RADIATION ONCOLOGY

# Proton Beam Therapy

BCBSOK MA

EviCore
By EVERNORTH

# Agenda

1.  Solutions Overview

2.  Submitting Requests

3.  Prior Authorization Outcomes, Special Considerations & Post-Decision Options

4.  EviCore Provider Portal

5.  Provider Resources

6.  Questions & Next Steps

7.  Appendix

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# Solution Overview

# BCBSOK MA Prior Authorization Services

EviCore will begin accepting prior authorization requests for Proton Beam Therapy services on 10/1/2025 for dates of service 10/1/2025 and after.

**Applicable Membership**

+ Medicare Only

**Prior authorization applies to the following services**

+ Outpatient
+ Elective/Non-emergent

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

+ Emergency Rooms
+ Observation Services
+ Inpatient Stays

**Providers should verify patient eligibility and benefits prior to treatment.**
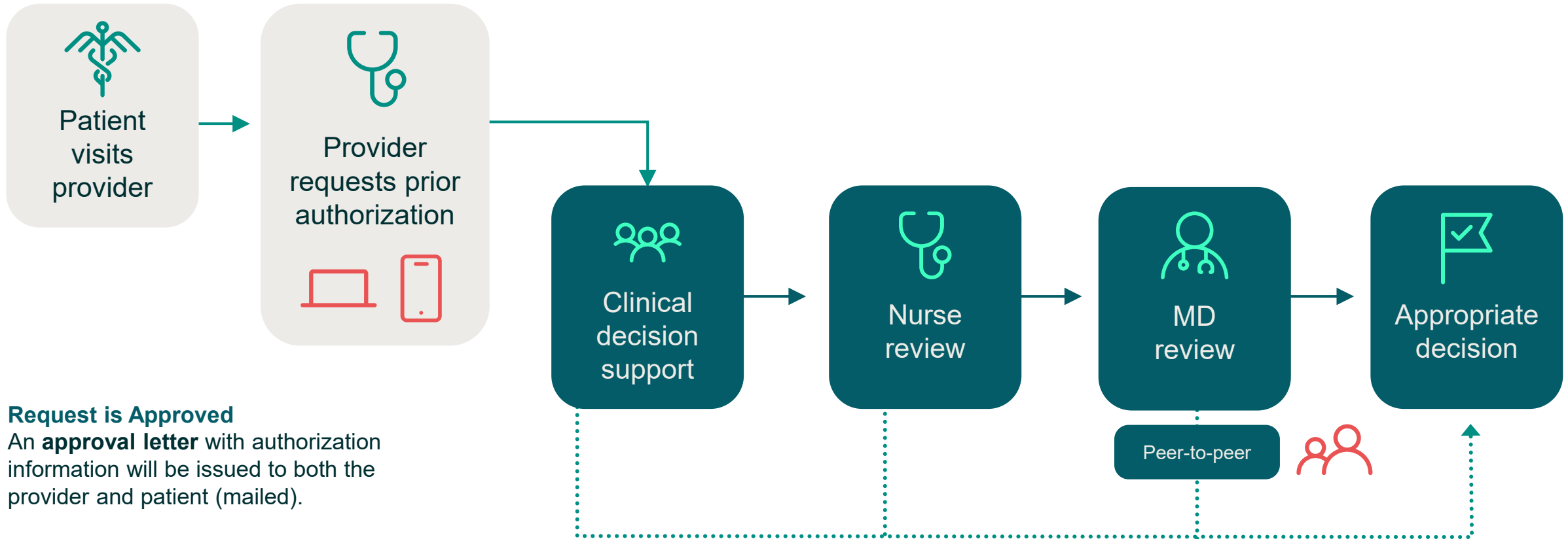
# Prior Authorization Services

**IMPORTANT NOTE:** Patients Currently in Treatment – Continuity of Care

**If a patient is undergoing treatment before the start of the program on 10/1/2025, will the treatment need authorization?**

+ BCBSOK MA will honor all radiation oncology courses of treatment that are in progress as of EviCore's management, effective 10/1/2025.

+ As such, the provider is not required to submit request for treatment that began prior to 10/1/2025 through EviCore. The start of treatment is defined as the first date of service whereby radiation therapy treatment was administered to the patient.

+ In addition, authorizations previously submitted through 9/31/2025 should **not** be resubmitted through EviCore.

+ Modifications to those existing authorizations, such as date extensions, are handled directly by the health plan. *Please contact the health plan to request any changes to an active authorization.*

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# Submitting Requests

# Pre-service prior authorization workflow

Patient visits provider → Provider requests prior authorization → Clinical decision support → Nurse review → MD review → Appropriate decision

Peer-to-peer

**Request is Approved**
An **approval letter** with authorization information will be issued to both the provider and patient (mailed).

**Request is Denied**
A **denial letter with clinical rationale** for the decision and appeal rights will be issued to both the provider and patient.

