

CLOVER HEALTH

Interventional Pain Management, Joint & Spine Surgery

Provider Presentation for Clover Health

Agenda:

Solutions Overview

Interventional Pain Management, Joint & Spine Surgery

Submitting Requests

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

EviCore Provider Portal

Overview, Features, and Benefits

Provider Resources

Questions & Next Steps

Appendix

- Step-by-Step Case Submission
- Self-Service Peer-to-Peer Scheduling Tool

Interventional Pain Management | Joint & Spine Surgery

Interventional Pain

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

Joint Surgery

- Large joint replacement
 - Arthroscopic and open procedures

Spine Surgery

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

To find a list of CPT codes that require prior authorization through EviCore, please visit:

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

EviCore

By EVERNORTH



Site of Care/Inpatient Stays

Program Overview

- EviCore healthcare will review Spine and Joint Surgery precertification requests for medical necessity and make a determination based on the clinical information provided.
- EviCore will collect the requested place of service during the precertification process. If the procedure requires an inpatient stay, EviCore will review the site of care for medical necessity in addition to the procedure.
- If an inpatient stay is deemed medically necessary, EviCore will communicate the appropriate length of the inpatient stay in the determination letter.
- EviCore does not provide concurrent bed day management for inpatient admissions. All modifications/extensions to the approved length of stay are managed by the healthplan using their existing concurrent review process.



Submitting Requests

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 supporting clinical documentation; it can be uploaded on the portal.
- **View and print determination information:** Check case status in real time.
- **Dashboard:** View all recently submitted cases.
- **E-notification:** Opt to receive email notifications when there is a change to case status.
- **Duplication feature:** If you are submitting more than one request, you can duplicate information to expedite submissions.

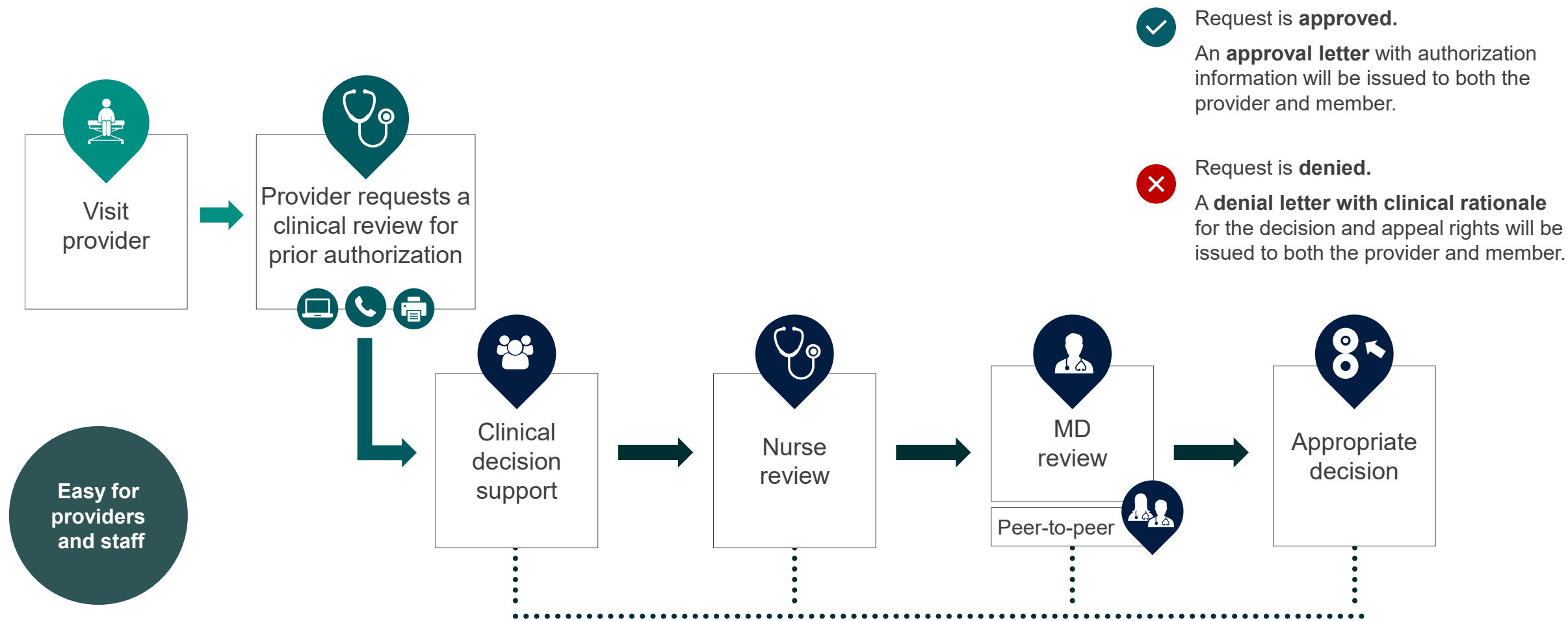
To access the EviCore Provider Portal, visit www.EviCore.com

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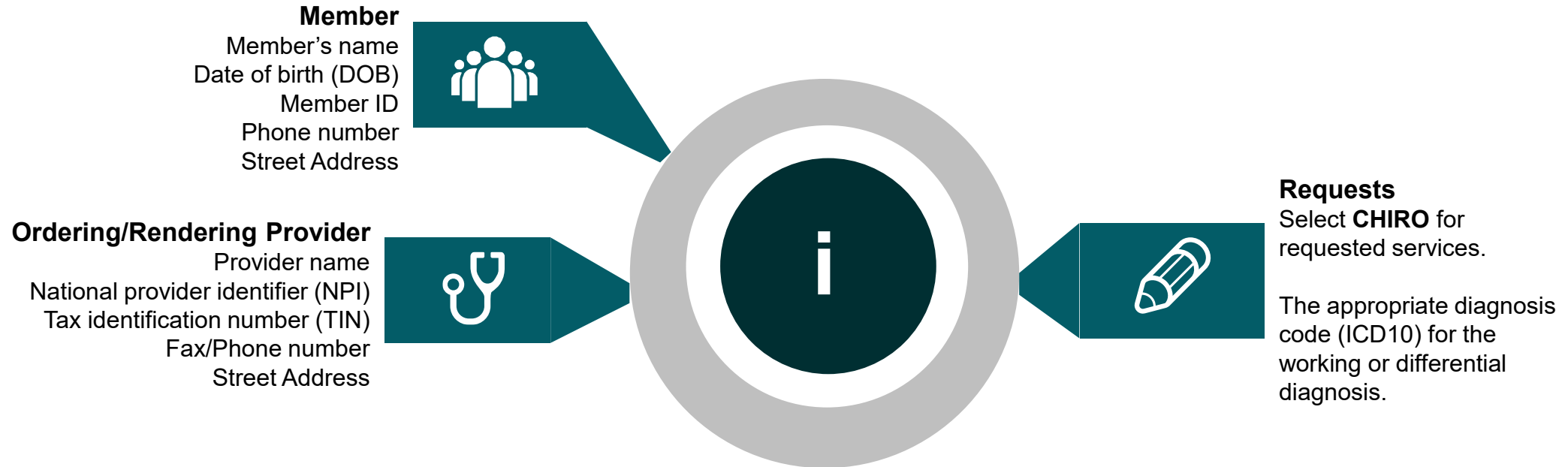


