

# Radiology/Cardiology/ Vascular Intervention

Provider Orientation Session  
for Zing Health  
February, 2025



# Agenda

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## **Solutions Overview**

Radiology/Cardiology/Vascular Intervention

## **Submitting Requests**

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

## **EviCore Provider Portal**

Overview, Features & Benefits

## **Provider Resources**

## **Questions & Next Steps**

## **Appendix**

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# Radiology, Cardiology and Vascular Intervention

EviCore healthcare will begin accepting prior authorization requests for Radiology, Cardiology and Vascular Intervention services on February 1, 2025 for dates of service February 1, 2025 and beyond.

Applicable Membership	Prior Authorization does NOT apply to services that are:	Provider Resource Page
<ul style="list-style-type: none"><li>Medicare</li></ul>	<ul style="list-style-type: none"><li>Emergency Room Services</li><li>23 Hour Observations</li><li>Inpatient Stays</li></ul>	<p>Providers and/or staff can utilize Zing Health's Provider Resource page to access a list of covered CPT codes, Clinical Worksheets, FAQs, Quick Reference Guides and additional educational materials by visiting:</p> <p><a href="#">Zing Health Provider Resources   EviCore by Evernorth</a></p>

Providers should contact Zing Health's Customer Service number (866-949-4458) for questions regarding Member Benefits and to determine if a provider is in network.

# + Radiology

## Covered Services:

### +Advanced imaging services

- CT
- MRI
- PET
- Nuclear Medicine
- 3D Imaging

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

[Zing Health Provider Resources | EviCore by Evernorth](#)



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# +Cardiology and Vascular Intervention

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## Covered Services:

### +Advanced imaging

- Nuclear Cardiology (SPECT & PET)
- Echo Stress Testing (XSE)
- Cardiac CT & MRI
- Echocardiography
- Diagnostic Heart Catheterization



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# Vascular Intervention



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

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



# Submitting Requests

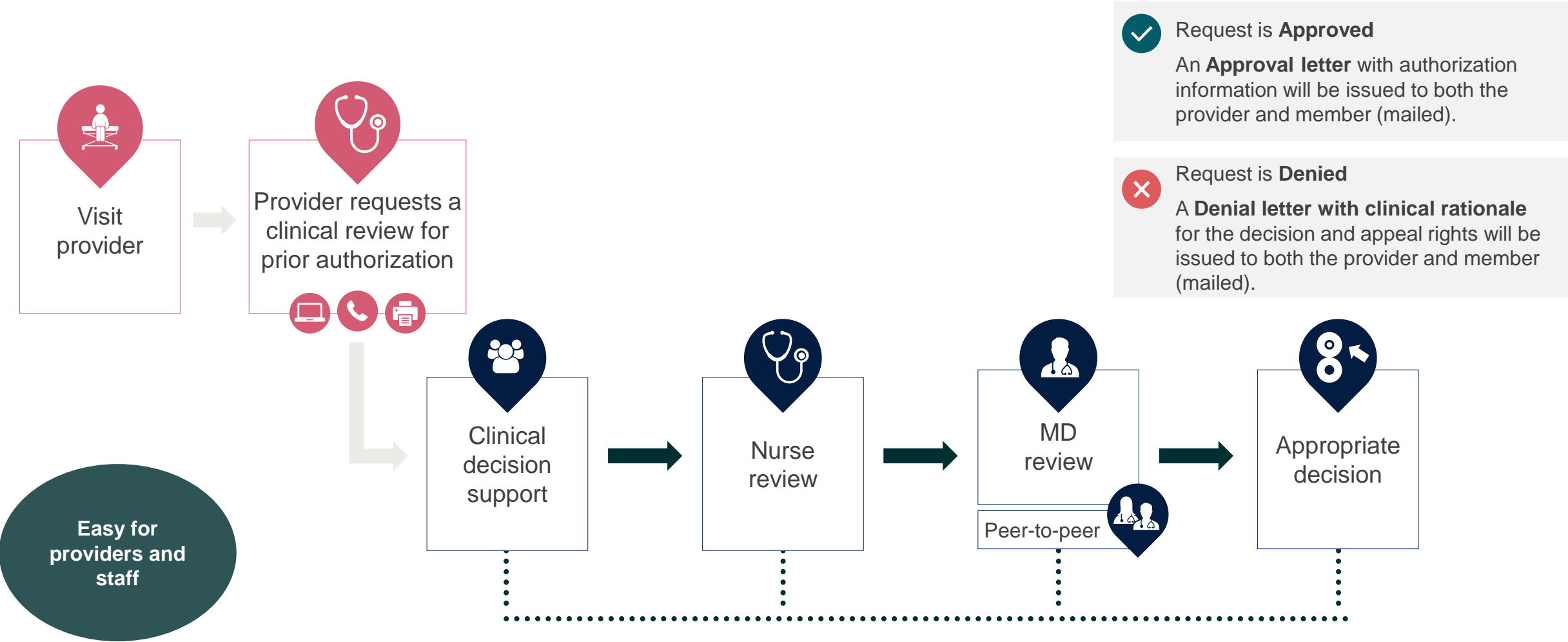
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# Utilization Management | Prior Authorization





# How to Request Prior Authorization

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

- **Save time:** Quicker process than requests by phone or fax
- **Available 24/7**
- **Save your progress:** If you need to step away, you can save your progress and resume later
- **Upload additional clinical information:** No need to fax in supporting clinical documentation, it can be uploaded on the portal
- **View and print determination information:** Check case status in real-time
- **Dashboard:** View all recently submitted cases
- **E-notification:** Opt-in to receive email notifications when there is a change to case status
- **Duplication feature:** If you are submitting more than one request, you can duplicate information to expedite submittals

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

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**By phone: 855-252-1125**  
Monday – Friday  
7 am – 7 pm (local time)

**By fax: 800-540-2406**

# +Necessary Information for Prior Authorization

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

## Member

Health Plan ID  
Member name  
Date of birth (DOB)

