

EVICORE BY EVERNORTH

Standardizing Prior Authorization

Upcoming Process Update: EviCore
Portal Experience Improvements

EviCore
By EVERNORTH

EviCore Provider Portal Experience Improvements

Effective 09/01/2026, EviCore is updating the case build submission workflow aimed at improving efficiency, strengthening documentation practices, and reducing avoidable rework across the process. These updates will provide clearer guidance on what clinical documentation is needed for a medical necessity determination.

During case build, the provider will have the option to:

- **Proceed** with submitting the supporting clinical documentation for the requested procedure(s)
- **Retract** the request if they are not prepared to submit the supporting clinical documentation
- **Suspend** the case for 4 calendar days to allow time to gather and submit the supporting clinical documentation

These enhancements apply to the following memberships:

- Commercial
- Medicare
- Medicaid

Urgent requests will continue to require clinical information at the time of submission to support timely review.

There are no changes to your www.evicore.com login. Additional details can be found in the [FAQ Guide](#).

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Public Information



Initiating a Case – Attestation

Proceed to Clinical Information

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

Once you have clicked "CONFIRM AND 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 proceeding.

In order to ensure prompt attention to your online request, be sure to complete the clinical review before the request expires in the system. Even if you will be submitting additional information at a later time, please continue through the page. Failure to formally submit your full request will cause the record to expire with no additional correspondence from eviCore.

☐ I acknowledge that the clinical information I am about to submit for this authorization request is accurate and specific to this member, and that all information will be submitted for this request.

BACK

CONFIRM AND CONTINUE

[Click here for help](#)

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

Proceed to Clinical Information

Will there be any additional procedures needing prior authorization for the same patient, date of service, and site of service?

☐ Yes ☒ No

Submit

☐ Show Review History

- ✓ Verify all information entered up to this point and make changes if needed. You will not have the opportunity to edit this information past this step. Click the check mark box to acknowledge the attestation.
- ✓ Indicate whether the case is **Routine/Standard**
- ✓ Indicate whether there are **additional procedures to add** to the case

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Initiating a Case – Proceed to Clinical Information

Having the appropriate clinical documentation available at the time of the submission can help streamline review and minimize requests for additional information. Below is a list of clinical documentation you should be prepared to provide when submitting your request for a prior authorization for this service:

- CPT Code(s) and Units
- Signs/Symptoms
- Date of first office visit related to this condition and/or after symptoms began
- Last office visit including re-evaluation
- Physical exam findings
- Previous medical history
- Duration and type of physician-directed treatment
- Outcome(s) of prior surgical/non-surgical physician-directed treatment and prior surgical/non-surgical interventions and the results of relevant prior imaging related to the request

Are you prepared to provide the clinical information as presented above?

- ☐ YES - I am prepared to provide the clinical information as presented above
- ☒ NO - I am not ready to provide the clinical information as presented above, please RETRACT this request

As part of the AHIP commitment to standardize prior authorization submissions and clinical documentation, you may notice some changes to the questions and processes you've used in the past. These updates are intended to create a more consistent experience, reduce administrative burden, and help providers submit the same clinical information across health plans.

Submit

Summary of Your Request

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

Case is RETRACTED. Please resubmit your request when the clinical information is available.

Provider Name:		Contact:	
Provider Address:		Phone Number:	
		Fax Number:	
Patient Name:		Patient Id:	
Insurance Carrier:			
Site Name:		Site ID:	
Site Address:			
Primary Diagnosis Code:	R69	Description:	Illness, unspecified
Secondary Diagnosis Code:		Description:	
Date of Service:		Description:	FACET INJ LUMBOSACRAL, 1 LEVEL
CPT Code:			
Modifier:			
Case Number:			
Review Date:			
Expiration Date:	N/A		
Status:	Case is RETRACTED. Please resubmit your request when the clinical information is available.		

CANCEL PRINT CONTINUE

If you are **not prepared to submit the applicable clinical** information to support the requested procedure(s), you may **choose to retract the case**. Please note that this is not a case determination. You may resubmit the request when the patient’s medical records become available.

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Public Information

Initiating a Case – Proceed to Clinical Information

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- ☐ NO - I am not ready to provide the clinical information as presented above, please RETRACT this request

As part of the AHIP commitment to standardize prior authorization submissions and clinical documentation, you may notice some changes to the questions and processes you've used in the past. These updates are intended to create a more consistent experience, reduce administrative burden, and help providers submit the same clinical information across health plans.

Submit

Having the appropriate clinical documentation available at the time of the submission can help streamline review and minimize requests for additional information. Below is a list of clinical documentation needed at this time:

- CPT Code(s) and Units
- Signs/Symptoms
- Date of first office visit related to this condition and/or after symptoms began
- Last office visit including re-evaluation
- Physical exam findings
- Previous medical history
- Duration and type of physician-directed treatment
- Outcome(s) of prior surgical/non-surgical physician-directed treatment and prior surgical/non-surgical interventions and the results of relevant prior imaging related to the request

Are you ready to proceed with providing the clinical information as presented above?

- ☒ YES - I will provide the clinical information as presented above
- ☐ NO - I am not ready to provide the clinical information as presented above, please RETRACT this request
- ☐ NO - Please allow for 4 calendar days to allow for gathering of additional clinical information. If I am unable to gather the information and upload within the 4 calendar days please RETRACT this request

Submit

If you are prepared to **submit the applicable clinical information** to support the requested procedure(s), you will **select YES** to the questions above. You will then be prompted to upload the supporting clinical information.

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Initiating a Case – Proceed to Clinical Information

Proceed to Clinical Information

You may upload a document from your computer (.DOC, .DOCX, .PDF, .JPG, .JPEG, .TIF and .TXT up to 25MB)

Choose File

No file chosen

Submit

Proceed to Clinical Information

Do you want to:

- ☐ Provide additional clinical documentation
- ☐ Please allow for 4 calendar days to allow for gathering of additional clinical information. If I am unable to gather the information and upload within the 4 calendar days please WITHDRAW the request.
- ☐ Attest that this is the complete medical record for this patient and to proceed with medical necessity determination

Submit

Proceed to Clinical Information

Please note that this request will be forwarded to clinical review and a determination will be made based upon the clinical information you have provided. This may result in a decision to not approve the request.

- ☐ Acknowledge & Continue
- ☐ Go Back

Submit

Summary of Your Request

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

Case will be forwarded to clinical review.
The prior authorization you submitted, Case A252223724, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

Provider Name:		Contact:	
Provider Address:		Phone Number:	
		Fax Number:	
Patient Name:		Patient Id:	
Insurance Carrier:			
Site Name:		Site ID:	
Site Address:			
Primary Diagnosis Code:	R69	Description:	Illness, unspecified
Secondary Diagnosis Code:		Description:	
Date of Service:		Description:	Nerve block, stellate ganglion
CPT Code:			
Modifier:			
Case Number:			
Review Date:			
Expiration Date:	N/A		
Status:	Case will be forwarded to clinical review. The prior authorization you submitted, Case A252223724, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.		

CANCEL

PRINT

CONTINUE

Once your attachment is uploaded, you can:

- Upload additional clinical documentation
- Suspend the case for 4 calendar days to gather more information
- Confirm that all supporting clinical information has been submitted

If all supporting information has been submitted, the case will move forward to medical necessity review. The review decision will be based on the documentation provided.

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Initiating a Case – Proceed to Clinical Information

Having the appropriate clinical documentation available at the time of the submission can help streamline review and minimize requests for additional information. Below is a list of clinical documentation needed at this time:

- CPT Code(s) and Units
- Signs/Symptoms
- Date of first office visit related to this condition and/or after symptoms began
- Last office visit including re-evaluation
- Physical exam findings
- Previous medical history
- Duration and type of physician-directed treatment
- Outcome(s) of prior surgical/non-surgical physician-directed treatment and prior surgical/non-surgical interventions and the results of relevant prior imaging related to the request

Are you ready to proceed with providing the clinical information as presented above?

- ☐ YES - I will provide the clinical information as presented above
- ☐ NO - I am not ready to provide the clinical information as presented above, please RETRACT this request
- ☐ NO - Please allow for 4 calendar days to allow for gathering of additional clinical information. If I am unable to gather the information and upload within the 4 calendar days please RETRACT this request

Submit

If you are **not prepared to submit** the applicable clinical information to support the requested procedure(s), you may **choose to suspend the case for 4 calendar days** to gather that information. Clinical information can be uploaded at anytime during the 4-calendar day timeframe by logging into your www.evicore.com account.

If **clinical information is not submitted within the 4 calendar days**, the request will be **retracted** as indicated in the selection above. You may submit a new request when the clinical information becomes available.

