

Prior Authorization of Radiation Therapy for Blue Cross and Blue Shield Medicare and Medicaid Programs

Provider Orientation



Company Highlights

4K employees
including 1K clinicians

Headquartered in Bluffton, SC

Offices across the US including:

- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT
- Melbourne, FL
- Plainville, CT
- Sacramento, CA

SHARING
A VISION
AT THE CORE OF CHANGE.

100M members
managed nationwide



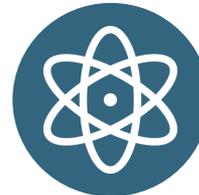
12M claims
processed annually

Integrated Solutions

LAB MANAGEMENT
19M lives



MEDICAL ONCOLOGY
14M lives



RADIATION THERAPY
29M lives

SPECIALTY DRUG
100k lives



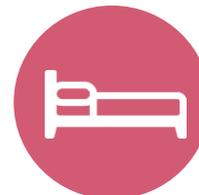
MUSCULOSKELETAL
34M lives

RADIOLOGY
65M lives

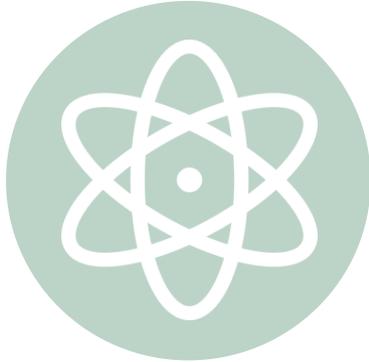


CARDIOLOGY
46M lives

SLEEP
14M lives



POST-ACUTE CARE
320k lives



Radiation Therapy Solution Experience

- Since 2009
- 20 regional and national clients
- 29M total membership
 - 19.7M Commercial membership
 - 5.3M Medicare membership
 - 4M Medicaid membership
- 200+ average cases built per day



Our Clinical Approach

Radiation Therapy by the Numbers

15



Radiation oncologists on staff

17



Radiation Therapy-trained nurses on staff

Case Statistics

70%

Cases Immediately Approved

1.3%

Appeal Rate

37%

Web Utilization Rate

29

Million lives covered



Evidence-Based Guidelines

The foundation of our radiation therapy solution:



Current
clinical
literature



Contributions
from a panel
of community
physicians



Experts
associated
with academic
institutions



Compliant
with Medicare
NCDs/LCDs

Aligned with National Societies

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

Advisory Board Members

- Dr. Anthony Berson – eviCore healthcare
- Memorial Sloan-Kettering, NY
- Stanford University Medical Center, CA
- Shields Oncology, MA
- Center for Radiation Oncology, NY
- Beth Israel Deaconess Medical Center; Harvard, MA
- Detroit Medical Center, Sinai Grace Hospital, MI

Service Model

Client Provider Operations

The Client Provider Operations team is responsible for high-level service delivery to our health plan clients as well as ordering and rendering providers nationwide

Client Provider Representatives



Client Provider Representatives are cross-trained to investigate escalated provider and health plan issues.

Client Service Managers



Client Service Managers lead resolution of complex service issues and coordinate with partners for continuous improvement.

Regional Provider Engagement Managers



Regional Provider Engagement Managers are on-the-ground resources who serve as the voice of eviCore to the provider community.

Why Our Service Delivery Model Works



One centralized intake point allows for timely identification, tracking, trending, and reporting of all issues. It also enables eviCore to quickly identify and respond to systemic issues impacting multiple providers.



Complex issues are escalated to resources who are the subject matter experts and can quickly coordinate with matrix partners to address issues at a root-cause level.



Routine issues are handled by a team of representatives who are cross trained to respond to a variety of issues. There is no reliance on a single individual to respond to your needs.

Radiation Therapy Prior Authorization program for Blue Cross and Blue Shield Medicare and Medicaid Programs

Program Overview

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

Prior authorization applies to services that are:

- Outpatient
- Elective/non-emergent

eviCore 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.

Prior authorization is required for all Radiation Therapy treatment techniques, included but not limited to the following:

- External Beam Radiation Therapy
- Brachytherapy
- Intensity Modulated Radiation Therapy
- Image Guided Radiation Therapy
- Stereotactic Radiosurgery
- Proton Therapy
- Hyperthermia
- Stereotactic Body Radiation Therapy

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

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

Applicable Membership

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

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



Prior Authorization Requests

How to request prior authorization:

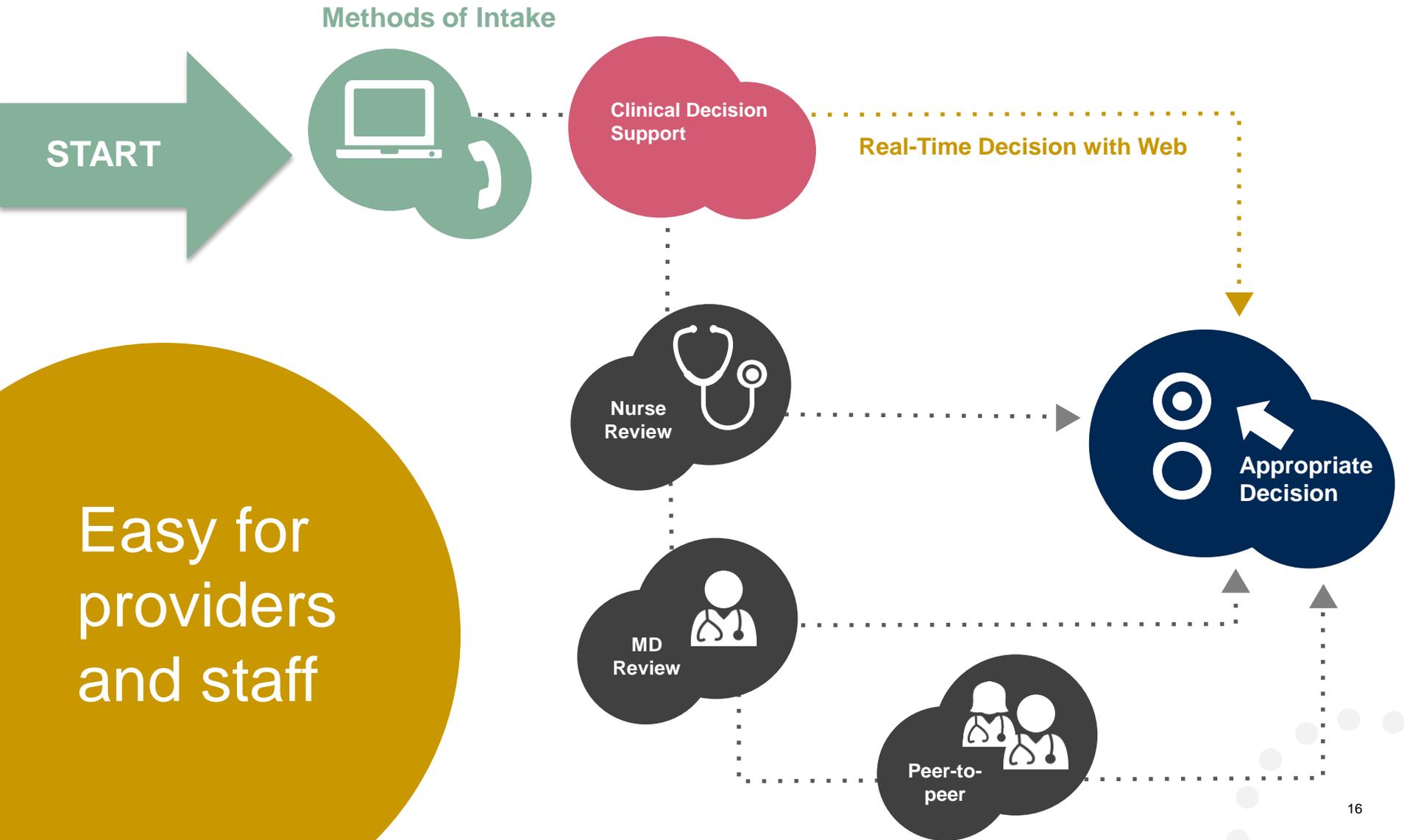


www.evicore.com

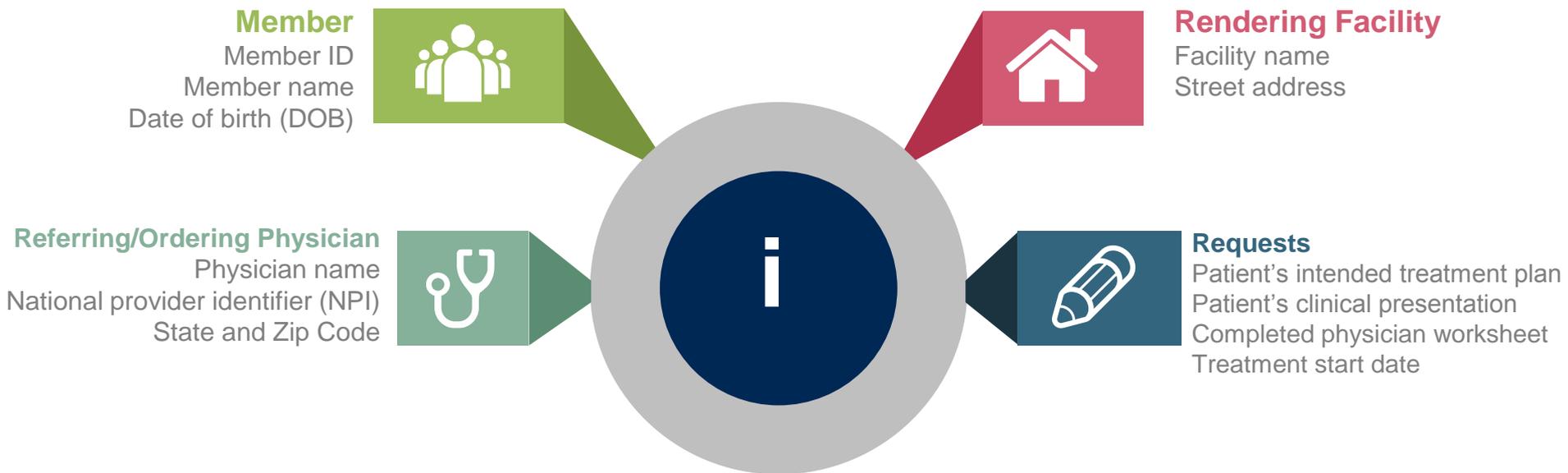
Available **24/7** and the **quickest** way to create prior authorizations and check existing case status

Or by phone:
855-252-1117
7:00 a.m. to 7:00 p.m.
local time
Monday - Friday

Clinical Review Process



Needed Information



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 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:
<https://www.evicore.com/resources/pages/providers.aspx?solution=Radiation%20Therapy#ReferenceGuidelines>
- Correct coding guidelines are based on ASTRO/ACR Radiation Therapy coding resources.

Prior Authorization Outcomes

Approved Requests:

- Medicare requests are processed within 14 calendar days
- IL Medicaid requests are processed within 4 calendar days
- TX Medicaid requests are processed within 3 business days
- 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

Delivery:

- Faxed to ordering provider and rendering facility. (verbal outreach for urgent requests)
- Mailed to the member, (verbal outreach for urgent requests)
- Information can be printed on demand from the eviCore healthcare Web Portal

Denied Requests:

- Communication of denial determination
- Communication of the rationale for the denial
- How to request a Peer Review

Delivery:

- Faxed to the ordering provider and rendering facility (verbal outreach for urgent requests)
- Mailed to the member (verbal outreach for urgent requests)

Prior Authorization Outcomes – Medicare

➤ Pre-Decision Consultation

- If your case requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians prior to a decision being rendered.
- In certain instances, additional information provided during the pre-decision consultation is sufficient to satisfy the medical necessity criteria for approval

Prior Authorization Outcomes

➤ 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
- Medicaid IL & TX members only

➤ 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 for Medicaid IL & TX members only.
- Peer-to-Peer reviews can be scheduled at a time convenient to your physician

Special Circumstances

➤ Appeals

- eviCore will manage first level appeals
- Appeals must be made in writing within 120 calendar days and 30 calendar days for IL Medicaid cases. eviCore will respond within 30 calendar days, and 15 business days for IL Medicaid requests.

