

# MSK Specialized Therapies

*Migration from the Palladian portal to the eviCore portal for  
Physical Therapy/Occupational Therapy*

Provider Orientation Session for:  
HealthCare Partners



Empowering  
the Improvement  
of Care

# Agenda

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## **Solutions Overview**

PT/OT

## **Submitting Requests**

## **Prior Authorization Outcomes, Special Considerations, and Post-Decision Options**

## **eviCore Provider Portal**

Overview, Features, and Benefits

## **Provider Resources**

## **Questions & Next Steps**

## **Appendix**

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

# From Palladian to eviCore

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Effective January 1, 2024, **HealthCare Partners** prior authorization requests for physical therapy and occupational therapy will no longer be initiated through the Palladian Health platform, instead, prior authorization requests will be initiated through eviCore healthcare, as outlined below.

Services performed without authorization may be denied for payment, and you may not seek reimbursement from members.

HealthCare Partners Prior Authorization Case Initiation Methods	
Web Portal:	<a href="http://www.evicore.com">www.evicore.com</a>
Phone:	HealthCare Partners: 855-748-6499
Fax:	HealthCare Partners: 866-935-5348



# HealthCare Partners Prior Authorization Services

eviCore healthcare will begin accepting prior authorization requests for outpatient therapy services on **January 1, 2024** for dates of service **January 1, 2024** and beyond

## Prior Authorization applies to the following services:

- Physical Therapy
- Occupational Therapy

## Prior Authorization does NOT apply to services that are preformed during:

- Emergency Room Services
- 23 Hour Observations
- Inpatient Stays

## Provider Resource Page:

Providers and/or staff can utilize the **HealthCare Partners** Provider Resource pages to access a list of covered CPT codes,, FAQs, and additional educational materials by visiting:

<https://www.evicore.com/resources/healthplan/healthcare-partners>

# Applicable Memberships

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

- **Medicare**
- **Medicaid**
- **Commercial**

# Prior Authorization Program

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## Fundamental Approach

- Clinical reviewers evaluate clinical information to determine whether services meet medical necessity criteria.
- Providers are encouraged to request authorization before care is delivered to ensure payment for services rendered.
- A request can be made as early as **7 calendar days** prior to requested start date.

## Clinical Philosophy

- Support patient-centered care founded on best available evidence.
- Promote functionally oriented and measureable treatment programs.
- Focus on skilled, medically necessary treatment interventions.
- Empower patient independence.
- Eliminate practice variation that cannot be explained or justified.

# Prior Authorization Program

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## Goals

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

# Prior Authorization Program

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## Medical Necessity

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

You can view the therapy guidelines at [www.evicore.com/provider/clinical-guidelines](http://www.evicore.com/provider/clinical-guidelines)



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# Submitting Requests

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# 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 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 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 submissions.

To access the eviCore Provider Portal, visit [www.evicore.com](http://www.evicore.com)

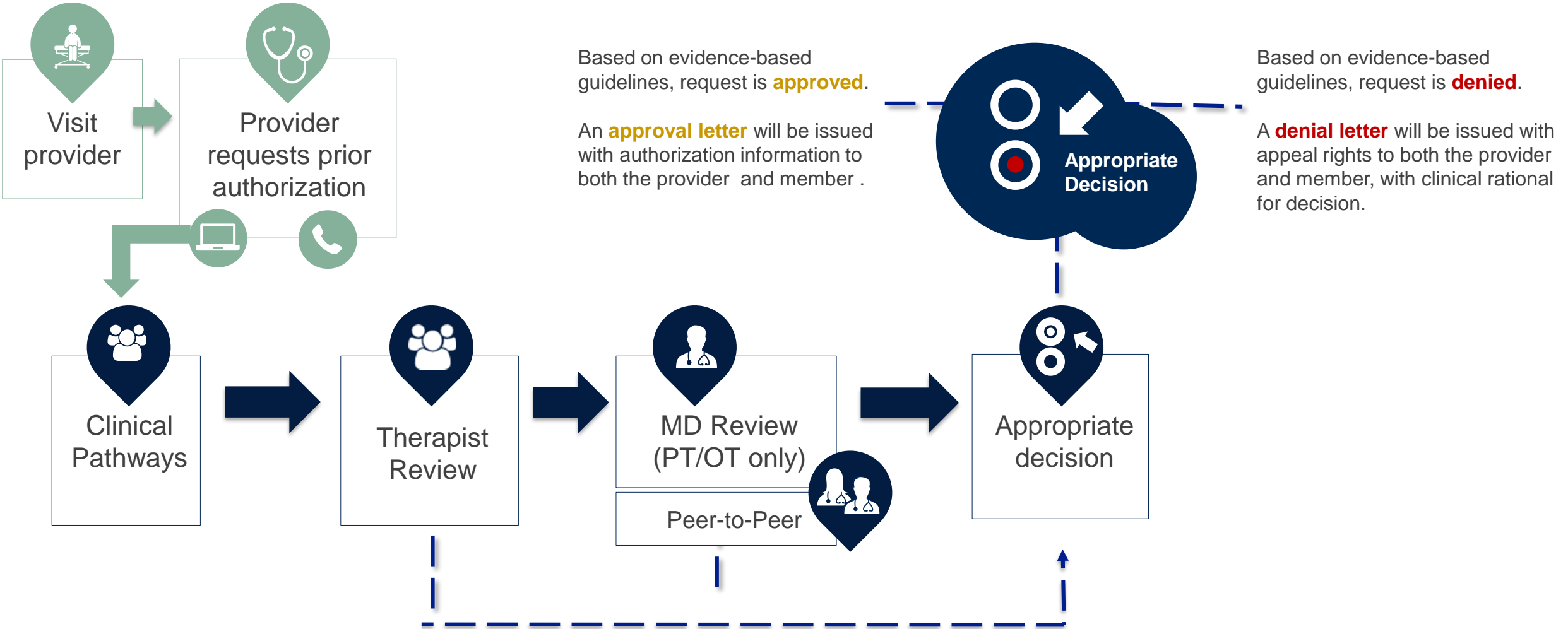
**Phone:** 855-748-6499

Monday – Friday  
7AM – 7PM (local time)

