



eviCore healthcare Radiation Therapy Program Frequently Asked Questions

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

eviCore will manage preauthorization services for Health Alliance's commercial and Medicare Advantage members.

How do providers initiate a preauthorization request?

Providers in the Health Alliance network will access eviCore through YourHealthAlliance.org for providers. Out-of-network providers must fax 1-800-540-2406 or call 1-844-303-8452 with preauthorization requests.

What are the hours of operation for the call center?

eviCore healthcare's preauthorization call center is available from 7:00 a.m. to 7:00 p.m. local time, Monday through Friday at 1-844-303-8452. The web portal is available for access 24/7.

Once I request a preauthorization, how long will it take to get a decision?

eviCore healthcare is committed to reviewing all requests and rendering case decisions within two business days after receipt of all necessary clinical information. When radiation therapy is required in less than 48 hours due to a medically urgent condition, eviCore healthcare will render a decision within 24 hours of receiving all necessary demographic and clinical information. *Please state that the authorization is for medically urgent care.*

What information will be required to obtain a preauthorization?

- Member or Patient's Name, Date of Birth, and health plan ID number
- Ordering Physician's name and NPI number
- Ordering Physician's Telephone and Fax number
- Radiation Therapy Facility's Name, Telephone and Fax number

You can obtain a worksheet of required information for eviCore healthcare's Radiation Therapy Program at the following link: <https://www.evicore.com/solution/pages/radtherapy.aspx>.

What is the format of the eviCore healthcare authorization number?

An authorization number is (1) one Alpha character followed by (9) nine numeric numbers. For example: A123456789.

If the office does not have web access, how can a provider verify that a study has been authorized?

If the office does not have web access, you can call eviCore at 1-844-303-8452.



How will eviCore notify members and ordering providers of approvals/denials?

Written notices will be sent to the member as well as the ordering provider(s).

Will the rendering facility be notified of determinations?

The facility will not receive notification of the determination. It is imperative that the facility verify that authorization was obtained before rendering services.

How long is an authorization valid?

Valid authorization timeframes vary by treatment/case.

How does a provider verify credentialing status?

Verify your credentialing status with Health Alliance. Contact the Contracting and Provider Services department at 1-800-851-3379, ext. 4668, or email PSC@healthalliance.org.

How does a provider join the Health Alliance provider network?

To join the Health Alliance provider network, visit YourHealthAlliance.org and create an account as a [Prospective Provider](#).

How does eviCore determine if a provider is in-network?

Health Alliance provides eviCore a list of all participating providers daily. Participation status can be verified via YourHealthAlliance.org for providers. Providers can also contact Health Alliance's Customer Service department at 1-800-851-3379.

How does a provider file a formal complaint?

Provider complaints should be submitted to Health Alliance by phone at 1-800-851-3379, ext. 4668, or via email at PSC@healthalliance.org.

How do providers check the eligibility of a member?

Member eligibility can be verified via YourHealthAlliance.org for providers.

Can a provider check the status of a pending preauthorization request other than by phone?

Providers in the Health Alliance network may check the status of a pending request online through YourHealthAlliance.org for providers. Out-of-network providers must call 1-844-303-8452 to check the status of a pending request.

What are the elements of the Radiation Therapy Program?

The main component of the Radiation Therapy Program is preauthorization for all radiation therapy services.

What procedures will require preauthorization?

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 will require prior authorization. A full list of CPT codes is available on the implementation page: https://www.evicore.com/healthplan/Health_Alliance.



What medical providers will be affected by this agreement?

We require preauthorizations when the participating physician's office, hospital outpatient or freestanding facility provides the services.

How will expedited/urgent requests be handled?

When a service requiring authorization is medically urgent, the provider must call 1-844-303-8452. Urgent requests are defined by National Committee for Quality Assurance (NCQA) as conditions that are a risk to the patient's life, health, ability to regain maximum function, or the patient is having severe pain that requires a medically urgent procedure. Expedited or urgent requests must contain a provider's attestation that urgent services are necessary. Once all information is provided, eviCore can typically process expedited or urgent requests within 24 hours. For outpatient radiation therapy in urgent situations only, treatment may be started without preauthorization, however the treatment must meet urgent/emergent guidelines.

If a patient is undergoing treatment before the start of the program on June 1, 2017, will the treatment need authorization?

For treatments already underway, please refer to Health Alliance at this time.

If the simulation occurred, but the treatment begins after June 1, 2017, will it need authorization?

Yes, we require prior authorization for treatments that are scheduled on or after June 1, 2017.

Where can I see eviCore healthcare's radiation therapy coverage criteria?

You can see eviCore healthcare's clinical guidelines on radiation therapy at

<https://www.evicore.com/solution/pages/radtherapy.aspx>.

Do I need a separate preauthorization number for each service code requested?

eviCore healthcare will assign one authorization number per treatment plan when medical necessity is met.

Can I get preauthorization for multiple sites of therapy, for the same patient, at the same time?

When medically necessary, you can get a preauthorization for multiple sites of therapy.

What if I do not obtain preauthorization?

Claims may be denied if you do not obtain preauthorization or approval.

What if I don't agree with eviCore healthcare's clinical code determination?

Please contact eviCore healthcare. You can schedule a peer-to-peer discussion with an eviCore healthcare board-certified radiation oncologist.

How do providers schedule a peer-to-peer consultation?

Providers must call 1-844-303-8452 to schedule a peer-to-peer consultation. Additionally, this program allows Post-Decision Review requests for 14 calendar days after the date of service.

How do providers appeal a preauthorization denial?

All appeals will be handled by Health Alliance and must be submitted in writing. Instructions to appeal the preauthorization decision are in the denial letter. The request must include the:

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

If the patient needs more treatment (such as a recurrence of disease or a change in clinical condition), do I have to call eviCore healthcare for a new preauthorization?

Yes, the preauthorization is only valid for the treatment plan that the physician requested. If the patient needs a different or changed treatment plan, we require a new preauthorization. If you need to change the plan during the course of treatment, contact eviCore healthcare. You can discuss the new treatment plan and ask to adjust the existing authorization.

If the patient starts radiation therapy treatment at one facility and changes to another during a course of treatment, is a new preauthorization required?

Yes. If a new physician group is treating the patient, a new treatment plan will likely follow. Therefore, you must ask for a new preauthorization number.

Where should I send claims once I provide services?

Send all claims as you would normally to Health Alliance.

Can only the provider ask for authorizations?

A representative of the physician's staff can ask for authorization. This could be someone from the clinical staff, front office, or billing staff, acting on behalf of the referring physician.

Will I need authorization for professional and technical components of CPT codes?

No. eviCore healthcare follows global billing practices today.

Does eviCore healthcare employ physicians other than radiation oncologists to review preauthorization requests?

eviCore employs physicians of various specialties to respond to the needs of the provider community.

What information about the preauthorization will be visible on the eviCore healthcare website?

The authorization status function on the website will provide the following information:

- Preauthorization Number/Case Number
- Status of Request
- Cancer Type
- Site Name and Location
- Prior Authorization Date
- Expiration Date



If a preauthorization is not approved, what follow-up information will the referring provider receive?

The ordering provider will receive a denial letter by mail that contains the reason for denial as well as appeal rights and processes. Please note that after the denial has been issued for a Commercial member, the referring provider may request a Peer-to-Peer discussion with an eviCore Medical Director to review the decision. Please note that after a denial has been issued for a Medicare member, no changes to the case decision can be made. Speaking with an eviCore Medical Director is for educational purposes only.