

# Musculoskeletal Management Pain Management, Spine Surgery and Joint Surgery

Provider Orientation for Johns Hopkins  
HealthCare

# +Agenda

---

- Program Overview
- Submitting Requests
- Prior Authorization Outcomes, Special Considerations & Post Decision Options
- Provider Portal Overview
- Provider Resources
- Q & A
- Additional Provider Portal Features

---

# Program Overview

---

# +Johns Hopkins Healthcare Prior Authorization Services

+eviCore healthcare (eviCore) will begin accepting prior authorization requests for pain management, joint surgery and spine surgery services on August 29, 2022 for dates of service September 1, 2022 and after.

Applicable Membership:	Prior authorization applies to the following services:	Prior authorization does NOT apply to services performed in:
<ul style="list-style-type: none"><li>• Johns Hopkins Advantage MD</li><li>• Priority Partners</li></ul>	<ul style="list-style-type: none"><li>• Outpatient Hospital Setting</li><li>• Inpatient Hospital Setting</li><li>• Office</li><li>• Ambulatory Surgery Center</li></ul>	<ul style="list-style-type: none"><li>• Emergency Rooms</li><li>• Observation Services</li></ul>



Providers should verify member eligibility and benefits on the secured provider log-in section at: <https://jhc.healthtrioconnect.com/>.

**Note:** eviCore will not manage prior authorizations for Johns Hopkins Employer Health Programs (EHP) or Johns Hopkins US Family Health Plan.



## Prior Authorization Required:

### Interventional Pain:

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

### Joint Surgery:

- Large joint replacement
  - Arthroscopic and open procedures

### Spine Surgery:

- Spinal implants
  - Spinal cord stimulators
  - Pain pumps
- Cervical/Thoracic/Lumbar
  - Decompressions
  - Fusions

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

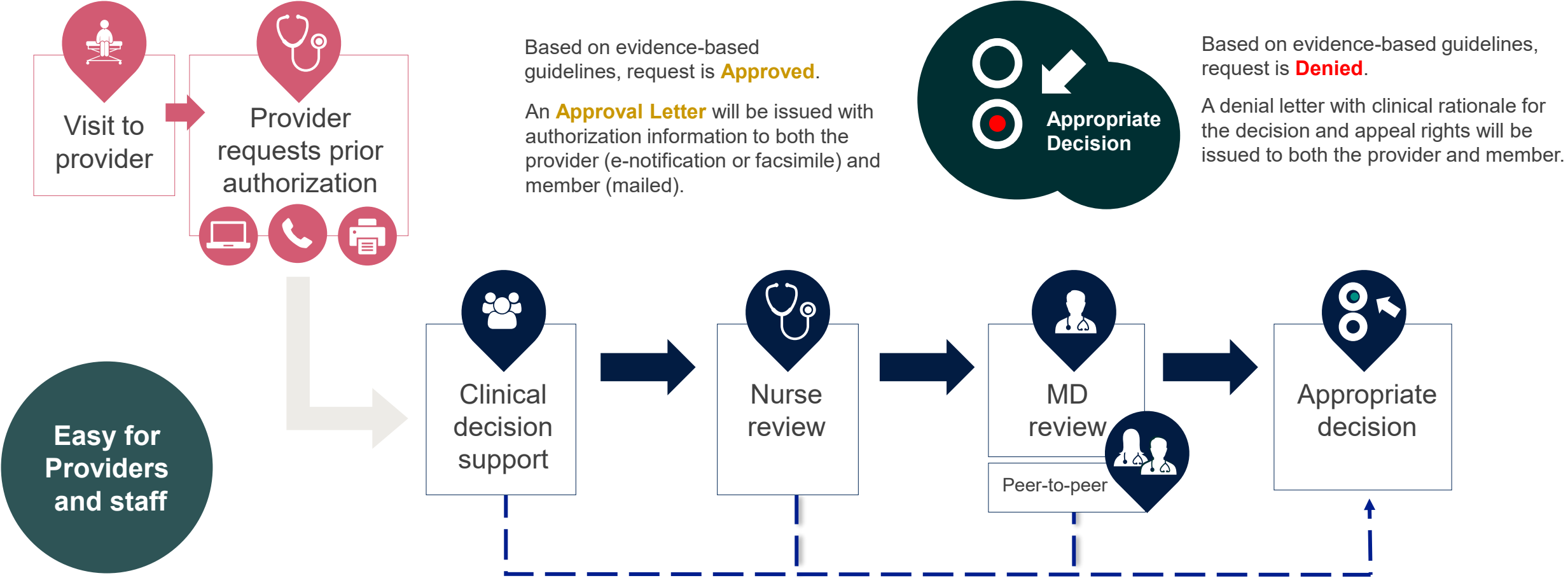
<https://www.evicore.com/resources/healthplan/johnshopkinshealthcare>

