eviCore healthcare Medical Oncology Program

Frequently Asked Questions

What are the elements of the Medical Oncology Review Program?

The Medical Oncology Review Program consist of Prior Authorization Medical Necessity Determinations for all primary injectable and oral chemotherapeutic agents used in the treatment of cancer as well as select supportive agents in combination with the chemotherapy. The program also includes newly approved chemotherapy agents that are used for the treatment of cancer.

Which Medical Oncology procedures require a prior Authorization?

Refer to the list of HCPCS codes that require prior authorization. This can be found on the Network Health website at www.evicore.com/healthplan/nhpwi. Be sure to check the Network Health Wisconsin website, as the program may be modified or updated. Note that newly approved chemotherapy agentsnot on this list and used for the treatment of cancer do require prior authorization.

Which providers are impacted by this program?

All physicians who perform pre-selected oncology related injection/infusion procedures are required to obtain a prior authorization for services prior to the service being rendered in an office or outpatient setting. Physicians and facilities who render oncology related injection/infusion procedures within the scope of this protocol must confirm that prior authorization has been obtained, or payment for their services may be denied.

Do medical oncology services performed in an inpatient setting at a hospital or emergency room setting require prior authorization?

No. Medical Oncology ordered through an emergency room treatment visit, while in an observation unitor during an inpatient stay does not require prior authorization.

How can a provider request a Prior Authorization?

Online at eviCore's website, www.evicore.com, by logging into the "Ordering Provider Login" after completing a free registration. The website is available 24 hours a day, 7 days a week, and it is possible to obtain immediate authorization decisions if the evidence-based criteria are met.
You may also request prior authorization by calling eviCore at 855-727-7444.

What are eviCore Healthcare's hours of operation?

eviCore's Call Center hours of operation are from 7:00 a.m. to 7:00 p.m. Monday through Friday Central time.

What information will be required to obtain a Prior Authorization?

The required information includes:

- 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
- Facility's Name, Telephone and Fax Number
- Requested drug(s) (HCPCS 'J' code and name (brand and/or generic)
- Relative diagnosis and medical history including:
    - Signs and symptoms
    - Results of relevant test(s)
    - Relevant medications
    - Working diagnosis/stage
    - Patient history including previous therapy

Please also have the medical records available.

How to avoid inappropriate denials when services are appropriate?
Services that are deemed appropriate are those that follow clinical and/or medical necessity guidelines. You can find those guidelines at www.eviCore.com. Click the resources drop down button at the top right side of the web page to find the link to those guidelines.
If a provider follows guidelines that govern clinical and/or medical necessity criteria, but still experiences high denial rates, the reason may be due to clinical information missing from the case request. This is a list of information usually required:

- Patient's clinical presentation
- Diagnosis codes
- Type and duration of treatments performed to date for the diagnosis
- Disease-Specific Clinical Information
- Diagnosis at onset
- Stage of disease
- Histopathology
- Comorbidities
- Patient risk factors
- Performance status
- Genetic alterations
- Line of treatment
- Regimen/drugs

What happens if the provider's office does not know the treatment regimen that needs to be ordered?
The caller must be able to provide either the drug name or the HCPCS code in order to submit a request. eviCore will assist the physician's office in identifying the appropriate code based on presented clinical information and the current HCPCS code(s)provided.

How long will the prior authorization process take?
When a prior authorization is initiated online and the request meets criteria, the regimen will be approved immediately, and a time stamped approval will be available for printing. If the non-urgent request does not meet criteria or requires additional clinical review, a determination should be made within 2 business days upon receipt of all necessary clinical information to process a medical necessity review.

What happens when the on-line system does not provide an immediate authorization? eviCore healthcare will review and issue an authorization if the requested regimen meets the established evidence based criteria. All other requests will be sent to an eviCore Medical Director for review and determination. All decisions should be made within 2 business days for non- urgent requests once complete clinical information is received. All determination decisions will be sent in writing to the member, referring providers and rendering provider and facility, if available.

