

# Medical Oncology

Health Partners Plans

**EviCore**  
By EVERNORTH



Health Partners Plans



# Agenda

**Program Overview**  
Medical Oncology

**Submitting Requests**

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

**EviCore Provider Portal**

**Provider Resources**



# Program Overview

# Prior Authorization Services

## Applicable Membership

- Medicaid
- CHIP

## 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



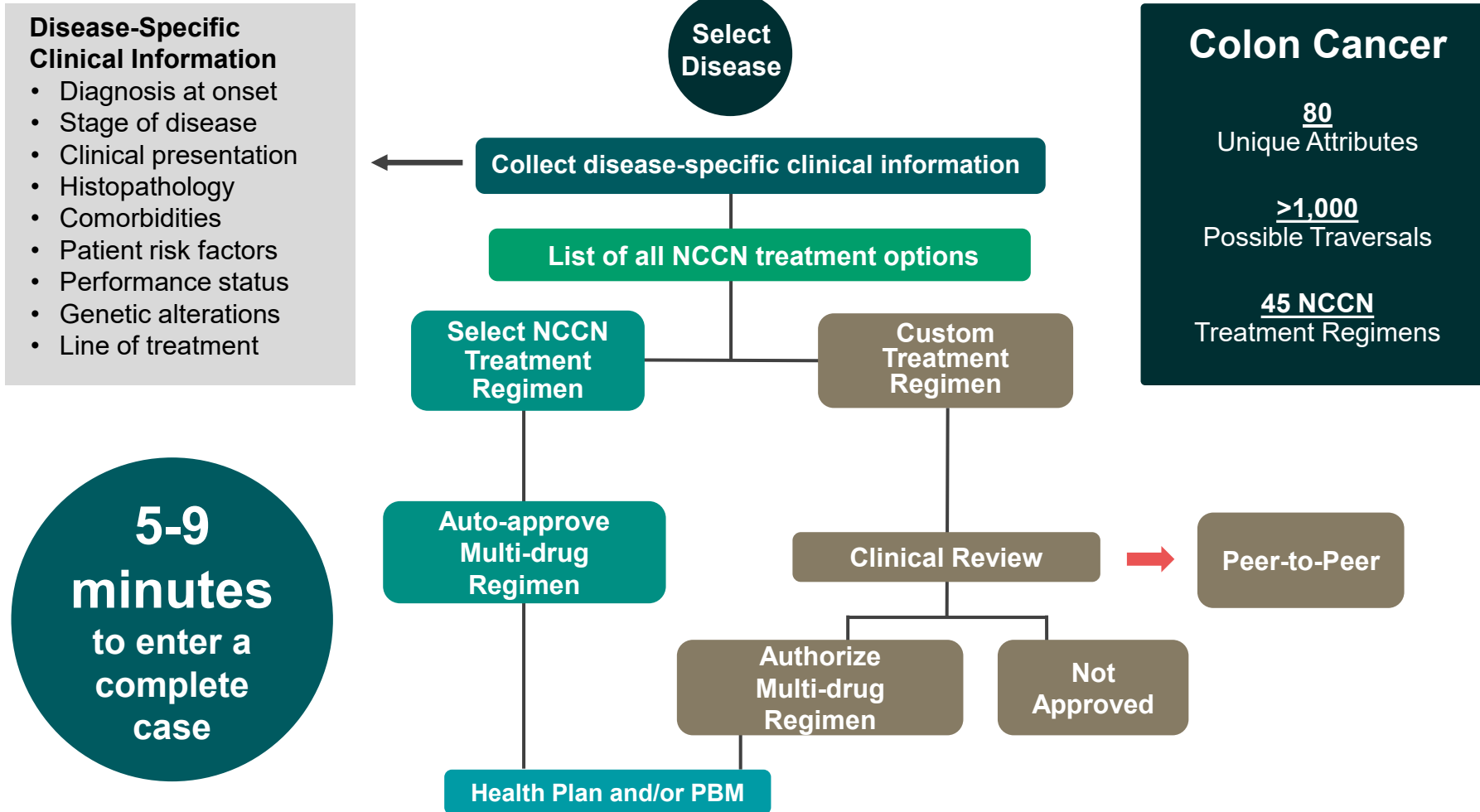
**It is the responsibility of the ordering provider to request prior authorization approval for services.**

# Scope of the Medical Oncology Program

<b>What types of drugs are included?</b>	<ul style="list-style-type: none"><li>• The following types of drugs are included if being used to treat cancer<ul style="list-style-type: none"><li>◦ Primary injectable and oral chemotherapy – Part B medications only (MEDICARE SPECIFIC).</li><li>◦ Supportive medications given with chemotherapy.</li></ul></li><li>• The list of affected drugs can be viewed at <a href="https://www.evicore.com/resources/healthplan/health-partners-plans">https://www.evicore.com/resources/healthplan/health-partners-plans</a></li><li>• Additionally, drugs covered under this program, but being used to treat non-cancer conditions may still require prior authorization through the health plan. Contact the number on the ID card to confirm requirements.</li></ul>
<b>What is covered in my authorization?</b>	<ul style="list-style-type: none"><li>• All drugs that are included in the treatment regimen – There are no partial approvals.</li><li>• The HCPC codes associated with the approved drugs.</li><li>• The time period indicated on the authorization (8-14 months).</li></ul>
<b>How often do I need to update my authorization?</b>	<ul style="list-style-type: none"><li>• When the authorization time has expired.</li><li>• When there is a change in treatment including new or different drugs.</li><li>• An update is not need if an approved drug is no longer being administered as a part of the approved regimen.</li></ul>

