Radiation Therapy

SummaCare

EviCore
By EVERNORTH

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Solution Overview

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Prior Authorization Services

Applicable Membership	Prior authorization applies to the following services	Prior authorization does NOT apply to services performed in
• Commercial • Medicare	• Outpatient • Elective/Non-emergent	• Emergency Rooms • Observation Services • Inpatient Stays

It is the responsibility of the ordering provider to request prior authorization approval for services.

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Holistic Treatment Plan Review | Radiation Therapy

EviCore relies on information about the patient's unique presentation and physician's intended treatment plan to authorize all services.

- Providers specify the cancer type or body part being treated rather than requesting individual CPT and HCPCS codes.
- The intended treatment plan for cancer type is compared to the evidence-based guidelines developed by our Medical Advisory Board.
- For Medicare Cases, LCD and NCDs are followed if there is one applicable to the treatment.
- If a request is authorized or partially authorized, then the requested treatment technique and number of fractions will be provided, and the provider and member will be notified.
- If Image Guidance (IGRT) is requested, it may or may not be approved, separate from the primary treatment technique.

For questions about specific CPT codes that are generally included with each episode of care, please reference the **EviCore Radiation Therapy Coding Guidelines**.

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Submitting Requests

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How to Request Prior Authorization

The EviCore Provider Portal is the easiest, most efficient way to request clinical reviews and check statuses.

- **Save time**: Quicker process than requests by phone or fax.
- **Available 24/7.**
- **Save your progress**: If you need to step away, you can save your progress and resume later.
- **Upload additional clinical information**: No need to fax supporting clinical documentation; it can be uploaded on the portal.
- **View and print determination information**: Check case status in real time.
- **Dashboard**: View all recently submitted cases.
- **E-notification**: Opt to receive email notifications when there is a change to case status.
- **Duplication feature**: If you are submitting more than one request, you can duplicate information to expedite submissions.

To access the EviCore Provider Portal, visit **EviCore.com/provider**

Phone: 888-996-8710
Monday – Friday
7AM – 7PM (local time)

Fax: 866-699-8160

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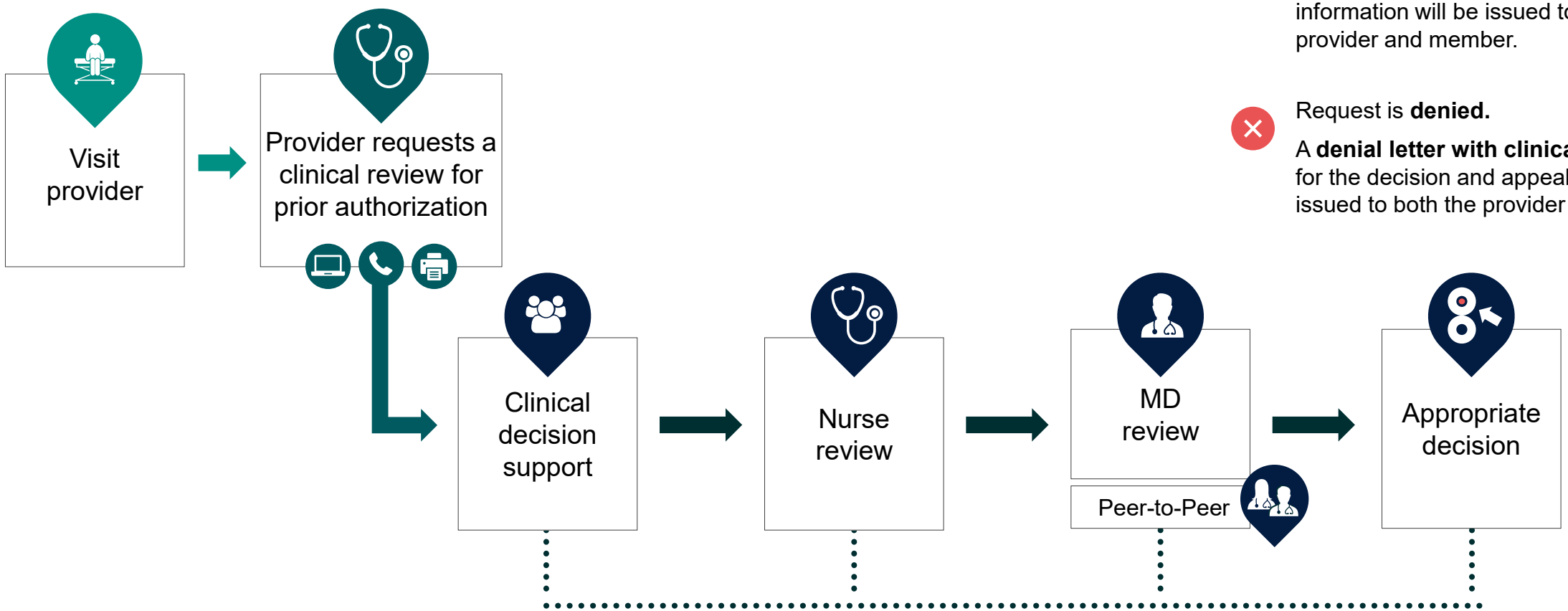
Utilization Management | Prior Authorization



Request is **approved.**

An **approval letter** with authorization information will be issued to both the provider and member.

Request is **denied.**

A **denial letter with clinical rationale** for the decision and appeal rights will be issued to both the provider and member.

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Necessary Information for Prior Authorization | Radiation Therapy

To obtain prior authorization on the very first submission, the provider submitting the request will need to gather information within four categories:

Member

EviCore requires name (first and last) and one additional identifier from the list below:

- Date of birth
- Correct case number/Episode ID
- Member identification number
- Full address (Street, City, State and zip code)
- Full phone number including area code
- Driver's license number or other government-issued ID

Rendering Facility

- Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number

Referring (Ordering) Physician

- Physician name
- National provider identifier (NPI)
- Phone & fax number

Supporting Clinical

- Site of treatment: non-cancerous or specific cancer type
- Diagnosis code(s)
- Anticipated treatment start date
- Pertinent clinical information such as the treatment plan, cancer stage etc.
  - Critical: Treatment technique, number of phases, number of treatment fractions, and identifying if Image Guided Radiation Therapy (IGRT) will be used
- As applicable: radiation oncology consultation note and/or treatment comparison plans

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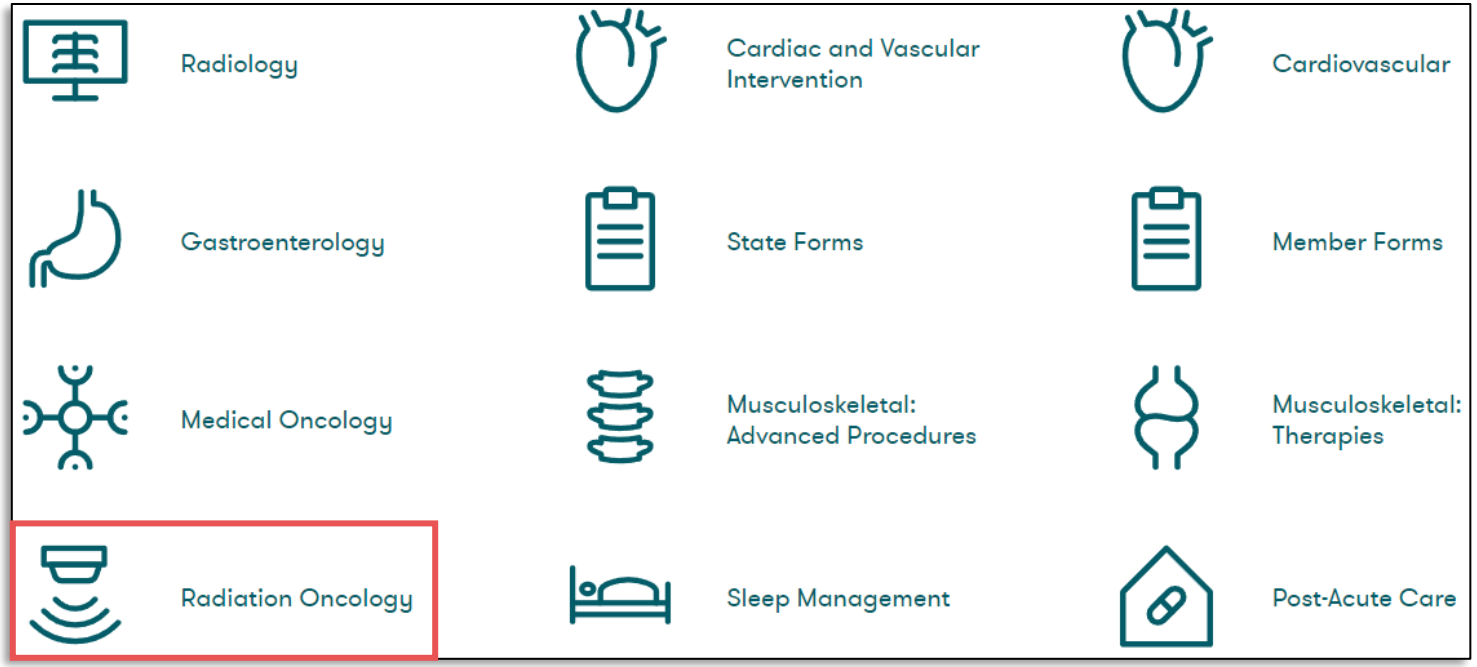
Necessary Information for Prior Authorization | Radiation Therapy

Want to make it easier?

Use our **clinical worksheets on EviCore.com** to ensure all the necessary information is included in your requests. Go to: EviCore.com → Resources → Clinical Worksheets → Radiation Oncology → Search **Health Partners Plans**

Clinical Worksheets



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Insufficient Clinical | Additional Documentation Needed

Additional Documentation to Support Medical Necessity

If during case build all required pieces of documentation are not received, or are insufficient for EviCore to reach a determination, the following will occur:

A Hold Letter will be faxed to the Requesting Provider requesting additional documentation	The Provider must submit the additional information to EviCore	EviCore will review the additional documentation and reach a determination
The hold notification will inform the provider about what clinical information is needed as well as the **date by which it is needed**.	Requested information must be received within the timeframe as specified in the hold letter or EviCore will render a determination based on the original submission.	Determination notifications will be sent.

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Prior Authorization Outcomes, Special Considerations & Post-Decision Options

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Prior Authorization Outcomes

Determination Outcomes:

- **Approved Requests:** Authorizations are valid for **14-180 calendar days** from the date of approval. Please refer to the authorization notification for the specific timeframe.
- **Partially Approved Requests:** In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved as well as post decision options for denied codes, including denied Site of Care (if applicable).
- **Denied Requests:** Based on evidence-based guidelines, if a request is determined as inappropriate, then a notification with the rationale for the decision and post decision/ appeal rights will be issued.