## Rendering Facility

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



## Referring (Ordering) Physician

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

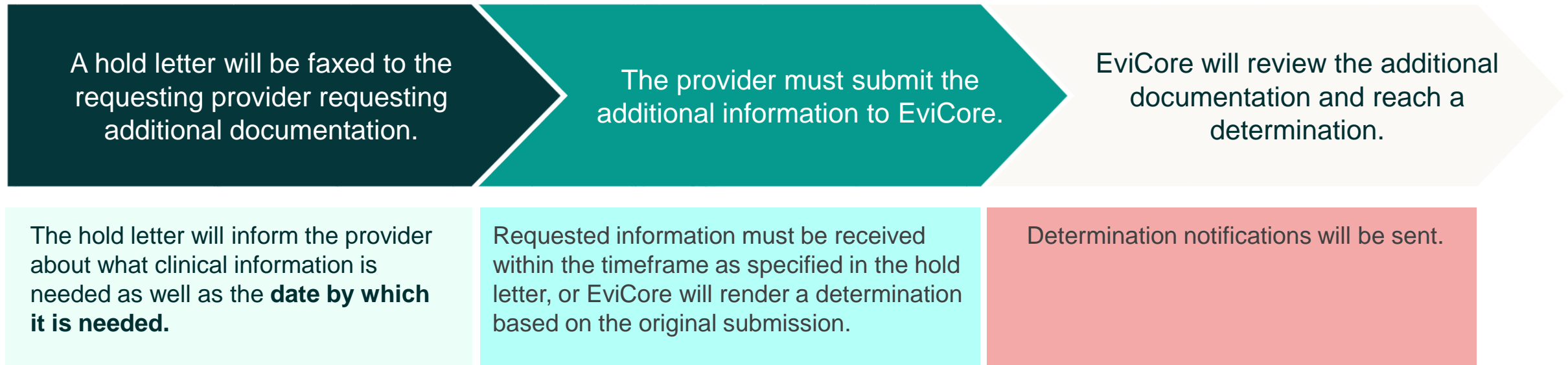
## Supporting Clinical

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

# Insufficient Clinical | Additional Documentation Needed

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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:



# Pre-Decision Options | Medicare Members

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

Before a denial decision is issued on Medicare cases, EviCore will notify providers telephonically and in writing. From there, additional clinical information must be submitted to EviCore in advance of the due date referenced.

**There are three ways to supply the requested information:**

1. **Fax** to 800-540-2406
2. **Upload** directly into the case via the provider portal at [EviCore.com](https://www.evicore.com)
3. **Request a Pre-Decision Clinical Consultation**  
This consultation can be requested via the EviCore website (**see slide 45 for instructions**), and must occur prior to the due date referenced

**Important to note:** If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is not held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed.

**Once the determination is made, notifications will go out to the provider and member, and status will be available on [EviCore.com](https://www.evicore.com).**



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

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# Prior Authorization Determination Outcomes

## Determination Outcomes

- **Approved Requests:** Radiology and Cardiology authorizations are valid for 45 calendar days. Vascular Interventional authorizations are valid for 90 calendar days. If the service is not performed within the timeframe, please contact EviCore.
- **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, including denied Site of Care (if applicable)
- **Denied Requests:** If a request is determined as inappropriate based on evidence-based guidelines, a notification with the rationale for the decision and post-decision/ appeal rights will be issued.

## Notifications

- Authorization letters will be faxed to the ordering physician.
- Web-initiated cases will receive e-notifications if a user opted in to this method.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the [EviCore portal](#).



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# Special Circumstances

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## Retrospective Authorization Requests

- Must be submitted within 2 business days from the date of service
- Any submitted beyond this timeframe will be administratively denied
- Reviewed for **clinical urgency** and medical necessity
- When authorized, the start date will be the submitted date of service

## Urgent Prior Authorization Requests

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



# Special Circumstances (cont.)

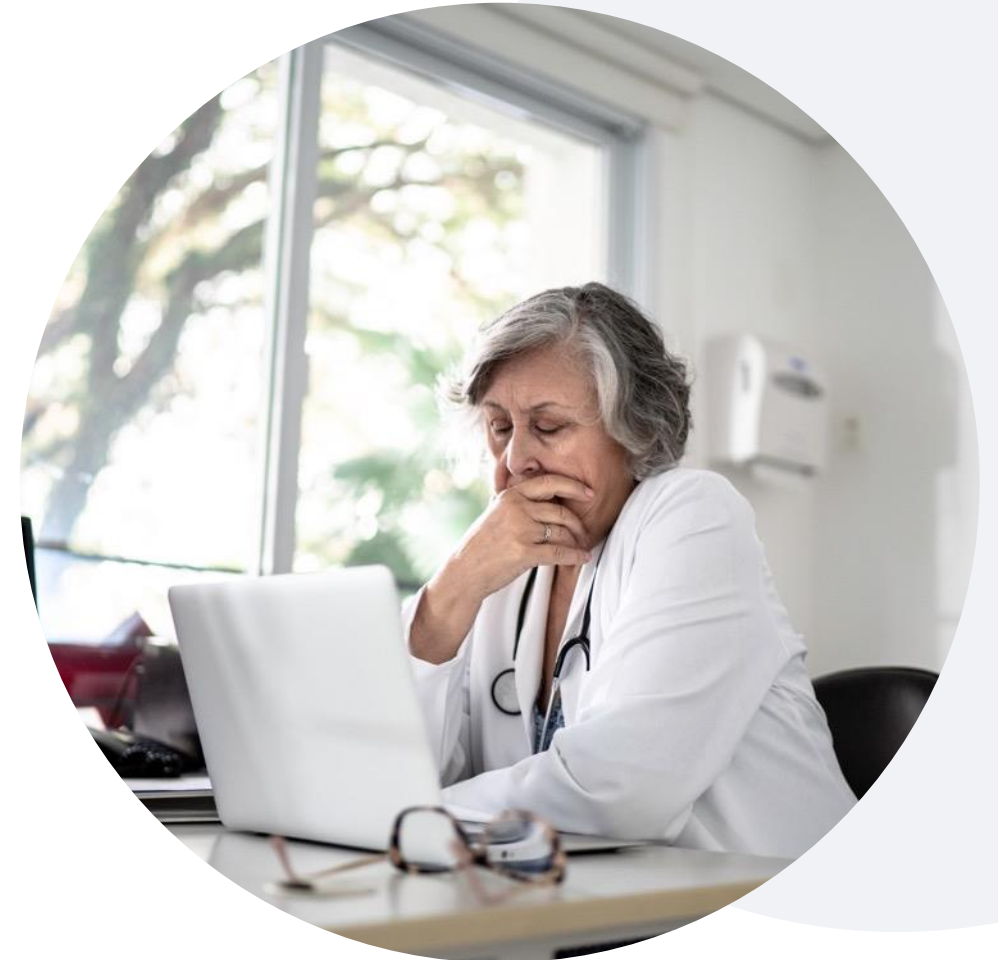
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## +Alternative Recommendation