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# How to Request Prior Authorization

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

+ **Save time:** Quicker process than requests by phone or fax

+ **Available 24/7**

+ **Save your progress:** If you need to step away, you can save your progress and resume later

+ **Upload additional clinical information:** No need to fax in supporting clinical documentation, it can be uploaded on the portal

+ **View and print determination information:** Check case status in real-time

+ **Dashboard:** View all recently submitted cases

+ **E-notification:** 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**: 855-252-1117**

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

Or by fax**: 866-699-8160**

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# Holistic Treatment Plan Review |
## Proton Beam Radiation Therapy

**EviCore relies on information about the patient's unique presentation and physician's intended treatment plan to authorize all services.**

- **EviCore is only delegated to authorize Proton Beam Therapy. If alternative treatment is requested, your authorization will be expired, and you will be redirected to the health plan.**

- Once in the EviCore portal, providers specify the cancer type or body part being treated rather than requesting individual CPT and HCPCS codes.

- The intended treatment plan for the diagnosis is compared to the evidence-based guidelines developed by our Medical Advisory Board.

- For Medicare Cases, LCD and NCDs are followed if there is one applicable to the treatment.

- Following review, the approved or denied treatment technique and number of fractions will be communicated to the provider and patient.

**For questions about billing best practices or about the clinical guidelines utilized by EviCore**, please visit the resource page on EviCore.com.   Go to:
EviCore.com → resources → clinical guidelines → Radiation Oncology →
Search for "BCBS OK"

PROVIDERS:  ✓ Check Prior Authorization

**Resources**

CLINICAL GUIDELINES

PROVIDER RESOURCES

Clinical Worksheets
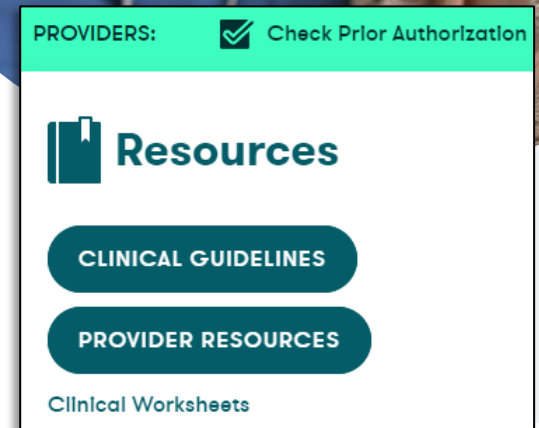
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# Necessary Information for Prior Authorization

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

## Patient
- ✓ Health Plan ID
- ✓ Patient 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

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# Additional Documentation Needed

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

| **A hold letter will be faxed to the requesting provider requesting additional documentation.** | > | **The provider must submit the additional information to EviCore.** | > | **EviCore will review the additional documentation and reach a determination.** |
|---|---|---|---|---|
| The hold letter will inform the provider about what clinical information is needed as well as the **date by which it is needed.** | | Requested information must be received within the timeframe as specified in the hold letter, or EviCore will render a determination based on the original submission. | | Determination notifications will be sent. |

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# I've received a request for additional clinical information. What's next?
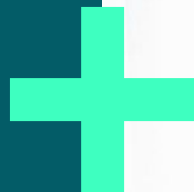
Before a denial decision is issued on Medicare cases, EviCore will notify providers telephonically and in writing. From there, additional clinical information must be submitted to EviCore in advance of the due date referenced.

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

**Once the determination is made, notifications will go out to the provider and patient, and status will be available on EviCore.com**

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

1. Fax to 866-252-1117

2. Upload directly into the case via the provider portal at EviCore.com

3. Request a Pre-Decision Clinical Consultation This consultation can be requested via the EviCore website (see slide 48 for instructions), and must occur prior to the due date referenced

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

# Prior Authorization Determination Outcomes

## Determination Outcomes

+ Approved Requests: Authorizations are valid for 45-240 calendar days from the date of the determination.
+ Denied Requests: If a request is determined as inappropriate based on evidence-based guidelines, a notification with the rationale for the decision and post-decision/ appeal rights will be issued.

## Notifications

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

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# Special Circumstances

## Retrospective Authorization Requests

Must be submitted within 7 business days from the date of services

Any submitted beyond this timeframe will be administratively denied

Reviewed for **clinical urgency** and medical necessity

Processed within 30 calendar days

When authorized, the start date will be the submitted date of service

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# Special Circumstances

## 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 provider portal or by phone

Urgent cases are typically reviewed within 24 to 72 hours

# Special Circumstances

Authorization Update

If updates are needed on an existing EviCore authorization for dates of service on or after 8/1/2025, 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

# Medicare Members

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

+ 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.

### Reconsiderations

+ Medicare cases do not include a reconsideration option

### Appeals

+ EviCore **will not** process first-level appeals.

+ Please refer to the denial notice for instructions and requirements to submit an appeal.

