

INTERVENTIONAL PAIN & JOINT ARTHROSCOPY PROVIDER TRAINING PRESENTATION



ABOUT US



MUSCULOSKELETAL (MSK) SOLUTIONS

Interventional Pain

- Spinal injections

Spine Surgery

- Fusions
- Decompressions
- Stimulators / pain pumps
- Site of service

Large Joint Surgery

Hip, Knee, Shoulder

- Arthroscopy
- Joint replacement
- Site of service

Specialized Therapy Services

- Physical / Occupational Therapy
- Speech Therapy
- Chiropractic
- Acupuncture
- Massage

Advanced Imaging Services

WEB ACCOUNT REGISTRATION

PROVIDER WEB PORTAL

www.carecorenational.com

The screenshot shows the homepage of the eviCore healthcare Provider Web Portal. At the top left is the eviCore logo with the tagline 'innovative solutions' and the word 'healthcare'. To the right is a search bar with the text 'Search for:'. Below the logo is a dark blue navigation bar with white text links: 'Home', 'eviCore Solutions', 'About eviCore', 'Resources and Information', 'Careers', and 'Contact eviCore'. The main content area is divided into three columns. The left column is titled 'Healthplan Providers' and contains a list of links: 'Practice Assessment/Standards', 'Claims Payment Portal Login', 'Authorization/Eligibility Lookup', 'Horizon BCBSNJ Site Registration', 'Criteria', and 'Provider Quality Score'. Below this list is a button labeled 'Physical Medicine Program'. The middle column has two sections. The top section is 'Ordering Provider Login' with 'User ID:' and 'Password:' input fields, each followed by a right-pointing arrow. Below these fields are links for 'Register', 'Password Help', and 'Eligibility Lookup'. The bottom section is 'Client Portal Login' with similar 'User ID:' and 'Password:' input fields and a right-pointing arrow. The right column is titled 'Healthplan Members' and contains a list of links: 'Facts About My Procedure', 'Educational Tools', 'Radiation Safety Calculator', and 'Does My Procedure Need an Authorization'.

- If already registered, enter your User ID and password, and click on the arrow.
- If you are not registered, select “Register for an Account” to begin the account registration process.

ACCOUNT REGISTRATION

Authorization Lookup | Eligibility Lookup

Monday, June 15, 2015 2:53 PM

Register for a User Account

Please read the following carefully. It will provide you with directions and a list of the information you will need to register.

Step 1: Verify a valid email address: You will need to provide a valid email address and verify that address by responding to a confirmation email.

Step 2: Basic Registration Information: During this step, you will need to provide basic information about yourself, including name, address, phone, fax, and office name.

Step 3: Attestation: During this step, you will need to agree to our website usage statement.

Step 4: Selecting a username and password. During this step, you will pick both a username and password.

Step 5: Practitioner Association: To associate a practitioner with this account the following information is required: Practitioner NPI, Practitioner State, and Practitioner Zip code.

Step 6: Add Additional Practitioners to Account: : If you wish to add any additional practitioners, please proceed through this step. The same information as above will be required: Practitioner NPI, Practitioner State, and Practitioner Zip code.

Please gather all of the above information before starting this process.

After selecting “Register,” you will be directed to an instructional page outlining the information and steps needed to create your web portal account.

VERIFICATION

Authorization Lookup | Eligibility Lookup

Monday, June 15, 2015 2:59 PM

Register for a User Account

Step 1: Verify a valid email address

In order for your account to be activated, you must be able to receive emails from CareCoreNational.com. Please check with your email administrator to ensure that emails from CareCoreNational.com can be received.

Upon submitting your e-mail address, CareCoreNational will send you a link to continue with the registration process. The link will be active for 24 hours. If you have not continued with the registration process in the allotted time – you will need to submit a new request.

First Name

Last Name

Email Address

Re-enter Email Address

Enter your name and email address to verify your account.
Click “Submit” to proceed to the next step.

VERIFICATION

Authorization Lookup | Eligibility Lookup

Wednesday, March 04, 2015 4:31 PM

Register for a User Account

You have successfully submitted your form and an email has been sent to zismail@zimbra-dev1.carecorenational.com.

CareCore National Provider Web Portal Registration

 From:

To:

Your e-mail address has been confirmed. Please select the link below to continue with the registration process.
This link will expire in 24 hours.
If you have not continued with the registration process in the allotted time - you will need to submit a new request.

[Click here to register your account](#)

[Reply](#) - [Reply to All](#) - [Forward](#) - [More Actions](#)

After submitting your information, you will receive a confirmation email with a link.

Select the link to continue the registration process.

You have 24 hours to complete the registration.

REGISTRATION FORM

Authorization Lookup | Eligibility Lookup

Wednesday, March 04, 2015 4:34 PM

Register for a User Account

Step 2: Registration required

Your e-mail address has been confirmed. Please complete the information below to continue with the registration process:

First Name	<input type="text" value="Zo"/>
Last Name	<input type="text" value="Ismail"/>
Mailing Address	<input type="text"/> <input type="text"/>
City	<input type="text"/>
State	<input type="text" value=""/>
Zip code	<input type="text"/>
Telephone	<input type="text"/>
Fax	<input type="text"/>
Office Name	<input type="text"/>

SUBMIT

Complete the registration form by entering the required information including mailing address, phone number, and office name.

Click "Submit" to proceed to the next step in the registration process.

AGREEMENT

Authorization Lookup | Eligibility Lookup

Wednesday, March 04, 2015 4:35 PM

Register for a User Account

Step 3: Agreement Attestation

In order to continue with the registration process, you must agree to the following statements:

1. I am authorized by my organization and by the ordering practitioners I will link to my account to register with CareCore National.
2. The information I will be providing as part of this registration is accurate and I will immediately update this information through the Manage your Account function in the event any of this information becomes inaccurate.
3. I am authorized to access information, including protected health information, on behalf of my organization and the ordering practitioners linked to my account through CareCore National's Practitioner Portal.
4. In using CareCore National's Practitioner Portal, I will only access the minimum amount of information necessary to perform a permitted treatment, payment or other health care operations activity.
5. In the event I obtain access to information that I am not authorized to view, I will immediately notify CareCore National at (800) 918-8924.
6. I agree not to share my username and password with any unauthorized person.
7. Failure to abide by the terms of this Usage Agreement may result in immediate termination of my organization's access to CareCore National's Practitioner Portal.

