EviCore By EVERNORTH

Frequently Asked Questions

Arkansas Blue MEDICARE

Radiation Oncology

Who is EviCore by Evernorth?

EviCore by Evernorth (EviCore) is an independent specialty medical benefits management company that provides utilization management services for Arkansas BlueCross BlueShield.

What is the relationship between EviCore and Arkansas BlueCross BlueShield?

EviCore will manage Radiation Oncology services for Arkansas BlueCross BlueShield for DOS 1/1/2021 and beyond.

Which members will EviCore by Evernorth manage for Radiation Oncology?

EviCore will manage prior authorizations for Arkansas BlueCross BlueShield Medicare Essential Network.

How does a provider check member eligibility and benefits?

Member eligibility and benefits should be verified with Arkansas BlueCross BlueShield at https://www.arkansasbluecross.com/ before requesting prior authorization through EviCore.

If services are performed in an inpatient setting or emergency room, do they require prior authorization?

No. Any services performed in an emergency room, while in an observation unit, or during an inpatient stay do not require prior authorization through EviCore.

Who needs to request prior authorization through EviCore?

All physicians who request/order Radiation Oncology services are required to obtain prior authorization for services prior to the service being rendered in an office or outpatient setting.

How does a provider initiate a prior authorization request?

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

- **EviCore Provider Portal (preferred)**
  The EviCore portal is the quickest, most efficient way to request prior authorization. Providers can request a prior authorization by visiting Homepage | EviCore by Evernorth.
- **Fax**
  Prior authorization requests may be faxed to 800.540.2406.
- **Phone**
  Providers and/or staff may request prior authorization by calling 866.220.4699.

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Which Radiation Oncology services require prior authorization?

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:

- 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

To find a complete list of services that require prior authorization through EviCore, please visit our Provider Resource site: Arkansas Blue Cross and Blue Shield Provider Resources | EviCore by Evernorth.

Where can I access clinical worksheets and guidelines?

EviCore's clinical worksheets and guidelines are available 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

What are the EviCore hours of operation?

EviCore's hours of operation are:

- Monday-Friday 7 am – 7 pm CST
- Saturday 8 am – 4 pm CST
- Sunday 8 am – 1 pm CST
- 24-hour on-call coverage

What is the most effective way to get 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 or by contacting our contact center at 866.220.4699. Urgent requests will be processed within 72 hours from the receipt of complete clinical information.

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How do I determine if a provider is in network?

Participation status can be verified on Arkansas BCBS Website: https://www.arkansasbluecross.com/
Providers may also contact EviCore at 866-220-4699. EviCore receives a provider file from Arkansas BCBS with all independently contracted participating and non-participating providers.

What information is required when requesting prior authorization?

The provider submitting the request will need to gather four (4) categories of information:

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 will be 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” as the cancer type during case build.

When will a provider receive the prior authorization determination from EviCore?

If all clinical information is provided when the request is submitted a typical response will occur within 7 calendar days for routine requests and within 72 hours for urgent requests.

How will prior authorization determinations be communicated?

EviCore will communicate determination using the following methods:
- Written notification will be faxed to the ordering physician.
- Members will receive notification by mail.
- Prior authorization status can be viewed on demand on the EviCore portal at Homepage | EviCore by Evernorth.

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How long is the authorization valid?

Radiation Therapy Authorizations are valid for varying time 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 directly. EviCore should be contacted prior to billing for the services that will fall outside of the timespan of the authorization.

All effective dates for authorizations will be 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 requires a medically urgent procedure. Urgent requests may be initiated on our web portal at EviCore.com or by contacting our contact center at 866-220-4699.

What happens if the provider's office does not know the treatment regimen that needs to be submitted?

The caller must be able to provide either the drug name or the HCPCS code in order to submit a request. EviCore will assist the physician's office in identifying the appropriate code based on presented clinical information and the current HCPCS code(s) provided.

In the event of an adverse determination, what post-denial processes are available?

When a request does not meet medical necessity based on evidence-based guidelines, an adverse determination is made and the request is denied. In those cases, EviCore will send a denial letter with the rationale for the decision, peer-to-peer options, and appeal rights.

What if prior authorization is issued and revisions need to be made?

The ordering physician should contact EviCore with any changes. It is important to notify EviCore of any changes for claims to be correctly processed.

How do I check on the status of an authorization?

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 866.220.4699.

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What information is included in a Radiation Oncology request?

An EviCore Radiation Therapy pre-service authorization will include all pertinent radiation therapy 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.
- Radiation Therapy 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 portal.
- 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 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).

If a patient is undergoing treatment before the start of the program on 1/1/21, will the treatment need authorization?

Any past treatment that is already in place will be honored and does not require authorization through EviCore. EviCore must be notified of any radiation therapy treatments that began prior to 1/1/21 and that will end on, or span past, 1/1/21. Please accurately communicate the first date on which treatment sessions began when asked during case build.

If the simulation and/or planning occurred prior to 1/1/21, but the treatment is not scheduled to begin until after 1/1/21, will it need an authorization?

Yes. EviCore requires prior authorization for any treatments that are scheduled on or after 1/1/21. EviCore will ask for the intended treatment start date when the provider contacts EviCore for authorization.

If the patient starts Radiation Oncology treatment at one facility and changes to another facility during the course of treatment, is a new authorization required?

Yes. If the location at which radiation therapy treatment is being delivered changes during the course of treatment, 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.

What if we 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 self-service scheduling tool found when you are logged into your web portal account at 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 these prior authorization requests?

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

What information about the prior authorization will be visible on the EviCore web portal?

The authorization status function on the web portal 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 providers submit a program-related question or concern?

For program-related questions or concerns, please call 800.646.0418 (option 4).

You may also 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, ECRM

Where do I submit claims?

All claims will continue to be filed directly to Arkansas BlueCross BlueShield.

Frequently Asked Questions

Who should providers contact for portal support/questions?

To connect with a portal specialist, please call 800.646.0418 (option 2), use live chat on the portal, or submit a ticket via ECRM. Our dedicated Portal Support team can assist providers in navigating the portal and addressing any portal related issues during the online submission process.

Where can providers find additional information?

For more information and reference documents, please visit EviCore by Evernorth's provider resources site for this program: Arkansas Blue Cross and Blue Shield Provider Resources | EviCore by Evernorth