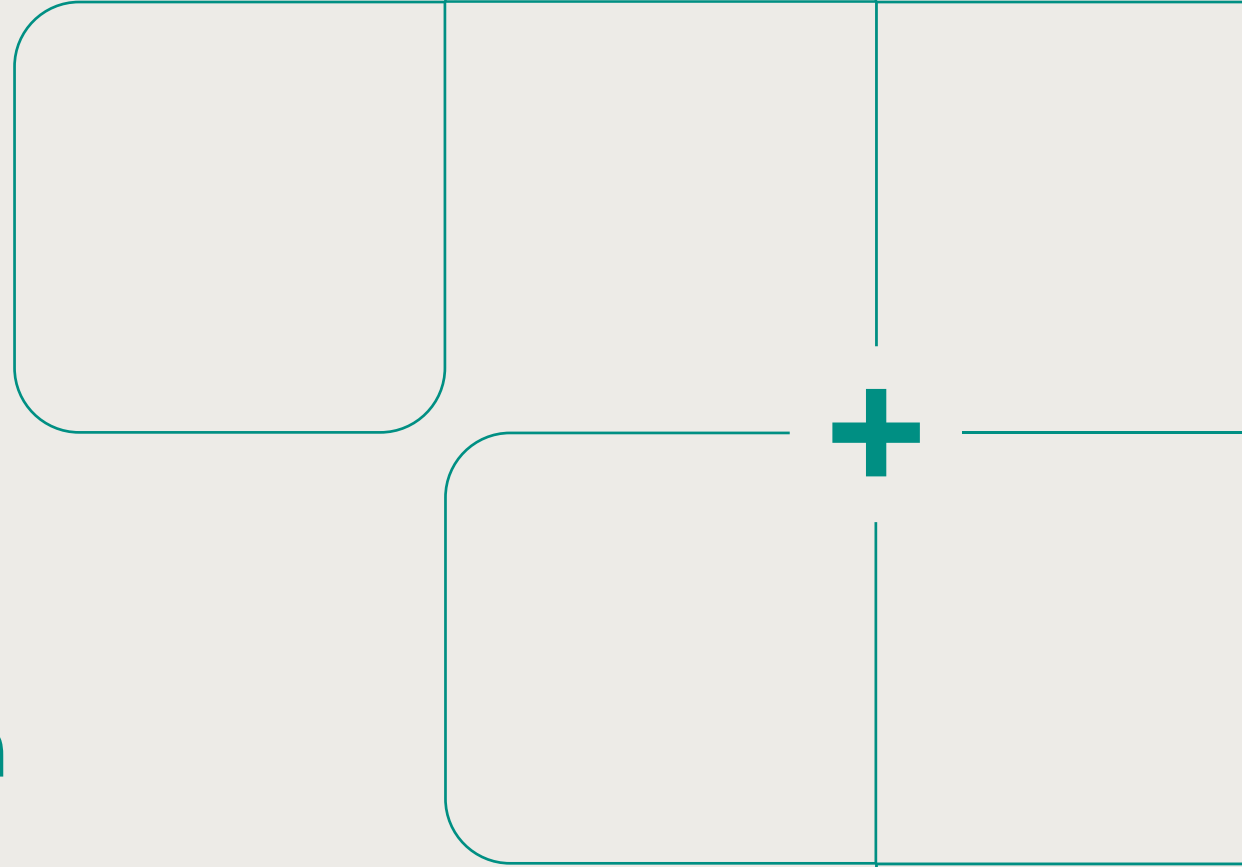


# Physical, Occupational & Speech Therapies

Blue Care Network of Michigan



# Agenda

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## **Solutions Overview**

PT, OT, and ST

## **Submitting Requests**

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

## **EviCore Provider Portal**

Overview, Features, and Benefits

## **Provider Resources**

## **Questions & Next Steps**

# Solution Overview

# Blue Care Network of Michigan Prior Authorization Services

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## Applicable Membership:

- BCN HMO (Commercial)
- BCN Advantage (Medicare)

## Prior authorization applies to the following services:

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Physical Medicine services performed by chiropractors\*

*\*BCN HMO beneficiaries only*

## Prior authorization from EviCore 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:

<https://www.EviCore.com/resources/healthplan/blue-care-network>



# Evidence-Based Guidelines

## The Foundation of Our Solutions



Contributions  
from a panel of  
community physicians



Experts  
associated with academic  
institutions



Current  
clinical literature

## Aligned with National Societies

- American Academy of **Neurology**
- American Academy of **Orthopedic Surgeons**
- American Academy of **Pediatrics**
- American Academy of **Sleep Medicine**
- American Association of **Child and Adolescent Psychiatrists**
- American Association of **Clinical Endocrinology**
- American Association of **Neurological Surgeons**
- American College of **Cardiology**
- American College of **Chest Physicians**
- American College of **Gastroenterology**
- American College of **Medical Genetics and Genomics**
- American College of **Obstetricians and Gynecologists**
- American **Massage Therapy** Association
- American **Occupational Therapy** Association
- American **Physical Therapy** Association
- American Society of **Acupuncturists**
- American Society of **Nuclear Cardiology**
- American **Speech–Language–Hearing** Association
- American **Thyroid** Association
- American **Urological** Association
- **Centers for Disease Control**
- College of American **Pathologists**
- **Endocrine** Society
- **Heart Rhythm** Society
- National Comprehensive **Cancer** Network
- North American **Spine** Society
- The Society of **Maternal-Fetal Medicine**
- United States **Food and Drug Administration**
- United States **Preventive Services** Task Force

# Clinical Approach

# Prior Authorization Program

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## Fundamental Approach

- Clinical reviewers evaluate clinical information to determine whether services meet medical necessity criteria.
- Providers are encouraged to request authorization before care is delivered to ensure payment for services rendered.
- A request can be made as early as **7 calendar days** prior to requested start date.

## Clinical Philosophy

- Support patient-centered care founded on best available evidence.
- Promote functionally oriented and measureable treatment programs.
- Focus on skilled, medically necessary treatment interventions.
- Empower patient independence.
- Eliminate practice variation that cannot be explained or justified.

# Prior Authorization Program

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## Goals

- Authorize medically necessary services which require the skills of a licensed professional.
- Promote evidence-based practice.
- Identify and review treatment interventions where evidence does not support use.
- Provide evidence-based guidelines to support authorization decisions and educate practitioners.
- Decrease or eliminate unexplained practice variation and unnecessary visits.
- Manage costs efficiently so members can continue to receive **quality care** and **skilled services**.



# Prior Authorization Program

---

## Medical Necessity

- The services must be specific and effective treatment for the condition.
- The condition is expected to improve significantly in a reasonable (and generally predictable) period of time. Therapy duration should **not** be ongoing without end.
- The amount, frequency, and length of the services must be reasonable under accepted standards of practice.
- The medical benefit is designed to allow therapy to return the patient to essential activities of daily living.
  - It was **not** designed to allow continued therapy to return to recreational or athletic activities.
  - It was **not** designed to cover therapy for the purpose of improving or maintaining general fitness.

You can view the therapy guidelines at <https://www.EviCore.com/provider/clinical-guidelines>

# Submitting Requests

# 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 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 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 submissions.

