Radiation Oncology Prior Authorization Program

Provider Presentation for Excellus BCBS

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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/healthplan/excellus-bcbs#solutiondocs

Submitting Requests

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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)

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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:

1. Member
Member ID
Member name
Date of Birth (DOB)

2. Referring (Ordering) Physician
Physician name and address
National provider identifier (NPI)
Phone & Fax number

3. Rendering Facility
Facility name and address
National provider identifier (NPI)
Tax identification number (TIN)
Phone & Fax number

4. Supporting Clinical
- Diagnosis code(s)
- Anticipated treatment start date (first radiation therapy treatment session)
- Site of treatment and/or cancer type (e.g. breast cancer)
- Pertinent clinical information to substantiate medical necessity for requested treatment plan
  - Applicable radiation therapy physician worksheet
  - Treatment plan (technique(s), fractions)
  - Radiation Oncologist consultation note
  - If applicable, recent imaging

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Prior Authorization Outcomes & Special Considerations

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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

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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.

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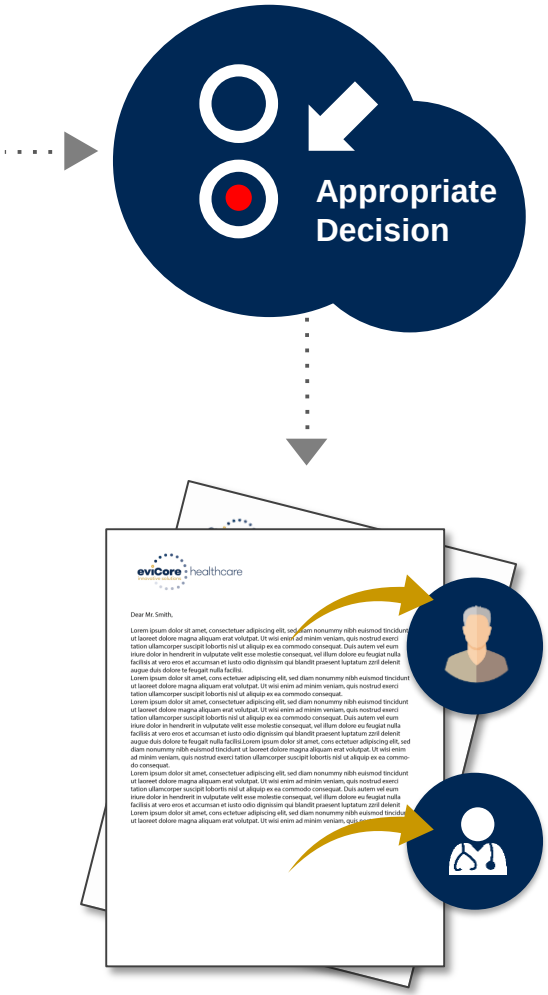
When a Request is Determined as Inappropriate



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

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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).*

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Reconsideration Options

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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

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Provider Portal Overview

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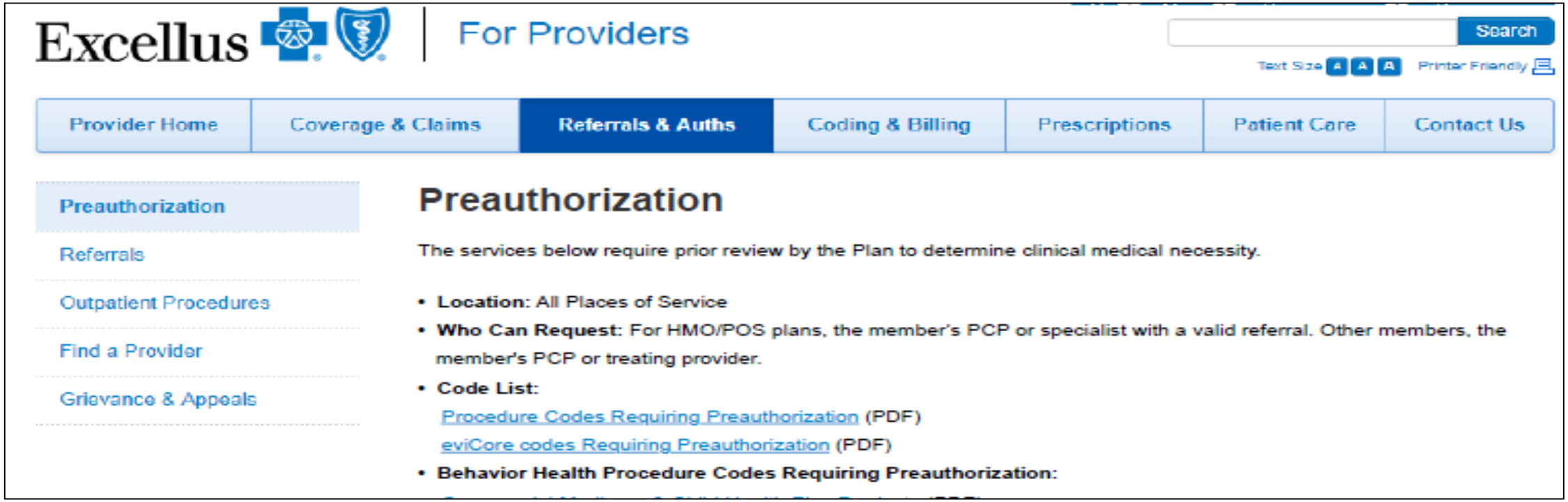
Single Sign On for Excellus BCBS Providers



Sign in under Provider and select Referrals and Auths.

