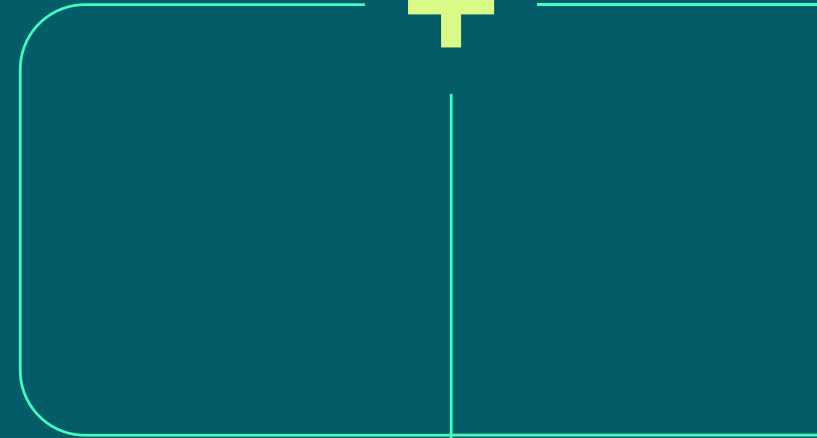


Radiology  
Cardiovascular  
Pain Management

Provider Orientation Session

Aetna Better Health of Oklahoma



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# Agenda

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## **Solution Overview**

Radiology, Cardiovascular & Pain Management

## **Submitting Requests**

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

## **EviCore Provider Portal**

Overview, Features & Benefits

## **Provider Resources**

## **Questions & Next Steps**

## **Appendix**

- Peer-to-Peer Scheduling Tool
- Additional Resources

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# Solution Overview

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# Aetna Better Health of Oklahoma Prior Authorization Services

EviCore will begin accepting prior authorization requests for Radiology, Cardiovascular and Pain Management services on 4/1/2024 for dates of service 4/1/2024 and after.

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

Providers should verify member eligibility and benefits on the secured provider log-in section at: [www.aetnabetterhealth.com/Oklahoma](http://www.aetnabetterhealth.com/Oklahoma)

# Radiology, Cardiovascular and Pain Management Covered Services

---

## Radiology

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

## Cardiovascular

- Stress Testing
  - Myocardial Perfusion Imaging (SPECT & PET)
  - Stress Echocardiography
- Cardiac CT & MRI
- Echocardiography
  - Transthoracic (TTE)
  - Transesophageal (TEE)
- Diagnostic Heart Catheterization

## Interventional Pain

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

To find complete lists of Current Procedural Terminology (CPT) codes that require prior authorization, please visit:

<https://www.aetnabetterhealth.com/oklahoma/providers/prior-authorization.html>

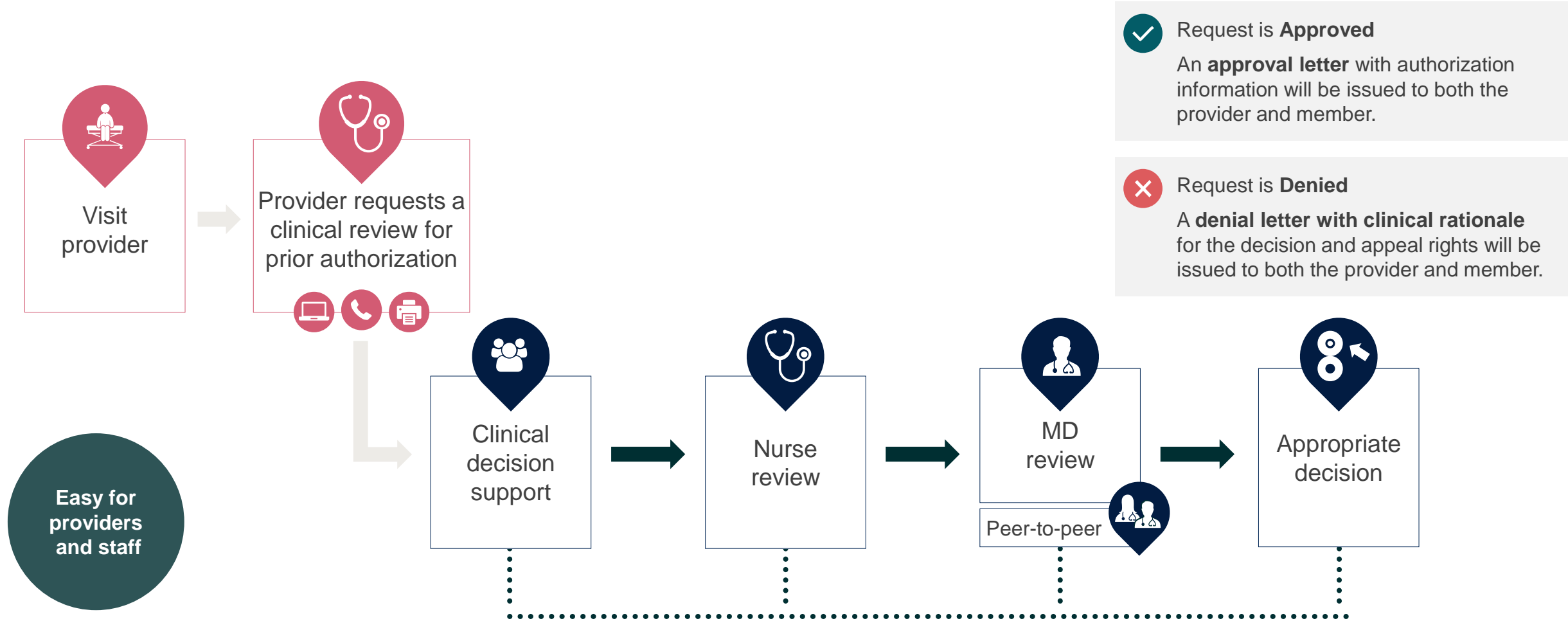
# Submitting Requests

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# Utilization Management | Prior Authorization



