

Radiation Therapy

Provider Orientation Sessions for Horizon NJ Health and
Horizon NJ Total Care



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Corporate Overview





Headquartered in Bluffton, SC
Offices across the US including:

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

9 Comprehensive Solutions



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



4k+ employees including **1k clinicians**

Engaging with 570k+ providers



Advanced, innovative, and intelligent technology

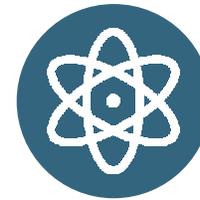
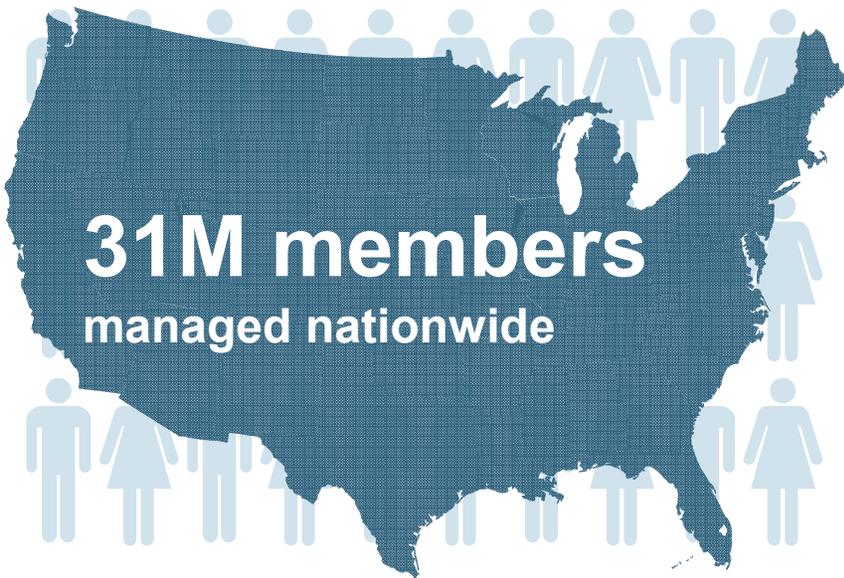


Radiation Therapy Solution - Our Experience

20+ Regional
and National Clients

9.5k+
Cases built per month

9 Years
Managing Radiation Therapy Services



Members Managed

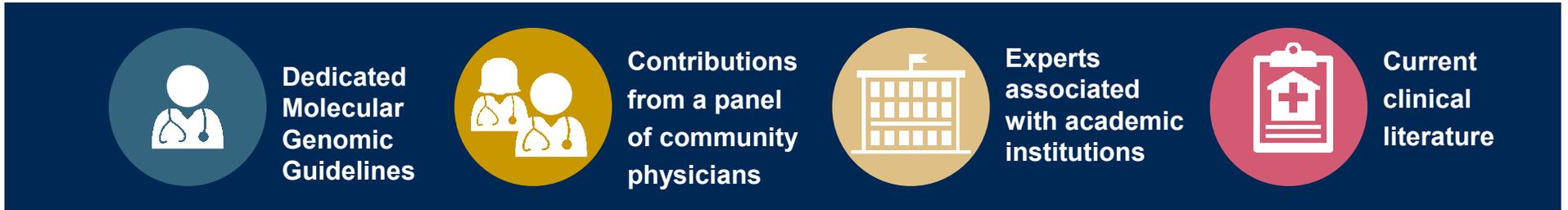
- 19.7M Commercial Memberships
- 5.3M Medicare Memberships
- 4M Medicaid Memberships



Our Clinical Approach

Organic Evidence-Based Guidelines

The foundation of our solutions:



➔ **Aligned with National Societies** ←

- National Comprehensive Cancer Network
- National Society of Genetic Counselors
- American College of Obstetrics and Gynecology
- American College of Medical Genetics and Genomics
- American Society of Human Genetics
- American Society of Clinical Oncology
- College of American Pathologists
- American Gastroenterological Association
- Society for Maternal Fetal Medicine
- Association for Molecular Pathology
- American College of Cardiology
- American College of Chest Physicians
- American Academy of Neurology
- American Society of Colon and Rectal Surgeons
- American Heart Association
- American Academy of Pediatrics
- American Society for Reproductive Medicine
- American College of Gastroenterology
- American College of Cardiology Foundation
- National Institutes of Health

Service Model

Enabling Better Outcomes

Enhancing outcomes through Client and Provider engagement



Client & Provider Operations

Client Provider Representatives are cross-trained to investigate escalated provider and health plan issues.



