

Radiation Oncology

Provider Orientation Session for Independence Administrators

Effective July 1, 2022



Empowering
the Improvement
of Care

Agenda

- Program Overview
- Clinical Approach
- Submitting Requests
- Prior Authorization Outcomes & Special Considerations
- Reconsideration Options
- Provider Portal Overview
- Additional Provider Portal Features
- Provider Resources
- Q & A

Medical Benefits Management (MBM)

Addressing the complexity of the healthcare system



10
Comprehensive
solutions



Evidence-based
clinical guidelines



5k+ employees,
including
1k+ clinicians

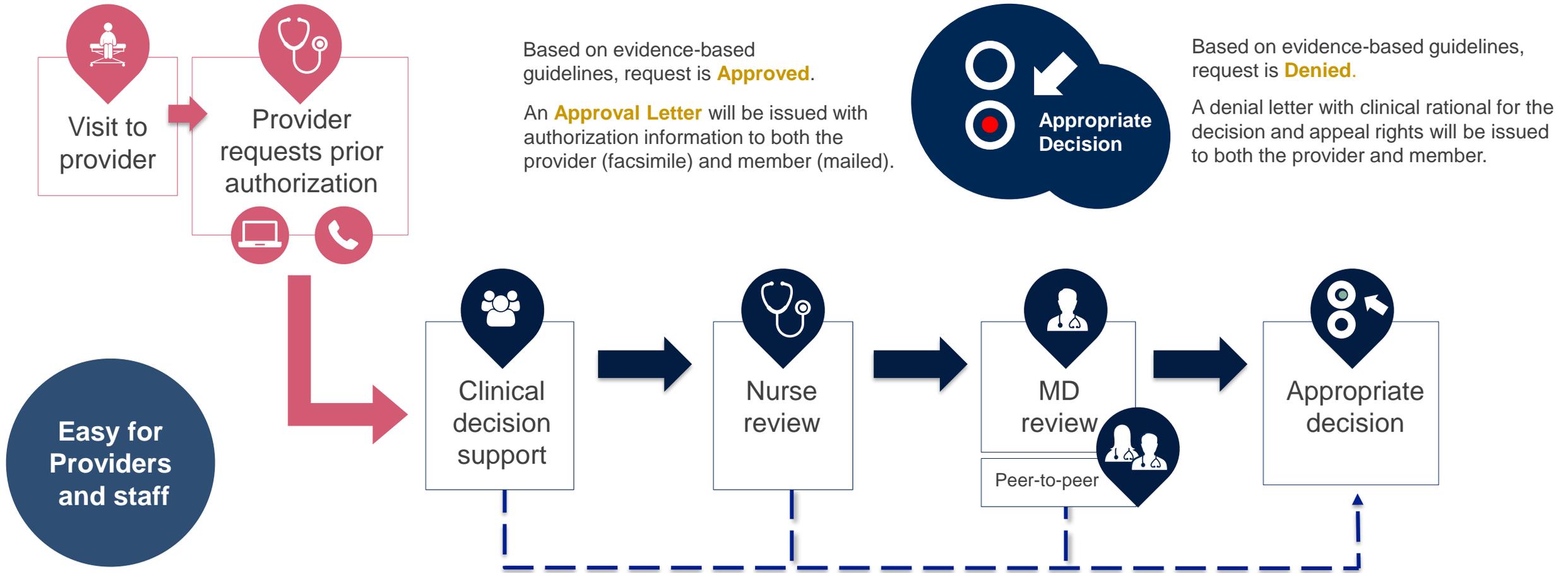


Advanced, innovative,
and intelligent
technology

Overview

Radiation Oncology

Utilization Management – the Prior Authorization Process



Independence Administrators Prior Authorization Services

eviCore healthcare (eviCore) will begin accepting prior authorization requests for radiation oncology services on June 20, 2022 for dates of service July 1, 2022 and after.

Prior authorization applies to the following services:

- Outpatient
- Diagnostic
- Non-emergent & Elective

Prior authorization does **NOT** apply to services performed in:

- Emergency Rooms
- Observation Services
- Inpatient Stays



Providers should verify member eligibility and benefits on the secured provider log-in section at: <https://www.evicore.com/resources/healthplan/independence-administrators>

Applicable Memberships

Prior Authorization is required for Independence Administrators members who are enrolled in the following lines of business/programs:

Commercial	<ul style="list-style-type: none">• Radiation Oncology• Lab (Molecular Genomic)
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Our Clinical Approach

Evidence-Based Guidelines – Radiation Oncology

The foundation of our solutions



Guidelines
updated at least
annually



Experts associated with
academic institutions



Current clinical
literature



Aligned with National Societies:

- American Society for Radiation Oncology
- American College of Radiology
- American College of Radiation Oncology
- National Comprehensive Cancer Network (NCCN)
- Medicare Guidelines

Expert Contributors:

- Dr. Nimi Tuamokumo – eviCore
- Dr. Borys Mychalczak – Memorial Sloan-Kettering, NY
- Dr. Abram Recht – Beth Israel Deaconess Medical Center, Harvard, MA

Radiation Oncology – Clinical Decision Support Model

Why eviCore uses CDS for Radiation Oncology Authorization Requests

- ✓ Getting to Yes! -faster
 - Improve the prior authorization process
 - Reduce clinical questions by up to 92%
- ✓ Guide providers to a list of approvable treatment regimens
- ✓ Reduce Clinical Review and Peer-to-Peer rates
- ✓ Align Radiation Oncology with the Medical Oncology program design

Note: Once the clinical pathway questions are answered, a list of approvable treatment Regimens will be presented. The ‘Other’ selection can be selected if a custom treatment will be requested, which will be sent for Medical Review.



