

Radiology Management

Provider Orientation Session for Rocky Mountain Health Plans (RMHP)



Empowering
the Improvement
of Care

Agenda

- Company Overview
- Clinical Approach
- Program Overview
- Submitting Requests
- Prior Authorization Outcomes & Special Considerations
- Reconsideration Options
- Provider Portal Overview
- Additional Provider Portal Features
- Provider Resources
- Q & A

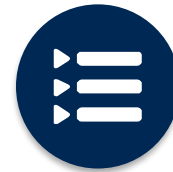
Company Overview

Medical Benefits Management (MBM)

Addressing the complexity of the healthcare system



10
Comprehensive
solutions



Evidence-based
clinical guidelines



5k+ employees,
including
1k+ clinicians



Advanced, innovative,
and intelligent
technology

Clinical Approach

Evidence-Based Guidelines

The foundation of our solutions



Dedicated
pediatric
guidelines



Contributions
from a panel of
community
physicians



Experts
associated
with academic
institutions



Current
clinical
literature

Aligned with National Societies:

- American College of Cardiology
- American Heart Association
- American Society of Nuclear Cardiology
- Heart Rhythm Society
- American College of Radiology
- American Academy of Neurology
- American College of Chest Physicians
- American College of Rheumatology
- American Academy of Sleep Medicine
- American Urological Association
- National Comprehensive Cancer Network
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Academy of Pediatrics
- American Society of Colon and Rectal Surgeons
- American Academy of Orthopedic Surgeons
- North American Spine Society
- American Association of Neurological Surgeons
- American College of Obstetricians and Gynecologists
- The Society of Maternal-Fetal Medicine

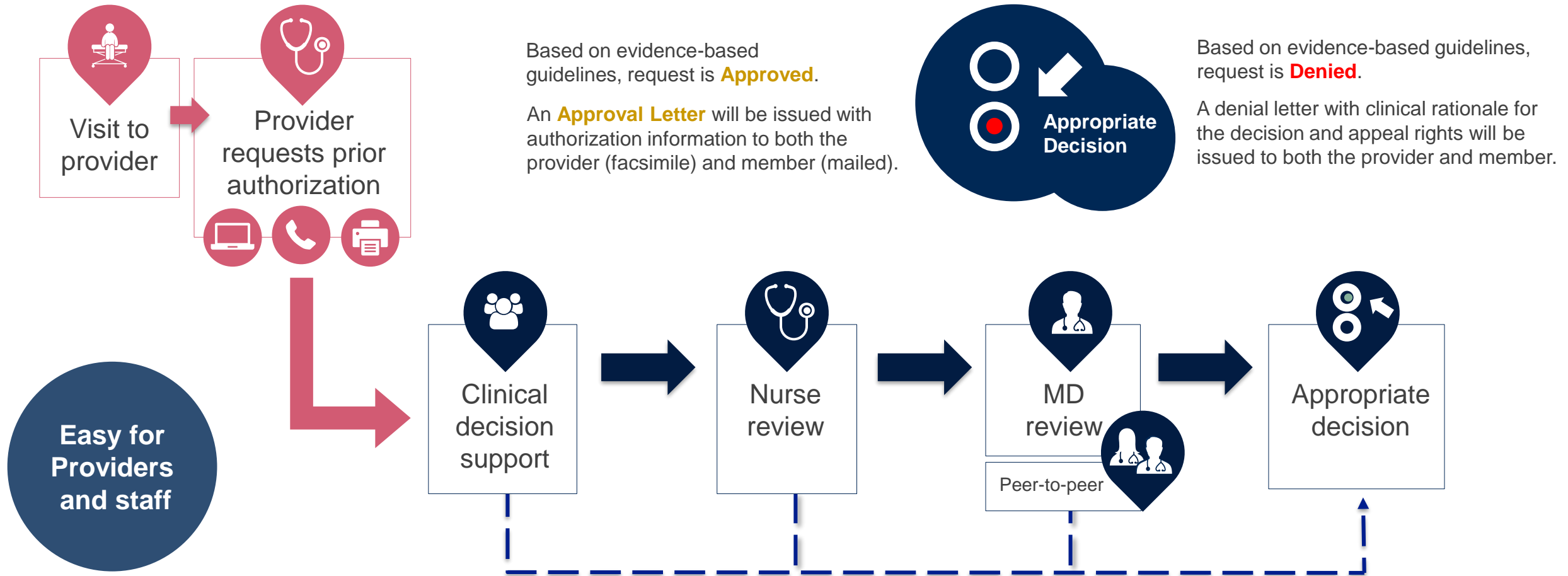
Clinical Staffing – Multispecialty Expertise

Dedicated nursing and physician specialty teams for a wide range of solutions

- ♦ **Anesthesiology**
- ♦ **Cardiology**
- ♦ **Chiropractic**
- ♦ **Emergency Medicine**
- ♦ **Family Medicine**
 - Family Medicine / OMT
 - Public Health & General Preventative Medicine
- ♦ **Gastroenterology**
- ♦ **Internal Medicine**
 - Cardiovascular Disease
 - Critical Care Medicine
 - Endocrinology, Diabetes & Metabolism
 - Geriatric Medicine
 - Hematology
 - Hospice & Palliative Medicine
 - Medical Oncology
 - Pulmonary Disease
 - Rheumatology
 - Sleep Medicine
 - Sports Medicine
- ♦ **Medical Genetics**
- ♦ **Nuclear Medicine**
- ♦ **OB / GYN**
 - Maternal-Fetal Medicine
- ♦ **Oncology / Hematology**
- ♦ **Orthopedic Surgery**
- ♦ **Otolaryngology**
- ♦ **Pain Mgmt. / Interventional Pain**
- ♦ **Pathology**
 - Clinical Pathology
- ♦ **Pediatric**
 - Pediatric Cardiology
 - Pediatric Hematology-Oncology
- ♦ **Physical Medicine & Rehabilitation**
 - Pain Medicine
- ♦ **Physical Therapy**
- ♦ **Radiation Oncology**
- ♦ **Radiology**
 - Diagnostic Radiology
 - Neuroradiology
 - Radiation Oncology
 - Vascular & Interventional Radiology
- ♦ **Sleep Medicine**
- ♦ **Sports Medicine**
- ♦ **Surgery**
 - Cardiac
 - General
 - Neurological
 - Spine
 - Thoracic
 - Vascular
- ♦ **Urology**



Utilization Management – the Prior Authorization Process



Program Overview

RMHP Prior Authorization Services

eviCore healthcare (eviCore) will begin accepting prior authorization requests for radiology services for Elite providers on **August 23, 2021** for dates of service **September 1, 2021** and after.

