RADIATION ONCOLOGY

Provider Orientation Session for Oscar

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Submitting Requests

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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 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 www.EviCore.com

Phone: 855-252-1118
Monday – Friday
7 AM – 7 PM (local time)

Fax: 800-540-2406

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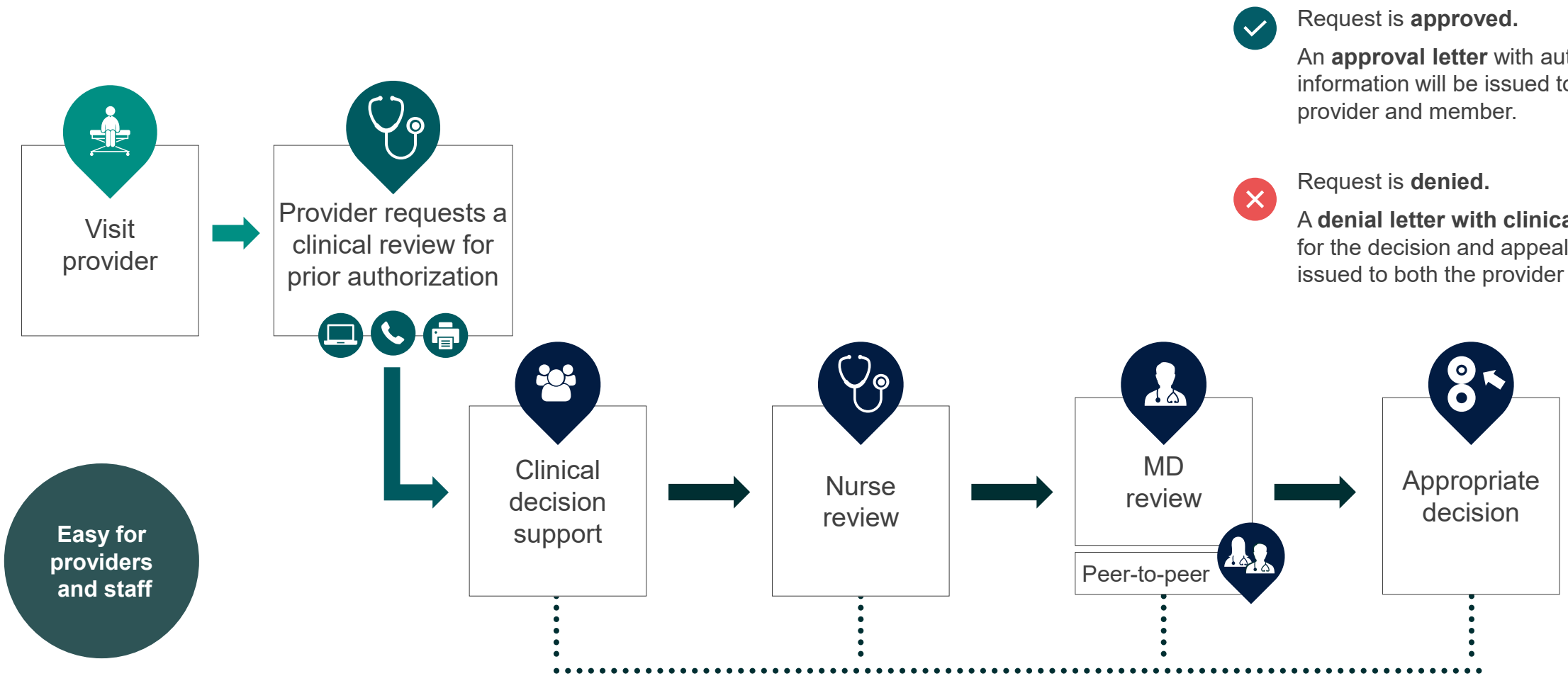
Utilization Management | Prior Authorization



Request is **approved.**

An **approval letter** with authorization information will be issued to both the provider and member.

Request is **denied.**

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

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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:

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

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

Rendering Facility
- Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- 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

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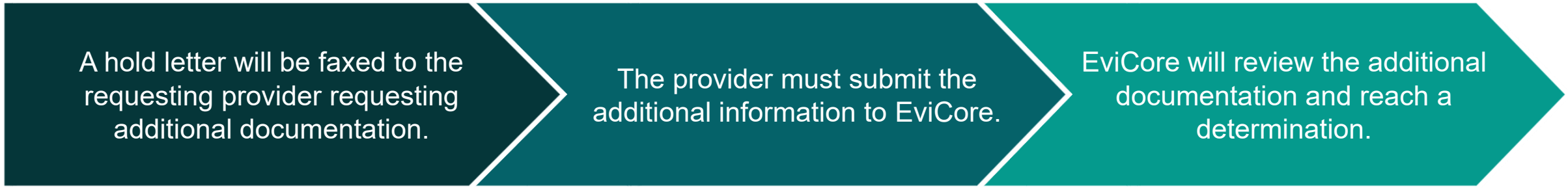
Insufficient Clinical | Additional Documentation Needed

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.

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Information needed

The following information must be provided to initiate the Lab prior authorization request:

Nonclinical information

+ Member Name and date of birth
+ Member Identification Number
+ Referring provider name and address
+ Laboratory Name and address
+ Both provider's National Provider Identification (NPI) Number
+ Phone and Fax Numbers
+ Tax Identification Number (TIN)

Clinical information

+ Details about the test being performed (test name, description and/or unique identifier)
+ All information required by applicable policy
+ Test indication, including any applicable signs and symptoms or other reasons for testing
+ Any applicable test results (laboratory, imaging, pathology, etc.)
+ Any applicable family history
+ How test results will impact patient care

EviCore requires verification elements on clinical documentation when submitted. The member's name (first and last) and one additional identifier: Member's date of birth, the member identification number or the member's driver's license number or other government-issued ID.

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Prior Authorization Outcomes, Special Considerations & Post-Decision Options

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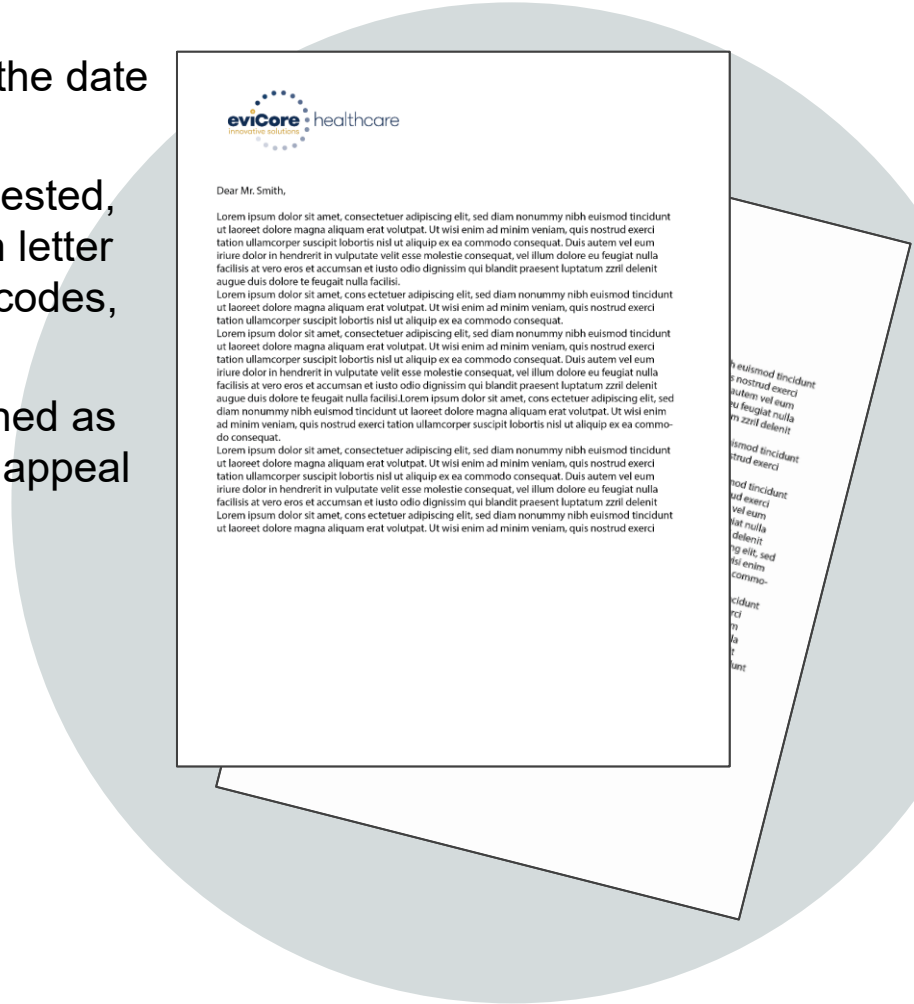
Prior Authorization Outcomes

Determination Outcomes:

- **Approved Requests:** Authorizations are valid for up to **60 calendar days** from the date of approval.
- **Partially Approved Requests:** In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved as well as post decision options for denied codes, including denied Site of Care (if applicable).
- **Denied Requests:** Based on evidence-based guidelines, if a request is determined as inappropriate, a notification with the rationale for the decision and post decision/ appeal rights will be issued.



Notifications:

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

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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 member.
- Can be initiated on provider portal or by phone.
- Urgent cases are typically reviewed within 24 to 72 hours.

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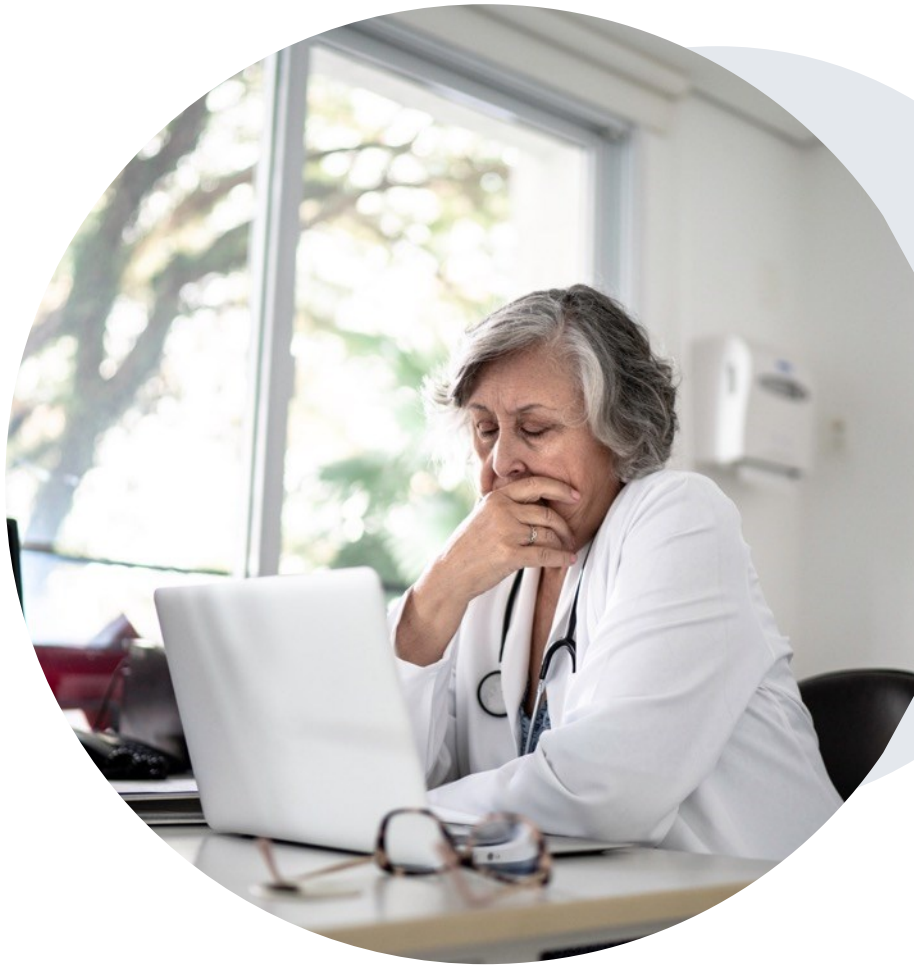
Special Circumstances

Authorization Update

- If updates are needed on an existing authorization, you can contact EviCore by phone at 855-252-1118
- 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.



