

Radiation Oncology Prior Authorization Program

Provider Presentation for Excellus BCBS



Empowering
the Improvement
of Care

Prior Authorization Required:

Covered Treatments Techniques:

- 3-D Conformal Radiation Therapy
- Complex (2D) Radiation Therapy
- Intensity Modulated Radiation Therapy (IMRT)
- Image-Guided Radiation Therapy
- Brachytherapy
- Stereotactic Radiosurgery (SRS/SBRT)
- Proton Therapy
- Hyperthermia
- Radiopharmaceuticals

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

<https://www.evicore.com/resources/health-plan/excellus-bcbs#solutiondocs>

Submitting Requests

Methods to Submit Prior Authorization Requests

Provider Portal (preferred)

To submit a request for Prior Authorization from eviCore healthcare you will need to log in to www.ExcellusBCBS.com.

While phone option is available, the provider portal is the quickest, most efficient way to request a prior authorization and check authorization status.

Phone Number:
866-889-8056

Monday – Friday, 7AM – 7PM

(go to www.eviCore.com to access clinical worksheets)



Keys to Successful Prior Authorizations

To obtain prior authorization on the very **first submission**, the provider submitting the request will need to gather 4 categories of information:



Prior Authorization Outcomes & Special Considerations

Prior Authorization Approval

Approved Requests

Approved treatment plans are valid for 45 - 240 calendar days from the date of the final determination. The timespan of the authorization is based on the patient's diagnosis and treatment plan.

Authorization letters will be faxed to the ordering physician & rendering facility

- When initiating a case on the web you can receive e-notifications when a determination is made if you provide an email address
- Members will receive a letter by mail
- Approval information can be printed on demand from the eviCore portal: www.eviCore.com



Radiation Oncology - Special Circumstances

Alternative Recommendations

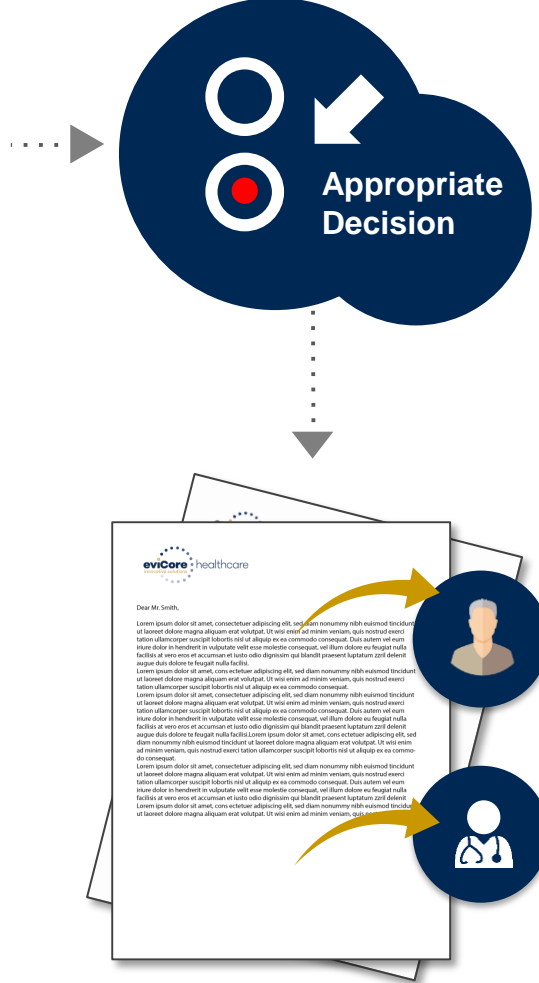
- An alternate treatment plan recommendation may be offered based on eviCore's evidence-based clinical guidelines
- The ordering provider can either accept the alternative recommendation by building a new case, or by requesting a reconsideration of the original request
 - [Reconsiderations are not allowed for Medicare cases; a new case would need to be started to accept the alternate recommendation]
- Providers must contact eviCore to accept the alternative recommendation before the start of treatment

Authorization Updates

- If updates are needed to an existing authorization, you can contact eviCore by phoning 866-889-8056.
- Changes in treatment type or technique will require another Medical Necessity review on a new authorization. If approved, the original case will be withdrawn.
- If there is a change in technique(s) or number of fractions and this update is not communicated then it may impact claims payment. The billed services should align with the requested and approved treatment plan.
- If it is known the authorization time span will not cover the entirety of the radiation therapy episode of care/treatment plan then eviCore should be notified before the services are billed by the provider.



