

Medical Oncology Provider Orientation

Zing Health

February 1, 2025

Agenda



Solutions Overview

Medical Oncology

Submitting Requests

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

EviCore Provider Portal

Overview, Features & Benefits

Provider Resources

Questions & Next Steps

Appendix

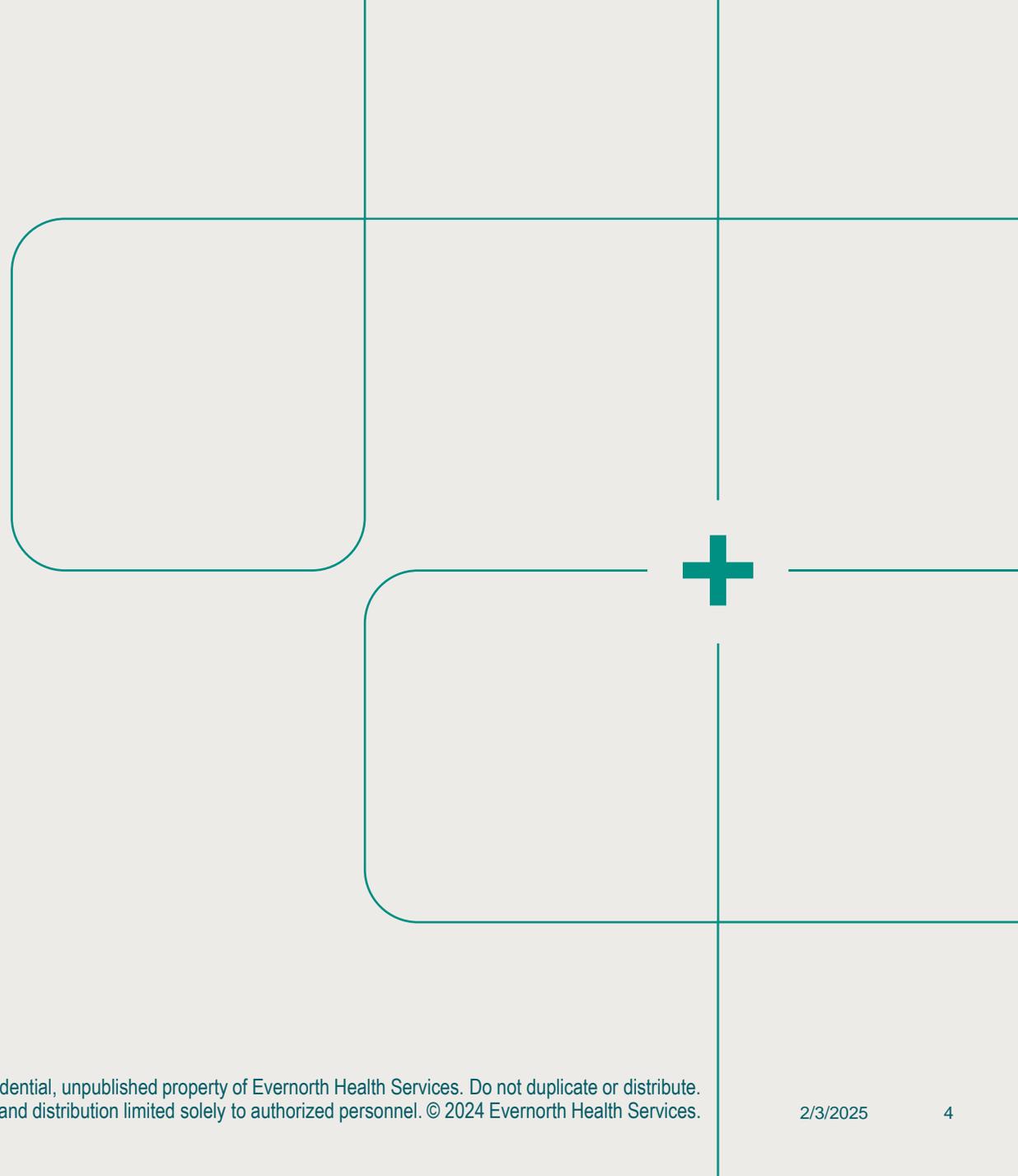
Medical Oncology

EviCore healthcare will begin accepting prior authorization requests for Medical Oncology services on February 1, 2025 for dates of service February 1, 2025 and beyond.

Applicable Membership	Prior Authorization does NOT apply to services that are:	Provider Resource Page
<ul style="list-style-type: none">• Medicare	<ul style="list-style-type: none">• Emergency Room Services• 23 Hour Observations• Inpatient Stays	<p>Providers and/or staff can utilize Zing Health's Provider Resource page to access a list of covered CPT codes, Clinical Worksheets, FAQs, Quick Reference Guides and additional educational materials by visiting:</p> <p>Zing Health Provider Resources EviCore by Evernorth</p>

Providers should contact Zing Health's Customer Service number (866-949-4458) for questions regarding Member Benefits and to determine if a provider is in network.

Provider Experience



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 in 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-in 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 submittals

To access the EviCore Provider Portal, visit [EviCore.com/provider](https://www.evicore.com/provider)

By phone: **855-252-1125**
Monday – Friday
7 am – 7 pm (local time)

By fax: **866-699-8160**



+Necessary Information for Prior Authorization

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

Member

Health Plan ID
Member name
Date of birth (DOB)



Referring (Ordering) Physician

Physician name
National provider identifier (NPI)
Phone & fax number



Rendering Facility

Facility name
Address
National provider identifier (NPI)
Tax identification number (TIN)
Phone & fax number



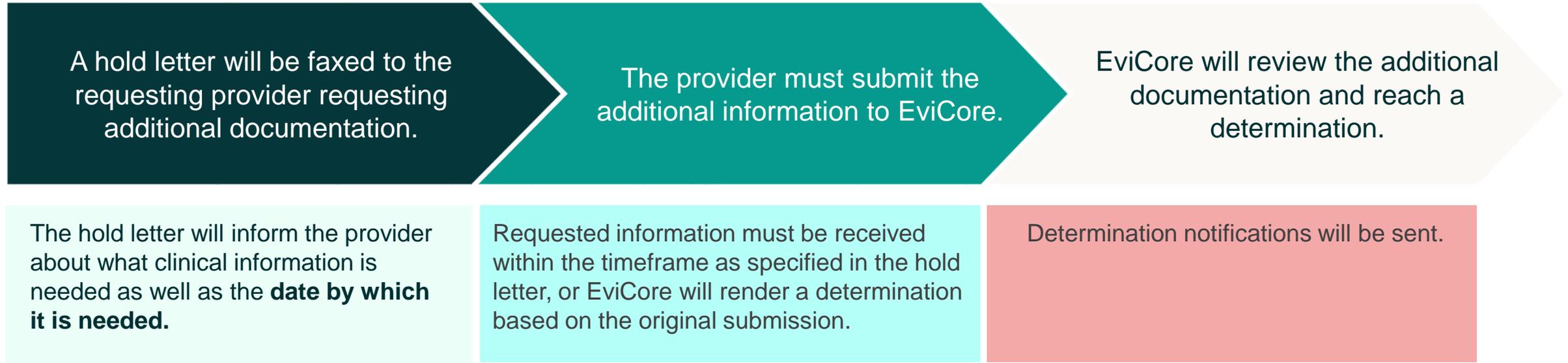
Supporting Clinical

Pertinent clinical information to substantiate medical necessity for the requested service
CPT/HCPCS Code(s)
Diagnosis Code(s)
Previous test results



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:



Pre-Decision Options | Medicare Members

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

Before a denial decision is issued on Medicare cases, EviCore will notify providers telephonically and in writing. From there, additional clinical information must be submitted to EviCore in advance of the due date referenced.

