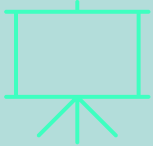


Radiology and Cardiology

Provider Orientation Session
for CareFirst

THIS WEBINAR WILL BE RECORDED AND PUBLISHED ON CAREFIRST'S LEARNING AND ENGAGEMENT CENTER. BY REMAINING ON THE CALL, YOU CONSENT TO BEING RECORDED.

IF YOU DO NOT WISH TO BE RECORDED, PLEASE DROP THE CALL AND YOU MAY WATCH THE RECORDED SESSION AT A LATER DATE.



A copy of this presentation will be emailed to all registrants after the webinar.



Please use the **Looking for Support** tool for all provider-related requests at **carefirst.com/providersupport**.

To get started, select the **Get Started** button and answer a few brief questions to be directed to support options specific to your needs. **Note:** Provider Relations voicemail and phone numbers will be discontinued by the end of 2025.



To keep the focus on the content being presented, you may enter your questions in the Q&A function within Zoom.

- Questions submitted are not publicly displayed until answered by CareFirst.
- You may see your question answered via the Q&A during the webinar.
- **All questions** will be responded to after the webinar via a follow-up email.
- Based on your questions, we may need to reach out to you directly to properly assist.

Agenda



Solutions Overview

Radiology and Cardiology

Submitting Requests

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

EviCore Provider Portal

Overview, Features & Benefits

Provider Resources

Questions & Next Steps

Appendix

- Portal Case Submission
- Peer-to-peer Scheduling Tool

EviCore

By **EVERNORTH**
Public Information

Radiology and Cardiology Overview

CareFirst Prior Authorization Services

EviCore will begin accepting prior authorization requests for Radiology and Cardiology services on July 15, 2024, for dates of service August 2, 2024, and after.

To allow time for authorization requests to be submitted and approved prior to rendering services, CareFirst is providing a grace period for claims submission for services that were already scheduled between July 22nd and August 1st. Claims submitted for services requiring authorization during this time will not be denied for no authorization. CareFirst will require approved authorizations to be on file for claims payment for dates of service beginning August 2nd and beyond.

Applicable Membership

- Commercial-Fully Insured on the Facets source system

Access the ['How to Identify Commercial Fully Insured Members in CareFirst Direct'](#) guide for assistance.

Prior authorization applies to the following services

- Outpatient
- Elective/Non-emergent

Prior authorization does NOT apply to services performed in

- Emergency Rooms
- Observation Services
- Inpatient Stays

Providers should verify member eligibility and benefits by logging into the CareFirst Provider Portal (CareFirst Direct):

<https://provider.carefirst.com>

EviCore

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Radiology Solution

Covered Services:

Advanced Imaging Services

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



To find a **complete list** of radiology Current Procedural Terminology (CPT) codes that **require** prior authorization through eviCore, please visit:

<https://www.evicore.com/resources/healthplan/carefirst>

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Cardiology Solution

Covered Services:

Advanced Imaging and Diagnostic Services

- Nuclear Cardiology (SPECT & PET)
- Cardiac CT
- Cardiac MRI



To find a **complete list** of cardiology Current Procedural Terminology (CPT) codes that **require prior authorization through eviCore**, please visit:

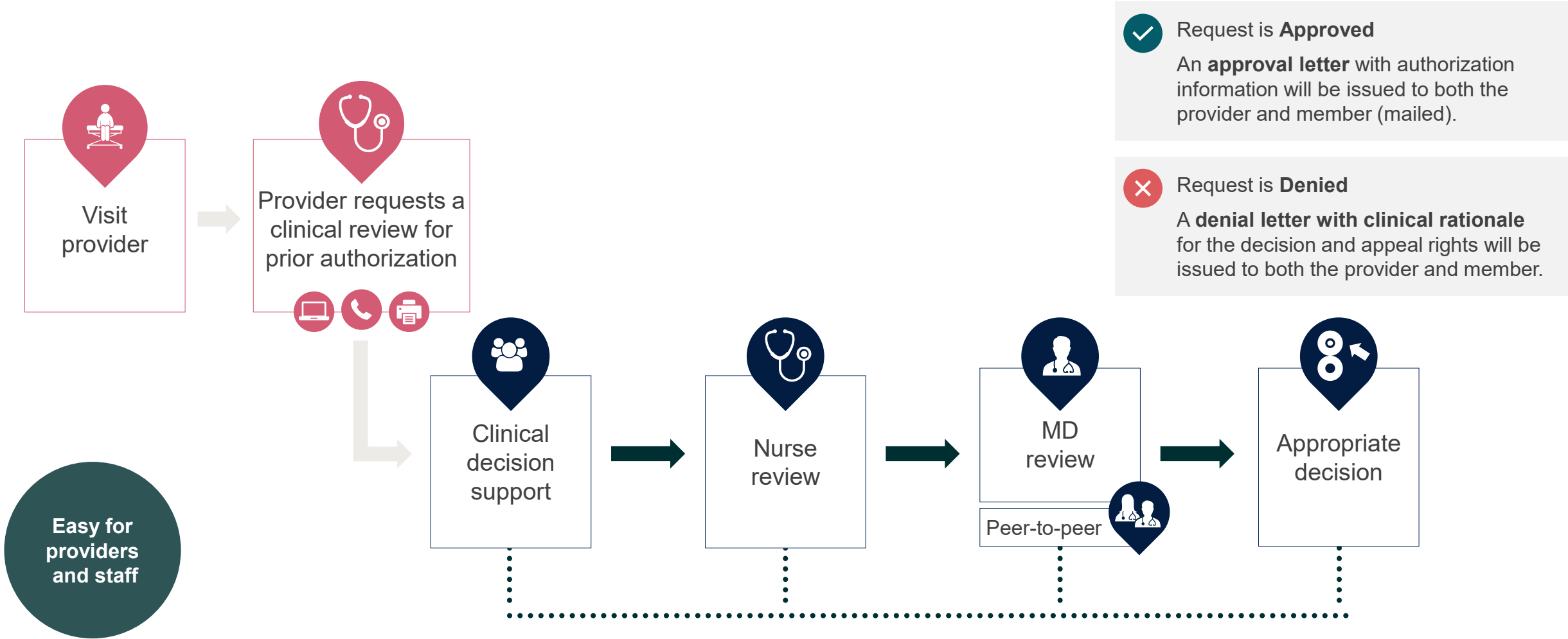
<https://www.evicore.com/resources/healthplan/carefirst>

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Submitting Requests

Utilization Management | Prior Authorization



Easy for providers and staff

Benefits to Using EviCore's Provider Portal

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 in 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-in 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 submittals

To access the EviCore Provider Portal, visit [EviCore.com/provider](https://www.evicore.com/provider)

EviCore

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Public Information



Or by **phone: 844-303-8450**

Monday – Friday
7 AM – 7 PM (EST)

