

# Musculoskeletal Management | Pain, Joint and Spine Surgery

Provider Orientation Session for The Health Plan



Empowering  
the Improvement  
of Care

# Agenda

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- 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

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# Company Overview

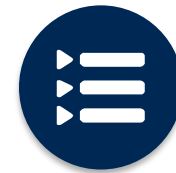
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# Medical Benefits Management (MBM)

Addressing the complexity of the healthcare system



10  
Comprehensive  
solutions



Evidence-based  
clinical guidelines



5k+ employees,  
including  
**1k+ clinicians**



Advanced, innovative,  
and intelligent  
technology

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# Clinical Approach

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# 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 Association of Occupational Therapy
- American Association of Physical Therapy
- American College of Obstetricians and Gynecologists
- The Society of Maternal-Fetal Medicine

# Clinical Staffing – Multispecialty Expertise

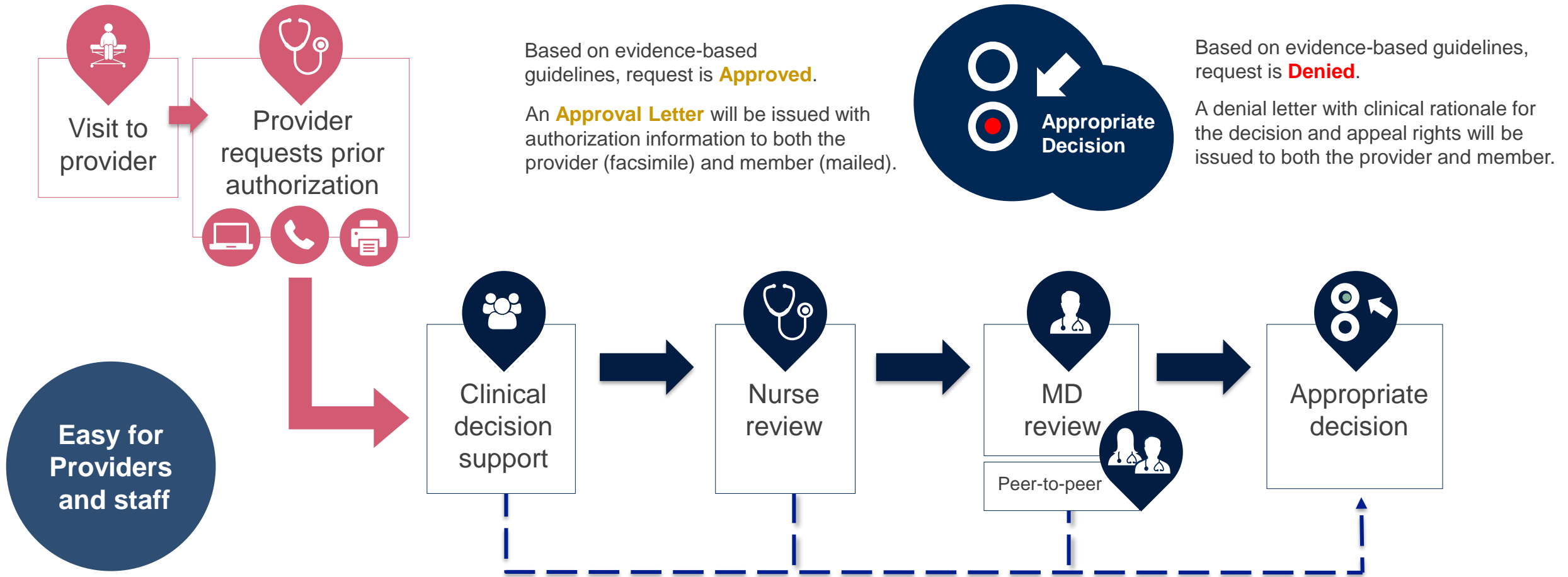
## Dedicated nursing and physician specialty teams for a wide range of solutions

- ◆ **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
- ◆ **Occupational Therapy**
- ◆ **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





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# Program Overview

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## Prior Authorization Required:

### Interventional Pain:

- Spinal injections
- Spinal implants
  - Spinal cord stimulators
  - Pain pumps

### Joint Surgery:

- Large joint replacement
  - Arthroscopic and open procedures

### Spine Surgery:

- Spinal implants
  - Spinal cord stimulators
  - Pain pumps
- Cervical/Thoracic/Lumbar
  - Decompressions
  - Fusions

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

<https://www.evicore.com/resources/health-plan/thp>

# Site of Care/Inpatient Stays:

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## Program overview

- eviCore healthcare will review the Spine and Joint surgery precertification request for medical necessity and make a determination based on the clinical information provided.
- eviCore will collect the requested place of service during the precertification process.
- If an inpatient stay is deemed medically necessary, eviCore will communicate the appropriate length of the inpatient stay in the determination letter.
- eviCore does not provide concurrent bed day management for inpatient admissions. All modifications/extensions to the approved length of stay are managed by the healthplan using their existing concurrent review process.



# The Health Plan Prior Authorization Services

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eviCore healthcare (eviCore) will begin accepting prior authorization requests for radiology services on **December 13, 2021** for dates of service **January 1, 2022** and after.