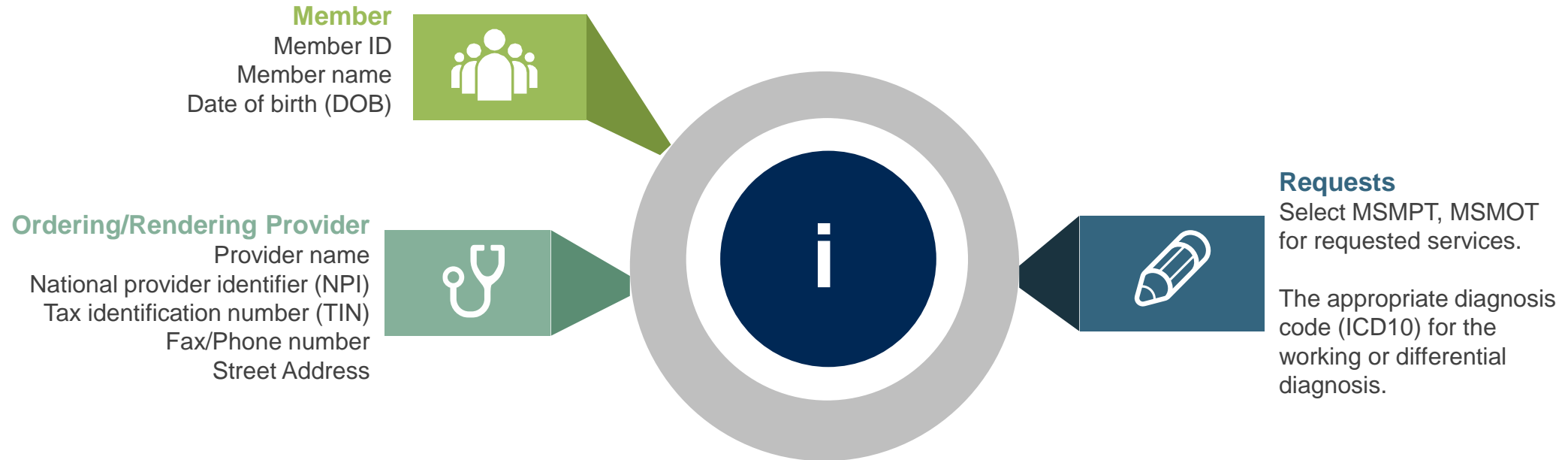
**Fax:** 866-935-5348



# Prior Authorization Process



# Information Required for Request



## Clinical information needed for requests:

- Patient's subjective complaints, objective examination findings, and level of function.
- Baseline clinical information from the initial evaluation.
- Current clinical information from follow-up visit.
- Provider's impression of the member's response to therapy (follow-up visits).
- Information from patient-reported functional outcome measures, progress notes, and/or clinical worksheets.
- Complexities that will impact the therapy plan of care.

# Clinical Information Needed

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

- Primary and secondary diagnosis/ICD10
- Primary and secondary area of treatment
- Co-morbidities/complexities that will impact the therapy plan of care
- Surgery – Date/Type
- Functional outcome measures/patient reported outcome scores
- Standardized test scores
- Results of physical performance tests relevant to the condition

## Required Medical Information Check List:

<https://www.evicore.com/-/media/files/evicore/provider/training-resources/required-medical-information-check-list.pdf>



# Prior Authorization Process – Clinical Information

## Clinical Information – What eviCore needs and why we need it:

- Clinical information is required to determine whether the services requested are medically necessary.
- Use clinical worksheets located at [eviCore.com](http://eviCore.com) as a guide to determine what clinical information is required.
  - The **clinical worksheets** are specific to conditions and designed to assist with the submission of the patient and provider information for medical necessity review.
  - Worksheets should be used as a guide for questions and the provider will be prompted to answer when completing the online requests.
  - These worksheets should be completed by the provider during the initial consultation/evaluation and treatment planning, collecting the clinical information to allow for ease of submission.
  - Physical & occupational therapy requests have the ability for a real time decision for the first **two (2)** requests for an episode of care.
  - The clinical worksheets are available on the eviCore website.
- Be prepared to provide patient-reported functional outcome measures with your submission (for example: ODI, NDI, DASH/QuickDASH, LEFS, HOOS JR, KOOS JR).
- Clinical information should be current – typically something collected within 14 days prior of the request.
- **Missing or incomplete clinical information will delay case processing.**

# Prior Authorization Process

## If you are requesting authorization before treatment begins:

- Complete your initial evaluation, then submit for prior authorization within **2 business days**. The initial evaluation **does not** require prior authorization.
- Start date should be the **first day of treatment** (Date of initial evaluation or visit following if treatment was not provided during the initial evaluation visit).
- When requesting ongoing or continuing care, you can submit up to **7 calendar days** prior to the next start date for authorization.
- Notification requires submission of the following information:
  - Patient demographics
  - Provider demographics
  - Minimal clinical information
    - Type of condition
    - Post-surgical therapy? If so, please provide the date of surgery.
    - Functional outcome measures
- If there was prior therapy, questions will be asked to determine if this is a new condition.

# Prior Authorization Process

## How to Request Additional Visits:

- Additional visits may be requested as early as **7 calendar days** prior to the requested start date.
- The **start date** will be the first date you need additional visits to begin.
- Clinical information should be **current**. Recommended timeframes:
  - Adult and non-developmental pediatric patients = **14 calendar days**
  - Developmental pediatric patients = **30 calendar days**
- Use the appropriate **Clinical Worksheet** as a guide. Please provide initial and current functional outcome measure scores.
- If condition is complex or the worksheet does not capture aspects of the condition you want to convey, this information can be given as “additional information” via upload, fax, or text box summary.
- Address any complexities that will impact the therapy plan of care.
- Provider’s impression of the member’s response to care.



# Link to Clinical Worksheets: Physical & Occupational Therapy

Start at evicore.com, click on **Resources**



From the Resources dropdown, select **Clinical Worksheets**



Select Musculoskeletal: **Therapies**



Musculoskeletal: Therapies

Enter **Health Plan** name in the search field

## Musculoskeletal: Therapies

Search by health plan name to view clinical worksheets. Adobe PDF Reader is required to view clinical worksheets documents.

Search by Health Plan ...



The PT/OT **worksheets** will be listed under  
The PT/OT header

## Physical Therapy and Occupational Therapy

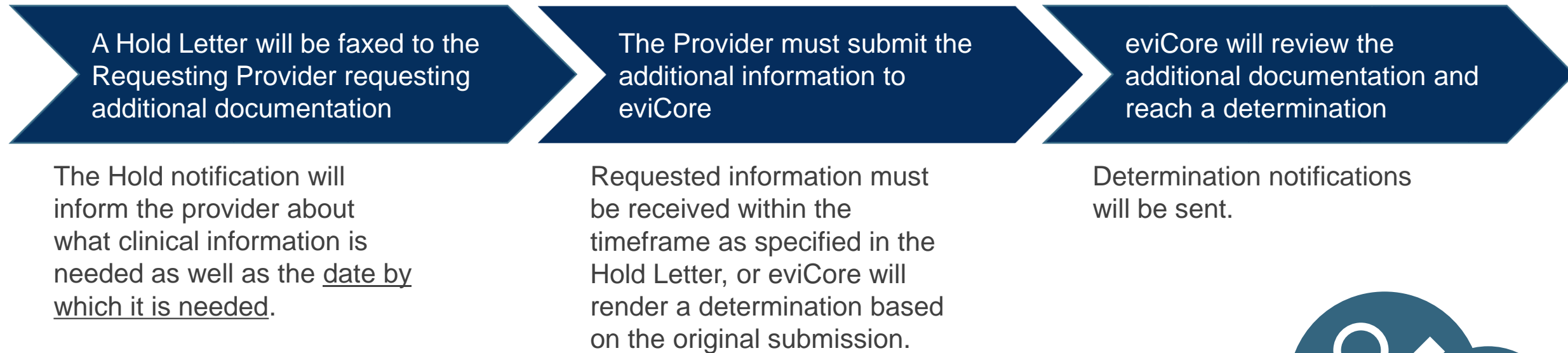
corePath 3 MSK PTOTChiro

corePath PTOT Neurologic

# Insufficient Clinical – Additional Documentation Needed

## Additional Documentation to Support Medical Necessity

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



# Prior Authorization Process – Important Concepts

## Authorization decisions include:

- Visits or units (depending on health plan)
- Approved time period (i.e. 6 visits, authorized from 1/1/23 to 1/31/23)
- eviCore recommends approved visits be spread over the approved period to prevent a gap in care.