Notifications:

- Authorization letters will be faxed to the ordering provider.
- Web initiated cases will receive e-notifications when a user opts to receive.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the EviCore portal: www.EviCore.com

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Post-Decision Options | Commercial Members

My case has been denied. What's next?

- Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied.
- You may also call EviCore at **888-996-8710** to speak with an agent who can provide available option(s) and instruction on how to proceed.
- Alternatively, select "All Post Decisions" under the authorization lookup function on **EviCore.com** to see available options.

Reconsiderations

- There are no reconsideration options (including peer-to-peer) for SummaCare members.
- A Clinical Consultation with an EviCore physician can be requested to better understand the reason for the denial, but this will not overturn the decision.
- Please refer to the denial letter for instructions.

Appeals

- EviCore **will** process first-level appeals for Commercial members only.
- Appeals must be submitted within **180 calendar days** of the determination date.
- Please refer to the denial letter for instructions.

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Post-Decision Options | Medicare Members

My case has been denied. What's next?

Clinical Consultation

- Providers can request a Clinical Consultation with an EviCore physician to better understand the reason for denial.
- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation.

Reconsideration

- Medicare cases **do not** include a reconsideration option.

Appeals

- EviCore **will not** process first-level appeals for Medicare members.

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Special Circumstances

Retrospective (Retro) Authorization Requests

- EviCore will not process retro reviews for SummaCare members.
- Please refer to the health plan for instructions.

Urgent Prior Authorization Requests

- EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member.
- Can be initiated on provider portal or by phone.
- Urgent cases are typically reviewed within 24 to 72 hours.

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Special Circumstances

Alternative Recommendations

- An alternative recommendation may be offered, based on EviCore's evidence-based clinical guidelines.
- The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request.

Authorization Update

- If updates are needed on an existing authorization, you can contact EviCore by phone at **888-996-8710**.
- While EviCore needs to know if changes are made to the approved request, any change could result in the need for a separate clinical review and require a new request (and the original approved request would need to be withdrawn).
- If the authorization is not updated, it may result in a claim denial.

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Provider Portal Overview

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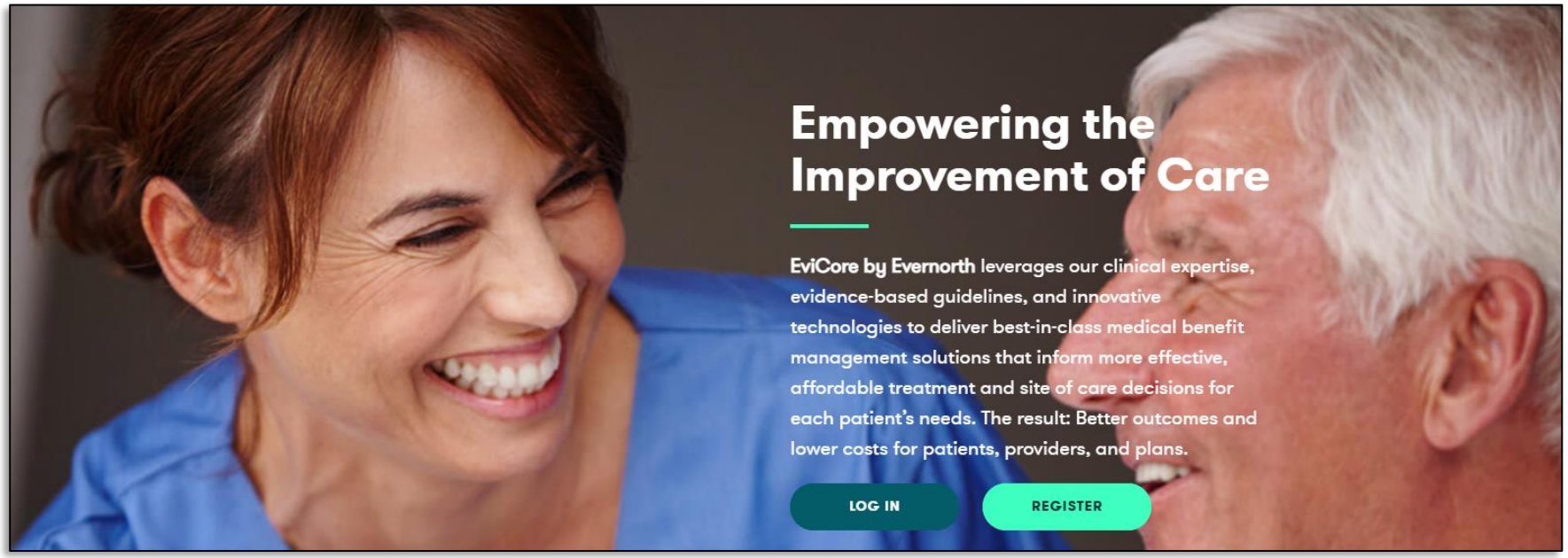
EviCore Provider Portal | Access and Compatibility

Most providers are already saving time submitting clinical review requests online vs. telephone.

- To access resources on the EviCore Provider Portal, visit **EviCore.com**
- Already a user? **Log in** with User ID & Password.
- Don’t have an account? Click **Register Now**.



EviCore’s website is compatible with **all web browsers**. If you experience issues, you may need to **disable pop-up blockers** to access the site.

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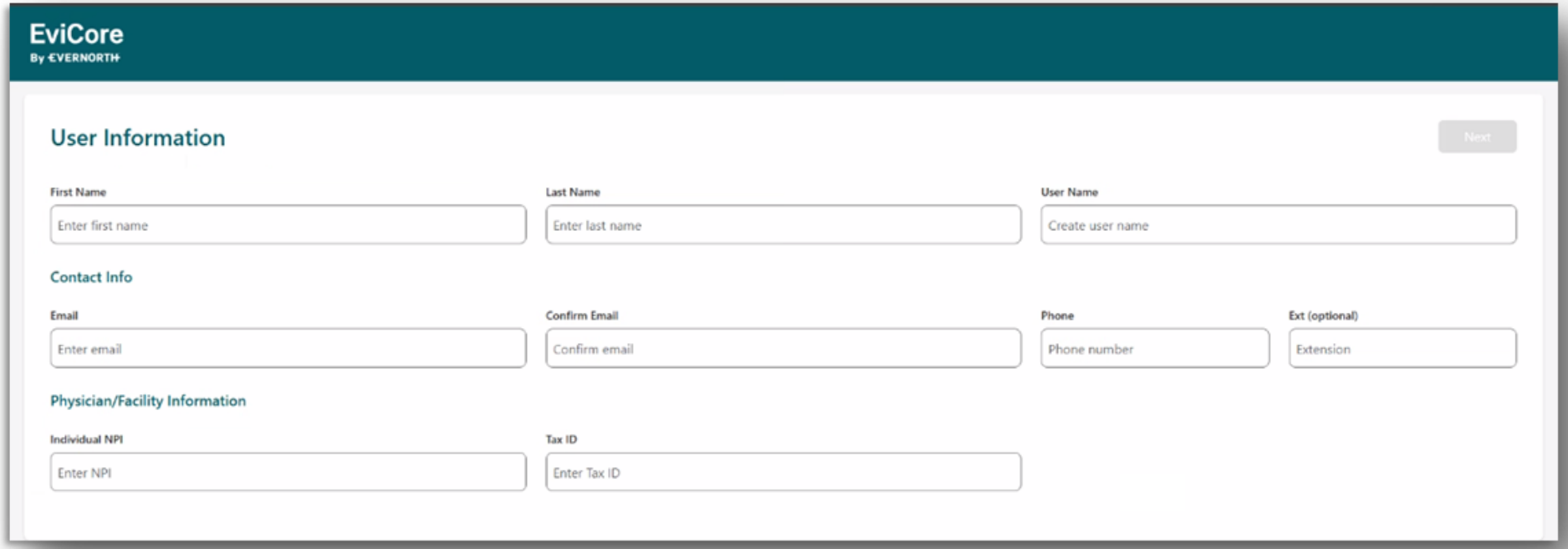
Creating an EviCore Provider Portal Account



- Complete the User Information section in full and **Submit Registration**.
- You will immediately be sent an email with a link to verify your account and create a password. Once you have created a password, you will be redirected to the login page.

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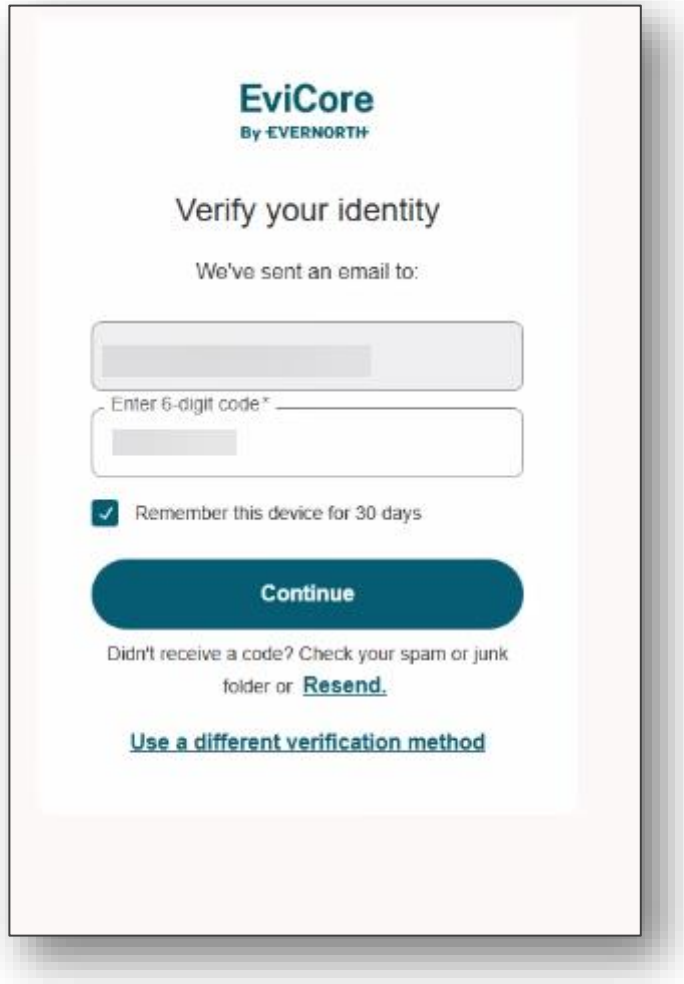
Setting Up Multi-Factor Authentication (MFA)

To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

- After you log in, you will be prompted to register your device for MFA.
- Choose which authentication method you prefer: Email or SMS. Then, **enter your email address or mobile phone number**.
- Once you select **Send PIN**, a 6-digit pin will be generated and sent to your chosen device.
- After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.