There are three ways to supply the requested information:

1. **Fax** to 866-699-8160
2. **Upload** directly into the case via the provider portal at [EviCore.com](https://www.evicore.com)
3. **Request a Pre-Decision Clinical Consultation**
This consultation can be requested via the EviCore website and must occur prior to the due date referenced

Important to note: If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is not held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed.

Once the determination is made, notifications will go out to the provider and member, and status will be available on [EviCore.com](https://www.evicore.com).



Post-Decision Options Medicare Members

My case has been denied. What's next?

Clinical Consultation

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

Reconsideration

- Medicare cases do not include a reconsideration option

+Appeals

- EviCore **is not delegated for** appeals.



- 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.

Provider Experience – Case Submission

The screenshot displays the provider portal interface. At the top left is the eviCore healthcare logo with the tagline 'by Evernorth'. The main navigation menu includes 'About', 'Solutions', 'Patients', 'Provider's Hub', 'Insights', and 'Careers'. A secondary navigation bar contains 'PROVIDERS:', a checked 'Check Prior Authorization Status' button, a 'Login' button with a user icon, and a 'Resources' dropdown menu. On the right side, there are links for 'Us' and 'Search' with a magnifying glass icon. The central content area features a large heading 'Provider Resources' and a paragraph: 'Welcome to eviCore's hub for provider resources. You can access helpful resources such as educational tutorials, orientation-session information, health plan-specific updates, and guidance on how to navigate the eviCore prior authorization system.' A login form is overlaid on the right, containing fields for 'User ID' and 'Password', each with a 'Forgot' link. Below the fields are checkboxes for 'I agree to HIPAA Disclosure' and 'Remember User ID', followed by a green 'LOGIN' button and a 'Don't have an account? Register Now' link. At the bottom, a search bar is labeled 'Find Provider Resources' and includes a 'Health Plan' dropdown menu and a 'SEARCH' button.

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

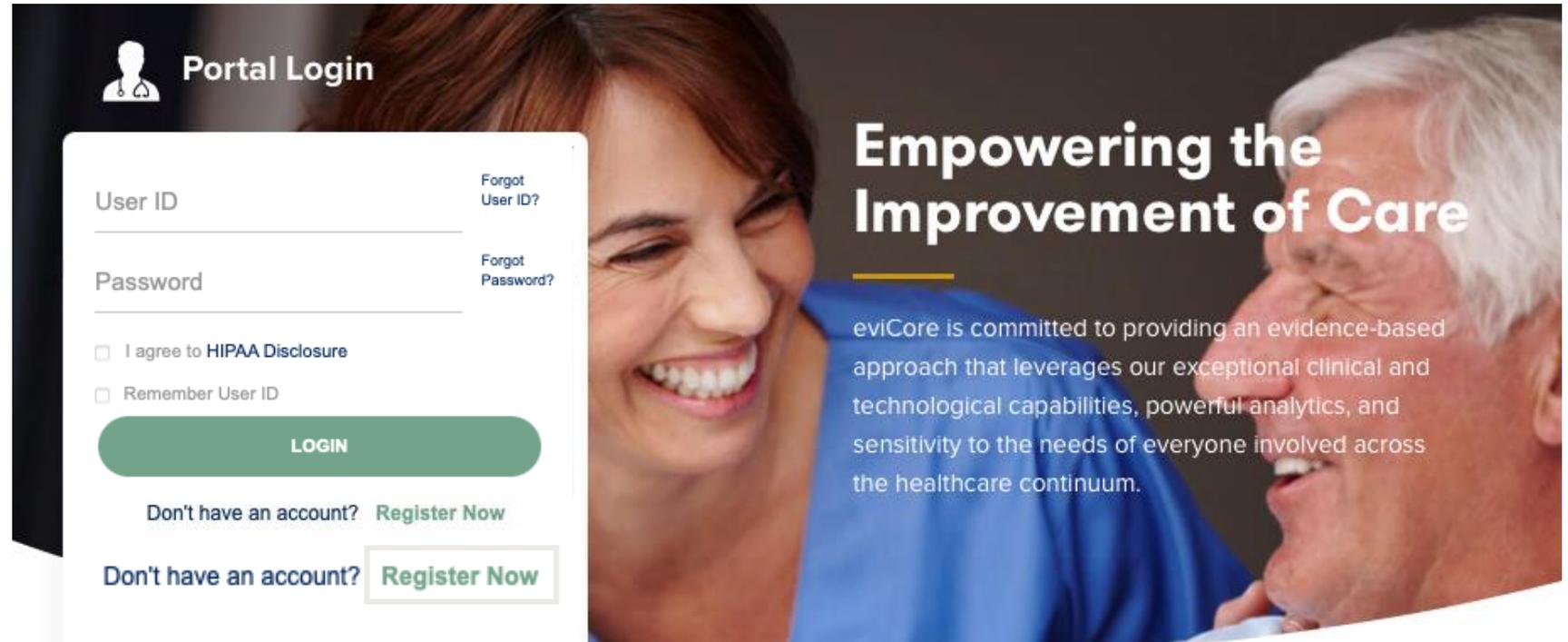
To access resources on the EviCore Provider Portal, visit EviCore.com/provider

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.

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This presentation contains CONFIDENTIAL and PROPRIETARY information.

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.

The screenshot shows the EviCore registration form. At the top left is the EviCore logo with 'By EVERNORTH' underneath. A red asterisk indicates a required field. The form is divided into two main sections: 'Web Portal Preference' and 'User Information'. The 'Web Portal Preference' section has a heading and a sub-heading: 'Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will use to submit cases over the web.' Below this is a dropdown menu for 'Default Portal*' with '--Select--' as the current selection. The 'User Information' section has a heading and a sub-heading: 'All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.' This section contains several input fields: 'User Name*', 'Email*', 'Confirm Email*', 'First Name*', and 'Last Name*' on the left; 'Address*', 'City*', 'State*' (a dropdown menu), and 'Office Name*' on the right; and 'Phone*', 'Ext.', and 'Fax*' on the far right. A 'Zip*' field is also present. A 'Next' button is located at the bottom right of the form. The footer of the page contains a teal bar with 'Web Support 800-645-0418' and a list of links: 'Legal Disclaimer', 'Privacy Policy', 'Terms Of Use', 'Site Specific Terms', 'Corporate Website', 'Report Fraud & Abuse', 'Guidelines and Forms', and 'Contact Us'. Below the links is the copyright notice: '© 2024 eviCore healthcare. All Rights Reserved.'

