

# Radiation Oncology

## Provider Presentation for Highmark



# Agenda

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## **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

# Highmark Prior Authorization Services

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## Applicable Membership

- Commercial
- Medicare
- CHIP (Pennsylvania only)

## Prior authorization applies to the following services

- Outpatient
- Elective/Non-emergent

## Prior authorization does NOT apply to services performed in

- Emergency Rooms
- Observation Services
- Inpatient Stays



**It is the responsibility of the ordering provider to request prior authorization approval for services.**

# 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.

- 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.


**For questions about billing best practices or about the clinical guidelines utilized by EviCore,** please visit the resource page on [evicore.com](https://evicore.com). Go to: [evicore.com](https://evicore.com) → resources → clinical guidelines → Radiation Oncology → Search for “Highmark” →

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**PROVIDERS:** ☒ Check Prior Authorization

 **Resources**

[CLINICAL GUIDELINES](#)

[PROVIDER RESOURCES](#)

[Clinical Worksheets](#)

# 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](http://www.EviCore.com)

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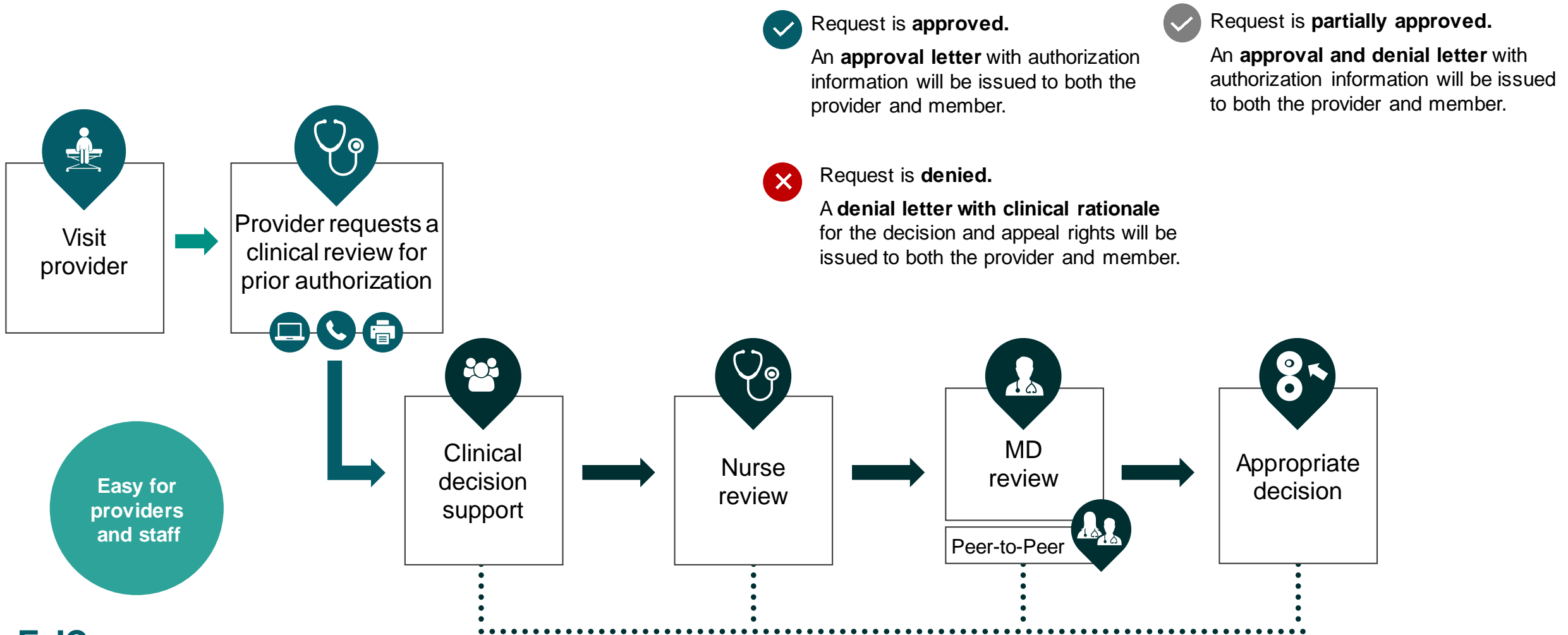
**Phone: 888-564-5492**

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

**Fax: 800-540-2406**



# Utilization Management | Prior Authorization





# 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



## Want to make it easier?

Use our [clinical worksheets on EviCore.com](https://www.evicore.com/clinical-worksheets) to ensure all the necessary information is included in your requests. Go to: EviCore.com → Resources -> Clinical Worksheets → Radiation Oncology → Search “Highmark”

