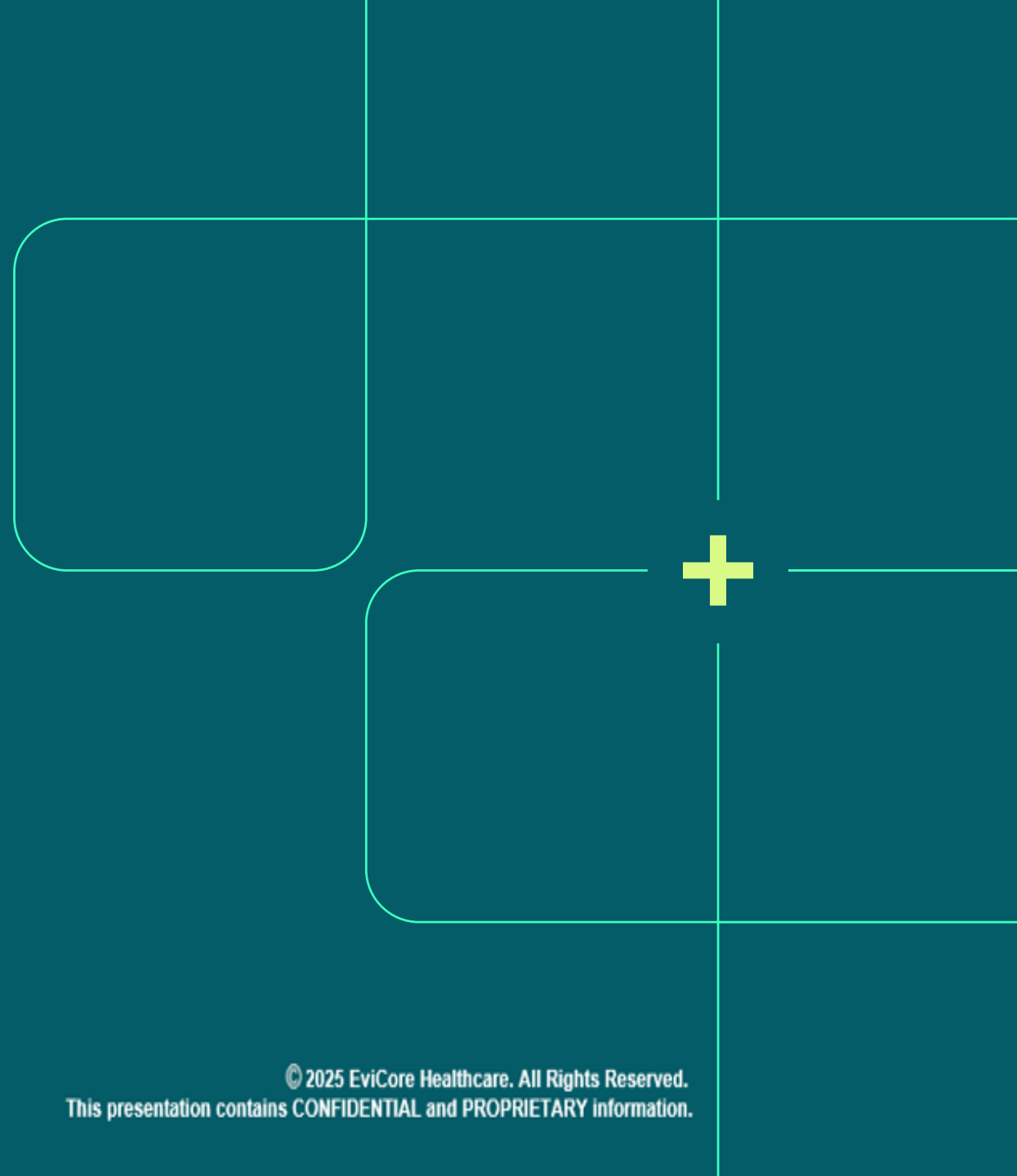


Vascular Intervention

EviCore by Evernorth®
Provider Orientation Session
for Aetna

August / September 2023

EviCore
By EVERNORTH
Public Information



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Agenda



Solution Overview

Vascular Intervention

Submitting Requests

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

EviCore Provider Portal

- Overview, Features & Benefits
- Portal Case Submission

Provider Resources

Questions & Next Steps

Appendix

- Peer-to-Peer (P2P) Scheduling Tool

Vascular Intervention Overview

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Cardiovascular Solution – Covered Services



Cardiac Imaging

- Stress Testing
 - Myocardial Perfusion Imaging (Single-photo Emission Computerized Tomography [SPECT] & Positron Emission Tomography [PET])
 - Stress Echocardiography
- Cardiac Computerized Tomography (CT) & Magnetic Resonance Imaging (MRI) Echocardiography
 - Transthoracic (TTE)
 - Transesophageal (TEE)



Cardiac Devices

- Diagnostic Heart Catheterization
- Pacemakers
- Implantable Cardioverter Defibrillator (ICD)



Cardiovascular Interventions

Vascular interventions*



Vascular Intervention



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

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



Aetna Prior Authorization Services

EviCore will begin accepting prior authorization requests for Vascular Intervention services on 9/1/23 for dates of service 9/1/23 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">MedicareCommercial (Fully Insured)	<ul style="list-style-type: none">OutpatientElective/Non-emergent	<ul style="list-style-type: none">Emergency RoomsObservation ServicesInpatient Stays**require prior authorization through Aetna

Providers should verify member eligibility and benefits on the secured provider log-in section at:
<https://apps.availity.com/availability/web/public.elegant.login>

Aetna Peripheral Arterial Disease Managed Code List

Iliac

37220 PTA

37221 PTA and Stent

+37222 PTA, additional vessel

+37223 PTA and Stent, additional vessel

0238T Iliac Atherectomy (no RVUs established)

