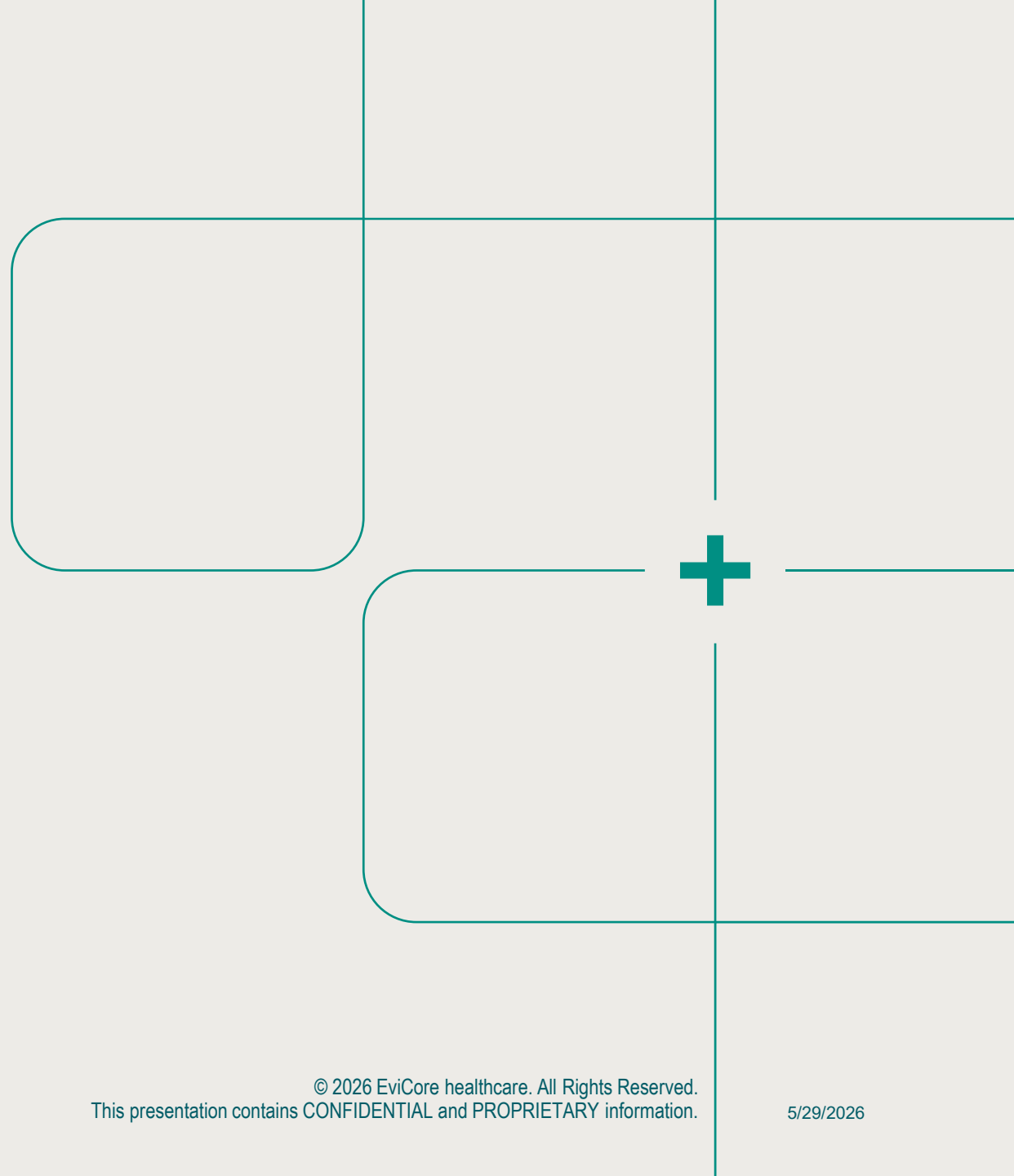


# Radiation Oncology

## Provider Orientation for Aetna



# Agenda

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## **Solution Overview**

Radiation Oncology

## **Submitting Requests**

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

## **EviCore Provider Portal**

Overview, Features & Benefits

## **Provider Resources**

## **Appendix**

# Solution Overview

# Prior Authorization Services

---

EviCore will begin managing Radiation Oncology services for Aetna as of July 1, 2019. Authorization requests will be accepted for treatments starting July 1, 2019 and beyond.

## Applicable Membership

- Insured HMO
- Insured PPO
- Medicare Advantage

## 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.**

# Prior Authorization Services

---

## **IMPORTANT NOTE:** Patients Currently in Treatment – Continuity of Care

**If a patient is undergoing treatment before the start of the program on July 1, 2019, will the treatment need authorization?**

- Aetna will honor all radiation oncology courses of treatment that are in progress as of EviCore's management, effective July 1, 2019.
- As such, the provider is not required to submit request for treatment that began prior to July 1, 2019 through EviCore. The start of treatment is defined as the first date of service whereby radiation therapy treatment was administered to the patient.
- In addition, authorizations previously submitted through Aetna should **not** be resubmitted through EviCore.
- Modifications to those existing authorizations, such as date extensions, are managed through Aetna.

# 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.
- **Availability:** 24/7
- **Save your progress:** If you need to step away, you can save your progress and resume later.
- **Upload additional clinical information:** No need to fax supporting clinical documentation; it can be uploaded on the portal.
- **View and print determination information:** Check case status in real time.
- **Dashboard:** View all recently submitted cases.
- **E-notification:** Opt to receive email notifications when there is a change to case status.
- **Duplication feature:** If you are submitting more than one request, you can duplicate information to expedite submissions.