Example of Approvable Treatment Options:

- A. Up to 5 fractions of Stereotactic Body Radiation Therapy (SBRT) (using 3D planning)
- B. Up to 5 fractions of Stereotactic Body Radiation Therapy (SBRT) (using IMRT planning)
- C. Up to 10 fractions of 3D Conformal with IGRT (hypofractionation)
- D. 30 to 35 fractions of 3D Conformal with IGRT (conventional fractionation)
- E. Other

If “Other” is selected, you will be prompted to build a custom treatment regimen request.

If “A”, “B”, “C”, or “D” is selected, a follow-up question regarding the specific number of fractions will be asked.

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. LCD and NCDs are followed for Medicare cases.
- 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
- 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, in the Clinical Guidelines section of the Resource tab.



PROVIDERS: Check Prior

 Resources

CLINICAL GUIDELINES 

Clinical Worksheets

Submitting Requests

Methods to Submit Prior Authorization Requests

Provider Portal (preferred)

While phone and fax options are available, www.eviCore.com is the quickest, most efficient way to request prior authorization and check authorization status, and it's available 24/7

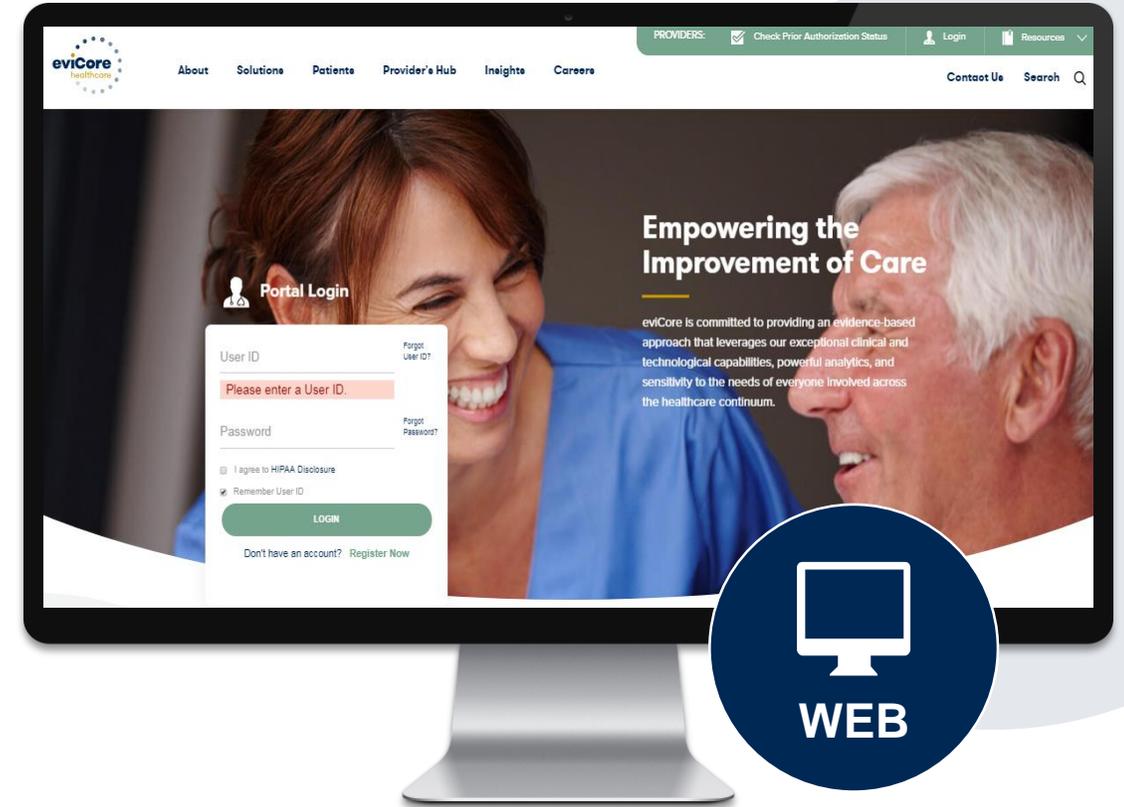
Phone Number:

866-686-2649

Monday through Friday:
7 am – 7 pm local time

Fax Number (additional clinical information only):

844-545-9213



Benefits of Provider Portal

Most providers are already saving time submitting prior authorization requests online. The provider portal allows you to go from request to approval faster. The following are some benefits & features:

- 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
- Duplication feature: If you are submitting more than one prior authorization request, you can duplicate information to expedite submittals

Non-Clinical Information Needed

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

Member Information

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

Ordering Physician Information

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

Rendering Facility Information

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



Clinical Information Needed

Supporting clinical information may be needed if the request for services is not approved immediately:

Radiation Oncology Program

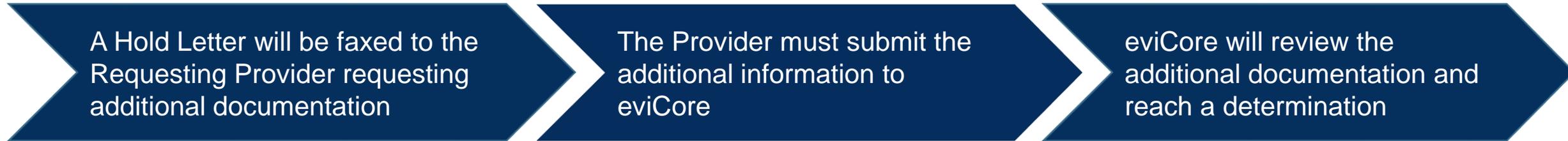
- Applicable Clinical Worksheet * *information on worksheet will be needed to answer pathway questions during the case build*
- Treatment Plan (Treatment Technique, Number of Fractions, Phases, IGRT)
- Radiation Oncologist Consultation Note
- Comparison Plans
- Written statement (Indicating why an exception to the policy should be made)



Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

If 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 Provider must submit the additional information to eviCore

eviCore will review the additional documentation and reach a determination

To ensure that a determination is completed within the designated timeframe, the case will remain on hold as follows:

- Commercial Plans: not to exceed 10 calendar days from date of case submission

Requested information must be received within the timeframe as specified in the Hold Letter.

Determination will be completed within 2 business days after additional information is received.



Prior Authorization Outcomes & Special Considerations

Prior Authorization Approval

Approved Requests

- Standard requests are processed within:
 - 2 business days
...after receipt of all necessary clinical information
- For Oncology, the period for which authorizations are valid varies by case
- Authorization letters will be faxed to the ordering physician & rendering facility
- When initiating a case on the web you can receive e-notifications when a determination is made if you provide an email address
- Members will receive a letter by mail
- Approval information can be printed on demand from the eviCore portal:
www.eviCore.com



When a Request is Determined as Inappropriate

Based on evidence-based guidelines, request is determined as **inappropriate**.

A denial letter with the rationale for the decision and the appeal rights will be issued to both the provider and member.



Oncology - Special Circumstances

Retrospective (Retro) Authorization Requests are allowed for Radiation Oncology

- Must be requested within 30 calendar days and prior to the claim being submitted
 - Up to 585 calendar days from the date of services for in network providers
- 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 after receipt of all necessary clinical information
- 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
- Reviewed for **clinical urgency** and medical necessity
- Urgent requests will be reviewed within:
 - 72 hours



Oncology - Special Circumstances (Continued)

Alternative Recommendations

- An alternate treatment plan recommendation may be offered based on eviCore's evidence-based clinical guidelines
- The ordering provider can either accept the alternative recommendation by building a new case, or by requesting a reconsideration of the original request
- Providers must contact eviCore to accept the alternative recommendation before the start of treatment

Authorization Updates

- If updates are needed to an existing authorization, you can contact eviCore by phone.
- Changes in treatment type or technique will require another Medical Necessity review on a new authorization. If approved, the original case will be withdrawn.
- If there is a change in technique(s) or number of fractions and this update is not communicated then it may impact claims payment. The billed services should align with the requested and approved treatment plan.
- If it is known the authorization time span will not cover the entirety of the radiation therapy episode of care/treatment plan then eviCore should be notified before the services are billed by the provider.



Reconsideration Options

Post-Decision Options: Commercial Members

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 can also call us at 866-686-2649 to speak to an agent who can provide available option(s) and instruction on how to proceed.

Reconsiderations

- Providers and/or staff can request a reconsideration review
- 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 is NOT delegated to process appeals
- The denial letter will provide next steps on how to initiate an appeal