- An alternative recommendation may be offered based on EviCore's evidence-based clinical guidelines
- The ordering provider can accept the alternative recommendation by building a new case
- Providers must contact EviCore to accept the alternative recommendation before the service is performed

## +Authorization Update

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



# Post-Decision Options Medicare Members

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## My case has been denied. What's next?

### Clinical Consultation

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

### Reconsideration

- Medicare cases do not include a reconsideration option

### +Appeals

- EviCore **is not delegated for** appeals.



- All clinical information and the prior authorization request will be reviewed by a physician other than the physician who made the initial determination.
- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider.

# EviCore Provider Portal

# +EviCore Provider Portal | Features

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## +Eligibility Lookup

- Confirm if patient requires clinical review

## +Clinical Certification

- Request a clinical review for prior authorization on the portal

## +Prior Authorization Status Lookup

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

## +Certification Summary

- Track recently submitted cases



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# +EviCore Provider Portal | Access and Compatibility

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

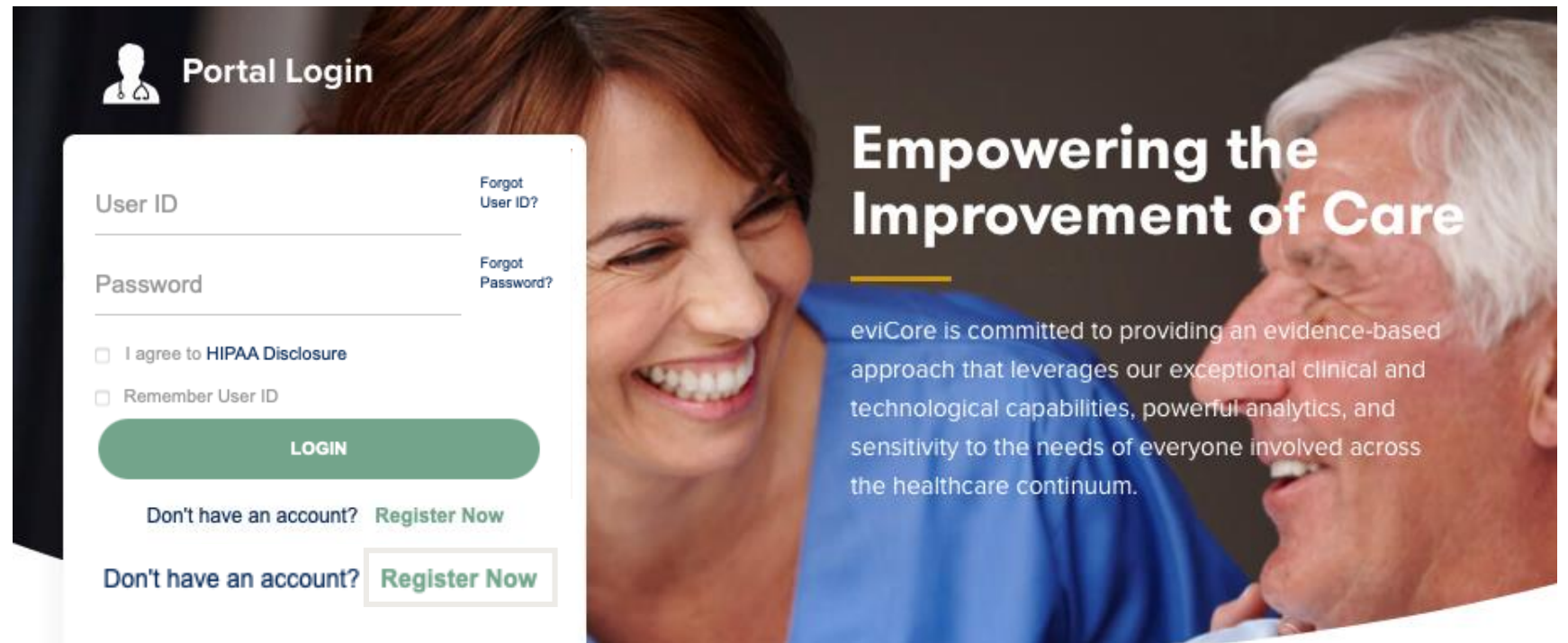
To access resources on the EviCore Provider Portal, visit [EviCore.com/provider](https://EviCore.com/provider)

**Already a user?**

**Log in** with User ID & Password

**Don't have an account?**

Click **Register Now**



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

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

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# Setting Up Multi-Factor Authentication (MFA)

