

Radiation Oncology

Provider Education for Blue Cross[®] Blue Shield[®] of Arizona (BCBSAZ)



An Independent Licensee of the Blue Cross Blue Shield Association



Empowering
the Improvement
of Care

Company Overview



**250M
Members
Managed**

**Headquartered in Bluffton, SC
Offices across the US including:**

- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT
- Melbourne, FL
- Plainville, CT
- Sacramento, CA
- St. Louis, MO

10 Comprehensive Solutions



The industry's most **comprehensive clinical evidence-based guidelines**



5k+ employees including **1k clinicians**

Engaging with 570k+ providers



Advanced, innovative, and intelligent technology



Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Radiation Oncology – Our Experience



10 Years
Managing Radiation Oncology Treatments

Client Experience
20+ Regional and National Clients

Case Statistics
9.5k+ requests processed per day

Memberships Managed
31.3M Commercial Members
7.9M Medicare Members
6.4M Medicaid Members

Our Clinical Approach

Evidence-Based Guidelines

The foundation of our solutions



Guidelines updated at least annually



Experts associated with academic institutions



Current clinical literature



Aligned with National Societies:

- American Society for Radiation Oncology
- American College of Radiology
- American College of Radiation Oncology
- National Comprehensive Cancer Network (NCCN)
- Medicare Guidelines
- Dr. Raj Singla – eviCore
- Dr. Nimi Tuamokumo – eviCore
- Dr. Borys Mychalczak – Memorial Sloan-Kettering, NY
- Dr. Abram Recht – Beth Israel Deaconess Medical Center, Harvard, MA

Clinical Staffing – Multi-Specialty Expertise

Dedicated nursing and physician specialty teams for various solutions

- ◆ **Anesthesiology**
- ◆ **Cardiology**
- ◆ **Chiropractic**
- ◆ **Emergency Medicine**
- ◆ **Family Medicine**
 - Family Medicine / OMT
 - Public Health & General Preventative Medicine
- ◆ **Gastroenterology**
- ◆ **Internal Medicine**
 - Cardiovascular Disease
 - Critical Care Medicine
 - Endocrinology, Diabetes & Metabolism
 - Gastroenterology
 - Geriatric Medicine
 - Hematology
 - Hospice & Palliative Medicine
 - Medical Oncology
 - Pulmonary Disease
 - Rheumatology
 - Sleep Medicine
 - Sports Medicine
- ◆ **Medical Genetics**
- ◆ **Nuclear Medicine**
- ◆ **OB / GYN**
 - Maternal-Fetal Medicine
- ◆ **Oncology / Hematology**
- ◆ **Orthopedic Surgery**
- ◆ **Otolaryngology**
- ◆ **Pain Mgmt. / Interventional Pain**
- ◆ **Pathology**
 - Clinical Pathology
- ◆ **Pediatric**
 - Pediatric Cardiology
 - Pediatric Hematology-Oncology
- ◆ **Physical Medicine & Rehabilitation**
 - Pain Medicine
- ◆ **Physical Therapy**
- ◆ **Radiation Oncology**
- ◆ **Radiology**
 - Diagnostic Radiology
 - Neuroradiology
 - Radiation Oncology
 - Vascular & Interventional Radiology
- ◆ **Sleep Medicine**
- ◆ **Sports Medicine**
- ◆ **Surgery**
 - Cardiac
 - General
 - Neurological
 - Spine
 - Thoracic
 - Vascular
- ◆ **Urology**

16+
Radiation
Oncologists
on staff

21+
Radiation
Oncology-
Trained
Nurses



Our Service Model

Enabling Better Outcomes

Enhancing outcomes through Client and Provider engagement

Client and Provider Operations Team –

Client Provider Representatives are cross-trained to investigate escalated provider and client related issues.

Client Experience Manager –

Client Service Managers lead resolution of complex service issues and coordinate with partners for continuous improvement.

Regional Provider Engagement Manager –

Regional Provider Engagement Managers are on-the-ground resources who serve as the voice of eviCore to the provider community.



Why Our Service Delivery Model Works



One centralized intake point allows for timely identification, tracking, trending, and reporting of all issues. It also enables eviCore to quickly identify and respond to systemic issues impacting multiple providers.



Complex issues are escalated to resources who are the subject matter experts and can quickly coordinate with matrix partners to address issues at a root-cause level.



Routine issues are handled by a team of representatives who are cross trained to respond to a variety of issues. There is no reliance on a single individual to respond to your needs.

Radiation Oncology Utilization Management (UM) Program for BCBSAZ



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UM for Radiation Oncology

Please note: For Medicare Advantage members, eviCore will begin accepting precertification/prior authorization requests for radiology on 5/25/2020 for dates of service 6/1/2020 and beyond.

Prior Authorization applies to the following treatments:

- 3-D Conformal Radiation Therapy
- Complex (2D) Radiation Therapy
- Intensity Modulated Radiation Therapy (IMRT)
- Image-Guided Radiation Therapy
- Brachytherapy
- Stereotactic Radiosurgery (SRS/SBRT)
- Proton Therapy
- Hyperthermia
- Radiopharmaceuticals

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

- Emergency Room Services
- 23 Hour Observations
- Inpatient Stays

Provider Resource Page

Providers and/or staff can utilize BCBSAZ's Provider Resource page to access a list of covered CPT codes, Clinical Worksheets, FAQs, Quick Reference Guides, and additional educational materials by visiting:

[evicore.com/healthplan/azblue](https://www.evicore.com/healthplan/azblue)

Important Information

Note: Any provider can initiate a precertification request. However, if a required precertification is not obtained, the penalty is applied to:

- a) the contracted servicing provider or facility
- b) the member, if an out-of-network provider or facility is used

Continuity of care for Medicare Advantage members

Medicare Advantage patients already enrolled in a treatment protocol as of May 31, 2020 will not need a new prior authorization to continue their treatment. All new treatment protocols starting on or after June 1, 2020 will require a prior authorization through eviCore.

