

Radiology Management

Provider Orientation Session for AvMed



Empowering
the Improvement
of Care

Agenda

- **Program Overview**
- **Methods to Submit Requests**
- **Prior Authorization Outcomes & Special Considerations**
- **Reconsideration Options**
- **Provider Portal Overview**
- **Additional Provider Portal Features**
- **Provider Resources**
- **Q & A**

Program Overview

Radiology Solution

Covered Services:

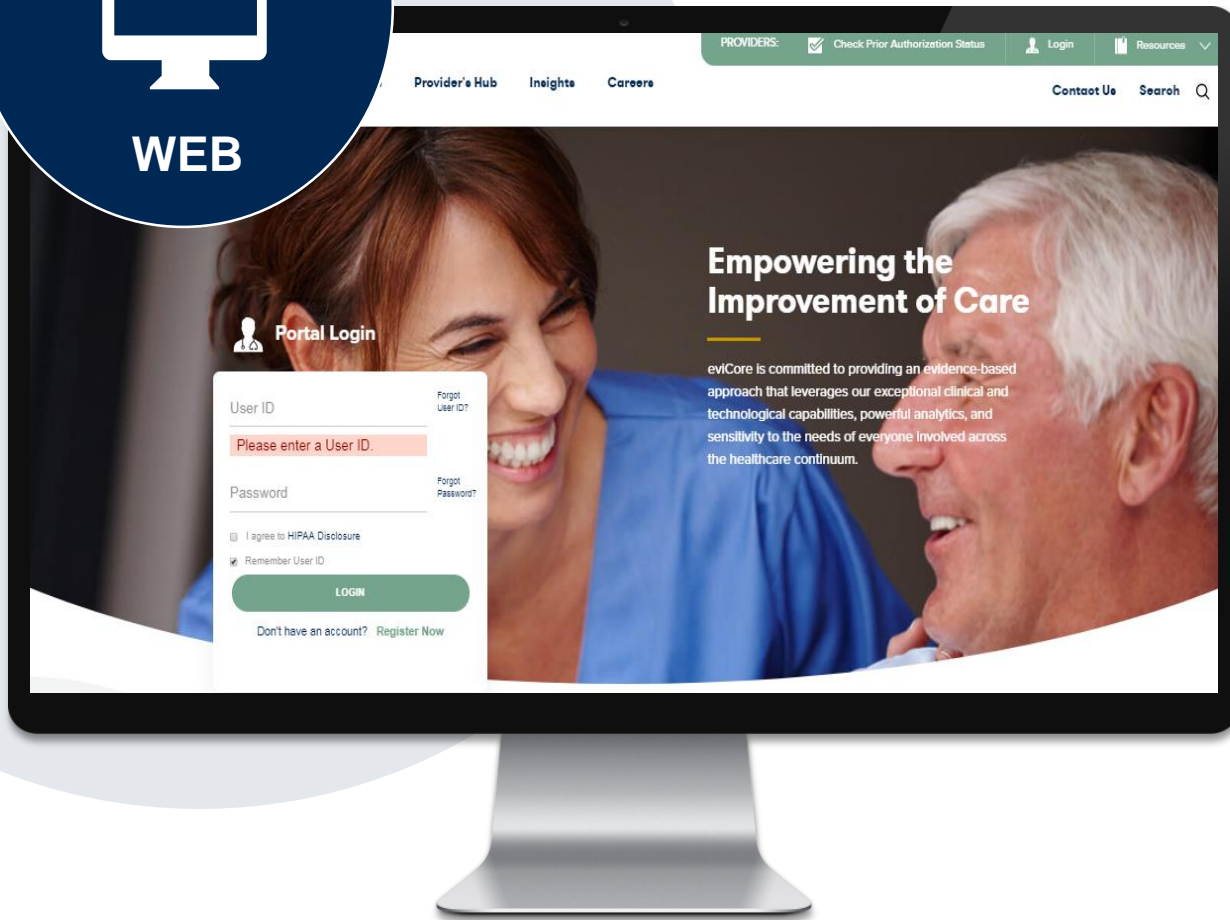
- Radiology MR & CT
- Cardiology MR & CT
- Nuclear Medicine (non-cardiac)
- Nuclear Cardiology (SPECT & PET)
- Radiology Nuclear Medicine
- Radiology PET
- Radiology 3D Imaging



