EVICORE BY EVERNORTH

Standardizing Prior Authorization

Upcoming Process Update: EviCore Portal Experience Improvements

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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

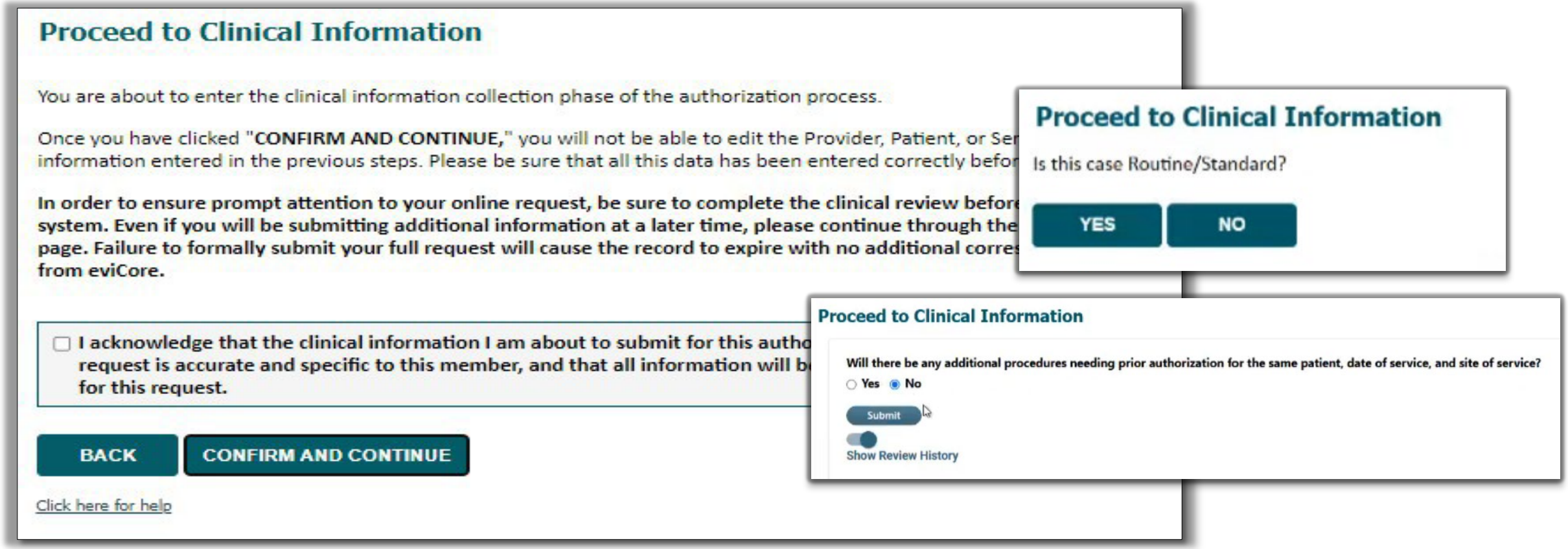
These enhancements apply to the following memberships:

- 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.

Initiating a Case – Attestation



- ✓ 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:

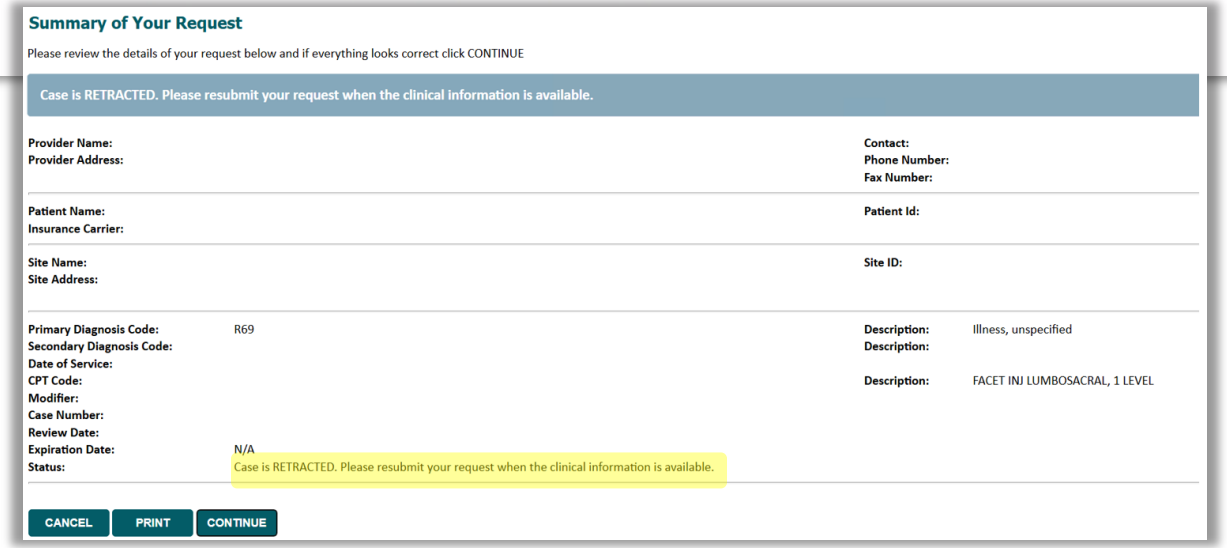
- CPT Code(s) and Units
- Signs/Symptoms
- Date of first office visit related to this condition and/or after symptoms began
- Last office visit including re-evaluation
- Physical exam findings
- Previous medical history
- Duration and type of physician-directed treatment
- Outcome(s) of prior surgical/non-surgical 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:			
CPT Code:		**Description:**	FACET INJ LUMBOSACRAL, 1 LEVEL
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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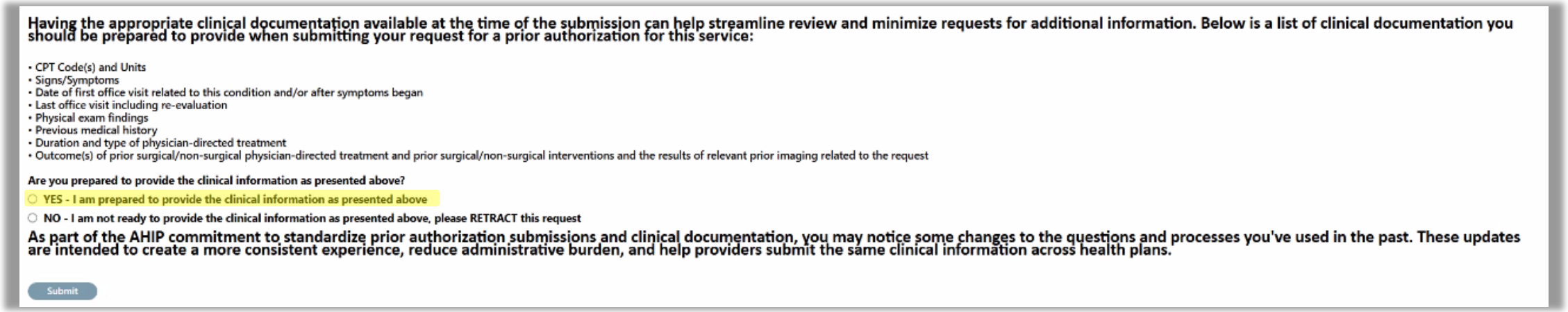
Initiating a Case – Proceed to Clinical Information



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- 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

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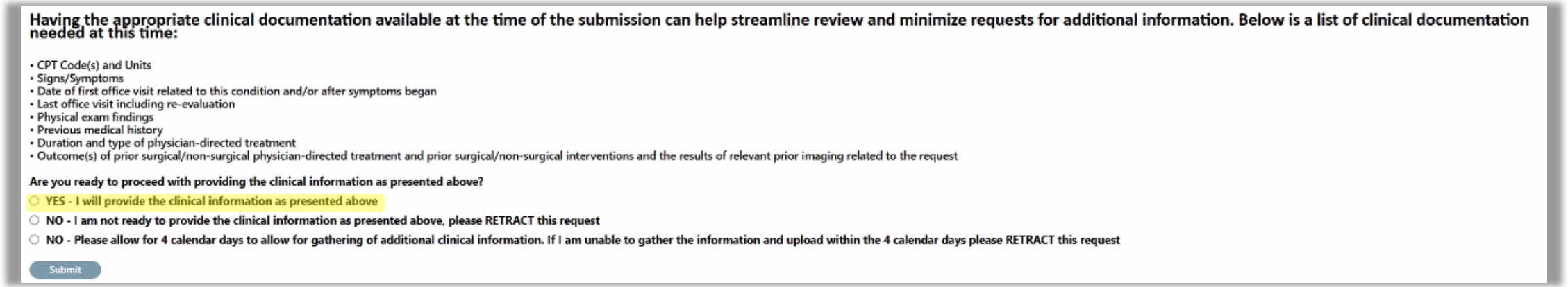
As part of the AHIP commitment to standardize prior authorization submissions and clinical documentation, you may notice some changes to the questions and processes you've used in the past. These updates are intended to create a more consistent experience, reduce administrative burden, and help providers 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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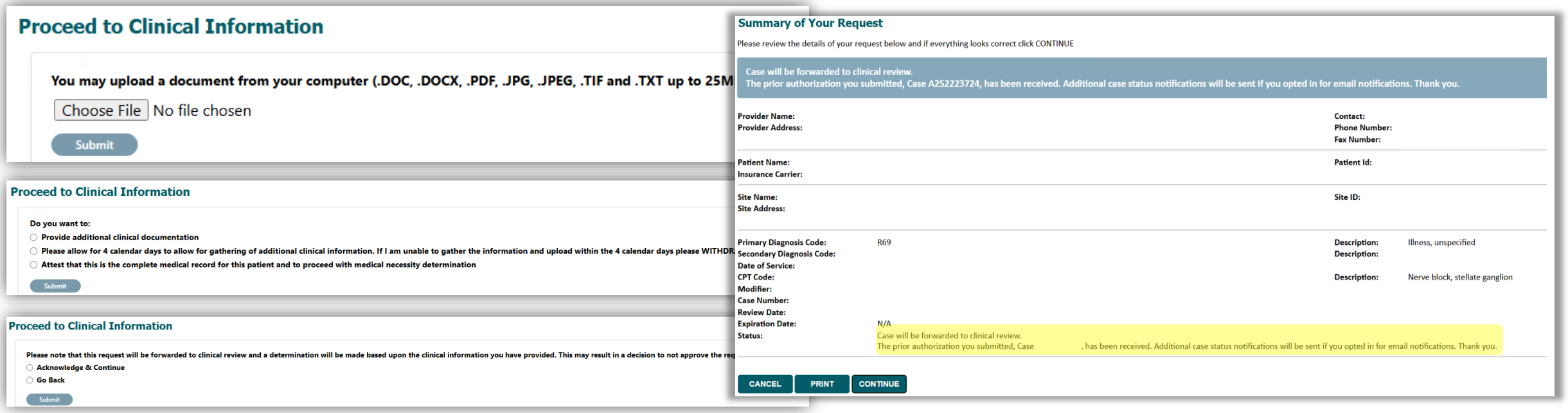
Initiating a Case – Proceed to Clinical Information



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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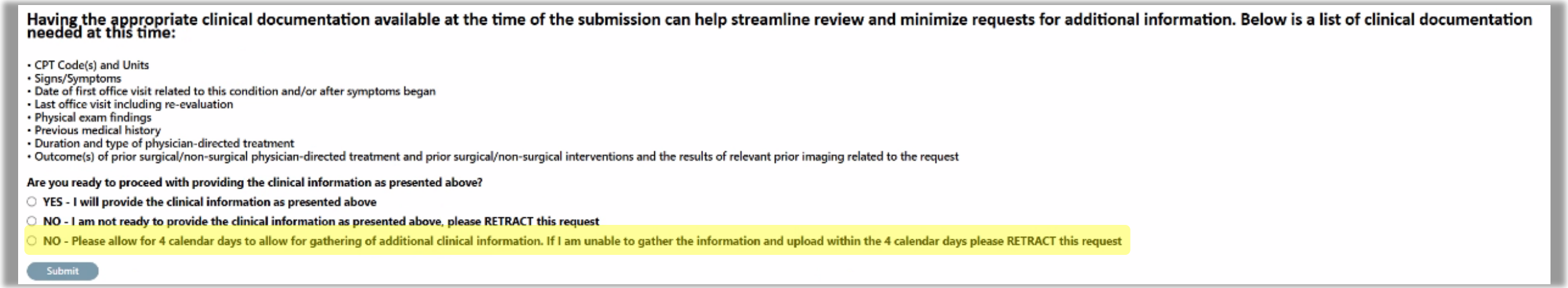

Having the appropriate clinical documentation available at the time of the submission can help streamline review and minimize requests for additional information. Below is a list of clinical documentation needed at this time:

- 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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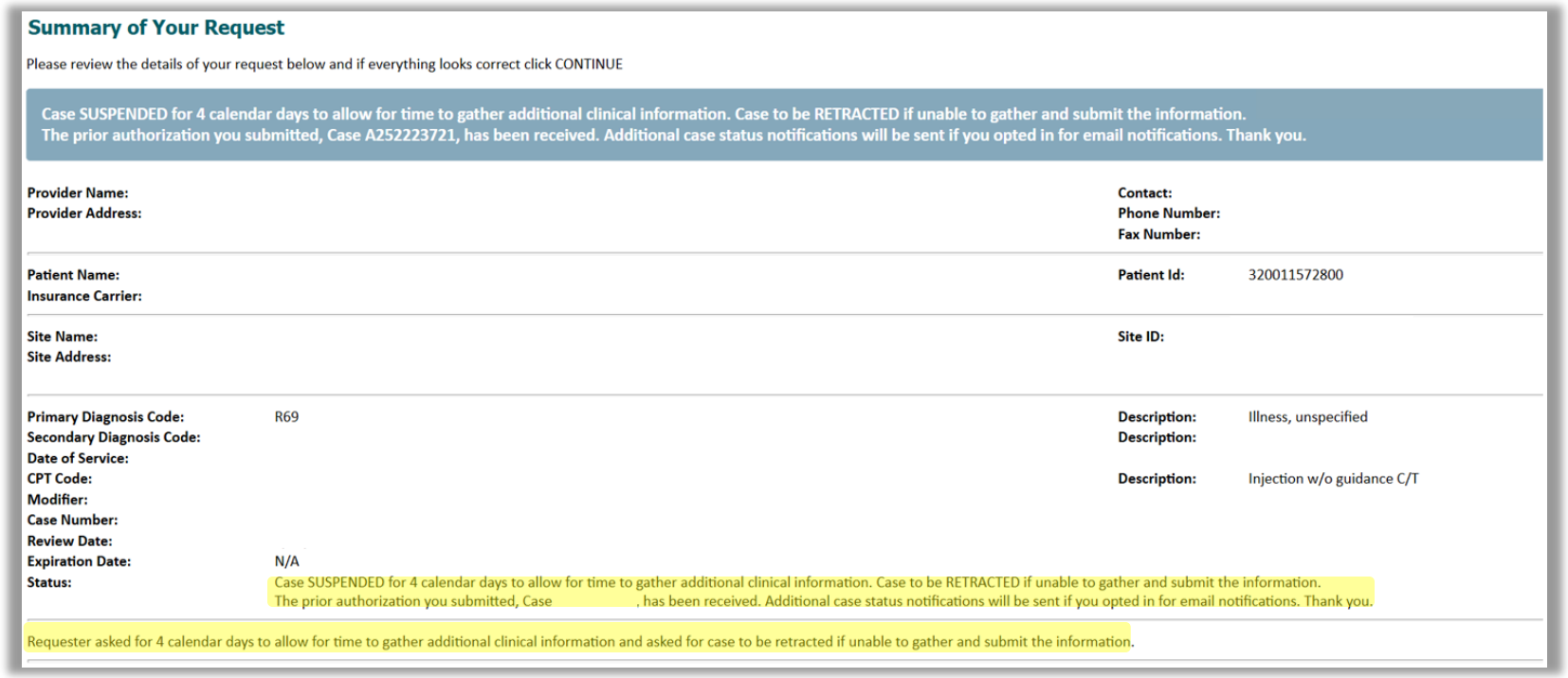
Initiating a Case – Proceed to Clinical Information



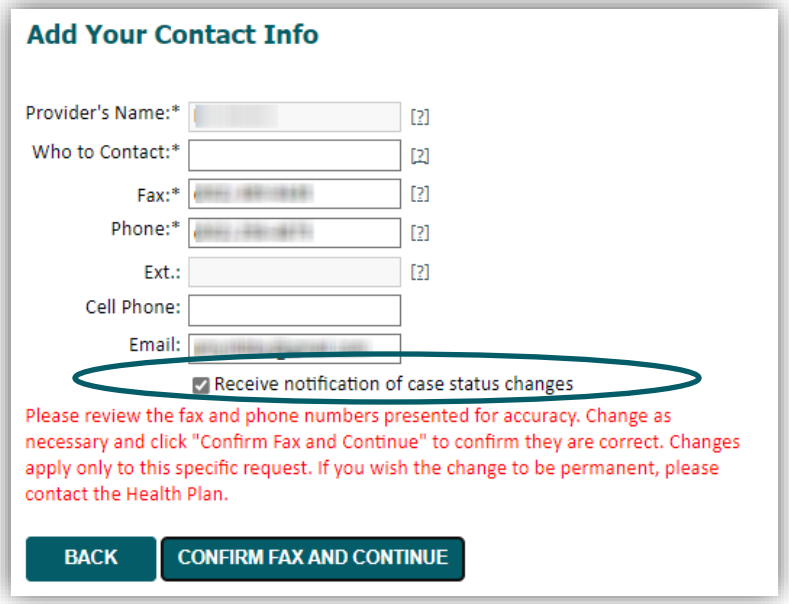
Summary of Your Request

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:			
CPT Code:		**Description:**	Injection w/o guidance C/T
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.

