

# Health New England (HNE)

## Radiology and Nuclear Cardiac Codes

Date: 3/1/2025

# +Agenda



.....

**What is Changing: MedSolutions to CareCore National**

**CareCore National Portal Overview**

**CareCore National Portal Features**

**Remember our Provider Resources**

**Questions**



## Applicable Membership

- + Medicare
  - + Medicaid
  - + Commercial
- 

## Prior authorization applies to the following services

- + Outpatient
  - + Elective/Non-emergent
- 

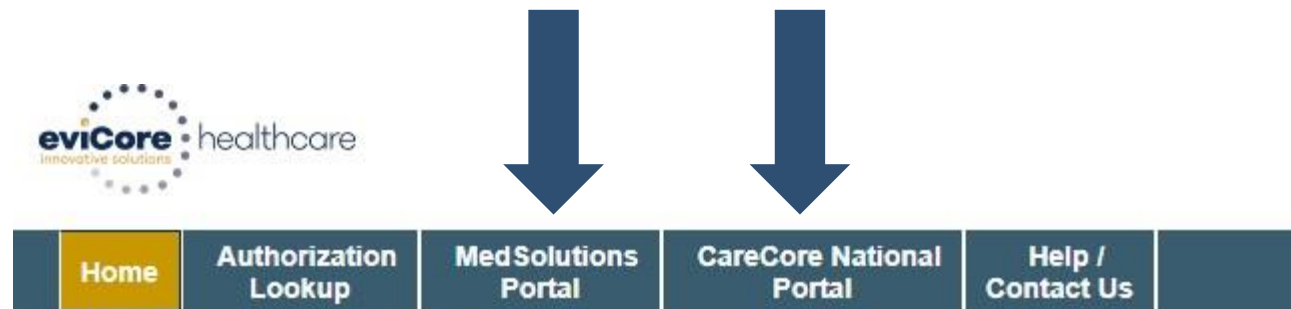
## Prior authorization does NOT apply to services performed in:

- + Emergency Rooms
  - + Observation Services
  - + Inpatient Stays
- 

**Providers should verify member eligibility and benefits on the secured provider log-in section at: [Health New England Provider Resources | EviCore by Evernorth](#)**

# Platform Migration – Effective 3/1/2025

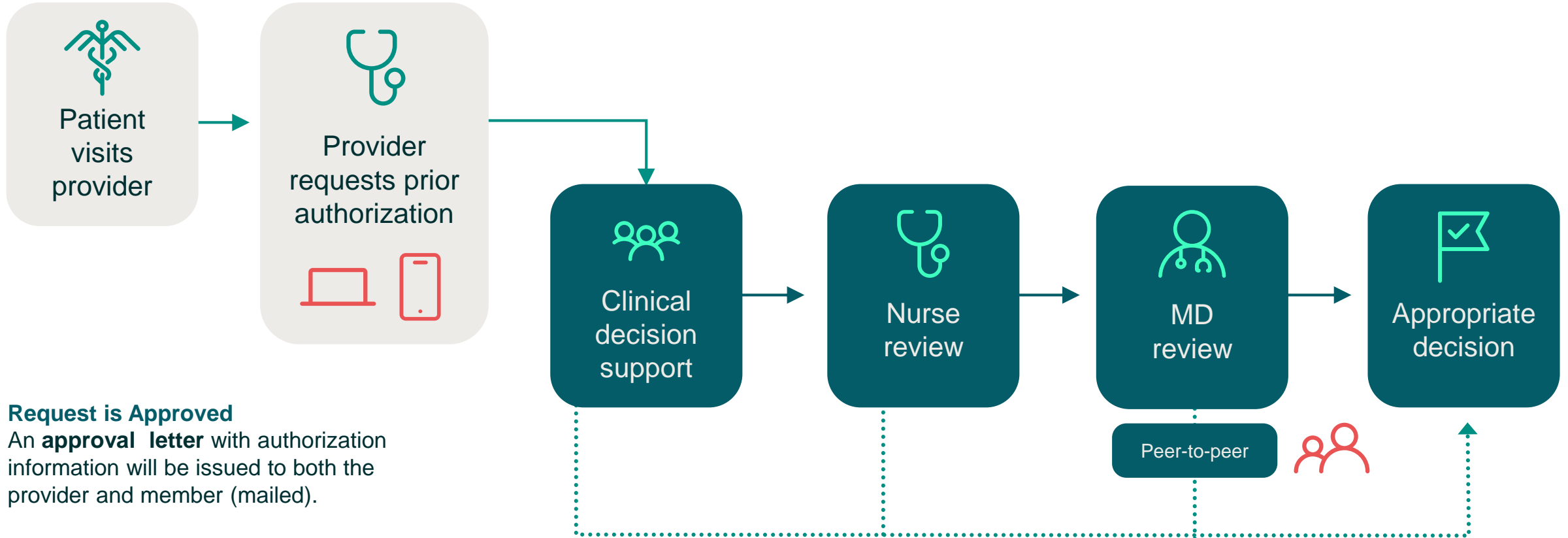
- eviCore currently accepts Radiology and Nuclear Cardiology prior authorization requests for HNE members through the MedSolutions portal. Beginning **3/1/2025**, these requests should be entered through the CareCore National portal at eviCore.com.
- If a provider has an existing login, the same credentials are used for both portals and a new account does not need to be created.
- Any authorizations requested prior to **2025** can still be viewed on the MedSolutions portal, but as of **2025** all new requests must be created on the CareCore National portal, as shown below.



# CareCore National Submitting Requests

# Pre-service prior authorization workflow

## PROCESS



### Request is Approved

An **approval letter** 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.

