



Radiology & Cardiovascular Imaging Program

Provider Orientation Session for Wellmark Blue Cross Blue Shield

March 2024



Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc. and Wellmark Blue Cross and Blue Shield of South Dakota are independent licensees of the Blue Cross and Blue Shield Association. Wellmark contracts with EviCore healthcare (EviCore), an independent company to review requests for certain services for medical necessity and appropriateness on behalf of Wellmark.

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Agenda



Wellmark BCBS and EviCore Collaboration

Solutions Overview

Radiology & Cardiovascular Imaging

Submitting Requests

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

EviCore Provider Portal

Overview, Features & Benefits

Provider Resources

Peer-to-peer Scheduling Tool

Questions & Next Steps

Medical Benefits Management (MBM)

Wellmark BCBS has collaborated with EviCore to help manage authorizations for Radiology & Cardiovascular Imaging. EviCore will be sharing their expertise in guiding appropriate care.



5k+ employees including 1k+ clinicians



Evidence-based clinical guidelines



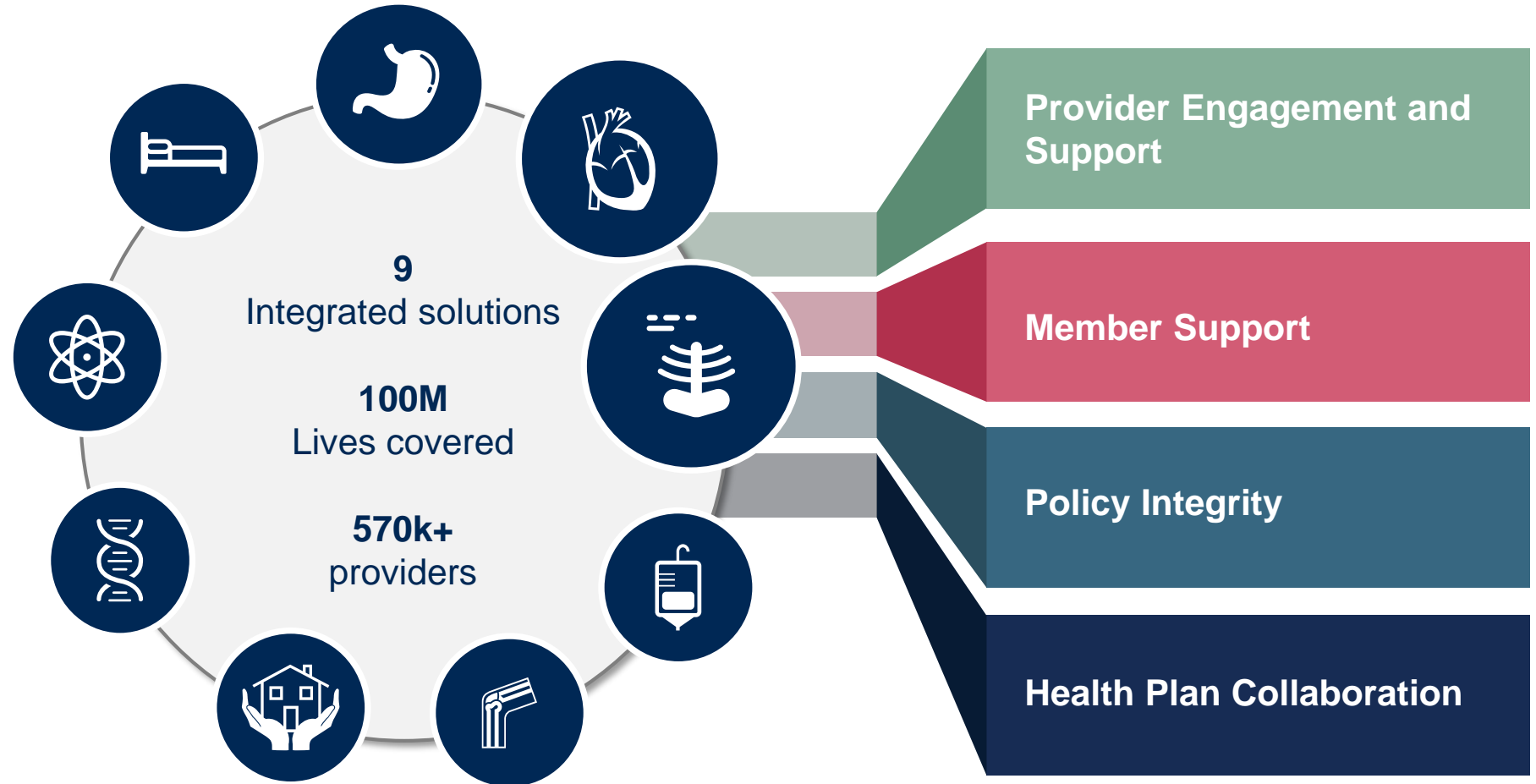
Radiology & Cardiovascular Imaging Medical Policies updated annually



Advanced, innovative, and intelligent technology

EviCore Offers Comprehensive MBM

- **Cardiology**
- Gastroenterology
- Laboratory
- Medical Oncology
- Musculoskeletal
- Post-Acute Care
- Radiation Oncology
- **Radiology**
- Sleep



Program Overview

Wellmark BCBS Radiology & Cardiovascular Imaging

Prior Authorization

EviCore healthcare (EviCore) will begin accepting prior authorization requests for Wellmark BCBS Radiology and Cardiovascular Imaging Services on February 12, 2024 for dates of service March 1, 2024 and after.