Treatment started prior to 6/1/2020:

- Does not require new precertification

Treatment will start 6/1/2020 and after:

- Requires new precertification through eviCore

Note: Any provider can initiate a prior authorization request. However, if a required prior authorization is not obtained, the penalty is applied to:

- a) the contracted servicing provider or facility
- b) the member, if an out-of-network provider or facility is used

Applicable MA Membership

eviCore prior authorization is required for BCBSAZ members enrolled in the following MA benefit plans (does *not* include plans administered by P3 Health Partners):

BENEFIT PLAN	PREFIX	SERVICE AREA	PRIOR AUTH ADMINISTRATOR
Blue Medicare Advantage Classic (HMO)	M2K	Maricopa County and parts of Pinal County	BCBSAZ, in partnership with eviCore for certain services
Blue Medicare Advantage Plus (HMO)			
BluePathway Plan 2 (HMO)	M2V	Maricopa County	
BluePathway Plan 3 (HMO)			
BlueJourney (PPO)	M3P	Maricopa and Pima counties	

BCBSAZ commercial members in-scope for eviCore UM

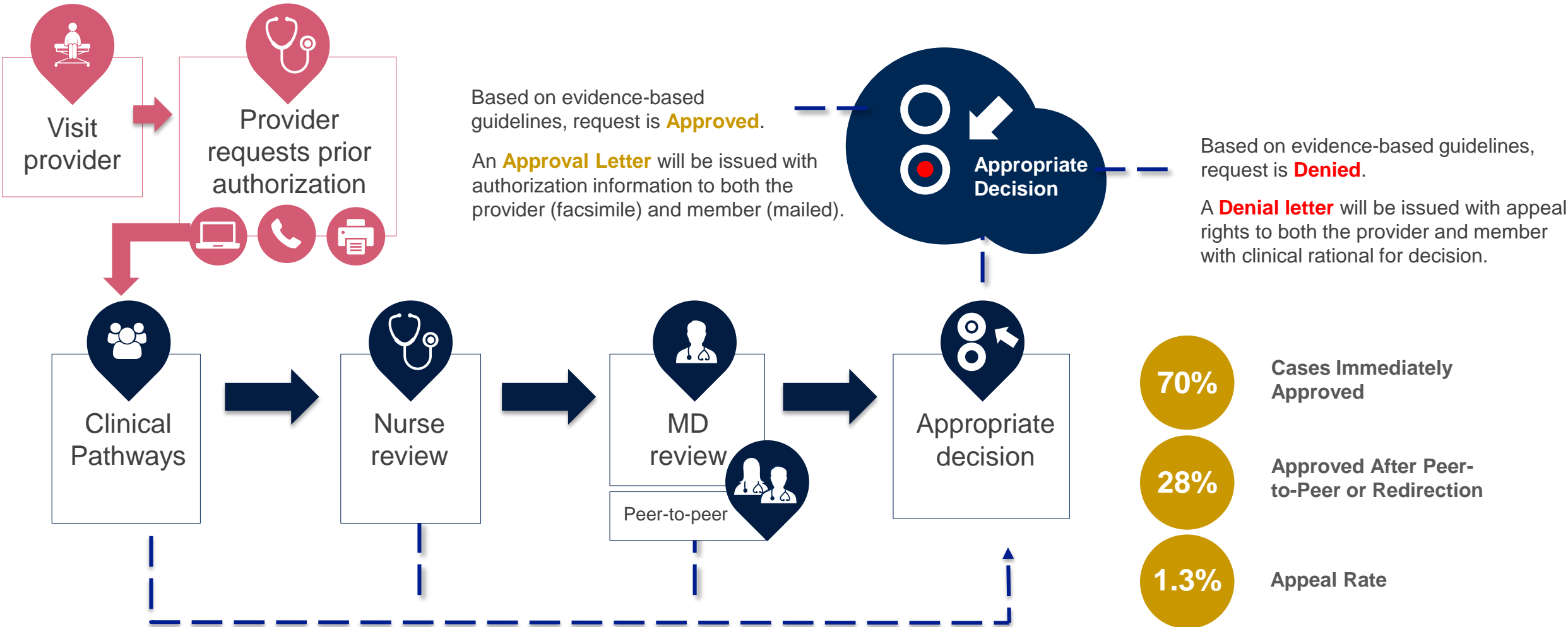
eviCore UM is required for these BCBSAZ members:

- Most of our fully insured and administered benefit plans
- BCBSAZ-administered MA plans (DOS 6/1/2020 and beyond)

eviCore UM is *not* required for these members (follow precert/prior auth instructions on the back of the ID card):

- Certain large employer groups with customized benefit plans
- Members with PCP Coordinated Care HMO benefit plans
- Members with TPA-administered employer group plans
- Members with MA plans that are administered by P3 Health Partners
- Members with Federal Employee Program[®] (FEP[®]) plans
- Members with BlueCard[®] (out-of-area) plans

Prior Authorization Process



Needed Information

Non-Clinical Information

Member Information

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

Ordering Physician Information

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

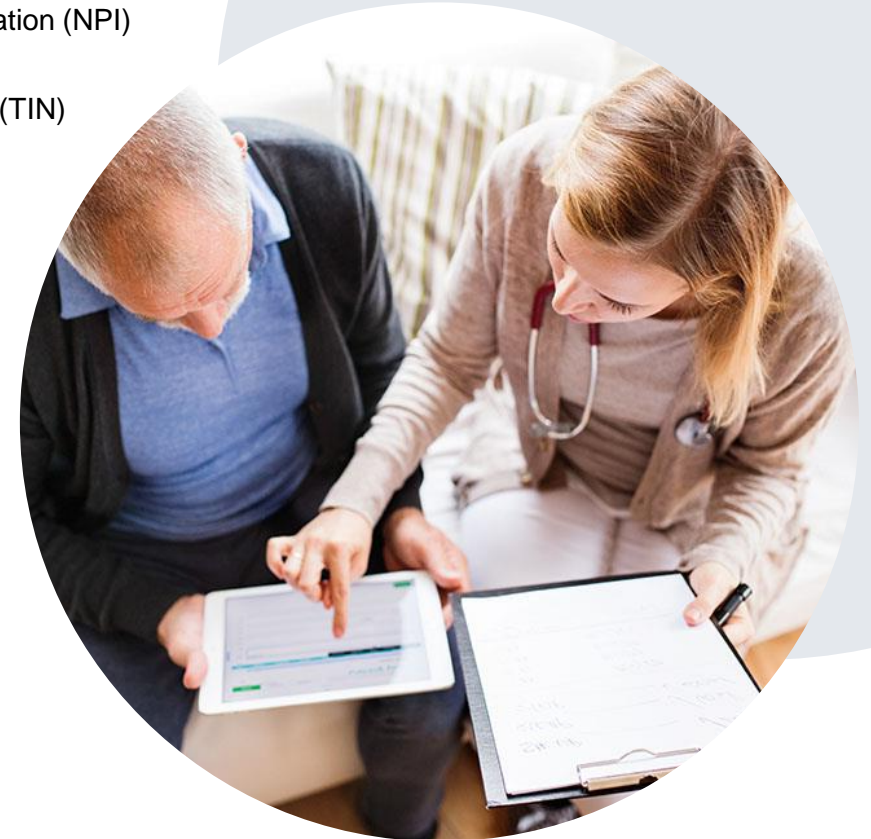
Rendering Facility Information

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

Supporting Clinical Information

Supporting clinical information is only needed if request is not approved immediately

- Applicable Clinical Worksheet
- Written statement (Indicating why an exception to the policy should be made)
- Treatment Intent
- Stage of disease
- Clinical presentation
- Treatment Plan (Treatment Technique, Number of Fractions, Phases, IGRT)



Holistic Treatment Plan Review



.....

eviCore healthcare relies on information about the patient's unique presentation and physician's intended treatment plan to authorize all services from the initial simulation through the delivery of the last fraction of radiation.