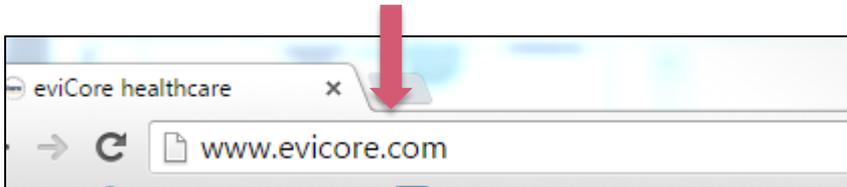
➤ Outpatient Urgent Studies:

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

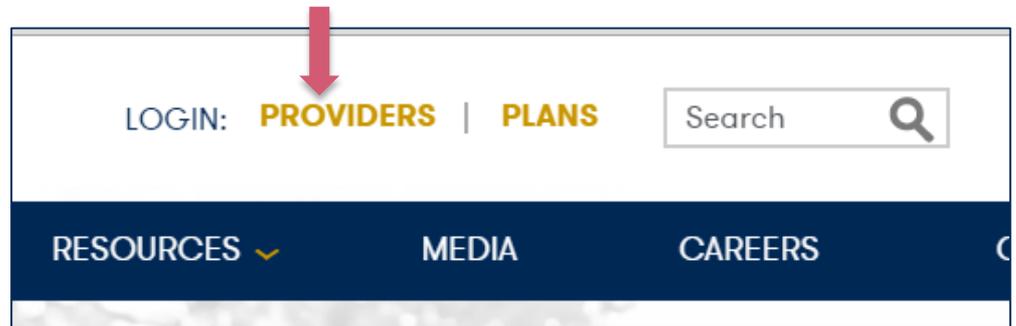
Web Portal Services

eviCore healthcare website

- Point web browser to evicore.com



- Click on the "Providers" link



- Login or Register

Providers Delivering Medical Solutions That Benefit Everyone.

Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

I Agree to [HIPAA Disclosure!](#)

LOGIN

[Forgot UserName](#) | [Password?](#) | [Register](#)

This website is compatible with Internet Explorer 9, 10, 11, Mozilla Firefox and Google Chrome

Creating An Account

Providers Delivering Medical
Solutions That Benefit **Everyone.**

Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

I Agree to [HIPAA Disclosure!](#)

LOGIN

[Forgot UserName](#) | [Password?](#) | [Register](#)



To create a new account, click **Register**.

Creating An Account

eviCore healthcare
innovative solutions

* Required Field

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*: **CareCore National** 

If you want to register as a Client User at CareCore National, then please contact us: 1-800-918-8924 x20136.

User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:	<input type="text"/>	Address*:	<input type="text"/> <input type="text"/>	Phone*:	<input type="text"/>
Email*:	<input type="text"/>	City*:	<input type="text"/>	Ext:	<input type="text"/>
Confirm Email*:	<input type="text"/>	State*:	Select <input type="text"/>	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	Zip*:	<input type="text"/>		
Last Name*:	<input type="text"/>	Office Name*:	<input type="text"/>		

Next



Select a **Default Portal**, and complete the registration form.

Creating An Account

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

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*:

If you want to register as a Client User at CareCore National, then please contact us: 1-800-918-8924 x20136.

User Registration

UserName:	MYG123	Address:	730 Cool Springs	Phone:	800-575-4517
Email:	tesaccount@gmail.com	City:	Franklin	Ext:	
Account Type:	Physician	State:	TN	Zip:	37067
First Name:	Test	Office Name:	Test Office	Fax:	615-468-4408
Last Name:	Account				



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

User Registration-Continued

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*: Medsolutions

User Registration

UserName: MYoder
Email: evicorejedi1234@gmail.com
Account Type: Physician
First Name: Mallory
Last Name: Yoder

Provider Information

Physician FirstName: TEST Physician Last Name: Yoder
State: TN Tax ID:

Please read below to sign up as an appropriate user.
Physician: An Individual Practitioner, A Medical Group Practice or an assistant
Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or Facility

USER REGISTRATION

User Access Agreement *Required

eviCore
Provider/Customer Access Agreement for Web-Based Applications

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

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

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

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

Accept Terms and Conditions *

Submit Cancel

Accept the **Terms and Conditions**, and click **"Submit."**

User Registration-Continued

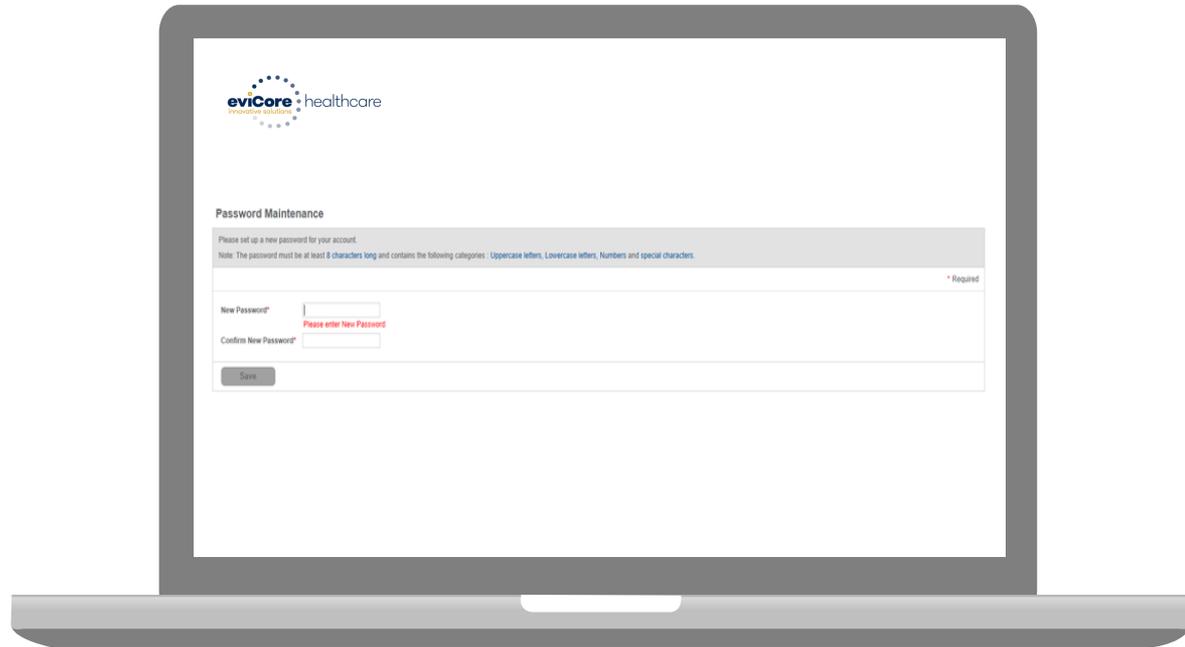


You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

Create a Password

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

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



Account Log-In

Providers Delivering Medical
Solutions That Benefit Everyone.

Mallory1897

••••••••

Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

I Agree to [HIPAA Disclosure!](#)

LOGIN

[Forgot UserName](#) | [Password?](#) | [Register](#)



To log-in to your account, enter your **User ID** and **Password**. Agree to the HIPAA Disclosure, and click "**Login**."

Account Overview

Welcome Screen

eviCore healthcare
innovative solutions

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

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

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

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

[Request a clinical certification/procedure >>](#)

[Request a clinical certification/procedure for](#)

[Resume a certification request in progress >>](#) << [Did you know? You can save a certification request to finish later.](#)

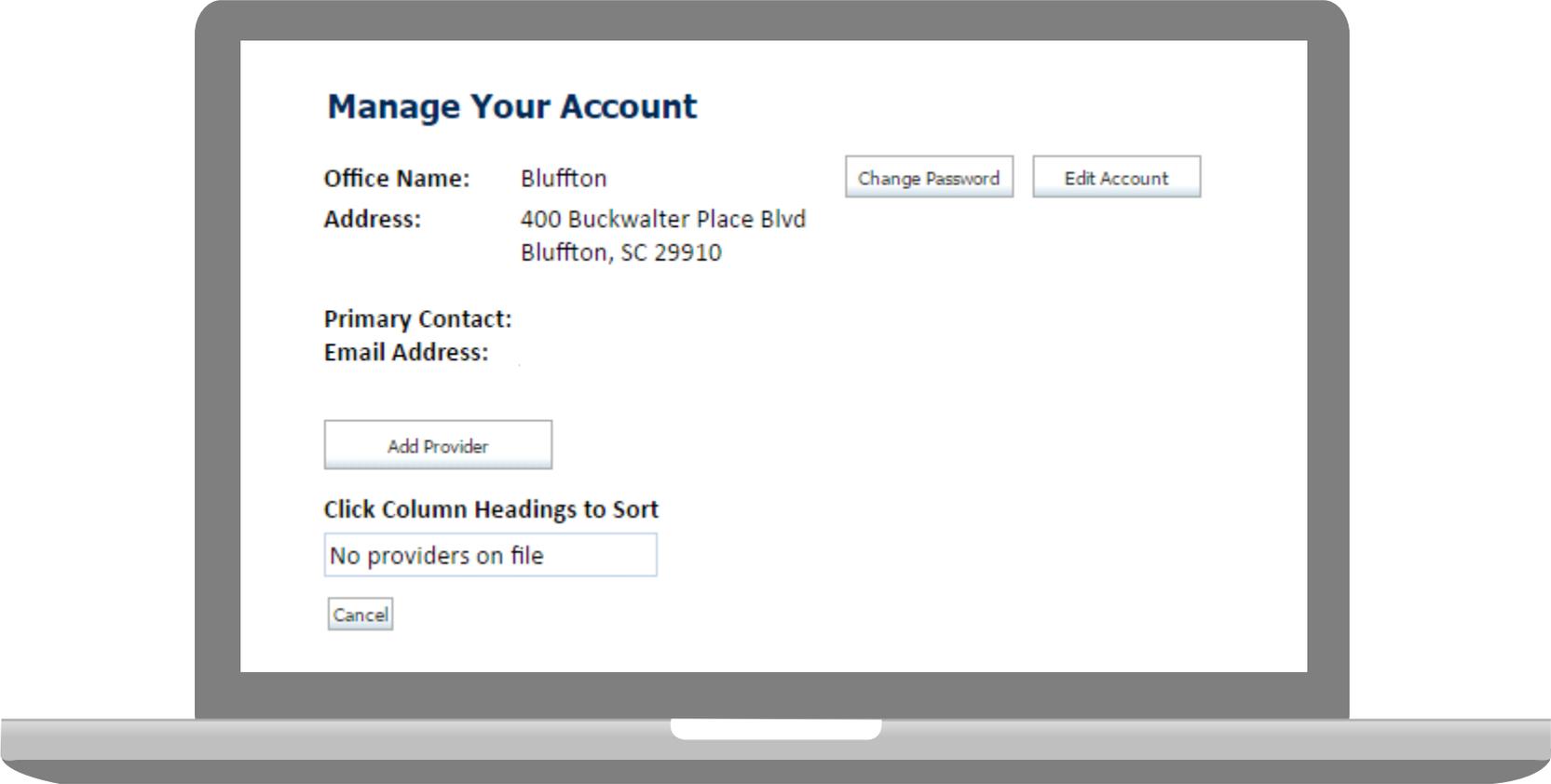
[Look up an existing authorization >>](#)

[Check member eligibility >>](#)

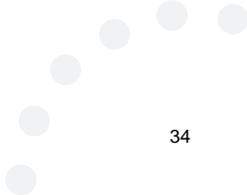
Providers will need to be added to your account prior to case submission. Click the **“Manage Account”** tab to add provider information.