Prior authorization applies to the following services:

- Outpatient
- Diagnostic
- Elective / Non-emergent

Prior authorization does **NOT** apply to services performed in:

- Emergency Rooms
- Observation Services
- Inpatient Stays



Providers should verify member eligibility and benefits on the secured provider log-in section at: www.rmhp.org/provider-login

Applicable Memberships

Prior Authorization is required for RMHP members who are enrolled in the following lines of business/programs:

- Commercial
- Medicare
- Medicaid
- CHP+

When requesting an authorization either online at www.evicore.com or by calling eviCore's toll-free number 800-792-8750 you will need to use the Member ID , which is located on the Member's Rocky Mountain Health Plans insurance card.

Radiology Solution

Covered Services:

Advanced imaging services

- CT, CTA
- MRI, MRA
- PET, PET/CT
- Nuclear Medicine

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/rocky-mountain-health-plans>

→ Solution Resources

→ Radiology



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 it's available 24/7

Phone Number:

800-792-8750

Monday through Friday:

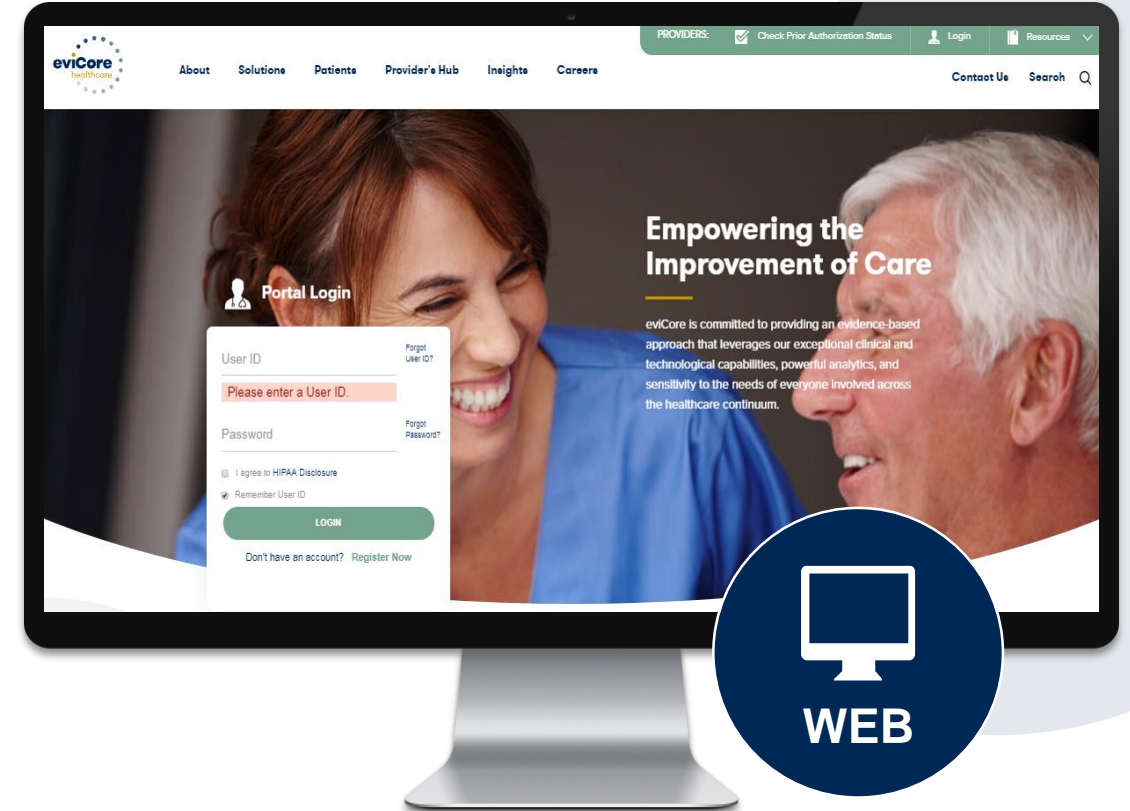
7 am – 7 pm MST

Fax Number:

800-540-2406

PA requests are accepted via fax and can be used to submit additional clinical information

The online portal is the best way to submit clinical information to eviCore



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. Following 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 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
- Duplication feature: If you are submitting more than one prior authorization request, you can duplicate information to expedite submittals

Keys to Successful Prior Authorizations

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



* Rendering facility information will not be collected for Medicare members

Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

If 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

To ensure that a determination is completed within the designated timeframe for each LOB, the case will remain on hold as follows:

- Medicare: 1 calendar day
- Medicaid: 8 calendar days
- Commercial: 3 business days

The Provider must submit the additional information to eviCore

Requested information must be received within the timeframe as specified in the Hold Letter.


eviCore will review the additional documentation and reach a determination


Determination will be completed within 14 calendar days of the request



Hold letter example

eviCore healthcare
400 Buckwalter Place Boulevard
Bluffton, SC 29910

eviCore healthcare

ROCKY MOUNTAIN
HEALTH PLANS
A UnitedHealthcare Company

Date: 8/2/2021

CONFIDENTIAL

Dear DR,

eviCore healthcare (eviCore) reviews certain prior authorization requests on behalf of Rocky Mountain Health Plans (RMHP).

