

# WEB PORTAL 2.0

## Registration & Web Portal Navigation Reference Guide



# NEW WEB PORTAL SERVICES

<https://myportal.medsolutions.com>



Online Chat

\* Required

Email Address : \*

Password : \*

Remember Email Address [Forgot Password?](#)

**HIPAA Disclosure Agreement**

Before proceeding, you must confirm that you are authorized to access Protected Health Information (PHI) as defined under the Health Insurance Portability and Accountability Act on behalf of the organization listed.

You must also agree to limit your access to the minimum amount of information necessary to perform a permitted treatment or other health care operations activity.

I Agree \*

[New User? Register Here!](#)

**Welcome to the eviCore healthcare Web Portal (formerly MedSolutions)**



We believe the best way to improve the efficiency of the healthcare system is to make sure every decision is based on the most up-to-date and accurate information. Better care and better benefits means saving time and saving money, and it results in the highest level of satisfaction for plan sponsors, members and providers.

Our web portal is designed with this approach in mind. You should find it easy to use, intuitive and capable of providing a variety of services and information.

We encourage use of this site for initiating prior authorization requests and look forward to providing you a seamless online experience.

This application is compatible with Internet Explorer 8, Internet Explorer 9, Mozilla Firefox and Google Chrome

Web Support 800-575-4594

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Self Service at Your Fingertips!

- It's Simple
- It's Available 24/7

## MAIN MENU



[How to Register](#)



[Getting Started - Case Creation](#)



[New Web Portal Services – Help!](#)

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# CREATING AN ACCOUNT



Welcome to

Before continuing, please read to determine what account type to register under; then click **Register Now** to continue.

Please read below

**Physician:** An Individual Practitioner or an assistant of a Physician who would create and check status of a Pre-authorization.

**Facility:** A Medical Group Practice, Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or Facility who would create and check status of a Pre-Authorization.

**Billing Office:** A billing Office who can check the status of Pre-Authorization, claims and payments. If you represent multiple Tax IDs, please register with your Primary Tax ID. You can tie additional preferred Tax Ids after your initial login.

**Health Plan:** A Health Plan representative who can check the status of Pre-Authorization and Claims.

Register Now

# USER REGISTRATION

- ❑ Determine the appropriate user type in the **Account Type** dropdown; (*Physician, Facility, Health Plan or Billing Office*)
- ❑ Fill in all required information marked with an asterisk\*
- ❑ Enter the *Provider* for which you are associated, using **Name** and **TIN**
- ❑ Select the **Next** button
- ❑ Click **Find** and select provider

**NOTE: Your email address will be your user name**

The screenshot shows the eviCore healthcare user registration interface. At the top, the logo for eviCore healthcare is visible. Below it, there is a dark grey header with the text "ACCOUNT TYPE:" and a dropdown menu. The dropdown menu is open, showing options: "Physician", "Facility", "Health Plan", and "Billing Office". The "Physician" option is highlighted. To the right of the dropdown, there is a small asterisk and the text "\* Required Field".

Below the header is a green bar with the text "User Information" and a "Reset" button. Underneath this bar is a grey bar with the text "All Pre-Authorization notifications will be sent to the fax number and email address provided above. Please make sure you provide valid information." Below this bar are several input fields:

- Email\*:
- Confirm Email\*:
- First Name\*:
- Last Name\*:
- Address\*:
- City\*:
- State\*:
- Zip\*:
- Phone\*:
- Ext:
- Fax\*:

Below the input fields is a green bar with the text "Provider Information". Underneath this bar is a grey bar with the text "Please Select the Physician that you represent. A notification will be sent to the organization regarding this registration". Below this bar are several input fields:

- Physician First Name:
- Physician Last Name\*:
- Street Address:
- State:
- Tax ID\*:
- NPI:

At the bottom right of the form, there is a green "Find" button and a grey "Next" button. At the bottom of the page, there is a dark grey footer with the text "Web Support: 800-575-6594" and several links: "Legal Disclaimer", "Privacy Policy", "Corporate Website", "Report Fraud & Abuse", "Guidelines and Forms", and "Contact Us".

BACK    NEXT

# USER REGISTRATION CONTINUED.....

**eviCore** healthcare  
powered by solutions

Please review the information before you submit this registration. An Email will be sent to your registered email address to set your password.