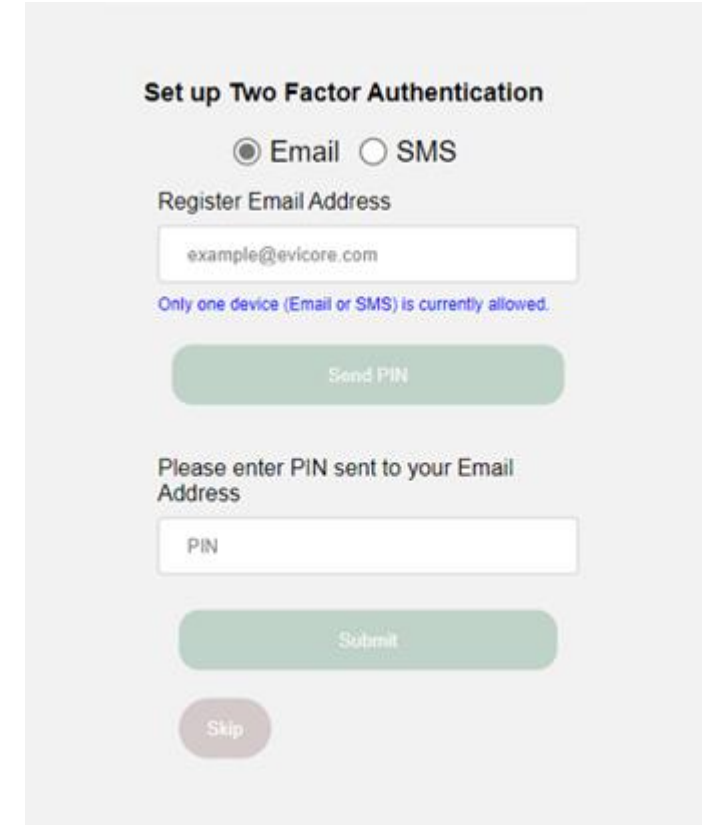
To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

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

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

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

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

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

**Set up Two Factor Authentication**

☒ Email ☐ SMS

Register Email Address

example@evicore.com

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

Send PIN

Please enter PIN sent to your Email Address

PIN

Submit

Skip

# +EviCore Provider Portal | Add Providers



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

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

**Manage Your Account**

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

Address:

Primary Contact:

Email Address:

**ADD PROVIDER**

Click Column Headings to Sort

**CANCEL**

**Add Practitioner**

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

Practitioner NPI

Practitioner State

Practitioner Zip

**FIND MATCHES** **CANCEL**

# Provider Resources

# Contact EviCore's Dedicated Teams

## Client and Provider Services

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

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

## Provider Engagement

Regional team that works directly with the provider community.

### Patricia Allen

- Email: [pallen@EviCore.com](mailto:pallen@EviCore.com)
- Phone: 800-918-8924 x 24176.

## Web-Based Services and Portal Support

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



## Call Center

Call 855-252-1125, representatives are available from 7 a.m. to 7 p.m. local time.

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# +Provider Resource Website

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EviCore's Client and Provider Services team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis.

## This page will include:

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

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

Contact our Client and Provider Services team via email at [ClientServices@EviCore.com](mailto:ClientServices@EviCore.com) or by phone at **1-800-646-0418 (option 4)**

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# EviCore's Provider Newsletter

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Stay up-to-date with our free provider newsletter

+To subscribe:

- Visit [EviCore.com](https://www.EviCore.com)
- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**
- Enter a valid email address



# Provider Resource Review Forum

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

We invite you to attend a **Provider Resource Review Forum** to learn how to navigate [EviCore.com](https://www.evicore.com) and understand all the resources available on the Provider's Hub.

## Learn how to access:

- EviCore's evidence-based clinical guidelines
- Clinical worksheets
- Existing prior authorization request status information
- Search for contact information
- Podcasts & insights
- Training resources

## Register for a Provider Resource Review Forum:

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



# +Provider Resources | Contacts and Helpful Links

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Web-Based Services	<a href="mailto:portal.support@EviCore.com">portal.support@EviCore.com</a>	800-646-0418, option 2
Client Provider Operations	<a href="mailto:clientservices@EviCore.com">clientservices@EviCore.com</a>	
Provider Engagement: Patricia Allen, Sr. Regional Provider Engagement Manager	<a href="mailto:pallen@EviCore.com">pallen@EviCore.com</a>	800-918-8924, ex. 24176
Worksheets	<a href="https://EviCore.com/provider/online-forms">EviCore.com/provider/online-forms</a>	
Clinical Guidelines	<a href="https://EviCore.com/provider/clinical-guidelines">EviCore.com/provider/clinical-guidelines</a>	
Request a Clinical Consultation	<a href="https://EviCore.com">EviCore.com</a>	

# Thank You

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# Appendix

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# Portal Case Submission

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# Initiating a Case

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

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

To begin, please select a program below:

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

CONTINUE

# 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

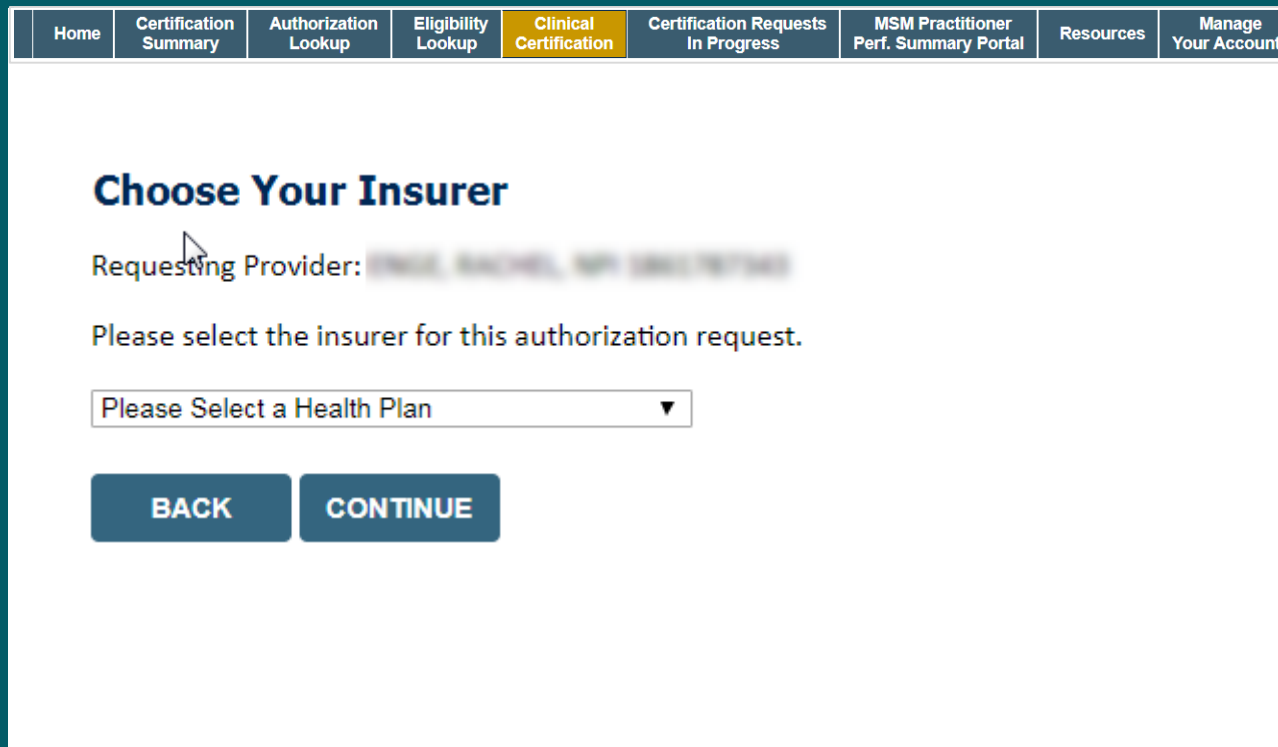
BACK

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 the EviCore Clinical Certification Request interface. At the top is a navigation bar with the following 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. The main content area is titled "Choose Your Insurer". Below the title, it shows "Requesting Provider:" followed by a blurred name. A message states: "Please select the insurer for this authorization request." Below this is a dropdown menu with the placeholder text "Please Select a Health Plan" and a downward arrow. 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 make sure 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>	00000000000000000000000000000000		WINTER, DANIELA	6/28/1982	F	2825 LANTANA RD DOVER, PA 17940

**BACK**

# Enter Requested Procedure and Diagnosis

- + Select appropriate **CPT** and **Diagnosis codes**
- + **Note:** For Vascular Intervention requests, if your code is part of a bundle, all codes in that bundle will automatically be added to the request.

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

## SOLUTION SPECIFIC

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

### Requested Service + Diagnosis

Confirm your service selection.

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

**BACK** **CONTINUE**

[Click here for help](#)

# 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

MSM Practitioner Perf. Summary Portal

Resources

Manage Your Account

Add Site of Service

Specific Site Search

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

NPI:

Zip Code:

Site Name:

TIN:

City:

Exact match

Starts with

LOOKUP SITE

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# +Clinical Certification Request | Clinical Certification

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

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

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

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

BACK

CONTINUE

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

# +Clinical Certification Request | Standard or Urgent Request?

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

**Urgency Indicator**

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

- ☐ A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.
- ☐ A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.
- ☐ None of the above

**Clinical Upload**

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

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

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

**UPLOAD**

## Proceed to Clinical Information

Is this case Routine/Standard?

YES

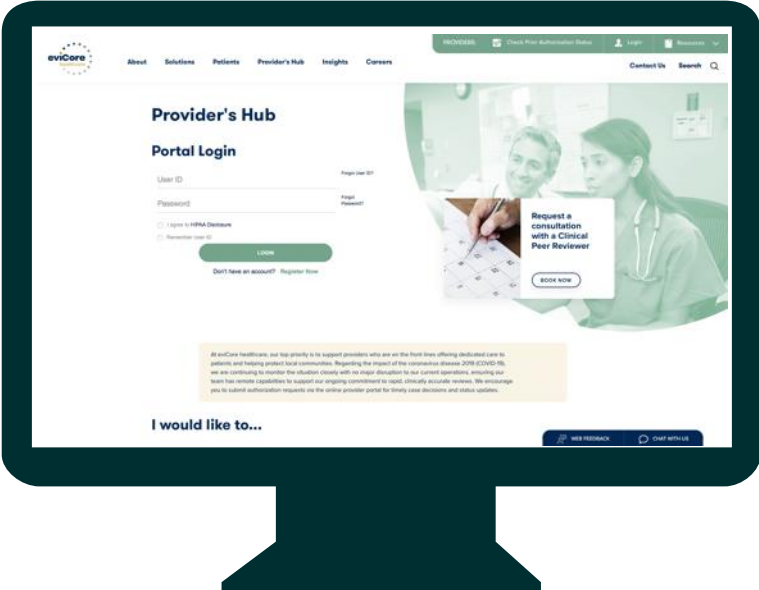
NO

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

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# Improved Provider Experience | Real-Time Decision or Clinical Documentation Upload

A screenshot of the EviCore Clinical Certification page. The page displays a 'Your case has been Approved' message. Below this, there is a table with patient and provider information. The table has two columns: 'Provider Name' and 'Patient Name'. The 'Provider Name' column contains 'DR. JYH-HAUR LU' and '3916 PRINCE ST FLUSHING, NY 11354'. The 'Patient Name' column contains 'GARY TURCO' and 'AETNA'. The 'Contact' column contains 'WED (646) 409-4402' and '(718) 888-9025'. The 'Site Name' column contains 'PARK PLACE MEDICAL IMAGING' and '255 GREENWICH STREET NEW YORK, NY 10007'. The 'Site ID' column contains '73C73C'. The 'Primary Diagnosis Code' is 'R51' and the 'Description' is 'Headache'. The 'Secondary Diagnosis Code' is '72148' and the 'Description' is 'MRI LUMBAR SPINE W/O CONTRAST'. The 'Date of Service' is 'Not provided'. The 'Authorization' is 'A123615501'. The 'Review Date' is '7/30/2019 7:39:39 PM'. The 'Status' is 'Your case has been Approved.'.

You'll be asked to complete a short series of clinical questions which may result in an immediate approval. If an immediate approval does not occur, you'll be prompted to upload clinical information.


A screenshot of the EviCore Clinical Certification page, showing the 'Clinical Upload' section. The page prompts the user to 'Please upload any additional clinical information that justifies the medical necessity of this request.' Below this, there is a section for 'Browse for file to upload (max size 5MB, allowable extensions .DOC, .DOCK, .PDF):'. There are five 'Choose File' buttons, each followed by 'No file chosen'. At the bottom, there are 'UPLOAD' and 'SKIP UPLOAD' buttons. A 'BACK' button is also visible.

