

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

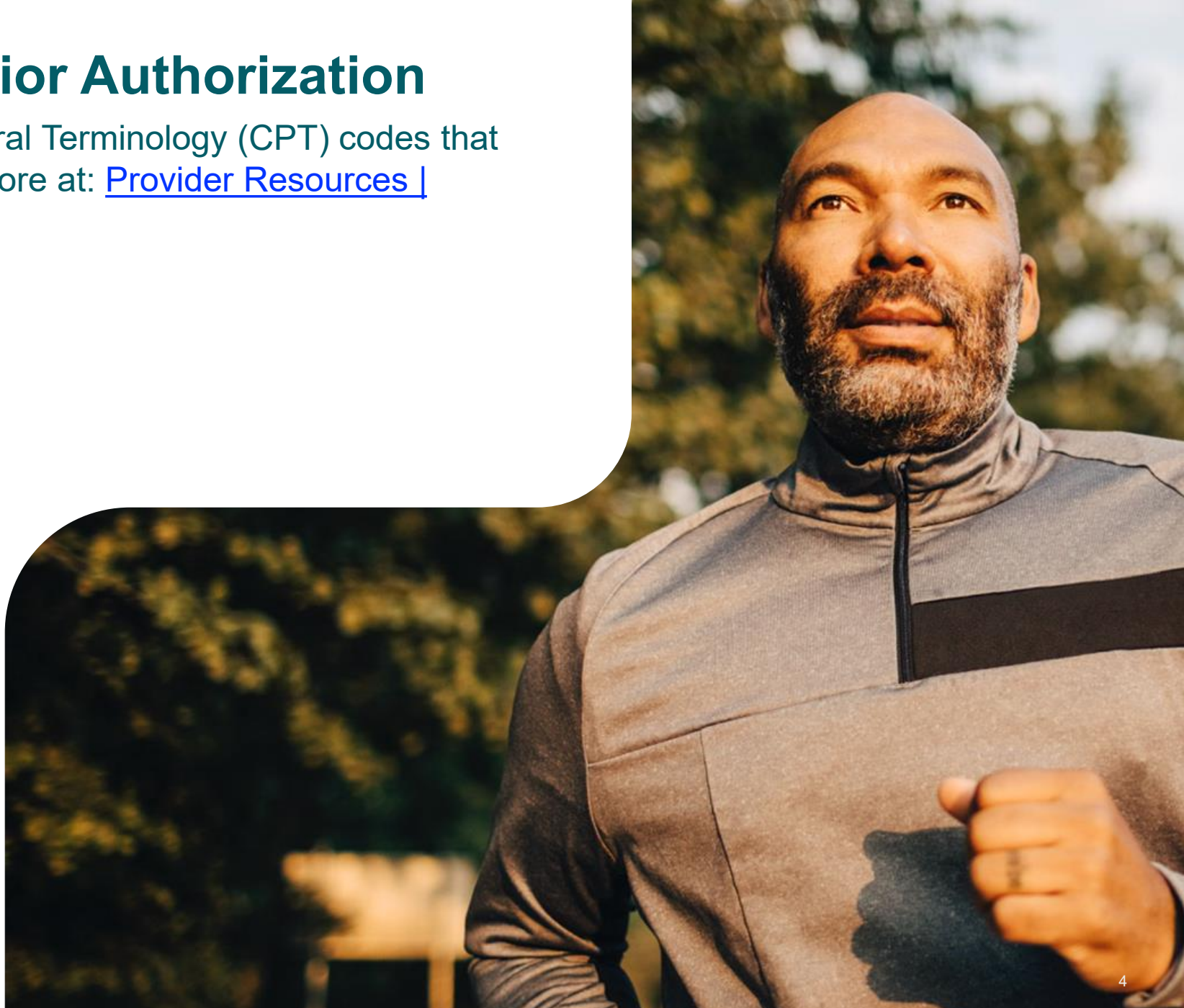
| Resources                     | Contact  |
|-------------------------------|--|
| Healthspring Customer Service | <b>877-705-3621</b>  |
| Healthspring Provider Portal  | <a href="#">Health care Providers   HealthSpring</a>   |
| EviCore Provider Portal       | <a href="#">Homepage   EviCore by Evernorth</a> > choose the Eligibility Lookup feature in the top banner (login required) |
| EviCore Intake Team           | <b>866.666.4452</b> (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 Hold notification will inform the provider about what clinical information is needed as well as the date by which it is needed.

