

Durable Medical Equipment (DME) Web Portal Presentation

Web Portal Reference Guide



Empowering
the Improvement
of Care

Account Registration

eviCore healthcare website

- Point web browser to evicore.com



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

A screenshot of the login page on the eviCore healthcare website. The page has a dark green header with "PROVIDERS:" and a "Login" button with a user icon. Below the header are two input fields: "User ID" and "Password", each with a "Forgot" link to its right. Underneath are two checkboxes: "I agree to HIPAA Disclosure" and "Remember User ID". A large green "LOGIN" button is centered at the bottom, with a red arrow pointing to it from the right. Below the button, the text "Don't have an account? Register Now" is displayed, with "Register Now" in green.

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*:	Select <input type="text"/>	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

The screenshot shows a navigation menu at the top with the following tabs: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resource, and Manage Your Account. The 'Manage Your Account' tab is highlighted with a red circle. Below the navigation menu, the page title is 'Manage Your Account'. There are two buttons: 'CHANGE PASSWORD' and 'EDIT ACCOUNT'. Below these are labels for 'Office Name:', 'Address:', 'Primary Contact:', and 'Email Address:'. At the bottom left, there is a button labeled 'ADD PROVIDER', which is also highlighted with a red circle.

- 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.
- Enter the Provider’s NPI, State, and Zip Code to search for the provider
- Select the matching record based upon your search criteria
- Once you have selected a practitioner, your registration will be complete
- You can also click “**Add Another Practitioner**” to add another provider to your account
- You can access the “**Manage Your Account**” tab at any time to make any necessary updates or changes

Initiating A Case

Initiating A Case

Monday, January 27, 2020 9:02 AM

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

CONTINUE

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

Select Provider

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

Requesting Provider Information

Select the provider for whom you want to submit an authorization request. If you don't see them listed, click [Manage Your Account](#) to add them.

Filter Last Name or NPI:

SEARCH **CLEAR SEARCH**

	Provider
SELECT	
SELECT	
SELECT	
SELECT	
SELECT	

BACK **CONTINUE**

- Select the **ordering** Practitioner/Group for whom you want to build a case by entering the last name or NPI

Select The Insurance Plan

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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Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

[BACK](#) [CONTINUE](#)

- Choose the appropriate **Insurer** for the case request.
- Once the plan is chosen, please select the ordering provider's address in the next drop down box.

Procedure Information

The screenshot shows a web form with a blue header bar containing the text "Attention!". Below the header, there is a "Time: : " label. The main content of the form asks, "What is the expected distribution date for this request?" followed by a text input field and the format "MM/DD/20YY". A blue "SUBMIT" button is located below the input field.

- Enter the expected distribution date for the request

Member 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	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:

TIN:

Zip Code:

City:

Site Name:

Exact match
 Starts with

[LOOKUP SITE](#)

[BACK](#)


- 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
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Add Site of Service

Selected Site:

Site Email (optional) 

Fax [?]

Phone [?]

- 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 member. 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
- Then select rental or purchase
- 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

