Specialized Therapies-PT-OT-ST

Provider Orientation Session for Vaya Partners

2025

EviCore By EVERNORTH

VAYA PARTNERS
Improving Lives. Strengthening Communities.®

© 2026 EviCore by Evernorth. All Rights Reserved.
This presentation contains CONFIDENTIAL and PROPRIETARY information.

Agenda

- Solutions Overview
- Specialized Therapies- PT/OT/ST
- Submitting Requests
- Prior Authorization Outcomes, Special Considerations, and Post-Decision Options
- EviCore Provider Portal
- Provider Resources
- Questions & Next Steps
- Appendix

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

Vaya Partners Prior Authorization Services

EviCore will begin accepting prior authorization requests for Physical Therapy, Occupational, and Speech Therapy services starting June 17th, 2024 for dates of service July 1st, 2024 and after

Applicable Membership	Prior authorization applies to the following services	Prior authorization does NOT apply to services performed in
• Vaya Total Care	• Outpatient • Elective/Non-emergent	• Emergency Rooms • Observation Services • Inpatient Stays

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

Providers should verify member eligibility and benefits at Vaya Health Provider Services: 866-990-9172

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

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

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

Clinical Approach

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

Prior Authorization Program

Prior authorization is required for:

- Physical Therapy (PT)
- Occupational Therapy (OT)
- Speech Therapy (ST)

To find a list of Current Procedural Terminology (CPT) codes that require prior authorization through eviCore, please visit: https://www.evicore.com/resources/healthplan/vayahealth.

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

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.
- A request can be made as early as **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.

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

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**.

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

Prior Authorization Program

Medical Necessity

- The services must be specific and effective treatment for the condition.
- The condition is expected to improve significantly in a reasonable (and generally predictable) period of time. Therapy duration should **not** be ongoing without end.
- The amount, frequency, and length of the services must be reasonable under accepted standards of practice.
- The medical benefit is designed to allow therapy to return the patient to essential activities of daily living.
  - It was **not** designed to allow continued therapy to return to recreational or athletic activities.
  - It was **not** designed to cover therapy for the purpose of improving or maintaining general fitness.

You can view the therapy guidelines at https://www.EviCore.com/provider/clinical-guidelines

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

Submitting Requests

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

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**

Phone: 855-754-5527

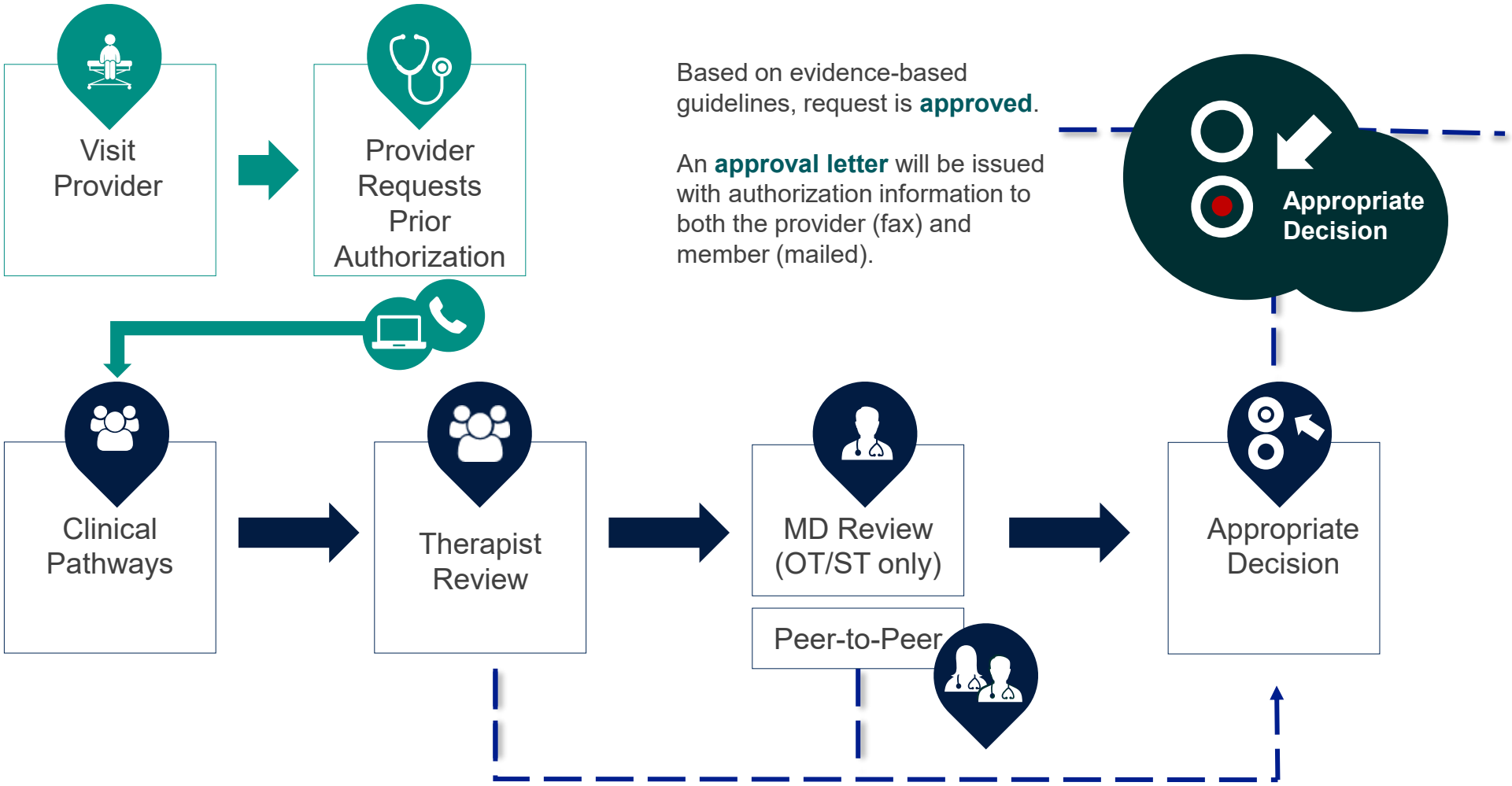
Monday – Friday
7AM – 7PM (local time)

Fax: 855-744-1319

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

Prior Authorization Process



Based on evidence-based guidelines, request is **approved**.

An **approval letter** will be issued with authorization information to both the provider (fax) and member (mailed).

Based on evidence-based guidelines, request is **denied**.

A **denial letter** will be issued with appeal rights to both the provider and member, with clinical rational for decision.

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

Information Required for Request

Member
Member ID
Member name
Date of birth (DOB)

Ordering/Rendering Provider
Provider name
National provider identifier (NPI)
Tax identification number (TIN)
Fax/Phone number
Street Address

Requests
Select MSMPT, MSMOT, or MSMST for requested services.

The appropriate diagnosis code (ICD10) for the working or differential diagnosis.

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.

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

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 & occupational therapy requests have the ability for a real time decision for the first **two (2)** requests for an episode of care.
  - The clinical worksheets are available on the EviCore website.
- 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.**

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

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.”

