



Radiation 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 health plans. **Beginning on June 19, 2020 eviCore will manage Radiation Oncology services for SummaCare for dates of service July 1, 2020 and beyond.**

Which members will eviCore healthcare manage for the Radiation Oncology program?

eviCore will manage prior authorization for SummaCare members who are enrolled in the following programs:

- Medicare
- Commercial; self-funded (where applicable)

Which Radiation Therapy treatments require prior authorization for SummaCare?

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

The list of codes that require pre-service authorization can be viewed on the provider resource website at

<https://www.evicore.com/resources/healthplan/summacare>

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.

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>.

Prior authorization is required when the participating physician's office, hospital outpatient or freestanding facility provides the services. All physicians who request/order radiation oncology services are required to obtain a prior authorization for services prior to the service being rendered in an office or outpatient setting.



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

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

How do I request a prior authorization through eviCore healthcare?

Providers and/or staff can request prior authorization (or check the status of an existing authorization) in one of the following ways:

1. **Web Portal** - The SummaCare Plan Central portal is the quickest, most efficient way to request prior authorization and is available 24/7. Providers can request authorization from eviCore healthcare by logging in to the SummaCare Plan Central provider portal at <https://apex.myplancentral.com> or <https://summacare.myplancentral.com>. From here, you will be directed to the eviCore web portal where you can submit your prior authorization request.
2. **Call Center** - SummaCare's call center for prior authorization services through eviCore healthcare is open from 8 a.m. to 5 p.m. local time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling 888-996-8710; *follow the prompts to eviCore healthcare.*

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

Urgent requests are defined as a condition that is a risk to the patient's health, ability to regain maximum function and/or the patient is experiencing severe pain that require a medically urgent procedure. Requests should not be marked "urgent" due to scheduling availability. Urgent requests may be initiated on the web portal or by contacting the call center at 888-996-8710. Urgent requests will be processed within 24 hours from the receipt of complete clinical information.

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)

- Applicable Clinical Worksheet
 - Treatment Plan (Treatment Technique, Number of Fractions, Phases, IGRT)
 - Treatment Intent
 - Stage of disease
- If applicable, written statement (Indicating why an exception to the policy should be made)

Note: providers will need to utilize the clinical worksheets when requesting authorization for Radiation Oncology services.



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

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 2-3 business days. For urgent requests, a decision is made within 24 hours (Medicare/Medicaid) and 72 hours (commercial) .The provider will be notified by fax.

Authorizations for radiation oncology services are valid for 14-180 calendar days. If the service is not performed within the authorized date range, please contact eviCore healthcare. A new authorization may be required.

What are my options if I receive and adverse determination?

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 at any time with an eviCore Medical Director to review the decision. However, SummaCare does not allow cases in final determination status to be reconsidered for a new determination.

Does eviCore review cases retrospectively if no authorization was obtained?

- SummaCare does not allow for retrospective reviews for authorization. In some circumstances, late pre-certification requests (where clinical urgency prevented prior authorization from being obtained) will be accepted within 2 business days of the date of service
 - To be considered for approval, the case must be requested within the time limit, meet clinical criteria for appropriateness, and be clinically urgent.

How do I make a revision to an authorization after services have been performed? How do I make a revision to authorization when services have not been performed?

The requesting provider or member should contact eviCore with any change to the authorization, whether the procedure has already been performed or not. 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 by contacting SummaCare at 800-996-8401, or by email at contactproviderservices@summacare.com. Providers may also contact eviCore healthcare at 1 (800) 646 - 0418 (option 4). eviCore healthcare receives a provider file from SummaCare with all independently contracted participating and non- participating providers.



Where do I submit questions or concerns regarding this program?

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

Common Items to Send to Client Services:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent 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

Who do I contact for online support/questions?

Web portal inquiries can be emailed to portal.support@evicore.com or call 800-646-0418 (Option 2).

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/summacare>

How do I submit additional clinical information for review?

If you are unable to upload clinical information on the web portal, you can **fax additional information** to eviCore healthcare at:

Radiation Oncology: 866-699-8160

Medical Oncology: 800-540-2406

Where do I submit my claims?

All claims will continue to be filed directly to SummaCare.

The SummaCare claims system cannot pay part of a service line. If additional units are billed, greater than the authorized amount, that service line will be denied and providers will need to rebill the claim.

For other claim inquiries or to request a claim adjustment:

- To request a claim adjustment, please log in to [Plan Central](#). If you do not have a user account, please [register](#) by clicking the registration link located on the Plan Central homepage.
- After logging in, please locate your claim using the "Claim Inquiry" menu. When your search results appear, click on the claim to view the details. When you click the button titled "Adjustment Request," a window will appear with various options so we can understand why you feel your claim should be adjusted.

If you have claims questions, please contact SummaCare Provider Support Services at contactproviderservices@summacare.com or call 330-996-8400 or 800-996-8401.