LAB MANAGEMENT

Provider Orientation Session for Moda

Spring 2026

EviCore
By **EVERNORTH**

Agenda

1. Genetic Lab Testing Program Overview

2. Submitting Requests

3. Prior Authorization Outcomes, Special Considerations & Post-Decision Options

4. EviCore Provider Portal

5. Provider Resources

6. Questions & Next Steps

7. Appendix

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Molecular Testing (genetic and genomic) Program Overview

Moda Health Prior Authorization Services

EviCore will begin accepting prior authorization requests molecular testing services on May 1st, 2026.   However, for Texas members, EviCore will begin accepting prior authorization requests on June 1st, 2026.

Applicable Membership

+ Moda Commercial

> + Non-Self-Insured Groups (at implementation)

+ EOCCO

+ OHSU Health Services

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 on the secured provider log-in section on their: Benefit Tracker

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Delegated Services

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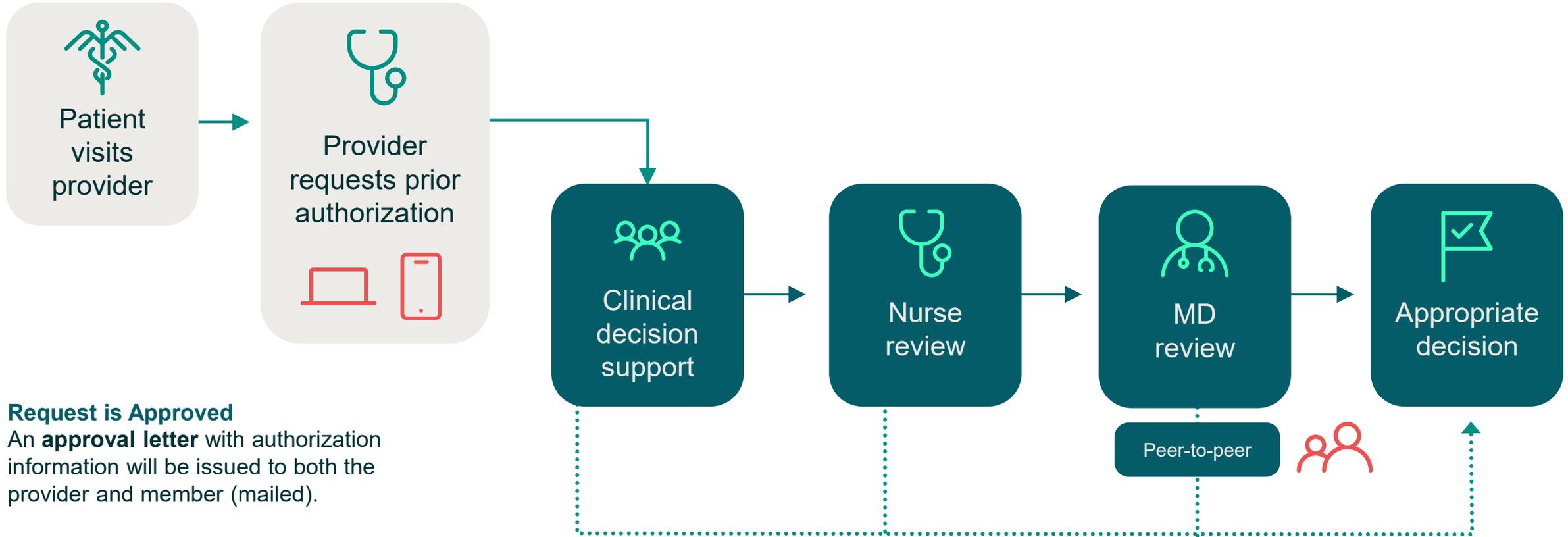
Evidence-Based Guidelines

EviCore's Molecular Genomic Lab solution maintains dedicated clinical guidelines which include contributions from a panel of community physicians and experts associated with academic institutions. Our guidelines are the foundation of our solution and are evidence-based medical policy incorporating:

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

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Submitting Requests

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Pre-service prior authorization workflow

Patient visits provider → Provider requests prior authorization → Clinical decision support → Nurse review → MD review → Appropriate decision

Peer-to-peer

Request is Approved
An **approval letter** with authorization information will be issued to both the provider and member (mailed).

Request is Denied
A **denial letter with clinical rationale** for the decision and appeal rights will be issued to both the provider and member.

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How to Request Prior Authorization

The EviCore Provider Portal is the easiest, most efficient way to request clinical reviews and check statuses.

+ **Save time:** Quicker process than requests by phone

+ **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:** 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

Or by phone**: 844.303.8451**

Monday – Friday
7 AM – 7 PM (local time)

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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

Supporting Clinical

✓ Details about the test being performed (test name, description and/or unique identifier)

✓ Test indication, including any applicable signs and symptoms or other reasons for testing

✓ Any applicable test results (laboratory, imaging, pathology, etc.)