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Post-Decision Options

My case has been denied. What's next?

Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied.

You may also call EviCore at **888-333-8641** to speak with an agent who can provide available option(s) and instruction on how to proceed.

Alternatively, select "All Post Decisions" under the authorization lookup function on **EviCore.com** to see available options.

Reconsiderations

- Reconsiderations must be requested within 7 business days after the determination date.
- Reconsiderations can be requested verbally via a Clinical Consultation with an EviCore physician.

Appeals

- EviCore will process first-level appeals.
- Requests for appeals must be submitted in writing to eviCore **within 180 days** of the initial determination.
- A written notice of the appeal decision will be **mailed** to the member and **faxed** to the provider.

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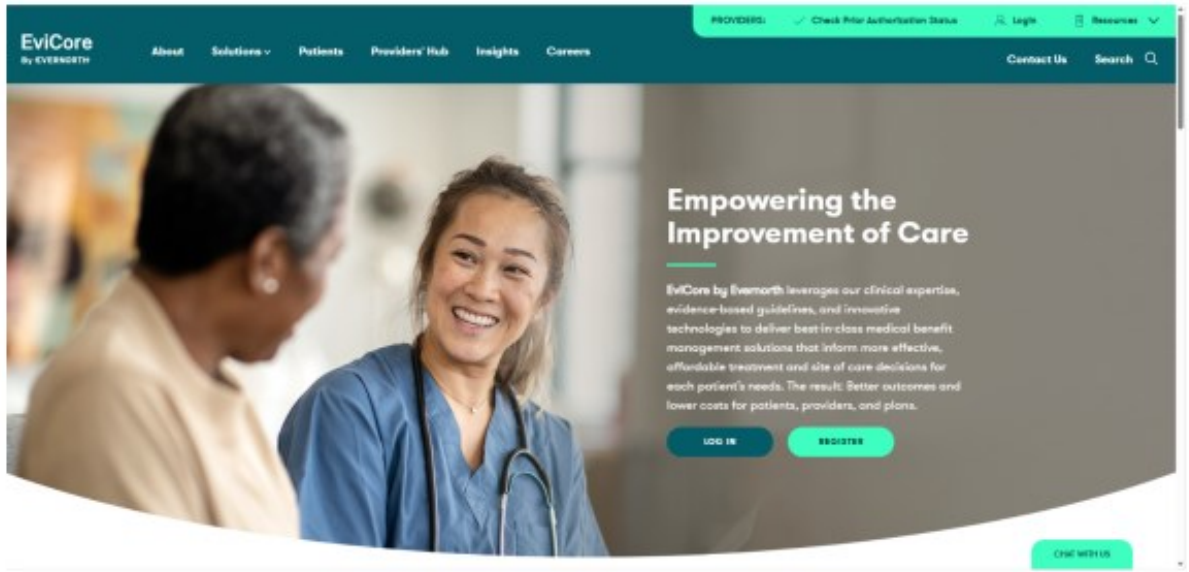
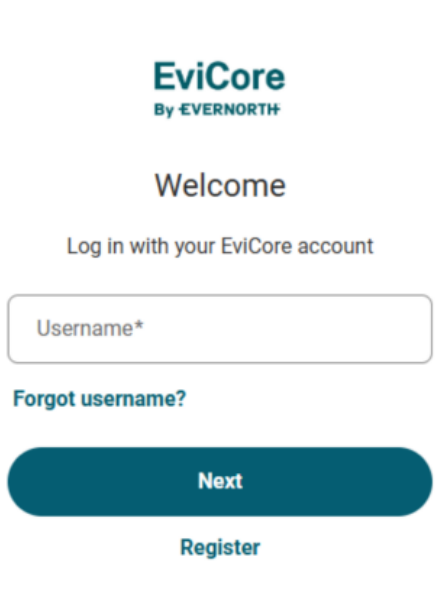
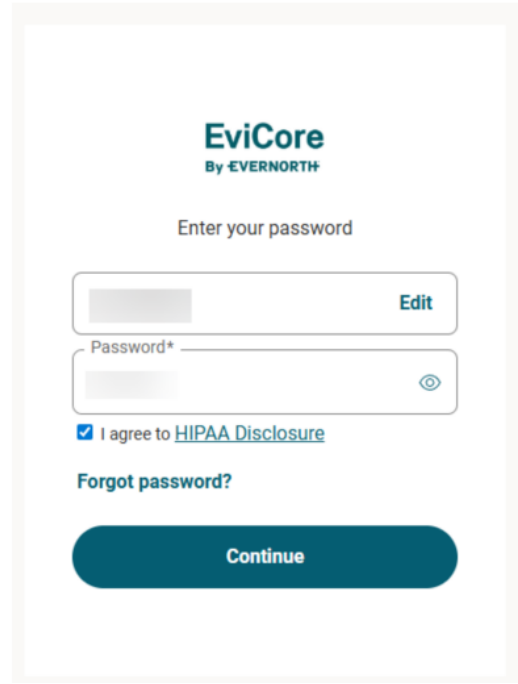
Provider Experience – Case Submission



Providers will log in through the eviCore healthcare portal





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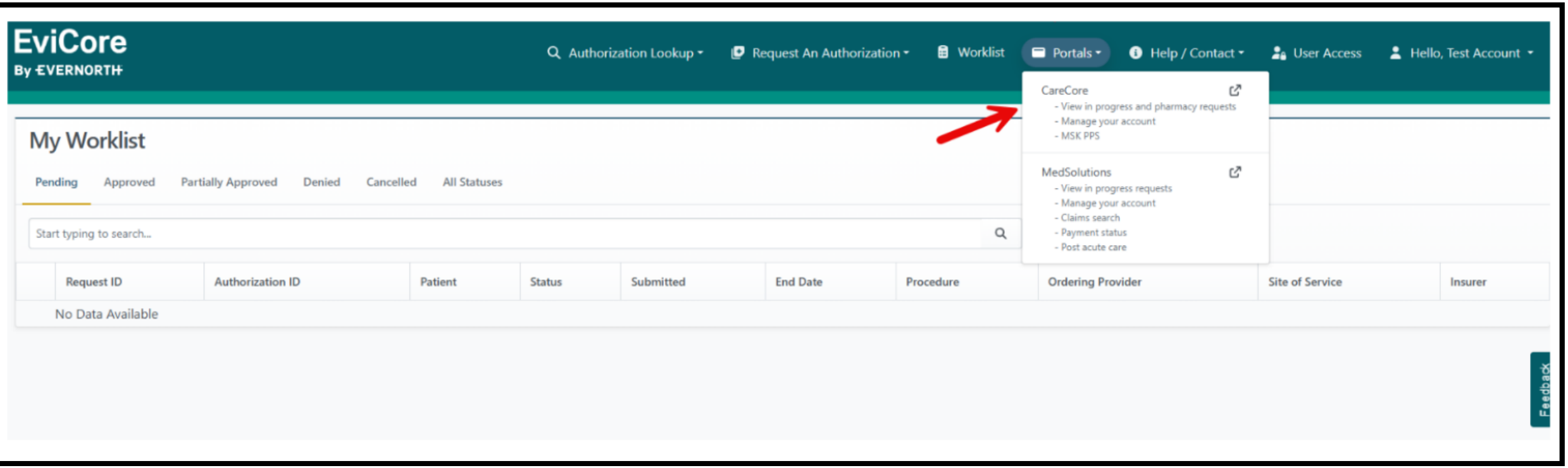
Provider Experience – Case Submission

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



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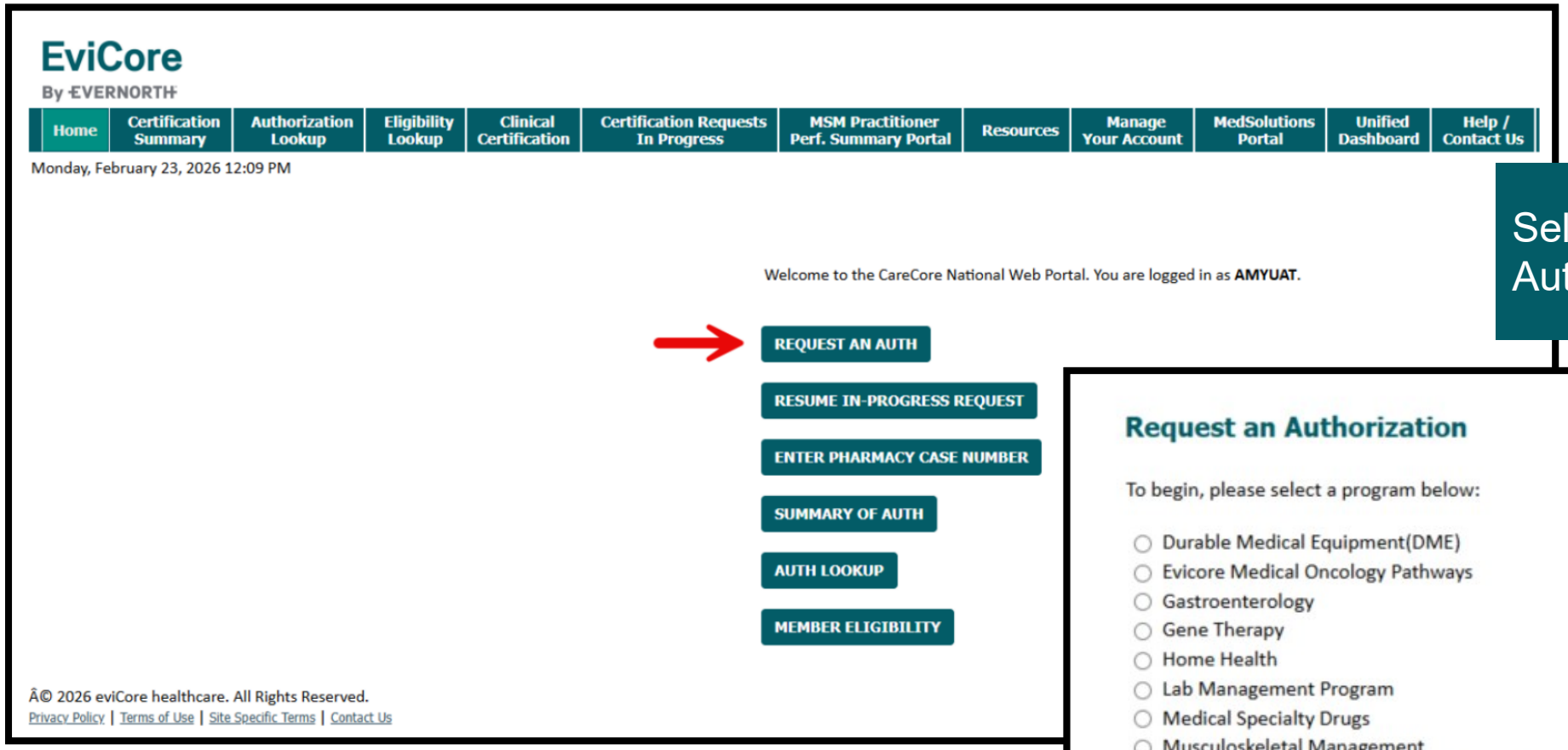
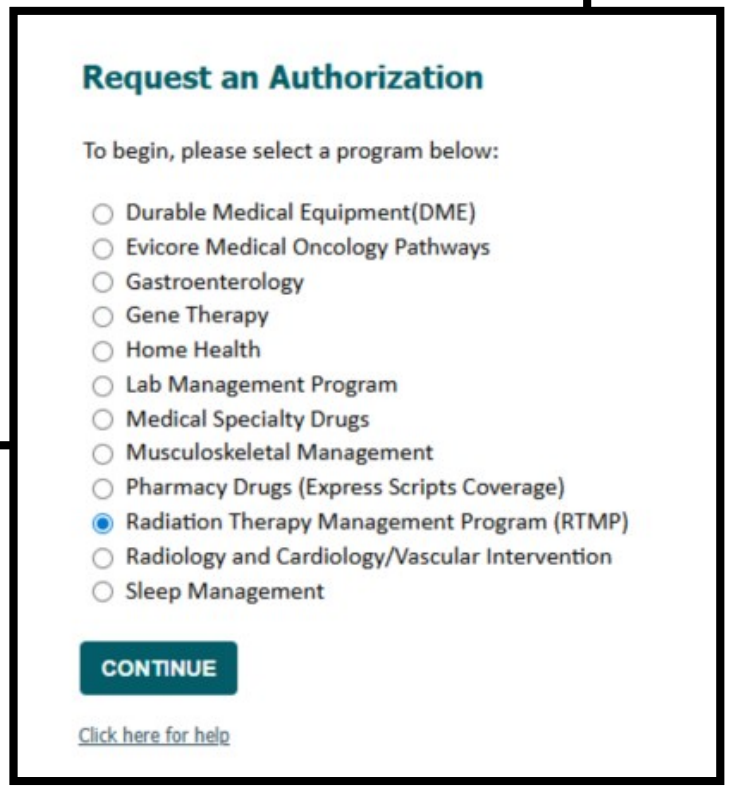
Provider Experience – Case Submission