When a Request is Determined as Inappropriate



Based on evidence-based guidelines, request is determined as inappropriate

A denial letter with the rationale for the decision and the appeal rights will be issued to both the provider and member

Special Circumstances

Retrospective (Retro) Authorization Requests

- Must be submitted
 - Within 30 calendar days from the date of service.
 - Retro requests submitted beyond this timeframe will be administratively denied
 - Reviewed for clinical urgency and medical necessity
 - Retro requests are processed within 30 calendar days after receipt of all necessary clinical information
- **Ultimately, the authorized timespan will encompass the entirety of treatment from simulation and planning to the last date of treatment.**

Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member
- Reviewed for clinical urgency and medical necessity
- Can be initiated on www.evicore.com or by phoning 866-889-8056.
- Urgent request will be reviewed within:
 - 24 hours not to exceed 72 hours of the request (*after receipt of all necessary clinical information*).



Reconsideration Options

Post-Decision Options:

My case has been denied. What's next?

Your determination letter is the best and fastest source for accessing information to assess what options exist on a case that has been denied. You can also call us at 866-889-8056 to speak to an agent who can provide available option(s) and instruction on how to proceed.

Reconsiderations

- Providers and/or staff can request a reconsideration review
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an eviCore physician

Appeals

- eviCore is not delegated first-level appeals
- Appeal requests must be submitted to Excellus BCBS

Provider Portal Overview

Single Sign On for Excellus BCBS Providers

The screenshot displays the Excellus BCBS Providers website interface. At the top left is the Excellus logo with a cross and shield icon, followed by the text 'For Providers'. To the right is a search bar with a 'Search' button and text size controls (A A A) and a 'Printer Friendly' link. Below the header is a navigation menu with tabs: 'Provider Home', 'Coverage & Claims', 'Referrals & Auths' (highlighted), 'Coding & Billing', 'Prescriptions', 'Patient Care', and 'Contact Us'. On the left side, there is a sidebar menu with links: 'Preauthorization' (highlighted), 'Referrals', 'Outpatient Procedures', 'Find a Provider', and 'Grievance & Appeals'. The main content area is titled 'Preauthorization' and contains the following text and list items:

The services below require prior review by the Plan to determine clinical medical necessity.

- **Location:** All Places of Service
- **Who Can Request:** For HMO/POS plans, the member's PCP or specialist with a valid referral. Other members, the member's PCP or treating provider.
- **Code List:**
 - [Procedure Codes Requiring Preauthorization \(PDF\)](#)
 - [eviCore codes Requiring Preauthorization \(PDF\)](#)
- **Behavior Health Procedure Codes Requiring Preauthorization:**

Sign in under Provider and select Referrals and Auths.

Sign in must be MD or linked directly to an MD

Creating An Account

- The revisions to this page are effective 4/4/2016.

Not all services are covered by all medical plans. There may be services which require preauthorization or notification that do not require clinical review. Final determination of coverage is subject to the member's benefits and eligibility on the date of service. For questions about preauthorization, call 1-800-363-1658.

Behavioral Health

Services Requiring Authorization

Request Authorization

eviCore healthcare

Note: You'll need your Facets Provider ID to use Clear Coverage or do Pre-Service Reviews at Other Blue Plans.

[Get Your Facets Provider ID](#) [View new Clear Coverage Features \(PDF\)](#)

Step 1: [Check the Patient's Benefits & Coverage](#) for plan-specific preauthorization requirements.

