

# Medical & Radiation Oncology

Provider Orientation Sessions for Oscar

oscar





## **Medical Oncology Solution**

### **Covered Services**

- Medical Oncology Pathways
  - Infused drugs
  - Oral and self-administered drugs
  - Supportive agents
  - Companion diagnostics/personalized medicine
  - Palliative and end-of-life care
- Site-of-service redirection

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# Our Clinical Approach

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# Organic Evidence-Based Guidelines

The foundation of our solutions:



Dedicated  
Molecular  
Genomic  
Guidelines



Contributions  
from a panel  
of community  
physicians



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

## Advisory Board Members

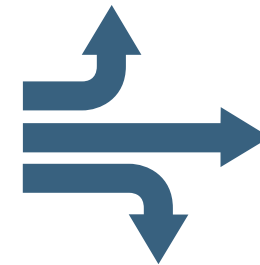
- Dr. Raj Singla – eviCore
- Dr. David Lehrman – eviCore
- Dr. Borys Mychalczak – Memorial Sloan-Kettering, NY
- Dr. Abram Recht – Beth Israel Deaconess Medical Center, Harvard, MA

# 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

Represents  
**97%**  
of all cancers

Continually  
Updated

Inclusive of  
**45**  
cancer types



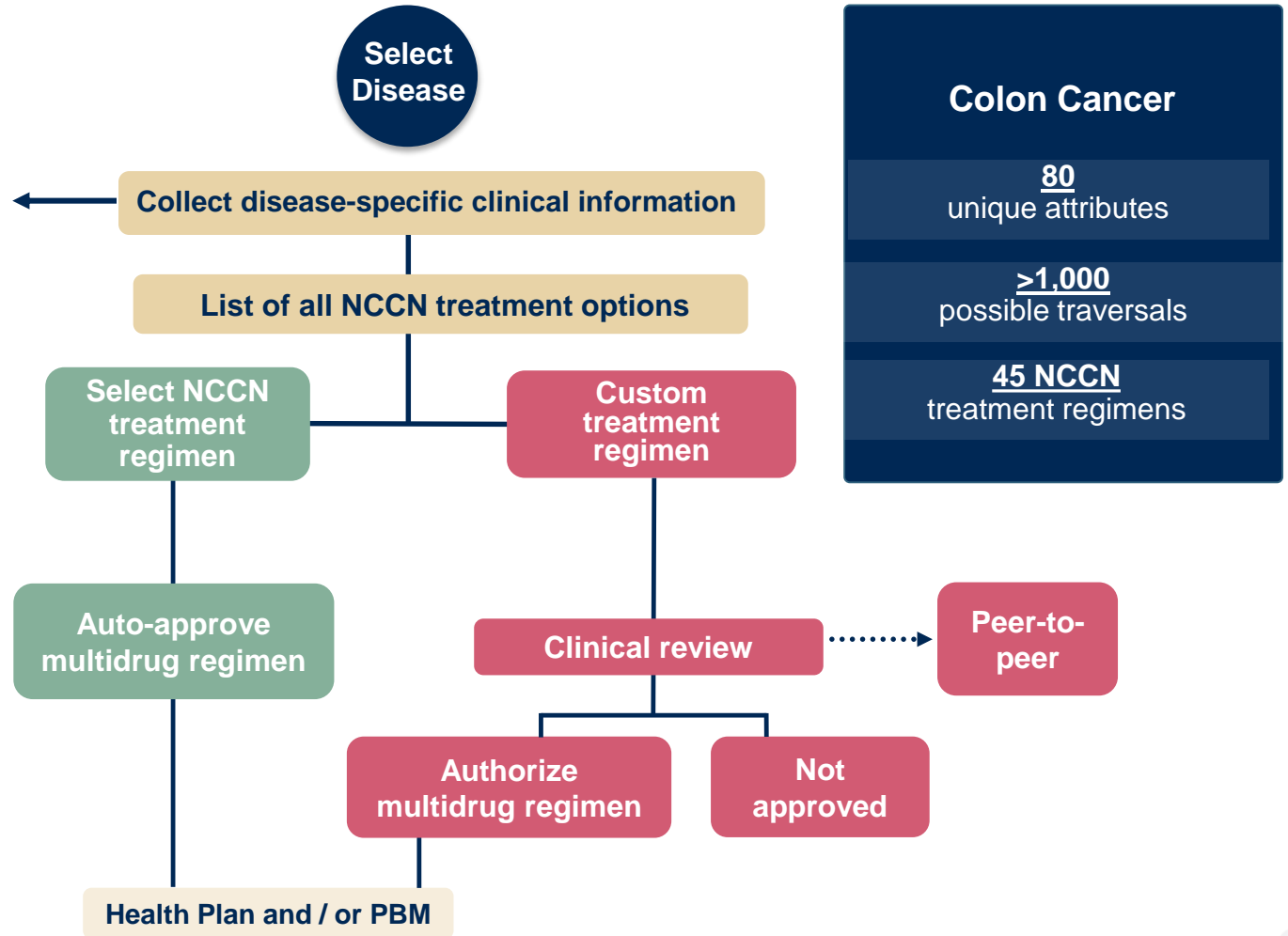
# Medical Oncology Solution Defines a Complete Episode of Care