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



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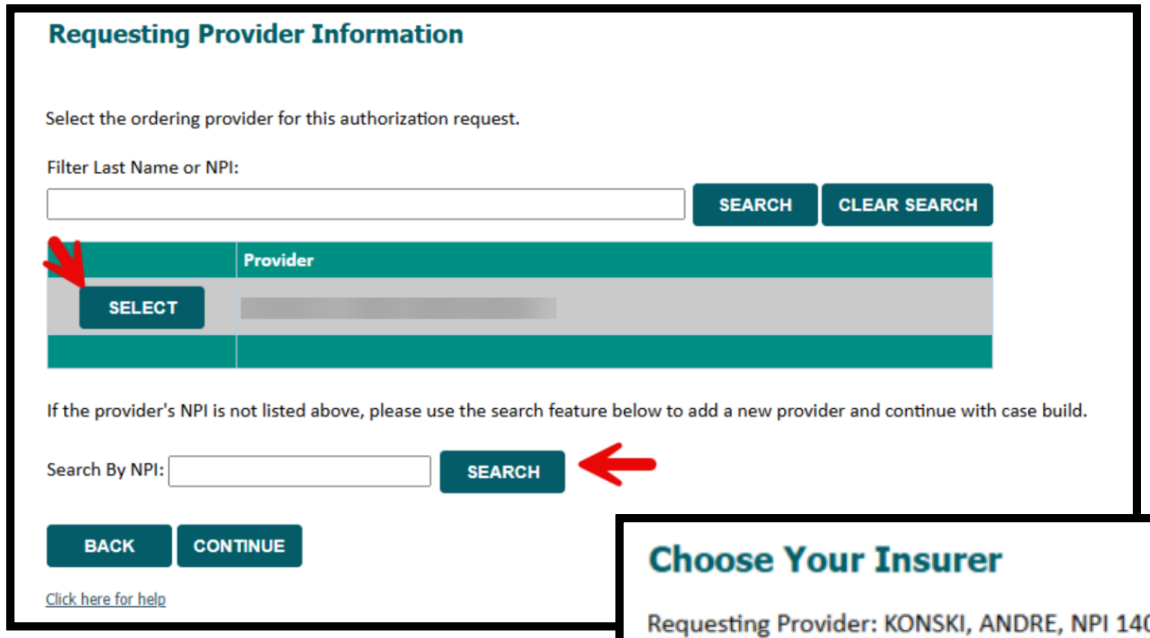
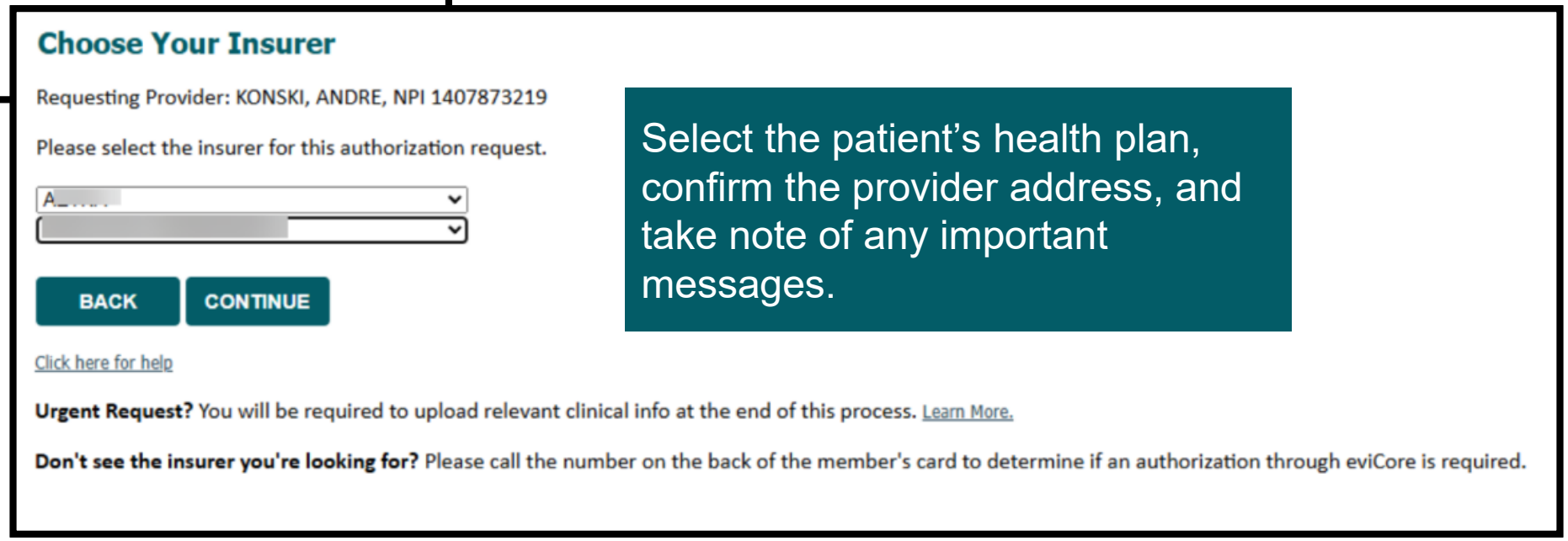
Provider Experience – Case Submission



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



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

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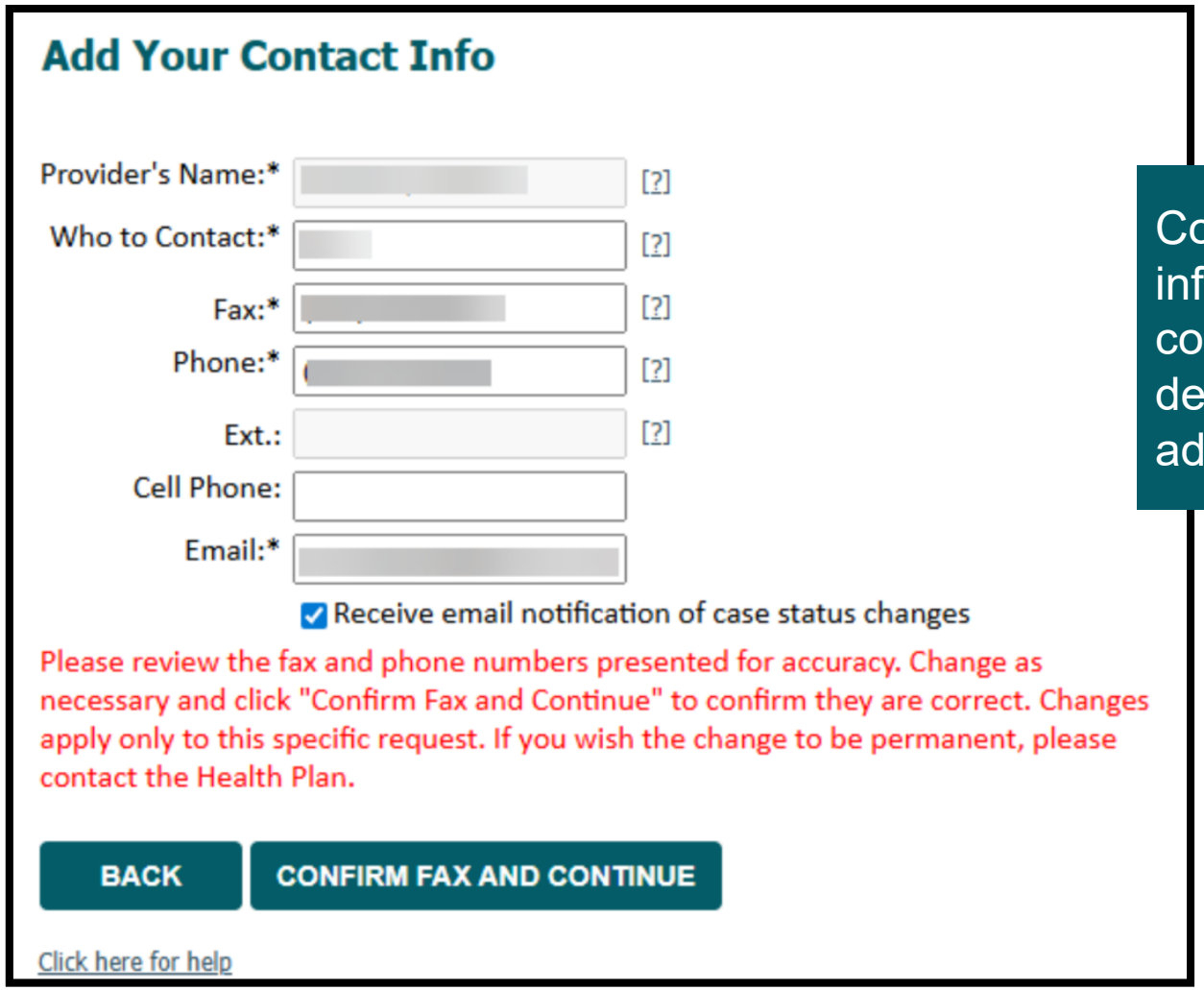
Provider Experience – Case Submission



