

Radiology and Cardiology Management

Provider Orientation Session
for Yamhill Community Care
Organization (YCCO)

Agenda



Programs Overview

Submitting Requests

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

EviCore Provider Portal Overview, Features & Benefits

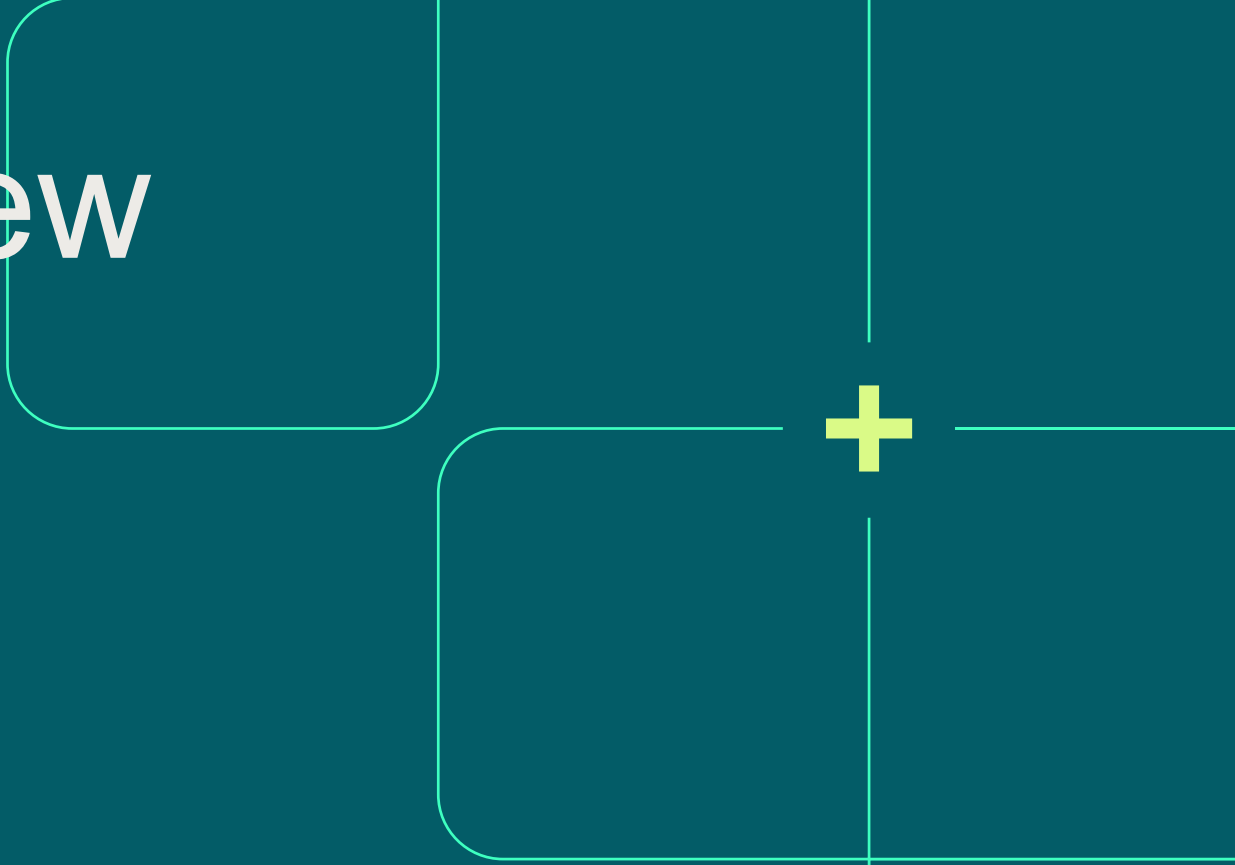
Provider Resources

Questions & Next Steps

Appendix

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

Programs Overview



Yamhill Community Care Prior Authorization Services

EviCore will begin accepting prior authorization requests for radiology services on December 18, 2023 for dates of service January 1, 2024 and beyond

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

Providers should verify member eligibility and benefits on the secured provider log-in section at:
[Health Plan Website]

Advanced Imaging & Cardiology Services

Covered Advanced Imaging Services:

Radiology Services:

- CT, CTA
- MRI, MRA
- PET, PET CT
- Nuclear Medicine

Cardiology Services:

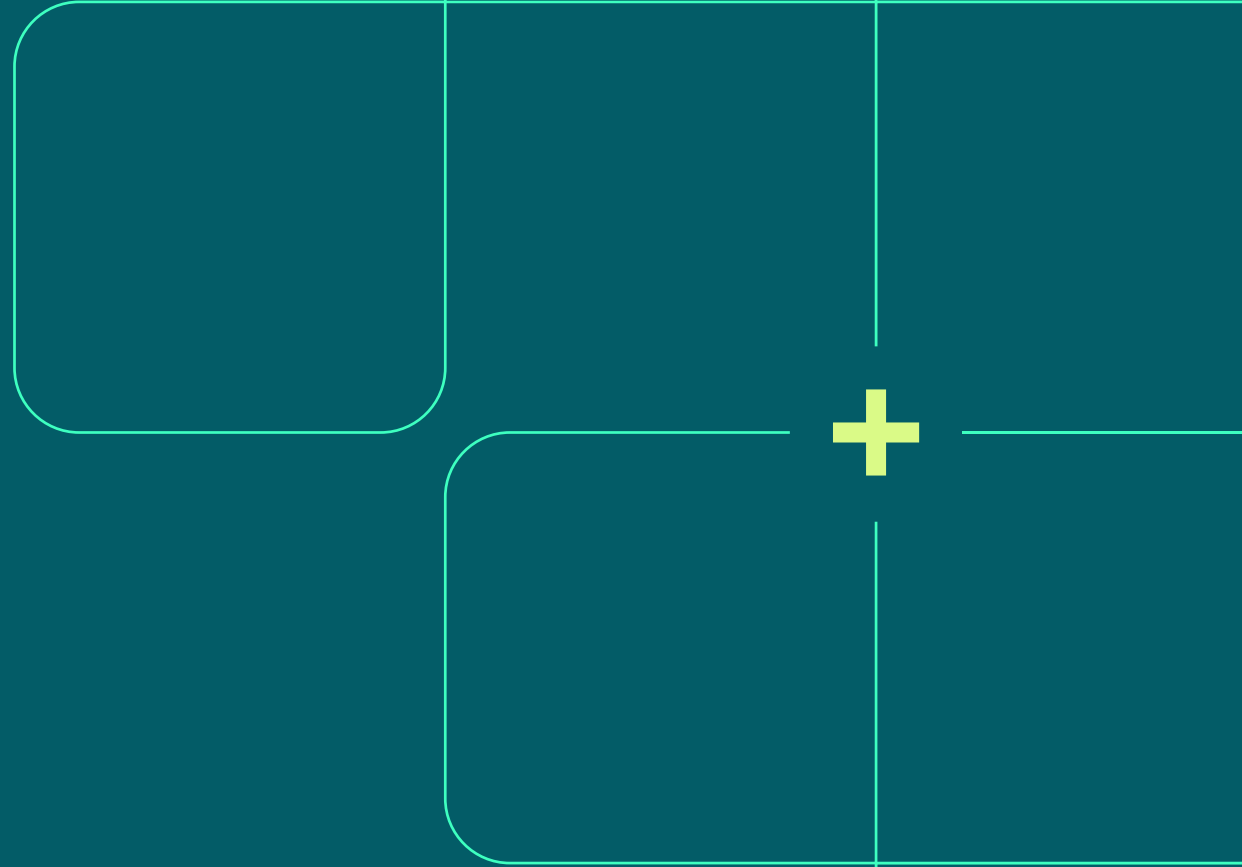
- Cardiac MR
- Cardiac CT
- Cardiac PET
- Nuclear Stress
- Echo
- Stress Echo
- Diagnostic Heart Cath
- Cardiac Implantable Devices



