



Radiation Oncology Frequently Asked Questions

Who is EviCore By Evernorth?

EviCore is an independent specialty medical benefits management company that provides utilization management services for Aetna.

What is the relationship between EviCore and Aetna?

Beginning on July 1, 2019 EviCore will manage Radiation Oncology services for Aetna for treatments starting July 1, 2019 and beyond.

Which members will EviCore manage for the Radiation Oncology program?

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

- Medicare Advantage
- Insured HMO
- Insured PPO

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 in an office or outpatient setting.

How do I request a prior authorization through EviCore?

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 888-622-7329.

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.



Which Radiation Oncology treatments require prior authorization for Aetna?

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, please visit <https://www.evicore.com/resources/healthplan/aetna>
> Select Solution Resources> Select Radiation Oncology > Select 'Aetna Code List'.

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.



*NOTE: 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” 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.

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 the Aetna website before requesting prior authorization through EviCore.

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 the CareCore National side.

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 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 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. EviCore should be contacted prior to billing for the services that will fall outside of the timespan of the authorization.

All EviCore authorization effective dates are 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 in place to allow for simulation and planning procedures prior to the initiation of radiation therapy 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](https://www.EviCore.com) or by contacting our contact center at 888-622-7329. Urgent requests will be processed within 48-72 hours from the receipt of complete clinical information, unless otherwise required by the state.

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'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' 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 a patient is undergoing treatment before the start of the program on July 1, 2019 will the treatment need authorization?

For treatments already underway, please register the patient with EviCore at least five days in advance so the claim will process appropriately. Use the web portal at www.evicore.com and enter the current date when the date of service is being requested. Complete the clinical questions as needed and note the authorization number if one is generated. If additional information is being requested please add “patient is already in treatment” in the “additional notes” section. Any additional information you can provide regarding the treatment would be helpful.

If the simulation and/or planning occurred, but the treatment begins after July 1, 2019 will it need authorization?

Yes, we require prior authorization for treatments scheduled on or after July 1, 2019. EviCore will ask for the intended treatment start date when the provider contacts EviCore.

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

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. 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?

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

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 at 888-622-7329. 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 can be made. Speaking with an EviCore Medical Director is for educational purposes only.

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

Please contact EviCore. You can schedule a clinical discussion with an EviCore 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 clinical discussion will be consultative only.

Does EviCore 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.

What information about the prior authorization will be visible on the EviCore 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



How do I submit a program related question or concern?

For program related questions or concerns, please go to **ECRM**.

Whom do I contact for online support/questions?

Web portal inquiries can be submitted at **ECRM** or call 800-646-0418 (Option 2). Additionally, there is a 'Chat Now' button on the EviCore provider portal that allows real time web support.

Where can I find additional educational materials?

For more information and reference documents, please visit the provider resource page at <https://www.evicore.com/resources/healthplan/aetna>.