## Referring (Ordering) Physician

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

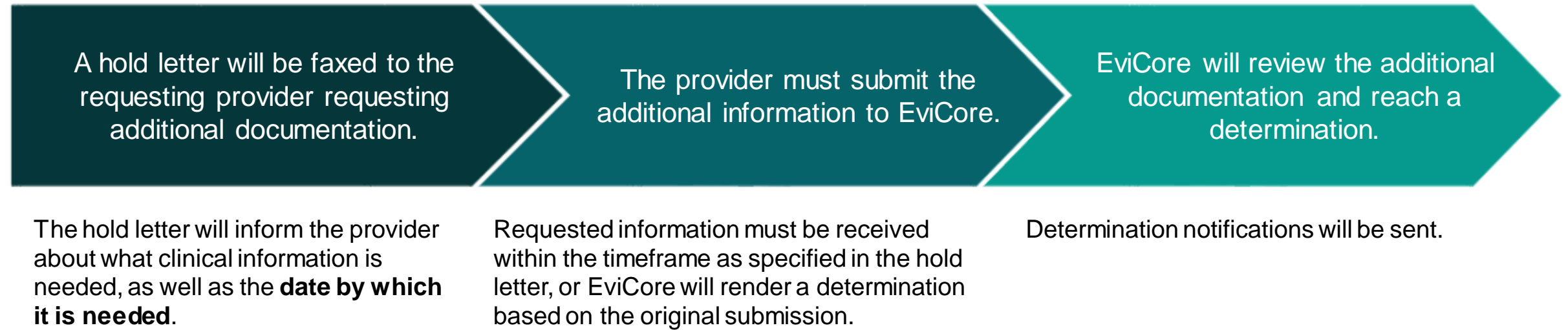
## Supporting Clinical

- 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

# Insufficient Clinical | Additional Documentation Needed

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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

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## 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 800-540-2406.**
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 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 on [EviCore.com](https://www.EviCore.com).



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

# Prior Authorization Outcomes

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## Determination Outcomes:

- **Approved Requests:** Authorizations are valid for a minimum of **180 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 a minimum of **180 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](http://www.EviCore.com)

# Post-Decision Options | Commercial & CHIP 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 **888-564-5492** 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

- Reconsiderations must be requested within **180 calendar days** of the determination date.
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an EviCore physician.
- Please refer to the denial letter for instructions.

### Appeals

- EviCore **will** process first-level appeals.
- The timeframe by which appeal requests must be submitted to EviCore varies by line of business.
- Please refer to the denial letter for instructions.





# Post-Decision Options | Medicare Members

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





# Special Circumstances

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## Retrospective (Retro) Authorization Requests

- Must be submitted within **730 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.

## 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.



# Special Circumstances | Alternative Recommendations

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**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.



# Special Circumstances | Authorization Updates

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**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.



# EviCore Provider Portal

# EviCore Provider Portal | Access and Compatibility

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

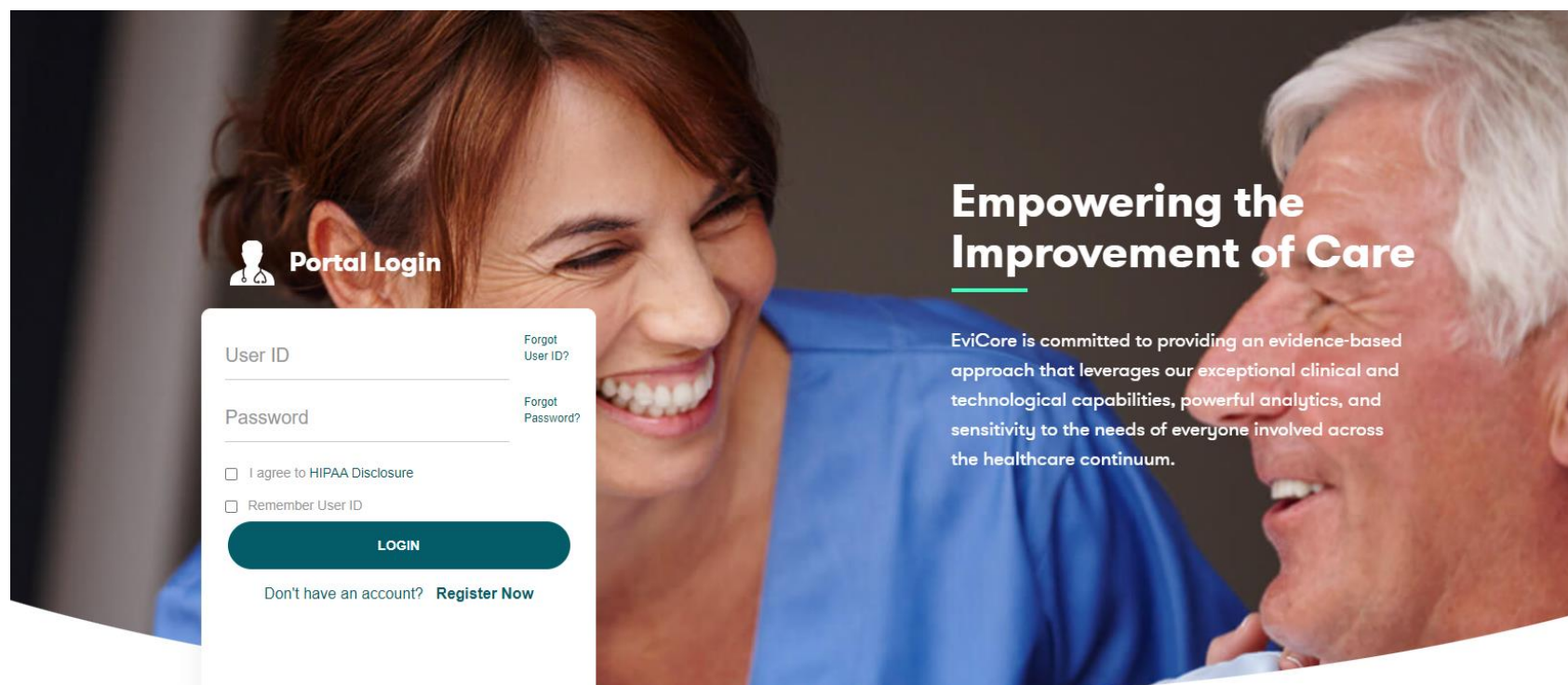
To access resources on the EviCore Provider Portal, visit [EviCore.com/provider](https://EviCore.com/provider)