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

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.

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

Prior Authorization Process

If you are requesting authorization before treatment begins:

- Complete your initial evaluation, then submit for prior authorization within **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 **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.

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

Prior Authorization Process

How to Request Additional Visits:

- Additional visits may be requested as early as **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.

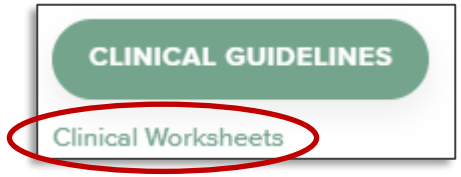
EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

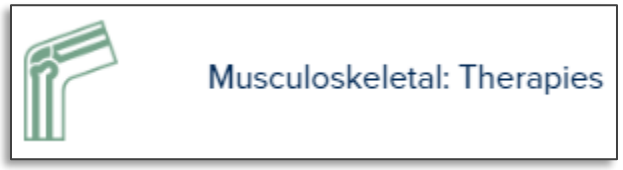
Link to Clinical Worksheets | Physical & Occupational Therapy

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

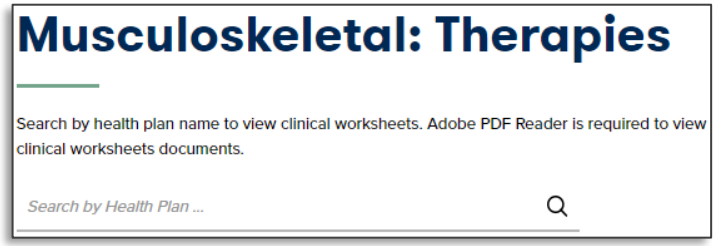
From the Resources dropdown, select **Clinical Worksheets**



Select Musculoskeletal: **Therapies**



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



The PT/OT **worksheets** will be listed under The PT/OT header

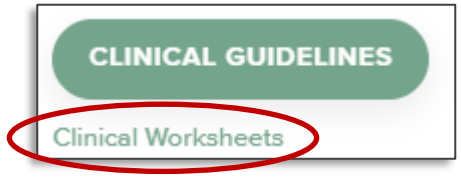
EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

Link to Clinical Worksheets | Speech Therapy

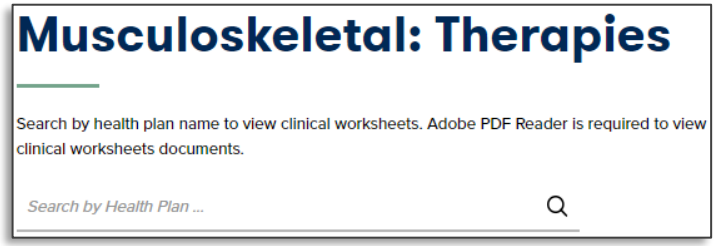
Start at evicore.com, click on **Resources**.

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



Select Musculoskeletal: **Therapies**.

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



The ST **worksheets** will be listed under the Speech Therapy header.

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

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.

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

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:

A Hold Letter will be faxed to the Requesting Provider requesting additional documentation

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

The Provider must submit the additional information to EviCore

Requested information must be received within the timeframe as specified in the hold letter, or EviCore will render a determination based on the original submission.

EviCore will review the additional documentation and reach a determination

Determination notifications will be sent.

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

Prior Authorization Process | Important Concepts

Authorization decisions include:

- Visits or units (depending on health plan)
- Approved time period (i.e., 6 visits, authorized from 1/1/24 to 1/31/24)
- 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.

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

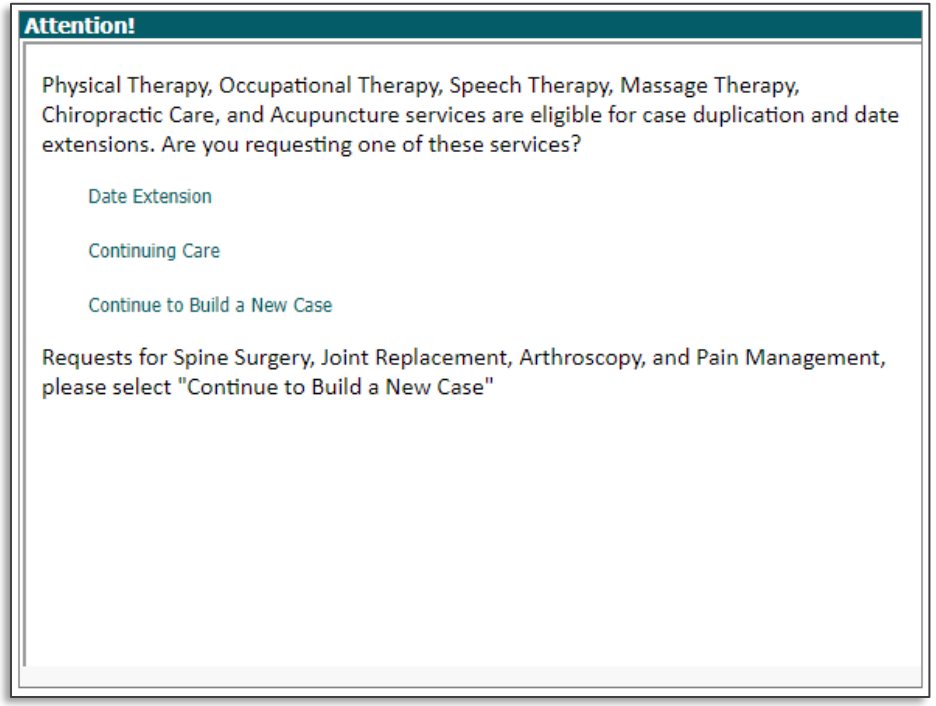
Prior Authorization Process | Important Concepts

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:

- By phone at 855-754-5527
- Online at www.EviCore.com



EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

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.