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

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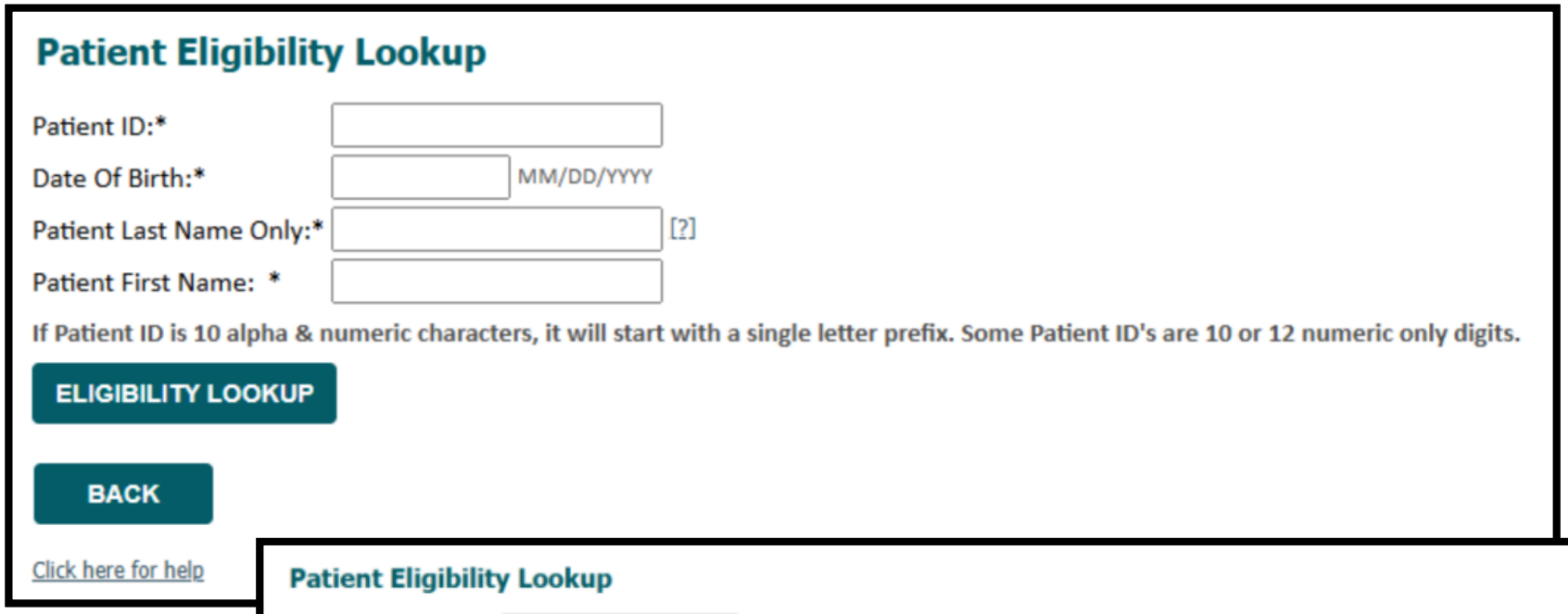
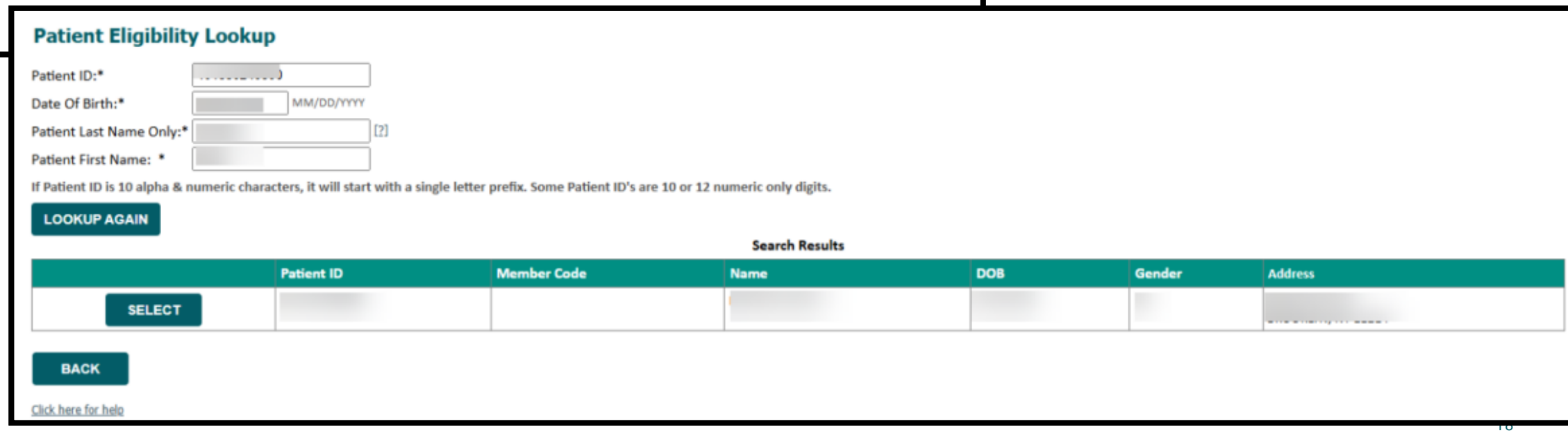
Provider Experience – Case Submission



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.



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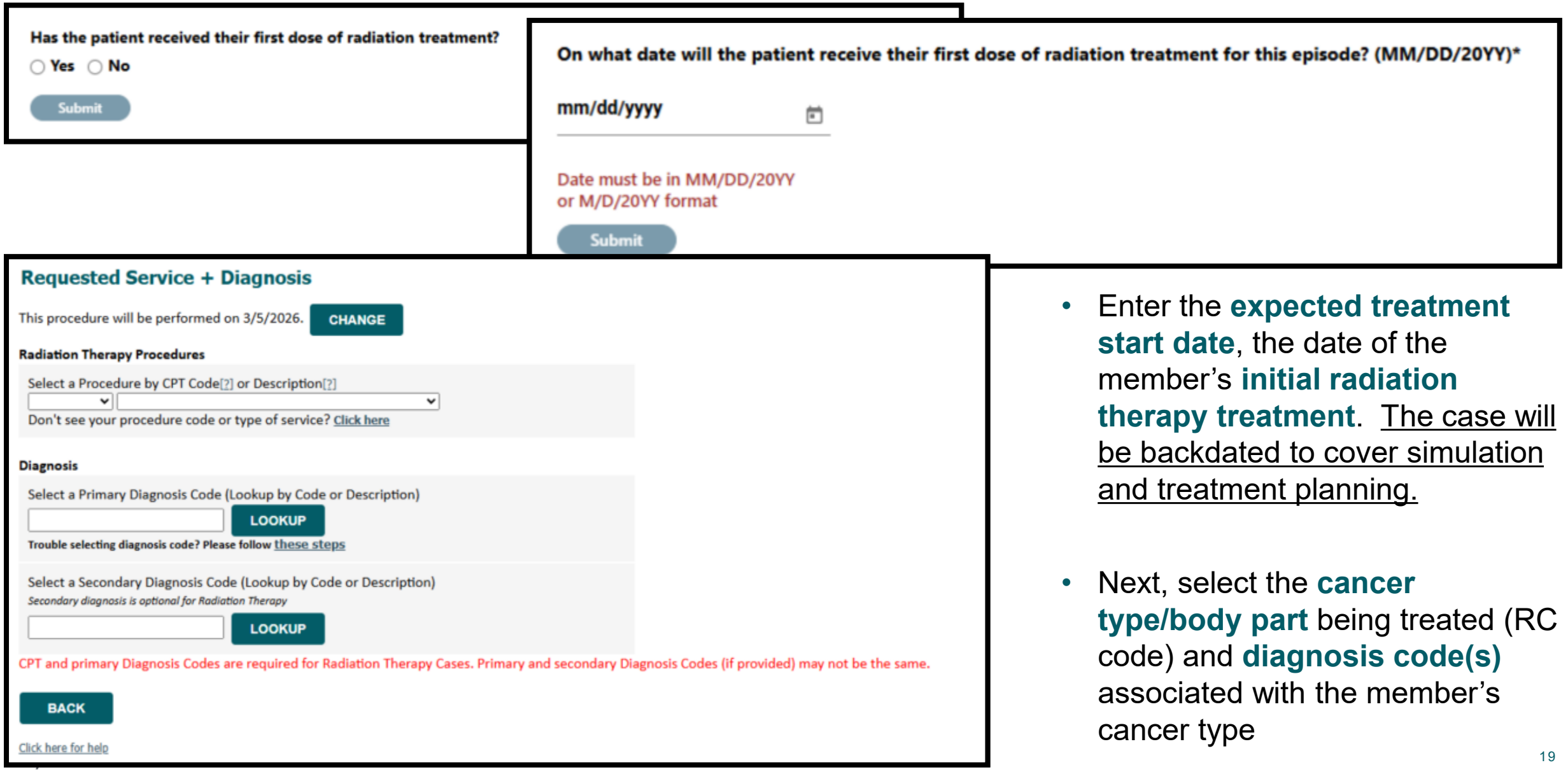
Clinical Certification Request



- Enter the **expected treatment start date**, the date of the member's **initial radiation therapy treatment**. <u>The case will be backdated to cover simulation and treatment planning.</u>

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

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Clinical Certification Request

- 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

- 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.

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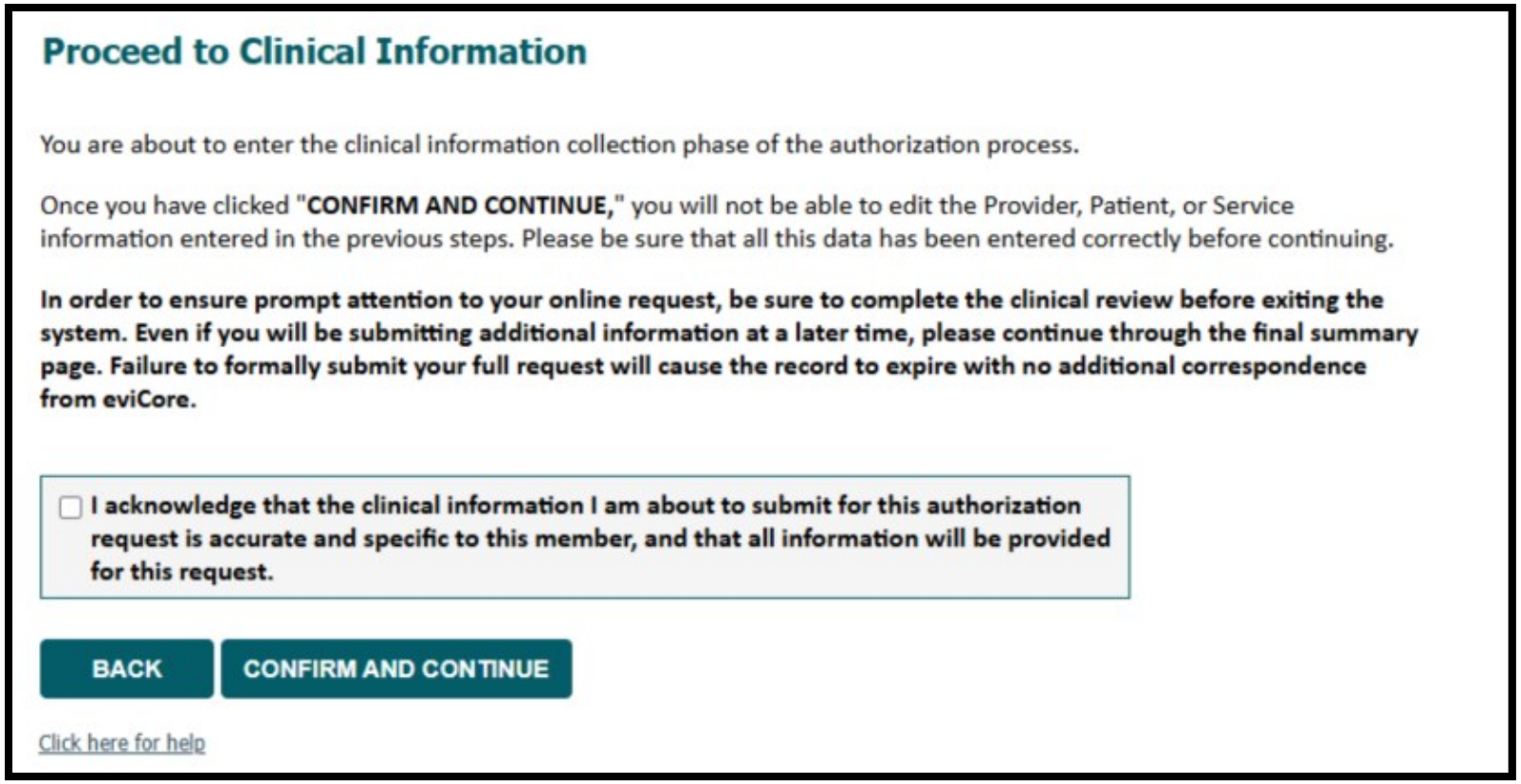
Clinical Certification Request – Clinical Certification