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Initiating a Case – Proceed to Clinical Information

Summary of Your Request

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

Case SUSPENDED for 4 calendar days to allow for time to gather additional clinical information. Case to be RETRACTED if unable to gather and submit the information. The prior authorization you submitted, Case A252223721, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

Provider Name:		Contact:	
Provider Address:		Phone Number:	
		Fax Number:	
Patient Name:		Patient Id:	320011572800
Insurance Carrier:			
Site Name:		Site ID:	
Site Address:			
Primary Diagnosis Code:	R69	Description:	Illness, unspecified
Secondary Diagnosis Code:		Description:	
Date of Service:		Description:	Injection w/o guidance C/T
CPT Code:			
Modifier:			
Case Number:			
Review Date:			
Expiration Date:	N/A		
Status:	Case SUSPENDED for 4 calendar days to allow for time to gather additional clinical information. Case to be RETRACTED if unable to gather and submit the information. The prior authorization you submitted, Case , has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.		
Requester asked for 4 calendar days to allow for time to gather additional clinical information and asked for case to be retracted if unable to gather and submit the information.			

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

☒ Receive notification of case status changes

Please review the fax and phone numbers presented for accuracy. Change as necessary and click "Confirm Fax and Continue" to confirm they are correct. Changes apply only to this specific request. If you wish the change to be permanent, please contact the Health Plan.

[BACK](#) [CONFIRM FAX AND CONTINUE](#)

Beginning in mid-September, a day 2 reminder will be sent to users who opted in to receive e-notifications during case submission. The reminder will indicate that the suspended case is still awaiting additional information and that failure to submit the requested information by the due date provided will result in the case being retracted.



Provider Resources

EviCore Communication Relationship Management (ECRM)

For program-related questions or concerns, please submit inquiries via the **EviCore Communication Relationship Management (ECRM)** application. Common issues addressed through ECRM include:

- Questions regarding accreditation and/or credentialing
- Requests for an authorization to be sent to the health plan
- Complaints and grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues
- Issues with EviCore provider portal

ECRM is available **24/7**. Users can login or register **HERE**.

Additional Information about ECRM can be found on the **Providers' Hub**.



Continued Learning: Provider Training Opportunities



Get More Out of the EviCore Portal—Join a Free Training Session

Whether you're just getting started or have been using the EviCore portal for a while, our **free, live training sessions** can help you work more efficiently and confidently. In just **one hour**, you'll learn tips, tools, and best practices you can use right away.

Sessions are offered on **multiple dates and times**, making it easy to fit training into your schedule.

Training Options & Frequency

- + [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**

How to View Sessions & Register

1. Click on the training session you would like to attend.
2. Select your preferred date and time by checking the radio button.
3. Complete the registration form.
4. Look for a confirmation email with session details.

Have questions? The training host's contact information will be included in your confirmation email.

We look forward to seeing you at an upcoming training session!

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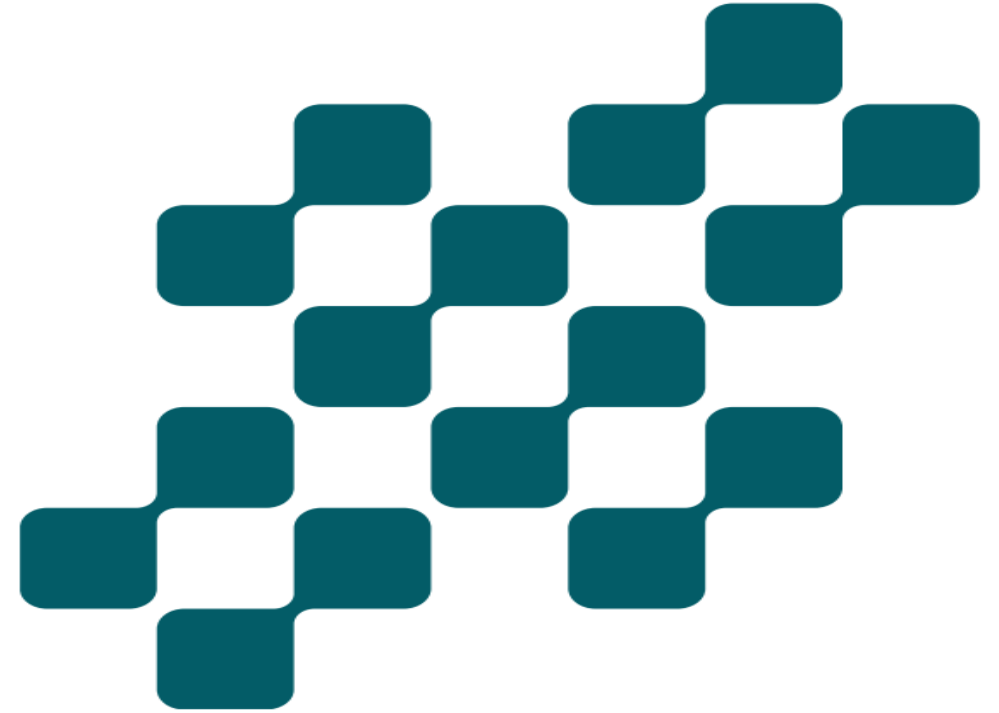
Public Information

Provider Newsletter

Stay Updated With Our Free Provider Newsletter

EviCore's provider newsletter is sent out to the provider community with important updates and tips. If you are interested in staying current, feel free to subscribe:

- Go to EviCore.com
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates



Stay Updated With Our Provider Newsletter

Your email address

SUBSCRIBE



EviCore

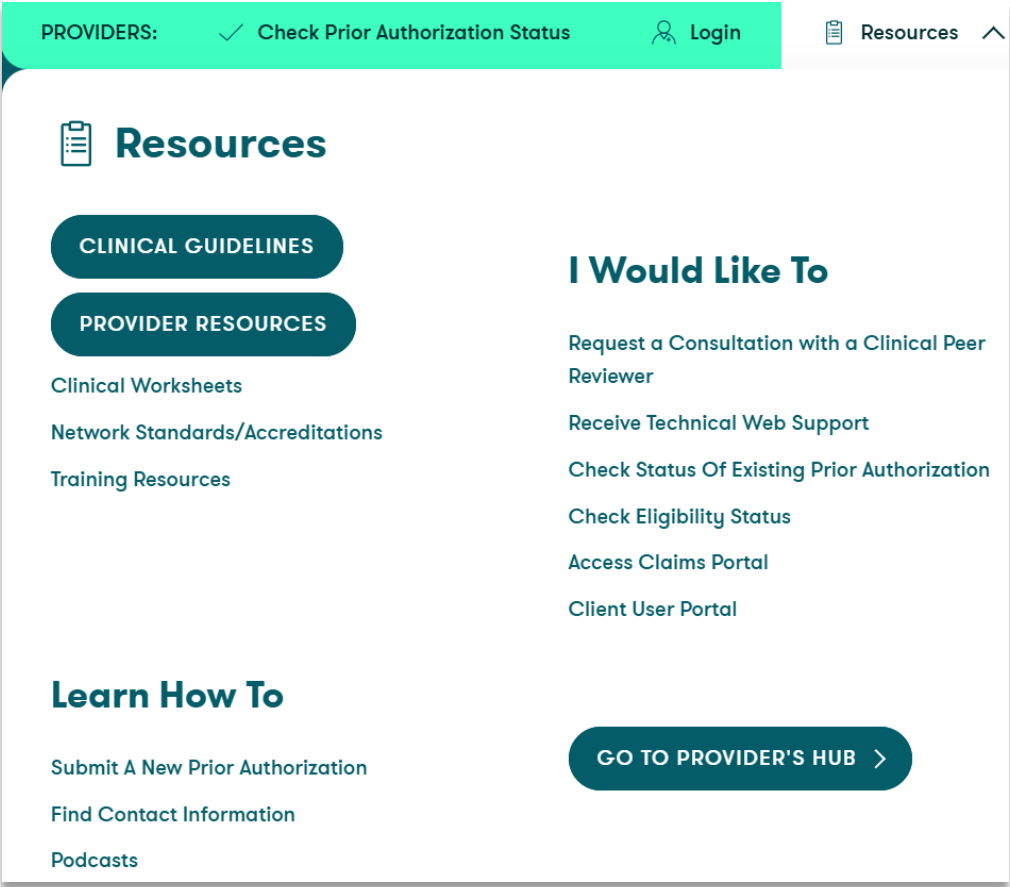
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Public Information

Provider's Hub

Providers and their staff can access **important tools** and **resources** at www.EviCore.com

- + Open the **Resources menu** in the top right hand of the browser to view **Clinical Guidelines**, Clinical Worksheets, **Provider Resources**, and Training Resources.
- + Find your **Provider Engagement Manager** by accessing our [territory map](#).



