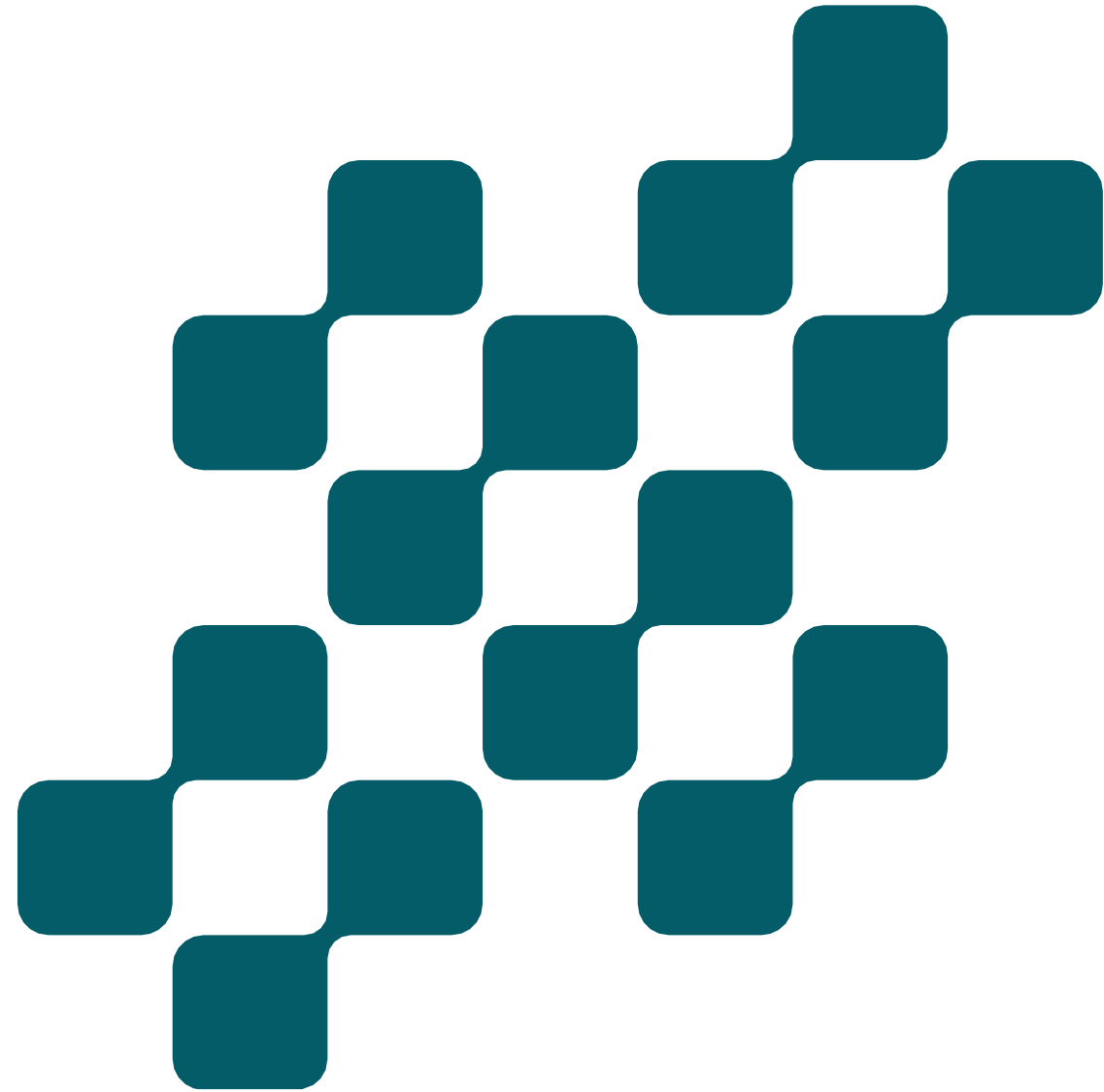


# Radiation Therapy

## Provider Presentation for Emblem-GHI



**EviCore**  
By EVERNORTH



# Program Overview

# Prior Authorization Services

## Applicable Membership

- Commercial
- Medicare
- Medicaid

## 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.**

# 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)

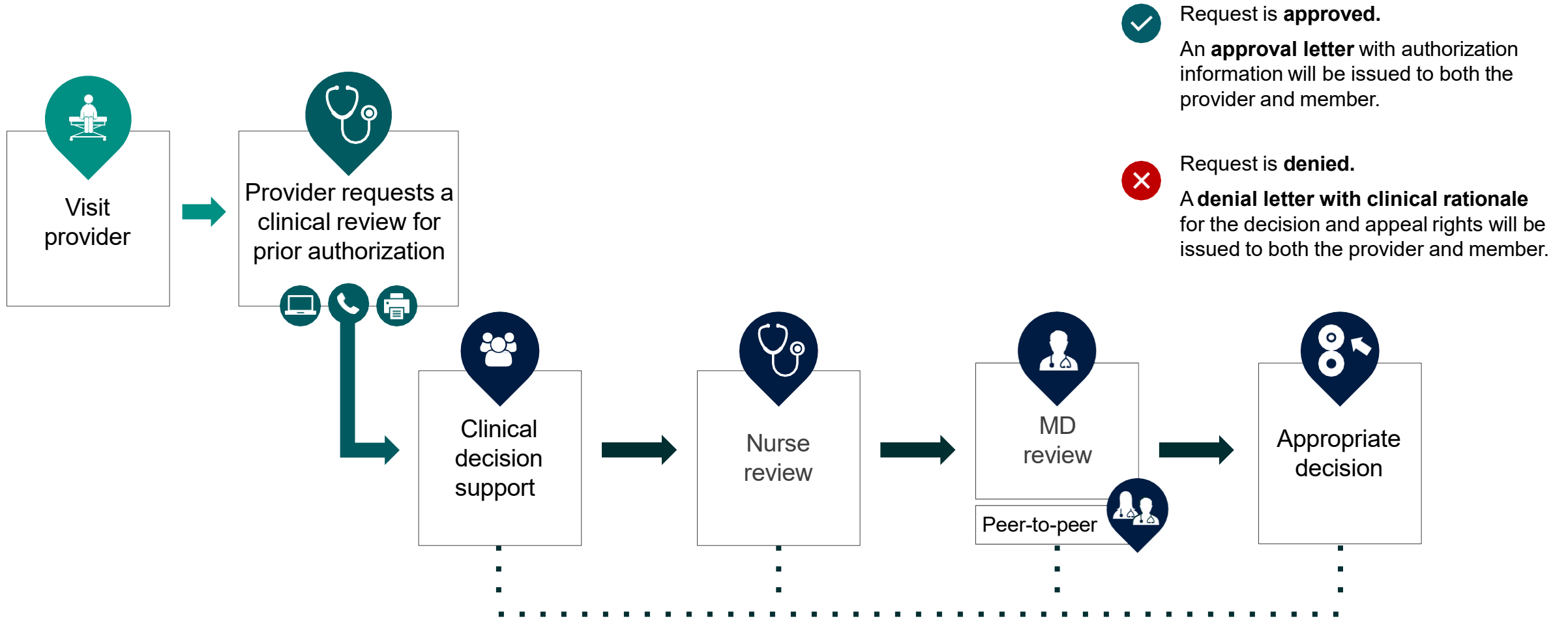


**Phone: 866.889.8056**

Monday – Friday

7 AM – 7 PM EST

# Utilization Management | Prior Authorization



# Necessary Information for Prior Authorization | Radiation Therapy

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

## Member

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

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

## Rendering Facility

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

## Referring (Ordering) Physician

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

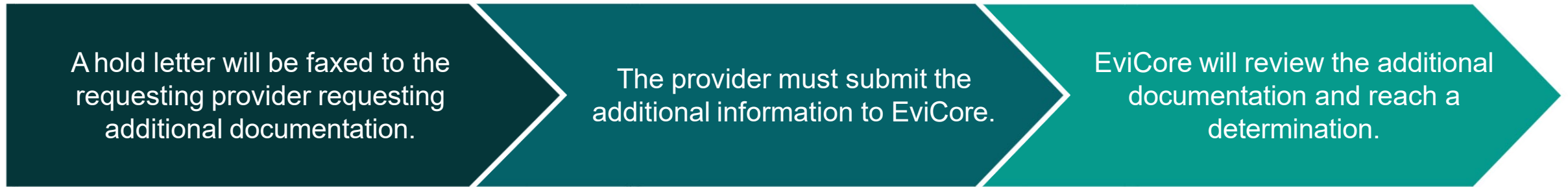
## Supporting Clinical

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



# 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:



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 and Special Considerations

# Prior Authorization Outcomes

## Determination Outcomes:

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

## Notifications:

- Authorization letters will be faxed to the ordering and rendering providers.
- Web initiated cases will receive e-notifications when a user opts to receive.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the EviCore portal: [www.EviCore.com](http://www.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 **866.889.8056** to speak with an agent who can provide available option(s) and instruction on how to proceed.
- Alternatively, select **All Post Decisions** under the **Authorization Lookup** function on [EviCore.com](https://www.evicore.com) to see available options.



# Post-Decision Options | Medicare Members

## My case has been denied. What's next?

### Clinical Consultation

- Providers can request a Clinical Consultation with an EviCore physician to better understand the reason for denial.
- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation.

### Reconsideration

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



# Special Circumstances

## Urgent Prior Authorization Requests

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



# Special Circumstances

## Authorization Update

- If updates are needed on an existing authorization, please contact EviCore by phone at 866.889.8056.
- 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.