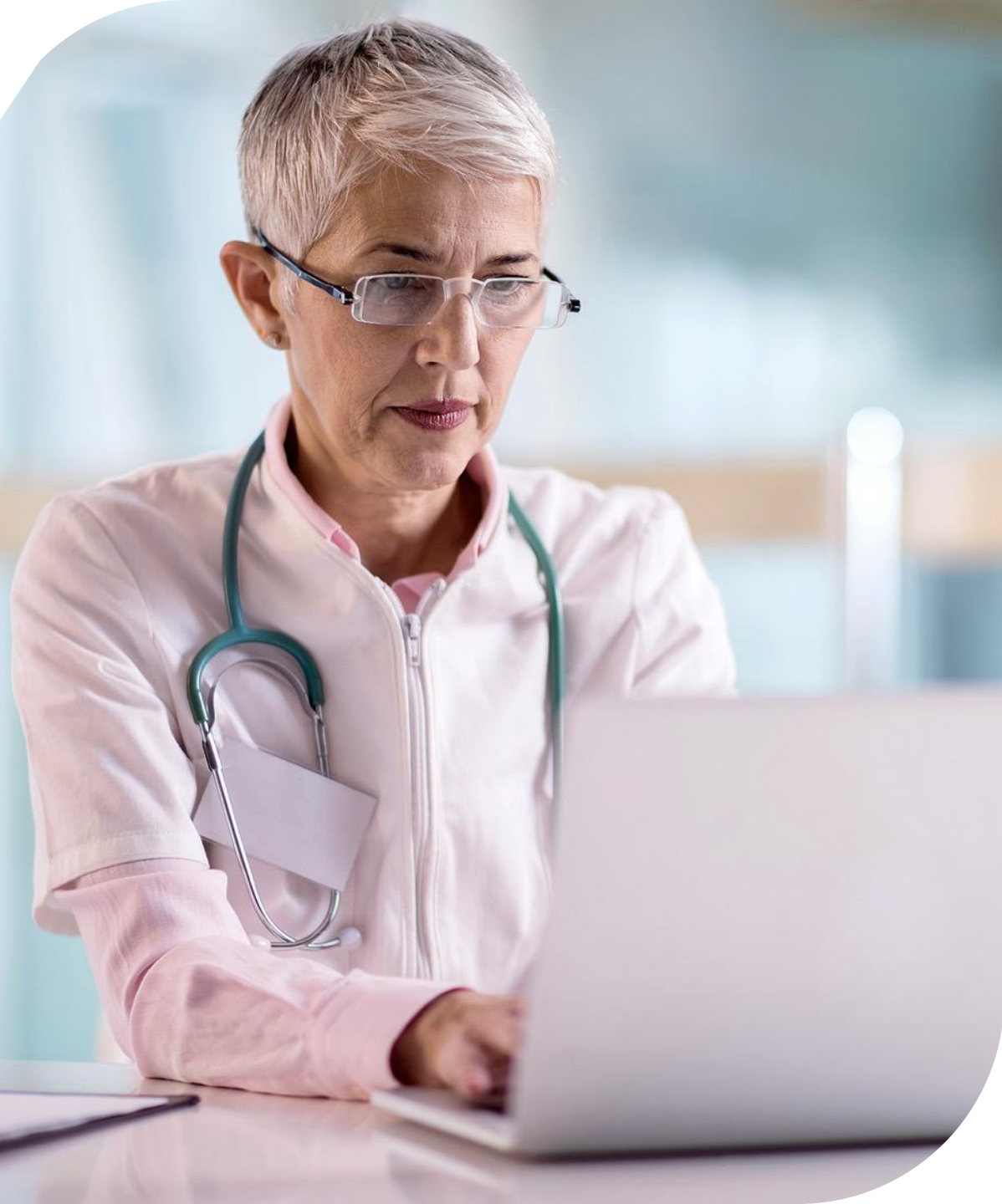
- + **Save time:** Quicker process than requests by phone or fax
- + **Available 24/7**
- + **Save your progress:** If you need to step away, you can save your progress and resume later
- + **Upload additional clinical information:** No need to fax in supporting clinical documentation, it can be uploaded 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

By phone: **866-668-9659**

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

To request a Prior Authorization:  
[www.evicore.com](http://www.evicore.com)

Choose the Carecorenational 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

# Necessary Information for Prior Authorization



To obtain prior authorization on the very first submission, the provider submitting the request will need to gather information within four categories:



## Member

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



## Referring (Ordering) Physician

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



## 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**

# Access and Compatibility

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

## Access resources on the EviCore Provider Portal

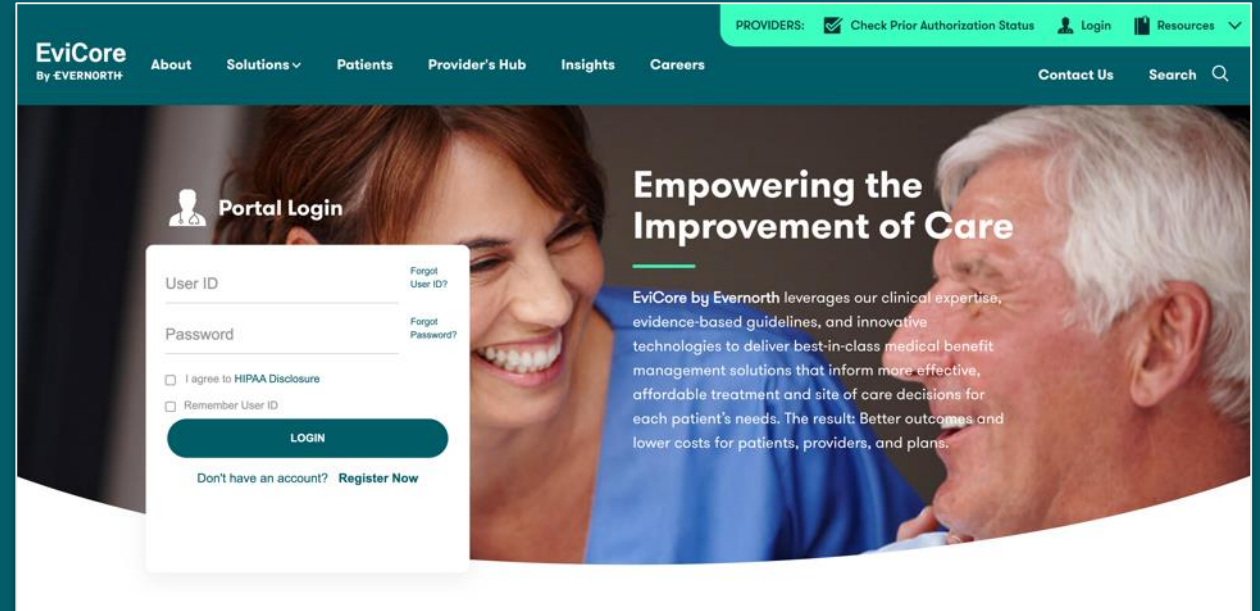
Visit [Health New England Provider Resources | EviCore by Evernorth](#)