# Medical Oncology Solution Defines a Complete Episode of Care

## EviCore Medical Oncology Guideline Management



# Clinical Information Needed | Medical Oncology

If clinical information is needed, please be able to provide the following:

- Patient's clinical presentation.
- Diagnosis codes.
- Type and duration of treatments performed to date for the diagnosis
- Disease-specific clinical information:
  - Diagnosis at onset
  - Stage of disease
  - Clinical presentation
  - Histopathology
  - Comorbidities
  - Patient risk factors
  - Performance status
  - Genetic alterations
  - Line of treatment



# 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.

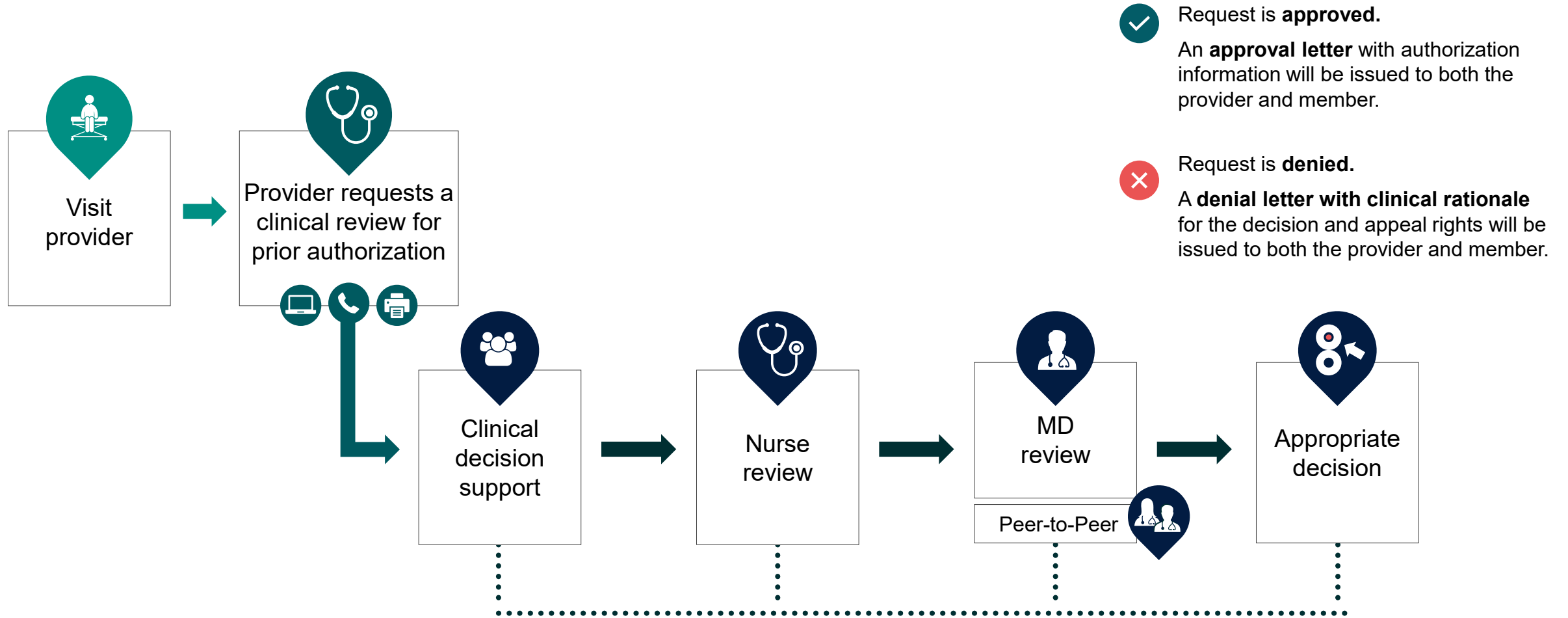
To access the EviCore Provider Portal, visit [EviCore.com/provider](https://www.evicore.com/provider)



**Phone: 888-444-6178**  
Monday – Friday  
7AM – 7PM (local time)

**Fax: 800-540-2406**

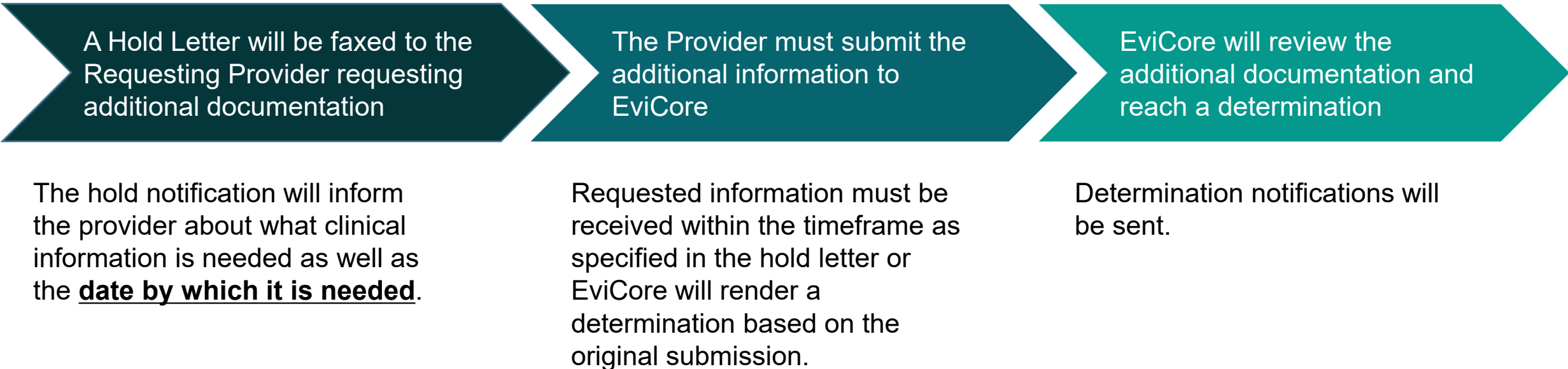
# Utilization Management | Prior Authorization