The Provider must submit the additional information to EviCore

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.

EviCore will review the additional documentation and reach a determination

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](http://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](http://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

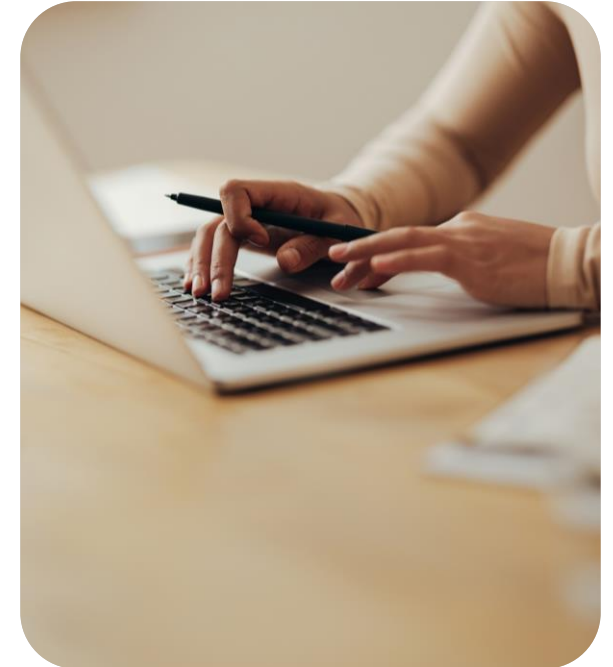
- + If a request requires further clinical review, we welcome requests for a clinical consultation with an EviCore medical director.

**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](http://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

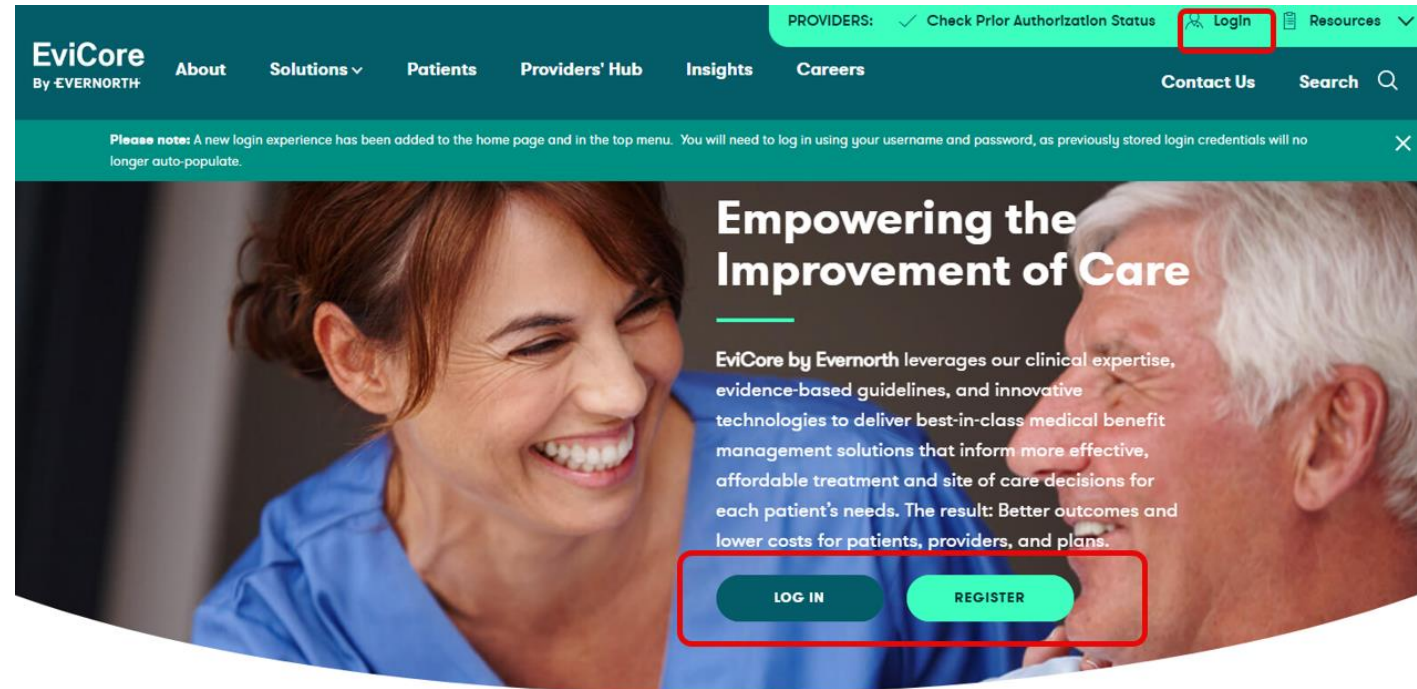
# EviCore Provider Portal | Access and Compatibility