Femoral / Popliteal

37224 PTA

37225 PTA with Atherectomy

37226 PTA with Stent

37227 PTA with Stent and Atherectomy

Tibial / Peroneal

37228 PTA

37229 PTA with Atherectomy

37230 PTA with Stent

37231 PTA with Stent and Atherectomy

+37232 PTA, additional vessel

+37233 PTA with Atherectomy, additional vessel

+37234 PTA with Stent, additional vessel

+37235 PTA w Stent & Atherectomy, add'l vessel

Stenting

CPT® Abbreviated Description x

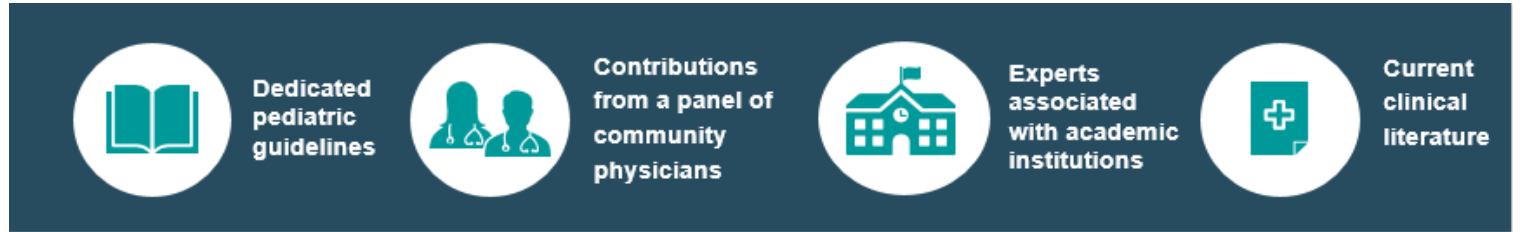
37236 Transcatheter placement of an intravascular stent(s), open or percutaneous; initial artery

+37237 Transcatheter placement of an intravascular stent(s), open or percutaneous; each additional artery

Evidence-Based Guidelines



The foundation of our solutions



Aligned with National Societies:

- American College of Cardiology
- American Heart Association
- American Society of Nuclear Cardiology
- Heart Rhythm Society
- American College of Radiology
- American Academy of Neurology
- American College of Chest Physicians
- American College of Rheumatology
- American Academy of Sleep Medicine
- American Urological Association
- National Comprehensive Cancer Network
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Academy of Pediatrics
- American Society of Colon and Rectal Surgeons
- American Academy of Orthopedic Surgeons
- North American Spine Society
- American Association of Neurological Surgeons
- American Association of Occupational Therapy
- American Association of Physical Therapy
- American College of Obstetricians and Gynecologists
- The Society of Maternal-Fetal Medicine

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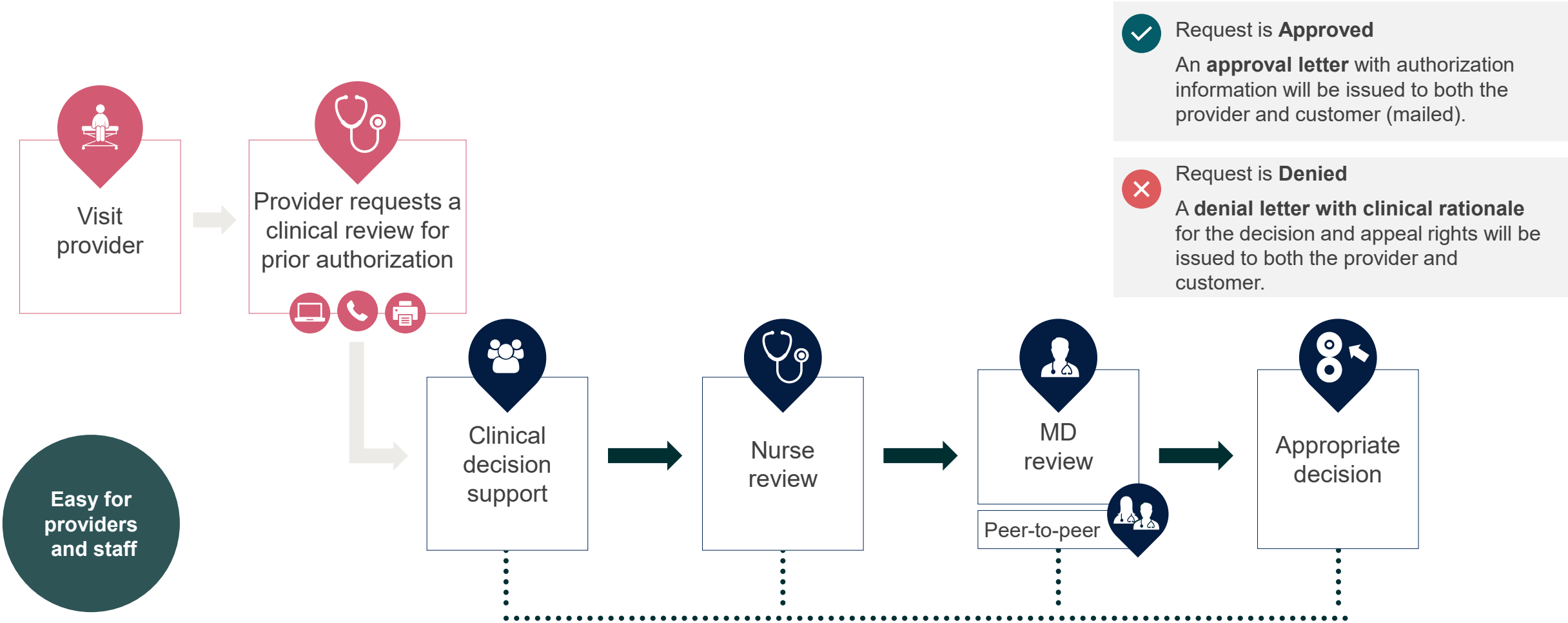
Submitting Requests

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Utilization Management | Prior Authorization



How to Request Prior Authorization

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

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

To access the EviCore Provider Portal, visit EviCore.com/provider

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Or by **phone: 888-693-3211**
Monday – Friday 7 AM – 7 PM (local time)

Or by **fax: 888-444-1562**

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:

Customer

- Health Plan ID
- Customer name
- Date of birth (DOB)



