

Radiology and Cardiology

**Provider Orientation Session for
Vaya Health**

Agenda



Solutions Overview

Radiology and Cardiology

Submitting Requests

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

EviCore Provider Portal

Overview, Features & Benefits

Provider Resources

Questions & Next Steps

Appendix

- Portal Case Submission
- Peer-to-peer Scheduling Tool

Vaya Health Prior Authorization Services

EviCore will begin accepting prior authorization requests for Radiology and Cardiology services starting June, 17th 2024 for dates of service July 1st, 2024 and after

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

Providers should verify member eligibility and benefits at Vaya Health Provider Services: 866-990-9172

Radiology Overview

Radiology Solution

Covered Services:

Advanced imaging services

- CT, CTA
- MRI, MRA
- PET, PET/CT
- Nuclear Medicine (non-cardiac)

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

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



Cardiology Overview

Cardiology Solution

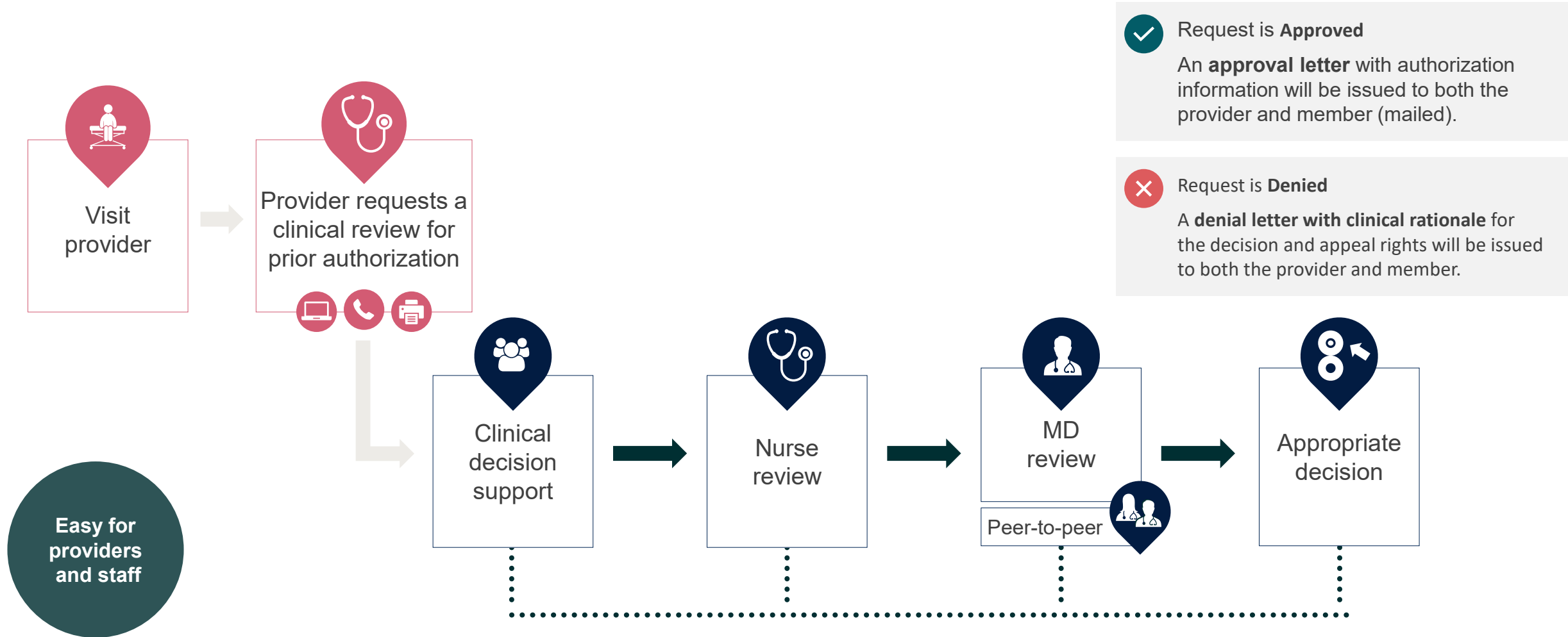
Covered Services:

- Cardiac MRI
- Cardiac CT
- Nuclear Stress
- Nuclear Stress (Myocardial Perfusion Imaging- SPECT & PET)
- Echocardiography (TTE & TEE)
- Echo Stress Testing (XSE)
- Diagnostic Heart Catheterization
- Cardiac Implantable Devices



