Prior Authorization of Radiation Oncology

Provider Orientation for Prominence Health Plan

Agenda

- Program Overview
- Submitting Requests
- Prior Authorization Outcomes, Special Considerations, and Post Decision Options
- Provider Portal Overview
- Additional Provider Portal Features
- Provider Resources
- Q & A

Program Overview

Prominence Health Plan Prior Authorization Services

eviCore healthcare (eviCore) will begin accepting prior authorization requests for cardiology and radiology services on October 24, 2016 for dates of service November 1, 2016 and now expand this to include southern Nevada's HMO/POS/POS membership effective April 1, 2018.

Applicable Membership:	Prior authorization applies to the following services:	Prior authorization does NOT apply to services performed in:
• Commercial HMO • Commercial PPO • Commercial POS • Members who **do not** require prior authorization: **Medicare**	• Outpatient • Elective / Non-emergent	• Emergency Rooms • 23-Hour Observation Services • Inpatient Stays

It is the responsibility of the **ordering provider** (or the Lab Site on behalf of the ordering provider) to request prior authorization approval for services.

Radiation Oncology Solution

Covered Services

- External Beam Radiation Therapy

- Brachytherapy

- Intensity Modulated Radiation Therapy

- Image Guided Radiation Therapy

- Stereotactic Radiosurgery

- Proton Therapy

- Hyperthermia

- Radiopharmaceuticals

- To find a list of CPT codes that require prior authorization through eviCore, please visit:
https://www.evicore.com/resources/healthplan/prominence

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 <u>all</u> 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.

- 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

Submitting a Request for Prior Authorization

- Prior authorization requests must be submitted within **3 days** of the intended treatment start date. Any authorizations that are submitted outside of this time would be administratively denied.

- Once all of the clinical information is collected, the authorization may be approved, partially approved, or denied for medical necessity.

- All requests are processed within 2 business days after receipt of all necessary clinical information.
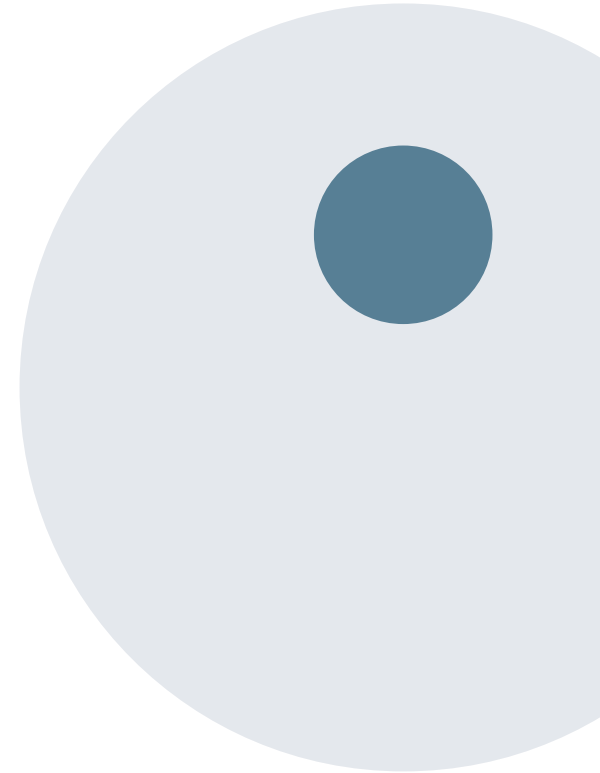
Methods to Submit Prior Authorization Requests

eviCore Provider Portal (preferred)

- **Saves time**: Quicker process than phone authorization requests

- **Available 24/7**: You can access the portal any time and any day

- **Save your progress**: If you need to step away, you can save your progress and resume later

- **Upload additional clinical information**: No need to fax in supporting clinical documentation, it can be uploaded on the portal to support a new request or when additional information is requested

- **View and print determination information**: Check case status in real-time

- **Dashboard**: View all recently submitted cases

- **E-notification**: Opt-in to receive email notifications when there is a change to case status

