

Musculoskeletal Pain Management

Aetna Better Health

EviCore
By EVERNORTH



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Self-Service Peer-to-Peer Scheduling Tool



EviCore

By EVERNORTH

Solution Overview

Prior Authorization Services

Applicable Membership	Prior authorization applies to the following services	Prior authorization does NOT apply to services performed in
<ul style="list-style-type: none">• Medicare• Medicaid	<ul style="list-style-type: none">• Outpatient• Elective/Non-emergent	<ul style="list-style-type: none">• Emergency Rooms• Observation Services• Inpatient Stays



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

Musculoskeletal Management

Interventional Pain

- Spinal injections
- Spinal implants
 - Spinal cord stimulators
 - Pain pumps

To find a list of CPT codes that require prior authorization through EviCore, please visit:

<https://www.evicore.com/resources/healthplan/aetna-better-health-michigan>



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.

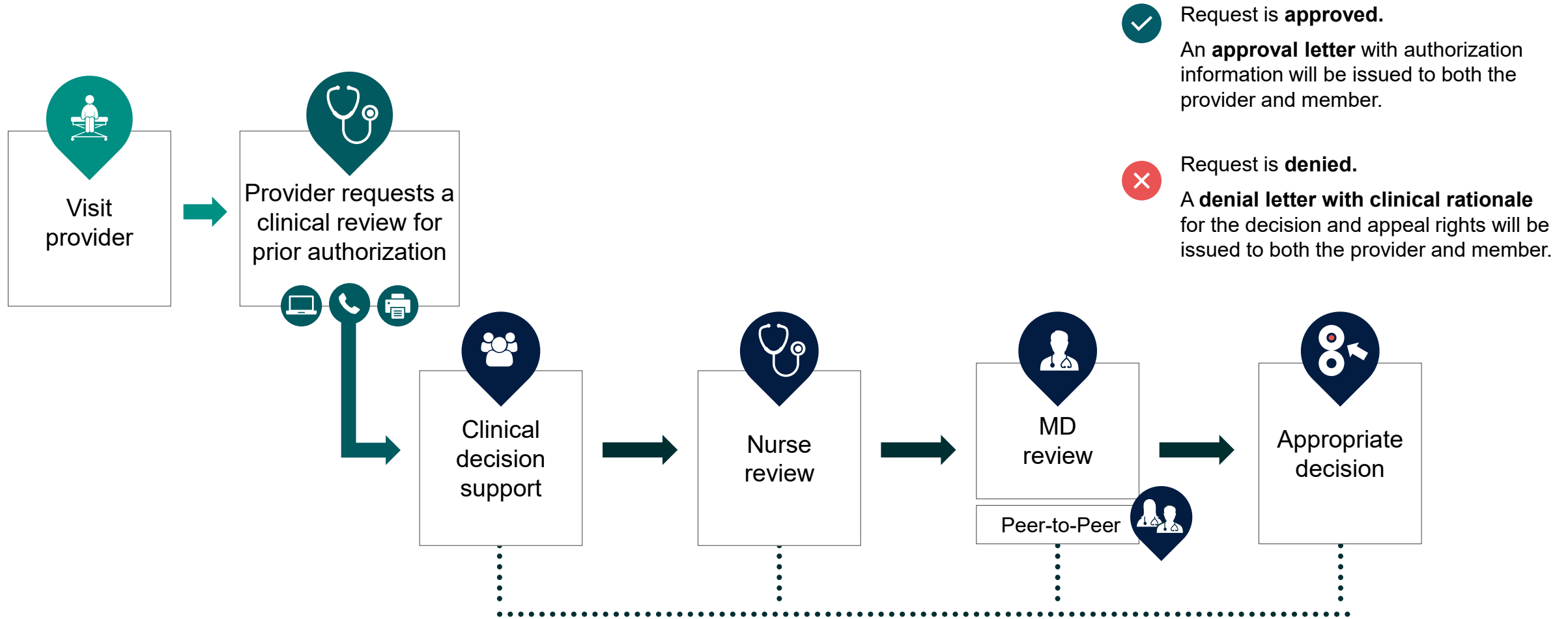
To access the EviCore Provider Portal, visit www.EviCore.com



