

Prior Authorization Requests

Purpose: To successfully navigate the Provider Portal to submit a prior authorization request.

Resources: Provider Portal (<https://www.healthalliance.org/providers>); patient information (member ID, contact info, date of birth, procedure codes, etc.)

Contents

Provider Portal - Submitting a Prior Authorization (PA) Request.....	3
Altruista System.....	4
Select an Auth Type.....	4
Search for a Member.....	4
Enter Prior Authorization Request Details	5
Eligibility Verification	5
Provider Details	6
Advanced Provider Search.....	6
Auth Basic Details	8
Notification Date and time	9
Auth Priority	9
Treatment Type	9
Request Received Via	9
Diagnosis and Service Codes.....	9
Unit Type	10
From Date.....	10
To Date	10
Requested	10
Add InterQual	10
Additional Details	10
Notes	10
Submit the Prior Authorization.....	10
System Notifications.....	11
Attaching Clinical Documentation	11
Configure Columns	13
eviCore.....	14
Select an Auth Type.....	14

Creating a New Authorization Request.....15

Provider Details15

Eligibility Verification17

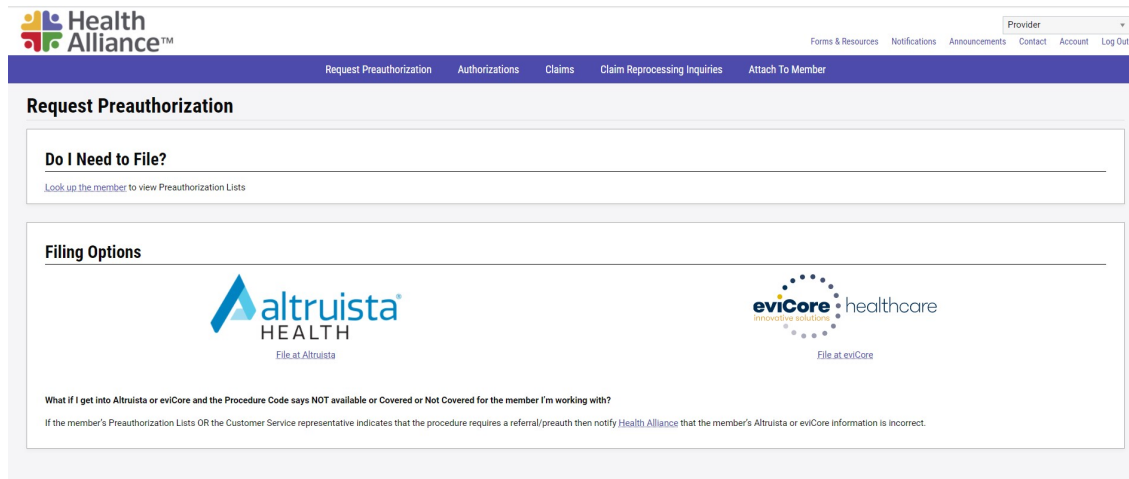
Diagnosis and Service Codes.....18

 Add Site of Service21

 Clinical Information22

Provider Portal - Submitting a Prior Authorization (PA) Request

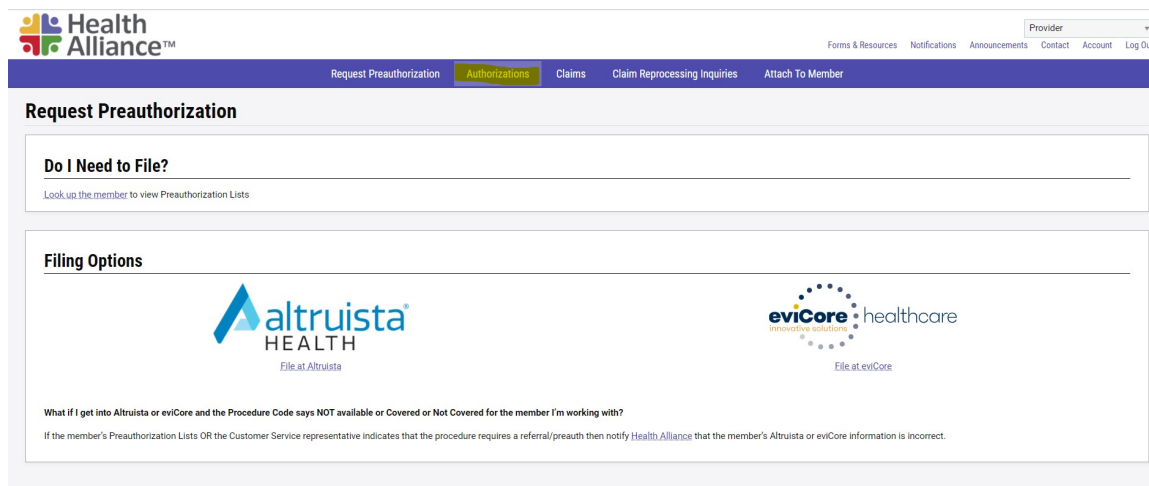
1. Log into the Provider Portal.
2. Select 'Request Preauthorization' at the top menu.



