

Vascular Intervention

**EviCore by Evernorth[®]
Provider Orientation Session
for Aetna**

August / September 2023

EviCore
By **EVERNORTH**
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11/22/2024

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Agenda



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Vascular Intervention Overview

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Cardiovascular Solution – Covered Services



Cardiac Imaging

- Stress Testing
 - Myocardial Perfusion Imaging (Single-photo Emission Computerized Tomography [SPECT] & Positron Emission Tomography [PET])
 - Stress Echocardiography
- Cardiac Computerized Tomography (CT) & Magnetic Resonance Imaging (MRI) Echocardiography
 - Transthoracic (TTE)
 - Transesophageal (TEE)



Cardiac Devices

- Diagnostic Heart Catheterization
- Pacemakers
- Implantable Cardioverter Defibrillator (ICD)



Cardiovascular Interventions

Vascular interventions*



Vascular Intervention



Peripheral atherosclerosis procedures included in the Peripheral Vascular Disease (PVD) intervention program include:

- Non-Coronary Angioplasty and Stent Placement
- Non-Coronary Atherectomy
- Cerebrovascular Angioplasty and Stent Placement
- Elective, Isolated Iliac Branched Endograft Placement
- Venous Interventions: Venoplasty and Stenting
- Varicose Vein/Venous Insufficiency Therapy: Endovenous Ablation, Ligation, Phlebectomy, Sclerotherapy
- Vascular Embolization: Arterial and Venous



Aetna Prior Authorization Services

EviCore will begin accepting prior authorization requests for Vascular Intervention services on 9/1/23 for dates of service 9/1/23 and after.

Applicable Membership	Prior authorization applies to the following services	Prior authorization does NOT apply to services performed in
<ul style="list-style-type: none">• Medicare• Commercial (Fully Insured)• Individual & Family (IFP) Plans	<ul style="list-style-type: none">• Outpatient• Elective/Non-emergent	<ul style="list-style-type: none">• Emergency Rooms• Observation Services• Inpatient Stays*• *require prior authorization through Aetna

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

<https://apps.availity.com/availability/web/public.elegant.login>

Aetna Peripheral Arterial Disease Managed Code List

Iliac

37220 PTA

37221 PTA and Stent

+37222 PTA, additional vessel

+37223 PTA and Stent, additional vessel

0238T Iliac Atherectomy (no RVUs established)

Femoral / Popliteal

37224 PTA

37225 PTA with Atherectomy

37226 PTA with Stent

37227 PTA with Stent and Atherectomy

Tibial / Peroneal

37228 PTA

37229 PTA with Atherectomy

37230 PTA with Stent

37231 PTA with Stent and Atherectomy

+37232 PTA, additional vessel

+37233 PTA with Atherectomy, additional vessel

+37234 PTA with Stent, additional vessel

+37235 PTA w Stent & Atherectomy, add'l vessel

Stenting

CPT® Abbreviated Description x

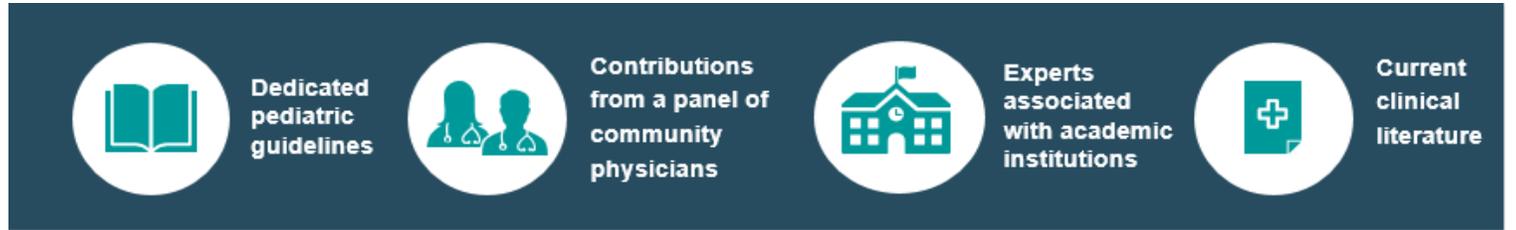
37236 Transcatheter placement of an intravascular stent(s), open or percutaneous; initial artery

+37237 Transcatheter placement of an intravascular stent(s), open or percutaneous; each additional artery

Evidence-Based Guidelines



The foundation of our solutions



Aligned with National Societies:

- American College of Cardiology
- American Heart Association
- American Society of Nuclear Cardiology
- Heart Rhythm Society
- American College of Radiology
- American Academy of Neurology
- American College of Chest Physicians
- American College of Rheumatology
- American Academy of Sleep Medicine
- American Urological Association
- National Comprehensive Cancer Network
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Academy of Pediatrics
- American Society of Colon and Rectal Surgeons
- American Academy of Orthopedic Surgeons
- North American Spine Society
- American Association of Neurological Surgeons
- American Association of Occupational Therapy
- American Association of Physical Therapy
- American College of Obstetricians and Gynecologists
- The Society of Maternal-Fetal Medicine

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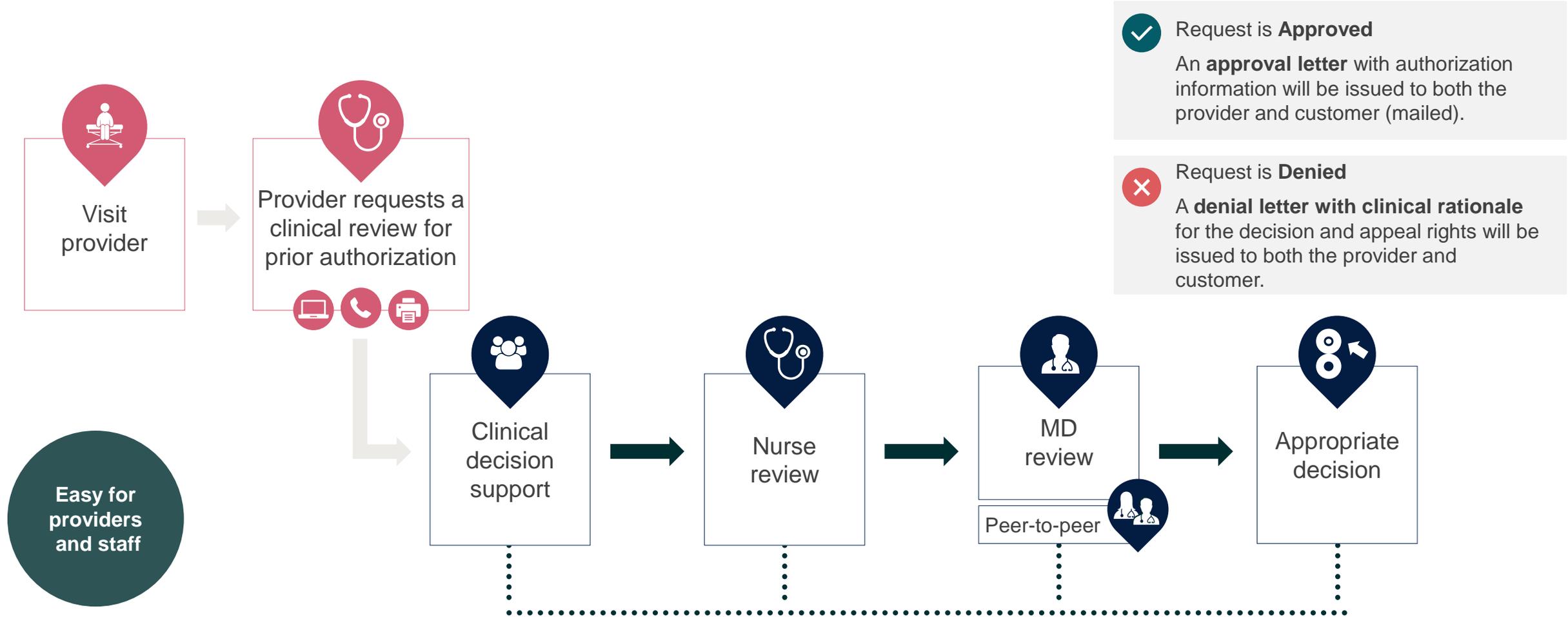
Submitting Requests

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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**
- **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

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Or by **phone: 888-693-3211**
Monday – Friday 7 AM – 7 PM (local time)

Or by **fax: 888-444-1562**

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:

Customer

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



Referring (Ordering) Physician

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

Rendering Facility

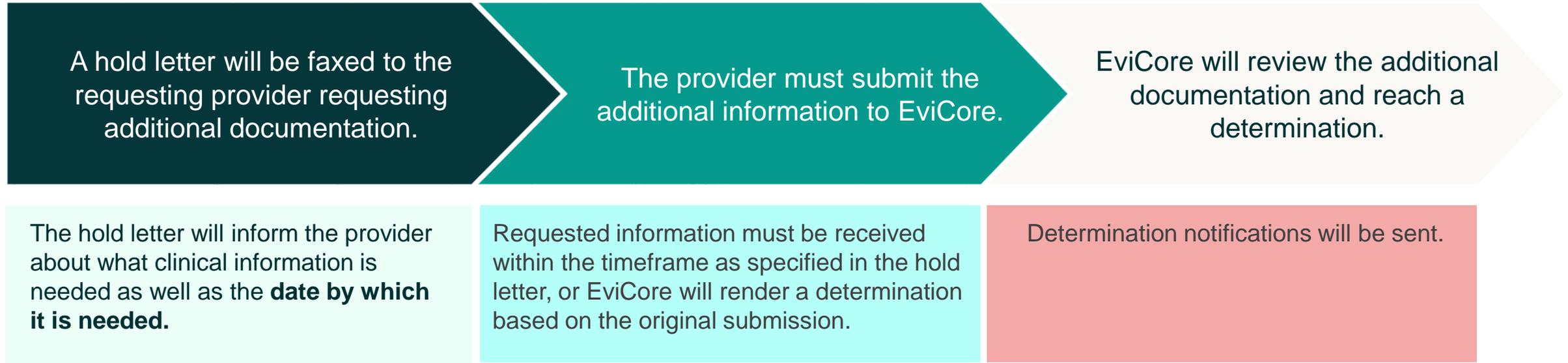
- Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number

Supporting Clinical

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

Insufficient Clinical | Additional Documentation Needed

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



Prior Authorization Outcomes, Special Considerations & Post- Decision Options

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Prior Authorization Determination Outcomes

Determination Outcomes

- **Approved Requests:** Authorizations are valid for 180 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

- Must be submitted by phone within 14 calendar days from the date of service
- Any submitted beyond this timeframe will be administratively denied
- Reviewed for clinical urgency and medical necessity
- Processed within 3 business days (72 hours)
- When authorized, the start date will be the submitted date of service

Urgent Prior Authorization Requests

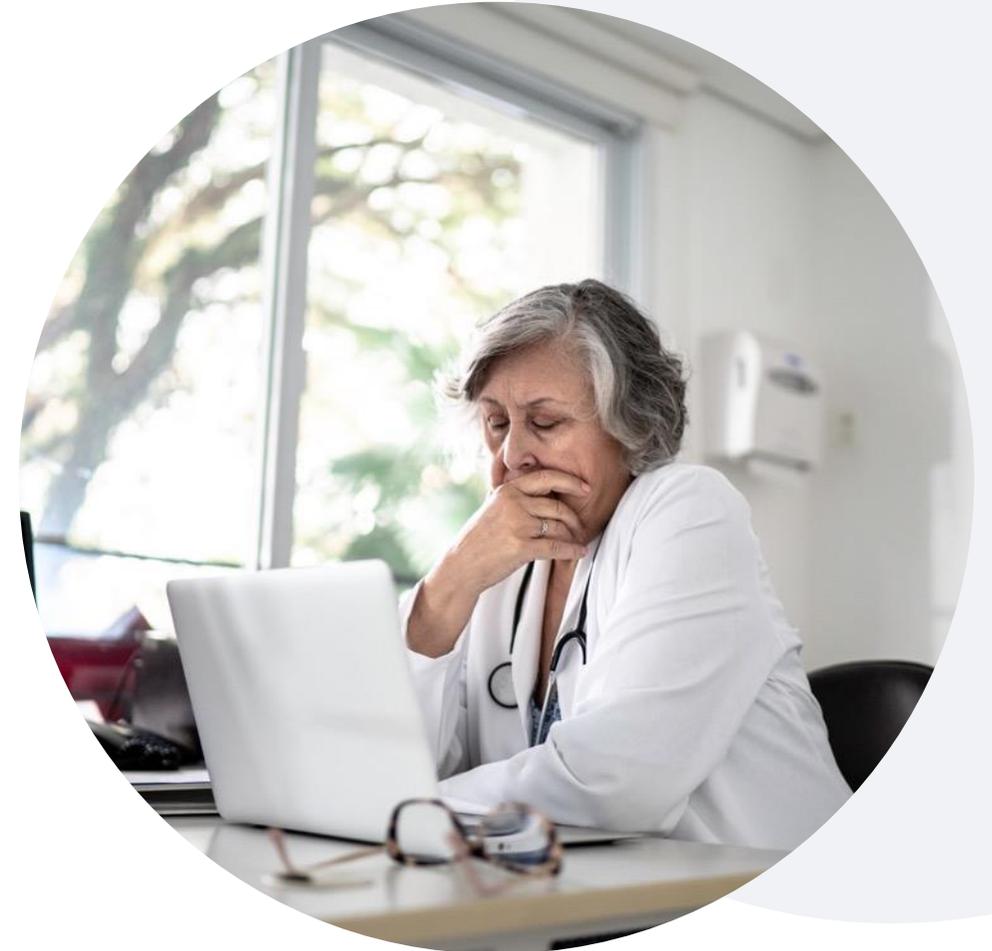
- EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member
- Can be initiated on provider portal or by phone
- Urgent cases are typically reviewed within 24 to 72 hours



Special Circumstances (cont.)

