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## Radiation Oncology

### Frequently Asked Questions

#### Who needs to request prior authorization through eviCore?

It is the responsibility of the rendering physician to complete the prior authorization process for radiation oncology.

#### Can only the provider ask for authorizations?

A representative of the physician's staff can request prior authorization. This could be someone from the clinical team, front office or billing staff, acting on behalf of the ordering physician.

#### Which Radiation Oncology treatments require prior authorization for Blue Cross and Blue Shield of Minnesota?

A treatment plan in which a radiation therapy technique is intended to treat the patient's diagnosis requires authorization. Such techniques include:

- Superficial/Orthovoltage
- Electron Beam
- Conventional Isodose Planning, Complex
- 3D Conformal
- Intensity-Modulated Radiation Therapy (IMRT)
- Image-Guided Radiation Therapy (IGRT)
- Stereotactic Radiosurgery (SRS)
- Stereotactic Body Radiation Therapy (SBRT)
- Brachytherapy
- Radiopharmaceuticals
- Hyperthermia
- Proton Beam
- Neutron Beam

#### What information is required when requesting prior authorization?

When requesting prior authorization, please ensure all necessary information is readily available:

##### Member

- First and Last Name
- Date of Birth
- Member ID

##### Ordering Provider

- First and Last Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Number

##### Clinical(s)

- Diagnosis/ICD-10
- Start date of treatment (not simulation date, radiation treatment delivery date)
- \*Cancer type to be treated
- Completed physician worksheet and/or request form as applicable.

\*The requester will be asked to select the cancer type being treated as part of the case build process. If a non-cancerous diagnosis is being treated then specify "non-cancerous" indication during case build. If eviCore does not have a cancer or non-cancerous selection that fits the diagnosis then please specify "Other" cancer type during case build.



### What is included in a Radiation Oncology Prior Authorization Request?

An eviCore Radiation Oncology prior authorization will include all pertinent radiation therapy services for a member's entire episode of care.

- eviCore will provide a medical necessity decision based on the treatment plan, plus any pertinent clinical information that is communicated to eviCore.
- Radiation Oncology physician worksheets and request forms are available at [eviCore.com](http://eviCore.com). These documents are meant to help the provider ensure they collect the minimum treatment plan and clinical information required to render a medical necessity determination during the pre-service authorization request process.
- If necessary, additional clinical information can also be communicated to eviCore via fax or the document upload feature available during case build on the web.
- The prior authorization written notifications will communicate approved and denied services, which include treatment technique and number of fractions (ex: 10 fractions of 3D conformal treatment)
- eviCore healthcare will review all lesions to be treated as a single episode of care. If there is uncertainty, regarding synchronous cancers or treatment of multiple lesions please call and request to speak to a clinical reviewer.
- The authorization will be inclusive of all relevant and necessary CPT codes (simulation, dosimetry, devices, treatment delivery codes, etc.), appropriate to the approved treatment plan, and within the scope of the codes managed under the program.

### Do I need a separate prior authorization number for each service code requested?

No. eviCore healthcare will assign one authorization number per treatment plan with a decision for medical necessity. Radiation Oncology authorizations are not built by individual CPT code, but instead by cancer type. Requests attempted via phone for individual CPT codes will be redirected to choose the appropriate cancer type. (ex: Breast Cancer / Prostate Cancer / Bone Metastases)

### What guidelines does eviCore healthcare use to render Medical Necessity Determinations?

The program's purpose is to ensure that radiation therapy services provided to members are consistent with national guidelines. eviCore healthcare follows NCCN and ASTRO guidelines, and you can find those guidelines at [Clinical Guidelines | Provider Hub | Provider Resources \(evicore.com\)](#).

### Where can I access eviCore healthcare's clinical worksheets, request forms, and guidelines?

eviCore's clinical worksheets, request forms, and guidelines are available online 24/7 and can be found by visiting one of the following links:

#### Clinical Worksheets and Request forms

[www.evicore.com/provider/online-forms](http://www.evicore.com/provider/online-forms)

Select 'Radiation Oncology;' then search for BCBS MN.

#### Clinical Guidelines

[www.evicore.com/provider/clinical-guidelines](http://www.evicore.com/provider/clinical-guidelines)

Select 'Radiation Oncology;' then search for BCBS MN.

### Where can I find eviCore's coding guidelines?

#### Coding Guidelines

[www.evicore.com/provider/clinical-guidelines](http://www.evicore.com/provider/clinical-guidelines)

Select 'Radiation Oncology;' then search for BCBS MN.

### How long is an authorization valid?

Radiation Oncology Authorizations are valid for varying time periods, depending on the cancer type/treatment technique, and will be communicated on the authorization letter. If the services are not performed within the timeframe provided, please contact eviCore healthcare. eviCore should be contacted prior to billing for the services that will fall outside of the timespan of the authorization.



Note: Authorizations' include a 14-day window to allow for simulation and planning procedures pre-service to the initiation of radiation treatment.

**If there is a change in the approved treatment plan (such as adding IGRT or additional treatments) do I need to call eviCore healthcare?**

Yes, the pre-service authorization is only valid for the treatment plan requested by the physician. A new Medical Necessity Determination is needed for any new or modified treatment plans. If you need to change the plan during the course of treatment, contact eviCore healthcare. **It is strongly recommended to call eviCore as soon as it is known there is a change in treatment plan and pre-service to billing for the corresponding services.**

**What is the most effective way to get authorization for urgent requests?**

Authorization for urgent requests can be initiated via phone or the web portal. Please contact eviCore healthcare directly at **844.224.0494** or on the portal via Availity at <https://apps.availity.com/availity/web/public.elegant.login>, Make sure to indicate that the request is urgent by answering 'no' to the question of whether the request is standard.

**Does eviCore healthcare employ physicians other than radiation oncologists to review pre-service authorization requests?**

Only radiation oncologists review authorizations for radiation therapy treatment when medical review is required.

**If I received a prior authorization approval, but my claim denies, what should I do?**

Prior authorization approval is not a guarantee of payment of benefits. Payment is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation and other terms, conditions, limitations and exclusions of your Certificate of Benefits booklet and/or Summary of Benefits.

If a claim is denied, instructions for appeal will be included in the explanation of payment. If you have questions regarding a claim denial, please contact Blue Cross and Blue Shield of Minnesota.

**What information about the prior authorization will be visible on the eviCore healthcare website?**

The authorization status function on the website will provide the following information:

- Prior Authorization Number/Case Number
- Status of Request
- Cancer Type
- Prior Authorization Date
- Expiration Date
- Any correspondence that has been sent by eviCore to member, provider, and/or facility
- Self-Scheduling Peer to Peer request tool

**How do I submit a program related question or concern?**

For program related questions or concerns, please email: [clientservices@evicore.com](mailto:clientservices@evicore.com)

**Who do I contact for online support/questions?**

Web portal inquiries can be emailed to [portal.support@evicore.com](mailto:portal.support@evicore.com) or call 800-646-0418 (Option 2). Additionally, a 'Chat Now' option is available on the eviCore website that allows real time web support.

**Where can I find additional educational materials?**

For more information and reference documents, please visit our resource page at <https://www.evicore.com/resources/healthplan/blue-cross-blue-shield/minnesota>.