

Cardiac Implantable Devices (CID)

Provider Orientation Session
for Network Health

July 2026



Agenda

1. Solutions Overview
2. Cardiac Implantable Devices (CID)
3. Submitting Requests
4. Prior Authorization Outcomes, Special Considerations & Post-Decision Options
5. EviCore Provider Portal and Portal Features
6. Provider Resources
7. Appendix

Solution Overview

Network Health Prior Authorization Services

EviCore will begin accepting prior authorization requests for Cardiac Implantable Devices (CID) services on June 15, 2026, and is required for dates of service July 1, 2026, and after.



Applicable Membership

- + Commercial Fully Insured and Self Insured
 - + Medicare
-

Prior authorization applies to the following services

- + Outpatient setting
 - + Inpatient setting
 - + Planned /Non-emergent
-

Prior authorization does NOT apply to services performed in:

- + Emergency Rooms
- + Observation Services

CID Procedures

Cardiac Implantable Devices (CID) is part of EviCore's Cardiology Solution. CID services include:

Removal and/or placement (or replacement) of:

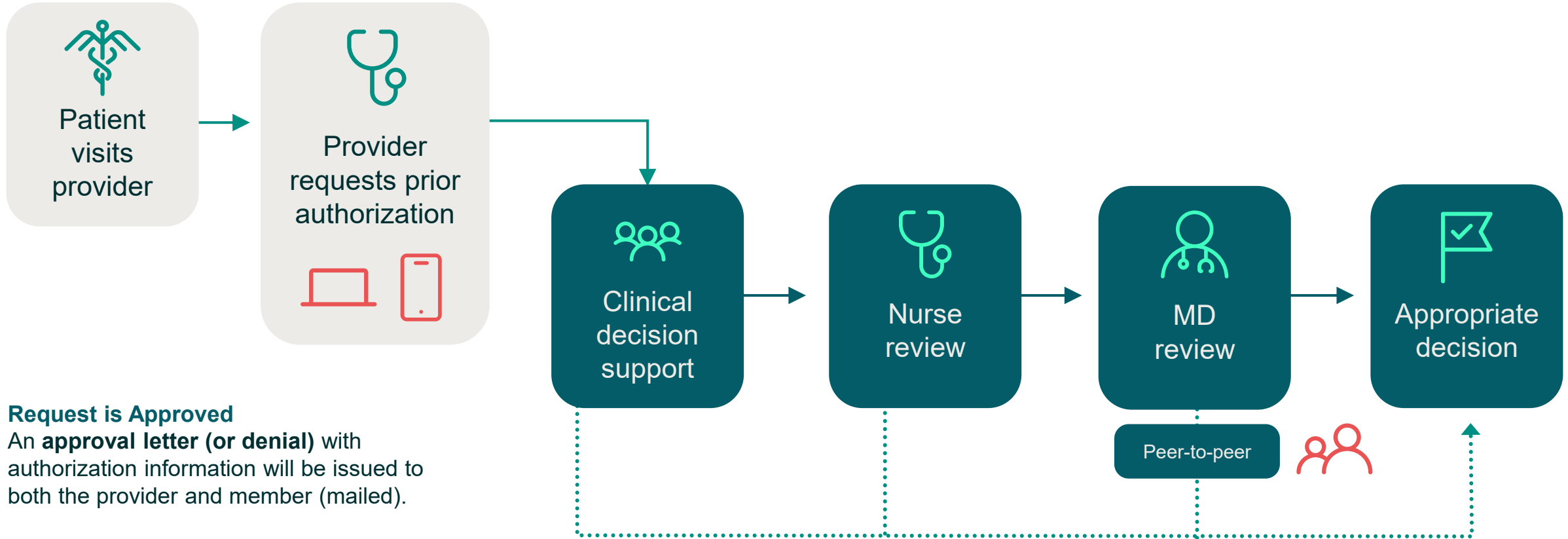
- Pacemakers
- Defibrillators
- Cardiac Resynchronization Therapy
- Pulmonary Artery Pressure Sensors

For the full list, go to [Network Health WI Provider Resources | EviCore by Evernorth](#)



Submitting Requests

Pre-service prior authorization workflow



Request is Approved

An **approval letter (or denial)** 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.

How to Request Prior Authorization

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

- + **Save time:** Quicker process than requests by phone or fax
- + **Available 24/7**
- + **Save your progress:** If you need to step away, you can save your progress and resume later
- + **Upload additional clinical information:** No need to fax 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 [Provider's Hub | EviCore by Evernorth](#)

Or by phone: **855-727-7444**
Monday – Friday
7 AM – 7 PM (central time)

Or by fax: **800.540.2406**

Necessary Information for Prior Authorization



For EviCore to clearly understand why the requested procedure is medically necessary for the member, 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

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



Rendering Facility

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

All Clinical Information pages must include 2 patient/member identifiers

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.



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 **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 to the ordering physician, rendering provider and the member.

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



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 [Provider's Hub | EviCore by Evernorth](#)

Reminder that all clinical information pages must include 2 patient/member identifiers

There are three ways to supply the requested information:

1. Upload directly into the case via the provider portal at: [Provider's Hub | EviCore by Evernorth](#).
2. Request a Pre-Decision Clinical Consultation
This consultation can be requested via the EviCore website (see the appendix instructions), and must occur prior to the due date referenced
3. Fax to 855-744-1319

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

Prior Authorization Determination Outcomes

Determination Outcomes

- + Approved Requests: Authorizations are valid for 60 calendar days from the date of the determination. See determination letter for details.
- + 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.
- + 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.



Prior Authorization Notification access and delivery methods

- + Members will receive the decision notice by mail.
- + Decision notices are made available on the provider web portal 24/7 via the authorization lookup feature (shown later in this presentation).
- + The requesting provider will be sent e-notifications by default unless the user chooses **not** to receive notices electronically (further clarification shown later in this presentation).
- + The rendering provider, selected via the site of service, will receive notification via fax.



