

Lab Management

Provider Orientation Session for WellCare Medicare

Lab Management Solution

Delegated Services

- + Hereditary Cancer Syndromes
- + Carrier Screening Tests
- + Tumor Marker / Molecular Profiling
- + Immunohistochemistry (IHC)
- + Hereditary Cardiac Disorders
- + Cardiovascular Disease and Thrombosis Risk Variant Testing
- + Pharmacogenomics Testing
- + Neurologic Disorders
- + Mitochondrial Disease Testing
- + Intellectual Disability / Developmental Disorders



Evidence-Based Guidelines

The foundation of our solutions



Annually
Reviewed
Guidelines



Experts associated with
academic institutions



Current clinical
literature

Evidence-based medical policy incorporating:

- + Independent health technology assessments
- + Annual review of current clinical literature
- + Internal specialty expertise
- + National society recommendations
- + External academic institution subject matter experts
- + Medical Advisory Board

WellCare Medicare Prior Authorization

Prior Authorization applies to the following tests:

- Hereditary Cancer Syndromes
- Carrier Screening Tests
- Tumor Marker / Molecular profiling
- Hereditary Cardiac Disorders
- Cardiovascular Disease and Thrombosis Risk Variant Testing
- Pharmacogenomics Testing
- Neurologic Disorders
- Mitochondrial Disease Testing
- Intellectual Disability / Developmental Disorders

Prior Authorization does **NOT** apply to services that are in:

- **Emergency Room Services**
- **23 Hour Observations**
- **Inpatient Stays**

Provider Resource Page

Providers and/or staff can utilize WellCare's Provider Resource page to access Clinical Worksheets, FAQs, Quick Reference Guides, and additional educational materials by visiting:

Medicare: [WellCare Medicare Provider Resources | EviCore by Evernorth](#)

Information needed

The following information must be provided to initiate the Lab prior authorization request:

Nonclinical information

- + Member Name and date of birth
- + Member Identification Number
- + Referring provider name and address
- + Laboratory Name and address
- + Both provider's National Provider Identification (NPI) Number
- + Phone and Fax Numbers
- + Tax Identification Number (TIN)

Clinical information

- + Details about the test being performed (test name, description and/or unique identifier)
- + All information required by applicable policy
- + Test indication, including any applicable signs and symptoms or other reasons for testing
- + Any applicable test results (laboratory, imaging, pathology, etc.)
- + Any applicable family history
- + How test results will impact patient care

EviCore requires verification elements on clinical documentation when submitted. The member's name (first and last) and one additional identifier: Member's date of birth, the member identification number or the member's driver's license number or other government-issued ID.