Submitting Requests

Utilization Management | Prior Authorization



Easy for
providers
and staff

How to Request Prior Authorization

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

- **Save time:** Quicker process than requests by phone or fax
- **Available 24/7**
- **Save your progress:** If you need to step away, you can save your progress and resume later
- **Upload additional clinical information:** No need to fax in supporting clinical documentation, it can be uploaded on the portal
- **View and print determination information:** Check case status in real-time
- **Dashboard:** View all recently submitted cases
- **E-notification:** Opt-in 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 submittals

To access the EviCore Provider Portal, visit EviCore.com/provider



Or by **phone:** **855-754-5527**
Monday – Friday
7 AM – 7 PM (local time)

Or by **fax:** **800-540-2406**



Necessary Information for Prior Authorization

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

Member

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



Referring (Ordering) Physician

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

Rendering Facility

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

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:

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

The provider must submit the additional information to EviCore.

EviCore will review the additional documentation and reach a determination.

The hold letter will inform the provider about what clinical information is needed as well as the **date by which it is needed**.

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

Determination notifications will be sent.

Prior Authorization Outcomes, Special Considerations & Post- Decision Options

Prior Authorization Determination Outcomes

Determination Outcomes

- **Approved Requests:** Authorizations are valid for **30 days** from the date of the initial request.
- **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:** If a request is determined as inappropriate based on evidence-based guidelines, a notification with the rationale for the decision and post-decision/appeal rights will be issued.

Notifications

- Authorization letters will be faxed to the ordering physician.
- Web-initiated cases will receive e-notifications if a user opted in to this method.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the [EviCore portal](#).



Special Circumstances

Retrospective Authorization Requests

- Retro requests are allowed for the first 90 days (DOS 7/1/24-9/29/24).
- After 90 days, retro authorizations are only allowed for retroactive enrollment.
- Requests other than retroactive enrollment will be administratively denied.

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 hours.



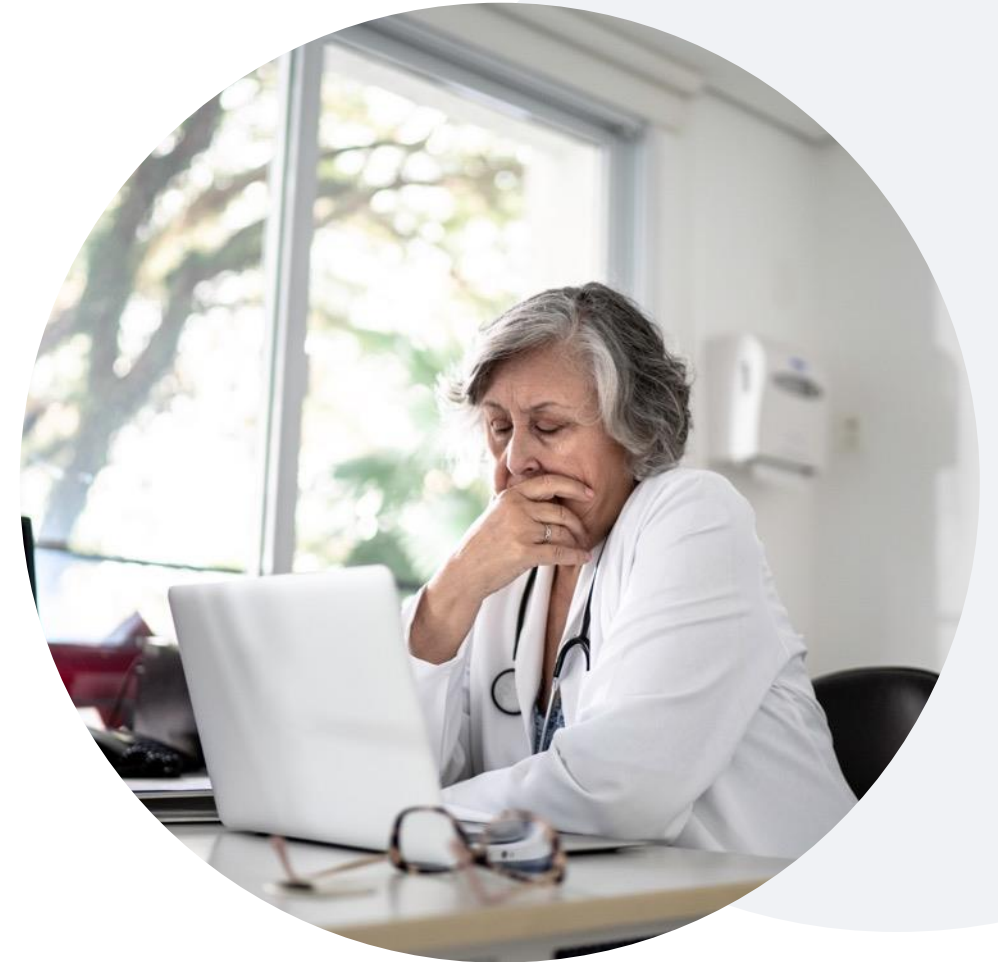
Special Circumstances (cont.)