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

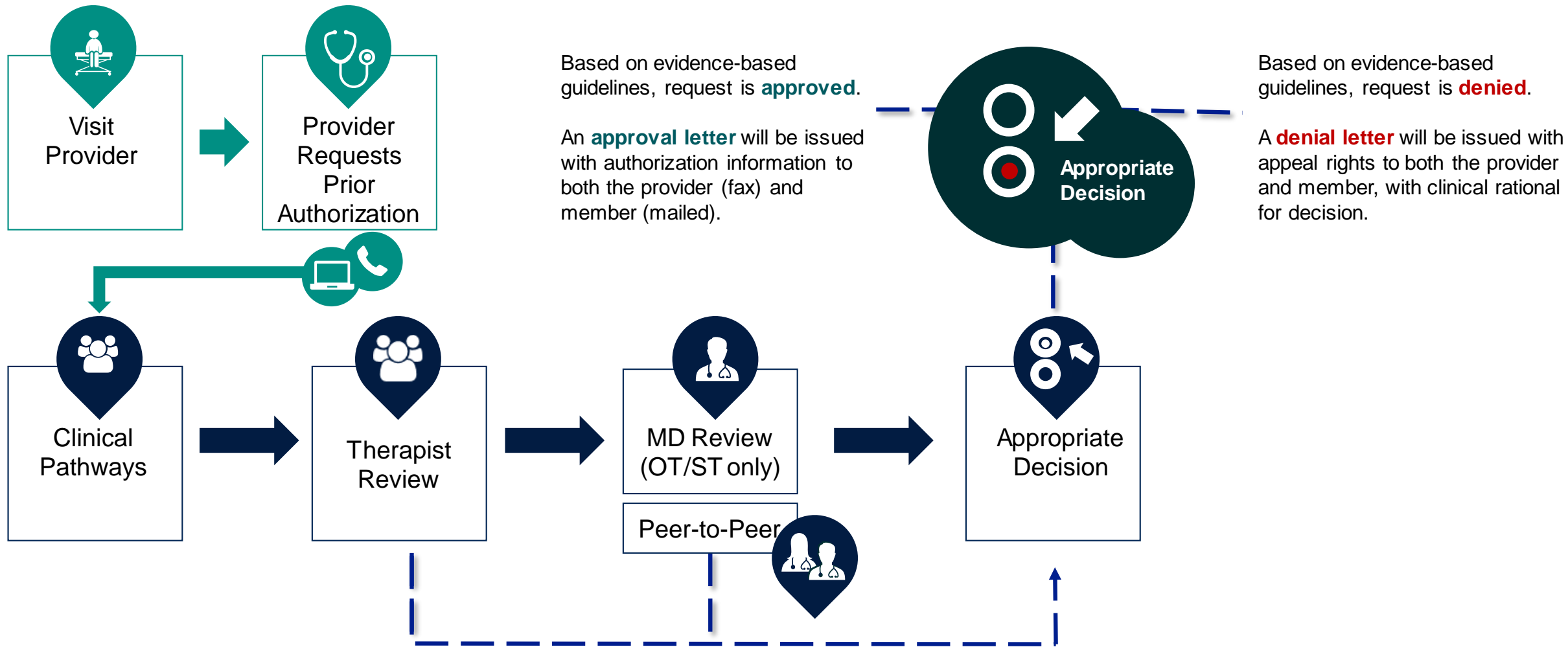


**Phone: 855-774-1317**  
Monday – Friday  
7AM – 7PM (local time)

**Fax: 855-774-1319**



# Prior Authorization Process



# Information Required for Request



## Clinical information needed for requests:

- Patient's subjective complaints, objective examination findings, and level of function.
- Baseline clinical information from the initial evaluation.
- Current clinical information from follow-up visit.
- Provider's impression of the member's response to therapy (follow-up visits).
- Information from patient-reported functional outcome measures, progress notes, and/or clinical worksheets.
- Complexities that will impact the therapy plan of care.

# Prior Authorization Process | Clinical Information

## Clinical Information – What EviCore needs and why we need it:

- Clinical information is required to determine whether the services requested are medically necessary.
- Use clinical worksheets located at EviCore.com as a guide to determine what clinical information is required.
  - The **clinical worksheets** are specific to conditions and designed to assist with the submission of the patient and provider information for medical necessity review.
  - Worksheets should be used as a guide for questions and the provider will be prompted to answer when completing the online requests.
  - These worksheets should be completed by the provider during the initial consultation/evaluation and treatment planning, collecting the clinical information to allow for ease of submission.
  - Physical & occupational therapy requests have the ability for a real time decision for the first **two (2)** requests for an episode of care.
  - The clinical worksheets are available on the EviCore website.
- Be prepared to provide patient-reported functional outcome measures with your submission (for example: ODI, NDI, DASH/QuickDASH, LEFS, HOOS JR, KOOS JR).
- Clinical information should be current – typically something collected within **14 days** prior of the request.
- **Missing or incomplete clinical information will delay case processing.**

# Prior Authorization Process

## Clinical Pathway

- Simplified approach to clinical collection attempting to reduce administrative efforts for providers.
- Improves the ability to receive a real time decision when submitting a request via the web or phone.
- “Gets out of the way” of providers who are practicing efficiently and effectively.
- Adds quality measures via inclusion of patient reported functional outcomes.
- Uses data collected over the years from claims data (managed and unmanaged) to set the average number of visits for a condition.
- Acknowledges complexities that may require a greater frequency or intensity of care.
- Allows providers to provide additional information for cases that are not “average.”

# Tips to Improve Efficiency

## Medical Necessity and Patient-Focused Care

### **The member's needs determine medical necessity.**

- The member's clinical presentation and specific needs are the primary factors considered when determining medical necessity.
- The physician's prescription for treatment frequency and duration does not demonstrate medical necessity.

### **Review medical necessity regularly.**

- The member's response to care should be evaluated each visit to allow modification of the treatment plan based on the member's current status.
- Complete a review of continuing medical necessity at least every **30 days**. This allows you to assess how the member is responding to treatment.
- Clinical documentation should include the member's response to care, functional improvement, and remaining functional deficits.
- Consider whether the skills of a provider are still necessary and, if it is, identify the specific interventions that require that skill.



# Prior Authorization Process

## If you are requesting authorization before treatment begins:

- Complete your initial evaluation, then submit for prior authorization within **2 business days**. The initial evaluation **does not** require prior authorization.
- Start date should be the **first day of treatment** (Date of initial evaluation or visit following if treatment was not provided during the initial evaluation visit).
- When requesting ongoing or continuing care, you can submit up to **7 calendar days** prior to the next start date for authorization.
- Notification requires submission of the following information:
  - Patient demographics
  - Provider demographics
  - Minimal clinical information
    - Type of condition
    - Post-surgical therapy? If so, please provide the date of surgery.
    - Functional outcome measures
- If there was prior therapy, questions will be asked to determine if this is a new condition.

# Prior Authorization Process

## How to Request Additional Visits:

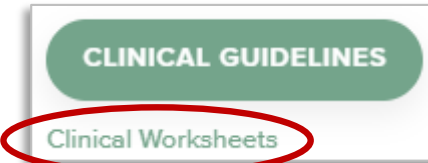
- Additional visits may be requested as early as **7 calendar days** prior to the requested start date.
- The **start date** will be the first date you need additional visits to begin.
- Clinical information should be **current**. Recommended timeframes:
  - Adult and non-developmental pediatric patients = **14 calendar days**
  - Developmental pediatric patients = **30 calendar days**
- Use the appropriate **Clinical Worksheet** as a guide. Please provide initial and current functional outcome measure scores.
- If condition is complex or the worksheet does not capture aspects of the condition you want to convey, this information can be given as “additional information” via upload, fax, or text box summary.
- Address any complexities that will impact the therapy plan of care.
- Provider’s impression of the member’s response to care.

# Link to Clinical Worksheets| Physical & Occupational Therapy

Start at EviCore.com, click on **Resources**



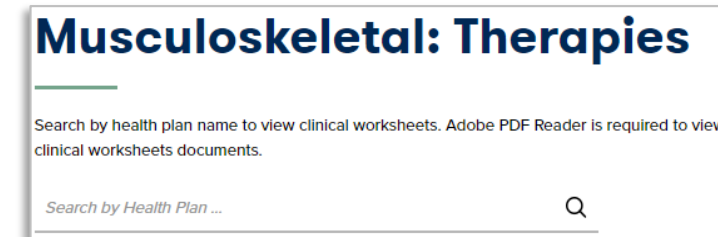
From the Resources dropdown, select **Clinical Worksheets**



Select Musculoskeletal: **Therapies**



Enter **Health Plan** name in the search field



The PT/OT **worksheets** will be listed under  
The PT/OT header

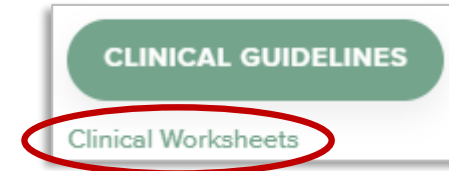


# Link to Clinical Worksheets | Speech Therapy

Start at EviCore.com, click on **Resources**.