- Providers specify a diagnosis rather than request individual CPT codes
- Diagnosis and treatment plan compared to the evidence-based guidelines developed by our Medical Advisory Board.
- If request is authorized/covered or partially authorized/covered, then the treatment technique and number of fractions will be provided.
- For questions about specific CPT codes that are generally included with each episode of care, please reference the eviCore Radiation Therapy Coding Guidelines located online under the Radiation Oncology Solution on the AZ Provider Resource page:

[evicore.com/healthplan/azblue](https://www.evicore.com/healthplan/azblue)

- Correct coding guidelines are based on ASTRO/ACR Radiation Therapy coding resources

Basic prior authorization process

What happens when I submit a prior authorization request?

Request Processing time

- Routine requests are processed within 2 business days of receipt of all necessary clinical information.
- Medically Urgent are reviewed within 24 hours.

Denied Requests

- Communication of the denial determination and rationale (for Medicare Advantage, this communication precedes the actual denial notice).
- Denial notice contains reconsideration options based on the members health plan and line of business.
- The notice also includes instructions on how to request a clinical consultation.

Authorization Notice

- The notice will be uploaded to the online tool and faxed to the requesting physician.
- Approval information is uploaded to the eviCore online request/status tool and can be printed on demand from the eviCore portal.
- The member will receive the letter in the mail.

Denial Notice

- The notice will be uploaded to the online tool and faxed to the requesting physician
- Denial information is uploaded to the eviCore online request/status tool and can be printed on demand from the eviCore portal
- The member will receive the letter in the mail.



Urgent prior authorization requests

How can I submit a prior authorization request for an urgent medical situation?

Medically urgent services: definition

Medically urgent services address conditions that are a **risk to the patient's life, health, or ability to regain maximum function**, or when the patient is having severe pain that requires a medically urgent procedure.

Requesting an urgent prior authorization

- This option is not available for situations that are *not* medically urgent (such as administrative delays, scheduling, etc.)
- You can submit **medically urgent** prior authorization requests online at [eviCore.com](https://www.evicore.com).
- When you see the question “Is this request standard/routine?” respond “No.” Your case will be automatically be sent to the urgent work list.
- You may also call eviCore with an urgent request. 866.743.9630
- Urgent requests are reviewed within 24 hours.



Authorization scenarios and follow-up options

Scenario	Options for commercial plans	Options for MA plans
1. <i>My authorization request was pended for additional information. I haven't rendered the service yet.</i>	Request eviCore peer-to-peer clinical consultation or submit additional clinical information to eviCore.*	
2. <i>My authorization request was denied. I haven't rendered the service yet.</i>	Request eviCore reconsideration (re-review) for potential overturn of denial*	Request eviCore consultation or submit appeal with supporting records to BCBSAZ* <i>eviCore consultation can't be used to overturn the denial</i>
3. <i>My authorization request was denied. I have already rendered the service, but haven't submitted a claim yet.</i>	Submit appeal with supporting records to BCBSAZ*	Submit claim with supporting records to BCBSAZ
	<i>eviCore consultation can't be used to overturn the denial</i>	
4. <i>Oops! I didn't request authorization before rendering the service. I haven't submitted a claim yet.</i>	Request post-service retrospective review within 30 days <i>The request may be denied and penalties may apply</i>	
5. <i>Oops! I didn't request authorization before rendering the service. I have already submitted a claim.</i>	Follow instructions on your remit for post-service, post-claim retrospective review <i>The request may be denied and penalties may apply</i>	
6. <i>I disagree with the final authorization denial decision.</i>	Submit appeal with supporting records to BCBSAZ* <i>eviCore consultation can't be used to overturn the denial</i>	

* Follow the instructions in your eviCore notice for submitting additional information or requesting clinical consultations.

How does a Peer-to-Peer Consultation (P2P) work?

How P2Ps work for commercial plans

If a request has been pended or denied and requires further clinical review, you may request a clinical consultation. In certain instances, additional clinical information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.

How P2Ps work for Medicare Advantage plans

If a request has been pended for additional clinical information, follow the instruction on the notice from eviCore. If the determination decision has not yet been made, the consultation could influence the initial decision.


If a denial decision has already been made, the information shared in the consultation may *not* be used to overturn the denial. The information shared in the consultation may be used in submitting an appeal.

How to request an eviCore P2P

Providers, nurse practitioners and physician assistants can request a clinical consultation by:

- Visiting [evicore.com/provider/request-a-clinical-consultation](https://www.evicore.com/provider/request-a-clinical-consultation) and requesting a scheduling appointment
- Using the Self-Service P2P consultation option from the Authorization Lookup tool on the provider portal, eliminating the need to receive a scheduling callback:

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

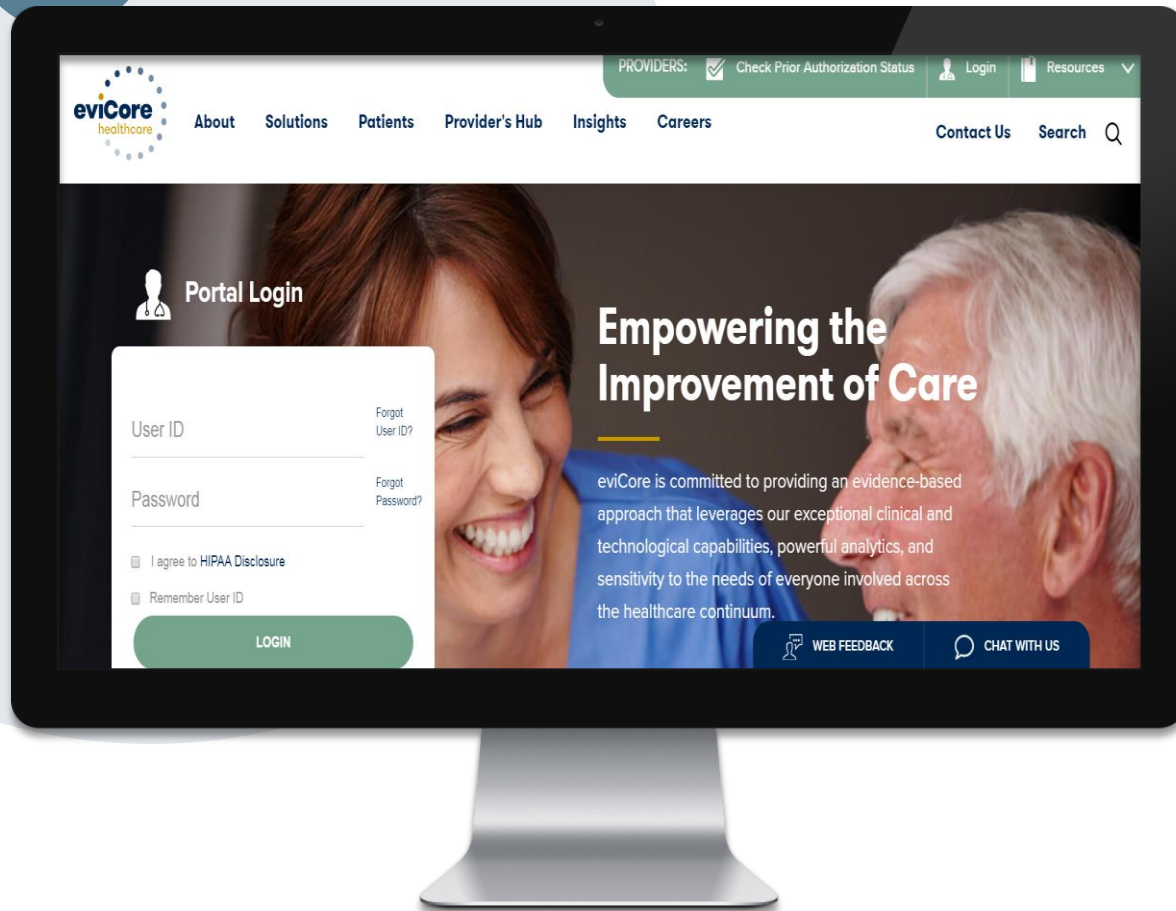




Provider Portal Overview

Account Access

eviCore Provider Portal



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 providers can spend their time where it matters most — with their patients!

Or by phone:

Phone Number:

866.540.2406

7:00 a.m. to 7:00p.m.

(Monday – Friday)

Portal Compatibility

The eviCore.com website is compatible with the following web browsers:

- Google Chrome
- Mozilla Firefox
- Internet Explorer 9, 10, and 11

You may need to disable pop-up blockers to access the site. For information on how to disable pop-up blockers for any of these web browsers, please refer to our [Disabling Pop-Up Blockers guide](#).

Online Precertification Requests – from the BCBSAZ Secure Portal

Accessing the eviCore request tool from the BCBSAZ secure provider portal (single sign-on):



Practice Management ^ Provider Resources v Education & Training v Population Health v

ACCOUNT MANAGEMENT
Change Contact Information
Change Password
My Account
Office User Management
Provider Information Change
Provider Management
Sub Organization Management

CLAIMS
Claim Status Inquiry
Online Remits

CLINICAL CRITERIA
BCBSAZ Members-InterQual® Search
BCBSAZ Members-Chiropractic Guidelines
BCBSAZ Members-eviCore Guidelines
BCBSAZ Members-site-of-Service Criteria
BlueCard (Out-of-Area) Members
CHS Group Members
FEP Members

ELIGIBILITY & BENEFITS
CHS Group Information
Eligibility and Benefits Inquiry
Eligibility and Benefits Results
Member ID Prefix Lists
My Patients List

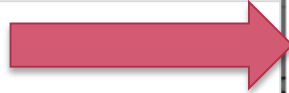
PCP COORDINATED CARE HMO PLANS
2020 Provider Guide
Fax-Referrals/Precerts Request
Online-Referrals/Precerts Request or View ⓘ
PCP Panel Roster

PHARMACY
Pharmacy Information

PRECERTIFICATION
BCBSAZ Members-Precert Code List Std
BCBSAZ Members-Precert Lookup Tool
BCBSAZ Members-Precert Req Lists 2020
BCBSAZ Members-Requests
BCBSAZ Members-Requests: PCP HMO
BCBSAZ Members-Requests: **eviCore**
BCBSAZ Members-Requests: PCP HMO
BCBSAZ Members-Resources: eviCore
BCBSAZ Members-Resources: Pharmacy
BCBSAZ Members-Specialty Med List
BlueCard (Out-of-Area) Members
CHS Group Members
FEP Members
Precertification Requests – Quick Guide

Online Precertification Requests

BCBSAZ Members-Requests: eviCore



provider portal

Enter Required Information

Tax ID *: Enter at least 3 characters

Member ID *: Enter Member ID

Date of Birth *: MM/DD/YYYY

Service Type *: Select Service Type

Close Submit

Online Prior Auth Requests – from the BCBSAZ MA Secure Provider Portal

Accessing the eviCore request tool from the BCBSAZ MA secure provider portal at azbluemedicare.com > Resources > Prior Authorization and Care Management:

Prior Authorization and Care Management

[Care Management Referral Form](#)

[Part B Drug List - BCBSAZ](#)

[Part D Drug Coverage Determination Form \(Submit Online\)](#)

[Part D Drug Coverage Determination Fax Form](#)

[Prior Authorization Request Fax Form](#)

 [Prior Authorization Requests/Status: eviCore](#)

[Prior Authorization Requirements Code List 2020 - BCBSAZ](#)

[Prior Authorization Requirements Code List 2020 - P3 Health Partners](#)

Online Prior Authorization Requests

Prior Authorization and Care Management

Care Management Referral Form

Part B Drug List – BCBSAZ

Part D Drug Coverage Determination Form (Submit Online)

