

Medical Oncology and Radiation Therapy

Provider Orientation Session for AultCare

Updated September 1, 2023



Agenda



Solutions Overview

Medical Oncology & Radiation Therapy

Submitting Requests

**Prior Authorization Outcomes, Special Considerations,
and Post-Decision Options**

eviCore Provider Portal

Overview, Features, and Benefits

Provider Resources

Questions & Next Steps

Appendix

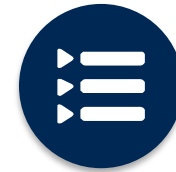
- Portal Case Submission
- Peer-to-Peer Scheduling Tool

Medical Benefits Management (MBM)

Addressing the complexity of the healthcare system



10
Comprehensive
solutions



Evidence-based
clinical guidelines



5k+ employees,
including
1k+ clinicians

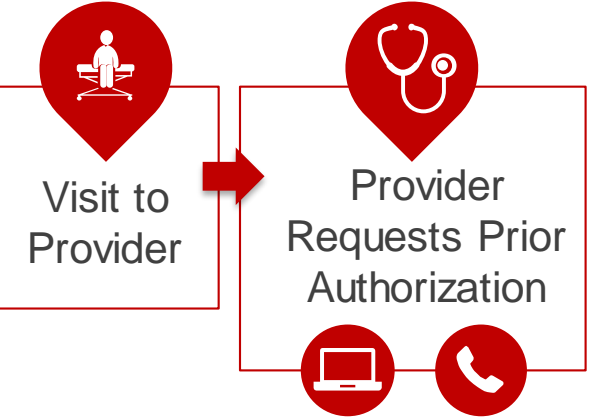


Advanced, innovative,
and intelligent
technology

Solution Overview



Utilization Management – the Prior Authorization Process



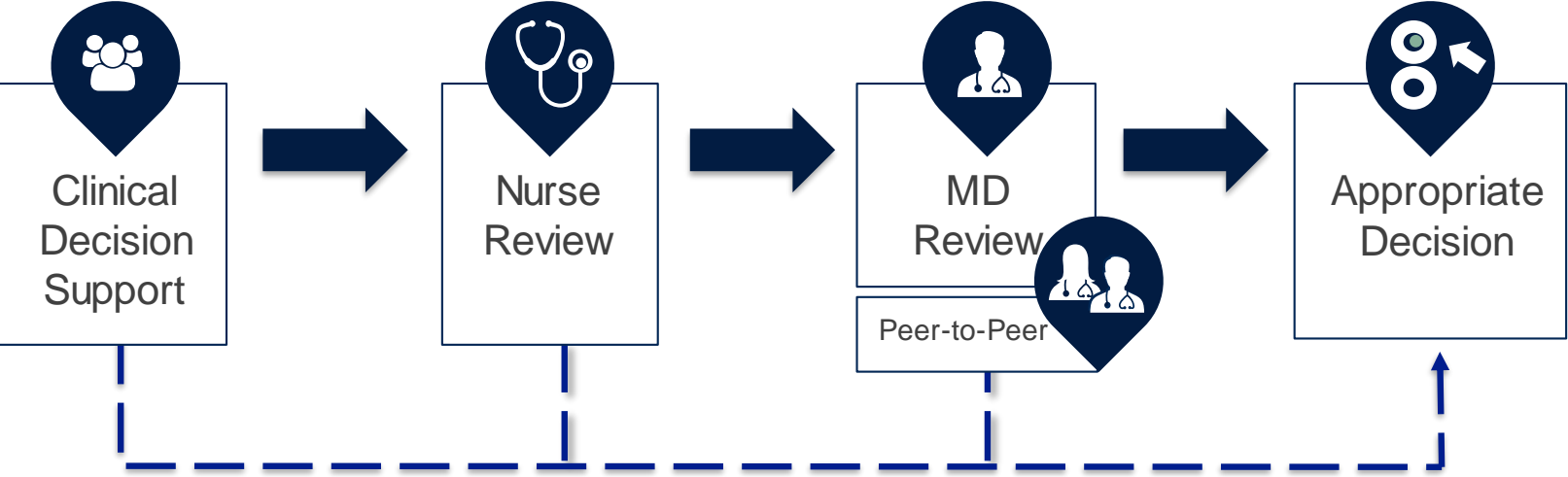
Based on evidence-based guidelines, request is **approved**.
An **approval letter** will be issued with authorization information to both the provider (fax) and member (mailed).



Based on evidence-based guidelines, request is **denied**.
A **denial letter** with clinical rational for the decision and appeal rights will be issued to both the provider and member.

Easy for Providers and staff

A dark green circular graphic containing the text 'Easy for Providers and staff'.



AultCare Prior Authorization Services

eviCore healthcare (eviCore) will begin accepting prior authorization requests for radiology services on March 29, 2021 for dates of service April 1, 2021 and after.

Applicable Membership:

- Fully Insured Commercial
*excluding FEHBP

Prior authorization applies to the following services:

- Outpatient
- Diagnostic
- Elective / Non-emergent

Prior authorization from eviCore 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:
<https://www.aultcare.com/providers>

Applicable Memberships

Prior Authorization is required for AultCare members who are enrolled in the following lines of business/programs:

**Fully Insured
Commercial
(excluding FEHBP)**

- Radiology and Cardiology (Advanced Imaging and Nuclear Cardiology)
- Oncology (Radiation Therapy and Medical Oncology)
- Lab (Molecular Genomic)

Medical Oncology Solution

Regimens within Scope:

- Infused, oral, self-administered drugs
- Supportive agents
- Companion diagnostics / precision medicine



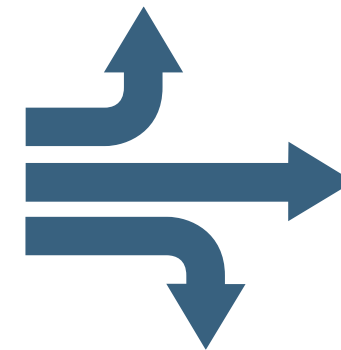
Our Clinical Approach Medical Oncology

Evidence-Based Guidelines – Medical Oncology

The foundation of our solutions

National Comprehensive
Cancer Network®
(NCCN)

26 of the World's
Leading Cancer
Centers Aligned



eviCore Guideline
Management



Inclusive of
45
cancer types

Continually
Updated

Represents
97%
of all cancers

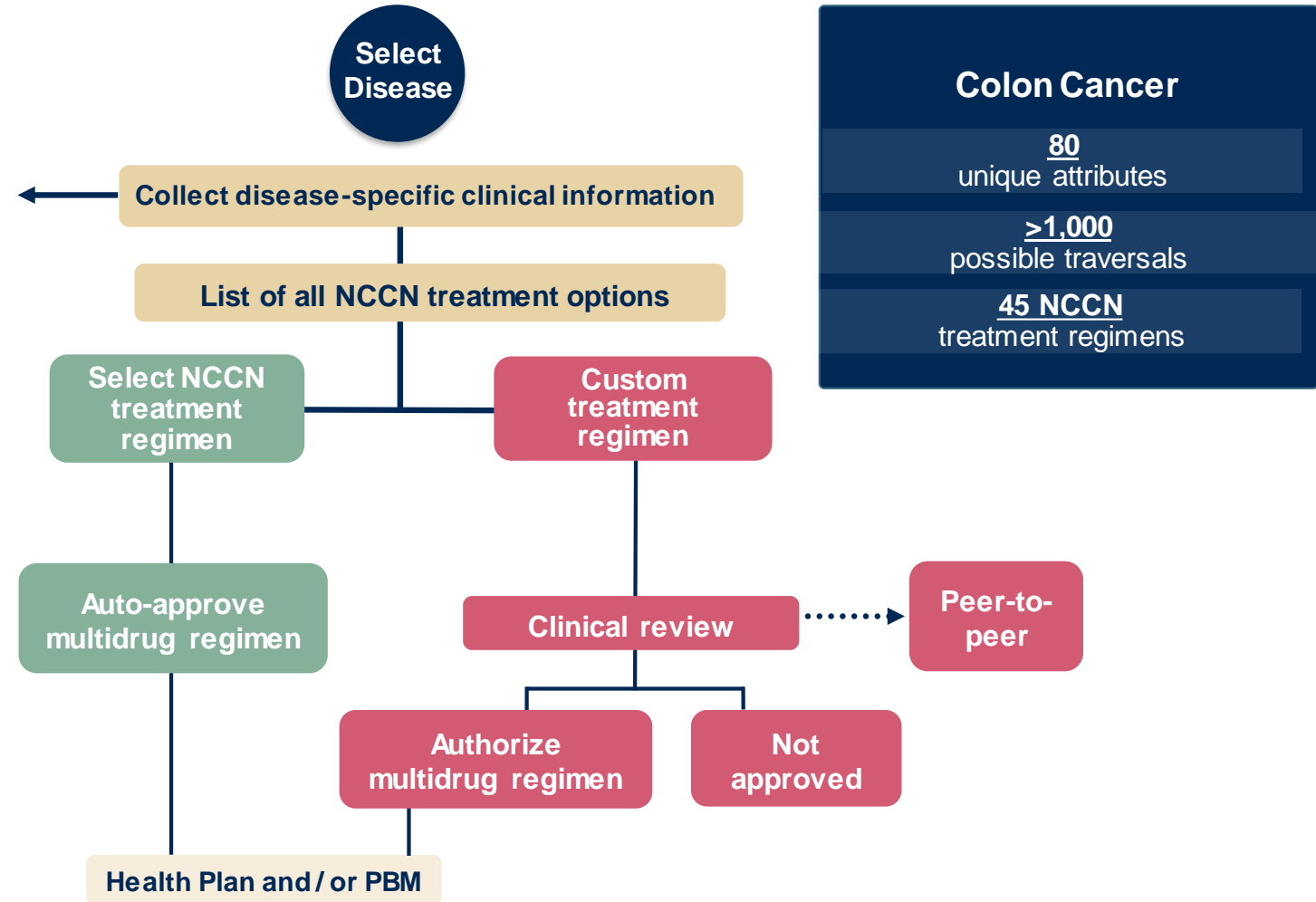
Medical Oncology Solution Defines a Complete Episode of Care

eviCore Medical Oncology Guideline Management

Disease-Specific Clinical Information

- Diagnosis at onset
- Stage of disease
- Clinical presentation
- Histopathology
- Comorbidities
- Patient risk factors
- Performance status
- Genetic alterations
- Line of treatment

2-5 minutes
to enter a complete case



Treatment options may be modified to align with formulary

Our Clinical Approach Radiation Oncology

Evidence-Based Guidelines – Radiation Oncology

The foundation of our solutions



Guidelines updated at least annually



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

Expert Contributors:

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

Radiation Oncology – Clinical Decision Support Model

eviCore is rolling out a faster way to create a Radiation Oncology case and receive an approval.