Referring (Ordering) Physician

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



Rendering Facility

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



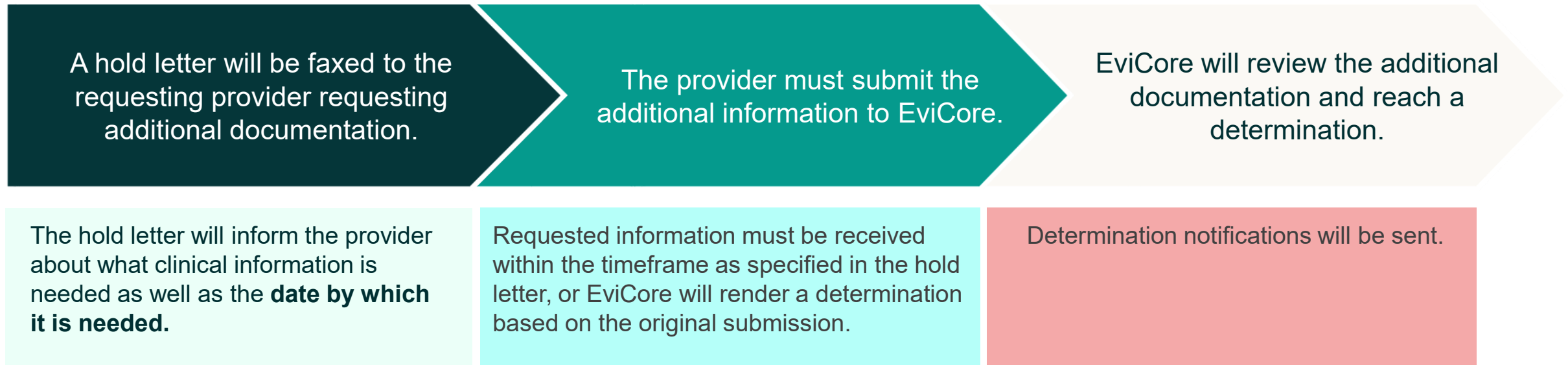
Supporting Clinical

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



Insufficient Clinical | Additional Documentation Needed

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



Prior Authorization Outcomes, Special Considerations & Post- Decision Options

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Prior Authorization Determination Outcomes

Determination Outcomes

- **Approved Requests:** Authorizations are valid for 180 calendar days from the date of the determination.
- **Partially Approved Requests:** In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved, as well as post-decision options for denied codes.
- **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 for this method.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the [EviCore portal](#).



Special Circumstances

Retrospective Authorization Requests

- Must be submitted by phone within 14 calendar days from the date of service
- Any submitted beyond this timeframe will be administratively denied
- Reviewed for clinical urgency and medical necessity
- Processed within 3 business days (72 hours)
- When authorized, the start date will be the submitted date of service

Urgent Prior Authorization Requests

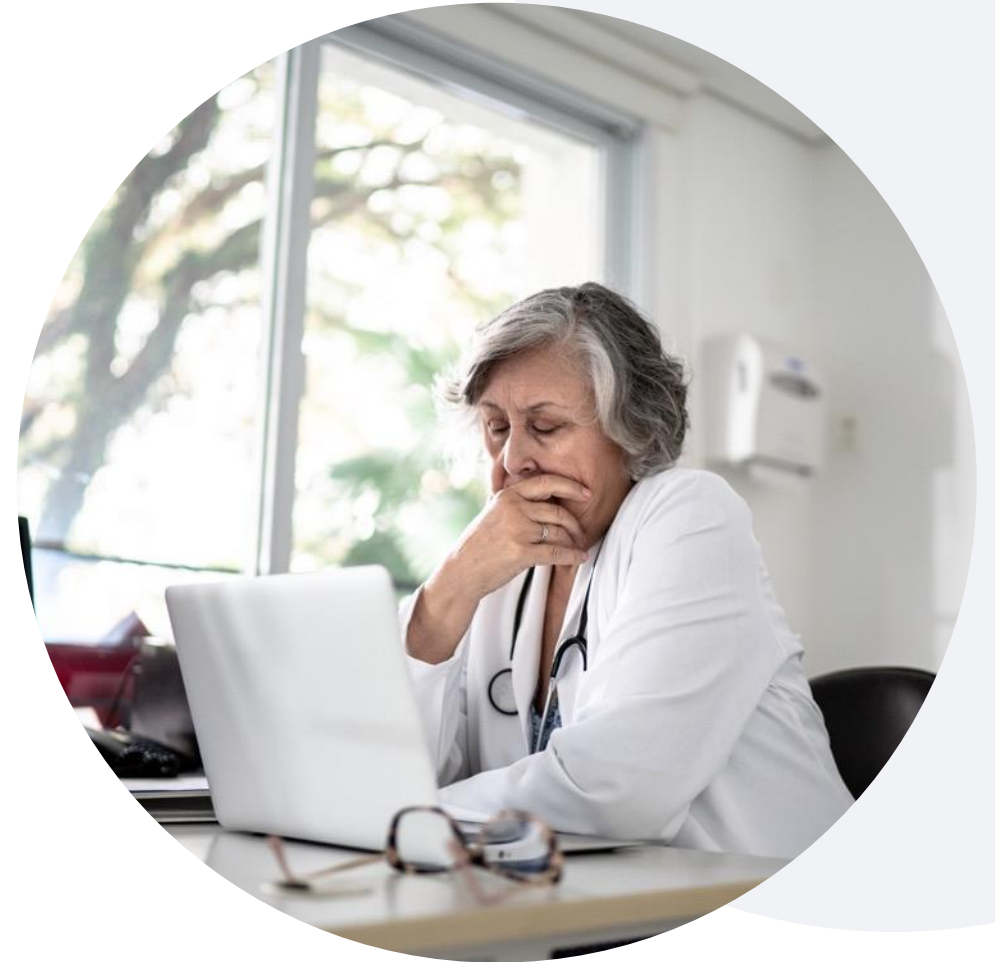
- EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member
- Can be initiated on provider portal or by phone
- Urgent cases are typically reviewed within 24 to 72 hours



Special Circumstances (cont.)

We understand that procedures can sometimes change.

