

MUSCULOSKELETAL (MSK)

HealthSpring (Medicare Advantage)

Provider Orientation

EviCore
By EVERNORTH

 **HealthSpring™**

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EviCore manages prior authorization requests for Musculoskeletal services for Healthspring members

Prior authorization applies to the following services:

- + Outpatient and Inpatient
- + Non-emergent treatment / Planned

Prior authorization does NOT apply to services performed in:

- + Emergency Room Services
- + Observation Services



Providers should verify member eligibility and benefits on the secured provider log-in section at: [Health Care Providers | HealthSpring](#)

How to Determine Member Benefits and Eligibility

Resources	Contact
Healthspring Customer Service	877.705.3621
Healthspring Provider Portal	Health Care Providers HealthSpring
EviCore Provider Portal	Homepage EviCore by Evernorth > choose the Eligibility Lookup feature in the top banner (login required)
EviCore Intake Team	866.666.4452 (7:00 a.m. to 7:00 p.m. eastern time)



Services that Require Prior Authorization

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

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

- + Joint Surgery (Hip, Knee, Shoulder)
- + Large Joint Replacement
- + Arthroscopic and Open Procedures
- + Interventional Pain Management
- + Inpatient Level of Care



Partial Knee and Total Knee Replacement is considered medically necessary when all the following criteria have been met:

- + Function-limiting pain at short distances (e.g., walking less than ¼ mile, limiting activity to two city blocks, the equivalent to walking the length of a shopping mall) for at least 3 months duration.
- + Loss of knee function which interferes with the ability to carry out age-appropriate activities of daily living and/or demands of employment.

Radiographic or arthroscopic findings of either of the following:

- + Severe uncompartmentalized (medial, lateral, or patellofemoral) degenerative arthritis evidenced by either Large osteophytes, marked narrowing of joint space, severe sclerosis, and definite deformity of bone contour (i.e., Kellgren-Lawrence Grade IV radiographic findings) or Exposed subchondral bone (i.e., Modified Outerbridge Classification Grade IV arthroscopy findings)
- + Avascular necrosis (AVN) of the femoral condyles and/or proximal tibia.
- + Intact, stable ligaments, in particular the anterior cruciate ligament
- + Knee arc of motion (full extension to full flexion) greater than 90 degrees

Failure of at least 3 months of provider directed non-surgical management.

- + For patients with BMI > 40, there must be failure of at least 6 months of provider directed non-surgical management
- + Provider directed non-surgical management may be inappropriate. The medical record must clearly document why provider directed non-surgical management is not appropriate.

Total knee replacement is considered medically necessary for a fracture of the distal femur when conservative management or surgical fixation is not considered a reasonable option.

The determination of medical necessity for the performance of shoulder surgery is always made on a case-by-case basis.

Shoulder arthroscopic or open surgical procedures may be considered medically necessary for individuals when surgery is being performed for fracture, tumor, infection or foreign body that has led to or will likely lead to progressive destruction.

Diagnostic Arthroscopy is considered medically necessary as a separate procedure when all the following criteria have been met:

- + Function limiting pain (e.g. loss of shoulder function which interferes with the ability to carry out age-appropriate activities of daily living and /or demands of employment for at least 6 months in duration).
- + Individual demonstrates any of the following abnormal shoulder physical examination findings as compared to the non-involved side.
 - Functionally limited range of motion (active or passive)
 - Measurable loss in strength
 - Positive Neer Impingement Test or Hawkins-Kennedy Impingement Test.
 - Failure of provider directed non-surgical management for at least 3 months in duration.
 - Advanced diagnostic imaging study (e.g., MRI; CT) is inconclusive for internal derangement/pathology
 - Other potential pathological conditions including, but not limited to fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain, and advanced glenohumeral osteoarthritis have been excluded.

Diagnostic arthroscopy is considered not medically necessary for any other indication or condition.

EviCore Musculoskeletal Guidelines for Advanced Procedures: [Musculoskeletal: Advanced Procedures | EviCore by Evernorth](#)

- + Interventional Pain procedures require a separate pre-service authorization request for each date of service. The patient's response to prior interventional pain injections will determine if a subsequent injection is appropriate. ***Including the response to the prior interventional pain injection in the office notes will help avoid processing delays.
- + For an epidural injection, a patient must have a radiculopathy or radicular pattern confirmed on imaging or EMG/NCS. For a facet procedure, loading of the joint in extension and lateral rotation is needed. For sacroiliac joint injection, a patient must have 3 or 5 positive stress maneuvers of the sacroiliac joint.
- + An epidural injection and facet joint injection in the same region is not allowed, except when there is a facet joint cyst compressing the exiting nerve root.
- + No more than 1 level interlaminar epidural, 1 nerve root selective nerve root block, 2 level therapeutic transforaminal epidural, 3 level facet/medial branch nerve blocks are indicated in a single session.
- + Six (6) weeks of conservative care is need prior to an epidural steroid injection. 4 weeks of conservative care is needed prior to facet/medial branch nerve blocks and sacroiliac joint injections.
- + For cervical and thoracic epidural injections, advanced imaging must be performed within the last 12 months.
- + Fluoroscopic or CT scan image guidance is required for all interventional pain injections.

- + The limit of diagnostic facet/medial branch nerve blocks is 2 prior to possible radiofrequency ablation. The limit of epidural steroid injections is 3 per episode and 4 per 12-month period.
- + Epidural injections require a 2-week outcome prior to preauthorization of a subsequent epidural. Radiofrequency ablation of the medial branch nerves from C2 – 3 to L5 – S1 require a 6-week interval.
- + An epidural steroid injection must have a least 2 of the following:
 - + 50% or greater relief of radicular pain.
 - + Increased level of function/physical activity.
 - + Decreased use of medication and/or additional medical services such as Physical Therapy/Chiropractic care.
- + A diagnostic facet/medial branch nerve block must have at least 80% relief from the anesthetic. 2 facet/medial branch nerve blocks with a least 80% relief are needed for radiofrequency ablation.
- + A therapeutic sacroiliac joint injection following a diagnostic joint injection must have >75% pain relief.
- + A repeat therapeutic sacroiliac joint injection must have >75% pain relief and either an increase in level function or reduction in use of pain medication and/or medical services such as PT/Chiropractic care.