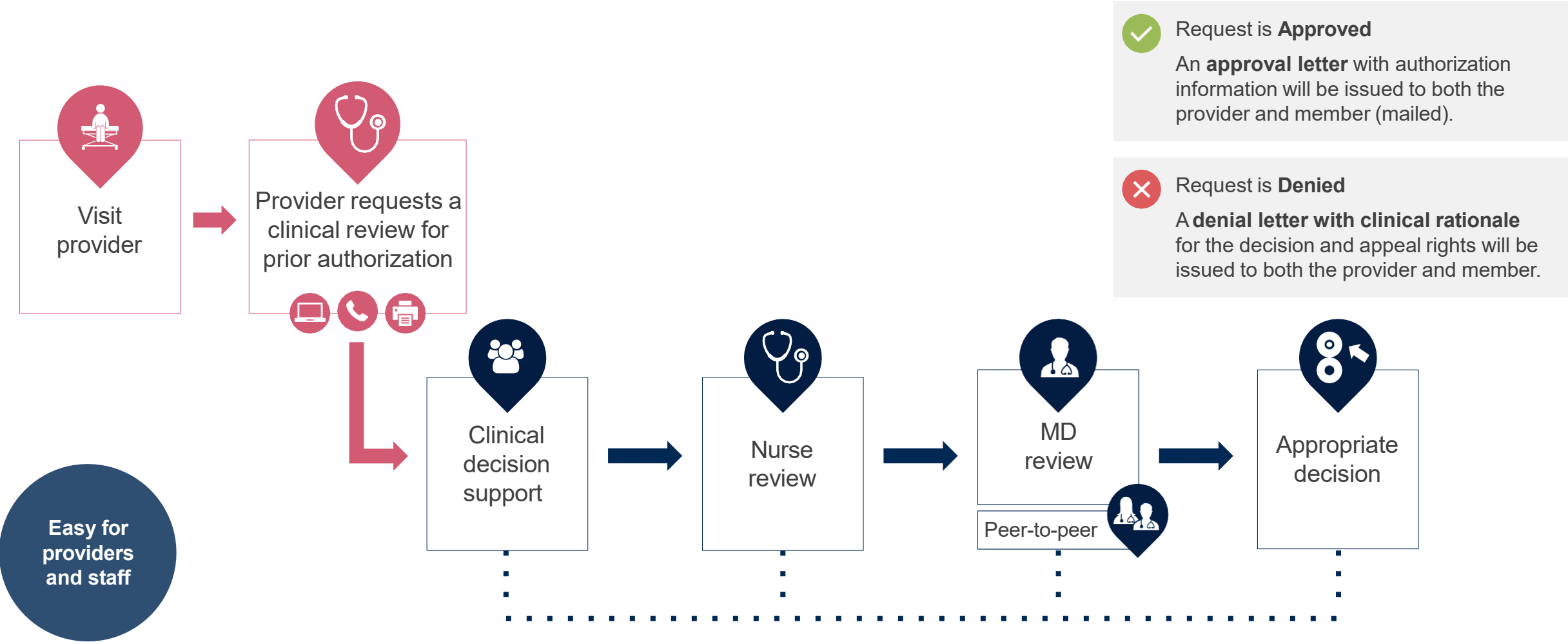
To find a **complete list** of radiology Current Procedural Terminology (CPT) codes that **require prior authorization through EviCore**, please visit:

[Yamhill Provider Resources | EviCore healthcare](#)

Submitting Requests



Utilization Management | Prior Authorization



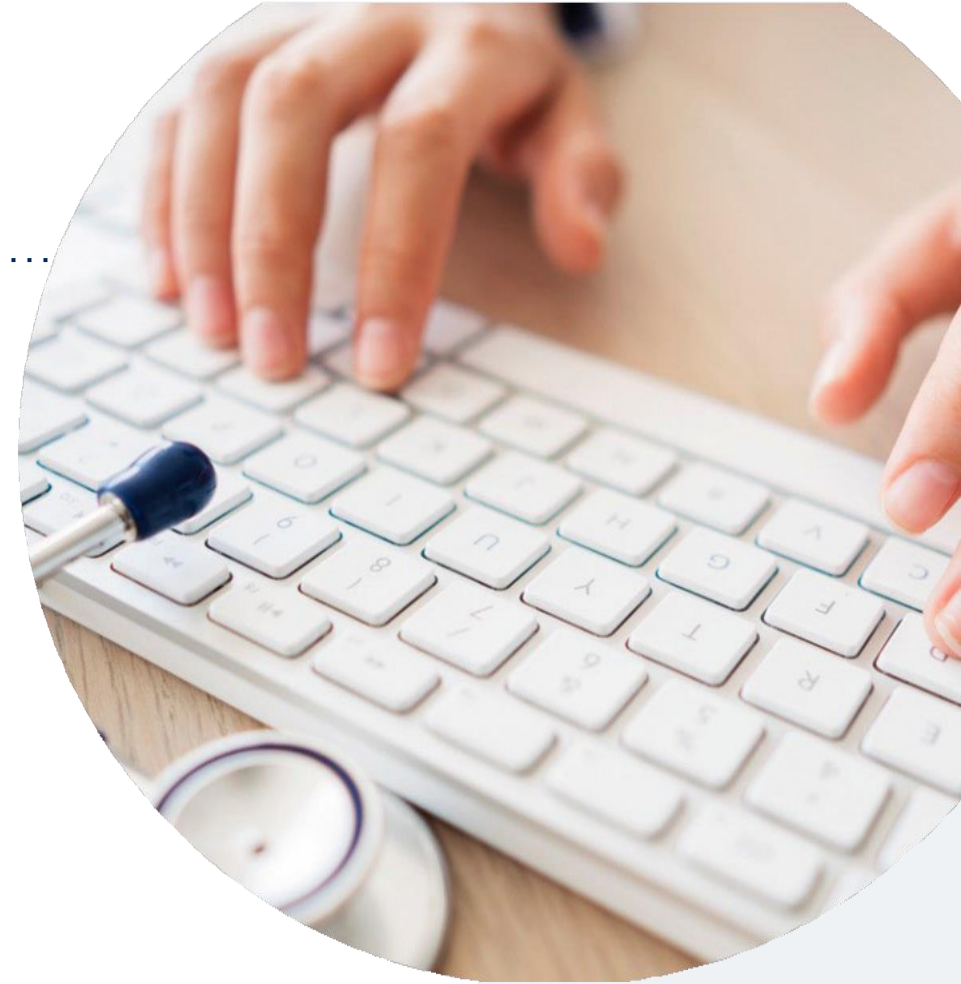
How to Request Prior Authorization

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

- **Saves time:** Quicker process than requests by phone or fax
- **Available 24/7**
- **Save your progress:** If you need to step away, you can save your progress and resume later
- **Upload additional clinical information:** No need to fax in supporting clinical documentation, it can be uploaded on the portal
- **View and print determination information:** Check case status in real-time
- **Dashboard:** View all recently submitted cases
- **E-notification:** Opt-in to receive email notifications when there is a change to case status
- **Duplication feature:** If you are submitting more than one request, you can duplicate information to expedite submittals

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

EviCore
By EVERNORTH



Or by **phone: 844-407-5290**
Monday – Friday
7 AM – 7 PM (local time)

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

Necessary Information for Prior Authorization

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

Member

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



Referring (Ordering) Physician

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

Rendering Facility

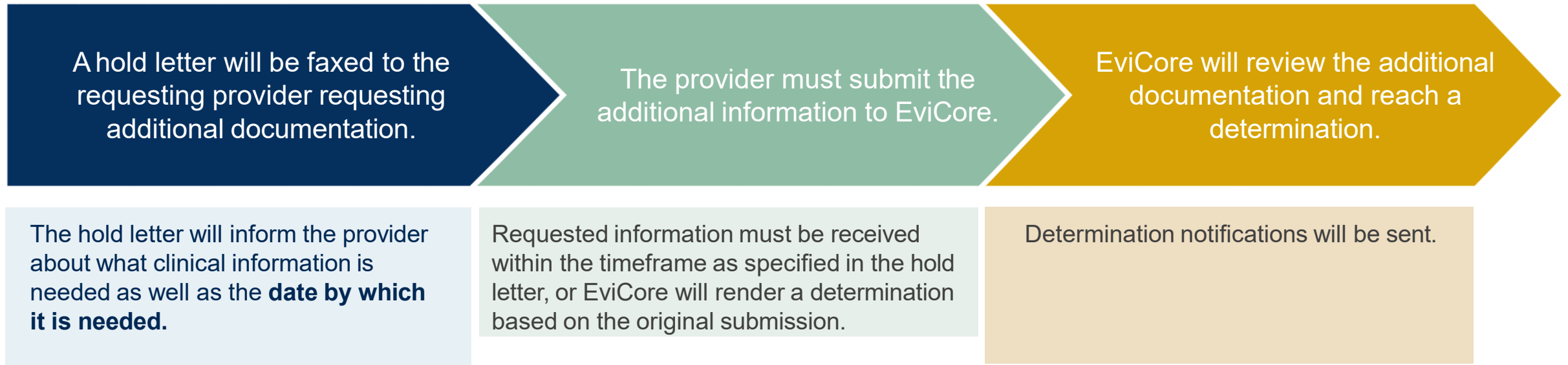
- Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number

