

# Medical Oncology

Provider Orientation Session for AdventHealth Advantage Plans



Empowering  
the Improvement  
of Care

# Medical Oncology – Our Experience



**10+ Years**  
Managing Medical Oncology Services

**Client Experience**  
15+ Regional and National Clients

**Case Statistics**  
400+ requests processed per day

**Memberships Managed**  
25M Commercial Members  
660K Medicare Members  
3.7M Medicaid Members

# Evidence-Based Guidelines

The foundation of our solutions

National Comprehensive  
Cancer Network®  
(NCCN)

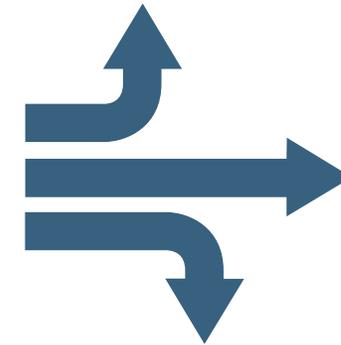
26 of the World's  
Leading Cancer  
Centers Aligned



Represents  
**97%**  
of all cancers

Continually  
Updated

Inclusive of  
**45**  
cancer types



eviCore Guideline  
Management

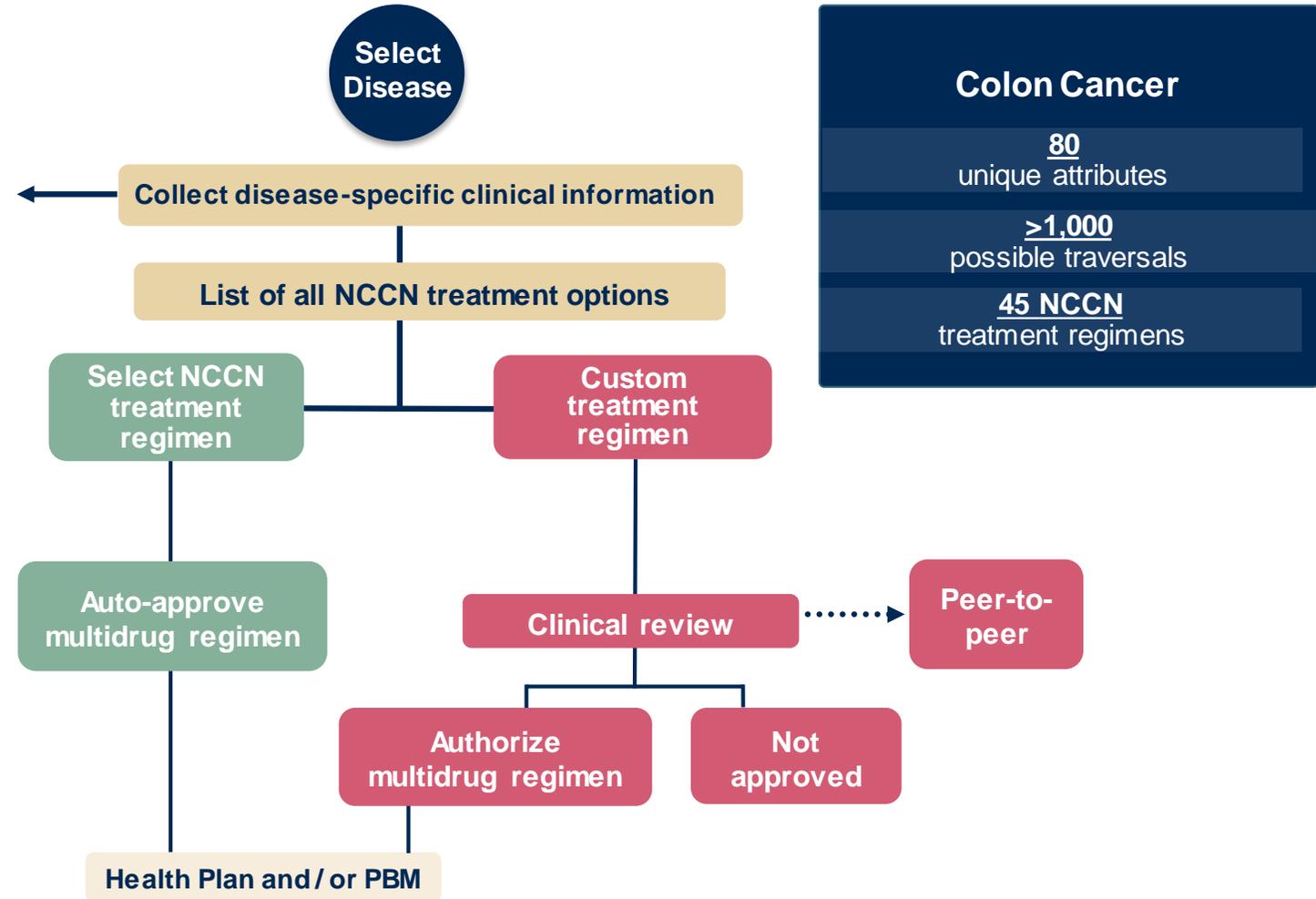
# Medical Oncology Solution Defines a Complete Episode of Care

## eviCore Medical Oncology Guideline Management

### Disease-Specific Clinical Information

- Diagnosis at onset
- Stage of disease
- Clinical presentation
- Histopathology
- Comorbidities
- Patient risk factors
- Performance status
- Genetic alterations
- Line of treatment

**2-5 minutes**  
to enter a complete case



### Colon Cancer

80  
unique attributes

>1,000  
possible traversals

45 NCCN  
treatment regimens

Treatment options may be modified to align with formulary

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# Prior Authorization Overview

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# AdventHealth Advantage Plans Prior Authorization Services

eviCore will begin accepting prior authorization requests for medical oncology on **April 20, 2020** for dates of service **May 1, 2020** and beyond.

