RADIOLOGY/CARDIOLOGY

Provider Presentation for Excellus

2025

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Radiology

eviCore began accepting prior authorization requests for Cardiology & Radiology services for dates of service September 2007 and after.

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Prior Authorization applies to the following services:	Prior Authorization does NOT apply to services that are:	Provider Resource Page
• Outpatient • Elective/Non-emergent	• Emergency Room Services • 23 Hour Observations • Inpatient Stays	Providers and/or staff can utilize Health Plan name Provider Resource page to access a list of covered CPT codes, Clinical Worksheets, FAQs, Quick Reference Guides, Screening vs. Surveillance grid, and additional educational materials by visiting: www.evicore.com/resources/healthplan/excellus

Providers should verify member eligibility and benefits on the secured provider log-in section at: enter *Health Insurance Plans | Excellus BlueCross BlueShield*

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+ Radiology

Covered Services:

+**Advanced imaging services**

- CT, CTA

- MRI, MRA

- PET, PET/CT

- Nuclear Medicine

+**Primary imaging services**

- OB Ultrasound

- Non-OB Ultrasound

To find a **complete list** of radiology Current Procedural Terminology (CPT) codes that **require prior authorization through eviCore**, please visit:
www.evicore.com/resources/healthplan/excellus

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+Cardiology

Covered Services:

+Advanced imaging and diagnostic services

- Stress Testing

    - Myocardial Perfusion Imaging (SPECT & PET)

    - Stress Echocardiography

- Cardiac CT & MRI

- Echocardiography; Transthoracic, Transesophageal
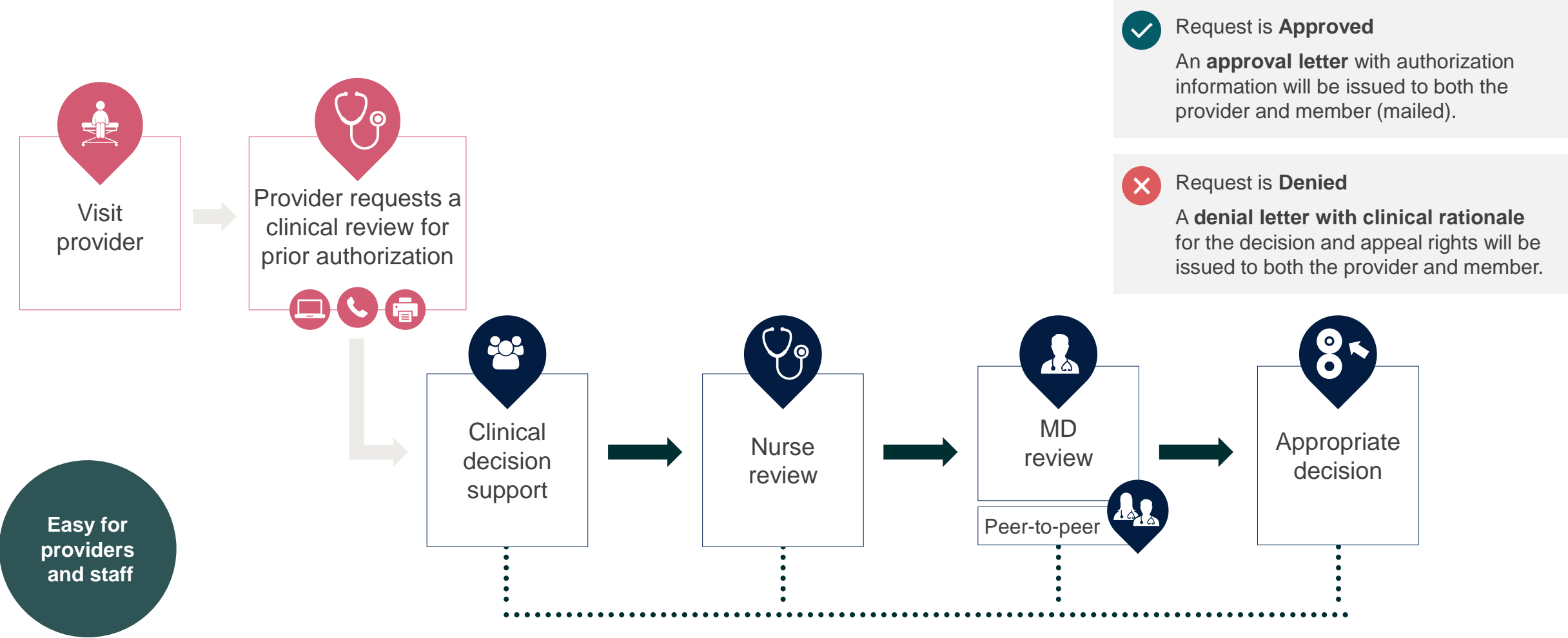
- Diagnostic Heart Catheterization

+Implantable device services

- Pacemakers

- Implantable Cardioverter Defibrillator (ICD)

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Submitting Requests

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Utilization Management | Prior Authorization

Visit provider

Provider requests a clinical review for prior authorization

Clinical decision support

Nurse review

MD review

Peer-to-peer

Appropriate decision

Easy for providers and staff

✓ 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.

