

MUSCULOSKELETAL MANAGEMENT

MyAdvocate (Medicare Advantage)

Provider Orientation Presentation

EviCore
By EVERNORTH

Solution Overview

EviCore by Evernorth (EviCore) manages prior authorization requests for Musculoskeletal services for MyAdvocate members

Prior authorization applies to the following services:

- + Spine Surgery • Fusions • Decompressions • Disc replacements
- + Large Joint Surgery • Joint replacement • Arthroscopy • Open procedures
- + Interventional Pain • Spinal injections • Spinal denervation's • Stimulators / pain pumps

Prior authorization does NOT apply to services performed in:

- + Emergency Room Services
- + 23 Hour Observations



Providers should verify member eligibility and benefits on the secured provider log-in section at: [Provider Resources | MyAdvocate Medicare Advantage](#)

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

- + The patient's clinical presentation and intended treatment plan
- + Disease specific clinical information and Diagnosis
- + Prior tests, lab work, and/or imaging studies performed related to this diagnosis
- + The notes from the patient's last visit related to the diagnosis
- + Type and duration of treatment performed to date for the diagnosis



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:

- + Additional clinical information must be submitted to EviCore in advance of the due date referenced in the hold letter.
- + 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 [Provider's Hub | EviCore by Evernorth](#)
- + Alternatively, providers can choose to request a **Pre-Decision Clinical Consultation (P2P)** 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 (P2P) 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 [Provider's Hub | EviCore by Evernorth](#)

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.
- + Outpatient authorizations are typically valid for 60 calendar days from the planned date of service (DOS).
- + In-patient Joint/Spine services the approval is based off the requested date of service and the length of stay.
- + Denied request communications will include the decision rationale, guidelines relied upon, and the post decision options.
- + Decision communications will be shared via e-notification (default) or faxed to the ordering provider and faxed rendering facility/provider.
- + Decision information can be printed or saved on demand from the EviCore portal.
- + The member will receive the letter in the mail.



Authorization Updates

- + If updates are needed for an existing authorization, providers should contact EviCore by phone.
- + **The following updates will require contacting EviCore:**
 - + Modification to the procedure
 - + Modification to the DOS or authorized timespan
- + **Changes in treatment plan** will require another Medical Necessity review on a new authorization. If approved, the original case will be withdrawn.
- + Claims payment may be impacted if these updates are not communicated to EviCore. The billed services should align with the requested and approved treatment plan.



Post Decision Options

Reconsiderations

- + Medicare does not allow reconsiderations.

Clinical Consultations (P2Ps)

- + 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 the health plan.
- + 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 and performed outside of business hours. In those cases, requests must be submitted within 2 business days from the date of service.

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 are reviewed for urgency and for medical necessity.
- + Urgent requests will be reviewed within 24 hours.

