

# Medical Oncology and Radiation Oncology

Provider Orientation Session for First Choice by Select Health of South Carolina Family of Companies

June 2023



**HITRUST**  
CSF Certified



# Agenda

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- Program Overview
- Submitting Requests
- Prior Authorization Outcomes, Special Considerations & Post Decision Options
- Provider Portal Overview
- Additional Provider Portal Features
- Provider Resources
- Q & A
- Appendix
  - Portal Case Submission
  - Online P2P Scheduling Tool

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# Program Overview

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# First Choice of South Carolina Prior Authorization Services

eviCore healthcare (eviCore) will begin accepting prior authorization requests for Medical Oncology and Radiation Oncology services on May 1st for dates of service May 1, 2023 and after.

## Applicable Membership:

### First Choice by Select Health of South Carolina Family of Companies

- First Choice by Select Health of South Carolina Inc
- First Choice VIP Care Plus
- First Choice VIP Care

## Prior authorization applies to the following services:

- Outpatient
- Elective / Non-emergent

## Prior authorization from eviCore does NOT apply to services performed in:

- Emergency Rooms
- Observation Services
- Inpatient Stays



Providers should verify member eligibility and benefits with AmeriHealth Caritas on the secured provider log-in section at: [www.navinet.net](http://www.navinet.net) or call Provider Services at:

First Choice by Select Health South Carolina | 1-800-741-6605

First Choice VIP Care Plus | 1-888-978-0862

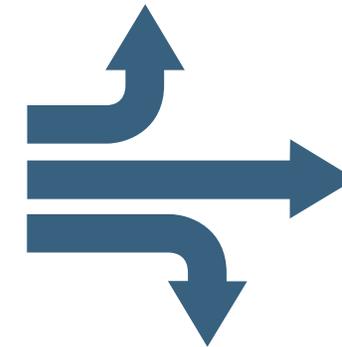
First Choice VIP Care | 1-888-978-0151

# Evidence-Based Guidelines for Medical and Radiation Oncology Programs

The foundation of our solutions

National Comprehensive  
Cancer Network®  
(NCCN)

26 of the World's  
Leading Cancer  
Centers Aligned



eviCore Guideline  
Management

Inclusive of  
**45**  
cancer types

Continually  
Updated

Represents  
**97%**  
of all cancers

# Scope of the Medical Oncology Program

What types of Drugs are included?

- The following types of drugs are included if being used to treat cancer
  - *Primary Injectable and Oral Chemotherapy – Part B medications only [MEDICARE SPECIFIC]*
  - *Supportive Medications given with Chemotherapy*
- The list of affected drugs can be viewed on [www.evicore.com/resources/healthplan/amerihealth-caritas-family-of-companies](http://www.evicore.com/resources/healthplan/amerihealth-caritas-family-of-companies) - *Find the Health Plan > Select Solution Resources> Select a Solution > Select CPT Code List*
- Additionally, drugs covered under this program, but are being used to treat non-cancer conditions may still require prior authorization through the health plan. Contact the number on the ID card to confirm requirements.

What is covered in my authorization?

- All drugs that are included in the treatment regimen – there are no partial approvals
- The HCPC codes associated with the approved drugs
- The time period indicated on the authorization (8-14 months)

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
- An update is not need if an approved drug is no longer being administered as a part of the approved regimen

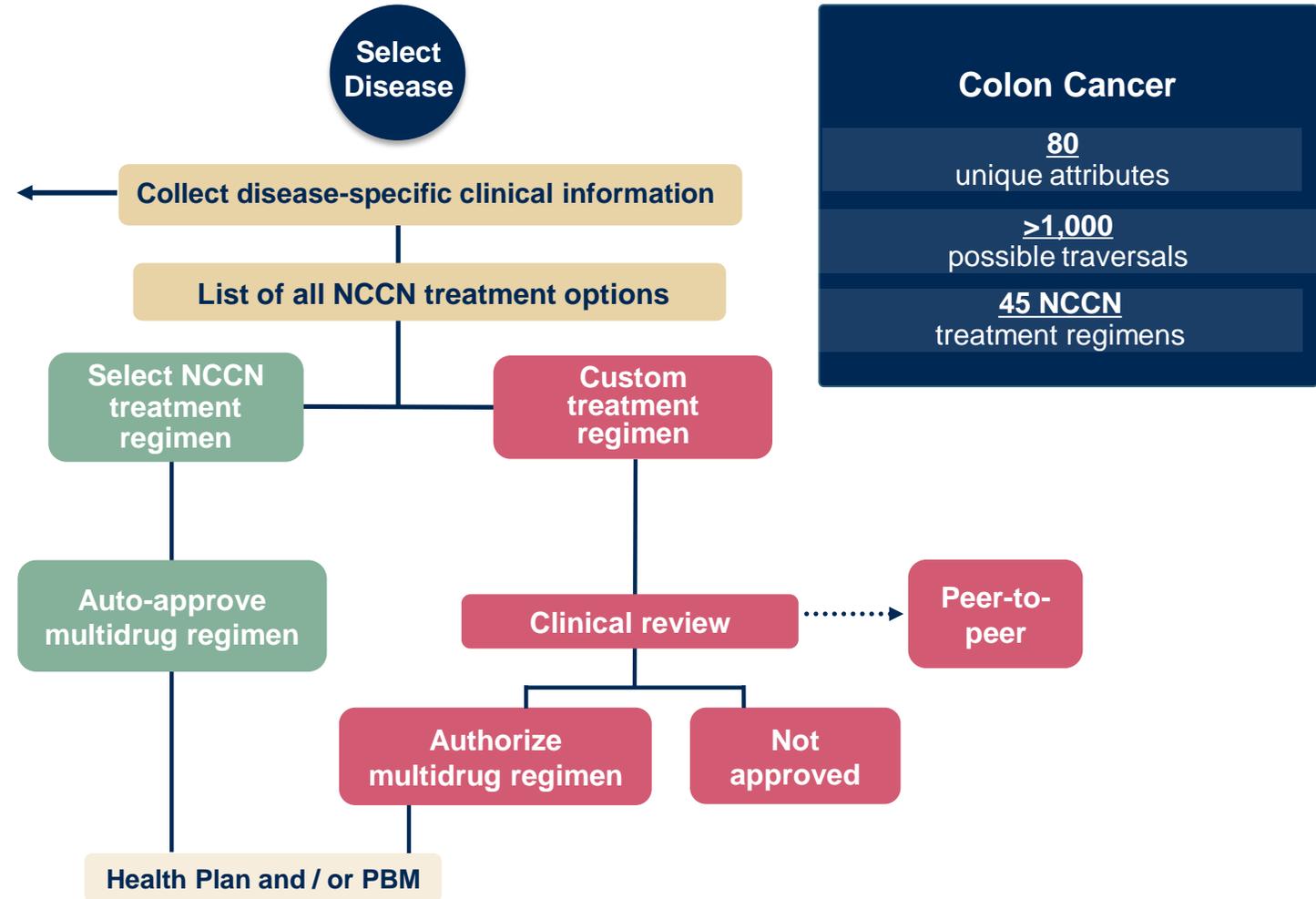
# Medical Oncology Solution Defines a Complete Episode of Care

## 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

**5-9 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

# Radiation Oncology - 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 the cancer type or body part being treated rather than requesting individual CPT and HCPCS codes . For example, Breast Cancer, Skin Cancer etc. A non-cancerous and 'other' cancer type can be requested if the diagnosis does not fit into a pre-defined cancer type category.
- The intended treatment plan for the cancer type is compared to the evidence-based guidelines developed by our Medical Advisory Board. [For Medicare Cases, LCD and NCDs are followed if there is one applicable to the treatment.]
- If request is authorized/covered or partially authorized/covered, then the requested/approved treatment technique and number of fractions will be provided and will be included on the notifications that are sent to the provider and the member.
- If Image Guidance (IGRT) is requested it may or may not be approved, separate from the primary treatment technique. This will be communicated in the case notifications. The eviCore IGRT Policy is included in our guidelines on [www.eviCore.com](http://www.eviCore.com)
- 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 at [www.eviCore.com](http://www.eviCore.com), in the Clinical Guidelines section of the Resource tab.