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 'Set up Two Factor Authentication' interface. At the top, there are two radio buttons: 'Email' (selected) and 'SMS'. Below this is a 'Register Email Address' section with a text input field containing 'example@evicore.com'. A note below the field states 'Only one device (Email or SMS) is currently allowed.' A green 'Send PIN' button is positioned below the email field. The next section is 'Please enter PIN sent to your Email Address', featuring a text input field for the 'PIN'. Below this field are two buttons: a green 'Submit' button and a grey 'Skip' button.

+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**

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.

Patricia Allen

- Email: pallen@EviCore.com
- Phone: 800-918-8924 x 24176.

Web-Based Services and Portal Support

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



Call Center

Call 855-252-1125, 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: [Zing Health Provider Resources | EviCore by Evernorth](#)

Contact our Client and Provider Services team via email at ClientServices@EviCore.com or by phone at **1-800-646-0418 (option 4)**

EviCore's Provider Newsletter

Stay up-to-date with our free provider newsletter

+To subscribe:

- Visit [EviCore.com](https://www.evicore.com)
- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**
- Enter a valid email address



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

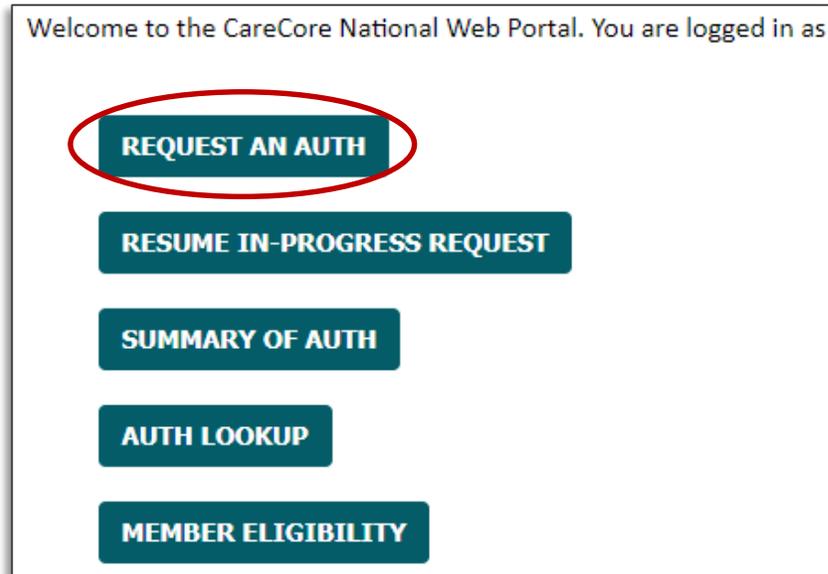
Register for a Provider Resource Review Forum:

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



Portal Case Submission

Initiating a Case



- Click the **Clinical Certification** tab to get started.
- Choose **Request an Auth** to begin a new case request.

Provider Experience – Case Submission

The screenshot displays the CareCore National Web Portal interface. At the top left is the EviCore healthcare logo. A navigation bar contains links for Home, Authorization Lookup, MedSolutions Portal, CareCore National Portal, and Help / Contact Us. The date and time are shown as Wednesday, January 24, 2024 11:38 AM. The main content area is titled 'Request an Authorization' and includes a list of medical programs with radio buttons. A callout box with a teal background and white text points to the 'REQUEST AN AUTH' button, stating: 'Select option to “Request an Auth” and then the program.' Below the list of programs is a 'CONTINUE' button and a 'Click here for help' link. On the right side of the page, there is a vertical list of buttons: 'REQUEST AN AUTH', 'RESUME IN-PROGRESS REQUEST', 'SUMMARY OF AUTH', 'AUTH LOOKUP', and 'MEMBER ELIGIBILITY'. A welcome message at the top right reads: 'Welcome to the CareCore National Web Portal. You are logged in as'.

Request an Authorization

To begin, please select a program below:

- Durable Medical Equipment(DME)
- Gastroenterology
- Lab Management Program
- Medical Oncology Pathways
- Musculoskeletal Management
- Pharmacy Drugs (Express Scripts Coverage)
- Radiation Therapy Management Program (RTMP)
- Radiology and Cardiology
- Sleep Management
- Specialty Drugs

CONTINUE

[Click here for help](#)

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

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

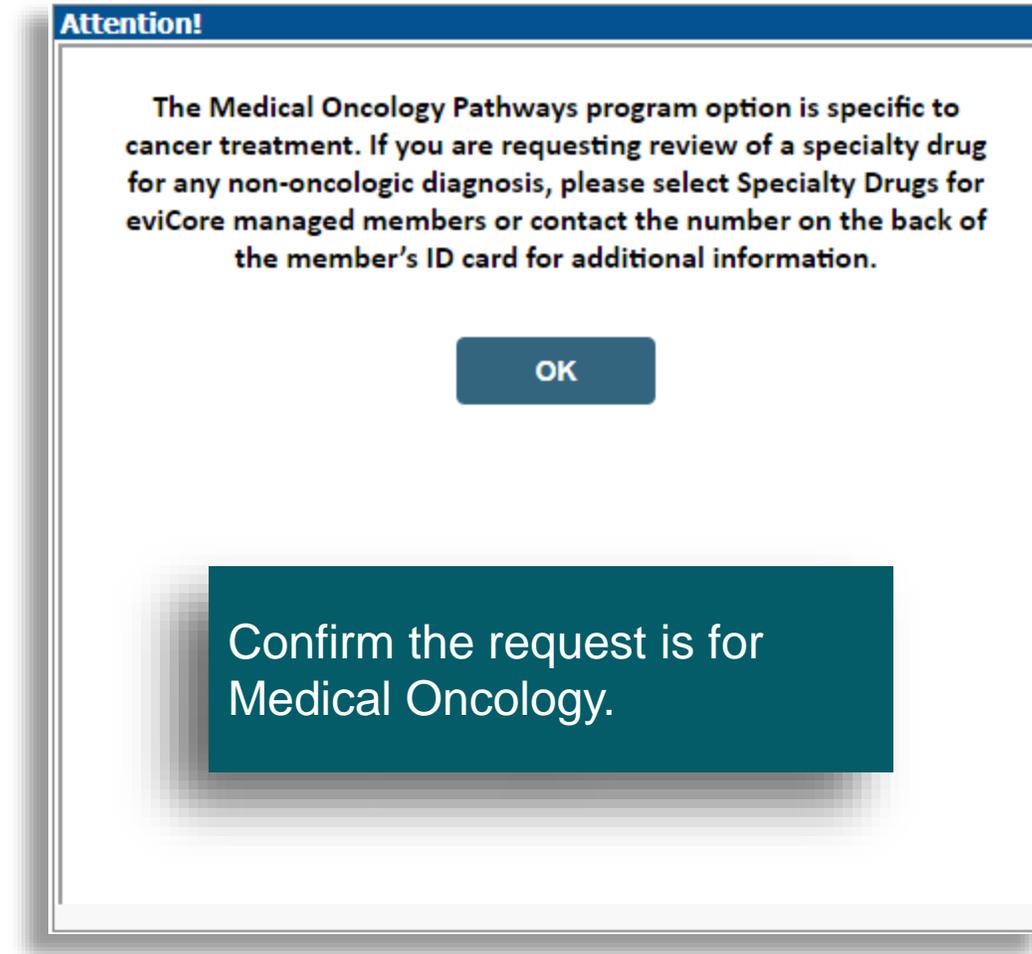
SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

Select option to “Request an Auth” and then the program.