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# 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 patient 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

# Access and Compatibility

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

**Access resources on the EviCore Provider Portal**
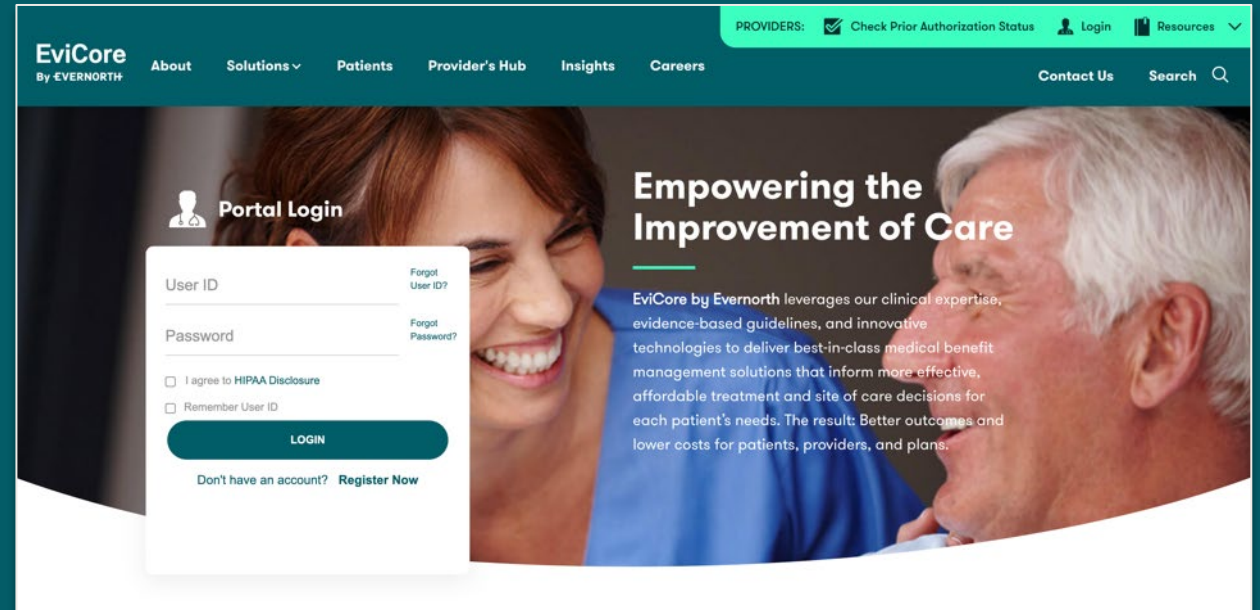
Visit **evicore.com/provider**

**Already a user?**

**Log in** with User ID & Password

**Don't have an account?**
Click **Register Now**



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

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# Creating an Account

**Select <u>CareCore National</u> 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.

# Setting Up Multi-Factor Authentication (MFA)

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

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.

**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

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# Add Providers

+ **You can add providers and their NPI's 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

+ You can also click **Add Another Practitioner** to add another provider to your account

+ You can access the **Manage Your Account** at any time to make any necessary updates or changes



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# Provider Resources

## Client and Provider Services

For eligibility issues (patient 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.

*Scott Jarrett*

Email: scott.Jarrett@evicore.com

Phone: 615.487.8129

## Call Center

Call **855-252-1117**, 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** or by phone at **1-800-646-0418 (option 4)**

**Contact our Client and Provider Services team via email at**

+ ClientServices@evicore.com
+ 1-800-646-0418 (option 4)

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# 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



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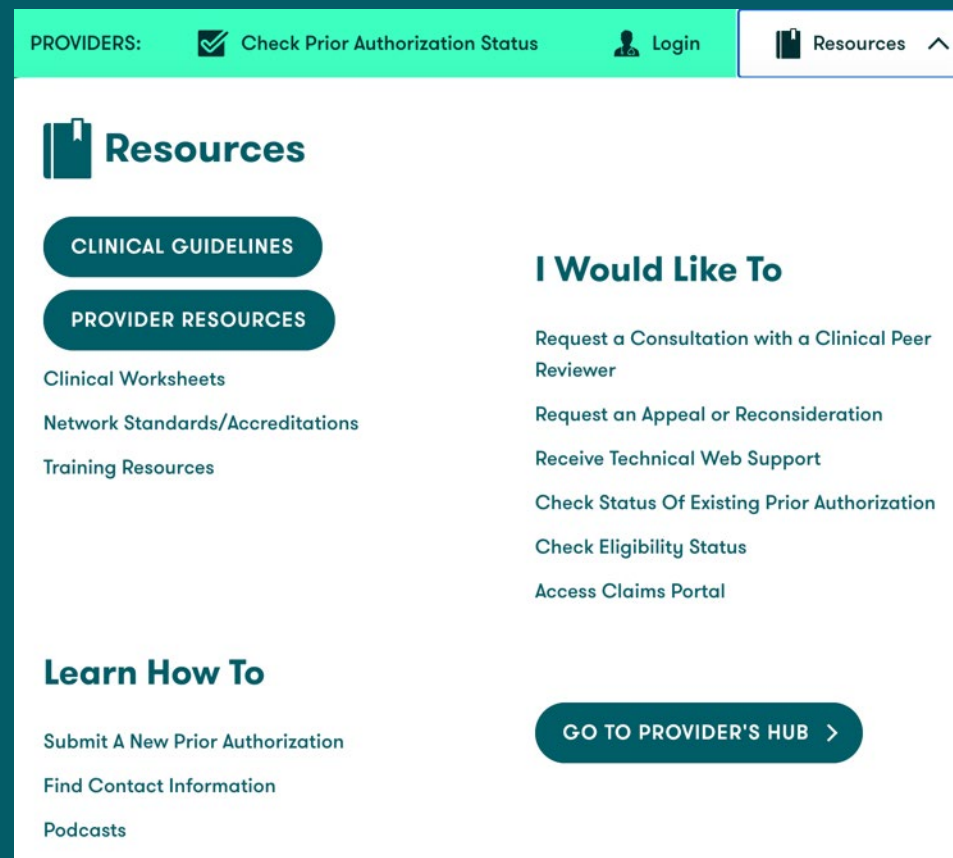
# EviCore Provider's Hub

