

Preauthorization of Medical Oncology Management for Blue Cross and Blue Shield Medicare Program

Provider Orientation



Medical Oncology – Our Experience



10+ Years
Managing Medical Oncology Services

Client Experience
15+ Regional and National Clients

Case Statistics
400+ requests processed per day

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

Our Clinical Approach

Clinical Staffing – Multispecialty Expertise

Dedicated nursing and physician specialty teams for a wide range of solutions

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

- ◊ **Sleep Medicine**
- ◊ **Sports Medicine**
- ◊ **Surgery**
 - Cardiac
 - General
 - Neurological
 - Spine
 - Thoracic
 - Vascular
- ◊ **Urology**



400+
medical
directors

Covering 51
specialties

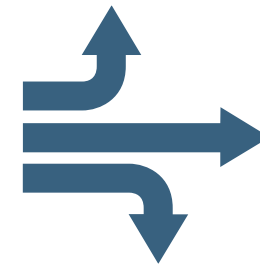
1k+
nurses

Evidence-Based Guidelines

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

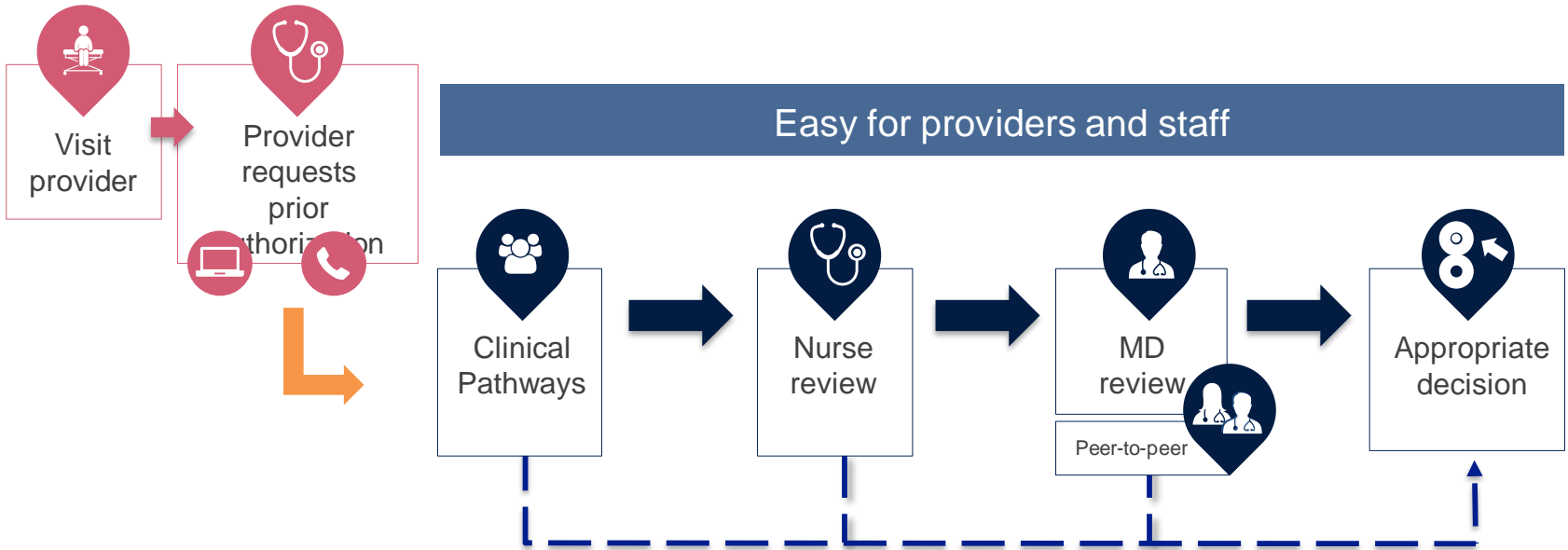
Continually
Updated


Represents
97%
of all cancers



Our Clinical Approach for Specialty Drug

Prior Authorization Process



 By submitting prior authorization requests through eviCore's portal, providers have the potential to receive immediate authorization when meeting criteria consistent with NCCN guidelines and BCBSIL's coverage criteria. Please ensure all necessary clinical information has been provided when answering the clinical pathway (clinical collection process) questions.

Submitting Requests

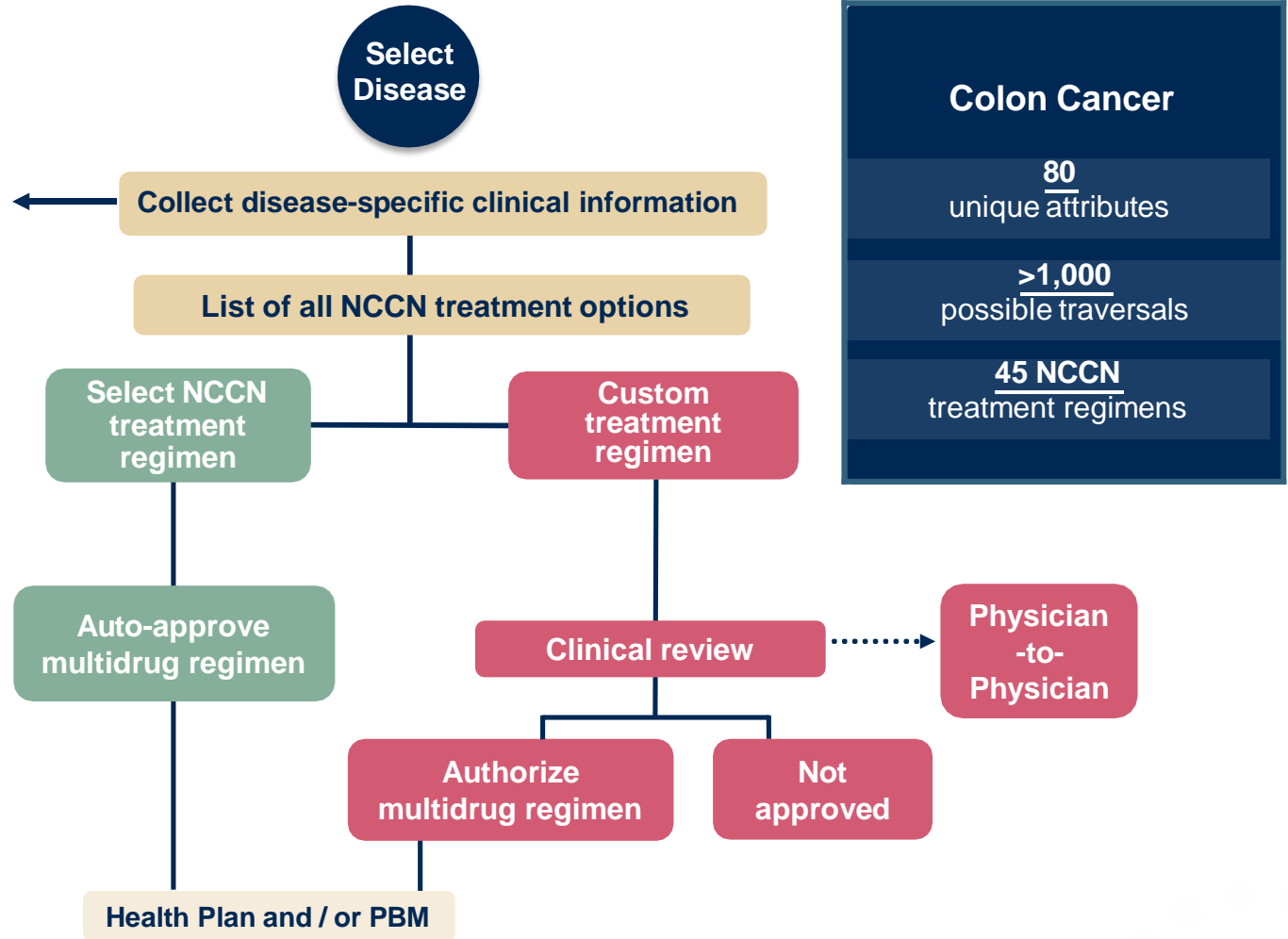
Medical Oncology Solution Defines a Complete Episode of Care

eviCore Medical Oncology Guideline Management

Disease-Specific Clinical Information

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

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



Colon Cancer

80
unique attributes

>1,000
possible traversals

45 NCCN
treatment regimens

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:

A Hold Letter will be faxed to the Requesting Provider requesting additional documentation

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

The Provider must submit the additional information to eviCore

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.

eviCore will review the additional documentation and reach a determination

Determination notifications will be sent.



Program Overview

eviCore began accepting requests on May 22, 2017 for dates of service June 1, 2017 and beyond.

Preauthorization applies to services that are:

- Outpatient
- Elective/non-emergent

eviCore Preauthorization **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 preauthorization approval for services.

Applicable Membership

Authorization is required for Blue Cross and Blue Shield members enrolled in the following programs:

- **Blue Cross and Blue Shield of Illinois**
 - Medicare members
- **Blue Cross and Blue Shield of Montana**
 - Medicare members
- **Blue Cross and Blue Shield of New Mexico**
 - Medicare members
- **Blue Cross and Blue Shield of Oklahoma**
 - Medicare members
- **Blue Cross and Blue Shield of Texas**
 - Medicare members

Summary

What types of Drugs are included?

- Primary Injectable Chemotherapy
- Supportive Medications given with Chemotherapy

What is covered in my authorization?