Part D Drug Coverage Determination Fax Form

Prior Authorization Request Fax Form

Prior Authorization Requests/Status: **eviCore**

Prior Authorization Requirements Code List 2020 – BCBSAZ

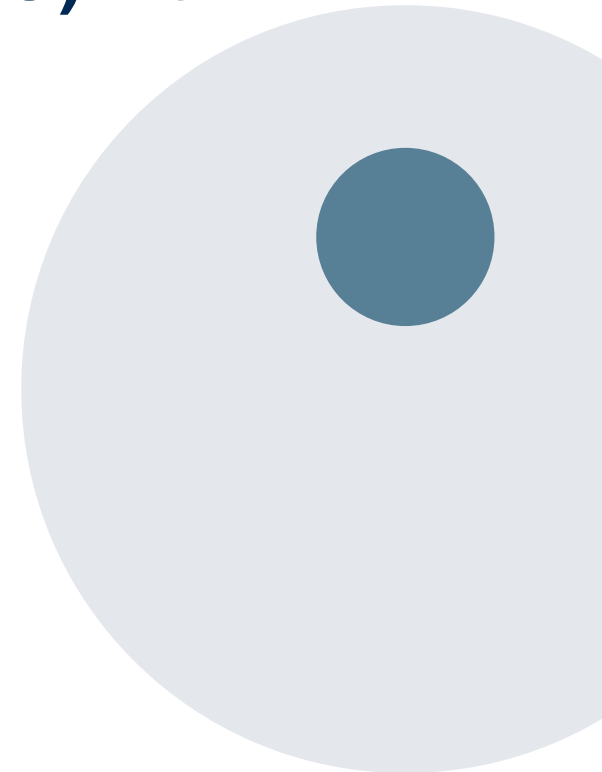
Prior Authorization Requirements Code List 2020 – P3 Health Partners

A screenshot of a web form titled 'Enter Required Information'. The form contains four input fields: 'Tax ID *' with a dropdown menu showing 'Enter at least 3 characters'; 'Member ID *' with a text input field showing 'Enter Member ID'; 'Date of Birth *' with a text input field showing 'MM/DD/YYYY'; and 'Service Type *' with a dropdown menu showing 'Select Service Type'. At the bottom right of the form are two buttons: 'Close' (orange) and 'Submit' (grey).

Login Options: Which one is best for your needs?

Direct login from eviCore site vs. Single Sign-On (SSO) from BCBSAZ secure portal

FUNCTIONS	Notes	
Save & Finish Later	To find and resume a specific authorization request, you must be logged in the same way you were when you created the request	
Create Request	The SSO link in the BCBSAZ MA secure portal works only for BCBSAZ MA members.	When logged in to eviCore directly, you can make authorization requests for members of any insurance plan utilizing eviCore.
View Summary	You can only see the authorization summary tab when you are logged in to eviCore directly. The summary tab displays your recent cases from all insurance plans.	

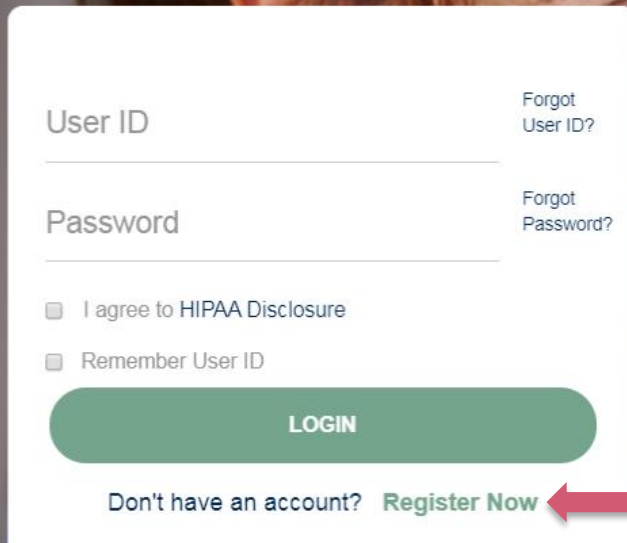


eviCore healthcare Website

Visit www.evicore.com



Portal Login

A screenshot of the eviCore healthcare Portal Login form. The form is white with a green 'LOGIN' button and a green 'Register Now' link. It includes fields for 'User ID' and 'Password', each with a 'Forgot' link. There are also checkboxes for 'I agree to HIPAA Disclosure' and 'Remember User ID'. A red arrow points to the 'Register Now' link.

User ID [Forgot User ID?](#)

Password [Forgot Password?](#)

I agree to HIPAA Disclosure

Remember User ID

LOGIN

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

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 real-time!

Don't have an account?

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


Creating An Account



* 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*: 

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.