Or by **fax: 800-540-2406**

Necessary Information for Prior Authorization

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

Member

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



Referring (Ordering) Physician

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

Rendering Facility

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

Supporting Clinical

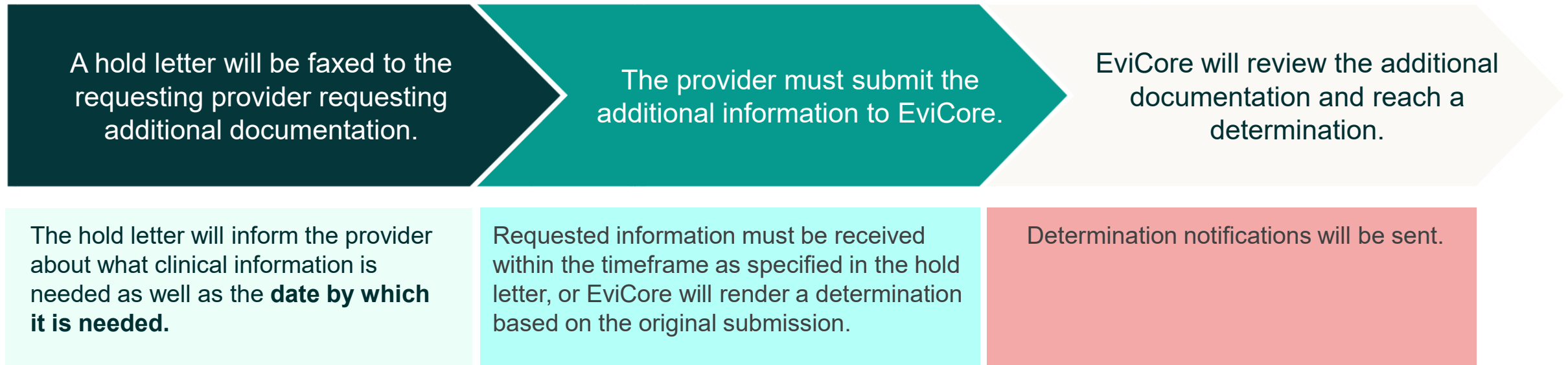
- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous test results

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Insufficient Clinical | Additional Documentation Needed

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:



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Prior Authorization Outcomes, Special Considerations & Post- Decision Options

Prior Authorization Determination Outcomes

Determination Outcomes

- **Approved Requests:** Authorizations for MD and VA are valid for 90 calendar days from the date of the determination. Authorizations where the Jurisdiction state is DC those authorizations will be valid for 365 calendar days from the date of determination.
- **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:** If a request is determined as inappropriate based on evidence-based guidelines, 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 physician.
- Web-initiated cases will receive e-notifications if a user opted in to this method.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the [EviCore portal](#).



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Special Circumstances

Retrospective Authorization Requests

- A standard retro must be submitted within 2 business days from the date of services.
- An urgent retro must be submitted in 3 business days from the date of service.
- Any submitted beyond this timeframe will be expire.
- Reviewed for **clinical urgency** and medical necessity
- Processed within 30 calendar days
- When authorized, the start date will be the submitted date of service

Urgent Prior Authorization Requests

- EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member
- Can be initiated on provider portal or by phone
- Urgent cases are typically reviewed within 24 to 72 hours



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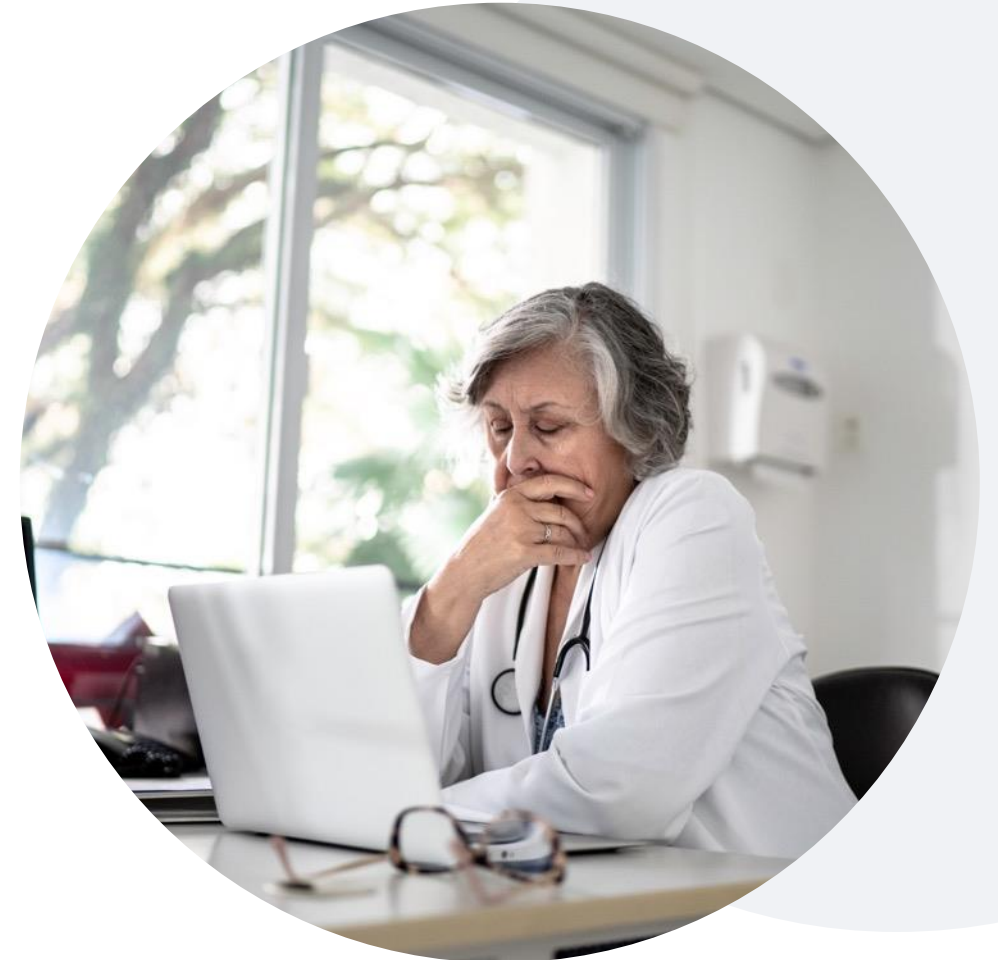
Special Circumstances (cont.)

Alternative Recommendation

- 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, providers can contact EviCore by phone
- If the authorization is not updated and a different facility location or CPT code is submitted on the claim, it may result in a claim denial



Post-Decision Options Fully-Commercial Members

My case has been denied. What's next?

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

You may also call EviCore at **844-303-8450** 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](https://www.evicore.com) to see available options.

Reconsiderations

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

Appeals

- EviCore will process first-level appeals.
- Appeal requests can be submitted in writing or verbally via a Clinical Consultation with an EviCore physician.
- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider.



