

Radiology and Cardiology Management

Provider Orientation Session for Yamhill Community Care Organization (YCCO)

December 2023



Agenda



Programs Overview

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

Programs Overview



Yamhill Community Care Prior Authorization Services

eviCore will begin accepting prior authorization requests for radiology services on December 18, 2023 for dates of service January 1, 2024 and beyond

Applicable Membership	Prior authorization applies to the following services	Prior authorization does NOT apply to services performed in
<ul style="list-style-type: none">• YCCO Oregon Medicaid	<ul style="list-style-type: none">• Outpatient• Elective/Non-emergent	<ul style="list-style-type: none">• Emergency Rooms• Observation Services• Inpatient Stays

Providers should verify member eligibility and benefits on the secured provider log-in section at:
[Health Plan Website]

Advanced Imaging & Cardiology Services

Covered Advanced Imaging Services:

Radiology Services:

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

Cardiology Services:

- Cardiac MR
- Cardiac CT
- Cardiac PET
- Nuclear Stress
- Echo
- Stress Echo
- Diagnostic Heart Cath
- Cardiac Implantable Devices



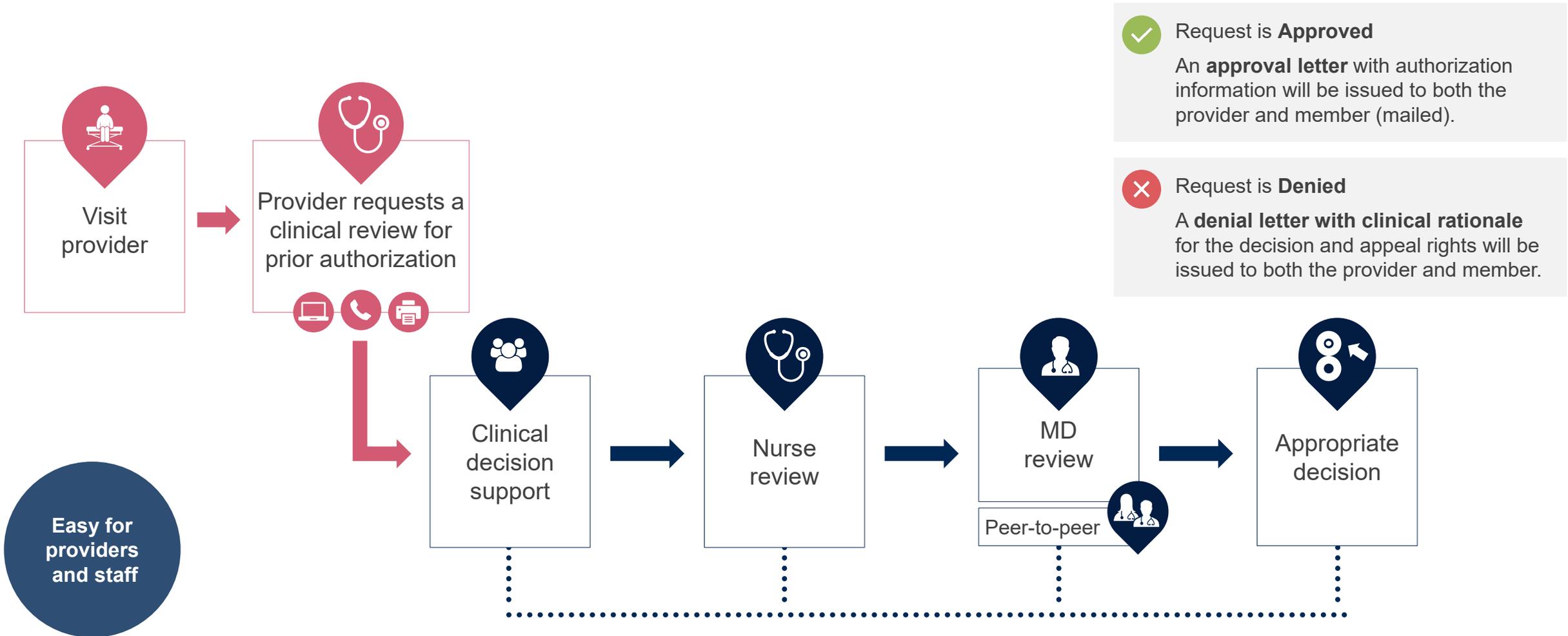
To find a **complete list** of radiology Current Procedural Terminology (CPT) codes that **require prior authorization through eviCore**, please visit:

[Yamhill Provider Resources | eviCore healthcare](#)

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.