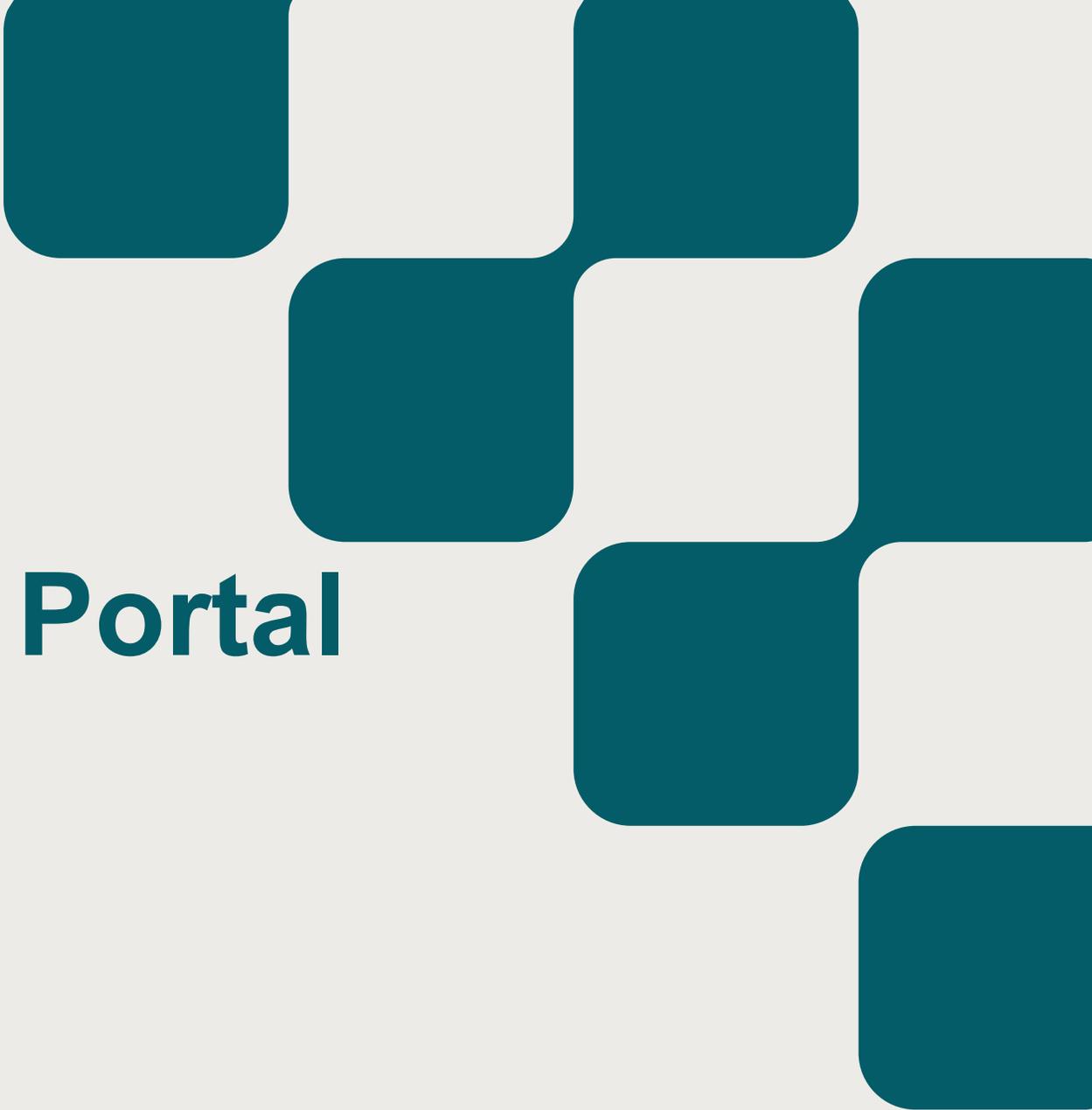


Special Circumstances (continued)

Inpatient Surgeries

- + EviCore will review the request for an inpatient admission related to joint/spine surgeries for medical necessity and provide prior authorization for an initial length of stay.
- + Any extensions to the initially approved length of stay will be managed by MyAdvocate staff via the Plan's concurrent review process. Please contact the MyAdvocate Utilization Management Department at 1-800-991-8109 for any extensions to the initially approved length of stay





EviCore's Provider Portal

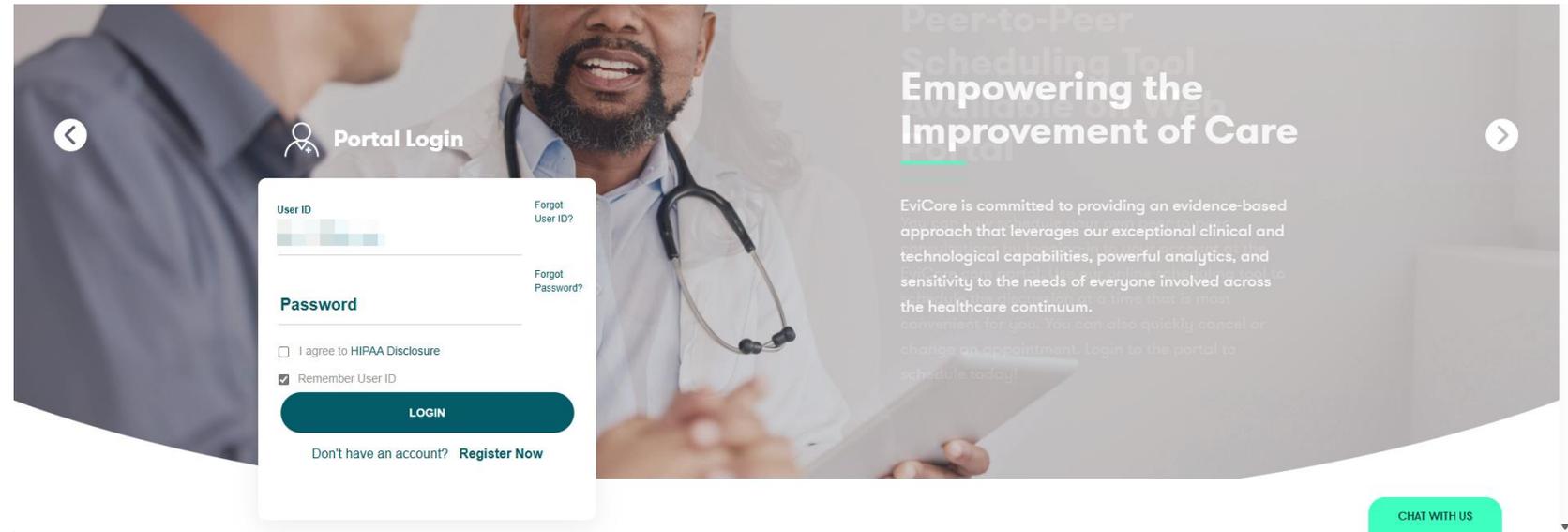
EviCore Provider Portal | Access and Compatibility

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

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

Creating/Registering for an EviCore Provider Portal Account

The screenshot displays the EviCore registration form with the following sections and fields:

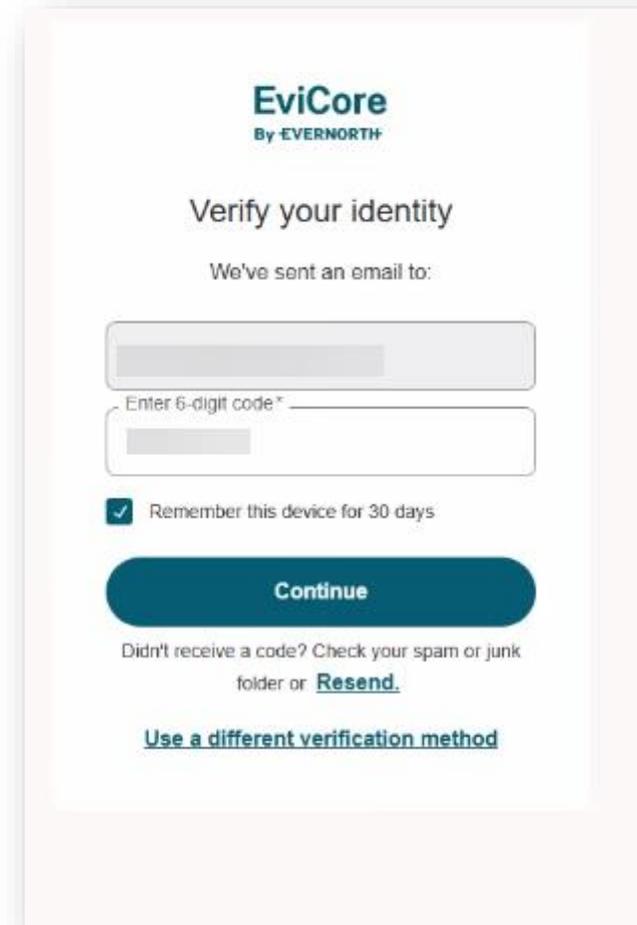
- EviCore By EVERNORTH** (Header)
- User Information** (Section Header) with a **Next** button.
- First Name**: Enter first name
- Last Name**: Enter last name
- User Name**: Create user name
- Contact Info** (Section Header)
- Email**: Enter email
- Confirm Email**: Confirm email
- Phone**: Phone number
- Ext (optional)**: Extension
- Physician/Facility Information** (Section Header)
- Individual NPI**: Enter NPI
- Tax ID**: 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.



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

Starting auth requests directly from the UPX dashboard is **temporarily unavailable**. Please start your request by navigating to the CareCore National portal.

You will see important announcements here.

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

[REGISTER NOW](#)

Video Resources

- 

EviCore Unified Provider Experience (UPX) - Dashboard Training
- 

Web Registration Tutorial - CareCore National Portal
- 

Specialty Therapy Provider Portal Overview

Provider Shared Worklist

EviCore By EVERNORTH Hello, [User]

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...

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

David Gates will have access to your worklist

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

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.

Clinical Certification Request

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| | | | | | | | | | | | |
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Request an Authorization

Welcome to the CareCore National Web Portal. You are logged in as L [redacted]

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

ENTER PHARMACY CASE NUMBER

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

To begin, please select a program below:

- Durable Medical Equipment(DME)
- Evicore Medical Oncology Pathways
- Gastroenterology
- 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](#)

Attention!

Physical Therapy, Occupational Therapy, Speech Therapy, Massage Therapy, Chiropractic Care, and Acupuncture services are eligible for case duplication and date extensions. Are you requesting one of these services?

Date Extension

Continuing Care

Continue to Build a New Case

Requests for Spine Surgery, Joint Replacement, Arthroscopy, and Pain Management, please select "Continue to Build a New Case"

If you begin the case directly from the CareCore National portal, you can select **REQUEST AN AUTH** or **Clinical Certification** on the banner. Then select the Program.

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EviCore Provider Portal | Add Providers (optional)

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On the CareCore National Portal, practitioners/groups may be added to your account prior to case submission. **(This is Optional)** To add practitioners or groups:

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

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Manage Your Account

Office Name: [CHANGE PASSWORD](#) [EDIT ACCOUNT](#)

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](#)

Clinical Certification Request | Search for and Select Provider

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Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

| | Provider |
|---------------------------------------|----------------|
| <input type="button" value="SELECT"/> | 148 [Redacted] |
| <input type="button" value="SELECT"/> | 136 [Redacted] |
| <input type="button" value="SELECT"/> | 175 [Redacted] |

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.

[Click here for help](#)

You can select the **Practitioner/Group** one of two ways:

1. From the list that appears, which is the list of providers you added to your account
2. Use the Search By NPI feature. By using this feature, you can add the searched provider to your account without having to exit and go to your account to add them.

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Clinical Certification Request | Select Health Plan

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Choose Your Insurer

Requesting Provider: E [redacted] 04

Please select the insurer for this authorization request.

MyAdvocate [dropdown arrow]

6 [dropdown arrow] STE 2100 [dropdown arrow]

BACK **CONTINUE**

[Click here for help](#)

Urgent Request? You will be required to upload relevant clinical info at the end of this process. [Learn More.](#)

Don't see the insurer you're looking for? Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

- Choose the appropriate **Health Plan** for the request
- Another drop down will appear to select the appropriate address for the **practitioner/group**
- Select **CONTINUE**

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Clinical Certification Request | Enter Contact Information

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Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:* n@evicore.c

Receive email 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

[Click here for help](#)

- Enter/edit the **Practitioner's name** and appropriate information for the point of contact/who to contact individual
- 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

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Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

Patient ID is 10 numeric digits. Do not include member code in Patient ID. Mem

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

Attention!