Phone: 800-421-7592
Monday – Friday
7 AM – 7 PM (local time)

Utilization Management | Prior Authorization



Information Required for Request

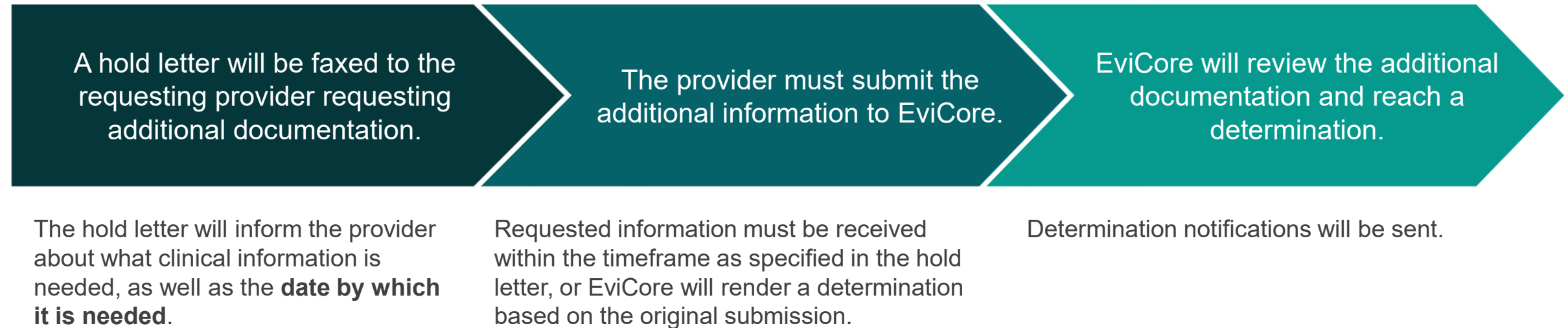


Clinical information needed for requests:

- Patient's subjective complaints, objective examination findings, and quantified measures of function.
- Baseline clinical information from the initial evaluation.
- Current clinical information from follow-up visit.
- Provider's impression of the member's response to treatment (follow-up visits).
- Information from patient-reported functional outcome measures, progress notes, and/or clinical worksheets.
- Complexities that will impact the therapy plan of care.

Insufficient Clinical | Additional Documentation Needed

If during case build all required pieces of documentation are not received, or are insufficient for EviCore to reach a determination, the following will occur:



Prior Authorization Outcomes, Special Considerations & Post-Decision Options

Prior Authorization Outcomes

Determination Outcomes:

- **Approved Requests:** Authorizations are valid for up to 60 **calendar days** from the date of approval.
- **Partially Approved Requests:** In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved as well as post decision options for denied codes, including denied Site of Care (if applicable).
- **Denied Requests:** Based on evidence-based guidelines, if a request is determined as inappropriate, a notification with the rationale for the decision and post decision/ appeal rights will be issued.

Notifications:

- Authorization letters will be faxed to the ordering provider.
- Web initiated cases will receive e-notifications when a user opts to receive.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the EviCore portal:
www.EviCore.com

EviCore

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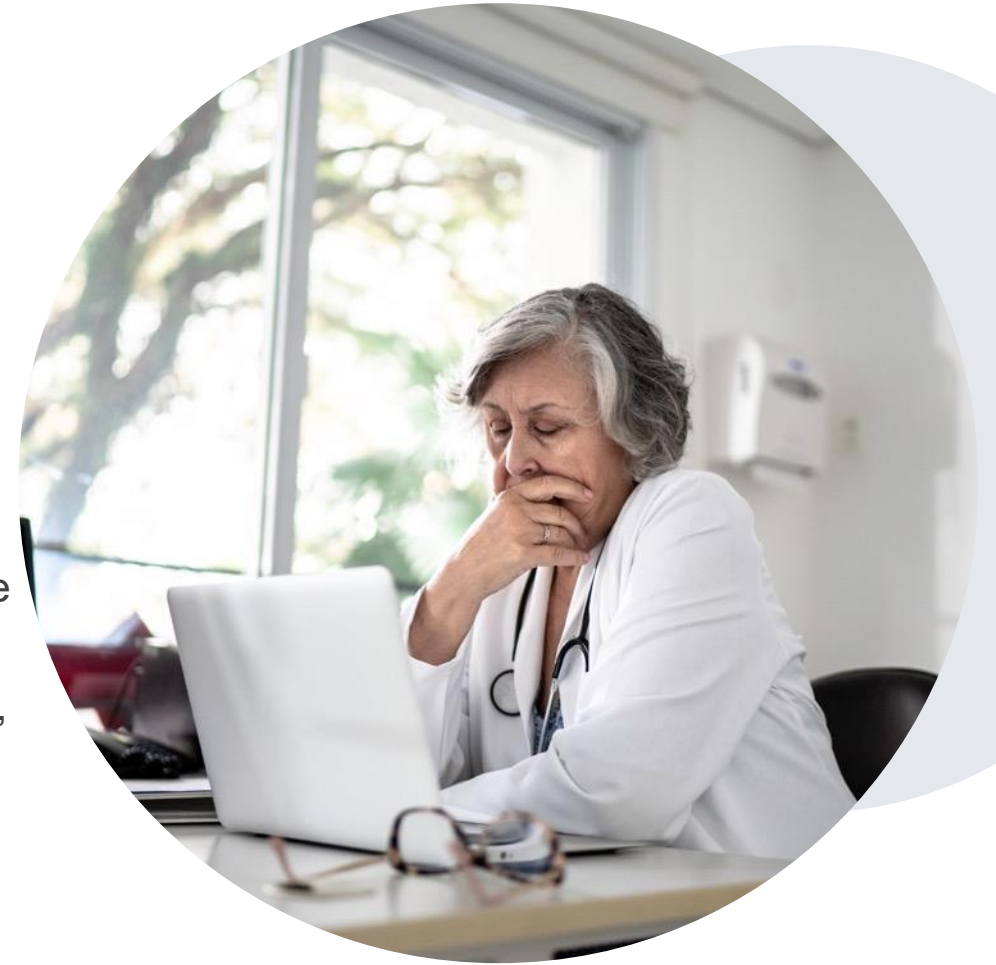
Special Circumstances

Alternative Recommendations

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

Authorization Update

- If updates are needed on an existing authorization, you can contact EviCore by phone at **800-421-7592**.
- While EviCore needs to know if changes are made to the approved request, any change could result in the need for a separate clinical review and require a new request (and the original approved request would need to be withdrawn).
- If the authorization is not updated, it may result in a claim denial.



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Special Circumstances

Retrospective (Retro) Authorization Requests

- Must be submitted within **60 calendar days** from the date of service
- Reviewed for clinical urgency and medical necessity.
- Retro requests are processed within 30 **calendar days** after receiving all necessary information.
- When authorized, the start date will be the submitted date of service.

