Radiation Oncology

Provider Presentation for Healthfirst

EviCore
By **EVERNORTH**

Agenda:

**Solutions Overview
Radiation Oncology**

Submitting Requests

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

**EviCore Provider Portal
Overview, Features & Benefits**

Provider Resources

Questions & Next Steps

Appendix

Solution Overview

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.
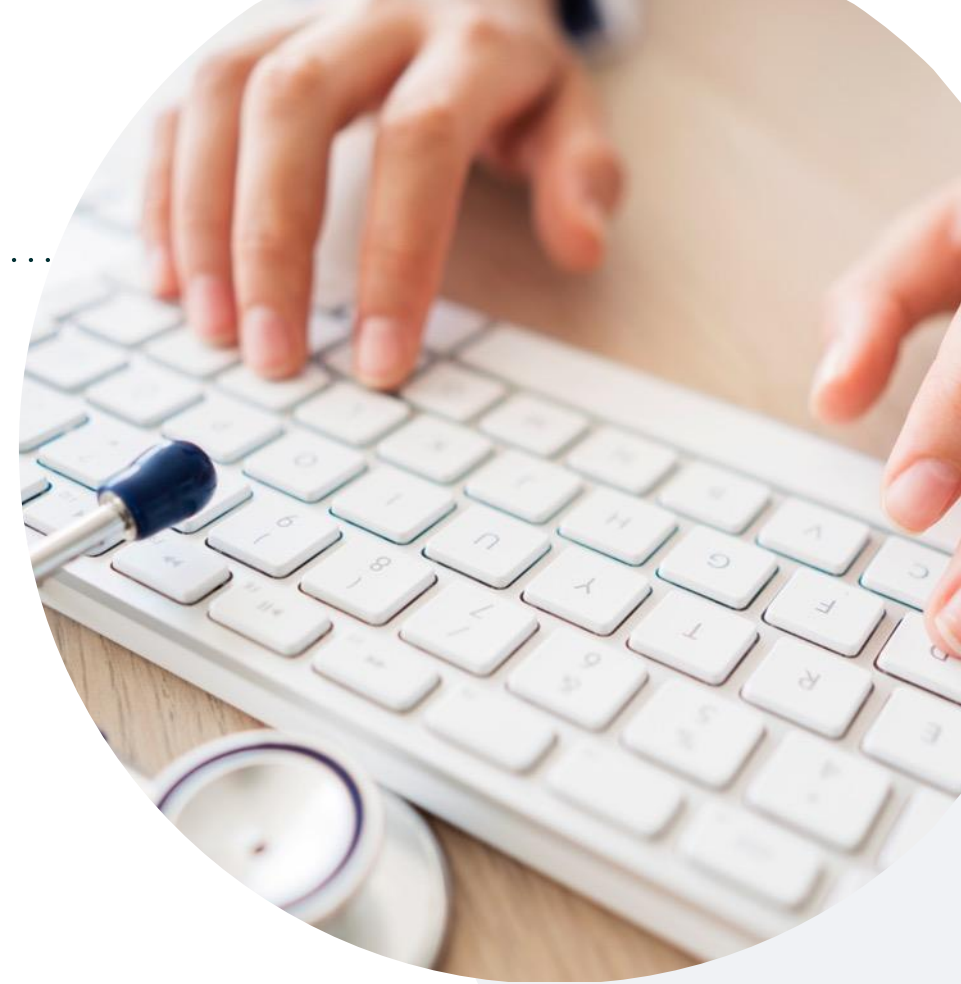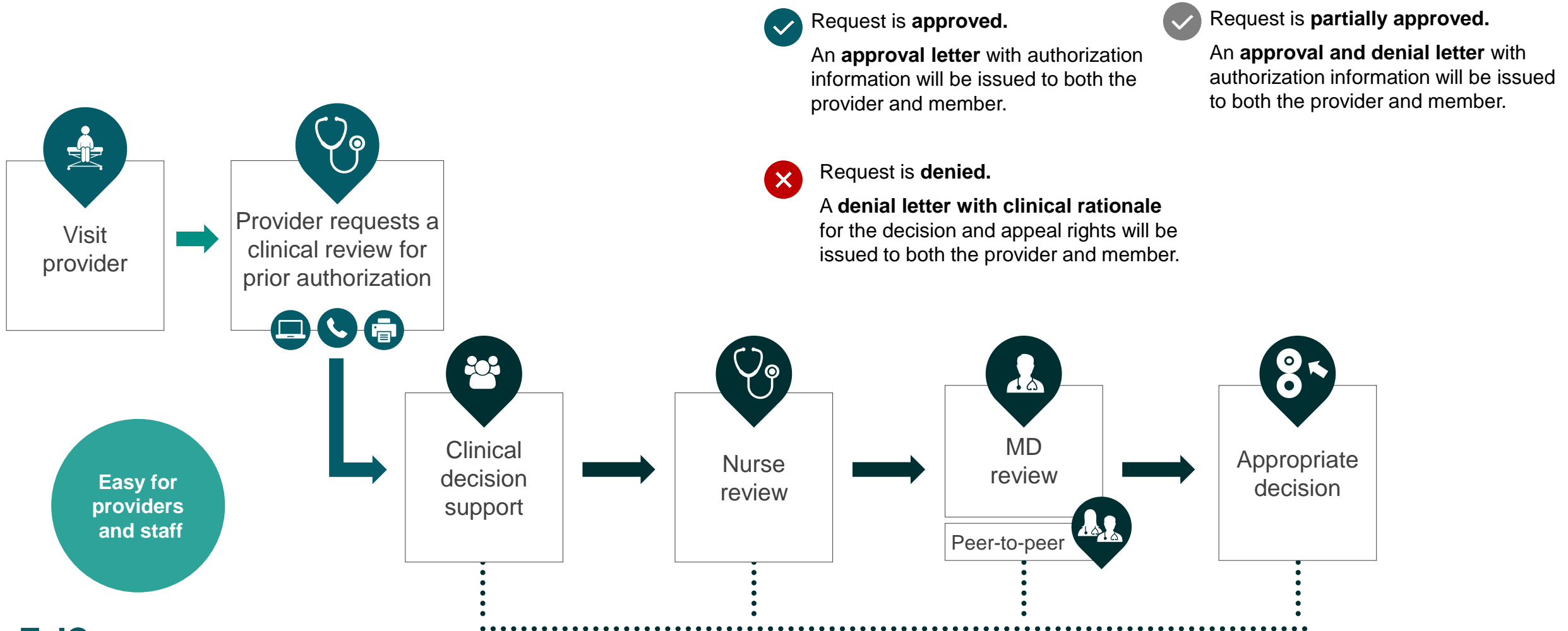
Phone: 888-801-1660
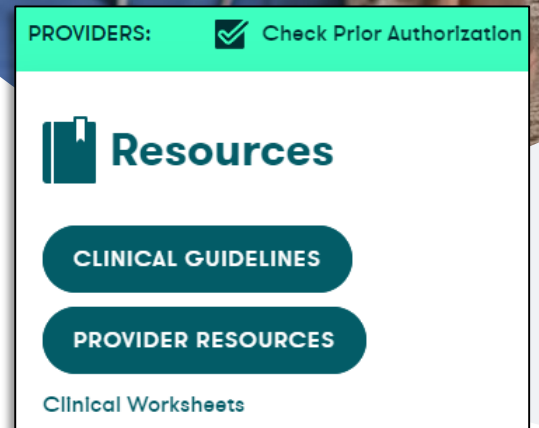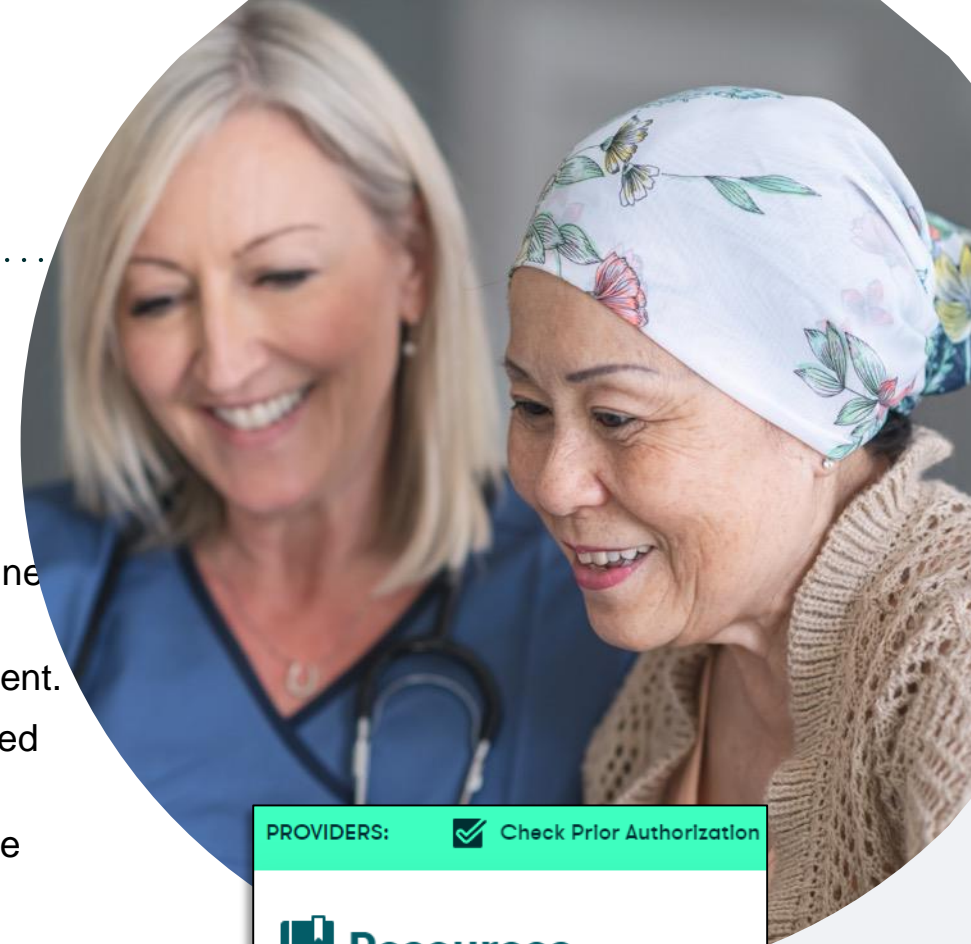Monday – Friday
7 AM – 7 PM EST

