

# Radiation Therapy Presentation

Provider Orientation Sessions for Aetna



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# Company Overview

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**100M  
Members  
Managed**

# 9 Comprehensive Solutions



The industry's most **comprehensive clinical evidence-based guidelines**



4.9k+ employees including **1k clinicians**

Engaging with 570k+ providers



Advanced, innovative, and intelligent technology

## Headquartered in Bluffton, SC Offices across the US including:

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



**Quality Improvement Organizations**  
Sharing Knowledge. Improving Health Care.  
CENTERS FOR MEDICARE & MEDICAID SERVICES

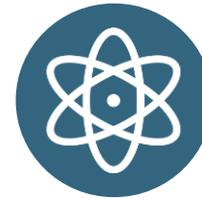


# Radiation Therapy Solution - Our Experience

**20+ Regional**  
and National Clients

**300k+**  
Cases built per day

**9 Years**  
Managing Radiation Therapy Services



## Members Managed

- 19.7M Commercial Memberships
- 5.3M Medicare Memberships
- 4M Medicaid Memberships



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# Our Clinical Approach

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# Clinical Staffing

## Multi-Specialty Expertise

Dedicated nursing and physician specialty teams for various solutions

>300  
Medical  
Directors

Covering  
51  
different  
specialties

800  
Nurses with  
diverse  
specialties /  
experience

- **Anesthesiology**
- **Cardiology**
- **Chiropractic**
- **Emergency Medicine**
- **Family Medicine**
  - Family Medicine / OMT
  - Public Health & General Preventative Medicine
- **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**

## Competency-Based Routing

- Allows clinically complex cases to automatically route to a specific queue, based on clinical specialty for review
- Ensures greater accuracy of decision-making across the many clinical disciplines

# Evidence-Based Guidelines

The foundation of our radiation therapy solution:



At least annually updated guidelines



Experts associated with academic institutions



Current clinical literature

## Aligned with National Societies

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

## Advisory Board Members

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

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# Our Service Model

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# Enabling Better Outcomes

## Enhancing outcomes through Client and Provider engagement



### Client & Provider Operations

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



### Client Experience Manager

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.

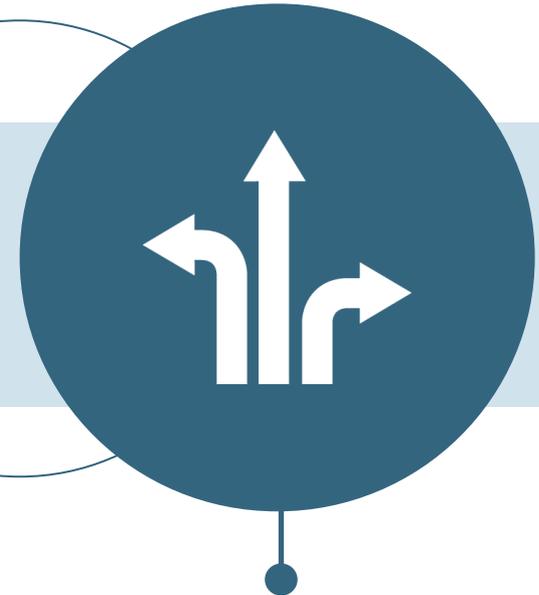
# Why Our Service Delivery Model Works



**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.

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# Radiation Therapy Prior Authorization for Aetna

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# Program Overview

**Prior Authorization requests will be required for dates of services rendered on July 1, 2019 and beyond.**

**eviCore 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.**

# Applicable Membership

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Authorization is required for Aetna members receiving these services in the outpatient setting:

- Medicare Advantage
- Insured HMO
- Insured PPO



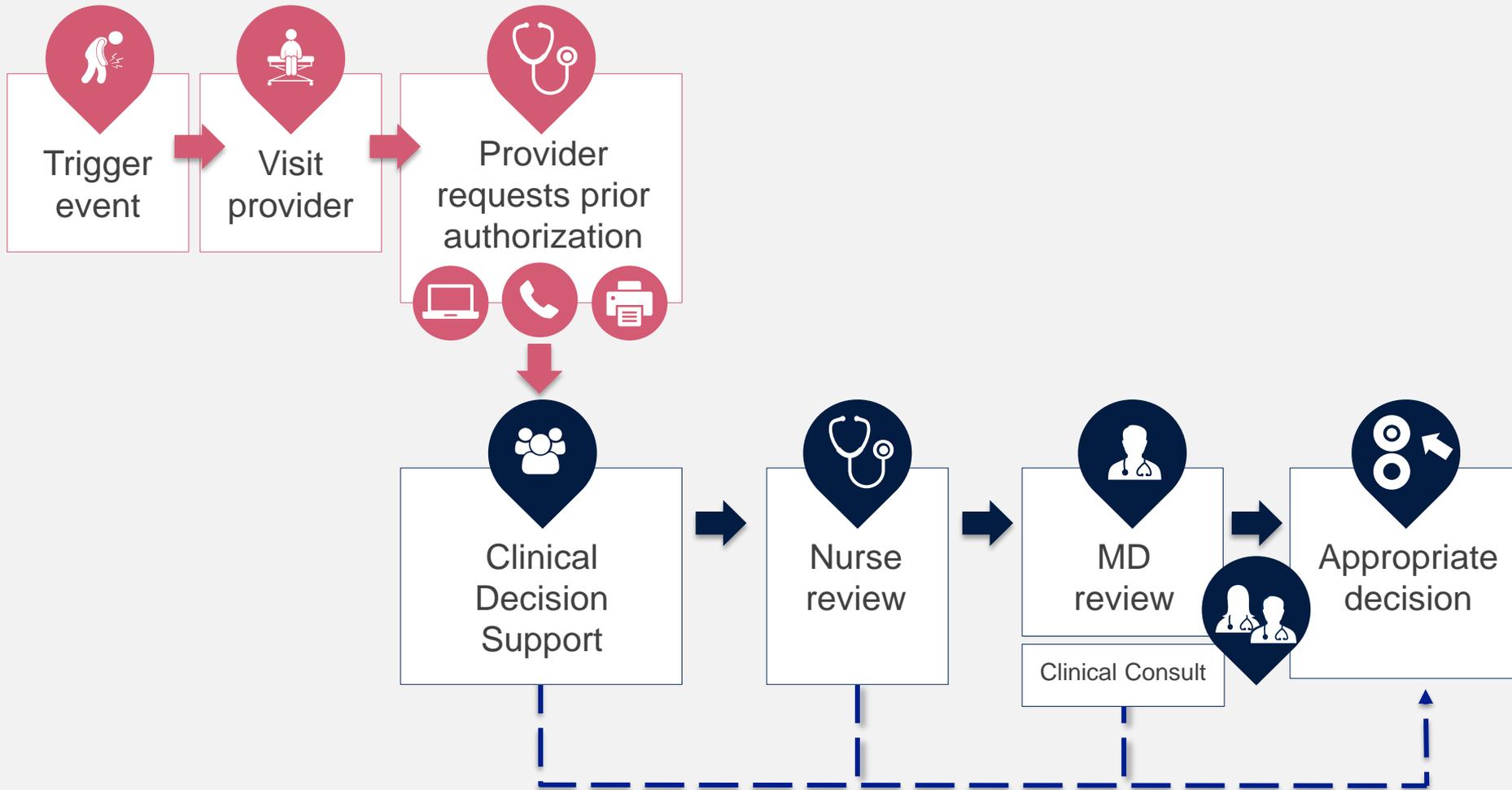
**Prior Authorization is required for all Radiation Therapy treatment techniques, included but not limited to the following:**

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

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

<https://www.evicore.com/implementation/healthplan/aetna>

# Prior Authorization Process



# When Request is Determined as Inappropriate



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



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

# Needed Information



## If clinical information is needed, please be able to supply:

- Prior tests, lab work, and/or imaging studies performed related to this diagnosis
- The notes from the patient's last visit related to the diagnosis
- Type and duration of treatment performed to date for the diagnosis

# Prior Authorization Outcomes

## ➤ Authorization Requests

- All requests are processed within 2 business days after receipt of all necessary clinical information for commercial members and 14 calendar days for Medicare members.
- 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 Method

- Faxed to ordering provider and rendering facility
- Mailed to the member
- 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 Method

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

# Prior Authorization Outcomes - Commercial

## Clinical Consultations

- If a request is denied and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians. In certain instances, additional information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.
- **Clinical Consultations** can be scheduled at a time convenient to your physician by visiting [www.evicore.com/pages/requestaconsultation.aspx](http://www.evicore.com/pages/requestaconsultation.aspx).

## Reconsiderations

- Additional clinical information can be provided without the need for a physician to participate.
- Must be requested before an appeal
- Commercial members only

## Prior Authorization Outcomes – Medicare Advantage

### 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.

# Special Circumstances

## Appeals

- eviCore will not process appeals.
- Appeal rights and process will be included in the denial letter.
- Please contact the healthplan with any questions.

## Retrospective Reviews

- eviCore healthcare will conduct retrospective reviews if requested within 14 days following the date of service.
- Retros are reviewed for clinical urgency and medical necessity. Turnaround time on retro requests is 30 calendar days.

