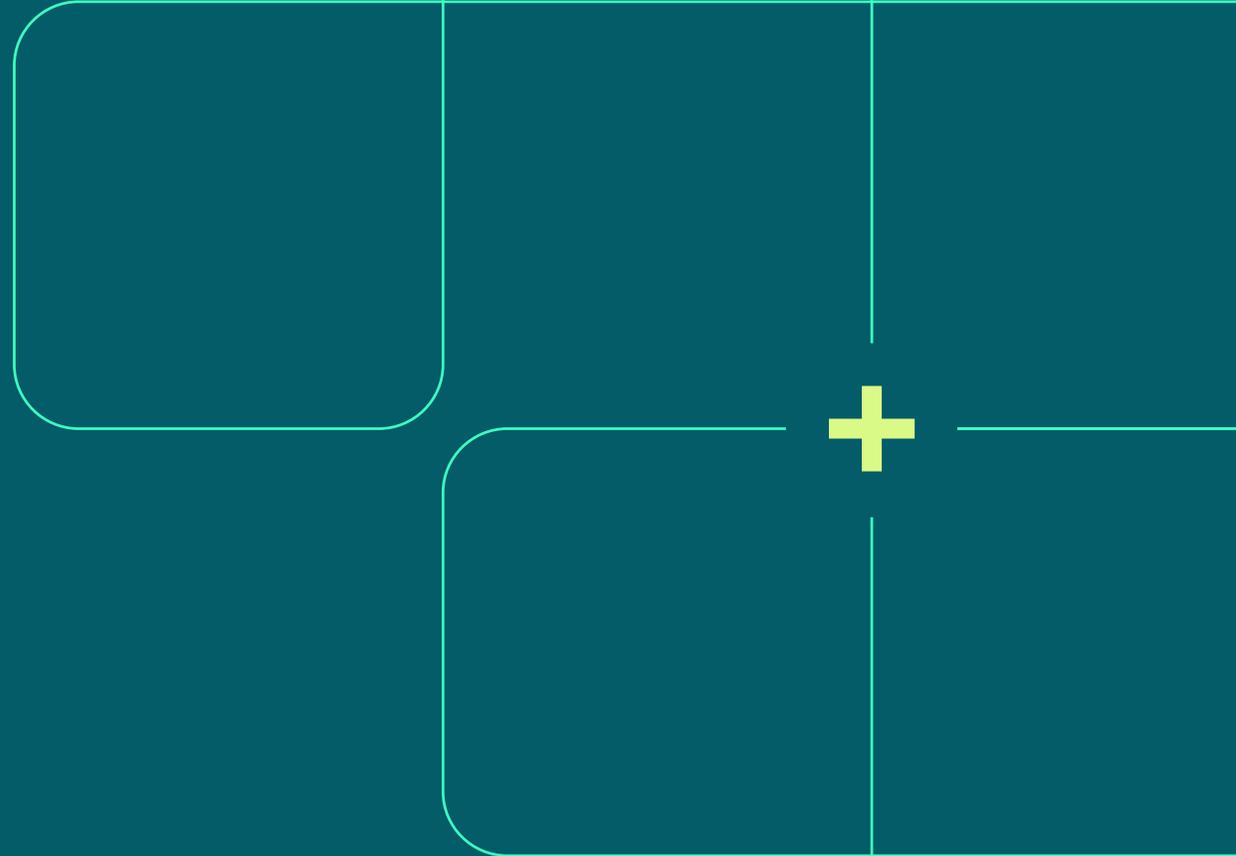


Medical Oncology Provider Experience



Agenda:

Solutions Overview

Submitting Requests

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

EviCore Provider Portal

Overview, Features, and Benefits

Provider Resources

Questions & Next Steps

Appendix

- Step-by-Step Case Submission
- Self-Service Peer-to-Peer Scheduling Tool

Solution Overview

Applicable Memberships

- + Medicare
- + • 65 Plus Plan (HMO)
- + • Coordinated Benefits Plan (HMO)
- + • Increased Benefits Plan (HMO)
- + • CompleteCare (HMO D-SNP)
- + • Connection Plan (HMO D-SNP)
- + • Life Improvement Plan (HMO D-SNP)
- + • Signature (HMO)
- + • Signature (PPO)
- + Medicaid Managed Care
- + Child Health Plus
- + Personal Wellness Plan (also known as Health and Recovery Plan (HARP))
- + Essential Plans
- + • Essential Plan 1
- + • Essential Plan 2
- + • Essential Plan 3
- + • Essential Plan 4

