

Cardiac Implantable Devices (CID)

Provider Orientation Session
for Wellmark BCBS

Fall 2024



EviCore
By EVERNORTH

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12/2/2024

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Agenda

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Cardiac Implantable Devices (CID)

Submitting Requests

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EviCore Provider Portal

Provider Resources

Questions & Next Steps

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Solution Overview

Wellmark BCBS Prior Authorization Services

EviCore will begin accepting prior authorization requests for Cardiac Implantable Devices (CID) services on November 1, 2024, and is required for dates of service December 1, 2024, and after.



Applicable Membership

- + Commercial Fully Insured and Self Insured*
- + Always verify member eligibility and benefits on Wellmark's secure [Check Member Information](#) tool

Prior authorization applies to the following services

- + Outpatient setting
- + Inpatient setting (Wellmark inpatient admission notification requirements also apply. Please see the FAQ for details.)
- + Planned /Non-emergent
- + Check prior approval requirements on Wellmark's provider portal: [Authorization Table \(wellmark.com\)](#)

Prior authorization does NOT apply to services performed in:

- + Emergency Rooms
- + Observation Services

*Does not currently apply to Federal Employee Program (FEP) or Wellmark Advantage Health SM Plan Members. Prior approval is never required for Wellmark members whose primary coverage is with Medicare (this includes Medicare Part A-only cases).

CID Procedures

Cardiac Implantable Devices (CID) is part of EviCore's Cardiology Solution. CID services include:

Removal and/or placement (or replacement) of:

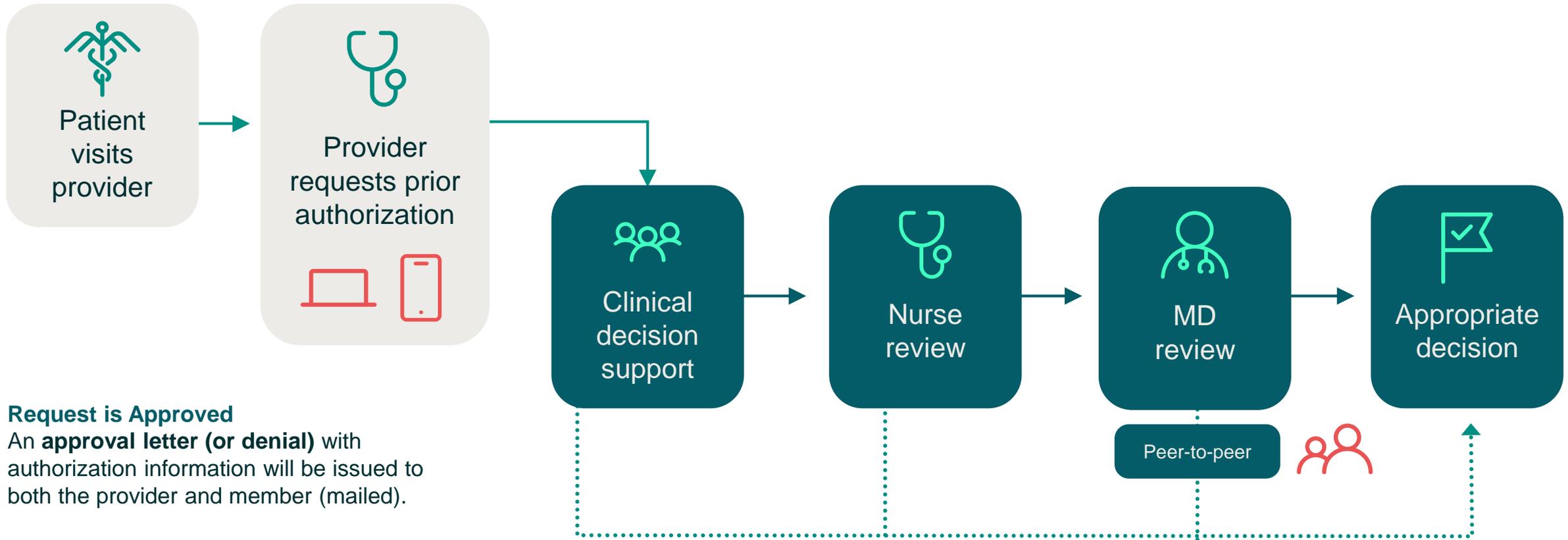
- Pacemakers
- Defibrillators
- Stimulators

For the full list, go to [Wellmark BCBS Provider Resources | EviCore by Evernorth](#)



Submitting Requests

Pre-service prior authorization workflow



Request is Approved

An **approval letter (or denial)** with authorization information will be issued to both the provider and member (mailed).

Request is Denied

A **denial letter with clinical rationale** for the decision and appeal rights will be issued to both the provider and member.

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:** 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 [Provider's Hub | EviCore by Evernorth](#)

Or by phone: **844-253-9502**

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

Or by fax: **800-540-2406** To be used to submit additional clinical information when the portal is not available

Necessary Information for Prior Authorization



For EviCore to clearly understand why the requested procedure is medically necessary for the member, the provider submitting the request will need to gather information within four categories:



Member

- ✓ Health Plan ID
- ✓ Member name
- ✓ Date of birth (DOB)



Referring (Ordering) Physician

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



Supporting Clinical

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



Rendering Facility

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

All Clinical Information pages must include 2 patient/member identifiers

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:



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



The provider must submit the additional information to EviCore.



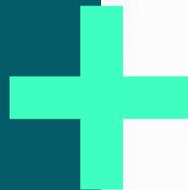
EviCore will review the additional documentation and reach a determination.

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 to the ordering physician, rendering provider and the member.

I've received a notice for additional clinical information prior to a decision.



There are three ways to supply the requested information:

1. Fax the additional information to (800) 540-2406
2. Upload directly into the case via the provider portal accessed from [Authorization Table \(wellmark.com\)](https://www.wellmark.com)
3. Alternatively, providers can choose to request a **Pre-Decision Clinical Consultation** instead of submitting additional clinical information. The Pre-Decision Clinical Consultation must occur prior to the due date referenced in the notice.

For more detail, please refer to the FAQ that can be found at [Wellmark BCBS Provider Resources | EviCore by Evernorth](#)

An optional **Pre-Decision Clinical Consultation** can be self-scheduled via the EviCore website (see the end of this presentation for instructions).

Important to note: If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. Once the documentation is shared, the case advances to review and 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 both the referring & rendering providers and the member. Status will also be available on [EviCore.com](https://www.evicore.com).