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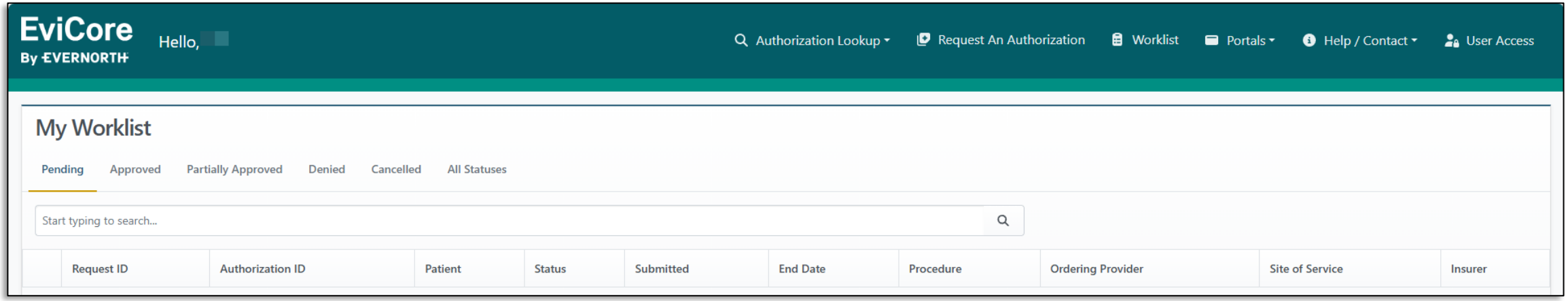
Portal Access

- Access EviCore's provider portal at www.EviCore.com.
- If you do not already have a user account, click **Register Now** and complete the online registration form. Follow the instructions to create your password and set up multi-factor authentication (MFA).
- Login using your new or existing login credentials.
- You will now land on your Unified Worklist where you can conduct an **Authorization Lookup**, **Request an Authorization**, manage your cases via your **Worklist**, and share your worklist with other users via **User Access**.
- You can also go directly to the portal to build your request and/or manage your cases.



Need more info on UPX? Visit **www.eviCore.com/provider** → Video Resources for self-service training or click **Register Now** to join a session.

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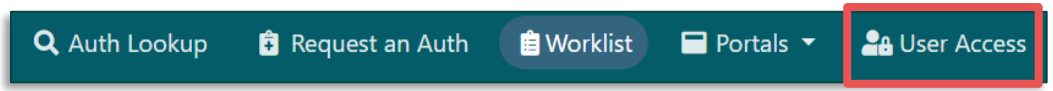
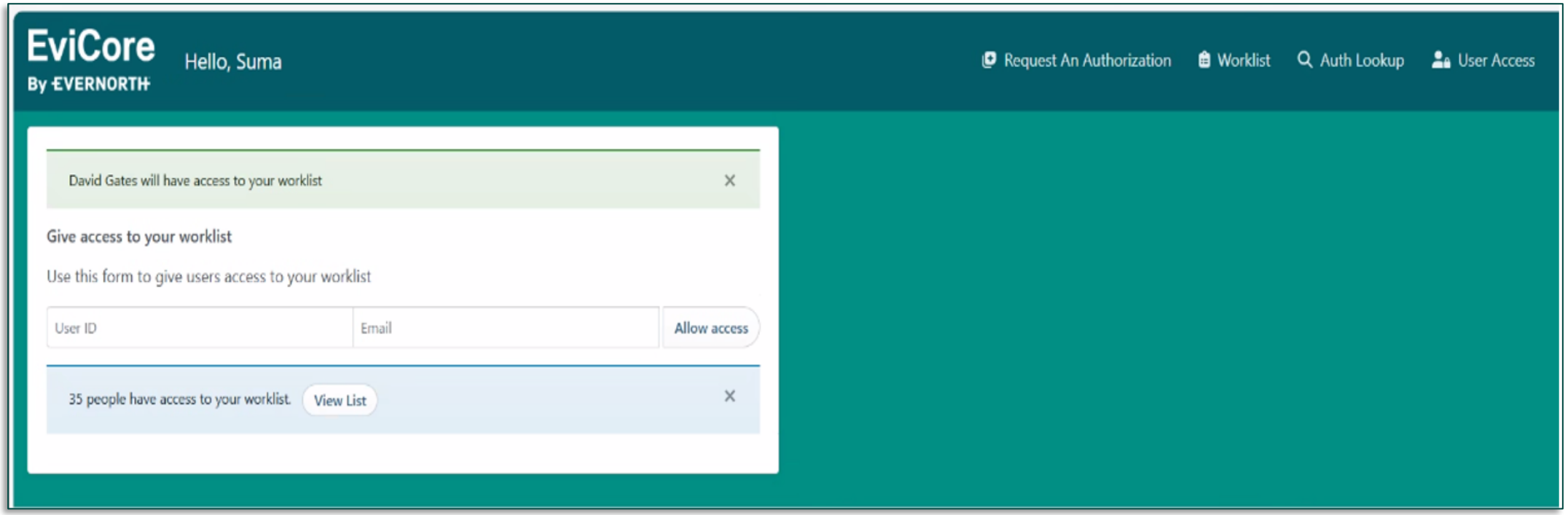
Provider Shared Worklist

To allow others to view your worklist while you are out of the office, you can add them by selecting **User Access** and add their user ID and email address. They must have an EviCore account to be added.





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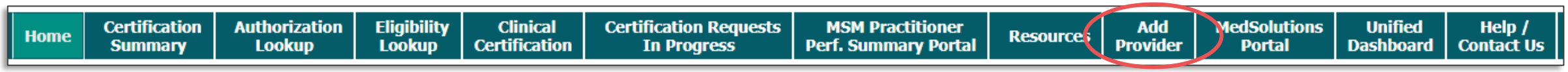
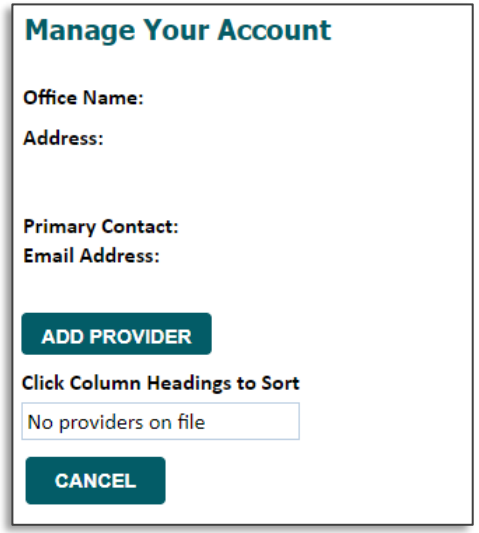
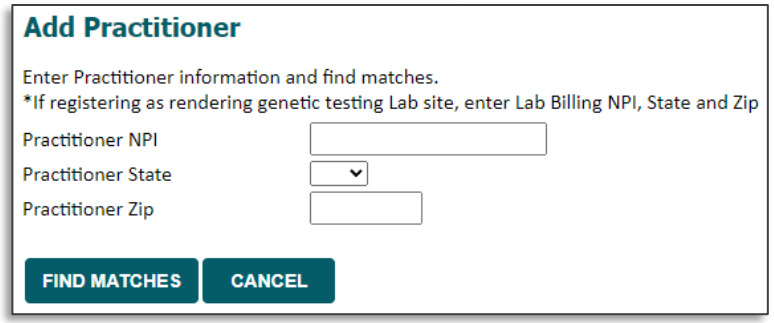
EviCore Provider Portal | Add Providers



Providers will need to be added to your account prior to case submission.

- Click the **Add Provider** tab to add provider information.
- Select **Add Provider**.
- Enter the NPI, state, and zip code to search for the provider.
- Select the matching record based upon your search criteria.
- Once you have selected a practitioner, your registration will be complete.
- You can also click **Add Another Practitioner** to add another provider to your account.
- You can access the **Manage Your Account** at any time to make any necessary updates or changes.





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Initiating a Case

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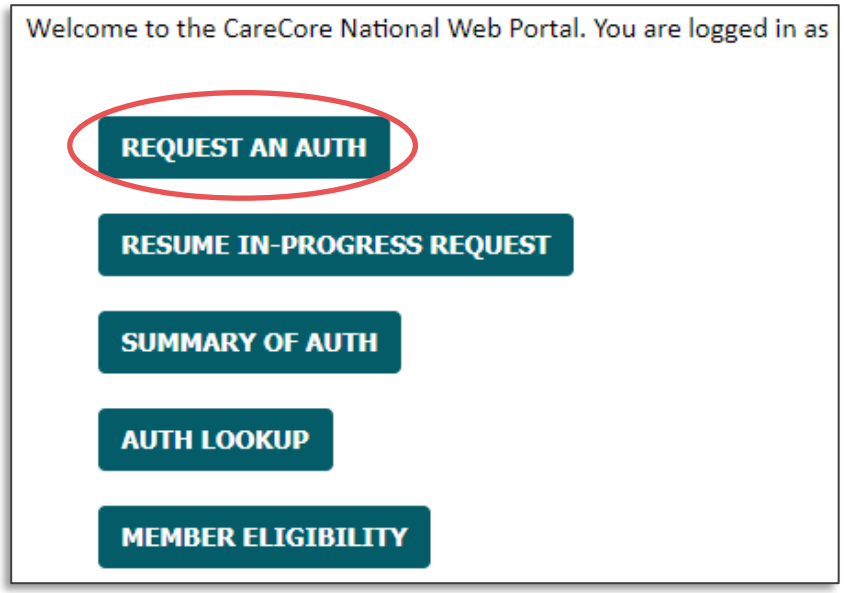
Initiating a Case



- Click the **Clinical Certification** tab to get started.
- Choose **Request an Auth** to begin a new case request.

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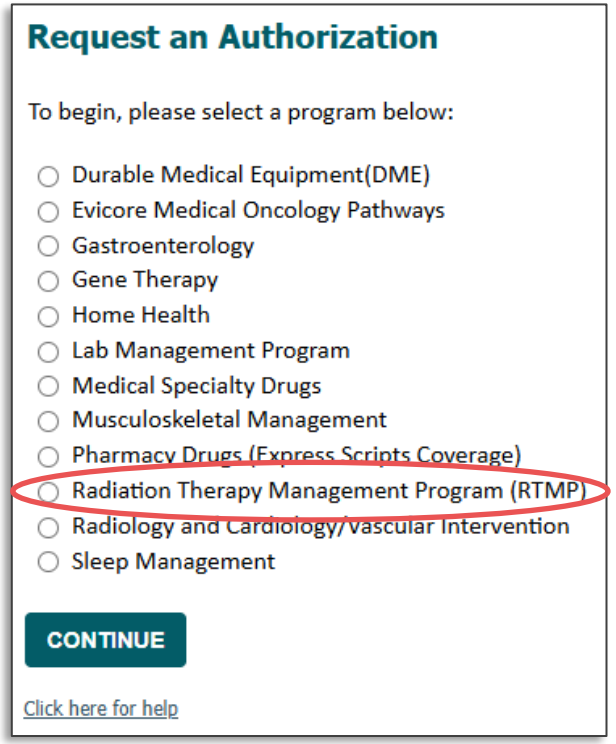
Select Program



- Select the **Program** for your certification.