Sign in must be MD or linked directly to an MD

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Creating An Account

Select the Request Authorization tab

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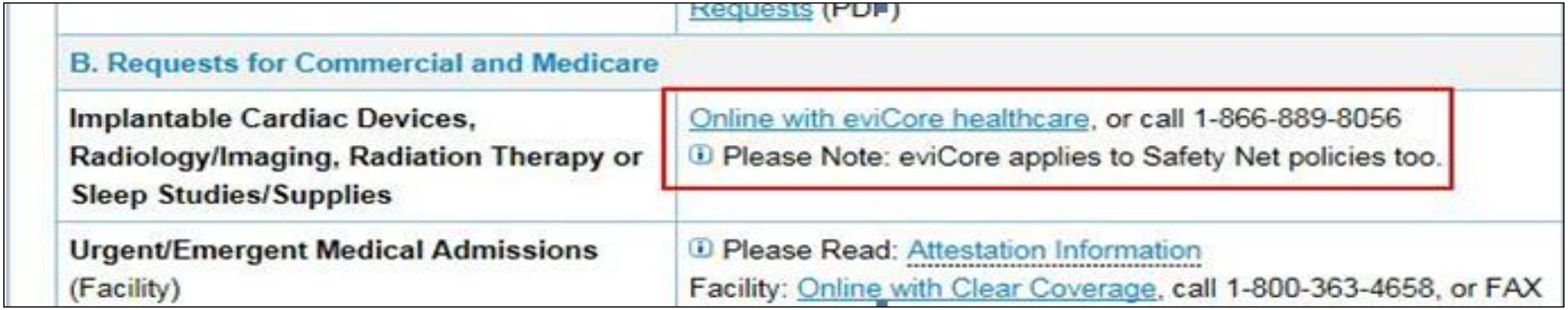
Creating An Account



	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.

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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.