### User Registration

Email:	April.West@medsolutions.com	Address:	720 Cool Springs Blvd Ste 800	Phone:	615-538-2805
Account Type:	Physician	City:	Franklin	Ext:	
First Name:	April	State:	TN	Zip:	37064
Last Name:	West			Fax:	615-438-4000

### Provider Information

Physician FirstName:	DOCTOR	Physician LastName:	TEST	Street Address:	123 TEST DR
State:	TN	Tax ID:	****6789	NPI:	null

[Back](#) [Submit Registration](#)

Review all information for accuracy and click  
**Submit Registration.**

**BACK**    **NEXT**

# USER REGISTRATION CONTINUED.....

**USER REGISTRATION**

New Access Agreement

MediHealthcare, Inc.

Provider/Subscriber Access Agreement for Web-Based Applications

This Provider/Subscriber Access Agreement for Web-Based Applications ("Access Agreement") contains the terms and conditions for use by Provider/Subscriber of the web-based applications provided by MediHealthcare, Inc. ("MHC") through its Web Site. This Access Agreement applies to Provider/Subscriber and all employees and agents that have access to MHC's web-based applications by obtaining a user ID and Personal Identification Number ("PIN"), Security Agreement, or other security device provided by MHC, hereinafter referred to as "Users."

To obtain access to MHC's Web Site applications, Users must first read and agree to this Access Agreement after reviewing these documents. Users will be asked to accept the Access Agreement by checking the "Accept Terms and Conditions" check box. If User accepts, this will result in a binding contract between User and MHC, and if User has affirmatively agreed to the Access Agreement.

Each and every time User accesses MHC's web-based applications, User agrees to be bound by this Access Agreement, as if they had accepted from time to time.

By checking this box, User accepts MHC grants Provider/Subscriber a non-exclusive, non-transferable limited license to access electronically MHC's web-based applications only so long as Provider/Subscriber is currently bound by a Provider/Subscriber Agreement (all user terms & Provider/Subscriber Agreement) in an agreement to provide health care/medical services to Member(s) of health plans for which MHC provides telemedical services. Whether it is with MHC directly or with health service, the electronic access to and use of MHC's Web Site is subject to the electronic access to and use of MHC's

Accept Terms and Conditions \*

Submit Cancel

**eviCore healthcare**

Please review the information before you submit this information.

**User Registration**

Email: test.test@test.com

Account Type: Physician

First Name: Test Frist

Last Name: Test Last

**Provider Information**

Physician First Name: JOHN

State: KY

Tax ID: \*\*\*\*\*

Phone: 798-797-9879

Ext:

Fax: 979-789-7987

Accept Terms and Conditions and click Submit.


## USER REGISTRATION CONTINUED.....



Registration Successful

Your Registration has been accepted. An email has been sent to your registered email account allowing you to set your password. Please close the browser.

**You will receive a message on screen confirming your registration is successful. You will be sent an email to create your password.**

 Web Support 800-575-4594

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# USER REGISTRATION CONTINUED.....



## Password Maintenance

Please set up a new password for your account.

Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters.

New Password\*

Please enter New Password

Confirm New Password\*

Save

**Your password must be as least 8 characters long and contain the following:**

- Uppercase letters
- Lowercase letters
- Numbers
- Characters (i.e., ! ? \*)

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## LOGGING IN

Once you have created your password, you will be taken back to the *Login Page*.

- ❑ Type in your **Email Address** and **Password**
- ❑ Check **I Agree** to the *HIPAA Disclosure Agreement*. The **Login** button will turn green.
- ❑ Click **Login**

eviCore healthcare

Email Address : \*

Password : \*

Remember Email Address [Forgot Password?](#)

**HIPAA Disclosure Agreement**

Before proceeding, you must confirm that you are authorized to access Protected Health Information (PHI) as defined under the Health Insurance Portability and Accountability Act on behalf of the organization listed. You must also agree to limit your access to the minimum amount of information necessary to perform a permitted treatment or other health care operations activity.

I Agree \*

[New User? Register Here!](#)

This application is compatible with Internet Explore

[Legal Disclaimer](#) | [Privacy Policy](#) | [Corporate Website](#) [Web Site](#)

# ANNOUNCEMENTS



Online Chat Logout

Announcements Home Search/Start Case

Announcements



You will automatically be taken to the Announcements tab to look for any important messages or updates. They will be dated for your reference. Please read over these before continuing to the Home tab.

