

Vascular Intervention

Provider Orientation Session for Health Alliance Medical Plan and FirstCarolinaCare

December 2023



Agenda



Solution Overview

Vascular Intervention

Submitting Requests

Prior Authorization Outcomes, Special Considerations & Pre/Post-Decision Options

eviCore Provider Portal

- Overview, Features & Benefits
- Portal Case Submission

Provider Resources

Q & A

Appendix

- Peer-to-Peer Scheduling Tool

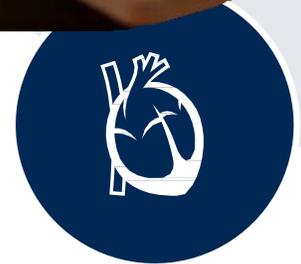
Vascular Intervention Solution Overview



Cardiovascular Solution

Covered Services:

- Stress Testing
 - Myocardial Perfusion Imaging (SPECT & PET)
 - Stress Echocardiography
- Cardiac CT & MRI, PET
- Echocardiography
 - Transthoracic (TTE)
 - Transesophageal (TEE)
- Diagnostic Heart Catheterization
- Pacemakers
- Cardiac Implants
- **Vascular Intervention***



Vascular Intervention

Procedures for peripheral atherosclerosis that are included in the PVD intervention program include:

- Carotid Disease: carotid endarterectomy, carotid stent, TCAR
- EVAR/TEVAR
- Venous Disease
- Lower extremity endovascular procedures



New Code Bundles

- Related CPT codes will be placed into a single billing group
 - MDO only needs to request the indicated billing group by submitting ONE of the CPT codes from within that group
 - All related codes will be considered during the review process
 - Related codes will be primarily grouped according to procedure type and anatomic region
 - Right/left/bilateral specification for the entire bundle are allowed where appropriate
 - Multiple bundles may be requested for the same case if different anatomic regions are indicated
- Benefits of new billing group process:
 - Will reduce the size of each case
 - Easier case building through web portal
 - Fewer documents generated

New Code Bundles (continued)

- Each bundle has specific CPT codes allocated within as well as its own substitution logic
 - Example – Lower extremity arterial femoral/popliteal bundle
 - Contains CPT codes 37224, 37225, 37226, 37227
 - Substitution logic will only allow ONE of these codes to be selected for billing from this bundle
- Bundle Features:
 - Each bundle will contain different CPT code combinations
 - Each bundle will have different substitution logic based on which codes are included
 - Each bundle will have a maximum number of units that may be allowed for billing
 - Will limit the number of CPT codes that may be selected from each bundle

Health Alliance Medical Plan and FirstCarolinaCare Prior Authorization Services

eviCore will begin accepting prior authorization requests for Vascular Intervention services on **December 18, 2023** for dates of service **January 1, 2024** and after.

Applicable Membership	Prior authorization through eviCore applies to the following services	Prior authorization through eviCore does NOT apply to the following services
<ul style="list-style-type: none">• Medicare• Commercial	<ul style="list-style-type: none">• Outpatient• Elective/Non-emergent	<ul style="list-style-type: none">• Emergency Rooms• Observation Services• Inpatient Stays

Prior Authorization Codes

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

www.evicore.com/resources/healthplan/health-alliance-medical-plans
www.evicore.com/resources/healthplan/firstcarolinacare

