Diagnostic Sleep Testing Program

Provider Orientation Session for AmeriHealth Caritas Florida

eviCore healthcare
by Evernorth

Agenda

- **Diagnostic Sleep Testing Program Overview**
- **Submitting Requests**
- **Authorization Outcomes & Special Considerations**
- **Sleep Study – Site of Service Authorization**
- **Submitting a Request for a Sleep Study Authorization**
- **Portal Individual User Account Registration**
- **Provider Resources**
- **Q & A Session**

Program Overview

AmeriHealth Caritas Florida Prior Authorization Services

eviCore healthcare (eviCore) will begin accepting prior authorization requests for Diagnostic Sleep Testing services for dates of service **June 1st, 2023** and after.

Applicable Membership:	Prior authorization applies to the following services:	Prior authorization does NOT apply to services performed in:
AmeriHealth Caritas VIP Care Florida • AmeriHealth Caritas Florida • AmeriHealth Caritas VIP Care	• Outpatient or Home Based • Elective / Non-emergent • Medically Necessary	• Emergency Rooms • Observation Services • Inpatient Stays

Providers should verify member eligibility and benefits with AmeriHealth Caritas on the secured provider log-in section at: www.navinet.net or call Provider Services.

AmeriHealth Caritas Florida 1-800-617-5727   **AmeriHealth Caritas VIP Care 1-833-350-3477**

Prior Authorization Required:

- 95806/G0399 – Home Sleep Testing*

- 95807/95808/95810 – Attended Polysomnography (PSG)

- 95810 – Attended Polysomnography

- 95811 – Attended Polysomnography with PAP titration

- 95805 – Multiple Sleep Latency Test (MSLT)

* PA for home sleep testing is not required for Medicaid members

To find a complete list of Sleep Current Procedural Terminology (CPT) codes that require prior authorization through eviCore, please visit:

www.evicore.com/resources/healthplan/amerihealth-caritas-family-of-companies

Submitting Requests

Diagnostic Sleep Testing

Methods to Submit Prior Authorization Requests

eviCore Provider Portal (preferred) www.evicore.com

- **Saves time**: Quicker process than phone authorization requests

- **Available 24/7**: You can access the portal any time and any day

- **Save your progress**: If you need to step away, you can save your progress and resume later

- **Upload additional clinical information**: No need to fax in supporting clinical documentation, it can be uploaded on the portal to support a new request or when additional information is requested

- **View and print determination information**: Check case status in real-time

- **Dashboard**: View all recently submitted cases

- **E-notification**: Opt-in to receive email notifications when there is a change to case status

- **Duplication feature**: If you are submitting more than one prior authorization request, you can duplicate information to expedite submittals
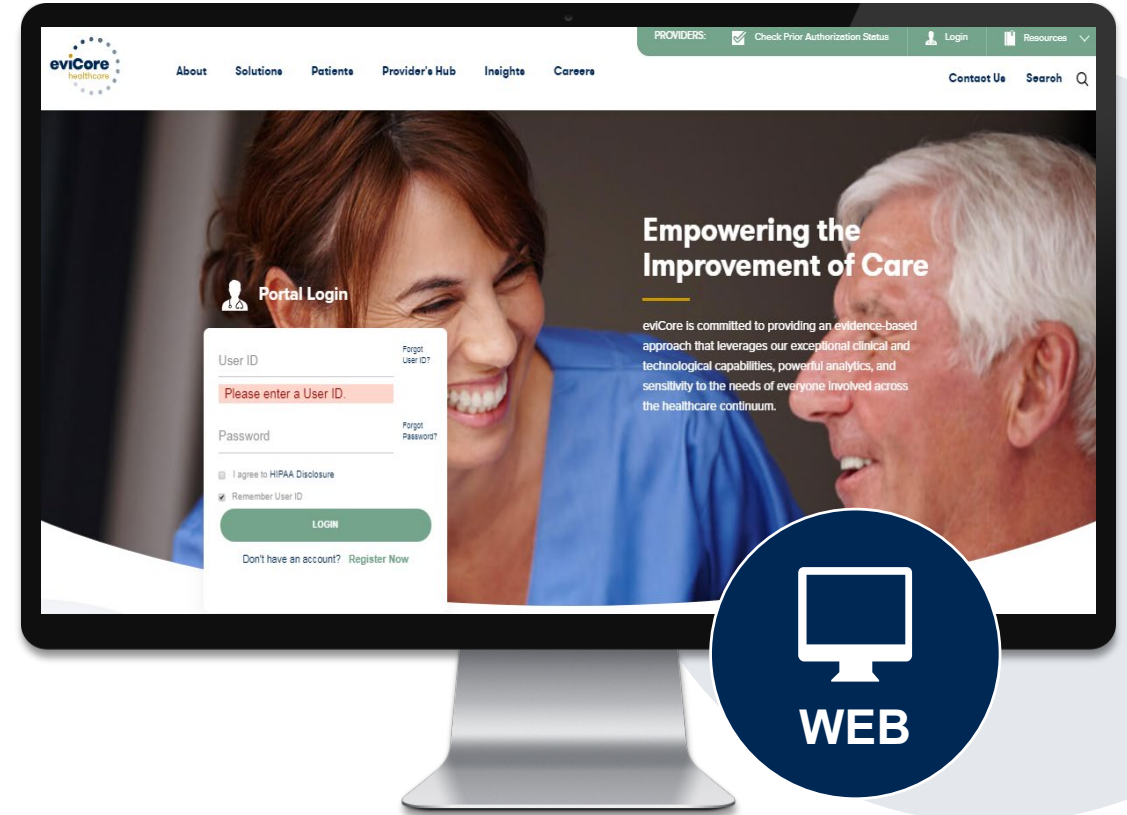
Phone Number:
877-506-5193
Monday through Friday:
7am – 7pm EST