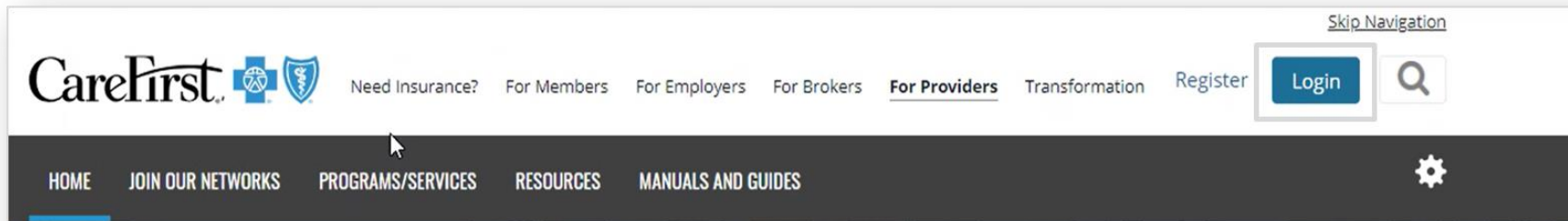
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EviCore Portal Case Submission

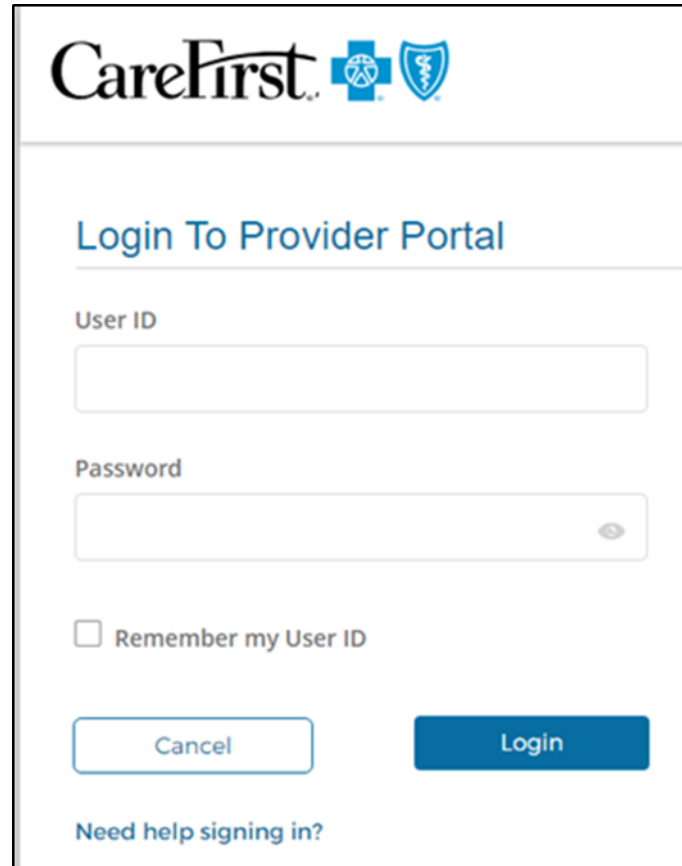
Single-Sign On (SSO) Experience

- Log into the CareFirst Provider Portal (CareFirst Direct) at <https://provider.carefirst.com>.
 - If you need to create an account, select 'Register' and follow the instructions.
 - For assistance with registration, utilize this guide, [Accessing and Registering for CareFirst Direct](#)



Log into the Provider Portal

- Enter your User ID and password. Next, select *Login*.



The screenshot shows the CareFirst Provider Portal login interface. At the top is the CareFirst logo, which includes the text "CareFirst" and two medical symbols: a cross and a shield with a caduceus. Below the logo is the heading "Login To Provider Portal". There are two input fields: "User ID" and "Password". The "Password" field has a small eye icon on the right side to toggle visibility. Below the input fields is a checkbox labeled "Remember my User ID". At the bottom of the form are two buttons: "Cancel" and "Login". Below the buttons is a link that says "Need help signing in?"

Access CareFirst's Provider Portal:

Select the **Prior Auth/Notifications** tab. Then select **Start** within the **Advanced Imaging for Radiology and Cardiology** box to be transferred to EviCore (CareCore National Portal).

The screenshot shows the CareFirst Provider Portal interface. At the top, a navigation bar includes links for CAREFIRST DIRECT, PRIOR AUTH / NOTIFICATIONS (highlighted with a red arrow), TOOLS, PROGRAMS/SERVICES, RESOURCES, and MANUALS AND GUIDES. Below the navigation bar, there is a 'NEW' notification titled 'Need to determine Authorization requirements?' with a red arrow pointing to the 'PRIOR AUTH / NOTIFICATIONS' tab. The notification text states: 'Access the Prior Authorization Lookup Tool to determine if prior authorization is required for the services you provide. Simply enter the member information, the authorization type, and codes you want to verify to find out.' A 'Verify Authorization' button is present. To the right is a clipboard icon. Below this is a section titled 'Already know what you're here for?' containing five service categories, each with a 'Learn more' and 'Start' button. The categories are: Medical (All Lines of Business), Medications (Commercial / FEP / Medicare Advantage), Genetic Testing (Commercial), BlueCard (Out of Area), and Advanced Imaging for Radiology and Cardiology (Commercial Fully Insured Members Only). A red arrow points to the 'Start' button for the 'Advanced Imaging for Radiology and Cardiology' category.

Clinical Certification Request | Initiating a Case

The screenshot shows the EviCore web portal interface. At the top left is the EviCore logo with 'By EVERNORTH' underneath. A navigation bar contains links for Home, Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, and Help / Contact Us. Below the navigation bar, the date and time 'Monday, May 13, 2024 11:47 AM' and a 'Log Off (SSO_CRFST_ht.m)' link are visible. The main content area displays a welcome message: 'Welcome to the CareCore National Web Portal. You are logged in as SSO_CRFST_ht.megan-hansen.' Below this message are four buttons: 'REQUEST AN AUTH' (highlighted with a red box), 'RESUME IN-PROGRESS REQUEST', 'AUTH LOOKUP', and 'MEMBER ELIGIBILITY'. A vertical 'Feedback' button is located on the right side of the main content area.

- Select “Request An Auth”

Clinical Certification Request | Initiating a Case

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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Request an Authorization

To begin, please select a program below:

Radiology and Cardiology

CONTINUE

[Click here for help](#)

- Select “Radiology and Cardiology” and press “Continue”

Clinical Certification Request | Initiating a Case

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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EviCore
By EVERNORTH

Home	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	Help / Contact Us
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Friday, June 21, 2024 9:14 AM

Requesting Provider Information

Search for Provider by TIN, NPI, provider last name, city and/or zip.

Healthplan: CAREFIRST BCBS

TIN:

NPI:

Last Name: (requires NPI or TIN)

City: (city only, no state)

Zip:

SEARCH

Select one of the following providers:

	Provider	Address	Tax ID	NPI
SELECT	NAME, PHYSICIAN	123 STREET NAME, CITY, STATE, ZIP CODE	123456789	XXXXXXXXXXXX

- "Enter the NPI or Tax ID (TIN) for the Requesting/Ordering Provider and select **"Search"**
- If the provider is located, select the provider by pressing **"Select"**
- **IMPORTANT:** If you are unable to locate the provider you need, please contact EviCore directly at **844-303-8450** to enter the request. (Representatives are available from 7 a.m. to 7 p.m.)

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	Manage Your Account
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EviCore
By EVERNORTH

Home	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	Help / Contact Us
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Friday, June 21, 2024 10:59 AM

Add Your Contact Info

Provider's Name:* [2]

Who to Contact:* [2]

Fax:* [2]

Phone:* [2]

Ext.: [2]

Cell Phone:

Email:

Receive notification of case status changes

Please review the fax and phone numbers presented for accuracy. Change as necessary and click "Confirm Fax and Continue" to confirm they are correct. Changes apply only to this specific request. If you wish the change to be permanent, please contact the Health Plan.

- The e-notification box will be checked by default so that updates for any case status changes are communicated via email. If you prefer to receive notices via fax, make sure to un-check this box.
- Ensure all required fields are complete & accurate, and press **“Confirm and Continue”**.