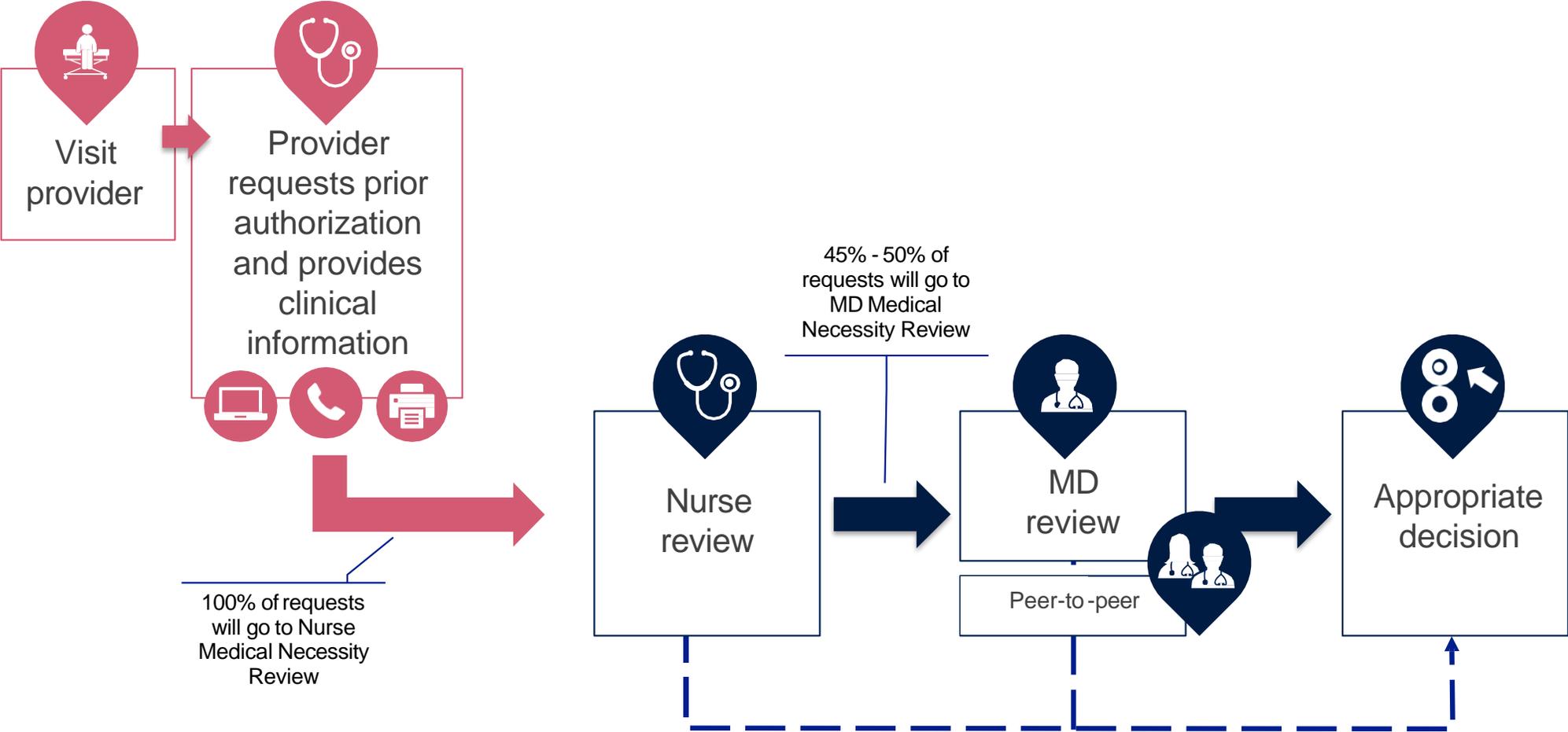
- Find the Health Plan > Select Solution Resources> Select a Solution > Select CPT Code List



Submitting Requests



Vascular Interventions | Prior Authorization Process



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 requests at any time 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
- **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](https://www.evicore.com/provider)



Or contact eviCore by **phone:** Health Alliance Medical Plan-**844-303-8452**

FirstCarolinaCare-**877-872-4161**

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:

Want to make it easier?

[Use our clinical worksheets on eviCore.com](https://www.eviCore.com) to ensure all the necessary information is included in your requests.

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

- CPT/Diagnosis codes
- Recent (within 6 months) in-person clinical evaluation which includes a detailed history and physical exam
- Imaging studies, including ankle-brachial indices, arterial duplex, or angiograms if applicable
- Prior procedure reports
- Reports from other providers participating in treatment of the relevant condition

Insufficient Clinical | Additional Documentation Needed

Vascular intervention requests require clinical records at case creation. 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:

A hold letter will be faxed to the requesting provider requesting additional documentation.

The provider must submit the additional information to eviCore.

eviCore will review the additional documentation and reach a determination.

The hold letter will inform the provider about what clinical information is needed as well as the **date by which it is needed**.

Requested information must be received within the timeframe as specified in the hold letter, or eviCore will render a determination based on the original submission.

Determination notifications will be sent.

Prior Authorization Outcomes, Special Considerations & Pre/Post-Decision Options

Prior Authorization Determination Outcomes

Determination Outcomes

- **Approved Requests:** Cardiac authorizations are valid for 90 calendar days from the date of the determination.
- **Partially Approved Requests:** In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved, as well as post-decision options for denied codes.
- **Denied Requests:** If a request is determined as inappropriate based on evidence-based guidelines, a notification with the rationale for the decision and post-decision/appeal rights will be issued.