- If updates are needed for an existing authorization, providers can contact EviCore by phone.
- Changes to the procedure will typically require another Medical Necessity review on a new authorization.
- If there is a change in procedure and the update is not communicated to EviCore, it may impact claim payment. The billed services should align with the requested and approved procedure.



Pre-Decision Options | Medicare Members

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

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

There are three ways to supply the requested information:

1. **Fax** to 888-444-1562
2. **Upload** directly into the case via the provider portal at [EviCore.com](https://www.EviCore.com)
3. **Request a Pre-Decision Clinical Consultation**
This consultation can be requested via the EviCore website (instructions are included in the appendix) and must occur prior to the due date referenced

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

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



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Post-Decision Options | Commercial 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 **888-693-3211** 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 the EviCore portal to see available options.



Reconsiderations

- Reconsiderations must be requested within 14 calendar days after the determination date.
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an EviCore physician.
- EviCore will make a decision within 1 day for verbal requests and 5 days for written requests.

Appeals

- EviCore will not process first-level appeals.
- Appeal requests can be submitted to Aetna.

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EviCore Provider Portal

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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 member information OR by case number with ordering national provider identifier (NPI)
- Review post-decision options, submit appeal, and schedule a peer-to-peer

Certification Summary

- Track recently submitted cases



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EviCore Provider Portal | Access and Compatibility

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

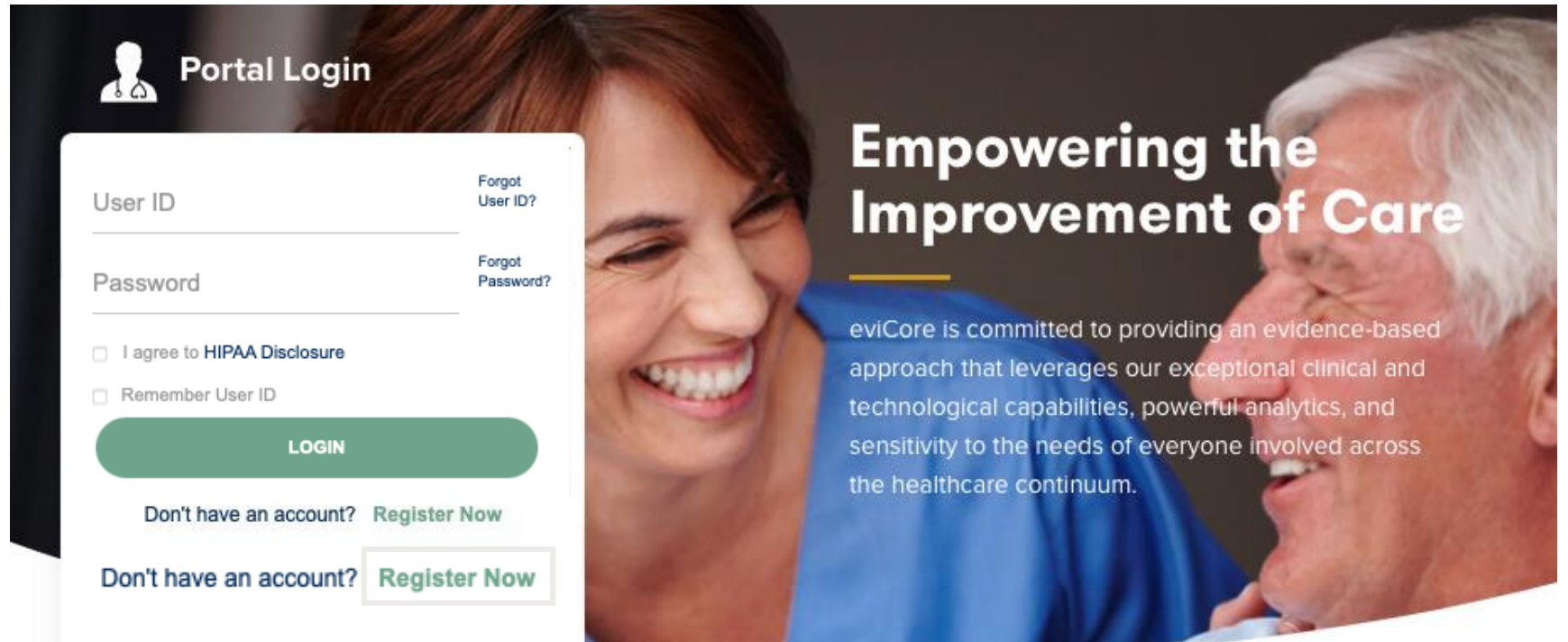
To access resources on the EviCore Provider Portal, visit EviCore.com/provider

Already a user?

Log in with User ID & Password

Don't have an account?

Click [Register Now](#)



Portal Login

User ID [Forgot User ID?](#)

Password [Forgot Password?](#)

☐ I agree to HIPAA Disclosure

☐ Remember User ID

LOGIN

Don't have an account? [Register Now](#)

Don't have an account? [Register Now](#)

Empowering the Improvement of Care

eviCore is committed to providing an evidence-based approach that leverages our exceptional clinical and technological capabilities, powerful analytics, and sensitivity to the needs of everyone involved across the healthcare continuum.

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 EviCore Provider Portal Account

Go to www.EviCore.com to register.

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.

The screenshot displays the EviCore registration interface. At the top, the EviCore logo is followed by 'By EVERNORTH'. Below this is a yellow header for 'Web Portal Preference'. A message states: '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.' The 'Default Portal*' dropdown menu is open, showing options: '--Select--', '--Select--', 'CareCore National', and 'Medsolutions'. Below this is another yellow header for 'User Information'. A message states: 'All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.' The form contains several input fields: 'User Name*', 'Email*', 'Confirm Email*', 'First Name*', 'Last Name*', 'Address*', 'City*', 'State*' (with a 'Select' dropdown), 'Zip*', and 'Office Name'.

