

Radiation Oncology

Frequently Asked Questions

Who is EviCore by Evernorth?

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

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

EviCore will manage prior authorization for Emblem HIP members enrolled in the following programs:

- Medicare
- Medicaid
- Commercial

What is EviCore's Radiation Oncology program?

EviCore's Radiation Oncology Program consists of Prior Authorization Medical Necessity Determinations for various treatments for cancerous or non-cancerous conditions.

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 prior to treatment delivery in an office or outpatient setting.

Which Radiation Oncology treatments require prior authorization for Emblem HIP?

A treatment plan in which a radiation oncology technique is intended to be used to treat the patient's diagnosis requires authorization. Such techniques include:

- Conventional Isodose Planning, Complex
- 3D Conformal
- Intensity-Modulated Radiation Therapy (IMRT)
- Image-Guided Radiation Therapy (IGRT)
- Stereotactic Radiosurgery (SRS)
- Stereotactic Body Radiation Therapy (SBRT)
- Brachytherapy
- Radiopharmaceuticals
- Hyperthermia
- Proton Beam Therapy
- Neutron Beam Therapy

For a complete list of codes that require prior authorization, please visit the [Emblem HIP Provider Resources | EviCore by Evernorth](#)> Select solution resources> Select Radiation Oncology > Select 'Emblem HIP CPT Code List' . Read below for more 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 check the eligibility and benefits of a member?

Verify member eligibility and benefits on [Emblem.com](#) before requesting prior authorization through eviCore.

How do I request a 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 866-417-2345.

Fax

Providers and/or staff can fax prior authorization requests by completing the clinical worksheets found on EviCore’s website at www.EviCore.com/provider/online-forms

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?

Member

- First and Last Name
- Date of Birth
- Member 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
- Completed physician worksheet and/or request form as applicable.

*The requester is asked to select the cancer type being treated as part of the case build process. If a non-cancerous diagnosis is being treated then specify “non-cancerous” indication 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 is included in a Radiation Oncology Prior Authorization Request?

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

- EviCore will provide a medical necessity decision based on the treatment plan, plus any pertinent clinical information that is communicated to EviCore.
- Physician worksheets and request forms are available at eviCore.com. These documents collect the minimum treatment plan and clinical information required to render a medical necessity determination during the pre-service authorization request process.
- If necessary, additional clinical information can also be communicated 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: 10 fractions of 3D conformal treatment)
- 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.
- The authorization will be inclusive of all relevant and necessary CPT codes (simulation, dosimetry, devices, treatment delivery codes, etc), appropriate to the approved treatment plan, and within the scope of the codes managed under the program.

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. Radiation Therapy authorizations are not built by individual CPT code, but instead by cancer type. Requests attempted via phone for individual CPT codes will be redirected to choose the appropriate cancer type/site of treatment. (ex: Breast Cancer / Prostate Cancer / Bone Metastases)

How long is the authorization valid?

Radiation Oncology Authorizations are valid for varying periods, depending on the cancer type/treatment technique, and will be communicated on the authorization letter. If the services are not performed within the timeframe provided, please contact eviCore healthcare. EviCore should be contacted prior to billing for the services that will fall outside of the timespan of the authorization.

All EviCore authorizations' effective date is determined based on the start date of radiation therapy treatment. The date is set to be 14 calendar days from whichever of the following dates falls earlier in time: treatment start date or episode date (case initiation date). This 14-day window is to allow for simulation and planning procedures prior to the initiation of radiation treatment.

What is the most effective way to get 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 require a medically urgent procedure. Urgent requests may be initiated on our web portal at EviCore.com or by contacting our contact center at 866-417-2345. 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. Also, please note that any case marked urgent that does not meet urgent criteria may be reassigned as a routine/standard case.

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

The program's purpose is to ensure that radiation therapy services provided to members are consistent with national guidelines. The EviCore **Coding Guidelines** can be found under the Clinical Worksheets link, by Typing in 'eviCore healthcare' as the Health Plan.

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

Clinical Worksheets

www.EviCore.com/provider/online-forms

Clinical Guidelines

www.EviCore.com/provider/clinical-guidelines

If there is a change in the approved treatment plan (such as adding IGRT or additional treatments) do I need to call EviCore healthcare?

Yes, the pre-service authorization is only valid for the treatment plan requested by the physician. A new Medical Necessity Determination is needed for any new or modified treatment plans. If you need to change the plan during the course of treatment, contact EviCore healthcare. It is strongly recommended to call EviCore as soon as it is known there is a change in treatment plan and prior to billing for the corresponding services

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

If the location at which radiation therapy treatment is being delivered changes during the course of treatment then, yes, please contact eviCore. If a new physician group is treating the patient, a new treatment plan will likely follow. Please call EviCore healthcare to discuss the facility change as a new prior authorization number may be required.

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

Authorizations for urgent requests can be initiated via phone or the web portal. Please contact EviCore healthcare directly at 866-417-2345 or www.evicore.com, indicating the request is urgent. For urgent outpatient radiation therapy situations, treatment may be started without preauthorization; however the treatment must meet urgent/emergent guidelines. EviCore does not manage services performed in an inpatient setting or when a patient is under 23-hour observation; these requests will be redirected back to the Health Plan.

How will all parties be notified if the prior authorization has been approved?

Ordering and rendering providers/facility will receive written notification via fax and urgent requests via phone. You can also validate the status using the eviCore provider portal at www.evicore.com or by calling EviCore healthcare at 866-417-2345. Members will be notified in writing by mail and urgent requests via 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 processes. Please note that after a denial has been issued for a Medicare member, no changes to the case decision, such as a reconsideration, can be made. Speaking with an eviCore Medical Director is for educational purposes only.

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

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?

Only radiation oncologists review authorizations for radiation therapy treatment when medical review is required.

Where should I send claims once I provide services?

Submit all claims as you would normally; 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 the denial letter for information on how to appeal the claim.

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

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. Case status can also be checked by calling eviCore at 866-417-2345.

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

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

- 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 member, provider, and/or facility
- Self-Scheduling Peer to Peer request tool

Where do I submit questions or concerns regarding this program?

For program related questions or concerns, please submit inquiries via **ECRM**

Common issues addressed through ECRM

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- Consumer Engagement Inquiries
- Complaints and Grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

Additional Information about ECRM can be found on Providers Hub

Who do I contact for online support/questions?

Web portal inquiries can be resolved via **ECRM** or call 800-646-0418 (Option 2). Additionally, there is a “Chat Now” button on the EviCore website that allows real time web support.

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page [HERE](#).