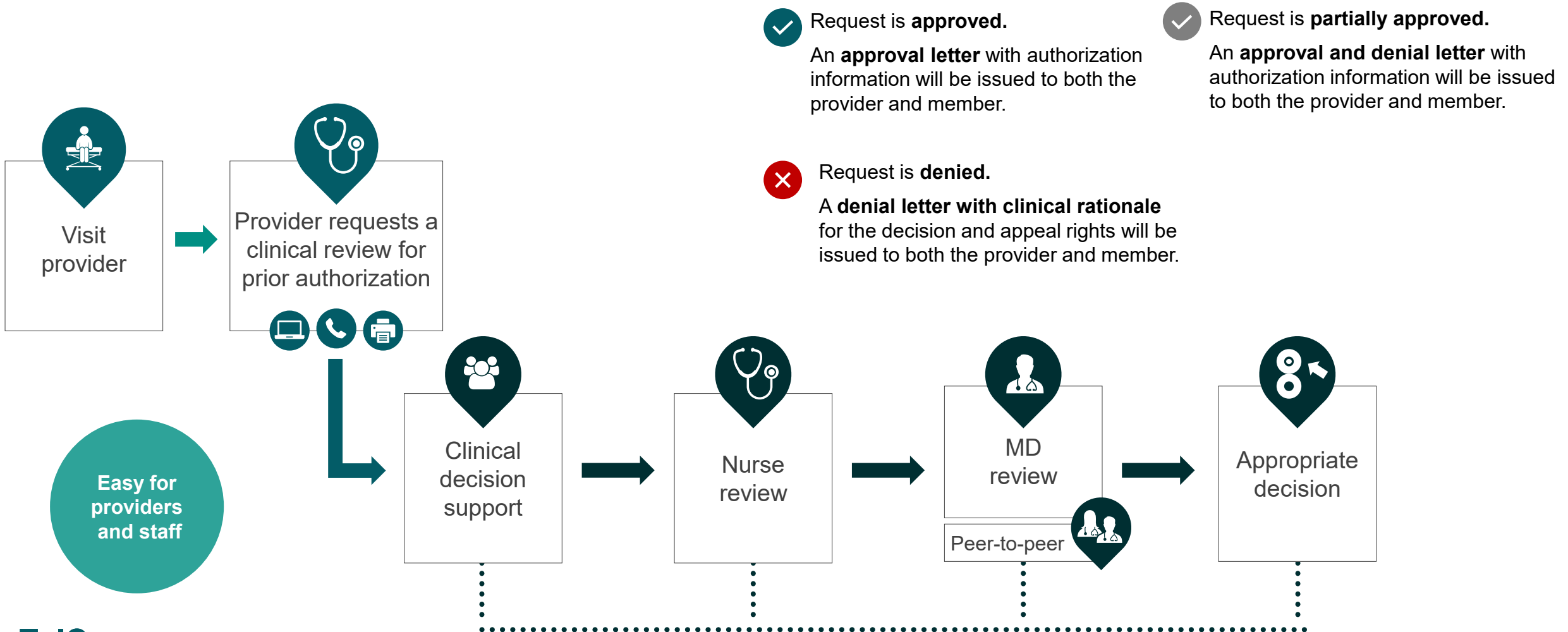


**Phone: 888-622-7329**

Monday – Friday

7 AM – 7 PM local time

# Utilization Management | Prior Authorization

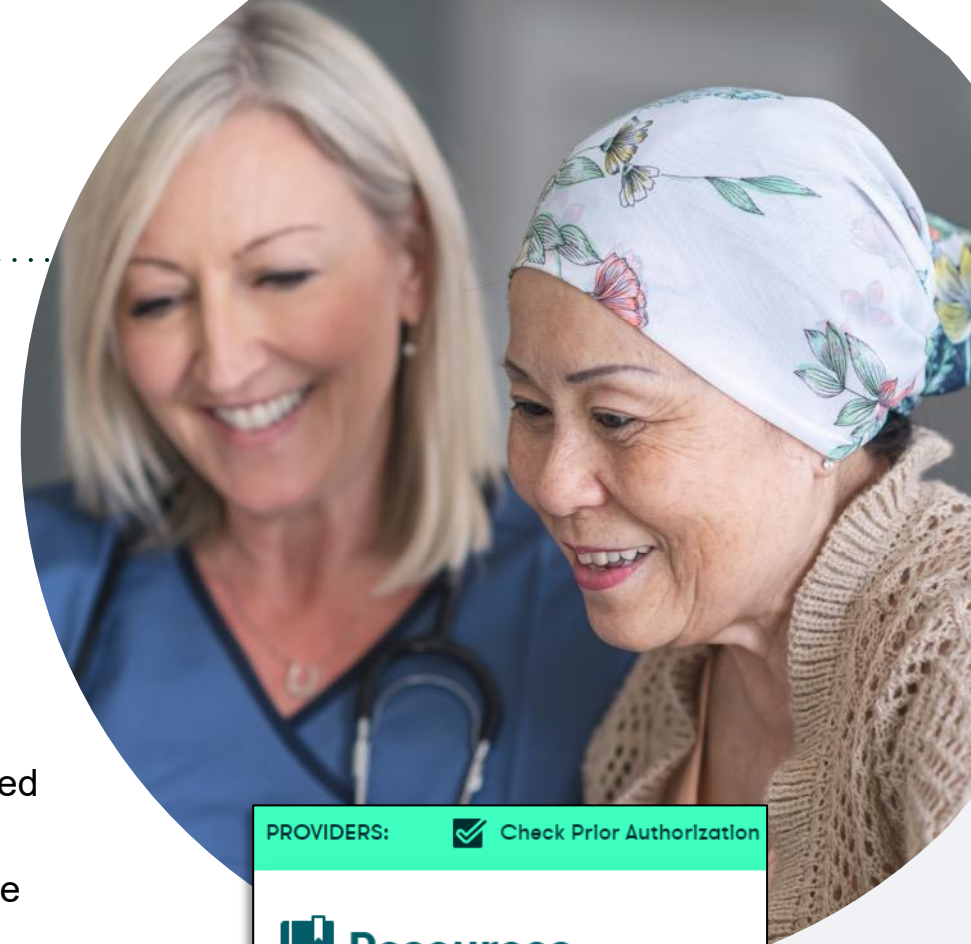


# Holistic Treatment Plan Review | Radiation Therapy


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

- Once in the EviCore portal, providers specify the cancer type or body part being treated rather than requesting individual CPT and HCPCS codes.
- The intended treatment plan for the diagnosis is compared to the evidence-based guidelines developed by our Medical Advisory Board.
- For Medicare Cases, LCD and NCDs are followed if there is one applicable to the treatment.
- Of the requested treatment technique and number of fractions, the approved and/or denied technique and number of fractions will be communicated to the provider and member.
- If Image Guidance (IGRT) is requested, it may or may not be approved, separate from the primary treatment technique.