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 on the web or by phone during case build, and the recommended study will be approved instead of the original requested study.
- If the alternative recommendation is not accepted and the case is denied, the only option for the provider would be an appeal.

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.



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 **855-754-5527** 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.

Peer-to-Peer

- Requests must be submitted within 3 business days after the determination date.
- Untimely reconsideration request will be treated as 1st level appeals.
- Requests can be submitted in writing or verbally via a Clinical Consultation with an EviCore physician.



Appeals

- EviCore will process first-level appeals.
- An appeal must be requested within 60 calendar days from the denial date.
- Only members and their authorized representatives may request an appeal.

EviCore Provider Portal

EviCore Provider Portal | Features

Eligibility Lookup

- Confirm if patient requires clinical review

Clinical Certification

- Request a clinical review for prior authorization on the portal

Prior Authorization Status Lookup

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

Certification Summary

- Track recently submitted cases

EviCore

By EVERNORTH



EviCore Provider Portal | Access and Compatibility

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

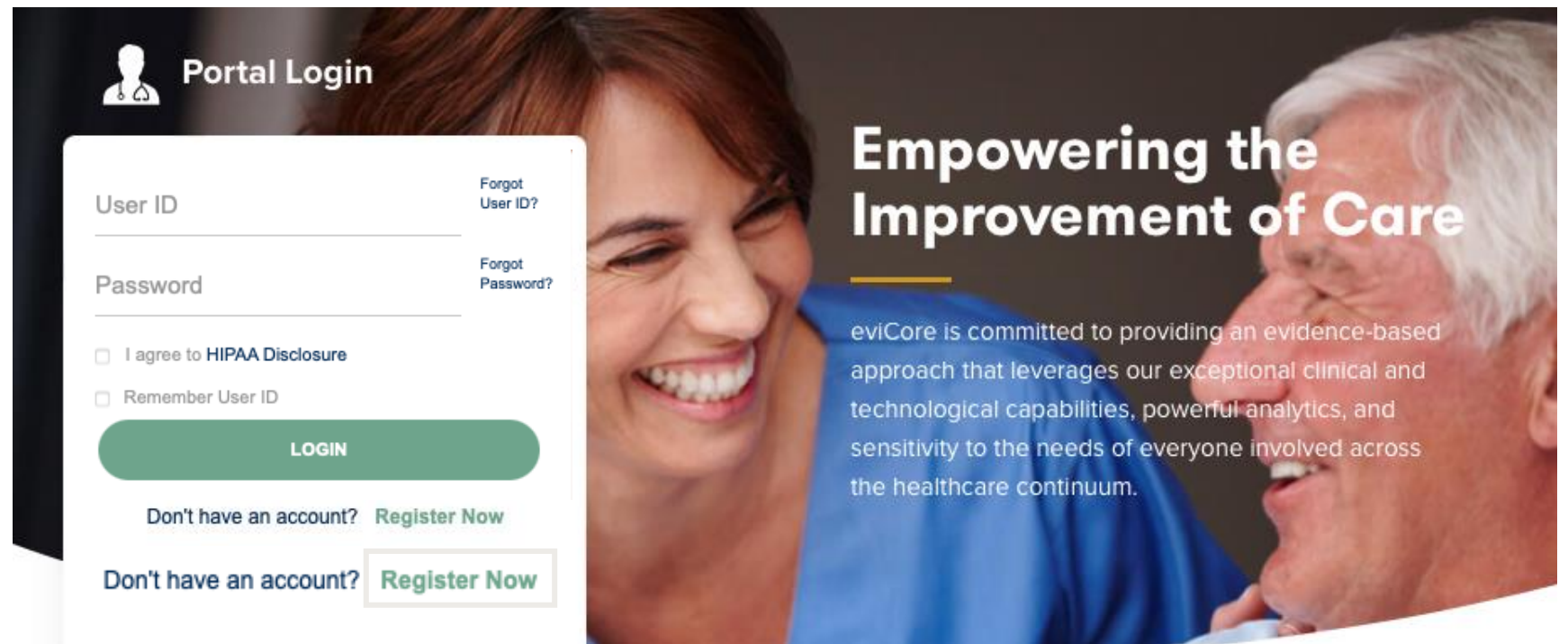
To access resources on the EviCore Provider Portal, visit EviCore.com/provider

Already a user?