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

Prior Authorization Determination Outcomes

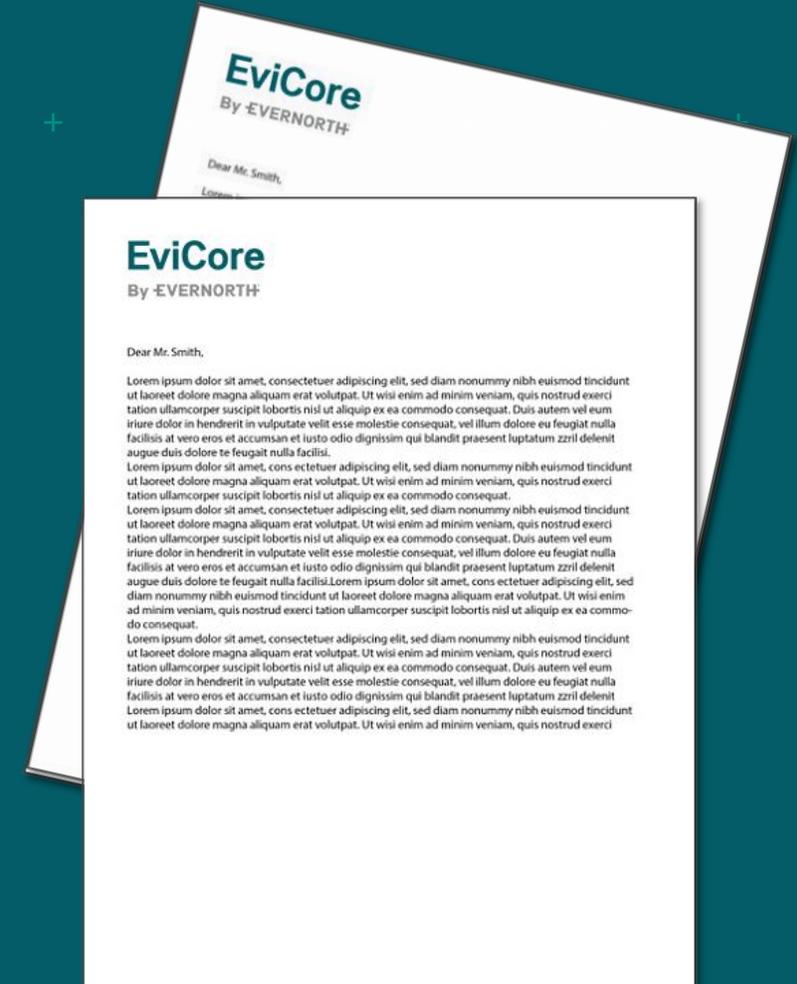
Determination Outcomes

- + Approved Requests: Authorizations are valid for at least 90 calendar days from the date of the determination. See determination letter for details.
- + 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.
- + 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.



Prior Authorization Notification access and delivery methods

- + Members will receive the decision notice by mail.
- + Decision notices are made available on the provider web portal 24/7 via the authorization lookup feature (shown later in this presentation).
- + The requesting provider will be sent e-notifications by default unless the user chooses **not** to receive notices electronically (further clarification shown later in this presentation).
- + The rendering provider, selected via the site of service, will receive notification via fax.



Special Circumstances

Urgent/Expedited Prior Authorization Requests



EviCore uses the NCQA/URAC definition of **expedited/urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member



Can be initiated on the provider portal or by phone



Urgent/Expedited cases are reviewed within 72 hours (Iowa), and 24 hours (South Dakota) depending on the member's state compliance requirements.



Special Circumstances

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 requested service. Further detail can be found at [Wellmark BCBS Provider Resources | EviCore by Evernorth](#)



After a denial, providers have up to 14 calendar days to contact EviCore to accept the alternative recommendation. Providers can accept the alternative recommendation by notifying EviCore via phone (844-253-9502, recommended) or fax (800-540-2406). A new case number may be provided. Provider also has the option to accept an alternative recommendation during a Peer-to-Peer clinical consultation.

The appendix of this presentation offers more detail.



Special Circumstances

Authorization Update



If updates are needed on an existing authorization, providers must contact EviCore by phone at **844-253-9502**. These updates cannot be made on the portal.



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



Special Circumstances

Retrospective Authorization Requests

In order to avoid the risk of denial, we highly encourage submitting a request for authorization **prior** to completing the services.

If a claim is submitted without an authorization, the claim will deny. For CID services, Wellmark will allow a retrospective submission in the EviCore provider portal **within 90 days of the date of service.**

- + **If retrospective request is deemed not medically necessary**, provider liability will apply.
- + **If the retrospective request is approved**, the provider is responsible for submitting a corrected claim with the approved authorization number.

For instructions on requesting claim reprocessing with Wellmark, please refer to the FAQ document found [here](#).



If authorized, the start date will be the submitted date of service



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 **844-253-9502** 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 portal to see available options.

Reconsiderations

- + Reconsiderations must be requested within 14 calendar days after the determination date.
- + Reconsiderations can be requested in writing by submitting additional clinical information or documentation from the physician via the EviCore portal or by fax.
- + An "optional" Clinical Consultation with an EviCore physician can occur as part of the reconsideration process.

Appeals

- + EviCore will process first-level appeals.
- + Appeal requests need to be submitted in writing and received within 180 calendar days of the denial.
- + A written notice of the appeal decision will be mailed to the member and sent to the providers.

For more detail, please go to [Wellmark BCBS Provider Resources | EviCore by Evernorth](#) to access the FAQ and other resources.

The appendix of this presentation also offers more detail related to Additional Info Process Overview

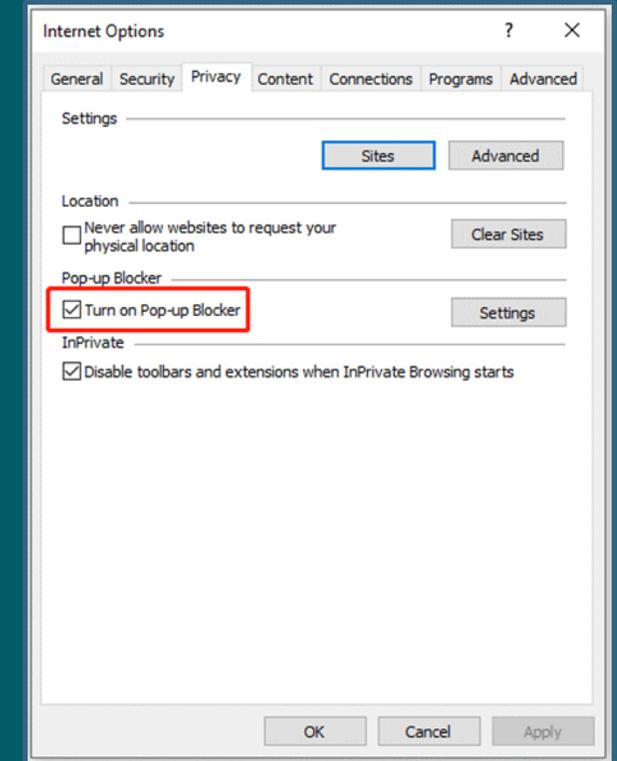
EviCore Provider Portal

Portal Compatibility

The EviCore portal is compatible with the following web browsers and will be accessed via Single Sign On (SSO) from Wellmark BCBS's website.

- Microsoft Edge
- Google Chrome
- Mozilla Firefox
- Internet Explorer 9, 10, and 11

The EviCore portal utilizes pop-up windows. Therefore, please make sure you disable your pop-up blockers to maneuver through the portal. For information on how to disable pop-up blockers for any of these web browsers, please refer to [How to Disable Pop-up Blockers](#).



Accessing the Portal via Wellmark BCBS

The screenshot shows a web portal interface. On the left is a dark sidebar with a menu. The main content area has a light gray header and a white body. The header contains the title 'Cardiac implantable devices utilization management program' and a paragraph of text. The body is split into two columns: 'Prior Authorization' on the left and 'Medical Policies' on the right, which has a blue background.

Cardiac Implantable Devices

Join Our Network

Medical and Drug Authorizations

Manage Authorizations

Authorization Terms

Medical Policies A-Z

Molecular Testing

Radiology and Cardiovascular Imaging

Cardiac Implantable Devices →

Drug authorization list

FEP Authorizations

InterQual, SmartSheets and Inpatient

Cardiac implantable devices utilization management program

Wellmark has expanded its partnership with EviCore® to provide utilization management services for select cardiac implantable devices. For dates of service on and after December 1, 2024, prior authorization (PA) through the EviCore tool is required for cardiac implantable devices for all Wellmark fully insured and self-funded members.

Prior Authorization

[Wellmark's Medical Authorization Table](#) will be updated by November 1, 2024, to reflect new policies and authorization requirements for cardiac implantable devices.

FEP Reminder: Prior authorizations for Federal Employee Program (FEP) members will continue through the original Jiva process until further notice.

Medical Policies

Wellmark's medical policies for cardiac implantable devices will be available on EviCore's website before November 1, 2024.

Access the Secure Provider Portal via Wellmark's webpage: [Cardiovascular Implantable Devices \(CID\) Program | Wellmark](#) then click on Wellmark's Medical Authorization Table.

Accessing the Portal via Wellmark BCBS

- + Log in to Wellmark to ensure access to EviCore's portal via your single sign on.
- + Selecting Wellmark's Medical Authorization Table brings you here where you can input CPT, or description of service, in the Search Box.
- + The **Submit Using** column will soon be populated with the EviCore link if your code requires authorization through EviCore. The **Policy or Criteria (Link)** will guide you to EviCore's Clinical Guidelines for Wellmark members.



