

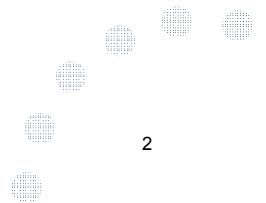
Prior Authorization of Radiation Therapy for Commercial BCBSM PPO

Provider Orientation



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- Q&A



Company Highlights

4K employees
including 1K clinicians

Headquartered in Bluffton, SC

Offices across the US including:

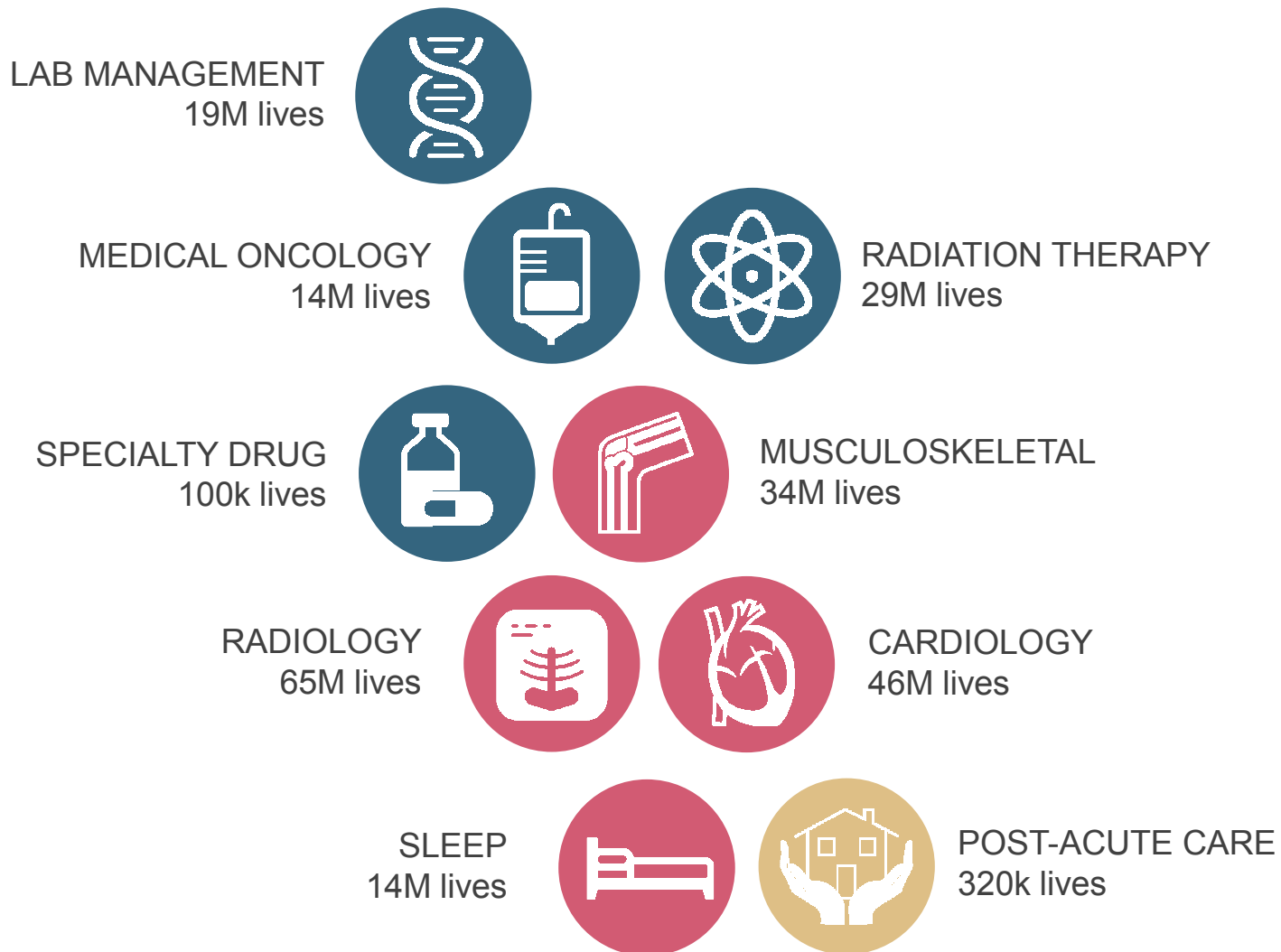
- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT
- Melbourne, FL
- Plainville, CT
- Sacramento, CA

SHARING
A VISION
AT THE CORE OF CHANGE.

100M members
managed nationwide

12M claims
processed annually

Integrated Solutions



Radiation Therapy by the Numbers

15



**Radiation
oncologists on staff**

17



**Radiation Therapy-
trained nurses on staff**

Case Statistics

70%

**Cases Immediately
Approved**

1.3%

Appeal Rate

37%

Web Utilization Rate

29

**Million lives
covered**



Our Clinical Approach

Clinical Platform

Multi-Specialty Expertise

Family Medicine	Oncology/Hematology
Internal Medicine	Musculoskeletal
Pediatrics	<ul style="list-style-type: none">• Orthopedic Surgery• Spine Surgery• Interventional Pain
Sports Medicine	
OB/GYN	
Cardiology	
Nuclear Medicine	
Anesthesiology	Radiology
Radiation Oncology	<ul style="list-style-type: none">• Nuclear Medicine• Musculoskeletal• Neuroradiology
Sleep Medicine	

- **190+ board-certified medical directors**
- **Diverse representation of medical specialties**
- **450 nurses with diverse specialties and experience**
- **Dedicated nursing and physician teams by specialty for Cardiology, Oncology, OB-GYN, Spine/Orthopedics, Neurology, and Medical/Surgical**

Evidence-Based Guidelines

The foundation of our radiation therapy solution:



Current
clinical
literature



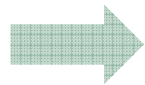
Contributions
from a panel
of community
physicians



Experts
associated
with academic
institutions

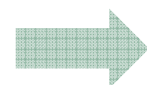


Compliant
with Medicare
NCDs/LCDs



Aligned with National Societies

- American Society for Radiation Oncology
- American College of Radiology
- National Comprehensive Cancer Network (NCCN)
- Medicare Guidelines



Advisory Board Members

- Dr. Anthony Berson – eviCore healthcare
- Memorial Sloan-Kettering, NY
- Stanford University Medical Center, CA
- Shields Oncology, MA
- Center for Radiation Oncology, NY
- Beth Israel Deaconess Medical Center; Harvard, MA
- Detroit Medical Center, Sinai Grace Hospital, MI

Radiation Therapy Prior Authorization Program for Blue Cross

Program Overview

eviCore will begin accepting requests on December 22, 2017, for dates of service January 1, 2018 and beyond for the Commercial PPO membership.

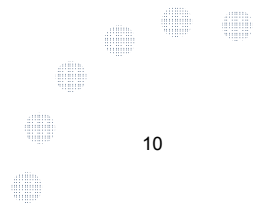
Prior authorization applies to services that are:

- Outpatient
- Elective and Non-emergent

Prior authorization **does not apply to services that are performed in:**

- Emergency room
- Inpatient
- 23-hour observation

It is the responsibility of the rendering provider to request prior authorization approval for services. In some instances, the provider may be required to furnish the referral or order the requested services.

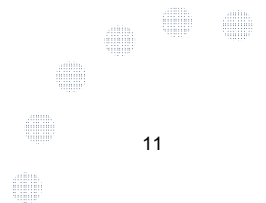


Applicable Membership

Authorization is required for Blue Cross Blue Shield of Michigan members enrolled in the following programs:

- **MA PPO Members**
- **Commercial PPO Members (new)**

Note: This presentation does not apply to Blue Care Network HMO Membership



Prior authorization required:

Clinical Modalities

- 2D, 3D Conformal
- IMRT
- Brachytherapy
- SRS/SBRT
- IORT
- Protons
- Neurons
- Hyperthermia
- Radiopharmaceuticals

Non- Clinical Modalities

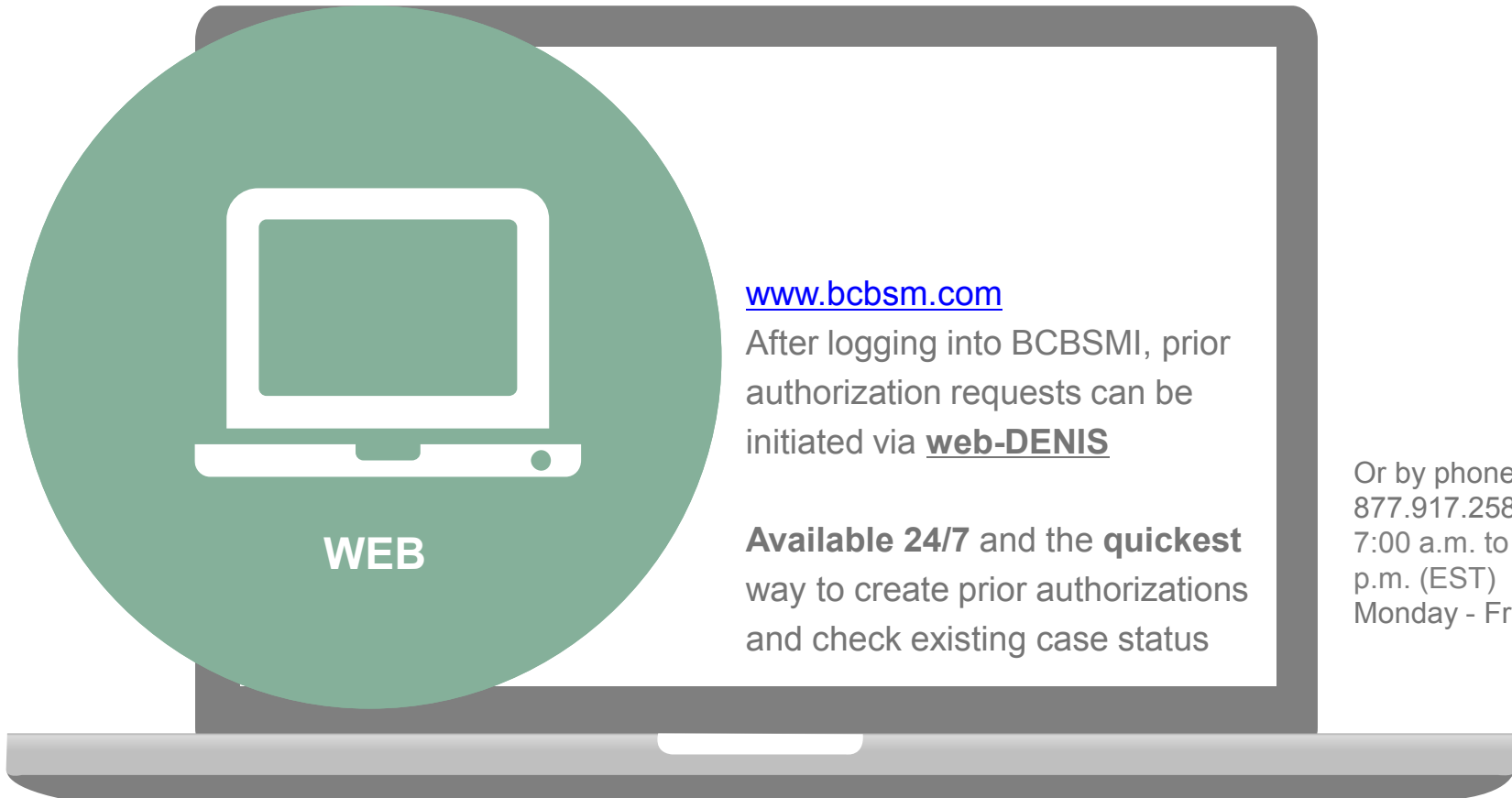
- SIM
- Planning
- Devices
- Imaging
- Physics
- Management