**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.

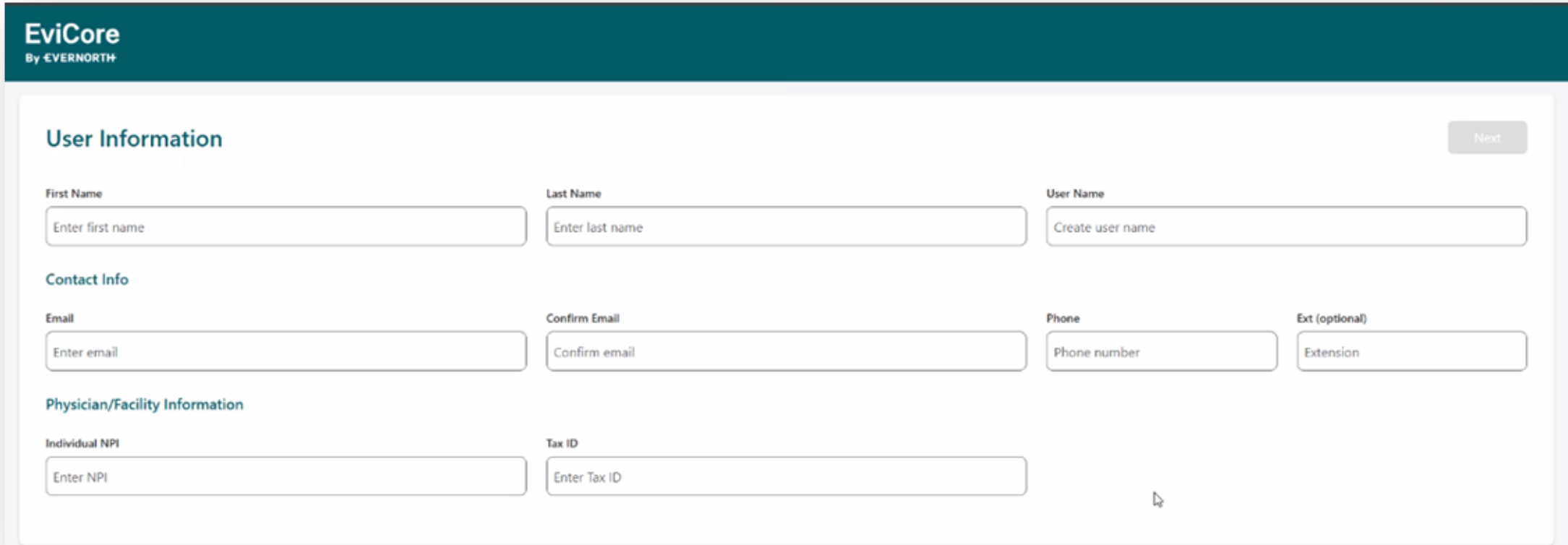
+ Don't have an account?  
Click **Register Now**.



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 displays the EviCore registration form, which is part of the EviCore By EVERNORTH portal. The form is organized into three main sections: User Information, Contact Info, and Physician/Facility Information. Each section contains specific input fields for user details, contact information, and professional credentials. A 'Next' button is located at the top right of the form.