Web Portal Services-Assistance

Web-Based Services and Portal Support

- Live chat
- ECRM: [ECRM](#)
- Phone: **800-646-0418** (option 2)

Live Chat is available Monday – Friday 7AM – 7 PM EST



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Appendix

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Intro to Web Portal Training

Registration & Web Portal Navigation
Reference Guide

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Benefits of Web Authorizations



Benefits of Web Authorization

Did you know that most providers are already saving time submitting prior authorization requests online?

We have been listening to you and have incorporated a number of enhancements that will streamline your online experience, allowing you to go from request to approval faster!

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We have been listening to you and have incorporated a number of enhancements that will streamline your online experience, allowing you to go from request to approval faster!



Save time

Web authorization requests take 3 minutes on average.
Phone authorization requests take 12 minutes on average.

24/7 access

You can access the web authorization service at anytime, on any day. Phone authorizations have to be requested during business hours.

View and print authorization information

Approval details and the approval number are easily available online, and can be printed at your convenience.

Save your progress

Need to step away? Need to obtain additional information? Save your authorization request progress and come back to it.

Other online features

Features include the ability to access clinical criteria, check member eligibility, upload additional clinical information and schedule Clinical Consultations.

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Public Information

Account Registration And Login

EviCore Provider Portal – Access and Compatibility

+ Most providers are already saving time submitting clinical review requests online vs. telephone.

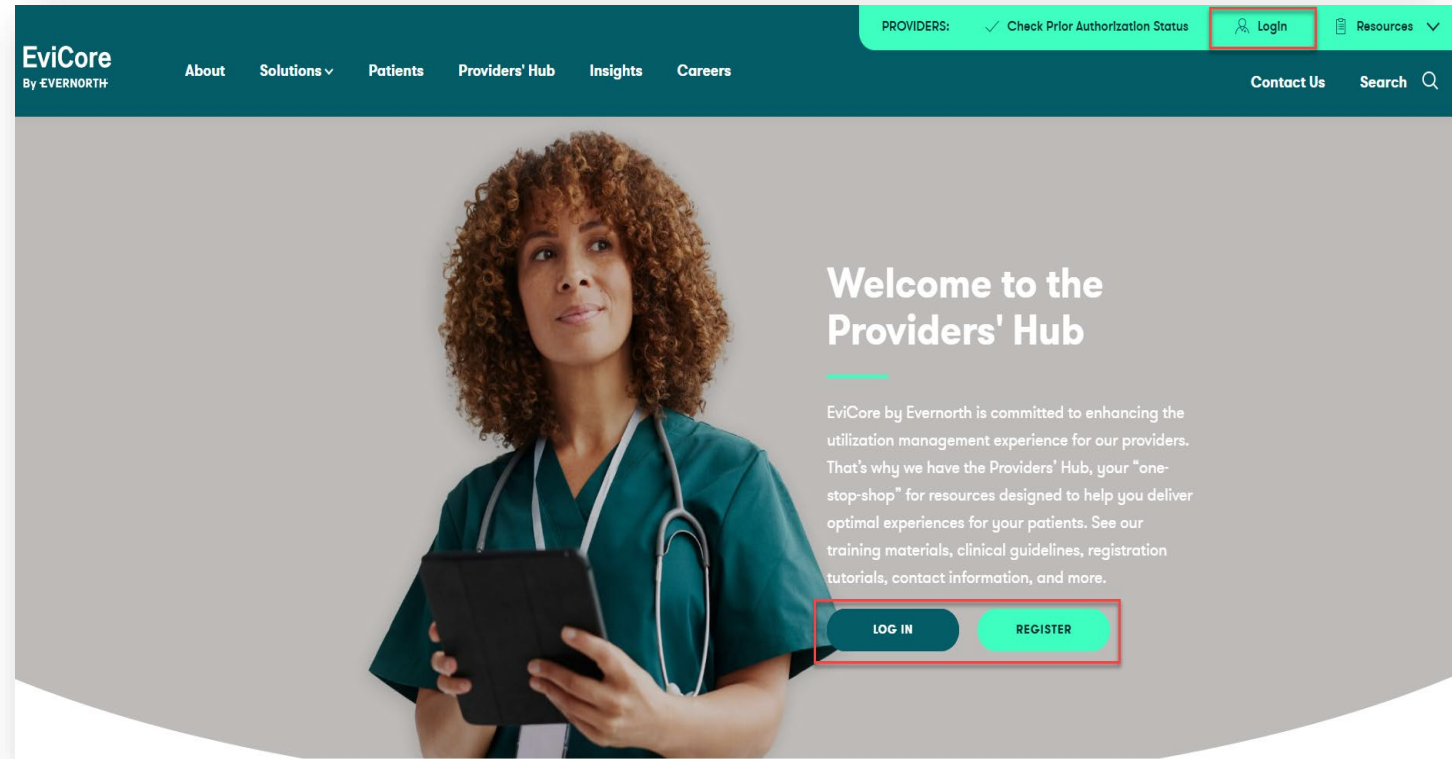
To access resources on the EviCore Provider Portal, visit **EviCore.com**

Already a user?

Log in with User ID & Password.

Don't have an account?

Click **Register**.



EviCore's website is compatible with **all web browsers**. If you experience issues, you may need to **disable pop-up blockers** to access the site.

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Public Information

Creating an EviCore Provider Portal Account

The diagram illustrates the process of creating an EviCore Provider Portal Account. It starts with the EviCore login page, which has a 'Register' button circled in black. A red arrow points from this button to the registration page. The registration page is titled 'EviCore By EVERNORTH' and contains a 'User Information' section. This section includes fields for 'First Name', 'Last Name', 'User Name', 'Email', 'Confirm Email', 'Phone', 'Ext (optional)', and 'Physician/Facility Information' (Individual NPI). A 'Next' button is located at the top right of the registration page.

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Welcome

Log in with your EviCore account

Username*

[Forgot username?](#)

Next

Register

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User Information

First Name: Enter first name

Last Name: Enter last name

User Name: Create user name

Contact Info

Email: Enter email

Confirm Email: Confirm email

Phone: Phone number

Ext (optional): Extension

Physician/Facility Information

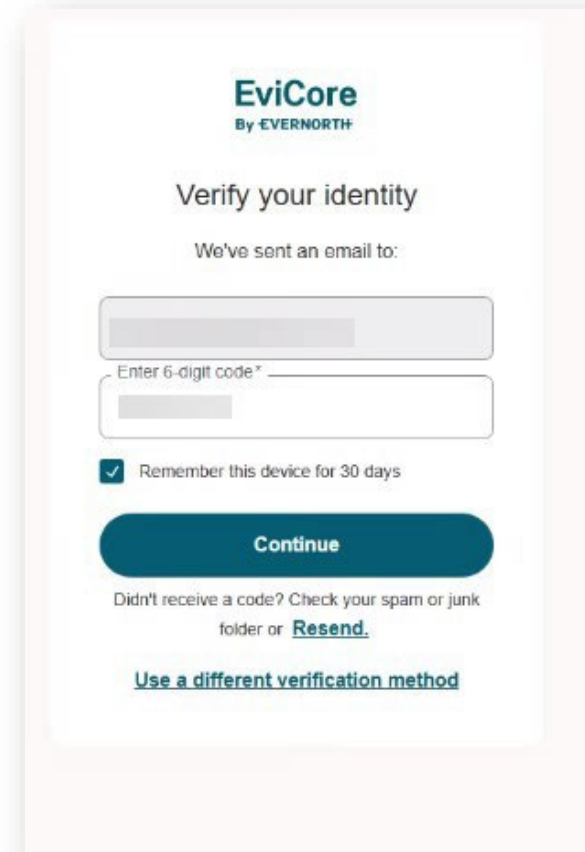
Individual NPI: Enter NPI

Next

- + **Complete** the User Information section in full and **Submit Registration**.
- + You will immediately be sent an email with a **link to verify** your account and **create a password**. Once you have created a password, you will be redirected to the **login page**.

Setting Up Multi-Factor Authentication (MFA)

- + To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.
- + After you log in, you will be prompted to register your device for **MFA**.
- + Choose which authentication method you prefer: Email or SMS. Then, **enter your email address or mobile phone number**.
- + Once you select **Send PIN**, a 6-digit pin will be generated and sent to your chosen device.
- + After **entering** the provided **PIN** in the portal display, you will **successfully** be authenticated and logged in.

A screenshot of the EviCore MFA verification interface. At the top is the EviCore logo with 'By EVERNORTH' underneath. The heading 'Verify your identity' is centered. Below it, the text 'We've sent an email to:' is followed by a blurred input field. Then, 'Enter 6-digit code*' is followed by another blurred input field. A checkbox labeled 'Remember this device for 30 days' is checked. A large teal 'Continue' button is below. At the bottom, there is a link: 'Didn't receive a code? Check your spam or junk folder or [Resend](#).' and another link: '[Use a different verification method](#)'.

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Public Information

Unified Dashboard

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Hello,

Authorization Lookup

Request An Authorization

Worklist

Portals

Help / Contact

User Access

My Worklist

Pending

Approved

Partially Approved

Denied

Cancelled

All Statuses

Start typing to search...