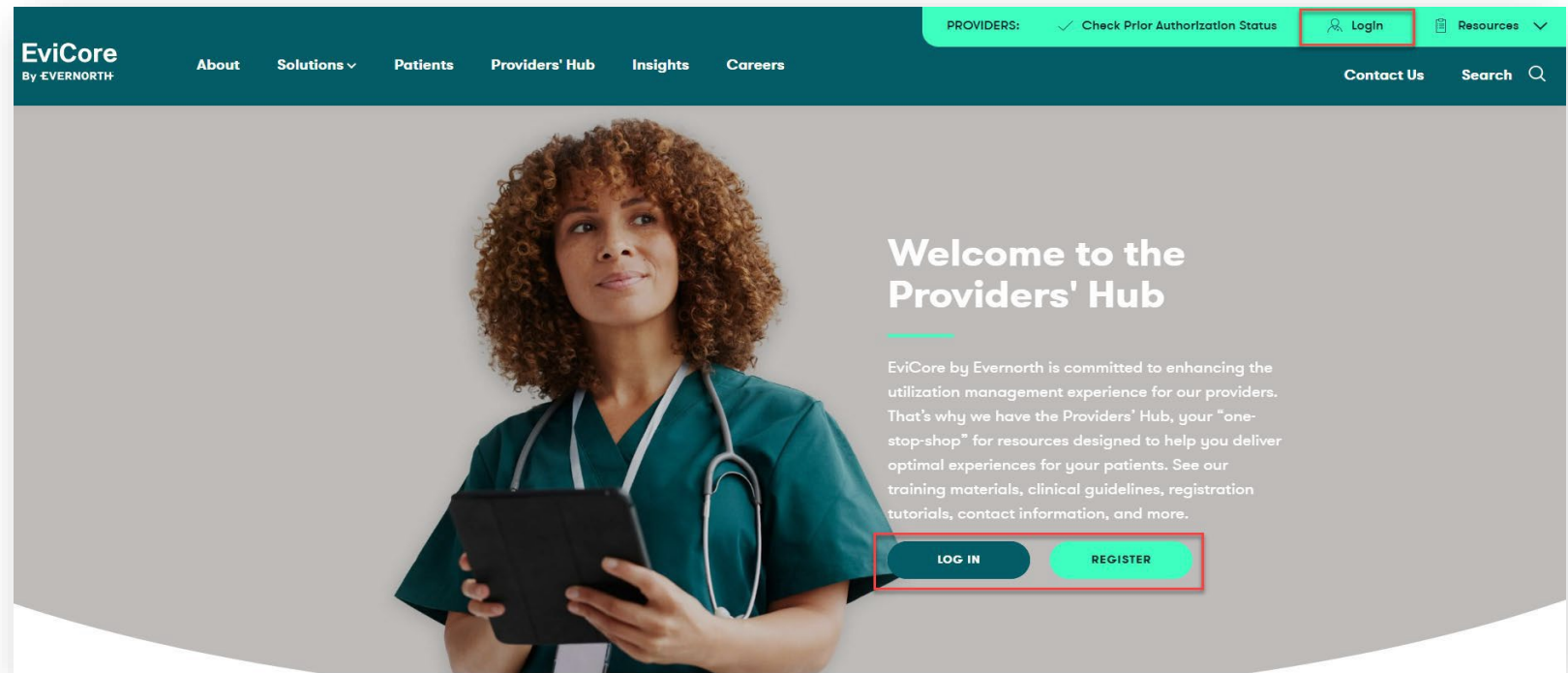


# EviCore Provider Portal

# EviCore Provider Portal | Access and Compatibility

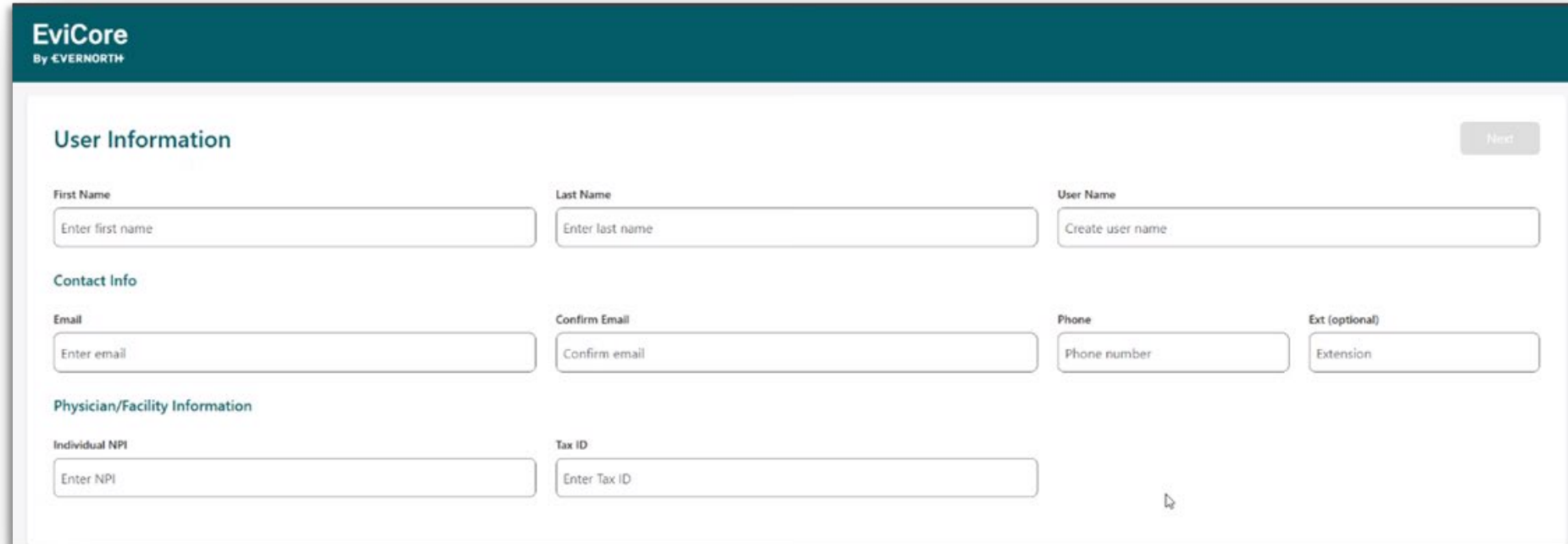
Most providers are already saving time submitting clinical review requests online vs. telephone.