If clinical information is needed, please be able to supply the following information:

- + CPT/HCPCS Code(s)
- + Diagnosis codes, including rule out diagnosis
- + Physical exam findings
- + Type and duration of treatments performed to date for the diagnosis, such as medication and/or therapy
- + Pertinent clinical information, such as symptoms, to substantiate medical necessity for the requested service
- + Previous relevant test results

Please refer to the guidelines for the particular (CPT) codes you are requesting at:

[Clinical Guidelines | EviCore by Evernorth](#)



Hold Process | Share Documentation to Support Medical Necessity

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 Hold notification will inform the provider about what clinical information is needed as well as the date by which it is needed.

The Provider must submit the additional information to EviCore

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.

EviCore will review the additional documentation and reach a determination

Determination notifications will be sent.



There are specific ways to share the requested information with EviCore for review:

- + EviCore will notify providers telephonically and in writing before a denial decision is issued on Medicare cases
- + Additional clinical information must be submitted to EviCore in advance of the due date referenced
- + Additional clinical information should be submitted to EviCore for consideration per the instructions received,
 - Clinical can be **uploaded** directly into the case via the provider portal at www.eviCore.com
 - Clinical can also be faxed to 888.693.3210
- + Alternatively, providers can choose to request a **Pre-Decision Clinical Consultation** instead of submitting additional clinical information. This consultation can be scheduled via the EviCore portal (see the P2P Scheduling Tool in the appendix for further instruction).
- + The Pre-Decision Clinical Consultation must occur prior to the due date referenced
- + If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is not held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed
- + Once the determination is made, notifications will go out to the provider and member, and status will be available on www.eviCore.com

Prior Authorization Outcomes, Special Considerations and Post Decision Options



Outcomes | Approvals and Denials

- + Approved requests are typically processed in two business days after receipt of all necessary clinical information.
- + Authorizations are valid for 90 days from the date of the final determination.
- + Denied request communications will include:
 - + Rationale and guidelines relied upon
 - + Post decision options
- + In instances where multiple CPT codes are requested, some may be approved and some denied. The determination letter will specify what has been approved, as well as post decision options for denied codes.
- + Decision communications will be shared via e-notification (default) or faxed to the ordering provider and faxed rendering facility/provider.
- + Decision information can be printed or saved on demand from the EviCore portal.
- + The member will receive the letter in the mail.



Post Decision Options

Reconsiderations

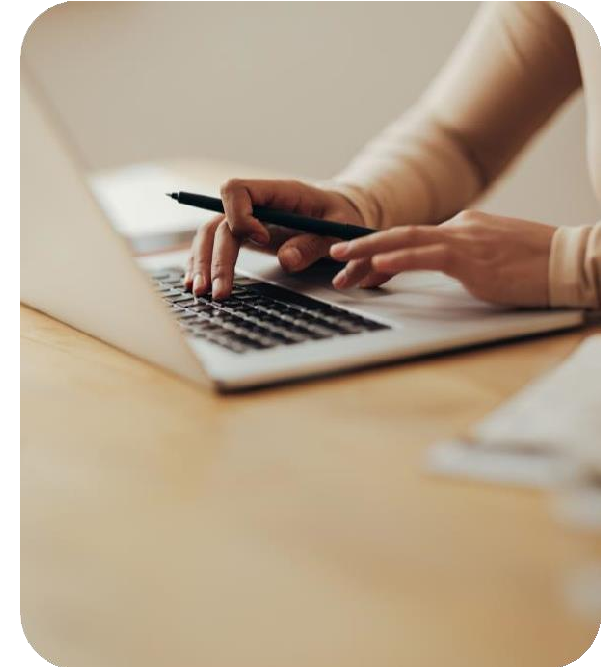
- + Medicare does not allow reconsiderations.

Clinical Consultations

- + If a request requires further clinical review, we welcome requests for a clinical consultation with an EviCore medical director.
Please note: Clinical Consultations that occur on already denied cases will be consultative only. EviCore is not delegated to change initial determinations on Medicare cases.
- + Portal users can schedule a clinical consultation, on behalf of the treating provider, directly on the EviCore portal (see the P2P Scheduling Tool in the appendix for further instruction).
- + Physicians, nurse practitioners, and physician assistants can request a clinical consultation by visiting www.eviCore.com/provider/request-a-clinical-consultation.

Appeals

- + Appeals need to be submitted to HealthSpring within 60 days of the initial determination.
- + Please follow the appeal instructions referenced in the denial letter.



Special Circumstances

Retrospective Authorization Requests

- + Authorization must be provided in advance of the service, unless the service is urgent or there are extenuating circumstances. In those cases, retrospective requests must be submitted within 2 business days from the date of service.
- + Retrospective requests are reviewed for urgency and for medical necessity.

