

Prior Authorization of Physical Therapy & Occupational Therapy

Provider Orientation Session for Prominence Health Plan



Agenda

- **Program Overview**
- **Submitting Requests**
- **Prior Authorization Outcomes, Special Considerations, and Post-Decision Options**
- **Provider Portal Overview**
- **Additional Provider Portal Features**
- **Provider Resources**
- **Q & A**

Program Overview

Prominence Health Plan Prior Authorization Services

Applicable Membership:

- Medicare Advantage

Prior authorization applies to the following services:

- Outpatient
- Elective / Non-emergent

Prior authorization does NOT apply to services performed in:

- Emergency Rooms
- Inpatient Stays



It is the responsibility of the **treating/ordering provider** to request prior authorization approval for services.

Prior Authorization Program

Prior authorization is required for:

- Physical Therapy
- Occupational Therapy

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

Prior Authorization Program

Fundamental Approach

- For Prominence Medicare Advantage members, authorization is **not** required for the **first 12 visits** each calendar year, per discipline.
- Clinical reviewers evaluate clinical information to determine whether services meet medical necessity criteria.
- Providers are encouraged to request authorization before care is delivered to ensure payment for services rendered.
- A request can be made as early as **7 calendar days** prior to requested start date.

Prior Authorization Program

Clinical Philosophy

- Support patient-centered care founded on best available evidence.
- Promote functionally oriented and measurable treatment programs.
- Focus on skilled, medically necessary treatment interventions.
- Empower patient independence.

Goals

- Authorize medically necessary services which require the skills of a licensed professional.
- Promote evidence-based practice.
- Identify and review treatment interventions where evidence does not support use.
- Provide evidence-based guidelines to support authorization decisions and educate practitioners.
- Decrease or eliminate unexplained practice variation and unnecessary visits.
- Manage costs efficiently so members can continue to receive **quality care** and **skilled services**.

Prior Authorization Program

Medical Necessity

- The services must be specific and effective treatment for the condition.
- The condition is expected to improve significantly in a reasonable (and generally predictable) period of time. Therapy duration should be reasonable and not ongoing without end.
- The amount, frequency, and length of the services must be reasonable under accepted standards of practice.
- The medical benefit is designed to allow therapy to return the patient to essential activities of daily living.
 - It was **not** designed to allow continued therapy to return to recreational or athletic activities.
 - It was **not** designed to cover therapy for the purpose of improving or maintaining general fitness.

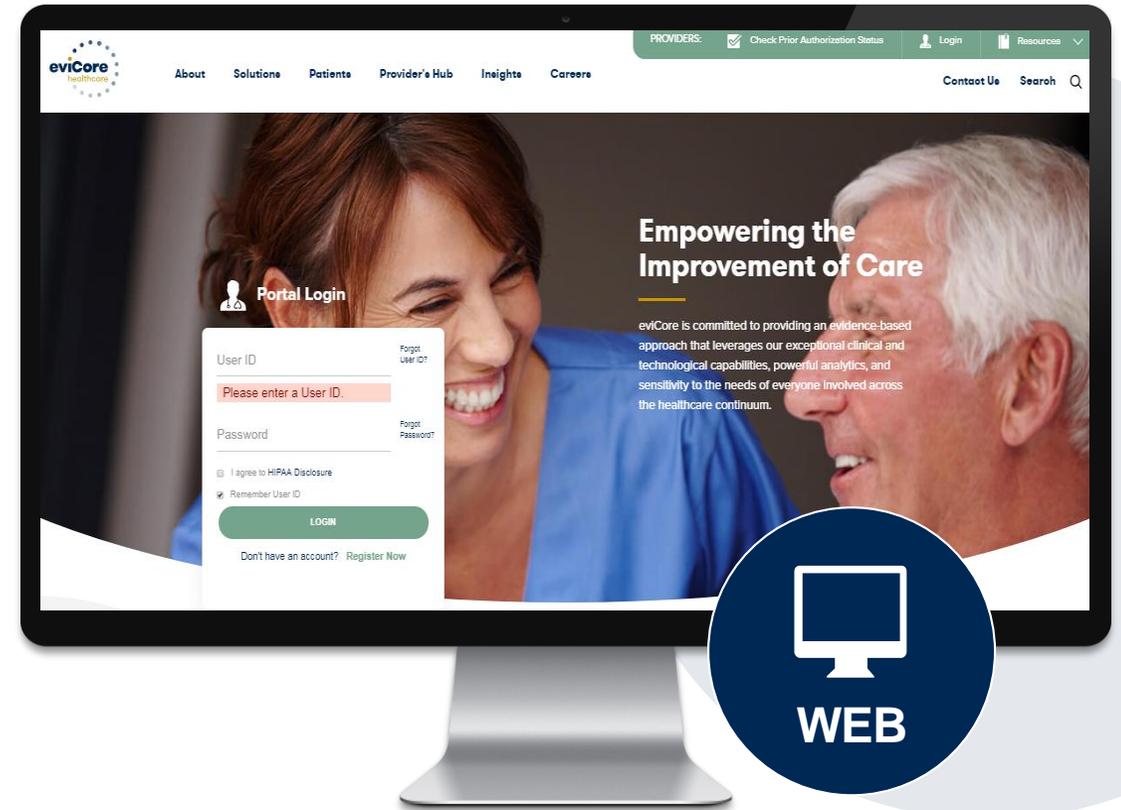
You can view the therapy guidelines here: <https://www.evicore.com/provider/clinical-guidelines>