Fax Number:
866-999-3510
PA requests are accepted via fax and can be used to submit additional clinical information

Necessary Information for Prior Authorization

To obtain prior authorization on the very first submission, the provider submitting the request will need to gather four categories of information:

1. Member
- Health Plan ID
- Member name
- Date of birth (DOB)

2. Referring (Ordering) Physician
- Physician name
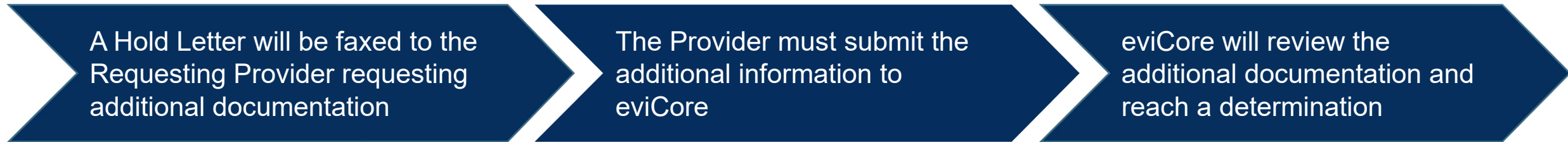- National provider identifier (NPI)
- Phone & fax number

Necessary Information

3. Rendering Facility
- Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number

4. Supporting Clinical
- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT Code(s)
- Diagnosis Code(s)
- Previous test results

Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

If during case build all 4 required pieces of documentation are not received, or are insufficient for eviCore to reach a determination, the following will occur:

A Hold Letter will be faxed to the Requesting Provider requesting additional documentation	The Provider must submit the additional information to eviCore	eviCore will review the additional documentation and reach a determination
The Hold notification will inform the provider about what clinical information is needed as well as the date by which it is needed.*	Requested information must be received within the timeframe as specified in the Hold Letter, or eviCore will render a determination based on the original submission.	Determination notifications will be sent

Hold timeframe may vary by the plan

Appropriate Decision

Providing Additional Information

I've received a request for additional clinical information. What's next? There are three ways to supply the requested information to eviCore for review:

- Additional clinical information must be submitted to eviCore in advance of the due date referenced

  - Additional clinical information should be submitted to eviCore for consideration per the instructions received, clinical can be **faxed** to **866-999-3510** or **uploaded** directly into the case via the provider portal at **www.eviCore.com** **(preferred)**

- Alternatively, providers can choose to request a **Pre-Decision Clinical Consultation** instead of submitting additional clinical information. This consultation can be requested via the eviCore website (see the end of this presentation for instructions).

  - The Pre-Decision Clinical Consultation must occur prior to the due date referenced

- If the additional clinical documentation is shared with eviCore via fax or uploaded on the portal, that clinical will be sent on to be reviewed for medical necessity determination. Once the documentation is shared, the case advances to review and the case is **not** held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed

- Once the determination is made, status will be available on **www.eviCore.com** and notifications will go out to the ordering provider, rendering provider and member.

Prior Authorization Outcomes, Special Considerations, and Post Decision Options

Prior Authorization Outcomes

Determination Outcomes:

- Approved Requests: Authorizations are valid for 90 - 180 days from the approval date of the case

- Denied Requests: Based on evidence-based guidelines, if a request is determined as inappropriate, a notification with the rationale for the decision and post decision/ appeal rights will be issued

Notifications:

- Authorization letters will be faxed to the ordering physician

- Web initiated cases will receive e-notifications when a user opts in to receive

- Members will receive a letter by mail

- Approval information can be printed on demand from the eviCore portal: **www.eviCore.com**

Special Circumstances

Retrospective (Retro) Authorization Requests

- Must be submitted within 180 calendar days from the date of services

- Retro requests submitted beyond this timeframe will be administratively denied

- Reviewed for **clinical urgency** and medical necessity

- Retro requests are processed within 30 calendar days

- When authorized, the start date will be the submitted date of service

Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member

- Can be initiated on provider portal or by phone 877-506-5193

- Urgent cases are typically reviewed within 24 to 72 hours.

  - For Medicaid, turnaround for urgent is 2 calendar days after the receipt of the request for service

Special Circumstances cont.

Alternative Recommendation

- An alternative recommendation may be offered, based on eviCore's evidence-based clinical guidelines

- The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request

Authorization Update

- If updates are needed on an existing authorization, you can contact eviCore by phone 877-506-5193

- If the authorization is not updated and a different facility location or CPT code is submitted on the claim, it may result in a claim denial

Post-Decision Options: Medicaid Members

My case has been denied. What's next?

Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied. You may also call eviCore at **877-506-5193** to speak to an agent who can provide available option(s) and instruction on how to proceed. Alternatively, select 'All Post Decisions' on www.eviCore.com , under the authorization lookup function, to see available options.

Reconsiderations

- Reconsiderations must be requested within 14 calendar days after the determination date

- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an eviCore physician

Appeals

- eviCore will not process first-level appeals

- Please refer to the denial notice for instructions, and requirements, to submit an appeal

Post-Decision Options: Medicare Members

My case has been denied. What's next?

Clinical Consultation

- Providers can request a Clinical Consultation with an eviCore physician to better understand the reason for denial

- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation

Reconsideration

- Medicare cases do not include a Reconsideration option

Appeals

- eviCore will not process first-level appeals

- Please refer to the denial notice for instructions, and requirements, to submit an appeal

Sleep Study

Site of Service Authorization

Sleep Study Referral Workflow – Medicare Members

- eviCore's Clinical Pathways direct to the appropriate site of service or treatment based on the information gathered from the referring provider

Clinical indication for sleep study?