3. The provider's office must first attach to a member, then enter the CPT code in question. Use the 'Do I Need to File?' search to look up if you should file your prior authorization at Altruista Health or eviCore.
4. Follow the on-screen directions to file requests with these forms. Then the website will direct you to the appropriate PA portal to proceed with the PA process.

Altruista Health	eviCore
Pharmacy	Lab Management
Inpatient	Medical Oncology Pathways
Outpatient:	Musculoskeletal Management
DME	Radiation Therapy Management Program
Referrals	Radiology and Cardiology
Procedures	Sleep Management

5. The Authorizations tab of the main menu lets you search for authorizations by the authorization's info, the provider's info or the member's info.



Altruista System

Authorization requests that were previously filed at Clear Coverage or Health Alliance directly will now be filed in Altruista.

Select an Auth Type

Once you've chosen Altruista from the Request Preauthorization tab, you'll be taken to your Altruista dashboard. Choose the appropriate Auth Type. In this training document we'll be focusing on the Outpatient Auth Type:

Member ID	Last Name	First Name	Auth#	Auth priority	Auth Type	Provider Name	From Date	To Date	Created Date	Auth Status	Auth Status Reason	Overall Service Status
94092123301	BOGUS	SLOTHA	1119TB4C6	Rx Standard Preservice	Pharmacy - Commercial Medical Pharmacy -	N/A	11/19/2019	11/19/2019	11/19/2019 05:18:15 PM	Open	N/A	Pending

Search for a Member

Type in the member's ID and press the Search button:

REQUEST AUTHORIZATION

Search By: **MEMBER ID** [v] [] **Search** **Reset**

Click on the radio button next to the member that should be selected. Note the Altruista ID is an internal identifier and will not match the member's ID on their ID card.

REQUEST AUTHORIZATION

Search By: MEMBER ID

	Altruista ID	Last Name	First Name	Gender	Birth Date
<input type="radio"/>	ALT597766	BOGUS	SLOTHA	Male	02/22/1986

Enter Prior Authorization Request Details

Eligibility Verification

In the Eligibility Verification section, you can review and confirm the member's coverage. The member's ID will be located in the bottom left-hand corner of this box.

Make a note of the member's Plan Type code (outlined in red) and Entity code (outlined in green). You'll need that information in an upcoming step.

Eligibility Verification

Select Eligibility and Auth Template

Active ☒ Inactive ☐

☒ Plan Type **PREFERRED PROVIDER ORGANIZATION** Status **Active** Start Date 04/01/2016 End Date 12/31/2099

Code P

Entity **BOGUS ENTITY**

Code BOG

Group Code **HCFA BILLING**
Code HCFA04

Subgroup **HCFA BILLING**
Code 001

Plan Code **Bogus Plan File -PPO**
Code PPO

Additional Details
Member ID 94092123301

Select the eligibility record to attach the prior authorization request to by clicking on the corresponding radio button to the left of the correct entry. Click on the Care Setting/Auth Type drop down menu to select the correct auth template. The Auth Types may have different fields and/or drop down values.

The Care Setting/Auth Type options for Outpatient requests are:

- Outpatient – DME
- Outpatient – Referral
- Outpatient – Procedures

Once the Auth Type is selected, more sections will appear below.

Provider Details

Populate as much information as you can. You can see that both the Requesting Provider's name and fax fields are required.

There will be an additional field for Facility information for the Outpatient – Procedures Auth Type.

The screenshot shows a form titled "Provider Details" with a blue header. Below the header, the text "Where Are Requested Services Performed?" is displayed. The form is organized into two rows of fields. The first row contains: "Referred By Provider Name" (a dropdown menu labeled "Provider Name" and a text input field with the placeholder "Begin typing name or code to select" and a magnifying glass icon with an asterisk), "Referred By Provider Phone" (a text input field labeled "Phone"), "Referred By Provider Alternate Phone" (a text input field labeled "Alternate Phone"), and "Referred By Provider Fax" (a text input field with the placeholder "00000-0000"). The second row contains: "Referred To Provider Name" (a dropdown menu labeled "Provider Name" and a text input field with the placeholder "Begin typing name or code to select" and a magnifying glass icon with an asterisk), "Referred To Provider Phone" (a text input field labeled "Phone" with an asterisk), "Referred To Provider Alternate Phone" (a text input field labeled "Alternate Phone"), and "Referred To Provider Fax" (a text input field with the placeholder "000-000-0000" and an asterisk).