- **Duplication feature**: If you are submitting more than one prior authorization request, you can duplicate information to expedite submittals
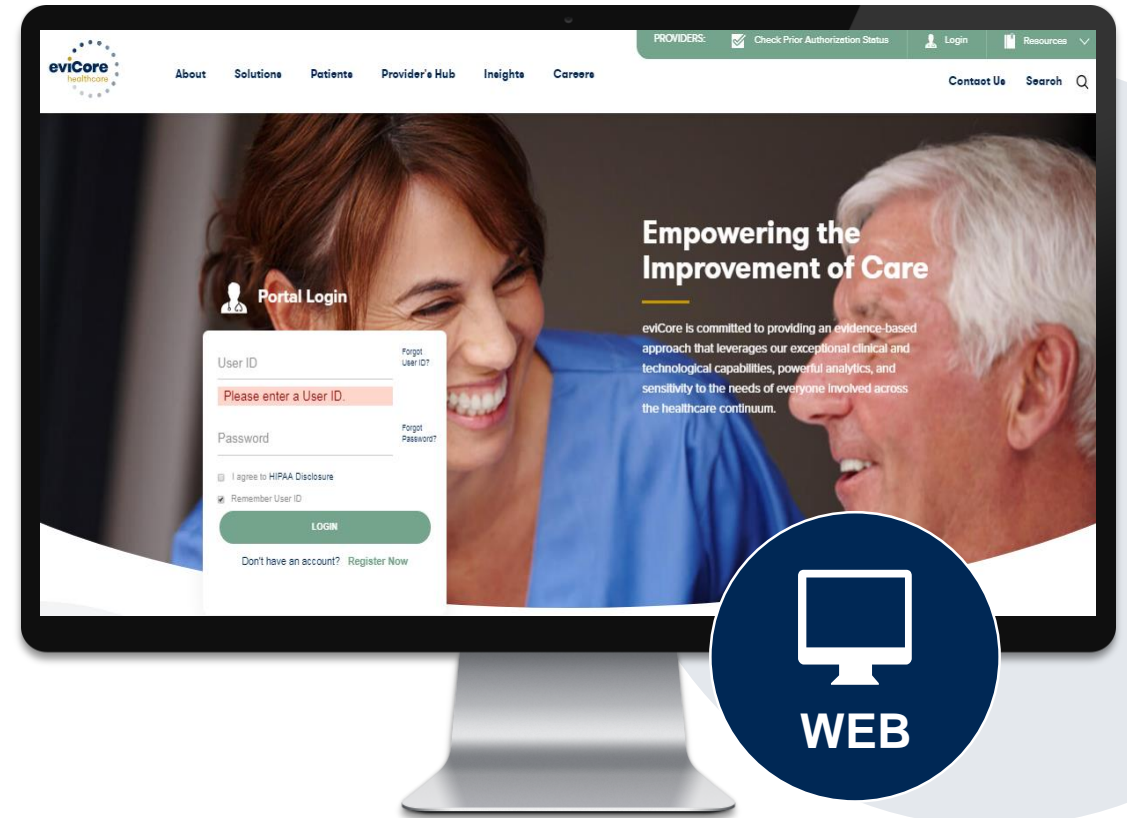
Phone Number:
844.224.0495
Monday through Friday:
7 am – 7 pm local time

Fax Number:
800.540.2406
PA requests are accepted via fax and can be used to submit additional clinical information

Benefits of Provider Portal

Did you know that most providers are already saving time submitting prior authorization requests online? The provider portal allows you to go from request to approval faster, here 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 return at a later time

