

RADIATION ONCOLOGY

Provider Orientation Session for Oscar

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.

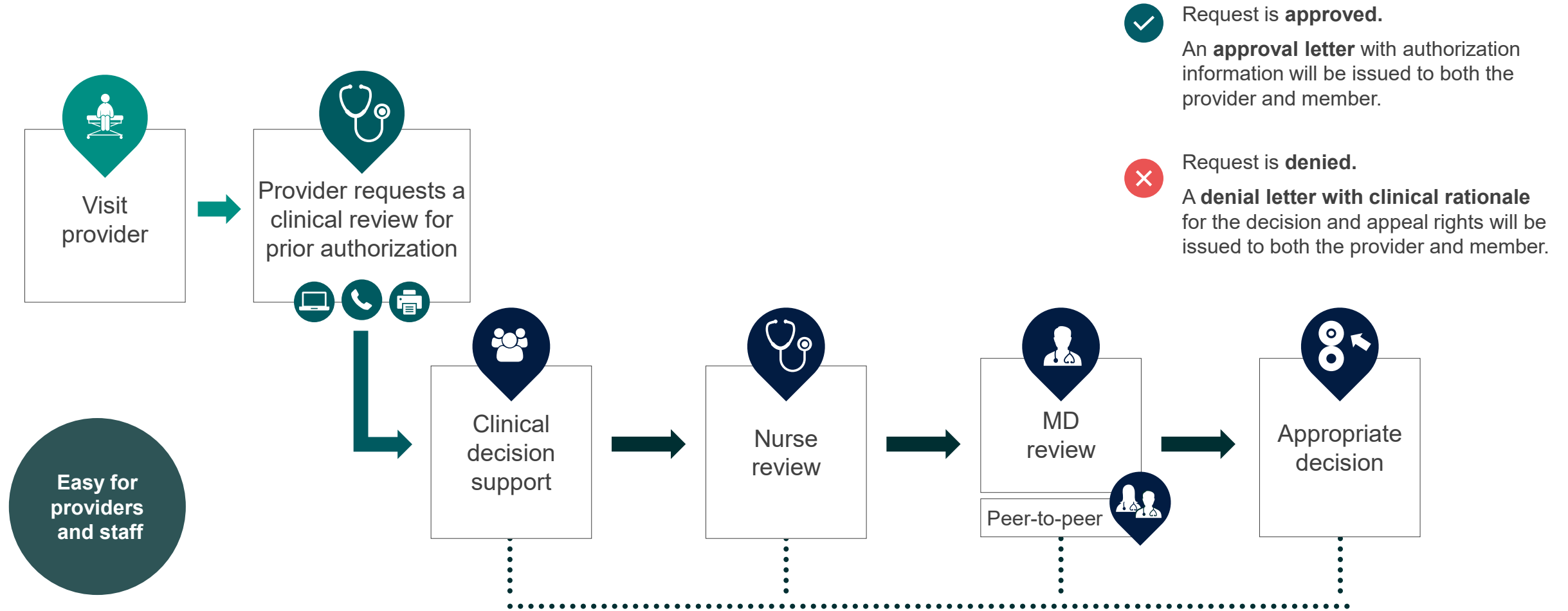
To access the EviCore Provider Portal, visit www.EviCore.com