→ Member appropriate for polysomnogram (PSG) → **Approved sleep study**

→ Member appropriate for Home Sleep Testing (HST) → **Home sleep test approved***

→ Member not appropriate for any test → **Held for more information or goes to medical review**
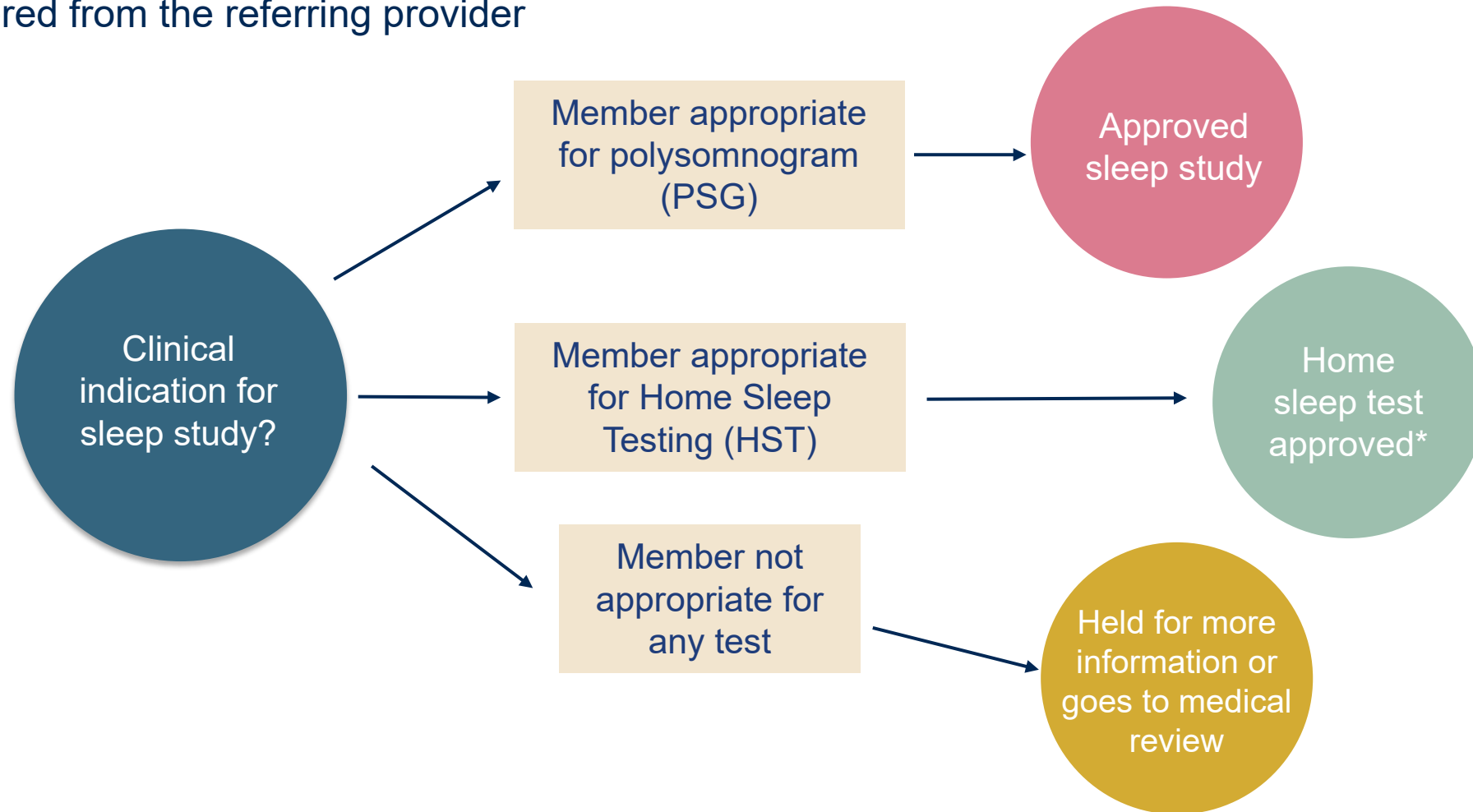
Sleep Study Referral Workflow – Medicaid Members