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
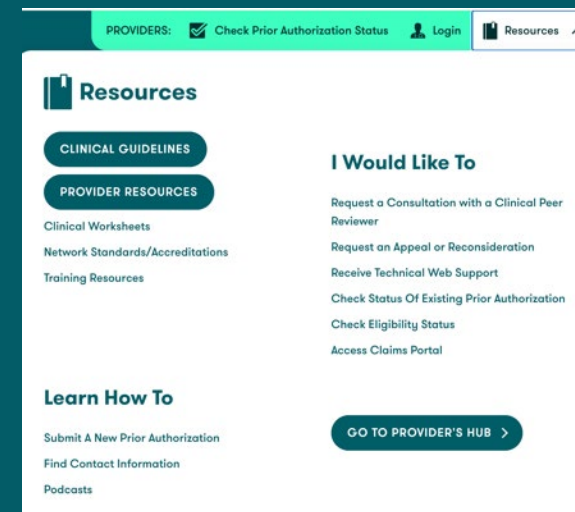


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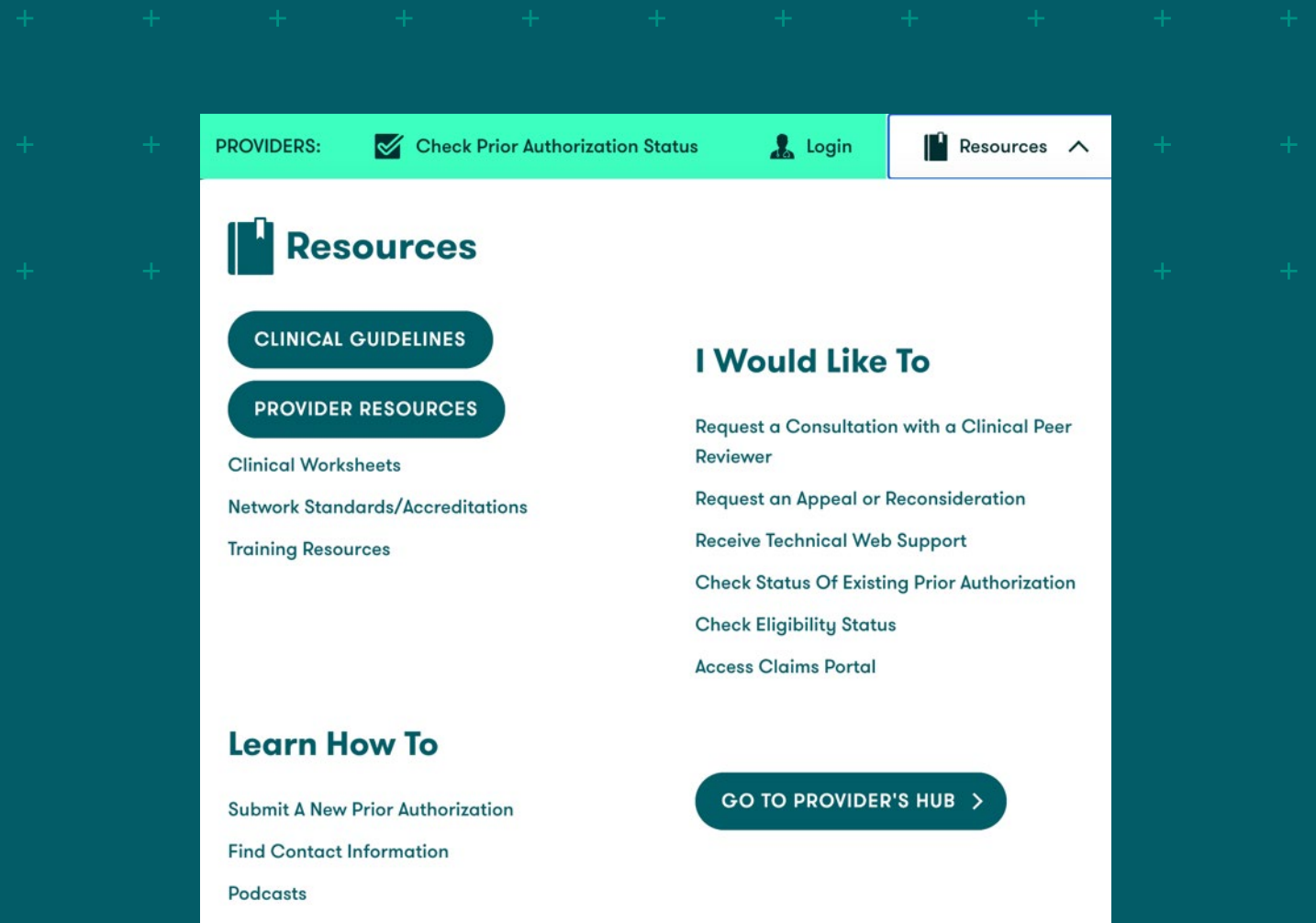
# Clinical Guidelines