**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.



# 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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By EVERNORTH

**Web Portal Preference**

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal\*: --Select--

**User Information**

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name\*:

Email\*:

Confirm Email\*:

First Name\*:

Last Name\*:

Address\*:

City\*:

State\*:

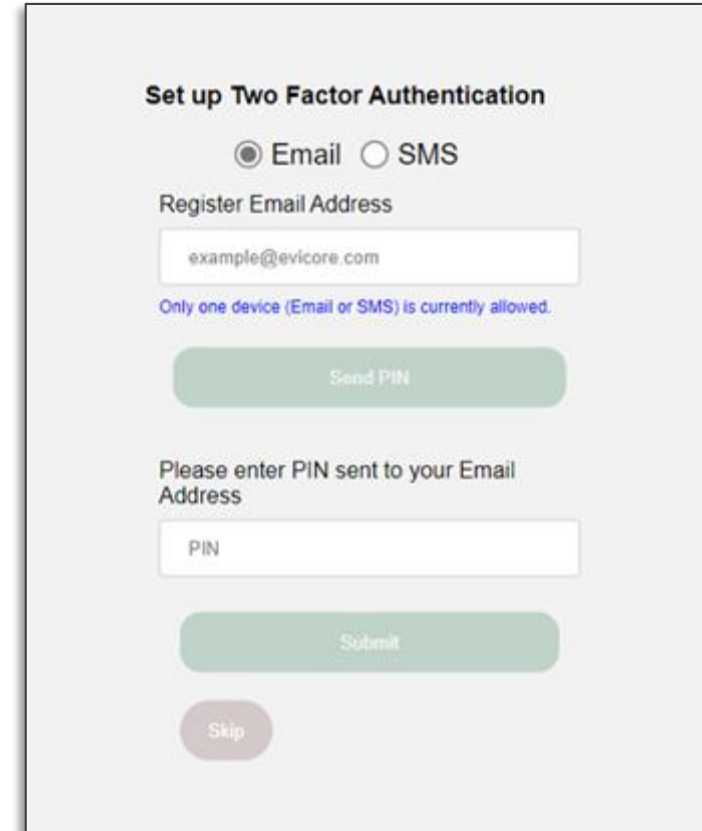
Zip\*:

Office Name:

# 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.

A screenshot of a web form titled "Set up Two Factor Authentication". At the top, there are two radio buttons: "Email" (which is selected) and "SMS". Below this is a label "Register Email Address" followed by a text input field containing "example@evicore.com". A small blue note below the field says "Only one device (Email or SMS) is currently allowed." Below the field is a green button labeled "Send PIN". Further down is a label "Please enter PIN sent to your Email Address" followed by a text input field labeled "PIN". Below this field is a green button labeled "Submit". At the bottom left is a small grey button labeled "Skip".

Set up Two Factor Authentication

☒ Email ☐ SMS

Register Email Address

example@evicore.com

Only one device (Email or SMS) is currently allowed.

Send PIN

Please enter PIN sent to your Email Address

PIN

Submit

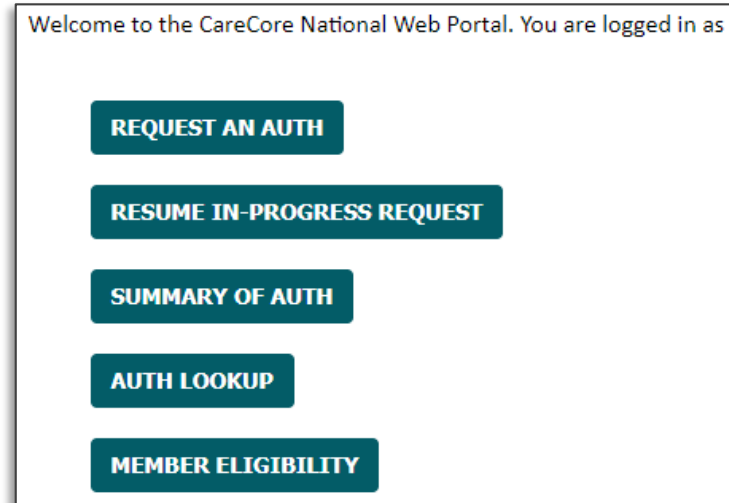
Skip



# 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.



# Adding Providers

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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### 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

- Click the **Add Provider** button.

# Adding Providers

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 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

- Enter the Provider’s **NPI**, **state**, and zip **code** to search for the provider record.
- Once entered, click **Find Matches**.
- Multiple providers can be added to your account.

# Adding Providers

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 Practitioner

This following practitioner record(s) were found to match the requested NPI. Is this the practitioner you would like to register?

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax

ADD THIS PRACTITIONER

CANCEL

- Select the matching record based upon your search criteria.

# Adding Providers

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

Thank you for registering on the CareCore National website. If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to complete the registration process.

