



**Blue Care  
Network  
of Michigan**

A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

# Blue Care Network Provider Training



4/30/2014

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# TRAINING SCHEDULE

Training	Date	Time	Presenter
Train the Trainer #1	Monday, June 2nd	9:30 - 10:30 A.M.	CareCore National
Train the Trainer #2	Tuesday, June 3rd	9:30 - 10:30 A.M.	CareCore National
Provider Training #1	Tuesday, June 10th	8:00 - 9:00 A.M.	CareCore National
Provider Training #2	Wednesday, June 11th	11:00 A.M. - 12:00 P.M.	CareCore National
Provider Training #3	Thursday, June 12th	4:00 - 5:00 P.M.	CareCore National
Provider Training #4	Tuesday, June 17th	5:00 - 6:00 P.M.	CareCore National
Provider Training #5	Wednesday, June 18th	9:00 - 10:00 A.M.	BCN
Provider Training #6	Thursday, June 19th	12:00 - 1:00 A.M.	BCN
Provider Training #7	Tuesday, June 24th	11:00 A.M. - 12:00 P.M.	BCN
Provider Training #8	Wednesday, June 25th	4:00 - 5:00 P.M.	BCN
Provider Training #9	Thursday, June 26th	8:00 - 9:00 A.M.	BCN

Blue Care Network has contracted with CareCore National to provide quality support in managing prior authorizations for outpatient high tech radiology services, effective **6/17/2014** for services rendered on or after **7/1/2014**.

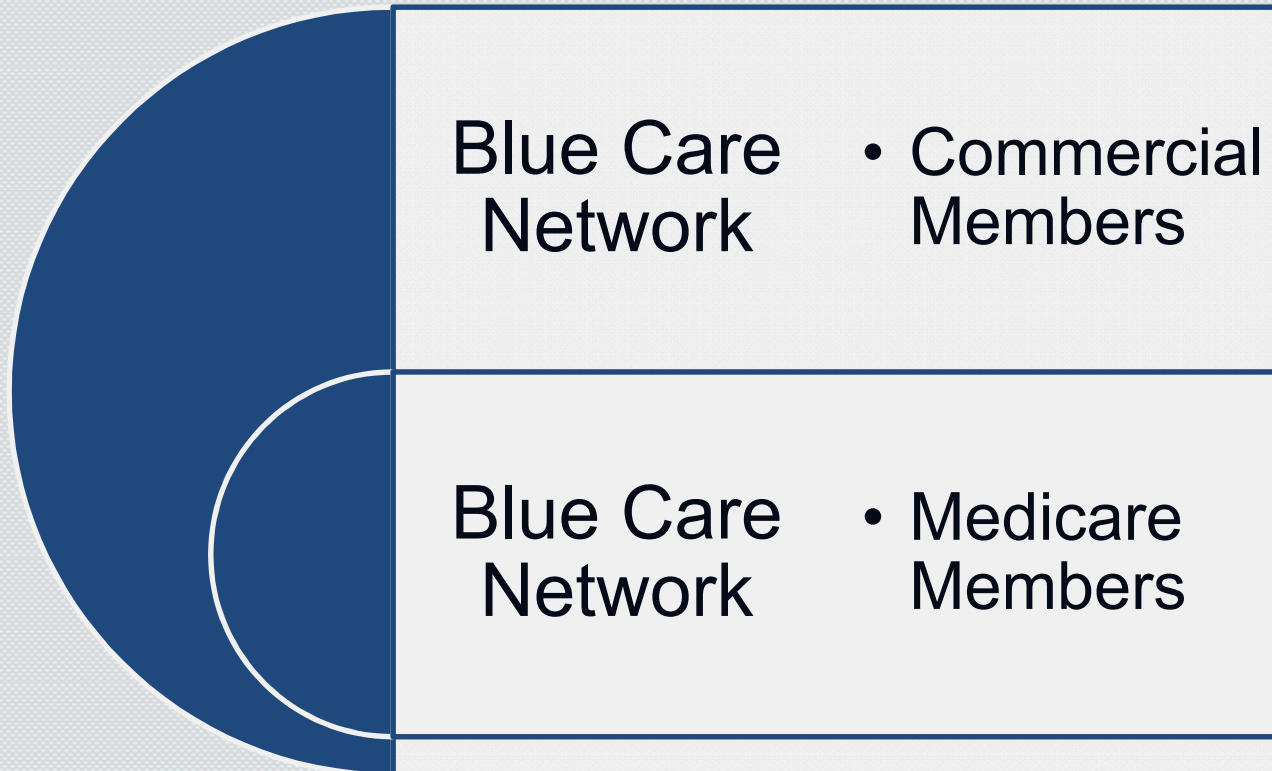


# WHO IS CARECORE NATIONAL?

- CareCore National is a nationally recognized, physician-founded Healthcare Solutions services corporation.
- CareCore is URAC accredited, NCQA certified and Cybertrust Secured.
- CareCore has the industry's most extensive and current set of evidence-based specialty criteria.
- Through CareCore's established reputation for quality leadership and excellent customer service, they are the largest and fastest growing benefits management firm in the U.S.