- + Leaf and Leaf Premier Plans
- + • Platinum Leaf and Platinum Leaf Premier
- + • Gold Leaf and Gold Leaf Premier
- + • Silver Leaf and Silver Leaf Premier
- + • Bronze Leaf and Bronze Leaf Premier
- + • Green Leaf
- + Total EPO Plans
- + • Platinum Total EPO
- + • Gold Total EPO
- + • Silver Total EPO
- + • Bronze Total EPO
- + Pro and Pro Plus Plans
- + • Platinum Pro EPO and Platinum Pro Plus EPO
- + • Gold Pro EPO and Gold Pro Plus EPO
- + • Gold 25/50/0 Pro EPO and Gold 25/50/0 Pro Plus EPO
- + • Gold 1350 Pro EPO and Gold 1350 Pro Plus EPO
- + • Silver Pro EPO and Silver Pro Plus EPO
- + • Silver 40/75/4700 Pro EPO and Silver 40/75/4700 Pro Plus EPO
- + • Bronze Pro EPO and Bronze Pro Plus EPO
- + • Bronze 6850 Pro EPO and Bronze 6850 Pro Plus EPO
- + • Bronze 5250 Pro EPO

Please Note: Senior Health Partners (SHP), a managed long-term care plan, is excluded.

Medical Oncology Solution

The following types of drugs are included if being used to treat cancer, and if billed under the Medical or Pharmacy Benefit

- **Infused, oral, and self-administered drugs in the primary treatment of cancer administered in the office or outpatient setting consistent with NCCN guidelines**
- **Select supportive agents included with the approved treatment regimen of cancer-related symptoms**
- **Companion diagnostics / precision medicine**

To find a list of CPT codes that require prior authorization through EviCore, please visit:

[Healthfirst Provider Resources | EviCore by Evernorth](#)