**EviCore**  
By EVERNORTH

**User Information**

First Name: Enter first name

Last Name: Enter last name

User Name: Create user name

**Contact Info**

Email: Enter email

Confirm Email: Confirm email

Phone: Phone number

Ext (optional): Extension

**Physician/Facility Information**

Individual NPI: Enter NPI

Tax ID: Enter Tax ID

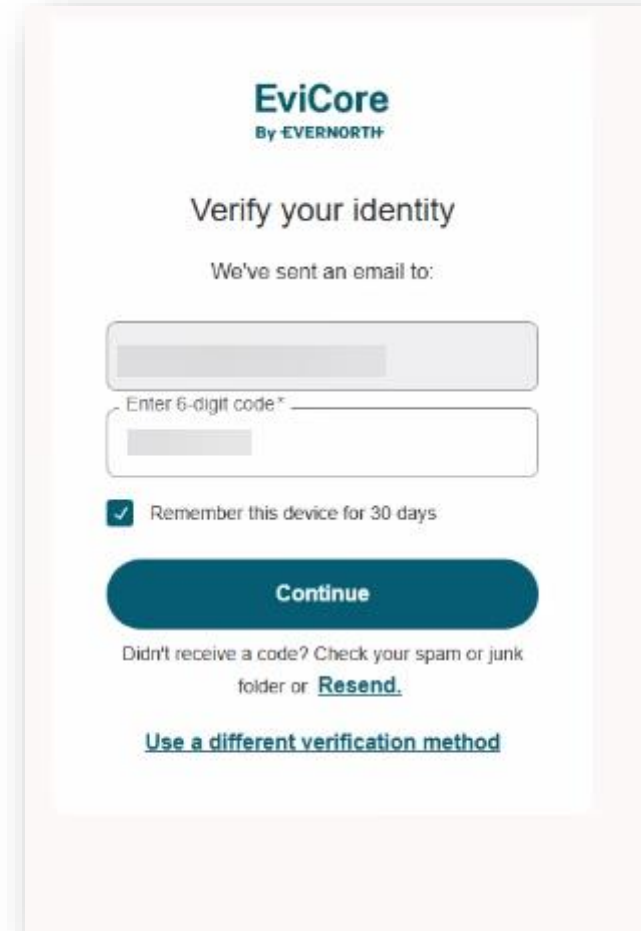
Next

- 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.

A screenshot of the EviCore MFA verification interface. At the top is the EviCore logo with 'By EVERNORTH' underneath. The main heading is 'Verify your identity'. Below this, it says 'We've sent an email to:' followed by a text input field. Underneath that is a label 'Enter 6-digit code\*' and another text input field. A checkbox with a checkmark is labeled 'Remember this device for 30 days'. A large teal 'Continue' button is centered below the inputs. At the bottom, there is a link: 'Didn't receive a code? Check your spam or junk folder or [Resend](#).' and another link: '[Use a different verification method](#)'.

# Building a Case on EviCore's Provider Portal



# Request an Authorization



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.

## Request an Authorization

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

Select a Health Plan

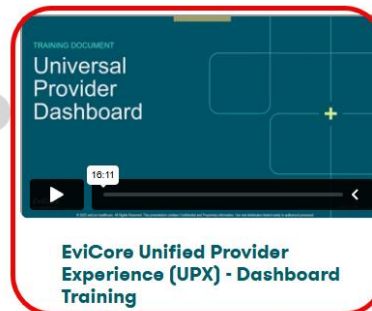
Select a Program

Continue

You will see important announcements here.

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

## Video Resources



# Provider Shared Worklist

EviCore

By EVERNORTH

Hello,

Authorization Lookup

Request An Authorization

Worklist

Portals

Help / Contact

User Access

My Worklist

Pending

Approved

Partially Approved

Denied

Cancelled

All Statuses

Start typing to search...

Q

| Request ID | Authorization ID | Patient | Status | Submitted | End Date | Procedure | Ordering Provider | Site of Service | Insurer |
|------------|------------------|---------|--------|-----------|----------|-----------|-------------------|-----------------|---------|
|------------|------------------|---------|--------|-----------|----------|-----------|-------------------|-----------------|---------|

David Gates will have access to your worklist

X

Give access to your worklist

Use this form to give users access to your worklist

User ID

Email

Allow access

35 people have access to your worklist.

View List

X

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.

