

Consultation Reference Guide

Request a Consultation with a Medical Director/Therapist

Select Health Plan*

Select Solution*

Please select the specific health plan and solution (program) associated with the case the consultation will be performed on.

Reason for Consult

Initial Case Discussion

Initial Case Discussion

Case follow-up/Post-case denial

Reason for Consult:

Initial Case Discussion

A prior authorization request that has not yet been reviewed by an eviCore Medical Director or Therapist.

Case follow-up/Post-case denial

A prior authorization request that has been reviewed and a determination has been rendered by an eviCore Medical Director or Therapist

Case Number*

In the **Case Number** field, please indicate the case number associated with the requested consultation.

First Name*

Last Name*

The **First Name** and **Last Name** fields should reflect the first and last name of the provider who is requesting the services that are being performed (Ordering Provider).

Appointment Date* (yyyy/mm/dd)

The **Appointment Date** field should reflect the date the provider will be available to conduct the consultation with an eviCore Medical Director/Therapist.

Email*

Phone*

The **Email** and **Phone** fields of the form are used to contact the provider and/or their staff to coordinate a scheduled time for the actual consultation.

Please Note: The actual consultation itself will not be performed on the initial call to the number referenced in the Phone field as the initial call will be to schedule the consultation in conjunction with the Duration Hours field of the request form (see below).

Select Duration Hours*

Select Duration Hours*

9AM-11AM

9:30AM-11:30AM

10AM-12PM

10:30AM-12:30PM

11AM-1PM

11:30AM-1:30PM

12PM-2PM

12:30PM-2:30PM

The **Duration Hours** field of the consultation request form is to indicate what available time-frame you and/or your staff will be available to conduct the consultation. An eviCore representative will contact the providers office prior to the duration hours time-frames selected on the initial request.

Please Note: Availability and scheduling during the requested duration hours are subject to change based on the urgency and specialty related to the patients condition. An alternative consultation time will be offered if eviCore is unable to schedule a consultation during the originally requested duration hours time-frame.

Message

The **Message** field of the form is to provide any additional information regarding the consultation scheduling process. The free text field should be utilized to indicate any additional, relevant information that the requesting provider would like the eviCore Medical Director/Therapist Reviewer to be aware of at that time of the consultation

Please Note: Any scheduling nuances (direct contact number, phone tree instructions, etc.) that eviCore needs to be aware of should be noted in this field.