Client Experience Manager

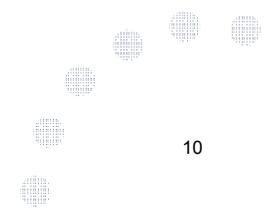
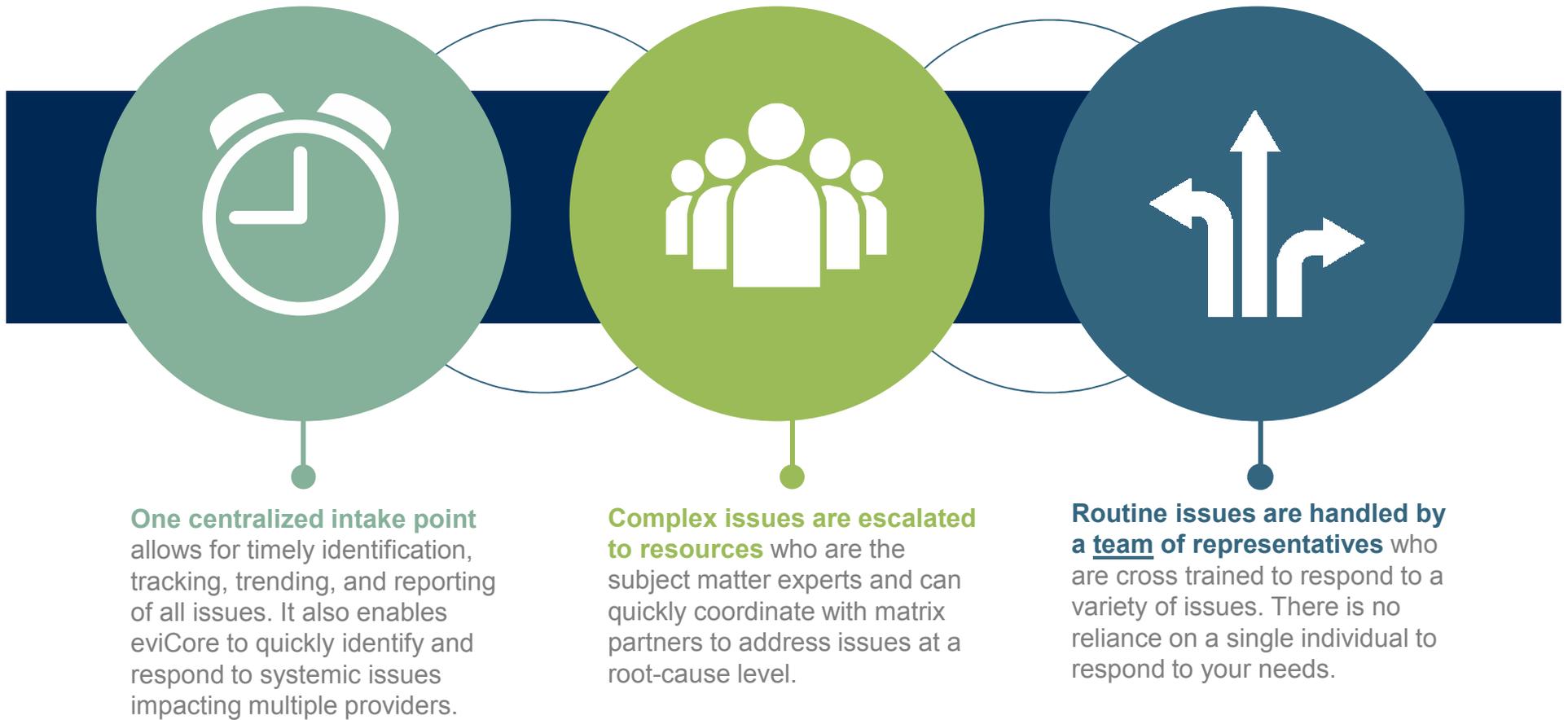
Client Service Managers lead resolution of complex service issues and coordinate with partners for continuous improvement.



Regional Provider Engagement Managers

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



Radiation Therapy Prior Authorization Process

Program Overview

eviCore healthcare will begin accepting requests on **12/16/2019** for dates of service **1/1/2020** and beyond

Prior authorization applies to services that are:

- Outpatient
- Elective / Non-emergent

Prior authorization through eviCore **does not apply to services that are performed in:**

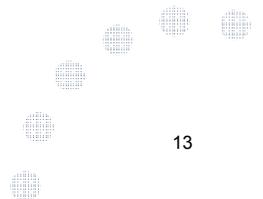
- Emergency room
- Inpatient
- 23-hour observation

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

Applicable Membership

Authorization is required for Horizon members enrolled in the following programs:

- **Medicaid Managed Care**
- **NJ FamilyCare**
- **Horizon NJ TotalCare (HMO SNP)**
- **Managed Long Term Services & Supports (MLTSS)**



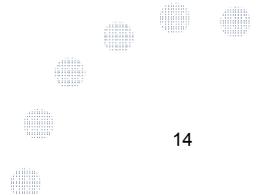


Preauthorization is required for all Radiation Therapy treatment techniques, included but not limited to the following

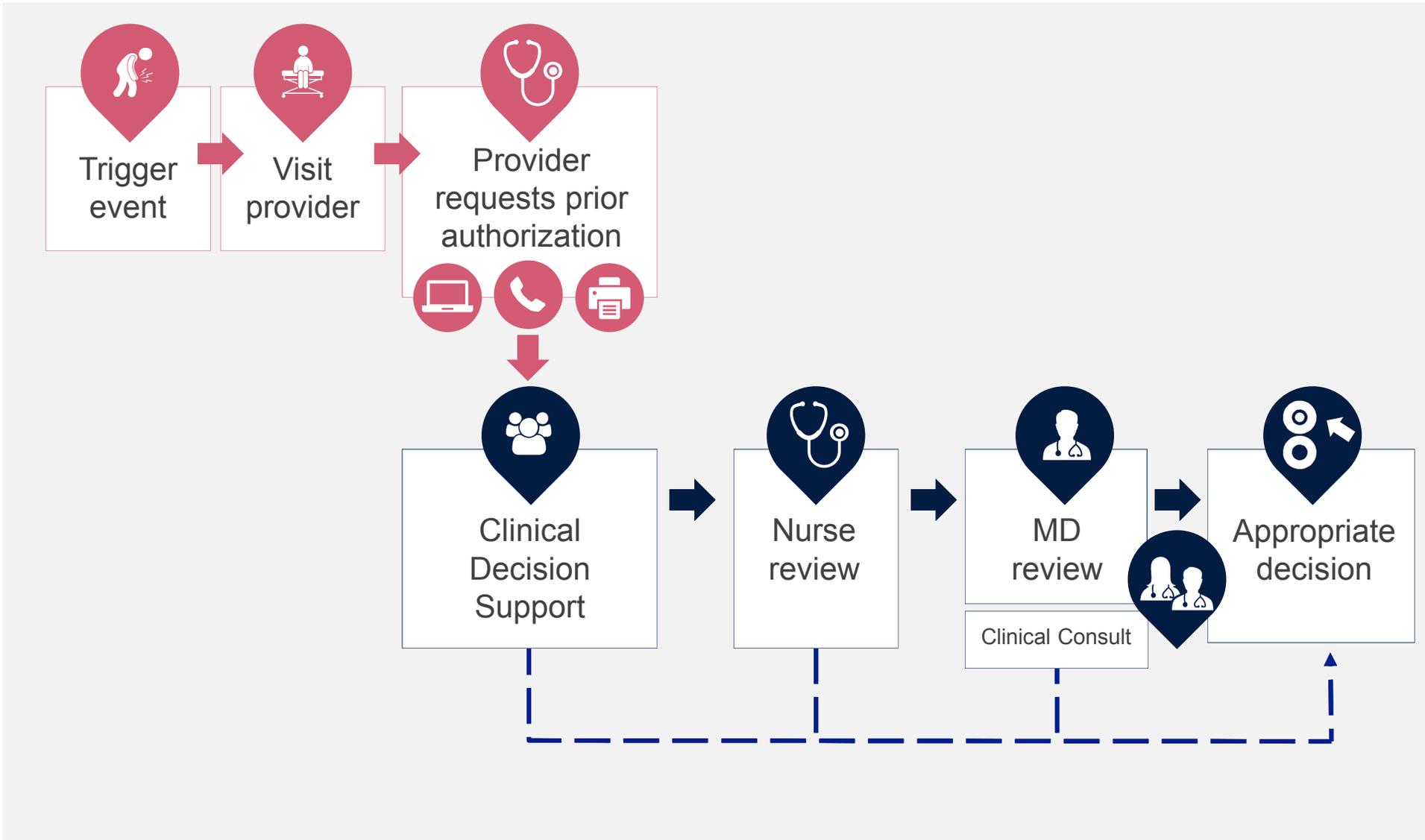
- Complex isodose technique
- 3D Conformal
- Intensity-Modulated Radiation Therapy (IMRT)
- Image-Guided Radiation Therapy (IGRT)
- Stereotactic Radiosurgery (SRS)
- Stereotactic Body Radiation Therapy (SBRT)
- Brachytherapy
- Radiopharmaceuticals
- Hyperthermia
- Proton Beam Therapy
- Neutron Beam Therapy

