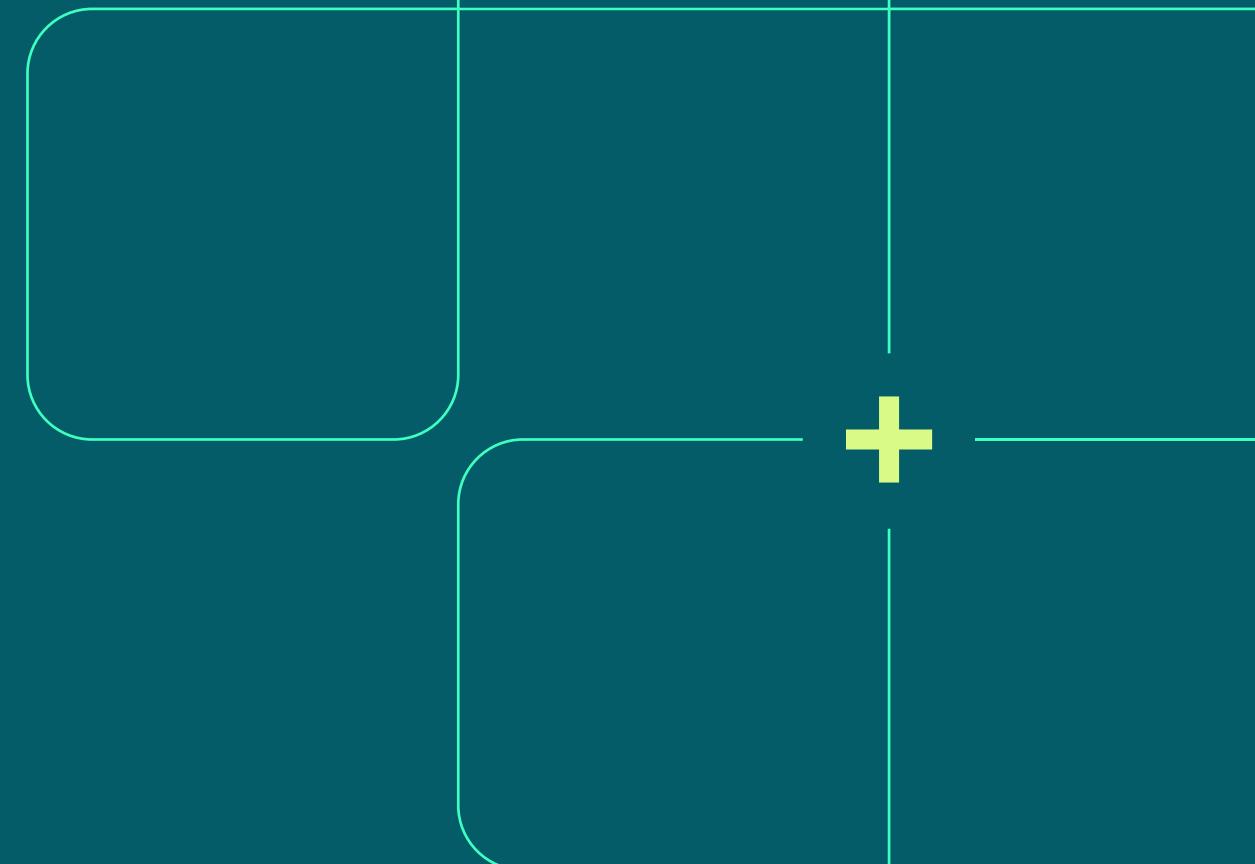


DURABLE MEDICAL EQUIPMENT (DME)

HealthSpring Medicare Advantage

Provider Orientation



EviCore
By EVERNORTH

 **HealthSpring**[™]

EviCore by Evernorth (EviCore) manages prior authorization requests for DME services for HealthSpring members

Prior authorization applies to the following services:

- + Home Based
- + Medically Necessary

Prior authorization does NOT apply to services performed in:

- + Hospital Setting
- + Skilled Nursing Facilities (SNFs)
- + Surgical Settings



Providers should verify member eligibility and benefits on the secured provider log-in section at: [Health care Providers | HealthSpring](#)

How to Determine Member Benefits and Eligibility

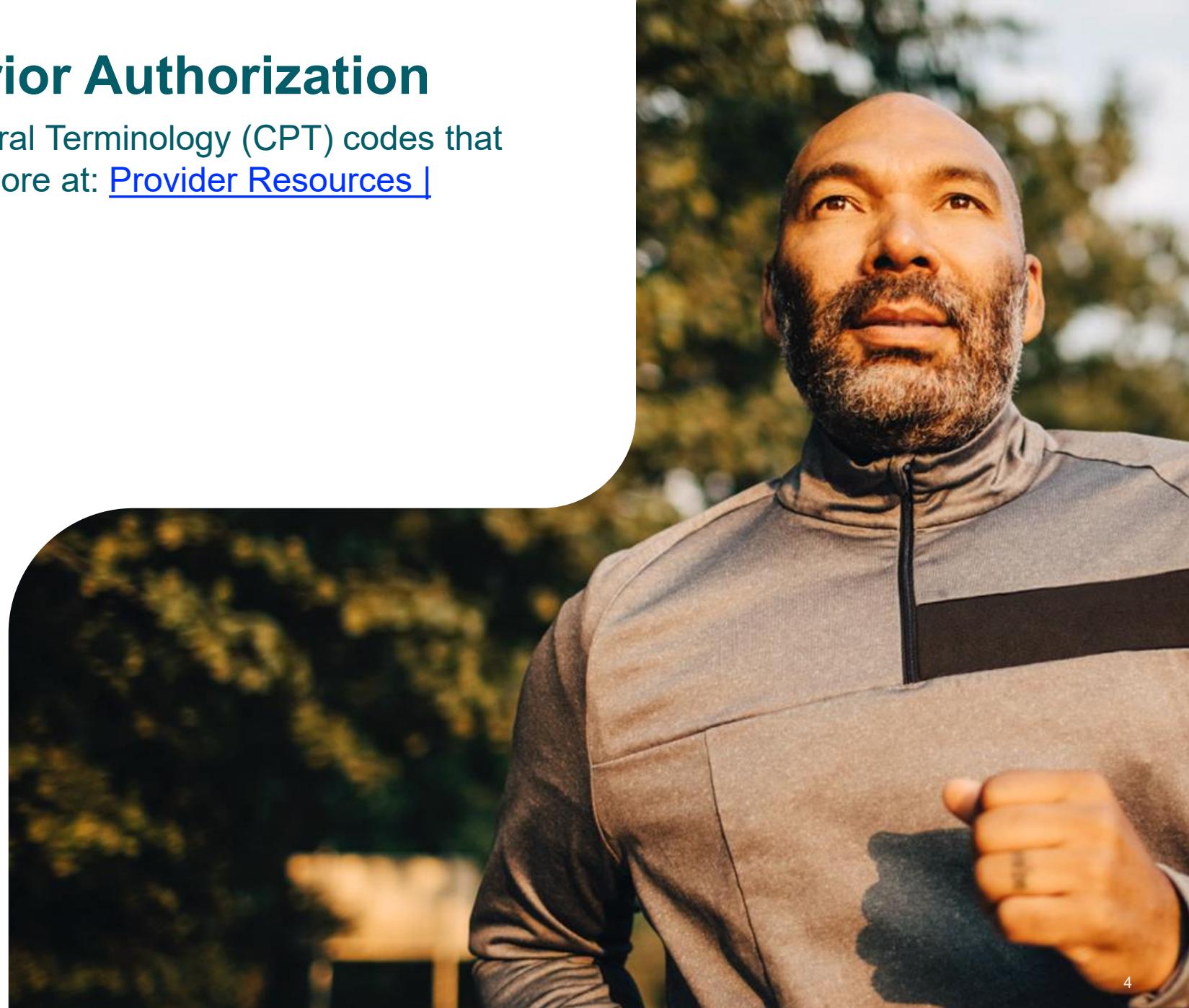
Resources	Contact
Healthspring Customer Service	877-705-3621
Healthspring Provider Portal	Health care Providers HealthSpring
EviCore Provider Portal	Homepage EviCore by Evernorth > choose the Eligibility Lookup feature in the top banner (login required)
EviCore Intake Team	866.666.4452 (7:00 a.m. to 7:00 p.m. eastern time)