Advanced Provider Search

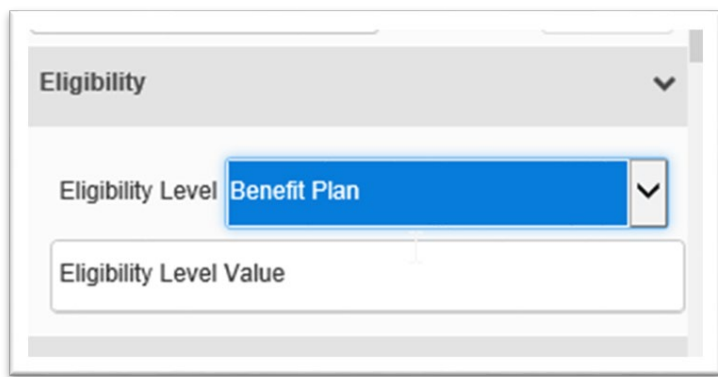
In order to accurately identify whether or not the provider (rendering or referring) is in-network, go to the Advanced Provider Search by clicking on the magnifying glass.

Type in the Provider's name in the Name field (or scroll down to Index to search by NPI or TIN)

The screenshot shows a form titled "Find Provider" with a grey header. The form contains several fields: "Name" (a dropdown menu with a magnifying glass icon and an asterisk, highlighted with a yellow box), "Specialty" (a dropdown menu labeled "Select"), "Provider Type" (a dropdown menu labeled "Select"), "Provider Identifier" (a dropdown menu), "Provider Code" (a text input field), "ZIP / Postal Code" (a dropdown menu), "In Miles" (a text input field with the placeholder "xxxxx-xxxxx"), "Radius" (a text input field), and "Eligibility" (a dropdown menu). At the bottom of the form are two buttons: "Clear" and "Search".

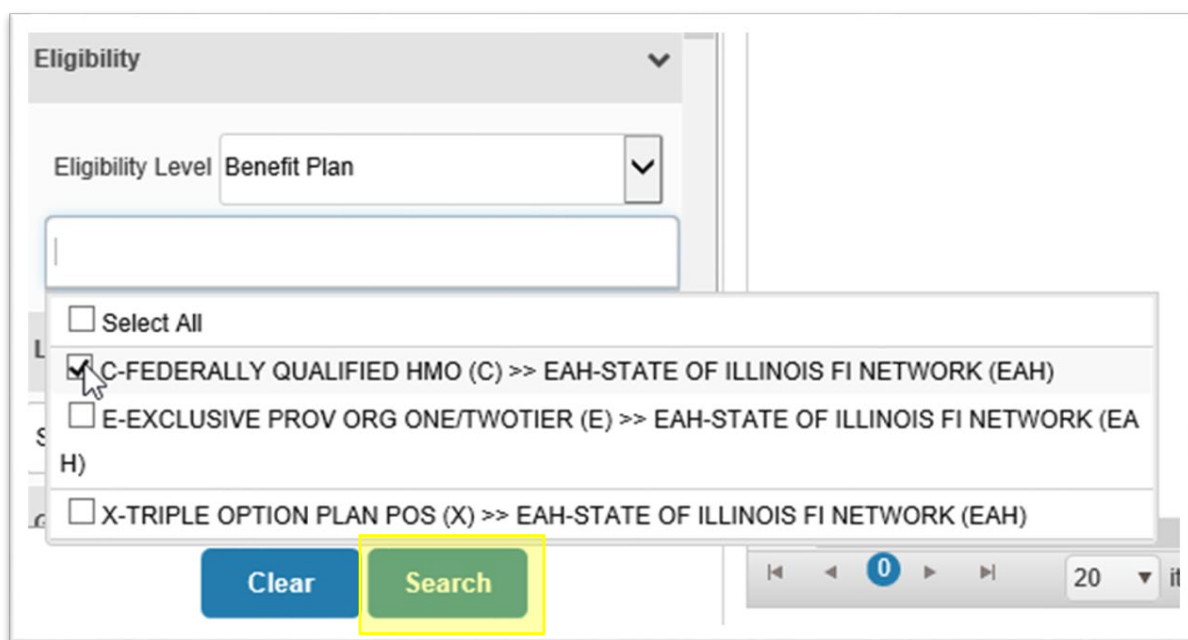
Scroll down to the Eligibility section. Use the information you made a note of based off the member's eligibility (Plan Type code and Entity code).