## Prior authorization applies to the following services:

- Outpatient
- Diagnostic
- Elective / Non-emergent

## Prior authorization does **NOT** apply to services that are secondary or part of an inpatient admission for care:

- Emergency Rooms
- Observation Services
- Inpatient Stays



Providers should verify member eligibility and benefits on the secured provider log-in section at: <https://myplan.healthplan.org/Account/Login>

# Applicable Memberships

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Prior Authorization is required for **The Health Plan** members who are enrolled in the following lines of business/programs:

<b>Medicare</b>	<ul style="list-style-type: none"><li>SecureCare HMO, SecureChoice PPO, and Dual Eligible Special Needs plans in West Virginia and Ohio</li></ul>
<b>Medicaid</b>	<ul style="list-style-type: none"><li>Mountain Health Trust, SSI and WV Health Bridge plans</li></ul>
<b>Commercial</b>	<ul style="list-style-type: none"><li>HMO, PPO, POS, and WV PEIA plans</li></ul>

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# Submitting Requests

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# Methods for Authorization Requests



Providers should verify member eligibility and benefits on the secured provider login section at:

<https://myplan.healthplan.org/Account/Login>

- ✓ Go to [www.eviCore.com](http://www.eviCore.com) and log on to the secure portal to submit prior authorization requests
  - ❑ **Available 24/7** and is the **quickest** way to create prior authorizations and check existing case status



**Phone:** 877.791.4104 Call Center Hours:  
7AM – 7PM Monday – Friday

**Note:** *Clinical documentation for existing cases can be faxed to 855-774-1319*

**Important:** Providers will access eviCore web portal directly through [eviCore.com](http://eviCore.com) - However we recommend you go to THP's website to ensure redirection to eviCore for the appropriate CPT Code(s)

# Benefits of Provider Portal

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**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

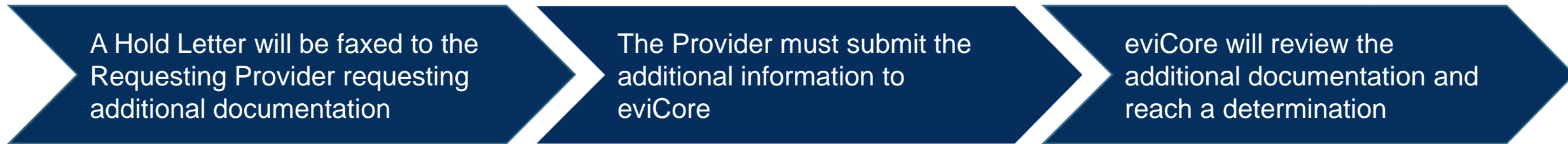
To obtain prior authorization on the very first submission, the provider submitting the request will need to gather four categories of information:



# 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:



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

- Medicare: **1 days**
- Medicaid: **4 days**
- Commercial: **3 days**

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

Determination will be completed within **14 calendar** days



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# Prior Authorization Outcomes & Special Considerations

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# Prior Authorization Approval

## Approved Requests

- Each case is reviewed in the order that it was received, and are processed within 2 BD not to exceed 10 calendar days for OH COM, not to exceed 7 calendar days for WV COM, not to exceed 14 calendar days for Medicare, and not to exceed 7 calendar days for Medicaid.
- Authorizations are valid for 90 days from the date of the submission
- Authorization letters will be faxed to the ordering physician & rendering facility
- When initiating a case on the web you can receive e-notifications when a determination is made
- Members will receive a letter by mail
- Approval information can be printed on demand from the eviCore portal: [www.eviCore.com](http://www.eviCore.com)



# 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

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## Retrospective (Retro) Authorization Requests

*Retrospective Requests are only allowed when a study had to be performed on an urgent basis, on a holiday or over a weekend (notification to eviCore within 2 business days from date of service); All other retro requests will be directed to The Health Plan*

## 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



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# Reconsideration Options

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# Post-Decision Options

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## 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 877.791.4104 to speak to an agent who can provide available option(s) and instruction on how to proceed.





# Post-Decision Options: Commercial and Medicaid Members

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## My case has been denied. What's next?

### Reconsiderations

- Providers and/or staff can request a reconsideration review
- Reconsiderations must be requested within 14 calendar days for WV COM and Medicaid, and 7 calendar days for OH COM, after the determination date
- Reconsiderations can be requested via a Clinical Consultation with an eviCore physician

### Appeals

- eviCore will process first-level appeals for Commercial and Medicaid requests
- Appeal requests must be submitted to eviCore within 60 calendar days from the initial determination
- Appeal requests can be submitted in writing and verbally
- All clinical information and the prior authorization request will be reviewed by a physician other than the physician who made the initial determination
- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider

# Pre-Decision Options: Medicare Members

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## 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

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## 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
- Information on how to initiate an appeal with The Health Plan will be outlined on the denial notification letter

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# Provider Portal Overview

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Home > Log in

### Access your account

**Secure Log in**

User ID

Password

[Log In >>](#)

[Need Help!](#) [Forgot User ID](#) [Forgot Password](#)

Registered providers input User ID & Password here

#### First-time users

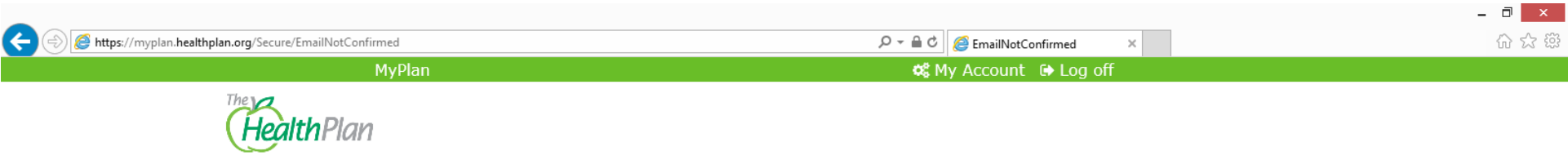
[Register](#)

#### Resource Library

[Access posted announcements](#)  
[Announcements](#)

Click the appropriate button if you need help, have forgotten your User ID or password

This is a secure website. Your IP address is 10.100.1.111



Hey Demo,

We noticed you have not confirmed your email address. It is really important that you confirm your email address for a couple reasons:

It will be easier for you to access your account if you forget your sign in information.

We can notify you if your employer has posted any important documents or links.

The process is really easy. We just send you an email with a special link in the email body. All you need to do is open the email and click on the link.

Let's do this! Email me the link!