- 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 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:

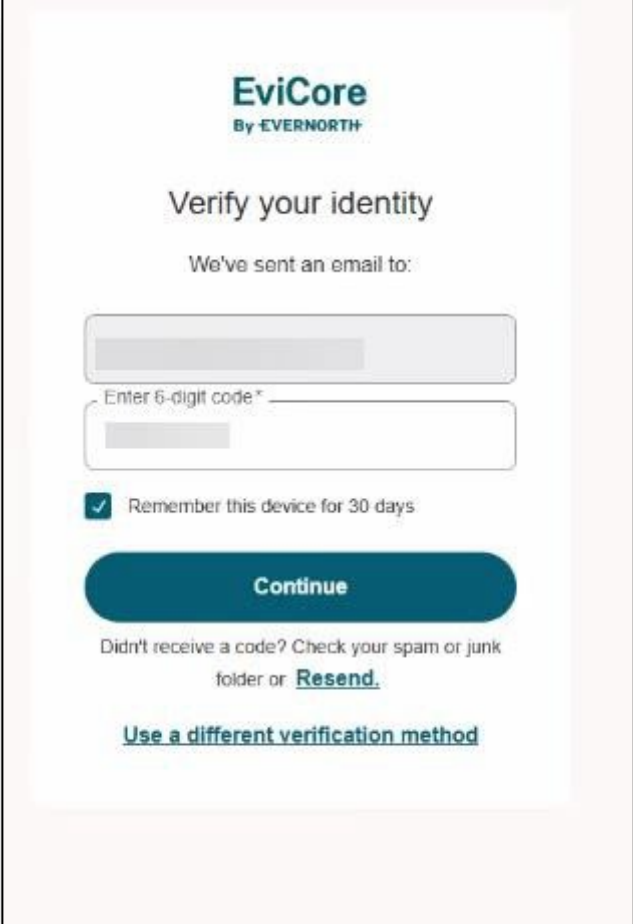
- EviCore By EVERNORTH** (Logo)
- User Information** (Section header) with a **Next** button.
- First Name**: Enter first name
- Last Name**: Enter last name
- User Name**: Create user name
- Contact Info** (Section header)
- Email**: Enter email
- Confirm Email**: Confirm email
- Phone**: Phone number
- 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.

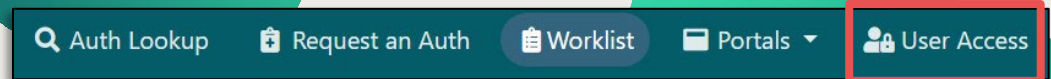
- After you log in, you will be prompted to register your device for MFA.
- Choose which authentication method you prefer: Email or SMS. Then, **enter your email address or mobile phone number.**
- Once you select **Send PIN**, a 6-digit pin will be generated and sent to your chosen device.
- After entering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



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

# Provider Shared Worklist

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



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

# Provider Experience – Case Submission

Once logged in, the worklist of a user's prior requests are visible. To create a new prior authorization, select 'Request an Authorization'

The screenshot displays the EviCore provider portal interface. At the top, the EviCore logo is on the left, and navigation links for 'Authorization Lookup', 'Request An Authorization', 'Worklist', 'Portals', 'Help / Contact', 'User Access', and 'Hello, Test Account' are on the right. A red arrow points to the 'Request An Authorization' link. Below the navigation bar, the 'My Worklist' section is visible, featuring tabs for 'Pending', 'Approved', 'Partially Approved', 'Denied', 'Cancelled', and 'All Statuses'. A search bar is present above 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 'Feedback' button is located in the bottom right corner.

# 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.

**Manage Your Account**

Office Name:  
Address:

Primary Contact:  
Email Address:

**ADD PROVIDER**

Click Column Headings to Sort

No providers on file

**CANCEL**

**Add Practitioner**

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

Practitioner NPI

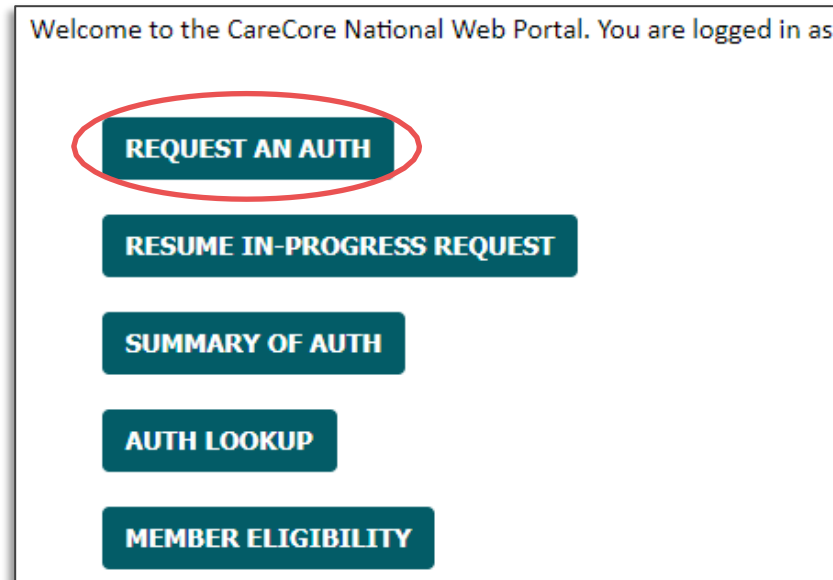
Practitioner State

Practitioner Zip

**FIND MATCHES** **CANCEL**

# Initiating a Case

# Initiating a Case



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

# Select Program

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

To begin, please select a program below:

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

CONTINUE

[Click here for help](#)

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

EviCore

By EVERNORTH

# Clinical Certification Request | Search and Select Provider

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

## Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
SELECT	

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

Search By NPI:

SEARCH

BACK

CONTINUE

[Click here for help](#)

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

# Clinical Certification Request | Search and Select Provider

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

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

**BACK** **CONTINUE**

[Click here for help](#)

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

### Attention!

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

**YES** **NO**

# Clinical Certification Request | Select Health Plan

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

Requesting Provider:

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK

CONTINUE

[Click here for help](#)

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

# Clinical Certification Request | Enter Contact Information

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Add Provider	MedSolutions Portal	Unified Dashboard	Help / Contact Us
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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	Add Provider	MedSolutions Portal	Unified Dashboard	Help / Contact Us
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Has the patient received their first dose of radiation treatment?

