RADIATION ONCOLOGY

Proton Beam Therapy

BCBSTX MA

EviCore
By EVERNORTH

Public Information

Agenda

1. Solution Overview
2. Submitting Requests
3. Prior Authorization Outcomes, Special Considerations & Post-Decision Options
4. EviCore Provider Portal
5. Provider Resources
6. Appendix

Solution Overview

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BCBSTX MA Prior Authorization Services

EviCore will begin accepting prior authorization requests for Proton Beam Therapy services on 10/1/2025 for dates of service 10/1/2025 and after.

Applicable Membership

+ Medicare Only

Prior authorization applies to the following services

+ Outpatient
+ Elective/Non-emergent

Prior authorization does NOT apply to services performed in:

+ Emergency Rooms
+ Observation Services
+ Inpatient Stays

Providers should verify patient eligibility and benefits prior to treatment.

Prior Authorization Services

IMPORTANT NOTE: Patients Currently in Treatment – Continuity of Care

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

+ BCBSTX MA will honor all radiation oncology courses of treatment that are in progress as of EviCore's management, effective 10/1/2025.
+ As such, the provider is not required to submit request for treatment that began prior to 10/1/2025 through EviCore. The start of treatment is defined as the first date of service whereby radiation therapy treatment was administered to the patient.
+ In addition, authorizations previously submitted through 9/30/2025 should **not** be resubmitted through EviCore.
+ Modifications to those existing authorizations, such as date extensions, are handled directly by the health plan. *Please contact the health plan to request any changes to an active authorization.*

Submitting Requests

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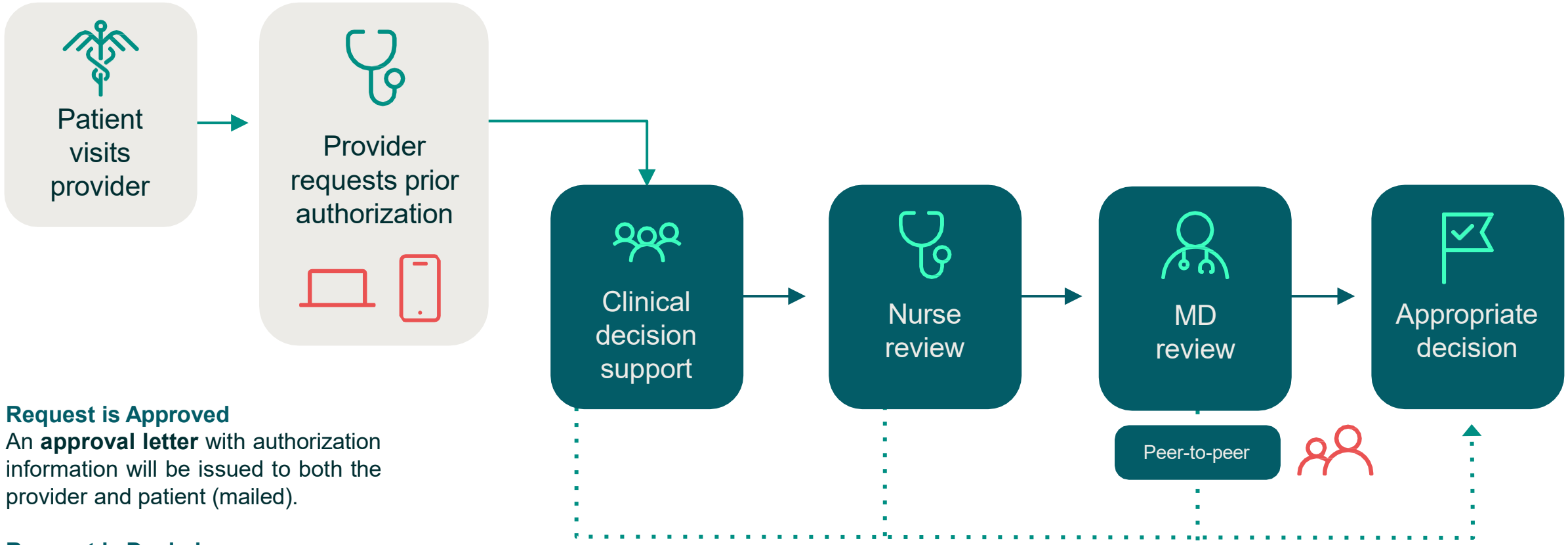
Pre-service prior authorization workflow



Request is Approved
An **approval letter** with authorization information will be issued to both the provider and patient (mailed).

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

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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 in 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: R**eceive 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 submittals

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

Or by phone**: 855-252-1117**

Monday – Friday
7 AM – 7 PM (local time)

Or by fax**: 866-699-8160**

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Holistic Treatment Plan Review | Proton Beam Radiation Therapy

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

- **EviCore is only delegated to authorize Proton Beam Therapy. If alternative treatment is requested, your authorization will be expired, and you will be redirected to the health plan.**
- Once in the EviCore portal, providers specify the cancer type or body part being treated rather than requesting individual CPT and HCPCS codes.
- The intended treatment plan for the diagnosis 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.
- Following review, the approved or denied treatment technique and number of fractions will be communicated to the provider and patient.

For questions about billing best practices or about the clinical guidelines utilized by EviCore, please visit the resource page on EviCore.com. Go to: EviCore.com → resources → clinical guidelines → Radiation Oncology → Search for "BCBS TX"

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Necessary Information for Prior Authorization

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

Patient

- ✓ Health Plan ID
- ✓ Patient name
- ✓ Date of birth (DOB)

Referring (Ordering) Physician

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

Supporting Clinical

- ✓ Pertinent clinical information to substantiate medical necessity for the requested service
- ✓ CPT/HCPCS Code(s)
- ✓ Diagnosis Code(s)
- ✓ Previous test results

Rendering Facility

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

Additional Documentation Needed

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 hold letter will inform the provider about what clinical information is needed as well as the **date by which it is needed.**

The provider must submit the additional information to EviCore.

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.

EviCore will review the additional documentation and reach a determination.

Determination notifications will be sent.

I’ve received a request for additional clinical information. What’s next?

Before a denial decision is issued on Medicare cases, EviCore will notify providers telephonically and in writing. From there, additional clinical information must be submitted to EviCore in advance of the due date referenced.

Important to note: If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is not held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed.

Once the determination is made, notifications will go out to the provider and patient, and status will be available on EviCore.com

There are three ways to supply the requested information:

1. Fax to 866-252-1117
2. Upload directly into the case via the provider portal at EviCore.com
3. Request a Pre-Decision Clinical Consultation
   This consultation can be requested via the EviCore website (see slide 48 for instructions), and must occur prior to the due date referenced

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

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Prior Authorization Determination Outcomes

Determination Outcomes

- Approved Requests: Authorizations are valid for 45-240 calendar days from the date of the determination.
- Denied Requests: If a request is determined as inappropriate based on evidence-based guidelines, 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 physician.
- Web-initiated cases will receive e-notifications if a user opted in to this method.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the EviCore portal.

Special Circumstances

Retrospective Authorization Requests

- Must be submitted within 7 business days from the date of services
- Any submitted beyond this timeframe will be administratively denied
- Reviewed for **clinical urgency** and medical necessity
- Processed within 30 calendar days
- When authorized, the start date will be the submitted date of service

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Special Circumstances

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 patient

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

Authorization Update

If updates are needed on an existing EviCore authorization for dates of service on or after 10/1/2025, providers can contact EviCore by phone

If the authorization is not updated and a different facility location or CPT code is submitted on the claim, it may result in a claim denial

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POST-DECISION OPTIONS

Medicare Members

My case has been denied. What's next?

+ 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.

Reconsiderations

+ Medicare cases do not include a reconsideration option

Appeals

+ EviCore **will not** process first-level appeals.
+ Please refer to the denial notice for instructions and requirements to submit an appeal.

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EviCore Provider Portal

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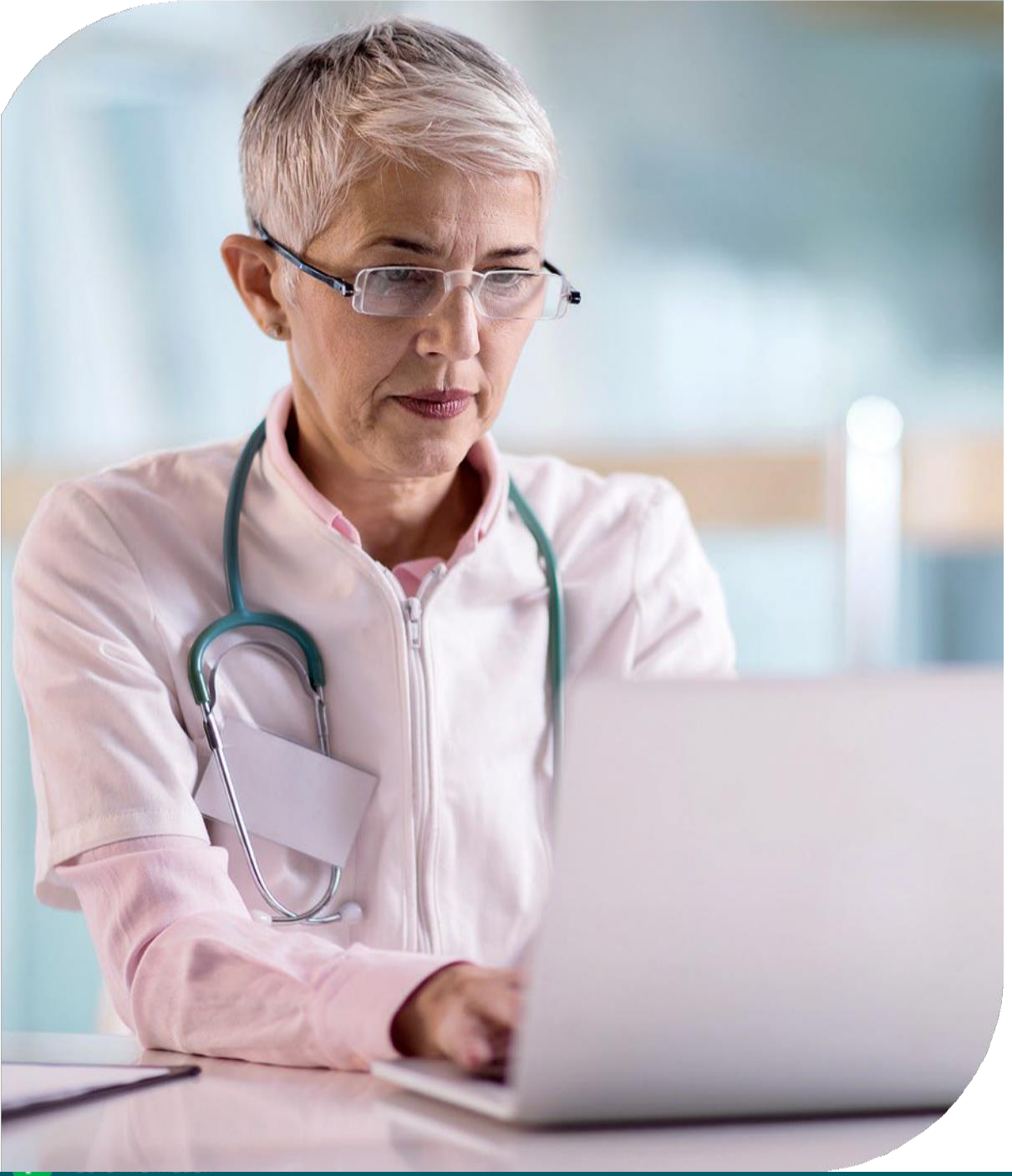


EVICORE PROVIDER PORTAL

Features

Eligibility Lookup

+ Confirm if patient requires clinical review

Clinical Certification

+ Request a clinical review for prior authorization on the portal

Prior Authorization Status Lookup

+ View and print any correspondence associated with the case
+ Search by patient information OR by case number with ordering national provider identifier (NPI)
+ Review post-decision options, submit appeal, and schedule a peer-to-peer