## Prior Authorization applies to the following regimens:

- Primary Injectable and Oral Chemotherapy
- Supportive Medications Given with Chemotherapy

## Prior Authorization does **NOT** apply to services that are in:

- **Emergency Room Services**
- **23 Hour Observations**
- **Inpatient Stays**
- **Treatment regimens not referenced**

## Provider Resource Page

Providers and/or staff can utilize AdventHealth Advantage Plans Provider Resource page to access a list of covered regimens (HCPCS), Clinical Worksheets, FAQs, Quick Reference Guides, and additional educational materials by visiting:

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

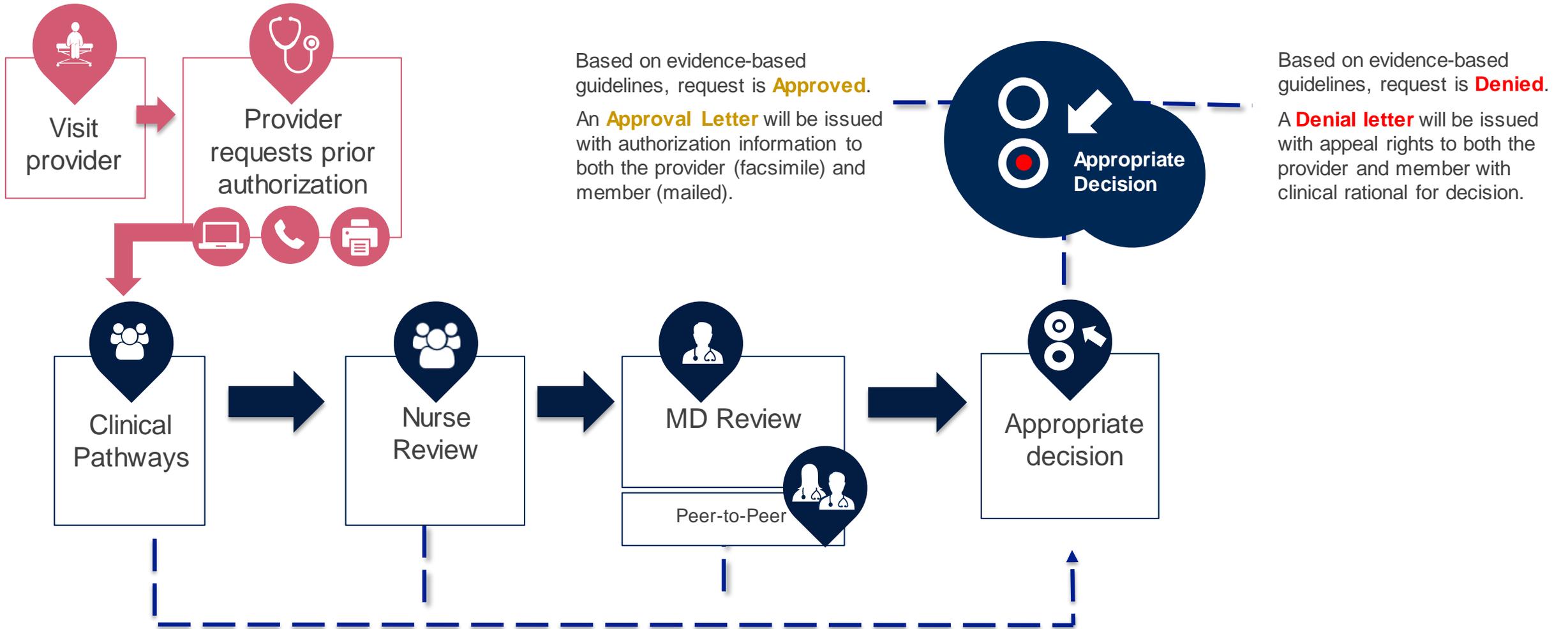
# Lines of Business

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**Prior Authorization is required for AdventHealth Advantage Plans members who are enrolled in the following lines of business/programs:**

- **Commercial**
- **AHAP MA**

# Prior Authorization Process



# Non-Clinical Information Needed

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The following information must be provided to initiate the prior authorization request:

## Member Information

- First and Last Name
- Date of Birth
- Member Identification Number
- Phone Number (If Applicable)

## Ordering Physician Provider Information

- First and Last Name
- Practice Address
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers

## Rendering Facility Information

- Facility Name
- Street Address
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers



# Clinical Information Needed

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**If clinical information is needed, please be able to supply the following information:**

- Patient's clinical presentation
- Diagnosis Codes
- Type and duration of treatments performed to date for the diagnosis
- Disease-Specific Clinical Information:
  - ✓ Diagnosis at onset
  - ✓ Stage of disease
  - ✓ Clinical presentation
  - ✓ Histopathology
  - ✓ Comorbidities
  - ✓ Patient risk factors
  - ✓ Performance status
  - ✓ Genetic alterations
  - ✓ Line of treatment



# Prior Authorization Outcomes

## Approvals and Denials

### Approved Requests

- All requests are processed in 2 business days after receipt of all necessary clinical information.
- Approvals are typically good for 240 to 425 days from the date of determination.

### Approval Letter

- The letter will be faxed to the ordering provider and rendering site.
- The member will receive the letter in the mail.
- Approval information can be printed on demand from the eviCore portal.

### Denied Requests and Letter

- Communication of the denial determination and rationale will be faxed to the ordering provider and rendering site.
- Letter contains reconsideration and/or appeal options based on the members health plan and line of business.
- Instructions on how to request a clinical consultation.



# Post-Decision Options

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## Commercial Memberships

### Clinical Consultations

If a request has been denied and requires further clinical review, we welcome requests for a clinical consultation with an eviCore Geneticist, Pathologist, and/or Oncologist.

In certain instances, additional clinical information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.

Providers, Nurse Practitioners and Physician Assistants can request a clinical consultation by visiting:

[www.evicore.com/provider/request-a-clinical-consultation](http://www.evicore.com/provider/request-a-clinical-consultation)

### Reconsiderations

Providers and/or staff can request a reconsideration by submitting additional clinical information without the need for a physician to participate. Reconsideration must be requested on or before the treatment start date. This reconsideration option is only applicable to Commercial memberships.



# Pre-Decision Options

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## Medicare Memberships

### Pre-Decision Consultations

If a request has been denied and requires further clinical review, we welcome requests for a pre-clinical consultation with an eviCore Medical Director.

In certain instances, additional clinical information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.

Providers, Nurse Practitioners and Physician Assistants can request a clinical consultation by visiting:

[www.evicore.com/provider/request-a-clinical-consultation](http://www.evicore.com/provider/request-a-clinical-consultation)



# Special Circumstances

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## Urgent Testing Requests

- Urgent requests can now be submitted on eviCore's website [www.evicore.com](http://www.evicore.com). When asked "Is this request standard/routine?" simply answer no and the case will be sent to the urgent work list.
- Providers and/or staff can also contact our office by phone and state that the prior authorization request is Urgent. Urgent request will be reviewed within 3 hours upon receiving the prior authorization request.

