

RADIATION ONCOLOGY

Proton Beam Therapy

BCBSOK MA

EviCore

By **EVERNORTH**
Public Information

9/23/2026

1

Agenda

1. Solution Overview
2. Submitting Requests
3. Prior Authorization Outcomes, Special Considerations & Post-Decision Options
4. EviCore Provider Portal
5. Provider Resources
6. Appendix

Solution Overview

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BCBSOK MA Prior Authorization Services

EviCore will begin accepting prior authorization requests for Proton Beam Therapy services on 10/1/2025 for dates of service 10/1/2025 and after.



Applicable Membership

- + Medicare Only

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

Providers should verify patient eligibility and benefits prior to treatment.

Prior Authorization Services

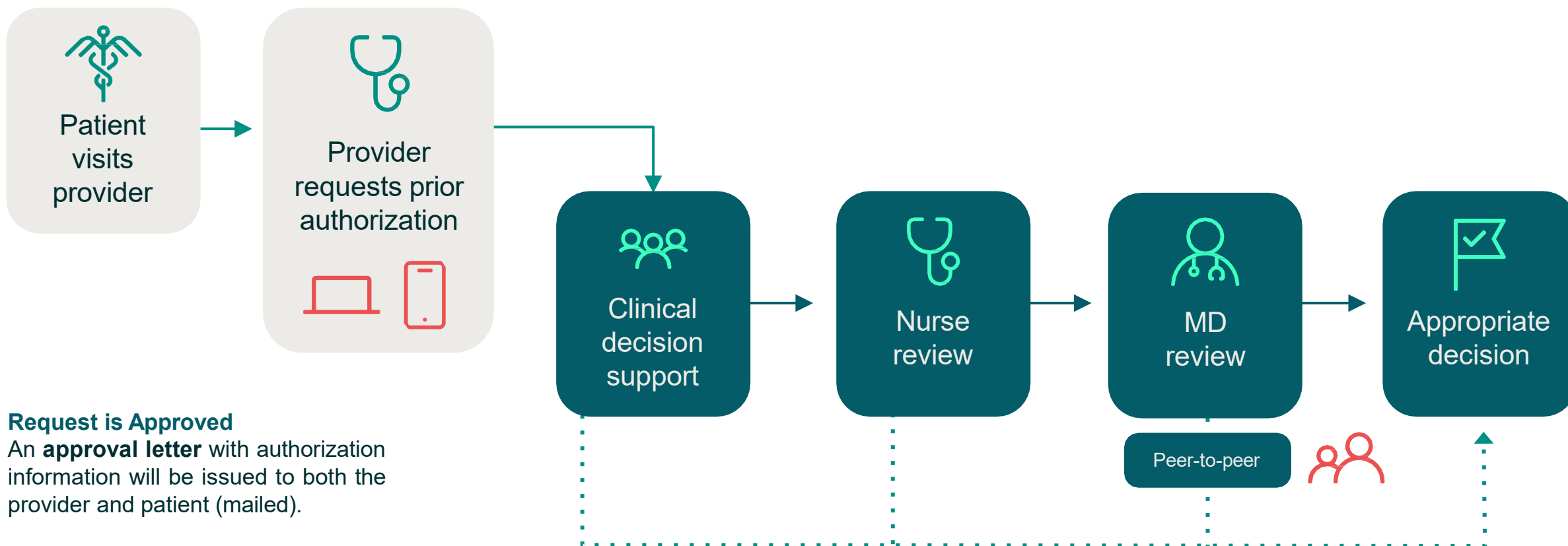
IMPORTANT NOTE: Patients Currently in Treatment – Continuity of Care

If a patient is undergoing treatment before the start of the program, will the treatment need authorization?

- + BCBSOK MA will honor all radiation oncology courses of treatment that are in progress as of EviCore's management, effective 10/1/2025.
- + As such, the provider is not required to submit request for treatment that began prior to 10/1/2025 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 9/30/2025 should **not** be resubmitted through EviCore.
- + Modifications to those existing authorizations, such as date extensions, are handled directly by the health plan. *Please contact the health plan to request any changes to an active authorization.*

Submitting Requests

Pre-service prior authorization workflow



Request is Approved

An **approval letter** with authorization information will be issued to both the provider and patient (mailed).

Request is Denied

A **denial letter with clinical rationale** for the decision and appeal rights will be issued to both the provider and patient.

