Radiology & Cardiology Advanced Imaging

AultCare

EviCore
By EVERNORTH

AULTCARE
HEALTH PLANS

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Solution Overview

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AultCare Prior Authorization Services

Applicable Membership	Prior authorization applies to the following services	Prior authorization does NOT apply to services performed in
• Commercial • Fully Insured (excluding FEHBP)	• Outpatient • Elective/Non-emergent	• Emergency Rooms • Observation Services • Inpatient Stays

It is the responsibility of the ordering provider to request prior authorization approval for services.

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Radiology & Cardiology Advanced Imaging

Radiology

- CT, CTA
- MRI, MRA
- PET, PET/CT
- Nuclear Medicine

Cardiology

- Stress Testing
  - Myocardial Perfusion Imaging (SPECT & PET)
  - Stress Echocardiography
- Cardiac CT & MRI
- Echocardiography; Transthoracic, Transesophageal
- Diagnostic Heart Catheterization

For a list of CPT codes that require prior authorization through EviCore, please visit:
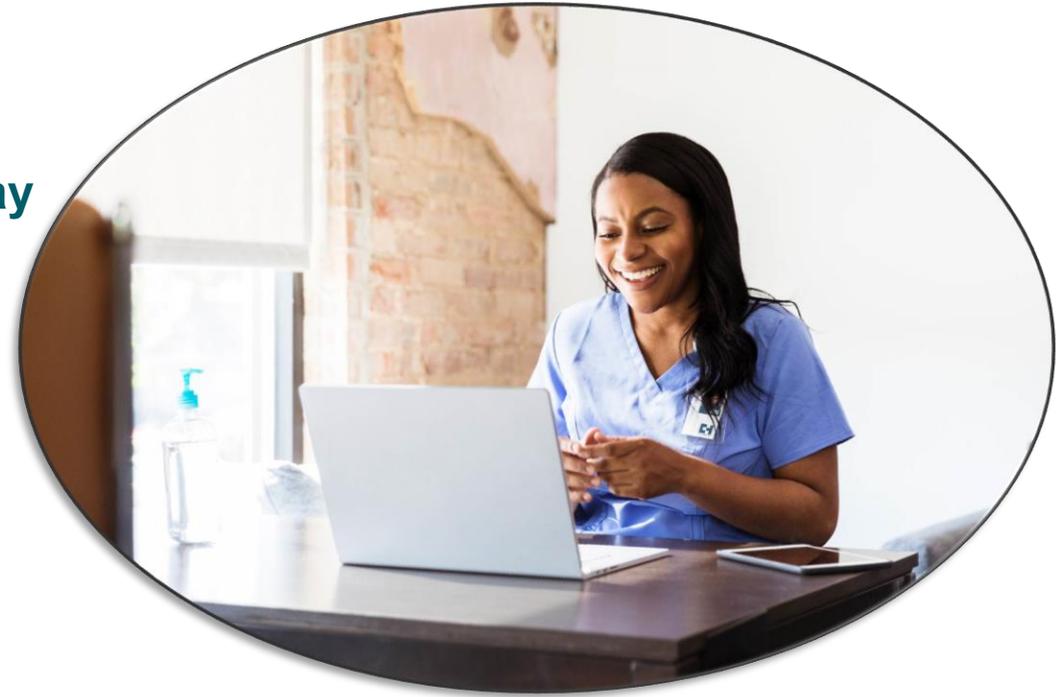https://www.evicore.com/resources/healthplan/aultcare