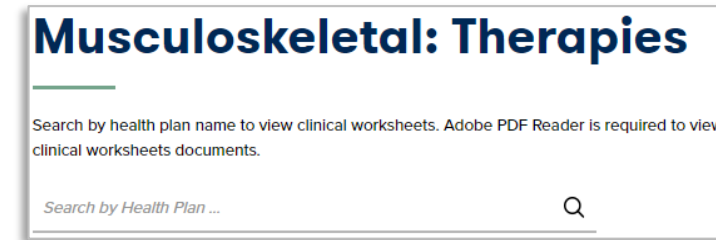
From the Resources dropdown, select **Clinical Worksheets**.



Select Musculoskeletal: **Therapies**.



Enter **Health Plan** name in the search field.



The ST **worksheets** will be listed under the Speech Therapy header.



# PT-OT-ST | Summary of Portal Benefits

- ✓ Elimination of pre-set waivers
- ✓ Increased provider satisfaction
- ✓ Reduced administrative burden for providers
- ✓ Increased opportunity for real-time decisions
- ✓ Expanded, member-focused decisions
- ✓ Decreased case review turn-around-times.
- ✓ Patients able to receive the right amount of care in a timely manner.



# Prior Authorization Process | Important Concepts

## +Authorization decisions include:

- Visits or units (depending on health plan)
- Approved time period (i.e, 6 visits, authorized from 1/1/25 to 1/31/25)
- EviCore recommends approved visits be spread over the approved period to prevent a gap in care.

# Prior Authorization Process | Important Concepts

## Overlapping Requests

- Request for more visits within the existing approved time period.
- Review to determine if additional visits are medically necessary.

## Authorization Extensions

- Providers can request a **one-time** 30-day authorization extension.
- Provider must request extension prior to the original authorization's expiration date.
- Date extension can be requested via the online portal.

# Prior Authorization Process | Treating Multiple Conditions

## Treating Multiple Conditions Within The Same Authorization Period

- If you are treating multiple conditions within the same period, there is no need to request authorization for treatment for each condition.
- The authorization covers all conditions treated within the same period of time.
- If a member is receiving treatment from a different therapist within the same clinic with a new plan of care for a specialty condition (vestibular treatment, wound care, etc.), then a separate authorization may be indicated. Be sure to submit under the appropriate ICD10 code and state this request is for a new condition by a different therapist.
- When treating more than one condition, please advise EviCore to ensure adequate units are approved.
  - When submitting by the web, you will be asked if you are treating a second condition.
    - **Answer = Yes; report information specific to the second condition.**
  - When requesting authorization over the phone, inform the agent that you are requesting authorization for two conditions.
  - If submitting by fax, complete clinical worksheets for both conditions.



# Insufficient Clinical | Additional Documentation Needed

## Additional Documentation to Support Medical Necessity

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 hold notification will inform the provider about what clinical information is needed as well as the **date by which it is needed**.

The Provider must submit the additional information to EviCore

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.

EviCore will review the additional documentation and reach a determination

Determination notifications will be sent.



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

# Prior Authorization Outcomes

## Approvals and Denials

### Approved Requests

- All requests are processed within **three (3) business days** of receipt of all necessary clinical information.

### Denied Requests

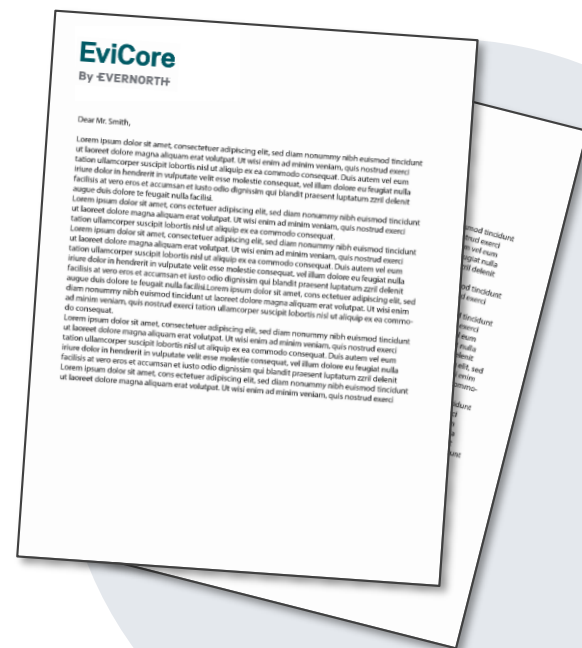
- Communication of the denial determination and rationale.
- Letter contains reconsideration options based on the members health plan and line of business.
- Instructions on how to request a Clinical Consultation (Peer-to-Peer).

### Authorization Letter

- The letter will be faxed to the ordering provider.
- The member will receive the letter by mail.
- Approval information can be printed on demand from the EviCore portal.

### Denial Letter

- The letter will be faxed to the ordering provider and rendering facility.
- The member will receive the letter by mail.
- The letter contains the denial rationale and reconsideration options based on the members health plan and line of business, including instructions on how to request a Clinical Consultation (peer-to-peer).

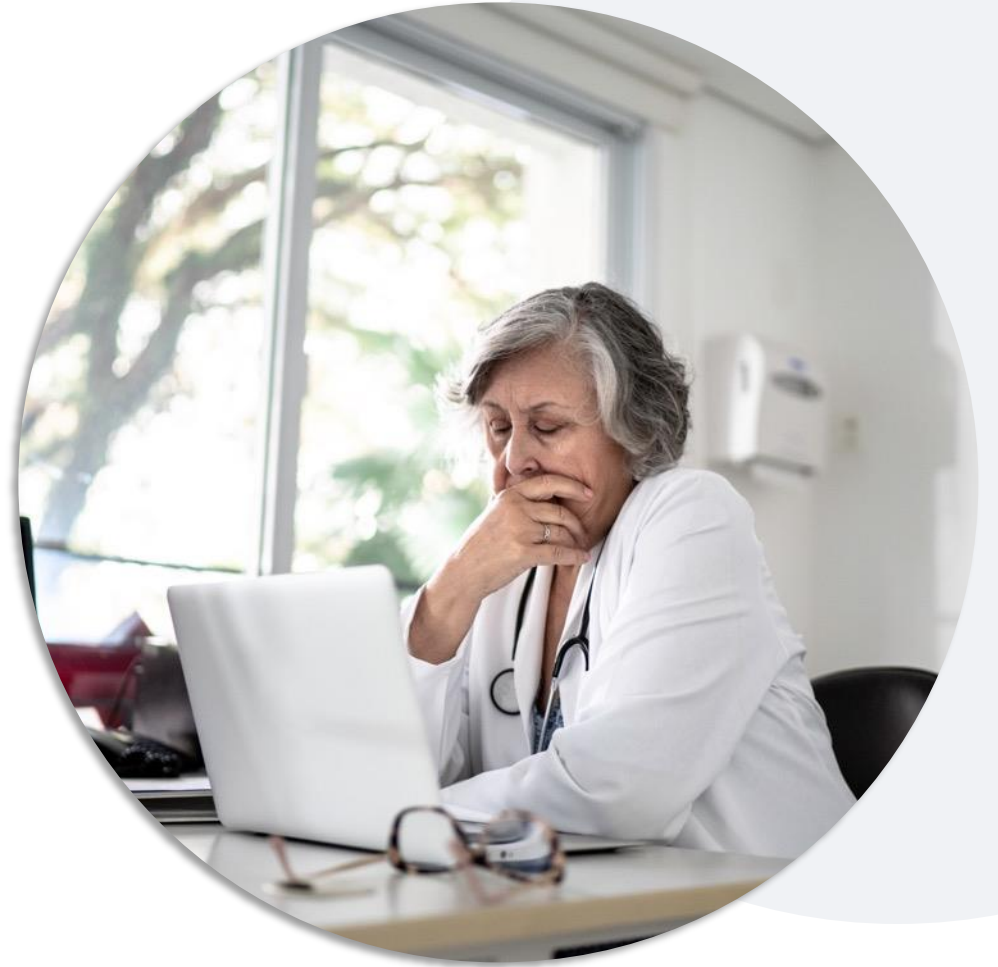


# Special Circumstances

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## Authorization Update

- If updates are needed on an existing authorization, you should contact EviCore by phone.
- While EviCore needs to know if changes are made to the approved request, any change could result in the need for a separate clinical review and require a new request (and the original approved request would need to be withdrawn).
- If the authorization is not updated, it may result in a claim denial.