Services that require Prior Authorization

Find a complete list of Current Procedural Terminology (CPT) codes that require prior authorization through EviCore at: [Provider Resources](#) | [EviCore by Evernorth](#)

- + Oxygen/Related Equipment
- + Diabetic Shoes
- + Decubitus Care Equipment
- + Hospital Beds and Accessories
- + Ventilators
- + Pacemaker Monitor
- + Patient Lifts
- + Wheelchairs
- + Prosthetics
- + Orthotics



If clinical information is needed, please be able to supply the following information:

- + Current physicians order/script
- + Current clinicals relating to request (ie patient history, progress notes and physical exams)
- + Current detailed invoice listing all requested equipment
- + Current certificate or letter of medical necessity

Please refer to the guidelines for the particular (CPT) codes for which you are requesting prior authorization at: [Clinical Guidelines | EviCore by Evernorth](#)



Hold process | Share Documentation to Support Medical Necessity

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

A Hold Letter will be faxed to the Requesting Provider requesting additional documentation

The Provider must submit the additional information to EviCore

EviCore will review the additional documentation and reach a determination

The Hold notification 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.



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

- + EviCore will notify providers telephonically and in writing before a denial decision is issued on Medicare cases
- + Additional clinical information must be submitted to EviCore in advance of the due date referenced
- + Additional clinical information should be submitted to EviCore for consideration per the instructions received,
 - clinical can be **uploaded** directly into the case via the provider portal at www.EviCore.com
 - Fax to 888-663.7740
- + Alternatively, providers can choose to request a **Pre-Decision Clinical Consultation** instead of submitting additional clinical information. This consultation can be scheduled via the EviCore portal (see the P2P Scheduling Tool in the appendix for further instruction).
- + The Pre-Decision Clinical Consultation must occur prior to the due date referenced
- + If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is not held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed
- + Once the determination is made, notifications will go out to the provider and member, and status will be available on www.EviCore.com

Prior Authorization Outcomes, Special Considerations, and Post Decision Options



Outcomes | Approvals and Denials

- + Approved requests are typically processed in two business days after receipt of all necessary clinical information.
- + Purchases and daily rentals are usually valid for 90 days.
- + Monthly rentals are usually valid for how many units/months are approved plus one additional month.
- + Denied request communications will include:
 - + Rationale and guidelines relied upon
 - + Post decision options
- + Decision communications will be shared via e-notification (default) or faxed to the ordering provider and faxed rendering facility/provider.
- + Decision information can be printed or saved on demand from the EviCore portal.
- + The member will receive the letter in the mail.



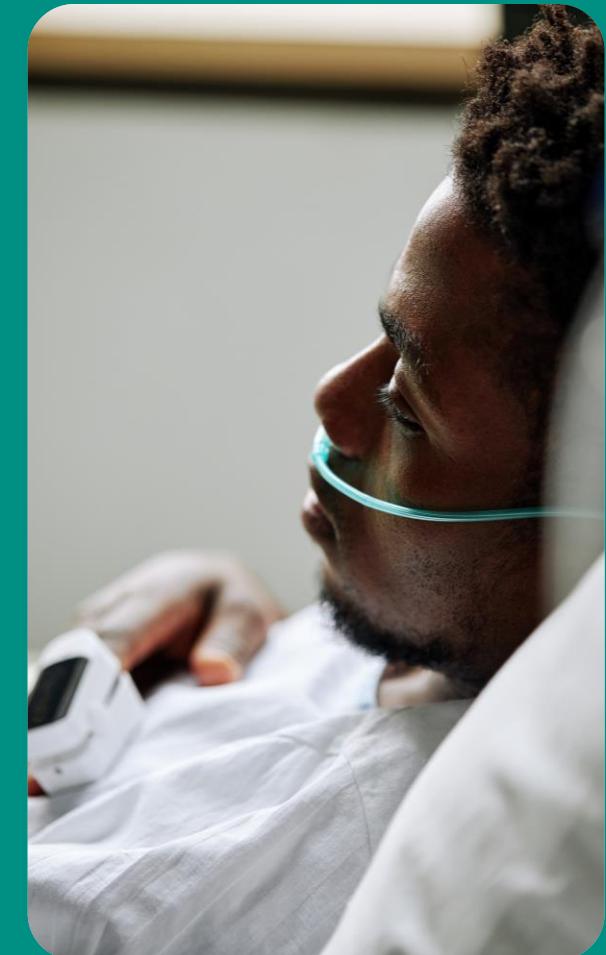
Oxygen and DME in Hospital Requests

Pending Hospital Discharge

- + To support member discharge goals, EviCore will review Oxygen requests by phone and offer verbal decisions in real-time when medical necessity is met. The DME supplier will then be responsible to fax the supporting clinical to EviCore at 866-663-7740.
- + All 'non-hospital discharge' requests for oxygen will be processed as any other standard precertification request.

For hospital discharges that are contingent upon precertification for all other DME, the DME supplier should submit the requests using one of following methods:

1. Fax supporting clinical documentation and indicate "Pending Discharge" on the fax cover sheet or precertification form to 866-663-7740.
2. Call EviCore at 866.686.4452 to complete the precertification process by phone and indicate "Hospital discharge is pending DME Precertification" during the clinical intake discussion.
3. Submit request via the portal and indicate "Hospital discharge is pending DME Precertification" in the free note section.