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Submitting Requests

How to Request Prior Authorization

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

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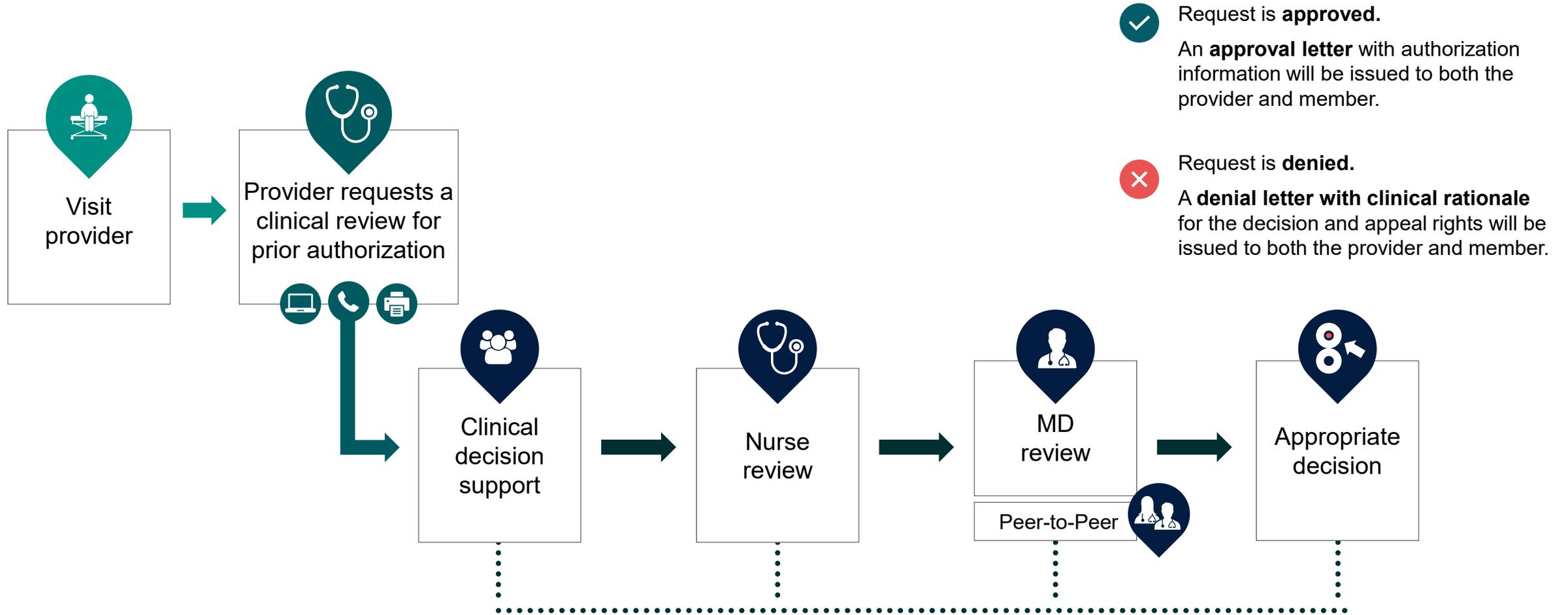
To access the EviCore Provider Portal, visit **EviCore.com/provider**

Phone: 844-635-7224
Monday – Friday
7AM – 7PM (local time)

Fax: 800-540-2406

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Utilization Management | Prior Authorization

Visit provider

Provider requests a clinical review for prior authorization

Clinical decision support

Nurse review

MD review

Peer-to-Peer

Appropriate decision

Request is **approved.**

An **approval letter** with authorization information will be issued to both the provider and member.

Request is **denied.**

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

Necessary Information for Prior Authorization

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

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

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

Rendering Facility
- Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number
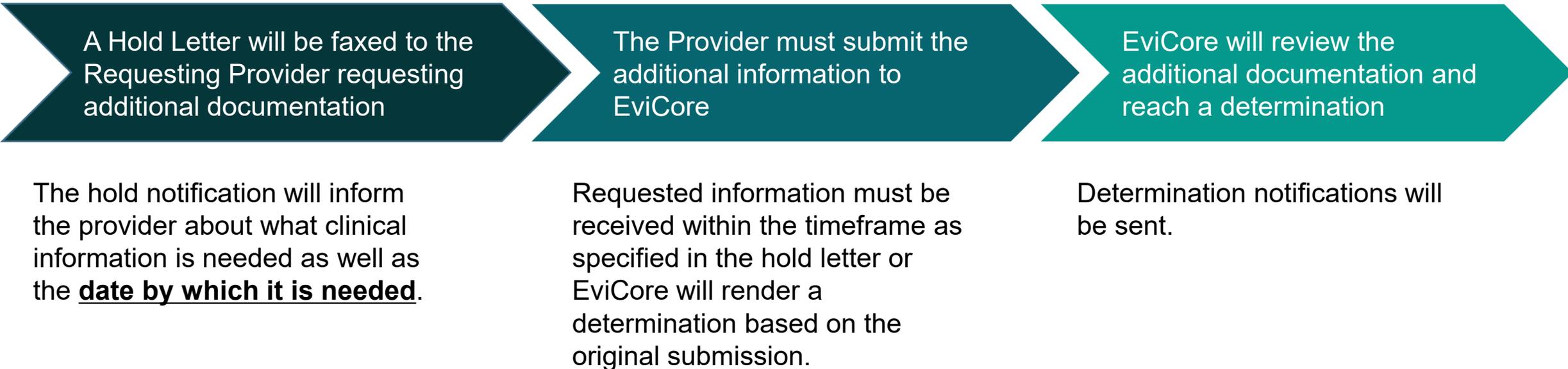
Supporting Clinical
- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous test results