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Provider Resources

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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**.

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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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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

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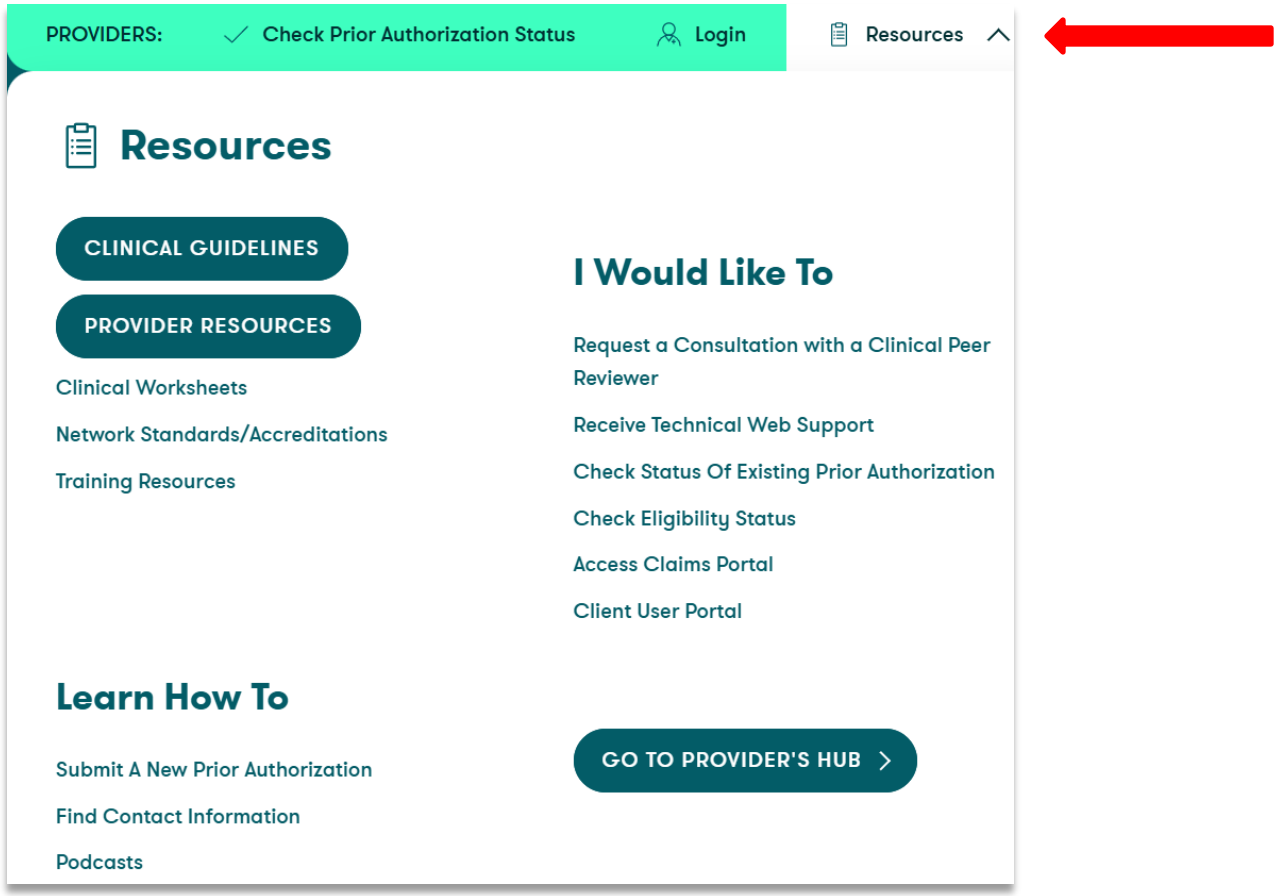
Provider's Hub

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.



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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

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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Account Registration And Login

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EviCore Provider Portal – Access and Compatibility

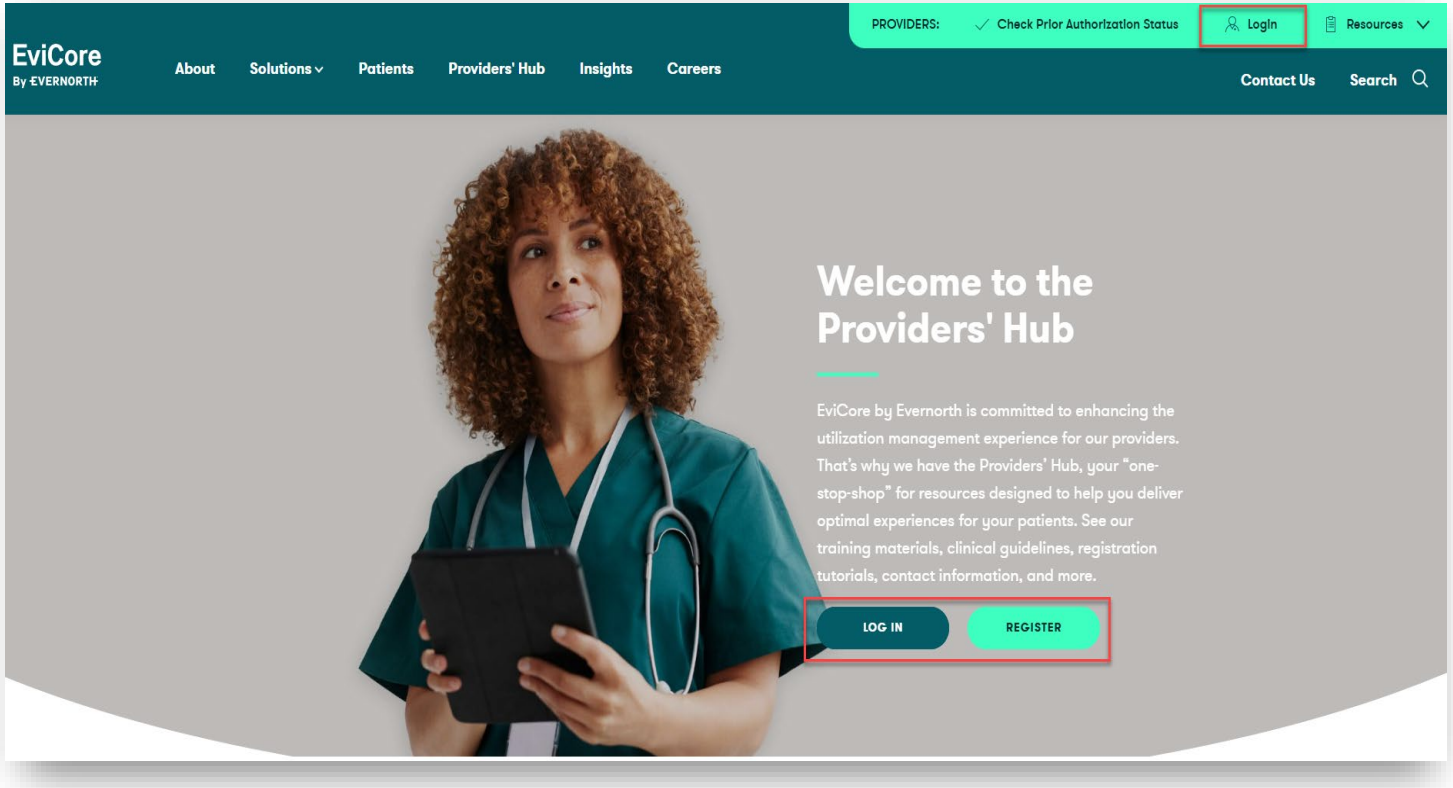
+ Most providers are already saving time submitting clinical review requests online vs. telephone.

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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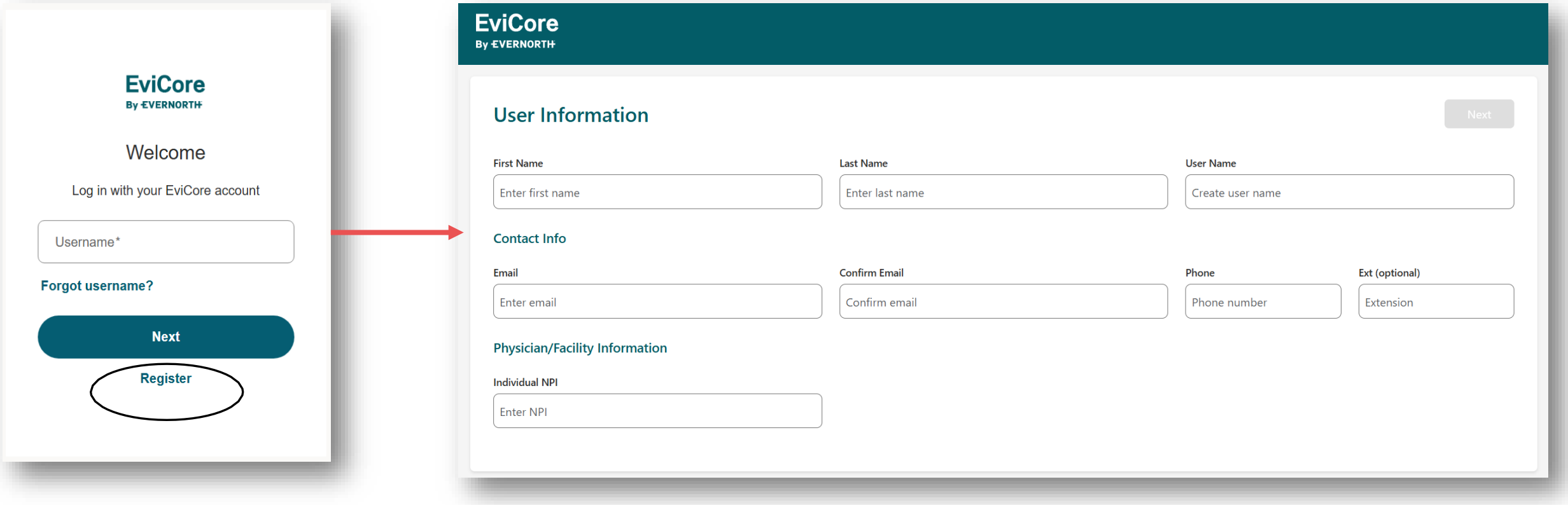
Creating an EviCore Provider Portal Account



- **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**.

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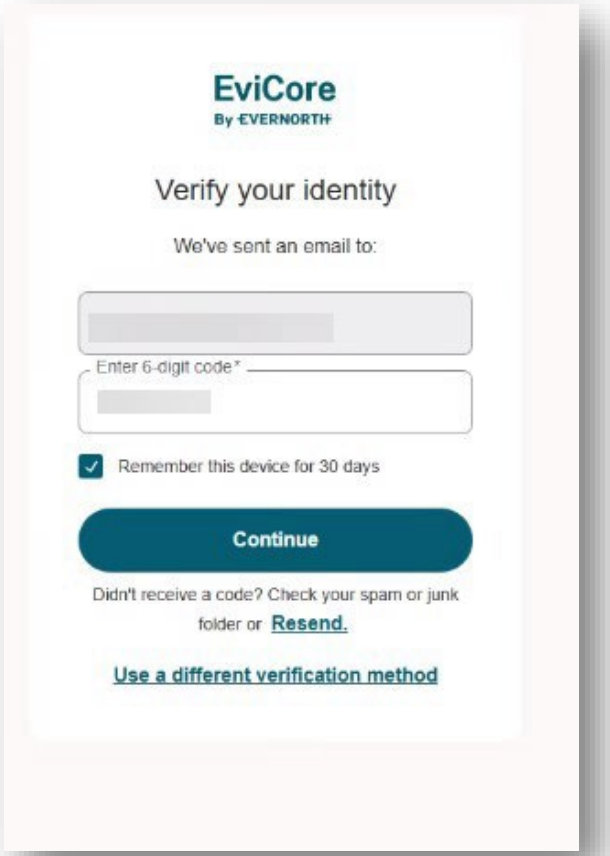
Setting Up Multi-Factor Authentication (MFA)

+ 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.



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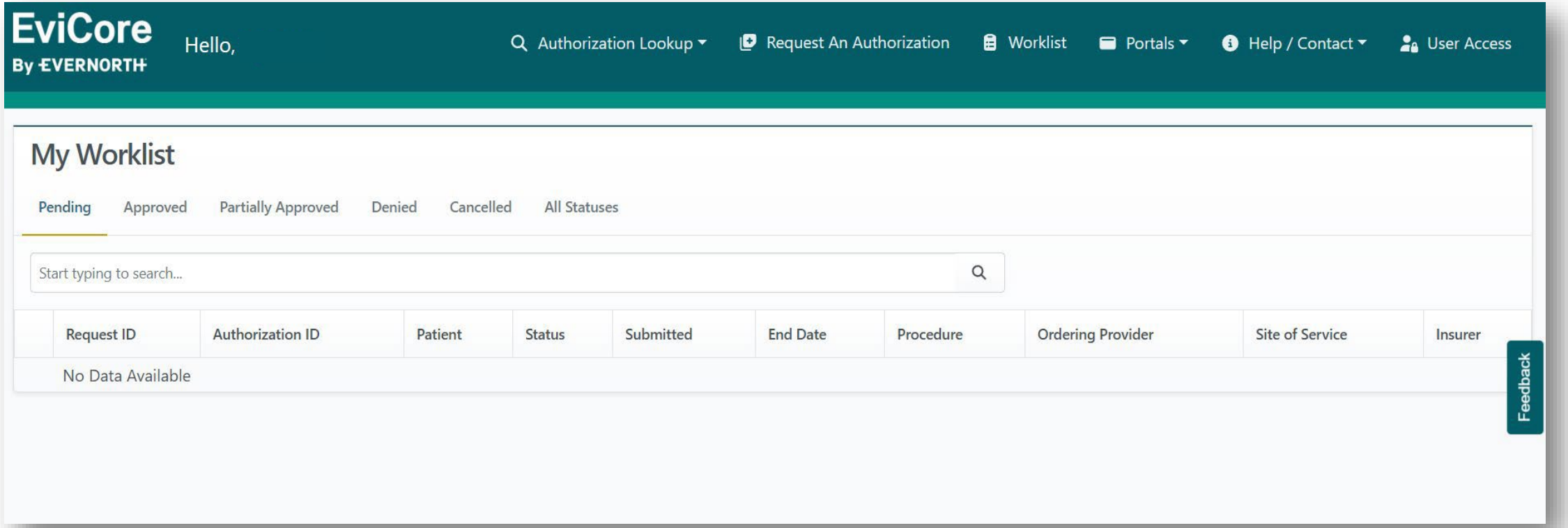
Unified Dashboard



+ **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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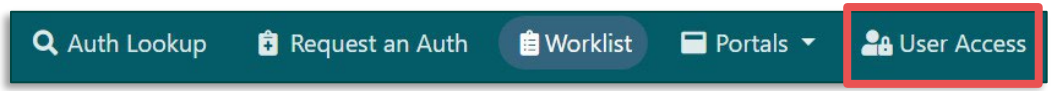
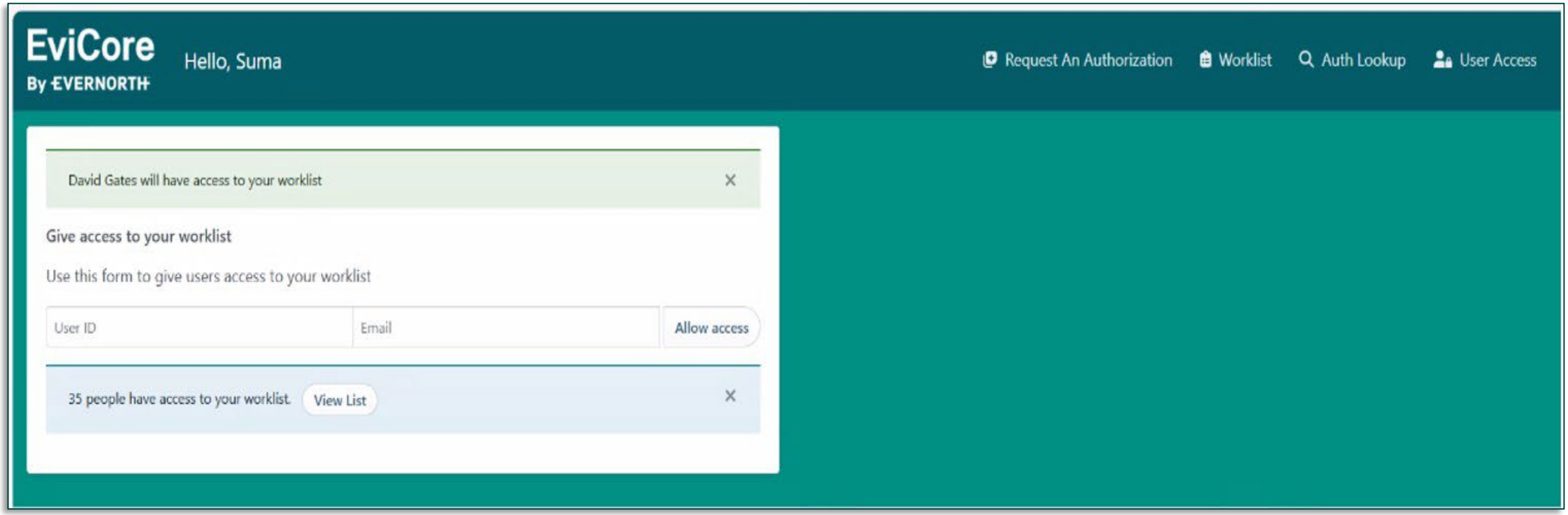
Provider Shared Worklist

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.





