

Lab Management

Provider Orientation Session for Oscar



Lab Management Solution

Delegated Services

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



Evidence-Based Guidelines

The foundation of our solutions



Annually
Reviewed
Guidelines



Experts associated with
academic institutions



Current clinical
literature

Evidence-based medical policy incorporating:

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

Oscar Lab Management Prior Authorization

Prior Authorization applies to the following tests:

- Hereditary Cancer Syndromes
- Carrier Screening Tests
- Tumor Marker / Molecular profiling
- Hereditary Cardiac Disorders
- Cardiovascular Disease and Thrombosis Risk Variant Testing
- Pharmacogenomics Testing
- Neurologic Disorders
- Mitochondrial Disease Testing
- Intellectual Disability / Developmental Disorders

Prior Authorization does **NOT** apply to services that are in:

- **Emergency Room Services**
- **23 Hour Observations**
- **Inpatient Stays**

Provider Resource Page

Providers and/or staff can utilize Oscar's Provider Resource page to access Clinical Worksheets, FAQs, Quick Reference Guides, and additional educational materials by visiting:

[Oscar | EviCore by Evernorth](#)

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.

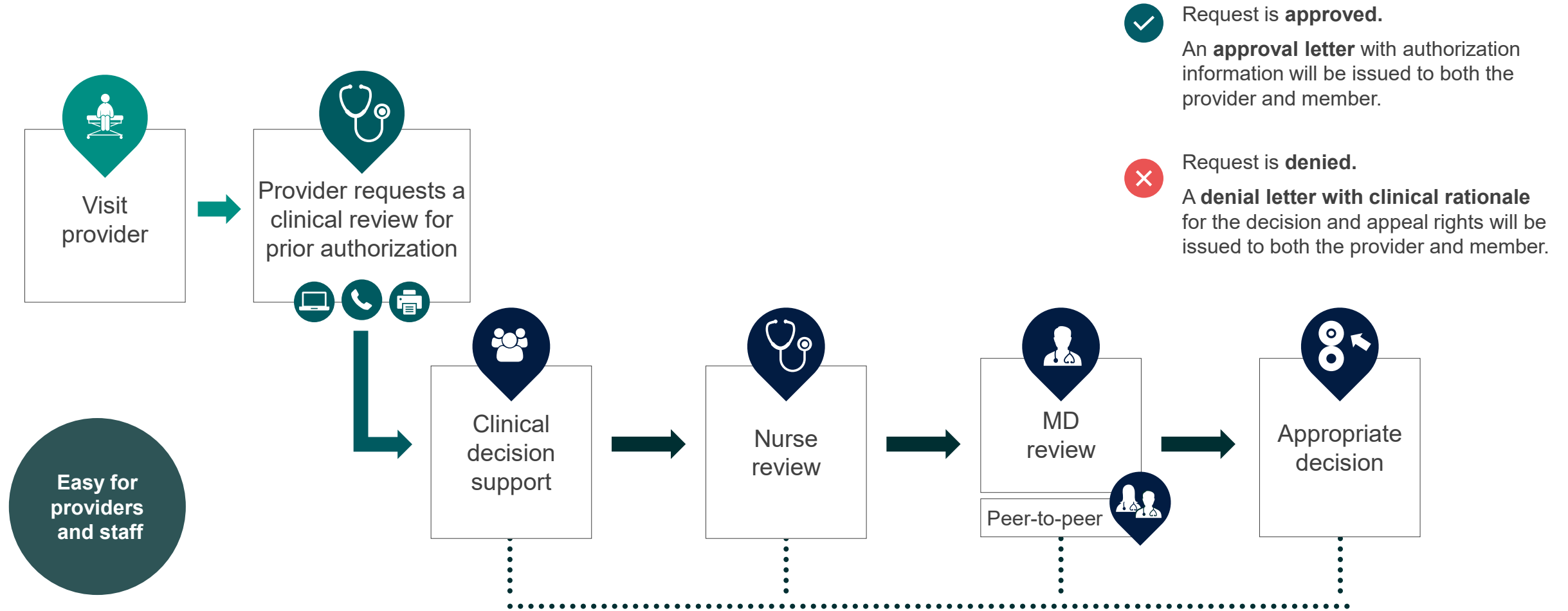
To access the EviCore Provider Portal, visit www.EviCore.com