- 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.**

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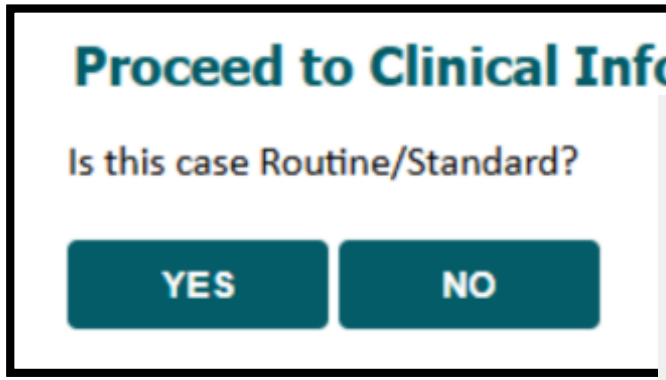
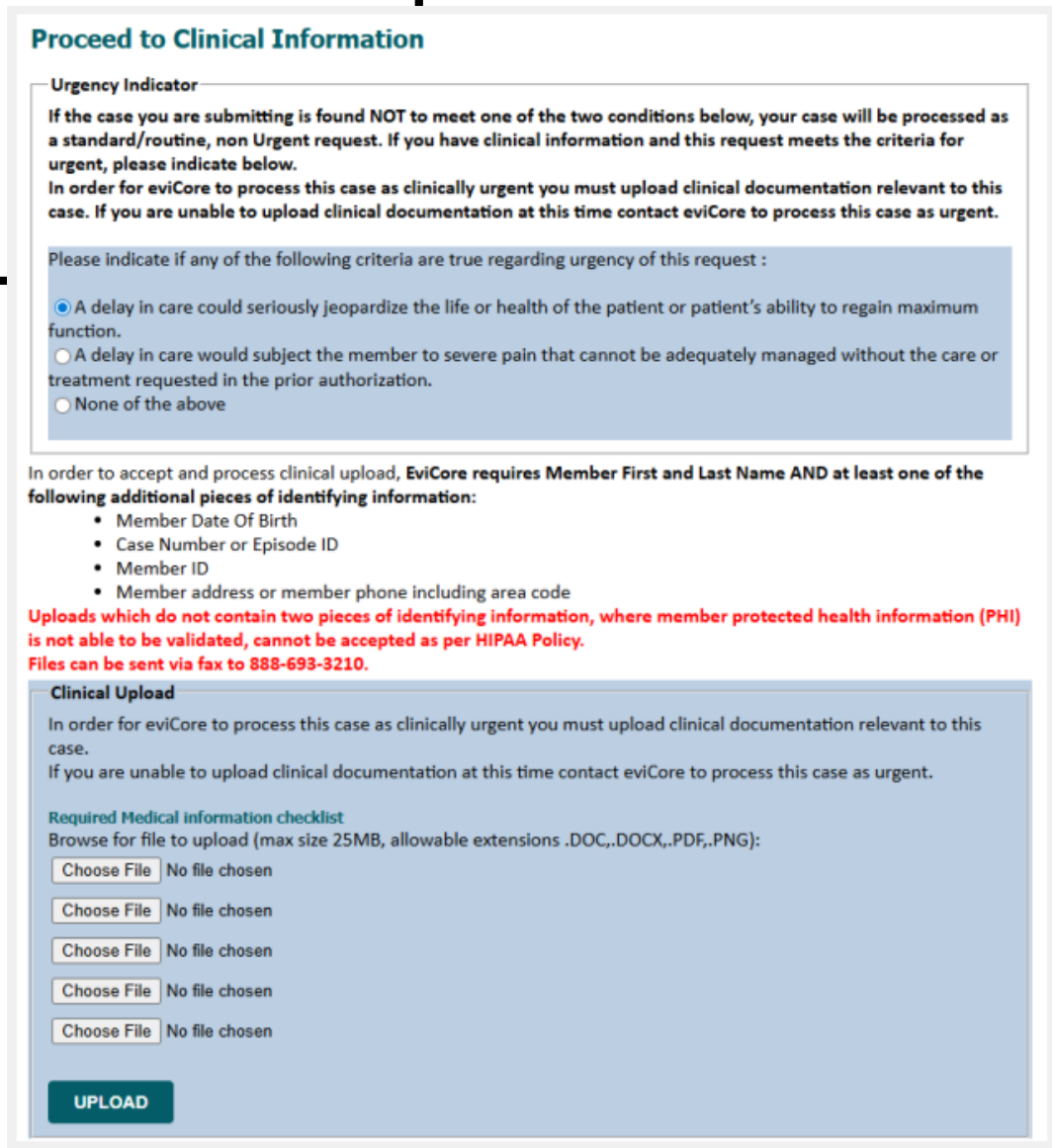
Clinical Certification Request – Standard or Urgent Request





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; max 5MB size)

Your case will only be considered urgent if there is a successful upload.

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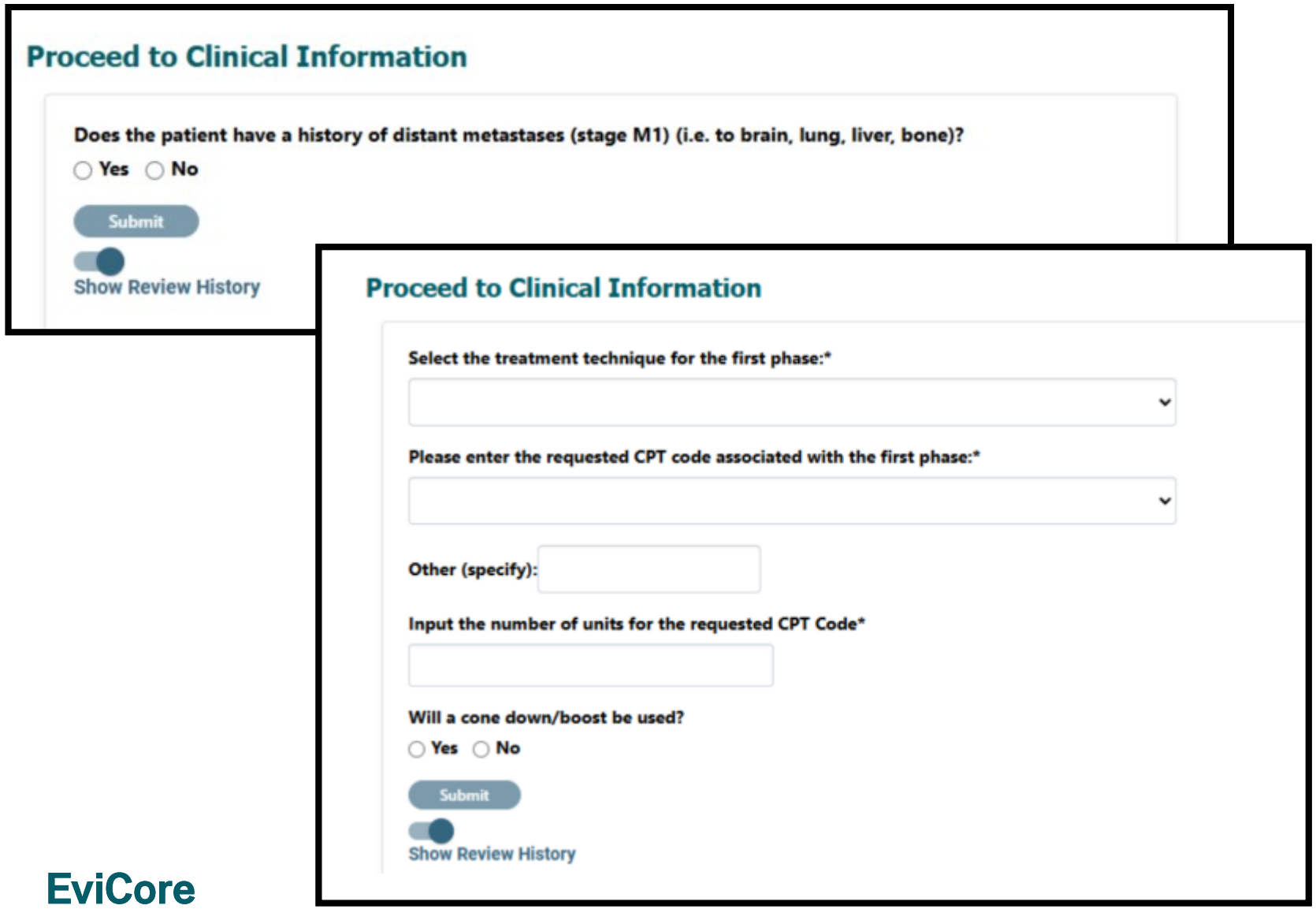
Clinical Certification Request – Proceed to Clinical Information



- **Clinical Certification** questions may populate based upon the information provided in previous questions.
- **Physician worksheets** located on www.EviCore.com 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**.

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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: RCPROS
Authorization Number:
Case Number:
Review Date: 2/23/2026 2:53:45 PM
Expiration Date: 8/8/2026
Status:
Description: Malignant neoplasm of prostate
Description:
Description: Prostate Adenocarcinoma

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 A265897735, 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

Feedback

- 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**.

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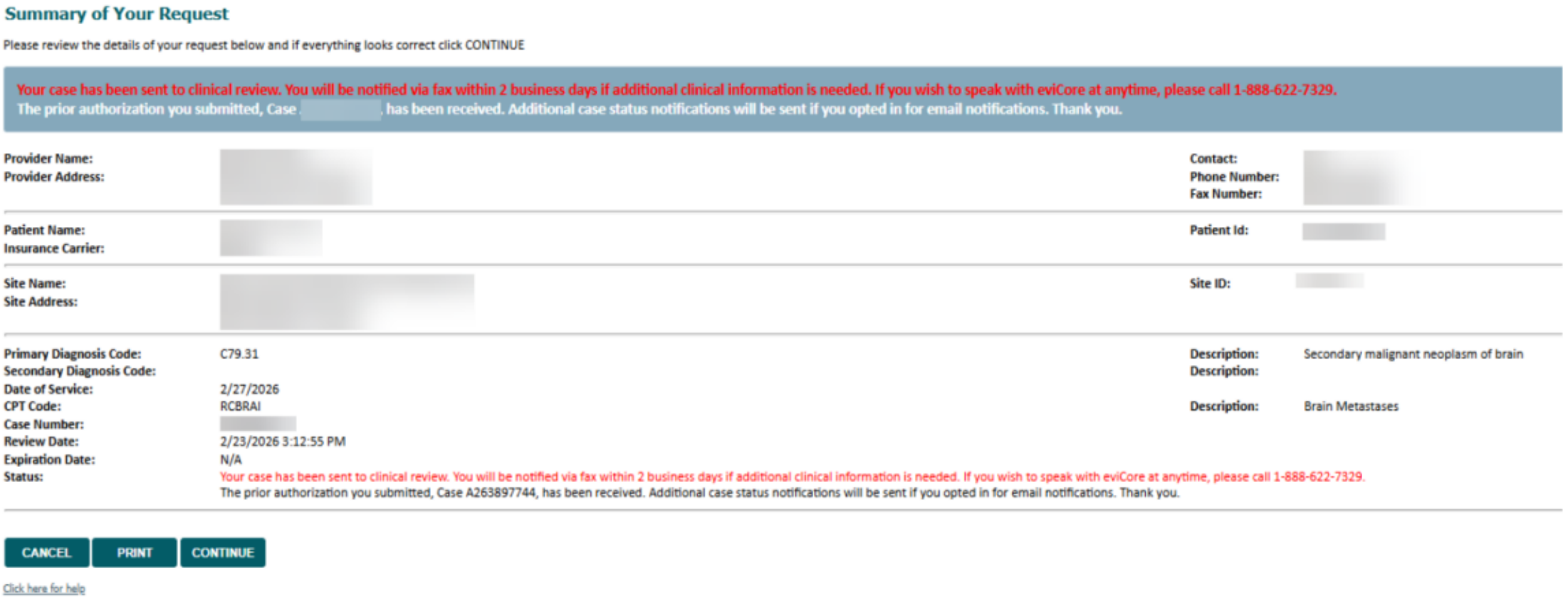
Provider Experience – Case Submission



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:		Phone Number:	
		Fax Number:	
Patient Name:	[redacted]	Patient Id:	[redacted]
Insurance Carrier:			
Site Name:	[redacted]	Site ID:	[redacted]
Site Address:			
Primary Diagnosis Code:	C79.31	Description:	Secondary malignant neoplasm of brain
Secondary Diagnosis Code:		Description:	
Date of Service:	2/27/2026		
CPT Code:	RCBRAI	Description:	Brain Metastases
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**.

