

Radiation Therapy

Highmark

EviCore
By EVERNORTH

 HIGHMARK®



Agenda

Program Overview
Radiation Therapy

Submitting Requests

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

EviCore Provider Portal

Provider Resources

Questions & Next Steps



Program Overview

Prior Authorization Services

Applicable Membership

- Commercial
- CHIP (Pennsylvania)
- Medicare

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 Oncology

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 cancer type 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.
- If a request is authorized or partially authorized, then the requested treatment technique and number of fractions will be provided, and the provider and member will be notified.
- If Image Guidance (IGRT) is requested, it may or may not be approved, separate from the primary treatment technique.

For questions about specific CPT codes that are generally included with each episode of care, please reference the **EviCore Radiation Therapy Coding Guidelines**.



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 EviCore.com/provider

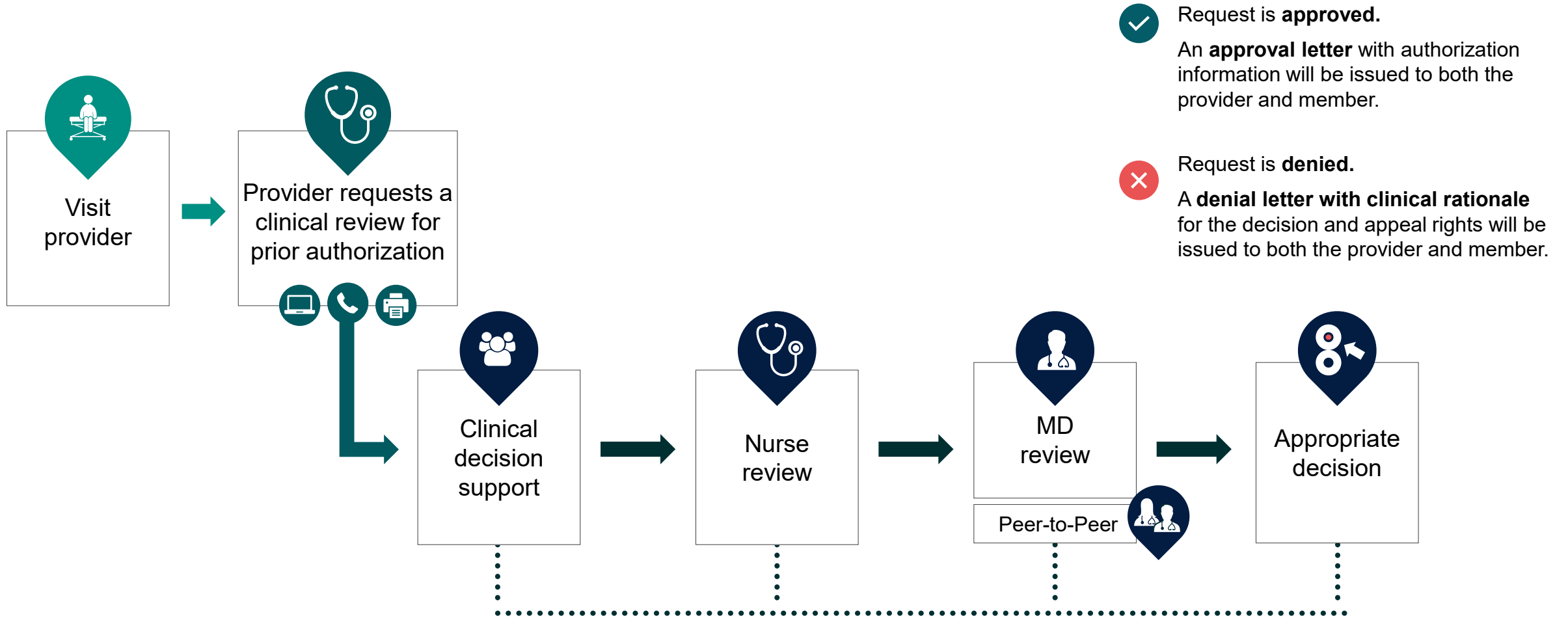


Phone: 888-564-5492

Monday – Friday
7 AM – 7 PM EST

Fax: 800-540-2406

Utilization Management | Prior Authorization



Necessary Information for Prior Authorization | Radiation Oncology

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

Member

EviCore requires name (first and last) and one additional identifier from the list below:

- Date of birth
- Correct case number/Episode ID
- Member identification number
- Full address (Street, City, State and zip code)
- Full phone number including area code
- Driver's license number or other government-issued ID