# Providing Additional Information (Medicare Intent to Deny)

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

There are three ways to supply the requested information to EviCore for review:

- EviCore will notify providers telephonically and in writing before a denial decision is issued on Medicare cases.
  - Additional clinical information must be submitted to EviCore prior to the due date referenced in the request.
- Additional clinical information should be submitted to EviCore for consideration per the instructions received, clinical can be **faxed** to **855-774-1319** or **uploaded** directly into the case via the provider portal at [www.EviCore.com](http://www.EviCore.com)
- Alternatively, providers can choose to request a **Pre-Decision Clinical Consultation** instead of submitting additional clinical information. This consultation can be requested via the EviCore website (see the end of this presentation for instructions).
  - The Pre-Decision Clinical Consultation (Peer-to-Peer) must occur prior to the due date referenced in the request.
- 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 [www.EviCore.com](http://www.EviCore.com).

# Post-Decision Options | Commercial Members

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## 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 **855-774-1317** 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](https://www.evicore.com) to see available options.



## Reconsiderations

- Reconsiderations must be requested within **45 calendar days** of the determination date.
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an EviCore medical director.

## Appeals

- EviCore **will** process first-level appeals.
- Appeal requests must be submitted to EviCore within **180 calendar days** from the initial determination date.
- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider.



# 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 not** process first-level appeals for Medicare members.
- Please refer to the denial notice for instructions and requirements to submit an appeal.



# Special Circumstances

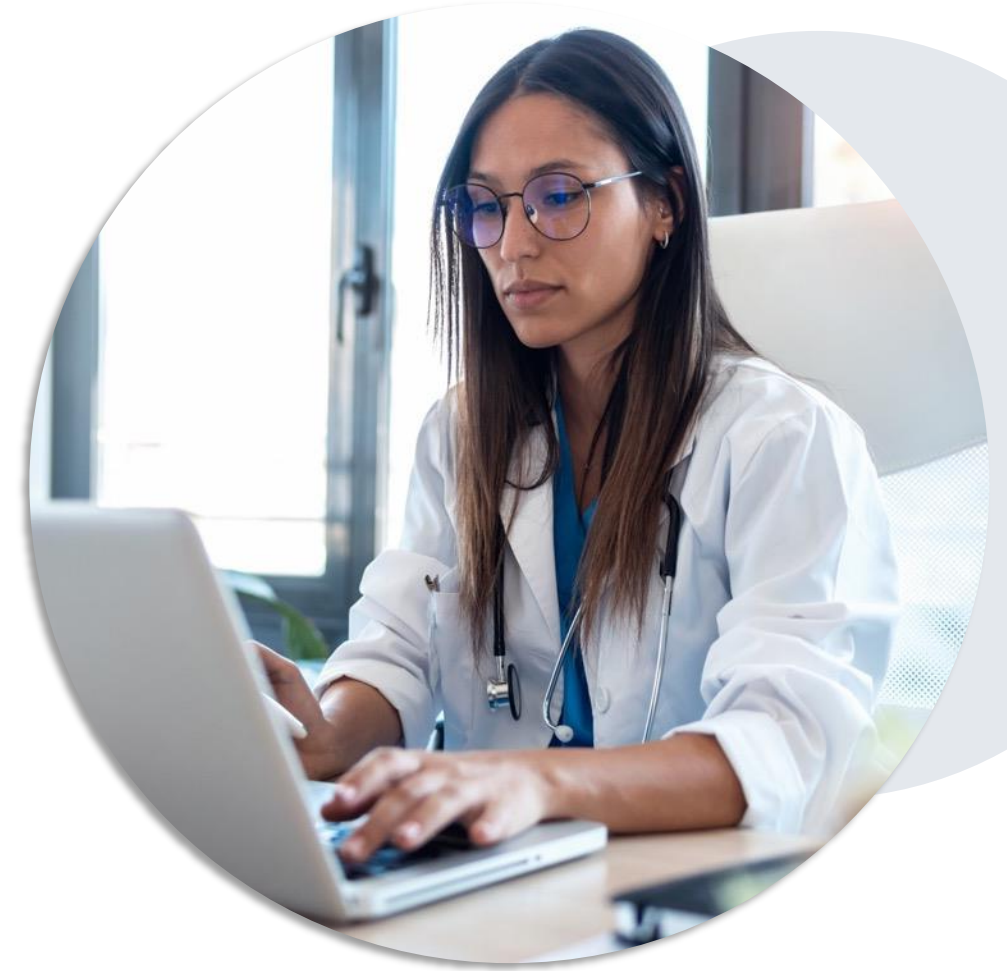
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## Retrospective (Retro) Authorization Requests

- Must be submitted within **365 calendar days** from the date of services.
- Reviewed for clinical urgency and medical necessity.
- Retro requests are processed within **three (3) business days**.
- When authorized, the start date will be the submitted date of service.
- Clinical submitted for retrospective review should include:
  - The requested number of visits and date range.
  - Information from patient-reported functional outcome measures, progress notes, and/or clinical worksheets.

## 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.





# Provider Portal Overview

# EviCore Provider Portal | Access and Compatibility

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

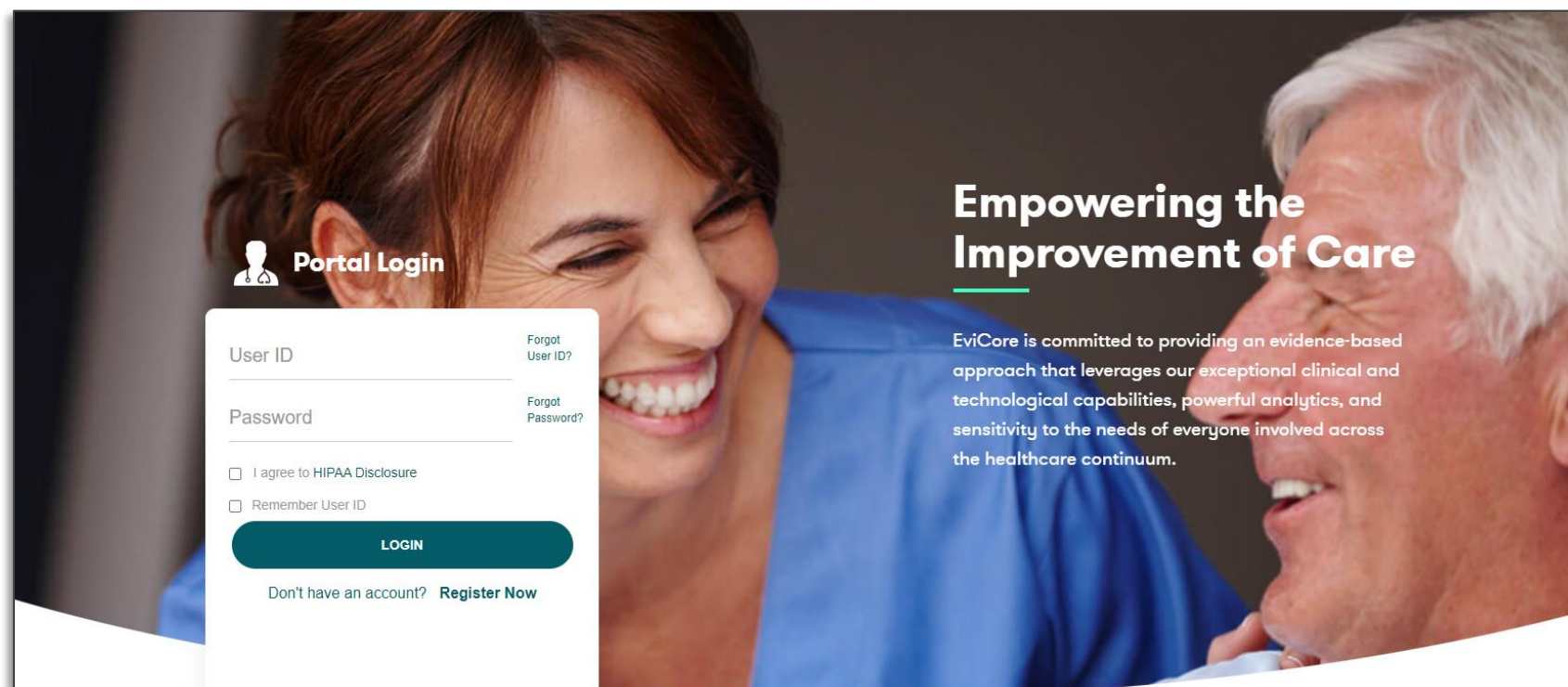
To access resources on the EviCore Provider Portal, visit [EviCore.com/provider](https://EviCore.com/provider).

