

Radiology & Cardiology

Provider Orientation Session

Aetna Better Health of Louisiana

EviCore

By **EVERNORTH**
Public Information

aetna[®]

AETNA BETTER HEALTH[®] OF LOUISIANA

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- Additional Resources

Solution Overview

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Aetna Better Health of Louisiana Prior Authorization Services

EviCore is accepting prior authorization requests for Radiology & Cardiology services.

Applicable Membership	Prior authorization applies to the following services	Prior authorization does NOT apply to services performed in
Medicaid	- Outpatient - Elective/Non-emergent	- Emergency Rooms - Observation Services - Inpatient Stays

Providers should verify member eligibility and benefits on the secured provider log-in section at: www.aetnabetterhealth.com/louisiana

Radiology & Cardiology

Covered Services

CT, CTA (Computed Tomography,
Computed Tomography Angiography)

MRI, MRA (Magnetic Resonance Imaging,
Magnetic Resonance Angiography)

PET (Positron Emission Tomography)

NCM/MPI (Nuclear Cardiac Imaging)

Echocardiography (TTE, TEE and SE)

Diagnostic Heart Catheterizations

To find complete lists of Current Procedural Terminology (CPT) codes that require prior authorization, please visit:

<https://www.evicore.com/resources/healthplan/aetna-better-health/louisiana>

Submitting Requests

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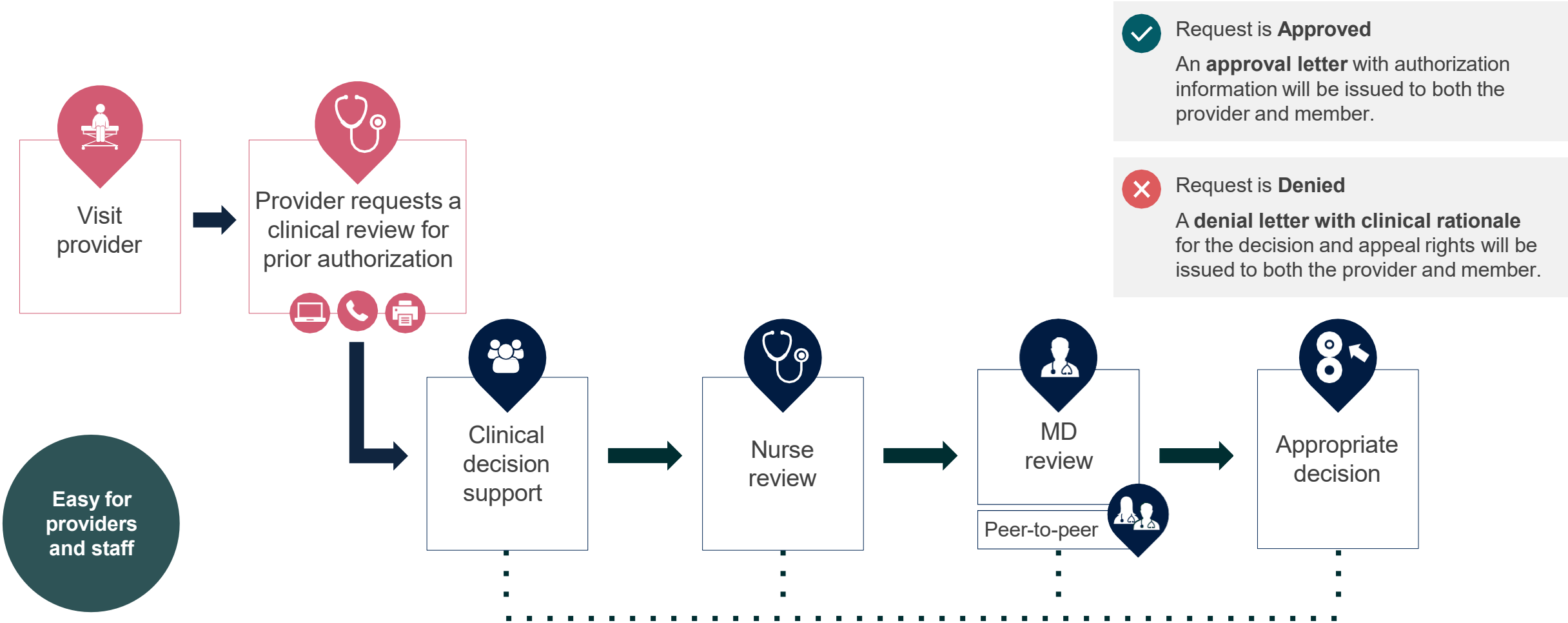
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Utilization Management | Prior Authorization



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:** Submit your requests anytime day or night
- **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
- **Duplication feature:** If you are submitting more than one request, you can duplicate information to expedite submittals

Or by phone: **888-693-3211**
Monday – Friday
7 AM – 7 PM (local time)

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

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)

Rendering Facility

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

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



Prior Authorization Outcomes, Special Considerations & Post- Decision Options

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Prior Authorization Determination Outcomes

Determination Outcomes

- **Turnaround Time:** Decisions on standard requests will be made within 72 hours from case submission. Urgent requests are processed within 24 hours.
- **Approved/Partially Approved Requests:** Authorizations are valid for 60 calendar days from the date of case submission. 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 rights will be issued.