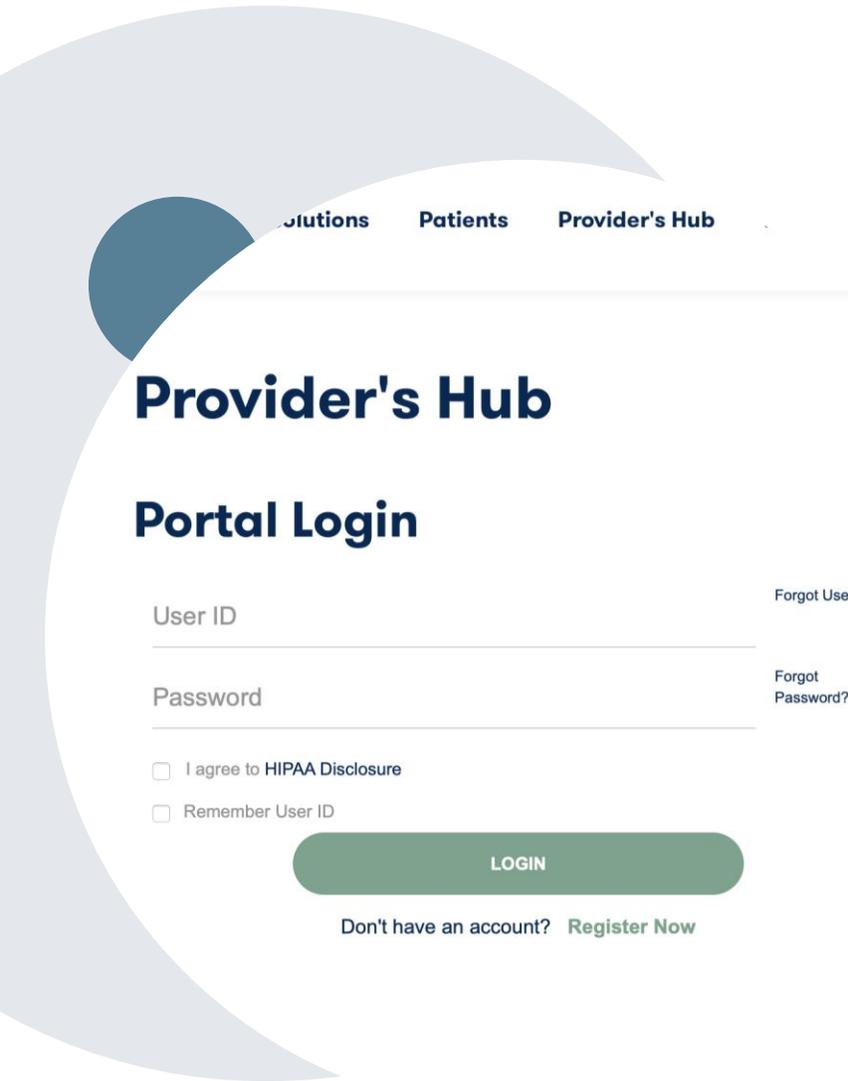
Provider Portal Overview

eviCore Portal Compatibility

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

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

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



eviCore healthcare website & log-in

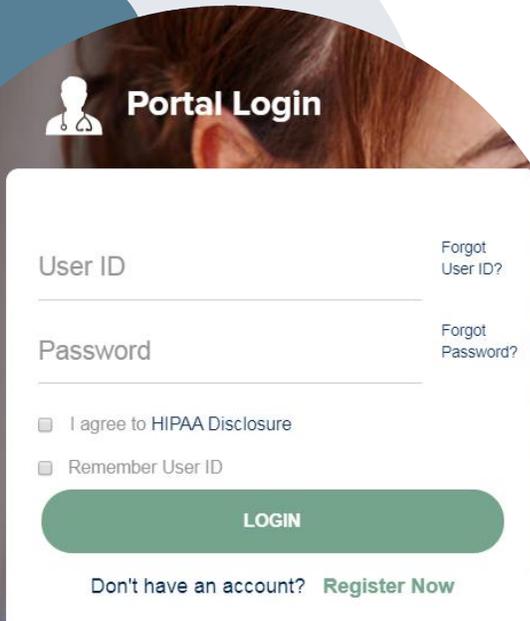
Visit www.evicore.com

Already a user?

If you have already registered, and have access to an eviCore online portal, you do not need to re-register. Simply log-in with your user ID and Password that you currently have, and begin submitting requests in real-time!

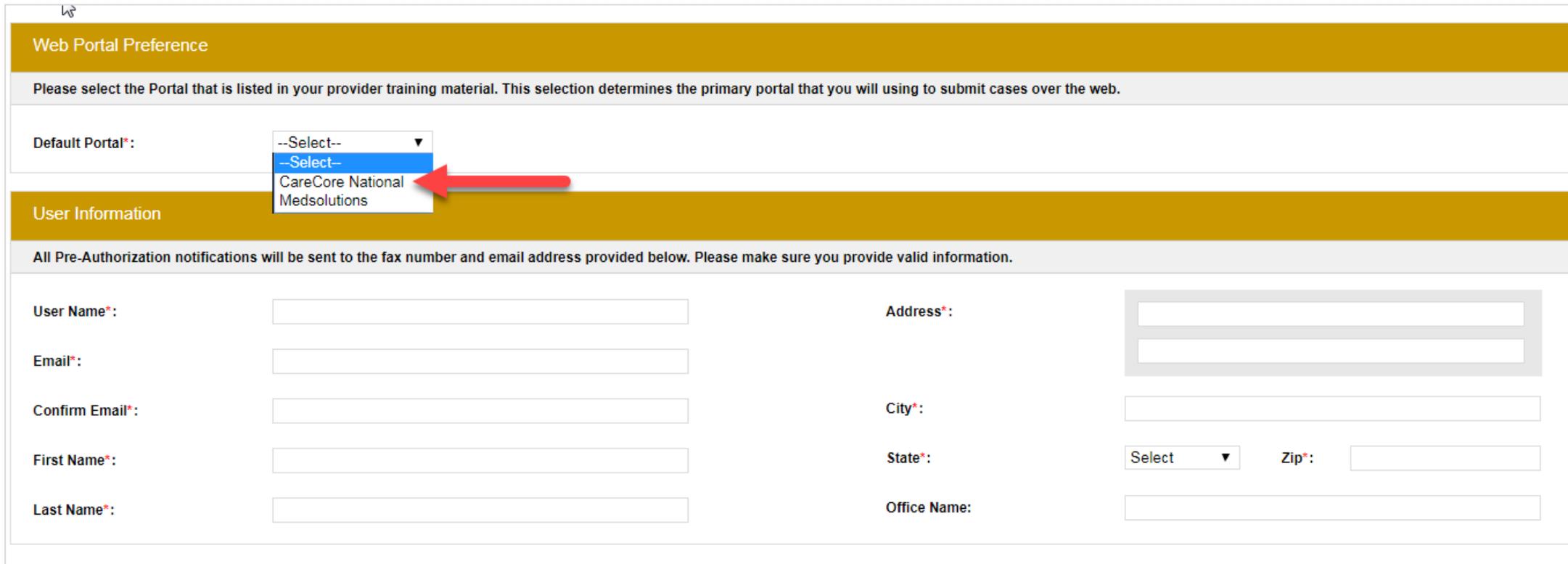
Don't have an account?

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



The screenshot shows the 'Portal Login' interface. At the top left is a user icon and the text 'Portal Login'. Below this are two input fields: 'User ID' and 'Password'. To the right of the 'User ID' field is a link 'Forgot User ID?'. To the right of the 'Password' field is a link 'Forgot Password?'. Below the input fields are two checkboxes: 'I agree to HIPAA Disclosure' and 'Remember User ID'. At the bottom of the form is a green 'LOGIN' button. Below the button is the text 'Don't have an account? Register Now'. A red arrow points from the 'Register Now' text to the right.

