

# Radiation Oncology Management

Provider Orientation Session for FirstCarolinaCare



Empowering  
the Improvement  
of Care

# Agenda

---

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

---

# Clinical Approach

---

# Evidence-Based Guidelines

## The foundation of eviCore solutions



Dedicated  
pediatric  
guidelines



Contributions  
from a panel of  
community  
physicians



Experts  
associated  
with academic  
institutions



Current  
clinical  
literature

## Aligned with National Societies:

- American College of Cardiology
- American Heart Association
- American Society of Nuclear Cardiology
- Heart Rhythm Society
- American College of Radiology
- American Academy of Neurology
- American College of Chest Physicians
- American College of Rheumatology
- American Academy of Sleep Medicine
- American Urological Association
- National Comprehensive Cancer Network
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Academy of Pediatrics
- American Society of Colon and Rectal Surgeons
- American Academy of Orthopedic Surgeons
- North American Spine Society
- American Association of Neurological Surgeons
- American College of Obstetricians and Gynecologists
- The Society of Maternal-Fetal Medicine

# Clinical Staffing – Multispecialty Expertise

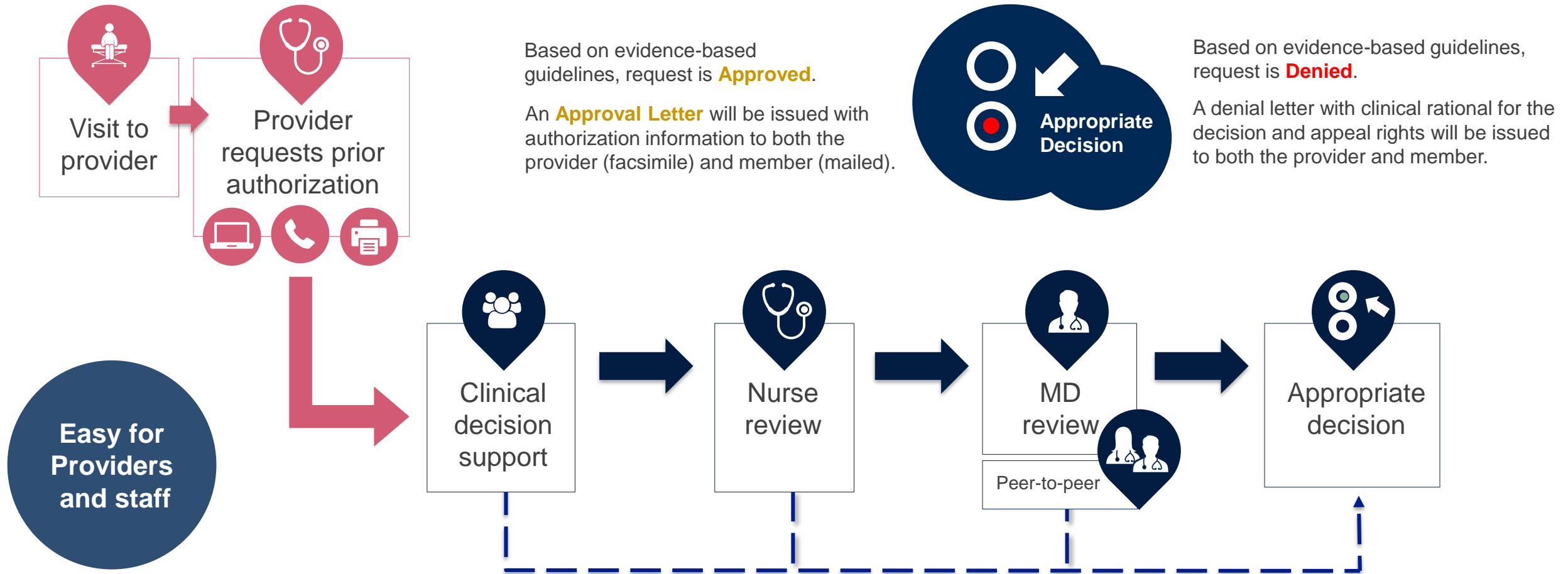
## Dedicated nursing and physician specialty teams for a wide range of solutions

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

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



# Utilization Management – the Prior Authorization Process



---

# Program Overview – Radiation Oncology

---

# FirstCarolinaCare Prior Authorization Services

---

eviCore healthcare (eviCore) will begin accepting prior authorization requests for Radiation Oncology services on December 17, 2020 for treatments starting January 1, 2021 and after.