- **Saves 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: **844-407-5290**
Monday – Friday
7 AM – 7 PM (local time)

Or by fax: **800-540-2406**



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

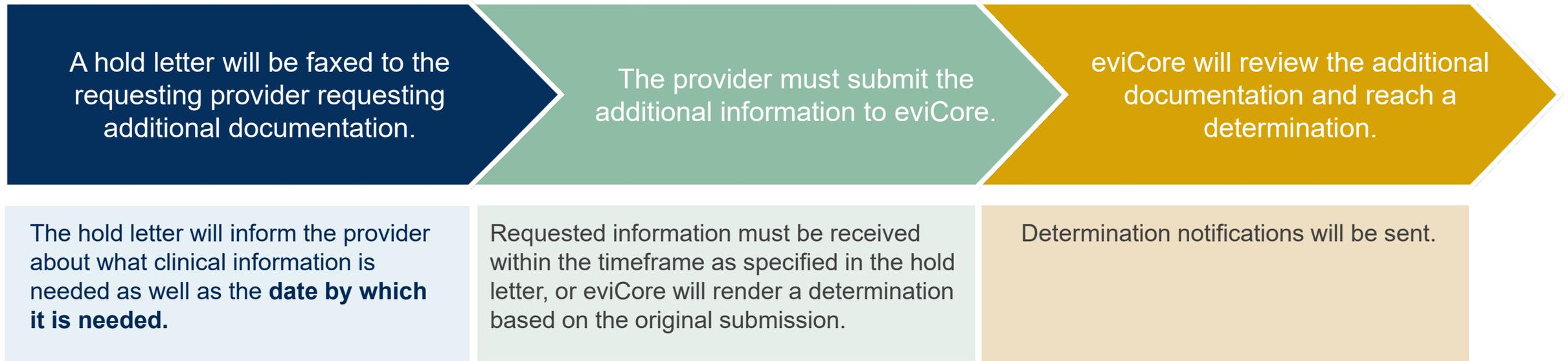


Supporting Clinical

- 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:



Pre-Decision Options | Medicaid Members

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

Before a denial decision is issued on Medicaid cases, eviCore will notify providers telephonically and in writing. From there, additional clinical information must be submitted to eviCore in advance of the due date referenced.

There are three ways to supply the requested information:

1. **Fax** to 800-540-2406
2. **Upload** directly into the case via the provider portal at [eviCore.com](https://www.eviCore.com)
3. **Request a Pre-Decision Clinical Consultation**
This consultation can be requested via the eviCore website (**see slide 46 for instructions**), and must occur prior to the due date referenced

Important to note: 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 [eviCore.com](https://www.eviCore.com).



Prior Authorization Outcomes, Special Considerations & Post-Decision Options



Prior Authorization Determination Outcomes

Determination Outcomes

- **Approved Requests:** Authorizations are valid for 60 days from the approval date.
- **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, including denied Site of Care (if applicable)
- **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 **120** 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 **2** business 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 72 hours