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

Why is eviCore transitioning Radiation Oncology to CDS?

- Getting to **Yes** – faster!
 - Improve the prior authorization process.
 - 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.



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 - 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. LCDs and NCDs are followed for Medicare cases.
- If request is authorized/covered or partially authorized/covered, then the requested/approved treatment technique and number of fractions will be provided and will be included on the notifications that are sent to the provider and the member.
- If Image Guidance (IGRT) is requested it may or may not be approved, separate from the primary treatment technique. This will be communicated in the case notifications. The eviCore IGRT Policy is included in our guidelines on www.eviCore.com
- For questions about specific CPT codes that are generally included with each episode of care, please reference the eviCore Radiation Therapy Coding Guidelines located online at www.eviCore.com, in the Clinical Guidelines section of the Resource tab.



PROVIDERS:  Check Prior

 Resources

CLINICAL GUIDELINES

Clinical Worksheets

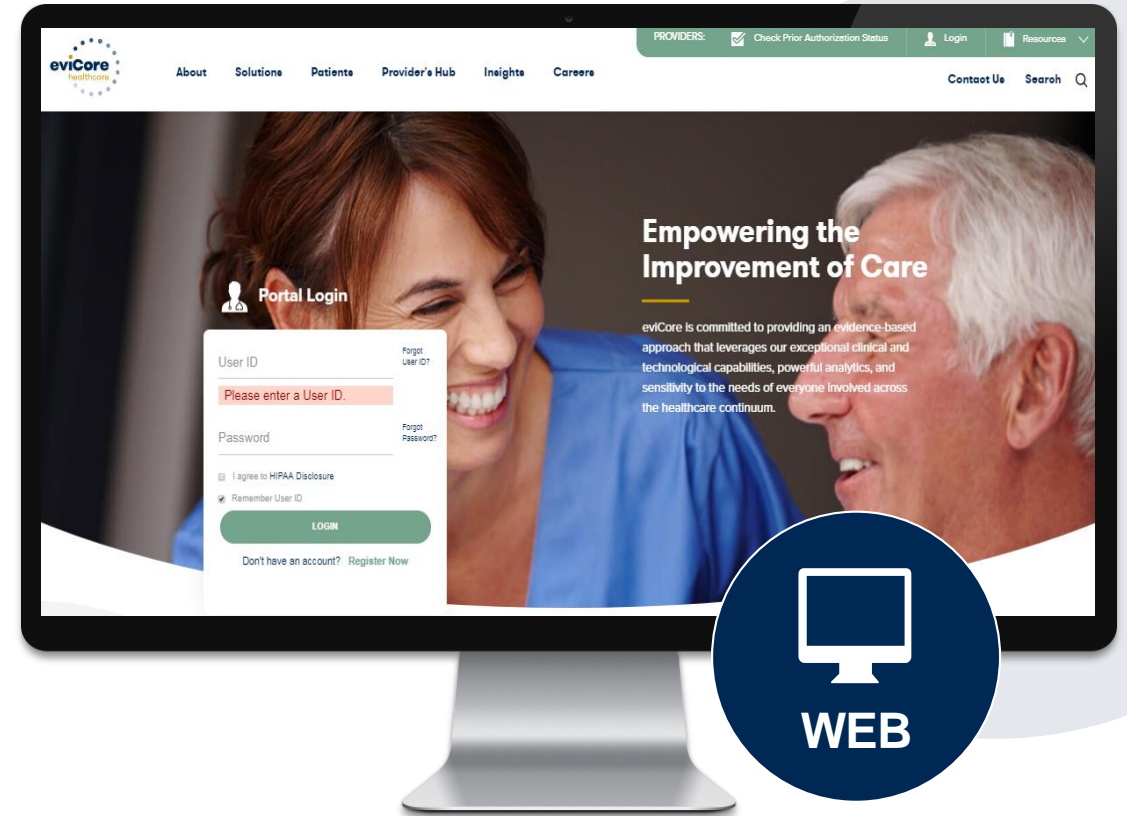
Submitting Requests



Methods to Submit Prior Authorization Requests

Provider Portal (preferred)

To assure you get to the correct vendor, we recommend starting at the AultCare Portal. If AultCare has delegated eviCore to manage the Prior Authorization for the member, then you will be directed to eviCore.com. While phone and fax options are available, www.eviCore.com is the quickest, most efficient way to request prior authorization and check authorization status, and it's available 24/7



How to Request Prior Authorization

The eviCore Provider Portal is the easiest, most efficient way to request clinical reviews and check statuses.

- **Save time:** Quicker process than requests by phone or fax.
- **Available 24/7.**
- **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 supporting clinical documentation, it can be uploaded on the portal.
- **View and print determination information:** Check case status in real-time.
- **Dashboard:** View all recently submitted cases.
- **E-notification:** Opt to receive email notifications when there is a change to case status.
- **Duplication feature:** If you are submitting more than one request, you can duplicate information to expedite submissions.

To access the eviCore Provider Portal, visit www.eviCore.com



Phone (all programs): 844-635-7224

Monday – Friday
7 AM – 7 PM (local time)

Fax

Medical Oncology: 800-540-2406

Radiation Therapy: 866-699-8160

Benefits of Provider Portal

Most providers are already saving time submitting prior authorization requests online. The provider portal allows you to go from request to approval faster. The 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 submissions.

Non-Clinical Information Needed

The following information must be provided to initiate the prior authorization request:

Member Information

- First and Last Name
- Date of Birth
- Member Identification Number
- Phone Number (If Applicable)

Ordering Physician Information

- First and Last Name
- Practice Address
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers

Rendering Facility Information

- Facility Name
- Street Address
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers



Clinical Information Needed

Supporting clinical information may be needed if the request for services is not approved immediately:

Medical Oncology Program

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

Radiation Oncology Program

- Applicable Clinical Worksheet * *information on worksheet will be needed to answer pathway questions during the case build*
- Treatment Plan (Treatment Technique, Number of Fractions, Phases, IGRT)
- Radiation Oncologist Consultation Note
- Comparison Plans
- Written statement (Indicating why an exception to the policy should be made)



Insufficient Clinical | Additional Documentation Needed

If during case build all required pieces of documentation are not received, or are insufficient for eviCore to reach a determination, the following will occur:

A hold letter will be faxed to the requesting provider requesting additional documentation.

The provider must submit the additional information to eviCore.

eviCore will review the additional documentation and reach a determination.

The hold letter will inform the provider about what clinical information is needed as well as the **date by which it is needed**.

Requested information must be received within the timeframe as specified in the hold letter, or eviCore will render a determination based on the original submission.

Determination notifications will be sent.

Prior Authorization Outcomes & Special Considerations

Prior Authorization Determination Outcomes

Determination Outcomes

- Standard requests are processed after receipt of all necessary clinical information within:
 - Fully Insured - 10 calendar days
 - HMO - 2 business days
- **Approved Requests:** For Oncology, the period for which authorizations are valid varies by case.
- **Denied Requests:** If a request is determined as inappropriate based on evidence-based guidelines, a notification with the rationale for the decision and post-decision/appeal rights will be issued to both the provider and member.

Notifications

- Authorization letters will be faxed to the ordering physician.
- Web-initiated cases will receive e-notifications if a user opted for this method.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the [eviCore Portal](#).



Special Circumstances

Retrospective (Retro) Authorization Requests are allowed for Radiation Oncology, but not for Medical Oncology.

- Must be submitted within 60 calendar days from the date of service for in-network providers.
- Must be submitted within 180 calendar days from the date of service for out-of-network providers.
- Any submitted beyond this timeframe will be administratively denied.
- Reviewed for **clinical urgency** and medical necessity.
- Processed within 30 calendar days.
- When authorized, the start date will be the submitted date of service.

Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member.
- Can be initiated on provider portal or by phone.
- Urgent cases are typically reviewed 48 hours for HMO and Fully Insured after receiving complete clinical information.
- Part B drugs are managed under the Part D timeframe: within 72 hours of date/time of receipt.