**ADD ANOTHER PRACTITIONER**

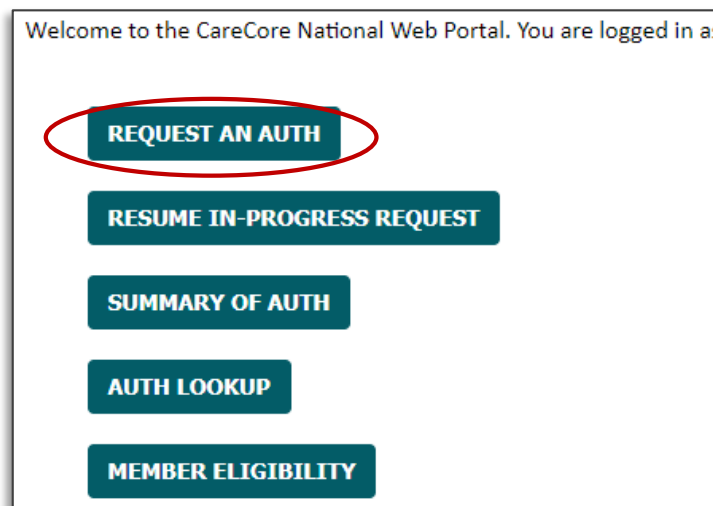
**CONTINUE**

- Once you have selected a practitioner, your registration will be completed and ready for building a case.
- You can click on **Add Another Practitioner** to add another provider to your account or click **Continue**.

# Initiating a Case

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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- To initiate a prior authorization request via the EviCore portal, select **Request an Auth** or **Clinical Certification**.
- **NOTE:** If you are already logged in to the EviCore portal, you DO NOT need to return to Highmark's prism page to initiate an authorization request for a member.



# 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
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## 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.



# Select Provider

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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## Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
SELECT	

If the provider's NPI is not listed above, please use the search feature below to add a new provider and continue with case build.

Search By NPI:

SEARCH

BACK

CONTINUE

[Click here for help](#)

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

# Clinical Certification Request | Search and Select Provider

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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### Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

Provider
<div>SELECT</div>

If the provider's NPI is not listed above, please use the search feature below to add a new provider and continue with case build.

Search By NPI:

SEARCH

	Practitioner Name	NPI	Address	City	State	ZipCode	Phone	Fax
<div>SELECT</div>								

BACK

CONTINUE

[Click here for help](#)

- Once the provider is found by searching **NPI**, the line will turn gray to indicate they are selected.

### Attention!

Do you want to add this NPI ( ) to your account for future requests ?

YES

NO

By choosing **YES**, the practitioner will be added to the provider list in your account.

# Clinical Certification Request | Select Health Plan

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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## Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK

CONTINUE

[Click here for help](#)

- Choose the appropriate **health plan** for the request.
- Another drop down will appear to select the appropriate address for the **provider**.
- Click **CONTINUE**.

# Clinical Certification Request

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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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[?]

procedure code or type of service? [Click here](#)

Primary Diagnosis Code (Lookup by Code or Description)  
 [LOOKUP](#)

Secondary Diagnosis Code (Lookup by Code or Description)  
 [LOOKUP](#)

Diagnosis is optional for Radiation Therapy

- 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

# Clinical Certification Request | Service Selection

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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## 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.

# Clinical Certification Request | Site Selection

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 Site of Service**

**Specific Site Search**  
Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI:

Zip Code:

Site Name:

TIN:

City:

☐ Exact match

☒ Starts with

LOOKUP SITE

- 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

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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## 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.**



# Clinical Certification Request | Standard or Urgent Request

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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**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 FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo 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.

# Clinical Certification Request | Proceed to Clinical Information

- **Clinical Certification** questions may populate based upon the information provided in previous questions.
- **Clinical worksheets/CDS online documents** located on [www.EviCore.com](http://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?  
☐ Pre-operative (neo-adjuvant)  
☐ Definitive (No surgery planned)  
☐ Post-operative (adjuvant)  
☐ Palliative (for relief of symptoms)

What is the T stage?

What is the N stage?

**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

REQUESTED  
Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions)

APPROVED  
Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331)

DENIED

DENIAL RATIONALE

Provider Name:  
Provider Address:

DR. MICHAEL J. LINDENBERG  
1000 N. 10TH AVE  
SUITE 100  
DENVER, CO 80202

Contact:  
Phone Number:  
Fax Number:

781-338-8888  
781-338-8888  
781-338-8888

Patient Name:  
Insurance Carrier:

JOHN DOE  
AETNA

Patient ID:

123456789

Site Name:  
Site Address:

ST. JOSEPH'S MEDICAL CENTER  
1000 N. 10TH AVE  
SUITE 100  
DENVER, CO 80202

Site ID:

123456

Primary Diagnosis Code:  
Secondary Diagnosis Code:  
Date of Service:  
CPT Code:  
Authorization Number:  
Review Date:  
Expiration Date:  
Status:

R68.89  
6/1/2020  
RCBREA  
123456789  
5/20/2020 10:41:09 AM  
11/16/2020  
REQUESTED  
Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions)  
  
APPROVED  
Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331)  
  
DENIED  
  
DENIAL RATIONALE

Description:  
Description:

Other general symptoms and signs  
Breast Cancer

REQUESTED  
Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions)

APPROVED  
Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331)

DENIED

DENIAL RATIONALE

CANCEL

PRINT

CONTINUE

- 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**.

EviCore

By EVERNORTH

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# Clinical Certification Request | Criteria Not Met

## Summary of Your Request

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

Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with CareCore at anytime, please call 1-855-252-1

Provider Name:		Contact:	
Provider Address:		Phone Number:	
		Fax Number:	
Patient Name:		Patient Id:	
Insurance Carrier:			
Site Name:		Site ID:	007BHO
Site Address:			
Primary Diagnosis Code:	C14.0	Description:	Malignant neoplasm of pharynx, unspecified
Secondary Diagnosis Code:		Description:	
Date of Service:	7/3/2020	Description:	
CPT Code:	RCBONE	Description:	Bone Metastases
Case Number:			
Review Date:	7/1/2020 3:40:12 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with CareCore		

CANCEL

PRINT

CONTINUE

- 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**.