To find a list of CPT
(Current Procedural Terminology)
codes that require prior authorization
through eviCore, please visit:

<https://www.bcbsm.com/content/dam/public/Providers/Documents/help/evicore-codes-list.pdf>

Prior Authorization Requests

How to request prior authorization:



The illustration shows a laptop screen with a green circular overlay on the left side. Inside the circle is a white icon of a laptop. Below the icon, the word "WEB" is written in white capital letters. On the right side of the screen, the following text is displayed:

www.bcbsm.com
After logging into BCBSMI, prior authorization requests can be initiated via **web-DENIS**

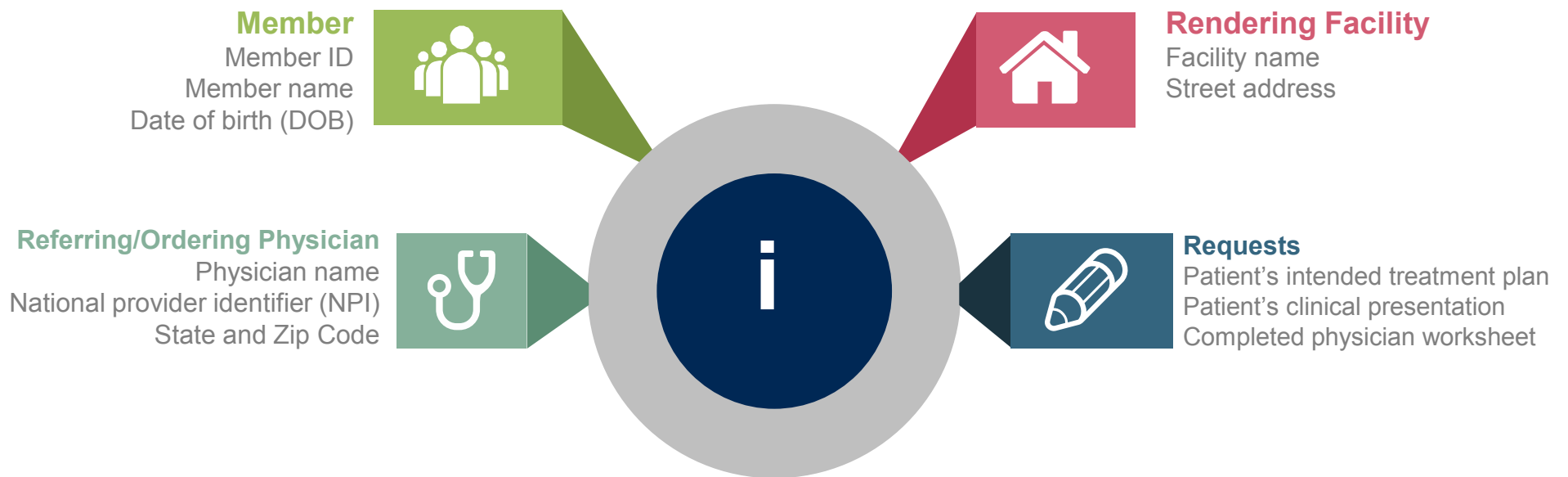
Available 24/7 and the **quickest** way to create prior authorizations and check existing case status

Or by phone:
877.917.2583
7:00 a.m. to 8:00 p.m. (EST)
Monday - Friday

Note: Via the web portal, 70% of Radiation Therapy cases are immediately approved.

Needed Information

Please Note: Clinical Worksheets are required and should be filled out by the physician



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.

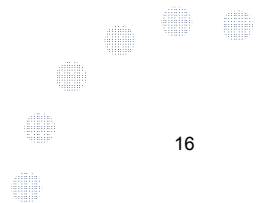
- Providers specify a diagnosis rather than request individual CPT codes
- Diagnosis and treatment plan compared to the evidence-based guidelines developed by our Medical Advisory Board
- If the request is authorized/covered or partially authorized/covered, then the treatment technique and number of fractions will be provided
- For questions about specific CPT codes that are included with each episode of care, please reference the **eviCore Radiation Therapy Coding Guidelines** located online:
<https://www.evicore.com/resources/pages/providers.aspx?solution=Radiation%20Therapy#ReferenceGuidelines>
- The eviCore Radiation Therapy Prior Authorization program is designed to review and approve a specific radiation therapy treatment plan. Such authorizations include approvals for the radiation technique, the number of fractions (treatments), the number of phases (or cone-downs), image guided radiation therapy (IGRT). Providers should bill according to the treatment plan that was rendered, and billing should align with the national billing guidelines for radiation therapy. If the claims received fall outside of these billing guidelines or do not align with the approved treatment plan, the claim submission may not be guaranteed for payment.

Top Reasons for Radiation Therapy Denials

The eviCore Radiation Therapy Prior Authorization program is designed to review and approve a specific radiation therapy treatment plan. Such authorizations include approvals for the radiation technique, the number of fractions (treatments), the number of phases (or cone-downs), image guided radiation therapy (IGRT). Providers should bill according to the treatment plan that was rendered, and billing should align with CMS billing policies for radiation therapy. If the claims received fall outside of these billing guidelines or do not align with the approved treatment plan, the claim submission may not be guaranteed for payment.

When claims associated with eviCore radiation therapy are rejected, providers should review the following and once addressed, resubmit the claim:

1. Authorization is on the eviCore portal
2. The dates of service on the authorization match the dates of services the claims were billed
3. Units billed do not exceed the units approved on the authorization
4. If IGRT was billed, the approval is included in the authorization letter



Top Reasons for Radiation Therapy Code Denials (cont'd)

Common reasons that a provider may encounter a claim denial for CPT Codes managed under the eviCore Radiation Therapy Prior Authorization Program:

Claim is not payable due to lack of approved or partially approved authorization.

When claims are submitted prior to the authorization being obtained and prior to approval or partial approval of that authorization then the claim may not be paid. The authorization should be submitted to eviCore prior to the start of radiation therapy treatment delivery and prior to submission of any claims.

Claim is not payable because the date of service of the CPT Code is outside of the authorized treatment timespan.

The treatment timespan associated with the approved or partially approved authorization is indicated on the authorization fax notification letters. If the date of service of the reported CPT code falls out of this timespan then the CPT code may not be payable. For example, if the treatment expands past the original expiration date associated with the authorization and CPT Codes are submitted with dates of service that are after the expiration date then the CPT Code may not be payable.

If it is known the date of service associated with a CPT code falls outside of the treatment time span then it is recommended the provider notify eviCore.

Top Reasons for Radiation Therapy Code Denials (cont'd)

CPT Codes associated with Image Guided Radiation Therapy [IGRT] are billed but not paid.

If IGRT is requested during submittal of the authorization then the approval (or lack of approval) of IGRT will be included in the authorization provided by eviCore.

The authorization letter/fax notifications will indicate one of the following:

- If IGRT was requested, if IGRT was requested/is not approved and the reason as to why it is not approved
- If IGRT is approved.

To the extent that IGRT is not requested during initial submission of the authorization but subsequently found to be required for the treatment plan, eviCore must be notified of the updated treatment plan to obtain approval.

It is recommended to follow CMS MUE and CCI edits for appropriate billing of IGRT. ASTRO's website has an FAQ dedicated to IGRT billing practices that does not require a membership or subscription: <https://www.astro.org/Daily-Practice/Coding/Coding-Guidance/FAQ-IGRT/>.

Top Reasons for Radiation Therapy Code Denials (cont'd)

Claims are received that do not align with National Billing Guidelines for Radiation Therapy.

Coding edits are in line with CMS guidelines and edits. It is important that offices remain up to date with CMS National Correct Coding Initiative [NCCI] and Medically Unlikely Edits [MUEs] which can be found at:

<https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html>

- **Example:** 77412 should be used for complex delivery treatment \geq MeV which requires any of the following criteria are met: 3 or more separate treatment areas, custom blocking, tangential ports, sedges, rotational beam, field-in-field or other tissue compensation that does not meet IMRT guidelines, or electron beam. This code is only used by OPPS. Code 77412 is most often not payable because it is billed more than once on one date of service. If the code must be reported more than once per date of service, then provider should reference the corresponding MUEs in order to follow proper billing procedures for codes.