To find a **complete list** of radiology Current Procedural Terminology (CPT) codes that **require prior authorization through eviCore**, please visit: <https://www.evicore.com/resources/healthplan/avmed>

Submitting Requests

Methods to Submit Prior Authorization Requests



eviCore Provider Portal (preferred)

The eviCore online portal www.eviCore.com is the quickest, most efficient way to request prior authorization and check authorization status and is available 24/7

Phone Number:

800.792.8790

Monday through Friday:

7:00 a.m. to 7:00p.m.

Fax Number:

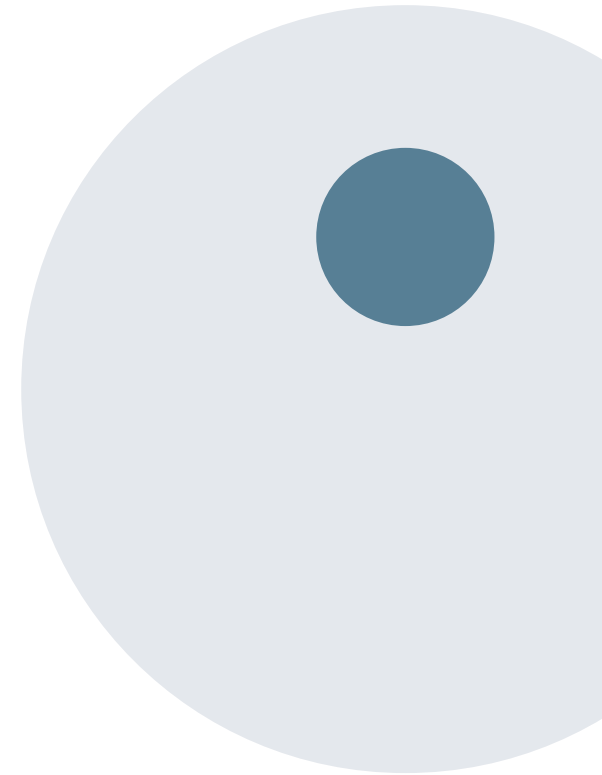
800.540.2406

Requests are accepted via fax and may be used to submit additional clinical.

Benefits of Provider Portal

Did you know that most providers are already saving time submitting prior authorization requests online? The provider portal allows you to go from request to approval faster, here are some benefits & features:

- 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 return at a later time
- Upload additional clinical information: No need to fax in supporting clinical documentation, it can be uploaded on the portal for a new request & when additional information is requested
- View and print determination information: Check case status in real-time
- Dashboard: View all recently submitted cases
- Duplication feature: If you have more than one prior authorization request to submit, you have the ability to duplicate information



Keys to Successful Prior Authorizations

To obtain prior authorization on the very **first submission**, the provider submitting the request will need to gather 4 categories of information:



Prior Authorization Outcomes & Special Considerations

Prior Authorization Approval

Approved Requests

- Standard requests are processed in 2 business days after receipt of all necessary clinical information.
- Authorizations are valid for 60 calendar days from the date of the final determination.
- Authorization letters will be sent to the member, ordering physician, and site of service.
- When initiating a case on the web, you can receive e-notifications when a determination is made.
- Approval information can be printed on demand from the eviCore portal: www.eviCore.com.



Special Circumstances

Retrospective (Retro) Authorization Requests

- Must be submitted within **5 calendar days** from the date of service.
- Retro requests that are submitted beyond this timeframe will be expired.
- Reviewed for clinical urgency and medical necessity.
- Retro requests are processed within **30 calendar days**.
- When authorized, the start date will be the date of service submitted.

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.
- Urgent request will be reviewed within 72 hours of receipt of request.



Special Circumstances cont.

Alternative Recommendation

- An alternate 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.
- 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.



Reconsideration Options

When Request is Determined as Inappropriate



Based on evidence-based guidelines, request is determined as **inappropriate**.



A denial letter will be issued to the member, provider, and site with clinical rational for the decision and appeal rights.

Post Decision Options

My case has been denied. What's next?