Fax: 866-466-6964

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Utilization Management | Prior Authorization

Visit provider

Provider requests a clinical review for prior authorization

Easy for providers and staff

Request is **approved.**

An **approval letter** with authorization information will be issued to both the provider and member.

Request is **partially approved.**

An **approval and denial letter** with authorization information will be issued to both the provider and member.

Request is **denied.**

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

Clinical decision support

Nurse review

MD review

Peer-to-peer

Appropriate decision

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Holistic Treatment Plan Review |
Radiation Therapy

EviCore relies on information about the patient's unique presentation and physician's intended treatment plan to authorize all services.

- Once in the EviCore portal, providers specify the cancer type or body part being treated rather than requesting individual CPT and HCPCS codes.

- The intended treatment plan for the diagnosis is compared to the evidence-based guidelines developed by our Medical Advisory Board.

- For Medicare Cases, LCD and NCDs are followed if there is one applicable to the treatment.

- Of the requested treatment technique and number of fractions, the approved and/or denied technique and number of fractions will be communicated to the provider and member.

- If Image Guidance (IGRT) is requested, it may or may not be approved, separate from the primary treatment technique.

PROVIDERS: ☑ Check Prior Authorization

Resources

CLINICAL GUIDELINES

PROVIDER RESOURCES

Clinical Worksheets

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Necessary Information for Prior Authorization | Radiation Therapy

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)

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

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

Supporting Clinical
- Site of treatment: non-cancerous or specific cancer type
- Diagnosis code(s)
- Anticipated treatment start date
- Pertinent clinical information such as the treatment plan, cancer stage etc.
  - Critical: Treatment technique, number of phases, number of treatment fractions, and identifying if Image Guided Radiation Therapy [IGRT] will be used
- As applicable, radiation oncology consultation note and/or treatment comparison plans

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Necessary Information for Prior Authorization | Radiation Therapy

Want to make it easier?
Use our **clinical worksheets on EviCore.com** to ensure all the necessary information is included in your requests.
Go to: EviCore.com → Resources → Clinical Worksheets → Radiation Oncology → Search "Healthfirst"

Clinical Worksheets

Radiology

Cardiac and Vascular Intervention

Cardiovascular

Gastroenterology

State Forms

Member Forms

Medical Oncology

Musculoskeletal: Advanced Procedures

Musculoskeletal: Therapies

Radiation Oncology

Sleep Management

Post-Acute Care

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Insufficient Clinical | Additional Documentation Needed

If during case build all required pieces of documentation are not received, or are insufficient for EviCore to reach a determination, the following will occur:
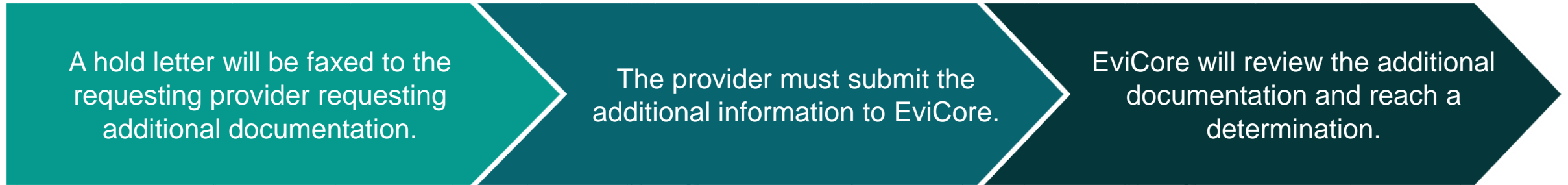
A hold letter will be faxed to the requesting provider requesting additional documentation.	The provider must submit the additional information to EviCore.	EviCore will review the additional documentation and reach a determination.
The hold letter will inform the provider about what clinical information is needed as well as the **date by which it is needed**.	Requested information must be received within the timeframe as specified in the hold letter, or EviCore will render a determination based on the original submission.	Determination notifications will be sent.

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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 **866-466-6964**.

2. Access the existing request via **Authorization Inquiry**, then **upload** directly into the case via the provider portal at **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 in the notification.

PLEASE 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 to the provider and member, and status will be available EviCore.com.

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Prior Authorization Outcomes, Special Considerations & Post-Decision Options

Prior Authorization Outcomes

Determination Outcomes:

- **Approved Requests:** Authorizations are valid for **45-240 calendar days** from the date of approval. Please refer to the authorization notification for the specific timeframe.

- **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.

- **Partially Approved Requests:** A portion of the requested treatment is authorized and valid for **45-240 calendar days** from the date of approval. Please refer to the authorization notification for the specific timeframe. A portion of the request is **not** authorized based on evidence-based guidelines, and a notification with rationale for 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 e-notifications.

- Members will receive a letter by mail.

- Approval information can be printed on demand from the EviCore portal: www.EviCore.com

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Retrospective (Retro) Authorization Requests

- Must be submitted within **90 calendar days** from the date of service.

- Reviewed for clinical urgency and medical necessity.

- Retro requests are processed within **30 calendar days** after receiving all necessary information.

- When authorized, the start date will be the submitted date of service.

- *NOTE:* Retrospective requests are **not** permitted for Medicare members.

Urgent Prior Authorization Requests

- EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member.

- Can be initiated on provider portal or by phone.

- Urgent cases are typically reviewed within 24 to 72 hours.

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Special Circumstances |
Alternative Recommendations

An alternative treatment plan recommendation may be offered based on EviCore's evidence-based clinical guidelines.

When this occurs, the ordering provider can accept the alternative recommendation by building a new case.

Providers must contact EviCore to accept the alternative recommendation _before_ the start of treatment.

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Special Circumstances |
Authorization Updates

We understand treatment plans can sometimes change.

- If updates are needed for an existing authorization, providers should contact EviCore by phone.

- **The following updates will require contacting EviCore:**

  ◦ Modification to the technique(s)

  ◦ Addition of Image Guided Radiation Therapy (IGRT)

  ◦ Additional treatment fractions or phases

  ◦ Change to the cancer type (or non-cancerous) indicated during the case build process

  ◦ Modification to the authorized timespan

- **Changes in treatment plan** will require another Medical Necessity review on a new authorization. If approved, the original case will be withdrawn.

- Claims payment may be impacted if these updates are not communicated to EviCore. The billed services should align with the requested and approved treatment plan.

- If the **authorization time span will not cover the entirety** of the **treatment**, EviCore should be notified before the impacted services are billed by the provider.

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Post-Decision Options |
Commercial & Medicaid 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 at **888-801-1660** 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** 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 process first-level appeals for **commercial members only**. Please refer to the denial letter for instructions. Medicaid appeals will be handled through Healthfirst .
- Appeal requests must be submitted to EviCore within **120 calendar days** from the initial determination.

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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 Medicare members. Medicare appeals will be handled through Healthfirst.

- Please refer to the denial notice for instructions and requirements to submit an appeal.

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Submitting an Authorization Request