# MEMBERS THAT REQUIRE PRIOR AUTHORIZATION



# PRIOR AUTHORIZATION RESPONSIBILITY

Online: **carecorenational.com**

Phone: 1-855-774-1317

CareCore National Call Center Hours:  
7 a.m. to 7 p.m. EST, Monday through Friday.

Web: [carecorenational.com](http://carecorenational.com)

Website is available 24/7.



If additional clinical information is required to demonstrate medical necessity, providers may call 1-855-774-1317 or the information may be faxed to 1-800-540-2406.

\* A designee may be a member of the ordering physician's office staff.

# MODALITIES REQUIRING PRIOR AUTHORIZATION

Advanced outpatient imaging prior authorizations will include:

CT Scans

MRI

Nuclear  
Medicine

Nuclear  
Cardiology

# PLACE OF SERVICE FOR PRIOR AUTHORIZATIONS

Prior authorizations are required in all places of service except when the procedure is rendered at:

- In an Urgent Care Facility (place of service = 20)
- In an Emergency Room (place of service = 23)
- In an Inpatient Hospital setting (place of service = 21)





# PRIOR AUTHORIZATION OVERVIEW



Clinical data will be collected and reviewed against clinical criteria.

Providers can begin the prior authorization requests:

- Online
- Phone

Structured clinical data is collected and evaluated against clinical criteria. If the structured clinical data meets the clinical criteria, a prior authorization is given.

Medical directors review cases and make determinations based on medical necessity outlined in the clinical criteria.

# PRIOR AUTHORIZATION DETAILS

## Case Numbers

- A case number is assigned to every request.
- Case numbers are used for reference purposes only and are not valid for claim payment.
- The format is a 10-digit numeric value.
  - Example: 1004567890

## Authorization/Determination Numbers

- A determination number is assigned to every case upon completion of the review.
- Authorization numbers are used systematically to validate claim payment.
- The format is an alpha code followed by numeric values and the CPT code.
  - Example : A012345678-70450

\*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2013 American Medical Association. All rights reserved.

# PRIOR AUTHORIZATION DETAILS

- Authorizations are valid 45 calendar days from the date of approval.
- An approval date is the date the case is approved.

Upon receipt of the request and all clinical information, CareCore has 24 hours to make a medical necessity determination.



## PRIOR AUTHORIZATION DETAILS

At any point in the case management process, the **ordering physician** may request to speak to a CareCore National medical director.

Call:  
**1-855-774-1317**  
Follow prompts.



## NON-CERTIFICATION DETERMINATION

- Cases not consistent with evidence-based criteria may not be certified.
- Both the provider and the patient will be notified by letter of non-certified cases issued by CareCore.
- Letters of non-certification will include the guidelines for the appeals process. First- and second-level provider appeals will be determined by CareCore National for Commercial Only.
- Medicare appeals are not being delegated to CCN.

For questions or concerns around appeals, contact CareCore's customer service and appeals department: 1-855-774-1317

# UPDATING EXISTING AUTHORIZATION

If the CPT code for the authorized procedure differs from the code for the rendered procedure, the ordering or rendering provider may be required to call CareCore National at 1-855-774-1317 to modify the request.

Please note that clinical documentation to support the change will be required.

- Change in modality
- Adding contrast agents
- Addition of contiguous body parts

Change Service Code is a new option added to the web authorization portal. Only cases that are still valid can be updated and the CPT code must be substitutable, such as from with contrast to without contrast.

- You have up to two business days from the date of service to request a modification.

# URGENT PRIOR AUTHORIZATION REQUESTS

Urgent requests should be made by phone only.

To initiate an urgent prior authorization request, please call 1-855-774-1317 and follow the prompting. You must state that the request is clinically urgent.

\*Same as Prior Authorization phone number

- Clinically urgent cases will be reviewed and a determination made within 24 hours after CareCore National receives the required clinical information.
- Urgent requests may be initiated by the ordering physician and/or the designee.



