

PROVIDER ORIENTATION SESSION

Radiology Cardiovascular Pain Management

Aetna Better Health of New Jersey
(Aetna Assure Premier Plus)

EviCore
By EVERNORTH



Agenda



Solution Overview

Radiology, Cardiovascular & Pain Management

Submitting Requests

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

EviCore Provider Portal

Overview, Features & Benefits

Provider Resources

Questions & Next Steps

Appendix

- Peer-to-Peer Scheduling Tool
- Additional Resources

Solution Overview

Aetna Better Health of New Jersey Prior Authorization Services

EviCore will begin accepting prior authorization requests for Radiology, Cardiovascular and Pain Management services on 8/18/2025 for dates of service 9/1/2025 and after.

Applicable Membership	Prior authorization applies to the following services	Prior authorization does NOT apply to services performed in
<ul style="list-style-type: none">MedicaidAAPP	<ul style="list-style-type: none">OutpatientElective/Non-emergent	<ul style="list-style-type: none">Emergency RoomsObservation ServicesInpatient Stays

Providers should verify member eligibility and benefits on the secured provider log-in section at:

www.aetnabetterhealth.com/NewJersey (ABH-NJ)

<https://www.aetnabetterhealth.com/new-jersey-hmosnp/index.html> (AAPP)

Radiology, Cardiovascular and Pain Management Covered Services

Radiology

- Advanced Imaging
- CT, CTA
- MRI, MRA
- PET, PET/CT

Cardiovascular

- Cardiac Imaging
- Myocardial Perfusion Imaging
 - (SPECT & PET)
- Cardiac CT & MRI
- Echo Stress Testing (XSE
- Diagnostic Heart Catheterization

Interventional Pain

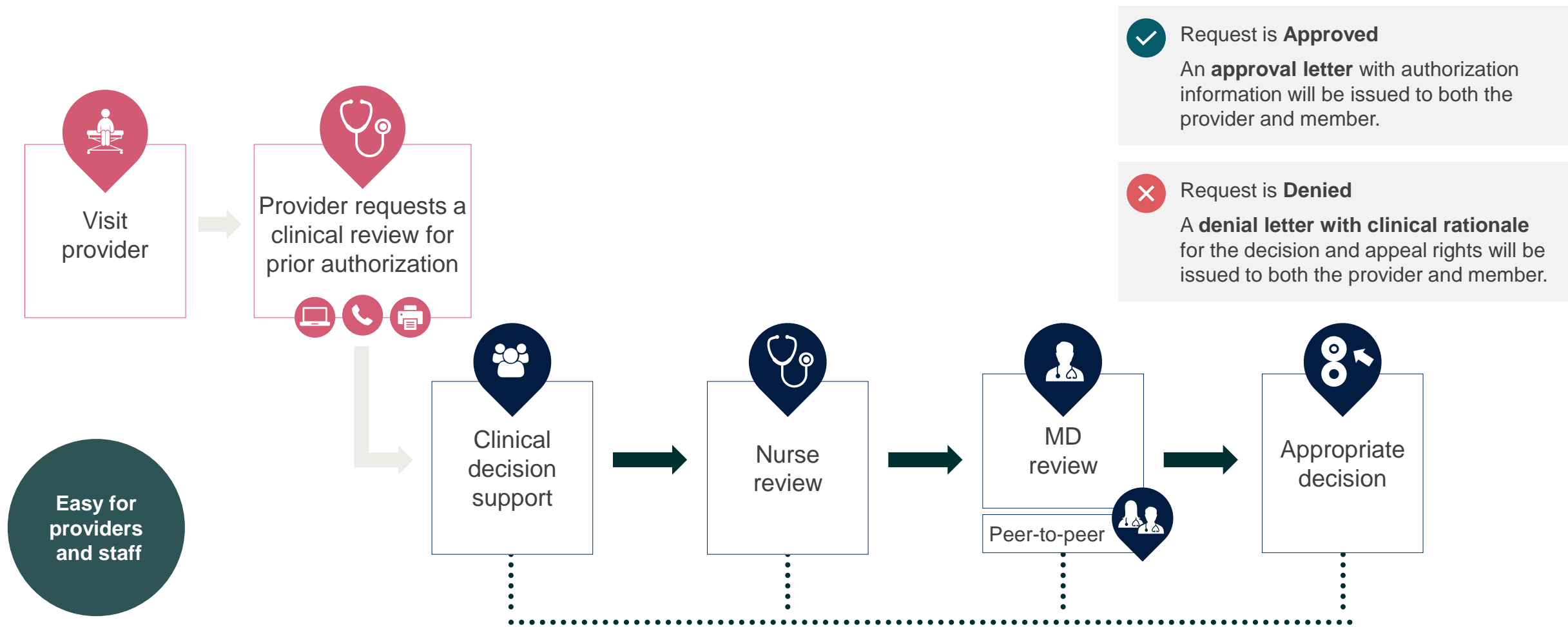
- Spinal injections
- Spinal implants
 - Spinal cord stimulators
 - Pain pumps

To find complete lists of resources including the Current Procedural Terminology (CPT) codes that require prior authorization, please visit:

[Aetna Better Health NJ Provider Resources | EviCore by Evernorth](#)

Submitting Requests

Utilization Management | Prior Authorization



How to Request Prior Authorization

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

- + **Save time:** Quicker process than requests by phone or fax
- + **Available 24/7**
- + **Save your progress:** If you need to step away, you can save your progress and resume later
- + **Upload additional clinical information:** No need to fax in supporting clinical documentation, it can be uploaded on the portal
- + **View and print determination information:** Check case status in real-time
- + **Dashboard:** View all recently submitted cases
- + **E-notification:** 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: **866-668-8295**

Monday – Friday
7 AM – 7 PM EST

Or by fax: **800-540-2406**

Necessary Information for Prior Authorization



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



Member

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



Referring (Ordering) Physician

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



Supporting Clinical

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



Rendering Facility

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

All Clinical Information pages must include 2 patient/member identifiers

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.