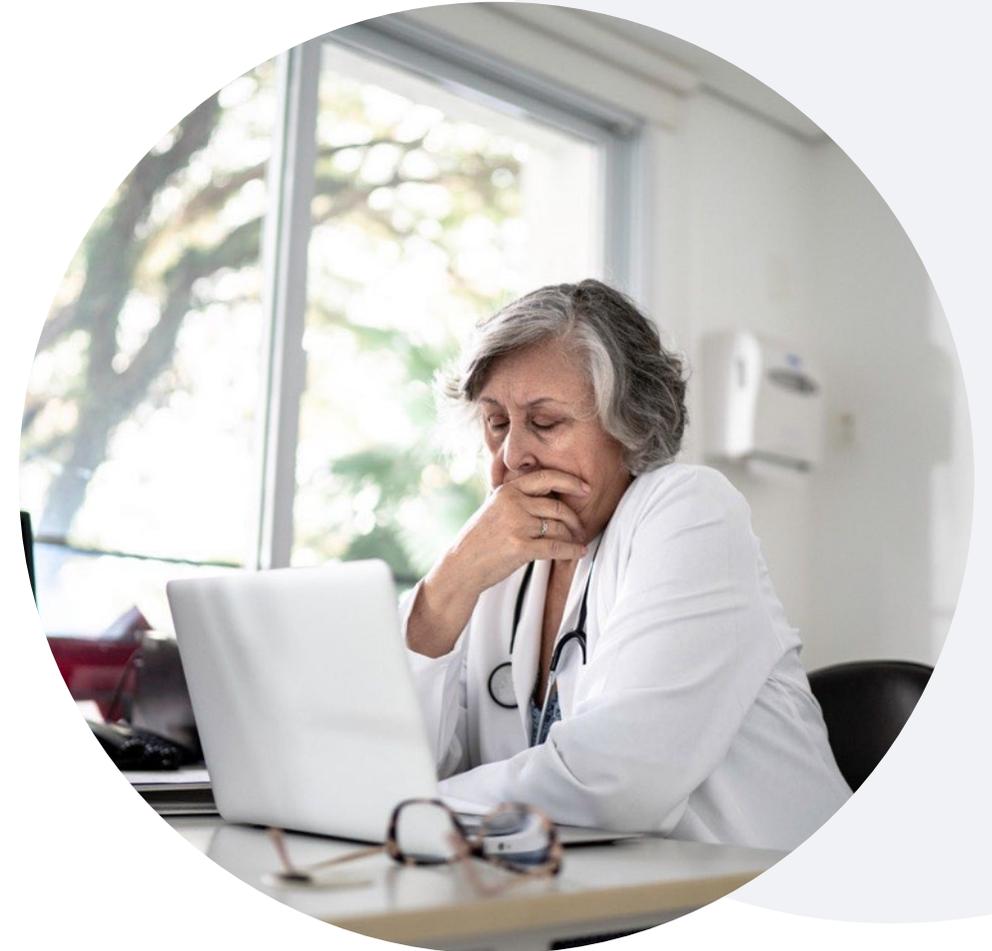
Special Circumstances, continued

Alternative Recommendation

- 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
- If the alternative recommendation is not accepted and the case is denied, providers still have up to 3 days to accept the alternative recommendation, either on the web portal or via phone

Authorization Update

- If updates are needed on an existing authorization, providers can contact eviCore by phone at 844-407-5290
- If the authorization is not updated and a different facility location or CPT code is submitted on the claim, it may result in a claim denial



Post-Decision Options

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 **844-407-5290** 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 **14** calendar days after the determination date.
- Reconsiderations can be requested by phone or in writing.
- A physician to physician discussion is also available.



Appeals

- eviCore will not process first-level appeals.

eviCore Provider Portal



eviCore Provider Portal | Features

Eligibility Lookup

- Confirm if patient requires prior authorization

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 and schedule a peer-to-peer

Certification Summary

- Track recently submitted cases

eNotification Alerts

- You can opt in for email case status alerts



eviCore Provider Portal | Access and Compatibility

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

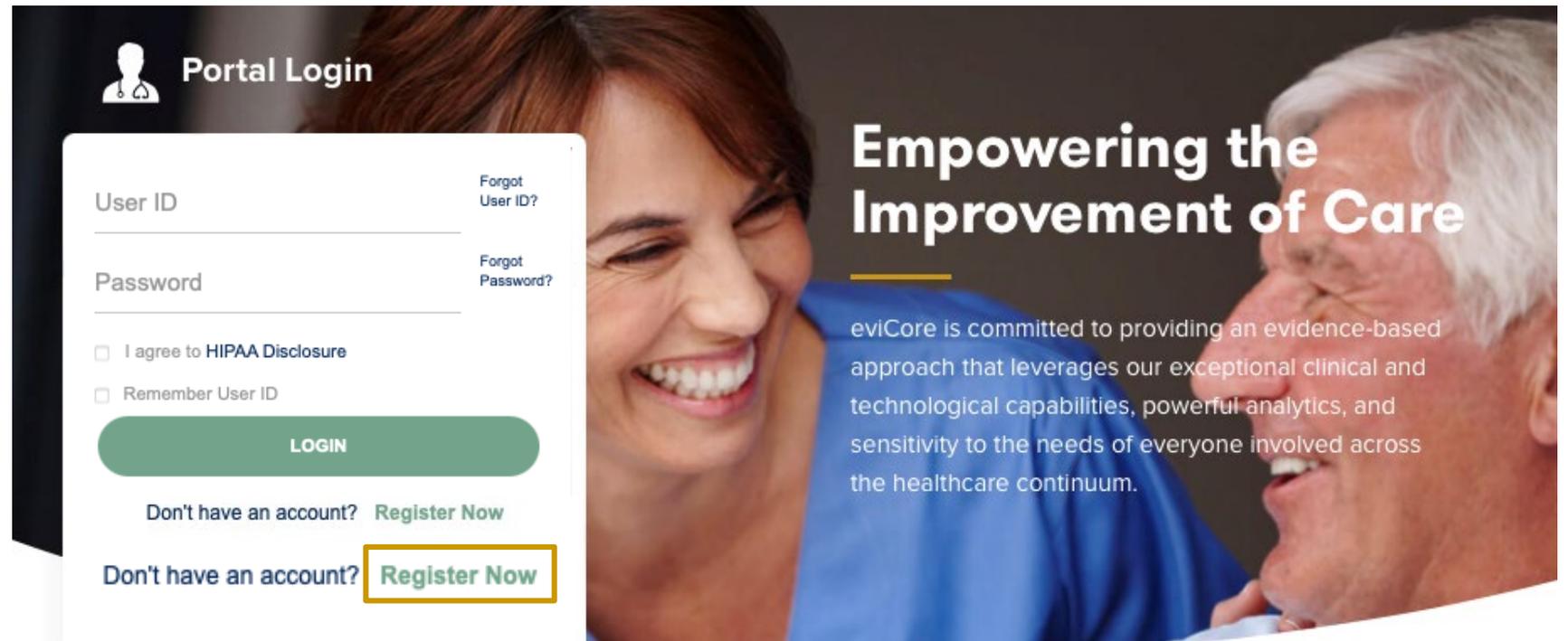
To access resources on the eviCore Provider Portal, visit evicore.com/provider

Already a user?