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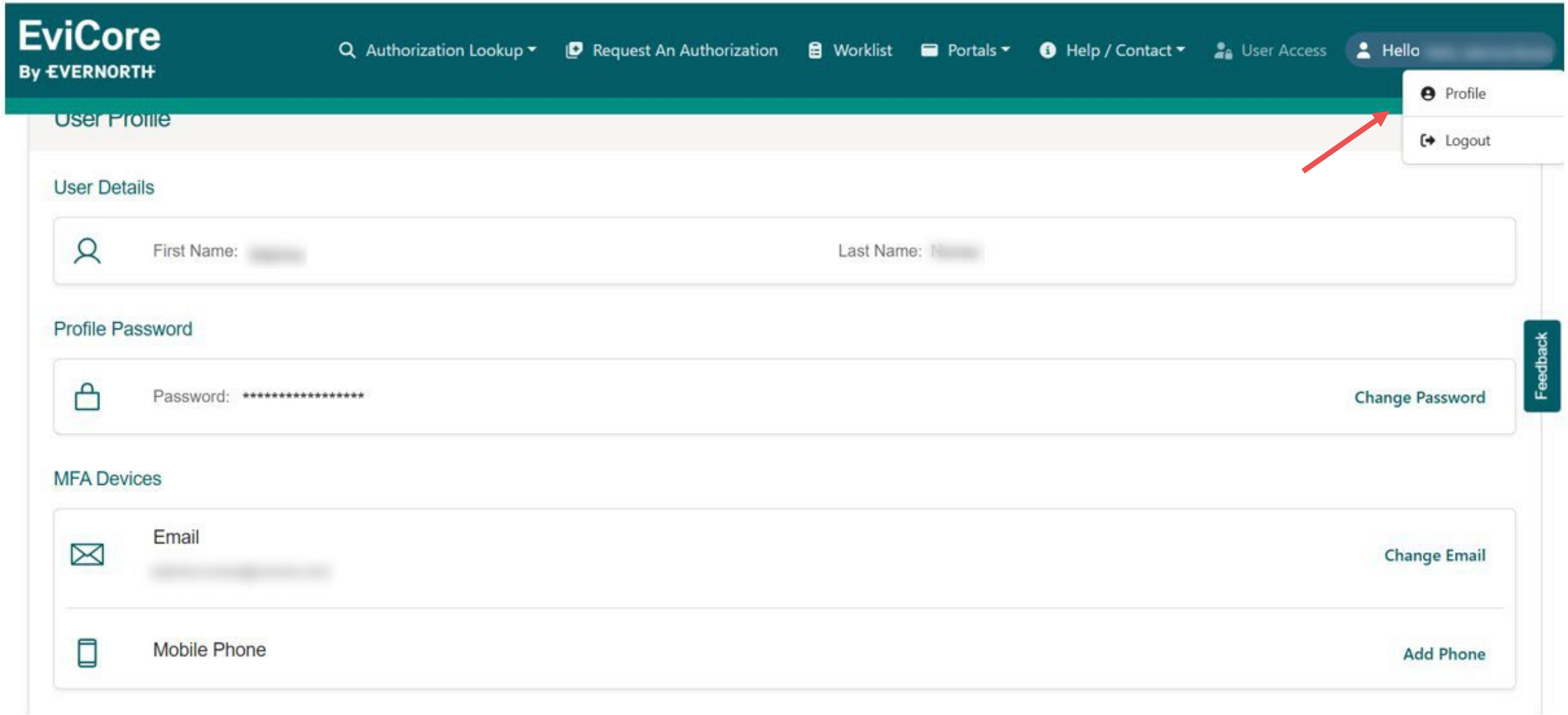
Profile Update in Dashboard



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Web Portal Overview
Legacy CareCore National Portal

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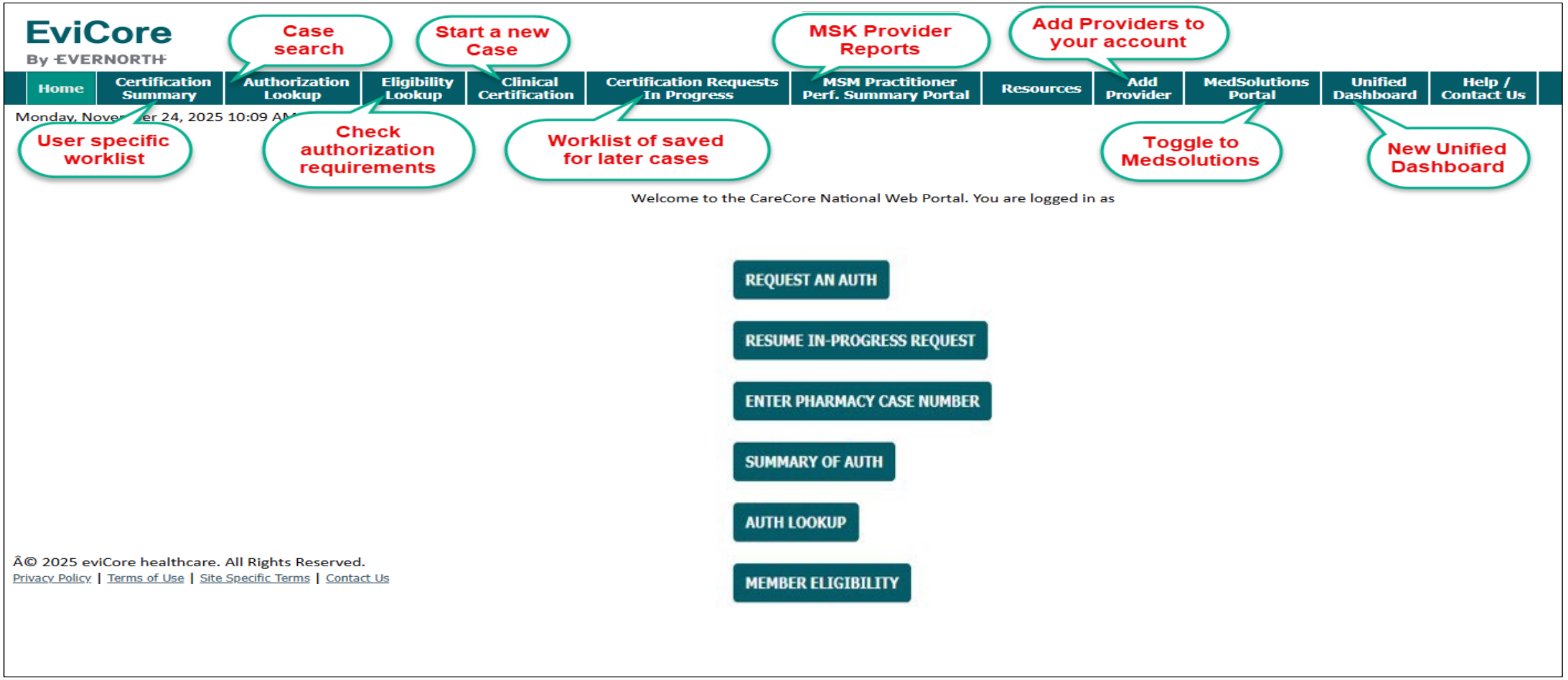
Welcome Screen



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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

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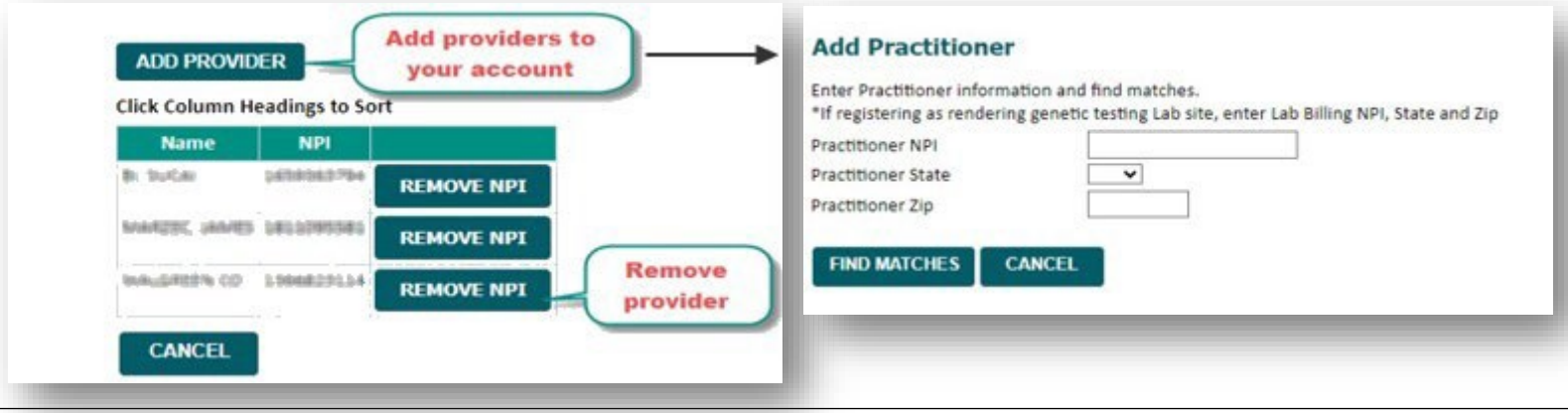

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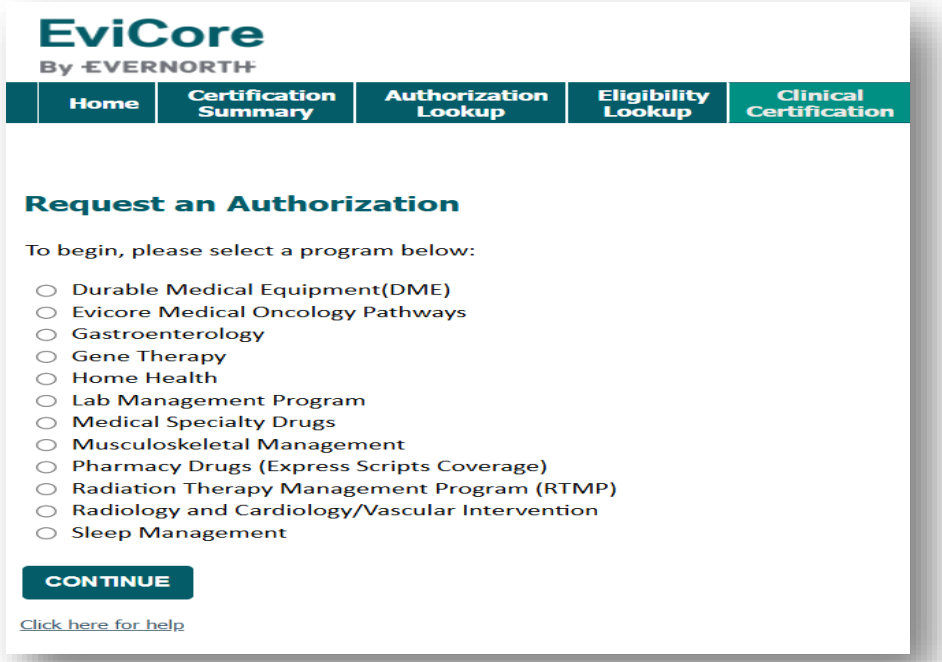
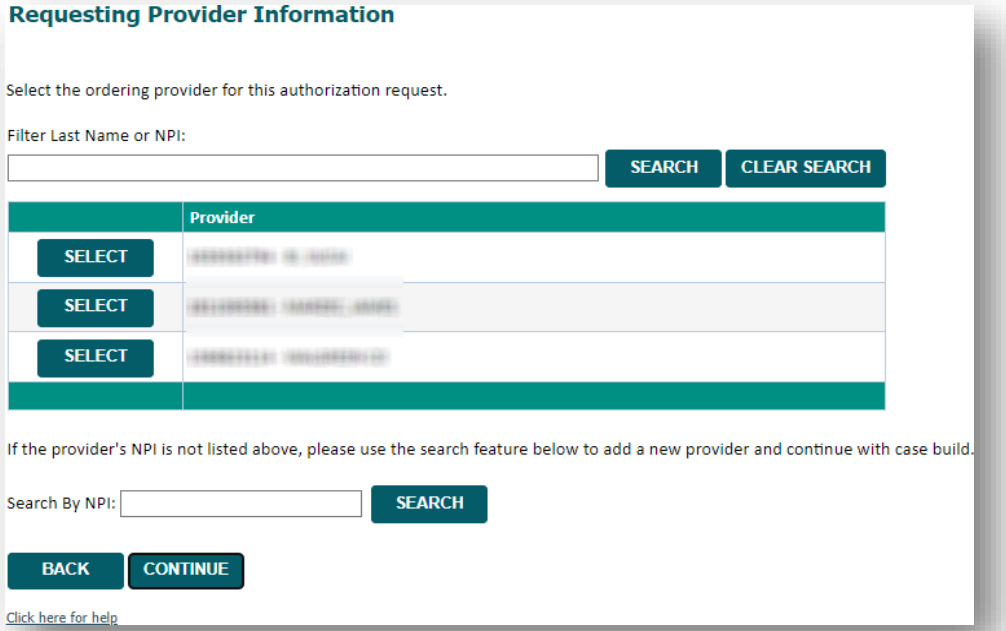
Initiating a Case- Program & Provider Search

- 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.



- 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.



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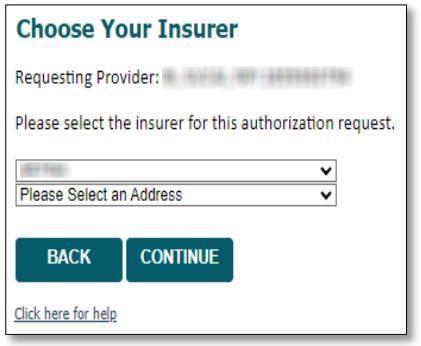
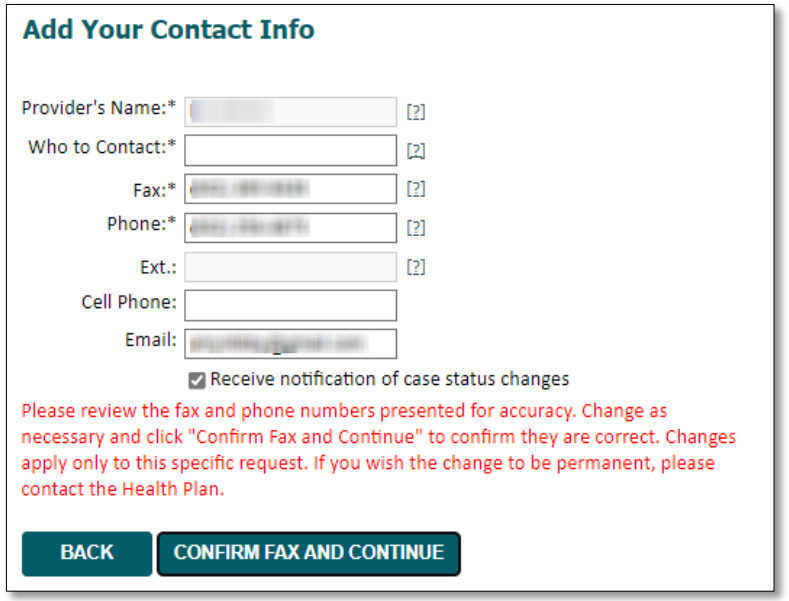
Initiating a Case – Insurer, Contact Info, & Member Lookup

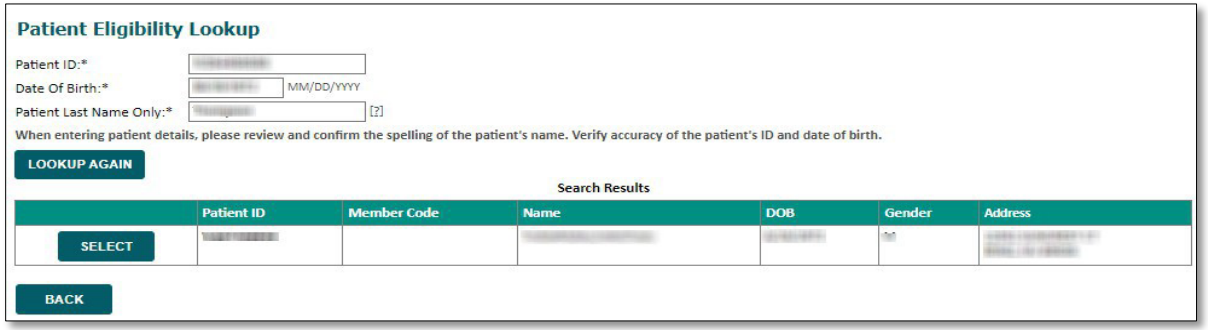
- Select the insurance company from the drop-down menu.
- Next, pick the ordering provider's address.