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.

# Portal Case Requests

# Welcome Screen | CareCore National

eviCore healthcare

Home Certification Summary Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Perf. Summary Portal Resources Manage Your Account MedSolutions Portal Help / Contact Us

Friday, November 17, 2023 11:50 AM

Providers must be added to your account before cases can be submitted over the web. Please select "Manage Account" to add providers.

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

Welcome to the CareCore National Web Portal. You are logged in as [redacted].

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

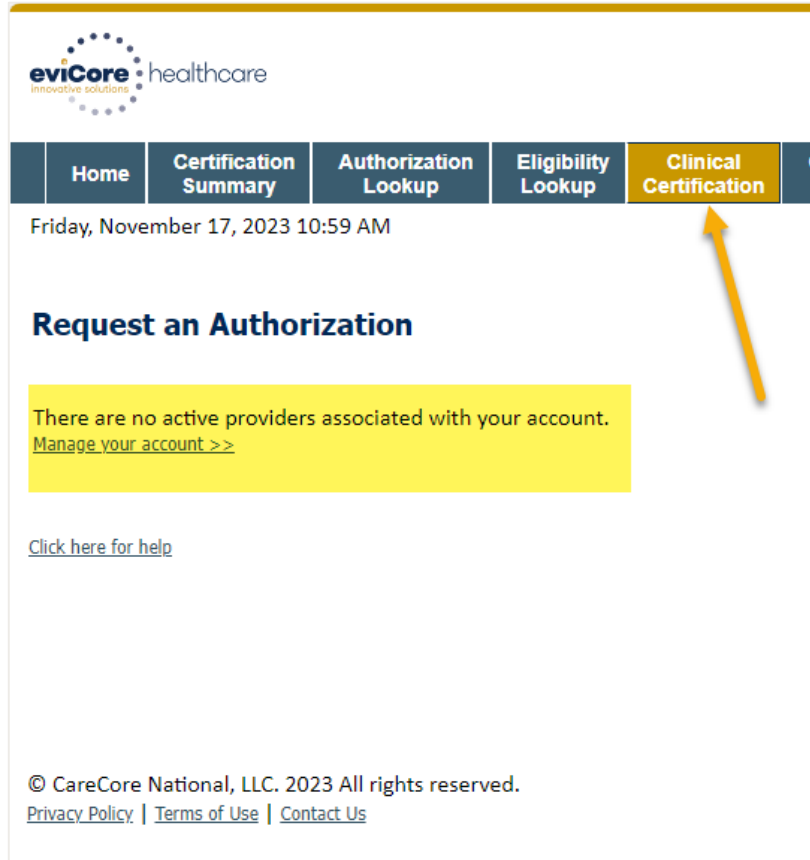
add providers

toggle to other portal

You can access the MedSolutions Portal at any time Click the MedSolutions Portal on the banner to seamlessly toggle back and forth between the two portals.

Any authorizations requested prior to **2025** can still be viewed on the MedSolutions portal.

