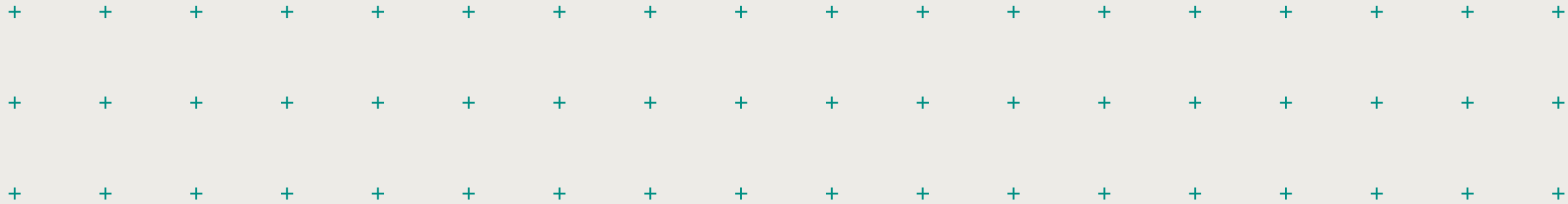


Radiology and Cardiology

Submitting Prior Authorization Requests
With EviCore.



Agenda

**CareCore National Portal Overview
(Authorization Request Walkthrough)**

CareCore National Portal Features

Remember our Provider Resources

Questions

CareCore National Portal Overview

+Welcome Screen | CareCore National

EviCore

By EVERNORTH

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

- As of February 2025, Health Choice Arizona cases are submitted on the CareCore National Portal.
- You can still navigate between both CareCore and MedSolutions portal.
- Authorizations requested **prior to February 2025** can still be viewed on the MedSolutions portal.

Toggle over to the MedSolutions portal

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

EVERNORTH
HEALTH SERVICES

P Public Information

Confidential, unpublished property of Evernorth Health Services. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2026 Evernorth Health Services.

+EviCore Provider Portal | Add Providers

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

You can add providers to your account by:

- Click the **Manage Your Account** tab
- Select **Add Provider**
- Enter the NPI, state, and zip code to search for the provider
- Select the matching record based upon your search criteria and the provider will be added to your provider list in your account.
- Click **Add Provider** to add other providers to your account.
- You can access the **Manage Your Account** at any time to make any necessary updates or changes.

Manage Your Account

Office Name:

CHANGE PASSWORD

EDIT ACCOUNT

Address:

200 Madison Street
Boston, CT 06027

Primary Contact:

Jodie Gaskinski

Email Address:

jgaskinski@western.com

ADD PROVIDER

Click Column Headings to Sort

No providers on file

CANCEL

Add Practitioner

Enter Practitioner information and find matches.

*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

▼

Practitioner Zip

FIND MATCHES

CANCEL

+Clinical Certification Request | Initiating a Case

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

Request an Authorization

To begin, please select a program below:

- ☐ Durable Medical Equipment(DME)
- ☐ Gastroenterology
- ☐ Lab Management Program
- ☐ Medical Drug Management
- ☐ Medical Oncology Pathways
- ☐ Musculoskeletal Management
- ☐ Pharmacy Drugs (Express Scripts Coverage)
- ☐ Radiation Therapy Management Program (RTMP)
- ☒ Radiology and Cardiology
- ☐ Sleep Management

CONTINUE

[Click here for help](#)

- Click **Clinical Certification** to begin a new request
- Select the **Program** for your certification

+Clinical Certification Request | Search for and Select Provider

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

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
SELECT	
1234	

If the provider's NPI is not listed above, please use the search feature below to add a new provider and continue with case build.

Search By NPI:

SEARCH

BACK

CONTINUE

[Click here for help](#)

Search for and select the **Practitioner/Group** for whom you want to build a case.

If the **Practitioner/Group** is not on your list (of providers added to your account), you can now **Search by NPI**

+Clinical Certification Request | Search for and Select Provider

EviCore

By EVERNORTH

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

Manage Your Account

MedSolutions Portal

Help / Contact Us

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

SELECT

Provider

If the provider's NPI is not listed above, please use the search feature below to add a new provider and continue with case build.

Search By NPI:

SEARCH

SELECT

Practitioner Name

NPI

Address

City

State

ZipCode

Phone

Fax

BACK

CONTINUE

Click here for help

Attention!

Do you want to add this NPI (1) to your account for future requests ?

YES

NO

By choosing "yes", the practitioner will be added to the provider list in your account.

When selecting the practitioner that was found by searched NPI, the line will turn gray to show it is selected.