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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 in 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:** 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 submittals

To access the EviCore Provider Portal, visit evicore.com/provider

Or by phone: **855-252-1117**

Monday – Friday
7 AM – 7 PM (local time)

Or by fax: **866-699-8160**

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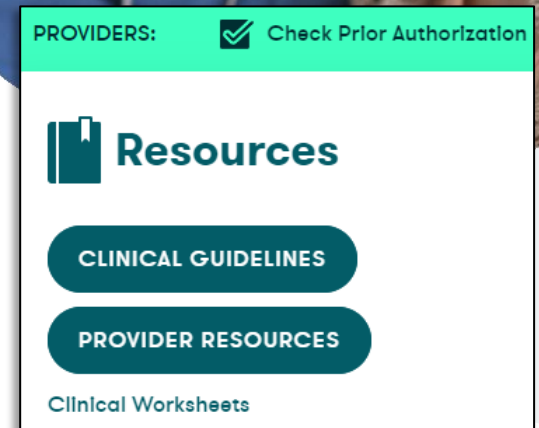
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Holistic Treatment Plan Review | Proton Beam Radiation Therapy

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

- EviCore is only delegated to authorize Proton Beam Therapy. If alternative treatment is requested, your authorization will be expired, and you will be redirected to the health plan.
- 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.
- Following review, the approved or denied treatment technique and number of fractions will be communicated to the provider and patient.

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 → Search for “BCBS OK”



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Necessary Information for Prior Authorization



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



Patient

- ✓ Health Plan ID
- ✓ Patient name
- ✓ Date of birth (DOB)



Referring (Ordering) Physician

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



Supporting Clinical

- ✓ Pertinent clinical information to substantiate medical necessity for the requested service
- ✓ CPT/HCPCS Code(s)
- ✓ Diagnosis Code(s)
- ✓ Previous test results



Rendering Facility

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

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.

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.

Important to 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 out to the provider and patient, and status will be available on [EviCore.com](https://www.evicore.com)

There are three ways to supply the requested information:

1. Fax to 866-252-1117
2. Upload directly into the case via the provider portal at [EviCore.com](https://www.evicore.com)
3. Request a Pre-Decision Clinical Consultation
This consultation can be requested via the EviCore website (see slide 48 for instructions), and must occur prior to the due date referenced

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

Prior Authorization Determination Outcomes

Determination Outcomes

- + Approved Requests: Authorizations are valid for 45-240 calendar days from the date of the determination.
- + Denied Requests: If a request is determined as inappropriate based on evidence-based guidelines, 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 physician.
- + Web-initiated cases will receive e-notifications if a user opted in to this method.
- + Members will receive a letter by mail.
- + Approval information can be printed on demand from the [EviCore portal](#).



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Special Circumstances

Retrospective Authorization Requests



Must be submitted within 7 business days from the date of services



Any submitted beyond this timeframe will be administratively denied



Reviewed for **clinical urgency** and medical necessity



Processed within 30 calendar days



When authorized, the start date will be the submitted date of service



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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 patient



Can be initiated on provider portal or by phone



Urgent cases are typically reviewed within
24 to 72 hours



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Special Circumstances

Authorization Update



If updates are needed on an existing EviCore authorization for dates of service on or after 10/1/2025, providers can contact EviCore by phone



If the authorization is not updated and a different facility location or CPT code is submitted on the claim, it may result in a claim denial



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Medicare Members

My case has been denied. What's next?

- + 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.



Reconsiderations

- + Medicare cases do not include a reconsideration option
-



Appeals

- + EviCore **will not** process first-level appeals.
- + Please refer to the denial notice for instructions and requirements to submit an appeal.

EviCore Provider Portal

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Features

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 patient 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