**For questions about billing best practices or about the clinical guidelines utilized by EviCore, please visit the resource page on EviCore.com. Go to: EviCore.com → Resources → Clinical Guidelines → Radiation Oncology**



PROVIDERS:  Check Prior Authorization

 **Resources**

**CLINICAL GUIDELINES**

**PROVIDER RESOURCES**

Clinical Worksheets

# Necessary Information for Prior Authorization | Radiation Therapy

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

## Member

- Health plan ID
- Member name
- Date of birth (DOB)



## Rendering Facility

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

## Referring (Ordering) Physician

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

## Supporting Clinical

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

# 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 with your requests. Go to: EviCore.com → Resources → Clinical Worksheets → Radiation Oncology

## 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

---

If during case build all required pieces of documentation are not received, or are insufficient for EviCore to reach a determination, the following will occur:

A hold letter will be faxed to the requesting provider requesting additional documentation.

The provider must submit the additional information to EviCore.

EviCore will review the additional documentation and reach a determination.

The hold letter will inform the provider about what clinical information is needed as well as the **date by which it is needed**.

Requested information must be received within the timeframe as specified in the hold letter, or EviCore will render a determination based on the original submission.

Determination notifications will be sent.

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

# Prior Authorization Outcomes

## Determination Outcomes:

- **Approved Requests:** After receipt of all necessary clinical information, requests are processed within 2 business days for Commercial members and 14 calendars days for Medicare members. Authorizations are valid for varying amounts of time based on the treatment type. Please refer to the authorization notification for the specific timeframe.
- **Denied Requests:** Based on evidence-based guidelines, if a request is determined as inappropriate, a notification with the rationale for the decision and post decision/ appeal rights will be issued.
- **Partially Approved Requests:** A portion of the requested treatment may be authorized while another portion is denied. Please refer to the authorization notification for the specific details and timeframes.

## Notifications:

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



# Special Circumstances

---

## Retrospective (Retro) Authorization Requests

- Must be submitted within **14 calendar days** from the date of service.
- Reviewed for clinical urgency and medical necessity.
- Retro requests are processed within **30 calendar days** after receiving all necessary information.
- When authorized, the start date will be the submitted date of service.

## Urgent Prior Authorization Requests

- EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member.
- Can be initiated on provider portal or by phone.
- Urgent cases are typically reviewed within 48 hours of the request unless otherwise required by the state.



# Special Circumstances | Alternative Recommendations

---

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

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

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



# Special Circumstances | Authorization Updates

---

**We understand treatment plans can sometimes change.**

- If updates are needed for an existing authorization, providers should contact EviCore by phone.
- **The following updates will require contacting EviCore:**
  - Modification to the technique(s)
  - Addition of Image Guided Radiation Therapy (IGRT)
  - Additional treatment fractions or phases
  - Change to the cancer type (or non-cancerous) indicated during the case build process
  - Modification to the authorized timespan
- Changes in treatment plan will require another Medical Necessity review on a new authorization. If approved, the original case will be withdrawn.
- Claims payment may be impacted if these updates are not communicated to EviCore. The billed services should align with the requested and approved treatment plan.
- If the authorization time span will not cover the entirety of the treatment, EviCore should be notified before the impacted services are billed by the provider.



# Pre-Decision Options | Medicare Members

---

## I've received a request for additional clinical information. What's next?

Before a denial decision is issued on Medicare cases, EviCore will notify providers telephonically and in writing. From there, additional clinical information must be submitted to EviCore in advance of the due date referenced.

### There are three ways to supply the requested information:

1. Fax the information to EviCore.
2. Access the existing request via **Authorization Inquiry**, then **upload** directly into the case via the provider portal at **EviCore.com**.
3. Request a **Pre-Decision Clinical Consultation**.  
This consultation can be requested via the EviCore website and must occur prior to the due date referenced in the notification.

**PLEASE NOTE:** If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is not held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed.

Once the determination is made, notifications will go to the provider and member, and status will be available at **EviCore.com**.



# Post-Decision Options | Commercial 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 **888-622-7329** to speak with an agent who can provide available option(s) and instruction on how to proceed.

Alternatively, select **All Post Decisions** under the **Authorization Lookup** function on **EviCore.com** to see available options.

## Reconsiderations

- Providers can request a reconsideration review.
- Reconsiderations must be requested within **14 calendar days** after the determination date.
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an EviCore physician.

## Appeals

- EviCore will not process appeals.
- Appeal requests must be submitted to the health plan.



# 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.
- However, once a denial decision has been made, the decision cannot be overturned via Clinical Consultation.

### Reconsideration

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

### Appeals

- EviCore **will not** process first-level appeals for Medicare members. Medicare appeals will be handled through Aetna.
- Please refer to the denial notice for instructions and requirements to submit an appeal.