Certification Summary

+ Track recently submitted cases

EviCore Provider Portal | Access and Compatibility

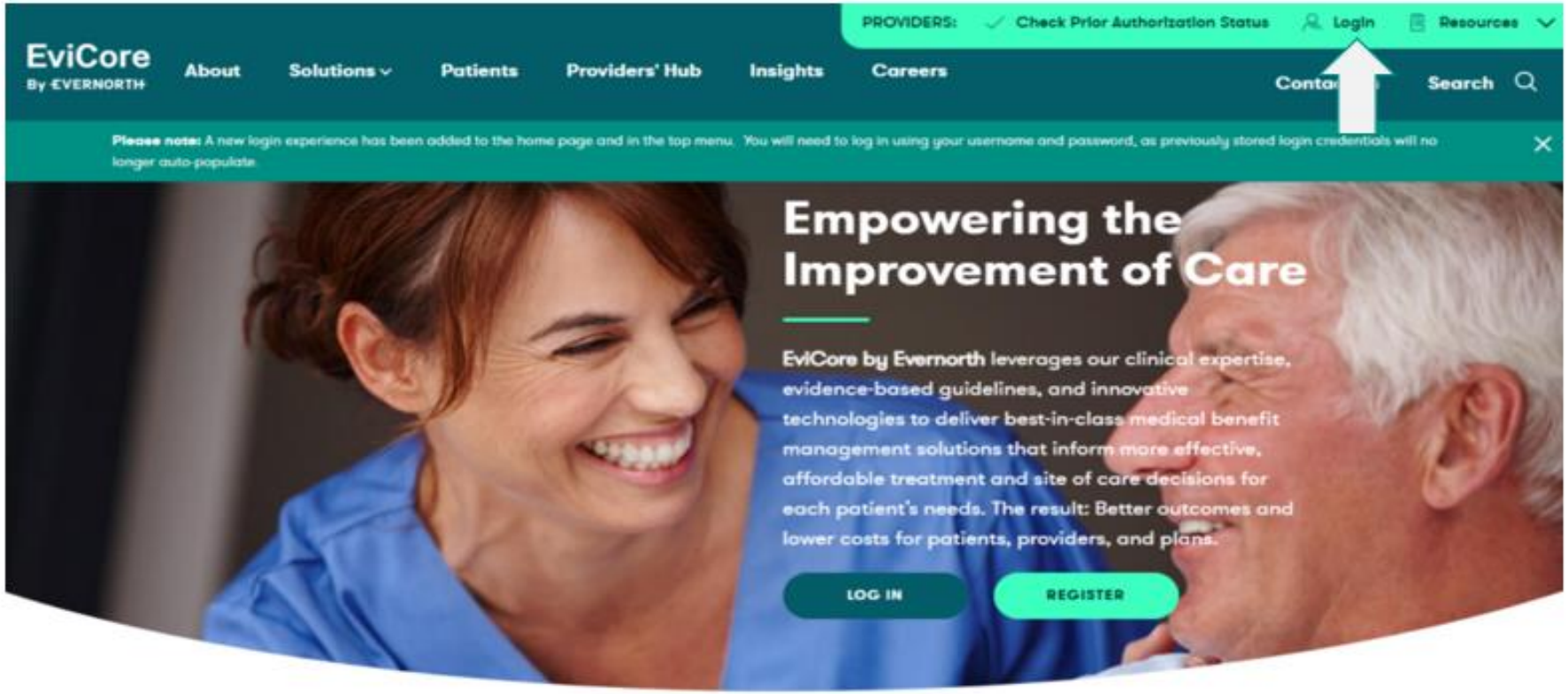
Most providers are already saving time submitting clinical review requests online vs. telephone.

+ 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.**



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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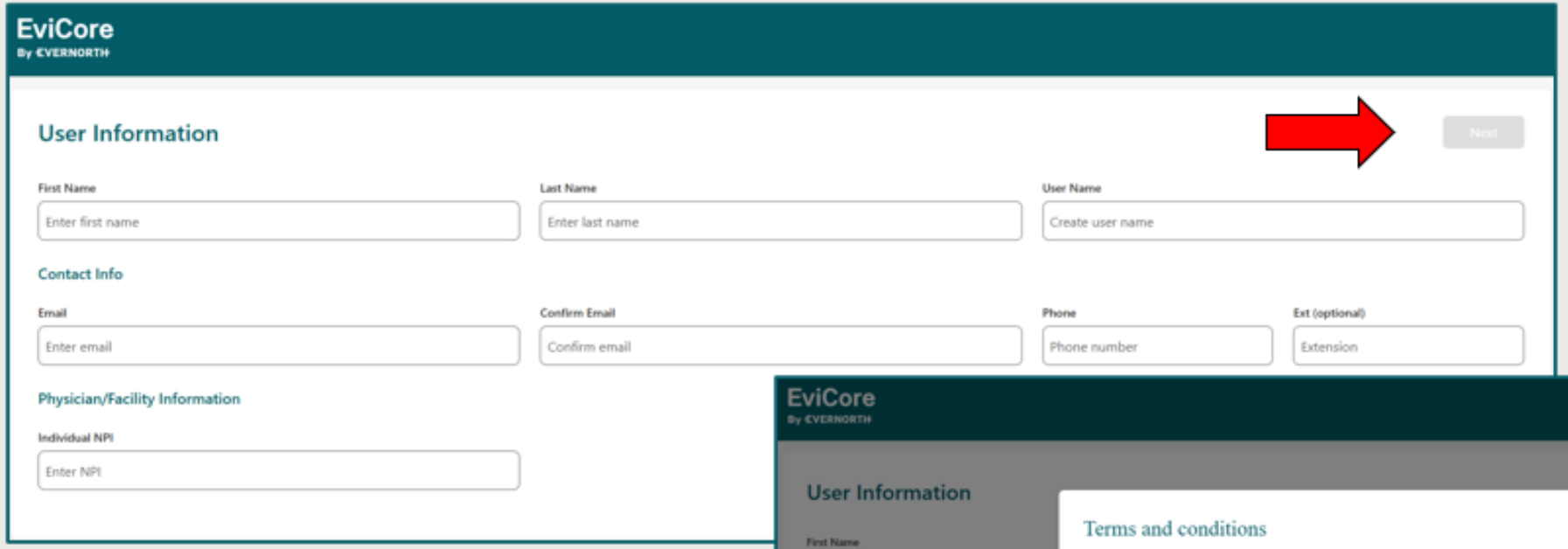
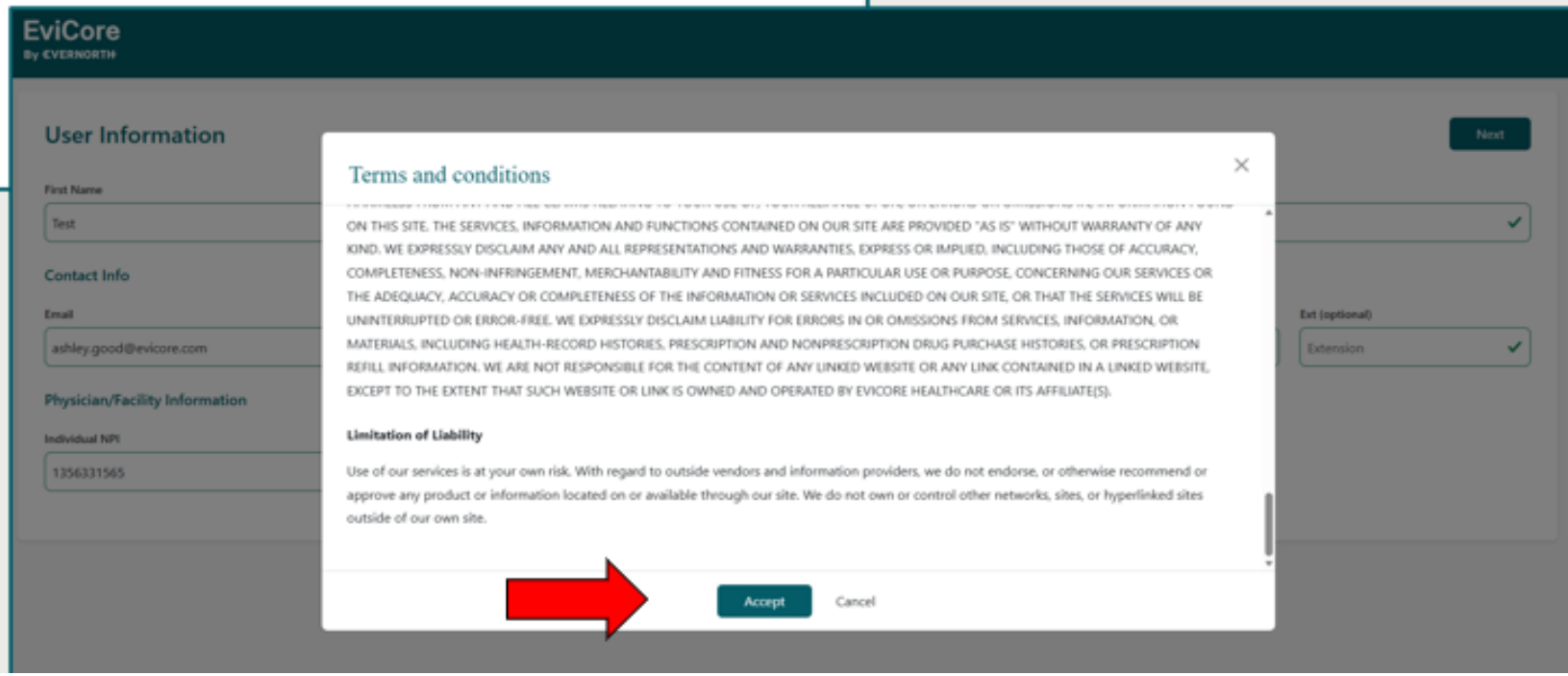
Portal Registration



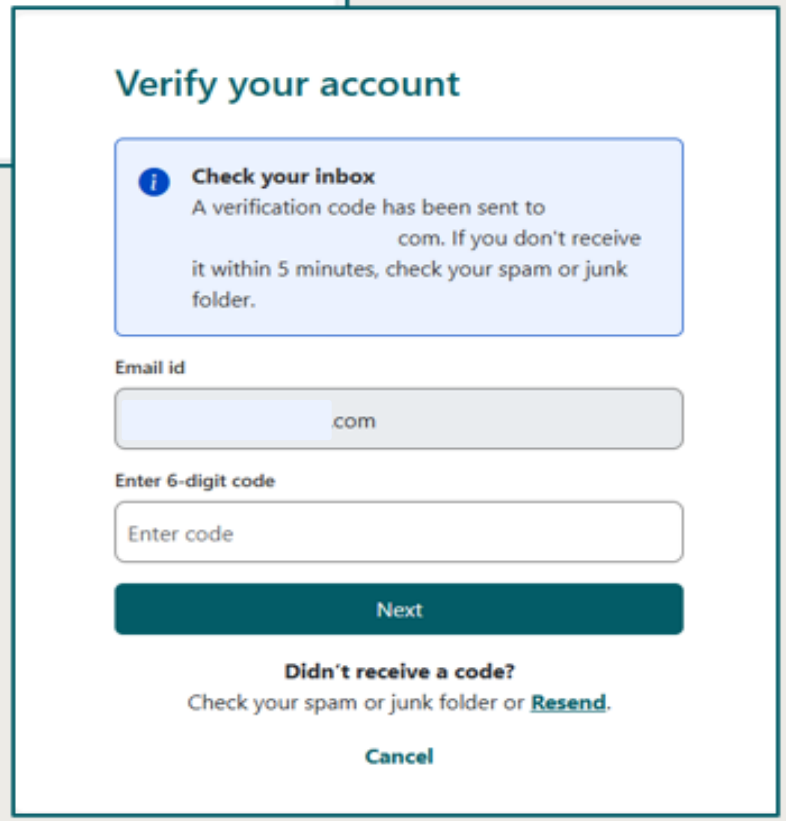
Enter your information here then click 'Next'



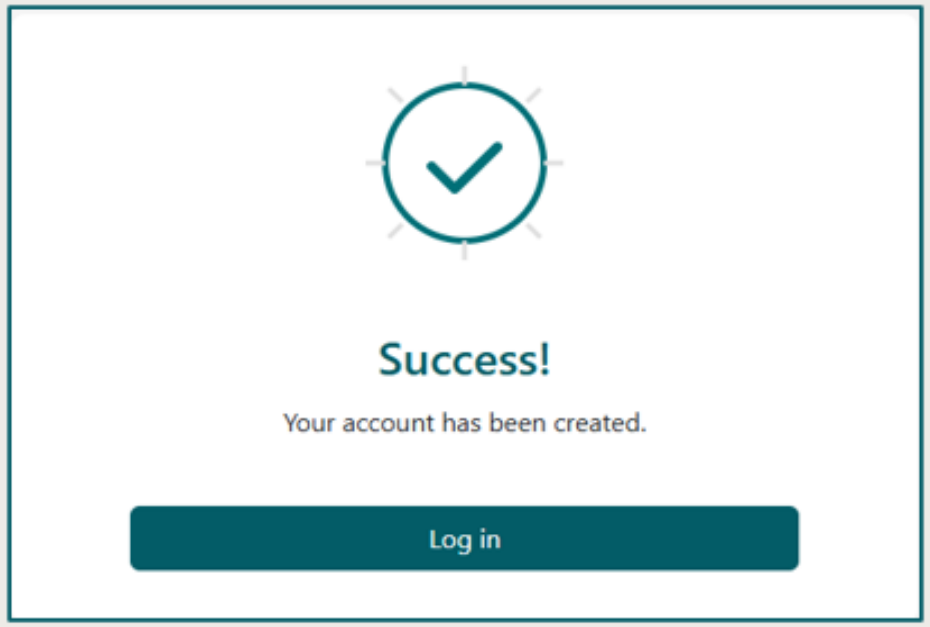
Read and accept the Terms and Conditions

Portal Registration Continued

1. Confirm the details are correct, then click ‘Next’
2. You will then be sent a verification code to the email provided
3. Enter the 6-digit code, then click ‘Next’