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 **888-693-3211** 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 the EviCore portal 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.
- EviCore will make a decision within 1 day for verbal requests and 5 days for written requests.

Appeals

- EviCore will not process first-level appeals.
- Appeal requests can be submitted to Aetna.

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EviCore Provider Portal

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EviCore Provider Portal | Features

Eligibility Lookup

- Confirm if patient requires clinical review

Clinical Certification

- Request a clinical review for prior authorization on the portal

Prior Authorization Status Lookup

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

Certification Summary

- Track recently submitted cases



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EviCore Provider Portal | Access and Compatibility

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

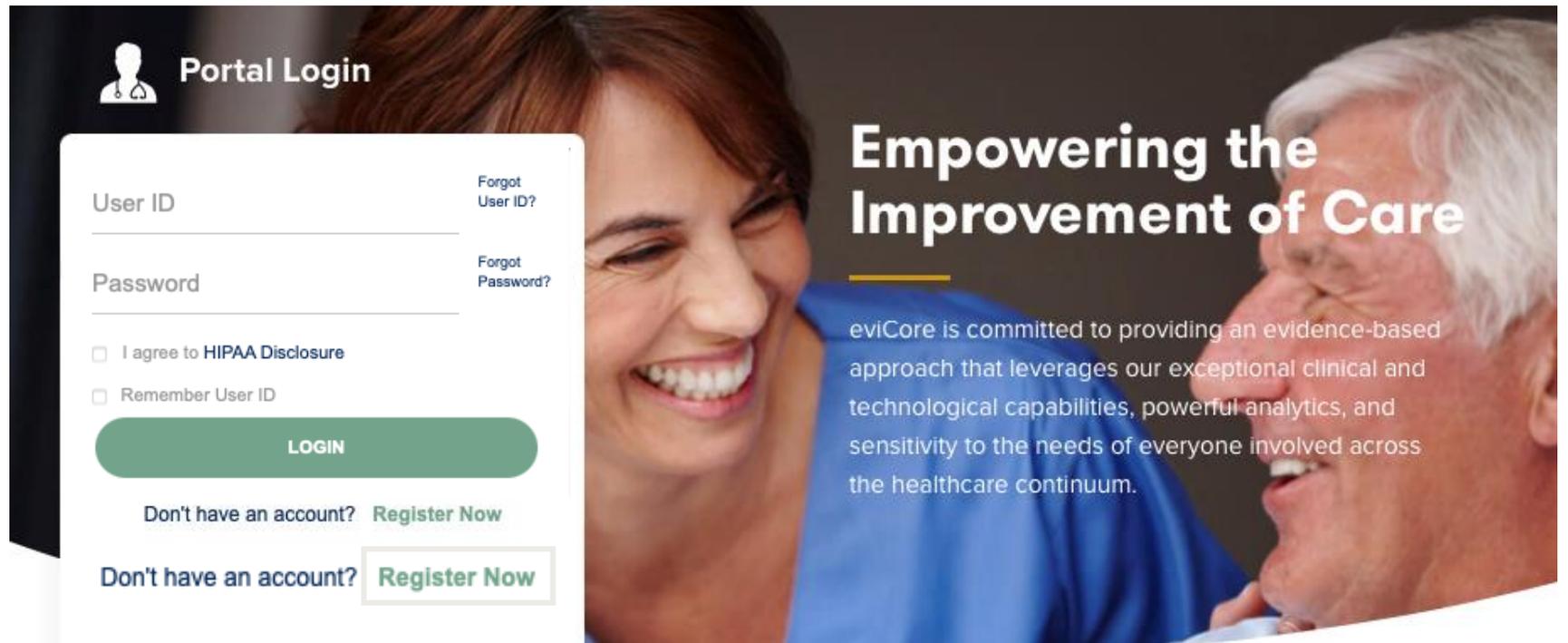
To access resources on the EviCore Provider Portal, visit EviCore.com/provider

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

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.

The screenshot shows the EviCore registration interface. At the top left is the EviCore logo with 'By EVERNORTH' underneath. The form is divided into two main sections: 'Web Portal Preference' and 'User Information', both highlighted with a gold background. Under 'Web Portal Preference', there is a instruction: '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 'Default Portal*' dropdown menu with a list containing '--Select--', 'CareCore National', and 'Medsolutions'. The 'User Information' section contains a warning: 'All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.' Below the warning are several input fields: 'User Name*', 'Email*', 'Confirm Email*', 'First Name*', and 'Last Name*' on the left; 'Address*' (with two stacked input boxes), 'City*', 'State*' (with a 'Select' dropdown), 'Zip*', and 'Office Name*' on the right.