Treatments for members who will be ongoing through January 1, 2021 do not need to be registered with eviCore unless the treatment plan changes.

## Prior authorization applies to the following Radiation Onc. services:

- Outpatient
- Diagnostic
- Elective / Non-emergent

## 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: [login.firstcarolinacare.com](https://login.firstcarolinacare.com)



# Applicable Memberships

---

**Prior Authorization is required for FirstCarolinaCare members who are enrolled in the following lines of business/programs and ID # begins with 94:**

<b>Medicare</b>	<ul style="list-style-type: none"><li>• FirstMedicare Direct</li><li>• New Hanover Health FirstMedicare</li></ul>
<b>Commercial</b>	<ul style="list-style-type: none"><li>• Fully Insured</li><li>• Self Insured</li></ul>

**Prior Authorization requests should NOT be requested through eviCore for FirstCarolinaCare members who are enrolled in the following lines of business/programs:**

- FirstMedicare Direct Smart HMO

# Radiation Oncology Solution

## Covered Services:

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

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

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



# 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. For Medicare Cases, LCD and NCDs are followed if there is one applicable to the treatment.
- 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](http://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](http://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

---

## FirstCarolinaCare Provider Portal (preferred)

The FCC online portal [login.firstcarolinacare.com](https://login.firstcarolinacare.com) is the quickest, most efficient way to request prior authorization and check authorization status, and it's available 24/7