EviCore

3/11/2025

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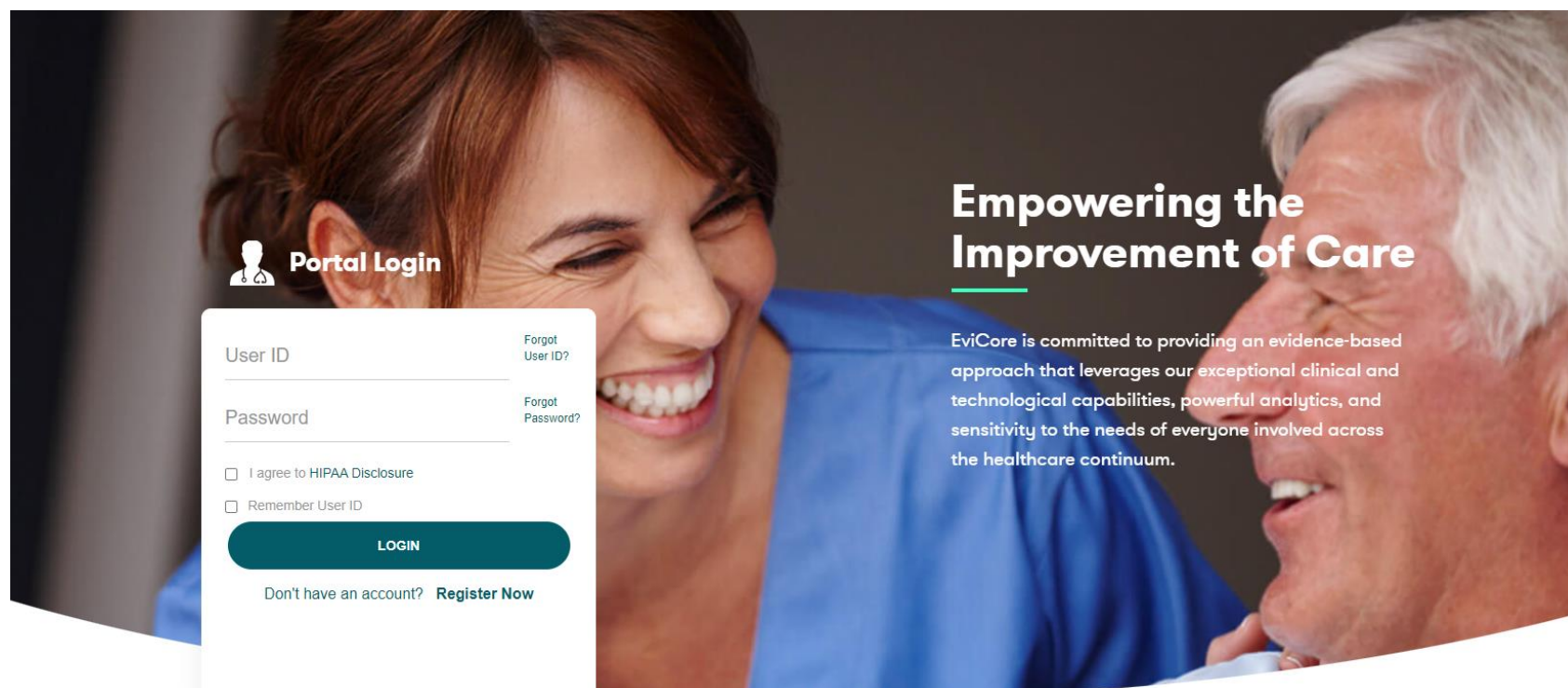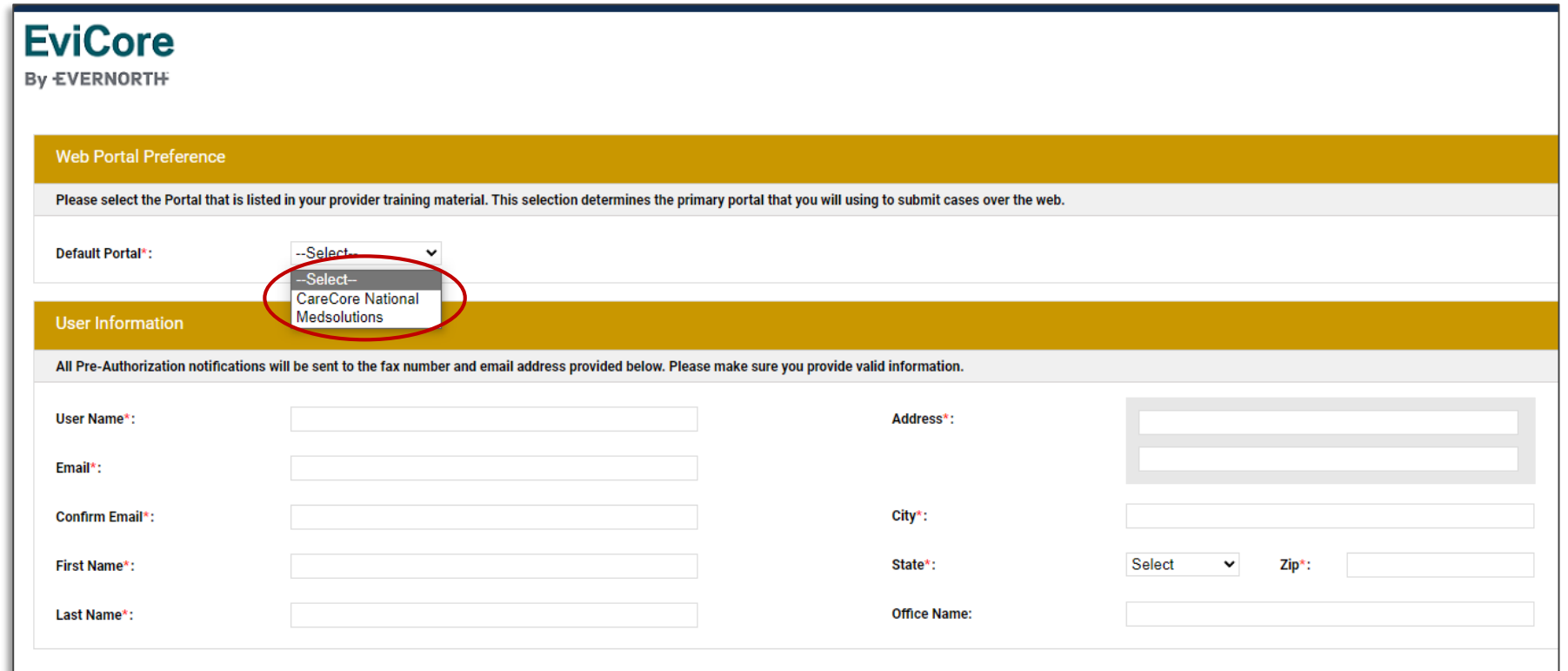
EviCore's website is compatible with **all web browsers**. If you experience issues, you may need to **disable pop-up blockers** to access the site.