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

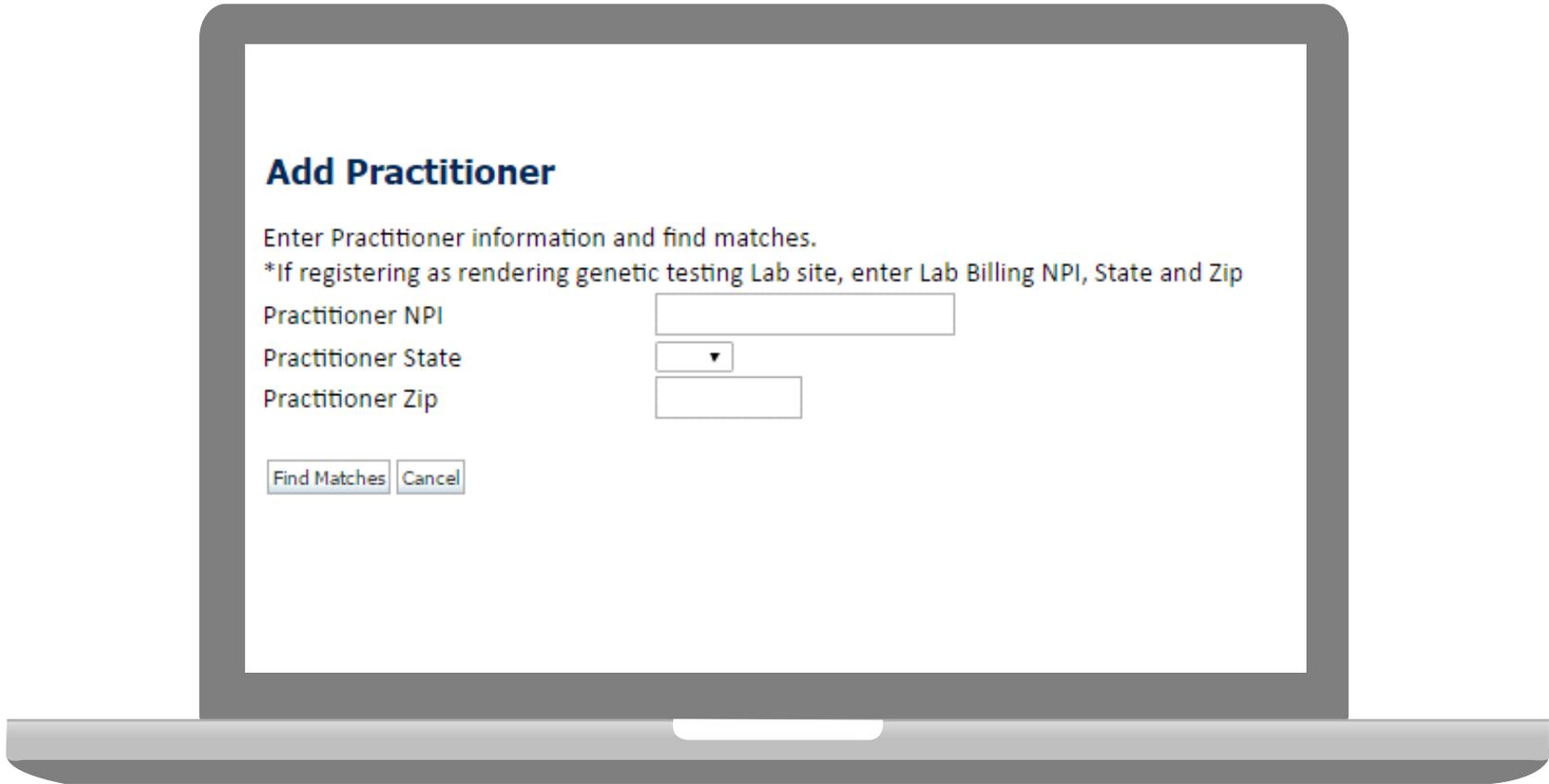
Add Practitioners



Click the “**Add Provider**” button.



Add Practitioners



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

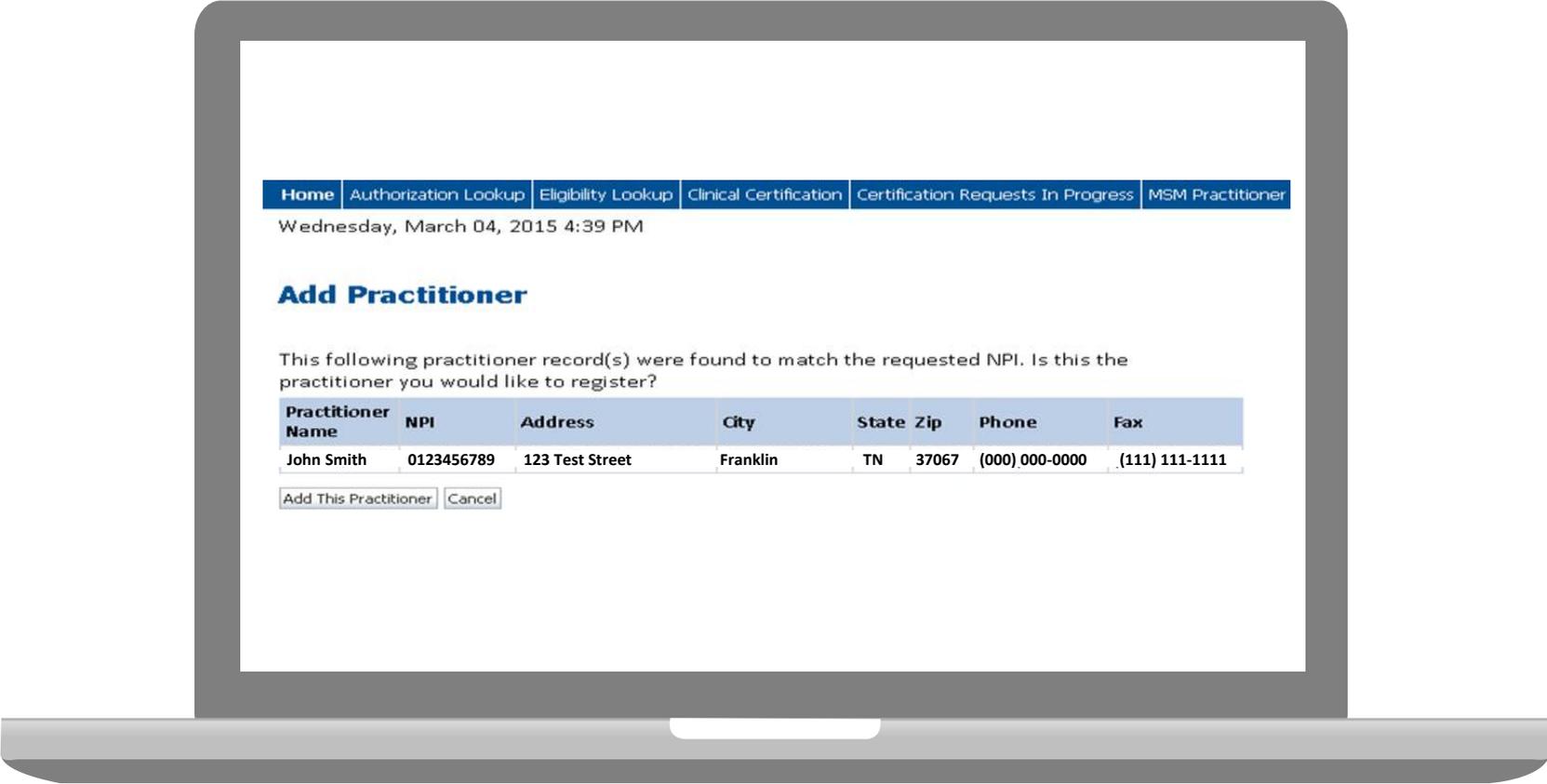
Practitioner State

Practitioner Zip

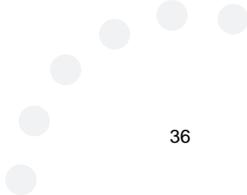


Enter the **Provider's NPI**, **State**, and **Zip Code** to search for the provider record to add to your account. You are able to add multiple Providers to your account.

