

Conservative Care (PT-OT-ST)

Provider Orientation Session for
Providence Health Plan



Agenda



Solution Overview

PT-OT-ST

Submitting Requests

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

EviCore Provider Portal

Overview, Features & Benefits

Provider Resources

Questions & Next Steps

Appendix

Providence Health Plan Prior Authorization Services

Applicable Membership

- Commercial

Prior authorization applies to the following services

- Outpatient
- Elective/Non-emergent

Prior authorization does NOT apply to services performed in

- Emergency Rooms
- Observation Services
- Inpatient Stays



It is the responsibility of the ordering provider to request prior authorization approval for services.

Evidence-Based Guidelines

The Foundation of Our Solutions



Contributions
from a panel of
community physicians



Experts
associated with academic
institutions



Current
clinical literature

Aligned with National Societies

- American Academy of **Neurology**
- American Academy of **Orthopedic Surgeons**
- American Academy of **Pediatrics**
- American Academy of **Sleep Medicine**
- American Association of **Child and Adolescent Psychiatrists**
- American Association of **Clinical Endocrinology**
- American Association of **Neurological Surgeons**
- American College of **Cardiology**
- American College of **Chest Physicians**
- American College of **Gastroenterology**
- American College of **Medical Genetics and Genomics**
- American College of **Obstetricians and Gynecologists**
- American **Massage Therapy** Association
- American **Occupational Therapy** Association
- American **Physical Therapy** Association
- American Society of **Acupuncturists**
- American Society of **Nuclear Cardiology**
- American **Speech–Language–Hearing** Association
- American **Thyroid** Association
- American **Urological** Association
- **Centers for Disease Control**
- College of American **Pathologists**
- **Endocrine** Society
- **Heart Rhythm** Society
- National Comprehensive **Cancer** Network
- North American **Spine** Society
- The Society of **Maternal-Fetal Medicine**
- United States **Food and Drug Administration**
- United States **Preventive Services** Task Force

Clinical Approach

Prior Authorization Program

Fundamental Approach

- Clinical reviewers evaluate clinical information to determine whether services meet medical necessity criteria.
- Providers are encouraged to request authorization before care is delivered to ensure payment for services rendered.
- Once the initial request is approved, requests for subsequent therapy can be made as early as **seven (7) calendar days** prior to requested start date.

Clinical Philosophy

- Support patient-centered care founded on best available evidence.
- Promote functionally oriented and measureable treatment programs.
- Focus on skilled, medically necessary treatment interventions.
- Empower patient independence.
- Eliminate practice variation that cannot be explained or justified.

Prior Authorization Program

Goals

- Authorize medically necessary services which require the skills of a licensed professional.
- Promote evidence-based practice.
- Identify and review treatment interventions where evidence does not support use.
- Provide evidence-based guidelines to support authorization decisions and educate practitioners.
- Decrease or eliminate unexplained practice variation and unnecessary visits.
- Manage costs efficiently so members can continue to receive **quality care** and **skilled services**.

Washington State RCW 48.43.016

Important Note! Washington State RCW 48.43.016 changes what providers need to do for outpatient rehabilitation services.

For dates of service June 1, 2019 and after, the health plan won't require providers to request a medical necessity review through EviCore for the first six (6) treatment visits of an episode of care (active treatment within a 90-day period) for outpatient rehabilitation services.

- EviCore will allow an initial evaluation and management visit, and up to six subsequent visits without a treatment plan on file.
- **After** the initial evaluation and management visit and six consecutive visits, providers **must** submit a request for medical necessity review to EviCore for any ongoing treatment.

Prior Authorization Program

- Effective [month] [date], [year], Providence Health Plan Commercial fully insured membership may experience variances in the number of visits initially authorized by EviCore. Previously, 12 visits were typically approved during the initial request. The number of visits for fully insured membership may vary based on each individual patient's condition, severity and complexity, and the response to treatment received once provided.
- Providence Health Plan Commercial self-insured membership **will not** experience any changes at this time. In most cases, 12 visits will be granted during the initial request.
- For additional program resources, please visit EviCore's provider resource site for Providence Health Plan: [Providence Health Plan Resources | 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.

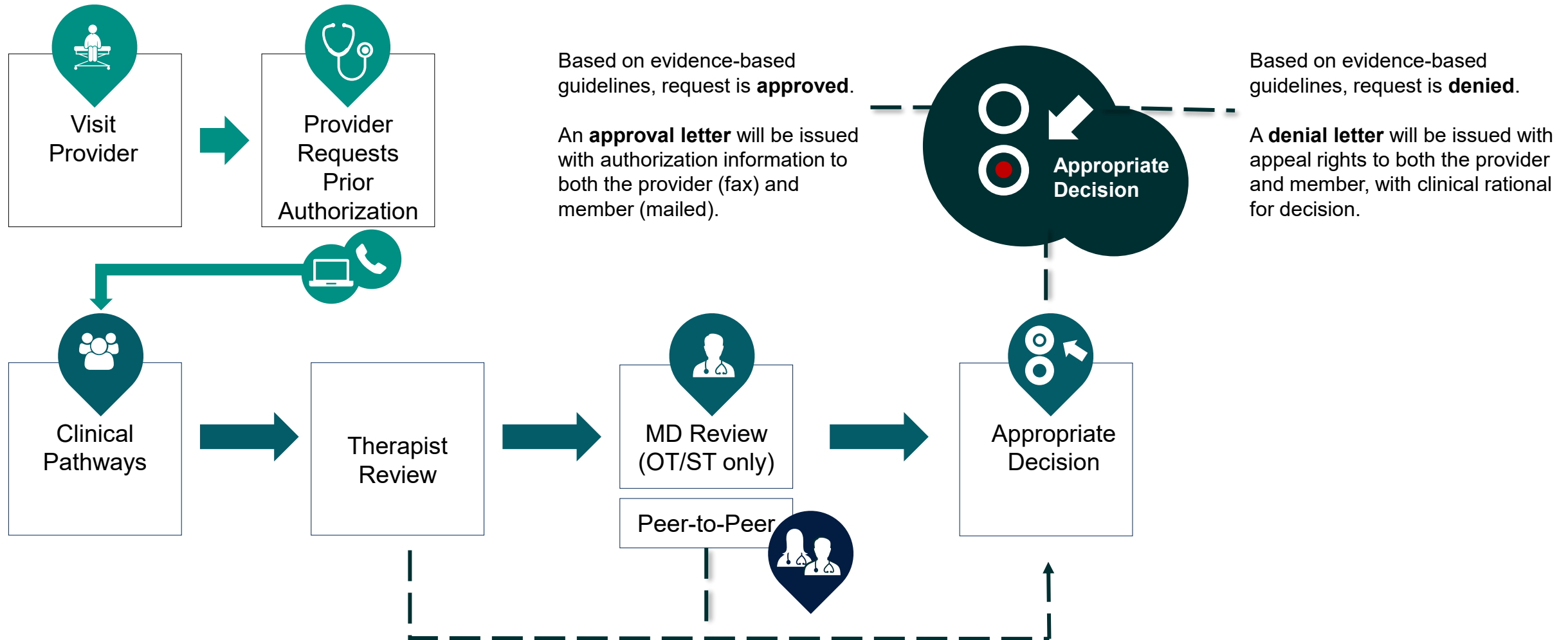
To access the EviCore Provider Portal, visit [EviCore.com/provider](https://www.evicore.com/provider)