PROVIDERS:  Check Prior

 Resources

CLINICAL GUIDELINES 

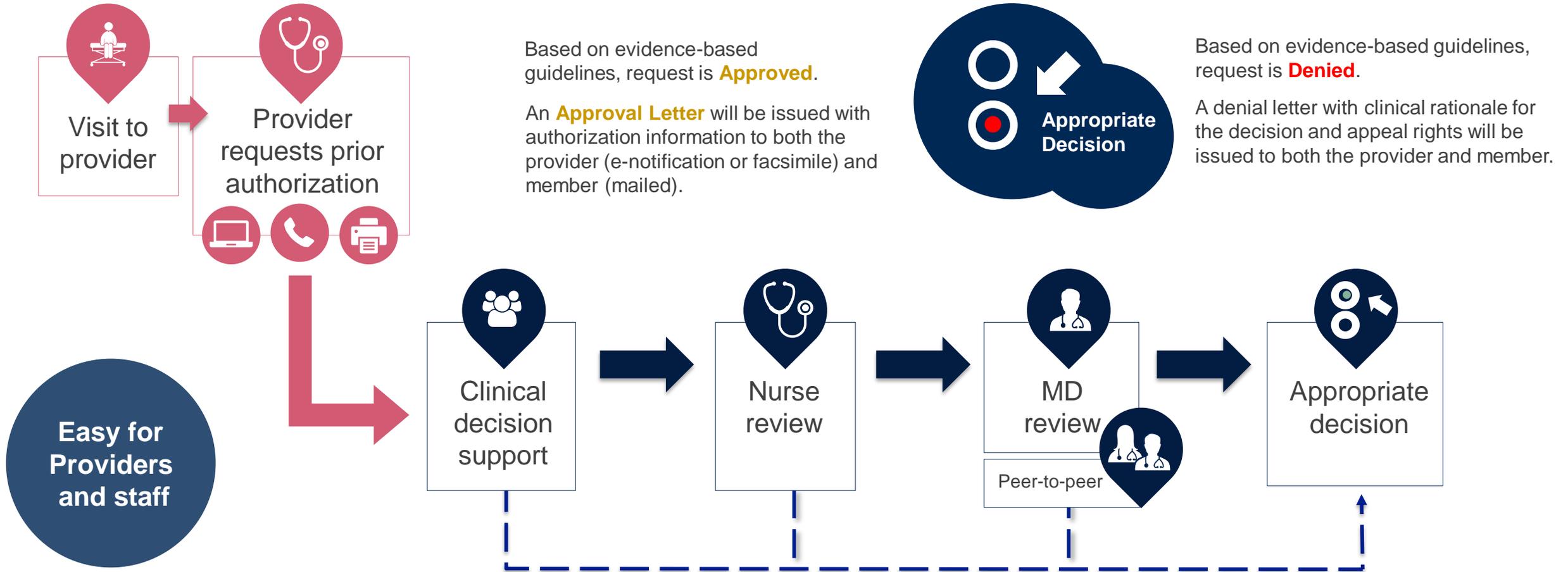
Clinical Worksheets

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# Submitting Requests

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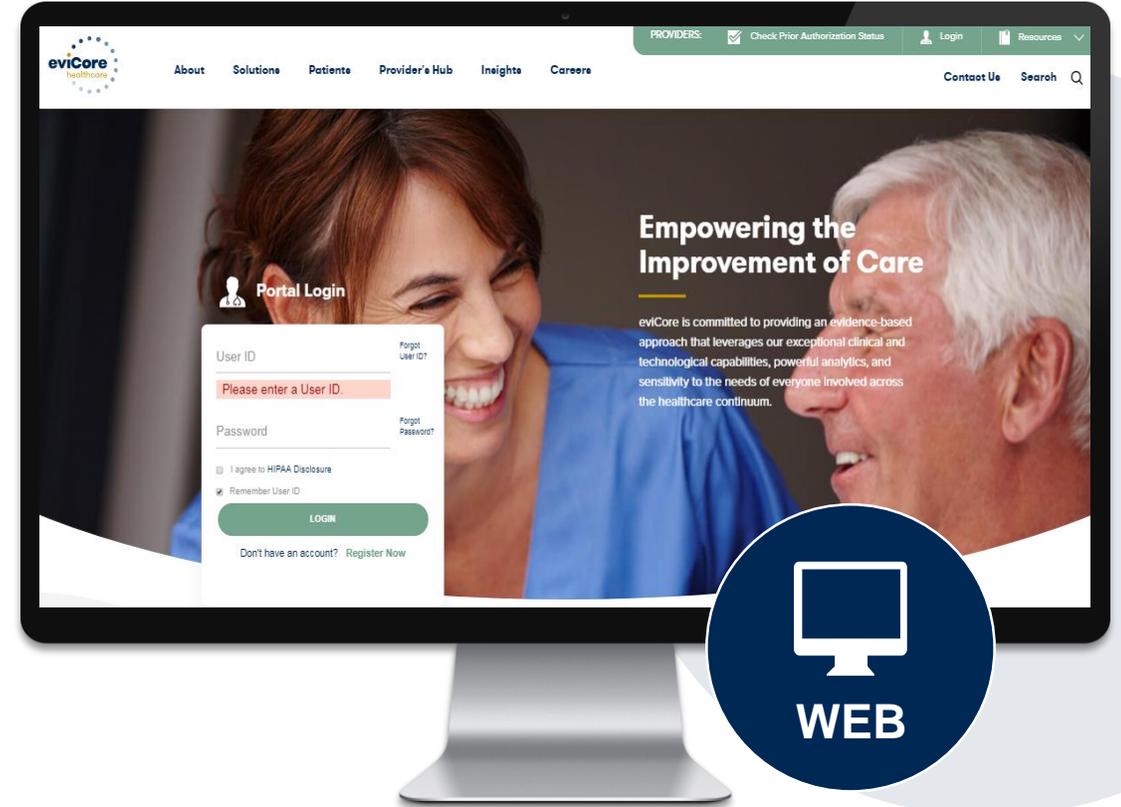
# Utilization Management – the Prior Authorization Process



# Methods to Submit Prior Authorization Requests

## eviCore Provider Portal (preferred)

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



### Phone Number:

877-506-5193

Monday through Friday:  
7 am – 7 pm local time

### Fax Number:

1-800-540-2406

Medical Oncology and Radiation Oncology

# Necessary Information for Prior Authorization

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

## 1. Member

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

## 3. Rendering Facility

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

## 2. Referring (Ordering) Physician

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

## 4. Supporting Clinical

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



# Clinical Information Needed

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

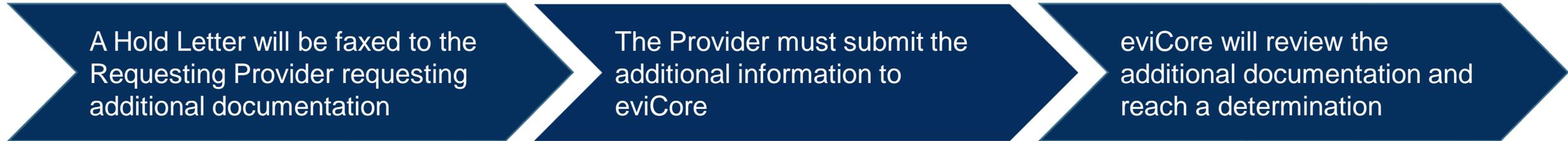
- Patient's clinical presentation.
- Diagnosis Codes.
- Type and duration of treatments performed to date for the diagnosis
- Disease-Specific Clinical Information:
  - ✓ Primary site of treatment (e.g. Breast Cancer, Prostate Cancer)
  - ✓ Diagnosis at onset
  - ✓ Stage of disease
  - ✓ Clinical presentation
  - ✓ Histopathology
  - ✓ Comorbidities
  - ✓ Patient risk factors
  - ✓ Performance status
  - ✓ Genetic alterations
  - ✓ Line of treatment
- ✓ Specific to Radiation Oncology:
  - Treatment plan: technique, phases, number of treatment sessions
  - Radiation Oncology consultation note
  - Treatment comparative plans



# Insufficient Clinical – Additional Documentation Needed

## Additional Documentation to Support Medical Necessity

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



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

Requested information must be received within the timeframe as specified in the Hold Letter, or eviCore will render a determination based on the original submission.

Determination notifications will be sent



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# **Prior Authorization Outcomes, Special considerations, and Post Decision Options**

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# Providing Additional Information

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

**There are three ways to supply the requested information to eviCore for review:**

- Additional clinical information must be submitted to eviCore in advance of the due date referenced
  - Additional clinical information should be submitted to eviCore for consideration per the instructions received, clinical can be **faxed** to **1-800-540-2406** or **uploaded** directly into the case via the provider portal at [www.eviCore.com](http://www.eviCore.com) (**preferred**)
- Alternatively, providers can choose to request a **Pre-Decision Clinical Consultation** instead of submitting additional clinical information. This consultation can be requested via the eviCore website (see the end of this presentation for instructions).
  - The Pre-Decision Clinical Consultation must occur prior to the due date referenced
- If the additional clinical documentation is shared with eviCore via fax or uploaded on the portal, that clinical will be sent on to be reviewed for medical necessity determination. Once the documentation is shared, the case advances to review and the case is **not** held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed
- Once the determination is made, notifications will go out to the ordering provider, rendering site and member, and status will be available on [www.eviCore.com](http://www.eviCore.com)

# Prior Authorization Outcomes

## Determination Outcomes:

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

## Notifications:

- Authorization letters will be faxed to the ordering physician
- Web initiated cases will receive e-notifications when a user opts in to receive
- Members will receive a letter by mail
- Approval information can be printed on demand from the eviCore portal:  
[www.eviCore.com](http://www.eviCore.com)



# Special Circumstances

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## Retrospective (Retro) Authorization Requests

- Must be submitted within 180 calendar days from the date of services (*NH requires submission within 120 calendar days, and Louisiana requires submission within 12 months*)
- Retro requests submitted beyond this timeframe will be administratively denied
- Reviewed for **clinical urgency** and medical necessity
- Retro requests are processed within 30 calendar days (*DC within 14 days & PA within 15 days*)
- When authorized, the start date will be the submitted date of service

## Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member
- Can be initiated on provider portal or by phone
- Urgent cases are typically reviewed within 24 to 72 hours



# Special Circumstances cont.

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## Alternative Recommendation

- An alternative recommendation may be offered, based on eviCore's evidence-based clinical guidelines
- The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request
- Providers have up to 14 calendar days to contact eviCore to accept the alternative recommendation

## Authorization Update

- If updates are needed on an existing authorization, you can contact eviCore by phone at 1-877-506-5193.
- While eviCore needs to know if changes are made to the approved request, any change could result in the need for a separate clinical review and require a new request (and the original approved request would need to be withdrawn).
- If the authorization is not updated, it may result in a claim denial.