BACK

CONFIRM FAX AND CONTINUE

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

# 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](#)

### 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](#)

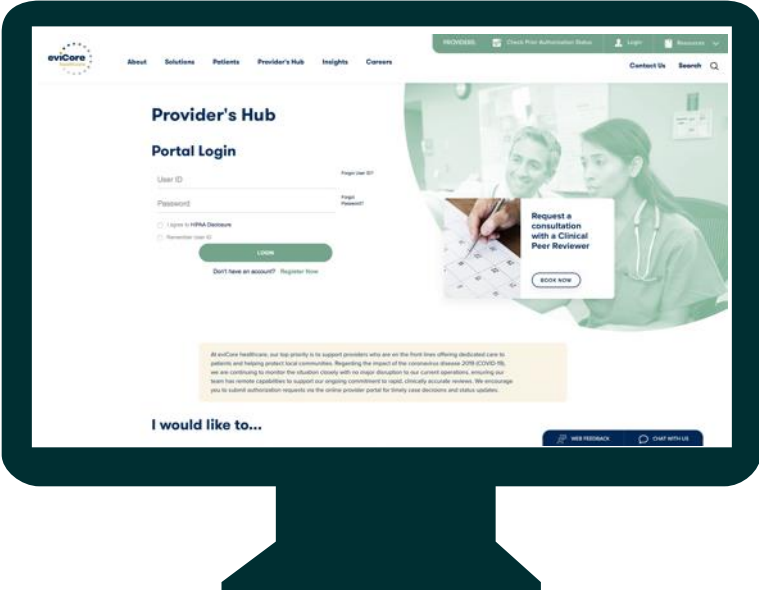
BACK

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



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<br>FLUSHING, NY 11354       | Phone Number: | (646) 409-4402                   |
|                           |  | Fax Number:   | (718) 888-9025                   |
| Patient Name:             | GARY TURCO                                 | Patient ID:   | W249262910                       |
| Insurance Carrier:        | AETNA                                      |               |                                  |
| Site Name:                | PARK PLACE MEDICAL<br>IMAGING              | Site ID:      | 73C73C                           |
| Site Address:             | 255 GREENWICH STREET<br>NEW YORK, NY 10007 |               |                                  |
| Primary Diagnosis Code:   | R51  | Description:  | Headache                         |
| Secondary Diagnosis Code: |  | Description:  |                                  |
| Date of Service:          | Not provided                               |               |                                  |
| CPT Code:                 | 72148                                      | Description:  | MRI LUMBAR SPINE W/O<br>CONTRAST |
| Authorization:            | A123615501                                 |               |                                  |
| Review Date:              | 7/30/2019 7:39:39 PM                       |               |                                  |
| Status:                   | Your case has been Approved.               |               |                                  |

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.

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 SampleUpload\_1.docx

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD SKIP UPLOAD

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)

### 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 of a previously requested authorization?

YES

NO

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

### 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):

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

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’

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.

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:            | DR. BHARATH MANU AKKARA VEETIL          | Contact:      | 760                              |
| Provider Address:         | 1200 6TH AVE N<br>SAINT CLOUD, MN 56303 | Phone Number: | 320.250.1500                     |
|                           |   | Fax Number:   | 320.250.1500                     |
| Patient Name:             | ANTHONY WILSON                          | Patient Id:   | ANTHONY                          |
| Insurance Carrier:        | WELLS FARGO                             |               |                                  |
| Site Name:                | CLINICAL MEDICAL GROUP                  | Site ID:      | 1000000                          |
| Site Address:             | 875 LAMAR BLVD<br>CLINICAL, FL 32709    |               |                                  |
| 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:     | 1000000000                              |               |                                  |
| 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.

# 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 the top navigation bar of the EviCore.com website. The bar is teal with white text and icons. On the right side, there is a dropdown menu labeled 'Resources' with a chevron icon. The dropdown menu is white with a teal border and contains several links. Below the navigation bar, the 'Resources' section is displayed, featuring a teal header with a book icon and the word 'Resources'. Underneath, there are two teal buttons: 'CLINICAL GUIDELINES' and 'PROVIDER RESOURCES'. Below these buttons, there are three links: 'Clinical Worksheets', 'Network Standards/Accreditations', and 'Training Resources'. To the right of these links, there is a section titled 'I Would Like To' with a list of links: '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', and 'Access Claims Portal'. Below this list, there is a teal button labeled 'GO TO PROVIDER'S HUB >'. At the bottom of the 'Resources' section, there is a section titled 'Learn How To' with three links: 'Submit A New Prior Authorization', 'Find Contact Information', and 'Podcasts'.