CMS published the following guidelines as it relates to IMRT billing which addresses 77412 specifically:

https://downloads.cms.gov/medicare-coverage-database/lcd_attachments/34652_13/L34652_RAD014_BCG.pdf

Top Reasons for Radiation Therapy Code Denials (cont'd)

Reported CPT Code is not payable due to reason that the CPT Code Is Not Authorized.

A low volume of claims are rejected due to CPT codes being billed that do not match CPT codes authorized. The claim may not be payable if the reported CPT Code is not consistent with the requested and approved treatment plan associated with the authorization. Billing should be in accordance to what treatment plan was requested and authorized. For example, if 3D Conformal treatment plan is requested and approved then it is expected services and procedures pertinent to a 3D conformal treatment plan are reported as opposed to services and procedures pertinent to an Intensity Modulated Radiation Therapy [IMRT].

- If it becomes known a radiation therapy technique that is different than what was originally requested and authorized at eviCore is required, then please call eviCore to update the treatment plan prior to the first treatment session and if possible, prior to billing.
- If the CPT Code has already been billed and was not payable for the reason that the code was not authorized, then please review what treatment plan was submitted and authorized at eviCore. It is also recommended the claim is appealed and documentation is provided to support the use of the reported service.
- Example: 77386 (IMRT); for these denials, providers requested and were approved for 3D but billed this IMRT code. The letter states "Phase 1: 30 fractions (treatment sessions) of 3D conformal" under approved services. If the provider decides that they need IMRT instead of 3D, then the provider should call in to modify the request.

Resources

The following resources related to the radiation therapy eviCore program and billing are recommended:

- https://downloads.cms.gov/medicare-coverage-database/lcd_attachments/34652_13/L34652_RAD014_BCG.pdf
- https://downloads.cms.gov/medicare-coverage-database/lcd_attachments/30316_20/l30316_rad014_cbg_080111.pdf
- <https://www.astro.org/Daily-Practice/Coding/Coding-Guidance/Coding-FAQ-s-and-Tips/>
- <https://www.evicore.com/ReferenceGuidelines/eviCore%20Radiation%20Therapy%20Coding%20Guidelines.pdf>

If a claim is denied, please follow BCSBMI Post Service Claim Appeal Process.

Prior Authorization Outcomes

➤ Approved Requests:

- The standard turnaround time on cases is 3 calendar days or less after receipt of all necessary clinical information.
- Valid authorization timeframes vary by treatment/case.

➤ Retrospective Studies:

- Retro requests must be submitted within **90 days** following the date of service. Requests submitted after **90 days** will be administratively denied.
- Retro requests are reviewed for clinical urgency and medical necessity.

➤ Delivery:

- Faxed to ordering provider
- Mailed to the member
- Information can be printed on demand from the eviCore healthcare Web Portal

Prior Authorization Outcomes



Denied Requests:

- Communication of denial determination
- Communication of the rationale for the denial
- How to request a peer review



Delivery:

- Faxed to the ordering provider and rendering facility
- Mailed to the member



Appeals:

- eviCore healthcare is delegated provider appeals. Blue Cross will be delegated member appeals.

Online Peer-to-Peer Scheduling Tool


1. Providers will access the peer-to-peer scheduling via the eviCore website at www.eviCore.com and click on **PROVIDERS** at the tope of the page.



2. Providers will scroll down and click **SELECT TIME & DATE** next to “Request a Consultation with a Medical Director/Therapist”




Online Peer-to-Peer Scheduling Tool




Request a Consultation with a Medical Director/Therapist


LOGIN: **PROVIDERS** | **PLANS**
Clinical Guidelines and Forms

ABOUT


APPROACH


SOLUTIONS 

RESOURCES 

INSIGHTS


CAREERS

BCBS MI 

Musculoskeletal 

Required fields marked with "*".


Reason for Consult

Initial Case Discussion 

Preferred method of appointment confirmation *

☒ Email ☐ Phone

Case Number*


2017/08/31 

First Name*


Last Name*

Email*


Phone*

10AM-12PM 

EST

Message 

SUBMIT



Physician Worksheet

- The physician worksheet is best completed by the physician during the initial consultation with the patient.
- Inaccurate information causes authorized services to differ from those that are actually delivered and can lead to adverse determinations.
- You can access the physician worksheets online:
<https://www.evicore.com/resources/pages/providers.aspx?solution=Radiation%20Therapy#ReferenceGuidelines>



Breast Cancer Radiation Therapy Physician Worksheet (As of 09 June 2017)

This form should be used for the curative treatment of breast cancer or for the palliation of a breast cancer recurrence within the breast or chest wall. If the treatment is for metastases from breast cancer, please use the appropriate metastatic worksheet.

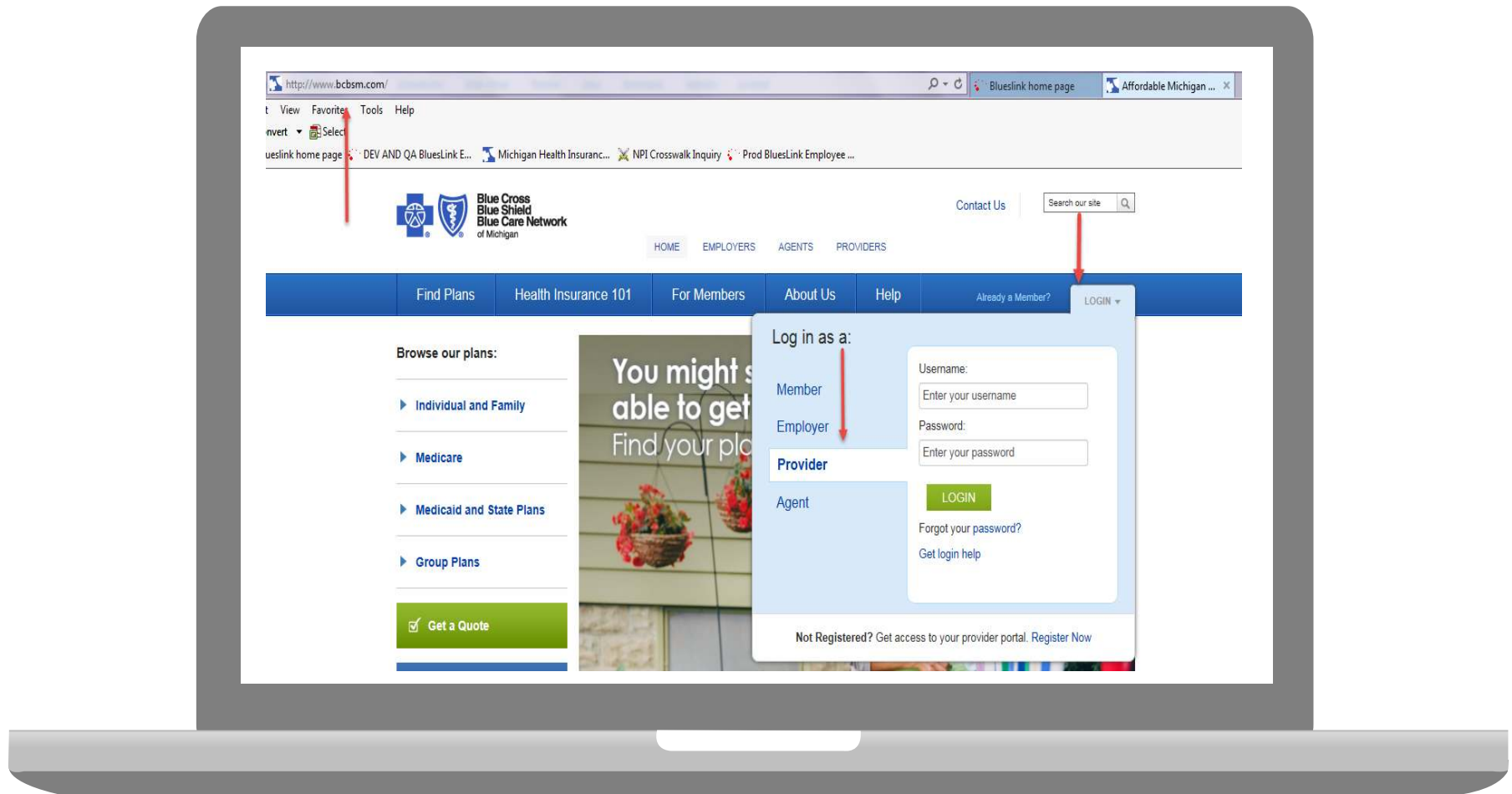
Please note that the use of a field-in-field technique is defined as 3D conformal. Additionally, the use of daily Image Guided Radiation Therapy (IGRT) during treatment of the whole breast or chest wall is typically not medically necessary. Requests for IGRT will be considered on a case-by-case basis.