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 48 hours



Special Circumstances

Retrospective Authorization Requests



Must be submitted within 7 business days from the date of services



Any submitted beyond this timeframe will be administratively denied



Reviewed for **clinical urgency** and medical necessity



Processed within 30 calendar days



When authorized, the start date will be the submitted date of service



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Special Circumstances

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 by calling intake



Providers have up to 14 calendar days to contact EviCore to accept the alternative recommendation



Special Circumstances

Authorization Update



If updates are needed on an existing authorization, such as date of service or location, providers can contact EviCore by phone



If the authorization is not updated and a different facility location is submitted on the claim, it may result in a claim denial



Medicare Members

My case has been denied.
What's next?

- + 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 can not be overturned via Clinical Consultation.



Reconsiderations

- + Medicare cases do not include a reconsideration option
-



Appeals

- + EviCore will not process appeals.
- + Appeal requests must be submitted to Network Health within 60 calendar days from the initial determination.
- + Appeal requests can be submitted in writing

For the existing Commercial Members

Options if your case is denied

- + 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 855-727-7444 to speak with an agent who can provide available option(s) and instruction on how to proceed.
- + Alternatively, select 'All Post Decisions' under the authorization lookup function on EviCore.com to see available options.



Reconsiderations

- + Reconsiderations must be requested within 14 calendar days after the determination date.
- + Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an EviCore physician. Refer to the 3 ways you can share additional information by clicking [here](#).



Appeals

- + EviCore will not process appeals.
- + Appeal requests can be submitted to Network Health. Please refer to your denial letter for timeframes.
- + A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider.

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

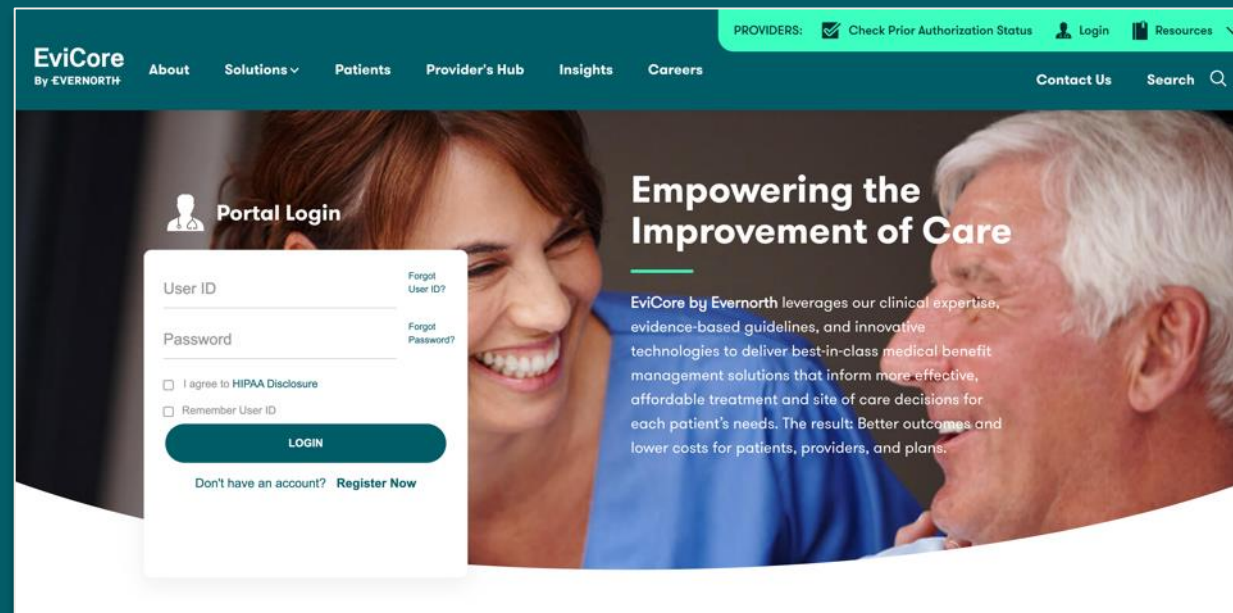
Visit evicore.com/provider

Already a user?

Log in with User ID & Password

Don't have an account?