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

Fax: 800-540-2406

Utilization Management | Prior Authorization



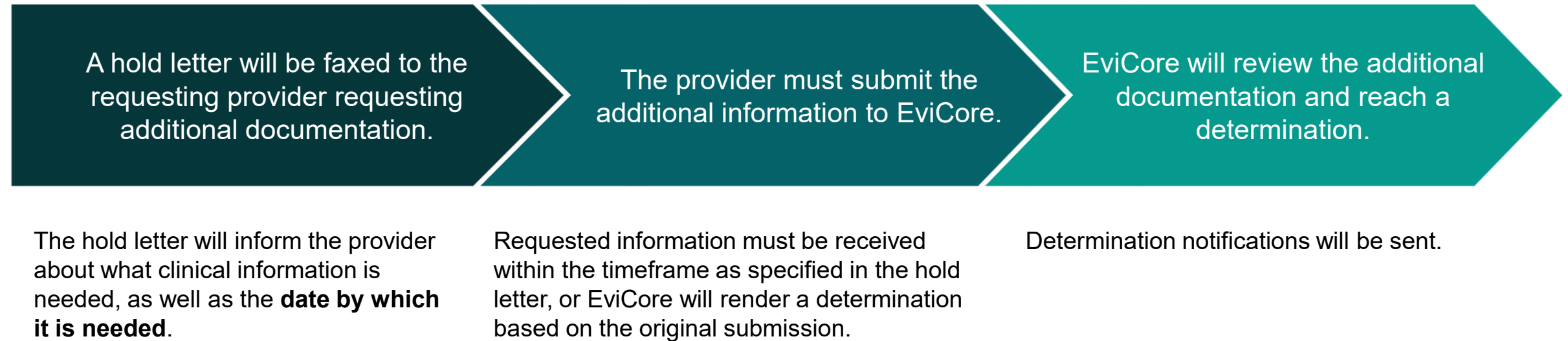
Necessary Information for Prior Authorization

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



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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.



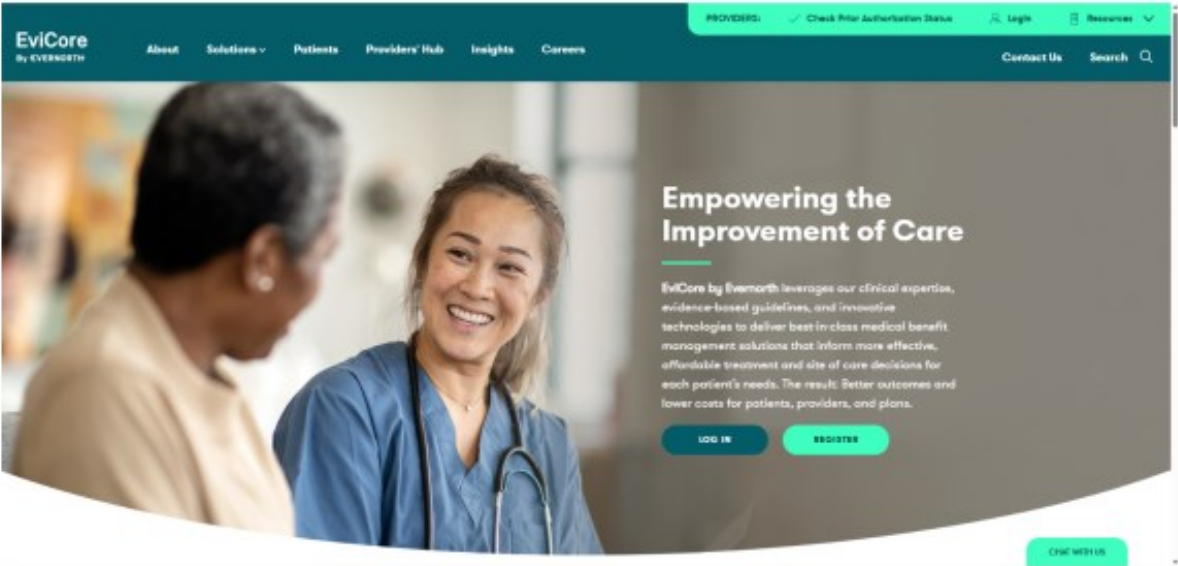
Reconsiderations

- 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 Experience – Case Submission



Providers will log in through the eviCore healthcare portal

Welcome

Log in with your EviCore account

Forgot username?

Next

Register

Enter your password

Edit

Password*

👁

☒ I agree to [HIPAA Disclosure](#)

Forgot password?

Continue

Provider Experience – Case Submission

Once logged in, the worklist of a user’s prior requests are visible. To create a new prior authorization, select ‘Request an Authorization’

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Authorization LookupRequest An AuthorizationWorklistPortalsHelp / ContactUser AccessHello, Test Account

My Worklist

PendingApprovedPartially ApprovedDeniedCancelledAll Statuses

Start typing to search...

Request ID	Authorization ID	Patient	Status	Submitted	End Date	Procedure	Ordering Provider	Site of Service	Insurer
No Data Available									

CareCore

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

MedSolutions

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

Feedback

Provider Experience – Case Submission

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Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Unified Dashboard	Help / Contact Us
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Monday, February 23, 2026 12:09 PM

Welcome to the CareCore National Web Portal. You are logged in as **AMYUAT**.



REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

ENTER PHARMACY CASE NUMBER

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

Select option to “Request an Auth” and then the program.

Request an Authorization

To begin, please select a program below:

- ☐ Durable Medical Equipment(DME)
- ☐ Evicore Medical Oncology Pathways
- ☐ Gastroenterology
- ☐ Gene Therapy
- ☐ Home Health
- ☐ Lab Management Program
- ☐ Medical Specialty Drugs
- ☐ Musculoskeletal Management
- ☐ Pharmacy Drugs (Express Scripts Coverage)
- ☒ Radiation Therapy Management Program (RTMP)
- ☐ Radiology and Cardiology/Vascular Intervention
- ☐ Sleep Management

CONTINUE

[Click here for help](#)

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Provider Experience – Case Submission

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
	
SELECT	

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

Search By NPI:

SEARCH



BACK

CONTINUE

[Click here for help](#)

Select the treating physician from the pre-populated affiliated physician list of providers associated with the user's account.

Choose Your Insurer

Requesting Provider: KONSKI, ANDRE, NPI 1407873219

Please select the insurer for this authorization request.

A	▼
	▼

BACK

CONTINUE

[Click here for help](#)

Urgent Request? You will be required to upload relevant clinical info at the end of this process. [Learn More.](#)

Don't see the insurer you're looking for? Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

Select the patient's health plan, confirm the provider address, and take note of any important messages.

Provider Experience – Case Submission

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:*

☒ 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](#)

Confirm or enter contact information to ensure smooth communication of the determination or to request additional information as needed.

Provider Experience – Case Submission

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*
 MM/DD/YYYY

Patient Last Name Only:*
 [?]

Patient First Name: *

If Patient ID is 10 alpha & numeric characters, it will start with a single letter prefix. Some Patient ID's are 10 or 12 numeric only digits.

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

Register a new patient or select a current patient from the drop-down list. If a new patient is being registered and eligibility is verified, a confirmation screen will appear. Click “Yes” to continue. Then verify the patient's contact information.

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*
 MM/DD/YYYY

Patient Last Name Only:*
 [?]

Patient First Name: *

If Patient ID is 10 alpha & numeric characters, it will start with a single letter prefix. Some Patient ID's are 10 or 12 numeric only digits.

LOOKUP AGAIN

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT						

BACK

[Click here for help](#)

Clinical Certification Request

Has the patient received their first dose of radiation treatment?

☐ Yes ☐ No

Submit

On what date will the patient receive their first dose of radiation treatment for this episode? (MM/DD/20YY)*

mm/dd/yyyy



Date must be in MM/DD/20YY
or M/D/20YY format

Submit

Requested Service + Diagnosis

This procedure will be performed on 3/5/2026.

CHANGE

Radiation Therapy Procedures

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

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

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 Radiation Therapy

LOOKUP

CPT and primary Diagnosis Codes are required for Radiation Therapy Cases. Primary and secondary Diagnosis Codes (if provided) may not be the same.

BACK

[Click here for help](#)

- Enter the **expected treatment start date**, the date of the member's **initial radiation therapy treatment**. The case will be backdated to cover simulation and treatment planning.
- Next, select the **cancer type/body part** being treated (RC code) and **diagnosis code(s)** associated with the member's cancer type

Clinical Certification Request

Requested Service + Diagnosis

Confirm your service selection.

Treatment Start: 7/2/2020
CPT Code: RCADRE
Description: ADRENAL CANCER
Primary Diagnosis Code: C17.2
Primary Diagnosis: Malignant neoplasm of ileum
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

- Confirm that the correct cancer type and diagnoses have been selected
- Edit any information if needed by selecting **Change Procedure or Primary Diagnosis**.
- Click **CONTINUE** to confirm your selection.