## Outpatient Urgent Studies

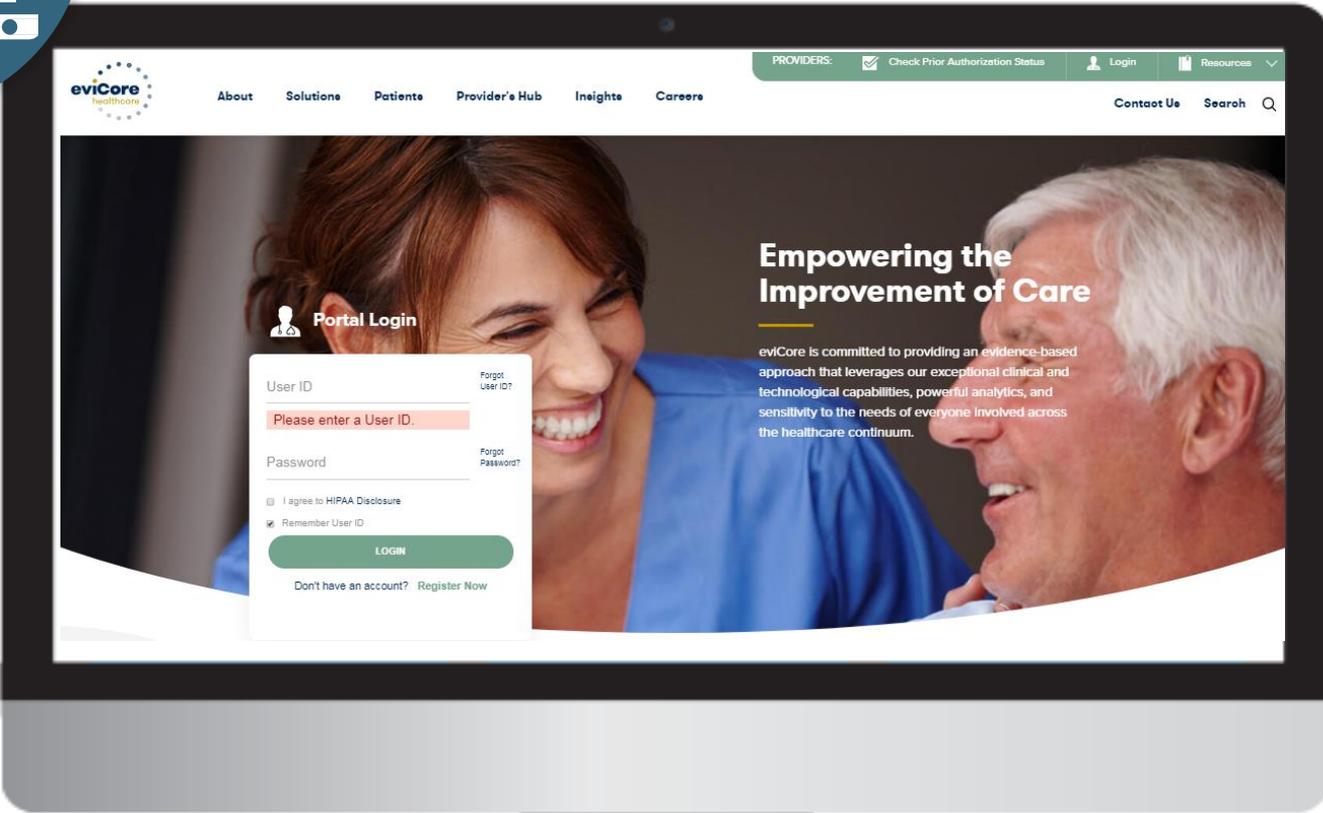
- Contact eviCore by phone to request an expedited prior authorization review and provide clinical information.
- Urgent Cases will be reviewed with **48 hours** of the request unless otherwise required by the state.

# Patients Already in Treatment

For treatments already underway, please register the patient with eviCore in advance via phone, or by building a case on the portal no earlier than June 28<sup>th</sup> so the claim will process appropriately. Use the web portal [www.evicore.com](http://www.evicore.com) and enter the current date when the date of service is being requested. Complete the clinical questions as needed and note the authorization number if one is generated. If additional information is being requested please add “Patient is already in treatment” in the “**additional notes**” section. Any additional information you can provide regarding the treatment would be helpful.



The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status and is available 24/7. By visiting [www.eviCore.com](http://www.eviCore.com) providers can spend their time where it matters most — with their patients!



Or by phone:  
**Phone Number:**  
(888) 622-7329  
8am-9pm EST  
(Monday – Friday)

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# Web Portal Services

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# Portal Compatibility

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

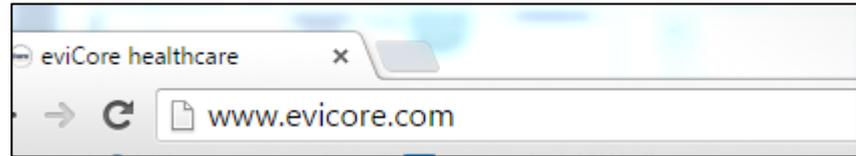
- Google Chrome
- Mozilla Firefox
- Internet Explorer 9, 10, and 11

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

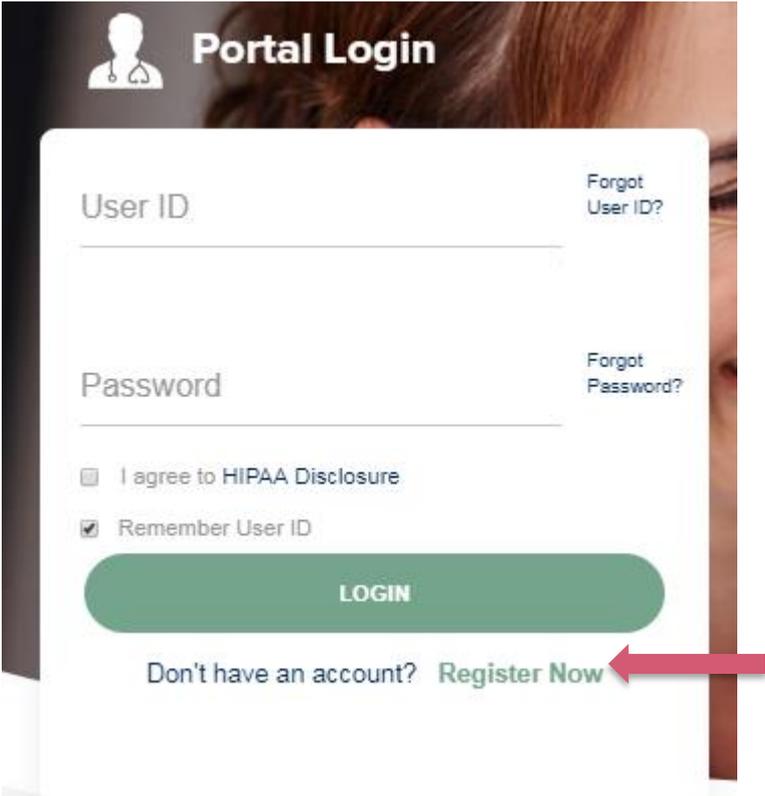
- Point web browser to evicore.com



- Login or Register

A screenshot of the 'Portal Login' form on the eviCore healthcare website. The form is titled 'Portal Login' and features a doctor icon. It contains two input fields: 'User ID' and 'Password'. To the right of the 'User ID' field is a link 'Forgot User ID?'. To the right of the 'Password' field is a link 'Forgot Password?'. Below the input fields are two checkboxes: 'I agree to HIPAA Disclosure' (unchecked) and 'Remember User ID' (checked). A large green button labeled 'LOGIN' is positioned below the checkboxes. At the bottom of the form, there is a link 'Don't have an account? Register Now'.

# Creating An Account



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\*:  

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"/>	Phone*:	<input type="text"/>
Email*:	<input type="text"/>		<input type="text"/>	Ext:	<input type="text"/>
Confirm Email*:	<input type="text"/>	City*:	<input type="text"/>	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	State*:	<input type="text" value="Select"/> ▼	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**

<b>UserName:</b>	MYG123	<b>Address:</b>	730 Cool Springs	<b>Phone:</b>	800-575-4517
<b>Email:</b>	tesaccount@gmail.com	<b>City:</b>	Franklin	<b>Ext:</b>	
<b>Account Type:</b>	Physician	<b>State:</b>	TN	<b>Zip:</b>	37067
<b>First Name:</b>	Test	<b>Office Name:</b>	Test Office	<b>Fax:</b>	615-468-4408
<b>Last Name:</b>	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 First Name: TEST      Physician Last Name: Yoder  
State: TN      Tax ID: [Redacted]

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 acceptance of this Agreement by eviCore's web-based applications is subject to the terms and conditions of the Agreement.

Accept Terms and Conditions

Submit Cancel



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

# User Registration-Continued

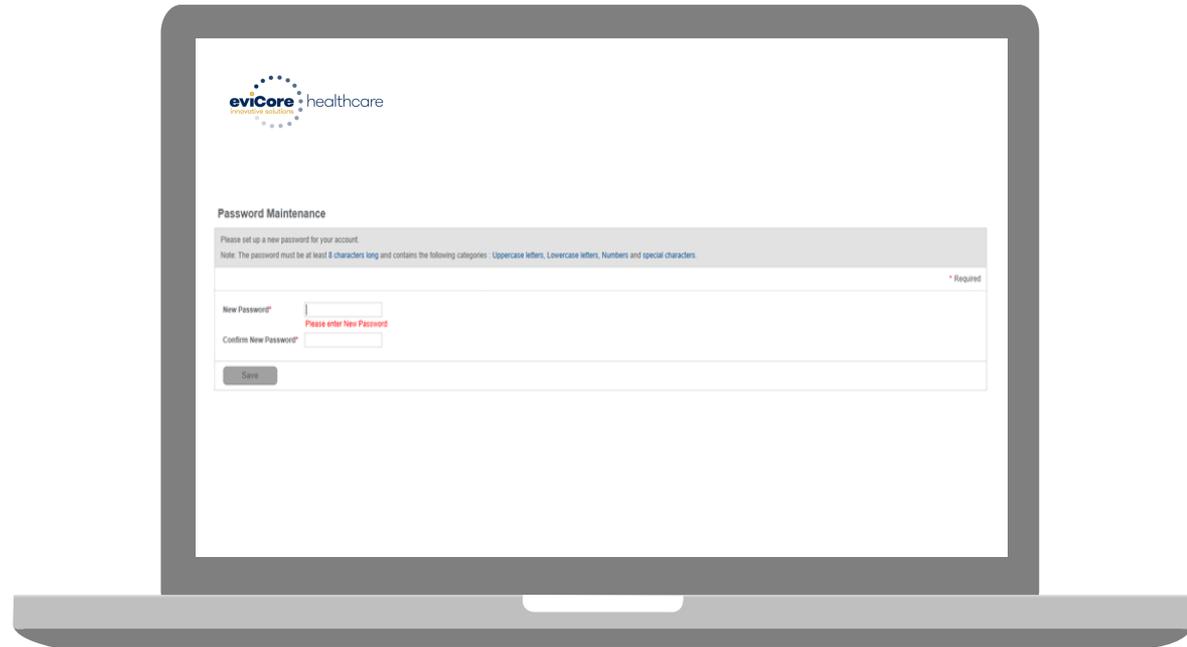


You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

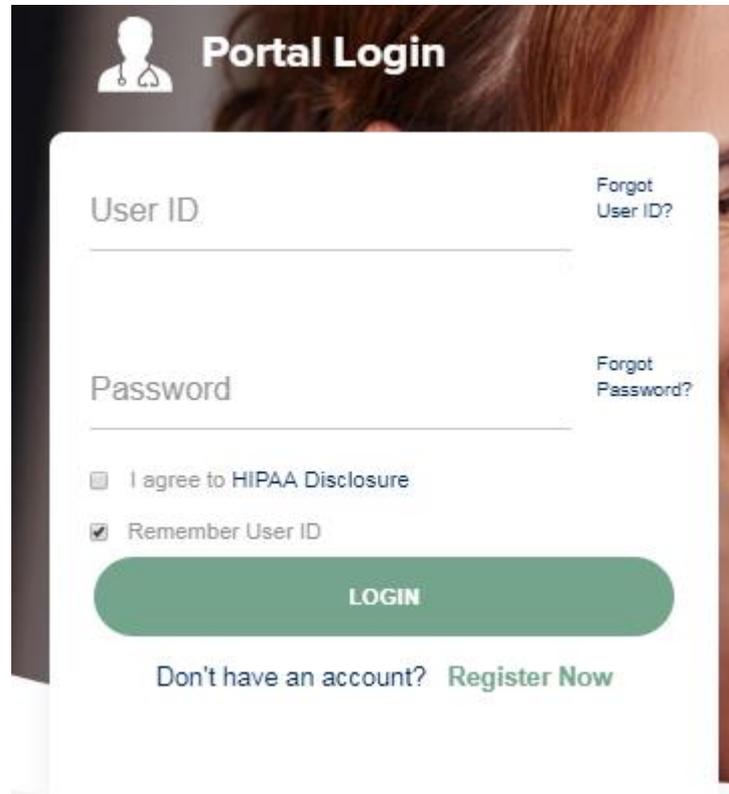
# Create a Password

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

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



# Account Log-In



The image shows a 'Portal Login' form. At the top left is a white icon of a person with a stethoscope. To its right is the text 'Portal Login'. Below this is a white rounded rectangle containing the form fields. The first field is labeled 'User ID' and has a 'Forgot User ID?' link to its right. The second field is labeled 'Password' and has a 'Forgot Password?' link to its right. Below the password field are two checkboxes: the first is 'I agree to HIPAA Disclosure' (unchecked), and the second is 'Remember User ID' (checked). At the bottom of the form is a green rounded button with the text 'LOGIN'. Below the button is the text 'Don't have an account? Register Now'.