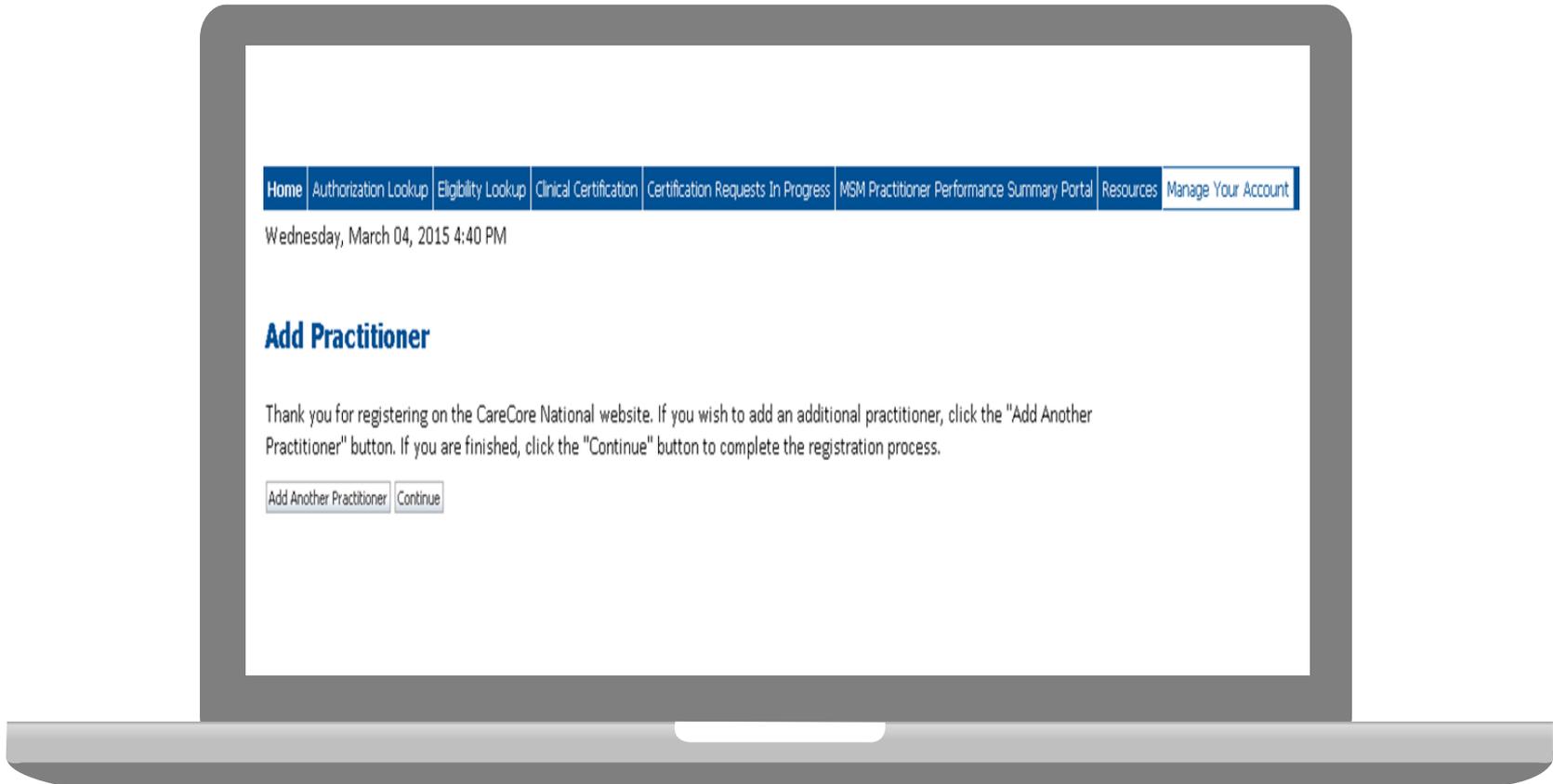
Adding Practitioners



Select the matching record based upon your search criteria



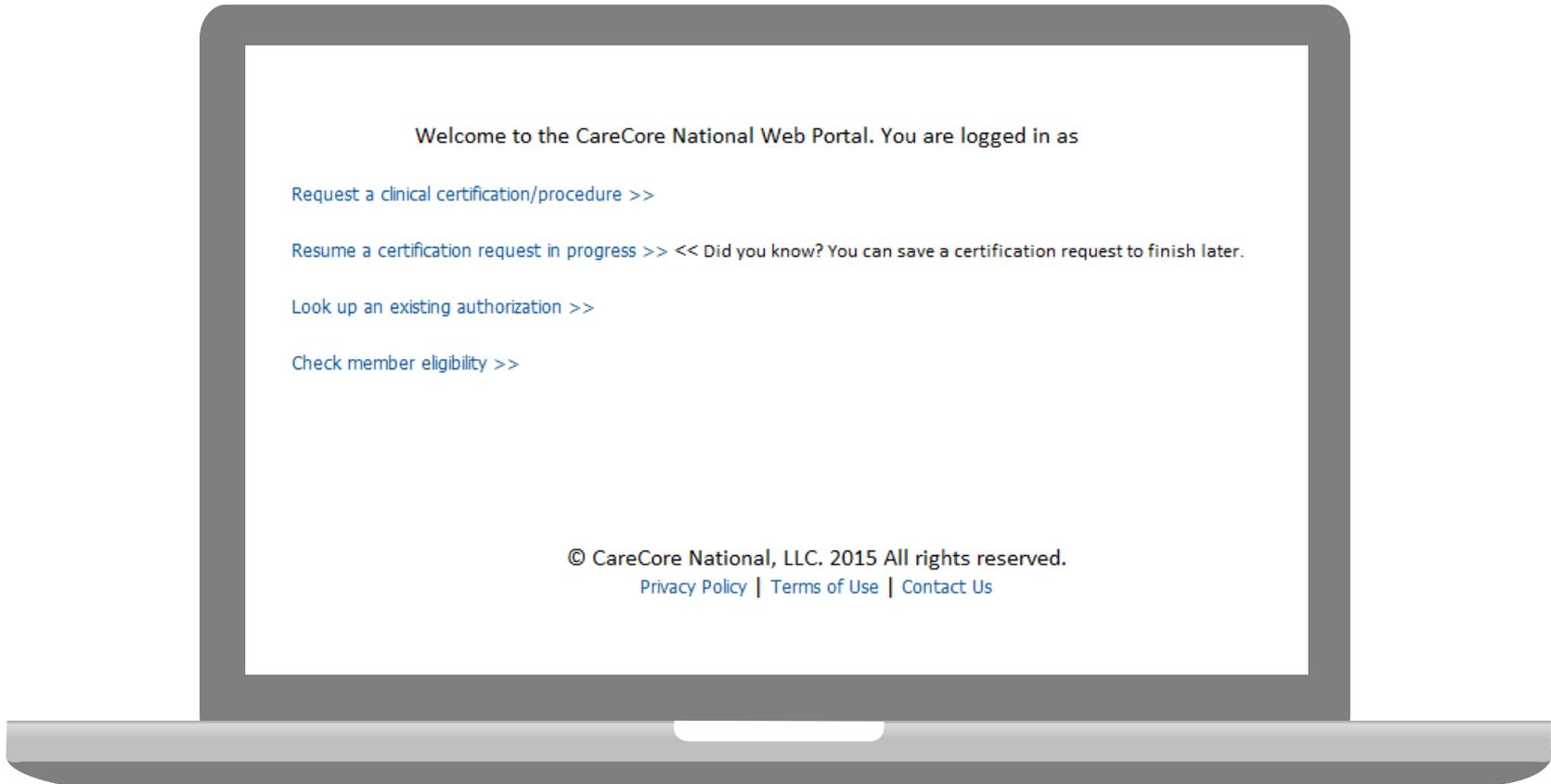
Manage Your Account



- Once you have selected a practitioner, your registration will be completed. You can then access the **“Manage Your Account”** tab to make any necessary updates or changes.
- You can also click **“Add Another Practitioner”** to add another provider to your account.

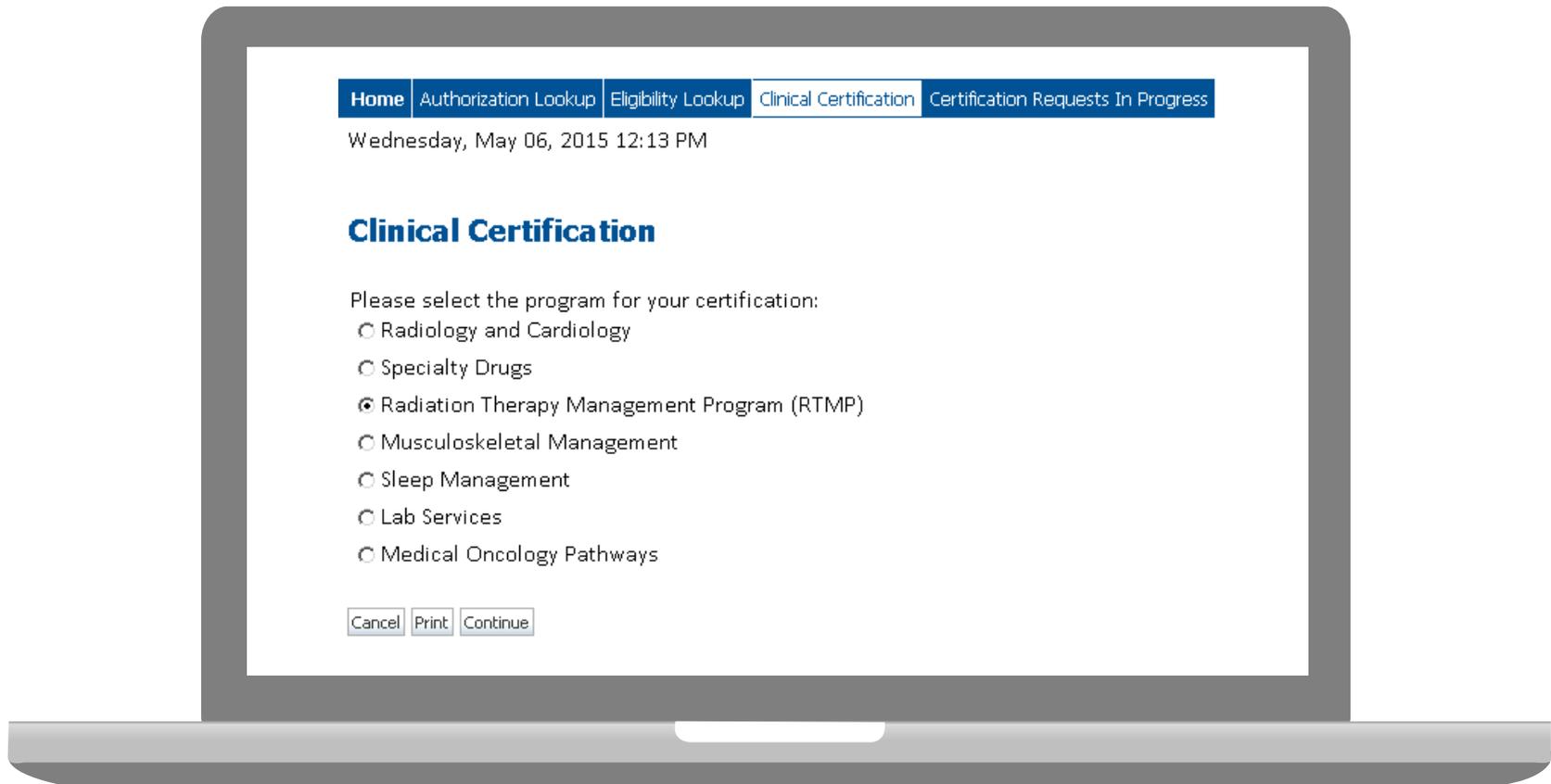
Case Initiation

Initiating A Case



- Once registered, providers are granted access to the web portal.
- After logging into your account, a welcome screen provides options. Choose **“request a clinical certification/procedure”** to begin a new case request.

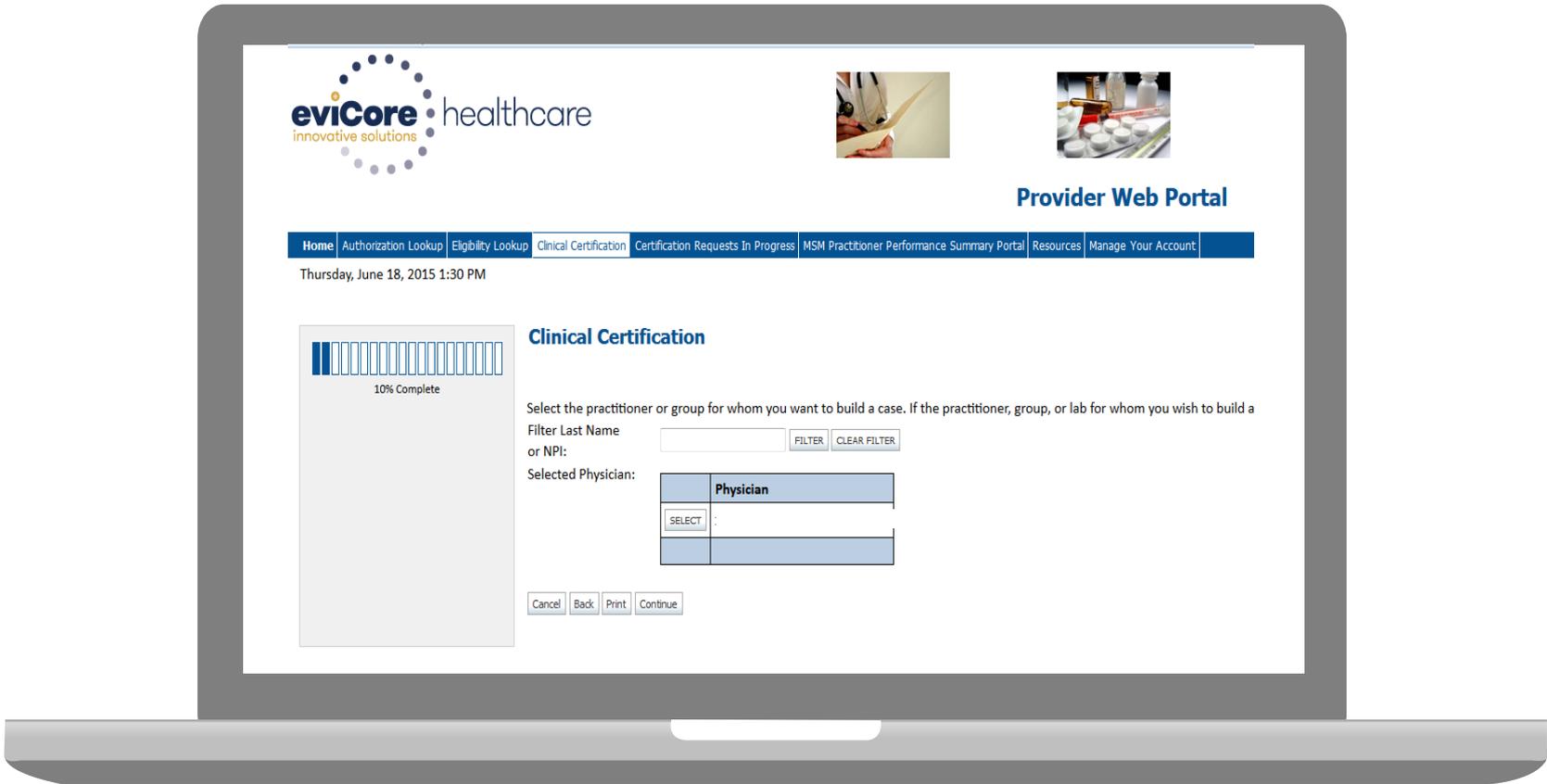
Select Program



Select the **Program** for your certification.