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

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

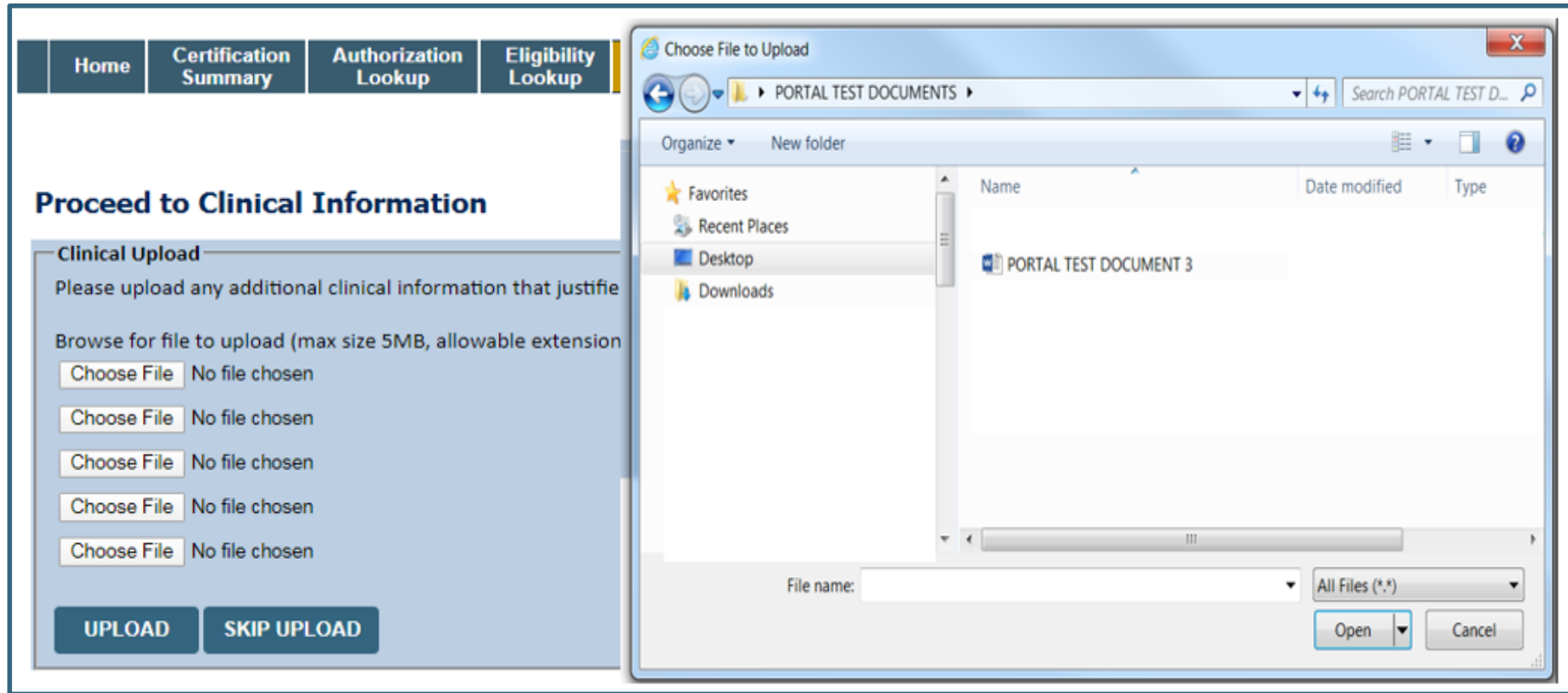
Finish Later

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



- 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

The screenshot shows a web application interface with a navigation bar at the top containing the following menu items: Home, Certification Summary, Authorization Lookup (highlighted in yellow), Eligibility Lookup, Clinical Certification, Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account, and H Cont. Below the navigation bar is the main content area titled "Authorization Lookup".

Under the title, there are two radio button options for search criteria:

- Search by Member Information
- Search by Authorization Number/ NPI

The "Search by Member Information" section includes "Required Fields" and "Optional Fields":

- Required Fields:**
 - Healthplan: [Dropdown menu]
 - Provider NPI: [Text input field]
 - Patient ID: [Text input field]
 - Patient Date of Birth: [Text input field] with a placeholder "MM/DD/YYYY" below it.
- Optional Fields:**
 - Case Number: [Text input field]
 - or
 - Authorization Number: [Text input field]

At the bottom left of this section are two buttons: "PRINT" and "SEARCH".

The "Search by Authorization Number/ NPI" section includes "Required Fields":

- Search by Authorization Number/ NPI
- Required Fields:**
 - Provider NPI: [Text input field]
 - Auth/Case Number: [Text input field]

Below these fields is a dark blue button labeled "SEARCH".

- 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**.

eviCore healthcare

Provider Resources

Benefits of eviCore Provider Portal

The provider portal allows you to go from request to approval faster. Following are some benefits & features:

- Saves time: Quicker process than phone authorization 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 Web Specialist, call (800) 646-0418 (Option #2) or email portal.support@evicore.com

Dedicated Call Center

Prior Authorization Call Center – 866-417-2345, options 3, 4

Our call center is open Monday – Friday from 7am to 7pm CST,
Saturday 8am to 4pm CST and Sunday 8 am – 1 pm CST

Afterhours coverage is available for urgent issues, including holidays

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

- Request Prior Authorization
- Check Status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Change facility or HCPC Code(s) on an existing case
- Request to speak to a clinical reviewer
- Schedule a Peer to Peer 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 authorization call center.*

Client & Provider Operations Team

Client and Provider Services

- Dedicated team to address provider-related requests and concerns including:
 - Questions regarding Accreditation, and/or Credentialing
 - Requests for an authorization to be resent to the health plan
 - Eligibility issues (member, rendering facility, and/or ordering physician)
 - Issues experienced during case creation
 - Reports of system issues

How to Contact our Client and Provider Services team

Email: ClientServices@evicore.com (preferred)

Phone: 1 800-575-4517 (option 3)

For prompt service, please have all pertinent information available. When emailing, make sure to include the insurer with a description of the issue and member/provider/case details when applicable.



Thank You!