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Submitting Requests

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

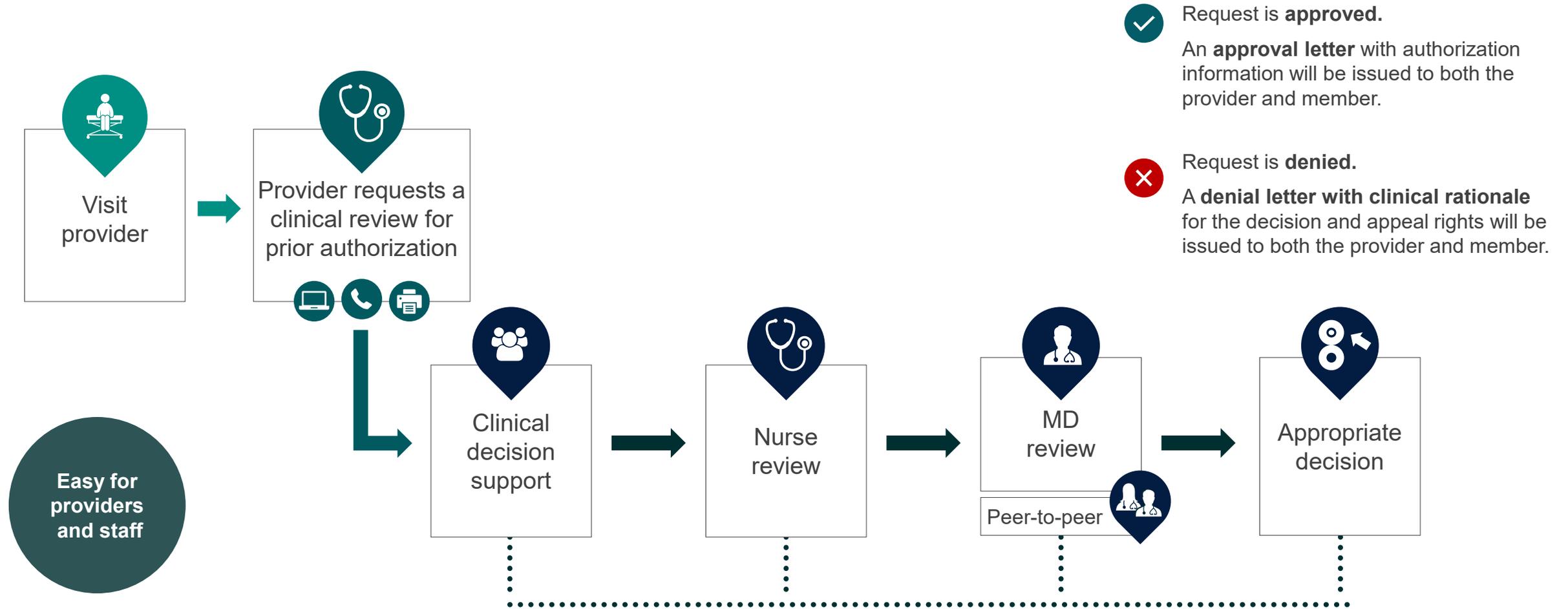
EviCore
By EVERNORTH



Phone: 888-801-1660
Monday – Friday
7 AM – 7 PM (local time)

Fax: 866-466-6964

Utilization Management | Prior Authorization



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) Provider

- 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



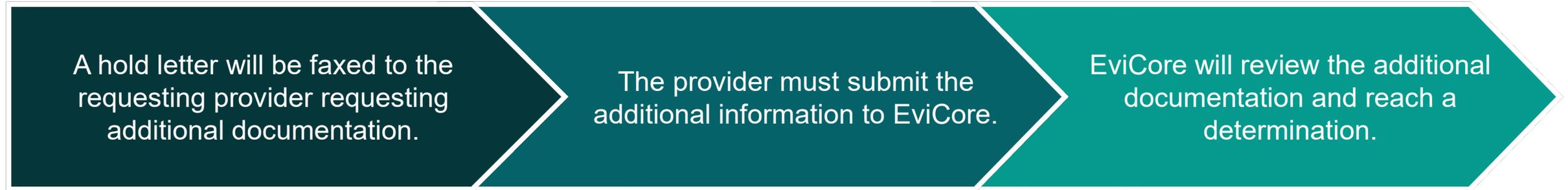
Supporting Clinical

- 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:



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 & Post-Decision Options

Prior Authorization Outcomes

Determination Outcomes:

- **Approved Requests:** Authorizations are valid for up to 8-14 Months from the date of approval.
- **Partially Approved Requests:** In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved as well as post decision options for denied codes, including denied Site of Care (if applicable).
- **Denied Requests:** Based on evidence-based guidelines, if a request is determined as inappropriate, a notification with the rationale for the decision and post decision/ appeal rights will be issued.

Notifications:

- Authorization letters will be faxed to the ordering provider.
- Web initiated cases will receive e-notifications when a user opts to receive.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the EviCore portal:
www.EviCore.com