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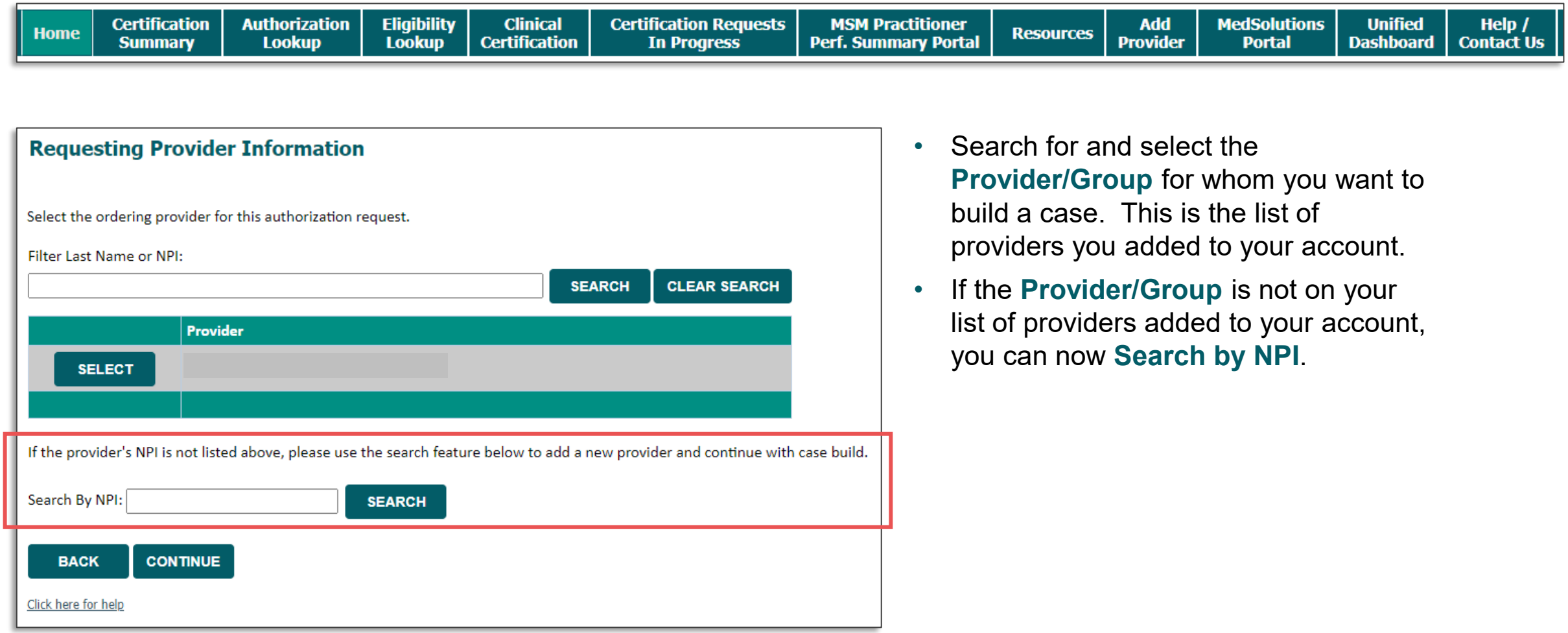
Clinical Certification Request | Search and Select Provider



- Search for and select the **Provider/Group** for whom you want to build a case. This is the list of providers you added to your account.
- If the **Provider/Group** is not on your list of providers added to your account, you can now **Search by NPI**.

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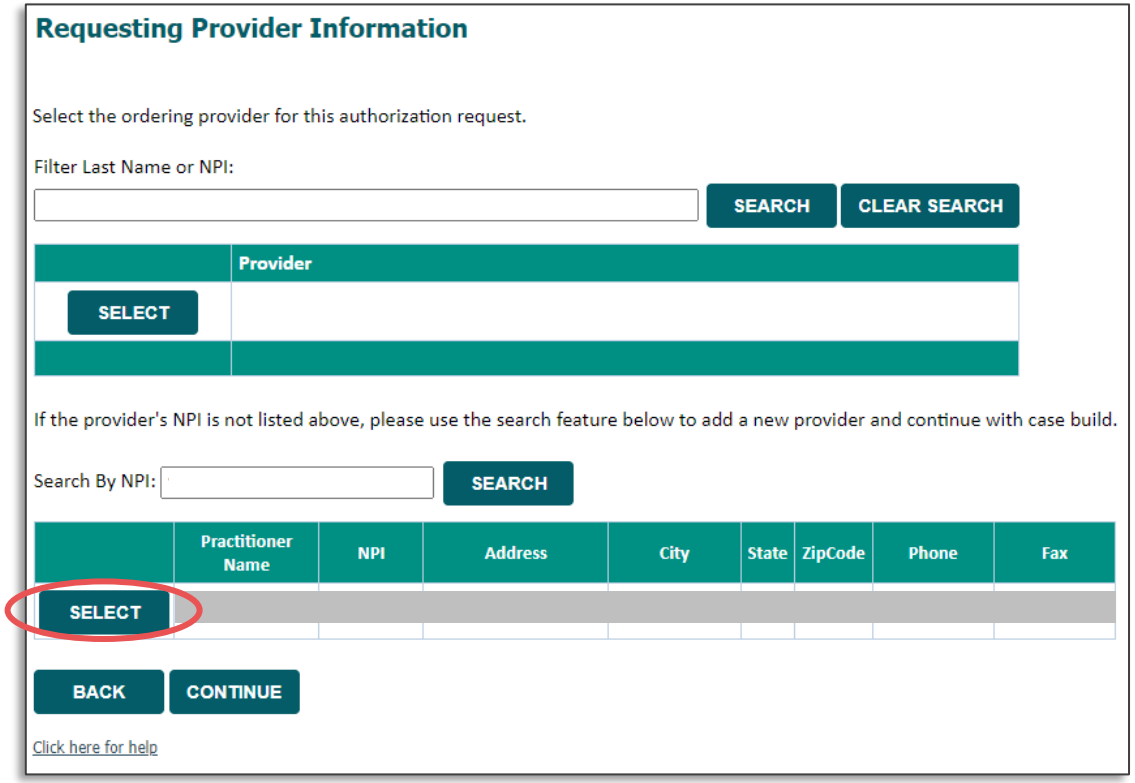
Clinical Certification Request | Search and Select Provider



- Once the provider is found by searching **NPI**, the line will turn gray to indicate they are selected.

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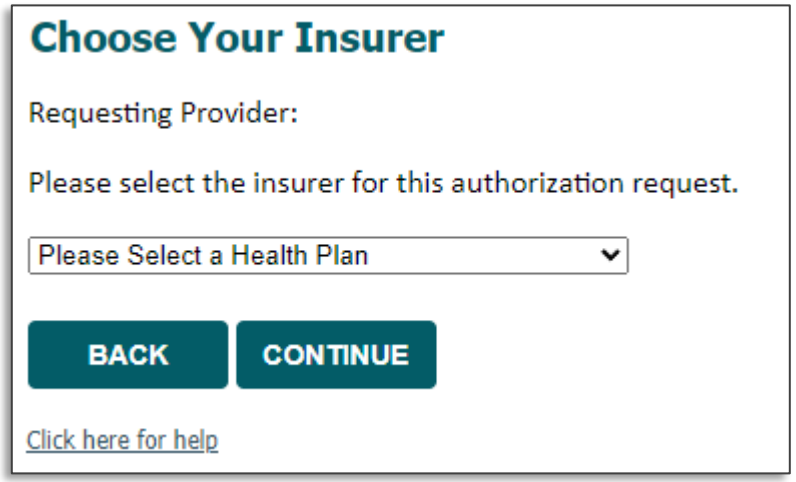
Clinical Certification Request | Select Health Plan



- Choose the appropriate **health plan** for the request.
- Another drop down will appear to select the appropriate address for the **provider**.
- Click **CONTINUE**.

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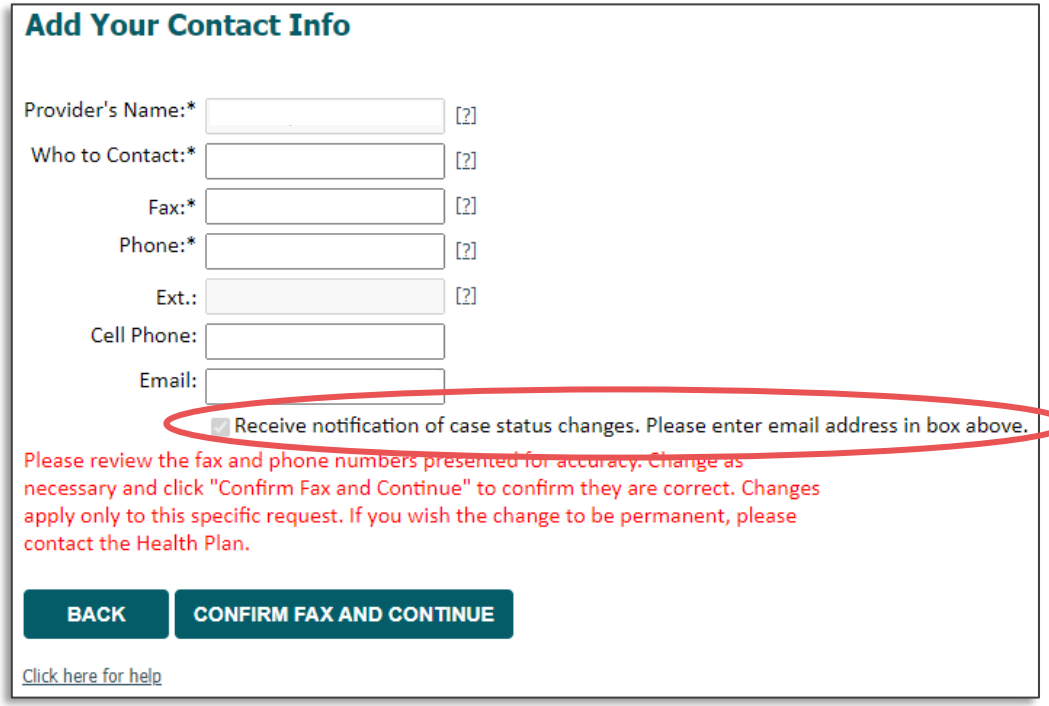
Clinical Certification Request | Enter Contact Information



- Enter/Edit the **provider's name** and appropriate information for the point of contact.
- Practitioner name, fax, and phone will pre-populate; edit as necessary.