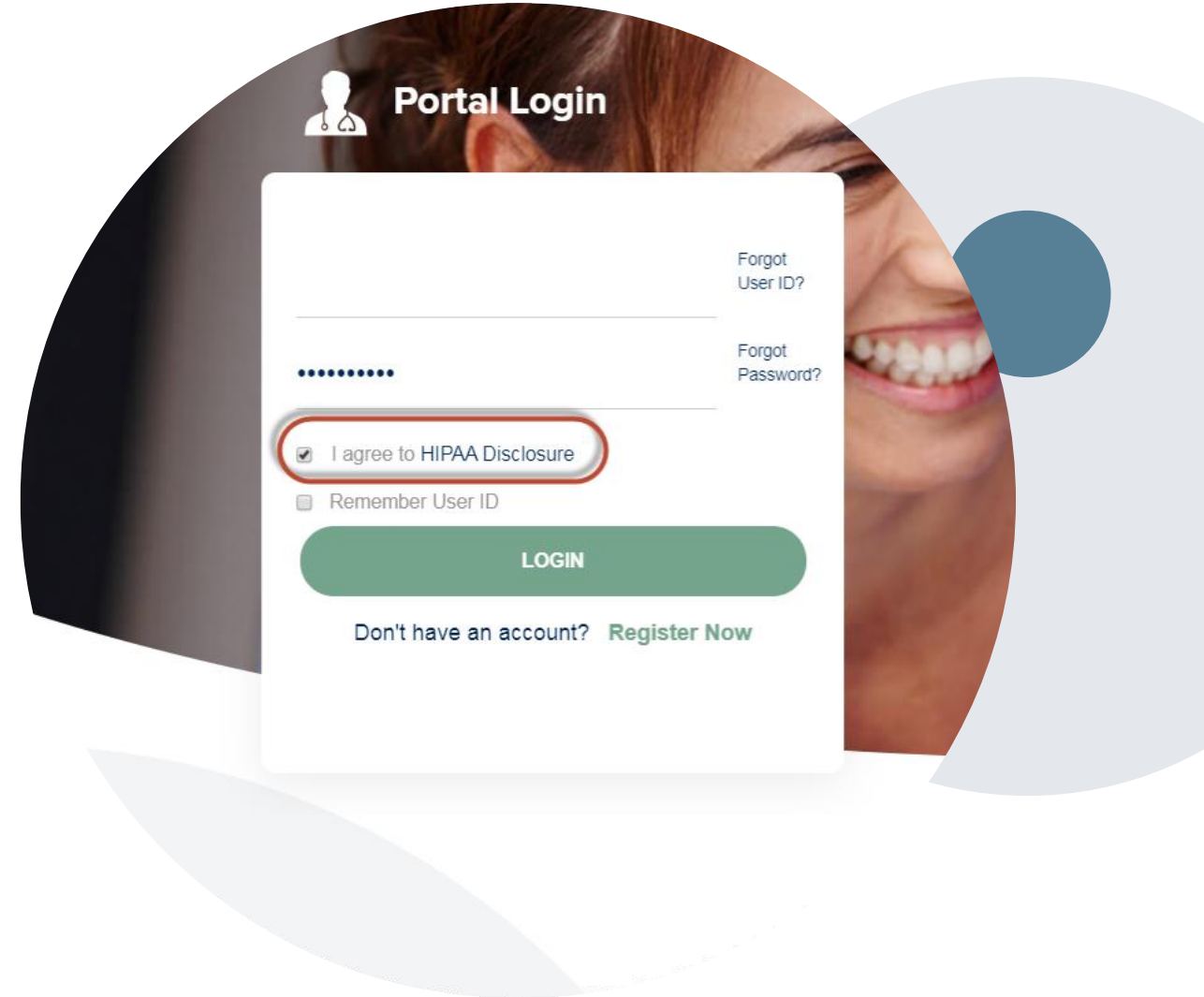
User Name*:	<input type="text"/>	Address*:	<input type="text"/>	Phone*:	<input type="text"/>
Email*:	<input type="text"/>		<input type="text"/>	Ext:	<input type="text"/>
Confirm Email*:	<input type="text"/>	City*:	<input type="text"/>	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	State*:	<input type="text" value="Select"/> ▼	Zip*:	<input type="text"/>
Last Name*:	<input type="text"/>	Office Name:	<input type="text"/>		

- Select CareCore National as the **Default Portal**, and complete the user registration form.
- Review information provided, and click **“Submit Registration.”**

Account Login

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

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



Provider Portal Overview

Adding Providers

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 Practitioner



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 Practitioner



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 Practitioner



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 Practitioner



[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.

[Add Another Practitioner](#) [Continue](#)

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Once you have selected a practitioner, 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.

Certification Summary

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

Certification Summary

Search..

Search..

Single Status
Show All

Filter By Multiple Statuses
Show All

Date
7 days

No records to display

Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description	Site Name	Expiration Date	Correspondence	Upload Clinical
<input type="text"/> X	<input type="text"/> X	<input type="text"/> X	<input type="text"/> X	<input type="text"/> X			<input type="text"/> X					

No records to display

- CareCore National Portal now includes a Certification Summary tab, to better track your recently submitted cases.
- The work list can also be filtered - as seen above.

Provider Portal Overview

Submitting Online Prior Authorization Requests

Initiating A Request



[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](#) [Med Solutions Portal](#)

Tuesday, November 05, 2019 9:16 AM

[Log Off](#)

Welcome to the CareCore National Web Portal. You are logged in as [User Name]

[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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Choose “request a clinical certification/procedure” to begin a new case request.

Select Program



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

Please select the program for your certification:

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

Cancel Print Continue

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

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Select the Program for your certification.

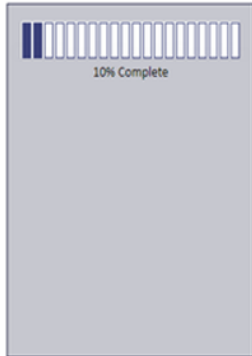
Select Provider



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

Tuesday, November 05, 2019 9:09 AM

Log Off



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, please visit [Manage Your Account](#) to associate the new practitioner, group, or lab.

Filter Last Name or NPI:

Selected Physician:

Provider
<input type="button" value="SELECT"/>

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

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Select the Practitioner/Group for whom you want to build a case.

Select Health Plan



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Log Off



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

Cancel Back Print Continue

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

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Choose the appropriate Health Plan for the case request. If the health plan does not populate, please contact the plan at the number found on the member's identification card.

Contact Information



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Log Off

Clinical Certification

30% Complete

Provider and NPI

Provider's Name [?]

Who to Contact [?]

Fax [?]

Phone [?]

Ext. [?]

Cell Phone

Email

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Enter the Provider's name and appropriate information for the point of contact individual.

Member Information



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Log Off

40% Complete
Provider and NPI

Clinical Certification

Patient ID:
Date Of Birth: MM/DD/YYYY
Patient Last Name Only: [?]

IF THIS IS A MEDICAID MEMBER, PLEASE USE THE MEMBER'S MEDICAID ID

[ELIGIBILITY LOOKUP](#)

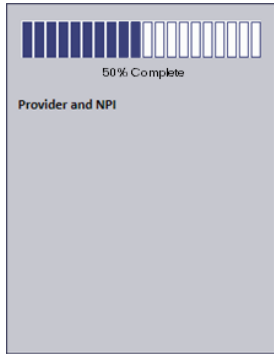
[Cancel](#) [Back](#) [Print](#)

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**Enter the member information including the Patient ID number, date of birth, and patient's last name.
Click "Eligibility Lookup."**

Clinical Details



Attention!