Post Decision Options

Reconsiderations

- + Medicare does not allow reconsiderations.

Clinical Consultations

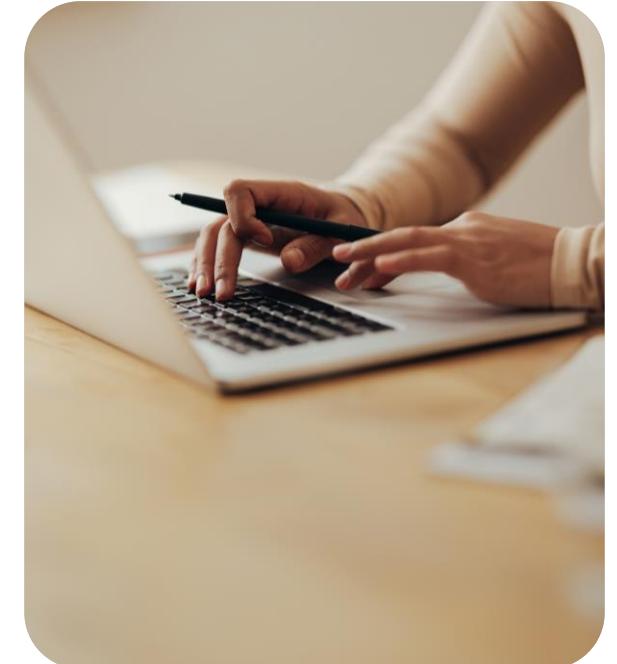
- + If a request requires further clinical review, we welcome requests for a clinical consultation with an EviCore medical director.

Please note: Clinical Consultations that occur on already denied cases will be consultative only. EviCore is not delegated to change initial determinations on Medicare cases.

- + Portal users can schedule a clinical consultation, on behalf of the treating provider, directly on the EviCore portal (see the P2P Scheduling Tool in the appendix for further instruction).
- + Physicians, nurse practitioners, and physician assistants can request a clinical consultation by visiting www.eviCore.com/provider/request-a-clinical-consultation.

Appeals

- + Appeals need to be submitted to HealthSpring within 60 days of the initial determination.
- + Please follow the appeal instructions referenced in the denial letter.



Special Circumstances

Retrospective Authorization Requests

- + Authorization must be provided in advance of the service, unless the service is urgent or there are extenuating circumstances. In those cases, retrospective requests must be submitted within 1 business day from the date of service.
- + Retrospective requests are reviewed for urgency and for medical necessity.

Urgent Prior Authorization Requests

- + Medically urgent outpatient procedures must meet the National Committee for Quality Assurance's definition of medical urgency requests. To be considered urgent, the patient must have conditions that are a risk to his or her life, health, or ability to regain maximum function, or have severe pain that requires a medically urgent procedure.
- + Urgent requests will be reviewed within 24-72 hours depending on regulatory requirements.



EviCore's Provider Portal

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

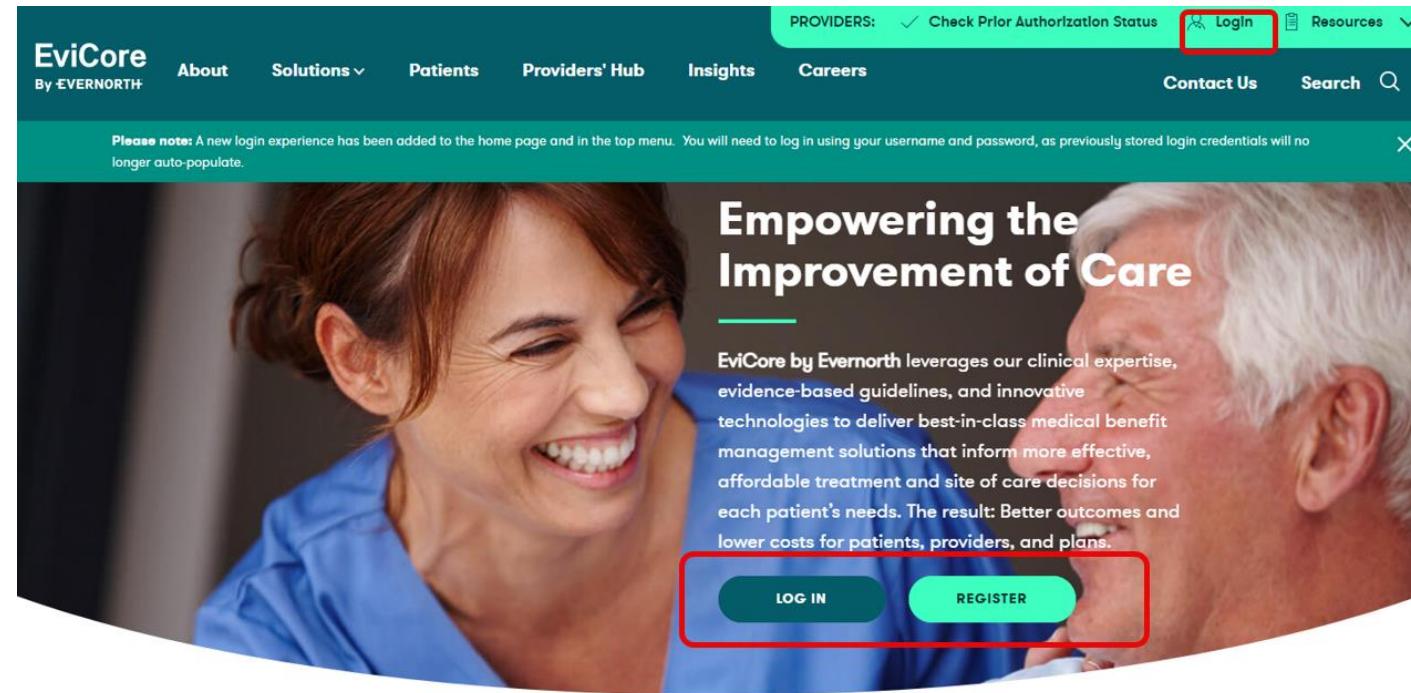
[Homepage | EviCore by Evernorth](#)

- + Already a user?

[Log in](#) with User ID & Password.