Log in with User ID & Password

Don't have an account?

Click **Register Now**



eviCore's website is compatible with Microsoft Edge, Google Chrome and Mozilla Firefox. 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.

The screenshot shows the registration form for the eviCore healthcare provider portal. At the top left is the eviCore healthcare logo with the tagline 'innovative solutions'. A red asterisk indicates a required field. The form is divided into two main sections: 'Web Portal Preference' and 'User Information'. The 'Web Portal Preference' section has a yellow header and contains a message: '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.' Below this is a dropdown menu for 'Default Portal*' with '--Select--' as the current selection. The 'User Information' section also has a yellow header and a message: 'All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.' This section contains several input fields: 'User Name*', 'Email*', 'Confirm Email*', 'First Name*', and 'Last Name*' are on the left; 'Address*' (two stacked fields), 'City*', 'State*' (with a 'Select' dropdown), and 'Office Name' are in the middle; and 'Phone*', 'Ext.', 'Fax*', and 'Zip*' are on the right. A 'Next' button is located at the bottom right of the form. The footer of the page includes 'Web Support 800-646-0418' and links for 'Legal Disclaimer', 'Privacy Policy', 'Corporate Website', 'Report Fraud & Abuse', 'Guidelines and Forms', and 'Contact Us'. A copyright notice for 2014 MedSolutions is also present.

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.

Set up Two Factor Authentication

Email SMS

Register Email Address

meh****@evicore.com

Send PIN

Please enter PIN sent to your Email Address

768342

Submit

Skip

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: 2000000000
New York, NY 10000

Primary Contact:
Email Address: john.doe@eviCore.com

ADD PROVIDER

Click Column Headings to Sort

No providers on file

CANCEL

Add Practitioner

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

Practitioner NPI

Practitioner State

Practitioner Zip

FIND MATCHES CANCEL

Provider Resources



Contact eviCore's Dedicated Teams

Call Center

- Phone: (844) 407-5290
- Representatives available 7 a.m. to 7 p.m. (local time)

Web Support

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

Client & Provider Operations Team

- Email: clientservices@eviCore.com
- Eligibility issues (member or provider not found in system)
- Transactional authorization related issues requiring research

Provider Engagement

- **Cherryl Bozeman** –
 - AK, CA, ID, MT, NV, OR, WA, WY
 - cbozeman@evicore.com
 - **800.918.8924 x22884**
- Regional team that works directly with the provider community

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 [Yamhill Provider Resources | eviCore healthcare](#)

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



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

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

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

[Click here for help](#)

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

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: **TRISH, MICHELLE, NP (201271240)**

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK

CONTINUE

- Choose Yamhill for the request
- Another drop down will appear to select the appropriate address for the **provider**
- 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	6/25/1982	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

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

This procedure has not been performed.

[CHANGE](#)

Radiology Procedures

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

73721 | MRI LOWER EXTREMITY JOINT W/O

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

Diagnosis

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

r68.89

[LOOKUP](#)

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

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

Secondary diagnosis is optional for Radiology

[LOOKUP](#)

[BACK](#)

[Click here for help](#)

Select appropriate **CPT** and **Diagnosis codes**

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

eviCore
intelliPath[®]

Real-time decision
Request is complete

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

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):

- Choose File No file chosen

UPLOAD

Proceed to Clinical Information

Is this case Routine/Standard?