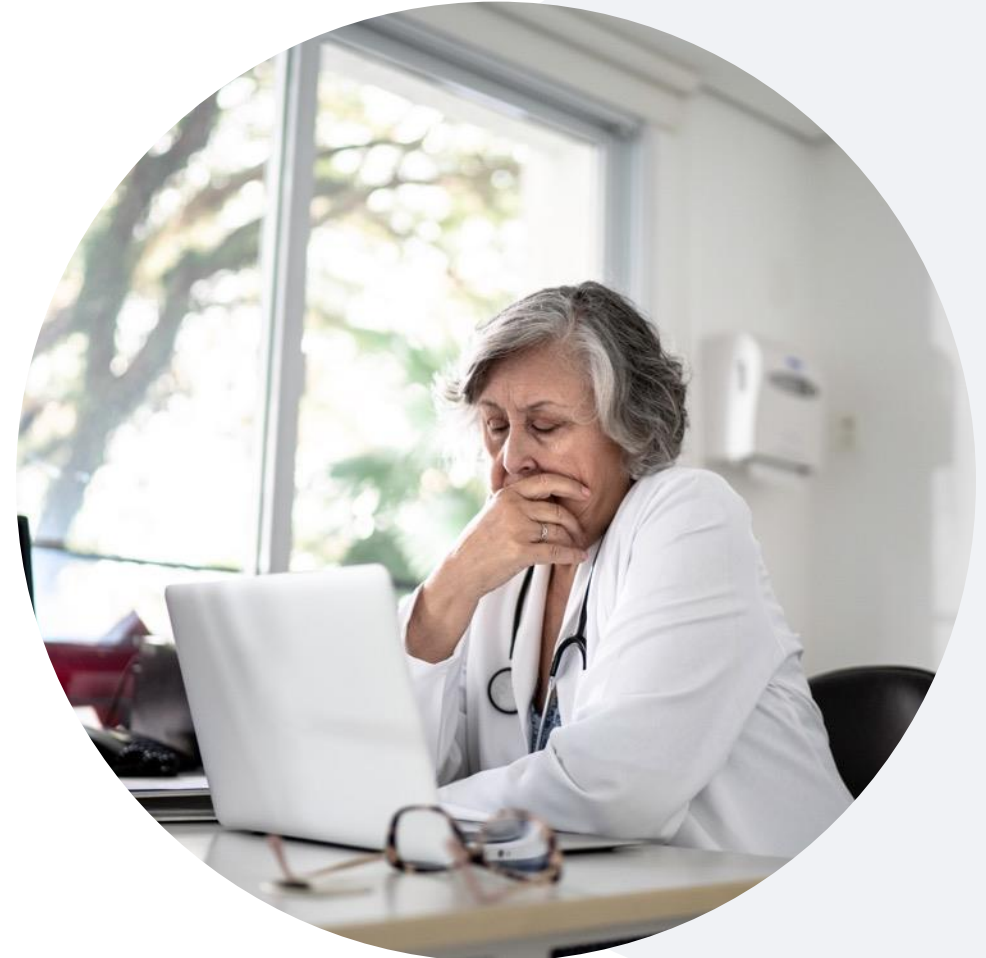
Special Circumstances

Alternative Recommendation

- An alternative recommendation may be offered based on eviCore's evidence-based clinical guidelines.
- The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request.
- Providers must contact eviCore to accept the alternative recommendation before the start of treatment.

Authorization Update

- If updates are needed to an existing authorization, you can contact eviCore by phone.
- Changes in treatment type or technique will require another medical necessity review on a new authorization. If approved, the original case will be withdrawn.
- If there is a change in technique(s) or number of fractions and this update is not communicated, then it may impact claims payment. The billed services should align with the requested and approved treatment plan.
- If it is known the authorization time span will not cover the entirety of the radiation therapy episode of care/treatment plan, then eviCore should be notified before the services are billed by the provider.



Post-Decision Options: Commercial Members

My case has been denied. What's next?

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 **844-635-7224** to speak to an agent who can provide available option(s) and instruction on how to proceed.

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.

Appeals

- eviCore will process first-level appeals
- Appeal requests must be submitted to eviCore within 180 calendar days from the initial determination.
- Appeal requests can be submitted in writing or verbally via a Clinical Consultation with an eviCore physician.
- All clinical information and the prior authorization request will be reviewed by a physician other than the physician who made the initial determination.
- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider.

eviCore Provider Portal



eviCore Provider Portal | Features

Eligibility Lookup

- Confirm if patient requires clinical review.

Clinical Certification

- Request a clinical review for prior authorization on the portal.

Prior Authorization Status Lookup

- View and print any correspondence associated with the case.
- Search by member information OR by case number with ordering national provider identifier (NPI).
- Review post-decision options, submit appeal, and schedule a peer-to-peer.

Certification Summary

- Track recently submitted cases.



eviCore Provider Portal | Access and Compatibility

Most providers are already saving time submitting clinical review requests online vs. telephone

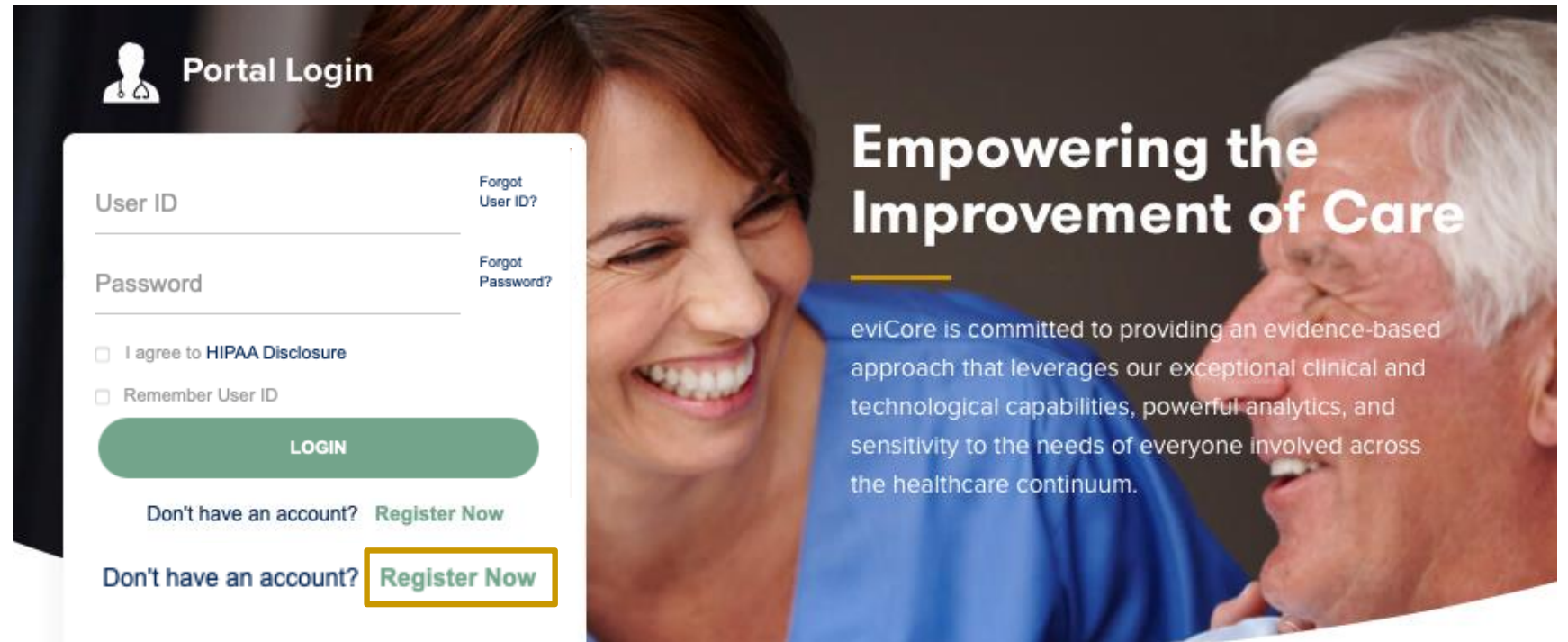
To access resources on the eviCore Provider Portal, visit www.eviCore.com

Already a user?

Log in with User ID & Password

Don't have an account?

Click [Register Now](#)



eviCore's website is compatible with all web browsers. If you experience issues, you may need to disable pop-up blockers to access the site.

Creating an eviCore Provider Portal Account

Select **CareCore National** as the Default Portal.

Complete the User Information section in full and **Submit Registration**.

You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the login page.

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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*: --Select--

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*:	Selec ▾	Zip*:	<input type="text"/>
First Name*:	<input type="text"/>	Office Name:	<input type="text"/>		
Last Name*:	<input type="text"/>				

Next

Web Support 800-646-0418

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Setting Up Multi-Factor Authentication (MFA)

To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

After you log in, you will be prompted to register your device for MFA.

Choose which authentication method you prefer: Email or SMS. Then, **enter your email address or mobile phone number.**

Select **Send PIN**, and a 6-digit pin will be generated and sent to your chosen device.

After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.

The screenshot displays a web interface for setting up two-factor authentication. At the top, it says "Set up Two Factor Authentication". Below this, there are two radio button options: "Email" (which is selected) and "SMS". Underneath, there is a section titled "Register Email Address" with a text input field containing the email address "meh****@evicore.com". A green button labeled "Send PIN" is positioned below the input field. Further down, there is a section titled "Please enter PIN sent to your Email Address" with a text input field containing the PIN "768342". A green button labeled "Submit" is below this field, and a grey button labeled "Skip" is at the bottom.

eviCore Provider Portal | Add Providers



Providers will need to be added to your account prior to case submission.

- Click the **Manage Your Account** tab to add provider information.
- Select **Add Provider**.
- Enter the NPI, state, and zip code to search for the provider.
- Select the matching record based upon your search criteria.
- Once you have selected a practitioner, your registration will be complete.
- You can also click **Add Another Practitioner** to add another provider to your account.
- You can access the **Manage Your Account** at any time to make any necessary updates or changes.

Manage Your Account

Office Name: [CHANGE PASSWORD](#) [EDIT ACCOUNT](#)

Address:

Primary Contact:

Email Address:

[ADD PROVIDER](#)

Click Column Headings to Sort

No providers on file

[CANCEL](#)

Add Practitioner

Enter Practitioner information and find matches.
*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and ZIP

Practitioner NPI

Practitioner State

Practitioner Zip

[FIND MATCHES](#) [CANCEL](#)

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	
SELECT	[REDACTED]

BACK **CONTINUE**

- Choose **Clinical Certification** to begin a new request.
- Select the appropriate program: **Medical Oncology Pathways** or **Radiation Therapy Management Program**.
- Select **Requesting Provider Information**.