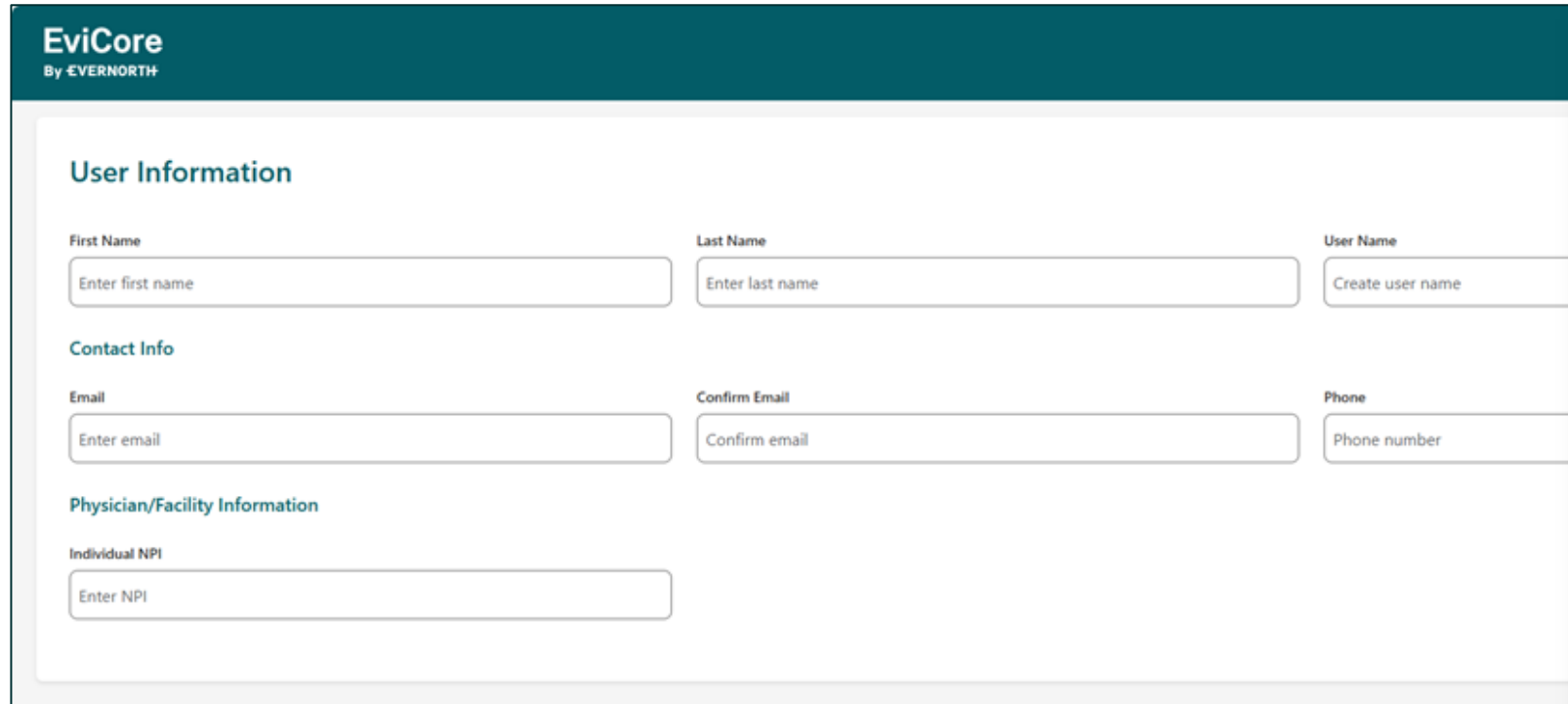
Click **Register Now**



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.

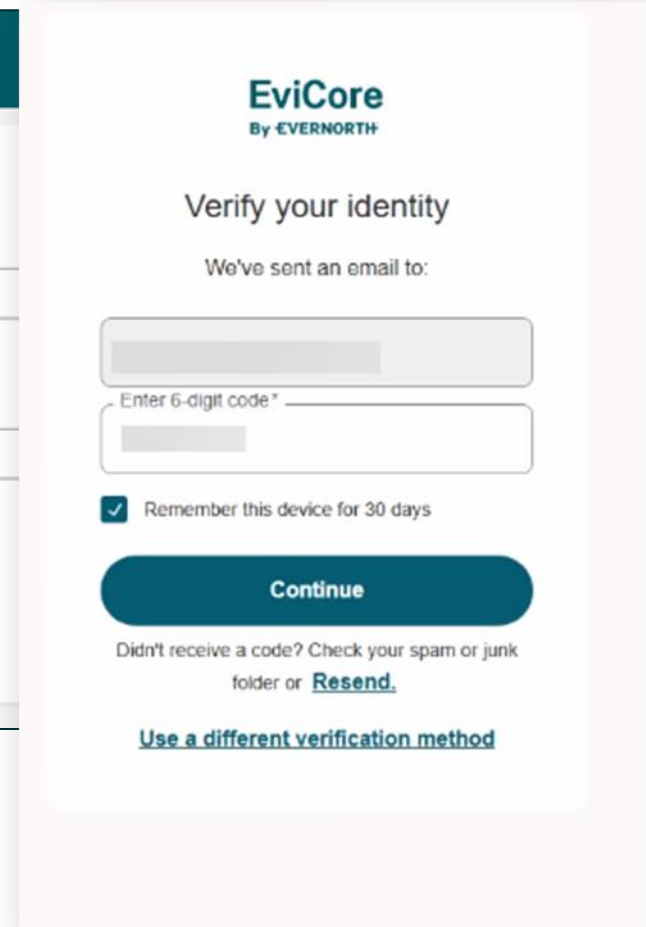
Creating an Account

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



The registration form is titled "EviCore By EVERNORTH" and is divided into three sections: "User Information", "Contact Info", and "Physician/Facility Information".

- User Information:** Includes fields for "First Name" (placeholder: "Enter first name"), "Last Name" (placeholder: "Enter last name"), and "User Name" (placeholder: "Create user name").
- Contact Info:** Includes fields for "Email" (placeholder: "Enter email"), "Confirm Email" (placeholder: "Confirm email"), and "Phone" (placeholder: "Phone number").
- Physician/Facility Information:** Includes a field for "Individual NPI" (placeholder: "Enter NPI").



The verification screen is titled "EviCore By EVERNORTH" and "Verify your identity". It displays the message "We've sent an email to:" followed by a blurred email address field. Below this is a field for "Enter 6-digit code*" with a blurred input area. A checkbox labeled "Remember this device for 30 days" is checked. A large teal "Continue" button is present. Below the button, it says "Didn't receive a code? Check your spam or junk folder or [Resend.](#)" and a link for "[Use a different verification method](#)".

Provider Unified Experience Dashboard (UPX)

When logging in, users land on the UPX dashboard designed as a user ‘worklist.’ Please visit our Provider’s Hub at [Provider's Hub | EviCore by Evernorth](#) to learn more about the benefits of UPX.

