

Medical Oncology

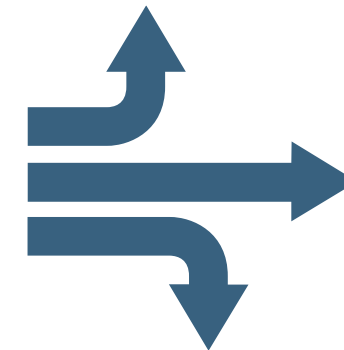
Provider Orientation Session for WPS

+Evidence-Based Guidelines

The foundation of our solutions

National Comprehensive
Cancer Network®
(NCCN)

26 of the World's
Leading Cancer
Centers Aligned



**EviCore Guideline
Management**

Inclusive of
45
cancer types

Continually
Updated

Represents
97%
of all cancers

EviCore

By EVERNORTH
Internal Information

Program Overview

EviCore

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Internal Information

+WPS Prior Authorization Services

+EviCore healthcare (EviCore) will begin accepting prior authorization requests for **Medical Oncology services** on January 30th 2023, for dates of service February 1, 2023 for commercial membership effective February 1, 2023.

Applicable Membership:

- Commercial – Fully Insured
- Commercial – Self Insured

Prior authorization applies to the following services:

- Outpatient Treatment, including Diagnostic
- Infusion and Injectable Chemotherapy
- Supportive Medications given with Chemotherapy under the Medical Benefits

Prior authorization does NOT apply to services performed in:

- Emergency Rooms
- Observation Services
- Inpatient Stays*
- Clinical Trials

It is the responsibility of the **ordering** to request prior authorization approval for services.

*EviCore may review inpatient requests related to CAR-T Therapy in the near future.



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+Medical Oncology Solution

Covered Regimens:

- Infused, oral, self-administered drugs
- Supportive agents
- Companion diagnostics / precision medicine



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+Information needed for Prior Authorizations

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

1. Member

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

FYI: Currently, no site selection is required.



2. Referring (Ordering) Physician

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

3. Supporting Clinical

- Patient's clinical presentation.
- Diagnosis Codes.
- Type and duration of treatments performed to date for the diagnosis

Disease-Specific Clinical Information:

- ✓ Diagnosis at onset
- ✓ Stage of disease

- ✓ Clinical presentation
- ✓ Histopathology
- ✓ Comorbidities
- ✓ Patient risk factors
- ✓ Performance status

- ✓ Genetic alterations
- ✓ Line of treatment

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+Clinical Information Needed

If clinical information is needed, please be able to supply the following information:

- Patient's clinical presentation.
- Diagnosis Codes.
- Type and duration of treatments performed to date for the diagnosis
- Disease-Specific Clinical Information:
 - ✓ Diagnosis at onset
 - ✓ Stage of disease
 - ✓ Clinical presentation
 - ✓ Histopathology
 - ✓ Comorbidities
 - ✓ Patient risk factors
 - ✓ Performance status
 - ✓ Genetic alterations
 - ✓ Line of treatment



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+Methods to Submit Prior Authorization Requests

EviCore.com (Preferred)

+EviCore.com is the quickest, most efficient way to request prior authorization and check authorization status, and it's available 24/7

Prior Auth call center:
800-475-1954 (Option 3)

7:00 a.m. to 7:00 p.m. Central Time
Monday - Friday

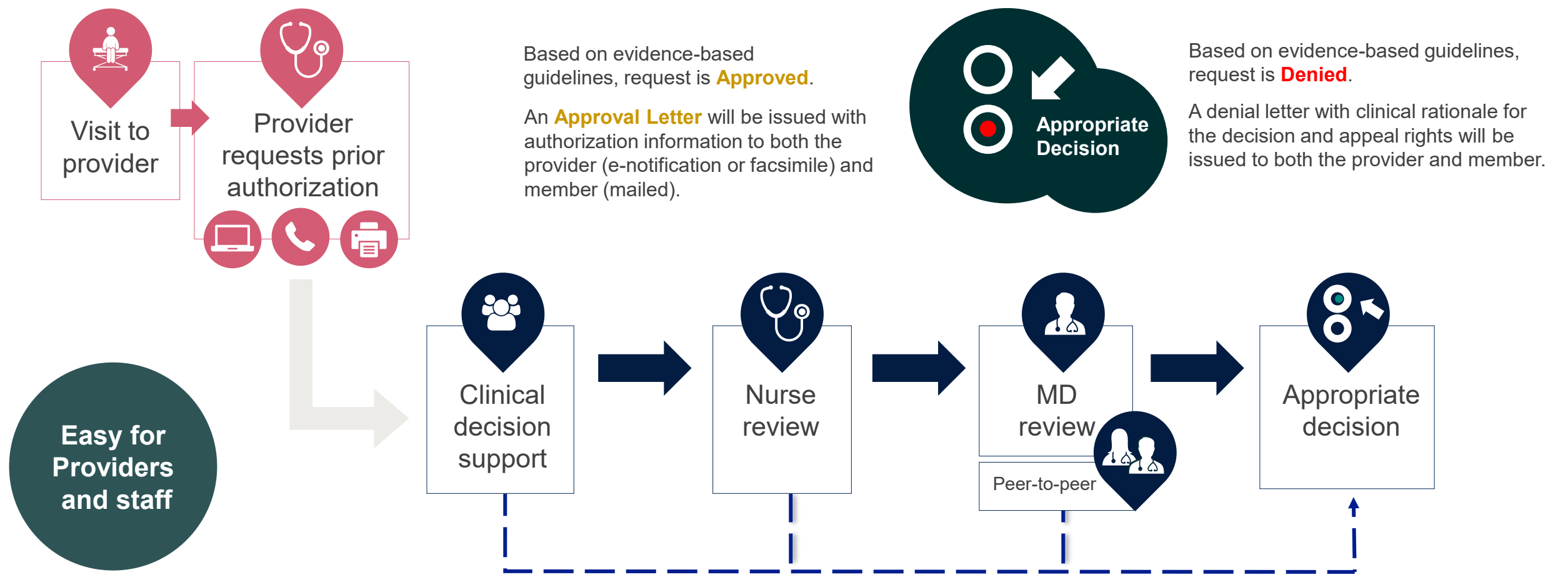
Fax Number:
800-540-2406 - Additional clinical information only



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+Utilization Management – the Prior Authorization Process



+Prior Authorization Outcomes

Determination Outcomes:

- **Approved Requests:** Authorizations vary from 240-425 days, depending on cancer type/treatment technique, and will be communicated on the authorization letter.
- **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 physician
- Web initiated cases will receive e-notifications when a user opts in to receive
- Members will receive a letter by mail
- Approval information can be printed on demand from the EviCore portal:

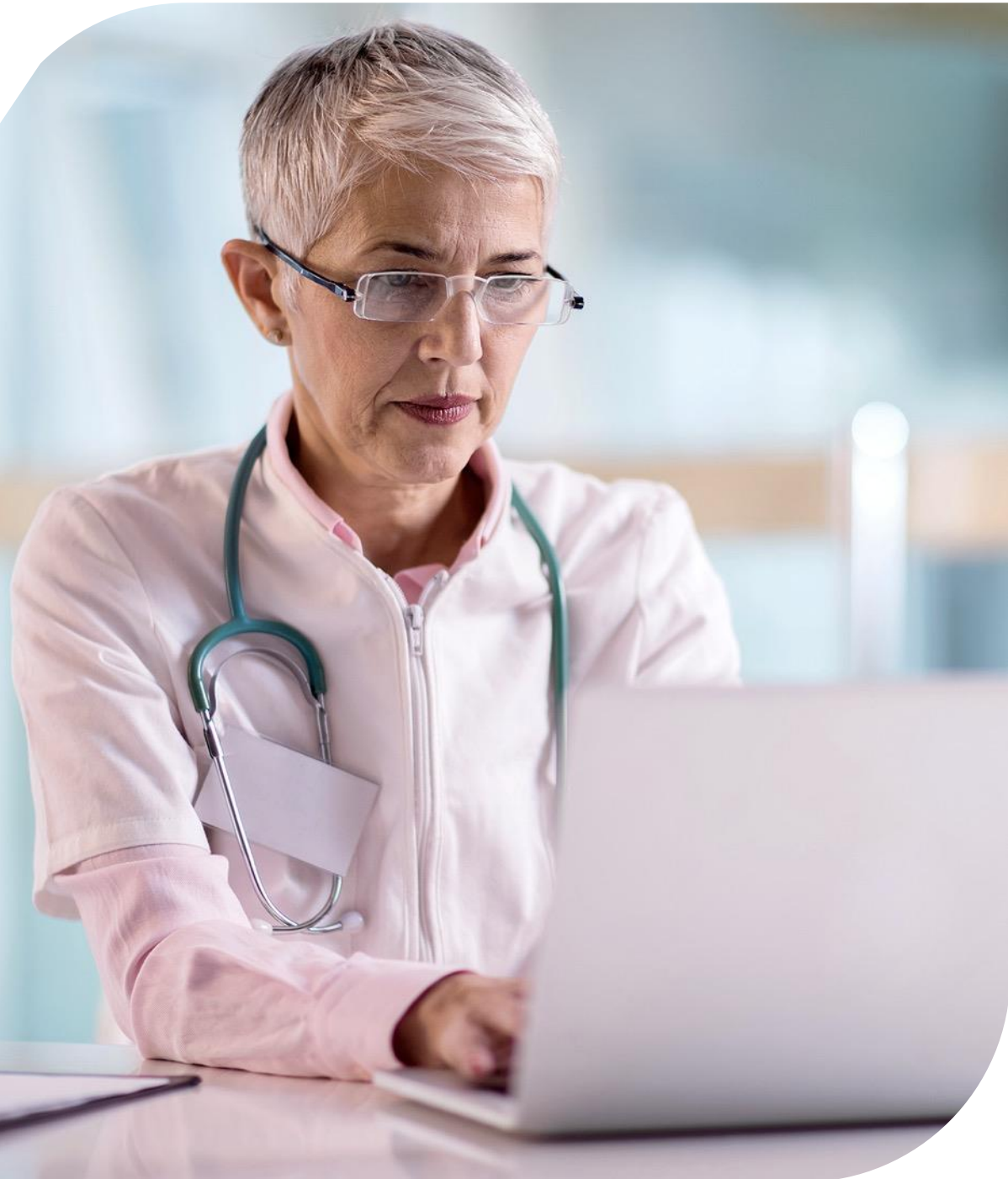
www.EviCore.com



EviCore

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Internal Information

EviCore Provider Portal



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 member information OR by case number with ordering national provider identifier (NPI)
- + Review post-decision options, submit appeal, and schedule a peer-to-peer

Certification Summary

- + Track recently submitted cases

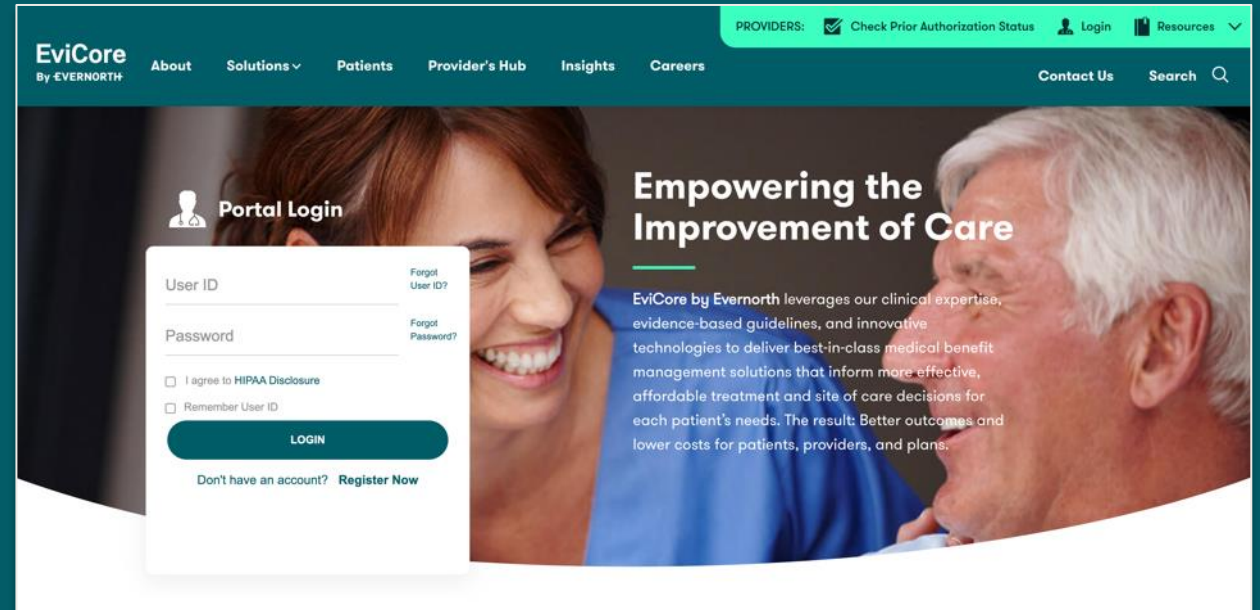
Access and Compatibility

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

Access resources on the EviCore Provider Portal
Visit EviCore.com/provider

Already a user?
Log in with User ID & Password

Don't have an account?
Click **Register Now**



EviCore's website is compatible with all web browsers. If you experience issues, you may need to disable pop-up blockers to access the site.

Select CareCore National as the Default Portal.

Complete the User Information section in full and **Submit Registration**.

You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the login page.

EviCore

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* Required Field

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*:

--Select--

User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:
Email*:
Confirm Email*:
First Name*:
Last Name*

Address*:

City*:
State*:
Office Name:

Phone*:
Ext:
Fax*:

Zip*:

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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.

Set up Two Factor Authentication

☒ Email ☐ SMS

Register Email Address

meh****@evicore.com

Send PIN

Please enter PIN sent to your Email Address

768342

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

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

Tuesday, June 25, 2024 8:56 AM [Log Off](#)

Manage Your Account

Office Name: eviCore [CHANGE PASSWORD](#) [EDIT ACCOUNT](#)

Address: work at home

Primary Contact: [Redacted]

Email Address: [Redacted]

[ADD PROVIDER](#)

Click Column Headings to Sort

Name	NPI	
B		REMOVE NPI
F		REMOVE NPI
A		REMOVE NPI
P		REMOVE NPI
S		REMOVE NPI
T		REMOVE NPI
Y		REMOVE NPI

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

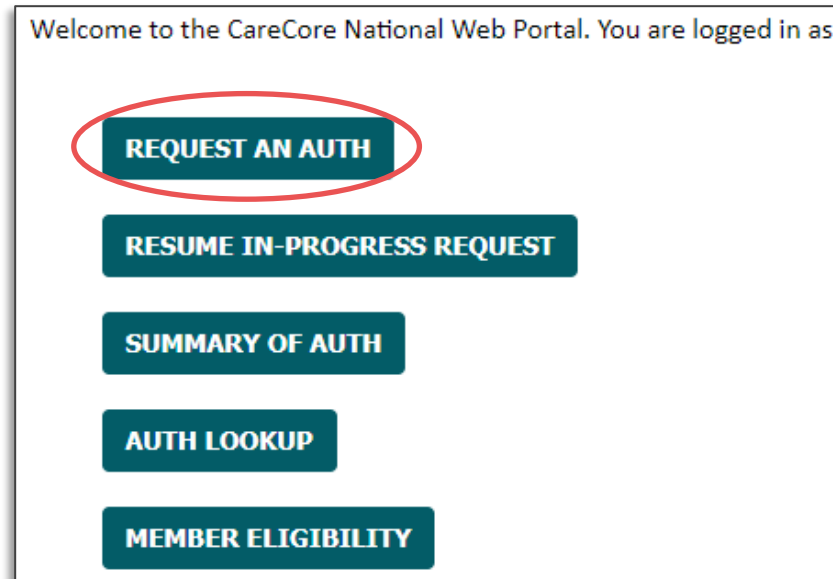
[FIND MATCHES](#) [CANCEL](#)