Notifications

- Notifications will be provided to members and providers per state requirements.
- Approval information can be printed on demand from the [EviCore portal](#).

Special Circumstances

Retrospective Authorization Requests

- EviCore will accept retrospective requests, but only for instances where clinical urgency prevented prior authorization.
- Retrospective requests will be accepted up to 3 business days from the date of service.

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.

Special Circumstances (cont.)

Alternative Recommendation

- An alternative recommendation may be offered based on EviCore's evidence-based clinical guidelines.
- The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request.

Post-Decision Options

Medicaid 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 **888-693-3211** to speak with an agent who can provide available option(s) and instruction on how to proceed.

Alternatively, select 'All Post Decisions' under the authorization lookup function on [EviCore.com](https://www.EviCore.com) to see available options.

Reconsiderations

- Reconsiderations must be requested within 5 business days after the determination date.
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an EviCore physician.

Appeals

- EviCore will not process first-level appeals.
- Appeal requests can be submitted directly to the health plan.

EviCore Provider Portal

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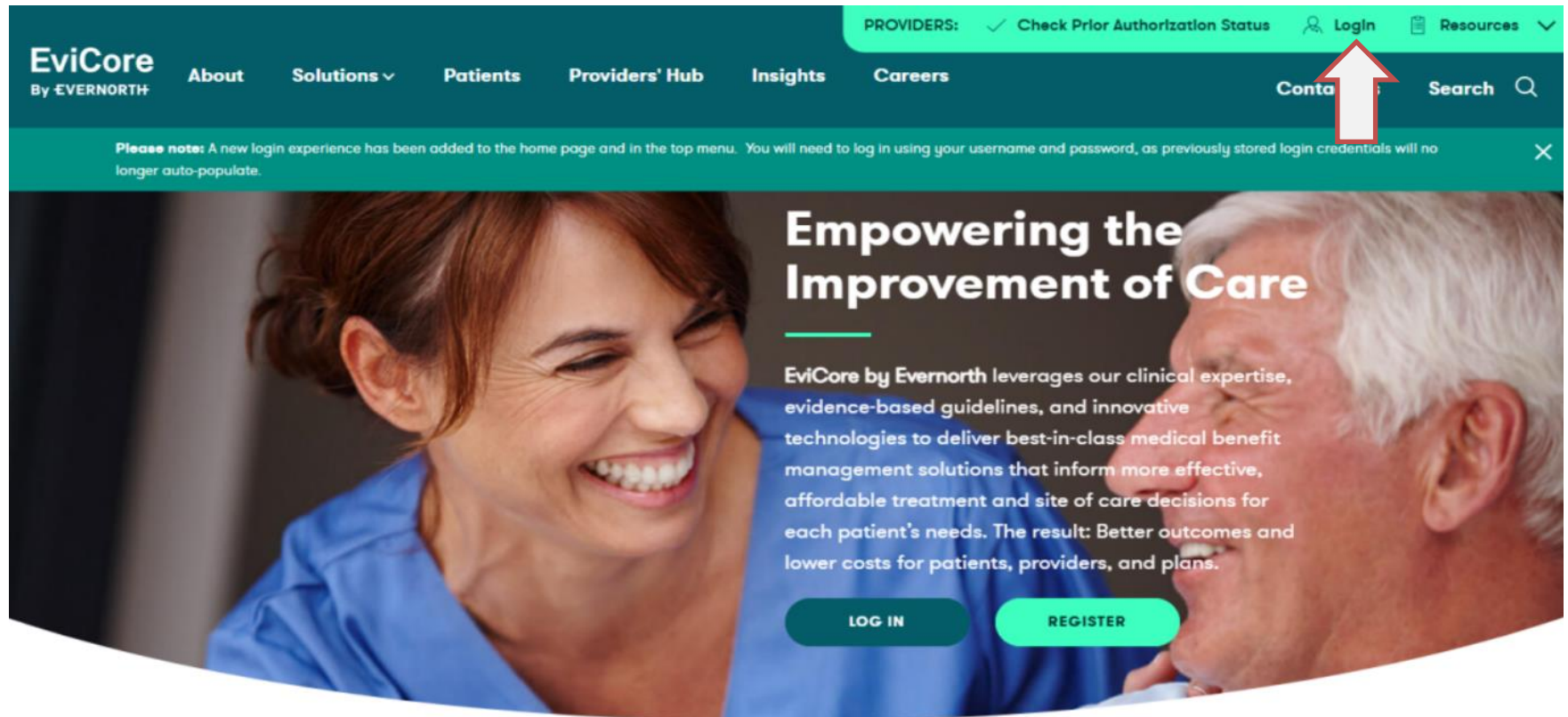
EviCore Provider Portal | Access and Compatibility

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

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

Already a user? [Log in](#) with User ID & Password.