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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**

Or by **phone: 866-889-8056**
Monday – Friday
7 AM – 7 PM (local time)

Or by **fax: 888-785-2487**

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+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)
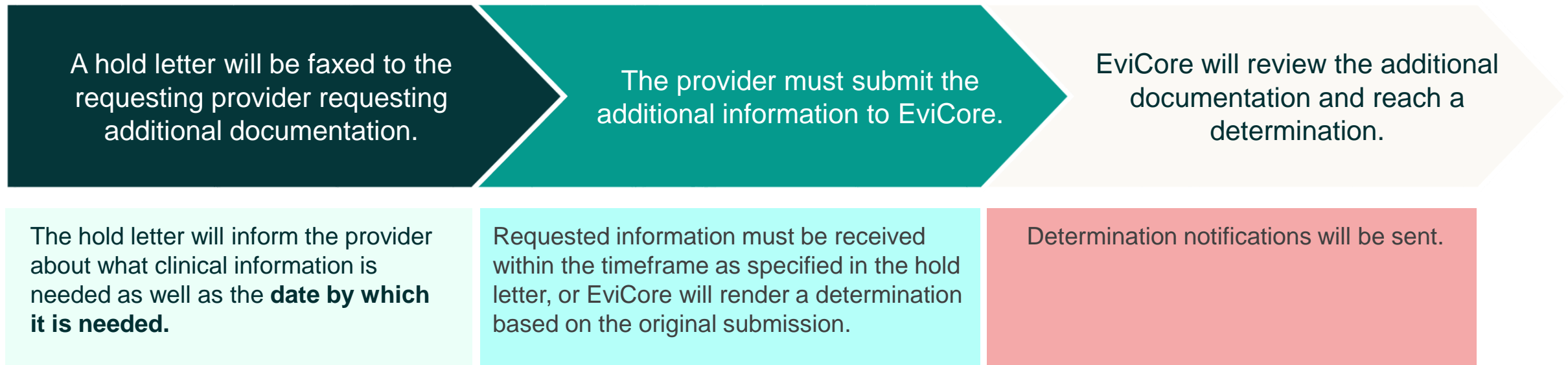- Phone & fax number

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

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

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Insufficient Clinical | Additional Documentation Needed

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

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.

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Prior Authorization Outcomes, Special Considerations & Post-Decision Options

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Prior Authorization Determination Outcomes

Determination Outcomes

- **Approved Requests:** Authorizations are valid for 90 calendar days from the date of the final determination.
- **Partially Approved Requests:** In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved, as well as post-decision options for denied codes, 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

- Notifications

- Authorization letters will be faxed to the ordering physician.
- *If a valid fax is not provided during the case build, providers will need to utilize the "Authorization Lookup" tab to view notifications.
- Web-initiated cases will receive e-notifications if a user opted for this method.
- *If a valid email is not provided during the case build, providers will need to utilize the "Authorization Lookup" tab to view notifications.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the eviCore Portal.

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Special Circumstances

Retrospective Authorization Requests

- Must be submitted within 2 business days from the date of services
- Any submitted beyond this timeframe will be administratively denied
- Reviewed for **clinical urgency** and medical necessity
- Processed within 30 Business days
- When authorized, the start date will be the submitted date of service

Urgent Prior Authorization Requests

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

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Special Circumstances (cont.)

+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 request

- Reconsiderations are <u>not</u> allowed for Medicare cases; a new case would need to be started to accept the alternate recommendation.

- Providers have up to 14 calendar days to contact eviCore to accept the alternative recommendation

+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

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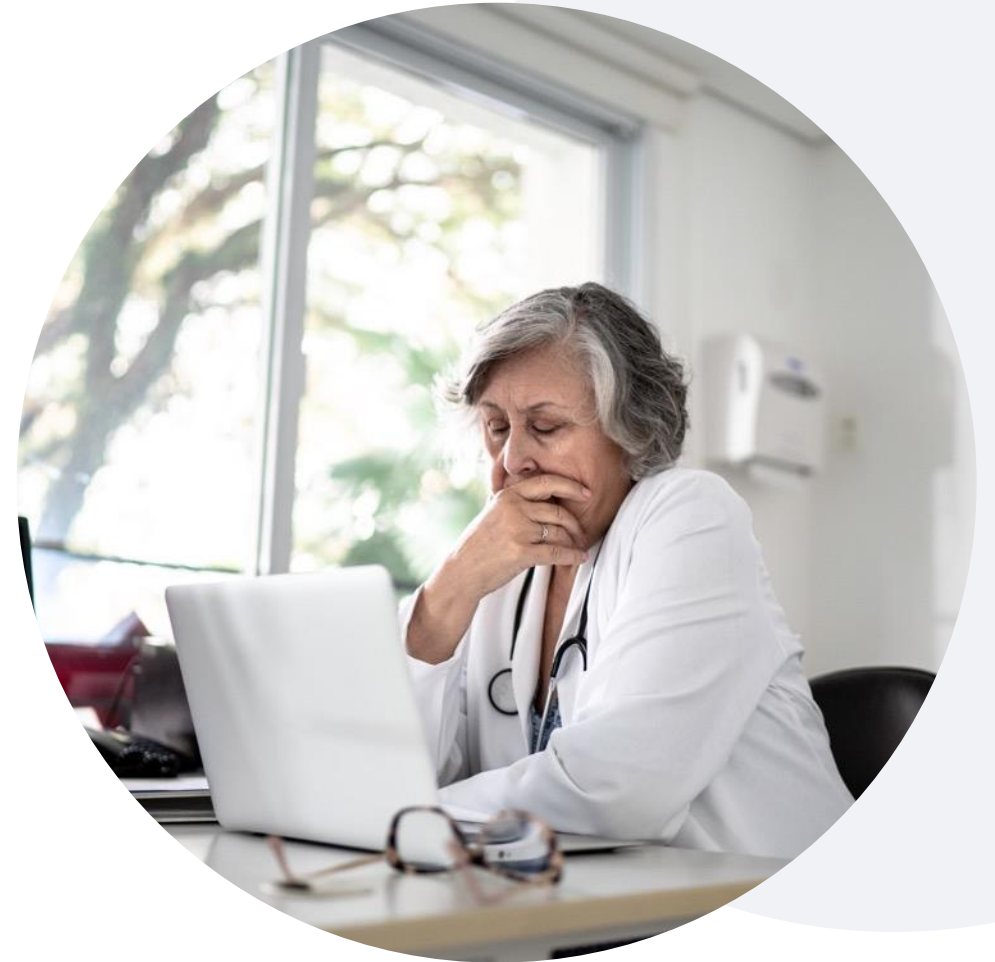
Pre-Decision Options | Medicare Members