- 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.



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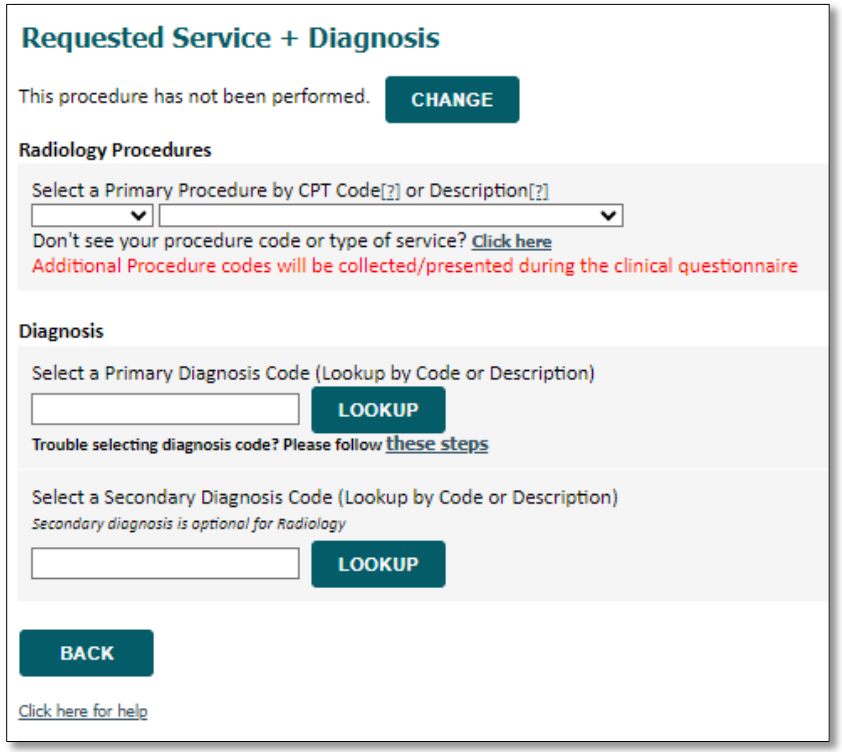
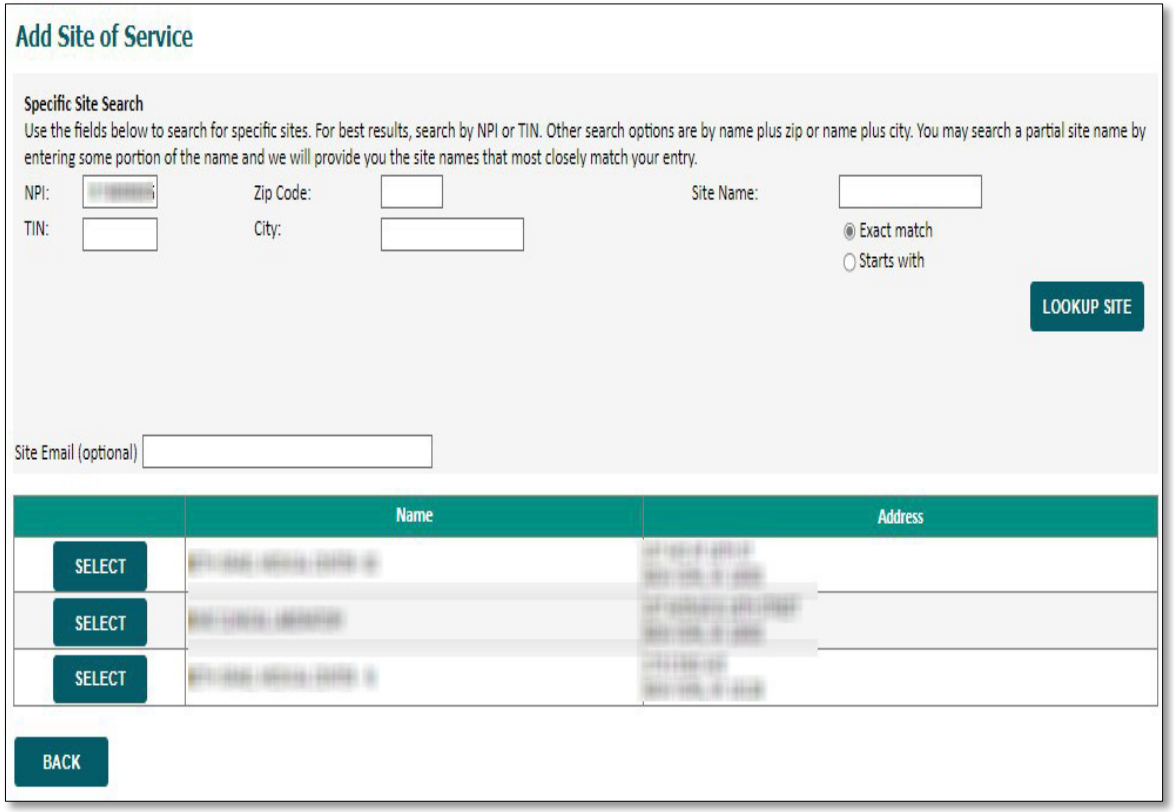
Initiating a Case- CPT & ICD-10/Diagnosis Codes

- 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.



- Search & select the facility where the imaging or services will be performed.

Try searching by the site NPI number only.



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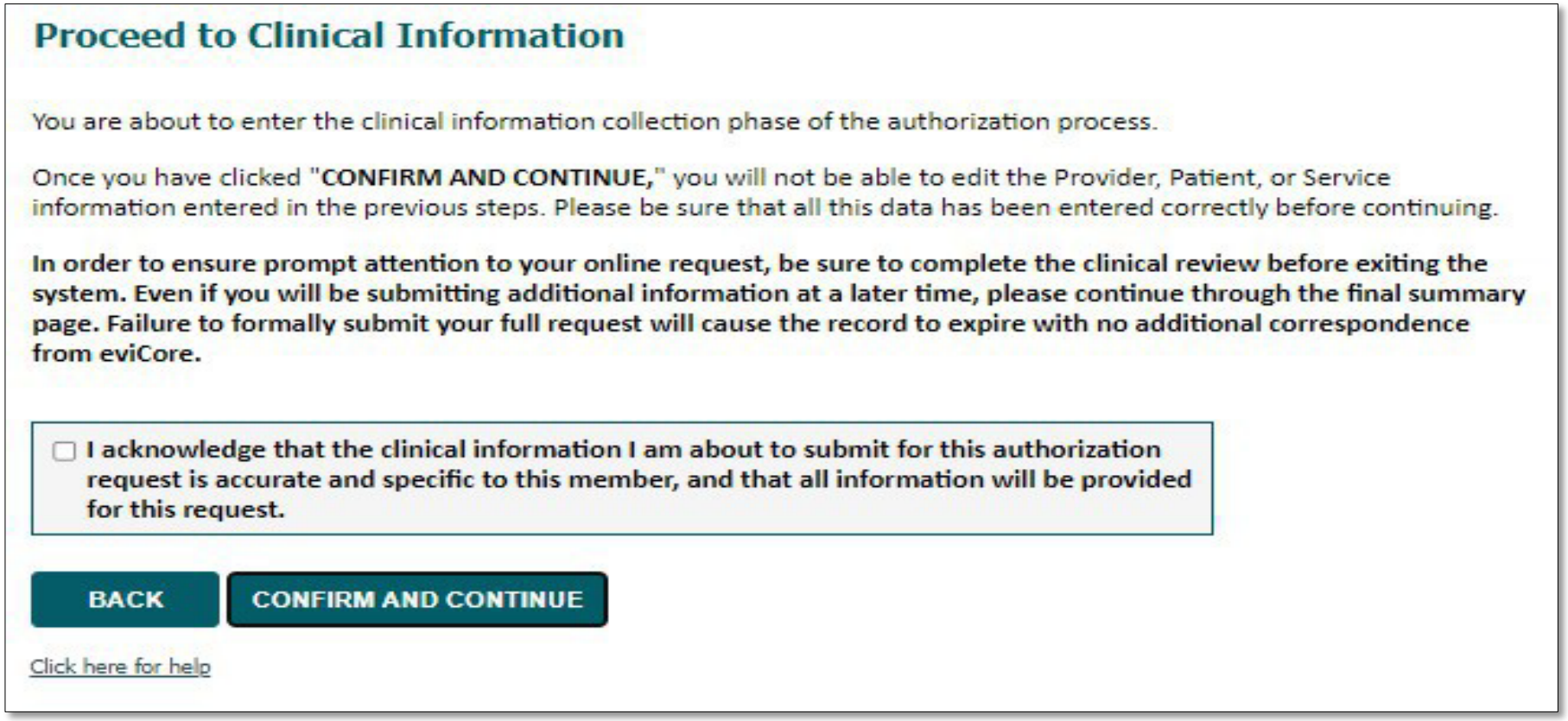
Initiating a Case – Attestation



- 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.

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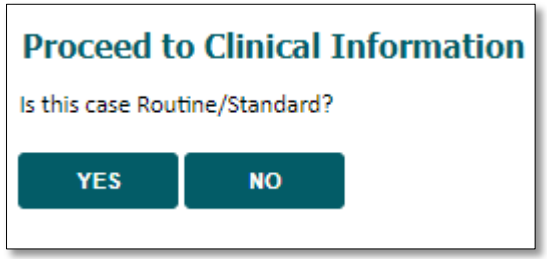
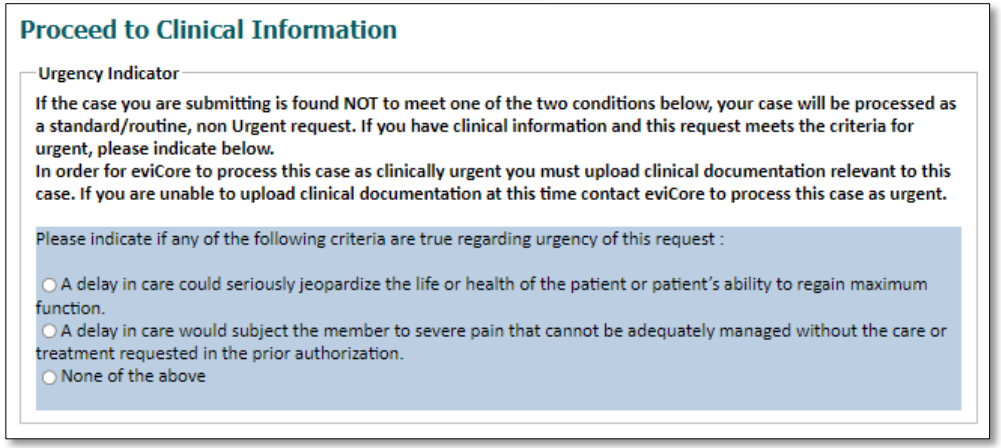
Initiating a Case - Urgent

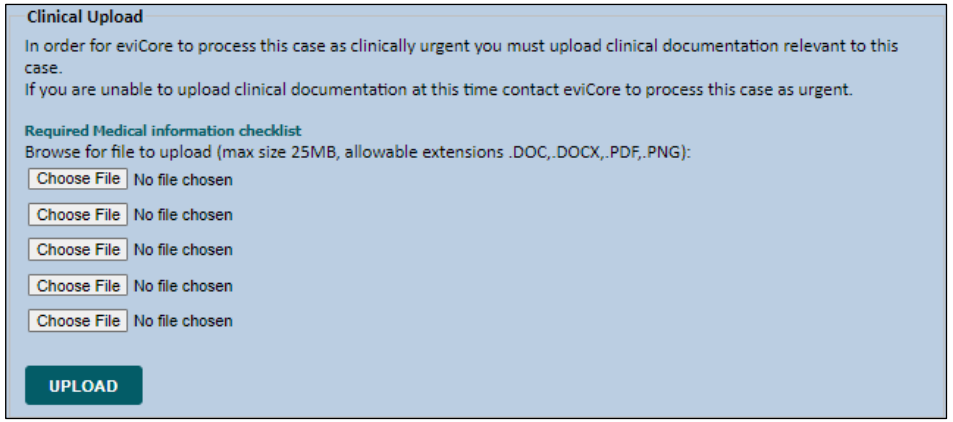
- Select yes or no to the urgency indicator question.
  - If your request is a standard request- select YES.
  - If your request is URGENT- select NO.



- 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.

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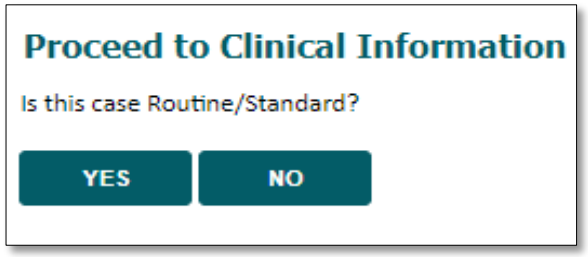
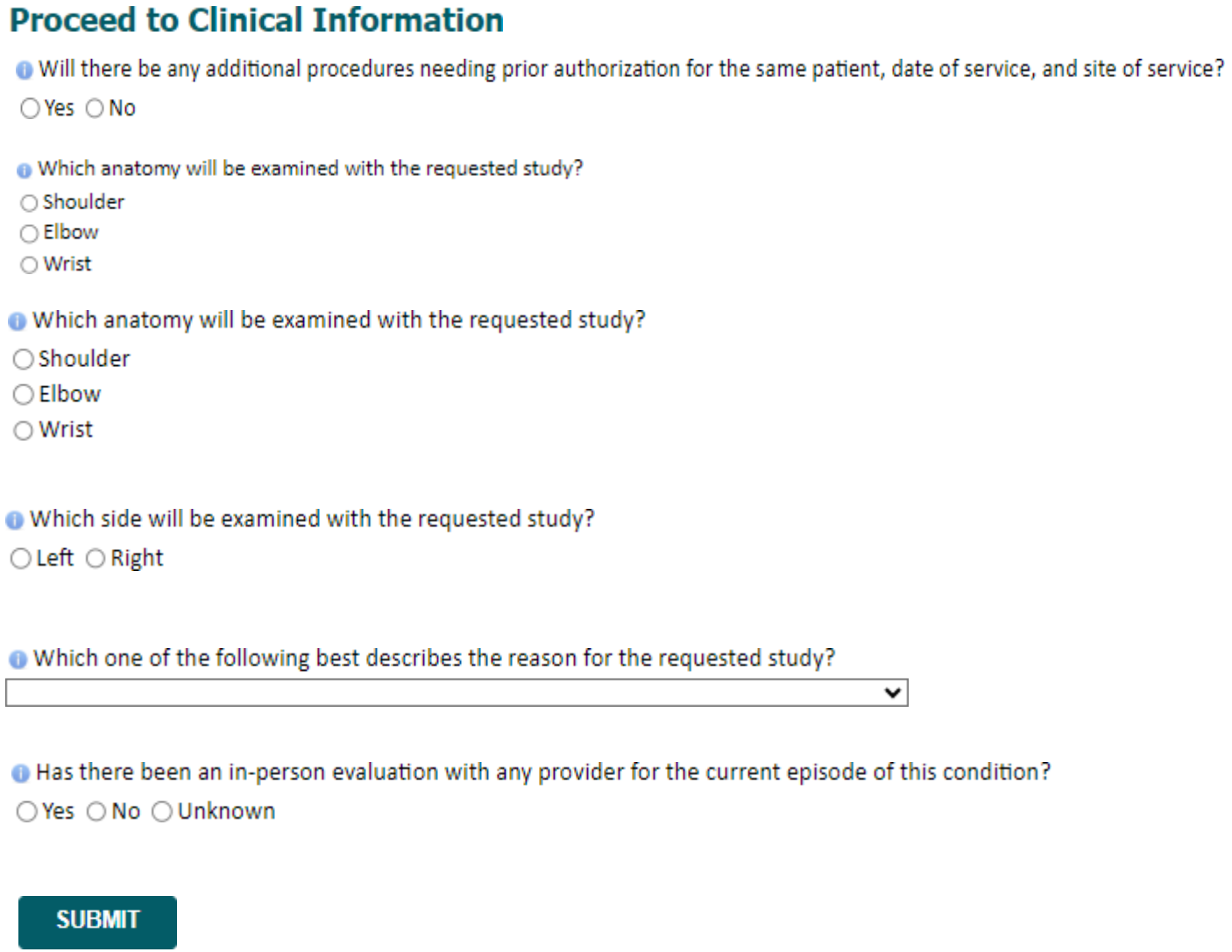
Initiating a Case – Standard Request & Pathway Questions

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



- Complete the clinical pathway questions, as they pertain to your patient.
- Click submit to proceed to the next page.