Log in with User ID & Password

Don't have an account?

Click **Register Now**



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

Creating an EviCore Provider Portal Account

Select **CareCore National** as the Default Portal.

Complete the User Information section in full and **Submit Registration**.

You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the login page.

* Required Field

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*: --Select--

User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:		Address*:	 	Phone*:	
Email*:		City*:		Ext:	
Confirm Email*:		State*:	Selec	Fax*:	
First Name*:		Zip*:			
Last Name*:		Office Name:			

Next

 Web Support 800-646-0418

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Setting Up Multi-Factor Authentication (MFA)

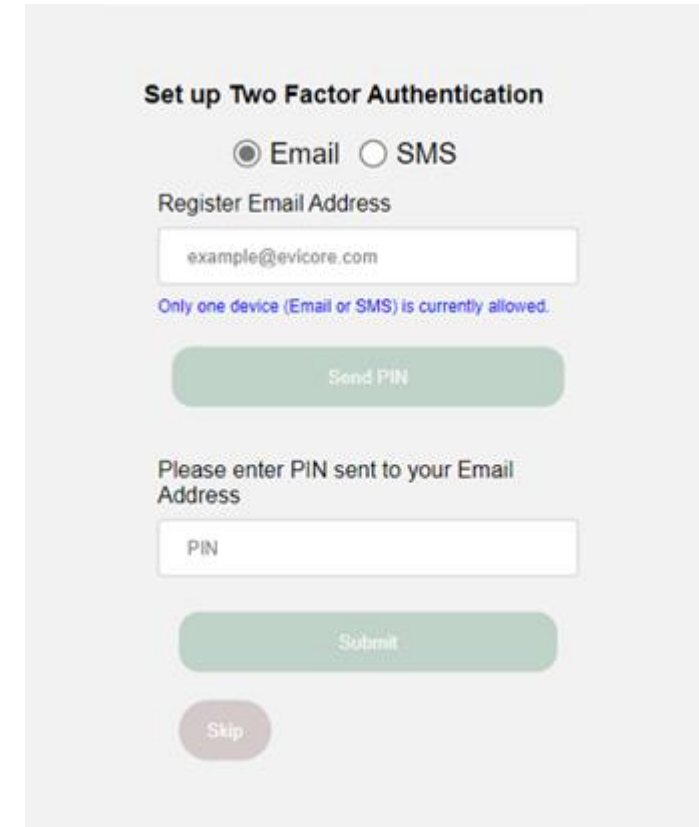
To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

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.**

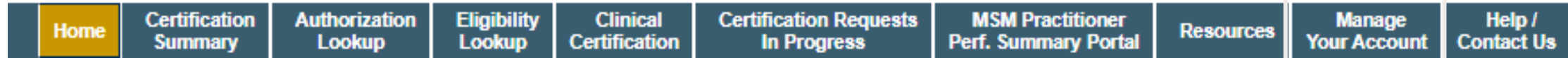
Select **Send PIN**, and a 6-digit pin will be generated and sent to your chosen device.

After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.



The screenshot shows a web form titled "Set up Two Factor Authentication". It has two radio buttons: "Email" (selected) and "SMS". Below this is a label "Register Email Address" and a text input field containing "example@evicore.com". A small blue note states "Only one device (Email or SMS) is currently allowed." Below the input field is a green "Send PIN" button. Further down is a label "Please enter PIN sent to your Email Address" and a text input field labeled "PIN". Below this is a green "Submit" button and a grey "Skip" button.

EviCore Provider Portal | Add Providers



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

- Click the **Manage Your Account** 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: **CHANGE PASSWORD** **EDIT ACCOUNT**

Address:

Primary Contact:

Email Address:

ADD PROVIDER

Click Column Headings to Sort

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**

Portal Case Submission

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
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To begin, please select a program below:

- ☐ 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

CONTINUE

[Click here for help](#)

- Click **Clinical Certification** to begin a new request
- Select the **Program** for your certification
- Select **Requesting Provider Information**

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
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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
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Add Your Contact Info

Provider's Name:*

BL BUCK

[?]

Who to Contact:*

[?]

Fax:*

(012) 435-5445

[?]

Phone:*

(012) 258-4575

[?]

Ext.:

[?]

Cell Phone:

Email:

anyr188ty@gmail.com

☒

Receive notification of case status changes

BACK

CONTINUE

- 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

NEW! Check this box to enable e-notification updates for any case status changes

[Click here for help](#)

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
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Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*

MM/DD/YYYY

Patient Last Name Only:*

[?]