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

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

There are three ways to supply the requested information:

1. **Fax** to 888-785-2487
2. **Upload** directly into the case via the provider portal at **EviCore.com**
3. **Request a Pre-Decision Clinical Consultation**
   This consultation can be requested via the EviCore website (see slide 48 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.

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Post-Decision Options
Commercial & Medicaid 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 **866-889-8056** to speak with an agent who can provide available option(s) and instruction on how to proceed.

Alternatively, select 'All Post Decisions' under the authorization lookup function on **eviCore.com** to see available options.

Reconsiderations

- Reconsiderations must be requested prior to appeal.
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an eviCore physician.

Appeals

- eviCore will <u>not</u> process first-level appeals.
- Appeal requests must be submitted directly to Excellus.

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Post-Decision Options
Medicare Members

My case has been denied. What's next?

Clinical Consultation

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

Reconsideration

- Medicare cases do not include a reconsideration option

+Appeals

- eviCore will <u>not</u> process first-level appeals.
- Appeal requests must be submitted directly to Excellus.

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EviCore Provider Portal Overview

+EviCore Provider Portal | Features

+Eligibility Lookup

- Confirm if patient requires clinical review

+Clinical Certification

- Request a clinical review for prior authorization on the portal

+Prior Authorization Status Lookup

- View and print any correspondence associated with the case

- Search by member information OR by case number with ordering national provider identifier (NPI)

- Review post-decision options, submit appeal, and schedule a peer-to-peer

+Certification Summary
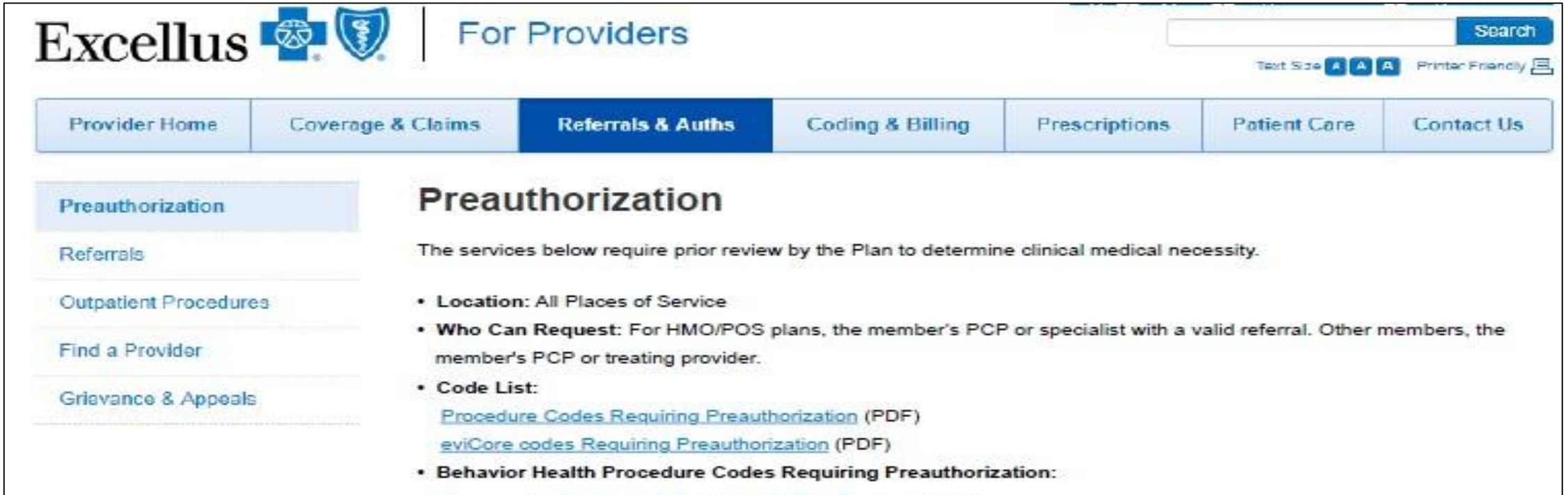
- Track recently submitted cases

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Single Sign On for Excellus Providers

Sign in under Provider and select Referrals and Auths.

Sign in must be MD or linked directly to an MD

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Creating An Account

- The revisions to this page are effective 4/4/2016.