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

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

2. Select **Clinical Guidelines**

3. Select the solution/program associated with the requested guidelines

4. Search by health plan name to view clinical guidelines > *BCBS OK*

5. If you would like to view all guidelines, type in "EviCore healthcare" as your health plan

# Provider Resource Review Forum

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

We invite you to attend a **Provider Resource Review Forum** to learn how to navigate EviCore.com and understand all the resources available on the Provider's Hub.
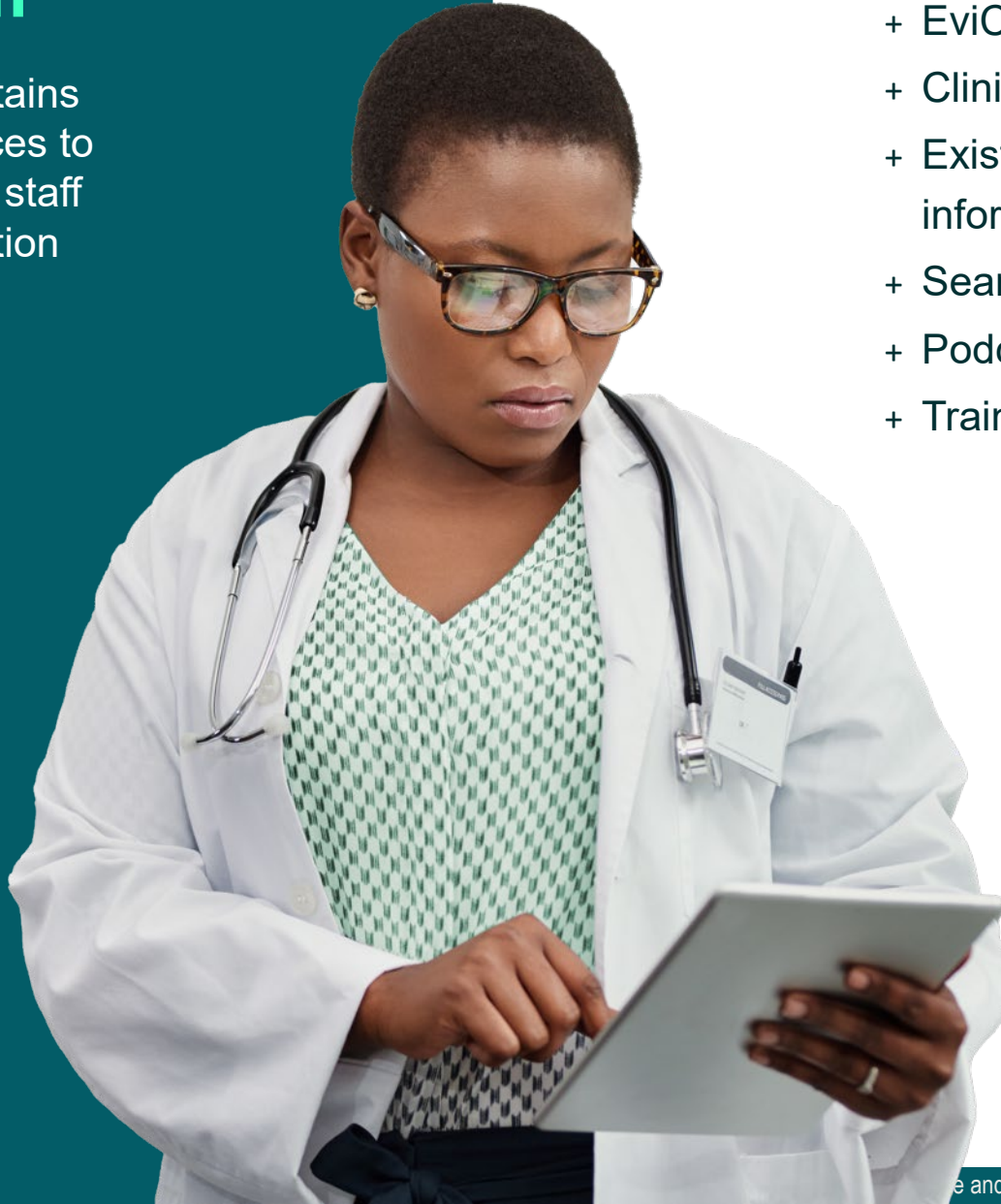
## Learn how to access:

+ EviCore's evidence-based clinical guidelines

+ Clinical worksheets

+ Existing prior authorization request status information

+ Search for contact information

+ Podcasts & insights

+ Training resources

## Register for a Provider Resource Review Forum:

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

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# Contacts and Helpful Links

| | |
|---|---|
| **Web-Based Services** | portal.support@evicore.com <br> 800-646-0418, option 2 |
| **Client Provider Operations** | clientservices@evicore.com |
| **Provider Engagement:** | *Scott Jarrett* <br> Email: scott.Jarrett@evicore.com <br> Phone: 615.487.8129 |
| **Worksheets** | evicore.com/provider/online-forms |
| **Clinical Guidelines** | evicore.com/provider/clinical-guidelines |
| **Request a Clinical Consultation** | evicore.com |

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# EviCore's Provider Newsletter

Stay up-to-date with our free provider newsletter

**To subscribe:**

+ Visit EviCore.com

+ Scroll down to the section titled Stay Updated With Our Provider Newsletter

+ Enter a valid email address

# Thank You

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# Portal Case Submission

# Initiating a Case

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

+ Select the **Program** for your certification

**Request an Authorization**

To begin, please select a program below:

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

**CONTINUE**

Click here for help

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# Search for and Select Provider

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

# Select Health Plan

+ Choose the appropriate **Health Plan** for the request

+ Another drop down will appear to select the appropriate address for the **provider**

+ Select **CONTINUE**



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

**Choose Your Insurer**

Requesting Provider:

Please select the insurer for this authorization request.

Please Select a Health Plan ⌄

BACK    CONTINUE

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# Enter Contact Information

+ Enter the **Provider's name** and appropriate information for the point of contact individual

+ Provider name, fax and phone will pre-populate, edit as necessary



The "Receive notification of case status changes" box is checked by default. Make sure you enter a valid email address to assure you receive notices of case updates. If you prefer fax notices, uncheck the box and make sure to include a valid fax number.

# Enter Patient Information

+ Enter **patient information,** including: patient ID number, date of birth, and last name then click **ELIGIBILITY LOOKUP**

+ Confirm your patient's information and click **SELECT** to continue

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# Enter Requested Procedure and Diagnosis

- You will be asked the **expected treatment start date**, the date of the member's **initial radiation therapy treatment**. The case will be backdated to cover simulation and treatment planning.

- You will then be asked to enter the **patient information** (patient ID number, date of birth and last name), click **Eligibility Lookup** and verify the patient.

- Next, select the **cancer type/body part** being treated (RC code) and **diagnosis code** associated with the member's cancer type

**ⓘHas the patient received their first dose of radiation treatment?**
◉ Yes ○ No

**ⓘOn what date did the patient receive their first dose of radiation treatment for this episode (MM/DD/20YY)?**

[ ] 📅

Submit

## Patient Eligibility Lookup

Patient ID:* [ ]

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

Patient Last Name Only:* [ ] [?]

**ELIGIBILITY LOOKUP**

## Requested Service + Diagnosis

This procedure will be performed on [ ]  **CHANGE**

**Radiation Therapy Procedures**

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

RCADRE
RCANAL
RCBILE
RCBLAD
RCBONE
RCBRAI
RCBREA
RCCERV
RCCNSL
RCCNSN
RCENDO
RCESOP
RCGACA
RCGALL
RCHDKL
RCHENE
RCHEPA

procedure code or type of service? Click here

ry Diagnosis Code (Lookup by Code or Description)

**LOOKUP**

diagnosis code? Please follow these steps

dary Diagnosis Code (Lookup by Code or Description)

osis is optional for Radiation Therapy

**LOOKUP**

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# Verify Service Selection

+ Verify requested service & diagnosis

+ Edit any information if needed by selecting **Change Procedure** or **Primary Diagnosis**

+ Click **CONTINUE** to confirm your selection

## Requested Service + Diagnosis

Confirm your service selection.

| | |
|---|---|
| **Treatment Start:** | 7/2/2020 |
| **CPT Code:** | RCADRE |
| **Description:** | ADRENAL CANCER |
| **Primary Diagnosis Code:** | C17.2 |
| **Primary Diagnosis:** | Malignant neoplasm of ileum |
| **Secondary Diagnosis Code:** | |
| **Secondary Diagnosis:** | |

Change Procedure or Primary Diagnosis

Change Secondary Diagnosis

BACK     CONTINUE

Click here for help

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# Site Selection

### 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**

**Attention!**

Patient ID: [        ]                    Time: 3/13/2025 12:58 PM

Patient Name: [        ]

In what setting will this procedure be performed?

○ Office

○ A portion of an off-campus hospital provider-based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization

○ A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization

**SUBMIT**

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

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

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# Clinical Certification

+ Verify that all information is entered and correct

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

## 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**

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# Standard or Urgent Request?

+ If the case is **standard,** select **Yes**

+ If your request is **urgent,** select **No**

+ When a request is submitted as urgent, you will be **required** to upload relevant clinical information

+ Upload up to **FIVE documents** *(.doc, .docx, or .pdf format)*

+ Your case will only be considered urgent if there is a successful upload

**Proceed to Clinical Information**

Is this case Routine/Standard?