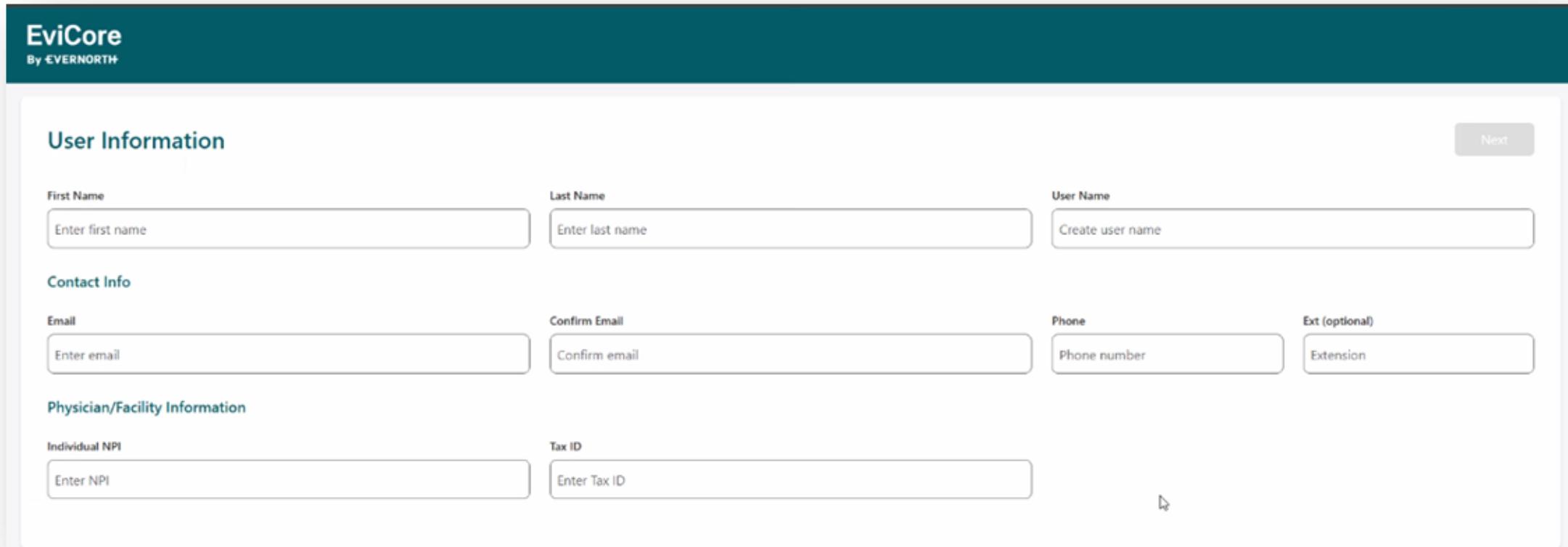
- + Don't have an account?

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/Registering for an EviCore Provider Portal Account



The screenshot shows the 'User Information' section of the registration form. It includes fields for First Name, Last Name, User Name, Email, Confirm Email, Phone, Extension, Individual NPI, and Tax ID. A 'Next' button is visible in the top right corner.

First Name	Last Name	User Name
Enter first name	Enter last name	Create user name

Email	Confirm Email	Phone	Ext (optional)
Enter email	Confirm email	Phone number	Extension

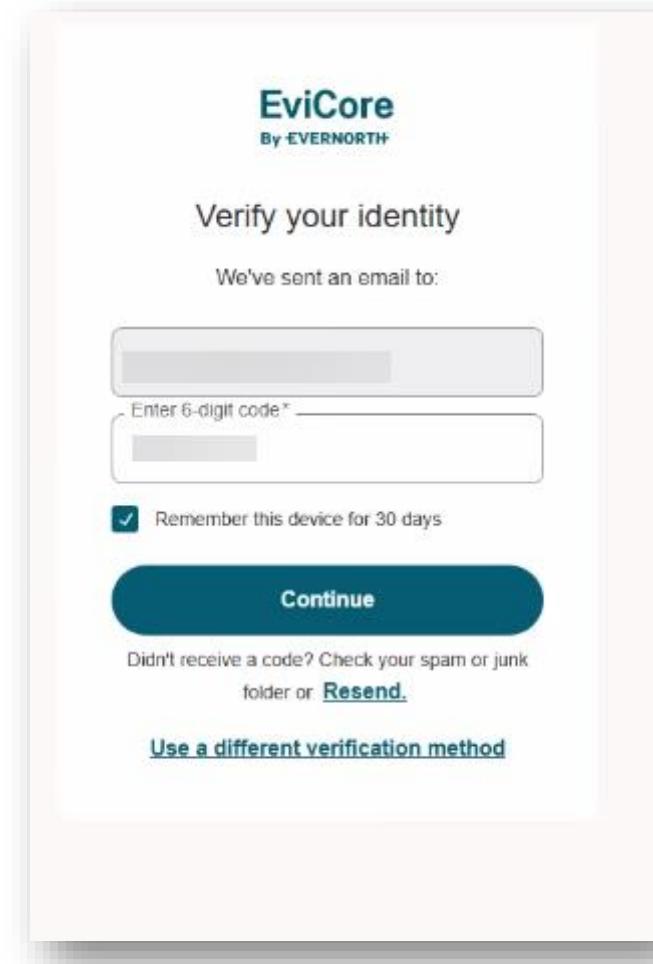
Individual NPI	Tax ID
Enter NPI	Enter Tax ID

- Complete the User Information section in full and **Submit Registration**.
- You will immediately be sent an email with a link to verify your account and create a password. Once you have created a password, you will be redirected to the login page.

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.**
- Once you select **Send PIN**, 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.



Building a Case on EviCore's Provider Portal



Request an Authorization

Request an Authorization

Please select a Health Plan and Program below to build your request.

Select a Health Plan

Select a Program

Continue

You will see important announcements here.

Please see our Video Resources for self-service Universal Dashboard training.

Universal Provider Dashboard

EviCore Unified Provider Experience (UPX) - Dashboard Training

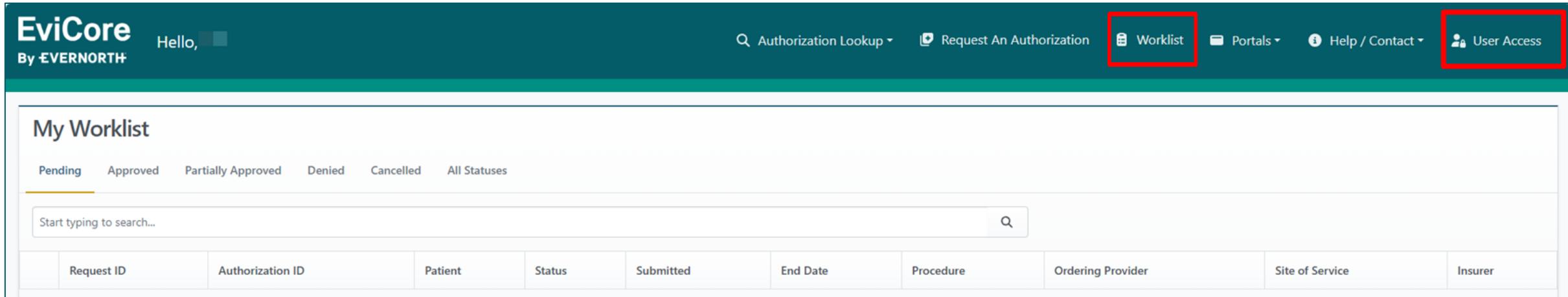
CareCore Portal Registration

Web Registration Tutorial - CareCore National Portal

Specialty Therapy Provider Portal Overview

You can request an authorization by clicking on “Request an Authorization.” First select the health plan and then select the program. Click “Continue” and you will be directed to the correct portal to initiate your request.