[Feedback](#)

Portal Case Submission

Initiating a Case

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Add Provider	MedSolutions Portal	Unified Dashboard	Help / Contact Us
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- Click the **Clinical Certification** tab to get started.
- Choose **Request an Auth** to begin a new case request.

Initiating a Case

+ Select the **Program** for your certification

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MSM Practitioner Perf. Summary Portal

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MedSolutions Portal

Help / Contact Us

Request an Authorization

To begin, please select a program below:

☐ Durable Medical Equipment(DME)

☐ Gastroenterology

☐ Lab Management Program

☐ Medical Drug Management

☐ Medical Oncology Pathways

☐ Musculoskeletal Management

☐ Pharmacy Drugs (Express Scripts Coverage)

☐ Radiation Therapy Management Program (RTMP)

☐ Radiology and Cardiology

☐ Sleep Management

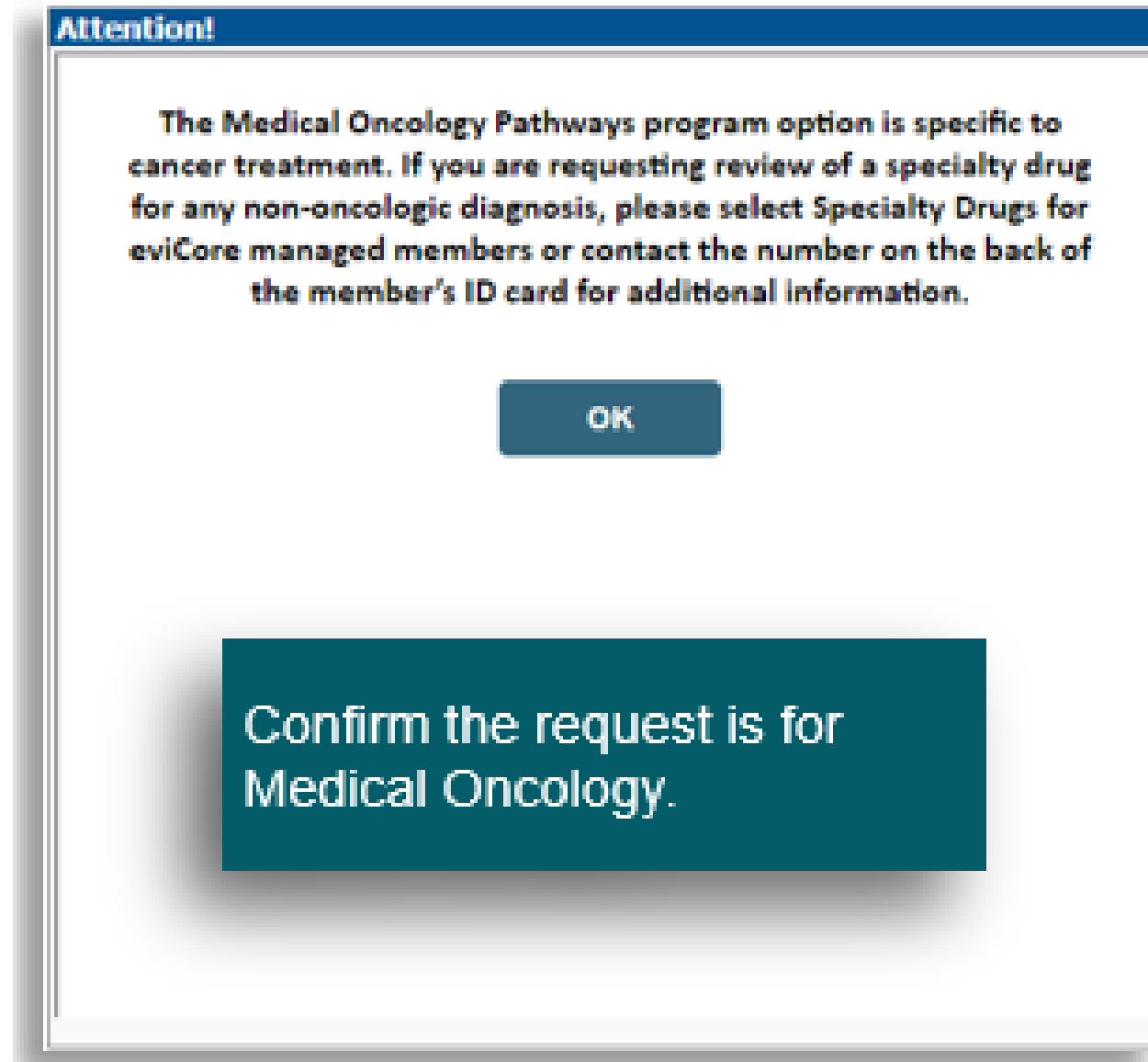
CONTINUE

[Click here for help](#)

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Provider Experience – Medical Oncology Case Submission



Search for and Select Provider

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

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Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
SELECT	
SELECT	
SELECT	
SELECT	
SELECT	
SELECT	
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

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**

The screenshot shows the EviCore website interface for a Clinical Certification Request. The header includes the EviCore logo and a navigation bar with links: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account, MedSolutions Portal, and Help / Contact Us. The main heading is 'Choose Your Insurer'. Below it, there is a 'Requesting Provider' field. A message states: 'Please select the insurer for this authorization request.' There are two dropdown menus. The first is labeled 'INSURER NAME'. The second is labeled 'Please Select an Address provider' and is open, showing a list of addresses. A mouse cursor is hovering over the first address in the list: '911 E 20TH ST STE 300'. Other addresses in the list include '2100 S MARION RD STE 310', '6215 S CLIFF AVE STE 110', '1333 MAY ST', '300 S BRUCE ST', '1521 CARLSON ST', '506 E BRIDGE ST', '366 E GEORGE ST', '6100 S LOUISE AVE STE 2100', and '6800 S LOUISE AVE'. At the bottom of the form, there is a copyright notice: '© 2024 eviCore healthcare. All Rights Reserved.' and links to 'Privacy Policy', 'Terms of Use', 'Site Specific Terms', and 'Contact Us'.

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

Choose Your Insurer

Requesting Provider: [Redacted]

Please select the insurer for this authorization request.

INSURER NAME [Dropdown]

Please Select an Address provider [Dropdown]

Please Select an Address

- 911 E 20TH ST STE 300
- 2100 S MARION RD STE 310
- 6215 S CLIFF AVE STE 110
- 1333 MAY ST
- 300 S BRUCE ST
- 1521 CARLSON ST
- 506 E BRIDGE ST
- 366 E GEORGE ST
- 6100 S LOUISE AVE STE 2100
- 6800 S LOUISE AVE

and relevant clinical info at the end of this process. [Learn More.](#)

se call the number on the back of the member's card to determine if an authorization

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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

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Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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Tuesday, June 25, 2024 9:23 AM

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.