Prior Authorization Outcomes, Special Considerations & Post- Decision Options

Prior Authorization Determination Outcomes

Determination Outcomes

- **Turnaround Time:** Decisions on standard requests will be made within 14 calendar days from case submission. Urgent requests are processed within 72 hours.
- **Approved/Partially Approved Requests:** Authorizations are valid for 60 calendar days from the date of case submission. 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.
- **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 rights will be issued.

Notifications

- Notifications will be provided to members and providers per state requirements.
- Approval information can be printed on demand from the [EviCore portal](#).



Special Circumstances

.....

Retrospective Authorization Requests

- Retrospective requests must be submitted to EviCore within 90/180 (AAPP) calendar days from the date of service. Any submitted beyond this timeframe will be expired
- Reviewed for **clinical urgency** and medical necessity
- Processed within 30 calendar days
- When authorized, the start date will be the submitted date of service

Urgent Prior Authorization Requests

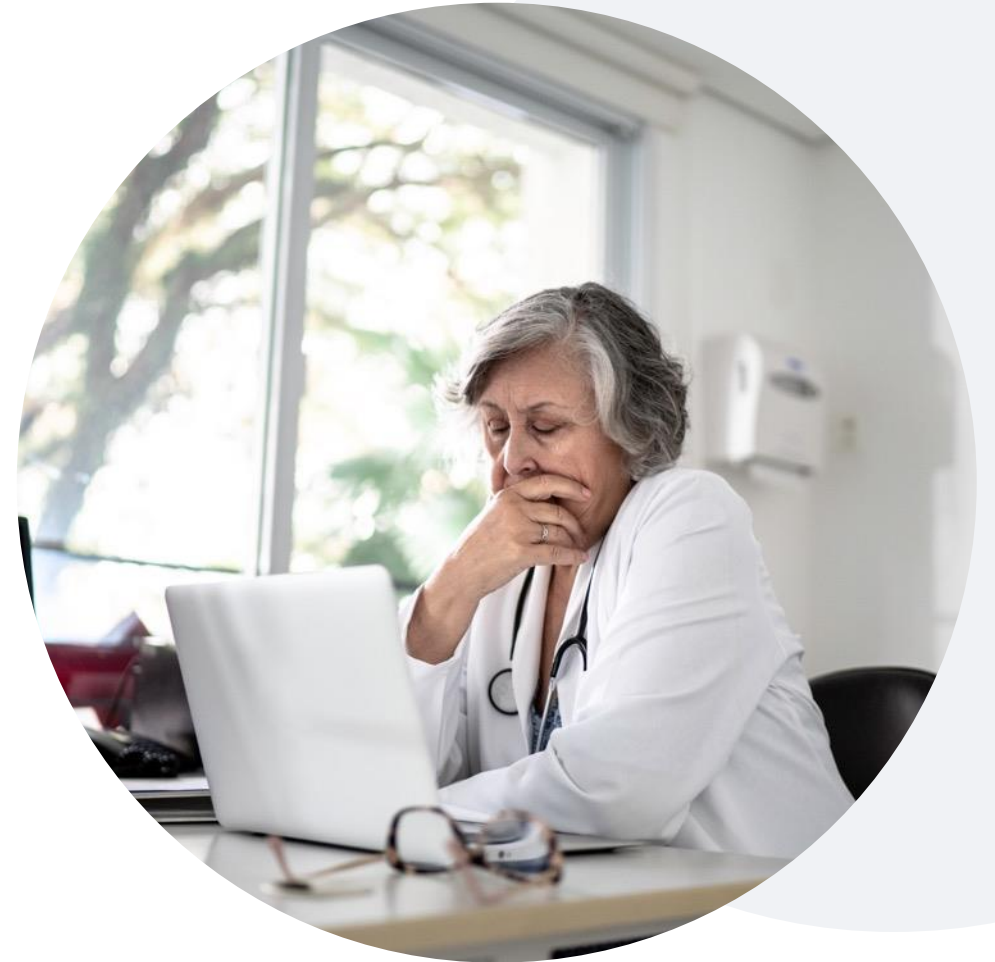
- EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the patient
- Can be initiated on the [EviCore Provider Portal](#) or by phone
- Urgent cases are typically reviewed within 24 hours (can vary by state based on state-specific regulations)



Special Circumstances (cont.)

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



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 **866-668-8295** 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 5 calendar days from date of decision.
 - + Reconsiderations can be requested writing or verbally via a Clinical Consultation with an EviCore physician.
-



Appeals

- + EviCore will not process first-level appeals.