# 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** (.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

# 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

CANCELPRINT

# Provider Portal Demo | Radiation Oncology

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

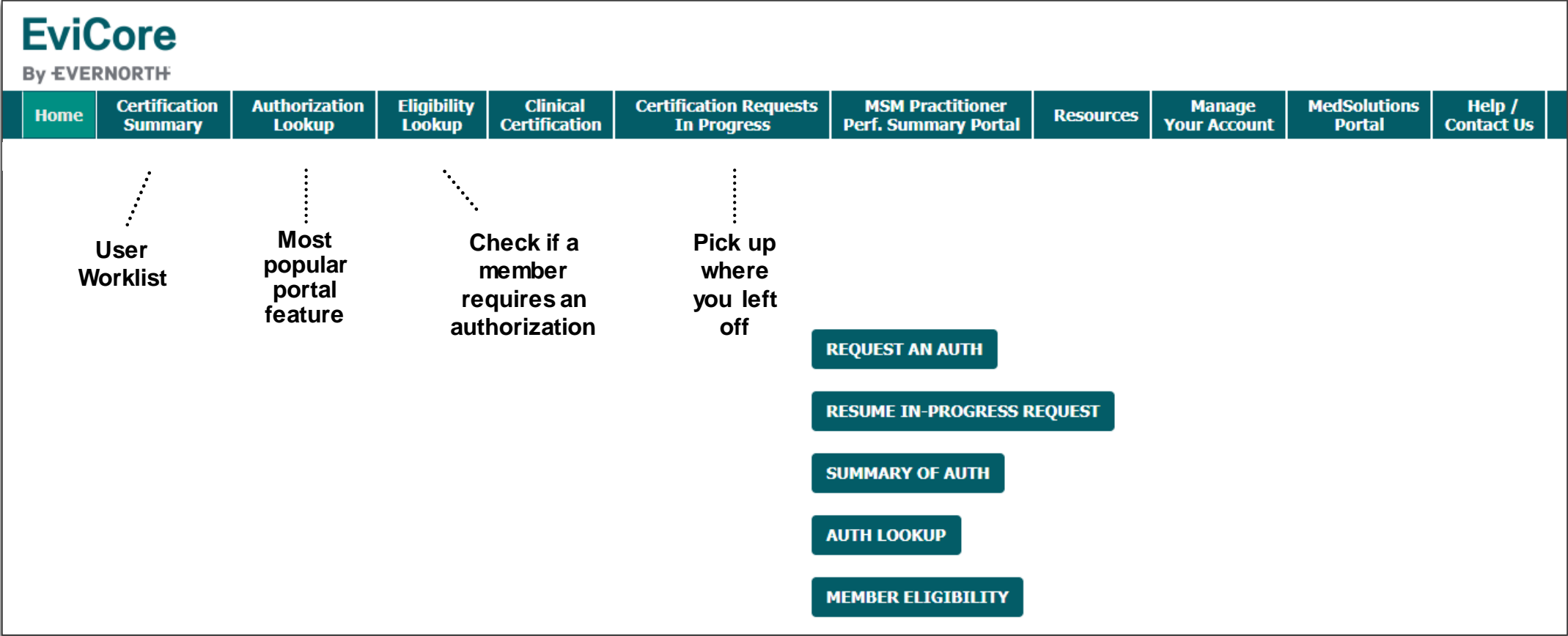
Click [HERE](#) to  
view  
a video demo  
(2 min)



# EviCore Portal Features



# Provider Portal | Feature Access



# Certification Summary | User Worklist



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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

### Certification Summary

Search For: 

All Other Programs

Search..



<<

Page 1 of 1

>>

10

	Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description
	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>			<div></div>	
1	NA					Expired / Cancelled	05/01/2024		

<<

Page 1 of 1

>>

10

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

# Authorization Lookup

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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

## Authorization Lookup

Search by Member Information

Search by Authorization Number/NPI

OnePA: Prior Authorization Portal for Providers

Search by Claim Number/Health plan

Required Fields

Healthplan:

PRINT

[Click here for help](#)

- 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.

**EviCore**

By EVERNORTH

# Provider Resources

# Contact EviCore's Dedicated Teams

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## 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](mailto:ClientServices@EviCore.com)
- Phone: **800-646-0418** (option 4).

## Web-Based Services and Portal Support

- Live chat
- Email: [Portal.Support@EviCore.com](mailto: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 **888-564-5492**. Representatives are available from 7 a.m. to 7 p.m. local time.

# Provider Resource Website

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## Provider Resource Pages

EviCore's Provider Engagement team maintains provider resource pages that contain educational material to assist providers and their staff on a daily basis. The provider resource page includes, but is not limited to, the following educational material:

- Provider training material
- CPT code list
- Quick Reference Guide (QRG)
- Frequently Asked Questions (FAQ)

**To access these helpful resources, please visit:**

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

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

To access these helpful resources, visit EviCore's [Provider's Hub](#).