Supporting Clinical

- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous test results

Insufficient Clinical | Additional Documentation Needed

If during case build all required pieces of documentation are not received, or are insufficient for EviCore to reach a determination, the following will occur:



Pre-Decision Options | Medicaid Members

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

Before a denial decision is issued on Medicaid cases, EviCore will notify providers telephonically and in writing. From there, additional clinical information must be submitted to EviCore in advance of the due date referenced.

There are three ways to supply the requested information:

1. **Fax** to 800-540-2406
2. **Upload** directly into the case via the provider portal at [EviCore.com](https://www.evicore.com)
3. **Request a Pre-Decision Clinical Consultation**
This consultation can be requested via the EviCore website (**see slide 46 for instructions**), and must occur prior to the due date referenced

Important to note: If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is not held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed.

Once the determination is made, notifications will go out to the provider and member, and status will be available on [EviCore.com](https://www.evicore.com).



Prior Authorization Outcomes, Special Considerations & Post-Decision Options

Prior Authorization Determination Outcomes

Determination Outcomes

- **Approved Requests:** Authorizations are valid for 60 days from the approval date.
- **Partially Approved Requests:** In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved, as well as post-decision options for denied codes, including denied Site of Care (if applicable)
- **Denied Requests:** If a request is determined as inappropriate based on evidence-based guidelines, a notification with the rationale for the decision and post-decision/ appeal rights will be issued.

Notifications

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



Special Circumstances

Retrospective Authorization Requests

- Must be submitted within **120** calendar days from the date of services
- Any submitted beyond this timeframe will be administratively denied
- Reviewed for **clinical urgency** and **medical necessity**
- Processed within **2** business days
- When authorized, the start date will be the submitted date of service

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 72 hours



EviCore

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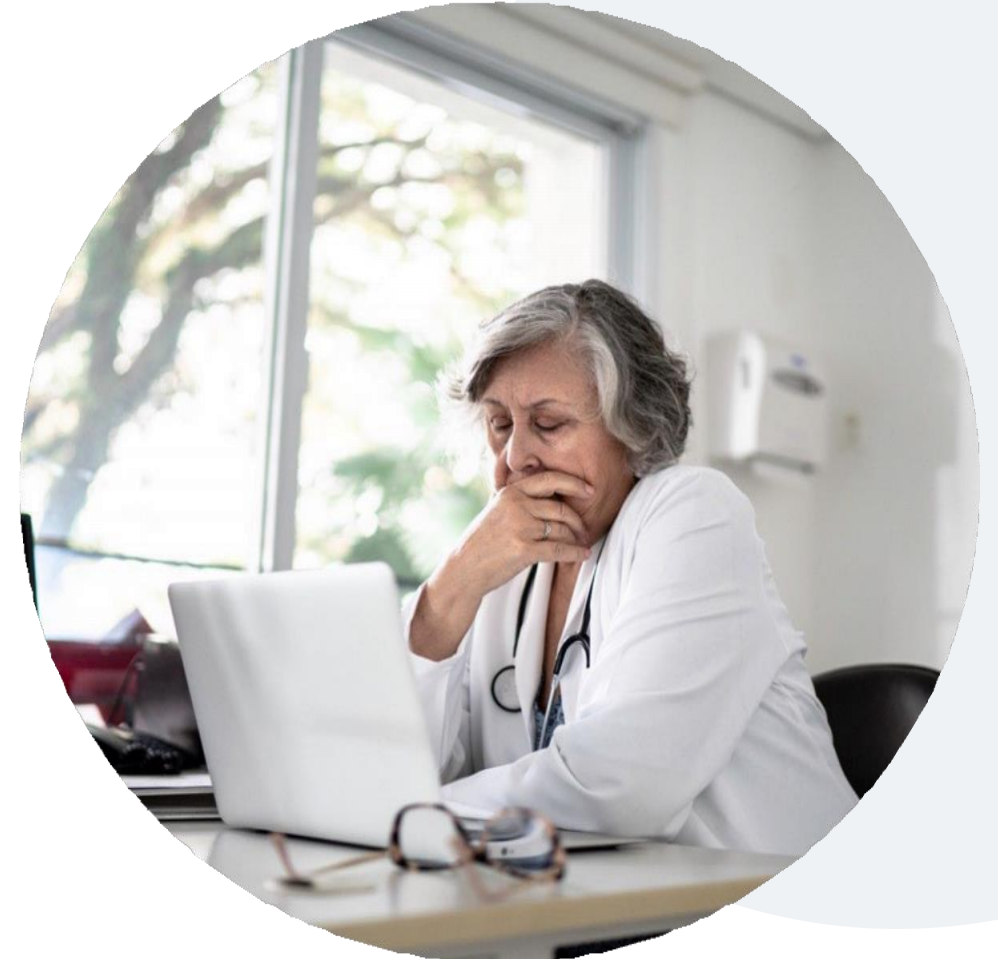
Special Circumstances, continued

Alternative Recommendation

- An alternative recommendation may be offered based on EviCore's evidence-based clinical guidelines
- The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request
- If the alternative recommendation is not accepted and the case is denied, providers still have up to 3 days to accept the alternative recommendation, either on the web portal or via phone

Authorization Update

- If updates are needed on an existing authorization, providers can contact EviCore by phone at 844-407-5290
- If the authorization is not updated and a different facility location or CPT code is submitted on the claim, it may result in a claim denial



Post-Decision Options

Medicaid Members

My case has been denied. What's next?

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

You may also call EviCore at **844-407-5290** to speak with an agent who can provide available option(s) and instruction on how to proceed.

Alternatively, select 'All Post Decisions' under the authorization lookup function on [EviCore.com](https://www.evicore.com) to see available options.



Reconsiderations

- Reconsiderations must be requested within **14** calendar days after the determination date.
- Reconsiderations can be requested by phone or in writing.
- A physician to physician discussion is also available.