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Setting Up Multi-Factor Authentication (MFA)

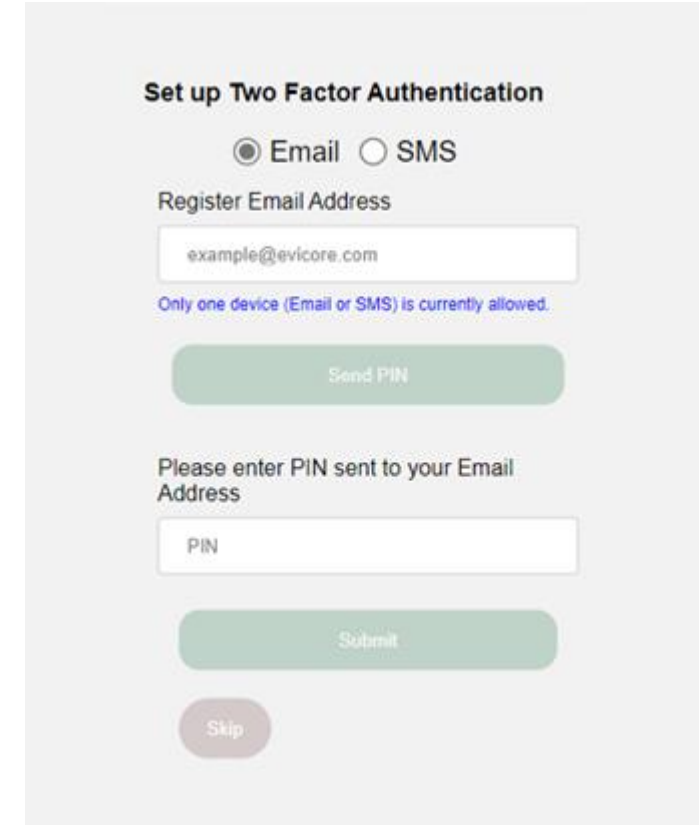
To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

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

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

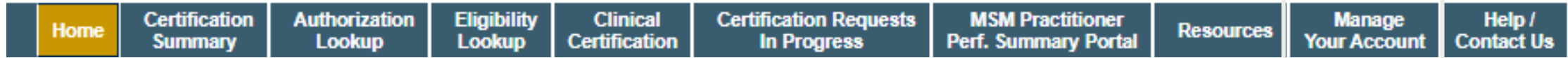
Select **Send PIN**, and a 6-digit pin will be generated and sent to your chosen device.

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



The screenshot shows a web form titled "Set up Two Factor Authentication". It has two radio buttons: "Email" (selected) and "SMS". Below is a text input field labeled "Register Email Address" containing "example@evicore.com". A note below the field states "Only one device (Email or SMS) is currently allowed." There is a green "Send PIN" button. Below that is another text input field labeled "Please enter PIN sent to your Email Address" containing "PIN". There is a green "Submit" button and a grey "Skip" button at the bottom.

EviCore Provider Portal | Add Providers



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

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

Manage Your Account

Office Name:

CHANGE PASSWORD

EDIT ACCOUNT

Address:

20 Building Road
Burlington, VT 05401

Primary Contact:

Email Address:

John Gaskin
jgaskin@evicore.com

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

Clinical Certification Request | Case Initiation Process

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

Request an Authorization

To begin, please select a program below:

- ☐ Durable Medical Equipment(DME)
- ☐ 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

Requested Service + Diagnosis

This procedure has not been performed. [CHANGE](#)

Radiology Procedures

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

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

Diagnosis

Primary Diagnosis Code: **I25.111**
Description: **Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm**
[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Radiology

[LOOKUP](#)

[BACK](#) [CONTINUE](#)

[Click here for help](#)

- When building a new case you will need to select the applicable **program** from the list.
- Select the applicable **CPT code** and corresponding **diagnosis code** associated with the patient's condition.
- If your code is part of a bundle, all codes in that bundle will automatically be added to the request.

Enter Member Information

- + Enter **member information**, including: patient ID number, date of birth, and both last and first name, then click **ELIGIBILITY LOOKUP**
- + Confirm your patient’s information and click **SELECT** to continue
- + If available, provide patient cell phone and email and click **CONTINUE**

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

Manage Your Account

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*MM/DD/YYYY

Patient Last Name Only:*

Patient First Name: *

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.

LOOKUP AGAIN

	Patient ID	Member Code
<div>SELECT</div>		

CLEAR PATIENT SELECTION

Patient Cell Phone

Patient Email

BACK

CONTINUE

Clinical Certification Request | Search for and Select Provider

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

Select the provider for whom you want to submit an authorization request. If you don't see them listed, click [Manage Your Account](#) to add them.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
<div>SELECT</div>	<div>12312312 - Provider Name</div>

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

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
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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
- Another drop down will appear to select the appropriate address for the provider
- Select **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
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Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

☒ Receive notification of case status changes

BACKCONTINUE

[Click here for help](#)

- 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

NEW! Check this box to enable e-notification updates for any case status changes

Clinical Certification Request | Site Selection

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

Add Site of Service

Specific Site Search

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

NPI:	<input type="text"/>	Zip Code:	<input type="text"/>	Site Name:	<input type="text"/>
TIN:	<input type="text"/>	City:	<input type="text"/>	<input checked="" type="radio"/> Exact match	
				<input type="radio"/> Starts with	

LOOKUP SITE

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

Clinical Certification Request | Clinical Certification

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

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

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

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

BACK

CONTINUE

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

Clinical Certification Request | Standard or Urgent Request?

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

Proceed to Clinical Information

Urgency Indicator

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

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

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

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

Clinical Upload

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

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

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

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

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

Vascular Intervention – Requesting Multiple CPT Codes

After you indicate the urgency of the case, you will be asked about additional procedures. All CPT codes must be for the same program.

NOTE: Codes that are part of the same bundle do not need to be added since they will automatically be included.

Clinical Certification

Will there be any additional procedures needing prior authorization for the same patient, date of service, and site of service?

☐ Yes ☐ No

Click [here](#) for help or technical support

Clinical Certification

Please enter the additional procedure code

70552

Click [here](#) for help or technical support

- Select **YES** to add Additional CPT codes.
- Enter one CPT at a time and select **SUBMIT** after each one.