- eviCore's Clinical Pathways direct to the appropriate site of service or treatment based on the information gathered from the referring provider
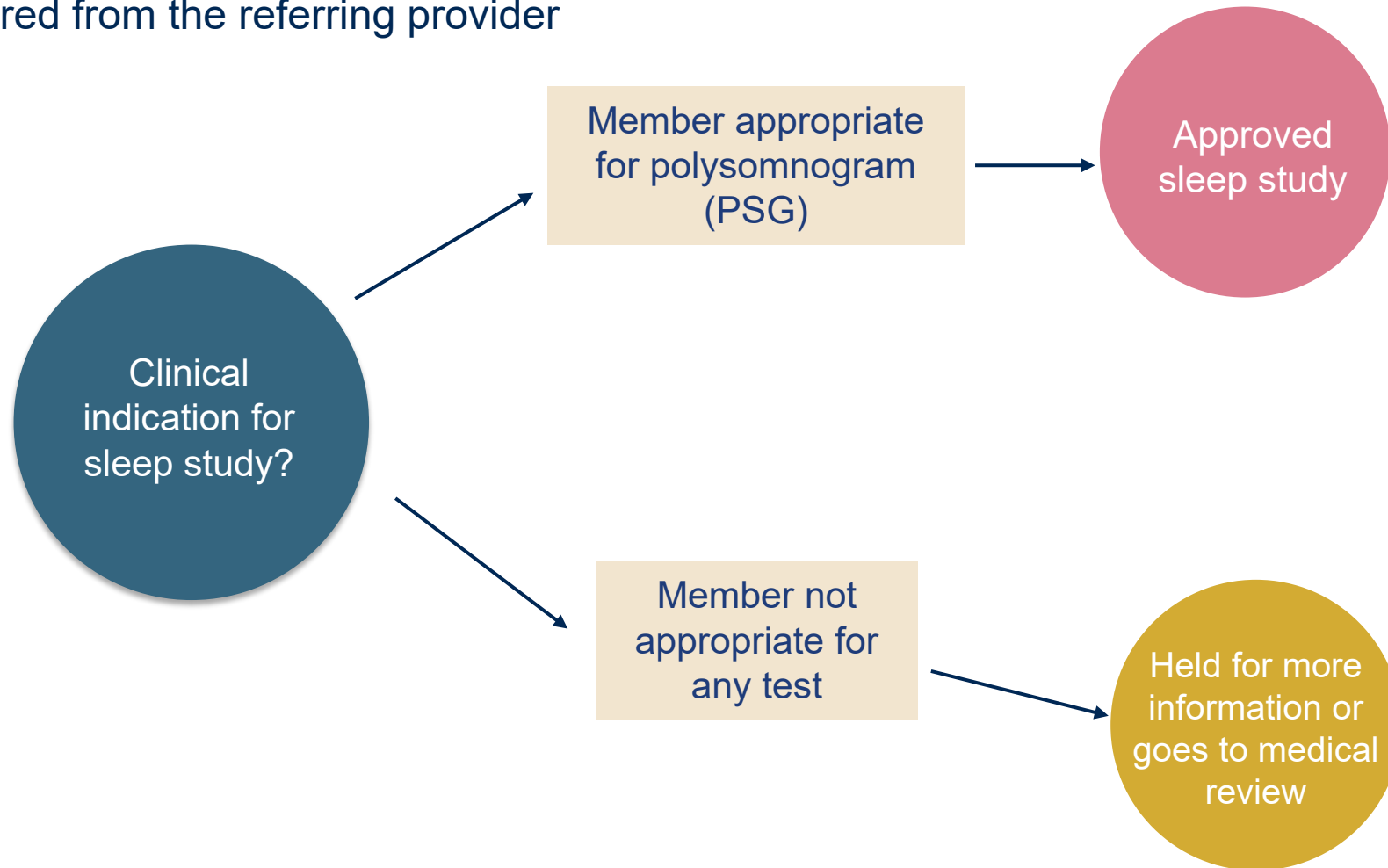
Sleep Study Site of Service Authorization

- **Sleep Study testing that meets medical necessity for the appropriate site of service will be authorized by eviCore**

- **What happens if an attended sleep study is requested, but Home Sleep Testing (HST) is more appropriate? MEDICARE ONLY.**
  - If the member meets medical appropriateness criteria for a HST, an authorization for an attended study will **not** be given
  - The ordering clinician will be offered the choice to **suspend** the request for an attended study in favor of a HST
  - If the provider selects the HST option, the CPT code will be changed to G0399/95806 and the HST will be **approved**
  - If the provider does **not** select the HST option, the case will go to medical review and could lead to an **adverse determination** of the requested attended sleep study

Sleep Study – Clinical Guidelines Summary

Home Sleep Apnea Test Home Sleep Apnea Testing (HSAT) is the **preferred study.**

Attended Sleep Study Indications Attended sleep studies are the most appropriate test when a patient has one or more comorbid diagnoses that make an HST an inappropriate choice for sleep apnea testing. In addition, an attended study would be appropriate if the patient DOES NOT have the mobility, dexterity or cognitive ability to use an HSAT safely at home or HSAT has been attempted and is inconclusive.

- When code **95811** is approved but <u>split night criteria was not met</u>, in order to 'downcode' the authorization to 95810, the provider should call eviCore within 15 days of the service date
- When code **95810** is approved but <u>split night criteria was met</u>, in order to 'upcode' the authorization to 95811, the provider should call eviCore within 15 days of the service date

Multiple Sleep Latency Testing Multiple sleep latency testing (MSLT) is a tool to help diagnose and treat patients with severe daytime sleepiness due to suspected narcolepsy or other central hypersomnias. If obstructive sleep apnea is suspected, this should be evaluated first before proceeding with PSG/MSLT. Standard protocol for this procedure is that a PSG MUST be completed the night before the MSLT. Therefore, MSLT requests should be accompanied by a request for an attended sleep study.

Repeat Sleep Testing The patient MUST be compliant with the current treatment. Repeat testing is generally not necessary to supply new PAP equipment.

To access the Clinical Guidelines, please visit: <u>eviCore Sleep Management Clinical Guidelines</u>

Sleep Study Worksheet

- Worksheets for attended Sleep Studies and Multiple Sleep Latency Test (MSLT) procedures are available on the eviCore website

- The provider should complete this worksheet **prior** to contacting eviCore for an authorization

- **Please Note:** The worksheet is a tool to help providers prepare for prior authorization requests via the **web portal** (preferred method) or by phone and should not be faxed to eviCore to build a case

To access the Clinical Worksheets, please visit:

www.evicore.com/provider/online-forms

Provider Portal Overview

Portal Compatibility

The eviCore.com website is compatible with the following web browsers:

- Microsoft Edge

- Google Chrome

- Mozilla Firefox

You may need to disable pop-up blockers to access the site. For information on how to disable pop-up blockers for any of these web browsers, please refer to our [Disabling Pop-Up Blockers guide](#).