## 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

Treatment options may be modified to align with formulary

# Summary

What types of Drugs are included?

- **Primary Injectable Chemotherapy**
- **Primary Oral Chemotherapy**
- **Supportive Medications given with Chemotherapy**

What is covered in my authorization?

- All drugs that were entered as part of a 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

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# **Oncology**

## **Prior Authorization Process**

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## Program Overview

eviCore healthcare will begin accepting requests on 12/15/2020 for dates of service 1/1/2021 and beyond for the expanded membership network

Prior authorization applies to services that are:

- Outpatient
- Elective / Non-emergent
- Diagnostic

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

- Emergency room
- Inpatient
- 23-hour observation

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

\*\* Inpatient requests will continue to be handled by Oscar in the current manner

# The expanded membership network.

- **As a part of the 2021 expansion, Oscar will offer Individual and Family Plans for the first time in:**
  - **North Carolina (Asheville)**
  - **Oklahoma (Oklahoma City)**
  - **4 markets in Iowa, including Des Moines and Sioux City**
- **Existing state footprints will be expanded to**
  - **Boulder, Colorado**
  - **3 markets in Northeast Pennsylvania,**
  - **multiple markets across Florida, including Jacksonville, Sarasota, and Tallahassee**
  - **across new counties in Phoenix, AZ, and Columbus, OH**

# Applicable Membership

**Authorization is required** for Oscar members enrolled in Commercial (fully insured) plans in the following states/cities:

Arizona	Phoenix
Colorado	Boulder & Denver
Florida	Daytona, Homosasss Springs, Jacksonville, Miami, Ocala, Orlando, Sarasota, Tallahassee, Tampa, Port St. Luci, & Punta Gorda
Georgia	Atlanta
Iowa	Des Moines, Sioux City, Waterloo, & Dubuque
Kansas & Missouri	Kansas City
New Jersey	
New York	
North Carolina	Asheville
Ohio	Cleveland & Columbus
Oklahoma	Oklahoma City
Pennsylvania	Philadelphia, Allentown, Scranton & East Stroudsburg
Tennessee	Memphis & Nashville
Texas	Austin, Dallas - Fort Worth, El Paso, Houston, & San Antonio
Virginia	Richmond

# Needed Information



# Clinical Information Needed

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

- Patient's clinical presentation.
- Diagnosis Codes.
- Type and duration of treatments performed to date for the diagnosis
- Disease-Specific Clinical Information:
  - ✓ Diagnosis at onset
  - ✓ Stage of disease
  - ✓ Clinical presentation
  - ✓ Histopathology
  - ✓ Comorbidities
  - ✓ Patient risk factors
  - ✓ Performance status
  - ✓ Genetic alterations
  - ✓ Line of treatment



