

Utilization Management Program

Quick Reference Guide

Blue Cross and Blue Shield has contracted with eviCore healthcare, an independent specialty medical benefits management company, to provide preauthorization for expanded outpatient and specialty utilization management for its Medicare and Medicaid IL & TX members.

Authorization May Be Required

For all Radiation Therapy Procedures including:

- 2D and 3D Conformal
- Stereotactic Radiosurgery (SRS)/Stereotactic Body Radiation Therapy (SBRT)
- Brachytherapy
- Hyperthermia
- Proton Beam Therapy
- Intensity-Modulated Radiation Therapy (IMRT)
- Neutron Beam Therapy

Authorization Not Required

- Inpatient

Urgent Requests

When service is required due to a medically urgent condition, for radiation therapy only, treatment may be started without an authorization, however the referring physician's office should **call eviCore healthcare at 855.252.1117** for an authorization as soon as possible. eviCore will make a good faith effort to render a decision within **72 hours of receipt (48 hours for IL Medicaid only)** of all necessary information. In most cases where requisite information is provided in the initial call, once a decision is rendered it is communicated within 1 business day. Please indicate that the notification is for **medically urgent care**.

Authorization Requirements

To ensure the authorization process is as quick and efficient as possible, we highly recommend that the physician's office submitting requests have:

- Patient's Name and DOB
- Health Plan ID number
- Ordering Physician's Name and NPI number

- Ordering Physician's Telephone/Fax numbers
- Radiation Therapy Facility's Name and Telephone/Fax numbers

Authorizations

An authorization number will be faxed to the ordering physician and mailed to the member, urgent requests will be delivered verbally upon approval. eviCore healthcare will approve the specific facility performing the service and the CPT code or codes requested. **Contact eviCore healthcare for changes to facility or service.**

It is the responsibility of the performing facility to confirm that the referring physician completed the prior authorization process. Verification may be obtained via the eviCore healthcare website or by calling 855.252.1117.

Important! Authorization from eviCore healthcare does not guarantee claim payment. Services must be covered by the health plan and the member must be eligible at the time studies are rendered. **Claims submitted for unauthorized procedures are subject to denial, and the member must be held harmless.** Please verify the member's eligibility with the health plan.

Authorization Denials

A denial letter will be faxed to the ordering physician and mailed to the member and provides a rationale for the determination within one working day of decision. Urgent request details are given via phone. This communication sets forth the appeal options per current state policy. eviCore healthcare also offers the ordering physician a consultation with an eviCore healthcare Medical Director on a peer-to-peer basis. In certain instances, additional information provided during the peer-to-peer consultation is sufficient to satisfy medical necessity criteria for Medicaid IL & TX members only.

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We offer two convenient methods to request authorizations:

☐ Web Portal

The eviCore healthcare Web Portal is available 24/7 at www.evicore.com.

After a one-time registration, you are able to initiate a case, check status, review guidelines, view authorizations/eligibility, and more. The Web Portal remains the quickest, most efficient way to obtain information.

If you have questions or need assistance, please con-tact the Web Portal Specialist for assistance via phone at 800.646.0418 (Option #2) or via email at clientservices@evicore.com.

☐ Phone

Contact us toll-free at 855.252.1117 from **7AM to 7PM local time**. Texas hours of operation are 6 am to 6 pm central time Monday through Friday and between 9 am-noon central time on Saturdays, Sundays, and legal holidays. For faster service, you'll need all pertinent clinical information before you call. Outside of normal business hours, you may call eviCore healthcare and leave a message for a return call the next business day.

eviCore healthcare's call center will be closed in observance of New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and the day after, and Christmas Day. **The web is available 24/7, 365 days a year.**

Additional Resources

Visit the implementation site for additional resources:

<https://www.evicore.com/healthplan/bcbs>

Existing Treatments

Any services approved **before** the implementation date where treatment will also begin prior to and

continue beyond this date will **not** require any further authorization through eviCore healthcare.

Guidelines on the Web

To access the eviCore healthcare Guidelines via the web, visit our Radiation Therapy site at the following link:

<http://www.evicore.com/solution/Pages/RadTherapy.aspx>

From there you can access important information and resources:

- Education Tools
- Program Overview
- Clinical Guidelines
- Online Forms

Need Clinical Support?

If your case requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians and radiologists. One of eviCore healthcare's physicians can assist in a consideration of radiation therapy options. To request a clinical discussion, call eviCore healthcare at 888.564.5492 option 4 and request a peer to peer discussion.

This is not where claim denials reconsideration would be discussed. For claim denials, you must follow the appeal process.