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

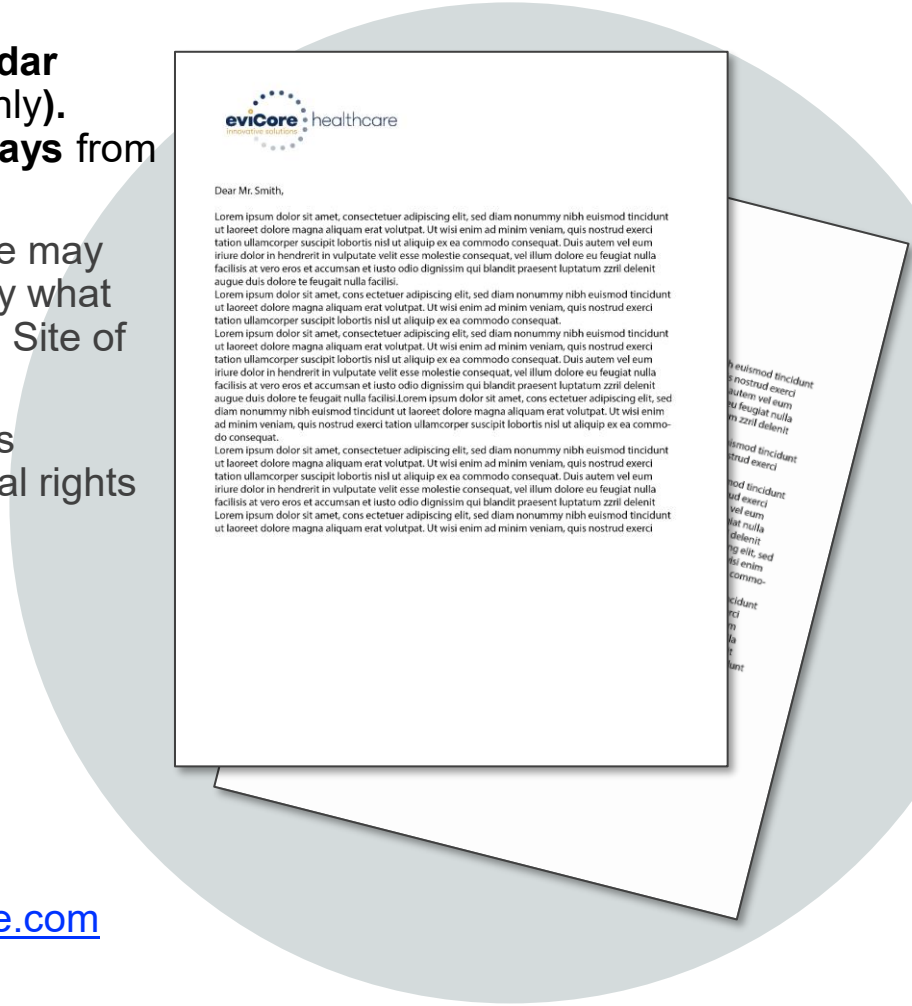
EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

Prior Authorization Outcomes

Determination Outcomes:

- **Approved Requests:** The first approval received will be valid for 3 visits for **30 calendar days,** second approval request will be valid for up to **180 calendar days** (for adults only**).** Each approval request received for pediatric requests will be valid for **180 calendar days** from the date of approval.
- **Partially Approved Requests:** In instances where multiple visits 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 visits, 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

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

Special Circumstances

Retrospective (Retro) Authorization Requests

- Retro requests are allowed for the first 90 days (date of service 7/1/24-9/29/24)
- After 90 days (9/29/24), retro authorizations are only allowed for retroactive enrollment.
- Requests other than retroactive enrollment will be administratively denied.
- Reviewed for **clinical urgency** and medical necessity.
- 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.

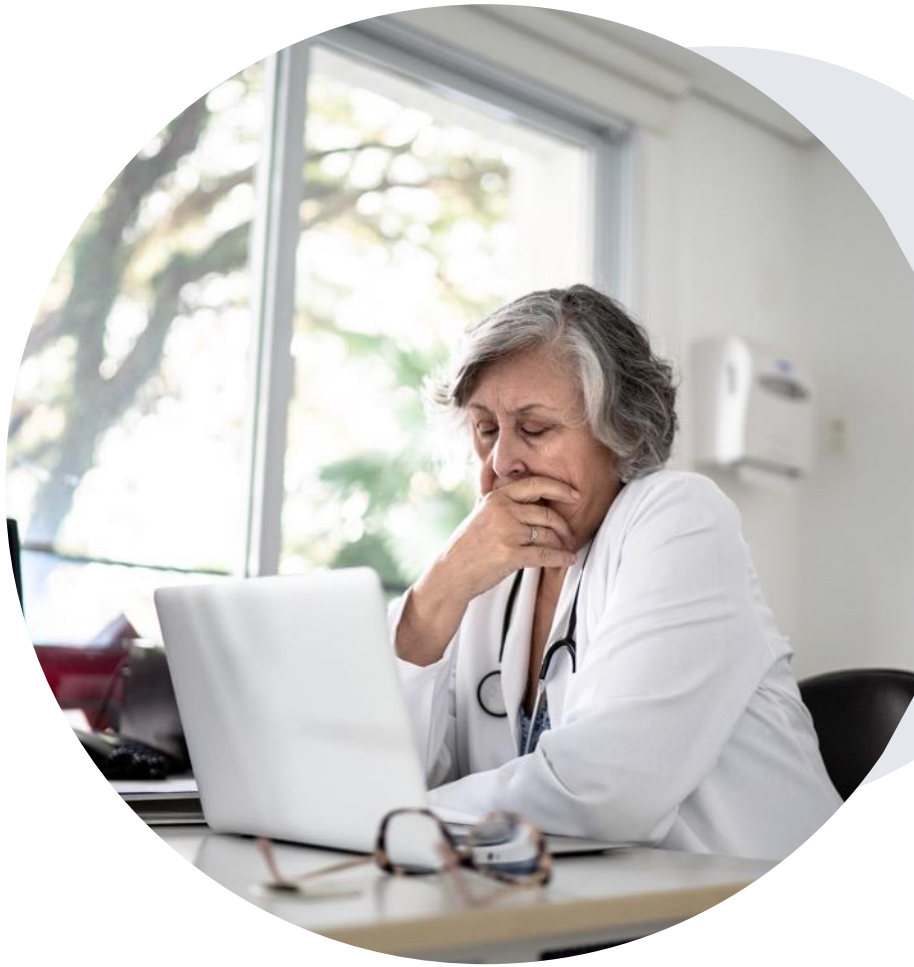
EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

Special Circumstances

Alternative Recommendations

- An alternative recommendation may be offered, based on EviCore's evidence-based clinical guidelines.
- The ordering provider can either accept the alternative recommendation on the web or by phone during case build, and the recommended study will be approved instead of the original requested study.
- If the alternative recommendation is not accepted and the case is denied, the only option for the provider would be an appeal.



Authorization Update

- If updates are needed on an existing authorization, you can contact EviCore by phone at 855-754-5527.
- 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.

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

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 **855-754-5527** 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.

Peer-to-Peer

- Requests must be submitted within 3 business days after the determination date.
- Untimely reconsideration requests will be treated as 1st level appeals.
- Requests can be submitted in writing or verbally via a Clinical Consultation with an EviCore physician.

Appeals

- EviCore will process first-level appeals.
- An appeal must be requested within 60 calendar days from the denial date.
- Only members and their authorized representatives may request an appeal.