No thanks, maybe later



Click here if you have previously confirmed your email address

Browser address bar: <https://myplan.healthplan.org/Provider>

Page Title: My Plan

Navigation: My Account, Log off

**The HealthPlan**

**Provider**

- Home
- Administration
- Search Patients
- Claims
- Pre-Authorizations**
- Roster
- Performance
- Voucher
- Forms
- Policies
- Resource Library
- Case Tracker Lite
- Member Search
- My Reminders

**Provider Home**

**Quick Claim Search**

Please enter the claim number

**Announcements**

- HP website claims going through Edifecs and Eligibility edit implemented on all claims**  
[Read more](#)
- West Virginia Family Health members will be receiving a letter informing them that they must choose another managed care organization**  
[Read more](#)
- THP will be implementing new claims editing software**  
[Read more](#)
- Corporate address update**  
Please update your mailing address for The Health Plan to  
1110 Main Street  
Wheeling, WV 26003
- Drugs Requiring Medical Necessity Review**  
The Health Plan may require a medical necessity review for various medically billable drug Current Procedural Terminology (CPT) codes (J-codes) prior to performing a procedure or service effective April 15, 2019.  
[Read more](#)
- Clinical Drug Testing Prior Authorization Requirement and Coverage Guideline Update**  
Effective July 1, 2018, based on The American Society of Addiction Medicine's (ASAM) published consensus statement, The Health Plan will be updating the guideline related to review of clinical drug testing for addiction treatment programs and pain management programs for all lines of business. [Read more](#)
- Palladian Health Partnership**  
The Health Plan is announcing our partnership with Palladian Health™ to improve outcomes for musculoskeletal conditions and spine pain management, effective January 1, 2019.  
[Read more](#) | [Webinar Schedule](#)

Click here to pre-authorize services

My Plan My Account Log off

**The HealthPlan**

Home > Pre-Authorization

Pre-Authorization

[Check Pre-Authorization Status](#) [Submit Pre-Authorization](#) [Check Palladian Pre-Authorization Status](#)

[Check EviCore Pre-Authorization Status](#)

**Submit a pre-authorization request here**

**Drugs Requiring Medical Necessity Review**

The Health Plan may require a medical necessity review for various medically billable drug Current Procedural Terminology (CPT) codes (J-codes) prior to performing a procedure or service effective **April 15, 2019**. Medically billable drugs are predominantly injectable or infusion drugs that are submitted on a medical claim and are reimbursed based on the member's medical benefit rather than their pharmacy benefit. This affects all lines of business with The Health Plan: Commercial (including HMO, PPO and POS plans), WV Medicaid (including Mountain Health Trust, WV Health Bridge and SSI), Self-Funded and Medicare (including SecureCareHMO, SecureChoicePPO, DSNP and Supplemental plans).

For a complete listing of medically billable drug codes, please review the list below.

- Commercial and Self-Funded
- Medicare
- WV Medicaid

**Pre-Authorization Lists**

Please review the pre-authorization lists below.

- Pre-Authorization Lists



https://devmyplan.healthplan.org/Provider/ProviderReferral

Submit a Pre-Authorization Request

My Plan My Account Log off

Home > Submit a Pre-Authorization Request

Submit a Pre-Authorization Request

**Member HID**

H 12345678 01

**Service Date**

10/07/2019 Find Member

The Service Date defaults to today's date

To submit a request for a Pre-Authorization you must know the member's THP ID number AND include the suffix.

**Employers**

- Search Members
- Manage Documents
- Databytes Login

**Provider**

- Home
- Administration
- Search Patients
- Claims
- Pre-Authorizations
- Roster
- Voucher
- Forms
- Policies
- Resource Library

Browser: https://devmyplan.healthplan.org/Provider/ProviderReferral

My Plan | My Account | Log off

Home > Submit a Pre-Authorization Request

### Submit a Pre-Authorization Request

Member HID: H [ ] [ ] Service Date: 10/07/2019 [Find Member]

Patient Information

Member Name	Member HID	Plan Group	Line of Business
Gender	Member Date of Birth	Member Age	Member Effective Date
Member Exit Date	Member PCP		

Ordering Provider Information

Ordering Provider: Please select a provider in the list below to auto-complete the fields to the right. You can narrow the list of providers by typing a name or provider number.

Select Ordering Provider [ ]

\* Provider Name [ ] \* Provider NPI [ ]

\* Provider TIN [ ] \* Provider ID [ ]

**Annotations:**

- Patient demographic information pre-populates below based on the member's Health Identification Number (HID)
- The exit date will end in 9999 to indicate this is an active THP member. Termed members will have the exact date w/year they termed coverage.

Browser: https://devmyplan.healthplan.org/Provider/ProviderReferral

My Plan | My Account | Log off

Home > Submit a Pre-Authorization Request

### Submit a Pre-Authorization Request

**Member HID**   **Service Date**

**Patient Information**

<b>Member Name</b>	<b>Member HID</b>	<b>Plan Group</b>	<b>Line of Business</b>
		01373702	DSNP
<b>Gender</b>	<b>Member Date of Birth</b>	<b>Member Age</b>	<b>Member Effective Date</b>
M			2/15/2018
<b>Member Exit Date</b>	<b>Member PCP</b>		
12/31/9999			

**Ordering Provider Information**

**Ordering Provider**

Please select a provider in the list below to complete the fields to the right. You can narrow the list of providers by typing a name or provider number.

**\* Provider Name**

**\* Provider NPI**

**\* Provider TIN**

**\* Provider ID**

Provider demographics pre-populates upon selecting the Ordering Provider from the drop down box

Browser address bar: <https://devmyplan.healthplan.org/Provider/ProviderReferral>

Menu: File Edit View Favorites Tools Help

**Employers**

- Search Members
- Manage Documents
- Databytes Login

**Provider**

- Home
- Administration
- Search Patients
- Claims
- Pre-Authorizations
- Roster
- Voucher
- Forms
- Policies
- Resource Library

**Member HID**   **Service Date**

**Patient Information**

<b>Member Name</b>	<b>Member HID</b>	<b>Plan Group</b>	<b>Line of Business</b>
		01373702	DSNP
<b>Gender</b>	<b>Member Date of Birth</b>	<b>Member Age</b>	<b>Member Effective Date</b>
			2/15/2018
<b>Member Exit Date</b>	<b>Member PCP</b>		
12/31/9999			

**Ordering Provider Information**

**Ordering Provider**

Please select a provider in the list below to auto-complete the fields to the right. You can narrow the list of providers by typing a name or provider number.

