

Radiation Oncology

Provider Orientation for WPS



Program Overview

+WPS Prior Authorization Services

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

Applicable Membership:	Prior authorization applies to the following services:	Prior authorization does NOT apply to services performed in:
- Commercial – Fully Insured - Commercial – Self Insured	Outpatient	- Emergency Rooms - Observation Services - Inpatient Stays



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

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+Radiation Oncology Treatment Review

+Pre-Service Authorization is required for all
+Radiation Oncology treatment techniques,
+included but not limited to the following:

- +• Brachytherapy
- +• Intensity Modulated Radiation Therapy
- +• 3D Conformal Therapy
- +• Image Guided Radiation Therapy
- +• Stereotactic Radiosurgery
- +• Stereotactic Body Radiation Therapy
- +• Proton Beam Therapy
- +• Hyperthermia

+To find a list of CPT and HCPCS*

+codes that require Pre-Service Authorization

+through EviCore, please visit:

+<https://www.EviCore.com/resources/healthplan/wps-health-insurance-and-wps-health-plan>

+

+

+

* CPT = Current Procedural Terminology

HCPCS = Healthcare Common Procedure Coding System

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Radiation Oncology – Continuity of Care

+If a patient is undergoing treatment before the start of the program on 2/01/2023, will the treatment need authorization?

- For treatments already underway, and that are expected to either end on, or go through 2/01/2023, please contact WPS to determine if you already have an authorization on file through WPS. WPS will honor all existing authorizations submitted prior to EviCore's management effective on 2/1/23. Such authorizations do not require resubmission through EviCore. Route modifications, including extensions, to these existing authorizations through WPS. If the provider did not obtain an authorization for radiation oncology services prior to EviCore's effective date on 2/1/23 then please submit a request for authorization to EviCore for medical necessity review. Please contact your EviCore provider engagement representative if you have questions or encounter issues related to existing authorizations.



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+Radiation Oncology - Holistic Treatment Plan Review

EviCore healthcare relies on information about the patient's unique presentation and physician's intended treatment plan to authorize all services from the initial simulation through the delivery of the last fraction of radiation.

- Providers specify the cancer type or body part being treated rather than requesting individual CPT and HCPCS codes . For example, Breast Cancer, Skin Cancer etc. A non-cancerous and 'other' cancer type can be requested if the diagnosis does not fit into a pre-defined cancer type category.
 - The intended treatment plan for the cancer type is compared to the evidence-based guidelines developed by our Medical Advisory Board. The requested/approved and/or denied treatment technique and number of fractions will be provided and also included on the notifications that are sent to the provider and the member.
 - If Image Guidance Radiation Therapy (IGRT) is requested it may or may not be approved, separate from the primary treatment technique. This will be communicated in the case notifications. The EviCore IGRT Policy is included in our guidelines on www.EviCore.com
- For questions about specific CPT and HCPCS codes generally included with each episode of care, please reference the EviCore Radiation Oncology Coding Guidelines located online at www.EviCore.com, in the Clinical Guidelines section of the Resource tab.