# How to Request Prior Authorization

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

- **Save time:** Quicker process than requests by phone or fax
- **Available 24/7:** Submit your requests anytime day or night
- **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
- **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](https://EviCore.com/provider)

Or by phone: **866-668-8295**

Monday – Friday

7 AM – 7 PM (local time)

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



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# 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)

## Rendering Facility

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



## Referring (Ordering) Physician

- Physician name
- National provider identifier (NPI)
- 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



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

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# Prior Authorization Determination Outcomes

## Determination Outcomes

- **Turnaround Time:** Decisions on standard requests will be made within 72 hours from case submission. Urgent requests are processed within 24 hours.
- **Approved/Partially Approved Requests:** Authorizations are valid for 60 calendar days from the date of case submission. In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved, as well as post-decision options for denied codes.
- **Denied Requests:** If a request is determined as inappropriate based on evidence-based guidelines, a notification with the rationale for the decision and post-decision rights will be issued.

## Notifications

- Notifications will be provided to members and providers per state requirements.
- Approval information can be printed on demand from the [EviCore portal](#).



# Special Circumstances

---

## Retrospective Authorization Requests

- Retrospective requests will not be permitted.
- Please make sure to submit for prior authorization prior to the date of service.

## Authorization Update

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

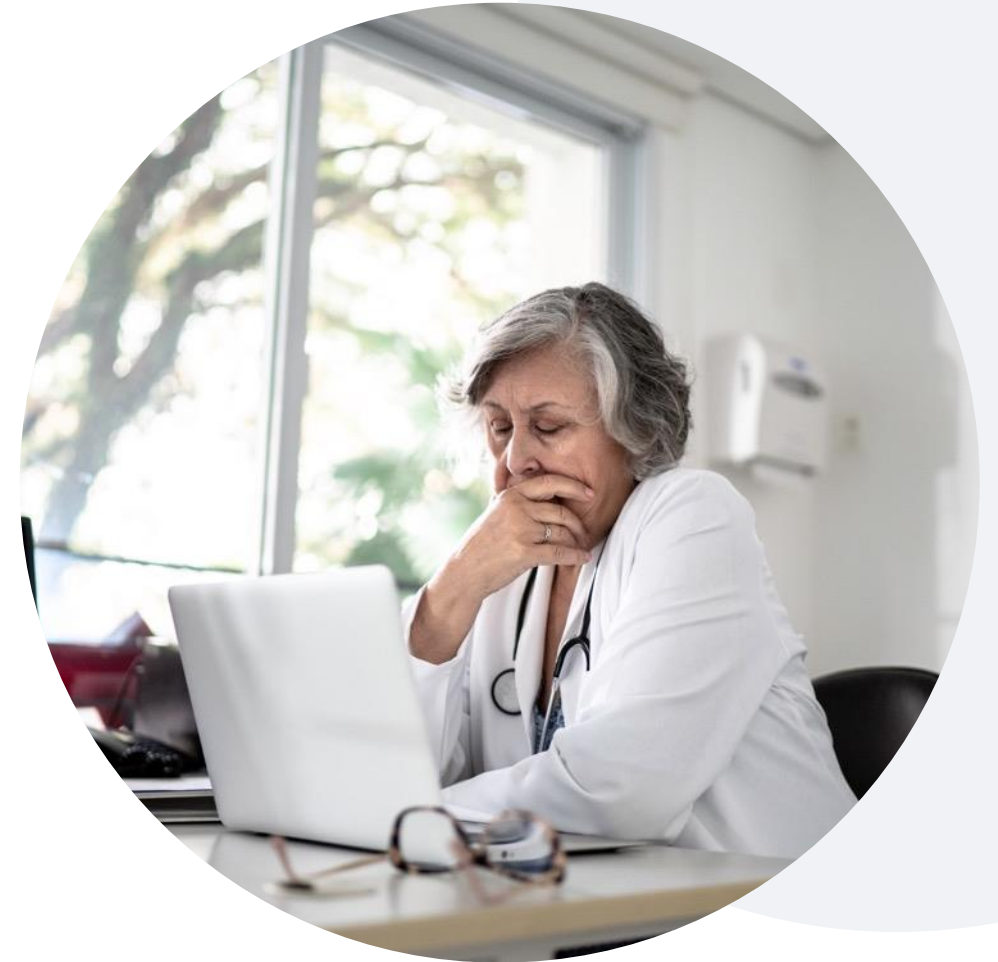


# Special Circumstances (cont.)

---

## 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.
- Providers have up to 5 business days to contact EviCore to accept the alternative recommendation.



# 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 **866-668-8295** 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 5 business days after the determination date.
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an EviCore physician.

## Appeals

- EviCore will not process first-level appeals.
- Appeal requests can be submitted directly to the health plan.