Step 2: Submit Your Request

Select the Request Authorization tab

Creating An Account

	Requests (PDF)
B. Requests for Commercial and Medicare	
Implantable Cardiac Devices, Radiology/Imaging, Radiation Therapy or Sleep Studies/Supplies	Online with eviCore healthcare , or call 1-866-889-8056 ⓘ Please Note: eviCore applies to Safety Net policies too.
Urgent/Emergent Medical Admissions (Facility)	ⓘ Please Read: Attestation Information Facility: Online with Clear Coverage , call 1-800-363-4658, or FAX

Go to B. Requests for Commercial and Medicare and select Online with eviCore healthcare.

Single Sign On for Excellus BCBS Providers



You will receive notification that you are leaving the Excellus BCBS web portal and entering the eviCore web portal. Please select Continue.

Radiation Oncology - Member & Request Information

Attention! Time: 7/1/2020 1:54 PM

What is the expected treatment start date? MM/DD/20YY

SUBMIT

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

ELIGIBILITY LOOKUP

BACK

Requested Service + Diagnosis

This procedure will be performed on 7/2/2020. **CHANGE**

Radiation Therapy Procedures

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

procedure code or type of service? [Click here](#)

D

Primary Diagnosis Code (Lookup by Code or Description)

LOOKUP

Secondary diagnosis code? Please follow [these steps](#)

Secondary Diagnosis Code (Lookup by Code or Description)

Diagnosis is optional for Radiation Therapy

LOOKUP

C

- RCADRE
- RCANAL
- RCBILE
- RCBLAD
- RCBONE
- RCBRAI
- RCBREA
- RCCERV
- RCCNSL
- RCCNSN
- RCENDO
- RCESOP
- RCGACA
- RCGALL
- RCHDKL
- RCHENE
- RCHEPA
- RCKIDN
- RCLIVE
- RCMETS
- RCMUMY
- RCNHDL
- RCNONC
- RCNSCL
- RCOLIG
- RCOTHE
- RCPANC

- You will be asked the **expected treatment start date**, the date of the member's initial Radiation Therapy **treatment**. The case will be backdated to cover simulation and treatment planning.
- You will then be asked to enter the **member information** (patient ID number, date of birth and last name), click **Eligibility Lookup** and verify the member
- Next, you will select the cancer type/body part being treated (RC Code) & diagnosis code associated with the member's cancer type

Radiation Oncology - Verify Service Selection

Requested Service + Diagnosis

Confirm your service selection.

Treatment Start: 7/2/2020
CPT Code: RCADRE
Description: ADRENAL CANCER
Primary Diagnosis Code: C17.2
Primary Diagnosis: Malignant neoplasm of ileum
Secondary Diagnosis Code:
Secondary Diagnosis:

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

- Confirm that the correct cancer type and diagnoses have been selected
- Edit any information if needed by selecting change procedure or primary diagnosis
- Click **continue** to confirm your selection

Radiation Oncology – Site Selection

- Select the **specific site** where the testing/treatment will be performed.
- Start by searching NPI or TIN for the site of where the procedure will be performed. You can search by any fields listed. Searching with NPI, TIN and zip code is the most efficient.

Add Site of Service

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:	<input type="text"/>	Zip Code:	<input type="text"/>	Site Name:	<input type="text"/>
TIN:	<input type="text"/>	City:	<input type="text"/>	<input checked="" type="radio"/> Exact match	
				<input type="radio"/> Starts with	

LOOKUP SITE

Radiation Oncology - Clinical Certification

- Then, verify all information entered and make any changes needed
- You will not have the opportunity to make changes after this point

Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from eviCore.

BACK

CONTINUE

Standard or Urgent Request?

- If your request is **urgent** select **No**
- When a request is submitted as urgent you will be **required** to upload relevant clinical information
- If the case is **standard** select **Yes**
- You can upload up to **FIVE documents** in .doc, .docx, or .pdf format
- Your case will only be considered Urgent if there is a successful upload

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

Radiation Oncology - Proceed to Clinical Information – Example of Questions

Proceed to Clinical Information

Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?
 Yes No

Where will treatment be directed?
 Bilateral breast (treated concurrently)
 Left breast
 Right breast

SUBMIT

What is the treatment intent?