Request ID	Authorization ID	Patient	Status	Submitted	End Date	Procedure	Ordering Provider	Site of Service	Insurer
No Data Available									

Feedback

+ **View** the full EviCore **Unified** Provider Dashboard training at www.EviCore.com/provider under **Video Resources**.

+ **EviCore** Unified Provider Experience Dashboard Frequelenty Asked Questions [UPX Dashboard](#)

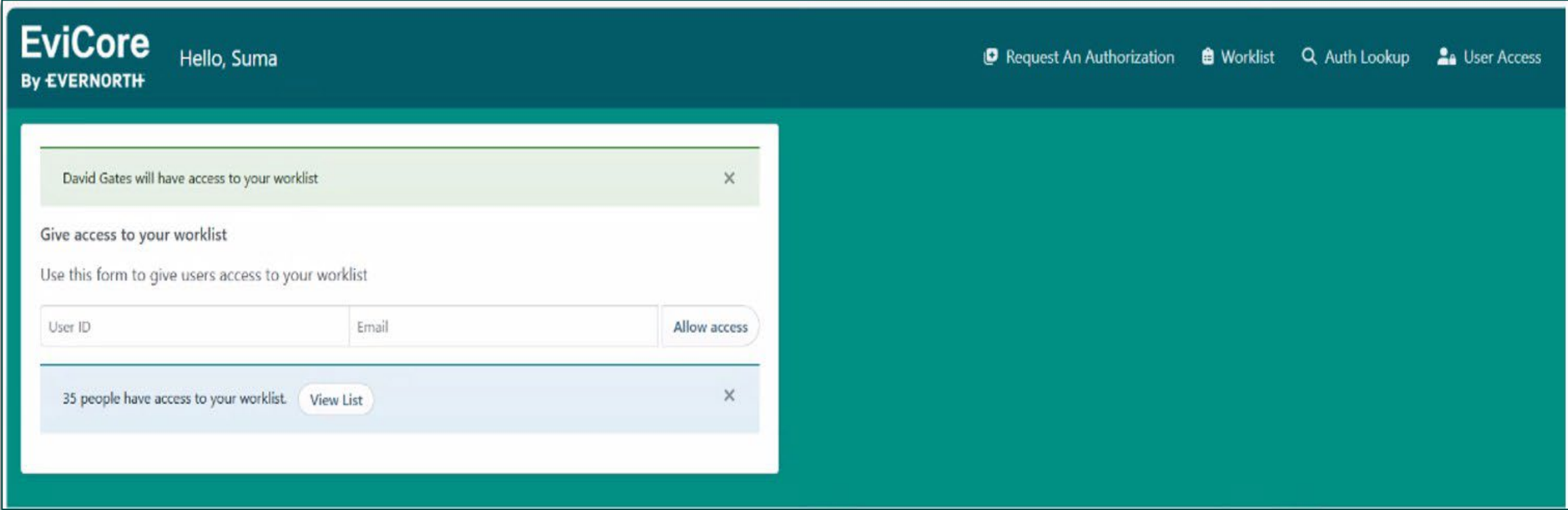
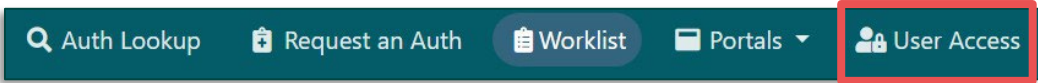
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Public Information

Provider Shared Worklist

To allow others to view your worklist while you are out of the office, you can add them by selecting **User Access** and add their user ID and email address. They must have an EviCore account to be added.



Profile Update in Dashboard

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Authorization Lookup

Request An Authorization

Worklist

Portals

Help / Contact

User Access

Hello

Profile

Logout

User Profile

User Details

First Name:

Last Name:

Profile Password

Password:

Change Password

MFA Devices

Email

Change Email

Mobile Phone

Add Phone

Feedback

Web Portal Overview

Legacy CareCore National Portal

Welcome Screen

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

Add Provider

MedSolutions Portal

Unified Dashboard

Help / Contact Us

Monday, November 24, 2025 10:09 AM

Case search

Start a new Case

MSK Provider Reports

Add Providers to your account

User specific worklist

Check authorization requirements

Worklist of saved for later cases

Toggle to Medsolutions

New Unified Dashboard

Welcome to the CareCore National Web Portal. You are logged in as

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

ENTER PHARMACY CASE NUMBER

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

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Adding Providers

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Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

Add Provider

MedSolutions Portal

Unified Dashboard

Help / Contact Us

Monday, November 17, 2025 10:22 AM

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

ADD PROVIDER

Add providers to your account

Click Column Headings to Sort

Name	NPI	
Dr. Surab	0670000794	REMOVE NPI
MAHESH, JAMES	0600000000	REMOVE NPI
MAHESH, JAMES	0600000000	REMOVE NPI

CANCEL

Remove provider

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

Initiating a Case- Program & Provider Search

- To begin, click the [Clinical Certification](#) or [Request an Auth](#) tab from the home screen or [Request an Auth](#) from the [Unified Dashboard](#).
- Select the program of the case you'd like to submit.

The screenshot shows the EviCore 'Request an Authorization' page. At the top, there's a navigation bar with 'Home', 'Certification Summary', 'Authorization Lookup', 'Eligibility Lookup', and 'Clinical Certification'. The 'Request an Authorization' section is active. Below the header, it says 'To begin, please select a program below:' followed by a list of medical programs with radio buttons. At the bottom, there is a 'CONTINUE' button and a 'Click here for help' link.

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[Home](#) [Certification Summary](#) [Authorization Lookup](#) [Eligibility Lookup](#) [Clinical Certification](#)

Request an Authorization

To begin, please select a program below:

- ☐ Durable Medical Equipment(DME)
- ☐ Evicore Medical Oncology Pathways
- ☐ Gastroenterology
- ☐ Gene Therapy
- ☐ Home Health
- ☐ Lab Management Program
- ☐ Medical Specialty Drugs
- ☐ Musculoskeletal Management
- ☐ Pharmacy Drugs (Express Scripts Coverage)
- ☐ Radiation Therapy Management Program (RTMP)
- ☐ Radiology and Cardiology/Vascular Intervention
- ☐ Sleep Management

[CONTINUE](#)

[Click here for help](#)

- Next, Select your ordering provider from the list.
- If the provider is not listed, simply search the provider's NPI in the field at the bottom of the page.

The screenshot shows the 'Requesting Provider Information' page. It starts with the instruction 'Select the ordering provider for this authorization request.' Below this is a search bar for 'Filter Last Name or NPI:' with 'SEARCH' and 'CLEAR SEARCH' buttons. A table lists providers with 'SELECT' buttons. At the bottom, there's a 'Search By NPI:' field with a 'SEARCH' button, and 'BACK' and 'CONTINUE' buttons. A 'Click here for help' link is at the very bottom.

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI: [SEARCH](#) [CLEAR SEARCH](#)

	Provider
SELECT	XXXXXXXXXX, MD
SELECT	XXXXXXXXXX, MD
SELECT	XXXXXXXXXX, MD

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](#)

Initiating a Case – Insurer, Contact Info, & Member Lookup

- Select the **insurance company** from the drop-down menu.
- Next, pick the **ordering provider's address**.
- Complete the **contact information** box with your name, phone #, fax #, and your email for case correspondence.
- Click the check mark box if you would like to receive email updates of case status changes.
- Search & select your patient using their **health plan member ID, date of birth, & last name**.

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

▼

▼

[Click here for help](#)

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

☒ Receive notification of case status changes

Please review the fax and phone numbers presented for accuracy. Change as necessary and click "Confirm Fax and Continue" to confirm they are correct. Changes apply only to this specific request. If you wish the change to be permanent, please contact the Health Plan.

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.

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT	0000000000		J. Smith, MD	MM/DD/YYYY	M	1234 Main Street, Suite 100, Anytown, CA 90210

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Initiating a Case- CPT & ICD-10/Diagnosis Codes

- Using the drop-down menu, select the **CPT code** for your patient's request.
- Enter the patient's **ICD10 code** by using the actual code itself or you can search by keyword/description.

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

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

[Click here for help](#)

- Search & select the **facility** where the imaging or services will be performed.
Try searching by the site NPI number only.

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

Site Email (optional)

	Name	Address
SELECT	ST. LOUIS MEDICAL CENTER	ST. LOUIS MEDICAL CENTER 300 S. G. 1000 ST. LOUIS, MO 63102
SELECT	ST. LOUIS MEDICAL CENTER	ST. LOUIS MEDICAL CENTER 300 S. G. 1000 ST. LOUIS, MO 63102
SELECT	ST. LOUIS MEDICAL CENTER	ST. LOUIS MEDICAL CENTER 300 S. G. 1000 ST. LOUIS, MO 63102

BACK

Initiating a Case – Attestation

Proceed to Clinical Information

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

Once you have clicked "CONFIRM AND 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 online request, be sure to complete the clinical review before exiting the system. Even if you will be submitting additional information at a later time, please continue through the final summary page. Failure to formally submit your full request will cause the record to expire with no additional correspondence from eviCore.