# Clinical Certification Request | Initiating a Case

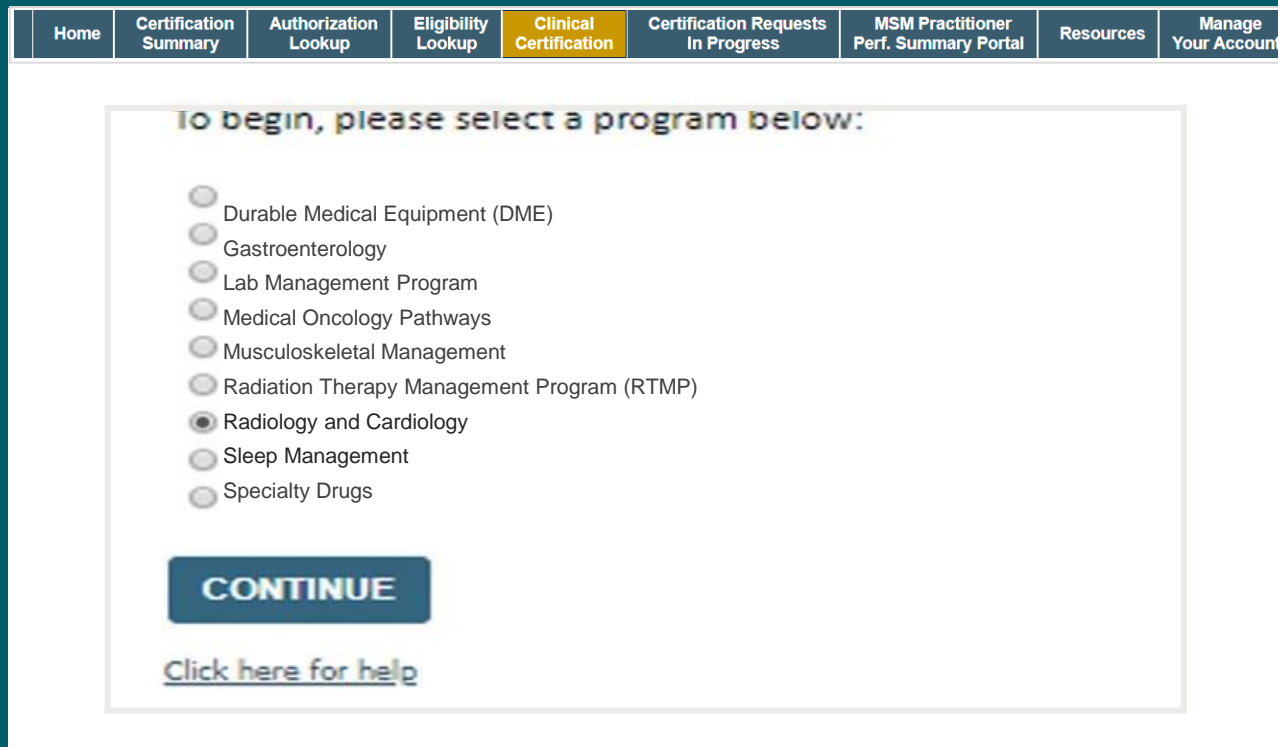


Click **Clinical Certification** to begin a new request

If you did not add providers to your account, you will get the message that **“There are no active providers associated with your account.”** Then, click the link to **“Manage your account.”**

# Initiating a Case

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



The screenshot displays a web application interface for initiating a clinical certification request. At the top, a navigation bar contains several tabs: 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, a large light gray box contains the instruction "To begin, please select a program below:". Under this instruction is a list of nine medical programs, each preceded by a radio button. The "Radiology and Cardiology" option is selected, indicated by a filled radio button. Below the list is a blue "CONTINUE" button. At the bottom of the selection box is a link that says "Click here for help".

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
<p>To begin, please select a program below:</p> <ul style="list-style-type: none"><li><input type="radio"/> Durable Medical Equipment (DME)</li><li><input type="radio"/> Gastroenterology</li><li><input type="radio"/> Lab Management Program</li><li><input type="radio"/> Medical Oncology Pathways</li><li><input type="radio"/> Musculoskeletal Management</li><li><input type="radio"/> Radiation Therapy Management Program (RTMP)</li><li><input checked="" type="radio"/> Radiology and Cardiology</li><li><input type="radio"/> Sleep Management</li><li><input type="radio"/> Specialty Drugs</li></ul> <p><b>CONTINUE</b></p> <p><a href="#">Click here for help</a></p>								

# Search for and Select Provider

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

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

Manage Your Account

### Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
SELECT	
SELECT	
SELECT	

If the provider's NPI is not listed above, please use the search feature below to add a new provider and continue with case build.

Search By NPI: 

SEARCH

BACK

CONTINUE

[Click here for help](#)

# Select Health Plan

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

The screenshot displays a web application interface for a Clinical Certification Request. At the top, a navigation bar contains several tabs: 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, the main content area is titled 'Choose Your Insurer'. It shows the 'Requesting Provider' as 'DR. MICHAEL, M.D. (123456789)'. A message states: 'Please select the insurer for this authorization request.' Below this message is a dropdown menu with the placeholder text 'Please Select a Health Plan'. At the bottom of the form are two buttons: 'BACK' and 'CONTINUE'.

# 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

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

[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**, including: patient ID number, date of birth, and last name then click **ELIGIBILITY LOOKUP**
- + Confirm your patient's information and click **SELECT** to continue

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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## Patient Eligibility Lookup

Patient ID: \*

Date Of Birth: \*  MM/DD/YYYY

Patient Last Name Only: \*  [?]

**ELIGIBILITY LOOKUP**

**BACK**

[Click here for help](#)

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
<b>SELECT</b>	000000000000000000000000		WINTER, JONATHAN	6/28/1982	M	2825 LANTANA RD DOVER, PA 17940

**BACK**

# Enter Requested Procedure and Diagnosis

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

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

Manage Your Account

### Requested Service + Diagnosis

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

#### Radiology Procedures

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

73721

MRI LOWER EXTREMITY JOINT W/O

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

#### Diagnosis

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

r68.89

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

Select a Secondary Diagnosis Code (Lookup by Code or Description)  
*Secondary diagnosis is optional for Radiology*  
[LOOKUP](#)

[BACK](#)

[Click here for help](#)

# Verify Service Selection

- + Verify requested service & diagnosis
- + Edit any information if needed by selecting **Change Procedure** or **Primary Diagnosis**
- + Click **CONTINUE** to confirm your 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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### Requested Service + Diagnosis

Confirm your service selection.

**Procedure Date:** TBD  
**CPT Code:** 73721  
**Description:** MRI LOWER EXTREMITY JOINT W/O  
**Primary Diagnosis Code:** R68.89  
**Primary Diagnosis:** Other general symptoms and signs  
**Secondary Diagnosis Code:**  
**Secondary Diagnosis:**  
[Change Procedure or Primary Diagnosis](#)  
[Change Secondary Diagnosis](#)

**BACK** **CONTINUE**

[Click here for help](#)

# Site Selection

- + 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

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

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Resources

Manage Your Account

Add Site of Service

Specific Site Search

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

NPI:

Zip Code:

Site Name:

TIN:

City:

☒ Exact match

☐ Starts with

LOOKUP SITE

# Clinical Certification

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

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.**

BACKCONTINUE

# 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

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	<b>Clinical Certification</b>	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):

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

### Proceed to Clinical Information

Is this case Routine/Standard?

# Proceed to Clinical Information

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

## Example Questions

### Proceed to Clinical Information

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

SUBMIT

### Attention!

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

YES

NO

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

SUBMIT

☐ Finish Later

### Did you know?

You can save a certification request to finish later.

# Request for Clinical Upload

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

## Tips:

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

+	+	+	+	+	+	+	+	+	+	+
+	+	+	+	+	+	+	+	+	+	+

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

### Proceed to Clinical Information

#### Clinical Upload

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

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

Choose File

Test clinical.docx

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

UPLOAD

SKIP UPLOAD

# Criteria Met

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

### Summary of Your Request

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

Your case has been Approved.