Click “I Agree” to the Attestation Statement to continue with the registration process.

USERNAME AND PASSWORD

Authorization Lookup | Eligibility Lookup

Wednesday, March 04, 2015 4:36 PM

Register for a User Account

Step 4: Select Username and Password

User Name

- Must be 6 to 30 characters in length

Password

- Must be at least 8 characters long
- Must contain upper and lower case letters
- Must contain at least 1 number
- Must contain at least one special character from the following list:
!@#\$%^&*()_+|~.=\`0[]:";'<>?,./)

UserName

Password

Confirm Password

Create a valid Username and Password.
Click "Submit."

ADDING PRACTITIONERS

Home	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Performance Summary Portal
----------------------	--------------------------------------	------------------------------------	--	--	---

Wednesday, March 04, 2015 4:36 PM

Add Practitioner

Thank you for registering on the CareCore National Provider Web Portal. Would you like to associate practitioners with your account now? You must associate practitioners in order to build a case on the CareCore National web portal. You can also add practitioners at a later time by selecting "Manage Your Account" after logging into the web portal.

Click “Yes, Associate Practitioner(s) Now” and add the practitioner information requested: NPI, State, and Zip code.

Home	Authorization Lookup	Eligibility Lookup	Clinical Certification
----------------------	--------------------------------------	------------------------------------	--

Wednesday, March 04, 2015 4:37 PM

Add Practitioner

Enter Practitioner information and find matches.

Practitioner NPI

Practitioner State

Practitioner Zip

ADDING PRACTITIONERS

[Home](#) | [Authorization Lookup](#) | [Eligibility Lookup](#) | [Clinical Certification](#) | [Certification Requests In Progress](#) | [MSM Practitioner](#)

Wednesday, March 04, 2015 4:39 PM

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

Select the matching record based upon your search criteria.

MANAGE YOUR ACCOUNT

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

Wednesday, March 04, 2015 4:40 PM

Add Practitioner

Thank you for registering on the CareCore National website. If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to complete the registration process.

Once you have selected a practitioner, your registration will be completed. You can then access the “Manage Your Account” tab to make any necessary updates or changes. You can also click “Add Another Practitioner” to add another provider to your account.

INITIATING A CASE

Welcome to the CareCore National Web Portal. You are logged in as

[Request a clinical certification/procedure >>](#)

[Resume a certification request in progress >>](#) << [Did you know? You can save a certification request to finish later.](#)

[Look up an existing authorization >>](#)

[Check member eligibility >>](#)

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Once registered, providers are granted access to the web portal.

After logging into your account, a welcome screen provides options. Choose “request a clinical certification/procedure” to begin a new case request.

PRIOR AUTHORIZATION PROCESS

PROGRAM OVERVIEW

eviCore healthcare will began accepting requests on **June 15, 2015 for dates of service July 1, 2015 and beyond.**

Prior authorization applies to services that are:

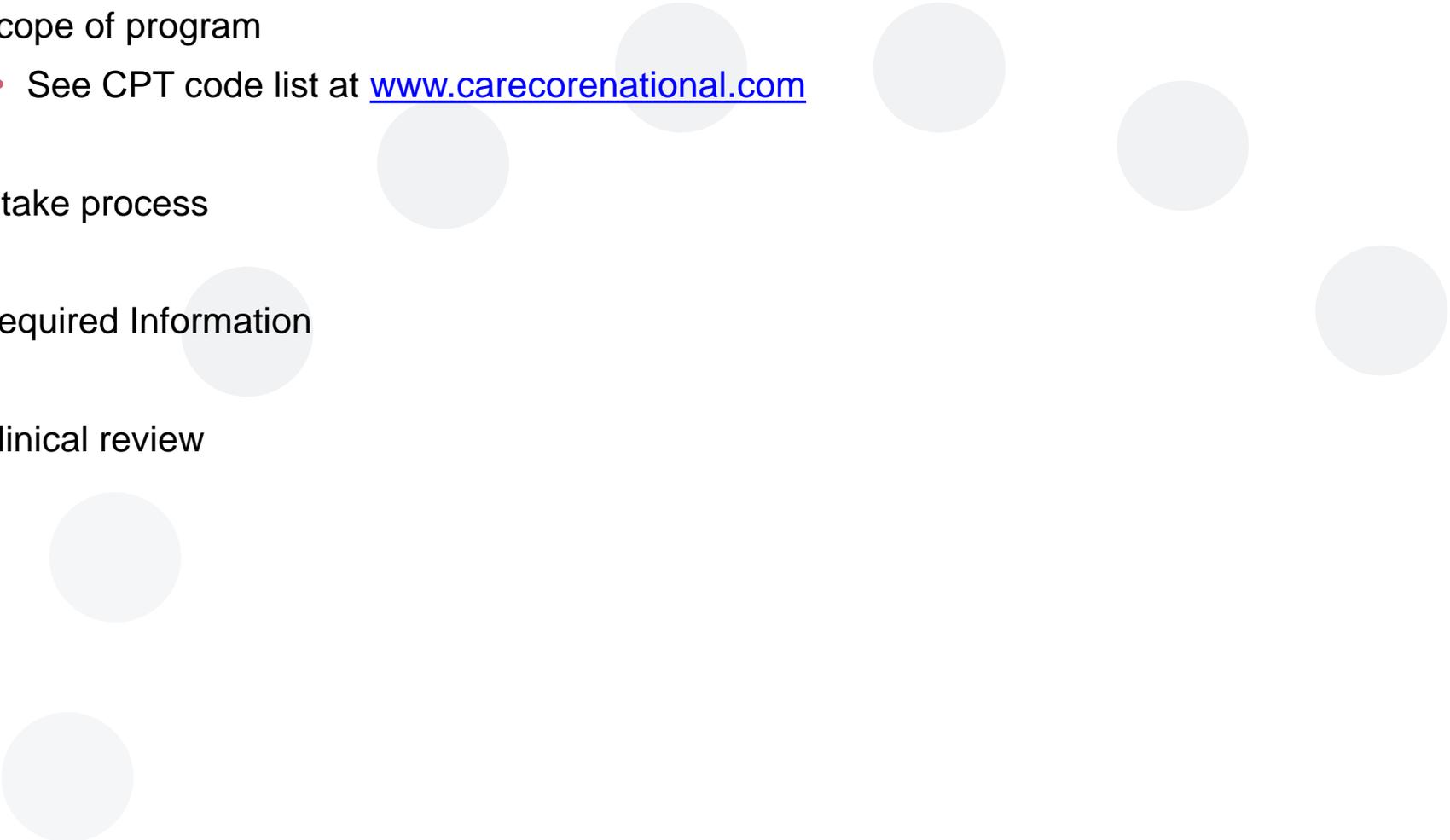
- Outpatient
- Elective / Non-emergent

Prior authorization does not apply to services that are performed in:

- Emergency Room
- Inpatient
- 23-hour observation

It is the responsibility of the ordering provider to request prior authorization approval for services.

PRIOR AUTHORIZATION PROCESS

- Scope of program
 - See CPT code list at www.carecorenational.com
 - Intake process
 - Required Information
 - Clinical review
- 

Prior Authorization Requests

There are two ways to request prior authorization:



Web Portal

www.carecorenational.com



Phone

1-855-252-1115

7:00 a.m. to 7:00 p.m. (Local Time)

Monday through Friday

NEEDED INFORMATION

MEMBER:

- Member ID
- Member Name
- Date of Birth (DOB)

Referring/Ordering Physician:

- Physician Name
- National Provider Identifier (NPI)
- State and Zip Code

REQUEST:

- Patient's Intended Treatment Plan
- Patient's Clinical Presentation
- Physician worksheet

Rendering Facility:

- Facility Name
- Address

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

- Prior tests, lab work, and/or imaging studies performed related to this diagnosis
- The notes from the patient's last visit related to the diagnosis
- Type and duration of treatment performed to date for the diagnosis

INTERVENTIONAL PAIN – INFORMATION REQUESTED

- History and Physical Exam Findings
- Intended disc/segment level and side (right/left/bilateral)
- Specific medication to be injected, type of radiofrequency to be used, and type of imaging guidance
- History of previous injections (include dates and outcome)
- Conservative therapy, including outcomes of any procedural interventions,
• medication use, and physical therapy
- Results of recent imaging studies (Xray/MRI/CT scan)

REVIEW FOR MEDICAL NECESSITY – KEY POINTS

- Timing between injections/procedures (can vary from 2-12 weeks)
- The response from the prior injection/procedure (example: must be > 50% relief of pain)
- History, physical, and imaging results must be concordant with diagnosis and intended injection/procedure
- Adequate period of conservative treatment (usually 4-6 weeks)
- No more than one pain procedure per session
- Cannot exceed maximum procedure limits (example: no more than 6 injections per year)

ARTHROSCOPY/ARTHROPLASTY (JOINT REPLACEMENT)

- History and Physical Exam Findings
- Intended side (right/left/bilateral)
- Conservative therapy, including outcomes of any procedural interventions, medication use, and physical therapy
- Results of recent imaging studies (Xray/MRI/CT scan)

Site of Service

Anticipated Assistant or Co-Surgeon

Discharge Plan

REVIEW FOR MEDICAL NECESSITY – KEY POINTS

- History, physical, and imaging results must be concordant with diagnosis and intended procedure
- Adequate period of conservative treatment (usually 4-6 weeks except in acute cases)
- Site of service consistent with guidelines

MUSCULOSKELETAL TOOLS AND CRITERIA

The physician worksheets posted to carecorenational.com contain all the questions that we will ask during clinical review. Questions are updated frequently, so *only print what you need*.

The screenshot displays the eviCore healthcare website interface. At the top left is the eviCore healthcare logo with the tagline "innovative solutions". To the right is a search bar with the text "Search for:" and a search icon. Below the logo is a dark blue navigation bar with the following menu items: Home, eviCore Solutions (highlighted in yellow), About eviCore, Resources and Information, Careers, and Contact eviCore. A dropdown menu is open under "eviCore Solutions", listing various medical specialties. The "Musculoskeletal Management" option is highlighted in dark blue, and its sub-menu is open, showing three items: "Musculoskeletal and Therapy Program Overview", "Musculoskeletal and Therapy Utilization and Quality", and "Musculoskeletal and Therapy Tools and Criteria" (highlighted in green). The background of the website shows sections for "Ordering Provider Login" and "Client Portal Login", both with "User ID:" and "Password:" fields and search icons. On the right, there is a "Healthplan Members" section with a list of links: "Facts About My Procedure", "Educational Tools", "Radiation Safety Calculator", and "Does My Procedure Need an Authorization".

eviCore healthcare
innovative solutions

Search for:

Home eviCore Solutions About eviCore Resources and Information Careers Contact eviCore

Radiology

Cardiology

Medical Oncology

Lab Management

Musculoskeletal Management

Sleep Management

Radiation Therapy

Accountable Care Solutions

Bundled Payment

Post-Acute Care

Comprehensive Care for Joint Replacement

Ordering Provider Login

User ID:

Client Portal Login

User ID:

Password:

Healthplan Members

- Facts About My Procedure
- Educational Tools
- Radiation Safety Calculator
- Does My Procedure Need an Authorization