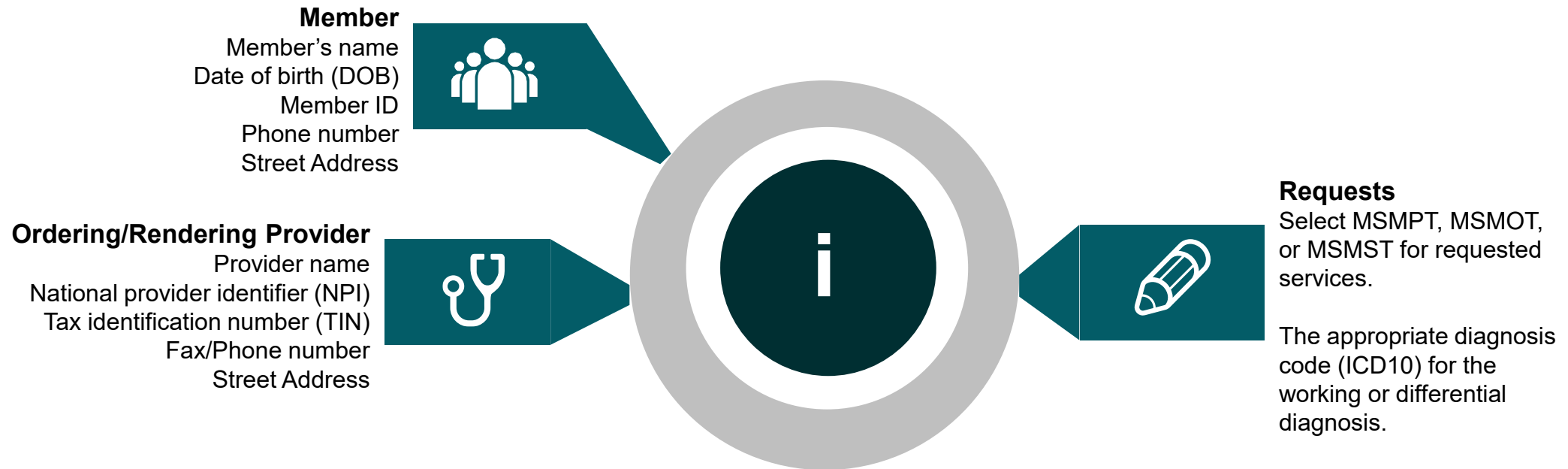
Phone: 866-803-8052
Monday – Friday
7AM – 7PM (local time)

Fax: 855-774-1319

Prior Authorization Process



Information Required for Request



Clinical information needed for requests:

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

Prior Authorization Process | Clinical Information

Clinical Information – What EviCore needs and why we need it:

- Clinical information is required to determine whether the services requested are medically necessary.
- Use clinical worksheets located at EviCore.com as a guide to determine what clinical information is required.
 - The **clinical worksheets** are specific to conditions and designed to assist with the submission of the patient and provider information for medical necessity review.
 - Worksheets should be used as a guide for questions and the provider will be prompted to answer when completing the online requests.
 - These worksheets should be completed by the provider during the initial consultation/evaluation and treatment planning, collecting the clinical information to allow for ease of submission.
 - Physical and occupational therapy requests have the ability for a real time decision for the first **two (2)** requests for an episode of care.
- Be prepared to provide patient-reported functional outcome measures with your submission (for example: ODI, NDI, DASH/QuickDASH, LEFS, HOOS JR, KOOS JR).
- Clinical information should be current – typically something collected within **14 days** prior of the request.
- **Missing or incomplete clinical information will delay case processing.**

Prior Authorization Process

Clinical Pathway

- Simplified approach to clinical collection attempting to reduce administrative efforts for providers.
- Improves the ability to receive a real time decision when submitting a request via the web or phone.
- “Gets out of the way” of providers who are practicing efficiently and effectively.
- Adds quality measures via inclusion of patient reported functional outcomes.
- Uses data collected over the years from claims data (managed and unmanaged) to set the average number of visits for a condition.
- Acknowledges complexities that may require a greater frequency or intensity of care.
- Allows providers to provide additional information for cases that are not “average.”

Tips to Improve Efficiency

Medical Necessity and Patient-Focused Care

The member's needs determine medical necessity.

- The member's clinical presentation and specific needs are the primary factors considered when determining medical necessity.
- The physician's prescription for treatment frequency and duration does not demonstrate medical necessity.

Review medical necessity regularly.

- The member's response to care should be evaluated each visit to allow modification of the treatment plan based on the member's current status.
- Complete a review of continuing medical necessity at least every **30 days**. This allows you to assess how the member is responding to treatment.
- Clinical documentation should include the member's response to care, functional improvement, and remaining functional deficits.
- Consider whether the skills of a provider are still necessary and, if it is, identify the specific interventions that require that skill.

Prior Authorization Process

If you are requesting authorization before treatment begins:

- Complete your initial evaluation, then submit for prior authorization within **two (2) business days**. The initial evaluation **does not** require prior authorization.
- Start date should be the **first day of treatment** (Date of initial evaluation or visit following if treatment was not provided during the initial evaluation visit).
- When requesting ongoing or continuing care, you can submit up to **seven (7) calendar days** prior to the next start date for authorization.
- Notification requires submission of the following information:
 - Patient demographics
 - Provider demographics
 - Minimal clinical information
 - Type of condition
 - Post-surgical therapy? If so, please provide the date of surgery.
 - Functional outcome measures
- If there was prior therapy, questions will be asked to determine if this is a new condition.

Prior Authorization Process

How to Request Additional Visits:

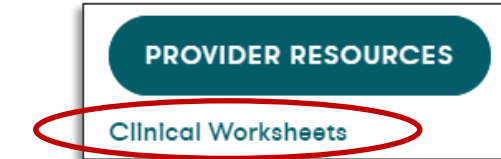
- Additional visits may be requested as early as **seven (7) calendar days** prior to the requested start date.
- The **start date** will be the first date you need additional visits to begin.
- Clinical information should be **current**. Recommended timeframes:
 - Adult and non-developmental pediatric patients = **14 calendar days**
 - Developmental pediatric patients = **30 calendar days**
- Use the appropriate **Clinical Worksheet** as a guide. Please provide initial and current functional outcome measure scores.
- If condition is complex or the worksheet does not capture aspects of the condition you want to convey, this information can be given as “additional information” via upload, fax, or text box summary.
- Address any complexities that will impact the therapy plan of care.
- Provider’s impression of the member’s response to care.

Link to Clinical Worksheets | Physical & Occupational Therapy

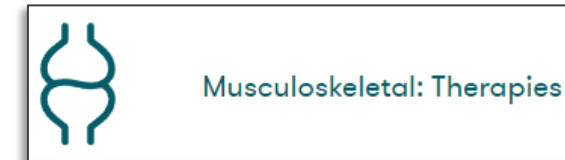
Start at EviCore.com, click on **Resources**.



From the Resources dropdown, select **Clinical Worksheets**.



Select Musculoskeletal: **Therapies**.



Enter **Health Plan** name in the search field.

Search by health plan name to view clinical worksheets. Adobe PDF Reader is required to view clinical worksheets documents.

If you would like to view all eviCore core worksheets, please type in "eviCore healthcare" as your health plan.

Search by Health Plan ... 

The PT-OT **worksheets** will be listed under The **Physical & Occupational Therapy** header.