Submitting Requests

Methods to Submit Prior Authorization Requests

eviCore Provider Portal (preferred)

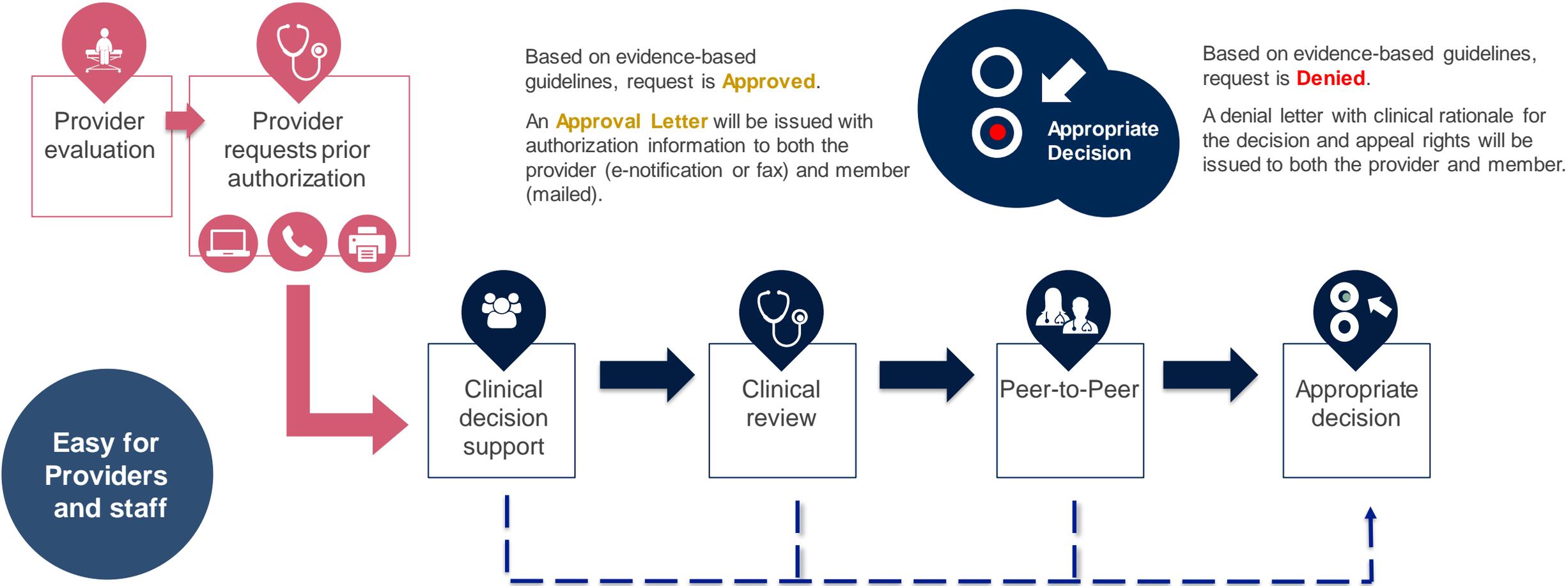
- **Saves time:** Quicker process than phone authorization requests.
- **Available 24/7:** You can access the portal any time and any day.
- **Save your progress:** If you need to step away, you can save your progress and resume later.
- **Upload additional clinical information:** No need to fax in supporting 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 e-mail 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 submissions.