Clinical Certificate Request | Procedure Pop-Up Question

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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The screenshot shows the EviCore Patient Eligibility Lookup page. A red box highlights a pop-up question that appears over the form fields. The pop-up has a dark teal header with the text "Attention!" and a timestamp "Time: 6/21/2024 1:50 PM". The question is "Has this procedure been performed?" with radio button options for "Yes" and "No". A "SUBMIT" button is located at the bottom of the pop-up. A red arrow points from this pop-up to a larger, detailed view of the same pop-up on the right.

This is a detailed view of the procedure pop-up question. It features a dark teal header with the text "Attention!" and a timestamp "Time: 6/21/2024 1:50 PM". The question is "Has this procedure been performed?" with radio button options for "Yes" and "No". A "SUBMIT" button is located at the bottom of the pop-up. The entire pop-up is enclosed in a red border.

- Select “Yes” or “No” to procedure pop-up question and press “Submit”

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	Manage Your Account
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EviCore
By EVERNORTH

Home Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress Help / Contact Us

Friday, June 21, 2024 11:15 AM

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.

LOOKUP AGAIN

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT	XXXXXXXX	04	LAST NAME, FIRST NAME	01/01/2024	F	123 STREET NAME CITY, STATE, ZIP CODE

BACK

- Enter **member information**, including: patient ID number, date of birth, and last name then select **“Eligibility Lookup”**
- If patient is found, patient information will display. Then select **“Select”**

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	Manage Your Account
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The screenshot shows the EviCore Patient Eligibility Lookup form. The form includes fields for Patient ID, Date of Birth, Patient Last Name Only, Patient Cell Phone, and Patient Email. A pop-up dialog box titled "Attention!" is displayed, containing the following text: "Patient ID: XXXXXXXXXX", "Patient Name: LAST NAME, FIRST NAME", and "Please provide the patient's best contact number including area code." Below this text are two buttons: "SUBMIT" and "UNKNOWN".

- If member's phone number is not found on file, this pop-up will occur. If the phone number is known, you may enter and press "Submit"; otherwise select "Unknown" to continue.

Clinical Certification Request | Enter Requested Procedure and Diagnosis

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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EviCore
By EVERNORTH

Home	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	Help / Contact Us
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Friday, June 21, 2024 2:04 PM

Requested Service + Diagnosis

This procedure has not been performed. [CHANGE](#)

Radiology Procedures

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

Don't see your procedure code or type of service? [Click here](#)
Additional Procedure codes will be collected/presented during the clinical 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 Radiology
 [LOOKUP](#)

[BACK](#)

- Select appropriate **CPT** and **Diagnosis codes**.
- You have the option to input up to two (2) diagnosis codes and select “**LookUp**”

Clinical Certification Request | Site Selection

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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EviCore
By EVERNORTH

Home Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress Help / Contact Us

Friday, June 21, 2024 2:07 PM

Add Site of Service

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

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

LOOKUP SITE

Site Email (optional)

BACK

- Search for the **site of service** where the procedure will be performed (for best results, search with NPI, TIN, **and** zip code)
- Select **“LookUp Site”**
- Select the specific site where the procedure will be performed

Clinical Certification Request | Site Selection

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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- How Site Selection Works:

- The first search looks for In-Network Providers. If an In-Network provider is found, the provider will populate. However, if an In-Network provider is not found, options to search Out-of-Network or In-Network displays.

INN Provider Found:

The screenshot shows the EviCore 'Add Site of Service' form. It includes a navigation bar with 'Home', 'Authorization Lookup', 'Eligibility Lookup', 'Clinical Certification', 'Certification Requests In Progress', and 'Help / Contact Us'. Below the navigation bar, there is a 'Specific Site Search' section with input fields for NPI, TIN, Zip Code, City, and Site Name. A 'LOOKUP SITE' button is visible. Below the search fields, there is a table with two rows of search results. The first row has a 'SELECT' button highlighted with a red box. The second row also has a 'SELECT' button.

	Name	Address
<input type="button" value="SELECT"/>	NAME, PHYSICIAN	ADDRESS 1
<input type="button" value="SELECT"/>	NAME, PHYSICIAN	ADDRESS 2

INN Provider Not Found:

The screenshot shows a 'Site Not Found!!' message box. The message text reads: 'There are no in network providers matching this search criteria. If you would like to search amongst out of network providers, please select "Search OON" below. To search again amongst in network providers, please choose "Search INN" below.' Below the message, there are two buttons: 'SEARCH OON' and 'SEARCH INN'.

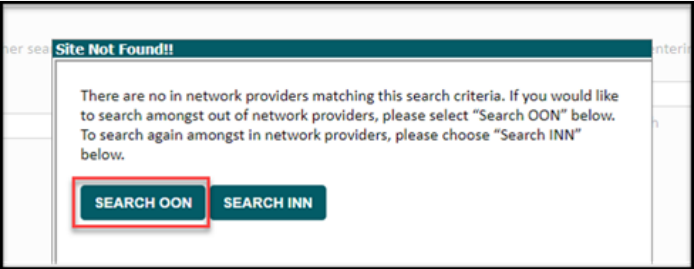
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Clinical Certification Request | Site Selection

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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- How Site Selection Works:



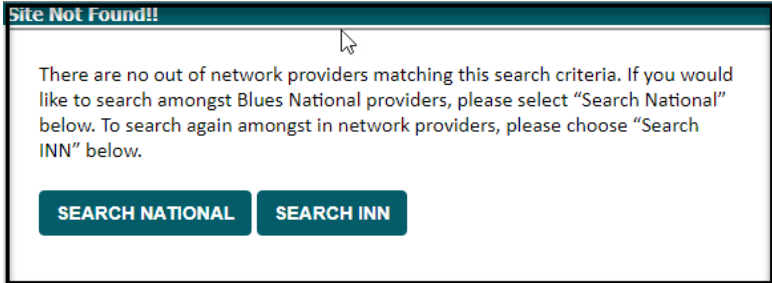
- If "Search OON" is selected, the system will search for Out of Network Providers. If an Out-of-Network provider is found, the provider will populate. However, if an Out-of-Network provider is not found, options to search amongst the Blues National providers or In-Network displays.

OOO Provider Found:

The screenshot shows the EviCore "Add Site of Service" form. At the top, there is a navigation bar with "Home", "Authorization Lookup", "Eligibility Lookup", "Clinical Certification", "Certification Requests In Progress", and "Help / Contact Us". Below this is the "Add Site of Service" section with a "Specific Site Search" sub-section. It contains input fields for NPI, TIN, Zip Code, and City, along with a "Site Name" field and radio buttons for "Exact match" and "Starts with". A "LOOKUP SITE" button is on the right. Below the form is a table with two columns: "Name" and "Address".

Name	Address
<input type="button" value="SELECT"/> NAME, PHYSICIAN	ADDRESS 1
<input type="button" value="SELECT"/> NAME, PHYSICIAN	ADDRESS 2

OOO Provider Not Found:



Clinical Certification Request | OON Exceptions

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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Alert!

Is there a reason for the out of network site? Please select one of the following options:

- There are geographic barriers to care in accordance with MD Regulation 31.10.44.05
- The patient's need for continuity of care is indicated.
- Special pediatric accommodations.
- Specialized procedure or equipment is required to account for a patient's clinical indications.
- Unreasonable wait time in accordance with MD Regulation 31.10.44.06
- None of the above.