# EviCore Provider Portal

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# EviCore Provider Portal | Features

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## Eligibility Lookup

- Confirm if patient requires clinical review

## Clinical Certification

- Request a clinical review for prior authorization on the portal

## Prior Authorization Status Lookup

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

## Certification Summary

- Track recently submitted cases



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# EviCore Provider Portal | Access and Compatibility

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

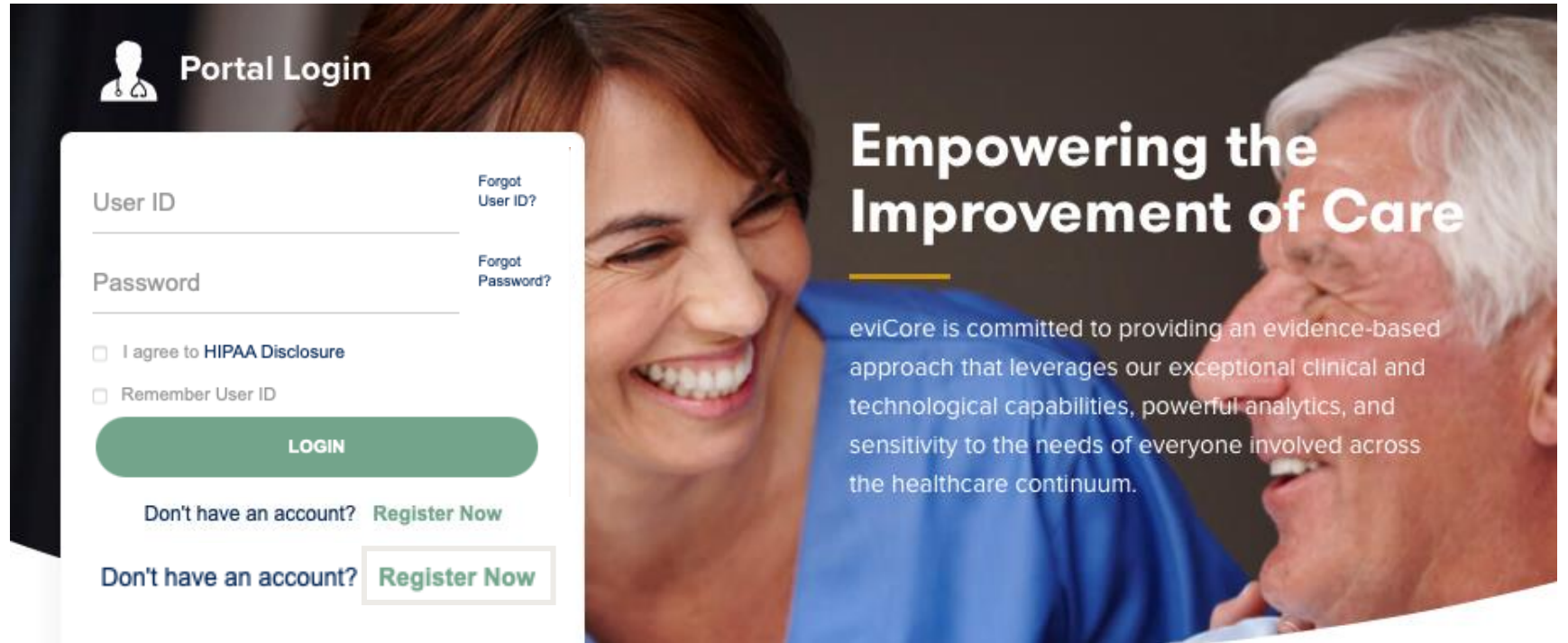
To access resources on the EviCore Provider Portal, visit [EviCore.com/provider](https://EviCore.com/provider)

Already a user?

Log in with User ID & Password

Don't have an account?

Click [Register Now](#)



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

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# Creating an EviCore Provider Portal Account

Select **CareCore National** as the Default Portal.

Complete the User Information section in full and **Submit Registration**.

You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the login page.

**eviCore** healthcare  
innovative solutions

\* Required Field

### Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal\*:

### User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

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

Next

Web Support 800-646-0418

[Legal Disclaimer](#) | [Privacy Policy](#) | [Corporate Website](#) | [Report Fraud & Abuse](#) | [Guidelines and Forms](#) | [Contact Us](#)

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# Setting Up Multi-Factor Authentication (MFA)

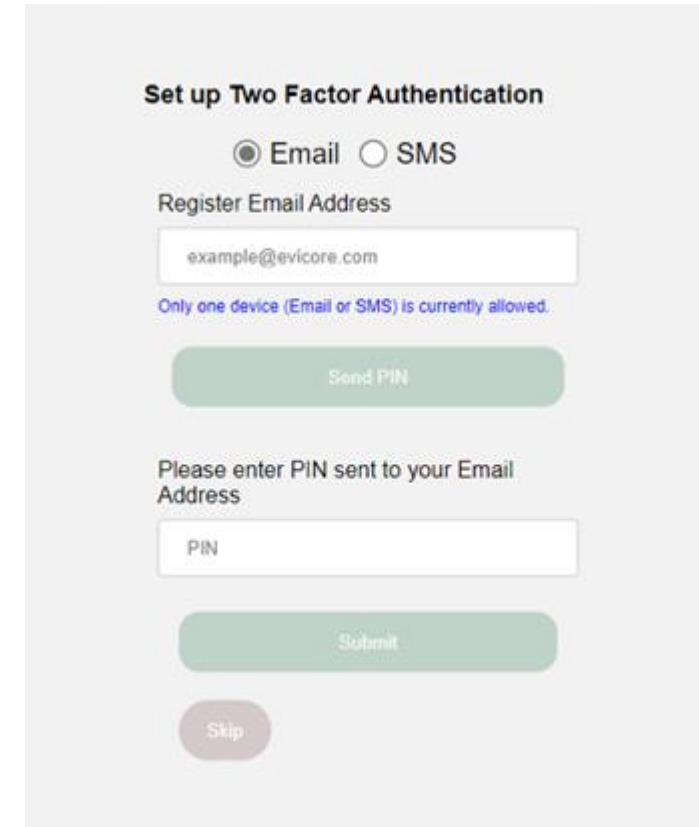
To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