Time: 12/22/2025 11:48 AM

What is the expected procedure date or treatment start date for this request? (MM/DD/20YY)*

mm/dd/yyyy

Date must be in MM/DD/20YY or M/D/20YY format

If the Date of Service is unknown, please enter today's date.

Submit

Before you enter the member information, indicate the date of service. Then enter the patient's information and click **SELECT** next to the appropriate member. Click **CONTINUE**.

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Clinical Certification Request | Enter Member Information

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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.

CLEAR PATIENT SELECTION

Patient Cell Phone

Patient Email

BACK

CONTINUE

[Click here for help](#)

Confirm the patient's information and click **CONTINUE**.

Entering the member's cell phone number and email address is optional.

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Clinical Certification Request

Enter Requested Procedure and Diagnosis

Requested Service + Diagnosis

This procedure will be performed on 12/26/2025.

CHANGE

Musculoskeletal Management Procedures

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

JOINT JOINT SURGERY

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

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

Diagnosis

Primary Diagnosis Code: **M48.062**

Description: **Spinal stenosis, lumbar region with neurogenic claudication**

[Change Primary Diagnosis](#)

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

Secondary diagnosis is optional for Musculoskeletal Management

LOOKUP

BACK

CONTINUE

[Click here for help](#)

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Select appropriate **Procedure / CPT** and **Diagnosis**. You can search using the description or the code.

Some services will be selected by a 'placeholder code' and others by the primary procedure.

- + Primary CPT code and diagnoses codes
- + **For surgeries, enter JOINT or SPINE**

Also, if additional procedure codes are needed on the same authorization, additional codes will be collected during the clinical questionnaire.

Clinical Certification Request | Site Selection

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| | | | | | | | | | | | |
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Monday, December 22, 2025 11:56 AM

Log Off (Lis...)

Add Site of Service

Specific Site Search

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

NPI: Zip Code: Site Name:
TIN: City: Starts with Exact match

LOOKUP SITE

Site Email (optional)

BACK

[Click here for help](#)

80% Complete

Provider and NPI
[REDACTED]TTHEW
17-0000004
([REDACTED])
MyAdvocate

Patient
[REDACTED]
[REDACTED]
[REDACTED] 8

Service
12/26/2025
JOINT JOINT SURGERY
M48.062 Spinal stenosis, lumbar region with neurogenic claudication

EDIT

Feedback

Select the specific site where the procedure will be performed.

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Clinical Certification Request | Site Selection

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Monday, December 22, 2025 12:13 PM

Log Off (L)

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 will be available as you enter the site names that most closely match your entry.

NPI: Zip Code:

TIN: City:

Site Email (optional)

| | Name |
|---------------------------------------|--|
| <input type="button" value="SELECT"/> | HOSPITAL ANCILLARY SERVICES (SELECTED) |
| <input type="button" value="SELECT"/> | HER HOS |

Attention!

Patient ID: [REDACTED] Time: 12/22/2025 12:13 PM

Patient Name: L [REDACTED]

Please note, if eviCore approves the procedure(s), the inpatient hospital admission and your patient requires an extension to the originally approved length of stay, you will need to obtain an extension from [REDACTED]. Please call the number on the back of the member's ID card and provide the eviCore case number to submit your extension request. Unapproved bed days billed could be denied for lack of prior authorization.

Enter some portion of the name and we will provide

80% Complete

Provider and NPI

Patient

N

Service

12/26/2025
JOINT JOINT SURGERY
M48.062 Spinal stenosis, lumbar region with neurogenic claudication

Site

HOSPITAL
ANCILLARY SERVICES

Important: Make sure to pay attention to any pop-up messaging.

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Clinical Certification Request | Clinical Certification

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Proceed to Clinical Information

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

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

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

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

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

80% Complete

Provider and NPI
E [redacted]
17 [redacted]
(: MyAdvocate [redacted])

Patient
[redacted] LARSON [EDIT](#)
1 [redacted] 9
[redacted] 3

Service
12/26/2025 [EDIT](#)
JOINT JOINT SURGERY
M48.062 Spinal stenosis, lumbar region with neurogenic claudication

Site
[redacted] HOSPITAL
ANCILLARY SERVICES

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Clinical Certification Request | Standard or Urgent Request?

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| | | | | | | | | | | | |
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Urgency Indicator

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

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

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

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

Clinical Upload

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

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

Choose File No file chosen

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 | Clinical Details

| | | | | | | | | | | |
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Attention!

Will you also be the surgeon performing the procedure?

If you answer NO, you will have the option of entering a rendering surgeon.



Attention!

Surgeon Search

Use the fields below to search for specific providers. 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 provider name by entering some portion of the name and we will provide you the provider names that most closely match your entry.

NPI: TIN:

Zip Code: City:

Provider Name:

Exact match
 Starts with

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.