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

Provider Portal Overview

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

EviCore Provider Portal | Access and Compatibility

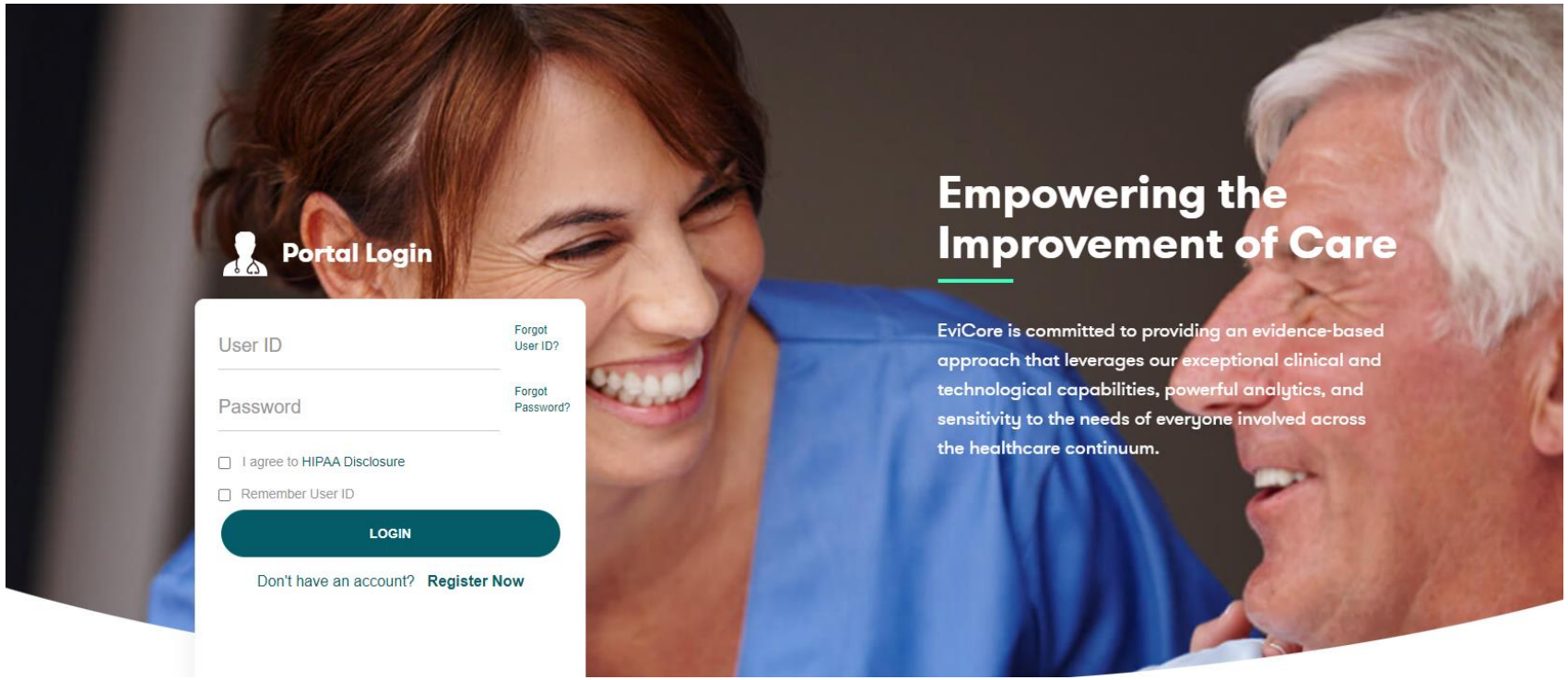
Most providers are already saving time submitting clinical review requests online vs. telephone.

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 **all web browsers**. If you experience issues, you may need to **disable pop-up blockers** to access the site.

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

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.

eviCore healthcare

* 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*:
Email*:
Confirm Email*:
First Name*:
Last Name*:
Address*:
City*:
State*: Selec
Zip*:
Office Name:
Phone*:
Ext:
Fax*:

Next

Web Support 800-646-0418

Legal Disclaimer | Privacy Policy | Corporate Website | Report Fraud & Abuse | Guidelines and Forms | Contact Us

Copyright © 2014 MedSolutions. All Rights Reserved.

EviCore By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

Setting Up Multi-Factor Authentication (MFA)

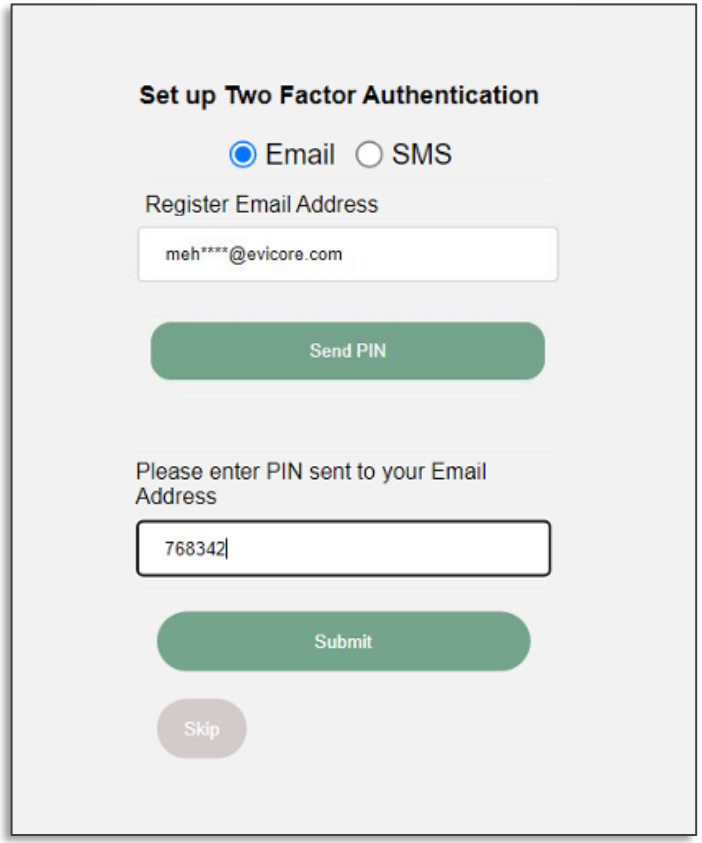
To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

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.



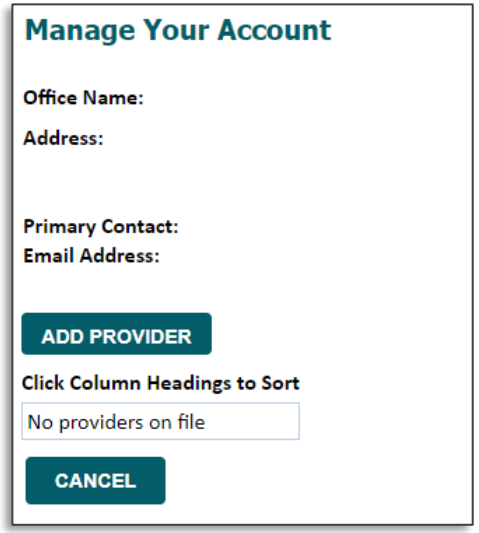
EviCore
By EVERNORTH

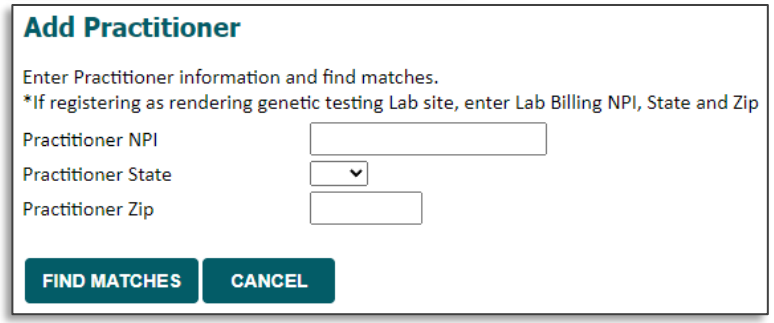
© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

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.