Phone: 866-668-8295
Monday – Friday
7 AM – 7 PM (local time)

Fax: 800-540-2406

Utilization Management | Prior Authorization



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)

Rendering Facility

- Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number



Referring (Ordering) Provider

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

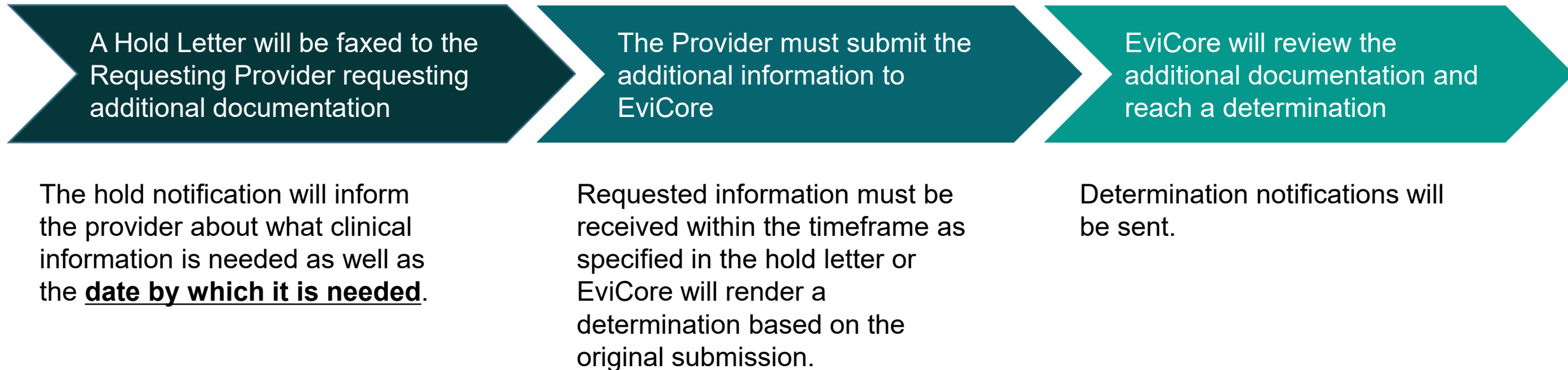
Supporting Clinical

- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous test results

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:



Prior Authorization Outcomes, Special Considerations & Post-Decision Options

Prior Authorization Outcomes

Determination Outcomes:

- **Approved Requests:** Authorizations are valid for:
 - **Medicare** - 180 calendar days from the date of approval.
 - **Medicaid** - 60 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, 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

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 **866-668-8295**.
- 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.

Post-Decision Options | Medicaid 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 **866-668-8295** 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 **five (5) business days** of the determination date.
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an EviCore physician.

Appeals

- EviCore will not process first-level appeals.
- Please refer to the denial letter for instructions.
- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider.

Post-Decision Options | Medicare Members

My case has been denied. What's next?

Clinical Consultation

- Providers can request a Clinical Consultation with an EviCore physician to better understand the reason for denial.
- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation.

Reconsideration

- Medicare cases **do not** include a reconsideration option.

Appeals

- EviCore **will not** process first-level appeals for Medicare members.



Special Circumstances

Retrospective (Retro) Authorization Requests

- Must be submitted within **90 calendar days** from the date of services.
- Retro requests submitted beyond this timeframe will be administratively denied.
- Reviewed for clinical urgency and medical necessity.
- Retro requests are processed within:
 - Medicare Members - 30 calendar days
 - Medicaid Members - 14 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.