[Click here for help](#)

[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 Member Information

- + Enter the expected date of service. If unknown, enter today's date.
- + Then, enter the **member 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

EviCore
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Home

Certification Summary

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MSM Practitioner Perf. Summary Portal

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Manage Your Account

Tuesday, June 25, 2024 9:32 AM

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*MM/DD/YYYY

Patient Last Name Only:*[?]

Patient ID is 12 numeric digits. Remove 3-letter prefix. Do not include member code in Patient ID. Member code is located at the end of the Patient ID. It is a unique suffix that di

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

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Attention!

Time: 6/25/2024 9:32 AM

What is the expected procedure date or treatment start date for this request? (MM/DD/20YY)*

If the Date of Service is unknown, please enter today's date.

SUBMIT

Provider Experience – Medical Oncology Case Submission

Clinical Certification

Jane Doe
123 Smith Street
Town, PA 12345

01/01/1901
Age: 35
Female

Insurer ID: 123456789

NEW REVIEW

The Patient History Screen becomes the hub for all future requests or data relating to this patient. Including a record of previous requests for services through eviCore, authorization numbers and dates, and clinical summaries based on the information provided through the request process.

Reviews

Date	Physician	Case #	Cancer Type	Therapy	Treatment	Status			
1/29/2024	BELICENA, MARIA	1184813089	Undetermined	Primary	Undetermined	Expired			VIEW HISTORY

Click to view clinical information, Jcodes, and expiration date.

Provider Experience – Medical Oncology Case Submission

Attention!

Patient ID : 123456789 Time: 3/4/2019 2:02 PM
Patient Name: Jane Doe

What is the anticipated start date of treatment? MM/DD/YYYY

Enter:
Start Date of Treatment
Take note of important message
describing CHEMO and SPORT.

Attention!

CHEMO – Chemotherapy: Select this option for primary therapy; when the drug/regimen is being used to treat the cancer itself. If you need supportive drugs as well, you will have an option to request those at the end of the primary therapy request.

SPORT – Supportive: Select this option when the drug(s) are being used to prevent or treat the side effects of the primary therapy (example: anti-emetics).

Provider Experience – Medical Oncology Case Submission

Requested Service + Diagnosis

This procedure will be performed on 1/26/2024. CHANGE

Medical Oncology Pathways

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

CHEMO

CHEMOTHERAPY

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

Primary Chemotherapy and Supportive drugs must be entered as separate requests.

Diagnosis

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

colon

LOOKUP

	Diagnosis Code	Description
SELECT	153.1	Malignant neoplasm of transverse colon
SELECT	153.2	Malignant neoplasm of descending colon
SELECT	153.3	Malignant neoplasm of sigmoid colon

Requested Service + Diagnosis

This procedure will be performed on 1/26/2024. CHANGE

Medical Oncology Pathways

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

CHEMO

CHEMOTHERAPY

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

Primary Chemotherapy and Supportive drugs must be entered as separate requests.

Diagnosis

Primary Diagnosis Code: **153.1**
Description: **Malignant neoplasm of transverse colon**
[Change Primary Diagnosis](#)

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

Secondary diagnosis is optional for Medical Oncology Pathways

LOOKUP

BACK

CONTINUE

Select ICD10 by entering code or description.
Select "Continue".

Provider Experience – Medical Oncology Case Submission

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: 1/26/2024
Medical Oncology Pathways: CHEMO
Description: CHEMOTHERAPY
Primary Diagnosis Code: 153.1
Primary Diagnosis: Malignant neoplasm of transverse colon
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

Attention!

Will treatments be billed under the same TIN as the ordering provider?

Yes

No

- Confirm the information entered or use the 'change' links to go back and make corrections as needed.
- Answer if treatments will be billed under the same TIN as the ordering provider.

Provider Experience – Medical Oncology Case Submission

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 your entry.

NPI:

TIN:

Zip Code:

City:

LOOKUP SITE

	Name	Address
SELECT	BELICENA MARIA	11375 CORTEZ BLVD BROOKSVILLE, FL 34413
SELECT	BELICENA MARIA	10085 CORTEZ BLVD BROOKSVILLE, FL 34413
SELECT	BELICENA MARIA	10085 CORTEZ BLVD BROOKSVILLE, FL 34413
SELECT	BELICENA MARIA	11375 CORTEZ BLVD BROOKSVILLE, FL 34413

BACK

Distinct rendering site or facility can be entered if needed.
Multiple lookup options are available.
Network logic can be applied as needed.

Add Site of Service

Selected Site: BELICENA MARIA

FIND NEW SITE

Site Email (optional)

BACK

CONTINUE

Enter an email for communication if desired.

Provider Experience – Medical Oncology Case Submission

Attention!

Please ask the caller to provide a Fax number In order to proceed with the selection. Did the caller provided a number?

YES

NO

Attention!

If the caller did not provide any number, click on Unknown. Otherwise enter the Phone/Fax number and click on Submit

Fax:

SUBMIT

UNKNOWN

Provide fax number if known.

Provider Experience – Medical Oncology Case Submission

Summary of Your Request

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

The Diagnosis code selected is for a non-cancer indication which is not in scope for the Medical Oncology program at eviCore. This case will be expired. Please contact the health plan if you have any questions.

Provider Name:		Contact:	B
Provider Address:		Phone Number:	(352) 596-4660
		Fax Number:	(352) 555-5555
Patient Name:	Jane Doe	Patient Id:	123456789
Insurance Carrier:	Insurer		
Site Name:		Site ID:	NPUKQ
Site Address:			
Primary Diagnosis Code:	153.1	Description:	Malignant neoplasm of transverse colon
Secondary Diagnosis Code:		Description:	
Date of Service:	1/31/2024	Description:	CHEMOTHERAPY
CPT Code:	CHEMO		
Case Number:	1184813089		
Review Date:	1/29/2024 12:26:26 PM		
Expiration Date:	N/A		
Status:	The Diagnosis code selected is for a non-cancer indication which is not in scope for the Medical Oncology program at eviCore. This case will be expired. Please contact the health plan if you have any questions.		

CANCEL

PRINT

CONTINUE

[Click here for help](#)

Continue if "Summary" looks correct.

Provider Experience – Medical Oncology Case Submission

Proceed to Clinical Information

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

After answering the clinical question(s) on each screen you will need to hit the "Submit" button. At the end of the clinical questions you must hit "Submit" before exiting the system. You will be asked to attest to the clinical information that you have provided. Hit "Submit" and your request for a prior authorization will be submitted for review.

Your answers to previous questions will be displayed on the lower portion of the screen. If you made an error during the clinical data collection process you can click on the question. The system will ask that you answer the question again and subsequent questions. You can use the "Finish Later" button, for Standard/Routines cases only, to save information and return to this case at a later time. This will save all case information recorded up to but not including the current screen.

Failure to formally submit your request by clicking the "Submit" button after the attestation will cause the request for a prior authorization to expire with no additional correspondence.

BACK

CONTINUE

The demographic portion of the case is complete. Reminders on how to complete the clinical portion are displayed. Click 'Continue to proceed to the clinical review.

Provider Experience – Medical Oncology Case Submission

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

Answer if the request is
“Routine/Standard”. If no, select
“Urgency Indicator”.