Don't have an account? Click [Register](#).



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.

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Portal Registration

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User Information

First Name

Last Name

User Name

Contact Info

Email

Confirm Email

Phone

Ext (optional)

Physician/Facility Information

Individual NPI

Next

Enter your
information
here then click
'Next'

Read and
accept the
Terms and
Conditions

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User Information

First Name

Contact Info

Email

Physician/Facility Information

Individual NPI

Next

Terms and conditions

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Accept Cancel

Portal Registration Continued

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Registration Summary

Back

Next

User Information

First Name: Test

Last Name: PAC

User Name: TestPAC1

Contact Info

Email:

Phone: 5555555555

Physician/Facility Information

Individual NPI:

1. Confirm the details are correct, then click 'Next'
2. You will then be sent a verification code to the email provided
3. Enter the 6-digit code, then click 'Next'

Verify your account



Check your inbox

A verification code has been sent to .com. If you don't receive it within 5 minutes, check your spam or junk folder.

Email id

.com

Enter 6-digit code

Enter code

Next

Didn't receive a code?

Check your spam or junk folder or [Resend](#).

Cancel

User Registration Successful



Success!

Your account has been created.

Log in

Create a Password

Password must be at least 8 characters long and contain the following:

- ✓ Uppercase Letters
- ✓ Lowercase Letters
- ✓ Numbers
- ✓ Characters (e.g., !#*)

Once logged in, you can go to 'Portals' to access the CareCore option

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Worklist

Portals ▾

Help / Contact ▾

User Access

Hello, Test PAC ▾

My Worklist

Pending Approved Partially Approved Denied Cancelled All Statuses

Start typing to search...



Request ID

Authorization ID

Patient

Status

Submitted

End Date

Procedure

Ordering Provider

Site of Service

Insurer

No Data Available

CareCore

- View in progress and pharmacy requests
- Manage your account
- MSE PPS

MedSolutions

- View in progress requests
- Manage your account
- Claims search
- Payment status
- Post acute care

EviCore.com Access | Two Factor Authentication

To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

- After you log in, you will be prompted to register your device for MFA.
- Choose which authentication method you prefer: Email or SMS. Then, **enter your email address or mobile phone number**.
- Once you select **Send PIN**, a 6-digit pin will be generated and sent to your chosen device.
- After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.

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Sunday, August 24, 2025 10:25 AM

Complete Two Factor Authentication

Registered Email Address

'@evicore.com

Send PIN

Please enter PIN sent to your Registered Email Address

PIN

Submit

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Portal Case Submission

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Clinical Certification Request | Initiating a Case

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

To begin, please select one of the programs below that are applicable to Aetna Better Health of LA.

Durable Medical Equipment (DME)
Gastroenterology
Lab Management Program
Medical Oncology Pathways
Musculoskeletal Management
Radiation Therapy Management Program (RTMP)
Radiology and Cardiology
Sleep Management
Specialty Drugs

- Click **Clinical Certification** to begin a new request
- Select the correct **Program** for your certification
- Next you will submit the **Provider Information**

CONTINUE

[Click here for help](#)

Clinical Certification Request | Search for and Select Provider

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

Select the provider for whom you want to submit an authorization request. If you don't see them listed, click [Manage Your Account](#) to add them.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
SELECT	12312312 - Provider Name

Search for and select the **Practitioner/Group** for whom you want to build a case

BACK

CONTINUE

[Click here for help](#)

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

Choose Your Insurer

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACKCONTINUE

- Choose the appropriate **Health Plan** for the request
- Select **CONTINUE**

Clinical Certification Request | Enter Contact Information

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

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

BACK

CONTINUE

[Click here for help](#)

- Enter the **provider's name** and appropriate information for the point of contact individual
- Provider name, fax, and phone will pre-populate; edit as necessary

Clinical Certification Request | Enter Member Information

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

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*

Patient Last Name Only:*

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT	00000000000000000000000000000000		WATKINS, JONATHAN	8/28/1982	M	1000 WATKINS RD SPRINGVILLE, AL 35894

BACK

Enter **member information**, including patient ID number, date of birth, and last name then click **ELIGIBILITY LOOKUP**

Confirm your patient's information and click **SELECT** to continue

Clinical Certification Request | Enter Procedure & Diagnosis

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

Requested Service + Diagnosis

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

Radiology Procedures

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

73721MRI LOWER EXTREMITY JOINT W/O

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

Diagnosis

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

r08.89

LOOKUP

Trouble selecting diagnosis code? Please follow [these steps](#)