Portal Case Submission

EviCore Provider Portal | Access and Compatibility

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

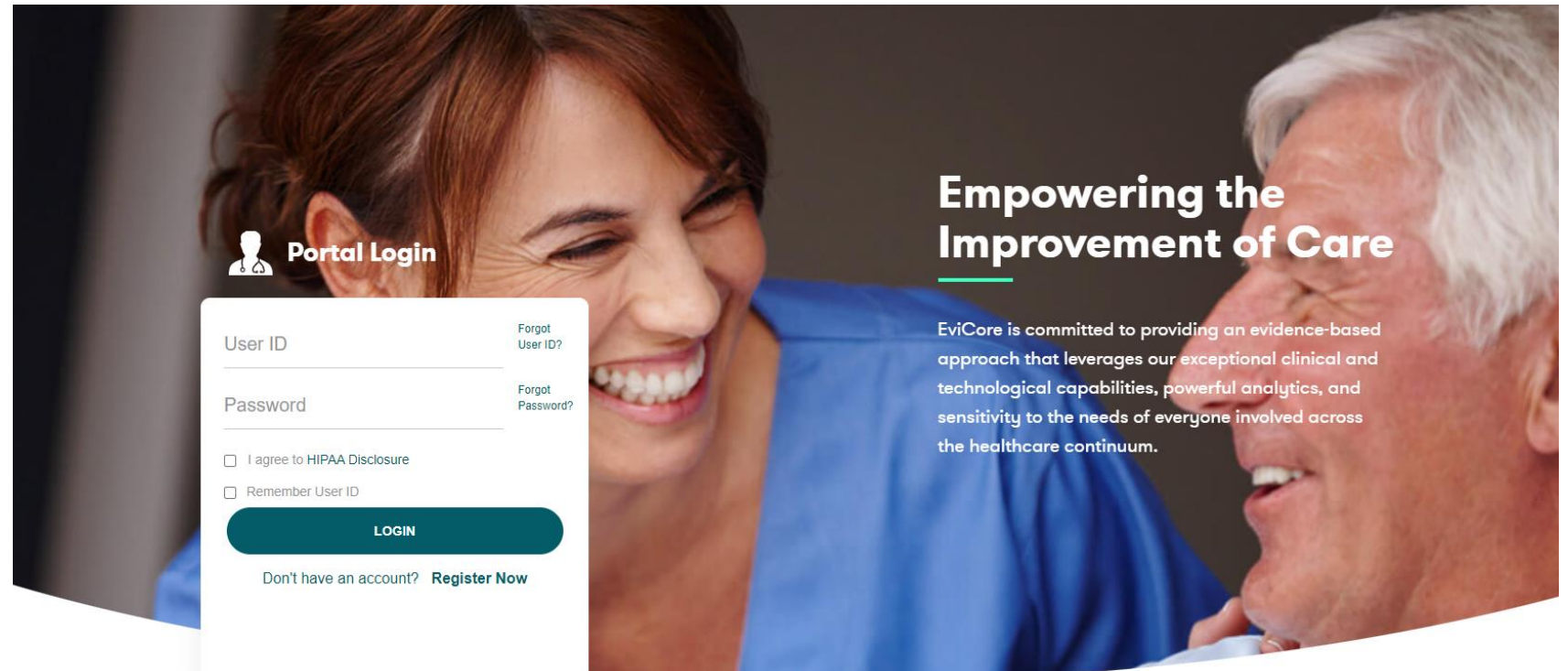
To access resources on the EviCore Provider Portal, visit [**EviCore.com/provider**](https://EviCore.com/provider).

Already a user?

Log in with User ID & Password.

Don't have an account?

Click **Register Now**.



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

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.

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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--

--Select--

CareCore National

Medsolutions

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)

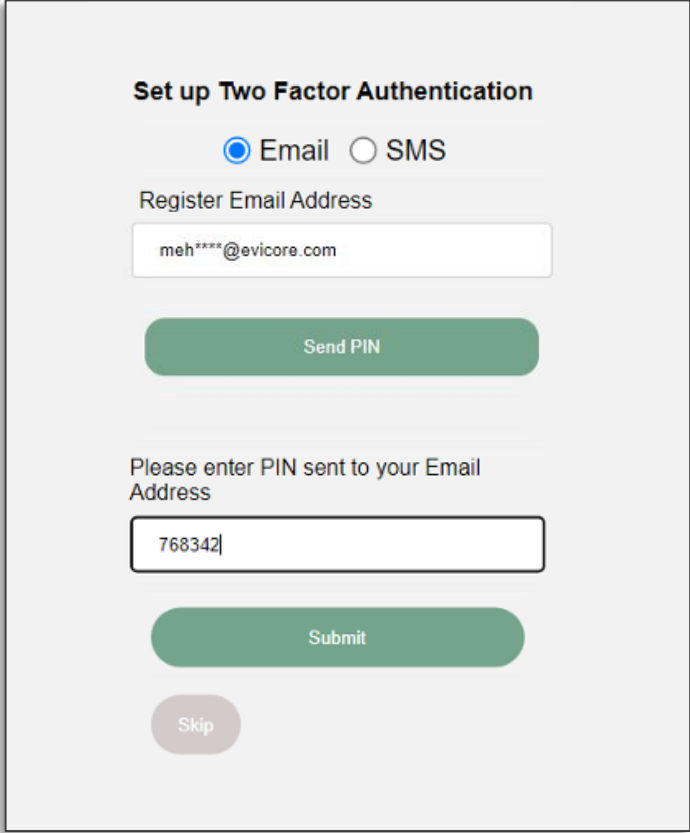
To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

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". At the top, there are two radio buttons: "Email" (selected) and "SMS". Below this is a label "Register Email Address" followed by a text input field containing "meh****@evicore.com". A green "Send PIN" button is below the input field. Further down is a label "Please enter PIN sent to your Email Address" followed by a text input field containing "768342". A green "Submit" button is below this field, and a grey "Skip" button is at the bottom left of the form area.

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

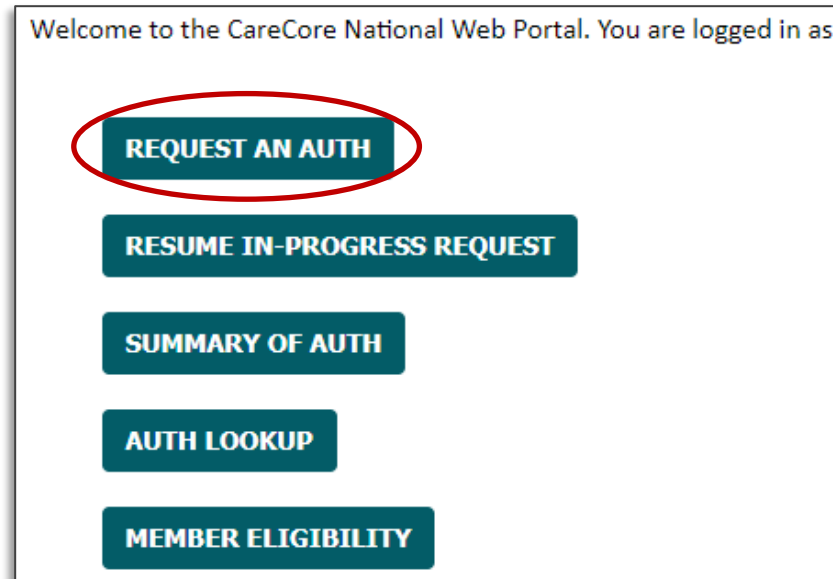
Practitioner NPI

Practitioner State

Practitioner Zip

FIND MATCHES **CANCEL**

Initiating a Case



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

To begin, please select one of the programs below that are applicable to Aetna Better Health of OK.