## Patients Already in Treatment Prior to May 1, 2020

- Please register the patient with eviCore so the claim will process appropriately. Use the web portal ([www.evicore.com](http://www.evicore.com)) and enter the current date when the date of service is being requested. Complete the clinical questions as needed and note the authorization number if one is generated.
- If additional information is being requested please provide supporting clinical that shows the patient is currently undergoing chemotherapy treatment. Any additional information you can provide regarding the treatment would be helpful.
- Any change request for treatment (i.e. new or additional drugs) must be submitted to eviCore.

## Appeals

- eviCore will not process first level appeals



# Summary

What types of Drugs are included?

- Primary Injectable and Oral Chemotherapy
- Supportive Medications given with Chemotherapy

What is covered in my authorization?

- All drugs that are included in the treatment regimen – there are no partial approvals.
- The HCPCS codes associated with the approved drugs
- The time period indicated on the authorization (8-14 months)
- The Authorization is not for a specific dose or administration schedule. *However, billing in excess of the appropriate # of units or frequency of administration for a drug may result in claims denial.*
- Supportive drugs will be issued as a separate authorization.

How often do I need to update my authorization?

- When the authorization time has expired
- When there is a change in treatment including new or different drugs
- NOT when dosing changes
- NOT if an approved drug is no longer used

# Provider Experience

**eviCore healthcare**

PROVIDERS:  Check Prior Authorization Status Login Resources

About Solutions Patients Insights Careers

Contact Us Search

**Portal Login**

User ID Forgot User ID?

Password Forgot Password?

I agree to HIPAA Disclosure

Remember User ID

**LOGIN**

Don't have an account? [Register Now](#)

## Empowering the Improvement of Care

eviCore is committed to providing an evidence-based approach that leverages our exceptional clinical and technological capabilities, powerful analytics, and sensitivity to the needs of everyone involved across the healthcare continuum.

**Insights**

WEB FEEDBACK CHAT WITH US

The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status and is available 24/7.

By visiting [www.eviCore.com](http://www.eviCore.com) providers can spend their time where it matters most — with their patients!

Or by phone:

**Phone Number:**  
(877) 877-825-7722  
8:00a.m. to 7:00p.m.  
Monday - Friday

Providers will log in through the eviCore portal

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# Provider Portal Overview

Account Access and Adding Providers

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# eviCore Website

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Visit [www.evicore.com](http://www.evicore.com)

## Already a user?

If you already have access to eviCore's online portal, simply login with your User ID and Password and begin submitting requests in real-time!

## Don't have an account?

Click "Register Now" and provide the necessary information to receive access today!



Portal Login

User ID

[Forgot User ID?](#)

Password

[Forgot Password?](#)

I agree to HIPAA Disclosure

Remember User ID

LOGIN

Don't have an account? [Register Now](#)



# Registration Form

The screenshot shows the 'Web Portal Preference' section of the registration form. It includes a dropdown menu for 'Default Portal' with 'CareCore National' selected. Below this is the 'User Information' section with various input fields for user details. A red arrow points to the 'CareCore National' selection in the dropdown menu.

Select a Default Portal, and complete the registration form.

Review information provided, and click “Submit Registration”

The screenshot shows the 'User Registration' section of the registration form. It includes a 'Submit Registration' button highlighted in yellow. The form also displays a review message at the top and the 'Web Portal Preference' section with 'CareCore National' selected.

# User Access Agreement

The screenshot displays the eviCore healthcare user registration interface. A modal window titled "USER REGISTRATION" is open, showing the "User Access Agreement" section, which is marked as "\*Required". The agreement text includes:

eviCore  
Provider/Customer Access Agreement for Web-Based Applications

This Provider/Customer Access Agreement for Web-Based Applications ("Access Agreement") contains the terms and conditions for use by Provider/Customers of the web-based applications provided by eviCore through its Web Site. This Access Agreement applies to Provider/Customer and all employees and/or agents that have access to eviCore's web-based applications by utilizing a User ID and Personal Identification Number ("PIN"), Security Password, or other security device provided by eviCore, hereinafter referred to as "Users."

To obtain access to eviCore's Web Site applications, User must first read and agree to this Access Agreement. After reviewing these documents, User will be asked to accept the Access Agreement by checking the "Accept Terms and Conditions" check box. If User accepts, this will result in a binding contract between User and eviCore, just as if User had physically signed the Access Agreement.

Each and every time User accesses eviCore's web-based applications, User agrees to be bound by this Access Agreement, as it may be amended from time to time.

1. Limited License. Upon acceptance, eviCore grants Provider/Customer a revocable, nonexclusive, and nontransferable limited license to access electronically eviCore's web-based applications only so long as Provider/Customer is currently bound by a Provider/Customer Agreement (as used herein a "Provider/Customer Agreement" is an agreement to provide health care/medical services to members of health plans for which eviCore provides radiological services, whether it is with eviCore directly or said health

At the bottom of the modal, there is a checkbox labeled "Accept Terms and Conditions" which is checked, and two buttons: "Submit" and "Cancel".

The background registration form includes the following fields and sections:

- Web Portal Preference: CareCore National (dropdown)
- User Registration section with fields for: Username, Email, Account Type, First Name, Last Name, Phone, Ext, Fax, and Zip.
- Buttons: "Back" and "Submit Registration"

Footer: Web Support 800-646-0418 | Legal Disclaimer | Privacy Policy | Corporate Website | Report Fraud & Abuse | Guidelines and Forms | Contact Us

**Accept the Terms and Conditions and click "Submit."**

# Registration Successful

You will receive a message on the screen confirming your registration is successful.  
You will be sent an email to create your password.



Registration Successful

Your Registration has been accepted. An email has been sent to your registered email account allowing you to set your password. Please close the browser.

**Your password must be at least (8) characters long and contain the following:**

## Password Maintenance

Please set up a new password for your account.

Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters.