- For members that do not have Out-of-Network benefits and an Out-of-Network provider or Blues National Provider is selected, an exception reason to use the Out-of-Network/Blues site must be selected.
 - If none of the exception reasons apply, select **“None of the above”**

Clinical Certification Request | OON Exceptions

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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IMPORTANT TO NOTE:

- The regulations noted below apply to all CareFirst members.
 - “There are geographic barriers to care in accordance with MD Regulation 31.10.44.05”
 - “Unreasonable wait time in accordance with MD Regulation 31.10.44.06”

(The member does not have to live in MD (Maryland) to select an exception reason)

Alert!

Is there a reason for the out of network site? Please select one of the following options:

There are geographic barriers to care in accordance with MD Regulation 31.10.44.05
The patient's need for continuity of care is indicated.
Special pediatric accommodations.
Specialized procedure or equipment is required to account for a patient's clinical indications.
Unreasonable wait time in accordance with MD Regulation 31.10.44.06
None of the above.

Clinical Certification Request | OON Exceptions

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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IMPORTANT TO NOTE:

- For more information regarding the regulations, please visit:
 - Geographic Barriers to Care: [Pages - 31.10.44.05.aspx \(maryland.gov\)](http://Pages - 31.10.44.05.aspx (maryland.gov))
 - Unreasonable Wait Time: [Pages - 31.10.44.06.aspx \(maryland.gov\)](http://Pages - 31.10.44.06.aspx (maryland.gov))

(The member does not have to live in MD (Maryland) to select an exception reason)

Alert!

Is there a reason for the out of network site? Please select one of the following options:

- There are geographic barriers to care in accordance with MD Regulation 31.10.44.05
- The patient's need for continuity of care is indicated.
- Special pediatric accommodations.
- Specialized procedure or equipment is required to account for a patient's clinical indications.
- Unreasonable wait time in accordance with MD Regulation 31.10.44.06
- None of the above.

Clinical Certification Request | Clinical Certification

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

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 and then select the box that acknowledges the clinical information that will be submitted is accurate for the member you're requesting the prior auth for
- If correct select "**Confirm and Continue**"
- **You will not have the opportunity to make changes after this point**

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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	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

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 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):

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

Proceed to Clinical Information

Is this case Routine/Standard?

- 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 | Required Medical Checklist

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

Clinical Upload

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

Required Medical information checklist ←

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

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD

Required Medical Information Check List **EviCore**
By EVERNORTH

Program	Required Medical Information
Radiology	
<input type="checkbox"/>	Rule out/diagnosis
<input type="checkbox"/>	Symptoms
<input type="checkbox"/>	Physical Exam findings
<input type="checkbox"/>	Treatment such as medications, physical therapy, surgery; chemotherapy
<input type="checkbox"/>	Re-evaluation post treatment for some indications
<input type="checkbox"/>	Recent relevant imaging
<input type="checkbox"/>	Recent relevant laboratory work
<input type="checkbox"/>	Pertinent medical history and family history
<input type="checkbox"/>	For imaging exam requests for cancer, indicate if the exam is requested for initial staging or restaging following treatment or surveillance. Please provide the type and stage of cancer, date of diagnosis, type of treatment and date of treatment completion.
Cardiovascular	

- Below the Clinical Upload description, you select “**Required Medical Information Checklist**”
- Once you open the document you will search for the Radiology and Cardiology program section to review the list of required medical information EviCore requires in order for the prior authorization to meet medical necessity.
- Direct link to document: [Required Medical Information Check List.pdf \(evicore.com\)](https://www.evicore.com/Required-Medical-Information-Check-List.pdf)

Clinical Certification Request

Proceed to Clinical Information

Example Questions

Proceed to Clinical Information

Will there be any additional procedures needing prior authorization for the same patient, date of service, and site of service?

Yes No

SUBMIT

Attention!

Is this a request for a bilateral procedure of a previously requested authorization?

YES

NO

Which anatomy will be examined with the requested study?

Hip Knee Ankle

SUBMIT

Finish Later

Did you know?

You can save a certification request to finish later.

- **Clinical Certification** questions may populate based on the information provided
- You can save your request and finish it later if needed (**Note:** You will have 2 business days to complete the case)
- Select **Certification Requests in Progress** to resume a saved request

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Clinical Certification Request

Proceed to Clinical Information

Example Questions

- Providers will receive the following statement advising that EviCore is responsible for reviewing Radiology and Cardiology service rendered on or after 8/2/2024.
- If the services are planned to be performed on or after 8/2/2024 please select **“Continue”** .

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Clinical Certification Request

Proceed to Clinical Information

Example Questions

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Home Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress Help / Contact Us

Friday, June 21, 2024 3:38 PM

Proceed to Clinical Information

Please select the Place of Service in which this procedure will be performed:

11 - Office
12 - Patients home
15 - Mobile Unit
19 - Off Campus-Outpatient Hospital
21 - Inpatient Hospital
22 - Outpatient Hospital
24 - Ambulatory Surgical Center
49 - Independent Clinic

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Home Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress Help / Contact Us

Friday, June 21, 2024 3:38 PM

Proceed to Clinical Information

Please select the Place of Service in which this procedure will be performed:

11 - Office

SUBMIT

- Provider will be asked to select the place of service in which the procedure will be performed from the drop down the list.
- When finished, select **“Submit”**

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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	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

Proceed to Clinical Information

Clinical Upload

Please upload any additional clinical information that justifies the medical necessity of this request.

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

Choose File Test clinical.docx

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD SKIP UPLOAD

If **additional information** is required, you will have the option to upload more clinical information for review.

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 # and indicates 'Your case has been sent to clinical review'

Clinical Certification Request | Criteria Met

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Home Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress Help / Contact Us

Monday, June 24, 2024 12:34 PM

Summary of Your Request

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

Your case has been Approved.
The prior authorization you submitted, Case A#####, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

Provider Name:	LAST NAME, FIRST NAME	Contact:	FIRST AND LAST NAME
Provider Address:	123 STREET NAME CITY, STATE, ZIP CODE	Phone Number:	(555) 555-5555
		Fax Number:	(555) 555-5555
Patient Name:	LAST NAME, FIRST NAME	Patient Id:	XXXXXXXXXX
Insurance Carrier:	CAREFIRST BCBS		
Site Name:	SITE NAME	Site ID:	
Site Address:	123 STREET NAME CITY, STATE, ZIP CODE		
Primary Diagnosis Code:	R10.9	Description:	Unspecified abdominal pain
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	CT ABDOMEN & PELVIS W/
CPT Code:	74177		
Authorization Number:	A#####		
Case Number:	1194491707		
Review Date:	6/24/2024 12:28:25 PM		
Expiration Date:	6/24/2025		
Status:	Your case has been Approved. The prior authorization you submitted, Case A##### has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.		

CANCEL PRINT CONTINUE

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

Clinical Certification Request | Criteria Not Met

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

I would like to upload a document

I would like to enter additional clinical 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

PRINT **CONTINUE**

- Once you complete the clinical questions, you will have an opportunity to upload additional clinical information.
- Once you select the appropriate option on submission of clinical, you will hit **“Continue”**
- You can **Print the summary of the request** for your records.

