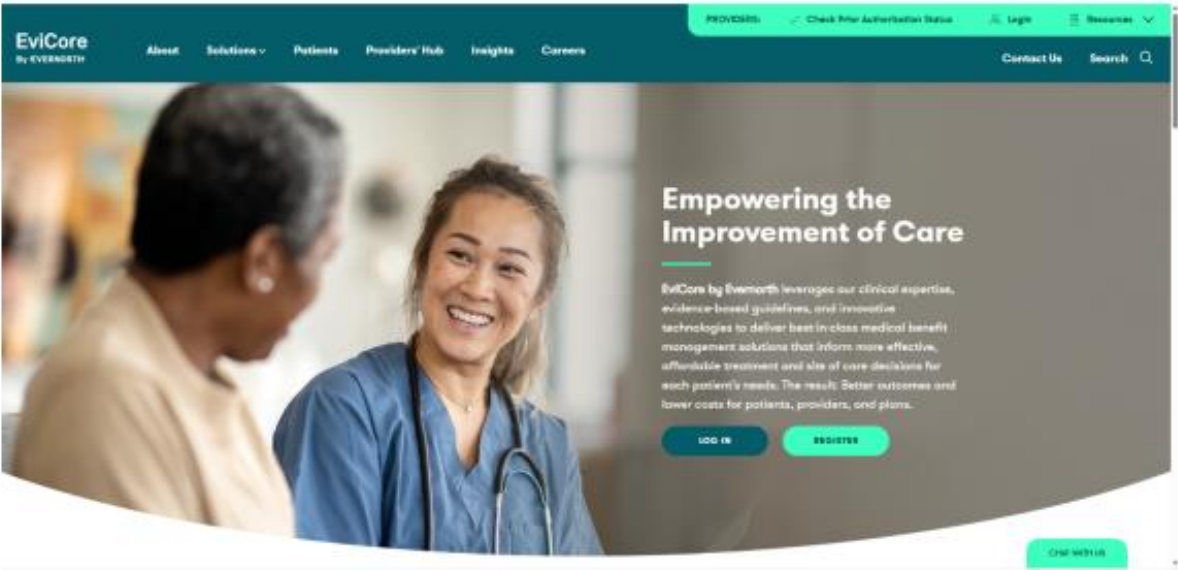


RADIATION ONCOLOGY PROVIDER EXPERIENCE

Clover Health

Provider Experience – Case Submission



Providers will log in through the eviCore healthcare portal

EviCore

By EVERNORTH

Welcome

Log in with your EviCore account

Username*

Forgot username?

Next

Register

EviCore

By EVERNORTH

Enter your password

Edit

Password*

☒ I agree to [HIPAA Disclosure](#)

Forgot password?

Continue

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'

EviCore
By EVERNORTH

Authorization LookupRequest An AuthorizationWorklistPortalsHelp / ContactUser AccessHello, Test Account

My Worklist

PendingApprovedPartially ApprovedDeniedCancelledAll Statuses

Start typing to search...

Request ID	Authorization ID	Patient	Status	Submitted	End Date	Procedure	Ordering Provider	Site of Service	Insurer
No Data Available									

CareCore

- View in progress and pharmacy requests
- Manage your account
- MSK PPS

MedSolutions

- View in progress requests
- Manage your account
- Claims search
- Payment status
- Post acute care

Feedback

Provider Experience – Case Submission

EviCore

By EVERNORTH

[Home](#) [Certification Summary](#) [Authorization Lookup](#) [Eligibility Lookup](#) [Clinical Certification](#) [Certification Requests In Progress](#) [MSM Practitioner Perf. Summary Portal](#) [Resources](#) [Manage Your Account](#) [MedSolutions Portal](#) [Unified Dashboard](#) [Help / Contact Us](#)

Monday, February 23, 2026 12:09 PM

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



REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

ENTER PHARMACY CASE NUMBER

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

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

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](#)

EviCore

By EVERNORTH

Provider Experience – Case Submission

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH



	Provider
SELECT	

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

Search By NPI:

SEARCH



BACK

CONTINUE

[Click here for help](#)

Select the treating physician from the pre-populated affiliated physician list of providers associated with the user's account.