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Insufficient Clinical | Additional Documentation Needed

Additional 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.

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Prior Authorization Outcomes, Special Considerations & Post-Decision Options

Prior Authorization Outcomes

Determination Outcomes:

- **Approved Requests:** Authorizations are valid for up to **45 calendar days** from the date of approval.

- **Partially Approved Requests:** In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved as well as post decision options for denied codes, including denied Site of Care (if applicable).

- **Denied Requests:** Based on evidence-based guidelines, if a request is determined as inappropriate, then a notification with the rationale for the decision and post decision/ appeal rights will be issued.

Notifications:

- Authorization letters will be faxed to the ordering provider.

- Web initiated cases will receive e-notifications when a user opts to receive.

- Members will receive a letter by mail.

- Approval information can be printed on demand from the EviCore portal: www.EviCore.com

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Special Circumstances

Alternative Recommendations

- An alternative recommendation may be offered, based on EviCore's evidence-based clinical guidelines.

- The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request.

Authorization Update

- If updates are needed on an existing authorization, you can contact EviCore by phone at **844-635-7224**.

- While EviCore needs to know if changes are made to the approved request, any change could result in the need for a separate clinical review and require a new request (and the original approved request would need to be withdrawn).

- If the authorization is not updated, it may result in a claim denial.

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Post-Decision Options |
Commercial Members

My case has been denied. What's next?

- Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied.

- You may also call EviCore at **844-635-7224** to speak with an agent who can provide available option(s) and instruction on how to proceed.

- Alternatively, select "All Post Decisions" under the authorization lookup function on **EviCore.com** to see available options.

Reconsiderations

- Reconsiderations must be requested within **14 calendar days** of the determination date.
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an EviCore physician.

Appeals

- EviCore will process first-level appeals.
- Appeal requests must be submitted to EviCore within **180 calendar days** from the initial determination.
- Please refer to the denial letter for instructions.

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Special Circumstances

Retrospective (Retro) Authorization Requests

- Must be submitted within **60 calendar days (in network) and 180 calendar days (out of network) from the date of services.**

- Reviewed for clinical urgency and medical necessity.

- Retro requests are processed within **30 calendar days**.

Urgent Prior Authorization Requests

- EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member.

- Can be initiated on provider portal or by phone.

- Urgent cases are typically reviewed within 24 to 72 hours.

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Provider Portal Overview

EviCore Provider Portal | Access and Compatibility

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

- To access resources on the EviCore Provider Portal, visit **EviCore.com**

- Already a user? **Log in** with User ID & Password.