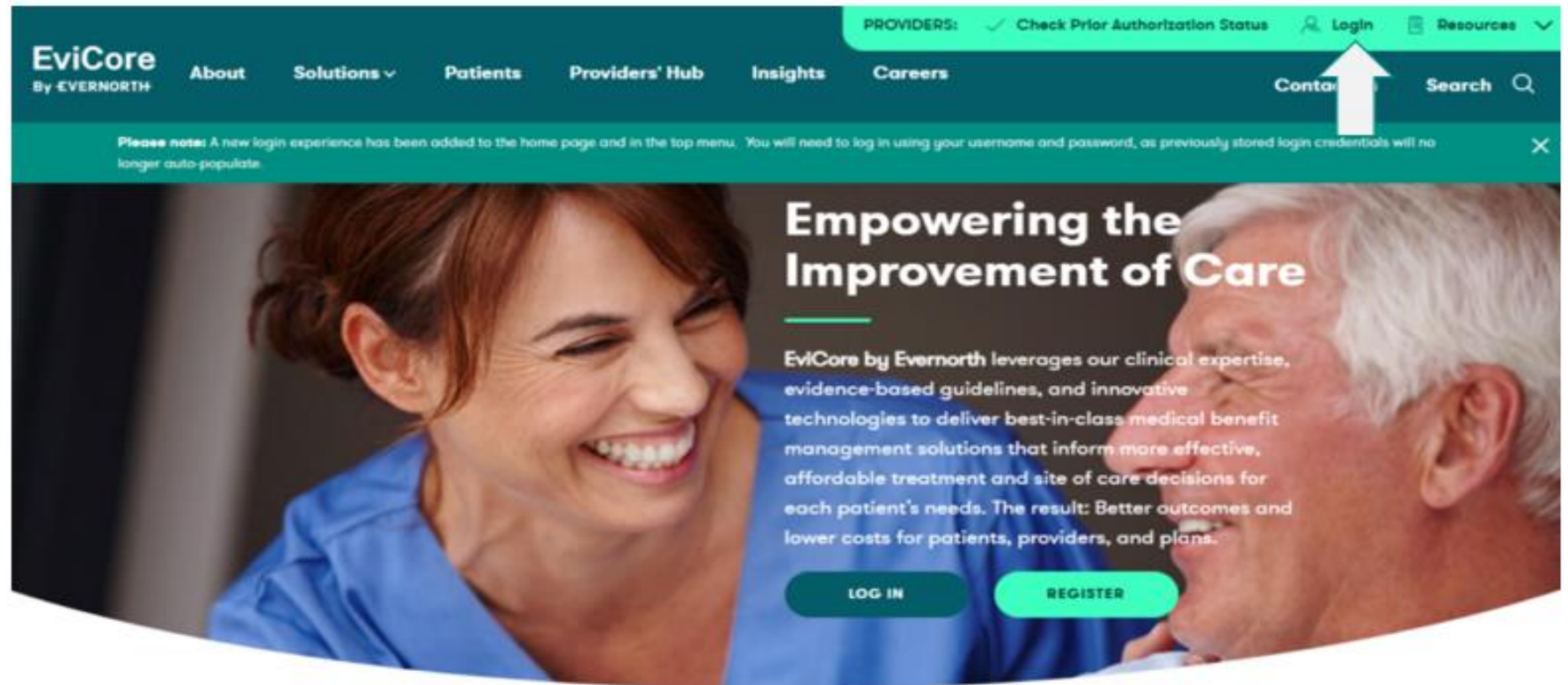
EviCore Provider Portal | Access and Compatibility

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

+ To access resources on the EviCore Provider Portal, visit **EviCore.com**

+ Already a user?
Log in with User ID & Password.

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



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

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User Information

First Name

Enter first name

Last Name

Enter last name

User Name

Create user name

Contact Info

Email

Enter email

Confirm Email

Confirm email

Phone

Phone number

Ext (optional)

Extension

Physician/Facility Information

Individual NPI

Enter NPI

Next

Enter your information here then click 'Next'

Read and accept the Terms and Conditions

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User Information

First Name

Test

Contact Info

Email

ashley.good@evicore.com

Physician/Facility Information

Individual NPI

1356331565

Terms and conditions

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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

Next

Portal Registration Continued

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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

i

Check your inbox

A verification code has been sent to

com

. If you don't receive it within 5 minutes, check your spam or junk folder.