Program membership includes:*

Commercial (includes On Exchange)

- Fully Insured
- Self-Insured

Prior authorization applies to select codes for the following services:

- Outpatient
- Planned / Non-emergent

Prior authorization does NOT apply to services performed in:

- Emergency Rooms
- Observation Services
- Inpatient Stays



Check prior approval requirements on Wellmark's provider portal: [Authorization Table \(wellmark.com\)](https://www.wellmark.com/authorization-table)

Always verify member eligibility and benefits on Wellmark's secure [Check Member Information](#) tool

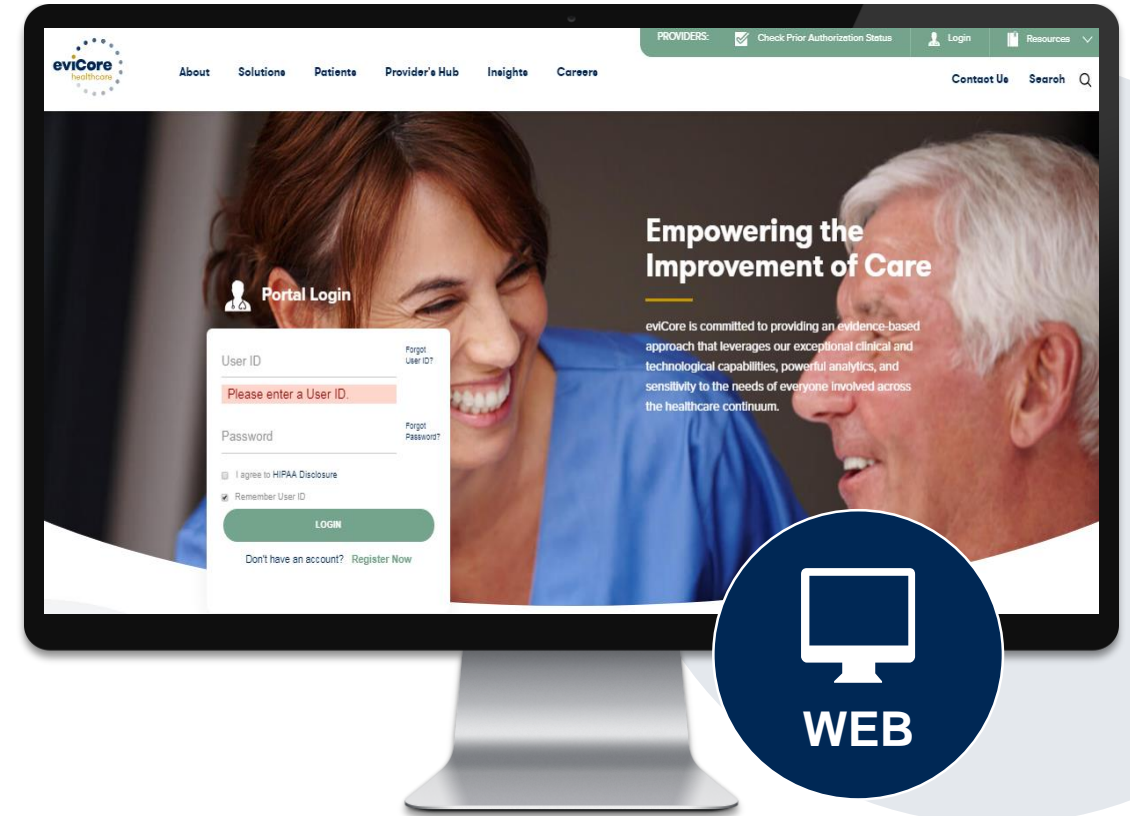
*Does not currently apply to Federal Employee Program (FEP) or Wellmark Medicare Advantage Health Plan (WMAHP) Members

Submitting Requests

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:
844-253-9502
Monday through Friday:
[7 am – 7 pm] Central Time

Fax Number:
(800) 540-2406 To be used to
submit additional clinical
information when the portal is
not available

Necessary Information for Prior Authorization

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

Member

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



Referring (Ordering) Physician

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



Rendering Facility

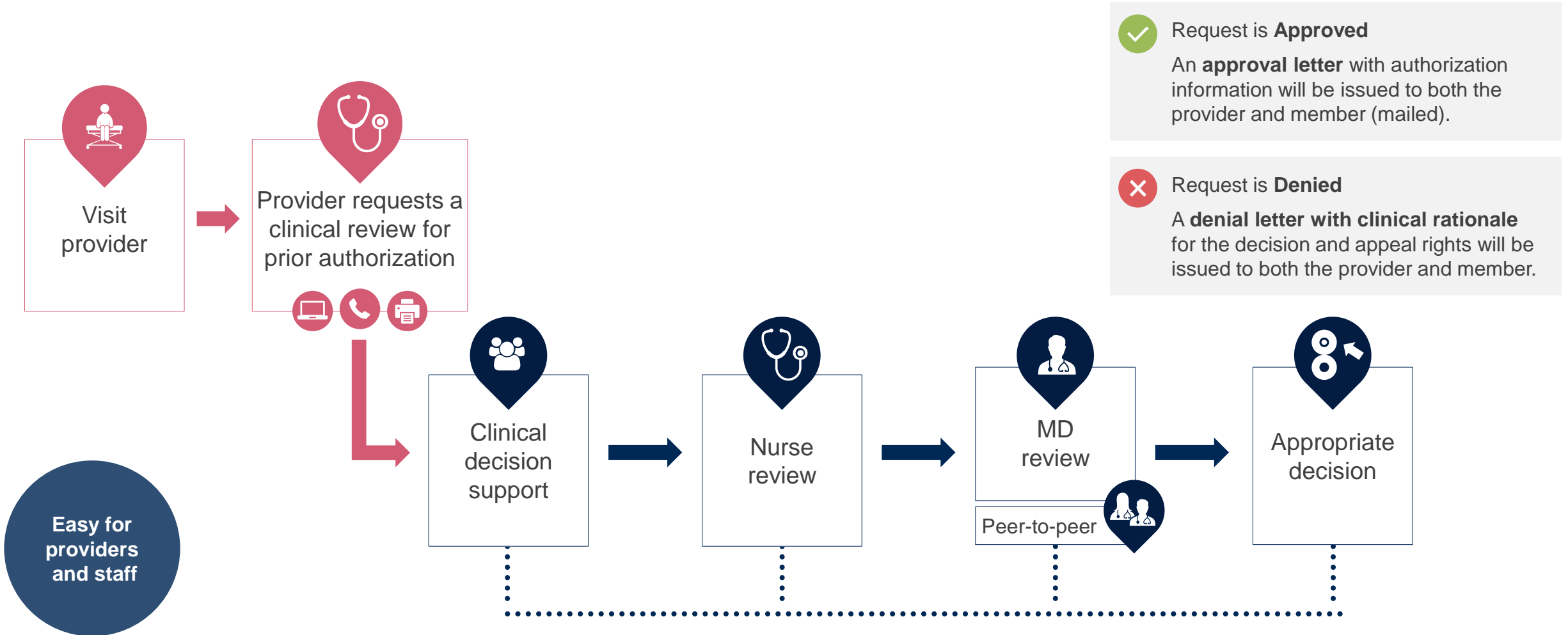
- Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number