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

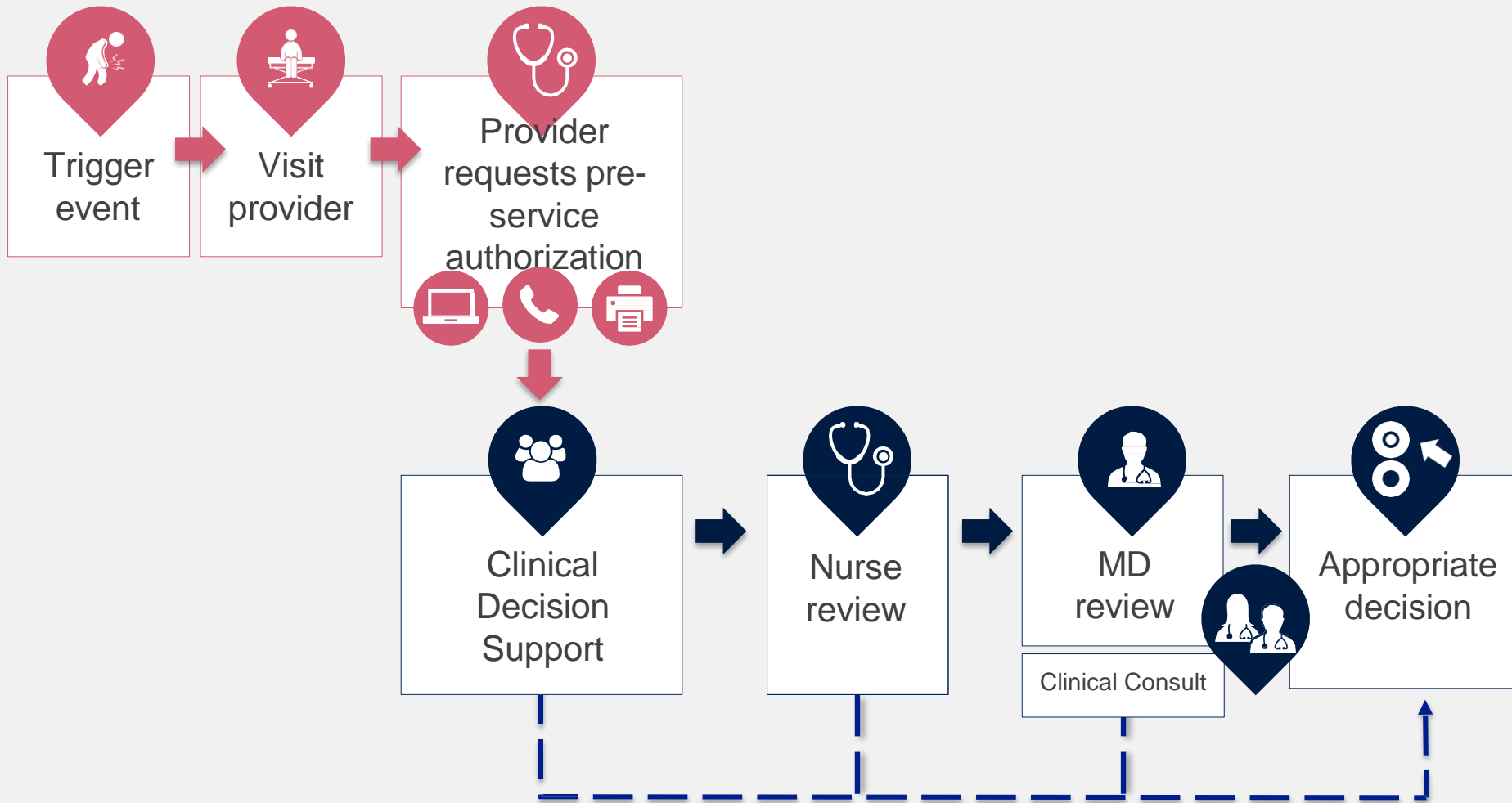
How often do I need to update my authorization?

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

What about drugs billed through Pharmacy?

- The eviCore system will display oral drugs when used in an NCCN regimen in order to accurately describe the regimen, but those drugs will not be included in the authorization if the request is approved.
- Pharmacy drugs (typically orals) do not require PA through this program, but may require PA through the member's PBM. Please contact the PBM for additional information or instructions for drugs being billed under the pharmacy benefit.
- Drugs covered under this program, but being used to treat non-cancer conditions may require PA. Contact the number on the ID card to confirm requirements.

Pre-Service Authorization Process



Needed Information



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

- Prior tests, and/or prior 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

Preauthorization Outcomes

Approved Requests:

- All requests are processed within 14 calendar days.
- Authorizations are typically good for 8 – 12 months from the date of determination.

Delivery:

- Faxed to ordering provider and rendering facility
- Mailed to the member. Verbal provider outreach will be done for urgent requests.
- 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 Physician Review

Delivery:

- Faxed to the rendering provider and rendering facility. Verbal provider outreach will be done for urgent requests.
- Mailed to the member, verbal outreach for urgent requests.

Preauthorization Outcomes



Pre-Decision Consultation

Medical Oncology Only:

- eviCore will request a Physician-to-Physician review on any regimens that do not meet NCCN guidelines *prior* to issuing a determination. Denials may be issued if appropriate clinical justification is not available or an alternate regimen is not selected.

Medical Oncology and Specialty Drug:

- Physician-to-Physician reviews can be scheduled at a time convenient to your physician *prior* to a determination or after issuing a denial. Medicare denials cannot be overturned.

Special Circumstances

Authorization Appeals

- eviCore will manage first level authorization appeals.
- Authorization appeals must be made in writing within 120 calendar days; eviCore will respond within 30 calendar days.

Outpatient Urgent Requests:

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

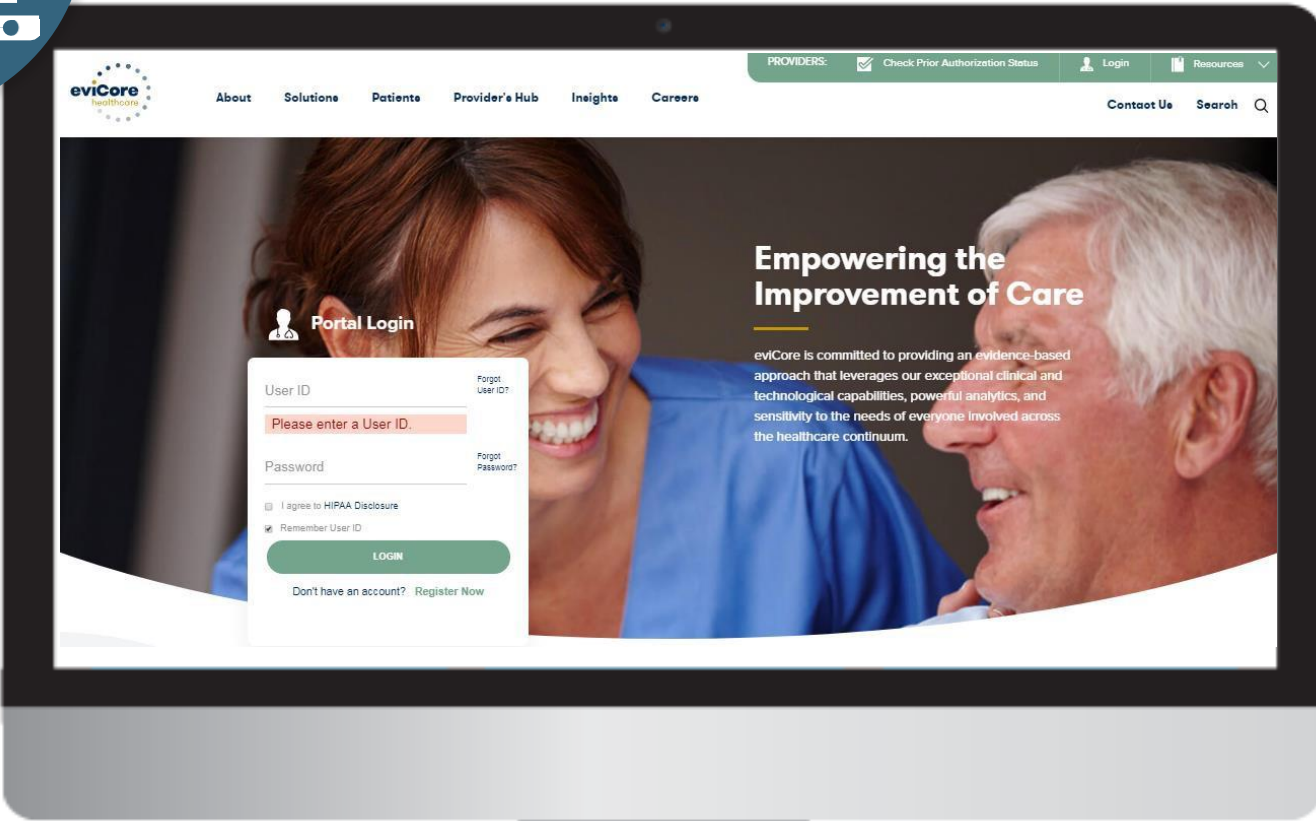
Patients Already in Treatment

- Patients already in treatment prior to June 1, 2017 will not require preauth.
- Any requests for additional time on an existing BCBS authorization, or for a change in treatment must be submitted through eviCore.

Web Portal Services



The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status and is available 24/7. By visiting www.eviCore.com providers can spend their time where it matters most — with their patients!