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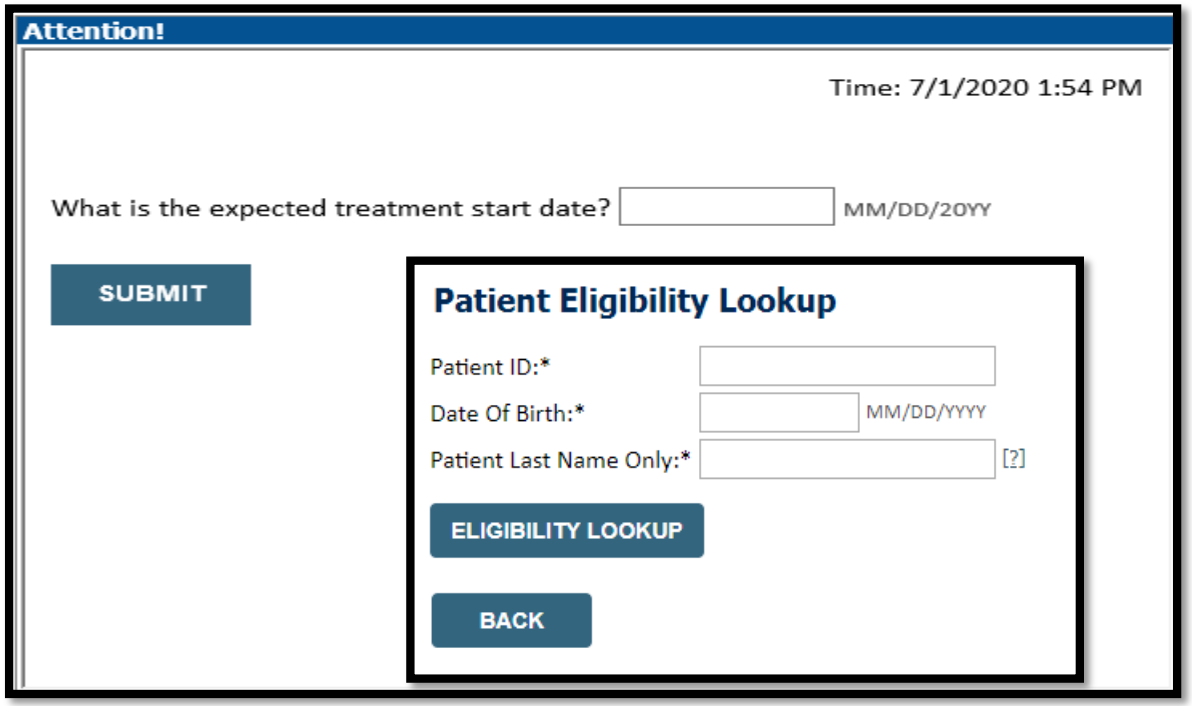
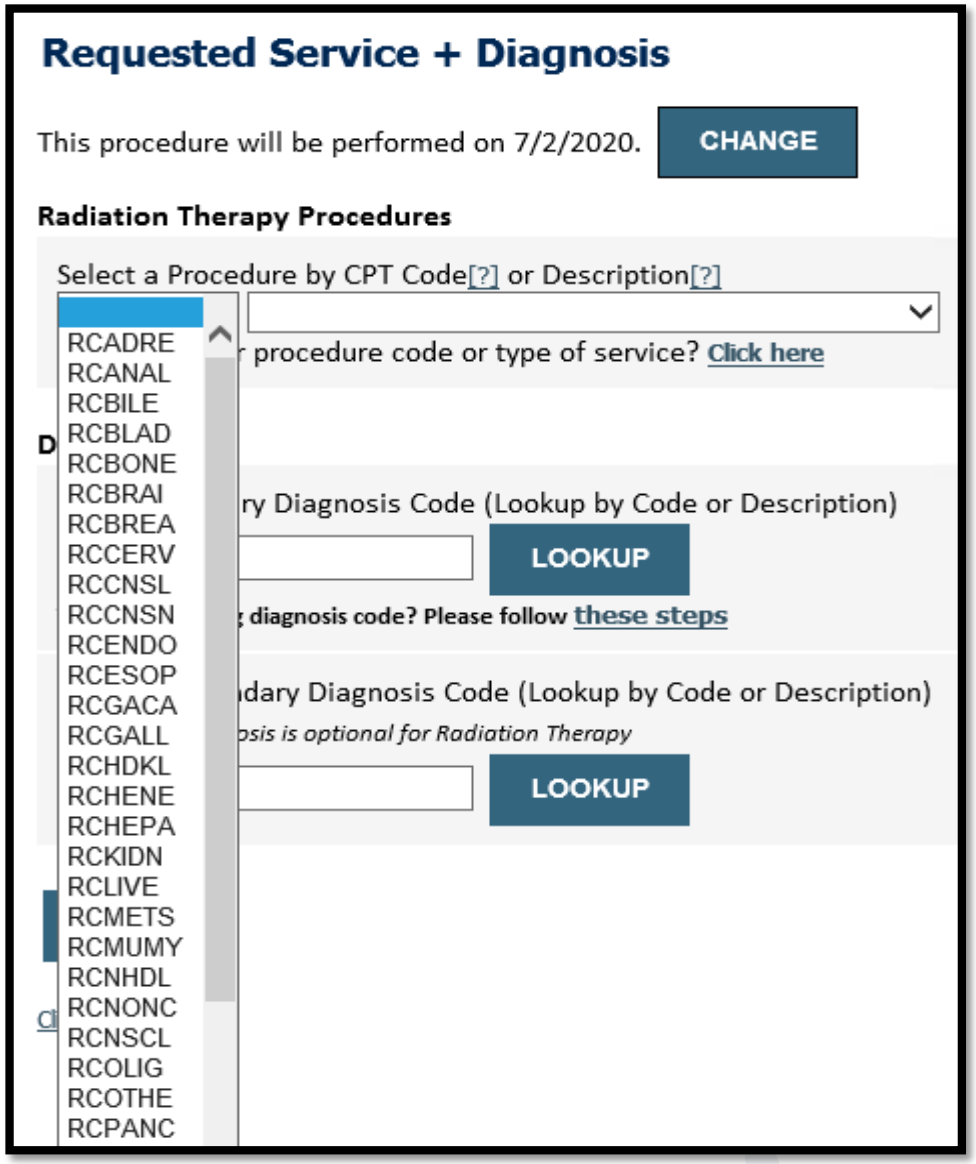
Radiation Oncology - Member & Request Information