Provider Portal Overview

EviCore Provider Portal | Access and Compatibility

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

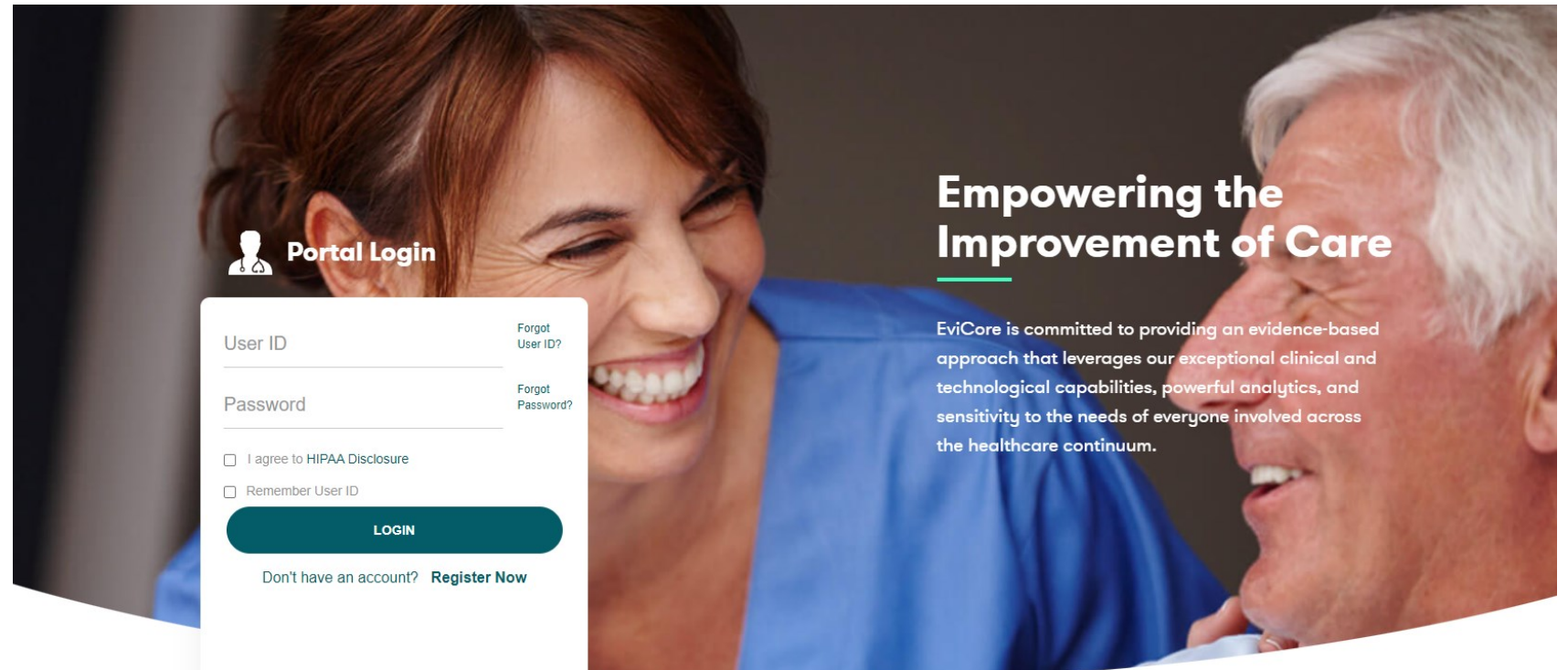
To access resources on the EviCore Provider Portal, visit EviCore.com/provider.

Already a user?

Log in with User ID & Password.

Don't have an account?

Click [Register Now](#).



Empowering the Improvement of Care

EviCore is committed to providing an evidence-based approach that leverages our exceptional clinical and technological capabilities, powerful analytics, and sensitivity to the needs of everyone involved across the healthcare continuum.

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.

Initiating a case on the web portal

EviCore
By EVERNORTH

Authorization Lookup ▾ Request An Authorization ▾ Worklist Portals ▾ Help / Contact ▾ User Access

CareCore ↗
MedSolutions ↗

My Worklist

Pending Approved Partially Approved Denied Cancelled All Statuses

Request an Authorization

To begin, please select a program below:

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

Are you building a case as a referring provider or as a rendering lab?

Please Select ▾

- Please Select
- Referring Provider
- Rendering Lab

[Click here for help](#)

- + Choose Clinical Certification to begin a new request
- + Select Lab Management Program
- + Select if you are the referring provider or the rendering lab

If referring provider was selected on the previous screen:

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
SELECT	13 [REDACTED] RT
SELECT	17 [REDACTED] W
SELECT	17 [REDACTED]
SELECT	16 [REDACTED] EL

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](#)

Referring providers can be added to the user account so that they appear in the provider list to readily select. Alternatively, the user can search by the referring provider's NPI.

If rendering provider was selected on the previous screen:

Requesting Provider Information

Please select the health plan for which you would like to build a case. If the health plan is not shown, please contact the plan at the number found on the member's identification card to determine if case submission through CareCore National is necessary.

Please Select a Health Plan 

SUBMIT

Requesting Provider Information

Do you have the ordering physician's NPI Number?

Yes No

Enter NPI Number

Submit

[Click here for help](#)

Rendering providers will first select the health plan and then enter the referring/ordering provider's NPI. If the referring provider's NPI is not known, the user will be prompted to contact EviCore via phone.

Entering the proper contact information for the person managing the prior authorization request.

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:* @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.

[Click here for help](#)

BACK **CONFIRM FAX AND CONTINUE**

The referring provider information will pre-populate on this screen. The user will enter their name in the “who to contact” field, and verify the phone, fax, and email are correct for the point of contact.

Receiving email notification is the default for the referring providers. Rendering providers will receive a fax notification.

Selecting the member and the procedure & diagnosis

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.

LOOKUP AGAIN

Search Results

	Patient ID	Member Code
<input type="button" value="SELECT"/>	<input type="text"/>	01

BACK

Attention!