User Registration Successful

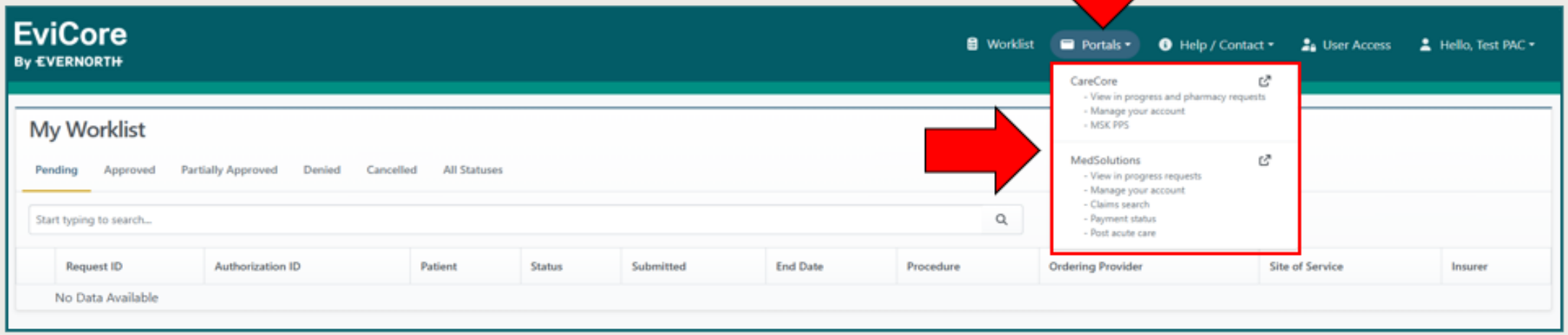


Create a Password

Password must be at least 8 characters long and contain the following:

- ✓ **Uppercase Letters**
- ✓ **Lowercase Letters**
- ✓ **Numbers**
- ✓ **Characters (e.g., !#*)**

Once logged in, you can go to 'Portals' to access the CareCore option



Setting Up Multi-Factor Authentication (MFA)

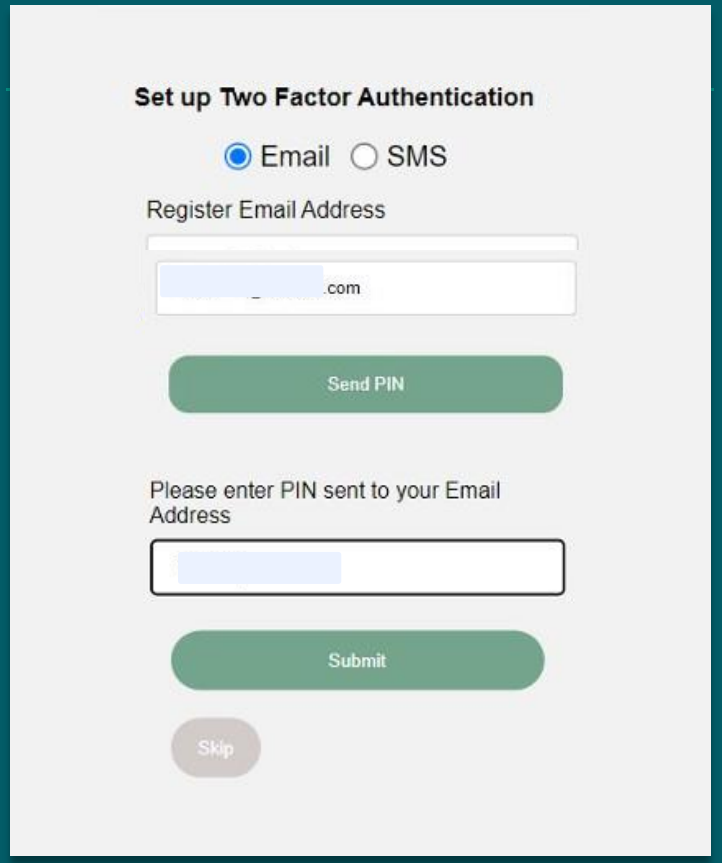
Most providers are already saving time submitting clinical review requests online vs. telephone

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.

Select Send PIN, and 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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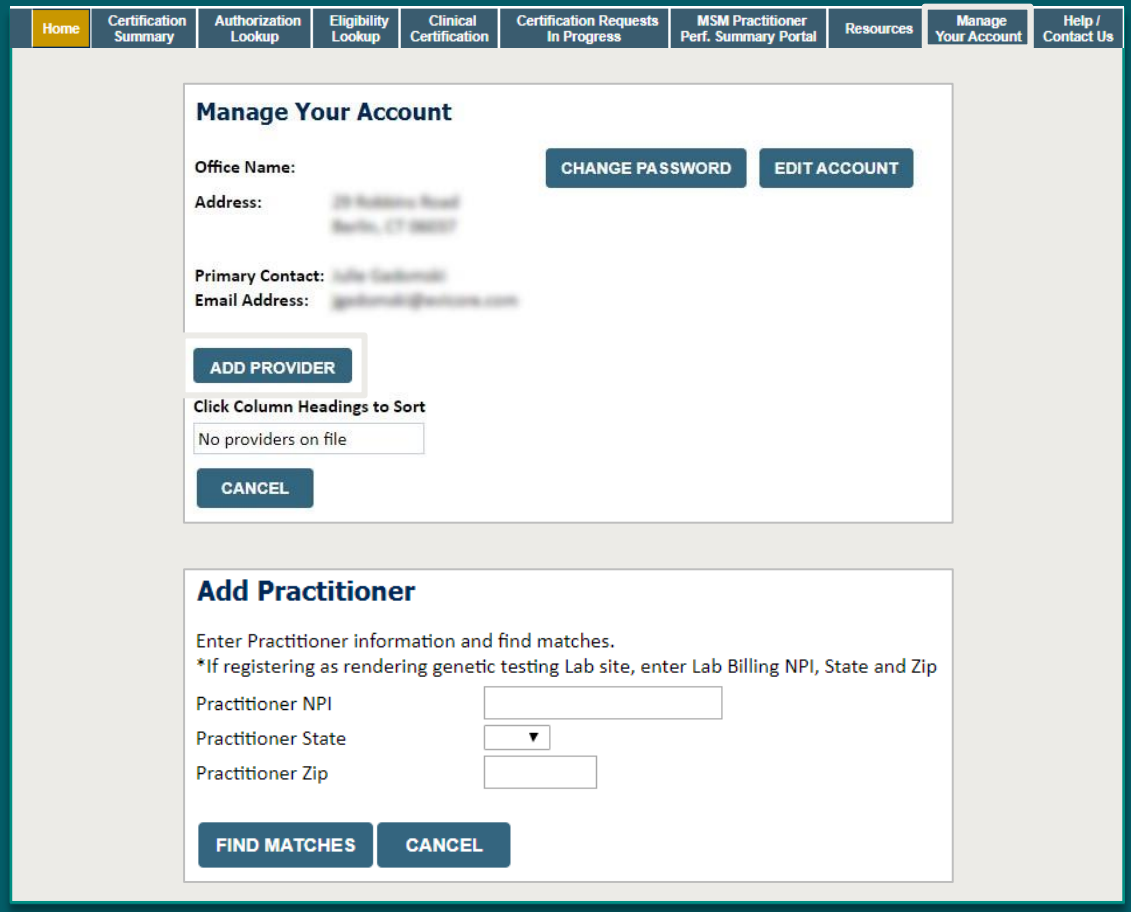
Add Providers

- **You can add providers and their NPI's to your account prior to case submission**
- Click the **Manage Your Account** 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
- 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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Provider Resources

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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, ECRM**

Additional Information about ECRM, including trainings, can be found on Providers Hub

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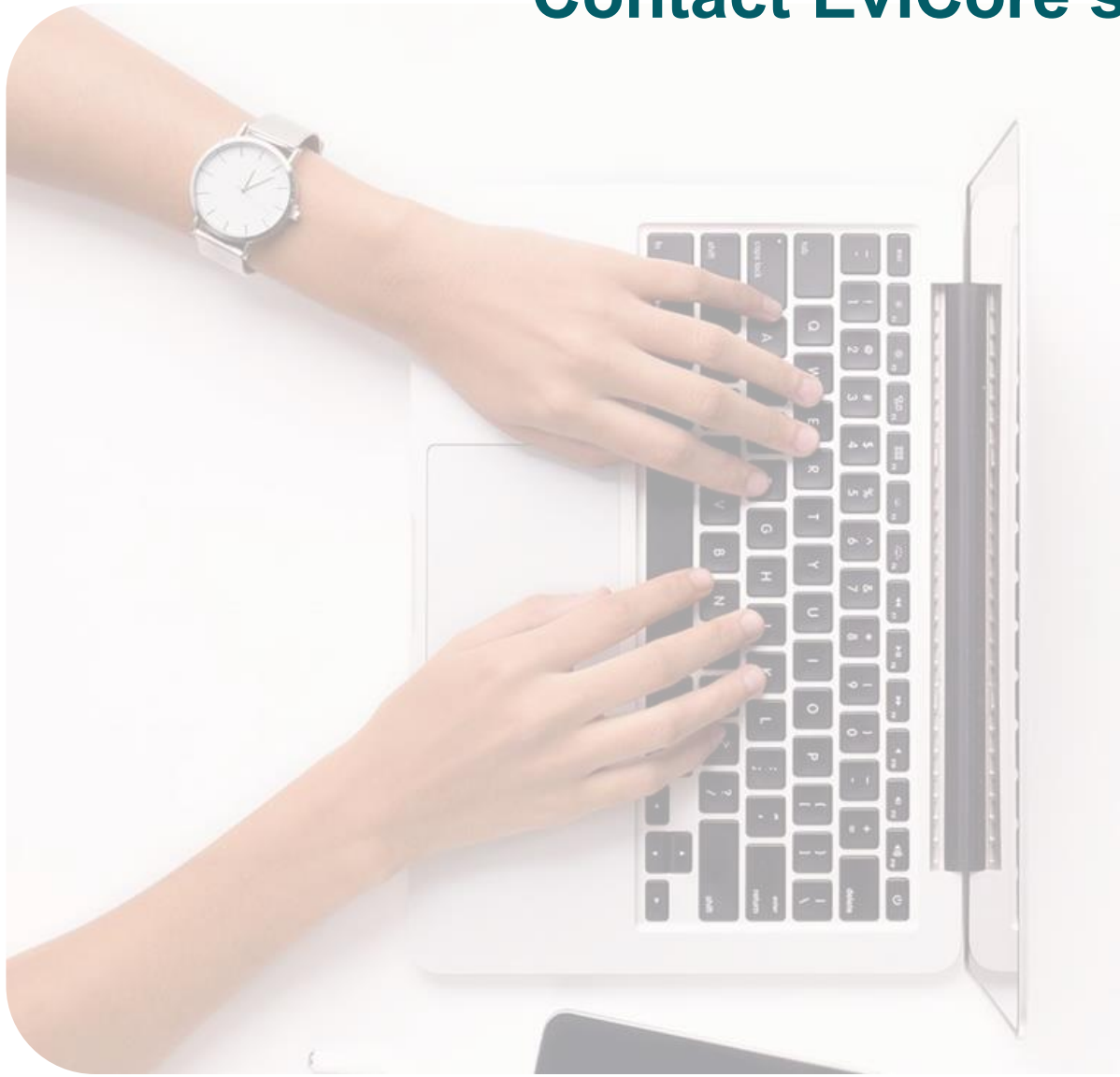
Contact EviCore's Dedicated Teams



Web-Based Services and Portal Support

- Live chat
- ECRM
- Phone: **800-646-0418** (option 2)

Provider Engagement

Regional team that works directly with the provider community.

+ **Katie Potter**
+ Email: **kathryn.potter@evicore.com**
+ Phone: **800-918-8924 x26211**

Call Center/Intake Center

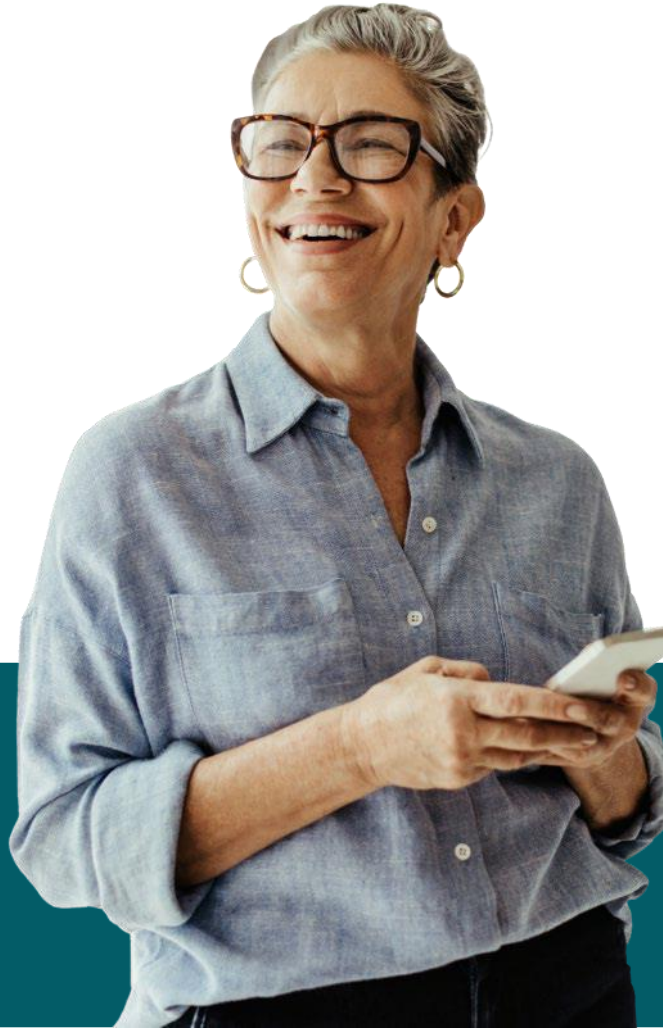
Call **855-252-1117.** Representatives are available from 7 a.m. to 7 p.m. local time.