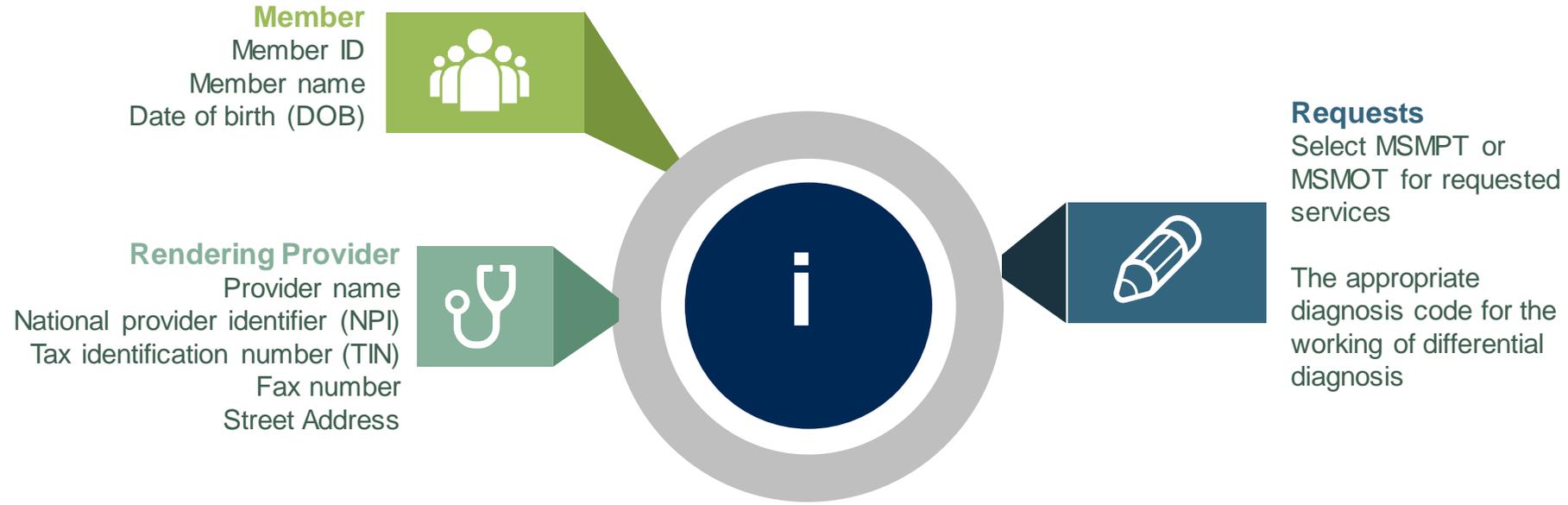
Phone Number:
844.224.0495
Monday through Friday:
7 am – 7 pm local time

Fax Number:
855.774.1319
PA requests are accepted via
fax and can be used to submit
additional clinical information.

Utilization Management – The Prior Authorization Process



Information Required for Request



If clinical information is needed, please be able to supply:

- Patient's subjective complaints, objective examination findings, and level of function
- Information from Treatment Request Clinical Worksheet
- Information should be current
- Office notes will be requested as needed

Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

If during case build all 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 Hold notification will inform the provider about what clinical information is needed as well as the date by which it is needed.

The Provider must submit the additional information to eviCore

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.

eviCore will review the additional documentation and reach a determination

Determination notifications will be sent.



Prior Authorization Process

Requesting Authorization:

- For Prominence Medicare Advantage members, authorization is **not** required for the **first 12 visits** each calendar year, per discipline.
- Start date should be the **first day authorization is required (13th visit)**.
- Notification requires submission of the following information:
 - Patient demographics
 - Provider demographics
 - Minimal clinical information
 - Type of condition
 - Post surgical?
 - If yes, date of surgery?
- If prior care, questions will be asked to determine if this is a new condition.

Prior Authorization Process

How to Request Additional Visits:

- Additional authorization may be requested as early as **7 calendar days** prior to the requested start date.
- You will be asked to submit current clinical information.
- Clinical information should be **current**. The recommended timeframe for adult members is **14 calendar days**.
- Use the appropriate **Clinical Worksheet** as a guide.
- If condition is complex or the worksheet does not capture aspects of the condition you want to convey, this information can be given as “additional information” via upload, fax, or text box summary.
- The **start date** will be the first date you need the additional authorization to begin.

Prior Authorization Process – Important Concepts

Overlapping Requests

- Request for additional authorization within the existing approved time period.
- Information you provide should explain why the units could not be spread over the approved period.
- Review to determine if additional units are medically necessary.

Authorization Extensions

- Providers can request a 30-day authorization extension.
- Provider must request extension prior to the original authorization's expiration date.
- Date extension can be requested via the online portal.

Prior Authorization Process – Important Concepts

Authorization decisions include:

- Units
- Approved Time Period

Example: 32 units, from 1/1/22 to 1/31/22

Spread the units over the approved period to prevent a gap in care.

Prior Authorization Outcomes, Special Considerations, and Post Decision Options

Prior Authorization Outcomes

Approved Requests

- Decisions for non-urgent prior authorization requests are typically made within two **2-3 business days** of receipt of all necessary clinical information, but will not take longer than **14 calendar days**.
- Authorizations are valid for **60 calendar days**.
- Authorization letters will be faxed to the ordering and treating providers.
- Web initiated cases will receive e-notifications when a user opts to receive.
- Members will receive a letter by mail.
- Approval information can be printed from the eviCore portal at www.eviCore.com.

Partially Approved Requests

- In instances where a specific number of visits are requested, some may be approved and some denied.
- In these instances, the determination letter will specify what has been approved, as well as post-decision options for denied visits.



Prior Authorization Outcomes

Denied Requests

- Based on evidence-based guidelines, if a request is determined as not medically necessary, a notification with the rationale for the decision and post decision/appeal rights will be issued.
- Denial letters will be faxed to the ordering and treating providers.
- Members will receive a letter by mail.