### Phone Number:

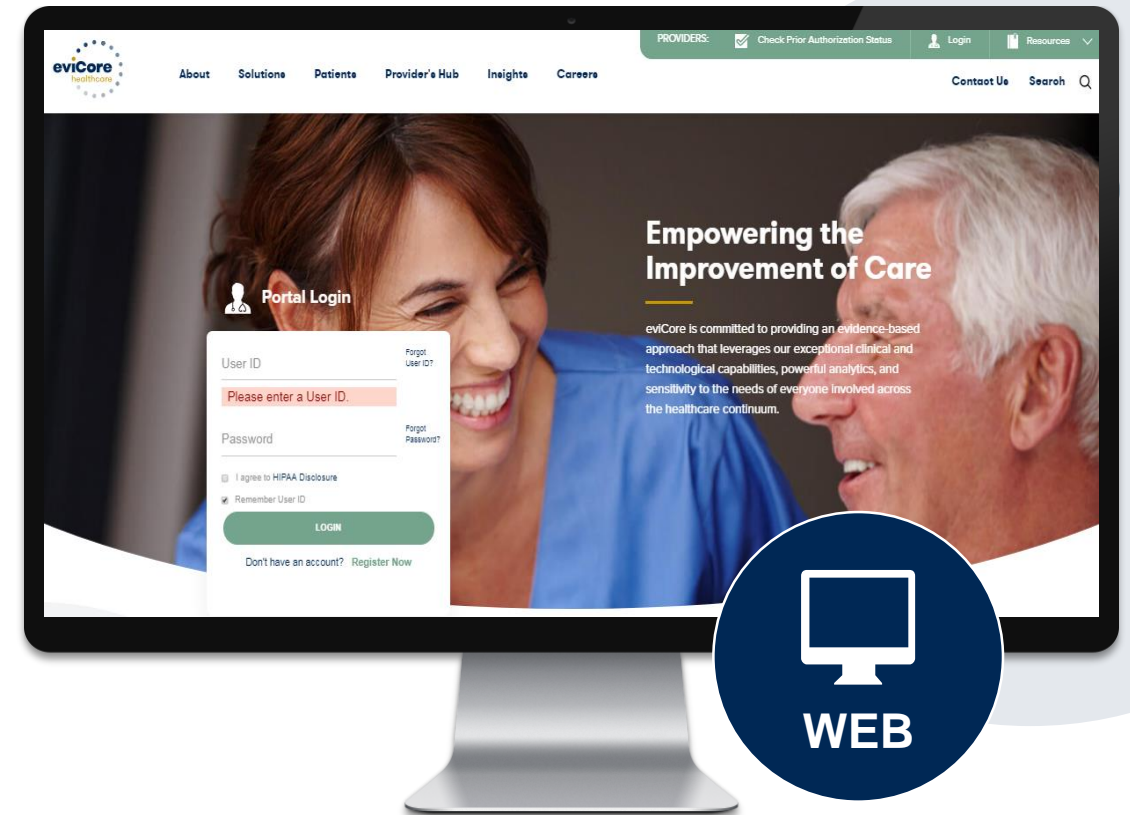
877-872-4161

Monday through Friday:  
7am to 7pm EST

### Fax Number:

866-699-8160

This fax number 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. 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

# 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:





# 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

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

- Medicare: **1** calendar days
- Commercial: **10** calendar days

The Provider must submit the additional information to eviCore

Requested information must be received within the timeframe as specified in the Hold Letter. Failure to submit this information may result in a medical necessity denial.

eviCore will review the additional documentation and reach a determination

Determination will be completed within:

- **Medicare:** 14 calendar days. Part B drugs, within 72 hours of receipt
- **Commercial:** 3 business days of receipt of clinical information





---

# **Prior Authorization Outcomes & Special Considerations**

---

# Prior Authorization Approval

## Approved Requests

- Prior authorization timeframes vary based on the cancer type and treatment technique. Refer to the determination letter to learn how long the authorization is valid.
- Prior authorization letters will be faxed to the ordering provider & rendering facility
- When initiating a case on the web you can receive e-notifications when a determination is made
- Members will receive a letter by mail
- Approval information can be accessed and printed on demand from eviCore via the FCC portal: [login.firstcarolinacare.com](https://login.firstcarolinacare.com)



# When a Request does Not Meet Clinical Criteria



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

For Radiation Oncology, a request can be *partially approved* – for example, the treatment technique can be approved (30 fractions of IMRT) but Image Guidance may *not* be approved (IGRT).

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

# 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
  - Alternative recommendations are available for Commercial only
- 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 877-872-4161.
- 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.



# Radiation Oncology - Special Circumstances (continued)

---

## Retrospective (Retro) Authorization Requests

- Retrospective requests are not in scope for FirstCarolinaCare.

## 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 requests will be reviewed within 72 hours



---

# Reconsideration and Post Decision Options

---

# Post-Decision Options

---

## My case has been denied. What's next?

- Providers are often able to utilize post-decision activity to secure case review for overturn consideration. The reconsideration processes is not available for Medicare Advantage members.
- 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 877-872-4161 to speak to an agent who can provide available option(s) and instruction on how to proceed.



# Pre-Decision Options: Medicare Members

---

## I've received a request for additional clinical information. What's next?

### Submission of Additional Clinical Information

- eviCore will notify providers telephonically and in writing before a denial decision is issued on Medicare cases
- You can submit additional clinical information to eviCore for consideration per the instructions received
- Additional clinical information must be submitted to eviCore in advance of the due date referenced

### Pre-Decision Clinical Consultation

- Providers can choose to request a Pre-Decision Clinical Consultation instead of submitting additional clinical information
- The Pre-Decision Clinical Consultation must occur prior to the due date referenced
- If additional information was submitted, we proceed with our determination and are not obligated to hold the case for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed



# Post-Decision Options: Medicare Members

---

## My case has been denied. What's next?

### Clinical Consultation

- Providers can request a Clinical Consultation with an eviCore physician to better understand the reason for denial
- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation

### Reconsideration

- Medicare cases do not include a Reconsideration option

### Appeals

- eviCore will not process appeals. Refer to the appeal flier contained within the denial letter for instructions on how to file an appeal.
- The determination letter that goes out on denied/partially denied cases will contain appeal rights

# Post-Decision Options: Commercial Members

---

## My case has been denied. What's next?

### 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
- Clinical consultations can also be scheduled via the online self service scheduling tool on the FCC web portal
- Only one Reconsiderations is allowed. Subsequent requests will be treated as an appeal and redirected to the health plan.

### Appeals

- eviCore will not process appeals. Refer to the appeal flier contained within the denial letter for instructions on how to file an appeal.
- The determination letter that goes out on denied/partially denied cases will contain appeal rights

---

# Provider Portal Overview

---

# Single-Sign On Experience

**FirstCarolinaCare**  
INSURANCE COMPANY

Forms & Resources 9+ Notifications Announcements Contact Account Log Out

Request Preauthorization Authorizations Claims Claim Reprocessing Inquiries Attach To Member


**Attention!** 1 Claim Reprocessing Inquiries Need More Information

## Request Preauthorization


### Do I Need to File?

[Look up the member](#) to view Preauthorization Lists

### Filing Options



File at Altruista



File at eviCore

What if I get into Altruista or eviCore and the Procedure Code says NOT available or Covered or Not Covered for the member I'm working with?

If the member's Preauthorization Lists OR the Customer Service representative indicates that the procedure requires a referral/preauth then notify [Health Alliance](#) that the member's Altruista or eviCore information is incorrect.

**Forms & Resources**  
All Forms & Resources  
Policy and Procedures  
Clinical Guidelines  
Members' Rights and Responsibilities

**Contact**  
Contact Us  
Website Feedback  
Announcements  
Informed Newsletter

FirstCarolinaCare Insurance Company's FirstMedicare Direct plans are HMO and PPO plans with a Medicare contract. Enrollment in a FirstMedicare Direct plan depends on contract renewal. Every effort has been made to ensure that this information is accurate. It is not intended to replace the legal source. In case of any discrepancy between this information and the legal source, the legal source will govern in all cases. Report a compliance concern or potential fraud, waste or abuse.

All contents copyright © FirstCarolinaCare Insurance Company.

Notice of Medicare Privacy Practices  
Legal Notice and Website Privacy Statement  
Non-discrimination Notice

We recommend you download Adobe Reader to view all PDF files on this page.

- Providers may access the eviCore online portal through the FirstCarolinaCare secure provider portal, [login.firstcarolinacare.com](https://login.firstcarolinacare.com)
- You must create an account in order to access the secure provider portal. The 'Create an Account' option is available at [login.firstcarolinacare.com](https://login.firstcarolinacare.com)
- Log in to the FCC site in order to be routed to eviCore. FCC prior authorizations can only be created when accessing eviCore through the single-sign-on (SSO) option
- If you are unable to create an account to access the online portal, please call or fax to submit your prior authorization request to eviCore:

**Phone Number:**

877-872-4161

Monday through Friday:  
7am to 7pm EST

**Fax Number:**

866-699-8160

This fax number can be  
used to submit additional  
clinical information

# Initiating A Case

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

### 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
<b>SELECT</b>	DR. JAMES M. SMITH, MD

**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: [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.

- 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

## Add Your Contact Info

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

Who to Contact:\* [REDACTED] [?]

Fax:\* [REDACTED] [?]

Phone:\* [REDACTED] [?]

Ext.: [REDACTED] [?]