Wellmark

Medical Authorization Table

The medical Authorization Table is your best resource for viewing medical policies and criteria used by Wellmark. It is also your first stop in learning whether an authorization is required.

Obtain approval in advance to help prevent delays and unexpected costs.

Beginning April 1, 2020, Part 2 providers will need to follow the steps when requesting a pre-service review for SUD (Substance Use Disorder) related services:

Providers must obtain authorized consent from the member or member's guardian for disclosure of patient identifying information to be released to Wellmark for:

- Treatment
- Payment of claims
- Health care operations
- Wellmark to re-disclose information with current and future treating entities related to this episode of care

If you don't have a consent form, we have created a [template](#) you may use.

To view authorizations and quantity limits for drugs and medications, please view the [drug authorization list](#) or the [FEP drug authorization list](#).

View important details about authorization

Use the search box and/or pre-service filter criteria below to narrow your search results. Click on the row header in the grid to sort your search results.

33208

Show Pre-Service Review Only Pre Service Review Type:

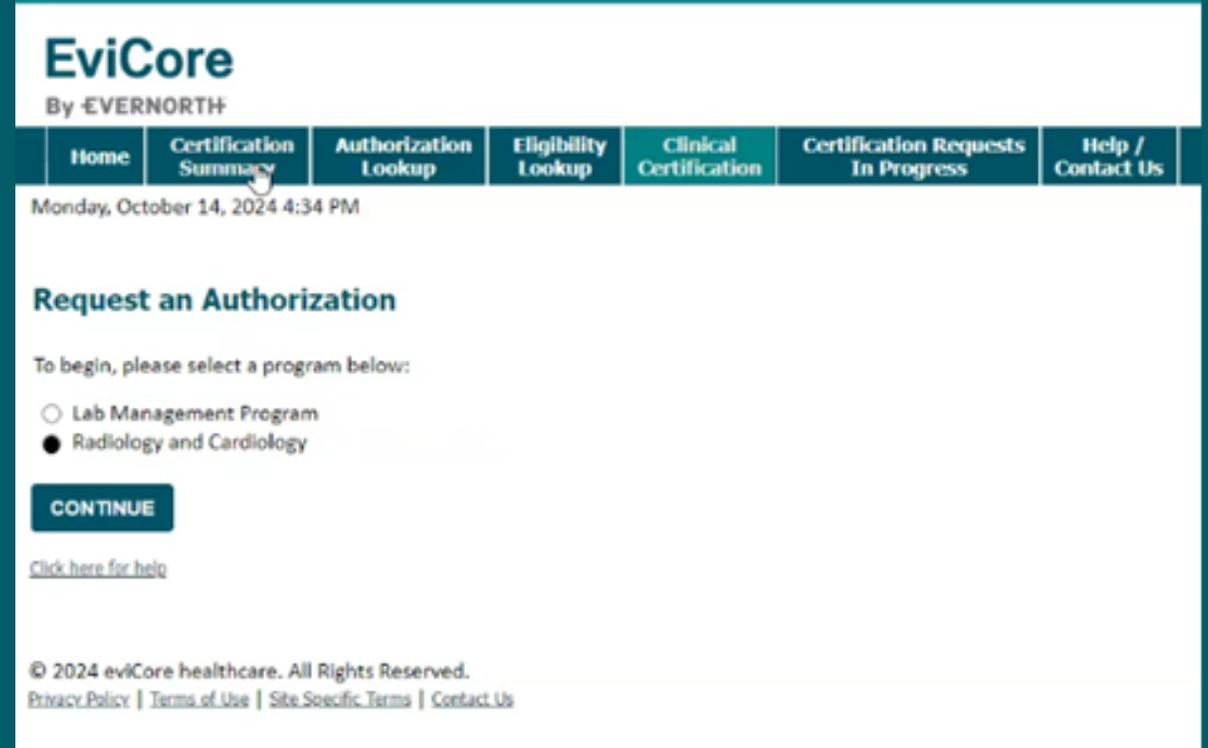
Code - CPT/HCPCS	Title (Service/Description)	Pre Service Review Required	Type of Pre Service Review Required	Submit Using	Policy or Criteria Link(s)	Comments
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	Yes	Pre Authorization	Utilization Management Tool- Procedures and DME	CID Vendor Policies	Providers who are not contracted with Wellmark are not required to complete pre-service review for this code.

You are now leaving Wellmark.com

By selecting the continue button you will leave Wellmark's website. eviCore healthcare is responsible for the services or content delivered on or through <https://www.evicore.com>, including the terms of use and privacy policies that govern the site.

Welcome to the EviCore Portal via single sign on (SSO)

- + Select the **Program** for your certification
- + Cardiac Implantable Devices (CID) is part of EviCore's Cardiology Solution



Provider Selection

- + Select the ordering Practitioner or Group for the requested service.

The screenshot displays the EviCore web application interface. At the top, the EviCore logo is followed by the text 'By EVERNORTH'. Below this is a navigation menu with the following items: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, and Help / Contact Us. The main content area features a form titled 'Requesting Provider Information'. The form includes a search instruction: 'Search for Provider by TIN, NPI, provider last name, city and/or zip.' Below the instruction are several input fields: 'Healthplan:' with the value 'Wellmark BCBS', 'TIN:', 'NPI:', 'Last Name:' (with a note '(requires NPI or TIN)'), 'City:' (with a note '(city only, no state)'), and 'Zip:'. A blue 'SEARCH' button is positioned at the bottom of the form.

Enter Contact Information

- + 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
- + If you keep the box checked to receive notification of case status change, you will receive an email notice when there has been a status change. The email will include the case number and the provider NPI number. Use those two numbers with the "Authorization Lookup" feature to find the case and status.

EviCore
By **EVERNORTH**

Home Certification Summary Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress Help / Contact Us

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

Receive notification of case status changes

Please review the fax and phone numbers presented for accuracy. Change as necessary and click "Confirm Fax and Continue" to confirm they are correct. Changes apply only to this specific request. If you wish the change to be permanent, please contact the Health Plan.

BACK **CONFIRM FAX AND CONTINUE**

[Click here for help](#)

The "Receive notification of case status changes" box is checked by default. Make sure you enter a valid email address to assure you receive notices of case updates.

If you prefer fax notices, uncheck the box and make sure to include a valid fax number.

Enter Member Information

- + Enter the expected date of service. If unknown, enter today's date.
- + If the service already took place, the Date of Service cannot be more than 90 days prior to the date the request is submitted.
- + Then, enter the **member information**, including: patient ID number (W00 from ID card), date of birth, and last name then click **ELIGIBILITY LOOKUP**
- + Confirm your patient's information and click **SELECT** to continue

EviCore
By EVERNORTH

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

Tuesday, June 25, 2024 9:32 AM

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

Patient ID is 12 numeric digits. Remove 3-letter prefix. Do not include member code in Patient ID. Member code is located at the end of the Patient ID. It is a unique suffix that di

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

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[Privacy Policy](#) | [Terms of Use](#) | [Site Specific Terms](#) | [Contact Us](#)

Attention!
Time: 6/25/2024 9:32 AM

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

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

SUBMIT

Enter Requested Procedure and Diagnosis

- + Select appropriate **CPT** and **Diagnosis codes**
- + Any additional procedures needed will be collected during the clinical questionnaire

EviCore
By EVERNORTH

Home Certification Summary Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress Help / Contact Us

Requested Service + Diagnosis

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

Radiology Procedures

Select a Primary Procedure by CPT Code[?] or Description[?]
33208 DUAL CHAMBER PACEMAKER (DDD)
Don't see your procedure code or type of service? [Click here](#)
Additional Procedure codes will be collected/presented during the clinical questionnaire

Diagnosis

Primary Diagnosis Code: **I48.0**
Description: **Paroxysmal atrial fibrillation**
[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](#)

Site Selection

- + If you enter a provider that is not in the Wellmark BCBS network, you'll receive a pop-up message asking you to enter an in Network Provider.
- + Selecting an out of network provider will result in a higher out of pocket cost to the member.
- + For HMO members, you will not be able to select an out of network provider.