Urgent Prior Authorization Requests

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

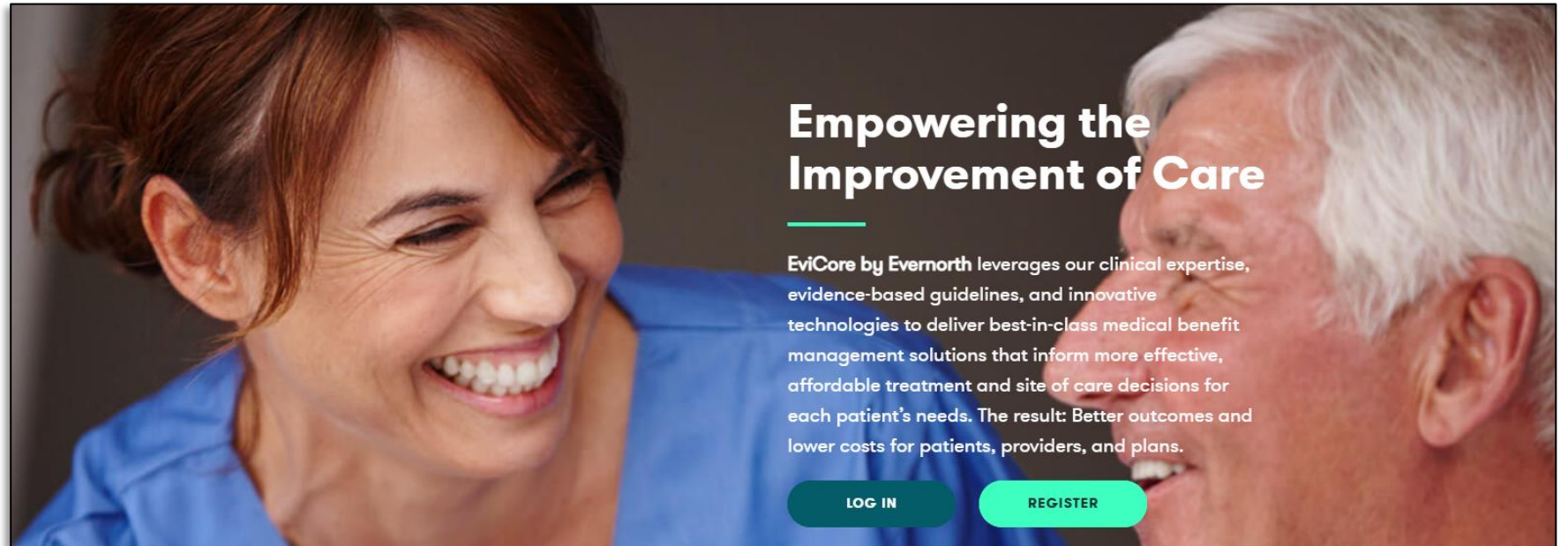


Provider Portal Overview

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 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 EviCore Provider Portal Account

The screenshot shows the EviCore registration form with the following sections and fields:

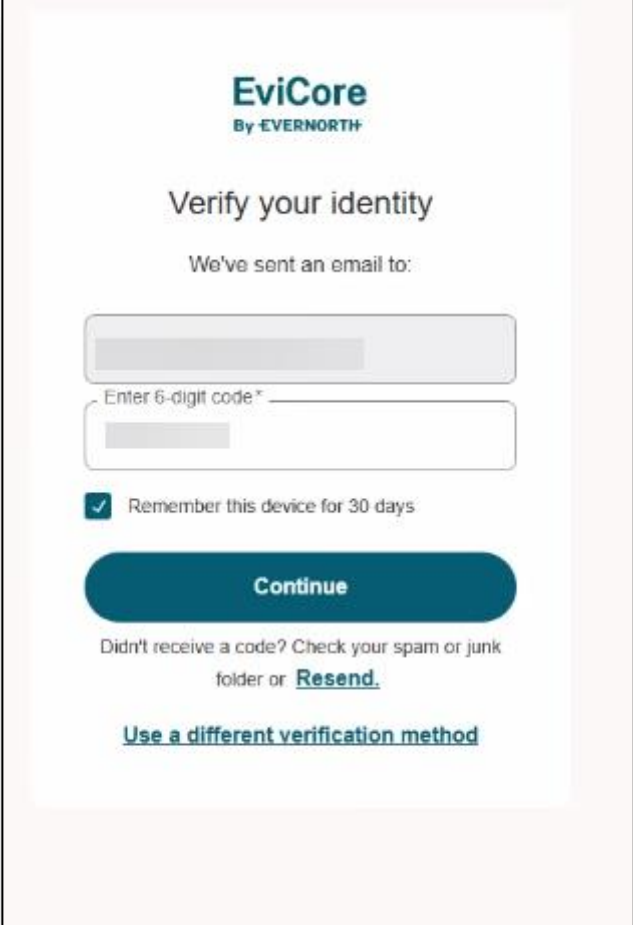
- EviCore By EVERNORTH** (Header)
- User Information** (Section Header)
 - First Name: Enter first name
 - Last Name: Enter last name
 - User Name: Create user name
- Contact Info** (Section Header)
 - Email: Enter email
 - Confirm Email: Confirm email
 - Phone: Phone number
 - Ext (optional): Extension
- Physician/Facility Information** (Section Header)
 - Individual NPI: Enter NPI
 - Tax ID: Enter Tax ID
- Next** (Button)

- Complete the User Information section in full and **Submit Registration**.
- You will immediately be sent an email with a link to verify your account and create a password. Once you have created a password, you will be redirected to the login page.

Setting Up Multi-Factor Authentication (MFA)

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.

A screenshot of the EviCore MFA verification interface. At the top is the EviCore logo with 'By EVERNORTH' underneath. The main heading is 'Verify your identity'. Below this, it says 'We've sent an email to:' followed by a blurred email address. There are two input fields: the first is for the email address and the second is for the '6-digit code'. Below the code field is a checkbox labeled 'Remember this device for 30 days' which is checked. A large teal 'Continue' button is centered below the checkbox. At the bottom, there is a link that says 'Didn't receive a code? Check your spam or junk folder or [Resend](#).' and another link below it that says 'Use a different verification method'.

Portal Access

- Access EviCore's provider portal at www.EviCore.com.
- If you do not already have a user account, click **Register Now** and complete the online registration form. Follow the instructions to create your password and set up multi-factor authentication (MFA).
- Login using your new or existing login credentials.
- You will now land on your Unified Worklist where you can conduct an **Authorization Lookup**, **Request an Authorization**, manage your cases via your **Worklist**, and share your worklist with other users via **User Access**.
- You can also go directly to the portal to build your request and/or manage your cases.

The screenshot displays the EviCore provider portal interface. At the top, a dark teal header bar contains the EviCore logo (By EVERNORTH), a greeting 'Hello, [user]', and navigation links: 'Authorization Lookup', 'Request An Authorization', 'Worklist', 'Portals', 'Help / Contact', and 'User Access'. Below the header, the 'My Worklist' section is visible, featuring tabs for 'Pending', 'Approved', 'Partially Approved', 'Denied', 'Cancelled', and 'All Statuses'. A search bar with the placeholder 'Start typing to search...' and a magnifying glass icon is positioned above a table. The table has columns for Request ID, Authorization ID, Patient, Status, Submitted, End Date, Procedure, Ordering Provider, Site of Service, and Insurer.