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

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

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

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



The screenshot shows a web form titled "Set up Two Factor Authentication". At the top, there are two radio buttons: "Email" (selected) and "SMS". Below this is the label "Register Email Address" and a text input field containing "example@evicore.com". A small blue note below the field reads "Only one device (Email or SMS) is currently allowed." Below the field is a green "Send PIN" button. Further down is the label "Please enter PIN sent to your Email Address" and a text input field containing "PIN". Below this field is a green "Submit" button and a grey "Skip" button.

# EviCore Provider Portal | Add Providers



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

- Click the **Manage Your Account** tab to add provider information
- Select **Add Provider**
- Enter the NPI, state, and zip code to search for the provider
- Select the matching record based upon your search criteria
- Once you have selected a practitioner, your registration will be complete
- You can also click **Add Another Practitioner** to add another provider to your account
- You can access the **Manage Your Account** at any time to make any necessary updates or changes

**Manage Your Account**

Office Name:  **CHANGE PASSWORD** **EDIT ACCOUNT**

Address:

Primary Contact:

Email Address:

**ADD PROVIDER**

Click Column Headings to Sort

No providers on file

**CANCEL**

**Add Practitioner**

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

Practitioner NPI

Practitioner State

Practitioner Zip

**FIND MATCHES** **CANCEL**

# Portal Case Submission

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# 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 one of the programs below that are applicable to Aetna Better Health of OK.

- Durable Medical Equipment (DME)
- Gastroenterology
- Lab Management Program
- Medical Oncology Pathways
- Musculoskeletal Management
- Radiation Therapy Management Program (RTMP)
- Radiology and Cardiology
- Sleep Management
- Specialty Drugs

**CONTINUE**

[Click here for help](#)

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

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# 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

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

[Click here for help](#)

# Clinical Certification Request | Select Health Plan

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

**Choose Your Insurer**

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

**BACK** **CONTINUE**

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



# Clinical Certification Request | Enter Contact Information

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

### Add Your Contact Info

Provider's Name:\*  [?]

Who to Contact:\*  [?]

Fax:\*  [?]

Phone:\*  [?]

Ext.:  [?]

Cell Phone:

Email:

[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

# 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](#)

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

### Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
<p>SELECT</p>	000000000		WATKINS, JONATHAN	6/28/1982	M	100 WATKINS RD SPRINGVILLE, FL 32086

BACK

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](#)

For **Radiology, Cardiovascular, and Interventional Pain** requests, enter the CPT code in the drop down box and then enter the 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**<sup>®</sup>

Real-time decision  
Request is complete

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# Clinical Certification Request | Clinical Certification

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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 of 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**

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# 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
- Choose File No file chosen
- Choose File No file chosen
- Choose File No file chosen
- 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

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# Requesting Multiple CPT Codes

After you indicate the case urgency of the case, you will be asked about additional procedures. All CPT codes must be for the same program.

**Clinical Certification**

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

Click [here](#) for help or technical support

**Clinical Certification**

Please enter the additional procedure code

70552

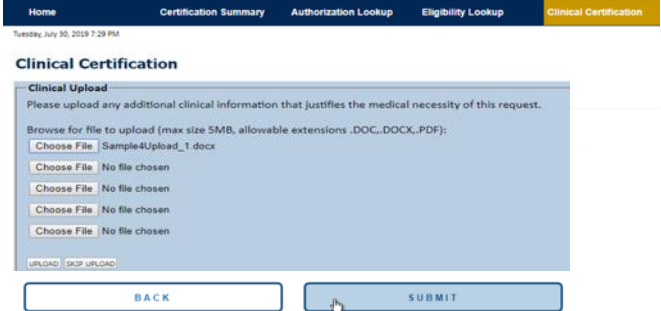
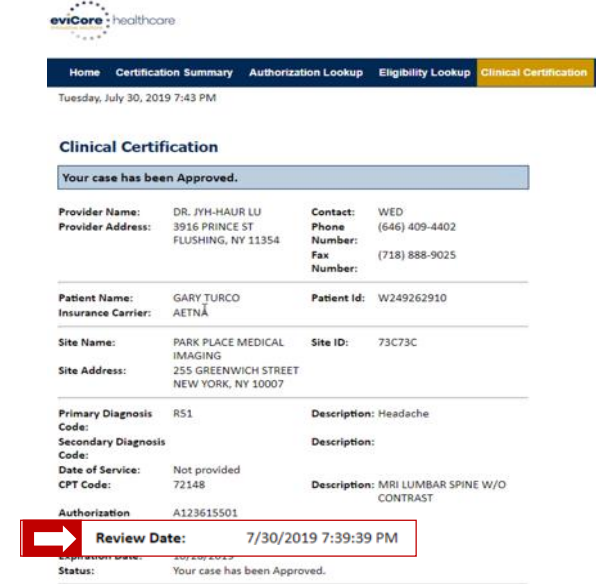
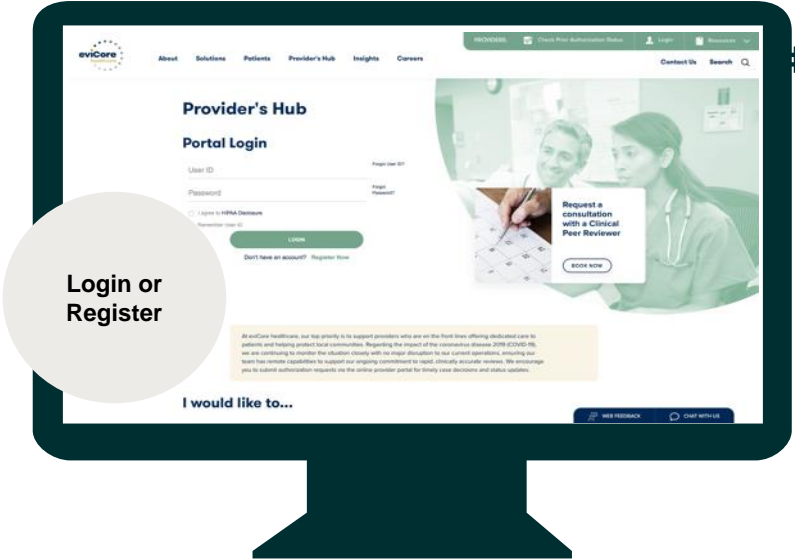
Click [here](#) for help or technical support