# EviCore Provider Portal

# EviCore Provider Portal | Access and Compatibility

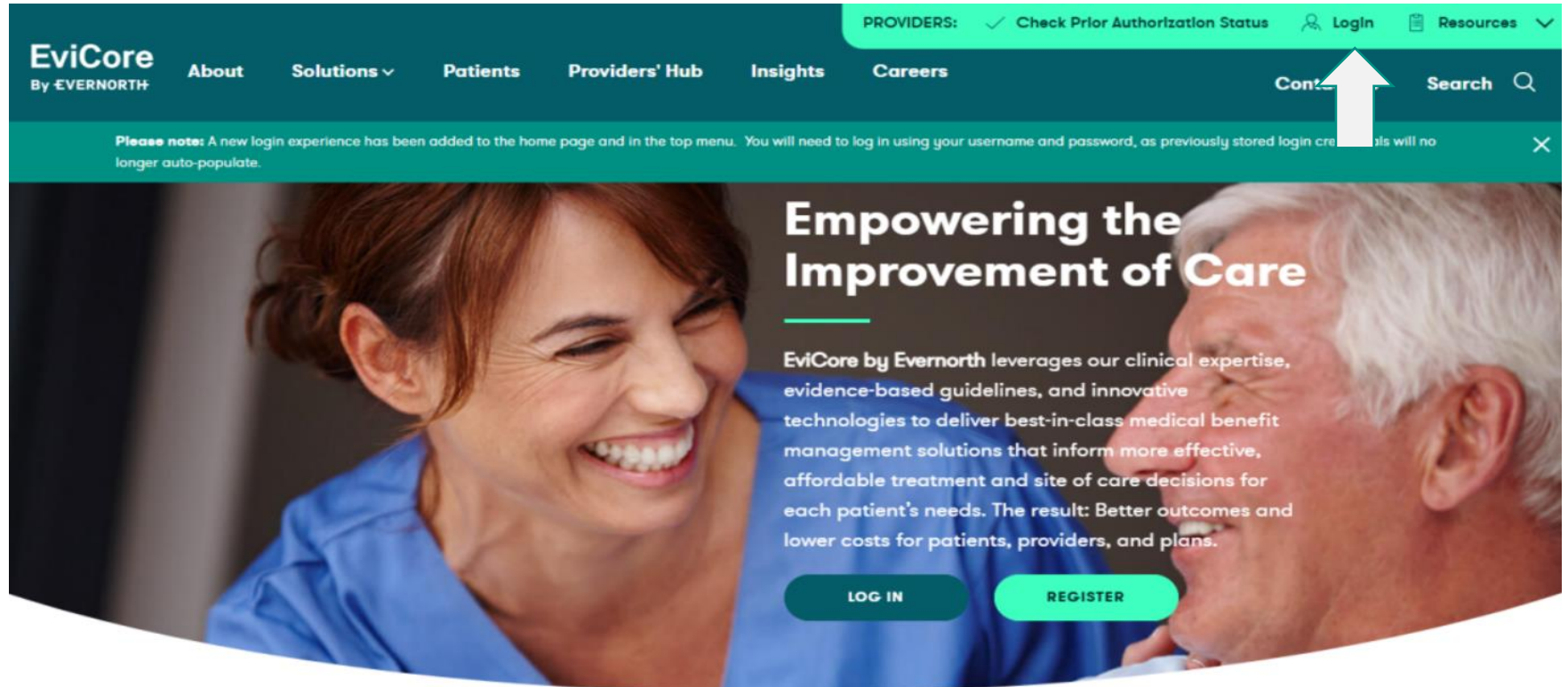
Most providers are already saving time submitting clinical review requests online vs. telephone.

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

+ Already a user?

**Log in** with User ID & Password.

+ Don't have an account? Click **Register**.



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.

# Portal Registration

**EviCore**  
By EVERNORTH

### User Information

First Name:  Last Name:  User Name:

### Contact Info

Email:  Confirm Email:  Phone:  Ext (optional):

### Physician/Facility Information

Individual NPI:

**Next**

Enter your information here then click 'Next'

Read and accept the Terms and Conditions

**EviCore**  
By EVERNORTH

### User Information

First Name:

### Contact Info

Email:

### Physician/Facility Information

Individual NPI:

### Terms and conditions

ON THIS SITE. THE SERVICES, INFORMATION AND FUNCTIONS CONTAINED ON OUR SITE ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND. WE EXPRESSLY DISCLAIM ANY AND ALL REPRESENTATIONS AND WARRANTIES, EXPRESS OR IMPLIED, INCLUDING THOSE OF ACCURACY, COMPLETENESS, NON-INFRINGEMENT, MERCHANTABILITY AND FITNESS FOR A PARTICULAR USE OR PURPOSE, CONCERNING OUR SERVICES OR THE ADEQUACY, ACCURACY OR COMPLETENESS OF THE INFORMATION OR SERVICES INCLUDED ON OUR SITE, OR THAT THE SERVICES WILL BE UNINTERRUPTED OR ERROR-FREE. WE EXPRESSLY DISCLAIM LIABILITY FOR ERRORS IN OR OMISSIONS FROM SERVICES, INFORMATION, OR MATERIALS, INCLUDING HEALTH-RECORD HISTORIES, PRESCRIPTION AND NONPRESCRIPTION DRUG PURCHASE HISTORIES, OR PRESCRIPTION REFILL INFORMATION. WE ARE NOT RESPONSIBLE FOR THE CONTENT OF ANY LINKED WEBSITE OR ANY LINK CONTAINED IN A LINKED WEBSITE, EXCEPT TO THE EXTENT THAT SUCH WEBSITE OR LINK IS OWNED AND OPERATED BY EVICORE HEALTHCARE OR ITS AFFILIATE(S).

#### Limitation of Liability

Use of our services is at your own risk. With regard to outside vendors and information providers, we do not endorse, or otherwise recommend or approve any product or information located on or available through our site. We do not own or control other networks, sites, or hyperlinked sites outside of our own site.