- Providers are often able to utilize post-decision activity to have a case reviewed for overturn consideration.
- Your **determination letter** is the best immediate source to determine what options exist on a case that has been denied. You may also call us at **800.792.8790** to speak to an agent who can assist with advising which option is available and provide instruction on how to proceed.



Post-Decision Options: Commercial Members

My case has been denied. What's next?

Reconsiderations

- Providers and/or staff can request a reconsideration review.
- Reconsiderations can be requested within 14 calendar days after the determination date.
- Reconsiderations can be requested by phone or in writing.

Appeals

- eviCore will not process first-level appeals for AvMed.

Pre-Decision Options: Medicare Members

I've received a request for additional clinical information. What's next?

Submission of Additional Clinical Information

- eviCore will notify providers telephonically and in writing before a denial decision is issued on Medicare cases.
- You can submit additional clinical information to eviCore for consideration per the instructions received.
- Additional clinical information must be submitted to eviCore in advance of the due date referenced.

Pre-Decision Clinical Consultation

- Providers can choose to request a Pre-Decision Clinical Consultation instead of submitting additional clinical information.
- The Pre-Decision Clinical Consultation must occur prior to the due date referenced.
- If additional information was submitted, we proceed with our determination and are not obligated to hold the case for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed.

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 for AvMed.

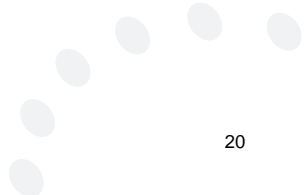
Provider Portal Overview

Portal Compatibility

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

- Google Chrome
- Mozilla Firefox
- Internet Explorer 9, 10, and 11

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](#).



eviCore healthcare Website

Visit www.evicore.com



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](#)

Already a user?

If you already have access to eviCore's online portal, simply login with your User ID and Password and begin submitting requests 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*:

Email*:

Confirm Email*:

First Name*:

Last Name*:

Address*:

City*:

State*:

Zip*:

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.

Welcome Screen

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

Tuesday, May 12, 2020 4:20 PM

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

Providers must be added to your account before cases can be submitted over the web. Please select "Manage Account" to add providers.

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

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

The image shows two overlapping web interface panels. The background panel is titled 'Manage Your Account' and contains fields for 'Office Name', 'Address', and 'Primary Contact: Email Address'. It includes buttons for 'CHANGE PASSWORD', 'EDIT ACCOUNT', and 'ADD PROVIDER'. Below these is a table with the text 'No providers on file' and a 'CANCEL' button. The foreground panel is titled 'Add Practitioner' and contains instructions: 'Enter Practitioner information and find matches.' and '*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip'. It has input fields for 'Practitioner NPI', a dropdown for 'Practitioner State', and an input field for 'Practitioner Zip'. It also includes 'FIND MATCHES' and 'CANCEL' buttons.

- 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 Case

The screenshot displays two adjacent web application screens. The left screen, titled "Request an Authorization", features a navigation bar with "Clinical Certification" highlighted in yellow and pointed to by a red arrow. Below the navigation bar, a list of program categories is shown, with "Radiology and Cardiology" circled in red. A "CONTINUE" button is at the bottom. The right screen, titled "Requesting Provider Information", contains a search filter for "Filter Last Name or NPI:" with a text input field, "SEARCH", and "CLEAR SEARCH" buttons. Below this is a table with a header "Provider" and a row containing a "SELECT" button. At the bottom of the right screen are "BACK" and "CONTINUE" buttons.

- Choose **Clinical Certification** to begin a new request.
- Select the appropriate program.
- Select “Requesting Provider Information.”

Select Health Plan & Provider Contact Info

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.

- Choose **AvMed** as the 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 Info**.
- Provider name, fax and phone will pre-populate, you can edit as necessary.
- By entering a valid email you can receive e-notifications.

Add Your Contact Info

Provider's Name:* [REDACTED] [?]

Who to Contact:* [REDACTED] [?]

Fax:* [REDACTED] [?]

Phone:* [REDACTED] [?]

Ext.: [REDACTED] [?]