Required Medical Checklist

Clinical Upload

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

Required Medical information checklist ←

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

No file chosen

If the case is not approved in 'real time,' you will have an opportunity to share additional information to help demonstrate medication necessity for the clinical reviewers. To assist, the portal includes [a link](#) to our required information checklist document:

[Required Medical Information Check List](#)

Musculoskeletal Program for Spine Surgery

- Prior Authorization requests should be submitted at least two weeks prior to the anticipated date of an elective spine surgery.
- Signs/Symptoms
- Date of first office visit related to this condition and/or after symptoms began
- Last office visit including re-evaluation
- Physical exam findings
- Previous medical history
- Duration and type of physician-directed treatment
- Outcomes of prior surgical/non-surgical physician-directed treatment and prior surgical/non-surgical interventions
- Results of relevant prior imaging related to the request including the radiologists report of advanced diagnostic imaging studies

Musculoskeletal Program for Joint Surgery

- Prior Authorization requests should be submitted at least two weeks prior to the anticipated date of an elective joint surgery
- Date of most recent physical exam along with physical exam findings and patient complaints
- Medical history/duration of complaints
- Other pertinent medical history/comorbidities
- Dates/duration/response to conservative treatment such as medication and various therapies (please specify)
- Prior imaging films/reports with date of service (MRI, CT, X-ray or bone scan)
- Severity of pain and details of functional disabilities interfering with activities of daily living.
- Physician's treatment plan

Spine Surgery Pathway

Clinical Collection Process | Pathway Questions

| | | | | | | | | | | |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|---------------------|-------------------|
| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Manage Your Account | MedSolutions Portal | Help / Contact Us |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|---------------------|-------------------|

Proceed to Clinical Information

Please enter the primary CPT code for this surgery.

How many units? (Units for an assistant or co-surgeon should NOT be included here. Indicate the assistant / co-surgeon by requesting the appropriate modifier)

Which region of the spine will this procedure be performed?

- Thoracic
- Cervical
- Lumbar
- Sacral
- This request is for E0760 and is NOT related to a spinal condition.

SUBMIT

Clinical Certification questions will populate based on the information provided

EviCore

By EVERNORTH

Clinical Collection Process | Pathway Questions

| | | | | | | | | | | |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|---------------------|-------------------|
| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Manage Your Account | MedSolutions Portal | Help / Contact Us |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|---------------------|-------------------|

Proceed to Clinical Information

Do you want to enter a second code for this surgery?
 Yes No

SUBMIT

Finish Later

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

CANCEL

- + 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)

Joint Surgery Pathway

Clinical Collection Process | Pathway Questions

| | | | | | | | | | | |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|---------------------|-------------------|
| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Manage Your Account | MedSolutions Portal | Help / Contact Us |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|---------------------|-------------------|

Proceed to Clinical Information

Please enter the primary CPT code for this surgery.

Which side is the procedure being performed on?
 Left Right

SUBMIT

Finish Later

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

[Click here for help](#)

- + Enter the primary CPT code for the surgery.
- If needed, you can enter a secondary CPT code.

Proceed to Clinical Information

Do you want to enter a second code for this Knee surgery?
 Yes No

SUBMIT

Finish Later

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

[Click here for help](#)

Clinical Collection Process | Pathway Questions

| | | | | | | | | | | |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|---------------------|-------------------|
| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Manage Your Account | MedSolutions Portal | Help / Contact Us |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|---------------------|-------------------|

Proceed to Clinical Information

Please indicate which ligament will be reconstructed:

SUBMIT

Finish Later

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

[Click here for help](#)

- + **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)

Interventional Pain Pathway

Clinical Collection Process | Pathway Questions

| | | | | | | | | | | |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|---------------------|-------------------|
| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Manage Your Account | MedSolutions Portal | Help / Contact Us |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|---------------------|-------------------|

Proceed to Clinical Information

Please indicate the reason for this procedure:

- To treat post-herpetic neuralgia
- To treat low back pain (radiculopathy/radicular pain/non-radiating pain)
- To inject Spinraza® (nusinersen)
- A trial for an implanted pump
- For obstetrical or surgical anesthesia
- To manage perioperative pain

You can save a certification request to finish later.

Proceed to Clinical Information

Lumbar Epidural Injection

Please indicate the type of injectate(s) that will be used (choose all that apply):

- Anesthetic
- Corticosteroid
- Biologics (e.g., platelet rich plasma, stem cells, amniotic fluid)
- Spinraza® (nusinersen)
- Other injectate(s)
- Unknown

How many levels will this procedure be performed at?

SUBMIT

- + **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)

Clinical Collection Process | Pathway Questions

| | | | | | | | | | | |
|----------------------|---------------------------------------|--------------------------------------|------------------------------------|--|--|---|---------------------------|-------------------------------------|-------------------------------------|-----------------------------------|
| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Manage Your Account | MedSolutions Portal | Help / Contact Us |
|----------------------|---------------------------------------|--------------------------------------|------------------------------------|--|--|---|---------------------------|-------------------------------------|-------------------------------------|-----------------------------------|

Proceed to Clinical Information

1 How many epidural steroid injection sessions of ALL types have been performed in this region for this episode of pain in the last 6 months? (Please include transforaminal AND interlaminar injections)

2 How many epidural steroid injection sessions of ALL types have been performed in this region in the last 12 months? (Please include transforaminal AND interlaminar injections)