✓ Any applicable family history & how test results will impact patient care

Rendering Facility

✓ Facility name

✓ Address

✓ National provider identifier (NPI)

✓ Tax identification number (TIN)

✓ Phone & fax number

***All** clinical information pages must include the member's first and last name and at least one additional patient identifier, such as date of birth and health plan ID.*

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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:

A hold letter will be faxed to the requesting provider requesting additional documentation.

>

The provider must submit the additional information to EviCore. If uploading documents is not available, you can fax to 844-545-9213

>

EviCore will review the additional documentation and reach a determination.

The hold letter will inform the provider about what clinical information is needed as well as the **due date indicated in the letter.**

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.

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

Again, before a denial decision is issued, EviCore will notify providers if additional information is needed. From there, additional clinical information must be submitted to EviCore in advance of the due date referenced.

Important to note: If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is not held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed.

Once the determination is made, notifications will go out to the provider and member, and status will be available on EviCore.com

There are three ways to supply the requested information:

1. Upload directly into the case via the provider portal at EviCore.com. Remember that all clinical information pages must include 2 patient/member identifiers.
2. Request a Pre-Decision Clinical Consultation This consultation can be requested via the EviCore website (see slide 48 for instructions), and must occur prior to the due date referenced
3. Fax to 844-545-9213

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Prior Authorization Outcomes, Special Considerations & Post-Decision Options

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Determination Outcomes

+ Approved Requests: Authorizations are valid for 180 days from the date of the specimen collection or retrieval date, or the authorization submission date if not specified.

+ 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.

+ 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 Provider's Hub | EviCore by Evernorth.

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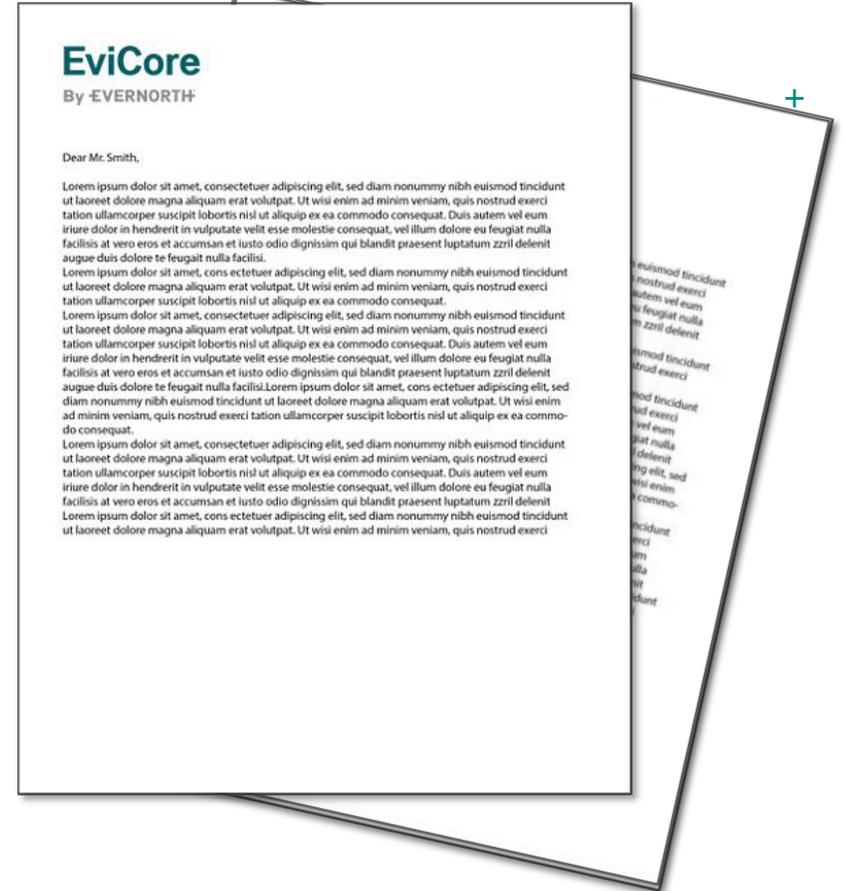
Special Circumstances

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
- Alaska - 24 hours
- Texas, Oregon, and Idaho - 72 hours

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Special Circumstances

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

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Commercial, EOCCO & OHSU Health Services 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 **844.303.8451** to speak with an agent who can provide available option(s) and instruction on how to proceed.

+ Alternatively, select 'All Post Decisions' under the authorization lookup function on **EviCore.com** to see available options.

Commercial

+ EviCore will process first-level appeals and reconsiderations for Commercial members.

+ Appeal requests can be submitted via a written or verbal request by a prescriber, ordering provider, or consumer to contest an organizational determination, such as, services have been denied, reduced, etc.

+ A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider.

EOCCO & OHSU Health Services

+ Post decision options go through the health plan.

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EviCore Provider Portal

Access and Compatibility

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

Access resources on the EviCore Provider Portal

Visit **evicore.com/provider**

Already a user?