Patient name:			
What is the radiation therapy treatment start date (mm/dd/yyyy)?		/ /	
1.	Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	Are you delivering adjuvant therapy to the whole breast or chest wall using two gantry angles and 3D conformal treatment planning? <i>If no, continue to question #3. If yes, skip forward to question #9.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Where will treatment be directed? <input type="checkbox"/> Right breast <input type="checkbox"/> Left breast <input type="checkbox"/> Bilateral breast (treated concurrently)		
4.	What is the T stage (pathologic T stage if patient has had surgery)? <input type="checkbox"/> T1mi <input type="checkbox"/> T1c <input type="checkbox"/> T4a <input type="checkbox"/> T4d <input type="checkbox"/> T1a <input type="checkbox"/> T2 <input type="checkbox"/> T4b <input type="checkbox"/> Ductal Carcinoma In Situ (DCIS) <input type="checkbox"/> T1b <input type="checkbox"/> T3 <input type="checkbox"/> T4c		
5.	What is the N-stage? <input type="checkbox"/> N0 <input type="checkbox"/> N1b <input type="checkbox"/> N2b <input type="checkbox"/> N3c <input type="checkbox"/> N1mi <input type="checkbox"/> N1c <input type="checkbox"/> N3a <input type="checkbox"/> N1a <input type="checkbox"/> N2a <input type="checkbox"/> N3b		
6.	What treatment plan to be used for the initial phase? <input type="checkbox"/> Whole breast radiotherapy <input type="checkbox"/> Post-mastectomy radiotherapy <input type="checkbox"/> Partial breast radiotherapy once a day <input type="checkbox"/> Partial breast radiotherapy twice a day <input type="checkbox"/> Palliation of local recurrence within the breast or chest wall		

Continued on next page

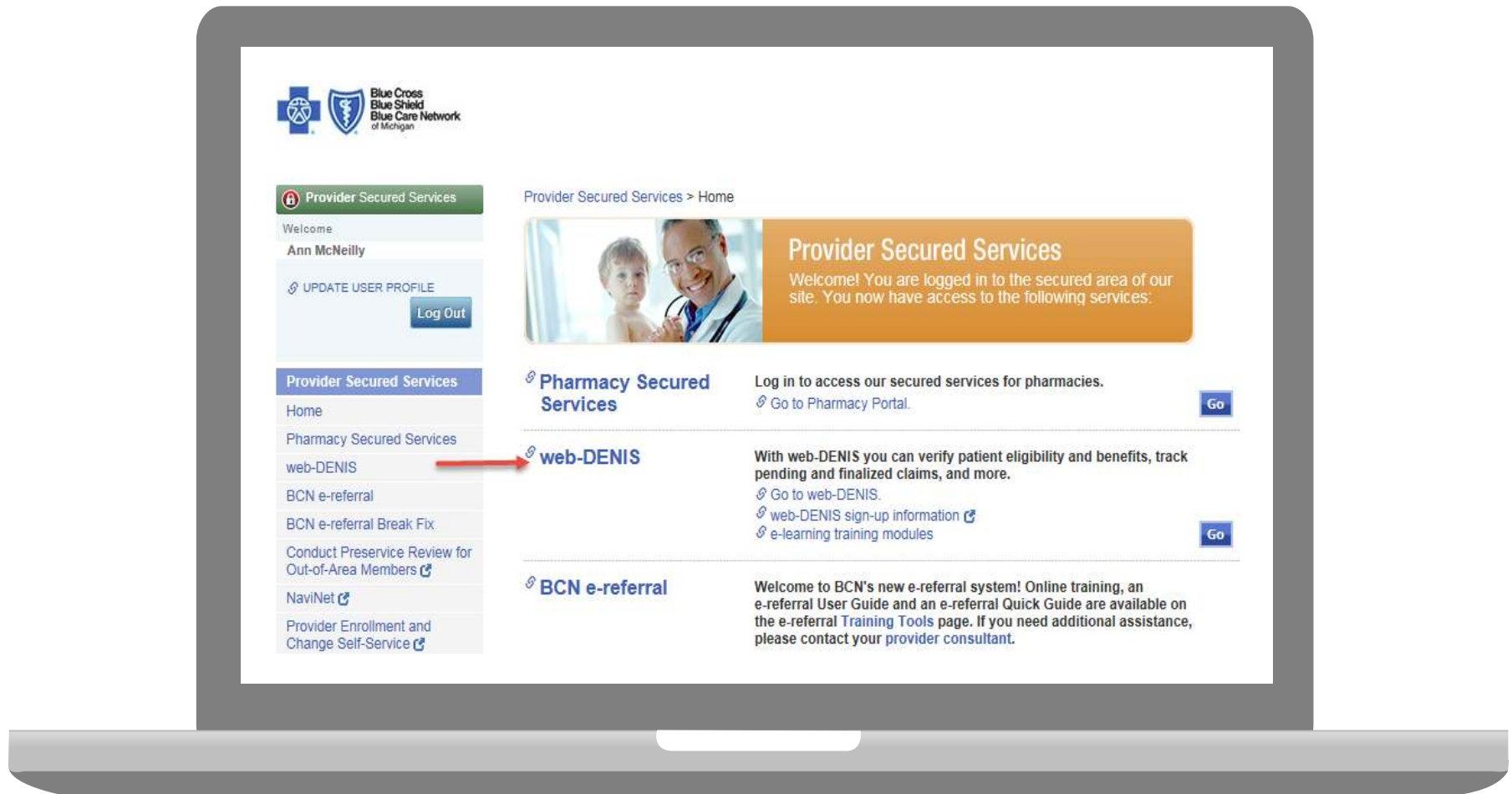
Web Portal Services

Web Portal Services



To initiate a request, access your account at www.bcbsm.com.

Web Portal Services



Click on web-DENIS.

Web Portal Services



To initiate a case, click **Prior Authorization** from the options list.

Web Portal Services

[To HIPAA View Option](#)

[Back to Provider Secured Home](#)

[Broadcast Messages](#)

[Subscriber Info.](#)

[Provider Enrollment](#)

[BCBSM Provider Publications and Resources](#)

[BCN Provider Publications and Resources](#)

[Provider Manuals](#)

[Claim Submission](#)

[Facility Claims](#)

[Professional Claims](#)

[Hospital Prenotification](#)

Prior Authorization for Medicare Plus Blue PPO Contracts

Please Enter Information:

NPI: *

Contract Number: *

* All items marked with asterisks are required

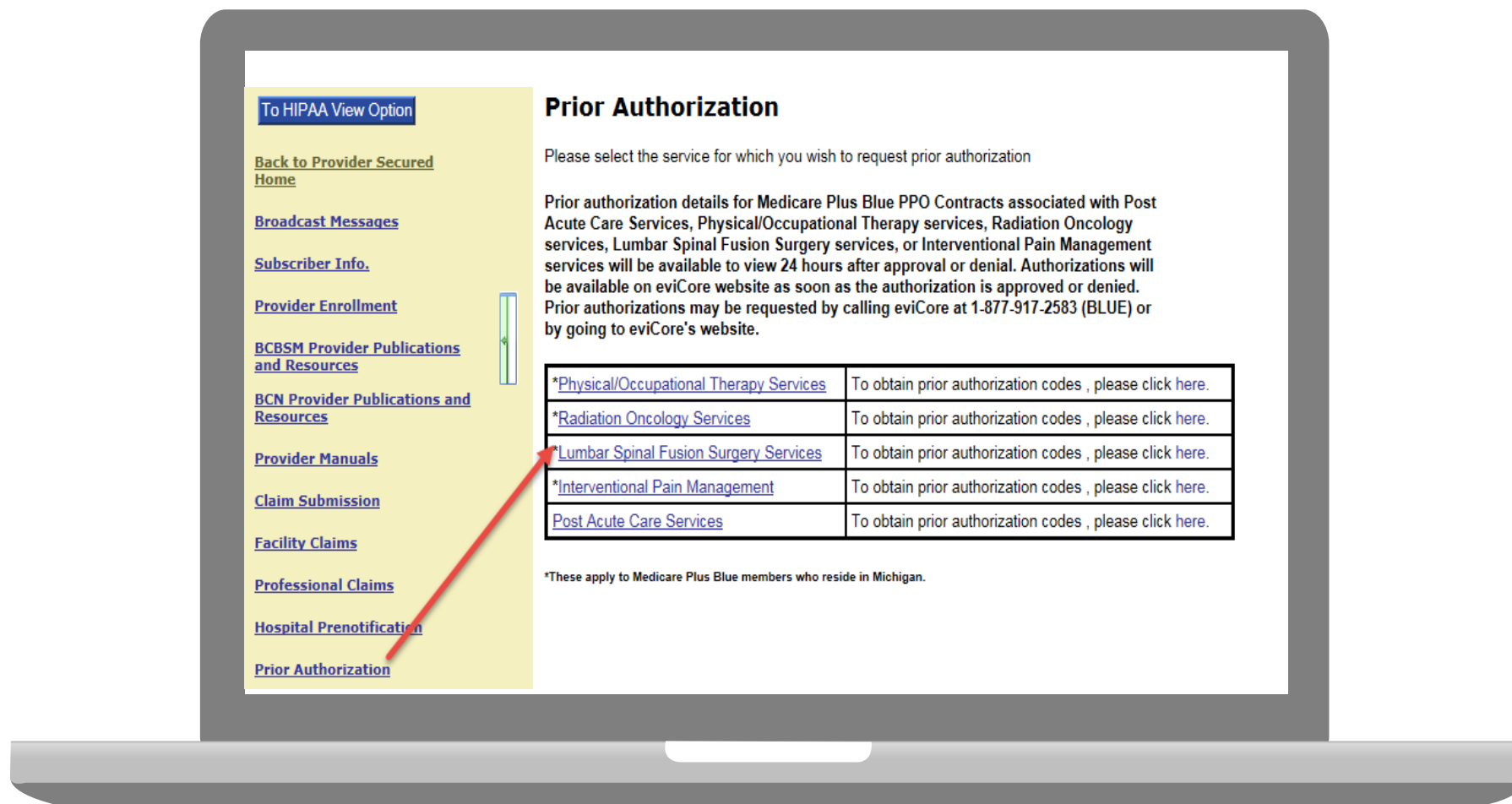
This prior authorization system is available for Medicare Plus Blue PPO contracts only and applies to the following services: Post Acute Care, Physical Therapy, Radiation Oncology, Lumbar Spinal Fusion Surgery & Interventional Pain.