# Prior Authorization Process – Important Concepts

## Overlapping Requests

- Request for more visits within the existing approved time period.
- Review to determine if additional visits are medically necessary.

## Authorization Extensions

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

# Prior Authorization Process - Treating Multiple Conditions

## Treating Multiple Conditions Within The Same Authorization Period

- If you are treating multiple conditions within the same period, there is no need to request authorization for treatment for each condition.
- The authorization covers all conditions treated within the same period of time.
- If a member is receiving treatment from a different therapist within the same clinic with a new plan of care for a specialty condition (vestibular treatment, wound care, etc.), then a separate authorization may be indicated. Be sure to submit under the appropriate ICD10 code and state this request is for a new condition by a different therapist.
- When treating more than one condition, please advise eviCore to ensure adequate units are approved.
  - When submitting by the web, you will be asked if you are treating a second condition.
    - Answer = Yes; report information specific to the second condition.
  - When requesting authorization over the phone, inform the agent that you are requesting authorization for two conditions.
  - If submitting by fax, complete clinical worksheets for both conditions.

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# **Prior Authorization Outcomes, Special Considerations & Post-Decision Options**

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# Prior Authorization Outcomes

## Approvals and Denials

### Approved Requests

- All requests are processed in 3 business days for commercial members and not to exceed 14 calendar days for Medicare and Medicaid after receipt of all necessary clinical information.
- Authorizations are typically valid for 6 months from the date of the final determination.

### Denied Requests

- Communication of the denial determination and rationale.
- Letter contains reconsideration options based on the members health plan and line of business.
- Instructions on how to request a Clinical Consultation.

### Authorization Letter

- The letter will be faxed/emailed to the ordering physician and site..
- The member will receive the letter in the mail.
- Approval information can be printed on demand from the eviCore portal.

### Denial Letter

- The letter will be faxed/emailed to the ordering physician and performing facility.
- The member will receive the letter in the mail.
- The letter will contain the denial rationale and reconsideration options and instructions.



# Special Circumstances

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## Retrospective (Retro) Authorization Requests

- Unlimited timeframe for submission from the date of services.
- Retro requests submitted beyond this timeframe will be administratively denied.
- Reviewed for **clinical urgency** and medical necessity.
- Retro requests are processed within 30 calendar days for commercial and Medicare; 180 calendar days for Medicaid.
- 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 not to exceed to 72 hours.





# Special Circumstances

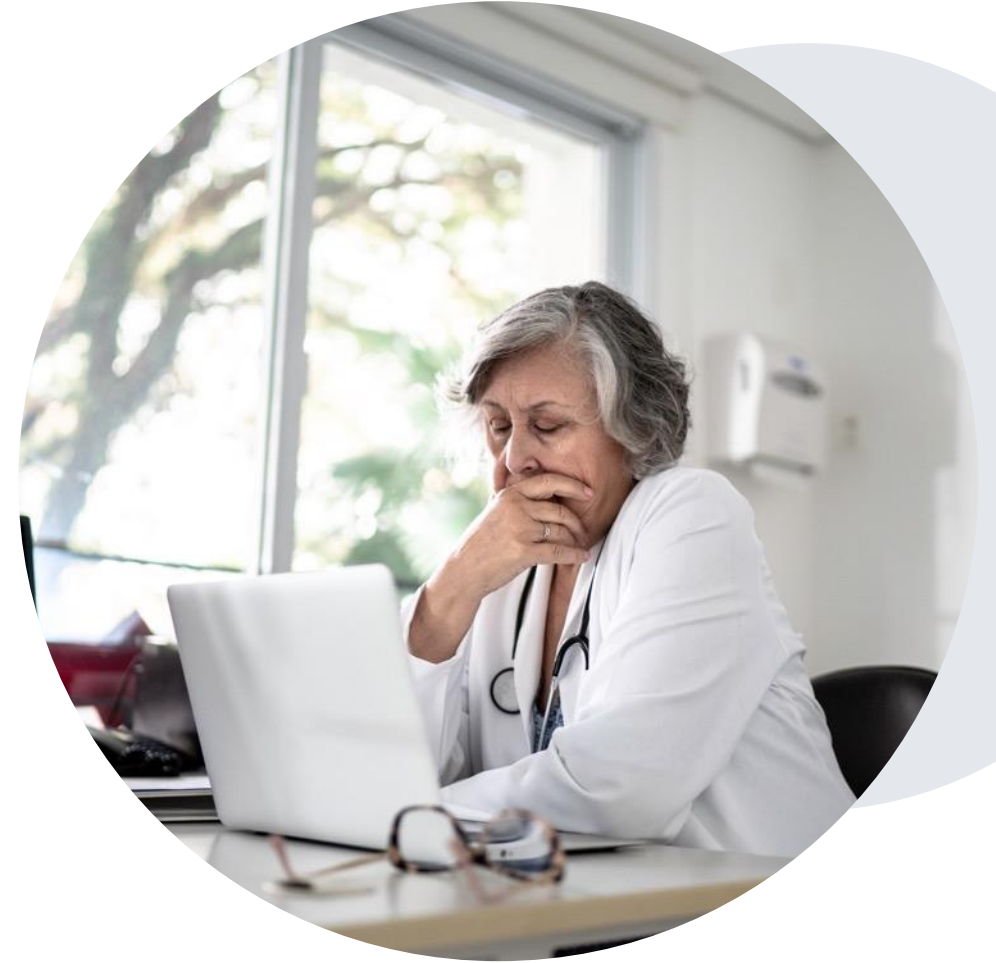
## Alternative Recommendations

- An alternative recommendation may be offered, based on eviCore's evidence-based clinical guidelines.
- The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request.
- Providers have up to **14 calendar days** to contact eviCore to accept the alternative recommendation.

## Authorization Update

- If updates are needed on an existing authorization, you can contact eviCore by phone at 855-748-6499.
- While eviCore needs to know if changes are made to the approved request, any change could result in the need for a separate clinical review and require a new request (and the original approved request would need to be withdrawn).

**Note:** If the authorization is not updated, it may result in a claim denial.



# Providing Additional Information (Medicare Intent to Deny)

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I've received a request for additional clinical information. What's next?

There are three ways to supply the requested information to eviCore for review:

- eviCore will notify providers telephonically and in writing before a denial decision is issued on Medicare cases.
  - Additional clinical information must be submitted to eviCore prior to the due date referenced in the request.
- Additional clinical information should be submitted to eviCore for consideration per the instructions received, clinical can be **faxed to 866-935-5348** or **uploaded** directly into the case via the provider portal at [www.eviCore.com](http://www.eviCore.com)
- Alternatively, providers can choose to request a **Pre-Decision Clinical Consultation** instead of submitting additional clinical information. This consultation can be requested via the eviCore website (see the end of this presentation for instructions).
  - The Pre-Decision Clinical Consultation (Peer-to-Peer) must occur prior to the due date referenced in the request.
- If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is **not** held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed.
- Once the determination is made, notifications will go out to the provider and member, and status will be available on [www.eviCore.com](http://www.eviCore.com)

# Pre-Decision Options: Medicare Members

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I've received a request for additional clinical information. What next?