- 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

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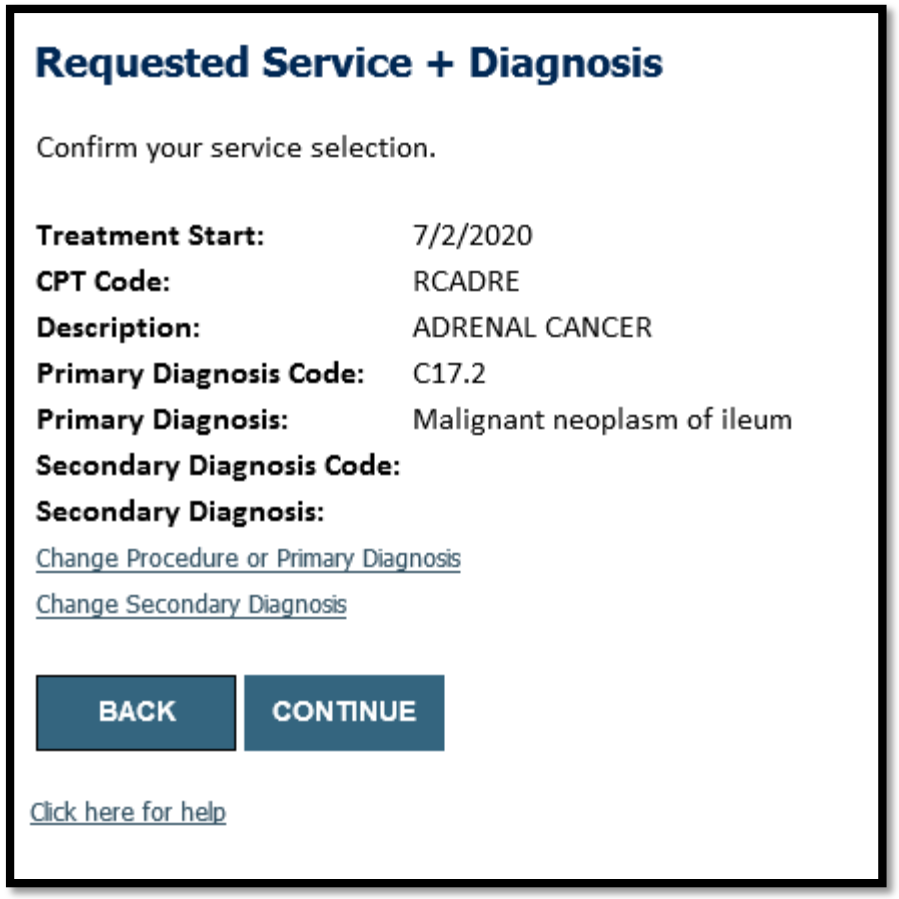
Radiation Oncology - Verify Service Selection



- 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

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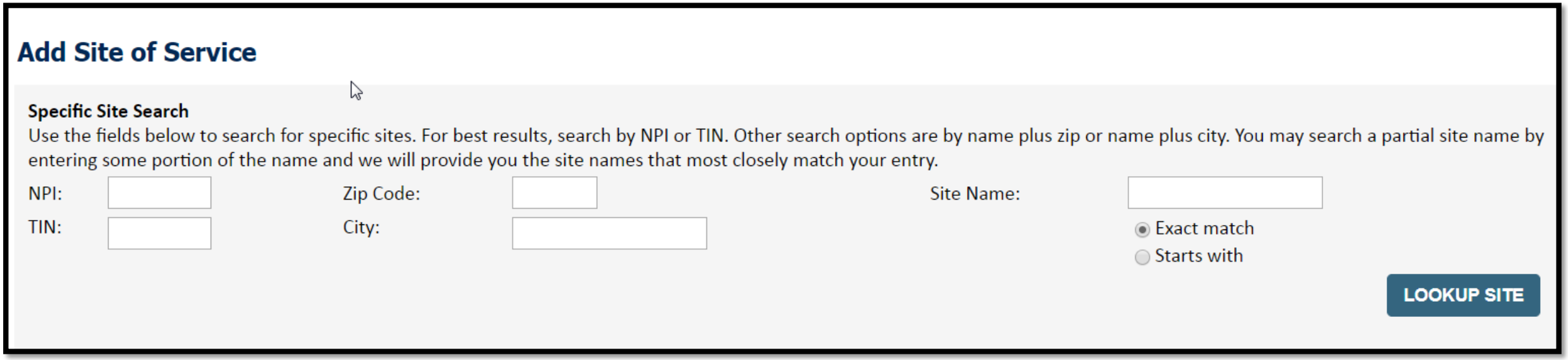
Radiation Oncology – Site Selection

- 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.