Or by phone:
Phone Number:
888-444-9261
7:00 a.m. to 7:00p.m.
(Monday – Friday)

Benefits of the Provider Portal

Did you know that most providers are already saving time submitting prior authorization requests online? The provider portal allows providers to go from request to approval faster. The following are some benefits and features:

- Saves time: Providers experience a faster processing time online than via telephone.
- Available 24/7: The portal is available at any time.
- Option to save progress: If a provider needs to step away, he or she can save his or her progress and resume later.
- Upload option for additional clinical information: There is no need to fax in supporting clinical documentation; providers can upload it on the portal to support a new request or when additional information is requested.
- Ability to view and print determination information: Providers can check case status in real time.
- Dashboard: Providers can view all recently submitted cases.
- Duplication feature: If a provider is submitting more than one prior authorization request, he or she can duplicate information to expedite submittals.

eviCore Portal and Compatibility

eviCore.com is compatible with the following web browsers:

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

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

Already a user?

If you already have access to eviCore's portal (www.eviCore.com), simply log in with your User ID and Password and begin submitting requests.

Don't have an account? Click "Register Now"



Portal Login

User ID

[Forgot User ID?](#)

Password

[Forgot Password?](#)

I agree to HIPAA Disclosure

Remember User ID

LOGIN

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

Registration Form



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*:

If you are a health plan representative, please contact web support at 1-800-646-0418 option 2 for your account to be created.

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"/> <input type="text"/>	Phone*:	<input type="text"/>
Email*:	<input type="text"/>			Ext:	<input type="text"/>
Confirm Email*:	<input type="text"/>	City*:	<input type="text"/>	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	State*:	<input type="text" value="Select"/> <input type="text" value="Zip*"/>	Individual NPI*:	<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



Please review the information before you submit this registration. An Email will be sent to your registered email address to set your password.

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:

If you are a health plan representative, please contact web support at 1-800-646-0418 option 2 for your account to be created.

User Registration

UserName:	Address:	Phone:
Email:	City:	Ext:
Account Type:	State:	Fax:
First Name:	Office Name:	
Last Name:		

[Back](#)

[Submit Registration](#)

Web Support 800.646.0418

[Legal Disclaimer](#) | [Privacy Policy](#) | [Corporate Website](#) | [Report Fraud & Abuse](#) | [Guidelines and Forms](#) | [Contact Us](#)

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

User Access Agreement

The screenshot shows the eviCore healthcare user registration interface. A modal window titled "USER REGISTRATION" is open, displaying the "User Access Agreement" which is marked as a required field. The agreement text includes the following:

eviCore
Provider/Customer Access Agreement for Web-Based Applications

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

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

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

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

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

The background registration form includes the following fields and options:

- Web Portal Preference: Please select the Portal that is listed in your provider training material. This selection determines the Default Portal.
- Default Portal: CareCore National (dropdown menu)
- User Registration section with fields for: Username, Email, Account Type, First Name, and Last Name.
- Phone, Ext, Fax, and Zip fields.
- Buttons: Back and Submit Registration.

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

Accept the **Terms and Conditions**, and click **“Submit.”**

Registration Successful

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



Registration Successful

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

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

Password Maintenance

Please set up a new password for your account.

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

New Password*

Confirm New Password*

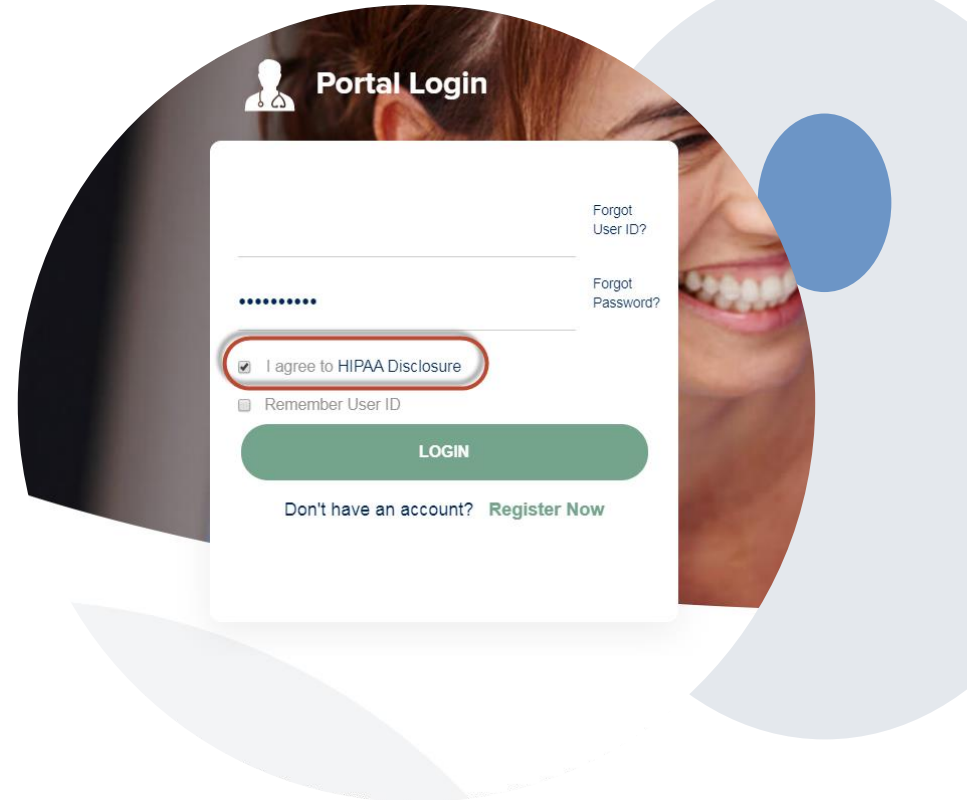
Save

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

Account Login

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

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



Welcome Screen

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

Tuesday, May 12, 2020 4:20 PM

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

Providers must be added to your account before cases can be submitted over the web. Please select "Manage Account" to add providers.

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

Note: You can access the **MedSolutions Portal** at any time without having to provide additional log-in information. Click the MedSolutions Portal on the top-right corner to seamlessly toggle back and forth between the two portals.

Add Practitioners

Manage Your Account

Office Name: CHANGE PASSWORD EDIT ACCOUNT

Address:

Primary Contact:

Email Address:

ADD PROVIDER

Click Column Headings to Sort

CANCEL

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

FIND MATCHES CANCEL

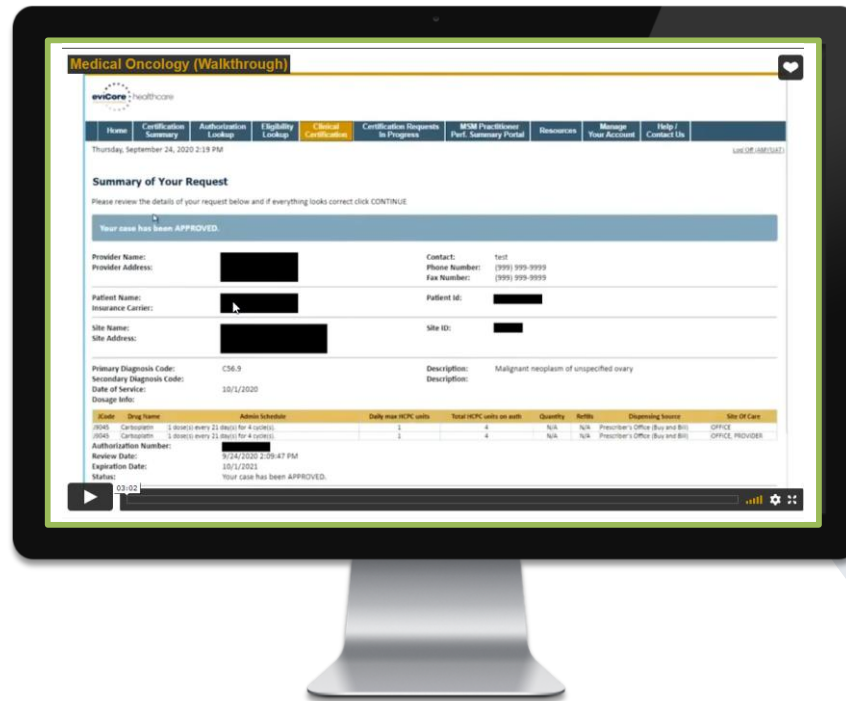
- Select the “**Manage Your Account**” tab, then the **Add Provider**
- Enter the NPI, state, and zip code to search for the provider
- Select the matching record based upon your search criteria
- Once you have selected a practitioner, your registration will be complete
- You can also click “**Add Another 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

Portal Demo

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

Please click here to view the portal demonstration:

[Portal Demonstration](#)



Clinical Collection Process – Clinical Upload



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

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

- Select an NCCN Recommended Regimen from the list - these options will vary based on the clinical & diagnosis submitted.
- If a Custom Regimen is requested, please upload clinical information necessary to support the request.

Case Initiation

Welcome Screen

eviCore healthcare

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

Friday, July 22, 2016 12:02 PM Log Off (MALLOR)

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

Providers must be added to your account before cases can be submitted over the web. Please select "Manage Account" to add providers.

Request a clinical certification/procedure >>

Request a clinical certification/procedure for.

Resume a certification request in progress >> << Did you know? You can save a certification request to finish later.