# Ongoing Provider Portal Training

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

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

**How to register:**

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

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



# Provider Resource Review Forum

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**The EviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.**

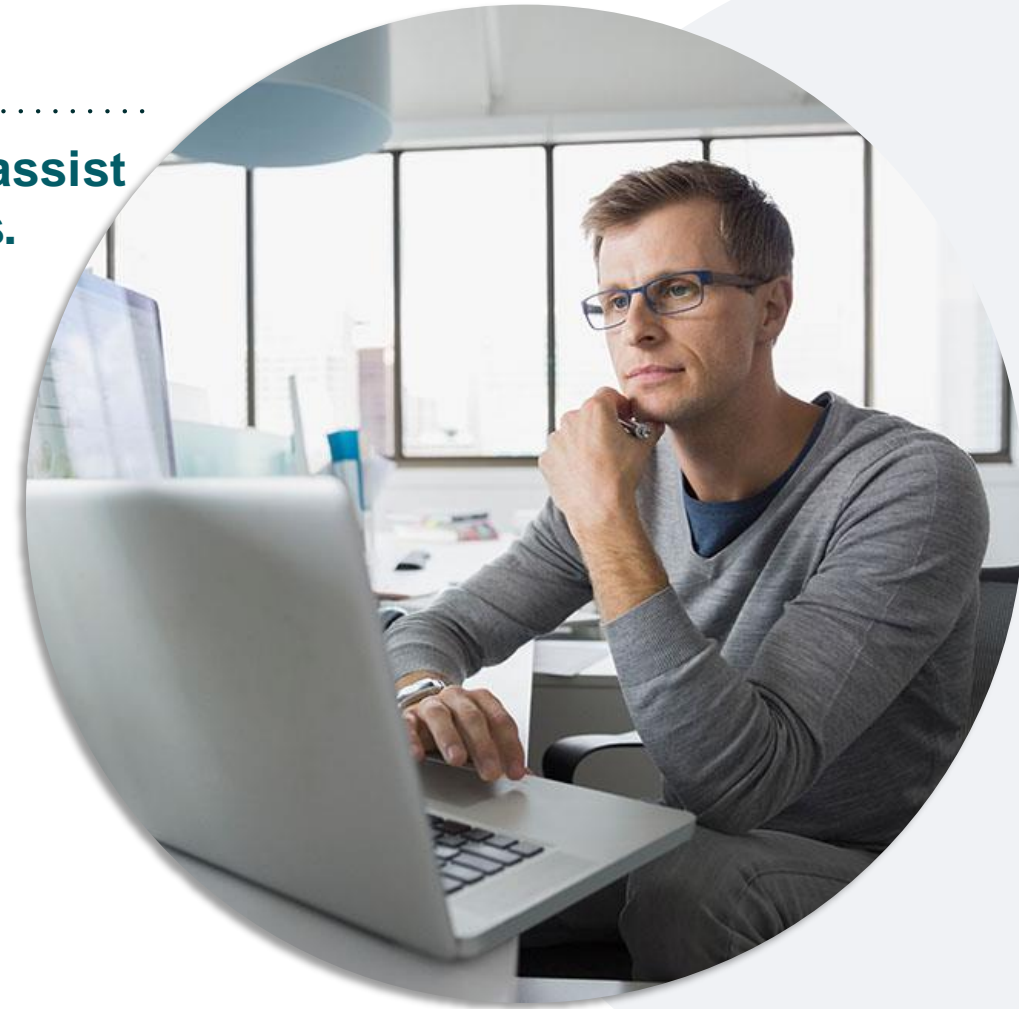
We invite you to attend a **Intro to EviCore Online Resources** session to learn how to navigate [EviCore.com](https://www.evicore.com) and understand all the resources available on the Provider's Hub.

## **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

## **To register, go to EviCore.com, then:**

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



# EviCore's Provider Newsletter

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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.



# Thank You

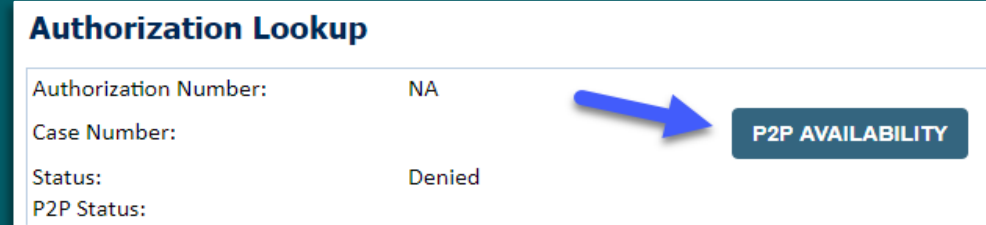
# Appendix

# Peer-to-Peer (P2P) Scheduling Tool

# Schedule a P2P

If your case is eligible for a Peer-to-Peer (P2P) consultation, a link will display, allowing you to proceed to scheduling without any additional messaging.

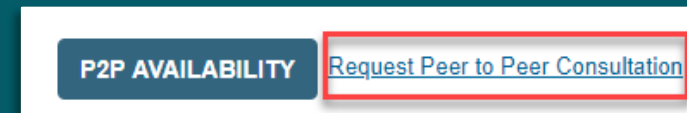
1. Log-in to your account at **EviCore.com**.
2. Perform **Clinical Review Lookup** to determine the status of your request.
3. Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a Peer-to-Peer consultation
4. Note carefully any messaging that displays.\*