Clinical Certification Request – Site Selection

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

Add Site of Service

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

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

LOOKUP SITE

Site Email (optional)

BACK

Clinical Certification Request – Clinical Certification

Proceed to Clinical Information

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

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

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

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

BACK

CONFIRM AND CONTINUE

[Click here for help](#)

- Verify that all information is entered and correct.
- Check the acknowledgement statement.
- Once you enter the clinical collection phase of the process, the answers to the clinical questions will not save unless the case is completed.
- **You will not have the opportunity to make changes after this point.**

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Clinical Certification Request – Standard or Urgent Request

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

Proceed to Clinical Information

Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standard/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.

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

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

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

In order to accept and process clinical upload, **EviCore requires Member First and Last Name AND at least one of the following additional pieces of identifying information:**

- Member Date Of Birth
- Case Number or Episode ID
- Member ID
- Member address or member phone including area code

Uploads which do not contain two pieces of identifying information, where member protected health information (PHI) is not able to be validated, cannot be accepted as per HIPAA Policy.

Files can be sent via fax to 888-693-3210.

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

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

Proceed to Clinical Information

Does the patient have a history of distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?

☐ Yes ☐ No

Submit

Show Review History

Proceed to Clinical Information

Select the treatment technique for the first phase:*

Please enter the requested CPT code associated with the first phase:*

Other (specify):

Input the number of units for the requested CPT Code*

Will a cone down/boost be used?

☐ Yes ☐ No

Submit

Show Review History

- **Clinical Certification** questions may populate based upon the information provided in previous questions.
- **Physician worksheets** located on www.EviCore.com can be used as a guide and will help prepare the requestor for the questions that are presented.
- You can save your request and finish later if needed.
Note: You will have until the end of the day to complete the case.
- When logged in, you can resume a saved request by going to **Certification Requests in Progress**.
- Once the clinical questions have been answered, click the attestation and click **Submit Case**.

Clinical Certification – Criteria Met

Summary of Your Request

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

REQUESTED

Phase 1: 28 unit(s) of 77407 (Radiation treatment delivery; Level 2, including imaging guidance, when performed). Image Guided Radiation Therapy (IGRT): 28 unit(s) of 77387 (Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed).

APPROVED

Phase 1: 28 unit(s) of 77407 (Radiation treatment delivery; Level 2, including imaging guidance, when performed). Image Guided Radiation Therapy (IGRT): 28 unit(s) of 77387 (Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed).

DENIED

NONE
The prior authorization you submitted, Case [REDACTED], has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

Provider Name:

Provider Address:

Contact:

Phone Number:

Fax Number:

Patient Name:

Insurance Carrier:

Patient ID:

Site Name:

Site Address:

Site ID:

Primary Diagnosis Code:

C61

Secondary Diagnosis Code:

Date of Service:

2/27/2026

CPT Code:

RCPR05

Authorization Number:

Case Number:

Review Date:

2/23/2026 2:53:45 PM

Expiration Date:

8/8/2026

Status:

REQUESTED

Phase 1: 28 unit(s) of 77407 (Radiation treatment delivery; Level 2, including imaging guidance, when performed). Image Guided Radiation Therapy (IGRT): 28 unit(s) of 77387 (Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed).

APPROVED

Phase 1: 28 unit(s) of 77407 (Radiation treatment delivery; Level 2, including imaging guidance, when performed). Image Guided Radiation Therapy (IGRT): 28 unit(s) of 77387 (Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed).

DENIED

NONE

The prior authorization you submitted, Case A265897735, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

REQUESTED

Phase 1: 28 unit(s) of 77407 (Radiation treatment delivery; Level 2, including imaging guidance, when performed). Image Guided Radiation Therapy (IGRT): 28 unit(s) of 77387 (Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed).

APPROVED

Phase 1: 28 unit(s) of 77407 (Radiation treatment delivery; Level 2, including imaging guidance, when performed). Image Guided Radiation Therapy (IGRT): 28 unit(s) of 77387 (Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed).

DENIED

NONE

CANCEL

PRINT

CONTINUE

- If your request is authorized during the initial submission, you can print the summary of the request for your records.
- Review the details of the request and select **CONTINUE**.