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Creating an EviCore Provider Portal Account

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

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

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

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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:

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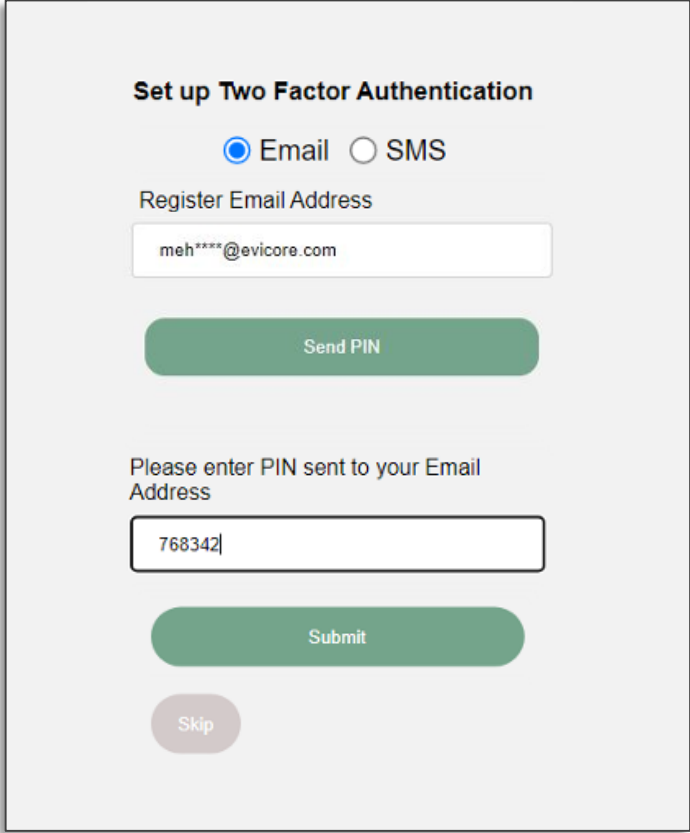
To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

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

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

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

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

Set up Two Factor Authentication

◉ Email ○ SMS

Register Email Address

meh****@evicore.com

Send PIN

Please enter PIN sent to your Email Address

768342

Submit

Skip

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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:

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]

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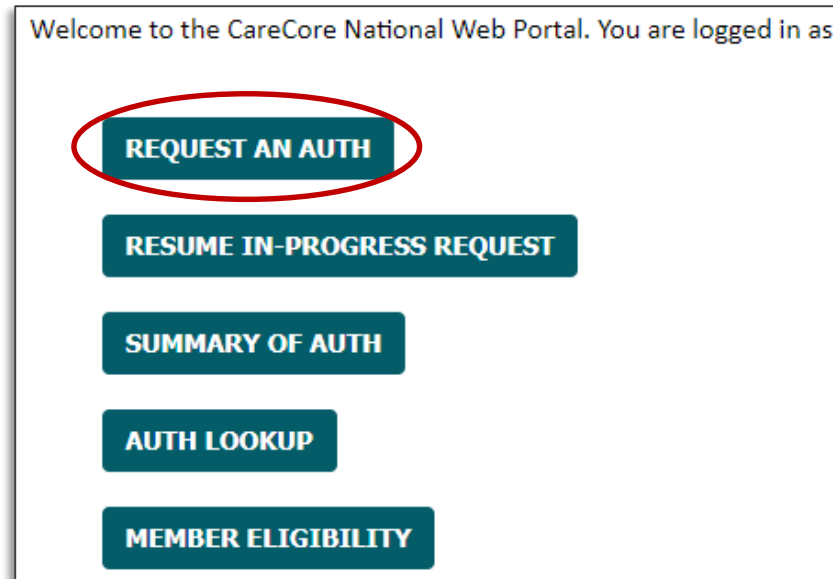
- Click the **Clinical Certification** tab to get started.
- Choose **Request an Auth** to begin a new case request.

Select a Program

| 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 |

Request an Authorization

To begin, please select a program below:

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

CONTINUE

Click here for help

• Select **Radiation Therapy Management Program (RTMP)** from the program list and continue.

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Select Provider

- Select the provider who is referring the patient for treatment.

Select Health Plan

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

[Please Select a Health Plan ▼]

[BACK]   [CONTINUE]

Click here for help

- If you need to switch insurers, select the appropriate **health plan** for the request from the dropdown menu.

- Another drop down will appear to select the appropriate address for the **provider**.

- Click **CONTINUE**.

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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 |

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.

BACK   **CONFIRM FAX AND CONTINUE**

Click here for help

- 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.

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Clinical Certification Request

ⓘHas the patient received their first dose of radiation treatment?
◉Yes ○No

ⓘOn what date did the patient receive their first dose of radiation treatment for this episode (MM/DD/20YY)?

[ ] 📅
Submit

Patient Eligibility Lookup

Patient ID:*   [   ]

Date Of Birth:*   [   ] MM/DD/YYYY

Patient Last Name Only:* [   ] [?]

ELIGIBILITY LOOKUP

Requested Service + Diagnosis

This procedure will be performed on ▓▓▓▓▓ CHANGE

Radiation Therapy Procedures

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

[   ] ⌄

r procedure code or type of service? Click here

RCADRE
RCANAL
RCBILE
RCBLAD
RCBONE
RCBRAI
RCBREA
RCCERV
RCCNSL
RCCNSN
RCENDO
RCESOP
RCGACA
RCGALL
RCHDKL
RCHENE
RCHEPA

ry Diagnosis Code (Lookup by Code or Description)

[   ] LOOKUP

g diagnosis code? Please follow these steps

dary Diagnosis Code (Lookup by Code or Description)

osis is optional for Radiation Therapy

[   ] LOOKUP

- You will be asked the **expected treatment start date**, the date of the member's **initial radiation therapy treatment**. The case will be backdated to cover simulation and treatment planning.

- You will then be asked to enter the **member information** (patient ID number, date of birth and last name), click **Eligibility Lookup** and verify the member.

- Next, select the **cancer type/body part** being treated (RC code) and **diagnosis code** associated with the member's cancer type

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Clinical Certification Request | Service Selection

Requested Service + Diagnosis

Confirm your service selection.

Treatment Start:	7/2/2020
CPT Code:	RCADRE
Description:	ADRENAL CANCER
Primary Diagnosis Code:	C17.2
Primary Diagnosis:	Malignant neoplasm of ileum
Secondary Diagnosis Code:	
Secondary Diagnosis:	

Change Procedure or Primary Diagnosis

Change Secondary Diagnosis

BACK   **CONTINUE**

Click here for help

- Confirm that the correct cancer type and diagnoses have been selected
- Edit any information if needed by selecting **Change Procedure or Primary Diagnosis**.
- Click **CONTINUE** to confirm your selection.