Select Health Plan & Provider Contact Info

Choose Your Insurer

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK **CONTINUE**

[Click here for help](#)

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

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

- Choose the **Health Plan** from the insurer drop-down box.
- 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** rather than fax notices.

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**

Medical Oncology Case Build



Medical Oncology – Patient Eligibility

Enter member information for a **New Patient**, or select a member from the **Current Patients** box for the selected physician.

Patient Eligibility Lookup

In Patient Message – Inpatient requests should not be entered through this program. For additional information, please contact your physician.

109.

New Patient Registration

Member ID
(no spaces or dashes)

Date of Birth (MM/DD/YYYY)

Last Name

First Name (optional)

Unable to find member?

Current Patients

Filter by Physician

(type to filter by patient name)

Patient History Screen

The Patient History Screen becomes the hub for all future requests or data relating to this patient, including a record of previous requests for services through eviCore, authorization numbers and dates, and clinical summaries based on the information provided through the request process.

Clinical Certification



NEW REVIEW VERIFY ELIGIBILITY

Reviews						
Date	Physician	Case #	Cancer Type	Treatment	Status	
3/04/2019			Colorectal	5-Fluorouracil (5FU; Aducil), Brentuximab Vedotin (Adcetris)	Pending	VIEW HISTORY
8/02/2018			Colorectal	Oxaliplatin (Eloxatin)	Approved	VIEW HISTORY
2/13/2017			Multiple Myeloma	Cyclophosphamide - inj (Cytoxan; Endoxan-Asta)	Approved	VIEW HISTORY

EXIT DETAIL

Case Summary

Review Status: Approved
Approved HCPCS code: Undetermined
Treatment: Undetermined
Review Date: 2/13/2020
Determination Date: 2/13/2020
Start Date: 3/1/2020
Expiration Date: 10/27/2020

Click to view clinical information, J codes, and expiration date.

Medical Oncology – Requested Service

Select **CHEMO** or **SUPPORTIVE THERAPIES** for Medical Oncology Services.

The screenshot displays the eviCore healthcare portal interface. At the top left is the eviCore healthcare logo. A navigation bar contains the following menu items: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted in yellow), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account, and Help / Contact Us. The date and time 'Tuesday, June 9, 2020 5:30 PM' are shown on the left, and a user name 'Log Off (UCARPENTER1)' is on the right.

The main section is titled 'Requested Service + Diagnosis'. It includes a text field stating 'This procedure will be performed on 7/5/2020.' with a 'CHANGE' button next to it.

Under the heading 'Medical Oncology Pathways', there is a dropdown menu labeled 'Select a Procedure by CPT Code[?] or Description[?]'. The selected option is 'CHEMO' with a sub-menu showing 'CHEMOTHERAPY'. Below this is a link: 'Don't see your procedure code or type of service? [Click here](#)'. A note states: 'Primary Chemotherapy and Supportive drugs must be entered as separate requests.'

The 'Diagnosis' section shows the 'Primary Diagnosis Code: C50.912' and its description: 'Malignant neoplasm of unspecified site of left female breast'. There is a link to 'Change Primary Diagnosis'.

Below that, it says 'Select a Secondary Diagnosis Code (Lookup by Code or Description)' and 'Secondary diagnosis is optional for Medical Oncology Pathways'. There is an empty input field and a 'LOOKUP' button.

At the bottom of the form are 'BACK' and 'CONTINUE' buttons. A link 'Click here for help' is located at the bottom left of the form area.

Verify Selections Made

eviCore healthcare

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

Tuesday, November 05, 2019 9:09 AM [Log Off](#)

Clinical Certification

Confirm your service selection.

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

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

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

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Click **CONTINUE** to confirm your selection.

Site of Service Selection

eviCore healthcare

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

Tuesday, June 9, 2020 2:24 PM [Log Off \(JCARPENTER1\)](#)

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](#)

[BACK](#)

[Click here for help](#)

80% Complete

Provider and NPI

Patient

Service

- Enter the NPI and Zip Code to search for the **Site of Service** (where the testing/treatment will be performed).

Verify Demographic Information

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Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSN Perf. S

Proceed to Clinical Information

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

After answering the clinical question(s) on each screen you will need to hit the "Submit" button. When you reach the end of the clinical questions you must hit "Submit" before exiting the system. You will be asked to attest to the clinical information that you have provided. Hit "Submit" and your request for a prior authorization will be submitted for review.

Your answers to previous questions will be displayed on the lower portion of the screen. If you made an error during the clinical data collection process you can click on the question. The system will ask that you answer the question again and subsequent questions. You can use the "Finish Later" button, for Standard/Routines cases only, to save information and return to this case at a later time. This will save all case information recorded up to but not including the current screen.

Failure to formally submit your request by clicking the "Submit" button after the attestation will cause the request for a prior authorization to expire with no additional correspondence.

BACK CONTINUE

The demographic portion of the case is complete. Reminders on how to complete the clinical portion are displayed. Click **CONTINUE** to proceed to the clinical review.

Clinical Information

Proceed to Clinical Information

i Indicate the Cancer Type:

Colon/Rectal Cancer ▼

- Anal
- Bladder
- Bone
- Brain and Spinal Cord Tumors (CNS Tumors)
- Breast
- Breast Cancer Risk Reduction
- Cervical Cancer
- Colon/Rectal Cancer**
- Endometrial Cancer
- Ewing's Sarcoma
- Gallbladder Cancer
- Gastric/Esophageal Cancer
- Gestational Trophoblastic Neoplasia (GTN)
- Hairy Cell Leukemia
- Head and Neck Cancers
- Hepatic (Liver) Cancer

SUBMIT

Finish Later

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

- The **Clinical Pathways** begin with selection of the cancer type. This will dictate the questions that will be asked in the following screens.
- All cancer types covered by NCCN are available and an **“Other”** option is included for rare cancers not addressed by NCCN.

Medical Oncology – Clinical Pathway Questions

Proceed to Clinical Information

i Please select the Place of Service for this request:

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

SUBMIT

Review History

- i** Indicate the Cancer Type:
 - Breast

Proceed to Clinical Information

i Was the patient initially diagnosed with metastatic disease beyond locoregional nodes?
 Yes No

Proceed to Clinical Information

i Please select all of the following that apply:

<input type="checkbox"/> The patient is participating in a clinical trial that includes cancer treatment drugs	<input type="checkbox"/> The requested drug is being used to treat a condition other than cancer
<input type="checkbox"/> The treatment will be administered inpatient	<input type="checkbox"/> CAR-T Therapy
<input type="checkbox"/> This request is for a Stem Cell Transplant conditioning regimen	<input type="checkbox"/> None of the above

SUBMIT

Review History

- i** Indicate the Cancer Type:
 - Breast
- i** Please select the Place of Service for this request:
 - On Campus-Outpatient Hospital

Clinical Pathway

Clinical Certification

1 Initial AJCC (Pathologic stage) Stage at DIAGNOSIS:

- 0
- I
- IIA
- IIB
- IIC
- IIIA
- IIIB
- IIIC
- IV
- Unknown

SUBMIT

SUBMIT

1 Select treatment type:

- Chemotherapy after surgery (Adjuvant)
- Therapy for a patient who is locally unresectable or medically inoperable
- Neoadjuvant chemotherapy for clinical T4b disease prior to colectomy

High Risk Pathologic Features

- <12 nodes examined
- Poorly differentiated histology
- Lymphatic/vascular or perineural invasion
- Bowel Obstruction
- Localized perforation
- Close, indeterminate or positive margins

Most recent entry for this patient: None

1 Does the patient have high risk factors for recurrence? (see description above)

- Yes No

1 KRAS/NRAS Result:

- Wild Type (no mutation)
- Mutation Positive
- Testing Not Completed/Unknown Status

SUBMIT

The user will be asked a series of questions necessary to generate the recommended treatment list for the patient being treated. A typical traversal will have between 5 and 12 questions based on the complexity of the cancer. The system will dynamically filter to only the minimum number of questions needed to complete the review. Almost all answers are in dropdown or click selection to allow for quick entry.

Medical Oncology – Treatment Options

Clinical Certification

The treatment options below reflect the recommendations of the National Comprehensive Cancer Network (NCCN) based on the clinical information submitted.

- NCCN Categories of Preference identifies regimens that are superior in terms of efficacy, safety, and evidence and when appropriate, affordability. The health plan is using it as a foundation to identify Preferred regimens to drive quality and affordability.

Selection of a preferred treatment option (check mark on the right) will result in an immediate authorization.

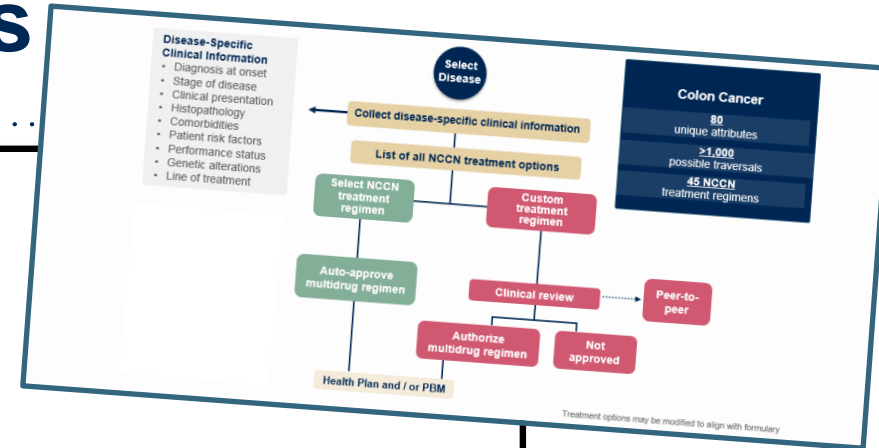
Selection of certain non-preferred treatment options (no check mark) will require peer to peer.