Phone: 855-252-1118
Monday – Friday
7 AM – 7 PM (local time)

Fax: 800-540-2406

Utilization Management | Prior Authorization



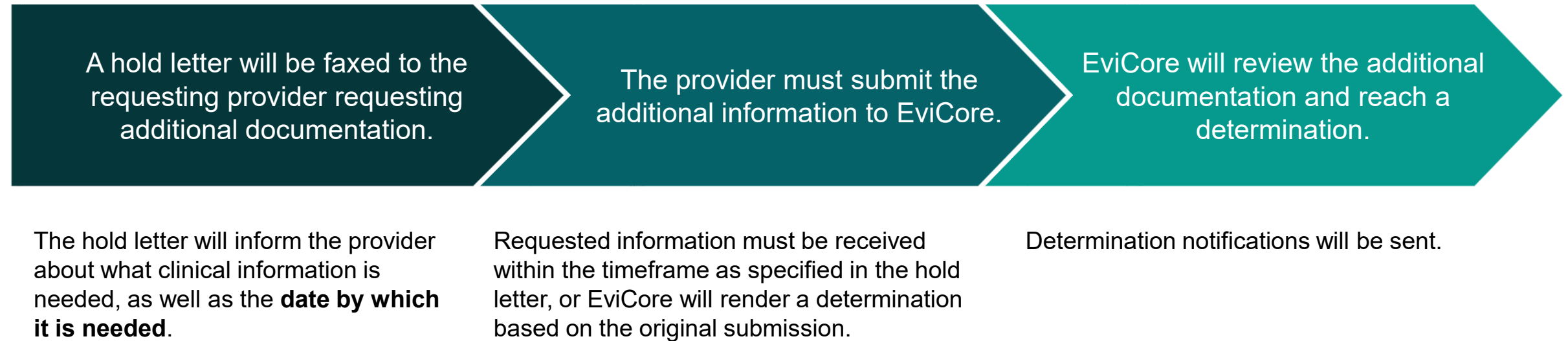
Necessary Information for Prior Authorization

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



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:



Information needed

The following information must be provided to initiate the Lab prior authorization request:

Nonclinical information

- + Member Name and date of birth
- + Member Identification Number
- + Referring provider name and address
- + Laboratory Name and address
- + Both provider's National Provider Identification (NPI) Number
- + Phone and Fax Numbers
- + Tax Identification Number (TIN)

Clinical information

- + Details about the test being performed (test name, description and/or unique identifier)
- + All information required by applicable policy
- + Test indication, including any applicable signs and symptoms or other reasons for testing
- + Any applicable test results (laboratory, imaging, pathology, etc.)
- + Any applicable family history
- + How test results will impact patient care

EviCore requires verification elements on clinical documentation when submitted. The member's name (first and last) and one additional identifier: Member's date of birth, the member identification number or the member's driver's license number or other government-issued ID.

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



Special Circumstances

Urgent Prior Authorization Requests

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



Special Circumstances

Authorization Update

- If updates are needed on an existing authorization, you can contact EviCore by phone at 855-252-1118
- 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.



Post-Decision Options

My case has been denied. What's next?

Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied.

You may also call EviCore at **888-333-8641** to speak with an agent who can provide available option(s) and instruction on how to proceed.

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



Reconsiderations

- Reconsiderations must be requested within 7 business days after the determination date.
- Reconsiderations can be requested verbally via a Clinical Consultation with an EviCore physician.

Appeals

- EviCore will process first-level appeals.
- Requests for appeals must be submitted in writing to eviCore **within 180 days** of the initial determination.
- A written notice of the appeal decision will be **mailed** to the member and **faxed** to the provider.