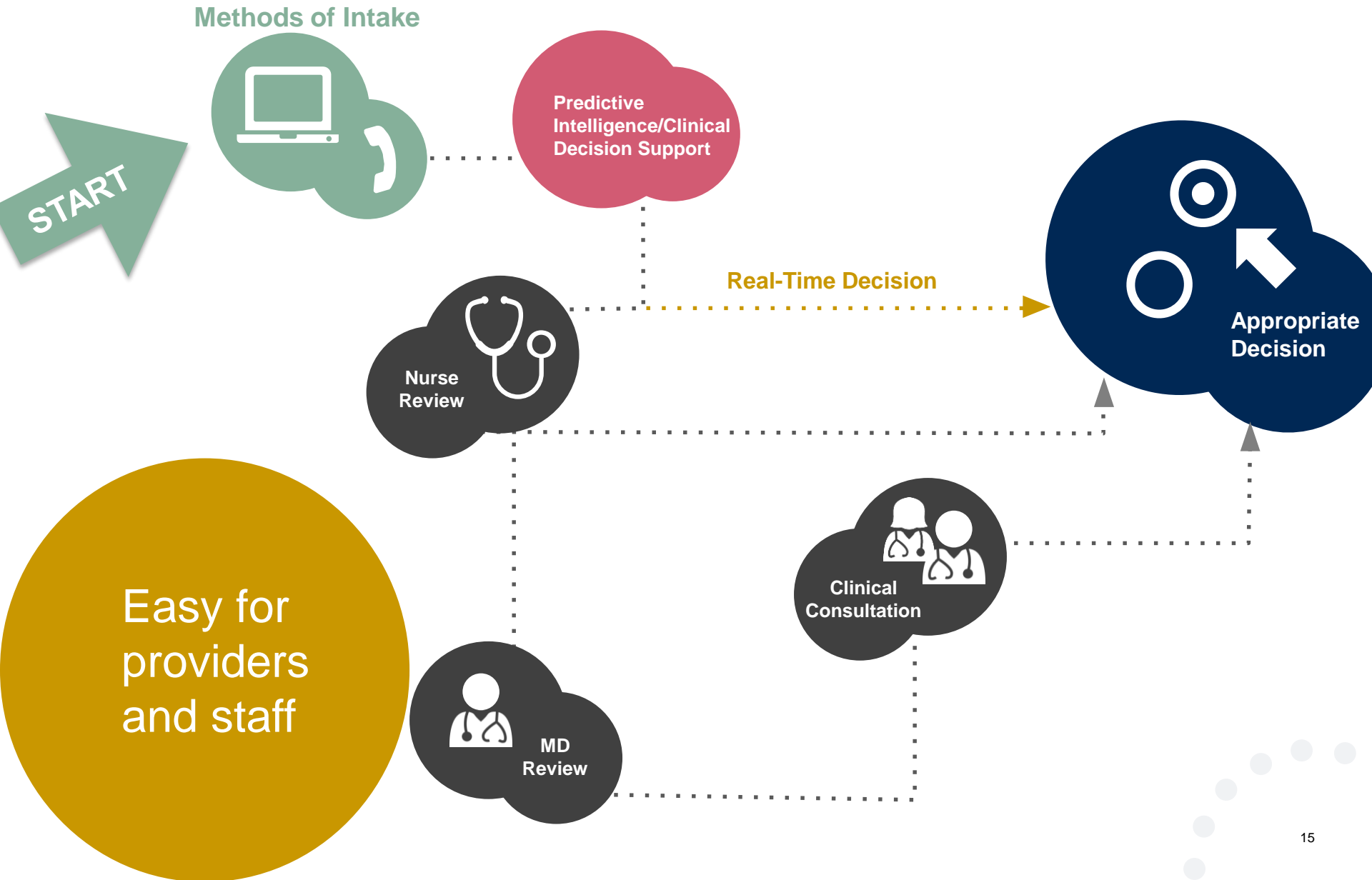
# Holistic Treatment Plan Review

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

- Providers specify a diagnosis rather than request individual CPT codes.
- Diagnosis and treatment plan compared to the evidence-based guidelines developed by our Medical Advisory Board.
- If request is authorized/covered or partially authorized/covered, then the treatment technique and number of fractions will be provided.
- For questions about specific CPT codes that are generally included with each episode of care, please reference the **eviCore Radiation Therapy Coding Guidelines** located online:  
[www.evicore.com/provider/clinical-guidelines-details?solution=radiation%20oncology](http://www.evicore.com/provider/clinical-guidelines-details?solution=radiation%20oncology)
- Correct coding guidelines are based on ASTRO/ACR Radiation Therapy coding resources.

# Clinical Review Process



# Prior Authorization Notification

## Approved Requests:

- All requests are processed within **2** business days after receipt of all clinical information.