Physical Therapy & Occupational Therapy

PT-OT-ST | Summary of Portal Benefits

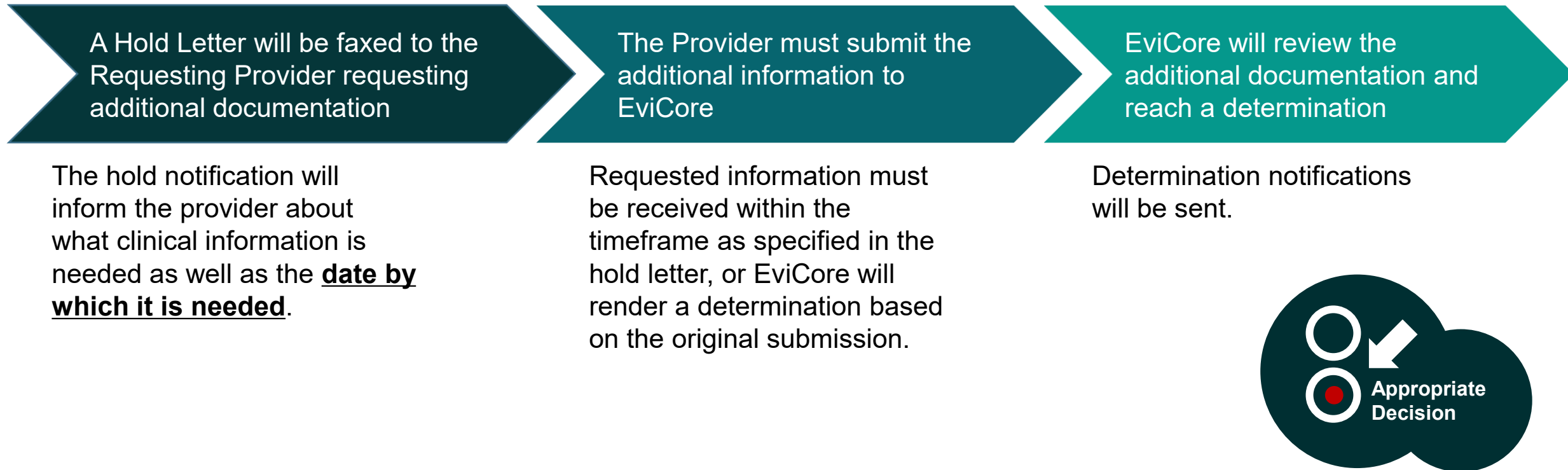
- ✓ Elimination of pre-set waivers
- ✓ Increased provider satisfaction
- ✓ Reduced administrative burden for providers
- ✓ Increased opportunity for real-time decisions
- ✓ Expanded, member-focused decisions
- ✓ Decreased case review turn-around-times.
- ✓ Patients able to receive the right amount of care in a timely manner.



Insufficient Clinical | Additional Documentation Needed

Additional 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:



Providing Additional Information (Medicare Intent to Deny)

I've received a request for additional clinical information. What's next?

There are three ways to supply the requested information to 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 prior to the due date referenced in the request.
- Additional clinical information should be submitted to EviCore for consideration per the instructions received, clinical can be **faxed** to **855-774-1319** or **uploaded** directly into the case via the provider portal at www.EviCore.com.
- Alternatively, providers can choose to request a **Pre-Decision Clinical Consultation** instead of submitting additional clinical information. This consultation can be requested via the EviCore website (see the end of this presentation for instructions).
 - The Pre-Decision Clinical Consultation must occur prior to the due date referenced in the request.
- If the additional clinical information is faxed/uploaded, then that clinical 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 Process | Important Concepts

Authorization Decisions Include:

- Visits or units (depending on health plan)
- Approved time period (i.e., 6 visits, authorized from 1/1/25 to 1/31/25)
- EviCore recommends approved visits be spread over the approved period to prevent a gap in care.

Overlapping Requests

- Request for more visits within the existing approved time period.
- Review to determine if additional visits are medically necessary.

Prior Authorization Process | Important Concepts

Date extensions are available if you are unable to use all visits within the approved period.

- Extend for the period that is needed up to a maximum of **30 days**.
- The extension must be requested prior to the expiration of the authorization.

Extensions can be requested by the following methods:

- Online at www.EviCore.com
- By phone at 866-803-8052

Attention!

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

☒ Date Extension

☐ Continuing Care

☐ Continue to Build a New Case

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

Prior Authorization Process | Important Concepts

Treating Multiple Conditions within the Same Authorization Period

- If you are treating multiple conditions within the same period, there is no need to request authorization for treatment for each condition.
- The authorization covers all conditions treated within the same period of time.
- If a member is receiving treatment from a different therapist within the same clinic with a new plan of care for a specialty condition (vestibular treatment, wound care, etc.), then a separate authorization may be indicated. Be sure to submit under the appropriate ICD10 code and state this request is for a new condition by a different therapist.
- When treating more than one condition, please advise EviCore to ensure adequate units are approved.
 - When submitting by the web, you will be asked if you are treating a second condition.
 - Answer = Yes; report information specific to the second condition.
 - When requesting authorization over the phone, inform the agent that you are requesting authorization for two conditions.
 - If submitting by fax, complete clinical worksheets for both conditions.

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

Prior Authorization Outcomes

Determination Outcomes:

- **Approved Requests:** Authorizations are valid for up to **180 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.

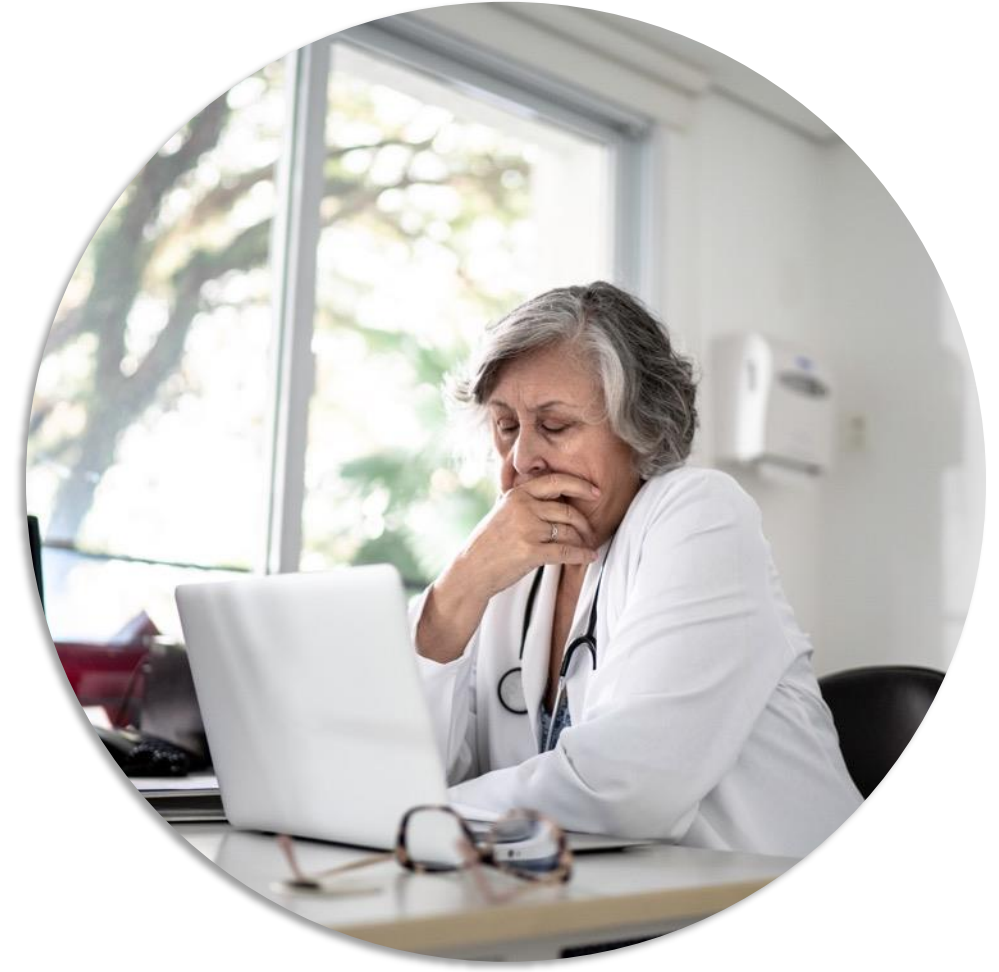
Notifications:

- 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

Authorization Update

- If updates are needed on an existing authorization, you can contact EviCore by phone at **866-803-8052**.
- 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

Commercial Members

My case has been denied. What's next?