Provider Name:	DR. BHARATH MANU ARKARA VETTU	Contact:	Self
Provider Address:	1300 6TH AVE N SAINT CLOUD, MN 56303	Phone Number:	(320) 254-1000
		Fax Number:	(320) 254-1000
Patient Name:	WILLIAM WILSON	Patient Id:	007744070
Insurance Carrier:	WILLIAM WILSON		
Site Name:	CLINICAL RESEARCH CENTER LLC	Site ID:	0000000
Site Address:	8711 LINDSEY BLVD CLINICAL, FL 32710		
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided		
CPT Code:	73721	Description:	MRI LOWER EXTREMITY JOINT W/O
Authorization Number:	00000000		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL

PRINT

CONTINUE

# Additional EviCore Provider Portal Features

# Web Portal Services

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**We're here to help**

**Tech/Web Support**

Live chat is available M-F 7AM-7PM EST

**START LIVE CHAT**

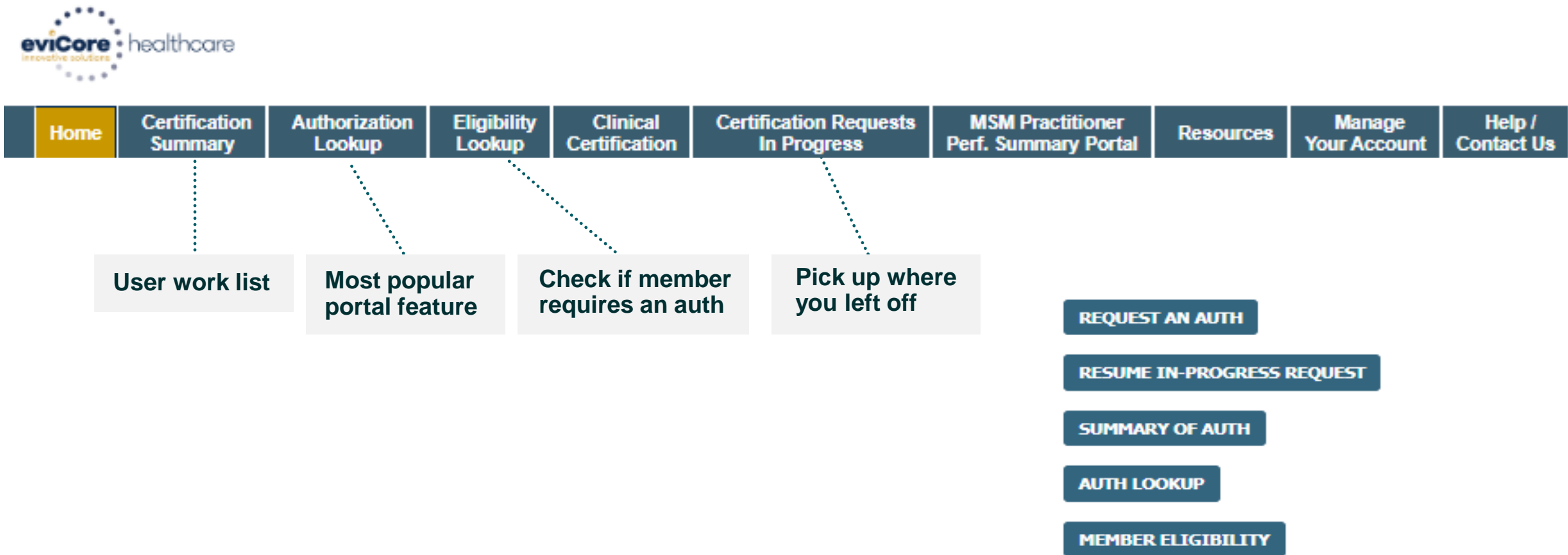
Email: [portal.support@evicore.com](mailto:portal.support@evicore.com)

Phone: [800-646-0418](tel:800-646-0418)  
[option 2](#)

- Email: [portal.support@evicore.com](mailto:portal.support@evicore.com)
- Call a Web Support Specialist at (800)646-0418 (Option 2)
- Connect with us via Live Chat on the EviCore Provider Resource Page at [Provider's Hub | EviCore by Evernorth](#)

**CHAT WITH US**

# +Provider Portal | Feature Access



# Certification Summary | User Worklist

Home

Certification Summary

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Eligibility Lookup

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Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

Manage Your Account

Help / Contact Us

MedSolutions Portal

Certification Summary

Search.. 🔍 ☰

<< < > >> Page 1 of 0 10 ▼

Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description	Site Name	Expiration Date	Correspondence	Upload Clinical
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>					

<< < > >> Page 1 of 0 10 ▼

- Certification Summary tab allows you to track recently submitted cases
- The work list can also be filtered