Supporting Clinical

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

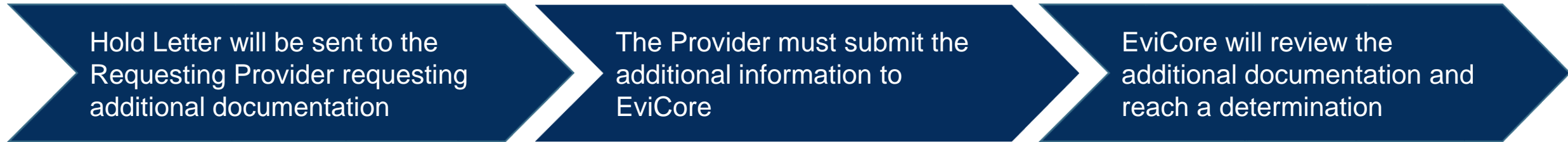
Utilization Management | Prior Authorization



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:



Hold Letter will be sent to the Requesting Provider requesting additional documentation

The Provider must submit the additional information to EviCore

EviCore will review the additional documentation and reach a determination

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 to the ordering physician, rendering provider and the member.



Providing Additional Information

I've received a request for additional clinical information. What's next? There are three ways to supply the requested information to EviCore for review:

- Additional clinical information must be submitted to EviCore in advance of the due date referenced.
 - Additional clinical information should be submitted to EviCore for consideration per the instructions received, clinical can be **faxed** to **(800) 540-2406** or **uploaded** directly into the case via EviCore's provider portal accessed from [Authorization Table \(wellmark.com\)](https://www.wellmark.com)
- Alternatively, providers can choose to request a **Pre-Decision Clinical Consultation** instead of submitting additional clinical information. This consultation can be self-scheduled via the EviCore website (see the end of this presentation for instructions).
- The Pre-Decision Clinical Consultation must occur prior to the due date referenced
- If the additional clinical documentation is shared with EviCore via fax or uploaded on the portal, that clinical will be sent on to be reviewed for medical necessity determination. Once the documentation is shared, the case advances to review and the case is **not** held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed.
- Once the determination is made, notifications will go out to the ordering provider, rendering provider and member, and status will be available on the portal.

Prior Authorization Outcomes, Special Considerations, and Post-Decision Options

Prior Authorization Outcomes

Determination Outcomes:

- **Approved Requests:** Authorizations are typically valid for **90** Calendar days from the date of the determination (authorization start date).
- **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

- Members will receive a letter by mail.
- Notices will be sent to the ordering physician and the rendering provider.
- Web initiated cases will receive e-notifications by default unless the user chooses **not** to receive notices electronically.
- If the user chooses not to receive e-notifications, authorization letters will be faxed.
- Approval information can also be printed on demand from the portal: [Authorization Table \(wellmark.com\)](#)



Special Circumstances

Retrospective (Retro) Authorization Requests

- To allow time for users and providers to acclimate to the new process, retrospective authorizations will be accepted for the first 2 months after March 1, 2024.
 - When authorized, the start date will be the submitted date of service.
- Retrospective authorizations will not be accepted after **April 30, 2024**.

Note: For instructions on requesting claim reprocessing with Wellmark, please refer to the FAQ document found [here](#).

Expedited/Urgent Prior Authorization Requests

- EviCore uses the NCQA/URAC definition of expedited/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/Expedited cases are reviewed within 72 hours (Iowa), and 24 hours (South Dakota) depending on the member's state compliance requirements.



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, by following the instructions provided in the denial notice.
- Providers have up to 14 calendar days to contact EviCore via phone to accept the alternative recommendation.

Authorization Update

- EviCore needs to know if changes are needed to the approved request.
- Any change could result in the need for a separate clinical review and require a new request (and the original approved request would need to be withdrawn). Therefore, if updates are needed on an existing authorization, please contact EviCore by phone at **844-253-9502**.
- If the authorization is not updated, it may result in a claim denial.



Post-Decision Options:

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 844-253-9502 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

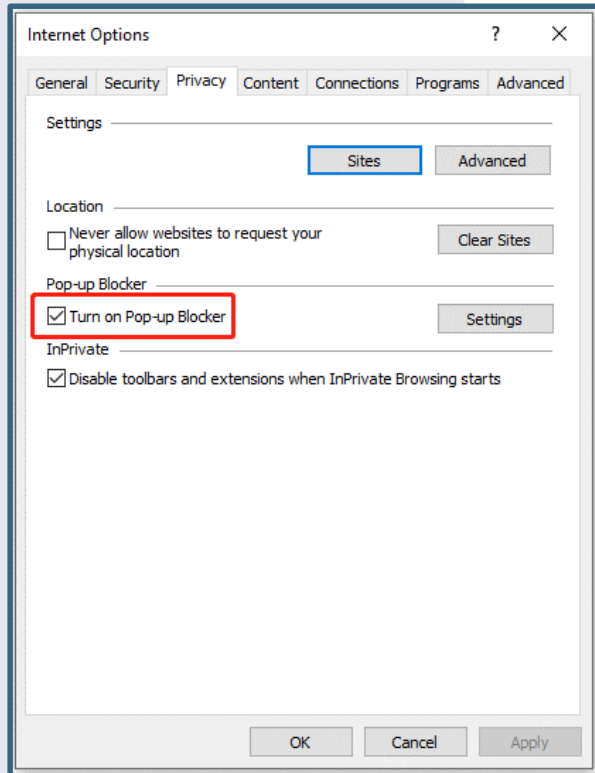
- Reconsiderations must be requested within 14 calendar days after the determination date.
- Reconsiderations should be requested in writing. A Clinical (peer to peer) Consultation with an EviCore physician can occur as a part of the reconsideration process.