Email id

com

Enter 6-digit code

Enter code

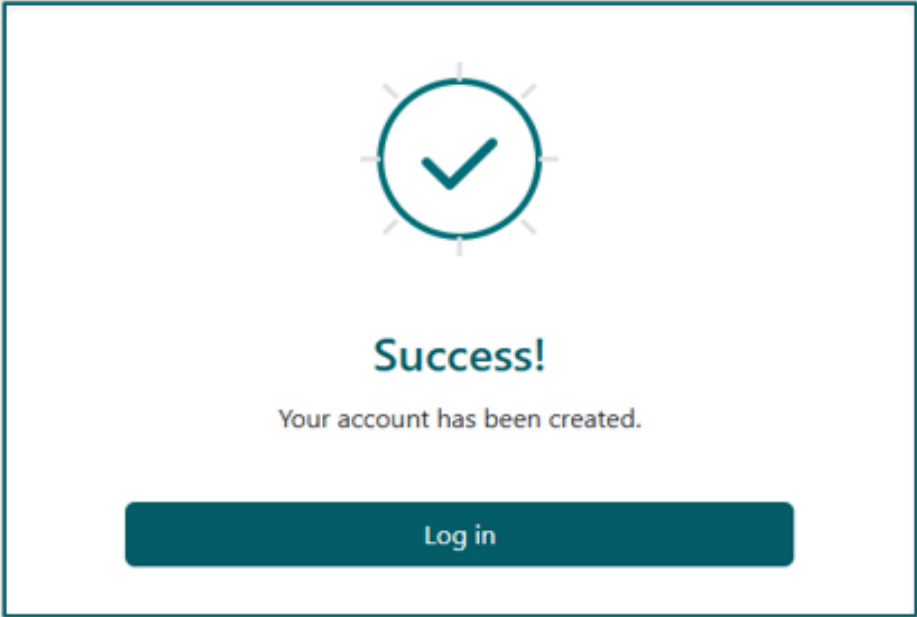
Next

Didn't receive a code?

Check your spam or junk folder or [Resend](#).

Cancel

User Registration Successful

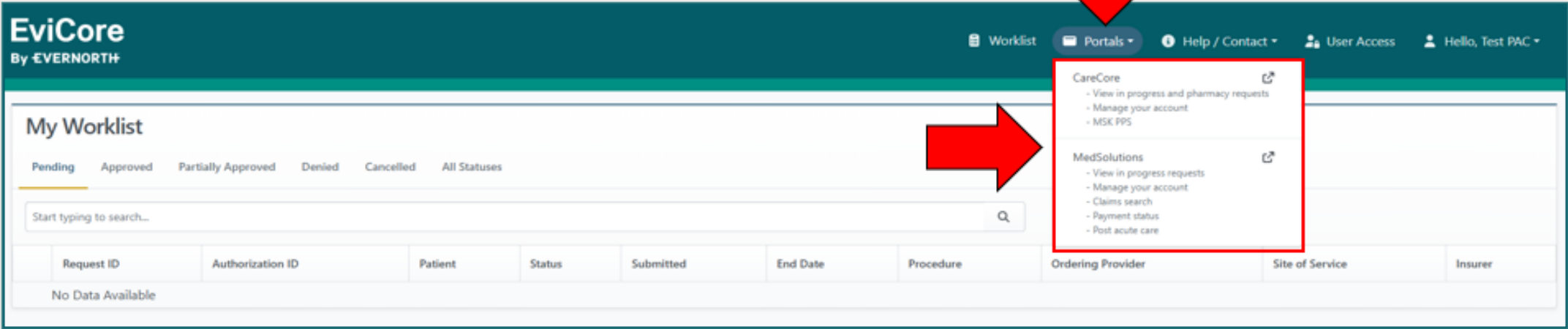


Create a Password

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



Setting Up Multi-Factor Authentication (MFA)

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

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.

Select Send PIN, and 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.

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Set up Two Factor Authentication

☒ Email ☐ SMS

Register Email Address

Send PIN

Please enter PIN sent to your Email Address

Submit

Skip

Add Providers

- + You can add providers and their NPI's 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
- + 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:

CHANGE PASSWORD **EDIT ACCOUNT**

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**

Provider Resources

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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 **855-252-1117**. Representatives are available from 7 a.m. to 7 p.m. local time.

Provider Resource Website

EviCore maintains provider resource sites that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis.

This site will include:

- + Frequently asked questions
- + Quick reference guides
- + Provider training materials
- + CPT code lists



To access these helpful resources, please visit:

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



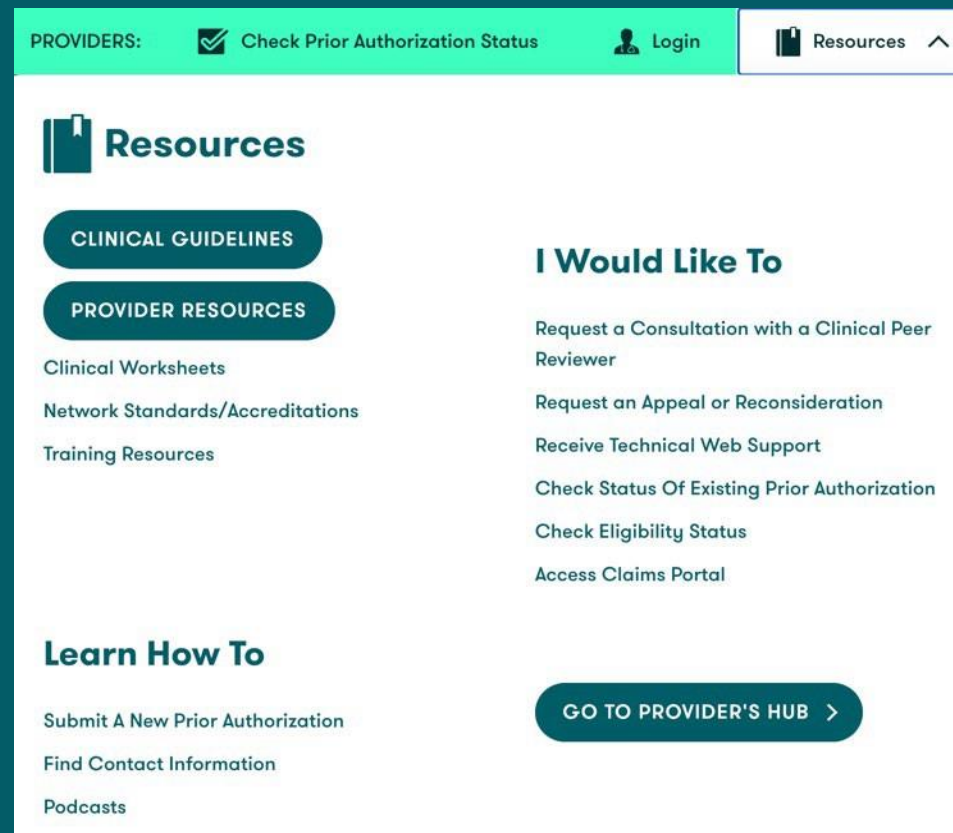
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Quick Reference Tool

Where can I locate plan-specific contact information?

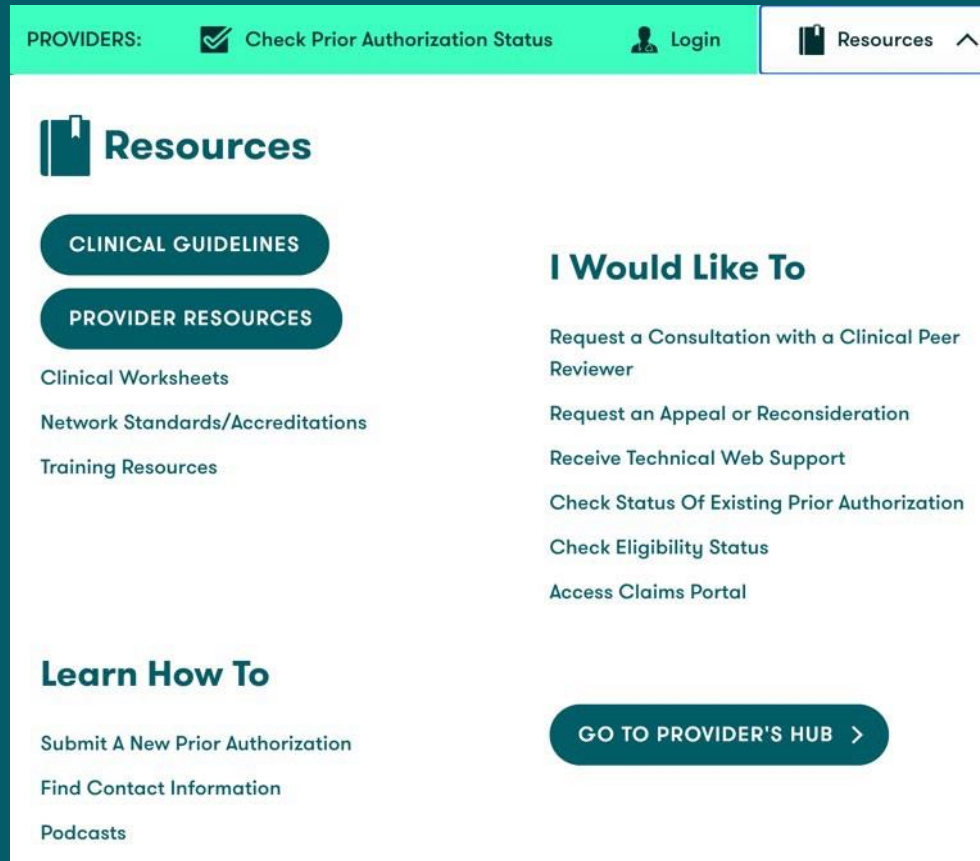
1. Open the **Resources** menu in the top right of the browser
2. Select **Find Contact Information**
3. Use **Select a Health Plan** and **Select a Solution** to populate the contact phone and fax numbers
 - + This will also advise which portal to use for case requests