**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.

# Creating an EviCore Provider Portal Account

- Select **CareCore National** as the Default Portal.
- Complete the User Information section in full and **Submit Registration**.
- You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the login page.

**EviCore**  
By EVERNORTH

**Web Portal Preference**

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal\*: --Select--

**User Information**

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name\*:

Email\*:

Confirm Email\*:

First Name\*:

Last Name\*:

Address\*:

City\*:

State\*:

Zip\*:

Office Name:

# Setting Up Multi-Factor Authentication (MFA)

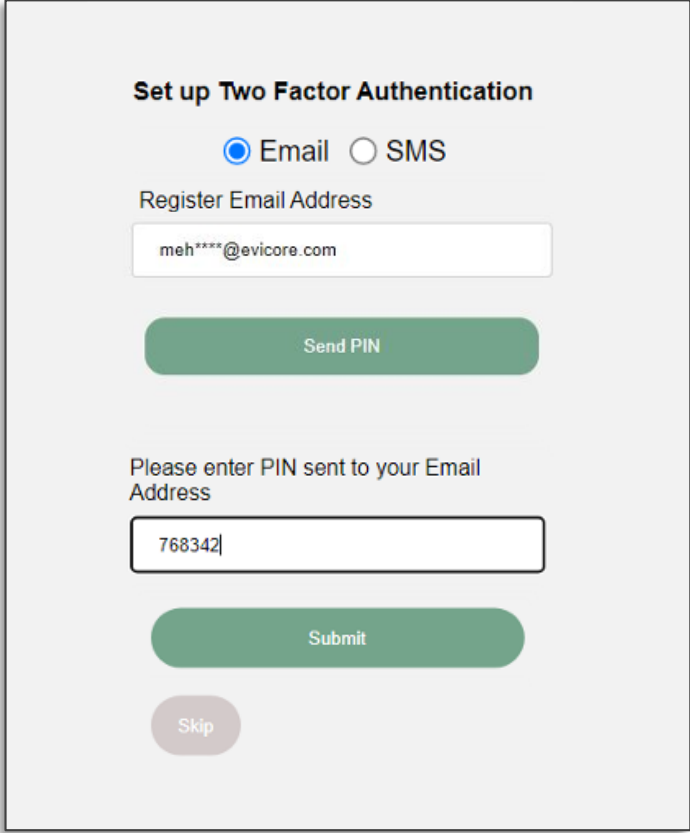
To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

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". The form has two radio buttons: "Email" (selected) and "SMS". Below the radio buttons is a label "Register Email Address" and a text input field containing "meh\*\*\*\*@evicore.com". A green button labeled "Send PIN" is below the input field. Further down is a label "Please enter PIN sent to your Email Address" and a text input field containing "768342". A green button labeled "Submit" is below the input field. At the bottom is a grey button labeled "Skip".

**Set up Two Factor Authentication**

☒ Email ☐ SMS

Register Email Address

meh\*\*\*\*@evicore.com

Send PIN

Please enter PIN sent to your Email Address

768342

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:  
Address:

Primary Contact:  
Email Address:

**ADD PROVIDER**

Click Column Headings to Sort

No providers on file

**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

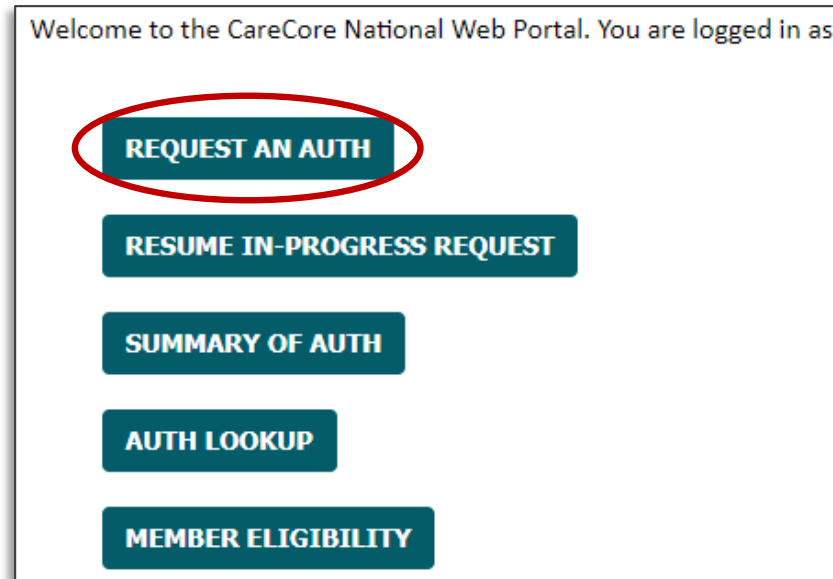
Practitioner Zip

**FIND MATCHES** **CANCEL**

# Initiating a Case

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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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------



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

# Select Program

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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

## Request an Authorization

To begin, please select a program below:

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

CONTINUE

[Click here for help](#)

### Attention!

Physical Therapy, Occupational Therapy, Speech Therapy, Massage Therapy, Chiropractic Care, and Acupuncture services are eligible for case duplication and date extensions. Are you requesting one of these services?

[Date Extension](#)

[Continuing Care](#)

[Continue to Build a New Case](#)

Requests for Spine Surgery, Joint Replacement, Arthroscopy, and Pain Management, please select "Continue to Build a New Case"

Always select "Build a New Case" for the 1<sup>st</sup> authorization request from EviCore.

- Select the **Program** for your certification.

**EviCore**

By EVERNORTH

# Clinical Certification Request | Search 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	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

### Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
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](#)

- Search for and select the **Provider/Group** for whom you want to build a case. This is the list of providers you added to your account.
- If the **Provider/Group** is not on your list of providers added to your account, you can now **Search by NPI**.



# Clinical Certification Request | Search 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	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

### Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

Provider
<div>SELECT</div>

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

	Practitioner Name	NPI	Address	City	State	ZipCode	Phone	Fax
<div>SELECT</div>								

BACK

CONTINUE

[Click here for help](#)

- Once the provider is found by searching **NPI**, the line will turn gray to indicate they are selected.

### Attention!

Do you want to add this NPI ( ) to your account for future requests ?

YES

NO

By choosing **YES**, the practitioner will be added to the provider list in your account.

# 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	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

## Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK CONTINUE

[Click here for help](#)

- Choose the appropriate **health plan** for the request.
- Another drop down will appear to select the appropriate address for the **provider**.
- Click **CONTINUE**.

# Clinical Certification Request | Enter Contact Information

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

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.

# Expected Treatment Date

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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

Attention!

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

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

SUBMIT

# 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	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

### 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

[Click here for help](#)

- Enter **member information**, including patient ID number, date of birth, and last name.
- Click **ELIGIBILITY LOOKUP**.

Search Results						
	Patient ID	Member Code	Name	DOB	Gender	Address
<div>SELECT</div>		01			F	
<div>BACK</div> <div><a href="#">Click here for help</a></div>						

- Confirm the patient’s information and click **SELECT** to continue.

# Clinical Certification Request | Procedure 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	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

### Requested Service + Diagnosis

This procedure will be performed on 5/6/2024. [CHANGE](#)

#### Musculoskeletal Management Procedures

Select a 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 Musculoskeletal Management

LOOKUP

BACK

[Click here for help](#)

- Enter **MSMPT** for Physical Therapy.
- Enter **MSMOT** for Occupational Therapy.
- Enter **MSMST** for Speech Therapy.
- Add diagnosis code(s).

# 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	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

**Attention!**

Patient ID:   
Patient Name:

Please review the patient's MSM history. You may be asked about this history during clinical review.

**MSM History**

Episode Date	Episode ID	Patient Name	CPT Code	CPT Description	Case Status

**OK**

[Print this page](#)

- Review the patient's history before proceeding to site selection.
- **Note:** Place of service can vary depending on health plan rules.

**Attention!**

Will the procedure be performed in your office?

Yes

No

# 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	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

**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, **or** zip code).
- **Select** the specific site where the procedure will be performed.



# Clinical Certification Request | Clinical Certification

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

## Proceed to Clinical Information

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

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

In order to ensure prompt attention to your online request, be sure to complete the clinical review before exiting the system. Even if you will be submitting additional information at a later time, please continue through the final summary page. Failure to formally submit your full request will cause the record to expire with no additional correspondence from eviCore.