Cell Phone: [REDACTED]

Email: [REDACTED]

BACK

CONTINUE

# 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

- 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

Requested Service + Diagnosis

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

CHANGE

Radiation Therapy Procedures

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

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

procedure code or type of service? [Click here](#)

Primary Diagnosis Code (Lookup by Code or Description)

LOOKUP

Secondary Diagnosis Code (Lookup by Code or Description)

LOOKUP

©eviCore healthcare. All Rights Reserved. This presentation contains CONFIDENTIAL and PROPRIETARY information.

1

# 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 – 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 - 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 - 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](http://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 the Case**

# 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 Clinical Decision Support?**

- 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.

# Radiation Oncology – Criteria met, Summary of APPROVED Request

**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:	DR. MICHAEL J. GONZALEZ	Contact:	DR. MICHAEL J. GONZALEZ
Provider Address:	1000 N. 10TH AVE SUITE 1000 DENVER, CO 80202	Phone Number:	(303) 733-3333
		Fax Number:	(303) 733-3333
Patient Name:	JOHN DOE	Patient Id:	123456789
Insurance Carrier:	ABC		
Site Name:	ABC RADIATION THERAPY	Site ID:	123456
Site Address:	1000 N. 10TH AVE SUITE 1000 DENVER, CO 80202		
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	6/1/2020	Description:	Breast Cancer
CPT Code:	RCBREA		
Authorization Number:	123456789		
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		

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

**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**

# Radiation Oncology - Criteria not met, Summary of PENDED request

## 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 1-855-252-3131

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	Description:	
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 at anytime, please call 1-855-252-3131		

CANCEL

PRINT

CONTINUE

If your request 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'

# Radiation Oncology - Criteria not met, submitting additional clinical

## 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...

- 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).

- 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 larger clinical documents, up to five

## 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 CASE

- When finished, submit for review



# 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

---

# Additional Provider Portal Features

---

# Certification Summary

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

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 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

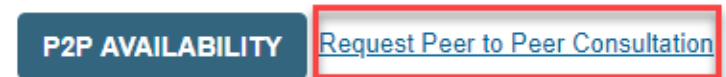
☐ Search by Authorization Number/ NPI

- 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

# How to schedule a Peer to Peer Request


---

- Log into your account at [login.firstcarolinacare.com](https://login.firstcarolinacare.com)
- Navigate to eviCore and perform Authorization Lookup to determine the status of your request.
- Click on the “P2P Availability” button to determine if your case is eligible for a Peer to Peer conversation:
- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.



## Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	



P2P AVAILABILITY

# How to schedule a Peer to Peer Request

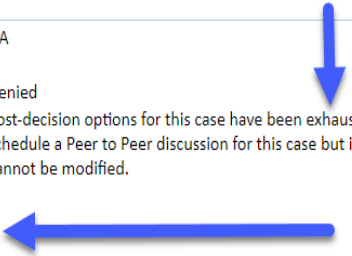
---

Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the “All Post Decision Options” button to learn what other action may be taken.

## Authorization Lookup

Authorization Number:	NA	
Case Number:		<a href="#">Request Peer to Peer Consultation</a>
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 Case information will auto-populate from prior lookup

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](#)

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

Member Information	Case P2P Information
Name	Episode ID
DOB	P2P Valid Until 2020-11-11
State	Modality MSK Spine Surgery
Health Plan	Level of Review Reconsideration P2P
Member ID	System Name ImageOne

[Continue](#)

# How to Schedule a Peer to Peer Request

**Case Info**

1st Case

Case #  
Episode ID  
Member Name  
Member DOB  
Member State  
Health Plan  
Member ID  
Case Type MSK Spine Surgery  
Level of Review Reconsideration P2P

**Questions**

Please indicate your availability

**Preferred Days**

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

**Preferred Times**

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

**Time Zone**

US/Eastern

Continue >

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.

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.