# Authorization Lookup | Popular Tool

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

**Authorization Lookup**

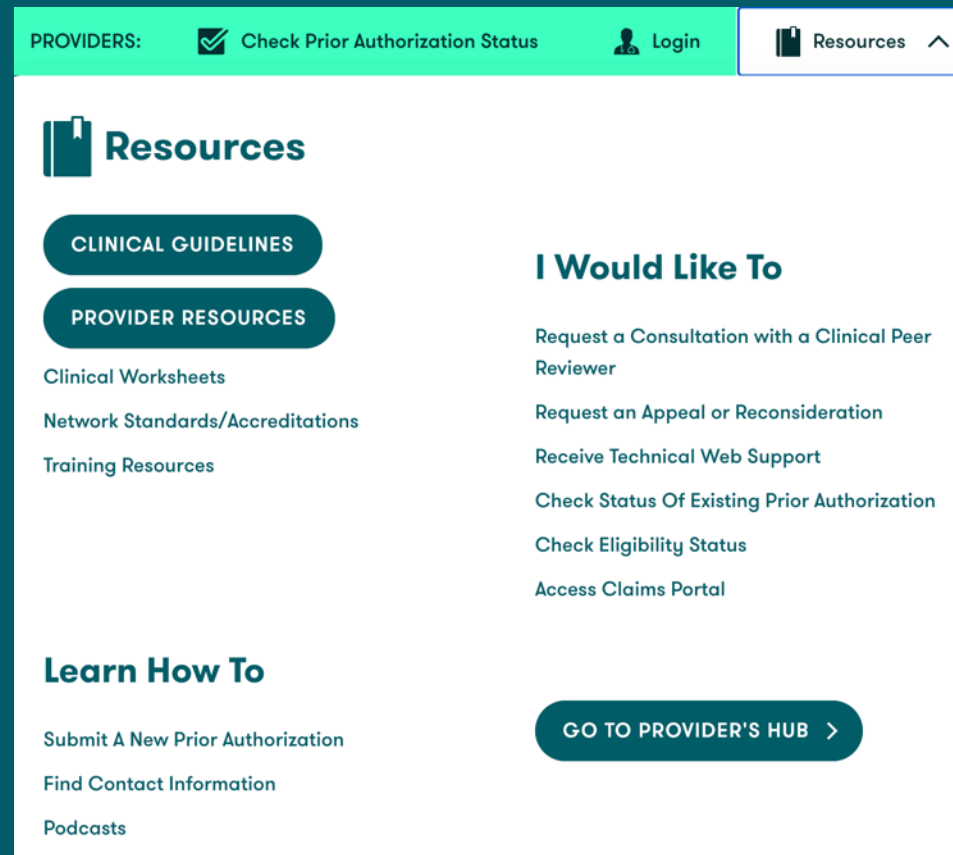
☐ Search by Member Information ☐ Search by Authorization Number/ NPI

- You can lookup an authorization case status on the portal
- Search by member information OR
- Search by authorization number with ordering NPI
- Initiate Appeals and/or Schedule Peer to Peers
- View and print any correspondence

# Quick Reference Tool

Where can I locate plan-specific contact information?

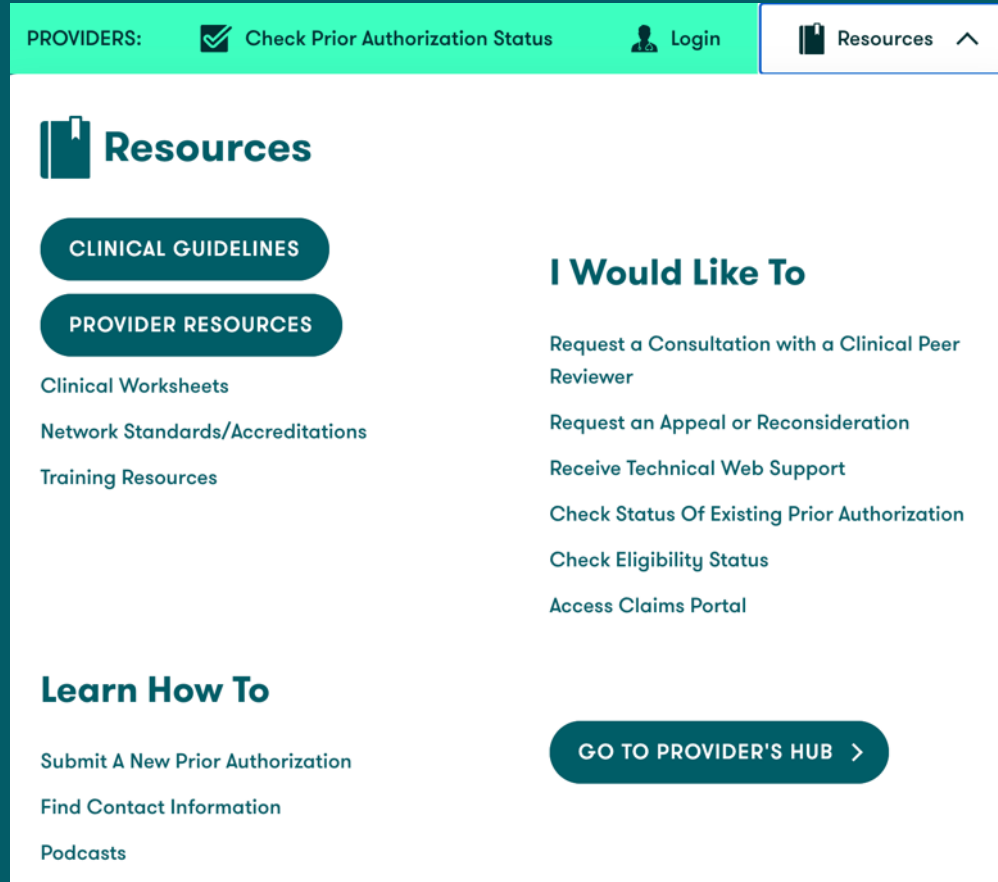
1. Open the **Resources** menu in the top right of the browser
2. Select **Find Contact Information**
3. Use **Select a Health Plan** and **Select a Solution** to populate the contact phone and fax numbers
  - + This will also advise which portal to use for case requests



# EviCore Provider's Hub

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

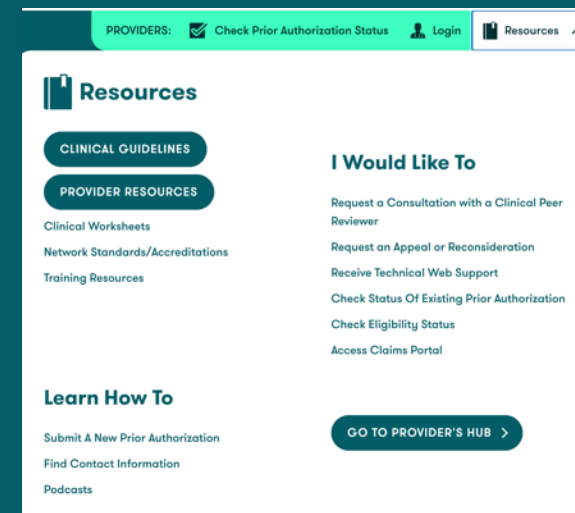
1. Open the **Resources** menu in the top right of the browser
2. Select **GO TO PROVIDERS HUB** to access clinical guidelines, schedule consultations (P2P), and more