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

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# Account Overview

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# Welcome Screen

eviCore healthcare  
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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.](#)

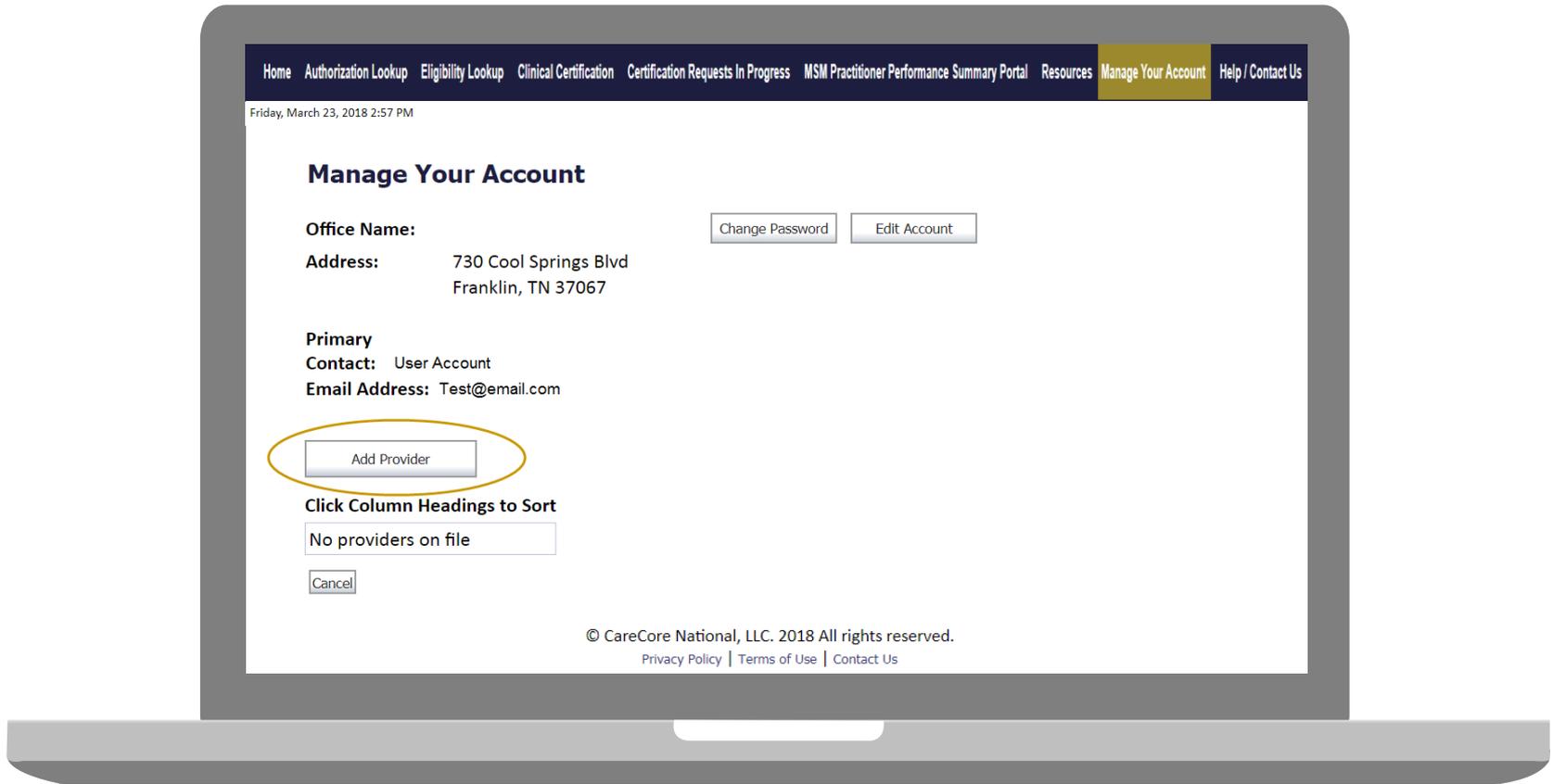
[Look up an existing authorization >>](#)

[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.

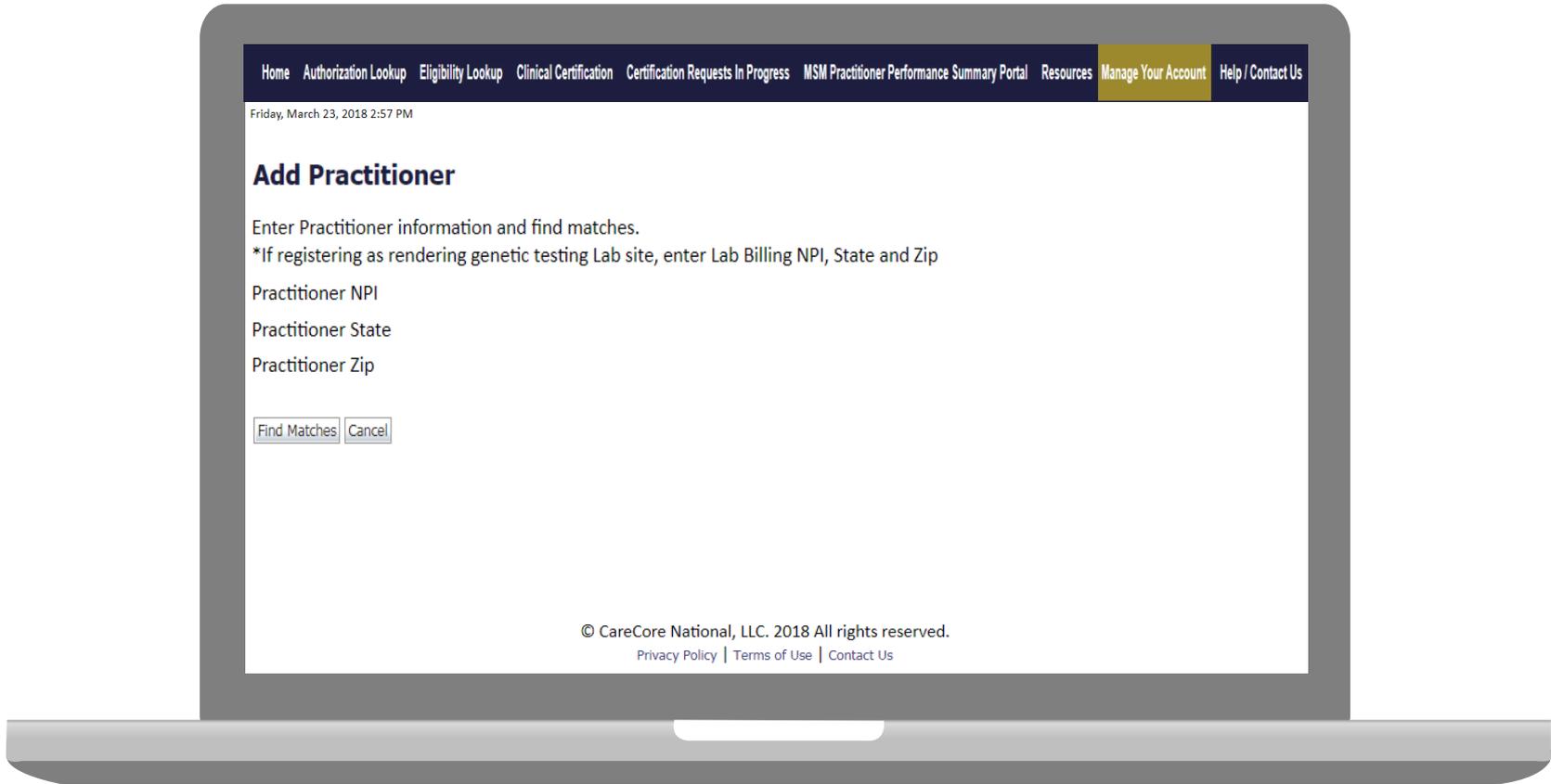
***Note:*** You can access the MedSolutions Portal at any time if you are registered. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals without having to log-in multiple accounts.