The e-notification box is checked by default to enable email notices for any updates on case status changes. Make sure to uncheck this box if you prefer to receive faxed notices.

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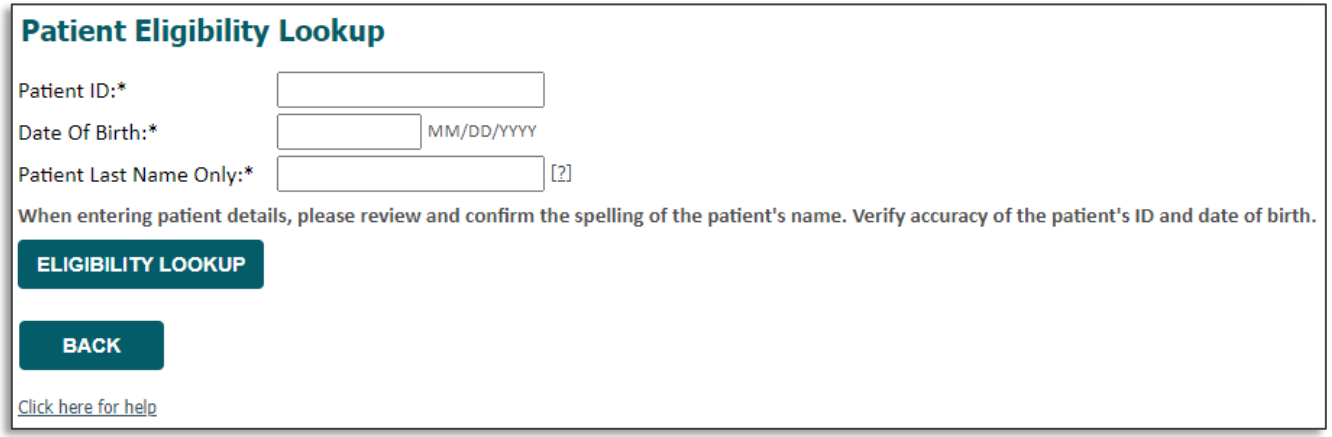
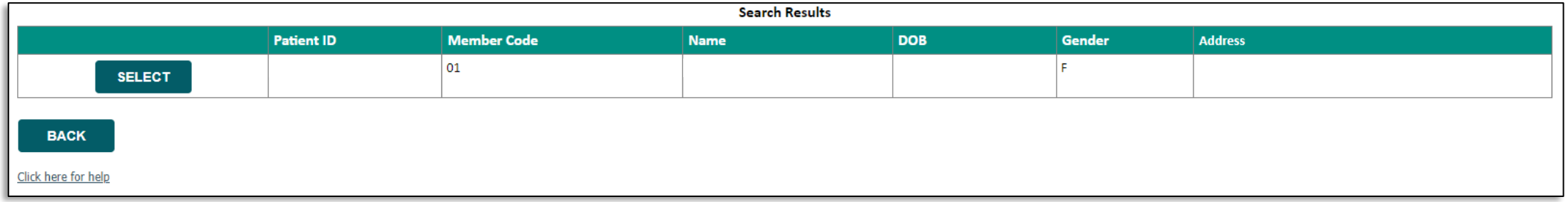
Clinical Certification Request | Enter Member Information



- Enter **member information**, including patient ID number, date of birth, and last name.
- Click **ELIGIBILITY LOOKUP**.
- Confirm the patient's information and click **SELECT** to continue.



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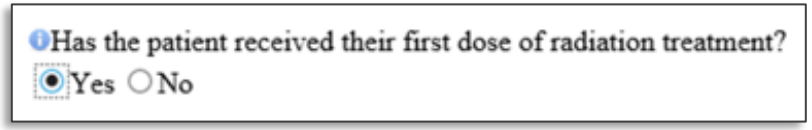
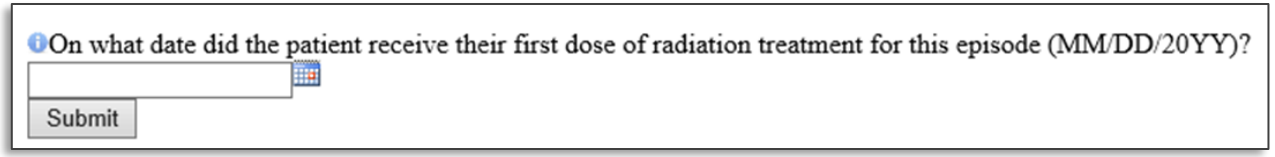
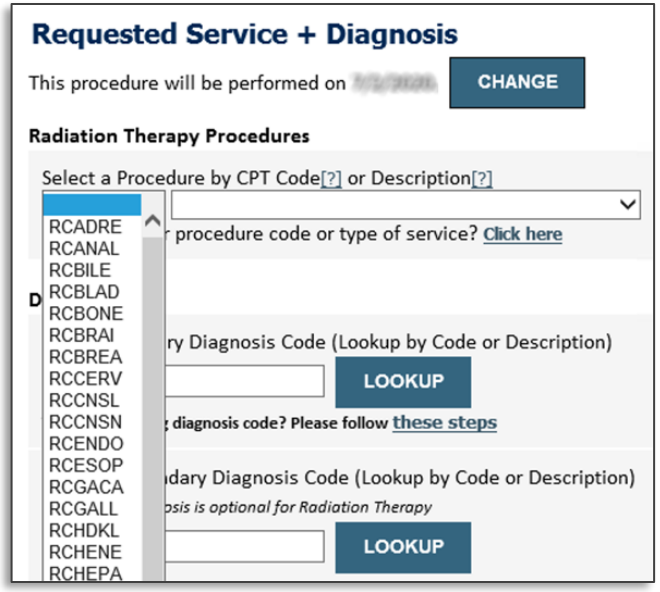
Clinical Certification Request | Procedure and Diagnosis Codes







- You will be asked the **expected treatment start date**, the date of the member's **initial radiation therapy treatment**. The case will be backdated to cover simulation and treatment planning.
- You will then be asked to enter the **member information** (patient ID number, date of birth and last name), click **Eligibility Lookup** and verify the member.
- Next, select the **cancer type/body part** being treated (RC code) and **diagnosis code** associated with the member's cancer type

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Clinical Certification Request | Service Selection

- Confirm that the correct cancer type and diagnoses have been selected
- Edit any information if needed by selecting **Change Procedure or Primary Diagnosis**.
- Click **CONTINUE** to confirm your selection.

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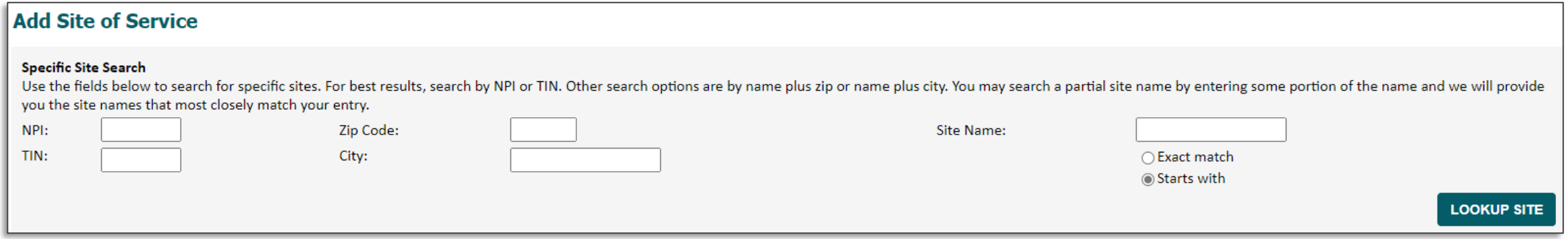
Clinical Certification Request | Site Selection

- Search for the **site of service** where the procedure will be performed (for best results, search with NPI, TIN, **or** zip code).
- **Select** the specific site where the procedure will be performed.



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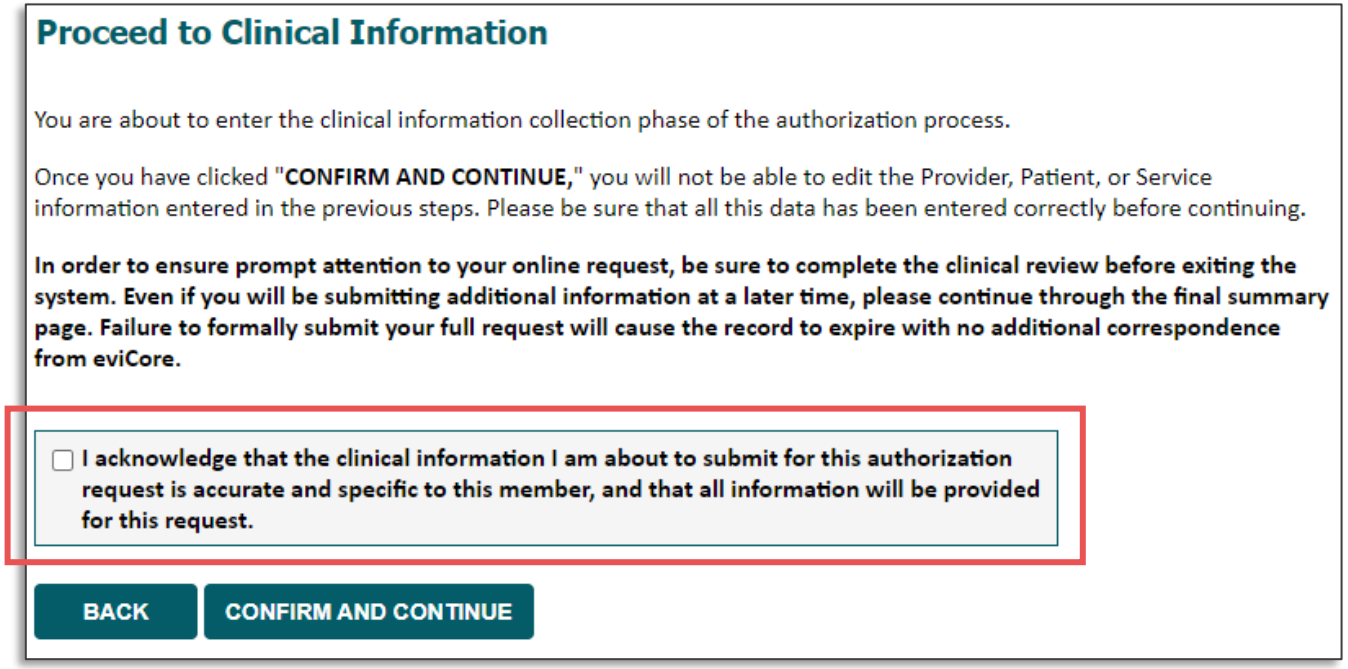
Clinical Certification Request | Clinical Certification