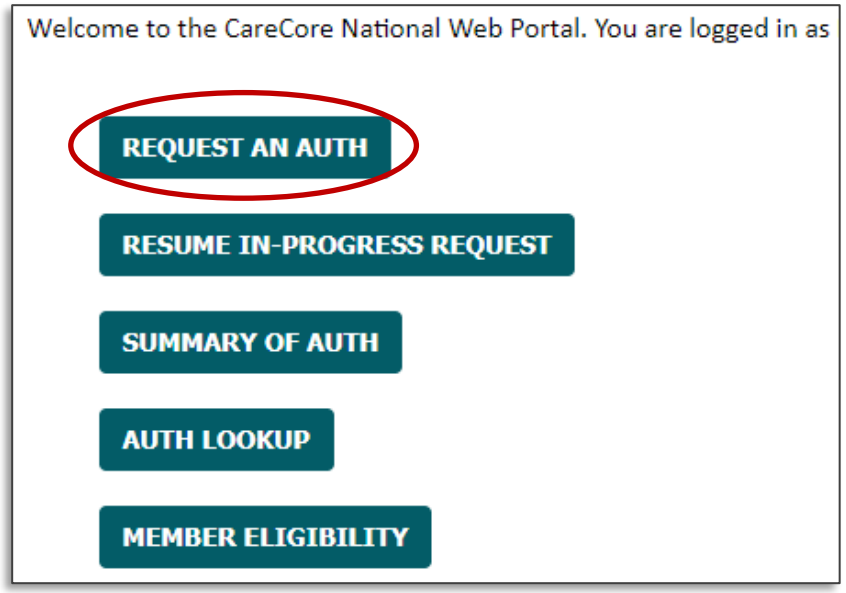




EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

Initiating a Case



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

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

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

Request an Authorization

To begin, please select a program below:

- Durable Medical Equipment(DME)
- Gastroenterology
- Lab Management Program
- Medical Oncology Pathways
- Musculoskeletal Management
- Pharmacy Drugs (Express Scripts Coverage)
- Radiation Therapy Management Program (RTMP)
- Radiology and Cardiology
- Sleep Management
- Specialty Drugs

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

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

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**.

EviCore By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

Clinical Certification Request | Search and Select Provider

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

Attention!

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

YES | NO

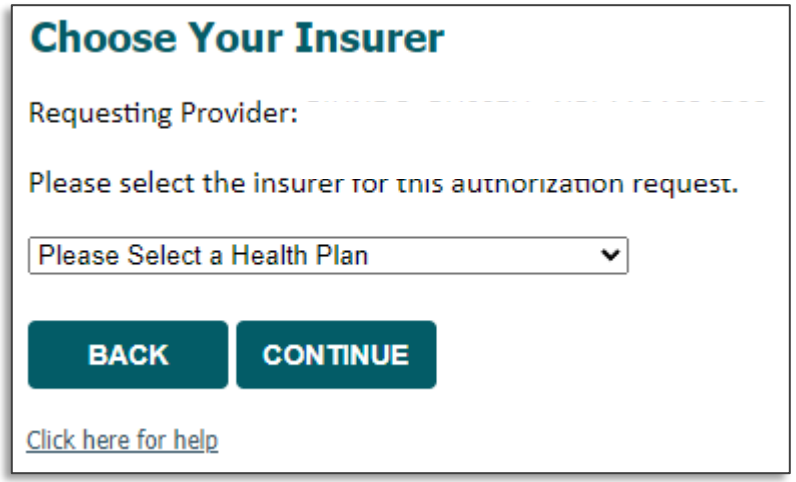
By choosing **YES**, the practitioner will be added to the provider list in your account.

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

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

Clinical Certification Request | Select Health Plan



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

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

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

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.

BACK | CONFIRM FAX AND CONTINUE

Click here for help

- 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.

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

Expected Treatment Date

Attention!

Time: 4/16/2024 11:37 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

Note: Prior authorization from EviCore should begin before the initial evaluation.

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

Clinical Certification Request | Enter Member Information

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.

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

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

Requested Service + Diagnosis

This procedure will be performed on 4/19/2024. CHANGE

Musculoskeletal Management Procedures

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

MSMPT | PHYSICAL THERAPY

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: **M25.50**

Description: **Pain in unspecified joint**

Change Primary Diagnosis

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

Secondary diagnosis is optional for Musculoskeletal Management

LOOKUP

BACK | CONTINUE

Click here for help

- Enter **MSMPT** for the CPT code.
- Add diagnosis code(s).

EviCore By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

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: Time:
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

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

Clinical Certification Request | Site 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

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.

EviCore By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

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

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.
- **You will not have the opportunity to make changes after this point.**

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

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.

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

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.

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

Clinical Collection | From the Clinical Worksheets

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

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

Criteria Met

Summary of Your Request

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

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:	M54.51	**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.

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

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:
Provider Address:
Contact:
Phone Number:
Fax Number:

Patient Name:
Insurance Carrier:
Patient Id:

Site Name:
Site Address:
Site ID:

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

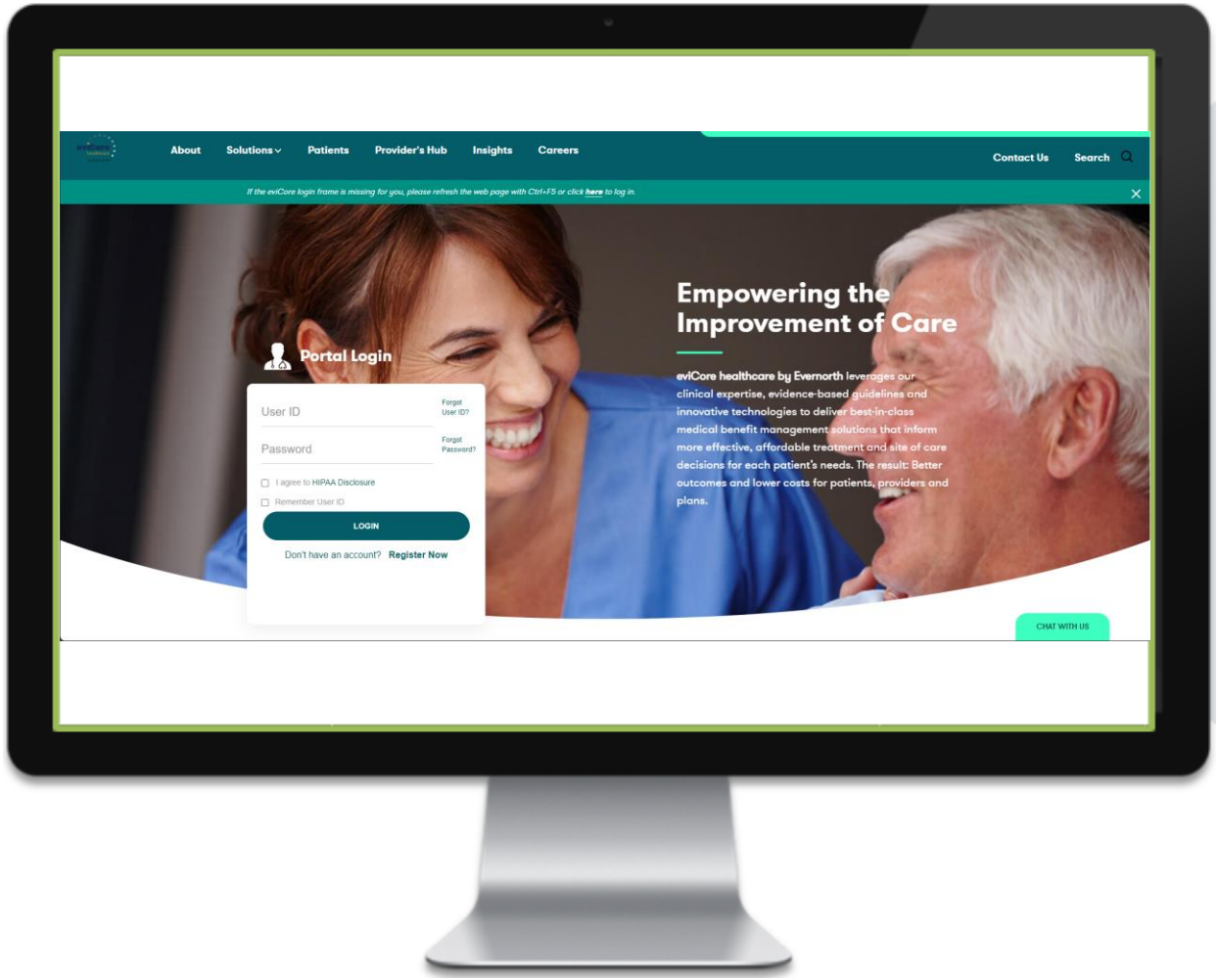
EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

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
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

Provider Resources

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

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**.

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

Client and Provider Services

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

+ Access: ECRM Services
+ ECRM educational resources: ECRM Resources | EviCore by Evernorth
+ Trouble using ECRM? Send an email to: ECRMSupport@EviCore.com

Web-Based Services and Portal Support

+ Live chat
+ ECRM Services
+ Phone: **800-646-0418** (option 2).

Provider Engagement

- Regional team that works directly with the provider community.
- **Provider Engagement Manager Territory List**

Call Center

Call **855-754-5527**, representatives are available from 7 a.m. to 7 p.m. local time.

Contact EviCore's Dedicated Teams

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution lim

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:
https://www.evicore.com/resources/healthplan/vayahealth

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

EviCore's Provider Newsletter

Stay up-to-date with our free provider newsletter

To subscribe:

- Visit EviCore.com
- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**
- Enter a valid email address

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

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 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
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

Thank You

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

Appendix

EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

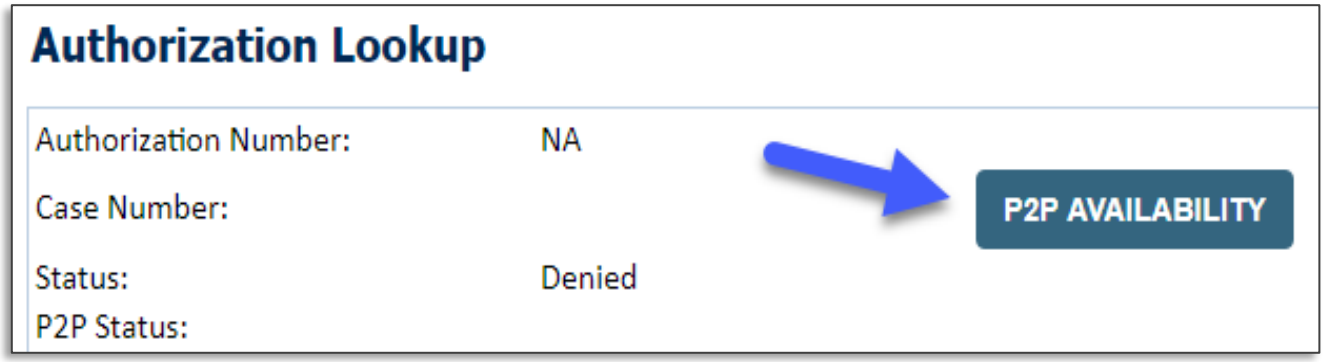
Peer-to-Peer (P2P) Scheduling Tool

EviCore
By EVERNORTH

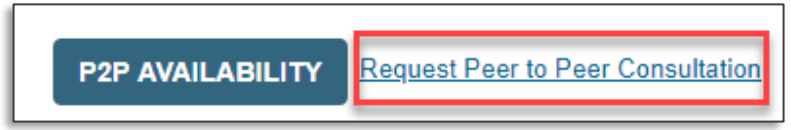
© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

How to Schedule a Peer-to-Peer (P2P)

- Log into your account at www.EviCore.com
- Perform Authorization Lookup to determine the status of your request.
- Click on the **P2P Availability** button to determine if your case is eligible for a Peer-to-Peer conversation:



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

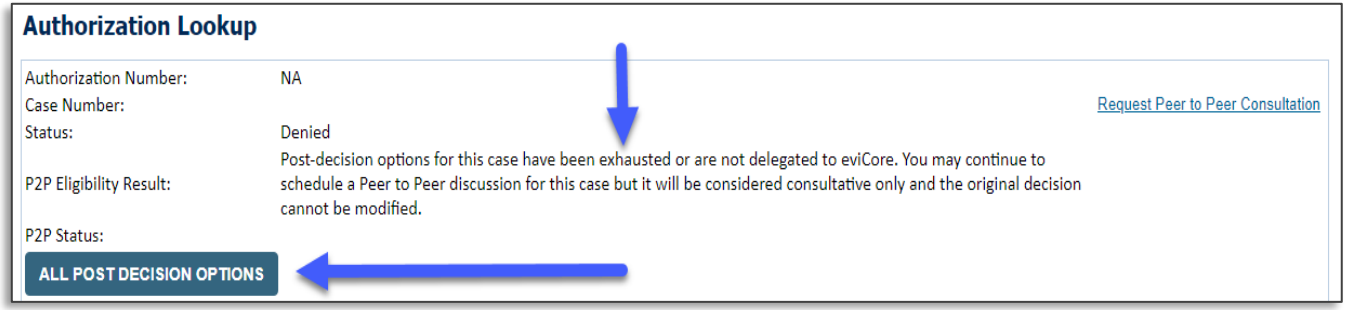


EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

How to Schedule a Peer-to-Peer

- Pay attention to any messaging that displays. In some instances, a Peer-to-Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer-to-Peer. You may also click on the **All Post Decision Options** button to learn what other action may be taken.