# Post-Decision Options: Medicaid Members

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## My case has been denied. What's next?

Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied. You may also call eviCore at 1-877-506-5193 to speak to an agent who can provide available option(s) and instruction on how to proceed. Alternatively, select 'All Post Decisions' on [www.eviCore.com](http://www.eviCore.com), under the authorization lookup function, to see available options.

### Reconsiderations

- Reconsiderations must be requested within 14 calendar days after the determination date
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an eviCore physician

### Appeals

- eviCore **will not** process first-level appeals
- Please refer to the denial notice for instructions, and requirements, to submit an appeal

# Post-Decision Options: Medicare Members

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## My case has been denied. What's next?

### Clinical Consultation

- Providers can request a Clinical Consultation with an eviCore physician to better understand the reason for denial
- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation

### Reconsideration

- Medicare cases do not include a Reconsideration option

### Appeals

- eviCore **will not** process first-level appeals
- Please refer to the denial notice for instructions, and requirements, to submit an appeal

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# Provider Portal Overview

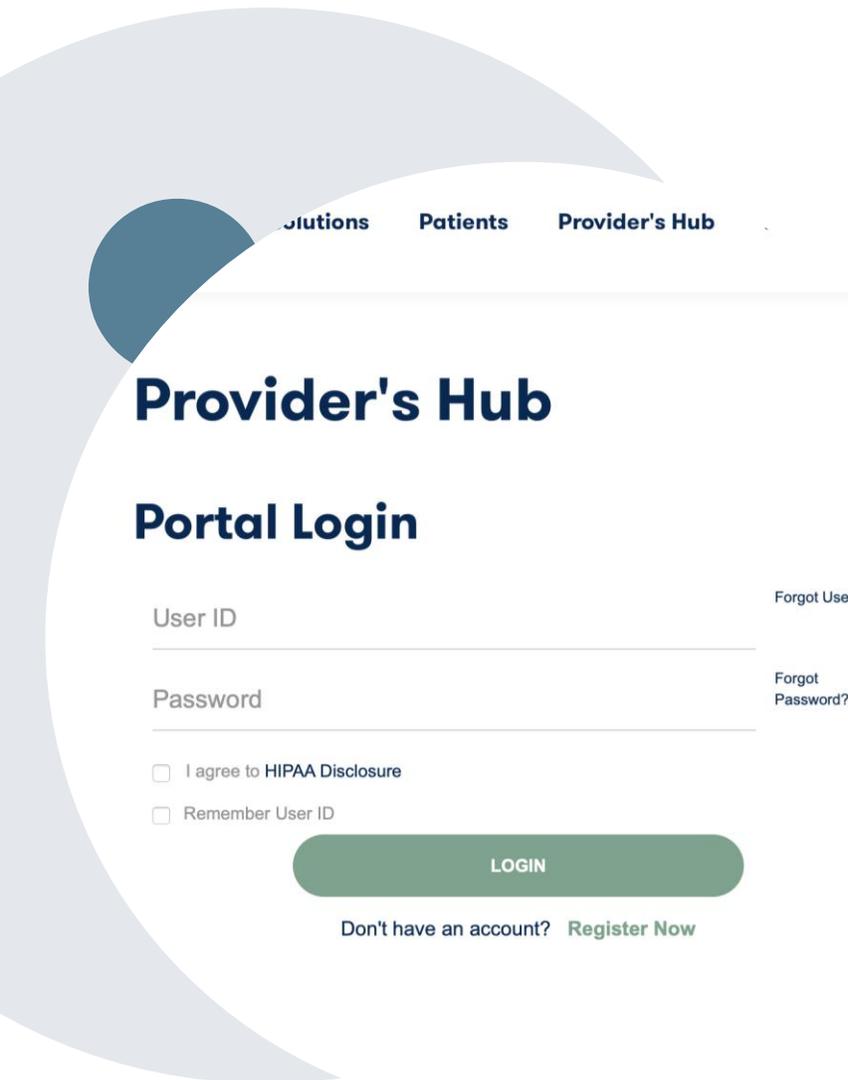
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# Portal Compatibility

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

- Microsoft Edge (**Preferred**)
- 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](#).



# eviCore healthcare Website

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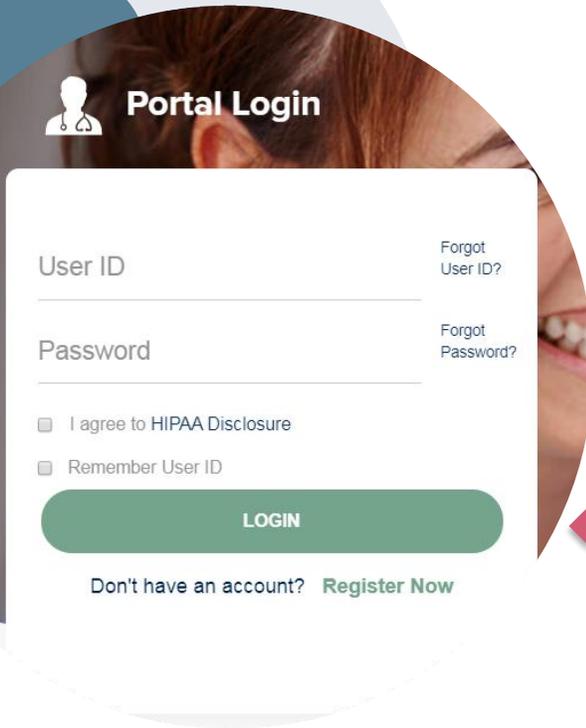
Visit [www.evicore.com](http://www.evicore.com)

## Already a user?

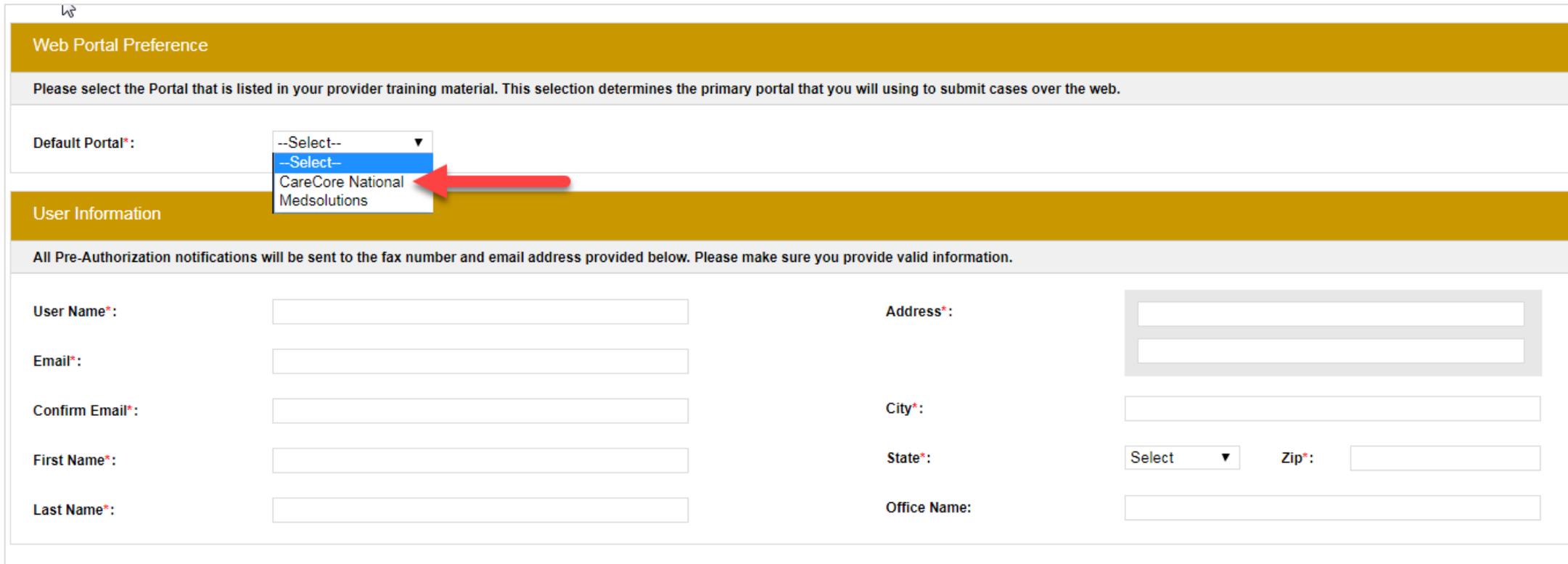
If you already have access to eviCore's online portal, simply log-in with your User ID and Password, complete the Multi-Factor Authentication, and begin submitting requests in real-time!