We have received the request for the below service:

Member Name:
Member Number:
Date of Birth:
Requested Service:

Requesting Provider:
Facility (if applicable):
Reference Number:

The information we have received is insufficient to process this request. eviCore will consider additional information, if available, as part of this request for prior authorization. Please provide the following records by 8/10/2021 for the request to be processed. Be sure to include the reference number noted above when submitting the information.

The medical record for this patient is required to complete medical necessity review due to a same or similar request on file. This request will be pended until relevant medical records are uploaded at eviCore.com.

Please submit this information to eviCore at the below address or by calling 800-792-8750. Information may also be faxed to 800-540-2406.

Clinical Department
eviCore healthcare
400 Buckwalter Place Blvd.
Bluffton, SC29910

Upon receipt of this information, eviCore will make a timely determination. If additional information is not received by 8/10/2021, eviCore will make a decision based on the information available and inform you of the determination.

If the procedure or service takes place without a prior authorization, you may not bill the Member for services provided pursuant to your contract and state law. If you have questions, please contact the eviCore healthcare Authorization Department at 800-792-8750, Monday through Friday, 7 AM -7 PM MST.

If you have already submitted this information, please disregard this notice. Thank you for your assistance with this request.

Sincerely,

eviCore healthcare

cc: DR.

eviCore is working with your office to obtain the necessary clinical information.
Please disregard this notice if the additional information has already been submitted.

Prior Authorization Outcomes & Special Considerations

Prior Authorization Approval

Approved Requests

- Each case is reviewed in the order that it was received, and are typically handled within 2 business days from the receipt of relevant clinical information and will not exceed 14 calendar days for review
- Radiology authorizations are valid for 45 days from the date of the submission
- Authorization letters will be faxed to the ordering physician
- Members will receive a letter by mail
- Approval information can be printed on demand from the eviCore portal:
www.eviCore.com



Authorization letter example

KATHRYN RHINAMAN
14706 Highway 6 And 24
Parachute, CO 816359727

Dear :

CareCore National, LLC d/b/a eviCore healthcare (eviCore), reviews prior authorization requests on behalf of your health insurance company, Rocky Mountain Health Plans (RMHP). Certain health care services or medical equipment require prior authorization. This means RMHP must authorize those services or equipment before you receive them. Information about prior authorization can be found in your Member materials.

eviCore has reviewed the request for prior authorization of health care services and/or medical equipment. These services and/or equipment are approved only as described below and are subject to your plan's applicable cost sharing, including deductibles, coinsurance, and/or maximum out-of-pocket payments.

Reference Number:

Member Name:

Member Number:

Date of Birth:

Requesting Provider:

Facility (if applicable):

Dates of Service:

CPT/HCPC Code(s) if applicable	CPT/HCPC Code(s) Description if applicable	Total Number of Visits/Units or DME approved (if applicable):
73221	Magnetic Resonance Imaging (MRI), a special kind of picture of your arm joint (wrist, elbow or shoulder) without contrast (dye)	1

The approved services indicated above are valid for 45 calendar days from 8/2/2021 to 9/16/2021.

A copy of this notice has been faxed to the Requesting Provider.

You can request copies of any information we have about your claim for benefits at no cost. You can also have billing, treatment, and diagnosis codes and their meanings sent to you if you

request them. If you have any questions about this notice, we're here to help you. You can contact RMHP Customer Service using the information below or by emailing customer_service@rmhp.org. If you are deaf, hard of hearing, or have a speech disability, dial 711 for Relay Colorado, or use our Live Chat at rmhp.org.

- RMHP Commercial Members: Call 970-243-7050 or 800-346-4643, Monday – Friday, 8:00 a.m. – 5:00 p.m. MT. Para asistencia en español llame al 800-346-4643.
- RMHP Prime or Regional Organization Members: Call 888-282-8801, Monday – Friday, 8:00 a.m. – 5:00 p.m. MT. Para asistencia en español llame al 888-282-8801.
- RMHP Medicare Advantage and DSNP Members: Call 970-244-7912 or 888-282-1420 (TTY: 711). Hours are 8am – 8pm, 7 days/week, October 1-March 31, and 8am – 8pm, M-F, April 1-September 30. Para asistencia en español llame al 888-282-1420. Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with a State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.

In-network providers must submit claims directly to RMHP. Claims for these services will be paid in accordance with provider and Member contracts.

Plan information may be available in a different format or language. To request a document in another format or language, call Customer Service.

Se puede presentar la información acerca del plan en un formato idioma distinto. Para solicitar un documento en español, favor de llamar a Atención al Cliente.