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

LOOKUP

[BACK](#)

[Click here for help](#)

For Radiology & Cardiology requests, enter the CPT code in the drop-down box and then enter the diagnosis code(s)

Clinical Certification Request | Verify Service Selection

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

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: TBD
CPT Code: 73721
Description: MRI LOWER EXTREMITY JOINT W/O
Primary Diagnosis Code: R68.89
Primary Diagnosis: Other general symptoms and signs
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

BACK **CONTINUE**

[Click here for help](#)

- Verify requested service & diagnosis
- Edit any information if needed by selecting **Change Procedure or Primary Diagnosis**
- Click **CONTINUE** to confirm your selection

Clinical Certification Request | Site Selection

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

Add Site of Service

Specific Site Search

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

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

LOOKUP SITE

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

eviCore
intelliPath[®]

Real-time decision
Request is complete

Clinical Certification Request | Clinical Certification

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

Clinical Certification Request | Standard or Urgent Request?

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

Urgency Indicator

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

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

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

Clinical Upload

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

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

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

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

- If the case is **standard**, select **Yes**
- If your request is **urgent**, select **No**
- When a request is submitted as urgent, you will be **required** to upload relevant clinical information
- Upload up to **FIVE documents**
 - (.doc, .docx, or .pdf format; max 5MB size)
- Your case will only be considered urgent if there is a successful upload

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Requesting Multiple CPT Codes

After you indicate the case urgency of the case, you will be asked about additional procedures.
All CPT codes must be for the same program.

Clinical Certification

☒ Will there be any additional procedures needing prior authorization for the same patient, date of service, and site of service?
☐ Yes ☐ No

Click [here](#) for help or technical support

Clinical Certification

☒ Please enter the additional procedure code

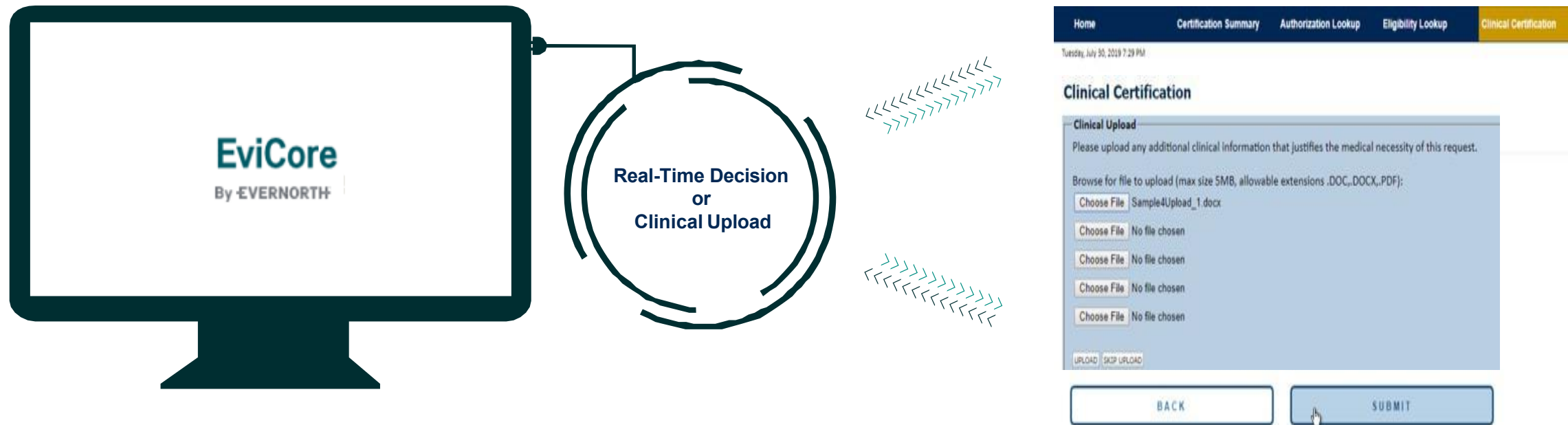
70552

Click [here](#) for help or technical support

- Select **YES** to add Additional CPT codes.
- Enter one CPT at a time and select **SUBMIT** after each one.

Improved Provider Experience

Real-Time Decision or Clinical Documentation Upload



*In some circumstances, you may be asked to complete a series of clinical questions which may result in an immediate approval or a request for clinical upload.