PROVIDERS:  Check Prior



Resources

CLINICAL GUIDELINES

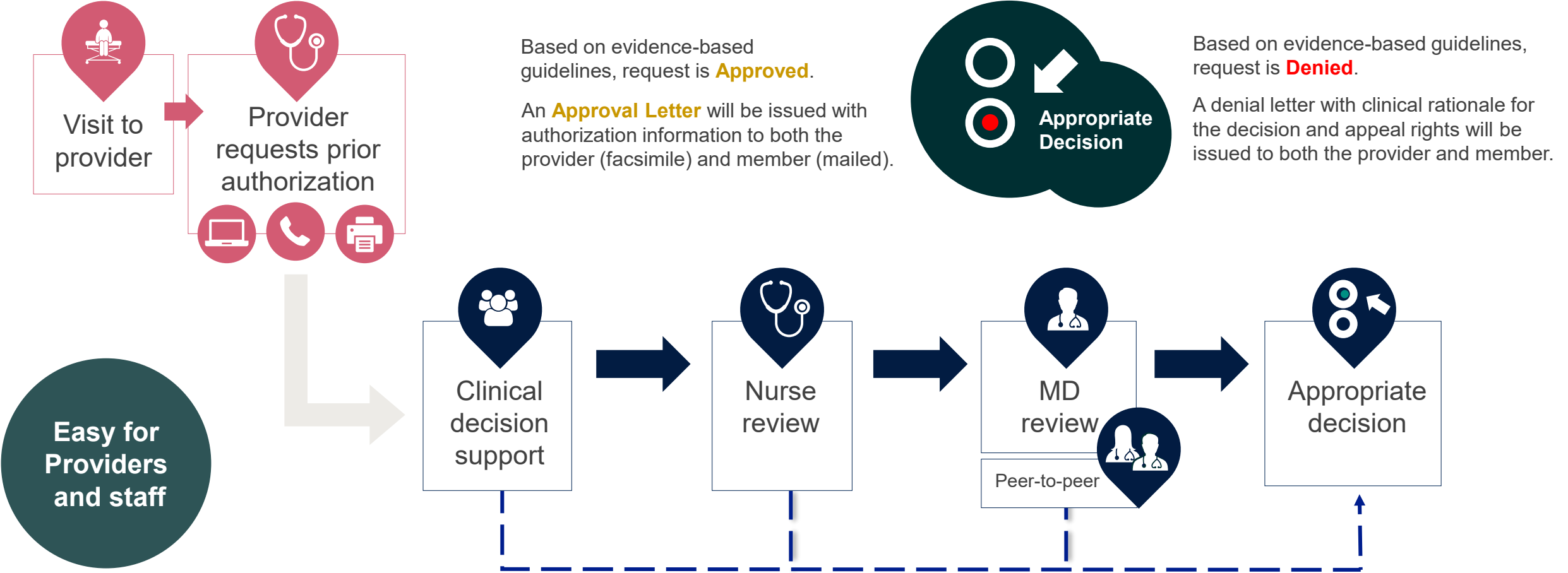
Clinical Worksheets

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Internal Information

Submitting Requests

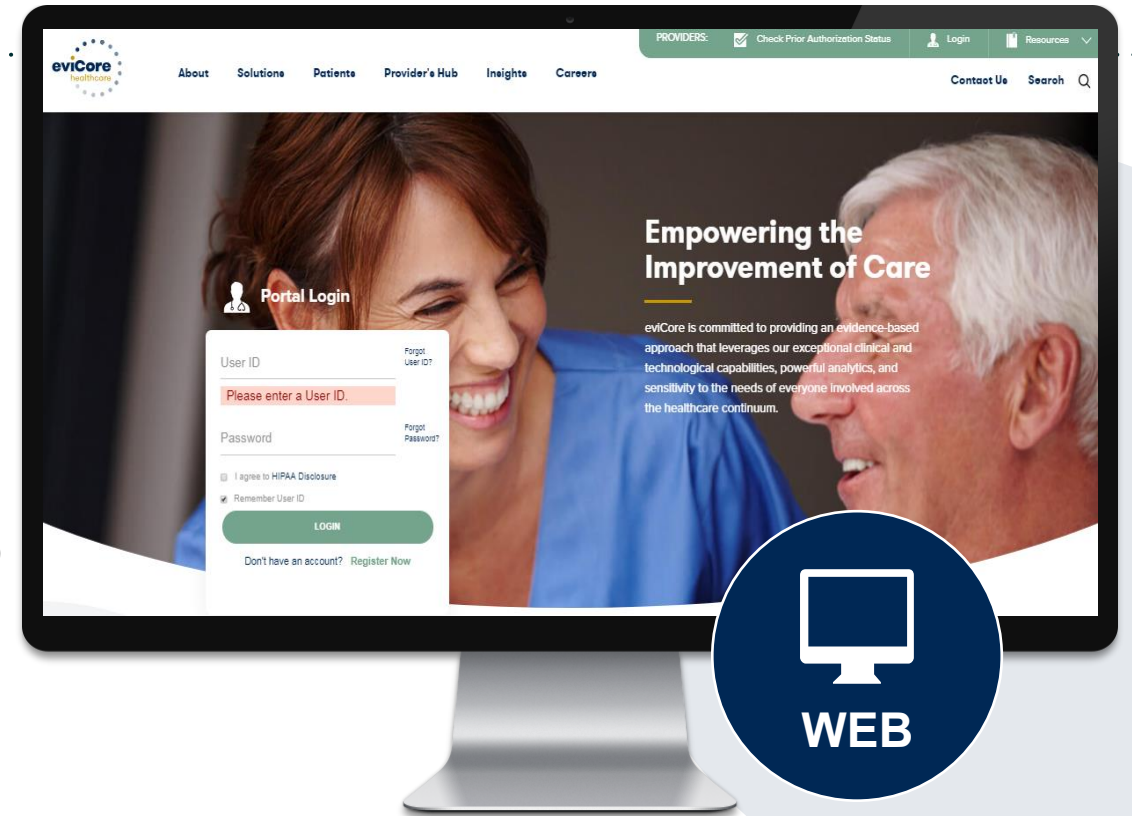
+Utilization Management – the Prior Authorization Process



+Methods to Submit Prior Authorization Requests

EviCore Provider Portal www.EviCore.com (preferred)

- **Saves time:** Quicker process than phone authorization requests
- **Available 24/7:** You can access the portal any time and any day
- **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 to support a new request or when additional information is requested
- **View and print determination information:** Check case status in real-time
- **Dashboard:** View all recently submitted cases
- **Duplication feature:** If you are submitting more than one prior authorization request, you can duplicate information to expedite submittals



Phone Number:

800-475-1954

Monday through Friday
7am – 7pm local time

Fax Number:

800-540-2406

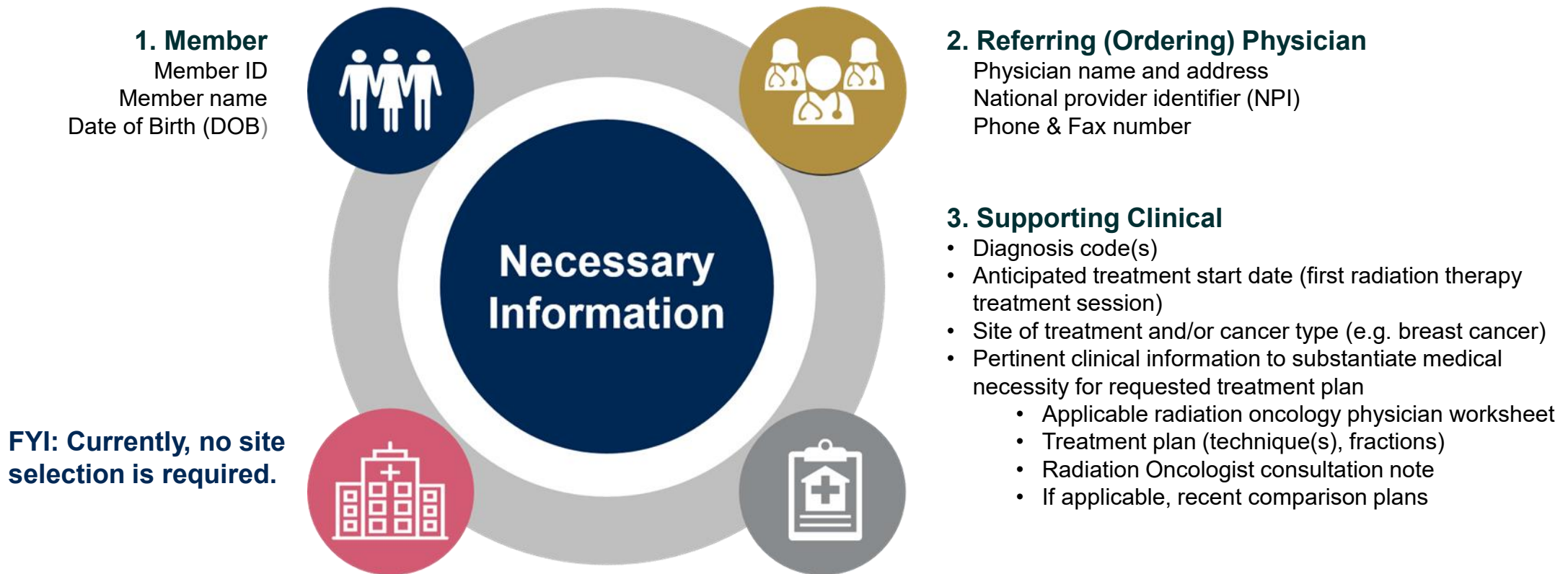
Additional clinical information
only

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+Keys to Successful Prior Authorizations

To obtain prior authorization on the very **first submission**, the provider submitting the request will need to gather 4 categories of information:



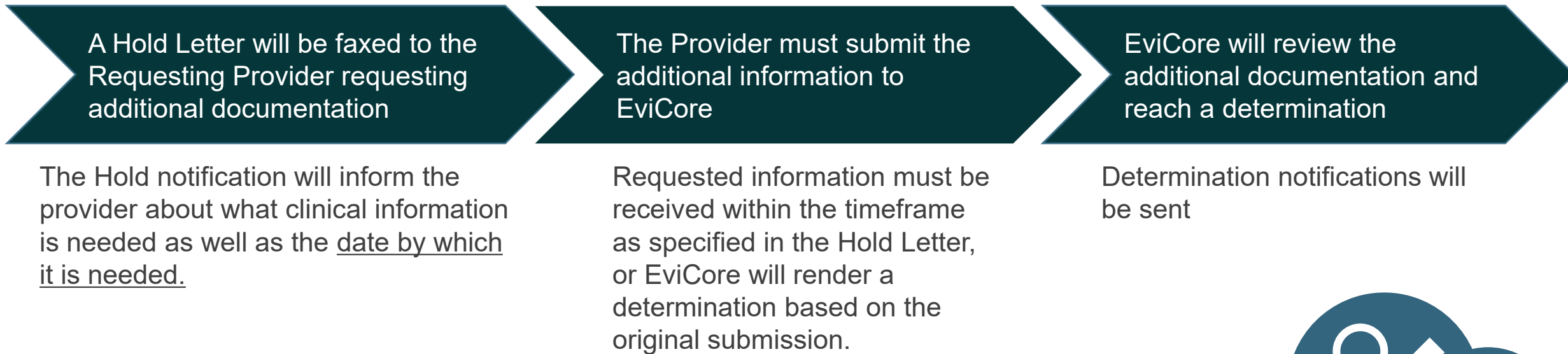
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+Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

+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:



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+Prior Authorization Outcomes

Determination Outcomes:

- **Approved Requests:** Authorizations vary from 45-240 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
- Determination information can be printed on demand from the EviCore portal:

www.EviCore.com



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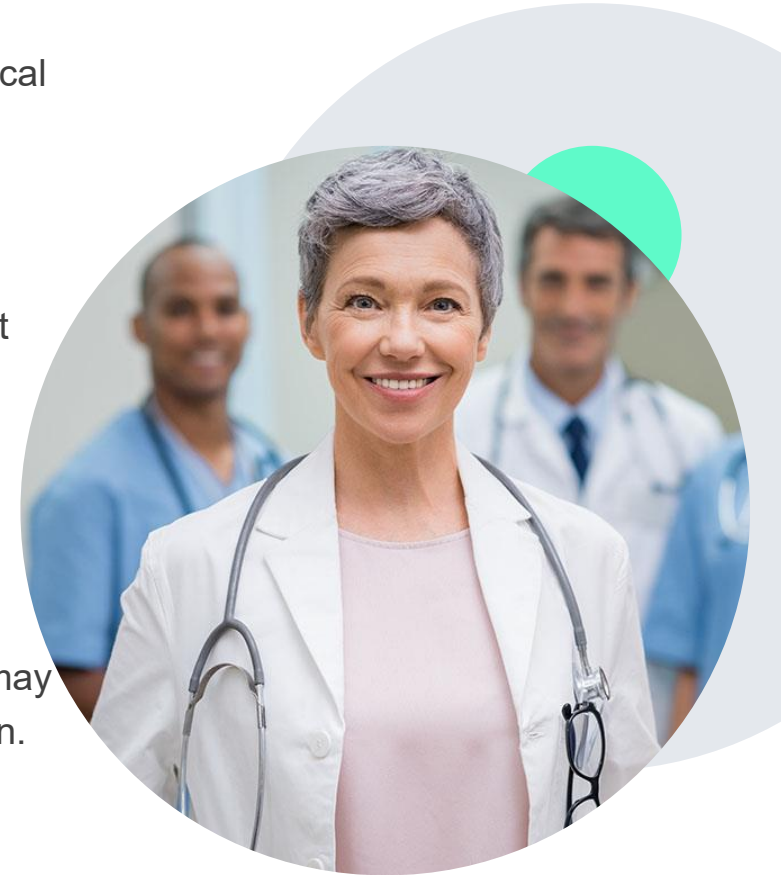
Radiation Oncology - Special Circumstances

+Alternative Recommendations

- An alternate treatment plan recommendation may be offered based on EviCore's evidence-based clinical guidelines
- The ordering provider can either accept the alternative recommendation by building a new case, or by requesting a reconsideration of the original request
- Providers must contact EviCore to accept the alternative recommendation before the start of treatment

+Authorization Updates

- If updates are needed to an existing authorization, you can contact EviCore by phone.
- Changes in treatment type or technique will require another Medical Necessity review on a new authorization. If approved, the original case will be withdrawn.
- If there is a change in technique(s) or number of fractions and this update is not communicated then it may impact claims payment. The billed services should align with the requested and approved treatment plan.
- If it is known the authorization time span will not cover the entirety of the Radiation Oncology treatment plan then EviCore should be notified before the services are billed by the provider.