Previously Approved Treatments (listed in chronological order): None

Select Treatment Option:

Regimen	Preferred
<input type="radio"/> Dose-dense AC followed by EVERY 2 WEEKS Paclitaxel (Dose-dense Doxorubicin HCL + Cyclophosphamide followed by Paclitaxel)	<input checked="" type="checkbox"/>
<input type="radio"/> AC EVERY 3 WEEKS followed by WEEKLY Paclitaxel (Doxorubicin HCL + Cyclophosphamide followed by weekly Paclitaxel)	<input type="checkbox"/>
<input type="radio"/> TAC (Docetaxel + Doxorubicin HCL + Cyclophosphamide)	<input type="checkbox"/>
<input type="radio"/> AC EVERY 3 WEEKS followed by Docetaxel (Doxorubicin HCL + Cyclophosphamide followed by Docetaxel)	<input type="checkbox"/>
<input type="radio"/> Dose-dense AC followed by WEEKLY Paclitaxel (Dose-dense Doxorubicin HCL + Cyclophosphamide followed by Paclitaxel)	<input type="checkbox"/>
<input type="radio"/> AC EVERY 3 WEEKS (Doxorubicin HCL + Cyclophosphamide)	<input type="checkbox"/>
<input type="radio"/> EC (Epirubicin + Cyclophosphamide)	<input type="checkbox"/>
<input type="radio"/> CMF (Cyclophosphamide + Methotrexate + 5-Fluorouracil)	<input type="checkbox"/>
<input type="radio"/> Dose-dense AC (Dose-dense Doxorubicin HCL + Cyclophosphamide)	<input type="checkbox"/>
<input type="radio"/> TC (Docetaxel + Cyclophosphamide)	<input type="checkbox"/>
<input type="radio"/> Build a Custom Treatment Plan (May Require Additional Clinical Review)	<input type="checkbox"/>

SUBJECT



- Select an **NCCN Recommendation** from the list.
- These options will vary based on the clinical & diagnosis submitted.
- There is also an option to **Build a Custom Treatment Plan**.

Medical Oncology – Custom Treatment Options

Proceed to Clinical Information

There are no NCCN recommended chemotherapy regimens based on the clinical data submitted. If you wish to treat with chemotherapy, please select "Build a Custom Treatment Plan" and indicate the drugs that you will be using for treatment. If you will not be treating with chemotherapy you may withdraw this request.



- Withdraw this request: Patient will not be treated
- Build a Custom Treatment Plan (May Require Additional Information)

Select the chemotherapy drug(s) for the treatment regimen from the Drug List below.

- If you are able to select the treatment option using the Drug List, provide administration schedule and select "SUBMIT" to continue to the next step.
- If a chemotherapy drug is not on this list, and it is a newly approved chemotherapy drug that will be billed with a miscellaneous code, please contact customer service to have the drug added to the treatment regimen.

Drug List:

	Add all	0 items selected	Remove all
5-Fluorouracil (Adrucil, 5FU)	+		
5FU (5-Fluorouracil)	+		
Abemaciclib - oral (Verzenio)	+		
Abiraterone Acetate - Zytiga - oral (Zytiga)	+		
Abiraterone Acetate - Yonsa - oral (Yonsa)	+		
Abraxane (Paclitaxel (albumin-bound))	+		
Acalabrutinib - oral (Calquence)			
Actemra (Tocilizumab)			
Actimmune (Interferon, gamma-1b)			
Adcetris (Brentuximab Vedotin)			
Ado-Trastuzumab Emtansine (Kadcyla)			
Adriamycin (Doxorubicin HCL)			
Adrucil (5-Fluorouracil)			

In order to evaluate your request, please list any Other drug(s) you are considering:

Proceed to Clinical Information

Reason for selecting a custom treatment plan.

- Clinical Trial Used in Prior Line
- Comorbidities Preclude Recommended Treatments
- Excess Toxicities with Recommended Treatments
- Patient Refused Recommended Treatments
- Technology or Availability Limitation with Recommended Treatments

Other (specify)

Provider Experience – Case Submission

eviCore healthcare

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress

Drug List:

Search	Add all	2 items selected
5FU (5-Fluorouracil)	+	5-Fluorouracil (Adrucil)
Abemaciclib - oral (Verzenio)	+	Capecitabine - oral
Abiraterone Acetate - Zytiga - oral (Zytiga)	+	
Abiraterone Acetate -Yonsa - oral (Yonsa)	+	
Abraxane (Paclitaxel (albumin-bound))	+	
Acalabrutinib - oral (Calquence)	+	
Actemra (Tocilizumab)	+	
Actin...		
Adce...		
Ado...		
Adri...		
Adru...		
Afatinib - oral (Osimertinib)	+	

Clinical Certification

The treatment regimen is not recommended by NCCN. If you think a mistake has been made during the case review, you may submit a request for Clinical Review. Supporting clinical information should be submitted in the following manner:

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

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

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

Enter supporting Clinical Information in the field below:

You may attach up to 5 PDF or Word documents no larger than 1 MB each.

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

Browse...

Custom Treatment Plans can be submitted for any case where the provider does not want to use a recommended regimen. Drugs are selected from a dropdown list and the user has the opportunity to attach or enter supporting information for the request via upload or free text.

Case Submission

Clinical Certification

Your case has been Approved.

Provider Name: [REDACTED] Contact: dave

Provider Address: [REDACTED] VE Phone: [REDACTED]
L Number: [REDACTED]
Fax Number: [REDACTED]

Patient Name: [REDACTED] Patient Id: [REDACTED]
Insurance Carrier: PLAN-X

Site Name: [REDACTED] Site ID: [REDACTED]
Site Address: [REDACTED]

Diagnosis/ICD-9 Code: 153.9 Description: MALIGNANT NEO COLON NOS
Date of Service: 2/2/2015
HCPCS Code(s): 39263 Drug(s): OXALIPLATIN (ELOXATIN)

Authorization Number: [REDACTED]
Review Date: 03/05/2019
Start Date: 03/10/2019
Expiration Date: 11/10/2019
Status: Your case has been Approved.

[Print](#) [Go to Patient History](#) [Request Supportives](#)



- Selection of a recommended regimen will result in immediate approval of all drugs in the requested regimen with an authorization time span sufficient to complete the entire treatment.
- No further action is needed unless the treatment needs to be changed due to disease progression or other clinical factors.
- Shortcut will populate for adding **supportive medications**, if needed.

Case Submission - Supportives

- If **Request Supportives** is selected, a new case is started and the user is prompted to complete a supportive drug request.
- The start date, drug classification, and ICD10 are prepopulated to match the chemotherapy case.
- Click **CONTINUE** to proceed to the clinical portion of the request.
- User will be asked to indicate the drug needed and may be asked for additional clinical information to support that request. If multiple classes of supportive drugs are needed, a separate request must be entered for each class (ex: anti-emetic and G-CSF).

Clinical Certification

Confirm your service selection.

Procedure Date: 5/5/2016
Medical Oncology Pathways: SPORT
Description: SUPPORTIVE THERAPIES
Diagnosis Code: C18.9
Diagnosis: Malignant neoplasm of colon

[Change Procedure or Diagnosis](#)

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

Clinical Certification

i Confirm Cancer type

Colon/Rectal Cancer

Clinical Certification

i Indicate the requested supportive agent:

- Darbepoetin alfa (Aranesp) ONCE EVERY 2 WEEKS
- Darbepoetin alfa (Aranesp) ONCE EVERY 3 WEEKS
- Darbepoetin alfa (Aranesp) WEEKLY FIXED DOSE
- Darbepoetin alfa (Aranesp) WEEKLY WEIGHT BASED DOSE
- Denosumab (Prolia)
- Denosumab (Xgeva) MONTHLY
- Denosumab (Xgeva) MONTHLY and DAY 8, 15
- Epoetin alfa (Epogen, Procrit) 3 TIMES PER WEEK
- Epoetin alfa (Epogen, Procrit) ONCE EVERY 2 WEEKS
- Epoetin alfa (Epogen, Procrit) ONCE EVERY 3 WEEKS
- Epoetin alfa (Epogen, Procrit) WEEKLY
- Filgrastim (Neupogen) 300 mcg single use syringe/vial
- Filgrastim (Neupogen) 480 mcg single use syringe/vial
- Granisetron (Sustol)
- Octreotide (Sandostatin LAR Depot)
- Octreotide (Sandostatin)
- Pegfilgrastim (Neulasta)
- Telotristat ethyl - oral (Xermelo)
- Build a Custom Treatment Plan (May Require Additional Clinical Review)

Radiation Oncology Case Build



Member Information – Radiation Oncology

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Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

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40% Complete

Provider and NPI

Clinical Details

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Requested Service + Diagnosis

This procedure will be performed on 6/12/2020. [CHANGE](#)

Radiation Therapy Procedures

Select a Procedure by CPT Code[?] or Description[?]
RCSKIN | SKIN CANCER
Don't see your procedure code or type of service? [Click here](#)

Diagnosis

Primary Diagnosis Code: **C44.319**
Description: **Basal cell carcinoma of skin of other parts of face**
[Change Primary Diagnosis](#)

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

[LOOKUP](#)

[BACK](#) [CONTINUE](#)

[Click here for help](#)

60% Complete

[EDIT](#)

Note: After you click continue, there will be a pop-up box that appears asking for the treatment start date. Please enter the start date of treatment and NOT the planning date.

- Choose the **Cancer Type** and **Diagnosis** relevant to the requested service(s).

Verify Service Selection

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Tuesday, June 9, 2020 2:22 PM

Requested Service + Diagnosis

Confirm your service selection.