Select Benefit Plan as the Eligibility level and type in the 3-digit Entity code (the code in the green box from the Eligibility Verification step) into the Eligibility Level Value field.



The screenshot shows a web application interface with a section titled 'Eligibility'. Inside this section, there is a dropdown menu labeled 'Eligibility Level' which currently displays 'Benefit Plan'. Below this dropdown is a text input field labeled 'Eligibility Level Value'.

If the search results display more than 1 value, select the option that matches the member's Plan Type code (the code in the red box from the Eligibility Verification step). Then click Search.



This screenshot shows the same 'Eligibility' section after a search. The 'Eligibility Level' dropdown remains 'Benefit Plan'. Below the 'Eligibility Level Value' input field, a list of search results is displayed, each with a checkbox. The first result, 'C-FEDERALLY QUALIFIED HMO (C) >> EAH-STATE OF ILLINOIS FI NETWORK (EAH)', is checked. The other two results are 'E-EXCLUSIVE PROV ORG ONE/TWOTIER (E) >> EAH-STATE OF ILLINOIS FI NETWORK (EAH)' and 'X-TRIPLE OPTION PLAN POS (X) >> EAH-STATE OF ILLINOIS FI NETWORK (EAH)'. At the bottom of the list, there are two buttons: 'Clear' and 'Search'. The 'Search' button is highlighted with a yellow border. To the right of the buttons is a pagination control showing '0' of '20' items.

A list of provider records will appear to the right. If the Network Status is 'P', that means the Provider is in-network for this member's coverage. If the Network Status is 'N', that means the Provider is out-of-network for this member's coverage.

Select the appropriate provider record by clicking on the radio button next to the provider's name.

The Provider's information should now pre-populate in the authorization.

If the provider cannot be found within the Advanced Provider Search, leave the Eligibility information the same and search for a provider with a Provider Code of 'NOPROV.' Select the provider record.

Provider Name	Provider Type	Provider Code	Provider NPI	Tax ID	Address
<input type="radio"/> NO PROVIDER NUMBER ON FILE	Facility	NOPROV	0	999999999	3310 FIELDS SOUTH DR, CHAMPAIGN, IL 61822

Please indicate the first and last name of the referring and/or rendering provider in the Notes field at the bottom of the screen.

Auth Basic Details

The Auth Basic Details section contains the basic information for the prior authorization request.

Where Are Requested Services Being Performed?

Notification Date and time: MM/DD/YYYY *

Auth Priority: Select * ☐ Is Extension

Treatment Type: Select

Request Received: Select *

Notification Date and time

Type 't' and then tab to populate this field with the current date and time.

Auth Priority

The Auth Priority dictates the turn-around-time Health Alliance has in order to process your request. Select UM Urgent for an urgent/expedited request.

Treatment Type

This field is for internal use. You don't need to populate this field.

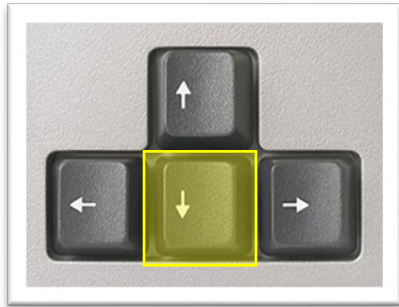
Request Received Via

Select 'Web Portal.'

Diagnosis and Service Codes

In the Diagnosis and Service Codes section, you will enter in the diagnosis and procedure OR medication codes being requested.

To search for a diagnosis code, type in the first 3 letters/numbers of either the diagnosis description or the code and press the down arrow on your keyboard.



Click on the option you wish to select and it will automatically populate both the diagnosis code and description:

Use the same approach to searching for a procedure or medication code, by typing in the first 3 characters of the code or description and pressing the down arrow on your keyboard.

Unit Type

Select the most appropriate Unit Type.

From Date

Type 't' and then tab to populate this field with the current date and time.

To Date

The 'To Date' field is the requested end date for the prior authorization request. Type 't+' the number of days you would like the authorization to be valid and then tab to populate this field. This date will be reviewed and approved by Health Alliance.

Requested

Enter in the number of requested units. Click the plus icon to add another procedure code to this prior authorization request.

Add InterQual

If there are InterQual guidelines available, the box to the right will be selectable. Click on the button to run InterQual criteria.

Additional Details

Do not populate any fields in the Additional Details section.

Notes

You are required to enter in notes for the prior authorization request.