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 two "--Select--" options and "CareCore National Medsolutions", which is highlighted in blue. A red arrow points to this 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.

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

The image shows two overlapping web forms. The background form is titled "Manage Your Account" and contains fields for "Office Name:", "Address:", "Primary Contact:", and "Email Address:". It also features buttons for "CHANGE PASSWORD" and "EDIT ACCOUNT", and an "ADD PROVIDER" button. Below these is a table with the text "No providers on file" and a "CANCEL" button. The foreground form is titled "Add Practitioner" and includes instructions: "Enter Practitioner information and find matches." and "*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", along with "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

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	
SELECT	[Redacted]

BACK **CONTINUE**

- Choose Clinical Certification to begin a new request
- Select the appropriate program
- Select “Requesting Provider Information”

Select Health Plan & Provider Contact Info

Choose Your Insurer

Requesting Provider: [PREL, MICHEL, MD 00000000]

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.

- Choose the Health Plan
- 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

Add Your Contact Info

Provider's Name:* [PREL, MICHEL, MD 00000000] [?]

Who to Contact:* [] [?]

Fax:* [] [?]

Phone:* [PREL, MICHEL, MD 00000000] [?]

Ext.: [] [?]

Cell Phone: []

Email: []

BACK **CONTINUE**

Radiation Oncology Case Build

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
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Tuesday, June 9, 2020 2:15 PM

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

Patient Eligibility Lookup

Patient ID:*

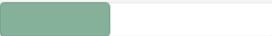
Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)


40% Complete

Provider and NPI



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Treatment Date – Radiation Oncology



Patient Eligibility Lookup

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

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

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Attention! Time: 6/9/2020 2:16 PM

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

SUBMIT

40% Complete

Provider and NPI

Enter the expected treatment start date – do not enter the treatment planning date here; approved authorizations will be back dated 14 days when exported to account for the SIM code claims

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
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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](#)

Hint: 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](#)

Enter 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](#)

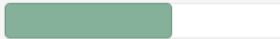
Requested Service + Diagnosis

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
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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](#)

[Click here for help](#)

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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
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Tuesday, June 9, 2020 2:54 PM

[Log Off](#)

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?

YES

NO

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):

Choose File No file chosen

UPLOAD

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:
<hr/>	
Patient Name:	Patient Id:
Insurance Carrier:	
<hr/>	
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

Certification Summary

Certification Summary

Search..  

Page 1 of 0

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

- Certification Summary tab allows you to track recently submitted cases
- The work list can also be filtered

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!

Authorization Lookup

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

Authorization Lookup

Search by Member Information Search by Authorization Number/ NPI

- You can look-up authorization status on the portal
- Search by member information OR
- Search by authorization number with ordering NPI
- View and print any correspondence

Authorization Lookup Tool (Continued)



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

Wednesday, November 06, 2019 10:06 AM

Authorization Lookup

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

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

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

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[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

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

Authorization Lookup Tool (Continued)



Tuesday, June 9, 2020 7:11 PM

Authorization Lookup

Authorization Number:	NA
Case Number:	1130572795
Status:	Additional Information Required
P2P Status:	
Approval Date:	
Service Description:	Breast Cancer
Site Name:	TRI COUNTY MEDICAL SERVICES INC
Expiration Date:	
Date Last Updated:	5/14/2020 2:32:09 PM
Correspondence:	UPLOADS & FAXES
Clinical Upload:	UPLOAD ADDITIONAL CLINICAL

P2P AVAILABILITY



- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling.
- *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.

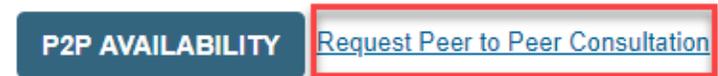
PRINT

[Click here for help](#)

To **print** approval or denial **notification letters**, select **UPLOADS & FAXES**

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:	



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

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

New P2P Request

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

Case Ref #: Remove ✔ P2P Eligible

Member Information

Name	
DOB	
State	
Health Plan	
Member ID	

Case P2P Information

Episode ID	
P2P Valid Until	2020-11-11
Modality	MSK Spine Surgery
Level of Review	Reconsideration P2P
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 shows a multi-step scheduling process with four stages: Case Info, Questions, Schedule, and Confirmation. The 'P2P Contact Details' section is active and 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
- 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.
- 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 page with the following details:

- Scheduling** (calendar icon)
- Scheduled**
- Date and Time:** Mon 5/18/20 - 6:30 pm EDT
- Status:** SCHEDULED (circled in red)