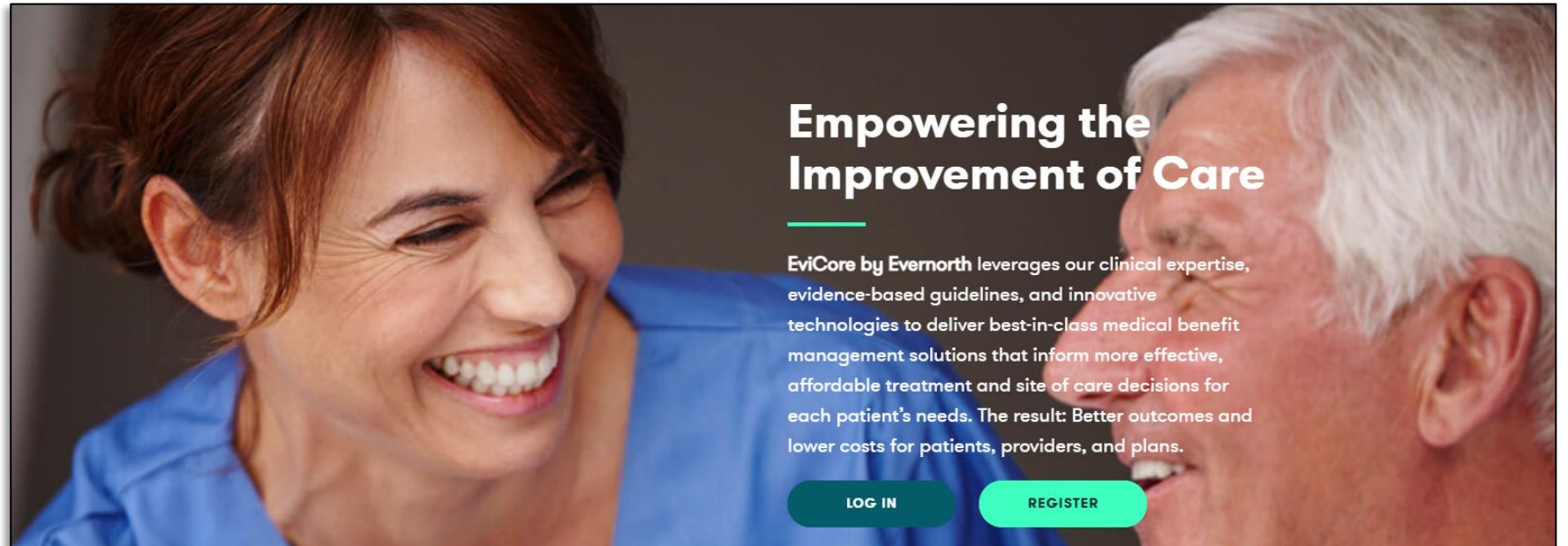


EviCore Provider Portal

EviCore Provider Portal | Access and Compatibility

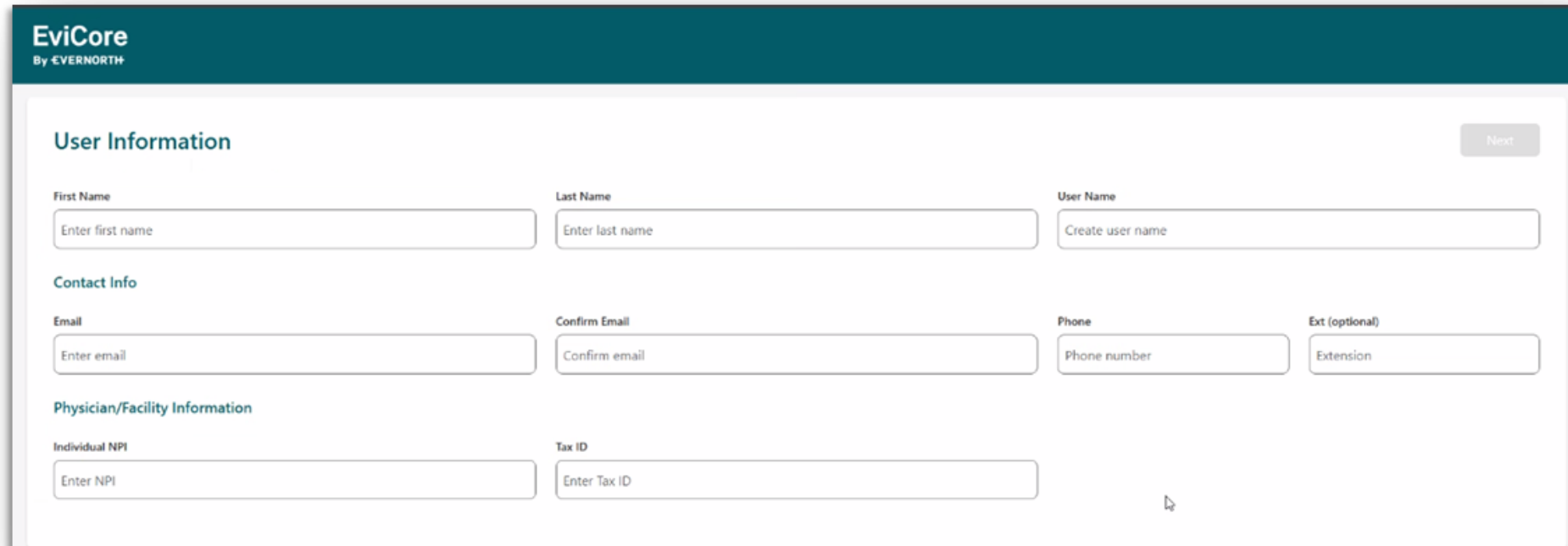
Most providers are already saving time submitting clinical review requests online vs. telephone.