**Accept** **Cancel**

# Portal Registration Continued

**EviCore**  
By EVERNORTH

## Registration Summary

Back Next

**User Information**  
First Name: Test Last Name: PAC User Name: TestPAC1

**Contact Info**  
Email: Phone: 5555555555

**Physician/Facility Information**  
Individual NPI:



1. Confirm the details are correct, then click 'Next'
2. You will then be sent a verification code to the email provided
3. Enter the 6-digit code, then click 'Next'

### Verify your account

**Check your inbox**  
A verification code has been sent to a\*\*\*\*\*d@evicore.com. If you don't receive it within 5 minutes, check your spam or junk folder.

Email id  
a\*\*\*\*\*d@evicore.com

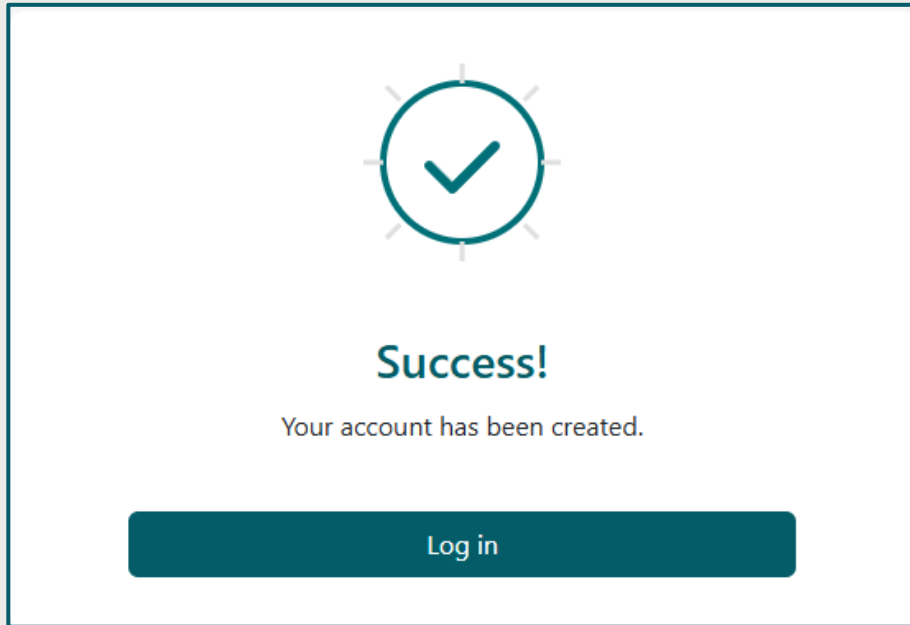
Enter 6-digit code  
Enter code

Next

**Didn't receive a code?**  
Check your spam or junk folder or [Resend](#).

Cancel

# User Registration Successful



**Create a Password**  
Password must be at least 8 characters long and contain the following:

- ✓ Uppercase Letters
- ✓ Lowercase Letters
- ✓ Numbers
- ✓ Characters (e.g., !#\*)

Once logged in, you can go to 'Portals' to access the CareCore option

The screenshot shows the EviCore user interface. The top navigation bar is dark teal with the EviCore logo on the left and navigation items: Worklist, Portals (with a dropdown arrow), Help / Contact, User Access, and Hello, Test PAC. The main content area is white and titled "My Worklist". Below the title are tabs for Pending, Approved, Partially Approved, Denied, Cancelled, and All Statuses. A search bar is present with the placeholder text "Start typing to search...". Below the search bar is a table with columns: Request ID, Authorization ID, Patient, Status, Submitted, End Date, Procedure, Ordering Provider, Site of Service, and Insurer. The table currently shows "No Data Available". A red arrow points from the "Portals" dropdown menu to the "CareCore" option, which is highlighted with a red box. The "CareCore" dropdown menu lists: CareCore (with an external link icon), View in progress and pharmacy requests, Manage your account, and MSK PPS. Below it, the "MedSolutions" dropdown menu lists: MedSolutions (with an external link icon), View in progress requests, Manage your account, Claims search, Payment status, and Post acute care.

# EviCore.com Access | Two Factor Authentication

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.

**EviCore**  
By EVERNORTH

Sunday, August 24, 2025 10:25 AM

## Complete Two Factor Authentication

Registered Email Address

\*@evicore.com

Send PIN

Please enter PIN sent to your Registered Email Address

PIN

Submit

# EviCore Provider Portal | Add Providers



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

- Click the **Manage Your Account** tab to add provider information.
- Select **Add Provider**.
- Enter the NPI, state, and zip code to search for the provider.
- Select the matching record based upon your search criteria.
- Once you have selected a practitioner, your registration will be complete.
- You can also click **Add Another Practitioner** to add another provider to your account.
- You can access the **Manage Your Account** at any time to make any necessary updates or changes.

**Manage Your Account**

Office Name:  
Address:

Primary Contact:  
Email Address:

**ADD PROVIDER**

Click Column Headings to Sort

No providers on file

**CANCEL**

**Add Practitioner**

Enter Practitioner information and find matches.  
\*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

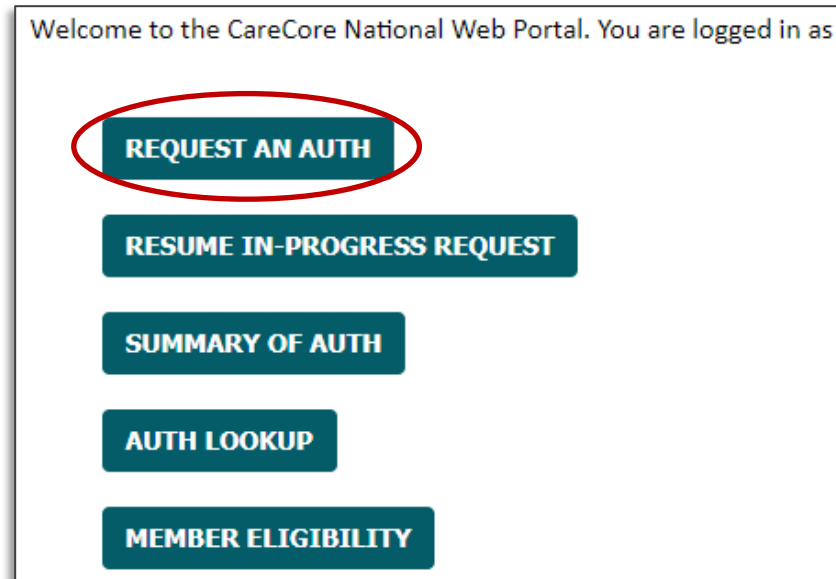
Practitioner NPI

Practitioner State

Practitioner Zip

**FIND MATCHES** **CANCEL**

# Initiating a Case



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

# Select a Program

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

## Request an Authorization

To begin, please select a program below:

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

**CONTINUE**

[Click here for help](#)

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

# Select Provider

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

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

**SEARCH** **CLEAR SEARCH**

	Provider
<b>SELECT</b>	

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

Search By NPI:  **SEARCH**

**BACK** **CONTINUE**

[Click here for help](#)

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

# Select Health Plan

---

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

Requesting Provider:

Please select the insurer for this authorization request.

Please Select a Health Plan

BACK

CONTINUE

[Click here for help](#)

- If you need to switch insurers, select the appropriate **health plan** for the request from the dropdown menu.
- Another drop down will appear to select the appropriate address for the **provider**.
- Click **CONTINUE**.

# Enter Contact Information

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

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

Has the patient received their first dose of radiation treatment?

Yes  No

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

Submit

## Patient Eligibility Lookup

Patient ID:\*

Date Of Birth:\*  MM/DD/YYYY

Patient Last Name Only:\*  [?]

ELIGIBILITY LOOKUP

## Requested Service + Diagnosis

This procedure will be performed on  [CHANGE](#)

### Radiation Therapy Procedures

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

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

Primary Diagnosis Code (Lookup by Code or Description)

[LOOKUP](#)

Secondary Diagnosis Code (Lookup by Code or Description)

[LOOKUP](#)

EviCore

By EVERNORTH

- 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

<a href="#">Home</a>	<a href="#">Certification Summary</a>	<a href="#">Authorization Lookup</a>	<a href="#">Eligibility Lookup</a>	<a href="#">Clinical Certification</a>	<a href="#">Certification Requests In Progress</a>	<a href="#">MSM Practitioner Perf. Summary Portal</a>	<a href="#">Resources</a>	<a href="#">Manage Your Account</a>	<a href="#">MedSolutions Portal</a>	<a href="#">Help / Contact Us</a>
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## Requested Service + Diagnosis

Confirm your service selection.

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

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

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

# Clinical Certification Request | Site Selection

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

## 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:	<input type="text"/>	Zip Code:	<input type="text"/>	Site Name:	<input type="text"/>
TIN:	<input type="text"/>	City:	<input type="text"/>	<input type="radio"/> Exact match	
				<input checked="" type="radio"/> Starts with	

LOOKUP SITE

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

# Clinical Certification Request | Clinical Certification

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

## Proceed to Clinical Information

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

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

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

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

BACK

CONFIRM AND CONTINUE

- Verify that all information is entered and correct.
- Check the acknowledgement statement.
- Once you enter the clinical collection phase of the process, the answers to the clinical questions will not save unless the case is completed.
- **You will not have the opportunity to make changes after this point.**

# Clinical Certification Request | Standard or Urgent Request?

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

**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):

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

**Proceed to Clinical Information**

Is this case Routine/Standard?

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

# Clinical Certification Request | Proceed to Clinical Information

- **Clinical Certification** questions may populate based upon the information provided in previous questions.
  - **Physician worksheets** located on [www.EviCore.com](http://www.EviCore.com) can be used as a guide and will help prepare the requestor for the questions that are presented.
  - You can save your request and finish later if needed.
- Note:** You will have until the end of the day to complete the case.
- When logged in, you can resume a saved request by going to **Certification Requests in Progress**.
  - Once the clinical questions have been answered, click the attestation and click **Submit Case**.

### Proceed to Clinical Information

**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

<b>REQUESTED</b> Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions)			
<b>APPROVED</b> Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331)			
<b>DENIED</b>			
<b>DENIAL RATIONALE</b>			
<b>Provider Name:</b>		<b>Contact:</b>	
<b>Provider Address:</b>		<b>Phone Number:</b>	
		<b>Fax Number:</b>	
<b>Patient Name:</b>		<b>Patient Id:</b>	
<b>Insurance Carrier:</b>			
<b>Site Name:</b>		<b>Site ID:</b>	
<b>Site Address:</b>			
<b>Primary Diagnosis Code:</b>	R68.89	<b>Description:</b>	Other general symptoms and signs
<b>Secondary Diagnosis Code:</b>		<b>Description:</b>	
<b>Date of Service:</b>	6/1/2020	<b>Description:</b>	Breast Cancer
<b>CPT Code:</b>	RCBREA		
<b>Authorization Number:</b>			
<b>Review Date:</b>	5/20/2020 10:41:09 AM		
<b>Expiration Date:</b>	11/16/2020		
<b>Status:</b>	REQUESTED Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions)		
	APPROVED Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331)		
	DENIED		
	DENIAL RATIONALE		
<b>REQUESTED</b> Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions)			
<b>APPROVED</b> Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331)			
<b>DENIED</b>			
<b>DENIAL RATIONALE</b>			
<b>CANCEL</b> <b>PRINT</b> <b>CONTINUE</b>			

- 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	Description:	Bone Metastases
CPT Code:	RCBONE		
Case Number:			
Review Date:	7/1/2020 3:40:12 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with CareCore		

CANCEL

PRINT

CONTINUE

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

**EviCore**

By EVERNORTH

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# Clinical Certification Request | Criteria Not Met