Log in with User ID & Password

Don't have an account?

Click **Register Now**
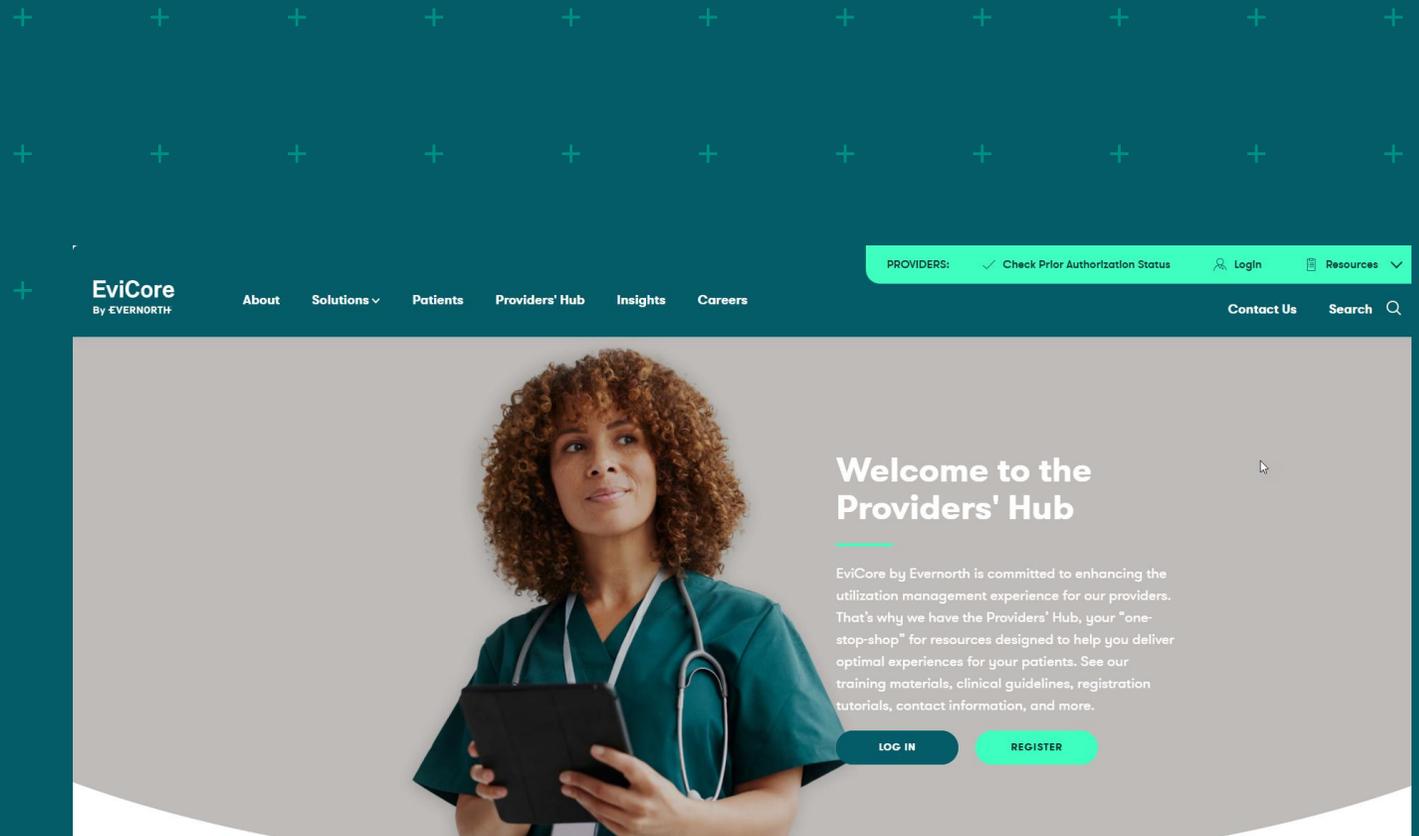
EviCore's website is compatible with all web browsers. If you experience issues, you may need to disable pop-up blockers to access the site.

Creating an Account

Complete the Registration online form and follow the instructions for creating your password and setting up your two Factor Authentication.

Initiating A Case On The Web Portal

Choose Clinical Certification to begin a new request

Select Lab Management Program

Select if you are the referring provider or the rendering lab

If referring provider is the provider making the request :

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

If rendering provider is the provider making the request:

Requesting Provider Information

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

Please Select a Health Plan ▾

SUBMIT

Requesting Provider Information

Do you have the ordering physician's NPI Number?

○ Yes ○ No

Enter NPI Number

Submit

Click here for help

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

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Entering The Proper Contact Information for The Person Managing the Authorization Request.

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

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

Selecting The Member and The Procedure & Diagnosis

Patient Eligibility Lookup

Patient ID:* [   ]

Date Of Birth:* [   ] MM/DD/YYYY

Patient Last Name Only:* [   ] [?]