Yes  No

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

Submit

## Patient Eligibility Lookup

Patient ID:\*

Date Of Birth:\*  MM/DD/YYYY

Patient Last Name Only:\*  [?]

ELIGIBILITY LOOKUP

## Requested Service + Diagnosis

This procedure will be performed on

### Radiation Therapy Procedures

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

RCADRE	<input type="text"/>
RCANAL	
RCBILE	
RCBLAD	
RCBONE	
RCBRAI	
RCBREA	
RCCERV	
RCCNSL	
RCCNSN	
RCENDO	
RCESOP	
RCGACA	
RCGALL	
RCHDKL	
RCHENE	
RCHEPA	

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

Primary Diagnosis Code (Lookup by Code or Description)

Secondary Diagnosis Code (Lookup by Code or Description)

Diagnosis is optional for Radiation Therapy

- You will be asked the **expected treatment start date**, the date of the member's **initial radiation therapy treatment**.
- 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

<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="#">Add Provider</a>	<a href="#">MedSolutions Portal</a>	<a href="#">Unified Dashboard</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.

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# Clinical Certification Request | Site Selection

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

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

NPI:  Zip Code:

TIN:  City:

Site Name:

Exact match  
 Starts with

[LOOKUP SITE](#)

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

# Clinical Certification Request | Clinical Certification

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

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

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

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

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

BACK

CONFIRM AND CONTINUE

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

# Clinical Certification Request | Standard or Urgent Request

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

**Proceed to Clinical Information**

**Urgency Indicator**

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

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

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

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

**Clinical Upload**

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

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

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 25MB size)
- Your case will only be considered urgent if there is a successful upload.

# Clinical Certification Request | Proceed to Clinical Information

- **Clinical Certification** questions may populate based upon the information provided in previous questions.
- **Clinical worksheets** located on [Clinical Worksheets](#) 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.

# 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>Provider Address:</b>	<b>Contact:</b> <b>Phone Number:</b> <b>Fax Number:</b>
<b>Patient Name:</b> <b>Insurance Carrier:</b>	<b>Patient Id:</b>
<b>Site Name:</b> <b>Site Address:</b>	<b>Site ID:</b>
<b>Primary Diagnosis Code:</b> R68.89 <b>Secondary Diagnosis Code:</b> <b>Date of Service:</b> 6/1/2020 <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>	<b>Description:</b> Other general symptoms and signs <b>Description:</b> <b>Description:</b> Breast Cancer
<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

## Submitting additional clinical information

**Proceed to Clinical Information**

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

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

**Clinical Upload**

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

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

Choose File Test clinical.docx

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD SKIP UPLOAD

- If the pathway questions do not lead to immediate approval, you will be asked if additional clinical information can be included.
- Enter **additional notes** in the free text space provided only when necessary.
- Upload up to **five documents** (.doc, .docx, or .pdf format; max 25MB 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 | 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**

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

**CANCEL** **PRINT** **CONTINUE**

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

# Clinical Certification Request | 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**

# 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](#)

# Provider Resource Website

## Provider Resource Pages

EviCore's Provider Experience team maintains provider resource pages that contain 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](#).



# Contact EviCore's Dedicated Teams

## Client and Provider Services

- For eligibility issues (customer or provider not found in system) or transactional authorization related issues requiring research.
- ECRM: [ECRM](#)
- Phone: **800- 646-0418** (option 4)

## Provider Engagement

- Regional team that works directly with the provider community.
- **Sara Pomeroy**
- Email: [sara.pomeroy@EviCore.com](mailto:sara.pomeroy@EviCore.com)
- Phone: **804-814-4878**
- **Web-Based Services and Portal Support**
- Live chat
- ECRM: [ECRM](#)
- Phone: **800-646-0418** (option 2)

**EviCore**

By EVERNORTH



## Call Center

Call **866.889.8056**, representatives are available from 7 a.m. to 7 p.m. local time.

# 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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SUBSCRIBE →

# Continued Learning: Provider Training Opportunities



## Get More Out of the EviCore Portal—Join a Free Training Session

Whether you're just getting started or have been using the EviCore portal for a while, our **free, live training sessions** can help you work more efficiently and confidently. In just **one hour**, you'll learn tips, tools, and best practices you can use right away.

Sessions are offered on **multiple dates and times**, making it easy to fit training into your schedule.

