

Durable Medical Equipment Utilization Management Program for Prominence Health Members

Provider Orientation



Empowering
the Improvement
of Care

Agenda

- **eviCore healthcare Company Overview**
- **Precertification Program Overview**
- **Required Information and Methods to Submit Requests**
- **Additional Documentation Request**
- **Denial and Appeals Process**
- **Provider Resources**
- **Provider Portal**
- **Q & A Session**

Company Overview

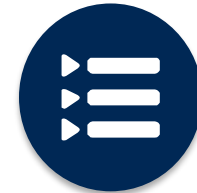
Medical Benefits Management (MBM)



Addressing the complexity of the healthcare system



10 Comprehensive solutions



Evidence-based clinical guidelines



5k+ employees, including 1k+ clinicians



Advanced, innovative, and intelligent technology

Program Overview

Prominence Medicare Precertification Services

eviCore healthcare (eviCore) will begin accepting precertification requests for Durable Medical Equipment (DME) services on November 14, 2022 for Prominence members with Medicare Advantage coverage for dates of service of November 14, 2022 and beyond.

Precertification applies to DME that is:

- Home Based
- Medically Necessary

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

- Hospital setting
- Skilled Nursing Facilities
- Surgical settings

Providers should verify customer eligibility and benefits on the secured provider log in section on the Prominence provider portal <https://prominence.aaneelcare.com/#!/login> or by calling Prominence Provider Services at 855-969-5882.

Applicable Memberships

Precertification is required for Prominence Medicare Advantage Members who have Durable Medical Equipment Coverage.

Medical Necessity Criteria for DME Management

- Medicare Benefit Policy Manual
- NCD
- LCD/LCA
- MCG™ Evidence-Based Care Guidelines for DME services
- eviCore proprietary guidelines

DME Covered Services

- Oxygen/Related Equipment
- Diabetic Shoes
- Decubitus Care Equipment
- Hospital Beds and Accessories
- Ventilators
- Pacemaker Monitor
- CPAP's and Supplies
- Patient Lifts
- Wheelchairs
- Prosthetics
- Orthotics
- Other

For continued rentals that did not require a precertification prior to 11/14/22

- If the claim is submitted with a start date prior to 11/14/22, no precertification is required
- If the claim's start date is 11/14/22 or after, a precertification must be obtained and secured before submitting a claim
- Authorization must be obtained from eviCore if the claim has a date of 11/14/22 or beyond

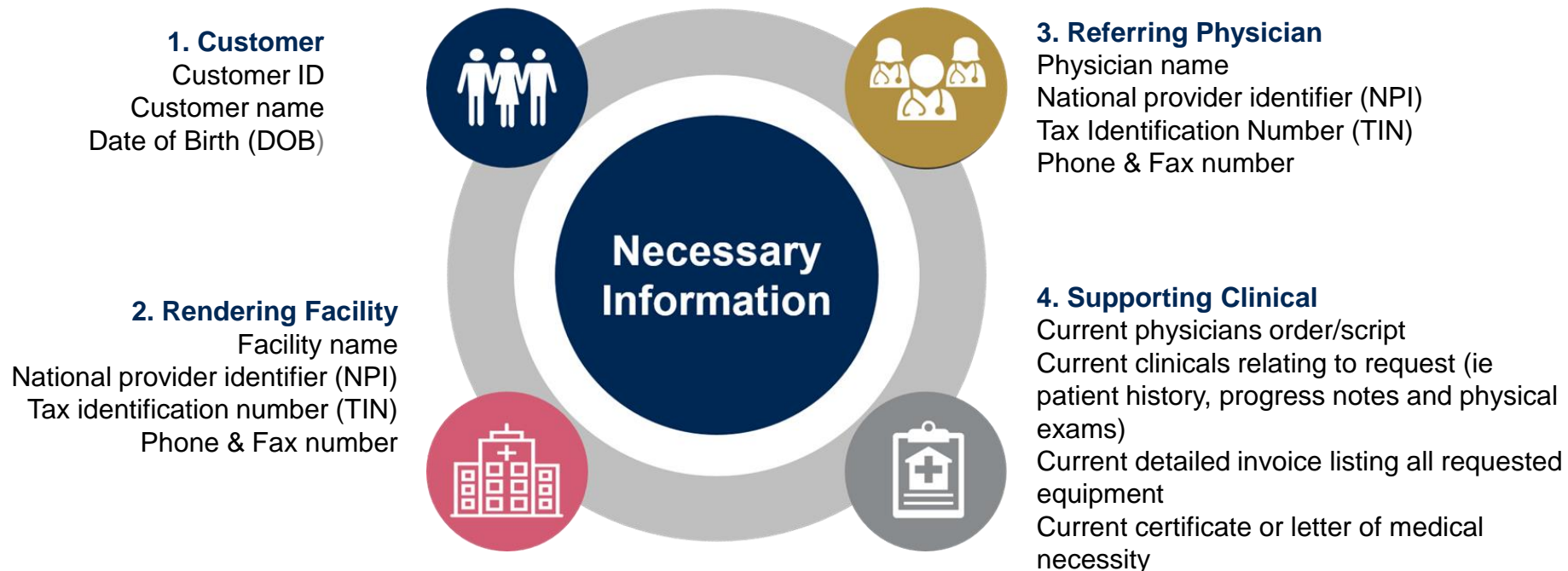
To find a complete list of DME Healthcare Procedural Codes (HCPCS) that require precertification through eviCore, please visit:

[evicore.com/resources/healthplan/prominence](https://www.evicore.com/resources/healthplan/prominence)

DME Precertification Required Information and Methods to Submit Requests

Keys to Successful Precertifications

To obtain precertification on the very first submission, the provider submitting the request will need to gather four (4) categories of information:



Process for Additional Documentation Requests

If all **FOUR (4)** pieces of documentation that must be submitted to eviCore are not received, or are insufficient for eviCore to reach a determination, the following will occur

A Hold letter will be faxed to the DME Supplier and Ordering Physician requesting additional documentation

The Supplier must fax back the additional information

eviCore will review the Additional Documentation and reach a determination

- The number of days the case will remain on hold will be outlined on the Hold Letter.

- The Medicare timeframe is much shorter and depends on the age of the case

- Determination will be done within 2 business days for a routine request and within 72 hours for an Urgent Request



Methods for Precertification Requests

www.evicore.com/pages/providerlogin.aspx

Available 24/7 and the **quickest** way to create precertification and check existing case status



NOTE: Our preference is for you to submit your request through our portal on line.

Other methods:

Fax:

866.663.7740 with DME precertification form

Phone:

844.224.0495, Option 1 for Providers

Monday – Friday 6 a.m. to 6 p.m. PST

Saturday 6 a.m. to 2 p.m. PST

Sunday 6 a.m. to 11 a.m. PST

Holidays 6 a.m. to 11 a.m. PST

24 hour on call coverage

Important: eviCore recommends a completed DME precertification form for all DME requests submitted by fax

Precertification Outcomes and Special Considerations

Precertification Approval

Approved Requests

For continued rentals that did not require a precertification prior to 11/14/22

- If the claim is submitted with a start date prior to 11/14/22, no precertification is required
- If the claim's start date is 11/14/22 or after, a precertification must be obtained and secured before submitting a claim
- Standard requests are processed within 2 business days after receipt of all necessary clinical information
- Authorization start date will begin on the date of case creation, minus retroactive requests. Monthly rentals are valid for how many units are approved. Purchases are usually valid for 180 days and daily rentals are usually valid for 90 days.
- DME HCPCS code list is subject to change so please refer to our provider resources site and any Durable Medical Equipment announcements we send out.
- Precertification letters will be faxed to the ordering physician & rendering provider and can be printed on demand from the eviCore portal at www.eviCore.com
- Members will receive a precertification letter by mail



Oxygen and DME in Hospital

Requests Pending Hospital Discharge

Oxygen Requests

- To support member discharge goals, eviCore will review Oxygen requests by phone and offer **verbal decisions** in real-time when medical necessity is met. The DME supplier will then be responsible to fax the supporting clinical to eviCore at 866-663-7740.
- All 'non-hospital discharge' requests for oxygen will be processed as any other standard precertification request.