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Additional Provider Portal Features

Portal Features

+Certification & Summary

- You can begin an authorization request
- Allows you to track recently submitted cases

+Authorization Lookup

- You can look-up authorization status on the portal and print any correspondence
- Search by member information OR by authorization number with ordering NPI
- Review post-decision options, submit appeal and schedule a peer-to-peer

+Eligibility Lookup

- Confirm if member requires prior authorization

+eNotification Alerts

- You can opt in to case status email alerts



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Duplication Feature

Success

Thank you for submitting a request for clinical certification. Would you like to:

- [Return to the main menu](#)
- [Start a new request](#)
- [Resume an in-progress request](#)

You can also start a new request using some of the same information.

Start a new request using the same:

- ☐ Program (Radiation Therapy Management Program)
- ☐ Provider ([REDACTED])
- ☐ Program and Provider (Radiation Therapy Management Program and [REDACTED])
- ☐ Program and Health Plan (Radiation Therapy Management Program and CIGNA)

GO

- Duplicate feature allows you to start a new request using same information
- Eliminates entering duplicate information
- Time saver!

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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**](#).



+Provider Resource Website

Provider Resource Pages

+EviCore's Provider Experience team maintains provider resource pages that contain client- and solution-specific 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:

- Frequently Asked Questions
- Quick Reference Guides
- Provider Training
- CPT code list

+To access these helpful resources, please visit

+<https://www.EviCore.com/resources/healthplan/wps-health-insurance-and-wps-health-plan>

WPS Provider Contact Center: 888-711-1444

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+Provider Newsletter

Stay Updated With Our Free Provider Newsletter

+EviCore's provider newsletter is sent out to the provider community with important updates and tips. If you are interested in staying current, feel free to subscribe:

- Go to EviCore.com
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates



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+Provider Resource Review Forums

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

+We invite you to attend a Provider Resource Review Forum, to navigate www.EviCore.com and understand all the resources available on the Provider's Hub. Learn how to access:

- EviCore's evidence-based clinical guidelines
- Clinical worksheets
- Check-status function of existing prior authorization
- Search for contact information
- Podcasts & Insights
- Training resources

How to register for a Provider Resource Review Forum?

You can find a list of scheduled **Provider Resource Review Forums** on www.EviCore.com → Provider's Hub → Scroll down to EviCore Provider Orientation Session Registrations → Upcoming



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Appendix

Provider Portal Overview

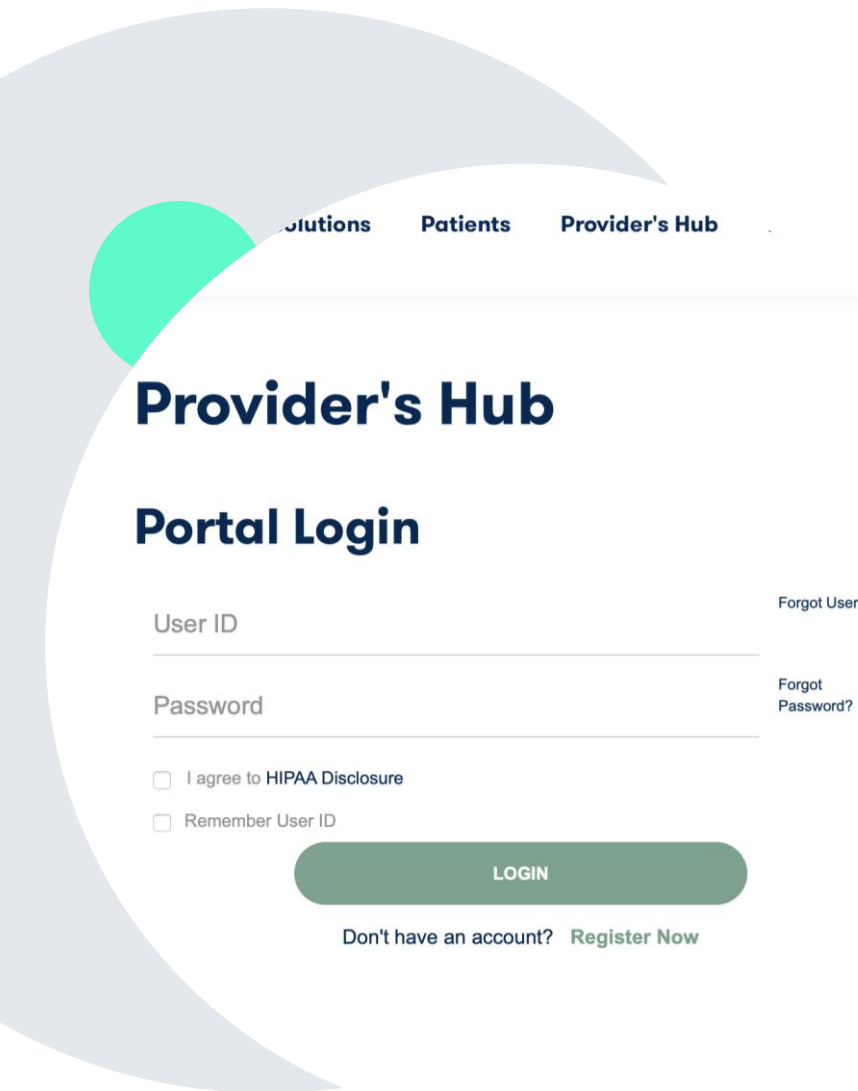
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+Portal Compatibility