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

example@evicore.com

Only one device (Email or SMS) is currently allowed.

Send PIN

Please enter PIN sent to your Email Address

PIN

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

A screenshot of the 'Manage Your Account' page. It displays account information: Office Name, Address, Primary Contact, and Email Address. There are two buttons: 'CHANGE PASSWORD' and 'EDIT ACCOUNT'. Below the account details is a button labeled 'ADD PROVIDER'. Underneath that is a section titled 'Click Column Headings to Sort' with a dropdown menu showing 'No providers on file' and a 'CANCEL' button.A screenshot of the 'Add Practitioner' page. It contains a search form with three input fields: 'Practitioner NPI', 'Practitioner State' (a dropdown menu), and 'Practitioner Zip'. Below the form are two buttons: 'FIND MATCHES' and 'CANCEL'. A note above the form reads: 'Enter Practitioner information and find matches. *If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip'.

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)
- Evicore Medical Oncology Pathways
- Gastroenterology
- Lab Management Program
- Medical Specialty Drugs
- Musculoskeletal Management
- Pharmacy Drugs (Express Scripts Coverage)
- Radiation Therapy Management Program (RTMP)
- Radiology and Cardiology/Vascular Intervention
- Sleep Management

CONTINUE

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.
- Select the applicable **CPT code** and corresponding **diagnosis code** associated with the patient's condition.
- If your code is part of a bundle, all codes in that bundle will automatically be added to the request.



Enter Member Information

- + Enter **member information**, including: patient ID number, date of birth, and both last and first name, then click **ELIGIBILITY LOOKUP**
- + Confirm your patient's information and click **SELECT** to continue
- + If available, provide patient cell phone and email and click **CONTINUE**

The screenshot shows a web application interface with a navigation bar at the top containing: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted in yellow), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, and Manage Your Account. Below the navigation bar is the 'Patient Eligibility Lookup' form. It includes input fields for Patient ID*, Date Of Birth* (with MM/DD/YYYY format), Patient Last Name Only*, and Patient First Name*. A note below the fields reads: 'When entering patient details, please review and confirm the spelling of the patient's name. Verify accuracy of the patient's ID and date of birth.' A 'LOOKUP AGAIN' button is positioned below the note. The form features a table with two columns: 'Patient ID' and 'Member Code'. A 'SELECT' button is located below the table. Below the table is a 'CLEAR PATIENT SELECTION' button. At the bottom of the form are input fields for 'Patient Cell Phone' and 'Patient Email', followed by 'BACK' and 'CONTINUE' buttons. A small note at the very bottom of the form reads: 'Please login for help.'

Clinical Certification Request | Search for and Select Provider

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

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

Filter Last Name or NPI:

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

Search for and select the **Provider/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
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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**

- 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 | 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

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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**

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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
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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 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

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Vascular Intervention – Requesting Multiple CPT Codes

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

NOTE: Codes that are part of the same bundle do not need to be added since they will automatically be included.

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.

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):

Test clinical.docx

No file chosen

No file chosen

No file chosen

No file chosen

EviCore requires documents to have patient's name (first and last) and one additional identifier from the list below:

- Date of birth
- Correct case number/Episode ID
- Customer identification number
- Full address (Street, City, State and Zip Code)
- Full phone number including area code
- Driver's license number or other government-issued ID.

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 number 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

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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
- Phone: **800-646-0418** (option 4)

Provider Engagement

Regional team that works directly with the provider community.

Scott Jarrett

- Email: scott.jarrett@EviCore.com
- Phone: **615-487-8129**

Web-Based Services and Portal Support

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



Call Center

Call **888-693-3211**, representatives are available from 7 a.m. to 7 p.m. local time.

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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 materials
- CPT code lists

To access these helpful resources, visit:

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

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EviCore 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



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Q & A

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Thank You

EviCore

By **EVERNORTH**
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Appendix

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11/22/2024

44

Peer-to-Peer (P2P) Scheduling Tool

EviCore

By **EVERNORTH**
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11/22/2024

Provider Resources | Schedule a P2P Request

If your case is eligible for a Peer-to-Peer (P2P) 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

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:	

ALL POST DECISION OPTIONS

- 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.