# 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 **240-425 calendar days** from the date of approval.
- **Partially Approved Requests:** In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved as well as post decision options for denied codes, including denied Site of Care (if applicable).
- **Denied Requests:** Based on evidence-based guidelines, if a request is determined as inappropriate, then a notification with the rationale for the decision and post decision/ appeal rights will be issued.

## Notifications:

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

# Special Circumstances

## Alternative Recommendations

- An alternative recommendation may be offered, based on EviCore's evidence-based clinical guidelines.
- The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request.



## Authorization Update

- If updates are needed on an existing authorization, you can contact EviCore by phone at **888-444-6178**.
- While EviCore needs to know if changes are made to the approved request, any change could result in the need for a separate clinical review and require a new request (and the original approved request would need to be withdrawn).
- If the authorization is not updated, it may result in a claim denial.

# Post-Decision Options | Medicaid & 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 **888-444-6178** 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 not** process first-level appeals.
- Please refer to the denial letter for instructions.

# Special Circumstances

## Retrospective (Retro) Authorization Requests

- Retro requests are not allowed for the Medical Oncology program.
- Please contact the health plan for direction if treatment has taken place and the patient is continuing treat.

## 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.

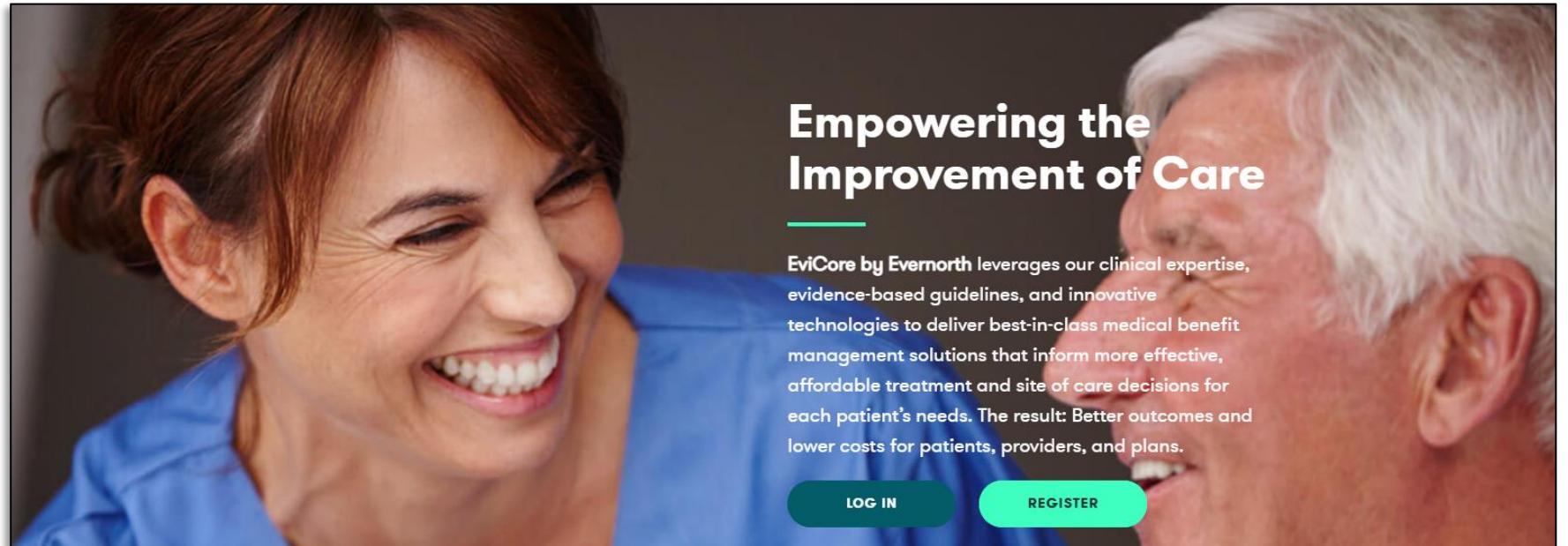


# Provider Portal Overview

# 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](https://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:

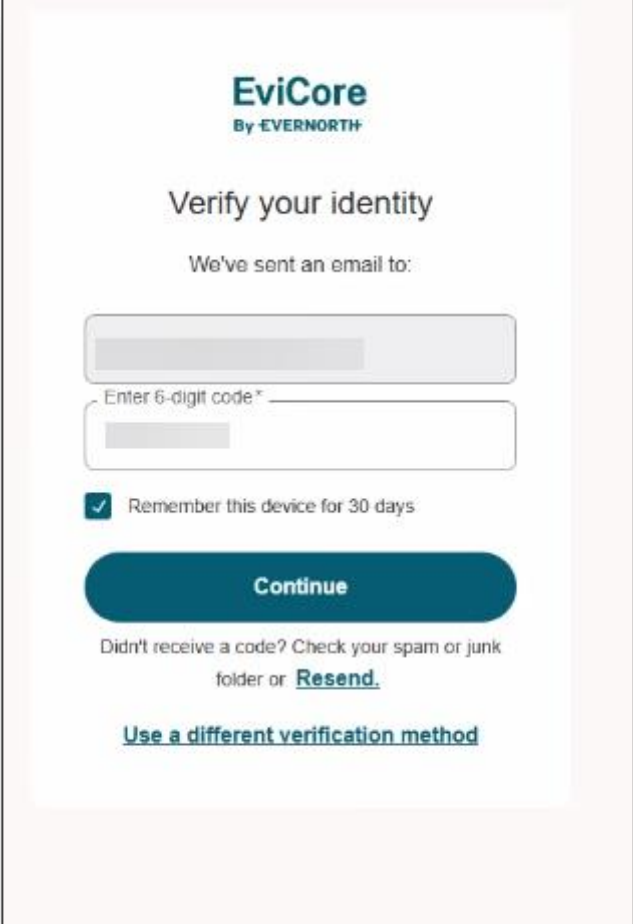
- EviCore By EVERNORTH** (Header)
- User Information** (Section header) with a **Next** button in the top right corner.