+The EviCore.com website is compatible with the following web browsers:

- Google Chrome
- Mozilla Firefox
- Microsoft Edge (preferred)



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+EviCore healthcare Website

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Visit www.EviCore.com

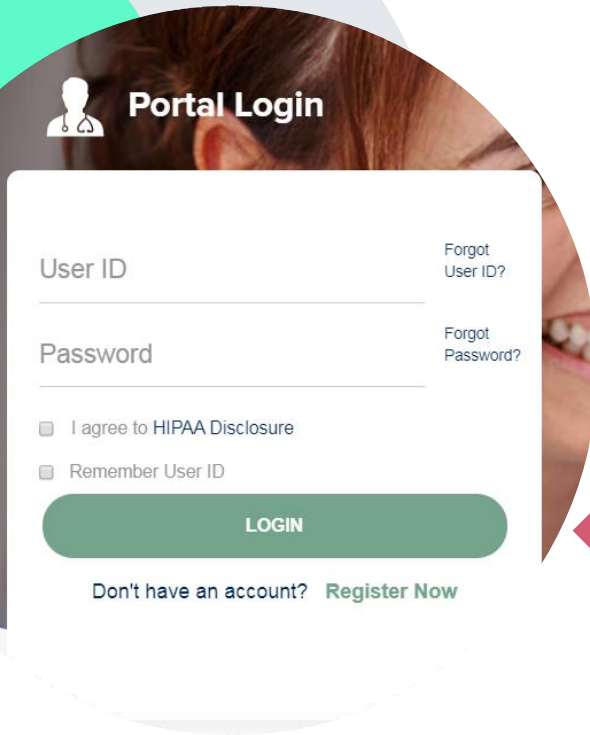
+Already a user?

+If you already have access to EviCore's online portal, simply log-in with your

+User ID and Password and begin submitting requests in real-time!

Don't have an account?

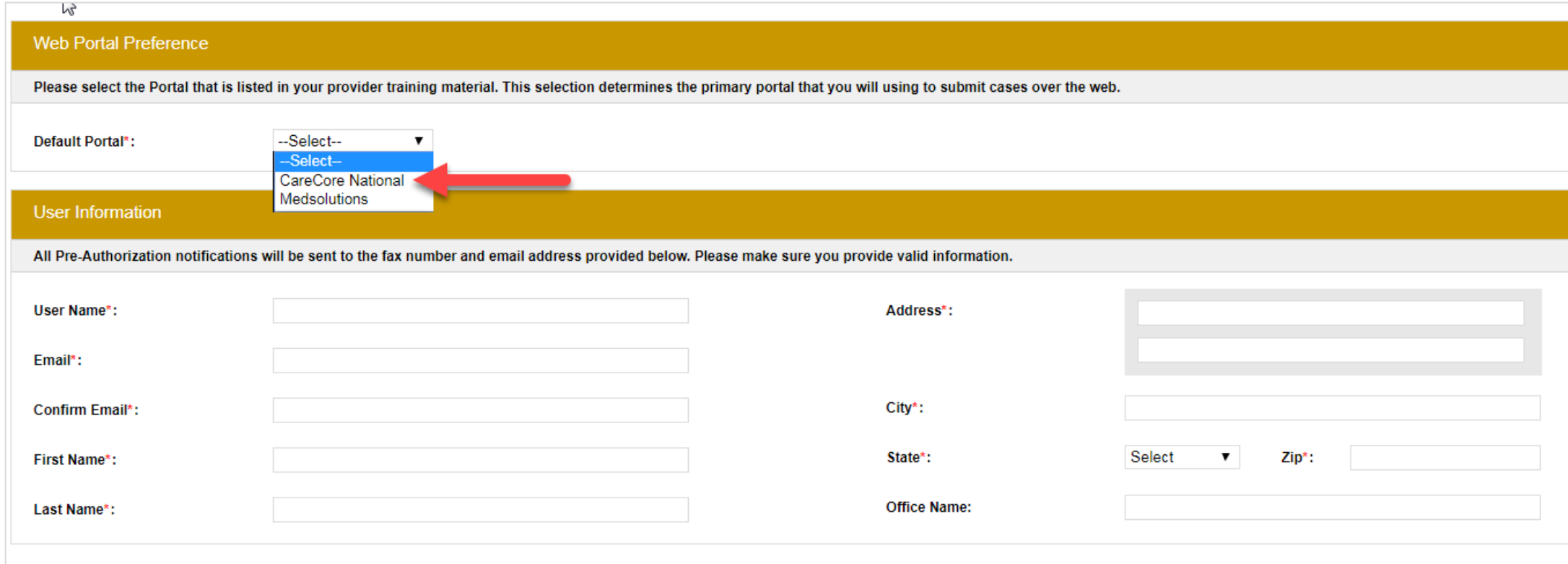
Click "Register Now" and provide the necessary information to receive access today!