Medically Urgent- Posted on: 01 Jun 2015

**Medically Urgent** cases must be submitted by calling eviCore healthcare at 1-888-693-3211.

**Urgent Care:** *is any request for medical care or treatment with respect to which the application of the time periods for making non-urgent care determinations could result in the following circumstances:*

- \* *Could seriously jeopardize the life or health of the member or the member's ability to regain maximum function, based on a prudent layperson's judgment, or*
- \* *In the opinion of a practitioner with knowledge of the member's medical condition, would subject the member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request. (NCQA HUM8)*

BACK NEXT

# HOME TAB

The Home Page will have two worklists:  
**My Pending Worklist & Recently Submitted Cases.**

## My Pending Worklist

- ❑ You can save the case information (if you have to stop at any point) and come back to it at a later time.
  - ❑ *You no longer have to start over with a case!*
  - ❑ *Additional clinical can now be added to a pending case after submission without having to fax!*

## Recently Submitted Cases

- ❑ Cases that are pending review and/or
- ❑ Cases recently approved or denied

HOME

The screenshot displays the Home Tab interface with two main sections. The top section is titled "My Pending Worklist - 2" and contains a table with columns: Case Number, Insurer Name, Patient Name, Date Of Birth, CPT Codes, ICD Codes, Referring Physician, Facility, Start Date, and Pending Case Information. Two rows are visible, both with a "Pending Submit" status. The bottom section is titled "Recently Submitted Cases - 2" and contains a table with columns: Case Number, Insurer Name, Patient Name, Date Of Birth, Case Status, Case Activity, Submit Date, Authorization Number, Effective Date, Expiration Date, Referring Physician, and Facility. Two rows are visible, both with a "Pending" status. A blue arrow points to the "HOME" button above the screenshot, and another blue arrow points to the "My Pending Worklist" header. A footer bar contains links for Legal Disclaimer, Privacy Policy, Corporate Website, Report Fraud & Abuse, Guidelines and Forms, and Contact Us.

# HOME TAB CONTINUED.....

The screenshot displays the eviCore healthcare web application interface. At the top, there is a navigation bar with 'Announcements', 'Home', and 'Search/Start Case' options. The 'Home' tab is selected. On the right side of the header, there are icons for 'Online Chat', a settings gear, a lock icon, and a 'Logout' button.

The main content area is divided into two sections:

- My Pending Worklist - 1\***: This section has a title bar with 'Cases Pending for Case Details and Surveys'. Below the title bar is a table with columns for 'Case Number', 'Insurer Name', and 'Patient Name'. A single row is visible with Case Number 100034983, Insurer Name 'MEDSOLUTIONS DEMO', and Patient Name 'POWERPU'. A callout box explains: 'Cases Pending for Case Details and Surveys will be deleted after 7 calendar days. You also have the option to manually delete a case in My Pending Worklist (prior to 7 days), if the case is no longer needed.' Below the table is a pagination control with a red box around the number '1' and a label 'Page scroll' pointing to it. On the right side of this section, there are icons for 'Clear Filters', 'Refresh Data', and a dropdown for 'Facility'. A red box around the text '1 - 1 of 1 items' is labeled 'Number of cases'.
- Recently Submitted Cases - 2**: This section has a title bar with 'Recently Submitted Cases'. Below the title bar are date filters for 'Start Date' (06/17/2015) and 'End Date' (06/18/2015), along with 'Clear Filters', 'Refresh Data', and a checked checkbox for 'Only My Portal Cases'. The table below has columns for 'Case Number', 'Insurer Name', 'Patient Name', 'Date Of Birth', 'Case Status', 'Case Activity', 'Submit Date', 'Authorization Number', and 'Effective Date'. Two rows are visible: Case Number 100037150 and Case Number 100036940. A callout box explains: 'Recently Submitted Cases will show for a 2 day time span. The dates can be edited for any 2 day span requested.' Below the table is a pagination control with a red box around the number '1' and a label 'Page scroll' pointing to it. On the right side of this section, there are icons for 'Clear Filters', 'Refresh Data', and a dropdown for 'Facility'. A red box around the text '1 - 2 of 2 items' is labeled 'Number of cases'.

At the bottom of the page, there is a footer with 'Web Support 800-575-4594' and links for 'Legal Disclaimer', 'Privacy Policy', 'Corporate Website', 'Report Fraud & Abuse', 'Guidelines and Forms', and 'Contact Us'. At the very bottom, there are navigation icons for 'BACK', a home icon, and 'NEXT'.

# HOME TAB CONTINUED.....

Announcements Home Search/Start Case

My Pending Worklist - 1\* Cases Pending for Case Details and Survey will be deleted after 7 calendar days

↑ ↻ 🖨️ 📄 ?

Clear Filters Refresh Data

Case Number	Insurer Name	Patient Name	Date Of Birth	Facility
100008867	MEDSOLUTIONS DEMO	BOBBY HILL	2/1/1974	TEST FACILITY FOR PORTAL

1 - 1 of 1 items

Search Recently Submitted Cases by entering a Start Date and End Date.