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Provider Experience – Case Submission

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 clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-622-7329. The prior authorization you submitted, Case [REDACTED], has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

Provider Name:	[REDACTED]	Contact:	[REDACTED]
Provider Address:	[REDACTED]	Phone Number:	[REDACTED]
		Fax Number:	[REDACTED]
Patient Name:	[REDACTED]	Patient Id:	[REDACTED]
Insurance Carrier:	[REDACTED]		
Site Name:	[REDACTED]	Site ID:	[REDACTED]
Site Address:	[REDACTED]		
Primary Diagnosis Code:	C79.31	Description:	Secondary malignant neoplasm of brain
Secondary Diagnosis Code:		Description:	
Date of Service:	2/27/2026	Description:	Brain Metastases
CPT Code:	RCBRAI		
Case Number:	[REDACTED]		
Review Date:	2/23/2026 3:12:55 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-622-7329. The prior authorization you submitted, Case A263897744, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.		

[CANCEL](#) [PRINT](#) [CONTINUE](#)

[Click here for help](#)

- If your request cannot be immediately approved during the initial submission, you will get a summary stating the case has been sent to clinical review, where any free text notes and/or uploaded clinical information will be reviewed for medical necessity.
- You can print the summary of the request for your records, then click **CONTINUE**.

Clinical Certification Request – Required Medical Checklist

Proceed to Clinical Information

In order to accept and process clinical upload, EviCore requires Member First and Last Name AND at least one of the following additional pieces of identifying information:

- Member Date Of Birth
- Case Number or Episode ID
- Member ID
- Member address or member phone including area code

Uploads which do not contain two pieces of identifying information, where member protected health information (PHI) is not able to be validated, cannot be accepted as per HIPAA Policy.

Files can be sent via fax to 888-693-3210.

Clinical Upload

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

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

SKIP UPLOAD

Enter text in the space provided below.

Additional Information - Notes (Character limit of less than or equal to 500 characters)

Submit

WITHDRAW MY REQUEST

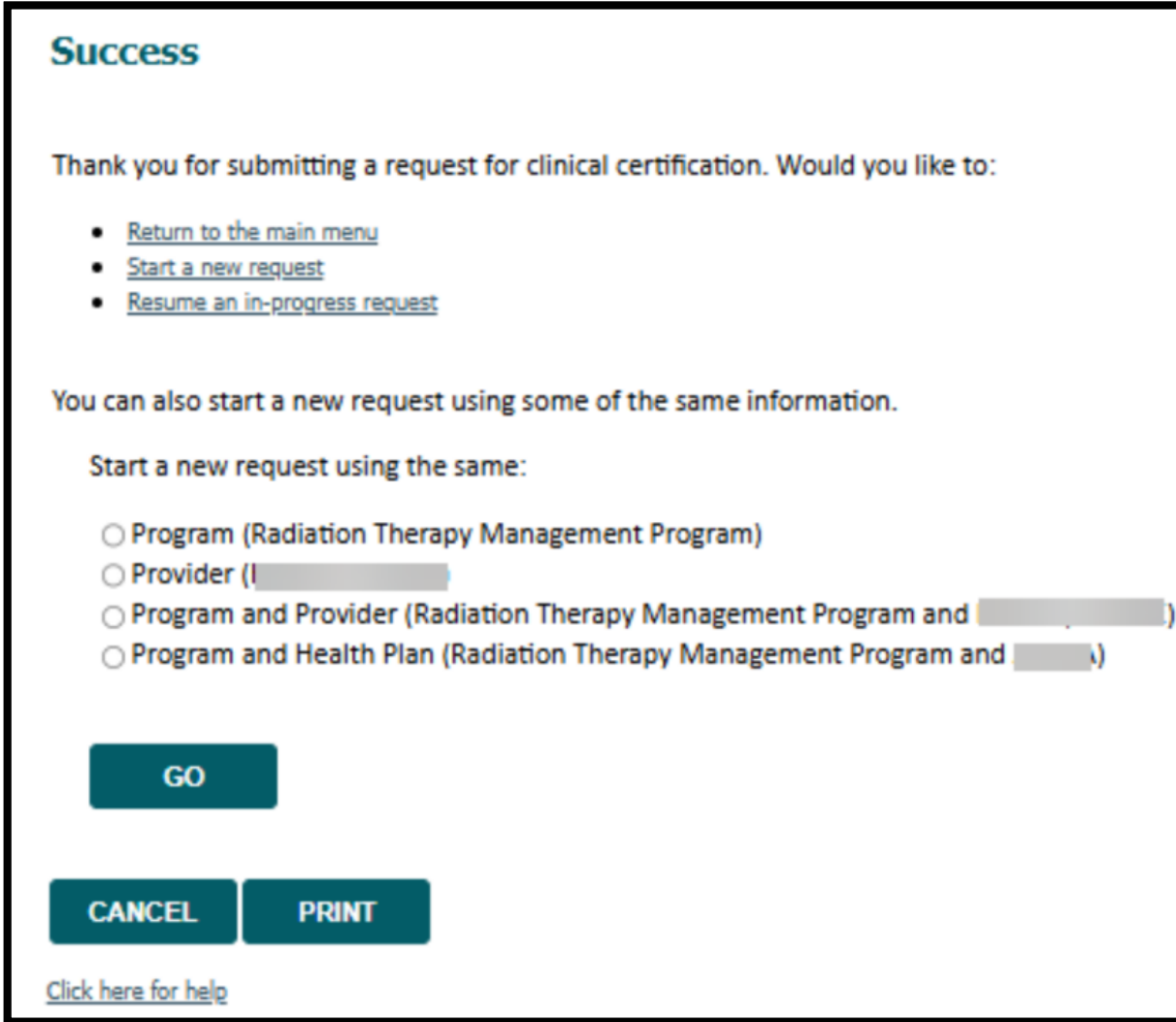
- If the pathway questions do not lead to immediate approval, you will be asked if additional clinical information can be included.
- Enter **additional notes** in the free text space provided only when necessary.
- Upload up to **five documents (more information on clinical upload in the next slide)**
(.doc, .docx, or .pdf format; max 5MB size)
- When finished, **SUBMIT CASE** for review.
- Clinical cannot be uploaded for cases that have reached a **final status**.
(Approved, Denied, Partially Approved Withdrawn, or Expired)