---

# Submitting Requests

---

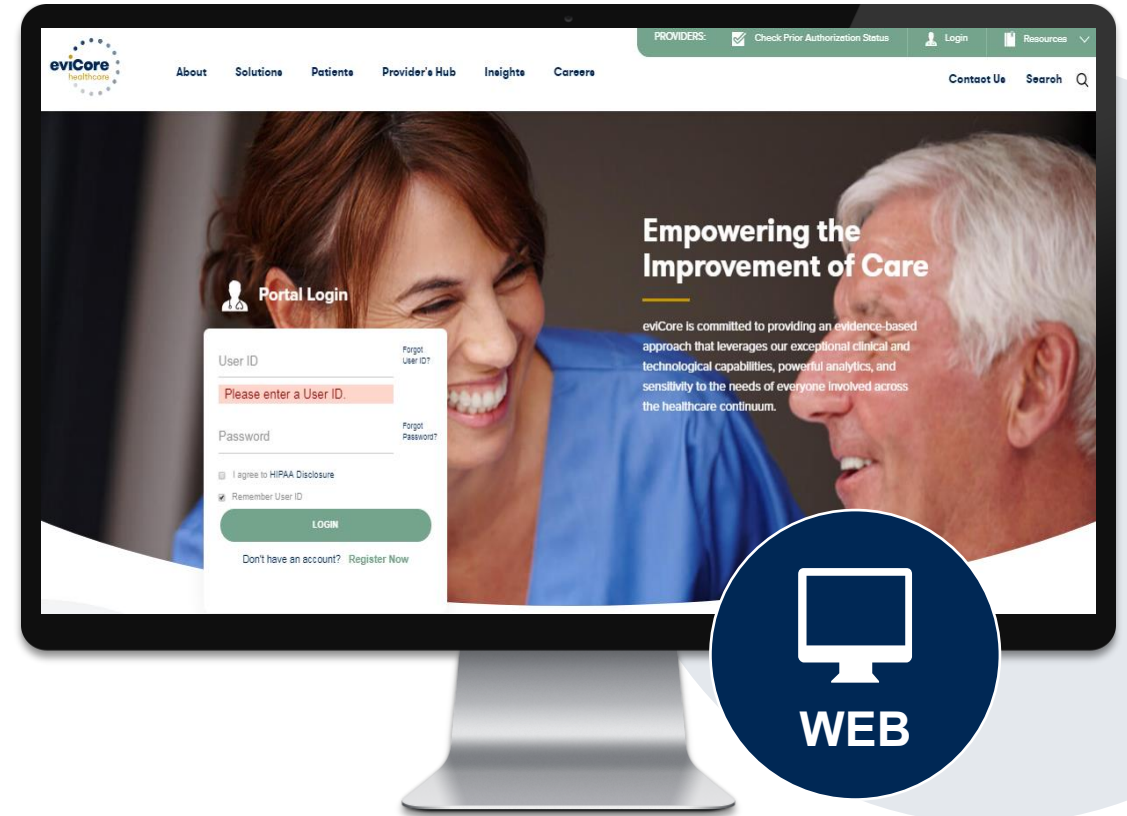
# +Utilization Management – the Prior Authorization Process



# +Methods to Submit Prior Authorization Requests

## EviCore Provider Portal (preferred)

- **Saves time:** Quicker process than phone authorization requests
- **Available 24/7:** You can access the portal any time
- **Save your progress:** 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 to support a new request or when additional information is requested
- **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 prior authorization request, you can duplicate information
- **Peer-to-peer scheduling:** Self-service scheduler available after log-in



### Phone Number:

866-220-3071

Monday through Friday:

7 am – 7 pm local time

### Fax Number:

800-540-2406

**EviCore**

By EVERNORTH

# +Necessary Information for Prior Authorization

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

## 1. Member

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

## 3. Rendering Facility

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

## 2. Referring (Ordering) Physician

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

## 4. Supporting Clinical

Medical information checklist available at [eviCore.com/provider](https://www.eviCore.com/provider) > Training Resources

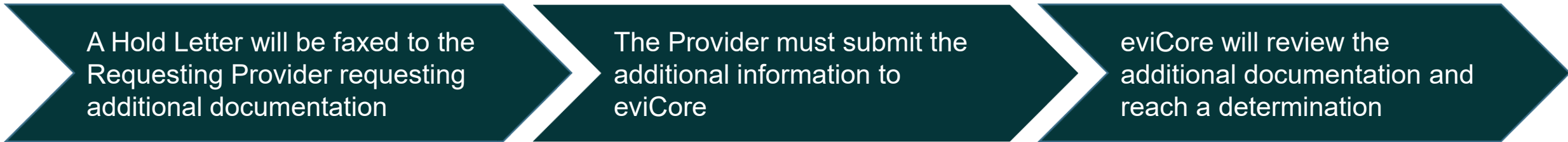
- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous test results



# +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:



The Hold notification will inform the provider about what clinical information is needed as well as the date by which it is needed.

Requested information must be received within the timeframe as specified in the hold letter, or eviCore will render a determination based on the original submission.

Determination notifications will be sent.



---

# **Prior Authorization Outcomes, Special Considerations and Post Decision Options**

---

# +Prior Authorization Outcomes

## Determination Outcomes:

- **Approved Requests:** Authorizations are valid for 60 calendar days from the requested date of service
- **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
- **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).