- Verify that all information is entered and correct.
- Check the acknowledgement statement.
- **You will not have the opportunity to make changes after this point.**

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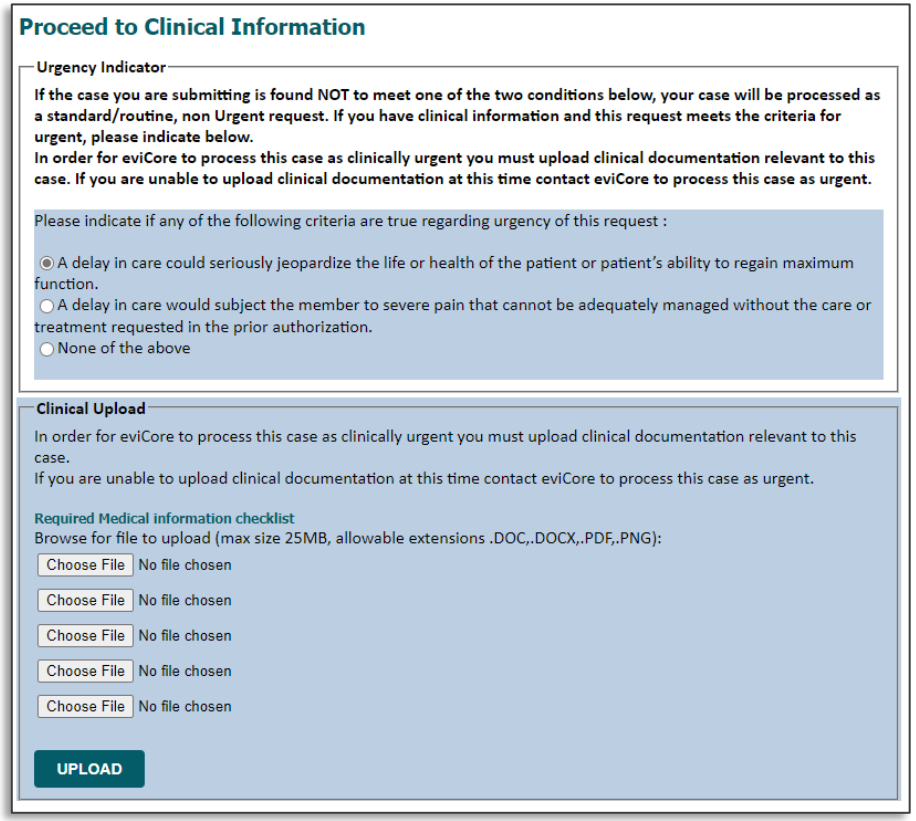
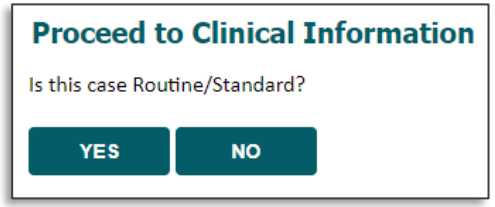
Clinical Certification Request | Standard or Urgent Request





- If the case is **standard,** select **Yes**.
- If your request is **urgent,** select **No**.
- When a request is submitted as urgent, you will be **required** to upload relevant clinical information.
- Upload up to **FIVE** documents.
  (.doc, .docx, or .pdf format; max 5MB size)
- Your case will only be considered urgent if there is a successful upload.

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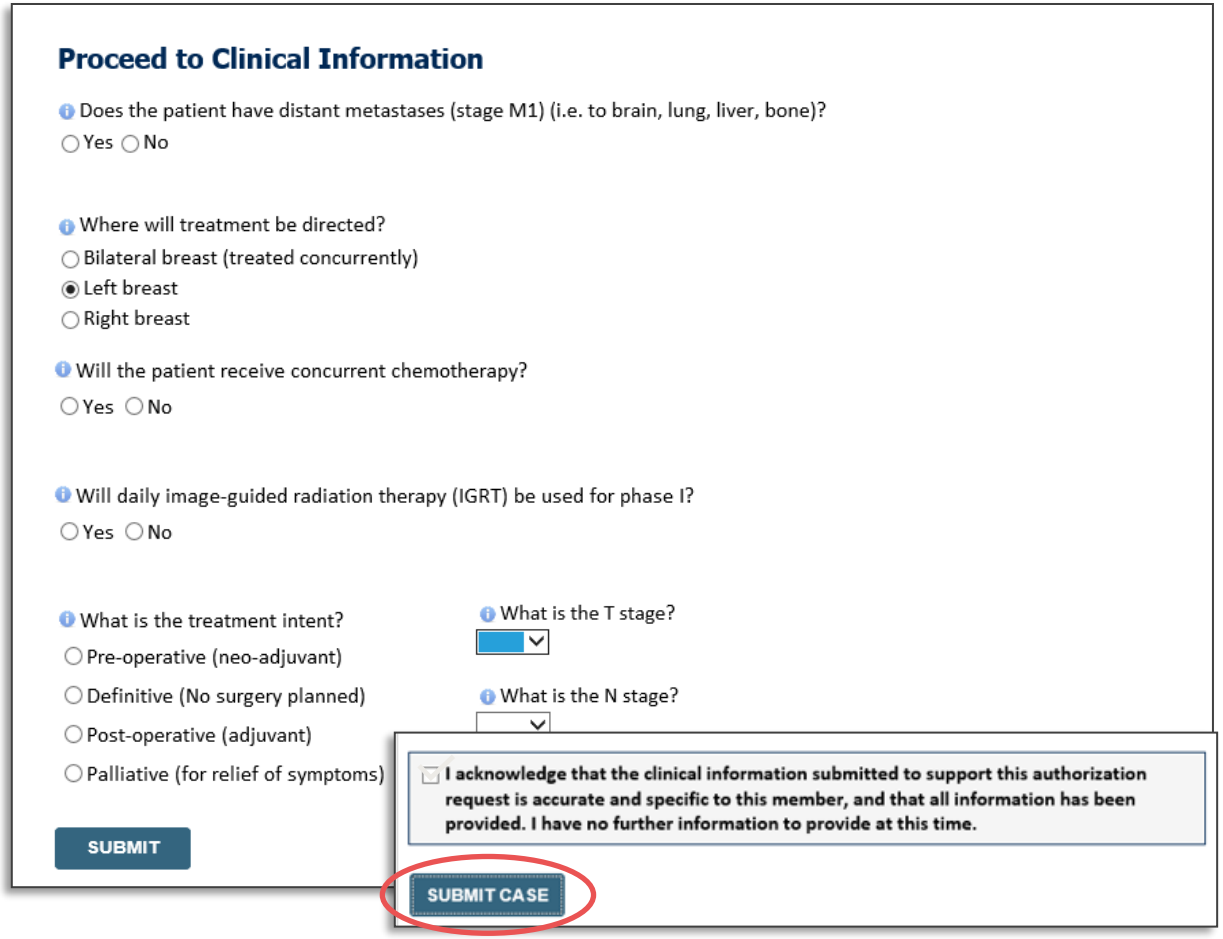
Clinical Certification Request | Proceed to Clinical Information

- **Clinical Certification** questions may populate based upon the information provided in previous questions.
- **Physician worksheets** located on www.EviCore.com can be used as a guide and will help prepare the requestor for the questions that are presented.
- You can save your request and finish later if needed.

  Note: You will have until the end of the day to complete the case.
- When logged in, you can resume a saved request by going to **Certification Requests in Progress**.
- Once the clinical questions have been answered, click the attestation and click **Submit Case**.



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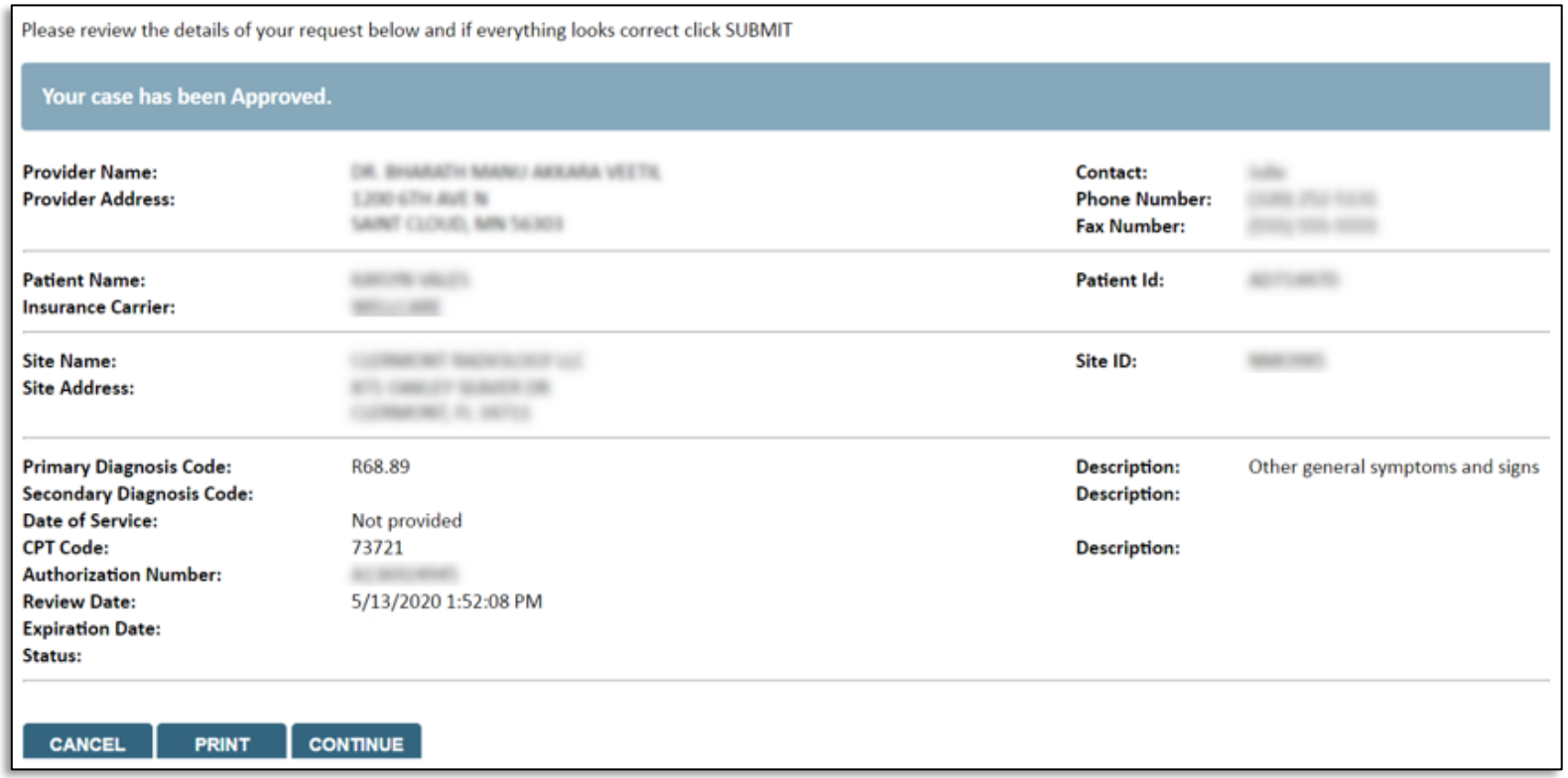
Clinical Certification Request | Criteria Met



Please review the details of your request below and if everything looks correct click SUBMIT

Your case has been Approved.