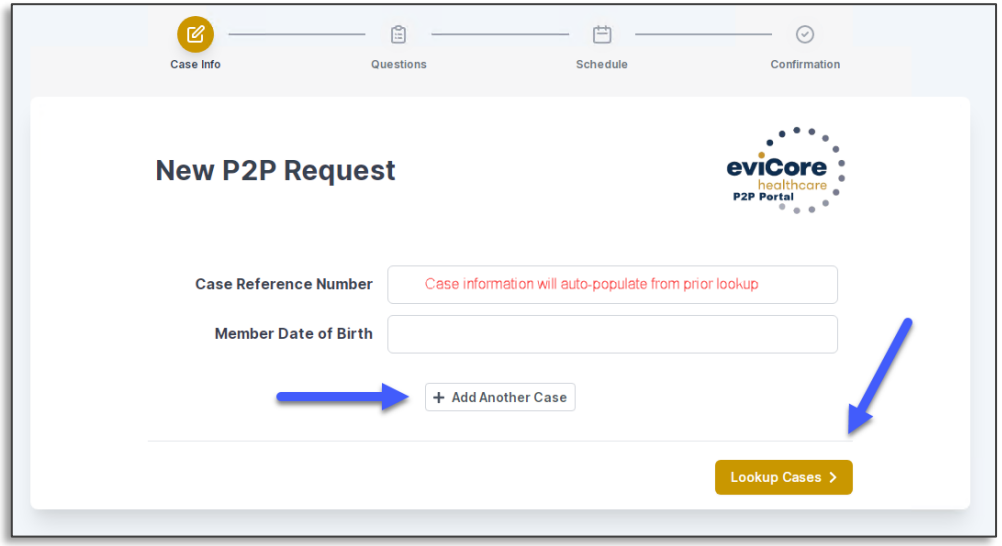


- Once the **Request Peer-to-Peer Consultation** link is selected, you will be transferred to our scheduling software via a new browser window.

EviCore
By EVERNORTH

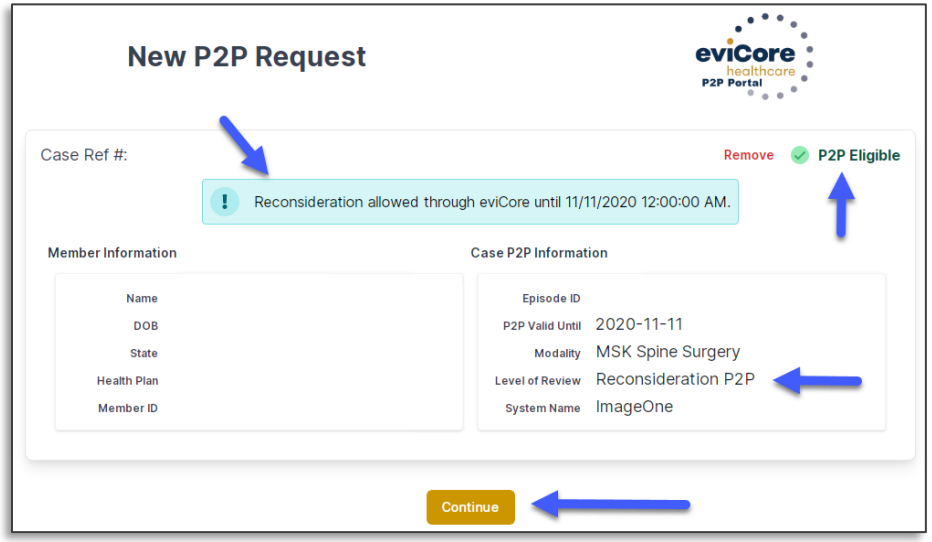
© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

How to Schedule a Peer-to-Peer



- Upon first login, you will be asked to confirm your default time zone.
- You will be presented with the case number and member date of birth (DOB) for the case you just looked up.
- You can add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**.
- To proceed, select **Lookup Cases**.

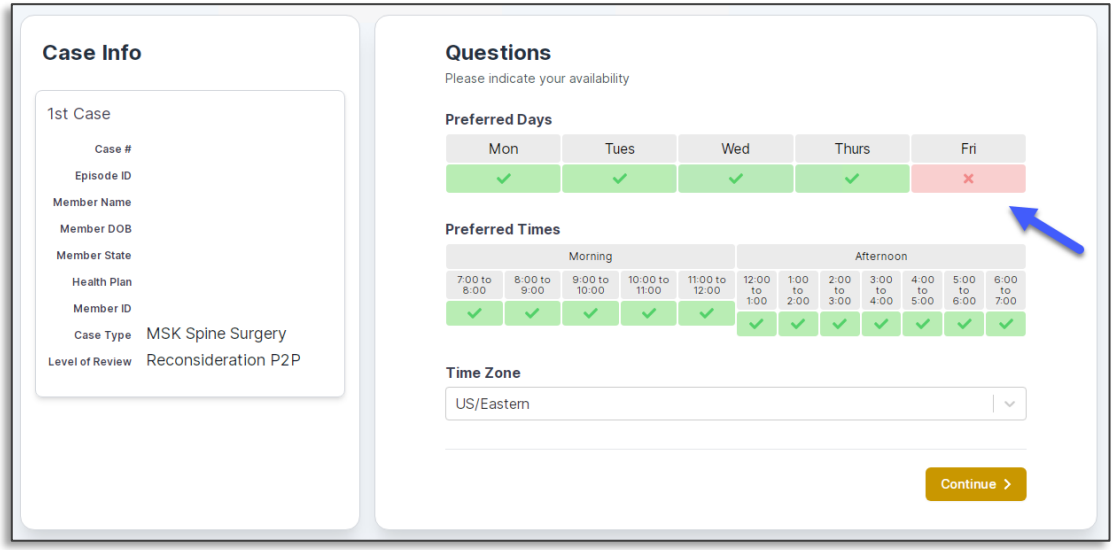
- You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click **Continue** to proceed.



EviCore
By EVERNORTH

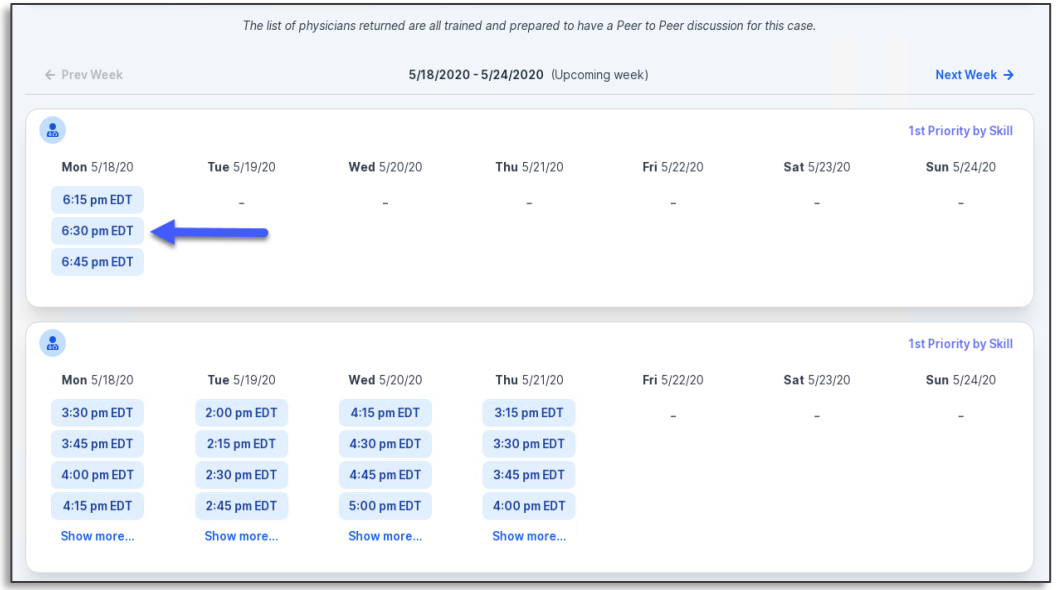
© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

How to Schedule a Peer-to-Peer



- You will be prompted to identify your preferred days and times for a Peer-to-Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click **Continue**.