PLEASE NOTE: The determination letter is the best immediate source to determine what options exist on a case that has been denied.

Pre-Decision Options: Medicare Advantage 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 Advantage 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.

Special Circumstances

Retrospective Authorization Requests

- Retro requests, or those submitted after the procedure has been performed, are not in scope for Prominence Medicare Advantage members and will be administratively denied.

Urgent Prior Authorization Requests

- Can be initiated on provider portal or by phone.
- Case is reviewed and a determination is made within **72 hours** of the request.

Post Decision Options

When Request is Determined as Not Medically Necessary



Based on evidence-based guidelines, request is determined as **not medically necessary**.



A denial letter will be issued to the member, provider, and site with clinical rationale 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 **844.224.0495** to speak to an agent who can assist with advising which option is available and provide instruction on how to proceed.



Post-Decision Options: Medicare Advantage Members

My case has been denied. What's next?

Clinical Consultation (Peer-to-Peer)

- 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 Advantage cases do not include a Reconsideration option.

Appeals

- eviCore will not process first-level appeals for Prominence Medicare Advantage members.

Provider Portal Overview

Portal Compatibility

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

- Google Chrome
- Mozilla Firefox
- Microsoft Edge

Note: You may need to disable pop-up blockers to access the site.

Solutions Patients Provider's Hub

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

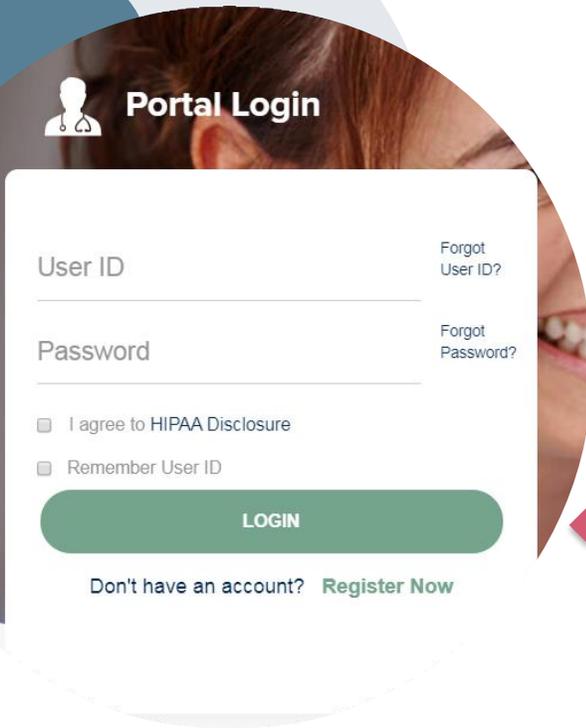
Visit www.evicore.com

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*: 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 e-mail 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

