



## Medical Oncology

### Frequently Asked Questions

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

It is the responsibility of the rendering physician to assure that medical oncology services are authorized. However, the ordering, or rendering, provider can complete the prior authorization process for medical 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.

#### What medical providers will be affected by this agreement?

All physicians who perform oncology related injection and infusion procedures are required to obtain a prior authorization for services prior to the service being rendered in an office or outpatient setting. Physicians and facilities who render oncology related injection and infusion procedures within the scope of this program must confirm that prior authorization has been obtained. Please note that services performed without prior authorization may be denied for payment, and you may not seek reimbursement from customers in these cases.

You will need to request prior authorization for your patients with Cigna coverage, including those who are receiving these services in the outpatient setting and whose Cigna ID card indicates that prior authorization is required for outpatient procedures.

#### What are the elements of the Integrated Oncology Management Program?

The main component of the Integrated Oncology Management Program is prior authorization for all primary chemotherapy and supportive drugs (e.g., medical injectables and infusions), beginning February 20, 2017. Oral chemotherapeutic drugs used in the treatment of cancer will be included beginning July 1, 2017. The program also includes newly approved chemotherapy services.

#### What procedures will require prior authorization?

For the list of affected drugs that require prior authorization, please login to the Cigna for Health Care Professionals website at (CignaforHCP.com > Resources > Clinical Reimbursement Policies and Payment Policies > Precertification Policies).

**Note:** Newly approved chemotherapy agents not on this list and used for the treatment of cancer do require prior authorization.

#### How do I check the eligibility and benefits of a member?

Member eligibility and benefits can be verified on <https://cignaforhcp.cigna.com/> before requesting prior authorization through eviCore.



## How do I request a prior authorization through eviCore healthcare?

Providers and/or staff can request prior authorization in one of the following ways:

### Web Portal

The eviCore portal is the quickest, most efficient way to request prior authorization and is available 24/7. Providers can request authorization by visiting [www.evicore.com](http://www.evicore.com)

### Call Center

eviCore's call center is open from 7 a.m. to 7 p.m. local time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling 866-668-9250.

## What are the benefits of using eviCore healthcare's Web Portal?

Our web portal provides 24/7 access to submit or check on the status of your request. The portal also offers additional benefits for your convenience:

- **Speed** – Requests submitted online require half the time (or less) than those taken telephonically. They can often be processed immediately.
- **Efficiency** – Medical documentation can be attached to the case upon initial submission, reducing follow-up calls and consultation.
- **Real-Time Access** – Web users are able to see real-time status of a request.
- **Member History** – Web users are able to see both existing and previous requests for a member

## Is registration required on eviCore's web portal?

Yes. A one-time registration is required for each practice or individual. You will be required to log-in prior to submitting pre-service authorization requests on the web. If you have an existing account, a new account is not necessary.

## What information will be required to obtain a prior authorization?

- Member or Patient's Name, Date of Birth, and health plan ID Number
- Ordering Physician's Name and NPI Number
- Ordering Physician's Telephone and Fax Number
- Facility's Name, Telephone and Fax Number
- Requested drug(s)
- Relative diagnosis and medical history including:
- Signs and symptoms
- Results of relevant test(s)
- Relevant drugs
- Working diagnosis and stage
- Patient history including previous therapy
- Recommended Dosing and Administration Information

## 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.

## 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)

#### Clinical and Coding Guidelines

[Cigna \(evicore.com\)](http://Cigna.evicore.com)

### **What happens if the provider's office does not know the treatment regimen that needs to be ordered?**

The caller must be able to provide either the drug name or the HCPCS code in order to submit a request. eviCore will assist the physician's office in identifying the appropriate code based on presented clinical information and the current HCPCS code(s) provided.

### **How long is an authorization valid?**

The length of time for which a prior authorization will be valid will vary by request ranging from approximately 8 – 12 months.

When a prior authorization number is issued for a treatment regimen, the requested start date of service will be the starting point for the period in which the course of treatment must be completed. If the course of treatment is not completed within the approved time period, or if there is a drug change in the regimen, then a new prior authorization number must be obtained.

### **Is a separate authorization needed for each drug ordered?**

No. A single authorization number will cover the entire regimen for the length of treatment (up to 12 months depending on the treatment selected). The eviCore system will collect the clinical data needed and provide a list of regimens consistent with NCCN guidelines (single agent and multi-agent) which to consider. Providers may also custom build a regimen by selecting from a list of all drugs covered in the program. In either case, the entire regimen must be provided at the time the authorization is requested. If a new drug is needed at a later date a new authorization will be needed for the complete regimen to be used from that date forward.

### **Are any drug modifications allowed under the Medical Oncology Prior Authorization program?**

Yes. However, any modifications to the authorized drug treatment regimen will require a new authorization through eviCore in order for the entire regimen to be covered from the date of the modification moving forward.

### **Is prior authorization required through eviCore when using an in-scope drug to treat a non-cancer diagnosis?**

No. Only drugs used for medical oncology services require prior authorization through eviCore. Oncology-related drugs for non-cancer diagnosis may still require prior authorization through Cigna. Please contact Cigna directly in these cases.

### **If the patient starts a medical oncology regimen at one facility and changes to another facility during a course of treatment, is a new prior authorization required?**

Yes. If a new physician group is treating the patient, a new treatment plan will likely follow. Therefore, you must ask for a new prior authorization number.



### **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 866-668-9250 or [www.evicore.com](http://www.evicore.com), indicating the request is urgent. For urgent outpatient radiation therapy situations, treatment may be started without preauthorization; however, the treatment must meet urgent/emergent guidelines. eviCore does not manage services performed in an inpatient setting or when a patient is under 23 hour observation; these requests will be redirected back to the Health Plan.

### **If a denial occurs because of a coding mistake, can I resubmit the claim?**

Yes. If the mistake is administrative (related to coding), then a claim can be resubmitted as long as prior authorization remains in effect (and the drug and/or procedure are medically necessary).

### **How will all parties be notified if the prior authorization has been approved?**

Ordering and rendering providers/facility will receive written notification via fax and urgent requests via phone. You can also validate the status using the eviCore provider portal at [www.evicore.com](http://www.evicore.com) or by calling eviCore healthcare at 866-668-9250. Members will be notified in writing by mail and urgent requests via phone.

### **If a prior authorization is not approved, what follow-up information will the ordering provider receive?**

The ordering provider will receive a denial letter that contains the reason for denial as well as any post decision options.

### **What if I don't agree with eviCore healthcare's medical necessity determination?**

Please contact eviCore healthcare. You can schedule a clinical discussion (peer to peer (P2P)) with an eviCore healthcare board certified radiation oncologist via the scheduling tool found on the eviCore portal's Authorization Lookup feature.

### **How do I check an existing prior authorization request for a member?**

Our web portal provides 24/7 access to check the status of existing authorizations. To check the status of your authorization request, please visit [www.evicore.com](http://www.evicore.com) and sign in with your login credentials. You can use the Authorization Lookup feature to check status, schedule a peer to peer discussion, and view documents associated with the case. Case status can also be checked by calling eviCore at 866-668-9250.

### **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:

- Pre-Service Authorization Number/Case Number
- Status of Request
- Cancer Type
- Site Name and Location
- Pre-Service 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, there is a 'Chat Now' button on the eviCore website that allows real time web support.

### **Where should I send claims once I provider services?**

Submit all claims as you would normally; pre-service authorization approval is not a guarantee of payment. 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 denial notice and the explanation of benefits. If you have questions regarding a claim denial, please contact Cigna.