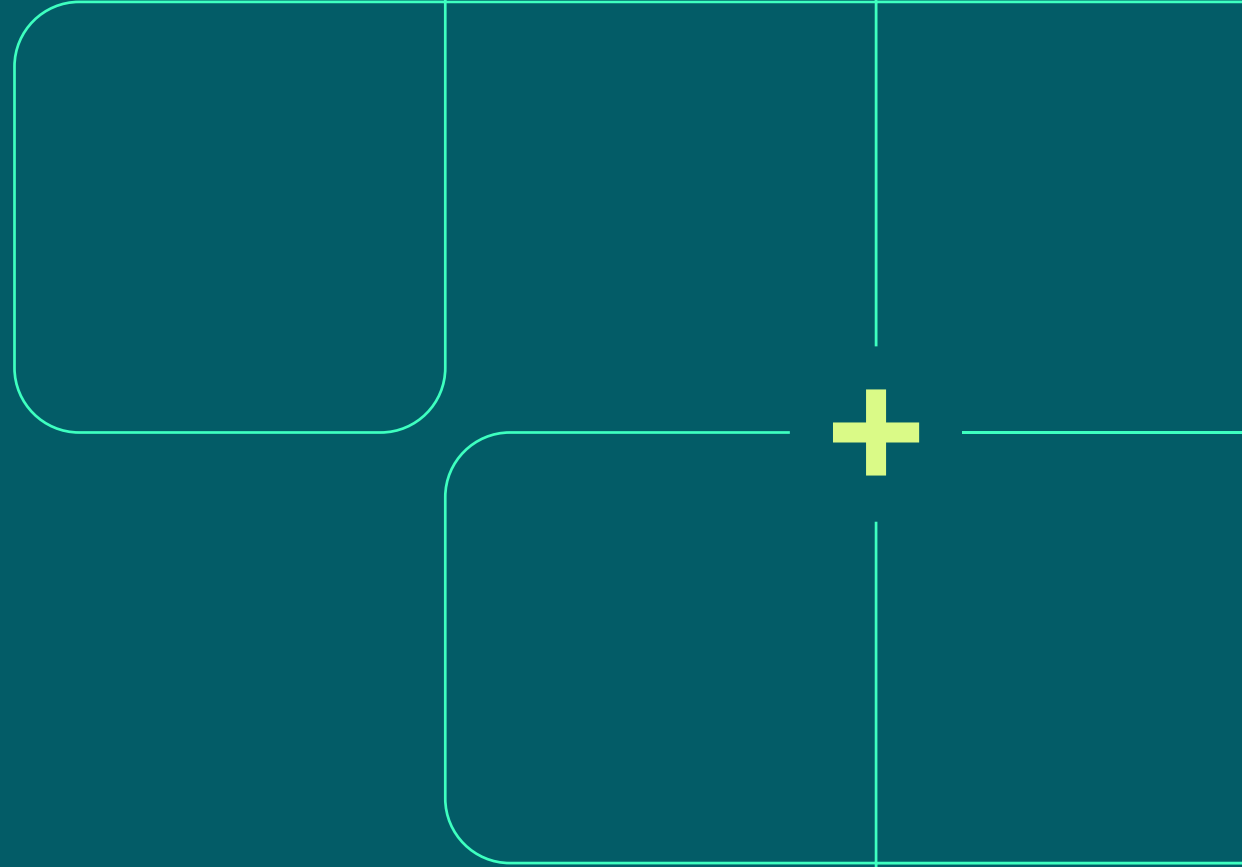
Appeals

- EviCore will not process first-level appeals.

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EviCore Provider Portal



EviCore Provider Portal | Features

Eligibility Lookup

- Confirm if patient requires prior authorization

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 and schedule a peer-to-peer

Certification Summary

- Track recently submitted cases

eNotification Alerts

- You can opt in for email case status alerts

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EviCore Provider Portal | Access and Compatibility

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

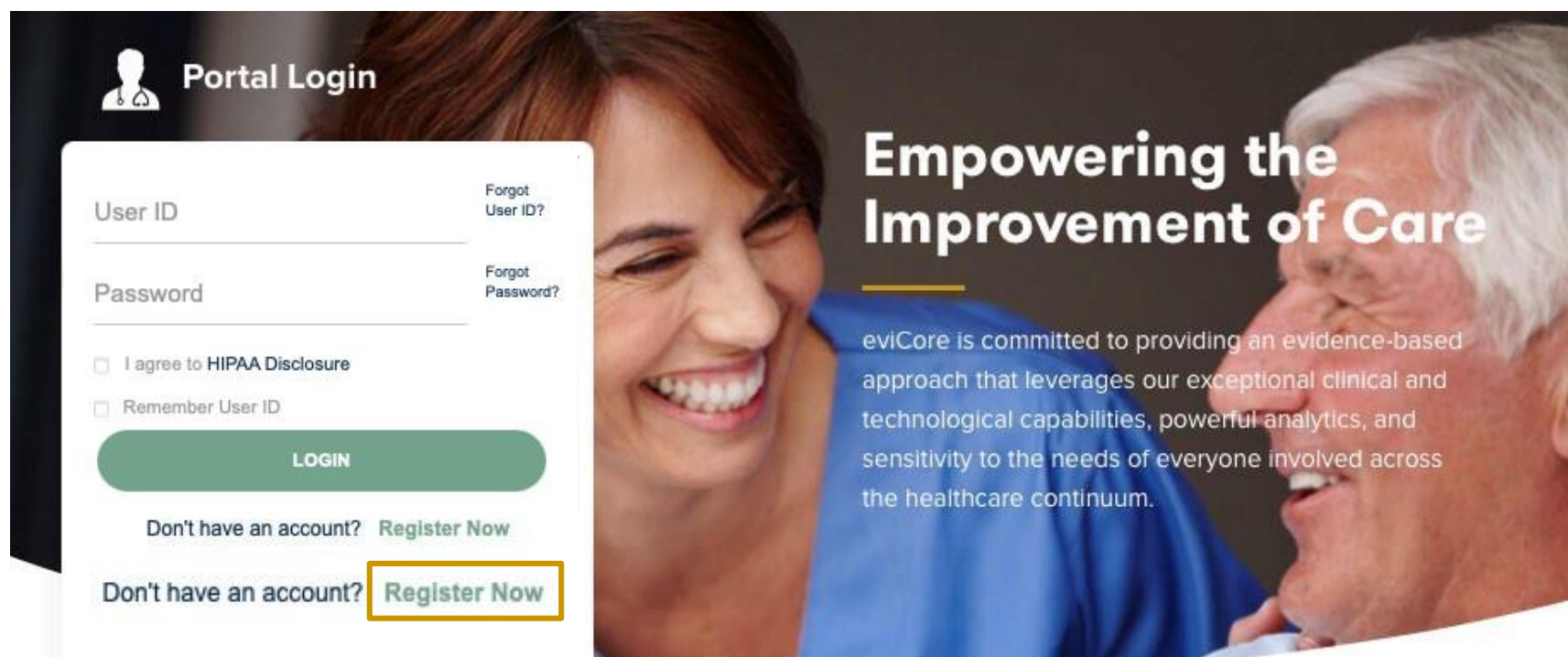
To access resources on the EviCore Provider Portal, visit EviCore.com/provider

Already a user?

Log in with User ID & Password

Don't have an account?

Click **Register Now**



EviCore's website is compatible with Microsoft Edge, Google Chrome and Mozilla Firefox. If you experience issues, you may need to disable pop-up blockers to access the site.

Creating an EviCore Provider Portal Account

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

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

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



Required Field

Web Portal Preference

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

Default Portal*: --Select--

User Information

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

User Name*:

Address*:

Phone*:

Email*:

City*:

Ext:

Confirm Email*:

State*:

Fax*:

First Name*:

Zip*:

Last Name*:

Office Name:

Next

Web Support 800-646-0418

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Setting Up Multi-Factor Authentication (MFA)

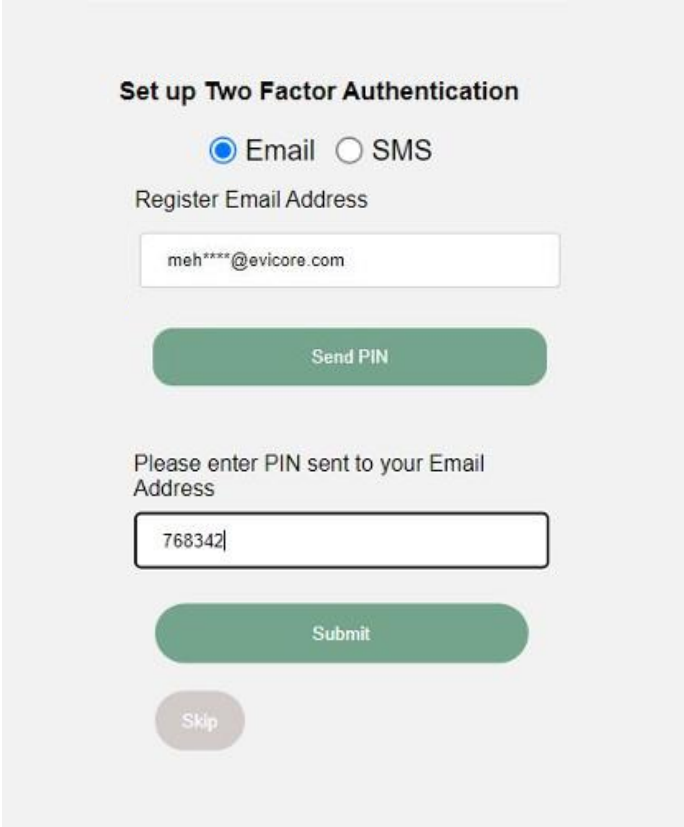
To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

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

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

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

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



The screenshot displays the 'Set up Two Factor Authentication' interface. At the top, the title 'Set up Two Factor Authentication' is followed by two radio buttons: 'Email' (selected) and 'SMS'. Below this, the label 'Register Email Address' is positioned above a text input field containing 'meh****@evicore.com'. A green 'Send PIN' button is located below the email field. Further down, the label 'Please enter PIN sent to your Email Address' is above a text input field containing '768342'. A green 'Submit' button is positioned below the PIN field, and a grey 'Skip' button is at the bottom.