The screenshot displays the EviCore Provider Unified Experience Dashboard (UPX) interface. The top navigation bar includes the EviCore logo, a search bar, and several menu items: 'Authorization Lookup', 'Request An Authorization', 'Worklist', 'Portals', 'Help / Contact', 'User Access', and 'Hello, [User Name]'. The 'Request An Authorization' menu is open, showing options for 'CareCore' and 'MedSolutions'. The 'Portals' menu is also open, listing 'CareCore' and 'MedSolutions' with their respective sub-menus. The main content area is titled 'My Worklist' and features a filter bar with options: 'Pending', 'Approved', 'Partially Approved', 'Denied', 'Cancelled', and 'All Statuses'. Below the filter bar is a search input field with the placeholder text 'Start typing to search...'. A table with columns for 'Request ID', 'Authorization ID', 'Patient', 'Status', 'Submitted', 'End Date', and 'Procedure' is visible at the bottom of the dashboard.

Initiating A Case On The Web Portal

EviCore

By EVERNORTH

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

Request an Authorization

To begin, please select a program below:

- Durable Medical Equipment(DME)
- EviCore Medical Oncology Pathways
- Gastroenterology
- Gene Therapy
- Home Health
- Lab Management Program
- Medical Specialty Drugs
- Musculoskeletal Management
- Other Services [?]
- Pharmacy Drugs (Express Scripts Coverage)
- Radiation Therapy Management Program (RTMP)
- Radiology and Cardiology/Vascular Intervention
- Sleep Management

CONTINUE

[Click here for help](#)

CID services are managed under the Cardiovascular program.

Therefore, please select “Radiology and Cardiology/Vascular Intervention” to proceed.

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Select the provider making the request :

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

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

If the provider's NPI is not listed above, please use the search feature below to add a new provider and continue with ca

Search By NPI:

SEARCH

BACK

CONTINUE

[Click here for help](#)

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

Attention!

Do you want to add this NPI ([REDACTED]) to your account for future requests ?

YES

NO

Clinical Certification Request | Select Health Plan

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Add Provider	MedSolutions Portal	Unified Dashboard	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	--------------	---------------------	-------------------	-------------------

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

NWHWI	▼	
200	DRD	▼

BACK	CONTINUE
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[Click here for help](#)

- Choose the appropriate **health plan** for the request.
- Another drop down will appear to select the appropriate address for the **provider**.
- Click **CONTINUE**.

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

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:*

Receive email notification of case status changes

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

[Click here for help](#)

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

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

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

Selecting The Member

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	Name	DOB	Gender	Address
<input type="button" value="SELECT"/>	<input type="text"/>	01	<input type="text"/>	1 <input type="text"/> 0	M	2 <input type="text"/> T DR K <input type="text"/>

BACK

- + The user will be prompted to enter the date of service.
- + Then enter the member's health plan ID number, date of birth and last name to find and select the patient.
- + If the expected treatment date is unknown, the start date will default to the date that the request is approved by EviCore.

Attention!

Time: 3/22/2026 2:53 PM

What is the expected procedure date or treatment start date for this request? (MM/DD/20YY)*

mm/dd/yyyy



Date must be in MM/DD/20YY
or M/D/20YY format

If the Date of Service is unknown, please enter today's date.

Submit

Enter Requested Procedure and Diagnosis

- + Select appropriate **CPT** and **Diagnosis codes**
- + Any additional procedures needed will be collected during the clinical questionnaire

EviCore
By EVERNORTH

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

Requested Service + Diagnosis

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

Radiology Procedures

Select a Primary Procedure by CPT Code[?] or Description[?]
33208 DUAL CHAMBER PACEMAKER (DDD)
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: **I48.0**
Description: **Paroxysmal atrial fibrillation**
[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Radiology

[LOOKUP](#)

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

[Click here for help](#)

The Rendering Provider Search and Selection



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

Specific Site Search

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

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

LOOKUP SITE

Lab Email (optional)

	Name	Address
SELECT	NA [redacted]	[redacted] 3
SELECT	NAT [redacted]	2 S [redacted] S [redacted]

BACK

Select the rendering site that will be performing the procedure.



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
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Proceed to Clinical Information

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

Once you have clicked "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):

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

UPLOAD

Proceed to Clinical Information

- + **Clinical Certification** questions will populate based on the information provided
- + You can save your request and '**Finish later**' if needed. Please make sure to complete the case by the end of the day to avoid the case expiring.
- + Select **Certification Requests in Progress** to resume a saved request (this function is **not** available for single sign on (SSO) users)

Example Questions

Proceed to Clinical Information

BEGINNING OF CLINICAL QUESTIONNAIRE FOR Cardiac Implantable. Please click submit.

Proceed

Submit

Finish Later

Proceed to Clinical Information

What is the date of the most recent contact with the requesting provider for this problem? (Enter an approximate date if the exact date is not known)

mm/dd/yyyy

9/4/2024



Enter the type of contact.

Email

Office visit

Phone call

Video/Telemedicine

Other

Unknown

Submit

Finish Later

Did you know?

You can save a certification request to finish later.

Proceed to Clinical Information – additional sample questions

- + **Clinical Certification** questions will populate based on the information provided in previous questions.

Example Questions

The collage displays four examples of the 'Proceed to Clinical Information' form:

- Example 1:** A question: "The CPT code selected is for the insertion of an implantable cardioverter-defibrillator (ICD), is that correct?" with radio buttons for "Yes" and "No", and a "Submit" button.
- Example 2:** A question: "Will CPT 33225 (L Ventricular Pacing Lead Add-On) be required for this prior authorization request?" with radio buttons for "Yes" and "No", and a "Submit" button. It also includes a "Finish Later" checkbox and a tooltip: "Did you know? You can save a certification request to finish later."
- Example 3:** A text instruction: "Please start a request for CPT 33225 in conjunction with this request." with a "Submit" button. It also includes a "Finish Later" checkbox and a tooltip: "Did you know? You can save a certification request to finish later."
- Example 4:** A question: "What is the indication for the ICD request for this patient?" with a dropdown menu showing "Known cardiac arrest believed due to ventricular tachycard..." and a "Submit" button. It also includes a "Finish Later" checkbox and a tooltip: "Did you know? You can save a certification request to finish later."