- Select **YES** to add Additional CPT codes.
- Enter one CPT at a time and select **SUBMIT** after each one.



# 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 | 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

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD SKIP UPLOAD

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

### Tips:

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

# 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.**

<b>Provider Name:</b>	DR. BHARATH MANU ANKARA VEETHI	<b>Contact:</b>	Info
<b>Provider Address:</b>	1200 6TH AVE SE SAINT CLOUD, MN 56303	<b>Phone Number:</b>	(507) 324-3300
		<b>Fax Number:</b>	(507) 324-3300
<b>Patient Name:</b>	ANTHONY GALLI	<b>Patient Id:</b>	ANTHONY
<b>Insurance Carrier:</b>	WELLSURE		
<b>Site Name:</b>	COMMONWEALTH HOSPITAL LLC	<b>Site ID:</b>	000000
<b>Site Address:</b>	875 UNIVERSITY AVENUE SE CORNING, FL 32909		
<b>Primary Diagnosis Code:</b>	R68.89	<b>Description:</b>	Other general symptoms and signs
<b>Secondary Diagnosis Code:</b>		<b>Description:</b>	
<b>Date of Service:</b>	Not provided		
<b>CPT Code:</b>	73721	<b>Description:</b>	MRI LOWER EXTREMITY JOINT W/O
<b>Authorization Number:</b>	00000000		
<b>Review Date:</b>	5/13/2020 1:52:08 PM		
<b>Expiration Date:</b>	6/27/2020		
<b>Status:</b>	Your case has been Approved.		

**CANCEL PRINT CONTINUE**

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

# Provider Resources

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# Contact EviCore's Dedicated Teams

## Client and Provider Services

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

- Email: [clientservices@EviCore.com](mailto:clientservices@EviCore.com)
- Phone: **800-646-0418** (option 4)

## Provider Engagement

Regional team that works directly with the provider community.

**Scott Jarrett – AR, KS, LA, MO, OK, TN**

- Email: [scott.jarrett@EviCore.com](mailto:scott.jarrett@EviCore.com)
- Phone: **615-487-8129**

## Web-Based Services and Portal Support

- Live chat
- Email: [portal.support@EviCore.com](mailto:portal.support@EviCore.com)
- Phone: **800-646-0418** (option 2)



## Call Center

Call **866-668-8295**, representatives are available from 7 a.m. to 7 p.m. local time.

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# Provider Resource Website

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EviCore's Provider Engagement 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 can include:

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

To access codes delegated to EviCore and other resources, please visit:

<https://www.evicore.com/resources/healthplan/aetna-better-health/oklahoma>

Contact our Client and Provider Services team via email at

**ClientServices@EviCore.com** or by phone at **1-800-646-0418 (option 4)**

**EviCore**

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# EviCore Provider Newsletter

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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





# Q & A

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# Thank You

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# Appendix

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3/25/2024

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# Peer-to-Peer (P2P) Scheduling Tool

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# Provider Resources | Schedule a P2P Request

If your case is eligible for a Peer-to-Peer (P2) consultation, a link will display, allowing you to proceed to scheduling without any additional messaging

## Authorization Lookup

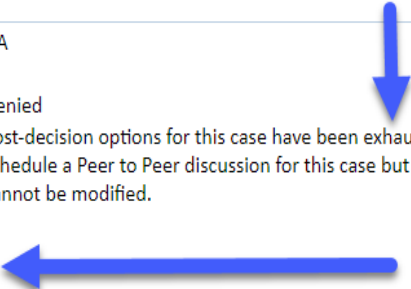
Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	



**P2P AVAILABILITY** [Request Peer to Peer Consultation](#)

## Authorization Lookup

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



- Log-in to your account at [EviCore.com](https://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.

