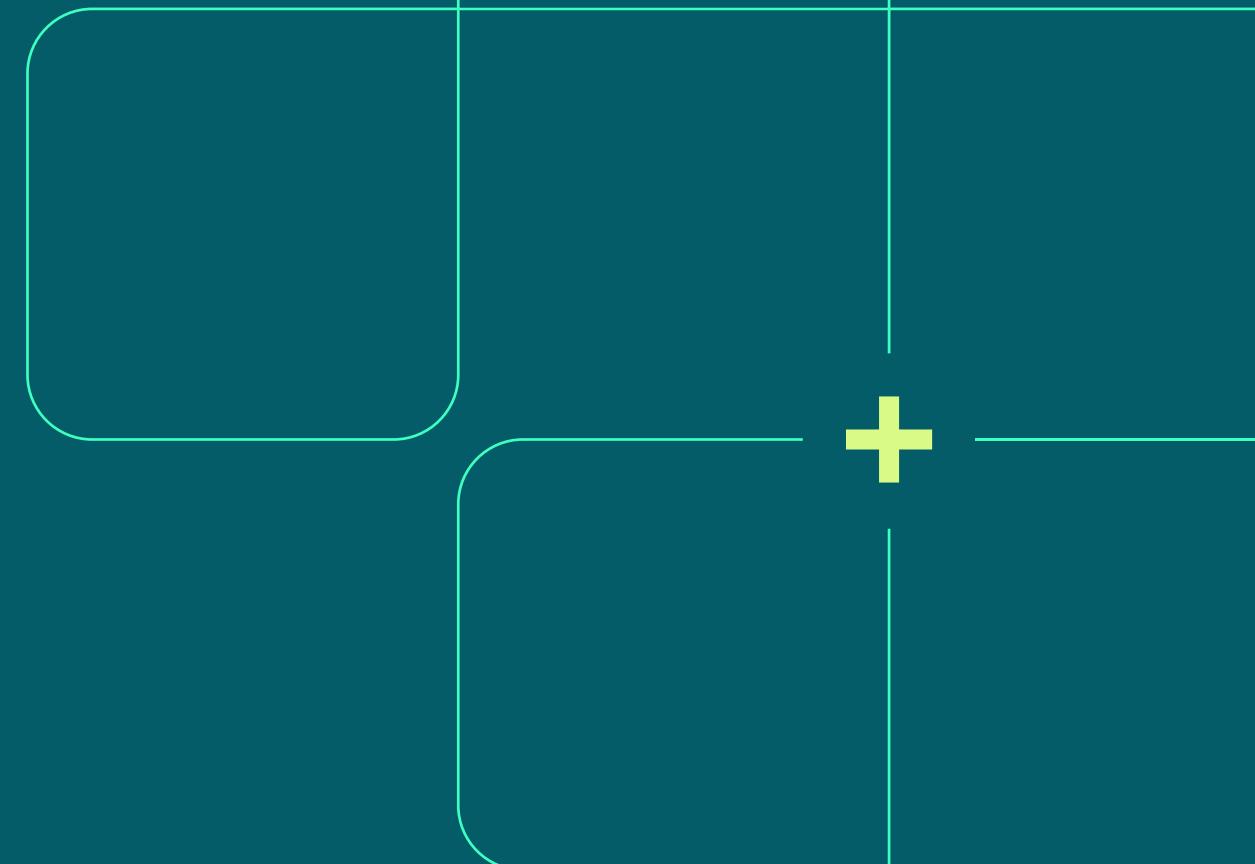


RADIOLOGY AND CARDIOLOGY

HealthSpring Medicare Advantage

Provider Orientation



EviCore
By EVERNORTH

HealthSpring™

EviCore by Evernorth (EviCore) manages prior authorization requests for Radiology and Cardiology services for HealthSpring members

Prior authorization applies to the following services:

- + Outpatient
- + Non-emergent treatment

Prior authorization does NOT apply to services performed in:

- + Emergency Room Services
- + 23 Hour Observations
- + Inpatient stays



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](#)

- + CT, CTA
- + MRI, MRA
- + PET, PET/CT
- + Nuclear Medicine
- + Stress Echocardiograms
- + Diagnostic Heart Catheterizations



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

- + CPT/HCPCS Code(s)
- + Diagnosis Codes, including Rule out diagnosis
- + Physical exam findings
- + Type and duration of treatments performed to date for the diagnosis, medication, therapy, surgery, chemotherapy
- + Pertinent clinical information, such as symptoms, to substantiate medical necessity for the requested service
- + Previous relevant test results such as EKGs, lipid panel, lab and imaging

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 888-693-3210
- + 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.
- + Authorizations are valid for 60 days from the date of the final determination.
- + Denied request communications will include:
 - + Rationale and guidelines relied upon
 - + Post decision options
- + Care must be administered at an in-network facility if the patient does not have out-of-network (OON) benefits.
- + 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.



Post Decision Options

Reconsiderations

- + Medicare does not allow reconsiderations.