☐ I acknowledge that the clinical information I am about to submit for this authorization request is accurate and specific to this member, and that all information will be provided for this request.

BACKCONFIRM AND CONTINUE

[Click here for help](#)

- Verify all information entered up to this point and make changes if needed. You will not have the opportunity to edit this information past this step.
- Click the check mark box to acknowledge the attestation.

EviCore

By EVERNORTH

Public Information

Initiating a Case - Urgent

- Select yes or no to the **urgency indicator question**.
 - If your request is a standard request- select YES.
 - If your request is **URGENT**- select NO.
- If the case is marked urgent, you will be given this pop up. Please answer the question as indicated for your patient.
 - If none of the above is selected, your case will be processed as a standard case.
- Once a case is marked urgent, you will then be prompted to **upload clinical information**. This step is **REQUIRED**, in order to process the case appropriately.
- After the upload is complete, you will continue into the pathway questions, just like standard requests.

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

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 standard/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.

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

UPLOAD

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Public Information

Initiating a Case – Standard Request & Pathway Questions

➤ Select yes to the **urgency indicator question**, to request a standard review case.

Proceed to Clinical Information
Is this case Routine/Standard?

➤ Complete the **clinical pathway questions**, as they pertain to your patient.

➤ Click **submit** to proceed to the next page.

Proceed to Clinical Information

1 Will there be any additional procedures needing prior authorization for the same patient, date of service, and site of service?
☐ Yes ☐ No

1 Which anatomy will be examined with the requested study?
☐ Shoulder
☐ Elbow
☐ Wrist

1 Which anatomy will be examined with the requested study?
☐ Shoulder
☐ Elbow
☐ Wrist

1 Which side will be examined with the requested study?
☐ Left ☐ Right

1 Which one of the following best describes the reason for the requested study?

1 Has there been an in-person evaluation with any provider for the current episode of this condition?
☐ Yes ☐ No ☐ Unknown

SUBMIT

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Public Information

Initiating a Case – Proceed to Clinical Information

Having the appropriate clinical documentation available at the time of the submission can help streamline review and minimize requests for additional information. Below is a list of clinical documentation you should be prepared to provide when submitting your request for a prior authorization for this service:

- CPT Code(s) and Units
- Signs/Symptoms
- Date of first office visit related to this condition and/or after symptoms began
- Last office visit including re-evaluation
- Physical exam findings
- Previous medical history
- Duration and type of physician-directed treatment
- Outcome(s) of prior surgical/non-surgical physician-directed treatment and prior surgical/non-surgical interventions and the results of relevant prior imaging related to the request

Are you prepared to provide the clinical information as presented above?

- ☐ YES - I am prepared to provide the clinical information as presented above
- ☒ NO - I am not ready to provide the clinical information as presented above, please RETRACT this request

As part of the AHIP commitment to standardize prior authorization submissions and clinical documentation, you may notice some changes to the questions and processes you've used in the past. These updates are intended to create a more consistent experience, reduce administrative burden, and help providers submit the same clinical information across health plans.

Submit

Summary of Your Request

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

Case is RETRACTED. Please resubmit your request when the clinical information is available.

Provider Name:		Contact:	
Provider Address:		Phone Number:	
		Fax Number:	
Patient Name:		Patient Id:	
Insurance Carrier:			
Site Name:		Site ID:	
Site Address:			
Primary Diagnosis Code:	R69	Description:	Illness, unspecified
Secondary Diagnosis Code:		Description:	
Date of Service:		Description:	FACET INJ LUMBOSACRAL, 1 LEVEL
CPT Code:			
Modifier:			
Case Number:			
Review Date:			
Expiration Date:	N/A		
Status:	Case is RETRACTED. Please resubmit your request when the clinical information is available.		

CANCEL PRINT CONTINUE

If you are **not prepared to submit the applicable clinical** information to support the requested procedure(s), you may **choose to retract the case**. Please note that this is not a case determination. You may resubmit the request when the patient’s medical records become available.

EviCore

By EVERNORTH

Public Information

Initiating a Case – Proceed to Clinical Information

Having the appropriate clinical documentation available at the time of the submission can help streamline review and minimize requests for additional information. Below is a list of clinical documentation you should be prepared to provide when submitting your request for a prior authorization for this service:

- CPT Code(s) and Units
- Signs/Symptoms
- Date of first office visit related to this condition and/or after symptoms began
- Last office visit including re-evaluation
- Physical exam findings
- Previous medical history
- Duration and type of physician-directed treatment
- Outcome(s) of prior surgical/non-surgical physician-directed treatment and prior surgical/non-surgical interventions and the results of relevant prior imaging related to the request

Are you prepared to provide the clinical information as presented above?

- ☒ YES - I am prepared to provide the clinical information as presented above
- ☐ NO - I am not ready to provide the clinical information as presented above, please RETRACT this request

As part of the AHIP commitment to standardize prior authorization submissions and clinical documentation, you may notice some changes to the questions and processes you've used in the past. These updates are intended to create a more consistent experience, reduce administrative burden, and help providers submit the same clinical information across health plans.

Submit

Having the appropriate clinical documentation available at the time of the submission can help streamline review and minimize requests for additional information. Below is a list of clinical documentation needed at this time:

- CPT Code(s) and Units
- Signs/Symptoms
- Date of first office visit related to this condition and/or after symptoms began
- Last office visit including re-evaluation
- Physical exam findings
- Previous medical history
- Duration and type of physician-directed treatment
- Outcome(s) of prior surgical/non-surgical physician-directed treatment and prior surgical/non-surgical interventions and the results of relevant prior imaging related to the request

Are you ready to proceed with providing the clinical information as presented above?

- ☒ YES - I will provide the clinical information as presented above
- ☐ NO - I am not ready to provide the clinical information as presented above, please RETRACT this request
- ☐ NO - Please allow for 4 calendar days to allow for gathering of additional clinical information. If I am unable to gather the information and upload within the 4 calendar days please RETRACT this request

Submit

If you are prepared to **submit the applicable clinical information** to support the requested procedure(s), you will **select YES** to the questions above. You will then be prompted to upload the supporting clinical information.

EviCore

By EVERNORTH

Public Information

Initiating a Case – Proceed to Clinical Information

Proceed to Clinical Information

You may upload a document from your computer (.DOC, .DOCX, .PDF, .JPG, .JPEG, .TIF and .TXT up to 25MB)

Choose File

No file chosen

Submit

Proceed to Clinical Information

Do you want to:

- ☐ Provide additional clinical documentation
- ☐ Please allow for 4 calendar days to allow for gathering of additional clinical information. If I am unable to gather the information and upload within the 4 calendar days please WITHDRAW the case
- ☐ Attest that this is the complete medical record for this patient and to proceed with medical necessity determination

Submit

Proceed to Clinical Information

Please note that this request will be forwarded to clinical review and a determination will be made based upon the clinical information you have provided. This may result in a decision to not approve the request.

- ☐ Acknowledge & Continue
- ☐ Go Back

Submit

Summary of Your Request

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

Case will be forwarded to clinical review.
The prior authorization you submitted, Case A252223724, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

Provider Name:	Contact:
Provider Address:	Phone Number:
	Fax Number:
Patient Name:	Patient Id:
Insurance Carrier:	
Site Name:	Site ID:
Site Address:	
Primary Diagnosis Code:	R69
Secondary Diagnosis Code:	
Date of Service:	Description: Illness, unspecified
CPT Code:	Description:
Modifier:	Description: Nerve block, stellate ganglion
Case Number:	
Review Date:	
Expiration Date:	
Status:	Case will be forwarded to clinical review. The prior authorization you submitted, Case A252223724, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

CANCEL

PRINT

CONTINUE

Once your attachment is uploaded, you can:

- Upload additional clinical documentation
- Suspend the case for 4 calendar days to gather more information
- Confirm that all supporting clinical information has been submitted

If all supporting information has been submitted, the case will move forward to medical necessity review. The review decision will be based on the documentation provided.

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Public Information

Initiating a Case – Proceed to Clinical Information

Having the appropriate clinical documentation available at the time of the submission can help streamline review and minimize requests for additional information. Below is a list of clinical documentation needed at this time:

- CPT Code(s) and Units
- Signs/Symptoms
- Date of first office visit related to this condition and/or after symptoms began
- Last office visit including re-evaluation
- Physical exam findings
- Previous medical history
- Duration and type of physician-directed treatment
- Outcome(s) of prior surgical/non-surgical physician-directed treatment and prior surgical/non-surgical interventions and the results of relevant prior imaging related to the request

Are you ready to proceed with providing the clinical information as presented above?