  - First Name: Enter first name
  - Last Name: Enter last name
  - User Name: Create user name
- Contact Info** (Section header)
  - Email: Enter email
  - Confirm Email: Confirm email
  - Phone: Phone number
  - Ext (optional): Extension
- Physician/Facility Information** (Section header)
  - Individual NPI: Enter NPI
  - Tax ID: Enter Tax ID

- 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.



The screenshot shows the EviCore login 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 field. A second field is labeled 'Enter 6-digit code \*' with a blurred input area. There is a checked checkbox for 'Remember this device for 30 days'. A large teal 'Continue' button is centered below. At the bottom, there is a link for 'Didn't receive a code? Check your spam or junk folder or [Resend.](#)' and another link for '[Use a different verification method](#)'.

# Portal Access

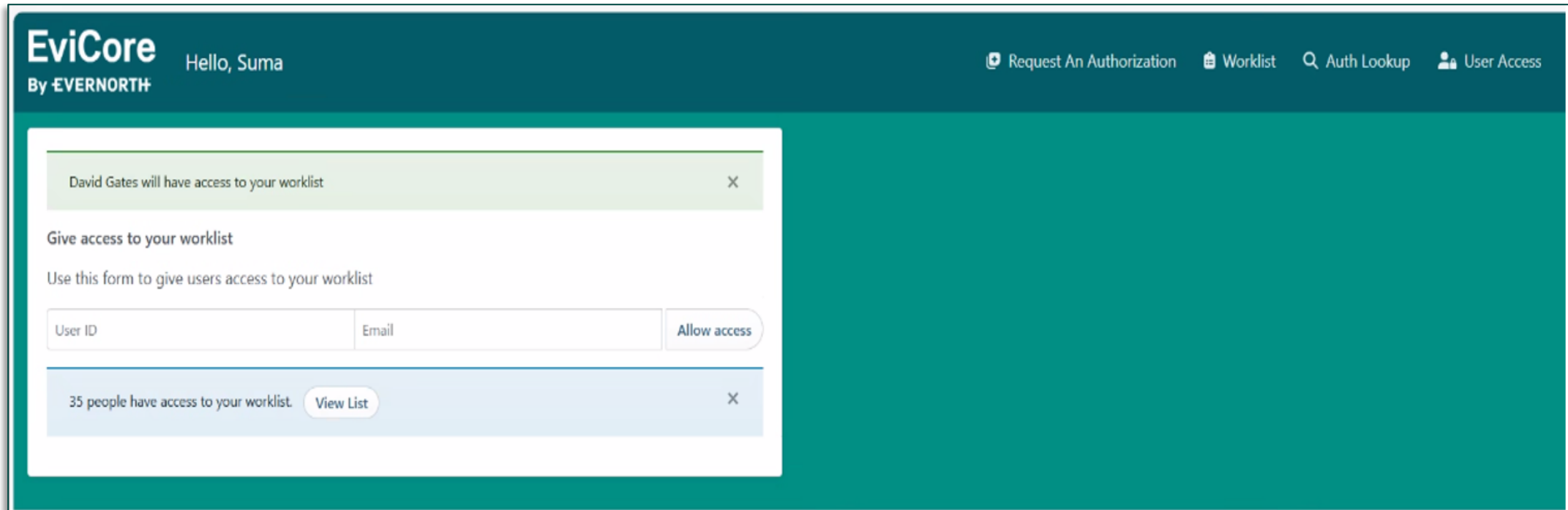
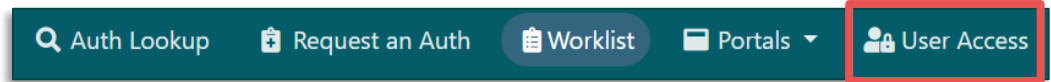
- Access EviCore’s provider portal at [www.EviCore.com](http://www.EviCore.com).
- If you do not already have a user account, click **Register Now** and complete the online registration form. Follow the instructions to create your password and set up multi-factor authentication (MFA).
- Login using your 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 left, the EviCore logo is shown with the tagline 'By EVERNORTH'. To the right of the logo, a greeting 'Hello, [user]' is visible. The top navigation bar includes several menu items: 'Authorization Lookup', 'Request An Authorization', 'Worklist', 'Portals', 'Help / Contact', and 'User Access'. Below the navigation bar, the main content area is titled 'My Worklist'. Under this title, there are tabs for 'Pending', 'Approved', 'Partially Approved', 'Denied', 'Cancelled', and 'All Statuses'. A search bar with the placeholder text 'Start typing to search...' is located below the tabs. At the bottom of the screenshot, a table header is visible with the following columns: Request ID, Authorization ID, Patient, Status, Submitted, End Date, Procedure, Ordering Provider, Site of Service, and Insurer.