**YES**    **NO**

**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**

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# Proceed to Clinical Information

+ **Clinical Certification** questions may populate based on the information provided

+ You can save your request and '**Finish later**' if needed. Please make sure to complete the case by the end of the day to avoid the case expiring.

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

**Example Questions**

Is this a request for Proton Beam Therapy?

○ Yes  ○ No

Submit

Does the patient have a history of distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?

○ Yes  ○ No

Submit

What was the T stage at initial diagnosis?*

Other (specify):

What is the patient's PSA level (ng/mL)? Please round to one decimal place.*

What is the patient's Gleason Score (range: 2 to 10)?*

Submit

□ Finish Later

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

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# Request for Clinical Upload

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

**Tips:**

+ Providing clinical information via the web is the fastest and most efficient method

+ Enter additional notes in the space provided only when necessary

+ Additional information uploaded to the case will be sent for clinical review

+ Print out a summary of the request that includes the case # and indicates 'Your case has been sent to clinical review'



**Proceed to Clinical Information**

In order to accept and process clinical upload, EviCore requires Member First and Last Name AND at least one of the following additional pieces of identifying information:

- Member Date Of Birth
- Case Number or Episode ID
- Member ID
- Member address or member phone including area code

Uploads which do not contain two pieces of identifying information, where member protected health information (PHI) is not able to be validated, cannot be accepted as per HIPAA Policy.

**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

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# Clinical Review

If your request cannot be immediately approved during the initial submission, you will get a summary stating the case has been sent to clinical review.

You can print the summary of the request for your records, then click CONTINUE.

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

Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-855-252-1117.
The prior authorization you submitted, Case A232854593, 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:** | C61 | **Description:** | Malignant neoplasm of prostate |
| **Secondary Diagnosis Code:** | | **Description:** | |
| **Date of Service:** | 3/13/2025 | | |
| **CPT Code:** | RCPROS | **Description:** | Prostate Adenocarcinoma |
| **Case Number:** | 1226836661 | | |
| **Review Date:** | 3/13/2025 12:58:39 PM | | |
| **Expiration Date:** | N/A | | |
| **Status:** | Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-855-252-1117. | | |
| | The prior authorization you submitted, Case A232854593, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you. | | |

CANCEL    PRINT    CONTINUE

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# Provider Portal Demo | Radiation Oncology

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)
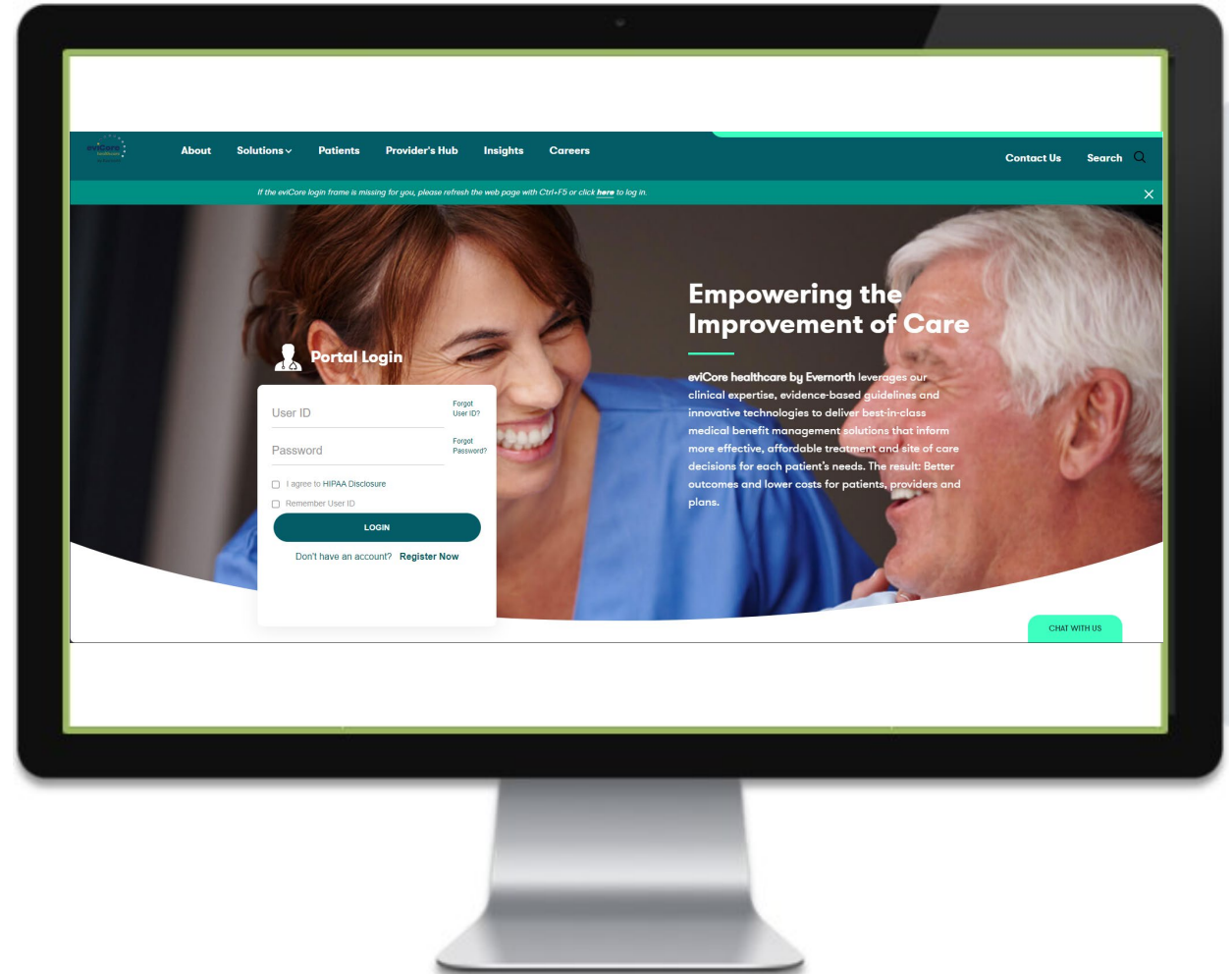
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# Peer-to-Peer (P2P) Scheduling Tool