How can providers indicate that the procedure is clinically urgent?
Urgent requests should be made by calling eviCore toll free number at 888-727-7444.
The provider must notify the eviCore Clinical Reviewer that the test is "URGENT" and demonstrate medical necessity by providing the appropriate clinical documentation. Urgent care decisions will be madewhen following the standard timeframe could result in seriously jeopardizing the member's life, health or ability to regain maximum function.

Note that for in-scope services rendered in settings other than ER, observation, or urgent care, a physician or other health care professional may request a prior authorization on an urgent or expedited basis in cases where there is a medical need to provide the service sooner than the conventional prior authorization process would accommodate.

What information will be available through the Provider Portal located on eviCore healthcare website?

The authorization status function on the eviCore healthcare Provider portal will provide the following information:

- Prior Authorization Number(available 30 minutes after number is issued)/Case Number/Date
- Status of Request
- Cancer Type
- Site Name and Location (If available)
- Expiration Date

How will providers be notified of the prior authorization review decision?

Referring providers will be notified of the determination via email or fax.
Rendering providers can validate the prior authorization determination through eviCore's website at www.evicore.com or by calling eviCore Customer Service at 855-727-7444.

How can the eviCore healthcare criteria be viewed?

The eviCore Medical Oncology program is a direct reflection of the NCCN guidelines. These guidelinesare available for public view at NCCN.org

How long will the Prior Authorization approval be valid?

The length of time for which a prior authorization will be valid will vary by request ranging fromapproximately 8 – 12 months. (240-425 days). When a prior authorization number is issued for a treatment regimen, the requested start date of servicewill be the starting point for the period in which the course of treatment must be completed. If the courseof treatment is not completed within the approved time period, or if there is a drug change in the regimenthen a new prior authorization number must be obtained.

If the patient starts a medical oncology regimen at one facility and changes to another during a course of treatment, is a new prior authorization required?

Yes. If a new physician group is treating the patient, a new treatment plan will likely be followed. Therefore, a new prior authorization number must be requested.

Is a separate authorization needed for each drug ordered?

No. A single authorization number will cover the entire regimen for the length of treatment (up to 14 months depending on the treatment selected). The eviCore system will collect the clinical data needed and provide a list of recommended regimens (single agent and multi-agent) from which to select. Providers may also custom build a regimen by selecting from a list of all drugs covered in the program. In either case, the entire regimen must be provided at the time the authorization is requested. If a new drug is needed at a later date a new authorization will be needed for the complete regimen to be used from that date forward.

Who should request prior authorization in cases where a Primary Care Physician refers a patient to a specialist, who determines that the patient needs cancer treatment including a drug that requires prior authorization?

The physician who orders the drug should request the prior authorization. In this case, it would be the specialist.

If a denial occurs because of a coding mistake can I resubmit the claim?

Yes, if the mistake is administrative (related to coding) then a claim can be resubmitted as long as prior authorization remains in effect and the procedure on the claim is medically necessary.

What happens if a service is rendered despite an authorization denial?

The Network Health Wisconsin Medical Oncology Review Program is a prior authorization program that includes a medical necessity determination for the requested treatment regimen. Coverage for treatment regimens that are not medically necessary will be denied as not covered under the member's benefit plan because services that are not medically necessary are not covered under Network Health Wisconsin plans. Failure to comply with any prior authorization protocol may result in an administrative claim denial.

What are the parameters of an appeals request?

eviCore healthcare will not be delegated for appeals. All appeals will need to be referred to Network Health Wisconsin.

Is provider education and training available?

Yes. The Network Health Wisconsin website has updates and announcements including educational webinars on submitting prior authorization requests at www.evicore.com/healthplan/nhpwi. Additional tools and resources can be found on eviCore's website at www.evicore.com.

What is eviCore's contingency plan in the event of a power outage?

eviCore healthcare has multiple customer service centers in varying geographical locations which allows eviCore to continue providing support even if one location experiences a power outage. For example, if calls directed to one location were to suffer a power outage, the calls would automatically be routed to another service center so that the service would be seamless to the caller.