Provider Portal Overview

EviCore Provider Portal | Access and Compatibility

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

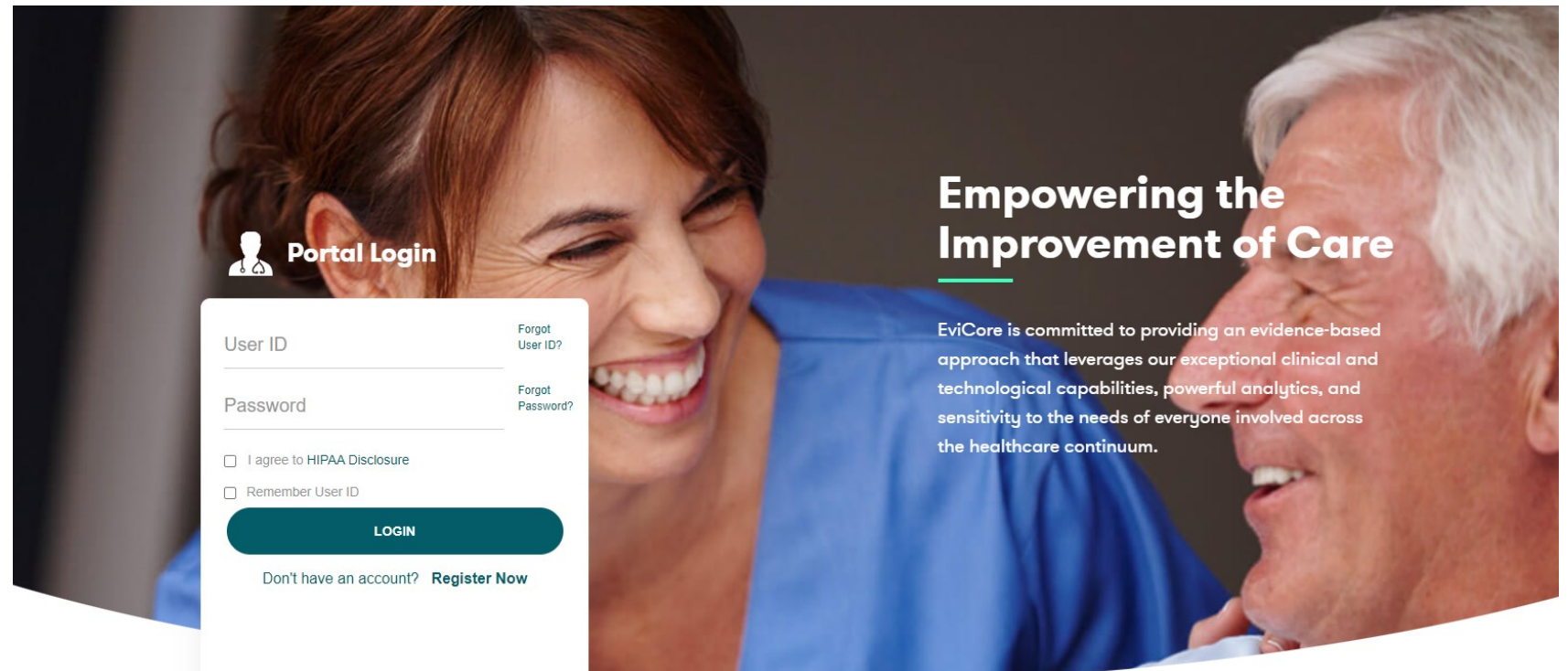
To access resources on the EviCore Provider Portal, visit [**EviCore.com/provider**](https://EviCore.com/provider).

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.

Initiating a case on the web portal

EviCore
By EVERNORTH

Authorization Lookup

Request An Authorization

Worklist

Portals

Help / Contact

User Access

CareCore

MedSolutions

My Worklist

Pending Approved Partially Approved Denied Cancelled All Statuses

Request an Authorization

To begin, please select a program below:

☐ Durable Medical Equipment(DME)

☐ Evicore Medical Oncology Pathways

☐ Gastroenterology

☒ 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

Are you building a case as a referring provider or as a rendering lab?

Please Select

Please Select

Referring Provider

Rendering Lab

[Click here for help](#)

+ Choose Clinical Certification to begin a new request

+ Select Lab Management Program

+ Select if you are the referring provider or the rendering lab

If referring provider was selected on the previous screen:

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

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

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

Search By NPI:

SEARCH

BACK

CONTINUE

[Click here for help](#)

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

If rendering provider was selected on the previous screen:

Requesting Provider Information

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

Please Select a Health Plan



SUBMIT

Requesting Provider Information

Do you have the ordering physician's NPI Number?