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

You may also call EviCore at **866-803-8052** 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 14 calendar days after the determination date.
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an EviCore physician.

Appeals

- EviCore **will not** process first-level appeals.
- Please refer to the determination letter for appeal instructions.



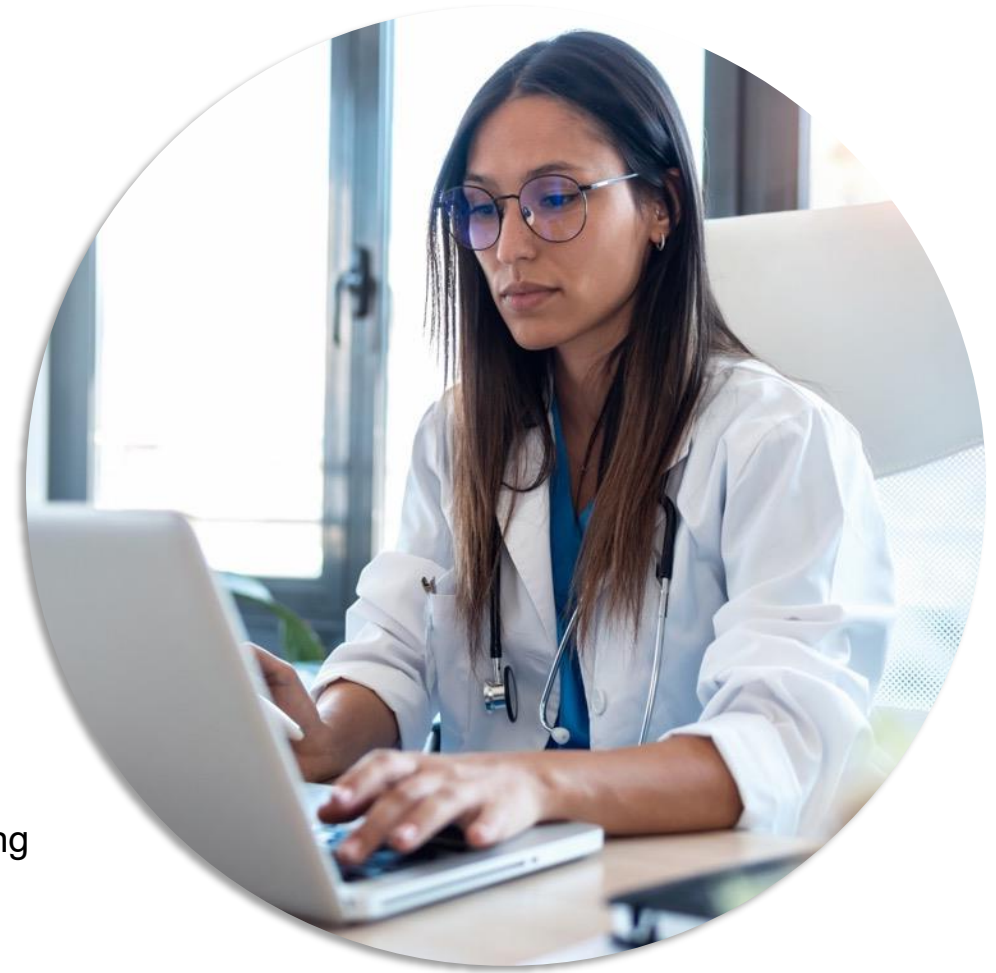
Special Circumstances

Retrospective (Retro) Authorization Requests

- Must be submitted within **365 calendar days** from the date of services.
- Retro requests submitted beyond this timeframe will be administratively denied.
- Reviewed for **clinical urgency** and medical necessity.
- Retro requests are processed within **30 calendar days**.
- When authorized, the start date will be the submitted date of service.
- Clinical submitted for retrospective review should include:
 - The requested number of visits and date range.
 - Information from patient-reported functional outcome measures, progress notes, and/or clinical worksheets.

Urgent Prior Authorization Requests

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



Provider Portal Overview

EviCore Provider Portal | Access and Compatibility

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

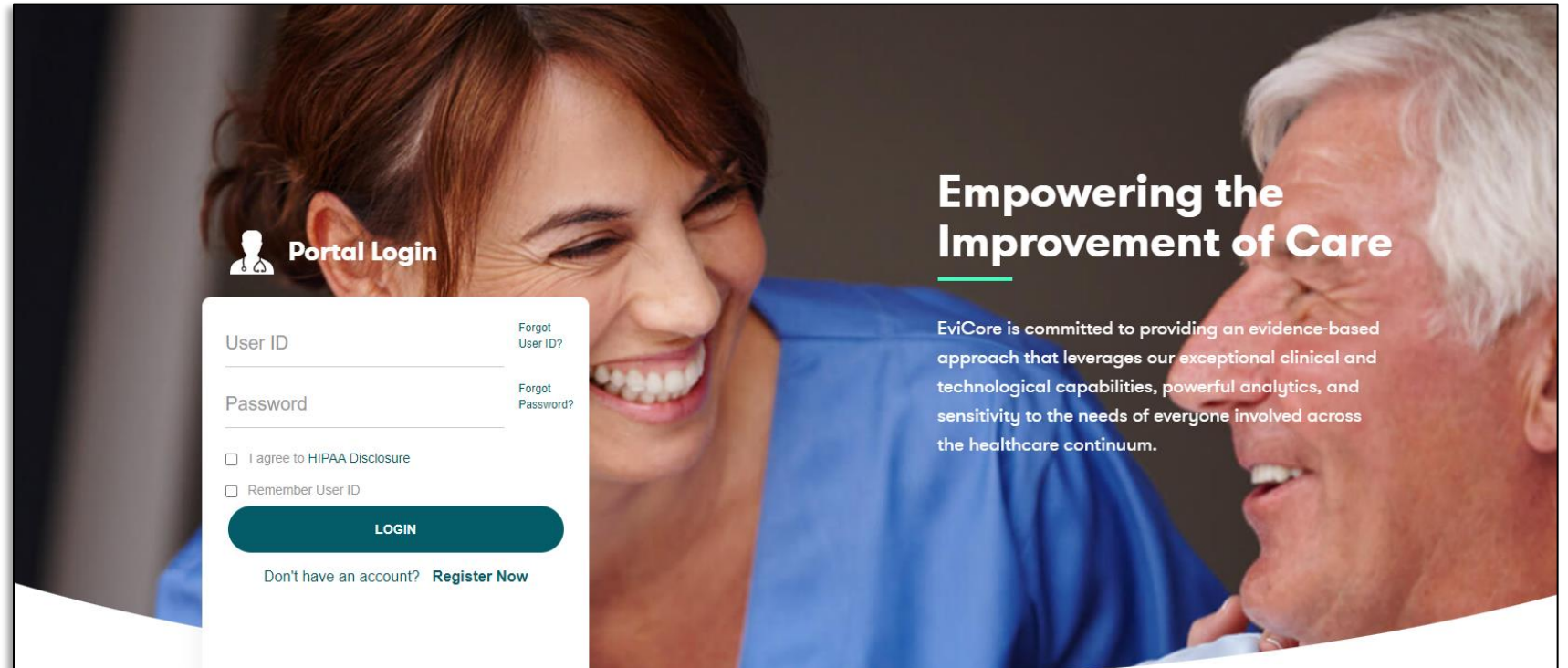
To access resources on the EviCore Provider Portal, visit [**EviCore.com/provider**](https://EviCore.com/provider).

Already a user?

Log in with User ID & Password.

Don't have an account?