Clinical Consultations

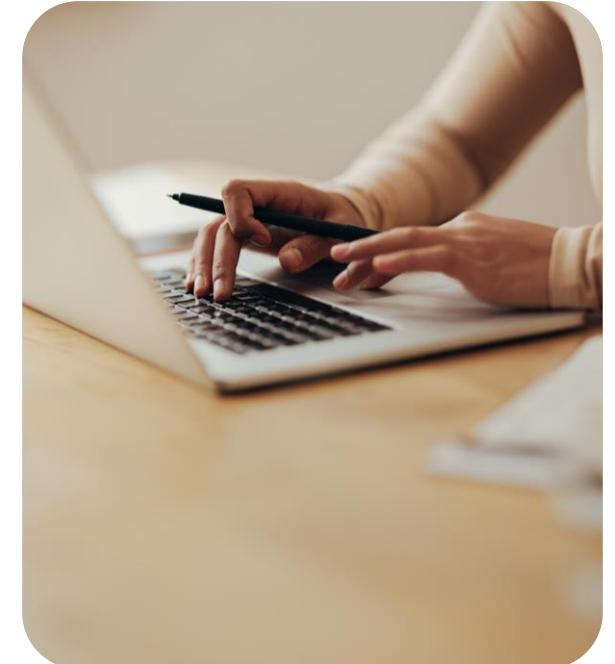
- + If a request requires further clinical review, we welcome requests for a clinical consultation with an EviCore medical director.

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.



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

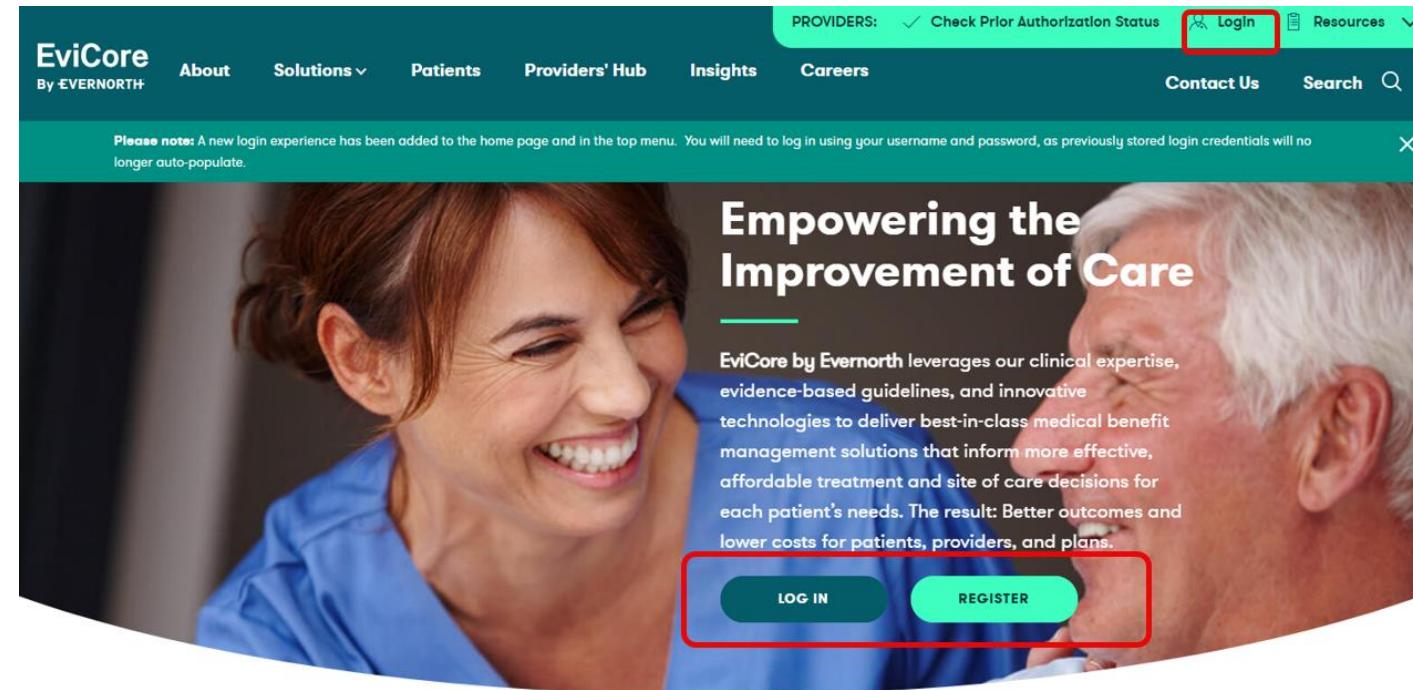
[Homepage | EviCore by Evernorth](#)

- + Already a user?