- Upload additional clinical information: No need to fax in supporting clinical documentation, it can be uploaded on the portal for a new request & 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 have more than one prior authorization request to submit, you have the ability to duplicate information
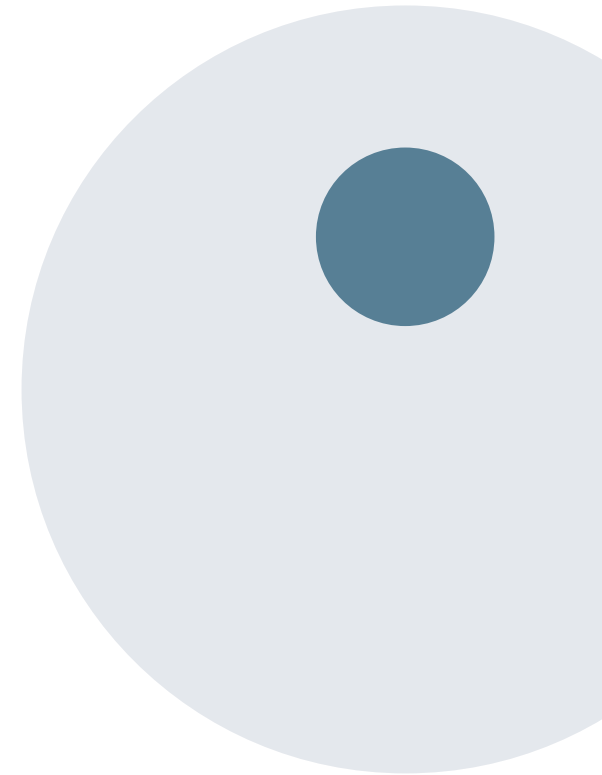
Keys to Successful Prior Authorizations

To obtain prior authorization on the very **first submission**, the provider submitting the request will need to gather 4 categories of information:

1. Member
Member ID
Member name
Date of Birth (DOB)

2. Referring (Ordering) Physician
Physician name and address
National provider identifier (NPI)
Phone & Fax number

Necessary Information

3. Rendering Facility
Facility name and address
National provider identifier (NPI)
Tax identification number (TIN)
Phone & Fax number

4. Supporting Clinical
- Diagnosis code(s)
- Anticipated treatment start date (first radiation therapy treatment session)
- Site of treatment and/or cancer type (e.g. breast cancer)
- Pertinent clinical information to substantiate medical necessity for requested treatment plan
  - Applicable radiation therapy physician worksheet
  - Treatment plan (technique(s), fractions)
  - Radiation Oncologist consultation note
  - If applicable, recent imaging

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:
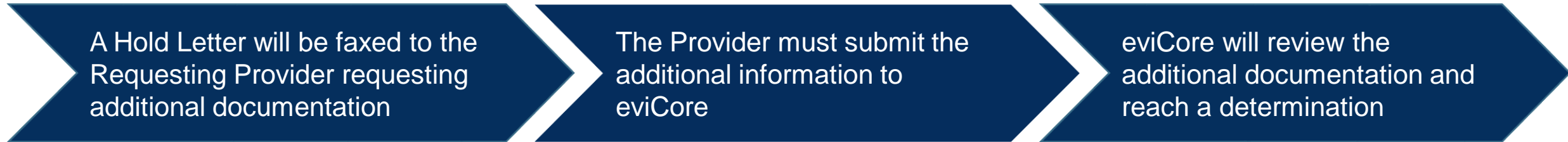
A Hold Letter will be faxed to the Requesting Provider requesting additional documentation	The Provider must submit the additional information to eviCore	eviCore will review the additional documentation and reach a determination
The Hold notification will inform the provider about what clinical information is needed as well as the <u>date by which it is needed.</u>	Requested information must be received within the timeframe as specified in the Hold Letter, or eviCore will render a determination based on the original submission.	Determination notifications will be sent

Appropriate Decision

Prior Authorization Outcomes & Special Considerations

Prior Authorization Outcomes

Approved Requests

- Radiation Therapy authorizations are approved for varying amounts of time, dependent on the treatment type and are valid from the date of the initial request.

- Authorization letters will be faxed to the ordering physician.

- Web initiated cases will receive e-notifications when a user opts in to receive.

- Members will receive a letter by mail.

- Approval information can be printed on demand from the eviCore portal: www.eviCore.com.

Partially Approved Requests

- In instances where multiple CPT codes are requested, some may be approved and some denied.

- In these instances, the determination letter will specify what has been approved as well as post decision options for denied codes, including denied Site of Care (if applicable).

Prior Authorization Outcomes

Denied Requests

- Based on evidence-based guidelines, if a request is determined as inappropriate, a notification with the rationale for the decision and post decision/appeal rights will be issued.