When entering patient details, please review and confirm the spelling of the patient's name. Verify accuracy of the patient's ID.

LOOKUP AGAIN

Search Results

	Patient ID	Member Code		DOB		
SELECT	U	01				

BACK

Attention!

Time: 12/3/2025 6:14 PM

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

mm/dd/yyyy 📅

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

Submit

The user will be prompted to enter the date the specimen was collected (the date of service).

Then they will enter the member's health plan ID number, date of birth and last name to find and select the patient.

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Entering The Procedure Request and The Diagnosis

Requested Service + Diagnosis

Lab Management Program Procedures

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

[LABTST ▾] [MOLECULAR GENETIC TEST ▾]

Don't see your procedure code or type of service? Click here

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

Diagnosis

Primary Diagnosis Code: (___)
Description: **Malignant** _____
Change Primary Diagnosis

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Lab Management Program

[_____] [LOOKUP]

[BACK] [CONTINUE]

Requested Service + Diagnosis

Confirm your service selection.

CPT Code: LABTST
Description: MOLECULAR GENETIC TEST
Primary Diagnosis Code: R97.1
Primary Diagnosis: Elevated cancer antigen 125 [CA 125]
Secondary Diagnosis Code:
Secondary Diagnosis:

Change Procedure or Primary Diagnosis
Change Secondary Diagnosis

[BACK] [CONTINUE]

Click here for help

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

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The Rendering Provider Search and Selection

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

Clinical Certification Request | Attestation

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

Proceed to Clinical Information

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

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

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

[BACK] [CONTINUE]

- Verify that all information is entered and correct

- **You will not have the opportunity to make changes after this point**

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Clinical Certification Request | Urgency Indicator

Select yes or no to the urgency indicator question.

+ If your request is a standard request- select YES.
+ If your request is URGENT- select NO.

If the case is marked urgent, you will be given this pop up. Please answer the question as indicated for your patient.

+ If none of the above is selected, your case will be processed as a standard case.

Once a case is marked urgent, you will then be prompted to upload clinical information. This step is REQUIRED, in order to process the case appropriately.

After the upload is complete, you will continue into the pathway questions, just like standard requests.

Proceed to Clinical Information

Is this case Routine/Standard?

YES   NO

Proceed to Clinical Information

Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standard/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.
In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

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

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

Clinical Upload

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

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

Choose File   No file chosen
Choose File   No file chosen
Choose File   No file chosen
Choose File   No file chosen
Choose File   No file chosen

UPLOAD

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Proceed to Clinical Information – Example of Questions

Proceed to Clinical Information

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

ⓘ To the best of your knowledge, has a previous prior authorization request been made for this member and this test?
○ Yes ○ No ○ Unknown

ⓘ Has the specimen been collected?
○ Yes ○ No ○ Unknown

SUBMIT

Proceed to Clinical Information

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

[_____] 📅

SUBMIT

Proceed to Clinical Information

ⓘ What kind of testing is being done?
☐ Testing related to cancer
○ Testing related to pregnancy
○ Other
○ Unknown

ⓘ What test is being requested? Please provide the test name or a short description.
[_____]

ⓘ Do you know the procedure codes that will be billed for this test?
○ Yes ○ No

SUBMIT

☐ Finish Later

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

Clinical Certification questions will populate based upon the information provided

Users can save the request and finish later if needed
+ Please complete the case before the end of the day
+ When logged in, you can resume a saved request by going to Certification Requests in Progress

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Proceed to Clinical Information – More examples

What is the name of the test you are requesting?

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

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

Select CPT Code [0001U - RBC DNA HEA 35 AG 11 BLD GRP ▾] [Add CPT]

Procedure Code	Description	Units
[X] 0037U	FoundationOne CDx (F1CDx) Foundation Medicine, Inc.	1

The **Procedure Code Confirmation Screen:**
After a Lab test is selected from the pathway list above, the user will be presented with the option to add, delete, or change codes.

Are you ready to submit these procedure codes?
- ○ Yes
- ○ No, I need to return to the lists of tests
- ○ No, I cannot find my procedure code and want to manually submit all the codes

[Submit]

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Proceed to Clinical Information – Free Text Questions

Proceed to Clinical Information

Answer the following questions in clinical detail:

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

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

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

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

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Next Step: Criteria not met

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

Tips:

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

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Criteria Met

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

Summary of Your Request

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

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

Provider Name:		**Contact:**	
Provider Address:		**Phone Number:**	
		Fax Number:	

Patient Name:		**Patient Id:**	
Insurance Carrier:			

Site Name:		**Site ID:**	
Site Address:			

Primary Diagnosis Code:	Z01.419	**Description:**	Encounter for gynecological examination (general) (routine) without abnormal findings
Secondary Diagnosis Code:		**Description:**	
Date of Service:	Not provided		
CPT Code:	LABTST	**Description:**	MOLECULAR GENETIC TEST
Authorization Number:			
Review Date:	7/15/2020 5:21:21 PM		
Expiration Date:	1/9/2021		
Status:	The following testing is approved: BRCA1 and/or 2 Gene Testing. Procedure code(s) approved: 81162.		