New Password\*

Confirm New Password\*

Save

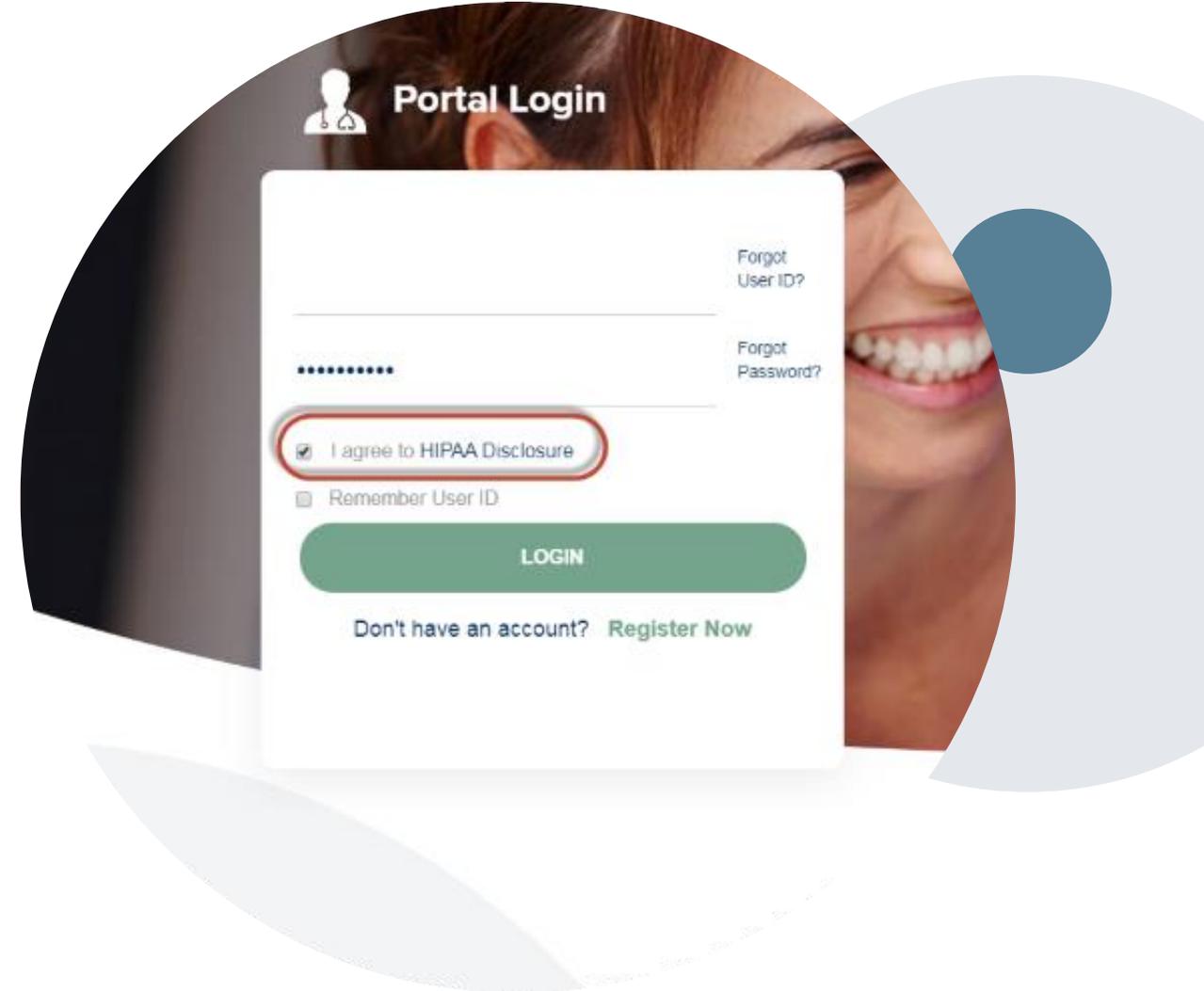
- ✓ Uppercase letters
- ✓ Lowercase letters
- ✓ Numbers
- ✓ Characters (e.g., ! ? \*)

# Account Login

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To log-in to your account,  
enter your User ID and  
Password.

Agree to the HIPAA  
Disclosure, and click “Login.”



# Welcome Screen



[Home](#) [Certification Summary](#) [Authorization Lookup](#) [Eligibility Lookup](#) [Clinical Certification](#) [Certification Requests In Progress](#) [MSM Practitioner Performance Summary Portal](#) [Resources](#) [Manage Your Account](#) [Help / Contact Us](#)

Monday, November 04, 2019 6:18 PM

Log Off

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

[Review a summary of recent certifications >>](#)

[Request a clinical certification/procedure >>](#)

[Resume a certification request in progress >>](#) << Did you know? You can save a certification request to finish later.

[Look up an existing authorization >>](#)

[Check member eligibility >>](#)

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**Your provider will need to be added to your account prior to case submission.  
Click the “Manage Your Account” tab to add provider information.**

# Add Provider



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

Monday, November 04, 2019 6:33 PM

Log Off

## Manage Your Account

Office Name: Test

Change Password

Edit Account

Address:

Primary Contact:

Email Address:

Add Provider

Click Column Headings to Sort

No providers on file

Cancel

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**Under the “Manage Your Account” tab Click the “Add Provider” button.**

# Add Provider



[Home](#) [Certification Summary](#) [Authorization Lookup](#) [Eligibility Lookup](#) [Clinical Certification](#) [Certification Requests In Progress](#) [MSM Practitioner Performance Summary Portal](#) [Resources](#) [Manage Your Account](#) [Help / Contact Us](#) [MedSolutions Portal](#)

Monday, November 04, 2019 6:33 PM

[Log Off](#)

## 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

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**Enter the Provider's NPI, State, and ZIP Code to search for the provider record to add to your account.  
You are able to add multiple Providers to your account.**

# Add Provider



Monday, November 04, 2019 6:33 PM

Log Off

## Add Practitioner

This following practitioner record(s) were found to match the requested NPI. Is this the practitioner you would like to register?

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax
Last, First	12312312	730 Coolsprings Blvd	Franklin	TN	37067	(615)548-4000	

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**Select the matching record based upon your search criteria**

# Add Provider



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

Monday, November 04, 2019 6:33 PM

Log Off

## Add Practitioner

If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to return to your account.

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**Once you have selected a Provider, your registration will be completed. You can then access the “Manage Your Account” tab to make any necessary updates or changes.**

**You can also click “Add Another Practitioner” to add another provider to your account.**

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# Provider Portal Overview

Submitting Online Prior Authorization Requests

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# Provider Experience – Case Submission

The screenshot shows the eviCore healthcare provider portal. At the top left is the logo with the text "eviCore healthcare" and "innovative solutions" below it. A dark blue navigation bar contains the following tabs: "Home" (highlighted in yellow), "Certification Summary", "Authorization Lookup", "Eligibility Lookup", "Clinical Certification", and "Certification Requests In Progress". Below the navigation bar, the date and time "Monday, March 04, 2019 1:17 PM" are displayed. A list of actions is shown with blue text and right-pointing arrows: "Request a clinical certification/procedure >>", "Resume a certification request in progress >> << Did you know? You can save a certification request to finish later.", "Look up an existing authorization >>", and "Check member eligibility >>".

Select option to “Request a certification” and then the program.