Adding Additional CID Codes

- + You can enter additional requested CID procedures to the same case.
- + **Clinical Certification** questions will populate based on the information provided in previous questions.

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

[Click here for help](#)

Proceed to Clinical Information

Each of your requested procedure codes has been added to this authorization.

You can also find the procedure codes associated to this request via "Authorization Lookup" on the web.

Submit

Finish Later

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

Entering Additional Information

- + You will have an opportunity to add **Additional information** via upload and/or text in the space provided.

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'

Example Questions

Proceed to Clinical Information

[Redacted] This request can still be completed online by selecting one of the options below. Your request will proceed using the Authorization Lookup tab above.

- 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

Enter Text in the space provided below :

Additional Information - Notes :

Free text goes here


PRINT

CONTINUE

[Click here for help](#)

Summary Screen

After you have completed the submission of your case, you can **PRINT** the summary of the request for your records.



By EVERNORTH

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	Help / Contact Us
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Summary of Your Request

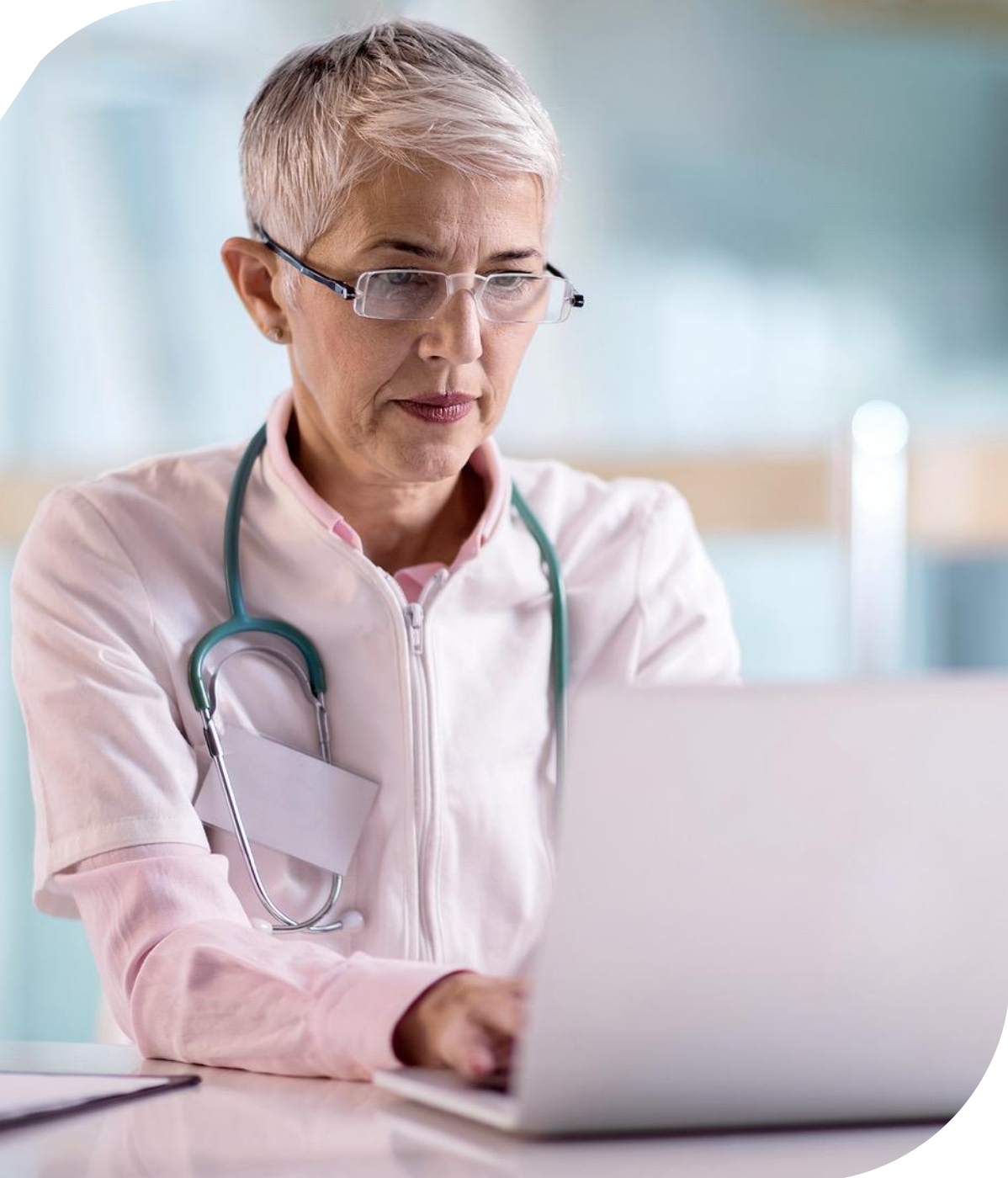
Please review the details of your request below and if everything looks correct click CONTINUE

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

Provider Name:	DR. [REDACTED]	Contact:	pj test
Provider Address:	[REDACTED] SW	Phone Number:	[REDACTED]
		Fax Number:	[REDACTED]
Patient Name:	[REDACTED]	Patient Id:	[REDACTED]
Insurance Carrier:	[REDACTED]		
Site Name:	LEONARD COUNTY MEMORIAL CENTER	Site ID:	KFCGNK
Site Address:	[REDACTED] H ST		
Primary Diagnosis Code:	I49.5	Description:	Sick sinus syndrome
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	DUAL CHAMBER PACEMAKER (DDD)
CPT Code:	33208		
Case Number:	[REDACTED]		
Review Date:	9/10/2024 11:57:56 AM		
Expiration Date:	N/A		
Status:	Your case has been sent to Medical Review. The prior authorization you submitted, Case [REDACTED], has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.		