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Internal Information

+Creating An Account



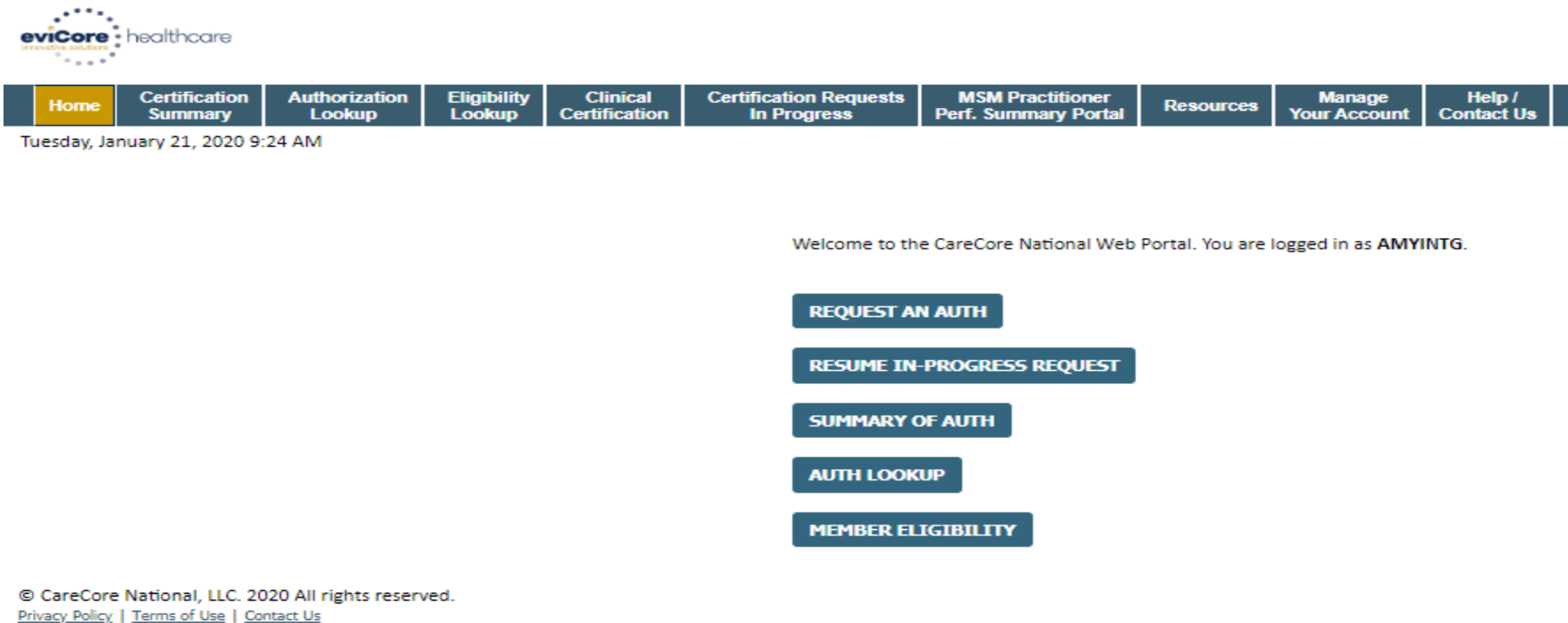
The screenshot shows a web portal preference and user information form. The 'Web Portal Preference' section has a dropdown menu for 'Default Portal*:' with options '--Select--', '--Select--', 'CareCore National Medsolutions', and 'Medsolutions'. A red arrow points to 'CareCore National Medsolutions'. The 'User Information' section contains fields for 'User Name*', 'Email*', 'Confirm Email*', 'First Name*', 'Last Name*', 'Address*', 'City*', 'State*', 'Zip*', and 'Office Name'. A note states: 'All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.'

- 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 log in page.

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Welcome Screen



- Providers will need to be added to your account prior to case submission. Click the **“Manage Account”** tab to add provider information.
- **Note:** You can access the MedSolutions Portal at any time without having to provide additional log-in information. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals.

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Manage Your Account



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 9:38 AM

Add Practitioner

Thank you for registering on the CareCore National website. If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to complete the registration process.

ADD ANOTHER PRACTITIONER

CONTINUE

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- Once you have selected a practitioner, your registration will be completed. You can then access the **“Manage Your Account”** tab to make any necessary updates or changes.
- You can also click **“Add Another Practitioner”** to add another provider to your account.

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Adding Providers



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 9:26 AM

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

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Enter the **Provider's NPI**, **State**, and **Zip Code** to search for the provider record to add to your account. You are able to add multiple Providers to your account.

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Adding Providers



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 9:29 AM

Add Practitioner

This following practitioner record(s) were found to match the requested NPI. Is this the practitioner you would like to register?

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax
Last, First	12312312	1 MD Address	Franklin	TN	37067	(999)999-9999	(999)999-9999

ADD THIS PRACTITIONER

CANCEL

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Select the matching record based upon your search criteria

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Select Program



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 9:42 AM

Request an Authorization

To begin, please select a program below:

- ☐ Durable Medical Equipment(DME)
- ☐ Gastroenterology
- ☐ Lab Management Program
- ☐ Medical Oncology Pathways
- ☐ Musculoskeletal Management
- ☐ Radiation Therapy Management Program (RTMP)
- ☐ Radiology and Cardiology
- ☐ Sleep Management
- ☐ Specialty Drugs

CONTINUE

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Select the **Program** for your certification.

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Select Provider



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 9:43 AM

[Log Off \(AMYINTG\)](#)

Requesting Provider Information

Select the provider for whom you want to submit an authorization request. If you don't see them listed, click [Manage Your Account](#) to add them.

Filter Last Name or NPI:

	SEARCH	CLEAR SEARCH
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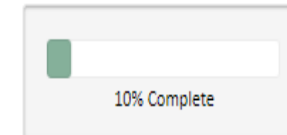
	Provider
SELECT	12312312 - Provider Name

BACK	CONTINUE
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Select the **Practitioner/Group** for whom you want to build a case.

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Select Health Plan



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 9:46 AM

[Log Off \(AMYINTG\)](#)

Choose Your Insurer

Requesting Provider: [GALANT, LINDA, RN D000000000](#)

Please select the insurer for this authorization request.

▼

VERU-CHIE

▼

Please Select an Address

BACK

CONTINUE

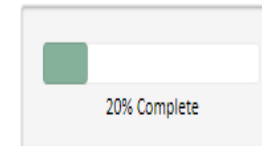
[Click here for help](#)

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

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

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Choose the appropriate **Health Plan** for the case request. If the health plan does not populate, please contact the plan at the number found on the member's identification card. Once the plan is chosen, please select the provider address in the next drop down box.