Pre-operative (neo-adjuvant)
 Definitive (No surgery planned)
 Post-operative (adjuvant)
 Palliative (for relief of symptoms)

SUBMIT

Proceed to Clinical Information

What is the T stage?

What is the N stage?

SUBMIT

Proceed to Clinical Information

Will the patient receive concurrent chemotherapy?
 Yes No

Will daily image-guided radiation therapy (IGRT) be used for phase I?
 Yes No

SUBMIT

Finish Later

Did you know?
You can save a certification request to finish later.

- **Clinical Certification** questions may populate based upon the information provided in previous questions
- Clinical worksheets located on www.eviCore.com can be used as a guide and will help prepare the requestor for the questions that are presented
- You can save your request and finish later if needed
Note: You will have 2 business days to complete the case
- When logged in, you can resume a saved request by going to Certification Requests in Progress
- Once the clinical questions have been answered, click the attestation and

I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

SUBMIT CASE

Radiation Oncology – Criteria met, Summary of APPROVED Request

REQUESTED
 Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions)

APPROVED
 Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331)

DENIED

DENIAL RATIONALE

Provider Name:	[REDACTED]	Contact:	[REDACTED]
Provider Address:	[REDACTED]	Phone Number:	[REDACTED]
		Fax Number:	[REDACTED]
Patient Name:	[REDACTED]	Patient Id:	[REDACTED]
Insurance Carrier:	[REDACTED]		
Site Name:	[REDACTED]	Site ID:	[REDACTED]
Site Address:	[REDACTED]		
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	6/1/2020	Description:	Breast Cancer
CPT Code:	RCBREA		
Authorization Number:	[REDACTED]		
Review Date:	5/20/2020 10:41:09 AM		
Expiration Date:	11/16/2020		
Status:	<p>REQUESTED Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions)</p> <p>APPROVED Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331)</p> <p>DENIED</p> <p>DENIAL RATIONALE</p>		

REQUESTED
 Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions)

APPROVED
 Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331)

DENIED

DENIAL RATIONALE

If your request is authorized during the initial submission you can print out the summary of the request for your records

Review the details of the request and select **Continue**

Radiation Oncology - Criteria not met, Summary of PENDED request

Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with CareCore at anytime, please call 1-855-252-1

Provider Name:		Contact:	
Provider Address:		Phone Number:	
		Fax Number:	
Patient Name:		Patient Id:	
Insurance Carrier:			
Site Name:		Site ID:	007BHO
Site Address:			
Primary Diagnosis Code:	C14.0	Description:	Malignant neoplasm of pharynx, unspecified
Secondary Diagnosis Code:		Description:	
Date of Service:	7/3/2020	Description:	Bone Metastases
CPT Code:	RCBONE		
Case Number:			
Review Date:	7/1/2020 3:40:12 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with CareCore		

If your request is cannot be *immediately* approved during the initial submission, you will get a summary stating that the case has been sent to clinical review, where any free text notes and/or uploaded clinical information will be reviewed for medical necessity.

CANCEL

PRINT

CONTINUE

Additional Provider Portal Features

Authorization Lookup

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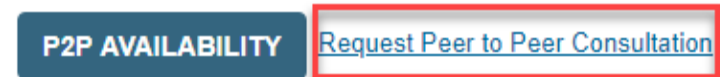
Authorization Lookup

Search by Member Information Search by Authorization Number/ NPI

- You can look-up authorization status on the portal
- Search by member information OR
- Search by authorization number with ordering NPI
- View and print any correspondence


How to schedule a Peer to Peer Request

- Log into your account at www.evicore.com
- Perform Authorization Lookup to determine the status of your request.
- Click on the “P2P Availability” button to determine if your case is eligible for a Peer to Peer conversation:
- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.



Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	

 **P2P AVAILABILITY**

Provider Resources

Dedicated Call Center

Prior Authorization Call Center – 866-889-8056

Our call centers are open from 7 a.m. to 7 p.m. (local time).