Clinical Certification Request | Request for Clinical Upload

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

Proceed to Clinical Information

Clinical Upload

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

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

Choose File

Test clinical.docx

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

UPLOAD

SKIP UPLOAD

EviCore requires documents to have patient's name (first and last) and one additional identifier from the list below:

- Date of birth
- Correct case number/Episode ID
- Customer identification number
- Full address (Street, City, State and Zip Code)
- Full phone number including area code
- Driver's license number or other government-issued ID.

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 number and indicates 'Your case has been sent to clinical review'

Finalizing the Case Submission

Clinical Certification

☐ I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

[Print](#) [SUBMIT CASE](#)

[Click here](#) for help or technical support

Acknowledge the Clinical Certification statements and click “Submit Case.”

Provider Resources

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Contact EviCore's Dedicated Teams

Client and Provider Services

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

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

Provider Engagement

Regional team that works directly with the provider community.

Scott Jarrett

- Email: scott.jarrett@EviCore.com
- Phone: **615-487-8129**

Web-Based Services and Portal Support

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



Call Center

Call **888-693-3211**, representatives are available from 7 a.m. to 7 p.m. local time.

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Provider Resource Website

EviCore 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 materials
- CPT code lists

To access these helpful resources, visit:

<https://www.evicore.com/resources/healthplan/aetna>

EviCore Provider Newsletter

Stay up-to-date with our free provider newsletter.

+To subscribe:

- Visit EviCore.com
- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**
- Enter a valid email address



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Provider Resource Review Forum

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

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

Learn how to access:

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

Register for a Provider Resource Review Forum:

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



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Q & A

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Thank You

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Appendix

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Peer-to-Peer (P2P) Scheduling Tool

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Provider Resources | Schedule a P2P Request

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.

Authorization Lookup

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




P2P AVAILABILITY

P2P AVAILABILITY


[Request Peer to Peer Consultation](#)

Authorization Lookup

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



ALL POST DECISION OPTIONS



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

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

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

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

Case Info Questions Schedule Confirmation

New P2P Request

eviCore healthcare P2P Portal

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

Member Date of Birth

+ Add Another Case

Lookup Cases >

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

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

New P2P Request

eviCore healthcare P2P Portal

Case Ref #: Remove P2P Eligible

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

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

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

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type

MSK Spine Surgery

Level of Review

Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

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

Time Zone

US/Eastern

Continue >

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

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

← Prev Week

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

Next Week →

1st Priority by Skill

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

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT	2:00 pm EDT	4:15 pm EDT	3:15 pm EDT	-	-	-
3:45 pm EDT	2:15 pm EDT	4:30 pm EDT	3:30 pm EDT	-	-	-
4:00 pm EDT	2:30 pm EDT	4:45 pm EDT	3:45 pm EDT	-	-	-
4:15 pm EDT	2:45 pm EDT	5:00 pm EDT	4:00 pm EDT	-	-	-
Show more...	Show more...	Show more...	Show more...	-	-	-

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

P2P Info

Date: Mon 5/18/20
Time: 6:30 pm EDT
Reviewing Provider: [icon]

Case Info

1st Case

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

Scheduling

Scheduled

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

SCHEDULED

P2P Contact Details

Name of Provider Requesting P2P
Dr. Jane Doe

Contact Person Name
Office Manager John Doe

Contact Person Location
Provider Office

Phone Number for P2P
(555) 555-5555

Phone Ext.
12345

Alternate Phone
(xxx) xxx-xxxx

Phone Ext.
Phone Ext.

Requesting Provider Email
droffice@internet.com

Contact Instructions
Select option 4, ask for Dr. Doe

Submit

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

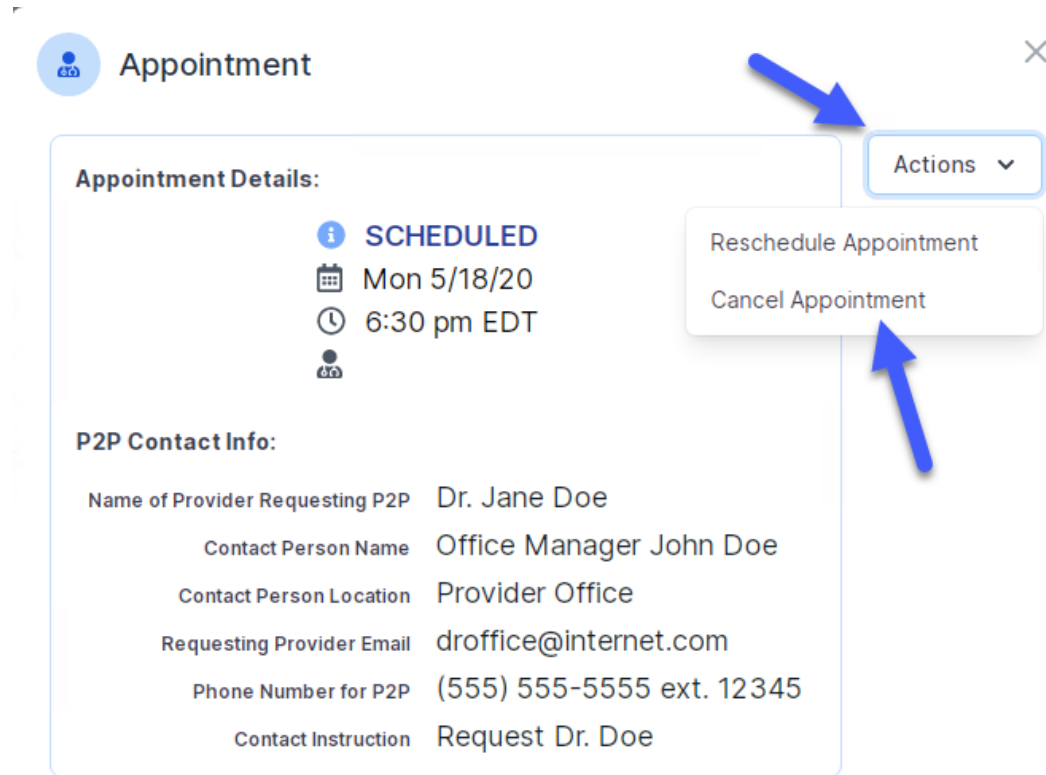
- Name of Provider Requesting P2P
- Phone Number for P2P
- Contact Instructions