## +Notifications:

- Authorization letters will be faxed to the ordering physician & rendering facility
- Web initiated cases will receive e-notifications when a user opts in to receive
- Members will receive a letter by mail
- Information can be printed on demand from the eviCore portal: [www.eviCore.com](http://www.eviCore.com)



# Special Circumstances

---

## +Retrospective (Retro) Authorization Requests

- Must be submitted within 90 calendar days from the date of service
- Retro requests submitted beyond this timeframe will be administratively denied
- Reviewed for **clinical urgency** and medical necessity
- Retro requests are processed within 30 calendar days
- When authorized, the start date will be the submitted date of service

## +Urgent Prior Authorization Requests

- eviCore uses 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 & typically reviewed within 24 to 72 hours



# Special Circumstances cont.

---

## +Authorization Update

- If updates are needed on an existing authorization, 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



# +Site of Care/Inpatient Stays:

---

## Program overview

- eviCore healthcare will review the spine and joint surgery prior authorization requests for medical necessity and make a determination based on the clinical information provided.
- eviCore will collect the requested place of service during the prior authorization process.
- eviCore will apply evidence based clinical policy for the medical necessity determination for the appropriate site of care.
- eviCore does not provide any bed day management for inpatient admissions. All modifications/extensions to the approved length of stay are managed by the healthplan using their existing concurrent review process.

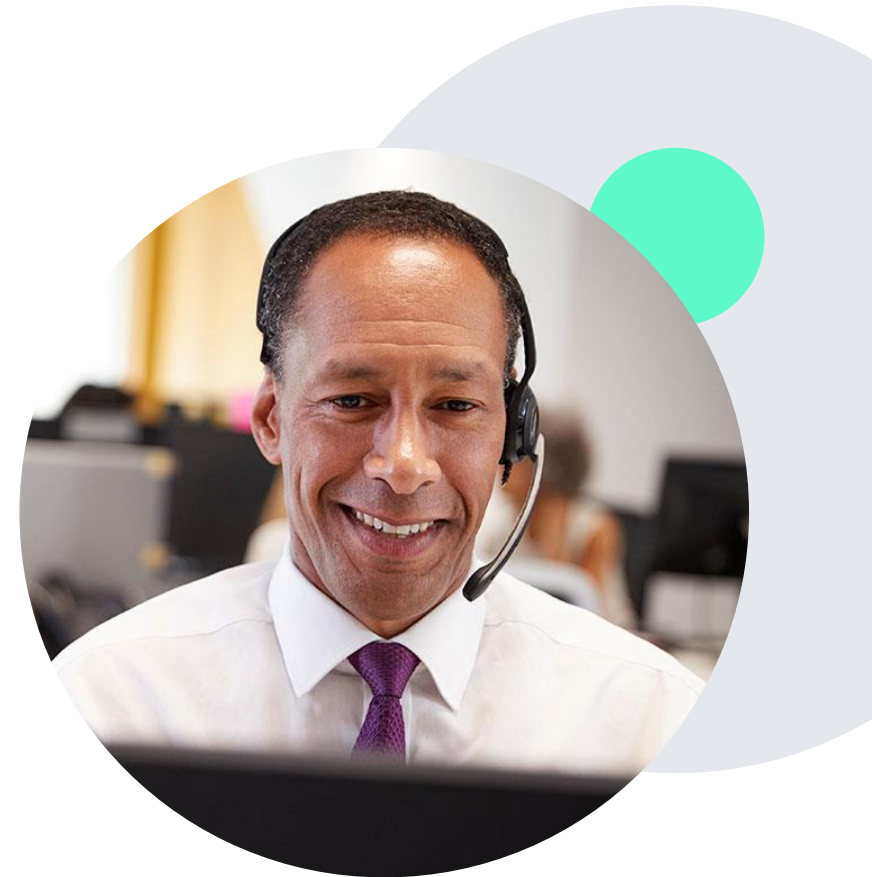


# Post-Decision Options

---

## My case has been denied. What's next?

- Providers are often able to utilize post-decision activity to secure case review for overturn consideration
- Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied. You can also call us at 866-220-3071 to speak to an agent who can provide available option(s) and instruction on how to proceed.



# Post-Decision Options: Priority Partners Members

---

## My case has been denied. What's next?

### Reconsiderations

- Providers and/or staff can request a reconsideration review
- Reconsiderations must be requested within 3 business days from the determination date
- eviCore has 5 calendar days after receipt of clinical information to complete the determination
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an eviCore physician

### Appeals

- eviCore will process pre-service appeals for Priority Partners
- A denial letter with the rationale for the decision and pre-service appeal rights will be mailed to the member and faxed to the ordering provider.
- Appeal requests must be submitted to eviCore within 60 calendar days from the initial determination
- Appeal requests can be submitted in writing or verbally via a Clinical Consultation with an eviCore physician
- All clinical information and the prior authorization request will be reviewed by a physician other than the physician who made the initial determination
- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider
- Post-service appeals will be processed by Priority Partners

# Pre-Decision Options: Advantage MD Members

---

## I've received a request for additional clinical information. What's next?

### Submission of Additional Clinical Information

- eviCore will notify providers telephonically and in writing before a denial decision is issued on Medicare cases
- You can submit additional clinical information to eviCore for consideration per the instructions received
- Additional clinical information must be submitted to eviCore in advance of the due date referenced

### Pre-Decision Clinical Consultation

- Providers can choose to request a Pre-Decision Clinical Consultation instead of submitting additional clinical information
- The Pre-Decision Clinical Consultation must occur prior to the due date referenced
- If additional information was submitted, we proceed with our determination and are not obligated to hold the case for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed

# Post-Decision Options: Advantage MD 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

- eviCore will not process pre-service member appeals, please follow JH Advantage MD process
- Only members have appeal rights. A denial letter with the rationale for the decision and appeal rights will be issued to the member.
- A denial letter with the rationale for the decision and post-service payment dispute rights will be issued to the provider.