CANCEL   PRINT   CONTINUE

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Authorization Lookup Feature

Authorization Lookup

Authorization Number:	NA
Case Number:	[redacted]
Status:	Pending eviCore Review
P2P Status:	
Approval Date:	
Service Code:	LABTST
Service Description:	MOLECULAR GENETIC TEST
Site Name:	MOUNT SINAI GENOMICS
Expiration Date:	
Date Last Updated:	7/15/2020 5:30:44 PM
Correspondence:	**UPLOADS & FAXES**
Clinical Upload:	Upload Additional Clinical

P2P AVAILABILITY

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

Authorization Number:	[redacted]
Case Number:	[redacted]
Status:	Approved
P2P Status:	
Approval Date:	7/13/2020 12:00:00 AM
Service Code:	LABTST
Service Description:	MOLECULAR GENETIC TEST
Site Name:	MOUNT SINAI GENOMICS
Expiration Date:	1/9/2021
Date Last Updated:	7/15/2020 5:25:14 PM
Correspondence:	**UPLOADS & FAXES**

P2P AVAILABILITY

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

Uploads & Faxes

Attached Faxes | Sent Letters & Faxes | Document Uploads

3 documents sent.

Episode ID	Date Sent	Time Sent	Document Name	Recipient	View
[redacted]	07/15/2020	17:25:44	OSC0101 - Approval Standard PHYS	Physician	**VIEW**
[redacted]	07/15/2020	17:25:44	OSC0104 - Approval Standard SITE	Site	**VIEW**
[redacted]	07/15/2020	17:25:45	OSC0100 - Approval Standard MBR	Patient	**VIEW**

CLOSE

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Provider Resources

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Clinical Guidelines

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

+ Select the 'Clinical Guidelines' button to be directed to the main clinical guidelines page.

+ Scroll down and select the 'Laboratory Management' solution.

+ Type in the appropriate health plan (Moda / EOOCO / OHSU Health Services) in the 'Search Health Plan' search bar and press enter.

+ Select the appropriate guideline specific to the requested test(s).

Examples:
  + Specific genetic testing
  + Molecular and genomic testing
  + Huntington Disease testing

Resources

CLINICAL GUIDELINES

Laboratory Management
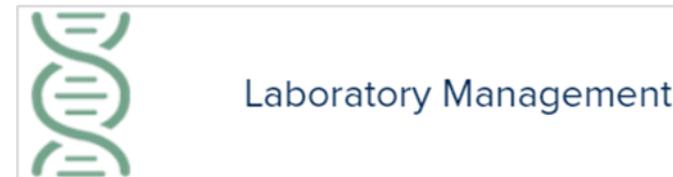
Laboratory Management

Instructions for accessing the guidelines:

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

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

Search Health Plan ...

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Clinical Guidelines - continued

Current, Future, and Archived lists and Guidelines are found here.

You can select the Code List or the Lab Management Guidelines

There are Lab Guidelines for Administrative, Clinical Use, and Test Specific on our resource site.

CURRENT   FUTURE   ARCHIVED

Code Lists

Lab Management Code List

Guidelines

Lab Management Guidelines

ADMINISTRATIVE ⊕

CLINICAL USE ⊕

TEST SPECIFIC ⊕

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Client and Provider Services

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

+ Access: ECRM Services
+ ECRM educational resources: ECRM Resources | EviCore by Evernorth
+ Trouble using ECRM? Send an email to: ECRMSupport@EviCore.com
+ Phone: **(800) 646-0418** (option 4).

Web-Based Services and Portal Support

+ Live chat
+ Access: ECRM Services
+ Phone: **800-646-0418** (option 2).

Provider Engagement

+ Regional team that works directly with the provider community.
+ **Lisa Mekkelsen, Oregon, Washington**
    + Email: **Lisa.Mekkelsen@evicore.com**
    + Phone: **843-949-0022**.
+ **Katie Potter, Alaska, Texas**
    + Email: **Kathryn.Potter@evicore.com**
    + Phone: **845-863-6650**.

Call Center

Call **844-545-9213**, representatives are available from 7 a.m. to 7 p.m. local time.