- ☐ Durable Medical Equipment (DME)
- ☐ Gastroenterology
- ☐ Lab Management Program
- ☐ Medical Oncology Pathways
- ☒ Musculoskeletal Management
- ☐ Radiation Therapy Management Program (RTMP)
- ☒ Radiology and Cardiology
- ☐ Sleep Management
- ☐ Specialty Drugs

CONTINUE

[Click here for help](#)

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

Provider Experience – Provider Selection

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR

	Provider
SELECT	1487105995 - PARK NICOLLET HEALTH CARE PRODUCTS
SELECT	1619364213 - ROTH, MARC
SELECT	1063494177 - ST LUKES HOSPITAL OF KANSAS CITY

The Office user will select the treating physician from their pre-populated affiliated physician list.

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](#)

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: [REDACTED]

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**

Provider Experience – Case Submission

Add Your Contact Info

Provider's Name:* BOWMAN, DANIEL [?]

Who to Contact:* [?] [?]

Fax:* [?] [?]

Phone:* [?] [?]

Ext.: [?] [?]

Cell Phone: [?]

Email: MedOncProgramOps@evi

☒ Receive notification of case status changes

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

BACK

CONFIRM FAX AND CONTINUE

[Click here for help](#)

Contact information is confirmed or entered to ensure smooth communication of the determination or to request additional information as needed.

Provider Experience – Member

Patient Eligibility Lookup

New Patient Registration

Member ID
(no spaces or dashes)

Date of Birth (MM/DD/YYYY)

Last Name

First Name (optional)

Current Patient

Filter by Physician
All Providers
 (type to filter)

User or provider has no patients ▲

New Patient Registration

Provider: Select Provider

Health Plan:

Member ID:

Date of Birth: 2/20/1973

Name:

City, State:

Do you want to continue with this patient?

New patients are registered or current patients are selected from the drop down list. If a new patient is being registered and eligibility is verified, a confirmation screen will appear. Click “Yes” to continue.

Provider Experience – History

The Patient History Screen becomes the hub for all future requests or data relating to this patient. Including a record of previous requests for services through eviCore, authorization numbers and dates, and clinical summaries based on the information provided through the request process.

Clinical Certification

Blurred content area for Clinical Certification.

NEW REVIEW

Reviews						
Date	Provider	Case #	Drug	Status		
8/18/2024	WINBERRY, JAMES		J0222 Patisiran (Onpattro)	Expired		VIEW HISTORY

Click to view clinical information, Jcodes, and expiration date.

Provider Experience – Date of Service

Attention!

Time: 9/4/2024 9:52 AM

Patient ID:

Patient Name:

What is the anticipated treatment start date? (MM/DD/20YY)*

mm/dd/yyyy

Date must be in MM/DD/20YY
or M/D/20YY format

Submit

Enter the “*treatment start date*”.

Provider Experience – Drug and Diagnosis

Requested Service + Diagnosis

This procedure will be performed on 9/6/2024.

[CHANGE](#)

Medical Drug Management

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

J0222

Patisiran (Onpattro)

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

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

Diagnosis

Primary Diagnosis Code: **R34**

Description: **Anuria and oliguria**

[Change Primary Diagnosis](#)

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

Secondary diagnosis is optional for Medical Drug Management

[LOOKUP](#)

[BACK](#)

[CONTINUE](#)

[Click here for help](#)

For Radiology, Cardiovascular, and Interventional Pain requests, enter the CPT code in the drop-down box and then enter the diagnosis codes.

Provider Experience – Site

Attention!

Will the physician be administering the medication in their office?

Yes

No

In office administration allows user to bypass site selection step

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:

1063494177

Zip Code:

Site Name:

TIN:

City:

Starts with

LOOKUP SITE

- Distinct rendering site or facility can be entered if needed.
- Multiple lookup options are available.
- Network logic can be applied as needed.

Site Email (optional)

	Name	Address
<div>SELECT</div>	SAINT LUKES REGIONAL LAB	711 MARSHALL ST LEAVENWORTH, KS 66048
<div>SELECT</div>	SAINT LUKES HOSPITAL	4401 WORNALL RD KANSAS CITY, MO 64111
<div>SELECT</div>	SAINT LUKES REGIONAL LABS	4401 WORNALL RD FL B KANSAS CITY, MO 64111
<div>SELECT</div>	SAINT LUKES HOSPITAL OF KANSAS CITY	4401 WORNALL KANSAS CITY, MO 64111

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Provider Experience – Urgency

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

Answer if the request is
“Routine/Standard”. If no, select
“Urgency Indicator”.

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

Provider Experience – Transition to Clinical

Proceed to Clinical Information

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

After answering the clinical question(s) on each screen you will need to click the "Submit" button. If you made an error, you can click on the question. The system will ask that you answer the question. You can use the "Finish Later" button, for Standard/Routines cases only, to save information for a later time (Note: For most scenarios you will need to complete the review on the screen. All case information recorded up to but not including the current screen.

Failure to formally submit your request clicking the "Submit" button at the conclusion of all clinical questions will cause the request for a prior authorization to expire with no additional correspondence.

☒ 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

[Click here for help](#)

The demographic portion of the case is complete.

Reminders on how to complete the clinical portion are displayed. Click *"Confirm and Continue"* to proceed to the clinical review.

Provider Experience – Place of Service

Proceed to Clinical Information

Please select the Place of Service for this request:

- ☐ Office
- ☐ Outpatient Home
- ☐ Off Campus-Outpatient Hospital
- ☐ Inpatient Hospital
- ☐ On Campus-Outpatient Hospital

Submit

☐ Finish Later

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

Place of Service collection

The request can be paused and completed at a later time.

Provider Experience – Clinical information

Proceed to Clinical Information

What is the patient's diagnosis?

- ☐ Hereditary transthyretin-mediated amyloidosis
- ☐ Other

Submit

Proceed to Clinical Information

Has the diagnosis been confirmed by ALL of the following:

☐ Yes ☐ No

- By biopsy or genetic testing documenting pathogenic TTR mutation
- Signs and symptoms of polyneuropathy
- Polyneuropathy disability stage III B or lower OR familial amyloid polyneuropathy stage I or II

Submit

Proceed to Clinical Information

Is there a history of liver transplantation?