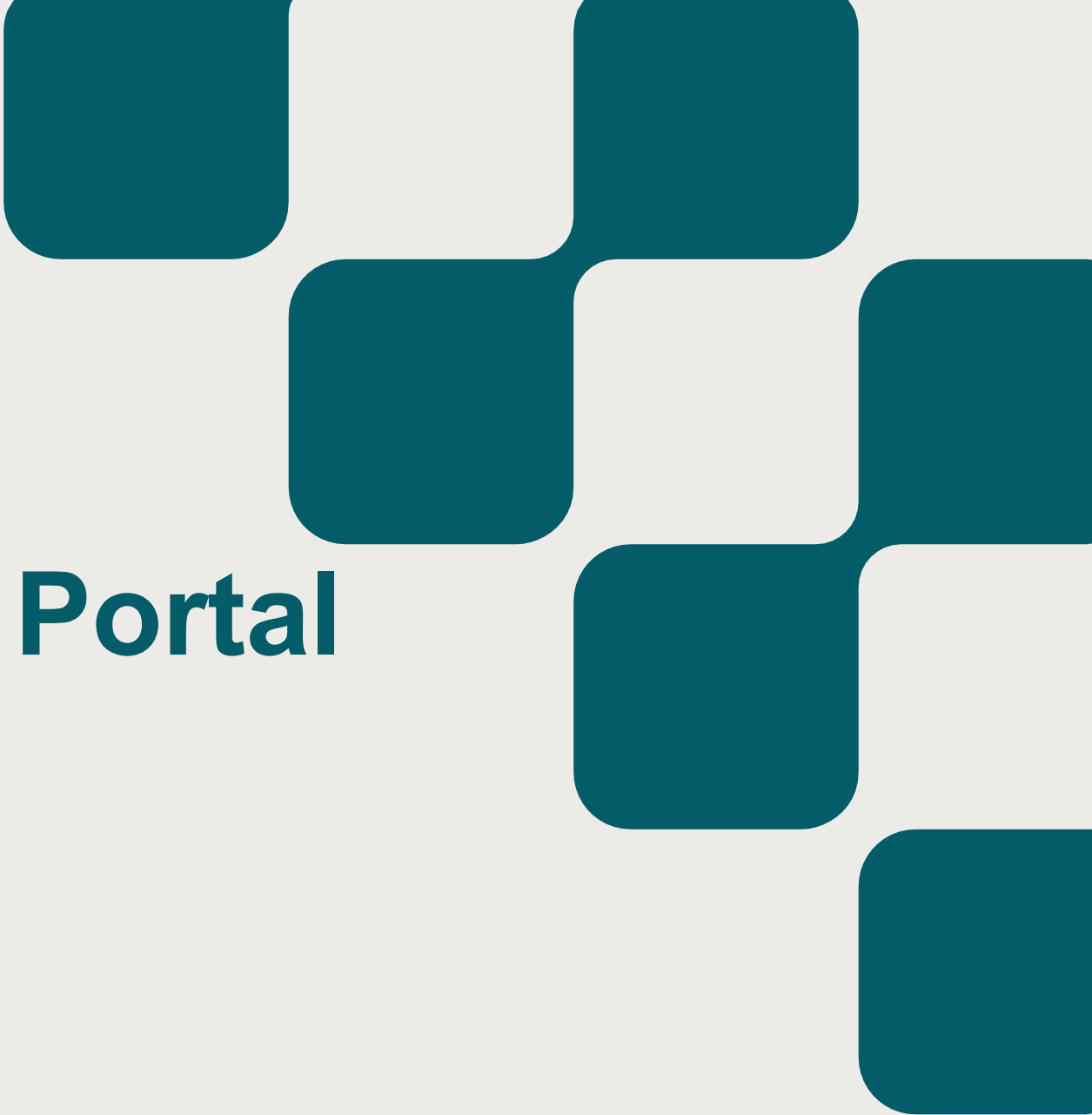
Urgent Prior Authorization Requests

- + Medically urgent outpatient procedures must meet the National Committee for Quality Assurance's definition of medical urgency requests. To be considered urgent, the patient must have conditions that are a risk to his or her life, health, or ability to regain maximum function, or have severe pain that requires a medically urgent procedure.
- + Urgent requests will be reviewed within 24 – 72 hours.

Updating an Authorization

- + To avoid claim denials, please contact EviCore to update an existing approved authorization if needed.





EviCore's Provider Portal

EviCore Provider Portal | Access and Compatibility

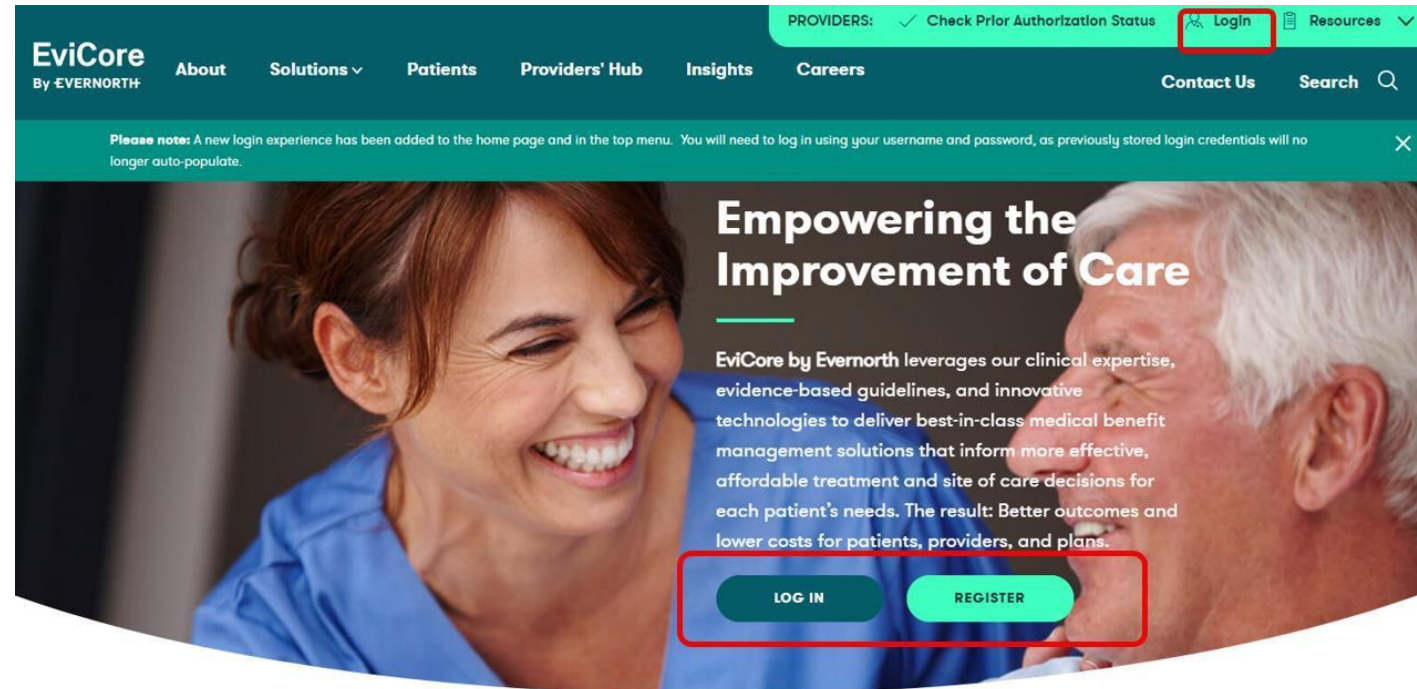
Most providers are already saving time submitting clinical review requests online vs. telephone.

