

Musculoskeletal

Interventional Pain

Provider Orientation Session for University Health Alliance (UHA)

August 1, 2023



Public Information



Agenda



Solutions Overview

Interventional Pain

Submitting Requests

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

eviCore Provider Portal

Overview, Features & Benefits

Provider Resources

Questions & Next Steps

Appendix

- Portal Case Submission
- Peer-to-peer Scheduling Tool

Solution Overview



UHA Prior Authorization Services

eviCore will begin accepting prior authorization requests for Interventional pain services on 7/17/23 for dates of service 8/1/23 and after

Applicable Membership	Prior authorization applies to the following services	Prior authorization does NOT apply to services performed in
<ul style="list-style-type: none">UHA Commercial Members	<ul style="list-style-type: none">OutpatientElective/Non-emergent	<ul style="list-style-type: none">Emergency RoomsObservation ServicesInpatient Stays

Providers should verify member eligibility and benefits on the secured provider log-in section at:

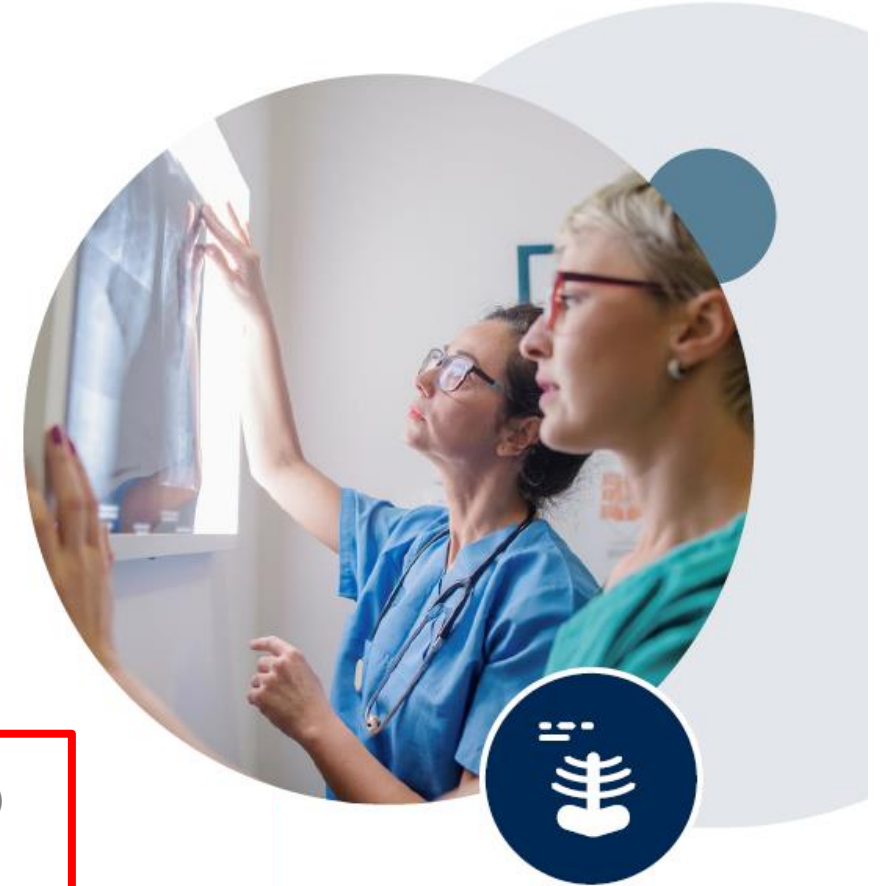
<https://www.uhahealth.com/eligibility>

Musculoskeletal Solution

Covered Services:

Interventional Pain:

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



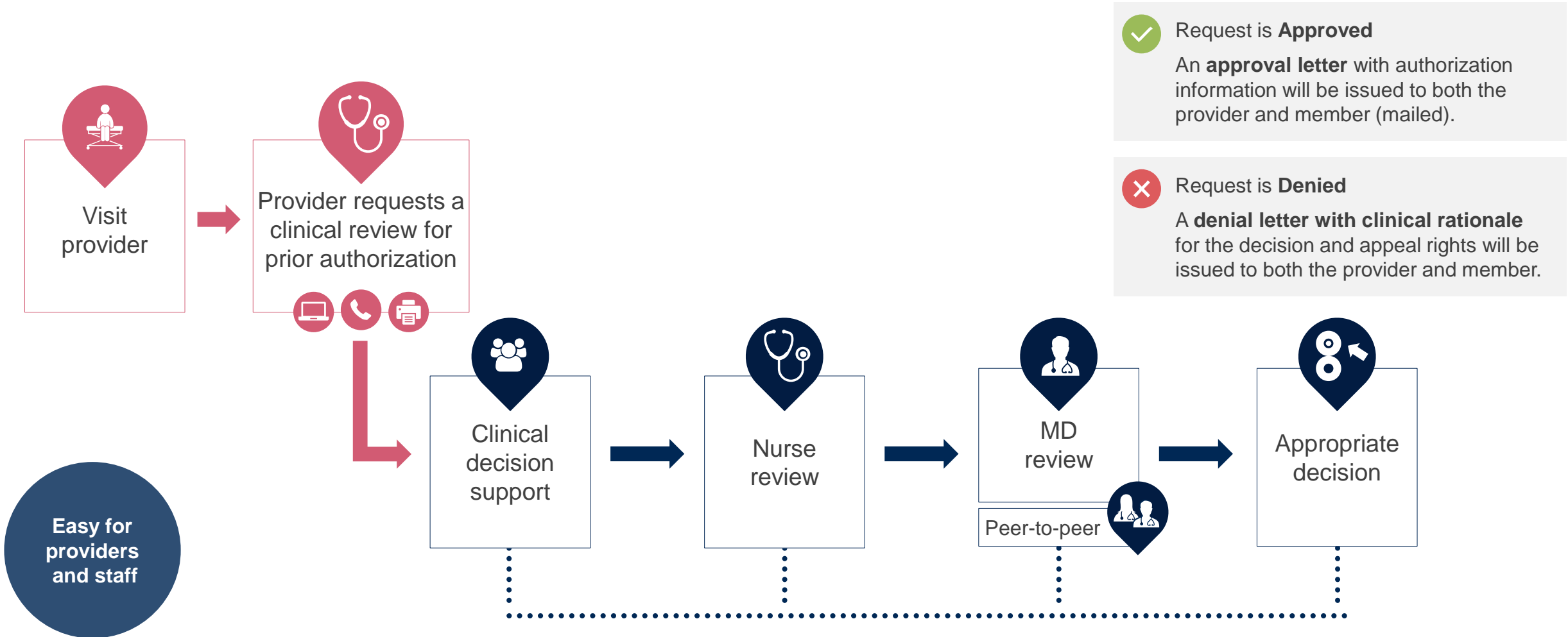
To find a complete list of musculoskeletal Current Procedural Terminology (CPT) codes that require prior authorization through eviCore, please visit:

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

Submitting Requests



Utilization Management | Prior Authorization



How to Request Prior Authorization

The eviCore Provider Portal is the easiest, most efficient way to request clinical reviews and check statuses.

- **Save time:** Quicker process than requests by phone or fax
- **Available 24/7**
- **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
- **View and print determination information:** Check case status in real-time
- **Dashboard:** View all recently submitted cases
- **E-notification:** Opt-in to receive email notifications when there is a change to case status
- **Duplication feature:** If you are submitting more than one request, you can duplicate information to expedite submittals

To access the eviCore Provider Portal, visit evicore.com/provider

Or by **phone: 855-252-1119**
Monday – Friday
7 AM – 4 PM (local time)

Or by **fax: 855-774-1319**



Necessary Information for Prior Authorization

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

Member

- Health Plan ID
- Member name
- Date of birth (DOB)



Referring (Ordering) Physician

- Physician name
- National provider identifier (NPI)
- Phone & fax number

Rendering Facility

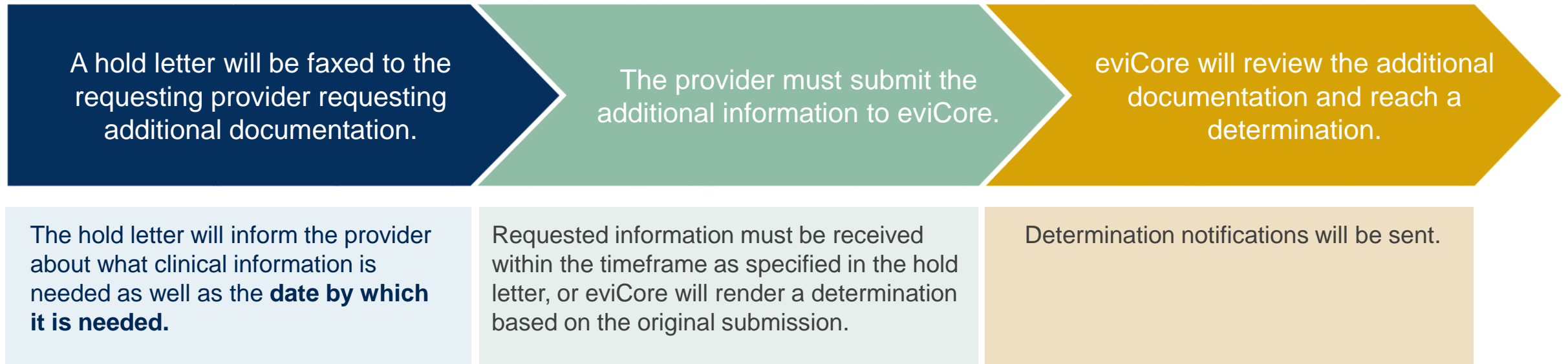
- Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number

Supporting Clinical

- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous test results

Insufficient Clinical | Additional Documentation Needed

If during case build all required pieces of documentation are not received, or are insufficient for eviCore to reach a determination, the following will occur:



Prior Authorization Outcomes, Special Considerations & Post-Decision Options



Prior Authorization Determination Outcomes

Determination Outcomes

- **Approved Requests:** Authorizations are valid for 60 days from the date of the determination.
- **Partially Approved Requests:** In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved, as well as post-decision options for denied codes.
- **Denied Requests:** If a request is determined as inappropriate based on evidence-based guidelines, a notification with the rationale for the decision and post-decision/ appeal rights will be issued.

Notifications

- Authorization letters will be faxed to the ordering physician.
- Web-initiated cases will receive e-notifications if a user opted in to this method.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the [eviCore portal](#).