Treatment Start: 6/12/2020
CPT Code: RCSKIN
Description: SKIN CANCER
Primary Diagnosis Code: C44.319
Primary Diagnosis: Basal cell carcinoma of skin of other parts of face
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

BACK **CONTINUE**

[Click here for help](#)

- Click **CONTINUE** to confirm your selection.

Site of Service Selection

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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

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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](#)

[BACK](#)

[Click here for help](#)

80% Complete

(BCBSMI)

[EDIT](#)

Service
6/12/2020 [EDIT](#)
RCSKIN SKIN CANCER
C44.319 Basal cell carcinoma of skin of other parts of face

- Enter the NPI and Zip Code to search for the **Site of Service** (where the testing/treatment will be performed).

Clinical Collection Process

The screenshot shows the eviCore healthcare website interface. At the top left is the eviCore healthcare logo with the tagline 'innovative solutions'. A navigation bar contains the following menu items: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted in yellow), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account, and Help / Contact Us. Below the navigation bar, the date and time 'Tuesday, June 9, 2020 2:25 PM' are displayed on the left, and a 'Log Off' link is on the right. The main heading is 'Proceed to Clinical Information'. The text below reads: '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.' At the bottom of the content area are two buttons: 'BACK' and 'CONTINUE'. A link 'Click here for help' is located below the buttons. The footer contains the copyright notice '© CareCore National, LLC. 2020 All rights reserved.' and links for 'Privacy Policy', 'Terms of Use', and 'Contact Us'.

- Verify **all information** entered and make any needed changes **before** proceeding to the clinical collection phase of the prior authorization process.

Urgency Indicator

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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

Tuesday, June 9, 2020 2:54 PM [Log Off](#) / [\(CONFIDENTIAL\)](#)

Proceed to Clinical Information

Is this case Routine/Standard?

For standard turn-around times, select YES.

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Urgent via the Web

Proceed to Clinical Information

Is this case Routine/Standard?

Proceed to Clinical Information

Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

- A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.
- 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.
- None of the above

Clinical Upload

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case.

If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

Clinical Pathway Questions

eviCore healthcare

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

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Proceed to Clinical Information

A Medicare approved clinical trial appears on the ClinicalTrials.gov website list of approved facilities under a clinical trial number as issued by the National Library of Medicine (NLM).

Are you requesting an authorization for a patient who has enrolled and has been accepted into a Medicare approved clinical trial that is listed on the ClinicalTrials.gov website?

Yes No

SUBMIT

Finish Later

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

CANCEL

[Click here for help](#)

eviCore healthcare

Radiation Therapy Physician Worksheet (As of 19 January 2018) Skin Cancer

This worksheet is to be used for curative or palliative treatment of skin cancer. If the treatment is for metastases from skin cancer, please use the appropriate metastatic worksheet.

For NON-URGENT requests, please complete this document for authorization along with any relevant clinical documentation requested within this document (i.e. radiation therapy consultation, comparison plan, etc.) submitting the case by web, phone, or fax. Failure to provide all relevant information may delay the provider portal located on the site to submit an authorization by phone.

6. If EBRT will be used, what is the treatment plan? Select a technique for each applicable phase, and fill in the number of fractions.

Phase 1	Phase 2	Phase 3
<input type="checkbox"/> Superficial or Orthovoltage	<input type="checkbox"/> Superficial or Orthovoltage	<input type="checkbox"/> Superficial or Orthovoltage
<input type="checkbox"/> Electron beam therapy	<input type="checkbox"/> Electron beam therapy	<input type="checkbox"/> Electron beam therapy
<input type="checkbox"/> Total skin electrons (TSE)	<input type="checkbox"/> Total skin electrons (TSE)	<input type="checkbox"/> Total skin electrons (TSE)
<input type="checkbox"/> Complex isodose plan	<input type="checkbox"/> Complex isodose plan	<input type="checkbox"/> Complex isodose plan
<input type="checkbox"/> 3D conformal	<input type="checkbox"/> 3D conformal	<input type="checkbox"/> 3D conformal
<input type="checkbox"/> Intensity modulated radiation therapy (IMRT)	<input type="checkbox"/> Intensity modulated radiation therapy (IMRT)	<input type="checkbox"/> Intensity modulated radiation therapy (IMRT)
<input type="checkbox"/> Tomotherapy (IMRT)	<input type="checkbox"/> Tomotherapy (IMRT)	<input type="checkbox"/> Tomotherapy (IMRT)
<input type="checkbox"/> Tomotherapy Direct/3D	<input type="checkbox"/> Tomotherapy Direct/3D	<input type="checkbox"/> Tomotherapy Direct/3D
<input type="checkbox"/> Rotational arc therapy	<input type="checkbox"/> Rotational arc therapy	<input type="checkbox"/> Rotational arc therapy
<input type="checkbox"/> Stereotactic body radiation therapy (SBRT)	<input type="checkbox"/> Stereotactic body radiation therapy (SBRT)	<input type="checkbox"/> Stereotactic body radiation therapy (SBRT)
<input type="checkbox"/> Proton beam therapy	<input type="checkbox"/> Proton beam therapy	<input type="checkbox"/> Proton beam therapy
Number of fractions: _____	Number of fractions: _____	Number of fractions: _____

7. If brachytherapy will be used, what type will be utilized?

Low dose rate (LDR)
 High dose rate (HDR)
 Electronic brachytherapy (e.g. Xofig, Esteya) Fractions: _____

b. How many fractions will be given? _____

8. Will a second site be treated? If yes please submit additional information regarding their location, technique being used, and fractions needed. Yes No

Please note that any additional sites being treated should be done concurrently.

9. If electron beam therapy or brachytherapy are not the treatment plan, then answer the following: Will daily image-guided radiation therapy (IGRT) be used? Yes No

- Clinical Certification questions populate based on information provided.
- For the full range of questions, review the [clinical worksheets at eviCore.com](#).

Radiation Oncology - Clinical Pathway Questions



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Tuesday, June 9, 2020 3:08 PM

Log out (1)

1 What is the histology?

1 Does the member have distant metastases disease (stage M1) (i.e. to brain, lung, liver, bone)?

- Yes No

1 What is the location being treated?

1 Will regional lymph nodes be irradiated?

- Yes No

1 What is the treatment plan?

- EBRT
 Brachytherapy

1 How many phases of EBRT will be rendered?

- 1 2 3

1 What EBRT technique will be utilized for phase 1?

1 How many fractions of the selected EBRT technique will be rendered for phase 1?


1 Will a second site be treated?

- Yes No

1 Will daily image-guided radiation therapy (IGRT) be used?

- Yes No

Providing Additional Information



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
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Tuesday, June 9, 2020 3:14 PM [Log Off \(JCARPEVIEW\)](#)

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.

i Do you have any additional clinical information that you would like to add to the case? (Max 1000 characters).

None

i 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.

No file chosen

Finish Later

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

Clinical Certification Statements

The screenshot displays the eviCore healthcare website interface. At the top left is the eviCore healthcare logo. A navigation bar contains the following menu items: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted in yellow), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account, and Help / Contact Us. Below the navigation bar, the date and time 'Thursday, May 14, 2020 3:31 PM' are shown on the left, and a 'Log Off (JCARPENTER)' link is on the right. The main content area is titled 'Proceed to Clinical Information'. Below this title is a text box containing the statement: '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.' Below the text box is a blue button labeled 'SUBMIT CASE'. At the bottom left of the content area is a link that says 'Click here for help'.

- Acknowledge the clinical certification statement, then click **Submit Case**.

Clinical Certification – Approval Case Summary

Clinical Certification

Your case has been Approved.

Provider Name: _____ Contact: _____
Provider Address: _____ Phone Number: _____
Fax Number: _____

Patient Name: _____ Patient Id: _____
Insurance Carrier: _____

Site Name: _____ Site ID: _____
Site Address: _____

Primary Diagnosis Code: _____ Description: _____
Secondary Diagnosis Code: _____ Description: _____
Date of Service: Not provided
CPT Code: _____ Description: _____

Authorization Number: _____
Review Date: 2:12:39 PM
Expiration Date: _____
Status: Your case has been Approved.

- If medical necessity criteria is met via the clinical collection process, a **real-time approval** will be issued.
- Print this screen for the patient's file, if needed.

Clinical Certification – Medical Review Case Summary

Clinical Certification

Your Case has been sent to Medical Review

Provider Name: _____ Contact: _____
Provider Address: _____ Phone Number: _____
Fax Number: _____

Patient Name: _____ Patient Id: _____
Insurance Carrier: _____

Site Name: _____ Site ID: _____
Site Address: _____

Primary Diagnosis Code: C50.412 Description: Malignant neoplasm of upper-outer quadrant of left female breasts
Secondary Diagnosis Code: _____ Description: _____
Date of Service: _____
CPT Code: RCBREA Description: Breast Cancer

Authorization Number: _____
Review Date: _____
Expiration Date: _____
Status: Pending

- If medical necessity criteria is **NOT** met via the clinical collection process, the case will be forwarded for **Medical Review**.
- Print this screen for the patient's file, if needed.

Provider Resources



Contact eviCore's Dedicated Teams

Client and Provider Services

For eligibility issues (member or provider not found in system) or transactional authorization related issues requiring research.

- Email: ClientServices@eviCore.com
- Phone: **800-646-0418** (option 4).

Provider Engagement

Regional team that works directly with the provider community.

Michael Morgan, RN, BSN

- Email: Michael.Morgan@eviCore.com
- Phone: **615-468-4000, ext 27165**

Web-Based Services and Portal Support

- Live chat
- Email: Portal.Support@evicore.com
- Phone: **800-646-0418** (option 2)



Call Center

Call **844-635-7224**, representatives are available from 7 a.m. to 7 p.m. local time.

Provider Resource Website

eviCore's Client and Provider Services team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis.

