

## **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 AultCare.

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

eviCore will manage prior authorizations for select AultCare members and PrimeTime Health Plan members.

#### **Which Radiation Oncology services require prior authorization for AultCare?**

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:

- Conventional Isodose Planning, Complex
- 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 managed by the eviCore Radiation Oncology program can be viewed on the provider resource website at [www.eviCore.com/resources/healthplan/AultCare](http://www.eviCore.com/resources/healthplan/AultCare). Read below for more information on how to request Radiation Oncology authorizations.

#### **What medical providers will be affected by this agreement?**

Prior authorization is required when the participating physician's office, hospital outpatient, or freestanding facility provide the services.

#### **Who needs to submit prior authorization requests through eviCore?**

It is the responsibility of the performing facility to confirm the rendering physician completed the prior authorization process for radiation therapy.

#### **Can only the provider ask for authorizations?**

A representative of the physician's staff can request prior authorization. This could be someone from the clinical team, front office or billing staff, acting on behalf of the ordering physician.

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

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

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

Member eligibility and benefits should be verified by visiting [www.aultcare.com](http://www.aultcare.com) or [www.pthp.com](http://www.pthp.com) prior to submitting a prior authorization request through eviCore. You may also contact AultCare Customer Service at 330-363-6360 (1-800-344-8858) or PrimeTime Health Plan Customer Service at 330-363-7407 (1-800-577-5084).

### 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 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 [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 844-635-7224.

### What are the benefits of using eviCore healthcare's Web Portal?

Our 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.

### Is registration required on eviCore's web portal?

Yes. A one-time registration is required for each practice or individual. You will be required to login prior to submitting pre-service authorization requests on the web. If you have an existing account, a new account is not necessary.

### 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)**

- Diagnosis/ICD-10
- Start date of treatment (not simulation date, radiation treatment delivery date)
- \*Cancer type to be treated
- Completed physician worksheet and/or request form, as applicable

\*The requester will be asked to select the cancer type being treated as part of the case build process. If a non-cancerous diagnosis is being treated, specify "non-cancerous" indication during case build. If eviCore does not have a cancer or non-cancerous selection that fits the diagnosis, please specify "Other" cancer type during case build.

**What is included in a Radiation Oncology Prior Authorization Request?**

An eviCore Radiation Therapy pre-service authorization will include all pertinent radiation therapy services for a member's entire episode of care.

- eviCore will provide a medical necessity decision based on the treatment plan, plus any pertinent clinical information communicated to eviCore.
- Radiation therapy physician worksheets and request forms are available at [eviCore.com](http://eviCore.com). These documents collect the minimum treatment plan and clinical information required to render a medical necessity determination during the pre-service authorization request process.
- If necessary, additional clinical information can also be communicated to eviCore via fax or the document upload feature available during case build on the web.
- The pre-service authorization written notifications will communicate approved and denied services, which include treatment technique and number of fractions (ex: 10 fractions of 3D conformal treatment).
- eviCore healthcare will review all lesions to be treated as a single episode of care. If there is uncertainty regarding synchronous cancers or treatment of multiple lesions, please call and request to speak to a clinical reviewer.
- The authorization will be inclusive of all relevant and necessary CPT codes (simulation, dosimetry, devices, treatment delivery codes, etc.), appropriate to the approved treatment plan, and within the scope of the codes managed under the program.

**Do I need a separate prior authorization number for each service code requested?**

eviCore healthcare will assign one authorization number per treatment plan with a decision for medical necessity. Radiation Therapy authorizations are not built by individual CPT code, but instead by cancer type. Requests attempted via phone for individual CPT codes will be redirected to choose the appropriate cancer type/site of treatment. (Example: Breast Cancer / Prostate Cancer / Bone Metastases)

**What guidelines does eviCore healthcare use to render Medical Necessity Determinations?**

The Program's purpose is to ensure radiation therapy services provided to members are consistent with national guidelines. eviCore healthcare's Radiation Therapy Clinical Guidelines can be found by visiting: [www.evicore.com/provider/clinical-guidelines](http://www.evicore.com/provider/clinical-guidelines)

### **Where can I access eviCore healthcare's clinical worksheets?**

Clinical worksheets are available online 24/7 and can be found by visiting:  
[www.evicore.com/provider/online-forms](http://www.evicore.com/provider/online-forms)

### **If there is a change in the approved treatment plan (such as adding IGRT or additional treatments) do I need to call eviCore healthcare?**

Yes, the pre-service authorization is only valid for the treatment plan requested by the physician. A new Medical Necessity Determination is needed for any new or modified treatment plans. If you need to change the plan during the course of treatment, contact eviCore healthcare. It is strongly recommended to call eviCore as soon as it is known there is a change in treatment plan and prior to billing for the corresponding services.