For hospital discharges that are contingent upon precertification for all other DME, the DME supplier should submit the requests using one of following methods:

1. Fax supporting clinical documentation and indicate **“Pending Discharge”** on the fax cover sheet or precertification form to 866-663-7740.
2. Call eviCore at 844-224-0495 to complete the precertification process by phone and indicate **“Hospital discharge is pending DME Precertification”** during the clinical intake discussion.
3. Submit request via the portal and indicate **“Hospital discharge is pending DME Precertification”** in the free note section.

Precertification Outcomes - Denied Requests



Based on evidence-based guidelines, an adverse determination is made and the request is denied



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

Determination letters can be printed on demand from the eviCore portal at www.evicore.com

Special Circumstances

Urgent Precertification Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the customer
- Can be initiated by phone (recommended), fax or portal.
- Urgent request precertification determinations will be made within 72 hours.

** Due to the shortened timeframe for an urgent decision, we will not pend the case to request additional information and the case is reviewed with the information submitted initially.*



Special Circumstances cont.

Retroactive Requests

- eviCore can't process a retro request after the date of service. The only exception is when there is an eligibility issue with the customer.
- In the absence of an eligibility issue, the DME provider will need to file a claim and do a claims appeal through Prominence.



Special Circumstances cont.

Alternate Recommendation

- An alternate recommendation for DME that is more medically appropriate may be offered, based on evidence-based clinical guidelines
- The ordering physician can accept the alternate recommendation and a new approved request will be built
- The ordering provider has up to 60 calendar days to contact eviCore to accept the alternate recommendation
- If the alternate recommendation is accepted before a denial, the code will be updated to the code accepted. If the request already has a final case decision, then a new approved request will be built.



Pre-Decision Options: Medicare Customers

I've received a request for additional clinical information. What's next?

Submission of Additional Clinical Information

- eviCore will notify ordering physician telephonically before a denial decision is issued on Medicare cases
- You can submit additional clinical information to eviCore for consideration per the instructions received
- Additional clinical information must be submitted to eviCore in advance of the due date referenced

Pre-Decision Clinical Consultation

- Providers can choose to request a Pre-Decision Clinical Consultation instead of submitting additional clinical information
- The Pre-Decision Clinical Consultation must occur prior to the due date referenced
- If additional information was submitted, we proceed with our determination and are not obligated to hold the case for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed

Post-Decision Options: Medicare Customers

My case has been denied. What's next?

Clinical Consultation

- Providers can request a Clinical Consultation with an eviCore physician to better understand the reason for denial
- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation
- Only Physicians, Nurse Practitioners and Physician Assistants can request a clinical consultation by visiting: www.evicore.com/provider/request-a-clinical-consultation or call eviCore at 866.220.4699

Appeals

- eviCore will not process first-level appeals for Prominence
- Appeal requests must be submitted directly to the health plan

Reconsideration

- Medicare cases do not include a Reconsideration option

Provider Resources

Dedicated Call Center

Precertification Call Center – 844.224.0495, Option 1 for Providers

Monday - Friday 6 a.m. to 6 p.m. PST

Saturday 6 a.m. to 2 p.m. PST

Sunday 6 a.m. to 11 a.m. PST

Holidays 6 a.m. to 11 a.m. PST

24 hour on call coverage

Providers can contact our call center to perform one of the following:

- Request precertification
- Check Status of existing precertification requests
- Discuss questions regarding precertification and case decisions
- Change facility or HCPCS code(s) on an existing case
- Request to speak to a clinical reviewer
- Schedule a clinical consultation request with an eviCore Medical Director



Note: *To ensure you have a successful experience in reaching the desired representative, please listen carefully to the phone prompts when calling the eviCore call center.*

Client & Provider Operations Team

Client and Provider Services

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

- Questions regarding accuracy assessment
- Requests for a precertification to be resent to the health plan
- Consumer engagement Inquiries
- Eligibility issues (customer, rendering facility, or ordering physician)
- Issues experienced during case creation

How to Contact our Client and Provider Services team

Email: ClientServices@evicore.com (preferred)

Phone: 800.575.4517

For prompt service, please have all pertinent information available. When emailing, make sure to include “Prominence Medicare Advantage DME health plan” in the subject line with a description of the issue; include customer, provider and case details when applicable.