To find a list of CPT (Current Procedural Terminology) codes that require preauthorization through eviCore, please visit:

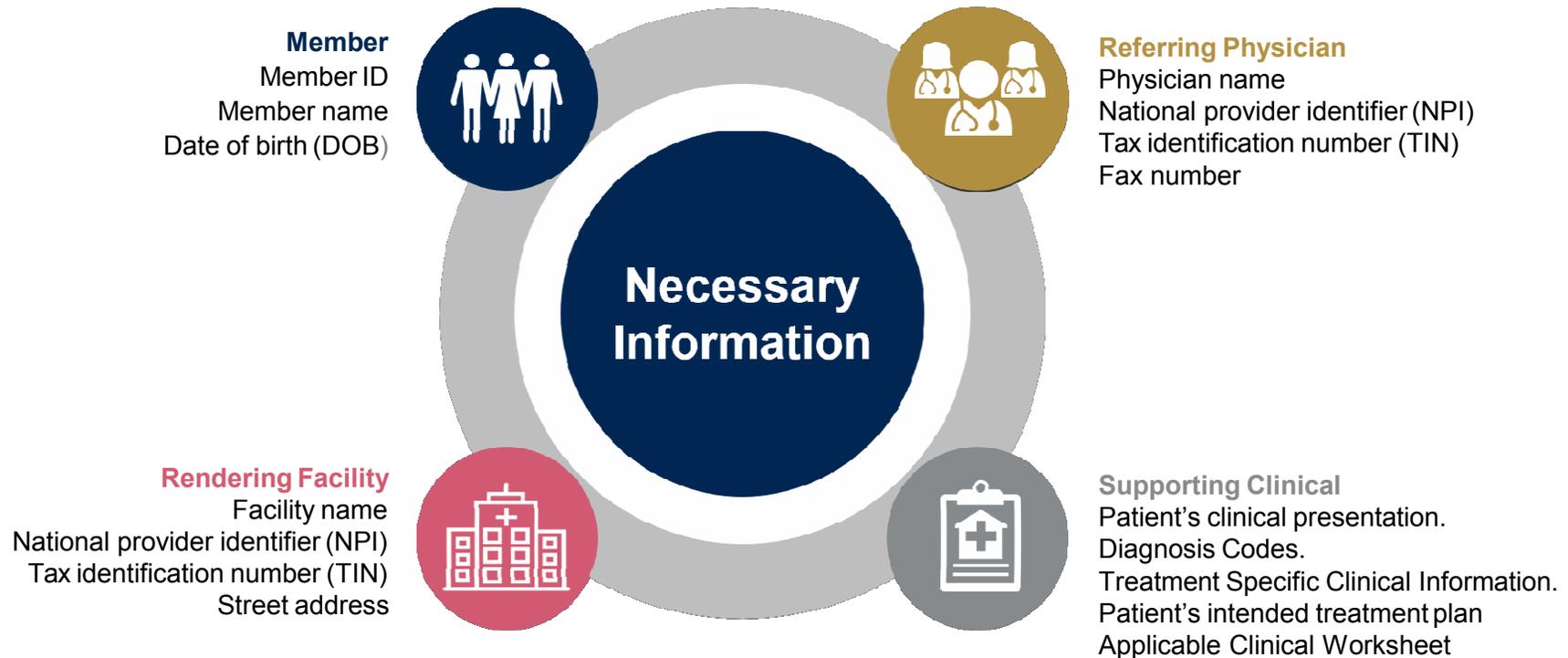
<https://www.horizonnjhealth.com/providers/resources/utilization-management/precertification-reference-list/horizon-nj-health>



Prior Authorization Process



Needed Information



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

- Prior tests, lab work, and/or imaging studies performed related to this diagnosis
- The notes from the patient's last visit related to the diagnosis
- Type and duration of treatment performed to date for the diagnosis

Prior Authorization Outcomes

Approved Requests

- All requests are processed within [2 business days] after receipt of all necessary clinical information.
- Radiation Therapy authorizations are approved for varying amounts of time dependent on the treatment type and are valid from the date of the initial request.

Delivery Method

- Faxed to ordering provider and rendering facility
- Mailed to the member
- Information can be printed on demand from the eviCore healthcare Web Portal

Denied Requests

- Communication of denial determination
- Communication of the rationale for the denial
- How to request a Peer Review

Delivery Method

- Faxed to the ordering provider and rendering facility
- Mailed to the member



Special Circumstances

Appeals

- eviCore will process first level appeals for the Medicaid population. DSNP appeals will remain with Horizon BCBS.
- Requests for appeals must be submitted to eviCore within 60 calendar days of the initial determination
- The imaging request and all clinical information provided will be reviewed by a physician other than the one who made the initial determination.
- A written notice of the appeal decision will be mailed to the member and faxed to the provider

Outpatient Urgent Studies

- Contact eviCore by web request or by phone to request an expedited prior authorization review and provide clinical information
- Urgent Cases will be reviewed with **72 hours** of the request.