## Submitting additional clinical information

### Proceed to Clinical Information

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

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

### Clinical Upload

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

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

Choose File Test clinical.docx

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD

SKIP UPLOAD

- If the pathway questions do not lead to immediate approval, you will be asked if additional clinical information can be included.
- Enter **additional notes** in the free text space provided only when necessary.
- Upload up to **five documents (more information on clinical upload in the next slide)**  
(.doc, .docx, or .pdf format; max 5MB size)
- When finished, **SUBMIT CASE** for review.
- Clinical cannot be uploaded for cases that have reached a **final status**.  
(Approved, Denied, Partially Approved Withdrawn, or Expired)

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

SUBMIT CASE

# Clinical Certification Request | Required Medical Checklist

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

**Clinical Upload**

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

**Required Medical information checklist** ←

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

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

**UPLOAD**

Radiation Therapy Program	
<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 Oncology 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.pdf \(evicore.com\)](https://www.evicore.com/Required-Medical-Information-Check-List.pdf)

# Clinical Certification Request | Case Submission Success

---

- After clicking continue on the case summary screen, you will see a **Success** screen.
- You can **PRINT** the summary of the request for your records, then select **CONTINUE**.
- From here, you can start a new request, return to the main menu, or resume an in-progress request.

## Success

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

- [Return to the main menu](#)
- [Start a new request](#)
- [Resume an in-progress request](#)

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

Start a new request using the same:

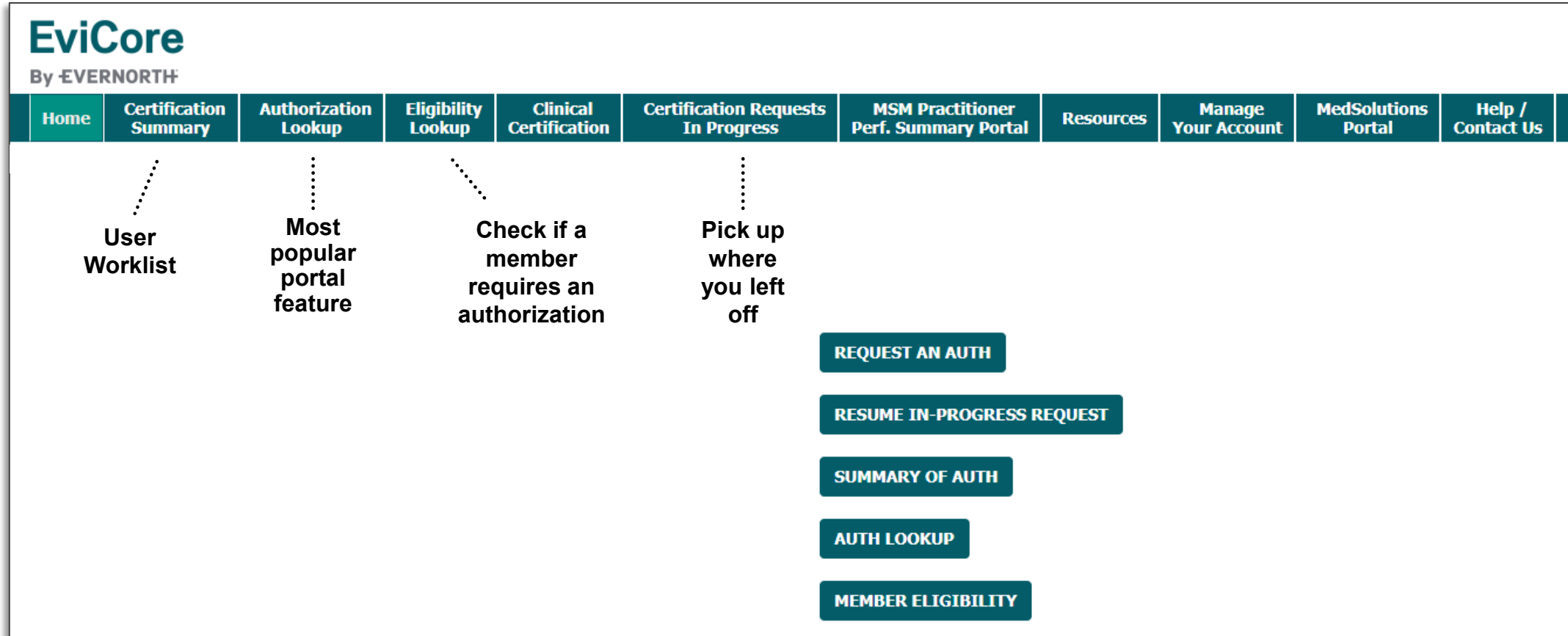
- Program (Radiation Therapy Management Program)
- Provider
- Program and Provider (Radiation Therapy Management Program and
- Program and Health Plan (Radiation Therapy Management Program and

**GO**

**CANCEL** **PRINT**

# EviCore Portal Features

# Provider Portal | Feature Access



# EviCore Provider Portal | Features

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## Eligibility Lookup

- Confirm if patient requires clinical review.

## Clinical Certification

- Request a clinical review for prior authorization on the portal.

## Prior Authorization Status Lookup

- View and print any correspondence associated with the case.
- Search by member information OR by case number with ordering national provider identifier (NPI).
- Review post-decision options, submit appeal, and schedule a peer-to-peer.

## Certification Summary

- Track recently submitted cases.



# Certification Summary | User Worklist

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

## Certification Summary

Search For:

Page 1 of 1 | 10

	Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description
	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>	<input type="text" value="x"/>			<input type="text" value="x"/>	
1	NA					Expired / Cancelled	05/01/2024		

Page 1 of 1 | 10

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

# Authorization Lookup | Popular Tool

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

## Authorization Lookup

Search by Member Information   Search by Authorization Number/NPI   OnePA: Prior Authorization Portal for Providers   Search by Claim Number/Health plan

Required Fields  
Healthplan:

PRINT

[Click here for help](#)

- You can lookup an authorization case status on the portal.
- Search by member information **OR** search by authorization number with ordering NPI.
- Initiate appeals and/or schedule Peer-to-Peer calls.
- View and print any correspondence.