## **Submission of Additional Clinical**

- eviCore will notify Providers telephonically and in writing before a denial decision is issued on Medicare cases
- You may submit additional clinical to eviCore for consideration per the instructions received
- Additional clinical must be submitted to eviCore in advance of the due date referenced

## **Pre-Decision Clinical Consultation**

- Providers may choose to request a Pre-Decision Clinical Consultation instead of submitting additional clinical information
- The Pre-Decision Clinical Consultation must occur before the due date referenced
- If additional information was submitted, we will 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

- For Medicare, there is no appeal option



# Post-Decision Options Commercial & Medicaid 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 **855-748-6499** 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 180 calendar days for commercial and 14 calendar days for Medicaid after the determination date.**
- Reconsiderations can be requested **in writing or verbally via a Clinical Consultation with an eviCore physician. Only 1 P2P is allowed.**

## Appeals

- eviCore will process first-level appeals.
- Appeal requests can be submitted in writing or verbally via a Clinical Consultation with an eviCore physician.
- A written notice of the appeal decision will be mailed to the member and faxed/emailed to the ordering provider.



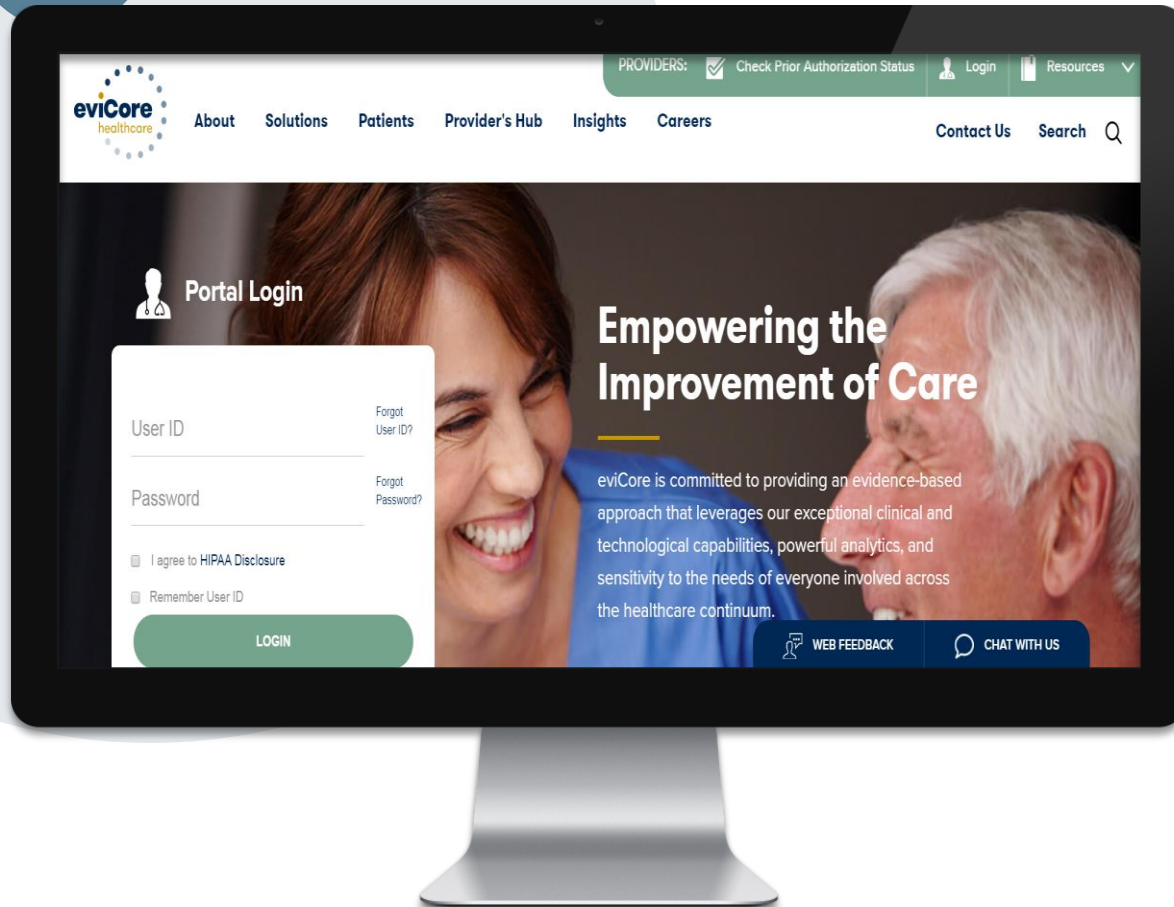
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# Provider Portal Overview

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# eviCore Provider Portal



The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status and is available 24/7.

By visiting [www.eviCore.com](http://www.eviCore.com) providers can spend their time where it matters most — with their patients!

Or by phone:

**Phone Number:**

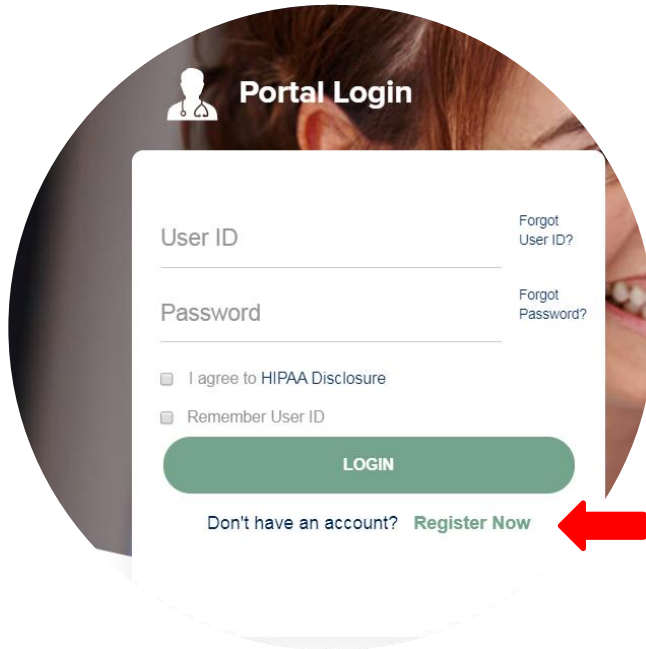
855-748-6499

7:00 a.m. to 7:00p.m.

Monday - Friday

# Registering for an account

www.eviCore.com

A screenshot of the 'eviCore healthcare' registration form. The 'Web Portal Preference' section has a dropdown menu for 'Default Portal' set to 'CareCore National', with a red arrow pointing to it. Below this is the 'User Information' section with fields for 'User Name', 'Email', 'Confirm Email', 'First Name', 'Last Name', 'Address', 'City', 'State', 'Zip', 'Phone', 'Ext', and 'Fax'. A 'Next' button is at the bottom right.