Time: 5/20/2020 10:25 AM

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

SUBMIT

Enter the expected treatment start date

Clinical Details



Tuesday, November 05, 2019 9:09 AM

50% Complete

Provider and NPI

Clinical Certification

This procedure will be performed on [] CHANGE

Radiation Therapy Procedures

Select a Procedure by CPT Code[?] or Description[?]
RCBREA Breast Cancer

Diagnosis

Diagnosis Code: **C50.412**
Description: **Malignant neoplasm of upper-outer quadrant of left female breast**
Change Diagnosis

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

Secondary diagnosis is optional for Radiation Therapy
[] LOOKUP

Cancel Back Print Continue



- 32701
- 61796
- 61797
- 61798
- 61799
- 61800
- RCADRE
- RCANAL
- RCBILE
- RCBLAD
- RCBONE
- RCBRAI
- RCBREA**
- RCCERV
- RCCNSL
- RCCNSN
- RCENDO
- RCESOP
- RCGACA
- RCGALL
- RCHDKL
- RCHENE
- RCHEPA
- RCKIDN
- RCLIVE
- RCMETS
- RCMUMY
- RCNHDL
- RCNONC

ay 20, 2020 10:26 AM

Log Off

Service + Diagnosis

will be performed on 5/21/2020. CHANGE

Radiation Therapy Procedures

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

For procedure code or type of service? [Click here](#)

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

[] LOOKUP

For diagnosis code? Please follow [these steps](#)

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

Secondary diagnosis is optional for Radiation Therapy

[] LOOKUP

BACK

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Enter the cancer type by CPT Code (RC Code) or Description of Cancer Type being treated, and Diagnosis associated with the patients cancer type.

Verify Treatment Selection



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Log Off

50% Complete

Provider and NPI

Clinical Certification

Confirm your service selection

Treatment Start:

CPT Code: RCBREA

Description: Breast Cancer

ICD-10 Code

Diagnosis: MALIGN NEOPL BREAST NOS

Secondary ICD-10 Code:

Secondary Diagnosis:

[Change Procedure or Diagnosis](#)

[Change Secondary Diagnosis](#)

[Cancel](#) [Back](#) [Print](#) [Continue](#)

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Confirm the correct cancer type and diagnosis has been selected.

Site Selection

Select the specific site where the testing/treatment will be performed. Select YES if the treatments will be billed under the same TIN as the ordering provider. Select NO if treatments will be billed under a different ordering provider, and search for the different site.

Attention!

Will treatments be billed under the same TIN as the ordering provider?

The screenshot displays the eviCore healthcare interface. At the top, the logo and navigation menu are visible, including links for Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, MSM Practitioner Performance Summary Portal, Resources, Manage Your Account, Help / Contact Us, and MedSolutions Portal. The date and time are shown as Tuesday, November 05, 2019 9:09 AM, and a Log Off button is present. The main content area is titled "Clinical Certification" and features a "Specific Site Search" section. This section includes a progress bar at 80% complete and a sidebar with "Provider and NPI", "Patient", and "Service" sections, each with an "EDIT" button. The search form contains fields for NPI, TIN, Zip Code, and City, along with a "Site Name" field and radio buttons for "Exact match" and "Starts with". A "LOOKUP SITE" button is located at the bottom right of the search area. Below the form are "Cancel", "Back", and "Print" buttons, and a link for "Click here for help or technical support". The footer contains the copyright notice: © CareCore National, LLC. 2019 All rights reserved. with links for Privacy Policy, Terms of Use, and Contact Us.

Clinical Collection Process



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Log Off

80% Complete

Provider and NPI

Patient EDIT

Service EDIT

Clinical Certification

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

Once you have clicked "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 on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from CareCore National.

[Cancel](#) [Back](#) [Print](#) [Continue](#)

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Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process

Clinical Collection Process - Urgency Indicator



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Log Off

80% Complete

Provider and NPI

Patient EDIT

Service EDIT

Clinical Certification

Is this case Routine/Standard?

Yes No



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Select an Urgency Indicator and Upload your patient's relevant medical records that support your request.

- Selecting "urgent" results in an expedited review. Such review, however, is conducted in the context the information submitted with limited liability to conduct a p2p (if a case can no be approved)
- Please select urgent for those cases that truly are urgent and not simply for a "quicker" review.
- If a request is selected as urgent, but does not meet guidelines to be considered urgent, the case may be reassigned as routine and follow those time frames.

Clinical Collection Process – Pathway Questions



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Log Off

80% Complete

Provider and NPI

Patient

Service

EDIT

EDIT

Clinical Certification

- Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?
 Yes No
- Where will treatment be directed?
 Bilateral breast (treated concurrently)
 Left breast
 Right breast

SUBMIT

Finish Later

Did you know?
You can save a certification request to finish later.

Cancel Print

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Questions will populate based upon the information provided.

Clinical Collection Process – Pathway Questions



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Log Off

80% Complete

Provider and NPI

Patient

Service

EDIT

EDIT

Clinical Certification

1 Will treatment include the internal mammary nodes?
 Yes No

2 Will treatment include the supraclavicular nodes?
 Yes No

3 What technique will be used for treatment?

4 How many fractions will be delivered for the initial phase?

5 What technique will be used for the boost phase of treatment?

SUBMIT

Finish Later

Did you know?
You can save a certification request to finish later.

Cancel Print

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

Proceed to Clinical Information

1 Please indicate the reason a hypofractionated regimen is not being utilized for the treatment.

SUBMIT

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If you need to confirm information you are entering or need to add additional data check “finish later” and then the submit button. You will have two business day to complete the case.

Clinical Collection Process – Pathway Questions



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Log Off

Clinical Certification

Is there any additional information specific to the member's condition you would like to provide?
 Yes No

Enter text in the space provided below or continue.

Additional Information - Notes:

Finish Later

Did you know?
You can save a certification request to finish later.

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

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If additional information is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page.

Clinical Collection Process – Clinical Upload



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Log Off

Clinical Certification

80% Complete

Provider and NPI

Patient [EDIT](#)

Service [EDIT](#)

Clinical Upload

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

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

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

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Providing clinical information via the web is the quickest, most efficient method.

Clinical Certification Statements



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Log Off

Clinical Certification

I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

[Print](#) [SUBMIT CASE](#)

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

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Acknowledge the Clinical Certification statements, and hit “Submit Case.”

Clinical Certification – Approval Case Summary

REQUESTED Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions)	
APPROVED Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331)	
DENIED	
DENIAL RATIONALE	
Provider Name:	Contact:
Provider Address:	Phone Number:
	Fax Number:
Patient Name:	Patient Id:
Insurance Carrier:	
Site Name:	Site ID:
Site Address:	
Primary Diagnosis Code: R68.89	Description: Other general symptoms and signs
Secondary Diagnosis Code:	Description:
Date of Service: 6/1/2020	Description: Breast Cancer
CPT Code: RCBREA	
Authorization Number:	
Review Date: 5/20/2020 10:41:09 AM	
Expiration Date: 11/16/2020	
Status:	
REQUESTED Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) APPROVED Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331) DENIED DENIAL RATIONALE	
REQUESTED Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) APPROVED Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331) DENIED DENIAL RATIONALE	
CANCEL	PRINT
CONTINUE	

Once the clinical pathway questions are completed and if the answers have met the clinical criteria, an approval will be issued.