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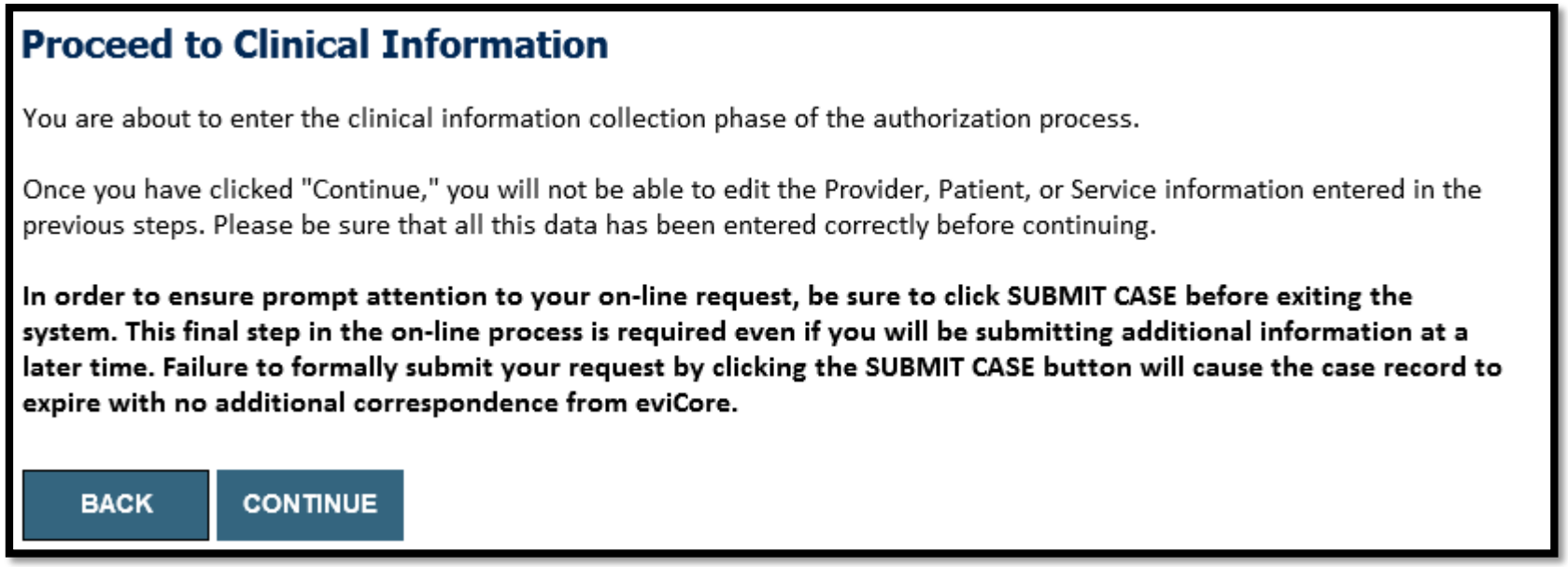
Radiation Oncology - Clinical Certification

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



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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