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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 customer 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 customer 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 >](#)

- 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
Alternate Phone: (xxx) xxx-xxxx
Requesting Provider Email: droffice@internet.com
Contact Instructions: Select option 4, ask for Dr. Doe

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:

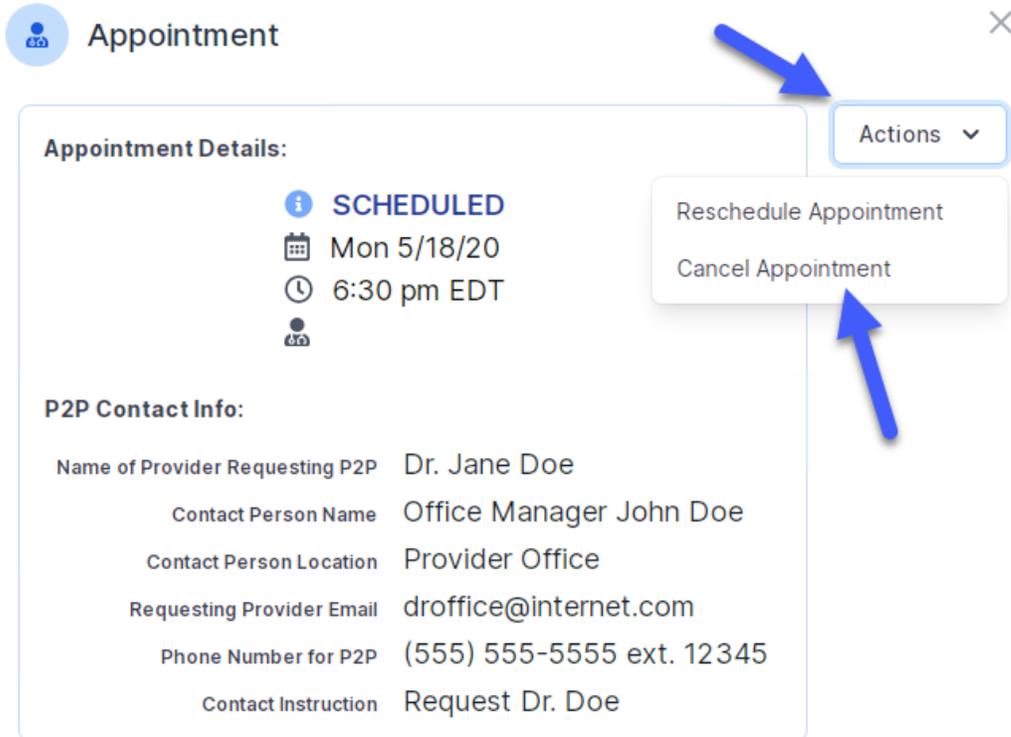
- Name of Provider Requesting P2P
- Phone Number for P2P
- Contact Instructions

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 fields for Name of Provider Requesting P2P, Contact Person Name, Contact Person Location, Requesting Provider Email, Phone Number for P2P, and Contact Instruction. The main area displays "Appointment Details:" including a status "SCHEDULED" with an information icon, a date "Mon 5/18/20", and a time "6:30 pm EDT". On the right side of the details area, there 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.

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:

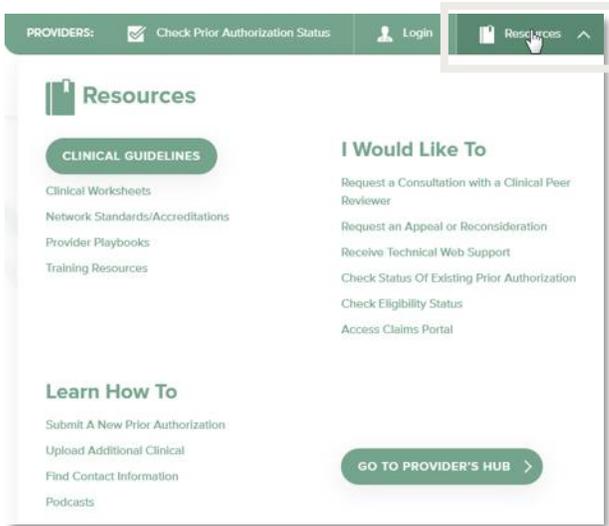
- Access the scheduling software and select **My P2P Requests** on the left-pane navigation
- Select the request you would like to modify from the list of available appointments
- When the request appears, click on the schedule link. An appointment window will open
- Click on the **Actions** drop-down 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: Scott Jarrett, Regional Provider Engagement Manager	scott.jarrett@EviCore.com	615-487-8129
Worksheets	EviCore.com/provider/online-forms	
Clinical Guidelines	EviCore.com/provider/clinical-guidelines	
Request a Clinical Consultation	EviCore.com	