+ To access resources on the EviCore Provider Portal, visit [Homepage | EviCore by Evernorth](#)

+ 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.

Registering for an EviCore Provider Portal Account

The screenshot displays the EviCore registration form. At the top left is the EviCore logo with 'By EVERNORTH' underneath. The form is divided into three main sections: 'User Information', 'Contact Info', and 'Physician/Facility Information'. The 'User Information' section includes fields for First Name, Last Name, and User Name, with a 'Next' button to the right. The 'Contact Info' section includes fields for Email, Confirm Email, Phone, and Ext (optional). The 'Physician/Facility Information' section includes fields for Individual NPI and Tax ID.

EviCore
By EVERNORTH

User Information Next

First Name

Last Name

User Name

Contact Info

Email

Confirm Email

Phone

Ext (optional)

Physician/Facility Information

Individual NPI

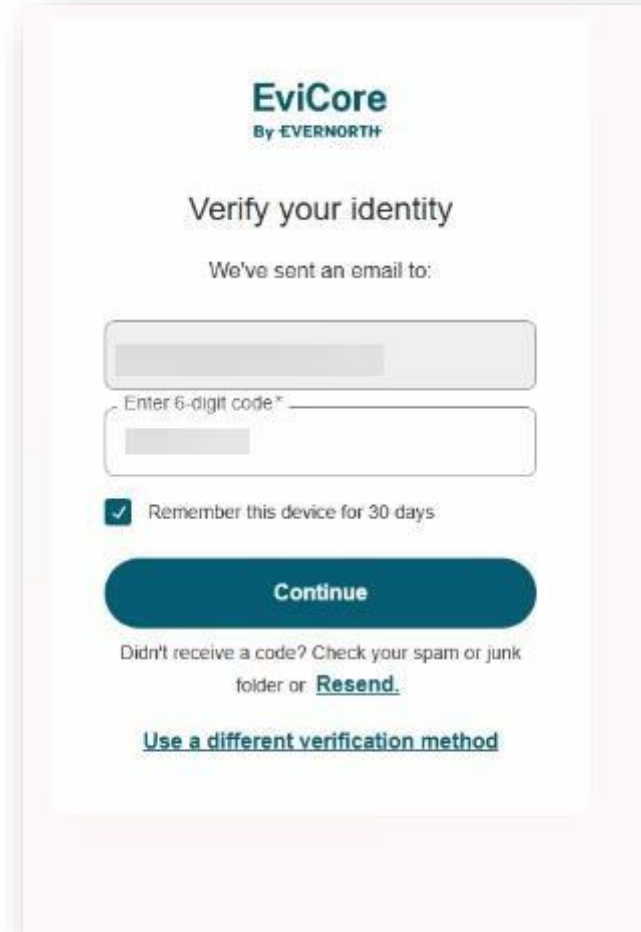
Tax ID

- 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.

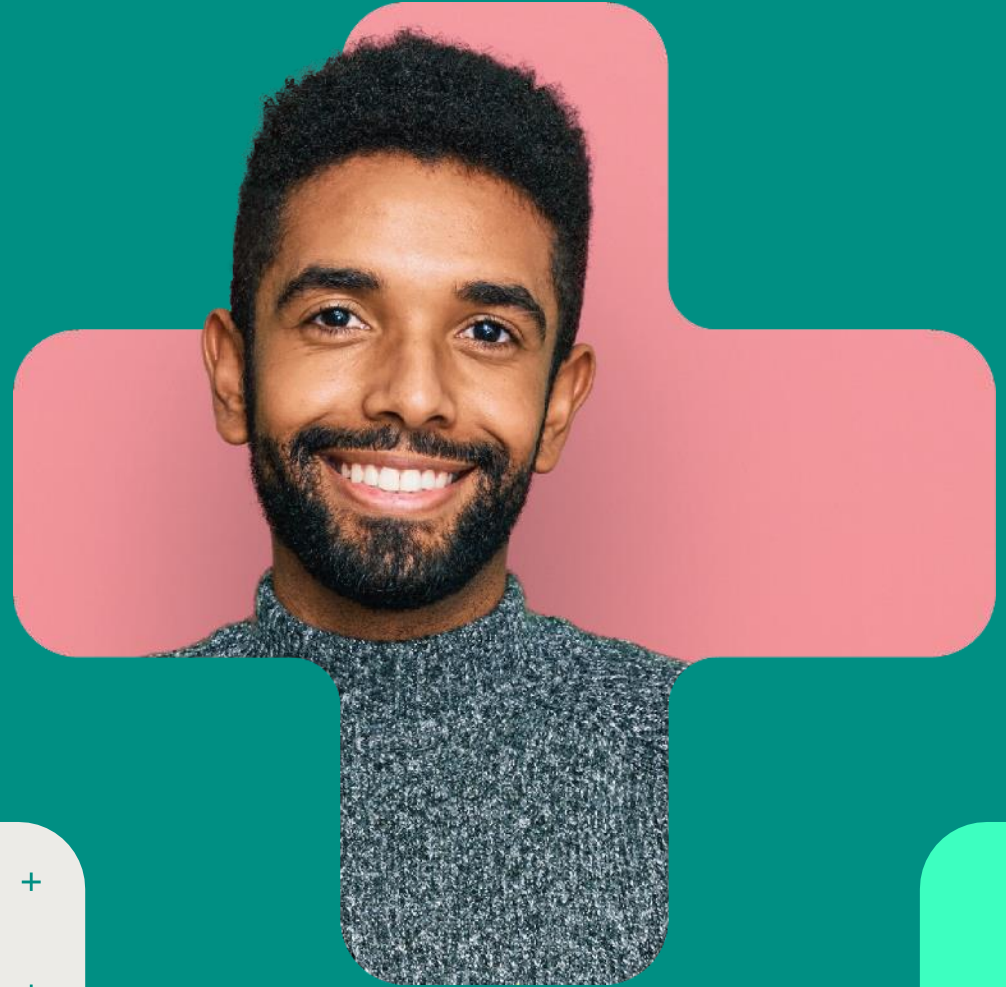
Setting Up Multi-Factor Authentication (MFA)