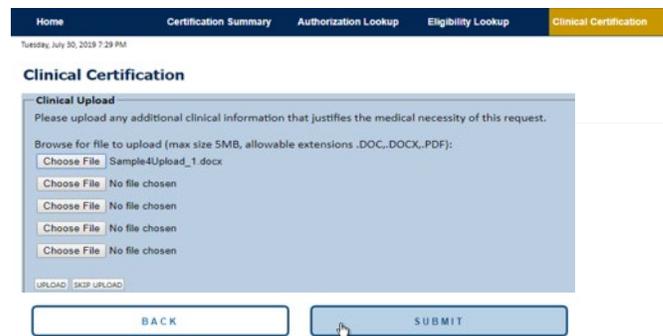
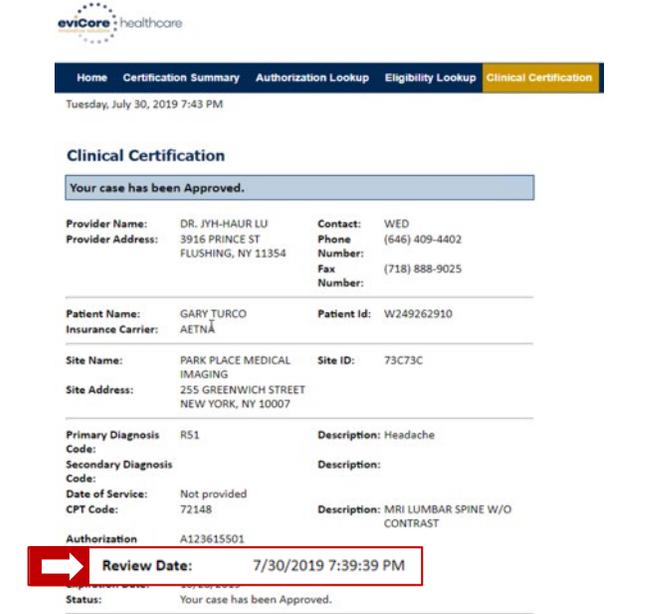
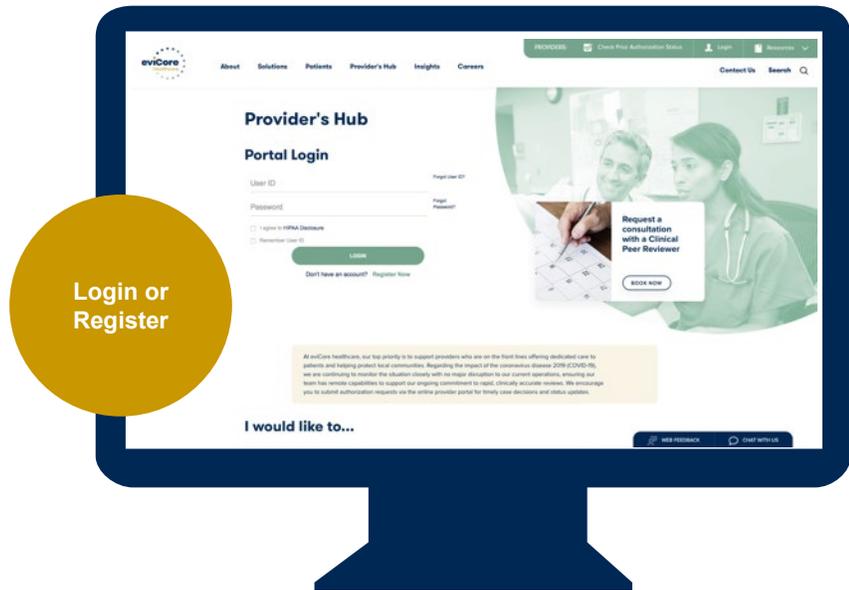
YES

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

Improved Provider Experience

Real-Time Decision or Clinical Documentation Upload



*In some circumstances, you may be asked to complete a series of clinical questions which may result in an immediate approval or a request for clinical upload

Clinical Certification Request

Proceed to Clinical Information

Example Questions

Proceed to Clinical Information

Will there be any additional procedures needing prior authorization for the same patient, date of service, and site of service?
 Yes No

SUBMIT

Attention!

Is this a request for a bilateral procedure of a previously requested authorization?

YES **NO**

Which anatomy will be examined with the requested study?
 Hip Knee Ankle

SUBMIT

Finish Later

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

- **Clinical Certification** questions may populate based on the information provided
- You can save your request and **'Finish later'** if needed. Please make sure to complete the case by the end of the day to avoid the case expiring.
- 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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

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

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'

Clinical Certification Request | Criteria Met

Summary of Your Request

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

Your case has been Approved.

Provider Name:	DR. BHARATH MANU ANKARA VEETIL	Contact:	MOBILE
Provider Address:	1200 6TH AVE N SAINT CLOUD, MN 56303	Phone Number:	(320) 254-1000
		Fax Number:	(320) 254-1000
Patient Name:	WILLIAM WILSON	Patient Id:	WILLIAM WILSON
Insurance Carrier:	WILLIAM WILSON		
Site Name:	COMMONWEALTH MEDICAL LLC	Site ID:	COMMONWEALTH
Site Address:	875 LAMAR BLVD CORPORATE PL 2000		
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided		
CPT Code:	73721	Description:	MRI LOWER EXTREMITY JOINT W/O
Authorization Number:	0000000000		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL PRINT CONTINUE

If your request is authorized during the initial submission, you can **PRINT** the summary of the request for your records.