☐ Yes ☐ No

Submit

Proceed to Clinical Information

Will Amvuttra or Onpattro be used concomitantly with Tegsedi (inotersen), Vyndaqel (tafamidis meglumine), or Vyndamax (tafamidis)?

☐ Yes ☐ No

Submit

The submitter will be asked a series of questions based on clinical policy. Almost all answers are in drop down or click selection to allow for quick entry and structured data for reporting and analysis.

Provider Experience – Clinical Information

Proceed to Clinical Information

Is Amvuttra or Onpattro being prescribed by or in consultation with a neurologist or a physician who specializes in the treatment of amyloidosis?

☐ Yes ☐ No

Submit

Proceed to Clinical Information

Has the Attestation for Amvuttra or Onpattro Treatment form been signed by physician (or designee)?

☐ Yes ☐ No

Submit

Proceed to Clinical Information

Is this for initial or reauthorization?

☐ Initial

☐ Reauthorization

Submit

Proceed to Clinical Information

Does the patient have any of the following:

☐ Yes ☐ No

- Neuropathy from other causes such as from diabetes mellitus, chronic alcohol, vitamin B12 deficiency, chronic inflammatory demyelinating polyneuropathy, monoclonal gammopathy, autoimmune disease, etc.
- New York Heart Association (NYHA) class III or IV heart failure

Submit

Proceed to Clinical Information

Select one of the following:

- ☐ Initiating treatment- First time administration
- ☐ Reinitiating treatment, first dose after 6 months of not being on treatment
- ☐ Subsequent dose/continuation of therapy

Submit

Proceed to Clinical Information

Is the individual medically unstable as defined by any of the following? (please select)

- ☐ Documented significant clinical comorbidities such as cardiopulmonary conditions or unstable renal function that would increase risk of infusion or drug related adverse events
- ☐ Documented cognitive impairments or mental status changes that impact the safety of infusion therapy
- ☐ Documented Cytokine release syndrome (CRS)
- ☐ Documentation of difficult or unstable vascular access
- ☐ Patient is medically stable, none of the above apply

Submit

User will continue answering clinical questions to support their request.

Provider Experience – Additional information

Proceed to Clinical Information

Is there any other information specific to the member's health condition that you would like to provide at this time? (If none, please click SUBMIT.)

Submit

User will continue answering clinical questions and have the opportunity to upload additional clinical information to support the request.

Proceed to Clinical Information

Clinical Upload

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

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

SKIP UPLOAD

Provider Experience – Case Submission

Summary of Your Request

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

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

Provider Name:
Provider Address:

[REDACTED]

Patient Name:
Insurance Carrier:

[REDACTED]

Site Name:
Site Address:

[REDACTED]

Primary Diagnosis Code:
Secondary Diagnosis Code:
Date of Service:
CPT Code:
Case Number:
Review Date:
Expiration Date:
Status:

R34
J0222
9/10/2024
9/5/2024 10:51:06 AM
N/A
Your case has been sent for Medical Review.
The prior authorization you submitted, Case [REDACTED], has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

Patient Id:
Site ID:

[REDACTED]

[REDACTED]

Description:
Description:
Description:

Anuria and oliguria
Patisiran (Onpattro)

The summary screen confirms that status and details of the request.

- If Clinical criteria are met, the request will approve automatically
- If criteria not met, request will go to pharmacist review

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Provider Experience – Case Submission

Proceed to Clinical Information

Is it required that this individual receive all infusions for this drug in a hospital outpatient facility?

- ☐ Yes- Reasons provided
☐ No

Submit

User will continue answering clinical questions to support their request.

Proceed to Clinical Information

Please submit the reason(s) for administering all drugs in a hospital outpatient facility:

Submit

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 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 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		

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.

Criteria Not Met

- Once you complete the clinical questions, you will have an opportunity to upload additional clinical information.
- You will also receive a summary of your request to print for your records.

Is there any additional information specific to the member's condition you would like to provide?

☐ I would like to upload a document

☐ I would like to enter additional clinical notes in the space provided

☐ I would like to upload a document and enter additional notes

☐ I have no additional information to provide at this time

PRINT

CONTINUE

Your case has been sent to Medical Review.
The prior authorization you submitted, Case A191042756, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

Provider Name:		Contact:
Provider Address:		Phone Number:
		Fax Number:
Patient Name:		Patient Id:
Insurance Carrier:		
Site Name:		Site ID:
Site Address:		
Primary Diagnosis Code:	G46.3	Description: Brain stem stroke syndrome
Secondary Diagnosis Code:		Description:
Date of Service:	Not provided	
CPT Code:	70551	Description: MRI Brain W/O CONTRAST
Case Number:		
Review Date:		
Expiration Date:	N/A	
Status:	Your case has been sent to Medical Review. The prior authorization you submitted, Case A191042756, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.	

CANCEL

PRINT

CONTINUE

Provider Resources

Client and Provider Services

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

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

Web-Based Services and Portal Support

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

Provider Engagement

- + Regional team that works directly with the provider community.
- + **Sara Vandiver, NY/NJ**
- + Email: **Sara.Vandiver@evicore.com**
- + Phone: **804-814-4878**.

Call Center

Call **888.910.1199**, representatives are available from 7 a.m. to 7 p.m. local time.