PHYSICIAN WORKSHEET

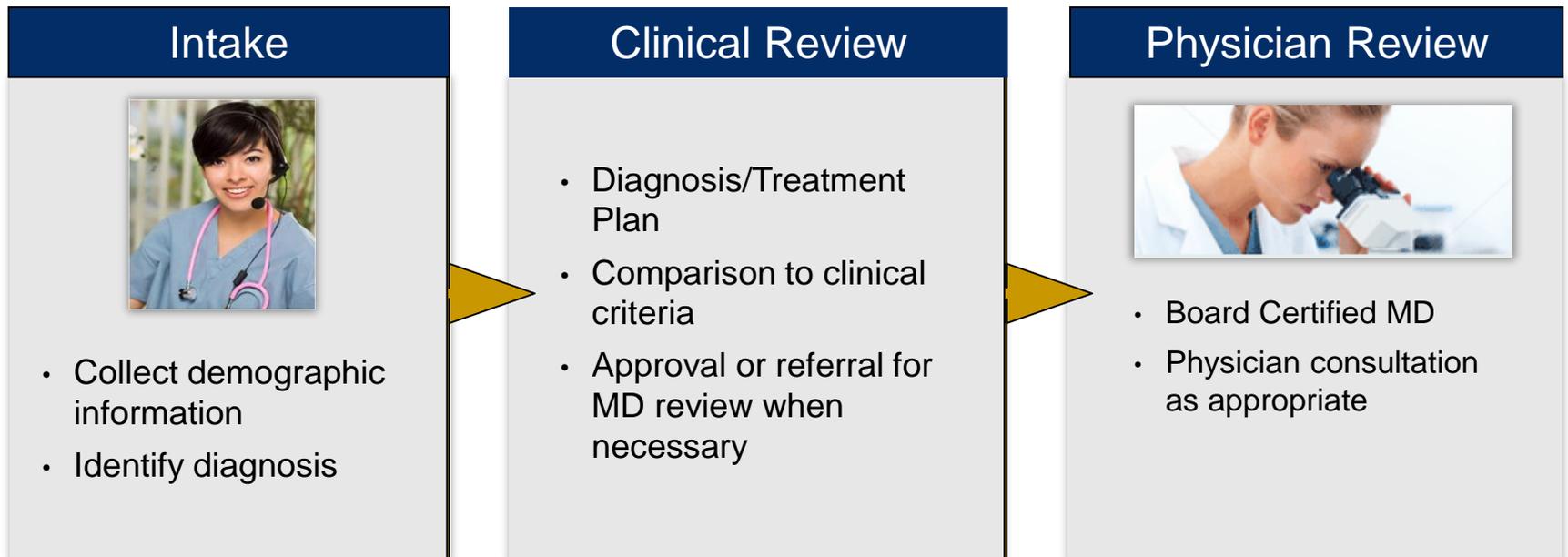
The physician worksheet is best completed by the physician during the initial consultation with the patient.

Inaccurate information causes authorized services to differ from those that are actually delivered and can lead to adverse determinations.

		ARTHROSCOPY Clinical Information Worksheet	
<p>The information in this document is required in order to complete the clinical pathway for arthroscopic services. Please do not send this form to CareCore. Request prior authorization online at www.CareCoreNational.com or by calling CareCore at the phone number designated for the patient's health plan.</p>			
MEMBER INFORMATION			
Last Name, First Name	Date of Birth / /	Health Plan	Health Plan ID
PRIOR AUTHORIZATION REQUESTS:			
Specific procedures requested with CPT/ICD-9 codes:			
Intended side (right/left) and involved compartments, if applicable (medial/lateral/patellofemoral):			
Red flag screening (e.g. infection, fracture, locked joint, etc):			
Pertinent subjective and objective findings:			
Detailed documentation of extent and response to conservative therapy, including outcomes of any procedural interventions, medication use, and physical therapy notes:			
Recent imaging studies (Xray/MRI/CT scan) - detailed report:			
Medical clearance reports (if applicable):			
RETROSPECTIVE MEDICAL REVIEWS REQUIRED DOCUMENTATION MAY INCLUDE:			
<ul style="list-style-type: none">▪ Hospital face sheet▪ Provider's admitting history and physical▪ Discharge summary▪ Operative reports (If a co-surgeon participated, CareCore National requires a separate and a distinct operative report)▪ Perioperative anesthesia and nursing records▪ Documentation of any specific implant/graft/hardware/device used intraoperatively▪ Presurgical office notes documenting need for surgery and failure of conservative/alternative care.			

PRIOR AUTHORIZATION PROCESS

eviCore healthcare offers both Web-based and phone-based request initiation. The process can be completed in as little as three minutes on the Web if all patient, physician, facility, and clinical information is collected beforehand.