Notifications

- Authorization letters will be faxed to the ordering physician.
- Web-initiated cases will receive e-notifications if a user opted in for 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

- eviCore does not process retrospective authorizations for Health Alliance Medical Plan and FirstCarolinaCare.

Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member
- Can be initiated on provider portal or by phone
- Urgent cases are typically reviewed within 24 to 72 hours



Special Circumstances Authorization Updates

We understand that procedures can sometimes change.

- If updates are needed for an existing authorization, providers can contact eviCore by phone.
- Changes to the procedure will typically require another Medical Necessity review on a new authorization.
- If there is a change in procedure and the update is not communicated to eviCore, it may impact claim payment. The billed services should align with the requested and approved procedure.



Pre-Decision Options | Medicare Members

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

Before a denial decision is issued on Medicare 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 888-444-1562
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 (instructions are included in the appendix) 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 the status will be available on [eviCore.com](https://www.eviCore.com).



Post-Decision Options

Commercial Members

My case has been denied. What's next?

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

You may also call eviCore at **844-303-8452** (Health Alliance Medical Plan) or **877-872- 4161** (FirstCarolinaCare) 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 in writing or verbally via a Clinical Consultation with an eviCore physician].

Appeals

- eviCore will not process first-level appeals.



Post-Decision Options

Medicare Members

My case has been denied. What's next?

Clinical Consultation

- Providers can request a Clinical Consultation with an eviCore physician to better understand the reason for denial.
- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation.

Reconsideration

- Medicare cases do not include a reconsideration option

Appeals

- eviCore will not process first-level appeals.



eviCore Provider Portal



eviCore Provider Portal | Features & Benefits

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 and schedule a peer-to-peer consultation

Certification Summary

- Track recently submitted cases



eviCore Provider Portal | Overview

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

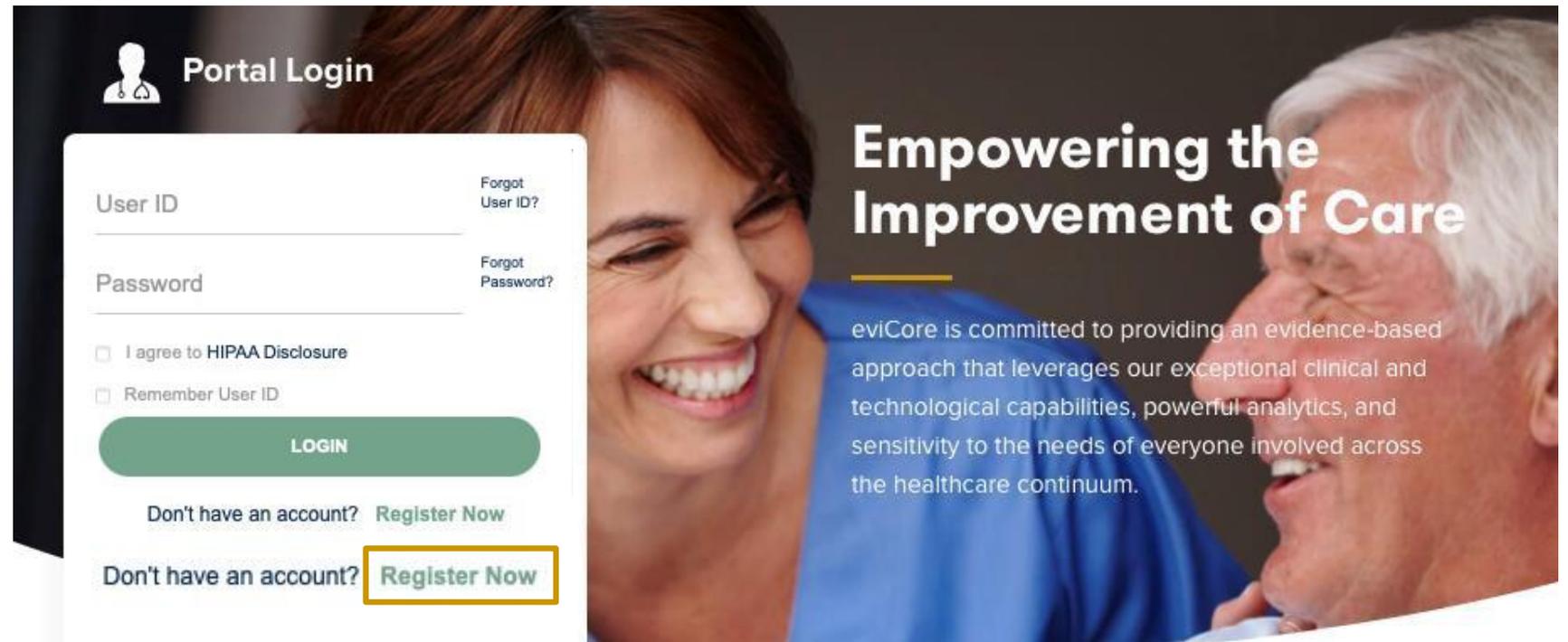
To access resources on the eviCore Provider Portal, visit evicore.com/provider