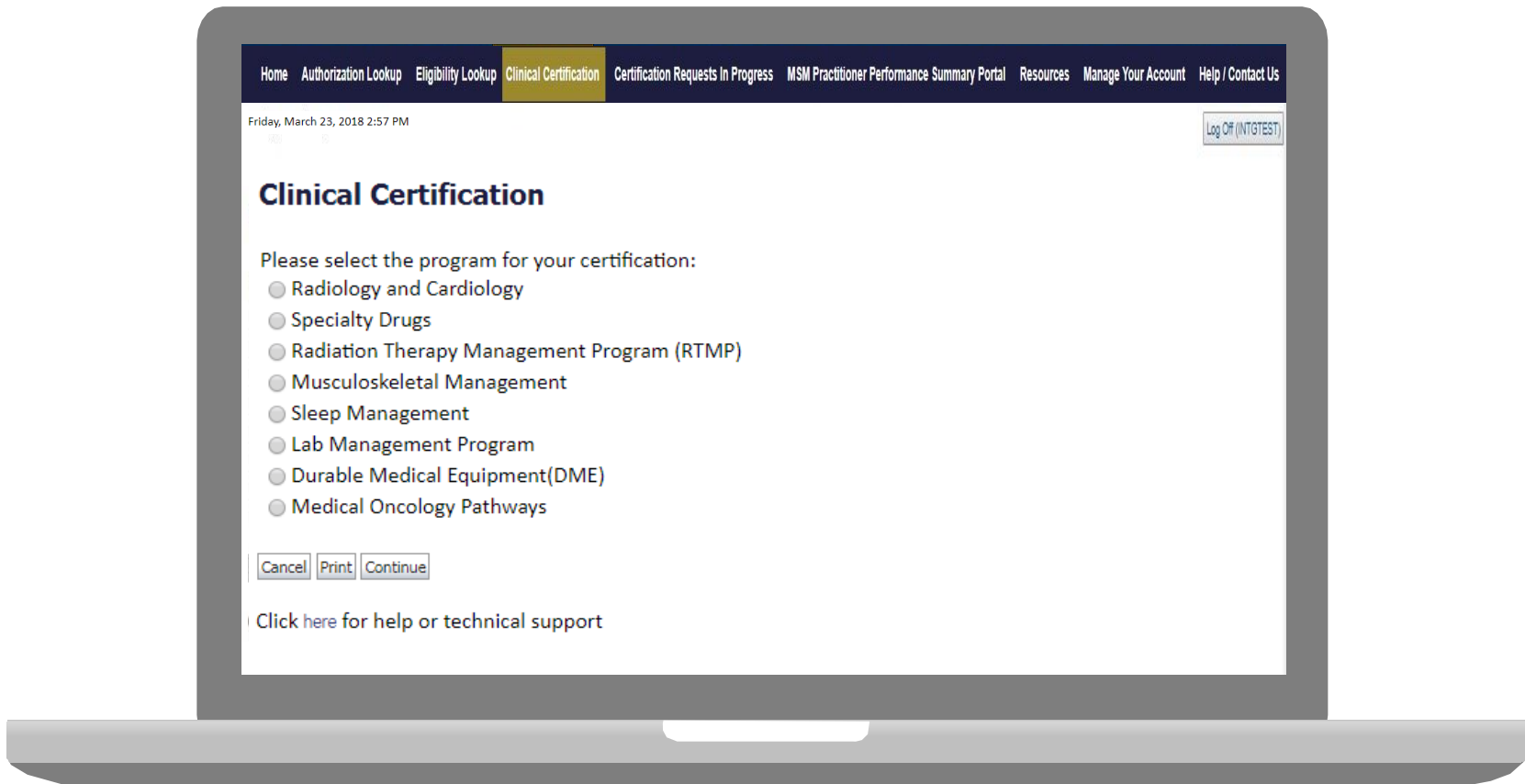
Look up an existing authorization >>

Check member eligibility >>

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

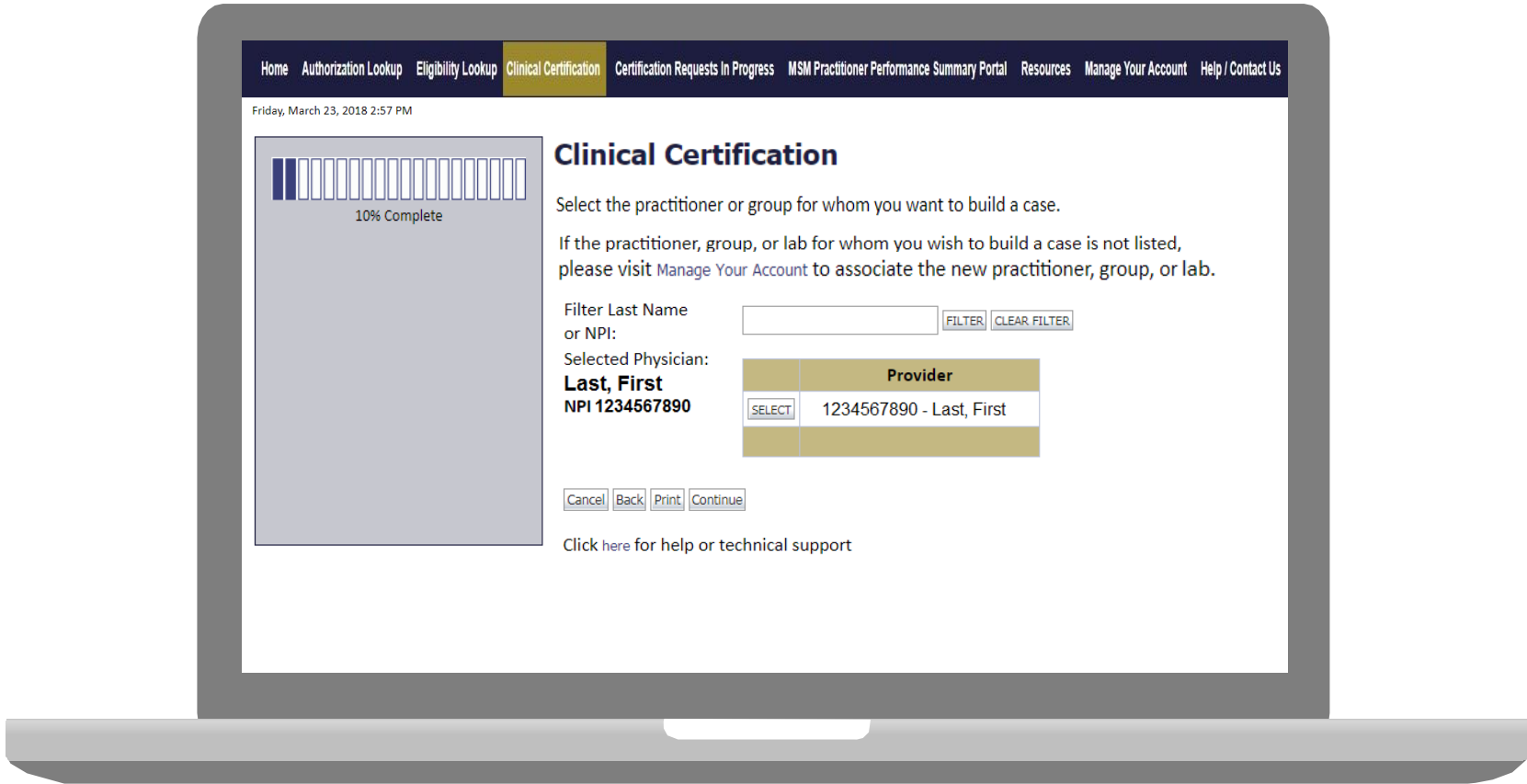
Note: You can access the MedSolutions Portal at any time if you are registered. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals without having to log-in multiple accounts.