# Clinical Guidelines

## How do I access EviCore's clinical guidelines?

1. Open the **Resources** menu in the top right of the browser
2. Select **Clinical Guidelines**
3. Select the solution/program associated with the requested guidelines
4. Search by health plan name to view clinical guidelines
5. If you would like to view all guidelines, type in "EviCore healthcare" as your health plan



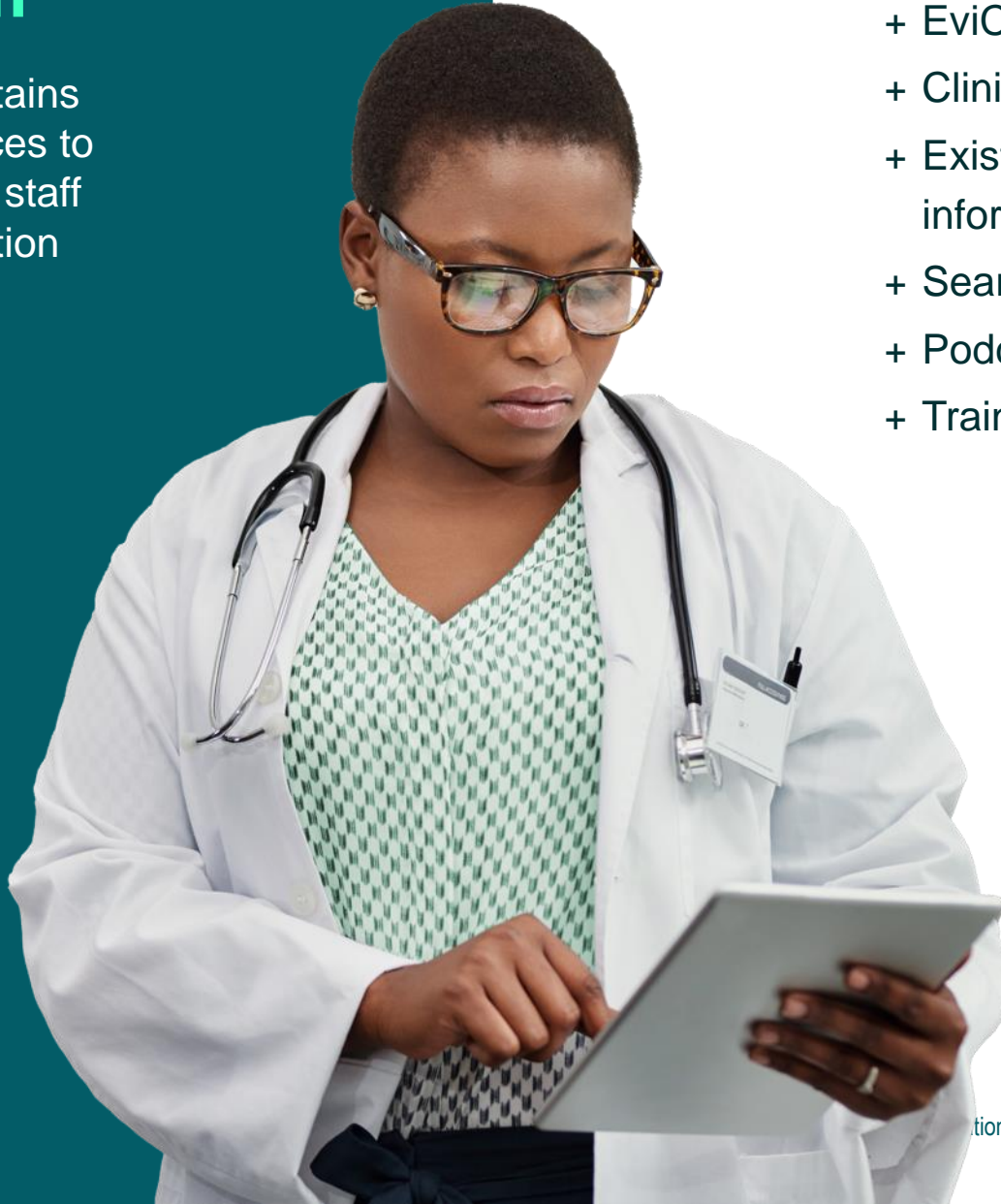
*EviCore coverage policies include background and supporting information and citations for sources used to develop the policy. Some clinical policies may have a supplemental literature summary available which will provide additional commentary regarding clinical benefits and harms to the patient population 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.*

Search by Health Plan ... 

# 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 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

# Contact eviCore's Dedicated Teams

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## Client and Provider Services

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

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

## Web-Based Services and Portal Support

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

## Provider Engagement

Regional team that works directly with the provider community.

**Pat Allen, Sr. RPEM: ME, MA, NH, RI, CT, VT, IL**

- Email: [pallen@evicore.com](mailto:pallen@evicore.com)
- phone: 800-918-8924 x24176.



## Call Center/ Intake Center

Call 866-668-9659 representatives are available from 7 a.m. to 7 p.m. local time.

# +Provider Resources on eviCore.com

eviCore maintains provider resource pages that contain health plan specific, and solution specific, educational materials to assist providers and their staff on a daily basis.