- Don't have an account? Click **Register Now**.
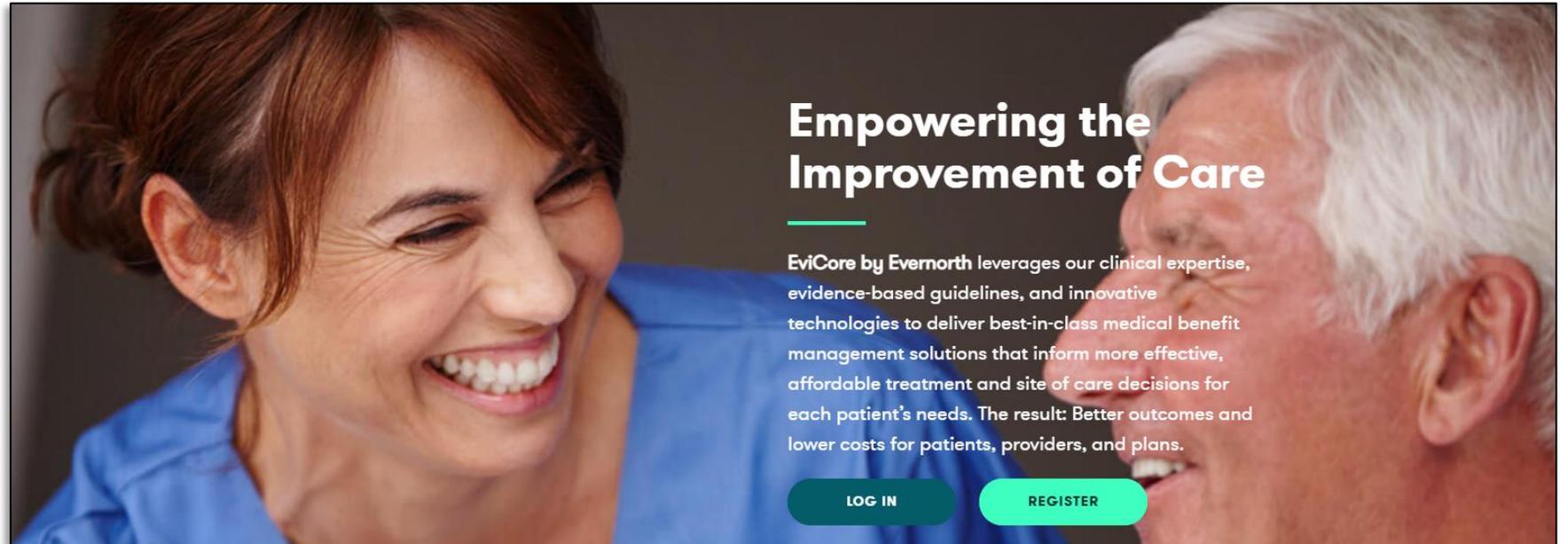
EviCore's website is compatible with **all web browsers**. If you experience issues, you may need to **disable pop-up blockers** to access the site.

![EviCore By EVERNORTH logo]

Creating an EviCore Provider Portal Account

- 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.

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Provider Shared Worklist

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.
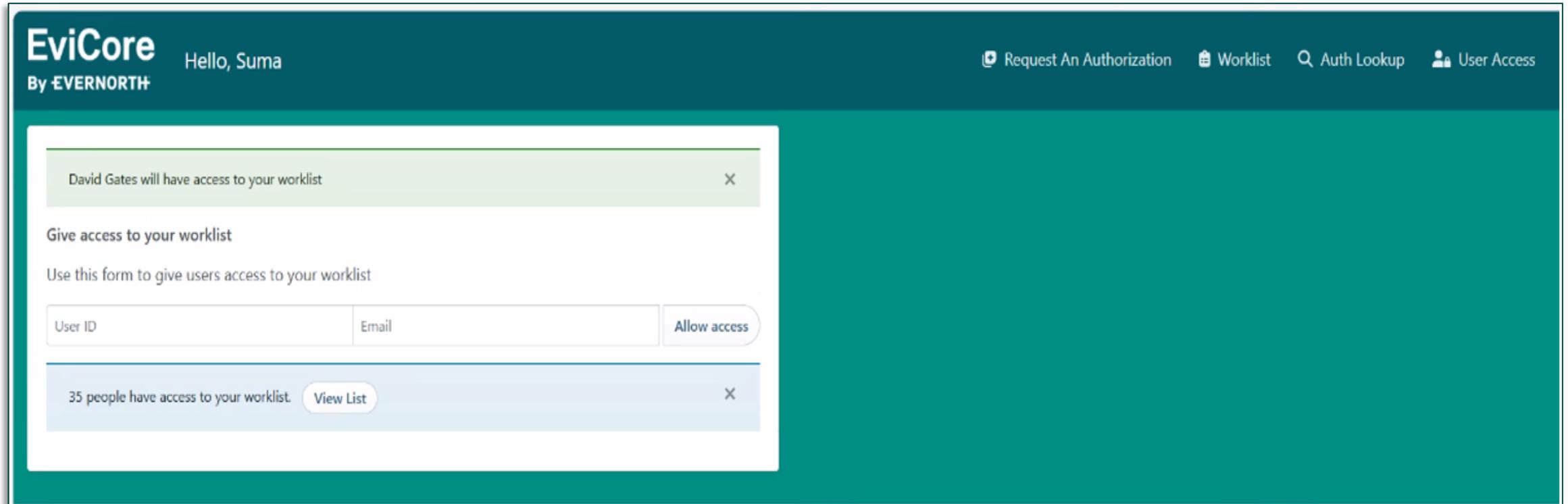
EviCore Provider Portal | Add Providers

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

- Click the **Add Provider** tab to add provider information.