☐ I acknowledge that the clinical information I am about to submit for this authorization request is accurate and specific to this member, and that all information will be provided for this request.

BACK

CONFIRM AND CONTINUE

- Verify that all information is entered and correct.
- Check the acknowledgement statement.
- Once you enter the clinical collection phase of the process, the answers to the clinical questions will not save unless the case is completed.
- **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	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

**Proceed to Clinical Information**

Urgency Indicator

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

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

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

☒ A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.

☐ A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.

☐ None of the above

**Clinical Upload**

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case.

If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

**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

**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.

# Clinical Certification Request | Required Medical Information Checklist

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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

### 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):

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

### Specialty Therapies (PT/OT/ST)

- ☐ Primary and Secondary Diagnosis/ICD10
- ☐ Co-morbidities/Complexities that will impact the therapy plan of care
- ☐ Surgery – Date and type
- ☐ Functional Outcome Measures/Patient Reported Outcome Scores
- ☐ Standardized test scores (a minimum of annually for pediatric neurodevelopmental conditions)

- Below the Clinical Upload description, select **Required Medical Information Checklist**.
- Once you open the document, you will search for the **Specialty Therapies** section to review the list of required medical information EviCore requires in order for the prior authorization request to meet medical necessity.
- Direct link to document: [Required Medical Information Check List.pdf \(EviCore.com\)](#)


# Clinical Collection

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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

## Proceed to Clinical Information

### TYPE OF CONDITION

Please select Developmental/Pediatric for all Pediatric cases EXCEPT primary musculoskeletal injuries such as ankle sprain, fracture, WITHOUT an underlying developmental or neuromuscular condition like cerebral palsy.)

 Please indicate the condition for which therapy is being requested:

SUBMIT

☐ Finish Later

Did you know?

You can save a certification request to finish later.

You can check the “Finish Later” box to save your progress. You’ll have until the end of the day to complete the case.

EviCore

By EVERNORTH

# Clinical Collection | From the Clinical Worksheets

---

**Please indicate the primary treatment area (CHOOSE ONE):**

Knee

**Please indicate the secondary area of treatment (CHOOSE ONE, If any)**

No second area being treated

**SUBMIT**

## Proceed to Clinical Information

### Lower Extremity

**Please indicate side(s) being treated:**

- ☐ Right
- ☐ Left
- ☐ Both / Bilateral


**Please indicate the functional measure used (CHOOSE ONE):**


- ☒ LEFS (Lower Extremity Functional Scale)
- ☐ HOOS Jr. (HIP Disability and Osteoarthritis Outcome Score Jr)
- ☐ KOOS Jr. (KNEE Disability and Osteoarthritis Outcome Score Jr)
- ☐ FOTO Hip / Knee / Ankle / Foot (Focus On Therapeutic Outcomes)
- ☐ Other functional assessment / No functional assessment


**SUBMIT**

# Clinical Collection

**Proceed to Clinical Information**

 Please provide the most recent date of the medical doctor's evaluation:



 Please provide the medical doctor's diagnosis:

**SUBMIT**

☐ Finish Later

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

[Click here for help](#)

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

- If you need to confirm information you've entered, or need to add additional information, check **Finish Later**, then submit.
- You will then have **until the end of the day** to complete the request.
- If needed, any changes or updates can be made by phone.

# Criteria Met

You have been approved for 4 visits. Please use these visits before requesting more visits. Your therapist may submit another notification if authorization for additional care is necessary. To check for full benefits and eligibility information for the specific medical service, log in to [www.premera.com](http://www.premera.com) as a provider and utilize the Prior Authorization tool and/or Benefit and Eligibility tool. Your case has been approved for 4 visits

Provider Name:	Contact:	Amy	
Provider Address:	Phone Number:	(999) 999-9999	
	Fax Number:	(999) 999-9999	
Patient Name:	Patient Id:		
Insurance Carrier:			
Site Name:	Site ID:		
Site Address:			
Primary Diagnosis Code:	M54.51	Description:	Vertebrogenic low back pain
Secondary Diagnosis Code:		Description:	
CPT Code:		Description:	
Authorization Number:			
Review Date:			
Approved Treatment Start Date:			
Expiration Date:			
Status:	You have been approved for 4 visits. Please use these visits before requesting more visits. Your therapist may submit another notification if authorization for additional care is necessary. To check for full benefits and eligibility information for the specific medical service, log in to <a href="http://www.premera.com">www.premera.com</a> as a provider and utilize the Prior Authorization tool and/or Benefit and Eligibility tool. Your case has been approved for 4 visits		

CANCEL

PRINT

CONTINUE

- Once the clinical pathway questions are completed and the answers have met the clinical criteria, an **approval** will be issued.
- You can print the certification and store in the patient's record if needed.



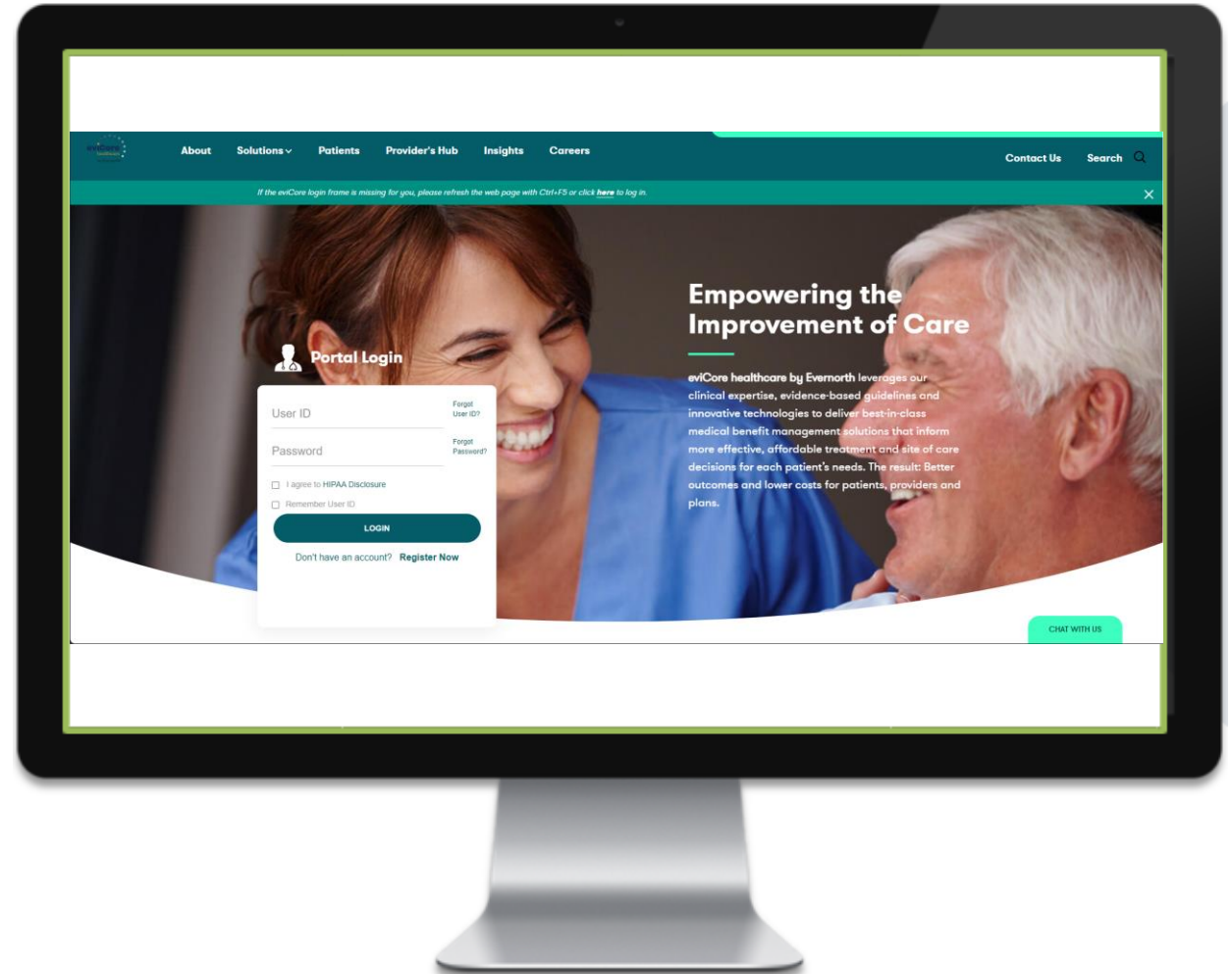


# Provider Portal Demo

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The EviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status.