Already a user?

Log in with User ID & Password

Don't have an account?

Click **Register Now**



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

Creating an eviCore Provider Portal Account



Go to www.eviCore.com to register.

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.

* 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*: 

- CareCore National
- Medsolutions

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="Sele"/> <input type="text"/>	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	Zip*:	<input type="text"/>	Office Name:	<input type="text"/>
Last Name*:	<input type="text"/>				

 **Web Support** 800-646-0418

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Setting Up Multi-Factor Authentication (MFA)

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

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

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

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

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

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:

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](#)

Clinical Certification Request | Case Initiation Process

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

To begin, please select a program below:

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

[CONTINUE](#)

[Click here for help](#)

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

[ELIGIBILITY LOOKUP](#)

[BACK](#)

[Click here for help](#)

Requested Service + Diagnosis

This procedure has not been performed. [CHANGE](#)

Radiology Procedures

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

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

Diagnosis

Primary Diagnosis Code: **I25.111**
Description: **Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm**
[Change Primary Diagnosis](#)

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

[LOOKUP](#)

[BACK](#)

[CONTINUE](#)

[Click here for help](#)

- When building a new case you will need to select the applicable **program** from the list
- As part of the process you will be asked to enter the member information (patient ID, date of birth and last name), then click **Eligibility Lookup** to verify the member
- Select the applicable **CPT code** and corresponding **diagnosis code** associated with the member's condition (you will be asked to confirm your selections in the next step before moving forward)

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
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Choose Your Insurer

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK

CONTINUE

Chose the appropriate insurer from the drop down menu:

Health Alliance Medical Plan
or
FirstCarolinaCare

- Choose the appropriate **Health Plan** for the request
- Another drop down will appear to select the appropriate address for the **provider**
- Select **CONTINUE**

Clinical Certification Request | Search for and Select Provider

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

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

Filter Last Name or NPI:

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

[Click here for help](#)

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

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
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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 | Site Selection

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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Add Site of Service

Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI:

Zip Code:

Site Name:

TIN:

City:

Exact match

Starts with

LOOKUP SITE

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

Clinical Certification Request | Clinical Certification

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

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from eviCore.

BACK

CONTINUE

- Verify that all information is entered and correct
- **You will not have the opportunity to make changes after this point**

Clinical Certification Request | Standard or Urgent?

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

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

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

70562

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.

Clinical Certification Request | Request for Clinical Upload

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

Clinical Upload

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

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

Choose File Test clinical.docx

Choose File No file chosen

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'

Finalizing the Case Submission

Clinical Certification

- 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.

[Print](#) [SUBMIT CASE](#)

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

Acknowledge the Clinical Certification statements and **click** “Submit Case.”

Provider Resources



Contact eviCore's Dedicated Teams

Client and Provider Services

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

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

Provider Engagement

Regional team that works directly with the provider community.

Merritt Senters (FirstCarolinaCare)

- Email: merritt.senters@evicore.com
- Phone: **615-788-5568**

Pat Allen (Health Alliance Medical Plan)

- Email: pallen@evicore.com
- Phone: **800-918-8924 ext. 24176**

Web-Based Services and Portal Support

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



Call Center

Call **844-303-8452** (Health Alliance Medical Plan)

877-872-4161 (FirstCarolinaCare), representatives are available from 7 a.m. to 7 p.m. local time.