# Contact EviCore's Dedicated Teams



## Provider Services and Portal Support

- Live chat
- [Clientservices@evicore.com](mailto: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

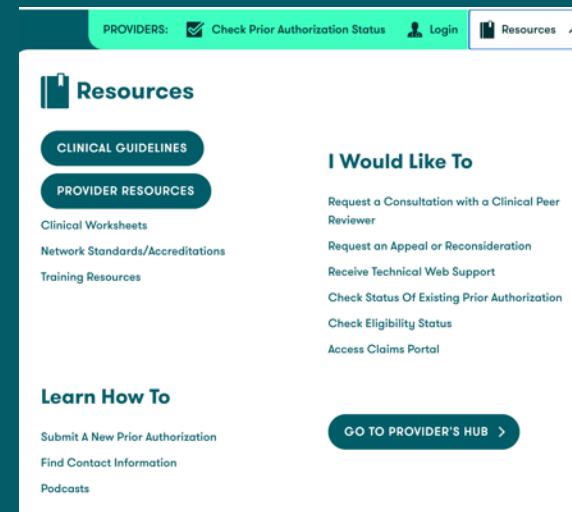


**Access HealthSpring's provider resources at:**  
[Health care Providers | HealthSpring](#)

# 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



*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](mailto: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](#)





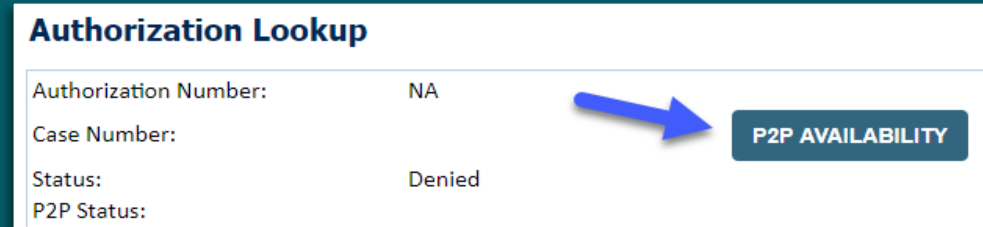
# Thank you

# 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.

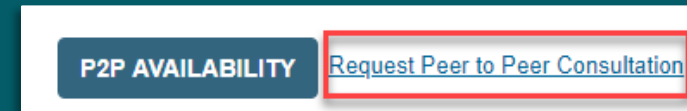
1. Log-in to your account at **EviCore.com**.
2. Perform **Clinical Review Lookup** to determine the status of your request.
3. Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a Peer-to-Peer consultation
4. Note carefully any messaging that displays.\*



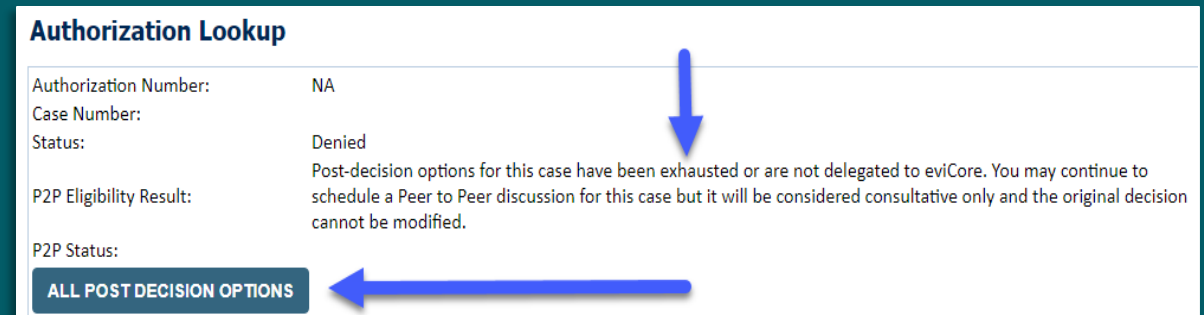
**Authorization Lookup**

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

A blue arrow points from the 'Status: Denied' field to a dark blue button labeled **P2P AVAILABILITY**.



A dark blue button labeled **P2P AVAILABILITY** is next to a red-bordered link that reads [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:             |   |

A blue arrow points from the 'Status: Denied' field down to the 'P2P Eligibility Result' text. Another blue arrow points from the right side of the form to a dark blue button labeled **ALL POST DECISION OPTIONS**.