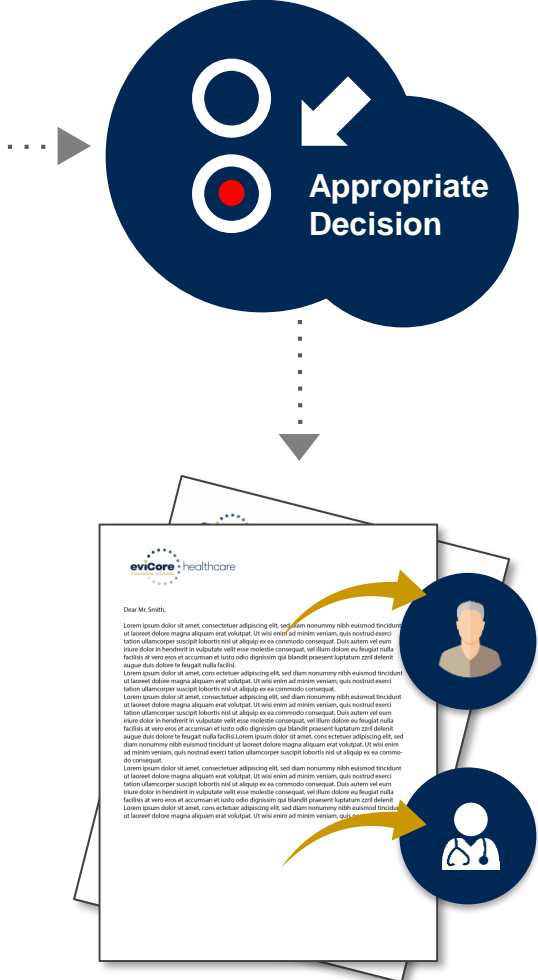
Note: The approval for these services or equipment noted in this notice is only for the time period during which the patient remains eligible on the patient's current health benefit plan or for a shorter period as specified in this form. The health plan will not pay for services or equipment rendered if the client is not enrolled and eligible at the time services are provided. In no event will this notice be valid more than 60 days after the requesting and/or servicing provider is no longer a contracted provider with the health plan. Further, as permitted by applicable law, this notice is subject to terms and conditions in the Member's health benefits contract, including but not limited to all applicable copayments, coinsurance and deductibles; coordination of benefits provisions; and any agreements between Rocky Mountain Health Plans and the health care provider. Billing for the services authorized in this form is subject to nationally standardized rules for coding and paying health care services. Confidentiality Notice: If you have received this via a fax machine, this facsimile transmission (and/or documents accompanying it) may contain confidential, proprietary, and privileged information. This information is intended only for the use of the individual(s) or providers named above. Any unauthorized review, use, disclosure, or distribution is prohibited. If you have received this transmission in error or cannot identify the recipient for distribution purposes, please notify RMHP immediately at 970-243-7050.

Sincerely,

eviCore healthcare

When a Request is Determined as Inappropriate

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



A denial letter with the rationale for the decision and the appeal rights will be issued to both the provider and member.

Special Circumstances

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 cases are typically reviewed within 24 to 72 hours

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

Post-Decision Options

My case has been denied. What's next?

- Providers are often able to utilize post-decision activity to secure case review for overturn consideration
- Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied. You can also call us at 800-792-8750 to speak to an agent who can provide available option(s) and instruction on how to proceed.



Post-Decision Options: Commercial and Medicaid Members

My case has been denied. What's next?

Reconsiderations

- Providers and/or staff can request a reconsideration review
- Reconsiderations must be requested within 7 business days for Medicaid members, and within 180 calendar days for Commercial membership 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
- Appeal information will be included in the denial determination letter that is faxed to the ordering provider and mailed to the member

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
- Appeal information will be included in the denial determination letter that is faxed to the ordering provider and mailed to the member

Provider Portal Overview

Single-Sign On Experience

Providers can visit the RMHP provider site (www.rmhp.org/provider-login) in order to link to the eviCore website :

To submit a request to eviCore healthCare

- Advanced imaging procedures performed **' within Colorado** must be made through eviCore healthCare online.
- Genetic testing must be submitted through eviCore healthCare online.

eviCore healthCare website



By clicking this link, you will be leaving the RMHP website. For additional information access the [RMHP Lab Quick Reference Guide](#).

To submit a behavioral health service prior authorization request

- Access the secure RMHP provider portal, accessRMHP, for outpatient authorization requests
- Contact RMHP at [855-886-2832](tel:855-886-2832) for hospital notification