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Clinical Certification Request | Site Selection

- Search for the **site of service** where the procedure will be performed (for best results, search with NPI, TIN, **or** zip code).

- **Select** the specific site where the procedure will be performed.

Clinical Certification Request | Clinical Certification

Proceed to Clinical Information

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

Once you have clicked "**CONFIRM AND CONTINUE,**" you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your online request, be sure to complete the clinical review before exiting the system. Even if you will be submitting additional information at a later time, please continue through the final summary page. Failure to formally submit your full request will cause the record to expire with no additional correspondence from eviCore.

☐ I acknowledge that the clinical information I am about to submit for this authorization request is accurate and specific to this member, and that all information will be provided for this request.

[BACK] [CONFIRM AND CONTINUE]

- Verify that all information is entered and correct.

- Check the acknowledgement statement.

- Once you enter the clinical collection phase of the process, the answers to the clinical questions will not save unless the case is completed.

- **You will not have the opportunity to make changes after this point.**

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Clinical Certification Request | Standard or Urgent Request?

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

Clinical Upload

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

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

Required Medical information checklist
Browse for file to upload (max size 25MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

[Choose File] No file chosen
[Choose File] No file chosen
[Choose File] No file chosen
[Choose File] No file chosen
[Choose File] No file chosen

UPLOAD

Proceed to Clinical Information

Is this case Routine/Standard?

[YES]   [NO]

- If the case is **standard,** select **Yes**.
- If your request is **urgent,** select **No**.
- When a request is submitted as urgent, you will be **required** to upload relevant clinical information.
- Upload up to **FIVE** documents. *(.doc, .docx, or .pdf format; max 5MB size)*
- Your case will only be considered urgent if there is a successful upload.

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Clinical Certification Request | Proceed to Clinical Information

- **Clinical Certification** questions may populate based upon the information provided in previous questions.

- **Physician worksheets** located on www.EviCore.com can be used as a guide and will help prepare the requestor for the questions that are presented.

- You can save your request and finish later if needed.

  Note: You will have until the end of the day to complete the case.

- When logged in, you can resume a saved request by going to **Certification Requests in Progress**.

- Once the clinical questions have been answered, click the attestation and click **Submit Case**.

Proceed to Clinical Information

ⓘ Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?
○ Yes ○ No

ⓘ Where will treatment be directed?
○ Bilateral breast (treated concurrently)
● Left breast
○ Right breast

ⓘ Will the patient receive concurrent chemotherapy?
○ Yes ○ No

ⓘ Will daily image-guided radiation therapy (IGRT) be used for phase I?
○ Yes ○ No

ⓘ What is the treatment intent?   ⓘ What is the T stage?
○ Pre-operative (neo-adjuvant)
○ Definitive (No surgery planned)   ⓘ What is the N stage?
○ Post-operative (adjuvant)
○ Palliative (for relief of symptoms)

SUBMIT

✓ 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

Clinical Certification Request | Criteria Met

- If your request is authorized during the initial submission, you can print the summary of the request for your records.

- Review the details of the request and select **CONTINUE**.

Criteria Met | Approval Notification confirm with RT team

There is an ongoing project to include approved procedure (CPT) codes along with the number of requested and approved units in determination letters.

- There is no change to the current review process. Based on the treatment plan approved, the primary treatment delivery and imaging (if appropriate) CPT codes and quantities will populate on the determination letter.

- In some instances, substitution codes *may* be allowed in place of the code listed on the letter. Please refer to the plan specific Billing Category Crosswalk Table to understand what codes (if any) may be substituted for the one populated on your letter. The Crosswalk Table can be located at www.evicore.com/resources → Health Plan → Radiation Oncology

- The inclusion of procedure codes on letters is being piloted across select health plans. In the future, procedure codes will be provided on approval letters for all health plans, with few exceptions.

Procedure	Description	Requested Units	Approved Units
77387	Guidance for localization of target volume for delivery of radiation treatment (Radiation treatment guidance)	25	25
77412	Radiation treatment delivery	25	25
G6002	Radiation treatment guided by x-ray	25	25
G6014	Radiation treatment to three or more areas	25	25

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Clinical Certification Request | Criteria Not Met

- If your request cannot be immediately approved during the initial submission, you will get a summary stating the case has been sent to clinical review, where any free text notes and/or uploaded clinical information will be reviewed for medical necessity.
- You can print the summary of the request for your records, then click **CONTINUE**.

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Clinical Certification Request | Criteria Not Met

Submitting additional clinical information

Proceed to Clinical Information

The clinical information provided may not be sufficient to establish medical necessity for the requested procedure.

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

Clinical Upload

Please upload any additional clinical information that justifies the medical necessity of this request.

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

Choose File | Test clinical.docx
Choose File | No file chosen
Choose File | No file chosen
Choose File | No file chosen
Choose File | No file chosen

UPLOAD   **SKIP UPLOAD**

- If the pathway questions do not lead to immediate approval, you will be asked if additional clinical information can be included.

- Enter **additional notes** in the free text space provided only when necessary.

- Upload up to **five documents (more information on clinical upload in the next slide)**
  (.doc, .docx, or .pdf format; max 5MB size)

- When finished, **SUBMIT CASE** for review.

- Clinical cannot be uploaded for cases that have reached a **final status**.
  (Approved, Denied, Partially Approved Withdrawn, or Expired)

☑ 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

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Clinical Certification Request | Required Medical Checklist

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

Clinical Upload

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

Required Medical information checklist ←
Browse for file to upload (max size 25MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Choose File   No file chosen
Choose File   No file chosen
Choose File   No file chosen
Choose File   No file chosen
Choose File   No file chosen

UPLOAD

Radiation Therapy Program

☐	Please fill out the appropriate Clinical Worksheet/Guide
☐	Site of treatment and/or cancer type
☐	Radiation Prescription
☐	Will IGRT be needed?
☐	Reason for treatment
☐	Staging of the cancer, if applicable
☐	Technique to be used, and start date which should be the first day of treatment, not simulation
☐	Number of phases of treatment if more than one, and number of fractions
☐	Diagnosis codes
☐	Pertinent clinical information to substantiate medical necessity for requested treatment plan
☐	Radiation Oncologists consultation note
☐	Recent imaging if applicable

- Below the Clinical Upload description, you select "**Required Medical Information Checklist**"

- Once you open the document you will search for the Radiation Oncologyprogram section to review the list of required medical information EviCore requires in order for the prior authorization to meet medical necessity.