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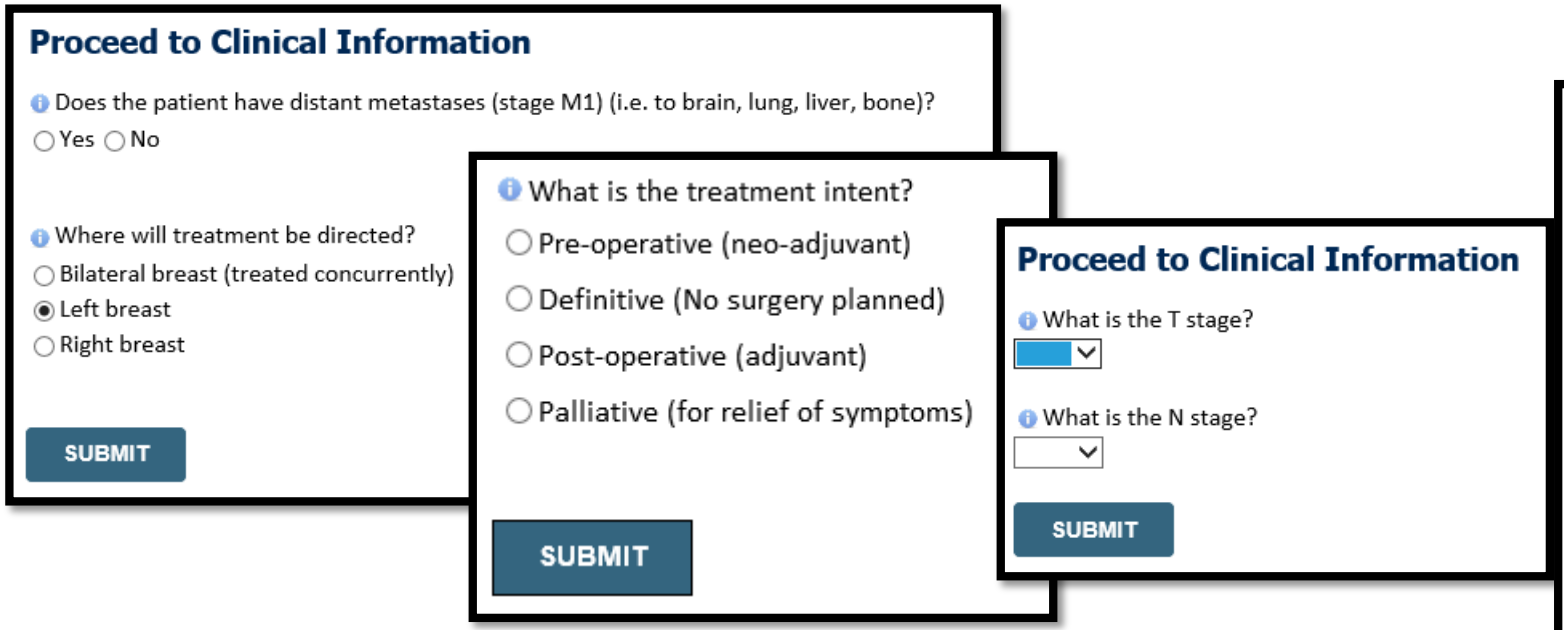
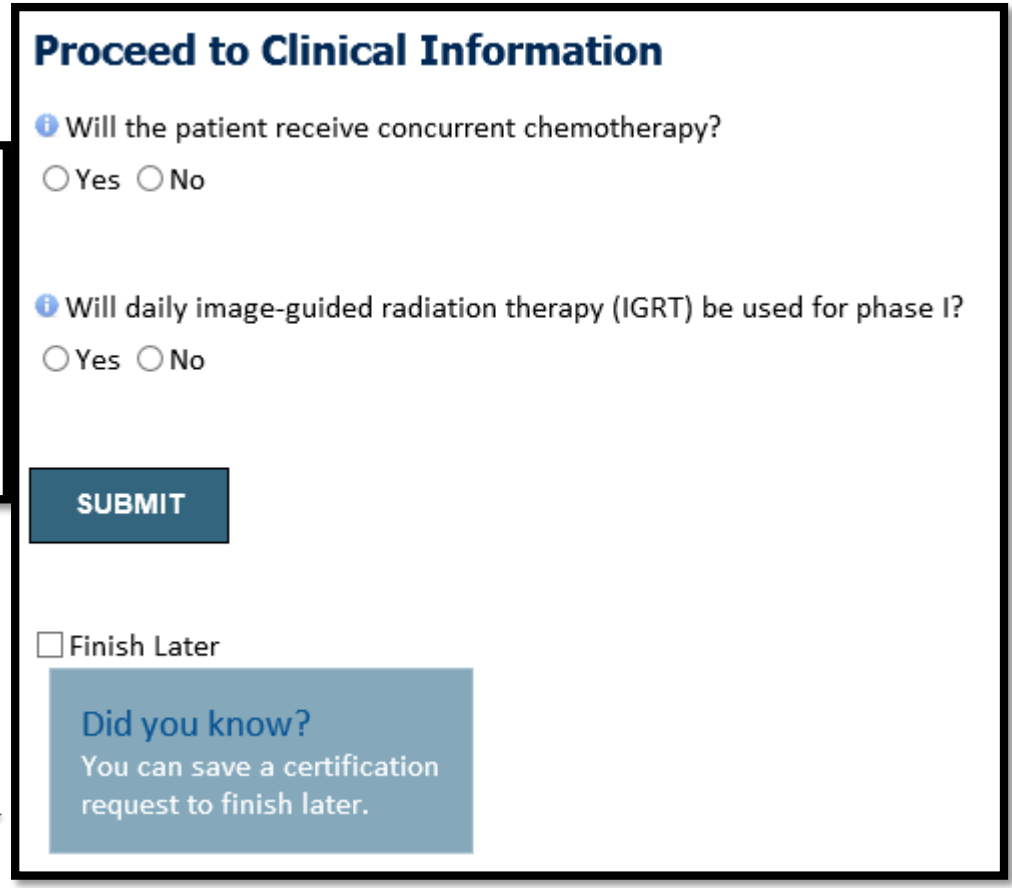
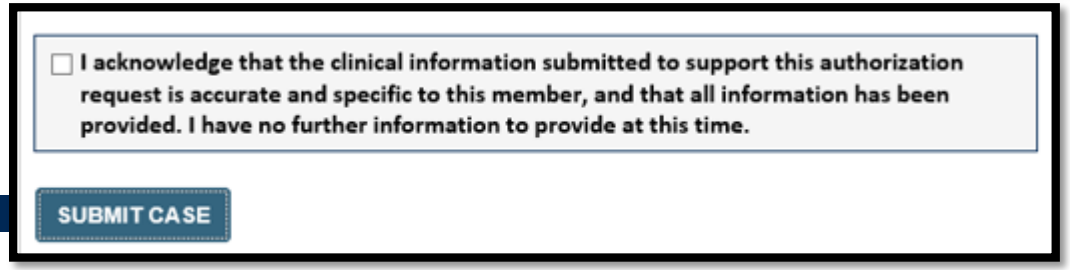
Radiation Oncology - Proceed to Clinical Information – Example of Questions







- **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 **Submit the Case**

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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		
CPT Code:	RCBREA	**Description:**	Breast Cancer
Authorization Number:	[redacted]		
Review Date:	5/20/2020 10:41:09 AM		
Expiration Date:	11/16/2020		

Status:

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

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

CANCEL PRINT CONTINUE

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		
CPT Code:	RCBONE	**Description:**	Bone Metastases
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		

CANCEL PRINT CONTINUE

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.