+Clinical Certification Request | Select Health Plan

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

Choose Your Insurer

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK

CONTINUE

- Choose the appropriate **Health Plan** for the request
- Another drop down will appear to select the appropriate address for the **practitioner/group**
- Select **CONTINUE**

+Clinical Certification Request | Enter Contact Information

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

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

☒ Receive notification of case status changes

BACK

CONTINUE

[Click here for help](#)

- **Enter/edit** the Practitioner's name and appropriate information for the **point of contact**/who to contact individual
- Practitioner name, fax and phone will pre-populate, edit as necessary

The e-notification box is checked by default to enable email notices for any updates on case status changes. Make sure to uncheck this box if you prefer to receive faxed notices.

+Clinical Certification Request | Enter Member Information

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

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*

MM/DD/YYYY

Patient Last Name Only:*

[?]

When entering patient details, please review and confirm the spelling of the patient's name. Verify accuracy of the patient's ID and date of birth.

ELIGIBILITY LOOKUP

BACK

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT						

Enter **member information**, including: patient ID number, date of birth, and last name then click **ELIGIBILITY LOOKUP**

Confirm your patient's information and click **SELECT** to continue

+Clinical Certification Request

Enter Requested Procedure and Diagnosis

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

Requested Service + Diagnosis

This procedure has not been performed. [CHANGE](#)

Radiology Procedures

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

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

Additional Procedure codes will be collected/presented during the clinical questionnaire

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

OBUS

OB Ultrasound

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 Radiology

LOOKUP

[BACK](#)

Select appropriate **CPT** and **Diagnosis codes**

Note: OB ultrasound requests entered as 'OBUS'

+Clinical Certification Request | Verify Service Selection

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

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: TBD
CPT Code: 73721
Description: MRI LOWER EXTREMITY JOINT W/O
Primary Diagnosis Code: R68.89
Primary Diagnosis: Other general symptoms and signs
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

BACK **CONTINUE**

[Click here for help](#)

- **Verify** requested service & diagnosis
- Edit any information if needed by selecting Change Procedure or Primary Diagnosis
- Click **CONTINUE** to confirm your selection

+Clinical Certification Request | Site Selection

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

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:

Site Name:

TIN:

City:

☒ Exact match

☐ Starts with

LOOKUP SITE

- Search for the **site of service** where the procedure will be performed (for best results, search with NPI, TIN, and zip code)
- **Select** the specific site where the procedure will be performed

eviCore
intelliPath[®]

Real-time decision
Request is complete

+Clinical Certification Request | Clinical Certification

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

Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from eviCore.

BACK

CONTINUE

- **Verify that all information is entered and correct**
- **You will not have the opportunity to make changes after this point**

+Clinical Certification Request | Standard or Urgent Request?

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

Proceed to Clinical Information

Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

- ☐ A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.
- ☐ A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.
- ☐ None of the above

Clinical Upload

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD

Proceed to Clinical Information

Is this case Routine/Standard?