**Need more info on UPX?** Visit [www.eviCore.com/provider](http://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.



**Need more info on UPX?** Visit [www.eviCore.com/provider](http://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

# Provider Experience – Case Submission

The screenshot shows the CareCore National Web Portal interface. At the top left is the EviCore healthcare logo. A navigation bar contains links for Home, Authorization Lookup, MedSolutions Portal, CareCore National Portal, and Help / Contact Us. The date and time are displayed as Wednesday, January 24, 2024 11:38 AM. The main heading is 'Request an Authorization'. Below it, a message says 'To begin, please select a program below:' followed by a list of medical categories with radio buttons. A 'CONTINUE' button is at the bottom left. On the right, a vertical list of buttons includes 'REQUEST AN AUTH', 'RESUME IN-PROGRESS REQUEST', 'SUMMARY OF AUTH', 'AUTH LOOKUP', and 'MEMBER ELIGIBILITY'. A callout box with a teal background and white text points to the 'REQUEST AN AUTH' button, stating: 'Select option to “Request an Auth” and then the program.' Below the callout, a welcome message reads: 'Welcome to the CareCore National Web Portal. You are logged in as'.

**Request an Authorization**

To begin, please select a program below:

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

**CONTINUE**

[Click here for help](#)

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

**REQUEST AN AUTH**

**RESUME IN-PROGRESS REQUEST**

**SUMMARY OF AUTH**

**AUTH LOOKUP**

**MEMBER ELIGIBILITY**

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

# Provider Experience – Case Submission

**Attention!**

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

OK

Confirm the request is for Medical Oncology.

# Provider Experience – Case Submission

## Requesting Provider Information

Select the ordering provider for this authorization request.

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

Search By NPI:

[Click here for help](#)

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

Provider	
<input type="button" value="SELECT"/>	
<input type="button" value="SELECT"/>	
<input type="button" value="SELECT"/>	
<input type="button" value="SELECT"/>	
<input type="button" value="SELECT"/>	

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

# Provider Experience – Case Submission

## Choose Your Insurer

Requesting Provider: Dr. Jones, NPI 1234567890

Please select the insurer for this authorization request.

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

BACK

CONTINUE

[Click here for help](#)

**Urgent Request?** You will be required to upload relevant clinical info at the end of this process. [Learn More.](#)

**Don't see the insurer you're looking for?** Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

Select the patient's health plan.

# Provider Experience – Case Submission

## Choose Your Insurer

Requesting Provider: Dr. Jones, NPI 1234567890

Please select the insurer for this authorization request.

BACK

CONTINUE

[Click here for help](#)

**Urgent Request?** You will be required to upload relevant clinical info at the end of this process. [Learn More.](#)

**Don't see the insurer you're looking for?** Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

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

# Provider Experience – Case Submission

## Add Your Contact Info

Provider's Name:\*  [?]

Who to Contact:\*  [?]

Fax:\*  [?]

Phone:\*  [?]

Ext.:  [?]

Cell Phone:

Email:

Receive notification of case status changes

BACK

CONTINUE

[Click here for help](#)

carriers.carecorenational.com says

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

OK

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

# Provider Experience – Case Submission

## Patient Eligibility Lookup

### New Patient Registration

Member ID  
(no spaces or dashes)

Date of Birth (MM/DD/YYYY)

Last Name

First Name (optional)

**SEARCH** **CANCEL**

### Current Patients

Filter by Physician  
All Providers ▼

 (type to f...)

### New Patient Registration

Provider: Dr. Jones  
Health Plan: PLAN-X  
Member ID: 123456789  
Date of Birth: MM/DD/YYYY  
Name: Doe, John  
City, State: Any Town, USA

**Do you want to continue with this patient?**

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

# Provider Experience – Case Submission

**Attention!**

Patient ID: 123456789 Time: 3/16/2026 9:30 AM  
Patient Name: Doe, John

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

**SUBMIT**

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

# Provider Experience – Case Submission

The Patient History Screen becomes the hub for all future requests or data relating to this patient. Including a record of previous requests for services through eviCore, authorization numbers and dates, and clinical summaries based on the information provided through the request process.

## Clinical Certification

Patient Name                      DOB  
Patient Address                Age  
City, State ZIP

Member ID

**NEW REVIEW**

## Reviews

Date	Physician	Case #	Cancer Type	Therapy	Treatment	Status			
MM/DD/YYYY	Dr. Jones	1234567890	Undetermined	Primary	Undetermined	Expired			<b>VIEW HISTORY</b>

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

# Provider Experience – Case Submission

**Attention!**

Patient ID: 123456789 Time: 3/16/2026 9:30 AM  
Patient Name: Doe, John

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

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

**Attention!**

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

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

# Provider Experience – Case Submission

## Requested Service + Diagnosis

This procedure will be performed on 1/1/2026.