Clinical Certification Request | Request for Clinical Upload

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

Clinical Upload

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

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

Choose File

Test clinical.docx

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

UPLOAD

SKIP UPLOAD

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

Tips:

- Providing clinical information via the web is the fastest and most efficient method
- Enter additional notes in the space provided only when necessary
- Additional information uploaded to the case will be sent for clinical review
- Print out a summary of the request that includes the case # and indicates ‘Your case has been sent to clinical review’

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

Provider Name:	DR. BHARATH MANU ARKARA VEETIL
Provider Address:	1200 6TH AVE N SAINT CLOUD, MN 56303

Contact: _____
Phone Number: _____
Fax Number: _____

Patient Id: [REDACTED]

Site ID: 1000-1000

Description:	Other general symptoms and signs
Description:	
Description:	MRI LOWER EXTREMITY JOINT W/O

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Provider Resources

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](#)

Contact EviCore's Dedicated Teams



Web-Based Services and Portal Support

- Live chat
- [ECRM](#)
- Phone: **800-646-0418** (option 2)

Provider Engagement

Regional team that works directly with the provider community.

- + **Scott Jarrett**
- + Email: **scott.jarrett@evicore.com**
- + Phone: **615-487-8129**

Call Center/Intake Center

Call **888-693-3211**. Representatives are available from 7 a.m. to 7 p.m. local time.

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Provider Resource Website

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

This page can include:

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

To access codes delegated to EviCore and other resources, please visit:

<https://www.evicore.com/resources/healthplan/aetna-better-health/louisiana>

EviCore 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

Thank You

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Peer-to-Peer (P2P) Scheduling Tool & Additional Resources

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3/26/2024

Provider Resources | Schedule a P2P Request

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

Authorization Lookup

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

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

Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Eligibility Result:	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.
P2P Status:	

ALL POST DECISION OPTIONS

- Log-in to your account at EviCore.com
- Perform **Clinical Review 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 consultation
- 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.

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

Case Info Questions Schedule Confirmation

New P2P Request

eviCore healthcare P2P Portal

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

Member Date of Birth

+ Add Another Case

Lookup Cases >

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

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

New P2P Request

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

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

Case Info

1st Case

Case #
Episode ID
Member Name
Member DOB
Member State
Health Plan
Member ID
Case Type: MSK Spine Surgery
Level of Review: Reconsideration P2P

Questions
Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone
US/Eastern

[Continue >](#)

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

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

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

1st Priority by Skill

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

2nd 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...	-	-	-

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

P2P Info

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

Case Info

1st Case

Case #
Episode ID
Member Name
Member DOB
Member State
Health Plan
Member ID
Case Type MSK Spine Surgery
Level of Review Reconsideration P2P

P2P Contact Details

Name of Provider Requesting P2P
Dr. Jane Doe

Contact Person Name
Office Manager John Doe

Contact Person Location
Provider Office

Phone Number for P2P
(555) 555-5555

Phone Ext.
12345

Alternate Phone
(xxx) xxx-xxxx

Phone Ext.
Phone Ext.

Requesting Provider Email
droffice@internet.com

Contact Instructions
Select option 4, ask for Dr. Doe

Scheduling

Scheduled

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

SCHEDULED

Update the following fields to ensure the correct person is contacted for the Peer-to-Peer appointment:

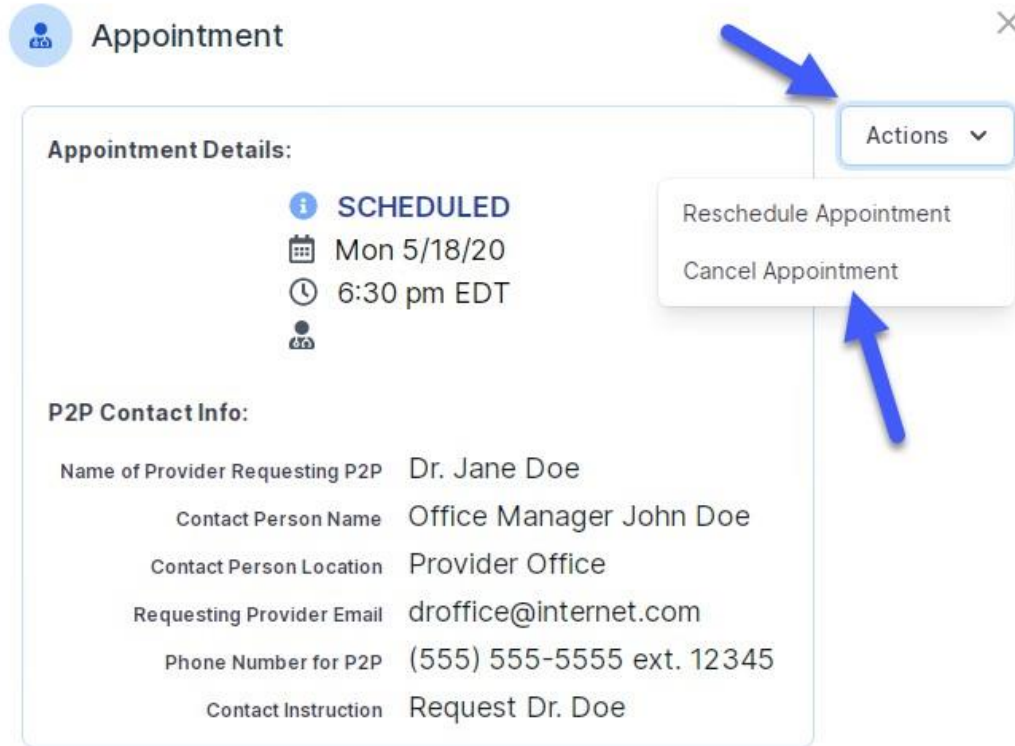
- Name of Provider Requesting P2P
- Phone Number for P2P
- Contact Instructions