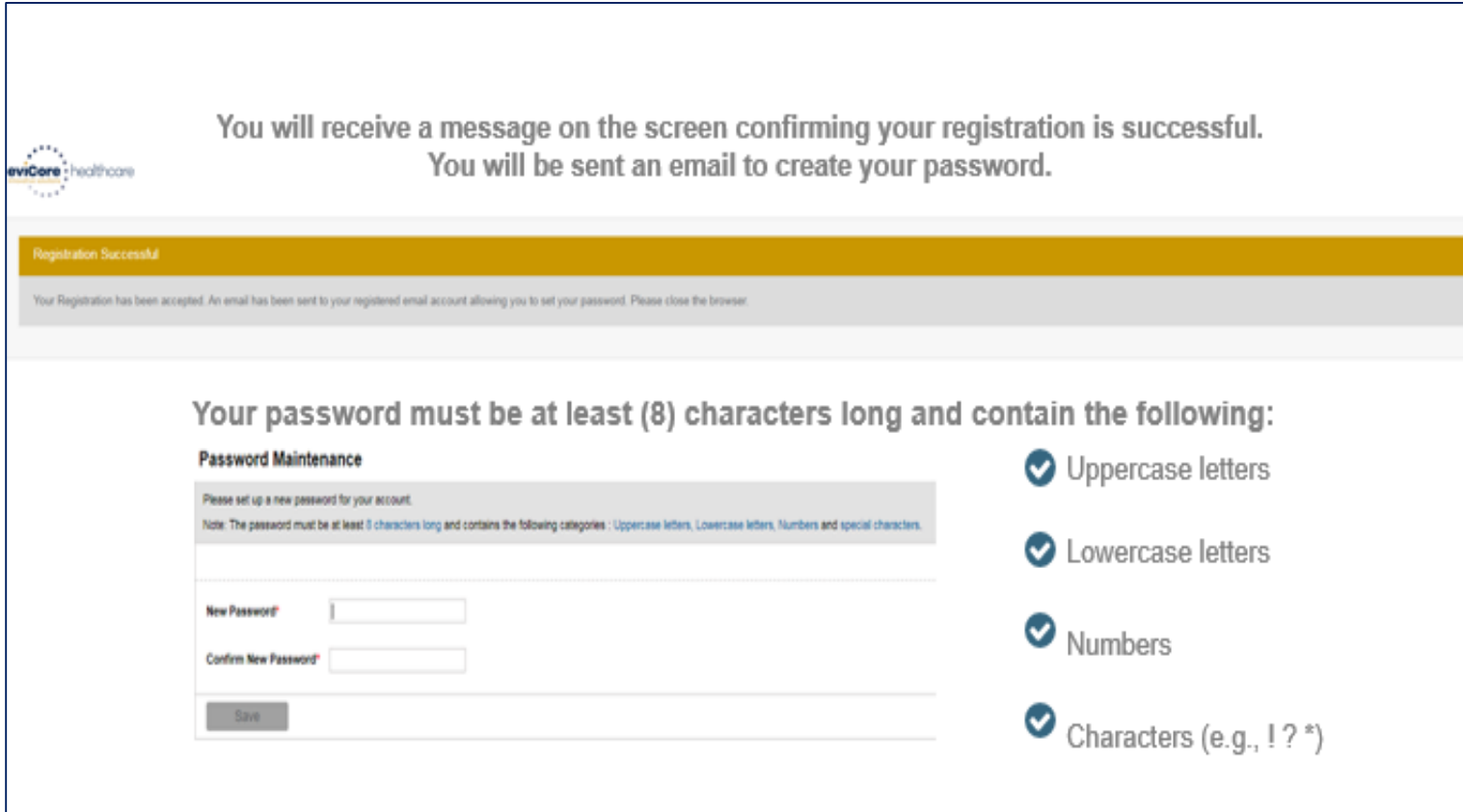
Select a **Default Portal**, and complete the registration form.

A screenshot of the 'eviCore healthcare' registration form, showing the 'User Registration' section. It includes fields for 'UserName', 'Email', 'Account Type', 'First Name', 'Last Name', 'Address', 'City', 'State', 'Zip', 'Phone', 'Ext', and 'Fax'. At the bottom right, there are 'Back' and 'Submit Registration' buttons, with a red arrow pointing to the 'Submit Registration' button.

Review information provided, and click  
**“Submit Registration”**



# Create a password



The screenshot shows the eviCore healthcare registration success page. At the top, it says "You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password." Below this is a yellow banner that says "Registration Successful" and a message: "Your Registration has been accepted. An email has been sent to your registered email account allowing you to set your password. Please close the browser." The main section is titled "Your password must be at least (8) characters long and contain the following:" and "Password Maintenance". It includes a note: "Please set up a new password for your account. Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters." There are two input fields: "New Password" and "Confirm New Password", both with a red asterisk indicating a required field. A "Save" button is at the bottom left. To the right of the input fields are four checkboxes with checkmarks, indicating the password requirements: Uppercase letters, Lowercase letters, Numbers, and Characters (e.g., ! ? \*).

You will receive a message on the screen confirming your registration is successful.  
You will be sent an email to create your password.

Registration Successful

Your Registration has been accepted. An email has been sent to your registered email account allowing you to set your password. Please close the browser.

Your password must be at least (8) characters long and contain the following:

Password Maintenance

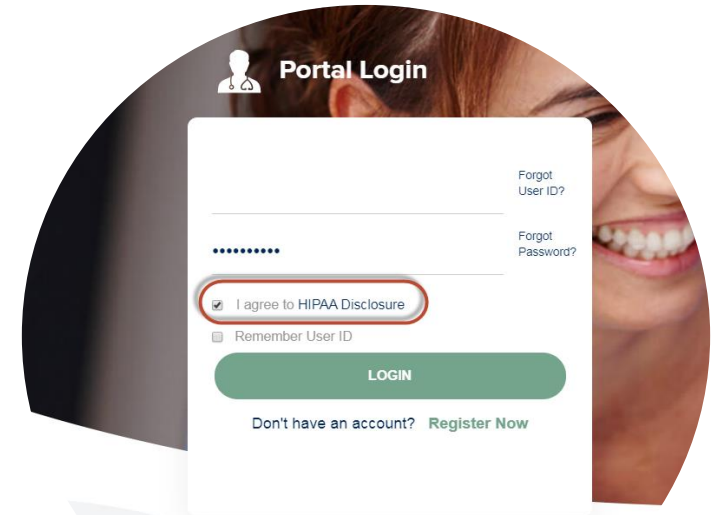
Please set up a new password for your account.  
Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters.

New Password\*

Confirm New Password\*

Save

- ✓ Uppercase letters
- ✓ Lowercase letters
- ✓ Numbers
- ✓ Characters (e.g., ! ? \*)



The screenshot shows the eviCore healthcare Portal Login form. It has a header "Portal Login" with a user icon. There are two input fields for "User ID" and "Password", both with "Forgot" links. Below the password field is a checkbox for "I agree to HIPAA Disclosure" (checked) and a checkbox for "Remember User ID". A green "LOGIN" button is at the bottom. Below the button is a link: "Don't have an account? Register Now".