- Denial letters will be faxed to the ordering provider and rendering facility. Texas providers will also receive a verbal denial.

- Members will receive a letter by mail.

PLEASE NOTE: The determination letter is **the best immediate source** to determine what options exist on a case that has been denied.

Radiation Oncology - Special Circumstances

Retrospective (Retro) Authorization Requests

- Retro Requests must be submitted with **3 business days** following the date of service. Requests submitted after 3 business days will be administratively denied.

- Retros are reviewed for clinical urgency and medical necessity. Turnaround time on retro requests is 30 calendar days.

- When authorized, the start date will be the submitted date of service.

Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member.

- Can be initiated on provider portal or by phone.

- Urgent cases are typically reviewed within 24 to 72 hours.

Radiation Oncology - Special Circumstances

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.

Post-Decision Options

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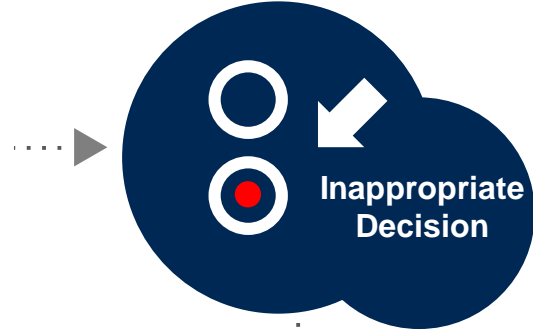
Based on evidence-based guidelines, request is determined as **inappropriate**.

A denial letter will be issued to the member, provider, and site with clinical rational for the decision and appeal rights.

Post-Decision Options

My case has been denied. What's next?

- Providers are often able to utilize post-decision activity to have a case reviewed for overturn consideration.

- Your **determination letter** is the best immediate source to determine what options exist on a case that has been denied. You may also call us at **844.224.0495** to speak to an agent who can assist with advising which option is available and provide instruction on how to proceed.

Post-Decision Options

My case has been denied. What's next?

Reconsiderations

- Providers and/or staff can request a reconsideration review.

- Reconsiderations can be requested within **14 calendar days** after the determination date.

- Reconsiderations can be requested by phone or in writing.

Appeals

- eviCore healthcare will be delegated for first-level member and provider appeals.

- Requests for appeals must be submitted to eviCore within **180 calendar days** of the initial determination.

- A written notice of the appeal decision will be mailed to the member and faxed to the provider.

Post-Decision Options

Reconsiderations

- Additional clinical information can be provided without the need for a physician to participate.

- Must be requested on or before the anticipated date of service.

Peer-to-Peer Review

- 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.

- Peer-to-Peer reviews can be scheduled at a time convenient for your physician by logging into eviCore's Provider Portal at www.eviCore.com.