\* **Provider Name**

\* **Provider NPI**

\* **Provider TIN**

\* **Provider ID**

**Procedure Code**


Type CPT Procedure Code here

Browser address bar: <https://devmyplan.healthplan.org/Provider/ProviderReferral>

Browser tabs: Submit a Pre-Authorization ... x, Provider Email Listing - Report ...

Browser menu: File, Edit, View, Favorites, Tools, Help

Left sidebar menu:

- Databytes Login
- Provider
  - Home
  - Administration
  - Search Patients
  - Claims
  - Pre-Authorizations
  - Roster
  - Voucher
  - Forms
  - Policies
  - Resource Library

Main content area:

**Patient Information**

**Member Name** [Redacted]

**Gender** [Redacted]

**Member Exit Date**  
12/31/9999

**Line of Business**  
DSNP

**Member Effective Date**  
2/15/2018

**Ordering Provider Information**

**Ordering Provider**  
Please select a provider in the list below to auto-complete the fields to the right. You can narrow the list of providers by typing a name or provider number.

[Dropdown menu with '1' selected]

**\* Provider Name** [Redacted]

**\* Provider NPI** [Redacted]

**\* Provider TIN** [Redacted]

**\* Provider ID** [Redacted]

**Procedure Code**  
[Redacted] [Add Code](#)

**Where can we best reach you?**

**\* Your Name:** [Redacted]

**\* Your Phone #:** [Redacted] - [Redacted] - [Redacted]

**Extension #:** [Redacted]

Pre-Authorization Information

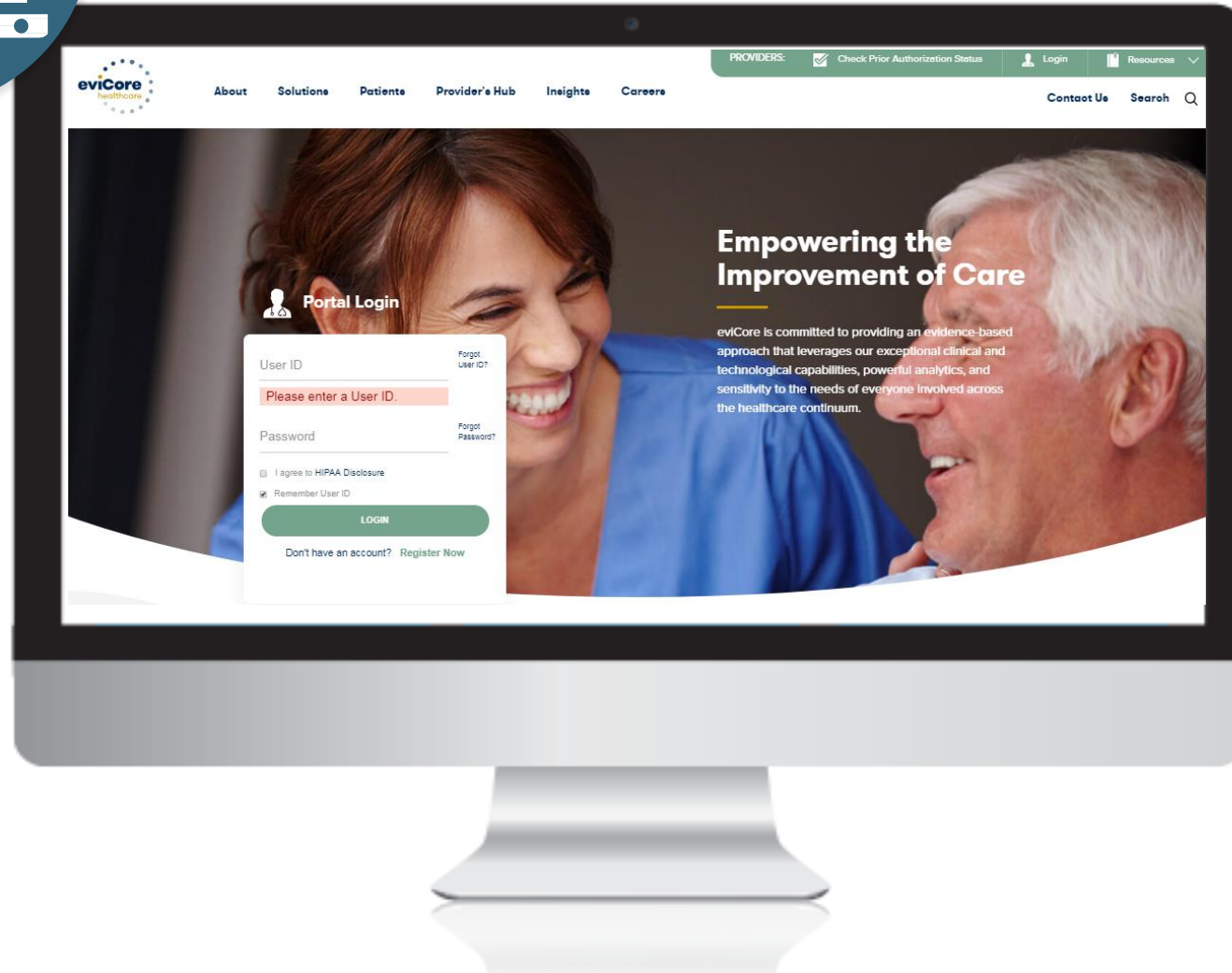
You are now being redirected to eviCore process these procedures and services. You will be required to use your eviCore credentials to log in.

[Close](#) [Continue](#)

The CPT code selected drives to eviCore's website if recognized as a code requiring pre-auth by eviCore



## Redirection to eviCore's Provider Web Portal – You will need to log in using your eviCore User ID and Password



# Select Program



<a href="#">Home</a>	<a href="#">Certification Summary</a>	<a href="#">Authorization Lookup</a>	<a href="#">Eligibility Lookup</a>	<b><a href="#">Clinical Certification</a></b>	<a href="#">Certification Requests In Progress</a>	<a href="#">MSM Practitioner Perf. Summary Portal</a>	<a href="#">Resources</a>	<a href="#">Manage Your Account</a>	<a href="#">Help / Contact Us</a>
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Monday, June 22, 2020 3:28 PM

## 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**

[Click here for help](#)

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# Type of Request

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## Attention!