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

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



# Schedule a P2P

1. Upon first login, you will be asked to confirm your default time zone.
2. You will be presented with the case number and member date of birth.
3. Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**.
4. To proceed, select **Lookup Cases**.
5. You will receive a confirmation screen with member and case information, including the level of review for the case in question.
6. Click **Continue** to proceed.

The image displays two screenshots of the EviCore 'New P2P Request' form, illustrating the steps to schedule a Peer-to-Peer appointment.

**Top Screenshot: Initial Form**

- Case Info** | **Questions** | **Schedule** | **Confirmation**
- New P2P Request** | **EviCore By EVERNORTH**
- Case Reference Number**:  (Red text: Case information will auto-populate from prior lookup)
- Member Date of Birth**:
- + Add Another Case** (Blue arrow points to this button)
- Lookup Cases >** (Blue arrow points to this button)

**Bottom Screenshot: Confirmation Screen**

- New P2P Request** | **EviCore By EVERNORTH**
- Case Ref #:**  (Blue arrow points to this field)
- Remove** | **✓ P2P Eligible** (Blue arrow points to this status)
- Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.** (Blue arrow points to this message)
- 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 (Blue arrow points to this text)
  - System Name: ImageOne
- Continue** (Blue arrow points to this button)

# Schedule a P2P

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

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type

Level of Review

MSK Spine Surgery

Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

|     |      |     |       |     |
|-----|------|-----|-------|-----|
| Mon | Tues | Wed | Thurs | Fri |
| ✓   | ✓    | ✓   | ✓     | ✗   |

Preferred Times

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

Time Zone

US/Eastern

Continue >

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

< Prev Week

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

Next Week >

1st Priority by Skill

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

1st Priority by Skill

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

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36

# Schedule a P2P


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

The screenshot shows a web form for scheduling a Peer-to-Peer (P2P) appointment. At the top, there is a progress bar with four steps: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (active, indicated by a yellow circle). The form is divided into two main sections. The left section, titled 'P2P Info', contains a 'Case Info' box with fields for Date (Mon 5/18/20), Time (6:30 pm EDT), and a 'Reviewing Provider' dropdown. The right section, titled 'P2P Contact Details', contains several fields: 'Name of Provider Requesting P2P' (filled with 'Dr. Jane Doe'), 'Contact Person Name' (filled with 'Office Manager John Doe'), 'Contact Person Location' (dropdown menu), 'Phone Number for P2P' (filled with '(555) 555-5555'), 'Phone Ext.' (filled with '12345'), 'Alternate Phone' (filled with '(xxx) xxx-xxxx'), 'Phone Ext.' (filled with 'Phone Ext.'), 'Requesting Provider Email' (filled with 'droffice@internet.com'), and 'Contact Instructions' (filled with '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. A yellow 'Submit' button is located at the bottom right of the form.


The screenshot shows a summary page titled 'Scheduling' with a calendar icon. Below the title, it says 'Scheduled'. A box displays the appointment details: a calendar icon, a clock icon, and the text 'Mon 5/18/20 - 6:30 pm EDT'. To the right of this box, the word 'SCHEDULED' is written in blue capital letters inside a red oval.


# P2P Contact Details


- 1. Use the radio button option to select who will perform the P2P with the EviCore Medical Director.
- 2. Open fields will manually open to input the provider's first, last name, and their credential.

 **P2P Contact Details**

**Appointment Details**

 Fri 5/24/2024

 7:00 am PDT


 Tamara Fackler

**Who will be performing the P2P consultation?** *Required*

☐ Requesting Provider

☐ Contact Person


☐ Someone else

 PROVIDER

**Name of Referring Physician on Case** *Required*

**Credential** *Required*

Select...

 CONTACT PERSON

**Contact First Name** *Required*

**Contact Last Name** *Required*

**Contact Person Location** *Required*

Select...

38

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# Call Notes

1. Use the radio button to select options if applicable.
2. If “Procedure was performed on” is selected, then the date is required.