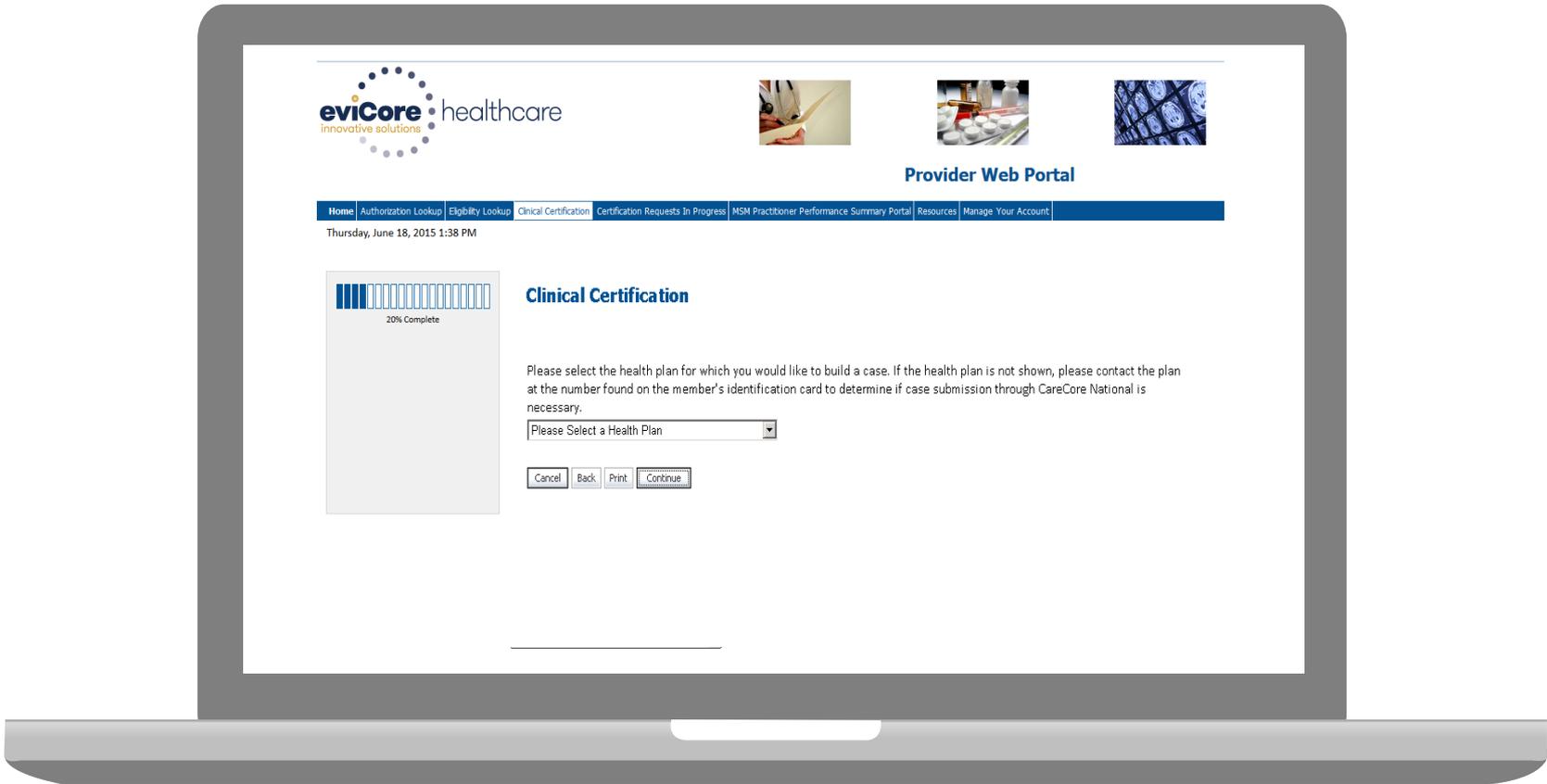


Select Provider



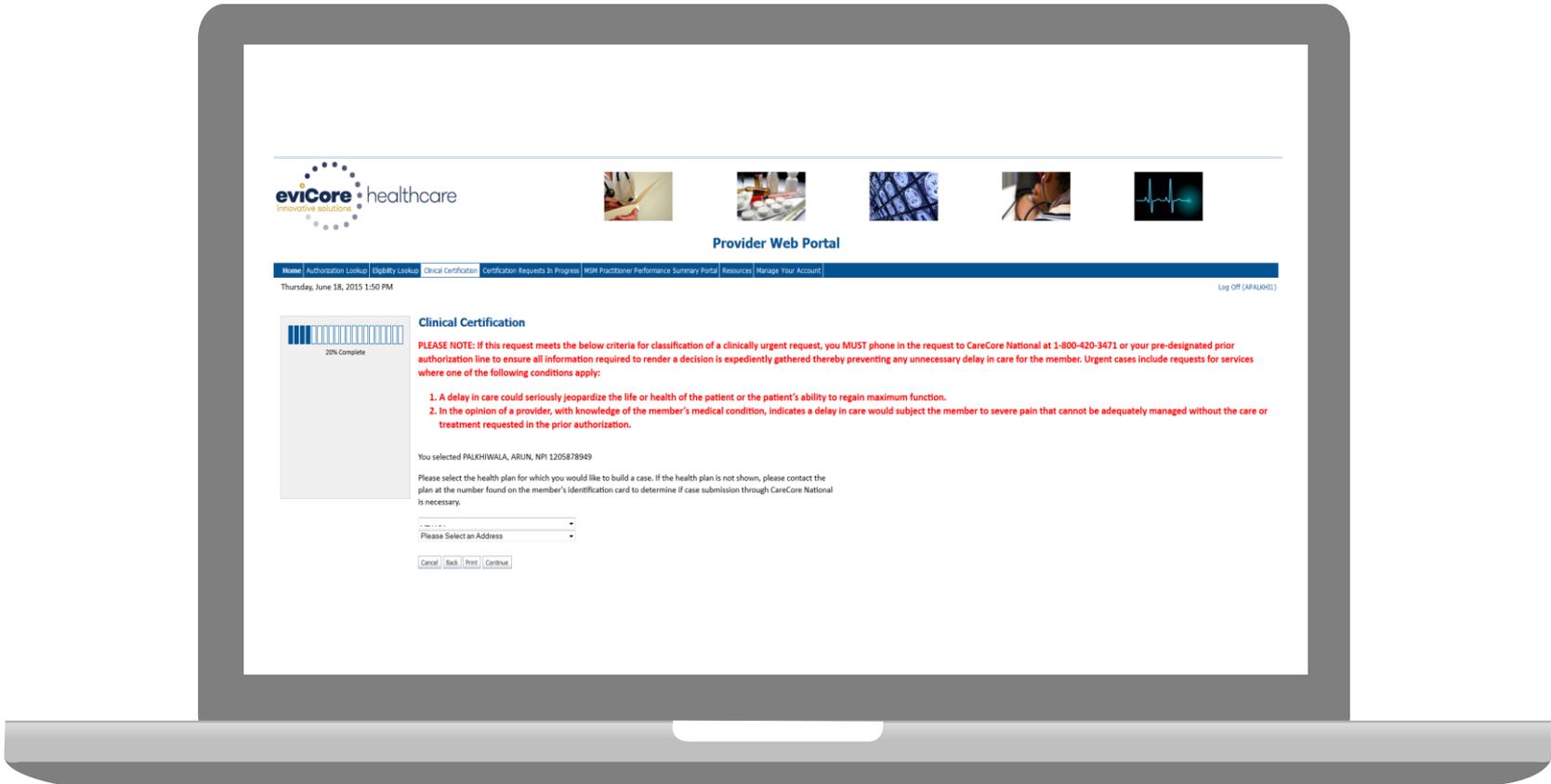
Select the **Practitioner/Group** for whom you want to build a case.

Select Health Plan



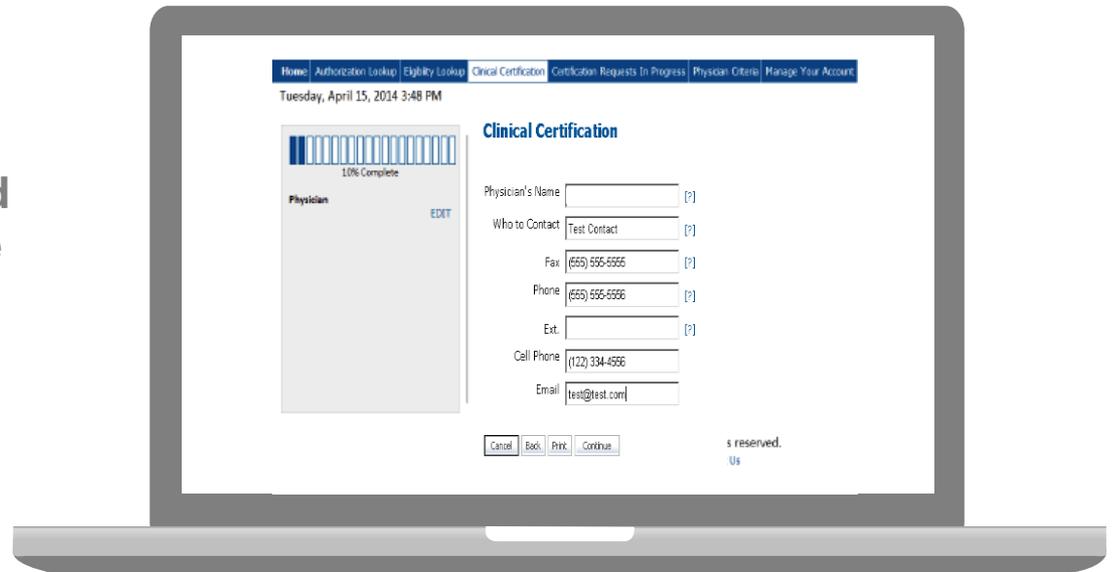
➔ Choose the appropriate **Health Plan** for the case request.

Select Address



Contact Information

Enter the **Physician's name** and appropriate information for the point of contact individual.



The screenshot shows a web application interface for 'Clinical Certification'. At the top, there is a navigation bar with links: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, Physician Profile, and Manage Your Account. Below the navigation bar, the date and time are displayed as 'Tuesday, April 15, 2014 3:48 PM'. The main content area is titled 'Clinical Certification' and contains a progress indicator showing '10% Complete' with a bar chart. Below the progress indicator is a box labeled 'Physician' with an 'EDIT' button. To the right of the 'Physician' box is a form with the following fields: 'Physician's Name' (required), 'Who to Contact' (set to 'Test Contact'), 'Fax' (655-555-5555), 'Phone' (655-555-5556), 'Ext.' (required), 'Cell Phone' (122-334-4566), and 'Email' (test@test.com). At the bottom of the form are buttons for 'Cancel', 'Back', 'Print', and 'Continue'. In the bottom right corner, there is a small copyright notice: '© 2014. All rights reserved. Us'.

Member Information

Patient Information

30% Complete

Physician
DOE, JOHN [EDIT](#)

Clinical Certification

Patient ID:

Date Of Birth: MM/DD/YYYY

Patient Last Name Only: [?]

DO NOT INCLUDE ALPHA PREFIX. ENTER NUMERIC DIGITS ONLY.