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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:

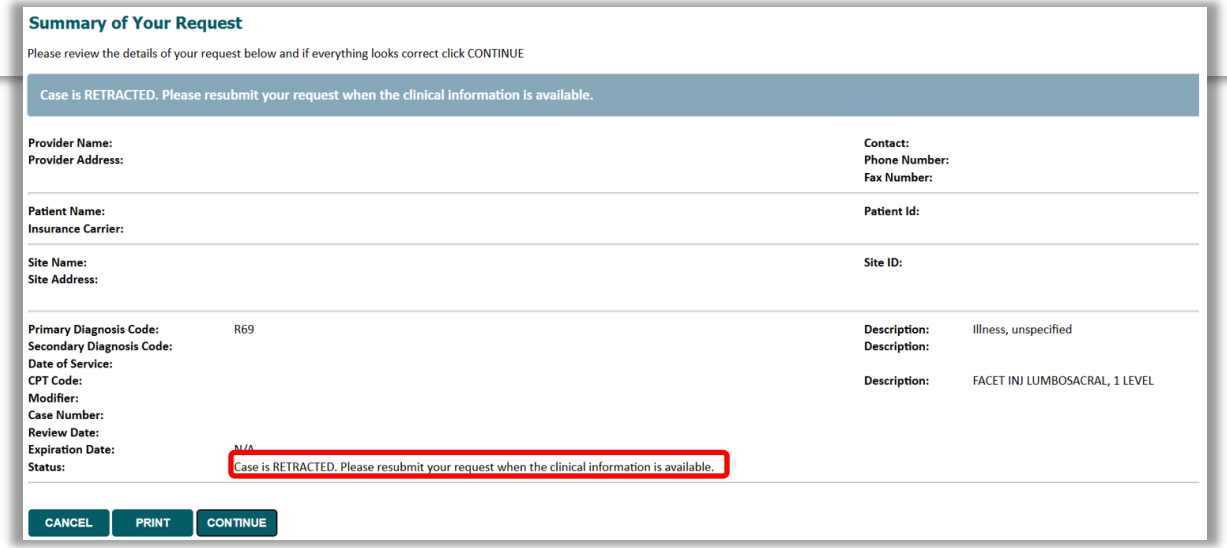
- CPT Code(s) and Units
- Signs/Symptoms
- Date of first office visit related to this condition and/or after symptoms began
- Last office visit including re-evaluation
- Physical exam findings
- Previous medical history
- Duration and type of physician-directed treatment
- Outcome(s) of prior surgical/non-surgical 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:			
CPT Code:		**Description:**	FACET INJ LUMBOSACRAL, 1 LEVEL
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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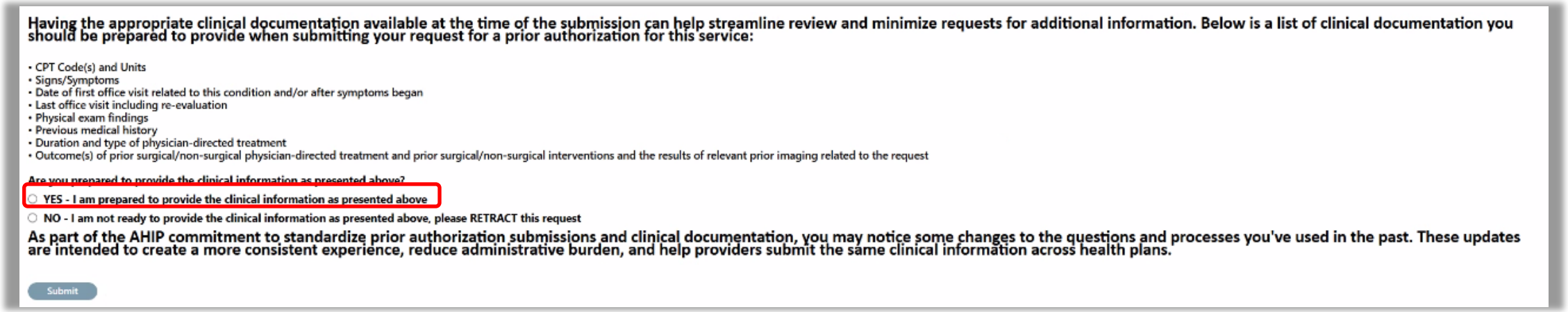
Initiating a Case – Proceed to Clinical Information



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:

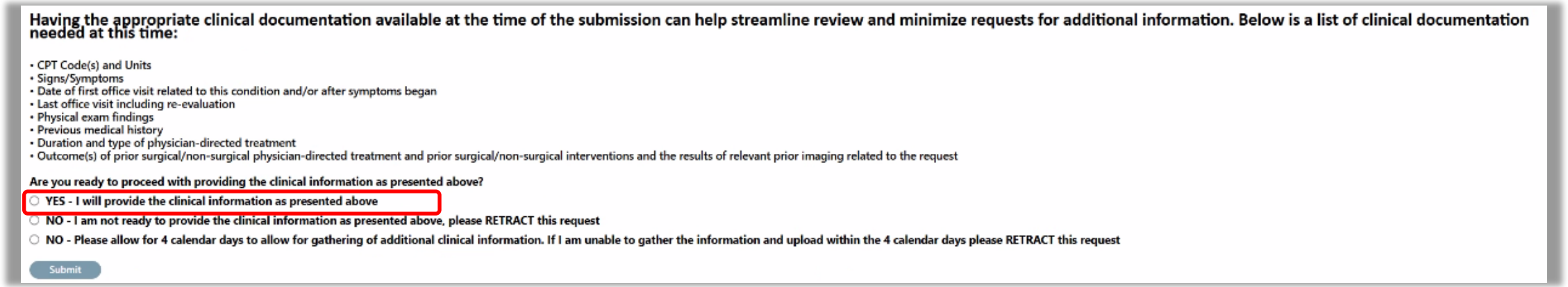
- CPT Code(s) and Units
- Signs/Symptoms
- Date of first office visit related to this condition and/or after symptoms began
- Last office visit including re-evaluation
- Physical exam findings
- Previous medical history
- Duration and type of physician-directed treatment
- Outcome(s) of prior surgical/non-surgical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

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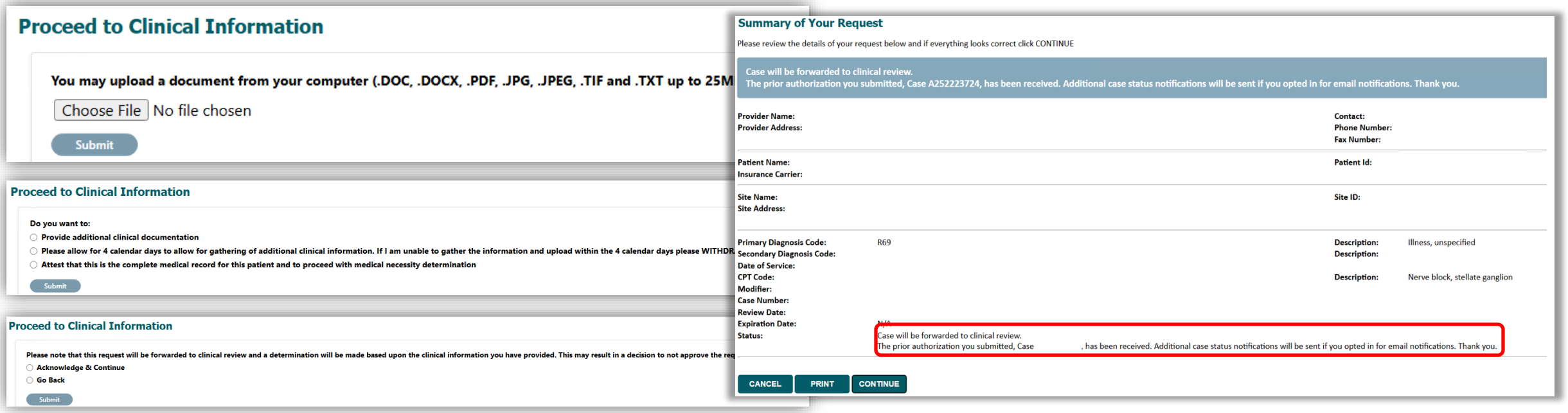
Initiating a Case – Proceed to Clinical Information



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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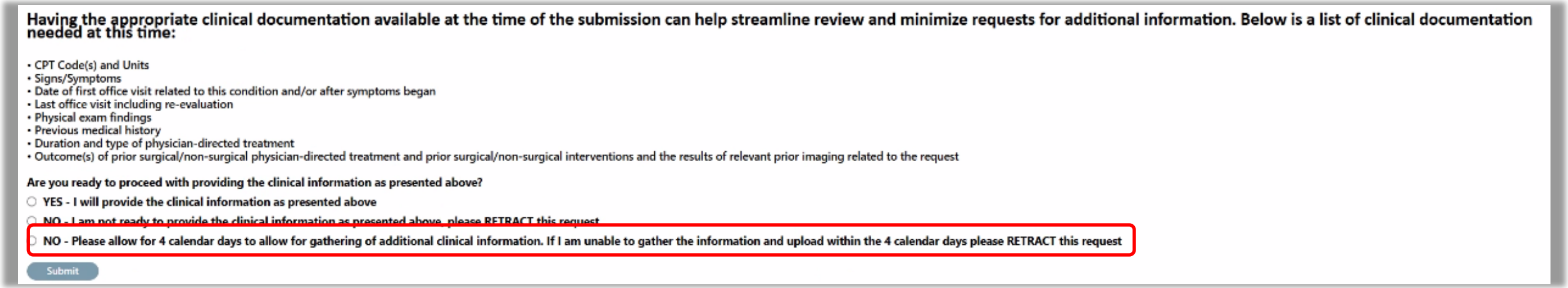
Initiating a Case – Proceed to Clinical Information



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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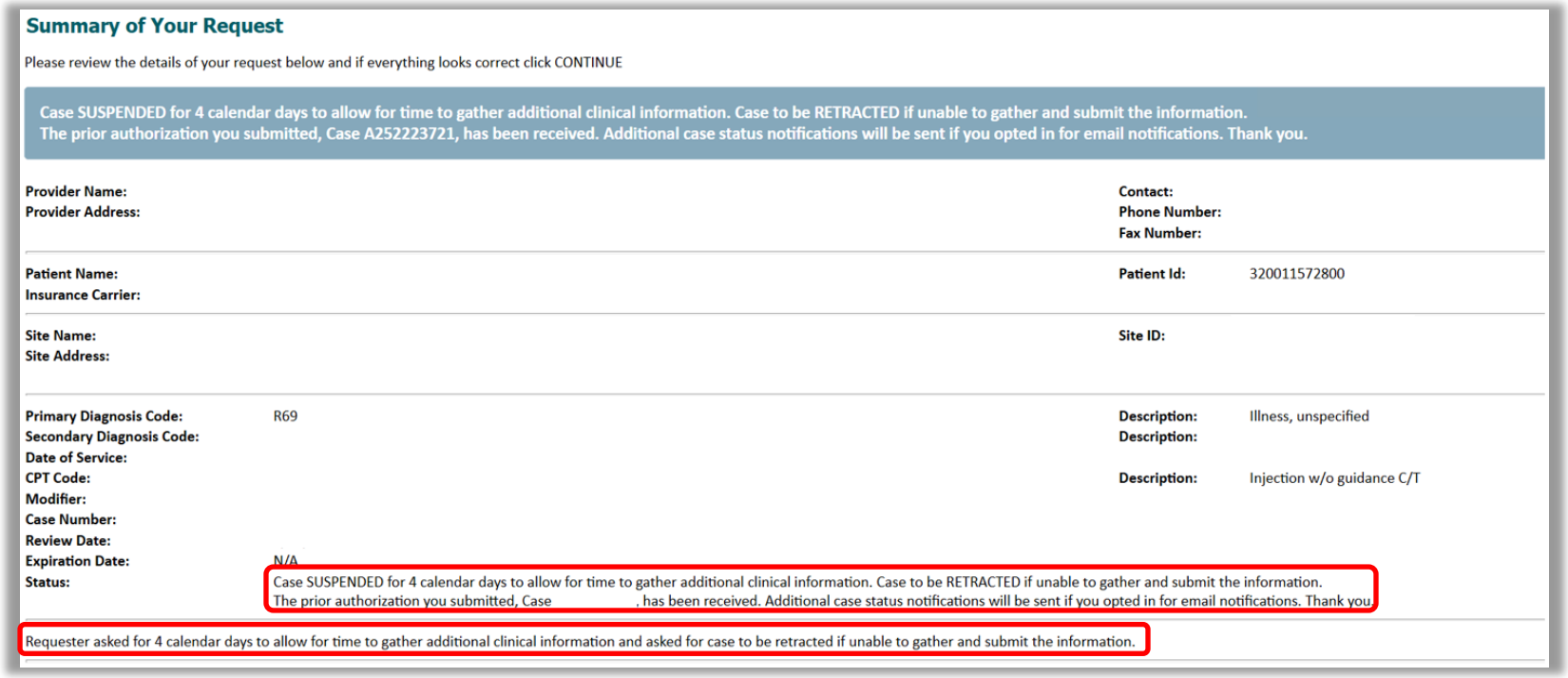
Initiating a Case – Proceed to Clinical Information



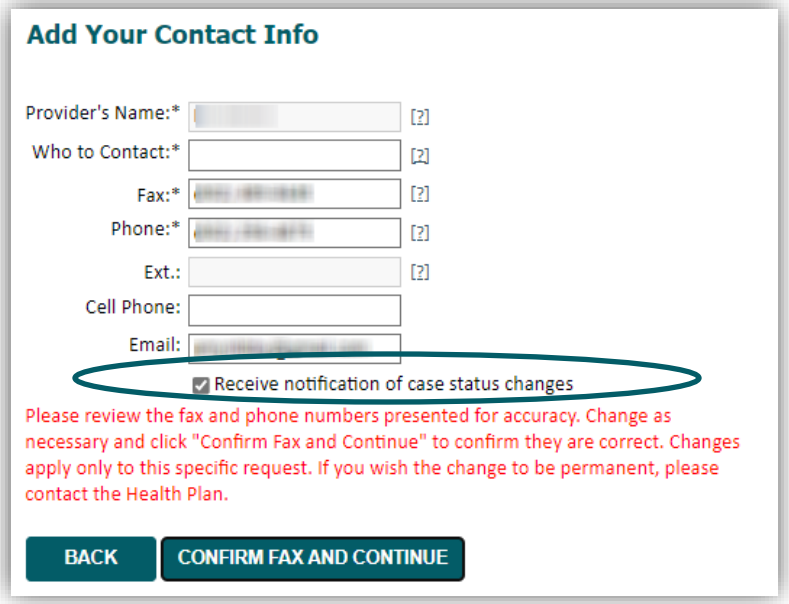
Summary of Your Request

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:			
CPT Code:		**Description:**	Injection w/o guidance C/T
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.