Providers can contact our call center to perform the following:

- Request Prior Authorization
- Check Status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case
- Request to speak to a clinical reviewer
- Schedule a clinical consultation with an eviCore Medical Director



Provider Resource Website

Provider Resource Pages

eviCore's Provider Experience team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis. The provider resource page will include, but is not limited to, the following educational materials:

- Frequently Asked Questions
- Provider Training
- CPT code list

To access these helpful resources, please visit

<https://www.evicore.com/resources/healthplan/excellus-bcbs#solutiondocs>

Receive tips and stay updated eviCore's provider newsletter. Subscribe at www.eviCore.com. Just scroll down and add a valid email so that we can send you monthly updates.



Provider Resource Review Forums

The eviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

We invite you to attend a Provider Resource Review Forum, to navigate www.eviCore.com and understand all the resources available on the Provider's Hub. Learn how to access:

- eviCore's evidence-based clinical guidelines
- Clinical worksheets
- Check-status function of existing prior authorization
- Search for contact information
- Podcasts & Insights
- Training resources



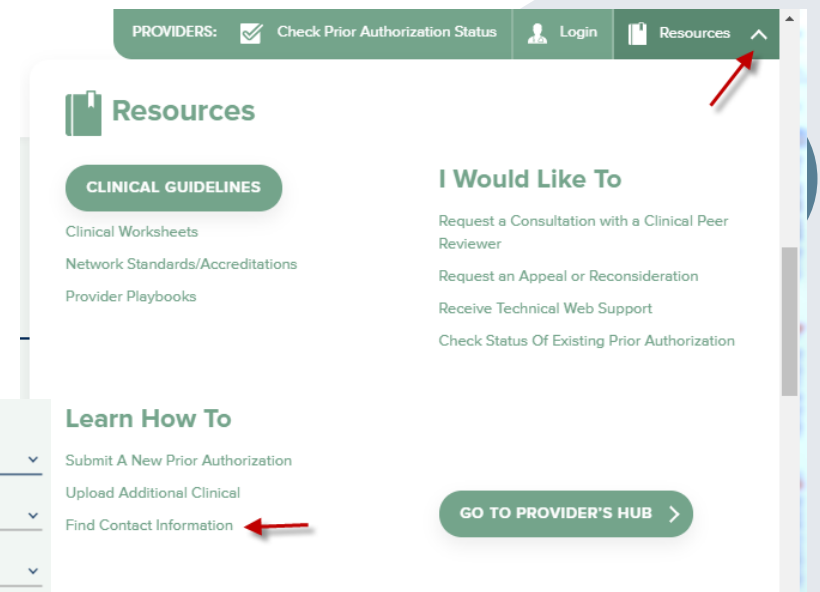
I want to learn how to...

Learn how to...
Find Contact Information

Health Plan
Select a Health Plan...*

Solution
Select a Solution...*

START



PROVIDERS: Check Prior Authorization Status Login Resources ^

Resources

CLINICAL GUIDELINES

- Clinical Worksheets
- Network Standards/Accreditations
- Provider Playbooks

I Would Like To

- Request a Consultation with a Clinical Peer Reviewer
- Request an Appeal or Reconsideration
- Receive Technical Web Support
- Check Status Of Existing Prior Authorization

Learn How To

- Submit A New Prior Authorization
- Upload Additional Clinical
- Find Contact Information

GO TO PROVIDER'S HUB >

How to register for a Provider Resource Review Forum?

You can find a list of scheduled **Provider Resource Review Forums** on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming

Provider Engagement Team

Provider Engagement team

Regional team that on-boards providers for new solutions and provides continued support to the provider community. How can the provider engagement team help?

- Partner with the health plan to create a market-readiness strategy for a new and/or existing program
- Conduct onsite and WebEx provider-orientation sessions
- Provide education to supporting staff to improve overall experience and efficiency
- Create training materials
- Monitor and review metrics and overall activity
- Conduct provider-outreach activities when opportunities for improvement have been identified
- Generate and review provider profile reports specific to a TIN or NPI
- Facilitate clinical discussions with ordering providers and eviCore medical directors

How to contact the Provider Engagement team?

You can find a list of Regional Provider Engagement Managers at [evicore.com](https://www.evicore.com) → Provider's Hub → Training Resources

Thank You!