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

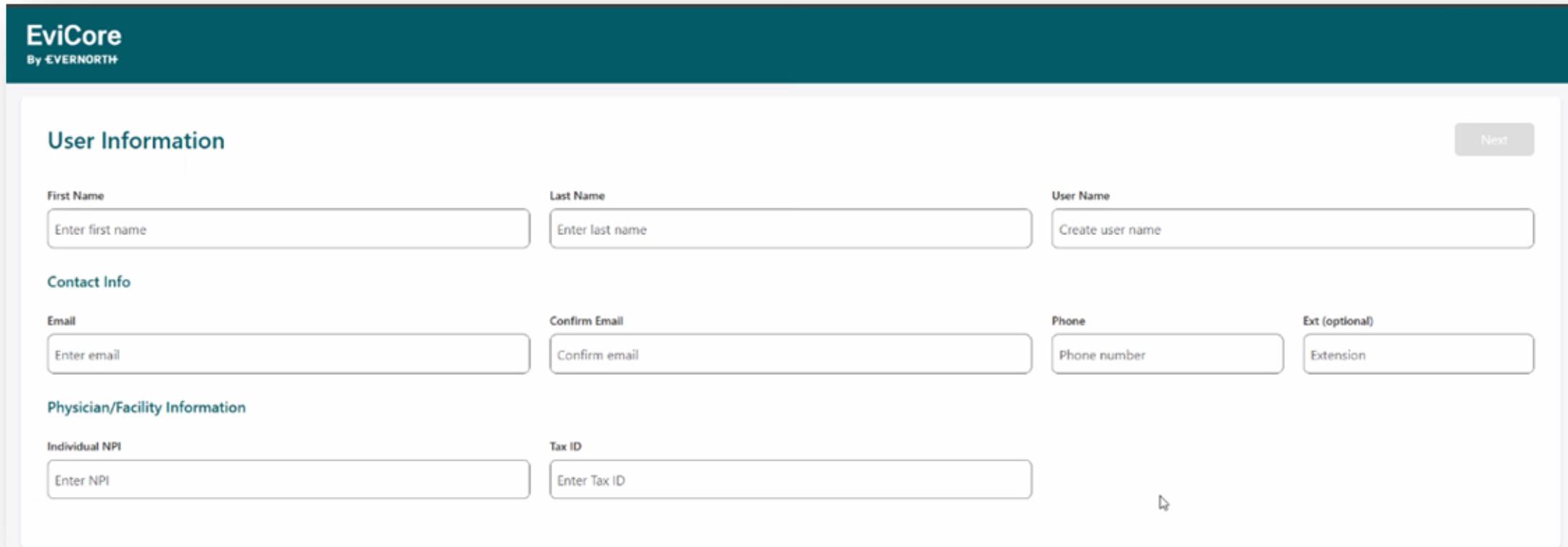
- + Don't have an account?

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

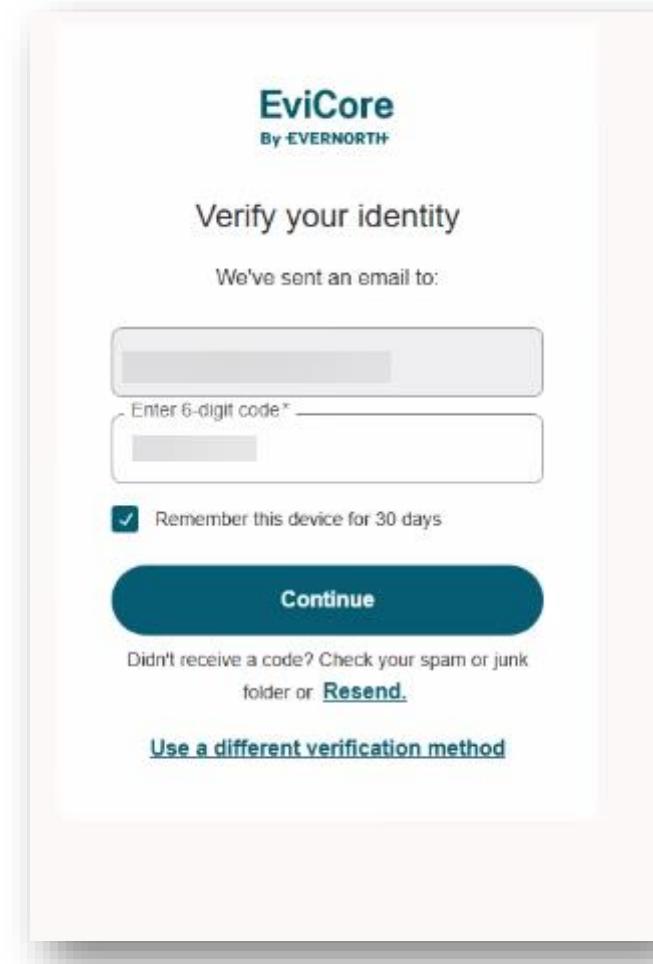
Individual NPI	Tax ID
Enter NPI	Enter Tax ID

- 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.