CANCEL
PRINT
CONTINUE

Portal Features



Features

Sharable Worklist via the UPX Dashboard

- + Track recently submitted cases

Clinical Certification

- + Self service: Request a clinical review for prior authorization on the portal

Prior Authorization Status Lookup

- + View and print any correspondence associated with the case
- + Search by member information OR by case number with ordering national provider identifier (NPI)
- + Review post-decision options, submit appeal, and schedule a peer-to-peer

Eligibility Lookup

- + Confirm if patient requires clinical review

Eligibility Lookup

- + After selecting **Eligibility Lookup**, you will be asked to select the health plan from the drop down menu and then add the ordering provider's NPI.
- + Click continue and add the patient's health plan ID and their date of birth.
- + Select the appropriate patient from the search results listed.
- + The following window will indicate whether precertification is required.

The screenshot displays the EviCore web application interface. At the top, the EviCore logo and 'By EVERNORTH' are visible. A navigation bar contains several menu items: Home, Certification Summary, Authorization Lookup, Eligibility Lookup (highlighted with a red box), Clinical Certification, Certification Requests In Progress, and MSM Practitioner Perf. Summary Portal. Below the navigation bar, the current date and time are shown as 'Sunday, June 30, 2024 1:59 PM'.

The main content area is titled 'Eligibility Lookup'. It contains a form with the following fields:

- All fields required
- Healthplan: (dropdown menu)
- Provider NPI: (text input)
- Patient ID: (text input)
- Patient Date of Birth: (text input with MM/DD/YYYY format)

Below the form, there is a 'Search Results:' section with a table. The table has columns for Patient ID, MemberCode, and Name. A 'SELECT' button is positioned to the left of the first row. The first row contains a redacted Patient ID, MemberCode '001', and a redacted Name. Below the table, there are 'PRINT' and 'SEARCH' buttons.

On the right side of the interface, a smaller version of the 'Eligibility Lookup' form is shown, which is a modal or secondary view. It contains the same form fields as the main view. The 'Therapy Eligibility' field is highlighted with a red box and contains the text 'Precertification is Required'. Below this field are 'PRINT', 'DONE', and 'SEARCH AGAIN' buttons, along with a 'Click here for help' link.

Authorization Lookup

Authorization Lookup

Search by Member Information | **Search by Authorization Number/NPI** | OnePA: Prior Authorization Portal for Providers | Search by Claim Number/Health

Required Fields

Provider NPI:

Auth/Case Number:

SEARCH

PRINT

[Click here for help](#)

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Authorization Lookup examples

Authorization Lookup

Authorization Number: NA

Case Number: [REDACTED]

Patient Name: [REDACTED]

DOB: [REDACTED]

Status: Pending Clinical Review

P2P Status:

Approval Date:

Service Code: 33208

Service Description: DUAL CHAMBER PACEMAKER (DDD)

Site Name: [REDACTED]

Start Date: 9/6/2024

Expiration Date:

Date Last Updated: 9/6/2024 9:42:24 AM

Correspondence: **UPLOADS & FAXES**

Clinical Upload: **UPLOAD ADDITIONAL CLINICAL**

P2P AVAILABILITY

PRINT

Procedures

Procedure	Description
33208	Insertion of new or replacement of permanent pacemaker (dev

- 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.
- Note that the 'start date' is actually the case receive date; it is not the start date of the authorization date span.
- If you would like to understand additional options available, please contact our Physician Support Unit at 1-800-792-8744, option 1

Authorization Lookup

Authorization Number: [REDACTED]

Case Number: [REDACTED]

Patient Name: [REDACTED]

DOB: [REDACTED]

Status: **Approved**

P2P Status:

Approval Date: 7/15/2024 12:00:00 AM

Service Code: 33208

Service Description: DUAL CHAMBER PACEMAKER (DDD)

Site Name: [REDACTED]

Start Date: 7/15/2024

Expiration Date: 8/31/2024

Date Last Updated: 7/17/2024 6:48:25 PM

Correspondence: **UPLOADS & FAXES**

P2P AVAILABILITY

PRINT

Procedures

Procedure	Description	Qty Requested	Qty Approved
33208	Insertion of new or replacement of permanent pacemaker (device inserted under the skin in the chest in order to control your heart rate)	1	1

Authorization Lookup – post decision options

Authorization Lookup **Denial example**

Authorization Number: NA


Case Number: [REDACTED] **P2P AVAILABILITY** [Request Peer to Peer Consultation](#)

Patient Name: [REDACTED]

DOB: [REDACTED]

Status: Denied

P2P Status: [REDACTED]

ALL POST DECISION OPTIONS 

Approval Date: [REDACTED]

Service Code: 33208

Service Description: DUAL CHAMBER PACEMAKER (DDD)

Site Name: [REDACTED]

Start Date: [REDACTED]

Expiration Date: [REDACTED]

Date Last Updated: 7/23/2024 10:53:55 AM

Correspondence: **UPLOADS & FAXES**

Procedures

Procedure	Description
33208	Insertion of new or replacement of permanent pacemaker (device inserted under the skin in the chest in order to c

Authorization Lookup

Reconsideration allowed through eviCore until 08/21/2024.

First Level Appeal allowed through eviCore until 2/3/2025.

Second Level Appeal is not delegated to eviCore or is no longer available for this case.

Would you like to process a Standard Pre-Service Reconsideration?