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

**New P2P Request**

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

Member Date of Birth

+ Add Another Case

Lookup Cases >

- Upon first login, you will be asked to confirm your default time zone
- You will be presented with the Case Number and Member Date of Birth
- Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**
- To proceed, select **Lookup Cases**

- You will receive a confirmation screen with member and case information, including the Level of Review for the case in question
- Click **Continue** to proceed

**New P2P Request**

Case Ref #: Remove ✓ P2P Eligible

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

Member Information	Case P2P Information
Name	Episode ID
DOB	P2P Valid Until 2020-11-11
State	Modality MSK Spine Surgery
Health Plan	Level of Review Reconsideration P2P
Member ID	System Name ImageOne

Continue

# 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 >](#)

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week      5/18/2020 - 5/24/2020 (Upcoming week)      Next Week →

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT 6:30 pm EDT 6:45 pm EDT	-	-	-	-	-	-

1st Priority by Skill

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

- You will be prompted 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**

# 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

Alternate Phone  
(xxx) xxx-xxxx

Requesting Provider Email  
droffice@intemet.com

Contact Instructions  
Select option 4, ask for Dr. Doe

Submit >

**Scheduling**

Scheduled

📅 Mon 5/18/20 - 6:30 pm EDT

**SCHEDULED**

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

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

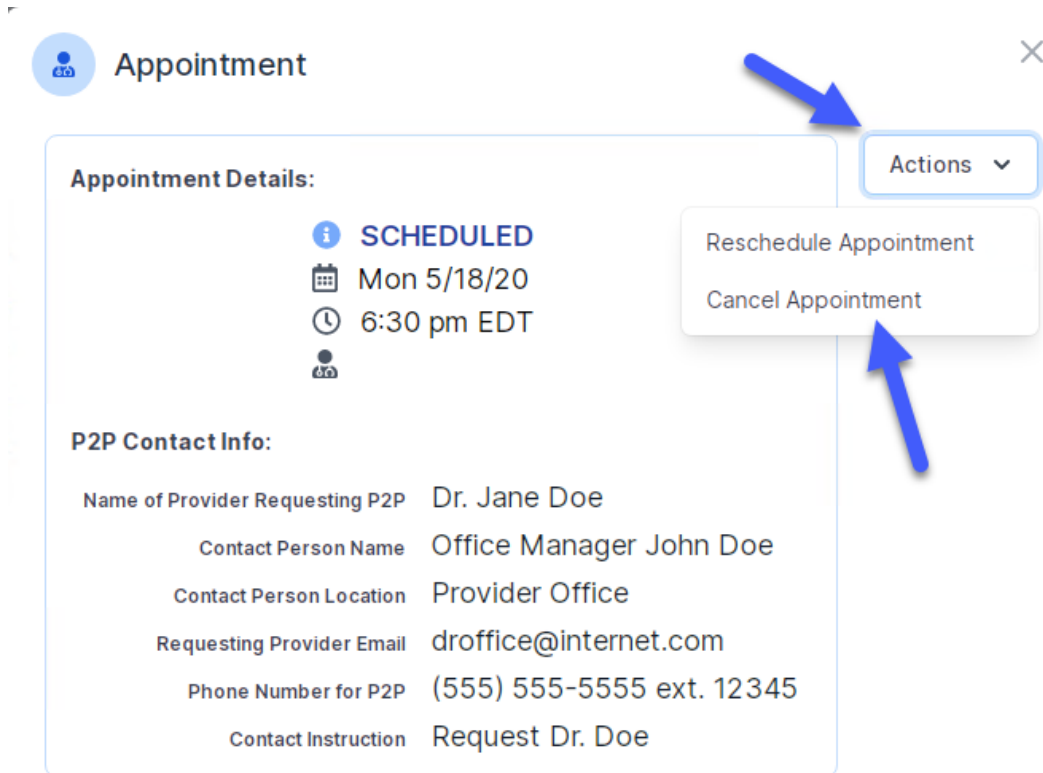
Click **Submit** to schedule the appointment

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

Confirm contact details



# Provider Resources | Cancel or Reschedule a P2P Appointment



The screenshot shows a window titled "Appointment" with a close button (X) in the top right corner. On the left, there is a "P2P Contact Info" section with the following details:

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

On the right, there is an "Appointment Details" section with the following information:

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

Below the details is an "Actions" drop-down menu. A blue arrow points to the "Actions" menu, and another blue arrow points to the "Reschedule Appointment" option in the expanded menu. The "Cancel Appointment" option is also visible in the menu.

## 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

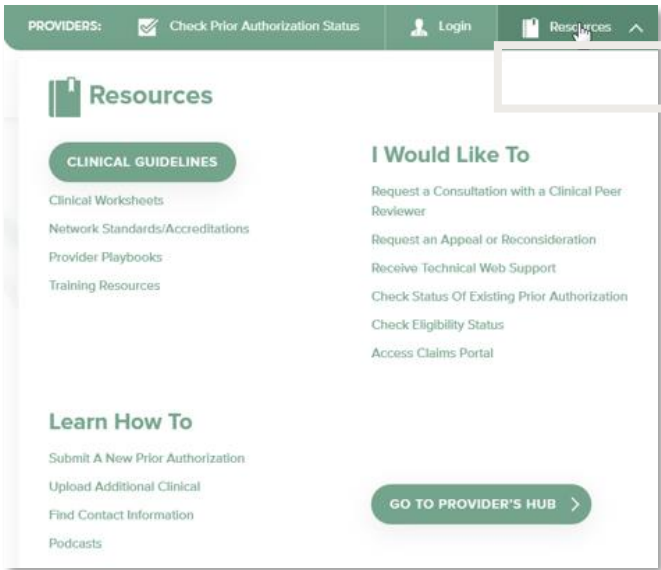
# Provider Resources | Contacts and Helpful Links