EviCore Provider's Hub

Providers and staff can access important tools and resources at EviCore.com

1. Open the **Resources** menu in the top right of the browser
2. Select **GO TO PROVIDER'S HUB** to access clinical guidelines, schedule consultations (P2P), and more





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

Thank You

Appendix

Portal Case Submission

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Initiating a Case

- + Click **Clinical Certification** to begin a new request
- + Select the **Program** for your certification

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](#)

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Search for and Select Provider

Search for and select the **Practitioner/Group** for whom you want to build a case

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
SELECT	1

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 Health Plan

- + Choose the appropriate **Health Plan** for the request
- + Another drop down will appear to select the appropriate address for the **provider**
- + Select **CONTINUE**

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

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK

CONTINUE

Enter Contact Information

- + Enter the **Provider's name** and appropriate information for the point of contact individual
- + Provider name, fax and phone will pre-populate, edit as necessary

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

Add Your Contact Info

Provider's Name:* [2]

Who to Contact:* [2]

Fax:* [2]

Phone:* [2]

Ext.: [2]

Cell Phone:

Email:

☒ Receive 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.

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

The "Receive notification of case status changes" box is checked by default. Make sure you enter a valid email address to assure you receive notices of case updates. If you prefer fax notices, uncheck the box and make sure to include a valid fax number.

Enter Patient Information

- + Enter **patient information**, including: patient ID number, date of birth, and last name then click **ELIGIBILITY LOOKUP**
- + Confirm your patient’s information and click **SELECT** to continue



Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

Manage Your Account

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*

MM/DD/YYYY

Patient Last Name Only:*

[?]

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

ELIGIBILITY LOOKUP

BACK

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT						

Enter Requested Procedure and Diagnosis

- 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 **patient information** (patient ID number, date of birth and last name), click **Eligibility Lookup** and verify the patient.
- Next, select the **cancer type/body part** being treated (RC code) and **diagnosis code** associated with the member's cancer type

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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 10/12/2020

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? Please follow [these steps](#)

Secondary Diagnosis Code (Lookup by Code or Description)

Diagnosis is optional for Radiation Therapy

LOOKUP

RCADRE
RCANAL
RCBILE
RCBLAD
RCBONE
RCBRAI
RCBREA
RCCERV
RCCNSL
RCCNSN
RCENDO
RCESOP
RCGACA
RCGALL
RCHDKL
RCHENE
RCHEPA

Verify Service Selection

- + Verify requested service & diagnosis
- + Edit any information if needed by selecting **Change Procedure** or **Primary Diagnosis**
- + Click **CONTINUE** to confirm your selection

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](#)

Site Selection

Add Site of Service

Specific Site Search

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

NPI:		Zip Code:		Site Name:	
TIN:		City:			☐ Exact match
					☒ Starts with

[LOOKUP SITE](#)

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

Attention!

Patient ID: Time: 3/13/2025 12:58 PM

Patient Name:

In what setting will this procedure be performed?

☐ Office

☐ A portion of an off-campus hospital provider-based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization

☐ A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization

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Clinical Certification

- + Verify that all information is entered and correct
- + **You will not have the opportunity to make changes after this point**

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

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Standard or Urgent Request?

- + 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)
- + Your case will only be considered urgent if there is a successful upload

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

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

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Proceed to Clinical Information

- + **Clinical Certification** questions may populate based on the information provided
- + You can save your request and '**Finish later**' if needed. Please make sure to complete the case by the end of the day to avoid the case expiring.
- + Select **Certification Requests in Progress** to resume a saved request (this function is **not** available for single sign on (SSO) users)

Example Questions

Is this a request for Proton Beam Therapy?

☐ Yes ☐ No

Submit

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

☐ Yes ☐ No

Submit

What was the T stage at initial diagnosis?*

Other (specify):

What is the patient's PSA level (ng/mL)? Please round to one decimal place.*

What is the patient's Gleason Score (range: 2 to 10)?*

Submit

☐ Finish Later

Did you know?

You can save a certification request to finish later.

Request for Clinical Upload

If **additional information** is required, you will have the option to upload more clinical information for review.