Provider Experience – Case Submission



Provider Experience – Case Submission

Requesting Provider Information

Select the ordering provider for this authorization request.

Your account currently has no active providers. Please use the search feature below to add providers to your account and proceed with case build.

Search By NPI:

SEARCH

BACK

CONTINUE

[Click here for help](#)

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The Office user will select the treating physician from their pre-populated affiliated physician list.

	Provider
SELECT	1063644797 - BELICENA, MARIA THERESA
SELECT	1275548018 - BERGQUIST, SHARON
SELECT	1386733871 - SHERMAN, WILLIAM
SELECT	1588812242 - SMITH, DAVID
SELECT	1396862892 - STAPLES, SUZANNE

Enter Contact Information

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

Receive notification of case status changes. Please enter email address in box above.

Please review the fax and phone numbers presented for accuracy. Change as necessary and click "Confirm Fax and Continue" to confirm they are correct. Changes apply only to this specific request. If you wish the change to be permanent, please contact the Health Plan.

[Click here for help](#)

[BACK](#) [CONFIRM FAX AND CONTINUE](#)

- Enter/Edit the **provider's name** and appropriate information for the point of contact.
- Practitioner name, fax, and phone will pre-populate; edit as necessary.

The e-notification box is checked by default to enable email notices for any updates on case status changes. Make sure to uncheck this box if you prefer to receive faxed notices.

Provider Experience – Case Submission

Patient Eligibility Lookup

New Patient Registration

Member ID
(no spaces or dashes)

Date of Birth (MM/DD/YYYY)

Last Name

First Name (optional)

SEARCH **CANCEL**

Current Patients

Filter by Physician
All Providers ▾

 (type to filter by patient name)

User or provider has no patients ▲

New Patient Registration

Provider:

Health Plan:

Member ID:

Date of Birth:

Name:

City, State:

Do you want to continue with this patient?

YES **NO**

New patients are registered or current patients are selected from the drop down list. If a new patient is being registered and eligibility is verified, a confirmation screen will appear. Click “Yes” to continue.

Provider Experience – Case Submission

Attention!

Patient ID: [REDACTED] Time: 1/24/2024 2:28 PM

Patient Name: [REDACTED]

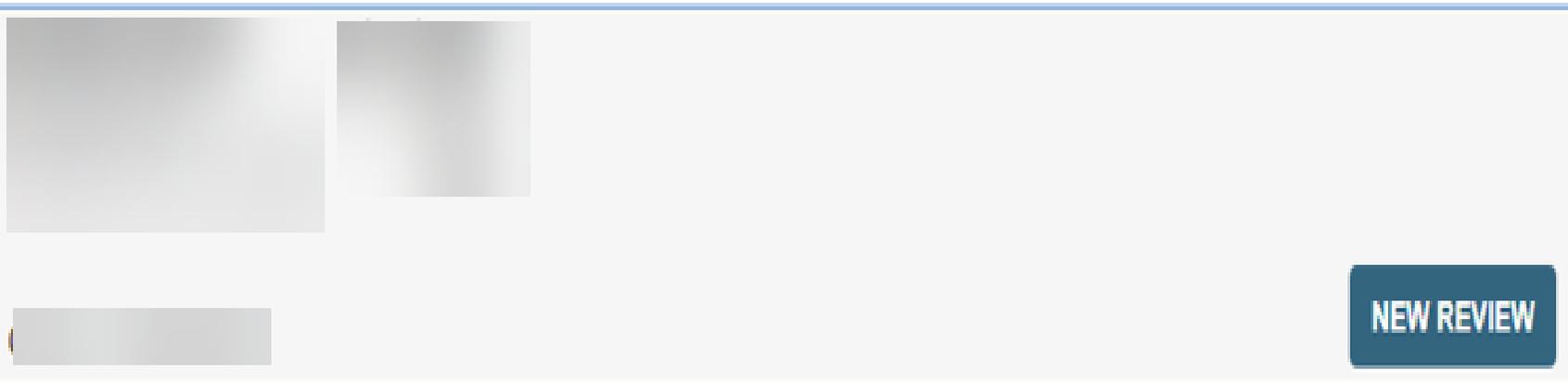
Please provide the patient's best contact number including area code.

SUBMIT

Provide the patient's best contact number. Click "submit" to continue.

Provider Experience – Case Submission

Clinical Certification

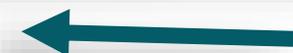


A screenshot of a clinical certification form. The form contains several input fields, some of which are blurred. A prominent blue button labeled "NEW REVIEW" is located in the bottom right corner of the form area.

Reviews

Date	Physician	Case #	Cancer Type	Therapy	Treatment	Status		
1/29/2024	BELICENA, MARIA		Undetermined	Primary	Undetermined	Expired		VIEW HISTORY

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.



Click to view clinical information, Jcodes, and expiration date.

Provider Experience – Case Submission

Attention!

Patient ID : Time: 3/4/2019 2:02 PM
Patient Name:

What is the anticipated start date of treatment? MM/DD/20YY

Attention!

CHEMO – Chemotherapy: Select this option for primary therapy; when the drug/regimen is being used to treat the cancer itself. If you need supportive drugs as well, you will have an option to request those at the end of the primary therapy request.

SPORT – Supportive: Select this option when the drug(s) are being used to prevent or treat the side effects of the primary therapy (example: anti-emetics).

Enter:
Start Date of Treatment
Take note of important message
describing CHEMO and SPORT.

Provider Experience – Case Submission

Requested Service + Diagnosis

This procedure will be performed on 1/26/2024.

[CHANGE](#)

Medical Oncology Pathways

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

CHEMO

Don't see your procedure code or type of service? [Click here](#)

Primary Chemotherapy and Supportive drugs must be entered as separate requests.

Diagnosis

Select a Primary Diagnosis Code (Lookup by Code or Description)

[LOOKUP](#)

	Diagnosis Code	Description
SELECT	153.1	Malignant neoplasm of transverse colon
SELECT	153.2	Malignant neoplasm of descending colon
SELECT	153.3	Malignant neoplasm of sigmoid colon

Requested Service + Diagnosis

This procedure will be performed on 1/26/2024.

[CHANGE](#)

Medical Oncology Pathways

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

CHEMO

Don't see your procedure code or type of service? [Click here](#)

Primary Chemotherapy and Supportive drugs must be entered as separate requests.

Diagnosis

Primary Diagnosis Code: **153.1**

Description: **Malignant neoplasm of transverse colon**

[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)

Secondary diagnosis is optional for Medical Oncology Pathways

[LOOKUP](#)

[BACK](#)

[CONTINUE](#)

Select ICD10 by entering code or description.
Select "Continue".