Not all services are covered by all medical plans. There may be services which require preauthorization or notification that do not require clinical review. Final determination of coverage is subject to the member's benefits and eligibility on the date of service. For questions about preauthorization, call 1-800-365-4658.

| Behavioral Health | Services Requiring Authorization | Request Authorization | eviCore healthcare |

Note: You'll need your Facets Provider ID to use Clear Coverage or do Pre-Service Reviews at Other Blue Plans.
Get Your Facets Provider ID   View new Clear Coverage Features (PDF)

Step 1: Check the Patient's Benefits & Coverage for plan-specific preauthorization requirements.

Step 2: Submit Your Request

Select the Request Authorization tab

Creating An Account

B. Requests for Commercial and Medicare	
Implantable Cardiac Devices, Radiology/Imaging, Radiation Therapy or Sleep Studies/Supplies	Online with eviCore healthcare, or call 1-866-889-8056 ⓘ Please Note: eviCore applies to Safety Net policies too.
Urgent/Emergent Medical Admissions (Facility)	ⓘ Please Read: Attestation Information Facility: Online with Clear Coverage, call 1-800-363-4658, or FAX

Go to B. Requests for Commercial and Medicare and select Online with eviCore healthcare.

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Single Sign On for Excellus BCBS Providers

You will receive notification that you are leaving the Excellus BCBS web portal and entering the eviCore web portal. Please select Continue.

+EviCore Provider Portal | Add Providers
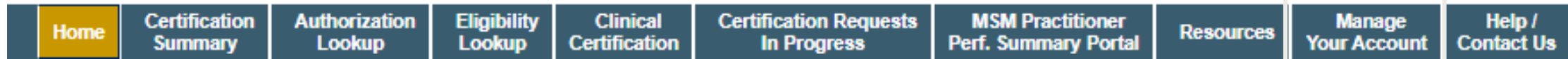
Providers will need to be added to your account prior to case submission

- 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

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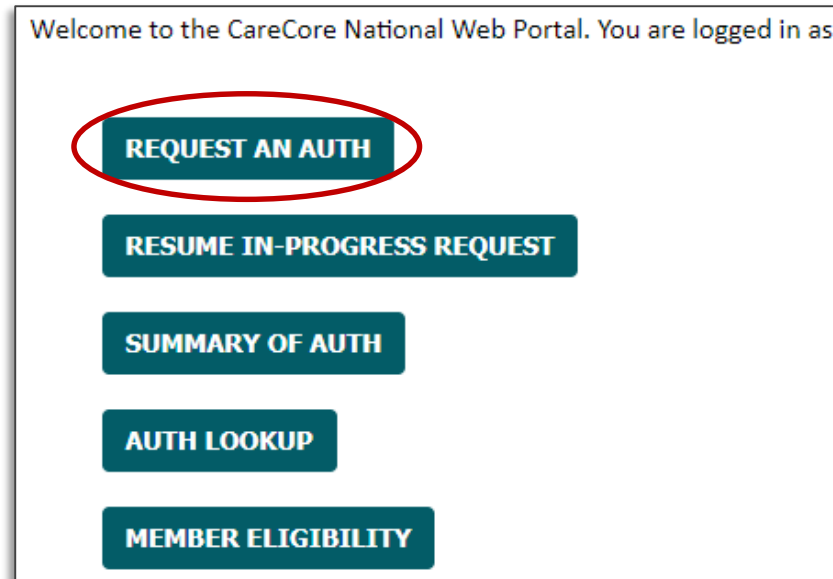
Initiating a Case

- Click the **Clinical Certification** tab to get started.
- Choose **Request an Auth** to begin a new case request.

+Clinical Certification Request | Initiating a Case

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

Request an Authorization

To begin, please select a program below:

- ○ Durable Medical Equipment(DME)
- ○ Gastroenterology
- ○ Lab Management Program
- ○ Medical Drug Management
- ○ Medical Oncology Pathways
- ○ Musculoskeletal Management
- ○ Pharmacy Drugs (Express Scripts Coverage)
- ○ Radiation Therapy Management Program (RTMP)
- ● Radiology and Cardiology
- ○ Sleep Management

CONTINUE

Click here for help

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

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+Clinical Certification Request | Search for and Select Provider

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

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

[   ] **SEARCH**   **CLEAR SEARCH**

	Provider
SELECT	

1 2 3 4

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

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

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+Clinical Certification Request | Select Health Plan

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

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

Please Select a Health Plan ⌄

BACK   **CONTINUE**

- Choose the appropriate **Health Plan** for the request
- Select **CONTINUE**

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Clinical Certification Request | Enter Contact Information

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	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 enter email address in box above.

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

- Enter/Edit the **provider's name** and appropriate information for the point of contact.

- Practitioner name, fax, and phone will pre-populate; edit as necessary.

- *If a valid fax or email is not provided, the provider must utilize the "Authorization Lookup" tab to view notifications.

The e-notification box is checked by default to enable email notices for any updates on case status changes. Make sure to uncheck this box if you prefer to receive faxed notices.

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+Clinical Certification Request | Enter Member Information

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

Patient Eligibility Lookup

Patient ID:* [   ]

Date Of Birth:* [   ] MM/DD/YYYY

Patient Last Name Only:* [   ] [?]

When entering patient details, please review and confirm the spelling of the patient's name. Verify accuracy of the patient's ID and date of birth.