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:

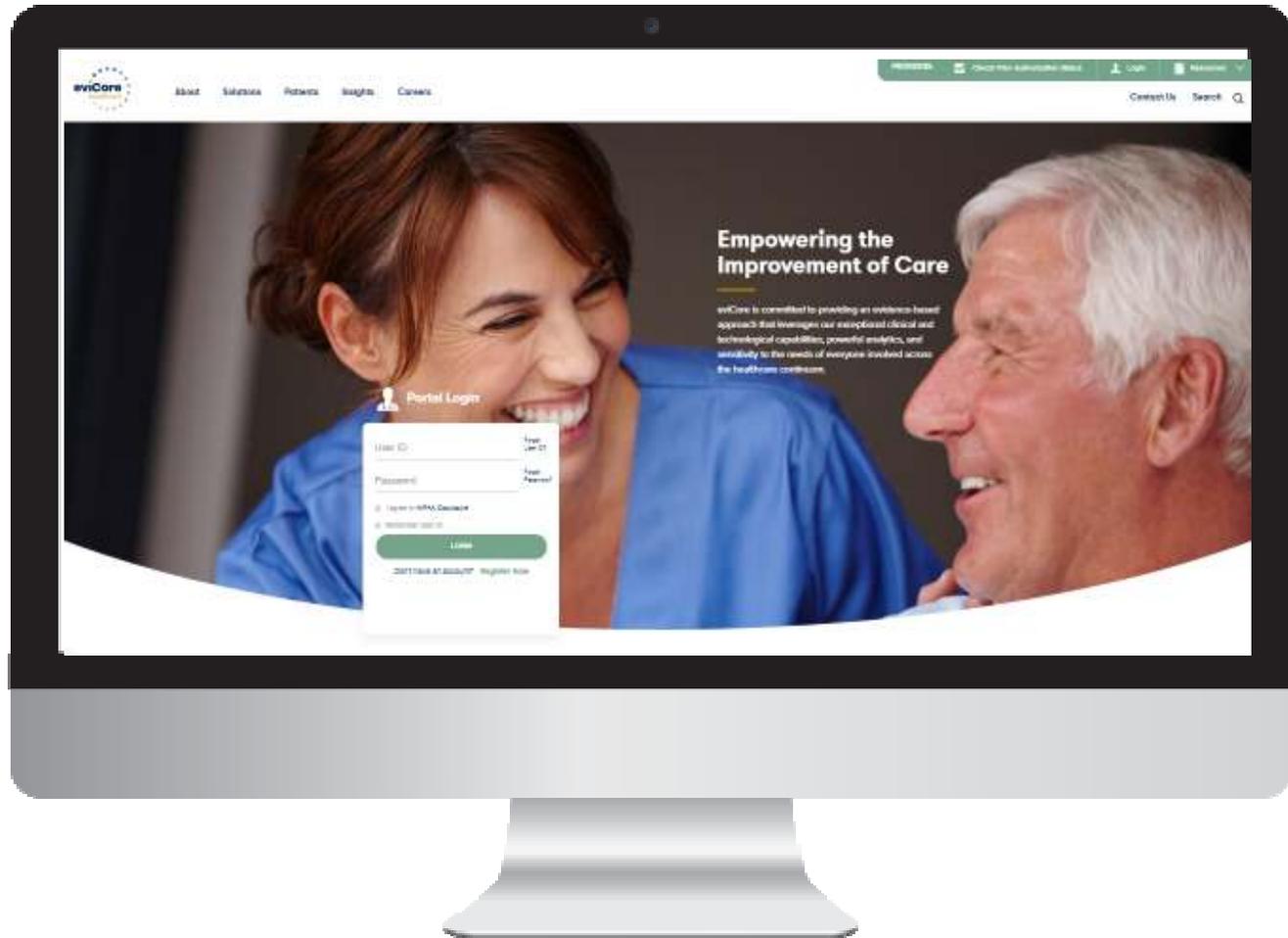
866-496-6200

7AM – 7PM ET.

Monday – Friday

9AM – 5PM ET.

Saturday - Sunday



Web Portal Services

The screenshot displays the eviCore website interface. At the top left is the eviCore logo with the tagline 'healthcare'. The navigation menu includes 'About', 'Solutions', 'Patients', 'Insights', and 'Careers'. On the right side of the navigation bar, there are links for 'PROVIDERS: Check Prior Authorization Status', 'Login', and 'Resources'. Below the navigation bar, there are links for 'Contact Us' and a search icon. The main content area features a large hero image of a female healthcare professional in blue scrubs smiling at an elderly male patient. Overlaid on the left side of the hero image is a 'Portal Login' form. The form contains fields for 'User ID' and 'Password', each with a 'Forgot' link. Below these fields are two checkboxes: 'I agree to HIPAA Disclosure' and 'Remember User ID'. A green 'LOGIN' button is positioned below the checkboxes. At the bottom of the form, there is a link that says 'Don't have an account? Register Now'. To the right of the hero image, the text reads 'Empowering the Improvement of Care' followed by a paragraph: 'eviCore is committed to providing an evidence-based approach that leverages our exceptional clinical and technological capabilities, powerful analytics, and sensitivity to the needs of everyone involved across the healthcare continuum.'

Creating An Account

eviCore healthcare * Required Field

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*: CareCore National

If you want to register as a Client User at CareCore National, then please contact us: 1-800-818-8924 x29136.