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...	-	-	-



# How to Schedule a Peer to Peer Request

## 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.

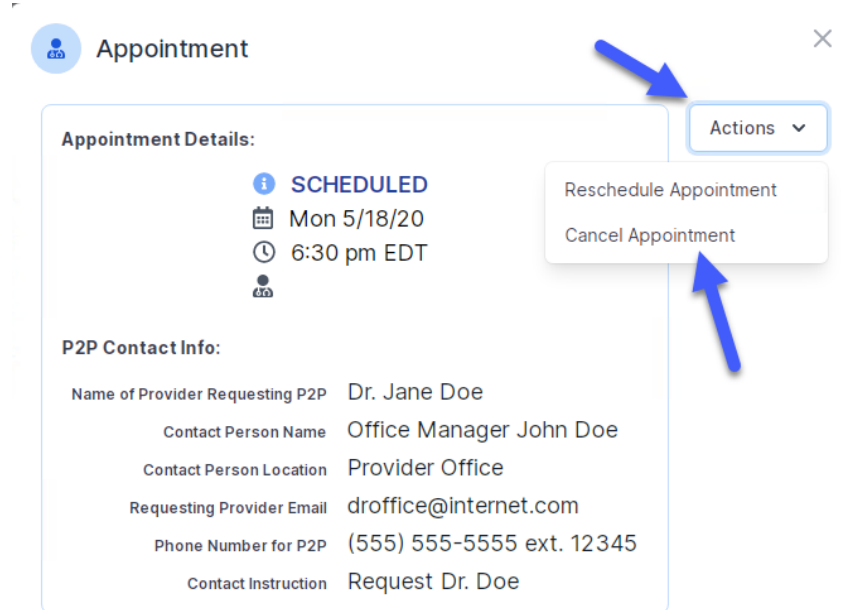
The screenshot shows a four-step process bar at the top: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (active). The 'P2P Info' section on the left shows the date as Mon 5/18/20 and time as 6:30 pm EDT. The 'Case Info' section lists details for the 1st Case, including Case #, Episode ID, Member Name, Member DOB, Member State, Health Plan, Member ID, Case Type (MSK Spine Surgery), and Level of Review (Reconsideration P2P). The 'P2P Contact Details' section on the right contains the following fields with blue arrows pointing to them: 'Name of Provider Requesting P2P' (filled with 'Dr. Jane Doe'), 'Contact Person Name' (filled with 'Office Manager John Doe'), 'Contact Person Location' (dropdown menu showing 'Provider Office'), 'Phone Number for P2P' (filled with '(555) 555-5555'), 'Phone Ext.' (filled with '12345'), 'Alternate Phone' (filled with '(xxx) xxx-xxxx'), 'Phone Ext.' (filled with 'Phone Ext.'), 'Requesting Provider Email' (filled with 'droffice@internet.com'), and 'Contact Instructions' (filled with 'Select option 4, ask for Dr. Doe'). A 'Submit >' button is at the bottom right.

The screenshot shows a 'Scheduling' summary page. It includes a 'Scheduled' section with a calendar icon, a clock icon, and the text 'Mon 5/18/20 - 6:30 pm EDT'. A red circle highlights the word 'SCHEDULED' in a blue box at the bottom right.

# 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 Call Center

---

## Prior Authorization Call Center – 877.872.4161

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 prior 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