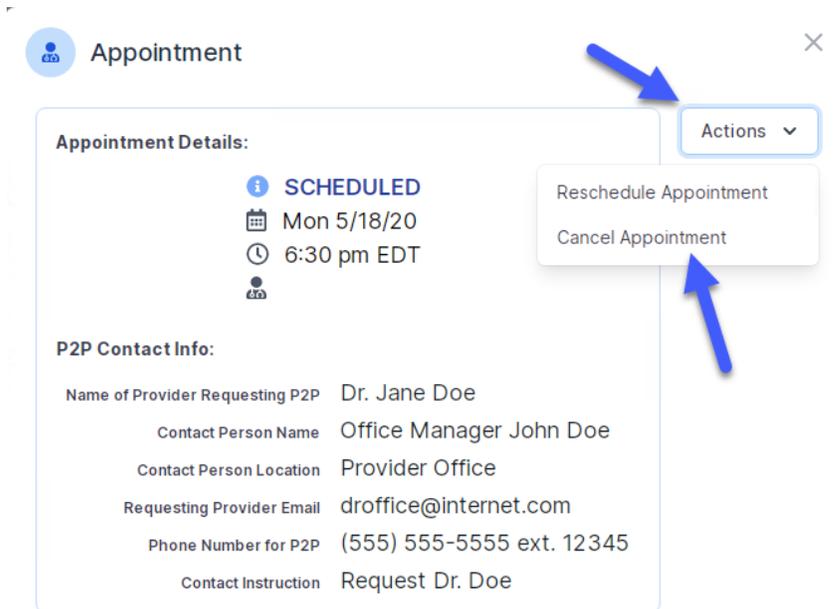
Canceling or Rescheduling a Peer to Peer Appointment

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

Provider Resources

Dedicated Call Center

Prior Authorization Call Center – 866-686-2649

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

Providers can contact our call center to perform the following:

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



Provider 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:

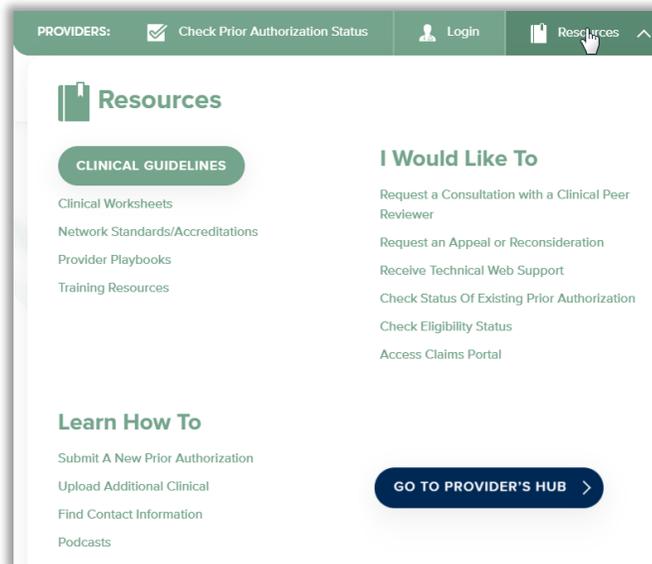
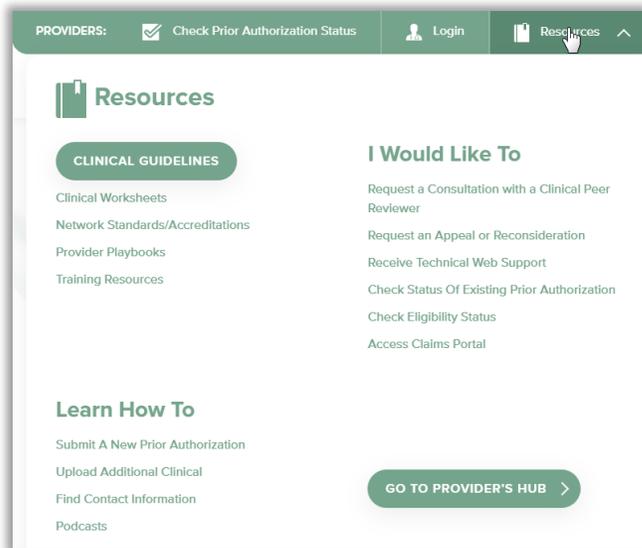
<https://www.evicore.com/resources/healthplan/independence-administrators>

Receive tips and stay updated eviCore's provider newsletter. Subscribe at www.eviCore.com. Just scroll down and add a valid email so that we can send you monthly updates.



Providers Hub

Providers and staff can access important tools and resources at [evicore.com](https://www.evicore.com)



Step 1

- Open the Resources menu in the top right hand of the browser

Step 2

- Select the Providers Hub to access Clinical Guidelines, Schedule Consultations (P2P) and more.

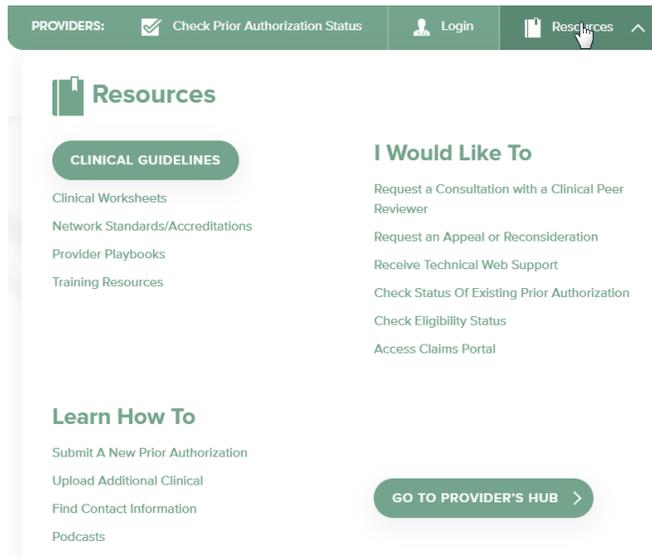


Quick Reference Tool

Where can I locate health plan specific contact information?