The dialog box is titled "Clinical Certification". It contains the instruction "Please select the program for your certification:" followed by a list of radio button options: "Radiology and Cardiology", "Specialty Drugs", "Radiation Therapy Management Program (RTMP)", "Musculoskeletal Management", "Sleep Management", "Lab Management Program", "Durable Medical Equipment(DME)", and "Medical Oncology Pathways" (which is selected). At the bottom of the dialog are three buttons: "Cancel", "Print", and "Continue". Below the dialog box, there is a link: "Click [here](#) for help or technical support".

# Provider Experience – Case Submission

### Clinical Certification

Select the practitioner or group for whom you want to build a case. If the practitioner, group, or lab for whom you wish to build a case is not listed, Filter Last Name or NPI:

Selected Physician:

	Provider
<input type="button" value="SELECT"/>	[Redacted]
	[Redacted]

Click [here](#) for help or technical support

The office user will select the treating provider from their pre-populated affiliated provider list

# Provider Experience – Case Submission

## Clinical Certification

To process an urgent case on the web you will be required to upload relevant clinical information using the online clinical upload feature at the end of the case build process. Click [here](#) for more information!

You selected

Please select the health plan for which you would like to build a case. If the health plan is not shown, please contact the plan at the number found on the member's identification card to determine if case submission through CareCore National is necessary.

Please Select a Health Plan ▼

- Please Select a Health Plan
- 1199 BENEFIT FUNDS
- AETNA
- BCBS KANSAS CITY
- BCBSAZ
- BCBSIL
- BCBSMN

Select the patient's health plan.

# Provider Experience – Case Submission



## Clinical Certification

To process an urgent case on the web you will be required to upload relevant clinical information using the online clinical upload feature at the end of the case build process. Click [here](#) for more information!

You selected [REDACTED]

Please select the health plan for which you would like to build a case. If the health plan is not shown, please contact the plan at the number found on the member's identification card to determine if case submission through CareCore National is necessary.

PLAN-X ▼  
[REDACTED] ▼

Click [here](#) for help or technical support

Take note of any important messages and confirm the provider address..

# Provider Experience – Case Submission

**Clinical Certification**

Provider's Name  [?]

Who to Contact  [?]

Fax  [?]

Phone  [?]

Ext.  [?]

Cell Phone

Email

Click [here](#) for help or technical support

Contact information is confirmed or entered to ensure smooth communication of the determination or to request additional information as needed.

# Provider Experience – Case Submission

**Clinical Certification**

**New Patient Registration**

Member ID  
(no spaces or dashes)

Date of Birth (MM/DD/YYYY)

Last Name

First Name (optional)

SEARCH CANCEL

Unable to

**Current Patients**

Filter by Physician

(type to filter by patient name)

**New Patient Registration**

Provider: [blurred]

Health Plan: PLAN-X

Member ID: [blurred]

Date of Birth: 3/20/1971

Name: [blurred]

City, State: [blurred]

**Do you want to continue with this patient?**

YES NO

New patients are registered or current patients are selected from the drop down list. If a new patient is being registered and eligibility is verified, a confirmation screen will appear. Click “Yes” to continue.

## Provider Experience – Case Submission

### Clinical Certification

PO BOX 970

Female

PLAN-X ID

The Patient History Screen becomes the hub for all future requests or data relating to this patient. Including a record of previous requests for services through eviCore, authorization numbers and dates, and clinical summaries based on the information provided through the request process.

### Reviews

Date	Physician	Case #	Cancer Type	Treatment	Status			
3/04/2019			Colorectal	5-Fluorouracil (5FU; Adrucil), Brentuximab Vedotin (Adcetris)	Pending			VIEW HISTORY
8/02/2018			Colorectal	Oxaliplatin (Eloxatin)	Approved			VIEW HISTORY
2/13/2017			Multiple Myeloma	Cyclophosphamide - inj (Cytoxan; Endoxan-Asta)	Approved			VIEW HISTORY

Click to view clinical information, Jcodes, and expiration date.

# Provider Experience – Case Submission

**Attention!**

Patient ID : [REDACTED] Time: 3/4/2019 2:02 PM  
Patient Name: [REDACTED]

What is the anticipated start date of treatment?  MM/DD/20YY

Enter:

Start Date of Treatment

Type of Therapy

- Select CHEMOTHERAPY for Chemo or Chemo + Supportive drugs
- Select SUPPORTIVE THERAPIES for Supportive drugs only

## Clinical Certification

This procedure will be performed on 4/1/2019.

### Medical Oncology Pathways

Select type of therapy

Don't see your  
Primary Chem **CHEMOTHERAPY**  
SUPPORTIVE THERAPIES

eparate requests.

# Provider Experience – Case Submission

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

CHEMO    CHEMOTHERAPY

Don't see your procedure code or type of service?  
Primary Chemotherapy and Supportive drugs mu

**Diagnosis**

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

colon    LOOKUP

	Diagnosis Code	Description
SELECT	C18.2	Malignant neoplasm of ascending colon
SELECT	C18.4	Malignant neoplasm of transverse colon
SELECT	C18.6	Malignant neoplasm of descending colon
SELECT	C18.7	Malignant neoplasm of sigmoid colon
SELECT	C18.8	Malignant neoplasm of overlapping sites of colon
SELECT	C18.9	Malignant neoplasm of colon, unspecified

Select ICD10 by entering code or description

## Provider Experience – Case Submission

### Clinical Certification

Confirm your service selection.

**Procedure Date:** 4/1/2019  
**Medical Oncology Pathways:** CHEMO  
**Description:** CHEMOTHERAPY  
**Primary Diagnosis Code:** C18.9  
**Primary Diagnosis:** Malignant neoplasm of colon, unspecified  
**Secondary Diagnosis Code:**  
**Secondary Diagnosis:**  
[Change Procedure or Primary Diagnosis](#)  
[Change Secondary Diagnosis](#)

Click [here](#) for help or technical support

Confirm the information entered or use the 'change' links to go back and make corrections as needed.

# Provider Experience – Case Submission

Distinct rendering site or facility can be entered if needed.  
Multiple lookup options are available.  
Network logic can be applied as needed.

**Specific Site Search**  
Search by TIN, NPI, or combination of name and city or name and zip code and we will provide a list

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

	Name	Address
<input type="button" value="SELECT"/>	[REDACTED]	WESTLAKE, OH 44145
<input type="button" value="SELECT"/>	[REDACTED]	CLEVELAND, OH 44145

**Clinical Certification**

Selected Site:

Site Email (optional)

Click [here](#) for help or technical support

An email can be submitted for communication if desired.