Choose Your Insurer

Requesting Provider: KONSKI, ANDRE, NPI 1407873219

Please select the insurer for this authorization request.





BACK

CONTINUE

[Click here for help](#)

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

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

Select the patient's health plan, confirm the provider address, and take note of any important messages.

Provider Experience – Case Submission

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:*

☒ Receive email notification of case status changes

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](#)

Confirm or enter contact information to ensure smooth communication of the determination or to request additional information as needed.

Provider Experience – Case Submission

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

Patient First Name: *

If Patient ID is 10 alpha & numeric characters, it will start with a single letter prefix. Some Patient ID's are 10 or 12 numeric only digits.

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

Register a new patient or select a current patient from the drop-down list. If a new patient is being registered and eligibility is verified, a confirmation screen will appear. Click “Yes” to continue. Then verify the patient's contact information.

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

Patient First Name: *

If Patient ID is 10 alpha & numeric characters, it will start with a single letter prefix. Some Patient ID's are 10 or 12 numeric only digits.

LOOKUP AGAIN

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT						

BACK

[Click here for help](#)

Clinical Certification Request

Has the patient received their first dose of radiation treatment?

☐ Yes ☐ No

Submit

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

mm/dd/yyyy



Date must be in MM/DD/20YY
or M/D/20YY format

Submit

Requested Service + Diagnosis

This procedure will be performed on 3/5/2026.

CHANGE

Radiation Therapy Procedures

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

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

Diagnosis

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

LOOKUP

Trouble selecting diagnosis code? Please follow [these steps](#)

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

Secondary diagnosis is optional for Radiation Therapy

LOOKUP

CPT and primary Diagnosis Codes are required for Radiation Therapy Cases. Primary and secondary Diagnosis Codes (if provided) may not be the same.

BACK

[Click here for help](#)

- Enter 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.
- Next, select the **cancer type/body part** being treated (RC code) and **diagnosis code(s)** associated with the member's cancer type

Clinical Certification Request

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

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

Add Site of Service

Specific Site Search

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

NPI:

Zip Code:

Site Name:

TIN:

City:

☒ Starts with
☐ Exact match

Site Email (optional)

Clinical Certification Request – Clinical Certification

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

[Click here for help](#)

- 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

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

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

In order to accept and process clinical upload, **EviCore requires Member First and Last Name AND at least one of the following additional pieces of identifying information:**

- Member Date Of Birth
- Case Number or Episode ID
- Member ID
- Member address or member phone including area code

Uploads which do not contain two pieces of identifying information, where member protected health information (PHI) is not able to be validated, cannot be accepted as per HIPAA Policy.

Files can be sent via fax to 888-693-3210.

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

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.

EviCore

By EVERNORTH

Clinical Certification Request – Proceed to Clinical Information

Proceed to Clinical Information

Does the patient have a history of distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?

☐ Yes ☐ No

Submit

Show Review History

Proceed to Clinical Information

Select the treatment technique for the first phase:*

Please enter the requested CPT code associated with the first phase:*

Other (specify):

Input the number of units for the requested CPT Code*

Will a cone down/boost be used?

☐ Yes ☐ No

Submit

Show Review History

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

Clinical Certification – Criteria Met

Summary of Your Request

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

REQUESTED

Phase 1: 28 unit(s) of 77407 (Radiation treatment delivery; Level 2, including imaging guidance, when performed). Image Guided Radiation Therapy (IGRT): 28 unit(s) of 77387 (Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed).

APPROVED

Phase 1: 28 unit(s) of 77407 (Radiation treatment delivery; Level 2, including imaging guidance, when performed). Image Guided Radiation Therapy (IGRT): 28 unit(s) of 77387 (Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed).

DENIED

NONE
The prior authorization you submitted, Case [REDACTED], has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

Provider Name:

Provider Address:

Contact:

Phone Number:

Fax Number:

Patient Name:

Insurance Carrier:

Patient ID:

Site Name:

Site Address:

Site ID:

Primary Diagnosis Code:

C61

Secondary Diagnosis Code:

Date of Service:

2/27/2026

CPT Code:

RCPR05

Authorization Number:

Case Number:

Review Date:

2/23/2026 2:53:45 PM

Expiration Date:

8/8/2026

Status:

REQUESTED

Phase 1: 28 unit(s) of 77407 (Radiation treatment delivery; Level 2, including imaging guidance, when performed). Image Guided Radiation Therapy (IGRT): 28 unit(s) of 77387 (Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed).