## Delivery:

- **Faxed** to ordering provider and rendering facility.
- **Mailed** to the member.
- Information can be printed on demand by logging into eviCore healthcare portal.

## Denied Requests:

- Communication of denial determination.
- Communication of the rationale for the denial.
- How to request a Clinical Consultation.

## Delivery:

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



# Prior Authorization Outcomes



## Clinical Consultations:

- If a request is denied and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians. In certain instances, additional information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval. **Clinical Consultations** can be scheduled at a time convenient to your physician.
- **Medical Oncology:**
  - eviCore will request a **Clinical Consultation** 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.

# Prior Authorization Outcomes

## ➤ Reconsiderations:

- Additional clinical information can be provided without the need for a physician to participate
- Must be requested within **14 calendar days** from the date of determination
- **Note: If an appeal has already been filed a reconsideration is not allowed**

## ➤ Retrospective Review:

- Retrospective reviews are not accepted. Claims may be denied if treatment begins prior to obtaining an authorization.

# Special Circumstances

## ➤ Appeals:

- eviCore will process first level appeals
- Requests for appeals must be submitted to eviCore using the process outlined on the denial notification
- The request and all clinical information provided will be reviewed by a physician other than the one who made the initial determination.
- A written notice of the appeal decision will be mailed to the member and faxed to the provider

## ➤ Outpatient Urgent Treatment:

- Contact eviCore by phone to request an expedited prior authorization review and provide clinical information
- Urgent Cases will be reviewed within **72 hours** of the request (eviCore standard is 4 hours)
- **Medically urgent requests** are defined as conditions that are a risk to the patient's life, health, ability to regain maximum function, or the patient is having severe pain that required a medically urgent procedure

## ➤ Patients Already in Treatment:

- Any patient already in treatment prior to the eviCore program can continue on that treatment plan until the end of that treatment period, unless there is a change in treatment; any change in treatment (i.e. new or additional drugs) must be submitted through eviCore.

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# eviCore Web Portal

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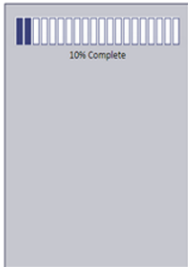
# Select Program



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Tuesday, November 05, 2019 9:09 AM

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## Clinical Certification

Please select the program for your certification:

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

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Select the Program for your certification.

# Select Health Plan & Provider Contact Info

Wednesday, January 16, 2019 11:05 AM

Log Off

### Choose Your Insurer

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

Please Select a Health Plan

[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.

### Add Your Contact Info

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

Who to Contact:\*  [?]

Fax:\*  [?]

Phone:\* [REDACTED] [?]

Ext.:  [?]

Cell Phone:

Email: [REDACTED]

- Choose Oscar for the request
- 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



# Member/Procedure Information

Wednesday, January 16, 2019 11:05 AM

Log Off

### Patient Eligibility Lookup

Patient ID:\*

Date Of Birth:\*  MM/DD/YYYY

Patient Last Name Only:\*  [?]

**ELIGIBILITY LOOKUP**

**BACK**

### Attention!

Time: 1/16/2019 11:23 AM

Has this procedure been performed?

Enter the member information, including the patient ID number, date of birth, and last name. Click Eligibility Lookup

Also verify whether the procedure has already been performed.

# Clinical Details



Tuesday, November 05, 2019 9:09 AM

Log Off

60% Complete

Provider and NPI

Patient [EDIT](#)

## Clinical Certification

This procedure will be performed on . [CHANGE](#)

### Medical Oncology Pathways

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

Don't see your procedure code or type of service? [Click here](#)  
Primary Chemotherapy and Supportive drugs must be entered as separate requests.

### Diagnosis

Primary Diagnosis Code: **R68.89**  
Description: **Other general symptoms and signs**  
[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)  
*Secondary diagnosis is optional for Medical Oncology Pathways*

[LOOKUP](#)

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Select the CPT and Diagnosis codes.



# Verify Service Selection



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Tuesday, November 05, 2019 9:09 AM

[Log Off](#)

A progress bar at the top shows 60% completion with 10 bars, 6 of which are filled. Below the bar are two form sections: "Provider and NPI" and "Patient". The "Patient" section has an "EDIT" link next to it.