REGISTER NOW

Video Resources

Universal Provider Dashboard

EviCore Unified Provider Experience (UPX) - Dashboard Training

16:11

Tutorial: CareCore Portal Registration

02:05

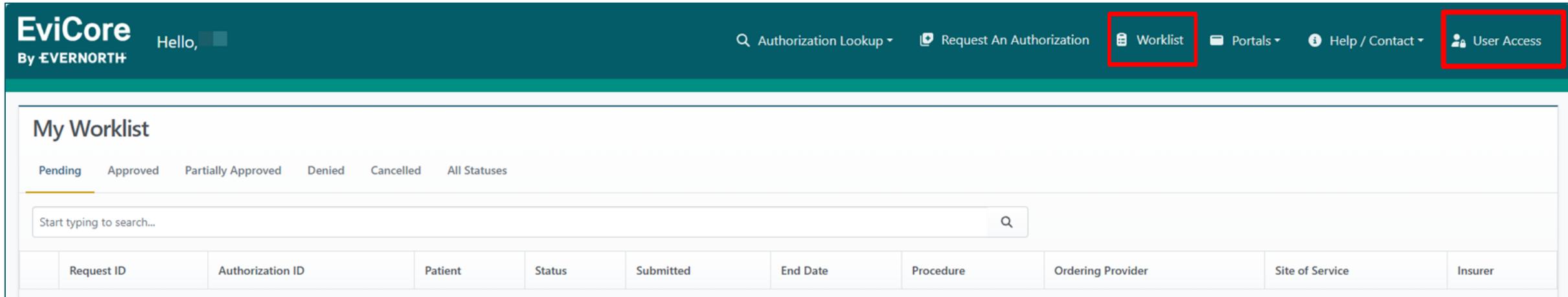
Web Registration Tutorial - CareCore National Portal

46:29

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 are buttons for 'Approved', 'Partially Approved', 'Denied', 'Cancelled', and 'All Statuses'. A search bar with the placeholder 'Start typing to search...' and a magnifying glass icon is present. 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 displays 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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

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.

After selecting Radiology and Cardiology/Vascular Intervention, 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

select the primary procedure code and the primary diagnosis code. You may select a secondary

BACK

CONFIRM FAX AND CONTINUE

EviCore

By EVERNORTH

19

Case Build and Submission



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](#)

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

Diagnosis

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

[LOOKUP](#)

Trouble selecting diagnosis code? Please follow [these steps](#)

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

Secondary diagnosis is optional for Radiology

[LOOKUP](#)

[BACK](#)

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: TBD

CPT Code: 73721

Description: MRI LOWER EXTREMITY JOINT W/O

Primary Diagnosis Code: R68.89

Primary Diagnosis: Other general symptoms and signs

Secondary Diagnosis Code:

Secondary Diagnosis:

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

[BACK](#)

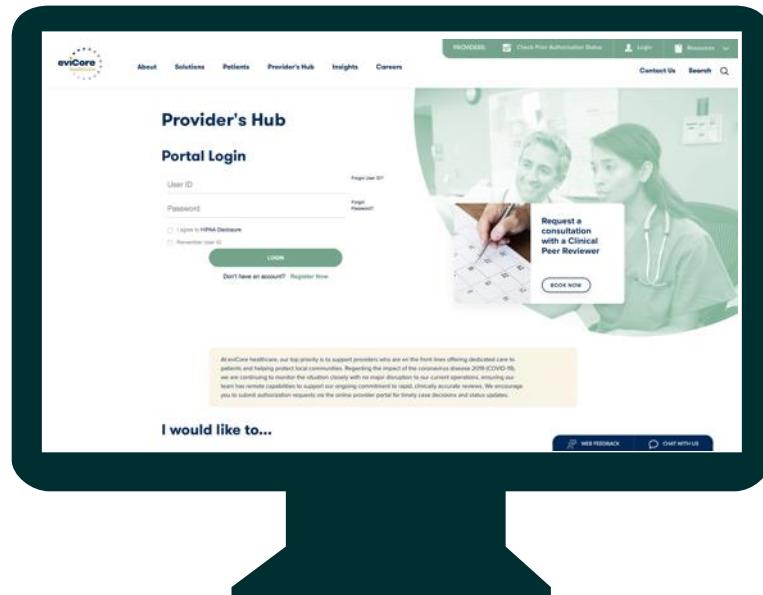
[CONTINUE](#)

[Click here for help](#)

Select the primary procedure code and the primary diagnosis code. You may select a secondary diagnosis code if appropriate. If necessary, make changes to the codes via the links.

Improved Provider Experience |

Real-Time Decision or Clinical Documentation Upload



You'll be asked to complete a short series of clinical questions which may result in an immediate approval. If an immediate approval does not occur, you'll be prompted to upload clinical information.

eviCore healthcare

Home Certification Summary Authorization Lookup Eligibility Lookup Clinical Certification

Tuesday, July 30, 2019 7:43 PM

Clinical Certification

Your case has been Approved.

Provider Name: DR. JYH-HAUR LU **Contact:** WED
Provider Address: 3916 PRINCE ST (646) 409-4402
FLUSHING, NY 11354 **Phone Number:**
Fax Number: (718) 888-9025

Patient Name: GARY TURCO **Patient Id:** W249262910
Insurance Carrier: AETNA

Site Name: PARK PLACE MEDICAL IMAGING **Site ID:** 73C73C
Site Address: 255 GREENWICH STREET NEW YORK, NY 10007

Primary Diagnosis Code: RS1 **Description:** Headache
Secondary Diagnosis Code:
Date of Service: Not provided **Description:**
CPT Code: 72148 **Description:** MRI LUMBAR SPINE W/O CONTRAST

Authorization: A123615501

Review Date: 7/30/2019 7:39:39 PM

Review Date: 7/30/2019 7:39:39 PM
Status: Your case has been Approved.

eviCore healthcare

Home Certification Summary Authorization Lookup Eligibility Lookup Clinical Certification

Tuesday, July 30, 2019 7:29 PM

Clinical Certification

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):

Choose File: Sample4Upload_1.docx
 Choose File: No file chosen
 Choose File: No file chosen