Contact EviCore's Dedicated Teams



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



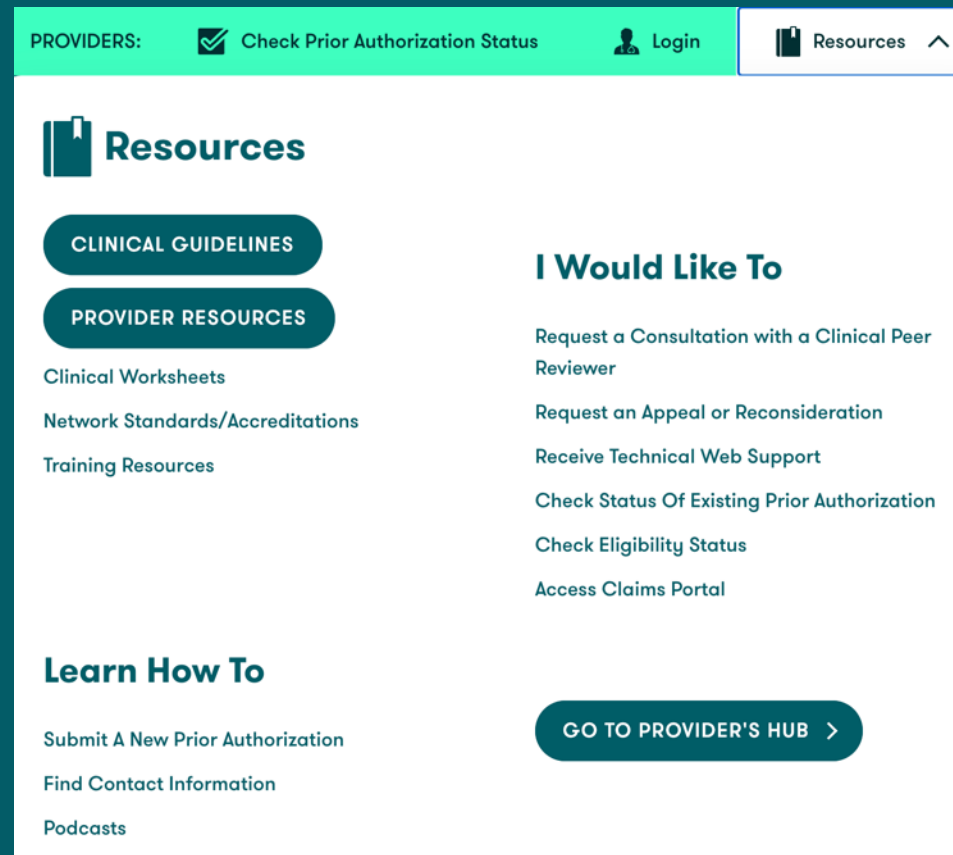
Contact our Client and Provider Services team



Quick Reference Tool

Where can I locate plan-specific contact information?

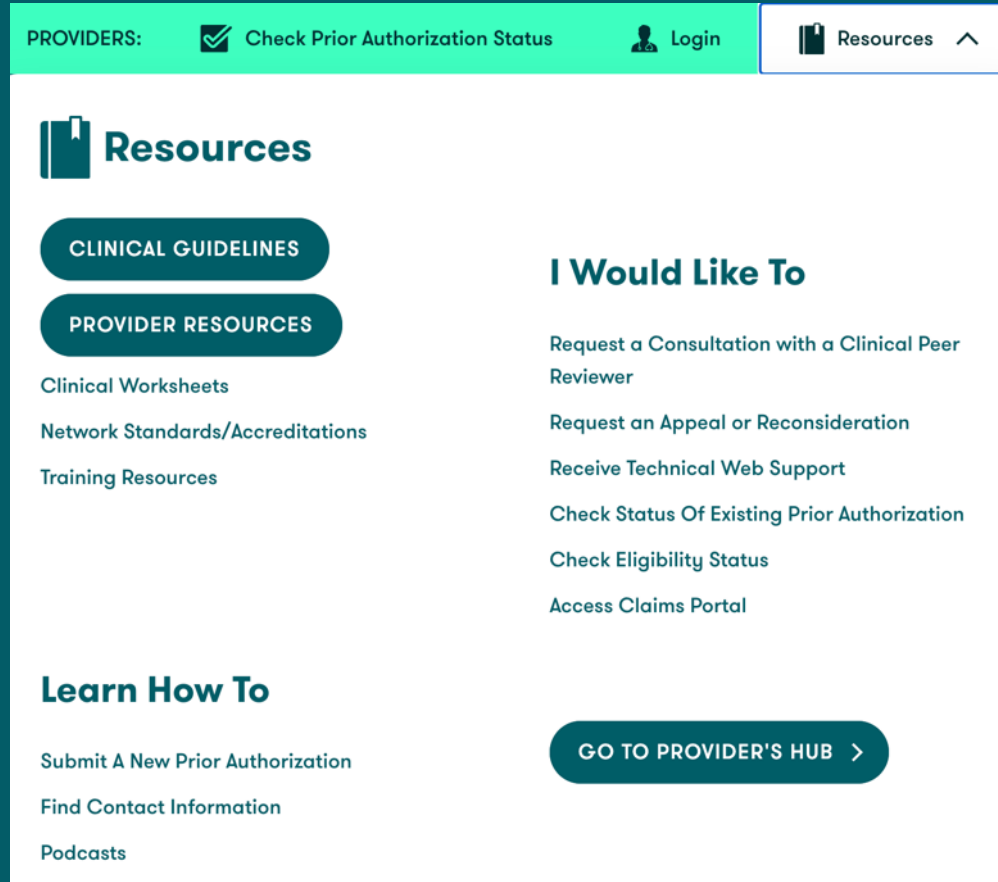
1. Open the **Resources** menu in the top right of the browser
2. Select **Find Contact Information**
3. Use **Select a Health Plan** and **Select a Solution** to populate the contact phone and fax numbers
 - + This will also advise which portal to use for case requests