Select Program



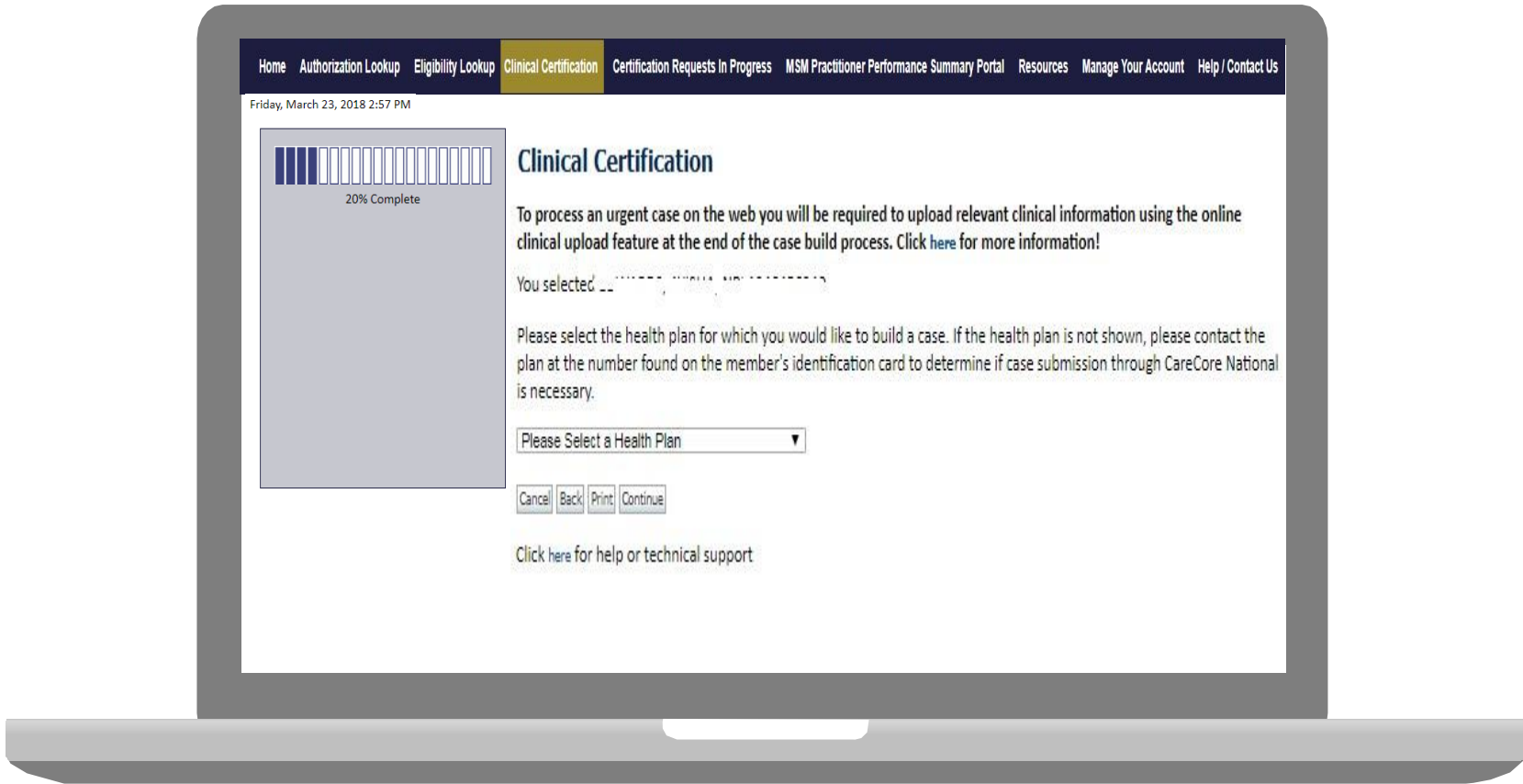
Select the **Program** for your certification.

Select Provider



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

Select Health Plan



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

Contact Information



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Monday, October 18, 2021 4:12 PM

[Log Off \(AMYNLIBBY2\)](#)

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

Receive notification of case status changes

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

New feature! This option allows you to receive e-notification updates for case status updates/changes.

[Click here for help](#)

30% Complete

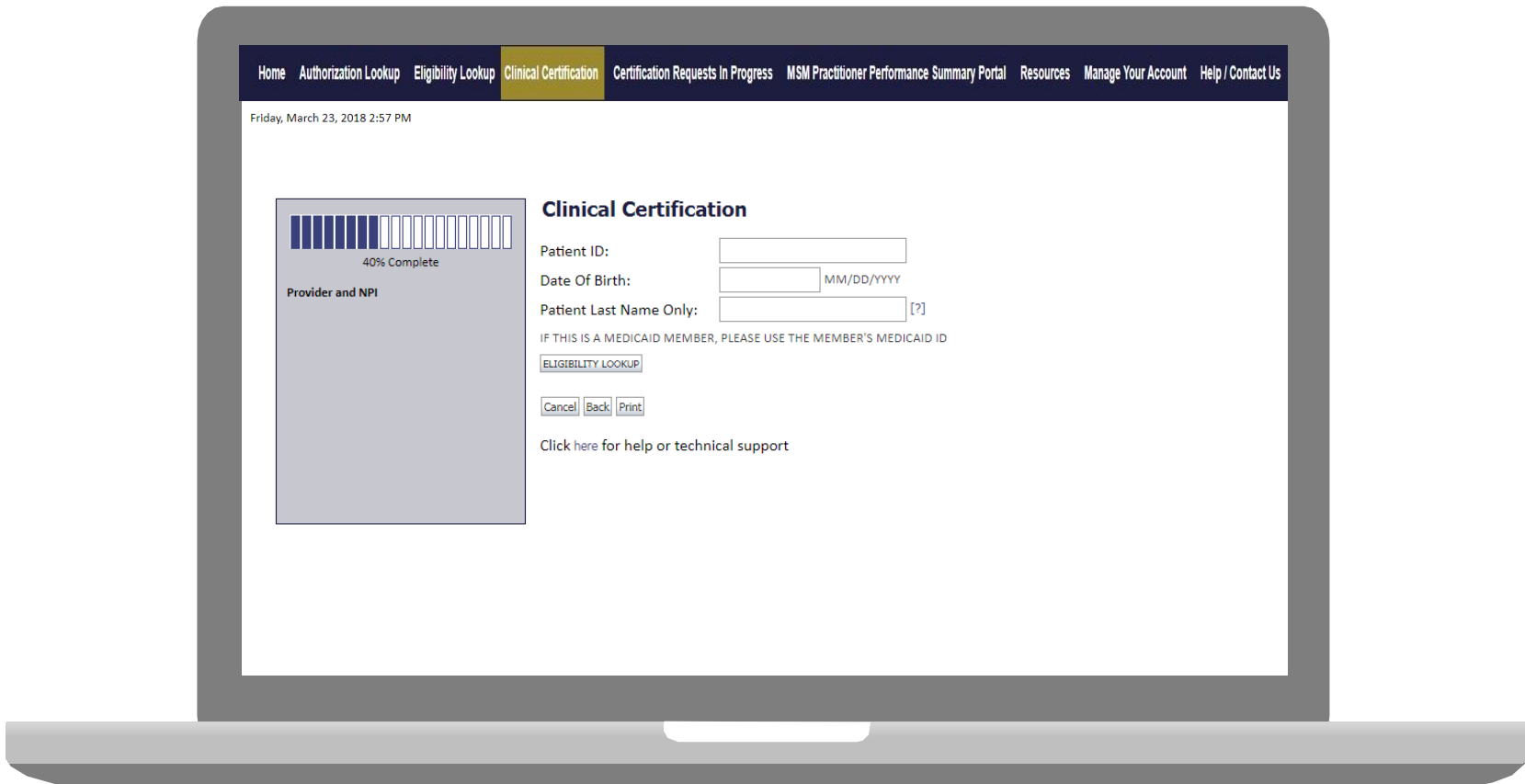
Provider and NPI

BI, SUCAI
3659363794
(AETNA)

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Member Information



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

Member History

Clinical Certification

Example Patient **01/01/01**
Address Gender
City, State ZIP Age
Phone Number

Plan ID Number

[NEW REVIEW](#)

[VERIFY ELIGIBILITY](#)

Reviews

Date	Physician	Case #	Cancer Type	Treatment	Status		
1/19/2015			Colorectal	5-Fluorouracil (5FU; Aducril), Brentuximab Vedotin (Adcetris)	Pending		VIEW HISTORY
1/19/2015			Colorectal	Oxaliplatin (Eloxatin)	Approved		VIEW HISTORY
1/16/2015			Multiple Myeloma	Cyclophosphamide - inj (Cytoxan; Endoxan-Asta)	Approved		VIEW HISTORY



The Patient History Screen becomes the hub for all future requests or data relating to this patient. This includes 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 Details

Patient ID:

Patient Name:

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

Clinical Certification

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

Medical Oncology Pathways

Select Drug Classification[?] or Description[?]

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

Diagnosis

Diagnosis Code: **D48.1**

Description: **Neoplasm of uncertain behavior of connective and other soft tissue**

[Change Diagnosis](#)

Site Selection

Wednesday, January 16, 2019 11:05 AM

Log Off

Clinical Certification

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:	<input type="text"/>	Zip Code:	<input type="text"/>	Site Name:	<input type="text"/>
TIN:	<input type="text"/>	City:	<input type="text"/>	<input checked="" type="radio"/> Exact match	
				<input type="radio"/> Starts with	