Time: 12/3/2025 6:14 PM

What is the Date of Service that will be used in billing the test? (MM/DD/20YY)*

mm/dd/yyyy

If unknown use today's date. The DOS for a laboratory test is generally deemed to be either the date of specimen collection or the date of retrieval (for archived specimens).

Submit

- + The user will be prompted to enter the date the specimen was collected (the date of service).
- + Then they will enter the member's health plan ID number, date of birth and last name to find and select the patient.

Entering the procedure request and the diagnosis

Requested Service + Diagnosis

Lab Management Program Procedures

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

LABTST ▼ MOLECULAR GENETIC TEST ▼

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:

Description: **Malignant**

[Change Primary Diagnosis](#)

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

Secondary diagnosis is optional for Lab Management Program

LOOKUP

BACK **CONTINUE**

Requested Service + Diagnosis

Confirm your service selection.

CPT Code: LABTST

Description: MOLECULAR GENETIC TEST

Primary Diagnosis Code: R97.1

Primary Diagnosis: Elevated cancer antigen 125 [CA 125]

Secondary Diagnosis Code:

Secondary Diagnosis:

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

BACK **CONTINUE**

[Click here for help](#)

Selecting the procedure may require entering the proper header code such as “LABTST.” Users will enter the primary diagnosis code and a secondary diagnosis code if appropriate. Then, they will verify the requested service & diagnosis and edit any information if needed by selecting “change procedure or primary diagnosis” or “change secondary diagnosis.”

The rendering provider search and selection

Add Site of Service

Specific Site Search

Labs should be selected based only on the Site/Facility name and TIN. If you are looking for a specific site address not shown below and other INN site records are available, please choose any selectable INN record for that Site/Facility and matching TIN.

NPI: Zip Code:
TIN: City: Site Name:

Starts with
 Exact match

LOOKUP SITE

Lab Email (optional)

	Name	Address
<input type="button" value="SELECT"/>	NAT [REDACTED]	[REDACTED] 3
<input type="button" value="SELECT"/>	NAT [REDACTED]	2 S [REDACTED] S [REDACTED]

BACK

Select the lab facility / rendering lab or site that will be performing the test of the specimen.

Proceed to Clinical Information – Example of Questions

Proceed to Clinical Information

Some tests can be automatically authorized by responding to a set of specific clinical questions. In order to determine the right clinical questions to ask, we need to know exactly which test(s) and procedure code(s) are being considered. The next several questions will guide test and procedure code selection.

1 To the best of your knowledge, has a previous prior authorization request been made for this member and this test?

Yes No Unknown

1 Has the specimen been collected?

Yes No Unknown

SUBMIT

Proceed to Clinical Information

1 What is the specimen collection or retrieval from storage date? If the date is unknown, please use today's date.

SUBMIT

Proceed to Clinical Information

1 What kind of testing is being done?

- Testing related to cancer
 Testing related to pregnancy
 Other
 Unknown

1 What test is being requested? Please provide the test name or a short description.

1 Do you know the procedure codes that will be billed for this test?

Yes No

SUBMIT

Finish Later

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

- + Clinical Certification questions will populate based upon the information provided
- + Users can save the request and finish later if needed
 - + Please complete the case before the end of the day
 - + When logged in, you can resume a saved request by going to Certification Requests in Progress

Proceed to Clinical Information – More examples

What is the name of the test you are requesting?

Test Brand Name	Procedure Code	Message
<input type="radio"/> None Of These		
<input type="radio"/> FoundationOne CDx	0037U	
<input type="radio"/> FoundationOne Heme (Comprehensive Panel Code)	81455	
<input type="radio"/> FoundationOne Heme (Targeted Panel Code)	81450	This test's CPT codes do not follow coding policies and may not be approved, even if medically necessary.
<input type="radio"/> FoundationOne Liquid CDx	0239U	
<input type="radio"/> FoundationOne RNA	81455,81456	

Below is a list of procedure codes associated with the test you selected. You can edit the units or you can remove codes by selecting the X next to a code. You can also add codes by selecting them from the dropdown list.

Select CPT Code:

Procedure Code	Description	Units
<input checked="" type="checkbox"/> 0037U	FoundationOne CDx (F1CDx) Foundation Medicine, Inc.	<input type="text" value="1"/>

The Procedure Code Confirmation Screen:

After a Lab test is selected from the pathway list above, the user will be presented with the option to add, delete, or change codes.

Are you ready to submit these procedure codes?