Click **Submit** to schedule the appointment

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

Confirm contact details

Provider Resources | Cancel or Reschedule a P2P Appointment



The screenshot shows a web interface for managing appointments. At the top left is a blue circular icon with a person silhouette, followed by the word "Appointment". To the right is a close button (X). Below this is a section titled "Appointment Details:" containing a status indicator "i SCHEDULED", a date "Mon 5/18/20", and a time "6:30 pm EDT". Below this is a section titled "P2P Contact Info:" containing a list of fields and values: "Name of Provider Requesting P2P" (Dr. Jane Doe), "Contact Person Name" (Office Manager John Doe), "Contact Person Location" (Provider Office), "Requesting Provider Email" (droffice@internet.com), "Phone Number for P2P" ((555) 555-5555 ext. 12345), and "Contact Instruction" (Request Dr. Doe). To the right of the details is an "Actions" dropdown menu. A blue arrow points to the "Actions" dropdown, and another blue arrow points to the "Cancel Appointment" option in the dropdown menu.

Appointment

Appointment Details:

SCHEDULED

Mon 5/18/20

6:30 pm EDT

P2P Contact Info:

Name of Provider Requesting P2P Dr. Jane Doe

Contact Person Name Office Manager John Doe

Contact Person Location Provider Office

Requesting Provider Email droffice@internet.com

Phone Number for P2P (555) 555-5555 ext. 12345

Contact Instruction Request Dr. Doe

Actions

Reschedule Appointment

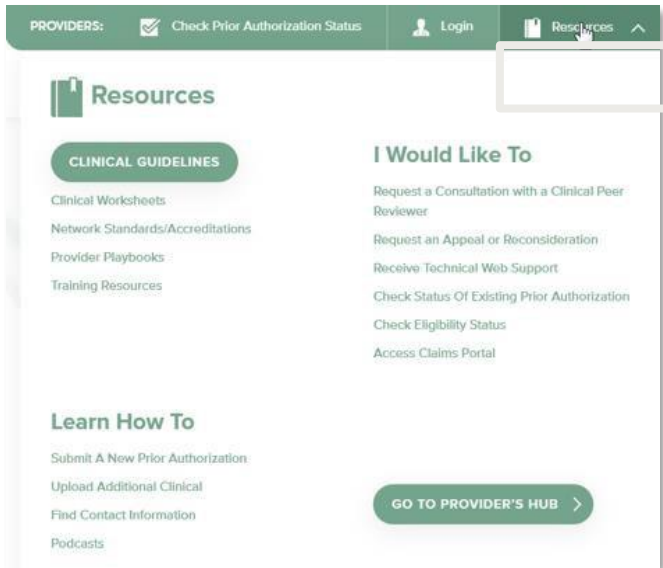
Cancel Appointment

To cancel or reschedule an appointment:

- Access the scheduling software and select **My P2P Requests** on the left-pane navigation
- Select the request you would like to modify from the list of available appointments
- When the request appears, click on the schedule link. An appointment window will open
- Click on the **Actions** drop-down and choose the appropriate action
 - **If choosing to reschedule**, select a new date or time as you did initially
 - **If choosing to cancel**, input a cancellation reason
- Close the browser once finished

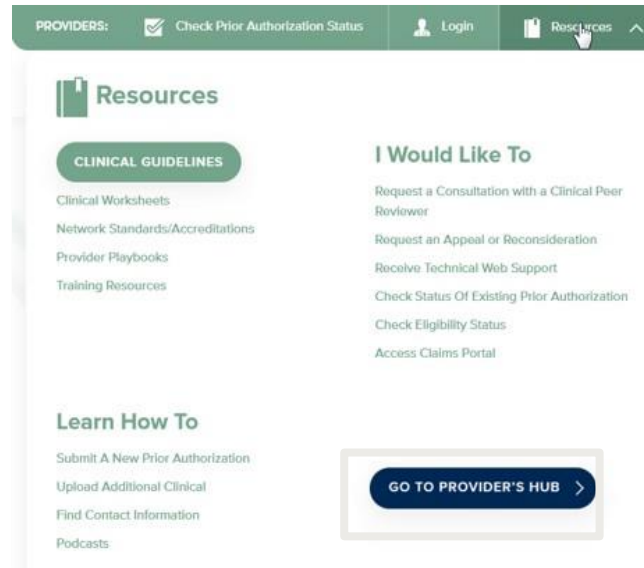
Provider Resources | EviCore Provider's Hub