EviCore Provider Portal | Add Providers



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MSM Practitioner Perf. Summary Portal

Resources

Manage Your Account

Help / Contact Us

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

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

Manage Your Account

Office Name:

CHANGE PASSWORD

EDIT ACCOUNT

Address: 200 Madison Road
Burlington, CT 06907

Primary Contact: John Goodman
Email Address: jgoodman@evicore.com

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

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

Call Center

- Phone: (844) 407-5290
- Representatives available 7 a.m. to 7 p.m. (local time)

For assistance with membership, claims, provider network issues, etc., submit the issue to our dedicated teams via EviCore Communication Relationship Management (ECRM):

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

Provider Portal Support

- + Via [ECRM Services](#)
- + 800-646-0418, option 2

Provider Engagement

- + Lisa Mekkelsen
- + Lisa.mekkelsen@EviCore.com (preferred)
- + Phone: **843-949-0022**

Provider Resource Website

EviCore's Client and Provider Services team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis.

This page will include:

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

To access these helpful resources, visit [Yamhill Provider Resources | EviCore healthcare](#)

Contact our Client and Provider Services team via email at ClientServices@EviCore.com or by phone at **1-800-646-0418 (option 4)**

EviCore's Provider Newsletter

Stay up-to-date with our free provider newsletter

To subscribe:

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



Provider Resource Review Forum

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

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

Learn how to access:

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

Register for a Provider Resource Review Forum:

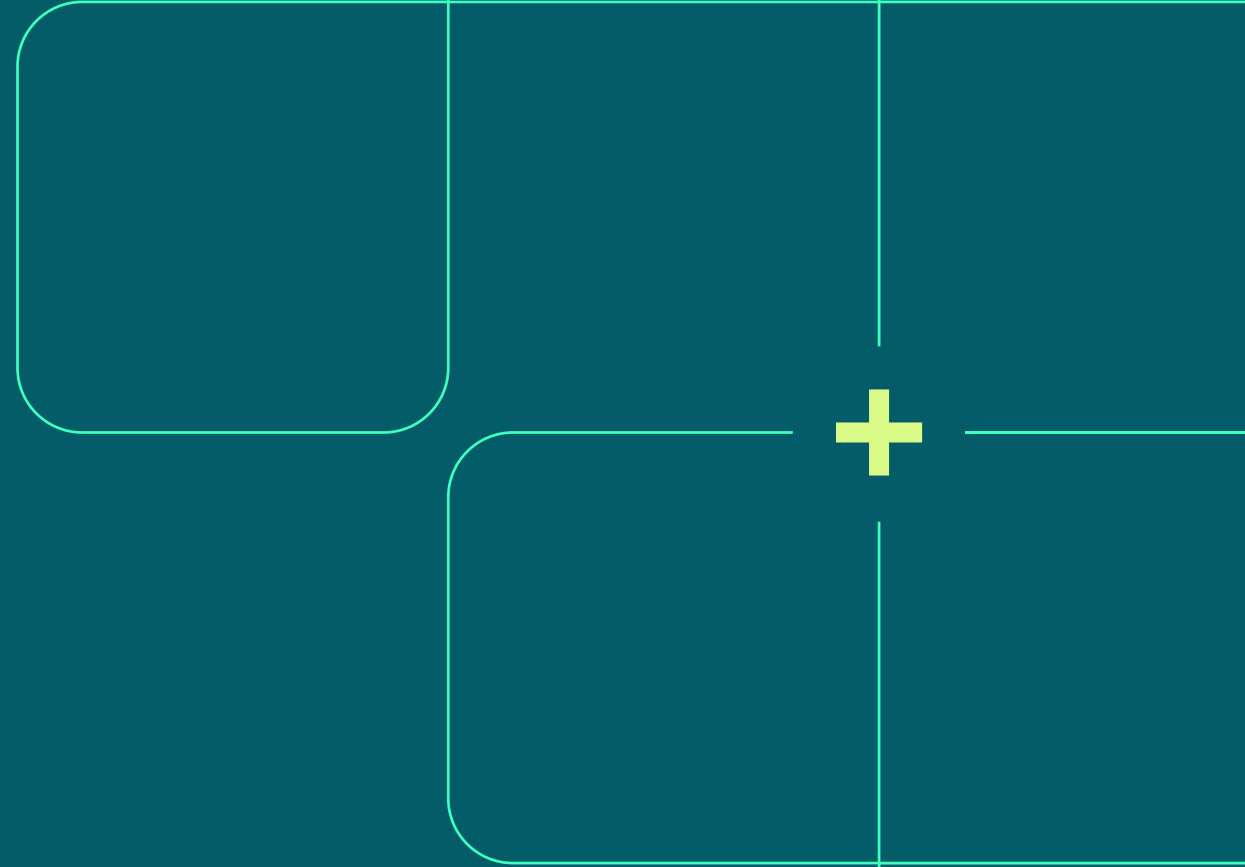
Provider's Hub > Scroll down to EviCore Provider Orientation
Session Registrations > Upcoming