Yes

No, I need to return to the lists of tests

No, I cannot find my procedure code and want to manually submit all the codes

Proceed to Clinical Information – Free Text Questions

Proceed to Clinical Information

Answer the following questions in clinical detail:

1 Why is this test being requested and how will the results be used to change management?

2 Describe any applicable current or past medical history, lab testing, or procedure results.

3 If relevant to the testing, describe the family history, including the applicable clinical findings, diagnoses, and/or test results.



Free text answers allow for further explanation that may be needed.

Next Step: Criteria not met

If criteria is not met based on clinical questions, you will receive a similar request for additional info:

Is there any additional information specific to the member's condition you would like to provide?

- I would like to upload a document after the survey
- I would like to enter additional notes in the space provided
- I would like to upload a document and enter additional notes
- I have no additional information to provide at this time

SUBMIT

Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

Your case has been sent to Medical Review.

Provider Name:		Contact:	
Provider Address:		Phone Number:	
		Fax Number:	
Patient Name:		Patient Id:	
Insurance Carrier:			
Site Name:		Site ID:	
Site Address:			
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	MOLECULAR GENETIC TEST
CPT Code:	LABTST		
Case Number:			
Review Date:	7/15/2020 5:27:45 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to Medical Review.		

CANCEL **PRINT** **CONTINUE**

- Tips:**
- Upload clinical notes on the portal to avoid any delays by faxing
 - Additional information uploaded to the case will be sent for clinical review
 - Print out summary of request that includes the case number and indicates ‘Your case has been sent to clinical review.’

Criteria Met

If the request is authorized during the initial submission, the user can print out the summary.

Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

The following testing is approved: BRCA1 and/or 2 Gene Testing. Procedure code(s) approved: 81162.

Provider Name:

Provider Address:

Contact:

Phone Number:

Fax Number:

Patient Name:

Insurance Carrier:

Patient Id:

Site Name:

Site Address:

Site ID:

Primary Diagnosis Code:

Z01.419

Description:

Encounter for gynecological examination (general) (routine) without abnormal findings

Secondary Diagnosis Code:

Description:

Date of Service:

Not provided

CPT Code:

LABTST

Description:

MOLECULAR GENETIC TEST

Authorization Number:

Review Date:

7/15/2020 5:21:21 PM

Expiration Date:

1/9/2021

Status:

The following testing is approved: BRCA1 and/or 2 Gene Testing. Procedure code(s) approved: 81162.

CANCEL

PRINT

CONTINUE

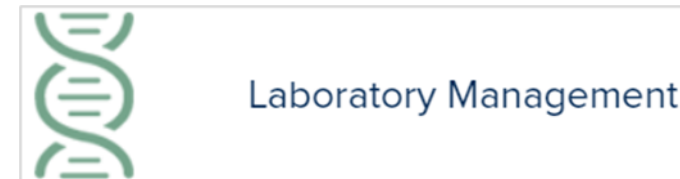
Clinical Guidelines

Go to www.evicore.com and select the 'Resources' drop-down menu on the top right of the page.

- + Select the 'Clinical Guidelines' button to be directed to the main clinical guidelines page.
- + Scroll down and select the 'Laboratory Management' solution.
- + Type in the health plan in the 'Search Health Plan' search bar and press enter.
- + Select the appropriate guideline specific to the requested test(s).

Examples:

- + Specific genetic testing
- + Molecular and genomic testing
- + Huntington Disease testing



Laboratory Management

Instructions for accessing the guidelines:

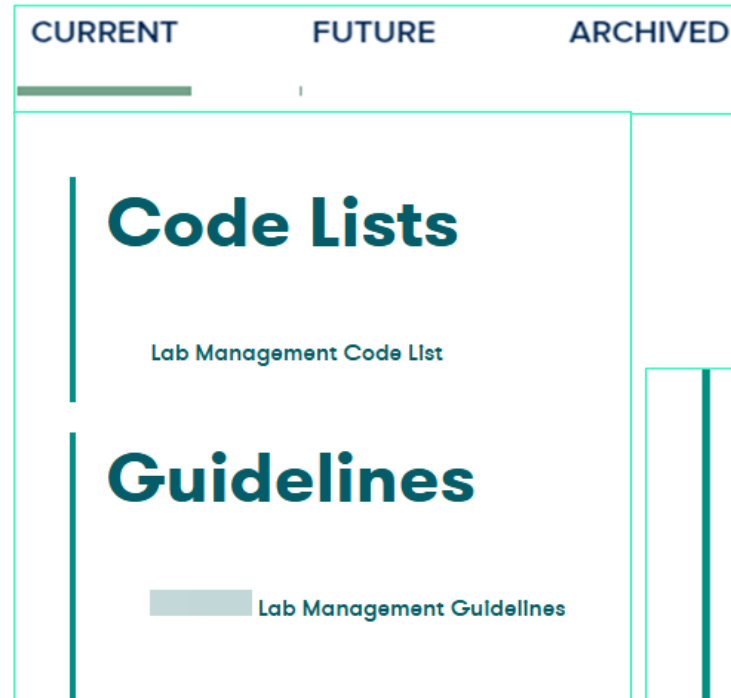
1. Search by health plan name to view clinical guidelines.
2. Locate the **reason for denial** section found in your letter. Identify the guideline title and then search by the provided guideline title. Select appropriate guideline document.

Example for 4Kscore for Prostate Cancer Risk Assessment: *We based this decision on the guidelines listed below: **4Kscore for Prostate Cancer Risk Assessment (MOL. TS. 120).***



Clinical Guidelines - continued

- + Current, Future, and Archived lists and Guidelines are found here.
- + You can select the entire Code List or the health plan specific Policy Book.
- + There are Lab Guidelines for Administrative, Clinical Use, and Test Specific on our resource site.



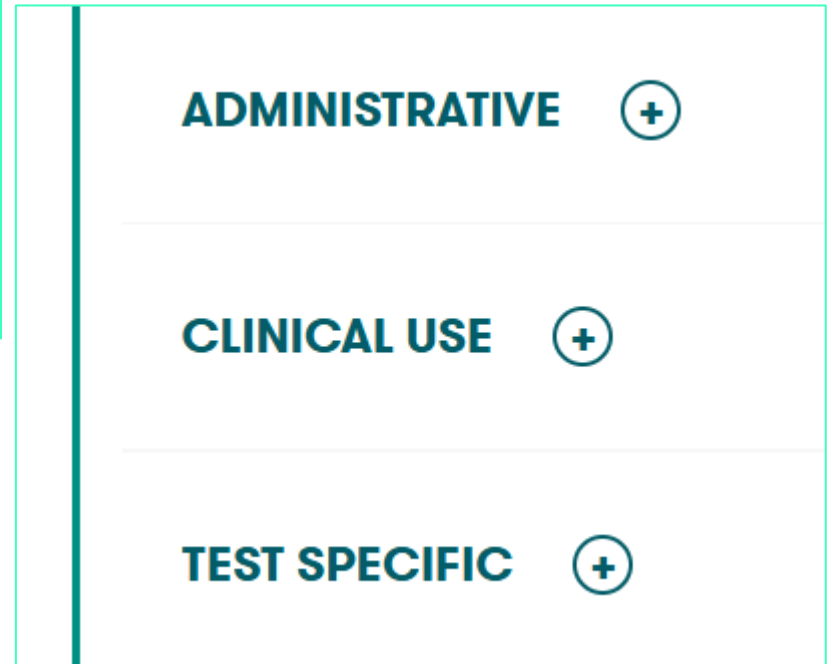
CURRENT FUTURE ARCHIVED

Code Lists

Lab Management Code List

Guidelines

Lab Management Guidelines



ADMINISTRATIVE (+)

CLINICAL USE (+)

TEST SPECIFIC (+)



Authorization Lookup example

Authorization Lookup

Authorization Number: NA

Case Number: **P2P AVAILABILITY**

Status: Pending eviCore Review

P2P Status:

Approval Date:

Service Code: LABTST

Service Description: MOLECULAR GENETIC TEST

Site Name: MOUNT SINAI GENOMICS

Expiration Date:

Date Last Updated: 7/15/2020 5:30:44 PM

Correspondence: **UPLOADS & FAXES**

Clinical Upload:

**The option to attach clinical information is not available for this case at this time:
Please fax clinical information to 800-540-2406**

Authorization Number:

Case Number: **P2P AVAILABILITY**

Status: Approved

P2P Status:

Approval Date: 7/13/2020 12:00:00 AM

Service Code: LABTST

Service Description: MOLECULAR GENETIC TEST

Site Name: MOUNT SINAI GENOMICS

Expiration Date: 1/9/2021

Date Last Updated: 7/15/2020 5:25:14 PM

Correspondence: **UPLOADS & FAXES**

A final decision has not yet been rendered on this case OR it requires special handling. If you have received a request for additional clinical information, please respond to our notice per the instructions received. If you would like to understand additional options available, please contact our Physician Support Unit at 1-800-792-8744, option 1

Uploads & Faxes

Attached Faxes Sent Letters & Faxes Document Uploads

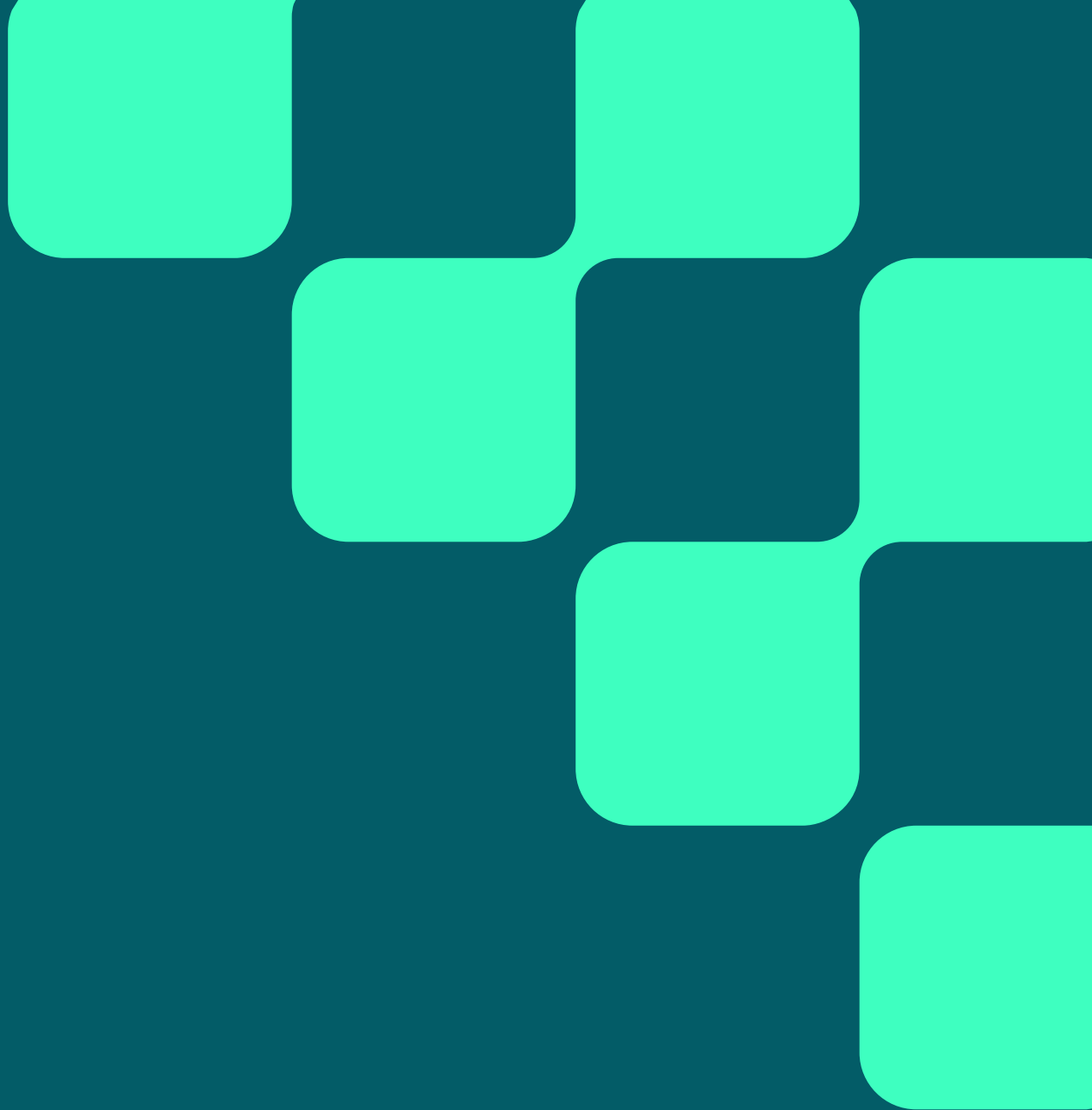
3 documents sent.