Provider Resource Website

EviCore maintains provider resource sites that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis.

This site will include:

+ Frequently asked questions
+ Quick reference guides
+ Provider training materials
+ CPT code lists



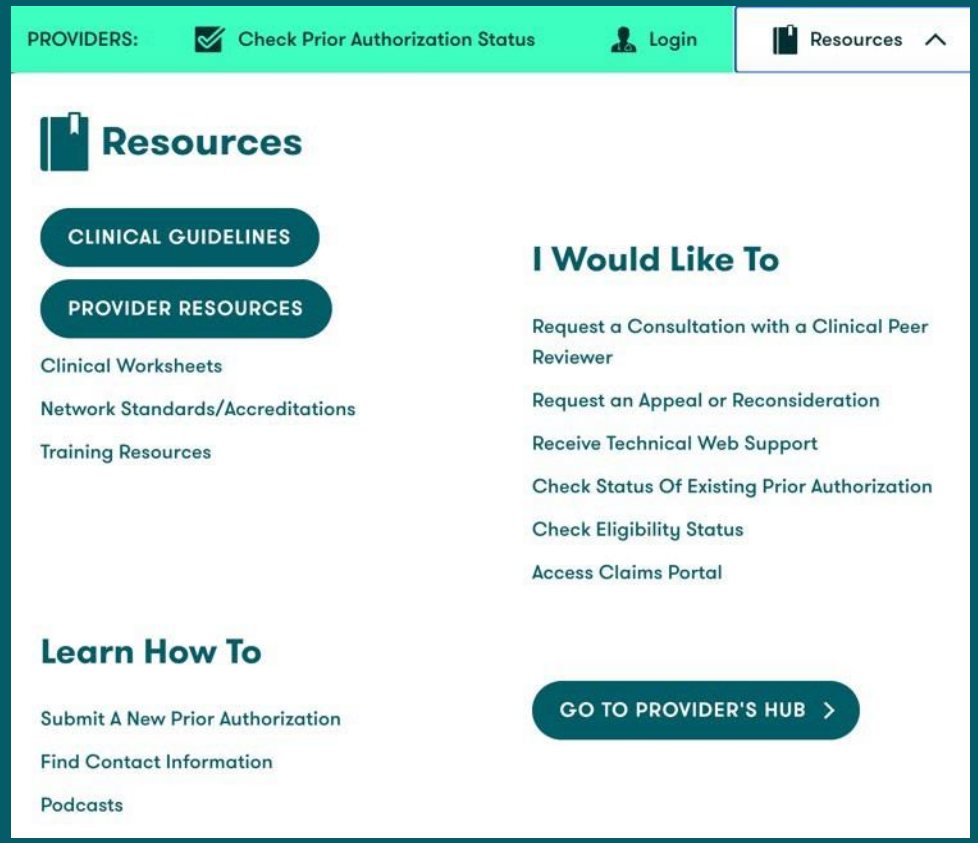
To access these helpful resources, please visit:

https://www.evicore.com/resources

Quick Reference Tool

Where can I locate plan-specific contact information?

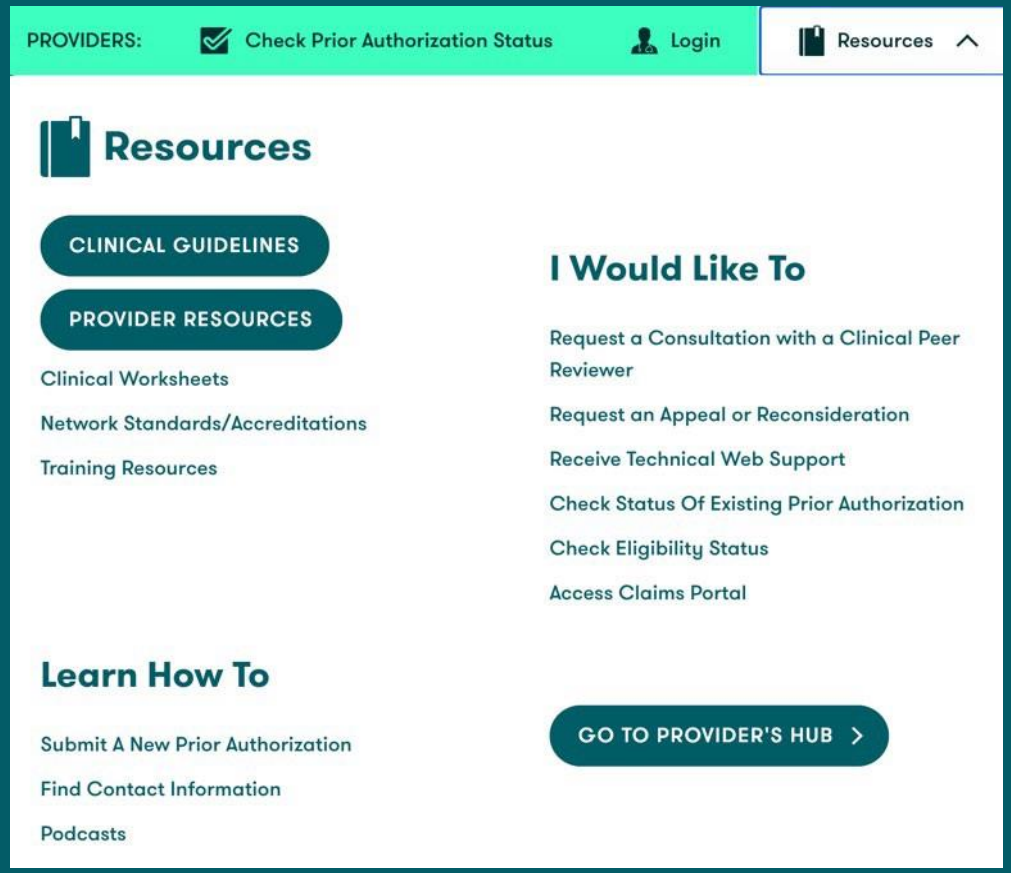
1. Open the **Resources** menu in the top right of the browser
2. Select **Find Contact Information**
3. Use **Select a Health Plan** and **Select a Solution** to populate the contact phone and fax numbers
   + This will also advise which portal to use for case requests



EviCore Provider's Hub

Providers and staff can access important tools and resources at EviCore.com

1. Open the **Resources** menu in the top right of the browser
2. Select **GO TO PROVIDER'S HUB** to access clinical guidelines, schedule consultations (P2P), and more



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

Thank You

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Appendix

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Portal Case Submission

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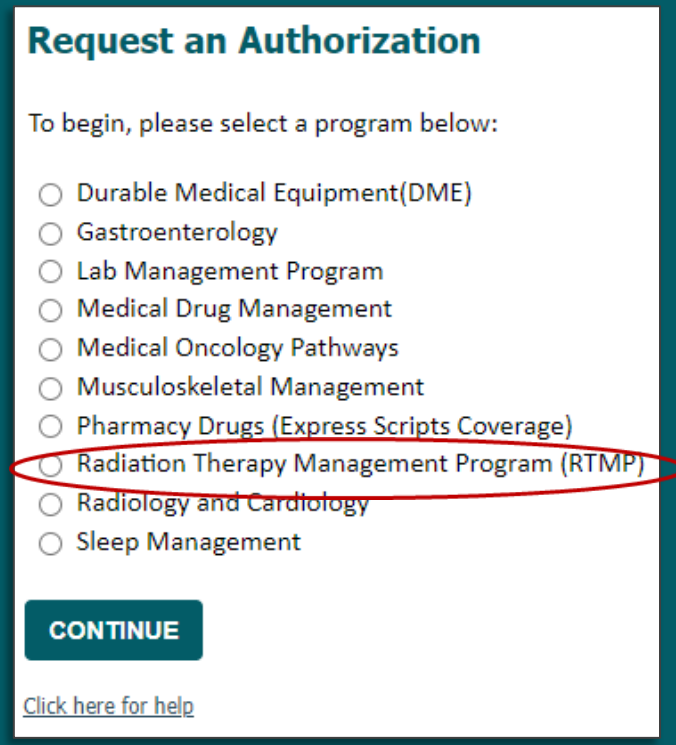
Initiating a Case

- Click **Clinical Certification** to begin a new request
- Select the **Program** for your certification



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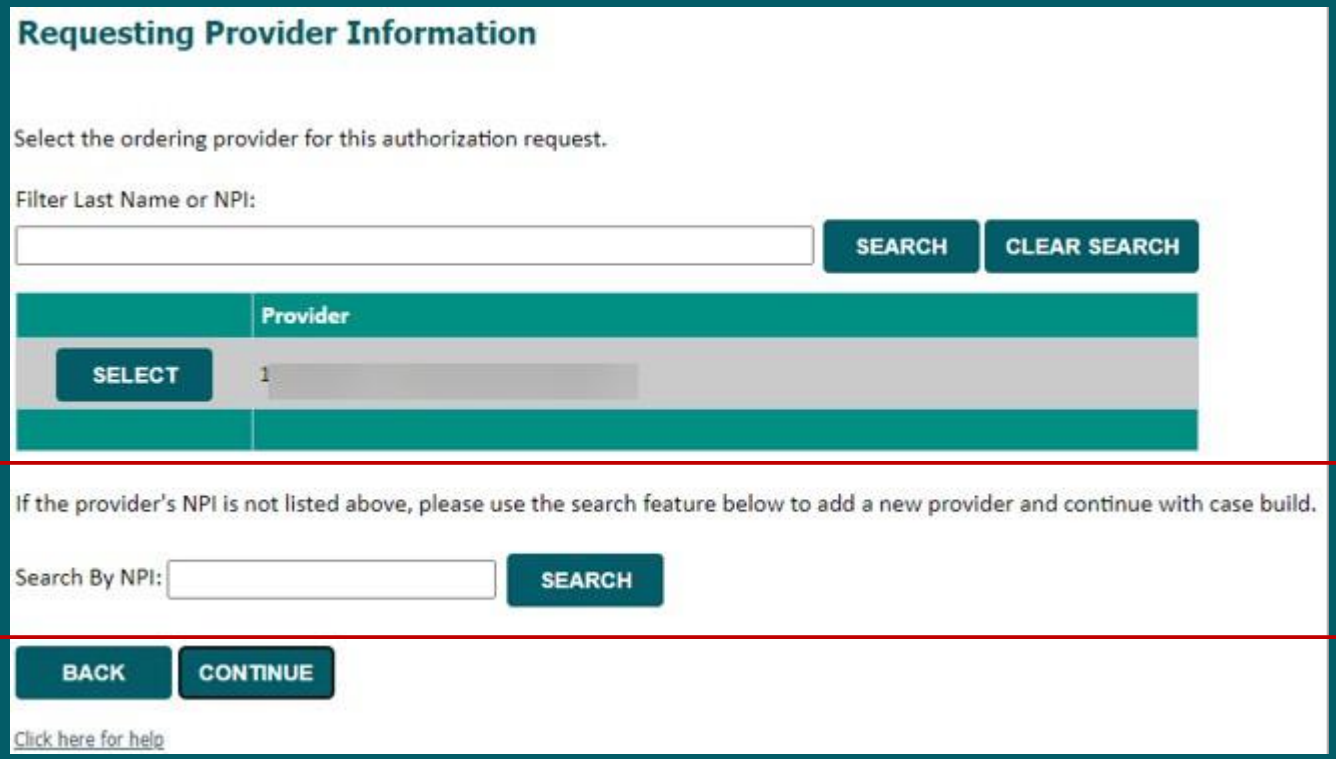
Search for and Select Provider

Search for and select the **Practitioner/Group** for whom you want to build a case



Select Health Plan

- Choose the appropriate **Health Plan** for the request
- Another drop down will appear to select the appropriate address for the **provider**
- Select **CONTINUE**

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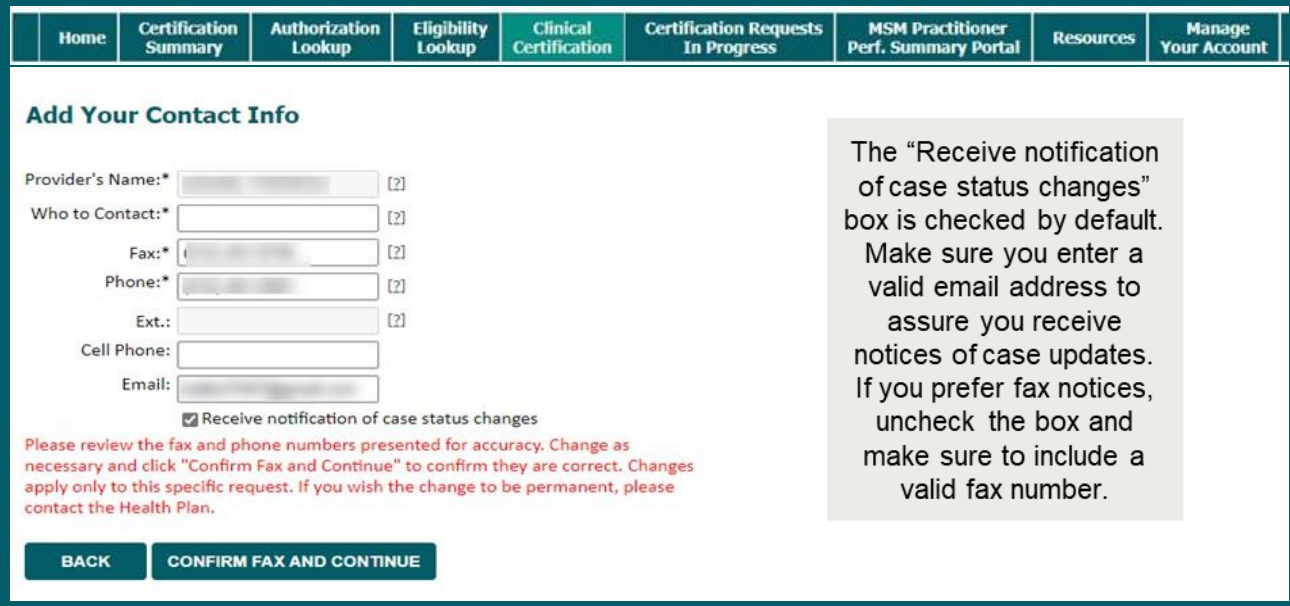
Enter Contact Information

- Enter the **Provider's name** and appropriate information for the point of contact individual
- Provider name, fax and phone will pre-populate, edit as necessary



The "Receive notification of case status changes" box is checked by default. Make sure you enter a valid email address to assure you receive notices of case updates. If you prefer fax notices, uncheck the box and make sure to include a valid fax number.