Special Circumstances

Retrospective Authorization Requests

- Must be submitted within 365 calendar days from the date of services
- Any submitted beyond this timeframe will be administratively denied
- Reviewed for **clinical urgency** and medical necessity
- Processed within 30 calendar days
- When authorized, the start date will be the submitted date of service

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



Post-Decision Options

Commercial Members

My case has been denied. What's next?

Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied.

You may also call eviCore at **855-252-1119** to speak with an agent who can provide available option(s) and instruction on how to proceed.

Alternatively, select 'All Post Decisions' under the authorization lookup function on [eviCore.com](https://www.eviCore.com) to see available options.

Reconsiderations

- Reconsiderations must be requested within 30 calendar days after the determination date.
- Reconsiderations can be requested verbally via a Clinical Consultation with an eviCore physician.

Appeals

- eviCore will not process first-level appeals.
- Appeal requests can be submitted to UHA.



eviCore Provider Portal



eviCore Provider Portal | Features

Eligibility Lookup

- Confirm if patient requires clinical review

Clinical Certification

- Request a clinical review for prior authorization on the portal

Prior Authorization Status Lookup

- View and print any correspondence associated with the case
- Search by member information OR by case number with ordering national provider identifier (NPI)
- Review post-decision options, submit appeal, and schedule a peer-to-peer

Certification Summary

- Track recently submitted cases



eviCore Provider Portal | Access and Compatibility

Most providers are already saving time submitting clinical review requests online vs. telephone

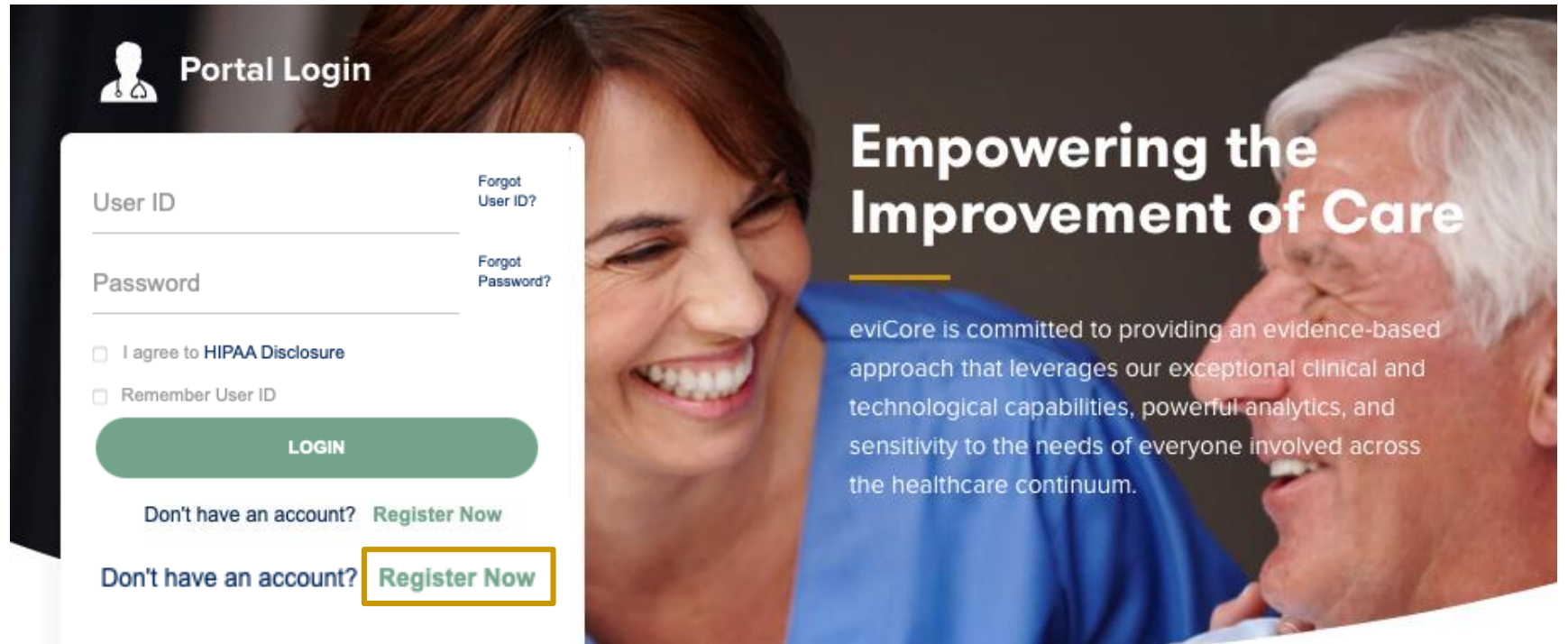
To access resources on the eviCore Provider Portal, visit evicore.com/provider

Already a user?

Log in with User ID & Password

Don't have an account?

Click **Register Now**



eviCore's website is compatible with all web browsers. If you experience issues, you may need to disable pop-up blockers to access the site.