PRIOR AUTHORIZATION OUTCOMES

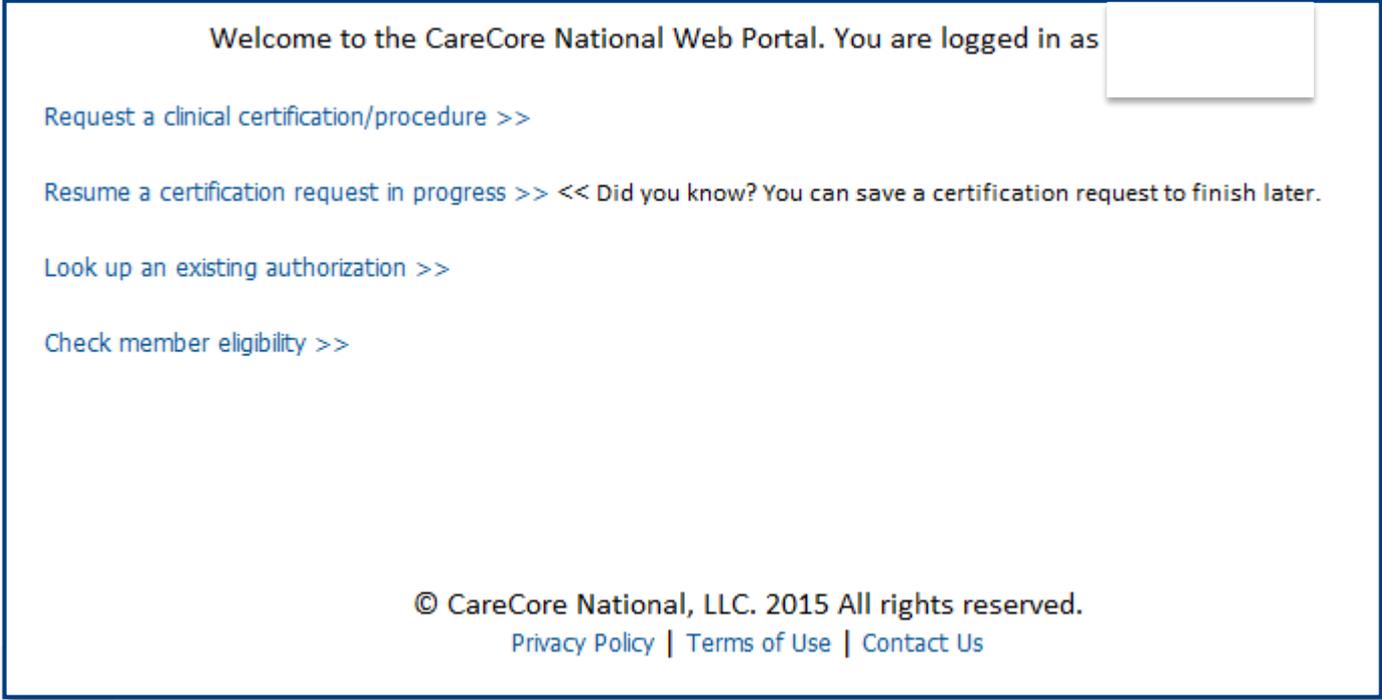
Authorization Outcomes:

- Authorizations are valid for 45 days from date of approval and can be extended
- Information can be printed on demand from the eviCore Web Portal
- Requests can be approved, partially approved and denied.

RECONSIDERATION REQUESTS

- *A reconsideration is a post-denial, pre-appeal process that allows for the medical necessity determination for the treatment to be reconsidered prior to going to appeal*
- *Health Plan provides an opportunity for the provider to request a reconsideration of an adverse determination within seven (7) business days of the decision.*
- *The requesting provider will have the opportunity to discuss the decision with the clinical peer reviewer making the denial determination or with a different clinical peer if the original reviewer is not available*

INITIATING A CASE



Welcome to the CareCore National Web Portal. You are logged in as

[Request a clinical certification/procedure >>](#)

[Resume a certification request in progress >>](#) << [Did you know? You can save a certification request to finish later.](#)

[Look up an existing authorization >>](#)

[Check member eligibility >>](#)

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- Once registered, providers are granted access to the web portal.
- After logging into your account, a welcome screen provides options. Choose “request a clinical certification/procedure” to begin a new case request.

SELECT PROGRAM



The screenshot shows the eviCore healthcare website interface. At the top left is the eviCore logo with the tagline 'innovative solutions' and the word 'healthcare' next to it. To the right of the logo is a small image of a person's hands holding a document. Below the logo is a navigation bar with the following tabs: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (which is highlighted), Certification Requests In Progress, and MSM Practitioner Performance Summary Por. Below the navigation bar, the date and time are displayed as 'Thursday, June 18, 2015 1:28 PM'. The main heading is 'Clinical Certification'. Below this heading, the text reads 'Please select the program for your certification:'. There is a list of seven options, each with a radio button: Radiology and Cardiology, Specialty Drugs, Radiation Therapy Management Program (RTMP), Musculoskeletal Management (which is selected), Sleep Management, Lab Services, and Medical Oncology Pathways. At the bottom of the form are three buttons: Cancel, Print, and Continue.

eviCore healthcare
innovative solutions

Home Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Por

Thursday, June 18, 2015 1:28 PM

Clinical Certification

Please select the program for your certification:

- Radiology and Cardiology
- Specialty Drugs
- Radiation Therapy Management Program (RTMP)
- Musculoskeletal Management
- Sleep Management
- Lab Services
- Medical Oncology Pathways

Cancel Print Continue

Select the **program** for your certification.

SELECT REFERRING PHYSICIAN

The screenshot displays the eviCore healthcare Provider Web Portal. At the top left is the eviCore logo with the tagline 'innovative solutions'. The main header reads 'Provider Web Portal'. A navigation bar includes links for Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (which is highlighted), Certification Requests In Progress, MSM Practitioner Performance Summary Portal, Resources, and Manage Your Account. The page timestamp is 'Thursday, June 18, 2015 1:30 PM'. On the left, a progress indicator shows 10% completion. The main content area is titled 'Clinical Certification' and contains the following text: 'Select the practitioner or group for whom you want to build a case. If the practitioner, group, or lab for whom you wish to build a case is not listed, please visit [Manage Your Account](#) to associate the new practitioner, group, or lab.' Below this is a 'Filter Last Name or NPI:' field with 'FILTER' and 'CLEAR FILTER' buttons. The 'Selected Physician:' section shows a dropdown menu with 'Physician' selected and a 'SELECT' button. At the bottom are 'Cancel', 'Back', 'Print', and 'Continue' buttons.

Select the **practitioner/group** for whom you want to build a case.

SELECT HEALTH PLAN

The screenshot shows the eviCore healthcare Provider Web Portal. The header includes the eviCore logo and the text "healthcare innovative solutions". Below the logo are three small images: a person in a white coat, a pharmacy counter with pills, and a grid of medical images. The main navigation bar contains links for Home, Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, MSM Practitioner Performance Summary Portal, Resources, and Manage Your Account. The current page is titled "Clinical Certification" and shows a progress bar at 20% complete. A dropdown menu is open, listing the following health plans: ASURIS, BRIDGE SPAN, REGENCE, REGENCE BCBS, OR, REGENCE BCBS UT, REGENCE, BLUESHIELD ID, REGENCE, and BLUESHIELD WA. The footer contains the copyright notice: © CareCore National, LLC. 2015 All rights reserved. Privacy Policy | Terms of Use | Contact Us.