### Reconsideration

- Medicare cases do not include a Reconsideration option

---

# Provider Portal Overview

---

# +eviCore healthcare Website

---

Visit [www.evicore.com](http://www.evicore.com)

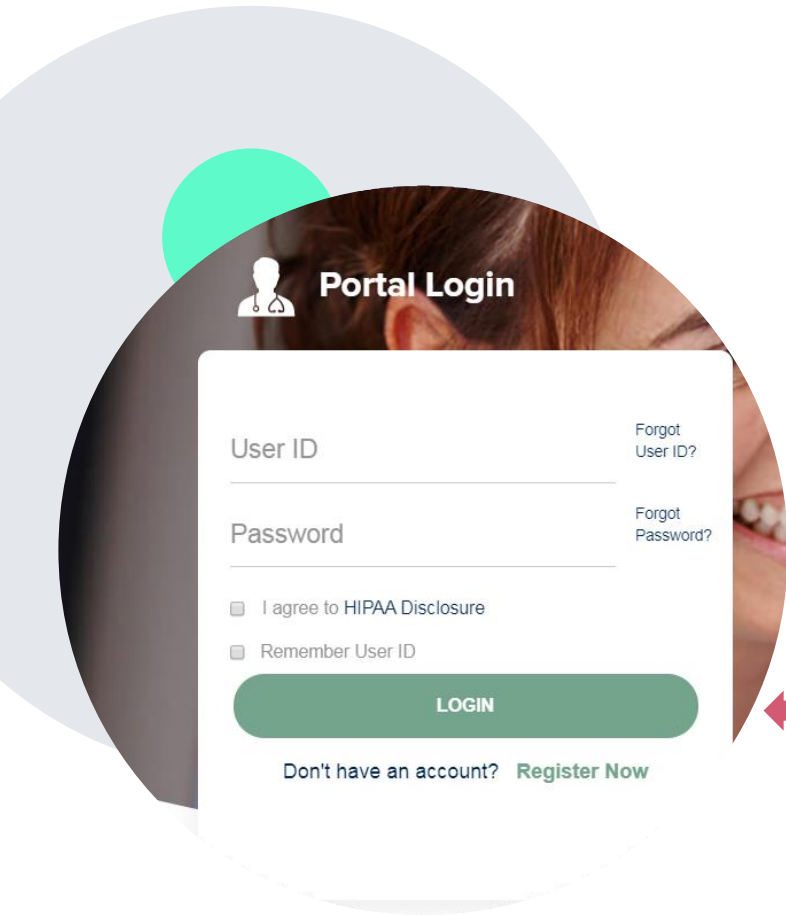
## +Already a user?

+If you already have access to eviCore's online portal, simply log-in with your

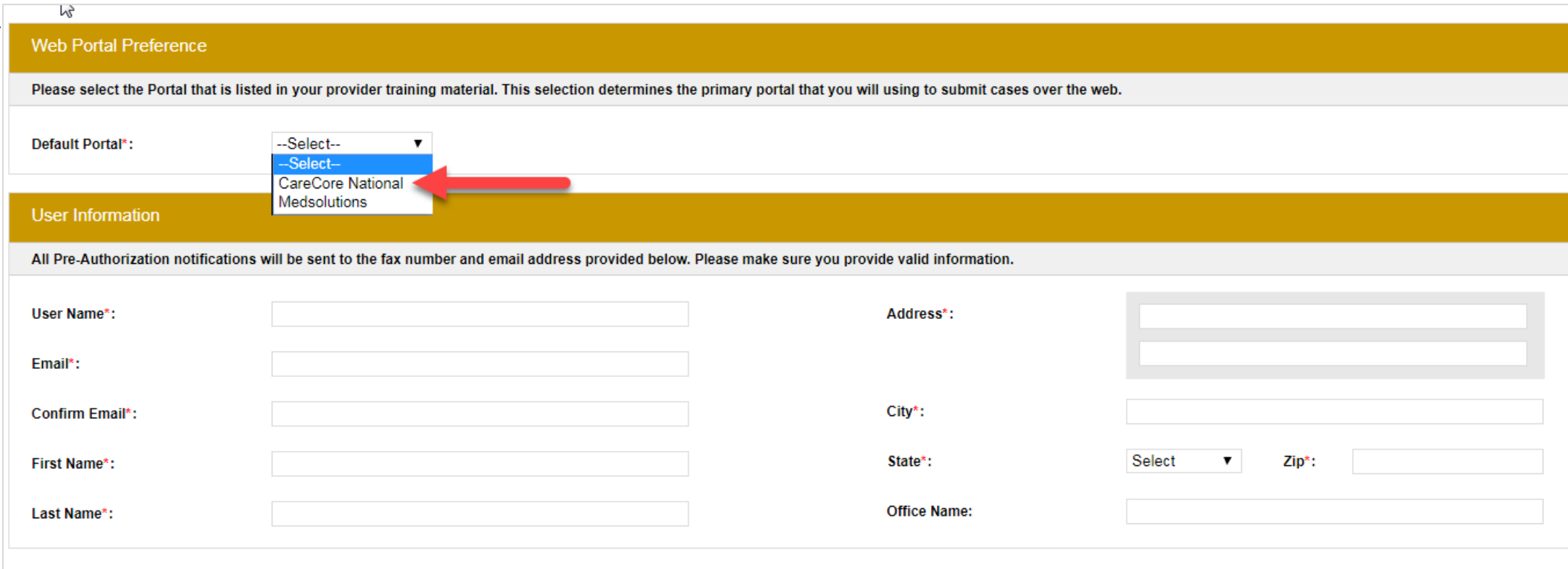
+User ID and Password and begin submitting requests in real-time!