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 text input field. Underneath that is a label 'Enter 6-digit code*' and another text input field. A checkbox with a checkmark is labeled 'Remember this device for 30 days'. A large teal 'Continue' button is centered below the inputs. 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](#)'.

Building a Case on EviCore's Provider Portal



Provider Shared Worklist

EviCore

By EVERNORTH

Hello,

Authorization Lookup

Request An Authorization

Worklist

Portals

Help / Contact

User Access

My Worklist

Pending

Approved

Partially Approved

Denied

Cancelled

All Statuses

Start typing to search...

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

David Gates will have access to your worklist

X

Give access to your worklist

Use this form to give users access to your worklist

User ID

Email

Allow access

35 people have access to your worklist.

View List

X

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.

Request an Authorization



You can request an authorization by clicking on “Request an Authorization” or use the “Portals” drop down and go straight to the CareCore portal.

Request an Authorization

Please select a Health Plan and Program below to build your request.

Select a Health Plan

Select a Program

Continue

You will see important announcements here.

Please see our Video Resources for self-service Universal Dashboard training.

Video Resources



Case Build and Submission

	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:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

☒ Receive 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.

BACK

CONFIRM FAX AND CONTINUE

After selecting the **Musculoskeletal Management** program, the referring provider, and the health plan, please enter the following:

- In the **Who to Contact** field, enter the appropriate information for the point of contact individual
- Provider name, fax and phone will pre-populate, edit as necessary

Case Build and Submission

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

Requested Service + Diagnosis

This procedure has not been performed. **CHANGE**

Radiology Procedures

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

Don't see your procedure code or type of service? [Click here](#)
Additional Procedure codes will be collected/presented during the clinical questionnaire

Diagnosis

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

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

Attention!

Will you also be the surgeon performing the procedure?

YES **NO**

- + Enter the primary CPT code.
- + For pain procedures, enter the numeric CPT.
- + For joint surgery, enter JOINT.
- + For spine surgery, enter SPINE.
- + Add diagnosis code(s):
- + If necessary, make changes to the codes via the links.

Clinical Certification Requests

Clinical Questions and “Finish Later” function

- **Clinical Certification** questions will populate based on the information provided
- You can save your request and finish it later if needed
(**Note:** Make sure to complete (finish) the case before you leave for the day.)
- Select **Certification Requests in Progress** to resume a saved request (this function is **not** available for single sign on (SSO) users)

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

New: Now you can edit your responses to clinical questions prior to case submission by clicking the link for the related question.

Proceed to Clinical Information

Which anatomy will be examined with the requested study?

☐ Hip ☒ Knee ☐ Ankle

Submit

Show Review History

Review History:

Which anatomy will be examined with the requested study?

[Knee](#)

Which side will be examined with the requested study? [Left](#)

☐ Finish Later

Did you know?

You can save a certification request to finish later.

EviCore

By EVERNORTH

Request for Clinical Upload | Medical Information Checklist

	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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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):

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

Musculoskeletal Program for Spine Surgery

☐

Prior Authorization requests should be submitted at least two weeks prior to the anticipated date of an elective spine surgery.

☐

Signs/Symptoms☐☐☐☐☐☐☐

Musculoskeletal Program for Joint Surgery

☐

Prior Authorization requests should be submitted at least two weeks prior to the anticipated date of an elective joint surgery

☐

Date of most recent physical exam along with physical exam findings and patient complaints☐☐☐☐☐☐

Musculoskeletal Program for Pain Management

☐

CPT codes and diagnosis codes/ICD10

☐

CPT codes and specific levels of injection and/or specific muscle groups to be injected. Specific prior injection history with dates/level/side/response to injection, especially if it is an injection into the same vertebral region (e.g., cervical, thoracic or lumbar spine)☐

If **additional information** is required, you will have the option to upload more clinical information. Review the list of *required medical information* EviCore requires in order for the prior authorization to meet medical necessity.

- 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 number and indicates ‘Your case has been sent to clinical review’

Direct link to document: [Required Medical Information Check List.pdf \(evicore.com\)](#)

Summary Screen

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 MARIJ ANJANA VEETHI	Contact:	
Provider Address:	1200 6TH AVE N SAINT CLOUD, MN 56303	Phone Number:	
		Fax Number:	
Patient Name:		Patient Id:	
Insurance Carrier:			
Site Name:		Site ID:	
Site Address:			
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:			
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL

PRINT

CONTINUE

The case may be approved immediately. You can print the summary screen for your records.