# PROVIDER WEB PORTAL OVERVIEW- PROVIDER REGISTRATION





# CARECORE NATIONAL WEB PORTAL

## Referring Physicians

- Initiate Authorizations
- View Authorization status
- Access clinical criteria
- Access reference material
- Information and tutorials

## Rendering Providers

- Eligibility lookup
- View Authorization status
- Access reference material
- Information and tutorials



# PHYSICIAN WEB PORTAL ACCESS

To submit a prior authorization request or access authorization details on the web, first time users will need to register on the Provider Web Portal. **\*Registration will be available on 6/17\***

The screenshot displays the CareCore National website interface. At the top left is the CareCore National logo with the tagline "Evidence-based Specialty Benefit Management". To the right is a search bar. Below the header is a navigation menu with links for Home, CareCore Solutions, About CareCore, Resources and Information, Careers, and Contact CareCore. The main content area is divided into three columns:

- Healthplan Providers:**
  - Practice Assessment/Standards
  - Claims Payment Portal Login
  - Authorization/Eligibility Lookup
  - Horizon BCBSNJ Site Registration
  - Criteria
- Ordering Physician Login:**
  - User ID:
  - Password:
  - [Register](#) | [Password Help](#) | [Eligibility Lookup](#)
- Healthplan Members:**
  - Facts About My Procedure
  - Educational Tools
  - Radiation Safety Calculator
  - Does My Procedure Need an Authorization

A callout box with a green border and a pointer to the "Register" link in the "Ordering Physician Login" section contains the text "Select Register".

# REGISTRATION REQUIREMENTS

## Register for a User Name

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

**Step 1: User Information** you will need

Registration requirements

**Required Information** - Contact Name, Address, Phone and Email Address.

If you do not have a company email address, please register for a web-based email address at Yahoo or Hotmail, before starting this process.

**Step 2: Provider Information** During the second step, you will need to provide information on each physician you wish tied to your account.

**Required Information** - Tax Id, NPI and Provider Numbers for each Healthplan the Physician participates with.

Please gather this information before starting this process.

During this step, we will search our database and find matches to the physicians you enter. You will be asked to validate the data found for each physician.

Lastly, we will provide you a user name and password, and provide a status on each physician you requested did not match. You will be able to contact support to resolve the issue and continue.

Select Continue

CONTINUE



### Information You will Need to Register:

- Contact Name
- Address
- Email Address
- Phone

### For each Physician:

- TaxID
- NPI
- Provider Number as assigned by each Health Plan

# REGISTRATION DEMOGRAPHICS

## Provider Web Portal

[Authorization Lookup](#) | [Eligibility Lookup](#)

Tuesday, February 18, 2014 3:20 PM

### Register for a User Name

\* Indicates Required Field.

- \* User Type:
- Referring Provider
  - Rendering Provider
  - Physical Medicine Provider
  - Group/Hospital/Facility

\* Office / Facility Name:

\* Primary Contact Name:

\* Email Address:

\* Confirm Email Address:

\* Mailing Address:

\* City/State/Zip:  AE

\* Phone:

Fax:

## Create Login/Password and provide a Hint question and answer

Please select a User Name and Password.

\* Choose your UserName:   
(6-10 Alpha-Numeric characters)

\* Password:   
(8-10 Alpha-Numeric characters)

Please enter a Password Hint Question and Answer. These will be used to help confirm your user information, in the case that you forget your username or password.

\* Password Hint Question:

\* Password Hint Answer:

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**To register, you will need to provide the contact name, office address, email address, phone #, TAX ID and NPI for each physician.**

# PROVIDER WEB PORTAL REGISTRATION

Please select the healthplans you wish to register this provider with, and their Provider ID assigned by the healthplan.

Healthplan	Provider ID assigned by Healthplan
<input type="checkbox"/> ACN	<input type="text"/>
<input type="checkbox"/> AETNA	<input type="text"/>
<input type="checkbox"/> AFFINITY	<input type="text"/>
<input type="checkbox"/> ASURIS	<input type="text"/> (Use NPI)
<input type="checkbox"/> AVERA	<input type="text"/>
<input type="checkbox"/> BCBS	<input type="text"/> (Use NPI)
<input checked="" type="checkbox"/> Blue Care Network	<input type="text"/>
<input type="checkbox"/> BRIDGE SPAN	<input type="text"/> (Use NPI)
<input type="checkbox"/> CIGNA	<input type="text"/>
<input type="checkbox"/> COVENTRY	<input type="text"/> (Use NPI)
<input type="checkbox"/> GHI	<input type="text"/>
<input type="checkbox"/> HCUSA/OMNICARE	<input type="text"/> (Use NPI)
<input type="checkbox"/> HEALTH ALLIANCE PLAN	<input type="text"/>
<input type="checkbox"/> HEALTHFIRST	<input type="text"/>
<input type="checkbox"/> HEALTHPLUS	<input type="text"/>
<input type="checkbox"/> HIP	<input type="text"/>
<input type="checkbox"/> HMO SELECT - GHI	<input type="text"/>
<input type="checkbox"/> HORIZON	<input type="text"/>

**Select the health plan you are registering under and provide your provider ID or individual NPI.**

# PROVIDER WEB PORTAL: ADD PHYSICIAN

## Provider Web Portal

[Home](#) | [Authorization Lookup](#) | [Eligibility Lookup](#) | [Clinical Certification](#) | [Physician Criteria](#) | [Manage Your Account](#) | [Cardiology Approval Report](#)

Monday, June 10, 2013 3:05 PM

### Add Physician

Enter Physician information and find matches.