Creating an eviCore Provider Portal Account

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 login page.

eviCore healthcare
innovative solutions

* Required Field

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*:

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*:	<input type="text"/>	Address*:	<input type="text"/> <input type="text"/>	Phone*:	<input type="text"/>
Email*:	<input type="text"/>	City*:	<input type="text"/>	Ext:	<input type="text"/>
Confirm Email*:	<input type="text"/>	State*:	<input type="text" value="Selec"/> <input type="text"/>	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	Zip*:	<input type="text"/>		
Last Name*:	<input type="text"/>	Office Name:	<input type="text"/>		

Next

Web Support 800-646-0418

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Setting Up Multi-Factor Authentication (MFA)

To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

After you log in, you will be prompted to register your device for MFA.

Choose which authentication method you prefer: Email or SMS.
Then, **enter your email address or mobile phone number.**

Select **Send PIN**, and a 6-digit pin will be generated and sent to your chosen device.

After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.

The screenshot shows a web interface for setting up two-factor authentication. At the top, it says "Set up Two Factor Authentication". Below this, there are two radio buttons: "Email" (which is selected) and "SMS". Underneath, it asks to "Register Email Address" and shows a text input field containing "meh****@evicore.com". A green "Send PIN" button is positioned below the input field. Further down, it prompts the user to "Please enter PIN sent to your Email Address" and shows a text input field containing "768342". A green "Submit" button is below this field, and a grey "Skip" button is at the bottom.

eviCore Provider Portal | Add Providers



Providers will need to be added to your account prior to case submission

- Click the **Manage Your Account** tab to add provider information
- Select **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

Manage Your Account

Office Name: CHANGE PASSWORD EDIT ACCOUNT

Address:

Primary Contact:
Email Address:

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

Additional Portal Features

Building Additional Cases



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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

Tuesday, January 21, 2020 10:37 AM

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 (Radiology)
- Provider (~~CareCoord, UHMSH~~)
- Program and Provider (Radiology and ~~CareCoord, UHMSH~~)
- Program and Health Plan (Radiology and ~~VHEUCare~~)

GO

CANCEL

PRINT

[Click here for help](#)

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Once a case has been submitted for clinical certification, you can return to the **Main Menu**, **resume an in-progress request**, or **start a new request**. You can indicate if any of the previous case information will be needed for the new request.

Authorization look up



Authorization Lookup

Search by Member Information

Required Fields

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:
MM/DD/YYYY

Optional Fields

Case Number:

or

Authorization Number:

PRINT

SEARCH

[Click here for help](#)

Search by Authorization Number/ NPI

Search by Authorization Number/ NPI

Required Fields

Provider NPI:

Auth/Case Number:

SEARCH

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- Select Search by **Authorization Number/NPI**. Enter the provider's NPI and authorization or case number. Select **Search**.
- You can also search for an authorization by **Member Information**, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.

Authorization Status



- 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
- Med Solutions Portal

Tuesday, January 21, 2020 10:43 AM

Authorization Lookup

Authorization Number: [REDACTED]
Case Number: [REDACTED]
Health Plan Auth Number: [REDACTED]
Status: Approved
Approval Date: 1/21/2020 12:00:00 AM
Service Code: 71250
Service Description: CT THORAX W/O CONTRAST
Site Name: BELLEVUE IMAGING CENTER
Expiration Date: 3/6/2020
Date Last Updated: 1/21/2020 8:21:28 AM
Correspondence: **UPLOADS & FAXES**

Procedures

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

PRINT

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The authorization will then be accessible to review. To print authorization correspondence, select **Uploads & Faxes**.

Provider Resources



Contact eviCore's Dedicated Teams

Client and Provider Services

For eligibility issues (member or provider not found in system) or transactional authorization related issues requiring research.

- Email: clientservices@evicore.com
- Phone: (800) 646-0418 (option 4).

Provider Engagement

Regional team that works directly with the provider community.

Kellie Thompson

- Email: kellie.thompson@evicore.com
- Phone: 800.918.8924 (ext. 27658)

Web-Based Services and Portal Support

- Live chat
- Email: portal.support@evicore.com
- Phone: 800-646-0418 (option 2)



Call Center

Call 855-252-1119, representatives are available from 7 a.m. to 4 p.m. local time.

Provider Resource Website

eviCore's Client and Provider Services team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis.

This page will include:

- Frequently asked questions
- Quick reference guides
- Provider training
- CPT code list

To access these helpful resources, visit www.evicore.com/resource/UHA

Contact our Client and Provider Services team via email at **ClientServices@evicore.com** or by phone at **1-800-646-0418 (option 4)**



eviCore's Provider Newsletter

Stay up-to-date with our free provider newsletter

To subscribe:

- Visit [eviCore.com](https://www.eviCore.com)
- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**
- Enter a valid email address



Provider Resource Review Forum

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 learn how to navigate [eviCore.com](https://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
- Existing prior authorization request status information
- Search for contact information
- Podcasts & insights
- Training resources

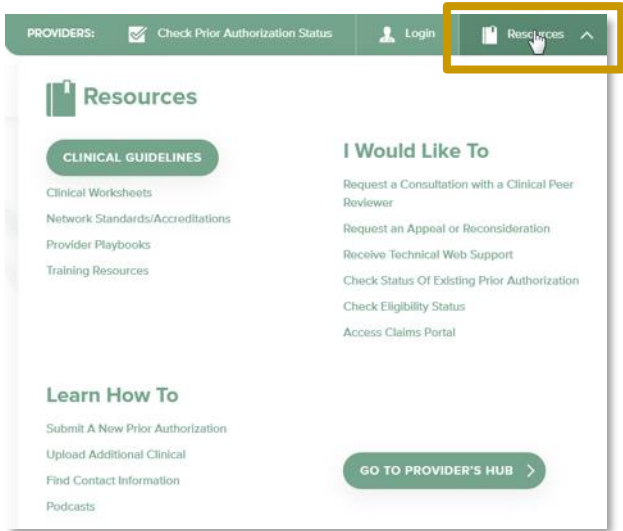
Register for a Provider Resource Review Forum:

Provider's Hub > Scroll down to eviCore Provider Orientation Session Registrations > Upcoming



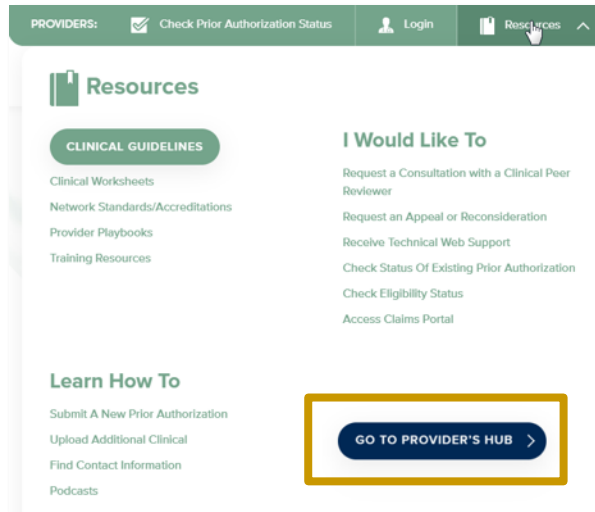
Provider Resources | eviCore Provider's Hub

Providers and staff can access important tools and resources at [eviCore.com](https://www.eviCore.com)



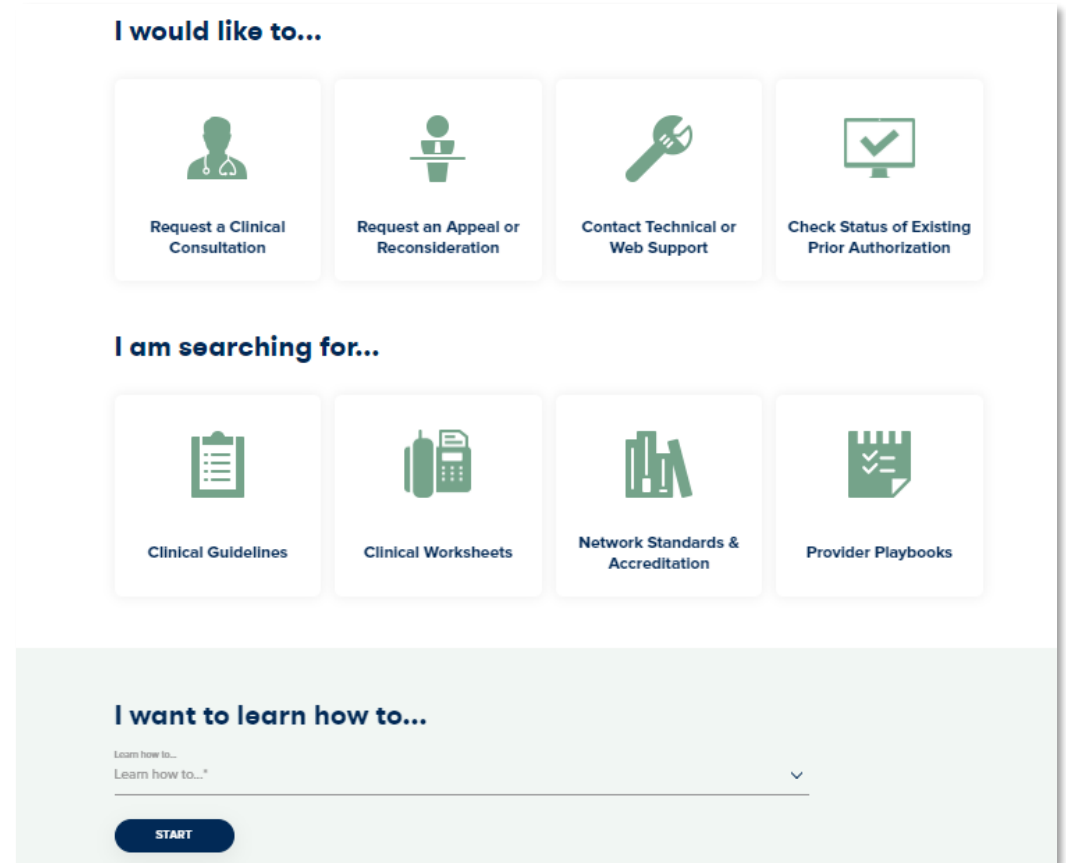
Step 1

Open the **Resources** menu in the top right of the browser



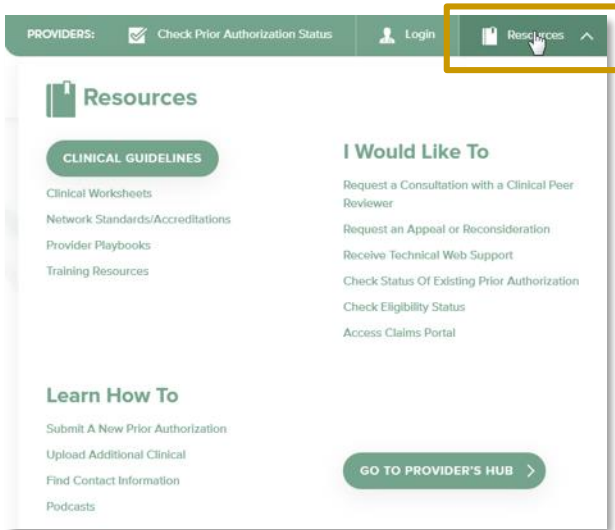
Step 2

Select **GO TO PROVIDERS HUB** to access clinical guidelines, schedule consultations (P2P), and more