Physical Therapy, Occupational Therapy, Speech Therapy, Massage Therapy, Chiropractic Care, and Acupuncture services are eligible for case duplication and date extensions. Are you requesting one of these services?

Date Extension

Continuing Care

Continue to Build a New Case

Requests for Spine Surgery, Joint Replacement, Arthroscopy, and Pain Management, please select "Continue to Build a New Case"



# Clinical Details



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
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Wednesday, July 01, 2020 2:54 PM

[Log Off \(JDMASO\)](#)

## Requested Service + Diagnosis

This procedure will be performed on 7/5/2020.

[CHANGE](#)

### Musculoskeletal Management Procedures

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

SPINE  SPINE SURGERY

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

### Diagnosis

Primary Diagnosis Code: **M54.16**

Description: **Radiculopathy, lumbar region**

[Change Primary Diagnosis](#)

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

Secondary diagnosis is optional for Musculoskeletal Management

[LOOKUP](#)

[BACK](#)

[CONTINUE](#)

60% Complete

**Provider and NPI**

**Patient**

[EDIT](#)

# Clinical Details

## Attention!

Will you also be the surgeon performing the procedure?

YES

NO

## Attention!

### Surgeon Search

Use the fields below to search for specific providers. 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 provider name by entering some portion of the name and we will provide you the provider names that most closely match your entry.

NPI:

TIN:

Zip Code:

City:

Provider Name:

Exact match

Starts with

LOOKUP PROVIDER

# Verify Treatment Selection



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
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Wednesday, July 1, 2020 3:14 PM

[Log Off \(JDMASO\)](#)

## Requested Service + Diagnosis

Confirm your service selection.

**Procedure Date:** 7/5/2020  
**CPT Code:** SPINE  
**Description:** SPINE SURGERY  
**Primary Diagnosis Code:** M54.16  
**Primary Diagnosis:** Radiculopathy, lumbar region  
**Secondary Diagnosis Code:**  
**Secondary Diagnosis:**

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

**BACK** **CONTINUE**

[Click here for help](#)

60% Complete

**Provider and NPI**

**Patient**

[EDIT](#)

# Clinical Collection Process – Pathway Questions



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
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Wednesday, July 01, 2020 3:29 PM

[Log Off \(JDMAS\)](#)

## Proceed to Clinical Information

**i** Please enter the primary CPT code for this surgery.

**i** How many units? (Units for an assistant or co-surgeon should NOT be included here. Indicate the assistant / co-surgeon by requesting the appropriate modifier)

**i** Which region of the spine will this procedure be performed?

- Thoracic
- Cervical
- Lumbar
- Sacral
- This request is for E0760 and is NOT related to a spinal condition.

**SUBMIT**

Finish Later

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

**CANCEL**

# Clinical Collection Process – Pathway Questions



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
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Wednesday, July 01, 2020 3:31 PM

[Log Off \(JE\)](#)

## Proceed to Clinical Information

**i** Do you want to enter a second code for this surgery?

Yes  No

**SUBMIT**

Finish Later

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

**CANCEL**

# Clinical Collection Process – Pathway Questions



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
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Wednesday, July 01, 2020 3:32 PM

[Log Off \(JD\)](#)

## Proceed to Clinical Information

### SPINE / LEVEL

**i** Which spinal level(s) will be involved? (Choose ALL that apply):

- C1 - C2  C5 - C6
- C2 - C3  C6 - C7
- C3 - C4  C7 - T1
- C4 - C5  Other/Unknown

**i** How many previous cervical fusions has your patient had?

- 0 (This is the first cervical fusion)
- 1 previous cervical fusion
- 2 or more cervical fusions
- Unknown or not sure

**i** Does your patient have any of the following urgent or emergent conditions:

No urgent or emergent conditions exist ▼

**SUBMIT**

# Clinical Certification – Case Summary – Medical Review

## 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. [REDACTED]	Contact:	[REDACTED]
Provider Address:	[REDACTED]	Phone Number:	[REDACTED]
		Fax Number:	[REDACTED]
Patient Name:	[REDACTED]	Patient Id:	[REDACTED]
Insurance Carrier:	[REDACTED]		
Site Name:	[REDACTED]	Site ID:	[REDACTED]
Site Address:	[REDACTED]		
Primary Diagnosis Code:	[REDACTED]	Description:	Other cervical disc displacement, unspecified cervical region
Secondary Diagnosis Code:	[REDACTED]	Description:	
Date of Service:	[REDACTED]	Description:	Spine Surgery
CPT Code:	[REDACTED]		
Case Number:	[REDACTED]		
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.		

# Clinical Certification – Case Summary - Approval

### Summary of Your Request

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

**Your case has been Approved.**

<b>Provider Name:</b>	DR. BHARATH MANU ANKARA VETTI	<b>Contact:</b>	1000
<b>Provider Address:</b>	1200 6TH AVE N SAINT CLOUD, MN 56300	<b>Phone Number:</b>	(320) 250-1000
		<b>Fax Number:</b>	(320) 250-1000
<b>Patient Name:</b>	SMITH, JAMES	<b>Patient Id:</b>	12345678
<b>Insurance Carrier:</b>	WELLS FARGO		
<b>Site Name:</b>	COMMUNITY HOSPITAL OF ST. CLOUD	<b>Site ID:</b>	12345678
<b>Site Address:</b>	875 LAMAR BLVD SAINT CLOUD, MN 56300		
<b>Primary Diagnosis Code:</b>	M43.16	<b>Description:</b>	Spondylolisthesis, lumbar region
<b>Secondary Diagnosis Code:</b>		<b>Description:</b>	
<b>Date of Service:</b>	Not provided	<b>Description:</b>	Spine Surgery
<b>CPT Code:</b>	SPINE		
<b>Authorization Number:</b>	12345678		
<b>Review Date:</b>	5/13/2020 1:52:08 PM		
<b>Expiration Date:</b>	6/27/2020		
<b>Status:</b>	Your case has been Approved.		