[CHANGE](#)

### Medical Oncology Pathways

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

CHEMO

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

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

### Diagnosis

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

[LOOKUP](#)

	Diagnosis Code	Description
<a href="#">SELECT</a>	153.1	Malignant neoplasm of transverse colon
<a href="#">SELECT</a>	153.2	Malignant neoplasm of descending colon
<a href="#">SELECT</a>	153.3	Malignant neoplasm of sigmoid colon

## Requested Service + Diagnosis

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

[CHANGE](#)

### Medical Oncology Pathways

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

CHEMO

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

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

### Diagnosis

Primary Diagnosis Code: **153.1**

Description: **Malignant neoplasm of transverse colon**

[Change Primary Diagnosis](#)

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

Secondary diagnosis is optional for Medical Oncology Pathways

[LOOKUP](#)

[BACK](#)

[CONTINUE](#)

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

# Provider Experience – Case Submission

## Requested Service + Diagnosis

Confirm your service selection.

**Procedure Date:** 1/1/2026  
**Medical Oncology Pathways:** CHEMO  
**Description:** CHEMOTHERAPY  
**Primary Diagnosis Code:** 153.1  
**Primary Diagnosis:** Malignant neoplasm of transverse colon  
**Secondary Diagnosis Code:**  
**Secondary Diagnosis:**

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

### Attention!

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

Yes

No

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



# Provider Experience – Case Submission

**Attention!**

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

**YES**   **NO**

**Attention!**

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

Fax: \*

**SUBMIT**   **UNKNOWN**

Provide fax number if known.

# Provider Experience – Case Submission

## Summary of Your Request

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

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

Provider Name:  
Provider Address:

Contact:  
Phone Number:  
Fax Number:

Patient Name:  
Insurance Carrier:

Patient Id:

Site Name:  
Site Address:

Site ID: NPLIKQ

Primary Diagnosis Code: 153.1  
Secondary Diagnosis Code:  
Date of Service: 1/1/2026  
CPT Code: J9267, Q5114  
Case Number: 1234567890  
Review Date: 1/1/2026 1:59:59 PM  
Expiration Date: N/A  
Status:

Description: Malignant neoplasm of transverse colon  
Description:  
Description: CHEMOTHERAPY

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

CANCEL

PRINT

CONTINUE

[Click here for help](#)

Continue if “Summary” looks correct.

# Provider Experience – Case Submission

## Proceed to Clinical Information

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

After answering the clinical question(s) on each screen you will need to hit the "Submit" button. For all of the clinical questions you must hit "Submit" before exiting the system. You will be asked to attest to the clinical information that you have provided. Hit "Submit" and your request for a prior authorization will be submitted for review.

Your answers to previous questions will be displayed on the lower portion of the screen. If you made an error during the clinical data collection process you can click on the question. The system will ask that you answer the question again and subsequent questions. You can use the "Finish Later" button, for Standard/Routines cases only, to save information and return to this case at a later time. This will save all case information recorded up to but not including the current screen.

**Failure to formally submit your request by clicking the "Submit" button after the attestation will cause the request for a prior authorization to expire with no additional correspondence.**

BACK

CONTINUE

The demographic portion of the case is complete. Reminders on how to complete the clinical portion are displayed. Click 'Continue to proceed to the clinical review.

# Provider Experience – Case Submission

## Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

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

## Proceed to Clinical Information

### Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standard/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.

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

Please indicate if any of the following criteria are true regarding urgency of this request :

- A delay in care could seriously jeopardize the life or health of the patient or patient’s ability to regain maximum function.
- A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.
- None of the above

# Provider Experience – Case Submission

## Proceed to Clinical Information

Indicate the Cancer Type:

Other (specify)

view (similar to Production) or

ses

uest.

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

Please click Submit

SUBMIT

Finish Later

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

CANCEL


The Clinical pathways begin with selection of the cancer type. This will dictate the questions that will be asked in the following screens. All cancer types covered by NCCN are available and an “Other” option is included for rare cancers not addressed by NCCN.

The request can also be completed at a later time.

# Provider Experience – Case Submission

Exclusions are confirmed.

## Proceed to Clinical Information

 Please select all of the following that apply:

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

SUBMIT

# Provider Experience – Case Submission

## Proceed to Clinical Information

**i** Please select the Place of Service for this request:

- Off Campus-Outpatient Hospital
- Office
- On Campus-Outpatient Hospital
- Outpatient Home

**SUBMIT**

Confirm Place of Service.

# Provider Experience – Case Submission

## Proceed to Clinical Information

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

Yes  No

SUBMIT

## Proceed to Clinical Information

Has the disease persisted, progressed or recurred?

Yes  No

SUBMIT

## Proceed to Clinical Information

Most recent entry for this patient: None

What is the histology of the cancer?

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

SUBMIT

## Proceed to Clinical Information

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

SUBMIT

The office user will be asked a series of questions necessary to generate the recommended treatment list for the patient being treated. A typical traversal will have between 5 and 12 questions based on the complexity of the cancer. The system will dynamically filter to only the minimum number of questions needed to complete the review. Almost all answers are in drop down or click selection to allow for quick entry and structured data for reporting and analysis.

