

Radiation Oncology

Frequently Asked Questions

Who is EviCore healthcare?

EviCore by Evernorth (EviCore) is an independent specialty medical benefits management company that provides utilization management services for BCBSOK MA.

What is the relationship between EviCore and BCBS?

Beginning on **10/1/2025**, EviCore will manage Proton Beam Therapy for BCBSOK MA for dates of service on and after 10/1/2025.

Which patients will EviCore healthcare manage for the Radiation Oncology program?

EviCore will manage **proton beam therapy** prior authorization for BCBSOK MA patients enrolled in the following programs:

- Medicare

What is EviCore's Radiation Oncology program?

EviCore's Radiation Oncology Program consists of Prior Authorization Medical Necessity Determinations for **proton beam therapy only**.

Who needs to request prior authorization through EviCore?

Prior authorization is required when the participating physician's office, hospital outpatient or freestanding facility provides the services. Prior Authorization requests are **required** for submission **prior to treatment** delivery taking place in an outpatient setting.

Which Radiation Oncology treatments require prior authorization for BCBS?

Proton beam therapy is the only radiation oncology technique that requires prior authorization through EviCore.

The Program will manage the following services:

- 77525
- 77523
- 77522
- 77520

For the most up-to-date and comprehensive list of codes that require prior authorization, please refer to the [Provider Resource page](#) -> Search for Health plan from drop down.

→ Select *solution resources* tab → Select Radiation Oncology icon → Select 'CPT Code List'

Read below for information on how to request Radiation Oncology authorizations.

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.

How do I request prior authorization through EviCore healthcare?

Providers and/or staff can request prior authorization in one of the following ways:

Web Portal (PREFERRED)

The EviCore web portal is the quickest, most efficient way to request prior authorization and is available 24/7. Providers can request authorization by visiting 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 revise existing cases by calling **855-252-1117**.

How do I check an existing prior authorization request?

Our web portal provides 24/7 access to check the status of existing authorizations. To check the status of your authorization request, please visit www.EviCore.com, sign in with your login credentials, and select the Authorization Lookup feature on CareCore National.

What information is required when requesting prior authorization?

Patient

- First and Last Name
- Date of Birth
- Patient 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
- Relevant clinical details such as treatment fractions. Physician worksheets found on EviCore.com contain the list of clinical questions.
*The requester will select the cancer type being treated as part of the case build process. If treatment is for a non-cancerous diagnosis, then specify "non-cancerous" during case build. If EviCore does not have a cancer or non-cancerous selection that fits the diagnosis, then please specify "Other" cancer type during case build.

What clinical questions will be asked by EviCore during the Prior Authorization process?

You will be asked to verify proton beam therapy is being used to treat the patient's diagnosis and to define the number of treatment fractions, in addition to other relevant clinical details.

Physician worksheets and request forms are available on EviCore.com under the **Resources tab**. These documents outline the minimum treatment plan and clinical information required to support the medical necessity determination during the pre-service authorization request process.

What is included in a Radiation Oncology Prior Authorization Request?

An EviCore Radiation Oncology pre-service authorization will include all pertinent services for a patient's entire episode of care.

- EviCore will provide a medical necessity decision based on the treatment plan and other pertinent clinical information.
- 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.
- If necessary, the provider can submit additional clinical information 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: 30 fractions of Proton Beam Therapy)
- The authorization will be inclusive of all relevant **Proton Beam CPT codes: 77525, 77523, 77522, 77520**

Do I need a separate pre-service authorization number for each service code requested?

EviCore healthcare will assign one authorization number per treatment plan with a decision for medical necessity.

The Radiation Oncology authorization process is not designed to review requests for each individual CPT or HCPCS Code. Rather, the authorization will address the treatment plan used to treat the patient's diagnosis and will be inclusive of all relevant CPT Codes (77525, 77523, 77522, 77520). The requester is redirected to indicate the site of treatment/cancer type (breast cancer, prostate cancer, Bone Metastases, etc.) if attempting to submit a Radiation Oncology request for an individual CPT Code.

How long is the authorization valid?

Radiation Oncology Authorizations are valid for varying periods of time, dependent on the total number of treatment sessions and, if applicable, state regulations. The authorization letter will contain the authorization timespan information.

Please contact EviCore healthcare if the patient does not complete treatment within the provided timeframe. The provider should contact EviCore prior to billing for the services that will fall outside of the timespan of the authorization.