This page will include:

- Frequently asked questions
- Quick reference guides
- Provider training
- CPT code list

To access these helpful resources, visit:

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

Contact our Client and Provider Services team via email at **ClientServices@eviCore.com** or by phone at **800-646-0418 (option 4)**.

Ongoing Provider Portal Training

The eviCore Portal Team offers general portal training, twice a week, every week.

All online orientation sessions are free of charge and will last approximately one hour. Advance registration is required, so follow the instructions below to sign up:

How To Register:

1. Go to <http://eviCore.webex.com/>
2. Click on the “hamburger” menu on the far left hand side (below the eviCore logo), then choose “**Webex Training.**”
3. On the **Live Sessions** screen, click the “**Upcoming**” tab. In the search box above the tabs, type: **eviCore Portal Training.**
4. Choose the date and time for the session you would like to attend, and click the “**Register**” link beside it. You will need to register separately for each session.
5. Complete the required information and click the “**Register**” button.

Immediately after registering, you will receive an e-mail containing the toll-free phone number, meeting number, conference password, and a link to the web portion of the conference. **Please keep the registration e-mail so you will have the Web conference information for the session in which you will be participating.**



Provider Resource Review Forum

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 learn how to navigate [eviCore.com](https://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
- Existing prior authorization request status information
- Search for contact information
- Podcasts & insights
- Training resources

Register for a Provider Resource Review Forum:

Provider's Hub > Scroll down to eviCore Provider Orientation Session Registrations > Upcoming



eviCore's Provider Newsletter

Stay up-to-date with our free provider newsletter!

To subscribe:

- Visit eviCore.com.
- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**.
- Enter a valid email address.



Thank You



Appendix



Peer-to-Peer (P2P) Scheduling Tool

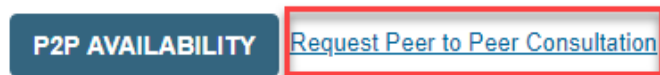



Provider Resources | Schedule a P2P Request

If your case is eligible for a Peer-to-Peer (P2) consultation, 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:	



Authorization Lookup

Authorization Number:	NA
Case Number:	
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:	



- Log-in to your account at eviCore.com.
- Perform **Clinical Review 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 consultation.
- Note carefully any messaging that displays*.

*In some instances, a Peer-to-Peer consultation is allowed, but the case decision can not be changed. In such cases, you can still request a **Consultative-Only Peer-to-Peer**. You can also click on the **ALL POST-DECISION OPTIONS** button to learn what other action can be taken.

Once the **Request Peer-to-Peer Consultation** link is selected, you will be transferred to our scheduling software via a new browser window.

Provider Resources | Schedule a P2P Request (continued)

Case Info Questions Schedule Confirmation

New P2P Request

eviCore healthcare P2P Portal

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.
- 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

eviCore healthcare P2P Portal

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

Provider Resources | Schedule a P2P Request (continued)

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 >](#)

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...	-	-	-

- You will be prompted with a list of eviCore Physicians/Reviewers and appointment options.
- 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 consultation (all opportunities will be automatically presented).
- Click on any **green checkmark** to **deselect** that option and then click **Continue**.

Provider Resources | Schedule a P2P Request (continued)

P2P Info

Date Mon 5/18/20
Time 6:30 pm EDT
Reviewing Provider

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

P2P Contact Details

Name of Provider Requesting P2P
Dr. Jane Doe

Contact Person Name
Office Manager John Doe

Contact Person Location
Provider Office

Phone Number for P2P
(555) 555-5555

Phone Ext.
12345

Alternate Phone
(xxx) xxx-xxxx

Phone Ext.
Phone Ext.

Requesting Provider Email
droffice@internet.com

Contact Instructions
Select option 4, ask for Dr. Doe

Submit

Update the following fields to ensure the correct person is contacted for the Peer-to-Peer appointment:

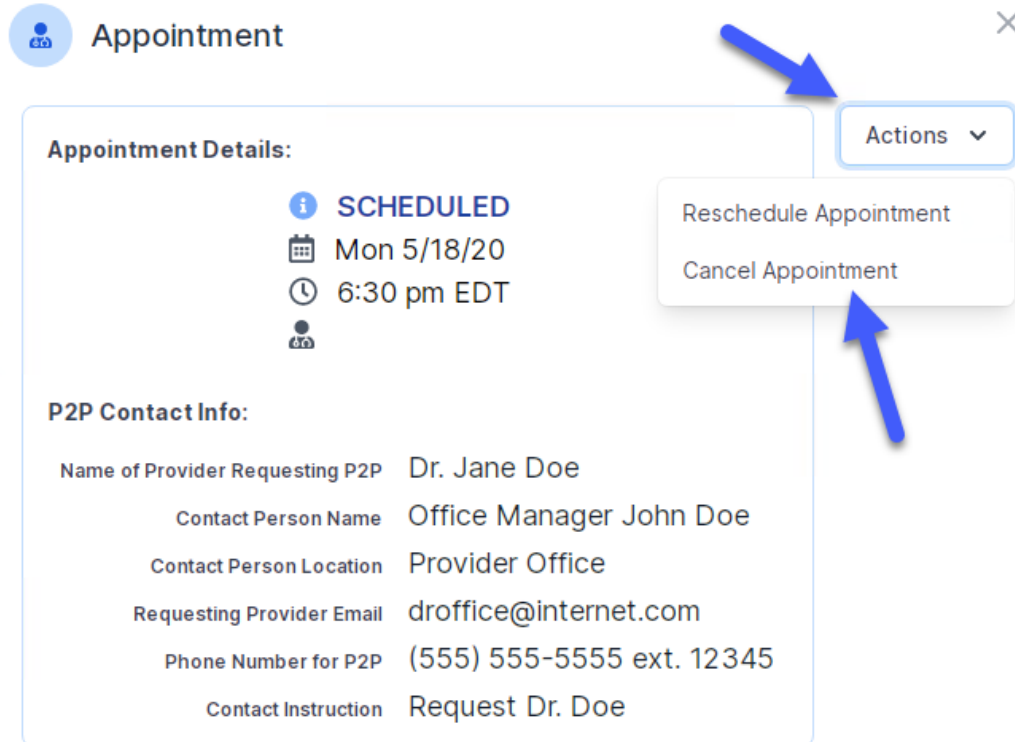
- Name of Provider Requesting P2P
- Phone Number for P2P
- Contact Instructions

Click **Submit** to schedule the appointment.

You will be presented with a summary page containing the details of your scheduled appointment.

Confirm contact details.

Provider Resources | Cancel or Reschedule a P2P Appointment



The screenshot shows a window titled "Appointment" with a close button (X) in the top right corner. The window is divided into two main sections: "Appointment Details" and "P2P Contact Info".

Appointment Details:

- Status: **SCHEDULED** (indicated by an information icon)
- Date: **Mon 5/18/20** (indicated by a calendar icon)
- Time: **6:30 pm EDT** (indicated by a clock icon)
- Person icon

P2P Contact Info:

Name of Provider Requesting P2P	Dr. Jane Doe
Contact Person Name	Office Manager John Doe
Contact Person Location	Provider Office
Requesting Provider Email	droffice@internet.com
Phone Number for P2P	(555) 555-5555 ext. 12345
Contact Instruction	Request Dr. Doe

An "Actions" dropdown menu is open, showing two options: "Reschedule Appointment" and "Cancel Appointment". Blue arrows point to the "Actions" dropdown and the "Cancel Appointment" option.

To cancel or reschedule an appointment:

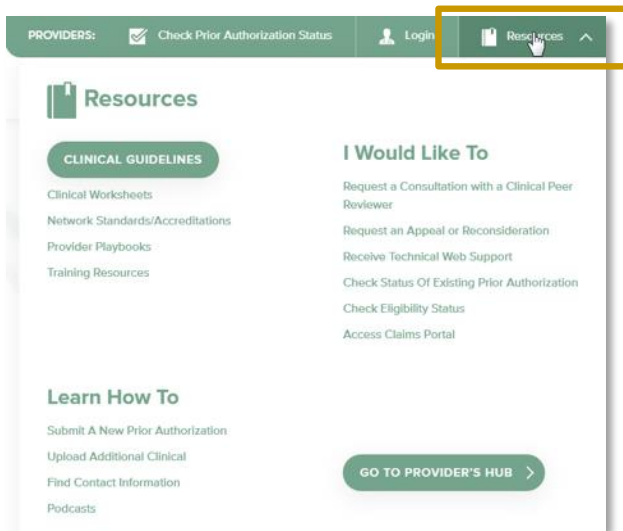
- Access the scheduling software and select **My P2P Requests** on the left-pane navigation.
- Select the request you would like to modify from the list of available appointments.
- When the request appears, click on the schedule link. An appointment window will open.
- Click on the **Actions** drop-down and choose the appropriate action.
 - **If choosing to reschedule**, select a new date or time as you did initially.
 - **If choosing to cancel**, input a cancellation reason.
- Close the browser once finished.