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

Provider Experience – Medical Oncology Case Submission

Proceed to Clinical Information

Indicate the Cancer Type:

▼

Other (specify)

Anal

Bladder

Bone

Brain and Spinal Cord Tumors (CNS Tumors)

Breast

Breast Cancer Risk Reduction

Cervical Cancer

Cholangiocarcinoma

Colon/Rectal Cancer

Endometrial Cancer

Ewing's Sarcoma

Gallbladder Cancer

Gastro/Esophageal Cancer

Gastrointestinal Stromal Tumors (GIST)

Gestational Trophoblastic Neoplasia (GTN)

Hairy Cell Leukemia

Head and Neck Cancers

Hepatoblastoma

Hepatocellular (Liver) Cancer

Please click Submit

SUBMIT

☐ Finish Later

CANCEL

Did you know?
You can save a certification request to finish later.

The Clinical pathways begin with selection of the cancer type. This will dictate the questions that will be asked in the following screens.

All cancer types covered by NCCN are available and an "Other" option is included for rare cancers not addressed by NCCN.

The request can also be completed later, if needed.

Provider Experience – Medical Oncology Case Submission

Confirm any exclusions,
which may direct the user
back to the HealthPlan.

Proceed to Clinical Information

 Please select all of the following that apply:

- ☐ The patient is participating in a clinical trial that includes cancer treatment drugs
- ☐ The requested drug is being used to treat a condition other than cancer
- ☐ The treatment will be administered inpatient
- ☐ CAR-T Therapy
- ☐ This request is for a Stem Cell Transplant conditioning regimen
- ☐ None of the above

SUBMIT

Provider Experience – Medical Oncology Case Submission

Proceed to Clinical Information

 Please select the Place of Service for this request:

- ☒ Off Campus-Outpatient Hospital
- ☐ Office
- ☐ On Campus-Outpatient Hospital
- ☐ Outpatient Home

SUBMIT

Confirm Place of Service.

Provider Experience – Medical Oncology Case Submission

Proceed to Clinical Information

1 Was the patient initially diagnosed with metastatic disease beyond locoregional nodes?

☒ Yes ☐ No

SUBMIT

Proceed to Clinical Information

1 Has the disease persisted, progressed or recurred?

☒ Yes ☐ No

SUBMIT

Proceed to Clinical Information

1 Enter the month and year of initial diagnosis in the format mm/yyyy. If the month is not known enter "00" for MM.

SUBMIT

Proceed to Clinical Information

Most recent entry for this patient: None

1 What is the histology of the cancer?

- ☐ Papillary carcinoma
- ☐ Follicular carcinoma
- ☐ Oncocytic cell carcinoma
- ☐ Medullary carcinoma
- ☐ Anaplastic carcinoma

SUBMIT

The office user will be asked a series of questions necessary to generate the recommended treatment list for the patient being treated. A typical traversal will have between 5 and 12 questions based on the complexity of the cancer. The system will dynamically filter to only the minimum number of questions needed to complete the review. Almost all answers are in drop down or click selection to allow for quick entry and structured data for reporting and analysis.

Provider Experience – Medical Oncology Case Submission

Proceed to Clinical Information

The National Comprehensive Cancer Network® (NCCN®) believes that the best management for any patient with cancer is in a clinical trial and that participation in clinical trials is especially encouraged. In some situations, trial participation may not be included in the patient's benefit plan design.

The following list represents potential treatment clinical trial matches in active and open enrollment status for this patient based on a search of the National Cancer Institute's (NCI) clinical trial database using the information gathered in this prior authorization request.

Trials are sorted in order of proximity between the patient's ZIP code and the nearest participating provider. This search result is limited to a maximum of 50. Please visit the NCI website www.cancer.gov if you would like to expand your search. By default, the following search result is filtered to Phase 2 and 3 clinical trials. You may customize the search result to particular states and clinical trial phases using the filters below.

If you would like more information on any of the clinical trials displayed, select the clinical trial(s) of interest, using the checkbox on the left and click "SUBMIT" to have more information sent to you. You may also click on the corresponding Trial ID and a new browser window will open with more information on that trial.

If you do not wish to receive more information on any clinical trials, click "SUBMIT" to continue without selecting any of the checkboxes.

If your patient's tumor contains a genetic abnormality, the MATCH (NCT02465060) and TAPUR (NCT02693535) clinical trials offer investigational targeted drug therapies for a wide variety of cancers.

Links

- [MATCH](#)
- [TAPUR](#)



SUBMIT

Information about relevant clinical trials is presented, if applicable.

Provider Experience – Medical Oncology Case Submission

All NCCN recommended treatments are displayed. If an NCCN regimen is selected, the request will be approved. There is an option to create a custom treatment plan, which may result in clinical review.

Proceed to Clinical Information

The treatment options listed below reflect the recommendations of the National Comprehensive Cancer Network (NCCN) based on the clinical information submitted. Febrile Neutropenia and Emetic Risk are sourced from the NCCN Guidelines and supplemented by supporting literature.

By selecting an NCCN regimen you will be granted an immediate authorization.* If a Pathway regimen is not selected, a peer consultation with an eviCore Medical Director may be required.

*Other policies may apply in select situations.

You will be given the ability to select biosimilar products – when available – after first selecting your regimen below.

Select Treatment Option:

Regimen	Pathway	Febrile Neutropenia Risk	Emetic Risk
☐ VAIA: (Vincristine + Doxorubicin (alternating with Dactinomycin + Ifosfamide + mesna)	☐	High	High
☐ VDC/IE (Vincristine + Doxorubicin HCL + Cyclophosphamide + Ifosfamide + Etoposide)	☐	High	High
☐ VIDE (Vincristine + Ifosfamide + Doxorubicin HCL (or Dactinomycin) + Etoposide)	☐	High	High
☐ Build a Custom Treatment Plan (May Require Additional Clinical Review)			

SUBMIT

*The system is designed to managed injectable chemotherapy only or injectable + oral chemotherapy
This will be decided as part of the program design conversation.*

Provider Experience – Medical Oncology Case Submission

Proceed to Clinical Information

Select the chemotherapy drug(s) for the treatment regimen from the Drug List below.

- If you are able to select the treatment option using the Drug List, provide administration schedule and select "SUBMIT" to continue to the next screen.
- If a chemotherapy drug is not on this list, and it is a newly approved chemotherapy drug that will be billed with a miscellaneous code, please select "Other" and provide the drug name and administration schedule.

Drug List:

- ☒ 5-Fluorouracil (Adrucil, 5FU, 5FU, Adrucil)
- ☐ SFU (5-Fluorouracil)
- ☐ SFU (5-Fluorouracil)
- ☐ Abemaciclib - oral (Verzenio)
- ☐ Abiraterone Acetate - oral (Zytiga, Zytiga)
- ☐ Abiraterone Acetate - oral (Zytiga, Zytiga), Yonasa
- ☐ Abraxane (Paclitaxel (albumin-bound))
- ☐ Abraxane (Paclitaxel (albumin-bound))
- ☐ Abraxane (Paclitaxel (albumin-bound))
- ☐ Abraxane (Paclitaxel (albumin-bound))
- ☐ Acalabrutinib - oral (Calquence, Calquence)
- ☐ Actemra (Tocilizumab)
- ☐ Actimmune (Interferon, gamma-1b)
- ☐ Adagrasib - oral (Krazati)
- ☐ Adcetris (Brentuximab Vedotin)
- ☐ Ado-Trastuzumab Emtansine (Kadcyla)
- ☐ Adriamycin (Doxorubicin HCL)
- ☐ Adrucil (5-Fluorouracil)
- ☐ Adrucil (5-Fluorouracil)

- ☐ Lynparza (Olaparib - oral)
- ☐ Lynparza (Olaparib - oral)
- ☐ Lytgobi (Futibatinib - oral)
- ☐ Lytgobi (Futibatinib - oral)
- ☐ Margetuximab-cmkb
- ☐ Margetuximab-cmkb (Margetuximab-cmkb)
- ☐ Mekinist (Trametinib - oral)
- ☐ Mekinist (Trametinib - oral)
- ☐ Mekinist (Trametinib - oral)
- ☐ Mektovi (Binimetinib - oral)
- ☐ Mektovi (Binimetinib - oral)
- ☐ Melphalan HCL - Inj (Alker
- ☐ Melphalan HCL (Evomela)
- ☐ Methotrexate (accord)
- ☐ Midostaurin - oral (Rydapt)
- ☐ Minretuximab Soravtansin
- ☐ Mitomycin (Jelmyto)
- ☐ Mitomycin (Mutamycin, M
- ☐ Mitoxana (Ifosfamide)

Custom Treatment plans can be submitted for any case where the provider does not want to use a recommended regimen. Drugs are selected from a drop-down list and the user can attach or enter supporting information for the request.