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

Clinical Details

Clinical Certification

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

Radiation Therapy Procedures

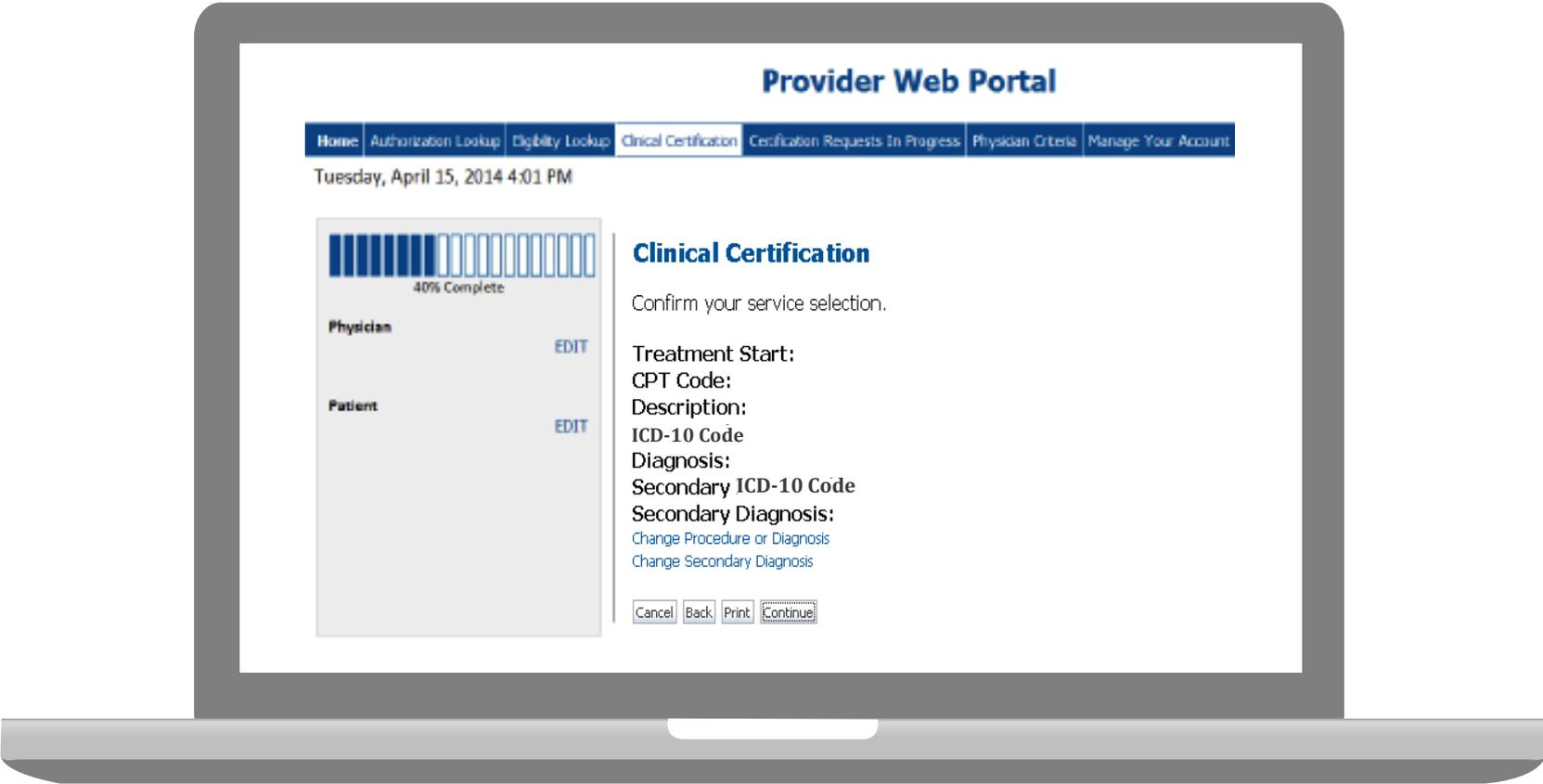
Select a Procedure by CPT Code[?] or Description[?]

Diagnosis

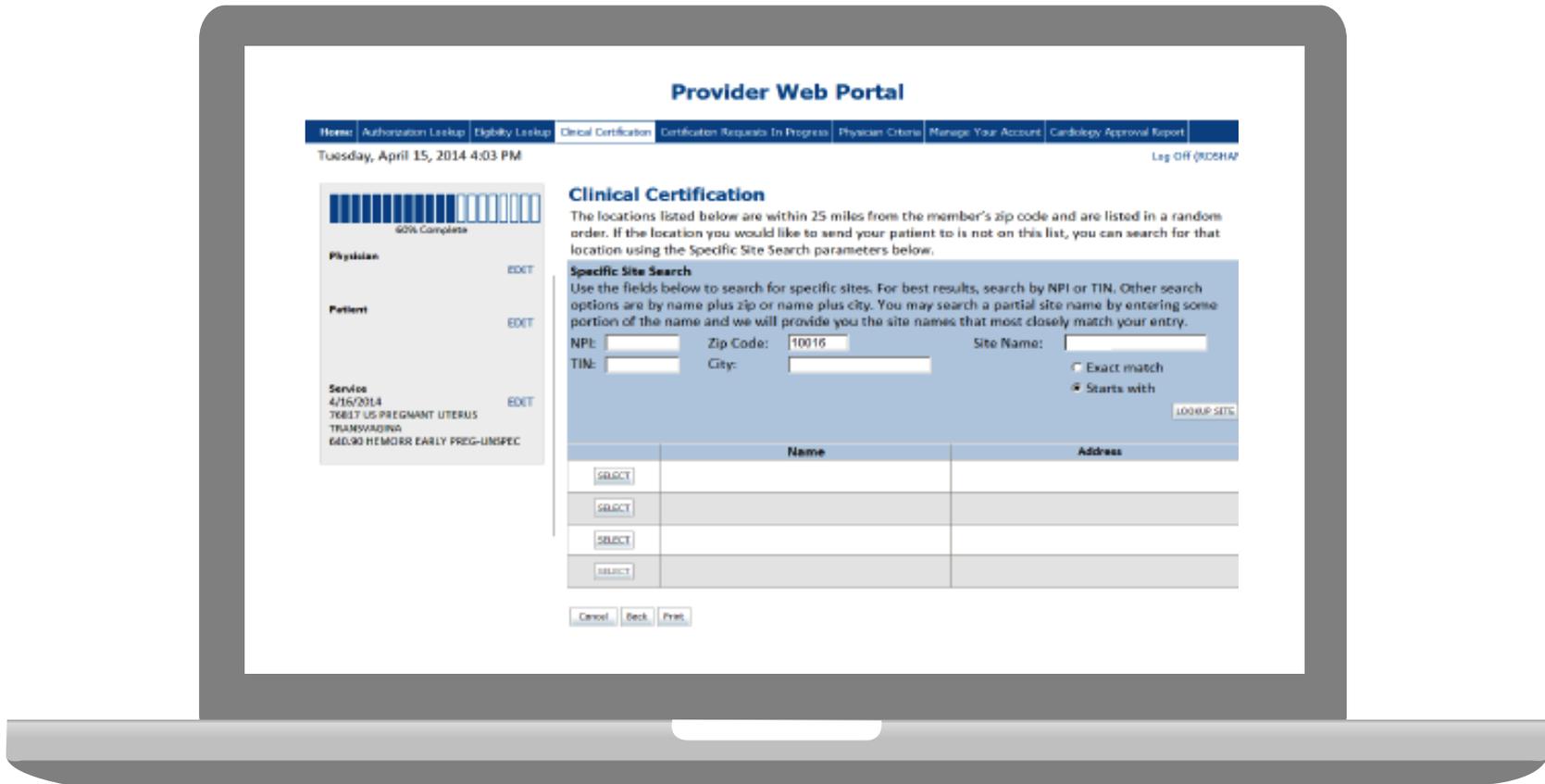
Diagnosis Code: **C50.412**
Description: **Malignant neoplasm of upper-outer quadrant of left female breast**

Select a secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Radiation Therapy

Verify Service Selection

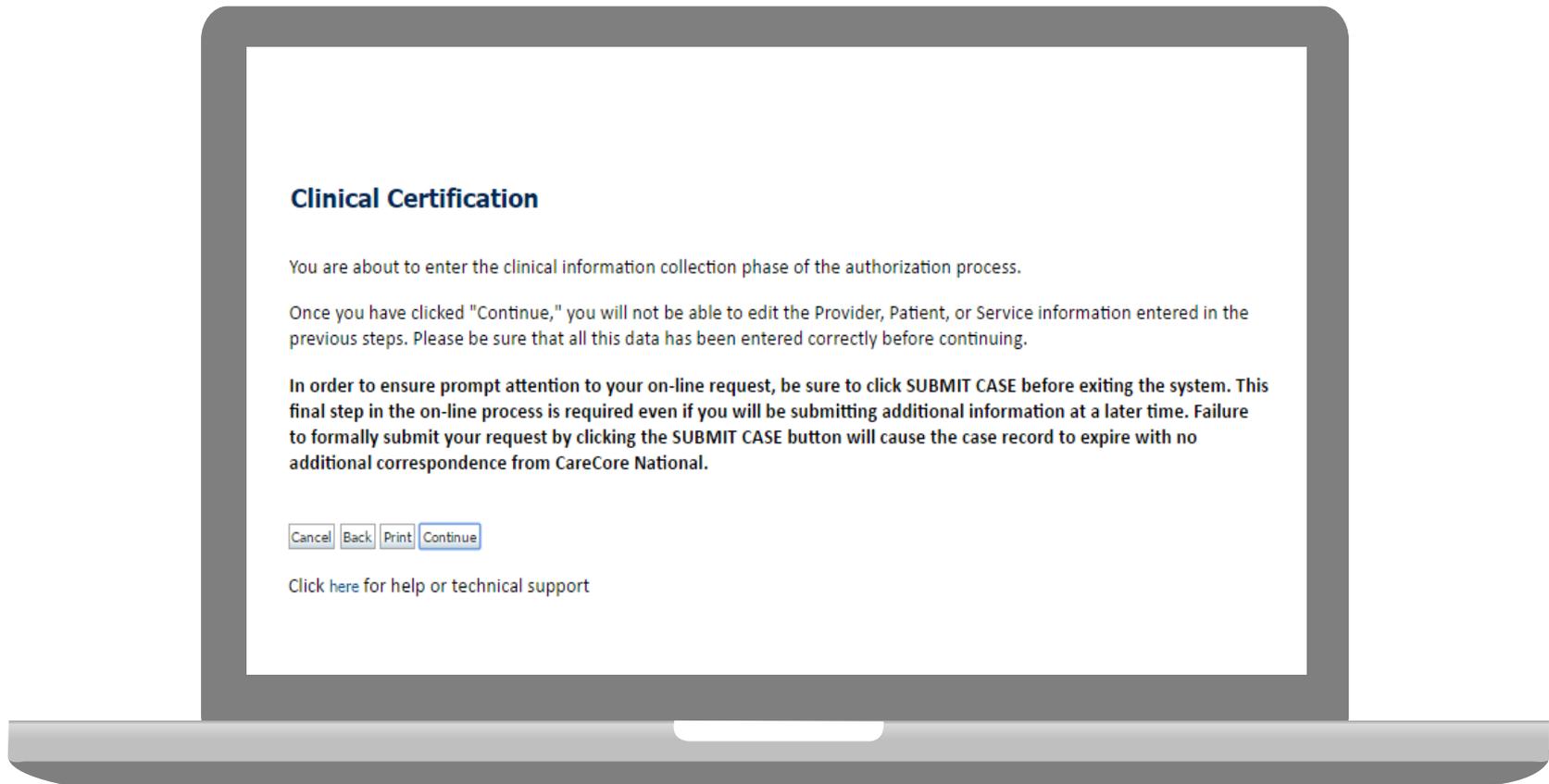


Site Selection



Select the specific site needed.

Clinical Certification



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

Clinical Certification



The screenshot shows a laptop screen displaying a 'Clinical Certification' form. The form has a title 'Clinical Certification' and a question: 'Which one of the following best describes the reason for the requested study.' Below the question is a dropdown menu with the selected option 'Suspected New Stroke with or without a Prior History of Stroke'. There is a 'SUBMIT' button below the dropdown. Further down, there is a checkbox labeled 'Finish Later'. A blue callout box next to the checkbox contains the text: 'Did you know? You can save a certification request to finish later.' At the bottom of the form, there are 'Cancel' and 'Print' buttons.



Questions will populate based upon the information provided. You can click the **“Finish Later”** button to save your progress. You have two business days to complete the case.

Medical Review

Clinical Certification

Is there any additional information specific to the member's condition you would like to provide?

- I would like to upload a document
- I would like to enter additional notes in the space provided
- I would like to upload a document and enter additional notes
- I have no additional information to provide at this time

Enter text in the space provided below or both.

Additional Information - Notes:

You may upload a document from your computer (PDF or Word less than 5MB)

Additional Upload Document:

Browse...