EviCore

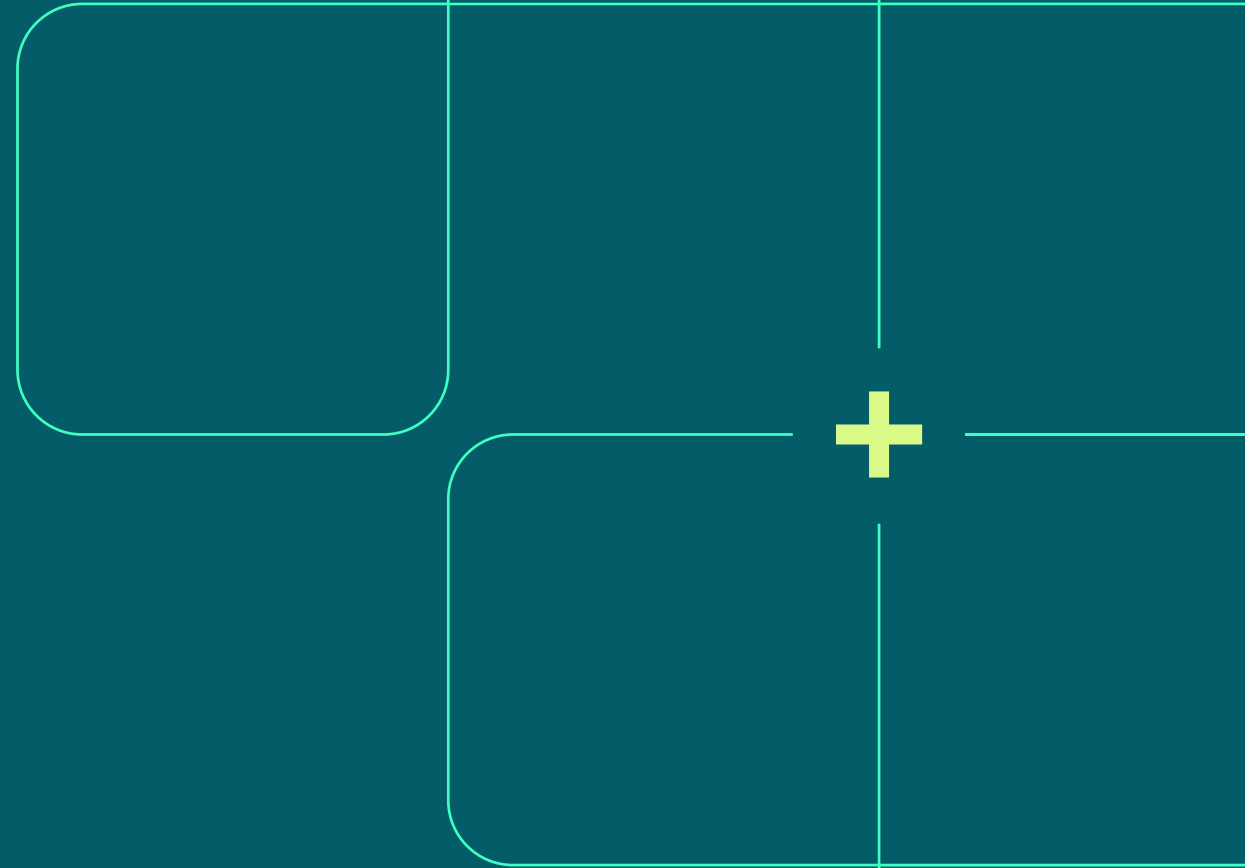
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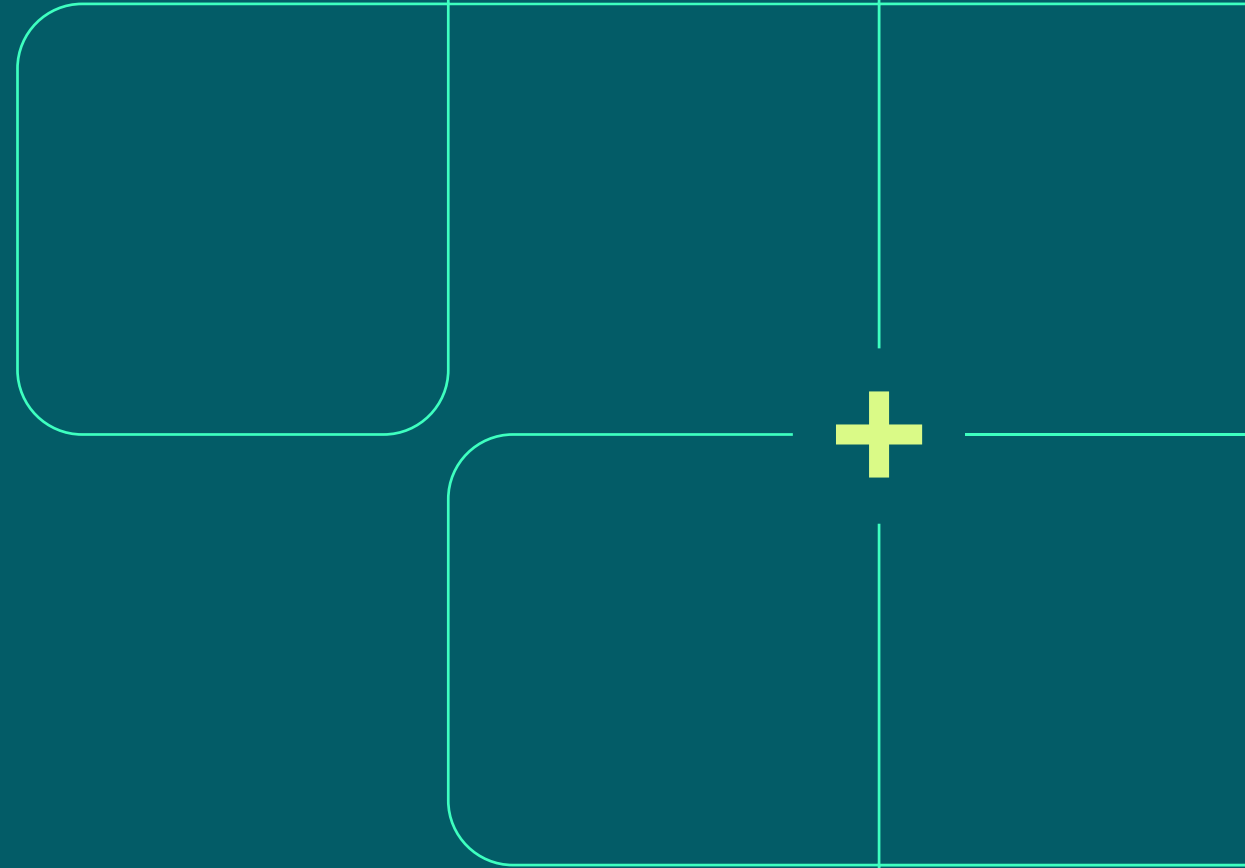
Thank you!



Appendix

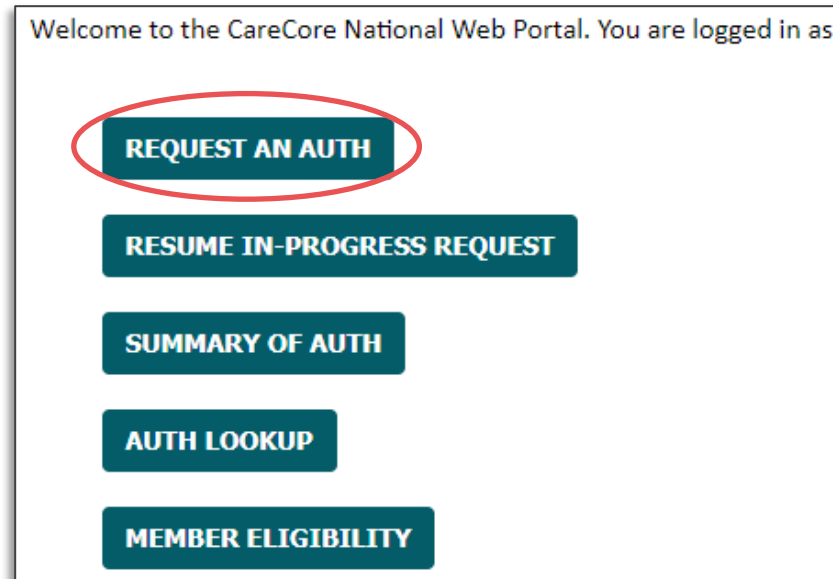


Portal Case Submission



Initiating a Case

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Add Provider	MedSolutions Portal	Unified Dashboard	Help / Contact Us
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- Click the **Clinical Certification** tab to get started.
- Choose **Request an Auth** to begin a new case request.

Initiating a Case

+ Select the **Program** for your certification

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Request an Authorization

To begin, please select a program below:

☐ Durable Medical Equipment(DME)

☐ Gastroenterology

☐ Lab Management Program

☐ Medical Drug Management

☐ Medical Oncology Pathways

☐ Musculoskeletal Management

☐ Pharmacy Drugs (Express Scripts Coverage)

☐ Radiation Therapy Management Program (RTMP)

☐ Radiology and Cardiology

☐ Sleep Management

CONTINUE

[Click here for help](#)

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Search for and Select Provider

- Search for and select the **Practitioner/Group** for whom you want to build a case

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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	
SELECT	
SELECT	
SELECT	
SELECT	
SELECT	
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

Select Health Plan

- + Choose the appropriate **Health Plan** for the request
- + Another drop down will appear to select the appropriate address for the **provider**
- + Select **CONTINUE**

The screenshot shows the EviCore website interface for a Clinical Certification Request. The header includes the EviCore logo and a navigation bar with links: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account, MedSolutions Portal, and Help / Contact Us. The main heading is 'Choose Your Insurer'. Below it, there is a 'Requesting Provider' field. A message states: 'Please select the insurer for this authorization request.' There are two dropdown menus. The first is labeled 'INSURER NAME'. The second is labeled 'Please Select an Address provider' and is open, showing a list of addresses. A mouse cursor is pointing at '911 E 20TH ST STE 300'. Other addresses in the list include '2100 S MARION RD STE 310', '6215 S CLIFF AVE STE 110', '1333 MAY ST', '300 S BRUCE ST', '1521 CARLSON ST', '506 E BRIDGE ST', '366 E GEORGE ST', '6100 S LOUISE AVE STE 2100', and '6800 S LOUISE AVE'. At the bottom, there is a copyright notice: '© 2024 eviCore healthcare. All Rights Reserved.' and links for 'Privacy Policy', 'Terms of Use', 'Site Specific Terms', and 'Contact Us'.