Provider's Hub

olutions   **Patients**   **Provider's Hub**

Portal Login

User ID   Forgot User ID?

Password   Forgot
                                 Password?

☐ I agree to HIPAA Disclosure

☐ Remember User ID

LOGIN

Don't have an account?   **Register Now**
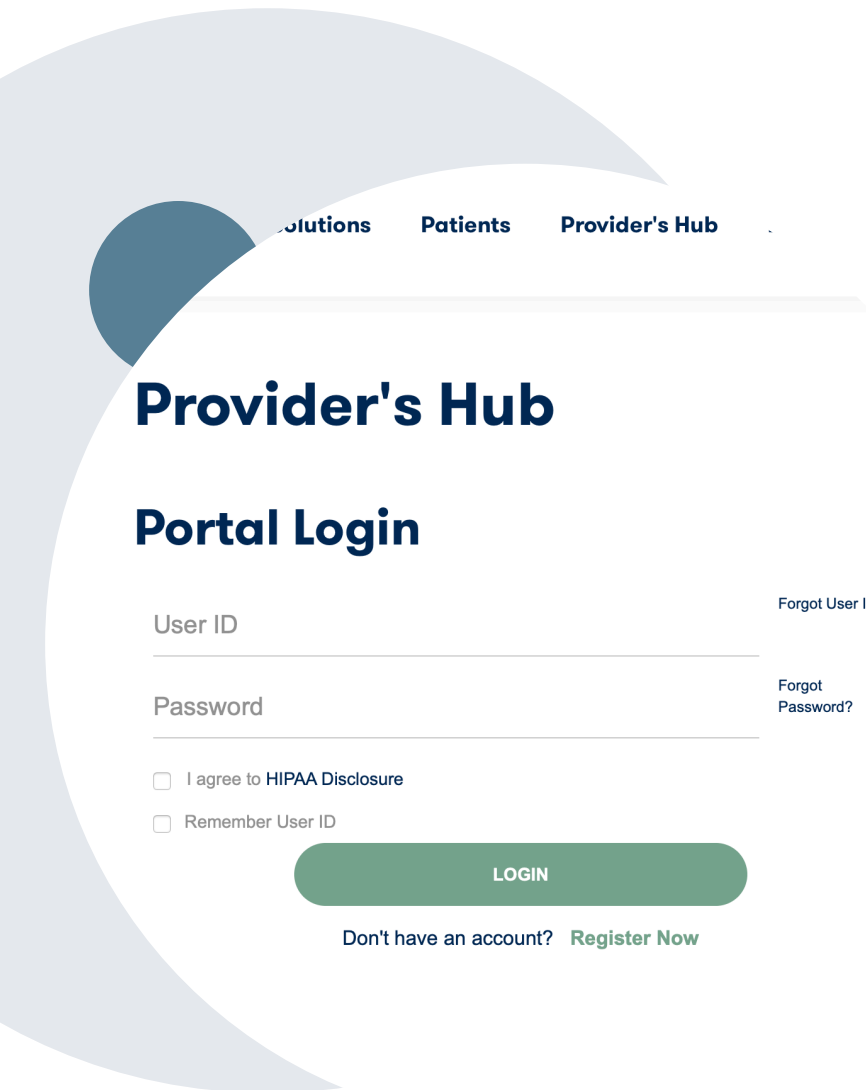
eviCore healthcare Website

Visit www.evicore.com

Already a user?
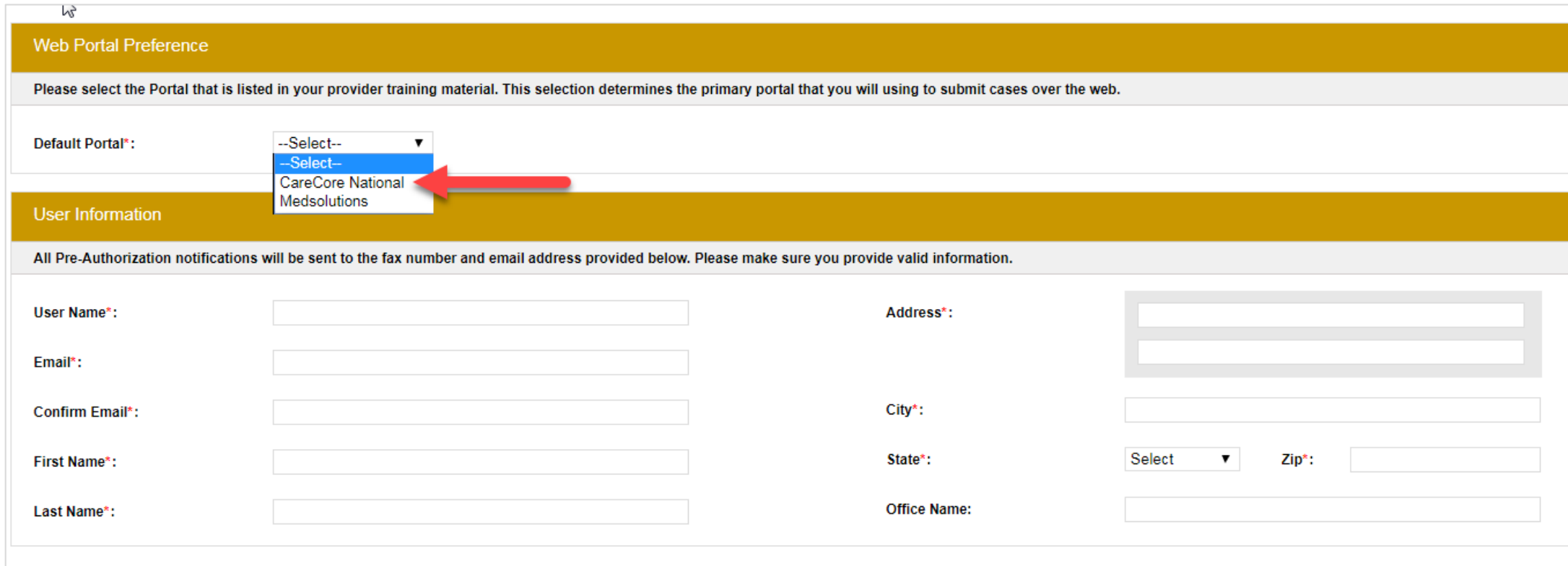
If you already have access to eviCore's online portal, simply log-in with your User ID and Password and begin submitting requests in real-time!