Request ID	Authorization ID	Patient	Status	Submitted	End Date	Procedure	Ordering Provider	Site of Service	Insurer
------------	------------------	---------	--------	-----------	----------	-----------	-------------------	-----------------	---------

Need more info on UPX? Visit www.eviCore.com/provider → Video Resources for self-service training or click **Register Now** to join a session.

Provider Shared Worklist

To allow others to view your worklist while you are out of the office, you can add them by selecting **User Access** and add their user ID and email address. They must have an EviCore account to be added.

A screenshot of the EviCore web application interface. The top header is dark teal with the EviCore logo and 'By EVERNORTH' on the left, and 'Hello, Suma' on the right. A navigation bar below the header contains 'Request An Authorization', 'Worklist', 'Auth Lookup', and 'User Access'. The main content area is teal. A white modal box is open, titled 'Give access to your worklist'. It contains a green notification bar at the top stating 'David Gates will have access to your worklist' with a close button. Below this, it says 'Use this form to give users access to your worklist'. There are two input fields: 'User ID' and 'Email'. To the right of these fields is a button labeled 'Allow access'. At the bottom of the modal, a blue bar states '35 people have access to your worklist.' with a 'View List' button and a close button.

Need more info on UPX? Visit www.eviCore.com/provider → Video Resources for self-service training or click **Register Now** to join a session.

EviCore Provider Portal | Add Providers



Providers will need to be added to your account prior to case submission.

- Click the **Add Provider** tab to add provider information.
- Select **Add Provider**.
- Enter the NPI, state, and zip code to search for the provider.
- Select the matching record based upon your search criteria.
- Once you have selected a practitioner, your registration will be complete.
- You can also click **Add Another Practitioner** to add another provider to your account.
- You can access the **Manage Your Account** at any time to make any necessary updates or changes.

Manage Your Account

Office Name:

Address:

Primary Contact:

Email Address:

ADD PROVIDER

Click Column Headings to Sort

No providers on file

CANCEL

Add Practitioner

Enter Practitioner information and find matches.

*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

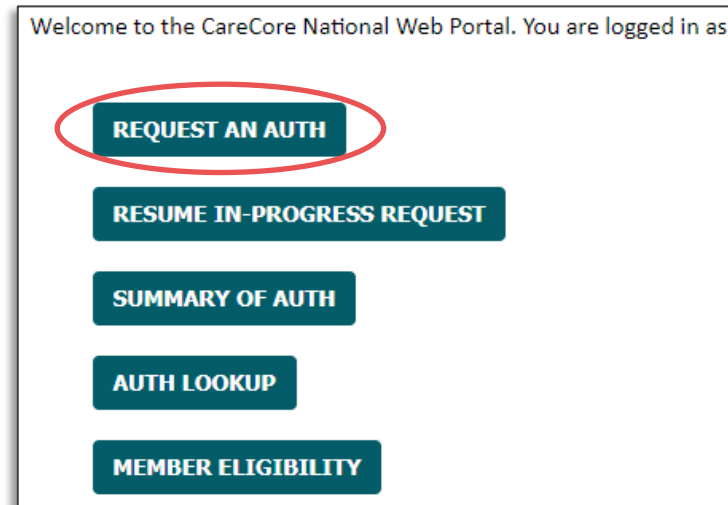
FIND MATCHES **CANCEL**

Initiating a Case

Initiating a Case

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
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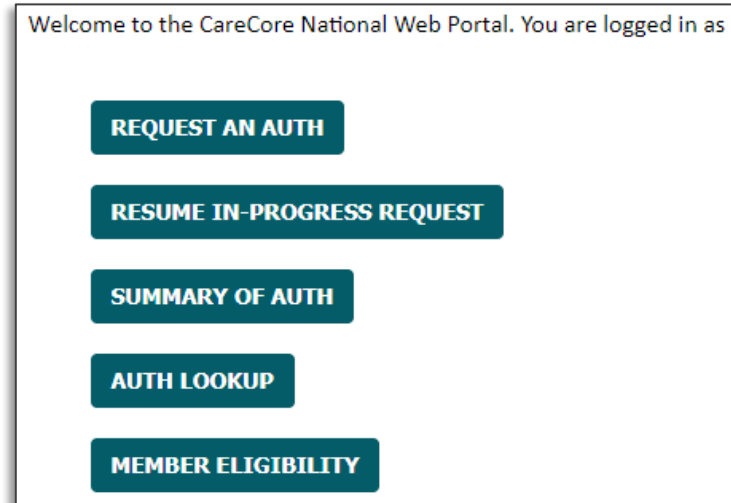
- To initiate a prior authorization request via the EviCore portal, select **Request an Auth** or **Clinical Certification**.



Welcome Screen | Adding Providers to Registration



- Providers can be added to your account prior to case submission.
- Click the **Manage Your Account** tab to add providers to the web registration.



Adding Providers

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

Office Name:

CHANGE PASSWORD

EDIT ACCOUNT

Address:

Primary Contact:

Email Address:

ADD PROVIDER

Click Column Headings to Sort

No providers on file

CANCEL

- Click the **Add Provider** button.

Adding Providers

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

Enter Practitioner information and find matches.
*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

▼

Practitioner Zip

FIND MATCHES

CANCEL

- Enter the Provider’s **NPI**, **state**, and zip **code** to search for the provider record.
- Once entered, click **Find Matches**.
- Multiple providers can be added to your account.

Adding Providers

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

This following practitioner record(s) were found to match the requested NPI. Is this the practitioner you would like to register?

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax

ADD THIS PRACTITIONER

CANCEL

- Select the matching record based upon your search criteria.

Adding Providers

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

Thank you for registering on the CareCore National website. If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to complete the registration process.