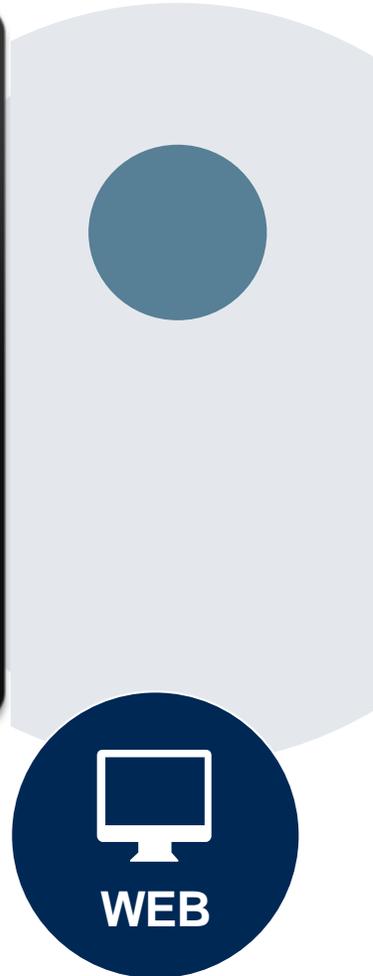
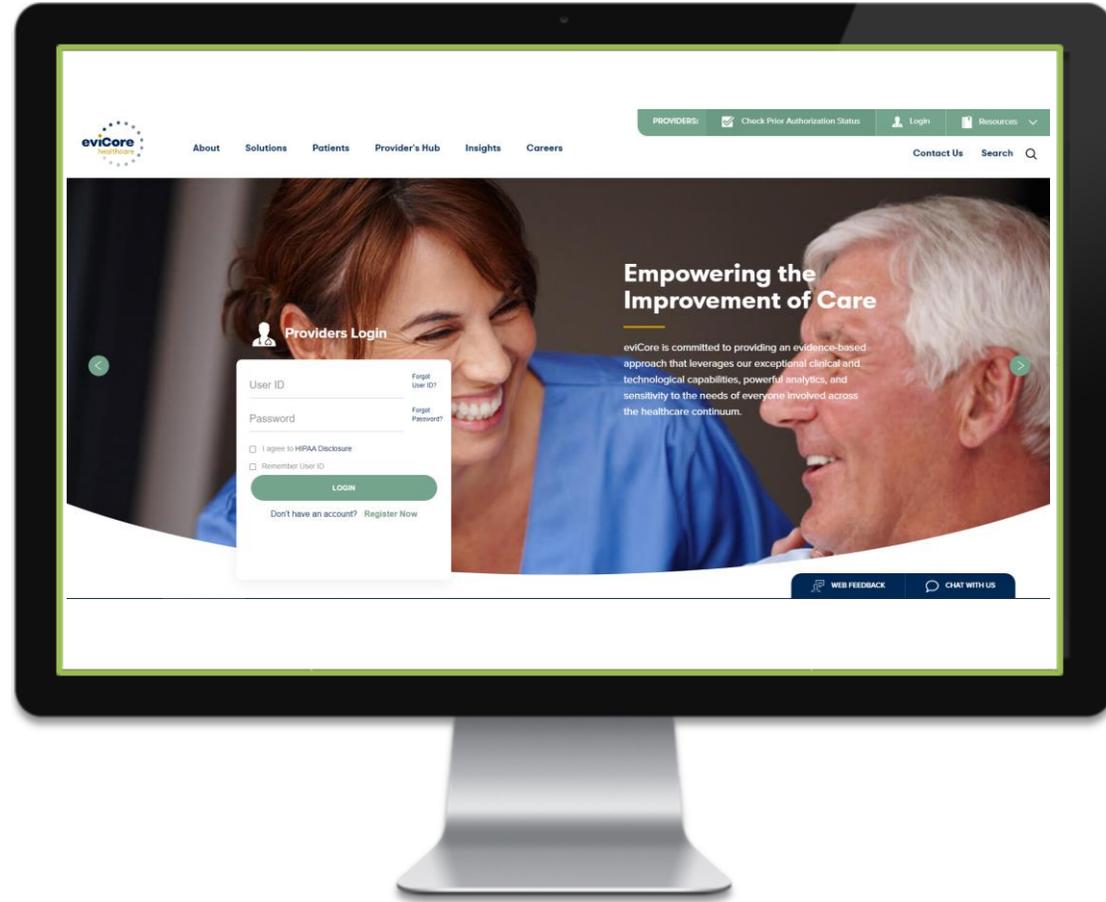
The image shows two overlapping UI panels. The background panel is titled 'Manage Your Account' and contains fields for 'Office Name', 'Address', 'Primary Contact', and 'Email Address'. It includes buttons for 'CHANGE PASSWORD' and 'EDIT ACCOUNT', and a prominent 'ADD PROVIDER' button. Below these is a message '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 features input fields for 'Practitioner NPI', a dropdown for 'Practitioner State', and an input field for 'Practitioner Zip'. At the bottom are 'FIND MATCHES' and 'CANCEL' buttons.

- Select the **Manage Your Account** tab, then **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

Portal Demo

The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status.

[Click for Portal demonstration.](#)



Initiating A Case



The screenshot shows a navigation bar with the following items: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, **Clinical Certification** (highlighted with a red arrow), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, and Manage Your Account.

Request an Authorization

To begin, please select a program below:

- Durable Medical Equipment(DME)
- Gastroenterology
- Lab Management Program
- Medical Oncology Pathways
- Musculoskeletal Management
- Radiation Therapy Management Program (RTMP)
- Radiology and Cardiology
- Sleep Management
- Specialty Drugs

CONTINUE

Requesting Provider Information

Select the provider for whom you want to submit an authorization request. If you don't see them listed, click [Manage Your Account](#) to add them.

Filter Last Name or NPI:

SEARCH **CLEAR SEARCH**

Provider	
SELECT	[Redacted]
[Redacted]	

BACK **CONTINUE**

- Choose **Clinical Certification** to begin a new request.
- Select the appropriate program.
- Choose the requesting provider by clicking **SELECT**.

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.

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**

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

Request Information

Requested Service + Diagnosis

This procedure will be performed on 6/22/2020. [CHANGE](#)

Musculoskeletal Management Procedures

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

MSMPT PHYSICAL THERAPY

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

Diagnosis

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

M25.50 [LOOKUP](#)

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

Secondary Diagnosis Code: **M25.50**
Description: **Pain in unspecified joint**
[Change Secondary Diagnosis](#)

[BACK](#)

[Click here for help](#)

Attention!

Will the procedure be performed in your office?

- Next, you can enter CPT code **MSMPT** or **MSMOT**.
- Also add diagnosis code(s).

Verify Service Selection

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: 6/22/2020
CPT Code: MSMPT
Description: PHYSICAL THERAPY
Primary Diagnosis Code: M25.50
Primary Diagnosis: Pain in unspecified joint
Secondary Diagnosis Code:
Secondary Diagnosis:

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

Attention!