SUBMIT

Finish Later

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

➔ If **additional information** is required, you will have the option to either upload documentation, enter information into the text field, or contact us via phone.

Medical Review

Clinical Certification

- I acknowledge that this request IS NOT clinically urgent regardless of documentation attached or additional information/notes provided during the clinical collection section of this web case initiation process. Additionally, I acknowledge to being informed of the appropriate method for submission of clinically urgent requests. Clinical urgency is defined by the following:
1. A delay in care could seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.
 2. In the opinion of a provider, with knowledge of the member's medical condition, indicates a delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.
- I also further 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

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

Approval

Clinical Certification

Your case has been Approved.

Provider Name:
Provider Address:

Contact:
Phone
Number:
Fax Number:

Patient Name:
Insurance Carrier:

Patient Id:

Site Name:
Site Address:

Site ID:

Diagnosis/ ICD-10
Code:

Description:

Secondary
Diagnosis:

Description:

Date of Service: 6/20/2015

CPT Code: RCBREA

Description:

Authorization
Number:

Review Date: 6/18/2015 4:38:37
PM

Expiration Date: 10/16/2015

Status: Your case has been Approved.

REQUESTED

DENIED

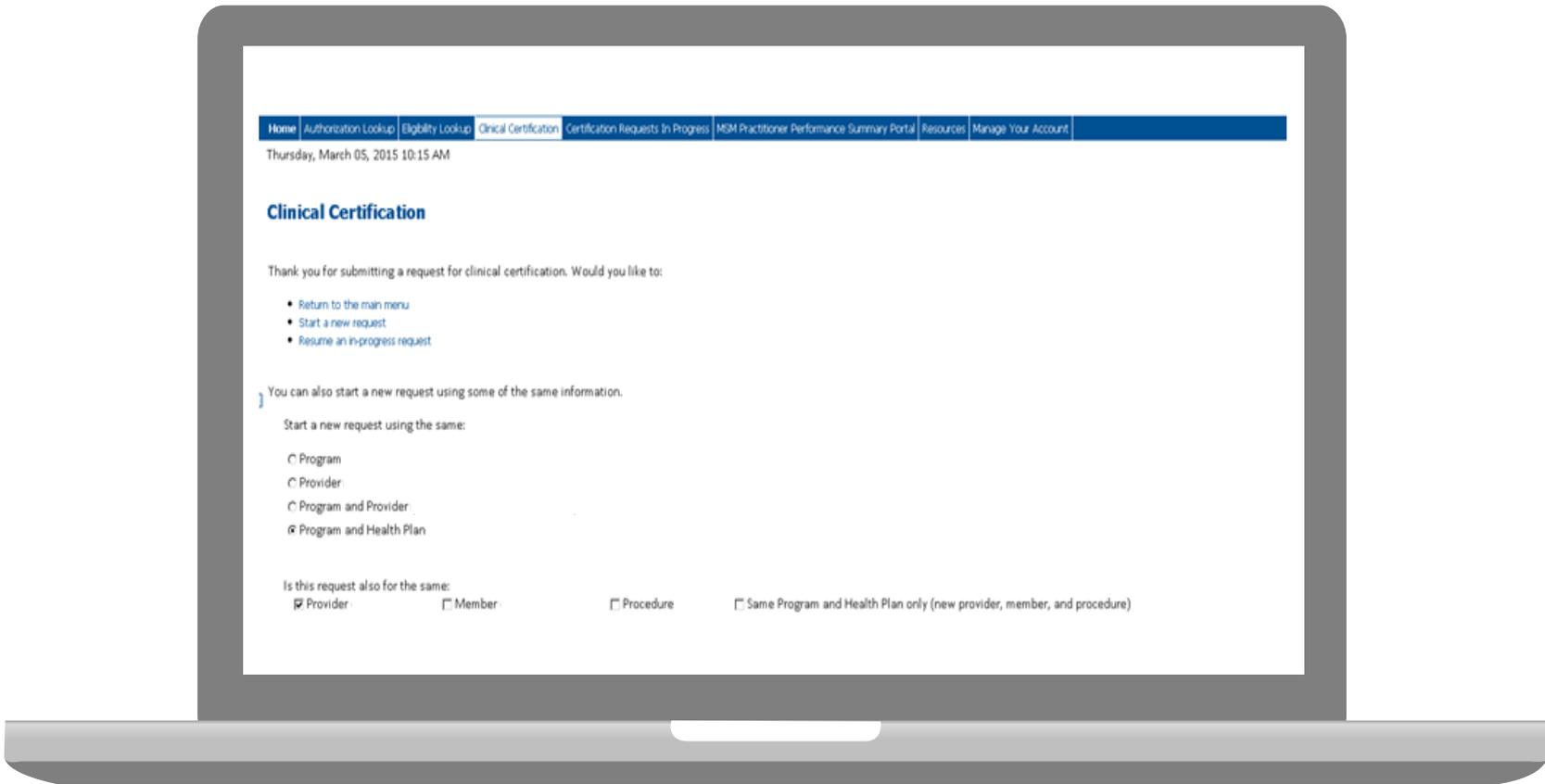
DENIAL RATIONALE

Print Continue

Once the clinical pathway questions are completed and the answers have met the clinical criteria, an **approval** will be issued.

Print the screen and store in the patient's file.

Building Additional Cases



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.

Authorization look up



Tuesday, November 22, 2016 2:30 PM

Authorization Lookup

New Security Features Implemented

Search by Member Information

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:
MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:

Search by Authorization Number/ NPI

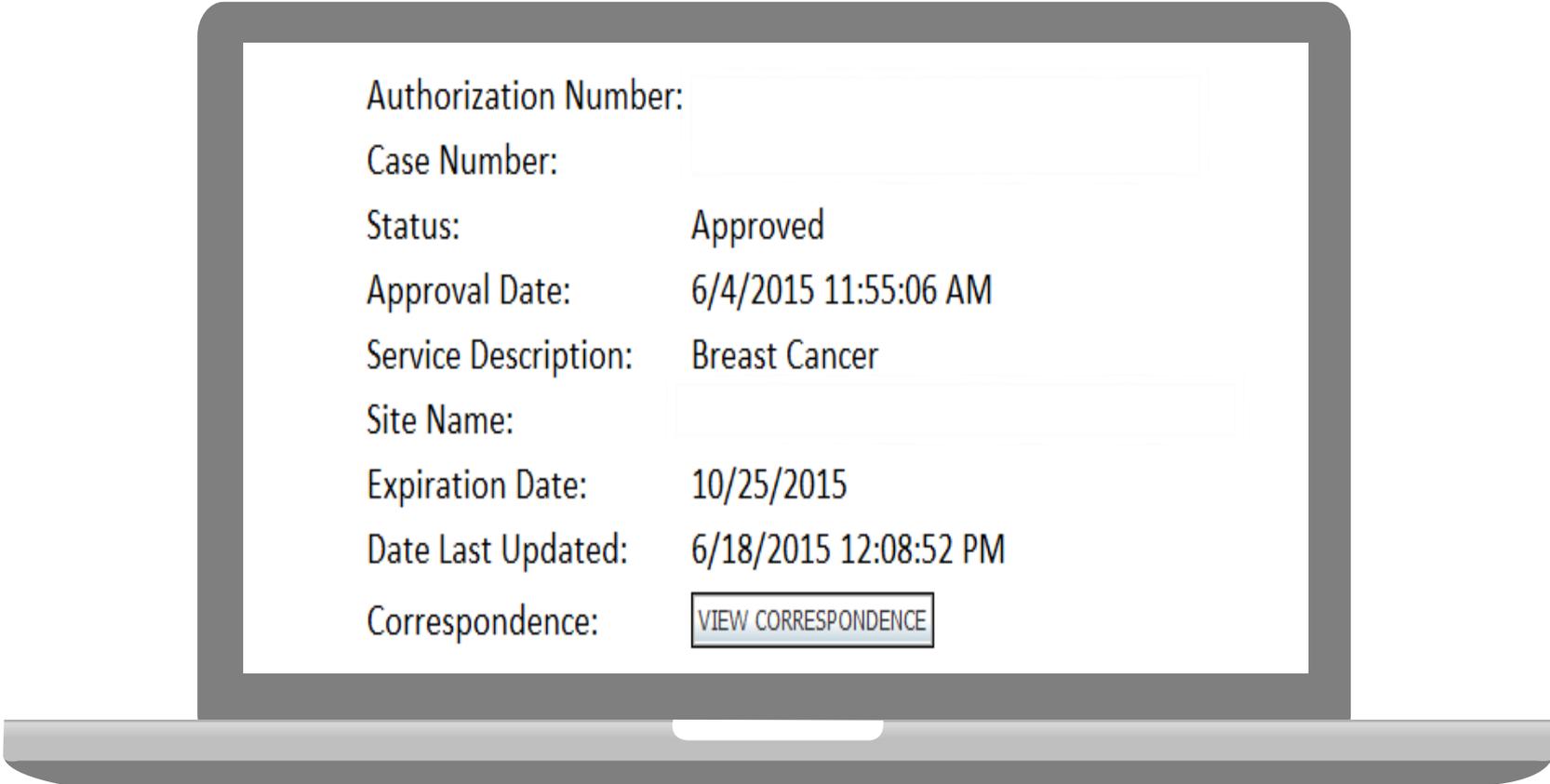
REQUIRED FIELDS

Provider NPI:

Auth/Case Number:

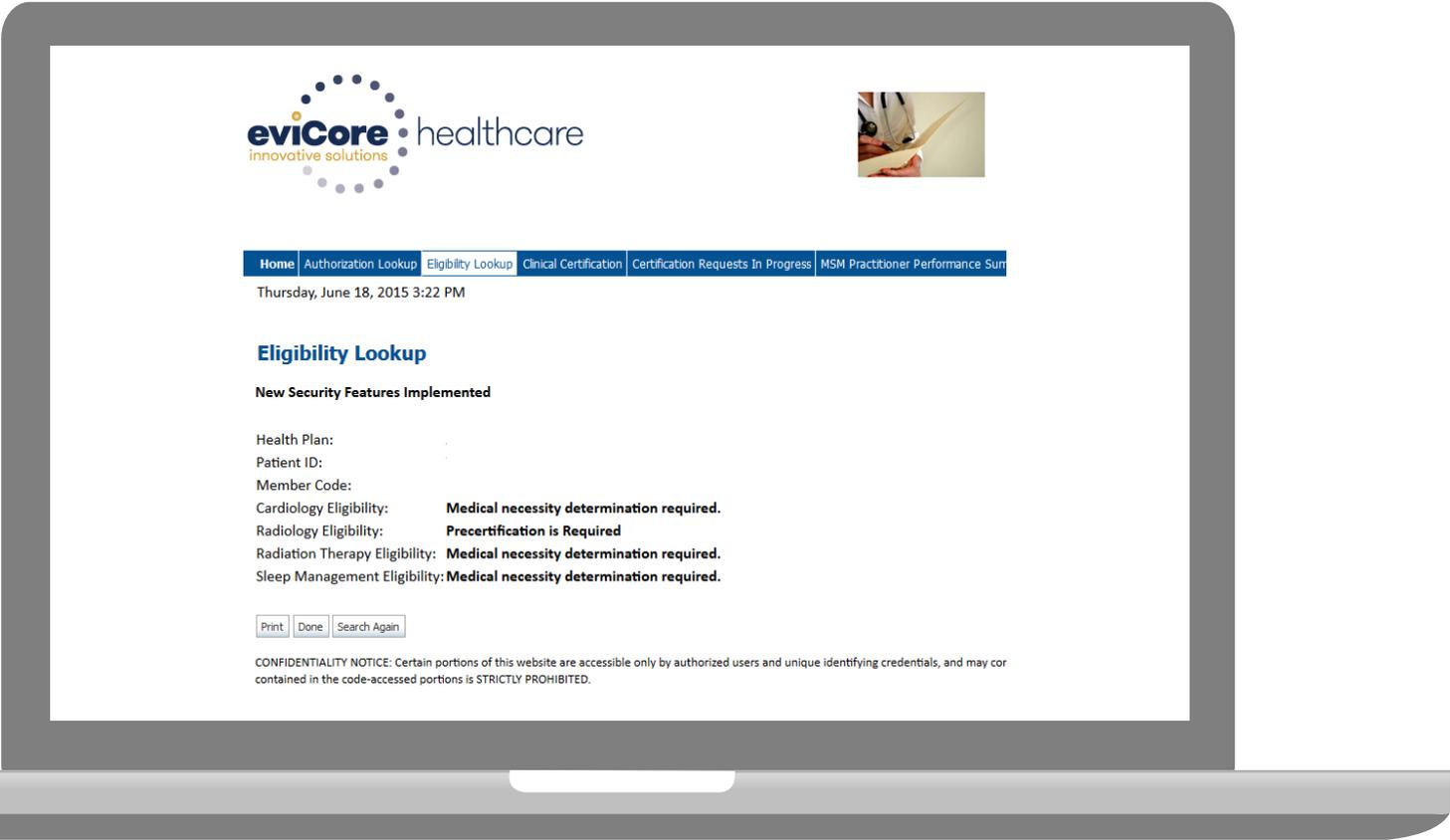
- Select Search by **Authorization Number/NPI**. Enter the provider's NPI and authorization or case number. Select **Search**.
- You can also search for an authorization by **Member Information**, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.