Clear filters and Refresh Data options

Start Date : 04/16/2015 End Date : 04/17/2015

Clear Filters Refresh Data  Only My Portal Cases

Case Number	Insurer Name	Patient Name	Date Of Birth	Case Status	Case Activity	Submit Date	Authorization Number	Effective Date
100008804	MEDSOLUTIONS DEMO	BOBBY HILL	2/1/1974	Canceled		4/17/2015		
100008670	MEDSOLUTIONS DEMO	HILL, BOBBY	2/1/1974	Pending				

1

↑ ↻ 🖨️ 📄 ?

The "Only My Portal Cases" checkbox is checked as a default. Un-check to see cases other than cases you created. (cases will be under their original TIN only)

# CASE SUMMARY PAGE – PENDING CASE EXAMPLE

Announcements Home Search/Start Case Case Summary - 100007784

CASE SUMMARY

Thank you for submitting your preauthorization request. The case has been sent to MedSolutions for further review.  
If you have any questions please contact MedSolutions at 888-693-3211.

Reason for pending

Case/Authorization

Service Order: 100007784      Initiated Date: 04/09/2015      Case Activity: RN Review Process      Case Status: Pending

Patient

First Name: BOBBY  
Last Name: HILL  
Date of Birth: 02/05/1974  
Address: 181 MAIN ST, FRANKLIN, TN, 370677289  
Phone:  
Member ID: X1234567  
Insurer: MEDSOLUTIONS DE  
Program: MSI DEMO PROGRAM - PA REQ

Referring Physician

First Name: TEST  
Last Name: DOCTOR  
Address: 730 COOL SPRINGS BLVD, FRANKLIN, TN, 370677289  
Tax ID: \*\*\*\*\*6789  
NPI: 7417417410

Requested Facility

Name: TEST FACILITY FOR PORTAL  
Address: PO, NASHVILLE, AA, 37211  
Phone: 123/123-1231  
Fax: 123/123-1231  
Equipment: ARTI  
NCM  
Tax ID: \*\*\*\*\*  
Taxonomy Code:

CPT Codes

CPT Code	Units	Description
73721	1	MR

If clinical(s) have been attached, they can be viewed by clicking View.

Additional Documentation

File Name: B\_Hall\_Clinical\_040115.pdf      View

Clinical Notes

Note Text: hx large cell lymphoma with nodal and extensive bone involvement (bone involvement not seen on CT)...restaging...      View

Blank Page - Internet Explorer

hx large cell lymphoma with nodal and extensive bone involvement (bone involvement not seen on CT)...restaging with recent 10# wt loss and fatigue

# CASE SUMMARY PAGE – APPROVED CASE EXAMPLE

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CASE SUMMARY ? 🖨

Thank you for submitting your preauthorization request. The Case has been Approved.

**Case/Authorization**

Service Order: 19687375	Authorization Number: A15845610	Auth Effective Date: 11/14/2014	Auth End Date: 01/13/2015
Initiated Date: 11/14/2014	Decision Date: 11/14/2014	Decision Type: Initial	Case Status: Approved

**Patient**

First Name:   
 Last Name:   
 Date of Birth:   
 Address:   
 Phone:

**Referring Physician**

First Name: JOHN  
 Last Name: SMITH  
 Address:   
 Phone: 61778924  
 Fax: 101/010-1010

**Requested Facility**

Name: LONG ISLAND RADIOLOGY  
 Address: 227 FRANKLIN AVE, HEMPSTADT, NY 11550  
 Phone: 800/398-8999  
 Fax: 111/111-1111  
 Equipment: CT Scan, MRI Scan, Ultrasound

**CPT Codes**

CPT Code	Units	Description	CPT Status
70552	1	MRI BRAIN (head); with contrast material(s)	Pending

**Diagnosis Codes**

Diagnosis Code	Description
100.0	Leptospirosis; Leptospirosis icterohemorrhagica

**Additional Documentation**

File Name: Claims Requirements.docx View

**Clinical Notes**

Note Text: PRIOR AUTHORIZATION READINESS CHECKLIST Completing this checklist can provide quicker turnaround This fo... View

PRIOR AUTHORIZATION READINESS CHECKLIST Completing this checklist can provide quicker turnaround This fo... View

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# CASE SUMMARY PAGE – DENIED CASE EXAMPLE

CASE SUMMARY

Thank you for submitting your preauthorization request. The Case has been Denied.