SUBMIT

Clinical Certification questions will populate based on the information provided

EviCore

By EVERNORTH

Clinical Collection Process | Pathway Questions

| | | | | | | | | | | |
|----------------------|---------------------------------------|--------------------------------------|------------------------------------|--|--|---|---------------------------|-------------------------------------|-------------------------------------|-----------------------------------|
| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Manage Your Account | MedSolutions Portal | Help / Contact Us |
|----------------------|---------------------------------------|--------------------------------------|------------------------------------|--|--|---|---------------------------|-------------------------------------|-------------------------------------|-----------------------------------|

Proceed to Clinical Information

Does physical exam/patient history indicate any of the following: (Choose all that apply)

- Pain and/or abnormal sensation (numbness, tingling, burning, etc.) that radiates into the arm or leg
- Symptomatic spinal stenosis
- Positive straight leg raise/crossed leg raise test (for lumbar procedures) or Spurling's maneuver (for cervical procedures)
- Loss of strength
- Change in sensation to light touch, pressure, pin prick or temperature
- Decreased, absent or asymmetric reflex(es)
- Positive electrodiagnostic study (EMG/NCV) for nerve root compression
- None of the above or unknown

Please indicate the documented number of weeks of conservative care prior to this request: (e.g. number of weeks of exercise, physical therapy, chiropractic care, NSAIDS, or analgesics)

Will your patient be participating in an active rehabilitation or therapeutic exercise program following this injection?

- Yes No Unknown

SUBMIT

EviCore

By EVERNORTH

Case Summary | 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 1-888-333-8641.

| | | | |
|----------------------------------|---|----------------------|---|
| Provider Name: | DR. [REDACTED] | Contact: | [REDACTED] |
| Provider Address: | [REDACTED] | Phone Number: | [REDACTED] |
| | | Fax Number: | [REDACTED] |
| Patient Name: | [REDACTED] | Patient Id: | [REDACTED] |
| Insurance Carrier: | [REDACTED] | | |
| Site Name: | [REDACTED] | Site ID: | [REDACTED] |
| Site Address: | [REDACTED] | | |
| Primary Diagnosis Code: | [REDACTED] | Description: | Other cervical disc displacement, unspecified cervical region |
| Secondary Diagnosis Code: | [REDACTED] | Description: | |
| Date of Service: | [REDACTED] | Description: | Spine Surgery |
| CPT Code: | [REDACTED] | | |
| Case Number: | [REDACTED] | | |
| Review Date: | 5/13/2020 2:36:00 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 1-888-333-8641. | | |

EviCore

By EVERNORTH

Case Summary | Approval

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 MANI ANJANA VEETHI | Contact: | 1000 |
| Provider Address: | 1200 4TH AVE W SAINT CLOUD, MN 56303 | Phone Number: | (507) 325-1000 |
| | | Fax Number: | (507) 325-1000 |
| Patient Name: | JOHN DOE | Patient Id: | 123456 |
| Insurance Carrier: | WELLS | | |
| Site Name: | ST. JOSEPH HOSPITAL | Site ID: | 12345 |
| Site Address: | 875 UNIVERSITY AVENUE ST. JOSEPH, MN 56381 | | |
| Primary Diagnosis Code: | M43.16 | Description: | Spondylolisthesis, lumbar region |
| Secondary Diagnosis Code: | | Description: | |
| Date of Service: | Not provided | Description: | Spine Surgery |
| CPT Code: | SPINE | | |
| Authorization Number: | 123456789 | | |
| Review Date: | 5/13/2020 1:52:08 PM | | |
| Expiration Date: | 6/27/2020 | | |
| Status: | Your case has been Approved. | | |

CANCEL **PRINT** **CONTINUE**

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

PROVIDERS: Check Prior Authorization Status Login Resources ^

Resources

CLINICAL GUIDELINES

PROVIDER RESOURCES

Clinical Worksheets

Network Standards/Accreditations

Training Resources

I Would Like To

Request a Consultation with a Clinical Peer Reviewer

Request an Appeal or Reconsideration

Receive Technical Web Support

Check Status Of Existing Prior Authorization

Check Eligibility Status

Access Claims Portal

Learn How To

Submit A New Prior Authorization

Find Contact Information

Podcasts

GO TO PROVIDER'S HUB >

Contact Us. We're here to help!

How Can We Help: *

How can we help you?

SUBMIT

Contact EviCore's Dedicated Teams



For assistance with membership, claims, provider network issues, etc., submit the issue to our dedicated teams via EviCore Communication Relationship Management (ECRM):

- + Access: [ECRM Services](#)
- + ECRM educational resources: [ECRM Resources | EviCore by Evernorth](#)
- + Trouble using ECRM? Send an email to: ECRMSupport@EviCore.com

Provider Engagement

- + Lisa Mekkelsen
- + Lisa.mekkelsen@evicore.com (preferred)
- + Phone: **843-949-0022**