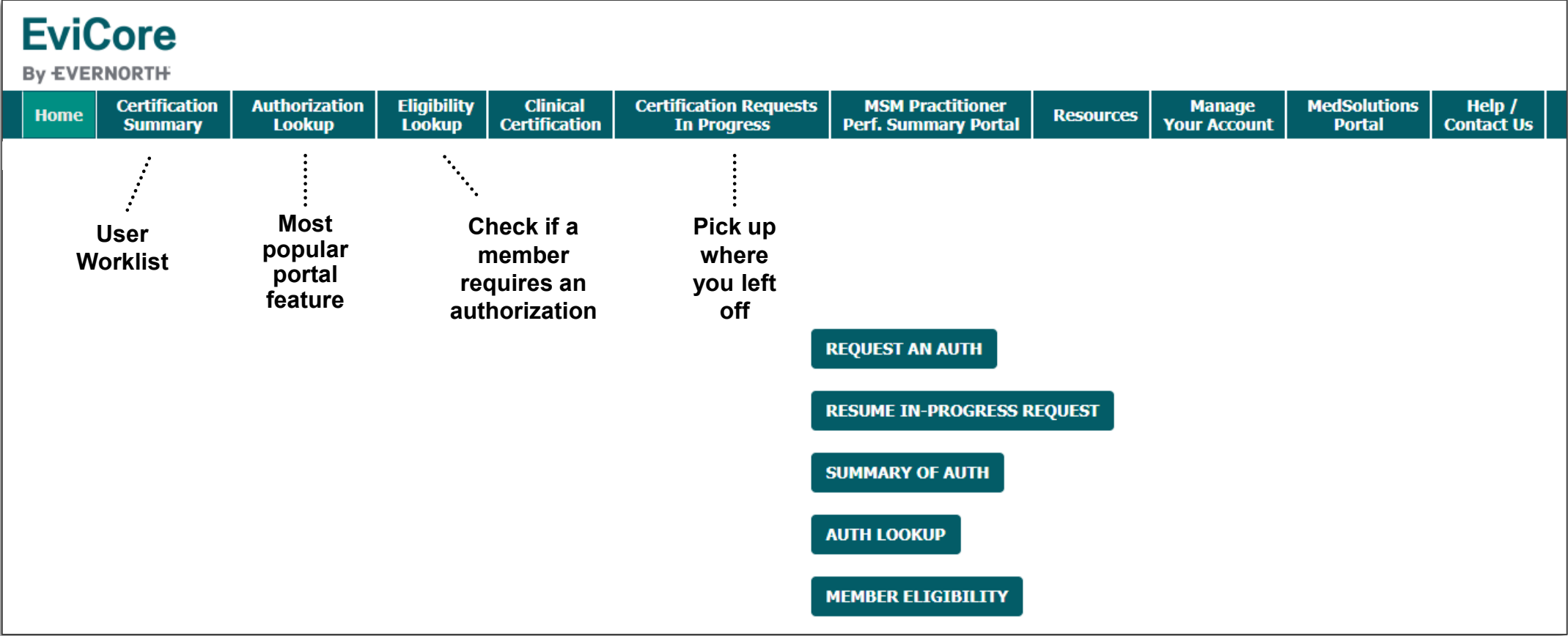
ADD ANOTHER PRACTITIONER

CONTINUE

- Once you have selected a practitioner, your registration will be completed and ready for building a case.
- You can click on **Add Another Practitioner** to add another provider to your account or click **Continue**.

EviCore Portal Features

Provider Portal | Feature Access



Certification Summary | User Worklist

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

Search For:

All Other Programs

Search..



<<Page 1 of 1>>>>10

	Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description
	×	×	×	×	×			×	
1	NA					Expired / Cancelled	05/01/2024		

<<Page 1 of 1>>>>10

- The **Certification Summary** tab allows you to track recently submitted cases.
- The worklist can also be filtered.

EviCore

By EVERNORTH

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Authorization Lookup | Popular Tool

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

Manage Your Account

MedSolutions Portal

Help / Contact Us

Authorization Lookup

Search by Member Information

Search by Authorization Number/NPI

OnePA: Prior Authorization Portal for Providers

Search by Claim Number/Health plan

Required Fields

Healthplan:

PRINT

[Click here for help](#)

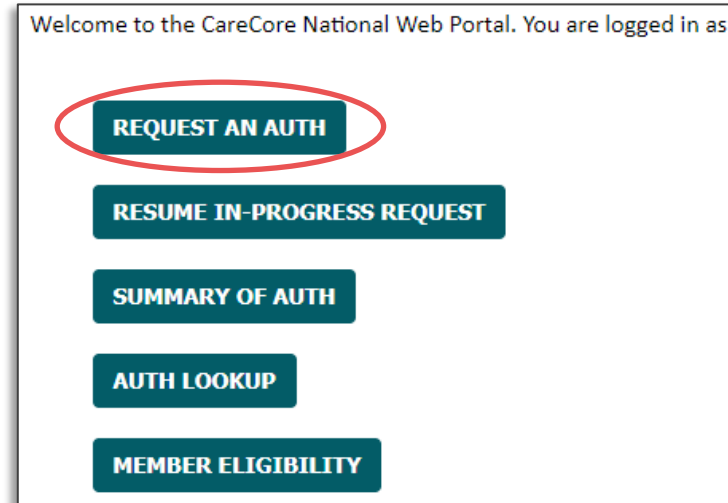
- You can lookup an authorization case status on the portal.
- Search by member information **OR**
- Search by authorization number with ordering NPI.
- Initiate appeals and/or schedule Peer-to-Peer calls.
- View and print any correspondence.

Initiating a Case

Initiating a Case

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
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- To initiate a prior authorization request via the EviCore portal, select **Request an Auth** or **Clinical Certification**.



Select Program

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
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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
- ☐ Pharmacy Drugs (Express Scripts Coverage)
- ☐ Radiation Therapy Management Program (RTMP)
- ☐ Radiology and Cardiology/Vascular Intervention
- ☐ Sleep Management

CONTINUE

[Click here for help](#)

Attention!

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

[Date Extension](#)

[Continuing Care](#)

[Continue to Build a New Case](#)

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

Always select "Build a New Case" for the 1st authorization request from EviCore.

- Select the **Program** for your certification.

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Clinical Certification Request | Search and Select Provider

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
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Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
SELECT	

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

Search By NPI:

SEARCH

BACK

CONTINUE

[Click here for help](#)

- Search for and select the **Provider/Group** for whom you want to build a case. This is the list of providers you added to your account.
- If the **Provider/Group** is not on your list of providers added to your account, you can now **Search by NPI**.

Clinical Certification Request | Search and Select Provider

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
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Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
SELECT	

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

Search By NPI:

SEARCH

	Practitioner Name	NPI	Address	City	State	ZipCode	Phone	Fax
SELECT								

BACK

CONTINUE

[Click here for help](#)

- Once the provider is found by searching **NPI**, the line will turn gray to indicate they are selected.

Attention!

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

YES

NO

By choosing **YES**, the practitioner will be added to the provider list in your account.

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
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Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK

CONTINUE

[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**.

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	Add Provider	MedSolutions Portal	Unified Dashboard	Help / Contact Us
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Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

☒ Receive notification of case status changes. Please enter email address in box above.

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](#)

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

The e-notification box is checked by default to enable email notices for any updates on case status changes. Make sure to uncheck this box if you prefer to receive faxed notices.

Expected Treatment Date

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
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Attention!

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



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

SUBMIT

Note: Prior authorization from EviCore should begin after the member has used their initial visits for **INSERT HEALTH PLAN IF APPLICABLE.**

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	Add Provider	MedSolutions Portal	Unified Dashboard	Help / Contact Us
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Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*

MM/DD/YYYY

Patient Last Name Only:*

[?]

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

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

- Enter **member information**, including patient ID number, date of birth, and last name.
- Click **ELIGIBILITY LOOKUP**.
- Confirm the patient’s information and click **SELECT** to continue.

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT						

BACK

[Click here for help](#)

Clinical Certification Request | Procedure and Diagnosis Codes

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
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Requested Service + Diaagnosis

This procedure will be performed on 5/4/2024. CHANGE

Musculoskeletal Management Procedures

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

CHIRO

CHIROPRACTIC

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: **M25.50**
Description: **Pain in unspecified joint**
[Change Primary Diagnosis](#)

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

LOOKUP

BACK

CONTINUE

- Enter **CHIRO** for Chiropractic.
- Add 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	Add Provider	MedSolutions Portal	Unified Dashboard	Help / Contact Us
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Attention!

Patient ID:

Patient Name:

Please review the patient's MSM history. You may be asked about this history during clinical review.

MSM History

Episode Date	Episode ID	Patient Name	CPT Code	CPT Description	Case Status

OK

[Print this page](#)

- Review the patient's history before proceeding to site selection.
- **Note:** Place of service can vary depending on health plan rules.