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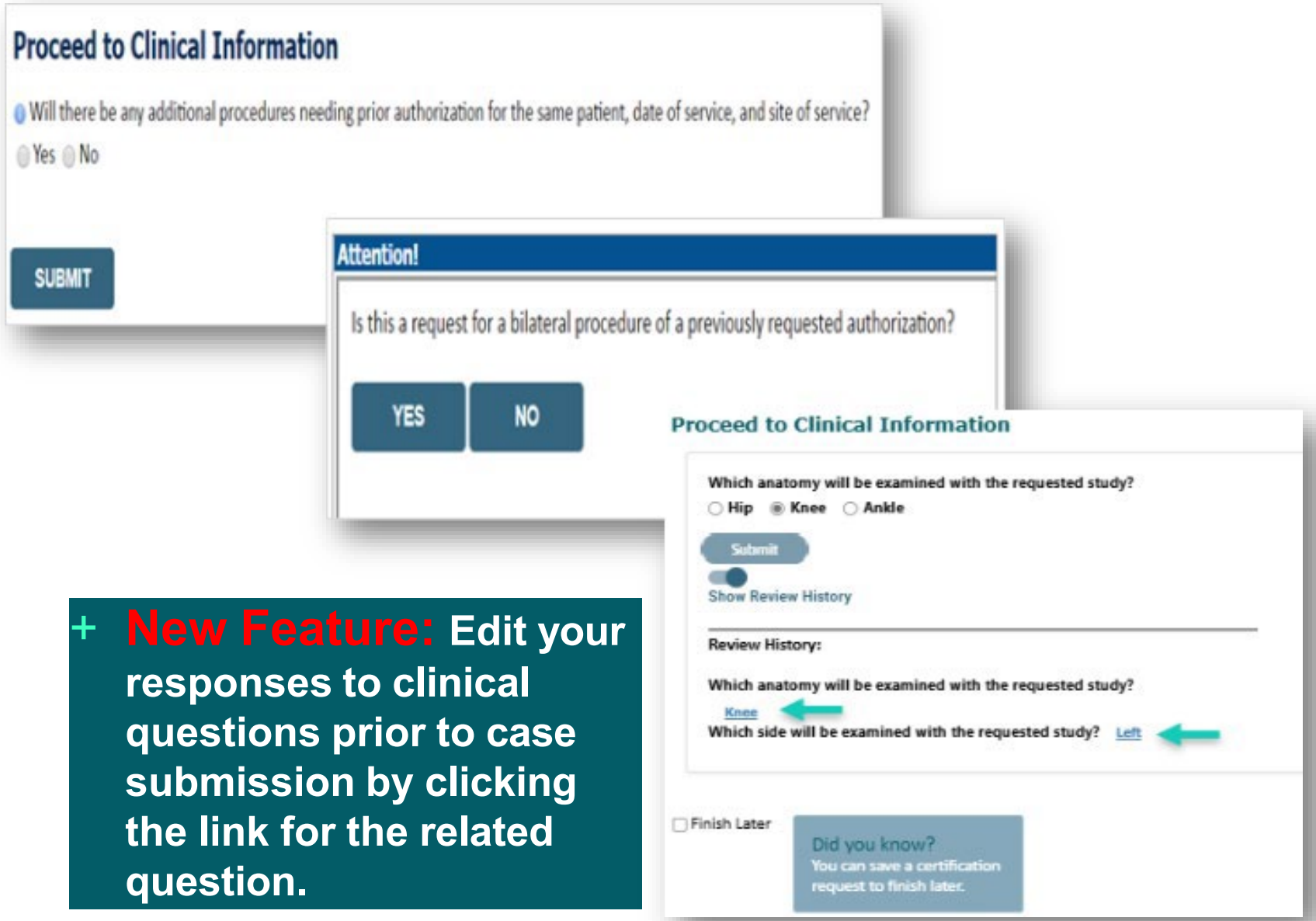
Certification Requests in Progress & New Survey Feature

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)



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

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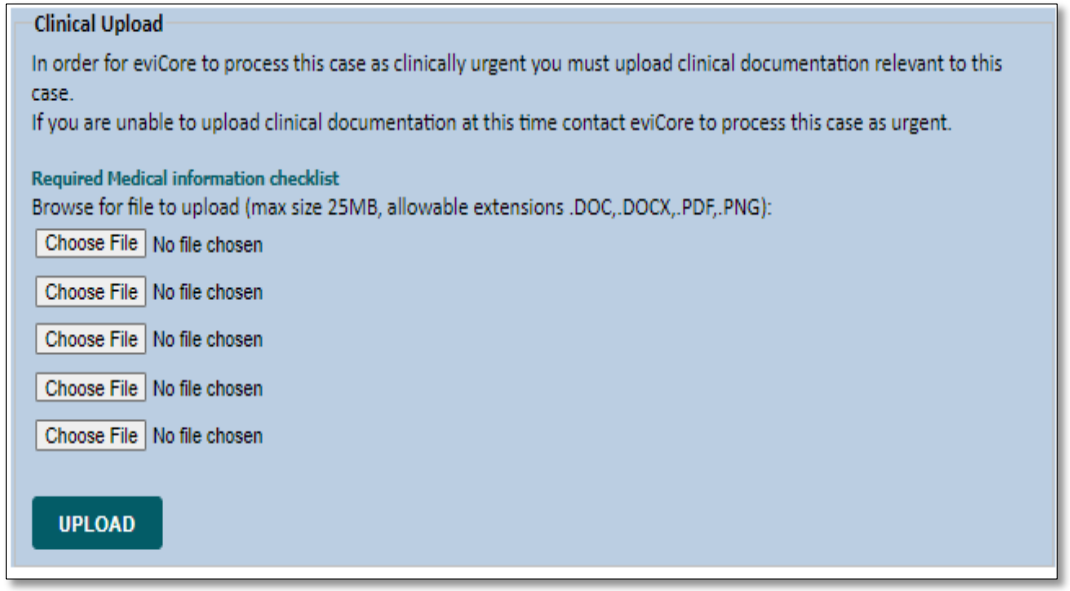
Uploading Clinical Documentation



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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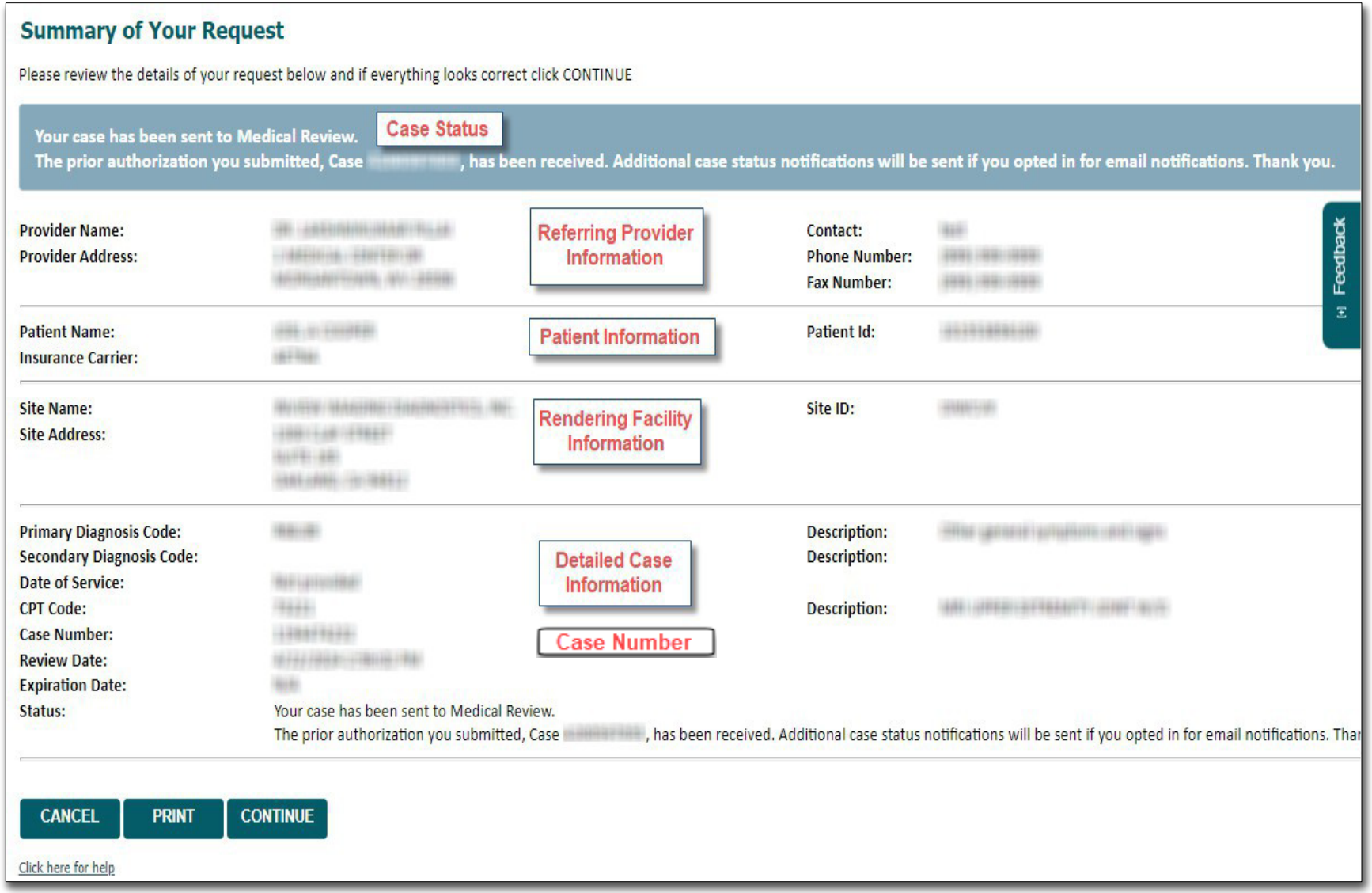
Initiating a Case- Medical Review Case Summary

- 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 sent to medical review.
- Reference Case number when calling to speak with EviCore Customer Service



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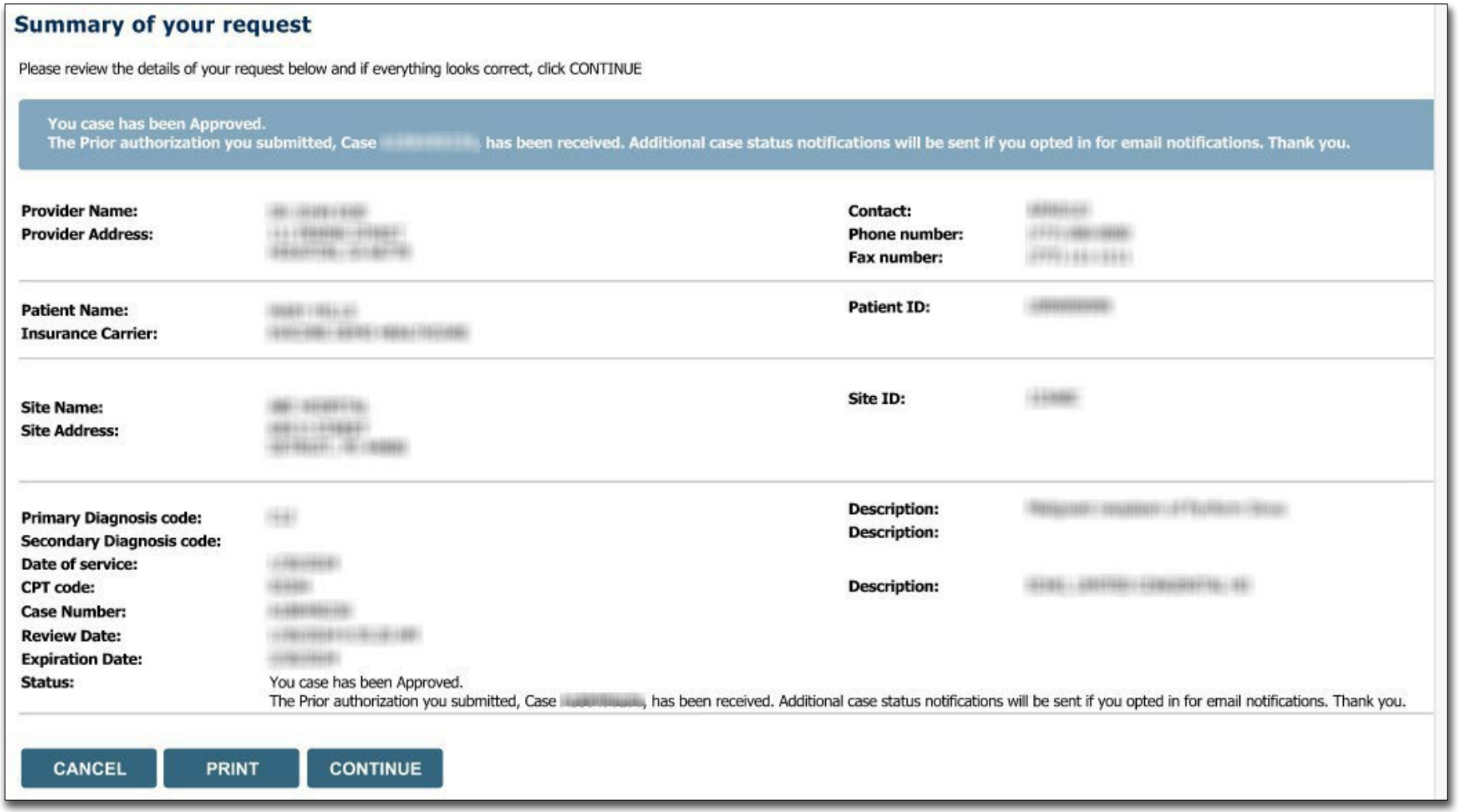
Initiating a Case- Approved Case Summary

- 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 [redacted] has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

Provider Name:	[redacted]	**Contact:**	[redacted]
Provider Address:	[redacted]	**Phone number:**	[redacted]
		Fax number:	[redacted]
Patient Name:	[redacted]	**Patient ID:**	[redacted]
Insurance Carrier:	[redacted]		
Site Name:	[redacted]	**Site ID:**	[redacted]
Site Address:	[redacted]		
Primary Diagnosis code:	[redacted]	**Description:**	[redacted]
Secondary Diagnosis code:		**Description:**	
Date of service:	[redacted]		
CPT code:	[redacted]	**Description:**	[redacted]
Case Number:	[redacted]		
Review Date:	[redacted]		
Expiration Date:	[redacted]		
Status:	You case has been Approved. The Prior authorization you submitted, Case [redacted], has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.		

CANCEL PRINT CONTINUE

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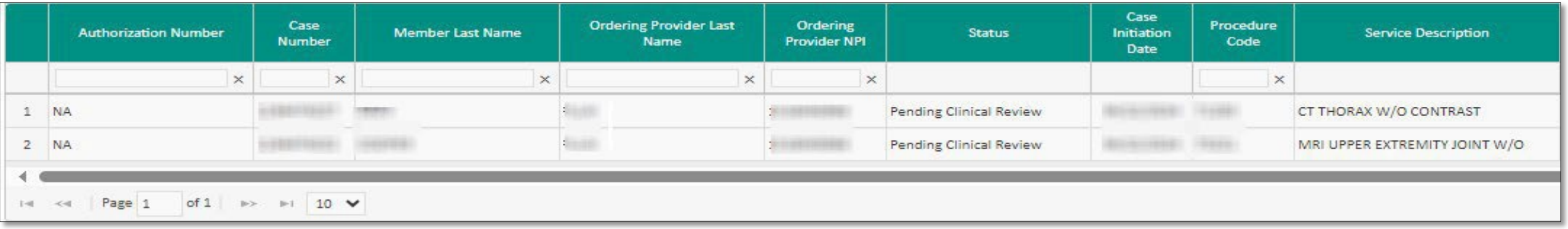
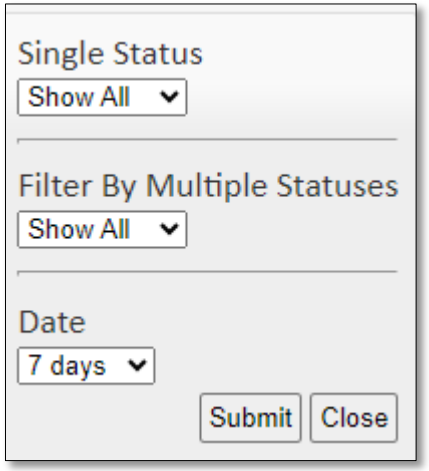
Certification Summary Tab



	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



- **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.