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<b>Web-Based Services</b>	<a href="mailto:portal.support@EviCore.com">portal.support@EviCore.com</a>	800-646-0418, option 2
<b>Client &amp; Provider Operations</b>	<a href="mailto:clientservices@EviCore.com">clientservices@EviCore.com</a>	
<b>Provider Engagement:</b> Scott Jarrett, Regional Provider Engagement Mgr	<a href="mailto:scott.jarrett@EviCore.com">scott.jarrett@EviCore.com</a>	615-487-8129
<b>Worksheets</b>	<a href="https://EviCore.com/provider/online-forms">EviCore.com/provider/online-forms</a>	
<b>Clinical Guidelines</b>	<a href="https://EviCore.com/provider/clinical-guidelines">EviCore.com/provider/clinical-guidelines</a>	
<b>Request a Clinical Consultation</b>	<a href="https://EviCore.com">EviCore.com</a>	

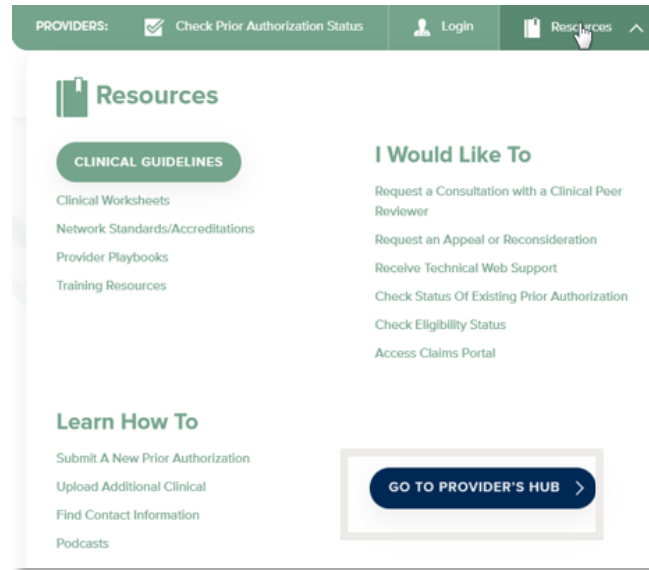
# Provider Resources | EviCore Provider's Hub