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















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 **Health Partners Plans**

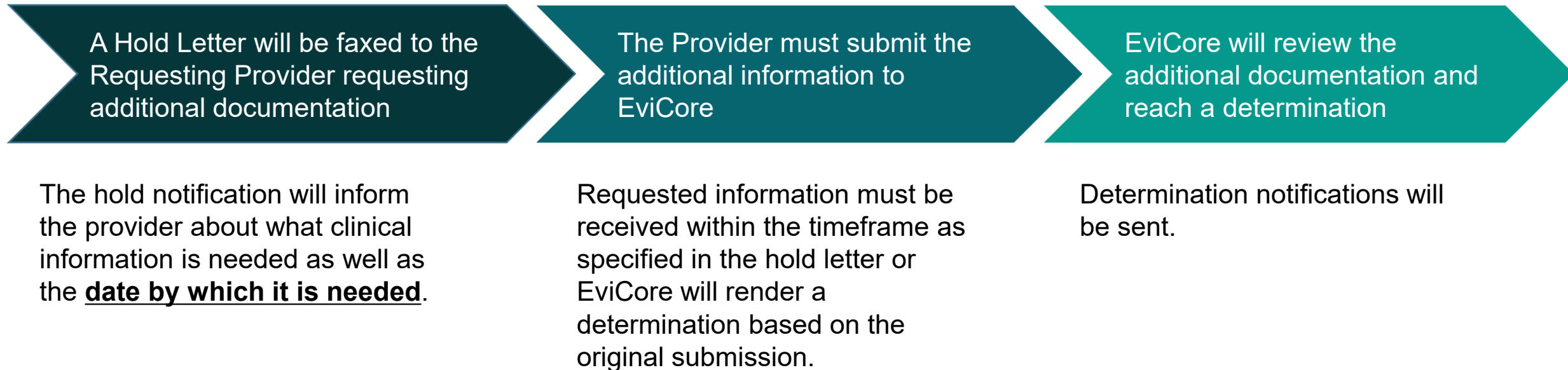
Clinical Worksheets

| | | |
|--|---|---|
|  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 |

Insufficient Clinical | Additional Documentation Needed

Additional Documentation to Support Medical Necessity

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:



Prior Authorization Outcomes, Special Considerations & Post-Decision Options

Prior Authorization Outcomes

Determination Outcomes:

- **Approved Requests:** Authorizations are valid for a minimum of **180 calendar days** from the date of approval. Please refer to the determination letter for specific dates.
- **Partially Approved Requests:** In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved as well as post decision options for denied codes, including denied Site of Care (if applicable).
- **Denied Requests:** Based on evidence-based guidelines, if a request is determined as inappropriate, a notification with the rationale for the decision and post decision/ appeal rights will be issued.

Notifications:

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

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** to see available options.



Reconsiderations

- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an EviCore physician.
- Please refer to the determination 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

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.



Special Circumstances

Retrospective (Retro) Authorization Requests

- Retrospective requests may be made within **730 calendar days** from the date of service.
- Reviewed for clinical urgency and medical necessity.
- Retro requests are processed within **30 calendar days**.
- When authorized, the start date will be the submitted date of service.

Urgent Prior Authorization Requests

- EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member.
- Can be initiated on provider portal or by phone.
- Urgent cases are typically reviewed within 24 to 72 hours.



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 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.



Special Circumstances | Alternative Recommendations

- An alternative 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.