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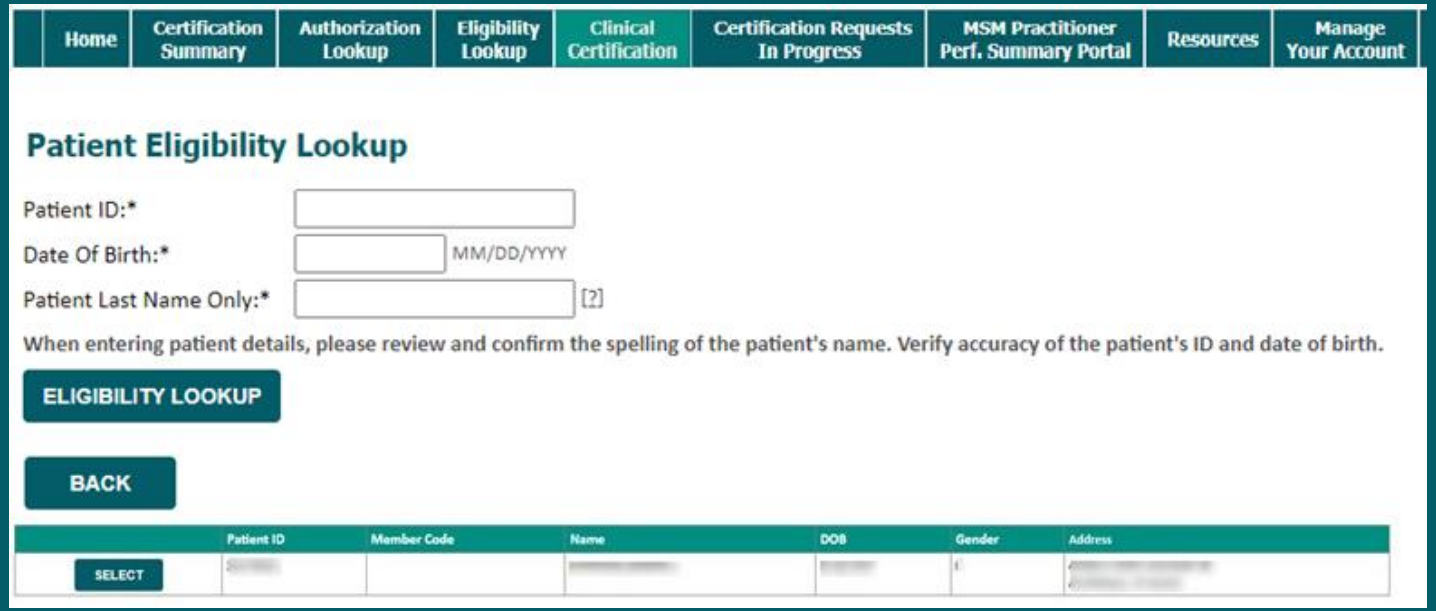
Enter Patient Information

- Enter **patient information,** including: patient ID number, date of birth, and last name then click **ELIGIBILITY LOOKUP**
- Confirm your patient's information and click **SELECT** to continue



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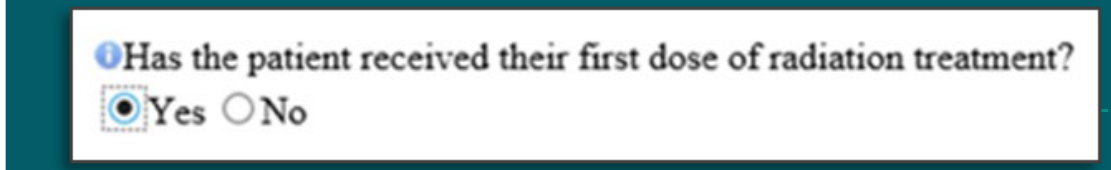
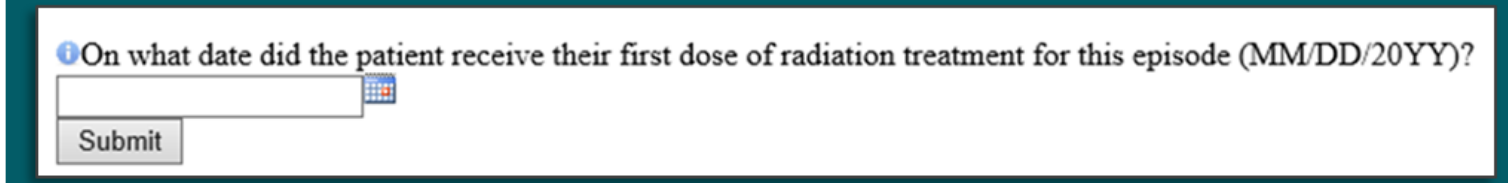
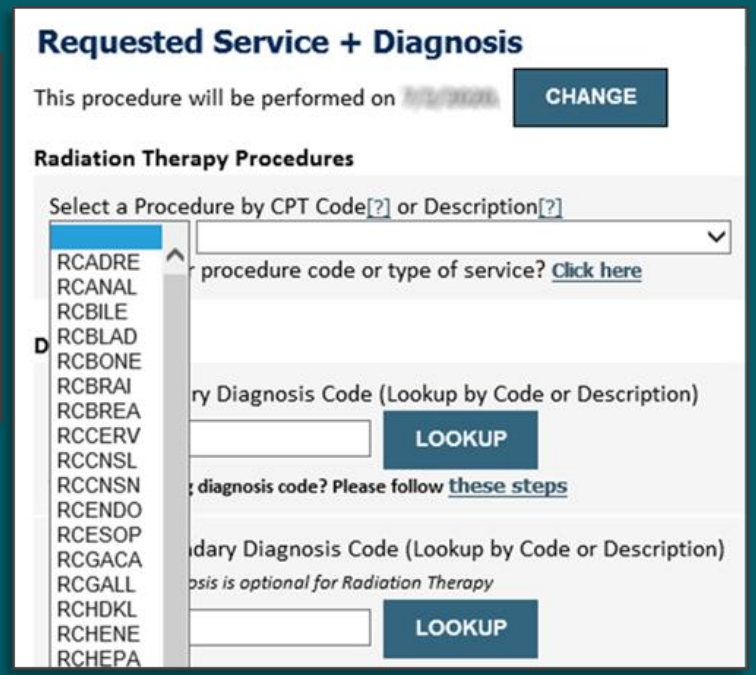
Enter Requested Procedure and Diagnosis

- 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 **patient information** (patient ID number, date of birth and last name), click **Eligibility Lookup** and verify the patient.
- 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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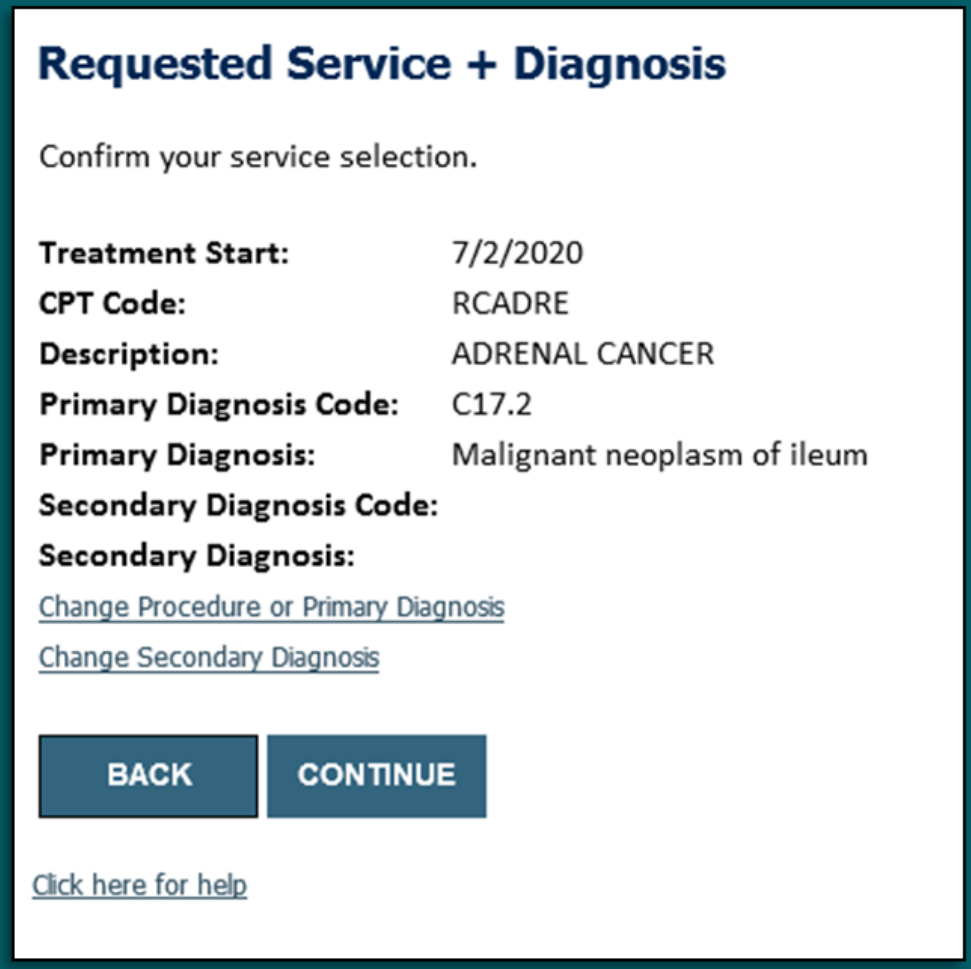
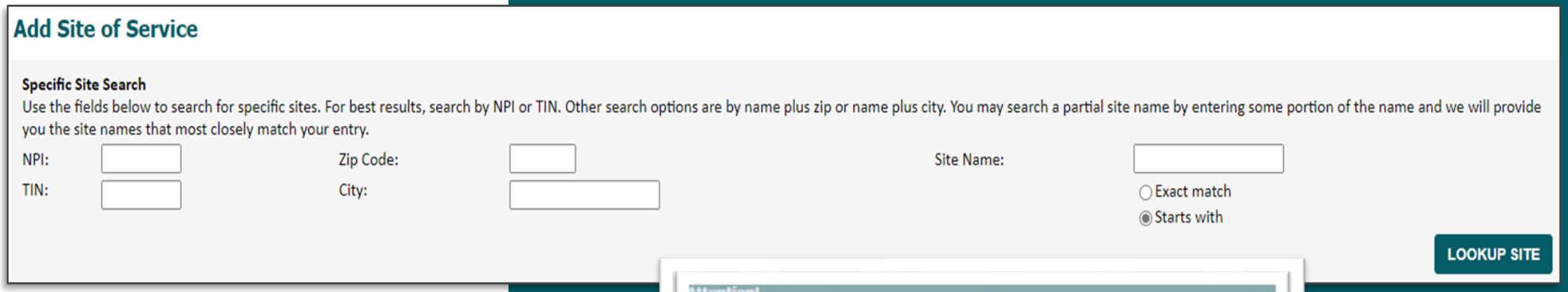
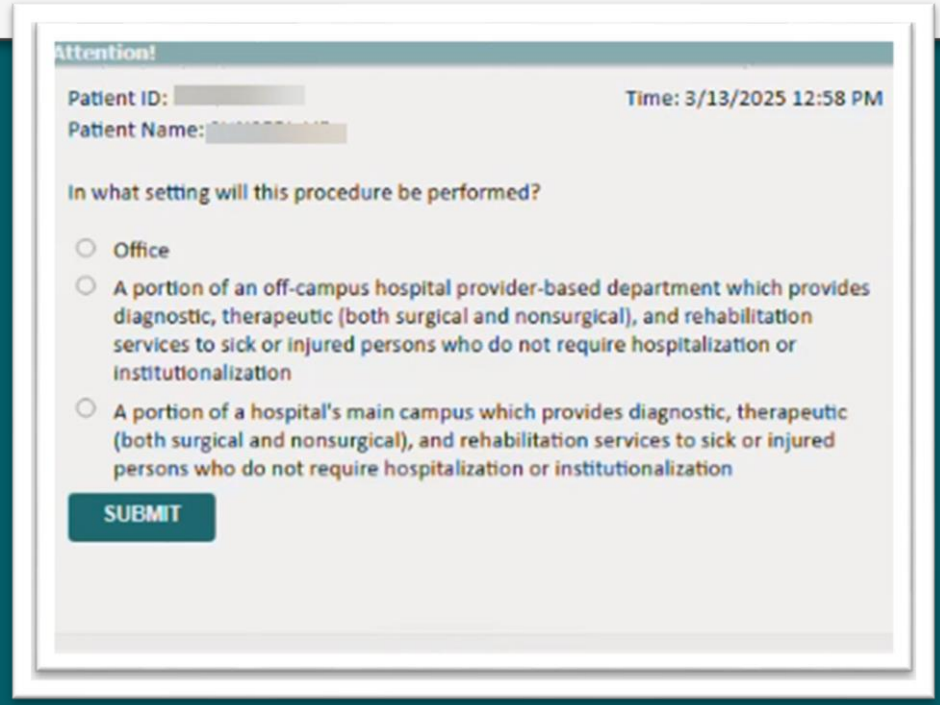
Verify Service Selection