The screenshot shows the EviCore 'Add Site of Service' form. At the top, the EviCore logo is displayed with 'By EVERNORTH' underneath. A navigation bar contains links for Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, and Help / Contact Us. The main section is titled 'Add Site of Service' and includes a 'Specific Site Search' section with instructions: '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.' The search fields include NPI, TIN, Zip Code, City, and Site Name. There are radio buttons for 'Starts with' (selected) and 'Exact match'. A 'LOOKUP SITE' button is located to the right of the Site Name field. Below the search fields is a 'Site Email (optional)' field and a 'BACK' button. A pop-up message from 'carriers.carecorenational.com' is overlaid on the bottom right, stating: 'This provider is Out of Network. Please resubmit with an In Network Provider. For member benefits, please contact the Health Plan using the number on the back of the member's ID card.' An 'OK' button is at the bottom right of the pop-up. A 'Click here for help' link is at the bottom left of the form.

Clinical Certification

- + You may get pop up windows along the submission process, so make sure to read the messages carefully and follow the guidance.
- + Verify that all information is entered and correct
- + **You will not have the opportunity to make changes after this point**

The screenshot displays the EviCore web application interface. At the top, the EviCore logo is shown with the tagline "By EVERNORTH". Below the logo is a navigation menu with seven items: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, and Help / Contact Us. The "Clinical Certification" item is highlighted. Below the navigation menu, the heading "Proceed to Clinical Information" is displayed. The main content area contains the following text: "You are about to enter the clinical information collection phase of the authorization process. Once you have clicked 'CONFIRM AND 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 online request, be sure to complete the clinical review before exiting the system. Even if you will be submitting additional information at a later time, please continue through the final summary page. Failure to formally submit your full request will cause the record to expire with no additional correspondence from eviCore." Below this text is a checkbox with the text: "I acknowledge that the clinical information I am about to submit for this authorization request is accurate and specific to this member, and that all information will be provided for this request." At the bottom of the interface are two buttons: "BACK" and "CONFIRM AND CONTINUE". A link "Click here for help" is located at the bottom left of the interface.

Standard or Urgent Request?

- + 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)
- + Your case will only be considered urgent if there is a successful upload
- + Recall that if the case does not meet the criteria for urgent, the case may be changed to routine/standard

EviCore
By EVERNORTH

Home Certification Summary Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress Help / Contact Us

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

Proceed to Clinical Information

- + **Clinical Certification** questions will populate based on the information provided
- + You can save your request and **'Finish later'** if needed. Please make sure to complete the case by the end of the day to avoid the case expiring.
- + Select **Certification Requests in Progress** to resume a saved request (this function is **not** available for single sign on (SSO) users)

Example Questions

Proceed to Clinical Information

BEGINNING OF CLINICAL QUESTIONNAIRE FOR Cardiac Implantable. Please click submit.

Proceed

Finish Later

Proceed to Clinical Information

What is the date of the most recent contact with the requesting provider for this problem? (Enter an approximate date if the exact date is not known)

mm/dd/yyyy

9/4/2024

Enter the type of contact.

Email

Office visit

Phone call

Video/Telemedicine

Other

Unknown

Finish Later

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

Proceed to Clinical Information – additional sample questions

+ **Clinical Certification** questions will populate based on the information provided in previous questions.

Example Questions

The collage displays five overlapping screenshots of the 'Proceed to Clinical Information' form. Each screenshot shows a question with radio button or dropdown options and a 'Submit' button. Some screenshots also include a 'Finish Later' checkbox and a 'Did you know?' tip box.

- Top-left screenshot:** Question: "The CPT code selected is for the insertion of an implantable cardioverter-defibrillator (ICD), is that correct?" Options: Yes No. Button: Submit.
- Top-right screenshot:** Question: "Will CPT 33225 (L Ventricular Pacing Lead Add-On) be required for this prior authorization request?" Options: Yes No. Button: Submit.
- Middle-left screenshot:** Question: "What is the indication for the ICD request for this patient?" Option: "Known cardiac arrest believed due to ventricular tachycard...". Button: Submit.
- Middle-right screenshot:** Question: "Please start a request for CPT 33225 in conjunction with this request." Button: Submit.
- Bottom-left screenshot:** Question: "What is the indication for the ICD request for this patient?" Option: "Known cardiac arrest believed due to ventricular tachycard...". Button: Submit.

Common elements across screenshots include a "Finish Later" checkbox and a "Did you know? You can save a certification request to finish later." tip box.

Adding Additional CID Codes

- + You can enter additional requested CID procedures to the same case.
- + **Clinical Certification** questions will populate based on the information provided in previous questions.

Example Questions

Proceed to Clinical Information

Will there be any additional procedures needing prior authorization for the same patient, date of service, and site of service?

Yes No

Submit

[Click here for help](#)

Proceed to Clinical Information

Each of your requested procedure codes has been added to this authorization.

You can also find the procedure codes associated to this request via "Authorization Lookup" on the web.

Submit

Finish Later

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

Entering Additional Information

- + You will have an opportunity to add **Additional information** via upload and/or text in the space provided.

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'

Example Questions

Proceed to Clinical Information

[Redacted] This request can still be completed online by selecting one of the options below. Your request will proceed using the Authorization Lookup tab above.

- Is there any additional information specific to the member's condition you would like to provide?
 - I would like to upload a document
 - I would like to enter additional clinical notes in the space provided
 - I would like to upload a document and enter additional notes
 - I have no additional information to provide at this time

Enter Text in the space provided below :

Additional Information - Notes :

Free text goes here

PRINT

CONTINUE

[Click here for help](#)

Summary Screen

After you have completed the submission of your case, you can **PRINT** the summary of the request for your records.



Home
Certification Summary
Authorization Lookup
Eligibility Lookup
Clinical Certification
Certification Requests In Progress
Help / Contact Us