User Information

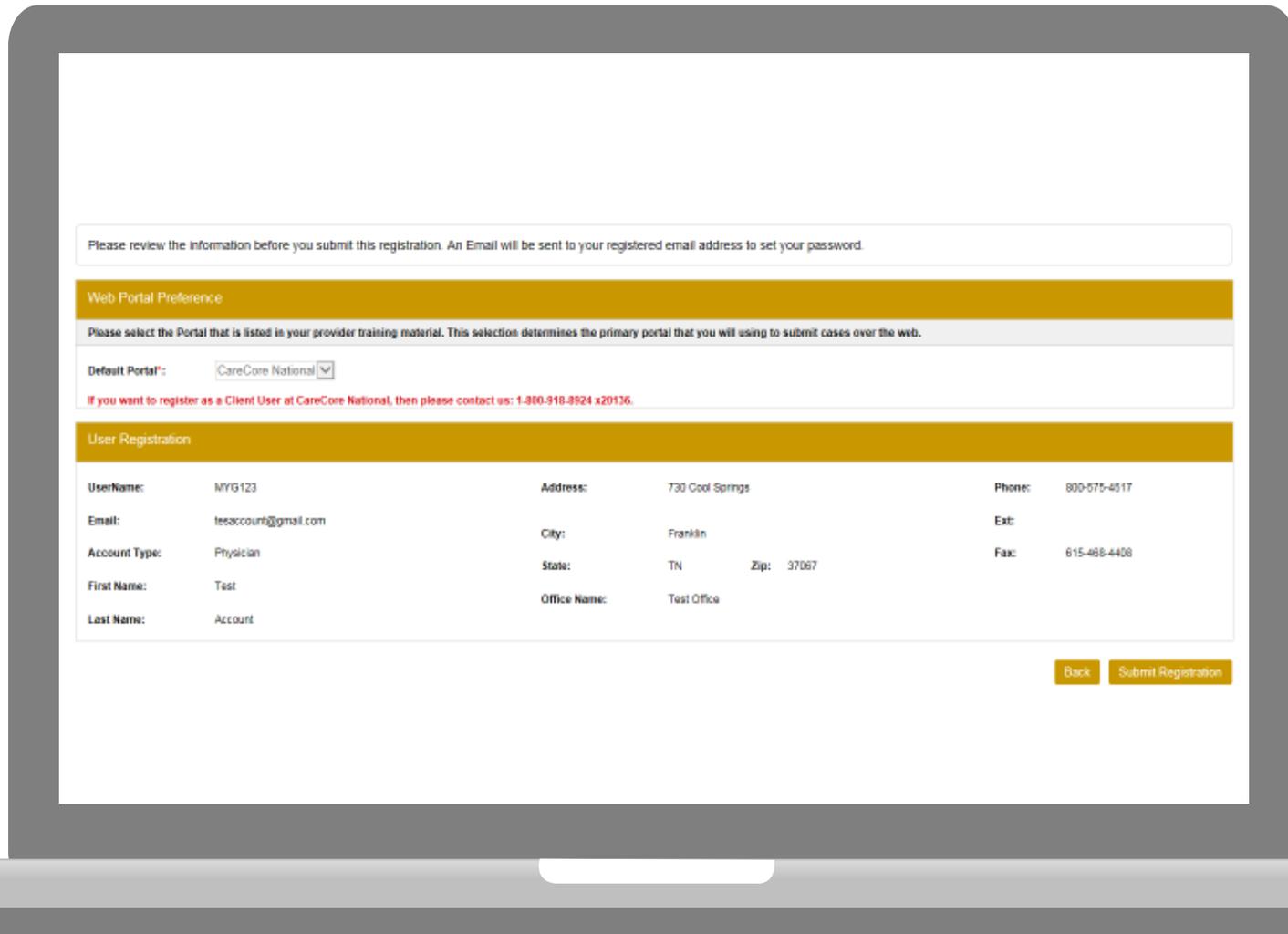
All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

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*: Select <input type="text"/>	Zip*: <input type="text"/>
Last Name*: <input type="text"/>	Office Name*: <input type="text"/>	



Select a **Default Portal**, and complete the registration form.

Creating An Account



Review information provided, and click **“Submit Registration.”**

User Registration-Continued

USER REGISTRATION

User Access Agreement * Required

eviCore

Provider/Customer Access Agreement for Web-Based Applications

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

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

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

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

Accept Terms and Conditions *

Submit Cancel



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

User Registration-Continued



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

Create a Password

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

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



Password Maintenance

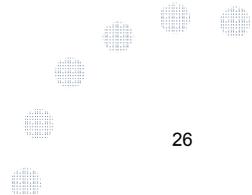
Please set up a new password for your account.

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

New Password*

Confirm New Password*

Save

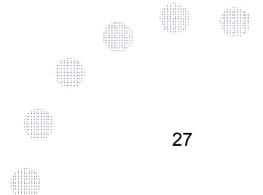


Account Log-In

The screenshot shows a 'Portal Login' interface. At the top left is a white icon of a person with a stethoscope. To its right is the text 'Portal Login'. Below this is a white login card with a light green border. The card contains the following elements: a 'User ID' input field with a 'Forgot User ID?' link to its right; a 'Password' input field with a 'Forgot Password?' link to its right; two checkboxes: 'I agree to HIPAA Disclosure' (unchecked) and 'Remember User ID' (checked); a large green rounded button labeled 'LOGIN'; and a link 'Don't have an account? Register Now' at the bottom.



To log-in to your account, enter your **User ID** and **Password**. Agree to the HIPAA Disclosure, and click “**Login**.”



Account Overview

Initiating A Case

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

[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 >>](#)

[Horizon Pilot Designation Program >>](#)

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

Add Practitioners

Manage Your Account

Office Name:

Change Password

Edit Account

Address: 730 Cool Springs Blvd
Franklin, TN 37067

Primary

Contact: User Account

Email Address: Test@email.com

Add Provider

Click Column Headings to Sort

No providers on file

Cancel

Click the “Add Provider” button.

Add Practitioners

Add Practitioner

Enter Practitioner information and find matches.

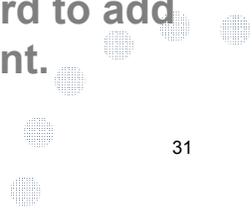
*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

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.



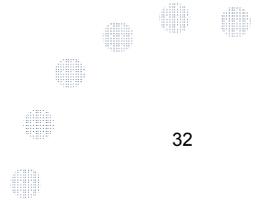
Adding Practitioners

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

Select the matching record based upon your search criteria



Manage Your Account

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.

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.

Case Initiation

Initiating A Case

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

[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 >>](#)

[Horizon Pilot Designation Program >>](#)

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

Select Program

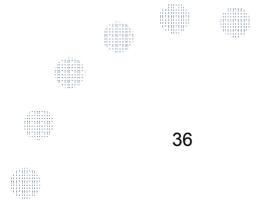
Clinical Certification

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

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

Select the **Program** for your certification.



Select Provider



10% Complete

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.