Provider Resources

Client Specific 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:

- Provider Training Documents
- Frequently Asked Questions (FAQ) Documents
- Quick Reference Guides (QRG)
- Provider Training Sessions' Details
- HCPCS Precertification Certification Code List
- DME Precertification Form

To access these helpful resources, please visit evicore.com/resources/healthplan/prominence



Provider Portal for DME

Benefits of eviCore Provider Portal

Did you know that most providers are already saving time submitting precertification requests online? The provider portal allows you to get a decision much faster. Following are some benefits and features:

- Saves time: Quicker process than phone precertification requests
- Available 24/7: You can access the portal any time and any day
- 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
- Check case status in real-time
- View and print determination information


- To speak with a Portal Specialist, call 800.646.0418 (Option #2) or email portal.support@evicore.com

Account Registration

eviCore healthcare website

- Point web browser to evicore.com

- Login or Register
- To create a new account, click **Register Now**

PROVIDERS:  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

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*: CareCore National
Medsolutions



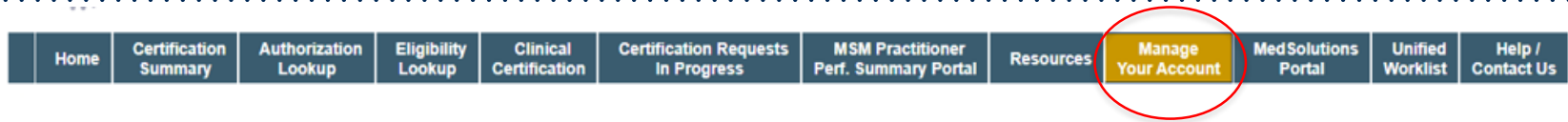
User Information

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

- Select **CareCore National** as the Default Portal, complete the User Information section in full and **Submit Registration**.
- You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the log in page.
- Once logged in, you will have the ability to initiate a case, check a case status and much more!

Add Providers To Your Account



Manage Your Account

Office Name: Test

CHANGE PASSWORD

EDIT ACCOUNT

Address: 122 Sea Hill
Chattanooga, TN

Primary Contact: Test Doctor

Email Address: Test.doctor@provider.com

ADD PROVIDER

Click Column Headings to Sort

No providers on file

CANCEL

- Once logged in, you will want to add providers to your account prior to case submission. Click the “**Manage Account**” tab, then the **Add Provider** link. You should add all referring providers to your account also.

Add Providers To Your Account

[Home](#)[Certification Summary](#)[Authorization Lookup](#)[Eligibility Lookup](#)[Clinical Certification](#)[Certification Requests In Progress](#)[MSM Practitioner Perf. Summary Portal](#)[Resources](#)[Manage Your Account](#)[MedSolutions Portal](#)[Unified Worklist](#)[Help / Contact Us](#)

Add Practitioner

Enter Practitioner information and find matches.

*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

FIND MATCHES

CANCEL

- Enter the Practitioner NPI, State, and Zip Code to search for the Physician.
- Click on Find Matches

Add Providers To Your Account

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

This following practitioner record(s) were found to match the requested NPI. Is this the practitioner you would like to register?

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax
Test Doctor	12356789	122 Sea Hill	Chattanooga	TN	37302	423-555-5555	423-222-2222

ADD THIS PRACTITIONER **CANCEL**

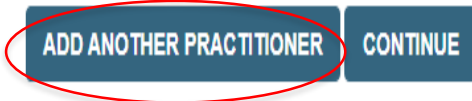
- Select the matching record based upon your search criteria.
- Once you have selected a practitioner, your registration will be complete

Add Providers To Your Account

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

If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to return to your account.