**CANCEL** **PRINT** **CONTINUE**



---

# Additional Provider Portal Features

---

# Certification Summary

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

**Certification Summary**

Search.. 🔍 ☰

Page 1 of 0 10 ▾

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

Page 1 of 0 10 ▾

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

# Authorization Lookup

---

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

**Authorization Lookup**

Search by Member Information                       Search by Authorization Number/ NPI

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

# Duplication Feature

## Success

Thank you for submitting a request for clinical certification. Would you like to:

- [Return to the main menu](#)
- [Start a new request](#)
- [Resume an in-progress request](#)

You can also start a new request using some of the same information.

Start a new request using the same:

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

GO

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

---

# Provider Resources

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# Dedicated Call Center

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## Prior Authorization Call Center – 877.791.4104

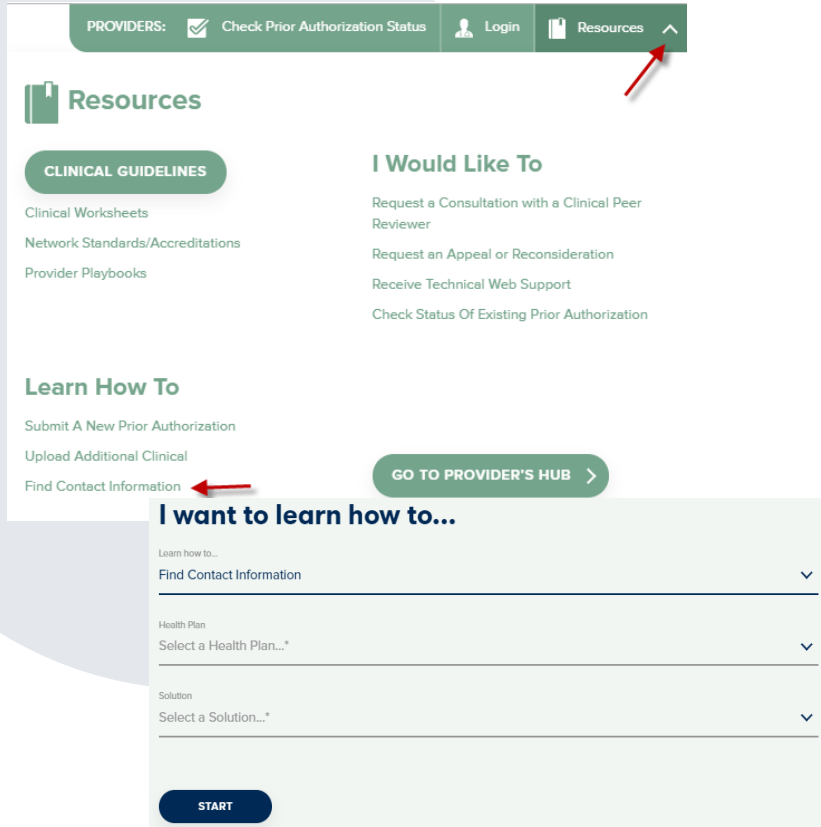
Our call centers are open from 7AM to 7 PM (local time).

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](http://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](http://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](mailto:portal.support@evicore.com)

# Client & Provider Operations Team

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## 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](mailto: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

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## 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

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## 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/thp>



**The Health Plan Provider Services:** 1.877.847.7901 or email [providersupport@healthplan.org](mailto:providersupport@healthplan.org)

# Provider Newsletter

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## Stay Updated With Our Free Provider Newsletter

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

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



# Provider Resource Review Forums

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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](http://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](http://www.eviCore.com) → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



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# Thank You!

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# Pain Management, and Joint & Spine Surgery Requirement Highlights

Complete guidelines can be found on: [www.eviCore.com](http://www.eviCore.com), under the Resources tab at the top right of your screen



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of Care

# Interventional Pain Requirements

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- Interventional Pain procedures require a separate pre-service authorization request for each date of service.
- The patients response to prior interventional pain injections will determine if a subsequent injection is appropriate. \*\*\*Including the response to the prior interventional pain injection in the office notes will help avoid processing delays.
- For an epidural injection, a patient must have a radiculopathy or radicular pattern confirmed on imaging or EMG/NCS. For a facet procedure, loading of the joint in extension and lateral rotation is needed. For sacroiliac joint injection, a patient must have 3 or 5 positive stress maneuvers of the sacroiliac joint.
- An epidural injection and facet joint injection in the same region is not allowed, except when there is a facet joint cyst compressing the exiting nerve root.
- No more than 1 level interlaminar epidural, 1 nerve root selective nerve root block, 2 level therapeutic transforaminal epidural, 3 level facet/medial branch nerve blocks are indicated in a single session.
- 6 weeks of conservative care is need prior to an epidural steroid injection. 4 weeks of conservative care is needed prior to facet/medial branch nerve blocks and sacroiliac joint injections.
- For cervical and thoracic epidural injections, advanced imaging must be performed within the last 12 months.
- Fluoroscopic or CT scan image guidance is required for all interventional pain injections.

# Interventional Pain Requirements continued

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- The limit of diagnostic facet/medial branch nerve blocks is 2 prior to possible radiofrequency ablation. The limit of epidural steroid injections is 3 per episode and 4 per 12 month period.
- Epidural injections require a 2 week outcome prior to preauthorization of a subsequent epidural. Radiofrequency ablation of the medial branch nerves from C2 – 3 to L5 – S1 require a 6 week interval.
- An epidural steroid injection must have a least 2 of the following:
  - 50% or greater relief of radicular pain.
  - Increased level of function/physical activity.
  - And or decreased use of medication and/or additional medical services such as Physical Therapy/Chiropractic care.
- A diagnostic facet/medial branch nerve block must have at least 80% relief from the anesthetic. 2 facet/medial branch nerve blocks with a least 80% relief are needed for radiofrequency ablation.
- A therapeutic sacroiliac joint injection following a diagnostic joint injection must have >75% pain relief.
- A repeat therapeutic sacroiliac joint injection must have >75% pain relief and either an increase in level function or reduction in use of pain medication and/or medical services such as PT/Chiropractic care.