# Online Resources

## Web-Based Services and Online Resources

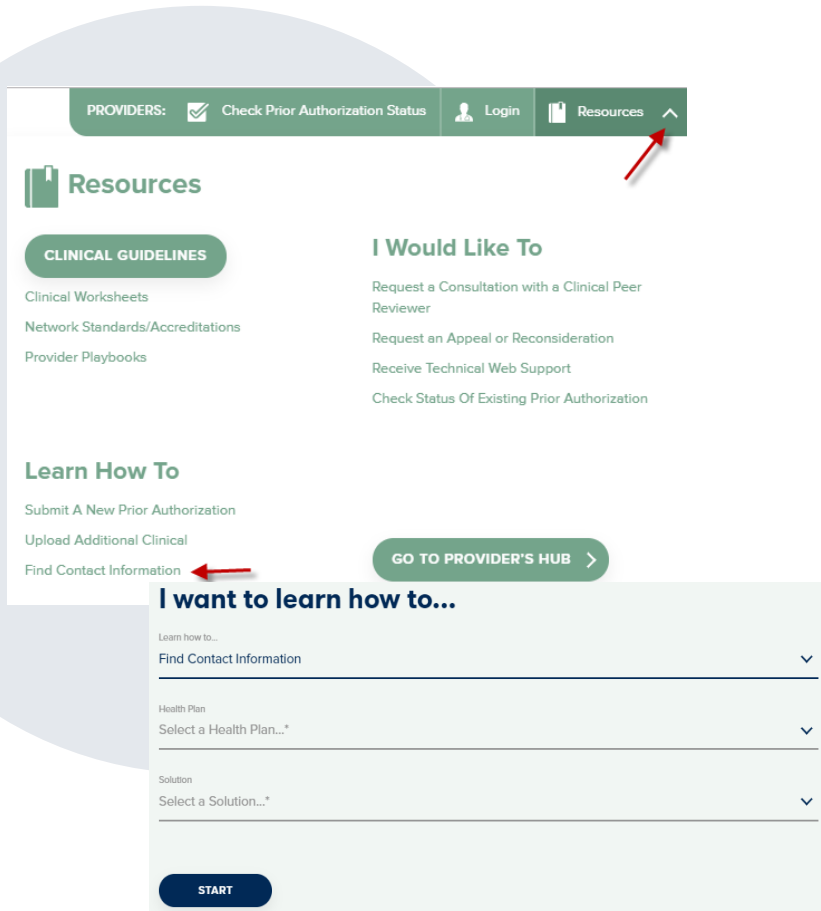
- You can access important tools, health plan-specific contact information, and resources at [www.evicore.com/resources/healthplan/firstcarolinacare](http://www.evicore.com/resources/healthplan/firstcarolinacare)
- Select the Resources to view Clinical Guidelines, Online Forms, and more.
- Provider's Hub section includes many resources
- Provider forums and portal training are offered weekly, you can find a session on [www.eviCore.WebEx.com](http://www.eviCore.WebEx.com), select WebEx Training, and search upcoming for a "eviCore Portal Training" or "Provider Resource Review Forum"
- The quickest, most efficient way to request prior authorization is through our provider portal. Our dedicated **Web Support** team can assist providers in navigating the portal and addressing any web-related issues during the online submission process.
- To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email [portal.support@evicore.com](mailto:portal.support@evicore.com)
- If you do not have access to the internet, you can use the following contact information to submit a prior authorization request:

### Phone Number:

877-872-4161

Monday through Friday:

7am to 7pm EST



# eviCore Client & Provider Operations Team

---

## Client and Provider Services

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

- Requests for an authorization to be resent to the health plan
- 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](mailto: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.



# eviCore 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



# eviCore 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/firstcarolinacare>

**FirstCarolinaCare Provider Services: 910.715.8100**





# eviCore Provider Newsletter

---

## Stay Updated With eviCore's Free Provider Newsletter

eviCore's provider newsletter is sent out to the provider community with important updates and tips. If you are interested in staying current, feel free to subscribe:

- Go to [eviCore.com](https://eviCore.com)
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates



# 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](http://www.eviCore.com) and understand all the resources available on the Provider's Hub. Learn how to access:

- eviCore's evidence-based clinical guidelines
- Clinical worksheets
- Check-status function of existing prior authorization
- Search for contact information
- Podcasts & Insights
- Training resources

## How to register for a Provider Resource Review Forum?

You can find a list of scheduled **Provider Resource Review Forums** on [www.eviCore.com](http://www.eviCore.com) → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



---

# Thank You!

---