Print the screen and store in the patient's file.

Clinical Certification – Pended Case Summary

Clinical Certification

Your Case has been sent to Medical Review

Provider Name: _____ Contact: _____
Provider Address: _____ Phone Number: _____
Fax Number: _____

Patient Name: _____ Patient Id: _____
Insurance Carrier: _____

Site Name: _____ Site ID: _____
Site Address: _____

Primary Diagnosis Code: C50.412 Description: Malignant neoplasm of upper-outer quadrant of left female breasts
Secondary Diagnosis Code: _____ Description: _____
Date of Service: _____
CPT Code: RCBREA Description: Breast Cancer

Authorization Number: _____
Review Date: _____
Expiration Date: _____
Status: Pending

Print Continue

Once the clinical pathway questions are completed and the case has not meet clinical review. The status will reflect pending and at the top “Your case has been sent to Medical Review”.

Print the screen and store in the patient’s file.

Building Additional Cases



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[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 \(Radiation Therapy Management Program\)](#)
- [Provider](#)
- [Program and Provider \(Radiation Therapy Management Program and](#)
- [Program and Health Plan \(Radiation Therapy Management Program and](#)

[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



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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, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.

Search Results and Electronic Clinical Upload Feature

Home

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Performance Summary Portal

New Security Features Implemented

Authorization Number: NA

Case Number:

Status: Additional Information Required

Approval Date:

Service Code:

Service Description:

Site Name:

Expiration Date:

Date Last Updated: 9/15/2017 10:45:49 AM

Correspondence: [VIEW CORRESPONDENCE](#)

Clinical Upload: [UPLOAD ADDITIONAL CLINICAL](#)



The authorization will then be accessible to review. To print authorization correspondence, select View Correspondence. Additional Clinical can also be uploaded here.

Self-Service Peer to Peer Scheduling Feature

- eviCore’s scheduling system takes into consideration all case logic needed to determine if a case is eligible for a Peer to Peer conversation (P2P)
- Search for an authorization to determine if a case is eligible for a P2P
- If the case is eligible for a P2P, a link will display, allowing scheduling without any additional messaging

- Pay attention to any messaging that displays. In some instances, a P2P is allowed, but the case decision cannot be changed. Instead, a Consultative Only P2P can be scheduled. The “All Post Decision Options” button will display any other action that may be taken.

Eligibility Lookup Tool



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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: **Precertification is Required**

Radiation Therapy Eligibility: **Medical necessity determination required.**

MSM Pain Mgt Eligibility: **Precertification 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.

Provider Resources

Provider Resources

Prior Authorization Call Center – 866.743.9630

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

Providers can contact our 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

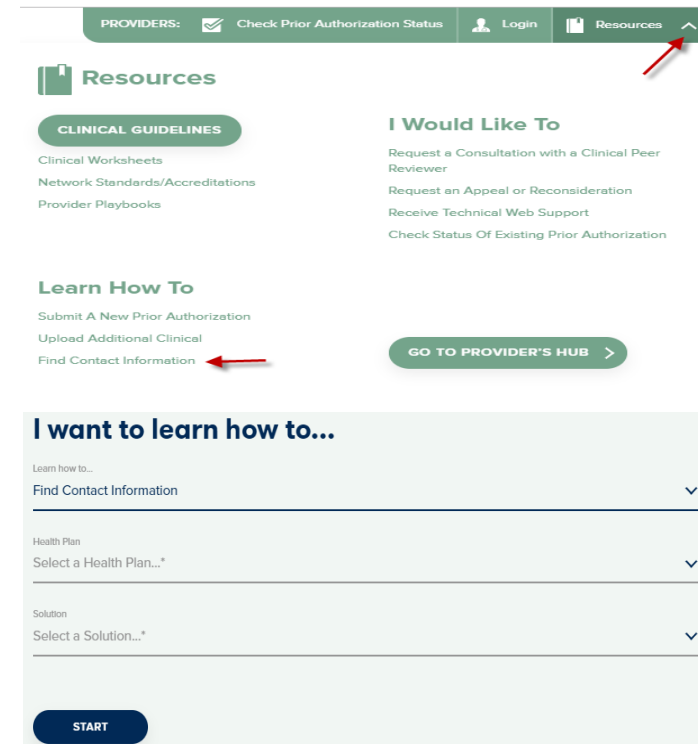
Web Support Services

The quickest, most efficient way to request prior authorization is through our provider portal. We have a 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

Online Resources

- You can access important tools, health plan specific contact information and resources at 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 Learn How to section. Simply select the Health Plan and Solution to populate the contact phone and fax numbers as well as the appropriate legacy portal to utilize for case requests.



Provider Resources

Client and Provider Services

eviCore healthcare 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:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- Consumer Engagement Inquiries
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

How to Contact our Client and Provider Services team

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

Email: 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

BCBSAZ Provider Resource Page

The BCBSAZ provider resource page includes helpful resources:

- Frequently Asked Questions
- Program Overview
- Code Lists
- Clinical Guidelines
- Clinical Worksheets

To access the page, please visit

www.evicore.com/resources/healthplan/azblue

**Provider Enrollment Questions – Contact BCBSAZ Provider Assistance at
602-864-4320 or 1-800-232-2345**



Customized Provider Resource Page

www.evicore.com/resources/healthplan/azblue

The screenshot shows a web page for BCBSAZ Resources. At the top left is a dark blue 'MENU' button. In the center is the 'eviCore healthcare' logo. At the top right is a green 'PROVIDERS' button with a doctor icon. Below the menu is a 'Back to health plan' button with a left arrow. The main heading is 'BCBSAZ Resources' in large blue font. Below it is the BlueCross BlueShield Arizona logo, which includes a blue cross and shield icon and the text 'BlueCross BlueShield Arizona' and 'An Independent Licensee of the Blue Cross Blue Shield Association'. A large curved image on the right shows two healthcare professionals in blue scrubs talking on a staircase. At the bottom, there are three tabs: 'OVERVIEW' (highlighted with a yellow underline), 'GENERAL RESOURCES', and 'SOLUTION RESOURCES'.

Access clinical guidelines, code lists, clinical worksheets,
and other helpful resources for the BCBSAZ eviCore programs.

Questions for eviCore? Contact Client Services at ClientServices@eviCore.com or call 1-800-646-0418 (option 4)

Questions for BCBSAZ? Contact Provider Assistance at 602-864-4320 or 1-800-232-2345

Thank You!



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