Submit the Prior Authorization

Click Save to submit the prior authorization.

System Notifications

Once you submit the prior authorization, you will get a notification to attach clinical documentation.

Other notifications you may get include:

- Prior authorization request may be a duplicate.
- Prior authorization request has been automatically approved.

Attaching Clinical Documentation

After submitting the prior authorization request, you will be brought back to the authorization summary page. Click on the three dots next to the auth that you just submitted and select 'Add Documents.'

Member Accessed

Authorizations

InPatient OutPatient Pharmacy HCBS

Auth Details

Search By Auth Type

Auth Priority From Date To Date

Member ID	Last Name	First Name	Auth#	Auth priority	Auth Type	Provider
	GUS	SLOTHA	1119TB4C6	Rx Standard Preservice	Pharmacy - Commercial Medical	N/A
	GUS	SLOTHA	1119TEA20	Rx Standard Preservice	Pharmacy - Commercial Rx	N/A
94047361601	BOGUS	HEALTH	1119T9906	Rx Medicare Part B Standard Preservice	Pharmacy - Medicare Part B	N/A

For Outpatient requests, select the Document Type of Medical Records.

Include a description of the clinical information you are submitting in the Description section. Click on ‘Select files’ to choose the files you wish to attach to the prior authorization request, then press Save.

Monitoring for Additional Clinical Information

Monitor the Altruista page in the event that additional clinical information is needed. If additional clinical information is required, the Auth Status Reason will state ‘Additional Information Required.’

Click on the Service Details icon to see a note from Health Alliance regarding what information is needed.

Scroll down to the Notes section. There will be a note with a Note Type of Medical Info Request that will provide details about what clinical information is needed to process your prior authorization request.

To attach the clinical documentation:

- Close out of the Authorization Summary by clicking on the X in the top right corner.
- Click on the 3 dots next to the authorization that needs additional clinical information.
- Select ‘Add Documents’ and follow the steps above for attaching documentation.

Configure Columns

To see additional information about the authorization requests that you have submitted, click on 'Config Columns.'

The screenshot shows a web application interface for 'Auth Details'. At the top, there's a 'Member Accessed' dropdown and a 'My Calendar' link. Below this is a navigation bar with icons for 'InPatient', 'OutPatient', 'Pharmacy', and 'HCBS'. The main section is titled 'Auth Details' and contains search filters: 'Search By' (dropdown), 'Auth Type' (dropdown), 'Auth Id' (text input), 'Auth Priority' (dropdown), 'From Date' (calendar), 'To Date' (calendar), and 'Auth Creation Date' (calendar). There are also search and refresh icons. A table of authorization requests is displayed below the filters. The table has columns: Member ID, Last Name, First Name, Auth#, Auth priority, Auth Type, Provider Name, From Date, To Date, Created Date, Auth Status, Auth Status Reason, and Overall Service Status. A 'Config Columns' button is highlighted in yellow on the right side of the table.

Member ID	Last Name	First Name	Auth#	Auth priority	Auth Type	Provider Name	From Date	To Date	Created Date	Auth Status	Auth Status Reason	Overall Service Status
94092123301	BOGUS	SLOTHA	1119TB4C6	Rx Standard Preservice	Pharmacy - Commercial Medicaid	N/A	11/19/2019	11/19/2019	11/19/2019 05:18:15 PM	Open	N/A	Pending

You can select any columns you would like, however please select the following at the minimum:

- Req (units requested)
- Appr (units approved)
- Auth Status
- Auth Status Reason
- Overall Service Statu

eviCore

To begin a prior authorization request, select 'Request Preauthorization' on the purple bar at the top of the Provider Portal, and then select 'File' at eviCore under the eviCore logo located on the right side.

The screenshot shows the Health Alliance Provider Portal. At the top left is the Health Alliance logo. To the right is a dropdown menu for 'Office Personnel'. Below this is a purple navigation bar with links: 'Request Preauthorization', 'Authorizations', 'Claims', 'Claim Reprocessing Inquiries', and 'Attach To Member'. The 'Request Preauthorization' link is highlighted. Below the navigation bar is a section titled 'Request Preauthorization'. Inside this section is a box titled 'Do I Need to File?' with a link 'Look up the member to view Preauthorization Lists'. Below this is another section titled 'Filing Options' which contains two logos: 'altruista HEALTH' with a link 'File at Altruista' and 'eviCore healthcare' with a link 'File at eviCore'.

Select an Auth Type

Once on the eviCore homepage, you can either begin a new prior authorization request by clicking Request an Auth or you can resume a request by clicking Resume In-Progress Request.