☐ Yes ☐ No

Enter NPI Number

Submit

[Click here for help](#)

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

Entering the proper contact information for the person managing the prior authorization request.

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:* @evicore.c

☒ Receive email notification of case status changes

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

[Click here for help](#)

BACK **CONFIRM FAX AND CONTINUE**

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

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

Selecting the member and the procedure & diagnosis

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*

MM/DD/YYYY

Patient Last Name Only:*

[?]

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

LOOKUP AGAIN

Search Results

	Patient ID	Member Code
SELECT		01

BACK

Attention!

Time: 12/3/2025 6:14 PM

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

mm/dd/yyyy

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

Submit

- + The user will be prompted to enter the date the specimen was collected (the date of service).
- + Then they will enter the member's health plan ID number, date of birth and last name to find and select the patient.

Entering the procedure request and the diagnosis

Requested Service + Diagnosis

Lab Management Program Procedures

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

LABTST

MOLECULAR GENETIC TEST

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

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

Diagnosis

Primary Diagnosis Code:

Description: **Malignant**

[Change Primary Diagnosis](#)

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

Secondary diagnosis is optional for Lab Management Program

LOOKUP

BACK

CONTINUE

Requested Service + Diagnosis

Confirm your service selection.

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

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

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

The rendering provider search and selection

Add Site of Service

Specific Site Search

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

NPI:

TIN:

1

Zip Code:

City:

Site Name:

Starts with

Exact match

LOOKUP SITE

Lab Email (optional)

	Name	Address
SELECT	NAT	
SELECT	NAT	

BACK

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

Proceed to Clinical Information – Example of Questions

Proceed to Clinical Information

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

i To the best of your knowledge, has a previous prior authorization request been made for this member and this test?

☐ Yes ☐ No ☐ Unknown

i Has the specimen been collected?

☐ Yes ☐ No ☐ Unknown

SUBMIT

Proceed to Clinical Information

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



SUBMIT

Proceed to Clinical Information

i What kind of testing is being done?

☒ Testing related to cancer
☐ Testing related to pregnancy
☐ Other
☐ Unknown

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

i Do you know the procedure codes that will be billed for this test?

☐ Yes ☐ No

SUBMIT

☐ Finish Later

Did you know?

You can save a certification request to finish later.

- + Clinical Certification questions will populate based upon the information provided
- + Users can save the request and finish later if needed
 - + Please complete the case before the end of the day
 - + When logged in, you can resume a saved request by going to Certification Requests in Progress

Proceed to Clinical Information – More examples

What is the name of the test you are requesting?

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

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

Select CPT Code

Procedure Code	Description	Units
<input type="checkbox" value="X"/> 0037U	FoundationOne CDx (F1CDx) Foundation Medicine, Inc.	1

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

Are you ready to submit these procedure codes?

☒ Yes

☐ No, I need to return to the lists of tests

☐ No, I cannot find my procedure code and want to manually submit all the codes

Proceed to Clinical Information – Free Text Questions

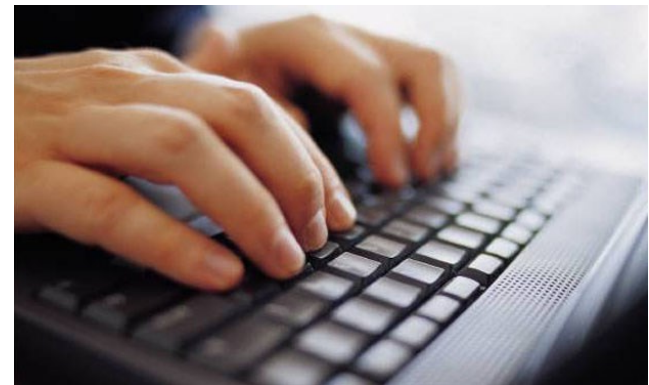
Proceed to Clinical Information

Answer the following questions in clinical detail:

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

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

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



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

Next Step: Criteria not met

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

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

I would like to upload a document after the survey

I would like to enter additional 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

SUBMIT

Summary of Your Request

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

Your case has been sent to Medical Review.