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

Urgent requests are defined as a condition that is a risk to the patient's health, ability to regain maximum function and/or the patient is experiencing severe pain that requires a medically urgent procedure. Urgent requests may be initiated on our web portal at [EviCore.com](https://www.EviCore.com) or by contacting our contact center at **855-252-1117**. Urgent requests will be processed within 72 hours from the receipt of complete clinical information.

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

Where can I access EviCore healthcare's clinical worksheets and guidelines?

The program's purpose is to ensure radiation oncology services provided to patients are consistent with national guidelines.

EviCore's clinical worksheets and guidelines are available online 24/7:

Clinical Worksheets	 Clinical Guidelines
www.EviCore.com/provider/online-forms	www.EviCore.com/provider/clinical-guidelines

Is an authorization through EviCore required for patients undergoing proton beam treatment *as of 10/1/25* (treatment having begun prior to, and continuing through, 10/1/25)?

BCBS (TX, NM, OK, IL, MT) will honor all radiation oncology courses of treatment that are in progress as of EviCore's management, effective 10/1/2025.

- Authorization **already on file** through BCBS (TX, NM, OK, IL, MT): *If an authorization is already on file through BCBS (TX, NM, OK, IL, MT) then the provider should **not** re-submit that authorization through EviCore.*
- Authorization **not** on file with BCBS Oklahoma: *The provider is required to submit what is considered a "continuity of request" through EviCore.*

Do I need to call EviCore if there is a change in the approved treatment plan such that there are additional fractions (i.e. treatment sessions)?

Yes, a new authorization is required **if there is a change** in the total number of fractions such that *additional* proton beam fractions are required to complete treatment.

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

Yes, please contact EviCore if the location at which proton beam therapy treatment is being delivered changes during the course of treatment. A new prior authorization number may be required for the new location.

How will EviCore notify all parties if the prior authorization has been approved?

Ordering and rendering providers/facility will receive written notification via fax. For urgent requests, the ordering and rendering/facility will also receive notification by phone. In addition, the provider can validate the status using the EviCore provider portal at www.EviCore.com or by calling EviCore healthcare at **855-252-1117**.

Patients will be notified in writing by mail. For urgent requests, the patient will also receive notification by phone.

If a prior authorization is not approved, what follow-up information will the ordering provider receive?

The ordering provider will receive a denial letter that contains the reason for denial as well as Appeal rights and/or other relevant post-denial processes.

Note: If the authorization is not approved for a **Medicare** patient, then no changes to the case decision, such as through a reconsideration, can be made by EviCore. Speaking with an EviCore Medical Director, after the denial determination, is for informational purposes only.

I don't agree with EviCore healthcare's clinical determination, what are my options?

Please contact EviCore healthcare. You can schedule a clinical discussion with an EviCore healthcare board certified radiation oncologist via the scheduling tool found on www.EviCore.com. For Medicare requests, if the case has already reached an adverse determination, this discussion will be consultative only.

Does EviCore healthcare employ physicians other than Radiation Oncologists to review prior authorization requests?

When medical review is required, only **board-certified radiation oncologists** review authorizations for radiation oncology treatment.

Where do I send claims once I provide services?

Submit all claims as you would normally.

Note, pre-service authorization approval is not a guarantee of payment of benefits.

Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation and other terms, conditions, limitations and exclusions of your Certificate of Benefits booklet and/or Summary of Benefits.

If a claim is denied, refer to communications received from the health plan for information on how to appeal the claim denial.

How do I check an existing prior authorization request for a patient?

Our web portal provides 24/7 access to check the status of existing authorizations. To check the status of your authorization request, please visit www.EviCore.com and sign in with your login credentials. The case status can also be checked by calling EviCore at **855-252-1117**.

What information about the prior authorization will be visible on the EviCore healthcare website?

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

How do I submit a program related question or concern?

For program related questions or concerns, please email: clientservices@EviCore.com

Whom do I contact for online support/questions?

For web portal inquiries, the following options are available:

- Email: portal.support@EviCore.com
- Call: 800-646-0418 (Option 2).
- Real Time: a 'Chat Now' button is available on the EviCore website for real time web support.

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page at:

[Provider Resources | EviCore by Evernorth](#) → Search for the Health Plan (BCBS OK) in drop down list.