### Training Options & Frequency

- + [Intro to Web Portal Training](#)– Offered **twice per week**
- + [Intro to EviCore Online Resources](#)– Offered **twice per month**
- + [Therapy Provider Training](#) (*for therapy providers*) – Offered **twice per quarter**
- + [Post-Acute Care Portal Training](#) (*for hospitals and post-acute care providers*) – Offered **once per week**

### How to View Sessions & Register

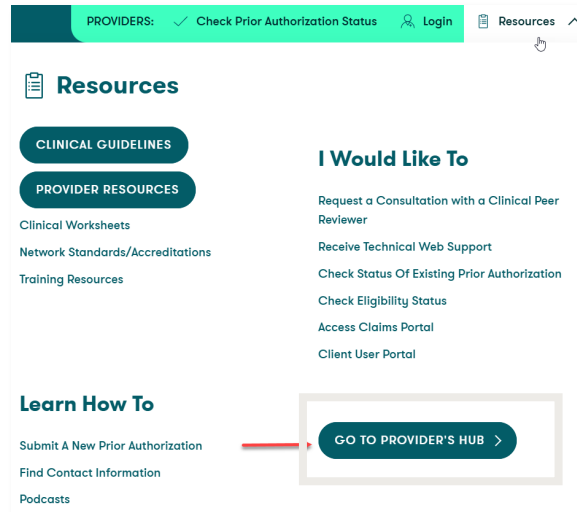
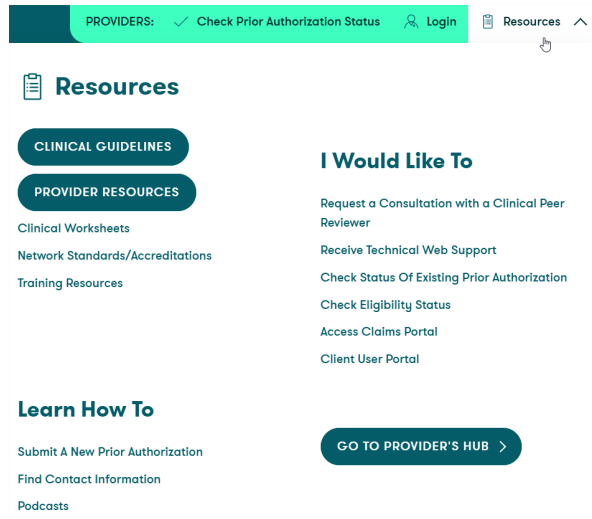
1. Click on the training session you would like to attend.
2. Select your preferred date and time by checking the radio button.
3. Complete the registration form.
4. Look for a confirmation email with session details.

Have questions? The training host's contact information will be included in your confirmation email.

**We look forward to seeing you at an upcoming training session!**

# +Provider Resources | EviCore Provider's Hub

Providers and staff can access important tools and resources at [EviCore.com](https://EviCore.com)