- You can also click **“Add Another Practitioner”** to add another Physician to your account

Initiating A Case

Initiating A Case

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

Request an Authorization

To begin, please select a program below:

- Durable Medical Equipment(DME) ←
- Gastroenterology
- Lab Management Program
- Medical Oncology Pathways
- Musculoskeletal Management
- Radiation Therapy Management Program (RTMP)
- Radiology and Cardiology
- Sleep Management
- Specialty Drugs

Are you building a case as a referring provider or as a durable medical equipment provider?

Referring Provider

Please Select

- Referring Provider
- Durable Medical Equipment ←

CONTINUE

- Choose **Clinical Certification** to begin a new case request
- Select the appropriate program
- Durable Medical Equipment (DME) should be chosen for all requests
- Choose who is building the case

Requesting Physician Information

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal
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Tuesday, June 14, 2022 5:36 PM

Requesting Physician Information

Search for Physician by TIN, NPI, physician last name, city and/or zip.

Healthplan:

TIN:

NPI:

Last Name: (requires NPI or TIN)

City: (city only, no state)

Zip:

SEARCH

[Click here for help](#)

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- Enter the insurance and **ordering** Physician information for whom you want to build a case for.

Physician Contact Information

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary
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Tuesday, June 14, 2022 5:50 PM

Add Contact Info

Physician's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

Receive notification of case status changes

BACK

CONTINUE

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- Enter the appropriate person to contact at the physicians office.
- Include contact information for eviCore to reach out.

Customer Information

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

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

LOOKUP AGAIN

Search Results

	Patient ID	Member Code	Name	DOB
SELECT				

BACK

- Enter the **patient information** including the Patient ID number, date of birth, and patient’s last name. Click **“Eligibility Lookup”** and select the appropriate patient

Clinical Details

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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Requested Service + Diagnosis

This procedure will be performed on

Durable Medical Equipment(DME)

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

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

Diagnosis

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

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

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Durable Medical Equipment(DME)

- Select “DME” and **Diagnosis** code(s) and Continue to confirm

Site Selection

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Med Solutions Portal	Unified Worklist	Help / Contact Us
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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: Zip Code: Site Name:
TIN: City: Exact match Starts with

[LOOKUP SITE](#)

	Name	Address
SELECT	VALLEY HAVEN -- WELLSBURG CENTER LLC	70 VALLEY HAVEN RD WELLSBURG, WV 26070
SELECT	VALLEY HAVEN -- VALLEY HAVEN	70 VALLEY HAVEN RD WELLSBURG, WV 26070

[BACK](#)

[Click here for help](#)

- Search for the **site that is dispensing the equipment** by entering the **NPI**

Site Selection

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Unified Worklist	Help / Contact Us
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Add Site of Service

Selected Site: VALLEY HAVEN -- WELLSBURG CENTER LLC

FIND NEW SITE

Site Email (optional)

Fax [?]

Phone [?]

For DME authorization requests, place of service will be selected as 12 - Home.

BACK **CONTINUE**

[Click here for help](#)

- Enter your Fax and Phone number
- Enter an email address to receive email notifications with status updates

Clinical Certification

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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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 all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process
- You will not have the opportunity to make changes after this point

Urgent vs Standard

Select an Urgency Indicator and Upload your patient's relevant medical records that support your request.

If your request is urgent select No, if the case is standard **select Yes.**

Proceed to Clinical Information
Is this case Routine/Standard?



Important: In order to reduce denials, a request **should not be submitted as “urgent”**, unless it meets the NCQA/URAC definition of urgent: when a delay in decision-making may seriously jeopardize the life or health of the customer. Urgent Requests determinations will be rendered within 72 hours and will be based **solely** on clinical information received within that timeframe.

Codes and Units

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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Proceed to Clinical Information

1 Please enter the Primary HCPCS code for this DME request:

1 How many Units of this HCPCS

SUBMIT

Finish Later

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

CANCEL

- Enter the Primary code and number of units
- You can click the **“Finish Later”** button to save your progress. You have **two (2) business days** to complete the case
- **Clinical Certification** questions populate based upon the information provided

Additional Code Requests

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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Proceed to Clinical Information

Would you like to enter another HCPCS code?