Ongoing Sessions for Web Portal Training

- + Provides step-by-step guidance on submitting requests through the EviCore provider portal
- + Includes portal registration, case lookup, and scheduling peer to peer consultations

Register for Provider Training Sessions:

Provider's Hub > Scroll down 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 a great option for those who are new to EviCore.com and the prior authorization process.

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. You can contact your Provider Engagement Representative by visiting the [Provider's Hub](#) and viewing the Provider Engagement Territory Map in the Training Resources.

Call Center/Intake Center

Call **866.666.4452**. Representatives are available from 7 a.m. to 7 p.m. local time.

Quick Reference

At the top right corner of any EviCore.com webpage, click the drop down to display quick links to a variety of resources.

- + Clinical Guidelines
- + Health Plan Specific “Provider Resources”
- + Worksheets for some programs
- + Click “Go to Provider’s Hub” to:
 - Log into the provider portal
 - Find training resources not specific to any health plan
 - Register for provider training webinars
 - Find contact information
 - Sign up for our provider newsletter

The screenshot shows the top navigation bar of the EviCore.com website. The bar is teal with white text and icons. On the right side, there is a dropdown menu labeled 'Resources' with a chevron icon. The dropdown menu is open, showing a list of links. The links are: 'CLINICAL GUIDELINES', 'PROVIDER RESOURCES', 'Clinical Worksheets', 'Network Standards/Accreditations', 'Training Resources', 'I Would Like To', 'Request a Consultation with a Clinical Peer Reviewer', 'Request an Appeal or Reconsideration', 'Receive Technical Web Support', 'Check Status Of Existing Prior Authorization', 'Check Eligibility Status', 'Access Claims Portal', 'Learn How To', 'Submit A New Prior Authorization', 'Find Contact Information', 'Podcasts', and 'GO TO PROVIDER'S HUB >'. The 'GO TO PROVIDER'S HUB >' link is highlighted with a teal background.

Provider Resource Site

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

To access Health Plan Specific provider resources, visit

[Provider Resources | EviCore by Evernorth](#)

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

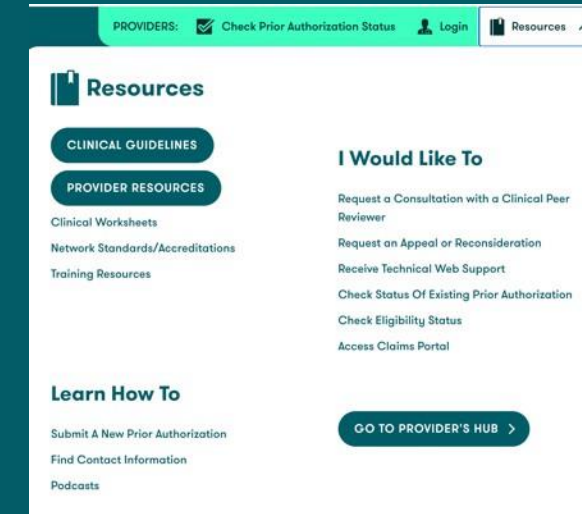


Access HealthSpring's provider resources at:
[Health Care Providers | HealthSpring](#)

Clinical Worksheets

We highly recommend using the updated MSK worksheets located on EviCore.com.

1. Open the **Resources** menu in the top right of the browser on any EviCore.com page
2. Select **Clinical Worksheets** located right under the 'Provider Resources' button
3. Select the solution/program associated with the requested guidelines
4. Search by health plan name
5. If you would like to view all worksheets, type in "EviCore by Evernorth" as your health plan



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

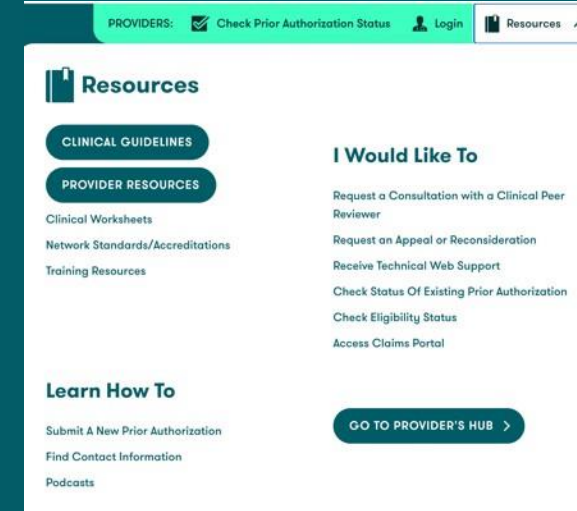
Search by Health Plan ...



Clinical Guidelines

How do I access EviCore's clinical guidelines?

1. Open the **Resources** menu in the top right of the browser on any EviCore.com page
2. Select **Clinical Guidelines**
3. Select the solution/program associated with the requested guidelines
4. Search by health plan name to view clinical guidelines
5. If you would like to view all guidelines, type in "EviCore by Evernorth" as your health plan