# Add Practitioners



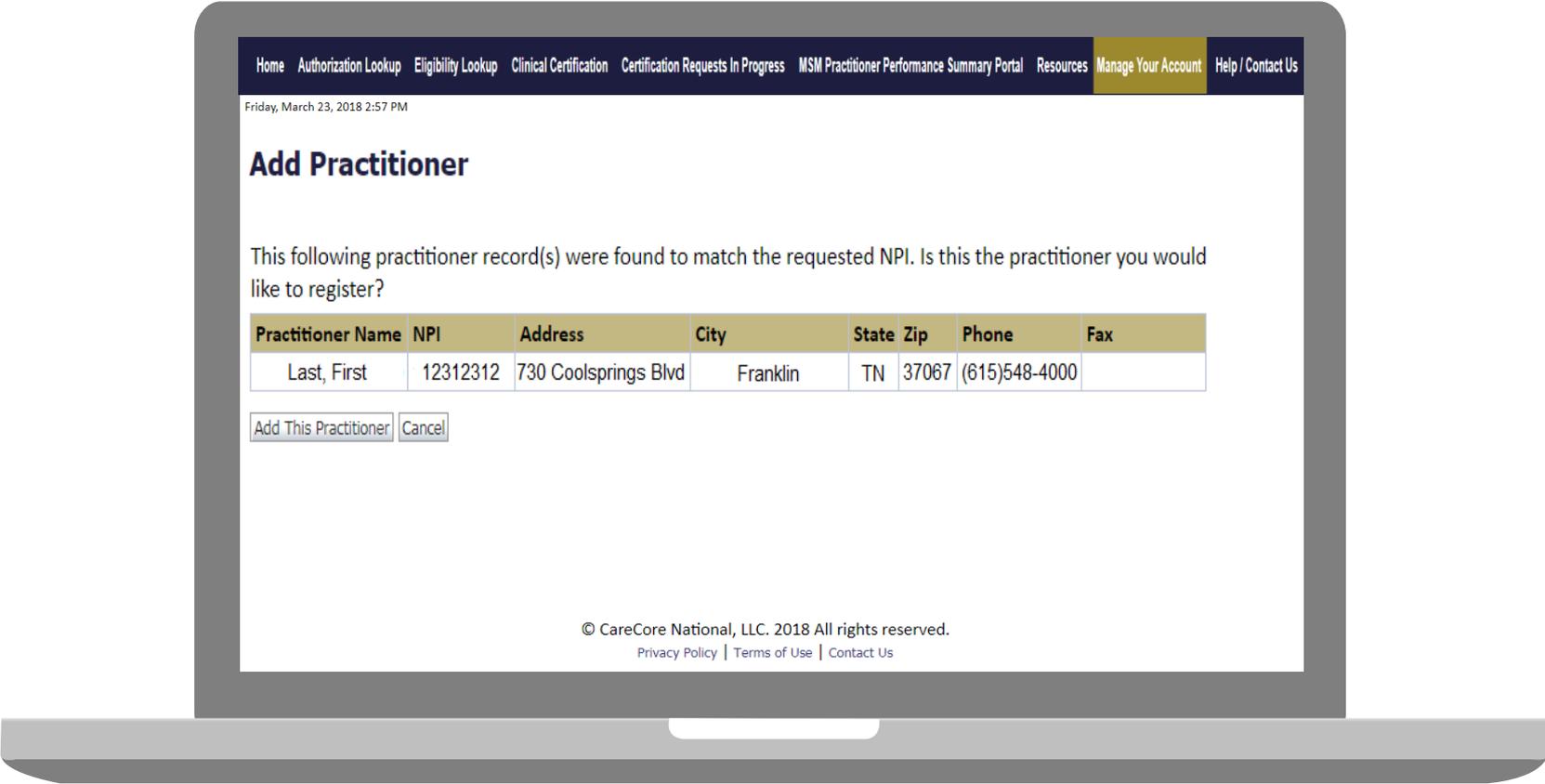
Click the “Add Provider” button.

# Add Practitioners

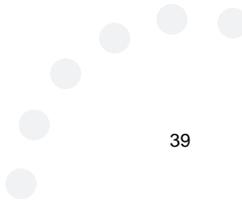


Enter the **Provider's NPI**, **State**, and **Zip Code** to search for the provider record to add to your account. You are able to add multiple Providers to your account.

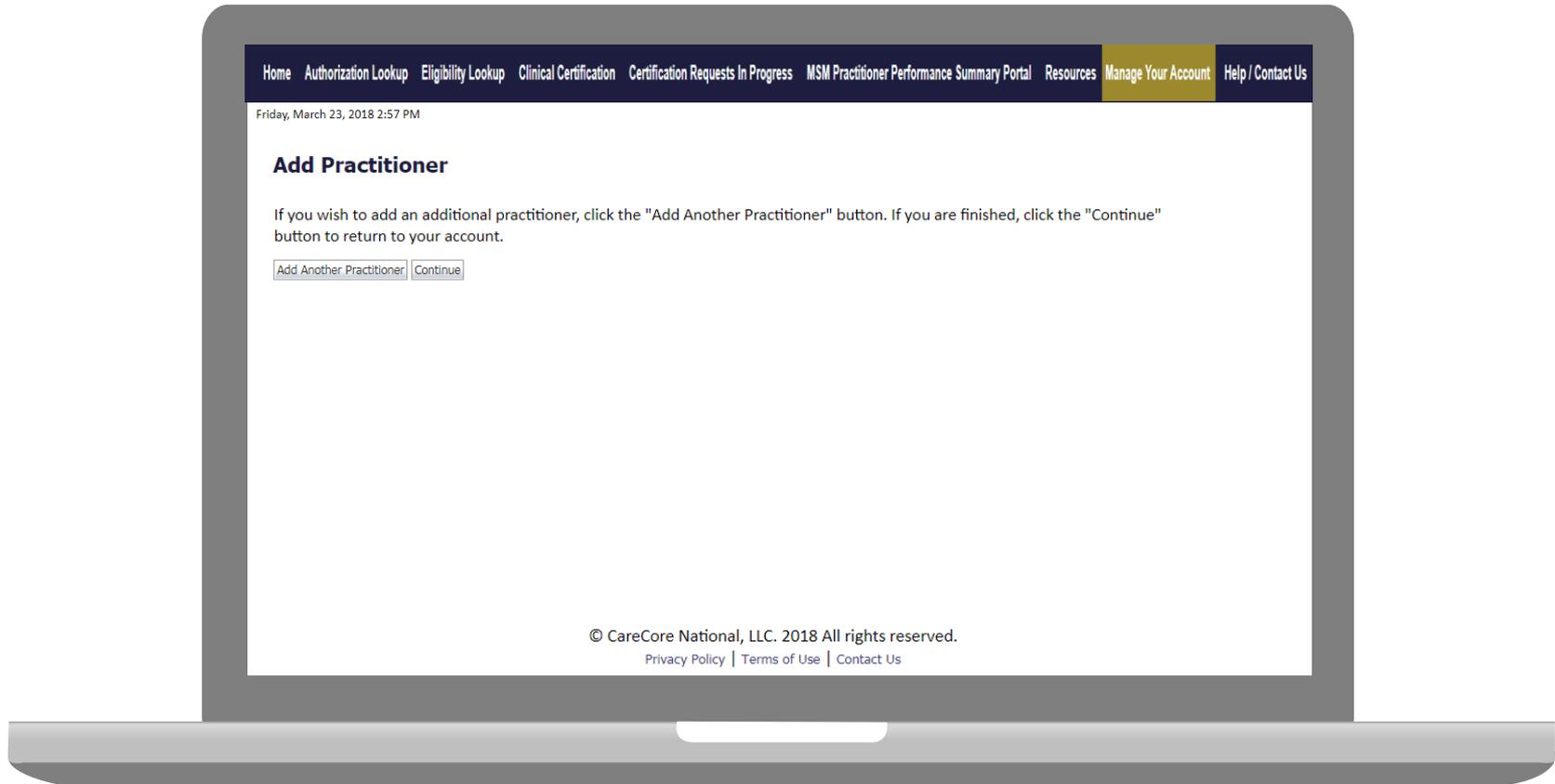
# Adding Practitioners



Select the matching record based upon your search criteria



# Manage Your Account



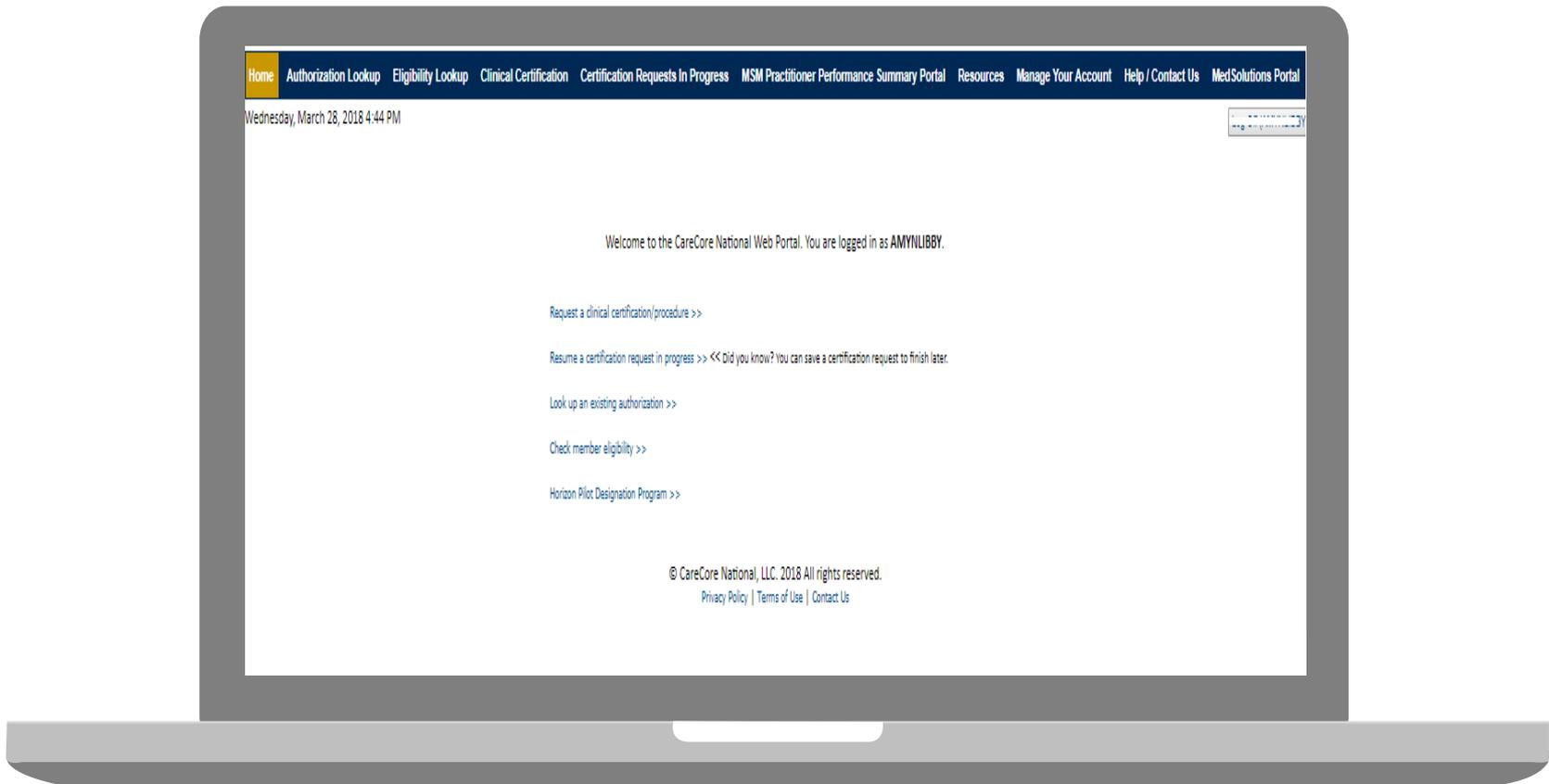
- Once you have selected a practitioner, your registration will be completed. You can then access the **“Manage Your Account”** tab to make any necessary updates or changes.
- You can also click **“Add Another Practitioner”** to add another provider to your account.