Provider Name:	[redacted]	**Contact:**	[redacted]
Provider Address:	[redacted]	**Phone Number:**	[redacted]
		Fax Number:	[redacted]
Patient Name:	[redacted]	**Patient Id:**	[redacted]
Insurance Carrier:	[redacted]		
Site Name:	[redacted]	**Site ID:**	[redacted]
Site Address:	[redacted]		
Primary Diagnosis Code:	R68.89	**Description:**	Other general symptoms and signs
Secondary Diagnosis Code:		**Description:**	
Date of Service:	Not provided		
CPT Code:	73721	**Description:**	
Authorization Number:	[redacted]		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:			
Status:			

CANCEL PRINT CONTINUE

- If your request is authorized during the initial submission, you can print the summary of the request for your records.
- Review the details of the request and select **CONTINUE**.

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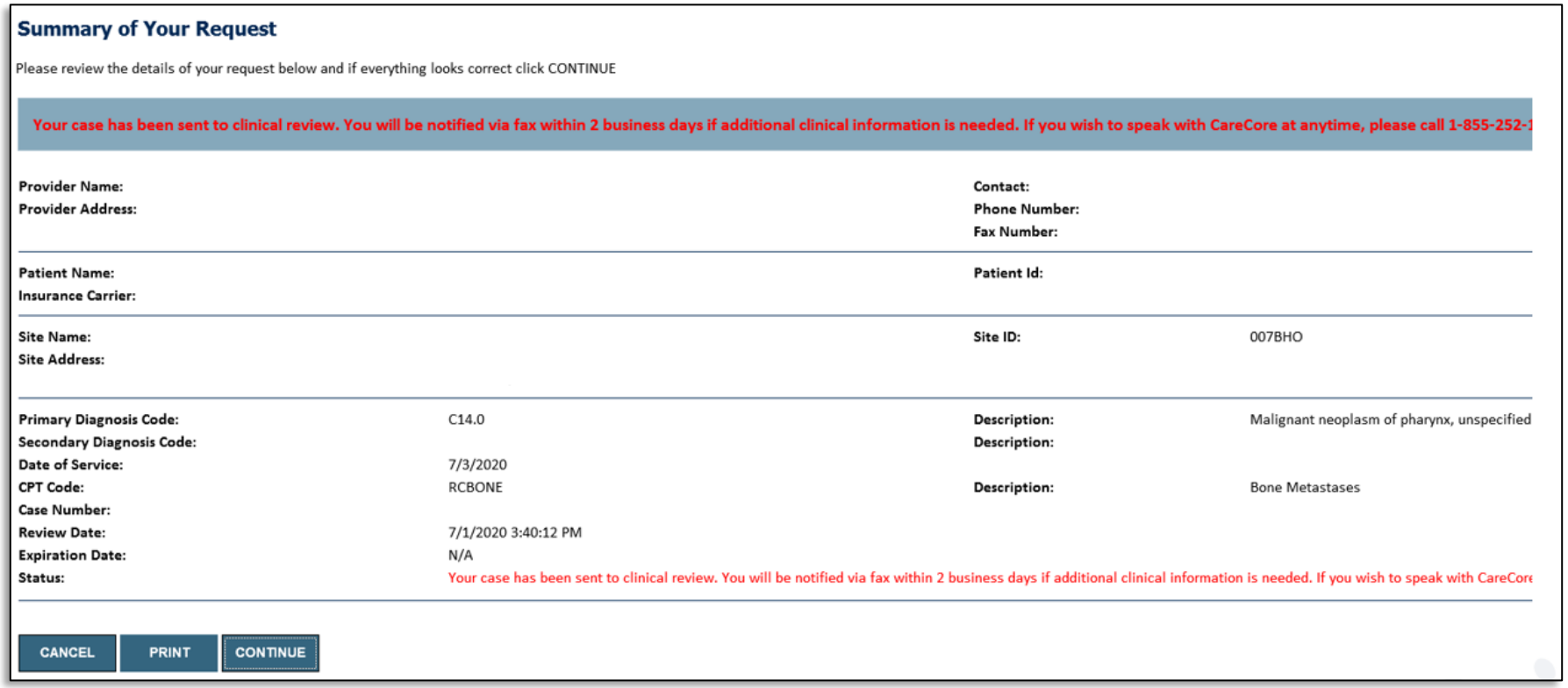
Clinical Certification Request | Criteria Not Met



Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with CareCore at anytime, please call 1-855-252-1

Provider Name:		**Contact:**	
Provider Address:		**Phone Number:**	
		Fax Number:	
Patient Name:		**Patient Id:**	
Insurance Carrier:			
Site Name:		**Site ID:**	007BHO
Site Address:			
Primary Diagnosis Code:	C14.0	**Description:**	Malignant neoplasm of pharynx, unspecified
Secondary Diagnosis Code:		**Description:**	
Date of Service:	7/3/2020		
CPT Code:	RCBONE	**Description:**	Bone Metastases
Case Number:			
Review Date:	7/1/2020 3:40:12 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with CareCore		

CANCEL PRINT CONTINUE

- If your request cannot be immediately approved during the initial submission, you will get a summary stating the case has been sent to clinical review, where any free text notes and/or uploaded clinical information will be reviewed for medical necessity.
- You can print the summary of the request for your records, then click **CONTINUE**.

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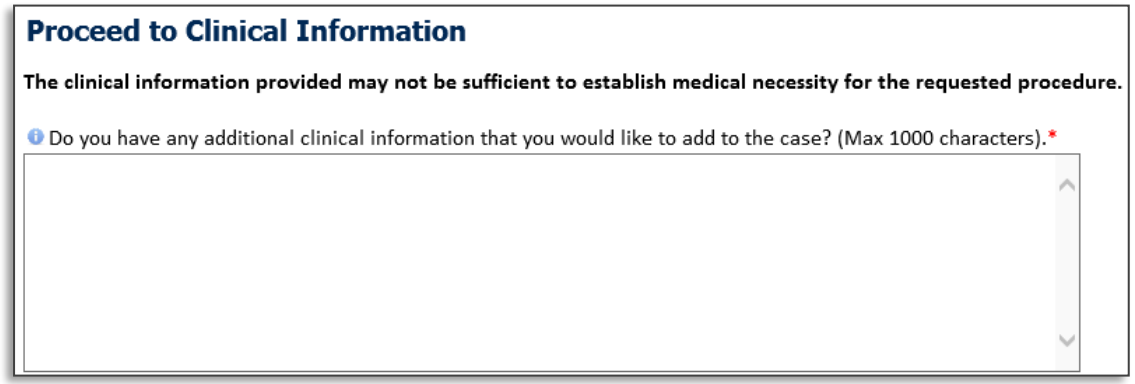
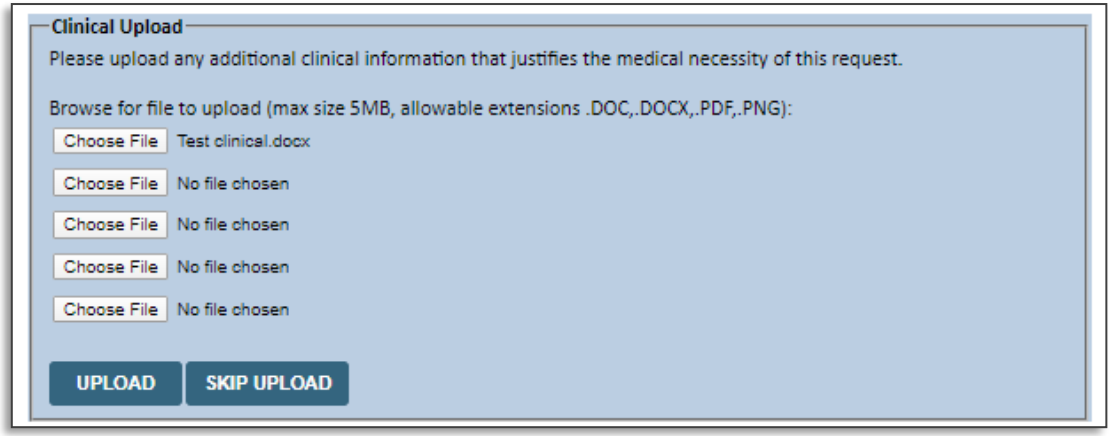
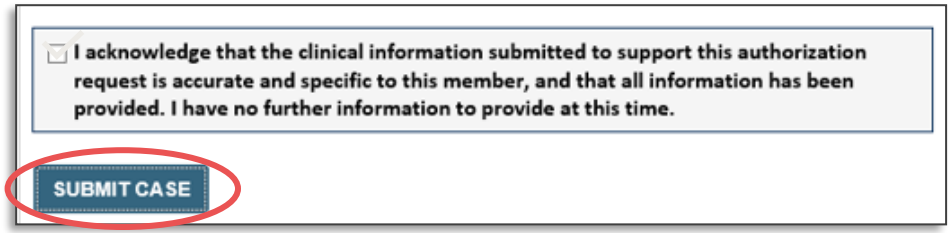
Clinical Certification Request | Criteria Not Met

Submitting Additional Clinical Information





- If the pathway questions do not lead to immediate approval, you will be asked if additional clinical information can be included.
- Enter **additional notes** in the free text space provided only when necessary.
- Upload up to **five documents (more information on clinical upload in the next slide)**
  (.doc, .docx, or .pdf format; max 5MB size)
- When finished, **SUBMIT CASE** for review.
- Clinical cannot be uploaded for cases that have reached a **final status**.
  (Approved, Denied, Partially Approved Withdrawn, or Expired)