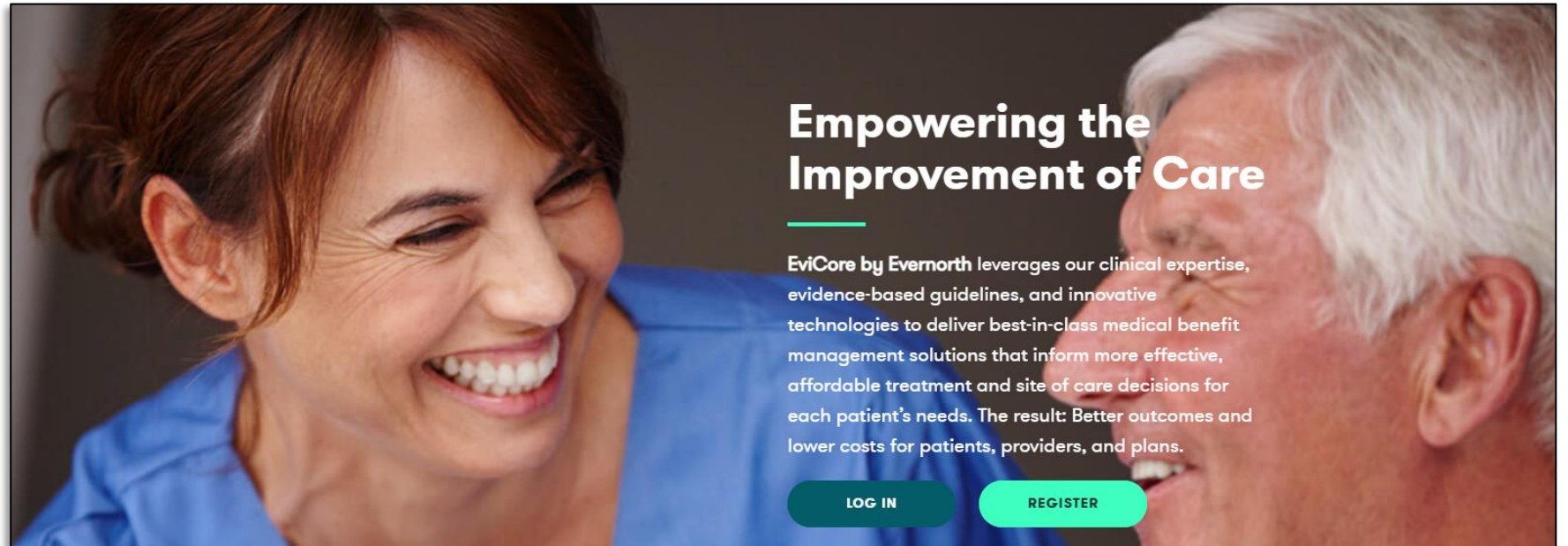


Provider Portal Overview

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
- 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

The screenshot shows the EviCore registration form with the following sections and fields:

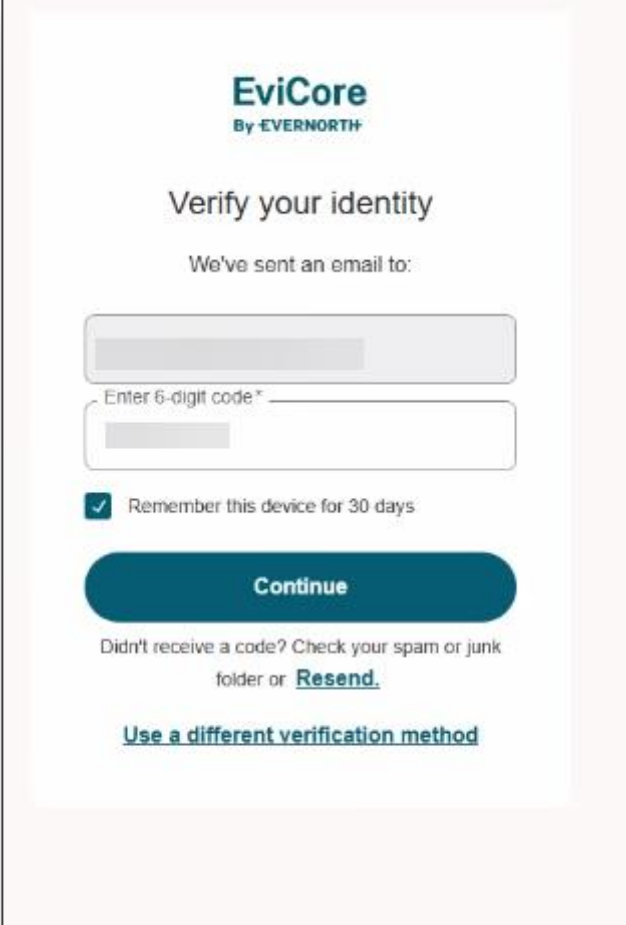
- EviCore By EVERNORTH** (Header)
- User Information** (Section Header)
 - First Name: Enter first name
 - Last Name: Enter last name
 - User Name: Create user name
- Contact Info** (Section Header)
 - Email: Enter email
 - Confirm Email: Confirm email
 - Phone: Phone number
 - Ext (optional): Extension
- Physician/Facility Information** (Section Header)
 - Individual NPI: Enter NPI
 - Tax ID: Enter Tax ID
- Next** (Button)

- Complete the User Information section in full and **Submit Registration**.
- You will immediately be sent an email with a link to verify your account and create a password. Once you have created a password, you will be redirected to the login page.