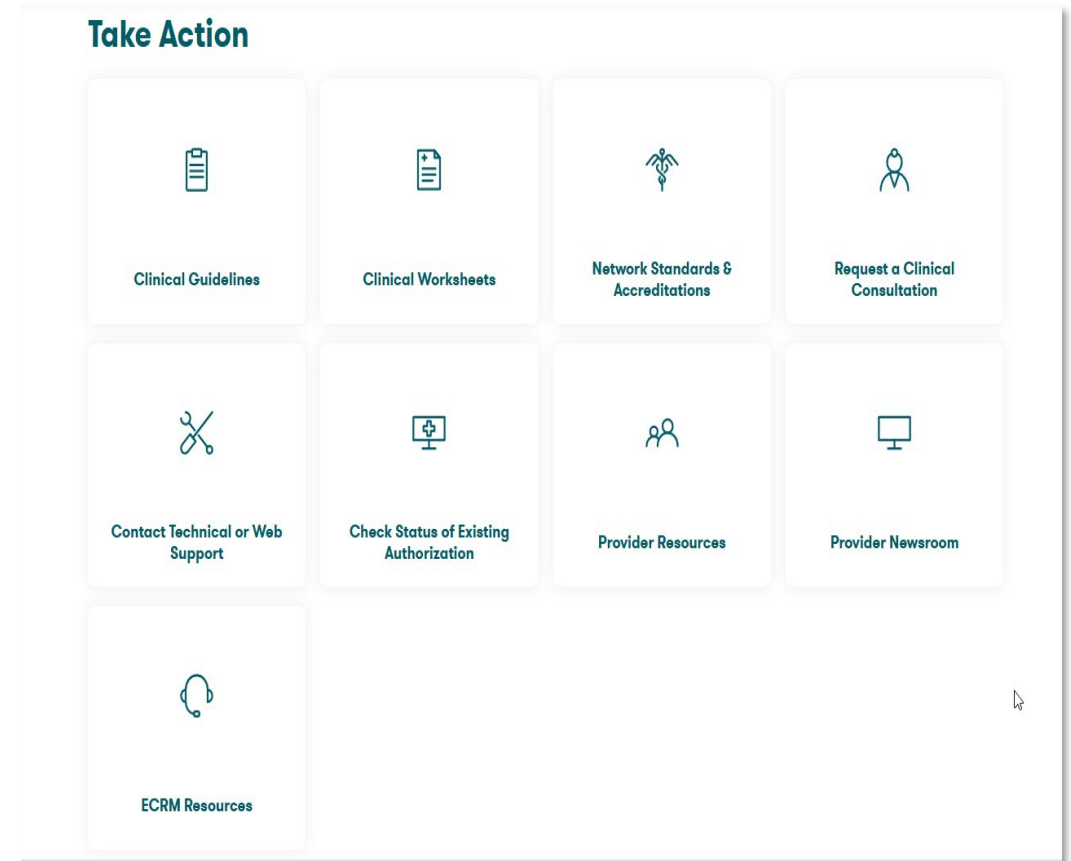


## Step 1

Open the **Resources** menu in the top right of the browser

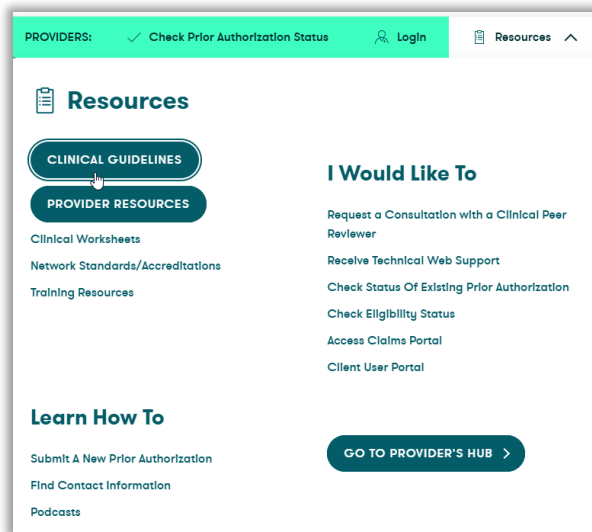
## Step 2

Select **GO TO PROVIDERS HUB** to access clinical guidelines, clinical worksheets, and more



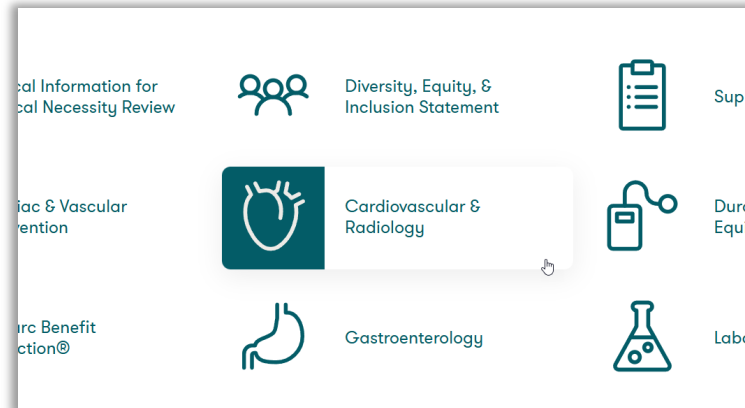
# +Provider Resources | Clinical Guidelines

## How do I access EviCore's clinical guidelines?



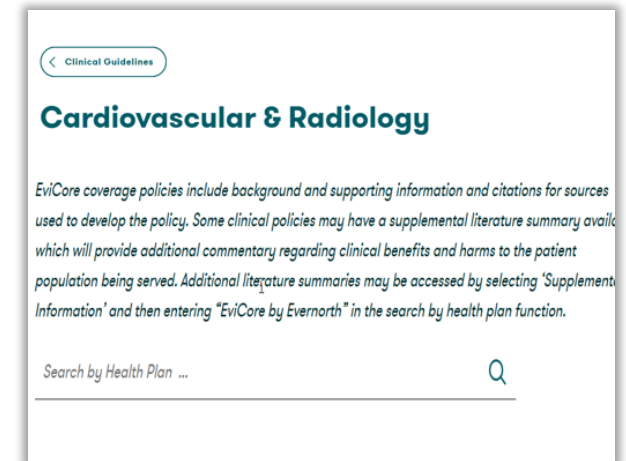
### Step 1

- Open the **Resources** menu in the top right of the browser
- Select **Clinical Guidelines**



### Step 2

- Select the **solution/program** associated with the requested guidelines



### Step 3

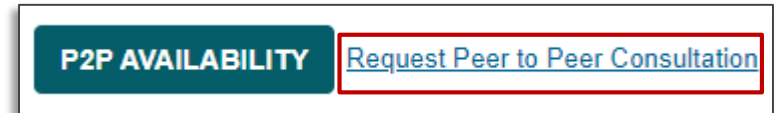
- Search by **health plan** name to view clinical guidelines
- If you would like to view all guidelines, type in "EviCore healthcare" as your health plan

# Online Peer-to-Peer Scheduling Tool

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

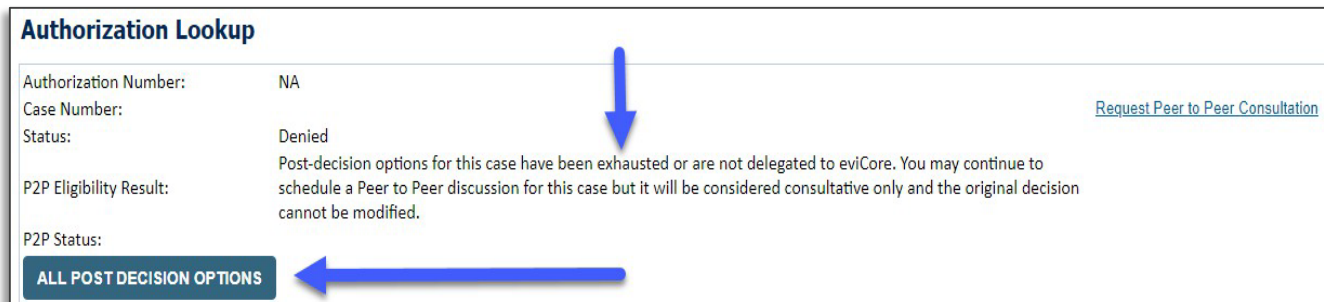
- Log into your account at [www.EviCore.com](http://www.EviCore.com)
- Perform Authorization Lookup to determine the status of your request.
- Click on the **P2P Availability** button to determine if your case is eligible for a Peer-to-Peer conversation:
- If your case is eligible for a Peer-to-Peer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

Authorization Number:	NA
Case Number:	<b>P2P AVAILABILITY</b>
Patient Name:	
DOB:	
Status:	Denied
P2P Status:	



# How to Schedule a Peer-to-Peer Request

- 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 Request

The screenshot shows the 'New P2P Request' form with the following fields and buttons:

- Program (dropdown menu)
- Health Plan (dropdown menu)
- Case Reference Number (text input)
- Member Date of Birth (text input)
- + Add Another Case (button, with a red arrow pointing to it and a callout 'Click Here to Add Another Case')
- Lookup Cases > (button, with a red arrow pointing to it)

- 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.