## Don't have an account?

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



# Creating An Account



The screenshot shows a web form for account creation. The top section is titled "Web Portal Preference" and contains a message: "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." Below this is a dropdown menu labeled "Default Portal\*:". The dropdown is open, showing three options: "--Select--", "--Select--", and "CareCore National Medsolutions". A red arrow points to the "CareCore National Medsolutions" option. Below the dropdown is a section titled "User Information" with a message: "All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information." This section contains several input fields: "User Name\*", "Email\*", "Confirm Email\*", "First Name\*", "Last Name\*", "Address\*" (with two stacked input boxes), "City\*", "State\*" (with a "Select" dropdown), "Zip\*", and "Office Name".

- Select **CareCore National** as the Default Portal, complete the User Information section in full, and **Submit Registration**.
- You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the log-in page.

# Multi-Factor Authentication MFA

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The image displays two side-by-side screenshots of a 'Set up Two Factor Authentication' interface. The left screenshot shows the 'SMS' option selected, with a 'Register Mobile Number' field containing 'USA (+1) 123-456-7890' and a 'Send PIN' button. The right screenshot shows the 'Email' option selected, with a 'Register Email Address' field containing 'example@evicore.com' and a 'Send PIN' button. Both screens include a 'Submit' button for the PIN entry step.

- To safeguard your patients' private health information (PHI) we have implemented a **multifactor authentication (MFA)** process.
- After you log in, you will be prompted to enter your email address or mobile phone number. This preference will be saved for future use.
- Select “**Send Pin,**” and a 6-digit pin is generated and sent to your chosen device.
- After entering the provided PIN# in the portal display, you will successfully be authenticated and logged in. **You will need to perform the MFA process every time you log in.**

# Add Practitioners

The image shows two overlapping web forms. The background form is titled "Manage Your Account" and includes fields for "Office Name:", "Address:", "Primary Contact:", and "Email Address:". It has buttons for "CHANGE PASSWORD" and "EDIT ACCOUNT", and an "ADD PROVIDER" button. Below the "ADD PROVIDER" button is a message "No providers on file" and a "CANCEL" button. The foreground form is titled "Add Practitioner" and contains the instruction "Enter Practitioner information and find matches." followed by a note: "\*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip". It has input fields for "Practitioner NPI", "Practitioner State" (a dropdown menu), and "Practitioner Zip". At the bottom are "FIND MATCHES" and "CANCEL" buttons.

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

# Initiating A Case

The screenshot shows a navigation menu at the top with the following items: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted in yellow with a red arrow), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, and Manage Your Account.

**Request an Authorization**

To begin, please select a program below:

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

**CONTINUE**

**Requesting Provider Information**

Select the provider for whom you want to submit an authorization request. If you don't see them listed, click [Manage Your Account](#) to add them.

Filter Last Name or NPI:

**SEARCH** **CLEAR SEARCH**

Provider	
<b>SELECT</b>	[Redacted]
[Redacted]	

**BACK** **CONTINUE**

- Choose **Clinical Certification** to begin a new request
- Select the appropriate program: **Medical Oncology Pathways** or **Radiation Therapy Management Program**
- Select **“Requesting Provider Information”**

# Select Health Plan & Provider Contact Info

**Choose Your Insurer**

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

Please Select a Health Plan

**BACK** **CONTINUE**

[Click here for help](#)

**Urgent Request?** You will be required to upload relevant clinical info at the end of this process. [Learn More](#).

**Don't see the insurer you're looking for?** Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

**Chose the appropriate insurer from the drop down menu:**

**First Choice by Select Health**

**Add Your Contact Info**

Provider's Name:\* [REDACTED] [?]

Who to Contact:\*  [?]

Fax:\*  [?]

Phone:\* [REDACTED] [?]

Ext.:  [?]

Cell Phone:

Email:

**BACK** **CONTINUE**

- Choose the **Health Plan** from the insurer drop-down box
- Once the plan is chosen, select the **provider address** in the next drop-down box
- Select **CONTINUE** and on the next screen Add your contact info
- Provider name, fax and phone will pre-populate, you can edit as necessary
- **By entering a valid email you can receive e-notifications rather than fax notices.**

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# Medical Oncology Case Build

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# Medical Oncology – Patient Eligibility

Enter member information for a **New Patient**, or select a member from the **Current Patients** box for the selected physician

## Patient Eligibility Lookup

**In Patient Message** – Inpatient requests should not be entered through this program. For additional information, please contact

### New Patient Registration

Member ID  
(no spaces or dashes)

Date of Birth (MM/DD/YYYY)

Last Name

First Name (optional)

Unable to find member?

### Current Patients

Filter by Physician

(type to filter by patient name)

# Patient History Screen

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.

## Clinical Certification



Reviews						
Date	Physician	Case #	Cancer Type	Treatment	Status	
3/04/2019	[Redacted]	[Redacted]	Colorectal	5-Fluorouracil (5FU; Aducril), Brentuximab Vedotin (Adcetris)	Pending	<a href="#">VIEW HISTORY</a>
8/02/2018	[Redacted]	[Redacted]	Colorectal	Oxaliplatin (Eloxatin)	Approved	<a href="#">VIEW HISTORY</a>
2/13/2017	[Redacted]	[Redacted]	Multiple Myeloma	Cyclophosphamide - inj (Cytoxan; Endoxan-Asta)	Approved	<a href="#">VIEW HISTORY</a>

**EXIT DETAIL**

**Case Summary**

Review Status: Approved  
 Approved HCPCS code: Undetermined  
 Treatment: Undetermined  
 Review Date: 2/13/2020  
 Determination Date: 2/13/2020  
 Start Date: 3/1/2020  
 Expiration Date: 10/27/2020

**Review History**

Indicate...  
 Specify...  
 Please...  
 Please...  
 Was th...  
 Has th...  
 Enter t...  
 Histolo...  
 Micros...  
 Initial...  
 Select...  
 Select...  
 Capeti...  
 evening...  
 per cyc...

...as? No  
 ...not known enter "00" for MM. 01/2020  
 ...lite instability-low (MSI-L) or microsatellite-stable (MSS)  
 ...colectomy  
 Retail Pharmacy. PO twice daily on days 1 (beginning in the...  
 Oxaliplatin: 130 Mg/m2 for a duration of 18 with 1 doses  
 place of service: Office Provider 11

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

# Medical Oncology – Requested Service

Select **CHEMO** or **SUPPORTIVE THERAPIES** for Medical Oncology Services



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

Tuesday, June 9, 2020 5:30 PM

[Log Off \(UCARPENTER1\)](#)

## Requested Service + Diagnosis

This procedure will be performed on 7/5/2020. [CHANGE](#)

### Medical Oncology Pathways

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

CHEMO CHEMOTHERAPY

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

Primary Chemotherapy and Supportive drugs must be entered as separate requests.

### Diagnosis

Primary Diagnosis Code: **C50.912**

Description: **Malignant neoplasm of unspecified site of left female breast**

[Change Primary Diagnosis](#)

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

Secondary diagnosis is optional for Medical Oncology Pathways

[LOOKUP](#)

[BACK](#)

[CONTINUE](#)

[Click here for help](#)

# Verify Selections made



[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

Confirm your service selection.

**Procedure Date:** 1/20/2019

**Medical Oncology Pathways:** CHEMO

**Description:** CHEMOTHERAPY

**Primary Diagnosis Code:** R68.89

**Primary Diagnosis:** Other general symptoms and signs

**Secondary Diagnosis Code:**

**Secondary Diagnosis:**

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

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

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

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Click **continue** to confirm your selection.