EviCore Provider's Hub

Providers and staff can access important tools and resources at EviCore.com

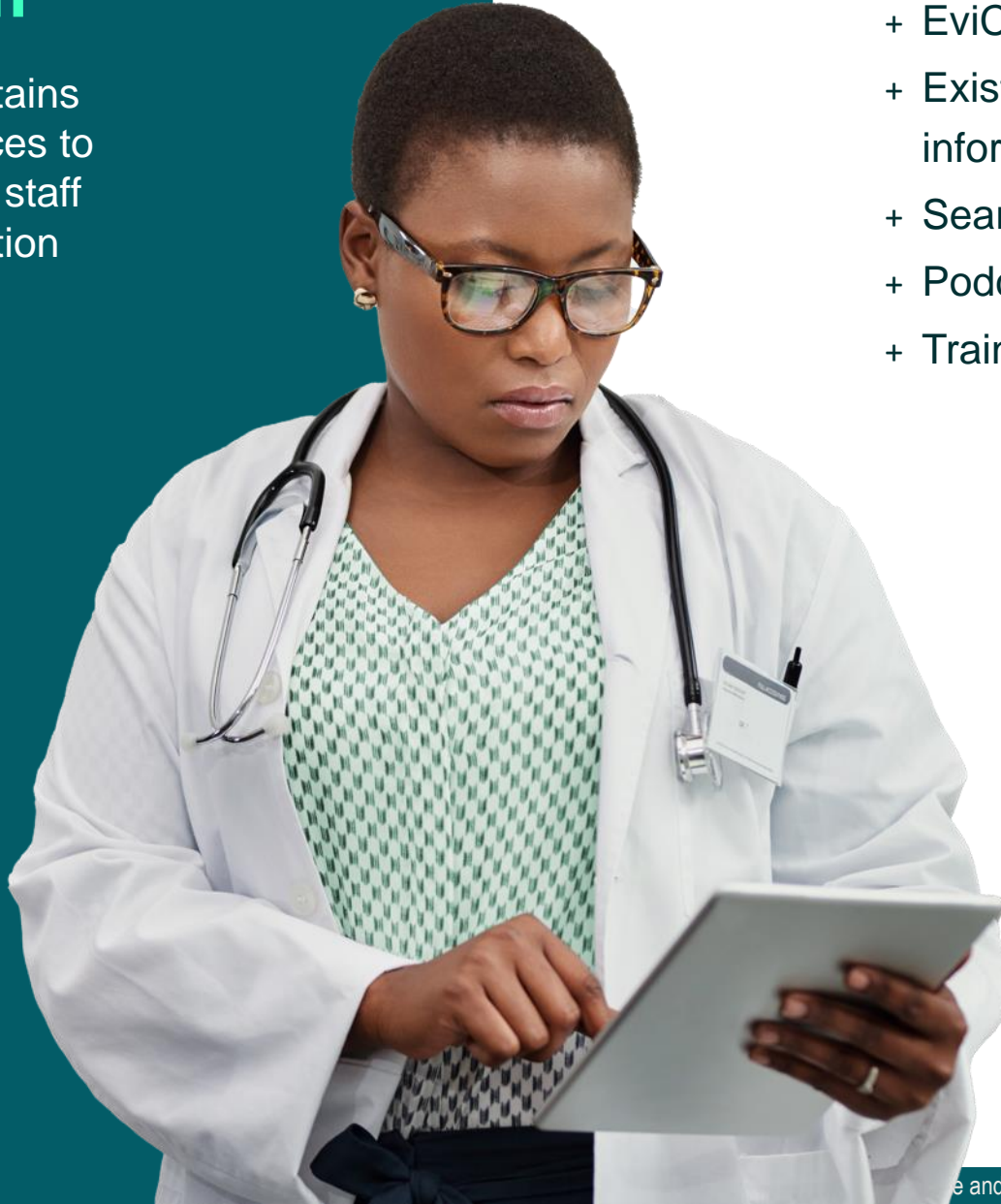
1. Open the **Resources** menu in the top right of the browser
2. Select **GO TO PROVIDERS HUB** to access clinical guidelines, schedule consultations (P2P), and more



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](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
- + 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



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

Q & A

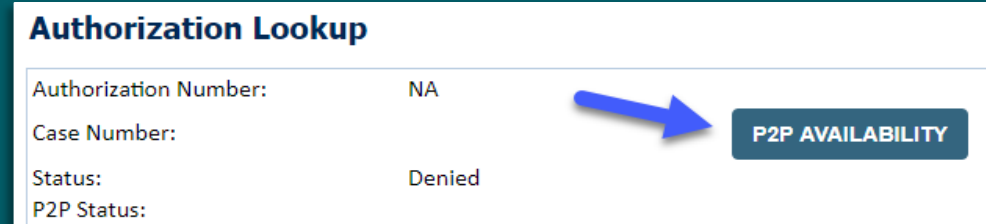
Appendix

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.*

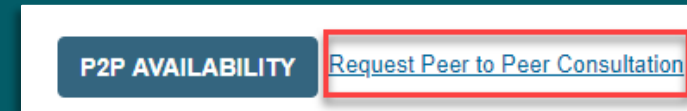


Authorization Lookup

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

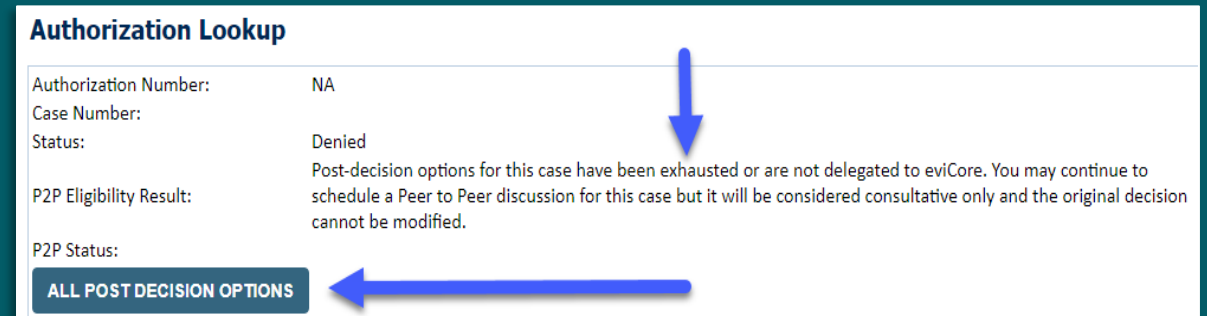
P2P AVAILABILITY

A blue arrow points from the 'P2P Status' field to the 'P2P AVAILABILITY' button.



P2P AVAILABILITY [Request Peer to Peer Consultation](#)

The link 'Request Peer to Peer Consultation' is highlighted with a red border.