Portal Login

Forgot User ID?

Forgot Password?

.....

☒ I agree to HIPAA Disclosure

☐ Remember User ID

LOGIN

Don't have an account? Register Now

- To log-in to your account, enter your **User ID** and **Password**.
- Agree to the HIPAA Disclosure, and click **"Login."**

# Initiating A Case

The screenshot shows the CareCore National Web Portal. At the top left is the logo for eviCore healthcare, with the tagline 'innovative solutions'. Below the logo is a horizontal navigation bar with ten tabs: Home (highlighted in yellow), Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account, and Help / Contact Us. Below the navigation bar, the date and time 'Tuesday, January 21, 2020 9:41 AM' are displayed. The main content area features a welcome message: 'Welcome to the CareCore National Web Portal. You are logged in as' followed by a greyed-out username field. Below this message are five blue buttons arranged vertically: 'REQUEST AN AUTH', 'RESUME IN-PROGRESS REQUEST', 'SUMMARY OF AUTH', 'AUTH LOOKUP', and 'MEMBER ELIGIBILITY'. At the bottom left of the page, there is a copyright notice: '© CareCore National, LLC. 2020 All rights reserved.' followed by links for 'Privacy Policy', 'Terms of Use', and 'Contact Us'.

- Click the **Clinical Certification** tab to get started.
- Choose **Request an Auth** to begin a new case request.

# Add Practitioner



- 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

Thursday, January 30, 2020 1:03 PM

## Manage Your Account

Office Name: Bluffton  
Address: 400 Buckwalter Place Blvd  
Bluffton, SC 29910

CHANGE PASSWORD EDIT ACCOUNT

Primary Contact: Jennifer Mason  
Email Address: jmason@evicore.com

ADD PROVIDER

Click Column Headings to Sort

Name	NPI	
BACH, MATT	1639143951	REMOVE NPI
CAGGIA, JOSEPHINE	1023177409	REMOVE NPI

Under the “Manage Your Account” tab Click the “Add Provider” button.

### 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

### Add Practitioner

This following practitioner record(s) were found to match the requested NPI. Is this the practitioner you would like to register?

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax
PINKELSTEIN, JONATHAN	1790930113	500 W MAIN ST	BABYLON	NY	11702	(631)422-6166	

ADD THIS PRACTITIONER CANCEL

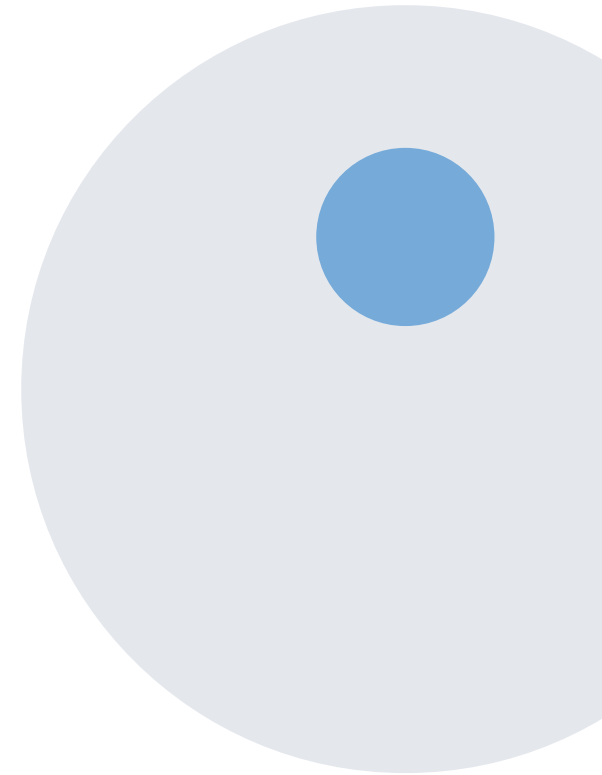
Enter the **Provider's NPI, State, and Zip Code** to search for the provider record to add to your account.  
You are able to add multiple Providers to your account.

Select the matching record based upon your search criteria

# Program

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- Occupational Therapy
- Physical Therapy



# Clinical Worksheets

Start at evicore.com, click on Resources



From the Resources dropdown, select Clinical Worksheets

CLINICAL GUIDELINES

Clinical Worksheets

Select Musculoskeletal Therapies



Musculoskeletal Therapies

Enter Health Plan name in the search field

## Musculoskeletal Therapies

Search by health plan name to view clinical worksheets. Adobe PDF Reader is required to view clinical worksheets documents.

Search by Health Plan ...



CorePath PTOT Chiro Musculoskeletal

eviCore healthcare		<b>Musculoskeletal Program: Chiropractic, Physical Therapy, and Occupational Therapy Intake Form</b> <i>Required for all MSK Conditions (Including Hand &amp; Pelvic Pain)</i>	
<small>Please use this fax form for NON-URGENT requests only. Failure to provide all relevant information may delay the determination. Phone and fax numbers may be found on eviCore.com under the Guidelines and Forms section. You may also log into the provider portal located on the site to submit an authorization request.</small>			
<b>URGENT (same day) REQUESTS MUST BE SUBMITTED BY PHONE</b>			
Previous Reference/Auth Number (If Continued Care):		Date of Submission:	
Service Type Requested: <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Chiropractic			
PATIENT	First Name:	MI:	Last Name:
	Member ID:	DOB (mm/dd/yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Street Address:	Apt #:	
	City:	State:	Zip:
	Home Phone:	Cell Phone:	Primary: <input type="checkbox"/> Home <input type="checkbox"/> Cell
	Member Health Plan/Insurer:		
PROVIDER	First Name:	Last Name:	
	Primary Specialty:	TIN:	NPI:
	Physician Phone:	Physician Fax:	
	Address:	Suite #:	
	City:	State:	Zip:
	Office Contact:	Ext:	Email:
ADMINISTRATIVE	<b>Diagnoses:</b>		
	Code	Description	Code Description
	<b>Start Date for this Request:</b>		
	Is this request for fabricating a splint/orthotic or developing a home exercise program only? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>If yes, stop here. If no, please continue.</b>		
	This is a request for (select the most appropriate): <input type="checkbox"/> Initial care (for a condition not treated in the previous 60 days) <input type="checkbox"/> Continuing care		
	<b>Primary Treatment Area: Choose only one.</b>		
	Spine: <input type="checkbox"/> Cervical / Upper Thoracic <input type="checkbox"/> Lower Thoracic / Lumbosacral		
Upper Extremity: <input type="checkbox"/> Shoulder / Arm <input type="checkbox"/> Elbow / Wrist / Forearm <input type="checkbox"/> Hand			
Lower Extremity: <input type="checkbox"/> Hip / Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Ankle / Foot / Leg			
Other: <input type="checkbox"/> Pelvic Pain / Incontinence			
<b>Secondary Treatment Area: Choose only one.</b> <input type="checkbox"/> No second area being treated			
Spine: <input type="checkbox"/> Cervical / Upper Thoracic <input type="checkbox"/> Lower Thoracic / Lumbosacral			
Upper Extremity: <input type="checkbox"/> Shoulder / Arm <input type="checkbox"/> Elbow / Wrist / Forearm <input type="checkbox"/> Hand			
Lower Extremity: <input type="checkbox"/> Hip / Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Ankle / Foot / Leg			
Other: <input type="checkbox"/> Pelvic Pain / Incontinence			
Date of initial evaluation:		Date of onset of condition:	Date of current findings:
<b>Previous Treatment</b>			
Has the member been treated for any other condition in the past 6 months? <input type="checkbox"/> N/A			
Spine: <input type="checkbox"/> Cervical / Upper Thoracic <input type="checkbox"/> Lower Thoracic / Lumbosacral			
Upper Extremity: <input type="checkbox"/> Shoulder / Arm <input type="checkbox"/> Elbow / Wrist / Forearm <input type="checkbox"/> Hand			
Lower Extremity: <input type="checkbox"/> Hip / Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Ankle / Foot / Leg			
eviCore healthcare   www.eviCore.com Revised 02-20-2019 corePath PT/OT/Chiro Musculoskeletal Page 1 of 4			