Click **Submit** to schedule the appointment

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

Confirm contact details

Provider Resources | Cancel or Reschedule a P2P Appointment



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

Appointment

Appointment Details:

SCHEDULED

Mon 5/18/20

6:30 pm EDT

P2P Contact Info:

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

Actions

- Reschedule Appointment
- Cancel Appointment

To cancel or reschedule an appointment:

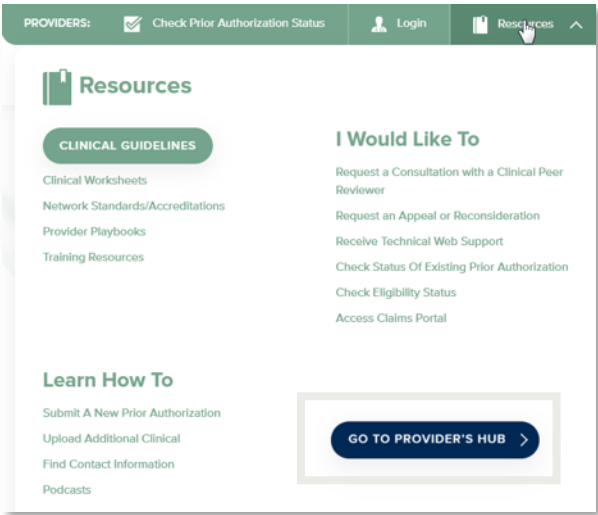
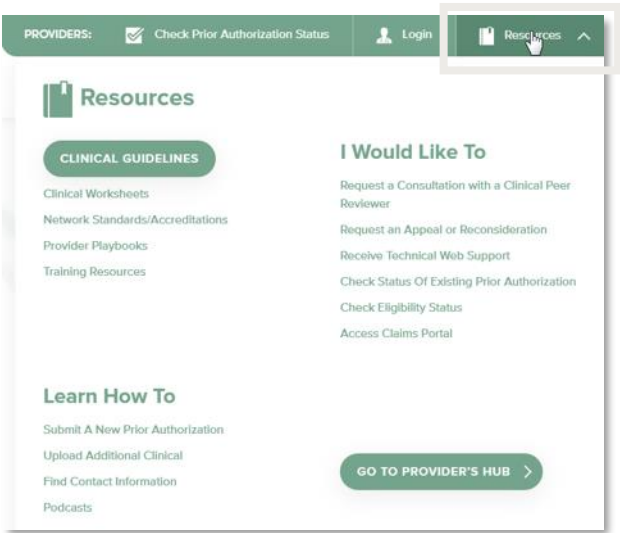
- Access the scheduling software and select **My P2P Requests** on the left-pane navigation
- Select the request you would like to modify from the list of available appointments
- When the request appears, click on the schedule link. An appointment window will open
- Click on the **Actions** drop-down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

Provider Resources | Contacts and Helpful Links

Web-Based Services	portal.support@EviCore.com	800-646-0418, option 2
Client & Provider Operations	clientservices@EviCore.com	
Provider Engagement: Scott Jarrett, Regional Provider Engagement Manager	scott.jarrett@EviCore.com	615-487-8129
Worksheets	EviCore.com/provider/online-forms	
Clinical Guidelines	EviCore.com/provider/clinical-guidelines	
Request a Clinical Consultation	EviCore.com	

