

# CLINICAL CONSULTATION GUIDE

**Please Note:** At this time, clinical consultation requests initiated online at [www.evicore.com](http://www.evicore.com) will be routed to an eviCore agent to determine internal availability before the consultation is confirmed as scheduled. If we are able to confirm availability within the window of time you identified as preferred availability, we will contact you via email to confirm the exact date, start time and duration of the scheduled appointment. Most appointments will be 15 minutes in length. Please check your Junk Mail for this confirmation and accept [Webp2solutions@evicore.com](mailto:Webp2solutions@evicore.com) as a valid sender to ensure you continue to receive these messages.

Screen capture

Please also know that eviCore availability might be more limited for more specialized services or patient conditions. Additionally, some clinical consultations do not have the potential to yield an overturn and an appeal or other formal process might be needed if an overturn is being sought. As such, if we are not able to schedule within the preferred window of time you requested, or if the requested case is not eligible for overturn via P2P, we may notify you via email with additional instruction or contact you telephonically to determine additional availability.

**To Begin:** Please select the specific health plan and solution (program) associated with the proposed case consultation.



## Is someone other than the doctor performing the clinical consultation?

Please indicate if someone other than the physician is performing the clinical consultation, e.g., a nurse practitioner (NP) or physician's assistant (PA). Patients are not allowed to perform clinical consultations and will receive an error message when patient is selected. If you are the MD on the case or an MD partner who works in the same office, please select N/A.

**Case Number:** In the Case Number field, please indicate the case number associated with the requested consultation.

**Name Fields:** The First Name and Last Name fields should be the name of the provider associated with the Case Number that is listed. If the clinical consultation will be conducted by someone in your office other than this person, please indicate the person's name in the Message section of this form. The individual who is filling out the form should enter their name in the Requestor's First Name and Requestor's Last Name fields. The name of the patient whose case is being discussed during the consult should be entered in the Member's First Name and Member's Last Name fields.

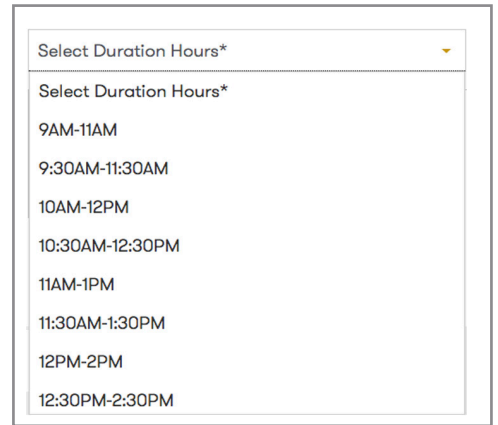


**Appointment Date:** The Appointment Date field should reflect the date the provider will be available to conduct the consultation with an eviCore Medical Director/Therapist. Please note: Same-day appointment times are not available.

**Email & Phone:** Please enter the email address that you want to receive the confirmation of this appointment once it is scheduled. We may also contact you via this email address if we require additional information,

need to notify you that this case is not eligible for a clinical consultation with an overturn potential, or need to determine additional availability for a scheduled appointment.

The telephone number provided in this section will be used by eviCore Medical Directors/ Therapist Reviewers to contact you for the actual appointment, once confirmed as scheduled. To ensure we can successfully reach you for the scheduled appointment, please also provide any direct extensions applicable. If your office uses a phone tree or menu, please provide details that will ensure we can navigate to the correct resource for this clinical consultation. You can enter these additional details within the Message field of this form.



The image shows a screenshot of a web form's dropdown menu. The menu is titled "Select Duration Hours\*" and is currently open, displaying a list of time slots. The options listed are: 9AM-11AM, 9:30AM-11:30AM, 10AM-12PM, 10:30AM-12:30PM, 11AM-1PM, 11:30AM-1:30PM, 12PM-2PM, and 12:30PM-2:30PM. The dropdown is styled with a light gray border and a white background.

**Duration Hours:** In this field please identify a 2-hour window of time during which your office will have the best availability for scheduling the consultation appointment. We will review our internal availability against this window and send you a confirmation with the exact time and duration of the proposed appointment.

For example, if you indicate your best availability is on 1/1/18 between 9 a.m. and 11 a.m., we will review our availability during this same date and time. If we have a Medical Director/ Therapist Reviewer available to conduct the clinical consultation at 10:15 a.m., we will send you an email scheduling the consultation appointment on 1/1/18 from 10:15 a.m. - 10:30 a.m. Most appointments will be scheduled for 15 minutes; however, if you have multiple requests or if this case is for a more complex case, we may allot additional time for the call. In this scenario, you should expect to receive a call from an eviCore Medical Director/ Therapist Reviewer exactly at 10:15 a.m.

**Please note:** eviCore availability may be more limited owing to the specialty related to the patient's condition. There might also be times when a clinical consultation cannot result in an overturn and an appeal or other formal process might be needed if an overturn is being sought. We will do our best to confirm an appointment on the date and within the hours you have identified within this field. If we are unable to confirm an appointment during this time, or if the clinical consultation does not have the potential to yield an overturn, we will notify you via email or telephonically to either provide additional direction or determine if you have alternate availability.

### **Has this procedure been performed yet?**

Please indicate whether the procedure was already performed. If it was, also indicate in the Message field the date it was performed. If your clinical consultation results in an overturn, we will use this information to ensure our case reflects the accurate date the procedure was performed, so payment will not be delayed.

### **Message Field:**

Use the Message field of this form to provide any additional detail required, based on your inputs throughout this form. You do not need to add clinical comments within this section. This form will be used by non-clinical agents to facilitate scheduling. You can upload or fax additional clinical information you via our secure provider portal, or discuss the clinical information with our Medical Director/Therapist Review during the actual appointment.

**Please Note:** Any scheduling nuances (direct-contact number, phone tree instructions, etc.) that eviCore needs to be aware of should be noted in this field.

If you have any questions and/or concerns on how to schedule a Clinical Consultation, please email [ClientServices@evicore.com](mailto:ClientServices@evicore.com).