- Verify requested service & diagnosis
- Edit any information if needed by selecting **Change Procedure** or **Primary Diagnosis**
- Click **CONTINUE** to confirm your selection



Site Selection





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

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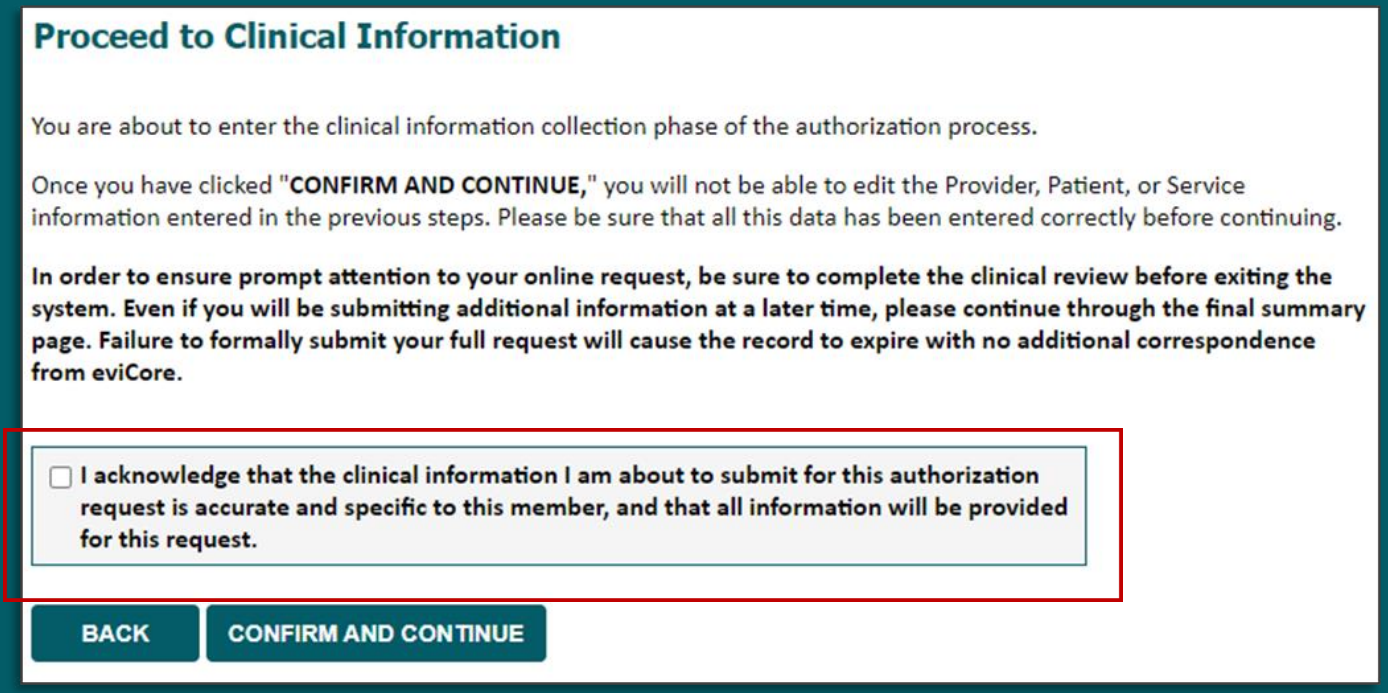
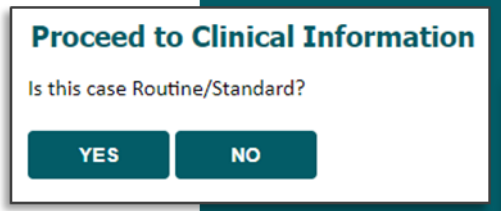
Clinical Certification

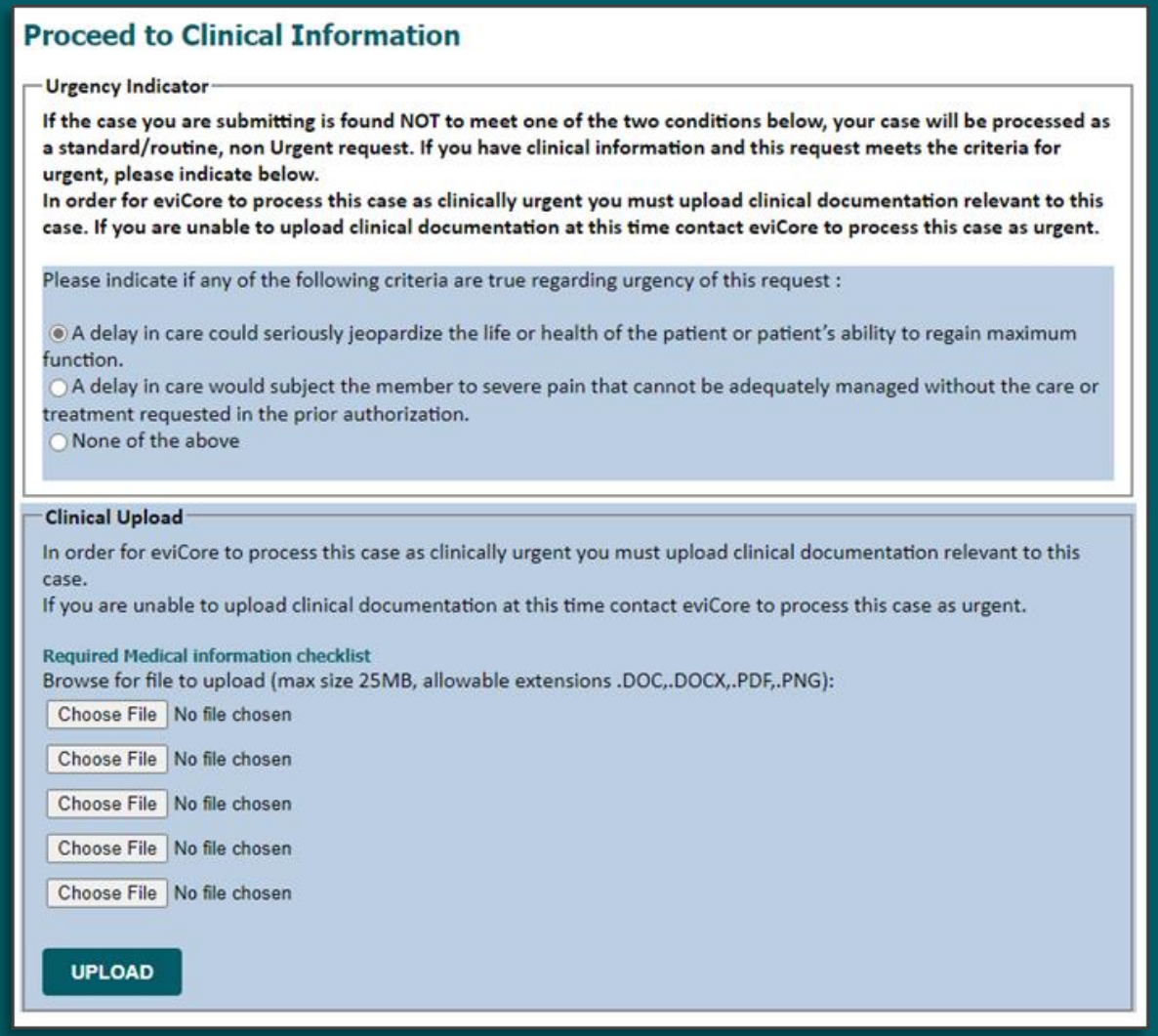
- Verify that all information is entered and correct
- **You will not have the opportunity to make changes after this point**



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)*
- Your case will only be considered urgent if there is a successful upload





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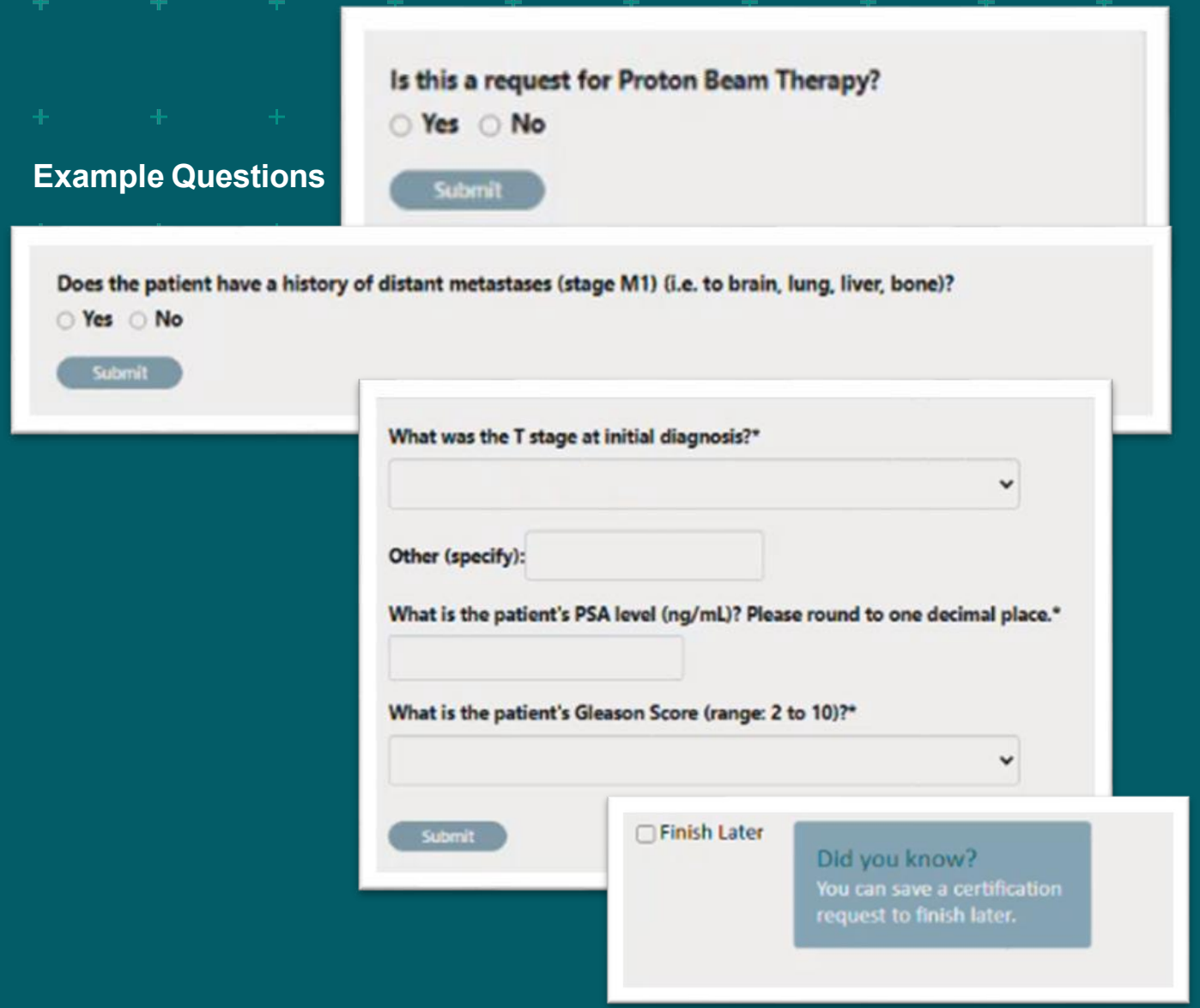
Proceed to Clinical Information

- **Clinical Certification** questions may populate based on the information provided
- You can save your request and '**Finish later**' if needed. Please make sure to complete the case by the end of the day to avoid the case expiring.
- Select **Certification Requests in Progress** to resume a saved request (this function is **not** available for single sign on (SSO) users)