## Clinical Certification

Confirm your service selection.

**Procedure Date:** 1/20/2019  
**Medical Oncology Pathways:** CHEMO  
**Description:** CHEMOTHERAPY  
**Primary Diagnosis Code:** R68.89  
**Primary Diagnosis:** Other general symptoms and signs  
**Secondary Diagnosis Code:**  
**Secondary Diagnosis:**  
[Change Procedure or Primary Diagnosis](#)  
[Change Secondary Diagnosis](#)

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**Click continue to confirm your selection.**

# Site Selection

Start by searching NPI or TIN for the site where the procedure will be performed. You can search by any fields listed. Searching with NPI, TIN, and zip code is the most efficient.

## 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:	<input type="text"/>	Zip Code:	<input type="text"/>	Site Name:	<input type="text"/>
TIN:	<input type="text"/>	City:	<input type="text"/>		

- Exact match
- Starts with

**LOOKUP SITE**

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

# Clinical Certification

## Clinical Certification

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

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

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

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

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


# Clinical Pathway Questions



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Tuesday, November 05, 2019 9:09 AM

[Log Off](#)

  
80% Complete

Provider and NPI [EDIT](#)

Patient [EDIT](#)

Service [EDIT](#)

## Clinical Certification

Indicate the Cancer Type:

[SUBMIT](#)

Please select the Place of Service for this request:

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

Please select any/all services that the patient is participating in that includes injectable and oral chemotherapy drugs:

- Clinical Trials
- Non-cancer uses of the drug (not related to treatment of chemo or chemo side effects)
- Inpatient Chemo
- None of the above
- Stem Cell Transplant

[SUBMIT](#)

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**Clinical Certification questions may populate based upon the information provided.**

# Clinical Certification

## Clinical Certification

**i** Is this request to evaluate suspicion of cancer, screening for cancer, active evaluation or monitoring of known cancer?

Yes  No

SUBMIT

Finish Later

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

Cancel Print

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

**Clinical Certification** questions may populate based upon the information provided.

# Clinical Collection Process – Clinical Upload



Tuesday, November 05, 2019 9:09 AM

Log Off

80% Complete

Provider and NPI

Patient

Service

EDIT

EDIT

### 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"/>

SUBMIT

Select an NCCN Recommendation from the list.  
 These options will vary based on the clinical & diagnosis submitted.

# Medical Review

Wednesday, January 16, 2019 11:05 AM

Log Off

## Clinical Certification

1 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.

1 Additional Information - Notes:

SUBMIT

Finish Later

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

Cancel Print

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

## 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

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.

# Medical Review

## Clinical Certification

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

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

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

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



# Approval

## Clinical Certification

Your case has been sent to Medical Review.

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



# 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 a
5-Fluorouracil (5FU; Adrucil)	+		
SFU (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)	+		
Aldesleukin (Interleukin-2; Proleukin)	+		
Atemtuzumab (Campath)	+		

Enter drug(s) not included on the list above. (Chemotherapy drugs only. Do not enter supportive

Drug 1:

## Clinical Certification

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

Documentation to support your proposed treatment should be submitted in the following manner:

- Free text in box below
- Attach documentation to case
- Fax documentation to 866-889-8061. Include patient name and the case reference number.

If you need additional time, click "Save and Exit" and return by clicking "RESUME".

Submit all relevant information about this case within 2 business days.

Enter supporting Clinical Information in the field below:

Attach a PDF or Word document: click "Browse" to select the document from your desktop or other network location.

➤ 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.

# Custom Treatment Plans

## Clinical Certification

Your case has been sent for Medical Review.

**Provider Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
**Provider Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Fax Number:** \_\_\_\_\_  
**Patient Name:** \_\_\_\_\_ **Patient Id:** \_\_\_\_\_  
**Insurance Carrier:** \_\_\_\_\_  
**Site Name:** \_\_\_\_\_ **Site ID:** \_\_\_\_\_  
**Site Address:** \_\_\_\_\_

**Primary Diagnosis Code:** C64.9 **Description:** Malignant neoplasm of unspecified kidney, except renal pelvis  
**Secondary Diagnosis Code:** \_\_\_\_\_ **Description:** \_\_\_\_\_  
**Date of Service:** 2/28/2017  
**Dosage Info:** \_\_\_\_\_

JCode	Drug Name	Admin Schedule	Daily max HCPC units	Total HCPC units on auth	Benefit

**Case Number:** \_\_\_\_\_  
**Review Date:** 2/27/2017 10:44:29 AM  
**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.
- eviCore Oncologist may request a peer-to-peer to discuss alternate treatment options that meet evidence based guidelines
- All reviews are completed within 48 hours of receiving complete clinical information.