Click [HERE](#) to  
view  
a video demo  
(2 min)



# EviCore Portal Features

# Provider Portal | Feature Access

EviCore

By EVERNORTH

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

Manage Your Account

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

# 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.



# Certification Summary | User Worklist

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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

Certification Summary

Search For: All Other Programs

Search..

Page 1 of 1

10

	Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>	
1	NA					Expired / Cancelled	05/01/2024		

Page 1 of 1

10

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

# Authorization Lookup

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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

## Authorization Lookup

Search by Member Information

Search by Authorization Number/NPI

OnePA: Prior Authorization Portal for Providers

Search by Claim Number/Health plan

Required Fields

Healthplan:

PRINT

[Click here for help](#)

- 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.

**EviCore**

By EVERNORTH

# 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).

## 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.

[Provider Engagement Manager Territory List](#)



## Call Center/Intake Center

Call **855-774-1317**. Representatives are available from 7 a.m. to 7 p.m. local time.



# Provider Resource Website

---

## Provider Resource Pages

EviCore's Provider Engagement team maintains provider resource pages that contain educational material to assist providers and their staff on a daily basis. The provider resource page includes, but is not limited to, the following educational material:

- Provider training material
- CPT code list
- Quick Reference Guide (QRG)
- Frequently Asked Questions (FAQ)

**To access these helpful resources, please visit:**

<https://www.evicore.com/resources/healthplan/blue-care-network>

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's Hub](#).



# Ongoing Provider Portal Training

---

**The EviCore Portal Team offers general portal training, twice a week, every week.**

All online orientation sessions are free of charge and will last approximately one hour. Advance registration is required, so follow the instructions below to sign up:

## **How to register:**

1. Go to <http://EviCore.webex.com/>
2. Click on the “hamburger” menu on the far left hand side (below the EviCore logo), then choose **Webex Training**.
3. On the **Live Sessions** screen, click the **Upcoming** tab. In the search box above the tabs, type: **EviCore Portal Training**.
4. Choose the date and time for the session you would like to attend, and click the **Register** link beside it. (You will need to register separately for each session.)
5. Complete the required information and click the **Register** button.

Immediately after registering, you will receive an e-mail containing the toll-free phone number, meeting number, conference password, and a link to the web portion of the conference. **Please keep the registration e-mail so you will have the Web conference information for the session in which you will be participating.**

# 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.**

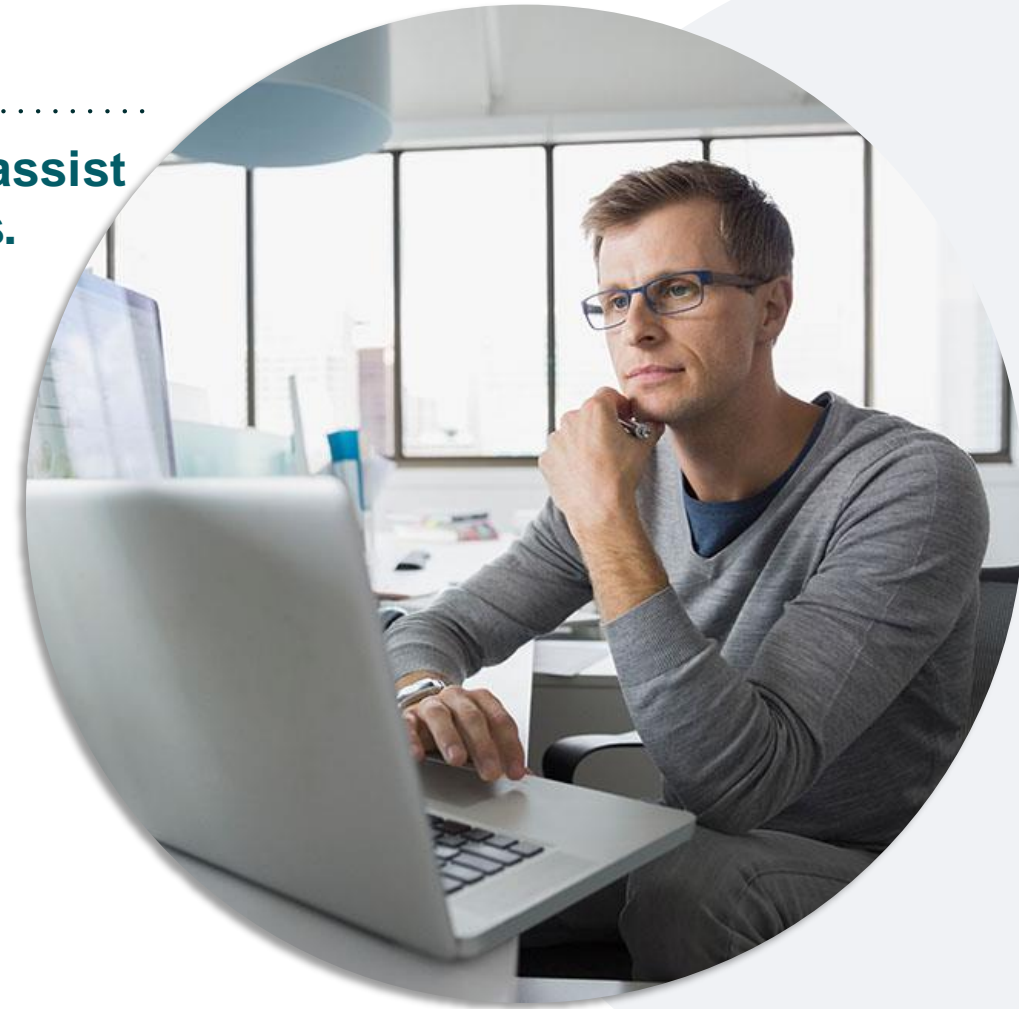
We invite you to attend a **Intro to EviCore Online Resources** session to learn how to navigate [EviCore.com](https://www.evicore.com) and understand all the resources available on the Provider's Hub.

## **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

## **To register, go to EviCore.com, then:**

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



# EviCore's Provider Newsletter

---

Stay up to date with our free provider newsletter!

To subscribe:

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



# Thank You

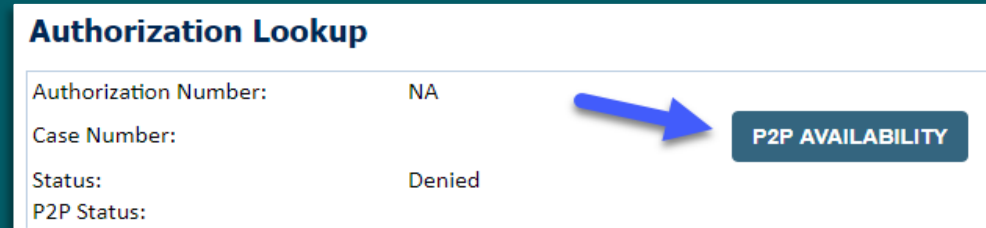
# Appendix

# Peer-to-Peer (P2P) Scheduling Tool

# Schedule a P2P

If your case is eligible for a Peer-to-Peer (P2P) consultation, a link will display, allowing you to proceed to scheduling without any additional messaging.