Contact EviCore's Dedicated Teams

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Provider Resource Website

EviCore's Provider Engagement team maintains educational resources to assist providers and their staff with the EviCore prior authorization process.   Access these helpful resources by clicking here:

Moda Health Provider Resources | EviCore by Evernorth

EOCCO Provider Resources | EviCore by Evernorth

OHSU Health Services Provider Resources | EviCore by Evernorth

These pages will include:

+ Frequently asked questions

+ Quick reference guides

+ Provider training

+ CPT code list

EviCore also maintains online resources not specific to health plans, such as guidelines and our required clinical information checklist.
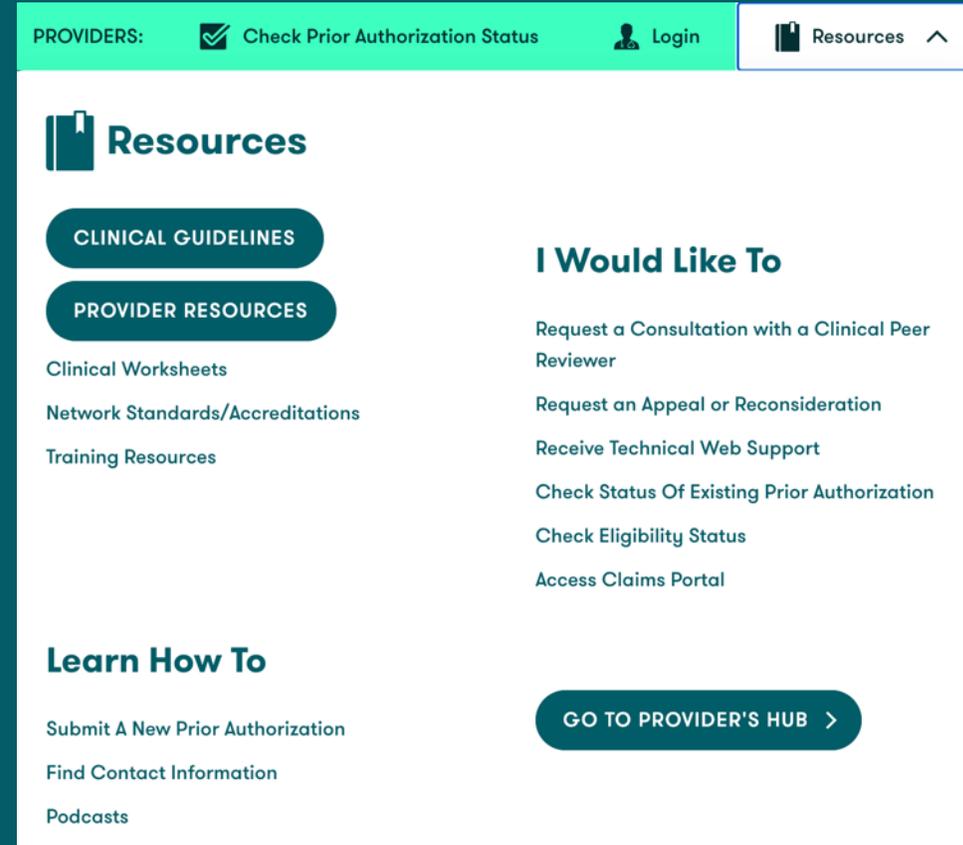
To access these helpful resources, visit EviCore's Provider's Hub | EviCore by Evernorth.

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Quick Reference Tool

**Where can I locate plan-specific contact information?**

1. Open the **Resources** menu in the top right of the browser
2. Select **Find Contact Information**
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