- You will be prompted with a list of EviCore physicians/reviewers and appointment options per your availability. Select any of the listed appointment times to continue.



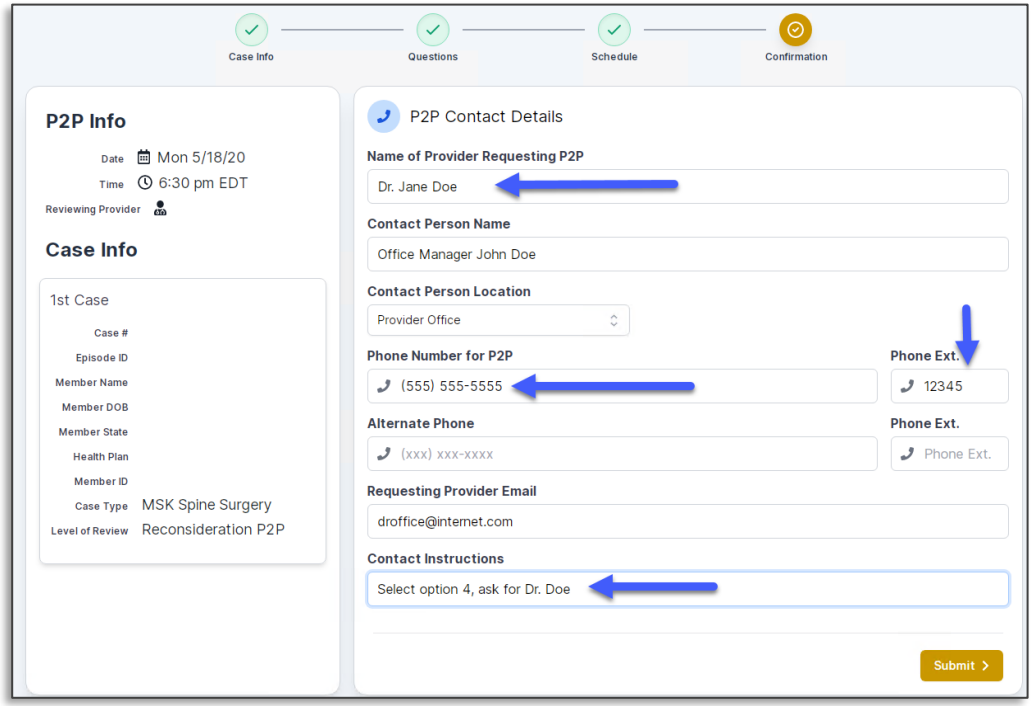
EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

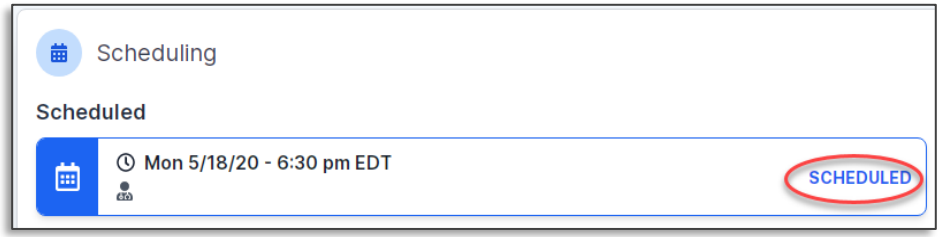
How to Schedule a Peer-to-Peer

Confirm Contact Details

- Contact person name and email address will auto-populate per your user credentials.



- Be sure to update the following fields so that we can reach the right person for the Peer-to-Peer appointment:
  - Name of Provider Requesting P2P
  - Phone Number for P2P
  - Contact Instructions
- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.



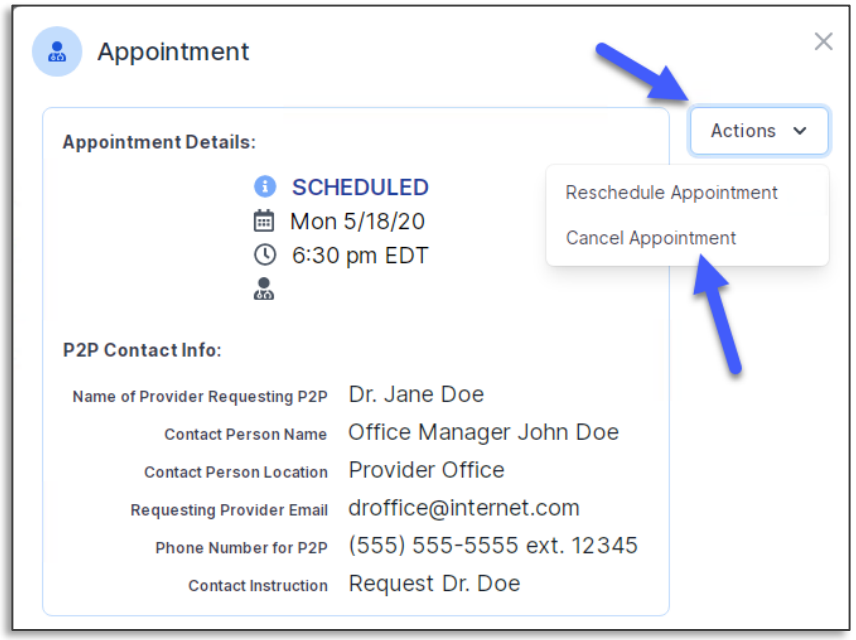
EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.

Canceling or Rescheduling a Peer-to-Peer

To cancel or reschedule an appointment:

- Access the scheduling software per the instructions above.
- Go to **My P2P Requests** on the left pane navigation.
- Select the request you would like to modify from the list of available appointments.
- Once opened, click on the schedule link; an appointment window will open.
- Click on the **Actions** drop-down and choose the appropriate action.
  - If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.
  - If choosing to cancel, you will be prompted to enter a cancellation reason.
- Close browser once done.



EviCore
By EVERNORTH

© 2026 eviCore healthcare. All Rights Reserved. This presentation contains Confidential and Proprietary information. Use and distribution limited solely to authorized personnel.