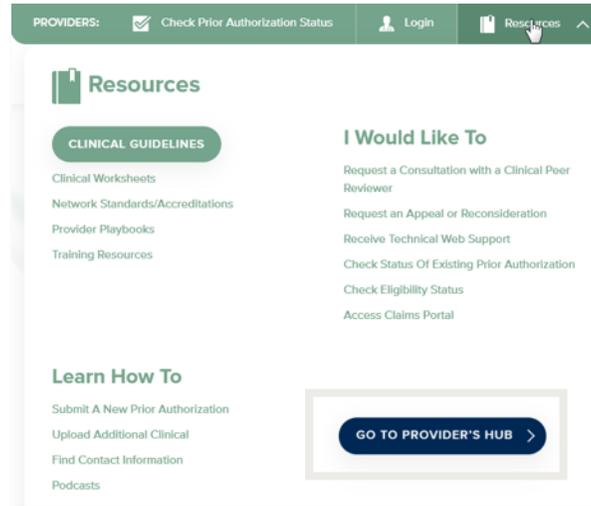
Provider Resources | EviCore Provider's Hub

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



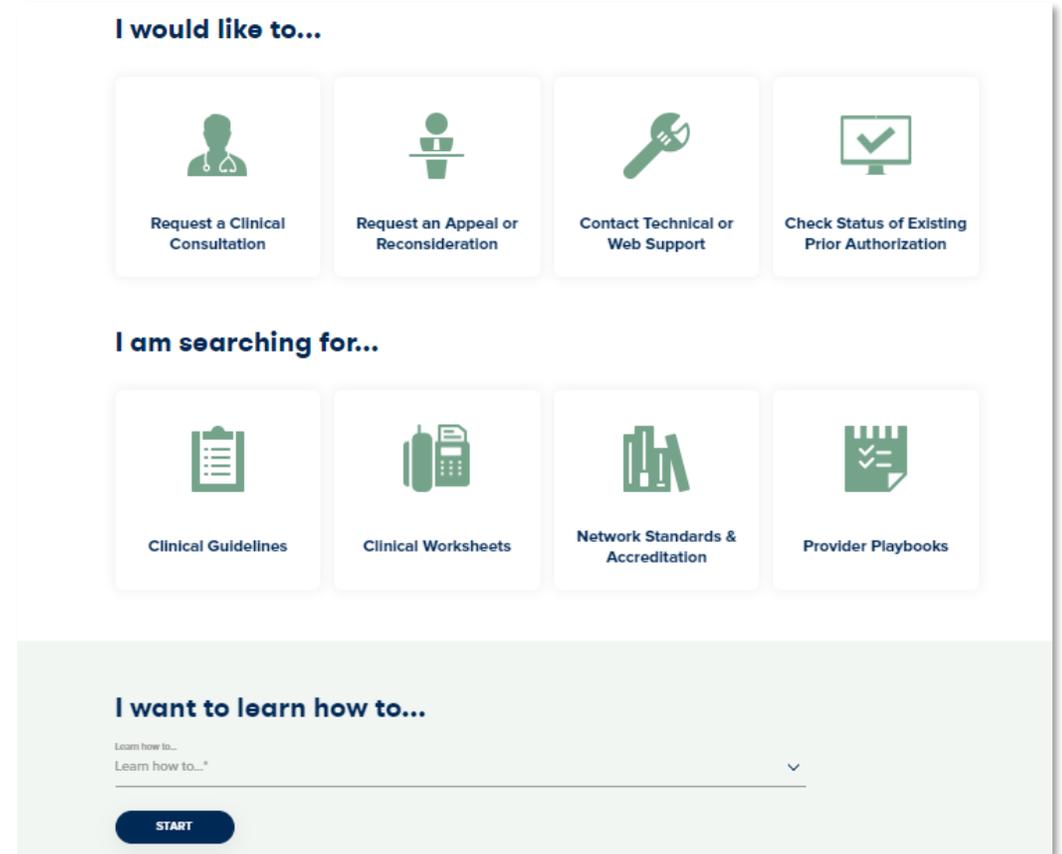
Step 1

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



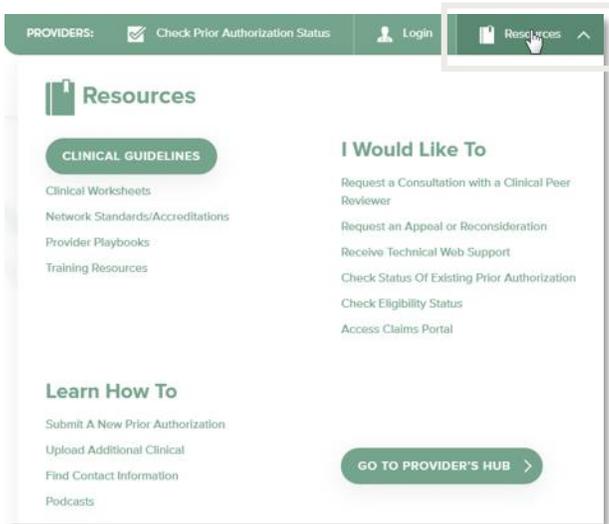
Step 2

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



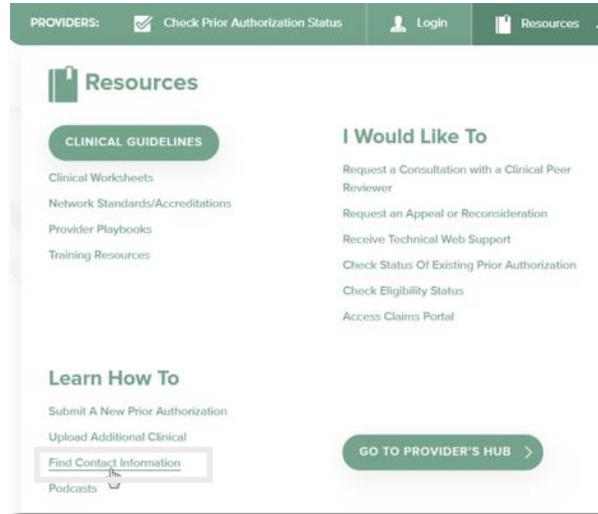
Provider Resources | Quick Reference Tool