Setting Up Multi-Factor Authentication (MFA)

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

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

A screenshot of the EviCore MFA verification interface. At the top is the EviCore logo with 'By EVERNORTH' underneath. The main heading is 'Verify your identity'. Below this, it says 'We've sent an email to:' followed by a blurred email address. There are two input fields: the first is for the email address and the second is for the '6-digit code'. Below the code field is a checkbox labeled 'Remember this device for 30 days' which is checked. A large teal 'Continue' button is centered below the checkbox. At the bottom, there is a link that says 'Didn't receive a code? Check your spam or junk folder or [Resend](#).' and another link below it that says 'Use a different verification method'.

Portal Access

- Access EviCore's provider portal at www.EviCore.com.
- If you do not already have a user account, click **Register Now** and complete the online registration form. Follow the instructions to create your password and set up multi-factor authentication (MFA).
- Login using your new or existing login credentials.
- You will now land on your Unified Worklist where you can conduct an **Authorization Lookup**, **Request an Authorization**, manage your cases via your **Worklist**, and share your worklist with other users via **User Access**.
- You can also go directly to the portal to build your request and/or manage your cases.

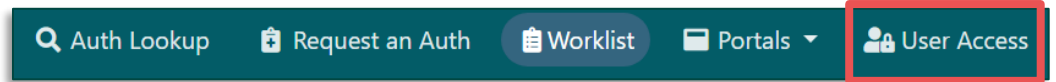
The screenshot displays the EviCore provider portal interface. At the top, a dark teal header contains the EviCore logo (By EVERNORTH), a greeting 'Hello, [user]', and navigation links: 'Authorization Lookup', 'Request An Authorization', 'Worklist', 'Portals', 'Help / Contact', and 'User Access'. Below the header, the 'My Worklist' section is visible, featuring tabs for 'Pending', 'Approved', 'Partially Approved', 'Denied', 'Cancelled', and 'All Statuses'. A search bar with the placeholder 'Start typing to search...' and a magnifying glass icon is positioned above a table. The table has columns for Request ID, Authorization ID, Patient, Status, Submitted, End Date, Procedure, Ordering Provider, Site of Service, and Insurer.

| Request ID | Authorization ID | Patient | Status | Submitted | End Date | Procedure | Ordering Provider | Site of Service | Insurer |
|------------|------------------|---------|--------|-----------|----------|-----------|-------------------|-----------------|---------|
|------------|------------------|---------|--------|-----------|----------|-----------|-------------------|-----------------|---------|

Need more info on UPX? Visit www.eviCore.com/provider → Video Resources for self-service training or click **Register Now** to join a session.

Provider Shared Worklist

To allow others to view your worklist while you are out of the office, you can add them by selecting **User Access** and add their user ID and email address. They must have an EviCore account to be added.

A screenshot of the EviCore web application interface. The top header is dark teal with the EviCore logo and 'By EVERNORTH' on the left, and 'Hello, Suma' on the right. A secondary navigation bar contains 'Request An Authorization', 'Worklist', 'Auth Lookup', and 'User Access'. The main content area is teal. A white modal box is centered, titled 'Give access to your worklist'. It contains a green notification bar at the top stating 'David Gates will have access to your worklist' with a close button. Below is the instruction 'Use this form to give users access to your worklist'. The form has two input fields: 'User ID' and 'Email', followed by an 'Allow access' button. At the bottom of the modal is a blue bar stating '35 people have access to your worklist.' with a 'View List' button and a close button.

Need more info on UPX? Visit www.eviCore.com/provider → Video Resources for self-service training or click **Register Now** to join a session.

EviCore Provider Portal | Add Providers



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

- Click the **Add Provider** 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