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[Home](#) [Authorization Lookup](#) [Eligibility Lookup](#) [Clinical Certification](#) [Certification Requests In Progress](#) [Help / Contact Us](#)

Friday, June 21, 2024 3:43 PM

Summary of Your Request

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

Your case has been sent for Medical Review.
The prior authorization you submitted, Case A##### has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

Provider Name:	LAST NAME, FIRST NAME 123 STREET NAME CITY, STATE, ZIP CODE	Contact:	FIRST AND LAST NAME (555) 555-5555 (555) 555-5555
Provider Address:		Phone Number:	
		Fax Number:	
Patient Name:	LAST NAME, FIRST NAME	Patient Id:	XXXXXXXXXX
Insurance Carrier:	CAREFIRST BCBS		
Site Name:	SITE NAME	Site ID:	
Site Address:	123 STREET NAME CITY, STATE, ZIP CODE		
Primary Diagnosis Code:	R10.9	Description:	Unspecified abdominal pain
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	CT ABDOMEN & PELVIS W/
CPT Code:	74177		
Case Number:	#####		
Review Date:	6/21/2024 3:37:33 PM		
Expiration Date:	N/A		
Status:	Your case has been sent for Medical Review. The prior authorization you submitted, Case A##### has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.		

CANCEL **PRINT** **CONTINUE**

Clinical Certification Request | Completion of Prior Auth

The screenshot shows the EviCore web application interface. At the top left is the EviCore logo with the tagline "By EVERNORTH". Below the logo is a navigation menu with six items: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, and Help / Contact Us. The "Eligibility Lookup" item is highlighted with a mouse cursor. Below the navigation menu, the date and time "Wednesday, June 26, 2024 5:08 PM" are displayed. The main content area features a "Success" heading followed by a thank-you message: "Thank you for submitting a request for clinical certification. Would you like to:". Below this message is a bulleted list of two links: "Return to the main menu" and "Start a new request". Further down, there is a section titled "You can also start a new request using some of the same information." followed by the text "Start a new request using the same:". Below this text are four radio button options: "Program (Radiology)", "Provider (LAST NAME, FIRST NAME)", "Program and Provider (Radiology and LAST NAME, FIRST NAME)", and "Program and Health Plan (Radiology and CAREFIRST BCBS)". At the bottom of this section are three buttons: "GO", "CANCEL", and "PRINT". A link "Click here for help" is located at the very bottom of the page.

- After you've selected **“Continue”** from the two previous screens, your prior authorization has been successfully submitted and you will be asked if you would like to return to the main menu or request a new authorization.

Authorization LookUp

The screenshot shows a web application interface for 'Authorization Lookup'. At the top is a navigation menu with tabs: Home, Certification Summary, Authorization Lookup (highlighted in yellow), Eligibility Lookup, Clinical Certification, Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account, and H Cont. Below the navigation is the 'Authorization Lookup' section. It features two search options: 'Search by Member Information' (selected with a radio button) and 'Search by Authorization Number/ NPI'. The 'Search by Member Information' section includes 'Required Fields' (Healthplan: dropdown, Provider NPI: text input, Patient ID: text input, Patient Date of Birth: text input with MM/DD/YYYY format) and 'Optional Fields' (Case Number: text input, or Authorization Number: text input). The 'Search by Authorization Number/ NPI' section includes 'Required Fields' (Provider NPI: text input, Auth/Case Number: text input) and a 'SEARCH' button. At the bottom left of the form are 'PRINT' and 'SEARCH' buttons.

- To look up the status of an Authorization, Select Search by Authorization Number/NPI. Enter the provider's NPI and authorization or case number. Select Search.
- You can also search for an authorization by Member Information, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.

Important Note to Servicing Providers: The **Authorization Lookup** function can also be used to verify if a prior authorization has been submitted and approved prior to rendering service.

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Upload Correspondence

Home Certification Summary **Authorization Lookup** Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Perf. Summary Portal Resources Manage Your Account

Authorization Lookup

Authorization Number:
Case Number:
Health Plan Auth Number:
Status: Approved
Approval Date:
Service Code:
Service Description:
Site Name:
Expiration Date:
Date Last Updated:
Correspondence: **UPLOADS & FAXES**

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
CHANGE SERVICE CODE				

PRINT

- The authorization will then be accessible to review. To print authorization correspondence, select **“Print”**

Provider Resources

Client and Provider Services

For eligibility issues (member or provider not found in system) or transactional authorization related issues requiring research.

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

Web-Based Services and 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**

Call Center

Call **844-303-8450**, representatives are available from 7 a.m. to 7 p.m. local time.



Contact EviCore's Dedicated Teams

Provider Resource Website

EviCore's Client and Provider Services team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis.

This page will include:

- Frequently asked questions
- Quick reference guides
- Provider training
- CPT code list

To access these helpful resources, visit

<https://www.evicore.com/resources/healthplan/carefirst>

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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



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Provider Resource Review Forum

The EviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

We invite you to attend a **Provider Resource Review Forum** to learn how to navigate [EviCore.com](https://www.evicore.com) and understand all the resources available on the Provider's Hub.

Learn how to access:

- EviCore's evidence-based clinical guidelines
- Clinical worksheets
- Existing prior authorization request status information
- Search for contact information
- Podcasts & insights
- Training resources

Register for a Provider Resource Review Forum:

Provider's Hub > Scroll down to EviCore Provider Orientation Session Registrations > Upcoming



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Thank You

Appendix

Peer-to-Peer (P2P) Scheduling Tool

Provider Resources | Schedule a P2P Request

If your case is eligible for a Peer-to-Peer (P2) consultation, a link will display, allowing you to proceed to scheduling without any additional messaging

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

- From CareFirst's Provider Website, <https://provider.carefirst.com>, log into the CareFirst Provider Portal (CareFirst Direct).
- Select the Prior Auth/Notification tab.
- Select Start Now within the Advanced Imaging for Cardiology and Radiology box to be transferred to EviCore healthcare Prior Authorization Portal (CareCore National Portal)
- From the EviCore Prior Authorization Portal landing page, you will see "**Clinical Review Lookup**" at the top of the screen to determine the status of request
- Click on the **P2P Availability** button to determine if your case is eligible for a Peer-to-Peer consultation
- Please note to carefully read any messaging that displays (example verbiage below)

*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.

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Provider Resources | Schedule a P2P Request (con't.)

New P2P Request

Case Reference Number Case information will auto-populate from prior lookup

Member Date of Birth

+ Add Another Case

Lookup Cases >

- Upon first login, you will be asked to confirm your default time zone
- You will be presented with the Case Number and Member Date of Birth
- Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**
- To proceed, select **Lookup Cases**

- You will receive a confirmation screen with member and case information, including the Level of Review for the case in question
- Click **Continue** to proceed

New P2P Request

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

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Provider Resources | Schedule a P2P Request (con't.)

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 >](#)

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

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Provider Resources | Schedule a P2P Request (con't.)