YES

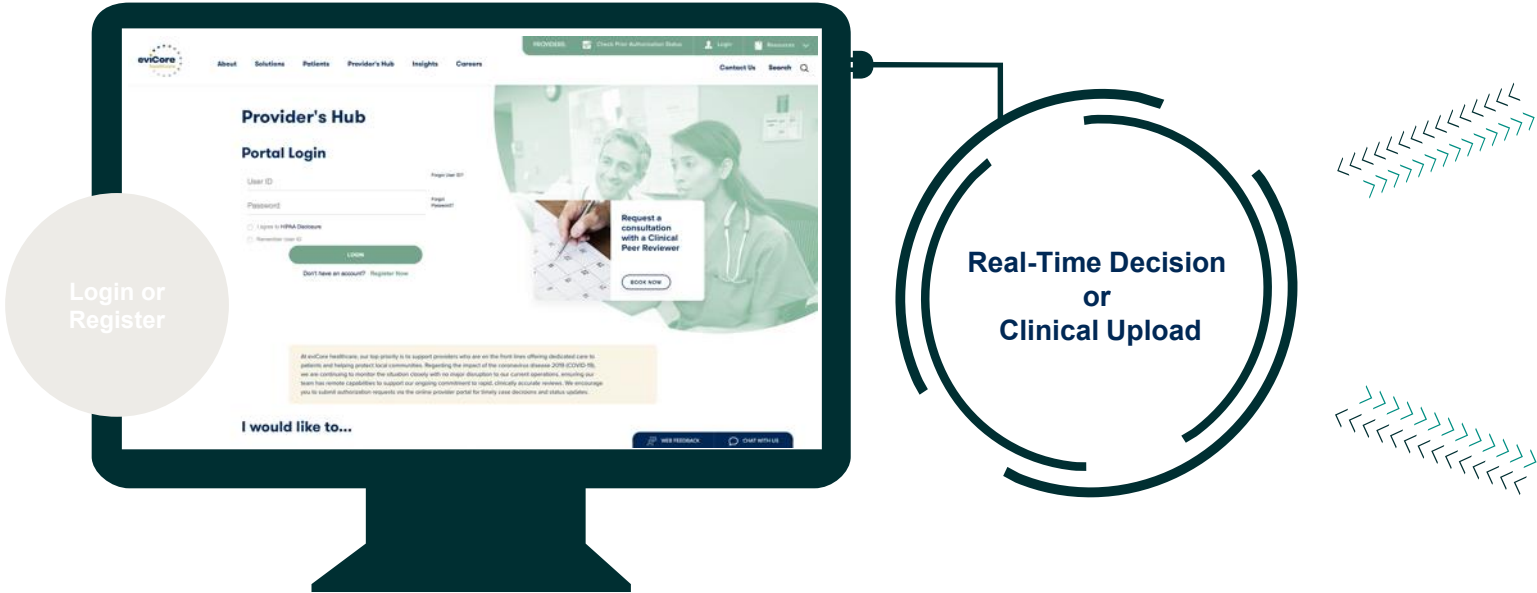
NO

- If the case is **standard**, select **Yes**
- If your request is **urgent**, select **No**
- When a request is submitted as urgent, you will be **required** to upload relevant clinical information
- Upload up to **FIVE documents** (.doc, .docx, or .pdf format; max 5MB size each, up to 25MB total)
- Your case will only be considered urgent if there is a successful upload

EviCore

By EVERNORTH
Public Information

Improved Provider Experience | Real-Time Decision or Clinical Documentation Upload



You'll be asked to complete a short series of clinical questions which may result in an immediate approval. If an immediate approval does not occur, you'll be prompted to upload clinical information.

eviCorehealthcare

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Tuesday, July 30, 2019 7:43 PM

Clinical Certification

Your case has been Approved.

Provider Name:	DR. JYH-HAUR LU	Contact:	WED
Provider Address:	3916 PRINCE ST FLUSHING, NY 11354	Phone Number:	(646) 409-4402
		Fax Number:	(718) 888-9025
Patient Name:	GARY TURCO	Patient Id:	W249262910
Insurance Carrier:	AETNA		
Site Name:	PARK PLACE MEDICAL IMAGING	Site ID:	73C73C
Site Address:	255 GREENWICH STREET NEW YORK, NY 10007		
Primary Diagnosis Code:	R51	Description:	Headache
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided		
CPT Code:	72148	Description:	MRI LUMBAR SPINE W/O CONTRAST
Authorization	A123615501		
Review Date:	7/30/2019 7:39:39 PM		
Status:	Your case has been Approved.		

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Tuesday, July 30, 2019 7:29 PM

Clinical Certification

Clinical Upload

Please upload any additional clinical information that justifies the medical necessity of this request.

Browse for file to upload (max size 5MB, allowable extensions .DOC, .DOCK, .PDF):

Choose File

SampleUpload_1.docx

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

UPLOAD

Skip Upload

BACK

SUBMIT

Clinical Certification Request | Request for Clinical Upload

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

Clinical Upload

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case.
If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Required Medical information checklist

Browse for file to upload (max size 25MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

UPLOAD

EviCore

By EVERNORTH

Required Medical Information Check List

Radiology

☐ Rule out/diagnosis

☐ Symptoms

☐ Physical Exam findings

☐ Treatment such as medications, physical therapy, surgery; chemotherapy. Please include dates and duration of treatment.

☐ Re-evaluation post treatment for some indications

☐ Recent relevant imaging

☐ Recent relevant laboratory work

☐ Pertinent medical history and family history

☐ For imaging exam requests for cancer, indicate if the exam is requested for initial staging or restaging following treatment or surveillance. Please provide the type and stage of cancer, date of diagnosis, type of treatment and date of treatment completion.

If **additional information** is required, you will have the option to upload more clinical information. Review the list of *required medical information* EviCore requires in order for the prior authorization to meet medical necessity.