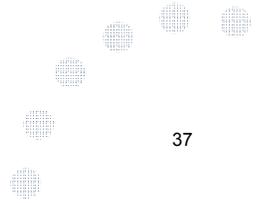
Filter Last Name:
or NPI:

Selected Physician:

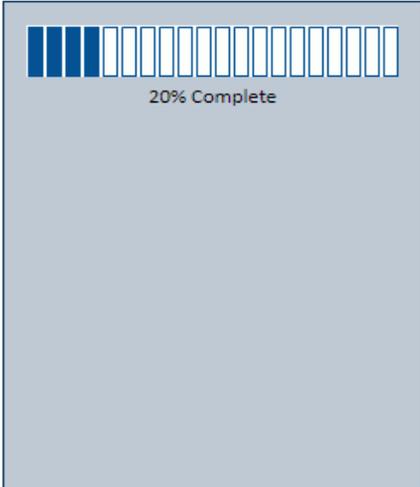
Provider
<input type="button" value="SELECT"/>

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

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



Select Health Plan



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

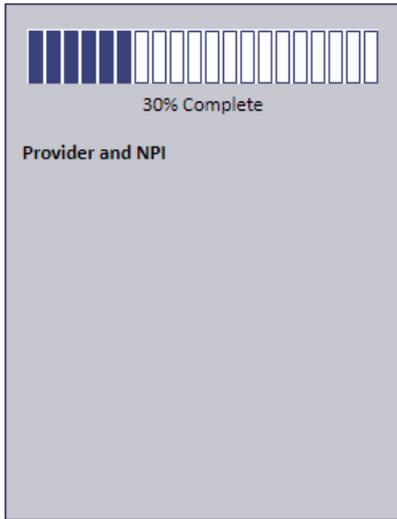
Please select the health plan for which you would like to build a case. If the health plan is not shown, please contact the plan at the number found on the member's identification card to determine if case submission through CareCore National is necessary.

Please Select a Health Plan

- BCBSTX
- COMMUNITY HEALTH OPTIONS
- FIDELIS CARE
- GHI
- HEALTH ALLIANCE PLAN
- HEALTHFIRST
- HIP
- HMO SELECT - GHI
- HORIZON
- HORIZON MEDICAID**
- KAISER PERMANENTE
- MASSHEALTH
- MODA HEALTH
- MOLINA HEALTHCARE
- MVP
- OSCAR
- OXFORD
- PRIORITY HEALTH
- PROMINENCE HEALTH PLAN
- QUALCHOICE

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. Once the plan is chosen, please select the provider address in the next drop down box.

Contact Information



30% Complete

Provider and NPI

Clinical Certification

Provider's Name [?]

Who to Contact [?]

Fax [?]

Phone [?]

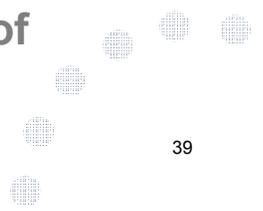
Ext. [?]

Cell Phone

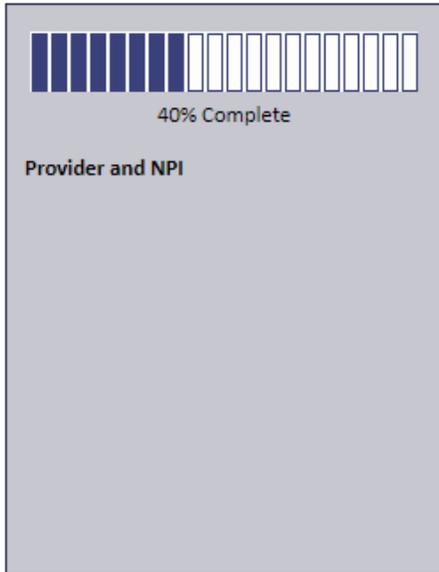
Email

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

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



Member Information



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

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

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

Clinical Details



40% Complete

Provider and NPI

Clinical Certification

This procedure will be performed on 7/1/2016.

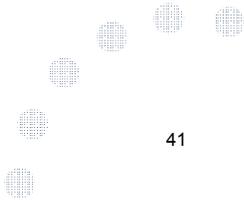
Radiation Therapy Procedures

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

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



Verify Service Selection



40% Complete

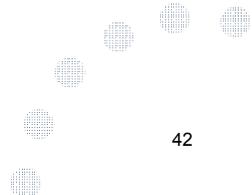
Provider and NPI

[Empty text area for provider and NPI information]

Clinical Certification

Confirm your service selection.

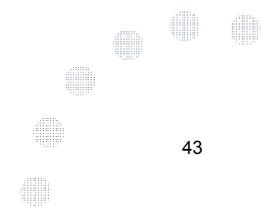
- Treatment Start:
- CPT Code:
- Description:
- ICD-9 Code:
- Diagnosis:
- Secondary ICD-9 Code:
- Secondary Diagnosis:
- [Change Procedure or Diagnosis](#)
- [Change Secondary Diagnosis](#)



Site Selection

The screenshot shows a web application interface for 'Clinical Certification'. On the left is a vertical sidebar with a blue header and several menu items. The main content area is titled 'Clinical Certification' and contains a 'Specific Site Search' section. This section includes a text box for 'NPI' with the value '1234567890', a 'Zip Code' field, a 'City' field, and a 'Site Name' field. Below the 'Site Name' field are two radio button options: 'Exact match' and 'Starts with'. A 'GO' button is located at the bottom right of the search area. Below the search area are 'Cancel' and 'Back' buttons, and a link for 'Click here for help or technical support'. At the bottom left of the sidebar, the URL 'www.mhhs.com' is visible.

Select the **specific site** where the testing/treatment will be performed.



Clinical Certification

Clinical Certification

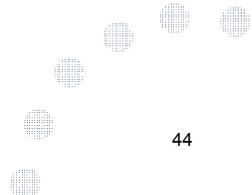
You are about to enter the clinical information collection phase of the authorization process.

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.

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

- Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the preauthorization process.
- **You will not have the opportunity to make changes after that point.**



Contact Information

Clinical Certification

Is this case Routine/Standard?

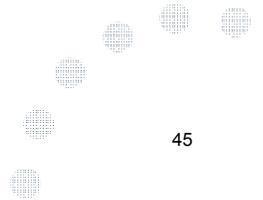
Yes No



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

If your request is urgent select No, if the case is standard select Yes.

You can upload up to **FIVE documents** in .doc, .docx, or .pdf format. Your case will only be considered Urgent if there is a successful upload.



Clinical Certification

Clinical Certification

i Which one of the following best describes the reason for the requested study.

Suspected New Stroke with or without a Prior History of Stroke ▾

SUBMIT

Finish Later

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

Cancel Print

➤ Questions will populate based upon the information provided. You can click the **“Finish Later”** button to save your progress. You have two business days to complete the case.

Medical Review

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:

SUBMIT

Finish Later

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

Cancel Print

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

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.

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

Medical Review

Clinical Certification

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

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.

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

Medical Review

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

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

Approval

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: _____

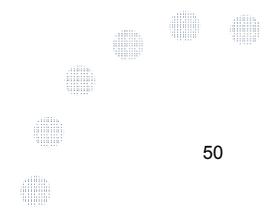
Review Date: _____

Expiration Date: _____

Status: Your case has been Approved.