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**

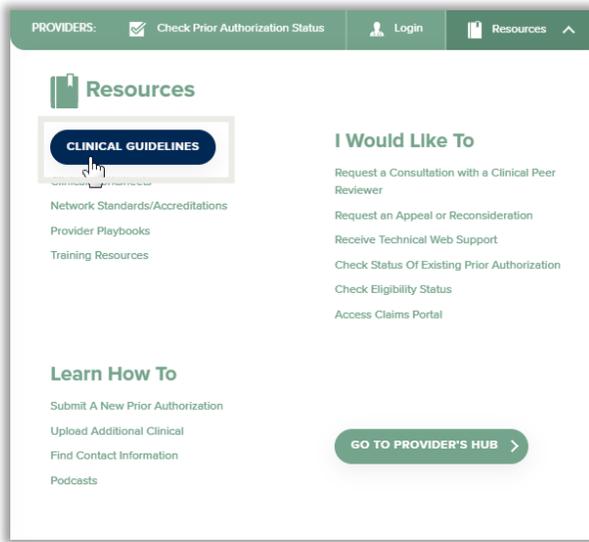


Step 3

- 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

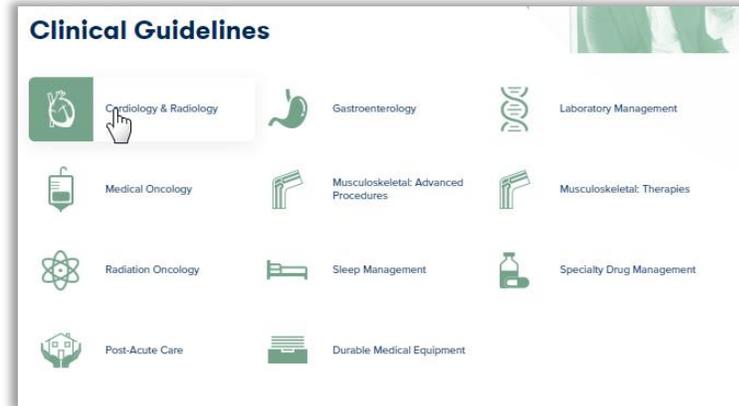
Provider Resources | Clinical Guidelines

How do I access EviCore's clinical guidelines?



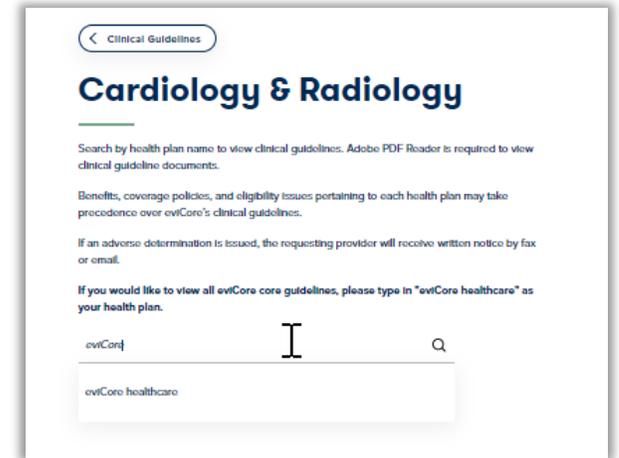
Step 1

- 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