- Select **Add Provider**.

- Enter the NPI, state, and zip code to search for the provider.

- Select the matching record based upon your search criteria.

- Once you have selected a practitioner, your registration will be complete.

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

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

Manage Your Account

Office Name:

Address:

Primary Contact:
Email Address:

ADD PROVIDER

Click Column Headings to Sort

No providers on file

CANCEL

Add Practitioner

Enter Practitioner information and find matches.
*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

FIND MATCHES   **CANCEL**

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Initiating a Case

Initiating a Case
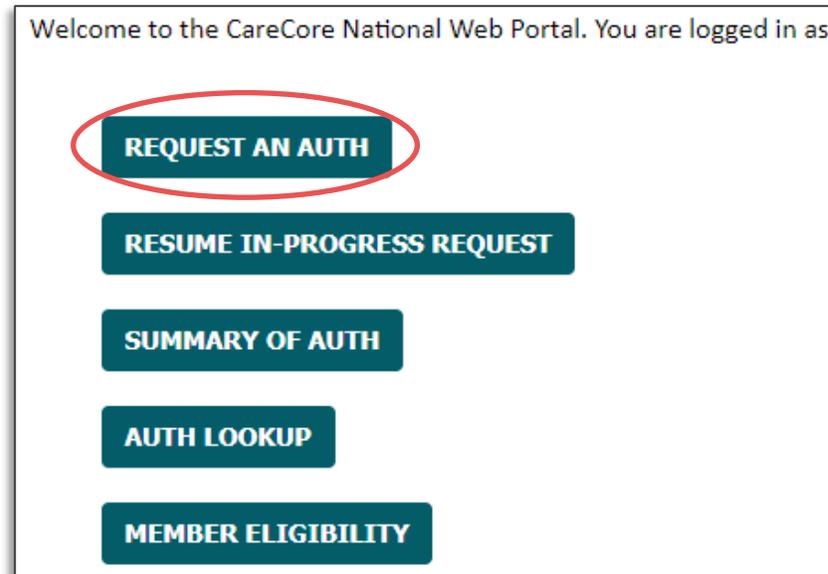
- Click the **Clinical Certification** tab to get started.

- Choose **Request an Auth** to begin a new case request.

Select Program

Request an Authorization

To begin, please select a program below:

- ○ Durable Medical Equipment(DME)
- ○ Evicore Medical Oncology Pathways
- ○ Gastroenterology
- ○ Gene Therapy
- ○ Home Health
- ○ Lab Management Program
- ○ Medical Specialty Drugs
- ○ Musculoskeletal Management
- ○ Pharmacy Drugs (Express Scripts Coverage)
- ○ Radiation Therapy Management Program (RTMP)
- ○ Radiology and Cardiology/Vascular Intervention
- ○ Sleep Management

CONTINUE

Click here for help

- Select the **Program** for your certification.

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Clinical Certification Request | Search and Select Provider

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

[ ] SEARCH   CLEAR SEARCH

	Provider
SELECT	

If the provider's NPI is not listed above, please use the search feature below to add a new provider and continue with case build.

Search By NPI: [ ] SEARCH

BACK   CONTINUE

Click here for help

- Search for and select the **Provider/Group** for whom you want to build a case. This is the list of providers you added to your account.

- If the **Provider/Group** is not on your list of providers added to your account, you can now **Search by NPI**.

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Clinical Certification Request | Search and Select Provider

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

[SEARCH] [CLEAR SEARCH]

	Provider
SELECT	

If the provider's NPI is not listed above, please use the search feature below to add a new provider and continue with case build.

Search By NPI: [SEARCH]

	Practitioner Name	NPI	Address	City	State	ZipCode	Phone	Fax
SELECT								

[BACK] [CONTINUE]

Click here for help

- Once the provider is found by searching **NPI**, the line will turn gray to indicate they are selected.