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.



Medical Review

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

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

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

GO

Cancel Print

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

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 look up



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:

- 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.

Authorization Status

Authorization Lookup

Authorization Number: :
Case Number: :
Status: Approved
Approval Date: 1/16/2019 11:21:14 AM
Service Code:
Service Description:
Site Name:
Expiration Date: 4/16/2019
Date Last Updated: 1/16/2019 11:21:15 AM
Correspondence: [VIEW CORRESPONDENCE](#)

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
73721 CHANGE SERVICE CODE	73721 Magnetic resonance imaging (MRI) (a special kind of picture) of your knee or ankle without contrast (dye)	1	1	

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

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

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

Eligibility Look Up



Log Off (INTGTEST)

Eligibility Lookup

Health Plan: HORIZON
Patient ID:
Member Code: 101
Cardiology Eligibility: **Prior authorization required**
Radiology Eligibility: **Prior Authorization Required.**
Radiation Therapy Eligibility: **Prior authorization required**
MSM Pain Mgt Eligibility:
Laboratory Eligibility:
Disclaimer:

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

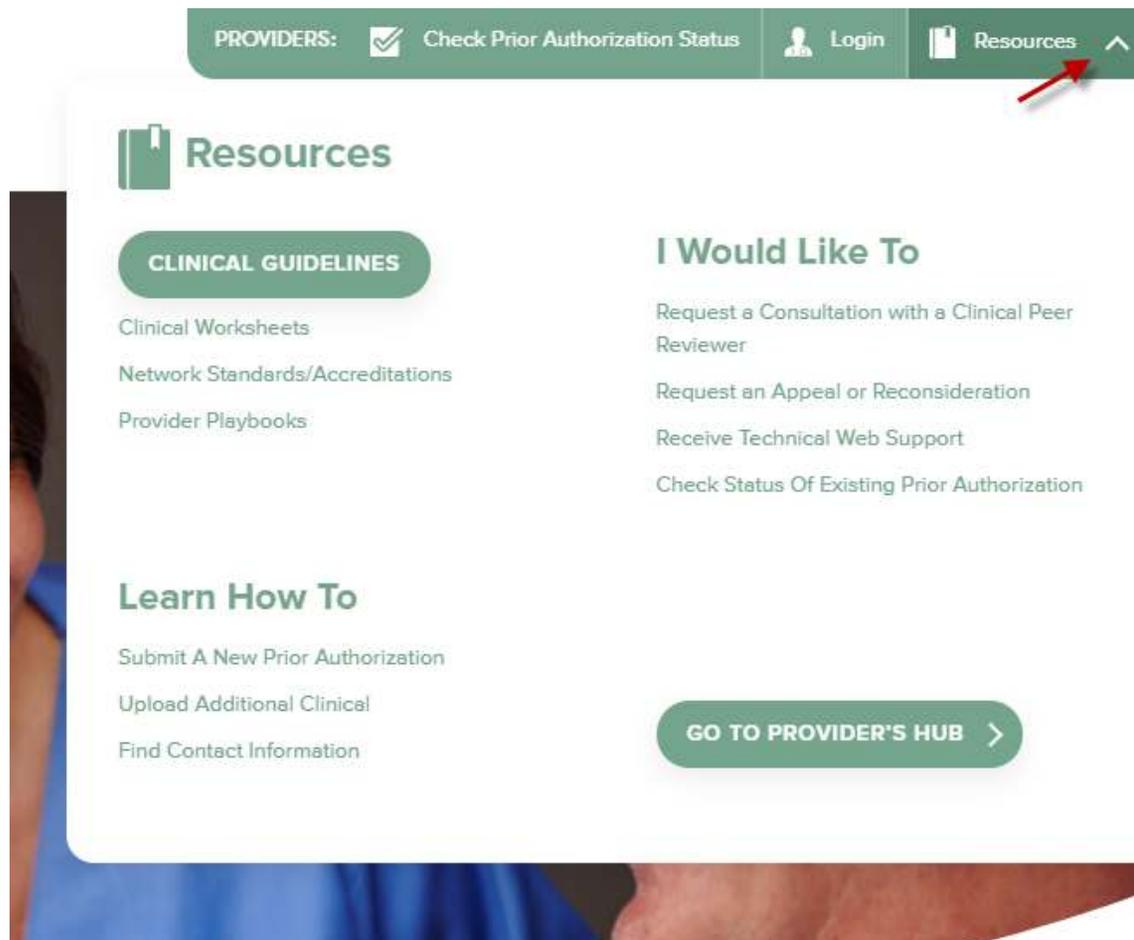
You may also confirm the patient's eligibility by selecting the **Eligibility Lookup** tab.

Provider Resources

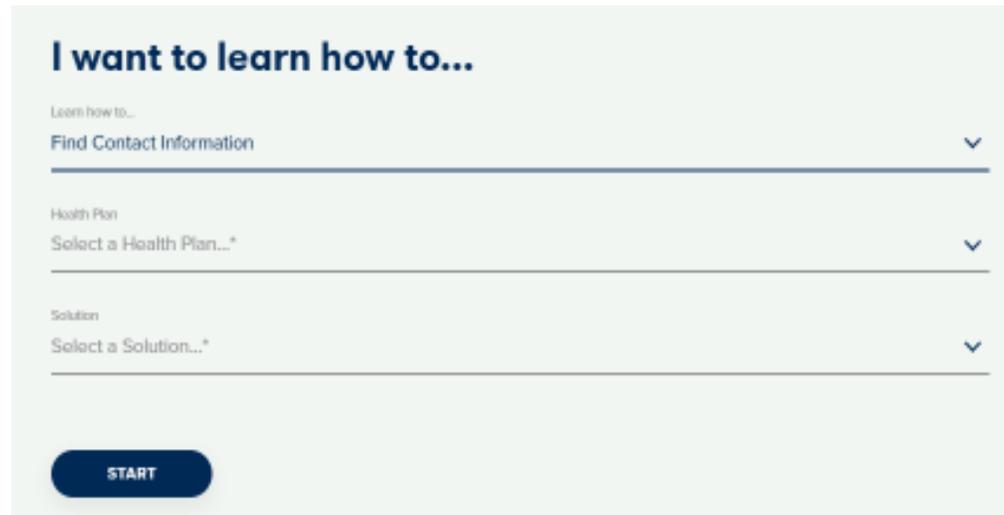
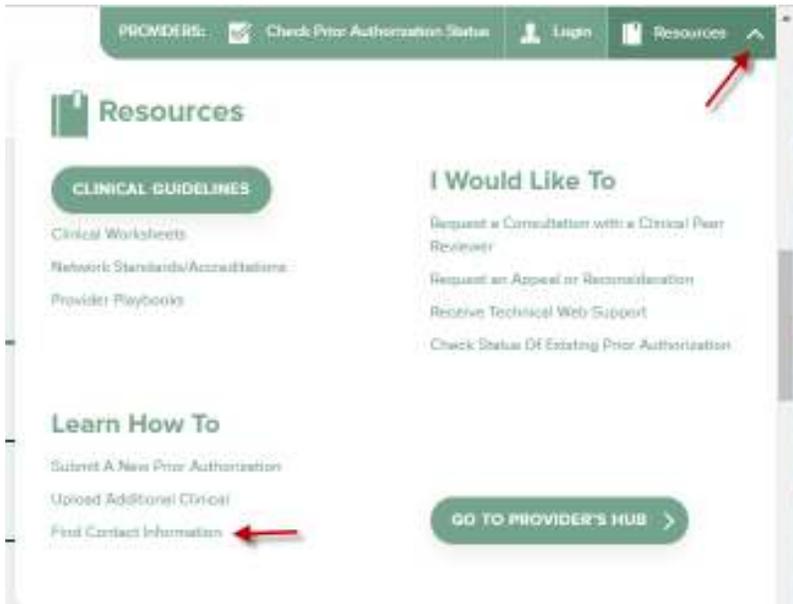