Provider Resources | Contacts and Helpful Links

Web-Based Services	portal.support@eviCore.com	800-646-0418, option 2
Client Provider Operations	clientservices@eviCore.com	
Provider Engagement: Michael Morgan, RN, BSN, Regional Provider Engagement Manager	Michael.Morgan@eviCore.com	615-468-4000, ext 27165
Worksheets	evicore.com/provider/online-forms	
Clinical Guidelines	evicore.com/provider/clinical-guidelines	
Request a Clinical Consultation	eviCore.com	

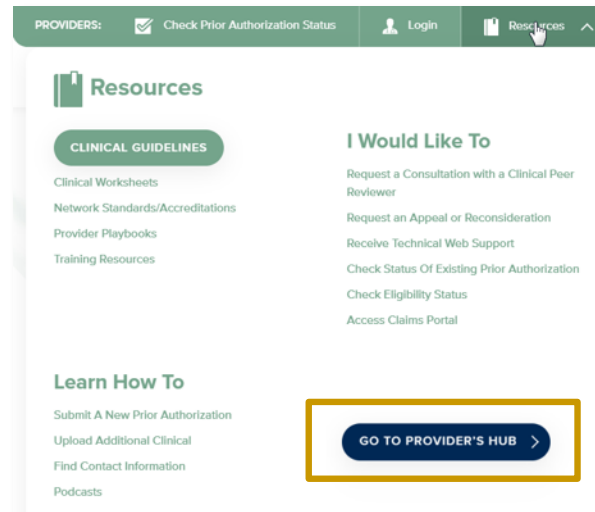
Provider Resources | eviCore Provider's Hub

Providers and staff can access important tools and resources at eviCore.com



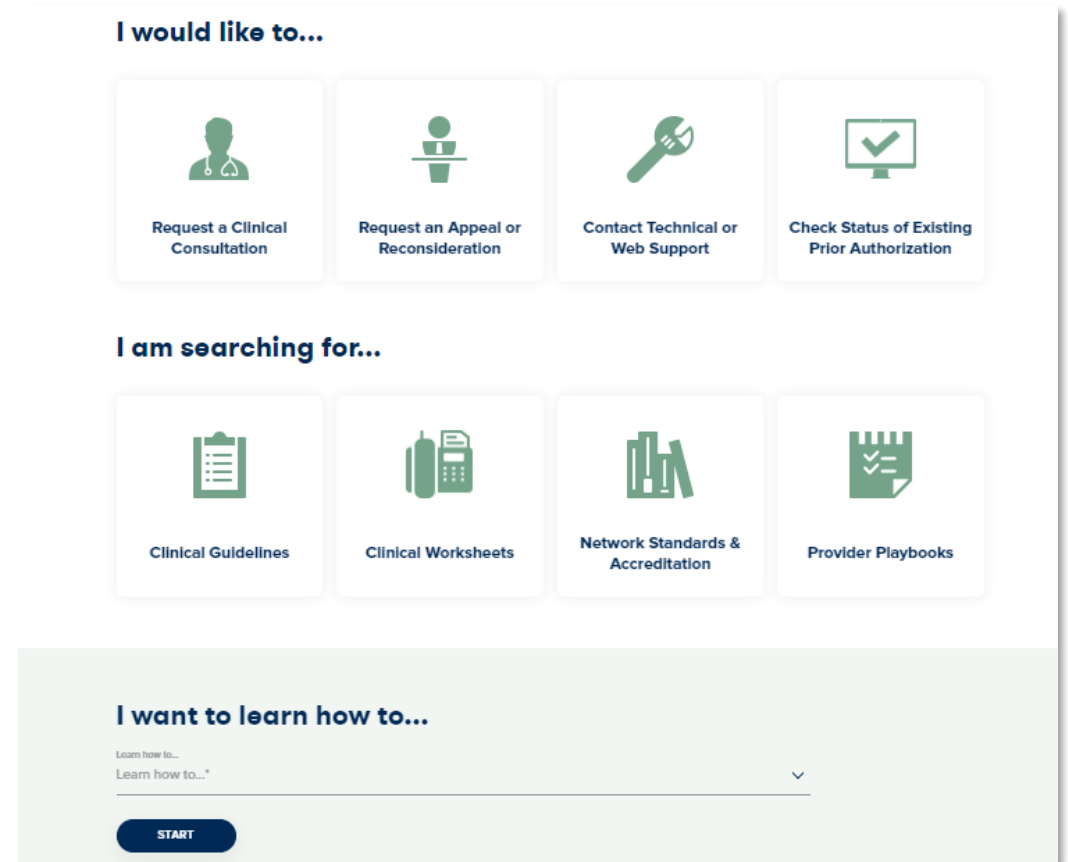
Step 1

- Open the **Resources** menu in the top right of the browser.



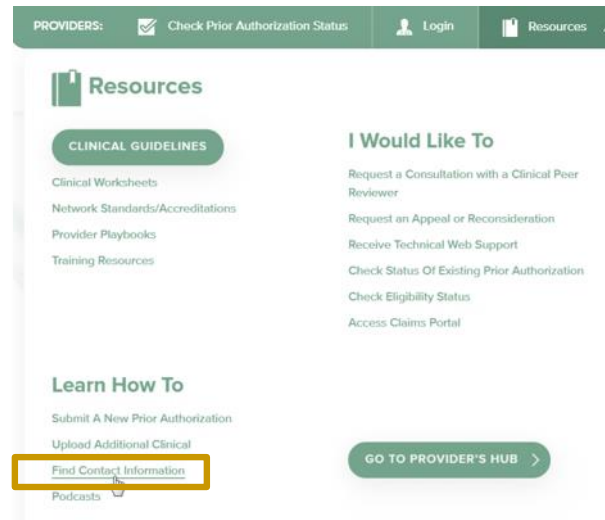
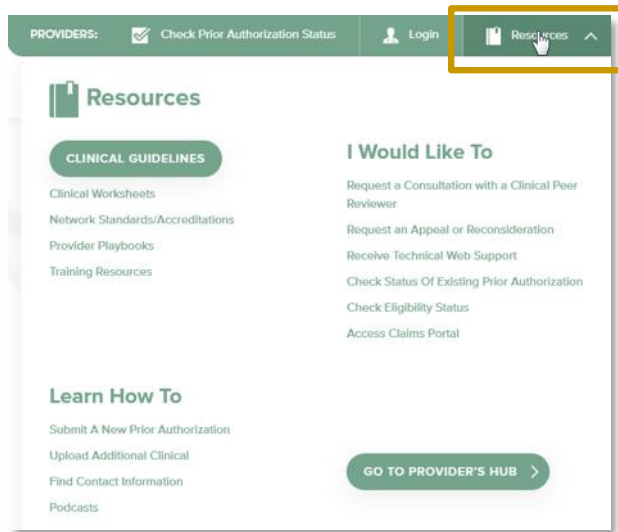
Step 2

- Select **GO TO PROVIDER'S HUB** to access clinical guidelines, schedule consultations (P2P), and more.



Provider Resources | Quick Reference Tool

Where can I locate plan-specific contact information?



Step 1

- Open the **Resources** menu in the top right of the browser.

Step 2

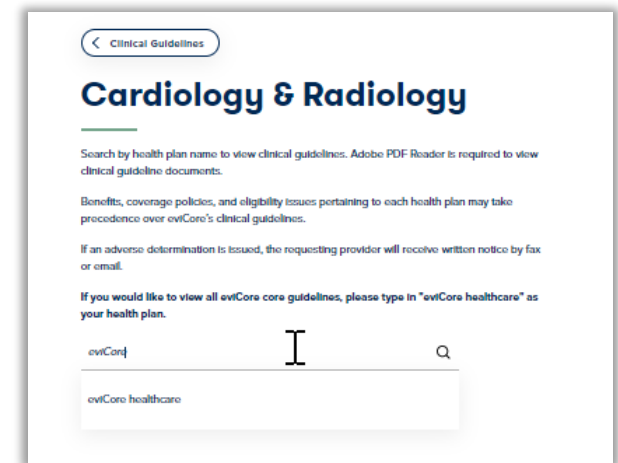
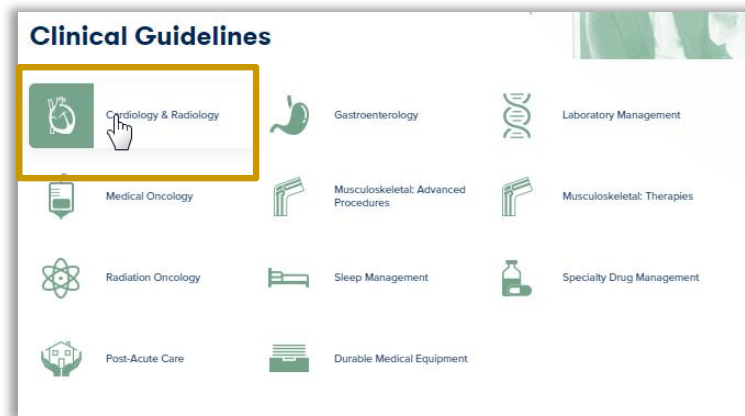
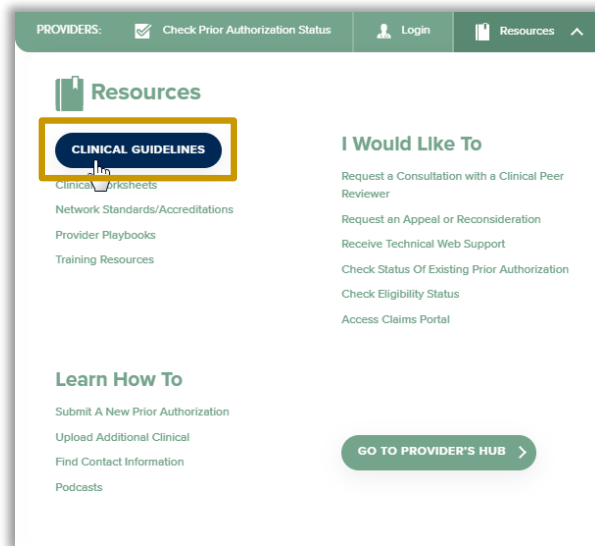
- Select **Find Contact Information**.

Step 3

- Use **Select a Health Plan** and **Select a Solution** to populate the contact phone and fax numbers.
- This will also advise which portal to use for case requests.

Provider Resources | Clinical Guidelines

How do I access eviCore's clinical guidelines?



Step 1

- Open the **Resources** menu in the top right of the browser.
- Select **Clinical Guidelines**.

Step 2

- Select the solution/program associated with the requested guidelines.

Step 3

- Search by health plan name to view clinical guidelines.
- If you would like to view all guidelines, type in "eviCore healthcare" as your health plan.