- Direct link to document: Required Medical Information Check List.pdf (evicore.com)

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Clinical Certification Request | Case Submission Success

- After clicking continue on the case summary screen, you will see a **Success** screen.

- You can **PRINT** the summary of the request for your records, then select **CONTINUE**.

- From here, you can start a new request, return to the main menu, or resume an in-progress request.

Success

Thank you for submitting a request for clinical certification. Would you like to:

- Return to the main menu
- Start a new request
- Resume an in-progress request

You can also start a new request using some of the same information.

Start a new request using the same:

○ Program (Radiation Therapy Management Program)

○ Provider

○ Program and Provider (Radiation Therapy Management Program and

○ Program and Health Plan (Radiation Therapy Management Program and

[GO]

[CANCEL] [PRINT]

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Provider Portal Demo | Radiation Oncology

The EviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status.

Click HERE to view
a video demo
(2 min)

EviCore Portal Features

3/11/2025

Provider Portal | Feature Access
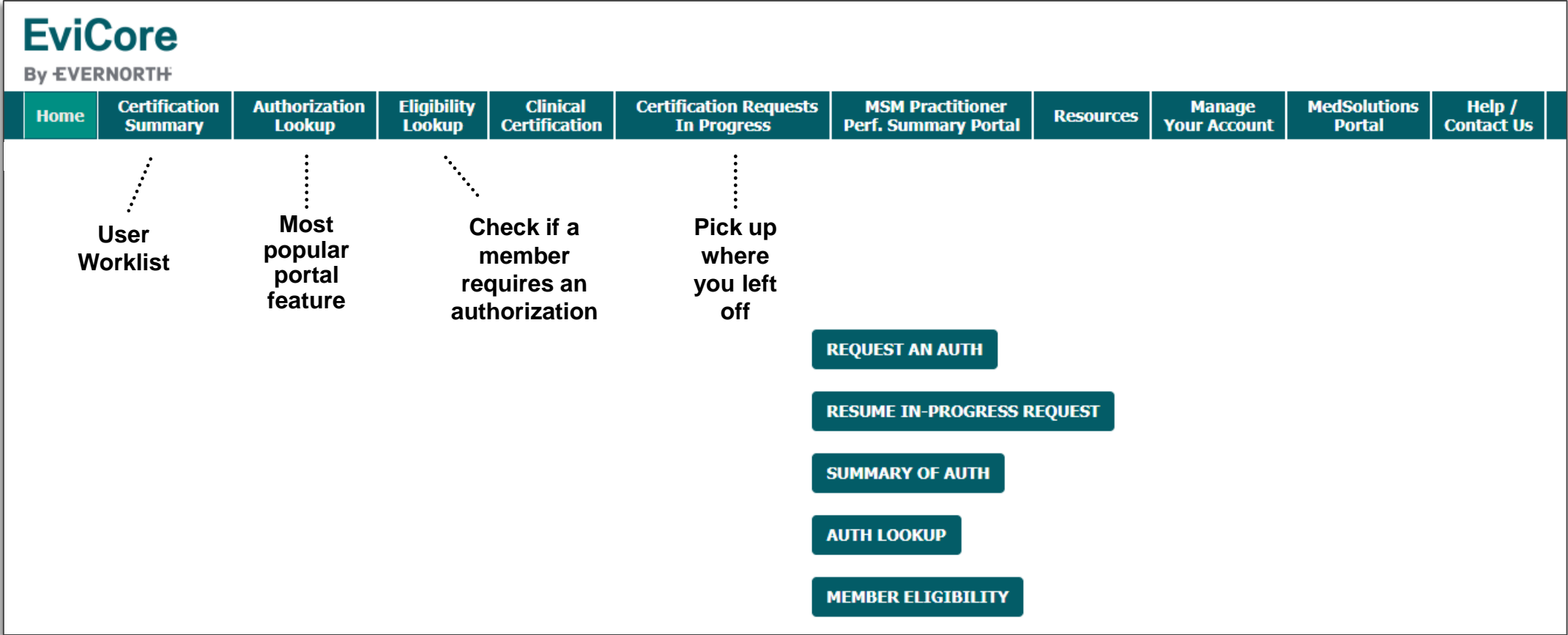
EviCore Provider Portal | Features

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.

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Certification Summary | User Worklist

- The **Certification Summary** tab allows you to track recently submitted cases.
- The worklist can also be filtered.

Authorization Lookup | Popular Tool

- You can lookup an authorization case status on the portal.

- Search by member information **OR**

- Search by authorization number with ordering NPI.

- Initiate appeals and/or schedule Peer-to-Peer calls.

- View and print any correspondence.

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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).

Web-Based Services and Portal Support

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

Provider Engagement

Regional team that works directly with the provider community.

Provider Engagement Manager Territory List

Call Center/Intake Center

Call **XXXXX**, representatives are available from 7 AM to 7 PM EST.

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Provider Resources at EviCore.com

EviCore maintains provider resource pages that contain health-plan-specific and solution-specific educational material to assist providers and their staff on a daily basis. This page will include:

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

To access these helpful resources, visit:

https://www.EviCore.com/resources
(Choose specific health plan from the dropdown menu)

EviCore also maintains online resources <u>not</u> specific to health plans, such as guidelines and our required clinical information checklist.

To access these helpful resources, visit EviCore's **Provider's Hub**.

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Ongoing Provider Portal Training

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

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

How To Register:

1. Go to **http://EviCore.webex.com/**

2. Click on the "hamburger" menu on the far left hand side (below the EviCore logo), then choose **Webex Training**.

3. On the **Live Sessions** screen, click the **Upcoming** tab. In the search box above the tabs, type: **EviCore Portal Training.**

4. Choose the date and time for the session you would like to attend, and click the **Register** link beside it. (You will need to register separately for each session.)