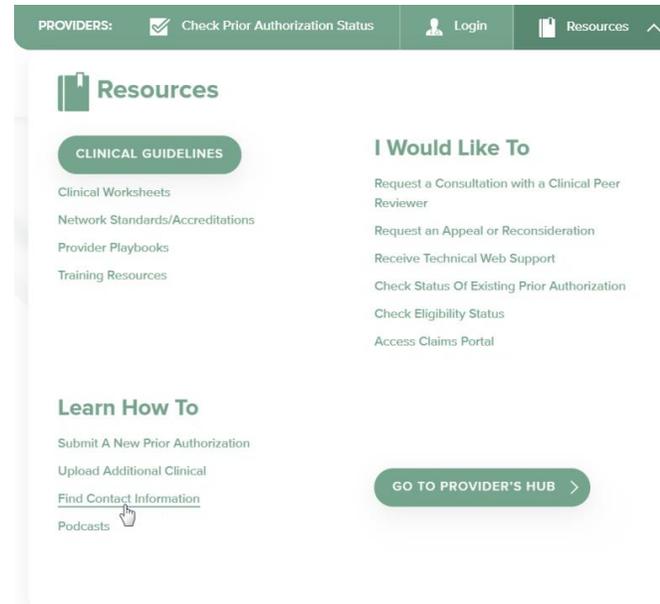
Step 1

- Open the Resources menu in the top right hand of the browser



Step 2

- Select Find Contact Information



Step 3

- Select the Health Plan and Solution to populate the contact phone and fax numbers
- This will also advise the appropriate portal to utilize for case requests

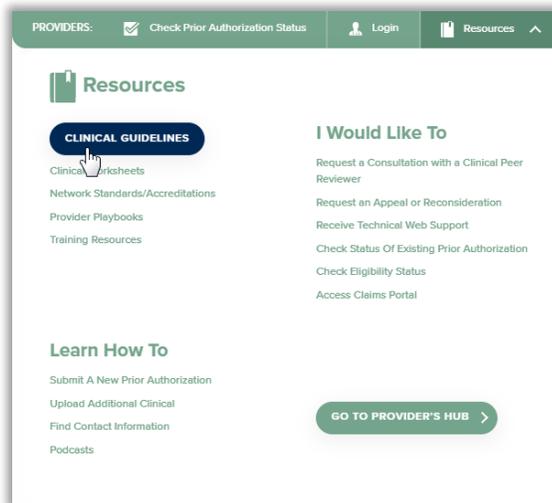


Clinical Guidelines

How do I access eviCore's clinical guidelines?

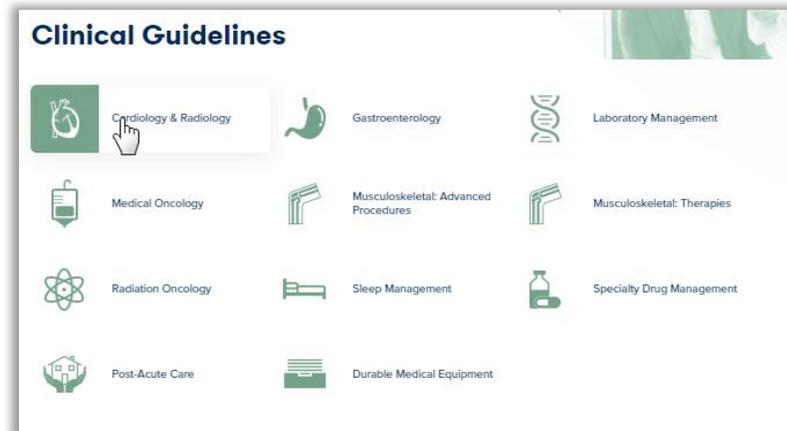
Step 1

- Open the Resources menu in the top right hand of the browser
- Select Clinical Guidelines



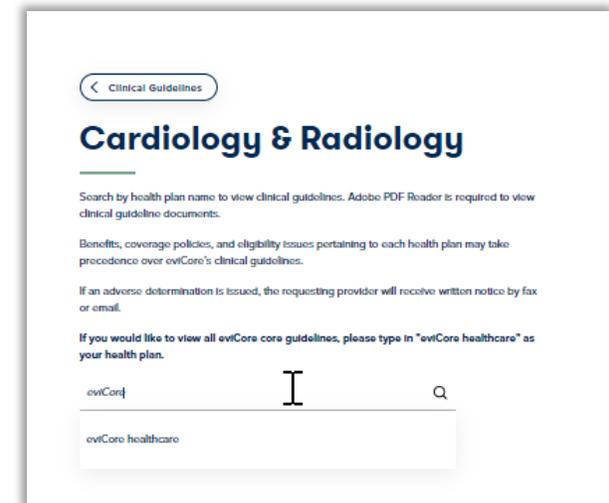
Step 2

- Select the solution/program associated with the requested guidelines



Step 3

- Search by health plan name to view clinical guidelines
- To view all guidelines, type in "eviCore healthcare"

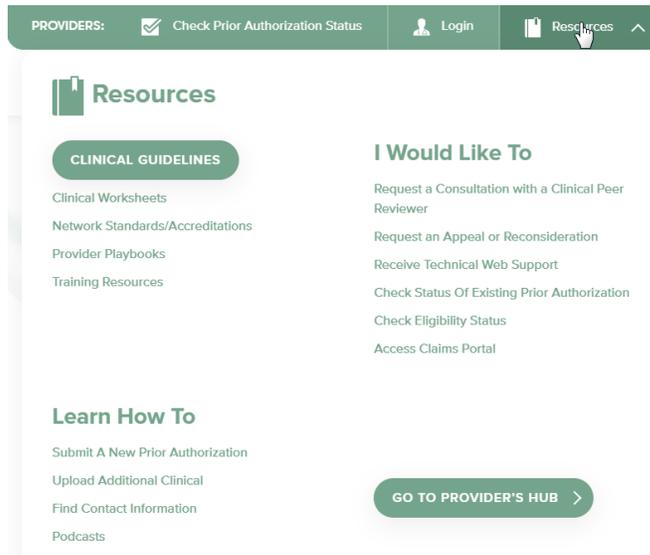


Clinical Worksheets

How do I access eviCore's clinical worksheets?