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

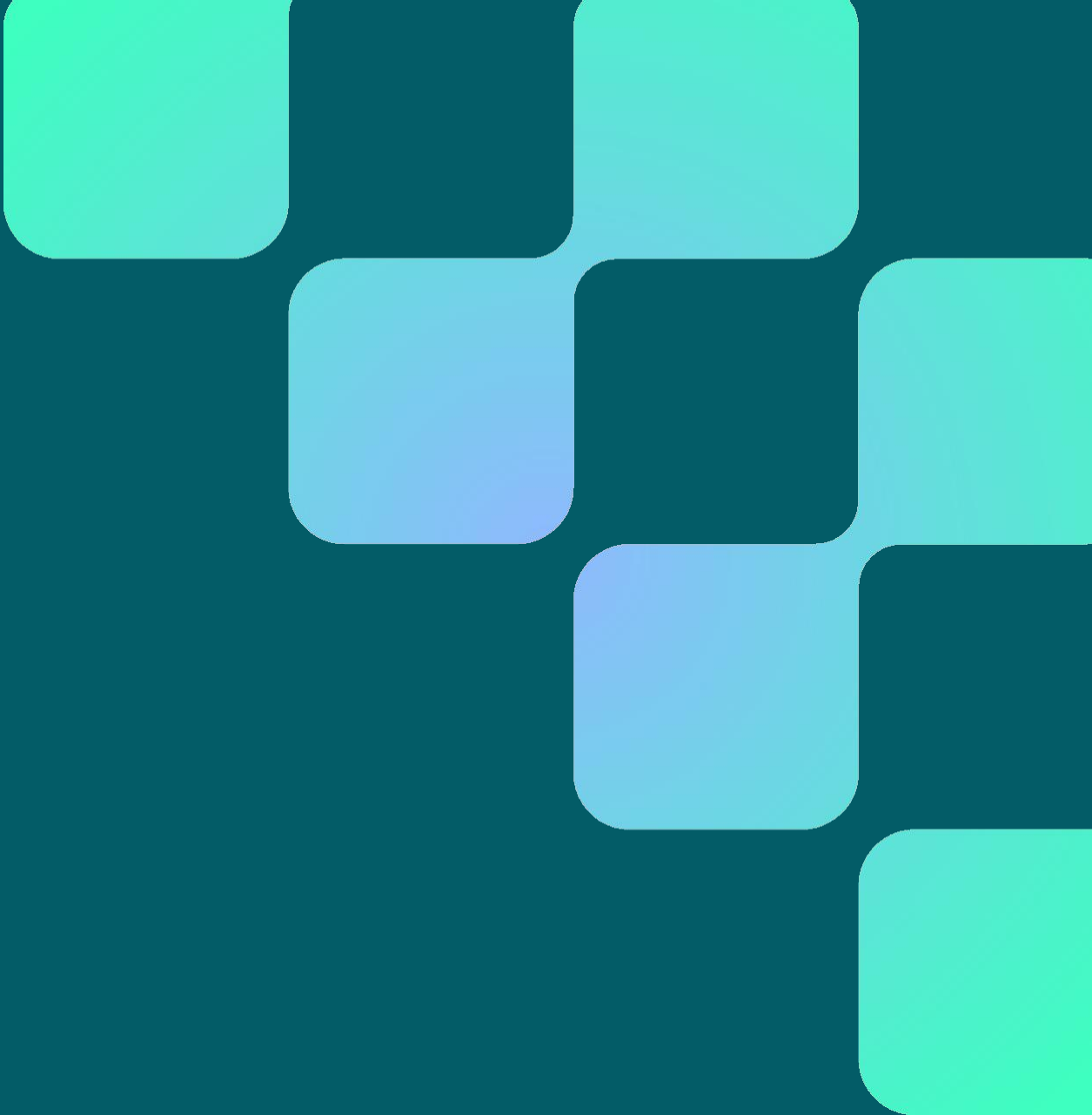
Search by Health Plan ...



Contacts and Helpful Links

Client & Provider Operations, Portal Support, Network Support, etc.	ECRM
Find Contact information	Contact Us EviCore by Evernorth
Regional Provider Engagement Manager Team	Provider Engagement Territory Map
Clinical Guidelines	Clinical Guidelines EviCore by Evernorth
Worksheets for some solutions	Clinical Worksheets & Online Forms EviCore by Evernorth
Request a Clinical Consultation	Request a Peer-to-Peer Discussion EviCore by Evernorth





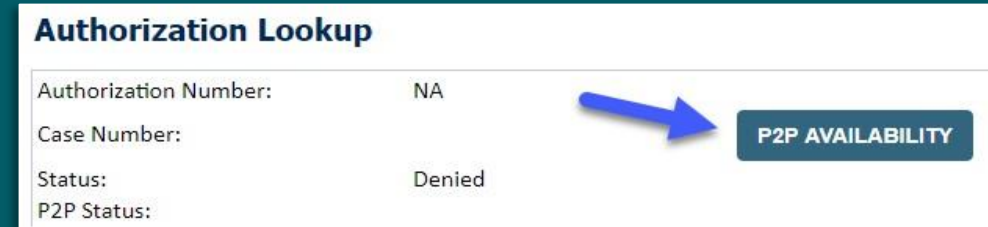
Thank You

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.*

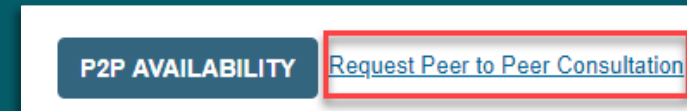


Authorization Lookup

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

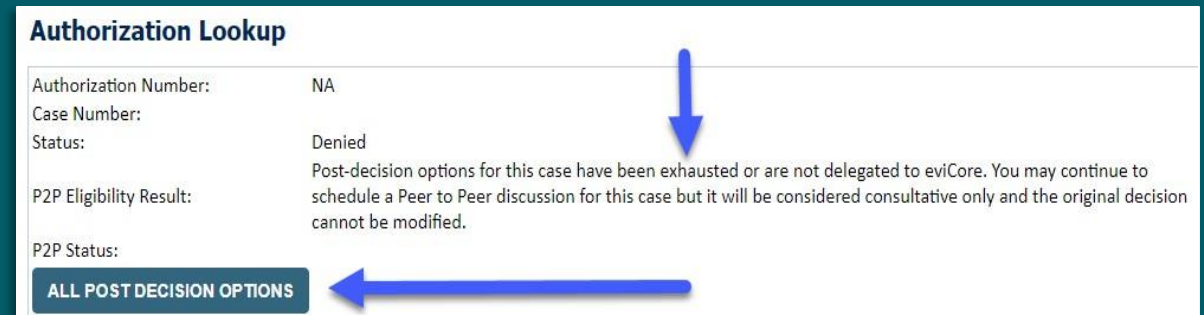
P2P AVAILABILITY

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



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

The 'Request Peer to Peer Consultation' link 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 'P2P Status' field 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, 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:
- [+ Add Another Case](#)
- [Lookup Cases >](#)