Attention!

Will the procedure be performed in your office?

Yes

No

Clinical Certification Request | Site Selection

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

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:

TIN:

Zip Code:

City:

Site Name:

Exact match

Starts with

LOOKUP SITE

Clinical Certification Request | Clinical Certification

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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	--------------	---------------------	-------------------	-------------------

Proceed to Clinical Information

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

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

In order to ensure prompt attention to your online request, be sure to complete the clinical review before exiting the system. Even if you will be submitting additional information at a later time, please continue through the final summary page. Failure to formally submit your full request will cause the record to expire with no additional correspondence from eviCore.

☐ I acknowledge that the clinical information I am about to submit for this authorization request is accurate and specific to this member, and that all information will be provided for this request.

BACK

CONFIRM AND CONTINUE

- Verify all information is entered and correct.
- Check the acknowledgement statement.
- Once you enter the clinical collection phase of the process, the answers to the clinical questions will not save unless the case is completed.
- **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	Add Provider	MedSolutions Portal	Unified Dashboard	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	--------------	---------------------	-------------------	-------------------

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

Proceed to Clinical Information

Is this case Routine/Standard?

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

Clinical Certification Request | Required Medical Information Checklist

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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	--------------	---------------------	-------------------	-------------------

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

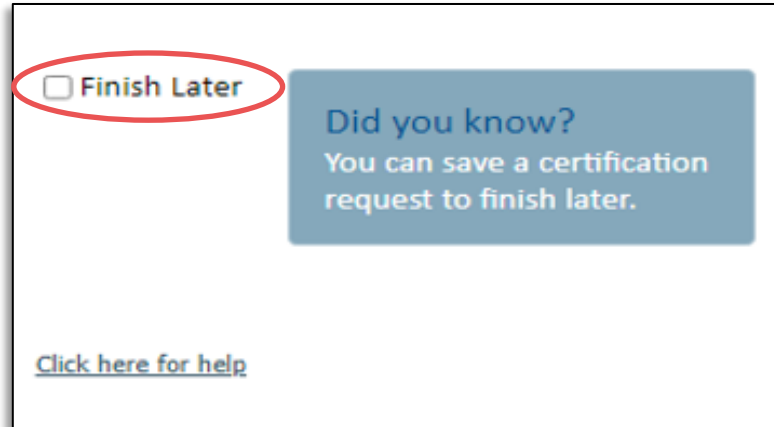
Chiropractic

- ☐ Primary and Secondary Diagnosis/ICD10
- ☐ Primary and Secondary area of treatment (i.e., neck, back, upper/lower extremity)
- ☐ Co-morbidities/Complexities that will impact the therapy plan of care
- ☐ Functional Outcome Measures/Patient Reported Outcome Scores (i.e., Oswestry, Neck Disability)
- ☐ Results of physical performance tests relevant to the condition

- Below the Clinical Upload description, select **Required Medical Information Checklist**.
- Once you open the document, you will search for the **Specialty Therapies** section to review the list of required medical information EviCore requires in order for the prior authorization request to meet medical necessity.
- Direct link to document: [EviCore Medical Records Required](#)

Clinical Collection

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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	--------------	---------------------	-------------------	-------------------



☐ Finish Later

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

[Click here for help](#)

- If you need to confirm information you've entered, or need to add additional information, check **Finish Later**, then submit.
- You will then have until the end of the day to complete the request.
- If needed, any changes or updates can be made by phone.

Clinical Collection | From the Clinical Worksheets

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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	--------------	---------------------	-------------------	-------------------

You requested a treatment start date of 05/08/2025

i Date of initial evaluation

05/08/2025



i Date of onset of CONDITION:

05/01/2025



i Enter date of current findings:

05/01/2025



- The clinical information will be considered out-of-date if the “date of current findings” is greater than **10 days** prior to the “treatment start date” for this request.
- Cases with out-of-date clinical information may be placed on hold, awaiting current clinical information. This may delay an authorization decision.

Criteria Met

You have been approved for 4 visits. Please use these visits before requesting more visits. Your therapist may submit another notification if authorization for additional care is necessary. To check for full benefits and eligibility information for the specific medical service, log in to www.premera.com as a provider and utilize the Prior Authorization tool and/or Benefit and Eligibility tool. Your case has been approved for 4 visits

Provider Name:		Contact:	Amy
Provider Address:		Phone Number:	(999) 999-9999
		Fax Number:	(999) 999-9999
Patient Name:		Patient Id:	
Insurance Carrier:			
Site Name:		Site ID:	
Site Address:			
Primary Diagnosis Code:	M54.51	Description:	Vertebrogenic low back pain
Secondary Diagnosis Code:		Description:	
CPT Code:		Description:	
Authorization Number:			
Review Date:			
Approved Treatment Start Date:			
Expiration Date:			
Status:	You have been approved for 4 visits. Please use these visits before requesting more visits. Your therapist may submit another notification if authorization for additional care is necessary. To check for full benefits and eligibility information for the specific medical service, log in to www.premera.com as a provider and utilize the Prior Authorization tool and/or Benefit and Eligibility tool. Your case has been approved for 4 visits		

CANCEL PRINT CONTINUE

- Once the clinical pathway questions are completed and the answers have met the clinical criteria, an **approval** will be issued.
- You can print the certification and store in the patient's record if needed.

Criteria Not Met

- Once you complete the clinical questions, you will have an opportunity to upload additional clinical information.
- You will also receive a summary of your request to print for your records.

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

☐ I would like to upload a document

☐ I would like to enter additional clinical notes in the space provided

☐ I would like to upload a document and enter additional notes

☐ I have no additional information to provide at this time

PRINT

CONTINUE

Your case has been sent to Medical Review.
The prior authorization you submitted, Case A191042756, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

Provider Name:		Contact:
Provider Address:		Phone Number:
		Fax Number:
Patient Name:		Patient Id:
Insurance Carrier:		
Site Name:		Site ID:
Site Address:		
Primary Diagnosis Code:	G46.3	Description: Brain stem stroke syndrome
Secondary Diagnosis Code:		Description:
Date of Service:	Not provided	
CPT Code:	70551	Description: MRI Brain W/O CONTRAST
Case Number:		
Review Date:		
Expiration Date:	N/A	
Status:	Your case has been sent to Medical Review. The prior authorization you submitted, Case A191042756, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.	

CANCEL

PRINT

CONTINUE

Spine Surgery Pathway

Clinical Collection Process | Pathway Questions

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

Proceed to Clinical Information

Please enter the primary CPT code for this surgery.

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

1

Which region of the spine will this procedure be performed?

Thoracic

Cervical

Lumbar

Sacral

This request is for E0760 and is NOT related to a spinal condition.

SUBMIT

Clinical Collection Process | Pathway Questions

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

Proceed to Clinical Information

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

☒ Yes ☐ No

SUBMIT

☐ Finish Later

CANCEL

Did you know?

You can save a certification request to finish later.

- Pathway questions will populate based upon the information provided.

Joint Surgery Pathway

Clinical Collection Process | Pathway Questions

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

Proceed to Clinical Information

Please enter the primary CPT code for this surgery.

Which side is the procedure being performed on?