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT	000000000000000000000000		WATKINS, JONATHAN	8/28/1982	M	1000 LANTANA RD SPRINGVILLE, FL 32086

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 Requested Procedure and Diagnosis

	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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Requested Service + Diagnosis

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

Radiology Procedures

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

73721

▼

MRI 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)

r68.89

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](#)

Select appropriate **CPT** and **Diagnosis codes**

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

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

Clinical Certification Request

Proceed to Clinical Information

Example Questions

Proceed to Clinical Information

Will there be any additional procedures needing prior authorization for the same patient, date of service, and site of service?

☐ Yes ☐ No

SUBMIT

Attention!

Is this a request for a bilateral procedure of a previously requested authorization?

YES

NO

Which anatomy will be examined with the requested study?

☐ Hip ☐ Knee ☐ Ankle

SUBMIT

☐ Finish Later

Did you know?

You can save a certification request to finish later.

- **Clinical Certification** questions may populate based on the information provided
- You can save your request and finish it later if needed (**Note:** You will have 2 business days to complete the case)
- Select **Certification Requests in Progress** to resume a saved request (this function is **not** available for single sign on (SSO) users)

EviCore

By EVERNORTH

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

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

Clinical Certification Request | Criteria Met

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 MANU ARKARA VEETIL	Contact:	None
Provider Address:	1200 6TH AVE N SAINT CLOUD, MN 56301	Phone Number:	(800) 234-1000
		Fax Number:	(800) 234-1000
Patient Name:	BARBARA WILSON	Patient Id:	00000000
Insurance Carrier:	WELLS FARGO		
Site Name:	CLINICAL TRIALS CENTER LLC	Site ID:	00000000
Site Address:	875 LAMAR BLVD CLARKSBURG, MD 20611		
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	MRI LOWER EXTREMITY JOINT W/O
CPT Code:	73721		
Authorization Number:	00000000		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL

PRINT

CONTINUE

If your request is authorized during the initial submission, you can **PRINT** the summary of the request for your records.

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's provider portal
 - You can also call a Web Support Specialist at 800-646-0418 (option 2)
 - Chat with web support on the [EviCore Provider Resource page](#)

ECRM is available **24/7**. Users can login or register [**HERE**](#).

Additional Information about ECRM can be found on the [**Providers' Hub**](#).



Client and Provider Services

For eligibility issues (member or provider not found in system) or transactional authorization related issues requiring research.

- + Access: [ECRM Services](#)
- + ECRM educational resources: [ECRM Resources | EviCore by Evernorth](#)
- + Trouble using ECRM? Send an email to: ECRMSupport@EviCore.com

Web-Based Services and Portal Support

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

Provider Engagement

- Regional team that works directly with the provider community.
- **Provider Engagement Manager Territory List**

Call Center

Call **855-754-5527**, representatives are available from 7 a.m. to 7 p.m. local time.

Contact EviCore's Dedicated Teams



Provider Resource Website

EviCore's Client and Provider Services 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 will include:

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

To access these helpful resources, visit:

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

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



Provider Resource Review Forum

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

We invite you to attend a **Provider Resource Review Forum** to learn how to navigate [EviCore.com](https://www.evicore.com) and understand all the resources available on the Provider's Hub.

Learn how to access:

- EviCore's evidence-based clinical guidelines
- Clinical worksheets
- Existing prior authorization request status information
- Search for contact information
- Podcasts & insights
- Training resources

Register for a Provider Resource Review Forum:

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





Thank You

Appendix

Peer-to-Peer (P2P) Scheduling Tool

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

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.