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Contact Information



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
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Monday, October 18, 2021 4:12 PM

[Log Off \(AMYNLIBBY2\)](#)

Add Your Contact Info

Provider's Name:* [?]
Who to Contact:* [?]
Fax:* [?]
Phone:* [?]
Ext.: [?]
Cell Phone:
Email:

☐ Receive notification of case status changes

BACK

CONTINUE

New feature! This option allows you to receive e-notification updates for case status updates/changes.

[Click here for help](#)

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30% Complete

Provider and NPI
BI, SUCAI
3659363794
(AETNA)

Member/Procedure Information

Attention!

Time: 1/21/2020 9:53 AM

Has this procedure been performed?

YES

NO

Verify if the procedure has already been performed.

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Member Information

eviCore

healthcare

interactive solutions

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

Manage Your Account

Help / Contact Us

Tuesday, January 21, 2020 9:53 AM

Log Off (AMYINTG)

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*

MM/DD/YYYY

Patient Last Name Only:*

[?]

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

40% Complete

Provider and NPI

CLINICAL, UNVER

UNVER, UNVER

UNVER, UNVER

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT	000000000000000000		WATKINS, CONCEPTA	6/26/1982	F	ONE LANTANA RD DOVERVILLE, FL 33546

BACK

[Click here for help](#)

Enter the **member information** including the Patient ID number, date of birth, and patient’s last name. Click **“Eligibility Lookup.”**

Confirm your patient’s information and click select to continue.

Radiation Oncology - Member & Request Information

Attention!

Time: 7/1/2020 1:54 PM

What is the expected treatment start date? MM/DD/20YY

SUBMIT

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

ELIGIBILITY LOOKUP

BACK

- You will be asked the **expected treatment start date**, the date of the member's initial Radiation Oncology treatment. The case will be backdated to cover simulation and treatment planning.
- You will then be asked to enter the **member information** (patient ID number, date of birth and last name), click **Eligibility Lookup** and verify

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Next you will select the cancer type/body part being treated (RC Code)

& diagnosis code associated with the member's cancer type

Requested Service + Diagnosis

This procedure will be performed on 7/2/2020.

CHANGE

Radiation Therapy Procedures

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

RCADRE

RCANAL

RCBILE

RCBLAD

RCBONE

RCBRAI

RCBREA

RCCERV

RCCNSL

RCCNSN

RCENDO

RCESOP

RCGACA

RCGALL

RCHDKL

RCHENE

RCHEPA

RCKIDN

RCLIVE

RCMETS

RCMUMY

RCNHDL

RCNONC

RCNSCL

RCOLIG

RCOTHE

RCPANC

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

Radiation Oncology - Verify Service 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](#)

- 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

Radiation Oncology - Clinical Certification

- Then, verify all information entered and make any changes needed
- 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 "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 on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from eviCore.

BACK

CONTINUE

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Internal Information

Standard or Urgent Request?

- If your request is **urgent** select **No**
- When a request is submitted as urgent you will be **required** to upload relevant clinical information
- If the case is **standard** select **Yes**
- You can upload up to **FIVE documents** in .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

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Radiation Oncology - Proceed to Clinical Information – Example of Questions

Proceed to Clinical Information

Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?
☐ Yes ☐ No

Where will treatment be directed?
☐ Bilateral breast (treated concurrently)
☒ Left breast
☐ Right breast

SUBMIT

What is the treatment intent?
☐ Pre-operative (neo-adjuvant)
☐ Definitive (No surgery planned)
☐ Post-operative (adjuvant)
☐ Palliative (for relief of symptoms)

SUBMIT

Proceed to Clinical Information

What is the T stage?

What is the N stage?

SUBMIT

Proceed to Clinical Information

Will the patient receive concurrent chemotherapy?
☐ Yes ☐ No

Will daily image-guided radiation therapy (IGRT) be used for phase I?
☐ Yes ☐ No

SUBMIT

☐ Finish Later

Did you know?

You can save a certification request to finish later.

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

SUBMIT CASE

- **Clinical Certification** questions may populate based upon the information provided in previous questions
- Clinical 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 2 business days 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

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Submit the Case
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Internal Information

Radiation Oncology – Criteria met, Summary of APPROVED Request

REQUESTED
Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions)

APPROVED
Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331)

DENIED

DENIAL RATIONALE

Provider Name:	DR. JAMES J. JENNIFER	Contact:	DR. JAMES J. JENNIFER
Provider Address:	100 N. TOWN ST. CHICAGO, IL 60601	Phone Number:	(773) 333-3333
		Fax Number:	(773) 333-3333
Patient Name:	JOHN DOE	Patient Id:	123456
Insurance Carrier:	ABC		
Site Name:	ABC RADIATION THERAPY	Site ID:	12345
Site Address:	100 N. TOWN ST. CHICAGO, IL 60601		
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	6/1/2020	Description:	Breast Cancer
CPT Code:	RCBREA		
Authorization Number:	123456		
Review Date:	5/20/2020 10:41:09 AM		
Expiration Date:	11/16/2020		
Status:	REQUESTED Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions)		
	APPROVED Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331)		
	DENIED		
	DENIAL RATIONALE		

REQUESTED
Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions)

APPROVED
Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331)

DENIED

DENIAL RATIONALE

If your request is authorized during the initial submission you can print out the summary of the request for your records

Review the details of the request and select Continue

Radiation Oncology - Criteria not met, submitting additional clinical

Proceed to Clinical Information

The clinical information provided may not be sufficient to establish medical necessity for the requested procedure. Please choose from the following options to provide additional support for the requested procedure.

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

You may also attach a PDF or Word file with additional information no larger than 1MB. Click the browse button to select the file to attach.

Browse...

Tips:

- Upload clinical notes on the portal to avoid any delays by faxing
- Additional information uploaded to the case will be sent for clinical review
- Clinical cannot be uploaded for cases that have reached a final status (Approved, Denied, Partially Approved, Withdrawn, or Expired)

- 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
- You may also upload larger clinical documents, up to five

Proceed to Clinical Information

Clinical Upload

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

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

Browse...