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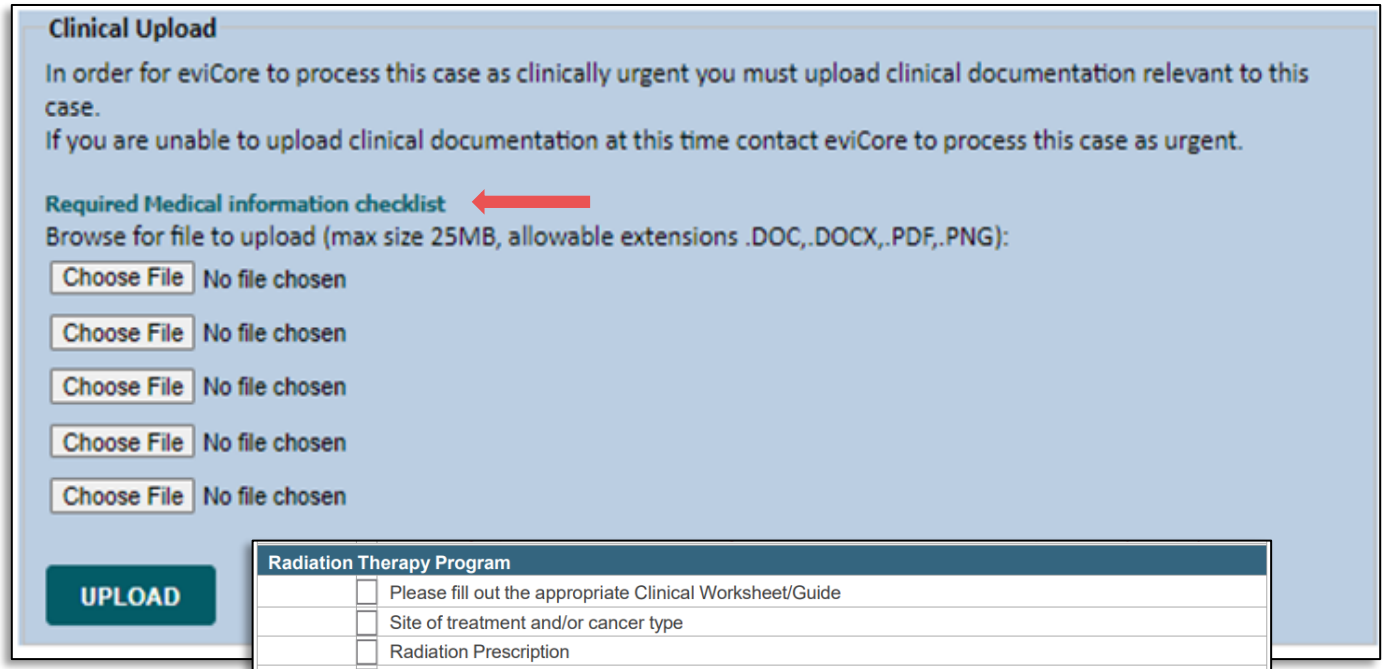
Clinical Certification Request | Required Medical Information Checklist



Radiation Therapy Program	
☐	Please fill out the appropriate Clinical Worksheet/Guide
☐	Site of treatment and/or cancer type
☐	Radiation Prescription
☐	Will IGRT be needed?
☐	Reason for treatment
☐	Staging of the cancer, if applicable
☐	Technique to be used, and start date which should be the first day of treatment, not simulation
☐	Number of phases of treatment if more than one, and number of fractions
☐	Diagnosis codes
☐	Pertinent clinical information to substantiate medical necessity for requested treatment plan
☐	Radiation Oncologists consultation note
☐	Recent imaging if applicable

- Below the Clinical Upload description, you select **Required Medical Information Checklist**.
- Once you open the document you will search for the Radiation Therapy program section to review the list of required medical information EviCore requires in order for the prior authorization to meet medical necessity.
- Direct link to document: Required Medical Information Check List

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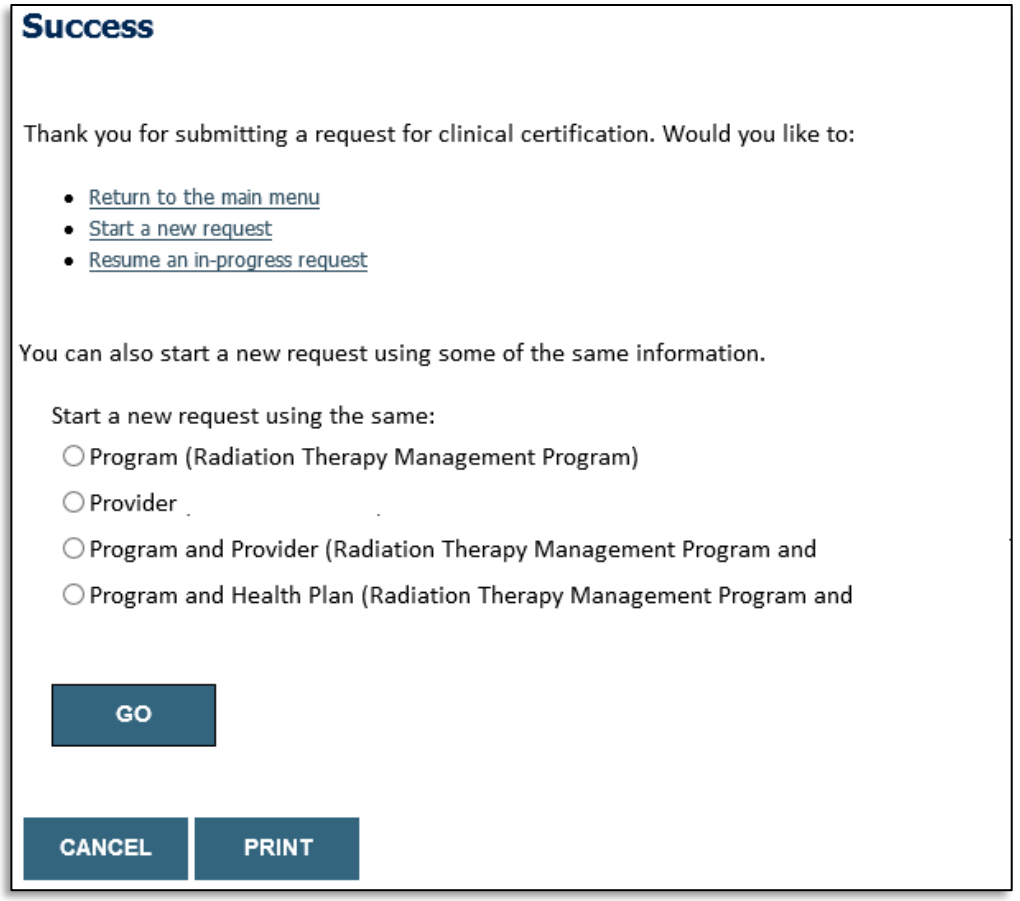
Clinical Certification Request | Case Submission Success

- After clicking continue on the case summary screen, you will see a **Success** screen.
- You can **PRINT** the summary of the request for your records, then select **CONTINUE**.
- From here, you can start a new request, return to the main menu, or resume an in-progress request.



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Provider Resources

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Contact EviCore's Dedicated Teams

Call Center/Intake Team

- Phone: 888-444-6178
- Representatives are available from 7 a.m. to 7 p.m. local time.

Portal Support

- Live chat
- Email: Portal.Support@EviCore.com
- Phone: 800-646-0418 (option 2)

Provider Engagement

- Regional team that works directly with the provider community.
- **Provider Engagement Manager Territory List**

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EviCore Communication Relationship Management (ECRM)

For program-related questions or concerns, please submit inquiries via the **EviCore Communication Relationship Management (ECRM)** application. Common issues addressed through ECRM include:

- Questions regarding accreditation and/or credentialing
- Requests for an authorization to be sent to the health plan
- Complaints and grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues
- Issues with EviCore provider portal

ECRM is available **24/7**. Users can login or register **HERE**.

Additional Information about ECRM can be found on the **Providers' Hub**.

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Provider Resource Website

Provider Resource Pages

EviCore's Provider Experience team maintains provider resource pages that contain specific Sleep Diagnostic educational materials to assist providers and their staff on a daily basis. The provider resource page will include, but is not limited to, the following educational materials:

- Provider Training
- CPT code list(s)
- Quick Reference Guide (QRG)
- Frequently Asked Questions (FAQ) Document

To access these helpful resources, please visit:

https://www.EviCore.com/resources
(Choose specific health plan from the dropdown menu)

EviCore also maintains online resources not specific to health plans, such as guidelines and our required clinical information checklist.

To access these helpful resources, visit EviCore's Providers' Hub.

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Ongoing sessions for Web Portal Training

- Provides step-by-step guidance on submitting requests through both the EviCore CareCore National platform and EviCore MedSolutions platform.
- Includes portal registration, authorization lookup, and scheduling Peer-to-Peer consultations.

Register for Provider Sessions:

Provider's Hub > Scroll to EviCore Provider Orientation Session Registrations > Upcoming

EviCore Online Provider Resources Review Forum

The EviCore website contains multiple tools and resources to assist providers and their staff with the prior authorization process.

We invite you to attend an **Intro to EviCore Online Resources** to learn how to navigate EviCore's web site and understand all the non-health plan specific resources available on the Provider's Hub.

Included is a broad overview of registering and using the EviCore portal. This is great for those new to Evicore.com and the prior authorization process.

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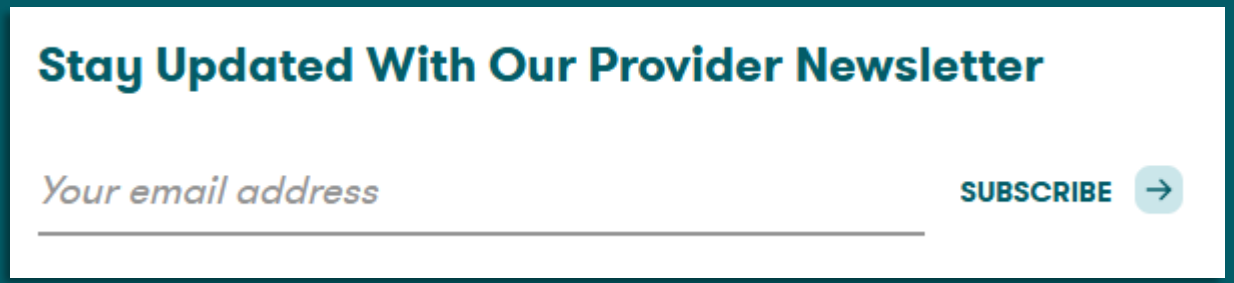
EviCore's Provider Newsletter

Stay up to date with our free provider newsletter!

To subscribe:

- Visit **EviCore.com**.
- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**.
- Enter a valid email address



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Thank You

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