Attention!

Do you want to add this NPI ( ) to your account for future requests ?

[YES] [NO]

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Clinical Certification Request | Select Health Plan

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

Please Select a Health Plan ▾

BACK   **CONTINUE**

Click here for help

- Choose the appropriate **health plan** for the request.

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

- Click **CONTINUE**.

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Clinical Certification Request | Enter Contact Information

Add Your Contact Info

Provider's Name:* _____ [?]

Who to Contact:* _____ [?]

Fax:* _____ [?]

Phone:* _____ [?]

Ext.: _____ [?]

Cell Phone: _____

Email: _____

☑ Receive notification of case status changes. Please enter email address in box above.

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**

Click here for help

- Enter/Edit the **provider's name** and appropriate information for the point of contact.

- Practitioner name, fax, and phone will pre-populate; edit as necessary.

The e-notification box is checked by default to enable email notices for any updates on case status changes. Make sure to uncheck this box if you prefer to receive faxed notices.

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Clinical Certification Request | Enter Member Information

Patient Eligibility Lookup

Patient ID:* [ ]

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

Patient Last Name Only:* [ ] [?]

When entering patient details, please review and confirm the spelling of the patient's name. Verify accuracy of the patient's ID and date of birth.

ELIGIBILITY LOOKUP

BACK

Click here for help

- Enter **member information**, including patient ID number, date of birth, and last name.

- Click **ELIGIBILITY LOOKUP**.

- Confirm the patient's information and click **SELECT** to continue.

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT		01			F	

BACK

Click here for help

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Clinical Certification Request | Procedure and Diagnosis Codes

Requested Service + Diagnosis

This procedure will be performed on   **CHANGE**

Musculoskeletal Management Procedures

Select a 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 questionnaire

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 Musculoskeletal Management

LOOKUP

BACK

Click here for help

- Enter the primary CPT code.
- Add diagnosis code(s).

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Clinical Certification Request | Site Selection

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Add Provider	MedSolutions Portal	Unified Dashboard	Help / Contact Us

Add Site of Service

Specific Site Search

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

NPI: [   ]   Zip Code: [   ]   Site Name: [   ]

TIN: [   ]   City: [   ]   ○ Exact match
                                                       ◉ Starts with

LOOKUP SITE

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

- **Select** the specific site where the procedure will be performed.

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Clinical Certification Request | Clinical Certification

Proceed to Clinical Information

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

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

In order to ensure prompt attention to your online request, be sure to complete the clinical review before exiting the system. Even if you will be submitting additional information at a later time, please continue through the final summary page. Failure to formally submit your full request will cause the record to expire with no additional correspondence from eviCore.

☐ **I acknowledge that the clinical information I am about to submit for this authorization request is accurate and specific to this member, and that all information will be provided for this request.**

BACK   CONFIRM AND CONTINUE

- Verify that all information is entered and correct.

- Check the acknowledgement statement.

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

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Clinical Certification Request | Standard or Urgent Request

Proceed to Clinical Information

Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standard/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.
In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

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

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

Clinical Upload

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

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

Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen

UPLOAD

Proceed to Clinical Information

Is this case Routine/Standard?

YES   NO

- If the case is **standard,** select **Yes**.

- If your request is **urgent,** select **No**.

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

- Upload up to **FIVE** documents.
  (.doc, .docx, or .pdf format; max 5MB size)

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

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Clinical Certification Request | Proceed to Clinical Information

Example Questions

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**

ⓘ Which anatomy will be examined with the requested study?
○ Hip ○ Knee ○ Ankle

SUBMIT

☐ Finish Later

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

- Clinical Certification questions may populate based on the information provided.

- You can save your request and finish it later if needed.
  Note: You will have until the end of the business day to complete the case.

