

Clinical Consultation Guide

eviCore and provider Clinical Consultations/Peer-to-Peers (P2P) are structured to allow formal case detail discussions between medical teams to ensure open communication regarding medical necessity determinations.

To Schedule a Clinical Consultation:

Please utilize our online scheduling tool or call our authorization center at 844-224-0494.

Upon notification by eviCore of denial status, you may utilize one of the following options:

1. Submit additional clinical information that supports medical necessity
2. Schedule a clinical consultation

Helpful information to have on hand:

- eviCore Case Ref # (if available)
- Member name, DOB & BlueCross and Blue Shield of Minnesota (Blue Cross) ID#
- Referring practitioner's availability and direct contact information

What to Expect:

There is an online P2P scheduling tool available via evicore.com. In most cases, we can schedule these consultations at a time most convenient to the referring physician.

Calls will be answered by an eviCore representative who will coordinate scheduling of the clinical consultation based on the availability of both parties.

The referring practitioner will be contacted directly by one of eviCore's Medical Directors with the same level specialty to conduct the clinical consultation.

If the clinical consultation results in a recommendation of approval, eviCore will issue a written notification.

In the event that a voice mail is reached when calling the referring practitioner, eviCore's Medical Director will leave call-back details. Then the contact person for the referring provider who scheduled the consultation will be notified with next steps to either reschedule, accept the alternate recommendation (if offered), or close the case.

Program Variation

Medical Oncology: eviCore will request a Clinical Consultation on any regimens that do not meet NCCN guidelines prior to issuing a determination. Denials may be issued if appropriate clinical justification is not available or an alternate regimen is not selected.

Post Denial Quick Summary:

eviCore offers a variety of Pre-Appeal reviews to reduce the occurrence of appeals.

- For Commercial Plans this includes P2P clinical consultations (the same as a verbal reconsideration) and Commercial Reconsideration (written submission for review prior to the formal appeal). Once either the P2P or written Reconsideration is processed any further requests must be moved to the Appeal process.
- For Medicare Advantage Plans, while the P2P clinical consultation is allowed, this discussion will not change the outcome of the case.

A request for an appeal must be submitted in writing. These determinations are based on member medical necessity. The process for submitting an appeal is detailed on all denial letters.

All appeals must be submitted in writing via appeals fax number 1-866-699-8128 or mail: eviCore healthcare, Attn: Clinical Appeals, 400 Buckwalter Place Blvd, Bluffton, SC 29910. eviCore is not fully delegated by Blue Cross for UM PA appeals, we only perform the recommendation and Blue Cross handles the decision status, notification, etc.

Tips to Potentially Save Time:

If you received notification from eviCore requesting additional clinical, i.e. progress notes, please ensure that you have submitted the supporting clinical information needed to determine medical necessity.

Note: our Medical Director can review additional clinical information without a Clinical Consultation.

Hours of Operation:

Prior Authorization Call Center

Monday through Friday: 7:00 AM – 7:00 PM CST

Authorization from eviCore healthcare does not guarantee claim payment. Services must be covered by the health plan and the member must be eligible at the time services are rendered. Claims submitted for services may be subject to benefit denial. Please verify the member's benefits and eligibility with the health plan. Regardless of the benefit determination, the final decision regarding any health care services or treatment is between the member and their health care provider.