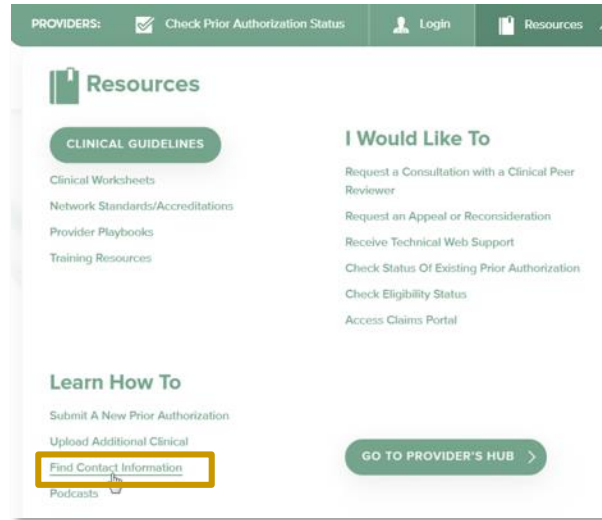
Provider Resources | Quick Reference Tool

Where can I locate plan-specific contact information?



Step 1

Open the **Resources** menu in the top right of the browser



Step 2

Select **Find Contact Information**

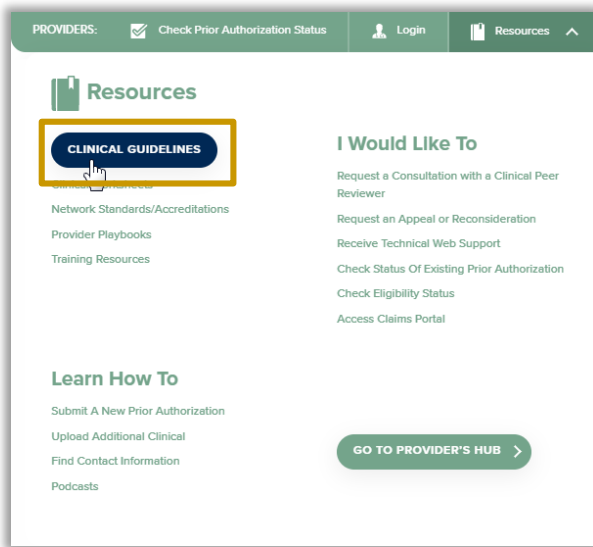


Step 3

- Use **Select a Health Plan** and **Select a Solution** to populate the contact phone and fax numbers
- This will also advise which portal to use for case requests

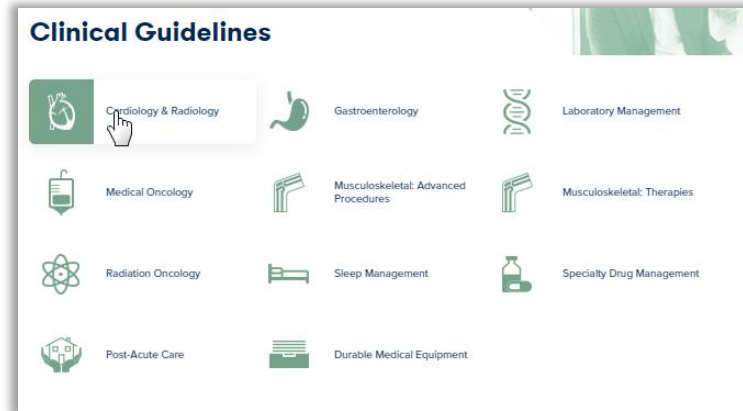
Provider Resources | Clinical Guidelines

How do I access eviCore's clinical guidelines?



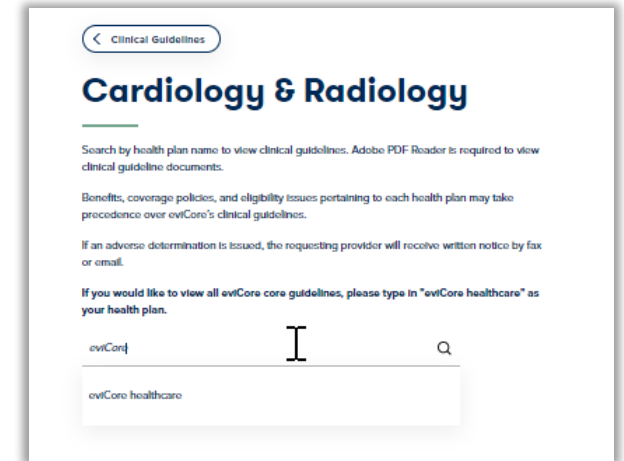
Step 1

- Open the **Resources** menu in the top right of the browser
- Select **Clinical Guidelines**