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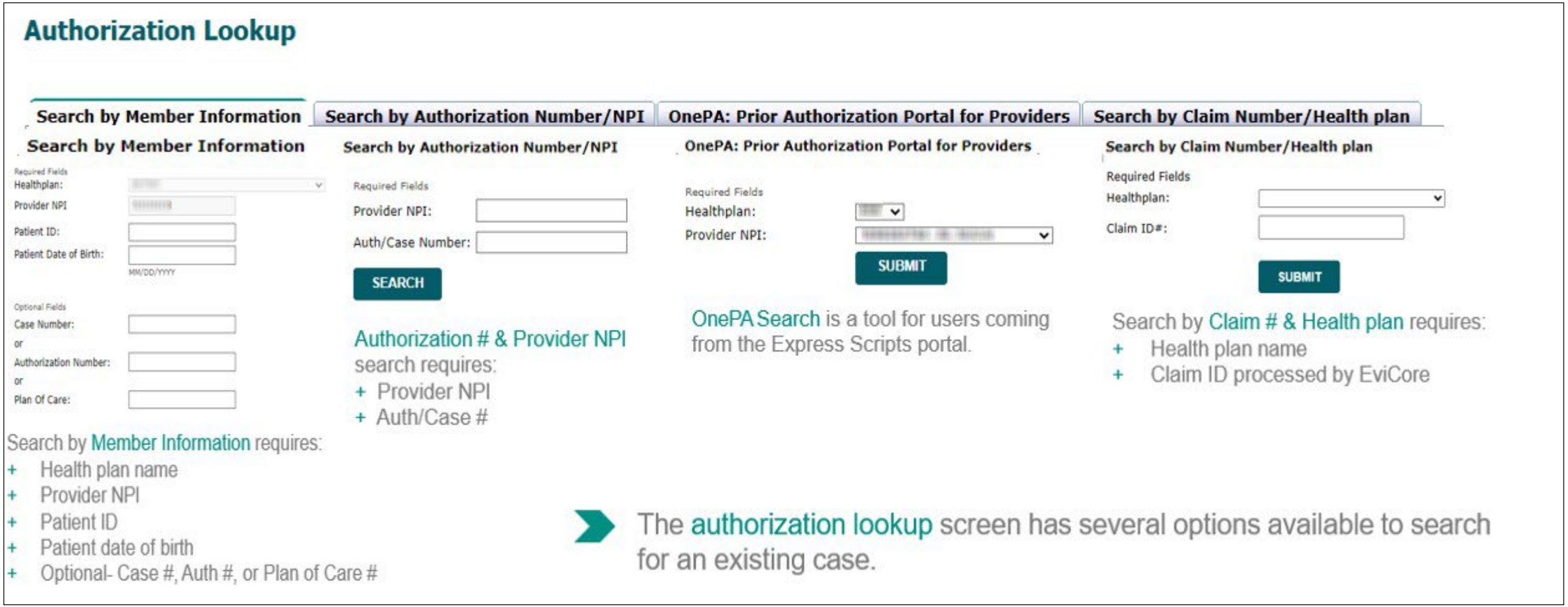
Authorization Lookup



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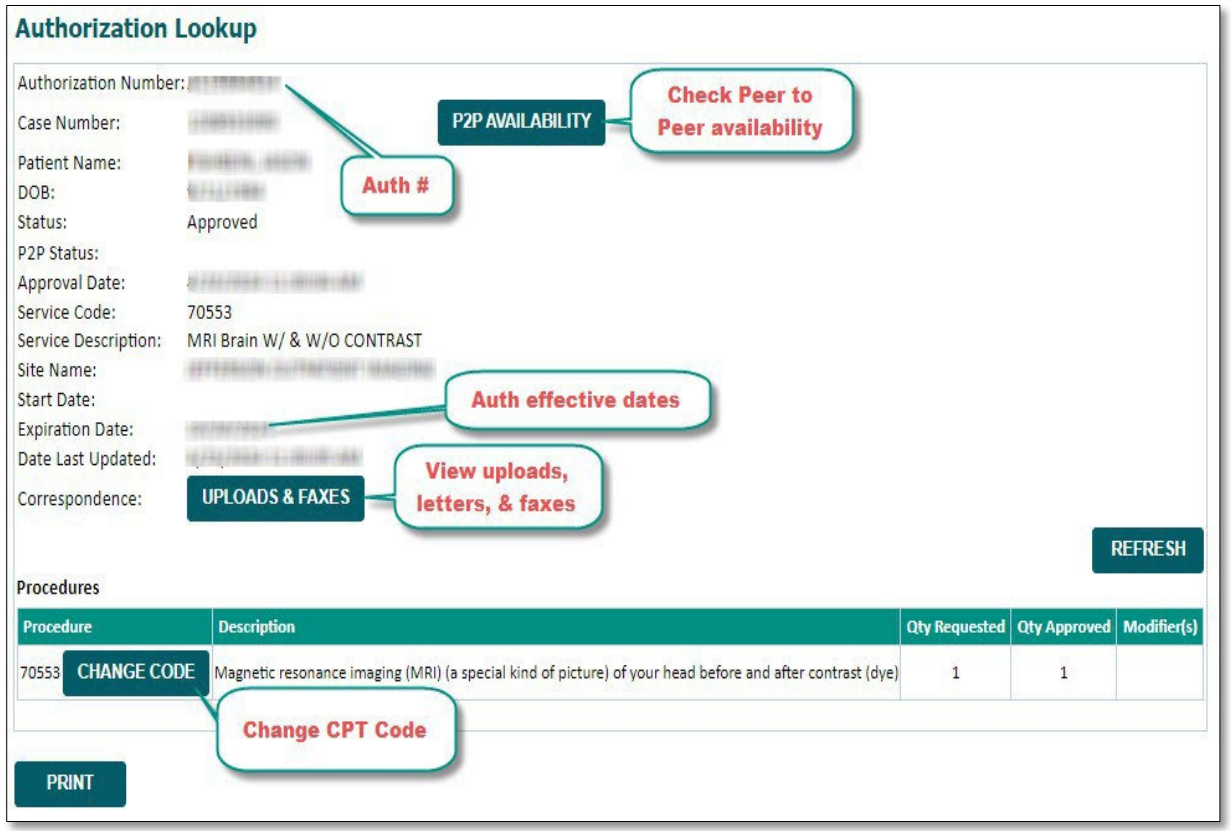
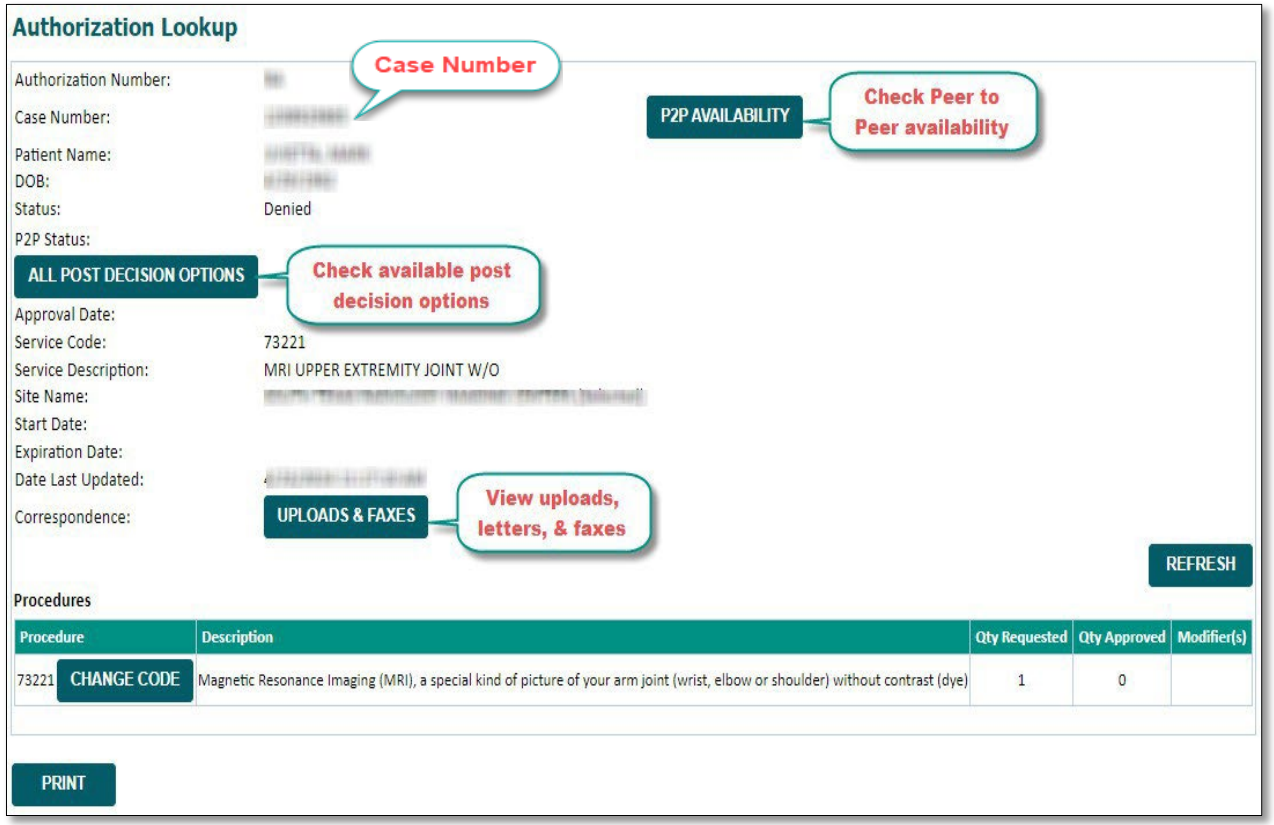
Authorization Lookup

Approved Case Search



Denied Case Search



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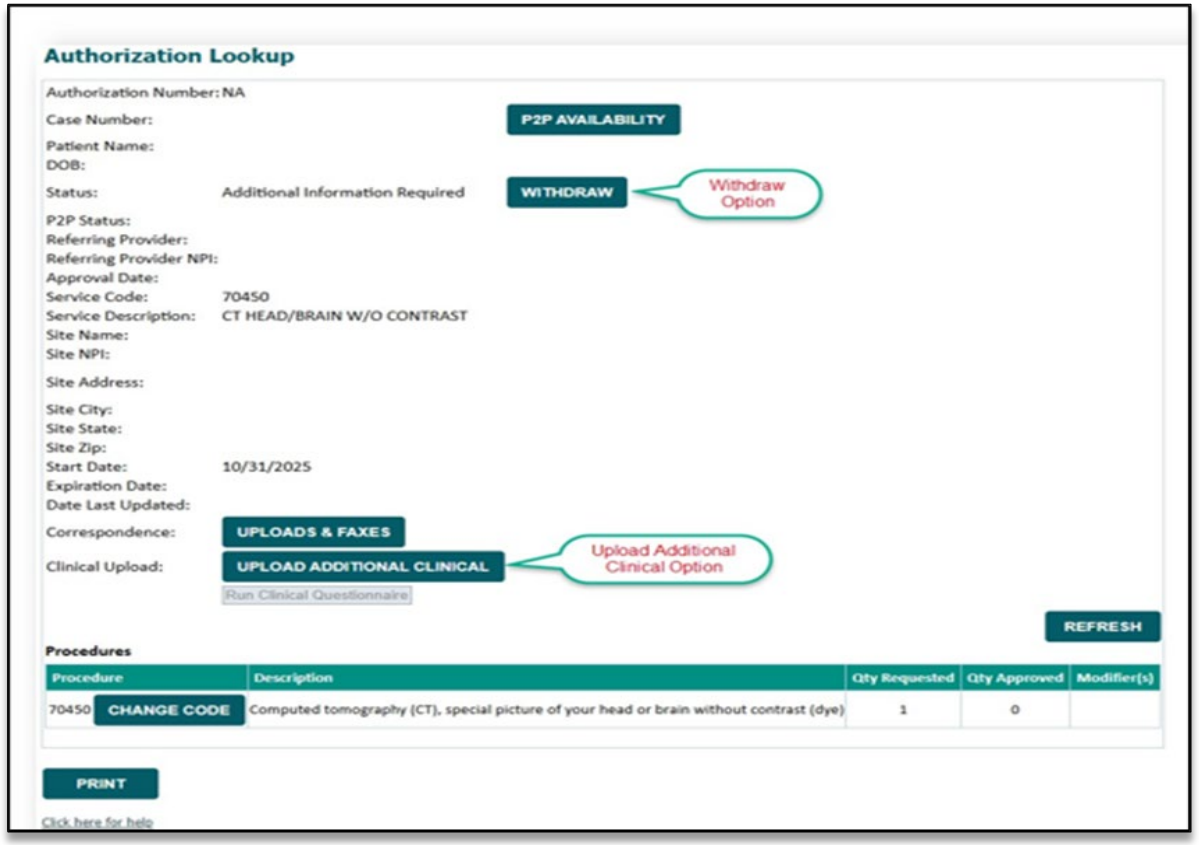
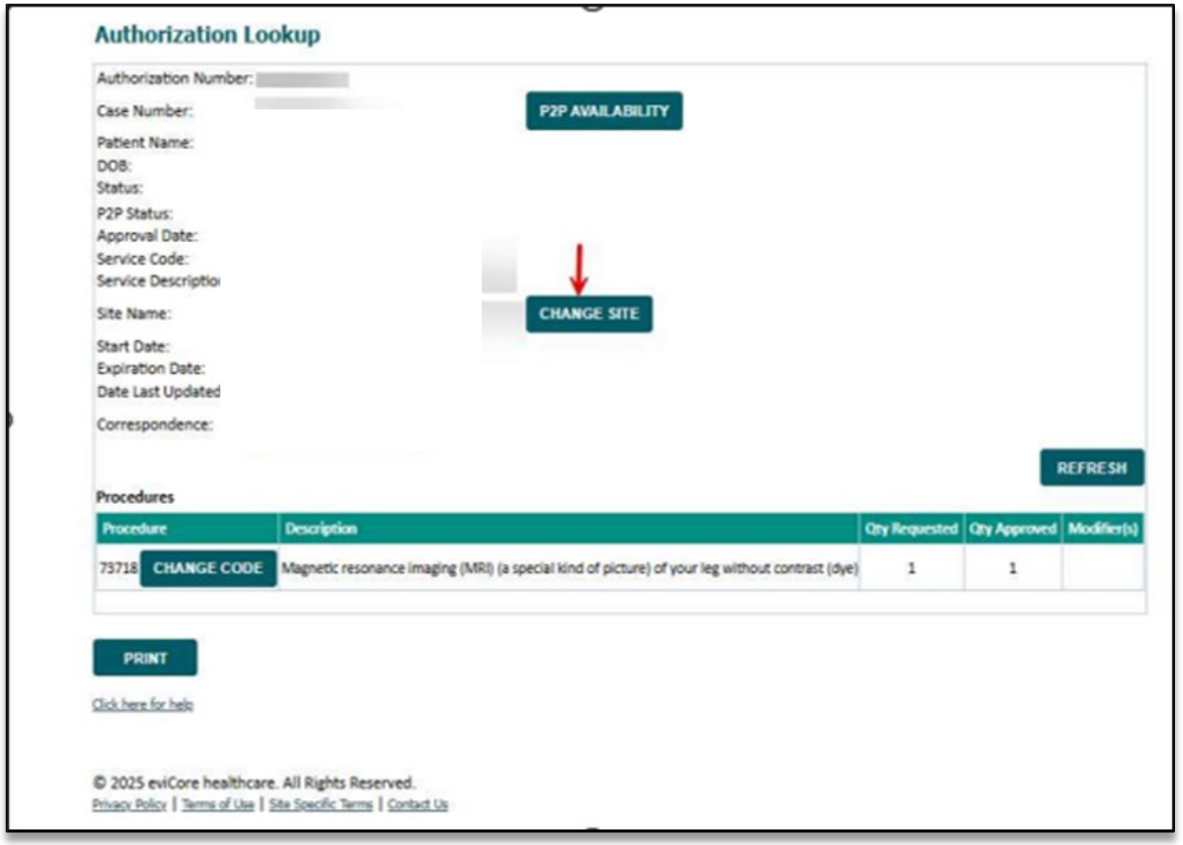
Authorization Lookup

Upload Additional Clinical



Change Site



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Withdrawing Cases on the Portal

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.

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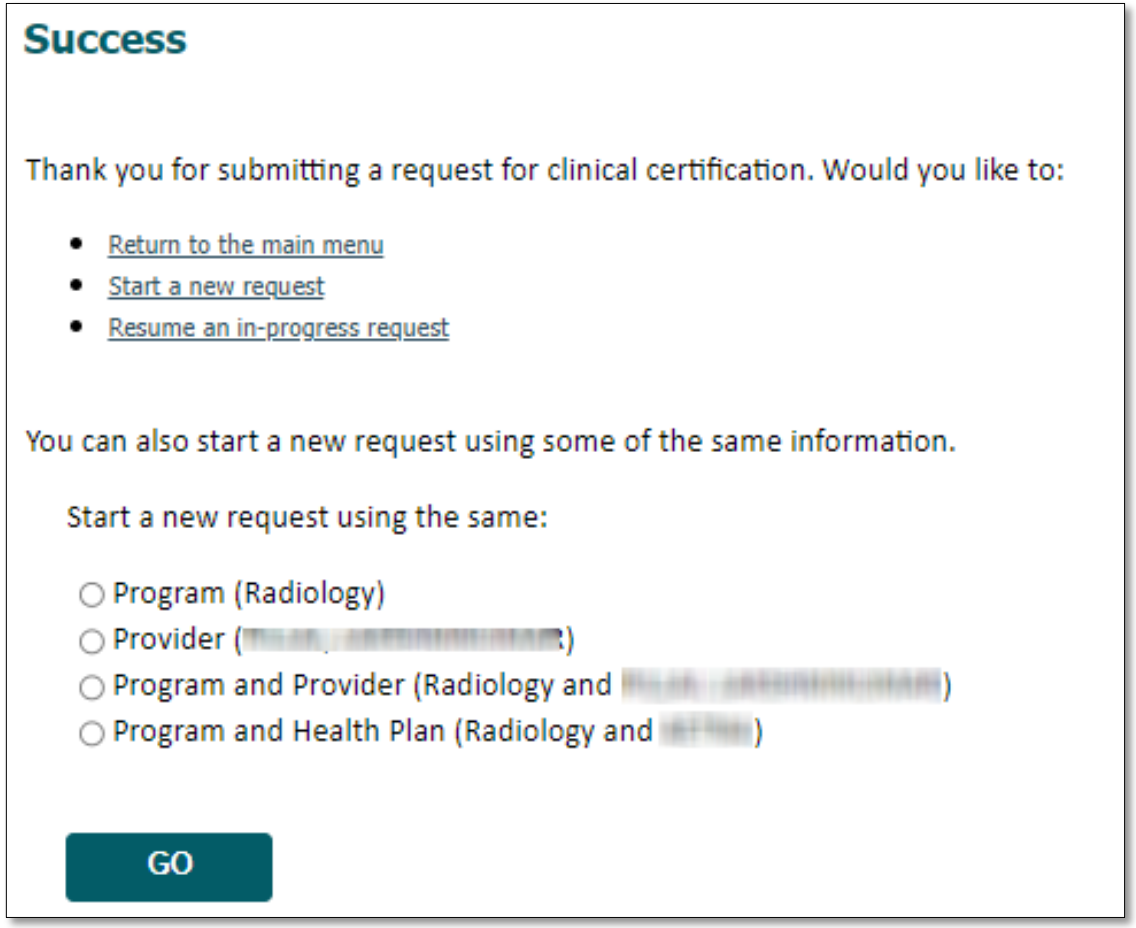
Initiating a Case- Duplicate Case Options

- 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.