Example Questions



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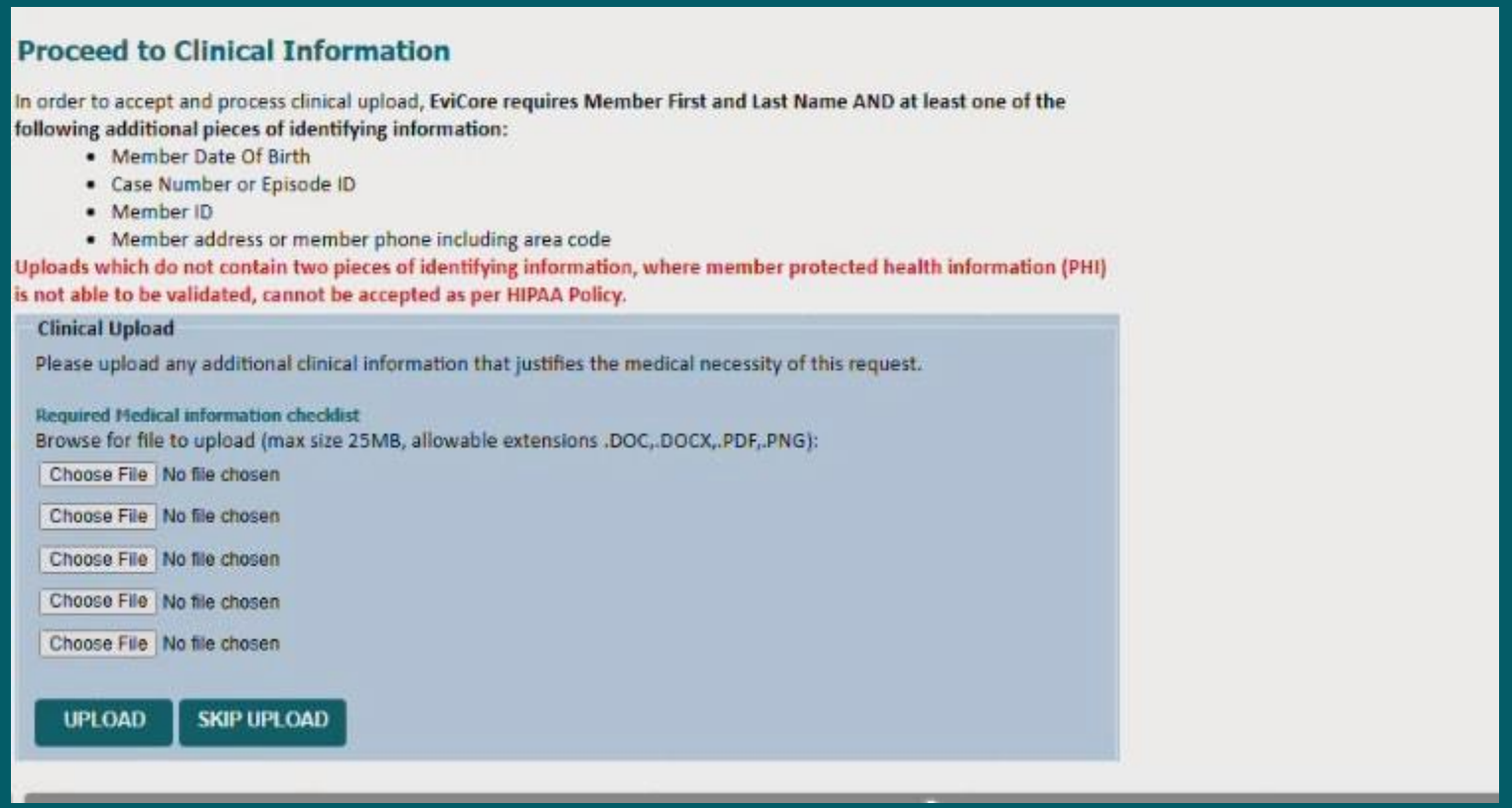
Request for Clinical Upload

If **additional information** is required, you will have the option to upload more clinical information for review.

Tips:

+ Providing clinical information via the web is the fastest and most efficient method
+ Enter additional notes in the space provided only when necessary
+ Additional information uploaded to the case will be sent for clinical review
+ Print out a summary of the request that includes the case # and indicates ‘Your case has been sent to clinical review’



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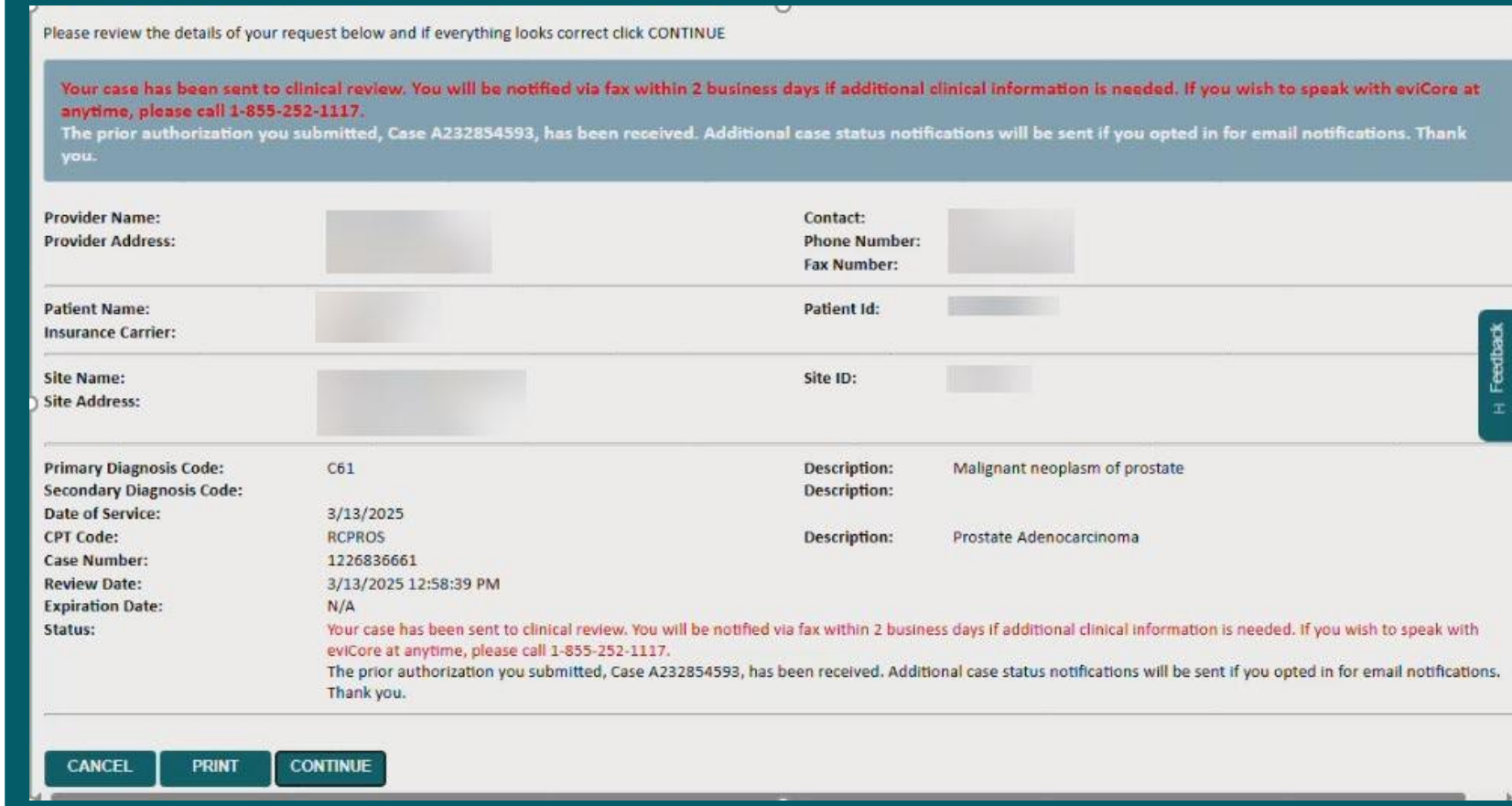
Clinical Review

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.

You can print the summary of the request for your records, then click CONTINUE.



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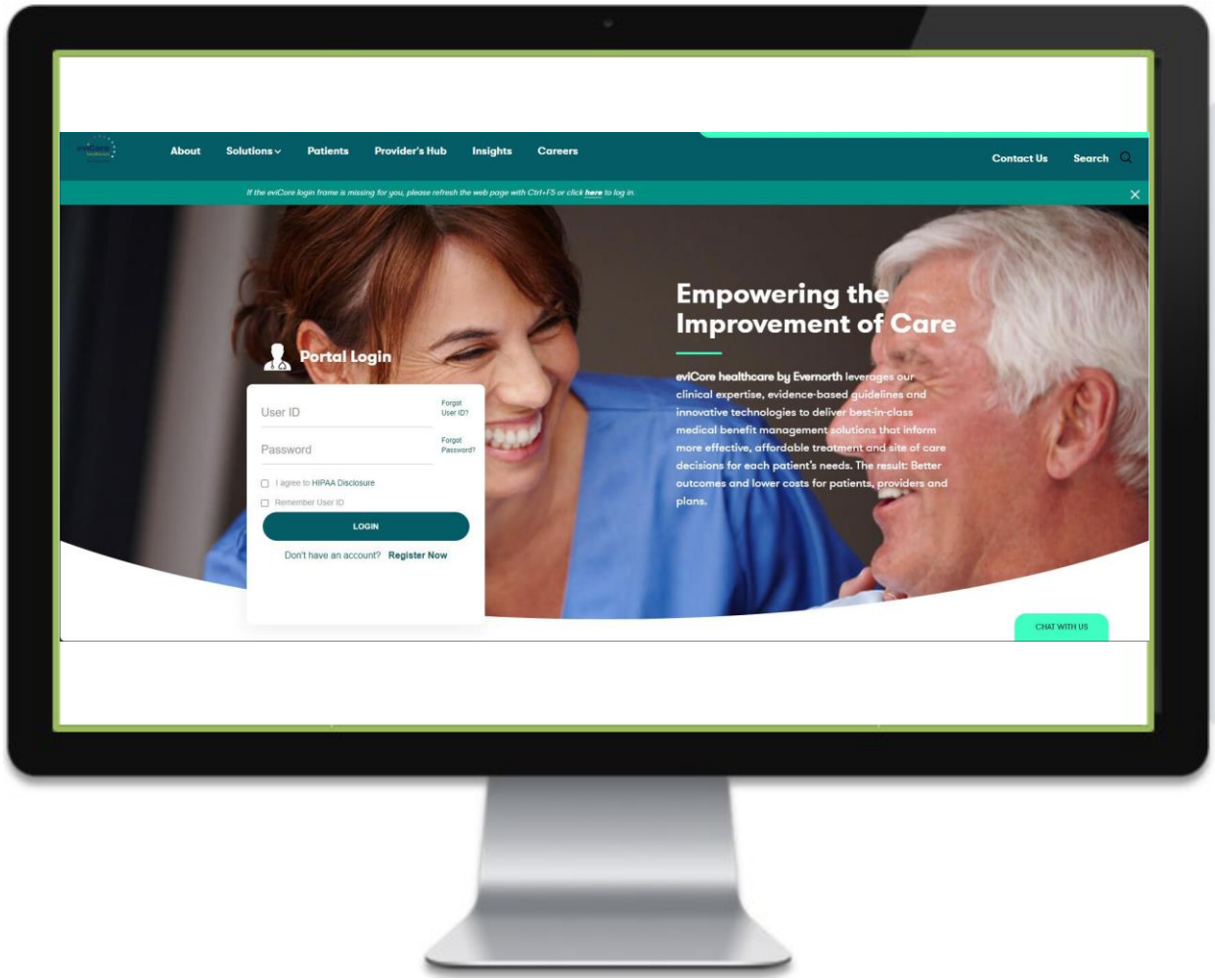
Provider Portal Demo | Radiation Oncology

The EviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status.