Log into access|RMHP

To submit a pharmacy or drug prior authorization request

Prior Authorization for Pharmacy

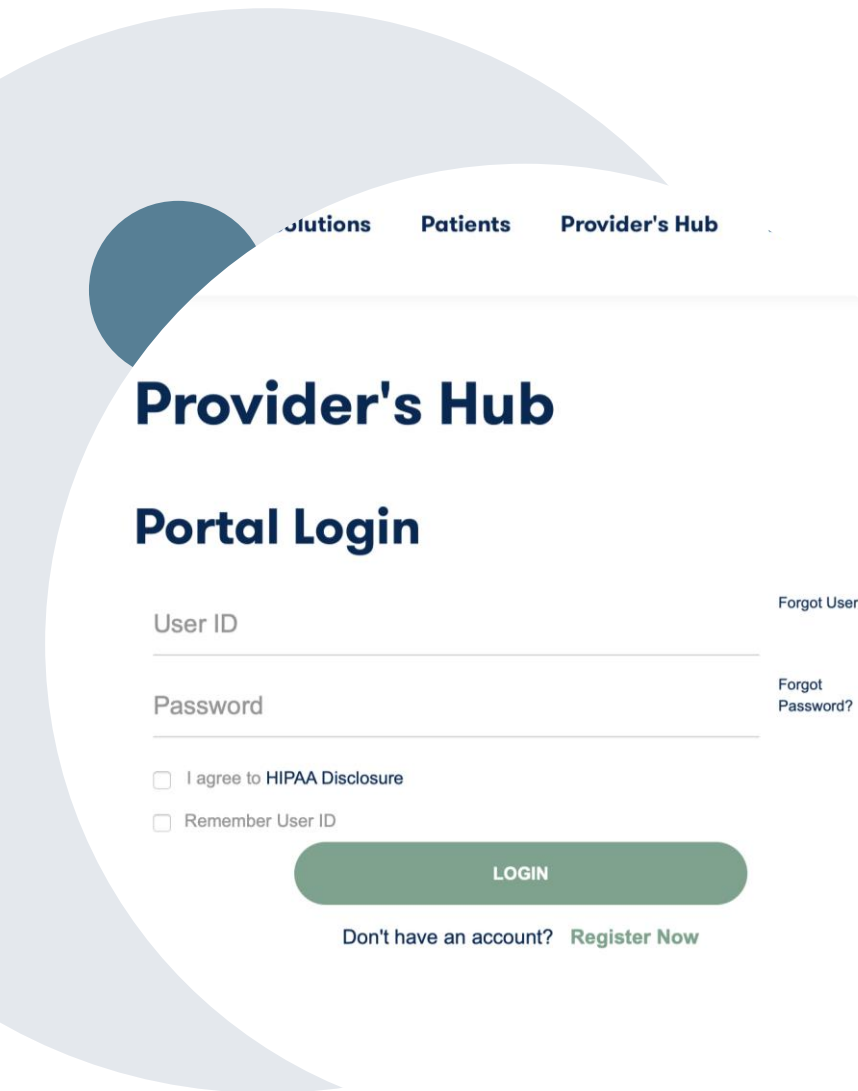
Criteria

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

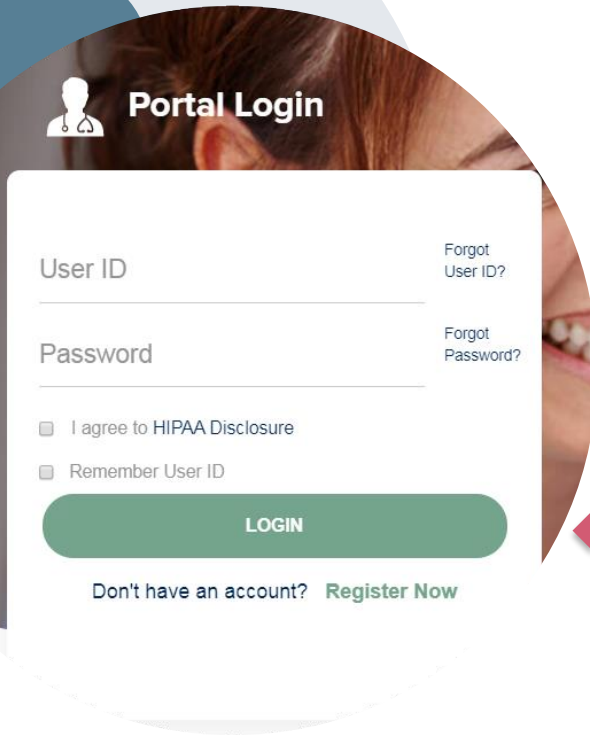
Visit www.evicore.com

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!



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](#)

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*:

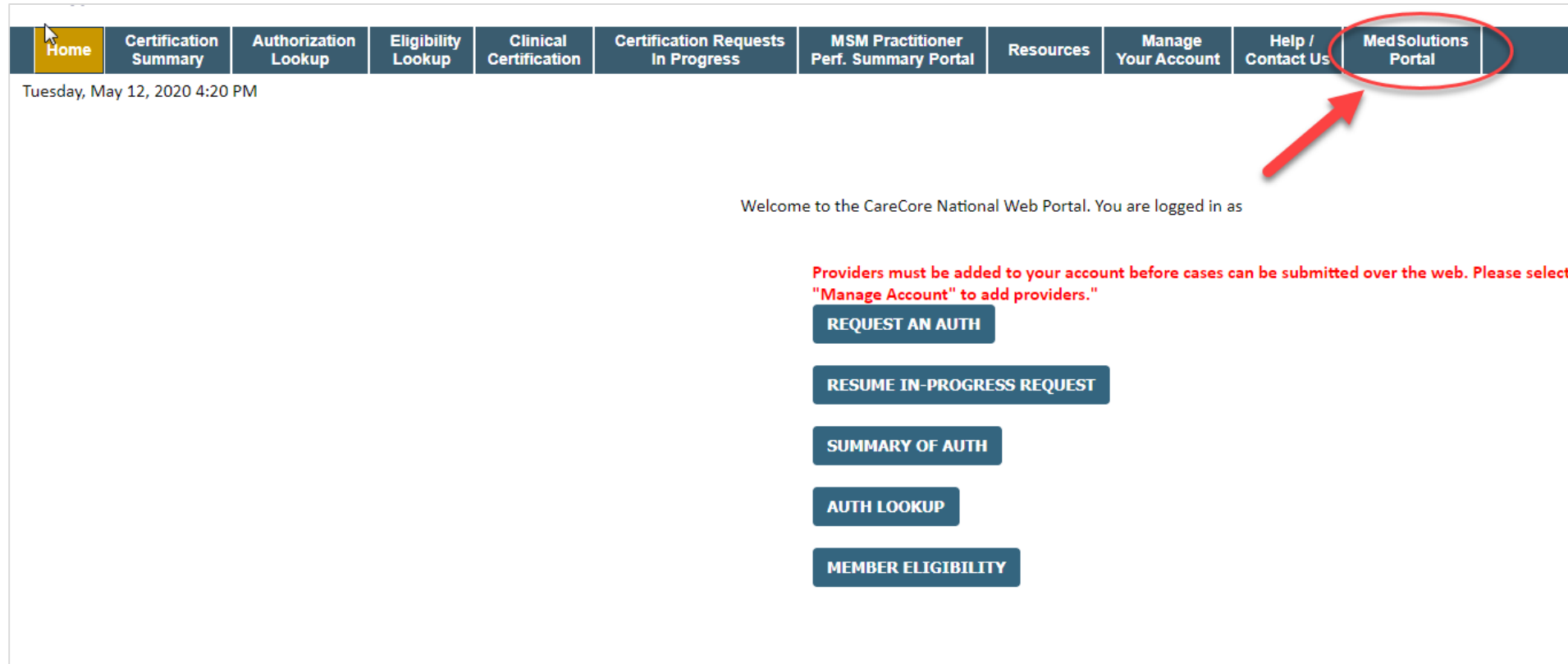
State*: Select

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



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

Manage Your Account

Office Name: CHANGE PASSWORD EDIT ACCOUNT

Address: 2000 Main Street
Boston, CT 06007

Primary Contact: John G. Gorman
Email Address: ggorman@evicore.com

ADD PROVIDER

Click Column Headings to Sort

No providers on file

CANCEL

Add Practitioner

Enter Practitioner information and find matches.
*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