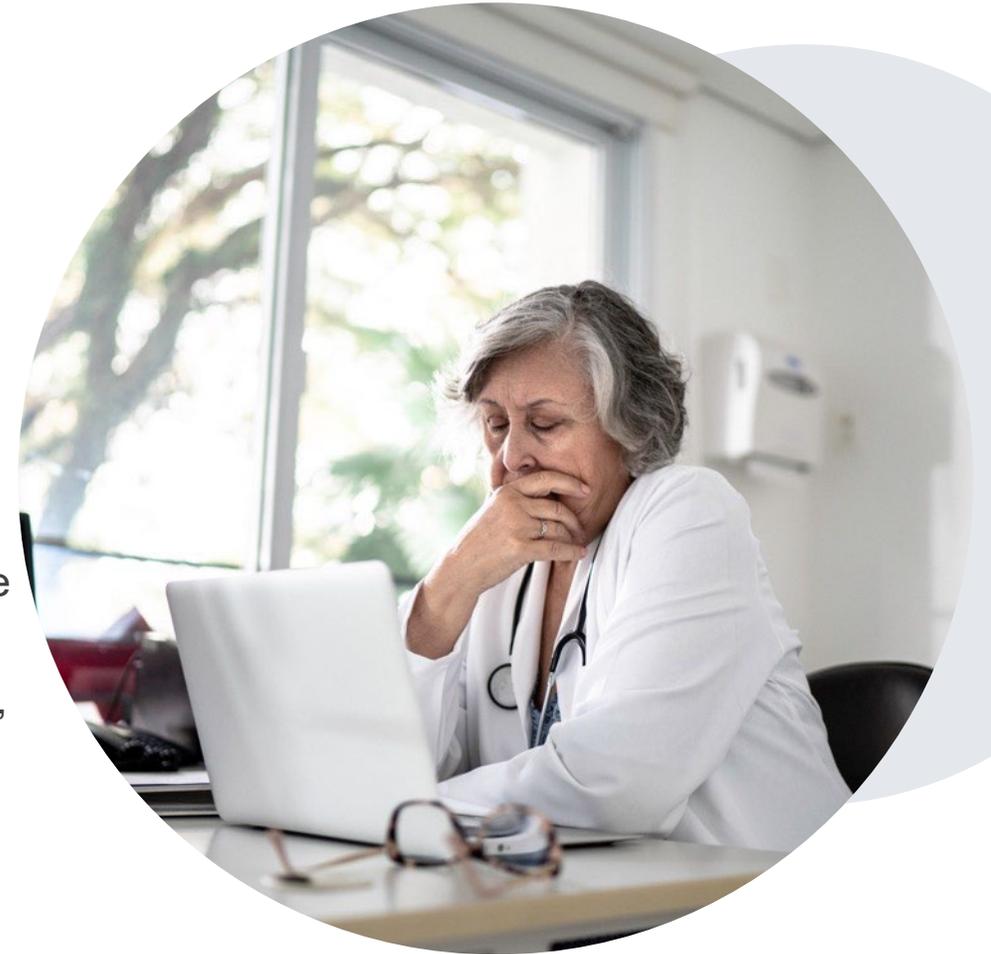
Special Circumstances

Alternative Recommendations

- 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 have up to **14 calendar days** to contact EviCore to accept the alternative recommendation.

Authorization Update

- If updates are needed on an existing authorization, you can contact EviCore by phone at **888-801-1660**.
- While EviCore needs to know if changes are made to the approved request, any change could result in the need for a separate clinical review and require a new request (and the original approved request would need to be withdrawn).
- If the authorization is not updated, it may result in a claim denial.



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Post-Decision Options | Commerical 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 may also call EviCore to speak with an agent who can provide available option(s) and instruction on how to proceed.

Alternatively, select **All Post Decisions** under the **Authorization Lookup** function on [EviCore.com](https://www.evicore.com) to see available options.

Reconsiderations

- Providers 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 not process first-level appeals**



Post-Decision Options | Medicare Members

My case has been denied. What's next?

Clinical Consultation

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

Reconsideration

- Medicare cases **do not** include a reconsideration option.

Appeals

- EviCore **will not** process first-level appeals for applicable members.