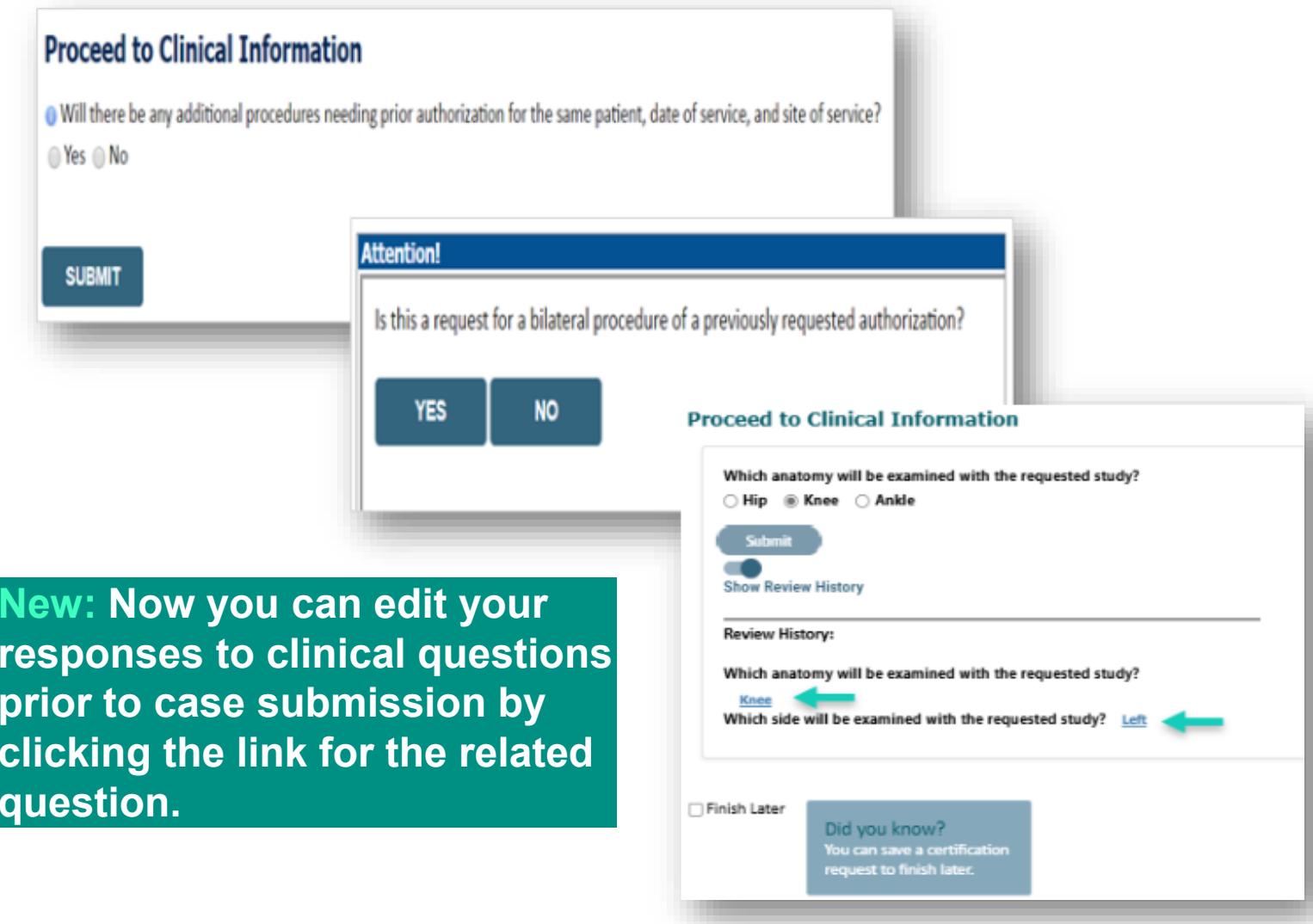
UPLOAD SKIP UPLOAD

BACK SUBMIT

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)



The screenshot shows the clinical certification process. It starts with a 'Proceed to Clinical Information' step, followed by a question about additional procedures, and a 'SUBMIT' button. A modal window titled 'Attention!' asks if the request is for a bilateral procedure or previously requested authorization, with 'YES' and 'NO' buttons. The main form then asks for the examined anatomy (Knee selected), and a 'Finish Later' checkbox is present. A 'Did you know?' box states: 'You can save a certification request to finish later.' Two green arrows point to the 'Knee' and 'Left' buttons in the anatomy section.

Proceed to Clinical Information

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

Yes No

SUBMIT

Attention!

Is this a request for a bilateral procedure or a previously requested authorization?

YES **NO**

Proceed to Clinical Information

Which anatomy will be examined with the requested study?

Hip Knee Ankle

Submit

Show Review History

Review History:

Which anatomy will be examined with the requested study?
Knee ←

Which side will be examined with the requested study?
Left ←

Finish Later

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

Request for Clinical Upload | Medical Information Checklist

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

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

EviCore
By EVERNORTH

Required Medical Information Check List

Radiology

Rule out/diagnosis

Symptoms

Physical Exam findings

Treatment such as medications, physical therapy, surgery; chemotherapy. Please include dates and duration of treatment.