☐ Left ☐ Right

SUBMIT

☐ Finish Later

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

[Click here for help](#)

- Enter the primary CPT code for the surgery.
- If needed, you can enter a secondary CPT code.

Proceed to Clinical Information

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

☐ Yes ☒ No

SUBMIT

☐ Finish Later

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

[Click here for help](#)

Clinical Collection Process | Pathway Questions

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

Proceed to Clinical Information

Please indicate which ligament will be reconstructed:

SUBMIT

☐ Finish Later

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

[Click here for help](#)

Interventional Pain Pathway

Clinical Collection Process | Pathway Questions

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

Proceed to Clinical Information

Please indicate the reason for this procedure:

To treat post-herpetic neuralgia

To treat low back pain (radiculopathy/radicular pain/non-radiating pain)

To inject Spinraza® (nusinersen)

A trial for an implanted pump

For obstetrical or surgical anesthesia

To manage perioperative pain

You can save a certification request to finish later.

Proceed to Clinical Information

Lumbar Epidural Injection

Please indicate the type of injectate(s) that will be used (choose all that apply):

☐ Anesthetic

☐ Corticosteroid

☐ Biologics (e.g., platelet rich plasma, stem cells, amniotic fluid)

☐ Spinraza® (nusinersen)

☐ Other injectate(s)

☐ Unknown

How many levels will this procedure be performed at?

SUBMIT

Clinical Collection Process | Pathway Questions

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

Proceed to Clinical Information

How many epidural steroid injection sessions of ALL types have been performed in this region for this episode of pain in the last 6 months? (Please include transforaminal AND interlaminar injections)

How many epidural steroid injection sessions of ALL types have been performed in this region in the last 12 months? (Please include transforaminal AND interlaminar injections)

SUBMIT

Clinical Collection Process | Pathway Questions

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

Proceed to Clinical Information

Does physical exam/patient history indicate any of the following: (Choose all that apply)

☐ Pain and/or abnormal sensation (numbness, tingling, burning, etc.) that radiates into the arm or leg

☐ Symptomatic spinal stenosis

☐ Positive straight leg raise/crossed leg raise test (for lumbar procedures) or Spurling's maneuver (for cervical procedures)

☐ Loss of strength

☐ Change in sensation to light touch, pressure, pin prick or temperature

☐ Decreased, absent or asymmetric reflex(es)

☐ Positive electrodiagnostic study (EMG/NCV) for nerve root compression

☐ None of the above or unknown

Please indicate the documented number of weeks of conservative care prior to this request: (e.g. number of weeks of exercise, physical therapy, chiropractic care, NSAIDS, or analgesics)

Will your patient be participating in an active rehabilitation or therapeutic exercise program following this injection?

☐ Yes

☐ No

☐ Unknown

SUBMIT

Case Summary | Medical Review

Summary of Your Request

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

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

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

Case Summary | Approval

Summary of Your Request

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

Your case has been Approved.

Provider Name:	DR. BHARATH MANGI ANKARA VETTEL	Contact:	1000
Provider Address:	1200 4TH AVE N SAINT CLOUD, MN 56301	Phone Number:	320-734-1000
		Fax Number:	320-734-1000
Patient Name:	JOHN DOE	Patient Id:	12345678
Insurance Carrier:	WELLS		
Site Name:	CLINICAL MEDICAL LLC	Site ID:	123456
Site Address:	875 LAMAR BLVD CLINICAL, FL 32709		
Primary Diagnosis Code:	M43.16	Description:	Spondylolisthesis, lumbar region
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	Spine Surgery
CPT Code:	SPINE		
Authorization Number:	12345678		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL

PRINT

CONTINUE

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.

- + **Sara Vandiver**
- + Email: sara.vandiver@evicore.com
- + Phone: **804-814-4878**

Call Center/Intake Center

Call **800-421-7592**. Representatives are available from 7 a.m. to 7 p.m. local time.



Provider Resources at EviCore.com

EviCore maintains provider resource pages that contain health-plan-specific and solution-specific educational material 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:

***Insert Health Plan specific dedicated link here**

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'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.



Thank You

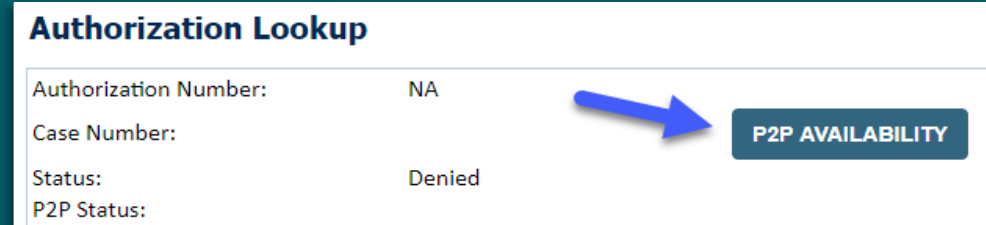
Appendix

Online Peer-to-Peer Scheduling Tool

Schedule a P2P

If your case is eligible for a Peer-to-Peer (P2P) consultation, a link will display, allowing you to proceed to scheduling without any additional messaging.

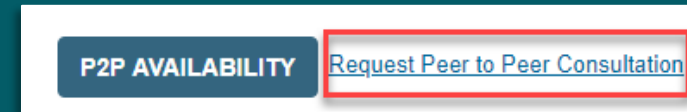
1. Log-in to your account at **EviCore.com**.
2. Perform **Clinical Review Lookup** to determine the status of your request.
3. Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a Peer-to-Peer consultation
4. Note carefully any messaging that displays.*



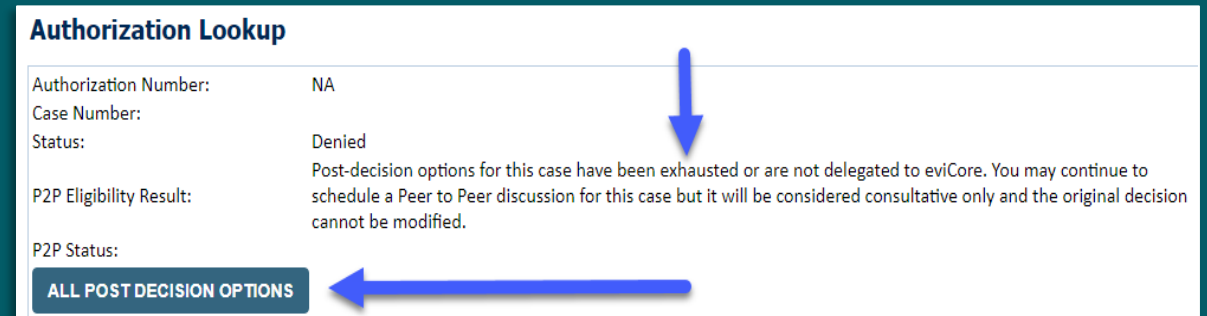
Authorization Lookup

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
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

*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

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.

The image displays two screenshots of the EviCore 'New P2P Request' form, illustrating the steps to schedule a Peer-to-Peer appointment.

