



Radiation Therapy Frequently Asked Questions

Who is eviCore healthcare?

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for Clover Health.

Which members will eviCore healthcare manage for the Specialized Therapies program?

eviCore will manage prior authorization for **Clover Health Medicare** members.

What is the relationship between eviCore and Clover Health?

Beginning on 7/22/2020, eviCore will manage Radiation Therapy services for Clover Health for dates of service 8/1/2020 and beyond.

Which Radiation Therapy treatments require prior authorization for Clover Health?

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

- Complex isodose technique
- 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 Therapy
- Neutron Beam Therapy

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

Member eligibility and benefits should be verified on eviCore.com or through the Clover Health Navinet site.

Who is administering the Radiation Therapy Program, and what is the program's intent?

eviCore healthcare will be administering the outpatient radiation therapy prior authorization program. The program's purpose is to ensure that radiation therapy services provided to members are consistent with national guidelines, and reflected in eviCore healthcare's Radiation Therapy Clinical Guidelines found at

<https://www.evicore.com/resources/pages/providers.aspx#ReferenceGuidelines>.

What are the elements of the Radiation Therapy Program?

The main component of the Radiation Therapy Program is pre-service authorization for all radiation therapy services.

- eviCore will provide a medical necessity decision based on the treatment plan, and any pertinent clinical information, that is communicated to eviCore.
- There are a series of radiation therapy physician worksheets that exist on eviCore.com. These worksheets collect the minimum treatment plan and clinical information that needs to be communicated to eviCore during the pre-service authorization request process.
- Additional clinical information can also be communicated to eviCore, such as comparative plans, using fax or the document upload feature available during case build on the web.
- The pre-service authorization written notifications will communicate the treatment plan requested (e.g. 10 fractions of 3D Conformal Therapy); and of what was requested, the treatment plan that is authorized and/or not authorized.

What medical providers will be affected by this agreement?

Prior authorization is required when the participating physician's office, hospital outpatient or freestanding facility provides the services.

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

Member eligibility and benefits should be verified on eviCore.com before requesting prior authorization through eviCore.

Who needs to request prior authorization through eviCore?

Prior authorization for Radiation Treatment requests should be initiated by the Radiation Oncologist.

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, front office or billing staff, acting on behalf of the ordering physician.

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 800-421-7592.

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
- Date of current objective findings
- Date of the initial evaluation
- Date of onset
- Mechanism of onset
- Date and type of surgery (If Applicable)
- Restrictions
- Co-morbidities/Complexities
- Conditions that would prohibit safe delivery of care
- Pain Level and duration of time member has pain
- Range of Motion and Strength Findings
- Gait Assessment/Special tests
- Functional Assessment (using the Patient Specific Functional Scale)
- Additional information that supports the need for therapy

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

If a patient is undergoing treatment before the start of the program on 8/1/2020, will the treatment need authorization?

For treatments already underway, and that are expected to either end on, or last pass, 8/1/2020, will be referred to Clover Health.



If the simulation and/or planning occurred, but the treatment begins after 8/1/2020 will it need authorization?

Yes, we require prior authorization for treatments that are scheduled on or after 8/1/2020. eviCore will ask for the intended treatment start date when the provider contacts eviCore for authorization.

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.

What if I don't agree with eviCore healthcare's clinical code determination?

Please contact eviCore healthcare. You can schedule a clinical discussion with an eviCore healthcare board certified radiation oncologist via the scheduling tool found on www.evicore.com. This discussion would be consultative only as we cannot overturn an adverse determination per CMS unless the request is appealed.

If the patient needs more treatment (such as a recurrence of disease or a change in clinical condition), do I have to call eviCore healthcare for a new pre-service authorization?

Yes, the pre-service authorization is only valid for the treatment plan requested by the physician. If the patient needs a different treatment plan, we require a new pre-service authorization. If you need to change the plan during the course of treatment, contact eviCore healthcare. You can discuss the new treatment plan and ask to adjust the existing authorization. It is strongly recommended to call eviCore as soon as it is known there is a change in treatment plan.

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.

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

Ordering providers 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 800-421-7592. 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 Appeal rights and processes. Please note that after a denial has been issued for a Medicare member, no changes to the case decision, such as a reconsideration, can be made. Speaking with an eviCore Medical Director is for educational purposes only.

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.



Where can I access eviCore healthcare’s clinical worksheets and guidelines?

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

Clinical Worksheets

www.evicore.com/provider/online-forms

Clinical Guidelines

www.evicore.com/provider/clinical-guidelines

How long is an authorization valid?

Authorizations are valid for up to 180 days. If the services aren’t performed within the timeframe provided, please contact eviCore healthcare.

Where should I send claims once I provide services?

Submit all claims as you would normally; pre-service authorization approval is not a guarantee of payment of benefits.

How do I submit a program related question or concern?

For program related questions or concerns, please email: clientservices@evicore.com

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/cloverhealth>