# Select Site of Service

## Add Site of Service

### Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI:  Zip Code:  Site Name:

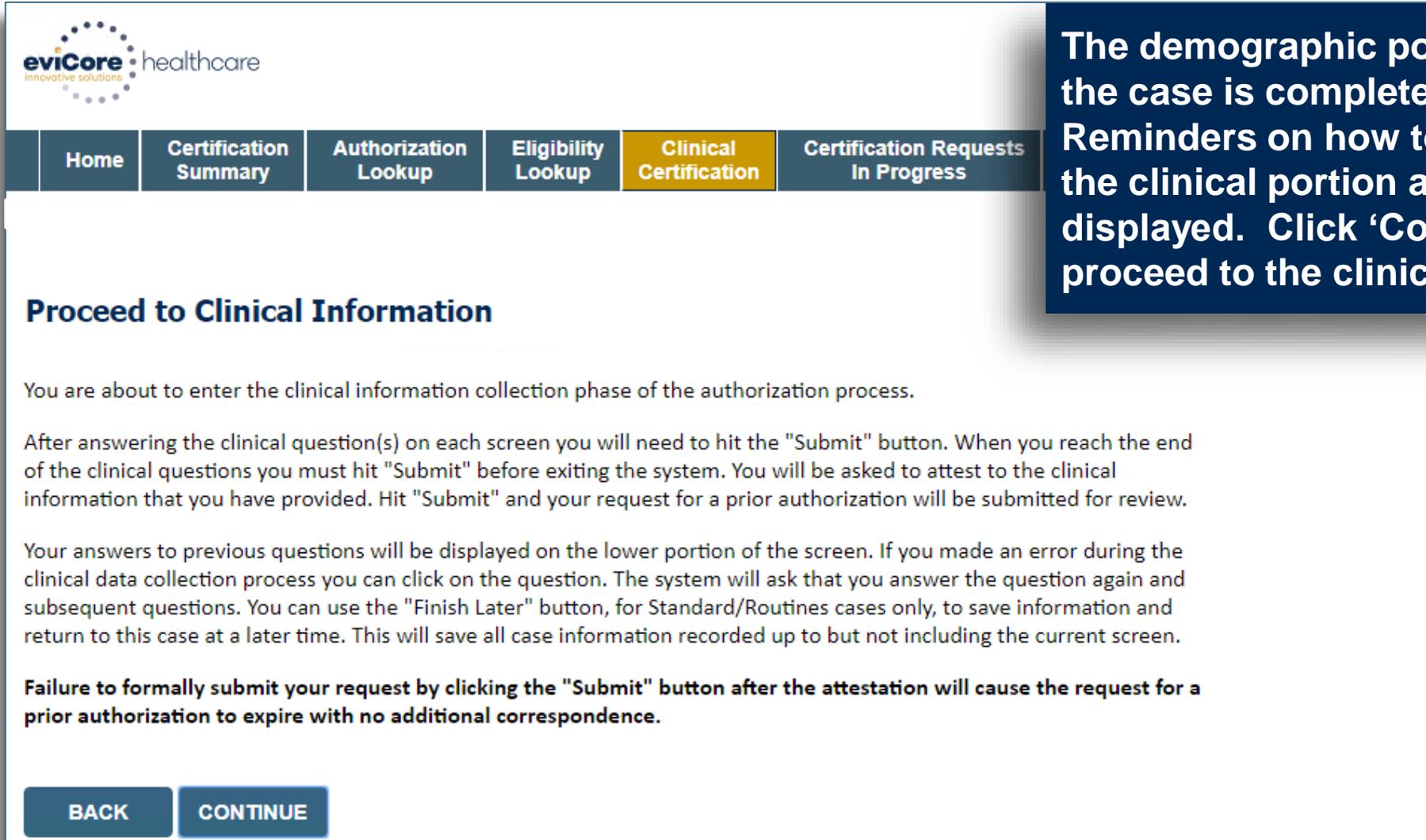
TIN:  City:

Exact match  
 Starts with

	Name	Address
<input type="button" value="SELECT"/>		
<input type="button" value="SELECT"/>		
<input type="button" value="SELECT"/>		SUITE 127
<input type="button" value="SELECT"/>		

- Search for the **site** of service by entering the NPI/TIN, or name of the site where the treatment is to be performed. Use 'Starts With' rather than 'Exact Match' if appropriate.
- Select the correct location from the populated list, and enter an email address if available

# Verify Demographic Information



The screenshot shows the eviCore healthcare interface. At the top left is the logo with the text "eviCore healthcare" and "innovative solutions" below it. A navigation bar contains six items: "Home", "Certification Summary", "Authorization Lookup", "Eligibility Lookup", "Clinical Certification" (highlighted in yellow), and "Certification Requests In Progress". Below the navigation bar is a heading "Proceed to Clinical Information". The main content area contains three paragraphs of text and two buttons at the bottom: "BACK" and "CONTINUE".

**eviCore** healthcare  
innovative solutions

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress

## Proceed to Clinical Information

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 the "Submit" button. When you reach the end of the clinical questions you must hit "Submit" before exiting the system. You will be asked to attest to 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.**

BACK CONTINUE

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.'

# Clinical Information

## Proceed to Clinical Information

**i** 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
- Gestational Trophoblastic Neoplasia (GTN)
- Hairy Cell Leukemia
- Head and Neck Cancers
- Hepatic (Liver) Cancer

**SUBMIT**

Finish Later

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

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.

# Medical Oncology – Clinical Pathway Questions

**Proceed to Clinical Information**

**?** Please select the Place of Service for this request:

- Off Campus-Outpatient Hospital
- Office
- On Campus-Outpatient Hospital
- Outpatient Home

**SUBMIT**

---

Review History

- ?** Indicate the Cancer Type:
  - Breast

**Proceed to Clinical Information**

**?** Was the patient initially diagnosed with metastatic disease beyond locoregional nodes?  
 Yes  No

**Proceed to Clinical Information**

**?** Please select all of the following that apply:

<input type="checkbox"/> The patient is participating in a clinical trial that includes cancer treatment drugs	<input type="checkbox"/> The requested drug is being used to treat a condition other than cancer
<input type="checkbox"/> The treatment will be administered inpatient	<input type="checkbox"/> CAR-T Therapy
<input type="checkbox"/> This request is for a Stem Cell Transplant conditioning regimen	<input type="checkbox"/> None of the above

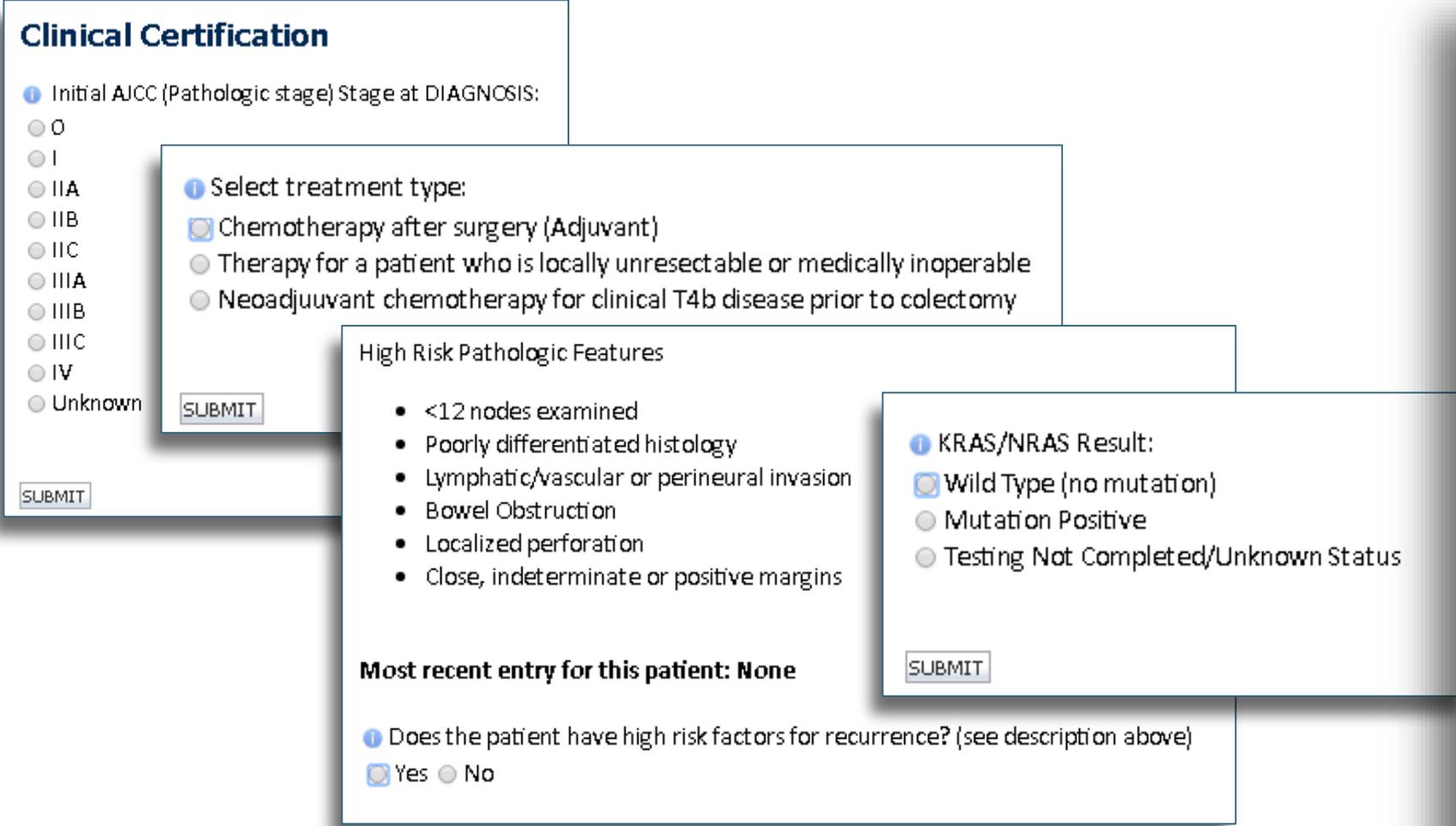
**SUBMIT**

---

Review History

- ?** Indicate the Cancer Type:
  - Breast
- ?** Please select the Place of Service for this request:
  - On Campus-Outpatient Hospital

# Clinical Pathway



The 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.