Provider Portal Overview

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](#).
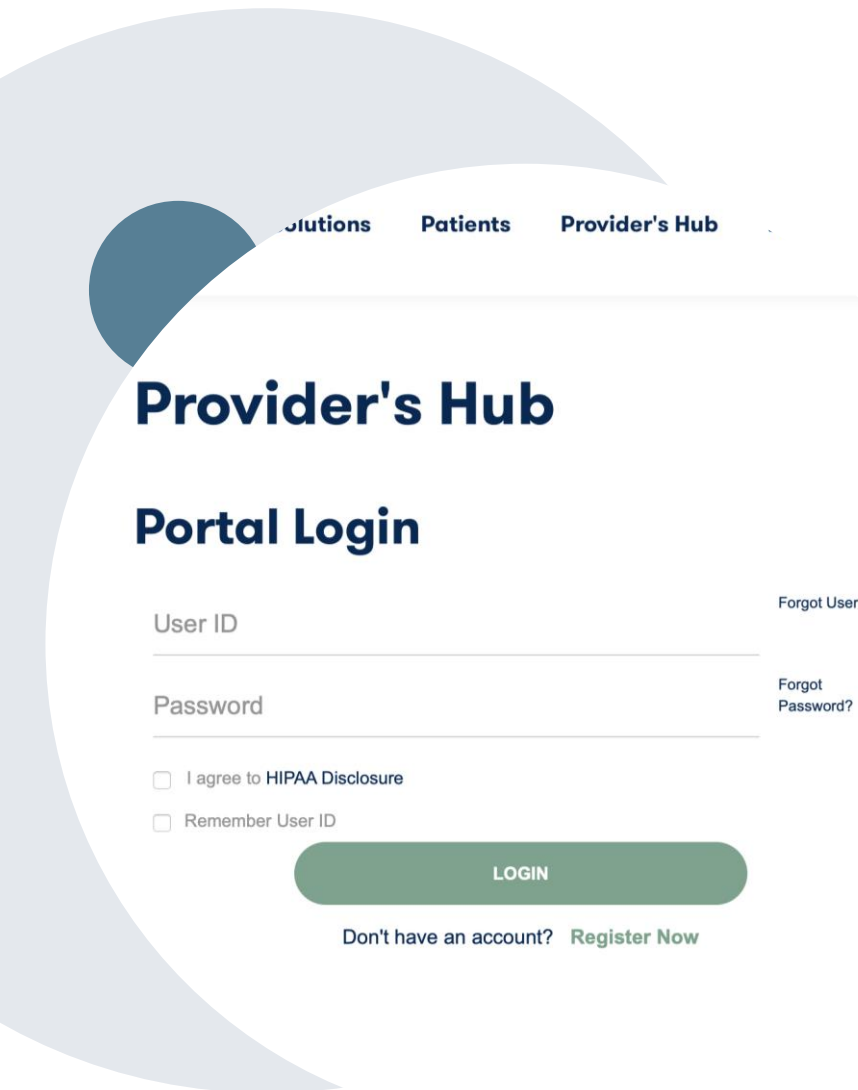
eviCore healthcare Website
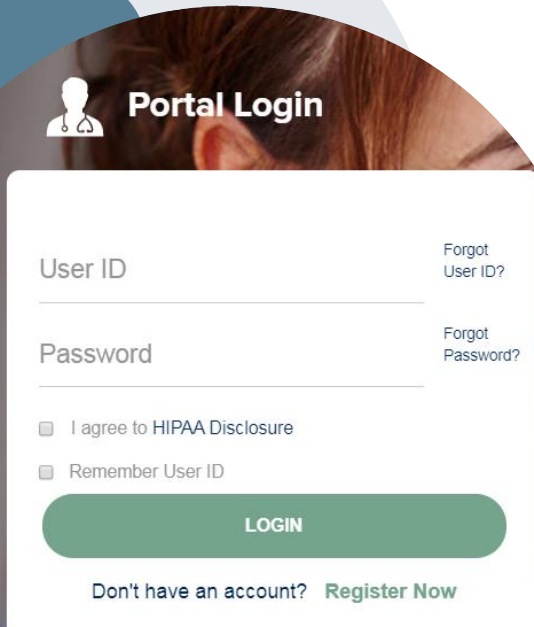
Visit www.evicore.com

Already a user?

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

Don't have an account?

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

Creating An Account

- 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

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

No providers on file

[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 **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

- Choose **Clinical Certification** to begin a new request.
- Select **Radiation Therapy Management Program**.
- Select requesting provider information.

Select Health Plan & Provider Contact Info

Choose Your Insurer

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

| Please Select a Health Plan ▼ |

[BACK] [CONTINUE]

Click here for help

Urgent Request? You will be required to upload relevant clinical info at the end of this process. Learn More.

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

Add Your Contact Info

Provider's Name:*	[REDACTED]	[?]
Who to Contact:*		[?]
Fax:*		[?]
Phone:*	[REDACTED]	[?]
Ext.:		[?]
Cell Phone:		
Email:	[REDACTED]	

[BACK] [CONTINUE]

- Choose the appropriate **Health Plan** 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.
- By entering a valid email, you can receive e-notifications.

Radiation Oncology - Member & Request Information

Attention!

Time: 7/1/2020 1:54 PM

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

SUBMIT

Patient Eligibility Lookup

Patient ID:* [ ]

Date Of Birth:* [ ] MM/DD/YYYY

Patient Last Name Only:* [ ] [?]