Online Resources

- You can access important tools and resources at www.evicore.com.
- Select the **Resources** to view **FAQs**, **Clinical Guidelines**, **Online Forms**, and more.



Quick Reference Tool



Access health plan specific contact information at www.evicore.com by clicking the resources tab then select **Find Contact Information**, under the Learn How to section. Simply select Health Plan and Solution to populate the contact phone and fax numbers as well as the appropriate legacy portal to utilize for case requests.

Physician Worksheet

- The physician worksheet is best completed by the physician during the initial consultation with the patient.
- Inaccurate information causes authorized services to differ from those that are actually delivered and can lead to adverse determinations.
- You can access the physician worksheets online: <https://www.evicore.com/resources/pages/providers.aspx?solution=Radiation%20Therapy#ReferenceGuidelines>, scroll down to “Physician Worksheets”.



Breast Cancer
Radiation Therapy Physician Worksheet
 (As of 21 October 2016)

This form should be used for the curative treatment of breast cancer or for the palliation of a breast cancer recurrence within the breast or chest wall. Please note that the use of a field-in-field technique is defined as 3D conformal.

Additionally, the use of daily Image Guided Radiation Therapy (IGRT) during treatment of the whole breast or chest wall is typically not medically necessary. Requests for IGRT will be considered on a case-by-case basis.

Patient name:		
What is the radiation therapy treatment start date (mm/dd/yyyy)?		____/____/____
1.	Is the treatment being directed to the primary site (breast)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If treatment is not being directed to the primary site, submit a request for the metastatic site		
2.	Does the patient have distant metastatic disease (i.e. to brain, lung, liver, bone, non-regional lymph nodes)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Are you delivering adjuvant therapy to the whole breast or chest wall using two gantry angles and 3D conformal treatment planning? <i>If no, continue to question #4. If yes, skip forward to question #10.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Where will treatment be directed? <input type="checkbox"/> Right breast <input type="checkbox"/> Left breast <input type="checkbox"/> Bilateral breast (treated concurrently)	
5.	What is the T stage (pathologic T stage if patient has had surgery)? <input type="checkbox"/> T1mi <input type="checkbox"/> T1c <input type="checkbox"/> T4a <input type="checkbox"/> T4d <input type="checkbox"/> T1a <input type="checkbox"/> T2 <input type="checkbox"/> T4b <input type="checkbox"/> Ductal Carcinoma In Situ (DCIS) <input type="checkbox"/> T1b <input type="checkbox"/> T3 <input type="checkbox"/> T4c	
6.	What is the N-stage? <input type="checkbox"/> N0 <input type="checkbox"/> N1b <input type="checkbox"/> N2b <input type="checkbox"/> N3c <input type="checkbox"/> N1mi <input type="checkbox"/> N1c <input type="checkbox"/> N3a <input type="checkbox"/> N1a <input type="checkbox"/> N2a <input type="checkbox"/> N3b	
7.	What treatment plan to be used for the initial phase? <input type="checkbox"/> Whole breast radiotherapy <input type="checkbox"/> Post-mastectomy radiotherapy <input type="checkbox"/> Partial breast radiotherapy once a day <input type="checkbox"/> Partial breast radiotherapy twice a day <input type="checkbox"/> Palliation of local recurrence within the breast or chest wall	

Continued on next page

evicore healthcare
 100 Buckwater Place Blvd.
 Bluebonnet, SC 29906

evicore.com

Provider Resources



Provider Resources: Prior Authorization Call Center



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

7:00 AM - 7:00 PM (Eastern Time): 866-496-6200

- Obtain prior authorization or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case

Provider Resources: Web-Based Services



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

www.eviCore.com

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

- Request authorizations and check case status online – 24/7
- Pause/Start feature to complete initiated cases
- Upload electronic PDF/word clinical documents

Provider Resources: Client Provider Operations



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

To reach eviCore Client Services, call (800) 575-4517 (Option #3) or email clientservices@evicore.com

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Questions regarding accuracy assessment, accreditation, and/or credentialing
- Issues experienced during case creation
- Request for an authorization to be resent to the healthplan

Provider Resources: Implementation Website



Provider Enrollment Questions – Contact Horizon NJ Health and Horizon NJ Total Care 800-682-9091

<https://www.horizonnjhealth.com/for-providers/resources/utilization-management/precertification-reference-list/horizon-nj-health>



Web-Based Services

Horizon NJ Health and Horizon NJ Total Care Provider Resources Page – Includes all implementation documents:

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



Client Provider Operations

- Provider Orientation Presentation
- Quick Reference Guide
- FAQ documents and announcement letters



Documents

You can obtain a copy of this presentation on the implementation site listed above. If you are unable to locate a copy of the presentation, please contact the Client Provider Operations team at ClientServices@evicore.com.

Thank You!