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# Case Initiation

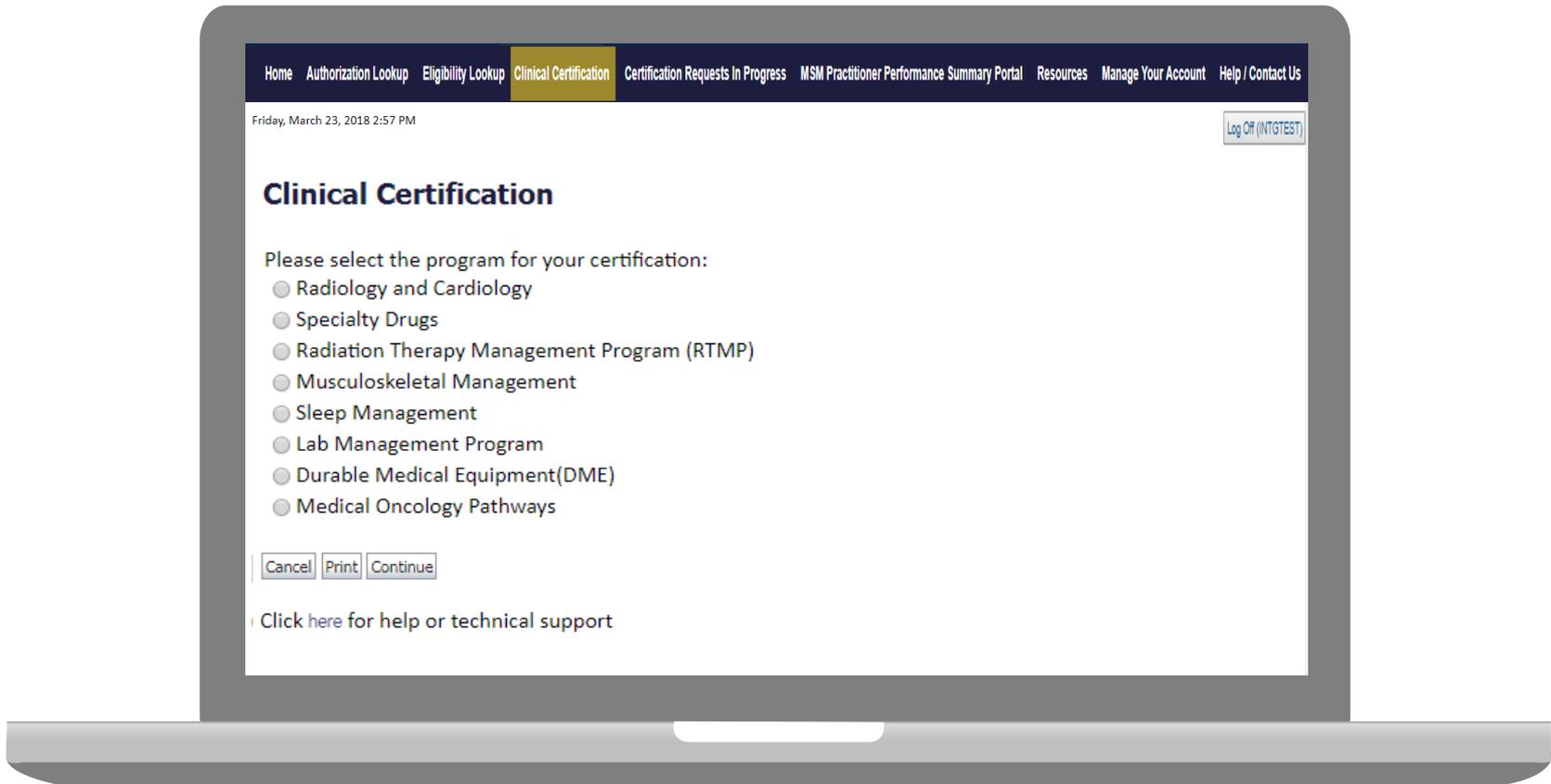
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# Initiating A Case



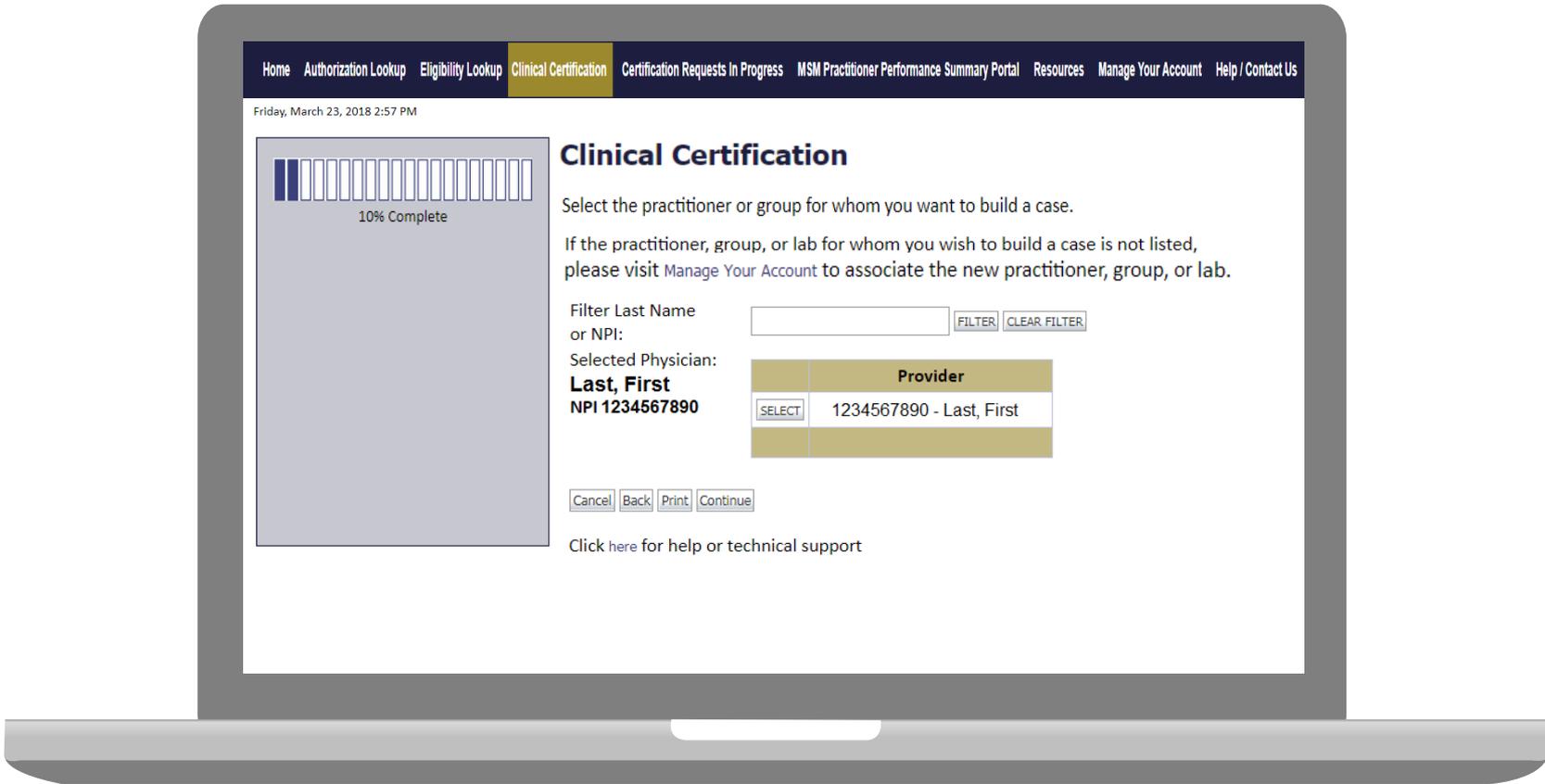
Choose **“request a clinical certification/procedure”** to begin a new case request.

# Select Program



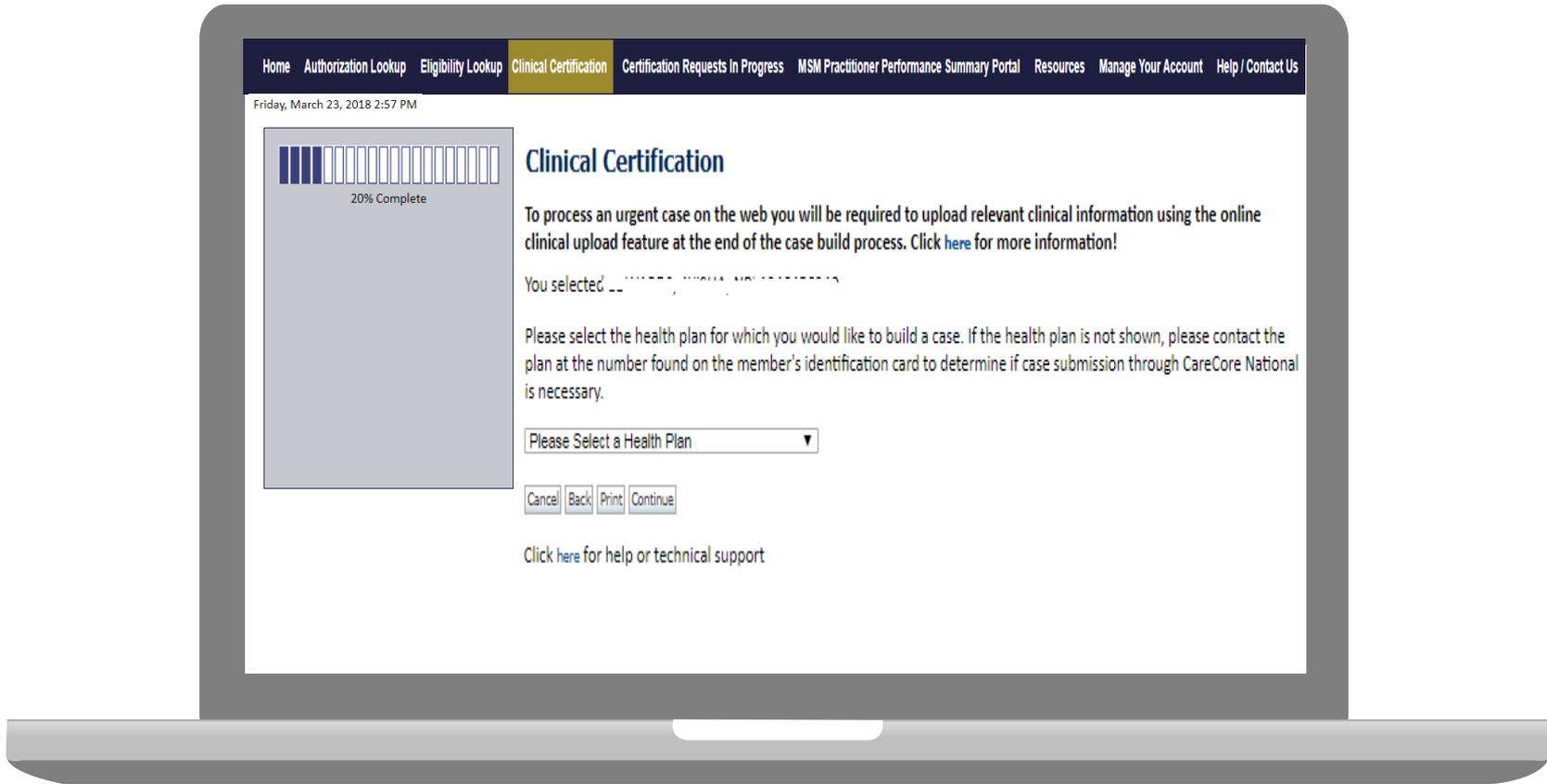
Select the **Program** for your certification.