FIND MATCHES CANCEL

- 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 a web application interface for initiating a case. At the top, a navigation bar contains several tabs: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted in yellow with a red arrow pointing to it), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, and Manage Your Account. Below the navigation bar, the 'Request an Authorization' section is visible, featuring a list of medical programs with radio buttons. The 'Radiology and Cardiology' option is selected and circled in red. A 'CONTINUE' button is located at the bottom of this section. To the right, the 'Requesting Provider Information' section is shown. It includes a text prompt to select a provider, a search filter for 'Filter Last Name or NPI:', a search input field, and 'SEARCH' and 'CLEAR SEARCH' buttons. Below the search field is a table with a header 'Provider' and a single row containing a 'SELECT' button and a blurred provider name. At the bottom of this section are 'BACK' and 'CONTINUE' buttons.

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	[Blurred Provider Name]

BACK **CONTINUE**

- 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 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

Add Your Contact Info

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

Who to Contact:* [?] [?]

Fax:* [?] [?]

Phone:* [REDACTED] [?]

Ext.: [?] [?]

Cell Phone: [?]

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

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**
- Next screen you can enter 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:

Zip Code:

Site Name:

TIN:

City:

☒ Exact match

☐ Starts with

LOOKUP SITE

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

Site of Service information will not be collected for Medicare members

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?

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practice Perf. Summary F

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):

No file chosen
 No file chosen
 No file chosen
 No file chosen
 No file chosen

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 MANN, M.D.	Contact:	NA
Provider Address:	1000 W 10th St Suite 1000, Fort Worth, TX 76102	Phone Number:	(817) 333-8641
		Fax Number:	(817) 333-8641
Patient Name:	BRADLEY MANN	Patient ID:	1000000000
Insurance Carrier:	WELLS FARGO		
Site Name:	WELLS FARGO BANK, N.A.	Site ID:	1000000000
Site Address:	1000 W 10th St Suite 1000, Fort Worth, TX 76102		
Primary Diagnosis Code:	NA	Description:	Recurrent pregnancy loss
Secondary Diagnosis Code:	NA	Description:	
Date of Service:	5/13/2020	Description:	OB Ultrasound
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-out** the summary of the request that includes the case # 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 ARJARA VEETIL	Contact:	NA
Provider Address:	1200 6TH AVE W SAINT CLOUD, MN 56301	Phone Number:	(800) 250-1000
		Fax Number:	(800) 250-1000
Patient Name:	ANTHONY GARCIA	Patient Id:	ANTHONY
Insurance Carrier:	WELLS FARGO		
Site Name:	CLINICAL RESEARCH CENTER	Site ID:	1000000
Site Address:	875 LAMAR AVENUE SW CLINICAL, FL 33501		
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

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

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

Page 1 of 0

- 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

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:

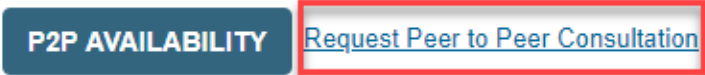
- ☐ Program (Radiation Therapy Management Program)
- ☐ Provider (XXXXXXXXXX, XXXXXXXX)
- ☐ Program and Provider (Radiation Therapy Management Program and XXXXXXXXXXXX, XXXXXXXX)
- ☐ Program and Health Plan (Radiation Therapy Management Program and CIGNA)

GO

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


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:	



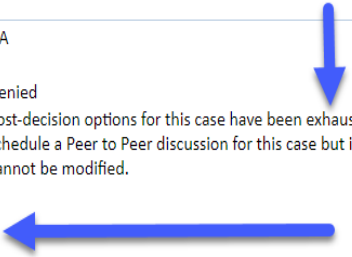
P2P AVAILABILITY

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:		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		



A blue arrow points from the 'Request Peer to Peer Consultation' link to the 'ALL POST DECISION OPTIONS' button. Another blue arrow points from the 'ALL POST DECISION OPTIONS' button to the left.

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 Case information will auto-populate from prior lookup

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

The screenshot shows a four-step process bar at the top: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (active). The 'P2P Info' section on the left shows the date as Mon 5/18/20 and time as 6:30 pm EDT. The 'Case Info' section lists details for the 1st Case, including Case #, Episode ID, Member Name, Member DOB, Member State, Health Plan, Member ID, Case Type (MSK Spine Surgery), and Level of Review (Reconsideration P2P). The 'P2P Contact Details' section on the right contains the following fields with blue arrows pointing to them: 'Name of Provider Requesting P2P' (filled with 'Dr. Jane Doe'), 'Contact Person Name' (filled with 'Office Manager John Doe'), 'Contact Person Location' (dropdown menu showing 'Provider Office'), 'Phone Number for P2P' (filled with '(555) 555-5555'), 'Phone Ext.' (filled with '12345'), 'Alternate Phone' (filled with '(xxx) xxx-xxxx'), 'Phone Ext.' (filled with 'Phone Ext.'), 'Requesting Provider Email' (filled with 'droffice@internet.com'), and 'Contact Instructions' (filled with 'Select option 4, ask for Dr. Doe'). A 'Submit >' button is at the bottom right.