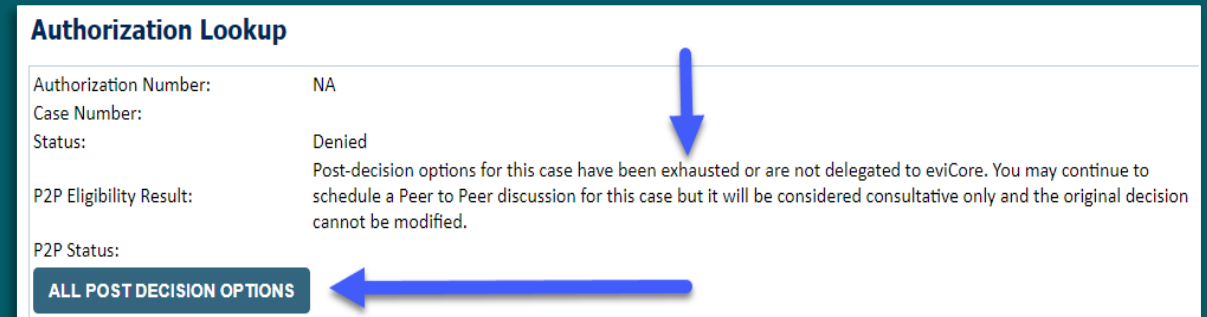
**Authorization Lookup**

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

A blue arrow points from the 'Status: Denied' field to a button labeled **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:	

A blue arrow points from the 'Status: Denied' field to a button labeled **ALL POST DECISION OPTIONS**.

\*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.

# Schedule a P2P

1. Upon first login, you will be asked to confirm your default time zone.
2. You will be presented with the case number and member date of birth.
3. Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**.
4. To proceed, select **Lookup Cases**.
5. You will receive a confirmation screen with member and case information, including the level of review for the case in question.
6. Click **Continue** to proceed.

The image displays two screenshots of the EviCore 'New P2P Request' form. The top screenshot shows the initial input fields for Case Reference Number and Member Date of Birth, with a 'Lookup Cases' button. The bottom screenshot shows the confirmation screen with member and case details, a 'Continue' button, and a 'P2P Eligible' status.

**Top Screenshot: New P2P Request**

Case Reference Number:

Member Date of Birth:

[+ Add Another Case](#)

[Lookup Cases >](#)

**Bottom Screenshot: New P2P Request**

Case Ref #:

[Remove](#) ✓ P2P Eligible

**Member Information**

Name
DOB
State
Health Plan
Member ID

**Case P2P Information**

Episode ID	
P2P Valid Until	2020-11-11
Modality	MSK Spine Surgery
Level of Review	Reconsideration P2P
System Name	ImageOne

[Continue](#)



# Schedule a P2P

1. You will be prompted with a list of EviCore Physicians/Reviewers and appointment options.
2. Select any of the listed appointment times to continue.
3. You will be prompted to identify your preferred days and times for a Peer-to-Peer consultation (all opportunities will be automatically presented).
4. Click on any **green checkmark** to **deselect** that option, then click **Continue**.

### Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type

Level of Review

MSK Spine Surgery

Reconsideration P2P

### Questions

Please indicate your availability

#### Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

#### Preferred Times

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

#### Time Zone

US/Eastern

Continue >

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week

5/18/2020 - 5/24/2020 (Upcoming week)

Next Week →

1st Priority by Skill

Mon 5/18/20

Tue 5/19/20

Wed 5/20/20

Thu 5/21/20

Fri 5/22/20

Sat 5/23/20

Sun 5/24/20

6:15 pm EDT

6:30 pm EDT

6:45 pm EDT

1st Priority by Skill

Mon 5/18/20

Tue 5/19/20

Wed 5/20/20

Thu 5/21/20

Fri 5/22/20

Sat 5/23/20

Sun 5/24/20

3:30 pm EDT

3:45 pm EDT

4:00 pm EDT

4:15 pm EDT

Show more...

2:00 pm EDT

2:15 pm EDT

2:30 pm EDT

2:45 pm EDT

Show more...

4:15 pm EDT

4:30 pm EDT

4:45 pm EDT

5:00 pm EDT

Show more...

3:15 pm EDT

3:30 pm EDT

3:45 pm EDT

4:00 pm EDT

Show more...

# Schedule a P2P


1. 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
2. Click **Submit** to schedule the appointment.
3. You will be presented with a summary page containing the details of your scheduled appointment.
4. Confirm contact details.

The screenshot shows a web form for scheduling a Peer-to-Peer (P2P) appointment. At the top, there is a progress bar with four steps: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (active, indicated by a yellow circle). The form is divided into two main sections. The left section, titled 'P2P Info', contains a 'Case Info' box with fields for Date (Mon 5/18/20), Time (6:30 pm EDT), and a 'Reviewing Provider' dropdown. Below this is a '1st Case' box with fields for Case #, Episode ID, Member Name, Member DOB, Member State, Health Plan, Member ID, Case Type (MSK Spine Surgery), and Level of Review (Reconsideration P2P). The right section, titled 'P2P Contact Details', contains several fields: '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), and 'Contact Instructions' (Select option 4, ask for Dr. Doe). Blue arrows point to the 'Name of Provider Requesting P2P', 'Phone Number for P2P', and 'Contact Instructions' fields. A 'Submit >' button is located at the bottom right of the form.


The screenshot shows a 'Scheduling' summary page. At the top, there is a 'Scheduling' header with a calendar icon. Below this, the word 'Scheduled' is displayed. A large blue box contains a calendar icon, a clock icon, and the text 'Mon 5/18/20 - 6:30 pm EDT'. To the right of this box, the word 'SCHEDULED' is written in blue capital letters inside a red oval.


# P2P Contact Details


1. Use the radio button option to select who will perform the P2P with the EviCore Medical Director.
2. Open fields will manually open to input the provider's first, last name, and their credential.