Yes No

SUBMIT

Finish Later

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

CANCEL

- If additional requests are needed, you may enter them here

Date of Durable Medical Equipment Delivery

Confirm the date of delivery is on November 14th 2022 or beyond.

The screenshot shows the eviCore healthcare portal interface. At the top left is the eviCore healthcare logo. Below it is a navigation menu with the following items: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted in yellow), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account, Med Solutions Portal, Unified Worklist, and Help / Contact Us. Below the navigation menu, the date and time are displayed as "Tuesday, May 24, 2022 10:30 AM" and a "Log Off" link is visible on the right. The main content area is titled "Proceed to Clinical Information" and contains a message: "eviCore is responsible for prior authorization / medical necessity reviews for services rendered on or after 06/01/2022 for this plan and service. If you plan to perform these services on or after 06/01/2022, please continue below." Below this message are two radio buttons: "Continue" (selected) and "Cancel". At the bottom left of the form is a "SUBMIT" button.

Upload Clinical Documents or Notes

	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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Proceed to Clinical Information

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

Finish Later

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

CANCEL

- On this screen, you can either choose to upload clinical documents, enter important notes, or both

Upload Clinical Documents

The screenshot shows a web application interface on the left and a Windows file explorer window on the right. The web application has a navigation bar with 'Home', 'Certification Summary', 'Authorization Lookup', and 'Eligibility Lookup'. Below the navigation bar is a section titled 'Proceed to Clinical Information' with a sub-section 'Clinical Upload'. The 'Clinical Upload' section contains the text 'Please upload any additional clinical information that justifie' and 'Browse for file to upload (max size 5MB, allowable extension'. There are five 'Choose File' buttons, each followed by the text 'No file chosen'. At the bottom of the 'Clinical Upload' section are two buttons: 'UPLOAD' and 'SKIP UPLOAD'. The Windows file explorer window is titled 'Choose File to Upload' and shows the 'PORTAL TEST DOCUMENTS' folder. The file list contains one file named 'PORTAL TEST DOCUMENT 3'. The file name field at the bottom is empty, and the file type is set to 'All Files (*.*)'. The 'Open' and 'Cancel' buttons are visible at the bottom right of the file explorer.

- To attach documents, you will navigate to your desktop, locate the document, and choose upload
- Once complete, you can submit the case

Outcome Determination

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: Contact:
Provider Address: Phone Number:
Fax Number:

Patient Name: Patient Id:
Insurance Carrier:

Site Name: Site ID:
Site Address:

Primary Diagnosis Code: Description:
Secondary Diagnosis Code: Description:
Date of Service:
CPT Code: Description:
Authorization Number:
Review Date:
Expiration Date:
Status: Your case has been Approved.

CANCEL PRINT CONTINUE

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 Medical Review.

Provider Name: Contact:
Provider Address: Phone Number:
Fax Number:

Patient Name: Patient Id:
Insurance Carrier:

Site Name: Site ID:
Site Address:

Primary Diagnosis Code: Description:
Secondary Diagnosis Code: Description:
Date of Service:
CPT Code: Description:
Case Number:
Review Date:
Expiration Date:
Status: Your case has been sent to Medical Review.

CANCEL PRINT CONTINUE

- Case will be either pended for medical review or approved
- You should save or print this screen for your records

Authorization Lookup

Authorization Lookup

Search by Member Information Search by Authorization Number/ NPI

Required Fields

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:
MM/DD/YYYY

Optional Fields

Case Number:

or

Authorization Number:

- To look up the status of an Authorization, Select Search by **Authorization Number/NPI**. Enter the provider's NPI and authorization or case number. Select **Search**.
- You can also search for an authorization by **Member Information**, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.

Upload Correspondence

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

Authorization Lookup

Authorization Number:
Case Number:
Health Plan Auth Number:
Status: Approved
Approval Date:
Service Code:
Service Description:
Site Name:
Expiration Date:
Date Last Updated:
Correspondence: **UPLOADS & FAXES**

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
CHANGE SERVICE CODE				

PRINT

- The authorization will then be accessible to review. To print authorization correspondence, select **Uploads & Faxes**.

Thank You!