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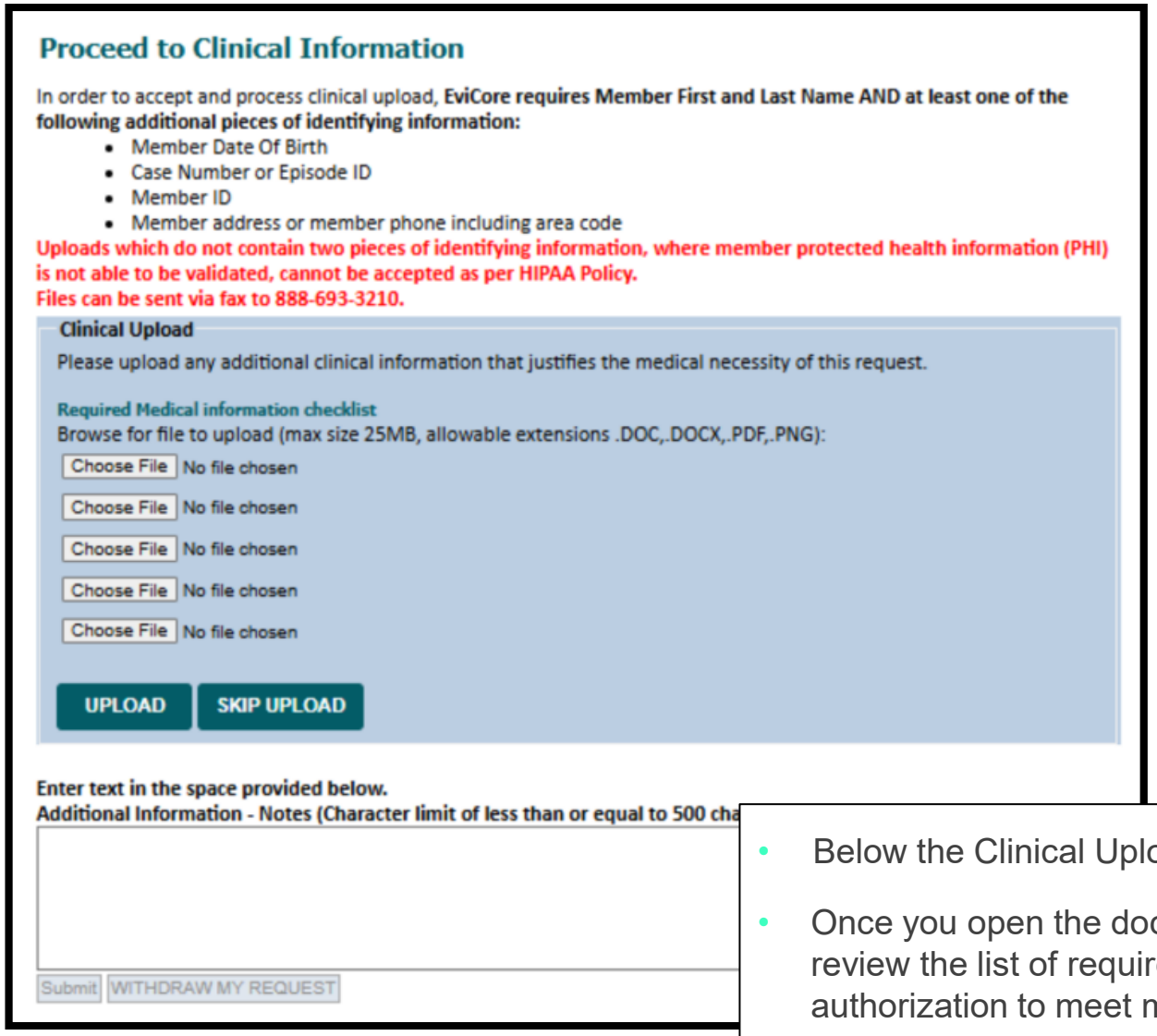
Clinical Certification Request – Required Medical Checklist



- 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)]

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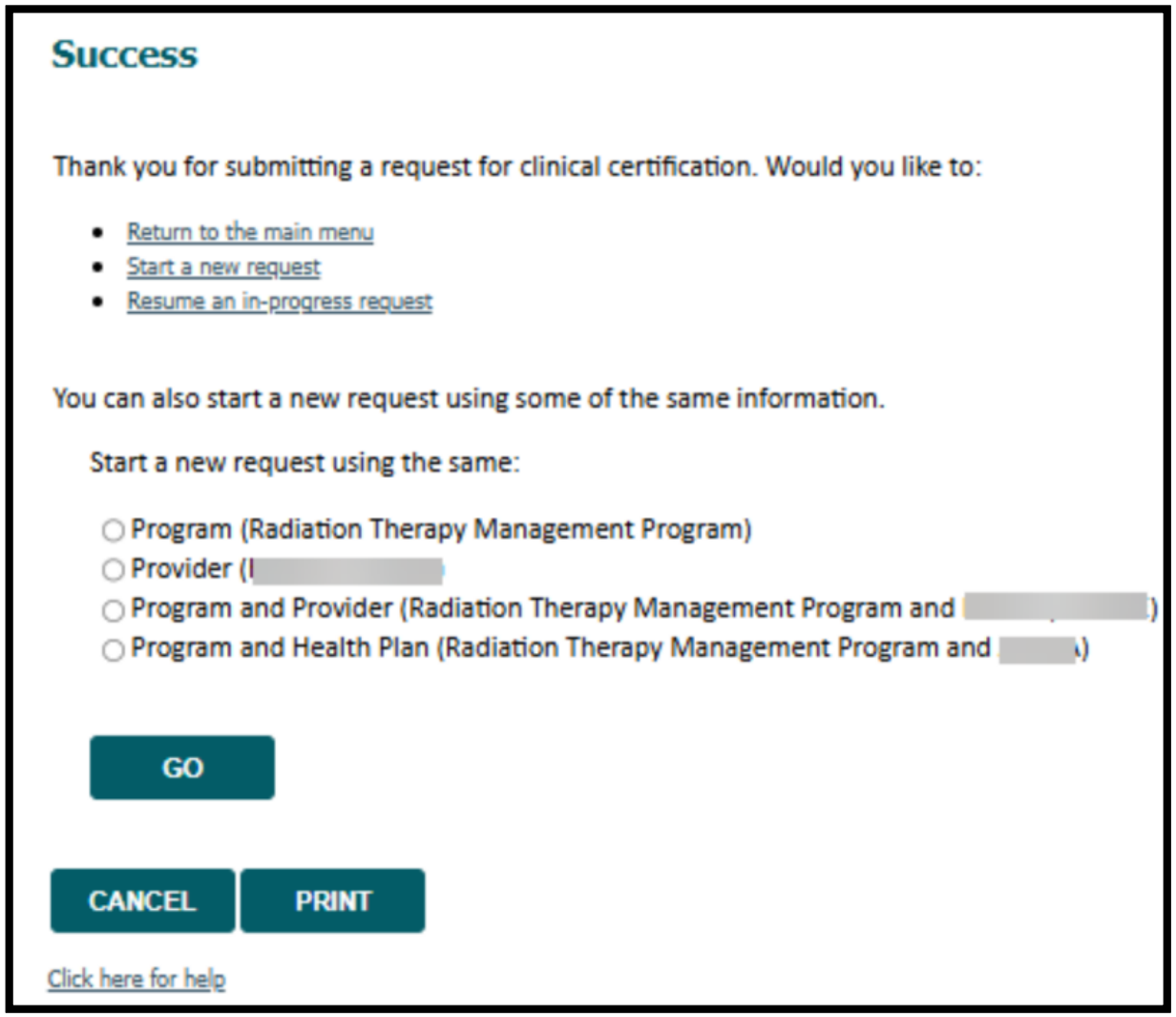
Provider Experience – Case Submission



- 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.

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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 re-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

ECRM is available **24/7**. Users can login or register **HERE**.

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Provider Resource Website

ECRM Support

- Email: ECRMSupport@EviCore.com

Provider Resource Pages

EviCore's Provider Experience team maintains provider resource pages that contain specific Sleep Diagnostic educational materials to assist providers and their staff on a daily basis. The provider resource page will include, but is not limited to, the following educational materials:

- Provider Training
- CPT code list(s)
- Quick Reference Guide (QRG)
- Frequently Asked Questions (FAQ) Document

To access these helpful resources, please visit:

https://www.EviCore.com/resources
(Choose specific health plan from the dropdown menu)

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

To access these helpful resources, visit EviCore's Providers' Hub.

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Ongoing sessions for Web Portal Training

- Provides step-by-step guidance on submitting requests through both the EviCore CareCore National platform and EviCore MedSolutions platform.
- Includes portal registration, authorization lookup, and scheduling Peer-to-Peer consultations.

Register for Provider Sessions:

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

EviCore Online Provider Resources Review Forum

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

We invite you to attend an **Intro to EviCore Online Resources** to learn how to navigate EviCore's web site and understand all the non-health plan specific resources available on the Provider's Hub.

Included is a broad overview of registering and using the EviCore portal. This is great for those new to Evicore.com and the prior authorization process.

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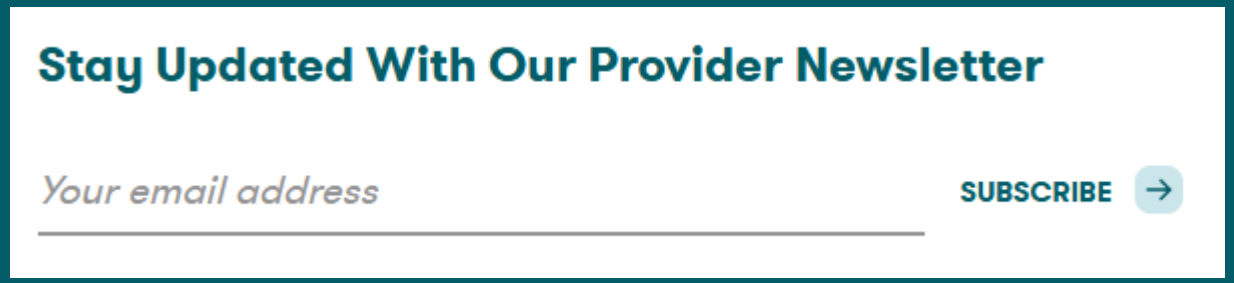
EviCore's Provider Newsletter

Stay up to date with our free provider newsletter!

To subscribe:

- Visit **EviCore.com**.
- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**.
- Enter a valid email address



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Thank You

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Appendix

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Peer-to-Peer (P2P) Scheduling Tool

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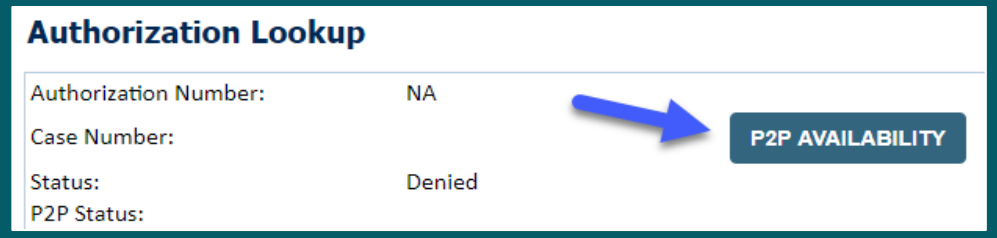
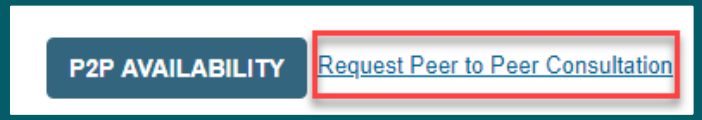
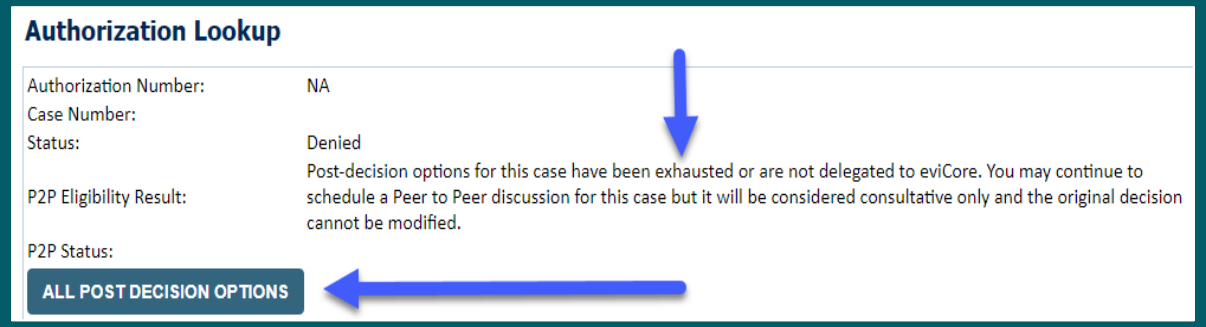
Schedule a P2P

If your case is eligible for a Peer-to-Peer (P2P) 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.*







*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.