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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 Help / Contact Us

Choose Your Insurer

Requesting Provider: [Redacted]

Please select the insurer for this authorization request.

INSURER NAME ▼

Please Select an Address provider ▼

Please Select an Address

- 911 E 20TH ST STE 300
- 2100 S MARION RD STE 310
- 6215 S CLIFF AVE STE 110
- 1333 MAY ST
- 300 S BRUCE ST
- 1521 CARLSON ST
- 506 E BRIDGE ST
- 366 E GEORGE ST
- 6100 S LOUISE AVE STE 2100
- 6800 S LOUISE AVE

and relevant clinical info at the end of this process. [Learn More.](#)

se call the number on the back of the member's card to determine if an authorization

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Enter Contact Information

- + Enter the **Provider's name** and appropriate information for the point of contact individual
- + Provider name, fax and phone will pre-populate, edit as necessary

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Tuesday, June 25, 2024 9:23 AM

Add Your Contact Info

Provider's Name:* [2]

Who to Contact:* [2]

Fax:* [2]

Phone:* [2]

Ext.: [2]

Cell Phone:

Email: [2]

☒ Receive notification of case status changes

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

[Click here for help](#)

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

The “Receive notification of case status changes” box is checked by default. Make sure you enter a valid email address to assure you receive notices of case updates.

If you prefer fax notices, uncheck the box and make sure to include a valid fax number.

Enter Member Information

- + Enter the expected date of service. If unknown, enter today's date.
- + Then, enter the **member information**, including: patient ID number, date of birth, and last name then click **ELIGIBILITY LOOKUP**
- + Confirm your patient's information and click **SELECT** to continue

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Manage Your Account

Tuesday, June 25, 2024 9:32 AM

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*

MM/DD/YYYY

Patient Last Name Only:*

[?]

Patient ID is 12 numeric digits. Remove 3-letter prefix. Do not include member code in Patient ID. Member code is located at the end of the Patient ID. It is a unique suffix that di

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

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Attention!

Time: 6/25/2024 9:32 AM

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

Enter Requested Procedure and Diagnosis

- + Select the most appropriate **CPT** and **Diagnosis codes** for your request

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Requested Service + Diagnosis

This procedure was performed on 6/25/2024.

CHANGE

Musculoskeletal Management Procedures

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

64483 | Epidural inj; single level

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

Additional Pr

Requested Service + Diagnosis

This procedure has not been performed.

CHANGE

Radiology Procedures

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

78815 | PET W CT SKULL TO MID-THIGH

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

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

Diagnosis

Primary Diagnosis Code: R50.2
Description: Drug induced fever
[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Radiology

LOOKUP

BACK

CONTINUE

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Site Selection

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

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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

	Name	Address
SELECT		

BACK

Click here for help

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

Click here for help

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- + You may get pop up windows along the submission process, so make sure to read the messages carefully and follow the guidance.
- + Verify that all information is entered and correct
- + **You will not have the opportunity to make changes after this point**



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Tuesday, June 25, 2024 9:44 AM

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.

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.

Alert!

Patient ID:

Patient Name:

Time: 6/25/2024 9:44 AM

This member will receive the highest coverage level from his or her plan by using a provider within the plan's limited network. The cost to the member is significantly higher when using an out-of-network provider. Go to bluecrossmn.com/findadoctor to find a provider in the member's preferred network.

OK

Standard or Urgent Request?

- + 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)
- + Your case will only be considered urgent if there is a successful upload

The screenshot displays the EviCore web application interface. At the top, the EviCore logo and 'By EVERNORTH' are visible. A navigation bar contains links: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account, MedSolutions Portal, and Help / Contact Us. The main content area is titled 'Proceed to Clinical Information'. It includes an 'Urgency Indicator' section with explanatory text and a list of criteria for urgent cases. Below this is a 'Clinical Upload' section with instructions and five file upload fields, each with a 'Choose File' button and 'No file chosen' text. An 'UPLOAD' button is at the bottom of the upload section. To the right of the main form, a smaller box titled 'Proceed to Clinical Information' asks 'Is this case Routine/Standard?' with 'YES' and 'NO' buttons.

EviCore
By EVERNORTH

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 standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.

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

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

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

Clinical Upload

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

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

Browse for file to upload (max size 5MB, allowable extensions .DOC, .DOCX, .PDF, .PNG):

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD

Proceed to Clinical Information

Is this case Routine/Standard?

YES **NO**

Improved Provider Experience

Real-Time Decision or Clinical Documentation Upload



Workflow that reduces provider administrative burden by reducing the clinical survey experience



Real-time decisions

Expedites evidence-based patient care



When a Real-Time approval does not occur, simply upload clinical information that supports the request



Clinical Certification

Your case has been Approved.

Provider Name: [Redacted] Contact: WED
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: R51 Description: Headache
Secondary Diagnosis Code: [Redacted] Description:
Date of Service: Not provided
CPT Code: 72148 Description: MRI LUMBAR SPINE W/O CONTRAST

Authorization Number: [Redacted]
Review Date: [Redacted]
Expiration Date: [Redacted]
Status: Your case has been Approved.

Clinical Certification

Clinical Upload

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

Browse for file to upload (max size 5MB, allowable extensions .DOC, .DOCX, .PDF):

Choose File Sample4Upload_1.docx
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen

UPLOAD SKIP UPLOAD

Proceed to Clinical Information

- + **Clinical Certification** questions may populate based on the information provided
- + You can save your request and '**Finish later**' if needed. Please make sure to complete the case by the end of the day to avoid the case expiring.
- + Select **Certification Requests in Progress** to resume a saved request (this function is **not** available for single sign on (SSO) users)

Example Questions

Proceed to Clinical Information

- 1 Will there be any additional procedures needing prior authorization for the same patient, date of service, and site of service?
- ☐ Yes ☐ No

SUBMIT

Attention!

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

YES

NO

- Which anatomy will be examined with the requested study?
- ☐ Hip ☐ Knee ☐ Ankle

SUBMIT

☐ Finish Later

Did you know?

You can save a certification request to finish later.

Request for Clinical Upload

If **additional information** is required, you will have the option to upload more clinical information for review.

Tips:

- + Providing clinical information via the web is the fastest and most efficient method
- + Enter additional notes in the space provided only when necessary
- + Additional information uploaded to the case will be sent for clinical review
- + Print out a summary of the request that includes the case # and indicates 'Your case has been sent to clinical review'

The screenshot shows the EviCore web application interface. At the top, the EviCore logo is displayed with 'By EVERNORTH' underneath. A navigation bar contains several menu items: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted in green), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account, MedSolutions Portal, and Help / Contact Us. Below the navigation bar, the main heading is 'Proceed to Clinical Information'. Under this heading is a section titled 'Clinical Upload' with a light blue background. The text inside this section reads: 'Please upload any additional clinical information that justifies the medical necessity of this request.' Below this text is a label 'Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):'. There are five file selection rows, each with a 'Choose File' button and a text field. The first row shows 'Test clinical.docx' in the text field, while the others show 'No file chosen'. At the bottom of the 'Clinical Upload' section are two buttons: 'UPLOAD' and 'SKIP UPLOAD'.

Criteria Met

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

EviCore
By EVERNORTH

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

Summary of Your Request

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

Your case has been Approved.

Provider Name:
Provider Address:

DR. BHARATH MANI ARJANA VETTEL
1200 6TH AVE SE
SAINT CLOUD, MN 56301

Contact:
Phone Number:
Fax Number:

763-438-2343
763-438-2343

Patient Name:
Insurance Carrier:

DAVIDE WILSON
WELLSURE

Patient Id:

00000000

Site Name:
Site Address:

COLUMBIAN MEDICAL GROUP LLC
875 COMBUSTION BLVD SE
COLUMBIAN, FL 32708

Site ID:

00000000

Primary Diagnosis Code:
Secondary Diagnosis Code:
Date of Service:
CPT Code:
Authorization Number:
Review Date:
Expiration Date:
Status:

R68.89

Not provided
73721
00000000
5/13/2020 1:52:08 PM
6/27/2020
Your case has been Approved.