Provider Portal Support

- + portal.support@evicore.com
- + 800-646-0418, option 2

Call Center/Intake Center

Call **888.444.6185**. 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



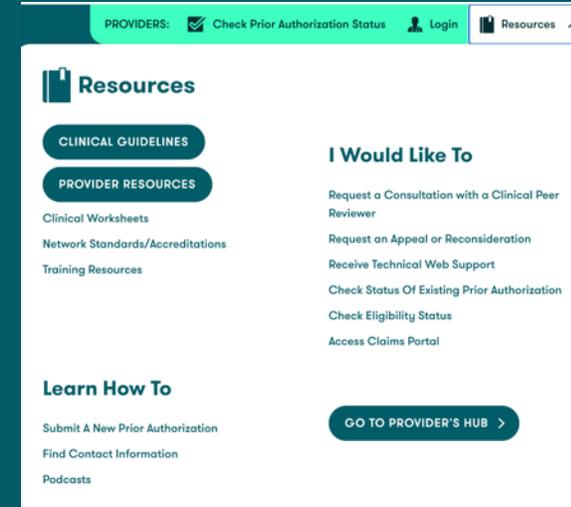
Access MyAdvocate's provider resources at:

[Provider Resources | MyAdvocate Medicare Advantage](#)

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 **Musculoskeletal: Advanced Procedures** 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 by Evernorth" 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.

[ECRM Services](#)

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](#)





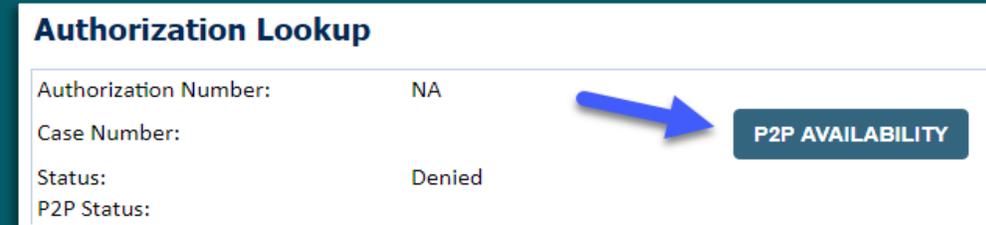
Thank you

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: | |

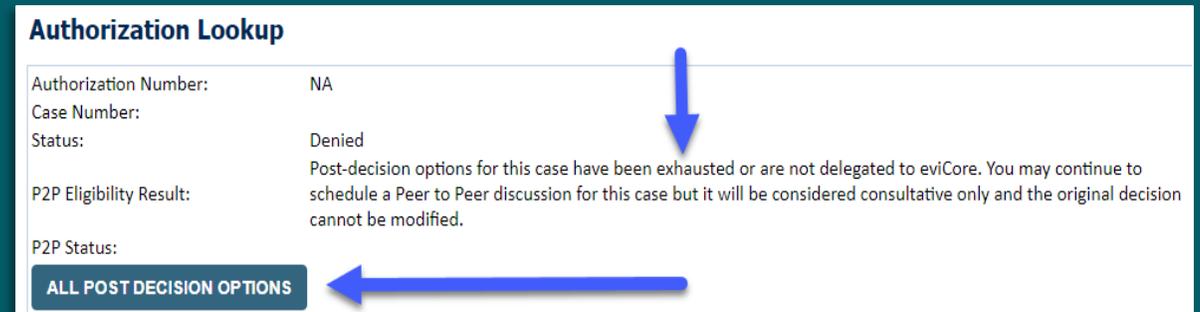
P2P AVAILABILITY

A blue arrow points from the 'NA' value in the Authorization Number field to the 'P2P AVAILABILITY' button.



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

The link 'Request Peer to Peer Consultation' is highlighted with a red rectangular border.



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

A blue arrow points from the 'Denied' status to the 'ALL POST DECISION OPTIONS' button.

*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. The top screenshot shows the initial input fields for Case Reference Number and Member Date of Birth, with a 'Lookup Cases' button. The bottom screenshot shows the confirmation screen with member and case information, a 'Continue' button, and a 'P2P Eligible' status.

Case Info | **Questions** | **Schedule** | **Confirmation**

New P2P Request

EviCore
By **EVERNORTH**

Case Reference Number

Member Date of Birth

[+ Add Another Case](#)

[Lookup Cases >](#)

New P2P Request

EviCore
By **EVERNORTH**

Case Ref #: [Remove](#) ✔ P2P Eligible

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

| Member Information | Case P2P Information |
|--------------------|-------------------------------------|
| Name | Episode ID |
| DOB | P2P Valid Until 2020-11-11 |
| State | Modality MSK Spine Surgery |
| Health Plan | Level of Review Reconsideration P2P |
| Member ID | 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 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 3:45 pm EDT 4:00 pm EDT 4:15 pm EDT Show more... | 2:00 pm EDT 2:15 pm EDT 2:30 pm EDT 2:45 pm EDT Show more... | 4:15 pm EDT 4:30 pm EDT 4:45 pm EDT 5:00 pm EDT Show more... | 3:15 pm EDT 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT Show more... | - | - | - |

Schedule a P2P

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

The screenshot shows a scheduling form with a progress bar at the top: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (pending). The form is divided into two main sections: 'P2P Info' and 'P2P Contact Details'. The 'P2P Info' section includes fields for Date (Mon 5/18/20), Time (6:30 pm EDT), and Reviewing Provider. The 'P2P Contact Details' section includes fields for Name of Provider Requesting P2P (Dr. Jane Doe), Contact Person Name (Office Manager John Doe), Contact Person Location (Provider Office), Phone Number for P2P ((555) 555-5555), Phone Ext. (12345), Alternate Phone ((xxx) xxx-xxxx), Phone Ext. (Phone Ext.), Requesting Provider Email (droffice@internet.com), and Contact Instructions (Select option 4, ask for Dr. Doe). A 'Submit' button is located at the bottom right. Blue arrows point to the 'Name of Provider Requesting P2P', 'Phone Number for P2P', and 'Contact Instructions' fields.