Cell Phone: [REDACTED]

Email: [REDACTED]

BACK **CONTINUE**

Member & Request Information

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

ELIGIBILITY LOOKUP

BACK

Requested Service + Diagnosis

This procedure has not been performed. **CHANGE**

Radiology Procedures

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

73721 MRI LOWER EXTREMITY JOINT W/O

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

Diagnosis

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

LOOKUP

Trouble selecting diagnosis code? Please follow [these steps](#)

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

Secondary diagnosis is optional for Radiology

LOOKUP

- Enter the member information, including the patient ID number, date of birth, and last name.
- Click **Eligibility Lookup** and select the appropriate member from the search results.
- Next, enter the requested CPT code & diagnosis code.

Verify Service Selection

Requested Service + Diagnosis

Confirm your service selection.

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

BACK

CONTINUE

[Click here for help](#)

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

Site Selection

Start your search by entering the **NPI** or **TIN**, and **zip code** for the site 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:	<input type="text"/>	Zip Code:	<input type="text"/>	Site Name:	<input type="text"/>
TIN:	<input type="text"/>	City:	<input type="text"/>	<input checked="" type="radio"/> Exact match	
				<input type="radio"/> Starts with	

LOOKUP SITE

- Select the **specific site** where the testing/treatment will be performed.

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

Standard or Urgent Request?

- If your request is **urgent** select **No**.
- When a request is submitted as Urgent, you will be required to upload relevant clinical information.
- If the case is **standard** select **Yes**.
- You can upload up to FIVE documents in .doc, .docx, or .pdf format – max 5MB document size.
- Your case will only be considered Urgent if there is a successful upload.

Proceed to Clinical Information

Is this case Routine/Standard?

YES **NO**

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary F
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Thursday, May 14, 2020 3:04 PM

Proceed to Clinical Information

Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.
In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

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

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

Clinical Upload

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

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

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD

Requesting Multiple CPT Codes

After you indicate the case urgency of the case, you will be asked about additional procedures. All CPT codes must be for the same program.

Clinical Certification

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

Click [here](#) for help or technical support

Clinical Certification

Please enter the additional procedure code

70552

Click [here](#) for help or technical support

- Select **YES** to add Additional CPT codes.
- Enter one CPT at a time and select **SUBMIT** after each one.

Requesting Multiple CPT Codes

Clinical Certification

PROCEDURE CODE: 71447 WAS NOT ADDED TO THIS REQUEST

The medical discipline for this procedure requires a separate request.

Would you like to request an additional procedure code?

Yes No

Clinical Certification

Each of your requested procedure codes has been added to this authorization.

You can also find the procedure codes associated to this request via "Authorization Lookup" on the web.

Finish Later

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

Click [here](#) for help or technical support

If the CPT code does not pass validation, an onscreen message will inform you that the code is either out of scope, has been requested already, or requires the creation of a separate authorization. If the CPT code has been added, an onscreen message will display.

CAREFUL

Selecting **CANCEL** will not save or submit any of the info you've just entered.

Proceed to Clinical Information

Attention!

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

YES

NO

Clinical Certification questions **may** populate based on the information provided

Which anatomy will be examined with the requested study?

Hip Knee Ankle

SUBMIT

Finish Later

Did you know?

You can save a certification request to finish later.

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 Certification

Why am I no longer seeing the clinical survey questions when I submit a prior authorization request on some of my requests?

Enhanced Process

- Clinical survey questions **may** populate based upon the information provided. *However...*
- For **some** cardiology and radiology cases, the experience may be different due to enhancements we are making in the system.
- We have been able to **replace** clinical surveys with a new faster and streamlined process.
- These enhancements will **reduce** submission **time** and improve turnaround times.
- If the case is not approved in real-time based on the clinical information, you will be asked to **submit** the member's medical record supporting the request for services.
- You will be prompted to **upload clinical** at that time, or you can choose to send it in at a later time – a delay in providing clinical will cause a delayed case decision.



Finalizing the Case Submission

Clinical Certification

I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

[Print](#) [SUBMIT CASE](#)

[Click here for help or technical support](#)

Acknowledge the Clinical Certification statements, and **click** “Submit Case.”

Next Step: Criteria Not Met

Summary of Your Request

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

Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.