# Prior Authorization

---

## Requesting Authorization – Use the clinical worksheets

- Be prepared to provide patient reported functional outcome measures with your submission.
- Clinical information should be current – typically something collected within 14 days prior to the request.
- Missing or incomplete clinical information will delay case processing.
- Medicare cases with incomplete or missing information will receive special handling. CMS allows eviCore to reach out multiple times over a 14 day period to obtain the information required to complete our review.
- Providers should base the frequency and intensity of care on the patient's condition, complexities, functional status and response to care.
- Avoid creating a plan of care based on historical or business practice. Providers will be expected to only use the visits and units that are medical necessary.

# Prior Authorization

---

## Requesting Authorization – Use the clinical worksheets

### Submitting an Initial request via eviCore's Provider Portal


- Submit your request within 7 days of the requested start date.
- Start date for the request should be the date you want the authorization to begin.

### Submitting for continued care via eviCore's Provider Portal

- You may submit your request as early as 7 days prior to the requested start date.
- The start date should be after the existing authorization expires.
- Remember to provide complete, current clinical information.
- Notes: Requests with a start date of > than 7 days in the future will not be accepted. If the member is away from therapy, reassess the condition once treatment has resumed. This allows you to provide current information to allow eviCore to determine medical necessity of ongoing care.

# Initiating A Request





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

Thursday, January 30, 2020 1:11 PM

Welcome to the CareCore National Web Portal. You are logged in.

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

HORIZON PILOT PROGRAM

Choose “request an auth” to begin a new case request.



# Request an Authorization – Select program

---

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](#)

## 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"

Thursday, August 31, 2023 2:08 PM

## Choose Your Insurer

Requesting Provider: ZELDIS, STEVEN, NPI 1134107048

Please select the insurer for this authorization request.

HEALTHCARE PARTNERS ▼

200 OLD COUNTRY ROAD ▼

Please Select an Address

200 OLD COUNTRY ROAD

222 STATION PLAZA N

[Click here for help](#)

**Urgent Request?** You will be required to upload relevant clinical info at the end of this process. [Learn More.](#)

**Don't see the insurer you're looking for?** Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

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# Requesting Practitioner Information

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

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
SELECT	
SELECT	
SELECT	
SELECT	
SELECT	
SELECT	
SELECT	

BACK

CONTINUE

[Click here for help](#)

After selecting the HealthCare Partners from the dropdown, select the ordering practitioners address.

# Add Your Contact Information

Provider's Name:\*  [?]

Who to Contact:\*  [?]

Fax:\*  [?]

Phone:\*  [?]

Ext.:  [?]

Cell Phone:

Email:

☒ Receive notification of case status changes


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

[Click here for help](#)

**Attention!**

**Time: 7/6/2023 4:48 PM**

**?** What is the expected procedure date or treatment start date for this request? (MM/DD/20YY)



**If the Date of Service is unknown, please enter today's date.**

**SUBMIT**

eviCore  
INDEPENDENT SOLUTIONS

healthcare

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 9:53 AM

Patient Eligibility Lookup

Patient ID:\*

Date Of Birth:\*MM/DD/YYYY

Patient Last Name Only:\*[?]

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

40% Complete

Provider and NPI  
[GALPER, JEFFREY](#)  
[STANDARD](#)  
[HARVARD](#)

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
<div>SELECT</div>	000000000		MARTINEZ, CONCEPTA	6/25/1982	F	ONE WATERFORD SPRINGFIELD, IL 62761

BACK

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- 
- | Response                       | Percentage |
|--------------------------------|------------|
| U.S. should take more action   | 45         |
| U.S. should take fewer actions | 45         |

# Enter Request Information for Physical or Occupational Therapy

## Requested Service + Diagnosis

This procedure will be performed on Date of service

CHANGE

### Musculoskeletal Management Procedures

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

MSMPT

PHYSICAL THERAPY

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

MSMPT = Physical Therapy  
MSMOT = Occupational Therapy

### Diagnosis

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

M25.50

LOOKUP

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

Secondary Diagnosis Code: **M25.50**

Description: **Pain in unspecified joint**

[Change Secondary Diagnosis](#)

BACK

[Click here for help](#)

### Attention!

Will the procedure be performed in your office?

Yes

No

- Next you can enter procedure description (MSMPT or MSMOT)
- Add diagnosis code(s)

# Read Pop-Up Messages

**Attention!**

Patient ID:

Time: 8/27/2020 8:16 AM

Patient Name:

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

**MSM History**

Episode Date	Episode ID	Patient Name	CPT Code	CPT Description	Case Status
8/8/2019	<input type="text"/>	<input type="text"/>	MSMPT	PHYSICAL THERAPY	A

**OK**

[Print this page](#)

# 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	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

Thursday, August 27, 2020 8:16 AM

## Requested Service + Diagnosis

Confirm your service selection.

**Procedure Date:** 9/3/2020  
**CPT Code:** MSMPT  
**Description:** PHYSICAL THERAPY  
**Primary Diagnosis Code:** M25.551  
**Primary Diagnosis:** Pain in right hip  
**Secondary Diagnosis Code:**  
**Secondary Diagnosis:**  
[Change Procedure or Primary Diagnosis](#)  
[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

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60% Complete

**Provider and NPI**

**Patient**



# Site 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	MedSolutions Portal	
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------	---------------------	--

Thursday, January 30, 2020 2:21 PM

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

## 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:	<input type="text"/>	Zip Code:	<input type="text"/>	Site Name:	<input type="text"/>
TIN:	<input type="text"/>	City:	<input type="text"/>		<input checked="" type="radio"/> Exact match <input type="radio"/> Starts with

LOOKUP SITE

There are no sites associated with referer.

BACK

[Click here for help](#)

**Search and select the specific site where the treatment will be performed.**

# Submit Request



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

Thursday, January 30, 2020 2:40 PM

## 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

[Click here for help](#)

**Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process**

# Clinical Certification Statement



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

Thursday, January 30, 2020 2:48 PM

## 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](#)

Acknowledge the Clinical Certification statements, and hit “Submit Case.”

# Urgency Indicator

eviCore

healthcare

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

Thursday, May 14, 2020 3:02 PM

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

If your case is urgent, you will be prompted to upload clinical to continue the case build.