Provider Name:		Contact:	
Provider Address:		Phone Number:	
		Fax Number:	
Patient Name:		Patient Id:	
Insurance Carrier:			
Site Name:		Site ID:	
Site Address:			
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	MOLECULAR GENETIC TEST
CPT Code:	LABTST		
Case Number:			
Review Date:	7/15/2020 5:27:45 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to Medical Review.		

CANCEL

PRINT

CONTINUE

Tips:

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

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Criteria Met

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

Summary of Your Request

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

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

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

CANCEL

PRINT

CONTINUE

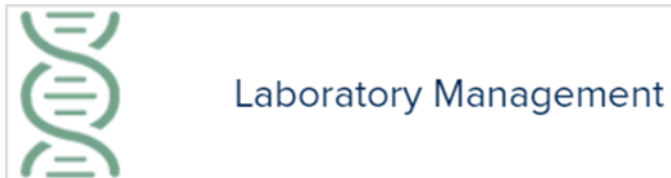
Clinical Guidelines

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

- + Select the 'Clinical Guidelines' button to be directed to the main clinical guidelines page.
- + Scroll down and select the 'Laboratory Management' solution.
- + Type in the health plan in the 'Search Health Plan' search bar and press enter.
- + Select the appropriate guideline specific to the requested test(s).

Examples:

- + Specific genetic testing
- + Molecular and genomic testing
- + Huntington Disease testing



Laboratory Management

Instructions for accessing the guidelines:

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

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

Search Health Plan ... 



Clinical Guidelines - continued

- + Current, Future, and Archived lists and Guidelines are found here.
- + You can select the entire Code List or the health plan specific Policy Book.
- + There are Lab Guidelines for Administrative, Clinical Use, and Test Specific on our resource site.

CURRENT FUTURE ARCHIVED

Code Lists

Lab Management Code List

Guidelines

Lab Management Guidelines

ADMINISTRATIVE +

CLINICAL USE +

TEST SPECIFIC +



Authorization Lookup example

Authorization Lookup

Authorization Number:NA

Case Number:

P2P AVAILABILITY

Status:Pending eviCore Review

P2P Status:

Approval Date:

Service Code:LABTST

Service Description:MOLECULAR GENETIC TEST

Site Name:MOUNT SINAI GENOMICS

Expiration Date:

Date Last Updated:7/15/2020 5:30:44 PM

Correspondence:

UPLOADS & FAXES

Clinical Upload:

Upload Additional Clinical

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

Authorization Number:

Case Number:

P2P AVAILABILITY

Status:Approved

P2P Status:

Approval Date:7/13/2020 12:00:00 AM

Service Code:LABTST

Service Description:MOLECULAR GENETIC TEST

Site Name:MOUNT SINAI GENOMICS

Expiration Date:1/9/2021

Date Last Updated:7/15/2020 5:25:14 PM

Correspondence:

UPLOADS & FAXES

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

Uploads & Faxes

Attached Faxes

Sent Letters & Faxes

Document Uploads

3 documents sent.

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

CLOSE

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 re-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

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

Provider Resource Website

ECRM Support

- Email: ECRMSupport@EviCore.com

Provider Resource Pages

EviCore's Provider Experience team maintains provider resource pages that contain specific Sleep Diagnostic educational materials to assist providers and their staff on a daily basis. The provider resource page will include, but is not limited to, the following educational materials:

- Provider Training
- CPT code list(s)
- Quick Reference Guide (QRG)
- Frequently Asked Questions (FAQ) Document

To access these helpful resources, please visit:

<https://www.EviCore.com/resources>

(Choose specific health plan from the dropdown menu)

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 [Providers' Hub](#).



Ongoing sessions for Web Portal Training

- Provides step-by-step guidance on submitting requests through both the EviCore CareCore National platform and EviCore MedSolutions platform.
- Includes portal registration, authorization lookup, and scheduling Peer-to-Peer consultations.