Provider Experience – Case Submission

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: 1/26/2024
Medical Oncology Pathways: CHEMO
Description: CHEMOTHERAPY
Primary Diagnosis Code: 153.1
Primary Diagnosis: Malignant neoplasm of transverse colon
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

Attention!

Will treatments be billed under the same TIN as the ordering provider?

Yes

No

- Confirm the information entered or use the 'change' links to go back and make corrections as needed.
- Answer if treatments will be billed under the same TIN as the ordering provider.

Provider Experience – Case Submission

Attention!

Please ask the caller to provide a Fax number in order to proceed with the selection. Did the caller provided a number?

YES **NO**

Attention!

If the caller did not provide any number, click on Unknown. Otherwise enter the Phone/Fax number and click on Submit

Fax:*

SUBMIT **UNKNOWN**

Provide fax number if known.

Provider Experience – Case Submission

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.

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

Provider Experience- Case Submission

Non-cancer diagnosis

Summary of Your Request

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

The Diagnosis code selected is for a non-cancer indication which is not in scope for the Medical Oncology program at eviCore. This case will be expired. Please contact the health plan if you have any questions.

Provider Name:		Contact:	
Provider Address:		Phone Number:	
		Fax Number:	
Patient Name:		Patient Id:	
Insurance Carrier:			
Site Name:		Site ID:	
Site Address:			
Primary Diagnosis Code:	153.1	Description:	Malignant neoplasm of transverse colon
Secondary Diagnosis Code:		Description:	
Date of Service:	1/31/2024	Description:	CHEMOTHERAPY
CPT Code:	CHEMO		
Case Number:			
Review Date:	1/29/2024 12:26:26 PM		
Expiration Date:	N/A		
Status:			

CANCEL

PRINT

CONTINUE

[Click here for help](#)

Provider Experience – Case Submission

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

Answer if the request is “Routine/Standard”. If no, select “Urgency Indicator”.

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 standard/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

Provider Experience – Case Submission

Proceed to Clinical Information

Indicate the Cancer Type:

▼ Other (specify)

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

Please click Submit

SUBMIT

Finish Later

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

CANCEL

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.

The request can also be completed at a later time. Must be completed by the end of the day requested.

Provider Experience – Case Submission

Exclusions are confirmed.

Proceed to Clinical Information

 Please select all of the following that apply:

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

SUBMIT

Provider Experience – Case Submission

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

Confirm Place of Service.

Provider Experience – Case Submission

Proceed to Clinical Information

Was the patient initially diagnosed with metastatic disease beyond locoregional nodes?

Yes No

SUBMIT

Proceed to Clinical Information

Has the disease persisted, progressed or recurred?

Yes No

SUBMIT

Proceed to Clinical Information

Most recent entry for this patient: None

What is the histology of the cancer?

- Papillary carcinoma
- Follicular carcinoma
- Oncocytic cell carcinoma
- Medullary carcinoma
- Anaplastic carcinoma

SUBMIT

Proceed to Clinical Information

Enter the month and year of initial diagnosis in the format mm/yyyy. If the month is not known enter "00" for MM.

SUBMIT

The office 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 drop down or click selection to allow for quick entry and structured data for reporting and analysis.

Provider Experience – Case Submission

Proceed to Clinical Information

The National Comprehensive Cancer Network® (NCCN®) believes that the best management for any patient with cancer is in a clinical trial and that participation in clinical trials is especially encouraged. In some situations, trial participation may not be included in the patient's benefit plan design.

The following list represents potential treatment clinical trial matches in active and open enrollment status for this patient based on a search of the National Cancer Institute's (NCI) clinical trial database using the information gathered in this prior authorization request.

Trials are sorted in order of proximity between the patient's ZIP code and the nearest participating provider. This search result is limited to a maximum of 50. Please visit the NCI website www.cancer.gov if you would like to expand your search. By default, the following search result is filtered to Phase 2 and 3 clinical trials. You may customize the search result to particular states and clinical trial phases using the filters below.

If you would like more information on any of the clinical trials displayed, select the clinical trial(s) of interest, using the checkbox on the left and click "SUBMIT" to have more information sent to you. You may also click on the corresponding Trial ID and a new browser window will open with more information on that trial.

If you do not wish to receive more information on any clinical trials, click "SUBMIT" to continue without selecting any of the checkboxes.

If your patient's tumor contains a genetic abnormality, the MATCH (NCT02465060) and TAPUR (NCT02693535) clinical trials offer investigational targeted drug therapies for a wide variety of cancers.

Links

- [MATCH](#)
- [TAPUR](#)



SUBMIT

All NCCN recommended treatments are displayed. This can be modified to display a filtered list based on level of evidence or other factors at Cigna's request.

Provider Experience – Case Submission

All NCCN recommended treatments are displayed. This can be modified to display a filtered list based on level of evidence or other factors at Cigna's request.

Proceed to Clinical Information

The treatment options listed below reflect the recommendations of the National Comprehensive Cancer Network (NCCN) based on the clinical information submitted. Febrile Neutropenia and Emetic Risk are sourced from the NCCN Guidelines and supplemented by supporting literature.

By selecting an NCCN regimen you will be granted an immediate authorization.* If a Pathway regimen is not selected, a peer consultation with an eviCore Medical Director may be required.

*Other policies may apply in select situations.

You will be given the ability to select biosimilar products – when available – after first selecting your regimen below.

Select Treatment Option:

	Regimen	Pathway	Febrile Neutropenia Risk	Emetic Risk
<input type="radio"/>	VAIA: (Vincristine + Doxorubicin (alternating with Dactinomycin + Ifosfamide + mesna)	<input type="checkbox"/>	High	High
<input type="radio"/>	VDC/IE (Vincristine + Doxorubicin HCL + Cyclophosphamide + Ifosfamide + Etoposide)	<input type="checkbox"/>	High	High
<input type="radio"/>	VIDE (Vincristine + Ifosfamide + Doxorubicin HCL (or Dactinomycin) + Etoposide)	<input type="checkbox"/>	High	High
<input type="radio"/>	Build a Custom Treatment Plan (May Require Additional Clinical Review)			

SUBMIT

*The system is designed to managed injectable chemotherapy only or injectable + oral chemotherapy
This will be decided as part of the program design conversation.*

Provider Experience – Case Submission

Proceed to Clinical 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 select "Other" and provide a treatment regimen.