- ☐ YES - I will provide the clinical information as presented above
- ☐ NO - I am not ready to provide the clinical information as presented above, please RETRACT this request
- ☒ NO - Please allow for 4 calendar days to allow for gathering of additional clinical information. If I am unable to gather the information and upload within the 4 calendar days please RETRACT this request

Submit

If you are **not prepared to submit** the applicable clinical information to support the requested procedure(s), you may **choose to suspend the case for 4 calendar days** to gather that information. Clinical information can be uploaded at anytime during the 4-calendar day timeframe by logging into your www.evicore.com account.

If **clinical information is not submitted within the 4 calendar days**, the request will be **retracted** as indicated in the selection above. You may submit a new request when the clinical information becomes available.

EviCore

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Public Information

Initiating a Case – Proceed to Clinical Information

Summary of Your Request

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

Case SUSPENDED for 4 calendar days to allow for time to gather additional clinical information. Case to be RETRACTED if unable to gather and submit the information.
The prior authorization you submitted, Case A252223721, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

Provider Name:
Provider Address:

Contact:
Phone Number:
Fax Number:

Patient Name:
Insurance Carrier:

Patient Id: 320011572800

Site Name:
Site Address:

Site ID:

Primary Diagnosis Code: R69
Secondary Diagnosis Code:
Date of Service:
CPT Code:
Modifier:
Case Number:
Review Date:
Expiration Date: N/A
Status:

Description: Illness, unspecified

Description:

Description: Injection w/o guidance C/T

Case SUSPENDED for 4 calendar days to allow for time to gather additional clinical information. Case to be RETRACTED if unable to gather and submit the information.
The prior authorization you submitted, Case , has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

Requester asked for 4 calendar days to allow for time to gather additional clinical information and asked for case to be retracted if unable to gather and submit the information.

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

☒ Receive notification of case status changes

Please review the fax and phone numbers presented for accuracy. Change as necessary and click "Confirm Fax and Continue" to confirm they are correct. Changes apply only to this specific request. If you wish the change to be permanent, please contact the Health Plan.

BACK

CONFIRM FAX AND CONTINUE

Beginning in mid-September, a day 2 reminder will be sent to users who opted in to receive e-notifications during case submission. The reminder will indicate that the suspended case is still awaiting additional information and that failure to submit the requested information by the due date provided will result in the case being retracted.

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Public Information

Certification Requests in Progress & New Survey Feature

Example Questions

- + **Clinical Certification** questions may populate based upon the information provided
- + You can **save** your request and finish it **later** if needed
(**Note:** You **must** complete the request by **End of business that day**)
- + Select **Certification Requests in Progress** to resume a saved request
(this function is **not available** for single sign on (SSO) users)

Proceed to Clinical Information

☒ Will there be any additional procedures needing prior authorization for the same patient, date of service, and site of service?
☐ Yes ☐ No

SUBMIT

Attention!

Is this a request for a bilateral procedure of a previously requested authorization?

YES

NO

Proceed to Clinical Information

Which anatomy will be examined with the requested study?

☐ Hip ☒ Knee ☐ Ankle

Submit

Show Review History

Review History:

Which anatomy will be examined with the requested study?

Knee

Which side will be examined with the requested study? Left

☐ Finish Later

Did you know?

You can save a certification request to finish later.

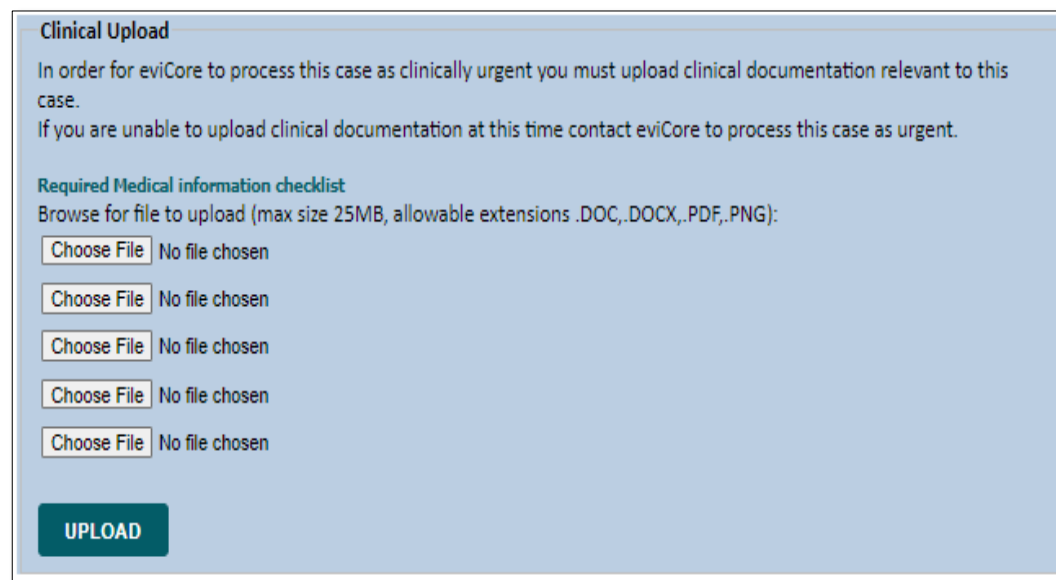
+ **New Feature:** Edit your responses to clinical questions prior to case submission by clicking the link for the related question.

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Public Information

Uploading Clinical Documentation



The screenshot shows a web interface titled "Clinical Upload". It contains instructions for uploading clinical documentation, a "Required Medical information checklist", and five "Choose File" buttons. Each button is followed by the text "No file chosen". At the bottom of the form is a large blue "UPLOAD" button.

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

UPLOAD

EviCore requires name (first and last) and one additional identifier from the list below:

- + Date of birth
- + Correct case number/Episode ID
- + Member identification number
- + Full address (Street, City, State and zip code)
- + Full phone number including area code
- + Driver's license number or other government-issued ID.

Although it is desirable, Patient Identity Verifiers are not required on every page. If there are no conflicting identifiers present, it is acceptable to assume each page is a continuation of the prior page. A Cover Page with two Patient Identifiers present will satisfy HIPAA verification if no Patient discrepancy is present within subsequent pages.

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Public Information

➤ Once the pathway questions are completed and the case is submitted, you will receive a **case summary** with the case information and medical review determination.

➤ This example case was sent to [medical review](#).

➤ Reference **Case number** when calling to speak with EviCore Customer Service

EviCore

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Initiating a Case- Approved Case Summary

Once the pathway questions are completed and the case is submitted, you will receive a **case summary** with the case information and medical review determination.

This example case was **approved**.

Summary of your request

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

You case has been Approved.
The Prior authorization you submitted, Case **1234567890**, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

Provider Name:	ABC COMPANY	Contact:	ABC COMPANY
Provider Address:	123 STREET - SUITE 100 CITY, STATE - ZIP	Phone number:	(555) 555-5555
		Fax number:	(555) 555-5555
Patient Name:	JOHN DOE	Patient ID:	1234567890
Insurance Carrier:	ABC COMPANY - GROUP 1234567890		
Site Name:	ABC COMPANY	Site ID:	123456
Site Address:	123 STREET - SUITE 100 CITY, STATE - ZIP		
Primary Diagnosis code:	123	Description:	Primary diagnosis - 1234567890
Secondary Diagnosis code:	456	Description:	Secondary diagnosis - 1234567890
Date of service:	12/31/2023	Description:	12/31/2023 - 12/31/2023
CPT code:	99213		
Case Number:	1234567890		
Review Date:	12/31/2023 - 12/31/2023		
Expiration Date:	12/31/2023		
Status:	You case has been Approved. The Prior authorization you submitted, Case 1234567890 , has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.		

CANCELPRINTCONTINUE

EviCore

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Public Information

Certification Summary Tab

	Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description
1	NA					Pending Clinical Review			CT THORAX W/O CONTRAST
2	NA					Pending Clinical Review			MRI UPPER EXTREMITY JOINT W/O

Page 1 of 1

10

Single Status

Show All

Filter By Multiple Statuses

Show All

Date

7 days

Submit

Close

- **The Certification Summary Tab** is a user specific work list, designed to make status checks and basic portal functions as quick and easy as possible.
- This tab can be used **to track status updates, change facility, upload clinical, schedule peer to peer reviews, & view correspondence.**
- **Filter** options are also available for certain **statuses** and time frames.