Proceed to Clinical Information

Is there any additional clinical information you would like to submit at this time?

Documentation to support your proposed treatment should be submitted in the following manner:

- Free text in box below
 - Attach documentation to case
- If you need additional time, click "Save and Exit" and return by clicking "RESUME".

Click "Submit" if you have no additional clinical information to add at this time.

Enter supporting Clinical information in the field below:

You may attach up to 5 documents no larger than 5 MB each (25 MB total). Click "Browse" to select the document from your desktop or other network location.

Allowable file formats:

DOC, DOCX, PDF, JPG, JPEG, TIF, TXT

Attach a document:

Choose File to file chosen

Provider Experience – Medical Oncology Case Submission

Proceed to Clinical Information

i Patient height in inches:

i Patient weight in pounds:

SUBMIT

Proceed to Clinical Information

Please confirm the clinical information provided below is correct and click "submit" to complete your request.

SUBMIT

Proceed to Clinical Information

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

SUBMIT CASE

[Click here for help](#)

Continue answering additional questions and confirm accuracy.

Provider Experience – Medical Oncology 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 APPROVED.

The prior authorization you submitted, Case A200580140, 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:

8

(555) 555-5555

(555) 555-5555

Patient Name:

Insurance Carrier:

Jane Doe

Insurer

Patient Id:

123456789

Site Name:

Site Address:

Site ID:

00L22K

Primary Diagnosis Code:

Secondary Diagnosis Code:

Date of Service:

HCPDS Code(s):

Authorization Number:

Review Date:

Expiration Date:

Status:

C50.412

2/2/2024

J9267, Q5114

A200580140

1/30/2024 1:59:59 PM

4/2/2025

Your case has been APPROVED.

Description:

Description:

Drug(s):

Malignant neoplasm of upper-outer quadran

PACLITAXEL (TAXOL, NOV-ONXOL, TAXOL, NO

CANCEL

PRINT

GO TO PATIENT HISTORY

REQUEST SUPPORTIVES

“Request for Supportive” drugs can be initiated here.

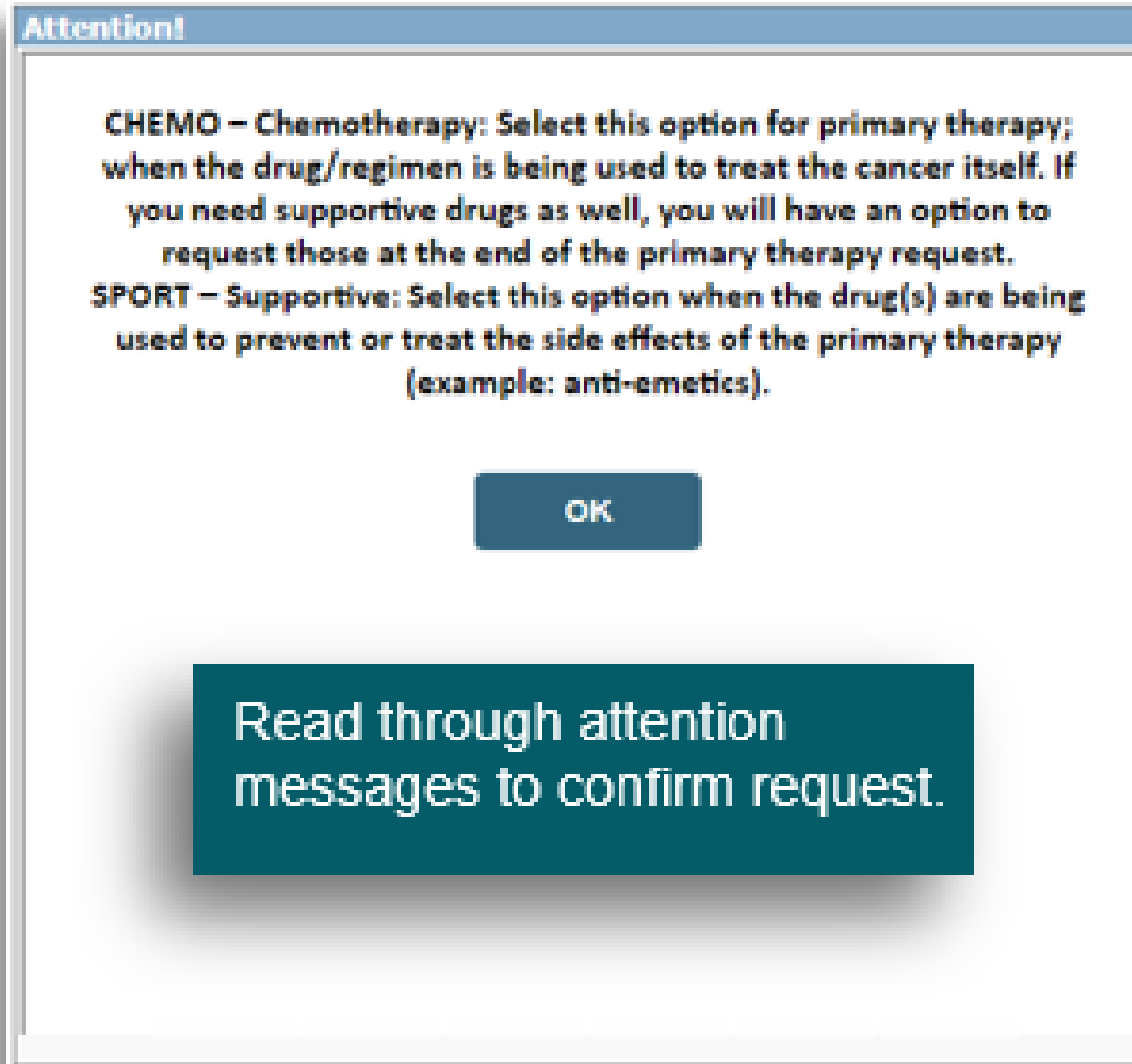
Selection of a recommended regimen will result in immediate approval of all drugs in the requested regimen with an authorization time span sufficient to complete the entire treatment. No further action is needed unless the treatment needs to be changed due to disease progression or other clinical factors.

EviCore
By EVERNORTH

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Provider Experience – Case Submission - Supportives



Provider Experience – Case Submission - Supportives

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: 1/31/2024
Medical Oncology Pathways: SPORT
Description: SUPPORTIVE THERAPIES
Primary Diagnosis Code: C11.1
Primary Diagnosis: Malignant neoplasm of posterior wall of nasopharynx
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

If "Request Supportives" is selected, a new case is started, and the user is dropped on this screen to complete a supportive drug request.

The start date, drug classification, and ICD10 are prepopulated to match the Chemotherapy case.

Click Continue to proceed to the clinical portion of the request

Provider Experience – Case Submission - Supportives

Attention!

Will treatments be billed under the same TIN as the ordering provider?

Indicate if treatments will be billed under same tax ID number as ordering provider.