ELIGIBILITY LOOKUP

BACK

Requested Service + Diagnosis

This procedure will be performed on 7/2/2020. **CHANGE**

Radiation Therapy Procedures

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

[ ] [▼]

r procedure code or type of service? Click here

RCADRE
RCANAL
RCBILE
RCBLAD
RCBONE
RCBRAI
RCBREA
RCCERV
RCCNSL
RCCNSN
RCENDO
RCESOP
RCGACA
RCGALL
RCHDKL
RCHENE
RCHEPA
RCKIDN
RCLIVE
RCMETS
RCMUMY
RCNHDL
RCNONC
RCNSCL
RCOLIG
RCOTHE
RCPANC

ry Diagnosis Code (Lookup by Code or Description)

[ ] **LOOKUP**

diagnosis code? Please follow these steps

dary Diagnosis Code (Lookup by Code or Description)

osis is optional for Radiation Therapy

[ ] **LOOKUP**

- You will be asked the **expected treatment start date**, the date of the member's initial Radiation Therapy **treatment**. The case will be backdated to cover simulation and treatment planning.
- You will then be asked to enter the **member information** (patient ID number, date of birth and last name), click **Eligibility Lookup** and verify the member.
- Next, you will select the cancer type/body part being treated (RC Code) & diagnosis code associated with the member's cancer type.

Radiation Oncology – Site Selection

- Select the **specific site** where the testing/treatment will be performed.
- Start by searching NPI or TIN for the site of where the procedure will be performed. You can search by any fields listed. Searching with NPI, TIN and zip code is the most efficient.
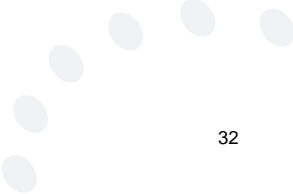
Add Site of Service

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: [   ]   Zip Code: [   ]   Site Name: [   ]

TIN: [   ]   City: [   ]   ◉ Exact match

⊙ Starts with

LOOKUP SITE

Radiation Oncology - Verify Service Selection

Requested Service + Diagnosis

Confirm your service selection.

Treatment Start:	7/2/2020
CPT Code:	RCADRE
Description:	ADRENAL CANCER
Primary Diagnosis Code:	C17.2
Primary Diagnosis:	Malignant neoplasm of ileum
Secondary Diagnosis Code:	
Secondary Diagnosis:	

Change Procedure or Primary Diagnosis

Change Secondary Diagnosis

BACK   **CONTINUE**

Click here for help

- Confirm that the correct cancer type and diagnoses have been selected.
- Edit any information if needed by selecting change procedure or primary diagnosis.
- Click **continue** to confirm your selection.

Radiation Oncology - Clinical Certification

- Then, verify all information entered and make any changes needed.

- **You will not have the opportunity to make changes after this point.**

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

Standard or Urgent Request?

- If your request is **urgent**, select **No**
- When a request is submitted as urgent you will be **required** to upload relevant clinical information
- 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.

Proceed to Clinical Information

Is this case Routine/Standard?

YES   NO

Radiation Oncology – Clinical Decision Support Model

As of July 2020, certain cancer type pathway questions look different! eviCore is rolling out a faster way to create a Radiation Oncology case and receive an approval.

- The provider web portal login and demographic question/answer process is not changed
- There will be far fewer clinical questions during the prior authorization process
- After the clinical questions, you will receive a list of regimen options from which to select

Why is eviCore transitioning Radiation Oncology to CDS?

- Getting to Yes! -faster
  - Improve the prior authorization process for providers
  - 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 (see example).

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.

36

Radiation Oncology - Proceed to Clinical Information – Example of Questions

Proceed to Clinical Information

ⓘ Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?
○ Yes ○ No

ⓘ Where will treatment be directed?
○ Bilateral breast (treated concurrently)
◉ Left breast
○ Right breast

SUBMIT

ⓘ What is the treatment intent?
○ Pre-operative (neo-adjuvant)
○ Definitive (No surgery planned)
○ Post-operative (adjuvant)
○ Palliative (for relief of symptoms)

SUBMIT

Proceed to Clinical Information

ⓘ What is the T stage?
[▾]

ⓘ What is the N stage?
[▾]

SUBMIT

Proceed to Clinical Information

ⓘ Will the patient receive concurrent chemotherapy?
○ Yes ○ No

ⓘ Will daily image-guided radiation therapy (IGRT) be used for phase I?
○ Yes ○ No

SUBMIT

☐ Finish Later

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

☐ 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

- **Clinical Certification** questions may populate based upon the information provided in previous questions.
- Clinical worksheets located on www.eviCore.com can be used as a guide and will help prepare the requestor for the questions that are presented.