Authorization Lookup

Authorization Lookup

Search by Member Information

Required Fields

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:

MM/DD/YYYY

Optional Fields

Case Number:

or

Authorization Number:

or

Plan Of Care:

Search by **Member Information** requires:

- + Health plan name
- + Provider NPI
- + Patient ID
- + Patient date of birth
- + Optional- Case #, Auth #, or Plan of Care #

Search by Authorization Number/NPI

Required Fields

Provider NPI:

Auth/Case Number:

SEARCH

Authorization # & Provider NPI search requires:

- + Provider NPI
- + Auth/Case #

OnePA: Prior Authorization Portal for Providers

Required Fields

Healthplan:

Provider NPI:

SUBMIT

OnePA Search is a tool for users coming from the Express Scripts portal.

Search by Claim Number/Health plan

Required Fields

Healthplan:

Claim ID#:

SUBMIT

Search by **Claim # & Health plan** requires:

- + Health plan name
- + Claim ID processed by EviCore

➤ The **authorization lookup** screen has several options available to search for an existing case.

Authorization Lookup

➤ Approved Case Search

Authorization Lookup

Authorization Number:

Case Number:

Patient Name:

DOB:

Status: Approved

P2P Status:

Approval Date:

Service Code: 70553

Service Description: MRI Brain W/ & W/O CONTRAST

Site Name:

Start Date:

Expiration Date:

Date Last Updated:

Correspondence:

P2P AVAILABILITY

Check Peer to Peer availability

Auth #

Auth effective dates

View uploads, letters, & faxes

UPLOADS & FAXES

REFRESH

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
70553	CHANGE CODE Magnetic resonance imaging (MRI) (a special kind of picture) of your head before and after contrast (dye)	1	1	

Change CPT Code

PRINT

➤ Denied Case Search

Authorization Lookup

Authorization Number:

Case Number:

Patient Name:

DOB:

Status: Denied

P2P Status:

Approval Date:

Service Code: 73221

Service Description: MRI UPPER EXTREMITY JOINT W/O

Site Name:

Start Date:

Expiration Date:

Date Last Updated:

Correspondence:

P2P AVAILABILITY

Check Peer to Peer availability

Case Number

Check available post decision options

View uploads, letters, & faxes

UPLOADS & FAXES

REFRESH

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
73221	CHANGE CODE Magnetic Resonance Imaging (MRI), a special kind of picture of your arm joint (wrist, elbow or shoulder) without contrast (dye)	1	0	

PRINT

Authorization Lookup

➤ Upload Additional Clinical

Authorization Lookup

Authorization Number: NA

Case Number:

Patient Name:

DOB:

Status: Additional Information Required

P2P Status:

Referring Provider:

Referring Provider NPI:

Approval Date:

Service Code: 70450

Service Description: CT HEAD/BRAIN W/O CONTRAST

Site Name:

Site NPI:

Site Address:

Site City:

Site State:

Site Zip:

Start Date: 10/31/2025

Expiration Date:

Date Last Updated:

Correspondence:

Clinical Upload:

P2P AVAILABILITY

WITHDRAW

Uploads & Faxes

Upload Additional Clinical

Run Clinical Questionnaire

Withdraw Option

Upload Additional Clinical Option

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
70450	Computed tomography (CT), special picture of your head or brain without contrast (dye)	1	0	

Refresh

Print

Click here for help

➤ Change Site

Authorization Lookup

Authorization Number:

Case Number:

Patient Name:

DOB:

Status:

P2P Status:

Approval Date:

Service Code:

Service Description:

Site Name:

Start Date:

Expiration Date:

Date Last Updated:

Correspondence:

P2P AVAILABILITY

CHANGE SITE

Refresh

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
73718	Magnetic resonance imaging (MRI) (a special kind of picture) of your leg without contrast (dye)	1	1	

Change Code

Print

Click here for help

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Withdrawing Cases on the Portal

The screenshot shows the EviCore portal interface. At the top, there's a navigation bar with buttons: Home, Certification Summary, Authorization Lookup (selected), Eligibility Lookup, Clinical Certification, and Certification Requests In Progress. Below the navigation bar, the date and time are displayed: Wednesday, April 16, 2025 4:32 PM. The main heading is 'Authorization Lookup'. On the left, there's a list of fields for case lookup: Authorization Number, Case Number, Patient Name, DOB, Status, P2P Status, Approval Date, Service Code, Service Description, Site Name, Start Date, Expiration Date, Date Last Updated, Correspondence, and Clinical Upload. On the right, there are two buttons: 'P2P AVAILABILITY' and 'WITHDRAW'. The 'WITHDRAW' button is highlighted with a red rectangular box. Below these buttons, there are two more buttons: 'UPLOADS & FAXES' and 'UPLOAD ADDITIONAL CLINICAL'. At the bottom, there's a link that says 'Run Clinical Questionnaire'.

We are happy to announce we've recently implemented a new process that allows the capability of withdrawing applicable cases on the website! This option will only be available for Commercial or Medicaid cases on the [CareCore National Platform](#). The MSK program & Medicare members are excluded from this online capability, due to special case handling processes already in place requiring an agent's assistance.

- + In order to proceed with this process, the case must be in a [pending status](#). Cases in physician review or already in a final status ([approved](#), [denied](#), or [canceled](#)) are [excluded](#).
- + If the withdraw [option](#) is [missing](#)- the case [doesn't qualify](#) to be withdrawn.
- + [Only](#) the user that created the case will have [permission](#) to withdraw the case.

EviCore

By EVERNORTH

Public Information

Initiating a Case- Duplicate Case Options

- Once the case has been completed, you can return to the [Main Menu](#), [resume an in-progress request](#), or [start a new request](#).
- You will also be given the option to duplicate certain information for the new request, if needed.

Success

Thank you for submitting a request for clinical certification. Would you like to:

- [Return to the main menu](#)
- [Start a new request](#)
- [Resume an in-progress request](#)

You can also start a new request using some of the same information.

Start a new request using the same:

- ☐ Program (Radiology)
- ☐ Provider (THOMAS, JENNIFER ANN)
- ☐ Program and Provider (Radiology and THOMAS, JENNIFER ANN)
- ☐ Program and Health Plan (Radiology and AETNA)

GO

EviCore

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Public Information

Training Resources on Providers Hub

Training Resources

Remember to visit www.Evicore.com/provider and go to the Training Resources section to view 'Facility Change Enhancement,' 'How to Guide: How to Create a Prior Authorization Request with Multiple CPT Codes,' and other training materials.

- + Checklist on How To Speed Up Prior Authorization
- + EviCore Provider Experience Territory List
- + EviCore Provider Engagement
- + Required Medical Information Checklist
- + Gastroenterology Screening vs. Surveillance
- + Health Plan Contact Information
- + FAQ for Specialized Therapy Providers
- + Tips to Improve Therapy Efficiency
- + Massage Therapy corePath Training Presentation
- + EviCore Unified Provider Experience Dashboard
- + Benefits of Web Authorization
- + How To Guide: How to Create a Prior Auth Request with Multiple CPT Codes
- + EviCore PAC Provider Experience Territory List
- + How To Avoid Peer-to-Peer Phone Calls
- + Facility Change Enhancement
- + EviCore General FAQ
- + Peer-to-Peer Scheduling Tool
- + Pharmacy Drug Portal Guide
- + EviCore Vascular Billing Groups Reference Guide

EviCore

By ~~EVERNORTH~~

Public Information

Peer to Peer Scheduling

How to Schedule a Peer-to-Peer (P2P) Request

- Log into your account at www.EviCore.com
- Perform Authorization Lookup on CareCore or Search/Start on MedSolutions to determine the status of your request.
- Click on the **P2P Availability** button to determine if your case is eligible for a Peer-to-Peer conversation:

Authorization Number: NA

Case Number:

Patient Name:

DOB:

Status: Denied

P2P Status:

CareCore National

P2P AVAILABILITY

CASE SUMMARY

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

Case/Authorization

Service Order: Initiated Date: 06/23/2025

Case Status: Denied Date Of Service:

P2P AVAILABILITY

MedSolutions

+ If your case is eligible for a Peer-to-Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.

P2P AVAILABILITY

[Request Peer to Peer Consultation](#)

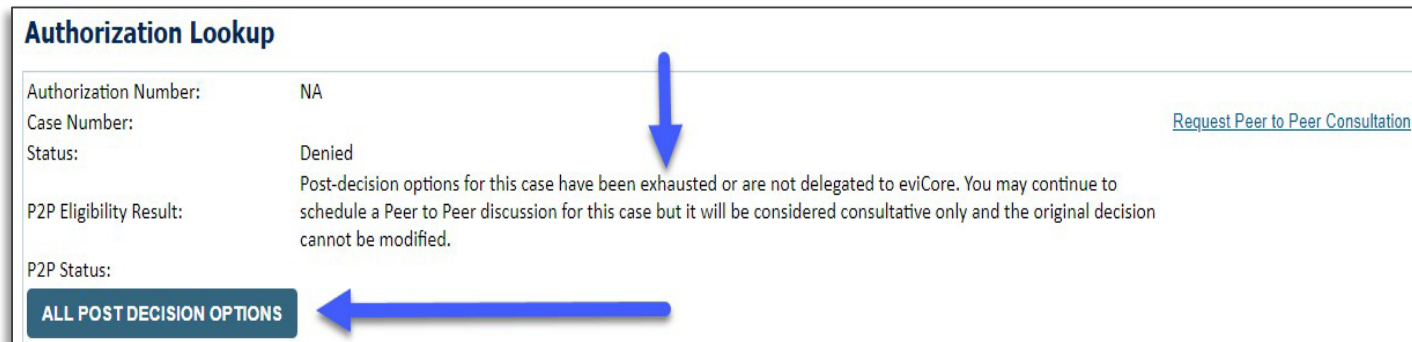
EviCore

By EVERNORTH

Public Information

How to Schedule a Peer-to-Peer Request

- Pay attention to any messaging that displays. In some instances, a Peer-to-Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer-to-Peer. You may also click on the **All Post Decision Options** button to learn what other action may be taken.



Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Eligibility Result:	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.
P2P Status:	

[Request Peer to Peer Consultation](#)

ALL POST DECISION OPTIONS

- Once the **Request Peer-to-Peer Consultation** link is selected, you will be transferred to our scheduling software via a **new browser window**.

*If you experience issues, you may need to **disable pop-up blockers** to access the site.*

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Public Information

How to Schedule a Peer-to-Peer Request

Case Info Questions Schedule Confirmation

New P2P Request

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Case Reference Number Case information will auto-populate from prior lookup

Member Date of Birth

+ Add Another Case

Lookup Cases >

- Upon first login, you will be asked to confirm your default time zone.
- You will be presented with the case number and member date of birth (DOB) for the case you just looked up.
- You can add additional cases for the same Peer-to-Peer appointment request by selecting **Add Another Case**.
- To proceed, select **Lookup Cases**.

- You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click **Continue** to proceed.

New P2P Request

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Case Ref #: Remove ✓ P2P Eligible

! Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

Member Information	Case P2P Information
Name	Episode ID
DOB	P2P Valid Until 2020-11-11
State	Modality MSK Spine Surgery
Health Plan	Level of Review Reconsideration P2P
Member ID	System Name ImageOne

Continue

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Public Information

How to Schedule a Peer-to-Peer Request

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type

Level of Review

MSK Spine Surgery

Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone

US/Eastern

Continue >

You will be prompted with a list of EviCore **appointment** options per your **availability**. Select any of the listed appointment times to **continue**.

You will be prompted to **identify your preferred Days and Times** for a Peer to Peer conversation. All opportunities will automatically present. Click on any **green check** mark to deselect the option and then click **Continue**.

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week

5/18/2020 - 5/24/2020 (Upcoming week)

Next Week →

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT	-	-	-	-	-	-
6:30 pm EDT	-	-	-	-	-	-
6:45 pm EDT	-	-	-	-	-	-

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT	2:00 pm EDT	4:15 pm EDT	3:15 pm EDT	-	-	-
3:45 pm EDT	2:15 pm EDT	4:30 pm EDT	3:30 pm EDT	-	-	-
4:00 pm EDT	2:30 pm EDT	4:45 pm EDT	3:45 pm EDT	-	-	-
4:15 pm EDT	2:45 pm EDT	5:00 pm EDT	4:00 pm EDT	-	-	-
Show more...	Show more...	Show more...	Show more...	-	-	-

EviCore

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How to Schedule a Peer-to-Peer Request

Confirm Contact Details

- + Contact Person **Name** and **Email Address** will auto-populate per your user credentials

Case Info

Questions

Schedule

Confirmation

P2P Info

Date Mon 5/18/20

Time 6:30 pm EDT

Reviewing Provider

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type MSK Spine Surgery

Level of Review Reconsideration P2P

P2P Contact Details

Name of Provider Requesting P2P

Dr. Jane Doe

Contact Person Name

Office Manager John Doe

Contact Person Location

Provider Office

Phone Number for P2P

(555) 555-5555

Phone Ext.

12345

Alternate Phone

(xxx) xxx-xxxx

Phone Ext.

Phone Ext.

Requesting Provider Email

droffice@intemet.com

Contact Instructions

Select option 4, ask for Dr. Doe

Submit >

- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:
 - + Name of Provider Requesting
 - + P2P Phone Number for P2P
 - + Contact Instructions
- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

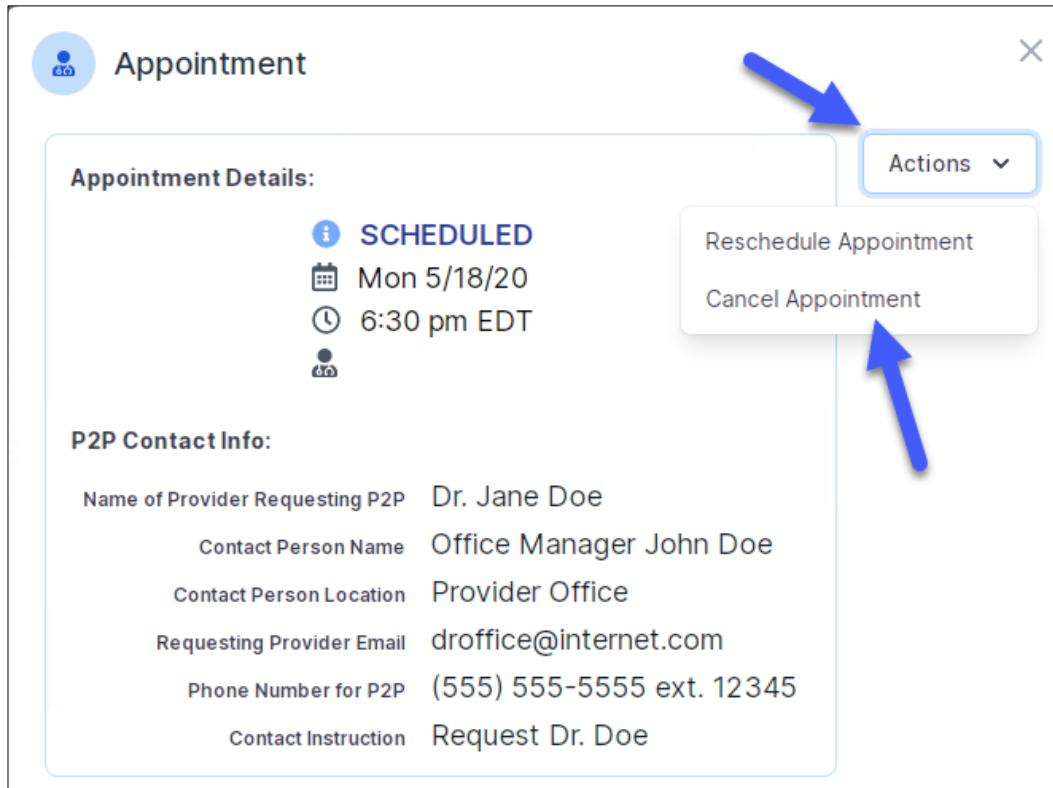
Scheduling

Scheduled

Mon 5/18/20 - 6:30 pm EDT

SCHEDULED

Provider Resources | Cancel or Reschedule a P2P Appointment



The screenshot shows a web interface for managing appointments. At the top, there's a header 'Appointment' with a close button. Below it, the 'Appointment Details' section shows a status of 'SCHEDULED' with a calendar icon, the date 'Mon 5/18/20', and the time '6:30 pm EDT'. To the right of this section is an 'Actions' dropdown menu. A blue arrow points to the 'Actions' dropdown, and another blue arrow points to the 'Cancel Appointment' option in the dropdown menu. Below the details, the 'P2P Contact Info' section lists contact information for Dr. Jane Doe, including the contact person name (Office Manager John Doe), location (Provider Office), email (droffice@internet.com), phone number ((555) 555-5555 ext. 12345), and instruction (Request Dr. Doe).

Appointment

Appointment Details:

SCHEDULED

Mon 5/18/20

6:30 pm EDT

P2P Contact Info:

Name of Provider Requesting P2P Dr. Jane Doe

Contact Person Name Office Manager John Doe

Contact Person Location Provider Office

Requesting Provider Email droffice@internet.com

Phone Number for P2P (555) 555-5555 ext. 12345

Contact Instruction Request Dr. Doe

Actions

Reschedule Appointment

Cancel Appointment

To cancel or reschedule an appointment:

- Access the scheduling software and select **My P2P Requests** on the left-pane navigation
- Select the request you would like to modify from the list of available appointments
- When the request appears, click on the schedule link. An appointment window will open
- Click on the **Actions** drop-down and choose the appropriate action
 - **If choosing to reschedule**, select a new date or time as you did initially
 - **If choosing to cancel**, input a cancellation reason
- Close the browser once finished

Thank you