Appeals

- EviCore will process first-level appeals.
- Appeal requests need to be submitted in writing and received within 180 calendar days of the denial.
- A written notice of the appeal decision will be mailed to the member and sent to the providers.

Provider Portal Overview

Portal Compatibility



The EviCore portal is compatible with the following web browsers and will be accessed via Single Sign On (SSO) from Wellmark BCBS's website.

- Microsoft Edge
- Google Chrome
- Mozilla Firefox
- Internet Explorer 9, 10, and 11

The EviCore portal utilizes pop-up windows. Therefore, please make sure you disable your pop-up blockers to maneuver through the portal. For information on how to disable pop-up blockers for any of these web browsers, please refer to [How to Disable Pop-up Blockers](#).

Accessing the Portal via Wellmark BCBS

The screenshot displays the Wellmark BCBS website interface. At the top, there is a navigation bar with the Wellmark logo, a 'LOG IN / REGISTER' button, and a search icon. The main content area is titled 'RADIOLOGY AND CARDIOVASCULAR IMAGING UTILIZATION MANAGEMENT PROGRAM'. Below the title, there is a paragraph of text: 'Wellmark will be expanding its partnership with EviCore® to provide utilization management services for radiology and cardiovascular imaging. This will apply to Wellmark commercial members for dates of service effective Mar. 1, 2024.*' and a footnote: '*As is the current policy, services performed within an inpatient stay, observation or emergency room visit will not require authorization.' The left sidebar contains a menu with categories: 'MEDICAL AND DRUG AUTHORIZATIONS', 'JOIN OUR NETWORK', 'MEDICAL AND DRUG AUTHORIZATIONS', 'Manage Authorizations', 'Medical Policies A-Z', 'Molecular Testing', 'Radiology and Cardiovascular Imaging' (highlighted with a red arrow), 'Drug authorization list', 'FEP Authorizations', 'InterQual and SmartSheets', and 'CLAIMS AND PAYMENT'. The main content area is divided into two sections: 'Prior Authorization' and 'Medical Policies'. The 'Prior Authorization' section contains the text: 'Effective Mar. 1, 2024, [Wellmark's Medical Authorization Table](#) can be used to determine which imaging services require prior authorization through EviCore.' The 'Medical Policies' section contains the text: 'Wellmark's medical policies and code lists for radiology and cardiovascular imaging will be posted for review soon on [EviCore's website](#).' A 'FEEDBACK' button is visible on the right side of the page.

Access the Secure Provider Portal via Wellmark's webpage: [Radiology & Cardiovascular Imaging Program | Wellmark](#) then click on **Wellmark's Medical Authorization Table**.

Accessing the Portal via Wellmark BCBS



Medical Authorization Table

The medical Authorization Table is your best resource for viewing medical policies and criteria used by Wellmark. It is also your first stop in learning whether an authorization is required.

Obtain approval in advance to help prevent delays and unexpected costs.

Beginning April 1, 2020, Part 2 providers will need to follow the steps when requesting a pre-service review for SUD (Substance Use Disorder) related services:

Providers must obtain authorized consent from the member or member's guardian for disclosure of patient identifying information to be released to Wellmark for:

- Treatment
- Payment of claims
- Health care operations
- Wellmark to re-disclose information with current and future treating entities related to this episode of care

If you don't have a consent form, we have created a [template](#) you may use.

To view authorizations and quantity limits for drugs and medications, please view the [drug authorization list](#) or the [FEP drug authorization list](#).

View important details about authorization

Use the search box and/or pre-service filter criteria below to narrow your search results. Click on the row header in the grid to sort your search results.

Show Pre-Service Review Only Pre Service Review Type: Pre Authorization

Code - CPT/HCPCS	Title (Service/Description)	Pre Service Review Required	Type of Pre Service Review Required	Submit Using	Policy or Criteria Link(s)	Comments
70486	CT maxillofacial area; w/o contrast	Yes	Pre Authorization	Utilization Management Tool- Procedures and DME	CT_Temporomandibular Joint (TMJ) Computed Tomography (CT)_Paranasal Sinuses	Imaging Pre-Authorization is not required for providers who do not contract with Wellmark.
70487	Computed tomography, maxillofacial area; with contrast material(s)	Yes	Pre Authorization	Utilization Management Tool- Procedures and DME	CT_Temporomandibular Joint (TMJ) Computed Tomography (CT)_Paranasal Sinuses	Imaging Pre-Authorization is not required for providers who do not contract with Wellmark.
70488	CT maxillofacial area; w/o contrast followed by contrast	Yes	Pre Authorization	Utilization Management Tool	CT_Temporomandibular Joint (TMJ)	Imaging Pre-Authorization is not required for

Log in

User ID or Email Address

Password

[Forgot password?](#)

[Forgot user ID?](#)

- Tips
- » Know when to expect a response
 - » Learn about FEP requirements
 - » Review important types of authorizations
 - » Understand out-of-area diagnostic imaging
- Related Links
- » Provider Guides
 - » Medical Policies
 - » Forms
 - » Find a Provider or Facility
 - » Drug Information
 - » Provider newsletter
 - » Education
- » Effective 6/1/23 SmartSheets will need to be requested by submitting the SmartSheets Request Form.
- » Beginning August 1, 2023, all mandatory notifications will require a medical necessity review. Providers will do this by selecting request type Precertification in the Utilization Management Tool. [Jiva quick guide for submitting inpatient \(IP\) requests](#)

You are now leaving Wellmark.com

Thank you for visiting.