Patient ID: 000000000

Time: 6/19/2020 6:38 PM

Patient Name: POOLE, GREGORY J

Please review the patient's MSM history. You may be asked about this history during clinical review.

MSM History

Episode Date	Episode ID	Patient Name	CPT Code	CPT Description	Case Status
4/7/2020	000000000	POOLE, GREGORY J	MSMPT	PHYSICAL THERAPY	A
3/18/2020	000000000	POOLE, GREGORY J	MSMOT	OCCUPATIONAL THERAPY	A
9/17/2019	000000000	POOLE, GREGORY J	MSMOT	OCCUPATIONAL THERAPY	A
7/18/2019	000000000	POOLE, GREGORY J	MSMOT	OCCUPATIONAL THERAPY	A
4/26/2019	000000000	POOLE, GREGORY J	MSMPT	PHYSICAL THERAPY	A

- Review the patient's history.
- Verify requested service & diagnosis.
- Edit any information if needed by selecting change procedure or primary diagnosis.
- Click **CONTINUE** to confirm your selection.

Site Selection: Treating Practitioner

Start by searching NPI or TIN for the treating practitioner. 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

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!**

Clinical Information: Example of Questions

Proceed to Clinical Information

TYPE OF CONDITION

Please select **Developmental/Pediatric** for all **Pediatric** cases **EXCEPT** primary musculoskeletal injuries such as ...Such as ankle sprain, fracture, **WITHOUT** an underlying developmental or neuromuscular condition like cerebral palsy.)

Please indicate the type of condition that therapy is being requested for.
Musculoskeletal - All (including hand and pelvic pain) ▼

Is this request for fabricating a hand splint/orthotics OR developing a home exercise program ONLY?
 Yes No

Finish Later

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

Submit

This request is for:
 Initial care (for a condition not treated in the previous 60 days)
 Continuing care

Please indicate the primary treatment area (Choose only one):
▼

Please indicate the secondary treatment area. (Choose only one)
No second area being treated ▼

Submit

Clinical Certification questions may populate based upon the information provided.

Note: The worksheets are available to offer insight into the clinical questions that will be asked in the pathway

Clinical Information: Imbedded Messages

You requested a treatment start date of 06/29/2020

i Date of initial evaluation

06/29/2020 

i Date of onset of CONDITION:

06/19/2020 

i Enter date of current findings:

06/19/2020 

The clinical information will be considered out-of-date if the “date of current findings” is greater than 10 days prior to the “treatment start date” for this request. Cases with out-of-date clinical information may be placed on hold awaiting current clinical information. This may delay an authorization decision.

Finish Later

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

- Questions may populate based upon the information provided.
- Many screens have imbedded messages that help you understand the criteria.

Criteria Not Met

If criteria are not met based on clinical questions, you will receive a similar request for additional info:

i Is there any additional information specific to the member's condition you would like to provide?

- I would like to upload a document after the survey
- I would like to enter additional notes in the space provided
- I would like to upload a document and enter additional notes
- I have no additional information to provide at this time

SUBMIT

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 :

Provider Name:	DR. BRADLEY HENRIKSON MD 1000 17th Ave SE SEASIDE CA 94132	Contact:	708
Provider Address:		Phone Number:	(708) 998-7800
		Fax Number:	(708) 998-7800
Patient Name:	BRADLEY HENRIKSON	Patient Id:	1000000000
Insurance Carrier:	WELLS		
Site Name:	COMBINE MEDICAL PC 875 COMBINE ROAD SE COMBINE, AL 36021	Site ID:	1000000000
Site Address:			
Primary Diagnosis Code:	99.02	Description:	Recurrent pregnancy loss
Secondary Diagnosis Code:		Description:	
Date of Service:	5/13/2020	Description:	OB Ultrasound
CPT Code:	59000		
Case Number:			
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		

Tips:

- Upload clinical notes on the portal, to avoid any delays (e.g., by faxing).
- Enter additional notes in the space provided only when necessary.
- Additional information uploaded to the case will be sent for clinical review.
- Print-out a summary of the request that includes the case # and indicates “Your case has been sent to clinical review.”