If you need to request hospital prenotification for any BCBSM contracts please use the hospital prenotification link on the left navigation bar. For BCN contracts, please go to BCN e-referral



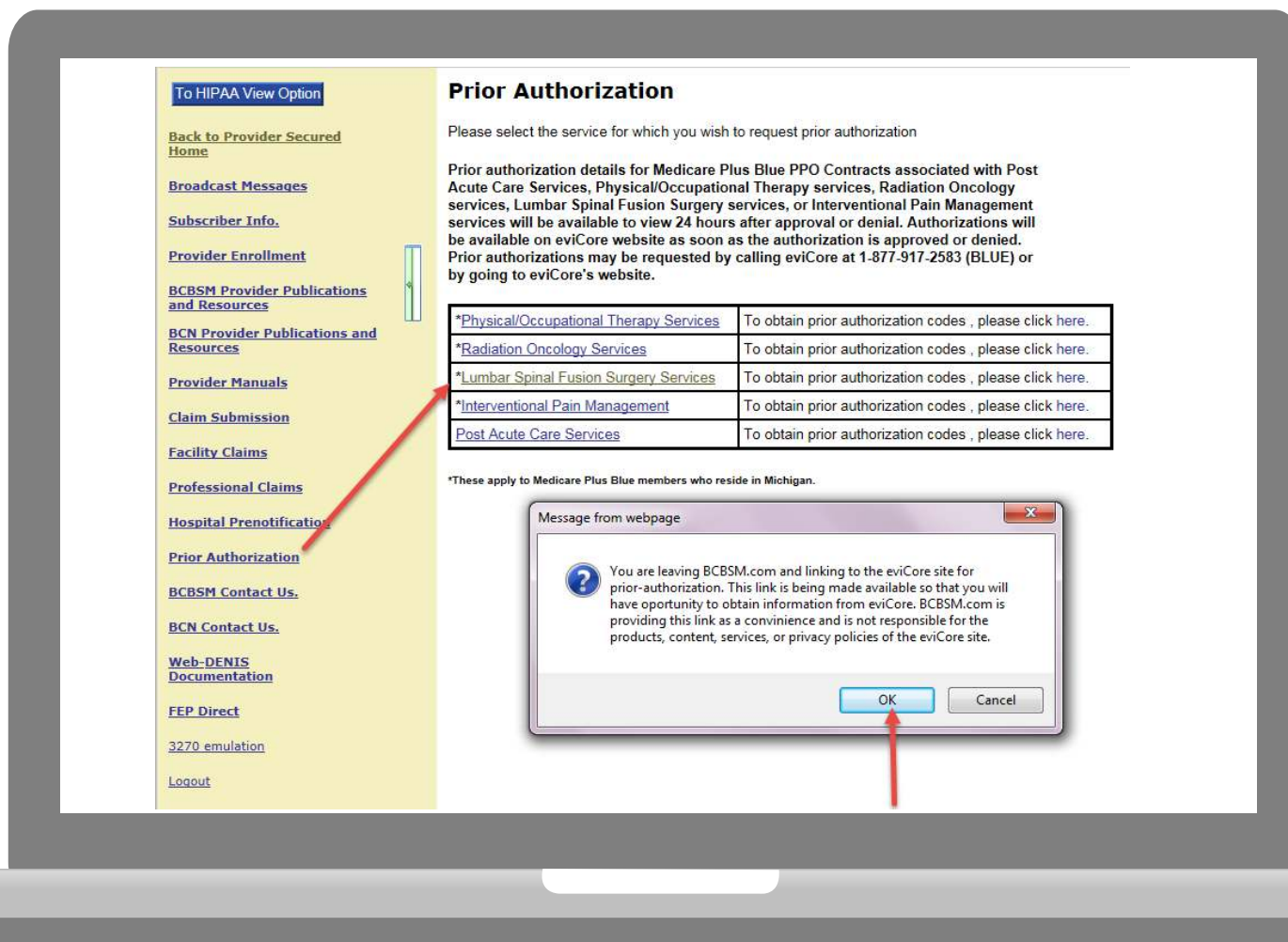
Enter the **NPI** and **Contract Number**.

Web Portal Services



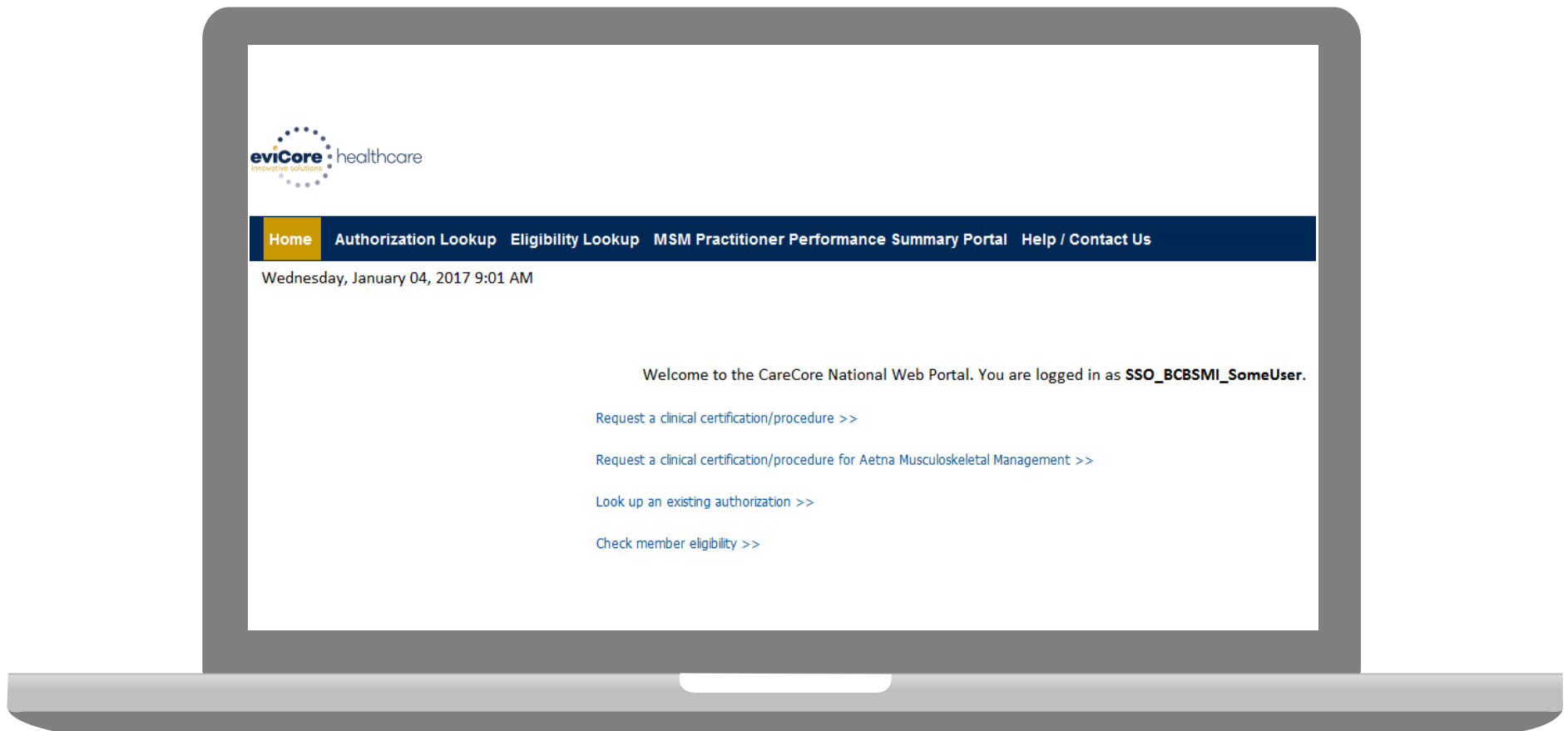
Select the **service** for which you wish to request prior authorization.
For this program, select **Radiation Oncology Services**.

Web Portal Services



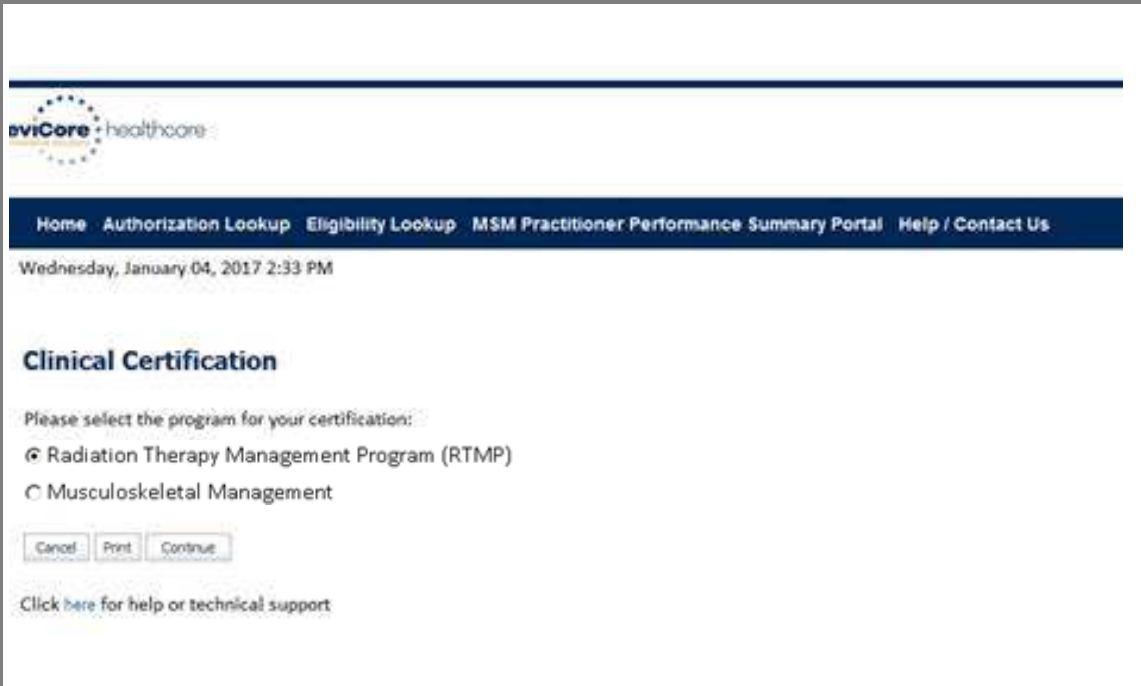
When you select the service, click **OK** to be redirected to the eviCore healthcare web portal to proceed with the authorization initiation.

eviCore Web Portal



Once redirected to the eviCore portal, you will land on the home page.
Click ***Request a clinical certification/procedure.***

Select Program



The screenshot shows a web application interface for eviCore healthcare. At the top, there is a navigation bar with links: Home, Authorization Lookup, Eligibility Lookup, MSM Practitioner Performance Summary Portal, and Help / Contact Us. Below the navigation bar, the date and time are displayed: Wednesday, January 04, 2017 2:33 PM. The main heading is "Clinical Certification". Below this, a prompt asks the user to "Please select the program for your certification:". There are two radio button options: "Radiation Therapy Management Program (RTMP)" which is selected, and "Musculoskeletal Management". At the bottom of the form, there are three buttons: "Cancel", "Print", and "Continue". A link for "Click here for help or technical support" is also present.