Re-evaluation post treatment for some indications

Recent relevant imaging

Recent relevant laboratory work

Pertinent medical history and family history

For imaging exam requests for cancer, indicate if the exam is requested for initial staging or restaging following treatment or surveillance. Please provide the type and stage of cancer, date of diagnosis, type of treatment and date of treatment completion.

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 \(evicore.com\)](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:	DR. BHARATHI MARUJAWALA VEETHI	Contact:	[REDACTED]
Provider Address:	3200 6TH AVE N SAINT CLOUD, MN 56301	Phone Number:	[REDACTED]
Patient Name:	[REDACTED]	Fax Number:	[REDACTED]
Insurance Carrier:	[REDACTED]	Patient Id:	[REDACTED]
Site Name:	[REDACTED]	Site ID:	[REDACTED]
Site Address:	[REDACTED]		
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	MRI LOWER EXTREMITY JOINT W/O
CPT Code:	73721		
Authorization Number:	[REDACTED]		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL **PRINT** **CONTINUE**

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

EviCore

By EVERNORTH

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.

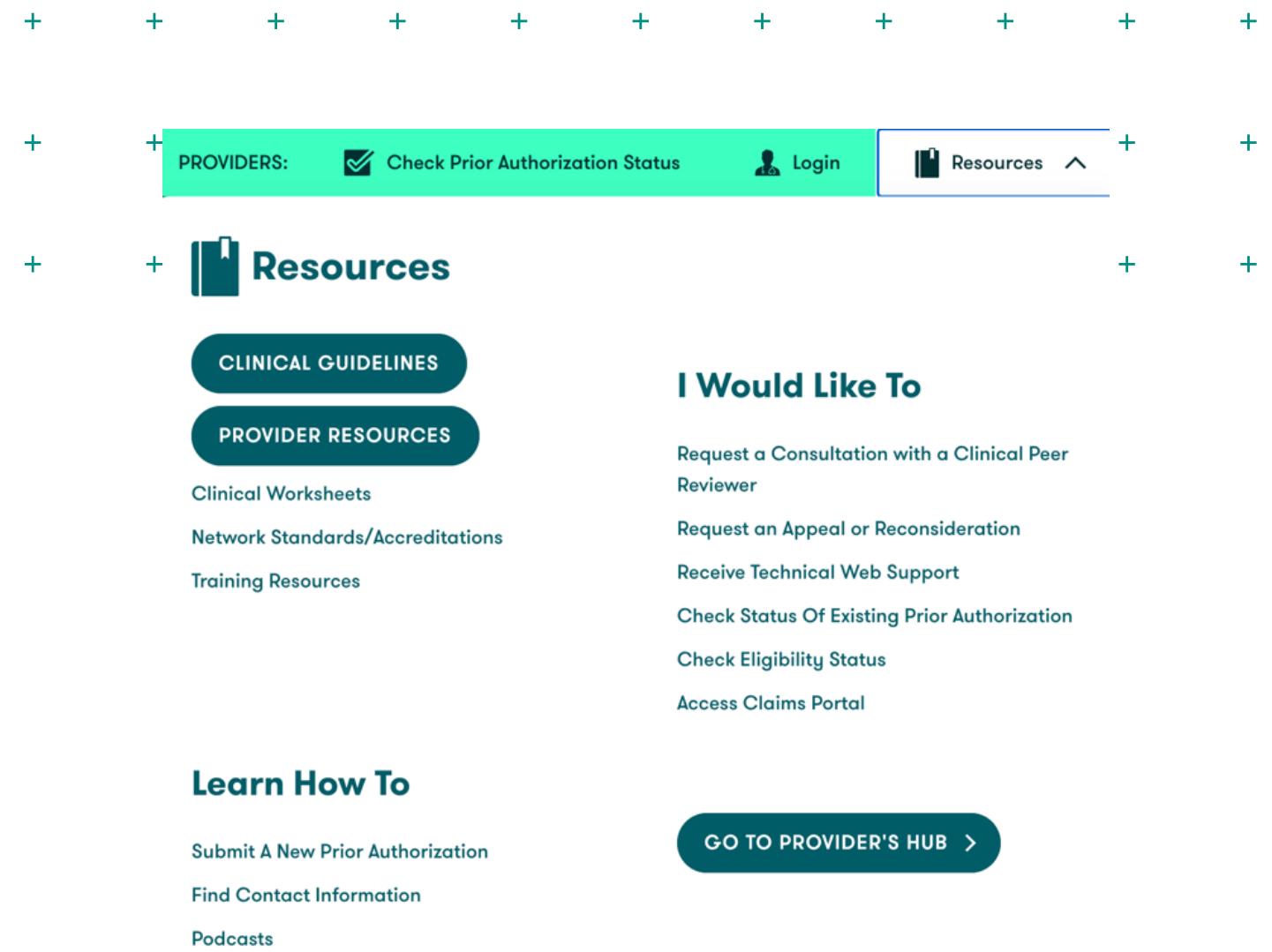
Provider Resources



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

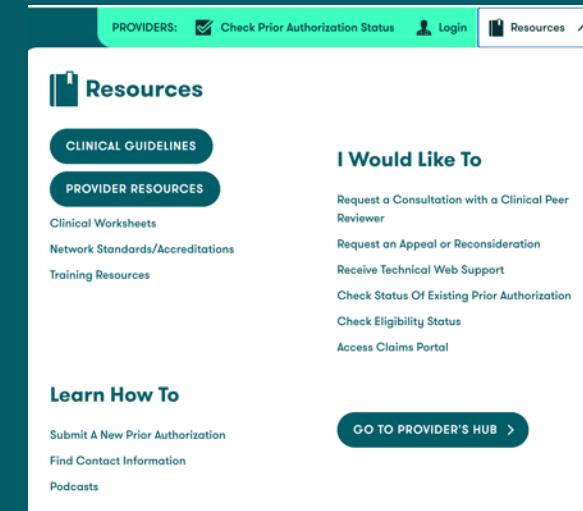


Access HealthSpring's provider resources at:
[Health care Providers | HealthSpring](#)

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 GUIDELINES

PROVIDER RESOURCES (selected)

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 >](#)



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**

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

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	-	-	-	-	-	-

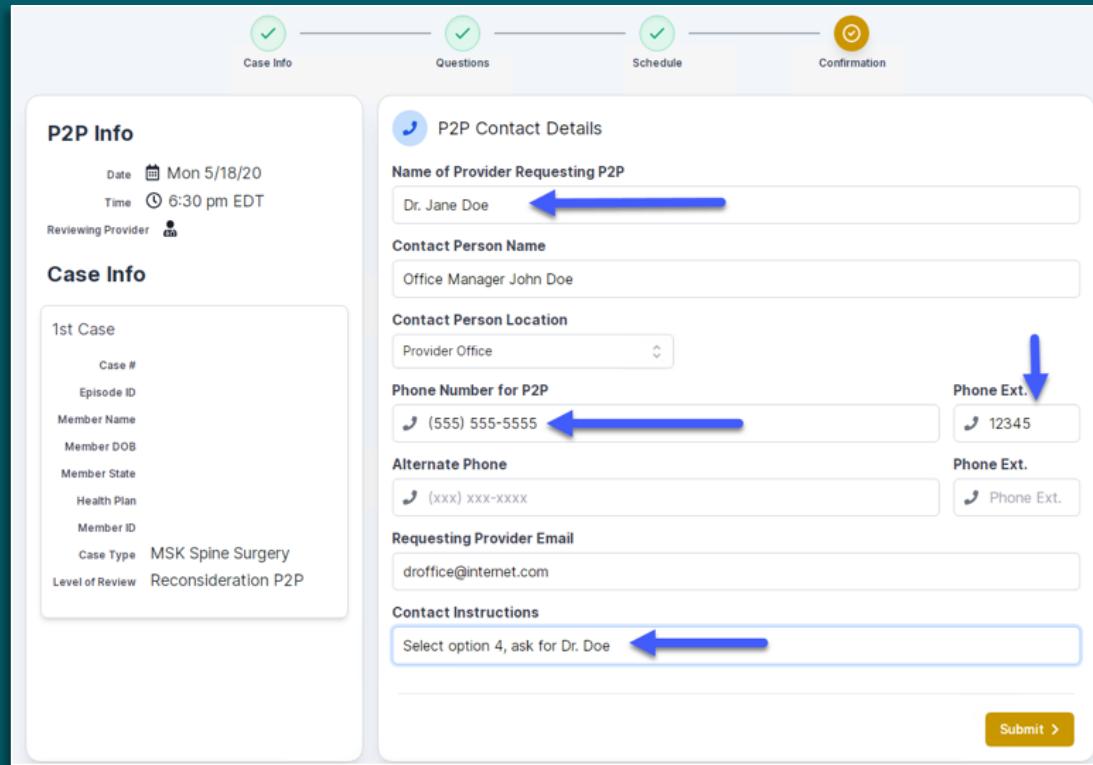
1st Priority by Skill

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...	-	-	-

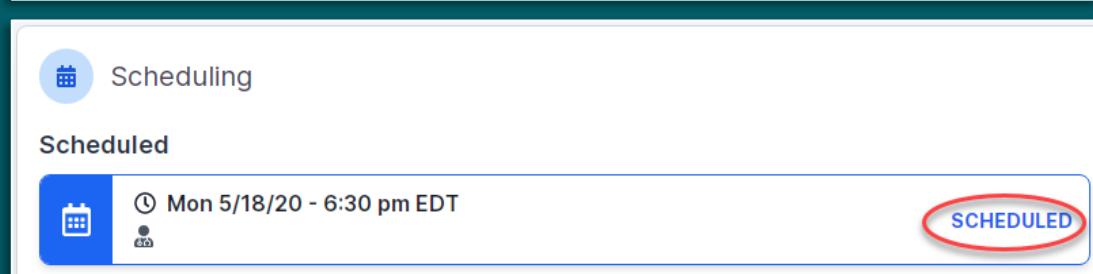
1st Priority by Skill

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.