Authorization Status



Authorization Number: [redacted]
Case Number: [redacted]
Status: Approved
Approval Date: 6/4/2015 11:55:06 AM
Service Description: Breast Cancer
Site Name: [redacted]
Expiration Date: 10/25/2015
Date Last Updated: 6/18/2015 12:08:52 PM
Correspondence: [VIEW CORRESPONDENCE](#)

Eligibility Look Up



Provider Resources



Radiation Therapy Resources

Clinical Guidelines, Physician Worksheets, and other resources can be accessed online:

- <https://www.evicore.com/resources/pages/providers.aspx?solution=Radiation%20Therapy#ReferenceGuidelines>
- Click the **“View Physician Worksheets”** button to access specific worksheets.

eviCore healthcare

LOGIN: PROVIDERS | PLANS
Clinical Guidelines and Forms

Search

APPROACH SOLUTIONS RESOURCES MEDIA CAREERS

Overview | **Clinical Guidelines** | Quick Reference Tool | Online Forms & Resources | Solutions | Video Tutorial

Clinical Guidelines

Please select clinical guidelines by first selecting the appropriate solution. Adobe PDF Reader is required to view clinical guideline documents.

Benefits, coverage policies, and eligibility issues pertaining to each health plan may take precedence over eviCore's clinical guidelines. Select the **view more** option to access health plan-specific guidelines.

Radiation Therapy

eviCore Radiation Therapy Clinical Guidelines - Effective 9/2/2016

eviCore Radiation Therapy Coding Guidelines - Effective 1/1/2017

eviCore Radiation Therapy Clinical Documentation Requirements (Revised 7.15.16) - Effective 1/1/2016

+ View more for health plan specific radiation therapy guidelines

- View less Physician Worksheets

Adrenal Cancer - Effective 1/31/2017

Anal Canal Cancer - Effective 1/31/2017

Bile Duct Cancer - Effective 1/26/2017

Bladder Cancer - Effective 1/26/2017

Physician Worksheet

- The physician worksheet is best completed by the physician during the initial consultation with the patient.
- Inaccurate information causes authorized services to differ from those that are actually delivered and can lead to adverse determinations.
- You can access the physician worksheets online:
<https://www.evicore.com/resources/pages/providers.aspx?solution=Radiation%20Therapy#ReferenceGuidelines>



**Breast Cancer
Radiation Therapy Physician Worksheet
(As of 21 October 2016)**

This form should be used for the curative treatment of breast cancer or for the palliation of a breast cancer recurrence within the breast or chest wall. Please note that the use of a field-in-field technique is defined as 3D conformal.

Additionally, the use of daily Image Guided Radiation Therapy (IGRT) during treatment of the whole breast or chest wall is typically not medically necessary. Requests for IGRT will be considered on a case-by-case basis.

Patient name:		
What is the radiation therapy treatment start date (mm/dd/yyyy)?		___/___/___
1.	Is the treatment being directed to the primary site (breast)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If treatment is not being directed to the primary site, submit a request for the metastatic site		
2.	Does the patient have distant metastatic disease (i.e. to brain, lung, liver, bone, non-regional lymph nodes)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Are you delivering adjuvant therapy to the whole breast or chest wall using two gantry angles and 3D conformal treatment planning? <i>If no, continue to question #4. If yes, skip forward to question #10.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Where will treatment be directed? <input type="checkbox"/> Right breast <input type="checkbox"/> Left breast <input type="checkbox"/> Bilateral breast (treated concurrently)	
5.	What is the T stage (pathologic T stage if patient has had surgery)? <input type="checkbox"/> T1mi <input type="checkbox"/> T1c <input type="checkbox"/> T4a <input type="checkbox"/> T4d <input type="checkbox"/> T1a <input type="checkbox"/> T2 <input type="checkbox"/> T4b <input type="checkbox"/> Ductal Carcinoma In Situ (DCIS) <input type="checkbox"/> T1b <input type="checkbox"/> T3 <input type="checkbox"/> T4c	
6.	What is the N-stage? <input type="checkbox"/> N0 <input type="checkbox"/> N1b <input type="checkbox"/> N2b <input type="checkbox"/> N3c <input type="checkbox"/> N1mi <input type="checkbox"/> N1c <input type="checkbox"/> N3a <input type="checkbox"/> N1a <input type="checkbox"/> N2a <input type="checkbox"/> N3b	
7.	What treatment plan to be used for the initial phase? <input type="checkbox"/> Whole breast radiotherapy <input type="checkbox"/> Post-mastectomy radiotherapy <input type="checkbox"/> Partial breast radiotherapy once a day <input type="checkbox"/> Partial breast radiotherapy twice a day <input type="checkbox"/> Palliation of local recurrence within the breast or chest wall	

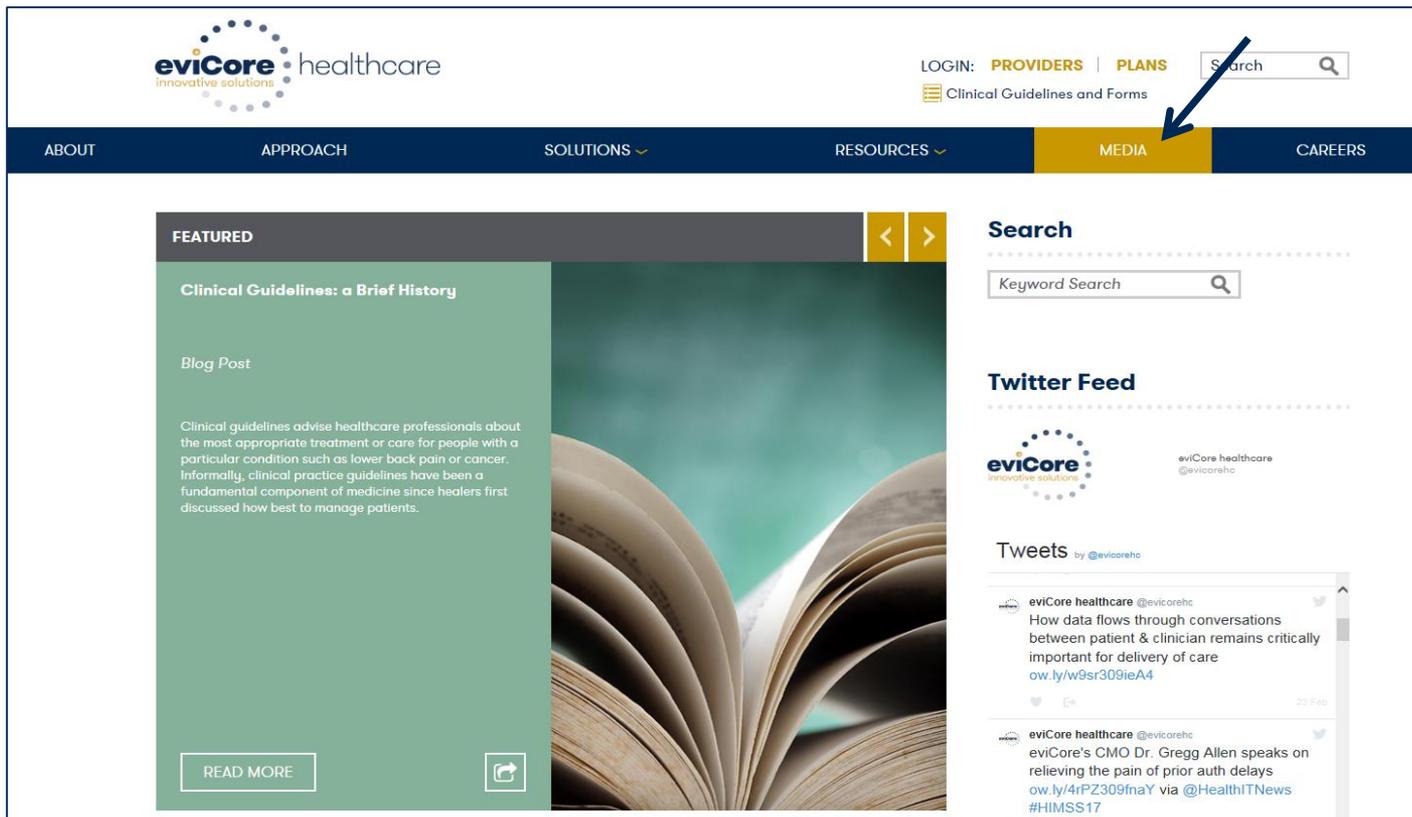
Continued on next page

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Bluffton, SC 29910

evicore.com

eviCore Provider Blog Series

- The eviCore blog series focuses on making processes more efficient and easier to understand by providing helpful tips on how to navigate prior authorizations, avoid peer-to-peer phone calls, and utilize our clinical guidelines.
- You can access the blog publications from the **Media** tab or via the direct link at <https://www.evicore.com/pages/media.aspx>.



The screenshot displays the eviCore healthcare website interface. At the top left is the eviCore logo with the tagline 'innovative solutions' and 'healthcare'. To the right, there are links for 'LOGIN: PROVIDERS | PLANS' and a search bar. Below the login links is a menu icon and the text 'Clinical Guidelines and Forms'. The main navigation bar includes 'ABOUT', 'APPROACH', 'SOLUTIONS', 'RESOURCES', 'MEDIA' (highlighted in yellow), and 'CAREERS'. A blue arrow points to the 'MEDIA' tab. The main content area features a 'FEATURED' section with a green background and a large image of an open book. The featured article is titled 'Clinical Guidelines: a Brief History' and is labeled as a 'Blog Post'. The text describes how clinical guidelines advise healthcare professionals on the most appropriate treatment or care for specific conditions. A 'READ MORE' button and a share icon are visible at the bottom of the featured article. To the right of the featured article is a 'Search' section with a 'Keyword Search' input field. Below the search section is a 'Twitter Feed' section showing tweets from @evicarehc. The first tweet discusses data flow in patient-clinician conversations, and the second tweet mentions Dr. Gregg Allen speaking on relieving prior authorization delays.

Web Portal Services-Assistance

Email portal.support@evicore.com

Call a Web Support Specialist at
(800) 646-0418 (Option 2)

Connect with us via Live Chat

Web Portal Services-Available 24/7

Provider Resources: Pre-Certification Call Center



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

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

- Obtain pre-certification or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case

Provider Resources: Client Provider Operations



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

clientservices@evicore.com

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

Provider Resources: Implementation Document



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

Provider Enrollment Questions

Contact your Provider Network Consultant for more information

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

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

- Provider Orientation Presentation
- CPT code list of the procedures that require prior authorization
- Quick Reference Guide
- eviCore clinical guidelines
- FAQ documents and announcement letters

You can obtain a copy of this presentation on the implementation site listed above. If you are unable to locate a copy of the presentation, please contact the Client Provider Operations team at ClientServices@evicore.com.

Thank You!