- 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 an EviCore Provider Portal Account



The screenshot shows the EviCore registration form with the following sections:

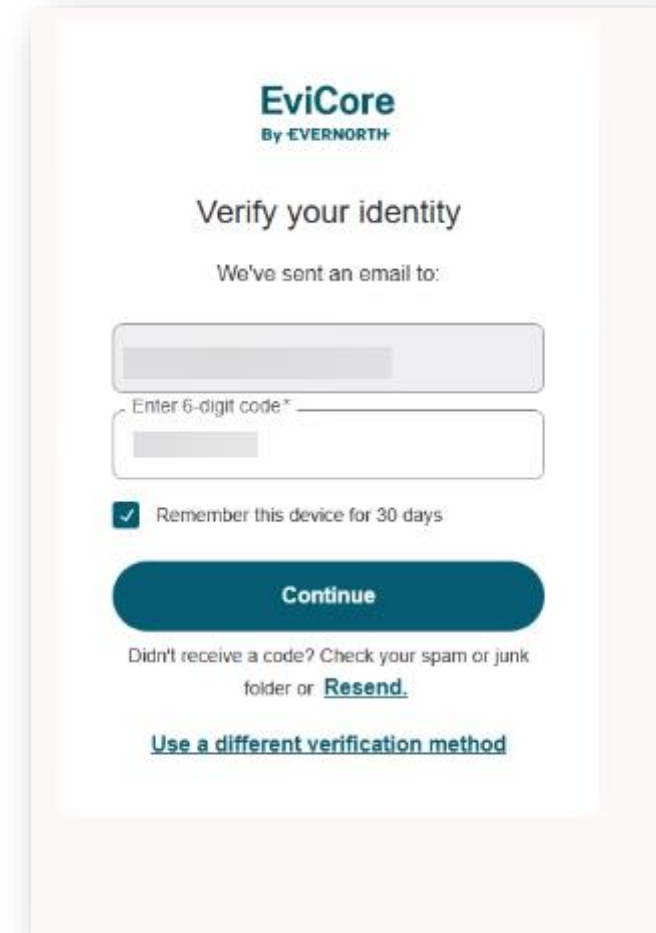
- User Information:** Includes fields for First Name, Last Name, and User Name. A "Next" button is located to the right of this section.
- Contact Info:** Includes fields for Email, Confirm Email, Phone, and Ext (optional).
- Physician/Facility Information:** Includes fields for Individual NPI and Tax 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)