Click HERE to view a video demo (2 min)



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Peer-to-Peer (P2P) Scheduling Tool

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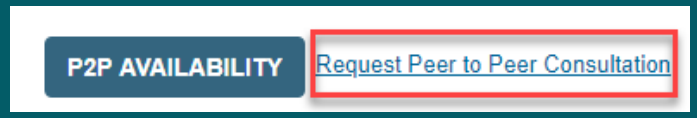
Schedule a P2P Request

If your case is eligible for a Peer-to-Peer (P2) consultation, a link will display, allowing you to proceed to scheduling without any additional messaging

1. Log-in to your account at EviCore.com
2. Perform **Clinical Review Lookup** to determine the status of your request
3. Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a Peer-to-Peer consultation
4. Note carefully any messaging that displays*

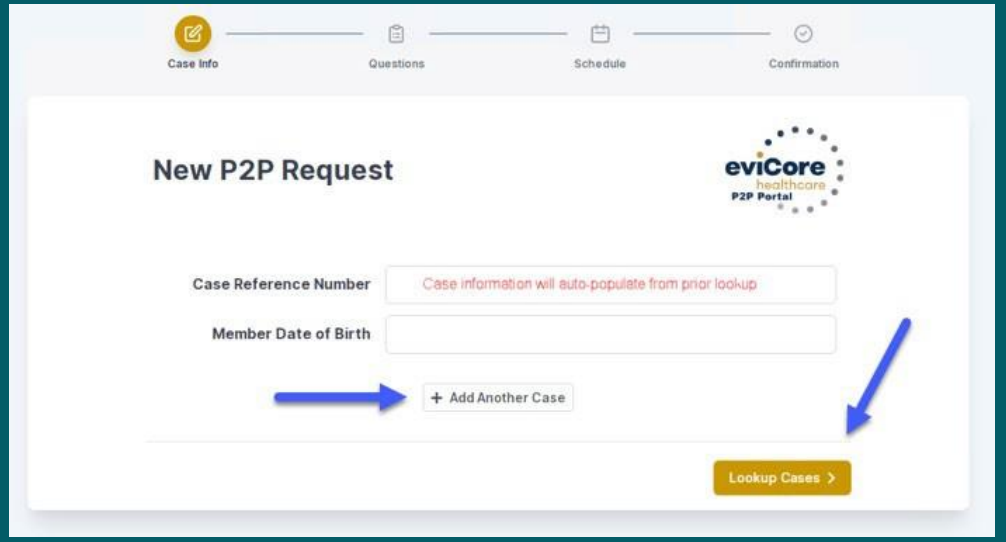


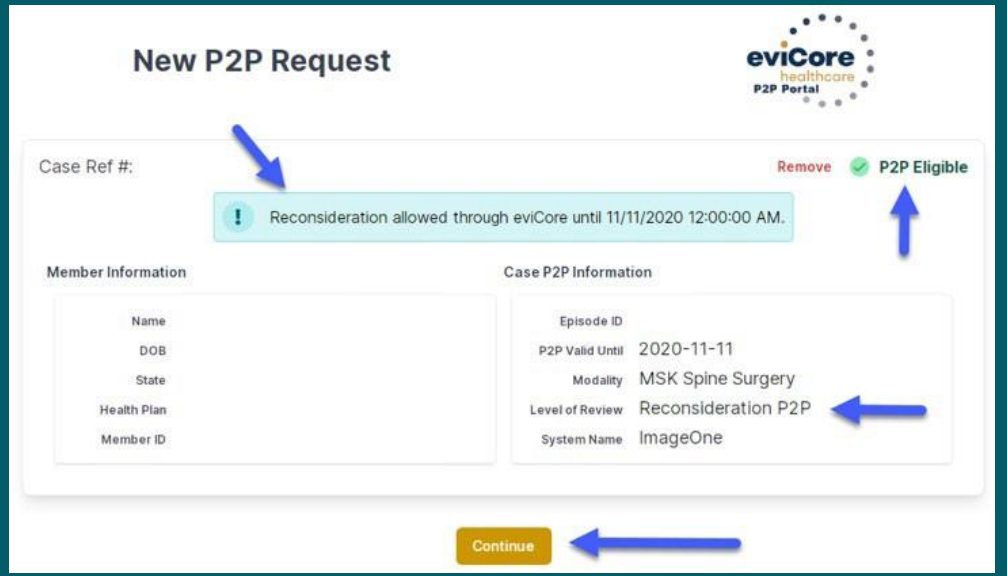
*In some instances, a Peer-to-Peer consultation is allowed, but the case decision can not be changed. In such cases, you can still request a **Consultative-Only Peer-to-Peer.** You can also click on the **ALL POST-DECISION OPTIONS** button to learn what other action can be taken.

Once the **Request Peer-to-Peer Consultation** link is selected, you will be transferred to our scheduling software via a new browser window.

Schedule a P2P Request
(con't.)

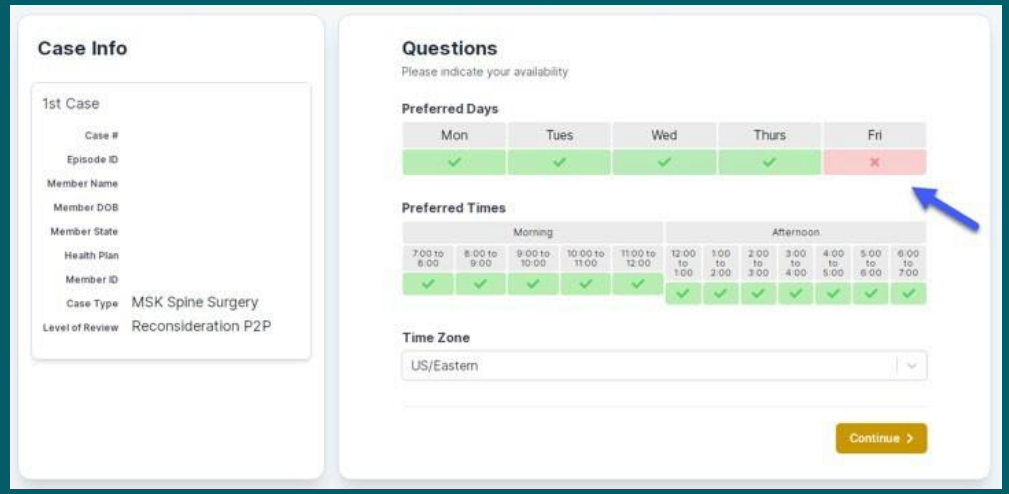
1. Upon first login, you will be asked to confirm your default time zone
2. You will be presented with the Case Number and Patient Date of Birth
3. Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**
4. To proceed, select **Lookup Cases**
5. You will receive a confirmation screen with patient and case information, including the Level of Review for the case in question
6. Click **Continue** to proceed

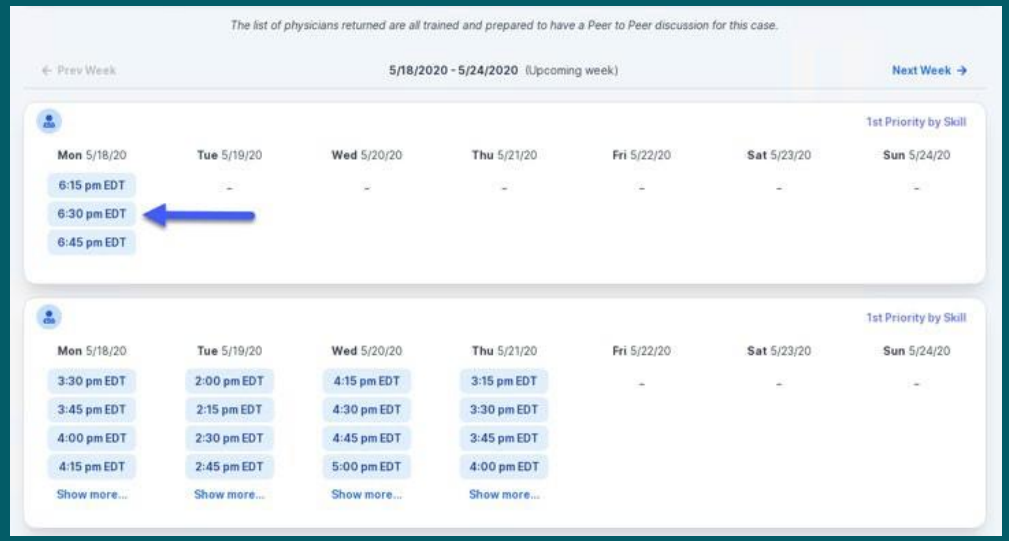




Schedule a P2P Request
(con't.)

1. You will be prompted with a list of EviCore Physicians / Reviewers and appointment options
2. Select any of the listed appointment times to continue
3. You will be prompted to identify your preferred days and times for a Peer-to-Peer consultation (all opportunities will be automatically presented)
4. Click on any **green checkmark** to **deselect** that option and then click **Continue**





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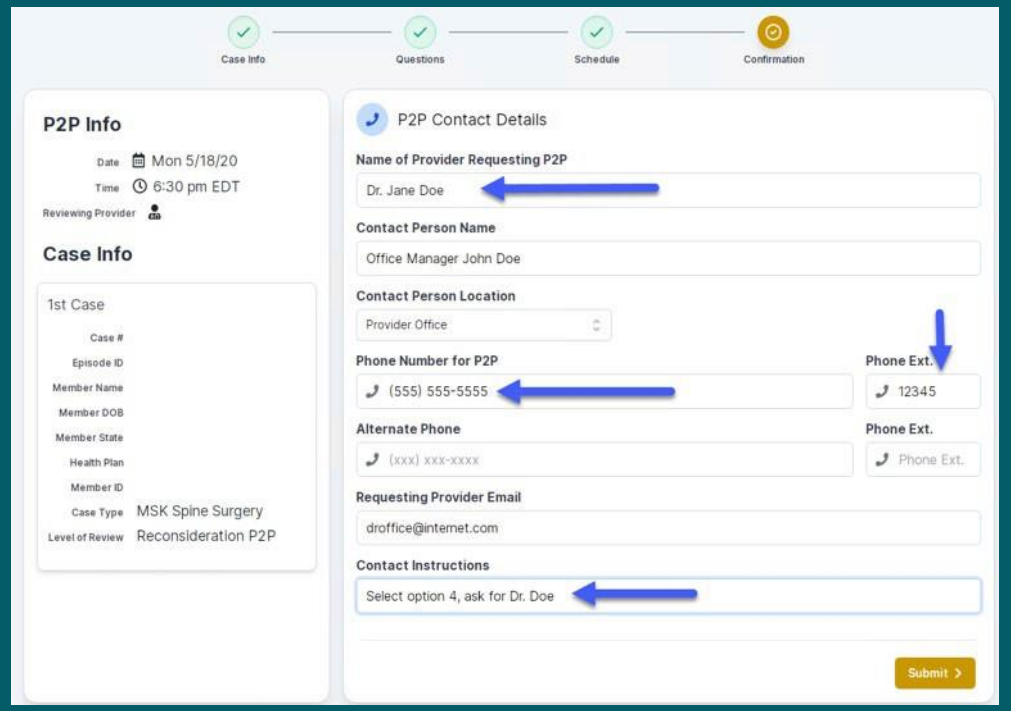
Schedule a P2P Request
(con't.)

1. Update the following fields to ensure the correct person is contacted for the Peer-to-Peer appointment:
   - Name of Provider Requesting P2P
   - Phone Number for P2P
   - Contact Instructions
2. Click **Submit** to schedule the appointment
3. You will be presented with a summary page containing the details of your scheduled appointment
4. Confirm contact details



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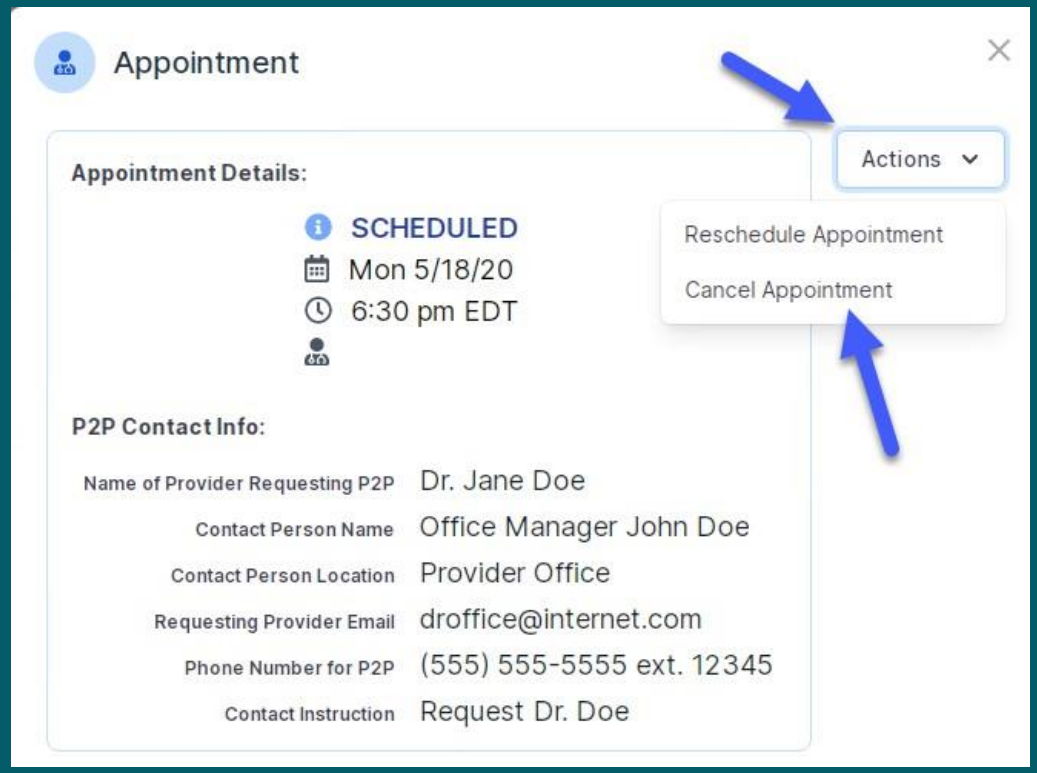
Cancel or Reschedule a P2P Appointment

To cancel or reschedule an appointment:

1. Access the scheduling software and select **My P2P Requests** on the left-pane navigation
2. Select the request you would like to modify from the list of available appointments
3. When the request appears, click on the schedule link. An appointment window will open
4. Click on the **Actions** drop-down and choose the appropriate action
   - **If choosing to reschedule,** select a new date or time as you did initially
   - **If choosing to cancel,** input a cancellation reason
5. Close the browser once finished



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