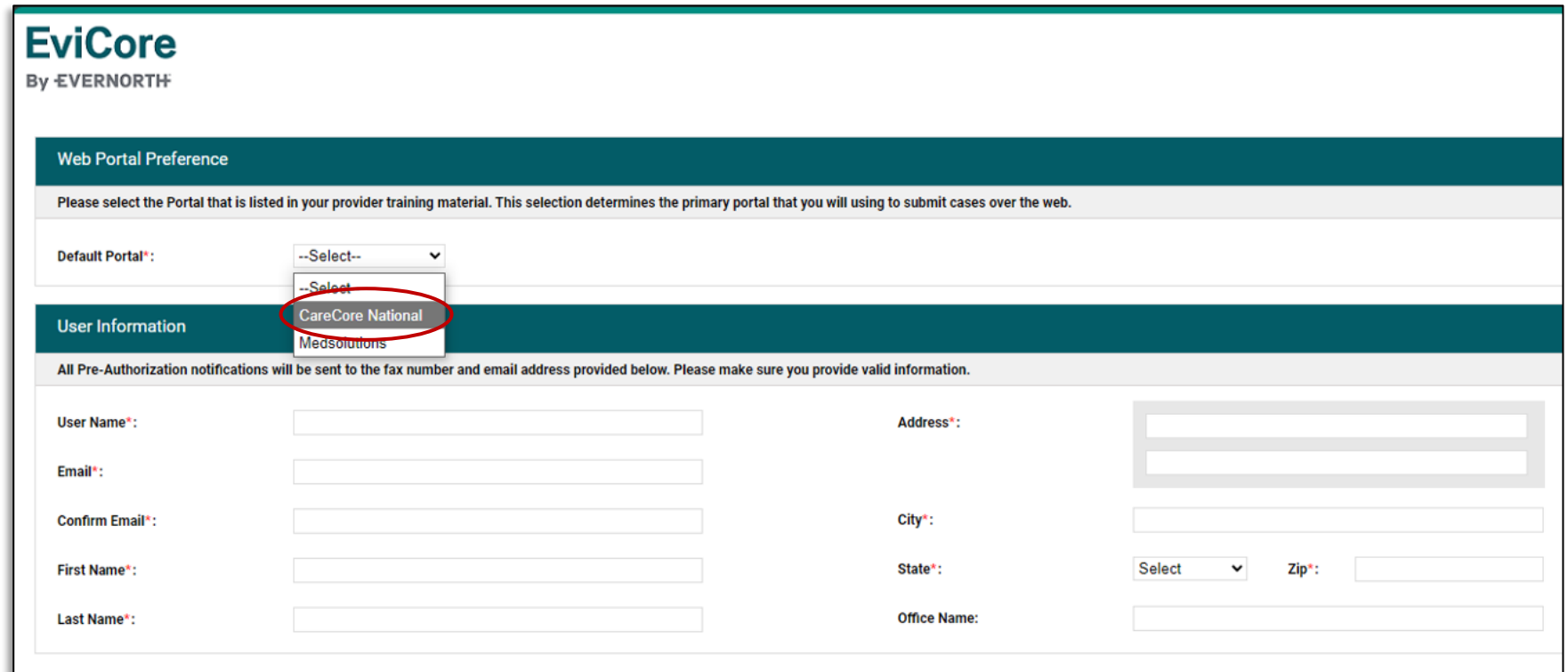
Click **Register Now**.



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.

Creating an EviCore Provider Portal Account

- Select **CareCore National** as the Default Portal.
- Complete the User Information section in full and **Submit Registration**.
- You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the login page.



The screenshot shows the EviCore registration form. At the top, the EviCore logo is displayed with 'By EVERNORTH' underneath. The form is divided into two main sections: 'Web Portal Preference' and 'User Information'.

Web Portal Preference: This section contains a message: 'Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.' Below this is a dropdown menu for 'Default Portal*'. The dropdown is open, showing two options: '--Select--' and 'CareCore National'. The 'CareCore National' option is highlighted with a red circle.

User Information: This section contains a message: 'All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.' Below this are several input fields for user information:

- User Name* (text input)
- Email* (text input)
- Confirm Email* (text input)
- First Name* (text input)
- Last Name* (text input)
- Address* (text input)
- City* (text input)
- State* (dropdown menu with 'Select' as the current selection)
- Zip* (text input)
- Office Name (text input)

Setting Up Multi-Factor Authentication (MFA)

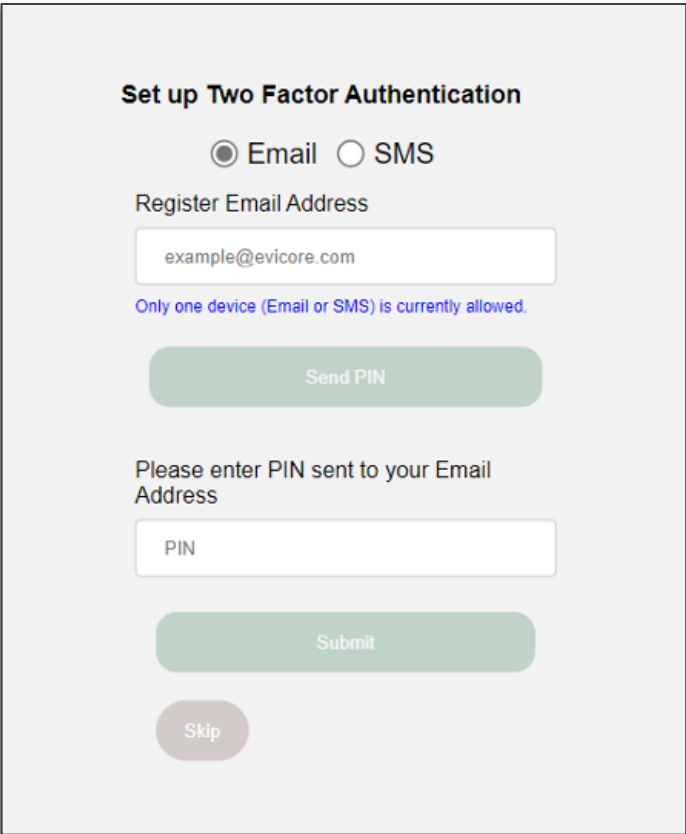
To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

After you log in, you will be prompted to register your device for MFA.

Choose which authentication method you prefer: Email or SMS.
Then, enter your email address or mobile phone number.

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

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



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

EviCore Provider Portal | Add Providers



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

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

Manage Your Account

Office Name:

Address:

Primary Contact:

Email Address:

ADD PROVIDER

Click Column Headings to Sort

No providers on file

CANCEL

Add Practitioner

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

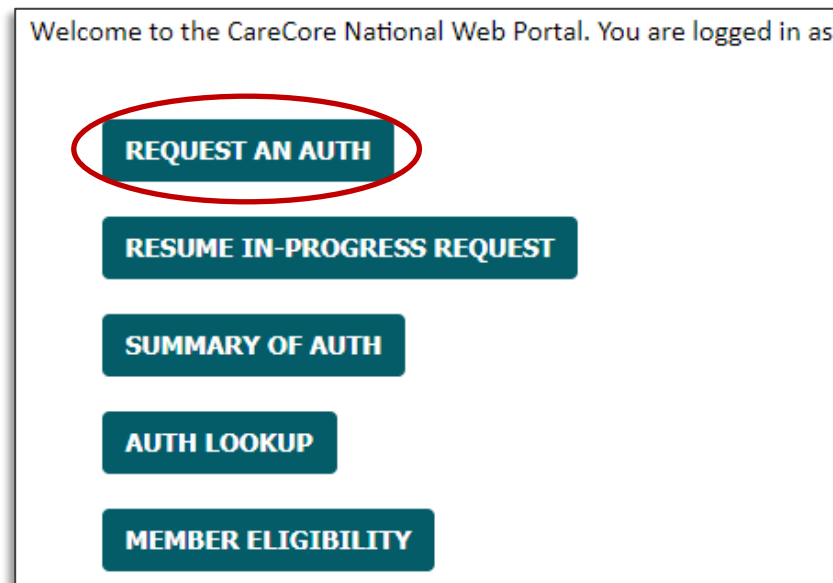
Practitioner NPI

Practitioner State

Practitioner Zip

FIND MATCHES **CANCEL**

Initiating a Case



- Click the **Clinical Certification** tab to get started.
- Choose **Request an Auth** to begin a new case request.