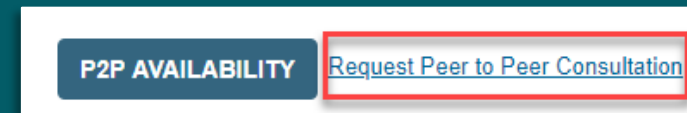
1. Log-in to your account at **EviCore.com**.
2. Perform **Clinical Review Lookup** to determine the status of your request.
3. Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a Peer-to-Peer consultation
4. Note carefully any messaging that displays.\*



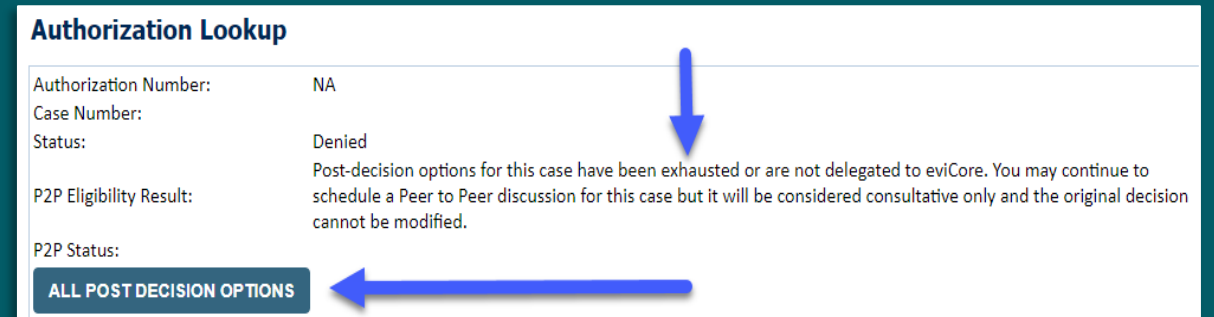
**Authorization Lookup**

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

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.

The image displays two screenshots of the EviCore 'New P2P Request' form. The top screenshot shows the initial input fields for Case Reference Number and Member Date of Birth, with a 'Lookup Cases' button. The bottom screenshot shows the confirmation screen with member and case details, a 'Continue' button, and a 'P2P Eligible' status.

**Top Screenshot: New P2P Request**

Case Reference Number:

Member Date of Birth:

[+ Add Another Case](#)

[Lookup Cases >](#)

**Bottom Screenshot: New P2P Request**

Case Ref #:

[Remove](#) ✓ P2P Eligible

**Member Information**

Name
DOB
State
Health Plan
Member ID

**Case P2P Information**

Episode ID	
P2P Valid Until	2020-11-11
Modality	MSK Spine Surgery
Level of Review	Reconsideration P2P
System Name	ImageOne

[Continue](#)

# Schedule a P2P

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, then click **Continue**.

### 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 >

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...			

# Schedule a P2P


1. Update the following fields to ensure the correct person is contacted for the Peer-to-Peer appointment:
  - + Name of Provider Requesting P2P
  - + Phone Number for P2P
  - + Contact Instructions
2. Click **Submit** to schedule the appointment.
3. You will be presented with a summary page containing the details of your scheduled appointment.
4. Confirm contact details.

The screenshot shows a web form for scheduling a Peer-to-Peer (P2P) appointment. At the top, there is a progress bar with four steps: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (active, indicated by a yellow circle). The form is divided into two main sections. The left section, titled 'P2P Info', contains a 'Case Info' box with fields for Date (Mon 5/18/20), Time (6:30 pm EDT), and a 'Reviewing Provider' dropdown. Below this is a '1st Case' box with fields for Case #, Episode ID, Member Name, Member DOB, Member State, Health Plan, Member ID, Case Type (MSK Spine Surgery), and Level of Review (Reconsideration P2P). The right section, titled 'P2P Contact Details', contains several fields: '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@internet.com), and 'Contact Instructions' (Select option 4, ask for Dr. Doe). Blue arrows point to the 'Name of Provider Requesting P2P', 'Phone Number for P2P', and 'Contact Instructions' fields. A 'Submit' button is located at the bottom right of the form.


The screenshot shows a 'Scheduling' summary page. At the top, there is a 'Scheduling' header with a calendar icon. Below this, the word 'Scheduled' is displayed. A large blue box contains a calendar icon, a clock icon, and the text 'Mon 5/18/20 - 6:30 pm EDT'. To the right of this box, the word 'SCHEDULED' is written in blue capital letters inside a red oval.


# P2P Contact Details


1. Use the radio 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*

First Name

Last Name

**Credential** *Required*

Select...

 CONTACT PERSON


**Contact First Name** *Required*

Contact First Name

**Contact Last Name** *Required*

Contact Last Name

**Contact Person Location** *Required*

Select...

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# Call Notes

1. Use the radio button to select options if applicable.
2. If “Procedure was performed on” is selected, then the date is required.

**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.

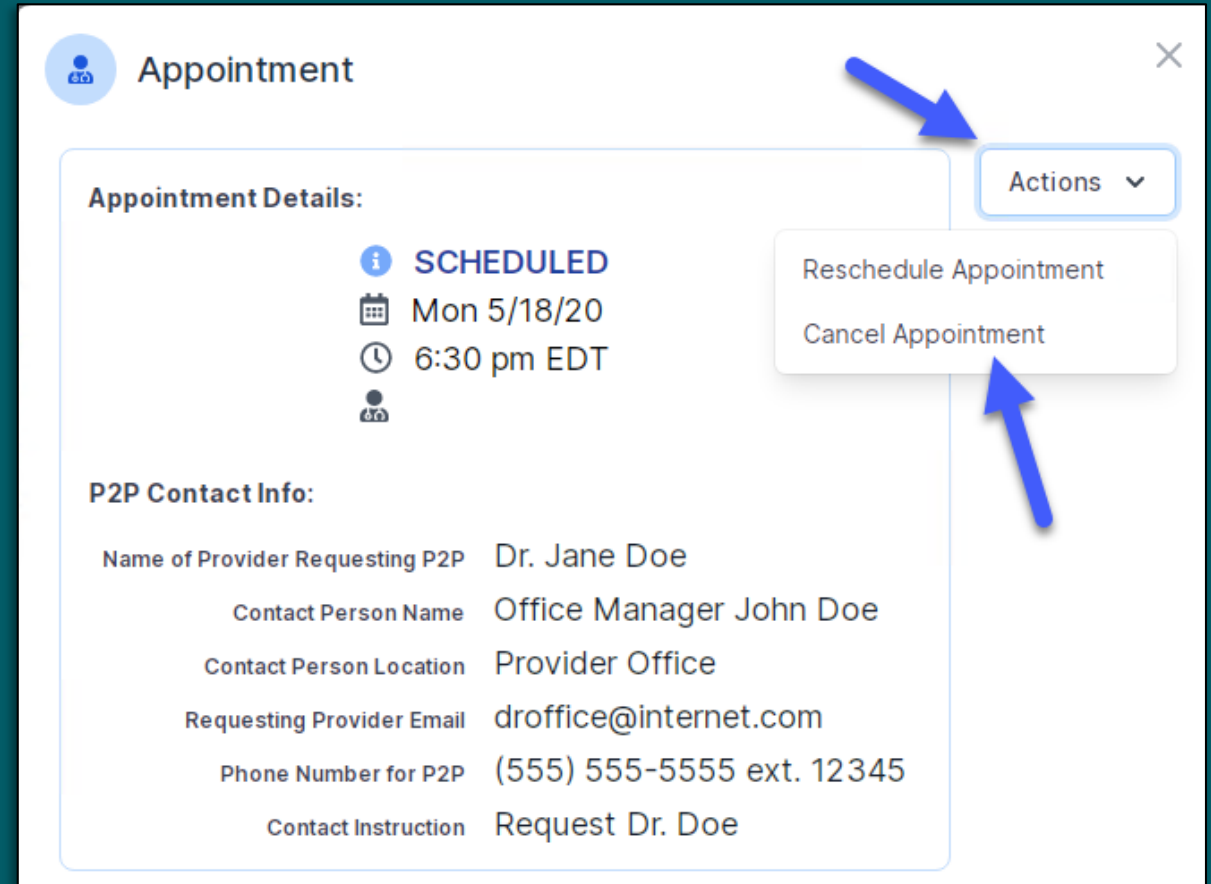
☐ TX licensed same specialty - Caller is aware P2P does not meet TX SSL/specialty match and wants to proceed with P2P

**Schedule Appointment**





# 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.



The screenshot shows a window titled "Appointment" with a close button (X) in the top right corner. The window is divided into two main sections: "Appointment Details:" and "P2P Contact Info:". The "Appointment Details:" section includes a status icon (i) and the word "SCHEDULED" in blue, followed by a calendar icon and "Mon 5/18/20", a clock icon and "6:30 pm EDT", and a person icon. The "P2P Contact Info:" section contains a table of contact information. In the top right corner of the window, there is an "Actions" drop-down menu. A blue arrow points to this menu, and another blue arrow points to the "Cancel Appointment" option in the expanded menu.

Appointment Details:	
	<b>SCHEDULED</b>
	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