Drug List:

- 5-Fluorouracil (Acrucil, 5FU, 5FU, Acrucil)
- 5FU (5-Fluorouracil)
- 5FU (5-Fluorouracil)
- Abemaciclib - oral (Verzenio)
- Abiraterone Acetate - oral (Zytiga, Zytiga)
- Abiraterone Acetate - oral (Zytiga, Zytiga), Yonsa
- Abraxane (Paclitaxel (albumin-bound))
- Abraxane (Paclitaxel (albumin-bound))
- Abraxane (Paclitaxel (albumin-bound))
- Abraxane (Paclitaxel (albumin-bound))
- Acalabrutinib - oral (Calquence, Calquence)
- Actemra (Tocilizumab)
- Actimmune (Interferon, gamma-1b)
- Adagrasib - oral (Krazati)
- Adcetris (Brentuximab Vedotin)
- Ado-Trastuzumab Emtansine (Kadcyla)
- Adriamycin (Doxorubicin HCL)
- Acrucil (5-Fluorouracil)
- Acrucil (5-Fluorouracil)

- Lynparza (Olaparib - oral)
- Lynparza (Olaparib - oral)
- Lytgobi (Futibatinib - oral)
- Lytgobi (Futibatinib - oral)
- Margenza (Margetuximab-cmkb)
- Margetuximab-cmkb (Margenza)
- Mekinist (Trametinib - oral)
- Mekinist (Trametinib - oral)
- Mekinist (Trametinib - oral)
- Mektovi (Binimetinib - oral)
- Mektovi (Binimetinib - oral)
- Melphalan HCL - inj (Alker
- Melphalan HCL (Evomela)
- Methotrexate (accord)
- Midostaurin - oral (Rydapt)
- Mirvetuximab Soravtansin
- Mitomycin (Jelmyto)
- Mitomycin (Mutamycin, M
- Mitoxana (Ifosfamide)

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 drop down list and the user has the opportunity to attach or enter supporting information for the request.

Proceed to Clinical Information

Is there any additional clinical information you would like to submit at this time?

Documentation to support your proposed treatment should be submitted in the following manner:

- Free text in box below
 - Attach documentation to case
- If you need additional time, click "Save and Exit" and return by clicking "RESUME".

Click 'Submit' if you have no additional clinical information to add at this time.

Enter supporting Clinical Information in the field below:

You may attach up to 5 documents no larger than 5 MB each (25 MB total). Click "Browse" to select the document from your desktop or other network location.

Attach a document:

Allowable file formats:
.DOC, .DOCX, .PDF, .JPG, .JPEG, .TIF, .TXT

Attach a document:

Choose File No file chosen

Provider Experience – Case Submission

Proceed to Clinical Information

i Patient height in inches:

i Patient weight in pounds:

SUBMIT

Proceed to Clinical Information

Please confirm the clinical information provided below is correct and click "submit" to complete your request.

SUBMIT

Proceed to Clinical Information

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

SUBMIT CASE

[Click here for help](#)

Continue answering additional questions and confirm it is accurate.

Provider Experience-Case Submission

Approved Case

Summary of Your Request

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

Your case has been APPROVED.

The prior authorization you submitted, Case [REDACTED], has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

Provider Name:	[REDACTED]	Contact:	[REDACTED]
Provider Address:	[REDACTED]	Phone Number:	[REDACTED]
		Fax Number:	[REDACTED]
Patient Name:	[REDACTED]	Patient Id:	[REDACTED]
Insurance Carrier:	[REDACTED]		
Site Name:	[REDACTED]	Site ID:	[REDACTED]
Site Address:	[REDACTED]		
Primary Diagnosis Code:	C50.412	Description:	Malignant neoplasm of upper-outer quadrant of left female breast
Secondary Diagnosis Code:		Description:	
Date of Service:	2/2/2024	Drug(s):	PACLITAXEL (TAXOL, NOV-ONXOL, TAXOL, NOV-ONXOL), TRASTUZUMAB-DKST (OGIVIRI)
HCPCS Code(s):	J9267, Q5114		
Authorization Number:	[REDACTED]		
Review Date:	1/30/2024 1:59:59 PM		
Expiration Date:	4/2/2025		
Status:	Your case has been APPROVED. The prior authorization you submitted, Case [REDACTED] has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.		

- CANCEL
- PRINT
- GO TO PATIENT HISTORY
- REQUEST SUPPORTIVES

Provider Experience – Case Submission - Supportives

Attention!

CHEMO – Chemotherapy: Select this option for primary therapy; when the drug/regimen is being used to treat the cancer itself. If you need supportive drugs as well, you will have an option to request those at the end of the primary therapy request.

SPORT – Supportive: Select this option when the drug(s) are being used to prevent or treat the side effects of the primary therapy (example: anti-emetics).

OK

Read through attention messages to confirm request.

Provider Experience – Case Submission - Supportives

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: 1/31/2024
Medical Oncology Pathways: SPORT
Description: SUPPORTIVE THERAPIES
Primary Diagnosis Code: C11.1
Primary Diagnosis: Malignant neoplasm of posterior wall of nasopharynx
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

If “Request Supportives” is selected, a new case is started and the user is dropped on this screen 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

Provider Experience – Case Submission - Supportives

Attention!

Will treatments be billed under the same TIN as the ordering provider?

Indicate if treatments will be billed under same tax id number as ordering provider.

Provider Experience – Case Submission - Supportives

Proceed to Clinical Information

1 Indicate the Cancer Type:

Colon/Rectal Cancer

SUBMIT

Proceed to Clinical Information

1 Which class of drugs do you intend to treat with?

Antiemetic agents

Other supportive agents (such as erythropoiesis-stimul

SUBMIT

Proceed to Clinical Information

1 Indicate the requested supportive agent:

Bevacizumab (Alymsys)
Bevacizumab (Mvasi)
Bevacizumab (Vegzelma)
Bevacizumab (Zirabev)
Burosumab (Crysvita)
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
Dronabinol (Syndros) Oral Solution
Eflapegrastim-xnst (Rolvedon)
TIMES PER WEEK
ONCE EVERY 2 WEEKS
ONCE EVERY 3 WEEKS
WEEKLY
TIMES PER WEEK

User will be asked to indicate the drug needed and may be asked for additional clinical information to support that request. If multiple supportive drugs are needed a separate request must be entered for each drug.

Provider Experience – Case Submission

Summary of Your Request

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

Request does not contain any drugs managed for this member under this program.

Provider Name:	[REDACTED]	Contact:	[REDACTED]
Provider Address:	[REDACTED]	Phone Number:	[REDACTED]
		Fax Number:	[REDACTED]
Patient Name:	[REDACTED]	Patient Id:	[REDACTED]
Insurance Carrier:	[REDACTED]		
Site Name:	[REDACTED]	Site Id:	684GQZ
Site Address:	[REDACTED]		
Primary Diagnosis Code:	C00.0	Description:	Malignant neoplasm of external upper lip
Secondary Diagnosis Code:		Description:	
Date of Service:	2/2/2024	Description:	CHEMOTHERAPY
CPT Code:	CHEMO		
Case Number:	1184814046		
Review Date:	1/30/2024 10:21:35 AM		
Expiration Date:	N/A		
Status:	Request does not contain any drugs managed for this member under this program.		

The summary screen confirms that status and details of the request.

- CANCEL
- PRINT
- GO TO PATIENT HISTORY
- REQUEST SUPPORTIVES

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:	

P2P AVAILABILITY

P2P AVAILABILITY [Request Peer to Peer Consultation](#)

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:	

ALL POST DECISION OPTIONS

- 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 (con't.)

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 (con't.)

Case Info

1st Case

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

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

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

Time Zone
US/Eastern

[Continue >](#)

- You will be prompted with a list of EviCore Physicians / Reviewers and appointment options
- 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**

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...	-	-	-

+Provider Resources | Schedule a P2P Request (con't.)

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

Scheduling

Scheduled

Mon 5/18/20 - 6:30 pm EDT

SCHEDULED

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 | Schedule a P2P Request (con't.)