Select Program

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

CONTINUE

[Click here for help](#)

Attention!

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

Date Extension

Continuing Care

Continue to Build a New Case

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

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

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

EviCore

By EVERNORTH

Clinical Certification Request | Search and Select Provider

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

Manage Your Account

MedSolutions Portal

Help / Contact Us

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
SELECT	

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

Search By NPI:

SEARCH

BACK

CONTINUE

[Click here for help](#)

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

Clinical Certification Request | Search and Select Provider

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

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

Provider	
SELECT	

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

Search By NPI:

SEARCH

	Practitioner Name	NPI	Address	City	State	ZipCode	Phone	Fax
SELECT								

BACK

CONTINUE

[Click here for help](#)

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

Attention!

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

YES

NO

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

Clinical Certification Request | Select Health Plan

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

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK

CONTINUE

[Click here for help](#)

- Choose the appropriate **health plan** for the request.
- Another drop down will appear to select the appropriate address for the **provider**.
- Click **CONTINUE**.

Clinical Certification Request | Enter Contact Information

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

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

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

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

[Click here for help](#)

[BACK](#) [CONFIRM FAX AND CONTINUE](#)

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

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

Expected Treatment Date

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

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



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

SUBMIT

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

Clinical Certification Request | Enter Member Information

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

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:*

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

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

- Enter **member information**, including patient ID number, date of birth, and last name.
- Click **ELIGIBILITY LOOKUP**.

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT						

BACK

[Click here for help](#)

- Confirm the patient's information and click **SELECT** to continue.

Clinical Certification Request | Procedure and Diagnosis Codes

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

This procedure will be performed on CHANGE

Musculoskeletal Management Procedures

Select a 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 Musculoskeletal Management

LOOKUP

BACK

[Click here for help](#)

- Enter **MSMPT** for Physical Therapy.
- Enter **MSMOT** for Occupational Therapy.
- Add diagnosis code(s).

Clinical Certification Request | Verify Service Selection

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

Attention!

Patient ID:

Patient Name:

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

MSM History

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

OK

[Print this page](#)

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

Attention!

Will the procedure be performed in your office?

Yes

No

Clinical Certification Request | Site Selection

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

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Add Site of Service

Specific Site Search

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

NPI:

Zip Code:

Site Name:

TIN:

City:

☐ Exact match

☒ Starts with

LOOKUP SITE

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

Clinical Certification Request | Clinical Certification

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

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

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

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

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

BACK

CONFIRM AND CONTINUE

- Verify 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.**

Clinical Certification Request | Standard or Urgent Request?

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

Proceed to Clinical Information

Urgency Indicator

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

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

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

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

Clinical Upload

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case.

If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Required Medical information checklist

Browse for file to upload (max size 25MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

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

Clinical Certification Request | Required 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	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

Clinical Upload

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

Required Medical information checklist 

Browse for file to upload (max size 25MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

Specialty Therapies (PT/OT/ST)

- ☐ Primary and Secondary Diagnosis/ICD10
- ☐ Co-morbidities/Complexities that will impact the therapy plan of care
- ☐ Surgery – Date and type
- ☐ Functional Outcome Measures/Patient Reported Outcome Scores
- ☐ Standardized test scores (a minimum of annually for pediatric neurodevelopmental conditions)

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

Clinical Collection

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

Proceed to Clinical Information

TYPE OF CONDITION

Please select Developmental/Pediatric for all Pediatric cases EXCEPT primary musculoskeletal injuries such as ankle sprain, fracture, WITHOUT an underlying developmental or neuromuscular condition like cerebral palsy.)

 Please indicate the condition for which therapy is being requested:

SUBMIT

☐ Finish Later

Did you know?

You can save a certification request to finish later.

You can check the “Finish Later” box to save your progress. You’ll have until the end of the day to complete the case.

Clinical Collection | From the Clinical Worksheets

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Please indicate the primary treatment area (CHOOSE ONE):

Knee

Please indicate the secondary area of treatment (CHOOSE ONE, If any)

No second area being treated

SUBMIT

Proceed to Clinical Information

Lower Extremity

Please indicate side(s) being treated:

- ☐ Right
- ☐ Left
- ☐ Both / Bilateral

Please indicate the functional measure used (CHOOSE ONE):

- ☒ LEFS (Lower Extremity Functional Scale)
- ☐ HOOS Jr. (HIP Disability and Osteoarthritis Outcome Score Jr)
- ☐ KOOS Jr. (KNEE Disability and Osteoarthritis Outcome Score Jr)
- ☐ FOTO Hip / Knee / Ankle / Foot (Focus On Therapeutic Outcomes)
- ☐ Other functional assessment / No functional assessment

SUBMIT

Clinical Collection

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

Proceed to Clinical Information

Please provide the most recent date of the medical doctor's evaluation:



Please provide the medical doctor's diagnosis:

SUBMIT

☐ Finish Later

Did you know?

You can save a certification request to finish later.

[Click here for help](#)

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[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