# Provider Experience – Case Submission

## Proceed to Clinical Information

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

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

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

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

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

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

Links

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



SUBMIT

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

# Provider Experience – Case Submission

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

## Proceed to Clinical Information

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

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

\*Other policies may apply in select situations.

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

Select Treatment Option:

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

SUBMIT

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

# Provider Experience – Case Submission

## Proceed to Clinical Information

Select the chemotherapy drug(s) for the treatment regimen from the Drug List below.

- If you are able to select the treatment option using the Drug List, provide administration schedule and select "SUBMIT" to continue to the next step.
- If a chemotherapy drug is not on this list, and it is a newly approved chemotherapy drug that will be billed with a miscellaneous code, please select "Other" and provide the drug name and treatment regimen.

### Drug List:

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

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

Custom Treatment plans can be submitted for any case where the provider does not want to use a recommended regimen. Drugs are selected from a drop down list and the user has the opportunity to attach or enter supporting information for the request.

### Proceed to Clinical Information

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

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

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

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

Enter supporting Clinical Information in the field below:

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

Allowable file formats:

.DOC, .DOCX, .PDF, .JPG, .JPEG, .TIF, .TXT

Attach a document:

Choose File No file chosen

# Provider Experience – Case Submission

## Proceed to Clinical Information

**i** Patient height in inches:

**i** Patient weight in pounds:

**SUBMIT**

## Proceed to Clinical Information

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

**SUBMIT**

## Proceed to Clinical Information

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

**SUBMIT CASE**

[Click here for help](#)

Continue answering additional questions and confirm it is accurate.

# Provider Experience – Case Submission

## Summary of Your Request

Please review the details of your request below and if you wish to continue, click the CONTINUE button.

Your case has been APPROVED.

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

Review  
“Summary of  
your Request”

Selection of a recommended regimen will result in immediate approval of all drugs in the requested regimen with an authorization time span sufficient to complete the entire treatment. No further action is needed unless the treatment needs to be changed due to disease progression or other clinical factors.

Provider Name:

Provider Address:

Contact:

Phone Number:

Fax Number:

Patient Name:

Insurance Carrier:

Patient Id:

Site Name:

Site Address:

Site ID:

OOL22K

Primary Diagnosis Code:

C50.412

Description:

Malignant neoplasm of upper-outer quadr

Secondary Diagnosis Code:

Description:

Date of Service:

1/1/2026

HPCS Code(s):

J9267, Q5114

Drug(s):

PACLITAXEL (TAXOL, NOV-ONXOL, TAXOL, NO

Authorization Number:

1234567890

Review Date:

1/1/2026 1:59:59 PM

Expiration Date:

5/1/2026

Status:

Your case has been APPROVED.

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

CANCEL

PRINT

GO TO PATIENT HISTORY

REQUEST SUPPORTIVES

EviCore

By EVERNORTH

# Provider Experience – Case Submission - Supportives

## Summary of Your Request

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

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

**Provider Name:**  
**Provider Address:**

**Contact:**  
**Phone Number:**  
**Fax Number:**

**Patient Name:**  
**Insurance Carrier:**

**Patient Id:**

**Site Name:**  
**Site Address:**

**Site ID:** OOL22K

**Primary Diagnosis Code:** C50.412  
**Secondary Diagnosis Code:**  
**Date of Service:** 1/1/2026  
**HCPSC Code(s):** J9267, Q5114  
**Authorization Number:** 1234567890  
**Review Date:** 1/1/2026 1:59:59 PM  
**Expiration Date:** 5/1/2026  
**Status:** Your case has been APPROVED.  
The prior authorization you submitted, Case A200580140, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

