer Request

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

Authorization Lookup

Authorization Number:	NA	
Case Number:		Request Peer to Peer Consultation
Status:	Denied	
P2P Eligibility Result:	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.	
P2P Status:		

ALL POST DECISION OPTIONS



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

How to Schedule a Peer to Peer Request

New P2P Request

Case Reference Number Case information will auto-populate from prior lookup

Member Date of Birth

+ Add Another Case

Lookup Cases >

Upon first login, you will be asked to confirm your default time zone.

You will be presented with the Case Number and Member Date of Birth (DOB) for the case you just looked up.

You can add another case for the same Peer to Peer appointment request by selecting “Add Another Case”

To proceed, select “Lookup Cases”

You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click Continue to proceed.

New P2P Request

Case Ref #: Remove P2P Eligible

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

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

Continue

How to Schedule a Peer to Peer Request

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type MSK Spine Surgery

Level of Review Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone

US/Eastern

[Continue >](#)

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

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

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week 5/18/2020 - 5/24/2020 (Upcoming week) Next Week →

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT 6:30 pm EDT 6:45 pm EDT	-	-	-	-	-	-

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT 3:45 pm EDT 4:00 pm EDT 4:15 pm EDT Show more...	2:00 pm EDT 2:15 pm EDT 2:30 pm EDT 2:45 pm EDT Show more...	4:15 pm EDT 4:30 pm EDT 4:45 pm EDT 5:00 pm EDT Show more...	3:15 pm EDT 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT Show more...	-	-	-

How to Schedule a Peer to Peer

Confirm Contact Details

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

The screenshot displays a scheduling interface with a progress bar at the top indicating four steps: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (active). The main content is divided into two panels. The left panel, titled 'P2P Info', shows the date 'Mon 5/18/20' and time '6:30 pm EDT'. Below this is a 'Case Info' section with a table of details:

1st Case	
Case #	
Episode ID	
Member Name	
Member DOB	
Member State	
Health Plan	
Member ID	
Case Type	MSK Spine Surgery
Level of Review	Reconsideration P2P

The right panel, titled 'P2P Contact Details', contains several input fields with blue arrows pointing to them:

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

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

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

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

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

The screenshot shows a 'Scheduling' summary page. At the top, there is a 'Scheduled' section with a calendar icon and the text 'Mon 5/18/20 - 6:30 pm EDT'. Below this, there is a 'SCHEDULED' status indicator in a red oval. A person icon is also visible next to the date and time.

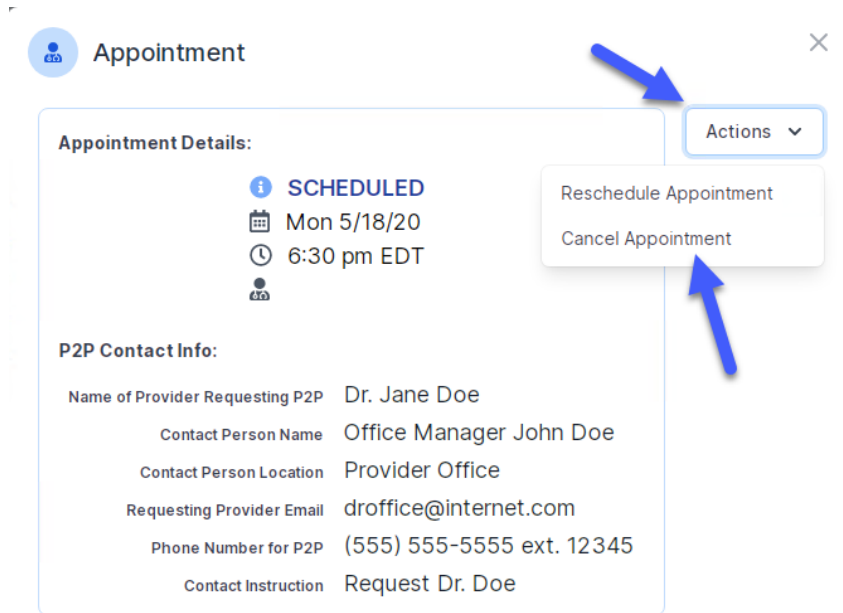
Canceling or Rescheduling a Peer to Peer Appointment

To cancel or reschedule an appointment

- Access the scheduling software per the instructions above
- Go to “My P2P Requests” on the left pane navigation
- Select the request you would like to modify from the list of available appointments
- Once opened, click on the schedule link. An appointment window will open
- Click on the Actions drop-down and choose the appropriate action

If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially

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



- Close browser once done

Provider Resources

Dedicated Call Center

Prior Authorization Call Center – 888-564-5492

Our call centers are open from 7 a.m. to 7 p.m. (local time).

Providers can contact our call center to perform the following:

- Request Prior Authorization
- Check Status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case
- Request to speak to a clinical reviewer
- Schedule a clinical consultation with an eviCore Medical Director



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:

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

To access these helpful resources, please visit <https://www.evicore.com/resources/healthplan/highmark>

Receive tips and stay updated eviCore's provider newsletter. Subscribe at www.eviCore.com. Just scroll down and add a valid email so that we can send you monthly 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

I want to learn how to...

Learn how to...

Find Contact Information

Health Plan
Select a Health Plan...*

Solution
Select a Solution...*

START

PROVIDERS: Check Prior Authorization Status Login Resources

Resources

CLINICAL GUIDELINES

- Clinical Worksheets
- Network Standards/Accreditations
- Provider Playbooks

Learn How To

- Submit A New Prior Authorization
- Upload Additional Clinical
- Find Contact Information

I Would Like To

- Request a Consultation with a Clinical Peer Reviewer
- Request an Appeal or Reconsideration
- Receive Technical Web Support
- Check Status Of Existing Prior Authorization

GO TO PROVIDER'S HUB

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

Provider Engagement Team

Provider Engagement team

Regional team that on-boards providers for new solutions and provides continued support to the provider community. How can the provider engagement team help?

- Partner with the health plan to create a market-readiness strategy for a new and/or existing program
- Conduct onsite and WebEx provider-orientation sessions
- Provide education to supporting staff to improve overall experience and efficiency
- Create training materials
- Monitor and review metrics and overall activity
- Conduct provider-outreach activities when opportunities for improvement have been identified
- Generate and review provider profile reports specific to a TIN or NPI
- Facilitate clinical discussions with ordering providers and eviCore medical directors

How to contact the Provider Engagement team?

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

Thank You!