The screenshot shows the eviCore healthcare homepage. At the top left is the eviCore healthcare logo. Below the logo is a navigation bar with links: 'Home', 'Certification Summary', 'Authorization Lookup', 'Eligibility Lookup', 'Clinical Certification', 'Certification Requests In Progress', 'MSM Practitioner Perf. Summary Portal', and 'Help / Contact Us'. The 'Home' link is highlighted. Below the navigation bar is a timestamp: 'Wednesday, November 04, 2020 1:17 PM'.

Welcome to the CareCore National Web Portal. You are logged in as SSO_HAMP_todd.mette@healthalliance.org.

- REQUEST AN AUTH
- RESUME IN-PROGRESS REQUEST
- SUMMARY OF AUTH
- AUTH LOOKUP
- MEMBER ELIGIBILITY

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Creating a New Authorization Request

To begin the authorization process, select a program from the list and then choose whether you are building a case as a referring provider or as a durable medical equipment provider. When finished, select ‘Continue.’

eviCore healthcare

Home Certification Summary Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Perf. Summary Portal Help / Contact Us

Wednesday, November 04, 2020 1:25 PM Log Off /SSO_HAMP_todd.mette@

Request an Authorization

To begin, please select a program below:

- ☐ Lab Management Program
- ☐ Medical Oncology Pathways
- ☐ Musculoskeletal Management
- ☐ Radiation Therapy Management Program (RTMP)
- ☐ Radiology and Cardiology
- ☒ Sleep Management

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

Please Select
Please Select
Referring Provider
Durable Medical Equipment
CONTINUE

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Provider Details

Next, find your name in the provider list. Providers can search for their name or ID number through the search bar. Click ‘Select’ next to the correct Provider name and then ‘Continue’ below the table.

eviCore healthcare

Home Certification Summary Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Perf. Summary Portal Help / Contact Us

Wednesday, November 04, 2020 1:27 PM Log Off /SSO_HAMP_todd.mette@

Requesting Provider Information

Identify a referring provider by name, location, and insurance carrier to proceed.

Filter Last Name or NPI:

SEARCH CLEAR SEARCH

	Provider
SELECT	1457373706 - ABACA, MICHAEL
SELECT	1427035989 - ABBASI, ISMAIL
SELECT	1245417070 - ABDUL HUSSAIN, MAYSA
SELECT	1710291992 - ABDUL-HADI, ANWAR
SELECT	1790135499 - ABDULNABI, ZAKARIA
SELECT	1306224456 - ABRAHAM, NATHAN
SELECT	1447717525 - ABRAMS, KELLY
SELECT	1003223470 - ACKERSON, ELIZABETH
SELECT	1306002993 - ADAMS, ABIGAIL
SELECT	1972622512 - ADAMS-SMITH, KRISTINA

1 2 3 4 5 6 7 8 9 10 ...

10% Complete

After selecting the provider name, choose your insurer using the two drop-down menus and then select ‘Continue.’



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Help / Contact Us
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Wednesday, November 04, 2020 1:31 PM

Choose Your Insurer

Requesting Provider: ABACA, MICHAEL, NPI 1457373706

Please select the insurer for this authorization request.

HEALTH ALLIANCE MED PLANS	▼
611 W PARK ST	▼

BACK

CONTINUE

[Click here for help](#)

Urgent Request? You will be required to upload relevant clinical info at the end of this process. [Learn More](#).

Don't see the insurer you're looking for? Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

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Next, verify and add any missing contact information. Select 'Continue' when complete.



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Help / Contact Us
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Wednesday, November 04, 2020 1:36 PM

Add Your Contact Info

Provider's Name:	ABACA, MICHAEL	[?]
Who to Contact:	Michael Abaca	[?]
Fax:	(217) 383-3265	[?]
Phone:	(217) 383-3303	[?]
Ext.:		[?]
Cell Phone:		
Email:	todd.mette@healthalliance	

BACK

CONTINUE

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Use the pop-up screen to add in the expected treatment start date.

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [2]

ELIGIBILITY LOOKUP

[BACK](#)

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Attention!

Time: 11/4/2020 1:38 PM

What is the expected treatment start date? MM/DD/20YY

SUBMIT

40% Complete

Provider and NPI
ABACA, MICHAEL
1457373706
(HEALTH ALLIANCE MED PLANS)

Eligibility Verification

After entering the provider contact information and treatment start date, verify the patient's eligibility by entering the Patient's ID, date of birth and last name. When all fields are entered, select 'Eligibility Lookup.'