LOOKUP SITE

Cancel Back Print

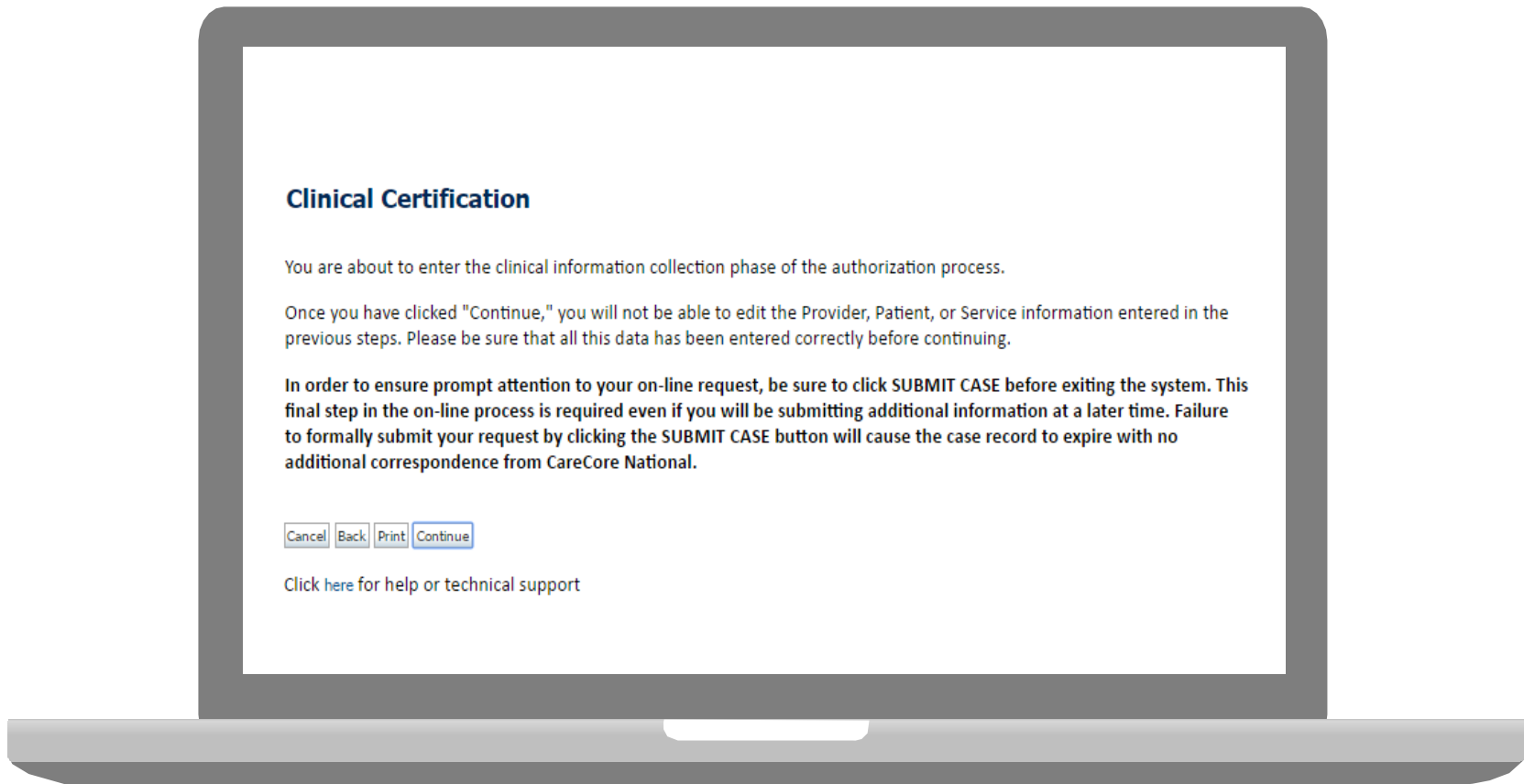
[Click here](#) for help or technical support

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

Clinical Certification



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

Contact Information

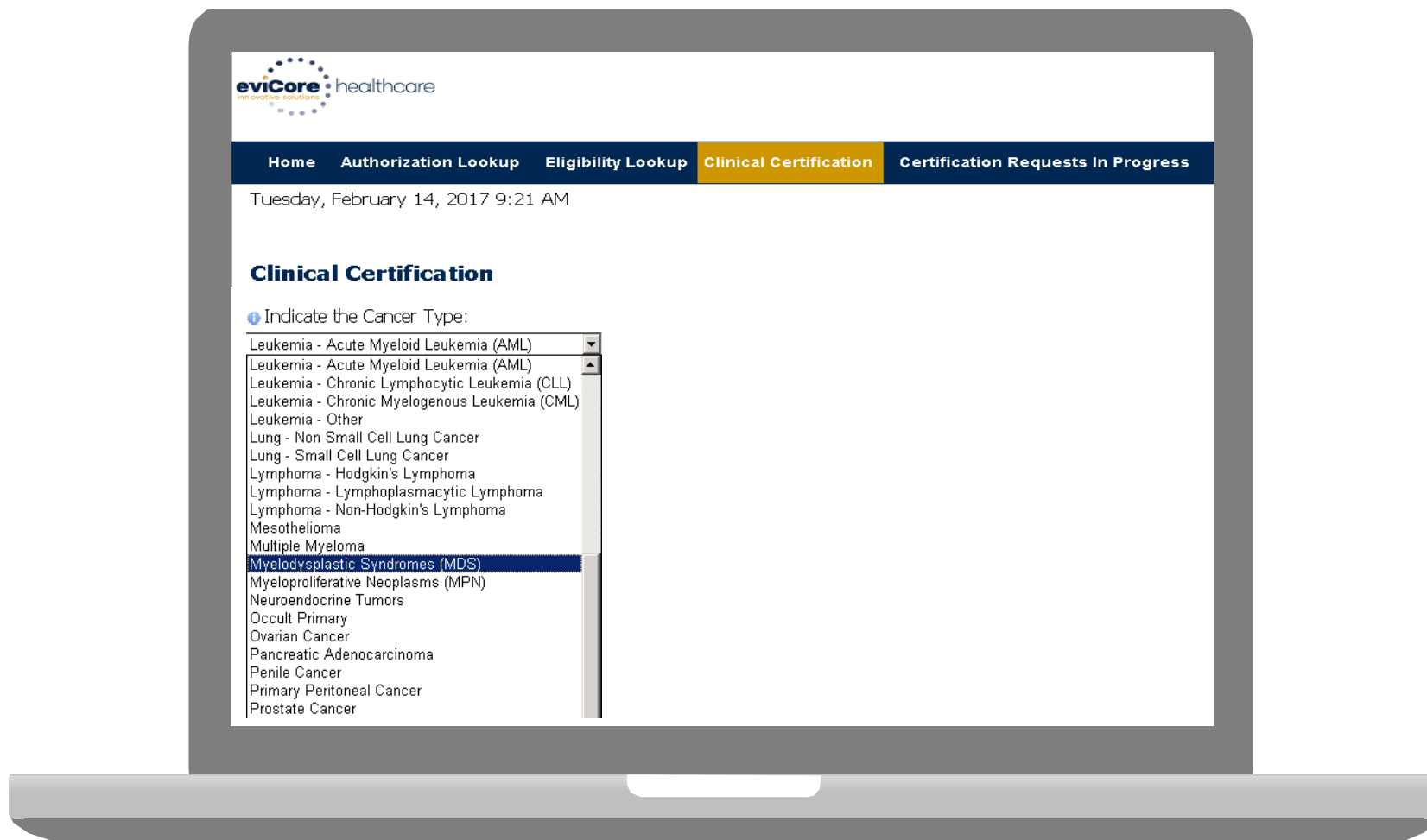
Select an Urgency Indicator and Upload your patient's relevant medical records that support your request.

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



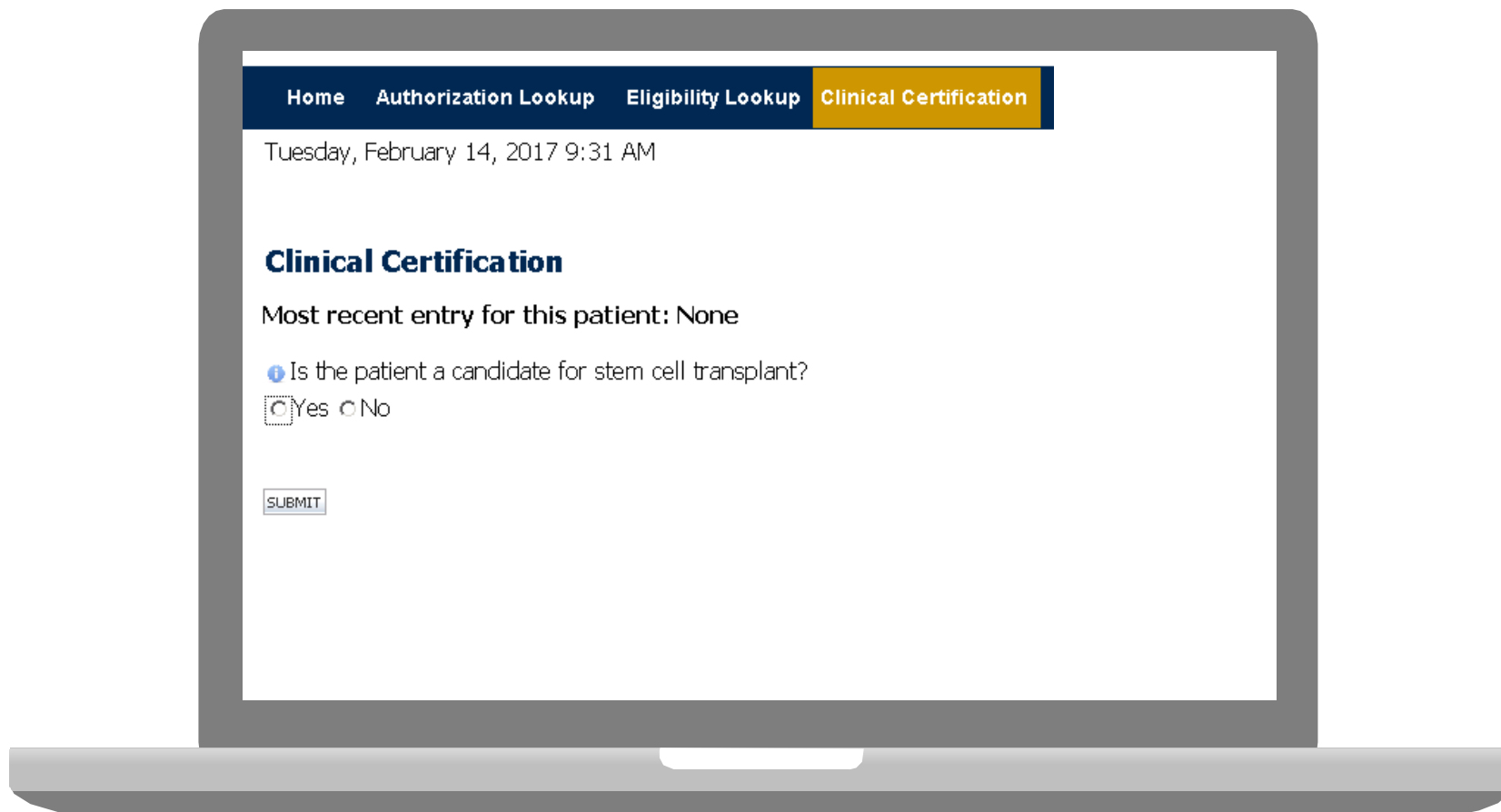
You can upload up to **FIVE documents** in .doc, .docx, or .pdf format. Your case will only be considered Urgent if there is a successful upload.