## Provider Experience – Case Submission

### Clinical Certification

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

After answering the clinical question(s) on each screen you will need to hit "Submit" before exiting the system. You must hit "Submit" for each of the clinical questions you must hit "Submit" before exiting the system. You must hit "Submit" for each screen to save the clinical information that you have provided. Hit "Submit" and your request for a prior authorization will be submitted for review.

Your answers to previous questions will be displayed on the lower portion of the screen. If you made an error during the clinical data collection process you can click on the question. The system will ask that you answer the question again and subsequent questions. You can use the "Finish Later" button, for Standard/Routines cases only, to save information and return to this case at a later time. This will save all case information recorded up to but not including the current screen.

**Failure to formally submit your request by clicking the "Submit" button after the attestation will cause the request for a prior authorization to expire with no additional correspondence.**

Click [here](#) for help or technical support

The demographic portion of the case is complete. Reminders on how to complete the clinical portion are displayed. Click 'Continue to proceed to the clinical review.

## Provider Experience – Case Submission

**Clinical Certification**

① Indicate the Cancer Type:

Colon/Rectal Cancer ▼

- Anal
- Bladder
- Bone
- Brain and Spinal Cord Tumors (CNS Tumors)
- Breast
- Breast Cancer Risk Reduction
- Cervical Cancer
- Colon/Rectal Cancer**
- Endometrial Cancer
- Ewing's Sarcoma
- Gallbladder Cancer
- Gastric/Esophageal Cancer
- Head and Neck Cancers
- Hepatic (Liver) Cancer
- Kidney Cancer
- Leukemia - Acute Lymphoblastic Leukemia (ALL)
- Leukemia - Acute Myeloid Leukemia (AML)
- Leukemia - Chronic Lymphocytic Leukemia (CLL)
- Leukemia - Chronic Myelogenous Leukemia (CML) ▼

You can save a certification request to finish later.

Cancel Print

The Clinical pathways begin with selection of the cancer type. This will dictate the questions that will be asked in the following screens. All cancer types covered by NCCN are available and an “Other” option is included for rare cancers not addressed by NCCN.

## Provider Experience – Case Submission

Exclusions are confirmed.

### Clinical Certification

 Please select any/all services that the patient is participating in that includes injectable and oral chemotherapy drugs:

- Clinical Trials
- Non-cancer uses of the drug (not related to treatment of chemo or chemo side effects)
- Inpatient Chemo
- None of the above
- Stem Cell Transplant

SUBMIT

# Provider Experience – Case Submission

## Clinical Certification

1 Initial AJCC (Pathologic stage) Stage at DIAGNOSIS:

- 0
- I
- IIA
- IIB
- IIC
- IIIA
- IIIB
- IIIC
- IV
- Unknown

SUBMIT

1 Select treatment type:

- Chemotherapy after surgery (Adjuvant)
- Therapy for a patient who is locally unresectable or medically inoperable
- Neoadjuvant chemotherapy for clinical T4b disease prior to colectomy

SUBMIT

### High Risk Pathologic Features

- <12 nodes examined
- Poorly differentiated histology
- Lymphatic/vascular or perineural invasion
- Bowel Obstruction
- Localized perforation
- Close, indeterminate or positive margins

### Most recent entry for the patient

1 Does the patient have:  
 Yes  No

1 KRAS/NRAS Result:

- Wild Type (no mutation)
- Mutation Positive
- Testing Not Completed/Unknown

SUBMIT

The office user will be asked a series of questions necessary to generate the recommended treatment list for the patient being treated. A typical traversal will have between 5 and 12 questions based on the complexity of the cancer. The system will dynamically filter to only the minimum number of questions needed to complete the review. Almost all answers are in drop down or click selection to allow for quick entry and structured data for reporting and analysis.

## Provider Experience – Case Submission

**Previously Approved Treatments (listed in chronological order): None**

**i** Select Treatment Option:

Regimen	
<input type="radio"/>	Fluorouracil (Simplified Biweekly Infusional) + Leucovorin
<input type="radio"/>	mFOLFOX6 (Fluorouracil + Leucovorin + Oxaliplatin)
<input type="radio"/>	Capecitabine
<input type="radio"/>	CapeOx (Capecitabine + Oxaliplatin)
<input type="radio"/>	Fluorouracil + Leucovorin (Roswell Park Regimen)
<input type="radio"/>	Build a Custom Treatment Plan (May Require Additional Clinical Review)

All NCCN recommended treatments are displayed.

# Provider Experience – Case Submission

Custom Treatment plans can be submitted for any case where the provider does not want to use a recommended regimen. Drugs are selected from a drop down list and the user has the opportunity to attach or enter supporting information for the request.

## Clinical Certification

Select the chemotherapy drug(s) for the treatment regimen from the Drug List below.

- If you are able to select the treatment option using the Drug List, provide a treatment regimen.
- If a chemotherapy drug is not on this list, and it is a newly approved chemotherapy drug, you may have the drug added to the treatment regimen.

Drug List:

	Add all	2 items selected	Remove all
5FU (5-Fluorouracil)	+	5-Fluorouracil (Adrucil, 5FU)	-
Abemaciclib - oral (Verzenio)	+	Capecitabine - oral (Xeloda)	
Abiraterone Acetate - Zytiga - oral (Zytiga)	+		
Abiraterone Acetate -Yonsa - oral (Yonsa)	+		
Abraxane (Paclitaxel (albumin-bound))	+		
Acalabrutinib - oral (Calquence)	+		
Actemra (Tocilizumab)	+		
Actimmune (Interferon, gamma-1b)	+		
Adcetris (Brentuximab Vedotin)	+		
Ado-Trastuzumab Emtansine (Kadcyla)	+		
Adriamycin (Doxorubicin HCL)	+		
Adrucil (5-Fluorouracil)	+		
Afatinib - oral (Gilotrif)	+		

## Clinical Certification

The treatment regimen is not recommended by NCCN. If you think a mistake has been made during the case review, your request and regimen will not be immediately approved and require Clinical Review. Supporting clinical information should be provided.

Documentation to support your proposed treatment should be submitted in the following manner:

- Free text in box below
- Attach documentation to case
- Fax documentation to 866-889-8061. Include patient name and the case reference number.

If you need additional time, click "Save and Exit" and return by clicking "RESUME".

Submit all relevant information about this case within 2 business days.

Enter supporting Clinical Information in the field below:

You may attach up to 5 PDF or Word documents no larger than 1 MB each.

Attach a PDF or Word document: click "Browse" to select the document from your desktop or other network location.