- Below the Clinical Upload description, you select “**Required Medical Information Checklist**”
- Once you open the document you will search for the Radiation Oncology program section to review the list of required medical information EviCore requires in order for the prior authorization to meet medical necessity.
- Direct link to document: [Required Medical Information Check List.pdf \(evicore.com\)](#)

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Provider Experience – Case Submission



Success

Thank you for submitting a request for clinical certification. Would you like to:

- [Return to the main menu](#)
- [Start a new request](#)
- [Resume an in-progress request](#)

You can also start a new request using some of the same information.

Start a new request using the same:

- ☐ Program (Radiation Therapy Management Program)
- ☐ Provider (I [redacted])
- ☐ Program and Provider (Radiation Therapy Management Program and [redacted])
- ☐ Program and Health Plan (Radiation Therapy Management Program and [redacted])

GO

CANCEL **PRINT**

[Click here for help](#)

- After clicking continue on the case summary screen, you will see a **Success** screen.
- You can **PRINT** the summary of the request for your records, then select **CONTINUE**.
- From here, you can start a new request, return to the main menu, or resume an in-progress request.

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.
- 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

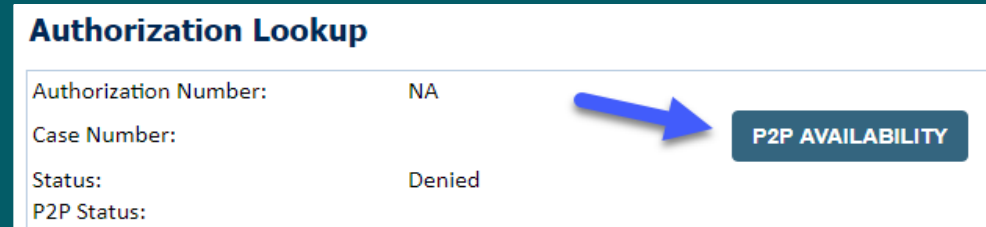
Appendix

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.