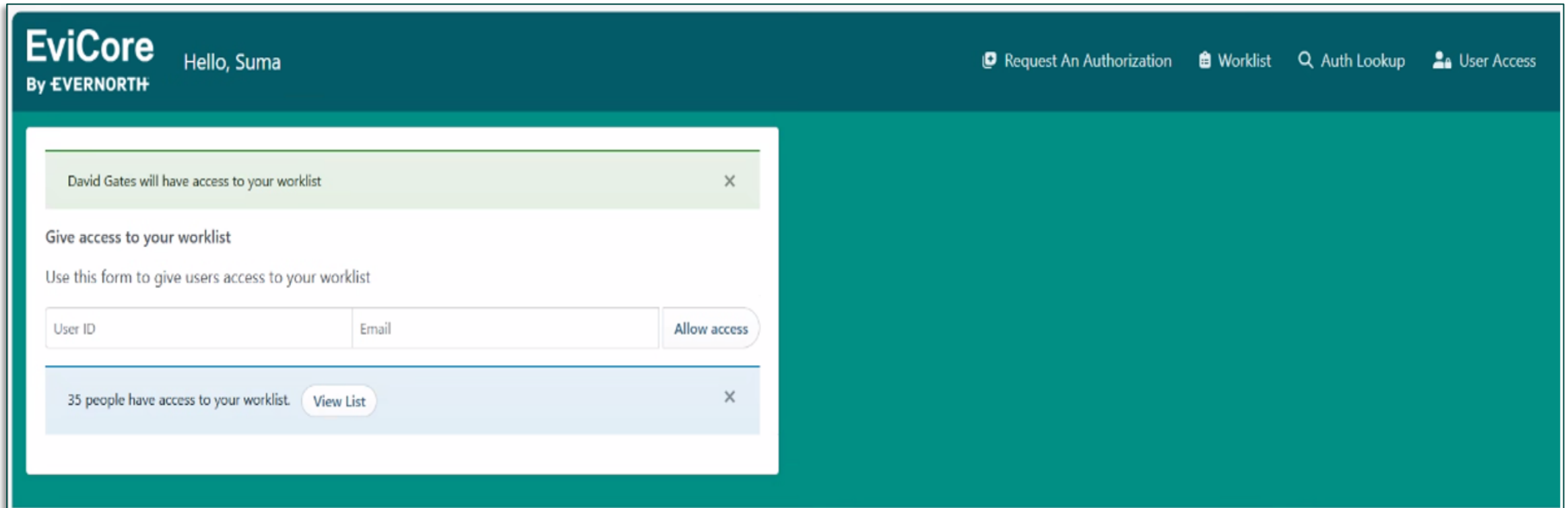
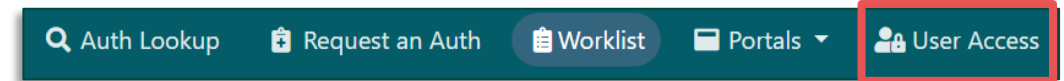
To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

- 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.

A screenshot of the EviCore MFA verification interface. At the top is the EviCore logo with 'By EVERNORTH' underneath. The main heading is 'Verify your identity'. Below this, it says 'We've sent an email to:' followed by a blurred email address. There are two input fields: the first is for the email address and the second is for the '6-digit code'. Below the code field is a checkbox labeled 'Remember this device for 30 days' which is checked. A large teal 'Continue' button is centered below the checkbox. 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'.

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.



Need more info on UPX? Visit www.eviCore.com/provider → Video Resources for self-service training or click **Register Now** to join a session.