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

A blue arrow points from the 'P2P Status' field to the 'ALL POST-DECISION OPTIONS' button.

*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 blue arrow pointing to the 'Add Another Case' button. The bottom screenshot shows the confirmation screen with member and case details, with blue arrows pointing to the 'Continue' button and the '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 multi-step scheduling form. At the top, there are four progress indicators: Case Info (green checkmark), Questions (green checkmark), Schedule (green checkmark), and Confirmation (yellow circle with a checkmark). The 'P2P Info' section on the left includes fields for Date (Mon 5/18/20), Time (6:30 pm EDT), and a 'Reviewing Provider' dropdown. Below this is a 'Case Info' section with a table of case details. The 'P2P Contact Details' section on the right contains several input fields: 'Name of Provider Requesting P2P' (with a blue arrow pointing to 'Dr. Jane Doe'), 'Contact Person Name' (Office Manager John Doe), 'Contact Person Location' (Provider Office), 'Phone Number for P2P' (with a blue arrow pointing to '(555) 555-5555'), 'Phone Ext.' (12345), 'Alternate Phone' (with a blue arrow pointing to '(xxx) xxx-xxxx'), 'Phone Ext.' (Phone Ext.), 'Requesting Provider Email' (droffice@internet.com), and 'Contact Instructions' (with a blue arrow pointing to 'Select option 4, ask for Dr. Doe'). A 'Submit' button is at the bottom right.

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


The screenshot shows a 'Scheduling' summary page. It has a 'Scheduling' header with a calendar icon. Below it, the word 'Scheduled' is displayed. A summary bar shows a calendar icon, a clock icon, and the text 'Mon 5/18/20 - 6:30 pm EDT'. On the right side of this bar, the word 'SCHEDULED' is enclosed in 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.

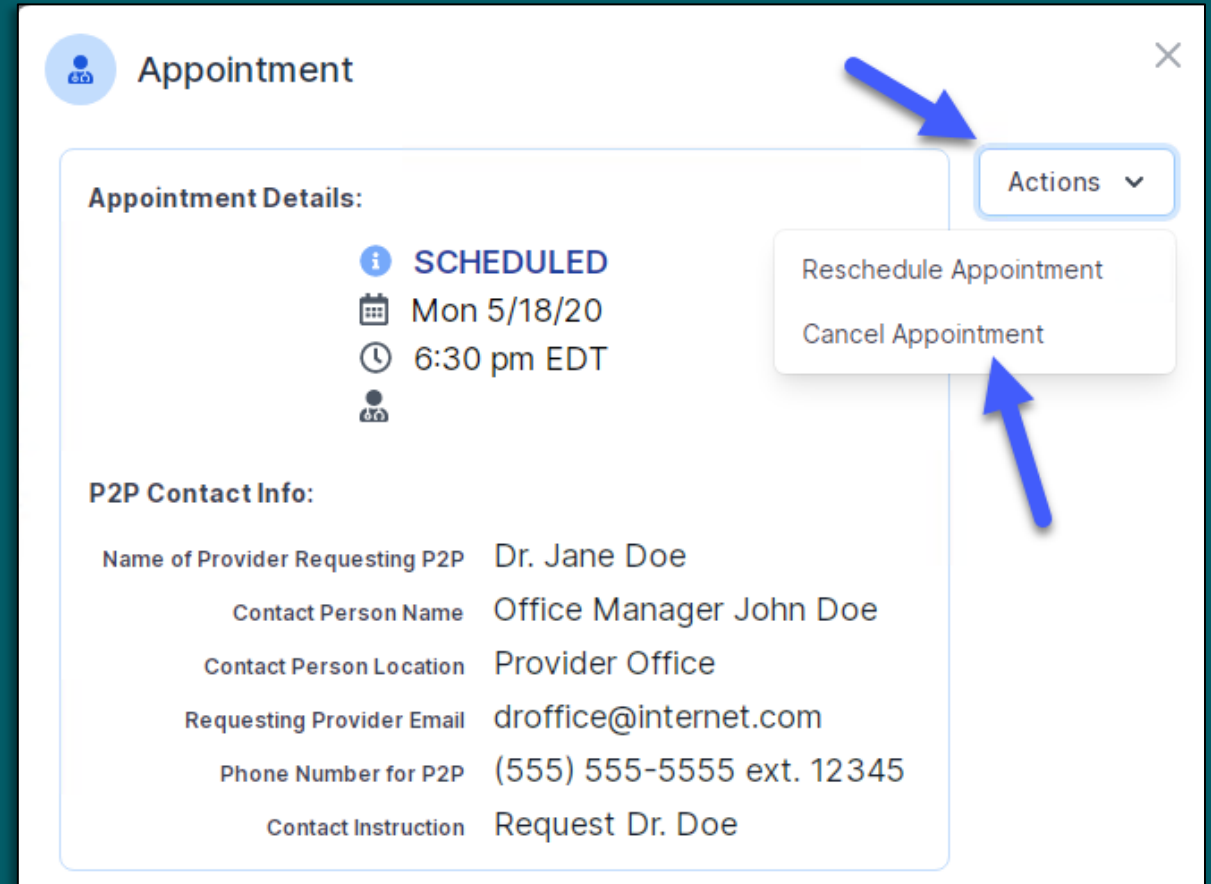
☐ TX licensed same specialty - Caller is aware P2P does not meet TX SSL/specialty match and wants to proceed with P2P

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 web interface for managing appointments. At the top, there's a title bar with a user icon and the word "Appointment", and a close button (X) in the top right corner. Below the title bar, the main content area is divided into two sections. The first section, "Appointment Details:", contains a status indicator "SCHEDULED" with an information icon, the date "Mon 5/18/20", the time "6:30 pm EDT", and a small icon of two people. The second section, "P2P Contact Info:", contains a table of contact information. To the right of the "Appointment Details" section, 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 dropdown list.

Appointment Details:	
	SCHEDULED
	Mon 5/18/20
	6:30 pm EDT
	

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

Actions ▾

- Reschedule Appointment
- Cancel Appointment