ELIGIBILITY LOOKUP

BACK

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT						

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

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+Clinical Certification Request

Enter Requested Procedure and Diagnosis

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[?]

[▼] [▼]

Don't see your procedure code or type of service? Click here

Additional Procedure codes will be collected/presented during the clinical questionnaire

Diagnosis

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

[   ] **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

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

[OBUS ▼] [OB Ultrasound ▼]

Don't see your procedure code or type of service? Click here

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

Note: OB ultrasound requests entered as 'OBUS'

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+Clinical Certification Request | Verify Service Selection

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

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

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+Clinical Certification Request | Site Selection

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

Add Site of Service

Specific Site Search

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

NPI: [   ]   Zip Code: [   ]   Site Name: [   ]

TIN: [   ]   City: [   ]   ⦿ Exact match

⦾ Starts with

LOOKUP SITE

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

- **Select** the specific site where the procedure will be performed

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intelliPath®

Real-time decision

Request is complete

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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 |

Proceed to Clinical Information

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

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

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

BACK   CONTINUE

- Verify that all information is entered and correct

- **You will not have the opportunity to make changes after this point**

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+Clinical Certification Request | Standard or Urgent Request?

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

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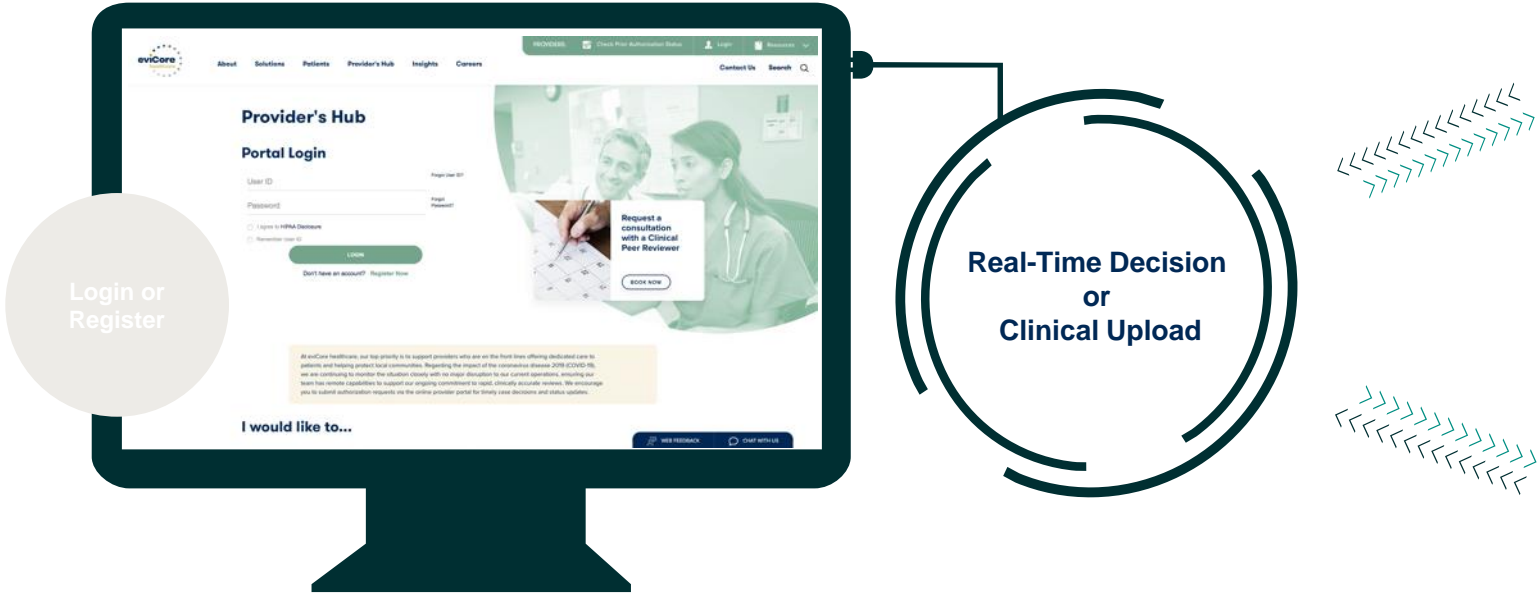
You'll be asked to complete a short series of clinical questions which may result in an immediate approval. If an immediate approval does not occur, you'll be prompted to upload clinical information.

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+Clinical Certification Request

Proceed to Clinical Information

Example Questions

Proceed to Clinical Information

ℹ️ 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 2 business days to complete the case)

- Select **Certification Requests in Progress** to resume a saved request (this function is **not** available for single sign on (SSO) users)

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Clinical Certification Request | Request for Clinical Upload

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

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- 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 AKKARA VEETIL	**Contact:**	Julie
Provider Address:	1200 6TH AVE N	**Phone Number:**	(320) 252-5131
	SAINT CLOUD, MN 56303	**Fax Number:**	(555) 555-5555
Patient Name:	KIRON VALES	**Patient Id:**	40714970
Insurance Carrier:	MEDICARE		
Site Name:	CLERMONT RADIOLOGY LLC	**Site ID:**	9982955
Site Address:	871 OAKLEY SEAVER DR		
	CLERMONT, FL 34711		
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:	A139559991		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL   PRINT   CONTINUE

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

Provider Portal Features

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Provider Portal | Feature Access

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| 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 |

User Worklist

Most popular portal feature

Check if a member requires an authorization

Pick up where you left off

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

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Certification Summary | User Worklist

- The **Certification Summary** tab allows you to track recently submitted cases.
- The worklist can also be filtered.