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

Clinical Certification Request | Request for Clinical Upload

Clinical Upload

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

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

Choose File   No file chosen
Choose File   No file chosen
Choose File   No file chosen
Choose File   No file chosen
Choose File   No file chosen

UPLOAD

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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

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Clinical Certification Request | Medical Review

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 clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-844-635-7224

Provider Name:		**Contact:**	
Provider Address:		**Phone Number:**	
		Fax Number:	
Patient Name:		**Patient Id:**	
Insurance Carrier:			
Site Name:		**Site ID:**	
Site Address:			
Primary Diagnosis Code:		**Description:**	Other cervical disc displacement, unspecified cervical region
Secondary Diagnosis Code:		**Description:**	
Date of Service:			
CPT Code:		**Description:**	
Case Number:			
Review Date:	11/22/2025 3:30:15 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-844-635-7224		

Clinical Certification Request | Criteria Met

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
Provider Address:	1200 6TH AVE N
	SAINT CLOUD, MN 56303

Contact:	
Phone Number:	
Fax Number:	

Patient Name:	
Insurance Carrier:	

Patient Id:	

Site Name:	
Site Address:	

Site ID:	

Primary Diagnosis Code:	R68.89
Secondary Diagnosis Code:	
Date of Service:	Not provided
CPT Code:	
Authorization Number:	
Review Date:	5/13/2020 1:52:08 PM
Expiration Date:	6/27/2020
Status:	Your case has been Approved.

Description:	Other general symptoms and signs
Description:	
Description:	

CANCEL   PRINT   CONTINUE

- If your request is authorized during the initial submission, you can **PRINT** the summary for your records.

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Provider Resources

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Contact EviCore's Dedicated Teams

Call Center/Intake Team

- Phone: 844-635-7224

- Representatives are available from 7 a.m. to 7 p.m. local time.

Portal Support

- Live chat

- Email: Portal.Support@EviCore.com

- Phone: 800-646-0418 (option 2)

Provider Engagement

- Regional team that works directly with the provider community.

- **Provider Engagement Manager Territory List**

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EviCore Communication Relationship Management (ECRM)

For program-related questions or concerns, please submit inquiries via the **EviCore Communication Relationship Management (ECRM)** application. Common issues addressed through ECRM include:

- Questions regarding accreditation and/or credentialing
- Requests for an authorization to be sent to the health plan
- Complaints and grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues
- Issues with EviCore provider portal

ECRM is available **24/7**. Users can login or register **HERE**.

Additional Information about ECRM can be found on the **Providers' Hub**.

Provider Resource Website

Provider Resource Pages

EviCore's Provider Experience team maintains provider resource pages that contain specific Sleep Diagnostic educational materials to assist providers and their staff on a daily basis. The provider resource page will include, but is not limited to, the following educational materials:

- Provider Training
- CPT code list(s)
- Quick Reference Guide (QRG)
- Frequently Asked Questions (FAQ) Document

To access these helpful resources, please visit:

https://www.EviCore.com/resources
(Choose specific health plan from the dropdown menu)

EviCore also maintains online resources not specific to health plans, such as guidelines and our required clinical information checklist.

To access these helpful resources, visit EviCore's Providers' Hub.

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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, authorization lookup, and scheduling Peer-to-Peer consultations.

Register for Provider Sessions:

Provider's Hub > Scroll 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.

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EviCore's Provider Newsletter

Stay up to date with our free provider newsletter!

To subscribe:

- Visit **EviCore.com**.

- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**.

- Enter a valid email address

Stay Updated With Our Provider Newsletter

Your email address

SUBSCRIBE →

Thank You

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Appendix

EviCore
By **EVERNORTH**
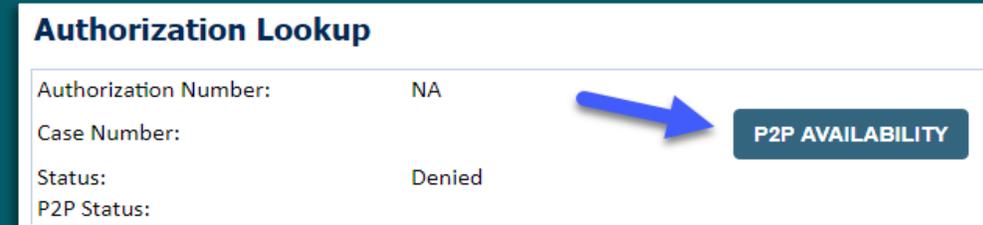
Online Peer-to-Peer Scheduling Tool

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   Request Peer to Peer Consultation

Authorization Lookup

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

ALL POST DECISION OPTIONS

*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.

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**.

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.

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.

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.

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.