Tips:

- + Providing clinical information via the web is the fastest and most efficient method
- + Enter additional notes in the space provided only when necessary
- + Additional information uploaded to the case will be sent for clinical review
- + Print out a summary of the request that includes the case # and indicates 'Your case has been sent to clinical review'

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Public Information

The screenshot shows a web form titled "Proceed to Clinical Information". It contains instructions on required identifying information (Member Date Of Birth, Case Number or Episode ID, Member ID, or Member address or member phone including area code) and a warning about PHI. Below this is a "Clinical Upload" section with a text area for justification, a "Required Medical information checklist" with five file upload buttons (all showing "No file chosen"), and "UPLOAD" and "SKIP UPLOAD" buttons at the bottom.

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.

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

Clinical Review

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.

You can print the summary of the request for your records, then click CONTINUE.

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 1-855-252-1117.

The prior authorization you submitted, Case A232854593, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

Provider Name:		Contact:	
Provider Address:		Phone Number:	
		Fax Number:	
Patient Name:		Patient Id:	
Insurance Carrier:			
Site Name:		Site ID:	
Site Address:			
Primary Diagnosis Code:	C61	Description:	Malignant neoplasm of prostate
Secondary Diagnosis Code:		Description:	
Date of Service:	3/13/2025	Description:	Prostate Adenocarcinoma
CPT Code:	RCPROS		
Case Number:	1226836661		
Review Date:	3/13/2025 12:58:39 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 1-855-252-1117.		
	The prior authorization you submitted, Case A232854593, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.		