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

Scheduling

Scheduled

Mon 5/18/20 - 6:30 pm EDT

SCHEDULED

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

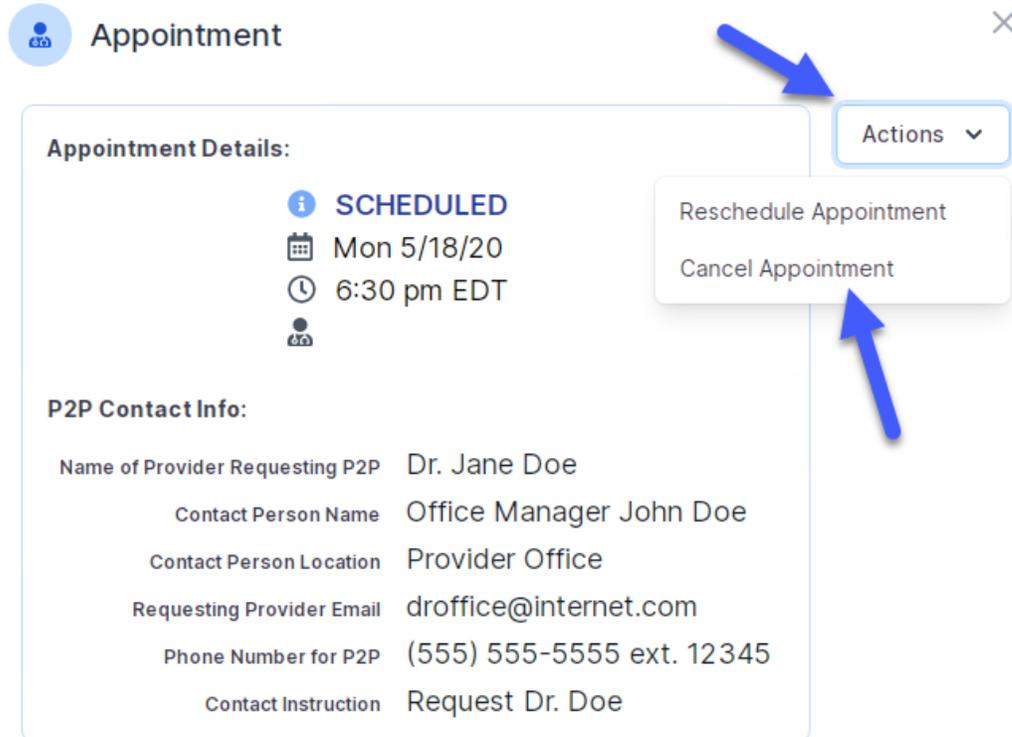
- Name of Provider Requesting P2P
- Phone Number for P2P
- Contact Instructions

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 'i')
- Date: **Mon 5/18/20** (indicated by a calendar icon)
- Time: **6:30 pm EDT** (indicated by a clock 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

On the right side of the "Appointment Details" section, there is an "Actions" drop-down menu. A blue arrow points to this menu. A secondary menu is open, showing two options: "Reschedule Appointment" and "Cancel Appointment". A second blue arrow points to the "Cancel Appointment" option.

To cancel or reschedule an appointment:

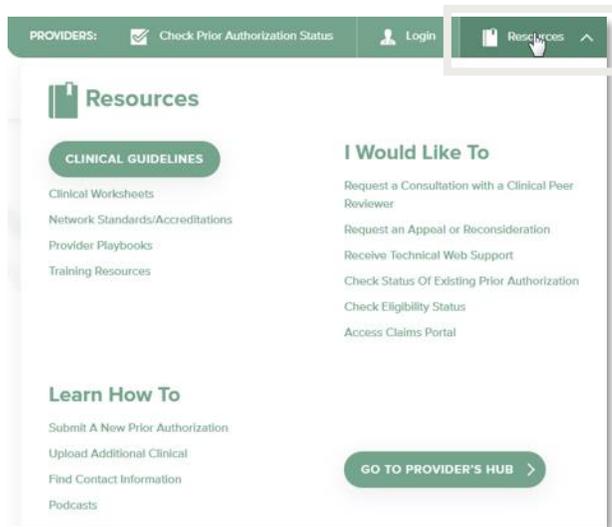
- Access the scheduling software and select **My P2P Requests** on the left-pane navigation
- Select the request you would like to modify from the list of available appointments
- When the request appears, click on the schedule link. An appointment window will open
- Click on the **Actions** drop-down 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: Patricia Allen, Sr. Regional Provider Engagement Manager	pallen@EviCore.com	800-918-8924, ex. 24176
Worksheets	EviCore.com/provider/online-forms	
Clinical Guidelines	EviCore.com/provider/clinical-guidelines	
Request a Clinical Consultation	EviCore.com	

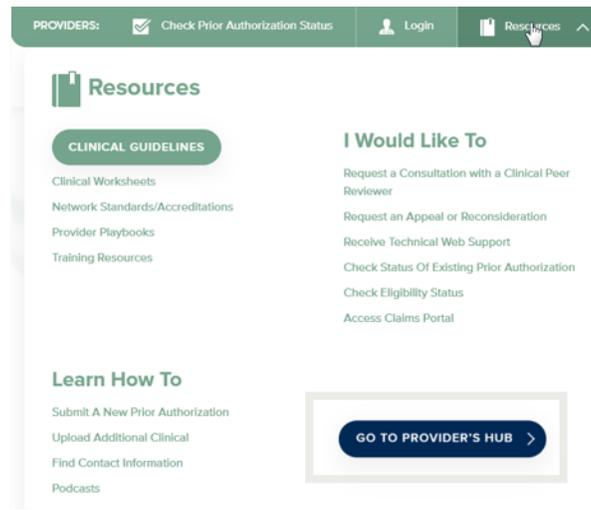
+Provider Resources | EviCore Provider's Hub