# Medical Oncology – Treatment Options

## Clinical Certification

The treatment options below reflect the recommendations of the National Comprehensive Cancer Network (NCCN) based on the clinical information submitted.

- NCCN Categories of Preference identifies regimens that are superior in terms of efficacy, safety, and evidence and when appropriate, affordability. The health plan is using it as a foundation to identify Preferred regimens to drive quality and affordability.

Selection of a preferred treatment option (check mark on the right) will result in an immediate authorization.

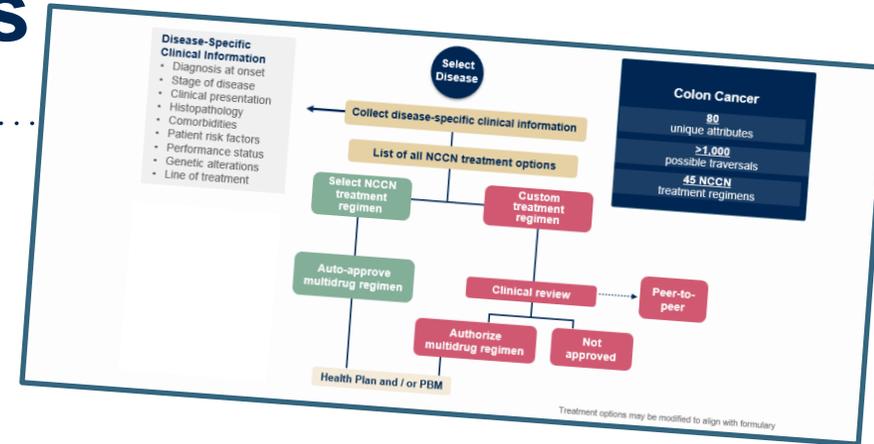
Selection of certain non-preferred treatment options (no check mark) will require peer to peer.

Previously Approved Treatments (listed in chronological order): None

Select Treatment Option:

Regimen	Preferred
<input type="radio"/> Dose-dense AC followed by EVERY 2 WEEKS Paclitaxel (Dose-dense Doxorubicin HCL + Cyclophosphamide followed by Paclitaxel)	<input checked="" type="checkbox"/>
<input type="radio"/> AC EVERY 3 WEEKS followed by WEEKLY Paclitaxel (Doxorubicin HCL + Cyclophosphamide followed by weekly Paclitaxel)	<input type="checkbox"/>
<input type="radio"/> TAC (Docetaxel + Doxorubicin HCL + Cyclophosphamide)	<input type="checkbox"/>
<input type="radio"/> AC EVERY 3 WEEKS followed by Docetaxel (Doxorubicin HCL + Cyclophosphamide followed by Docetaxel)	<input type="checkbox"/>
<input type="radio"/> Dose-dense AC followed by WEEKLY Paclitaxel (Dose-dense Doxorubicin HCL + Cyclophosphamide followed by Paclitaxel)	<input type="checkbox"/>
<input type="radio"/> AC EVERY 3 WEEKS (Doxorubicin HCL + Cyclophosphamide)	<input type="checkbox"/>
<input type="radio"/> EC (Epirubicin + Cyclophosphamide)	<input type="checkbox"/>
<input type="radio"/> CMF (Cyclophosphamide + Methotrexate + 5-Fluorouracil)	<input type="checkbox"/>
<input type="radio"/> Dose-dense AC (Dose-dense Doxorubicin HCL + Cyclophosphamide)	<input type="checkbox"/>
<input type="radio"/> TC (Docetaxel + Cyclophosphamide)	<input type="checkbox"/>
<input type="radio"/> Build a Custom Treatment Plan (May Require Additional Clinical Review)	<input type="checkbox"/>

SUBMIT



Select an **NCCN Recommendation** from the list (**Medical Oncology requests**)

These options will vary based on the **clinical & diagnosis** submitted.

There is also an option to '**Build a Custom Treatment Plan**'.

# Medical Oncology – Custom Treatment Options

## Proceed to Clinical Information

There are no NCCN recommended chemotherapy regimens based on the clinical data submitted. If you wish to treat with chemotherapy, please select "Build a Custom Treatment Plan" and indicate the drugs that you will be using for treatment. If you will not be treating with chemotherapy you may withdraw this request.



- Withdraw this request: Patient will not be treated with chemotherapy
- Build a Custom Treatment Plan (May Require Additional Information)

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 administration schedule and select "SUBMIT" to continue to the next step.
- If a chemotherapy drug is not on this list, and it is a newly approved chemotherapy drug that will be billed with a miscellaneous code, please contact customer service to have the drug added to the treatment regimen.

Drug List:

	Add all	0 items selected	Remove all
5-Fluorouracil (Aducril, 5FU)	+		
5FU (5-Fluorouracil)	+		
Abemaciclib - oral (Verzenio)	+		
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)			
Aducril (5-Fluorouracil)			

In order to evaluate your request, please list a

SUBMIT

## Proceed to Clinical Information

Reason for selecting a custom treatment plan.

- Clinical Trial Used in Prior Line
- Comorbidities Preclude Recommended Treatments
- Excess Toxicities with Recommended Treatments
- Patient Refused Recommended Treatments
- Technology or Availability Limitation with Recommended Treatments

Other (specify)

SUBMIT

# Provider Experience – Case Submission



Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

## Drug List:

	Add all	2 items selected
5FU (5-Fluorouracil)	+	5-Fluorouracil (A
Abemaciclib - oral (Verzenio)	+	Capecitabine - or
Abiraterone Acetate - Zytiga - oral (Zytiga)	+	
Abiraterone Acetate -Yonsa - oral (Yonsa)	+	
Abraxane (Paclitaxel (albumin-bound))	+	
Acalabrutinib - oral (Calquence)	+	
Actemra (Tocilizumab)	+	
Actimmune (Interferon, gamma-1b)	+	
Adcet		
Ado-T		
Adria		
Adruc		
Afatin		

## Clinical Certification

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

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

Browse...

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 via upload or free text.

# 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.

←

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.

**Shortcut** will populate for adding supportive drugs, if needed.

# Case Submission - Supportives

If “Request Supportives” is selected, a new case is started and the user is prompted 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.

User will be asked to indicate the drug needed and may be asked for additional clinical information to support that request. If multiple classes of supportive drugs are needed, a separate request must be entered for each class (ex: anti-emetic and G-CSF).

## 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,  
[Change Procedure or Diagnosis](#)

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

## 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, Procrit) 3 TIMES PER WEEK
- Epoetin alfa (Epogen, Procrit) ONCE EVERY 2 WEEKS
- Epoetin alfa (Epogen, Procrit) ONCE EVERY 3 WEEKS
- Epoetin alfa (Epogen, Procrit) 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)

## Clinical Certification

Confirm Cancer type

Colon/Rectal Cancer

---

# Radiation Oncology Case Build

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# Member Information – Radiation Oncology



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

Tuesday, June 9, 2020 2:15 PM

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

## Patient Eligibility Lookup

Patient ID:\*

Date Of Birth:\*  MM/DD/YYYY

Patient Last Name Only:\*  [?]

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

40% Complete

Provider and NPI

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# Clinical Details



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

Tuesday, June 9, 2020 2:20 PM

[Log Off](#)

## Requested Service + Diagnosis

This procedure will be performed on 6/12/2020. [CHANGE](#)

### Radiation Therapy Procedures

Select a Procedure by CPT Code[?] or Description[?]  
RCSKIN SKIN CANCER  
Don't see your procedure code or type of service? [Click here](#)

### Diagnosis

Primary Diagnosis Code: **C44.319**  
Description: **Basal cell carcinoma of skin of other parts of face**  
[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)  
*Secondary diagnosis is optional for Radiation Therapy*  
 [LOOKUP](#)

[BACK](#) [CONTINUE](#)

[Click here for help](#)

**Note:** After you click continue, there will be a pop-up box that appears asking for the treatment start date. Please enter the start date of the treatment and NOT the planning date.

60% Complete

**Provider and NPI**

**Patient** [EDIT](#)

Choose the **Cancer Type** and **Diagnosis** relevant to the requested service(s)

# Verify Service Selection



- Home
- Certification Summary
- Authorization Lookup
- Eligibility Lookup
- Clinical Certification
- Certification Requests In Progress
- MSM Practitioner Perf. Summary Portal
- Resources
- Manage Your Account
- Help / Contact Us

Tuesday, June 9, 2020 2:22 PM

[Log Off](#)

## Requested Service + Diagnosis

Confirm your service selection.