Case/Authorization

Service Order: 35444186 Decision Date: 04/13/2015 Decision Type: Initial

Case Status: Denied

Patient

First Name: BETTY  
Last Name: MCCONNELL  
Date of Birth: [REDACTED]  
Address: [REDACTED]  
Phone: 704/834-2000  
Member ID: [REDACTED]  
Insurer: N  
Program: N

Referring Physician

First Name: WILLIAM  
Last Name: CHARLES  
[REDACTED], GASTONIA, NC, 280540637  
[REDACTED] RADIOLOGY AND ONCOLOGY

Phone: 704/834-2000  
Fax: 704/834-2777  
Equipment: Cardiac Implantables, CT Scan, DX Left and Right Heart Catheterization, Facility Sleep Study, MRI Scan, Nuclear Medicine study, PET Study, STRESS ECHO, Ultrasound  
Tax ID: \*\*\*\*\*  
Taxonomy Code: 282N00000X  
NPI: 1013918960

CPT Codes

CPT C...	U...	Description	CPT St...	Denial Rationale Description
		PET imaging with concurrently acquired		Based on MedSolutions Oncology Imaging Guidelines, we are unable to approve the requested procedure.

1 - 1 of 1 items

Additional Documentation

A message will display the case status as denied

The Denial Rationale Description will now be visible at the bottom of the Case Summary Page for Denied CPT(s).



# SEARCH/START CASE – MEMBER LOOKUP

The screenshot shows the eviCore healthcare website's "Patient & Case Lookup" section. The page has a header with the eviCore logo and navigation links for "Announcements", "Home", and "Search/Start Case". A search bar at the top right contains "Patient Search Result(s)". The main form is divided into two sections: "Patient Lookup" and "Case/Auth Lookup".

**Patient Lookup Section:**

- Insurer: \* (Dropdown menu showing "MEDICAL SOLUTIONS DEN...")
- Member ID: xyz0002
- or
- First Name: (Text input)
- Last Name: (Text input)
- Date of Birth: (Date picker)
- Buttons: Reset, Search

**Case/Auth Lookup Section:**

- Radio buttons: Case ID (selected), Auth Number
- Text input: 1000000768
- Button: Search

**Callouts:**

- A dark blue callout box with white text: "To conduct a **Patient Lookup**, first select the appropriate insurance company from the *Insurer* drop down. Next, enter the *Member ID* or *First Name, Last Name* and *Date of Birth* for the result to be returned." An arrow points from this box to the "Last Name" field.
- A dark blue callout box with white text: "For **Case/Auth Lookup**, you will only need to enter the *Case ID* or *Auth Number* at the bottom of the page and hit **Search**." An arrow points from this box to the "Search" button in the Case/Auth Lookup section.
- A grey callout box with black text: "Tip: Hit the **tab key** to activate the **Search** button".

# SEARCH/START CASE – MEMBER LOOKUP

Patient Search Result(s) ?

Member ID	Patient Name	Date Of Birth	Effective Date	Program Term Date
XYZ00004	POWERPUFF, BUBBLES	02/01/1990	12/31/2008	12/31/2999
XYZ00005	POWERPUFF, BUTTERCUP	03/01/1990	12/31/2008	12/31/2999
XYZ00006	MOUSE, MICKEY	03/01/1990	12/31/2008	12/31/2999

PLEASE MAKE SURE YOU ARE SELECTING THE CORRECT PATIENT

Patient Detail Information

Member ID: XYZ00004  
Name: POWERPUFF, BUBBLES  
Date of Birth: 02/01/1990  
Insurer: MEDSOLUTIONS DEMO  
Program Term Date: 12/31/2999

This is a MEDSOLUTIONS DEMO Program

Create Case

Patient History - 19 Records found ?

Case ID	Auth Number	Submit Date	Case Status	Case
100000768		1/22/2015	Canceled	
100000573		1/19/2015	Canceled	
100000572		1/19/2015	Canceled	
100000454		1/13/2015	Canceled	
100000448		1/13/2015	Canceled	

1 - 5 of 19 items

If a partial ID is put in the search box, a list of members will populate. A member can be selected once the member is highlighted blue. Please make sure you select the correct patient by verifying the patients name and DOB before clicking **Create Case**.

If there are cases associated with the patient they will populate once the patient is selected. Double click on a case ID in the **Patient History** to open that case.