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Thursday, May 14, 2020 3:04 PM

Proceed to Clinical Information

Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

☐

A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.

☐

A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.

☐

None of the above

Clinical Upload

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case.

If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

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

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

P

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52

# Clinical Collection


[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](#)


Thursday, August 27, 2020 8:20 AM

## Proceed to Clinical Information

### TYPE OF CONDITION

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

 Please indicate the type of condition that therapy is being requested for.

 Is this request for fabricating a hand splint/orthotics OR developing a home exercise program ONLY?

☐ Yes ☒ No

SUBMIT

# Clinical Collection – From the Clinical Worksheets

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

Please indicate the secondary treatment area. (Choose only one)

**SUBMIT**

Even though the member may have had treatment under their benefit program, select “Initial Care” for the 1<sup>st</sup> authorization from eviCore.

## Proceed to Clinical Information

Please indicate the side being treated.

- ☐ Right  
☐ Left  
☐ Both / Bilateral  
☐ Unknown

Do you want to enter a functional outcome measure for the Knee?

- ☐ Yes ☐ No

**SUBMIT**

☐ Finish Later

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

## Proceed to Clinical Information

Please select the Functional Outcome measure used:


- ☐ LEFS (Lower Extremity Functional Scale)  
☐ HOOS Jr (HIP Osteoarthritis Outcome Score Jr)  
☐ KOOS Jr (KNEE Osteoarthritis Outcome Score Jr)

Please enter the functional outcome score:

You can click the “Finish Later” button to save your progress - You have until the end of the day to complete the case.

# Criteria Not Met

Once you complete the clinical questions, you will have an opportunity to upload additional clinical information. Also, you will receive a summary of your request to print for your records.

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

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

SUBMIT

# Clinical Upload



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

Thursday, January 30, 2020 2:47 PM

## 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

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

**Providing clinical information via the web is the quickest, most efficient method.**



---

# Additional Provider Portal Features

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# Portal Features

---

## Certification Summary

- Allows you to track recently submitted cases

## Authorization Lookup

- You can look-up authorization status on the portal and print any correspondence
- Search by member information OR by authorization number with ordering NPI
- Review post-decision options, submit appeal and schedule a peer-to-peer

## Eligibility Lookup

- Confirm if member requires prior authorization

## Clinical Certification

- You can begin an authorization request



# 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 (Musculoskeletal Management)
- ☐ Provider ( )
- ☐ Program and Provider (Musculoskeletal Management and )
- ☐ Program and Health Plan (Musculoskeletal Management and )

GO


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

# How to schedule a Peer to Peer Request

- Log into your account at [www.evicore.com](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:

## Authorization Lookup

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

 **P2P AVAILABILITY**

- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.



# How to Schedule a Peer to Peer Request

**New P2P Request**

Case Reference Number Case information will auto-populate from prior lookup

Member Date of Birth

+ Add Another Case

Lookup Cases >

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.

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”

**New P2P Request**

Case Ref #:

Remove P2P Eligible

! Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

**Member Information**

Name
DOB
State
Health Plan
Member ID

**Case P2P Information**

Episode ID
P2P Valid Until 2020-11-11
Modality MSK Spine Surgery
Level of Review Reconsideration P2P
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  
Level of Review

MSK Spine Surgery  
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						

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.

1st Priority by Skill

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

# How to Schedule a Peer to Peer

## Confirm Contact Details

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

Case Info Questions Schedule Confirmation

**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

- 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

Scheduling

Scheduled

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

SCHEDULED

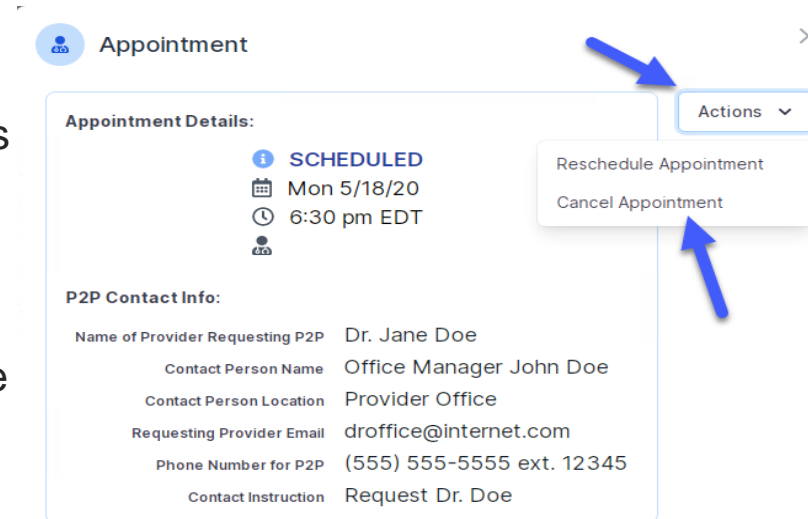
# Canceling or Rescheduling a Peer to Peer Appointment

## To cancel or reschedule an appointment

- Access the scheduling software per the instructions above.
- Go to “My P2P Requests” on the left pane navigation.
- Select the request you would like to modify from the list of available appointments.
- Once opened, click on the schedule link. An appointment window will open.
- Click on the Actions drop-down and choose the appropriate action.

If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.

If choosing to cancel, you will be prompted to input a cancellation reason.



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. The top section, "Appointment Details:", includes an information icon, the status "SCHEDULED", and the date and time "Mon 5/18/20 6:30 pm EDT". The bottom section, "P2P Contact Info:", contains a table of contact information. To the right of the details, there is an "Actions" drop-down menu. A blue arrow points to the "Actions" menu, and another blue arrow points to the "Cancel Appointment" option in the dropdown list.

Appointment Details:	
	<b>SCHEDULED</b>
	Mon 5/18/20
	6:30 pm EDT

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

**Actions** ▾

- Reschedule Appointment
- Cancel Appointment

• Close browser once done



# Provider Newsletter

## Stay Updated With Our Free Provider Newsletter

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

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



# Provider Resource Review Forums

The eviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

We invite you to attend a **Provider Prior Authorization Online Portal Tips and Tools** session, 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 Prior Authorization Online Portal Tips and Tools** session on [www.eviCore.com](http://www.eviCore.com) → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



# Provider Resources

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**Portal Support Team -** If you should encounter an issue when initiating a request on the website you may contact the eviCore Portal Support Team for assistance.

**Contact Info:** Phone: 800-646-0418 Option 2; Email: [portal.support@evicore.com](mailto:portal.support@evicore.com)

**Client & Provider Services Team -** Client & Provider Services is an escalation team consisting of specially trained agents that are responsible for HealthCare Partner inquiries. They are an eviCore first line resource available to research and resolve concerns that may occur.

**Contact Info:** Phone: 800-646-0418 Option 4; Email: [clientservices@evicore.com](mailto:clientservices@evicore.com)

**HealthCare Partners Resource Page –** The resource page contains educational materials, such as a list of designated CPT Codes, Frequently Asked Questions, Announcement Letter with training schedule and a copy of this presentation.

<https://www.evicore.com/resources/healthplan/healthcare-partners>

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# Thank you

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