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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

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Peer to Peer Scheduling

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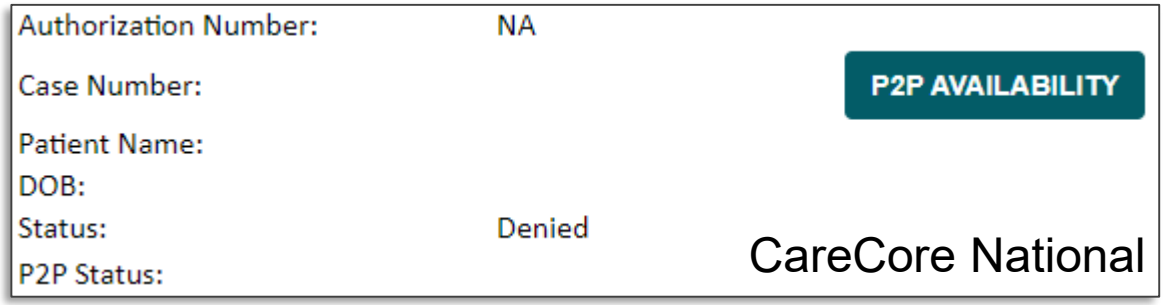
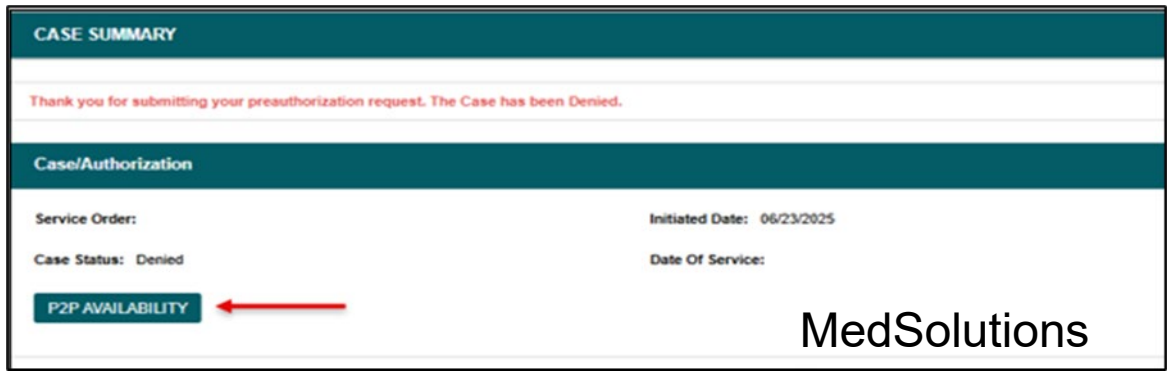
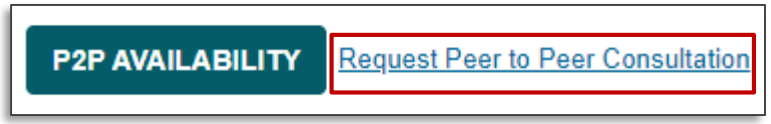
How to Schedule a Peer-to-Peer (P2P) Request

- 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:





+ 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.



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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.

- 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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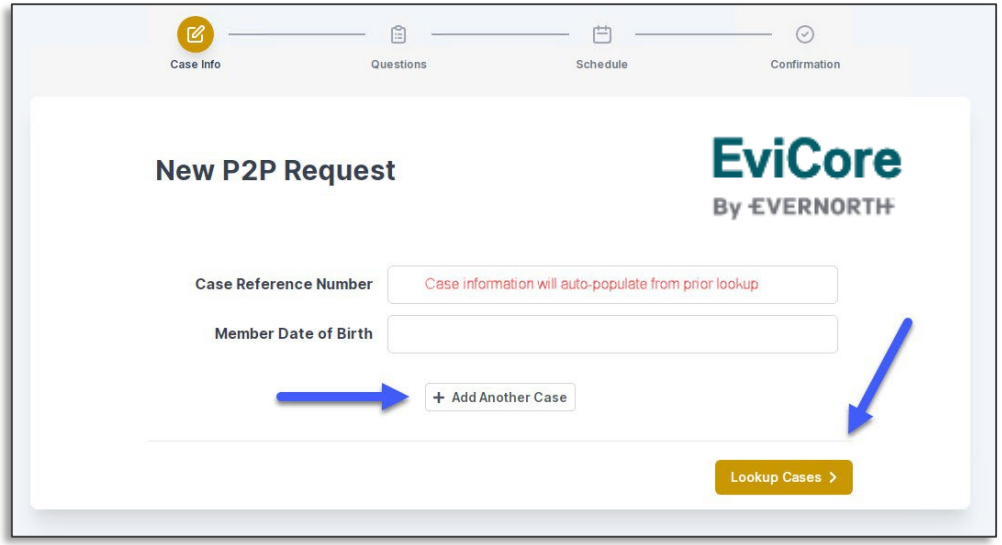
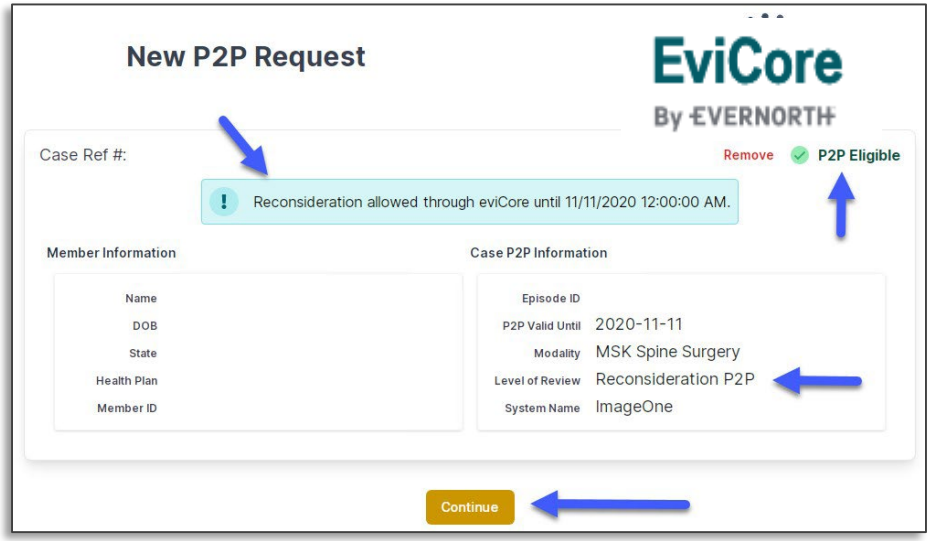
How to Schedule a Peer-to-Peer Request



- 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.



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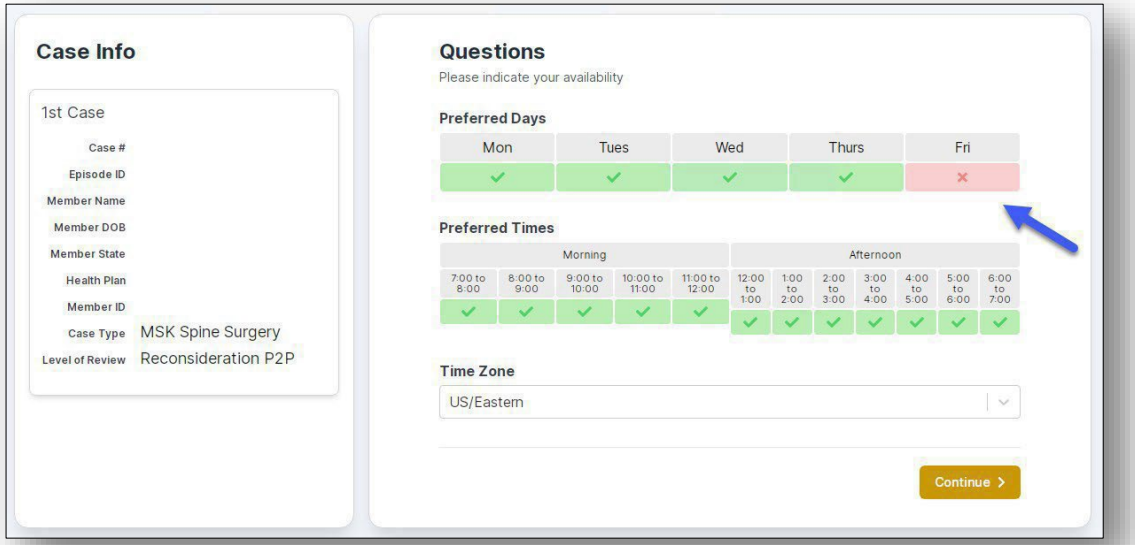
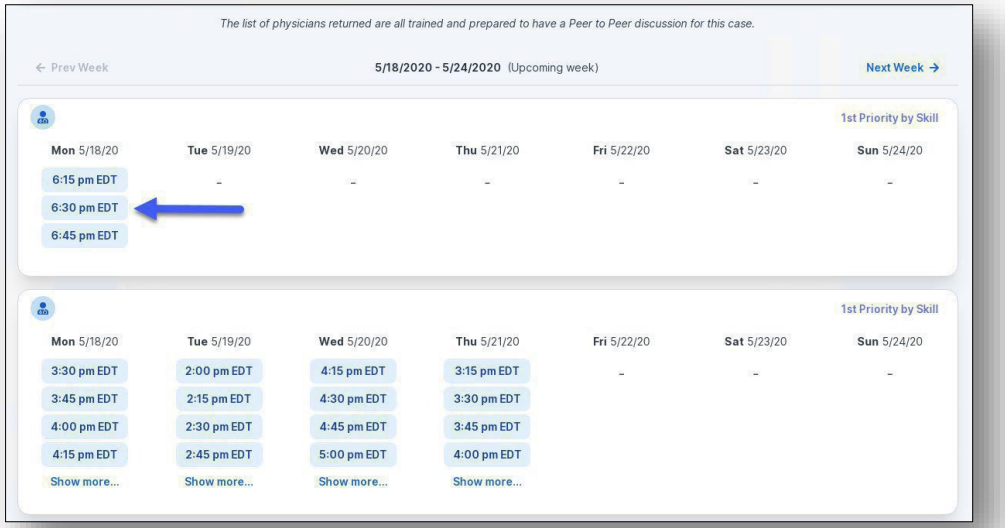
How to Schedule a Peer-to-Peer Request



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**.

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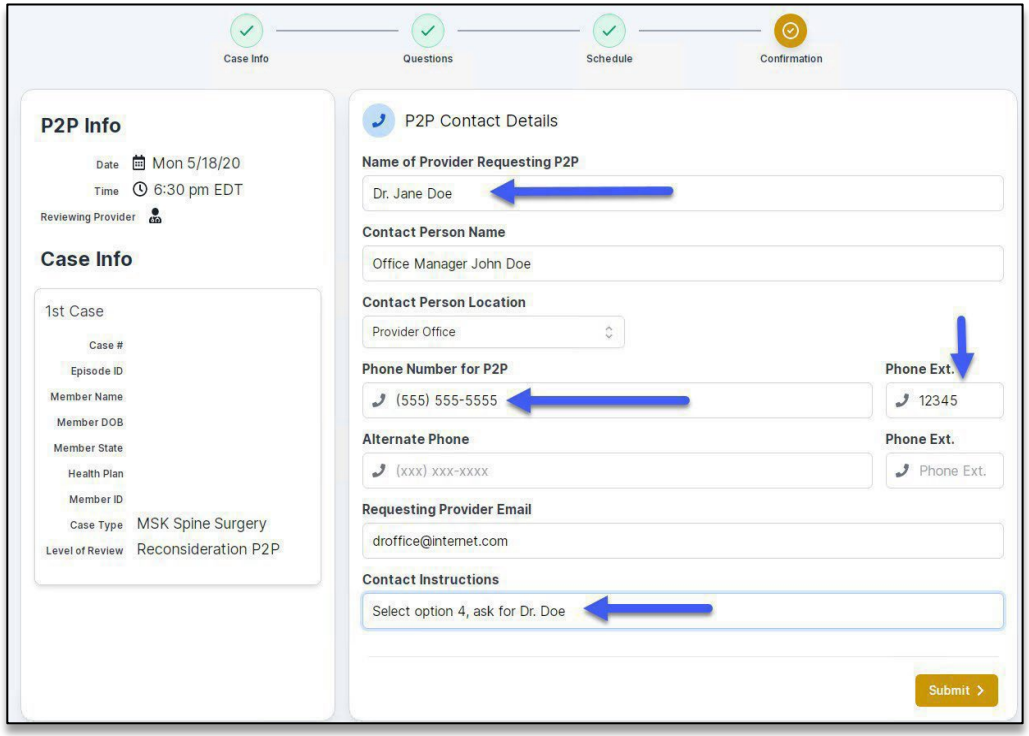
How to Schedule a Peer-to-Peer Request

Confirm Contact Details

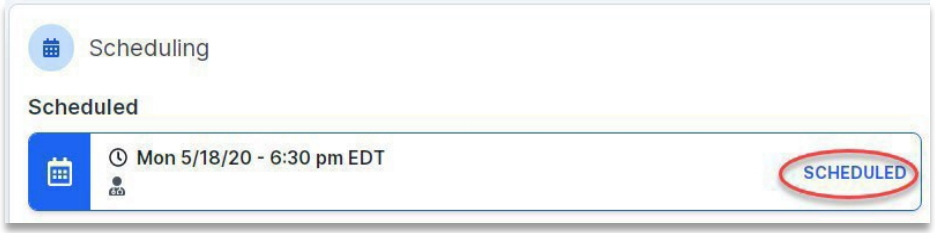
+ Contact Person **Name** and **Email Address** will auto-populate per your user credentials



- 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.



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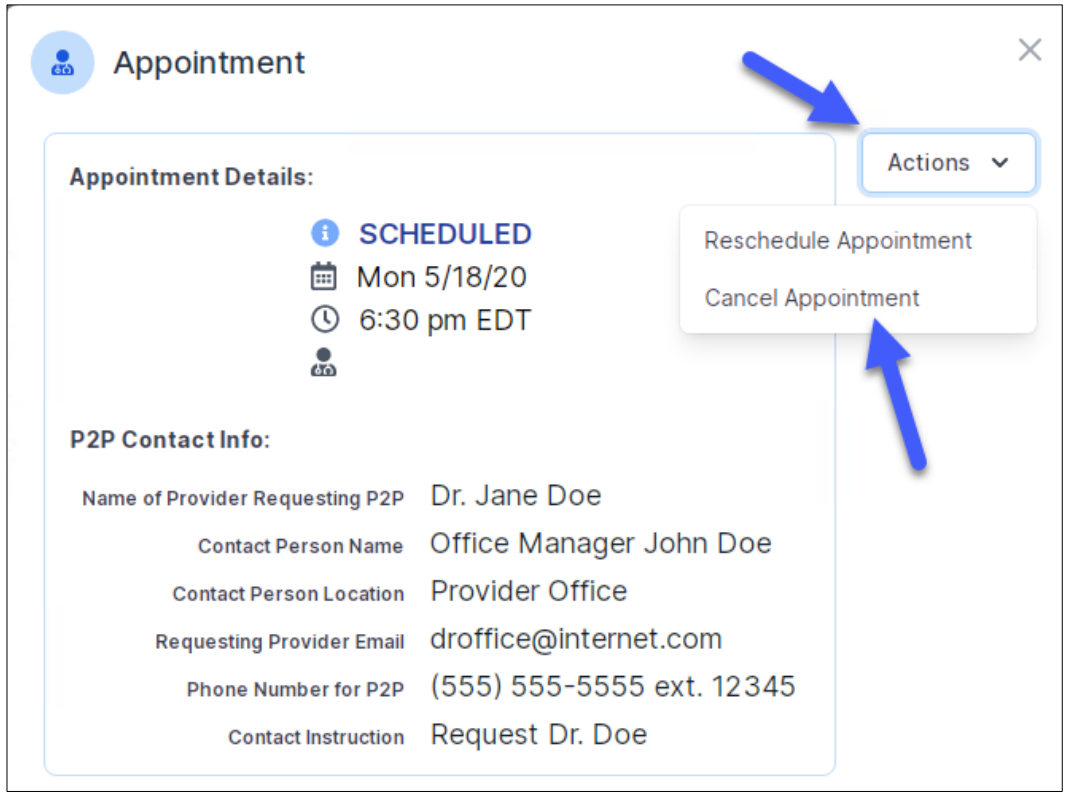
Provider Resources | Cancel or Reschedule a P2P Appointment



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

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