## Don't have an account?

Click "Register Now" and provide the necessary information to receive access today!



# +Creating An Account



The screenshot shows a web form for account creation. The top section is titled "Web Portal Preference" and contains a dropdown menu for "Default Portal\*:". The dropdown is open, showing three options: "--Select--", "CareCore National", and "Medsolutions". A red arrow points to "CareCore National". Below this is the "User Information" section, which includes fields for "User Name\*", "Email\*", "Confirm Email\*", "First Name\*", "Last Name\*", "Address\*", "City\*", "State\*" (with a "Select" dropdown), "Zip\*", and "Office Name".

- Select **CareCore National** as the Default Portal, complete the User Information section in full, and **Submit Registration**.
- You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the log-in page.

# +Add Practitioners

The screenshot displays two overlapping panels. The background panel, titled "Manage Your Account", contains fields for "Office Name:", "Address:", "Primary Contact:", and "Email Address:". It includes buttons for "CHANGE PASSWORD" and "EDIT ACCOUNT", and a prominent "ADD PROVIDER" button. Below these is a table with the text "No providers on file" and a "CANCEL" button. The foreground panel, titled "Add Practitioner", contains instructions: "Enter Practitioner information and find matches." and "\*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip". It features input fields for "Practitioner NPI", "Practitioner State" (a dropdown menu), and "Practitioner Zip", along with "FIND MATCHES" and "CANCEL" buttons.

- Select the “**Manage Your Account**” tab, then the **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

# +Initiating A Case

The screenshot displays the EviCore user interface. At the top, a navigation bar contains several menu items: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted with a red arrow), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, and Manage Your Account. Below the navigation bar, the main content area is split into two panels. The left panel, titled 'Request an Authorization', contains a list of program options with radio buttons: Durable Medical Equipment(DME), Gastroenterology, Lab Management Program, Medical Oncology Pathways, Musculoskeletal Management (circled in blue), Radiation Therapy Management Program (RTMP), Radiology and Cardiology, Sleep Management, and Specialty Drugs. A 'CONTINUE' button is located at the bottom of this panel. The right panel, titled 'Requesting Provider Information', contains instructions to select a provider and a search filter for 'Filter Last Name or NPI'. It includes a search input field, 'SEARCH' and 'CLEAR SEARCH' buttons, and a table with a 'Provider' header and a 'SELECT' button. At the bottom of this panel are 'BACK' and 'CONTINUE' buttons.

- Choose **Clinical Certification** to begin a new request
- Select the appropriate program **Musculoskeletal Management**
- Select “Requesting Provider Information”

# +Select Health Plan & Provider Contact Info

**Choose Your Insurer**

Requesting Provider: [PREL. PROVIDER, MD 0000000000]

Please select the insurer for this authorization request.

Please Select a Health Plan

**BACK** **CONTINUE**

[Click here for help](#)

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

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

**Add Your Contact Info**

Provider's Name:\* [PREL. PROVIDER] [?]

Who to Contact:\* [?] [?]

Fax:\* [?] [?]

Phone:\* [PREL. PROVIDER] [?]

Ext.: [?] [?]

Cell Phone: [?]

Email: [prel.provider@evicore.com]

**BACK** **CONTINUE**

- Choose the appropriate Health Plan **Johns Hopkins HealthCare for Priority Partners & JH Advantage MD** requests. Priority Partners or JH Advantage MD will not be an option when utilizing the portal. All requests are processed through **Johns Hopkins HealthCare**.
- Select **CONTINUE** and on the next screen **Add your contact info**
- Provider name, fax and phone will pre-populate, you can edit as necessary
- By entering a valid email you can receive e-notifications

# +Type of Request

---

## Attention!

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

Date Extension

Continuing Care

Continue to Build a New Case

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

# +Clinical Details



Wednesday, July 01, 2020 2:54 PM

[Log Off \(JDMASO\)](#)

## Requested Service + Diagnosis

This procedure will be performed on 7/5/2020.