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



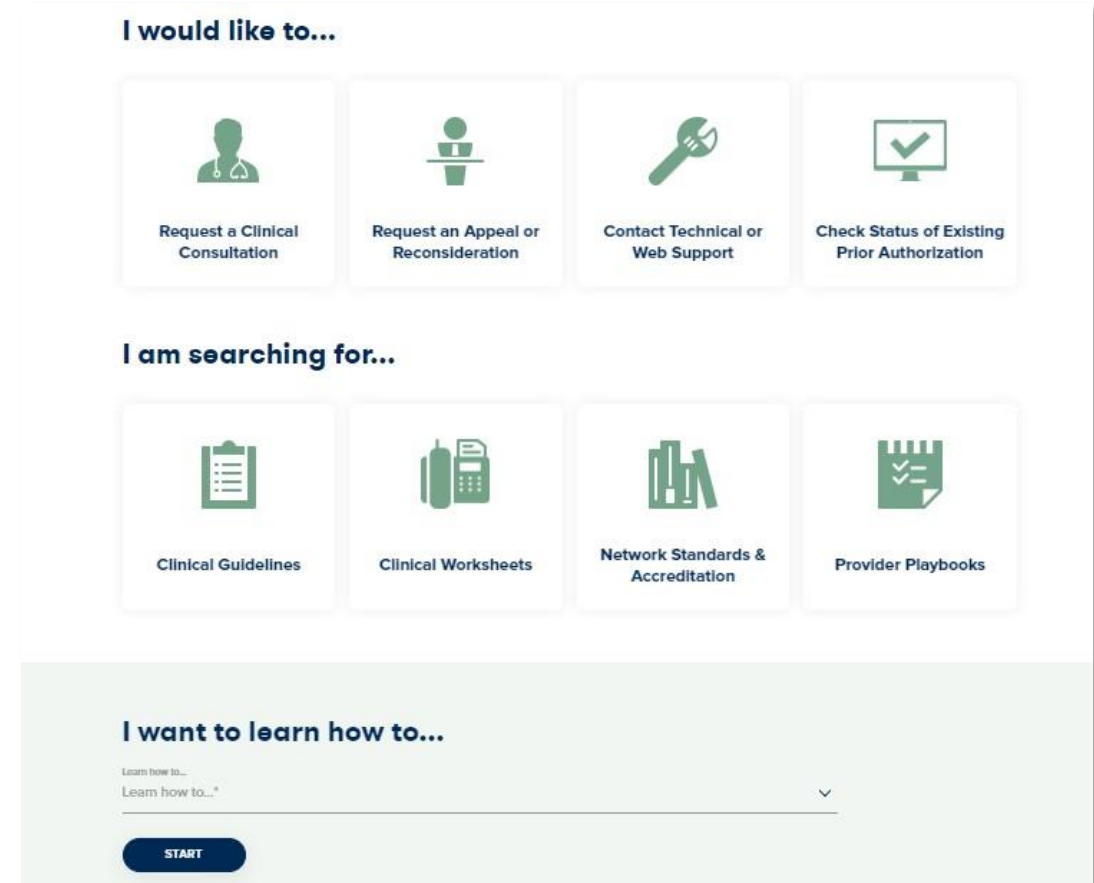
Step 1

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



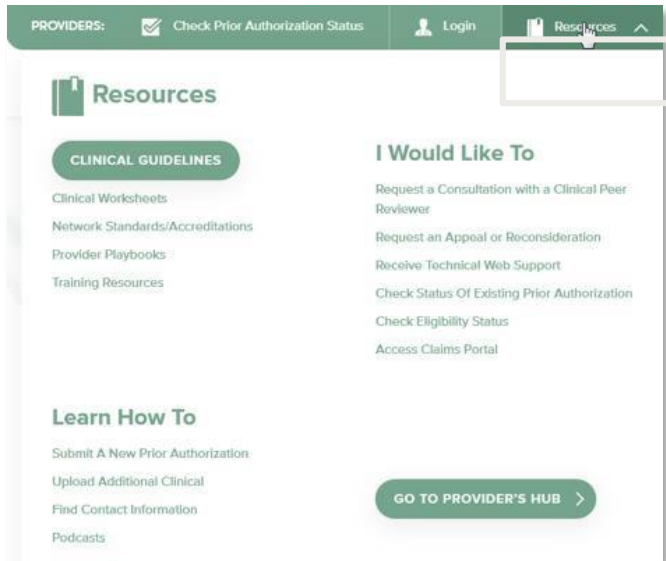
Step 2

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



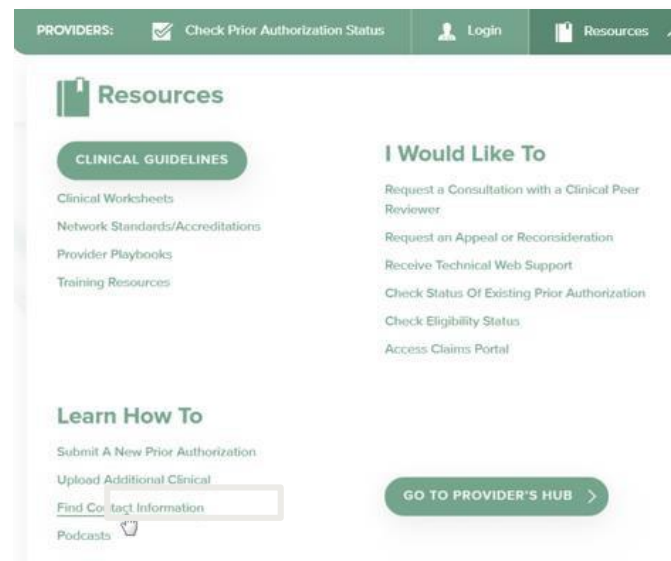
Provider Resources | Quick Reference Tool

Where can I locate plan-specific contact information?



Step 1

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



Step 2

Select **Find Contact Information**