Register for Provider Sessions:

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

EviCore Online Provider Resources Review Forum

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

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

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

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



Stay Updated With Our Provider Newsletter

Your email address

SUBSCRIBE →



Thank You

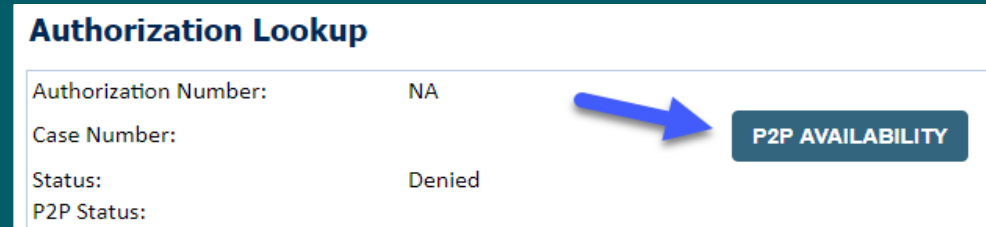
Appendix

Peer-to-Peer (P2P) 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.*

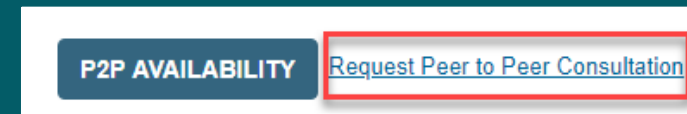


Authorization Lookup

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

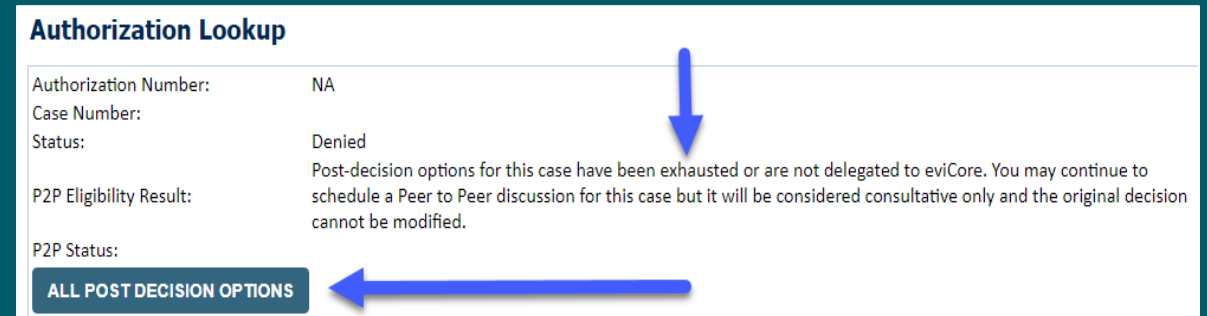
P2P AVAILABILITY

A blue arrow points from the 'Status: Denied' field to the 'P2P AVAILABILITY' button.



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

The link 'Request Peer to Peer Consultation' is highlighted with a red border.



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

A blue arrow points from the 'Status: Denied' field down to the 'ALL POST DECISION OPTIONS' button.

*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. The top screenshot shows the initial input fields for Case Reference Number and Member Date of Birth, with a 'Lookup Cases' button. The bottom screenshot shows the confirmation screen with member and case details, a 'Continue' button, and a 'P2P Eligible' status.

Top Screenshot: New P2P Request

Case Reference Number:

Member Date of Birth:

[+ Add Another Case](#)

[Lookup Cases >](#)

Bottom Screenshot: New P2P Request

Case Ref #: [Remove](#) ✓ P2P Eligible

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
System Name	ImageOne

[Continue](#)

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 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 >

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, a clock icon, and the text 'Mon 5/18/20 - 6:30 pm EDT'. A 'SCHEDULED' status is shown in a red oval. The page also has a 'Scheduling' header with a calendar icon.

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*

First Name

Last Name

Credential *Required*

Select...

 CONTACT PERSON

Contact First Name *Required*

Contact First Name

Contact Last Name *Required*

Contact Last Name

Contact Person Location *Required*

Select...

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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.