Episode ID	Date Sent	Time Sent	Document Name	Recipient	View
<input type="text"/>	07/15/2020	17:25:44	OSC0101 - Approval Standard PHYS	Physician	VIEW
<input type="text"/>	07/15/2020	17:25:44	OSC0104 - Approval Standard SITE	Site	VIEW
<input type="text"/>	07/15/2020	17:25:45	OSC0100 - Approval Standard MBR	Patient	VIEW

CLOSE

Thank You

Appendix

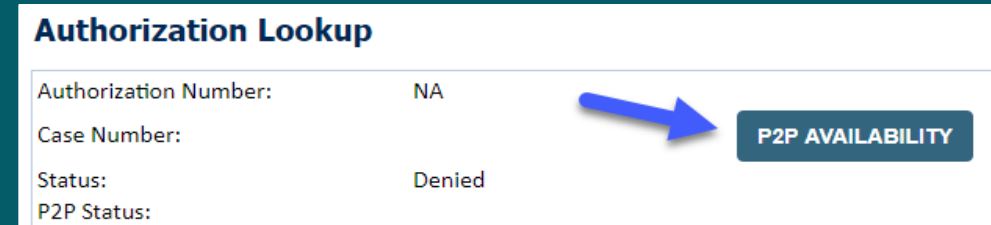


Peer-to-Peer (P2P) Scheduling Tool

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.*

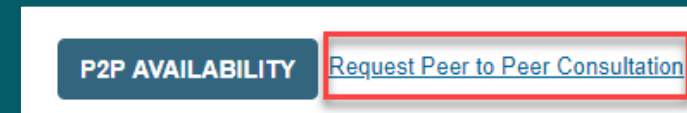


Authorization Lookup

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

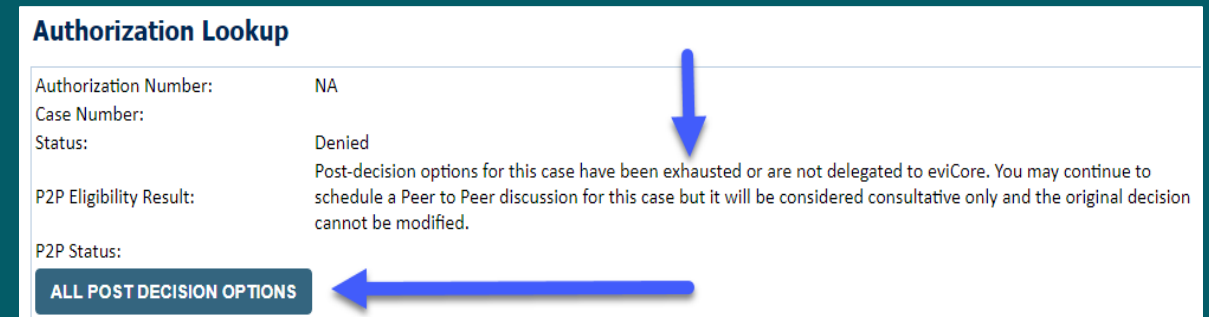
P2P AVAILABILITY

A blue arrow points from the 'P2P AVAILABILITY' button to the right.



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

The link is highlighted with a red 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 down from the top right, and another blue arrow points left from 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 screenshot shows the 'New P2P Request' form with the EviCore logo. The form includes fields for 'Case Reference Number' (with a note: 'Case information will auto-populate from prior lookup') and 'Member Date of Birth'. A blue arrow points to the '+ Add Another Case' button, and another blue arrow points to the 'Lookup Cases >' button.

The screenshot shows the 'New P2P Request' form with the EviCore logo. The form displays case details for 'Case Ref #:' (with a 'Remove' link and a 'P2P Eligible' status). A blue arrow points to the 'Case Ref #' field, and another blue arrow points to the 'P2P Eligible' status. Below this, there are two sections: 'Member Information' and 'Case P2P Information'. The 'Case P2P Information' section includes fields for 'Episode ID', 'P2P Valid Until' (2020-11-11), 'Modality' (MSK Spine Surgery), 'Level of Review' (Reconsideration P2P), and 'System Name' (ImageOne). A blue arrow points to the 'Level of Review' field. At the bottom, a blue arrow points to the 'Continue' button.

Schedule a P2P

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

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type 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 →

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 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.