# SEARCH/START CASE – CPT/ICD CODES

Announcements Home Search/Start Case

PATIENT & CASE LOOKUP CASE DETAIL

Patient Lookup

INS DEMO Member ID: XYZ00002  
Last Name: HILL Date of Birth: 2/1/1974

Member ID: XYZ00002  
or  
First Name:   
Last Name:   
Date of Birth:

Reset Search

\*Select the Insurer (and) enter either the Member ID (or) Patient First Name, Last Name and Date of Birth

Case/Auth Lookup

Case ID  Auth Number

Search

CPT Codes

Search:

Code	Description
73721	MRI Lower Extremity, any joint; without contrast material(s)
100.9	Leptospirosis; Leptospirosis, unspecified

Has the selected procedure been performed already?  Yes  No Date of Service:

Save & Next

If the incorrect CPT or Diagnostic code selected, click the X and re-enter the code.

Begin typing the CPT/ICD code or description, then click the appropriate option with your cursor. Once selected, it will populate.

After selecting the product and entering CPT/ICD codes, you will need to answer the question: "Has the selected procedure been performed already?" If Yes, you must select a **Date of Service** before the **Save & Next** button will show.

If the incorrect CPT or Diagnostic code selected, click the X and re-enter the code.

# SEARCH/START CASE – ORDERING PHYSICIAN

Announcements Home Search/Start Case

PATIENT & CASE LOOKUP CASE DETAIL

Patient Lookup

Insurer:\*

Member ID: XY280002

or

First Name:

Last Name:

Date of Birth:

Reset Search

\*Select the Insurer (and) enter either the Member ID (or) Patient First Name, Last Name and Date of Birth

Case/Auth Lookup

Case ID Auth Number

Search

Physician

Use Referring Physician as Requester Facility

Physician Search

First Name: Test Tax ID:  State: Select State

Last Name: Doctor NPI:

Enter the First Name and Last Name or Tax ID or NPI. Lookup Physician

First Name	Last Name	Address	City	State	Zip Code	NPI	Tax ID
DOCTOR	TEST	123 TEST DR	FRANKLIN	TN	37067	678	*****678
DOCTOR	TEST	1235 QA				678	*****777
DOCTOR	TEST	123 TES					*****678
DOCTOR	TEST	123 TES					*****678
DOCTOR	TEST	730 COC					*****900

1 - 5 of 16 items

Save & Next

Search the Physician by Name or Tax ID# or NPI. For best results, use **NPI** to search (in lieu of Tax ID) and for Health Plans that require NPI.

Once the correct physician displays, select by clicking on the record, then hit **Save & Next**.

# SEARCH/START CASE – SELECT FACILITY

Choose a facility from the list by highlighting it blue, or search a facility by clicking the **Search Facility** button and enter facility Name or Tax ID. Search by **NPI** (in lieu of Tax ID) for the Health Plans that require NPI.

Once the correct facility is selected, then click the **Save & Next** button.

For in-office-procedure, click the **Look-up IOP** button and choose from the list.

**Search Facility** **Look-up IOP** **Save & Next**

Facility Name	Address	Distance	Equipment
BEACON MRI WEST	730 COOL SPRINGS BLVD, FRANKLIN, TN, 37067	0.86	MRI, P
<input checked="" type="checkbox"/> TEST FACILITY FOR PORTAL	PO, NASHVILLE, AA, 37211	9.47	ARTHROGRAM, CT, MRI, MYELOGRAM, NCM, OPEN MR, PET, PET/CT

# SEARCH/START CASE – REVIEW AND SUBMIT

You can edit the CPT/ICD, Physician and Facility information by clicking the icon.

Once you've reviewed the case details, click **Submit**.

**NOTE:** The case details cannot be changed once you press the "Submit" button!

# PROVIDING CLINICAL INFORMATION

Survey ×

Member	Member ID	Date of Birth	Health Plan	Referring Physician	Specialty	Tax ID	NPI
BOBBY MILL	JY23888	02/01/1974	MP				

Select a Reason for the Requested Procedure

73721 MRI Lower Extremity, any joint; without contrast material

Which one of the following best describes the reason for the request?

Left       Ankle  
 Right       Foot  
                   Hip  
                   Knee

- select one -

✓ Continue

If applicable, you will be asked a series of questions. Start by selecting a reason for the requested study.

**Note:** A reason must be selected in order to proceed and "Continue" to turn green.

# PROVIDING CLINICAL INFORMATION CONTINUED.....

**Survey**

Member	Member ID	Date of Birth	Health Plan	Referring Physician	Specialty	Tax ID	NPI
BOBBY MILL	XYZ0000	03/06/1974				*****	

Requests (Purpose): 73721 (Unknown(manually entered by user))

**Submit** →

**Please Review the Information Below**

Below is a summary of the information provided for each request.