Choose the appropriate **health plan** for the case request.

SELECT ADDRESS



Provider Web Portal

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

Thursday, June 18, 2015 1:50 PM

Log Off (APALKH11)



20% Complete

Clinical Certification

PLEASE NOTE: If this request meets the below criteria for classification of a clinically urgent request, you MUST phone in the request to CareCore National at 1-800-420-3471 or your pre-designated prior authorization line to ensure all information required to render a decision is expediently gathered thereby preventing any unnecessary delay in care for the member. Urgent cases include requests for services where one of the following conditions apply:

- 1. A delay in care could seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.**
- 2. In the opinion of a provider, with knowledge of the member's medical condition, indicates 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.**

[Redacted]

Please select the health plan for which you would like to build a case. If the health plan is not shown, please contact the plan at the number found on the member's identification card to determine if case submission through CareCore National is necessary.

[Redacted]

Please Select an Address

Cancel Back Print Continue

CONTACT INFORMATION

Home | Authorization Lookup | Eligibility Lookup | **Clinical Certification** | Certification Requests In Progress | Physician Criteria | Manage Your Account

Tuesday, April 15, 2014 3:48 PM



100% Complete

Physician EDIT

Clinical Certification

Physician's Name [?]

Who to Contact [?]

Fax [?]

Phone [?]

Ext. [?]

Cell Phone

Email

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Enter the Physician's name and appropriate information for the point of contact individual.

MEMBER INFORMATION

Patient Information


30% Complete

Physician
DOE, JOHN

[EDIT](#)

Clinical Certification

Patient ID:

Date Of Birth: MM/DD/YYYY

Patient Last Name Only: [?]

Enter the member information including Patient ID number, date of birth, and patient's last name. Click "Eligibility Lookup."

CLINICAL DETAILS

Clinical Certification

What is the expected procedure date or treatment start date for this request? MM/DD/20YY

Musculoskeletal Management Procedures

Select a Procedure by CPT Code [\[?\]](#) or Description [\[?\]](#)

Diagnosis

ICD-9 Code: **724.2**

Description: **LUMBAGO**

[Change Diagnosis](#)

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VERIFY SERVICE SELECTION

Provider Web Portal

[Home](#) | [Authorization Lookup](#) | [Eligibility Lookup](#) | [Clinical Certification](#) | [Certification Requests In Progress](#) | [Physician Criteria](#) | [Manage Your Account](#)

Tuesday, April 15, 2014 4:01 PM


40% Complete

Physician [EDIT](#)

Patient [EDIT](#)

Clinical Certification

Confirm your service selection.

Procedure Date:
CPT Code:
Description:
ICD-9 Code:
Diagnosis:

[Change Procedure or Diagnosis](#)

[Cancel](#) [Back](#) [Print](#) [Continue](#)

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PAUSE/SAVE OPTION

Home | Authorization Lookup | Eligibility Lookup | **Clinical Certification** | Certification Requests In Progress | Physician Criteria | Manage Your Account

Friday, April 25, 2014 9:57 AM

Clinical Certification

1 What joint is being examined?

- hip
- knee
- ankle or foot
- Other

2 Which side is being evaluated?

right left

For bilateral studies, please obtain a certification for each side - right and left.

Finish Later

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

Once you have entered the clinical collection phase of the case process, you can save the information and return **within (2) business** days to complete.

APPROVAL

Clinical Certification			
Your case has been Approved.			
Physician Name:	DR. JOHN DOE	Contact:	MARY JONES
Physician Address:	100 MAIN ST PEMBROKE PINES, FL 33024	Phone Number:	(212) 123-4567
		Fax Number:	(212) 123-5678
Patient Name:	JANE SMITH	Patient Id:	ABCDEFH
Insurance Carrier:	HEALTH PLAN		
Site Name:	RADIOLOGY CORPORATION	Site ID:	DY5883
Site Address:	123 E OAK AVE SUITE A MIAMI, FL 33156		
Diagnosis/ICD-9 Code:	238.0	Description:	Unc behav neo bone
Date of Service:	7/5/2012	Description:	
CPT Code:	<input type="text"/>	Description:	<input type="text"/>
Authorization Number:	A000000000		
Review Date:	6/28/2012 4:04:10 PM		
Expiration Date:	8/12/2012		
Status:	Your case has been Approved.		
<input type="button" value="Print"/> <input type="button" value="Continue"/>			

Once the clinical pathway questions are completed and the answers have met the clinical criteria, an approval will be issued.

Print the screen and store in the patient's file.

MEDICAL REVIEW

Clinical Certification

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

- I would like to upload a document
- 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

Enter text in the space provided below or both.

Additional Information - Notes:

You may upload a document from your computer (PDF or Word less than 5MB)

Additional Upload Document:

 Finish Later

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

➤ If additional information is required, you will have the option to either upload documentation, enter information into the text field, or contact us via phone.

CASE NUMBERS

Case numbers are:

- Assigned to every new request
- Used for reference purposes only
- Not valid for payment
- Formatted as a 10-digit numeric value
 - Ex: 1004567890

Authorization/Determinations Numbers are:

- Formatted as an Alpha code followed by numeric values
 - Ex: A012345678
- Approved for a 45 day approved time period
- Approved in 2 business days after receipt of all clinical information

Modifications to Authorized Procedures

- For any modifications to authorized procedures, call (855)252-1115 and select Customer Service.

CONTINUED INITIATION PROCESS

Clinical Certification

Thank you for submitting a request for clinical certification. Would you like to:

- [Return to the main menu](#)
- [Start a new request](#)
- [Resume an in-progress request](#)

You can also start a new request using some of the same information.