EviCore Provider Portal

EviCore Provider Portal | Access and Compatibility

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

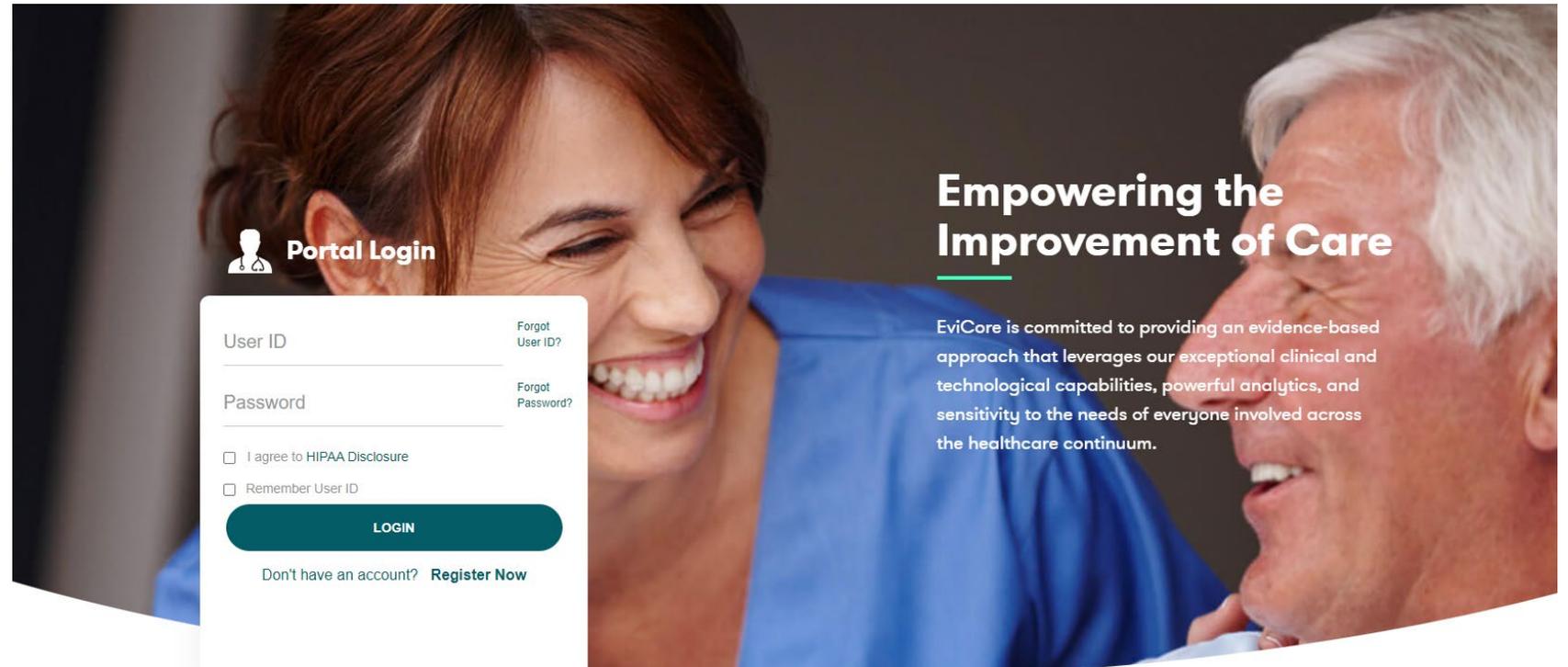
To access resources on the EviCore Provider Portal, visit EviCore.com/provider

Already a user?

Log in with User ID & Password.

Don't have an account?

Click **Register Now**.



Empowering the Improvement of Care

EviCore is committed to providing an evidence-based approach that leverages our exceptional clinical and technological capabilities, powerful analytics, and sensitivity to the needs of everyone involved across the healthcare continuum.

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

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--
Select--
CareCore National Medsolutions

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*:

Email*:

Confirm Email*:

First Name*:

Last Name*:

Address*:

City*:

State*: Select Zip*:

Office Name:

- 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.

Setting Up Multi-Factor Authentication (MFA)

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

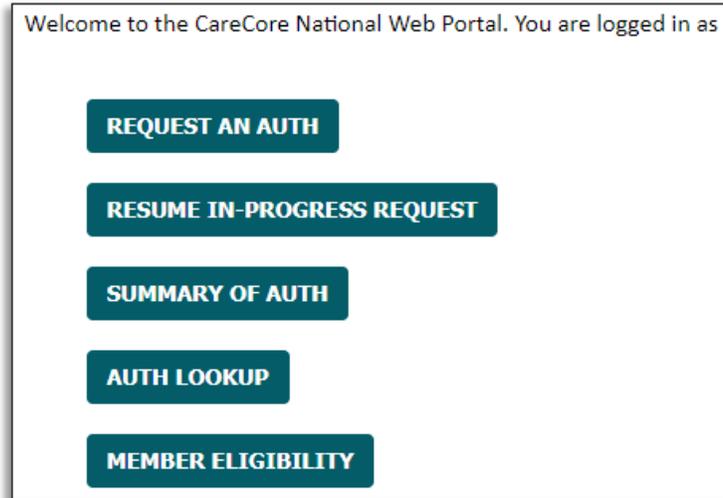
- After you log in, you will be prompted to register your device for MFA.
- Choose which authentication method you prefer: Email or SMS. Then, **enter your email address or mobile phone number.**
- Once you select **Send PIN**, a 6-digit pin will be generated and sent to your chosen device.
- After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.