**CHANGE**

### Musculoskeletal Management Procedures

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

SPINE SPINE SURGERY

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

CPT code entry:

- Spine\* (spine surgery)
- Joint\* (joint surgery)
- CPT code for pain management

*\*Codes can be entered for surgery further in the process*

### Diagnosis

Primary Diagnosis Code: **M54.16**

Description: **Radiculopathy, lumbar region**

[Change Primary Diagnosis](#)

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

Secondary diagnosis is optional for Musculoskeletal Management

**LOOKUP**

**BACK**

**CONTINUE**

60% Complete

**Provider and NPI**  
HAMMONDS, ROY  
1649368887

**Patient**  
WESLEY S DICKSON  
3HZN17789200 [EDIT](#)



By EVERNORTH

# +Clinical Details

## Attention!

Will you also be the surgeon performing the procedure?

YES

NO

## 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

**EviCore**

By EVERNORTH

# +Verify Treatment Selection



<a href="#">Home</a>	<a href="#">Certification Summary</a>	<a href="#">Authorization Lookup</a>	<a href="#">Eligibility Lookup</a>	<b><a href="#">Clinical Certification</a></b>	<a href="#">Certification Requests In Progress</a>	<a href="#">MSM Practitioner Perf. Summary Portal</a>	<a href="#">Resources</a>	<a href="#">Manage Your Account</a>	<a href="#">Help / Contact Us</a>
----------------------	---------------------------------------	--------------------------------------	------------------------------------	---	--	---	---------------------------	-------------------------------------	-----------------------------------

Wednesday, July 1, 2020 3:14 PM

[Log Off \(JDMASO\)](#)

## Requested Service + Diagnosis

Confirm your service selection.

**Procedure Date:** 7/5/2020  
**CPT Code:** SPINE  
**Description:** SPINE SURGERY  
**Primary Diagnosis Code:** M54.16  
**Primary Diagnosis:** Radiculopathy, lumbar region  
**Secondary Diagnosis Code:**  
**Secondary Diagnosis:**

[Change Procedure or Primary Diagnosis](#)  
[Change Secondary Diagnosis](#)

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

[Click here for help](#)

60% Complete

**Provider and NPI**  
HAMMONDS, ROY  
1649368887  
(HORIZON)

ERIC J BENSON  
3HZN77074250  
1612211051

[EDIT](#)



# +Clinical Collection Process – Sample Pathway Questions



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

Wednesday, July 01, 2020 3:29 PM

[Log Off \(JDMAS\)](#)

## Proceed to Clinical Information

**i** Please enter the primary CPT code for this surgery.

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

**i** Which region of the spine will this procedure be performed?

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

**SUBMIT**

Finish Later

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

**CANCEL**

**If you need to confirm information you are entering “finish later” and then the submit button. You will have two business day to complete the case.**



# +Clinical Collection Process – Sample Pathway Questions



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

Wednesday, July 01, 2020 3:31 PM

[Log Off \(JL\)](#)

## Proceed to Clinical Information

**i** Do you want to enter a second code for this surgery?

Yes  No

**SUBMIT**

Finish Later

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

**CANCEL**

**Questions will populate based upon the information provided.**

**EviCore**  
By EVERNORTH

# +Clinical Collection Process – Sample Pathway Questions



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

Wednesday, July 01, 2020 3:32 PM

[Log Off \(JD\)](#)

## Proceed to Clinical Information

### SPINE / LEVEL

**i** Which spinal level(s) will be involved? (Choose ALL that apply):

- C1 - C2  C5 - C6
- C2 - C3  C6 - C7
- C3 - C4  C7 - T1
- C4 - C5  Other/Unknown

**i** How many previous cervical fusions has your patient had?

- 0 (This is the first cervical fusion)
- 1 previous cervical fusion
- 2 or more cervical fusions
- Unknown or not sure

**i** Does your patient have any of the following urgent or emergent conditions:

No urgent or emergent conditions exist ▼

**SUBMIT**

**EviCore**

By EVERNORTH

# +Clinical Certification – Case Summary – Medical Review

If further review is needed, the case will be sent to medical review:

**Summary of Your Request**

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

**Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.**

<b>Provider Name:</b>	DR. [REDACTED]	<b>Contact:</b>	[REDACTED]
<b>Provider Address:</b>	[REDACTED]	<b>Phone Number:</b>	[REDACTED]
		<b>Fax Number:</b>	[REDACTED]
<b>Patient Name:</b>	[REDACTED]	<b>Patient Id:</b>	[REDACTED]
<b>Insurance Carrier:</b>	[REDACTED]		
<b>Site Name:</b>	[REDACTED]	<b>Site ID:</b>	[REDACTED]
<b>Site Address:</b>	[REDACTED]		
<b>Primary Diagnosis Code:</b>	[REDACTED]	<b>Description:</b>	Other cervical disc displacement, unspecified cervical region
<b>Secondary Diagnosis Code:</b>	[REDACTED]	<b>Description:</b>	
<b>Date of Service:</b>	[REDACTED]	<b>Description:</b>	Spine Surgery
<b>CPT Code:</b>	[REDACTED]		
<b>Case Number:</b>	[REDACTED]		
<b>Review Date:</b>	5/13/2020 2:36:00 PM		
<b>Expiration Date:</b>	N/A		
<b>Status:</b>	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.		