Peer-to-Peer (P2P) Scheduling Tool

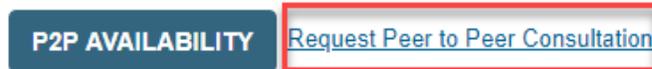


Provider Resources | Schedule a P2P Request

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:	



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
- 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:

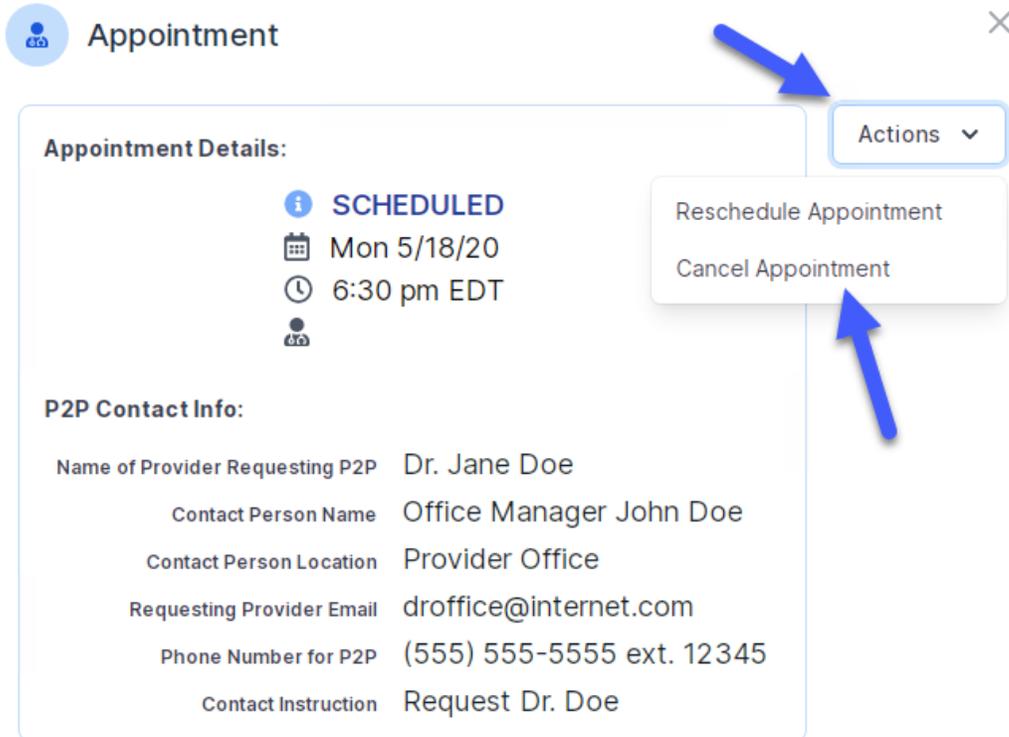
- Name of Provider Requesting P2P
- Phone Number for P2P
- Contact Instructions

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 web interface for managing a P2P appointment. At the top left, there is a blue circular icon with a person symbol and the text 'Appointment'. Below this is a section titled 'Appointment Details:' which includes a status indicator 'SCHEDULED' with an information icon, a calendar icon showing 'Mon 5/18/20', and a clock icon showing '6:30 pm EDT'. Below the details is a section titled 'P2P Contact Info:' containing several fields: '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), and 'Contact Instruction' (Request Dr. Doe). On the right side of the appointment details, there is an 'Actions' dropdown menu. This menu is open, showing two options: 'Reschedule Appointment' and 'Cancel Appointment'. Two blue arrows point to these options: one points to the 'Actions' dropdown and the other points to the 'Cancel Appointment' option.

Appointment

Appointment Details:

SCHEDULED

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

To cancel or reschedule an appointment:

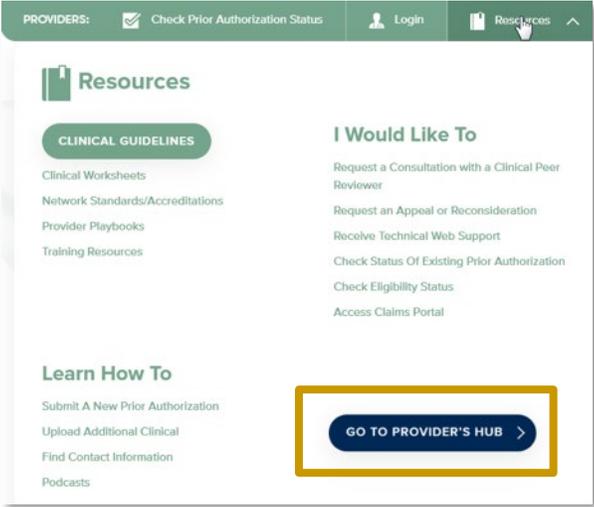
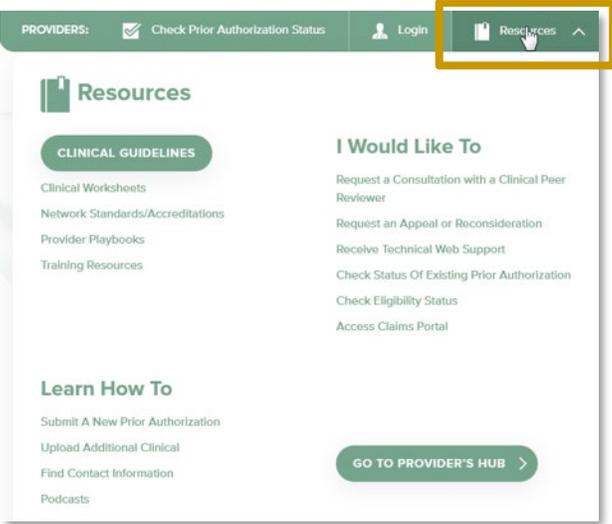
- Access the scheduling software and select **My P2P Requests** on the left-pane navigation
- Select the request you would like to modify from the list of available appointments
- When the request appears, click on the schedule link. An appointment window will open
- Click on the **Actions** drop-down 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