Select the desired program for your certification.

Select a Provider

The screenshot displays the eviCore healthcare portal interface. At the top, the logo and navigation links (Home, Authorization Lookup, Eligibility Lookup, MSM Practitioner Performance Summary Portal, Help / Contact Us) are visible. The date and time are shown as Wednesday, January 04, 2017 2:33 PM. The main section is titled "Clinical Certification" and includes a progress bar indicating 10% completion. Below the progress bar, there is a form to select a provider. The form has a "Selected Physician:" label and a table with a "Provider" header and a "SELECT" button. At the bottom of the form, there are buttons for "Cancel", "Back", "Print", and "Continue". A link for help or technical support is also provided.

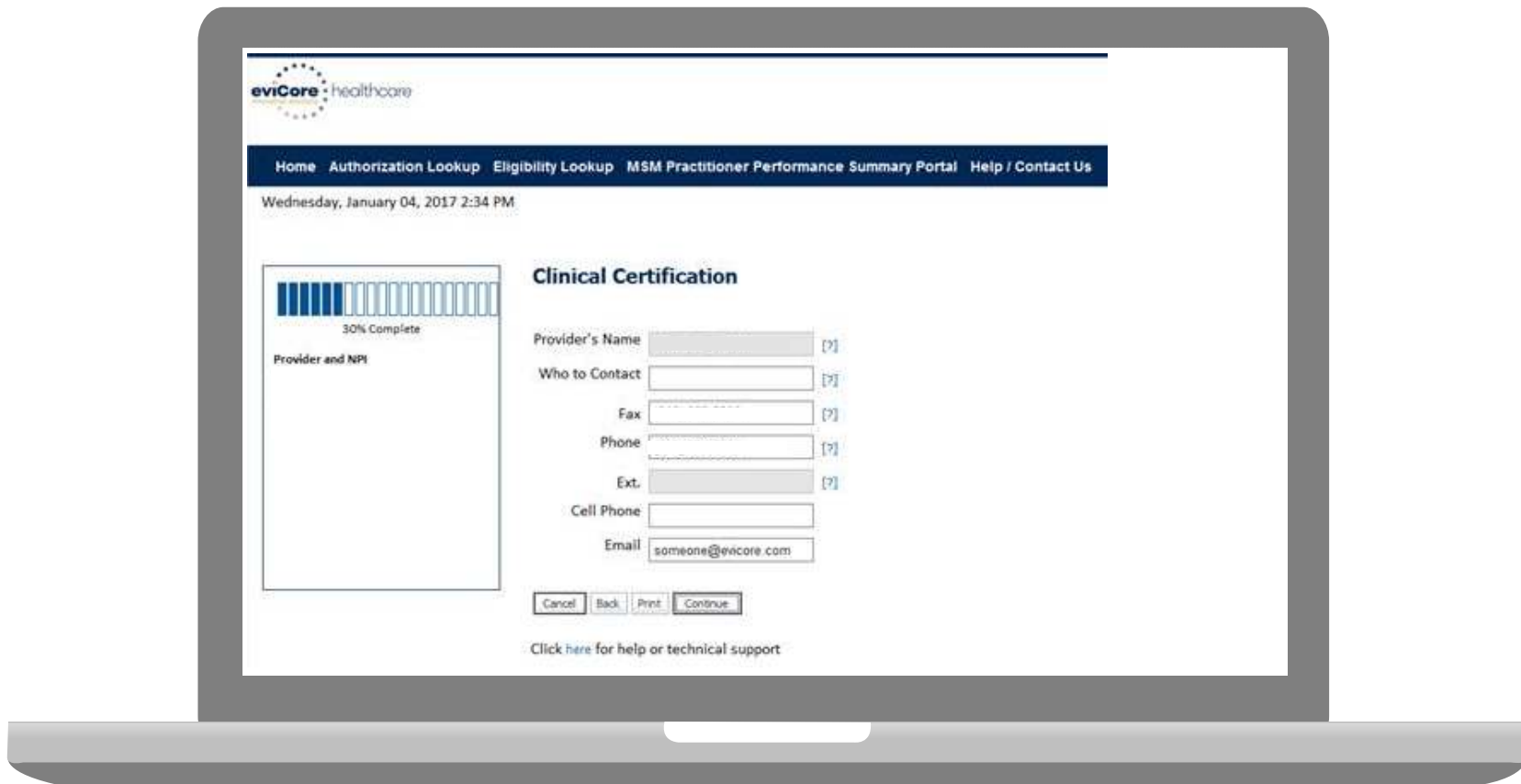
Provider
<input type="button" value="SELECT"/>

[Click here](#) for help or technical support.



Select the practitioner or group for whom you want to build a case.

Contact Information

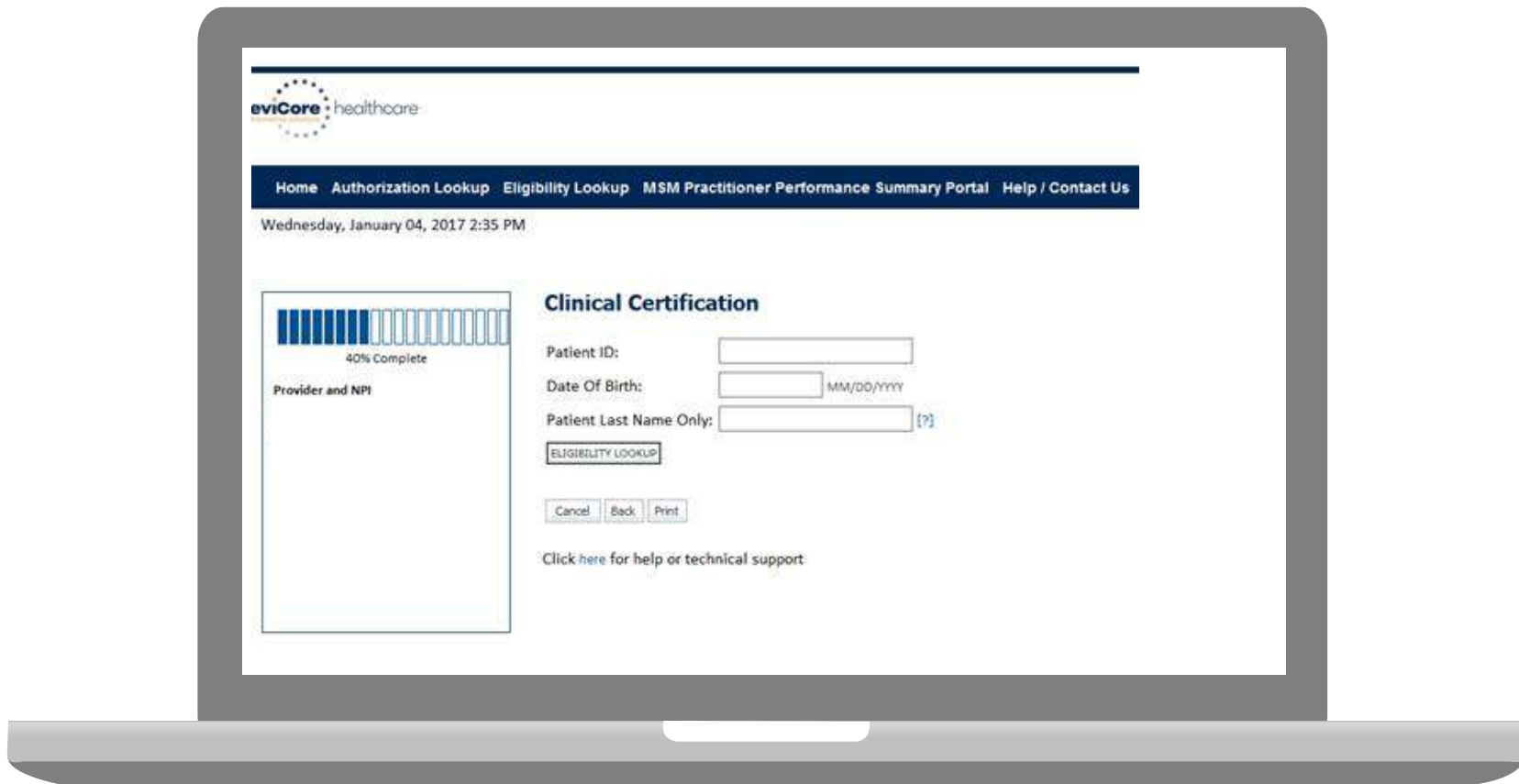


The screenshot shows a laptop displaying the eviCore healthcare website. The page has a dark blue header with the eviCore logo and a navigation bar with links: Home, Authorization Lookup, Eligibility Lookup, MSM Practitioner Performance Summary Portal, and Help / Contact Us. Below the navigation bar, the date and time are displayed: Wednesday, January 04, 2017 2:34 PM. The main content area is titled "Clinical Certification" and features a progress bar on the left indicating "30% Complete" and a section labeled "Provider and NPI". To the right of the progress bar, there are several input fields for contact information: Provider's Name, Who to Contact, Fax, Phone, Ext., Cell Phone, and Email. The Email field is pre-filled with "someone@evicore.com". At the bottom of the form, there are buttons for "Cancel", "Back", "Print", and "Continue". A link for "Click here for help or technical support" is also present.



Enter the **Provider's Name** and appropriate information for the point of contact person.

Member Information



The screenshot shows a web application interface for eviCore healthcare. At the top, there is a navigation bar with links: Home, Authorization Lookup, Eligibility Lookup, MSM Practitioner Performance Summary Portal, and Help / Contact Us. Below the navigation bar, the date and time are displayed: Wednesday, January 04, 2017 2:35 PM. The main content area is titled "Clinical Certification". On the left side, there is a progress bar showing 40% completion and a section labeled "Provider and NPI". The right side contains input fields for "Patient ID:", "Date Of Birth:" (with a MM/DD/YYYY format hint), and "Patient Last Name Only:". Below these fields is a button labeled "ELIGIBILITY LOOKUP". At the bottom of the form, there are buttons for "Cancel", "Back", and "Print", and a link that says "Click here for help or technical support".