# Provider Resources

# 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, [ECRM](#)

Additional Information about ECRM, including trainings, can be found on [Providers Hub](#)

# Contact EviCore's Dedicated Teams



## Web-Based Services and Portal Support

- Live chat
- [ECRM](#)
- Phone: **800-646-0418** (option 2)

## Provider Engagement

Regional team that works directly with the provider community.

- + **Scott Jarrett**
- + Email: **scott.jarrett@evicore.com**
- + Phone: **615-487-8129**

## Call Center/Intake Center

Call **888-622-7329**. Representatives are available from 7 a.m. to 7 p.m. local time.

# Provider Resources at EviCore.com

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

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

To access these helpful resources, visit:

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

(Choose specific health plan from the dropdown menu)

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

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

# Ongoing Provider Portal Training

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The EviCore Portal Team offers ongoing general portal training throughout the year.

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

## How To Register:

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

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



# Provider Resource Review Forum

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

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

## Learn how to access:

- EviCore's evidence-based clinical guidelines
- Clinical worksheets
- Existing prior authorization request status information
- Search for contact information
- Podcasts & insights
- Training resources

## Register for a Provider Resource Review Forum:

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



# EviCore's Provider Newsletter

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Stay up to date with our free provider newsletter!

To subscribe:

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



# Thank You


# Appendix

# Online Peer-to-Peer Scheduling Tool

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

- Log into your account at [www.EviCore.com](http://www.EviCore.com)
- Perform Authorization Lookup to determine the status of your request.
- Click on the **P2P Availability** button to determine if your case is eligible for a Peer-to-Peer conversation:
- If your case is eligible for a Peer-to-Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.

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





# How to Schedule a Peer-to-Peer

---

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

**Authorization Lookup**

Authorization Number:	NA
Case Number:	<a href="#">Request Peer to Peer Consultation</a>
Status:	Denied
P2P Eligibility Result:	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.
P2P Status:	

**ALL POST DECISION OPTIONS**

- Once the **Request Peer-to-Peer Consultation** link is selected, you will be transferred to our scheduling software via a new browser window.

# How to Schedule a Peer-to-Peer

Case Info Questions Schedule Confirmation

## New P2P Request

Case Reference Number

Member Date of Birth

+ Add Another Case

Lookup Cases >

- Upon first login, you will be asked to confirm your default time zone.
- You will be presented with the case number and member date of birth (DOB) for the case you just looked up.
- You can add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**.
- To proceed, select **Lookup Cases**.

- You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click **Continue** to proceed.

## New P2P Request

Case Ref #: Remove ✔ P2P Eligible

! Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

Member Information	Case P2P Information
Name	Episode ID
DOB	P2P Valid Until 2020-11-11
State	Modality MSK Spine Surgery
Health Plan	Level of Review Reconsideration P2P
Member ID	System Name ImageOne

Continue

# How to Schedule a Peer-to-Peer

### Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type MSK Spine Surgery

Level of Review Reconsideration P2P

### Questions

Please indicate your availability

**Preferred Days**

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

**Preferred Times**

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

**Time Zone**

US/Eastern

[Continue >](#)

- You will be prompted to identify your preferred days and times for a Peer-to-Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click **Continue**.

- You will be prompted with a list of EviCore physicians/reviewers and appointment options per your availability. Select any of the listed appointment times to continue.

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

← Prev Week 5/18/2020 - 5/24/2020 (Upcoming week) Next Week →

**1st Priority by Skill**

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT	-	-	-	-	-	-
6:30 pm EDT	-	-	-	-	-	-
6:45 pm EDT	-	-	-	-	-	-

**1st Priority by Skill**

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT	2:00 pm EDT	4:15 pm EDT	3:15 pm EDT	-	-	-
3:45 pm EDT	2:15 pm EDT	4:30 pm EDT	3:30 pm EDT	-	-	-
4:00 pm EDT	2:30 pm EDT	4:45 pm EDT	3:45 pm EDT	-	-	-
4:15 pm EDT	2:45 pm EDT	5:00 pm EDT	4:00 pm EDT	-	-	-
Show more...	Show more...	Show more...	Show more...	-	-	-

# How to Schedule a Peer-to-Peer

## Confirm Contact Details

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

The screenshot shows the 'P2P Contact Details' form. The 'P2P Info' section displays the date (Mon 5/18/20) and time (6:30 pm EDT). The 'Case Info' section lists case details such as Case #, Episode ID, Member Name, Member DOB, Member State, Health Plan, Member ID, Case Type (MSK Spine Surgery), and Level of Review (Reconsideration P2P). The 'P2P Contact Details' section includes the following fields:

- Name of Provider Requesting P2P:** Dr. Jane Doe
- Contact Person Name:** Office Manager John Doe
- Contact Person Location:** Provider Office
- Phone Number for P2P:** (555) 555-5555
- Phone Ext.:** 12345
- Alternate Phone:** (xxx) xxx-xxxx
- Phone Ext.:** Phone Ext.
- Requesting Provider Email:** droffice@internet.com
- Contact Instructions:** Select option 4, ask for Dr. Doe

A 'Submit >' button is located at the bottom right of the form.

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

The screenshot shows the 'Scheduling' summary page. It includes a calendar icon, the text 'Scheduling', and 'Scheduled'. Below this, a blue bar displays the date and time: 'Mon 5/18/20 - 6:30 pm EDT'. A red oval highlights the word 'SCHEDULED' in a blue box.

# Canceling or Rescheduling a Peer-to-Peer Appointment

## To cancel or reschedule an appointment:

- Access the scheduling software per the instructions above.
- Go to **My P2P Requests** on the left pane navigation.
- Select the request you would like to modify from the list of available appointments.
- Once opened, click on the schedule link; an appointment window will open.
- Click on the **Actions** drop-down and choose the appropriate action.
  - If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.
  - If choosing to cancel, you will be prompted to enter a cancellation reason.
- Close browser once done.