Don't have an account?

Click "Register Now" and provide the necessary information to receive access today!
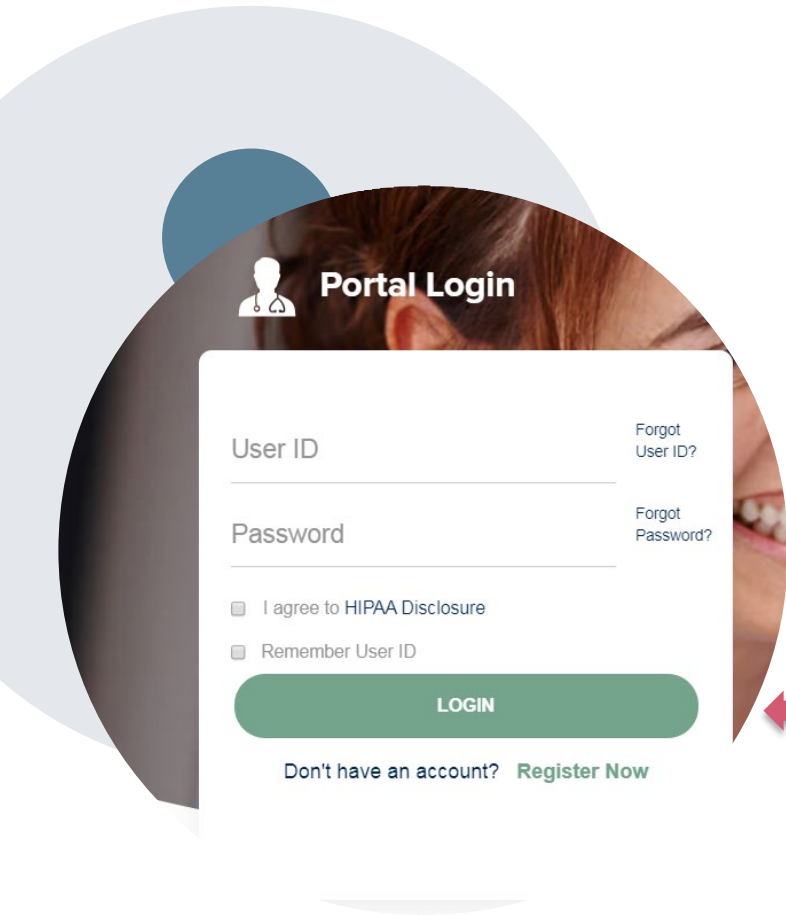
Creating An Account

Web Portal Preference	
Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.	
Default Portal*:	--Select-- ▼
	--Select--
	CareCore National ◄
	Medsolutions

User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:	[ ]	Address*:	[ ]
Email*:	[ ]		[ ]
Confirm Email*:	[ ]	City*:	[ ]
First Name*:	[ ]	State*: Select ▼ Zip*: [ ]
Last Name*:	[ ]	Office Name:	[ ]

- **Select CareCore National as the Default Portal, complete the User Information section in full, and Submit Registration.**
- **You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the log-in page.**

Multi-Factor Authentication MFA

- **To safeguard your patients' private health information (PHI) we have implemented a multifactor authentication (MFA) process.**

- **After you log in, you will be prompted to enter your email address or mobile phone number. This preference will be saved for future use.**

- **Select "Send Pin," and a 6-digit pin is generated and sent to your chosen device.**

- **After entering the provided PIN# in the portal display, you will successfully be authenticated and logged in. You will need to perform the MFA process every time you log in.**

Welcome Screen

Note: You can access the **MedSolutions Portal** at any time without having to provide additional log-in information. Click the MedSolutions Portal on the top-right corner to seamlessly toggle back and forth between the two portals.

Add Practitioners

- Select the "**Manage Your Account**" tab, then the **Add Provider**
- Enter the NPI, state, and zip code to search for the provider
- Select the matching record based upon your search criteria
- Once you have selected a practitioner, your registration will be complete
- You can also click "**Add Another Practitioner**" to add another provider to your account
- You can access the "**Manage Your Account**" at any time to make any necessary updates or changes

Initiating a Sleep Study Request

Initiating a Sleep Study Case

- Choose **Clinical Certification** to begin a new request
- Select **Sleep Management** as the appropriate program from the list provided
- Choose **Referring Provider** from the drop down box
- Next select the requesting provider

Select Health Plan & Provider Contact Information

Choose Your Insurer

Requesting Provider: [redacted]

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

[BACK] [CONTINUE]

Click here for help

Urgent Request? You will be required to upload relevant clinical info at the end of this process. Learn More.