# +Clinical Certification Request

## Proceed to Clinical Information

### 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**

**Attention!**

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

**YES** **NO**

 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.

- **Clinical Certification** questions may populate based on the information provided
- You can save your request and finish it later if needed (**Note:** You will have to finish the case by the end of the day or it will expire)
- Select **Certification Requests in Progress** to resume a saved request



# Clinical Certification Request | Request for Clinical Upload

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

Required Medical information checklist

Browse for file to upload (max size 25MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

UPLOAD

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Required Medical Information Check List

Radiology

☐ Rule out/diagnosis

☐ Symptoms

☐ Physical Exam findings

☐ Treatment such as medications, physical therapy, surgery; chemotherapy. Please include dates and duration of treatment.

☐ Re-evaluation post treatment for some indications

☐ Recent relevant imaging

☐ Recent relevant laboratory work

☐ Pertinent medical history and family history

☐ For imaging exam requests for cancer, indicate if the exam is requested for initial staging or restaging following treatment or surveillance. Please provide the type and stage of cancer, date of diagnosis, type of treatment and date of treatment completion.

If **additional information** is required, you will have the option to upload more clinical information. Review the list of *required medical information* EviCore requires in order for the prior authorization to meet medical necessity.

### 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

EviCore • Direct link to document: [Required Medical Information Check List.pdf \(evicore.com\)](#)

# +Clinical Certification Request | Criteria Met

Summary of Your Request

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

Your case has been Approved.

Provider Name:	DR. BHARATH MANU ARJARA VEETIL	Contact:	None
Provider Address:	1200 6TH AVE NW SAINT CLOUD, MN 56301	Phone Number:	(320) 254-1000
		Fax Number:	(320) 254-1000
Patient Name:	BARBARA WALKER	Patient Id:	867543210
Insurance Carrier:	WELLS FARGO		
Site Name:	CLINICAL RESEARCH CENTER LLC	Site ID:	1234567
Site Address:	875 LAMAR BLVD SE COLUMBUS, GA 31906		
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	MRI LOWER EXTREMITY JOINT W/O
CPT Code:	73721		
Authorization Number:	0000000000		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		
<div><div>CANCEL</div><div>PRINT</div><div>CONTINUE</div></div>			

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

# Peer-to-Peer (P2P) Scheduling Tool

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By **EVERNORTH**

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2/3/2025

# Provider Resources | Schedule a P2P Request

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

## Authorization Lookup

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



P2P AVAILABILITY

P2P AVAILABILITY

[Request Peer to Peer Consultation](#)

## Authorization Lookup

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



ALL POST DECISION OPTIONS



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

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

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

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

**New P2P Request**

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

Member Date of Birth

[+ Add Another Case](#)

[Lookup Cases >](#)

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

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

**New P2P Request**

Case Ref #: [Remove](#) [P2P Eligible](#)

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

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

[Continue](#)

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

### Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type

Level of Review

MSK Spine Surgery

Reconsideration P2P

### Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

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

Time Zone

US/Eastern

Continue >

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

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

← Prev Week

5/18/2020 - 5/24/2020 (Upcoming week)

Next Week →

1st Priority by Skill

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

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT	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...	-	-	-

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

**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

**Scheduling**

Scheduled

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

**SCHEDULED**

**P2P Contact Details**

Name of Provider Requesting P2P  
Dr. Jane Doe

Contact Person Name  
Office Manager John Doe

Contact Person Location  
Provider Office

Phone Number for P2P  
(555) 555-5555

Alternate Phone  
(xxx) xxx-xxxx

Requesting Provider Email  
droffice@internet.com

Contact Instructions  
Select option 4, ask for Dr. Doe

**Submit**

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

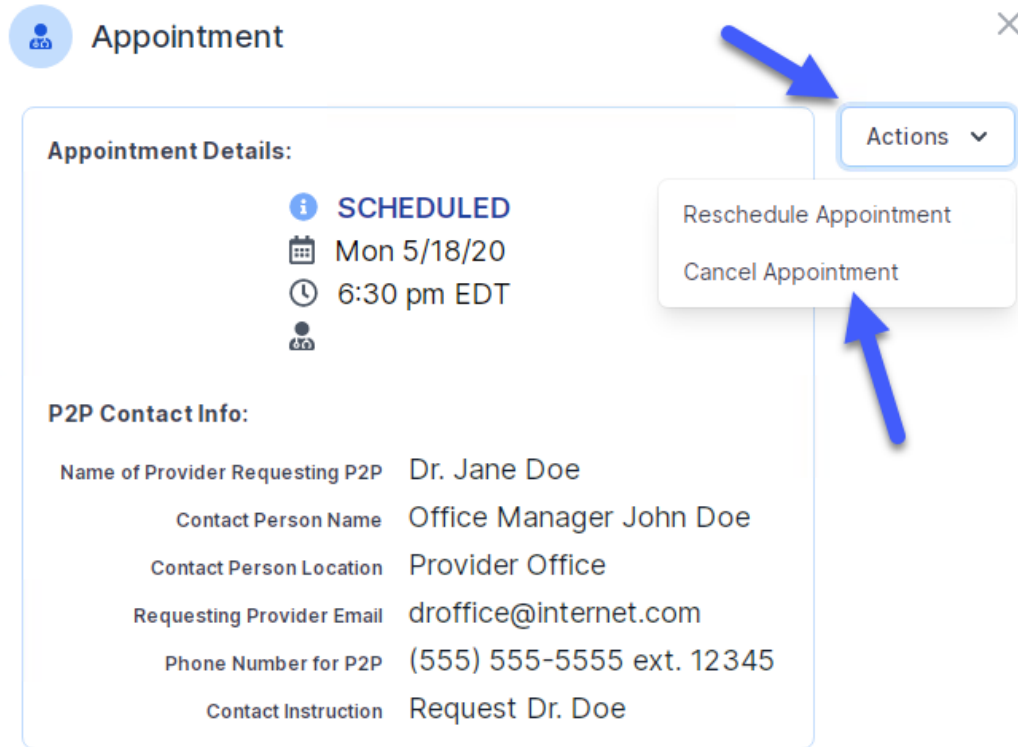
- Name of Provider Requesting P2P
- Phone Number for P2P
- Contact Instructions

Click **Submit** to schedule the appointment

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

Confirm contact details

# +Provider Resources | Cancel or Reschedule a P2P Appointment



The screenshot shows a web interface for managing a P2P appointment. At the top left is a blue circular icon with a person silhouette, followed by the text 'Appointment'. To the right is a close button (X). Below this is a section titled 'Appointment Details:' containing a status indicator 'i SCHEDULED', a date 'Mon 5/18/20', and a time '6:30 pm EDT'. Below this is a section titled 'P2P Contact Info:' containing a list of contact details. To the right of the details is an 'Actions' drop-down menu. A blue arrow points to the 'Actions' menu, and another blue arrow points to the 'Reschedule Appointment' option in the expanded menu.