- You can save your request and finish later if needed.
- **Note**: You will have 2 business days to complete the case.
- When logged in, you can resume a saved request by going to **Certification Requests in Progress**.
- Once the clinical questions have been answered, click the attestation and **Submit Case**.

Radiation Oncology – Case Submission Success!

After clicking continue on the case summary screen, you will see a **Success** screen. From here, you may start a new request, return to the main menu, or resume an in-progress request.

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

○ Program and Provider (Radiation Therapy Management Program and

○ Program and Health Plan (Radiation Therapy Management Program and

GO

CANCEL   PRINT

REQUESTED
Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions)

APPROVED
Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331)

DENIED

DENIAL RATIONALE

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

Primary Diagnosis Code: R68.89   **Description:** Other general symptoms and signs
Secondary Diagnosis Code: **Description:**
Date of Service: 6/1/2020
CPT Code: RCBREA   **Description:** Breast Cancer
Authorization Number:
Review Date: 5/20/2020 10:41:09 AM
Expiration Date: 11/16/2020
Status:

REQUESTED
Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions)

APPROVED
Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331)

DENIED

DENIAL RATIONALE

REQUESTED
Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions)

APPROVED
Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331)

DENIED

DENIAL RATIONALE

CANCEL   PRINT   CONTINUE

- If your request is authorized during the initial submission, you can print out the summary of the request for your records.

- Review the details of the request and select **Continue**.

39

Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with CareCore at anytime, please call 1-855-252-1
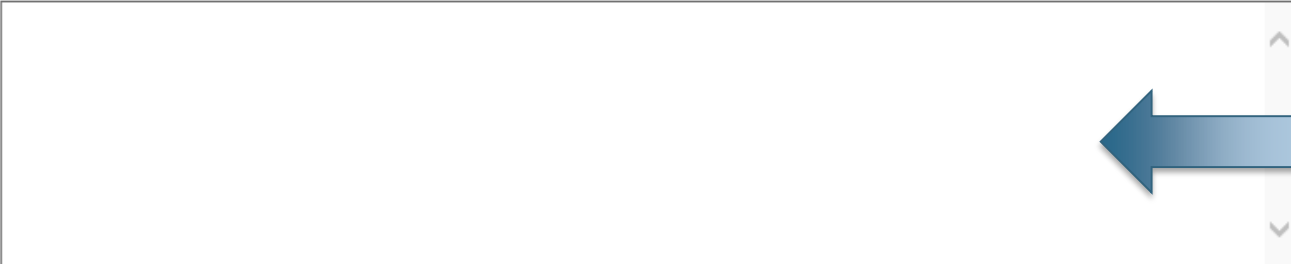
Provider Name:		**Contact:**	
Provider Address:		**Phone Number:**	
		Fax Number:	

Patient Name:		**Patient Id:**	
Insurance Carrier:			

Site Name:		**Site ID:**	007BHO
Site Address:			

Primary Diagnosis Code:	C14.0	**Description:**	Malignant neoplasm of pharynx, unspecified
Secondary Diagnosis Code:		**Description:**	
Date of Service:	7/3/2020		
CPT Code:	RCBONE	**Description:**	Bone Metastases
Case Number:			
Review Date:	7/1/2020 3:40:12 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with CareCore		

[CANCEL] [PRINT] [CONTINUE]

- If your request is cannot be **immediately** approved during the initial submission, you will get a summary stating that the case has been sent to clinical review, where any free text notes and/or uploaded clinical information will be reviewed for medical necessity.

- You can print out the summary of the request for your records, then select **continue**.

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).*

ⓘ 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.

Browse...