**Treatment Start:** 6/12/2020  
**CPT Code:** RCSKIN  
**Description:** SKIN CANCER  
**Primary Diagnosis Code:** C44.319  
**Primary Diagnosis:** Basal cell carcinoma of skin of other parts of face  
**Secondary Diagnosis Code:**

**Secondary Diagnosis:**  
[Change Procedure or Primary Diagnosis](#)  
[Change Secondary Diagnosis](#)

[BACK](#) [CONTINUE](#)

[Click here for help](#)

60% Complete

**Provider and NPI**

**Patient**

[EDIT](#)

Click **CONTINUE** to confirm your selection

# Site Selection



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

Tuesday, June 9, 2020 2:24 PM

[Log Off](#)

## Add Site of Service

### Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI:  Zip Code:  Site Name:

TIN:  City:

Exact match  
 Starts with

**LOOKUP SITE**

**BACK**

[Click here for help](#)

80% Complete

**Provider and NPI**

**Patient** [EDIT](#)

**Service** [EDIT](#)

6/12/2020  
RCSKIN SKIN CANCER  
C44.319 Basal cell carcinoma of skin of other parts of face

Enter the **NPI** and **Zip Code** to search for the **Site of Service** (where the testing/treatment will be performed)

# Clinical Collection Process



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

Tuesday, June 9, 2020 2:25 PM

[Log Off](#)

## Proceed to Clinical Information

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 eviCore.**

[BACK](#) [CONTINUE](#)

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**Verify all information** entered and **make any needed changes before** proceeding to the clinical collection phase of the prior authorization process

# Urgency Indicator



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

Tuesday, June 9, 2020 2:54 PM

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## Proceed to Clinical Information

Is this case Routine/Standard?

**For standard turn-around times, select 'YES'**

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# Urgent via the Web

## Proceed to Clinical Information

Is this case Routine/Standard?



## Proceed to Clinical Information

### Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.

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

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

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



### Clinical Upload

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

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

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

No file chosen

# Clinical Pathway Questions



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

Tuesday, June 9, 2020 2:59 PM

## Proceed to Clinical Information

A Medicare approved clinical trial appears on the ClinicalTrials.gov website list of approved facilities under a clinical trial number as issued by the National Library of Medicine (NLM).

Are you requesting an authorization for a patient who has enrolled and has been accepted into a Medicare approved clinical trial that is listed on the ClinicalTrials.gov website?

Yes  No

SUBMIT

Finish Later

Did you know?

You can save a certification request to finish later.

CANCEL

[Click here for help](#)

**Clinical Certification** questions populate based on the information provided – for the full range of questions, **review** the **clinical worksheets** at **eviCore.com**

**eviCore healthcare**  
innovative solutions

**Radiation Therapy Physician Worksheet (As of 19 January 2018)**  
**Skin Cancer**

This worksheet is to be used for curative or palliative treatment of skin cancer. If the treatment is for metastases from skin cancer, please use the appropriate metastatic worksheet.

For NON-URGENT requests, please complete this document for authorization along with any relevant clinical documentation requested within this document (i.e. radiation therapy consultation, comparison plan, etc.) before submitting the case by web, phone, or fax. Failure to provide all relevant information may delay the determination. Phone and fax numbers can be found on eviCore.com under the Guidelines and Fax Forms section. You may also log into the provider portal located on the site to submit an authorization request. **URGENT (same day) requests must be submitted by phone.**

Patient name: \_\_\_\_\_

What is the radiation therapy treatment start date (mm/dd/yyyy)? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

1. What is the histology?  
 Basal cell carcinoma  
 Squamous cell carcinoma  
 Melanoma  
 Merkel cell carcinoma  
 M...

6. If EBRT will be used, what is the treatment plan? Select a technique for each applicable phase, and fill in the number of fractions.

Phase 1	Phase 2	Phase 3
<input type="checkbox"/> Superficial or Orthovoltage	<input type="checkbox"/> Superficial or Orthovoltage	<input type="checkbox"/> Superficial or Orthovoltage
<input type="checkbox"/> Electron beam therapy	<input type="checkbox"/> Electron beam therapy	<input type="checkbox"/> Electron beam therapy
<input type="checkbox"/> Total skin electrons (TSE)	<input type="checkbox"/> Total skin electrons (TSE)	<input type="checkbox"/> Total skin electrons (TSE)
<input type="checkbox"/> Complex isodose plan	<input type="checkbox"/> Complex isodose plan	<input type="checkbox"/> Complex isodose plan
<input type="checkbox"/> 3D conformal	<input type="checkbox"/> 3D conformal	<input type="checkbox"/> 3D conformal
<input type="checkbox"/> Intensity modulated radiation therapy (IMRT)	<input type="checkbox"/> Intensity modulated radiation therapy (IMRT)	<input type="checkbox"/> Intensity modulated radiation therapy (IMRT)
<input type="checkbox"/> Tomotherapy (IMRT)	<input type="checkbox"/> Tomotherapy (IMRT)	<input type="checkbox"/> Tomotherapy (IMRT)
<input type="checkbox"/> Tomotherapy Direct/3D	<input type="checkbox"/> Tomotherapy Direct/3D	<input type="checkbox"/> Tomotherapy Direct/3D
<input type="checkbox"/> Rotational arc therapy	<input type="checkbox"/> Rotational arc therapy	<input type="checkbox"/> Rotational arc therapy
<input type="checkbox"/> Stereotactic body radiation therapy (SBRT)	<input type="checkbox"/> Stereotactic body radiation therapy (SBRT)	<input type="checkbox"/> Stereotactic body radiation therapy (SBRT)
<input type="checkbox"/> Proton beam therapy	<input type="checkbox"/> Proton beam therapy	<input type="checkbox"/> Proton beam therapy

Number of fractions: \_\_\_\_\_      Number of fractions: \_\_\_\_\_      Number of fractions: \_\_\_\_\_

7. If brachytherapy will be used, what type will be utilized?  
 Low dose rate (LDR)  
 High dose rate (HDR)  
 Electronic brachytherapy (e.g. Xofig, Esteya)  
 Fractions: \_\_\_\_\_

b. How many fractions will be given? \_\_\_\_\_

8. Will a second site be treated? If yes please submit additional information regarding their location, technique being used, and fractions needed.  Yes  No

**Please note that any additional sites being treated should be done concurrently.**

9. If electron beam therapy or brachytherapy are **not** the treatment plan, then answer the following: Will daily image-guided radiation therapy (IGRT) be used?  Yes  No

# Radiation Oncology - Clinical Pathway Questions



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

Tuesday, June 9, 2020 3:08 PM

[Log Off](#)

**i** What is the histology?

**i** Does the member have distant metastases disease (stage M1) (i.e. to brain, lung, liver, bone)?

Yes  No

**i** What is the location being treated?

**i** Will regional lymph nodes be irradiated?

Yes  No

**i** What is the treatment plan?

EBRT  
 Brachytherapy

**i** How many phases of EBRT will be rendered?

1  2  3

**i** What EBRT technique will be utilized for phase 1?

**i** How many fractions of the selected EBRT technique will be rendered for phase 1?

**i** Will a second site be treated?

Yes  No

**i** Will daily image-guided radiation therapy (IGRT) be used?

Yes  No

# Providing Additional Information



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

Tuesday, June 9, 2020 3:14 PM

[Log Off](#)

## Proceed to Clinical Information

The clinical information provided may not be sufficient to establish medical necessity for the requested procedure. Please choose from the following options to provide additional support for the requested procedure.

Do you have any additional clinical information that you would like to add to the case? (Max 1000 characters).

None

You may also attach a PDF or Word file with additional information no larger than 1MB. Click the browse button to select the file to attach.

No file chosen

Finish Later

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

# Clinical Certification Statements



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us	
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------	--

Thursday, May 14, 2020 3:31 PM

[Log Off](#)

## Proceed to Clinical Information

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.

**SUBMIT CASE**

[Click here for help](#)

**Acknowledge the Clinical Certification statements and click “Submit Case”**

# Clinical Certification – Approval Case Summary

## Clinical Certification

Your case has been Approved.

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: Your case has been Approved.

If medical necessity **criteria is met** via the clinical collection process, a **real-time approval** will be issued

**Print this screen for the patient's file**

# Clinical Certification – Medical Review 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

If medical necessity criteria is NOT met via the clinical collection process, the case will be forwarded for **Medical Review**

**Print** this screen for the patient's file

---

# Additional Provider Portal Features

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# Portal Features

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## Certification Summary

- Allows you to track recently submitted cases

## Authorization Lookup

- You can look-up authorization status on the portal and print any correspondence
- Search by member information OR by authorization number with ordering NPI
- Review post-decision options, submit appeal and schedule a peer-to-peer

## Eligibility Lookup

- Confirm if member requires prior authorization

## Clinical Certification

- You can begin an authorization request



# Duplication Feature

## Success

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 ( [REDACTED] )
- Program and Provider (Radiation Therapy Management Program and [REDACTED] )
- Program and Health Plan (Radiation Therapy Management Program and CIGNA)

GO

- Duplicate feature allows you to start a new request using same information
- Eliminates entering duplicate information
- Time saver!