The screenshot shows the confirmation screen with the following information:

- Case Ref #: [Case Reference Number] (with a blue arrow pointing to it)
- Remove (link)
- P2P Eligible (status)
- Notification: Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM. (with a blue arrow pointing to it)
- Member Information:
  - Name
  - DOB
  - State
  - Health Plan
  - Member ID
- Case P2P Information:
  - Episode ID
  - P2P Valid Until: 2020-11-11
  - Modality: MSK Spine Surgery
  - Level of Review: Reconsideration P2P (with a blue arrow pointing to it)
  - System Name: ImageOne
- Continue (button, with a blue arrow pointing to it)

# How to Schedule a Peer-to-Peer Request

### 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...	-	-	-

# +Provider Resources | Schedule a P2P Request (con't.)

**P2P Info**

Date Mon 5/18/20  
Time 6:30 pm EDT  
Reviewing Provider

**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

**P2P Contact Details**

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

**Submit**

**Scheduling**

**Scheduled**

Mon 5/18/20 - 6:30 pm EDT

**SCHEDULED**

Update the following fields to ensure the correct person is contacted for the Peer-to-Peer appointment:

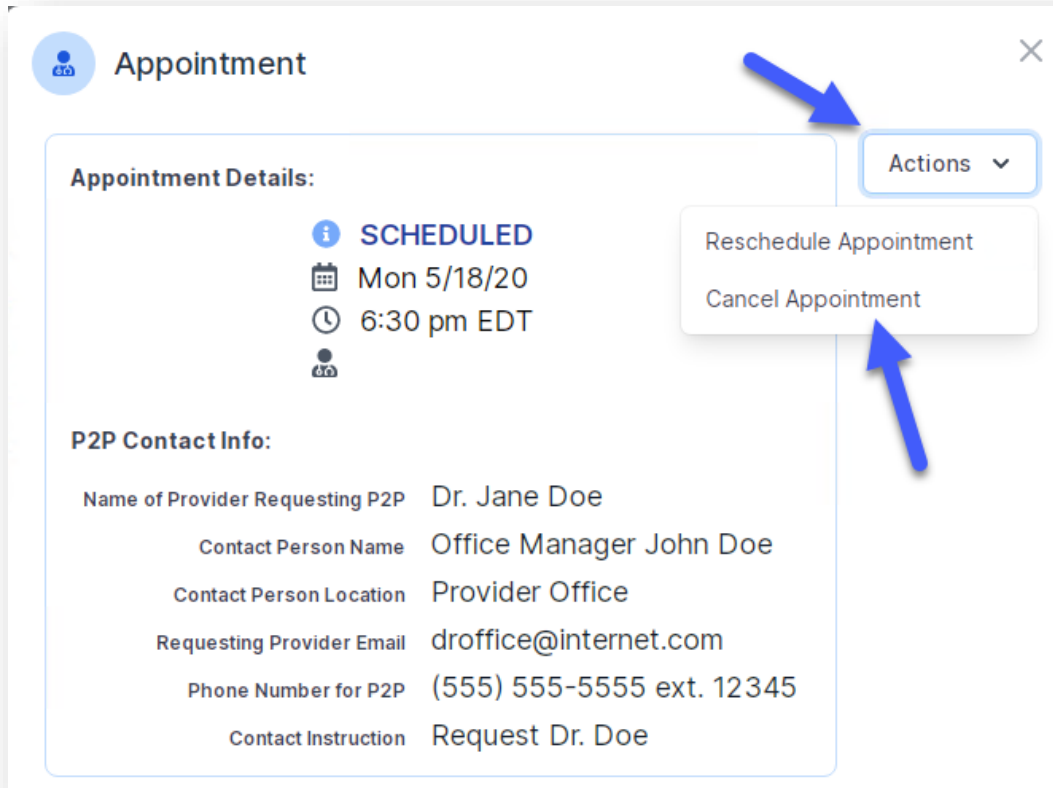
- Name of Provider Requesting P2P
- Phone Number for P2P
- Contact Instructions

Click **Submit** to schedule the appointment

You will be presented with a summary page containing the details of your scheduled appointment

Confirm contact details

# +Provider Resources | Cancel or Reschedule a P2P Appointment



**Appointment**

**Appointment Details:**

- SCHEDULED**
- Mon 5/18/20
- 6:30 pm EDT

**P2P Contact Info:**

Name of Provider Requesting P2P	Dr. Jane Doe
Contact Person Name	Office Manager John Doe
Contact Person Location	Provider Office
Requesting Provider Email	droffice@internet.com
Phone Number for P2P	(555) 555-5555 ext. 12345
Contact Instruction	Request Dr. Doe

**Actions** ▾

- Reschedule Appointment
- Cancel Appointment

## To cancel or reschedule an appointment:

- Access the scheduling software and select **My P2P Requests** on the left-pane navigation
- Select the request you would like to modify from the list of available appointments
- When the request appears, 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**, select a new date or time as you did initially
  - **If choosing to cancel**, input a cancellation reason
- Close the browser once finished

# Thank You