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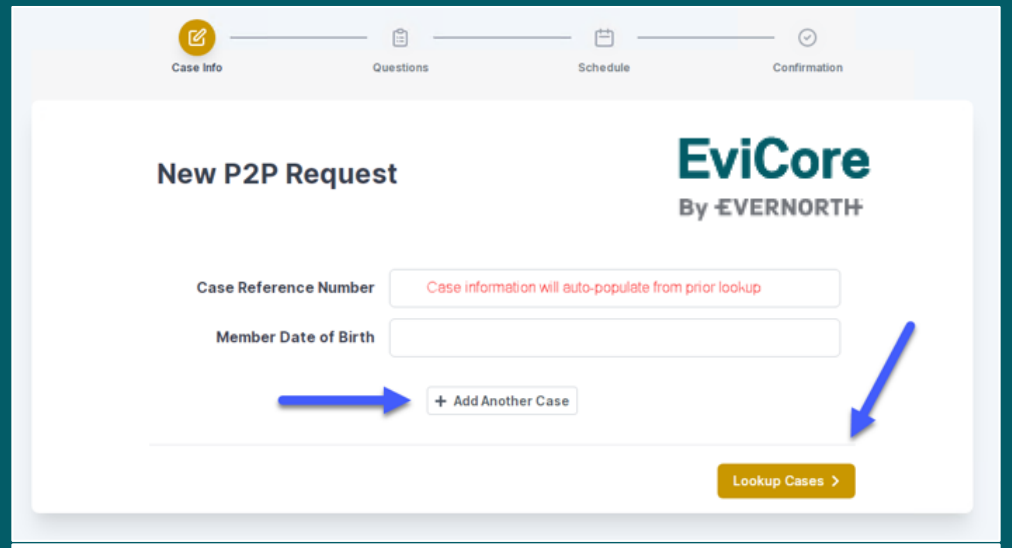
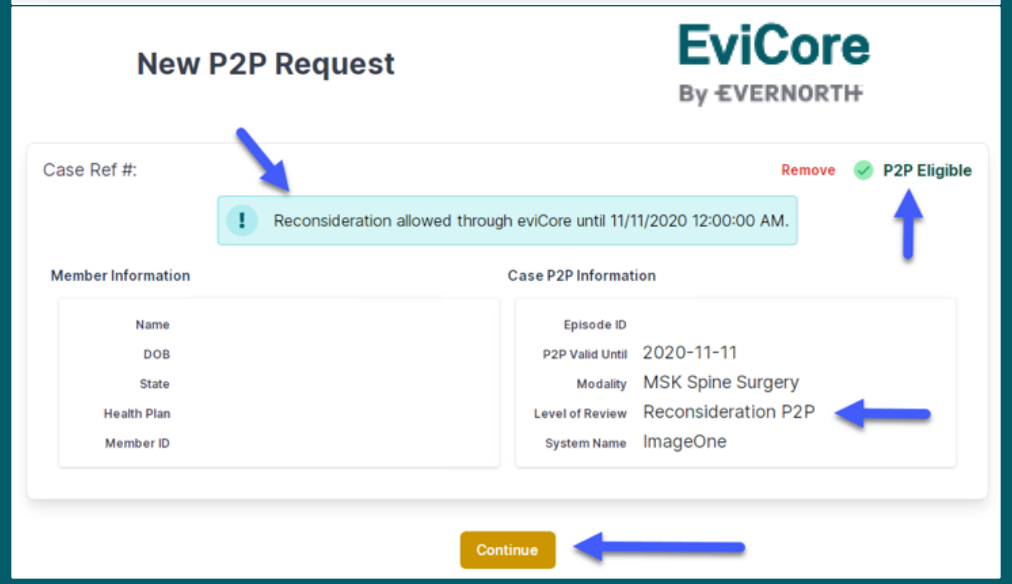
Schedule a P2P

1. Upon first login, you will be asked to confirm your default time zone.
2. You will be presented with the case number and member 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 member and case information, including the level of review for the case in question.
6. Click **Continue** to proceed.





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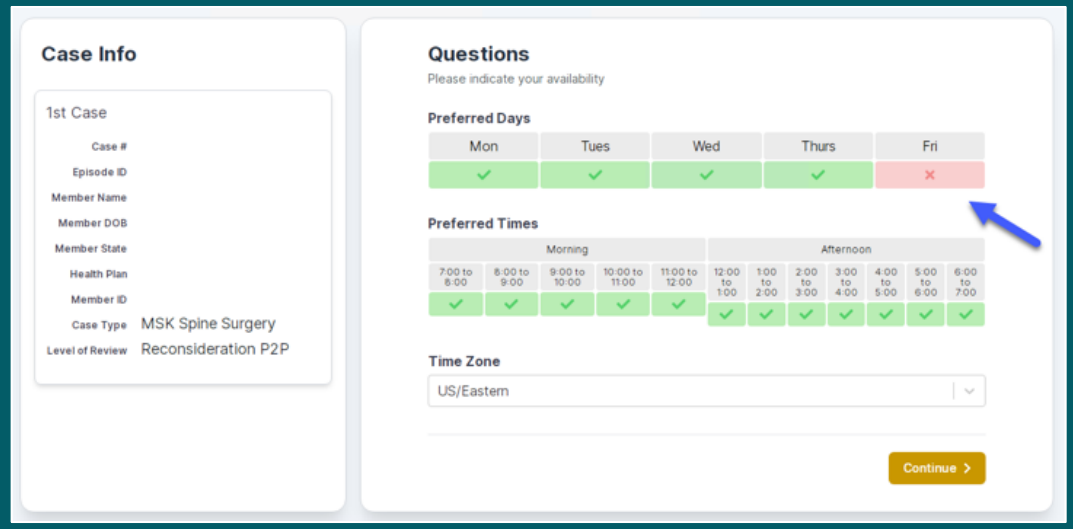
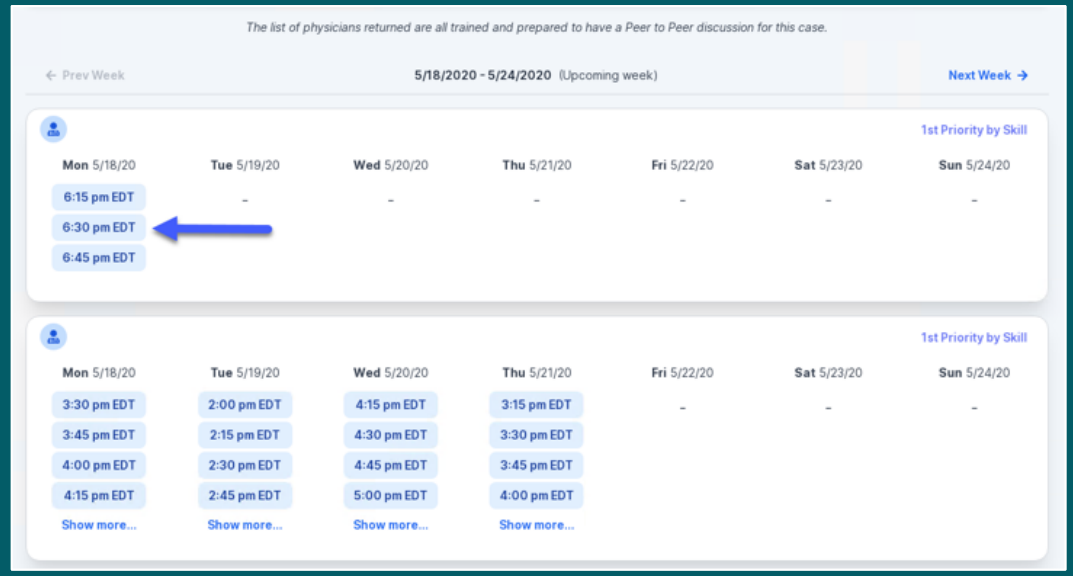
Schedule a P2P

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, then click **Continue**.





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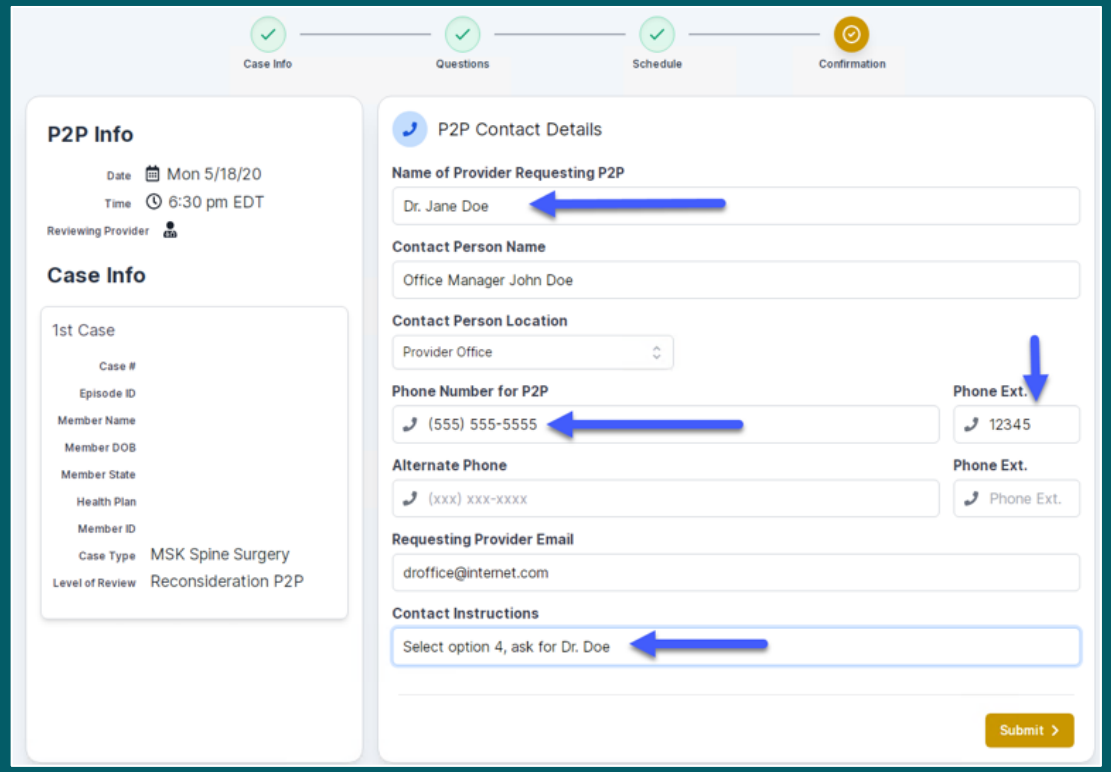
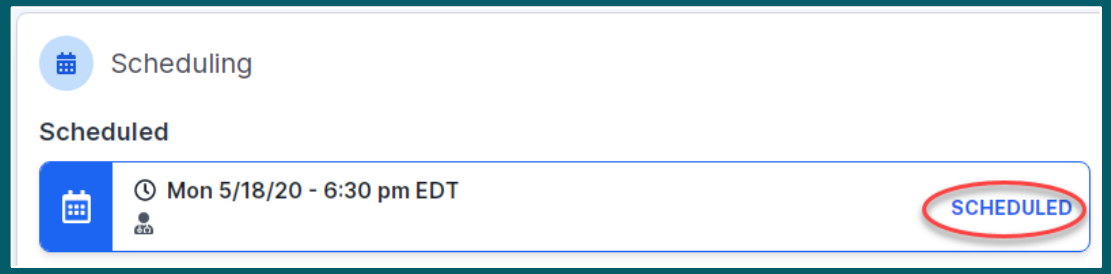
Schedule a P2P

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.