Authorization Lookup | Popular Tool

- 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-Peer calls.

- View and print any correspondence.

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Authorization Lookup | Popular Tool

- Click on uploads and faxes
- Defaults to Sent Letters and Faxes
- Click view to download Physician, Site and Patient Letters

Provider Resources

Contact EviCore's Dedicated Teams

Client and Provider Services

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

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

Provider Engagement

Regional team that works directly with the provider community.

[Name and states]

- Email: **sara.Pomeroy@evicore.com**
- Phone: **804-814-4878**.

Web-Based Services and Portal Support

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

Call Center

Call **866-889-8056**, representatives are available from 7 a.m. to 7 p.m. local time.

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+Provider Resource Website

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
www.evicore.com/resources/healthplan/excellus

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

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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

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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

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Thank You

Appendix

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Peer-to-Peer (P2P) Scheduling Tool

Provider Resources | Schedule a P2P Request

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

Authorization Lookup

Authorization Number: NA

Case Number:

Status: Denied

P2P Status:

P2P AVAILABILITY

P2P AVAILABILITY | Request Peer to Peer Consultation

Authorization Lookup

Authorization Number: NA

Case Number:

Status: Denied

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 Eligibility Result:

P2P Status:

ALL POST DECISION OPTIONS

- Log-in to your account at **EviCore.com**

- Perform **Clinical Review Lookup** to determine the status of your request

- Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a Peer-to-Peer consultation

- Note carefully any messaging that displays*

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

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

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

- 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

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

- 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**

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

Update the following fields to ensure the correct person is contacted for the Peer-to-Peer appointment:
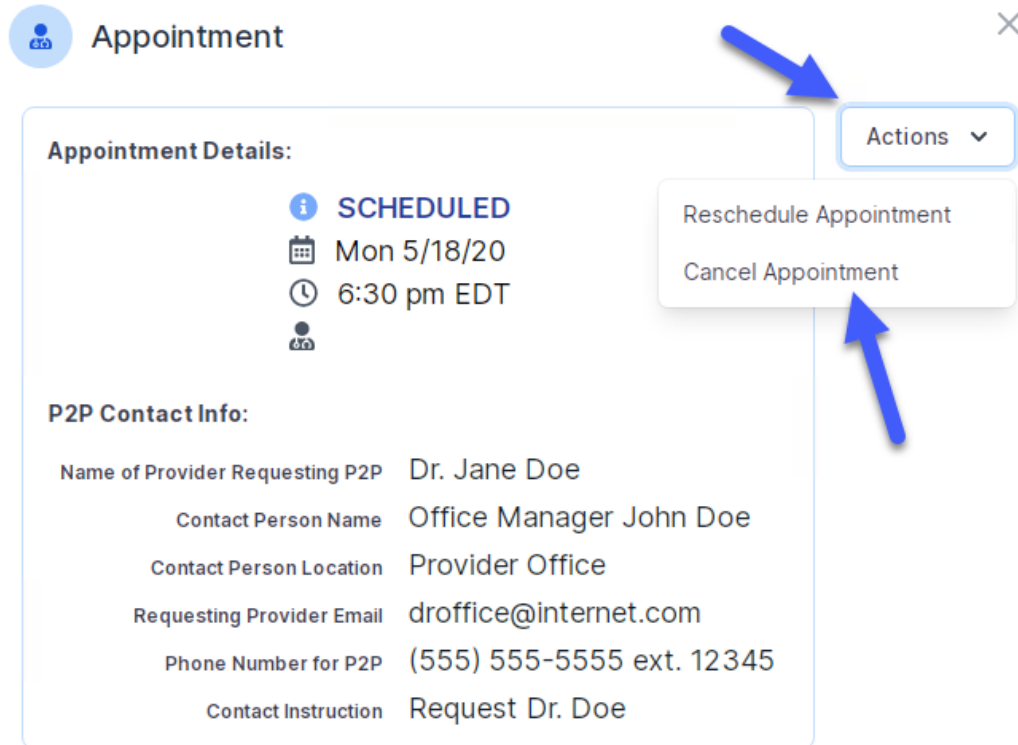
- Name of Provider Requesting P2P
- Phone Number for P2P
- Contact Instructions

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

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

  o **If choosing to reschedule,** select a new date or time as you did initially

  o **If choosing to cancel,** input a cancellation reason

- Close the browser once finished

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+**Provider Resources** | Contacts and Helpful Links

|		
Web-Based Services	portal.support@EviCore.com	800-646-0418, option 2
Client Provider Operations	clientservices@EviCore.com	
Provider Engagement: Sara Pomeroy Regional Provider Engagement Manager	Sara.pomeroy@EviCore.com	804-814-4878
Worksheets	EviCore.com/provider/online-forms	
Clinical Guidelines	EviCore.com/provider/clinical-guidelines	
Request a Clinical Consultation	EviCore.com	

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+Provider Resources | EviCore Provider's Hub