Clinical Pathway



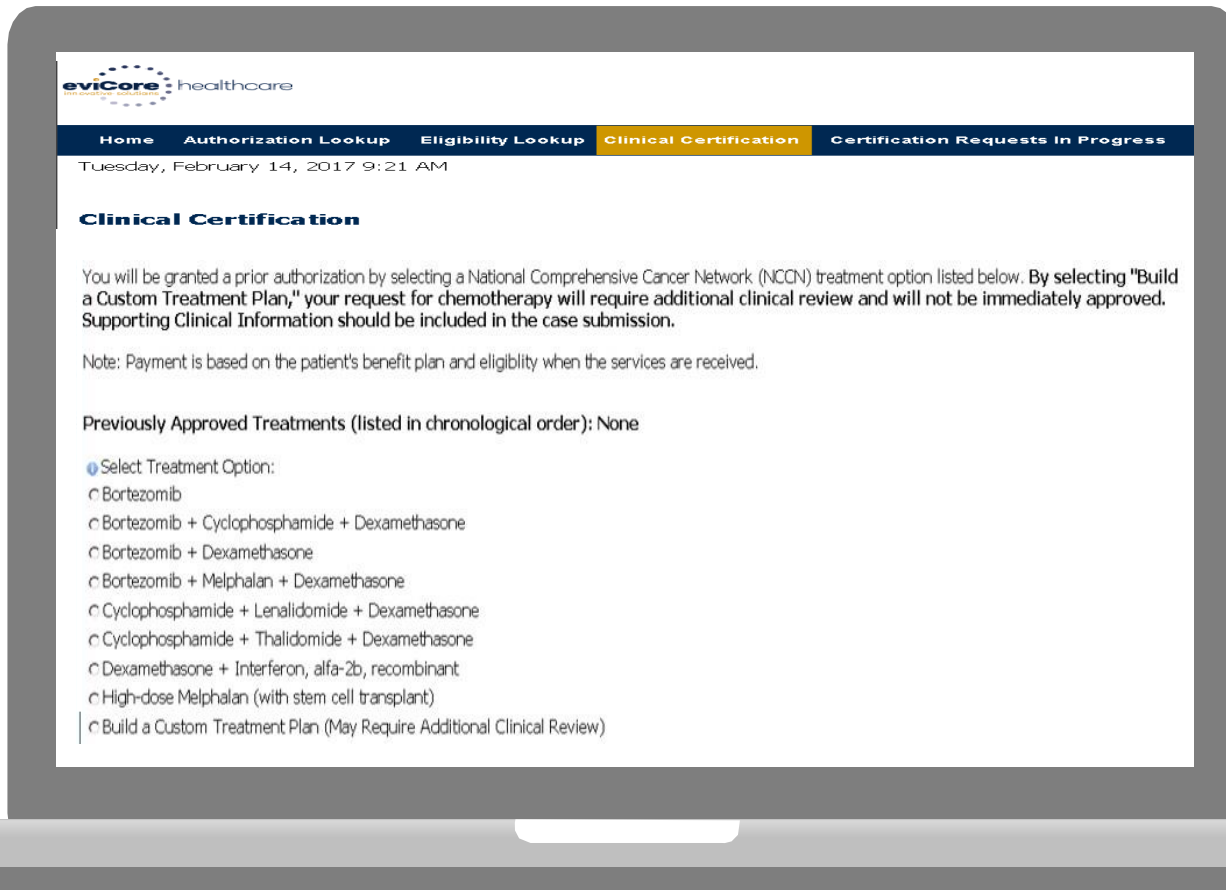
The **Clinical Pathway** begins with the selection of the cancer type. This will dictate the questions that will be asked in the following screens. All cancer types covered by NCCN are available as well as an “Other” option for rare cancers not addressed by NCCN. ⁵⁴

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.

Clinical Pathway



All NCCN recommended treatments are displayed as well as an option to submit a custom treatment plan by selecting the individual drugs that will be administered.

All of the drugs in the selected regimen that require an authorization will be automatically included if approved.

Approval

Clinical Certification

Your case has been sent to Medical Review.

Provider Name:	Contact:
Provider Address:	Phone Number:
	Fax Number:
<hr/>	
Patient Name:	Patient Id:
Insurance Carrier:	
<hr/>	
Site Name:	Site ID:
Site Address:	
<hr/>	
Diagnosis/ICD-10 Code:	Description: MALIGNANT NEO COLON NOS
Date of Service:	
HCPCS Code(s): J9263	Drug(s): OXALIPLATIN (ELOXATIN)
Authorization Number:	
Review Date: 1/19/2015 4:11:36 PM	
Start Date: 2/2/2015	
Expiration Date: 9/30/2015	
Status: Your case has been Approved.	

- Selection of a recommended regimen will result in immediate approval of all drugs in the requested regimen that require PA 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.

Custom Treatment Plans

Clinical Certification

Select drugs for the treatment regimen from the drug list below.

- If a drug is not listed, enter the drug name in "Enter drug(s) not included on the list above".
- Do not enter supportive care drugs (e.g. Neulasta, Neupogen, anti-emetics, anemia drugs, etc.)
- Provide administration schedule.
- Select "Submit" to submit the treatment regimen.

If approved, authorizations will be issued for injectable chemotherapy drugs only, but all chemotherapy agents to be used should be submitted to allow for a review of the requested regimen.

Drug List:

	Add all	0 items selected	Remove all
<input type="text"/>			
5-Fluorouracil (5FU; Adrucil)	+		
5FU (5-Fluorouracil)	+		
Abiraterone Acetate -oral (Zytiga)	+		
Abraxane (Paclitaxel (albumin-bound))	+		
Actimmune (Interferon, gamma-1b)	+		
Adcetris (Brentuximab Vedotin)	+		
Ado-Trastuzumab Emtansine (Kadcyla)	+		
Adriamycin (Doxorubicin HCL)	+		
Adrucil (5-Fluorouracil)	+		
Afatinib - oral (Gilotrif)	+		
Afinitor (Everolimus - oral)	+		
Aldesteukin (Interleukin-2; Proteukin)	+		
Alemtuzumab (Campath)	+		

Enter drug(s) not included on the list above. (Chemotherapy drugs only. Do not enter supportive care or non-chemotherapy drugs.)

Drug 1:

➤ 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.

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:

Finish Later

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

[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):

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD SKIP UPLOAD

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

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

Custom Treatment Plans

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:

Diagnosis/ICD-10 Code:

Description: MALIGNANT NEO COLON NOS

Date of Service:

HCPCS Code(s): J9190, J9042

Drug(s): 5-FLUOROURACIL (5FU; ADRUCIL), BRENTUXIMAB VEDOTIN (ADCETRIS)

Case Number:

Review Date: 1/19/2015 4:57:01 PM

Expiration Date: N/A

Status: Your case has been sent for Medical Review.

- Custom plans are reviewed by an eviCore medical oncologist to determine if the request is clinically appropriate. Factors such as rare conditions, toxicity issues, or comorbidities may result in approval.
- If the request is not able to be approved, the eviCore Oncologist will request a physician-to-physician to discuss alternate treatment options that meet evidence based guidelines prior to issuing a denial. The goal is to eliminate the need for denials when acceptable alternatives are available.
- All reviews are completed within 48 hours of receiving complete clinical information.

Print

Continue

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 (XXXXXXXXXX-XXXXXX-XXXXXX-XXXXXX-XXXXXX)
- Program and Provider (Radiation Therapy Management Program and XXXXXXXXXXXX-XXXXXX-XXXXXX-XXXXXX-XXXXXX)
- 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!

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



- 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
- Med Solutions Portal

Tuesday, January 21, 2020 10:43 AM

Authorization Lookup

Authorization Number: **AL00000007**
Case Number: **0000000000**
Health Plan Auth Number: **0000000000**
Status: Approved
Approval Date: 1/21/2020 12:00:00 AM
Service Code: 71250
Service Description: CT THORAX W/O CONTRAST
Site Name: **HEALTHVIEW IMAGING CENTER**
Expiration Date: 3/6/2020
Date Last Updated: 1/21/2020 8:21:28 AM
Correspondence: **UPLOADS & FAXES**

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
71250 CHANGE SERVICE CODE	Computed tomography (CT) (a special kind of picture) of your chest without contrast (dye)	1	1	

PRINT

[Click here for help](#)

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The authorization will then be accessible to review. To print authorization correspondence, select **Uploads & Faxes**.



Eligibility Look Up



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

Thursday, March 15, 2018 4:43 PM

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

Eligibility Lookup

New Security Features Implemented

Health Plan:

Patient ID:

Member Code:

Cardiology Eligibility: **Medical necessity determination required.**

Radiology Eligibility: **Precertification is Required**

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

MSM Pain Mgt Eligibility: **Precertification is Required**

Sleep Management Eligibility: **Medical necessity determination required.**

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

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

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

Provider Resources



Certification Summary

Certification Summary

Search.. 