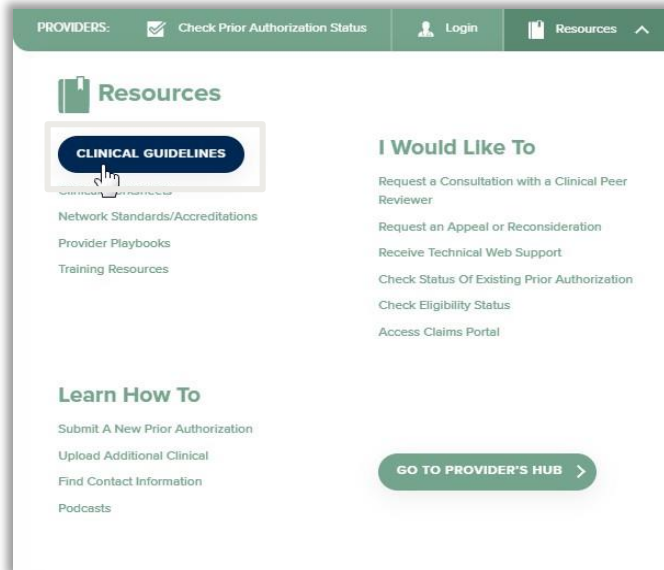


Step 3

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

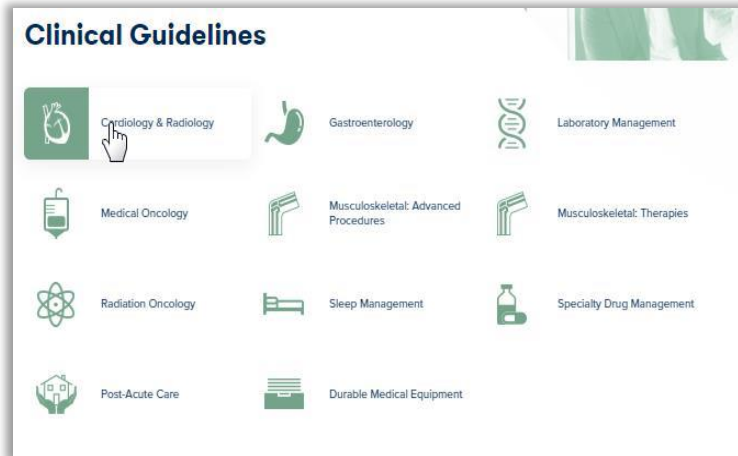
Provider Resources | Clinical Guidelines

How do I access EviCore's clinical guidelines?



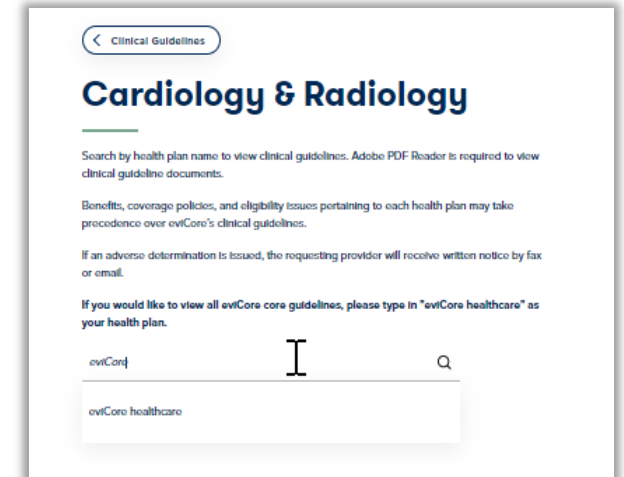
Step 1

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



Step 2

Select the solution/program associated with the requested guidelines



Step 3

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