# 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. If the health plan does not populate, please contact the plan at the number found on the member's identification card.

# Contact Information

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

Friday, March 23, 2018 2:57 PM [Log Off \(INTGTEST\)](#)

**Clinical Certification**

30% Complete

Provider and NPI

Provider's Name  [?]

Who to Contact  [?]

Fax  [?]

Phone  [?]

Ext.  [?]

Cell Phone

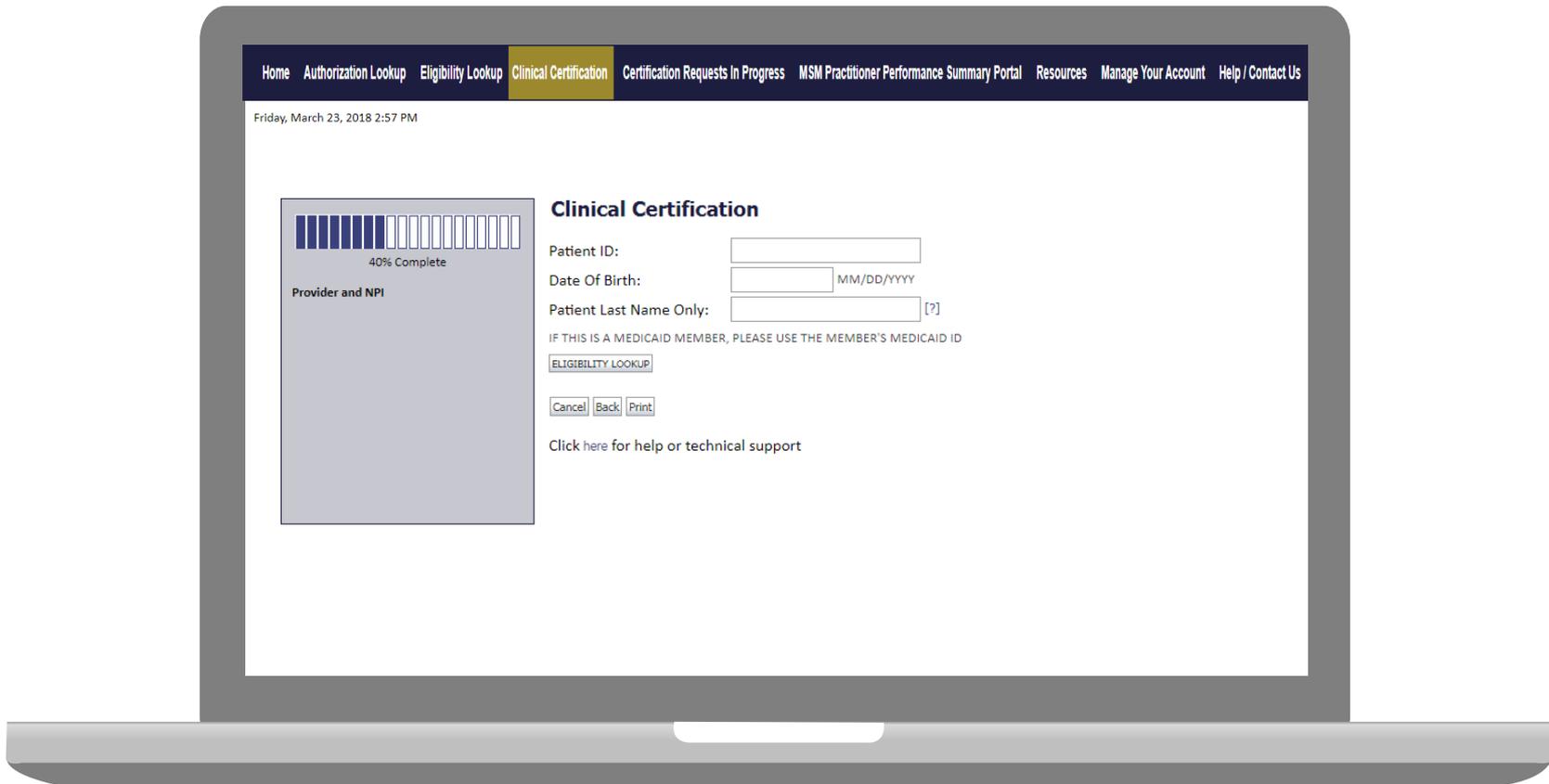
Email

[Cancel](#) [Back](#) [Print](#) [Continue](#)

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

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

# Member Information



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

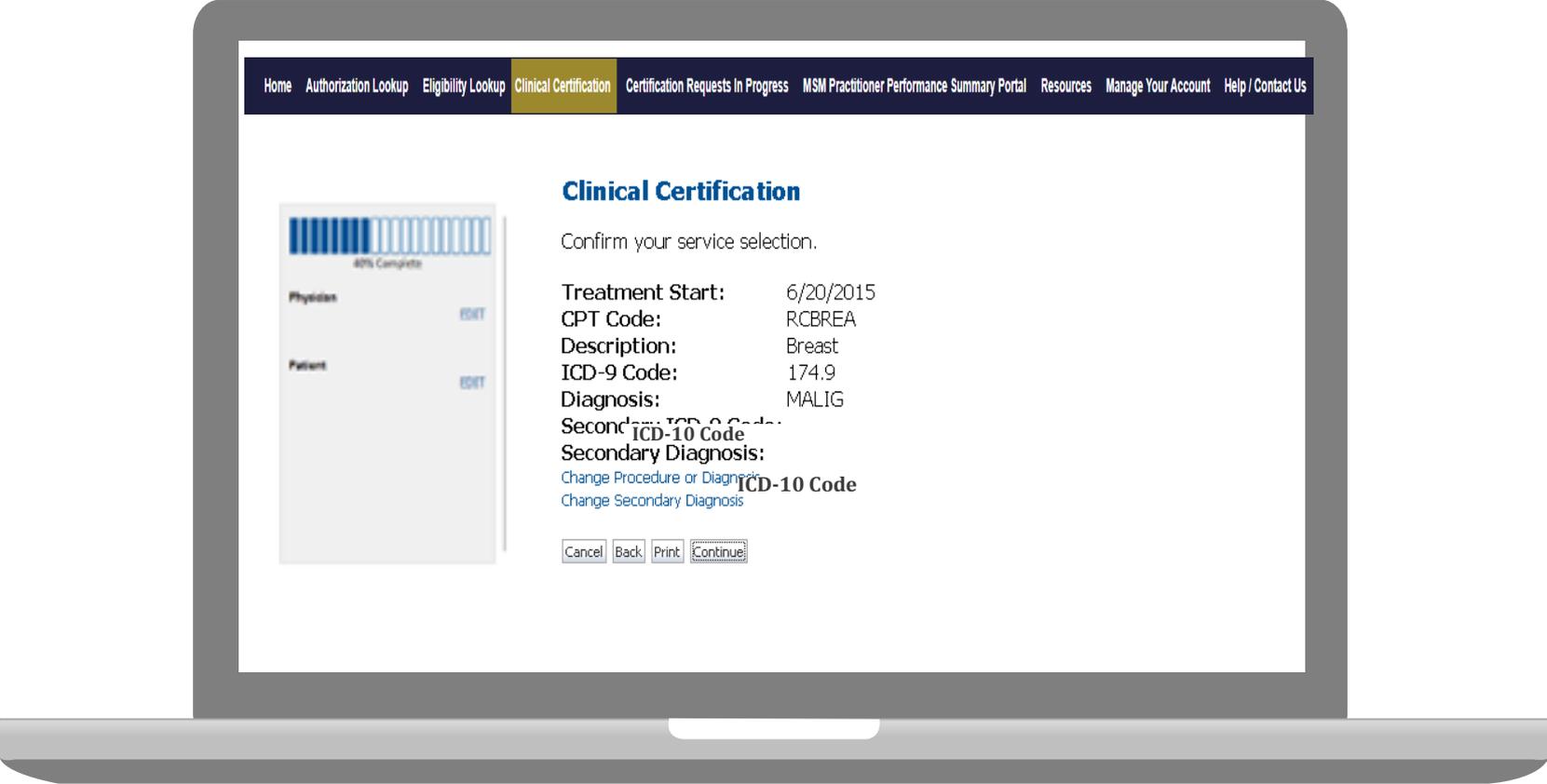
Select a Procedure by CPT Code[?] or Description[?]