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# Schedule a P2P Request

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

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 |

Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.

| | |
|---|---|
| P2P Eligibility Result: | |
| P2P Status: | |

ALL POST DECISION OPTIONS

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

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

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# Schedule a P2P Request
## (con't.)

1. Upon first login, you will be asked to confirm your default time zone

2. You will be presented with the Case Number and Patient 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 patient and case information, including the Level of Review for the case in question

6. Click **Continue** to proceed





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# Schedule a P2P Request
**(con't.)**

1. You will be prompted with a list of EviCore Physicians / Reviewers and appointment options

2. Select any of the listed appointment times to continue

3. You will be prompted to identify your preferred days and times for a Peer-to-Peer consultation (all opportunities will be automatically presented)

4. Click on any **green checkmark** to **deselect** that option and then click **Continue**



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# Schedule a P2P Request
**(con't.)**

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



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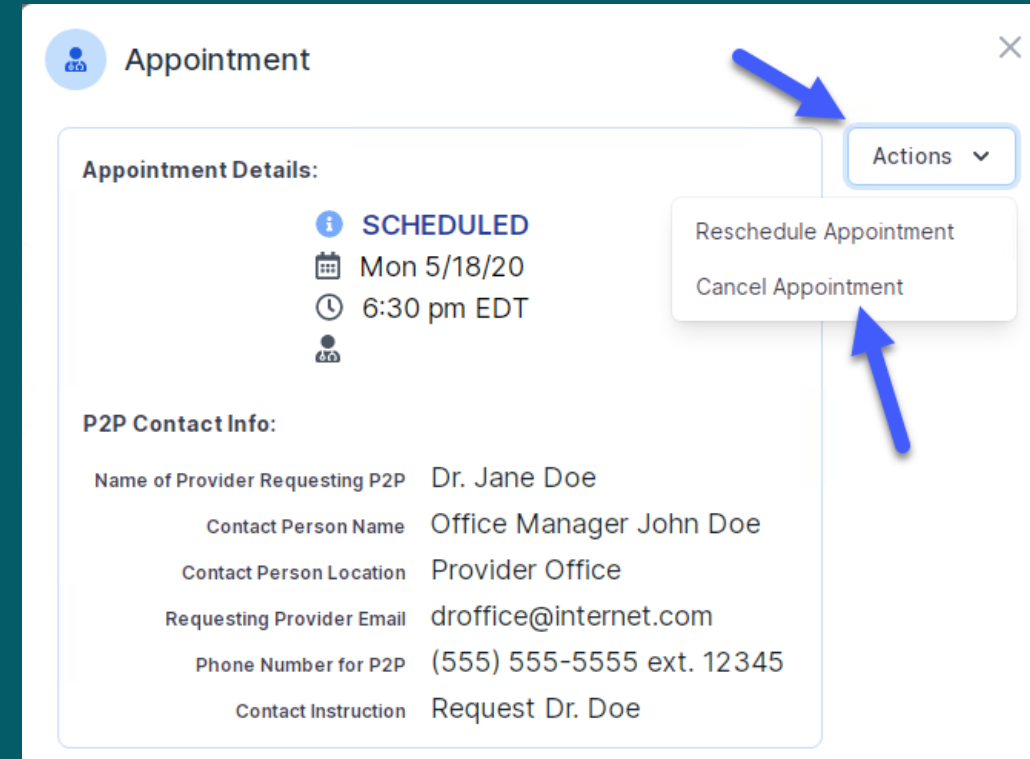
# Cancel or Reschedule a P2P Appointment

**To cancel or reschedule an appointment:**

1. Access the scheduling software and select **My P2P Requests** on the left-pane navigation

2. Select the request you would like to modify from the list of available appointments

3. When the request appears, click on the schedule link. An appointment window will open

4. Click on the **Actions** drop-down and choose the appropriate action

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

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

5. Close the browser once finished



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