Log in to Wellmark to ensure access to EviCore's portal via your single sign on.

Selecting Wellmark's Medical Authorization Table brings you here where you can input CPT, or description of service, in the Search Box.

The **Submit Using** column will soon be populated with the EviCore link if your code requires authorization through EviCore. The **Policy or Criteria (Link)** will guide you to EviCore's Clinical Guidelines for Wellmark members.

Welcome to the EviCore Portal via single sign on (SSO)



Home		Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress
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Tuesday, August 08, 2023 1:08 PM

Request an Authorization

To begin, please select a program below:

- Lab Management Program
- Radiology and Cardiology

CONTINUE

[Click here for help](#)

Select Radiology and Cardiology

Provider Selection

Requesting Provider Information

Search for Provider by TIN, NPI, provider last name, city and/or zip.

Healthplan: Wellmark BCBS

TIN:

NPI:

Last Name: (requires NPI or TIN)

City: (city only, no state)

Zip:

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email: [?]

Receive notification of case status changes

[Click here for help](#)

- Select the ordering Practitioner or Group for the requested service.
- Add/change the contact information appropriate for the point of contact for the case.

Member Lookup Information (Eligibility)



- Home
- Authorization Lookup
- Eligibility Lookup
- Clinical Certification
- Certification Requests In Progress

Wednesday, March 22, 2023 3:52 PM

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

ELIGIBILITY LOOKUP

BACK

Enter the member information including the patient ID number (W00 from ID Card), date of birth and last name. Click **Eligibility Lookup**.

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	Gender	Address
<input type="button" value="SELECT"/>	1	01			F	

BACK

[Click here for help](#)

Enter the Procedure & Diagnosis and Verify Selection



- Home
- Authorization Lookup
- Clinical Certification**
- Certification Requests In Progress

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)

r68.89 [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](#)

[BACK](#)

[Click here for help](#)

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](#)

Edit any information if needed by selecting the appropriate link.

Site Selection

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

carriers.carecorenational.com says

This provider is Out of Network. Please resubmit with an In Network Provider. For member benefits, please contact the Health Plan using the number on the back of the member's ID card.

OK

- If you enter a provider that is not in the Wellmark BCBS network, you'll receive a pop-up message asking you to enter an in Network Provider.
- Selecting an out of network provider will result in a higher out of pocket cost to the member.

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.



- **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/Expedited Request?

- If the case is **standard**, select **Yes**.
- If your request is **Urgent/Expedited**, select **No**.
- When a request is submitted as Urgent/Expedited, you will be required to upload relevant clinical information.
- Your case will only be considered Urgent/Expedited if there is a successful upload of clinical documentation.
- You can upload up to FIVE documents in .doc, .docx, or .pdf format – max 25MB document size.

Proceed to Clinical Information

Is this case Routine/Standard?

YES **NO**

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Perf. Summary F

Thursday, May 14, 2020 3:04 PM

Proceed to Clinical Information

Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

- A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.
- A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.
- None of the above

Clinical Upload

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD

Clinical Certification Request

Proceed to Clinical Information

Example Questions

Proceed to Clinical Information

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

Yes No

SUBMIT

Attention!

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

YES **NO**

Which anatomy will be examined with the requested study?

Hip Knee Ankle

SUBMIT

Finish Later

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

- **Clinical Certification** questions may populate based on the information provided.
- You can save your request and finish it later if needed. (**Note:** You will have until the end of the day to complete the case.)
- Select **Certification Requests in Progress** to resume a saved request.

Proceed to Clinical Information – Free Text Questions

Proceed to Clinical Information

Answer the following questions in clinical detail:

1 Why is this test being requested and how will the results be used to change management?

2 Describe any applicable current or past medical history, lab testing, or procedure results.

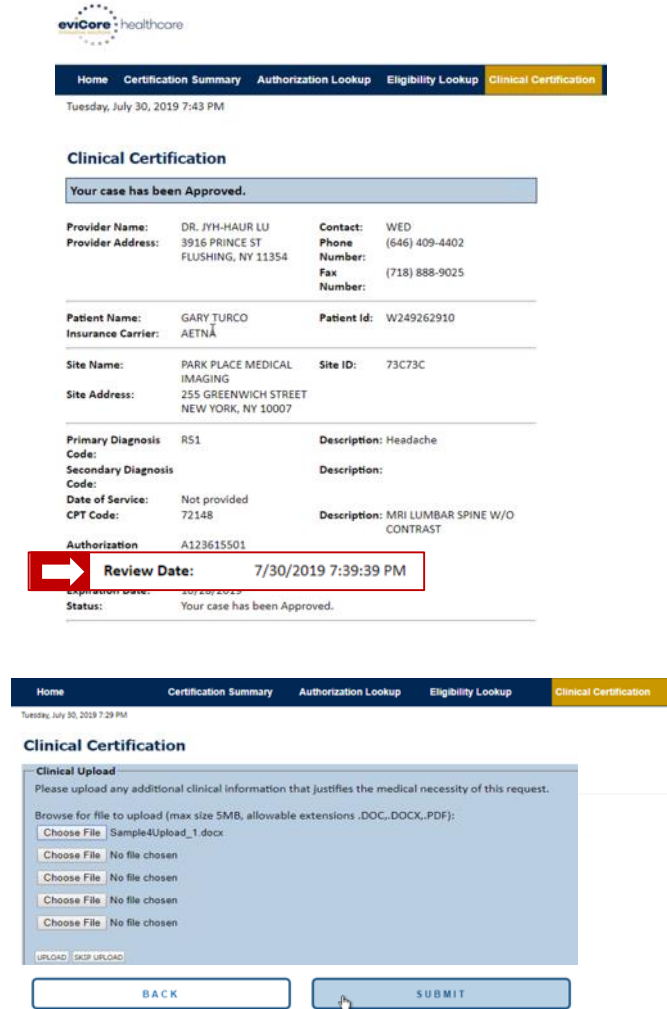
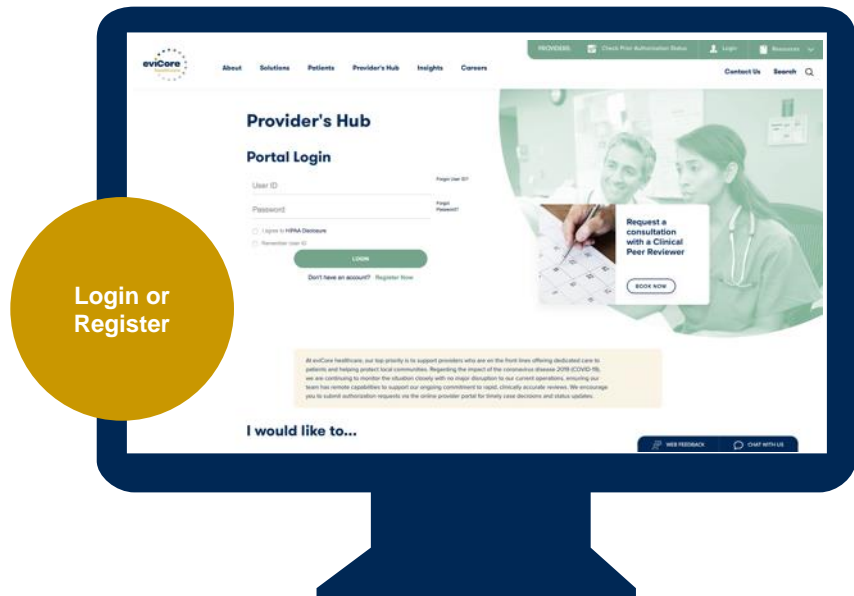
3 If relevant to the testing, describe the family history, including the applicable clinical findings, diagnoses, and/or test results.



Free text answers allow for further explanation that may be needed.

Improved Provider Experience

Real-Time Decision or Clinical Documentation Upload



*In some circumstances, you may be asked to complete a series of clinical questions which may result in an immediate approval or a request for clinical upload.

Next Step: Criteria not met

If criteria is 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

CRITERIA NOT MET = Clinical Review

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. BRADLEY WOODS, MD	Contact:	N/A
Provider Address:	1000 W. 10th St Lawton, OK 73505	Phone Number:	505-235-1000
Patient Name:	MEMBER ID: [REDACTED]	Patient Id:	[REDACTED]
Insurance Carrier:	WELLS FARGO	Site ID:	[REDACTED]
Site Name:	WELLS FARGO BANK	Primary Diagnosis Code:	99.02
Site Address:	875 W. 10th St Lawton, OK 73505	Secondary Diagnosis Code:	
Primary Diagnosis Code:	99.02	Description:	Recurrent pregnancy loss
Secondary Diagnosis Code:		Description:	
Date of Service:	5/13/2020	Description:	OB Ultrasound
CPT Code:	59000		
Case Number:	123456789		
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 by faxing.
- Additional information uploaded to the case will be sent for clinical review.
- Print out summary of request that includes the case # and indicates ‘Your case has been sent to medical review.’

Criteria Met = Real-time Approval

If your request is authorized during the initial submission, you can print out 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 VEETIL	Contact:	1400
Provider Address:	1200 6TH AVE N SAINT CLOUD, MN 56303	Phone Number:	(507) 766-3333
		Fax Number:	(507) 766-3333
Patient Name:	WILLIAM, JAMES	Patient Id:	12345678
Insurance Carrier:	WILLIAM		
Site Name:	CLINICAL MEDICAL LLC	Site ID:	123456
Site Address:	875 UNIVERSITY AVENUE SE CLARKSBURG, VA 20120		
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided		
CPT Code:	73721	Description:	MRI LOWER EXTREMITY JOINT W/O
Authorization Number:	12345678		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL **PRINT** **CONTINUE**

Additional Portal Features

Portal Features



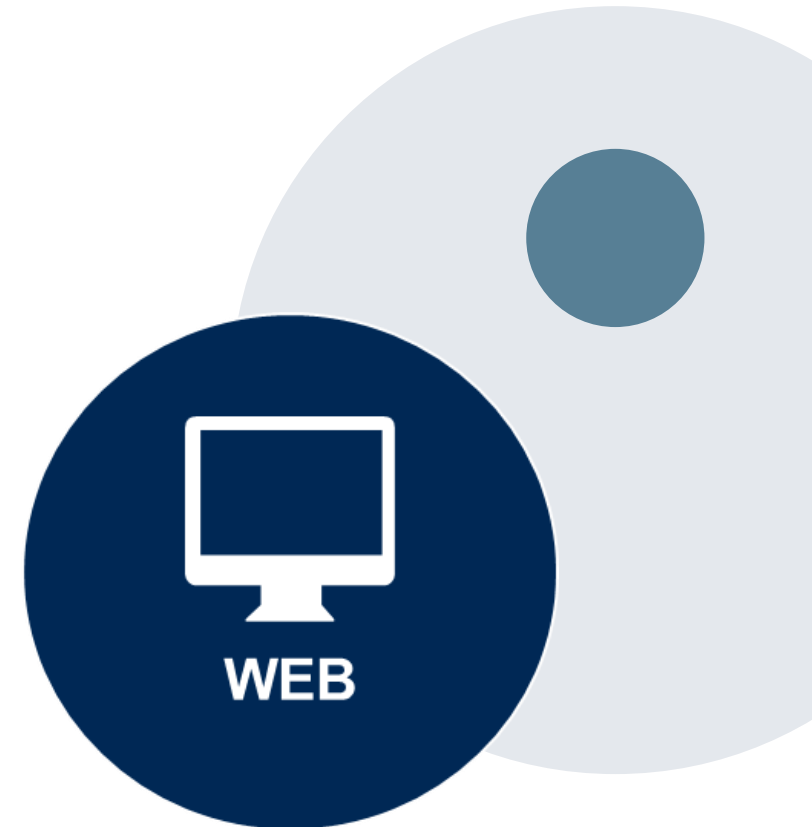
Authorization Lookup

- You can look up authorization status on the portal and print any correspondence.
- Search by member information OR by authorization number with ordering NPI.
- Review post-decision options, submit appeal and schedule a peer-to-peer.