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# Additional Provider Portal Features

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# Building Additional Cases

## Clinical Certification

Thank you for submitting a request for clinical certification. Would you like to:

- Return to the main menu
- Start a new request
- Resume an in-progress request

You can also start a new request using some of the same information.

Start a new request using the same:

- Program (Musculoskeletal Management)
- Provider
- Program and Provider
- Program and Health Plan

GO

Cancel Print

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

Once a case has been submitted for clinical certification, you can return to the **Main Menu, resume an in-progress request, or start a new request.** You can indicate if any of the previous case information will be needed for the new request.

# 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

Page 1 of 0

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

# 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:

Search

- 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 Lookup Tool (Continued)



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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:	<a href="#">VIEW CORRESPONDENCE</a>

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



# Eligibility Look Up

## Eligibility Lookup

Health Plan: OSCAR  
Patient ID:   
Member Code: 01  
Cardiology Eligibility: **Precertification is Required**  
Radiology Eligibility: **Precertification is Required**  
Specialty Drugs Eligibility: **Precertification is Required**  
Radiation Therapy Eligibility: **Precertification is Required**  
MSM Pain Mgt Eligibility: **Precertification is Required**  
Sleep Management Eligibility: **Precertification is Required**  
Laboratory Eligibility: **Precertification is Required**  
Chemo Pathways Eligibility: **Precertification is Required**

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

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

# 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 [REDACTED] )

GO

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

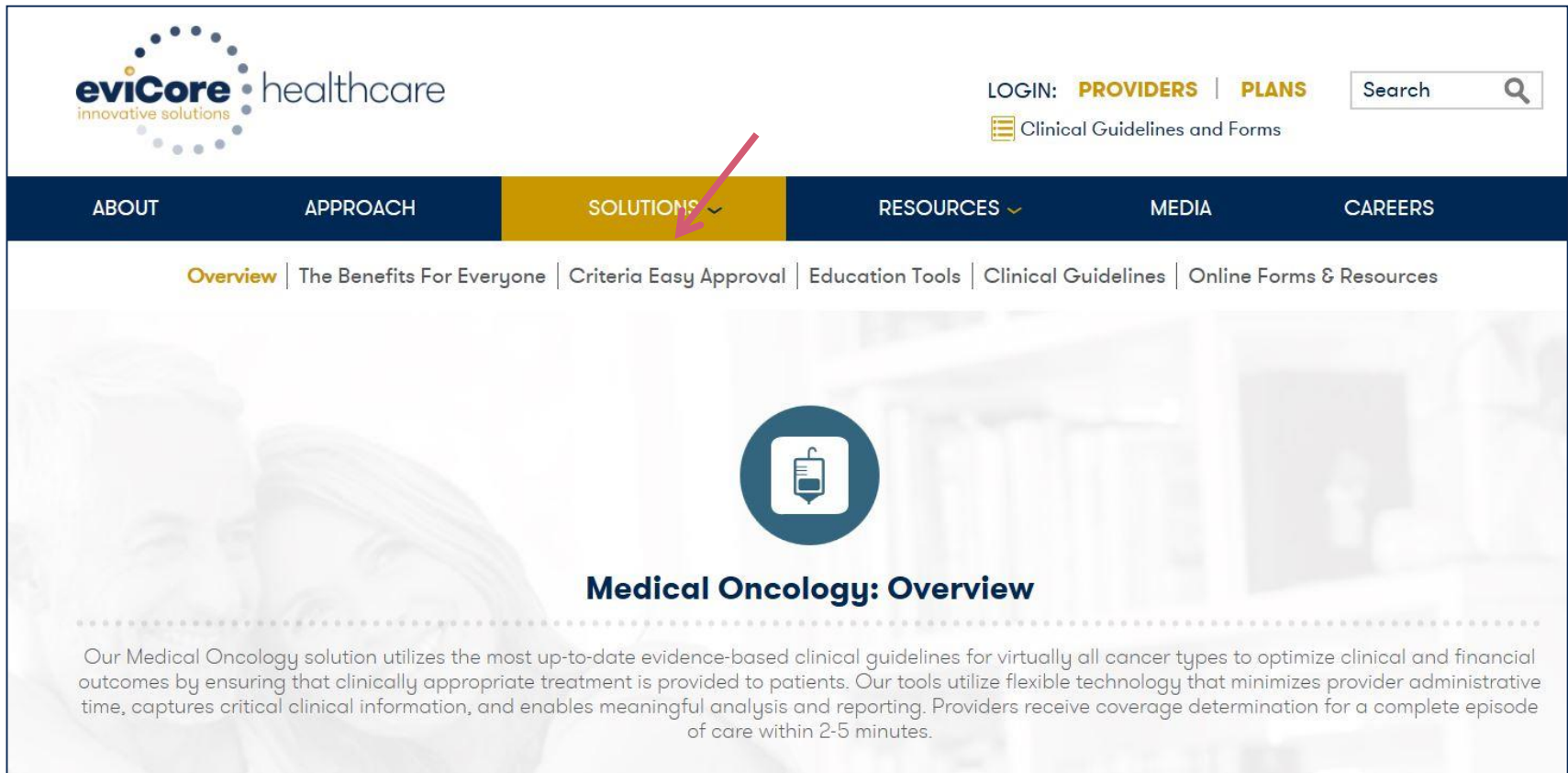
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# Provider Resources