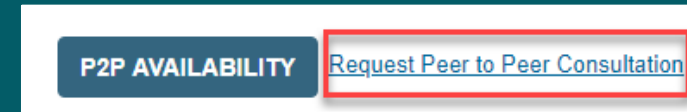
1. Log-in to your account at **EviCore.com**.
2. Perform **Clinical Review Lookup** to determine the status of your request.
3. Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a Peer-to-Peer consultation
4. Note carefully any messaging that displays.*



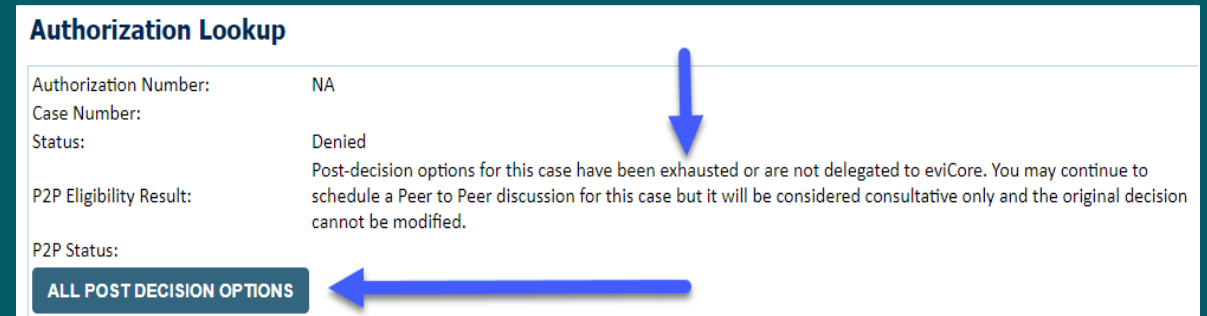
Authorization Lookup

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

A blue arrow points from the 'Status: Denied' field to a button labeled **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:	

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

*In some instances, a Peer-to-Peer consultation is allowed, but the case decision can not be changed. In such cases, you can still request a **Consultative-Only Peer-to-Peer**. You can also click on the **ALL POST-DECISION OPTIONS** button to learn what other action can be taken.

Once the **Request Peer-to-Peer Consultation** link is selected, you will be transferred to our scheduling software via a new browser window.

Schedule a P2P

1. Upon first login, you will be asked to confirm your default time zone.
2. You will be presented with the case number and member date of birth.
3. Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**.
4. To proceed, select **Lookup Cases**.
5. You will receive a confirmation screen with member and case information, including the level of review for the case in question.
6. Click **Continue** to proceed.

The image displays two screenshots of the EviCore 'New P2P Request' form. The top screenshot shows the initial input fields for Case Reference Number and Member Date of Birth, with a blue arrow pointing to the 'Add Another Case' button. The bottom screenshot shows the confirmation screen with member and case information, with blue arrows pointing to the 'Case Ref #', 'Reconsideration allowed' message, 'P2P Eligible' status, and the 'Continue' button.

Top Screenshot: 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: 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

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...

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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 multi-step scheduling form. At the top, there are four progress indicators: Case Info (green checkmark), Questions (green checkmark), Schedule (green checkmark), and Confirmation (yellow circle with a checkmark). The 'P2P Info' section on the left includes fields for Date (Mon 5/18/20), Time (6:30 pm EDT), and a 'Reviewing Provider' dropdown. Below this is a 'Case Info' section with a table of case details. The 'P2P Contact Details' section on the right contains several input fields: 'Name of Provider Requesting P2P' (with a blue arrow pointing to 'Dr. Jane Doe'), 'Contact Person Name' (Office Manager John Doe), 'Contact Person Location' (Provider Office), 'Phone Number for P2P' (with a blue arrow pointing to '(555) 555-5555'), 'Phone Ext.' (12345), 'Alternate Phone' (xxx-xxx-xxxx), 'Phone Ext.' (Phone Ext.), 'Requesting Provider Email' (droffice@internet.com), and 'Contact Instructions' (with a blue arrow pointing to 'Select option 4, ask for Dr. Doe'). A 'Submit' button is at the bottom right.

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

The screenshot shows a 'Scheduling' summary page. It has a 'Scheduling' header with a calendar icon. Below it, the word 'Scheduled' is displayed. A summary bar shows a calendar icon, a clock icon, and the text 'Mon 5/18/20 - 6:30 pm EDT'. On the right side of this bar, the word 'SCHEDULED' is enclosed in a red circle.