Clinical Certification

- You can begin another authorization request.

Resume requests already started and saved to “Finish Later” by selecting **Certification Requests in Progress.**



Authorization Lookup example

Authorization Lookup

Authorization Number: NA
Case Number: 1
Patient Name: [REDACTED]
DOB: [REDACTED]
Status: Pending eviCore Review
P2P Status:
Approval Date:
Service Code: 73220
Service Description: MRI UPPER EXTREMITY W & W/O CO
Site Name: [REDACTED]
Start Date:
Expiration Date:
Date Last Updated: 11/9/2023 3:21:42 PM
Correspondence: **UPLOADS & FAXES**
Clinical Upload: **UPLOAD ADDITIONAL CLINICAL**
[Run Clinical Questionnaire](#)

P2P AVAILABILITY

A final decision has not yet been rendered on this case OR it requires special handling. If you have received a request for additional clinical information, please respond to our notice per the instructions received.
If you would like to understand additional options available, please contact our Physician Support Unit at 1-800-792-8744, option 1

Authorization Lookup

Approval example

Authorization Number: A [REDACTED]
Case Number: 1
Patient Name: [REDACTED]
DOB: [REDACTED]
Status: Approved
P2P Status:
Approval Date: 11/8/2023 7:11:28 PM
Service Code: 73220
Service Description: MRI UPPER EXTREMITY W & W/O CO
Site Name: [REDACTED]
Start Date: 11/8/2023
Expiration Date: 12/23/2023
Date Last Updated: 11/8/2023 7:12:14 PM
Correspondence: **UPLOADS & FAXES**

PRINT

Authorization Lookup

Denial example

Authorization Number: NA
Case Number: [REDACTED]
Patient Name: [REDACTED]
DOB: [REDACTED]
Status: Denied
P2P Status:
ALL POST DECISION OPTIONS
Approval Date:
Service Code: 73220
Service Description: MRI UPPER EXTREMITY W & W/O CO
Site Name: [REDACTED]
Start Date:
Expiration Date:
Date Last Updated: 10/30/2023 8:20:47 AM
Correspondence: **UPLOADS & FAXES**

PRINT

[Click here for help](#)

Provider Resources

Provider Resources for Wellmark BCBS

Health plan specific Provider Resources at EviCore.com

EviCore's Provider Experience team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff. 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/wellmark-bcbs>

Wellmark BCBS Provider Services

Iowa: 800-362-2218

South Dakota: 800-774-3892



Dedicated EviCore Teams

Call Center

- Phone: (844)-253-9502
- Representatives available 7 a.m. to 7 p.m. (Central Time)

Web Support

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

Client & Provider Operations Team

- Email: clientservices@EviCore.com
- Phone: (800) 646-0418 (Option #4)
- Eligibility issues (member or provider not found in system)
- Transactional authorization related issues requiring research

Provider Engagement

- Lisa Mekkelsen (Iowa and South Dakota)
 - Lisa.Mekkelsen@EviCore.com
 - 843-949-0022
- Regional team that works directly with the provider community

Clinical Guidelines / Medical Policies

How to access our Guidelines/Medical Policies

Go to www.EviCore.com and select the 'Resources' dropdown menu on the far right hand side of your browser.

1. Then select the 'Clinical Guidelines' button to be directed to the main clinical guidelines page.
2. Scroll down and select the 'Cardiovascular and Radiology' solution.
3. Type in "Wellmark BCBS" in the 'Search Health Plan' search bar and press enter.
4. Select the appropriate guideline specific to the requested imaging.

The screenshot shows the EviCore website interface. At the top, there is a 'Resources' dropdown menu with a green book icon. Below it, a green button labeled 'CLINICAL GUIDELINES' is visible. Further down, there is a section for 'Cardiovascular & Radiology' featuring a green heart icon with a pulse line. Below this section, there is a text box containing instructions: 'If you require a copy of the guidelines that were used to make a determination on a specific request of treatment or services, please email the case number and request to: reqcriteria@evicore.com. To request any additional assistance in accessing the guidelines, provide feedback or clinical evidence related to the evidence-based guidelines, please [click here](#).' Below the text is a search bar with 'Wellmark BCBS' entered and a magnifying glass icon. Below the search bar, a dropdown menu shows 'Wellmark BCBS' selected, with a scroll bar below it.

Clinical Guidelines/Medical Policies (continued)

Health Plan specific Guidelines/Medical Policies

1. Current, Future, and Archived lists of Guidelines are found here.
2. Shown here is an example of the Guidelines you will find on our resource site.
3. There are also Guidelines for Pediatric use if applicable. (not shown on this screen)

You can also access the clinical guidelines via Wellmark Auth Table: "Policies or Criteria Link"

The screenshot displays a web interface with three tabs at the top: 'CURRENT', 'FUTURE', and 'ARCHIVED'. The 'CURRENT' tab is selected and highlighted with a green underline. Below the tabs, a vertical green bar on the left side of the page contains the word 'General' in large green font. Underneath this bar, there are three links listed vertically, separated by horizontal lines: 'Abdomen Imaging Guidelines', 'Cardiac Imaging Guidelines', and 'Musculoskeletal Imaging Guidelines'.