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

ELIGIBILITY LOOKUP

BACK

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Provider and NPI
ABACA, MICHAEL
1457373706
(HEALTH ALLIANCE MED PLANS)

Once the patient appears below, click ‘Select’ to the left of their information.

Wednesday, November 04, 2020 1:43 PM

Patient Eligibility Lookup

Patient ID:*
 Date Of Birth:* MM/DD/YYYY
 Patient Last Name Only:* [?]

LOOKUP AGAIN

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BACK

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Verify that the patient information is correct with the option of adding the cell phone and email contact information. When finished, click ‘Continue.’

Wednesday, November 04, 2020 1:47 PM

Patient Eligibility Lookup

Patient ID:*
 Date Of Birth:* MM/DD/YYYY
 Patient Last Name Only:* [?]

CLEAR PATIENT SELECTION

Patient Cell Phone
 Patient Email

BACK


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Diagnosis and Service Codes

On the next screen, the provider can select the Requested Service and Diagnosis. Use the drop-down menus to find the correct procedure CPT Code and Description. Under the Diagnosis section, enter the first three numbers of the Primary Diagnosis Code and select the 'Lookup' button. A menu will appear for you to select the specific diagnosis by choosing the 'Select' button to the left of the correct diagnosis. Repeat this for a Secondary Diagnosis Code, if applicable.



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Help / Contact Us
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Wednesday, November 04, 2020 1:53 PM

Requested Service + Diagnosis

This procedure will be performed on 11/11/2020. [CHANGE](#)

Sleep Management Procedures

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)

LOOKUP

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

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Sleep Management

LOOKUP

BACK

[Click here for help](#)

Wednesday, November 04, 2020 1:54 PM

Requested Service + Diagnosis

This procedure will be performed on 11/11/2020.

[CHANGE](#)

Sleep Management Procedures

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

G0400 | HOME SLEEP TEST TYPE IV

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

Diagnosis

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

456

[LOOKUP](#)

	Diagnosis Code	Description
SELECT	H04.561	Stenosis of right lacrimal punctum
SELECT	H04.562	Stenosis of left lacrimal punctum
SELECT	H04.563	Stenosis of bilateral lacrimal punctum
SELECT	H04.569	Stenosis of unspecified lacrimal punctum
SELECT	I45.6	Pre-excitation syndrome
SELECT	M24.561	Contracture, right knee
SELECT	M24.562	Contracture, left knee

Next, select if the procedure will be rendered in your office.

Wednesday, November 04, 2020 1:55 PM

Requested Service + Diagnosis

Confirm your service selection.

Treatment Start: 11/11/2020

CPT Code: G0400

Description: HOME SLEEP TEST TYPE IV

Primary Diagnosis Code: H04.561

Primary Diagnosis: Stenosis of right lacrimal punctum

Secondary Diagnosis Code:

Secondary Diagnosis:

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

[BACK](#)

[CONTINUE](#)

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Attention!

Will you be rendering this procedure in your office?

[Yes](#)
[No](#)

Add Site of Service

Add the Site of Service by entering some or all of the following search terms: NPI, Zip Code, Site Name, TIN and/or City, then select 'Lookup Site.'



Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Help / Contact Us

Wednesday, November 04, 2020 1:58 PM

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: 1457373706

Zip Code: 61801

Site Name:

TIN:

City:

☒ Exact match
☐ Starts with


LOOKUP SITE

No site records were found matching the search criteria. If you are requesting the service be rendered at your office, provider group, or clinic and not a hospital or a free-standing imaging facility, please indicate the rendering provider/site the same as the ordering physician. If no site is found, please call eviCore at 844-303-8452 to submit your request.

BACK

[Click here for help](#)

After selecting 'Lookup Site,' a menu of site options will appear below. Click 'Select' next to your chosen site and name.



Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Help / Contact Us

Tuesday, November 10, 2020 1:50 PM

Add Site of Service

Specific Site Search
Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI:

Zip Code: 62703

Site Name:

TIN:

City:

☒ Exact match
☐ Starts with

LOOKUP SITE

	Name	Address
SELECT	AMERICAN HOMEPATIENT	2908 OLD ROCHESTER RD SPRINGFIELD, IL 62703
SELECT	FELLER MARGARET	510 APPLE ORCHARD RD STE SPRINGFIELD, IL 62703
SELECT	HARDWICK JENNIFER	1020 S 5TH ST SPRINGFIELD, IL 62703
SELECT	TABATABAI FAREED	2950 S 6TH ST SPRINGFIELD, IL 62703
SELECT	MCCONNIEHEY KELLI	510 APPLE ORCHARD RD STE SPRINGFIELD, IL 62703
SELECT	RODRIGUEZ JULIE	510 APPLE ORCHARD RD STE SPRINGFIELD, IL 62703
SELECT	DEAN LAURA	510 APPLE ORCHARD RD STE SPRINGFIELD, IL 62703
SELECT	MEDINA JUAN	5230 S SIXTH ST SPRINGFIELD, IL 62703
SELECT	KILLIAN TERRY	1020 S 5TH ST SPRINGFIELD, IL 62703
SELECT	SOMMER JENNIFER	510 APPLE ORCHARD RD STE SPRINGFIELD, IL 62703

123

After selecting the site, you'll have the option to enter the lab's email. Select 'Continue' to advance to the next screen.