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

New P2P Request

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

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	-	-	-	-	-	-

1st Priority by Skill

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

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

Case Info

Questions

Schedule

Confirmation

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

Submit

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

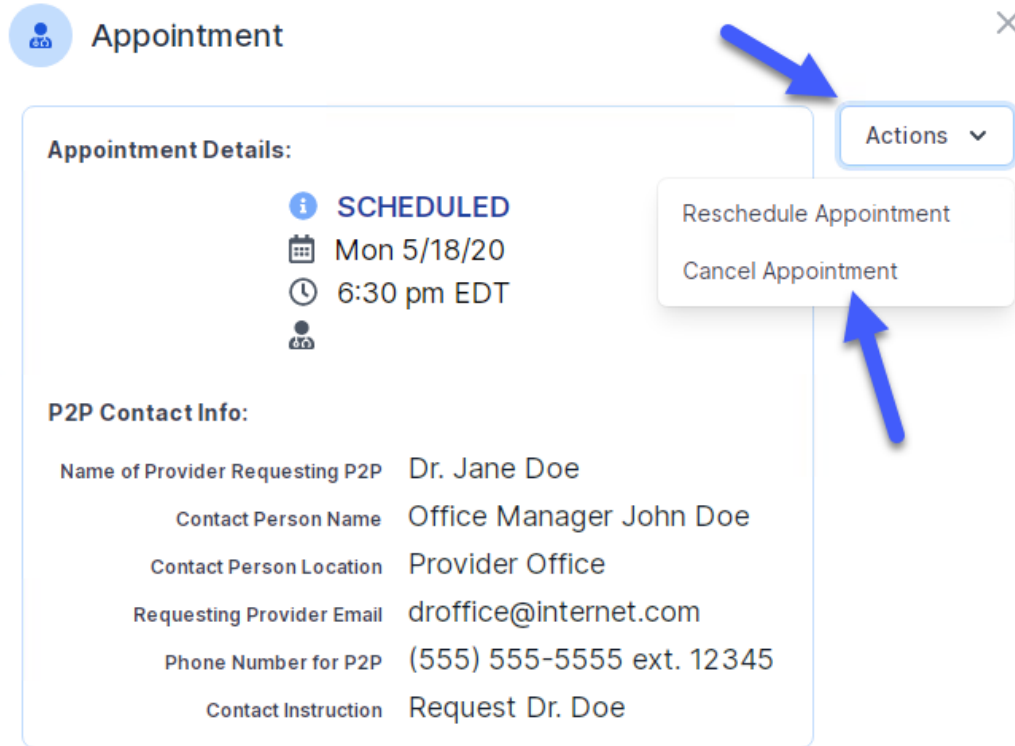
You will be presented with a summary page containing the details of your scheduled appointment

Confirm contact details

EviCore
By EVERNORTH

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Provider Resources | Cancel or Reschedule a P2P Appointment



The screenshot shows a web interface for managing a P2P appointment. At the top left is a blue circular icon with a person silhouette, followed by the text 'Appointment'. To the right is a close button (X). Below this is a section titled 'Appointment Details:' containing a status 'SCHEDULED' with an information icon, a date 'Mon 5/18/20' with a calendar icon, and a time '6:30 pm EDT' with a clock icon. Below this is a section titled 'P2P Contact Info:' containing a list of fields: '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

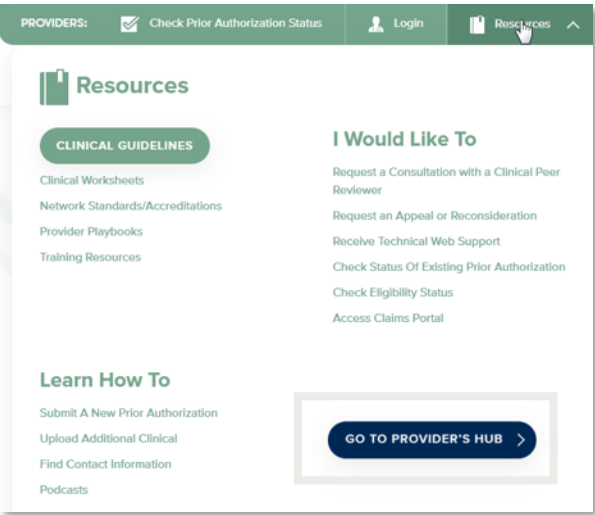
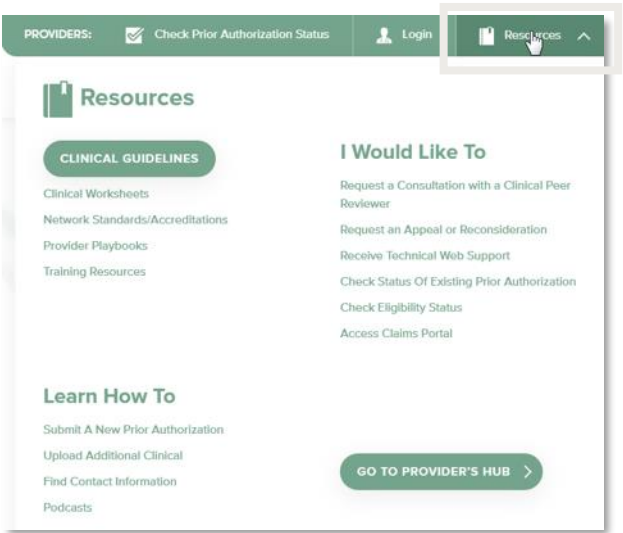
- To cancel or reschedule an appointment:
- Access the scheduling software and select **My P2P Requests** on the left-pane navigation
- Select the request you would like to modify from the list of available appointments
- When the request appears, click on the schedule link. An appointment window will 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 | Contacts and Helpful Links