Provider Resources | Contacts and Helpful Links

Web-Based Services	portal.support@evicore.com	800-646-0418, option 2
Client Provider Operations	clientservices@evicore.com	
Provider Engagement: Cherryl Bozeman, Regional Provider Engagement Manager	cbozeman@evicore.com	800-918-8924, x22884
Worksheets	evicore.com/provider/online-forms	
Clinical Guidelines	evicore.com/provider/clinical-guidelines	
Request a Clinical Consultation	evicore.com	

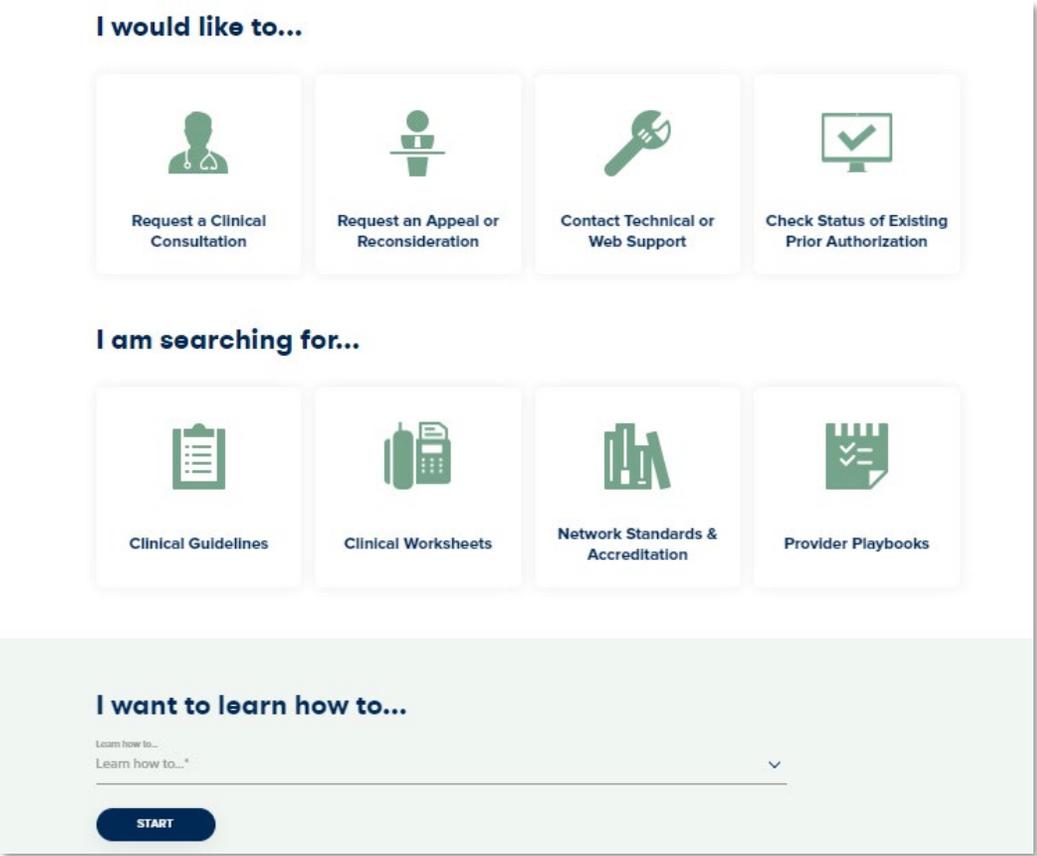
Provider Resources | eviCore Provider's Hub

Providers and staff can access important tools and resources at eviCore.com



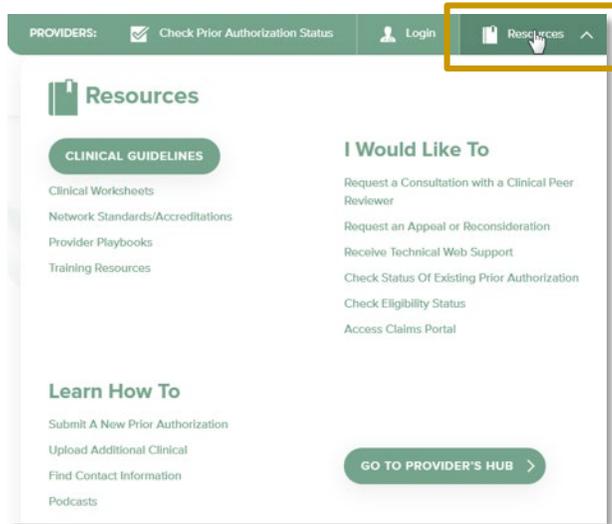
Step 1
Open the **Resources** menu in the top right of the browser