➤ Enter the member information, including the **Patient ID**, **Date Of Birth** and **Patient Last Name Only**. Click **ELIGIBILITY LOOKUP**.

Clinical Details

Clinical Certification

This procedure will be performed on 7/1/2016. [CHANGE](#)

Radiation Therapy Procedures

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

RCBREA

Breast Cancer

Diagnosis

Diagnosis Code: **C50.412**

Description: **Malignant neoplasm of upper-outer quadrant of left female breast**

[Change Diagnosis](#)

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

Secondary diagnosis is optional for Radiation Therapy

[LOOKUP](#)

[Cancel](#)

[Back](#)

[Print](#)

[Continue](#)

Verify Service Selection

The screenshot shows a web portal interface for a provider. At the top, there's a navigation bar with links: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (which is highlighted), Certification Requests In Progress, Physician Criteria, and Manage Your Account. Below the navigation bar, the date and time are displayed: Tuesday, April 15, 2014 4:01 PM. The main content area is titled "Clinical Certification" and contains a progress bar showing 40% completion. To the left of the progress bar, there are two sections: "Physician" and "Patient", each with an "EDIT" link. The main content area also contains a list of fields for service selection: Treatment Start, CPT Code, Description, ICD-10 Code, Diagnosis, Secondary ICD-10 Code, and Secondary Diagnosis. Below these fields are two links: "Change Procedure or Diagnosis" and "Change Secondary Diagnosis". At the bottom of the form, there are four buttons: Cancel, Back, Print, and Continue.

Provider Web Portal

Home Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress Physician Criteria Manage Your Account

Tuesday, April 15, 2014 4:01 PM

Clinical Certification

Confirm your service selection.

Treatment Start:
CPT Code:
Description:
ICD-10 Code
Diagnosis:
Secondary ICD-10 Code
Secondary Diagnosis:
[Change Procedure or Diagnosis](#)
[Change Secondary Diagnosis](#)

Cancel Back Print Continue

Site Selection

The screenshot displays the 'Provider Web Portal' interface. At the top, there is a navigation bar with links: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (selected), Certification Requests In Progress, Physician Criteria, Manage Your Account, and Cardiology Approval Request. Below the navigation bar, the date and time 'Tuesday, April 15, 2014 4:03 PM' and a 'Log Off (KCOHAP)' link are visible. The main content area is titled 'Clinical Certification'. It includes a progress bar labeled '60% Complete' and a list of services: '4/15/2014 T6617 US PREGNANT UTERUS TRANSVAGINAL' and '66D30 HEMORR EARLY PREG-UNSPEC'. To the right, the 'Specific Site Search' section provides instructions and search fields for NPI, TIN, Zip Code, City, and Site Name. It also includes checkboxes for 'Exact match' and 'Starts with', and a 'LOOKUP SITE' button. Below the search fields is a table with columns 'Name' and 'Address', and a 'SELECT' button for each row. At the bottom, there are 'Cancel', 'Back', and 'Print' buttons.

Provider Web Portal

Home | Authorization Lookup | Eligibility Lookup | **Clinical Certification** | Certification Requests In Progress | Physician Criteria | Manage Your Account | Cardiology Approval Request

Tuesday, April 15, 2014 4:03 PM Log Off (KCOHAP)

Clinical Certification

The locations listed below are within 25 miles from the member's zip code and are listed in a random order. If the location you would like to send your patient to is not on this list, you can search for that location using the Specific Site Search parameters below.

Specific Site Search

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

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

	Name	Address
<input type="button" value="SELECT"/>		
<input type="button" value="SELECT"/>		
<input type="button" value="SELECT"/>		
<input type="button" value="SELECT"/>		

➤ Verify all information entered and make any needed changes before moving into the clinical collection phase of the prior authorization process.

You will not have the opportunity to make changes after that point.

Approval

Clinical Certification			
Your case has been Approved.			
Provider Name:		Contact:	
Provider Address:		Phone Number:	
		Fax Number:	
Patient Name:		Patient Id	
Insurance Carrier:			
Site Name:		Site ID:	
Site Address:			
Diagnosis/ ICD-10 Code:		Description: MALIGN NEOPL BREAST NOS	
Secondary Diagnosis:		Description:	
Date of Service: 6/20/2015		Description: Breast Cancer	
CPT Code: RCBREA			
Authorization Number:			
Review Date: 6/18/2015 4:38:37 PM			
Expiration Date: 10/16/2015			
Status: Your case has been Approved.			
REQUESTED Phase 1: Electrons: Technique: Electrons; 8 Fractions (treatment sessions)			
APPROVED Phase 1: Electrons: Technique: Electrons; 8 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331), Basic Radiation Dosimetry (12 x 77300)			
DENIED			
DENIAL RATIONALE			
<input type="button" value="Print"/> <input type="button" value="Continue"/>			

Once the clinical pathway questions are completed and the answers have met the clinical criteria, an **approval** will be issued.

Print the screen and store in the patient's file.

Medical Review

Clinical Certification

④ Is there any additional information specific to the member's condition you would like to provide?

☐ I would like to upload a document

☐ I would like to enter additional notes in the space provided

☐ I would like to upload a document and enter additional notes

☐ I have no additional information to provide at this time

Enter text in the space provided below or both.

④ Additional Information - Notes:

You may upload a document from your computer (PDF or Word less than 5MB)

④ Additional Upload Document:



If **additional information** is required, you will have the option to either upload documentation, enter information into the text field or contact us via phone.

Case Summary – Pending Additional Information

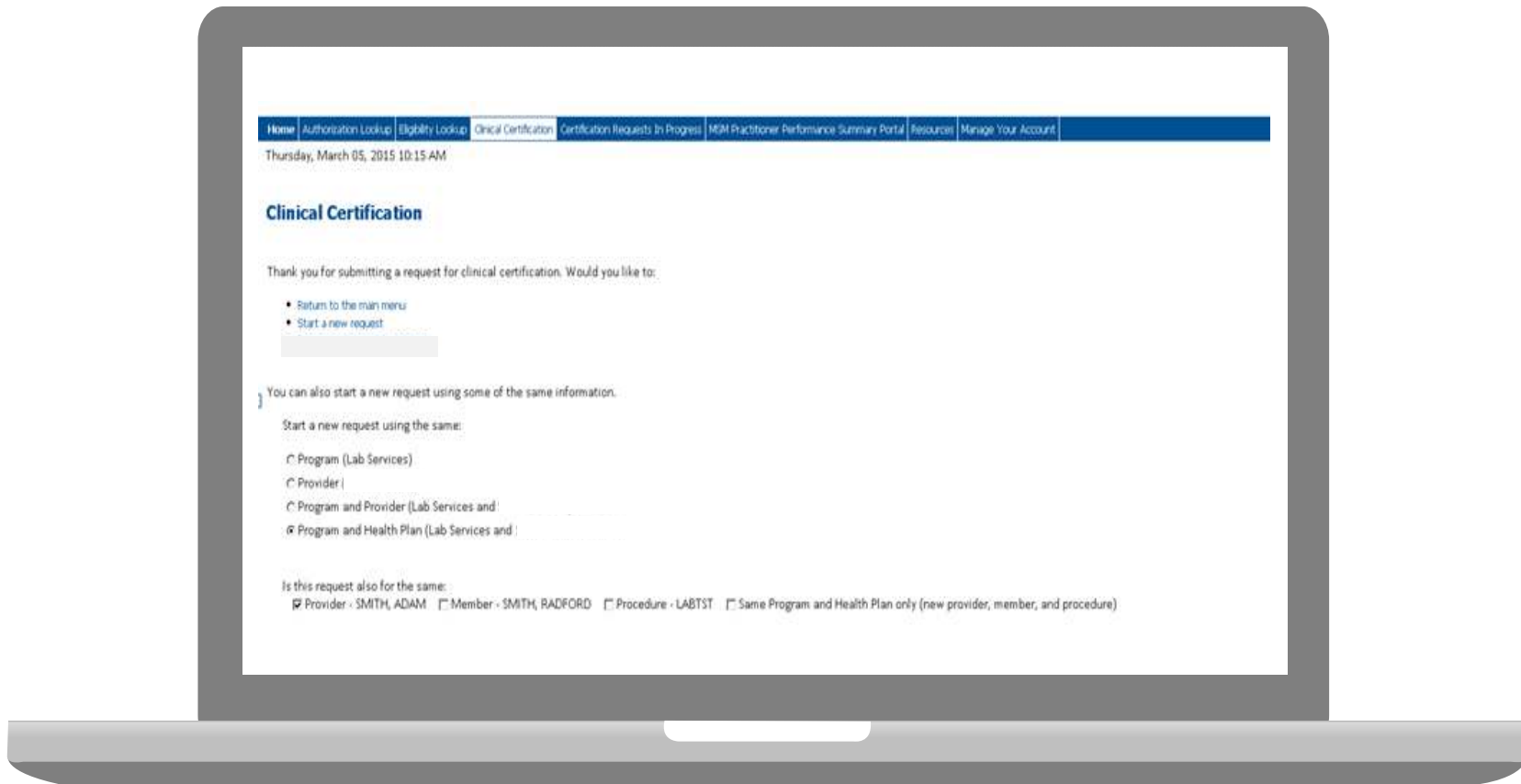
Clinical Certification

Incomplete clinical information was submitted on the web. Please return to your web request and complete the submission of clinical information. The additional information is necessary to review your request for medical necessity and may include any of the following: current signs and symptoms, prior diagnostic studies and results, prior clinical management of the patient, and medications with dose and duration. Failure to complete the clinical submission will result in this request being non certified as the Clinical history and indications are incomplete and as such, fail to meet medical necessity criteria.