Provider Shared Worklist



The screenshot shows the EviCore Provider Shared Worklist interface. At the top, there is a navigation bar with the EviCore logo, a greeting 'Hello, [redacted]', and several menu items: 'Authorization Lookup', 'Request An Authorization', 'Worklist' (which is highlighted with a red box), 'Portals', 'Help / Contact', and 'User Access' (which is also highlighted with a red box). Below the navigation bar is a section titled 'My Worklist' with a sub-section 'Pending' (which is also highlighted with a red box). There is a search bar with the placeholder 'Start typing to search...' and a magnifying glass icon. Below the search bar is a table header with columns: Request ID, Authorization ID, Patient, Status, Submitted, End Date, Procedure, Ordering Provider, Site of Service, and Insurer. The main content area shows a message: 'David Gates will have access to your worklist' with a close button. Below this is a form titled 'Give access to your worklist' with fields for 'User ID' and 'Email', and a 'Allow access' button. At the bottom of this form is a message: '35 people have access to your worklist.' with a 'View List' button and a close button.

To allow others to view your worklist while you are out of the office you can add them by selecting “User Access” and add their User ID and Email Address. They must have an EviCore account to be added.

Case Build and Submission

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

Are you building a case as a referring physician or as a durable medical equipment provider?

Please Select

Please Select

Referring Physician

Durable Medical Equipment

[Click here for help](#)

- + Choose Clinical Certification to begin a new case request
- + Select the appropriate program
 - + Durable Medical Equipment (DME) should be chosen
- + Choose who is making the request, Referring Physician or the Durable Medical Equipment provider.
 - + Only referring providers are allowed to order a case.

Case Build and Submission

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

Requesting Physician Information

Search for Physician by TIN, NPI, physician last name, city and/or zip.

Healthplan:

TIN:

NPI:

Last Name: (requires NPI or TIN)

City: (city only, no state)

Zip:

SEARCH

If you selected that you are the Durable Medical Equipment provider on the previous screen, you will see a screen like what is shown here.

However, only referring providers are allowed to order a case, so you will need to enter the order provider information on this screen.

Case Build and Submission

Add Your Contact Info

Provider's Name*: [?]

Who to Contact*: [?]

Fax*: [?]

Phone*: [?]

Ext.: [?]

Cell Phone:

Email:

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

Attention!

Time: 1

Has the DME been delivered or dispensed?

Yes No

Submit

After selecting Durable Medical Equipment (DME), the referring provider, and the health plan, please

- In the **Who to Contact** field, enter the appropriate information for the point of contact individual
- Provider name, fax and phone will pre-populate, edit as necessary

If the DME has been delivered/dispensed, please enter that date.

Case Build and Submission

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

Requested Service + Diagnosis

This procedure has not been performed.

[CHANGE](#)

Durable Medical Equipment(DME)

Select a Procedure by CPT Code [\[?\]](#) or Description [\[?\]](#)

DME

DURABLE MEDICAL EQUIPMENT

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: **289.512**

Description: **Acquired absence of left leg below knee**

[Change Primary Diagnosis](#)

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

Secondary diagnosis is optional for Durable Medical Equipment(DME)

[LOOKUP](#)

[BACK](#)

[CONTINUE](#)

After searching for and selecting the member, DME is pre-populated and the “requested service.”

Please enter the primary diagnosis code.

You may select a secondary diagnosis code if appropriate.

If necessary, make changes to the codes via the links.

Case Build and Submission

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:

Starts with
 Exact match

Site Email (optional)

Fax [\[?\]](#)

Phone [\[?\]](#)

For DME authorization requests, place of service will be selected as 12 - Home.

[BACK](#)

Attention!

Patient ID: Time:
Patient Name: Date of Service:

Was this test performed on an urgent basis?
 Yes
 No

Was this test performed after normal working hours (7am-7pm)?
 Yes
 No

SUBMIT

After selecting the DME provider on the “Site of Service” screen, if you previously stated that the equipment was already dispensed, a pop-up window will present a message to clarify urgency.

Case Build and Submission

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

Proceed to Clinical Information

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

Once you have clicked "**CONFIRM AND CONTINUE**," you will not be able to edit the Physician, 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

Confirm previous selections, and check the box to acknowledge the attestation. You will **not** be able to make changes to the selections already made after advancing into the clinical questionnaire portion of the case-build)

Clinical Certification Requests

Example Questions and “Finish Later” function

- + **Clinical Certification** questions will populate based on the information provided
- + You can save your request and finish it later if needed
(Note: Make sure to complete (finish) the case before you leave for the day.)
- + Select **Certification Requests in Progress** to resume a saved request (this function is **not** available for single sign on (SSO) users)

Proceed to Clinical Information

• Please enter the Primary HCPCS code for this DME request:

• How many Units of this HCPCS

SUBMIT

Finish Later

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

CANCEL

Proceed to Clinical Information

• Would you like to enter another HCPCS code?
 Yes No

SUBMIT

Finish Later

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

CANCEL

New: Now you can edit your responses to clinical questions prior to case submission by clicking the link for the related question.

Request for Clinical Upload | Medical Information Checklist



Clinical Upload

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

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

Required Medical information checklist ←

Browse for file to upload (max size 25MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

No file chosen

Durable Medical Equipment

<input type="checkbox"/> Written prescription
<input type="checkbox"/> Certificate of medical necessity (CMN)
<input type="checkbox"/> Preauthorization request form
<input type="checkbox"/> Most recent office visit notes (for most requests, must be within last 3 months)
<input type="checkbox"/> Current detailed invoice listing all requested equipment
<input type="checkbox"/> Diagnosis (if part of discharge plan, include the admitting diagnosis)
<input type="checkbox"/> Patient history and physical exam findings, progress notes, wound or incision/location
<input type="checkbox"/> Rental vs Purchase and Quantity requested (if applicable)
<input type="checkbox"/> Has the patient previously used this/these item(s)
<input type="checkbox"/> DME vendor/site

UPLOAD

If **additional information** is required, you will have the option to upload more clinical information. Review the list of *required medical information* EviCore requires in order for the prior authorization to meet medical necessity.