PROVIDERS: ☑ Check Prior Authorization Status   👤 Login   📕 Resources ∧

Resources

CLINICAL GUIDELINES

PROVIDER RESOURCES

Clinical Worksheets

Network Standards/Accreditations

Training Resources

I Would Like To

Request a Consultation with a Clinical Peer Reviewer

Request an Appeal or Reconsideration

Receive Technical Web Support

Check Status Of Existing Prior Authorization

Check Eligibility Status

Access Claims Portal

Learn How To

Submit A New Prior Authorization

Find Contact Information

Podcasts

GO TO PROVIDER'S HUB >

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EviCore Provider's Hub

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

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

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

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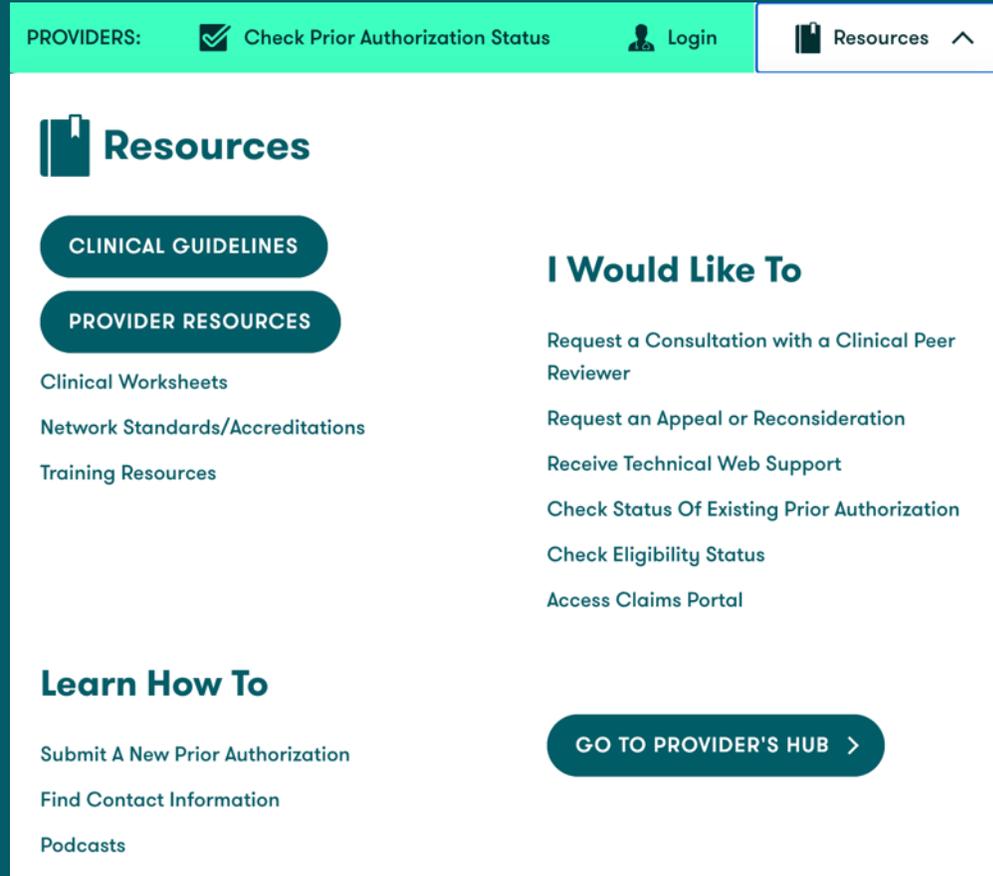
EviCore Online Provider Resources Review Forum

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

We invite you to attend an **Intro to EviCore Online Resources** to learn how to navigate EviCore's web site and understand all the non-health plan specific resources available on the Provider's Hub.

Included is a broad overview of registering and using the EviCore portal. This is great for those new to Evicore.com and the prior authorization process.

Ongoing sessions for Intro to Portal Training

+ Provides step-by-step guidance on submitting requests through both the EviCore CareCore National platform and EviCore MedSolutions platform.
+ Includes Portal registration, Case lookup, and Scheduling Peer to Peer Consultations

Register for Provider sessions:

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

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EviCore's Provider Newsletter

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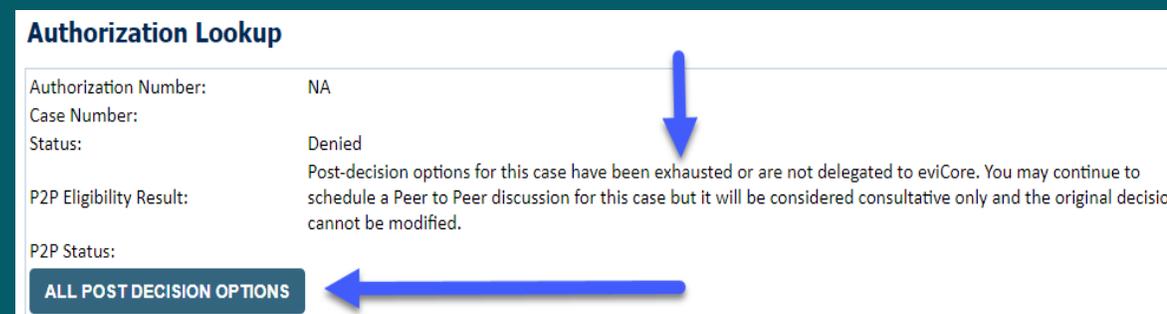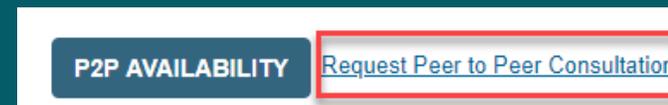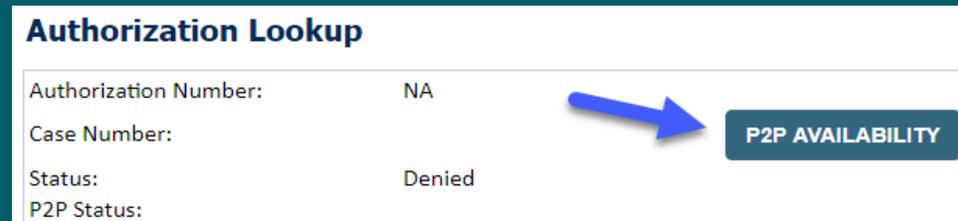+ Enter a valid email address

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Thank You

Peer-to-Peer (P2P) Scheduling Tool

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

1. Log-in to your account at EviCore.com

2. Perform **Clinical Review Lookup** to determine the status of your request

3. Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a Peer-to-Peer consultation

4. Note carefully any messaging that displays*

Authorization Lookup

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

P2P AVAILABILITY

P2P AVAILABILITY   Request Peer to Peer Consultation

Authorization Lookup

|	
Authorization Number:	NA
Case Number:	
Status:	Denied
	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 Eligibility Result:	
P2P Status:	

ALL POST DECISION OPTIONS

*In some instances, a Peer-to-Peer consultation is allowed, but the case decision can not be changed. In such cases, you can still request a **Consultative-Only Peer-to-Peer.** You can also click on the **ALL POST-DECISION OPTIONS** button to learn what other action can be taken.