The screenshot shows a 'Scheduled' summary page. At the top, there is a 'Scheduling' header with a calendar icon. Below it, the text 'Scheduled' is displayed. A large blue box contains a calendar icon, a clock icon, and the text 'Mon 5/18/20 - 6:30 pm EDT'. To the right of this box, a red oval contains the word 'SCHEDULED' in blue capital letters.

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*

First Name Last Name Select... ▼

CONTACT PERSON

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

Contact First Name Contact Last Name

Contact Person Location *Required*

Select... ▼

Call Notes

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

Contact Instructions

Contact Instructions

Call Notes

ALT REC declined

Procedure was performed on:

Caller requested MD Specialty match

Appeal LOR attestation requirement

OH State Regulation: Member Consent obtained

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

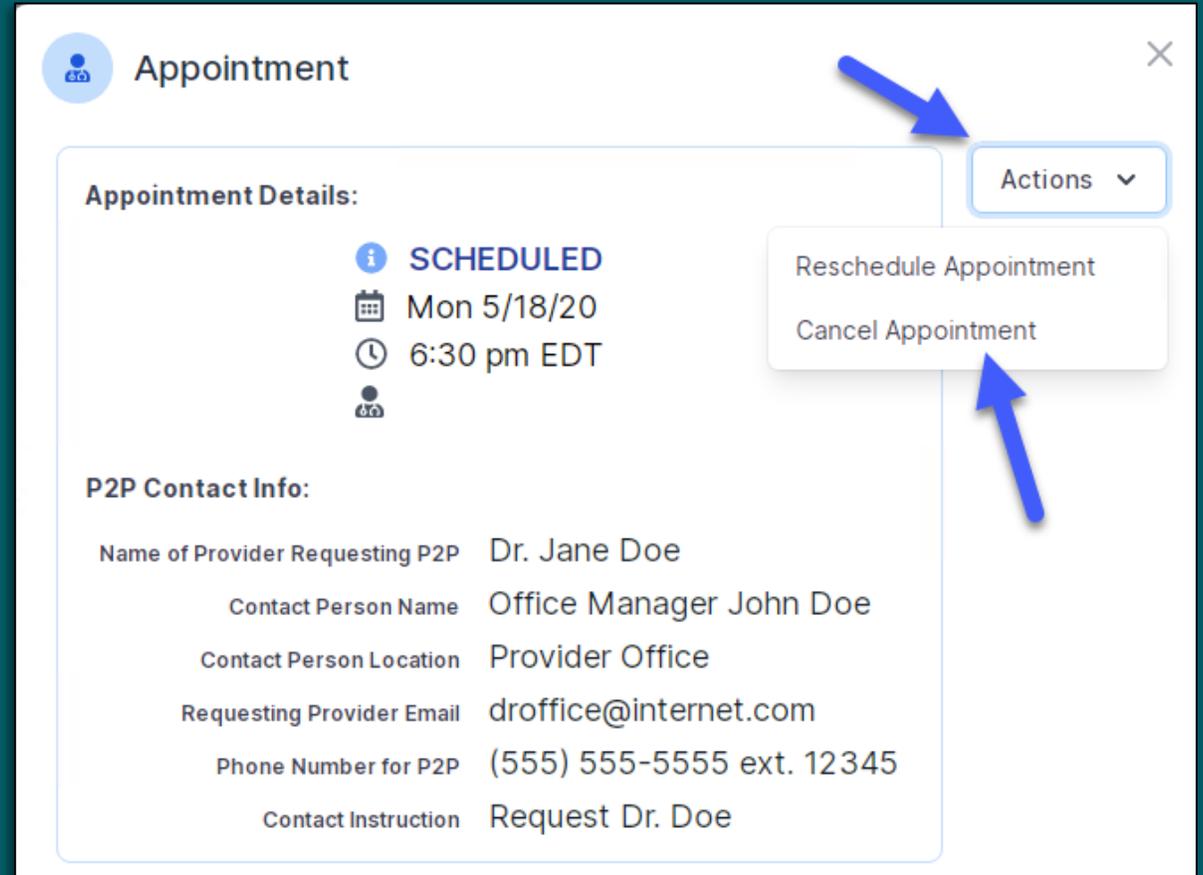
TX licensed same specialty - Caller is aware P2P does not meet TX SSL/specialty match and wants to proceed with P2P

[Schedule Appointment](#)

Cancel or Reschedule a P2P Appointment

To cancel or reschedule an appointment:

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



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 (info) and the text "SCHEDULED", a calendar icon and "Mon 5/18/20", a clock icon and "6:30 pm EDT", and a person icon. The "P2P Contact Info:" section lists several fields: "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), and "Contact Instruction" (Request Dr. Doe). On the right side of the window, 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: | |
|--|--|
|  SCHEDULED | |
|  Mon 5/18/20 | |
|  6:30 pm EDT | |
|  | |

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