**Note:** You need to fill out this form for each physician / location you wish to register.

\* Indicates Required Field.

\* Physician First Name:

\* Physician Last Name:

Tax Id:

OR

NPI:

\* Specialty 1:

Specialty 2:

Email Address:

\* Mailing Address:

\* City/State/Zip:

\* Phone:

Fax:

**Enter  
physician  
information  
and select  
health plan,  
enter  
provider ID**

# PROVIDERS WITH EXISTING ACCOUNTS

## Provider Web Portal

Home | Physician Criteria | **Manage Your Account** | Sleep Management Portal | Practitioner Performance

Please select the healthplans you wish to register this provider with, and their Provider ID assigned by the healthplan

Healthplan	Provider ID assigned by Healthplan
<input type="checkbox"/> ACN	<input type="text"/>
<input type="checkbox"/> AETNA	<input type="text"/>
<input type="checkbox"/> AFFINITY	<input type="text"/>
<input type="checkbox"/> ASURIS	<input type="text"/> (Use NPI)
<input type="checkbox"/> AVERA	<input type="text"/>
<input type="checkbox"/> BCBS	<input type="text"/> (Use NPI)
<input checked="" type="checkbox"/> Blue Care Network	<input type="text"/>
<input type="checkbox"/> BRIDGE SPAN	<input type="text"/> (Use NPI)
<input type="checkbox"/> CIGNA	<input type="text"/>
<input type="checkbox"/> COVENTRY	<input type="text"/> (Use NPI)

For Providers with existing Accounts:  
1- Log into your account  
2- Select 'Manage Your Account'  
3- Add referring providers that are associated with Blue Care Network

# WEBSITE REGISTRATION

## Provider Web Portal

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

Tuesday, April 15, 2014 4:33 PM

[Log Off \(DRRO\)](#)

### Add Provider

Please select the physician records you wish to add from those found in our database. Only one ID per carrier may be selected. If Status is NOT FOUND, please select and we will verify the physician with the carrier and notify you via email when the physician is set up.

	ID	Name	Address	Phone / Fax	Specialty	Alt ID	Status
<input type="checkbox"/>							

Cancel

Search Again

Add this Provider

**Select the provider record that you would like to load into the registration**

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# PROVIDER WEB PORTAL: MANAGE ACCOUNT

## Provider Web Portal

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

Tuesday, April 15, 2014 4:35 PM

[Log Off \(DRR\)](#)

### Manage Your Account

Office Name:

[Change Password](#)

[Edit Account](#)

Address:

Primary Contact:

Email Address:

[Add Provider](#)

Click Column Headings to Sort

Name	Carrier	Address	Status	
			ACTIVE	<a href="#">REMOVE</a>

[Cancel](#)

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**You are  
ready to  
initiate web  
cases**

# WEBSITE UTILIZATION: CHOOSE A PROGRAM

## Provider Web Portal

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

Tuesday, April 15, 2014 3:51 PM



20% Complete

**Physician**  
| [EDIT](#)

### Clinical Certification

Please select the program for your certification:

- Radiology and Cardiology
- Radiation Therapy Management Program (RTMP)

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

**Choose a  
program  
and  
continue.**

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# PROVIDER WEB PORTAL OVERVIEW- CASE BUILD



# PATIENT SELECTION

- Enter “Patient ID”, “Date of Birth”, and “Patient Last Name Only”.
  - Select “Eligibility Lookup”. Search results appear.
- If the patient you are searching for does not come up in the results, verify you've entered the correct information and click the lookup again button to conduct another search.
- Then click “Continue”.

**Patient Information**

30% Complete

Physician  
DOE, JOHN [EDIT](#)

**Clinical Certification**

Patient ID:

Date Of Birth:

Patient Last Name Only:

[ELIGIBILITY LOOKUP](#)

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

30% Complete

Physician  
DOE, JOHN [EDIT](#)

**Clinical Certification**

Patient ID:

Date Of Birth:  MM/DD/YYYY

Patient Last Name Only:  []

[CLEAR PATIENT SELECTION](#)

Patient Cell Phone:

Patient Email:

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

# PATIENT CLINICAL DETAILS

- Enter the expected date of procedure under the “expected date of procedure” field.
- Enter procedure by selecting the CPT code.
- Enter the “ICD-9” code. You may enter only the first three digits for a more complete search result.
- Click the “lookup” button.
- Select the most specific and appropriate code that appears in the ICD-9 search listing. Verify the diagnosis selection.
- You have the option to go back to change the selection by clicking on the back button.
- Click the “continue” button to go to the next step.