MRI any Joint of Lower Extremity without contrast  
Purpose: Unknown(manually entered by user)

Please note once you submit you will not be able to change the information provided.

**NOTE:** Once you submit, you will NOT be able to change the information provided!



# PROVIDING CLINICAL INFORMATION CONTINUED.....

Member	Member ID	Date of Birth	Health Plan	Referring Physician
BOBBY HILL				DOCTOR TEST

**73721**  
Based on 73721 Requires further review

Action for 73721

- Submit for Additional Review
- Voluntarily Cancel Request

Print Save **Submit All** This is Not a Complete Transaction.

The system is interactive and provides an immediate response as to why the request is consistent or inconsistent with guidelines while referencing the supporting guideline.

If an approval is not received, additional clinical information will be needed. Select *Submit for Additional Review* or *Voluntarily Cancel Request* before clicking **Submit All** to complete the request.

# RECOMMENDATION - CONSISTENT

Member	Member ID	Date of Birth	Health Plan	Referring Physician	Specialty	Tax ID	NPI
MALEDOBYEAR1990 RBMADULTTESTMEMBER	ACDSRBM0045	01/01/1990				*****	

A message received in **GREEN** means the clinical criteria has been met; however, the case is not complete until further action is taken.

**72141**

MRI Cervical Spine without c

Purpose : Cervical (Neck) Pain with or with

Based on the clinical information provided,  
**72141 is consistent with MedSolutions Evidence based Clinical Guidelines.**

Decision criteria for **72141**

- MET** because based on the clinical information provided, there has been at least 6 weeks of provider-directed treatment or observation including clinical re-evaluation based on the dates of the office visits provided, and therefore advanced imaging may be appropriate.
- MET** because based on the clinical information provided, there has not been a prior CT or MRI of the Cervical spine, and therefore advanced imaging may be appropriate.

**Action for 72141**

- Continue
- Voluntarily Cancel Request



Print



Save for 7 days



Submit All

**This is Not a Complete Transaction.**

BACK



NEXT

## RECOMMENDATION – NOT CONSISTENT

**72141** MRI Cervical Spine without contrast  
Purpose | Cervical

Based on the clinical information provided, **72141 is not consistent with**

Decision criteria for **72141**

**NOT MET** because based on the information submitted, the patient has not been at least 6 weeks of provider-directed clinical re-evaluation based on the dates of the office visits provided, and therefore advanced imaging may not be appropriate.

Based on the information submitted, this study will not be recommended for this individual. Do you wish to continue this request by submitting for additional review, or voluntarily cancel the request at this time?

**Action for 72141**

- Submit for Additional Review
- Voluntarily Cancel Request

Print Save for 7 days Submit All **This is Not a Complete Transaction.**

If the system determines the imaging is not consistent with guidelines based on the clinical data supplied, the request would go through the traditional review process or the user may *Voluntarily Cancel*.

By clicking *Submit for Additional Review*, you will be given the opportunity to provide additional clinical information via:

- **Web Portal** document upload or free form text box (*most efficient method*)
- **Phone Call** to Nurse (if electronic clinical upload is not available)
- **Fax** (if electronic clinical upload is not available)

# RECOMMENDATION – NOT CONSISTENT CONTINUED.....

72141

MRI Cervical Spine without contrast

Purpose : Cervical (Neck) Pain with or without radiating symptoms

Based on the clinical information provided, 72141 is not consistent with

You can click on the **Not Met** decision criteria to print a copy for your physician, if necessary or helpful.

Decision criteria for 72141

**NOT MET** because based on the clinical information provided, the symptoms may be improving after a provider-directed trial of clinical care or observation, and therefore advanced imaging may not be appropriate.

ed, this  
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equesting for additional review,  
or voluntarily cancel the request at this time?

Action for 72141

- Submit for Additional Review
- Voluntarily Cancel Request

## SPINE IMAGING GUIDELINES

### SP-11~Neck Pain and Cervical Radiculopathy

#### SP-11.1 General

- ✓ Cervical spine MRI without contrast can be considered for all patients with posterior neck/periscapular/upper back pain without or with neurological features (radiculopathy, myelopathy, etc) if
  - Failed 6 weeks of physician guided clinical care (treatment or observation, See: [SP-1.1](#)) with clinical re-evaluation
  - Red Flags (see [SP-1.2](#))

#### Practice Notes:

Pain radiation patterns into the thoracic spine area do not justify the addition of thoracic spine advanced imaging on that basis alone.