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

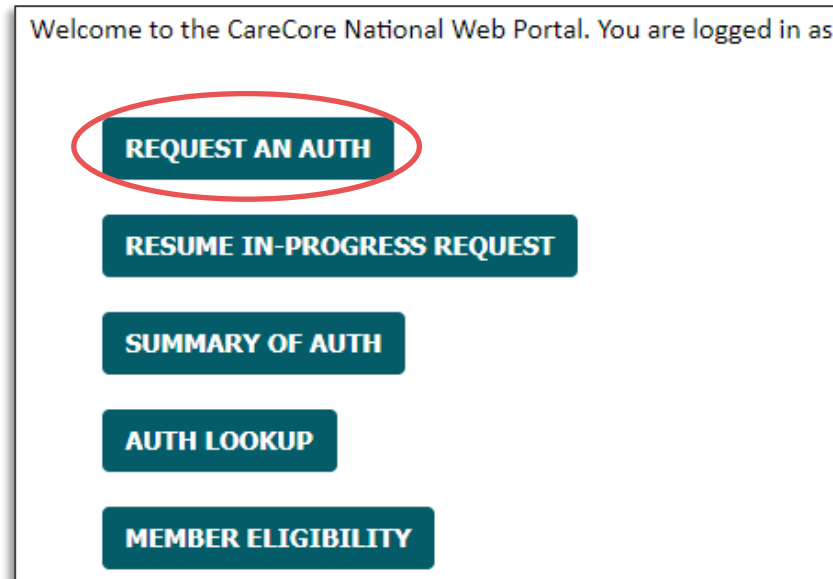
Practitioner Zip

FIND MATCHES **CANCEL**

Initiating a Case

Initiating a Case

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
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- Click the **Clinical Certification** tab to get started.
- Choose **Request an Auth** to begin a new case request.

Select Program

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
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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.

Clinical Certification Request | Search and Select Provider

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
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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**.

Clinical Certification Request | Search and Select Provider

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
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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

Select Health Plan

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
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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

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
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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.

[Click here for help](#)

[BACK](#) [CONFIRM FAX AND CONTINUE](#)

- 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.

Clinical Certification Request | Enter Member Information

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
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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 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
<div>SELECT</div>		01			F	
<div>BACK</div> <div>Click here for help</div>						

Clinical Certification Request | Procedure and Diagnosis Codes

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
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Requested Service + Diagnosis

This procedure will be performed on 5/6/2024.

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 | Clinical Details

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
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Attention!

Will you also be the surgeon performing the procedure?

YES

NO

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

LOOKUP PROVIDER

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
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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:

TIN:

Zip Code:

City:

Site Name:

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

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
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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 "**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.**

Clinical Certification Request | Standard or Urgent Request

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
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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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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	Add Provider	MedSolutions Portal	Unified Dashboard	Help / Contact Us
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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 Collection Process | Pathway Questions

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
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Proceed to Clinical Information

ⓘ 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)

ⓘ 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 Collection Process | Pathway Questions

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
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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?

SUBMIT

Clinical Certification Request | Request for Clinical Upload

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
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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

Choose File

No file chosen

UPLOAD

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Required Medical Information Check List

Musculoskeletal Program for Interventional Pain Management

☐

CPT codes and diagnosis codes/ICD10surgery.

☐

CPT codes and specific levels of injection and/or specific muscle groups to be injected. Specific prior injection history with dates/level/side/response to injection, especially if it is an injection into the same vertebral region (e.g., cervical, thoracic or lumbar spine)

☐

Total number of injections/procedures in the past 12 months for the diagnoses (to include all prior doctors)

☐

Date of most recent physical exam along with physical exam findings and patient complaints

☐

Medical history/duration of complaints

☐

Other pertinent medical history/comorbidities

☐

Name of injectate(s)

If **additional information** is required, you will have the option to upload more clinical information. Review the *required medical information checklist* to understand what clinical EviCore requires in order for the prior authorization request 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](#)

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 1-866-668-8295

Provider Name:	DR. BRADLEY MARK ANTONIO VITO	Contact:	NA
Provider Address:	1000 17TH AVE SE SUITE 1000, BIRMINGHAM	Phone Number:	205-944-7888
		Fax Number:	205-944-7888
Patient Name:	ANTHONY VITO	Patient Id:	ANTHONY
Insurance Carrier:	WELLS		
Site Name:	COMMONWEALTH MEDICAL	Site ID:	WELLS
Site Address:	875 LAMAR AVENUE SE SUITE 1000, AL 35203		
Primary Diagnosis Code:	S00	Description:	Other cervical disc displacement, unspecified cervical region
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	
CPT Code:	9255		
Case Number:	100000000		
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 1-866-668-8295		