Criteria Met

If your request is authorized during the initial submission, you can print the 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 ARJARA VEETIL	Contact:	1400
Provider Address:	1200 6TH AVE W SAINT CLOUD, MN 56303	Phone Number:	(320) 252-1000
		Fax Number:	(320) 252-1000
Patient Name:	ANTHONY GALLI	Patient Id:	ANTHONY
Insurance Carrier:	WELLSURE		
Site Name:	COMMONWEALTH HOSPITAL LLC	Site ID:	1000000
Site Address:	875 UNIVERSITY AVENUE SE CORNING, FL 32909		
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:	1000000000		
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

Eligibility Lookup Tool

The screenshot shows the eviCore healthcare website's navigation menu with the 'Eligibility Lookup' tab highlighted. Below the menu, the page title is 'Eligibility Lookup' and the date is 'Wednesday, August 10, 2022 4:29 PM'. The main content area displays the following information:

- Health Plan: PROMINENCE HEALTH PLAN
- Patient ID: [Redacted]
- Member Code: [Redacted]
- Cardiology Eligibility: **Precertification is Required**
- Radiology Eligibility: **Precertification is Required**
- Radiation Therapy Eligibility: **Precertification is Required**
- MSK Eligibility: **Precertification is Required**
- Sleep Management Eligibility: **Precertification is Required**
- Laboratory Eligibility: **Precertification is Required**
- Medical Oncology Eligibility: **Precertification is Required**

At the bottom of the content area, there are three buttons: 'PRINT', 'DONE', and 'SEARCH AGAIN'. A link for 'Click here for help' is located below the buttons.

You can also confirm the patient’s eligibility by selecting the **Eligibility Lookup** tab.

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 [REDACTED])

GO

- **The duplication feature allows you to start a new request using the same information.**
- **Eliminates entering duplicate information.**
- **Time saver!**

Certification Summary

eviCore healthcare

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

Wednesday, February 23, 2022 9:51 PM Log Off

Certification Summary

Search..

Single Status: 10 View 1 - 1 of 1

Expired

Filter By Multiple Statuses: View 1 - 1 of 1

Show All

Date: 10 View 1 - 1 of 1

7 days

Submit Close

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
RHONEY	BRIARWOOD OPERATOR		Expired / Cancelled	02/23/2022	43235	EGD-esophagogastroduodenoscopy		05/24/2022	Unloads & Fixes	

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- The Portal now includes a **Certification Summary** tab to better track your recently submitted cases.
- The work list can also be filtered, as seen above.

How to schedule a Peer-to-Peer

- 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:

Authorization Lookup

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



P2P AVAILABILITY

- 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](#)

How to Schedule a Peer-to-Peer

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

Case Info Questions Schedule Confirmation

New P2P Request

eviCore healthcare P2P Portal

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 Reference 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

eviCore healthcare P2P Portal

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

- 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**.

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 >](#)

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

← Prev Week 5/18/2020 - 5/24/2020 (Upcoming week) Next Week →

1st Priority by Skill

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

1st Priority by Skill

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

- 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.

How to Schedule a Peer-to-Peer

Confirm Contact Details

- The point of contact's name and e-mail address will auto-populate per your user credentials.

P2P Info
Date: Mon 5/18/20
Time: 6:30 pm EDT
Reviewing Provider: [User Icon]

Case Info
1st Case
Case #
Episode ID
Member Name
Member DOB
Member State
Health Plan
Member ID
Case Type: MSK Spine Surgery
Level of Review: Reconsideration P2P

P2P Contact Details
Name of Provider Requesting P2P: Dr. Jane Doe
Contact Person Name: Office Manager John Doe
Contact Person Location: Provider Office
Phone Number for P2P: (555) 555-5555
Phone Ext.: 12345
Alternate Phone: (xxx) xxx-xxxx
Phone Ext.: Phone Ext.
Requesting Provider Email: droffice@internet.com
Contact Instructions: Select option 4, ask for Dr. Doe
Submit >

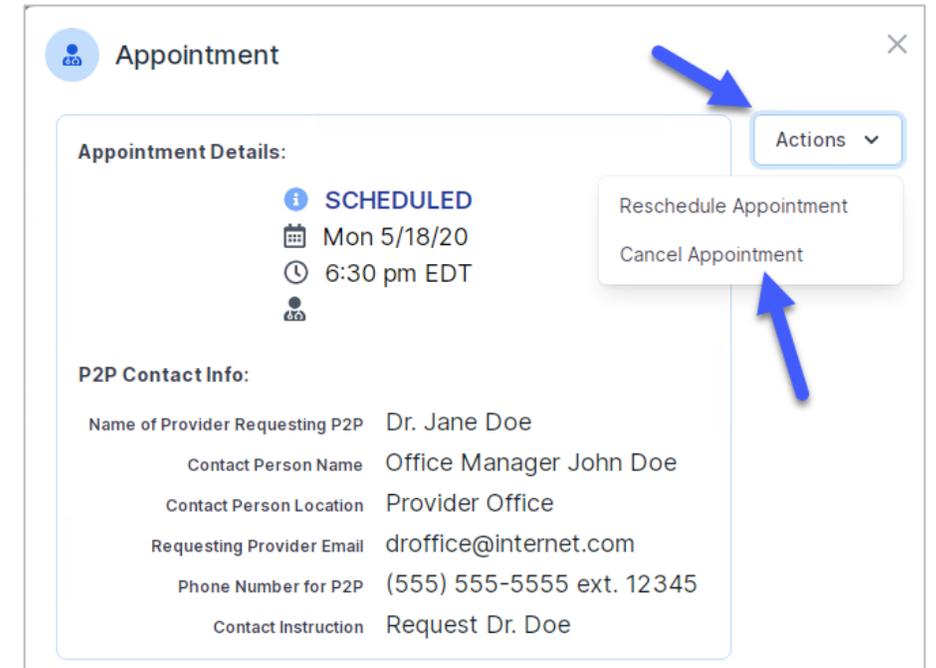
- Be sure to update the following fields so that we can reach the right person for the Peer-to-Peer appointment:
 - Name of Provider Requesting P2P
 - Phone Number for P2P
 - Contact Instructions
- Click **Submit** to schedule appointment. You will be presented with a summary page containing the details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