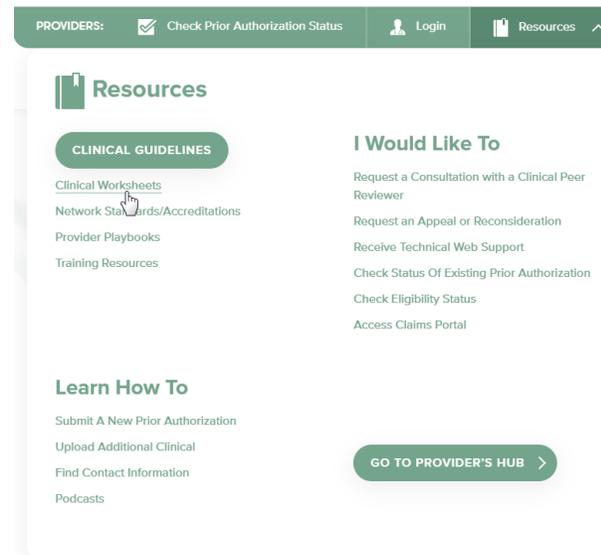
Step 1

- Open the Resources menu in the top right hand of the browser



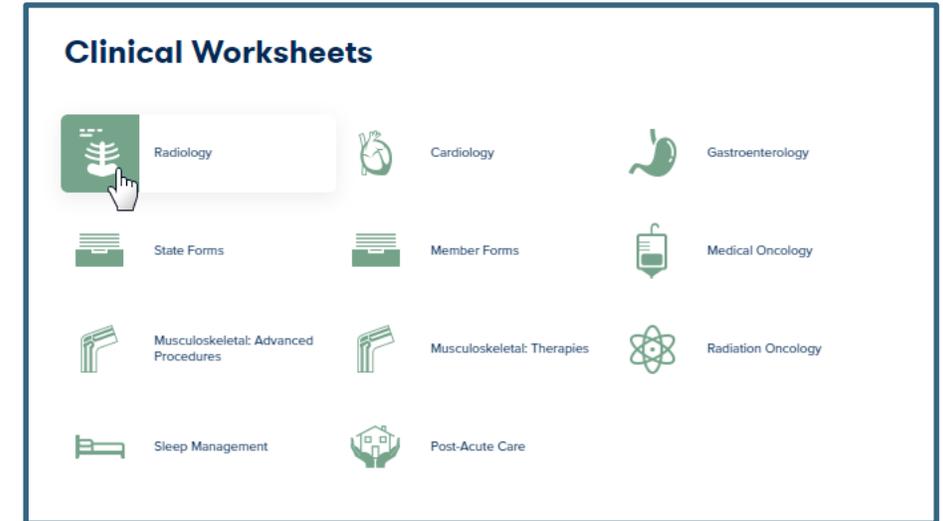
Step 2

- Select Clinical Worksheets below Clinical Guidelines



Step 3

- Select the solution/program for the associated with the requested services



Once the appropriate worksheet has been located, please complete the form as a guide prior to requesting authorization through eviCore.

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

I want to learn how to...

Learn how to...
Find Contact Information

Health Plan
Select a Health Plan...*

Solution
Select a Solution...*

START

PROVIDERS: Check Prior Authorization Status Login Resources ^

Resources

CLINICAL GUIDELINES

- Clinical Worksheets
- Network Standards/Accreditations
- Provider Playbooks

I Would Like To

- Request a Consultation with a Clinical Peer Reviewer
- Request an Appeal or Reconsideration
- Receive Technical Web Support
- Check Status Of Existing Prior Authorization

Learn How To

- Submit A New Prior Authorization
- Upload Additional Clinical
- Find Contact Information

GO TO PROVIDER'S HUB >

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

Client & Provider Operations Team

Client and Provider Services

Dedicated team to address provider-related requests and concerns including:

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

How to Contact our Client and Provider Services team

Email: ClientServices@evicore.com (preferred)

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

For prompt service, please have all pertinent information available. When emailing, make sure to include the health plan in the subject line with a description of the issue, with member/provider/case details when applicable.



Provider Engagement Team

Provider Engagement team

Regional team that on-boards providers for new solutions and provides continued support to the provider community. How can the provider engagement team help?

- Partner with the health plan to create a market-readiness strategy for a new and/or existing program
- Conduct onsite and WebEx provider-orientation sessions
- Provide education to supporting staff to improve overall experience and efficiency
- Create training materials
- Monitor and review metrics and overall activity
- Conduct provider-outreach activities when opportunities for improvement have been identified
- Generate and review provider profile reports specific to a TIN or NPI
- Facilitate clinical discussions with ordering providers and eviCore medical directors

How to contact the Provider Engagement team?

You can find a list of Regional Provider Engagement Managers at [evicore.com](https://www.evicore.com) → Provider's Hub → Training Resources

Thank You!