Don't see the insurer you're looking for? Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

Chose the appropriate insurer from the drop down menu:

AmeriHealth Caritas

Add Your Contact Info

Provider's Name:*	[redacted]	[?]
Who to Contact:*		[?]
Fax:*		[?]
Phone:*	[redacted]	[?]
Ext.:		[?]
Cell Phone:		
Email:	[redacted]	

[BACK] [CONTINUE]

- **Choose the appropriate Health Plan for the request**
- **Once the plan is chosen, select the provider address in the next drop down box**
- **Select continue and on the next screen add your contact information**
- **Provider name, fax, and phone will pre-populate, you can edit as necessary**
- **By entering a valid email you can receive e-notifications in addition to fax**
- **Indicate the expected treatment start date**

Attention!

Time: 6/18/2020 8:29 AM

What is the expected treatment start date? 06/24/2020 MM/DD/20YY

[SUBMIT]

Member Information & Case Details

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

ELIGIBILITY LOOKUP

BACK

Requested Service + Diagnosis

This procedure will be performed on 6/24/2020. CHANGE

Sleep Management Procedures

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

Don't see your procedure code or type of service? Click here

Diagnosis

Select a Primary Diagnosis Code (Lookup by Code or Description)

LOOKUP

Trouble selecting diagnosis code? Please follow these steps

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Sleep Management

LOOKUP

BACK

Click here for help

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Attention!

Will you be rendering this procedure in your office?

Yes   No

- Enter the **member information** including the patient ID number, date of birth and last name. Click **Eligibility Lookup**
- Next screen you can enter **CPT code** and **diagnosis code** and indicate if you will be rendering this procedure in your office
  - Choose **NO** unless the procedure will be performed in the physician's office

Site Selection

Start by searching NPI or TIN for the site of where the procedure will be performed. You can search by any fields listed. Searching with NPI, TIN, and zip code is the most efficient.

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

Attention!

Patient ID: [blurred]   Time: 6/18/2020 8:38 AM
Patient Name: [blurred]

In what setting will this procedure be performed?

- ○ Office
- ○ Inpatient hospital
- ○ A portion of an off-campus hospital provider-based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization
- ○ A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization
- ○ Ambulatory Surgery
- ○ Unknown

SUBMIT

Add Site of Service

Selected Site: **VALLEY HOSPITAL**

FIND NEW SITE

Site Email (optional) [_____]

BACK   **CONTINUE**

Click here for help

- **Answer the questions about the procedure setting and then add your site to the case.**
- **Enter an email address to receive email notifications with status updates.**

Clinical Certification

Proceed to Clinical Information

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

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

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

BACK   CONTINUE

- Verify all information entered and make any changes needed

- **You will not have the opportunity to make changes after this point**

Urgent vs. Standard

Select an Urgency Indicator and Upload your patient's relevant medical records that support your request.

If your request is urgent select No, if the case is standard **select Yes**.

Proceed to Clinical Information

Is this case Routine/Standard?

[YES]   [NO]

Important: In order to reduce denials, a request **should not be submitted as "urgent"** unless it meets the NCQA/URAC definition of urgent: when a delay in decision-making may seriously jeopardize the life or health of the member. Urgent requests can be initiated on the provider portal or by phone. Urgent request determinations will be rendered within 72 hours and will be based **solely** on clinical information received within that timeframe.

Clinical Information – Example of Questions

If you have continued on as a standard request, select
a reason for the study from the drop down list.

Clinical Information – Example of Questions

Proceed to Clinical Information

ⓘ Why does the individual need an attended study?

[▼]

[SUBMIT]

☐ Finish Later

> **Did you know?**
> You can save a certification request to finish later.

[CANCEL]

Click here for help

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Proceed to Clinical Information

ⓘ Has a bed partner witnessed the individual's sleep apnea?
◉ Yes ○ No ○ Unknown

ⓘ Is there a documented diagnosis of OSA (obstructive sleep apnea)?
○ Yes ○ No ○ Unknown

ⓘ Has the individual completed a sleep survey?
○ Yes ○ No ○ Unknown

[SUBMIT]

☐ Finish Later

> **Did you know?**
> You can save a certification request to finish later.

[CANCEL]

Click here for help

- **Clinical Certification** questions may populate based upon the information provided
- You can save your request and finish later if needed
  - **Note**: You will have 2 business days to complete the case
  - When logged in, you can resume a saved request by going to Certification Requests in Progress

Clinical Information – Example of Questions

Proceed to Clinical Information

ⓘ Enter the type of survey completed.

[dropdown]

SUBMIT

☐ Finish Later

Did you know?
You can save a certification request to finish later.

CANCEL

Click here for help

Proceed to Clinical Information

ⓘ Does the individual have ANY of the following noted as moderate to severe?
○ COPD (Chronic Obstructive Pulmonary Disease)
○ Asthma
○ Other
○ Unknown

ⓘ Does the individual use oxygen at night?
○ Yes ○ No ○ Unknown

ⓘ Has the individual had pulmonary function testing (PFT's) performed?
○ Yes ○ No ○ Unknown

SUBMIT

☐ Finish Later

Did you know?
You can save a certification request to finish later.

CANCEL

Click here for help

Proceed to Clinical Information

ⓘ Has the individual had arterial blood gasses (ABG's) drawn?
◉ Yes ○ No ○ Unknown

SUBMIT

☐ Finish Later

Did you know?
You can save a certification request to finish later.

CANCEL

Click here for help

Examples of other questions you might receive during the pathway.

Additional Information / Upload Clinical

You will have the opportunity to provide any additional information and upload applicable clinical information.

Case Submittal / Outcome Determination

Check off the attestation and submit case. You will be told if it is approved or needs further review at eviCore. You will be redirected to the applicable case summary page that is printable.