Single Status
Show All ▾

Filter By Multiple Statuses
Show All ▾

Date
7 days ▾


Submit Close



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

Wednesday, September 26, 2018 2:27 PM Log Off

Certification Summary

Search.. 

Page 1 of 0 10 ▾ No records to display

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

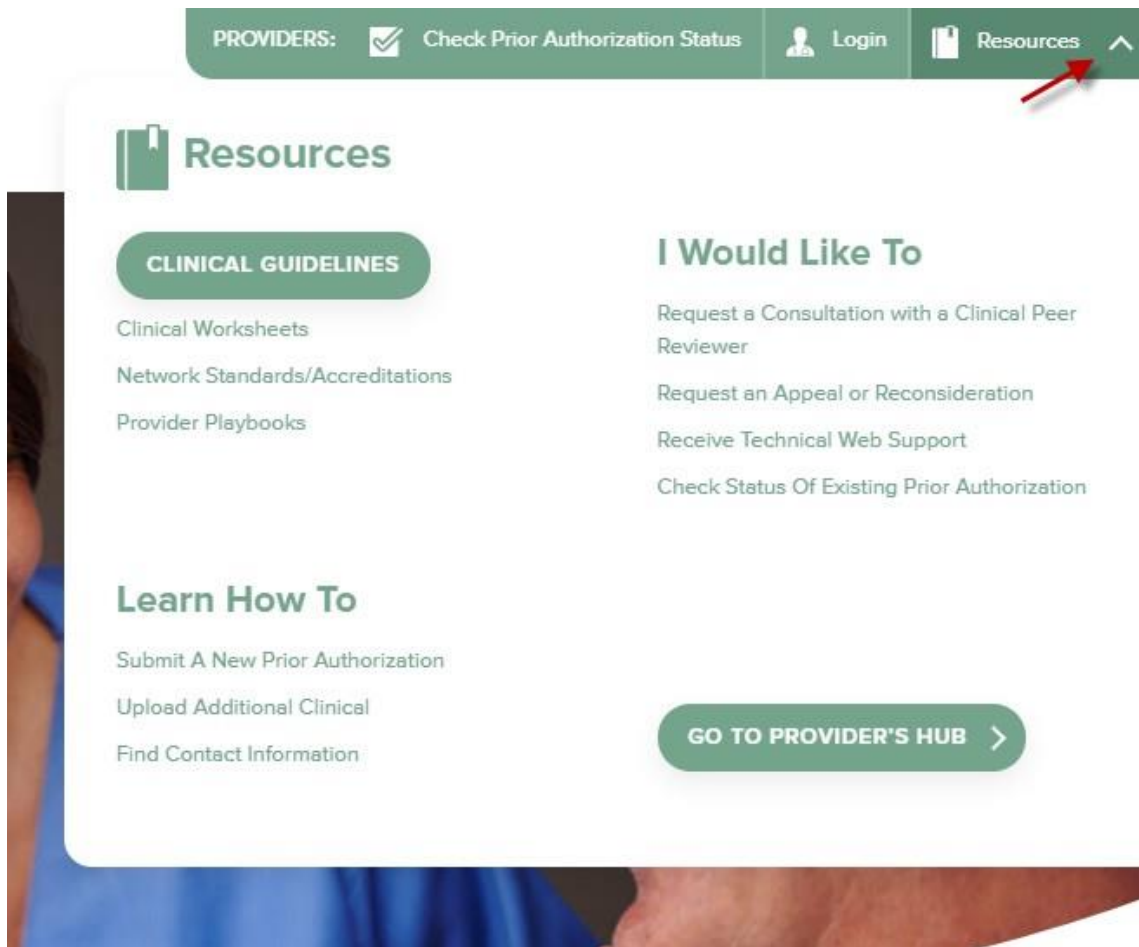
Page 1 of 0 10 ▾ No records to display

➤ CareCore National Portal now includes a **“Certification Summary”** tab to better track your recently submitted cases

➤ The work list can also be filtered, as seen above

Online Resources

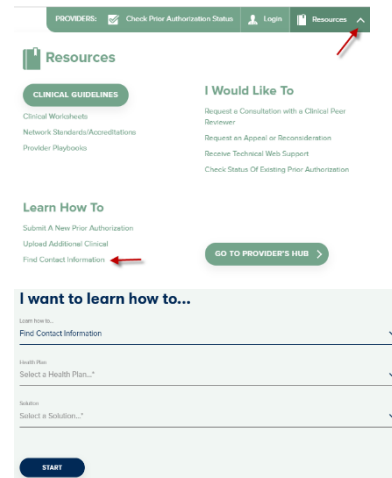
- You can access important tools and resources at www.evicore.com.
- Select the **Resources** to view **FAQs, Clinical Guidelines, Online Forms**, and more.



Provider Resources

Web-Based Services and Online Resources

- You can access important tools, health plan–specific contact information, and resources at www.eviCore.com.
- The “Resources” page includes clinical guidelines, online forms, and more.
- If you are unsure of how to contact eviCore, the quick reference tool can help.
 - Click the “Resources” tab.
 - Select “Find Contact Information” under the “Learn How To” section.
 - Type in Cigna and the solution to populate the contact telephone and fax numbers as well as the appropriate legacy portal to utilize for case requests.



The quickest, most efficient way to request prior authorization is through our provider portal. We have a dedicated **Web Support** team that can assist providers in navigating the portal and addressing any web-related issues during the online submission process.

To speak with a Web Specialist, call 800.646.0418 (option 2) or email portal.support@evicore.com.



Provider Newsletter

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

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 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 → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



Provider Resources: Preauthorization Call Center



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

7:00 AM - 7:00 PM (Local Time): 855-252-1117

- Obtain preauthorization 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

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 re-sent to the health plan

Provider Resources: Implementation Site



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

Provider Enrollment Questions

Contact your Provider Network Consultant for more information

Blue Cross and Blue Shield Implementation site - includes all implementation documents:

<https://www.evicore.com/healthplan/bcbs>

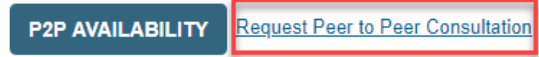
- CPT code list of the procedures that require preauthorization
- Quick Reference Guide
- eviCore clinical guidelines
- FAQ documents and announcement letters

To obtain a copy of this presentation, please contact the Client Services department at clientservices@evicore.com

Appendix - Online P2P Scheduling Tool


How to schedule a Peer to Peer Request

- Log into your account at 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:	

 **P2P AVAILABILITY**

How to schedule a Peer to Peer Request

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:		Request Peer to Peer Consultation
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

How to Schedule a Peer to Peer Request

Case Reference Number Case information will auto-populate from prior lookup

Member Date of Birth

+ Add Another Case

Lookup Cases >

It 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.

Case Ref #

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

Remove P2P Eligible

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 >](#)

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.

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 →

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	1st Priority by Skill
6:15 pm EDT 6:30 pm EDT 6:45 pm EDT	-	-	-	-	-	-	

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	1st Priority by Skill
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...	-	-	-	

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 multi-step scheduling process. The 'Schedule' step is active, indicated by a checkmark. The 'P2P Contact Details' section contains the following fields:

- Name of Provider Requesting P2P:** Dr. Jane Doe (indicated by a blue arrow)
- Contact Person Name:** Office Manager John Doe
- Contact Person Location:** Provider Office (dropdown menu)
- Phone Number for P2P:** (555) 555-5555 (indicated by a blue arrow)
- Phone Ext.:** 12345 (indicated by a blue arrow)
- Alternate Phone:** (xxx) xxx-xxxx
- Phone Ext.:** Phone Ext. (dropdown menu)
- Requesting Provider Email:** droffice@internet.com
- Contact Instructions:** Select option 4, ask for Dr. Doe (indicated by a blue arrow)

A 'Submit >' button is located at the bottom right of the form.

- 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 card. It includes a calendar icon, the text 'Scheduled', and a blue bar with a calendar icon, a clock icon, and the text 'Mon 5/18/20 - 6:30 pm EDT'. A red circle highlights a 'SCHEDULED' status indicator in the bottom right corner.

Canceling or Rescheduling a Peer to Peer Appointment

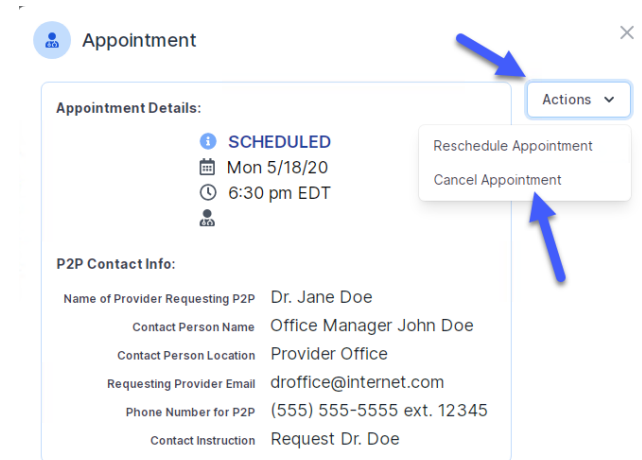
To cancel or reschedule an appointment

- 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

opportunity to select

If choosing to reschedule, you will have the
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

Thank You!