Tips:

- + Providing clinical information via the web is the fastest and most efficient method
- + Enter additional notes in the space provided only when necessary
- + Additional information uploaded to the case will be sent for clinical review
- + Print out a summary of the request that includes the case number and indicates 'Your case has been sent to clinical review'

Direct link to document: [Required Medical Information Check List.pdf \(evicore.com\)](#)

Summary Screen

Summary of Your Request	
Please review the details of your request below and if everything looks correct click SUBMIT	
Your case has been Approved.	
Provider Name: Provider Address:	Contact: Phone Number: Fax Number:
Patient Name: Insurance Carrier:	Patient Id:
Site Name: Site Address:	Site ID:
Primary Diagnosis Code: Secondary Diagnosis Code: Date of Service: CPT Code: Authorization Number: Review Date: Expiration Date: Status:	Description: Description: Description: Description: Description: Description: Description: Your case has been Approved.
CANCEL PRINT CONTINUE	
Summary of Your Request	
Please review the details of your request below and if everything looks correct click SUBMIT	
Your case has been sent to Medical Review.	
Provider Name: Provider Address:	Contact: Phone Number: Fax Number:
Patient Name: Insurance Carrier:	Patient Id:
Site Name: Site Address:	Site ID:
Primary Diagnosis Code: Secondary Diagnosis Code: Date of Service: CPT Code: Case Number: Review Date: Expiration Date: Status:	Description: Description: Description: Description: Description: Description: Description: Your case has been sent to Medical Review.
CANCEL PRINT CONTINUE	

The case may be approved immediately, and you can print the summary screen for your records.

Ongoing sessions for Web Portal Training

- + Provides step-by-step guidance on submitting requests through both the EviCore CareCore National platform and EviCore MedSolutions platform.
- + Includes Portal registration, Case lookup, and Scheduling Peer to Peer Consultations

Register for Provider sessions:

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



EviCore Online Provider Resources Review Forum

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

We invite you to attend an **Intro to EviCore Online Resources** to learn how to navigate EviCore's web site and understand all the non-health plan specific resources available on the Provider's Hub.

Included is a broad overview of registering and using the EviCore portal. This is great for those new to EviCore.com and the prior authorization process.

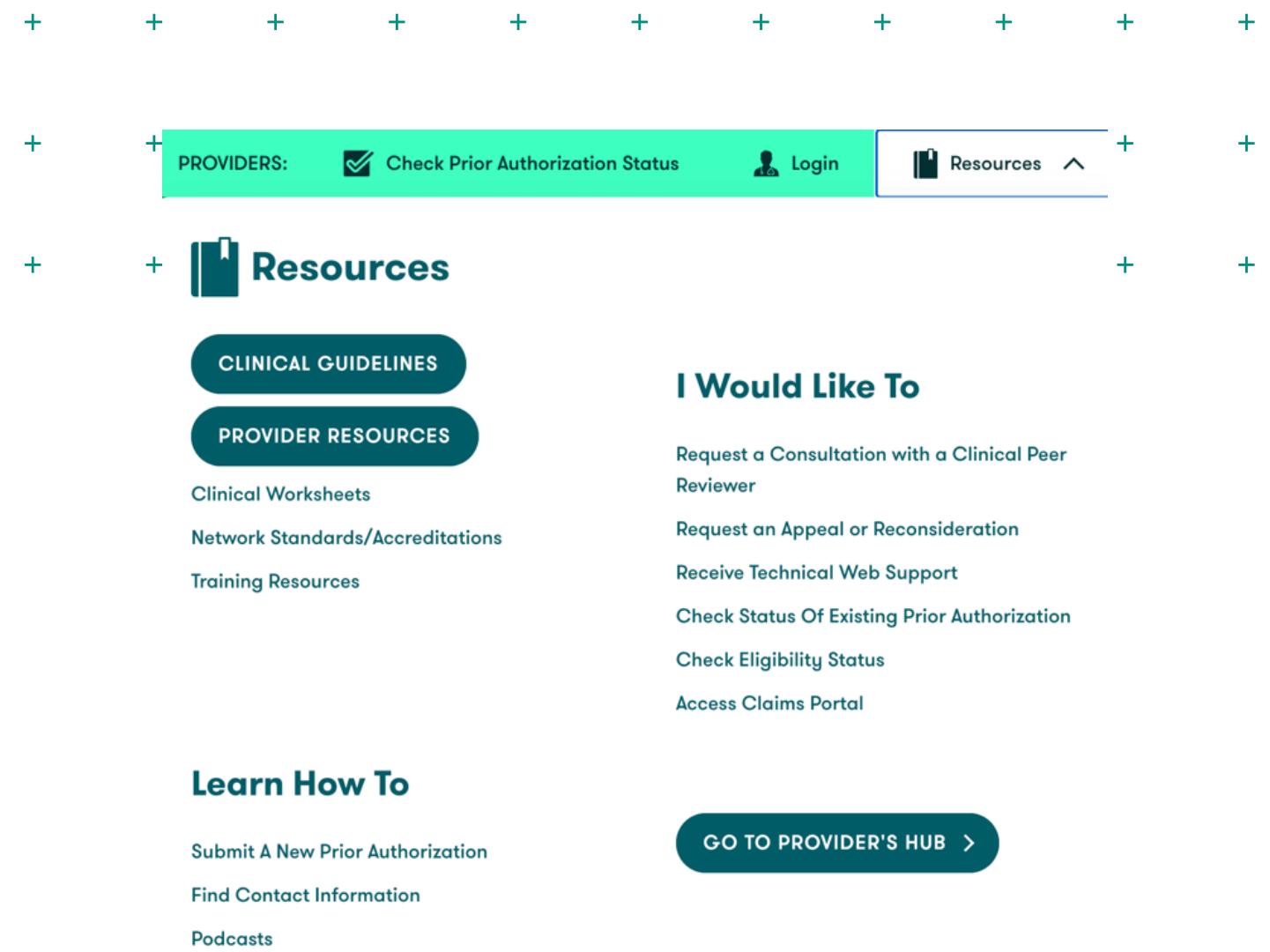
Provider Resources



Quick Reference

At the top right corner of any EviCore.com webpage, click the drop down to display quick links to a variety of resources.