# Provider Experience – Case Submission

**Clinical Certification**

**Your case has been Approved.**

Provider Name: [REDACTED] Contact: dave

Provider Address: [REDACTED] VE Phone [REDACTED]  
L Number: [REDACTED]  
Fax Number: [REDACTED]

Patient Name: [REDACTED] Patient Id: [REDACTED]  
Insurance Carrier: PLAN-X

Site Name: [REDACTED] Site ID: [REDACTED]  
Site Address: [REDACTED]

Diagnosis/ICD-9 Code: 153.9 Description: MALIGNANT NEO COLON NOS  
Date of Service: 2/2/2015  
HCPCS Code(s): J9263 Drug(s): OXALIPLATIN (ELOXATIN)

Authorization Number: [REDACTED]  
Review Date: 03/05/2019  
Start Date: 03/10/2019  
Expiration Date: 11/10/2019  
Status: Your case has been Approved.

[Print](#) [Go to Patient History](#) [Request Supportives](#)

Selection of a recommended regimen will result in immediate approval of all drugs in the requested regimen with an authorization time span sufficient to complete the entire treatment. No further action is needed unless the treatment needs to be changed due to disease progression or other clinical factors.

Short cut for adding supportives

## Provider Experience – Case Submission - Supportives

### Clinical Certification

Confirm your service selection.

**Procedure Date:** 5/5/2016  
**Medical Oncology Pathways:** SPORT  
**Description:** SUPPORTIVE THERAPIES  
**Diagnosis Code:** C18.9  
**Diagnosis:** Malignant neoplasm of colon, unspecified

[Change Procedure or Diagnosis](#)

Click [here](#) for help or technical support

If “Request Supportives” is selected, a new case is started and the user is dropped on this screen to complete a supportive drug request.

The start date, drug classification, and ICD10 are prepopulated to match the Chemotherapy case. Click Continue to proceed to the clinical portion of the request

# Provider Experience – Case Submission - Supportives

**Clinical Certification**

Confirm Cancer type

Colon/Rectal Cancer

SUBMIT

## Clinical Certification

Indicate the requested supportive agent:

- Darbepoetin alfa (Aranesp) ONCE EVERY 2 WEEKS
- Darbepoetin alfa (Aranesp) ONCE EVERY 3 WEEKS
- Darbepoetin alfa (Aranesp) WEEKLY FIXED DOSE
- Darbepoetin alfa (Aranesp) WEEKLY WEIGHT BASED DOSE
- Denosumab (Prolia)
- Denosumab (Xgeva) MONTHLY
- Denosumab (Xgeva) MONTHLY and DAY 8, 15
- Epoetin alfa (Epogen, Procit) 3 TIMES PER WEEK
- Epoetin alfa (Epogen, Procit) ONCE EVERY 2 WEEKS
- Epoetin alfa (Epogen, Procit) ONCE EVERY 3 WEEKS
- Epoetin alfa (Epogen, Procit) WEEKLY
- Filgrastim (Neupogen) 300 mcg single use syringe/vial
- Filgrastim (Neupogen) 480 mcg single use syringe/vial
- Granisetron (Sustol)
- Octreotide (Sandostatin LAR Depot)
- Octreotide (Sandostatin)
- Pegfilgrastim (Neulasta)
- Telotristat ethyl - oral (Xermelo)
- Build a Custom Treatment Plan (May Require Additional Clinical Review)

User will be asked to indicate the drug needed and may be asked for additional clinical information to support that request. If multiple supportive drugs are needed a separate request must be entered for each drug.

## Provider Experience – Case Submission

**Your case has been sent for Medical Review.**

Provider Name:  Contact: dave

Provider Address:   
  
  
  
 Phone Number:

Fax Number:

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Patient Name:  Patient Id:

Insurance Carrier: PLAN-X

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Site Name:   
  
  
  
 Site ID: EC4953

Site Address:

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Diagnosis/ICD-9 Code: 153.9 Description: MALIGNANT NEO COLON NOS

Date of Service: 03/05/2019

HCPCS Code(s): J9190, J9042 Drug(s): 5-FLUOROURACIL (5FU; ADRUCIL), BRENTUXIMAB VEDOTIN (ADCETRIS)

Case Number:

Review Date: 03/05/2019

Expiration Date: N/A

Status: Your case has been sent for Medical Review.

The summary screen confirms that status and details of the request.

# Building Additional Cases



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

Tuesday, November 05, 2019 9:09 AM

Log Off

## Clinical Certification

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

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

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

Start a new request using the same:

- Program
- Provider
- Program and Provider
- Program and Health Plan

[Click here for help or technical support](#)

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**Return to the main menu, resume an in-progress request, or start a new request. You can indicate if any of the previous case information will be needed for the new request.**

# Authorization Lookup Tool



Wednesday, November 06, 2019 10:06 AM

## Authorization Lookup

New Security Features Implemented

### Search by Member Information

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:   
MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:

### Search by Authorization Number/ NPI

REQUIRED FIELDS

Provider NPI:

Auth/Case Number:

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**Select Search by Authorization Number/NPI. Enter the Provider's NPI and authorization or case number. Select Search.**

**You can also search for an authorization by Member Information.  
Enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.**

# Authorization Lookup Tool (Continued)



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

Wednesday, November 06, 2019 10:06 AM

## Authorization Lookup

Authorization Number:	
Case Number:	
Status:	Approved
Approval Date:	1/2/2019 1:40:36 PM
Service Description:	Small Cell Lung Cancer
Site Name:	
Expiration Date:	4/12/2019
Date Last Updated:	1/16/2019 1:43:41 PM
Correspondence:	<a href="#">VIEW CORRESPONDENCE</a>

[Print](#) [Done](#) [Search Again](#)

[Click here](#) for help or technical support

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**The authorization will then be accessible to review. To print authorization correspondence, select View Correspondence.**

# Eligibility Lookup Tool



[Home](#) [Certification Summary](#) [Authorization Lookup](#) **[Eligibility Lookup](#)** [Clinical Certification](#) [Certification Requests In Progress](#) [MSM Practitioner Performance Summary Portal](#) [Resources](#) [Manage Your Account](#) [Help / Contact Us](#) [MedSolutions Portal](#)

Wednesday, November 06, 2019 10:14 AM

[Log Off \(PEWITT1996\)](#)

## Eligibility Lookup

Health Plan:  
Patient ID:  
Member Code:  
Cardiology Eligibility: **Medical necessity determination required.**  
Radiology Eligibility: **Recertification is Required**  
Radiation Therapy Eligibility: **Medical necessity determination required.**  
MSM Pain Mgt Eligibility: **Recertification is Required**  
Sleep Management Eligibility: **Medical necessity determination required.**

[Print](#) [Done](#) [Search Again](#)

[Click here for help or technical support](#)

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**You may also confirm the patient's eligibility by selecting the Eligibility Lookup tool.**

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# Provider Resources

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# Provider Resources

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## Prior Authorization Call Center – 877-825-7722

eviCore call centers are open from 8:00 a.m. to 7:00 p.m. (local time).