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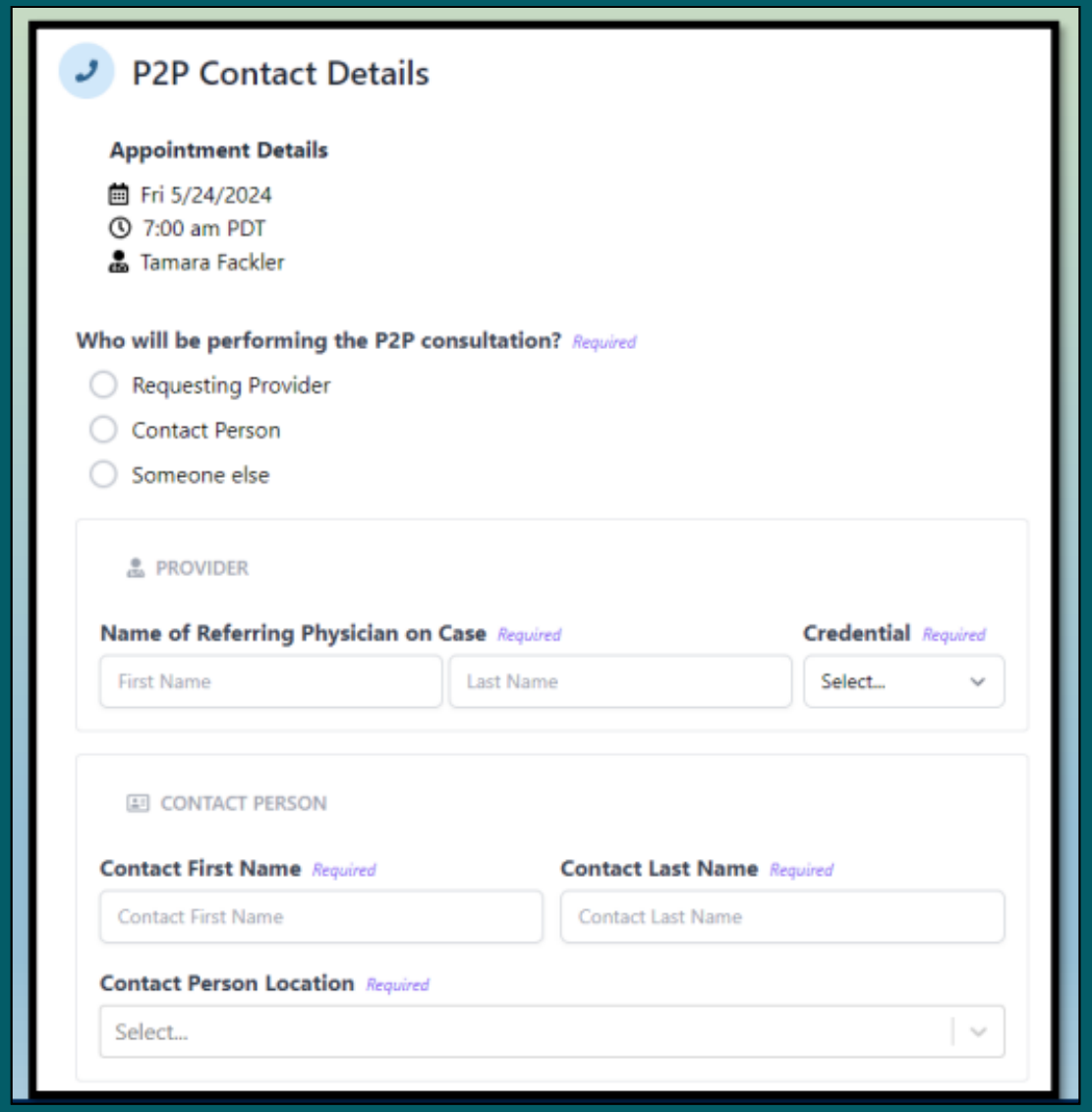
P2P Contact Details

1. Use the radio button option to select who will perform the P2P with the EviCore Medical Director.
2. Open fields will manually open to input the provider's first, last name, and their credential.



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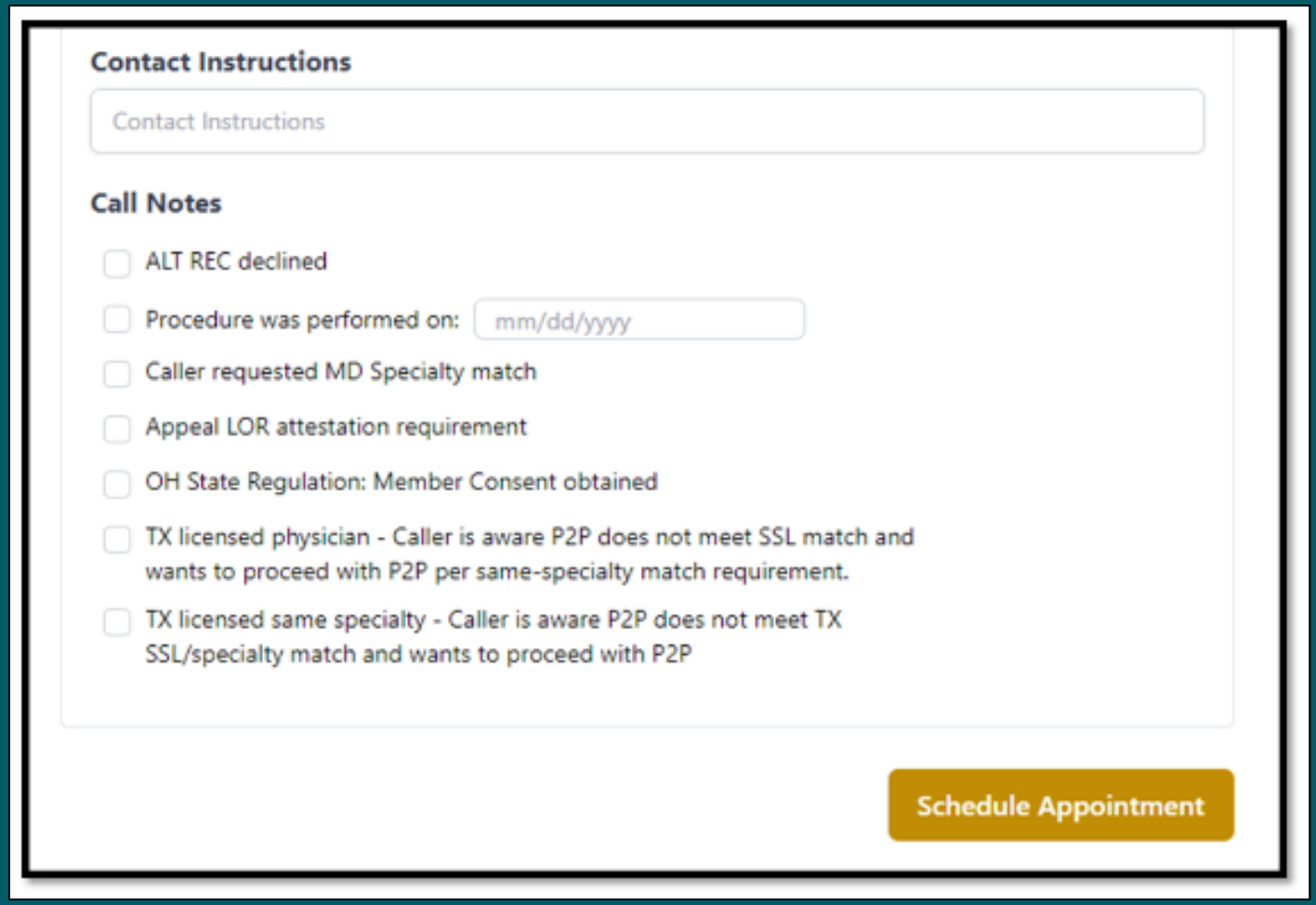
Call Notes

1. Use the radio button to select options if applicable.
2. If “Procedure was performed on” is selected, then the date is required.



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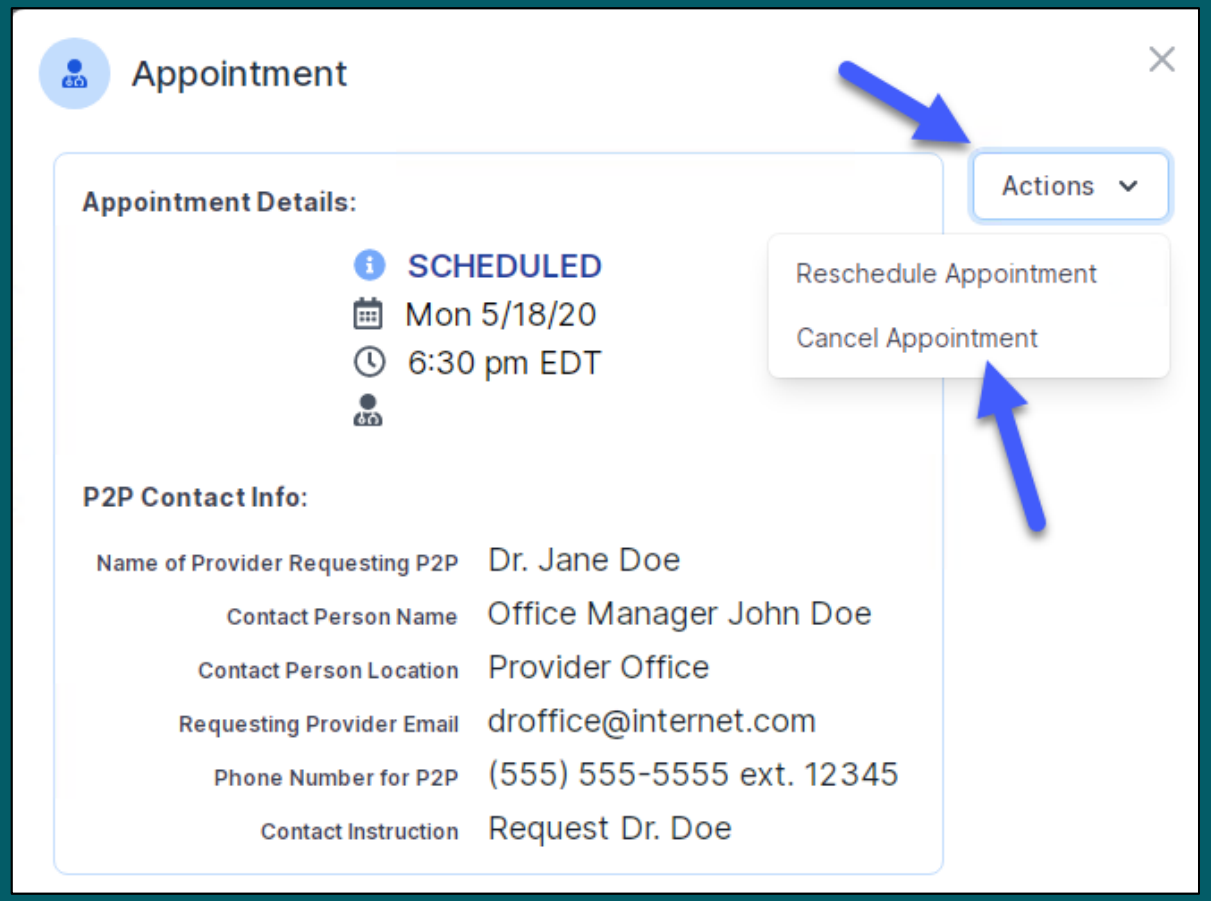
Cancel or Reschedule a P2P Appointment

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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