By EVERNORTH

# +Clinical Certification – Case Summary - Approval

If request meets criteria based on information presented during the case build, the case will be approved at the end of the submission process:

**Summary of Your Request**

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

**Your case has been Approved.**

<b>Provider Name:</b>	DR. BHARATH MANI ANANDA VEETHI	<b>Contact:</b>	[REDACTED]
<b>Provider Address:</b>	1200 6TH AVE W SAINT CLOUD, MN 56303	<b>Phone Number:</b>	[REDACTED]
		<b>Fax Number:</b>	[REDACTED]
<b>Patient Name:</b>	[REDACTED]	<b>Patient Id:</b>	[REDACTED]
<b>Insurance Carrier:</b>	WELLSFARGO		
<b>Site Name:</b>	[REDACTED]	<b>Site ID:</b>	[REDACTED]
<b>Site Address:</b>	875 LINDSEY BLVD SW CORNING, FL 32909		
<b>Primary Diagnosis Code:</b>	M43.16	<b>Description:</b>	Spondylolisthesis, lumbar region
<b>Secondary Diagnosis Code:</b>		<b>Description:</b>	
<b>Date of Service:</b>	Not provided	<b>Description:</b>	Spine Surgery
<b>CPT Code:</b>	SPINE		
<b>Authorization Number:</b>	[REDACTED]		
<b>Review Date:</b>	5/13/2020 1:52:08 PM		
<b>Expiration Date:</b>	6/27/2020		
<b>Status:</b>	Your case has been Approved.		

CANCEL

PRINT

CONTINUE

# 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](mailto:ECRMSupport@EviCore.com)

## Web-Based Services and Portal Support

- + Live chat
- + Email: [portal.support@evicore.com](mailto: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 **866-220-3071**, representatives are available from 7 a.m. to 7 p.m. local time.



# Contact EviCore's Dedicated Teams

# 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, [ECRM](#)

Additional Information about ECRM, including trainings, can be found on [Providers Hub](#)

# +Provider Resource Website

## Provider Resource Pages

+eviCore's Provider Experience team maintains provider resource pages that contain client- and solution-specific 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:

- Frequently Asked Questions
- Quick Reference Guides
- Provider Training
- CPT code list

+To access these helpful resources, please visit:

[www.evicore.com/resources/healthplan/johnshopkinshealthcare](http://www.evicore.com/resources/healthplan/johnshopkinshealthcare)

**Johns Hopkins HealthCare Provider Services 888-895-4998**



# +Provider Newsletter

---

## Stay Updated With Our Free Provider Newsletter

+eviCore's provider newsletter is sent out to the provider community with important updates and tips. If you are interested in staying current, feel free to subscribe:

- Go to [eviCore.com](https://www.eviCore.com)
- Scroll down and add an email to subscribe
- You will begin receiving email provider newsletters with updates



# +Provider Resource Review Forums

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 navigate [www.eviCore.com](http://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
- Check-status function of existing prior authorization
- Search for contact information
- Podcasts & Insights
- Training resources

## How to register for a Provider Resource Review Forum?

You can find a list of scheduled **Provider Resource Review Forums** on [www.eviCore.com](http://www.eviCore.com) → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



**EviCore**

By EVERNORTH

---

# Thank You!

---

---

# Additional Provider Portal Features

---

# Portal Features

---

## +Certification Summary

- Allows you to track recently submitted cases

## +Authorization Lookup

- You can look-up authorization status on the portal and print any correspondence
- Search by member information OR by authorization number with ordering NPI
- Review post-decision options, submit appeal and schedule a peer-to-peer

## +Eligibility Lookup

- Confirm if member requires prior authorization

## +Clinical Certification

- You can begin an authorization request



# Duplication Feature

## Success

Thank you for submitting a request for clinical certification. Would you like to:

- [Return to the main menu](#)
- [Start a new request](#)
- [Resume an in-progress request](#)

You can also start a new request using some of the same information.

Start a new request using the same:

- Program (Radiation Therapy Management Program)
- Provider ( [REDACTED] )
- Program and Provider (Radiation Therapy Management Program and [REDACTED] )
- Program and Health Plan (Radiation Therapy Management Program and CIGNA)

GO

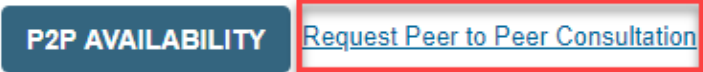

- Duplicate feature allows you to start a new request using same information
- Eliminates entering duplicate information
- Time saver!

# +How to schedule a Peer to Peer Request

- Log into your account at [www.evicore.com](http://www.evicore.com).
- Perform Authorization Lookup to determine the status of your request.
- Click on the “P2P Availability” button to determine if your case is eligible for a Peer to Peer conversation:
- If your case is eligible for a Peer to Peer conversation, 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:	



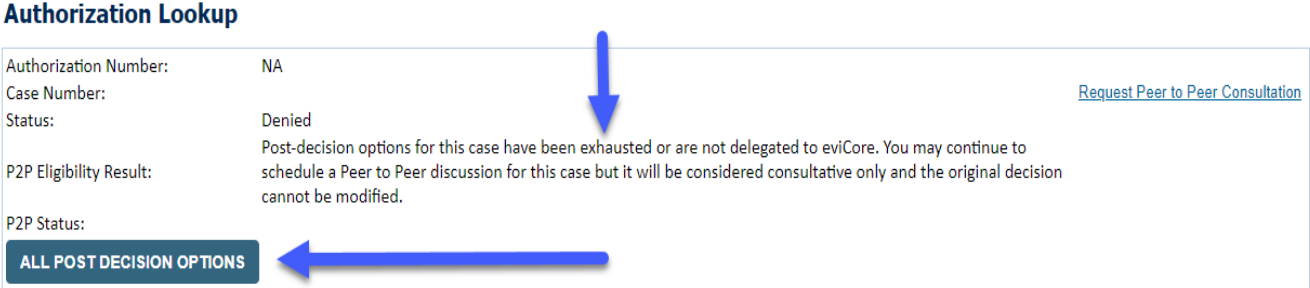
# +How to schedule a Peer to Peer Request

Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the “All Post Decision Options” button to learn what other action may be taken.