Providers can contact the call center to do one of the following:

- Request Prior Authorization
- Check Status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case
- Request to speak to a clinical reviewer
- Schedule a clinical consultation with an eviCore Medical Director



# Provider Resources

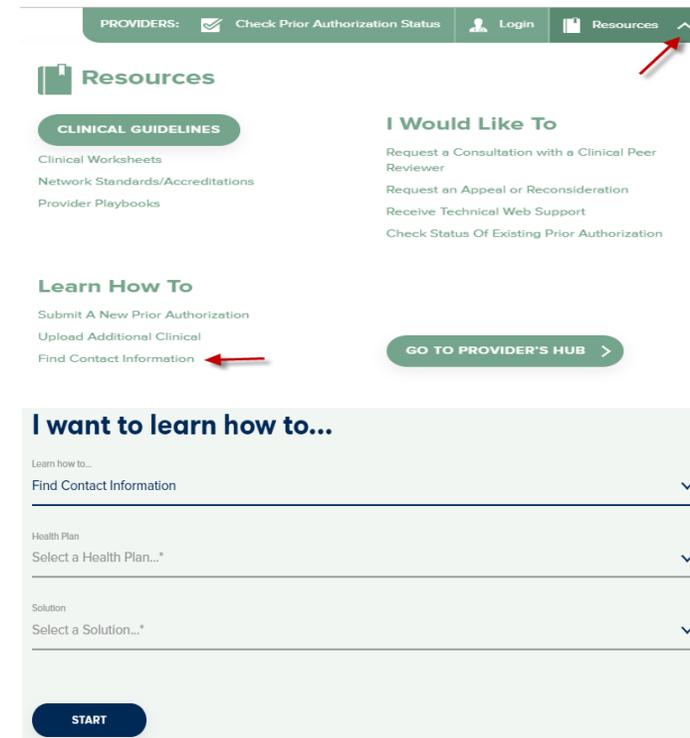
## Web Support Services

The quickest, most efficient way to request prior authorization is through the provider portal. eviCore has dedicated Web Support specialists that can assist providers in navigating the portal and addressing any web related issues during the online submission process.

To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email [portal.support@evicore.com](mailto:portal.support@evicore.com)

## Online Resources

- You can access important tools, health plan specific contact information and resources at [www.evicore.com](http://www.evicore.com)
- Select the Resources tab to view clinical guidelines, online forms, and more.
- The Quick Reference Tool can be found by clicking the “Resources” tab then select “Find Contact Information” under the “I want to learn how to” section. Simply select Health Plan and Solution to populate the contact phone and fax numbers, as well as the appropriate portal to utilize for case requests.



# Provider Resources

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## Client and Provider Services

eviCore has a dedicated Client and Provider Services team to address provider related requests and concerns. In most instances, this team can provide a resolution within 24-48 hours from the date the request was submitted. Here are some common requests that can be sent to our Client and Provider Services team for assistance:

- Requests for an authorization to be resent to the health plan
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

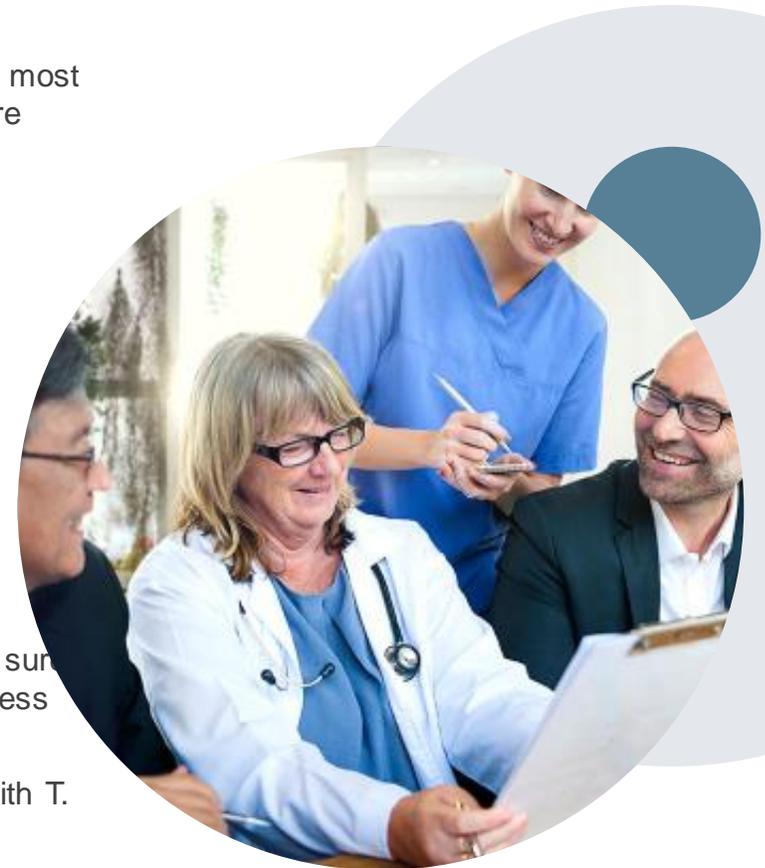
### How to Contact the Client and Provider Services team

**Phone:** 1 (800) 646 - 0418 (option 4)

**Email:** [ClientServices@evicore.com](mailto:ClientServices@evicore.com)

For prompt service, please have all pertinent information available when calling Client Services. If emailing, make sure to include a description of the issue with member/ provider/case details when applicable. Outside of normal business hours, please e-mail Client Services with your inquiry.

eviCore uses the Cherwell Ticketing System for all email inquiries. You will be assigned a ticket number starting with T. This number will identify a specific issue which you have provided for review.



# Provider Resources

## Client Specific Provider Resource Pages

eviCore's Provider Experience team maintains provider resource pages that contain client and solution specific educational materials to assist providers and their staff on a daily basis. The provider resource page will include but is not limited to the following educational materials:

- Frequently Asked Questions
- Quick Reference Guides
- Solution PowerPoint Overview
- Training Sessions
- Announcement Letter

To access these helpful resources, please visit

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

**Provider Enrollment Questions – Contact Provider Services at 844-522-5282**



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# Thank You!

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