Provider Name:	DR. BRADLEY WALTER ANDREW WITTE	Contact:	NA
Provider Address:	1000 WYOMING ST SUITE 1000, WYOMING	Phone Number:	307-232-7800
		Fax Number:	307-232-7800
Patient Name:	WALTER WITTE	Patient Id:	WITTE
Insurance Carrier:	WELLS		
Site Name:	WELLS FARGO BANK NA	Site ID:	WELLS
Site Address:	875 LEXINGTON BLVD LEXINGTON, VA 24450		
Primary Diagnosis Code:	NA	Description:	Recurrent pregnancy loss
Secondary Diagnosis Code:	NA	Description:	OB Ultrasound
Date of Service:	5/13/2020		
CPT Code:	76801		
Case Number:	1000000000		
Review Date:	5/13/2020 2:36:00 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.		

Tips:

- If additional clinical is requested, **upload** clinical notes on the portal, to avoid any delays (e.g., by faxing).
- Additional information uploaded to the case will be **sent** to a clinical team for review.
- **Print** the summary of the request that includes the case number and indicates 'Your case has been sent to clinical review.'

Criteria Met

Print the case summary of the request for your records.

Summary of Your Request

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

Your case has been Approved.

Provider Name:	DR. BHARATH MANU ANKARA VEETIL	Contact:	Info
Provider Address:	1200 6TH AVE W SAINT CLOUD, MN 56303	Phone Number:	(320) 250-3333
		Fax Number:	(320) 250-3333
Patient Name:	WALTER WALKER	Patient Id:	4677460
Insurance Carrier:	WELLSURE		
Site Name:	COMMONWEALTH HOSPITAL LLC	Site ID:	000000
Site Address:	875 COMBLET SQUARE DR COMMONWEALTH, IL 60118		
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	MRI LOWER EXTREMITY JOINT W/O
CPT Code:	73721		
Authorization Number:	4677460		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		



CANCEL **PRINT** **CONTINUE**

Additional Provider Portal Features

Certification Summary

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

Certification Summary

Search..  

Page 1 of 0 10

Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description	Site Name	Expiration Date	Correspondence	Upload Clinical
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>					

Page 1 of 0 10

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

Authorization Lookup

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

Search by Member Information Search by Authorization Number/ NPI



- You can look-up authorization status on the portal
- Search by member information OR
- Search by authorization number with ordering NPI
- View and print any correspondence

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:

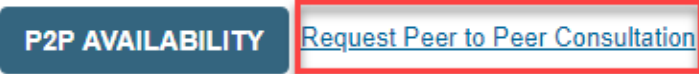
- Program (Radiation Therapy Management Program)
- Provider ([REDACTED])
- Program and Provider (Radiation Therapy Management Program and [REDACTED])
- Program and Health Plan (Radiation Therapy Management Program and CIGNA)

GO

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


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.



Authorization Lookup

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



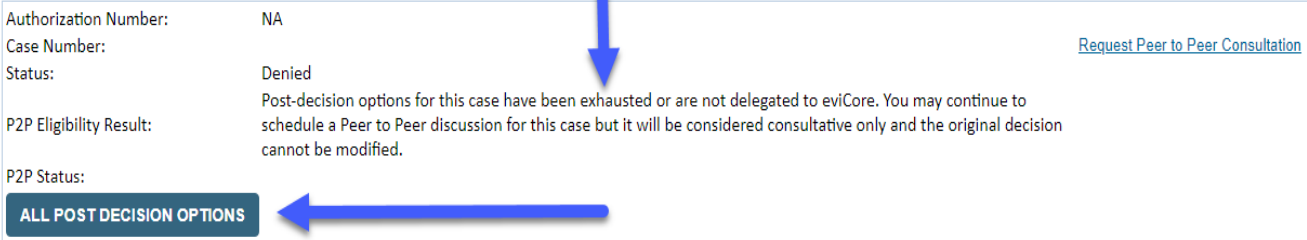
How to schedule a Peer to Peer Request

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:		Request Peer to Peer Consultation
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:		

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

New P2P Request

Case Reference Number

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 another case 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

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](#)

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 MSK Spine Surgery

Level of Review 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 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.

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 3:45 pm EDT 4:00 pm EDT 4:15 pm EDT Show more...	2:00 pm EDT 2:15 pm EDT 2:30 pm EDT 2:45 pm EDT Show more...	4:15 pm EDT 4:30 pm EDT 4:45 pm EDT 5:00 pm EDT Show more...	3:15 pm EDT 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT Show more...	-	-	-

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.