- If the pathway questions do not lead to **immediate** approval, you will be asked if additional clinical information can be included.
- Enter additional notes in the free text space provided only when necessary.
- You may also upload up to **five** clinical documents.

Proceed to Clinical Information

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,.PNG):

Browse...
Browse...
Browse...
Browse...
Browse...

UPLOAD   SKIP UPLOAD

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 CAS

- **When finished, submit for review.**

Tips:

- Upload clinical notes on the portal to avoid any delays by faxing.
- Additional information uploaded to the case will be sent for clinical review.
- Clinical cannot be uploaded for cases that have reached a **final status** (Approved, Denied, Partially Approved Withdrawn, or Expired).

Additional Provider Portal Features

Portal Features

Certification Summary

- Allows you to track recently submitted cases

Authorization Lookup

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

Eligibility Lookup

- Confirm if member requires prior authorization

Clinical Certification

- You can begin an authorization request

WEB

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 (▓▓▓▓▓▓▓▓▓▓)
○ Program and Provider (Radiation Therapy Management Program and ▓▓▓▓▓▓▓▓▓▓)
○ 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!

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.
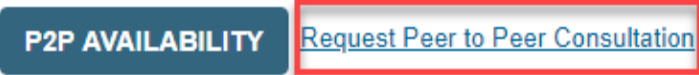
Authorization Lookup

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:	
Status:	Denied
	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 Eligibility Result:	
P2P Status:	

Request Peer to Peer Consultation

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

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.

How to Schedule a Peer to Peer Request

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.

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.

How to Schedule a Peer to Peer

Confirm Contact Details

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

- 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.

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.
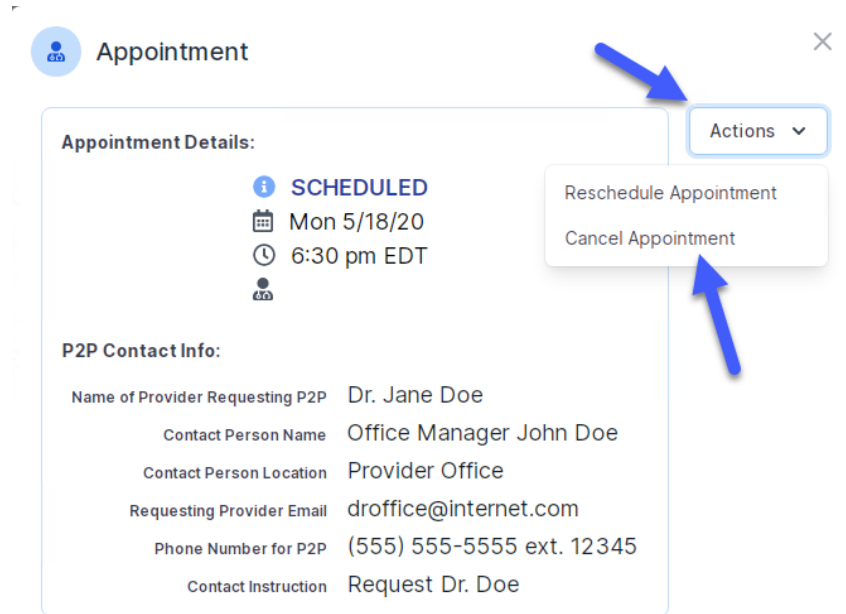
- Close browser once done

Provider Resources

Dedicated eviCore Teams

Call Center

- Phone: 844.224.0495
- Representatives available 7 a.m. to 7 p.m. (local time)

Web Support

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

Client & Provider Operations Team

- Email: clientservices@eviCore.com (preferred)
- Phone: 800.646.0418 (option 4)
- Eligibility issues (member or provider not found in system)
- Transactional, authorization-related issues requiring research

Provider Engagement

- Michael Morgan, RN, BSN
    - Email: Michael.Morgan@eviCore.com
    - Phone: 615.468.4000, ext. 24320
- Regional team that works directly with the provider community.

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/prominence

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

- 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 Prior Authorization Online Portal Tips and Tools** session, 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 Prior Authorization Online Portal Tips and Tools** session on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming

Thank You!