# Spine Surgery Requirements

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**Prior Authorization requests should be submitted at least 2 weeks prior to the date of an elective spinal surgery**

## Minimum documentation requirements:

- CPT codes, disc levels, or motion segments involved for planned surgery and ICD-10 codes.
- Detailed documentation of the type, duration, and frequency of provider directed non-surgical treatment with response to each with details if less than clinically meaningful improvement to treatment.
- Written reports/interpretations of the most recent advanced diagnostic imaging studies by independent radiologist.
- Acceptable imaging modalities for purposes of the Spine Surgery guidelines are: CT, MRI and Myelography.

## For Spinal Fusion surgery requests:

- Documentation of flexion-extension plan X-rays based upon indications for instability and/or other plain X-rays that document failure of instrumentation, fusion, etc.
- Documentation of nicotine-free status, as evidenced by either of the following, unless this is an urgent/emergent request, for decompression only without fusion, disc arthroplasty, or when myelopathy is present.
- evidenced by blood cotinine lab results of <10ng/mL. (In order to complete the prior authorization process for spinal fusion surgery, allow for sufficient time for submission of lab results performed after the 6-week cessation period.

# Spine Surgery Requirements continued

---

**Some procedures in the eviCore Spine Surgery Guidelines require a trial of epidural steroid injections (ESIs)/selective nerve root blocks (SNRBs) unless there is a documented contraindications to ESIs/SNRBs**

Contraindications to ESIs/SNRBs include the presence of ANY of the following:

- Allergy to the medication to be administered
- A significantly altered or eliminated epidural space (e.g. congenital anatomic anomalies or previous surgery)
- Anticoagulation therapy
- Bleeding disorder
- Localized infection in the region to be injected
- Systemic infection
- Other co-morbidities which could be exacerbated by steroid usage (e.g. poorly controlled hypertension, severe congestive heart failure, diabetes, etc.)

**eviCore Musculoskeletal Guidelines for Advanced Procedures:**

<https://www.evicore.com/provider/clinical-guidelines-details?solution=musculoskeletal%20advanced%20procedures>

# Joint Surgery Requirements

**Partial Knee and Total Knee Replacement is considered medically necessary when all of the following criteria have been met:**

- Function-limiting pain at short distances (e.g. walking less than ¼ mile, limiting activity to two city blocks, the equivalent to walking the length of a shopping mall) for at least 3 months duration.
- Loss of knee function which interferes with the ability to carry out age appropriate activities of daily living and/or demands of employment.

**Radiographic or arthroscopic findings of either of the following:**

- Severe unicompartamental (medial, lateral, or patellofemoral) degenerative arthritis evidenced by either Large osteophytes, marked narrowing of joint space, severe sclerosis, and definite deformity of bone contour (i.e., Kellgren-Lawrence Grade IV radiographic findings) or Exposed subchondral bone (i.e., Modified Outerbridge Classification Grade IV arthroscopy findings)
- Avascular necrosis (AVN) of the femoral condyles and/or proximal tibia.
- Intact, stable ligaments, in particular the anterior cruciate ligament
- Knee arc of motion (full extension to full flexion) greater than 90 degrees

**Failure of at least 3 months of provider directed non-surgical management**

- For patients with BMI > 40, there must be failure of a least 6 months of provider directed non-surgical management
- Provider directed non-surgical management may be inappropriate. The medical record must clearly document why provider directed non-surgical management is not appropriate.

**Total knee replacement is considered medically necessary for a fracture of the distal femur when conservative management or surgical fixation is not considered a reasonable option.**

# Joint Surgery Requirements

The determination of medical necessity for the performance of shoulder surgery is always made on a case by case basis.

Shoulder arthroscopic or open surgical procedures may be considered medically necessary for individuals when surgery is being performed for fracture, tumor, infection or foreign body that has led to or will likely lead to progressive destruction.

Diagnostic Arthroscopy is considered medically necessary as a separate procedure when all of the following criteria have been met:

Function limiting pain (e.g. loss of shoulder function which interferes with the ability to carry out age appropriate activities of daily living and /or demands of employment for at least 6 months in duration.

Individual demonstrates any of the following abnormal shoulder physical examination findings as compared to the non involved side.

- Functionally limited range of motion (active or passive)
- Measurable loss in strength
- Positive Neer Impingement Test or Hawkins-Kennedy Impingement Test.
- Failure of provider directed non-surgical management for at least 3 months in duration.
- Advanced diagnostic imaging study (e.g., MRI; CT) is inconclusive for internal derangement/pathology
- Other potential pathological conditions including, but not limited to: fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain, and advanced glenohumeral osteoarthritis have been excluded.

Diagnostic arthroscopy is considered not medically necessary for any other indication or condition.

eviCore Musculoskeletal Guidelines for Advanced Procedures:

<https://www.evicore.com/provider/clinical-guidelines-details?solution=musculoskeletal%20advanced%20procedures>

# Reconsideration and Peer to Peer Requests via the Web Portal



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# 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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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

**Authorization Lookup**

Authorization Number: NA

Case Number: **P2P AVAILABILITY**

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: **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

The screenshot shows the eviCore healthcare website interface. At the top left is the eviCore logo with the tagline 'innovative solutions' and the word 'healthcare'. Below the logo is a navigation bar with several tabs: 'Home', 'Authorization Lookup' (which is highlighted in yellow), 'MedSolutions Portal', 'CareCore National Portal', and 'Help / Contact Us'. Below the navigation bar, the date and time 'Thursday, May 20, 2021 10:00 AM' are displayed. The main heading is 'Authorization Lookup'. Below this heading, there are three lines of text: 'Peer to Peer Review allowed through eviCore until 11/14/2021 12:00:00 AM.', 'First Level Appeal allowed through eviCore until 11/14/2021.', and 'Second Level Appeal is not delegated to eviCore or is no longer available for this case.' Below the text is a question: 'Would you like to process a Standard Pre-Service Appeal?' with two radio button options: 'Yes' (which is selected) and 'No'. At the bottom of the form is a blue 'SUBMIT' button. A note at the bottom of the page reads: 'Note: Expedited or Post-Service Appeals must be initiated by calling eviCore at 800-792-8744, option 4.'