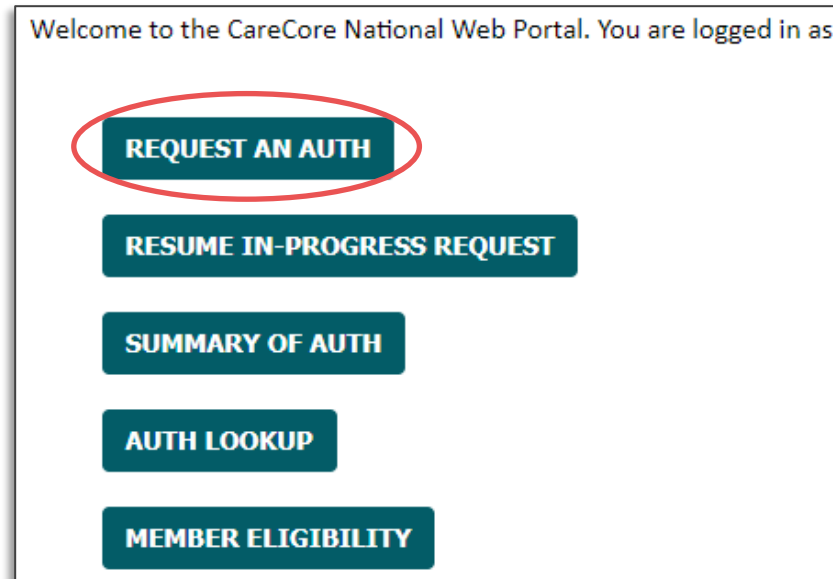
Practitioner Zip

FIND MATCHES **CANCEL**

Initiating a Case

Initiating a Case

| | | | | | | | | | | | |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|
| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Add Provider | MedSolutions Portal | Unified Dashboard | Help / Contact Us |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|



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

Select Program

| | | | | | | | | | | | |
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Request an Authorization

To begin, please select a program below:

- ☐ Durable Medical Equipment(DME)
- ☐ Evicore Medical Oncology Pathways
- ☐ Gastroenterology
- ☐ Gene Therapy
- ☐ Home Health
- ☐ Lab Management Program
- ☐ Medical Specialty Drugs
- ☐ Musculoskeletal Management
- ☐ Pharmacy Drugs (Express Scripts Coverage)
- ☐ Radiation Therapy Management Program (RTMP)
- ☐ Radiology and Cardiology/Vascular Intervention
- ☐ Sleep Management

CONTINUE

[Click here for help](#)

- Select the **Program** for your certification.

Clinical Certification Request | Search and Select Provider

| | | | | | | | | | | | |
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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](#)

- Search for and select the **Provider/Group** for whom you want to build a case. This is the list of providers you added to your account.
- If the **Provider/Group** is not on your list of providers added to your account, you can now **Search by NPI**.

Clinical Certification Request | Search and Select Provider

| | | | | | | | | | | | |
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| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Add Provider | MedSolutions Portal | Unified Dashboard | Help / Contact Us |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|

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

Clinical Certification Request | Select Health Plan

| | | | | | | | | | | | |
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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 | Enter Contact Information

| | | | | | | | | | | | |
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|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

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

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

[Click here for help](#)

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

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

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

Clinical Certification Request | Enter Member Information

| | | | | | | | | | | | |
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|----------------------|---------------------------------------|--------------------------------------|------------------------------------|--|--|---|---------------------------|------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

When entering patient details, please review and confirm the spelling of the patient's name. Verify accuracy of the patient's ID and date of birth.

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

- Enter **member information**, including patient ID number, date of birth, and last name.
- Click **ELIGIBILITY LOOKUP**.
- Confirm the patient's information and click **SELECT** to continue.

| Search Results | | | | | | |
|------------------------|------------|-------------|------|-----|--------|---------|
| | Patient ID | Member Code | Name | DOB | Gender | Address |
| SELECT | | 01 | | | F | |

Clinical Certification Request | Procedure and Diagnosis Codes

| | | | | | | | | | | | |
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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

7/2/2024

CHANGE

Radiation Therapy Procedures

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

RCADRE

RCANAL

RCBILE

RCBLAD

RCBONE

RCBRAI

RCBREA

RCCERV

RCCNSL

RCCNSN

RCENDO

RCESOP

RCGACA

RCGALL

RCHDKL

RCHENE

RCHEPA

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

| | | | | | | | | | | | |
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|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|

Requested Service + Diagnosis

Confirm your service selection.

Treatment Start: 1/27/25
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

| | | | | | | | | | | | |
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- 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.

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

Clinical Certification Request | Clinical Certification

| | | | | | | | | | | | |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|
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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.
- **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 | Add Provider | MedSolutions Portal | Unified Dashboard | Help / Contact Us |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|

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.

Clinical Certification Request | Proceed to Clinical Information

| | | | | | | | | | | | |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|
| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Add Provider | MedSolutions Portal | Unified Dashboard | Help / Contact Us |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|

- **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

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

i Where will treatment be directed?
☐ Bilateral breast (treated concurrently)
☒ Left breast
☐ Right breast

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

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

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

i What is the T stage?

i What is the N stage?