Additional Provider Portal Features

Portal Features

Certification Summary

- Allows you to track recently submitted cases

Authorization Lookup

- You can look-up authorization status on the portal and print any correspondence
- Search by member information OR by authorization number with ordering NPI
- Review post-decision options, submit appeal and schedule a peer-to-peer

Eligibility Lookup

- Confirm if member requires prior authorization

Clinical Certification

- You can begin an authorization request

Duplication Feature

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 (Radiation Therapy Management Program)
- ○ Provider ( )
- ○ Program and Provider (Radiation Therapy Management Program and)
- ○ Program and Health Plan (Radiation Therapy Management Program and CIGNA)

[GO]

- Duplicate feature allows you to start a new request using same information
- Eliminates entering duplicate information
- Time saver!

Provider Resources

eviCore Online Resources & Web Support Services

For eviCore Online Resources & Web Portal Questions - Contact a Web Support Specialist

☎ **Call: 800.646.0418 (Option 2)**

📄 **Email: portal.support@eviCore.com**

Web Support Services-Available Monday – Friday 8am to 7pm EST

Dedicated Call Center

Authorization Call Center - 877-506-5193

Our call center is open Monday through Friday 7am to 7pm EST

Providers can contact our call center for the following:

- Request Authorization
- Check status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case*
- Schedule a peer-to-peer consultation with an eviCore Medical Director

To ensure you have a successful experience in reaching the desired representative, please listen carefully to the phone prompts when calling the eviCore authorization call center.

Client & Provider Operations Team

Client and Provider Services

Dedicated team to address provider-related requests and concerns including:

- Requests for an authorization to be resent to the health plan
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

How to Contact our Client and Provider Services team

- **Email:** ClientServices@evicore.com (preferred)
- **Phone:** 1.800.575.4517 (option 3)
- For prompt service, please have all pertinent information available. When emailing, make sure to include the applicable **AmeriHealth Caritas Florida** in the subject line with a description of the issue; include member, provider and case details when applicable.

Provider Resource Website

Provider Resource Pages

eviCore's Provider Experience team maintains provider resource pages that contain specific Sleep Diagnostic educational materials to assist providers and their staff on a daily basis. The provider resource page will include, but is not limited to, the following educational materials:

- Provider Training

- CPT code list

- Quick Reference Guide (QRG)

- Frequently Asked Questions (FAQ) Document

To access these helpful resources, please visit:
https://www.evicore.com/resources/healthplan/amerihealth-caritas-family-of-companies

Online P2P Scheduling Tool
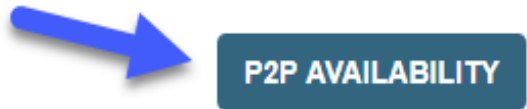
How to schedule a Peer to Peer Request

- Log into your account at www.evicore.com

- Perform Authorization Lookup 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.

P2P AVAILABILITY   Request Peer to Peer Consultation
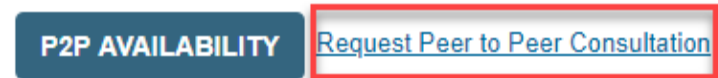
Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	

P2P AVAILABILITY

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.

How to Schedule a Peer to Peer Request

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.

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 another case for the same Peer to Peer appointment request by selecting "Add Another Case"

To proceed, select "Lookup Cases"

How to Schedule a Peer to Peer Request

You will be prompted with a list of eviCore Physicians/Reviewers and 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.

How to Schedule a Peer to Peer

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.

Canceling or Rescheduling a Peer to Peer Appointment

To cancel or reschedule an appointment

- Access the scheduling software per the instructions above

- Go to "My P2P Requests" on the left pane navigation.

- Select the request you would like to modify from the list of available appointments

- Once opened, 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, you will have the opportunity to select a new date or time as you did initially.

    If choosing to cancel, you will be prompted to input a cancellation reason
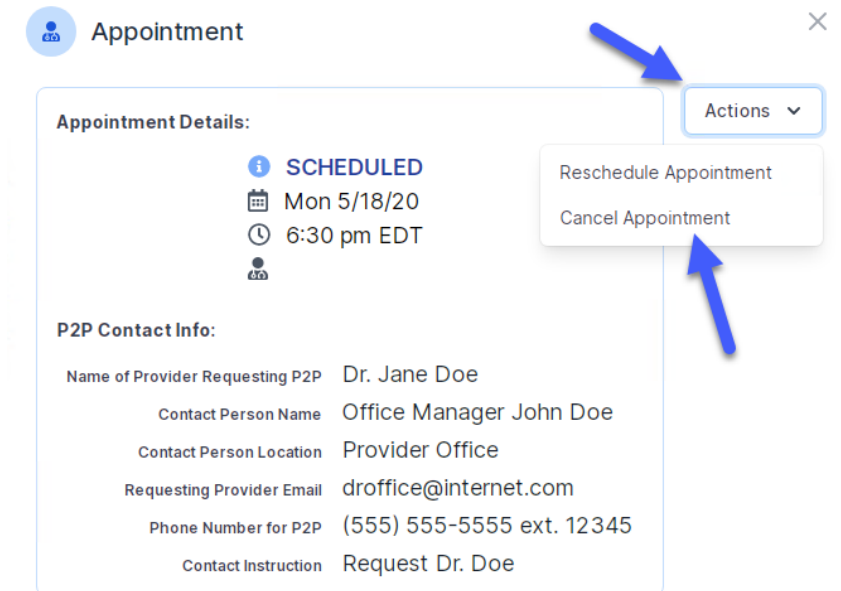
- Close browser once done

Thank You!

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