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

Criteria Met

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

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

CANCEL PRINT CONTINUE

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

Criteria Not Met

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

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

☐ I would like to upload a document

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

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

☐ I have no additional information to provide at this time

PRINT

CONTINUE

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

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

CANCEL

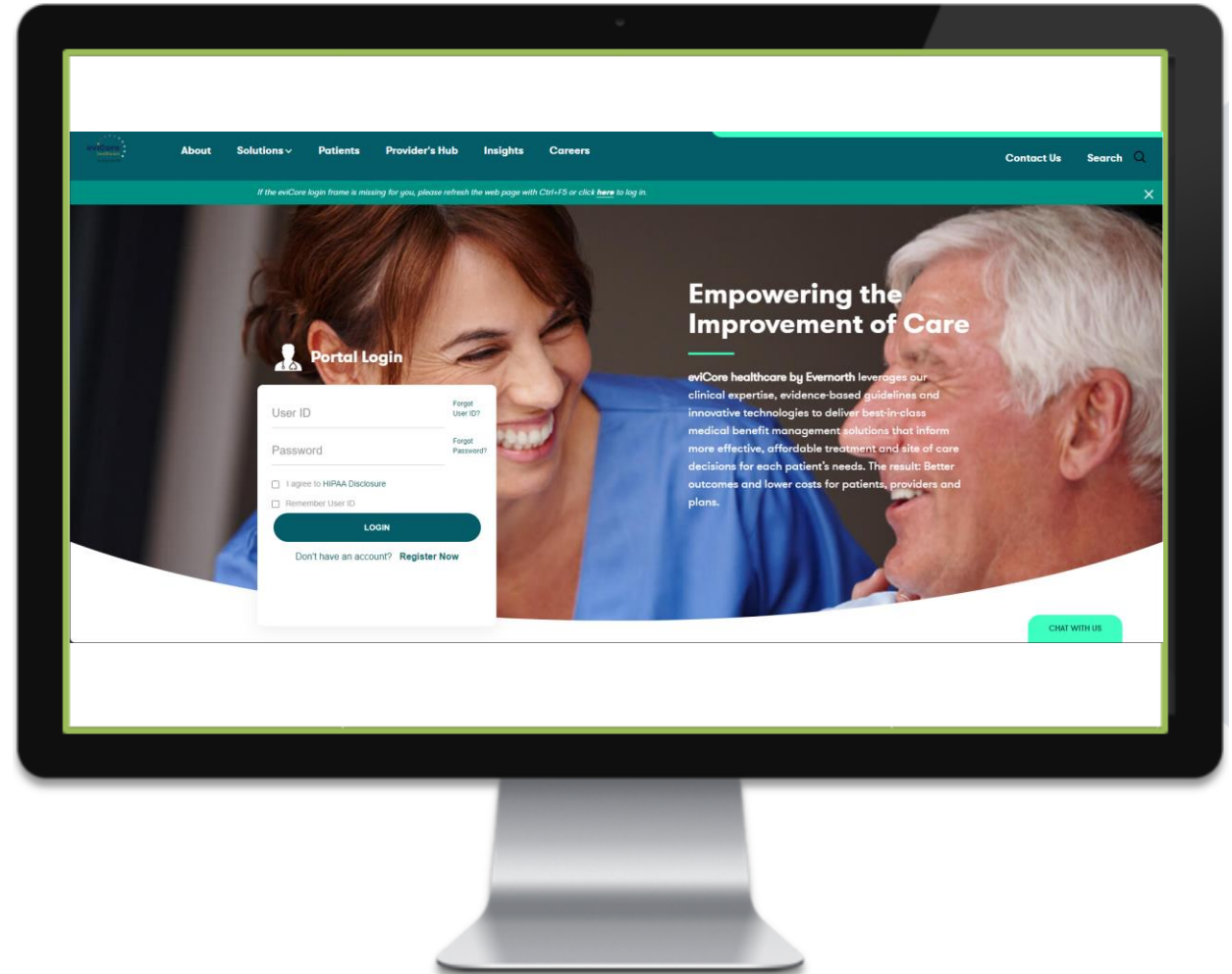
PRINT

CONTINUE

Provider Portal Demo

The EviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status.

Click [HERE](#) to
view
a video demo
(2 min)



EviCore Portal Features

Provider Portal | Feature Access

EviCore

By EVERNORTH

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

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.....

User Worklist

.....

Most popular portal feature

.....

Check if a member requires an authorization

.....

Pick up where you left off

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

EviCore Provider Portal | Features

Eligibility Lookup

- Confirm if patient requires clinical review.

Clinical Certification

- Request a clinical review for prior authorization on the portal.

Prior Authorization Status Lookup

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

Certification Summary

- Track recently submitted cases.



Certification Summary | User Worklist

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

Search For:

All Other Programs

Search..



<<

Page 1 of 1

>>

10

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

<<

Page 1 of 1

>>

10

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

Authorization Lookup

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

Authorization Lookup

Search by Member Information

Search by Authorization Number/NPI

OnePA: Prior Authorization Portal for Providers

Search by Claim Number/Health plan

Required Fields

Healthplan:

PRINT

[Click here for help](#)

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

EviCore

By EVERNORTH

Provider Resources

EviCore Communication Relationship Management (ECRM)

For program-related questions or concerns, please submit inquiries via the **EviCore Communication Relationship Management (ECRM)** application. Common issues addressed through ECRM include:

- Questions regarding accreditation and/or credentialing
- Requests for an authorization to be sent to the health plan
- Complaints and grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues
- Issues with EviCore's provider portal
 - You can also call a Web Support Specialist at 800-646-0418 (option 2)
 - Chat with web support on the [EviCore Provider Resource page](#)

ECRM is available **24/7**. Users can login or register **HERE**.

Additional Information about ECRM can be found on the **Providers' Hub**.



Contact EviCore's Dedicated Teams

Client and Provider Services

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

- Submit via [ECRM](#)
- Phone: **800-646-0418** (option 4).

Web-Based Services and Portal Support

- Live chat
- Submit via [ECRM](#)
- Phone: **800-646-0418** (option 2)

Provider Engagement

Regional team that works directly with the provider community.

[Provider Engagement Manager Territory List](#)



Call Center/Intake Center

Call **866-803-8052**. Representatives are available from 7 am to 7 pm local time.

Provider Resource Website

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
- Quick Reference Guide (QRG)
- Frequently Asked Questions (FAQ) Document

To access these helpful resources, please visit:

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

EviCore also maintains online resources not specific to health plans, such as guidelines and our required clinical information checklist.

To access these helpful resources, visit EviCore's [Provider's Hub](#).



Ongoing Provider Portal Training

The EviCore Portal Team offers general portal training, twice a week, every week.

All online orientation sessions are free of charge and will last approximately one hour. Advance registration is required, so follow the instructions below to sign up:

How to register:

1. Go to <http://EviCore.webex.com/>
2. Click on the “hamburger” menu on the far left hand side (below the EviCore logo), then choose **Webex Training**.
3. On the **Live Sessions** screen, click the **Upcoming** tab. In the search box above the tabs, type: **EviCore Portal Training**.
4. Choose the date and time for the session you would like to attend, and click the **Register** link beside it. (You will need to register separately for each session.)
5. Complete the required information and click the **Register** button.

Immediately after registering, you will receive an e-mail containing the toll-free phone number, meeting number, conference password, and a link to the web portion of the conference. **Please keep the registration e-mail so you will have the Web conference information for the session in which you will be participating.**

Provider Resource Review Forum

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

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

Learn how to access:

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

To register, go to EviCore.com, then:

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



EviCore's Provider Newsletter

Stay up to date with our free provider newsletter!

To subscribe:

- Visit [EviCore.com](https://www.evicore.com).
- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**.
- Enter a valid email address.



Thank You

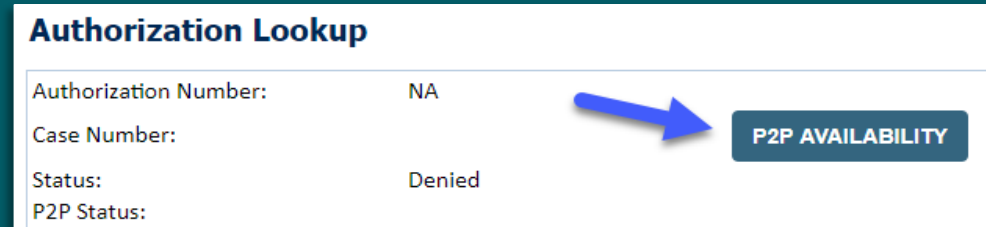
Appendix

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.

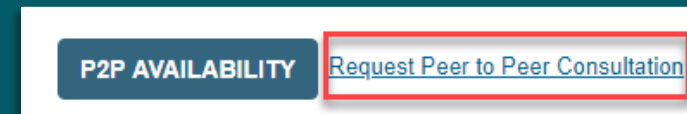
1. Log-in to your account at **EviCore.com**.
2. Perform **Clinical Review Lookup** to determine the status of your request.
3. Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a Peer-to-Peer consultation
4. Note carefully any messaging that displays.*



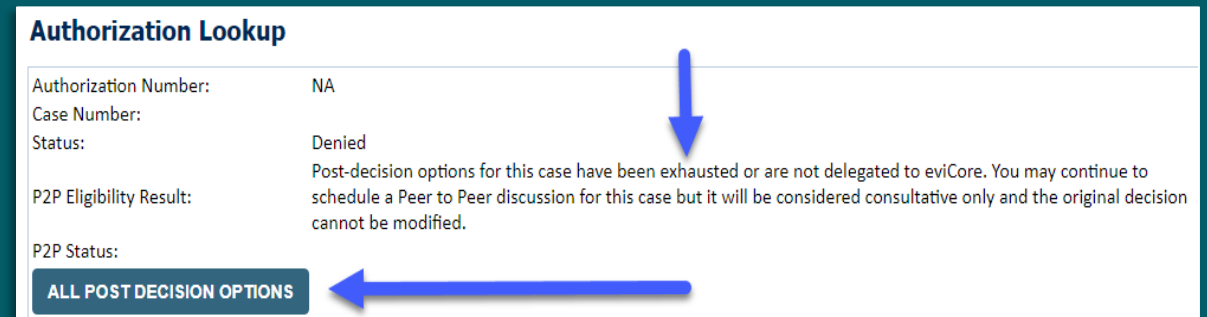
Authorization Lookup

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

P2P AVAILABILITY



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



Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Eligibility Result:	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.
P2P Status:	

ALL POST DECISION OPTIONS

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

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

Schedule a P2P

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

The top screenshot shows the 'New P2P Request' form with the EviCore logo. It includes input fields for 'Case Reference Number' (with a hint: 'Case information will auto-populate from prior lookup') and 'Member Date of Birth'. A '+ Add Another Case' button is highlighted with a blue arrow. A 'Lookup Cases >' button is at the bottom right.