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

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Schedule a P2P Request
(con't.)

1. Upon first login, you will be asked to confirm your default time zone

2. You will be presented with the Case Number and Member Date of Birth

3. Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**

4. To proceed, select **Lookup Cases**

5. You will receive a confirmation screen with member and case information, including the Level of Review for the case in question

6. Click **Continue** to proceed
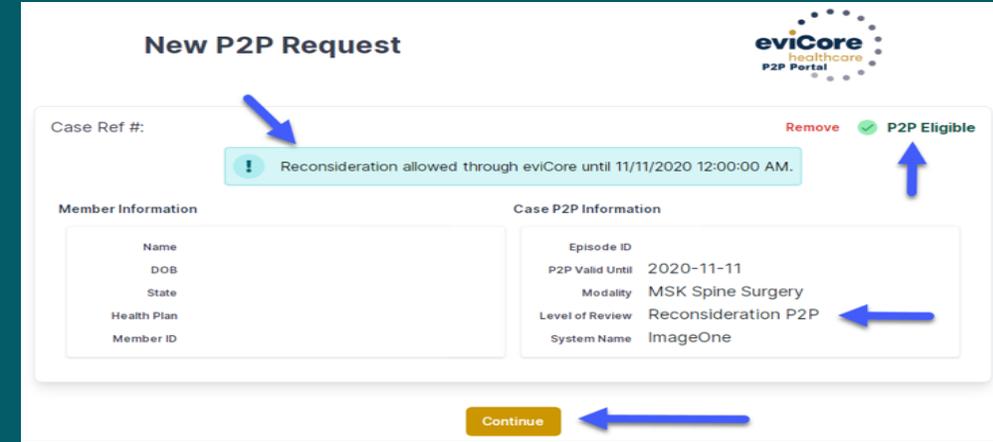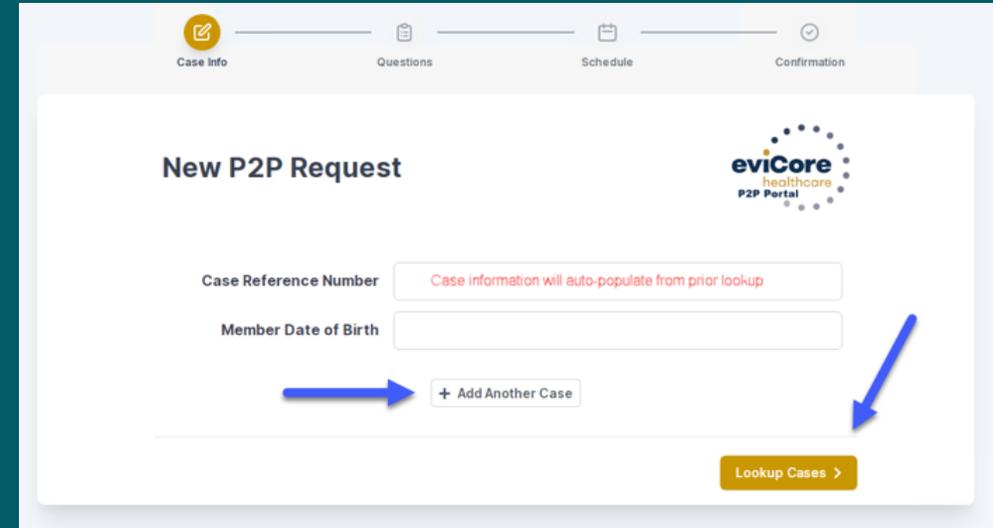
Schedule a P2P Request
(con't.)

1. You will be prompted with a list of EviCore Physicians / Reviewers and appointment options

2. Select any of the listed appointment times to continue

3. You will be prompted to identify your preferred days and times for a Peer-to-Peer consultation (all opportunities will be automatically presented)

4. Click on any **green checkmark** to **deselect** that option and then click **Continue**

Schedule a P2P Request
(con't.)

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

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Cancel or Reschedule a P2P Appointment

To cancel or reschedule an appointment:

1. Access the scheduling software and select **My P2P Requests** on the left-pane navigation

2. Select the request you would like to modify from the list of available appointments

3. When the request appears, click on the schedule link. An appointment window will open

4. Click on the **Actions** drop-down and choose the appropriate action

   + **If choosing to reschedule,** select a new date or time as you did initially

   + **If choosing to cancel,** input a cancellation reason

5. Close the browser once finished

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