Summary of Your Request

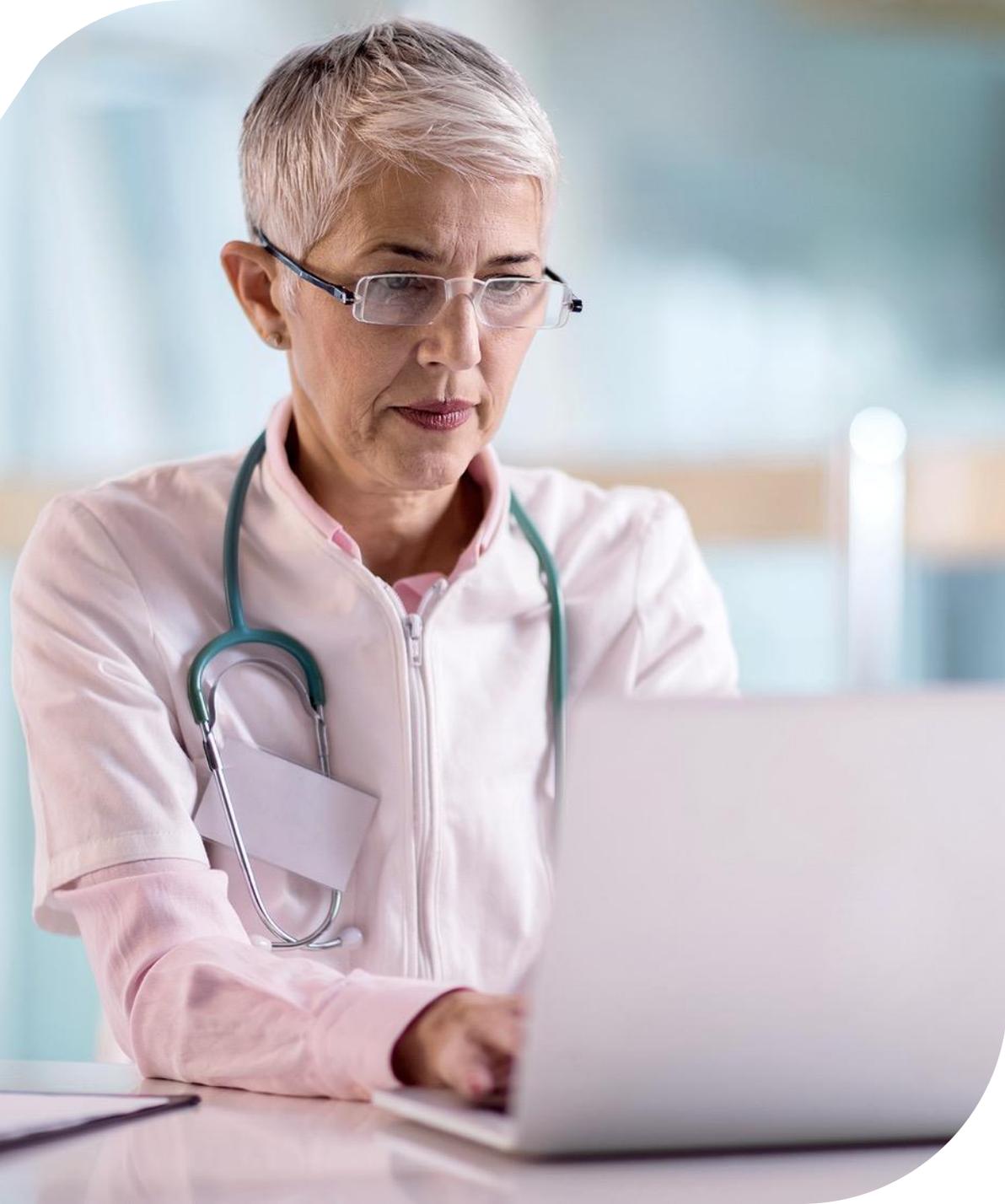
Please review the details of your request below and if everything looks correct click CONTINUE

Your case has been sent to Medical Review. The prior authorization you submitted, Case [REDACTED], has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

Provider Name:	DR. [REDACTED]	Contact:	pj test
Provider Address:	[REDACTED] SW CEDAR RAPIDS, IA 52404	Phone Number:	[REDACTED]
		Fax Number:	(319) [REDACTED]
Patient Name:	[REDACTED]	Patient ID:	[REDACTED]
Insurance Carrier:	WELLMARK BCBS		
Site Name:	LOGAN COUNTY FIRE DEPARTMENT	Site ID:	KFCGNK
Site Address:	[REDACTED] H ST [REDACTED] 50049		
Primary Diagnosis Code:	I49.5	Description:	Sick sinus syndrome
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	DUAL CHAMBER PACEMAKER (DDD)
CPT Code:	33208		
Case Number:	1209287271		
Review Date:	9/10/2024 11:57:56 AM		
Expiration Date:	N/A		
Status:	Your case has been sent to Medical Review. The prior authorization you submitted, Case A215375441, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.		

CANCEL
PRINT
CONTINUE

Portal Features



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

Eligibility Lookup

- + After selecting **Eligibility Lookup**, you will be asked to select the health plan from the drop down menu, and then add the ordering provider's NPI.
- + Click continue and add the patient's health plan ID and their date of birth.
- + Select the appropriate patient from the search results listed.
- + The following window will indicate whether precertification is required.

The screenshot displays the EviCore web application interface. At the top, the EviCore logo and 'By EVERNORTH' are visible. A navigation bar contains several menu items: Home, Certification Summary, Authorization Lookup, Eligibility Lookup (highlighted with a red box), Clinical Certification, Certification Requests In Progress, and MSM Practitioner Perf. Summary Portal. Below the navigation bar, the date and time 'Sunday, June 30, 2024 1:59 PM' are shown.

The main content area is titled 'Eligibility Lookup'. It contains a form with the following fields:

- All fields required
- Healthplan: (dropdown menu)
- Provider NPI: (text input)
- Patient ID: (text input)
- Patient Date of Birth: (text input with MM/DD/YYYY format)

Below the form, there is a 'Search Results:' section with a table. The table has columns for Patient ID, MemberCode, and Name. A 'SELECT' button is positioned to the left of the first row. The first row contains a patient ID, MemberCode '001', and a name. Below the table, there are 'PRINT' and 'SEARCH' buttons.

An inset window on the right side of the main interface shows a smaller version of the 'Eligibility Lookup' form. In this inset, the 'Therapy Eligibility:' field is highlighted with a red box and contains the text 'Precertification is Required'. Below this field are 'PRINT', 'DONE', and 'SEARCH AGAIN' buttons, along with a 'Click here for help' link.

Authorization Lookup

Authorization Lookup

Search by Member Information **Search by Authorization Number/NPI** OnePA: Prior Authorization Portal for Providers Search by Claim Number/Health plan

Required Fields

Provider NPI:

Auth/Case Number:

SEARCH

PRINT

[Click here for help](#)

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[Privacy Policy](#) | [Terms of Use](#) | [Site Specific Terms](#) | [Contact Us](#)



Authorization Lookup examples

Authorization Lookup

Authorization Number: NA

Case Number: [REDACTED]

Patient Name: [REDACTED]

DOB: [REDACTED]

Status: Pending Clinical Review

P2P Status:

Approval Date:

Service Code: 33208

Service Description: DUAL CHAMBER PACEMAKER (DDD)

Site Name: [REDACTED]

Start Date: 9/6/2024

Expiration Date:

Date Last Updated: 9/6/2024 9:42:24 AM

Correspondence: **UPLOADS & FAXES**

Clinical Upload: **UPLOAD ADDITIONAL CLINICAL**

P2P AVAILABILITY

PRINT

Procedures

Procedure	Description
33208	Insertion of new or replacement of permanent pacemaker (dev

A final decision has not yet been rendered on this case OR it requires special handling. If you have received a request for additional clinical information, please respond to our notice per the instructions received.

If you would like to understand additional options available, please contact our Physician Support Unit at 1-800-792-8744, option 1

Authorization Lookup

Authorization Number: [REDACTED]

Case Number: [REDACTED]

Patient Name: [REDACTED]

DOB: [REDACTED]

Status: **Approved**

P2P Status:

Approval Date: 7/15/2024 12:00:00 AM

Service Code: 33208

Service Description: DUAL CHAMBER PACEMAKER (DDD)

Site Name: [REDACTED]

Start Date: 7/15/2024

Expiration Date: 8/31/2024

Date Last Updated: 7/17/2024 6:48:25 PM

Correspondence: **UPLOADS & FAXES**

P2P AVAILABILITY

PRINT

Procedures

Procedure	Description	Qty Requested	Qty Approved
33208	Insertion of new or replacement of permanent pacemaker (device inserted under the skin in the chest in order to control your heart rate)	1	1

Authorization Lookup – post decision options

Authorization Lookup **Denial example**

Authorization Number: NA

Case Number: [REDACTED] **P2P AVAILABILITY** [Request Peer to Peer Consultation](#)

Patient Name: [REDACTED]

DOB: [REDACTED]

Status: Denied

P2P Status: [REDACTED]

ALL POST DECISION OPTIONS 

Approval Date: [REDACTED]

Service Code: 33208

Service Description: DUAL CHAMBER PACEMAKER (DDD)

Site Name: [REDACTED]

Start Date: [REDACTED]

Expiration Date: [REDACTED]

Date Last Updated: 7/23/2024 10:53:55 AM

Correspondence: **UPLOADS & FAXES**

Procedures

Procedure	Description
33208	Insertion of new or replacement of permanent pacemaker (device inserted under the skin in the chest in order to c

Authorization Lookup

Reconsideration allowed through eviCore until 08/21/2024.

First Level Appeal allowed through eviCore until 2/3/2025.

Second Level Appeal is not delegated to eviCore or is no longer available for this case.