- + Clinical Guidelines
- + Health Plan Specific “Provider Resources”
- + Worksheets for some programs
- + Click “Go to Provider’s Hub” to:
 - Log into the provider portal
 - Find Training resources not specific to any health plan.
 - Register for provider Training Webinars
 - Find Contact Information
 - Sign up for our provider Newsletter



The screenshot shows a dropdown menu from the EviCore.com provider resources page. The menu items are:

- PROVIDERS: Check Prior Authorization Status
- Login
- Resources ▾
- Resources** (highlighted)
- CLINICAL GUIDELINES
- PROVIDER RESOURCES (highlighted)
- Clinical Worksheets
- Network Standards/Accreditations
- Training Resources
- I Would Like To**
- Request a Consultation with a Clinical Peer Reviewer
- Request an Appeal or Reconsideration
- Receive Technical Web Support
- Check Status Of Existing Prior Authorization
- Check Eligibility Status
- Access Claims Portal
- Learn How To**
- Submit A New Prior Authorization
- Find Contact Information
- Podcasts
- GO TO PROVIDER'S HUB >**

Contact EviCore's Dedicated Teams



Provider Services and Portal Support

- Live chat
- Clientservices@evicore.com
- Phone: **800-646-0418**

Provider Engagement

You can contact your Provider Engagement Representative by visiting the [Provider's Hub](#) and viewing the Provider Engagement Territory Map in the Training Resources.

Call Center/Intake Center

Call **866.666.4452**. Representatives are available from 7 a.m. to 7 p.m. local time.

Provider Resource Website

EviCore's Provider Engagement team maintains provider resource pages that contain client and solution specific educational materials to assist providers and their staff.

To access Health Plan Specific provider resources, visit
[Provider Resources | EviCore by Evernorth](#)

- + Frequently asked questions
- + Quick reference guides
- + Provider training
- + CPT code list



Access HealthSpring's provider resources at:
[Health care Providers | HealthSpring](#)

Clinical Guidelines

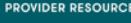
How do I access EviCore's clinical guidelines?

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

PROVIDERS: Check Prior Authorization Status  Login  Resources 

Resources

[Clinical Worksheets](#)
[Network Standards/Accreditations](#)
[Training Resources](#)

I Would Like To

[Request a Consultation with a Clinical Peer Reviewer](#)
[Request an Appeal or Reconsideration](#)
[Receive Technical Web Support](#)
[Check Status Of Existing Prior Authorization](#)
[Check Eligibility Status](#)
[Access Claims Portal](#)

Learn How To

[Submit A New Prior Authorization](#) 

[Find Contact Information](#)
[Podcasts](#)

EviCore coverage policies include background and supporting information and citations for sources used to develop the policy. Some clinical policies may have a supplemental literature summary available which will provide additional commentary regarding clinical benefits and harms to the patient population being served. Additional literature summaries may be accessed by selecting 'Supplemental Information' and then entering "EviCore by Evernorth" in the search by health plan function.

Search by Health Plan ... 

Contacts and Helpful Links

Client & Provider Operations, Portal support, Network support, etc.

clientservices@evicore.com

Find Contact information

[Contact Us | EviCore by Evernorth](#)

Regional Provider Engagement Manager team

[Provider Engagement Territory Map](#)

Clinical Guidelines

[Clinical Guidelines | EviCore by Evernorth](#)

Worksheets for some solutions

[Clinical Worksheets & Online Forms | EviCore by Evernorth](#)

Request a Clinical Consultation

[Request a Peer-to-Peer Discussion | EviCore by Evernorth](#)





Thank you

Online Peer-to-Peer Scheduling Tool

Schedule a P2P

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

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

Authorization Lookup

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

P2P AVAILABILITY 

P2P AVAILABILITY 

Authorization Lookup

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

ALL POST DECISION OPTIONS 

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.

*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.

New P2P Request

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

Member Date of Birth:

+ Add Another Case

Lookup Cases >

New P2P Request

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

Remove P2P Eligible

Member Information

Name
DOB
State
Health Plan
Member ID

Case P2P Information

Episode ID	2020-11-11
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: 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	1:00	2:00	3:00	4:00	5:00	6:00	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 →

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

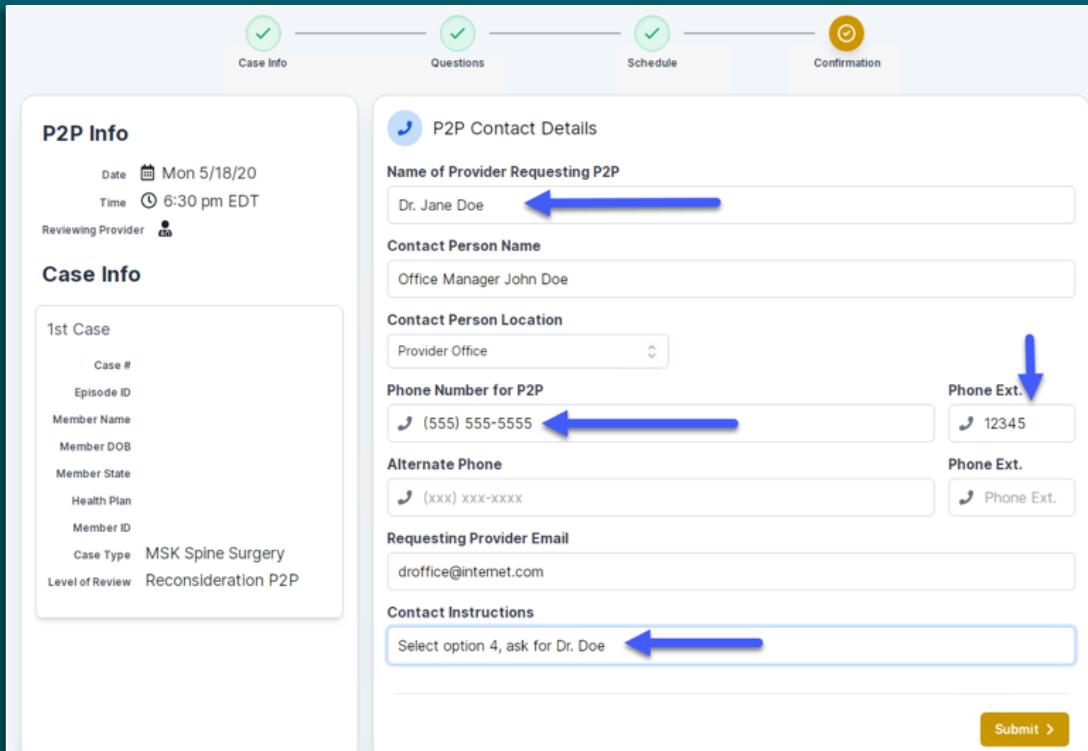
Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT	2:00 pm EDT	4:15 pm EDT	3:15 pm EDT	-	-	-
3:45 pm EDT	2:15 pm EDT	4:30 pm EDT	3:30 pm EDT	-	-	-
4:00 pm EDT	2:30 pm EDT	4:45 pm EDT	3:45 pm EDT	-	-	-
4:15 pm EDT	2:45 pm EDT	5:00 pm EDT	4:00 pm EDT	-	-	-
Show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

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.