Web-Based Services	portal.support@EviCore.com	800-646-0418, option 2
Client Provider Operations	clientservices@EviCore.com	
Provider Engagement: Merritt Senters, Regional Provider Engagement Manager	merritt.senters@EviCore.com	615-778-5568
Worksheets	EviCore.com/provider/online-forms	
Clinical Guidelines	EviCore.com/provider/clinical-guidelines	
Request a Clinical Consultation	EviCore.com	

Provider Resources | EviCore Provider's Hub

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

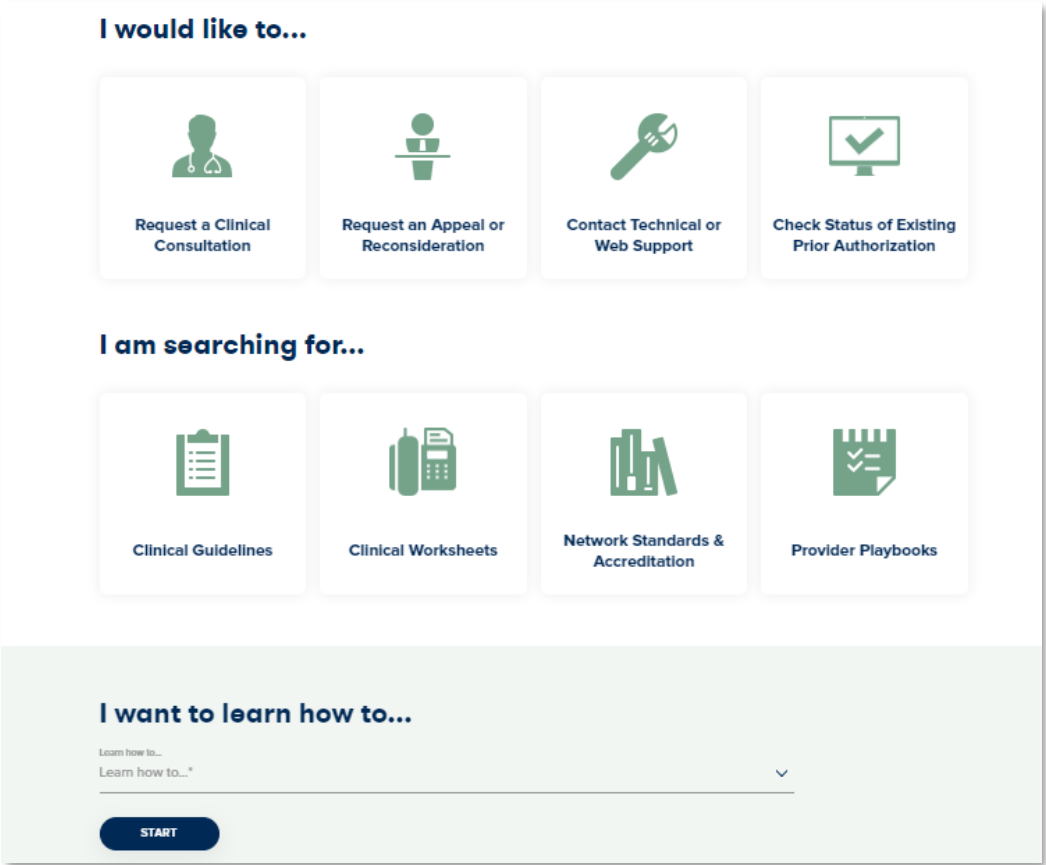


Step 1

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

