



Medical Oncology Frequently Asked Questions

Who is eviCore healthcare?

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

What is eviCore healthcare's medical oncology program?

eviCore's medical oncology program consists of Prior Authorization Medical Necessity Determinations for all primary injectable and oral chemotherapeutic agents used in the treatment of cancer, as well as select supportive agents in combination with chemotherapy. The program also includes newly approved chemotherapy agents that are used for the treatment of cancer.

Do medical oncology services performed in an inpatient setting at a hospital or emergency room setting require prior authorization?

No. Medical oncology services ordered through an emergency room treatment visit, while in an observation unit, or during an inpatient stay do not require prior authorization.

Which medical oncology services require prior authorization for Healthfirst?

Providers can find the most current list of medical oncology drugs requiring prior authorization at evicore.com/resources/healthplan/Healthfirst (select Solution Resources > select Medical Oncology > select CPT Code List). To see current prior authorization requirements for all services, including those managed by our delegated vendors such as eviCore, go to the Procedure Code Lookup Tool in the Online Authorization section in the Healthfirst Provider Portal at HFproviderportal.org.

The medical oncology CPT/HCPCS list is constantly evolving as new drugs come to market and are approved by the FDA, and as any HCPC changes are issued by CMS.

When is the eviCore healthcare medical oncology program in effect for Healthfirst?

The medical oncology program will be in effect for dates of service on and after **February 21, 2023**.

Which members will eviCore healthcare manage for the medical oncology program?

eviCore will manage prior authorization for medical oncology services requested for Healthfirst members enrolled in all Healthfirst plans, except for Senior Health Partners.

Frequently Asked Questions

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

Member eligibility and benefits should be verified on [Healthfirst.org](https://www.healthfirst.org) before requesting prior authorization through eviCore.

Who needs to request prior authorization through eviCore?

All physicians who request/order any medical oncology services must secure prior authorization for services before the service is rendered in an office or outpatient setting.

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 web portal is the preferred method to initiate a request. It is the quickest, most efficient way to request prior authorization and is available 24/7. Providers can request authorization by visiting [evicore.com](https://www.evicore.com).

Call Center

eviCore's call center is open from 7am–7pm EST. Providers and/or staff can request prior authorization and make revisions to existing cases by calling **1-877-773-6964**.

What are the benefits of using eviCore's web portal?

The 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.
- **Check the status** of existing 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

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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)

- Requested drug(s) (HCPCS 'J' code and name (brand and/or generic))
- Signs and symptoms
- Results of relevant test(s)
- Relevant medications
- Working diagnosis/stage
- Patient history, including previous therapy

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.

What is the most effective way to get authorization for urgent requests?

An urgent request is determined as a request in which waiting for a decision under the standard time frame could place the member's life, health or ability to regain maximum function in serious jeopardy. Urgent requests may be initiated on our web portal at evicore.com or by contacting our contact center at **1-877-773-6964**. Urgent requests will be processed within **24 hours** from the receipt of complete clinical information.

Note: Please select urgent for those cases that truly are urgent and not simply for a "quicker" review. Also, note that if a request is selected as urgent but does not meet guidelines to be considered urgent, the case may be reassigned as a routine case.

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After I submit my request, when and how will I receive the determination?

After **all** clinical info is received, for normal (non-urgent) requests, a decision is made within **two business days**. For urgent requests, a decision is made within 24 hours (Medicare/Medicaid). The provider will be notified by fax, or by email if selected.

For how long is the authorization valid?

The period for which an authorization is valid depends on the clinical indication but could range between **eight and 14 months**. If the service is not performed within the approved time span, please contact eviCore healthcare for assistance.

What are my options if I receive an adverse determination?

The referring and rendering provider will receive a denial letter that contains the reason for denial as well as a description of the reconsideration and appeal rights process.

Does eviCore review cases retrospectively if no authorization was obtained?

Generally, retrospective authorizations are discouraged as they place the provider at higher risk for delayed payment, or at risk of a denial of services that have already been provided. If a timely prior authorization was not requested, reach out to eviCore without delay.

How do I make a revision to an authorization that has been performed?

Please contact eviCore with any change to the authorization, whether or not the procedure has already been performed. It is very important to update eviCore healthcare of any changes to the authorization in order for claims to be correctly processed.

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:

- Prior Authorization Number/Case Number
- Status of Request
- Site Name and Location
- Prior Authorization Date and Expiration Date

How do I determine if a provider is in the network?

Participation status can be verified with Healthfirst directly.

Where do I submit my claims?

All claims will continue to be filed directly to Healthfirst.

Frequently Asked Questions

Where do I submit questions or concerns regarding this program?

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

Items commonly sent to Client Services:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be re-sent to the health plan
- Consumer engagement inquiries
- Complaints and grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

Whom do I contact for online support/questions?

Web portal inquiries can be emailed to portal.support@eviCore.com, or call **1-800-646-0418** (option 2).

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

eviCore's guidelines are available online 24/7 and can be found by visiting evicore.com/provider/clinical-guidelines.

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page at evicore.com/resources/healthplan/Healthfirst.