Tips:

- Providing clinical information via the web is the fastest and most efficient method
- Enter additional notes in the space provided only when necessary
- Additional information uploaded to the case will be sent for clinical review
- Print out a summary of the request that includes the case # and indicates 'Your case has been sent to clinical review'

+Clinical Certification Request | Criteria Met

Summary of Your Request

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

Your case has been Approved.

Provider Name:	DR. BHARATH MANU ARKARA VEETIL	Contact:	7606
Provider Address:	1200 6TH AVE NW SAINT CLOUD, MN 56303	Phone Number:	320.250.1000
		Fax Number:	320.250.1000
Patient Name:	BARBARA WALKER	Patient Id:	867543210
Insurance Carrier:	WELLS FARGO		
Site Name:	CLINICAL TRIALS CENTER LLC	Site ID:	1234567
Site Address:	875 LAMAR BLVD SE COLUMBUS, GA 31906		
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	MRI LOWER EXTREMITY JOINT W/O
CPT Code:	73721		
Authorization Number:	0000000000		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL

PRINT

CONTINUE

If your request is authorized during the initial submission, you can **PRINT** the summary of the request for your records.

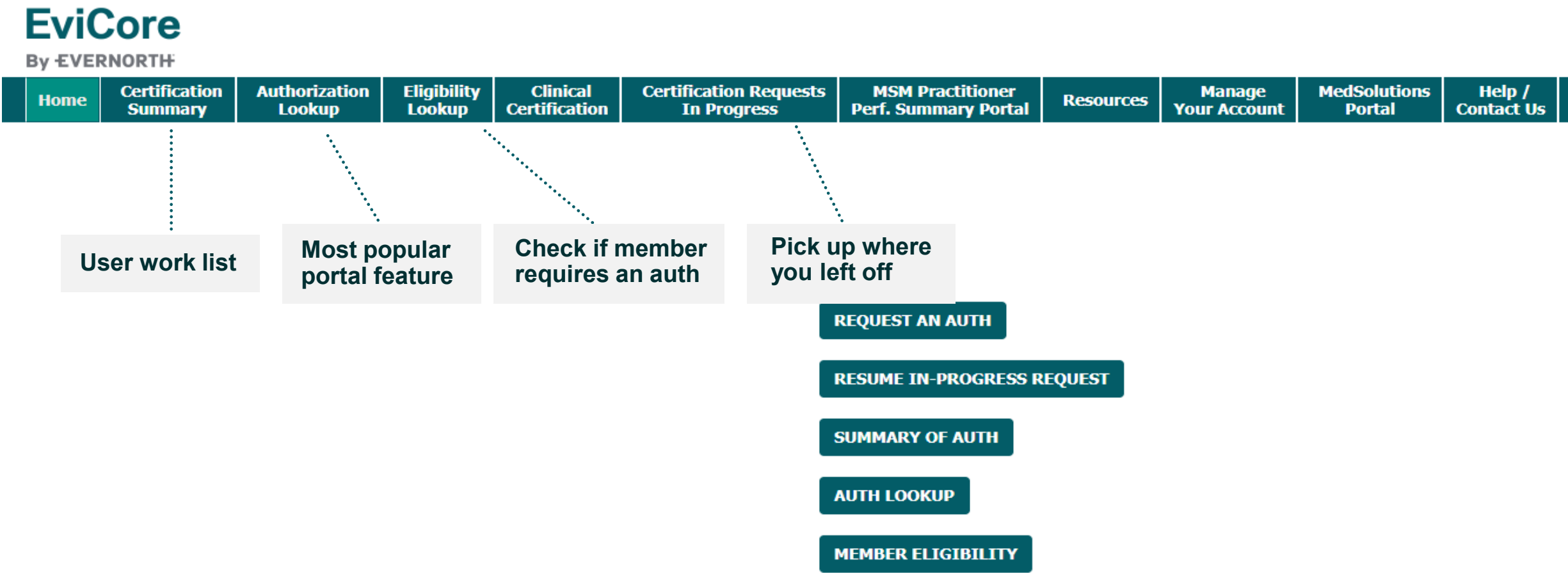
+Provider Portal Demo | Radiology



Click on the
screen to view
a [video](#) (2 min)

CareCore National Portal Features

+Provider Portal | Feature Access



Certification Summary | User Worklist

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

Manage Your Account

MedSolutions Portal

Help / Contact Us

Certification Summary

Search For: All Other Programs

Search..

Page 1 of 0

Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description	Site Name	Change Site	Expiration Date	C

Page 1 of 0

© 2024 eviCore healthcare. All Rights Reserved.