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



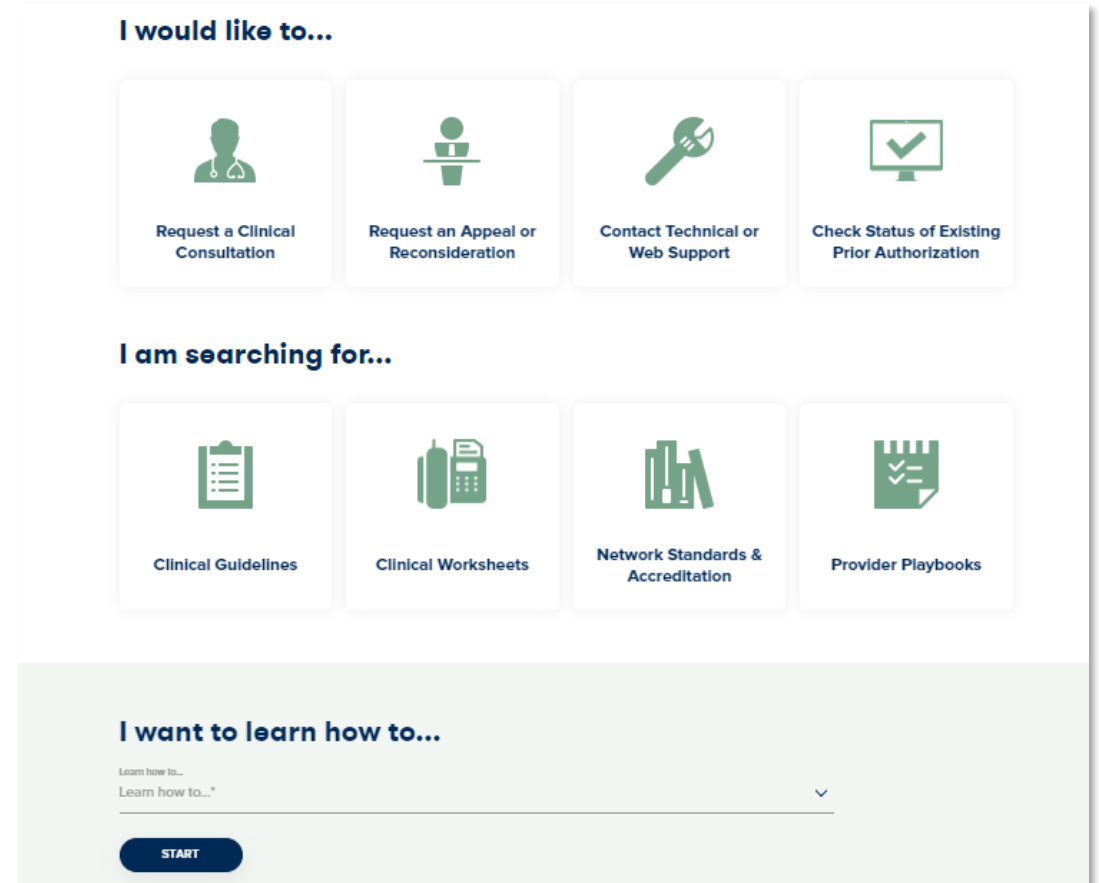
## Step 1

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



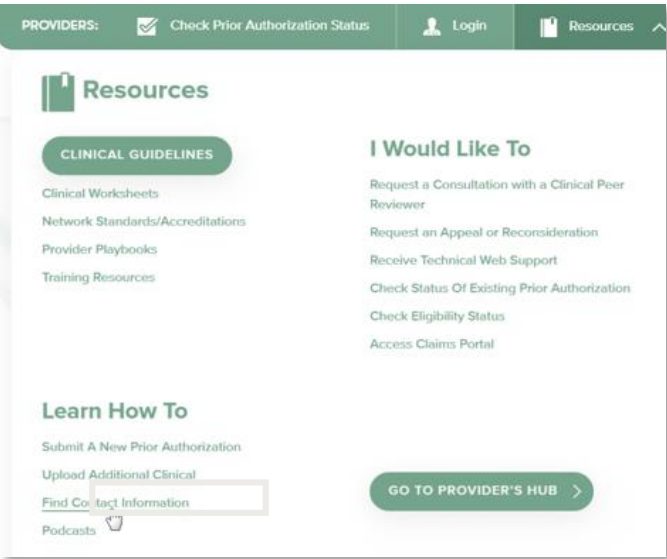
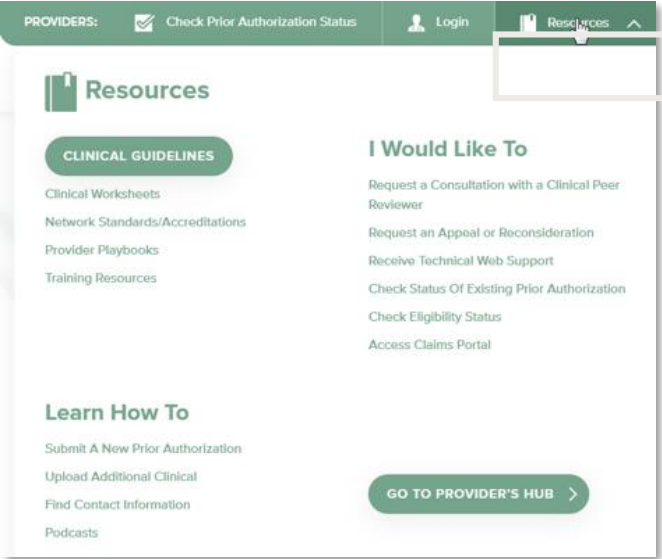
## Step 2

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

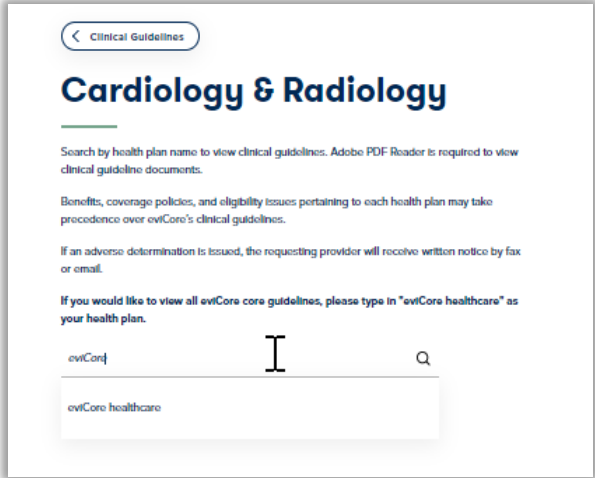
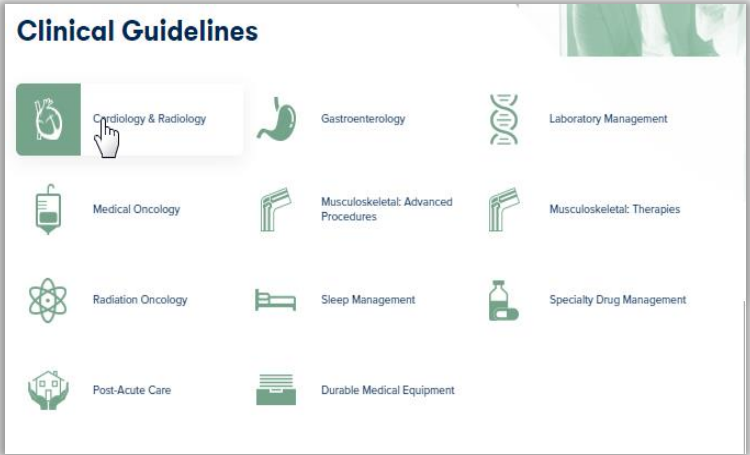
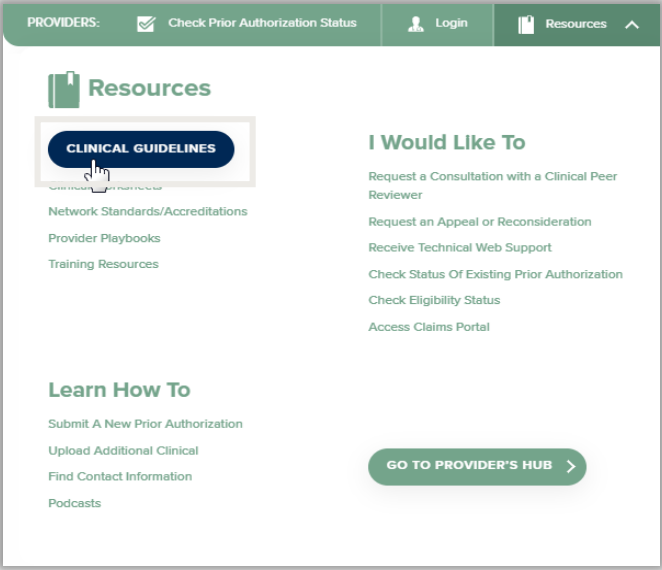
**Step 2**  
Select **Find Contact Information**

**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