5. Complete the required information and click the **Register** button.

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

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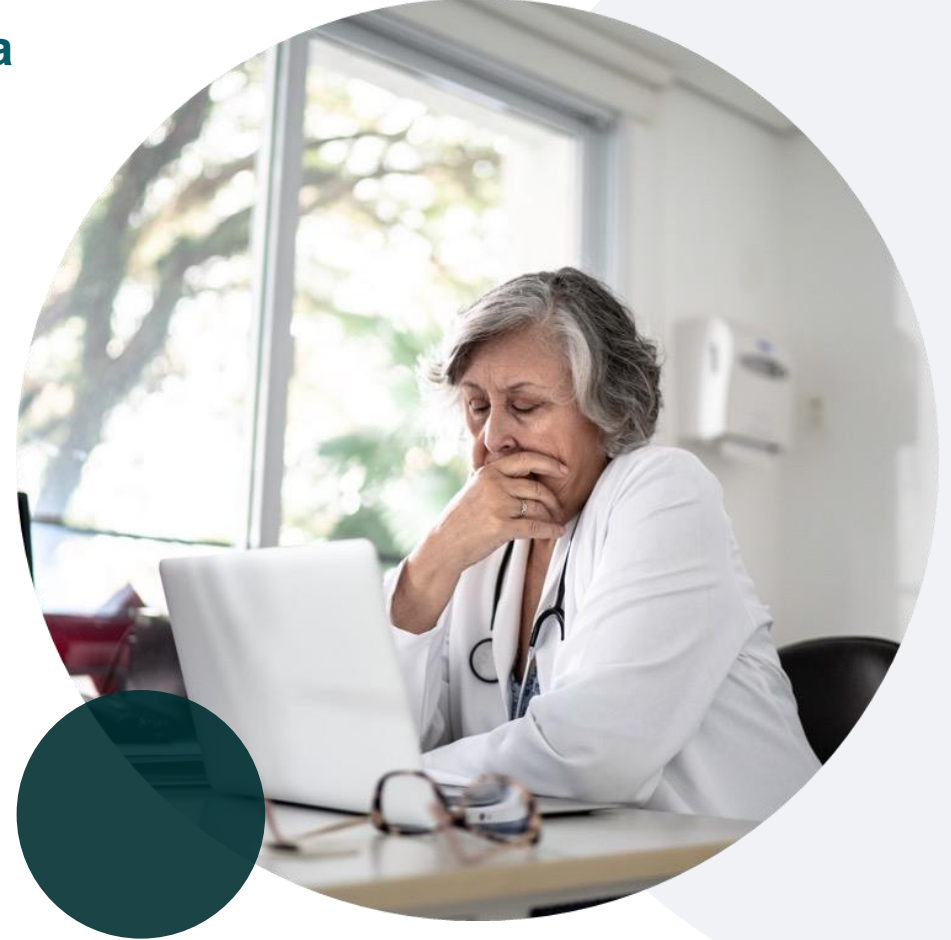
Provider Resource Review Forum

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** 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

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EviCore's Provider Newsletter

Stay up to date with our free provider newsletter!

To subscribe:

- Visit **EviCore.com**.

- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**.

- Enter a valid email address.

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Thank You

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Appendix

Online Peer-to-Peer Scheduling Tool

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How to Schedule a Peer-to-Peer (P2P)

- Log into your account at www.EviCore.com

- Perform Authorization 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 conversation:

Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	

P2P AVAILABILITY

- If your case is eligible for a Peer-to-Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.
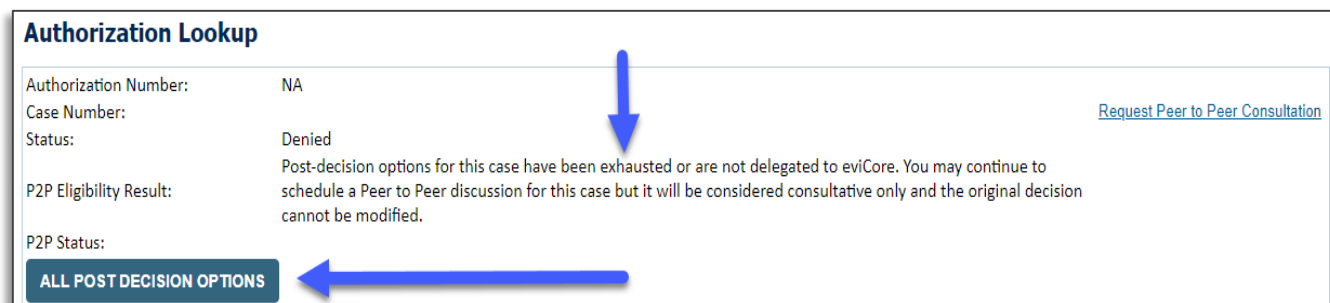
P2P AVAILABILITY   Request Peer to Peer Consultation

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How to Schedule a Peer-to-Peer

- Pay attention to any messaging that displays. In some instances, a Peer-to-Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer-to-Peer. You may also click on the **All Post Decision Options** button to learn what other action may 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.

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How to Schedule a Peer-to-Peer

- 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 (DOB) for the case you just looked up.

- You can 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.

How to Schedule a Peer-to-Peer

- You will be prompted with a list of EviCore physicians/reviewers and appointment options per your availability. 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 conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click **Continue**.

How to Schedule a Peer-to-Peer

Confirm Contact Details

- Contact person name and email address will auto-populate per your user credentials.

- Be sure to update the following fields so that we can reach the right person for the Peer-to-Peer appointment:
    - Name of Provider Requesting P2P
    - Phone Number for P2P
    - Contact Instructions
- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

Canceling or Rescheduling a Peer-to-Peer Appointment

To cancel or reschedule an appointment:

- Access the scheduling software per the instructions above.

- Go to **My P2P Requests** on the left pane navigation.

- Select the request you would like to modify from the list of available appointments.

- Once opened, 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, you will have the opportunity to select a new date or time as you did initially.

  - If choosing to cancel, you will be prompted to enter a cancellation reason.

- Close browser once done.

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