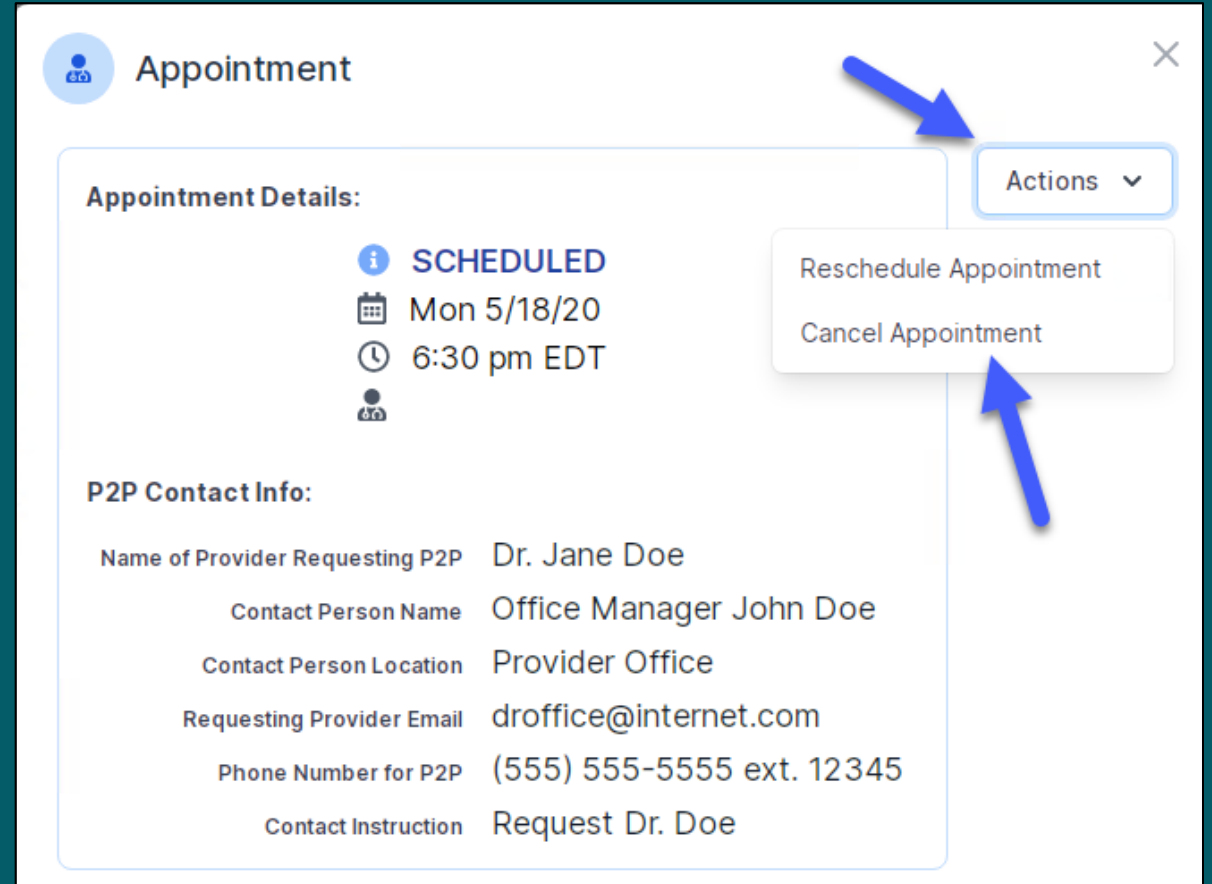
☐ TX licensed same specialty - Caller is aware P2P does not meet TX SSL/specialty match and wants to proceed with P2P

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 window titled "Appointment" with a close button (X) in the top right corner. The window is divided into two main sections: "Appointment Details:" and "P2P Contact Info:". The "Appointment Details:" section includes a status icon (i) and the word "SCHEDULED" in blue, followed by a calendar icon and "Mon 5/18/20", a clock icon and "6:30 pm EDT", and a person icon. 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

On the right side of the window, there 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 dropdown list. The "Reschedule Appointment" option is also visible in the dropdown.