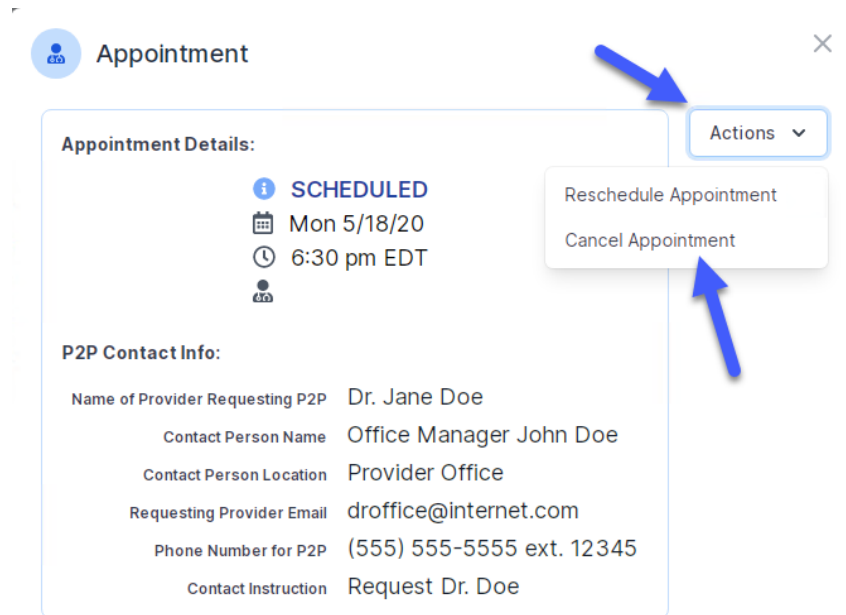
The screenshot shows a web interface for scheduling a Peer-to-Peer (P2P) appointment. At the top, there is a progress bar with four steps: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (pending). The main content area is divided into two columns. The left column contains 'P2P Info' with date and time, and 'Case Info' with a list of case details. The right column is titled 'P2P Contact Details' and contains several input fields: 'Name of Provider Requesting P2P' (with 'Dr. Jane Doe' and a blue arrow), 'Contact Person Name' (with 'Office Manager John Doe'), 'Contact Person Location' (with a dropdown menu), 'Phone Number for P2P' (with '(555) 555-5555' and a blue arrow), 'Alternate Phone' (with '(xxx) xxx-xxxx'), 'Requesting Provider Email' (with 'droffice@internet.com'), and 'Contact Instructions' (with 'Select option 4, ask for Dr. Doe' and a blue arrow). A 'Submit >' button is at the bottom right of the form.

The screenshot shows a summary page for the scheduling process. It features a 'Scheduling' header with a calendar icon. Below it, the text 'Scheduled' is displayed. A summary bar shows the appointment date and time: 'Mon 5/18/20 - 6:30 pm EDT'. On the right side of this bar, there is a red oval containing the word 'SCHEDULED' in white capital letters.