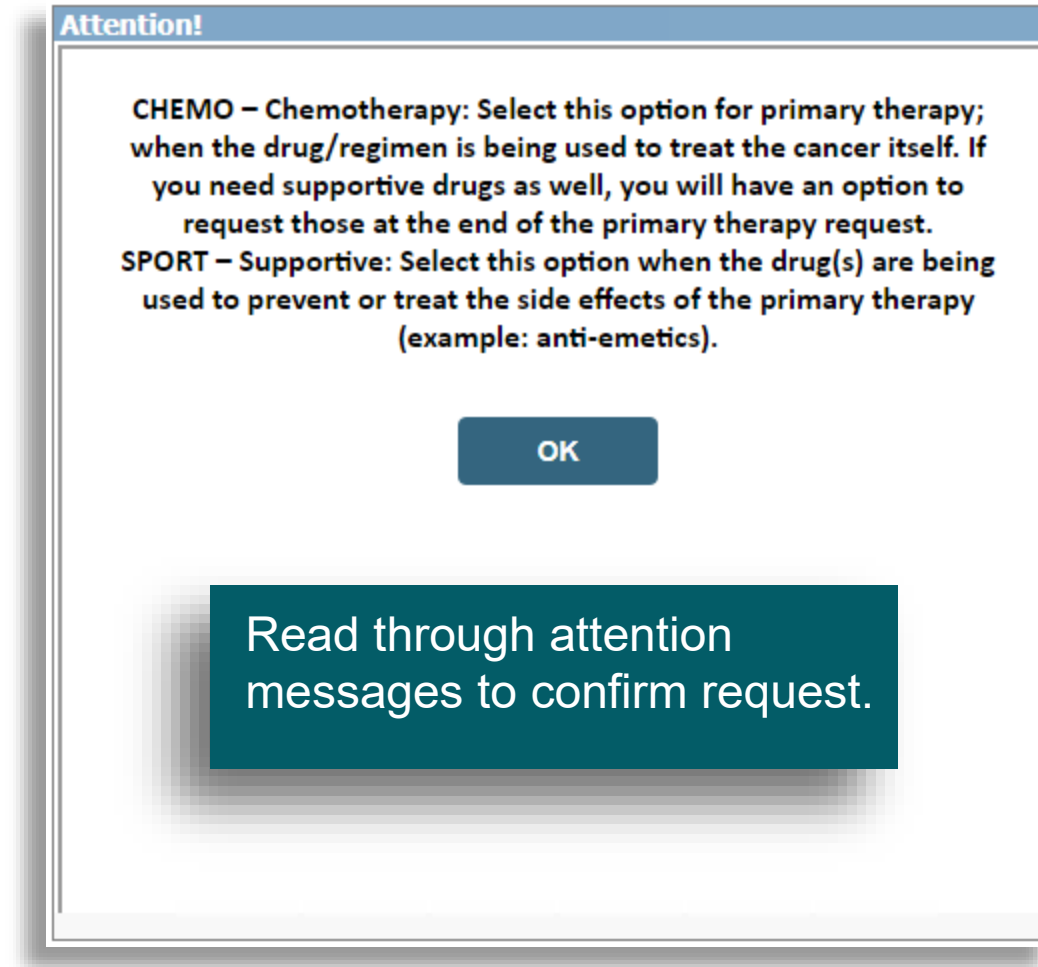
**Description:** Malignant neoplasm of upper-outer quadrant of left female breast  
**Description:**  
**Drug(s):** PACLITAXEL (TAXOL, NOV-ONXOL, TAXOL, NOV-ONXOL), TRASTUZUMAB-DKST (OGIVIRI)

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

The next few slides will provide guidance on requesting Supportive Drugs

“Request for Supportive” drugs can be initiated here.

# Provider Experience – Case Submission - Supportives



**Attention!**

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

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

OK

Read through attention messages to confirm request.

# Provider Experience – Case Submission - Supportives

## Requested Service + Diagnosis

Confirm your service selection.

**Procedure Date:** 1/1/2026

**Medical Oncology Pathways:** SPORT

**Description:** SUPPORTIVE THERAPIES

**Primary Diagnosis Code:** C11.1

**Primary Diagnosis:** Malignant neoplasm of posterior wall of nasopharynx

**Secondary Diagnosis Code:**

**Secondary Diagnosis:**

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

If “Request Supportives” is selected, a new case is started and the user is dropped on this screen to complete a supportive drug request.

The start date, drug classification, and ICD10 are prepopulated to match the Chemotherapy case.

Click Continue to proceed to the clinical portion of the request

# Provider Experience – Case Submission - Supportives

**Attention!**

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

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

# Provider Experience – Case Submission - Supportives

## Proceed to Clinical Information

Indicate the Cancer Type:

Colon/Rectal Cancer

SUBMIT

## Proceed to Clinical Information

Which class of drugs do you intend to treat with?

- Antiemetic agents  
 Other supportive agents (such as erythropoiesis-stimulants)

SUBMIT

## Proceed to Clinical Information

Indicate the requested supportive agent:

- Bevacizumab (Alymsys)
- Bevacizumab (Mvasi)
- Bevacizumab (Vegzelma)
- Bevacizumab (Zirabev)
- Burosumab (Crysvita)
- Darbepoetin alfa (Aranesp) ONCE EVERY 2 WEEKS
- Darbepoetin alfa (Aranesp) ONCE EVERY 3 WEEKS
- Darbepoetin alfa (Aranesp) WEEKLY FIXED DOSE
- Darbepoetin alfa (Aranesp) WEEKLY WEIGHT BASED DOSE
- Denosumab (Prolia)
- Denosumab (Xgeva) MONTHLY
- Denosumab (Xgeva) MONTHLY and DAY 8, 15
- Dronabinol (Syndros) Oral Solution
- Eflapegrastim-xnst (Rolvedon)
- ... TIMES PER WEEK
- ... ONCE EVERY 2 WEEKS
- ... ONCE EVERY 3 WEEKS
- ... WEEKLY
- ... TIMES PER WEEK

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

# Provider Experience – Case Submission

## Summary of Your Request

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

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

Provider Name:  
Provider Address:

Contact:  
Phone Number:  
Fax Number:

Patient Name:  
Insurance Carrier:

Patient Id:

Site Name:  
Site Address:

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

Primary Diagnosis Code: C00.0  
Secondary Diagnosis Code:  
Date of Service: 1/1/2026  
CPT Code: J9267, Q5114  
Case Number: 1234567890  
Review Date: 1/1/2026 1:59:59 PM  
Expiration Date: N/A  
Status: Request does not contain any drugs managed for this member under this program.

Description: Malignant neoplasm of external upper lip  
Description:  
Description: CHEMOTHERAPY

CANCEL

PRINT

GO TO PATIENT HISTORY

REQUEST SUPPORTIVES

# Provider Resources

# Contact EviCore's Dedicated Teams



## Call Center/Intake Team

- Phone: 888-444-6178
- Representatives are available from 7 a.m. to 7 p.m. local time.

## 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**

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



## Stay Updated With Our Provider Newsletter

*Your email address*

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# Thank You