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 ARKARA VEETHI	Contact:	1466
Provider Address:	1200 6TH AVE N SAINT CLOUD, MN 56303	Phone Number:	(320) 254-1000
		Fax Number:	(320) 254-1000
Patient Name:	WILLIAM WILSON	Patient Id:	1000000000
Insurance Carrier:	WILLIAM WILSON		
Site Name:	CLINICAL TRIALS CENTER LLC	Site ID:	1000000000
Site Address:	875 LAMAR BLVD CLINICAL, FL 32709		
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	
CPT Code:			
Authorization Number:			
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL

PRINT

CONTINUE

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

Provider Resources

Contact EviCore's Dedicated Teams



Call Center/Intake Team

- Phone: 866-668-8295
- 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**

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](#).



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.

EviCore's Provider Newsletter

Stay up to date with our free provider newsletter!

To subscribe:

- Visit [EviCore.com](https://www.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

Appendix

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.

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

Top Screenshot: Initial Request Form

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

Bottom Screenshot: Confirmation Screen

- New P2P Request** | **EviCore By EVERNORTH**
- Case Ref #: (Red text: Remove) ✓ P2P Eligible
- Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.**
- Member Information**
 - Name
 - DOB
 - State
 - Health Plan
 - Member ID
- Case P2P Information**
 - Episode ID
 - P2P Valid Until: 2020-11-11
 - Modality: MSK Spine Surgery
 - Level of Review: Reconsideration P2P
 - 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

Level of Review

MSK Spine Surgery

Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

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

Time Zone

US/Eastern

Continue >

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

< Prev Week

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

Next Week >

1st Priority by Skill

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

1st Priority by Skill

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

Schedule a P2P


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

The screenshot shows a web form for scheduling a Peer-to-Peer (P2P) appointment. At the top, there is a progress bar with four steps: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (active, indicated by a yellow circle). The form is divided into two main sections. The left section, titled 'P2P Info', contains a 'Case Info' box with fields for Date (Mon 5/18/20), Time (6:30 pm EDT), and a 'Reviewing Provider' dropdown. Below this is a '1st Case' box with fields for Case #, Episode ID, Member Name, Member DOB, Member State, Health Plan, Member ID, Case Type (MSK Spine Surgery), and Level of Review (Reconsideration P2P). The right section, titled 'P2P Contact Details', contains several fields: 'Name of Provider Requesting P2P' (with a blue arrow pointing to the text 'Dr. Jane Doe'), 'Contact Person Name' (Office Manager John Doe), 'Contact Person Location' (Provider Office), 'Phone Number for P2P' (with a blue arrow pointing to the text '(555) 555-5555'), 'Phone Ext.' (12345), 'Alternate Phone' (with a blue arrow pointing to the text '(xxx) xxx-xxxx'), 'Phone Ext.' (Phone Ext.), 'Requesting Provider Email' (droffice@internet.com), and 'Contact Instructions' (with a blue arrow pointing to the text 'Select option 4, ask for Dr. Doe'). A yellow 'Submit' button is located at the bottom right of the form.


The screenshot shows a 'Scheduling' summary page. At the top, there is a 'Scheduling' header with a calendar icon. Below this is a 'Scheduled' section with a calendar icon and a clock icon. The appointment details are displayed as 'Mon 5/18/20 - 6:30 pm EDT'. To the right of the appointment details is a yellow badge with the word 'SCHEDULED' in blue capital letters, which is circled in red.


P2P Contact Details


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

 **P2P Contact Details**

Appointment Details

 Fri 5/24/2024

 7:00 am PDT


 Tamara Fackler

Who will be performing the P2P consultation? *Required*

☐ Requesting Provider

☐ Contact Person


☐ Someone else

 PROVIDER

Name of Referring Physician on Case *Required*

Credential *Required*

Select...

 CONTACT PERSON

Contact First Name *Required*

Contact Last Name *Required*

Contact Person Location *Required*

Select...

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Call Notes

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

Contact Instructions

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.