Browse...

Browse...

Browse...

Browse...

UPLOAD

SKIP UPLOAD

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

- When finished, submit for review

Radiation Oncology – Case Submission Success!

After clicking continue on the case summary screen, you will see a ‘Success’ screen. From here you may start a new request, return to the main menu, or resume an in-progress request.

Success

Thank you for submitting a request for clinical certification. Would you like to:

- [Return to the main menu](#)
- [Start a new request](#)
- [Resume an in-progress request](#)

You can also start a new request using some of the same information.

Start a new request using the same:

- ☐ Program (Radiation Therapy Management Program)
- ☐ Provider
- ☐ Program and Provider (Radiation Therapy Management Program and
- ☐ Program and Health Plan (Radiation Therapy Management Program and

GO

CANCEL PRINT

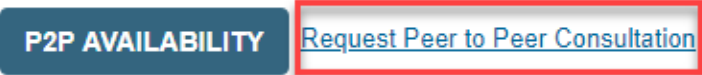
Online P2P Scheduling Tool

EviCore

By EVERNORTH
Internal Information

+How to schedule a Peer to Peer Request

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



Authorization Lookup

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



P2P AVAILABILITY

+How to schedule a Peer to Peer Request

Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the “All Post Decision Options” button to learn what other action may be taken.

Authorization Lookup

Authorization Number: NA

Case Number:

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:

Request Peer to Peer Consultation

ALL POST DECISION OPTIONS

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

+How to Schedule a Peer to Peer Request

The screenshot shows the 'New P2P Request' form. At the top, there are four navigation tabs: 'Case Info' (active), 'Questions', 'Schedule', and 'Confirmation'. The form contains two input fields: 'Case Reference Number' with a placeholder text 'Case information will auto-populate from prior lookup' and 'Member Date of Birth'. Below these fields is a button labeled '+ Add Another Case'. At the bottom right of the form is a button labeled 'Lookup Cases >'. A blue arrow points from the 'Add Another Case' button to the right, and another blue arrow points from the 'Lookup Cases >' button to the right.

+You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click Continue to proceed.

The screenshot shows the 'New P2P Request' confirmation screen. At the top, there is a 'Case Ref #' field with a blue arrow pointing to it. To the right of the 'Case Ref #' field are two links: 'Remove' and 'P2P Eligible' (with a green checkmark). Below the 'Case Ref #' field is a blue box with a warning icon and the text 'Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.' Below this box are two columns of information: 'Member Information' and 'Case P2P Information'. The 'Member Information' column contains fields for Name, DOB, State, Health Plan, and Member ID. The 'Case P2P Information' column contains fields for Episode ID, P2P Valid Until (2020-11-11), Modality (MSK Spine Surgery), Level of Review (Reconsideration P2P), and System Name (ImageOne). A blue arrow points from the 'Level of Review' field to the right. At the bottom right of the screen is a button labeled 'Continue' with a blue arrow pointing to it.

+Upon first login, you will be asked to confirm your default time zone.

+You will be presented with the Case Number and Member Date of Birth (DOB) for the case you just looked up.

+You can add another case for the same Peer to Peer appointment request by selecting “Add Another Case”

+How to Schedule a Peer to Peer Request

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type

Level of Review

MSK Spine Surgery

Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone

US/Eastern

Continue >

+You will be prompted to identify your preferred Days and Times for a Peer to Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click Continue.

+You will be prompted with a list of EviCore Physicians/Reviewers and appointment options per your availability. Select any of the listed appointment times to continue.

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week

5/18/2020 - 5/24/2020 (Upcoming week)

Next Week →

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT	-	-	-	-	-	-
6:30 pm EDT	-	-	-	-	-	-
6:45 pm EDT	-	-	-	-	-	-

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT	2:00 pm EDT	4:15 pm EDT	3:15 pm EDT	-	-	-
3:45 pm EDT	2:15 pm EDT	4:30 pm EDT	3:30 pm EDT	-	-	-
4:00 pm EDT	2:30 pm EDT	4:45 pm EDT	3:45 pm EDT	-	-	-
4:15 pm EDT	2:45 pm EDT	5:00 pm EDT	4:00 pm EDT	-	-	-
Show more...	Show more...	Show more...	Show more...	-	-	-

EviCore

By EVERNORTH

Internal Information

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+How to Schedule a Peer to Peer

+Confirm Contact Details

- Contact Person Name and Email Address will auto-populate per your user credentials

Case Info Questions Schedule Confirmation

P2P Info

Date Mon 5/18/20

Time 6:30 pm EDT

Reviewing Provider

Case Info

1st Case

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

P2P Contact Details

Name of Provider Requesting P2P

Dr. Jane Doe

Contact Person Name

Office Manager John Doe

Contact Person Location

Provider Office

Phone Number for P2P

(555) 555-5555

Alternate Phone

(xxx) xxx-xxxx

Requesting Provider Email

droffice@internet.com

Contact Instructions

Select option 4, ask for Dr. Doe

Submit >

- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:

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

- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment

Scheduling

Scheduled

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

SCHEDULED

+Canceling or Rescheduling a Peer to Peer Appointment

+To cancel or reschedule an appointment

- Access the scheduling software per the instructions above
 - Go to “My P2P Requests” on the left pane navigation.
 - Select the request you would like to modify from the list of available appointments
 - Once opened, click on the schedule link. An appointment window will open
 - Click on the Actions drop-down and choose the appropriate action
- + If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.
- + If choosing to cancel, you will be prompted to input a cancellation reason

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 list of fields and values: "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), and "Contact Instruction" (Request Dr. Doe). On the right side of the window, there is an "Actions" drop-down menu. A blue arrow points to the "Actions" menu, and another blue arrow points to the "Cancel Appointment" option in the dropdown list. The "Reschedule Appointment" option is also visible in the dropdown.

- Close browser once done

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Thank You!