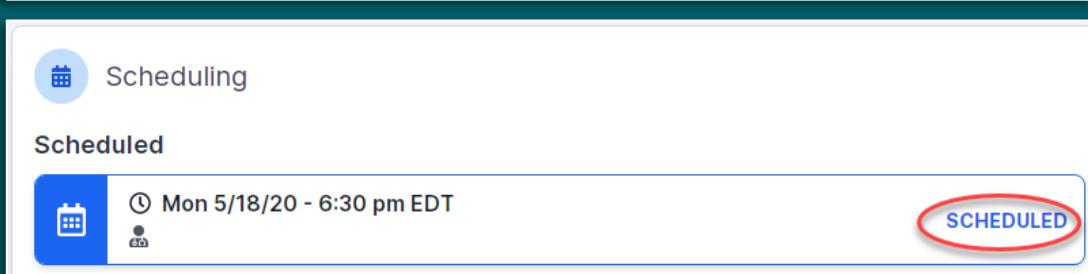
The screenshot shows the 'Case Info' and 'P2P Contact Details' sections of the appointment scheduling interface. The 'Case Info' section displays the following details:

- Date: Mon 5/18/20
- Time: 6:30 pm EDT
- Reviewing Provider: [Placeholder]
- Case Type: MSK Spine Surgery
- Level of Review: Reconsideration P2P

The 'P2P Contact Details' section includes:

- 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
- Requesting Provider Email: droffice@internet.com
- Contact Instructions: Select option 4, ask for Dr. Doe

Blue arrows point to the 'Name of Provider Requesting P2P', 'Phone Number for P2P', and 'Contact Instructions' fields, indicating they are the fields to be updated. A blue arrow also points to the 'Phone Ext.' field, which is a placeholder for the phone extension. The 'Submit' button is located at the bottom right of the 'P2P Contact Details' section.



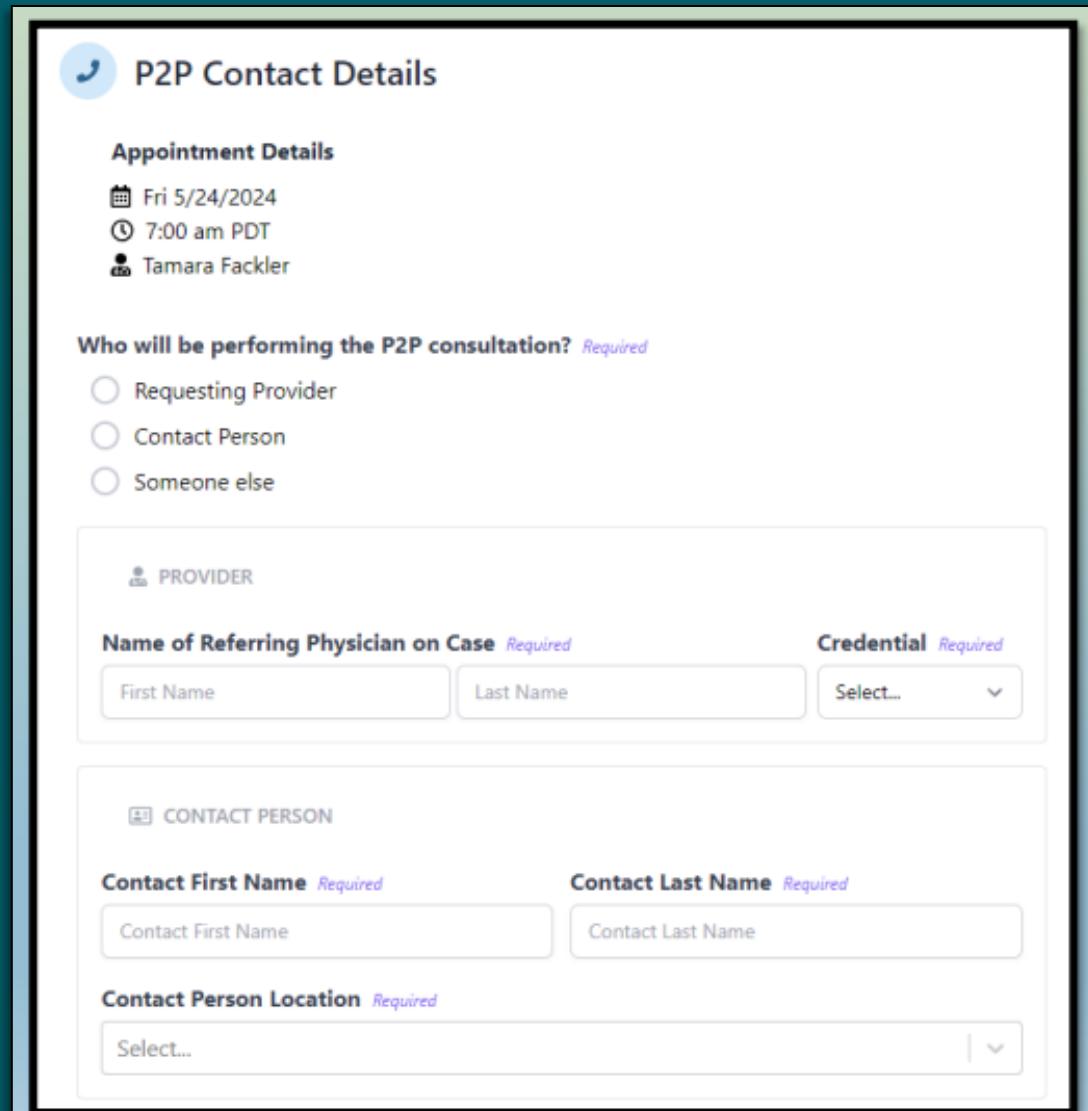
The screenshot shows a summary page titled 'Scheduling' with the status 'Scheduled'. The scheduled details are:

- Date: Mon 5/18/20
- Time: 6:30 pm EDT
- Provider: [Placeholder]

At the bottom right of the summary, 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.



The screenshot shows a web-based form titled "P2P Contact Details". At the top, there is a section for "Appointment Details" with a date of "Fri 5/24/2024", a time of "7:00 am PDT", and a name "Tamara Fackler". Below this, a question asks "Who will be performing the P2P consultation?" with three radio button options: "Requesting Provider", "Contact Person", and "Someone else". The "Requesting Provider" option is selected. The form is divided into two main sections: "PROVIDER" and "CONTACT PERSON". The "PROVIDER" section contains fields for "Name of Referring Physician on Case" (with "First Name" and "Last Name" inputs and a "Credential" dropdown), and "Contact First Name" and "Contact Last Name" fields. The "CONTACT PERSON" section contains a "Contact Person Location" dropdown menu. All fields marked with a red asterisk are required.

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*

CONTACT PERSON

Contact First Name *Required* Contact Last Name *Required*

Contact First Name Contact Last Name

Contact Person Location *Required*

Select...

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

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.