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**

Provider Resources

Dedicated Call Center

Prior Authorization Call Center: 800.792.8790

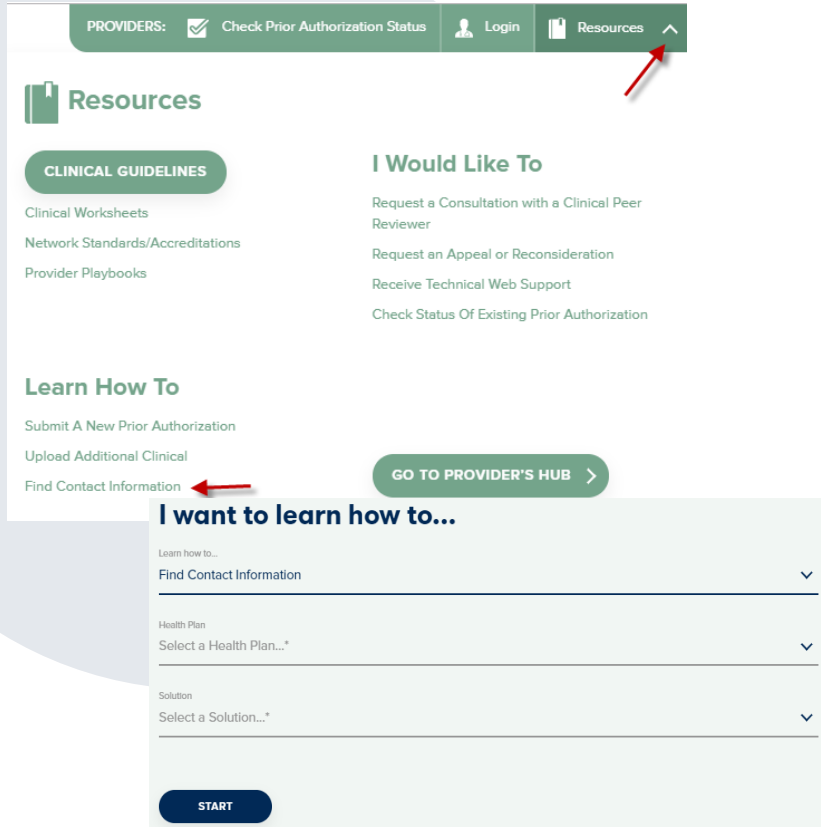
Our call centers are open from 7 a.m. to 7 p.m. (local time).

Providers can contact our call center to do one of the following:

- Request Prior Authorization
- Check Status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT code(s) on an existing case
- Request to speak to a clinical reviewer
- Schedule a clinical consultation with an eviCore Medical Director



Online Resources



Web-Based Services and Online Resources

- You can access important tools, health plan-specific contact information, and resources at www.eviCore.com
- Select the Resources to view Clinical Guidelines, Online Forms, and more.
- Provider's Hub section includes many resources.
- Provider forums and portal training are offered weekly, you can find a session on www.eviCore.WebEx.com, select WebEx Training, and search upcoming for a "eviCore Portal Training" or "Provider Resource Review Forum."
- The quickest, most efficient way to request prior authorization is through our provider portal. Our dedicated **Web Support** team can assist providers in navigating the portal and addressing any web-related issues during the online submission process.
- To speak with a Web Specialist, call 800.646.0418 (option 2) or email portal.support@evicore.com.

Client & Provider Operations Team

Client and Provider Services

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

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- Consumer Engagement Inquiries
- 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: 800.646.0418 (option 4)

For prompt service, please have all pertinent information available. When emailing, make sure to include the health plan in the subject line with a description of the issue, with member/provider/case details when applicable.



Provider Engagement Team

Provider Engagement team

Regional team that on-boards providers for new solutions and provides continued support to the provider community. How can the provider engagement team help?

- Partner with the health plan to create a market-readiness strategy for a new and/or existing program
- Conduct onsite and WebEx provider-orientation sessions
- Provide education to supporting staff to improve overall experience and efficiency
- Create training materials
- Monitor and review metrics and overall activity
- Conduct provider-outreach activities when opportunities for improvement have been identified
- Generate and review provider profile reports specific to a TIN or NPI
- Facilitate clinical discussions with ordering providers and eviCore medical directors

How to contact the Provider Engagement team?

You can find a list of Regional Provider Engagement Managers at [evicore.com](https://www.evicore.com) → Provider's Hub → Training Resources

Provider Resource Website

Provider Resource Page

eviCore's Provider Experience team maintains provider resource pages that contain client- and solution-specific 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:

- Frequently Asked Questions
- Quick Reference Guides
- Provider Training
- CPT code list

To access these helpful resources, please visit:

www.eviCore.com/resources/healthplans/AvMed



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](https://www.eviCore.com)
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates



Provider Resource Review Forums

The eviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

We invite you to attend a Provider Resource Review Forum, to navigate www.eviCore.com and understand all the resources available on the Provider's Hub. Learn how to access:

- eviCore's evidence-based clinical guidelines
- Clinical worksheets
- Check-status function of existing prior authorization
- Search for contact information
- Podcasts & Insights
- Training resources

How to register for a Provider Resource Review Forum?

You can find a list of scheduled **Provider Resource Review Forums** on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



Thank You!