Step 2

Select the solution/program associated with the requested guidelines



Step 3

- Search by health plan name to view clinical guidelines
- If you would like to view all guidelines, type in "eviCore healthcare" as your health plan

Thank You



Appendix



Portal Case Submission



Clinical Certification Request | Initiating a Case

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

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](#)

- Click **Clinical Certification** to begin a new request
- Select the **Program** for your certification
- Select **Requesting Provider Information**

Clinical Certification Request | Search for and Select Provider

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

	Provider
<input type="button" value="SELECT"/>	12312312 - Provider Name

Search for and select the **Practitioner/Group** for whom you want to build a case

[Click here for help](#)

Clinical Certification Request | Select Health Plan

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

Choose Your Insurer

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK

CONTINUE

- Choose the appropriate **Health Plan** for the request
- Select **CONTINUE**

Clinical Certification Request | Enter Contact Information

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

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

Receive notification of case status changes

[BACK](#) [CONTINUE](#)

[Click here for help](#)

- Enter the **Provider's name** and appropriate information for the point of contact individual
- Provider name, fax and phone will pre-populate, edit as necessary

NEW! Check this box to enable e-notification updates for any case status changes

Clinical Certification Request | Enter Member Information

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

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT	000000000		WATKINS, JONATHAN	8/28/1982	M	100 WATKINS RD SPRINGVILLE, FL 32086

BACK

Enter **member information**, including: patient ID number, date of birth, and last name then click **ELIGIBILITY LOOKUP**

Confirm your patient's information and click **SELECT** to continue

Clinical Certification Request

Enter Requested Procedure and Diagnosis



Monday, June 13, 2022 9:12 AM

Requested Service + Diagnosis

This procedure was performed on / / . [CHANGE](#)

Musculoskeletal Management Procedures

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

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

Diagnosis

Primary Diagnosis Code:
Description:
[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Musculoskeletal Management

[LOOKUP](#)

[BACK](#) [CONTINUE](#)

[Click here for help](#)

60% Complete

Provider and NPI

Patient [EDIT](#)

For **Interventional Pain** requests, enter the CPT code in the drop down box.

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Clinical Certification Request | Verify Service Selection

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

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

Clinical Certification Request | Site Selection

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

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

- Search for the **site of service** where the procedure will be performed (for best results, search with NPI, TIN, **and** zip code)
- **Select** the specific site where the procedure will be performed

Clinical Certification Request | Site Selection

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

Attention!

Patient ID: **AB5720227** Time: 6/28/2023 12:58 PM
Patient Name: **SHIGON, LINDA**

In what setting will this procedure be performed?

- Office
- A portion of an off-campus hospital provider-based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization
- Inpatient hospital
- A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization
- Ambulatory Surgery

SUBMIT

Verify what setting the procedure will be performed. You will have the option to add contact info for site of service, if available.

Add Site of Service

Selected Site: **DAVIDSON ANCHOR**

FIND NEW SITE

Site Email (optional)

BACK **CONTINUE**

[Click here for help](#)

Clinical Certification Request | Clinical Certification

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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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 correct
- **You will not have the opportunity to make changes after this point**

Clinical Certification Request | Standard or Urgent Request?

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

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

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

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

Clinical Certification Request

Proceed to Clinical Information

Example Questions

Proceed to Clinical Information

Transforaminal Epidural Steroid Injection

- Is this request for a Therapeutic or Diagnostic injection? (NOTE: Select "Diagnostic" if the purpose of this injection is to establish a diagnosis or confirm the source of pain. Select "Therapeutic" if the purpose of this procedure is to treat pain caused by known pathology)
- Diagnostic (Injection to see if pain is from the level injected)
- Therapeutic (Injection includes a steroid)

SUBMIT

Finish Later

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

Proceed to Clinical Information

- 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.

SUBMIT CASE

[Click here for help](#)

- **Clinical Certification** questions may populate based on the information provided
- You can save your request and finish it later if needed (**Note:** You will have 2 business days to complete the case)
- Select **Certification Requests in Progress** to resume a saved request (this function is **not** available for single sign on (SSO) users)

Clinical Certification Request | Request for Clinical Upload

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

Clinical Upload

Please upload any additional clinical information that justifies the medical necessity of this request.

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

Choose File Test clinical.docx

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD SKIP UPLOAD

If **additional information** is required, you will have the option to upload more clinical information for review.

Tips:


- Providing clinical information via the web is the fastest and most efficient method
- Enter additional notes in the space provided only when necessary
- Additional information uploaded to the case will be sent for clinical review
- Print out a summary of the request that includes the case # and indicates 'Your case has been sent to clinical review'

Provider Resources | Schedule a P2P Request

If your case is eligible for a Peer-to-Peer (P2) consultation, 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	Request Peer to Peer Consultation
-------------------------	---------------------------------------------------

Authorization Lookup

Authorization Number:	NA
Case Number:	
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:	



- Log-in to your account at [eviCore.com](https://www.eviCore.com)
- Perform **Clinical Review 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 consultation
- Note carefully any messaging that displays*

*In some instances, a Peer-to-Peer consultation is allowed, but the case decision can not be changed. In such cases, you can still request a **Consultative-Only Peer-to-Peer**. You can also click on the **ALL POST-DECISION OPTIONS** button to learn what other action can be taken.