Provider Resource Website

eviCore 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 content
- CPT code lists

To access these helpful resources, please visit:

www.evicore.com/resources/healthplan/health-alliance-medical-plans

www.evicore.com/resources/healthplan/firstcarolinacare



Q & A



Thank You



Appendix



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:	



P2P AVAILABILITY	Request Peer to Peer Consultation
-------------------------	---

Authorization Lookup

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



- Log-in to your account at [eviCore.com](https://www.eviCore.com)
- Perform **Clinical Review Lookup** to determine the status of your request
- Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a Peer-to-Peer consultation
- Note carefully any messaging that displays*

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

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

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

Case Info Questions Schedule Confirmation

New P2P Request

eviCore healthcare P2P Portal

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

Member Date of Birth

+ Add Another Case

Lookup Cases >

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

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

New P2P Request

eviCore healthcare P2P Portal

Case Ref #: Remove P2P Eligible

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

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

Continue

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

Case Info

1st Case

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

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone
US/Eastern

[Continue >](#)

- You will be prompted with a list of eviCore Physicians / Reviewers and appointment options
- Select any of the listed appointment times to continue
- You will be prompted to identify your preferred days and times for a Peer-to-Peer consultation (all opportunities will be automatically presented)
- Click on any **green checkmark** to **deselect** that option and then click **Continue**

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

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

1st Priority by Skill

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

←

1st Priority by Skill

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

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

Case Info Questions Schedule Confirmation

P2P Info
Date: Mon 5/18/20
Time: 6:30 pm EDT
Reviewing Provider: [User Icon]

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 >

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

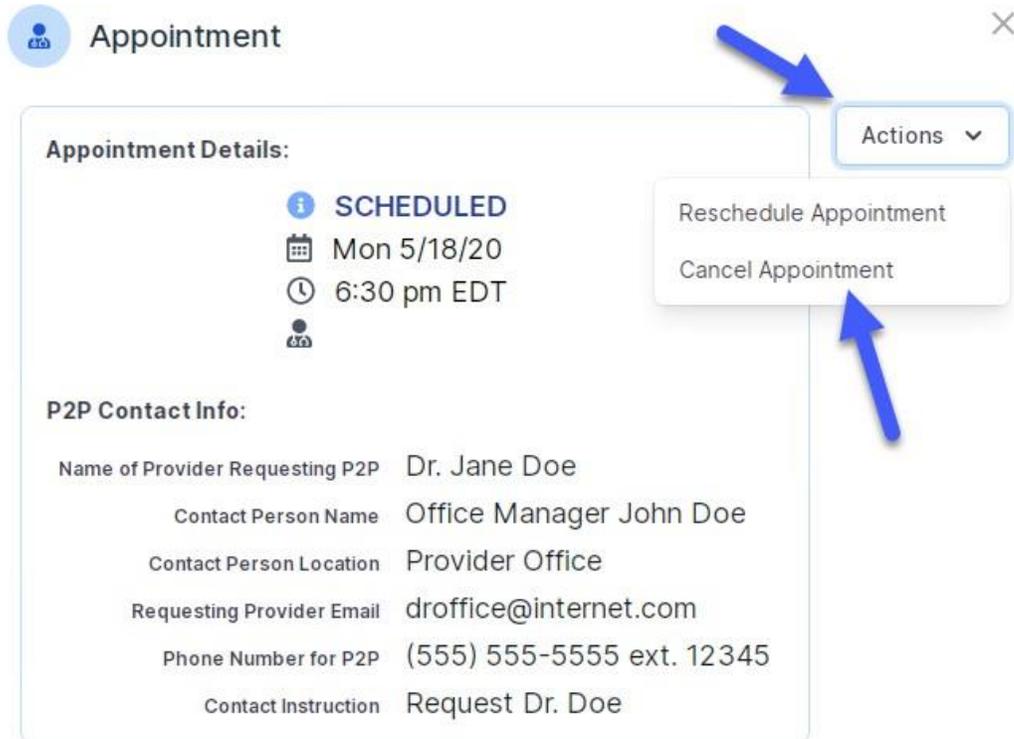
Scheduling

Scheduled

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

SCHEDULED

Provider Resources | Cancel or Reschedule a P2P Appointment



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

Appointment Details:

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

P2P Contact Info:

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

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

To cancel or reschedule an appointment:

- Access the scheduling software and select **My P2P Requests** on the left-pane navigation
- Select the request you would like to modify from the list of available appointments
- When the request appears, click on the schedule link. An appointment window will open
- Click on the **Actions** drop-down and choose the appropriate action
 - **If choosing to reschedule**, select a new date or time as you did initially
 - **If choosing to cancel**, input a cancellation reason
- Close the browser once finished