# SITE SELECTION

- A list of preferred sites closest to the referring provider are presented and selectable for the requested procedure.
- If the desired site is not presented, search for the desired site by entering the facility name, address, or Zip code and selecting “Lookup Site”.
- Select the appropriate site from the list by clicking the “Select” button next to the site and select “Continue”.

## Clinical Certification

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

NPI:  Zip Code:  Site Name:   
 TIN:  City:   Exact match  Starts with [LOOKUP SITE](#)

	Name	Address
<a href="#">SELECT</a>	CANTON-POTSDAM HOSPITAL/P	33 W MAIN ST NORFOLK, NY 13667
<a href="#">SELECT</a>	CANTON-POTSDAM HOSPITAL/P	33 W MAIN ST NORFOLK, NY 13667
<a href="#">SELECT</a>	SUHAIL S. DAYE, M.D., GEN	10 HOSPITAL DR MASSENA, NY 13662
<a href="#">SELECT</a>	MASSENA MEMORIAL HOSPITAL	1 HOSPITAL DRIVE MASSENA, NY 13662
<a href="#">SELECT</a>	MASSENA MEMORIAL HOSPITAL	1 HOSPITAL DRIVE MASSENA, NY 13662
<a href="#">SELECT</a>	ST LAWRENCE INTERNISTS	267 ANDREWS ST MASSENA, NY 13662
<a href="#">SELECT</a>	SEAWAY ORTHOPEDICS PC	273 ANDREWS ST MASSENA, NY 13662
<a href="#">SELECT</a>	SUHAIL S. DAYE, M.D., GEN	10 HOSPITAL DR MASSENA, NY 13662
<a href="#">SELECT</a>	MASSENA MEMORIAL HOSPITAL	1 HOSPITAL DRIVE MASSENA, NY 13662
<a href="#">SELECT</a>	SEAWAY ORTHOPEDICS PC	273 ANDREWS ST MASSENA, NY 13662

# CONFIRMATION OF PATIENT, SITE, AND SERVICE

- Confirm patient, practitioner, site, and service before proceeding to clinical certification.
- Selecting edit will allow you to make any changes necessary.
- You have the ability to find a new site, if needed with the “find a new site” button.
- **Once you select “Continue”, you will not be able to edit this information.**
- Select “Continue”.

The screenshot displays a 'Clinical Certification' form. At the top right, it says 'Selected Site: RADIOLOGY CORPORATION' with a 'FIND NEW SITE' button below it. A progress bar at the top left shows 60% completion. The form is divided into sections: 'Physician' (DOE, JOHN) with an 'EDIT' button; 'Patient' (JANE SMITH, ABCDEFH (HEALTH PLAN), 1/19/1965) with an 'EDIT' button; 'Service' (7/5/2012, 73721 MRI LOWER EXTREMITY JOINT W/O, 238.0 Unc. behav neo bone) with an 'EDIT' button; and 'Site' (RADIOLOGY CORPORATION). At the bottom right of the form area, there are buttons for 'Cancel', 'Back', 'Print', and 'Continue'. A mouse cursor is visible over the 'Continue' button.

# WEBSITE UTILIZATION: ATTESTATION

## Provider Web Portal

<a href="#">Home</a>	<a href="#">Authorization Lookup</a>	<a href="#">Eligibility Lookup</a>	<a href="#">Clinical Certification</a>	<a href="#">Certification Requests In Progress</a>	<a href="#">Physician Criteria</a>	<a href="#">Manage Your Account</a>
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Tuesday, April 15, 2014 4:07 PM

### Clinical Certification

I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

I also further acknowledge the following:

- I am the referring provider or rendering site for this member and I elect to receive one or more test or procedure options if the case is denied and such options are applicable;
- Such offer of alternative tests or procedures does not interfere with my medical judgment;
- CareCore provides administrative/benefits determination (including the possibility of denial of coverage) and such determinations are not substitutes for my medical judgment; and
- I am not an employee or agent of CareCore

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Attestation



# WEBSITE UTILIZATION

After you finished initiating a case, you have the option to start a new case under another physician or member, duplicate a prior request for another CPT code, and resume a case already in progress.

The screenshot shows the 'Provider Web Portal' interface. At the top, there is a navigation bar with the following tabs: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (which is the active tab), Certification Requests In Progress, Physician Criteria, and Manage Your Account. Below the navigation bar, the date and time are displayed as 'Tuesday, April 15, 2014 4:11 PM'. The main heading is 'Clinical Certification'. Below this heading, there are four links: 'Return to the main menu or to select a new ordering provider >>', 'Request a procedure for a different member >>', 'Request another procedure for this member >>', and 'Resume a certification request in progress >>'. A tooltip is visible over the 'Resume a certification request in progress >>' link, containing the text '<< Did you know? You can save a certification request to finish later.'. At the bottom left of the main content area, there are two buttons: 'Cancel' and 'Print'. At the bottom center, there is a copyright notice: '© CareCore National, LLC. 2014 All rights reserved.' followed by links for 'Privacy Policy', 'Terms of Use', and 'Contact Us'.