☒ 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

SUBMIT CASE

Clinical Certification Request | Criteria Met

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

Your case has been Approved.

| | | | |
|---------------------------|--|---------------|----------------------------------|
| Provider Name: | DR. BHARATH MANI ARKARA VEETIL | Contact: | Info |
| Provider Address: | 1200 6TH AVE N SAINT CLOUD, MN 56301 | Phone Number: | (320) 734-1000 |
| | | Fax Number: | (320) 734-1000 |
| Patient Name: | WILLIAM WILSON | Patient Id: | WILLIAM WILSON |
| Insurance Carrier: | WILLIAM WILSON | | |
| Site Name: | CLINICAL RESEARCH LLC | Site ID: | WILLIAM WILSON |
| Site Address: | 8711 UNIVERSITY BLVD CLINICAL RESEARCH LLC CLINICAL RESEARCH LLC | | |
| Primary Diagnosis Code: | R68.89 | Description: | Other general symptoms and signs |
| Secondary Diagnosis Code: | | Description: | |
| Date of Service: | Not provided | Description: | |
| CPT Code: | 73721 | Description: | |
| Authorization Number: | WILLIAM WILSON | | |
| Review Date: | 5/13/2020 1:52:08 PM | | |
| Expiration Date: | | | |
| Status: | | | |

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**.

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 | | |
| 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 CareCorr | | |

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**.

EviCore

By EVERNORTH

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

Clinical Certification Request | Required Medical Information Checklist

| | | | | | | | | | | | |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|
| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Add Provider | MedSolutions Portal | Unified Dashboard | Help / Contact Us |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|

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):

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

Radiation Therapy Program

| | |
|--------------------------|---|
| <input type="checkbox"/> | Please fill out the appropriate Clinical Worksheet/Guide |
| <input type="checkbox"/> | Site of treatment and/or cancer type |
| <input type="checkbox"/> | Radiation Prescription |
| <input type="checkbox"/> | Will IGRT be needed? |
| <input type="checkbox"/> | Reason for treatment |
| <input type="checkbox"/> | Staging of the cancer, if applicable |
| <input type="checkbox"/> | Technique to be used, and start date which should be the first day of treatment, not simulation |
| <input type="checkbox"/> | Number of phases of treatment if more than one, and number of fractions |
| <input type="checkbox"/> | Diagnosis codes |
| <input type="checkbox"/> | Pertinent clinical information to substantiate medical necessity for requested treatment plan |
| <input type="checkbox"/> | Radiation Oncologists consultation note |
| <input type="checkbox"/> | 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 Therapy program 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](#)

Clinical Certification Request | Case Submission Success

| | | | | | | | | | | | |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|
| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Add Provider | MedSolutions Portal | Unified Dashboard | Help / Contact Us |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|

- 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

Provider Resources

Contact EviCore's Dedicated Teams



Call Center/Intake Team

- Phone: 888-564-5492
- Representatives are available from 7 a.m. to 7 p.m. local time.

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**

EviCore Communication Relationship Management (ECRM)

For program-related questions or concerns, please submit inquiries via the **EviCore Communication Relationship Management (ECRM)** application. Common issues addressed through ECRM include:

- Questions regarding accreditation and/or credentialing
- Requests for an authorization to be sent to the health plan
- Complaints and grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues
- Issues with EviCore provider portal

ECRM is available **24/7**. Users can login or register [HERE](#).

Additional Information about ECRM can be found on the [Providers' Hub](#).



Provider Resource Website

Provider Resource Pages

EviCore's Provider Experience team maintains provider resource pages that contain specific Sleep Diagnostic educational materials to assist providers and their staff on a daily basis. The provider resource page will include, but is not limited to, the following educational materials:

- Provider Training
- CPT code list(s)
- Quick Reference Guide (QRG)
- Frequently Asked Questions (FAQ) Document

To access these helpful resources, please visit:

<https://www.EviCore.com/resources>

(Choose specific health plan from the dropdown menu)

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 [Providers' Hub](#).



Ongoing sessions for Web Portal Training

- Provides step-by-step guidance on submitting requests through both the EviCore CareCore National platform and EviCore MedSolutions platform.
- Includes portal registration, authorization lookup, and scheduling Peer-to-Peer consultations.

Register for Provider Sessions:

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

EviCore Online Provider Resources Review Forum

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

We invite you to attend an **Intro to EviCore Online Resources** to learn how to navigate EviCore's web site and understand all the non-health plan specific resources available on the Provider's Hub.

Included is a broad overview of registering and using the EviCore portal. This is great for those new to Evicore.com and the prior authorization process.

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