Provider Experience – Case Submission - Supportives

Proceed to Clinical Information

Indicate the Cancer Type:

Colon/Rectal Cancer

SUBMIT

Proceed to Clinical Information

Which class of drugs do you intend to treat with?

☒Antiemetic agents

☐Other supportive agents (such as erythropoiesis-stimul

SUBMIT

Proceed to Clinical Information

Indicate the requested supportive agent:

Bevacizumab (Alymsys)

Bevacizumab (Mvasi)

Bevacizumab (Vegzelma)

Bevacizumab (Zirabev)

Burosumab (Crysvita)

Darbepoetin alfa (Aranesp) ONCE EVERY 2 WEEKS

Darbepoetin alfa (Aranesp) ONCE EVERY 3 WEEKS

Darbepoetin alfa (Aranesp) WEEKLY FIXED DOSE

Darbepoetin alfa (Aranesp) WEEKLY WEIGHT BASED DOSE

Denosumab (Prolia)

Denosumab (Xgeva) MONTHLY

Denosumab (Xgeva) MONTHLY and DAY 8, 15

Dronabinol (Syndros) Oral Solution

Eflapegrastim-xnst (Rebvedon)

3 TIMES PER WEEK

ONCE EVERY 2 WEEKS

ONCE EVERY 3 WEEKS

WEEKLY

TIMES PER WEEK

User will be asked to indicate the drug needed and may be asked for additional clinical information to support that request. If multiple supportive drugs are needed a separate request must be entered for each drug.

+Post-Decision Options

My case has been denied. What's next?

+Reconsiderations:

- For **commercial members only**, additional clinical information can be provided without the need for a formal appeal.
- Must be requested within **14 calendar days** from the date of determination
 - Can be requested in writing or verbally via clinical consultation (P2P). It is possible to approve a case based on a P2P.
- If an appeal has already been filed, a reconsideration is not allowed

+Appeals:

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



EviCore

By **EVERNORTH**
Internal Information

Provider Resources

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's provider portal
 - You can also call a Web Support Specialist at 800-646-0418 (option 2)
 - Chat with web support on the [EviCore Provider Resource page](#)

ECRM is available **24/7**. Users can login or register [**HERE**](#).

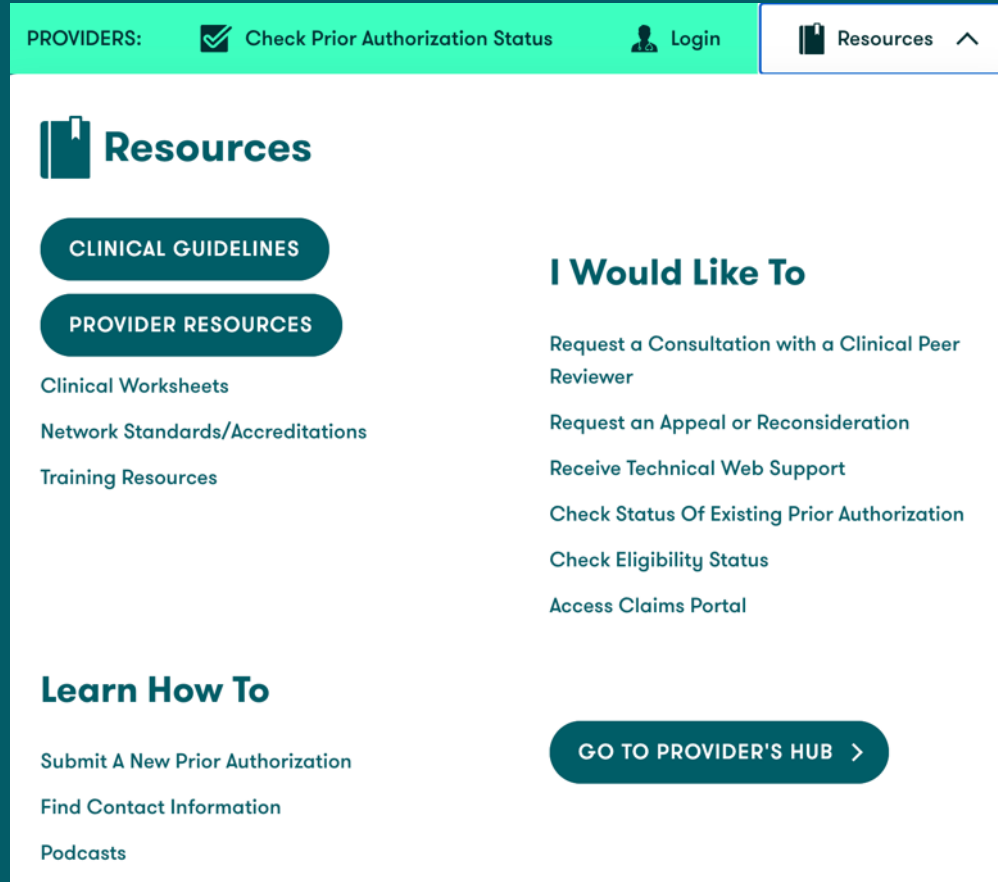
Additional Information about ECRM can be found on the [**Providers' Hub**](#).



EviCore Provider's Hub

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

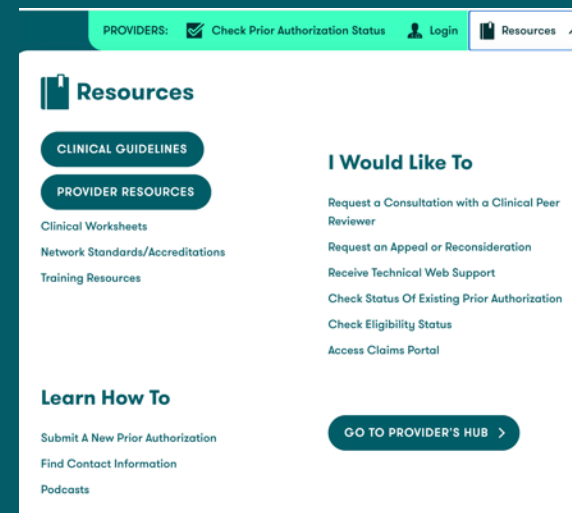
1. Open the **Resources** menu in the top right of the browser
2. Select **GO TO PROVIDERS HUB** to access clinical guidelines, schedule consultations (P2P), and more



Clinical Guidelines

How do I access EviCore's clinical guidelines?

1. Open the **Resources** menu in the top right of the browser
2. Select **Clinical Guidelines**
3. Select the solution/program associated with the requested guidelines
4. Search by health plan name to view clinical guidelines
5. If you would like to view all guidelines, type in "EviCore healthcare" as your health plan



EviCore coverage policies include background and supporting information and citations for sources used to develop the policy. Some clinical policies may have a supplemental literature summary available which will provide additional commentary regarding clinical benefits and harms to the patient population being served. Additional literature summaries may be accessed by selecting 'Supplemental Information' and then entering "EviCore by Evernorth" in the search by health plan function.

Search by Health Plan ... 