# CLINICAL COLLECTION & CASE SUBMISSION

## Clinical Collection

- Next, you'll enter the clinical collection phase. Answer the questions as completely as possible in order for the certification to be correctly determined. Select “submit” between questions.

## Case Submission

- Once the clinical information has been gathered, you'll be asked to acknowledge the information provided was accurate by selecting submit case.

The screenshot displays a web interface for clinical certification and case submission. At the top, a progress bar shows 100% completion. Below this, a form contains the following information:

Physician	DOE, JOHN	EDIT
Patient	JANE SMITH ABCDEFH (HEALTH PLAN) 1/18/1985	EDIT
Service	7/5/2012 73721 MRI LOWER EXTREMITY JOINT W/O 238.0 Unc. behav neo bone	EDIT
Site	RADIOLOGY CORPORATION	

**Clinical Certification**  
You are about to enter the clinical information collection phase of the notification process.

Once you have clicked 'Continue', you will not be able to edit the Physician, 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 CareCore National.

Buttons: Cancel, Back, Print, Continue

**Authorization(s)**

Your case has been sent for additional Clinical Review.

CPT Code	7	JOINT W/O
Review Date	4/	Case Number assigned for reference
Expiration Date	N/A	
Case Number	1000000123	

# WEBSITE UTILIZATION

Once you have entered the clinical collection phase of the case you can save and return within 2 business days to complete.

The screenshot shows a web application interface for 'Clinical Certification'. At the top, there is a navigation bar with tabs: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (selected), Certification Requests In Progress, Physician Criteria, and Manage Your Account. Below the navigation bar, the date and time are displayed as 'Friday, April 25, 2014 9:57 AM'. The main heading is 'Clinical Certification'. The first question is 'What joint is being examined?' with radio button options for 'hip', 'knee', 'ankle or foot', and 'Other'. The second question is 'Which side is being evaluated?' with radio button options for 'right' and 'left'. Below the questions, there is a text instruction: 'For bilateral studies, please obtain a certification for each side - right and left.' A 'SUBMIT' button is located below the instruction. At the bottom, there is a checkbox labeled 'Finish Later'. A red arrow points to this checkbox. A blue tooltip box is positioned over the 'Finish Later' checkbox, containing the text: 'Did you know? You can save a certification request to finish later.'

# WEBSITE UTILIZATION

Your case has been saved. The case is paused for 2 business days, if the case is not completed, it will be forwarded to review and will be expired.

Home | Authentication | Lockbox | Disability | Linkbox | Clinical Certification | Certification Requests In Progress | Physician Choice | Manage Your Account

Friday, April 25, 2014 10:01 AM

### Clinical Certification

Your case has been saved. You may resume this request within 2 business days by selecting CONTINUE on the Certification Requests In Progress page. Failure to complete this case within 2 business days will result in the case being forwarded for review with the information submitted.

Provider Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Provider Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient ID: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_

Site Name: \_\_\_\_\_ Site ID: \_\_\_\_\_  
Site Address: \_\_\_\_\_

Diagnosis/ICD-9 Code:	Description:	OTHER GENERAL SYMPTOMS
Date of Service: 4/26/2014	Description:	M/R LOWER EXTREMITY JOINT W/O
CPT Code: 23721		

Case Number: \_\_\_\_\_  
Review Date: 4/25/2014 9:57:19 AM  
Expiration Date: N/A  
Status: Your case has been saved. You may resume this request within 2 business days by selecting CONTINUE on the Certification Requests In Progress page. Failure to complete this case within 2 business days will result in the case being forwarded for review with the information submitted.

# CLINICAL CERTIFICATION

- Once the series of questions have been completed, and if medical necessity has been determined, the authorization will be provided immediately online.
- An authorization number and expiration date will be assigned. The authorization may be printed for your records, by selecting “Print”.

### Clinical Certification

**Your case has been Approved.**

Physician Name:	DR. JOHN DOE	Contact:	MARY JONES
Physician Address:	100 MAIN ST PEMERCKE PINES, FL 33024	Phone Number:	(212) 123-4567
		Fax Number:	(212) 123-5678

---

Site Name:	RADIOLOGY CORPORATION	Site ID:	DY5883
Site Address:	123 E OAK AVE SUITE A MIAMI, FL 33158		

---

Diagnosis/ICD-9 Code:	238.0	Description:	Unc behav neo bone
Date of Service:	7/5/2012		
CPT Code:	73721	Description:	MRI LOWER EXTREMITY JOINT W/O
Authorization Number:	A00000000		
Review Date:	6/28/2012 4:04:10 PM		
Expiration Date:	8/12/2012		
Status:	Your case has been Approved.		