 **P2P Contact Details**

**Appointment Details**

 Fri 5/24/2024

 7:00 am PDT


 Tamara Fackler

**Who will be performing the P2P consultation?** *Required*

☐ Requesting Provider

☐ Contact Person

☐ Someone else


 PROVIDER


**Name of Referring Physician on Case** *Required*

First Name

Last Name

**Credential** *Required*

Select...

 CONTACT PERSON


**Contact First Name** *Required*

Contact First Name

**Contact Last Name** *Required*

Contact Last Name

**Contact Person Location** *Required*

Select...

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# Call Notes

1. Use the radio button to select options if applicable.
2. If “Procedure was performed on” is selected, then the date is required.

**Contact Instructions**

**Call Notes**

☐ ALT REC declined

☐ Procedure was performed on:

☐ Caller requested MD Specialty match

☐ Appeal LOR attestation requirement

☐ OH State Regulation: Member Consent obtained

☐ TX licensed physician - Caller is aware P2P does not meet SSL match and wants to proceed with P2P per same-specialty match requirement.

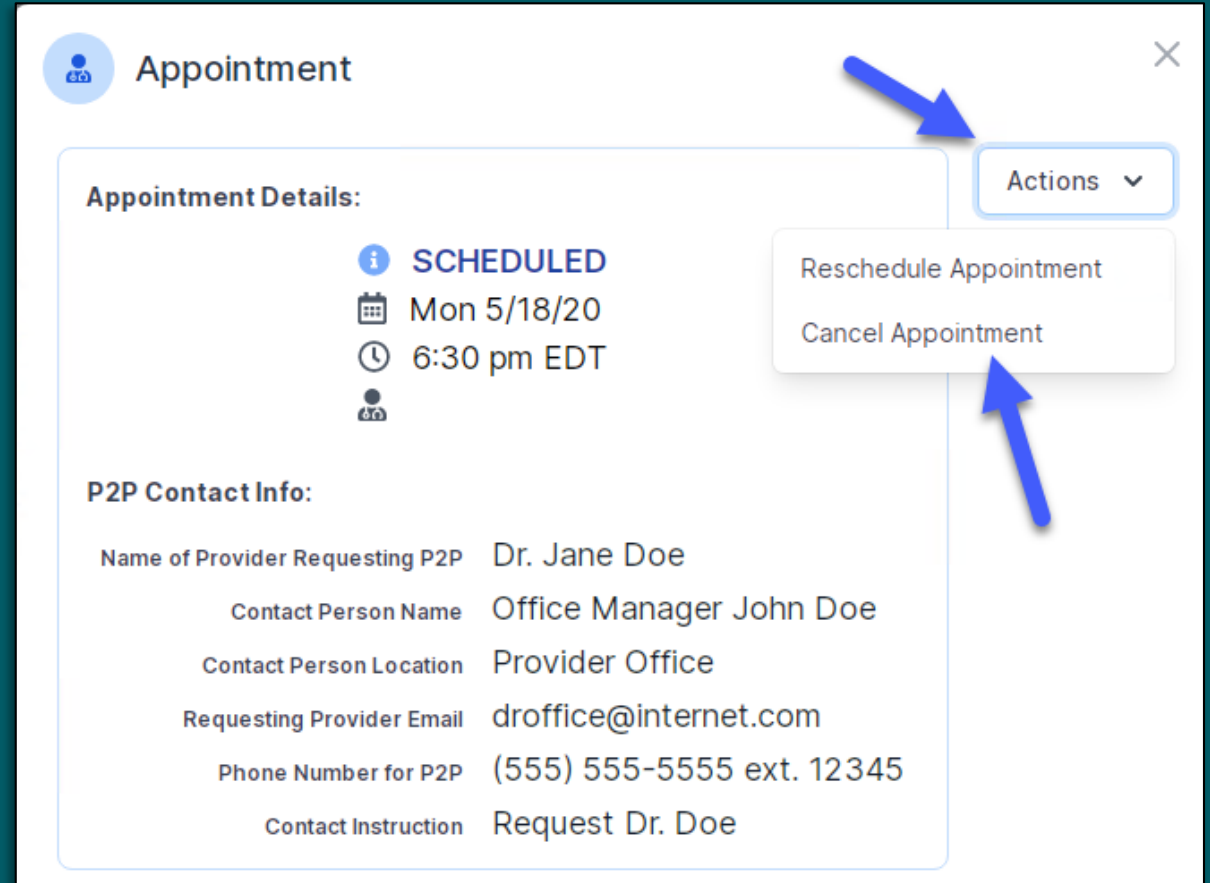
☐ TX licensed same specialty - Caller is aware P2P does not meet TX SSL/specialty match and wants to proceed with P2P

[Schedule Appointment](#)

# Cancel or Reschedule a P2P Appointment

## To cancel or reschedule an appointment:

1. Access the scheduling software and select **My P2P Requests** on the left-pane navigation.
2. Select the request you would like to modify from the list of available appointments.
3. When the request appears, click on the schedule link. An appointment window will open.
4. 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.
5. Close the browser once finished.



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:". The "Appointment Details:" section includes a status icon (i) and the text "SCHEDULED", a calendar icon and the date "Mon 5/18/20", a clock icon and the time "6:30 pm EDT", and a person icon. The "P2P Contact Info:" section contains a table with the following information:

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 window, there is an "Actions" drop-down menu. A blue arrow points to this menu, and another blue arrow points to the "Cancel Appointment" option in the dropdown list. The "Reschedule Appointment" option is also visible in the dropdown.