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

Provider Resources | Schedule a P2P Request (con't.)

Case Info Questions Schedule Confirmation

New P2P Request

eviCore healthcare P2P Portal

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
- 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

Provider Resources | Schedule a P2P Request (con't.)

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
- 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 consultation (all opportunities will be automatically presented)
- Click on any **green checkmark** to **deselect** that 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...	-	-	-

Provider Resources | Schedule a P2P Request (con't.)

P2P Info

Date: Mon 5/18/20
Time: 6:30 pm EDT
Reviewing Provider

Case Info

1st Case

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

P2P Contact Details

Name of Provider Requesting P2P: Dr. Jane Doe

Contact Person Name: Office Manager John Doe

Contact Person Location: Provider Office

Phone Number for P2P: (555) 555-5555
Phone Ext.: 12345

Alternate Phone: (xxx) xxx-xxxx
Phone Ext.: Phone Ext.

Requesting Provider Email: droffice@internet.com

Contact Instructions: Select option 4, ask for Dr. Doe

Submit

Scheduling

Scheduled

Mon 5/18/20 - 6:30 pm EDT

SCHEDULED

Update the following fields to ensure the correct person is contacted for the Peer-to-Peer appointment:

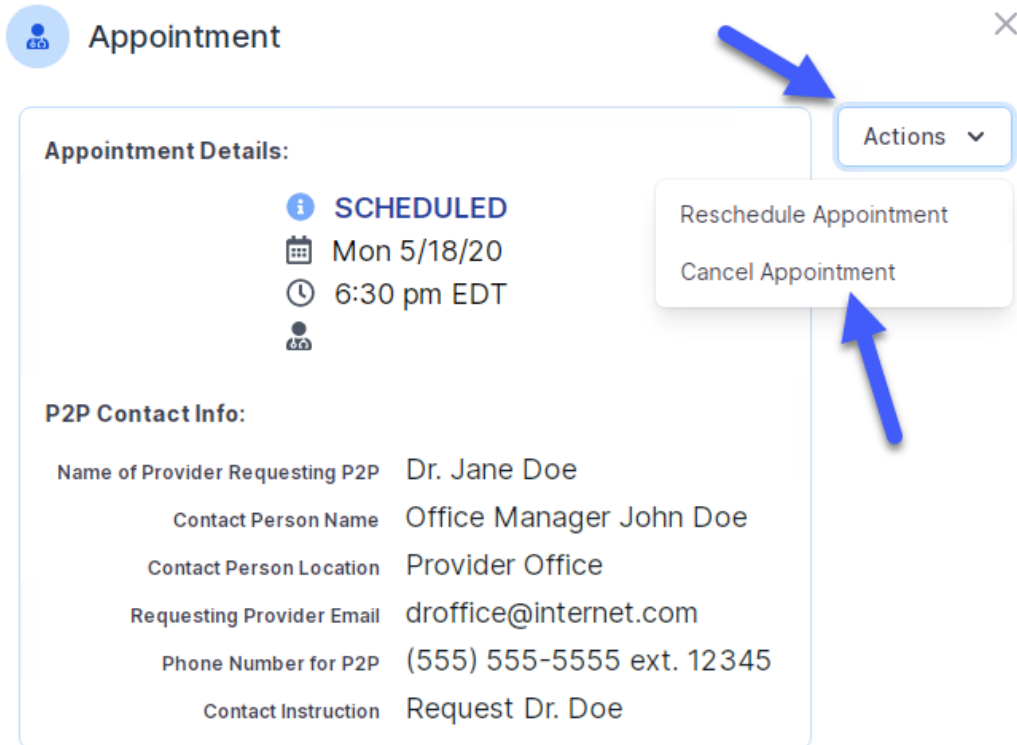
- Name of Provider Requesting P2P
- Phone Number for P2P
- Contact Instructions

Click **Submit** to schedule the appointment

You will be presented with a summary page containing the details of your scheduled appointment

Confirm contact details

Provider Resources | Cancel or Reschedule a P2P Appointment



The screenshot shows a window titled "Appointment" with a close button (X) in the top right corner. The window is divided into two main sections: "Appointment Details" and "P2P Contact Info".

Appointment Details:

- Status: **SCHEDULED** (with an information icon 'i')
- Date: **Mon 5/18/20** (with a calendar icon)
- Time: **6:30 pm EDT** (with a clock icon)

P2P Contact Info:

Name of Provider Requesting P2P	Dr. Jane Doe
Contact Person Name	Office Manager John Doe
Contact Person Location	Provider Office
Requesting Provider Email	droffice@internet.com
Phone Number for P2P	(555) 555-5555 ext. 12345
Contact Instruction	Request Dr. Doe

On the right side of the "Appointment Details" section, there is an "Actions" drop-down menu. A blue arrow points to this menu. A secondary menu is open, showing two options: "Reschedule Appointment" and "Cancel Appointment". A second blue arrow points to the "Cancel Appointment" option.

To cancel or reschedule an appointment:

- Access the scheduling software and select **My P2P Requests** on the left-pane navigation
- Select the request you would like to modify from the list of available appointments
- When the request appears, 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**, select a new date or time as you did initially
 - **If choosing to cancel**, input a cancellation reason
- Close the browser once finished