Scheduling
Scheduled
Mon 5/18/20 - 6:30 pm EDT
SCHEDULED

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

Provider Resources

Prior Authorization Call Center - 844.224.0495

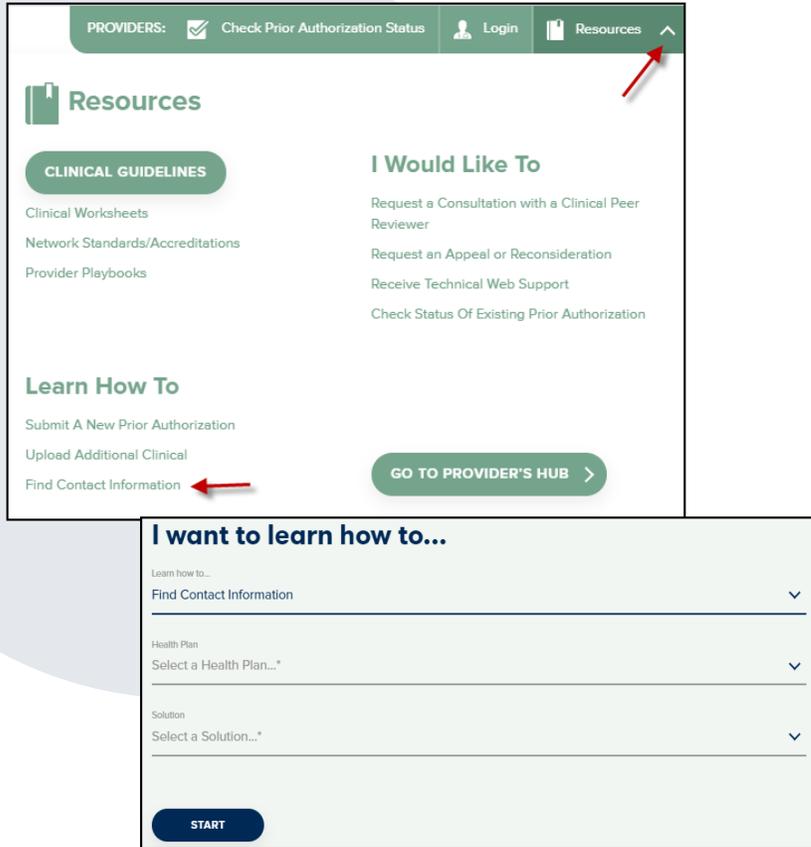
Our call centers are open from **7:00 a.m. to 7:00 p.m.** local time.

Providers can contact our call center to do the following:

- Request prior authorization.
- Check the status of existing authorization requests.
- Discuss questions regarding authorizations and case decisions.
- Change the facility or CPT code(s).
- Request to speak to a clinical reviewer.
- Schedule a clinical consultation with an eviCore medical director.



Online Resources



- You can access important tools, health plan-specific contact information, and resources at www.eviCore.com
- Select the **Resources** tab 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 e-mail portal.support@evicore.com.

Client and Provider Services 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

E-mail: ClientServices@evicore.com (preferred)

Phone: 800.646.0418 (option 4)

For prompt service, please have all pertinent information available. When e-mailing, 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 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 Prior Authorization Online Portal Tips and Tools** session to learn how 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 Prior Authorization Online Portal Tips and Tools session:

You can find a list of scheduled **Provider Prior Authorization Online Portal Tips and Tools** sessions on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



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 e-mail to subscribe.
- You will begin receiving e-mail provider newsletters with updates.



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

<https://www.evicore.com/resources/healthplan/Prominence>



Dedicated eviCore Teams

Call Center

- Phone: 844.224.0495
- Representatives available 7 a.m. to 7 p.m. (local time)

Web Support

- Live chat
- Email: portal.support@evicore.com
- Phone: 800.646.0418 (Option 2)

Client & Provider Operations Team

- Email: clientservices@evicore.com (preferred)
- Phone: 800.646.0418 (option 4)
- Eligibility issues (member or provider not found in system)
- Transactional, authorization-related issues requiring research

Provider Engagement

- Michael Morgan, RN, BSN
 - Email: Michael.Morgan@eviCore.com
 - Phone: 615.468.4000, ext. 24320
- Regional team that works directly with the provider community.

Thank You!