Providers and staff can access important tools and resources at EviCore.com
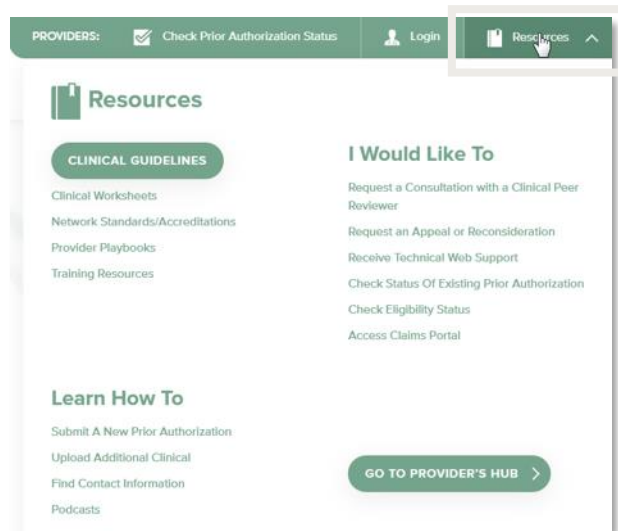
Step 1
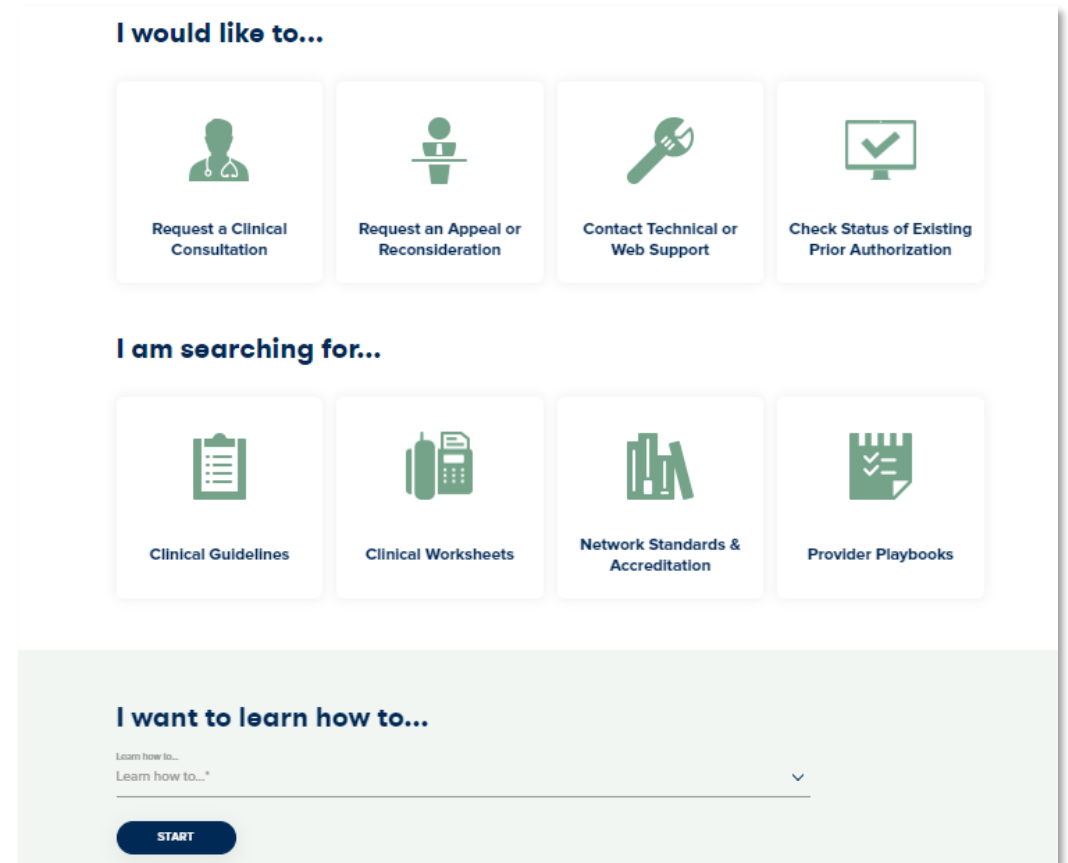
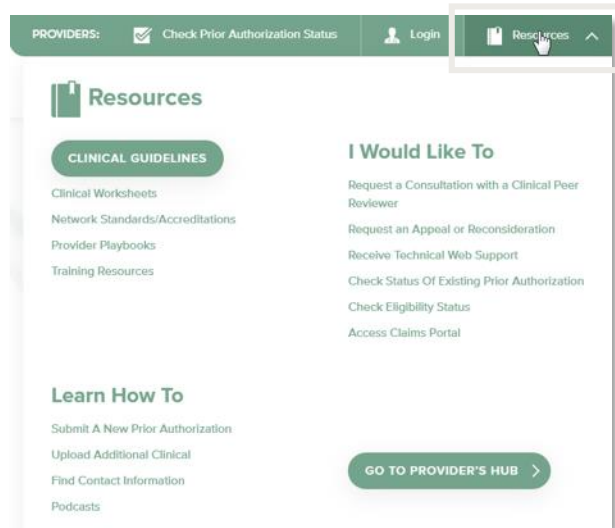Open the **Resources** menu in the top right of the browser
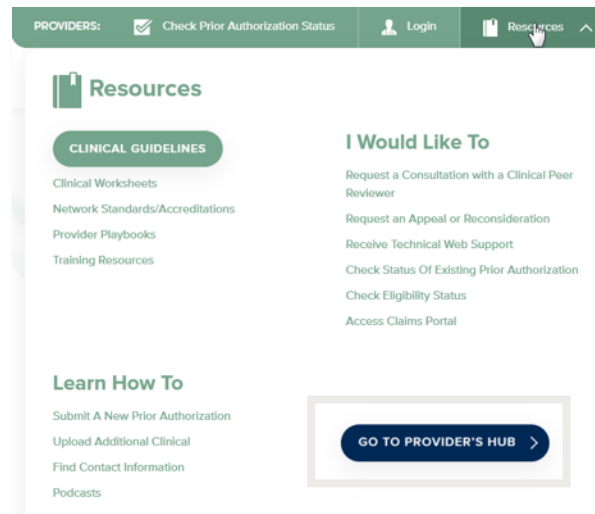
Step 2