Would you like to process a Standard Pre-Service Reconsideration?

Yes No

Note: Expedited or Post-Service Reconsiderations must be initiated by calling eviCore at 800-792-8744, option 1.

Submit

Authorization Lookup – Access Uploads and Faxes

Authorization Lookup

Authorization Number: NA

Case Number: [REDACTED]

Patient Name: [REDACTED]

DOB: [REDACTED]

Status: Denied

P2P Status:

ALL POST DECISION OPTIONS

Approval Date:

Service Code: 33208

Service Description: DUAL CHAMBER PACEMAKER (DDD)

Site Name: [REDACTED]

Start Date: 7/18/2024

Expiration Date:

Date Last Updated: 7/23/2024 10:53:55 AM

Correspondence: **UPLOADS & FAXES**

Uploads & Faxes

Attached Faxes | **Sent Letters & Faxes** | **Document Uploads**

4 documents sent.

Episode ID	Date Sent	Time Sent	Document Name	Recipient	View
A221443384	07/18/2024	12:29:25	BCMN0301 - Hold Some Info PHYS	Physician	VIEW
A221443384	07/20/2024	02:15:59	EVI0704 - Pending Medical Director Review PHYS	Physician	VIEW
A221443384	07/23/2024	11:03:32	BCMN0201 - Denial PHYS	Physician	VIEW
A221443384	07/23/2024	11:03:32	BCMN0200 - Denial MBR	Patient	VIEW

CLOSE

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
33208	Insertion of new or replacement of permanent pacemaker (device inserted under the skin in the chest in order to control your heart rate)	1	0	

Certification Summary Screen

EviCore

By EVERNORTH

- Home
- Certification Summary
- Authorization Lookup
- Eligibility Lookup
- Clinical Certification
- Certification Requests In Progress
- Help / Contact Us

Certification Summary

Search For: All Other Programs

Search..

Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description	Site Name	Change Site	Expiration Date	Correspondence	Uploaded Clinical	P2P Availability	All Post Decision Options

Single Status
Show All

Filter By Multiple Statuses
Show All

Date
7 days
7 days
14 days
30 days

Submit Close

Expand your list as desired

Provider Resources

Provider Resources for Wellmark BCBS

EviCore's Provider Experience team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff. The provider resource page will include, but is not limited to, the following educational materials:

- Frequently Asked Questions
- Quick Reference Guides
- Provider Training
- CPT code list

To access these helpful resources, please visit

<https://www.EviCore.com/resources/healthplan/wellmark-bcbs>

Wellmark Web Resources: [Manage medical and drug authorizations | Wellmark](#)



[Wellmark BCBS Provider Services phone numbers](#)

Iowa: 800-362-2218

South Dakota: 800-774-3892



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).

Web-Based Services and Portal Support

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

Provider Engagement

- + Regional team that works directly with the provider community.
- + **Lisa Mekkelsen (Iowa and South Dakota)**
- + Email: Lisa.Mekkelsen@evicore.com
- + Phone: 843-949-0022

Call Center

Call (844)-253-9502, representatives are available from 7 a.m. to 7 p.m. Central time.

**Contact EviCore's
Dedicated Teams**

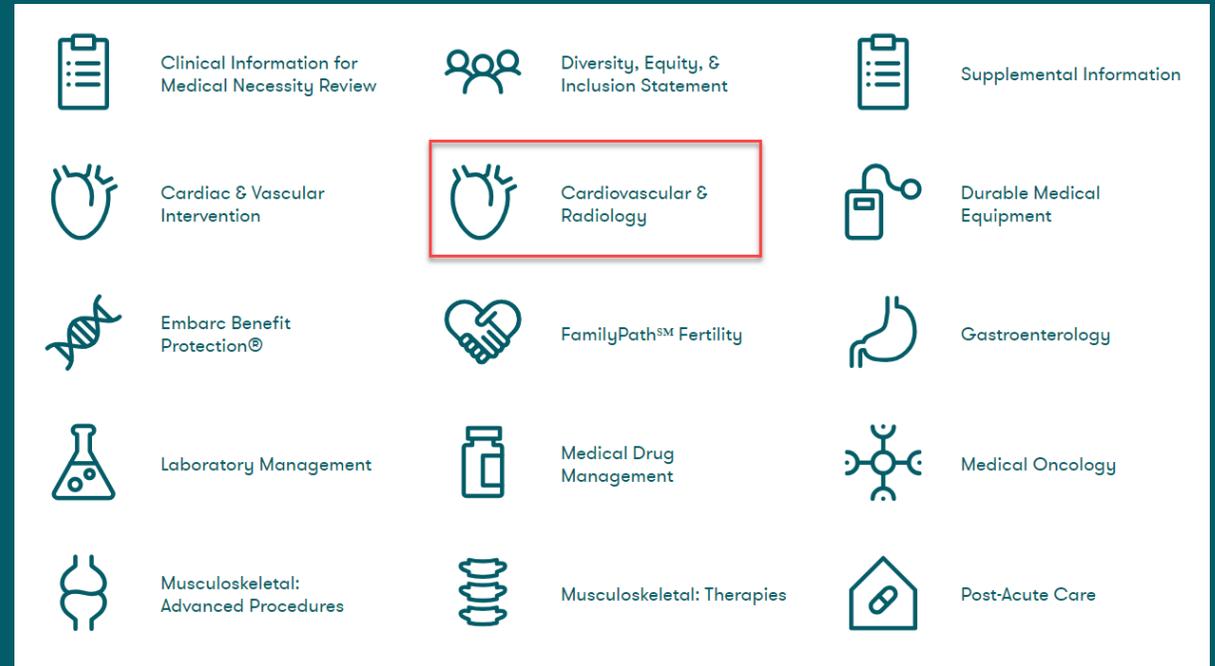


Clinical Guidelines

How do I access EviCore’s clinical guidelines?

1. Open the **Resources** menu in the top right of the browser at www.EviCore.com.
2. Select **Clinical Guidelines**
3. Select ‘Cardiovascular & Radiology’
4. Type in “Wellmark BCBS” in the ‘Search Health Plan’ search bar and press enter.
5. Alternatively, you can find a link to the guidelines through the Wellmark BCBS provider resource site at [Wellmark BCBS Provider Resources | EviCore by Evernorth](#)

You can also access the clinical guidelines via Wellmark Auth Table: “Policies or Criteria Link”



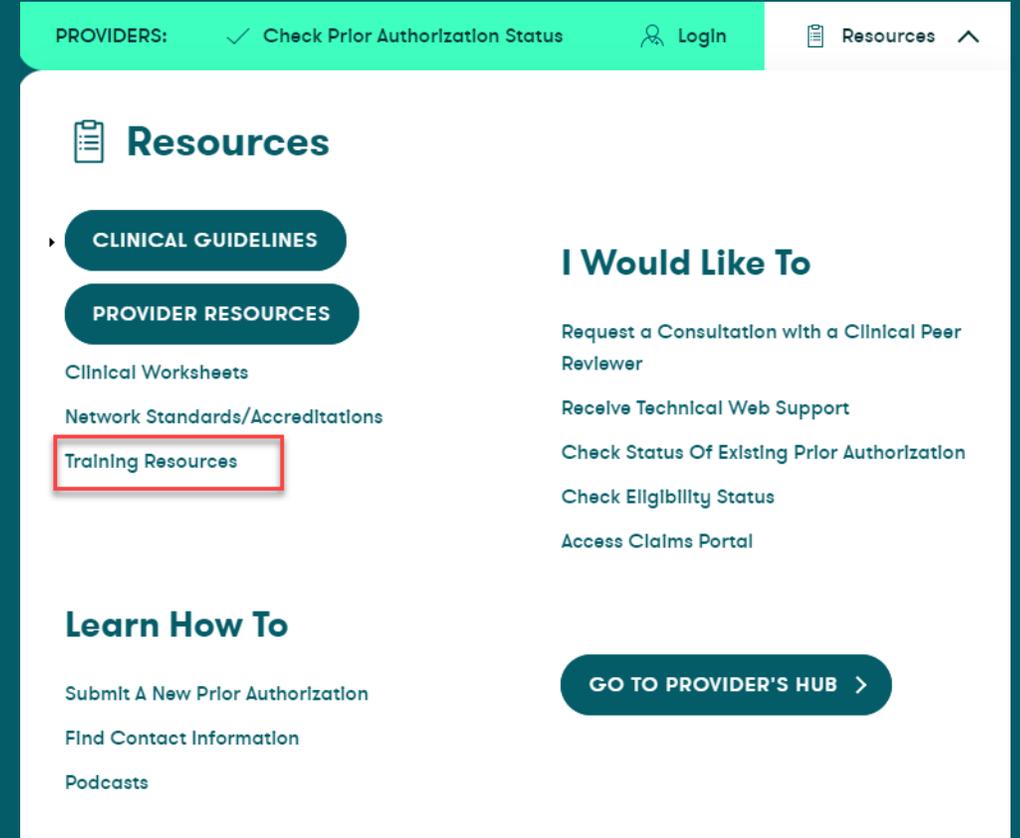
EviCore coverage policies include background and supporting information and citations for sources used to develop the policy. Some clinical policies may have a supplemental literature summary available which will provide additional commentary regarding clinical benefits and harms to the patient population being served. Additional literature summaries may be accessed by selecting ‘Supplemental Information’ and then entering “EviCore by Evernorth” in the search by health plan function.