Appointment

Appointment Details:

**SCHEDULED**

Mon 5/18/20

6:30 pm EDT

P2P Contact Info:

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

Actions

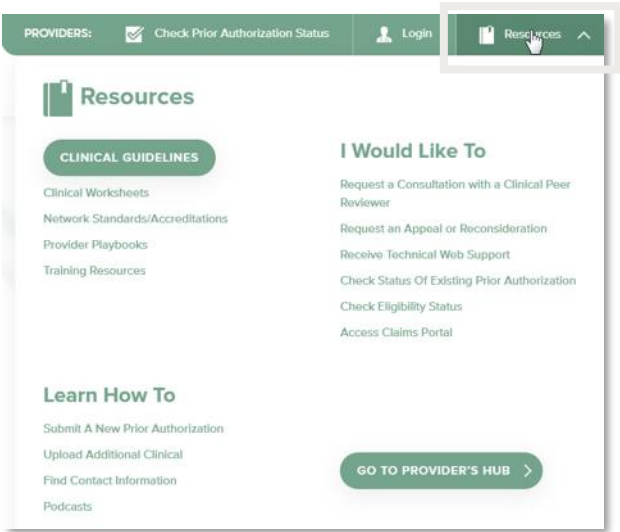
- Reschedule Appointment
- Cancel Appointment

## To cancel or reschedule an appointment:

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

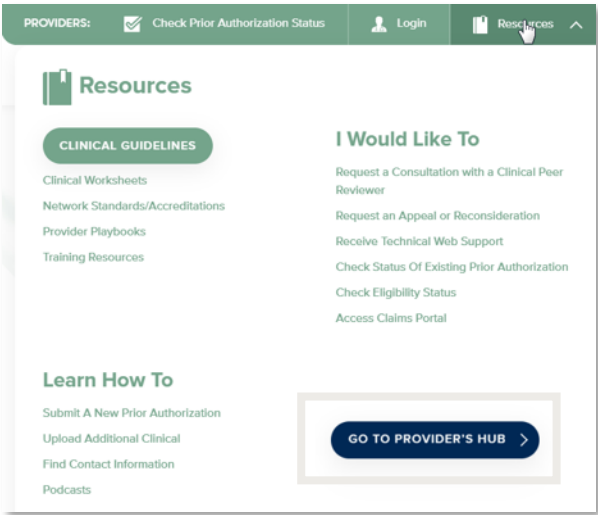
# +Provider Resources | EviCore Provider's Hub