Provider Name:	Contact:		
Provider Address:	Phone Number:		
	Fax Number:		
Patient Name:	Patient Id:		
Insurance Carrier:			
Site Name:	Site ID:		
Site Address:			
Primary Diagnosis Code:	F02.81	Description:	Dementia in other diseases classified elsewhere with behavioral disturbance
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided		
CPT Code:	70553	Description:	MRI Brain W/ & W/O CONTRAST
Case Number:	XXXXXXXXXX		
Review Date:	12/14/2016 3:41:56 PM		
Expiration Date:	N/A		
Status:	Incomplete clinical information was submitted on the web. Please return to your web request and complete the submission of clinical information. The additional information is necessary to review your request for medical necessity and may include any of the following: current signs and symptoms, prior diagnostic studies and results, prior clinical management of the patient, and medications with dose and duration. Failure to complete the clinical submission will result in this request being non certified as the Clinical history and indications are incomplete and as such, fail to meet medical necessity criteria.		

If you look up a case that has not yet been completed, you will see messaging indicating that additional information is needed in order for the case request to be finalized.

Building Additional Cases



➤ Once a case has been submitted for clinical certification, you can return to the **Main Menu** or **start a new request**. You're even able to indicate if any of the previous case information will be needed for the new request.

Authorization Look-up



When logged in to your web portal account, select **Authorization Lookup** from the menu options at the top.

Authorization Look-up

eviCore healthcare

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

Tuesday, November 22, 2016 2:30 PM

Authorization Lookup

New Security Features Implemented

☒ Search by Member Information

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:
MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:

☒ Search by Authorization Number/ NPI

REQUIRED FIELDS

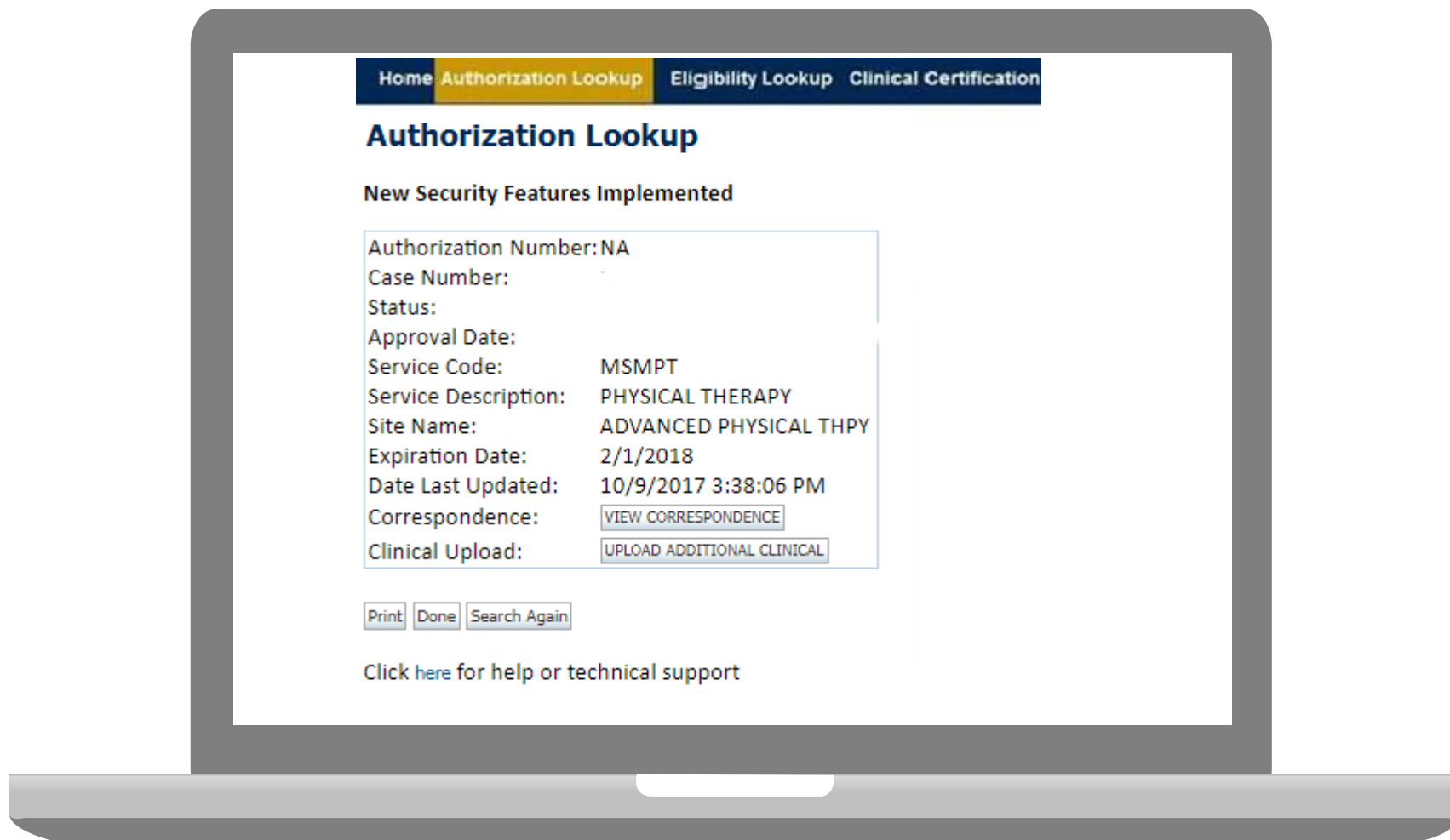
Provider NPI:

Auth/Case Number:

➤ Select **Search by Authorization Number/NPI**. Enter the provider's NPI and authorization or case number. Select **Search**.

You can also search for an authorization by **Member Information**. Enter the health plan, provider NPI, patient's ID number and patient's date of birth.

Authorization Status



The screenshot shows a web application interface for 'Authorization Lookup'. At the top, there is a navigation bar with links: 'Home', 'Authorization Lookup' (highlighted in yellow), 'Eligibility Lookup', and 'Clinical Certification'. Below the navigation bar, the title 'Authorization Lookup' is displayed. A section titled 'New Security Features Implemented' is present. The main content area contains a form with the following fields and values:

Authorization Number:	NA
Case Number:	
Status:	
Approval Date:	
Service Code:	MSMPT
Service Description:	PHYSICAL THERAPY
Site Name:	ADVANCED PHYSICAL THPY
Expiration Date:	2/1/2018
Date Last Updated:	10/9/2017 3:38:06 PM
Correspondence:	VIEW CORRESPONDENCE
Clinical Upload:	UPLOAD ADDITIONAL CLINICAL

Below the form, there are three buttons: 'Print', 'Done', and 'Search Again'. At the bottom, there is a link: 'Click [here](#) for help or technical support'.



The authorization will then be accessible to review. To print authorization correspondence, select **View Correspondence**.

Provider Resources



Radiation Therapy Resources

Clinical Guidelines, Physician Worksheets, and other resources can be accessed online:

- <https://www.evicore.com/resources/pages/providers.aspx?solution=Radiation%20Therapy#ReferenceGuidelines>
- Click the **“View Physician Worksheets”** button to access specific worksheets.

eviCore healthcare

LOGIN: **PROVIDERS** | **PLANS**
Clinical Guidelines and Forms

Search

APPROACH SOLUTIONS RESOURCES MEDIA CAREERS

Overview | **Clinical Guidelines** | Quick Reference Tool | Online Forms & Resources | Solutions | Video Tutorial

Clinical Guidelines

Please select clinical guidelines by first selecting the appropriate solution. Adobe PDF Reader is required to view clinical guideline documents.

Benefits, coverage policies, and eligibility issues pertaining to each health plan may take precedence over eviCore's clinical guidelines. Select the **view more** option to access health plan-specific guidelines.

Radiation Therapy

eviCore Radiation Therapy Clinical Guidelines - Effective 9/2/2016

eviCore Radiation Therapy Coding Guidelines - Effective 1/1/2017

eviCore Radiation Therapy Clinical Documentation Requirements (Revised 7.15.16) - Effective 1/1/2016

+ View more for health plan specific radiation therapy guidelines

- View less Physician Worksheets

Adrenal Cancer - Effective 1/31/2017

Anal Canal Cancer - Effective 1/31/2017

Bile Duct Cancer - Effective 1/26/2017

Bladder Cancer - Effective 1/26/2017

Provider Resources: Pre-Certification Call Center



Pre-Certification
Call Center



Web-Based
Services



Provider Relations
Department



Documents

7:00 AM - 8:00 PM (Eastern Time): 1-877-917-2583

- Obtain pre-certification or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case

Provider Resources: Web-Based Services



Pre-Certification
Call Center



Web-Based
Services



Provider Relations
Department



Documents

To speak with a web specialist regarding web portal questions/issues, call 1-800-646-0418 (Option #2) or send an email to:

portal.support@evicore.com

eviCore's provider portal gives you convenient 24/7 access to:

- Request authorization
- Check case status online
- Retrieve and submit saved cases
- Upload electronic PDF/word clinical documents

Provider Resources: Client Provider Operations



Pre-Certification
Call Center



Web-Based
Services



Provider Relations
Department



Documents

Client.services@evicore.com

To speak with a Provider Relations representative, call 1-800-646-0418 (Option #3)

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Request for an authorization to be resent to the health plan

Provider Resources: Implementation Site



Pre-Certification
Call Center



Web-Based
Services



Provider Relations
Department



Documents

Provider enrollment questions contact Blue Cross Blue Shield of Michigan at
1-866-309-1719 or <http://www.bcbsm.com/index/find-a-doctor.html>

Blue Cross Blue Shield of Michigan Implementation Site:

<https://www.evicore.com/healthplan/BCBSM>

- Provider Orientation Presentations
- Quick Reference Guide
- Frequently Asked Questions
- Clinical Guidelines

Coding guidelines and program criteria:

<https://www.evicore.com/ReferenceGuidelines/eviCore%20Radiation%20Therapy%20Coding%20Guidelines.pdf>

To obtain a copy of this presentation, please contact the
Provider Relations department at providerrelations@evicore.com

Thank You!