The bottom screenshot shows the confirmation screen. It displays 'Case Ref #' with a blue arrow pointing to it. A message box states: 'Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.' A 'Remove' link and a 'P2P Eligible' status with a green checkmark are shown. Below, 'Member Information' and 'Case P2P Information' are listed. The 'Level of Review' is 'Reconsideration P2P', highlighted with a blue arrow. A 'Continue' button is at the bottom, also highlighted with a blue arrow.

Member Information		Case P2P Information	
Name		Episode ID	
DOB		P2P Valid Until	2020-11-11
State		Modality	MSK Spine Surgery
Health Plan		Level of Review	Reconsideration P2P
Member ID		System Name	ImageOne

Schedule a P2P

1. You will be prompted with a list of EviCore Physicians/Reviewers and appointment options.
2. Select any of the listed appointment times to continue.
3. You will be prompted to identify your preferred days and times for a Peer-to-Peer consultation (all opportunities will be automatically presented).
4. Click on any **green checkmark** to **deselect** that option, then click **Continue**.

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type

Level of Review

MSK Spine Surgery

Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone

US/Eastern

Continue >

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

← Prev Week

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

Next Week →

1st Priority by Skill

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

1st Priority by Skill

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

Schedule a P2P

1. Update the following fields to ensure the correct person is contacted for the Peer-to-Peer appointment:
 - + Name of Provider Requesting P2P
 - + Phone Number for P2P
 - + Contact Instructions
2. Click **Submit** to schedule the appointment.
3. You will be presented with a summary page containing the details of your scheduled appointment.
4. Confirm contact details.

The screenshot shows a web form for scheduling a P2P appointment. At the top, there is a progress bar with four steps: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (active, highlighted in orange). The form is divided into two main sections. The left section, titled 'P2P Info', contains 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 '1st Case' summary table. The right section, titled 'P2P Contact Details', 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' (with a blue arrow pointing to '(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 confirmation page titled 'Scheduling' with a calendar icon. Below the title, it says 'Scheduled'. A summary bar shows a calendar icon, a clock icon, and the text 'Mon 5/18/20 - 6:30 pm EDT'. To the right of this bar, the word 'SCHEDULED' is enclosed in 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*
 Credential *Required*

 CONTACT PERSON

Contact First Name *Required* **Contact Last Name** *Required*

Contact Person Location *Required*

Call Notes

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

Contact Instructions

Contact Instructions

Call Notes

☐ ALT REC declined

☐ Procedure was performed on:

☐ Caller requested MD Specialty match

☐ Appeal LOR attestation requirement

☐ OH State Regulation: Member Consent obtained

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

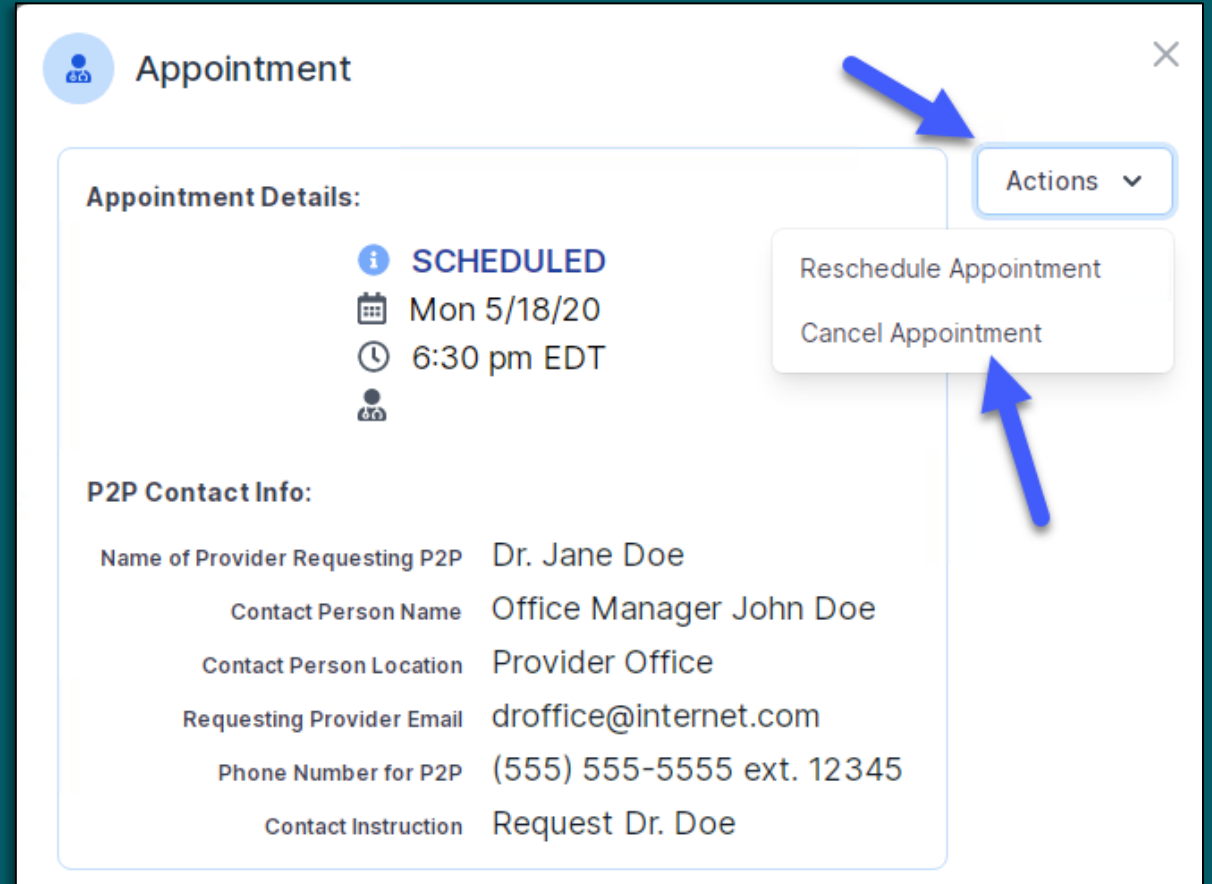
☐ TX licensed same specialty - Caller is aware P2P does not meet TX SSL/specialty match and wants to proceed with P2P

Schedule Appointment

Cancel or Reschedule a P2P Appointment

To cancel or reschedule an appointment:

1. Access the scheduling software and select **My P2P Requests** on the left-pane navigation.
2. Select the request you would like to modify from the list of available appointments.
3. When the request appears, click on the schedule link. An appointment window will open.
4. Click on the **Actions** drop-down and choose the appropriate action:
 - + **If choosing to reschedule**, select a new date or time as you did initially.
 - + **If choosing to cancel**, input a cancellation reason.
5. Close the browser once finished.



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

Name of Provider Requesting P2P	Dr. Jane Doe
Contact Person Name	Office Manager John Doe
Contact Person Location	Provider Office
Requesting Provider Email	droffice@internet.com
Phone Number for P2P	(555) 555-5555 ext. 12345
Contact Instruction	Request Dr. Doe