The screenshot displays a user interface for setting up two-factor authentication. At the top, it says "Set up Two Factor Authentication" with radio buttons for "Email" (selected) and "SMS". Below this is a "Register Email Address" field containing "example@evicore.com". A note states "Only one device (Email or SMS) is currently allowed." There are three buttons: "Send PIN" (green), "Submit" (green), and "Skip" (grey).

Welcome Screen | Adding Providers to Registration



- Providers can be added to your account prior to case submission.
- Click the **Manage Your Account** tab to add providers to the web registration.



Provider Experience – Case Submission

The screenshot displays the eviCore healthcare provider portal. At the top left is the eviCore healthcare by Evernorth logo. The navigation menu includes: About, Solutions (with a dropdown arrow), Patients, Provider's Hub, Insights, and Careers. A secondary navigation bar contains: PROVIDERS: (with a checkmark icon), Check Prior Authorization Status (with a checkmark icon), Login (with a person icon), and Resources (with a document icon and a dropdown arrow). On the right side, there are links for 'Us' and 'Search' (with a magnifying glass icon). The main 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', a 'LOGIN' button, and links for 'Forgot User ID?' and 'Forgot Password?'. Below the login form are checkboxes for 'I agree to HIPAA Disclosure' and 'Remember User ID', and a link for 'Don't have an account? Register Now'. At the bottom, there is a section titled 'Find Provider Resources' with a dropdown menu for 'Health Plan' (with a red asterisk) and a 'SEARCH' button.

Provider Resources

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.

User ID

Password

I agree to HIPAA Disclosure

Remember User ID

LOGIN

Don't have an account? [Register Now](#)

[Forgot User ID?](#)

[Forgot Password?](#)

Find Provider Resources

Health Plan *

Select Health Plan

Providers will log in through the eviCore healthcare portal

SEARCH

Provider Experience – Case Submission

The screenshot shows 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 displayed as **Wednesday, January 24, 2024 11:38 AM**. A dark teal callout box on the right contains the text: **Select option to “Request an Auth” and then the program.**

The main content area is titled **Request an Authorization**. Below the title, it says: **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

At the bottom of the list is a **CONTINUE** button and a [Click here for help](#) link.

On the right side of the page, a welcome message reads: **Welcome to the CareCore National Web Portal. You are logged in as**

Below the welcome message is a vertical column of buttons: **REQUEST AN AUTH**, **RESUME IN-PROGRESS REQUEST**, **SUMMARY OF AUTH**, **AUTH LOOKUP**, and **MEMBER ELIGIBILITY**.

Provider Experience – Case Submission

Attention!

The Medical Oncology Pathways program option is specific to cancer treatment. If you are requesting review of a specialty drug for any non-oncologic diagnosis, please select Specialty Drugs for eviCore managed members or contact the number on the back of the member's ID card for additional information.

OK

Confirm the request is for Medical Oncology.

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

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

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

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Provider Experience – Case Submission

Choose Your Insurer

Requesting Provider: BELICENA, MARIA THERESA, NPI 1063644797

Please select the insurer for this authorization request.

Please Select a Health Plan ▼
Please Select a Health Plan
1199 BENEFIT FUNDS

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.

Select the patient's health plan.

Provider Experience – Case Submission

Choose Your Insurer

Requesting Provider: BELICENA, MARIA THERESA, NPI 1063644797

Please select the insurer for this authorization request.

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.

Take note of any important messages and confirm the provider address.

Provider Experience – Case Submission

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

Receive notification of case status changes

BACK

CONTINUE

[Click here for help](#)

carriers.carecorenational.com says

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

OK

Contact information is confirmed or entered to ensure smooth communication of the determination or to request additional information as needed.

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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)

Current Patients

Filter by Physician
All Providers ▾

 (type to f

New Patient Registration

Provider: 1063644797 - BELICENA, MARIA THERESA
Health Plan: PLAN-X
Member ID: 53038510101
Date of Birth: 3/20/1971
Name: VACCA,DARYL
City, State: Verona, NJ

Do you want to continue with this patient?

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: 6428032324 Time: 1/24/2024 2:28 PM
Patient Name: HAGEDORN, POLLY

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

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

NADINE DELAET **6/13/1987**
354 NUOVO RD Age: 36
CHESTNUT HILL, MA 02467 Male

CIGNA ID 250251652

NEW REVIEW

Reviews

Date	Physician	Case #	Cancer Type	Therapy	Treatment	Status			
1/29/2024	BELICENA, MARIA	1184813089	Undetermined	Primary	Undetermined	Expired			VIEW HISTORY

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

Provider Experience – Case Submission

Attention!