# 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 website interface. At the top, the logo for eviCore healthcare is visible. Below the logo is a navigation menu with the following items: Home, Authorization Lookup (highlighted in yellow), MedSolutions Portal, CareCore National Portal, and Help / Contact Us. The page title is "Authorization Lookup". The main content area contains a message: "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." Below this message is a question: "Do you acknowledge that the uploaded clinical information used to initiate this post decision request is new and not previously reviewed?" with radio buttons for "Yes" and "No". A "SUBMIT" button is located below the question. A second screenshot below shows the same page after submission, with the message: "Your Post Decision Review request has been successfully submitted." and a "SUBMIT" button.

# 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

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

Thursday, May 20, 2021 10:18 AM [Log Off \(CSTATEN\)](#)

### Authorization Lookup

Authorization Number: NA

Case Number: P2P AVAILABILITY

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**

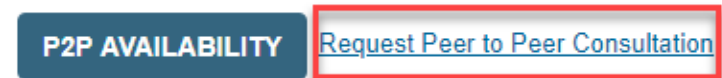
**Procedures**

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	

# How to schedule a Peer to Peer Request

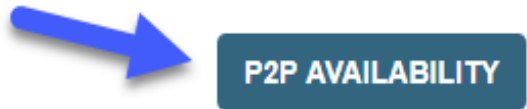
---

- Log into your account at [www.evicore.com](http://www.evicore.com)
- Perform Authorization Lookup to determine the status of your request.
- Click on the “P2P Availability” button to determine if your case is eligible for a Peer to Peer conversation:
- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.



## Authorization Lookup

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



# How to schedule a Peer to Peer Request

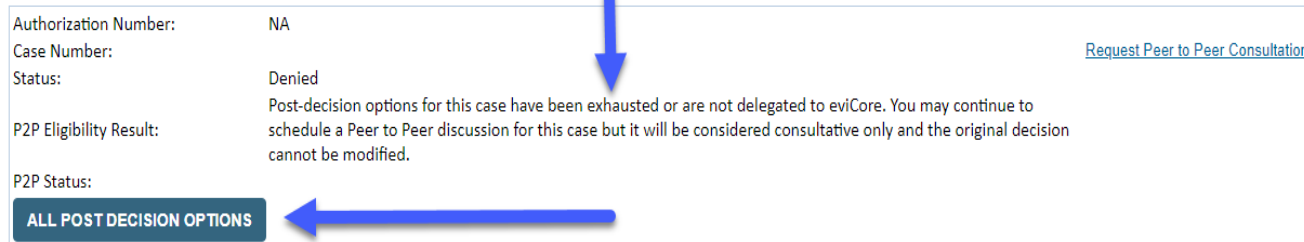
---

Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the “All Post Decision Options” button to learn what other action may be taken.

## Authorization Lookup

Authorization Number:	NA	
Case Number:		<a href="#">Request Peer to Peer Consultation</a>
Status:	Denied	
P2P Eligibility Result:	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.	
P2P Status:		

**ALL POST DECISION OPTIONS**



Once the “Request Peer to Peer Consultation” link is selected, you will be transferred to our scheduling software via a new browser window.

# How to Schedule a Peer to Peer Request

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 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 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.

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...	-	-	-

You will be prompted to identify your preferred Days and Times for a Peer to Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click Continue.

# How to Schedule a Peer to Peer

## Confirm Contact Details

- Contact Person Name and Email Address will auto-populate per your user credentials

The screenshot shows a multi-step scheduling process. The 'P2P Contact Details' section includes the following fields:

- 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

A 'Submit >' button is located at the bottom right of the form.

- 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 summary page displays the following information:

- Scheduling**
- Scheduled**
- Mon 5/18/20 - 6:30 pm EDT**
- SCHEDULED** (circled in red)

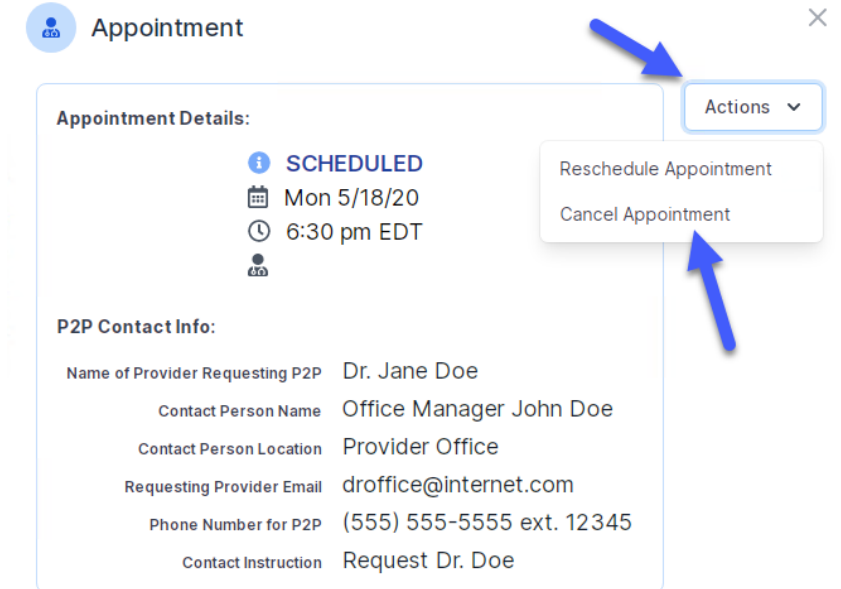
# Canceling or Rescheduling a Peer to Peer Appointment

## 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