P2P Info

Date: Mon 5/18/20
Time: 6:30 pm EDT
Reviewing Provider

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

Scheduling

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

SCHEDULED

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

Click **Submit** to schedule the appointment

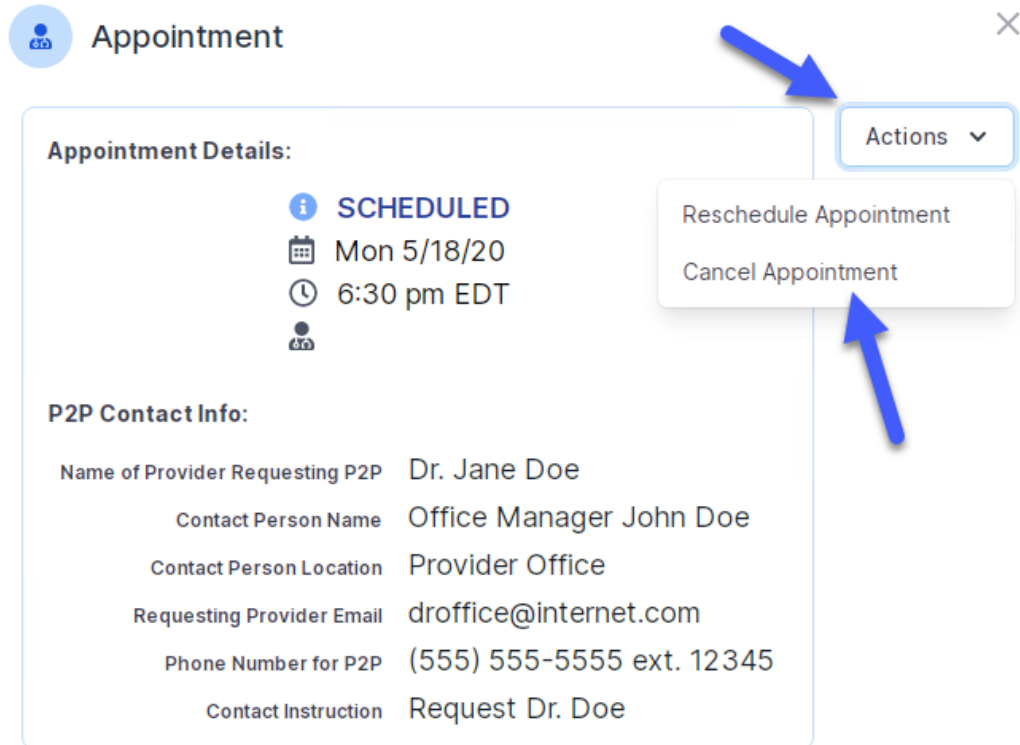
You will be presented with a summary page containing the details of your scheduled appointment

Confirm contact details

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Provider Resources | Cancel or Reschedule a P2P Appointment



The screenshot shows a web interface for managing appointments. At the top left, there is a blue circular icon with a person silhouette and the text 'Appointment'. Below this is a section titled 'Appointment Details:' which includes a status indicator 'SCHEDULED' with an information icon, a calendar icon showing 'Mon 5/18/20', and a clock icon showing '6:30 pm EDT'. Below the details is a section titled 'P2P Contact Info:' containing 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 appointment details, there is a blue button labeled 'Actions' with a downward arrow. A dropdown menu is open below this button, showing two options: 'Reschedule Appointment' and 'Cancel Appointment'. Two blue arrows point to the 'Actions' button and the 'Cancel Appointment' option.

To cancel or reschedule an appointment:

- Access the scheduling software and select **My P2P Requests** on the left-pane navigation
- Select the request you would like to modify from the list of available appointments
- When the request appears, click on the schedule link. An appointment window will open
- 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
- Close the browser once finished

Provider Resources | Contacts and Helpful Links

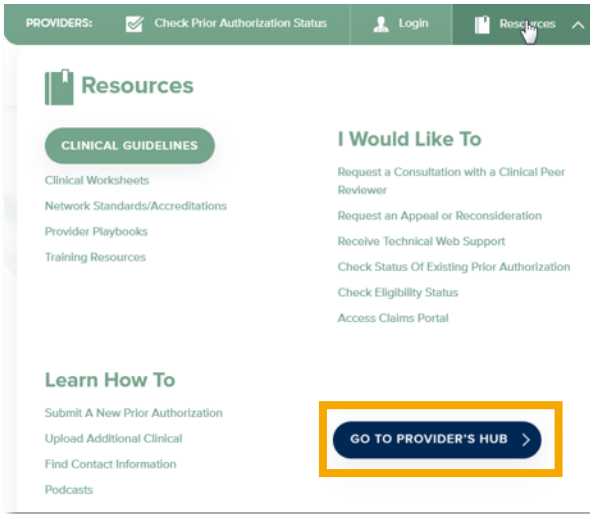
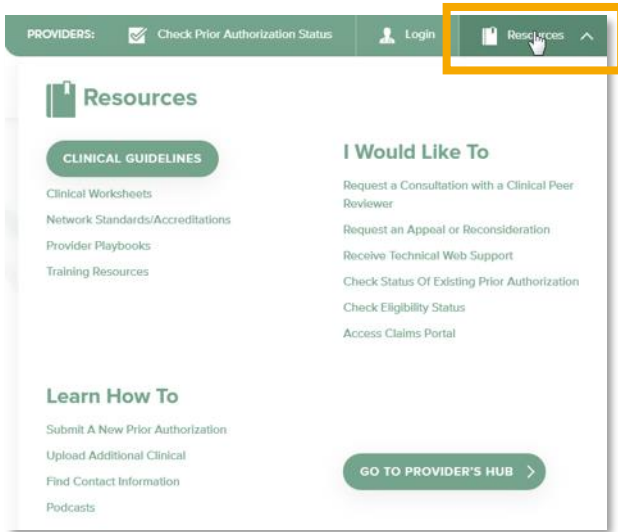
Web-Based Services	portal.support@EviCore.com	800-646-0418, option 2
Client Provider Operations	clientservices@EviCore.com	
Provider Engagement: Merritt Senters, Regional Provider Engagement Manager	Merritt.senters@EviCore.com	615-788-5568
Worksheets	EviCore.com/provider/online-forms	
Clinical Guidelines	EviCore.com/provider/clinical-guidelines	
Request a Clinical Consultation	EviCore.com	



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Provider Resources | EviCore Provider's Hub