Start a new request using the same:

- Program (Musculoskeletal Management)
- Provider ()
- Program and Provider (Musculoskeletal Management and)
- Program and Health Plan

BUILDING ADDITIONAL CASES

Clinical Certification

Thank you for submitting a request for clinical certification. Would you like to:

- [Return to the main menu](#)
- [Start a new request](#)
- [Resume an in-progress request](#)

You can also start a new request using some of the same information.

Start a new request using the same:

- Program (Musculoskeletal Management)
- Provider ()
- Program and Provider (Musculoskeletal Management and)
- Program and Health Plan

Is this request also for the same:

- Provider | Member -
- Procedure - 64484
- Same Program and Health Plan only (new provider, member, and procedure)

PLEASE NOTE: If this request meets the below criteria for classification of a clinically urgent request, you MUST phone in the request to CareCore National at 1-800-420-3471 or your pre-designated prior authorization line to ensure all information required to render a decision is expediently gathered thereby preventing any unnecessary delay in care for the member. Urgent cases include requests for services where one of the following conditions apply:

- 1. A delay in care could seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.**
- 2. In the opinion of a provider, with knowledge of the member's medical condition, indicates 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.**

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AUTHORIZATION LOOK UP



Provider Web Portal

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Thursday, June 18, 2015 3:07 PM

Authorization Lookup

New Security Features Implemented

REQUIRED FIELDS

Healthplan:

Provider NPI:

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Thursday, June 18, 2015 3:10 PM

Authorization Lookup

New Security Features Implemented

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:
MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:

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AUTHORIZATION STATUS

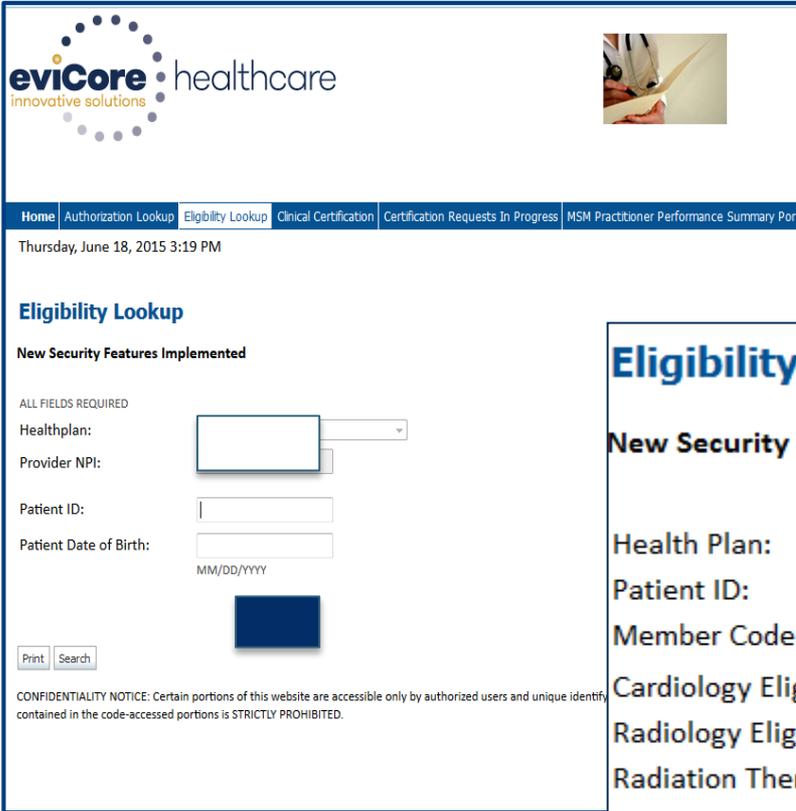
Thursday, August 27, 2015 11:48 AM

Authorization Lookup

New Security Features Implemented

Authorization Number:	<input type="text"/>
Case Number:	<input type="text"/>
Status:	Approved
Approval Date:	8/27/2015 11:39:16 AM
Service Code:	64484
Modifier:	RT
Service Description:	Transforam epidural inj addl
Site Name:	<input type="text"/>
Expiration Date:	10/11/2015
Date Last Updated:	8/27/2015 11:41:19 AM
Correspondence:	<input type="button" value="VIEW CORRESPONDENCE"/>

ELIGIBILITY LOOK UP



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Home Authorization Lookup **Eligibility Lookup** Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Port

Thursday, June 18, 2015 3:19 PM

Eligibility Lookup

New Security Features Implemented

ALL FIELDS REQUIRED

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:
MM/DD/YYYY

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Eligibility Lookup

New Security Features Implemented

Health Plan:

Patient ID:

Member Code:

Cardiology Eligibility:

Prior authorization required

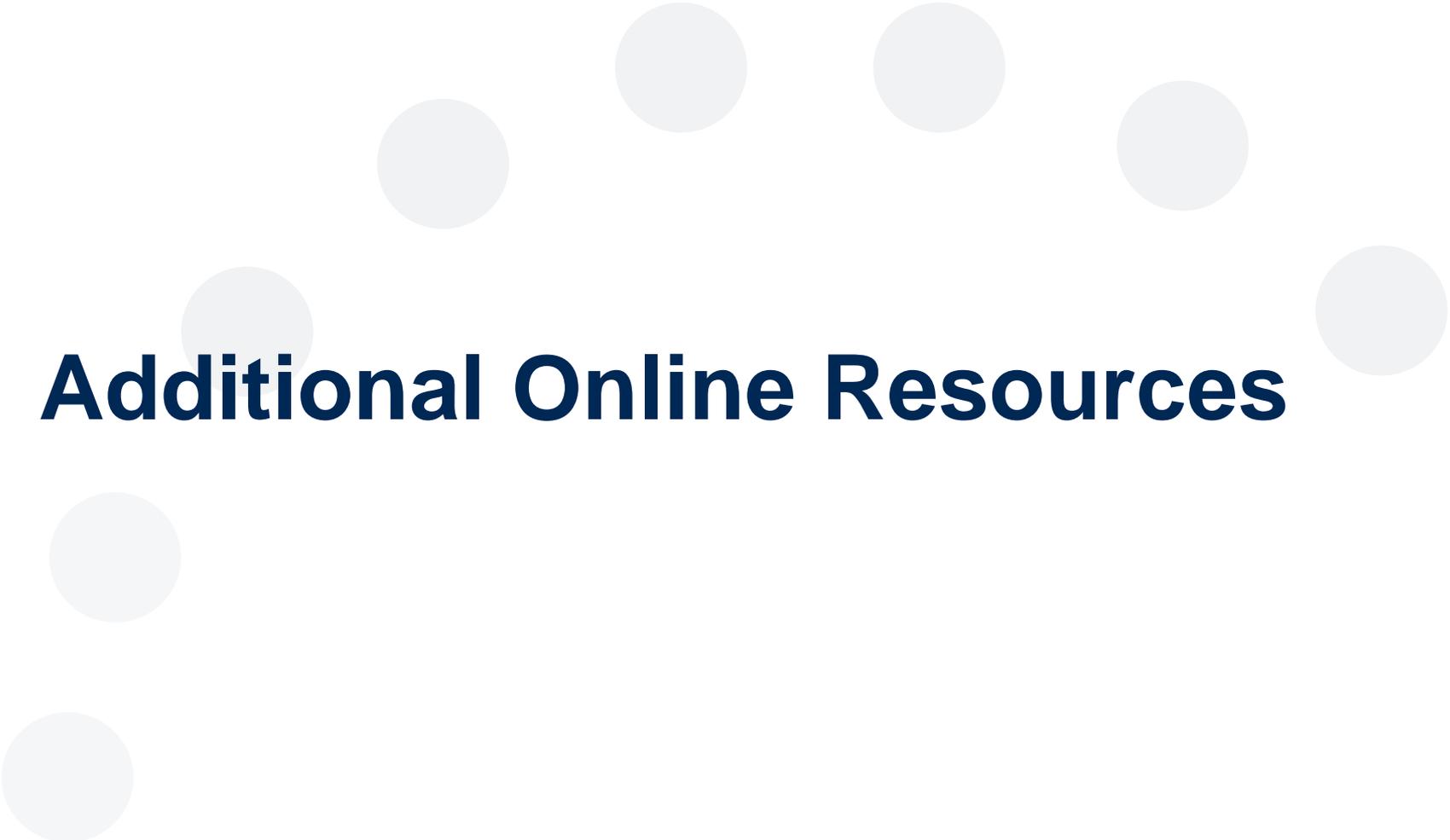
Radiology Eligibility:

Prior authorization required

Radiation Therapy Eligibility: **Medical necessity determination required.**

MSM Pain Mgt Eligibility:

Prior authorization required



Additional Online Resources

RESOURCES AND INFORMATION

The screenshot displays the eviCore healthcare website with the 'Resources and Information' menu open. The navigation bar includes links for Home, eviCore Solutions, About eviCore, Resources and Information, Careers, and Contact eviCore. A search bar is located in the top right corner. The main content area is divided into three columns: Healthplan Providers, Ordering, and Healthplan Members. The Resources and Information dropdown menu lists the following items: Corporate News, Industry News, Published Articles, Policies & Payment Rules, Patient FAQ, Educational Tools, Provider Overview Tutorials, Radiation Safety and Calculator, and Member Rights Policy.

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Search for:

Home | eviCore Solutions | About eviCore | **Resources and Information** | Careers | Contact eviCore

Healthplan Providers

- Practice Assessment/Standards
- Claims Payment Portal Login
- Authorization/Eligibility Lookup
- Horizon BCBSNJ Site Registration
- Criteria
- Provider Quality Score

Physical Medicine Program

Ordering

User ID:

Password:

[Register](#) | [Forgot Password](#)

Client F

User ID:

Password:

Healthplan Members

- Facts About My Procedure
- Educational Tools
- Radiation Safety Calculator
- Does My Procedure Need an Authorization

Resources and Information

- Corporate News
- Industry News
- Published Articles
- Policies & Payment Rules
- Patient FAQ
- Educational Tools
- Provider Overview Tutorials
- Radiation Safety and Calculator
- Member Rights Policy

MSM TOOLS & CRITERIA

Musculoskeletal and Therapy Tools and Criteria

Program Overview | Utilization and Quality Management | Program Tools and Criteria

CareCore Criteria*

2015 AMA Updates to Musculoskeletal and Therapy Policies

- CareCore Criteria for Acupuncture Services- Effective January 1, 2014
- CareCore Criteria for Arthroscopic Services- Effective March 31, 2014
- CareCore Criteria for Joint Arthroplasty Services- Effective January 1, 2014
- CareCore Criteria for Chiropractic Services- Effective January 1, 2014
- CareCore Criteria for Massage Therapy Services- Effective January 1, 2014
- CareCore Musculoskeletal Pain Management Criteria- Effective January 1, 2014
- CareCore Musculoskeletal Pain Management Criteria- Effective January 1, 2015
- CareCore Criteria for PT and OT Services- Effective January 1, 2014
- CareCore Criteria for Speech Therapy Services- Effective January 1, 2014
- CareCore Criteria for Spine Services- Effective January 1, 2014
- CareCore Criteria for Spine Services- Effective January 1, 2015

CareCore Worksheets

- Arthroscopy Clinical Information Worksheet
- Pain Management Clinical Information Worksheet
- Spine Clinical Information Worksheet

Tutorials



Clinical Certification Request Training



Group Web Registration Training



Individual Provider Web Registration Training

Helpful criteria, worksheets, and tutorials are available for all eviCore programs. This information is kept up-to-date and is available 24/7 on the eviCore website.

This is a sample of the **MSM Tools & Criteria.**

ANY QUESTIONS?