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



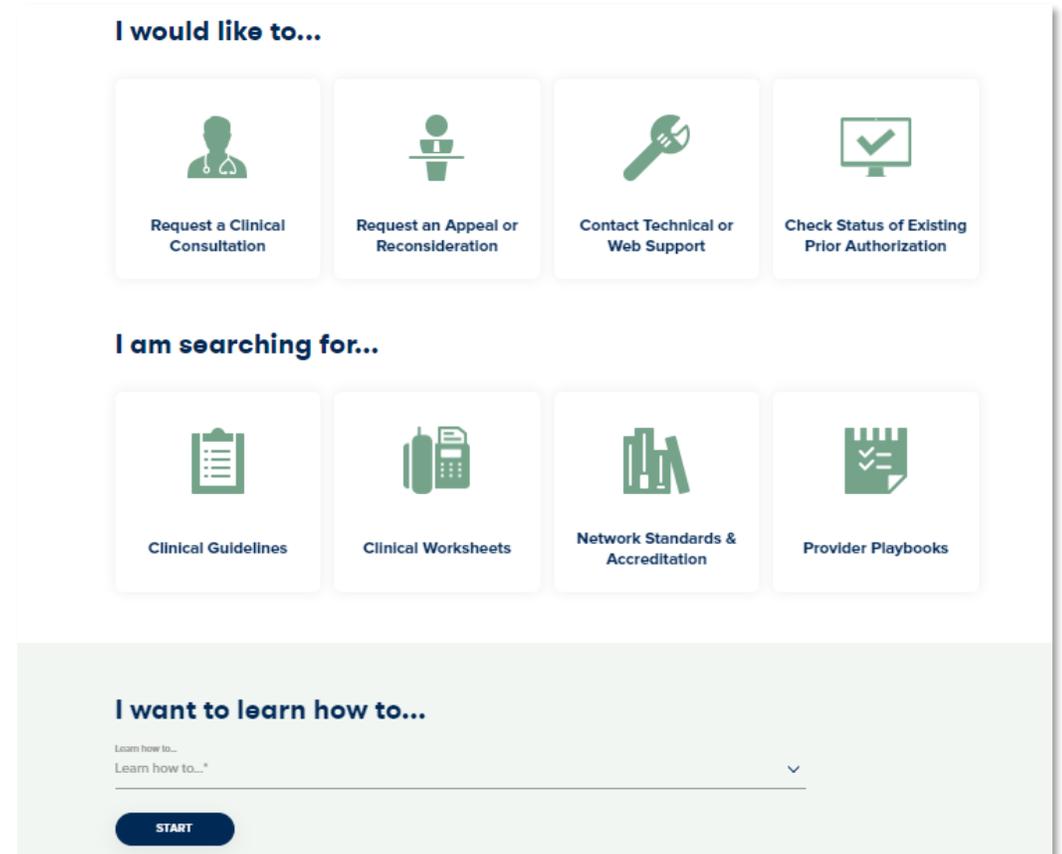
Step 1

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



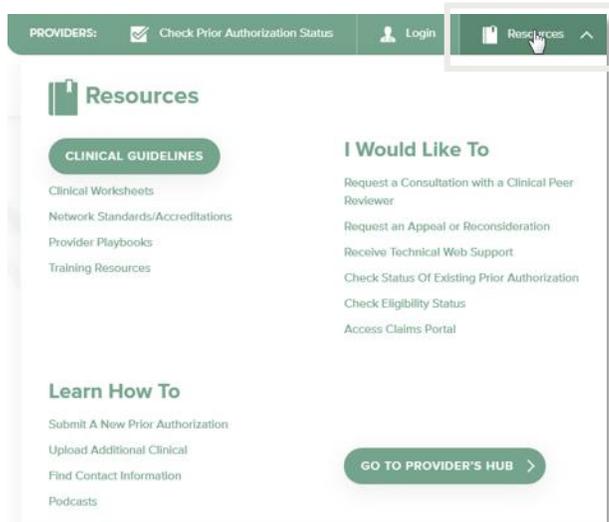
Step 2

Select **GO TO PROVIDERS HUB** to access clinical guidelines, schedule consultations (P2P), and more



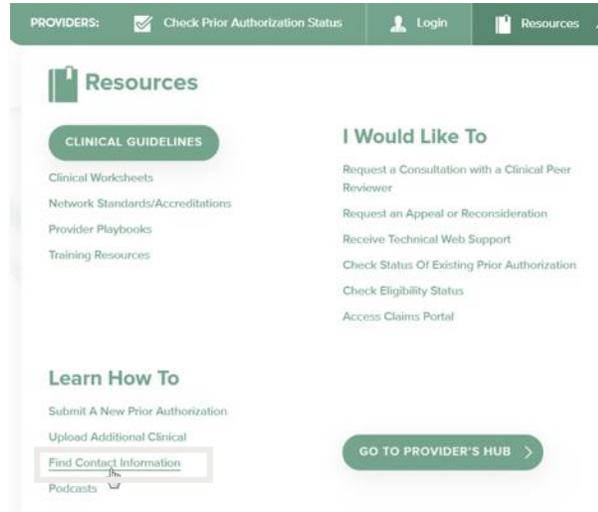
+Provider Resources | Quick Reference Tool

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**

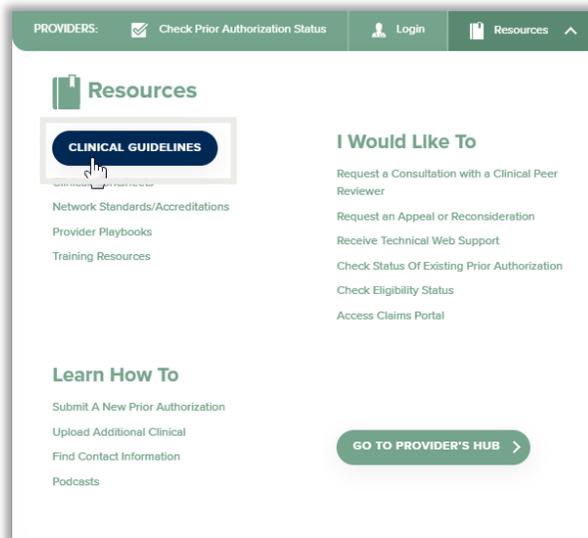


Step 3

- 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

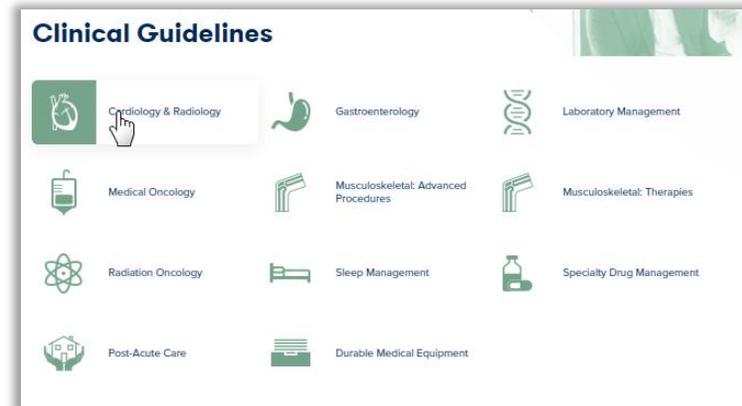
+Provider Resources | Clinical Guidelines

How do I access EviCore's clinical guidelines?



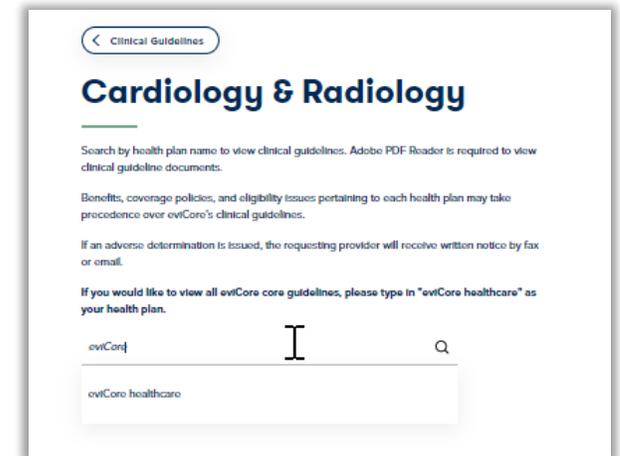
Step 1

- 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



Thank You