**Authorization Lookup**

Authorization Number:	NA	
Case Number:		<a href="#">Request Peer to Peer Consultation</a>
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**



Once the “Request Peer to Peer Consultation” link is selected, you will be transferred to our scheduling software via a new browser window.

# +How to Schedule a Peer to Peer Request

Case Info Questions Schedule Confirmation

## New P2P Request

eviCore healthcare P2P Portal

Case Reference Number

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 (DOB) for the case you just looked up.
- + You can 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

eviCore healthcare P2P Portal

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

# +How to Schedule a Peer to Peer Request

**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 per your availability. 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 conversation. All opportunities will automatically present. Click on any green check mark to deselect the 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	-	-	-	-	-	-

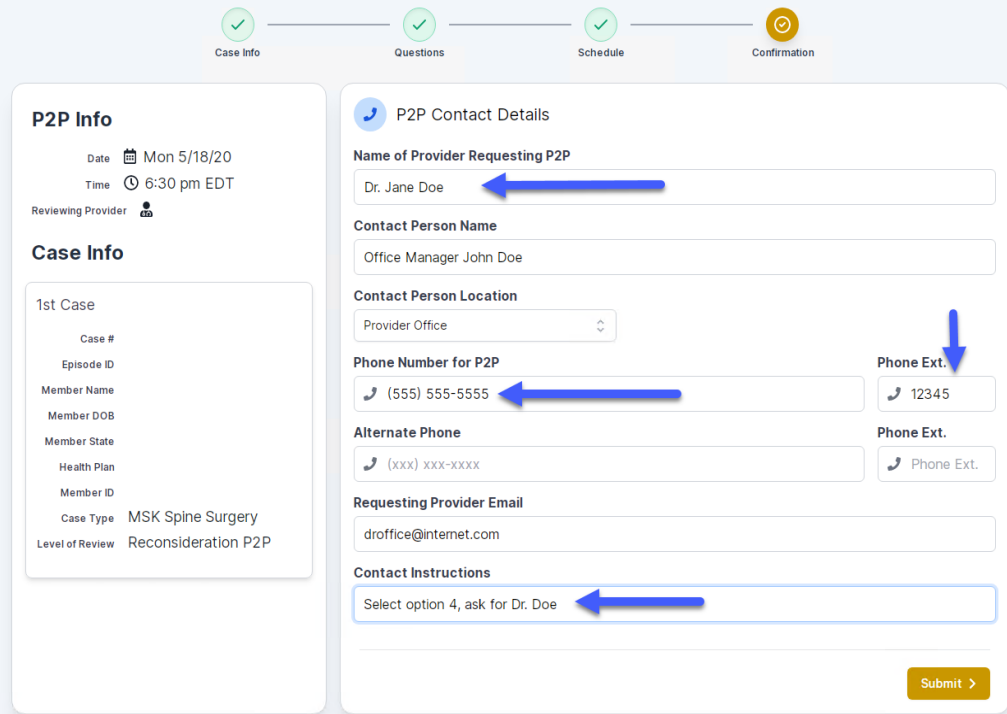
1st Priority by Skill

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...	-	-	-

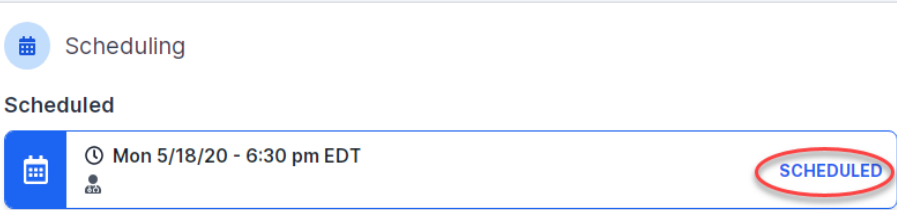
# +How to Schedule a Peer to Peer

## +Confirm Contact Details

- Contact Person Name and Email Address will auto-populate per your user credentials

+ 

- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:
  - Name of Provider Requesting P2P
  - Phone Number for P2P
  - Contact Instructions
- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.



# +Canceling or Rescheduling a Peer to Peer Appointment

## +To cancel or reschedule an appointment

- Access the scheduling software per the instructions above.
- Go to **My P2P Requests** on the left pane navigation.
- Select the request you would like to modify from the list of available appointments.
- Once opened, 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, you will have the opportunity to select a new date or time as you did initially.
  - If choosing to cancel, you will be prompted to input a cancellation reason.
  - Close browser once done