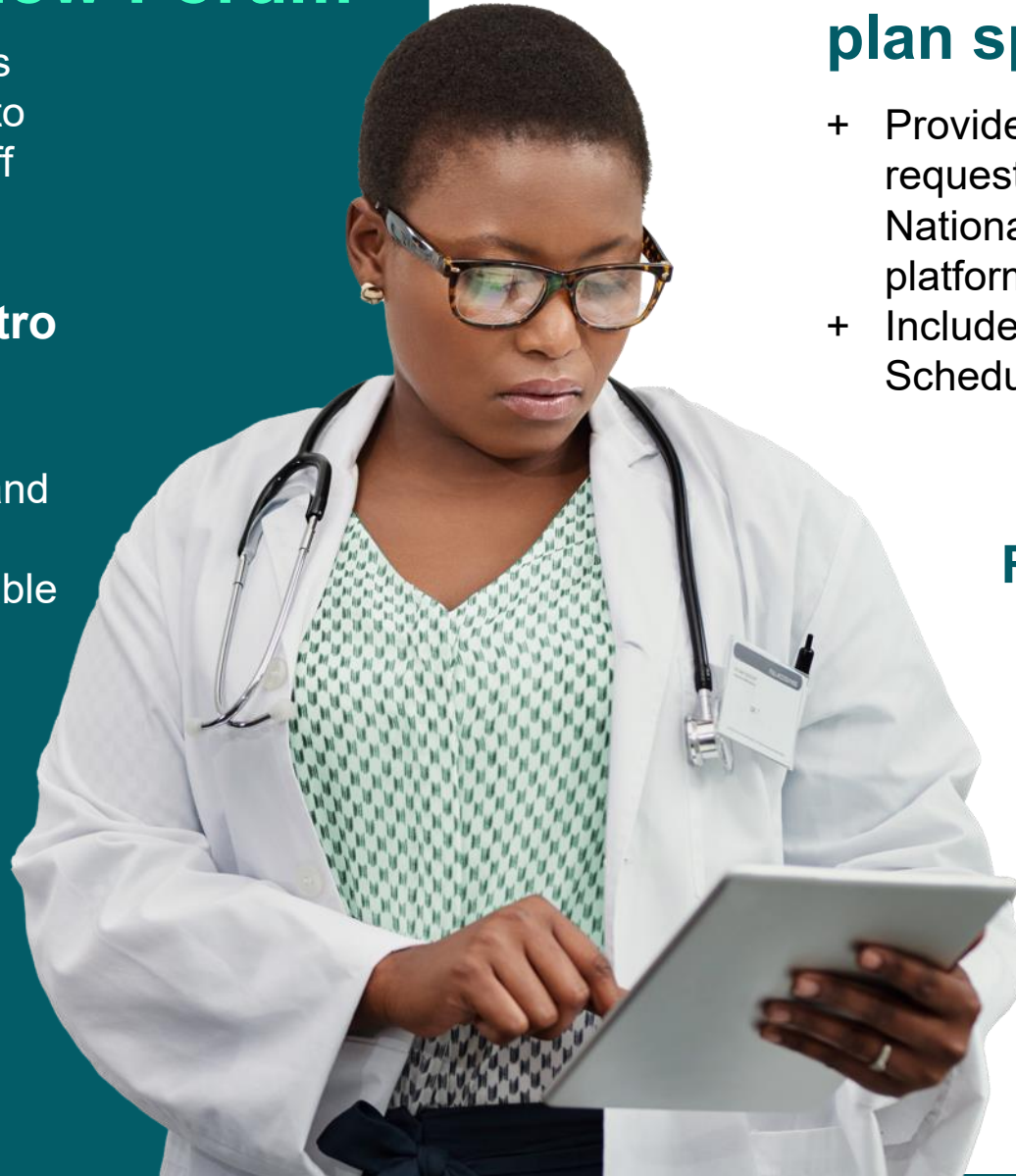
EviCore Online Provider Resources Review Forum

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

We invite you to attend 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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Ongoing sessions for Web Portal Training (non health plan specific)

- + Provides step-by-step guidance on submitting requests through both the EviCore CareCore National platform and EviCore MedSolutions platform.
- + Includes Portal registration, Case lookup, and Scheduling Peer to Peer Consultations

Register for Provider sessions:

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



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

Thank you!

Appendix

Peer-to-Peer (P2P) Scheduling Tool

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

P2P AVAILABILITY

[Request Peer to Peer Consultation](#)

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

*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 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

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

P2P Info

Date: Mon 5/18/20
Time: 6:30 pm EDT
Reviewing Provider: [User Icon]

Case Info

1st Case	
Case #	
Episode ID	
Member Name	
Member DOB	
Member State	
Health Plan	
Member ID	
Case Type	MSK Spine Surgery
Level of Review	Reconsideration P2P

P2P Contact Details

Name of Provider Requesting P2P: Dr. Jane Doe

Contact Person Name: Office Manager John Doe

Contact Person Location: Provider Office

Phone Number for P2P: (555) 555-5555

Alternate Phone: (xxx) xxx-xxxx

Requesting Provider Email: droffice@internet.com

Contact Instructions: Select option 4, ask for Dr. Doe

Scheduling

Scheduled

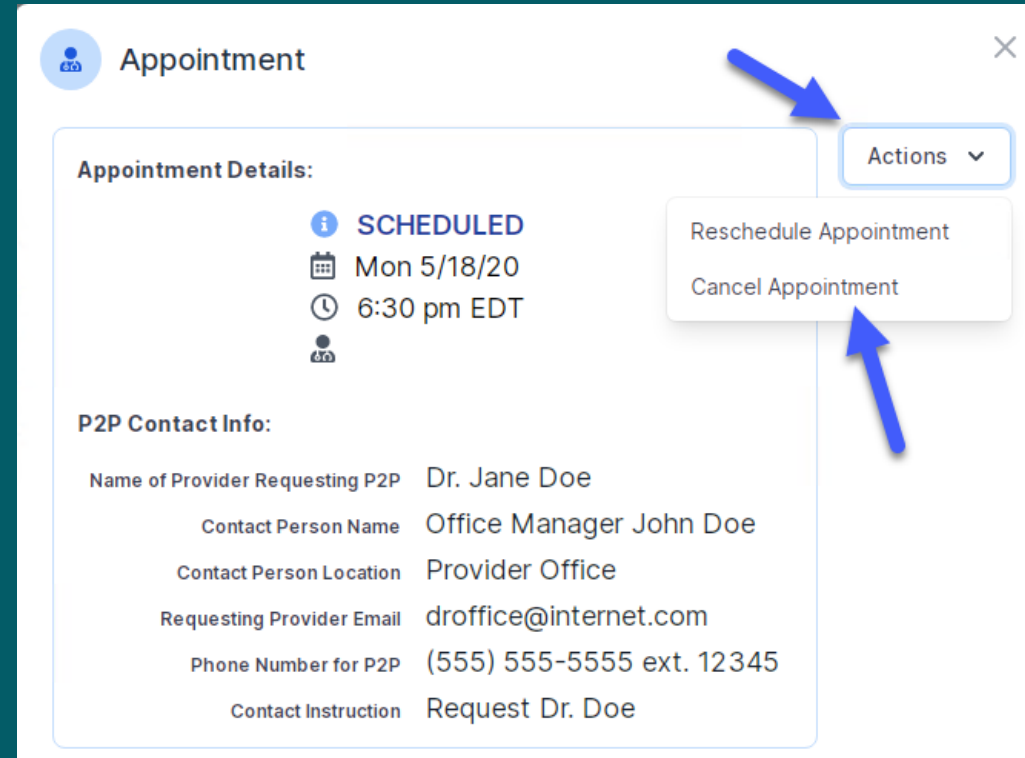
Mon 5/18/20 - 6:30 pm EDT

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



The screenshot shows a modal window titled "Appointment" with a close button (X) in the top right corner. The window is divided into two main sections: "Appointment Details:" and "P2P Contact Info:". The "Appointment Details:" section includes a status icon (info) and the word "SCHEDULED" in blue, followed by a calendar icon and "Mon 5/18/20", a clock icon and "6:30 pm EDT", and a person icon. 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

On the right side of the "Appointment Details:" section, there is an "Actions" drop-down menu. A blue arrow points to this menu, and another blue arrow points to the "Cancel Appointment" option in the expanded menu. The "Reschedule Appointment" option is also visible in the menu.