Top Screenshot: Initial Form

- Case Info** | **Questions** | **Schedule** | **Confirmation**
- New P2P Request** | **EviCore By EVERNORTH**
- Case Reference Number**: Case information will auto-populate from prior lookup
- Member Date of Birth**: [Input field]
- + Add Another Case** (indicated by a blue arrow)
- Lookup Cases >** (indicated by a blue arrow)

Bottom Screenshot: Confirmation Screen

- New P2P Request** | **EviCore By EVERNORTH**
- Case Ref #:** [Input field] (indicated by a blue arrow)
- Remove** | **✓ P2P Eligible** (indicated by a blue arrow)
- Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.** (indicated by a blue arrow)
- Member Information**: Name, DOB, State, Health Plan, Member ID
- Case P2P Information**: Episode ID, P2P Valid Until (2020-11-11), Modality (MSK Spine Surgery), Level of Review (Reconsideration P2P - indicated by a blue arrow), System Name (ImageOne)
- Continue** (indicated by a blue arrow)

Schedule a P2P

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, then click **Continue**.

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type

Level of Review

MSK Spine Surgery

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 >

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

← Prev Week

5/18/2020 - 5/24/2020 (Upcoming week)

Next Week →

1st Priority by Skill

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

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT	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

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.

The screenshot shows a web form for scheduling a P2P appointment. At the top, there are four tabs: Case Info, Questions, Schedule, and Confirmation. The 'Case Info' tab is active. The form is divided into two main sections: 'P2P Info' and 'P2P Contact Details'. The 'P2P Info' section includes fields for Date (Mon 5/18/20), Time (6:30 pm EDT), and a 'Reviewing Provider' dropdown. The 'P2P Contact Details' section includes fields for '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), and 'Contact Instructions' (Select option 4, ask for Dr. Doe). Blue arrows point to the 'Name of Provider Requesting P2P', 'Phone Number for P2P', and 'Contact Instructions' fields. A 'Submit' button is at the bottom right.

The screenshot shows a 'Scheduling' summary page. It has a 'Scheduled' section with a calendar icon and a clock icon. The appointment is for 'Mon 5/18/20 - 6:30 pm EDT'. A blue box with the word 'SCHEDULED' in white capital letters is at the bottom right.

P2P Contact Details

1. Use the radio button option to select who will perform the P2P with the EviCore Medical Director.
2. Open fields will manually open to input the provider's first, last name, and their credential.

 **P2P Contact Details**

Appointment Details
 Fri 5/24/2024
 7:00 am PDT
 Tamara Fackler

Who will be performing the P2P consultation? *Required*
☐ Requesting Provider
☐ Contact Person
☐ Someone else

 PROVIDER

Name of Referring Physician on Case *Required*

Credential *Required*

 CONTACT PERSON

Contact First Name *Required*

Contact Last Name *Required*

Contact Person Location *Required*

75

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Call Notes

1. Use the radio button to select options if applicable.
2. If “Procedure was performed on” is selected, then the date is required.

Contact Instructions

Contact Instructions

Call Notes

☐ ALT REC declined

☐ Procedure was performed on:

☐ Caller requested MD Specialty match

☐ Appeal LOR attestation requirement

☐ OH State Regulation: Member Consent obtained

☐ TX licensed physician - Caller is aware P2P does not meet SSL match and wants to proceed with P2P per same-specialty match requirement.

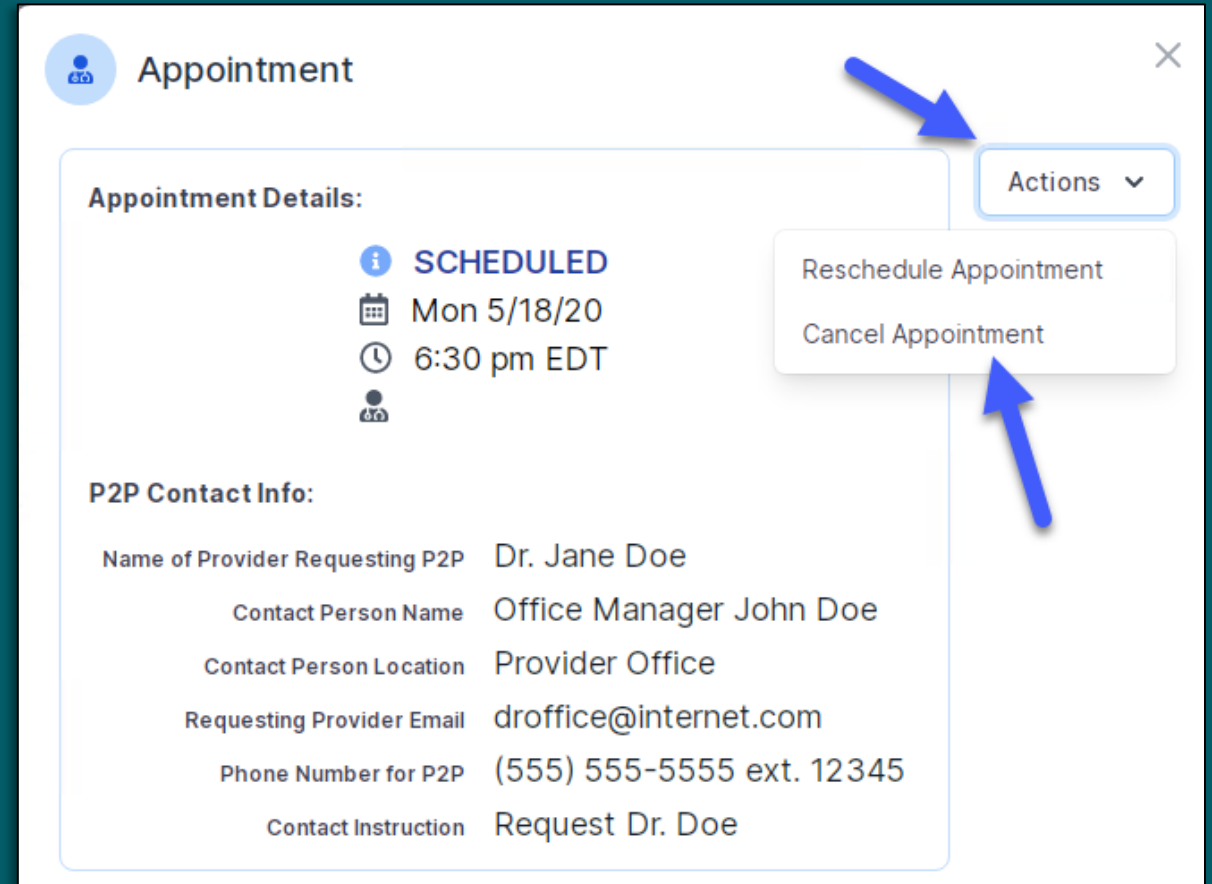
☐ TX licensed same specialty - Caller is aware P2P does not meet TX SSL/specialty match and wants to proceed with P2P

Schedule Appointment

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.



The screenshot shows a web interface for managing appointments. At the top, there's a header with a user icon and the title "Appointment". Below this, the "Appointment Details:" section displays the status as "SCHEDULED" with an information icon, the date "Mon 5/18/20", the time "6:30 pm EDT", and a person icon. To the right of this section is an "Actions" drop-down menu. A blue arrow points to this menu, and another blue arrow points to the "Cancel Appointment" option in the expanded list. Below the details, the "P2P Contact Info:" section contains a table with the following information:

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