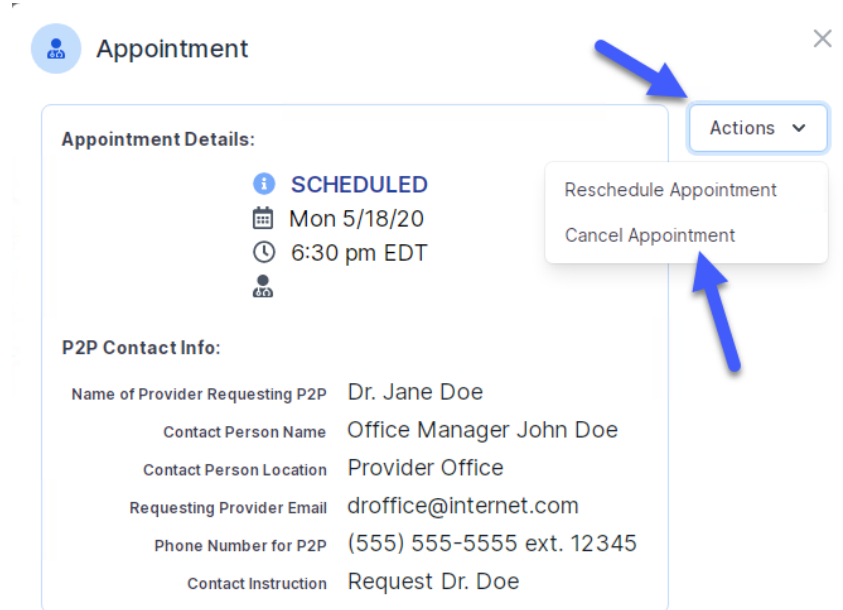
- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:
 - Name of Provider Requesting P2P
 - Phone Number for P2P
 - Contact Instructions
- Click submit to schedule appointment. You will be presented with a summary page containing the details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

The screenshot shows a 'Scheduling' section with a calendar icon. Below it, the 'Scheduled' status is confirmed with a calendar icon, the date and time 'Mon 5/18/20 - 6:30 pm EDT', and a person icon. A red oval highlights the word 'SCHEDULED' in a blue box at the bottom right.

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

eviCore Reconsideration Review Process on the Web

- Select “Auth Lookup”, health plan and enter the patient information



eviCore healthcare

Home Authorization Lookup MedSolutions Portal CareCore National Portal Help / Contact Us

Welcome to the CareCore National Web Portal.

REQUEST AN AUTH

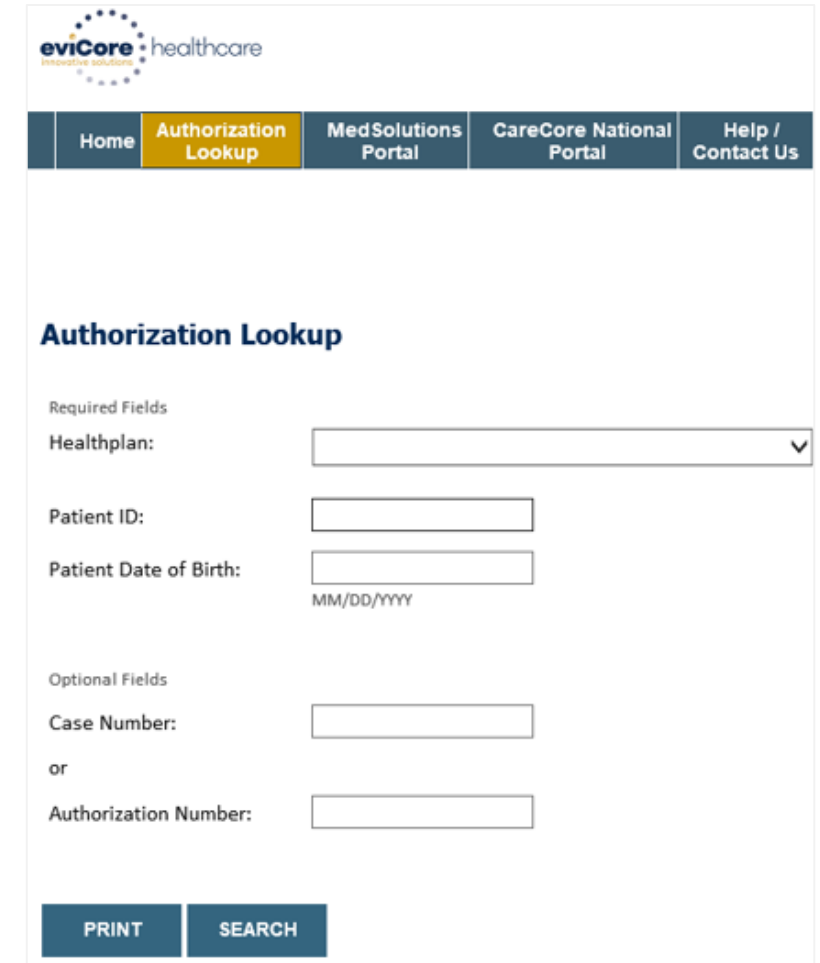
RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

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[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)



eviCore healthcare

Home Authorization Lookup MedSolutions Portal CareCore National Portal Help / Contact Us

Authorization Lookup

Required Fields

Healthplan:

Patient ID:

Patient Date of Birth:
MM/DD/YYYY

Optional Fields

Case Number:

or

Authorization Number:

PRINT SEARCH

eviCore Reconsideration Review Process on the Web (cont.)

- Select “All Post Decision Options” to view available options

eviCore

healthcare

Home

Authorization Lookup

MedSolutions Portal

CareCore National Portal

Help / Contact Us

Authorization Lookup

Authorization Number:NA

Case Number:

Status:Denied

P2P Status:

ALL POST DECISION OPTIONS

Approval Date:

Procedure Code:SPINE

Units Requested:1

Units Approved:0

Service Description:SPINE SURGERY

Site Name:

Expiration Date:

Date Last Updated:

Correspondence:

P2P AVAILABILITY

UPLOADS & FAXES

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
		1	0	

PRINT

SEARCH

eviCore Reconsideration Review Process on the Web (cont.)