Patient ID : 8504027002 Time: 3/4/2019 2:02 PM
Patient Name: Lulu Marcell

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

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

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).

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".

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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.

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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

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:	DR. MARIA BELICENA	Contact:	B
Provider Address:	11375 CORTEZ BLVD BROOKSVILLE, FL 34613	Phone Number:	(352) 596-4660
		Fax Number:	(555) 555-5555
Patient Name:	NADINE DELAET	Patient Id:	250251652
Insurance Carrier:	CIGNA		
Site Name:	BELICENA MARIA	Site ID:	NPLIKQ
Site Address:	10065 CORTEZ BLVD BROOKSVILLE, FL 34613		
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:	1184813089		
Review Date:	1/29/2024 12:26:26 PM		
Expiration Date:	N/A		
Status:	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.		

CANCEL

PRINT

CONTINUE

[Click here for help](#)

Continue if “Summary” looks correct.

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Provider Experience – Case Submission

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. For all 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.

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)

view (similar to Production) or

ses

uest.

- 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.

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 requested drug is being used to treat a condition other than cancer
- The treatment will be administered inpatient
- CAR-T Therapy
- This request is for a Stem Cell Transplant conditioning regimen
- 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.

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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 (Adrucil, 5FU, 5FU, Adrucil)
- 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)
- Adrucil (5-Fluorouracil)
- Adrucil (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 (Alkeran)
- Melphalan HCL (Evomela)
- Methotrexate (accord)
- Midostaurin - oral (Rydapt)
- Mirvetuximab Soravtansin
- Mitomycin (Jelmyto)
- Mitomycin (Mutamycin, Mitomycin)
- 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.

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

Summary of Your Request

Please review the details of your request below and if you need to make any changes, click on the [EDIT](#) button.

Your case has been APPROVED.

The prior authorization you submitted, Case A200580140, has been received. Additional case status notifications will be sent if you opt in for email notifications.

Review
“Summary of
your Request”

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.

Provider Name:	DR. MARIA BELICENA	Contact:	B
Provider Address:	11375 CORTEZ BLVD BROOKSVILLE, FL 34613	Phone Number:	(555) 555-5555
		Fax Number:	(555) 555-5555
Patient Name:	MARSHA COLETRANE	Patient Id:	U25153824
Insurance Carrier:	CIGNA		
Site Name:	REX HOSPITAL INC	Site ID:	OOL22K
Site Address:	850 S MAIN ST HOLLY SPRINGS, NC 27540		
Primary Diagnosis Code:	C50.412	Description:	Malignant neoplasm of upper-outer quadr
Secondary Diagnosis Code:		Description:	
Date of Service:	2/2/2024	Drug(s):	PACLITAXEL (TAXOL, NOV-ONXOL, TAXOL, NO
HPCS Code(s):	J9267, Q5114		
Authorization Number:	A200580140		
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 A200580140, has been received. Additional case status notifications will be sent if you opt in for email notifications. Thank you.		

CANCEL

PRINT

GO TO PATIENT HISTORY

REQUEST SUPPORTIVES

EviCore

By EVERNORTH

Provider Experience – Case Submission - Supportives

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 A200580140, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

Provider Name:	DR. MARIA BELICENA	Contact:	B
Provider Address:	11375 CORTEZ BLVD BROOKSVILLE, FL 34613	Phone Number:	(555) 555-5555
		Fax Number:	(555) 555-5555
Patient Name:	MARSHA COLETRANE	Patient Id:	U25153824
Insurance Carrier:	CIGNA		
Site Name:	REX HOSPITAL INC	Site ID:	OOL22K
Site Address:	850 S MAIN ST HOLLY SPRINGS, NC 27540		
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)
HPCS Code(s):	J9267, Q5114		
Authorization Number:	A200580140		
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 A200580140, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.		

The next few slides will provide guidance on requesting Supportive Drugs

“Request for Supportive” drugs can be initiated here.

CANCEL

PRINT

GO TO PATIENT HISTORY

REQUEST SUPPORTIVES

EviCore

By EVERNORTH

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]	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