Wellmark BCBS

Non-Health Plan Specific (EviCore) Provider Resources

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

- Required Clinical Information checklist
- EviCore's evidence-based clinical guidelines
- Clinical worksheets
- Podcasts & Insights
- Solution Specific Frequently Asked Questions
- Training resources



EviCore Online Provider Resources 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 an **Intro to EviCore Online Resources** to learn how to navigate EviCore's web site and understand all the non-health plan specific resources available on the Provider's Hub.

Included is a broad overview of registering and using the EviCore portal. This is great for those new to EviCore.com and the prior authorization process.



Ongoing sessions for Web Portal Training (non health plan specific)

- + Provides step-by-step guidance on submitting requests through both the EviCore CareCore National platform and EviCore MedSolutions platform.
- + Includes Portal registration, Case lookup, and Scheduling Peer to Peer Consultations

Register for Provider sessions:

Provider's Hub > Scroll down to EviCore Provider Orientation Session Registrations > Upcoming



EviCore's Provider Newsletter

Stay up-to-date with our free provider newsletter

To subscribe:

- + Visit EviCore.com
- + Scroll down to the section titled Stay Updated With Our Provider Newsletter
- + Enter a valid email address

Next Steps

1. Familiarize yourself with the new codes that require prior authorization through EviCore. [Wellmark BCBS Code List \(evicore.com\)](https://www.wellmarkbcbs.com/evicore/code-list)
2. Make the Clinical Guidelines available to all clinical staff. [eviCore Clinical Guidelines for Cardiac Implantable Devices \(CID\) - V1.0.2024 - Effective 03/01/2024](https://www.wellmarkbcbs.com/evicore/clinical-guidelines-for-cardiac-implantable-devices-cid-v1.0.2024-effective-03-01-2024)
3. Begin requesting authorizations through the [Authorization Table \(wellmark.com\)](https://www.wellmarkbcbs.com/evicore/authorization-table) on November 1, 2024 for dates of service December 1, 2024 and after.
4. Share provider resources available on the Wellmark BCBS provider resource site at [Wellmark BCBS Provider Resources | eviCore healthcare](https://www.wellmarkbcbs.com/evicore/provider-resources) with other staff members.

Questions?



Appendix

Additional Info Process Overview

Initial Request Pends—Provider receives request for additional clinical information

Alternative Recommendation

If the communication for additional clinical information includes an alternative service recommendation, the provider office representative can accept the service offered by notifying EviCore via phone (recommended) or fax within 10 calendar days. EviCore will accept the alternative recommendation in the portal, triggering a new case, which will be immediately approved. The new case number will be provided to the caller and/or the approval notification will be sent to provider.

Additional Clinical

OR, If clinical documentation exists that addresses the missing criteria outlined in the letter for the requested service, the provider office representative can submit additional clinical documentation through the EviCore Provider Portal or via fax.

Physician documentation OR Peer-to-Peer Consultation

OR, If clinical documentation does NOT exist to address the missing criteria outlined in the letter for the requested service, but the physician believes there are additional indicators to consider in the case, the provider office representative may:

- Submit documentation from physician providing additional case information to impact the determination through the EviCore Provider Portal or via fax.
- OR Schedule a Peer-to-Peer pre-decision clinical consultation for the provider on the EviCore Provider Portal or by phone.

Initial Request Decision – Not Approved

If the prior authorization request is determined to NOT be medically necessary

Reconsideration – Alternative Recommendation or Additional Clinical

- **If the communication includes an alternative service recommendation**, the provider office representative can accept the service offered by notifying EviCore via phone (recommended) or fax within 14 calendar days. EviCore will accept the alternative recommendation in the portal, triggering a new case, which will be immediately approved. The new case number will be provided to the caller and/or the approval notification will be sent to provider.
- **OR, If the physician wants to proceed with the originally requested service:**
 - If clinical documentation exists that addresses the missing criteria outlined in the determination letter for the requested service, the provider office representative can submit additional clinical documentation through the EviCore Provider Portal or via fax.
 - If clinical documentation does NOT exist to address the missing criteria outlined in the determination letter for the requested service, but the physician believes there are additional indicators to consider in the case, the provider office representative may:
 - Submit documentation from physician providing additional case information to impact the determination through the EviCore Provider Portal or via fax.
 - OR Schedule a Peer-to-Peer clinical consultation for the provider on the EviCore Provider Portal or by phone.
- **If reconsideration period has expired after 14 calendar days or reconsideration is upheld, see 1st level appeal.**

Initial Request Decision – Not Approved

If the prior authorization request is determined to NOT be medically necessary

1st Level Appeal

- Provider office representative can submit new clinical documentation to EviCore as a 1st level appeal on the original case through the EviCore Provider Portal or via fax.
- Peer-to-Peer clinical consultation is still available after 14-calendar day reconsideration period, but it will not result in a determination change without a 1st level appeal submission. The provider office representative may schedule the Peer-to-Peer clinical consultation for the provider on the EviCore Provider Portal or by phone.
- **This 1st level appeal exhausts the appeal rights on this case and subsequent appeals submitted to Wellmark will not be considered. If the physician wants to proceed with the service and 1st level appeal is upheld, see [External Review](#).**

External review

- Physician office representative can submit an external review through the respective Division of Insurance. Additional details are provided in the appeal upheld letter.
- **External review is the highest-level review available for an adverse determination.**

Complete Medical Necessity Criteria

If the prior authorization request is determined to NOT be medically necessary:

At any time, the physician can follow the medical necessity criteria for the service as outlined in the clinical guideline and a provider office representative can submit updated clinical documentation on the EviCore Web Portal or via fax as a(n):

- Reconsideration (if under 14 calendar days from decision)
- 1st level appeal (if not exhausted)
- New case (after 45-calendar day wait period has ended from the most recent determination date)

NOTE: *New case build by provider office representative is not available for the same/similar CPT code and provider for 45 calendar days from the most recent determination date (original decision, reconsideration upheld, or appeal upheld date). Duplicate cases will expire, unless the 45-calendar day wait period has ended.*

