EviCore
By EVERNORTH

Clover +

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 Clover Health.

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

EviCore will manage prior authorization for Clover Health Medicare members.

What is EviCore's Radiation Oncology program?

EviCore's Radiation Oncology Program offers prior authorization and medical necessity determinations for a wide range of treatments for both cancerous and non-cancerous conditions.

Who needs to request prior authorization through EviCore?

All physicians who request/order radiation oncology services are required to obtain prior authorization prior to radiation treatment delivery for services rendered in an office or outpatient setting.

Which Radiation Oncology treatments require prior authorization for Clover Health

A treatment plan in which a radiation therapy technique is intended to be used to treat the patient's

- diagnosis requires authorization. Such techniques include:
- Complex isodose technique
- 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 https://www.evicore.com/resources/healthplan/cloverhealth Select solution resources> Select Radiation Oncology > Select 'Clover Health CPT Code List'.

How do I check the eligibility and benefits of a member?

Member eligibility and benefits should be verified on eviCore.com before requesting prior

authorization through eviCore.

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 800-421-7592

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 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.

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/Non-Cancerous type to be treated
- Treatment delivery procedure code and number of units
- EviCore recommends utilizing the clinical worksheets when requesting authorization for radiation oncology services

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

EviCore's clinical worksheets and guidelines are available online 24/7 and can be found by visiting one of the following links:

Clinical Worksheets
www.EviCore.com/provider/online-forms

Clinical Guidelines
www.EviCore.com/provider/clinical-guidelines

Coding Manual: [only include if Claims Studio is in Scope]
Add link

What is included in a Radiation Oncology prior authorization request?

The authorization will include the treatment delivery and image-guided radiation therapy (IGRT) procedure codes and number of units approved.

Do I need a separate pre-service authorization for all procedure codes related to a course of radiation therapy?

No, a separate pre-authorization is not required for all procedure codes related to an episode of care for radiation therapy. EviCore will assign a single authorization number with a decision for medical necessity for the primary treatment delivery and image-guided radiation therapy (IGRT) procedure codes. [only include the following statement if Claims Studio is in Scope. Else, omit →] Other supporting services (simulation, planning, management) are subject to claim policies and editing relative to the treatment delivery codes and quantity approved.

How long is the authorization valid?

Radiation Oncology authorizations are valid for varying periods, depending on the cancer type/treatment technique, and any applicable state regulations. The authorization timespan will be communicated on the authorization letter. If the services are not performed within the timeframe provided, please contact EviCore healthcare. .

How do I make a revision to an authorization that has been performed? How do I make a revision to authorization that has not been performed?

Please contact EviCore with any change to the authorization, whether or not the procedure has already been performed. It is very important to update Evicore of any changes to the authorization in order for claims to be correctly processed.

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 there is a change to the location where radiation therapy treatment is being delivered then please contact EviCore.

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 800-421-7592. 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.

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 800-421-7592. Members will be notified by mail and urgent requests via phone.

What are my options if I receive an adverse determination?

The ordering provider will receive a denial letter that contains the reason for denial as well as reconsideration and appeal rights 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.

Does EviCore healthcare employ physicians other than radiation oncologists to review prior authorization requests?

No, only radiation oncologists review prior authorization requests for radiation therapy.

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 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

How do I submit a program related question or concern?

For program related questions or concerns, please submit a ticket: ECRM portal

Who do I contact for online support/questions?

Web portal inquiries can be submitted through the ECRM portal, 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 Clover Health Provider Resources | EviCore by Evernorth