APPROVED

Phase 1: 28 unit(s) of 77407 (Radiation treatment delivery; Level 2, including imaging guidance, when performed). Image Guided Radiation Therapy (IGRT): 28 unit(s) of 77387 (Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed).

DENIED

NONE

The prior authorization you submitted, Case A263897735, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

REQUESTED

Phase 1: 28 unit(s) of 77407 (Radiation treatment delivery; Level 2, including imaging guidance, when performed). Image Guided Radiation Therapy (IGRT): 28 unit(s) of 77387 (Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed).

APPROVED

Phase 1: 28 unit(s) of 77407 (Radiation treatment delivery; Level 2, including imaging guidance, when performed). Image Guided Radiation Therapy (IGRT): 28 unit(s) of 77387 (Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed).

DENIED

NONE

CANCEL

PRINT

CONTINUE

- If your request is authorized during the initial submission, you can print the summary of the request for your records.
- Review the details of the request and select **CONTINUE**.

EviCore

By EVERNORTH

Provider Experience – Case Submission

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 eviCore at anytime, please call 1-888-622-7329. The prior authorization you submitted, Case [REDACTED], has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

Provider Name:	[REDACTED]	Contact:	[REDACTED]
Provider Address:	[REDACTED]	Phone Number:	[REDACTED]
		Fax Number:	[REDACTED]
Patient Name:	[REDACTED]	Patient Id:	[REDACTED]
Insurance Carrier:	[REDACTED]		
Site Name:	[REDACTED]	Site ID:	[REDACTED]
Site Address:	[REDACTED]		
Primary Diagnosis Code:	C79.31	Description:	Secondary malignant neoplasm of brain
Secondary Diagnosis Code:		Description:	
Date of Service:	2/27/2026	Description:	Brain Metastases
CPT Code:	RCBRAI		
Case Number:	[REDACTED]		
Review Date:	2/23/2026 3:12:55 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 eviCore at anytime, please call 1-888-622-7329. The prior authorization you submitted, Case A263897744, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.		

CANCEL

PRINT

CONTINUE

[Click here for help](#)

- 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 – Required Medical Checklist

Proceed to Clinical Information

In order to accept and process clinical upload, EviCore requires Member First and Last Name AND at least one of the following additional pieces of identifying information:

- Member Date Of Birth
- Case Number or Episode ID
- Member ID
- Member address or member phone including area code

Uploads which do not contain two pieces of identifying information, where member protected health information (PHI) is not able to be validated, cannot be accepted as per HIPAA Policy.

Files can be sent via fax to 888-693-3210.

Clinical Upload

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

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

SKIP UPLOAD

Enter text in the space provided below.

Additional Information - Notes (Character limit of less than or equal to 500 characters)