You can print out the summary of the request for your records, then select 'Continue'

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Additional Provider Portal Features

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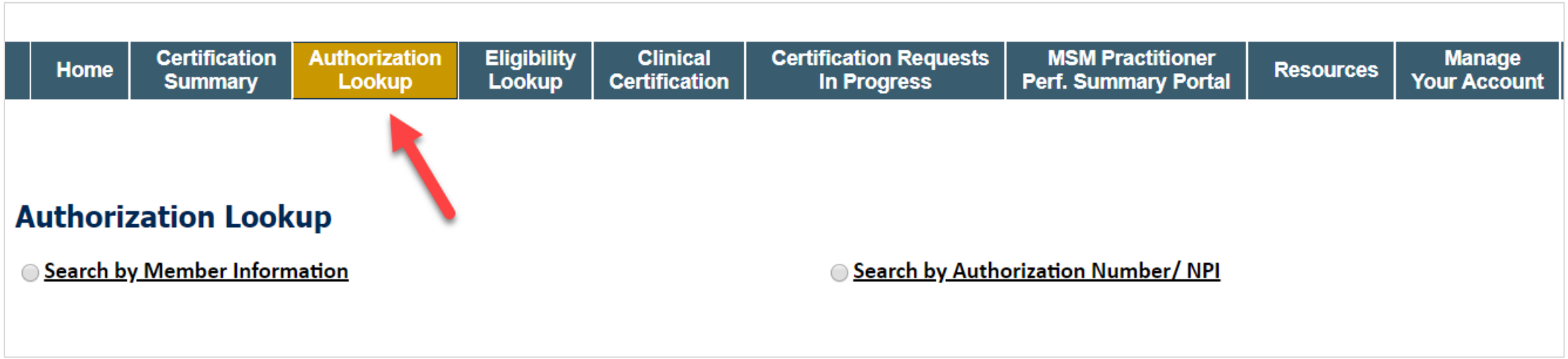
Authorization Lookup



- 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

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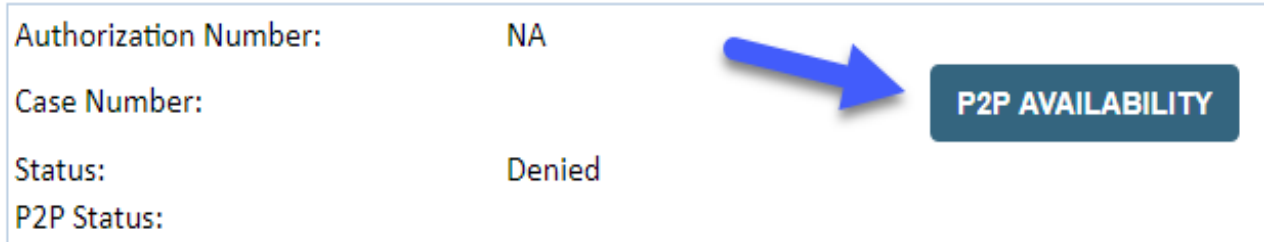
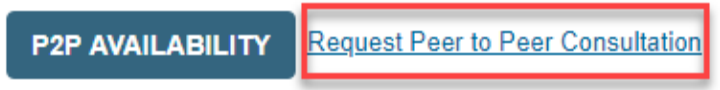
How to schedule a Peer to Peer Request

- 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.



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Provider Resources

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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

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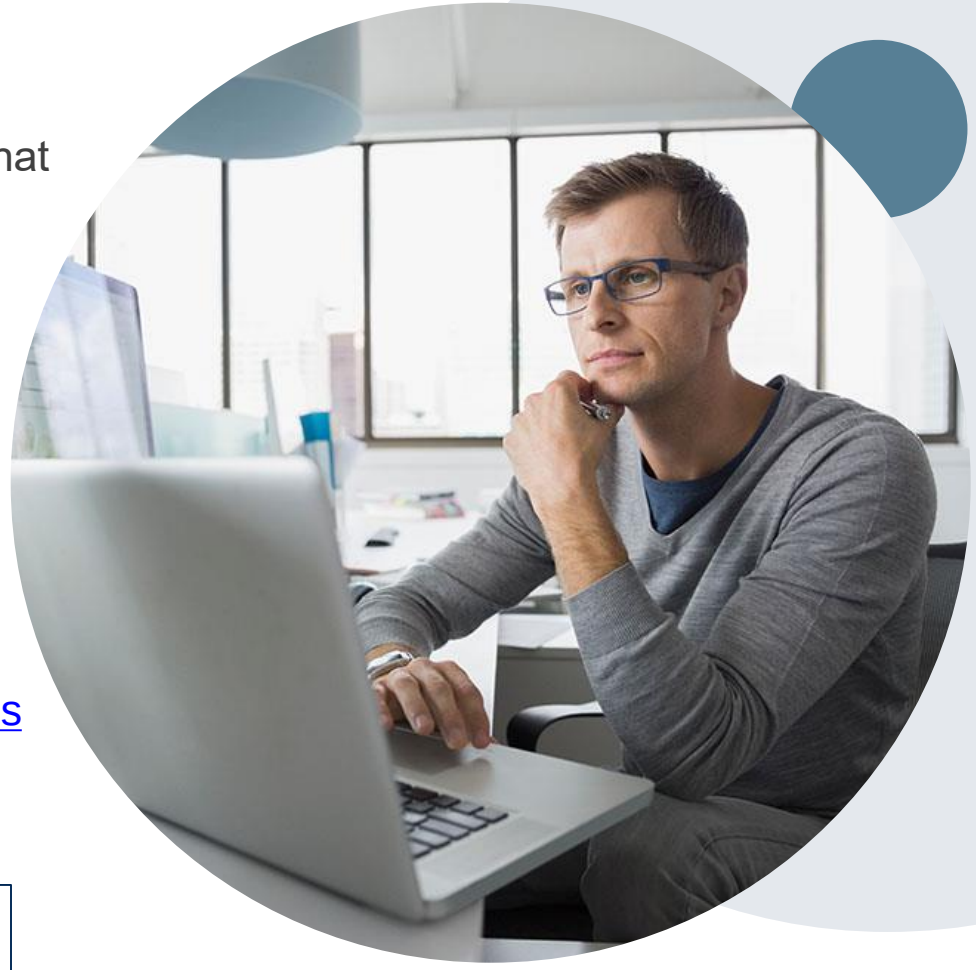
Provider Resource Website