---

# Provider Resources

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# Dedicated eviCore Teams | South Carolina

## Call Center

- Phone: (877) 506-5193
- Representatives available 7 a.m. to 7 p.m. (local time)

## Web Support

- Live chat
- Email: [portal.support@evicore.com](mailto:portal.support@evicore.com)
- Phone: (800) 646-0418 (Option #2)

## Client & Provider Operations Team

- Email: [clientservices@eviCore.com](mailto:clientservices@eviCore.com)
- Eligibility issues (member or provider not found in system)
- Transactional authorization related issues requiring research

## Provider Engagement

Regional team that works directly with the provider community

Oncology, Lab, MSK, PT/OT

### Chris Plante

p: 912-312-2007

e: [Cplante@evicore.com](mailto:Cplante@evicore.com)

### Sleep and DME

### Latrice Anderson

p: 502-546-8685

e: [Landerson2@evicore.com](mailto:Landerson2@evicore.com)

# Provider Resource Website

## 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
- Provider Training
- CPT code list

To access these helpful resources, please visit:

[www.evicore.com/resources/healthplan/amerihealth-caritas-family-of-companies](http://www.evicore.com/resources/healthplan/amerihealth-caritas-family-of-companies)

**AmeriHealth Caritas Provider Services: 1-855-707-5818**



# Provider Newsletter

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## Stay Updated With Our Free Provider Newsletter

eviCore's provider newsletter is sent out to the provider community with important updates and tips. If you are interested in staying current, feel free to subscribe:

- Go to [eviCore.com](https://www.eviCore.com)
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates



# Provider Resource Review Forums

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

We invite you to attend a Provider Resource Review Forum, to navigate [www.eviCore.com](http://www.eviCore.com) and understand all the resources available on the Provider's Hub. Learn how to access:

- eviCore's evidence-based clinical guidelines
- Clinical worksheets
- Check-status function of existing prior authorization
- Search for contact information
- Podcasts & Insights
- Training resources

## How to register for a Provider Resource Review Forum?

You can find a list of scheduled **Provider Resource Review Forums** on [www.eviCore.com](http://www.eviCore.com) → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



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# Thank You!

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# Appendix

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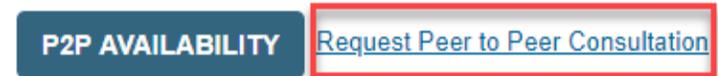
# Online P2P Scheduling Tool

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# How to schedule a Peer to Peer Request

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- Log into your account at [www.evicore.com](http://www.evicore.com)
- Perform Authorization Lookup to determine the status of your request.
- Click on the “P2P Availability” button to determine if your case is eligible for a Peer to Peer conversation:
- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.



## Authorization Lookup

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



# How to schedule a Peer to Peer Request

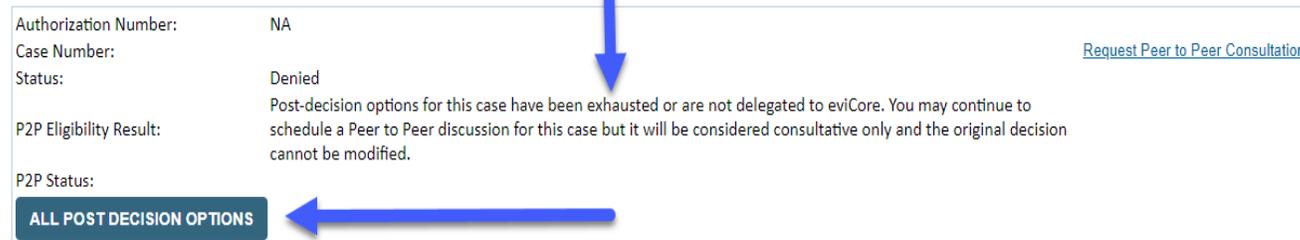
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Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the “All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

## Authorization Lookup

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

**ALL POST DECISION OPTIONS**



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

# How to Schedule a Peer to Peer Request

Case Info Questions Schedule Confirmation

## New P2P Request

eviCore healthcare P2P Portal

Case Reference Number

Member Date of Birth

+ Add Another Case

Lookup Cases >

Upon first login, you will be asked to confirm your default time zone.

You will be presented with the Case Number and Member Date of Birth (DOB) for the case you just looked up.

You can add another case for the same Peer to Peer appointment request by selecting “Add Another Case”

To proceed, select “Lookup Cases”

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

## New P2P Request

eviCore healthcare P2P Portal

Case Ref #:  Remove ✔ P2P Eligible

! Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

Member Information	Case P2P Information
Name	Episode ID
DOB	P2P Valid Until 2020-11-11
State	Modality MSK Spine Surgery
Health Plan	Level of Review Reconsideration P2P
Member ID	System Name ImageOne

Continue

# How to Schedule a Peer to Peer Request

### Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type MSK Spine Surgery

Level of Review Reconsideration P2P

### Questions

Please indicate your availability

**Preferred Days**

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

**Preferred Times**

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

**Time Zone**

US/Eastern

[Continue >](#)

You will be prompted with a list of eviCore Physicians/Reviewers and appointment options per your availability. Select any of the listed appointment times to continue.

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week      5/18/2020 - 5/24/2020 (Upcoming week)      Next Week →

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT 6:30 pm EDT 6:45 pm EDT	-	-	-	-	-	-

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT 3:45 pm EDT 4:00 pm EDT 4:15 pm EDT Show more...	2:00 pm EDT 2:15 pm EDT 2:30 pm EDT 2:45 pm EDT Show more...	4:15 pm EDT 4:30 pm EDT 4:45 pm EDT 5:00 pm EDT Show more...	3:15 pm EDT 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT Show more...	-	-	-

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

# How to Schedule a Peer to Peer

## Confirm Contact Details

- Contact Person Name and Email Address will auto-populate per your user credentials

The screenshot displays a web interface for scheduling a Peer-to-Peer (P2P) appointment. At the top, a progress bar shows four steps: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (active). The main content is divided into two columns. The left column contains 'P2P Info' with date and time, 'Case Info' with a list of case details, and a '1st Case' section. The right column is titled 'P2P Contact Details' and includes several input fields: 'Name of Provider Requesting P2P' (filled with 'Dr. Jane Doe'), 'Contact Person Name' (filled with 'Office Manager John Doe'), 'Contact Person Location' (dropdown menu), 'Phone Number for P2P' (filled with '(555) 555-5555'), 'Alternate Phone' (filled with '(xxx) xxx-xxxx'), 'Requesting Provider Email' (filled with 'droffice@internet.com'), and 'Contact Instructions' (filled with 'Select option 4, ask for Dr. Doe'). A 'Submit >' button is at the bottom right. Blue arrows point to the provider name, phone number, and contact instructions fields.

- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:

- Name of Provider Requesting P2P
- Phone Number for P2P
- Contact Instructions

- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

The screenshot shows a 'Scheduling' summary page. It features a calendar icon and the text 'Scheduled'. Below this, a date and time are displayed: 'Mon 5/18/20 - 6:30 pm EDT'. A 'SCHEDULED' status is shown in a red-bordered box with a white background and a red shadow.

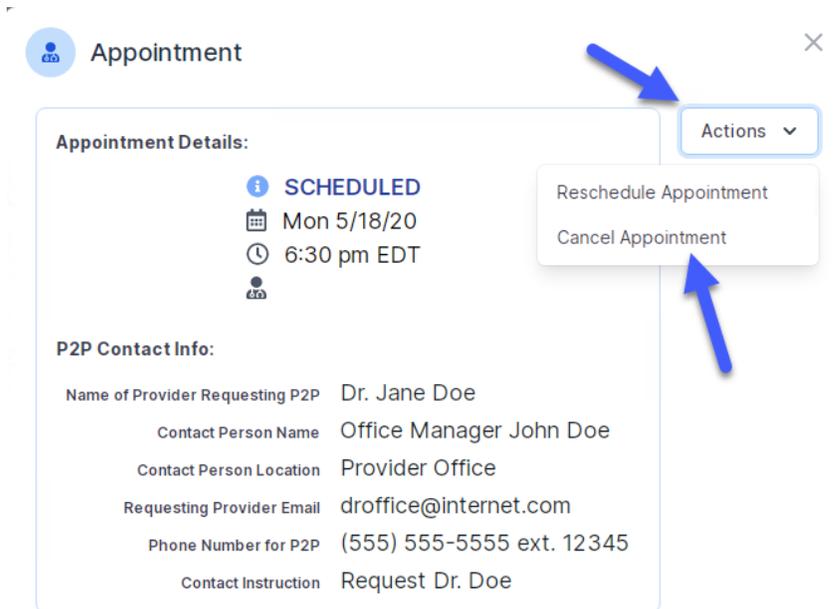
# Canceling or Rescheduling a Peer to Peer Appointment

## To cancel or reschedule an appointment

- Access the scheduling software per the instructions above
- Go to “My P2P Requests” on the left pane navigation.
- Select the request you would like to modify from the list of available appointments
- Once opened, click on the schedule link. An appointment window will open
- Click on the Actions drop-down and choose the appropriate action

If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.

If choosing to cancel, you will be prompted to input a cancellation reason



- Close browser once done