### Diagnosis

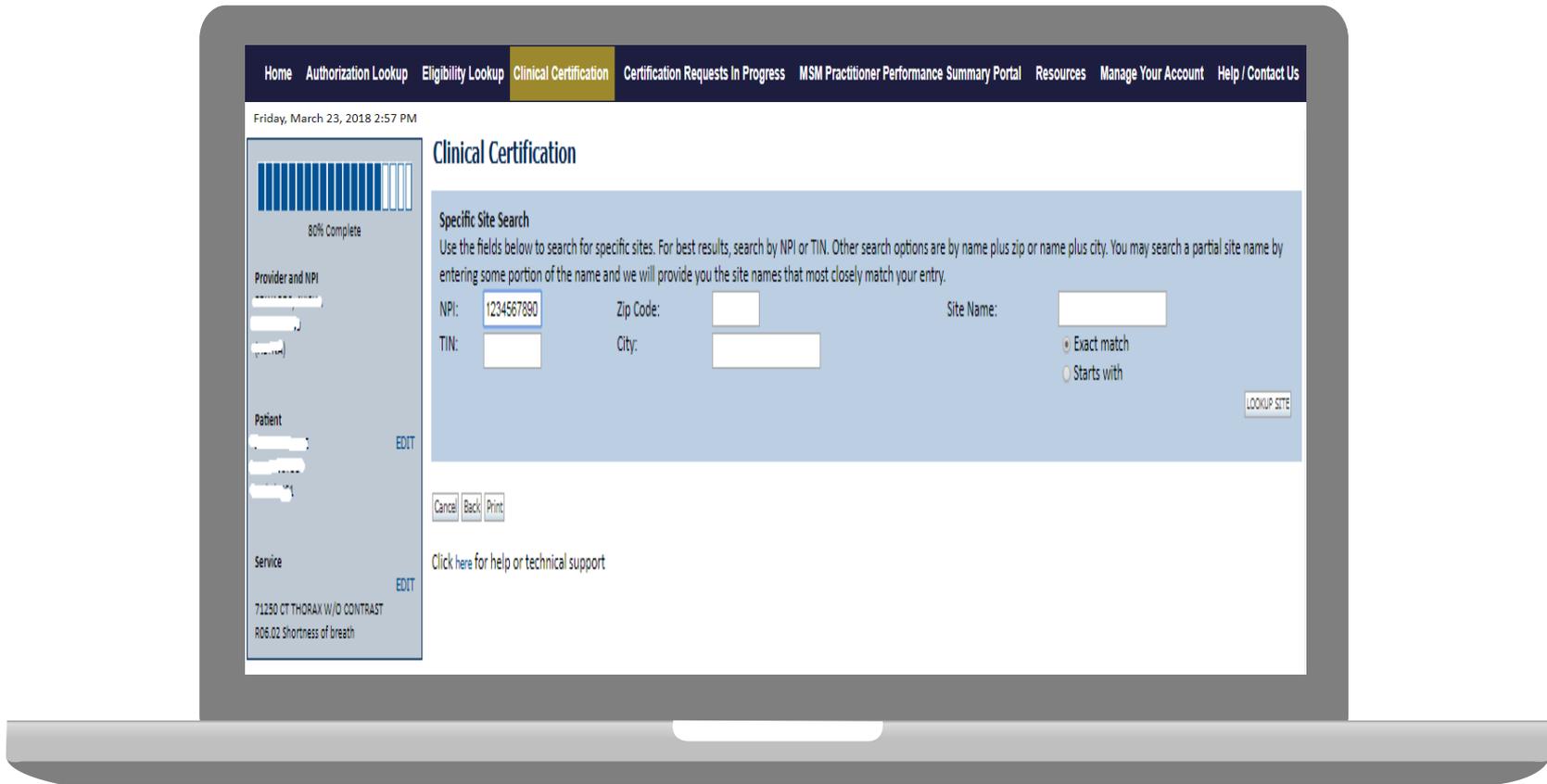
Diagnosis Code: **C50.412**  
Description: **Malignant neoplasm of upper-outer quadrant of left female breast**

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

# Verify Service Selection

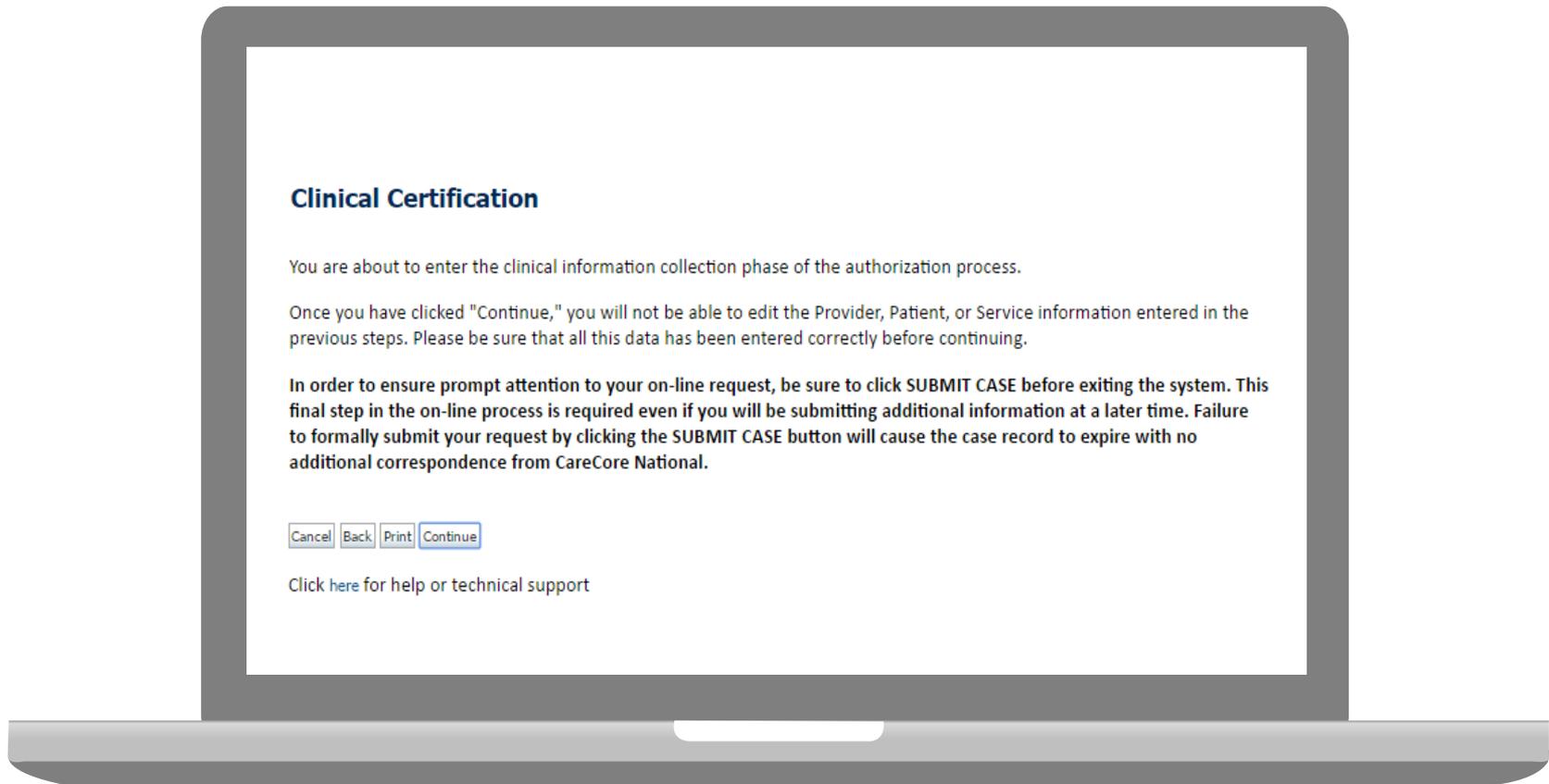


# Site Selection



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

# 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.**

# Contact Information

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Select an Urgency Indicator and Upload your patient's relevant medical records that support your request.

If your request is urgent select No, 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.

# 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. Below the 'SUBMIT' button is a checkbox labeled 'Finish Later'. A blue callout box points to the 'Finish Later' checkbox with the text: 'Did you know? You can save a certification request to finish later.' At the bottom of the form 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?  
 Yes  No

Enter text in the space provided below or continue.

Additional Information - Notes:

Finish Later

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

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

If **additional information** is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page.

Providing clinical information via the web is the quickest, most efficient method.

# Medical Review

**Clinical Certification**

**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):

No file chosen

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

If **additional information** is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page.

Providing clinical information via the web is the quickest, most efficient method.

# Medical Review

## Clinical Certification

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

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

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

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

# Approval

## Clinical Certification

Your case has been Approved.

Provider Name:  
Provider Address:

Contact:  
Phone  
Number:  
Fax Number:

Patient Name:  
Insurance Carrier:

Patient ID:

Site Name:

Site ID:

Site Address:

Primary Diagnosis  
Code: M25.562

Description: Pain in left knee

Secondary Diagnosis  
Code:

Description:

Date of Service: Not provided

CPT Code: 73721

Description: MRI LOWER EXTREMITY  
JOINT W/O

Authorization  
Number:

Review Date: 2:12:39 PM

Expiration Date:

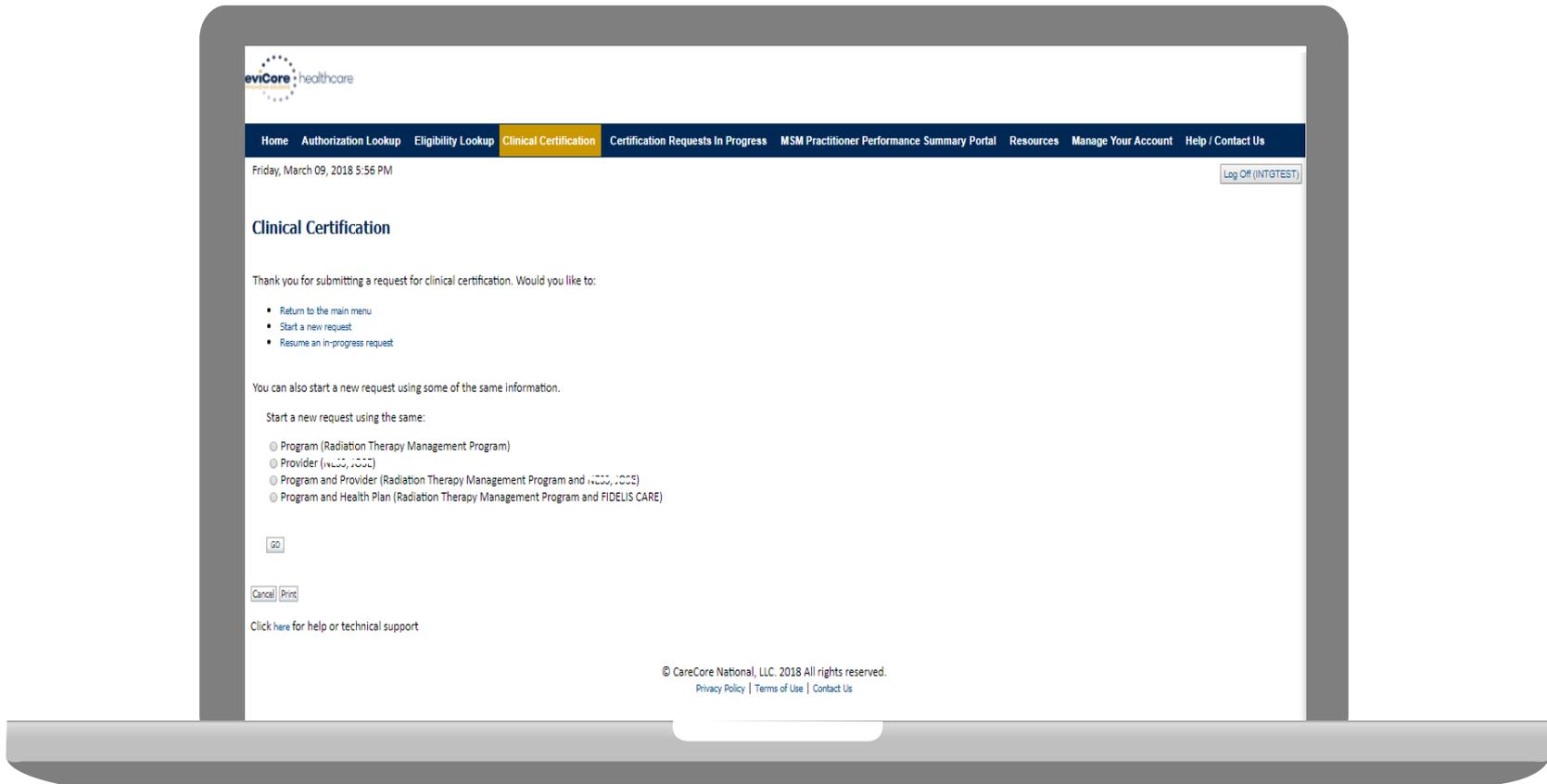
Status: Your case has been Approved.