Providers and staff can access important tools and resources at EviCore.com

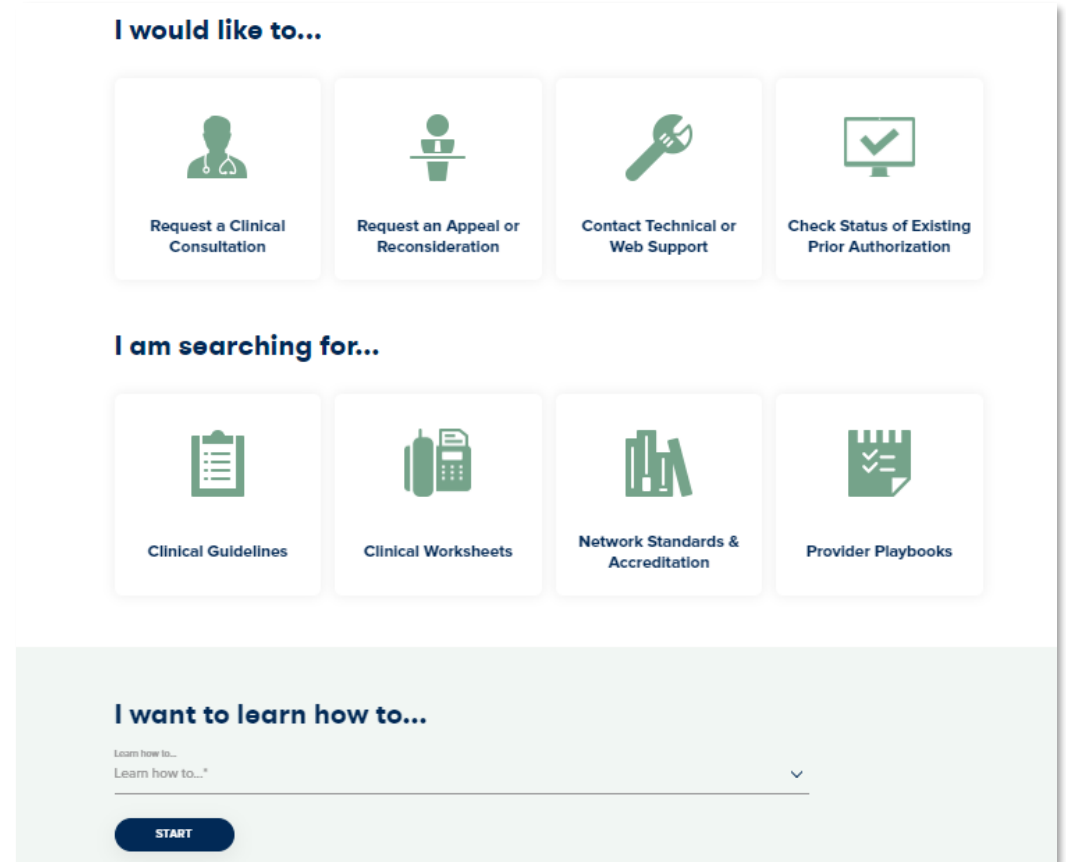


Step 1

Open the **Resources** menu in the top right of the browser

Step 2

Select **GO TO PROVIDERS HUB** to access clinical guidelines, schedule consultations (P2P), and more

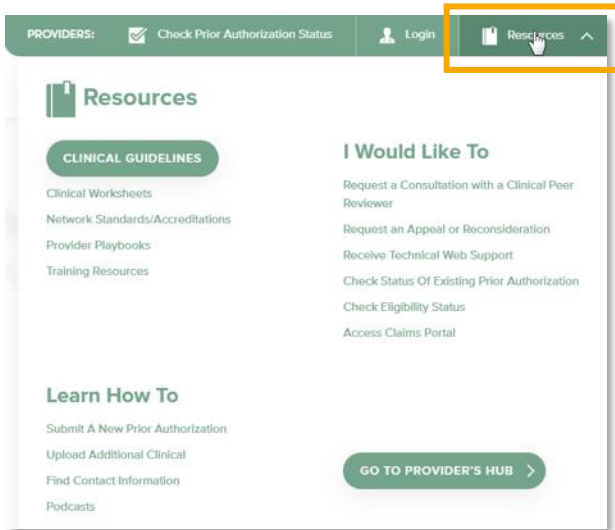


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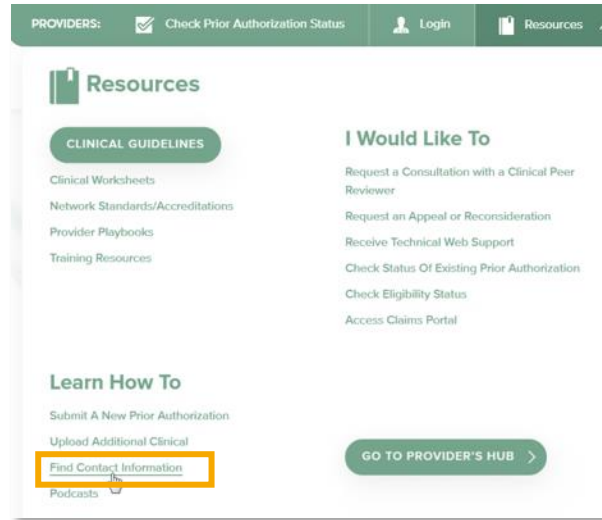
Provider Resources | Quick Reference Tool

Where can I locate plan-specific contact information?



Step 1

Open the **Resources** menu in the top right of the browser



Step 2

Select **Find Contact Information**

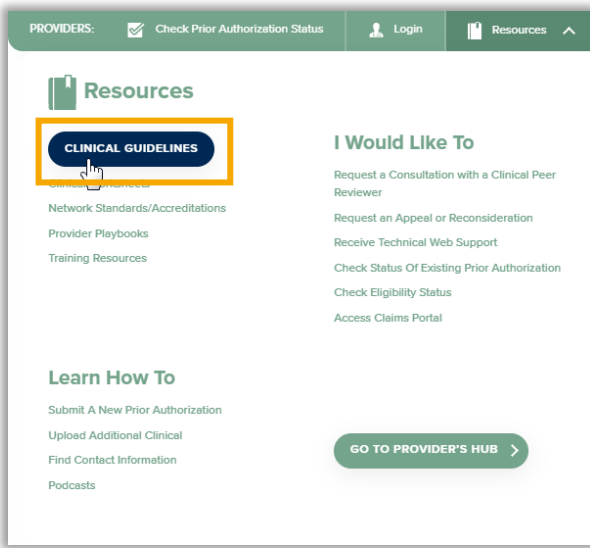


Step 3

- Use **Select a Health Plan** and **Select a Solution** to populate the contact phone and fax numbers
- This will also advise which portal to use for case requests

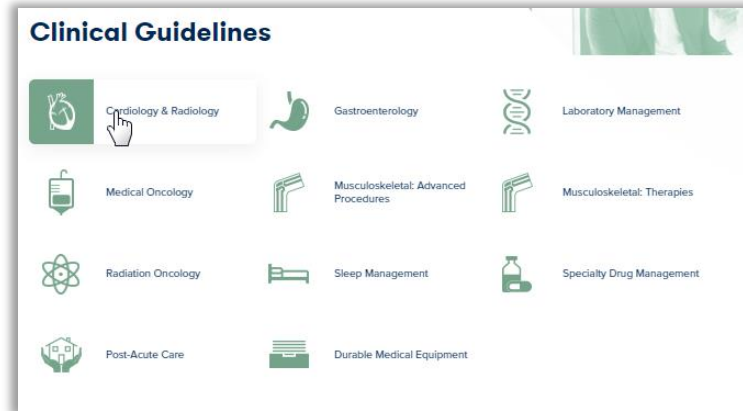
Provider Resources | Clinical Guidelines

How do I access EviCore's clinical guidelines?



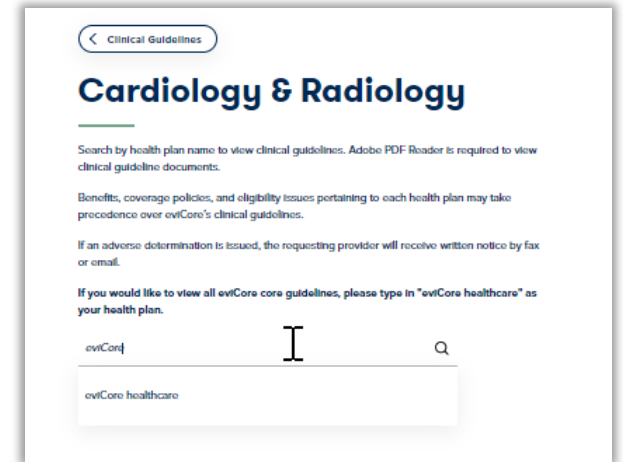
Step 1

- Open the **Resources** menu in the top right of the browser
- Select **Clinical Guidelines**



Step 2

Select the solution/program associated with the requested guidelines



Step 3

- Search by health plan name to view clinical guidelines
- If you would like to view all guidelines, type in "EviCore healthcare" as your health plan

EviCore

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Public Information

WE WANT YOUR FEEDBACK!

Tell us how we can improve these webinars.

You will receive a short survey link after leaving the webinar.



THANK YOU FOR JOINING

Enjoy the rest of your day.