Description:
Description:

Other general symptoms and signs
MRI LOWER EXTREMITY JOINT W/O

CANCEL

PRINT

CONTINUE

EviCore

By EVERNORTH

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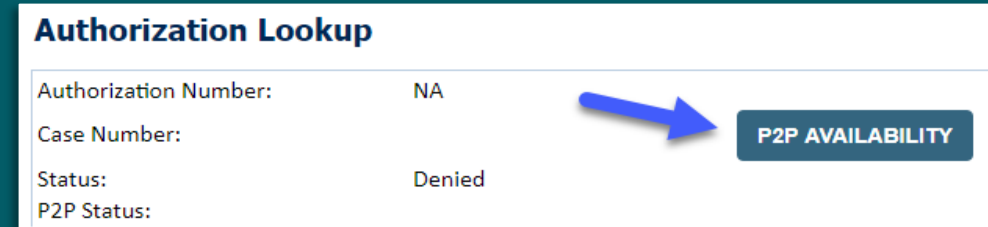
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Online Peer-to-Peer Scheduling Tool

Schedule a P2P

If your case is eligible for a Peer-to-Peer (P2P) consultation, a link will display, allowing you to proceed to scheduling without any additional messaging.

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

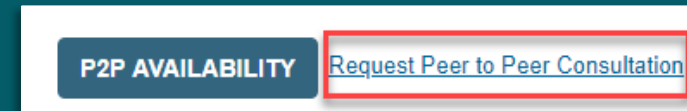


Authorization Lookup

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

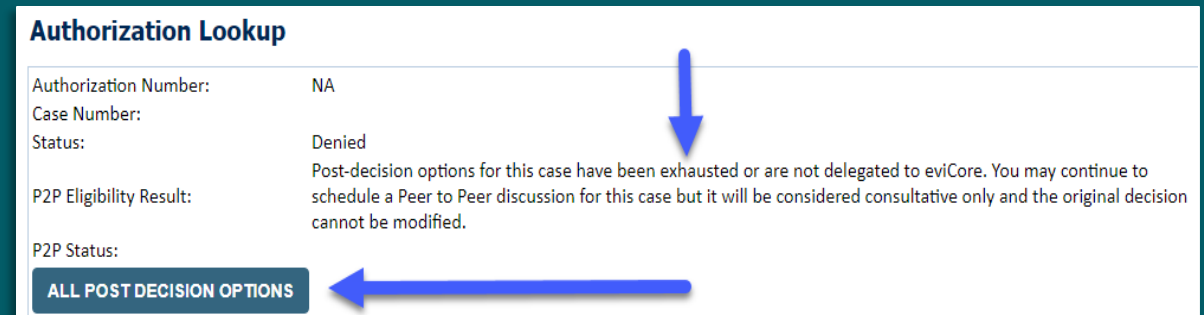
P2P AVAILABILITY

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



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

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



Authorization Lookup

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

ALL POST DECISION OPTIONS

A blue arrow points from the 'P2P Status' field to the 'ALL POST DECISION OPTIONS' button.

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

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

Schedule a P2P

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

The image displays two screenshots of the EviCore 'New P2P Request' form, illustrating the steps to schedule a Peer-to-Peer appointment.

Top Screenshot: Initial Form

- Case Info** | **Questions** | **Schedule** | **Confirmation**
- New P2P Request** | **EviCore By EVERNORTH**
- Case Reference Number**: Case information will auto-populate from prior lookup
- Member Date of Birth**: [Input field]
- + Add Another Case** (indicated by a blue arrow)
- Lookup Cases >** (indicated by a blue arrow)

Bottom Screenshot: Confirmation Screen

- New P2P Request** | **EviCore By EVERNORTH**
- Case Ref #:** [Input field] (indicated by a blue arrow)
- Remove** | **✓ P2P Eligible** (indicated by a blue arrow)
- ! Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.** (indicated by a blue arrow)
- 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 - indicated by a blue arrow), System Name (ImageOne)
- Continue** (indicated by a blue arrow)

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...			

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

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, there is a blue badge with the word 'SCHEDULED' in white, which is circled in red.

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...

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Call Notes

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

Contact Instructions

Contact Instructions

Call Notes

☐ ALT REC declined

☐ Procedure was performed on:

☐ Caller requested MD Specialty match

☐ Appeal LOR attestation requirement

☐ OH State Regulation: Member Consent obtained

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

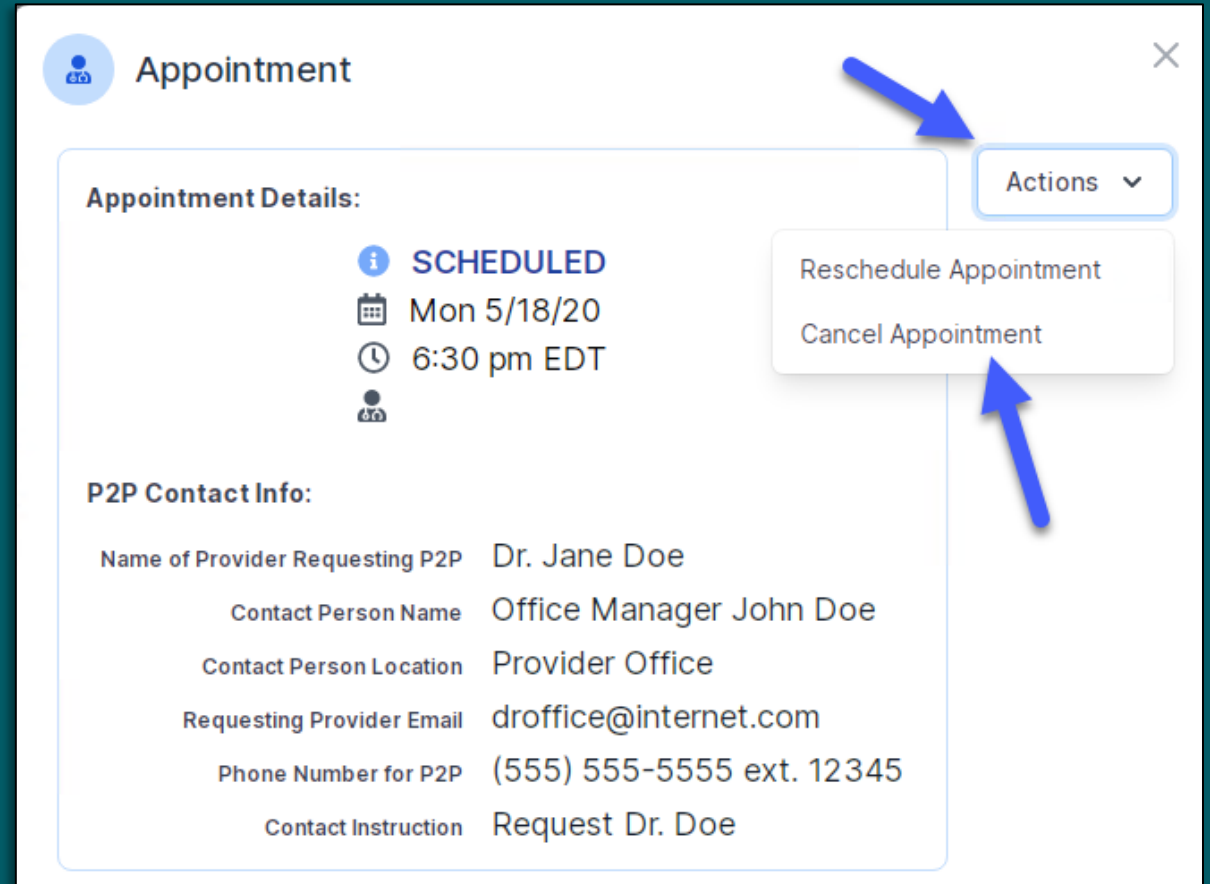
☐ TX licensed same specialty - Caller is aware P2P does not meet TX SSL/specialty match and wants to proceed with P2P

Schedule Appointment

Cancel or Reschedule a P2P Appointment

To cancel or reschedule an appointment:

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



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

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

On the right side of the window, there is an "Actions" drop-down menu. A blue arrow points to this menu, and another blue arrow points to the "Cancel Appointment" option in the dropdown list. The "Reschedule Appointment" option is also visible in the dropdown.