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.

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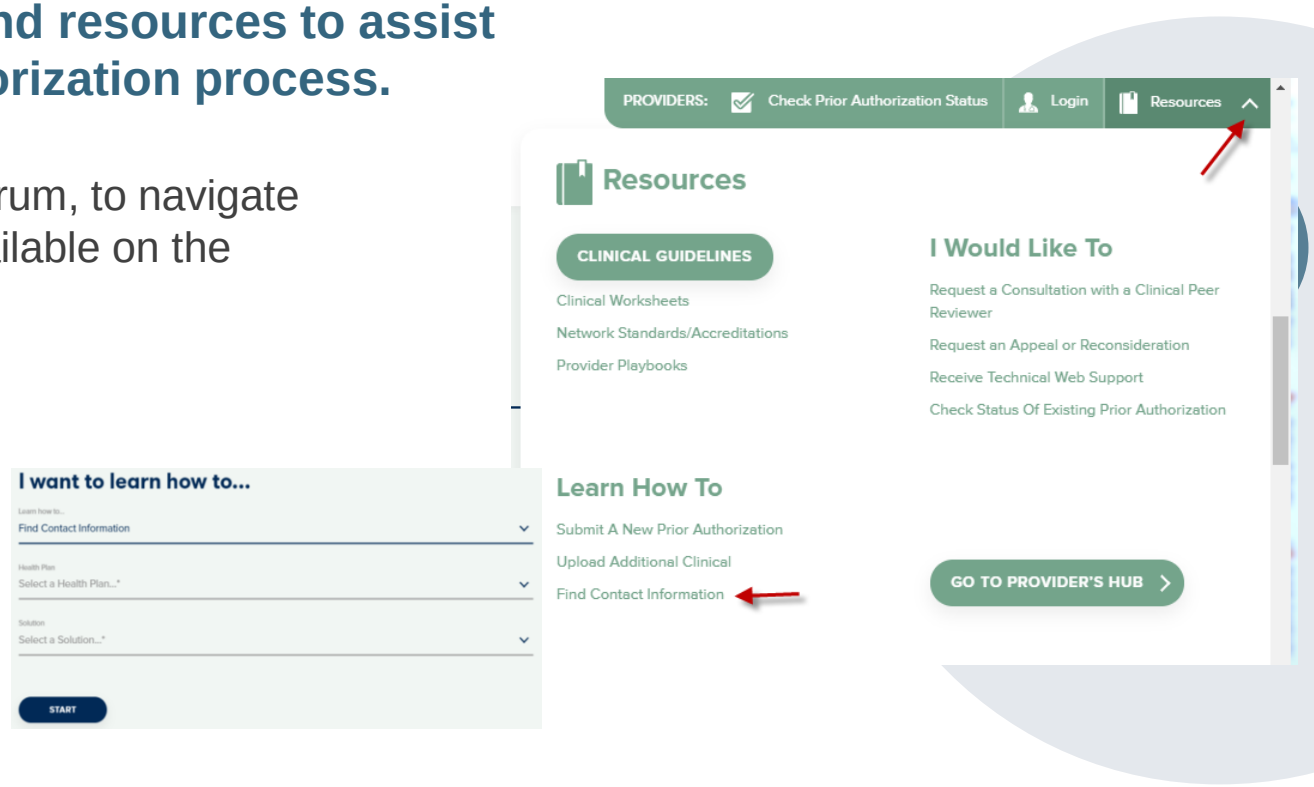
Provider Resource Review Forums

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



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

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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 → Provider's Hub → Training Resources

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Thank You!

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