Medical Policy—Clinical Guidelines

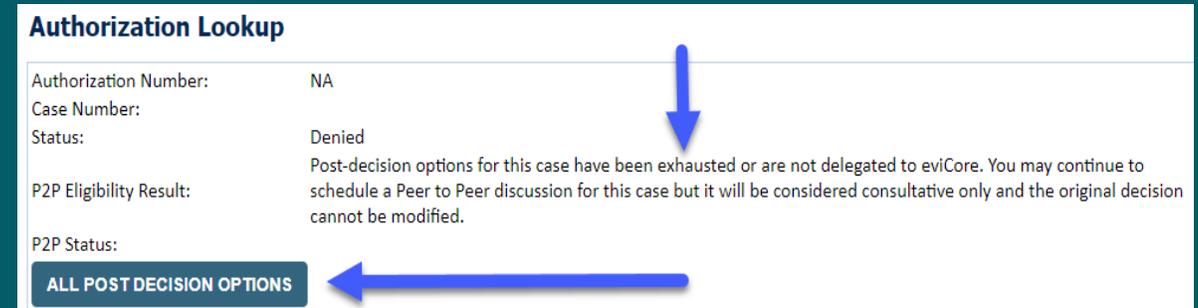
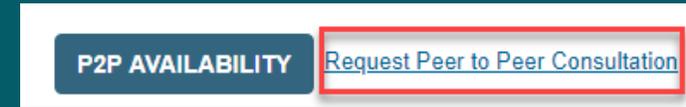
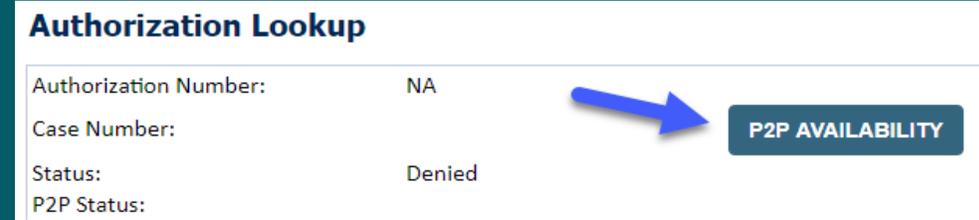
Wellmark Medical Policy and EviCore Clinical Guidelines can be accessed via the [Wellmark Medical Authorization Table](#).

Peer-to-Peer (P2P) Scheduling Tool

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

1. Log-in to your account at EviCore.com
2. Perform **Clinical Review Lookup** to determine the status of your request
3. Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a Peer-to-Peer consultation
4. Note carefully any messaging that displays*

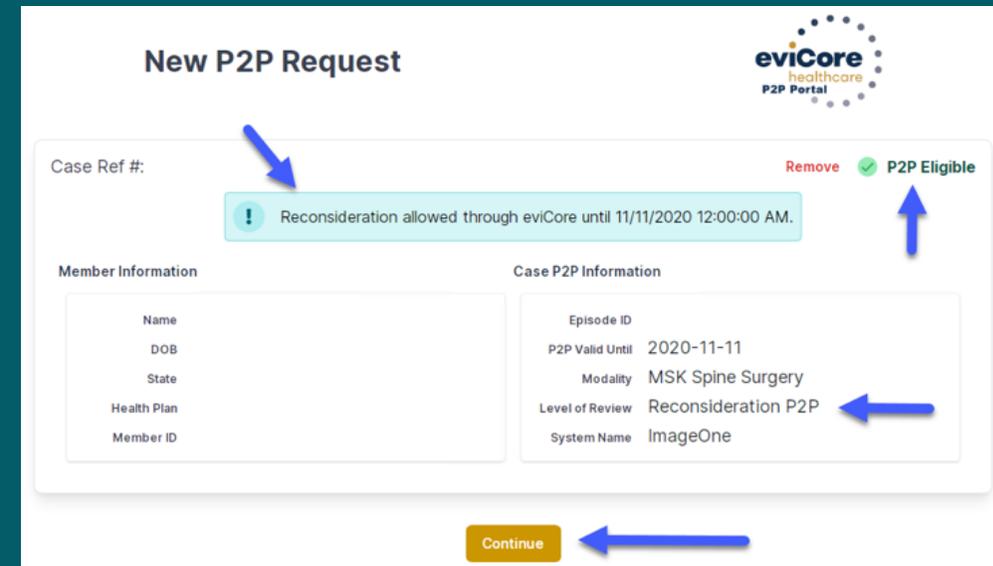
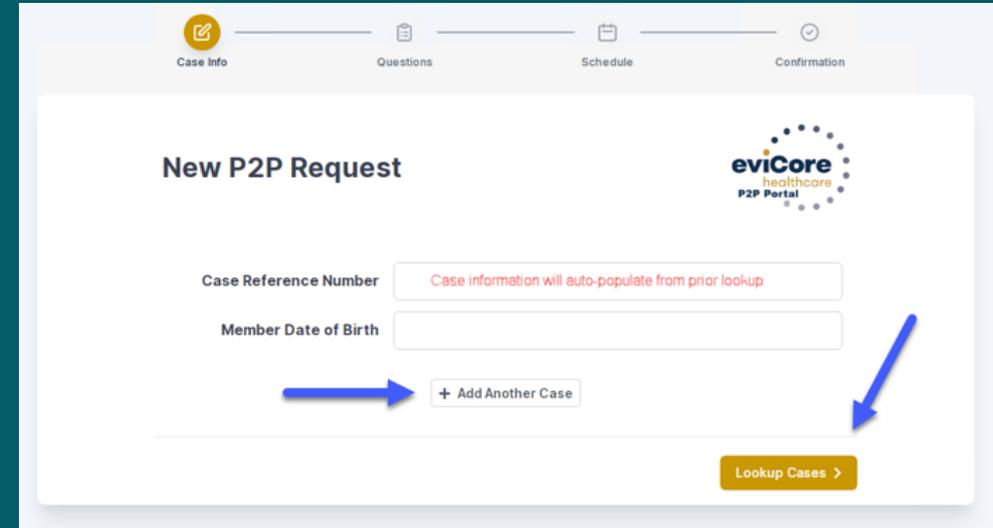


*In some instances, a Peer-to-Peer consultation is allowed, but the case decision can not be changed. In such cases, you can still request a **Consultative-Only Peer-to-Peer**. You can also click on the **ALL POST-DECISION OPTIONS** button to learn what other action can be taken.

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

Schedule a P2P Request (con't.)

1. Upon first login, you will be asked to confirm your default time zone
2. You will be presented with the Case Number and Member Date of Birth
3. Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**
4. To proceed, select **Lookup Cases**
5. You will receive a confirmation screen with member and case information, including the Level of Review for the case in question
6. Click **Continue** to proceed



Schedule a P2P Request (con't.)

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

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 →

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	-	-	-	-	-	-

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

Schedule a P2P Request (con't.)

1. 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
2. Click **Submit** to schedule the appointment
3. You will be presented with a summary page containing the details of your scheduled appointment
4. Confirm contact details

The screenshot displays the 'Schedule' step of a P2P request process. At the top, a progress bar shows four steps: Case Info (checked), Questions (checked), Schedule (active), and Confirmation (pending). The main form is divided into two columns. The left column contains 'P2P Info' (Date: Mon 5/18/20, Time: 6:30 pm EDT, Reviewing Provider) and 'Case Info' (1st Case details including Case #, Episode ID, Member Name, DOB, State, Health Plan, Member ID, Case Type: MSK Spine Surgery, and Level of Review: Reconsideration P2P). The right column contains 'P2P Contact Details' with fields for '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), and 'Contact Instructions' (Select option 4, ask for Dr. Doe). A 'Submit' button is located at the bottom right of the form. Blue arrows point to the fields for 'Name of Provider Requesting P2P', 'Phone Number for P2P', and 'Contact Instructions'. A blue arrow also points to the 'Phone Ext.' field (12345).

Below the form is a 'Scheduling' section with a 'Scheduled' status. It shows a calendar icon, a clock icon, and the text 'Mon 5/18/20 - 6:30 pm EDT'. A red oval highlights the word 'SCHEDULED' in a blue box.

Cancel or Reschedule a P2P Appointment

To cancel or reschedule an appointment:

1. Access the scheduling software and select **My P2P Requests** on the left-pane navigation
2. Select the request you would like to modify from the list of available appointments
3. When the request appears, click on the schedule link. An appointment window will open
4. 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
5. Close the browser once finished