Cervical radiculopathy is often confused with shoulder disorders, brachial plexopathy and median/ulnar neuropathies.

Electrodiagnostic testing (EMGs/NCV) is generally used to confirm, not establish, a diagnosis of peripheral nerve entrapment and/or a motor/sensory neuropathy based upon history and physical examination findings. Electrodiagnostic testing is often considered when advanced imaging of the spine does not reveal compressive pathology and/or after 6 weeks of unimproved symptoms of extremity pain, weakness, numbness and/or tingling.

SP-11.2 Cervical Spine Trauma:

# PROVIDING CLINICAL INFORMATION

Search/Start Cas

OKUP

Request for Additional Clinical Documentation

Your request will require additional Medical Review. Additional Clinical information relevant to this request will help avoid delays in the review process.

(Examples of Clinical Information : Recent Member History, Physio  
Prior Treatment)

You must select one of the following:

- Attach / Add additional clinical information now
- Will Fax or Call to provide additional clinical information
- There is no additional clinical information to provide

Gender: MAL

Search

either the Member  
Name and Date

umber

Search

Continue

Depending upon the health plan, specific options for providing clinical will be available:

You will then be asked to attached the electronic clinical information available; then select the **Continue** button.

# PROVIDING CLINICAL INFORMATION CONTINUED.....

**Upload Additional Clinical Documentation**

**Additional Documentation** ?

Warning: Please be sure and review that the attachments or notes apply to this case. Adding clinical information to the wrong case could result in a HIPAA violation.

**File Name**

No attachments saved Browse

**Clinical Notes**

**Note Text**

Maximum Character limit on each note is 5000.

No notes saved Save

Hit **Apply** to continue or **Cancel** to add additional information at a later time. Apply Cancel

You can select to attach clinical notes, or documents from your computer, by clicking **Browse** and selecting the correct file(s).

Be sure to hit **Save** to save notes entered in the Note Text box.


## PROVIDING CLINICAL INFORMATION CONTINUED.....

The screenshot shows a web application window titled "Upload Additional Clinical Documentation". The window has a green header and a main content area. At the top, there is a section labeled "Additional Documentation" with a help icon (?). Below this, a red warning message reads: "Warning: Please be sure and review that the attachments or notes apply to this case. Adding clinical information to the wrong case could result in a HIPAA violation." There is a "File Name" field and a "Browse..." button. Below the file field, it says "No attachments saved". There is also a "Clinical Notes" section with a "Note Text" field. At the bottom of the window, there are "Apply" and "Cancel" buttons. A "Save" button is also visible. Overlaid on the window is a "Message from webpage" dialog box with a yellow warning icon and the text: "Your Clinical documentation has been sent to Medsolutions for further review." with an "OK" button.

Once you click **Apply** you will receive the message that your documentation has been accepted and the case has been immediately sent for medical review which will show up on the Worklist. Click OK.

# ACCOUNT SETTINGS – OPTIONS TOOL

## OPTIONS TOOL

The Options Tool  gives you the option to change your password, update user information and set preferred preferences.

### Change Password

- Set up a new password for your account

### Account Info

- For Account Maintenance Options
- Update User Information; Address, Phone Number and Physician's Name

### Case Preferences

- Set up *preferred provider Tax ID's* for Physician and Facility





# PREFERENCES – PHYSICIAN / FACILITY

**eviCore** healthcare  
Innovative solutions

## Preferences

Please set up Preferred Provider Tax IDs for your account. You can search and add a Physician or Facility Tax ID. The Case Summary can be viewed via Case Lookup, Patient History and Recently Submitted grids.

Physician  Facility

Tax ID\*

Preferred Tax Ids on my account

Tax ID	Provider Type	
111111111	Facility	X
111111111	Physician	X
123456789	Facility	X

I hereby agree that I have read and understood the above message

Adding a preferred Tax ID will allow you to view the summary of cases submitted for those providers. Click Physician or Facility to search a Tax ID, then click Add. You can delete an added Tax ID by clicking the X.

Before proceeding you must confirm you are authorized to access Protected Health Information (PHI), by clicking the check box  \*

Once all preferred Tax IDs have been entered, be sure to hit **Save**.

# WEB PORTAL - HELP



 Online Chat

Should you need assistance while navigating the portal:

✓ Click Online Chat

✓ Call a Web Support Specialist at  
(800) 575-4594 (Option 2)

Or

✓ Click the Contact Us link

This application is compatible with Internet Explorer 8, Internet Explorer 9, Mozilla Firefox and Google Chrome

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