Yes No

Note: Expedited or Post-Service Reconsiderations must be initiated by calling eviCore at 800-792-8744, option 1.

Submit

Authorization Lookup – Access Uploads and Faxes

Authorization Lookup

Authorization Number: NA

Case Number: [REDACTED]

Patient Name: [REDACTED]

DOB: [REDACTED]

Status: Denied

P2P Status:

ALL POST DECISION OPTIONS

Approval Date:

Service Code: 33208

Service Description: DUAL CHAMBER PACEMAKER (DDD)

Site Name: [REDACTED]

Start Date: 7/18/2024

Expiration Date:

Date Last Updated: 7/23/2024 10:53:55 AM

Correspondence: **UPLOADS & FAXES**

Uploads & Faxes

Attached Faxes | **Sent Letters & Faxes** | **Document Uploads**

4 documents sent.

Episode ID	Date Sent	Time Sent	Document Name	Recipient	View
A221443384	07/18/2024	12:29:25	BCMN0301 - Hold Some Info PHYS	Physician	VIEW
A221443384	07/20/2024	02:15:59	EVI0704 - Pending Medical Director Review PHYS	Physician	VIEW
A221443384	07/23/2024	11:03:32	BCMN0201 - Denial PHYS	Physician	VIEW
A221443384	07/23/2024	11:03:32	BCMN0200 - Denial MBR	Patient	VIEW

CLOSE

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
33208	Insertion of new or replacement of permanent pacemaker (device inserted under the skin in the chest in order to control your heart rate)	1	0	

Provider Resources

Client and Provider Services

For eligibility issues (member or provider not found in system) or transactional authorization related issues requiring research. Requests will be initiated through EviCore's self-service application, ECRM.

- + Access: [ECRM Services](#)
- + 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**
- + Email: lisa.mekkelsen@evicore.com
- + Phone: **843-949-0022**

Call Center

Call **855-727-7444**, representatives are available from 7 a.m. to 7 p.m. central time.

**Contact EviCore's
Dedicated Teams**



Provider Resource Website

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 [Network Health Wisconsin Provider Resources | EviCore by Evernorth](#)



To access additional authorization information via Network Health provider resources, visit [Network Health | Authorization Information](#)



Clinical Guidelines and Worksheets

How do I access CID Worksheets and/or EviCore's clinical guidelines?

1. Open the **Resources** menu in the top right of the browser at www.EviCore.com.
2. Select **Clinical Guidelines** or **Clinical Worksheets**
3. Select 'Cardiovascular'
4. Type in "Network Health WI" in the 'Search by Health Plan
5. Look for the **Cardiac Implantable Device**

CLINICAL GUIDELINES

PROVIDER RESOURCES

Clinical Worksheets



Radiology



Cardiac and Vascular Intervention



Cardiovascular



Gastroenterology



State Forms



Member Forms



Medical Oncology



Musculoskeletal: Advanced Procedures



Musculoskeletal: Therapies



Radiation Oncology



Sleep Management



Post-Acute Care

Follow the below steps to access the clinical guidelines.

READ MORE -

If you require a copy of the guidelines that were used to make a determination on a specific request of treatment or services, please email the case number and request to: reqcriteria@EviCore.com.

To request any additional assistance in accessing the guidelines, provide feedback or clinical evidence related to the evidence-based guidelines, please [click here](#).

EviCore coverage policies include background and supporting information and citations for sources used to develop the policy. Some clinical policies may have a supplemental literature summary available which will provide additional commentary regarding clinical benefits and harms to the patient population being served. Additional literature summaries may be accessed by selecting 'Supplemental Information' and then entering "EviCore by Evernorth" in the search by health plan function.

Network Health WI



Non-Health Plan Specific (EviCore) Provider Resources

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

- Required Clinical Information checklist
- EviCore's evidence-based clinical guidelines
- Clinical worksheets
- Podcasts & Insights
- Solution Specific Frequently Asked Questions
- Training resources

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

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 >

Continued Learning: Provider Training Opportunities



Get More Out of the EviCore Portal—Join a Free Training Session

Whether you're just getting started or have been using the EviCore portal for a while, our **free, live training sessions** can help you work more efficiently and confidently. In just **one hour**, you'll learn tips, tools, and best practices you can use right away.

Sessions are offered on **multiple dates and times**, making it easy to fit training into your schedule.

Training Options & Frequency

- + [Intro to Web Portal Training](#)– Offered **twice per week**
- + [Intro to EviCore Online Resources](#)– Offered **twice per month**

How to View Sessions & Register

1. Click on the training session you would like to attend.
2. Select your preferred date and time by checking the radio button.
3. Complete the registration form.
4. Look for a confirmation email with session details.

Have questions? The training host's contact information will be included in your confirmation email.

We look forward to seeing you at an upcoming training session!



EviCore's Provider Newsletter

Stay up-to-date with our free provider newsletter

To subscribe:

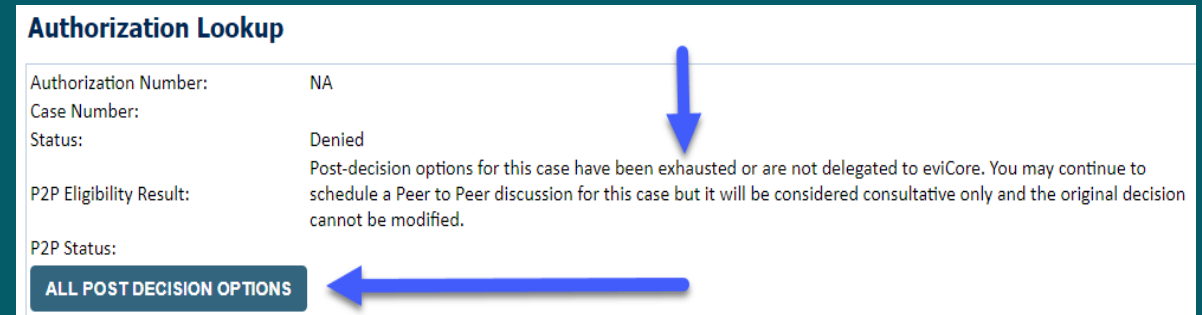
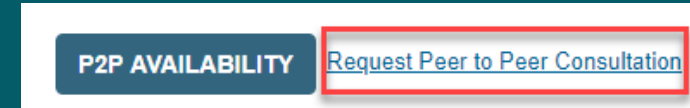
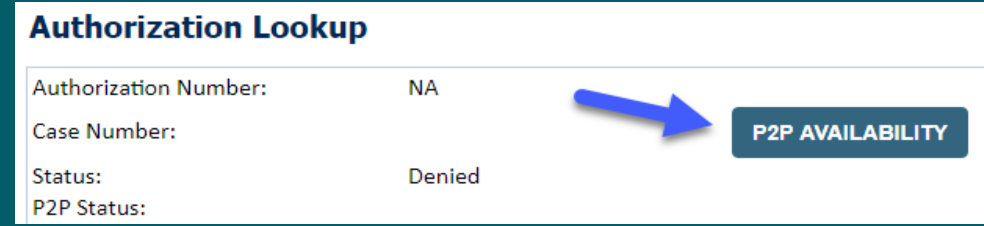
- + Visit [EviCore.com](https://www.EviCore.com)
- + Scroll down to the section titled Stay Updated With Our Provider Newsletter
- + Enter a valid email address

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*

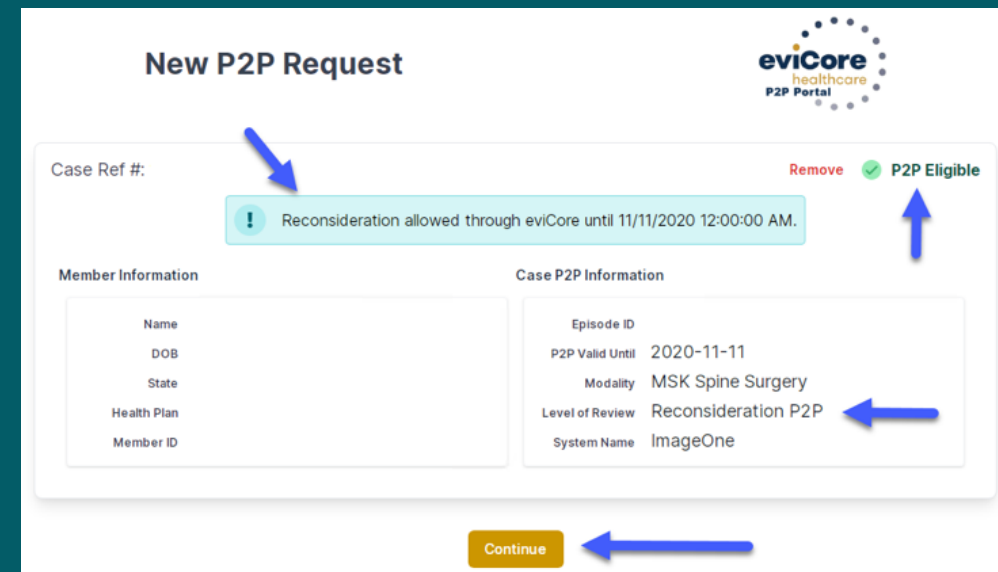
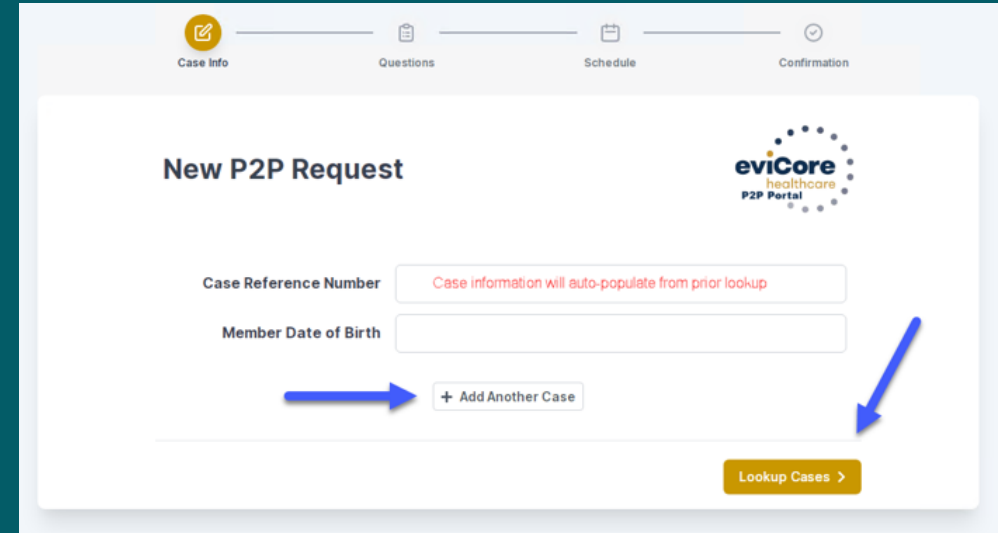


*In some instances, a Peer-to-Peer consultation is allowed, but the case decision can not be changed. In such cases, you can still request a **Consultative-Only Peer-to-Peer**. You can also click on the **ALL POST-DECISION OPTIONS** button to learn what other action can be taken.

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

Schedule a P2P 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**

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

← Prev Week 5/18/2020 - 5/24/2020 (Upcoming week) Next Week →

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

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

Schedule a P2P 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

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