Non-Health Plan Specific Provider Resources

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 Prior Authorization Online Portal Tips and Tools, to navigate www.EviCore.com and understand all the resources available on the Providers 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 Prior Authorization Online Portal Tips and Tools?

You can find a list of scheduled **Prior Authorization Online Portal Tips and Tools** on [EviCore Healthcare \(webex.com\)](http://www.EviCore.com).



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:

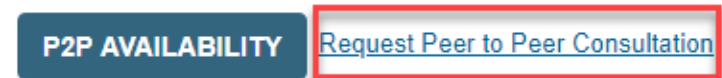
- Go to [EviCore.com](https://www.evicore.com)
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates



Online P2P Scheduling Tool


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:	



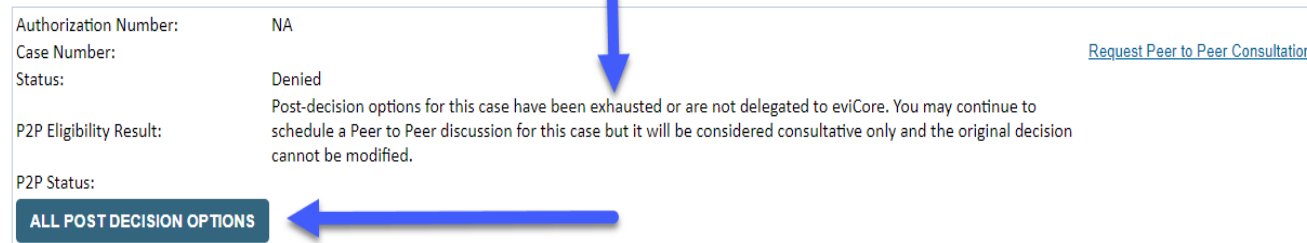
How to schedule a Peer to Peer Request

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

Case Info Questions Schedule Confirmation

New P2P Request

eviCore healthcare P2P Portal

Case Reference Number

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

eviCore healthcare P2P Portal

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 MSK Spine Surgery
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.

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...	-	-	-

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.

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 web interface for scheduling a Peer-to-Peer appointment. At the top, a progress bar shows 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), time (6:30 pm EDT), and a 'Case Info' section with fields for Case #, Episode ID, Member Name, Member DOB, Member State, Health Plan, Member ID, Case Type (MSK Spine Surgery), and Level of Review (Reconsideration P2P). The right panel, titled 'P2P Contact Details', contains several input fields: 'Name of Provider Requesting P2P' (filled with 'Dr. Jane Doe'), 'Contact Person Name' (filled with 'Office Manager John Doe'), 'Contact Person Location' (dropdown menu with 'Provider Office'), 'Phone Number for P2P' (filled with '(555) 555-5555'), 'Phone Ext.' (filled with '12345'), 'Alternate Phone' (placeholder '(xxx) xxx-xxxx'), 'Phone Ext.' (placeholder 'Phone Ext.'). Below these is a 'Requesting Provider Email' field (filled with 'droffice@internet.com') and a 'Contact Instructions' field (filled with 'Select option 4, ask for Dr. Doe'). A 'Submit >' button is located at the bottom right of the right panel. Blue arrows point to the 'Name of Provider Requesting P2P', 'Phone Number for P2P', and 'Contact Instructions' fields.

- 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

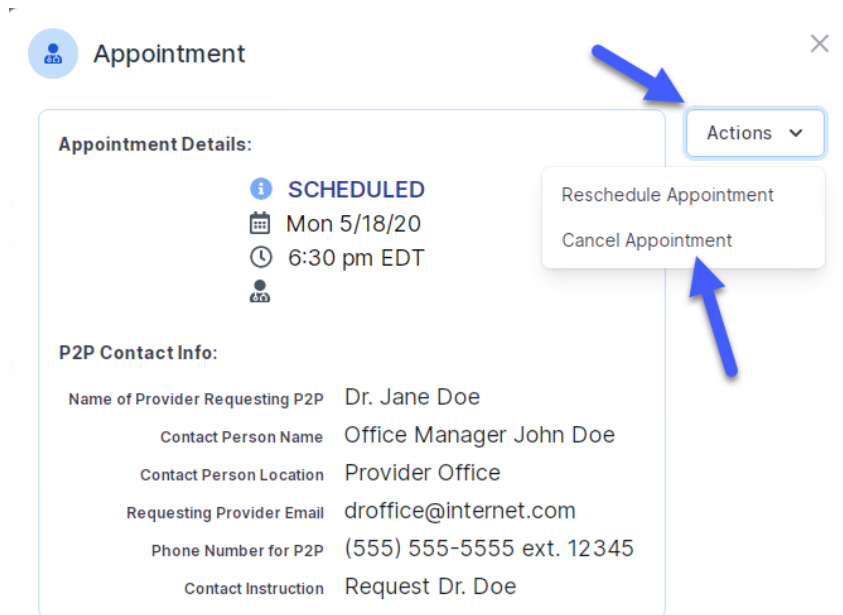
- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

The screenshot shows a 'Scheduling' summary page. It features a calendar icon and the text 'Scheduling'. Below this, it says 'Scheduled' followed by a date and time: 'Mon 5/18/20 - 6:30 pm EDT'. A calendar icon is also present next to the date. On the right side, there is a red oval containing the word 'SCHEDULED' in blue capital letters.

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.

Next Steps

1. Familiarize yourself with the new codes that require prior authorization through EviCore. [Wellmark BCBS Code List](#)
2. Make the Clinical Guidelines available to all clinical staff. [Wellmark BCBS Guidelines](#)
3. Begin requesting authorizations through the [Authorization Table \(wellmark.com\)](#) on February 12, 2024 for dates of service March 1, 2024 and after.
4. Share provider resources available on the Wellmark BCBS provider resource site at [Wellmark BCBS Provider Resources | eviCore healthcare](#) with other staff members.

Questions?



Thank You!

