Radiation Oncology
Frequently Asked Questions

Who needs to request prior authorization through eviCore?

It is the responsibility of the rendering physician to assure that radiation oncology services are authorized. However, the ordering, or rendering, provider can 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.

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

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.

Which Radiation Oncology treatments require prior authorization for Cigna?

A treatment plan for 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

The list of codes managed by the eviCore Radiation Oncology program are available on the provider resource website at Cigna Radiation Therapy code list   Read below for more information on how to request Radiation Oncology authorizations.

What information is required when requesting prior authorization?

When requesting prior authorization, please ensure the proprietary 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

Rendering (Performing) Provider
- Facility Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Street Address

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 pre-service 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. These documents 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 pre-service 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 pre-service authorization number for each service code requested?

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/site of treatment. (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.

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

Clinical and Coding Guidelines
Cigna (evicore.com)

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.

All eviCore authorizations' effective date is determined based on the start date of radiation therapy treatment. The date is set to be 14 calendar days from whichever of the following dates falls earlier in time: treatment start date or episode date (case initiation date). This 14 day window is to allow for simulation and planning procedures prior to the initiation of radiation treatment.

What should I do if a member obtains Cigna coverage midway through an episode of Radiation Therapy?

If a member has already received at least one fraction of Radiation Therapy treatment and obtains Cigna coverage during the course of treatment, a case must be registered with eviCore when coverage changes, to prevent claim denial. Complete the clinical questions as needed and note the authorization number if one is generated. If additional information is being requested, please add "Patient is already in treatment" in the "**additional notes**" section. Any additional information you can provide regarding the treatment would be helpful.

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 prior to billing for the corresponding services

If the patient starts radiation therapy treatment at one facility and changes to another during a course of treatment, is a new pre-service authorization required?

If the location at which radiation therapy treatment is being delivered changes during the course of treatment then, yes, please contact eviCore. If a new physician group is treating the patient, a new treatment plan will likely follow. Please call eviCore healthcare to discuss the facility change as a new prior authorization number may be required.

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, 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.

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 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.

Does eviCore healthcare employ physicians other than radiation oncologists to review prior authorization requests?

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

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.

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 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

Who do I contact for online support/questions?

Web portal inquiries can be emailed to 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.