



---

## 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 Oscar.

#### Which members will eviCore healthcare manage for the Medical Oncology program?

Authorization is currently required for Oscar **commercial** Insurance members enrolled in markets within Arizona, Colorado, Florida, Georgia, Kansas, Missouri, New York, New Jersey, Ohio, Pennsylvania, Tennessee, Texas, and Virginia. The UM program will be expanding into new markets within North Carolina, Iowa, and Oklahoma.

#### What is the relationship between eviCore and Oscar?

In addition to existing markets, beginning on **12/15/2020**, eviCore will manage services for Oscar Commercial Health plans in new markets within existing states (FL, PA, CO, AZ, OH), and in three new states (NC, IA, OK) for dates of service **1/1/2021** and beyond.

#### What is eviCore healthcare's Medical Oncology program?

eviCore's Medical Oncology Review Program consist 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 the chemotherapy. The program also includes newly approved chemotherapy agents that are used for the treatment of cancer.

#### Which Medical Oncology services require prior authorization for Oscar?

A list of covered services and HCPC can be found by visiting <https://www.evicore.com/resources/healthplan/oscar?solutionid=45FBCF7F-AC58-4BEE-87C4-8F5D8B8F5874#solutiondocs>

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

Member eligibility and benefits should be verified on [www.evicore.com](http://www.evicore.com) before requesting prior authorization through eviCore.

#### Who needs to request prior authorization through eviCore?

All physicians who perform pre-selected oncology related injection/infusion procedures are required to obtain a prior authorization for services prior to the service being rendered in an office or outpatient setting. Physicians and facilities who render oncology related injection/infusion procedures within the scope of this protocol must confirm that prior authorization has been obtained, or payment for their services may be denied.

#### 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](http://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 **855-252-1118**.



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

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

### **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](http://www.evicore.com) and sign in with your login credentials.

### **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 information**

- 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

**Note:** eviCore suggest utilizing the clinical worksheets when requesting authorization for Medical Oncology services

### **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.

### **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](http://www.evicore.com/provider/online-forms)

#### **Clinical Guidelines**

[www.evicore.com/provider/clinical-guidelines](http://www.evicore.com/provider/clinical-guidelines)



### **When will I receive the authorization number once the prior authorization request has been approved?**

Once the prior authorization request has been approved, the authorization information will be provided to the ordering and rendering provider via fax. The member will receive an approval letter by mail.

### **How will the authorization determinations be communicated to the providers?**

eviCore will fax the authorization and/or denial letter to the requesting provider.

Providers may also visit [www.evicore.com](http://www.evicore.com) to view the authorization determination.

**Note:** The authorization number will begin with the letter 'A' followed by an eight-digit number.

### **If denied, what follow-up information will the referring provider receive?**

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

**Note:** The referring provider may request a Clinical Consultation within two (2) business days with an eviCore Medical Director to review the decision.

### **Does eviCore review cases retrospectively if no authorization was obtained?**

No, retrospective requests are not allowed.

### **How can the accepting provider confirm that the prior authorization number is valid?**

Providers can confirm that the prior authorization is valid by logging into our web portal, which provides 24/7 access to view prior authorization numbers. To access the portal, please visit [www.evicore.com](http://www.evicore.com).

To request a fax letter with the prior authorization number, please call eviCore healthcare at 855-252-1118 to speak with a customer service specialist.

### **How long is a Medical Oncology authorization valid?**

Authorizations are valid for 8 – 14 months. If the services is not performed within the timeframe provided, please contact eviCore healthcare.

### **Do Medical Oncology services performed in the Emergency Room (ER) require authorization?**

Prior authorization is not required for drugs provided in an ER, observation, or urgent care setting.

Chemotherapy is rarely administered on an urgent basis, however supportive drug therapies that may meet urgent criteria can be submitted through the website and will receive immediate approval.

### **What if an authorization is issued and revisions need to be made?**

The requesting provider or member should contact eviCore with any change to the authorization. It is very important to update eviCore healthcare of any changes to the authorization in order for claims to be correctly processed for the facility that receives the member.

### **How do I determine if a provider is in network?**

Participation status can be verified to Oscar.



Providers may also contact eviCore healthcare at 855-252-1118. eviCore receives a provider file from Oscar with all independently contracted participating and non- participating providers.

**Where do I submit my claims?**

All claims will continue to be filed directly to Oscar.

**How do I submit a program related question or concern?**

For program related questions or concerns, please email: [clientservices@evicore.com](mailto: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/oscar#solutiondocs>