Select **GO TO PROVIDERS HUB** to access clinical guidelines, schedule consultations (P2P), and more
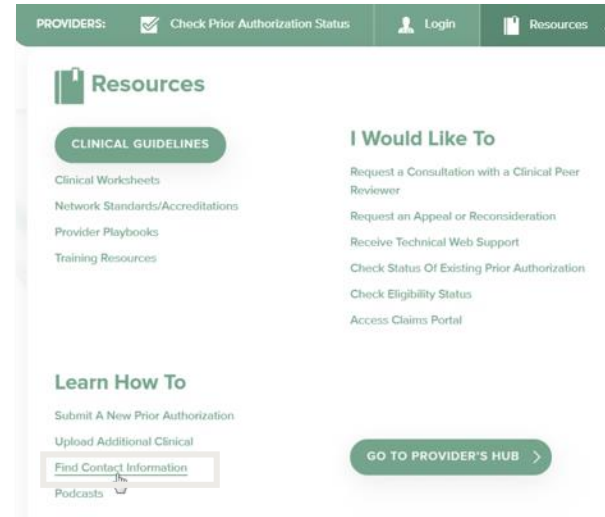
+**Provider Resources |** Quick Reference Tool

Where can I locate plan-specific contact information?

Step 1

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

Step 2

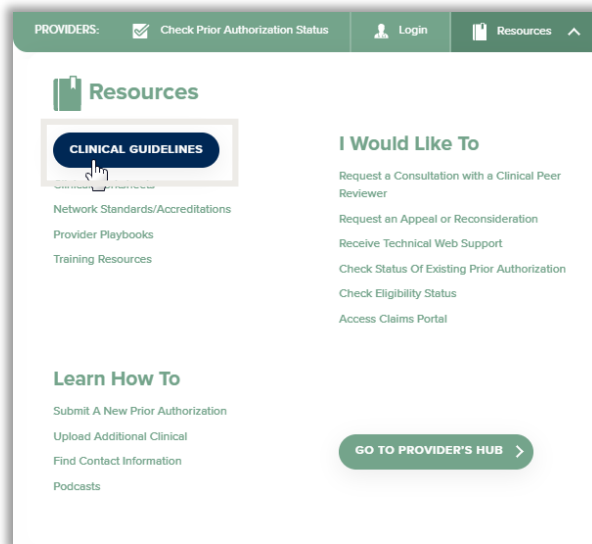Select **Find Contact Information**

Step 3

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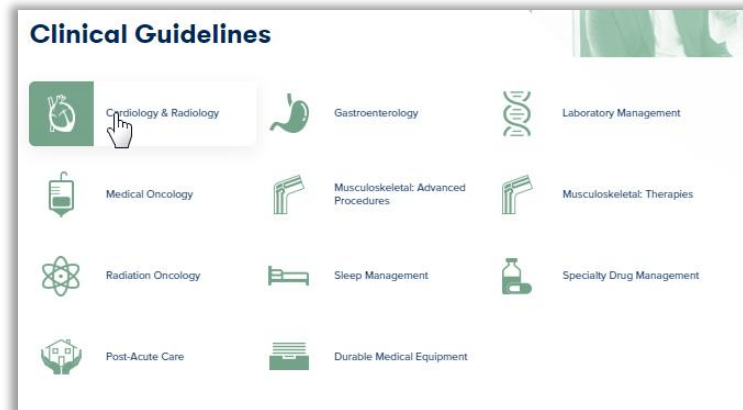- This will also advise which portal to use for case requests

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+**Provider Resources |** Clinical Guidelines

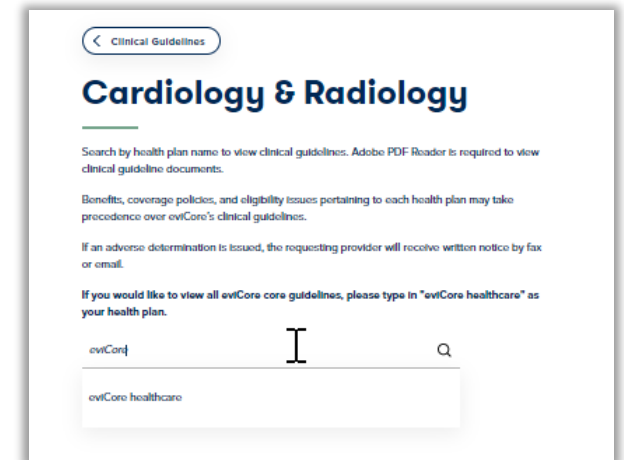**How do I access EviCore's clinical guidelines?**

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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