Radiation Therapy
Frequently Asked Questions

Who qualifies for the eviCore healthcare radiation therapy program?
eviCore healthcare will manage only Blue Cross Blue Shield of Michigan's Medicare Plus Blue[SM] PPO members living in Michigan.

How do providers request authorization?
Go to the provider portal at www.bcbsm.com. Clinical worksheets are available to help guide you through the process. Find them at https://www.carecorenational.com/page/bcbsm-implementation.aspx.

Can a physician be both the referring and the rendering provider?
The physician may be both the referring and the rendering provider. All providers who develop and/or deliver radiation therapy treatment plans are required to obtain an authorization for services prior to the start of treatment. These providers will generally be radiation oncologists, but may be other specialists as well.

How long does it take to request authorization on the web portal?
If the appropriate worksheets are completed and all clinical information is submitted, real time decision making is utilized. Worksheets are available on the implementation site at https://www.carecorenational.com/page/bcbsm-implementation.aspx.

What is the contact information for authorizations or questions?
The clinical line is available 8 a.m. to 7 p.m. Eastern Time on weekdays. Call 1-877-917-2583 (BLUE).

What information is needed to get approval for radiation therapy?
Clinical worksheets are available to guide you with the information you'll need Clinical worksheets can be found at https://www.carecorenational.com/benefits-management/radiation-therapy/radiation-therapy-tools-and-criteria.aspx.

How do providers check a member's authorization status?
Call 1-877-917-2583.

How will the authorization be confirmed?

You will receive an authorization number will begin with the letter 'A' followed by an eight digit number.

How will members be notified of authorization approvals or denials?

Written approval and denial notices will be sent to the member and the requesting provider. Once a service has been denied, an appeal must be filed in order to have the request re-reviewed.

How will the rendering facility be notified of medical necessity determination?

The facility will receive a determination letter.

Can providers schedule a peer-to-peer review before the authorization is formally denied?

Yes. Call 1-877-917-2583 (BLUE) to schedule a peer-to-peer review. Providers have one business day from the authorization request to schedule a peer-to-peer review or the request will result in a formal denial. After a peer-to-peer review the request will be formally approved or denied.

How long is an authorization valid?

The authorization is generally valid for 45 to 180 days, but depends on the treatment plan and diagnosis. Your approval letter includes the expiration date. You can also find it on the web portal. If the patient's condition changes, resulting in a treatment delay, the provider must call eviCore to request an extension.

How will expedited and urgent requests be handled?

When a medically-urgent service requires authorization, the provider must call 1-877-917-2583 (BLUE). Expedited and urgent requests must contain a physician's attestation that services are necessary for a condition that is jeopardizing the member's life or health and is deemed life-threatening.

If authorization wasn't obtained before the admission, will eviCore consider retrospective approval?

eviCore will conduct a retrospective review if requested within 90 days from treatment start date. The services must meet clinical criteria for appropriateness. Claims submitted for unauthorized procedures are subject to denial, and the member must be held harmless.

How does a provider verify credentialing status?

Contact Blue Cross'Provider Enrollment and Data Management department at 1-800-822-2761.

How does a provider join the provider network?

Visit the Provider Enrollment site at http://www.bcbsm.com/providers/join-the-blues-network/enrollment/provider-enrollment.html

How do providers check the eligibility of a member?

Member eligibility can be verified at www.bcbsm.com through the provider log-in section.

Where are claims submitted?

Mail claims to:

Medicare Plus Blue PPO
Blue Cross Blue Shield of Michigan
P.O. Box 32593
Detroit, MI 48232-0593

Electronic payer ID numbers: 00710, 00310

How does eviCore determine if a provider is in network?

Blue Cross Blue Shield of Michigan gives eviCore a list of participating and non-participating providers. Providers can verify status on web-DENIS at http://www.bcbsm.com/index/find-a-doctor.html. Or, by calling customer service at 1-866-309-1719.

How does as a provider file a formal complaint?

Submit complaints to BCBSM@evicore.com.

How do providers appeal a preauthorization denial?

The request must be submitted in writing and include the following:

- Member name
- Member ID number
- Reason for appeal
- Any evidence to support the request for appeal

Requests can be submitted in the following manner:

Fax: 1-877-348-2251

Mail: Blue Cross Blue Shield of Michigan
P.O. Box 2627
Detroit, MI 48231-2627