# Medical Oncology Online Resources


Clinical Guidelines, FAQ's, Online Forms, and other important resources can be accessed at [www.evicore.com](http://www.evicore.com). Click **"Solutions"** from the menu bar, and select the specific program needed.



The screenshot displays the eviCore healthcare website interface. At the top left is the logo for eviCore healthcare, with the tagline 'innovative solutions'. To the right of the logo, there is a login section with links for 'PROVIDERS' and 'PLANS', and a search bar. Below the login section, there is a navigation menu with the following items: ABOUT, APPROACH, SOLUTIONS (highlighted in yellow with a red arrow pointing to it), RESOURCES, MEDIA, and CAREERS. Under the SOLUTIONS menu, there is a sub-menu with the following items: Overview, The Benefits For Everyone, Criteria Easy Approval, Education Tools, Clinical Guidelines, and Online Forms & Resources. The main content area features a large image of a smiling couple, a circular icon containing a medical syringe, and the heading 'Medical Oncology: Overview'. Below the heading, there is a paragraph of text describing the Medical Oncology solution.


**eviCore** healthcare  
innovative solutions

LOGIN: **PROVIDERS** | **PLANS**

 Clinical Guidelines and Forms

ABOUT APPROACH **SOLUTIONS** RESOURCES MEDIA CAREERS

**Overview** | The Benefits For Everyone | Criteria Easy Approval | Education Tools | Clinical Guidelines | Online Forms & Resources



## Medical Oncology: Overview

Our Medical Oncology solution utilizes the most up-to-date evidence-based clinical guidelines for virtually all cancer types to optimize clinical and financial outcomes by ensuring that clinically appropriate treatment is provided to patients. Our tools utilize flexible technology that minimizes provider administrative time, captures critical clinical information, and enables meaningful analysis and reporting. Providers receive coverage determination for a complete episode of care within 2-5 minutes.

# Provider Resources: Prior Authorization Call Center



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

**7:00 AM - 7:00 PM (Central Time): (844) 224-0494**

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

# Provider Resources: Web-Based Services



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

[www.availity.com](http://www.availity.com)

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

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

# Provider Resources: Client Provider Operations



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

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

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

# Provider Resources: Implementation Website



Provider Enrollment Questions – Contact Oscar Provider Services at **855-672-2755**



Web-Based Services



Client Provider Operations



Documents

Oscar website:

<https://www.hioscar.com/providers>

eviCore / Oscar Provider Resources Page

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

- Provider Orientation Presentation
- CPT code lists of the procedures that require prior authorization
- eviCore clinical guidelines
- FAQ documents and announcements

You can obtain a copy of this presentation on the Provider Resource page listed above.



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# Thank You!

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