Provider Resources | EviCore Provider's Hub

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

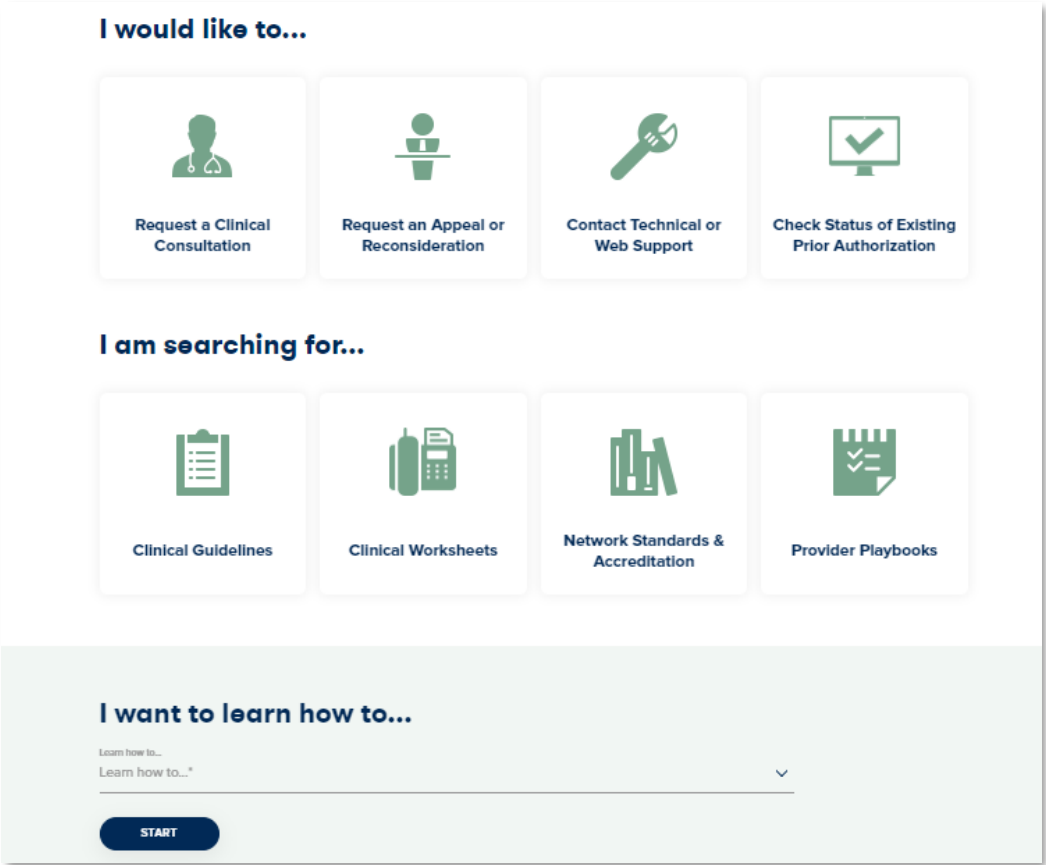


Step 1

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

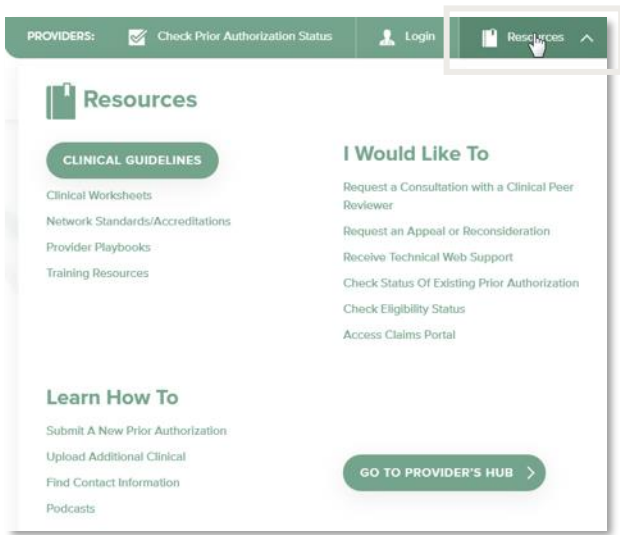
Step 2

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



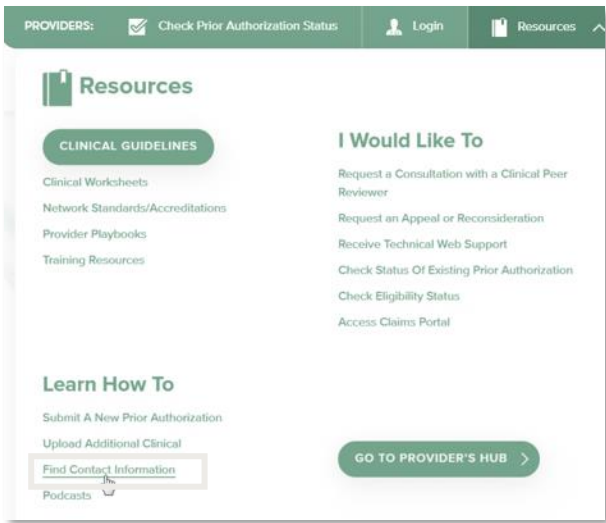
Provider Resources | Quick Reference Tool

Where can I locate plan-specific contact information?



Step 1

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



Step 2

Select **Find Contact Information**

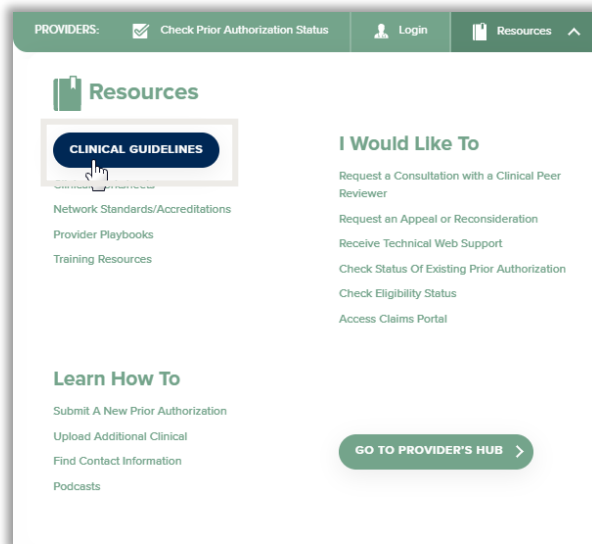


Step 3

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

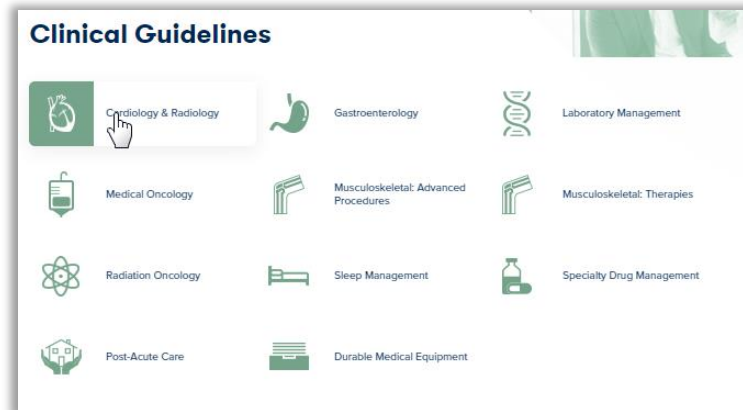
Provider Resources | Clinical Guidelines

How do I access EviCore's clinical guidelines?



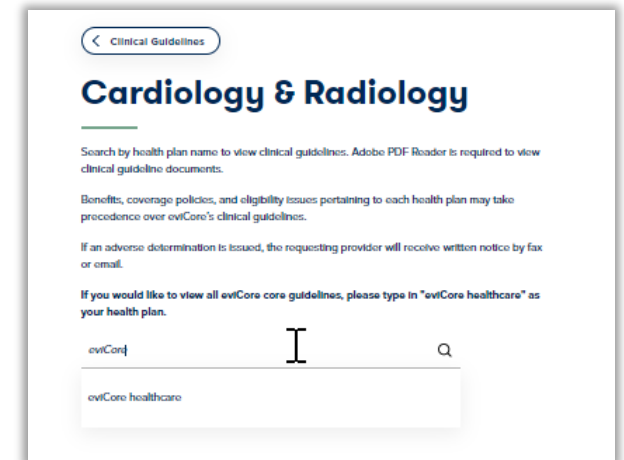
Step 1

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



Step 2

Select the solution/program associated with the requested guidelines



Step 3

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

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