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Tuesday, November 10, 2020 3:27 PM

Add Site of Service

Selected Site: BELLAIORE FRANK

FIND NEW SITE

Lab Email (optional)

BACK **CONTINUE**

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Clinical Information

Before selecting 'Continue' on the Proceed to Clinic Information screen, check to make sure that the information you have entered on previous screens is correct. After advancing to clinical information, you will not be able to edit the Provider, Patient or Service Information entered in the previous steps.

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Tuesday, November 10, 2020 3:28 PM

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.

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Next, choose whether this is a Routine/Standard case by selecting ‘Yes’ or ‘No.’

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Tuesday, November 10, 2020 3:28 PM

Proceed to Clinical Information

Is this case Routine/Standard?

YES **NO**

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Before submitting your request, confirm whether a previous prior authorization request has been made for this member and this test. Also, select whether or not the specimen has been collected. After selecting answers to both of those questions, you can either save to finish later or you can submit. To save the authorization and complete it later, click the box next to Finish Later. To submit your request, select the ‘Submit’ button.

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Tuesday, November 10, 2020 3:29 PM Log Off / SSO / HAMP / Todd.Matta@

Proceed to Clinical Information

Some tests can be automatically authorized by responding to a set of specific clinical questions. In order to determine the right clinical questions to ask, we need to know exactly which test(s) and procedure code(s) are being considered. The next several questions will guide test and procedure code selection.

☒ To the best of your knowledge, has a previous prior authorization request been made for this member and this test?
☐ Yes ☐ No ☐ Unknown

☒ Has the specimen been collected?
☐ Yes ☐ No ☐ Unknown

SUBMIT


☐ Finish Later

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

CANCEL

[Click here for help](#)

Once you have submitted or saved your request, you will see this Summary of Your Request screen. You may print this page by clicking the Print button at the bottom of the summary. Select 'Continue' to finish making your prior authorization request and return to the home page.



[Home](#)
[Certification Summary](#)
[Authorization Lookup](#)
[Eligibility Lookup](#)
[Clinical Certification](#)
[Certification Requests In Progress](#)
[MSM Practitioner Perf. Summary Portal](#)
[Help / Contact Us](#)

Tuesday, November 10, 2020 3:30 PM
 [Log Off \(SSO: HAMP: todd.matta@\)](#)

Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

Incomplete clinical information was submitted on the web. Please return to your web request and complete the submission of clinical information. The additional information is necessary to review your request for medical necessity and may include any of the following: current signs and symptoms, prior diagnostic studies and results, prior clinical management of the patient, and medications with dose and duration. Failure to complete the clinical submission will result in this request being non certified as the Clinical history and indications are incomplete and as such, fail to meet medical necessity criteria.

Provider Name:	DR. ROBERT PENDLEY	Contact:	Robert Pendley
Provider Address:	611 W PARK ST URBANA, IL 61801	Phone Number:	(217) 383-3610
		Fax Number:	(217) 326-2704
Patient Name:	CHAD A BEYLER	Patient Id:	94103865801
Insurance Carrier:	HEALTH ALLIANCE MED PLANS		
Site Name:	BELLAFIORE FRANK	Site ID:	JHZZKH
Site Address:	611 W PARK ST URBANA, IL 61801		
Primary Diagnosis Code:	J10.00	Description:	Influenza due to other identified influenza virus with unspecified type of pneumonia
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	MOLECULAR GENETIC TEST
CPT Code:	LABTST		
Case Number:	1139785594		
Review Date:	11/10/2020 3:28:41 PM		
Expiration Date:	N/A		
Status:	Incomplete clinical information was submitted on the web. Please return to your web request and complete the submission of clinical information. The additional information is necessary to review your request for medical necessity and may include any of the following: current signs and symptoms, prior diagnostic studies and results, prior clinical management of the patient, and medications with dose and duration. Failure to complete the clinical submission will result in this request being non certified as the Clinical history and indications are incomplete and as such, fail to meet medical necessity criteria.		

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