P2P Info

- Date: Mon 5/18/20
- Time: 6:30 pm EDT
- Reviewing Provider: [User Icon]

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

P2P Contact Details

- 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
- Contact Instructions: Select option 4, ask for Dr. Doe

Submit >

Scheduling

Scheduled

Mon 5/18/20 - 6:30 pm EDT




SCHEDULED

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

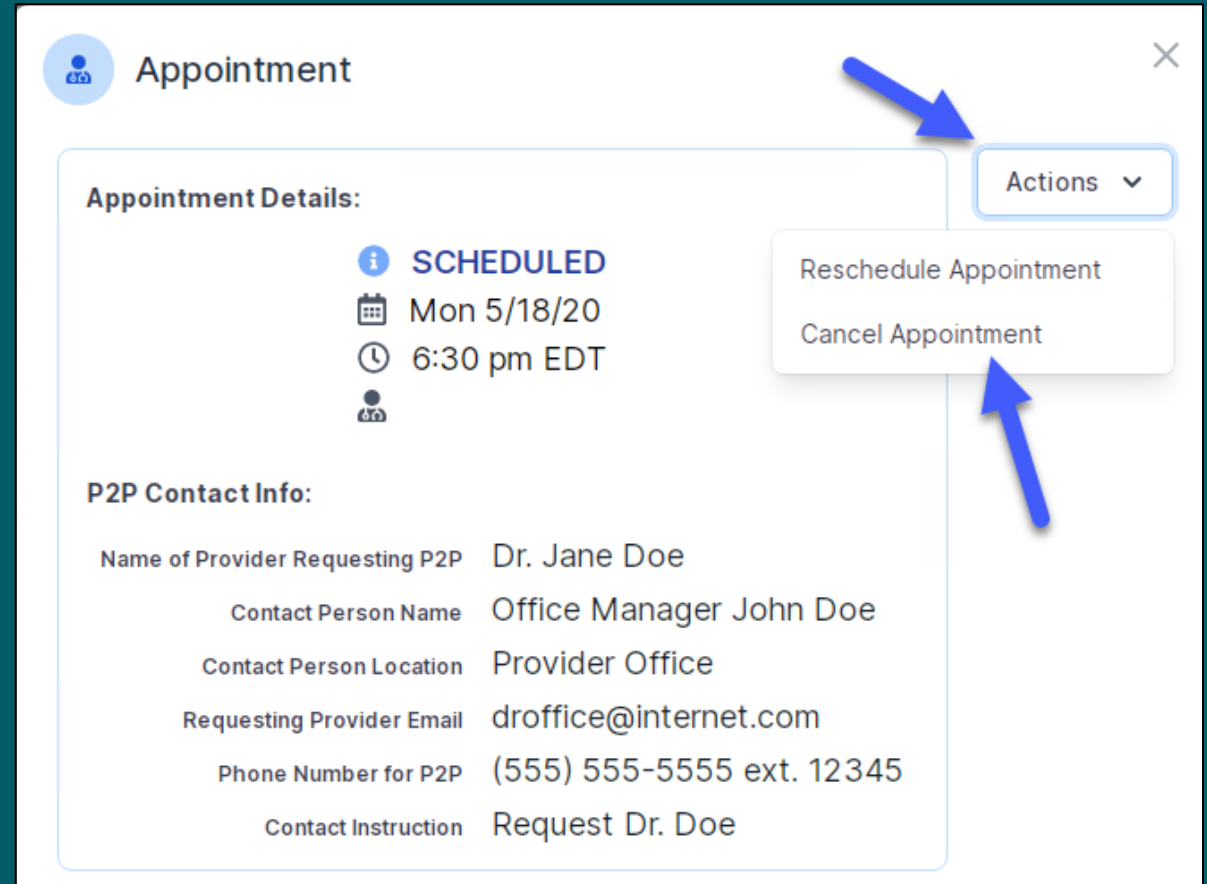
- ALT REC declined
- Procedure was performed on:
- Caller requested MD Specialty match
- Appeal LOR attestation requirement
- OH State Regulation: Member Consent obtained
- TX licensed physician - Caller is aware P2P does not meet SSL match and wants to proceed with P2P per same-specialty match requirement.
- 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 indicator "SCHEDULED" with an information icon, a date "Mon 5/18/20", and a time "6:30 pm EDT". The "P2P Contact Info:" section lists various details: "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