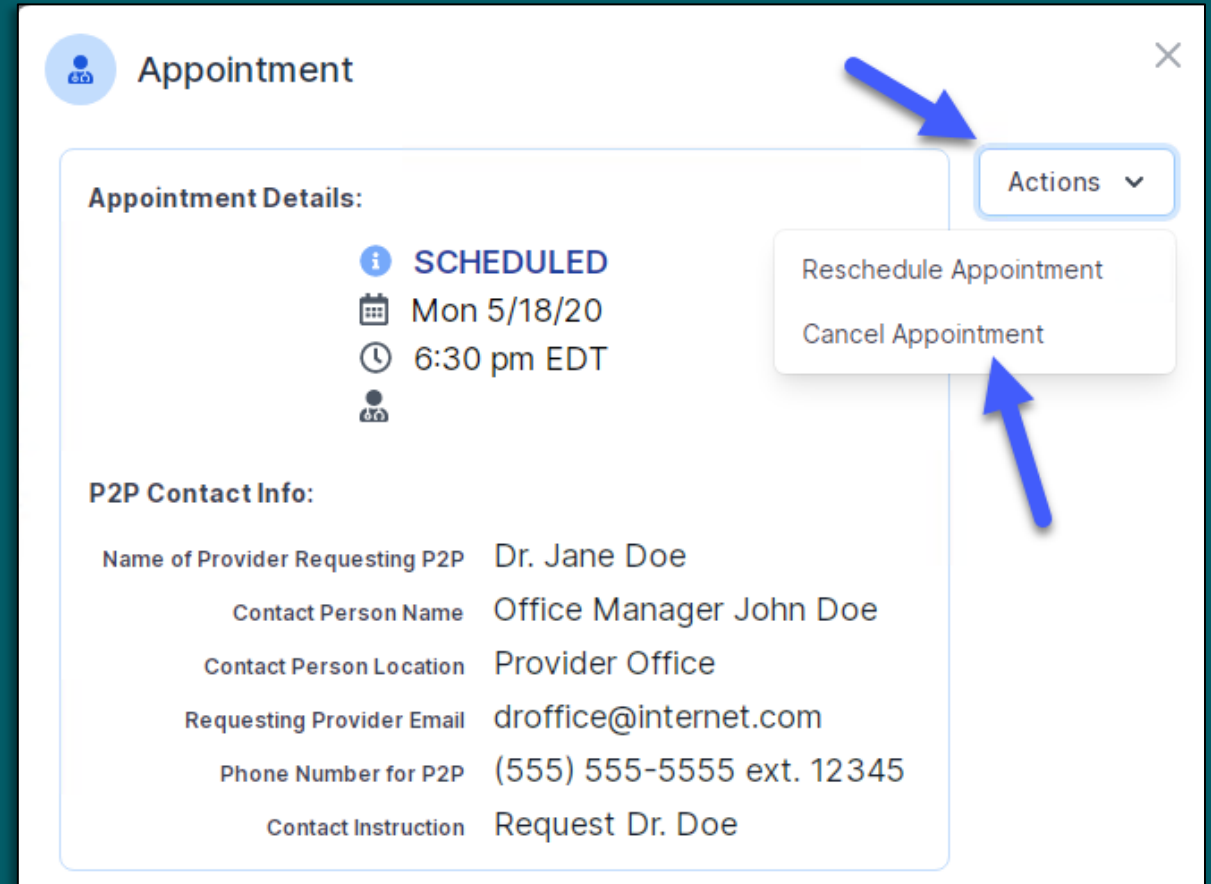
☐ TX licensed same specialty - Caller is aware P2P does not meet TX SSL/specialty match and wants to proceed with P2P

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 date icon and "Mon 5/18/20", a time icon and "6:30 pm EDT", and a person icon. The "P2P Contact Info:" section contains a table with the following information:

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

On the right side of the window, there is an "Actions" drop-down menu. A blue arrow points to this menu, and another blue arrow points to the "Cancel Appointment" option in the dropdown list. The "Reschedule Appointment" option is also visible in the dropdown.