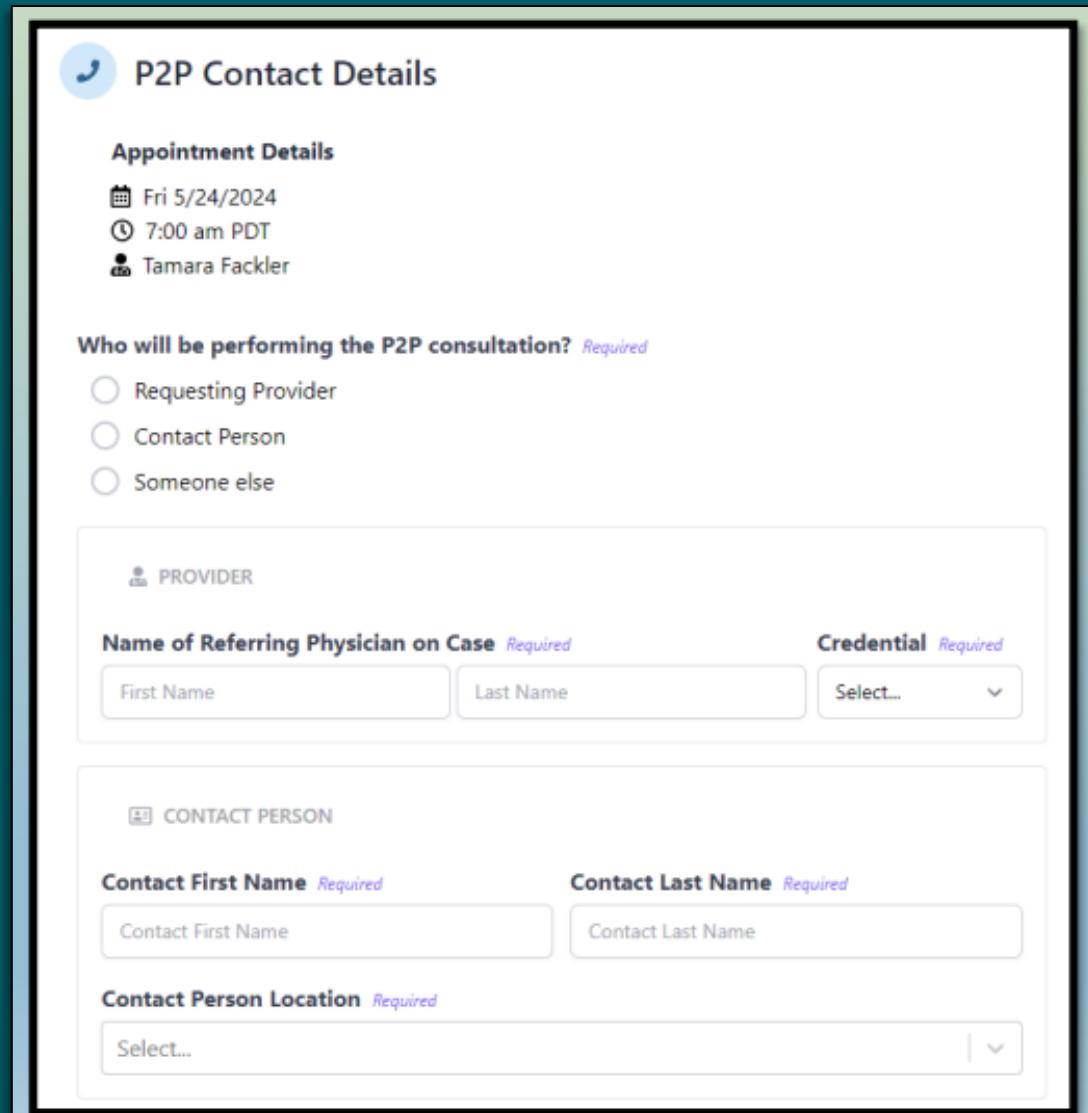
The screenshot shows the 'Case Info' and 'P2P Contact Details' sections of the appointment scheduling interface. The 'Case Info' section displays the following details for the '1st Case': Case #, Episode ID, Member Name, Member DOB, Member State, Health Plan, Member ID, Case Type (MSK Spine Surgery), and Level of Review (Reconsideration P2P). The 'P2P Contact Details' section includes fields for the Requesting Provider (Dr. Jane Doe), Contact Person Name (Office Manager John Doe), Contact Person Location (Provider Office), Phone Number for P2P ((555) 555-5555), Alternate Phone ((xxx) XXX-XXXX), Requesting Provider Email (droffice@internet.com), and Contact Instructions (Select option 4, ask for Dr. Doe). Blue arrows point to the 'Name of Provider Requesting P2P', 'Phone Number for P2P', and 'Contact Instructions' fields, indicating they are the focus for updating. A blue arrow also points to the 'Phone Ext.' field, which is empty. A yellow 'Submit' button is located at the bottom right of the contact details section.



The screenshot shows a summary page titled 'Scheduling' with the status 'Scheduled'. It displays the appointment details: Date (Mon 5/18/20), Time (6:30 pm EDT), and a large red box highlighting the status 'SCHEDULED' at the bottom right.

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 then splits into two main sections: "PROVIDER" and "CONTACT PERSON". The "PROVIDER" section requires input for "Name of Referring Physician on Case" (with fields for "First Name" and "Last Name") and "Credential". The "CONTACT PERSON" section requires input for "Contact First Name" and "Contact Last Name". Both sections have dropdown menus for "Contact Person Location".

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 Person Location *Required*

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.