Print Continue

Once the clinical pathway questions are completed and if 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



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

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**

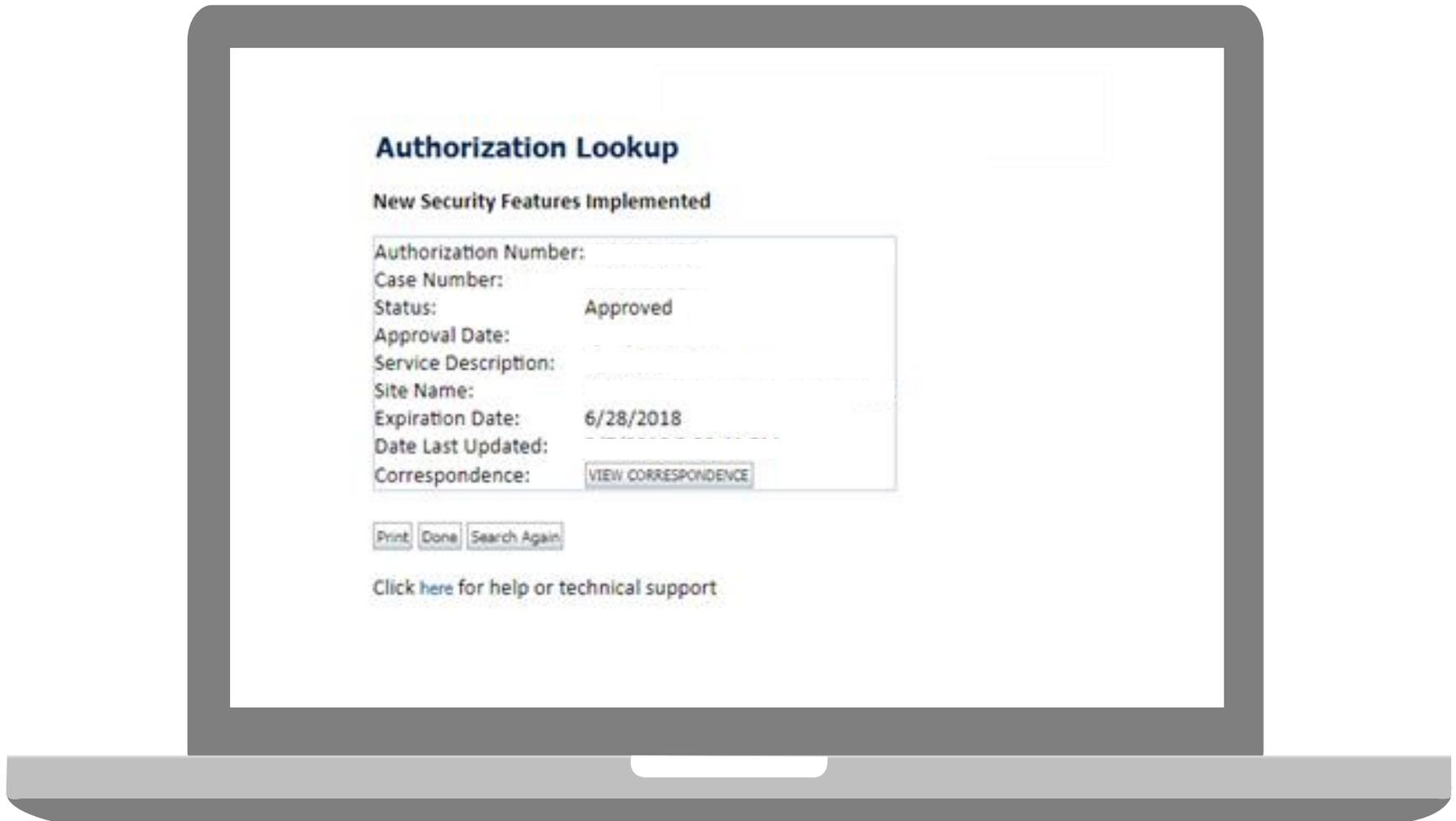
REQUIRED FIELDS

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



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

# Eligibility Look Up



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

Thursday, March 15, 2018 4:43 PM

Log Off (INTGTEST)

## Eligibility Lookup

### New Security Features Implemented

Health Plan:

Patient ID:

Member Code:

Cardiology Eligibility: **Medical necessity determination required.**

Radiology Eligibility: **Precertification is Required**

Radiation Therapy Eligibility: **Medical necessity determination required.**

MSM Pain Mgt Eligibility: **Precertification is Required**

Sleep Management Eligibility: **Medical necessity determination required.**

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

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

CONFIDENTIALITY NOTICE: Certain portions of this website are accessible only by authorized users and unique identifying credentials, and may contain confidential or privileged information. If you are not an authorized recipient of the information, you are hereby notified that any access, disclosure, copying, distribution, or use of any of the information contained in the code-accessed portions is STRICTLY PROHIBITED.

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

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# Provider Resources



# Online Resources

- You can access important tools and resources at [www.evicore.com](http://www.evicore.com).
- Select the **Resources** to view **FAQs**, **Clinical Guidelines**, **Online Forms**, and more.

PROVIDERS:  Check Prior Authorization Status Login Resources

## Resources

**CLINICAL GUIDELINES**

- Clinical Worksheets
- Network Standards/Accreditations
- Provider Playbooks

**I Would Like To**

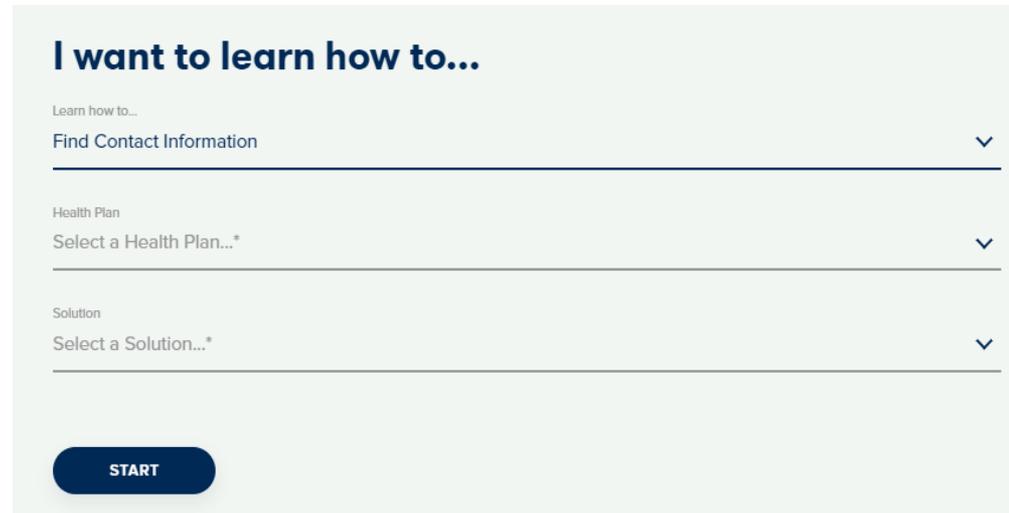
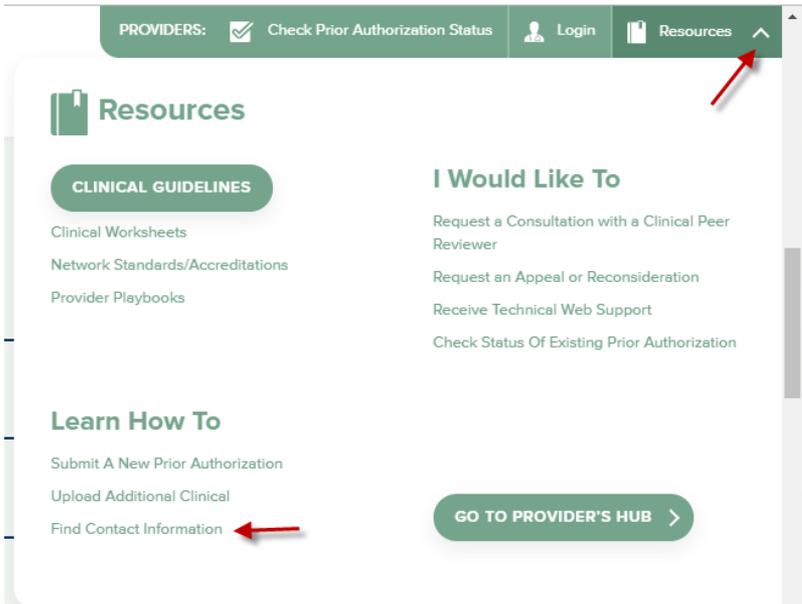
- Request a Consultation with a Clinical Peer Reviewer
- Request an Appeal or Reconsideration
- Receive Technical Web Support
- Check Status Of Existing Prior Authorization

**Learn How To**

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

**GO TO PROVIDER'S HUB** >

# Quick Reference Tool



Access health plan specific contact information at [www.evicore.com](http://www.evicore.com) by clicking the resources tab then select **Find Contact Information**, under the Learn How to section. Simply select Health Plan and Solution to populate the contact phone and fax numbers as well as the appropriate legacy portal to utilize for case requests.

# Physician Worksheet

- The physician worksheet is best completed by the physician when started 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: navigate to [eviCore.com](http://eviCore.com) and click on “resources” to find the link to the physician worksheets.

		<b>Breast Cancer Radiation Therapy Physician Worksheet (As of 21 October 2016)</b>
<p>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.</p> <p>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.</p>		
<b>Patient name:</b> _____		
<b>What is the radiation therapy treatment start date (mm/dd/yyyy)?</b>		____ / ____ / ____
1.	Is the treatment being directed to the primary site (breast)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If treatment is not being directed to the primary site, submit a request for the metastatic site</b>		
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	
<i>Continued on next page</i>		
<small>eviCore healthcare 140 Backwater Place Blvd. Bluffton, SC 29910</small>		<small>eviCore</small>

# Provider Resources: Prior Authorization Call Center



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

8am-9pm EST: (888) 622-7329

- Obtain prior authorization 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: Web-Based Services



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

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

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

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

# Provider Resources: Client Provider Operations



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

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

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

# Provider Resources: Provider Resource Website



Aetna Provider Resources Page - includes all implementation documents:

<https://www.evicore.com/implementation/healthplan/aetna>

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



Client Provider  
Operations



Documents

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](mailto:ClientServices@evicore.com).

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# Thank You!

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