CANCEL

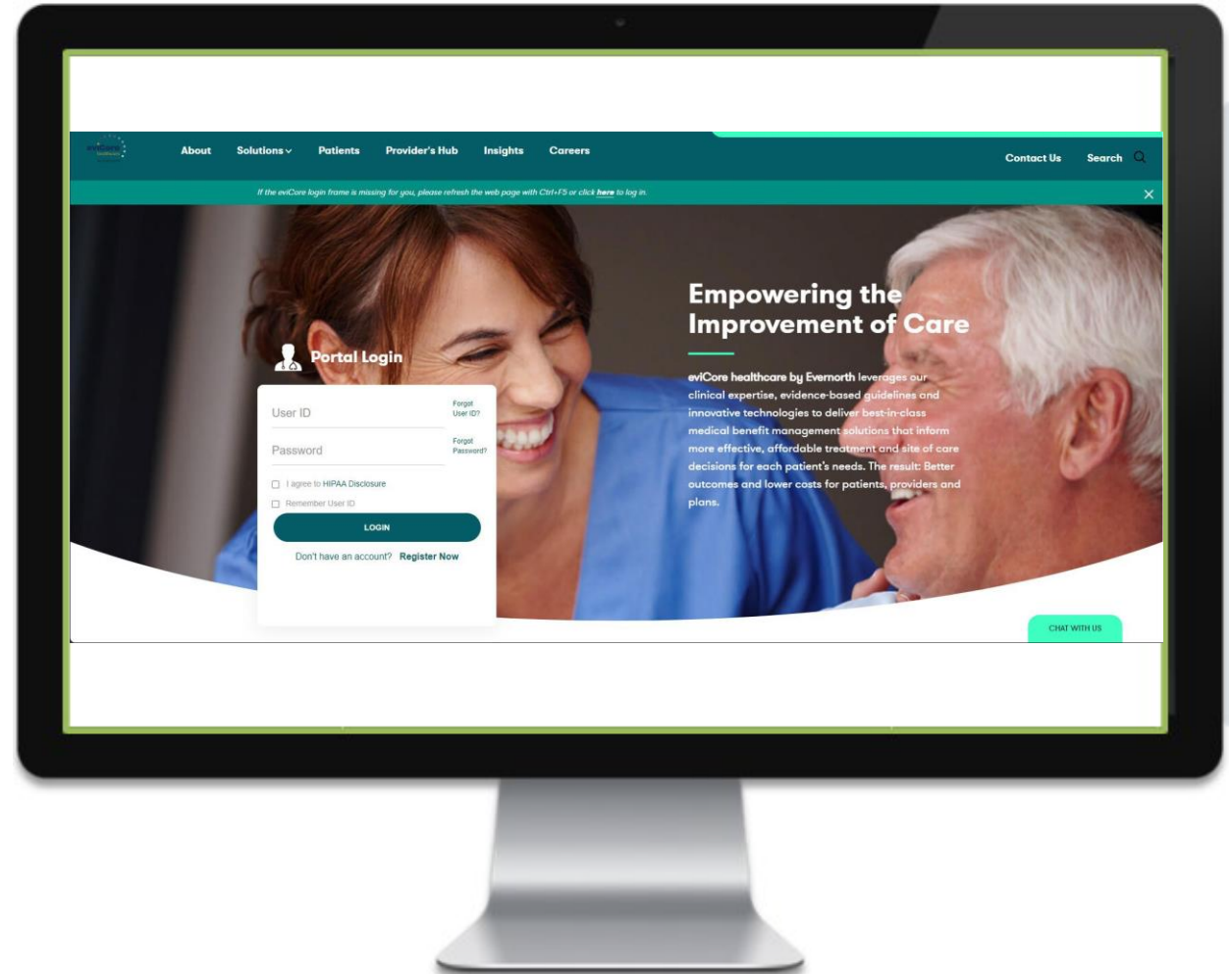
PRINT

CONTINUE

Provider Portal Demo | Radiation Oncology

The EviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status.

Click [HERE](#) to view a video demo (2 min)



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Peer-to-Peer (P2P) Scheduling Tool

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Schedule a P2P Request

If your case is eligible for a Peer-to-Peer (P2) consultation, a link will display, allowing you to proceed to scheduling without any additional messaging

1. Log-in to your account at EviCore.com
2. Perform **Clinical Review Lookup** to determine the status of your request
3. Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a Peer-to-Peer consultation
4. Note carefully any messaging that displays*

Authorization Lookup

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

P2P AVAILABILITY

A blue arrow points from the 'P2P AVAILABILITY' button to the right.

P2P AVAILABILITY [Request Peer to Peer Consultation](#)

The 'Request Peer to Peer Consultation' link is highlighted with a red border.

Authorization Lookup

Authorization Number:	NA
Case Number:	
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

A blue arrow points down from the 'Status' field to the 'ALL POST-DECISION OPTIONS' button.

*In some instances, a Peer-to-Peer consultation is allowed, but the case decision can not be changed. In such cases, you can still request a **Consultative-Only Peer-to-Peer**. You can also click on the **ALL POST-DECISION OPTIONS** button to learn what other action can be taken.

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

Schedule a P2P Request (con't.)

1. Upon first login, you will be asked to confirm your default time zone
2. You will be presented with the Case Number and Patient Date of Birth
3. Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**
4. To proceed, select **Lookup Cases**
5. You will receive a confirmation screen with patient and case information, including the Level of Review for the case in question
6. Click **Continue** to proceed

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Schedule a P2P Request (con't.)

1. You will be prompted with a list of EviCore Physicians / Reviewers and appointment options
2. Select any of the listed appointment times to continue
3. You will be prompted to identify your preferred days and times for a Peer-to-Peer consultation (all opportunities will be automatically presented)
4. Click on any **green checkmark** to **deselect** that option and then click **Continue**

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 >](#)

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...			

Schedule a P2P Request (con't.)

1. 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
2. Click **Submit** to schedule the appointment
3. You will be presented with a summary page containing the details of your scheduled appointment
4. Confirm contact details

The screenshot displays the 'Schedule' step of a P2P Request form. At the top, a progress bar shows four steps: Case Info (checked), Questions (checked), Schedule (active), and Confirmation (pending). The form is divided into two main sections: 'P2P Info' and 'P2P Contact Details'.

P2P Info: This section contains a table with the following details:

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: This section contains several input fields with blue arrows pointing to them:

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

Scheduling Summary: Below the form, a 'Scheduling' section shows a calendar icon and the text 'Scheduled'. A summary bar displays a clock icon, the date and time 'Mon 5/18/20 - 6:30 pm EDT', and a red oval containing the word 'SCHEDULED'.

Cancel or Reschedule a P2P Appointment

To cancel or reschedule an appointment:

1. Access the scheduling software and select **My P2P Requests** on the left-pane navigation
2. Select the request you would like to modify from the list of available appointments
3. When the request appears, click on the schedule link. An appointment window will open
4. 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
5. Close the browser once finished

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The screenshot shows a web interface for managing appointments. At the top, there's a header 'Appointment' with a close button. Below it, the 'Appointment Details' section shows a status of 'SCHEDULED' with an information icon, the date 'Mon 5/18/20', the time '6:30 pm EDT', and a person icon. To the right of this section is an 'Actions' dropdown menu. A blue arrow points to the 'Actions' dropdown, and another blue arrow points to the 'Cancel Appointment' option in the dropdown menu. Below the details, the 'P2P Contact Info' section contains a table with the following information:

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