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



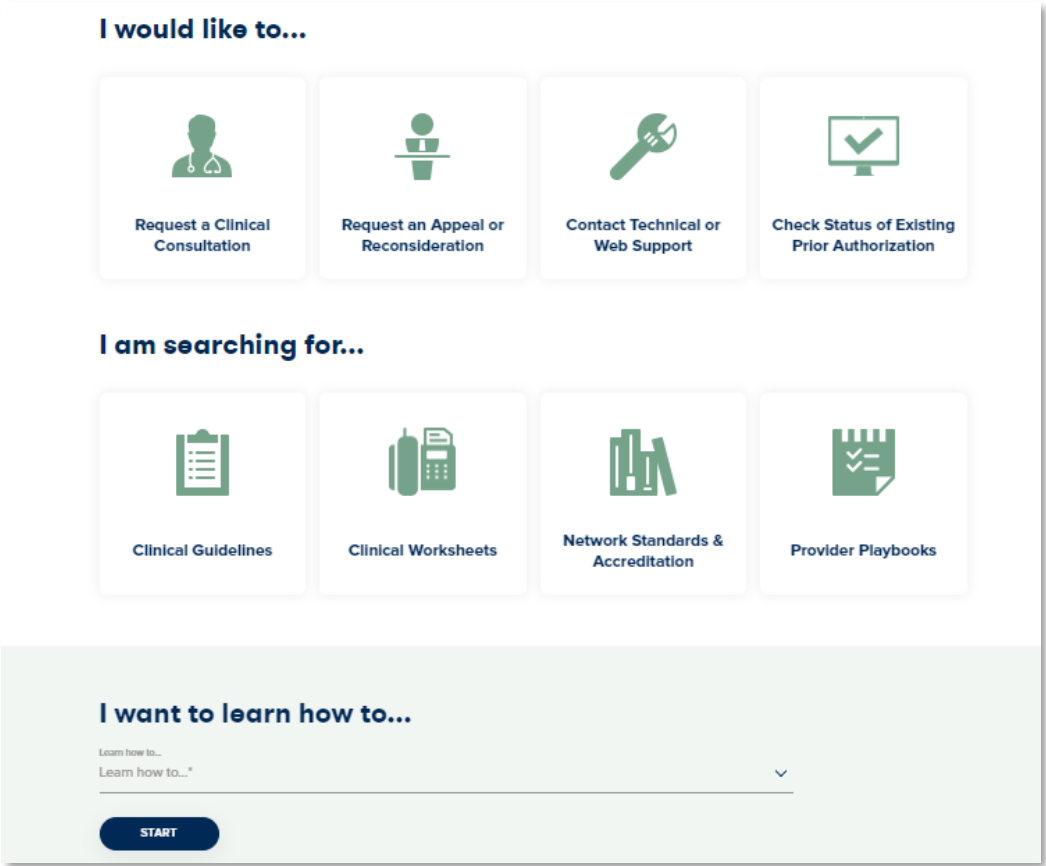
## Step 1

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



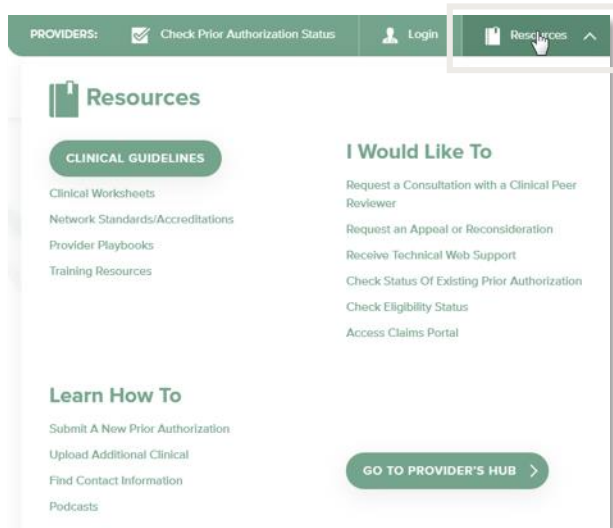
## Step 2

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



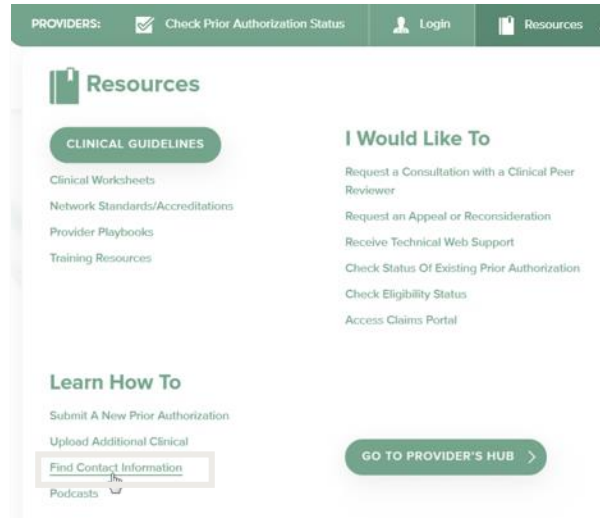
# +Provider Resources | Quick Reference Tool

Where can I locate plan-specific contact information?



## Step 1

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



## Step 2

Select **Find Contact Information**



## Step 3

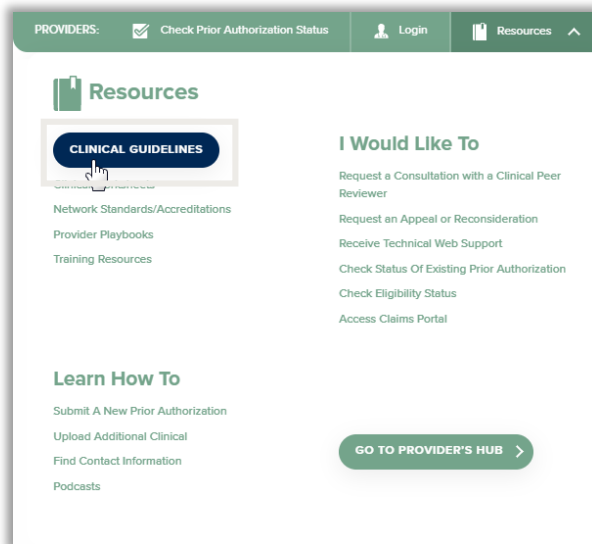
- Use **Select a Health Plan** and **Select a Solution** to populate the contact phone and fax numbers
- This will also advise which portal to use for case requests

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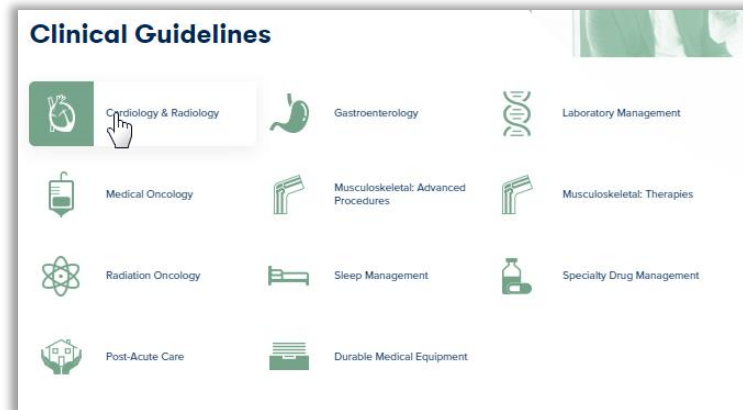
# +Provider Resources | Clinical Guidelines

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



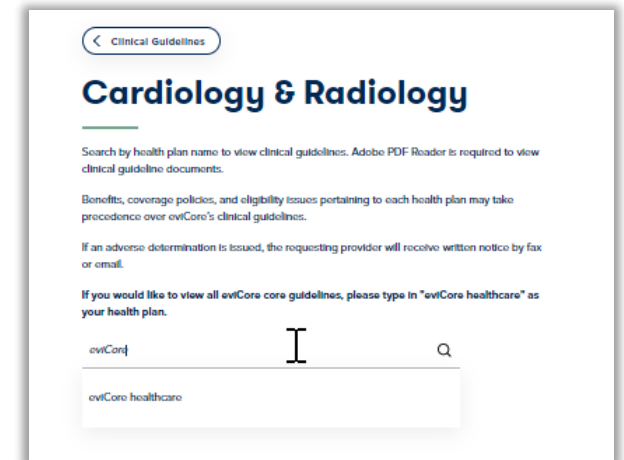
### Step 1

- Open the **Resources** menu in the top right of the browser
- Select **Clinical Guidelines**



### Step 2

Select the solution/program associated with the requested guidelines



### Step 3

- Search by health plan name to view clinical guidelines
- If you would like to view all guidelines, type in “EviCore healthcare” as your health plan

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# Thank You

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