P2P Contact Details

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

 **P2P Contact Details**

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

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

 PROVIDER

Name of Referring Physician on Case *Required*

Credential *Required*
Select... 

 CONTACT PERSON

Contact First Name *Required*

Contact Last Name *Required*

Contact Person Location *Required*
Select... 

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.

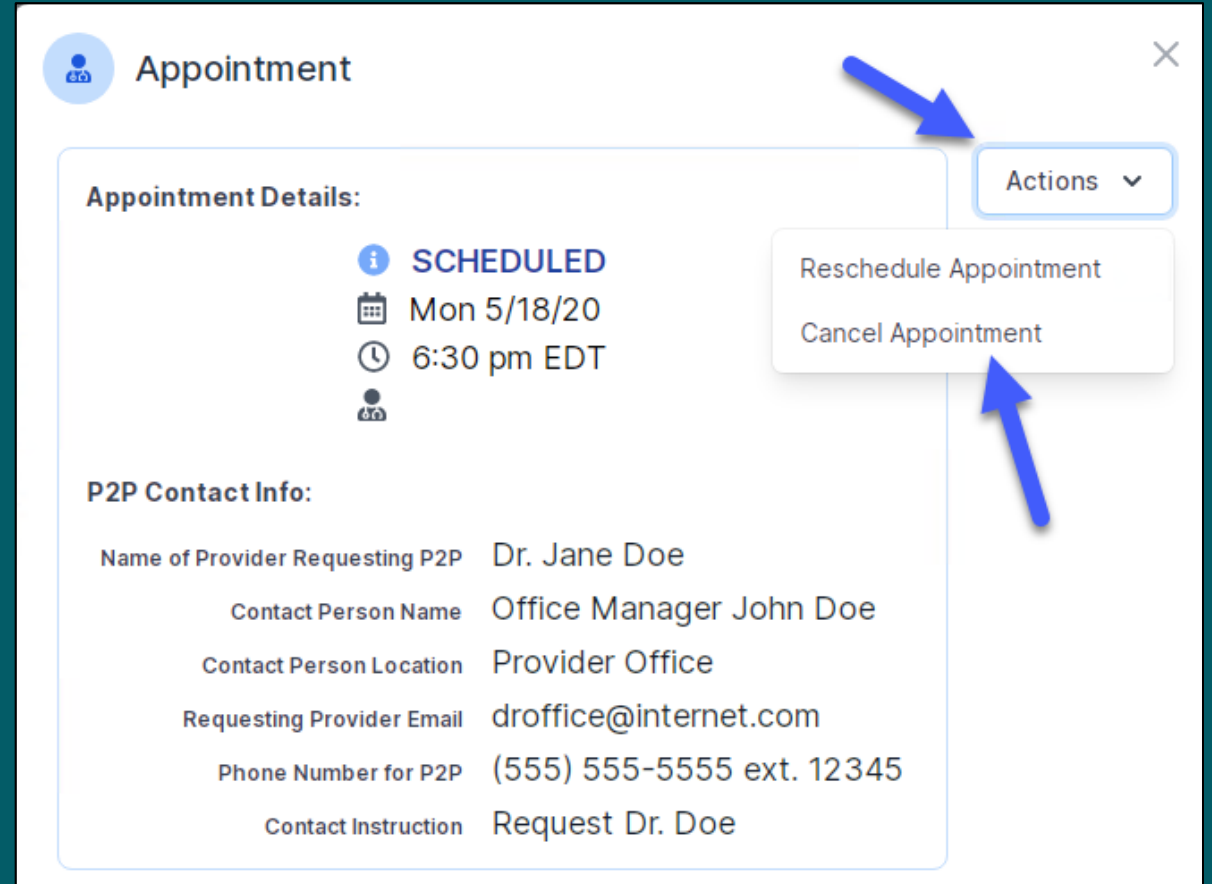
☐ TX licensed same specialty - Caller is aware P2P does not meet TX SSL/specialty match and wants to proceed with P2P

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 of contact information. To the right of the "Appointment Details:" section 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 menu.

Appointment Details:	
<i>i</i>	SCHEDULED
<i>📅</i>	Mon 5/18/20
<i>🕒</i>	6:30 pm EDT
<i>👤</i>	

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