# CASES REQUIRING ADDITIONAL INFORMATION

- After answering questions presented in the pathway, there may be an opportunity to provide additional information online by selecting the radio button and supplying the information in the text box.
- Additional information can also be provided by **fax or by calling CareCore National.**
- For all cases requiring additional information, a case number will be assigned for reference.

**Clinical Certification**

**A request submitted online will be handled as a routine certification request. If you believe this procedure to be CLINICALLY URGENT please call CareCore at 866-889-8056 immediately with the Case Number you will be provided on the next page.**

The clinical information provided has demonstrated a need for additional review. Please make the appropriate selection below related to any additional information you may have related to the requested procedure.

Please make a selection from the following options:

I would like to provide additional information in the text box below. (250 character limit)

I would like to provide additional information by calling CareCore directly at 866-889-8056 or faxing the information by Fax at 800-540-2406.

All information has been provided, I have no further information to provide at this time.

**Selecting unknown at any time during the clinical collection phase, means that the physician does not have the information required and the system will prompt the physician to contact CareCore National to supply missing clinical information.**

# CARECORE NATIONAL WEB PORTAL

A referring provider may look up any authorization previously submitted by selecting the "Authorization Lookup" tab.

## Clinical Certification

**Your case has been Approved.**

<b>Physician Name:</b>	DR. JOHN DOE	<b>Contact:</b>	MARY JONES
<b>Physician Address:</b>	100 MAIN ST PEMBROKE PINES, FL 33024	<b>Phone Number:</b>	(212) 123-4567
		<b>Fax Number:</b>	(212) 123-5678

<b>Site Name:</b>	RADIOLOGY CORPORATION	<b>Site ID:</b>	DY5883
<b>Site Address:</b>	123 E OAK AVE SUITE A MIAMI, FL 33156		

<b>Diagnosis/ICD-9 Code:</b>	238.0	<b>Description:</b>	Unc behav neo bone
<b>Date of Service:</b>	7/5/2012		
<b>CPT Code:</b>	73721	<b>Description:</b>	MRI LOWER EXTREMITY JOINT W/O

<b>Authorization Number:</b>	A000000000
<b>Review Date:</b>	6/28/2012 4:04:10 PM
<b>Expiration Date:</b>	8/12/2012
<b>Status:</b>	Your case has been Approved.

# RENDERING PROVIDER AUTHORIZATION VERIFICATION



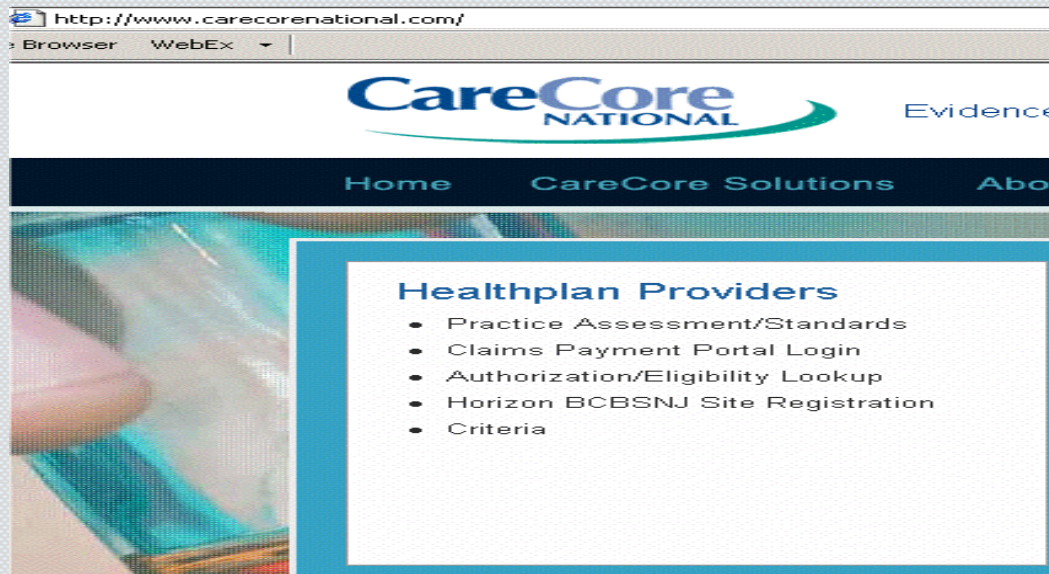


# RENDERING PROVIDER ACCESS

Rendering providers can verify the status of an existing prior authorization request through **carecorenational.com** and then selecting 'Authorization/Eligibility Lookup' (as seen below).