Submit

WITHDRAW MY REQUEST

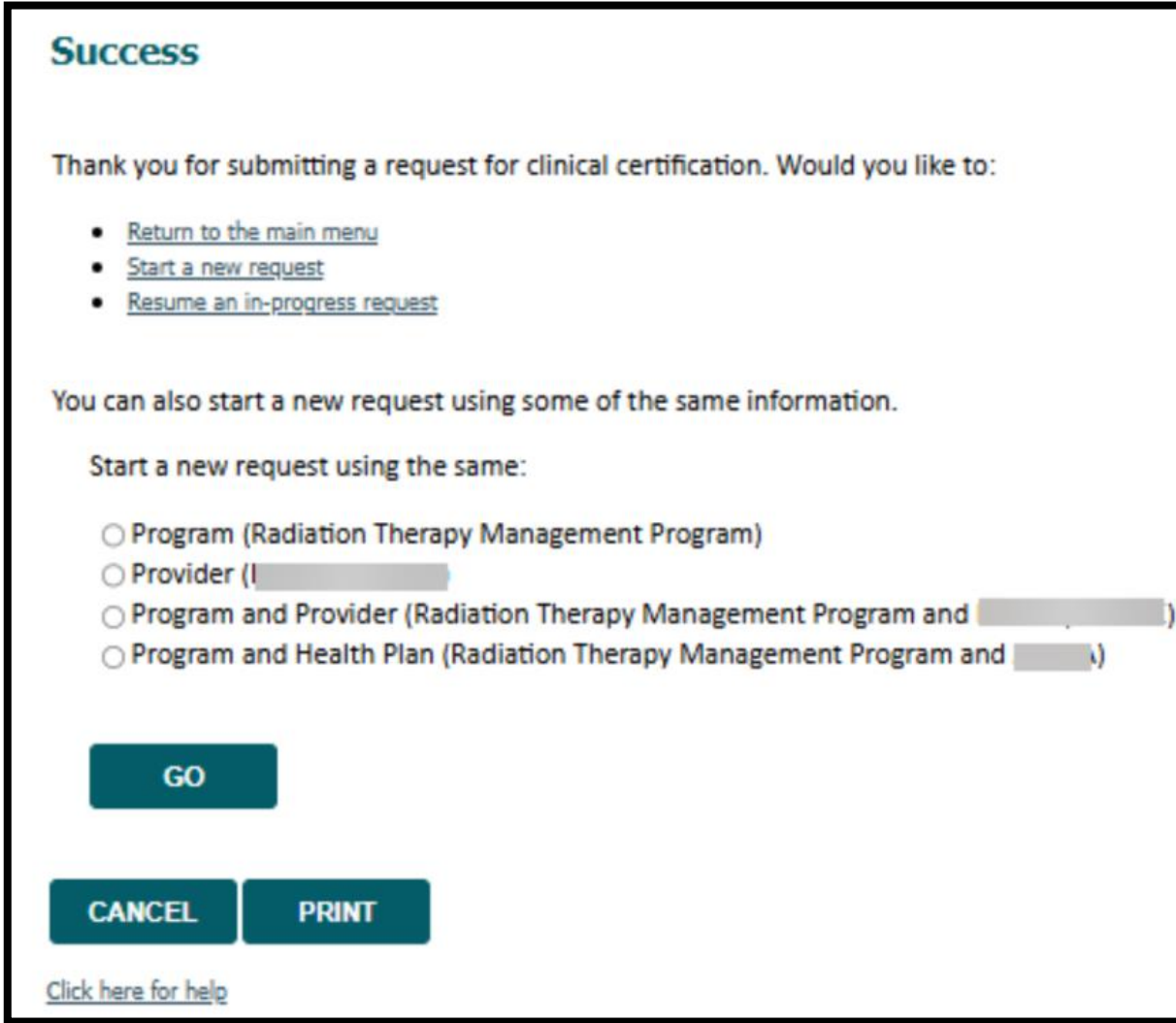
- If the pathway questions do not lead to immediate approval, you will be asked if additional clinical information can be included.
- Enter **additional notes** in the free text space provided only when necessary.
- Upload up to **five documents (more information on clinical upload in the next slide)**
(.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)

- 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 \(evicore.com\)](#)

EviCore

By EVERNORTH

Provider Experience – Case Submission



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 (I [redacted])
- ☐ Program and Provider (Radiation Therapy Management Program and [redacted])
- ☐ Program and Health Plan (Radiation Therapy Management Program and [redacted])

GO

CANCEL **PRINT**

[Click here for help](#)

- 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.

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

Provider Engagement

Regional team that works directly with the provider community.

Sara Vandiver

- Email: Sara.Vandiver@EviCore.com
- Phone: 804-878-1729.

Web-Based Services and Portal Support

- Live chat: [Chat Conversation](#)
- ECRM Ticket: [ECRM Resources | EviCore by Evernorth](#)
- Phone: 800-646-0418 (option 2)



Call Center

Call **800-421-7592**, representatives are available from 7 a.m. to 7 p.m. local time.

+Provider Resource Website

EviCore's Client and Provider Services team maintains provider resource pages that contain client- and solution-specific educational materials 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 [Provider Resource Link](#)

Contact our Client and Provider Services team via [ECRM](#) or at **1-800-646-0418 (option 4)**

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



Provider Resource Review Forum

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





Thank You