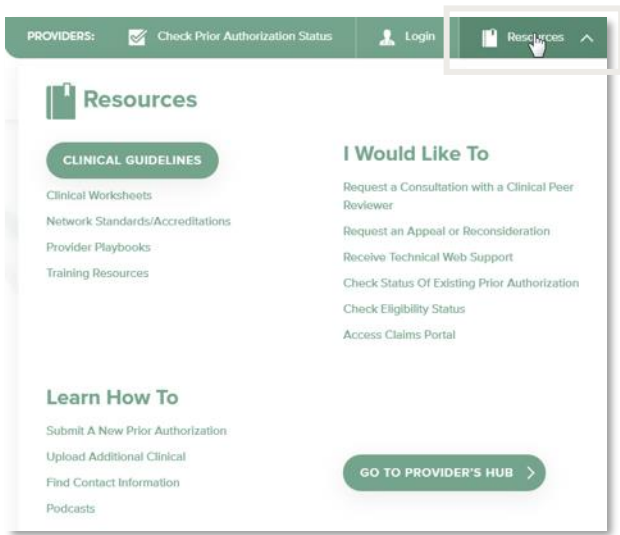
Step 2

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



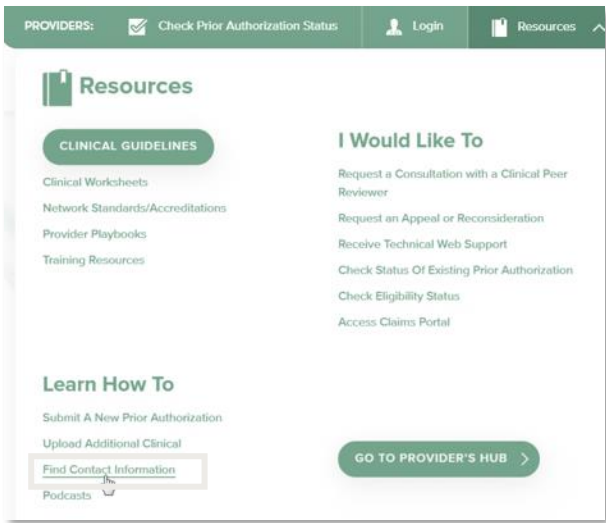
Provider Resources | Quick Reference Tool

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**

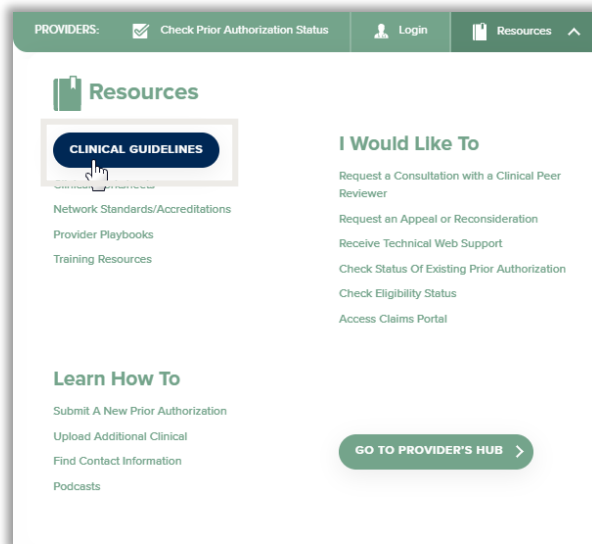


Step 3

- 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

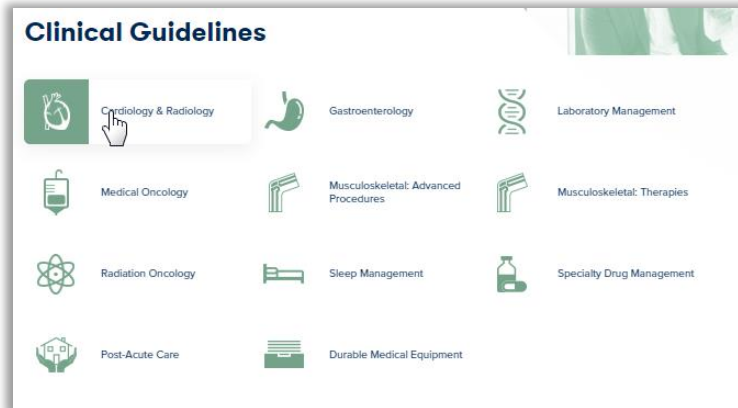
Provider Resources | Clinical Guidelines

How do I access EviCore's clinical guidelines?



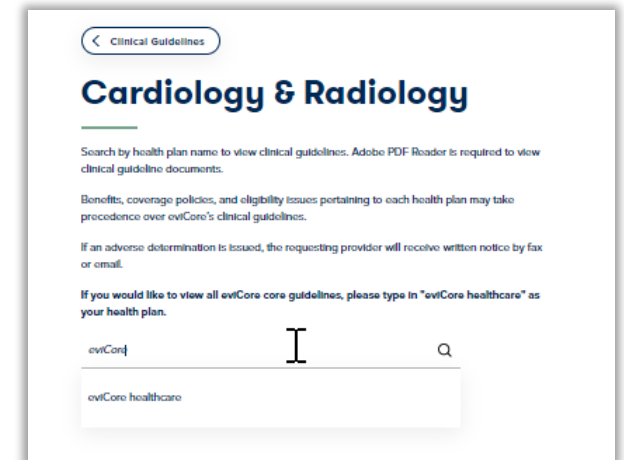
Step 1

- 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