Bottom Screenshot: Confirmation Screen

- New P2P Request** | **EviCore By EVERNORTH**
- Case Ref #: (Remove) ✓ P2P Eligible
- ! Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.
- 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

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 Peer-to-Peer (P2P) appointment. At the top, there are four progress indicators: Case Info (green checkmark), Questions (green checkmark), Schedule (green checkmark), and Confirmation (yellow checkmark). The form is divided into two main sections. The left section, titled 'P2P Info', contains a 'Case Info' box with fields for Date (Mon 5/18/20), Time (6:30 pm EDT), and a 'Reviewing Provider' dropdown. Below this is a '1st Case' box with fields for Case #, Episode ID, Member Name, Member DOB, Member State, Health Plan, Member ID, Case Type (MSK Spine Surgery), and Level of Review (Reconsideration P2P). The right section, titled 'P2P Contact Details', contains several fields: '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 located at the bottom right of the form.

The screenshot shows a 'Scheduling' summary page. At the top, there is a 'Scheduling' header with a calendar icon. Below this, the word 'Scheduled' is displayed. A box contains the appointment details: a calendar icon, a clock icon, and the text 'Mon 5/18/20 - 6:30 pm EDT'. To the right of this box, the word 'SCHEDULED' is written in blue capital letters inside a red oval.

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...

43

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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.

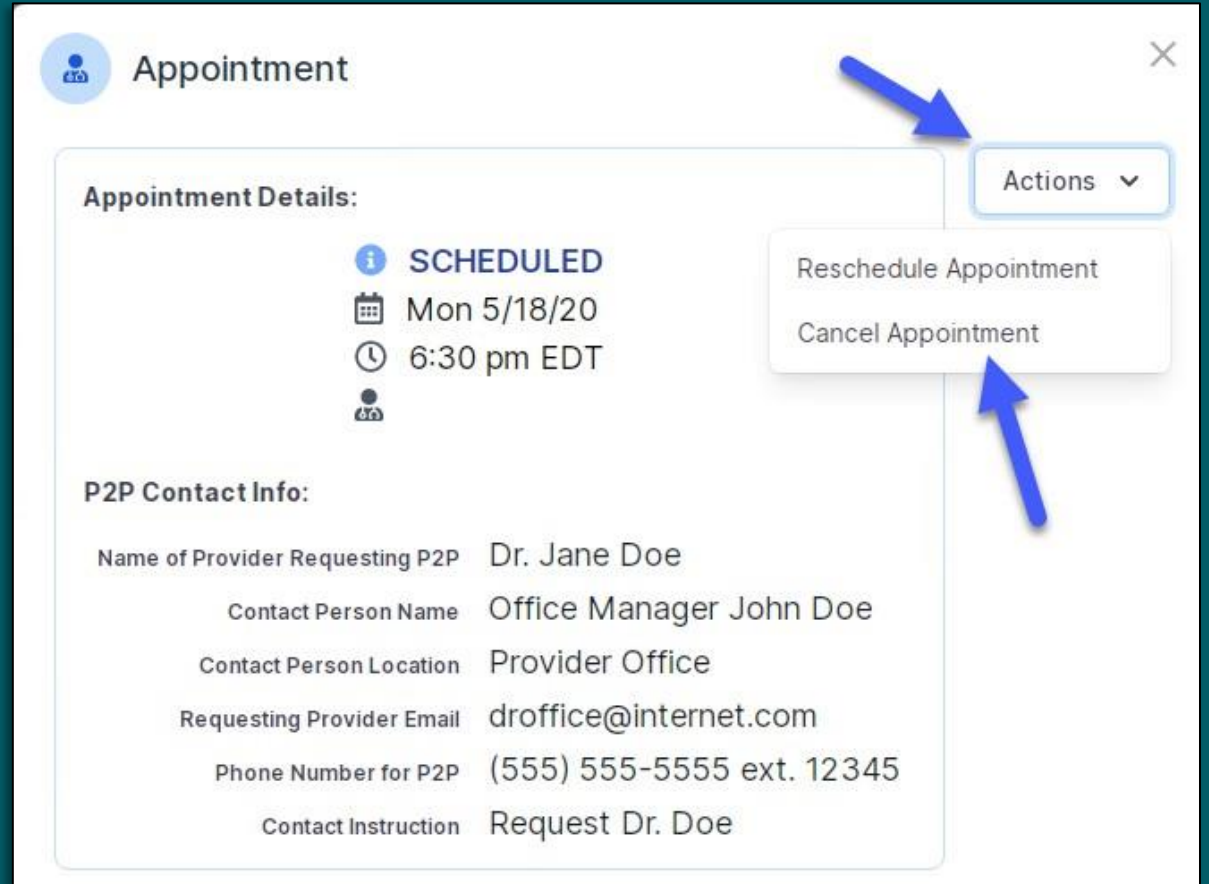
☐ TX licensed same specialty - Caller is aware P2P does not meet TX SSL/specialty match and wants to proceed with P2P

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:". In the "Appointment Details:" section, there is a status "SCHEDULED" with an information icon (i), a date "Mon 5/18/20" with a calendar icon, a time "6:30 pm EDT" with a clock icon, and a person icon. In the "P2P Contact Info:" section, there is 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 "Appointment Details:" section, there is an "Actions" drop-down menu. A blue arrow points to the "Actions" 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 list.