### **If the patient starts radiation therapy treatment at one facility and changes to another during a course of treatment, is a new pre-service authorization required?**

If the location at which radiation therapy treatment is being delivered changes during the course of treatment then, yes, please contact eviCore. If a new physician group is treating the patient, a new treatment plan will likely follow. Please call eviCore healthcare to discuss the facility change as a new prior authorization number may be required.

### **Does eviCore healthcare employ physicians other than radiation oncologists to review prior authorization requests?**

Only radiation oncologists review authorizations for radiation therapy treatment when medical review is required.

### **What is the most effective way to obtain authorization for urgent requests?**

Authorization for urgent requests can be initiated via phone or the web portal. Please contact eviCore healthcare directly at 844-635-7224 or [www.evicore.com](http://www.evicore.com), indicating the request is urgent. For urgent outpatient radiation therapy situations, treatment may be started without preauthorization; however, the treatment must meet urgent/emergent guidelines. eviCore does not manage services performed in an inpatient setting or when a patient is under 23 hour observation; these requests will be redirected back to the Health Plan.

**Note:** Please select urgent for those cases that truly are urgent and not simply for a "quicker" review. 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.

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

After **all** clinical information is received, for normal (non-urgent) requests, a decision is normally made within 2-3 business days.

### **How long is an authorization valid?**

Radiation Therapy Authorizations are valid for varying time periods, depending on the cancer type/treatment technique, and will be communicated on the authorization letter. If the services are not performed within the timeframe provided, please contact eviCore healthcare. eviCore should be contacted prior to billing for the services that will fall outside of the timespan of the authorization.

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- All eviCore authorizations' effective date is determined based on the start date of radiation therapy treatment. The date is set to be 14 calendar days from whichever of the following dates falls earlier in time: treatment start date or episode date (case initiation date). This 14 day window is to allow for simulation and planning procedures prior to the initiation of radiation treatment.

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

Retrospective requests must be initiated by phone within 60 calendar days from the date of services for in network providers, and within 180 calendar days from the date of service for out of network providers, following the date of service. Please have all clinical information relevant to your request available when you contact eviCore healthcare.

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

The requesting provider 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 visiting [www.aulcare.com](http://www.aulcare.com) or [www.pthp.com](http://www.pthp.com) or by contacting AulCare Customer Service at 330-363-6360 (1-800-344-8858) or PrimeTime Health Plan Customer Service at 330-363-7407 (1-800-577-5084).

### **Where do I submit my claims?**

All claims will continue to be submitted directly to AulCare or to the address on the member ID card.

### **What are my options if I receive an adverse determination?**

The referring and rendering provider will receive a denial letter containing the reason for denial as well as reconsideration and appeal rights process. If you do not agree with the determination, you may schedule a clinical discussion with an eviCore healthcare board certified radiation oncologist via the scheduling tool found on [www.evicore.com](http://www.evicore.com). For PrimeTime Health Plan requests, if the case has already reached an adverse determination, this discussion will be consultative only.

### **Where do I submit questions or concerns regarding this program?**

For program related questions or concerns, please email: [clientservices@evicore.com](mailto:clientservices@evicore.com)

- 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](mailto:portal.support@evicore.com) or call 800-646-0418 (Option 2).

**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:

- Pre-Service Authorization Number/Case Number
- Status of Request
- Cancer Type
- Site Name and Location
- Pre-Service Authorization Date and Expiration Date
- Any correspondence sent by eviCore to member, provider, and/or facility
- Self-Scheduling Peer to Peer request tool

**Where can I find additional educational materials?**

For more information and reference documents, please visit our resource page at [www.eviCore.com/resources/healthplan/AultCare](http://www.eviCore.com/resources/healthplan/AultCare).