**Contact Instructions**

Contact Instructions

**Call Notes**

☐ ALT REC declined

☐ Procedure was performed on:

☐ Caller requested MD Specialty match

☐ Appeal LOR attestation requirement

☐ OH State Regulation: Member Consent obtained

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

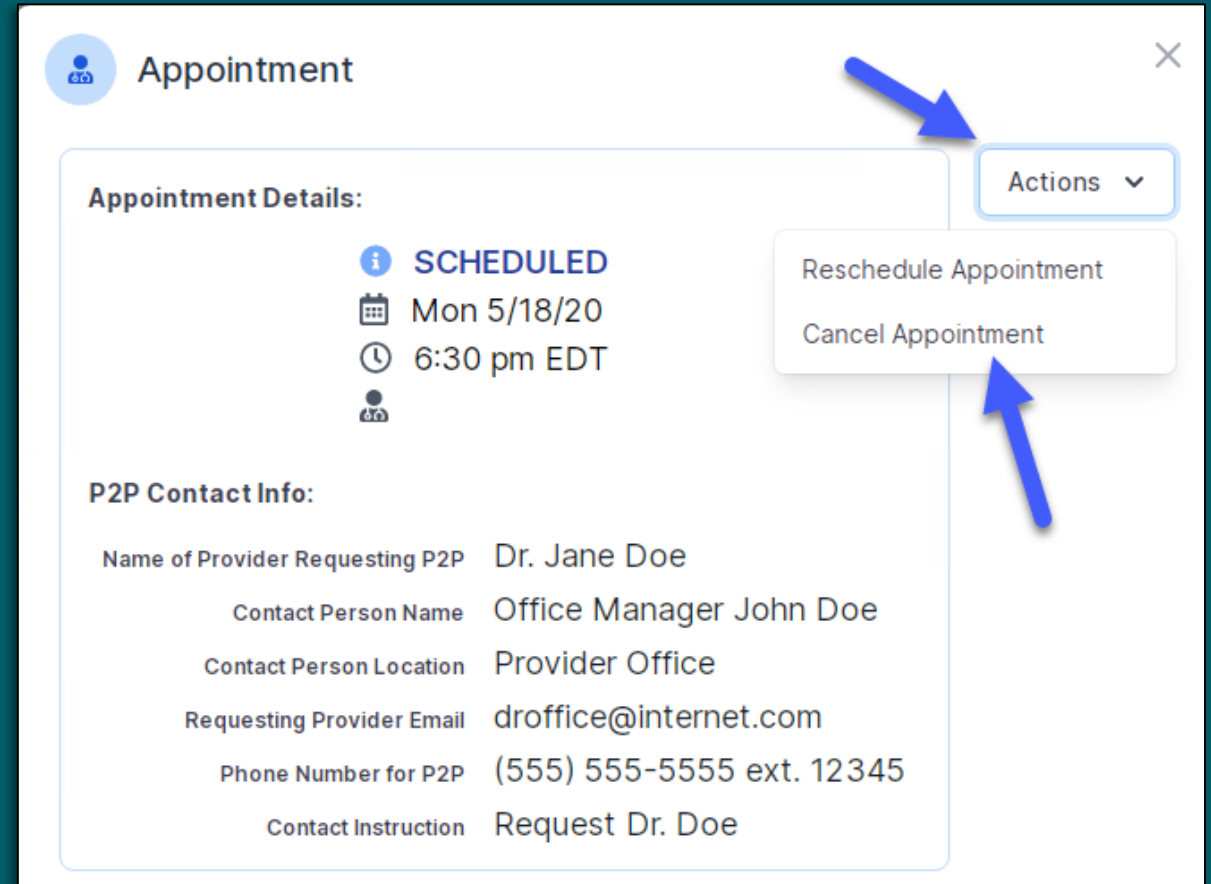
☐ TX licensed same specialty - Caller is aware P2P does not meet TX SSL/specialty match and wants to proceed with P2P

Schedule Appointment

# Cancel or Reschedule a P2P Appointment

## To cancel or reschedule an appointment:

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



The screenshot shows a window titled "Appointment" with a close button (X) in the top right corner. The window is divided into two main sections: "Appointment Details:" and "P2P Contact Info:". The "Appointment Details:" section includes a status icon (i) and the word "SCHEDULED" in blue, followed by a calendar icon and the date "Mon 5/18/20", a clock icon and the time "6:30 pm EDT", and a person icon. The "P2P Contact Info:" section contains a table of information. To the right of the details, there 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 dropdown menu.

| Appointment Details: |                  |
|----------------------|------------------|
| <i>i</i>             | <b>SCHEDULED</b> |
| <i>📅</i>             | Mon 5/18/20      |
| <i>🕒</i>             | 6:30 pm EDT      |
| <i>👤</i>             |                  |

| 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