[Privacy Policy](#) | [Terms of Use](#) | [Site Specific Terms](#) | [Contact Us](#)

- Certification Summary tab allows you to track recently submitted cases
- The work list can also be filtered

Authorization Lookup | Popular Tool

	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
--	------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

Authorization Lookup

Search by Member Information

Search by Authorization Number/NPI

OnePA: Prior Authorization Portal for Providers

Search by Claim Number/Health plan

Required Fields

Healthplan:

- You can lookup an authorization case status on the portal
- Search by member information OR
- Search by authorization number with ordering NPI
- Initiate Appeals and/or Schedule Peer to Peers
- View and print any correspondence

Remember our Provider Resources

EVERNORTH[®]

HEALTH SERVICES

P

Public Information

Confidential, unpublished property of Evernorth Health Services. Do not duplicate or distribute.
Use and distribution limited solely to authorized personnel. © 2026 Evernorth Health Services.

Contact EviCore's Dedicated Teams

EviCore Call Center (representatives are available from 7 a.m. to 7 p.m.)	EviCore Client and Provider Operations Team	EviCore Authorization Portal Team	EviCore Provider Engagement Contact (Katie Potter)
- Phone: 800-421-7592 - Initiating an authorization request - Status checks - Questions about your auth request or case decisions - Speak to a clinical reviewer - Schedule a Peer-to-Peer	- ECRM: https://ecrm.evernorth.com/ecrm, Register and Submit a Support Ticket - Phone: (800) 646-0418 (option 4) - Credentialing inquiries - Eligibility questions - Assist with any issues/inquires encountered during case build	- ECRM: https://ecrm.evernorth.com/ecrm, Register and Submit a Support Ticket - Phone: 800-646-0418 (option 2) - Live Chat - Assist with any issues/inquires you might have, navigating the Portal or with your Portal account.	- Email: Kathryn.Potter@EviCore.com - Phone: 800.918.8924 x26211 - Regional team that works directly with the provider community.



BCBSAZ Health Choice Arizona

Hours of Operation: Monday - Friday, 8:00am – 5:00pm (except holidays)

Phone: 1-800-322-8670 or (480) 968-6866

Email: HCHComments@azblue.com

AHCCCS Provider Services Call Center:

Hours: Monday - Friday, 7:30 AM - 5:00 PM

Phone: (602) 417-7670

Toll-free: (800) 794-6862

EviCore

By **EVERNORTH**
Public Information

Provider Resource Website

EviCore's Client and Provider Services team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis.

This page will include:

- Frequently asked questions
- Quick reference guides
- Provider training
- CPT code list

To access these helpful resources, visit

<https://www.evicore.com/resources/healthplan/health-choice-arizona>

Contact our Client and Provider Services team via ECRM

<https://ecrm.evernorth.com/ecrm> or by phone at **1-800-646-0418 (option 4)**

EviCore

By **EVERNORTH**
Public Information

© 2026 EviCore healthcare. All Rights Reserved.

This presentation contains CONFIDENTIAL and PROPRIETARY information.

Live Training Sessions

EviCore offers interactive training sessions to engage providers and practices to enhance patient care. We invite providers and staff to attend these virtual training sessions to help maximize your experience with the EviCore Web Portal and tools.

- + **All Provider Forums and Trainings are free of charge and require advance registration. They are presented virtually through WebEx and last about one hour. Please see descriptions below, as well as registration links to the right.**

Intro to EviCore Online Resources

Overview of EviCore Provider Hub tools, including registration, portal navigation, and prior authorization submission. *Not health plan specific. Recommended for new users.*

Intro to Web Portal Training

A brief overview of the EviCore Web Portal, covering basic navigation and commonly used tools across the CareCore National and MedSolutions platforms. *Not health plan specific.*

Post-Acute Care Portal Training

Overview of portal navigation, request submission, case status review, and support resources for post-acute care.

Therapy Provider Training

Step-by-step guidance on EviCore's Medical Necessity Management process and web portal navigation for therapy providers, with practical tips and resources.

Training Session Registration Links:

- + [Intro to Web Portal Training](#) – Offered **twice per week**
- + [Intro to EviCore Online Resources](#) – Offered **twice per month**
- + [Therapy Provider Training](#) (*for therapy providers*) – Offered **twice per quarter**
- + [Post-Acute Care Portal Training](#) (*for hospitals and post-acute care providers*) – Offered **once per week**

EviCore's Provider Newsletter

Stay up-to-date with our free provider newsletter

+To subscribe:

- Visit <https://www.EviCore.com>
- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**
- Enter a valid email address



Thank You