Information needed for a search:

- Provider ID or Tax ID
- Patient ID and Date of Birth or Authorization Number or Case Number



# ADDITIONAL ONLINE RESOURCES



# CARECORE NATIONAL CRITERIA

- Physicians may review the CareCore Evidence Based Guidelines at any time. The Evidence Based Guidelines used in rendering medical necessity decisions is posted publicly at **carecorenational.com**.

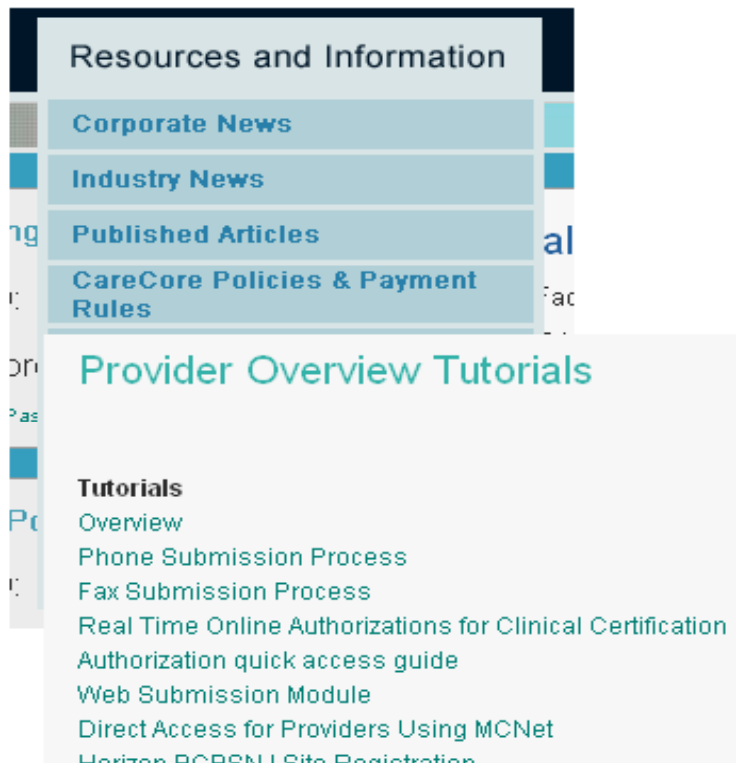
The screenshot displays the CareCore National website interface. At the top left is the CareCore National logo with the tagline "Evidence-Based Healthcare Solutions". To the right is a search bar labeled "Search for:". Below the logo is a dark navigation bar with links for Home, CareCore Solutions, About CareCore, Resources and Information, Careers, and Contact CareCore. The main content area is divided into three columns. The left column features a "Healthplan Providers" section with a bulleted list of links: Practice Assessment/Standards, Claims Payment Portal Login, Authorization/Eligibility Lookup, Horizon BCBSNJ Site Registration, and Criteria. Below this is an "Ordering Physician Login" section with input fields for "User ID:" and "Password:", a login button, and links for "Register", "Password Help", and "Eligibility Lookup". The middle column has a "Radiology Tools and Criteria" section with sub-links for "Program Overview", "Utilization and Quality Management", "Case Study", and "Program Tools and Criteria". Below this is a "Criteria" section listing "CareCore National Radiology Criteria V1.1.2014- Effective March 28, 2014", "Neighborhood Health Partnership Radiology Criteria V1.1.2014- Effective April 22, 2014", and "Oxford Radiology Criteria V1.1.2014- Effective April 22, 2014". The right column is titled "Health Plan Specific Radiology Criteria" and lists various health plans in two columns: Aetna, Affinity, Alameda Alliance for Health, Avera Health Plans, BCBS AL, BCBS AL Blue Advantage, Blue Care Network, Coventry, Excellus, GHI, Health Alliance Plan of Michigan, HealthFirst, HealthPlus, HIP, Horizon BCBS, Kaiser Permanente, MVP Health Care, Neighborhood Health Partnership, Oxford, PHP of Northern Indiana, QualChoice, Rocky Mountain Health Plan, SummaCare and Apex Health Solutions, UAM- Today's Options PPO, Univera, and WellCare.

# ADDITIONAL INFORMATION

Resources found on **ereferrals.bcbsm.com** under the *Radiology Management* page:

- Authorizations Quick Reference Guide
- Frequently Asked Questions PDF
- High-tech radiology procedure code summary PDF

# WEB SUBMISSION MODULE



For more specific information on how to request online: Web Submission Module, found at [www.carecorenational.com](http://www.carecorenational.com), under **Resources and Information**, **Provider Overview Tutorials**



Evidence-Based Healthcare Solutions

Questions and Answers