Step 2
Select **GO TO PROVIDERS HUB** to access clinical guidelines, schedule consultations (P2P), and more



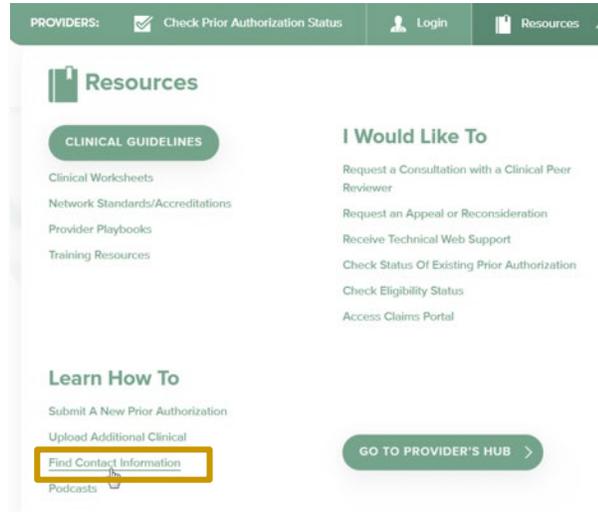
Provider Resources | Quick Reference Tool

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**

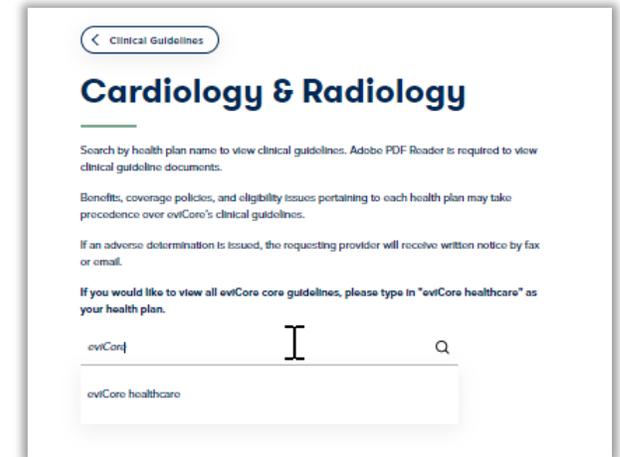
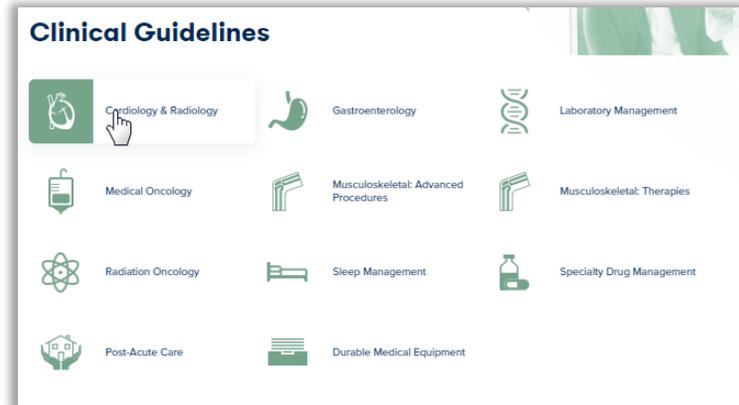
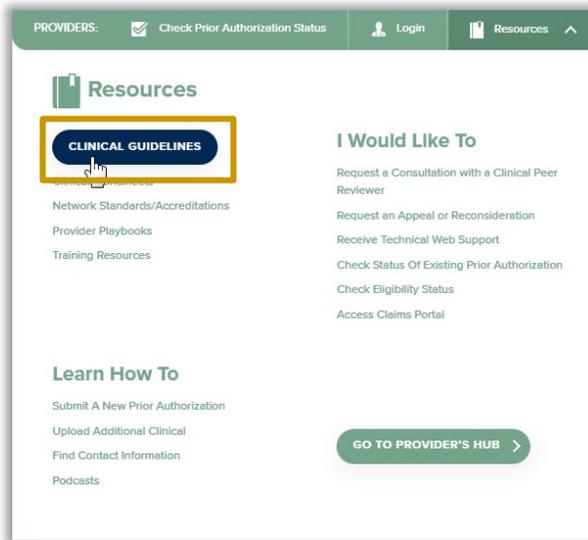


Step 3

- 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