**This page will include:**

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

To access these helpful resources, visit [Health New England Provider Resources | EviCore by Evernorth](#)

❗ **eviCore also maintains online resources not specific to health plans, such as Guidelines and our required clinical information checklist.**

To access these helpful resources, visit [eviCore's Provider Hub](#)

# Peer-to-Peer (P2P) Scheduling Tool

# Schedule a P2P Request (CCN)

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](https://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\*

## 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**

\*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 →

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	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	-	-	-
<a href="#">Show more...</a>	<a href="#">Show more...</a>	<a href="#">Show more...</a>	<a href="#">Show more...</a>	-	-	-

# P2P Contact Details

1. Use the radial button option to select who will perform the P2P with the EviCore Medical Director
2. Open fields will manually open to input the provider's First, Last Name and their credential

**P2P Contact Details**

**Appointment Details**

Fri 5/24/2024

7:00 am PDT

Tamara Fackler

**Who will be performing the P2P consultation?** *Required*

☐ Requesting Provider
 ☐ Contact Person
 ☐ Someone else

PROVIDER
 

**Name of Referring Physician on Case** *Required*

**Credential** *Required*

CONTACT PERSON
 

**Contact First Name** *Required*

**Contact Last Name** *Required*

**Contact Person Location** *Required*

**EviCore**  
By EVERNORTH

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# 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

**P2P Info**

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

**Case Info**

1st Case	
Case #	
Episode ID	
Member Name	
Member DOB	
Member State	
Health Plan	
Member ID	
Case Type	MSK Spine Surgery
Level of Review	Reconsideration P2P

**P2P Contact Details**

Name of Provider Requesting P2P: Dr. Jane Doe

Contact Person Name: Office Manager John Doe

Contact Person Location: Provider Office

Phone Number for P2P: (555) 555-5555

Phone Ext.: 12345

Alternate Phone: (xxx) xxx-xxxx

Phone Ext.: Phone Ext.

Requesting Provider Email: droffice@intemet.com

Contact Instructions: Select option 4, ask for Dr. Doe

**Submit**

**Scheduling**

**Scheduled**

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

**SCHEDULED**

# Call Notes

1. Use the radial button to select options if applicable
2. If 'Procedure was performed on' is selected, the date is required

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Contact Instructions

Contact Instructions

Call Notes

☐ ALT REC declined

☐ Procedure was performed on:

☐ Caller requested MD Specialty match

☐ Appeal LOR attestation requirement

☐ OH State Regulation: Member Consent obtained

☐ TX licensed physician - Caller is aware P2P does not meet SSL match and wants to proceed with P2P per same-specialty match requirement.

☐ TX licensed same specialty - Caller is aware P2P does not meet TX SSL/specialty match and wants to proceed with P2P

Schedule Appointment

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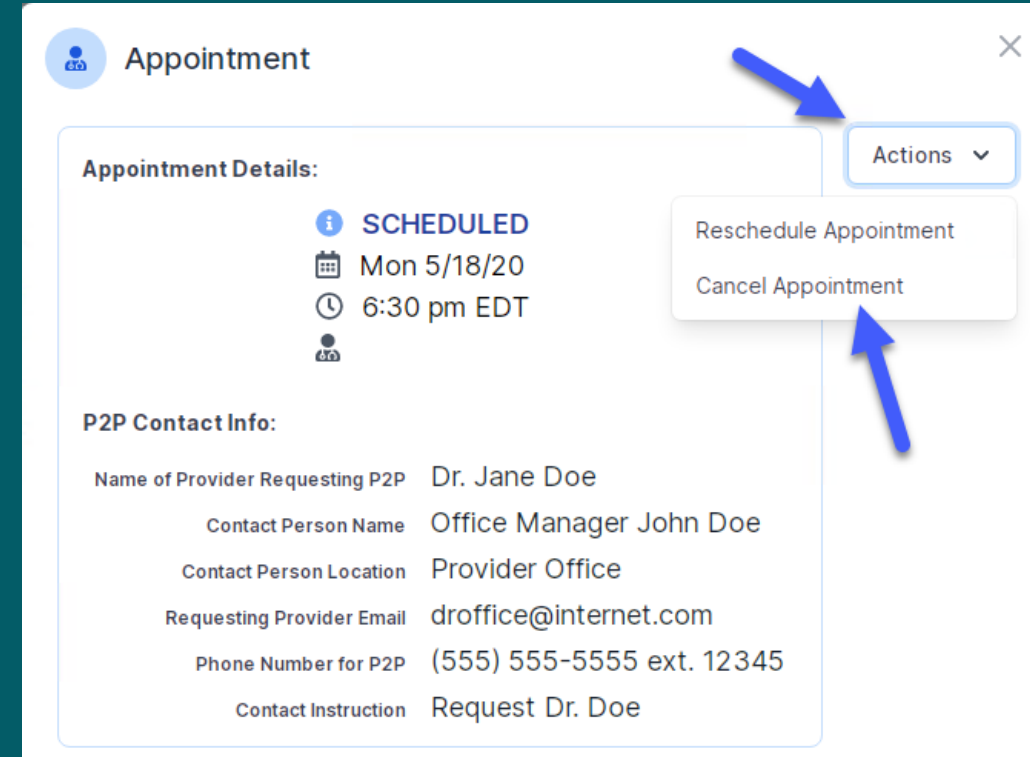
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# Cancel or Reschedule a P2P Appointment

## 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



# Contacts and Helpful Links

## Web-Based Services

[portal.support@evicore.com](mailto:portal.support@evicore.com)  
800-646-0418, option 2

## Client Provider Operations

[clientservices@evicore.com](mailto:clientservices@evicore.com)  
800-646-0418 (option 4)

## Provider Engagement:

Patricia Allen  
Sr. Regional Provider Engagement Manager

[pallen@evicore.com](mailto:pallen@evicore.com)  
800-918-8924 x24176

## Worksheets

[evicore.com/provider/online-forms](https://evicore.com/provider/online-forms)

## Clinical Guidelines

[evicore.com/provider/clinical-guidelines](https://evicore.com/provider/clinical-guidelines)

## Request a Clinical Consultation

[evicore.com](https://evicore.com)



Thank You