- If a reconsideration or first level appeal is delegated through eviCore, the user will see the following question at the bottom of available appeal options
- User can answer “Yes” to move forward
- If the user answers “No” an appeal or reconsideration will not be started and the following notation will be placed on the case:
Post Decision Review process opened and abandoned by Web User. Case will not proceed to Reconsideration or Appeal review at this time.
- **Note:** Select ‘No’ to go back to schedule a Peer-to-Peer

eviCore Reconsideration Process on the Web (cont.)

- New or additional clinical documentation is required
- Failure to upload new or additional clinical documentation will cancel the request
- Once the clinical information is uploaded, the user will receive message “Your Post Decision Review request has been successfully submitted”
- Select ‘Submit’ to initiate the request

The screenshot displays the eviCore healthcare web interface. At the top, the logo "eviCore healthcare" is visible, with "eviCore" in blue and "healthcare" in grey, and "innovative solutions" in small text below. A navigation bar contains links: Home, Authorization Lookup (highlighted in yellow), MedSolutions Portal, CareCore National Portal, and Help / Contact Us. The page header shows the date and time: "Thursday, May 20, 2021 10:10 AM" and a "Log Off (CSTATEN)" link.

The main heading is "Authorization Lookup". Below it, a message states: "New or additional clinical is required when submitting a Post Decision Review request online. Please upload clinical in order to proceed. Failure to upload clinical information at this time will abandon the request."

A question follows: "Do you acknowledge that the uploaded clinical information used to initiate this post decision request is new and not previously reviewed?" with radio button options for "Yes" and "No". The "Yes" option is selected.

A blue "SUBMIT" button is located below the question.

Below this, a smaller version of the same interface is shown, representing the state after submission. The date and time are now "Thursday, May 20, 2021 10:12 AM". The message now reads: "Your Post Decision Review request has been successfully submitted." and the "SUBMIT" button remains.

eviCore Reconsideration Review Process on the Web (cont.)

- After the post decision review is initiated, the user will return to the authorization lookup
- Status will be updated to show additional information was submitted and pending review
- A determination will be faxed to the provider

HomeAuthorization LookupMedSolutions PortalCareCore National PortalHelp / Contact Us

Thursday, May 20, 2021 10:18 AMLog Off (CSTATEN)

Authorization Lookup

Authorization Number: NA

Case Number: 1144128675

Health Plan Auth Number:

Status: Additional Information Received, Pending Medical Director Review

P2P Status:

Approval Date:

Service Code: 71250

Service Description: CT THORAX W/O CONTRAST

Site Name: ST VINCENTS MEDICAL CENTE

Expiration Date:

Date Last Updated: 5/20/2021 10:18:42 AM

Correspondence:

UPLOADS & FAXES

Clinical Upload:

Upload Additional Clinical

Run Clinical Questionnaire

The option to attach clinical information is not available for this case at this time:
Please fax clinical information to 800-540-2406

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
71250	Computed tomography (CT) (a special kind of picture) of your chest without contrast (dye)	1	0	

P2P AVAILABILITY

Provider Resources

Dedicated Call Center

Prior Authorization Call Center – 800-792-8750

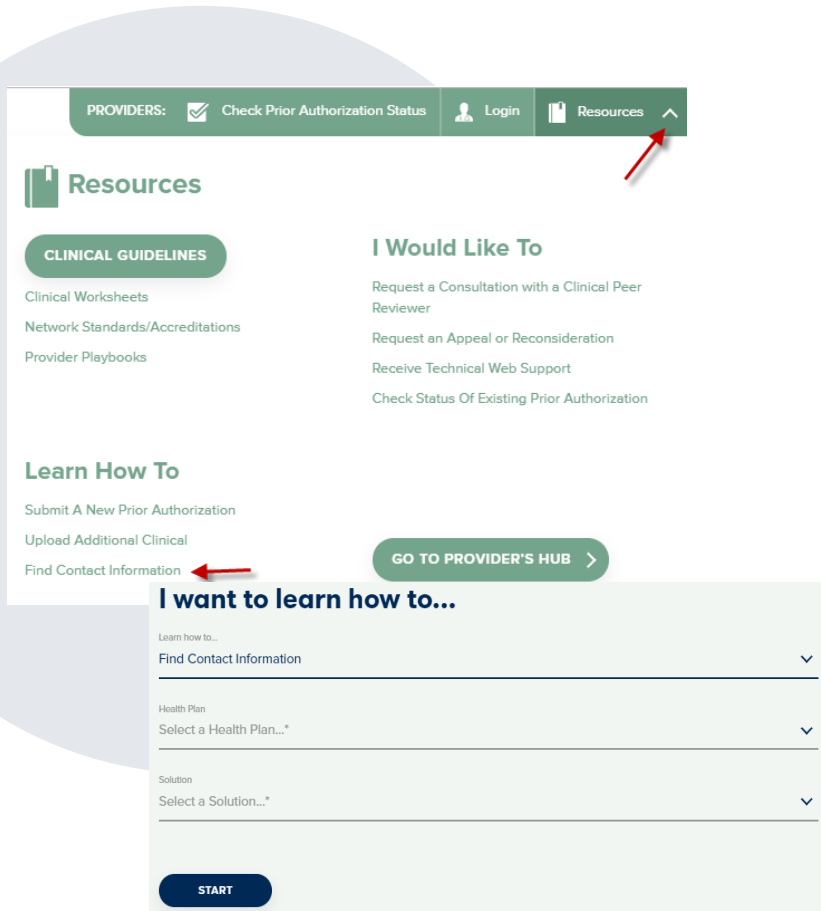
Our call centers are open from 7 a.m. to 7 p.m. (local time).

Providers can contact our call center to perform 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: 1 (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 Pages

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/rocky-mountain-health-plans>

RMHP Provider Services: provider.relations@rmhp.org



Provider Newsletter

Stay Updated With Our Free Provider Newsletter

eviCore's provider newsletter is sent out to the provider community with important updates and tips. If you are interested in staying current, feel free to subscribe:

- Go to eviCore.com
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates



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!

