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By EVERNORTH

Medical Oncology Frequently Asked Questions (FAQs)

network health

What are the elements of the Medical Oncology Review Program?

The Medical Oncology Review Program consists of Prior Authorization Medical Necessity Determinations for all primary injectable and oral chemotherapeutic agents used in the treatment of cancer as well as select supportive agents in combination with chemotherapy. The program also includes newly approved chemotherapy agents that are used for the treatment of cancer.

Which Medical Oncology procedures require prior Authorization?

Refer to the list of HCPCS codes that require prior authorization. This can be found on the Network Health website at www.evicore.com/healthplan/nhpwi. Be sure to check the Network Health Wisconsin website, as the program may be modified or updated. Note that newly approved chemotherapy agents are not on this list and used for the treatment of cancer do require prior authorization.

Which providers are impacted by this program?

All physicians who perform pre-selected oncology related injection/infusion procedures are required to obtain a prior authorization for services prior to the service being rendered in an office or outpatient setting. Physicians and facilities who render oncology related injection/infusion procedures within the scope of this protocol must confirm that prior authorization has been obtained, or payment for their services may be denied.

Do medical oncology services performed in an inpatient setting at a hospital or emergency room setting require prior authorization?

No. Medical Oncology ordered through an emergency room treatment visit, while in an observation unitor during an inpatient stay does not require prior authorization.

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

Member eligibility and benefits should be verified on Provider Resources | Network Health 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:

1. **Web Portal (preferred)** The EviCore 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

2. **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 855-727-7444

3. **Fax option** While not preferred, providers and/or staff may submit a request for prior authorization to 855-774-1319

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Do services performed in an inpatient setting at a hospital require prior authorization?

Studies performed during an inpatient stay do not require prior authorization.

What information is required when requesting prior authorization?

When requesting prior authorization, please ensure the proprietary information is readily available:

Member

- First and Last Name
- Date of Birth
- Member ID

Ordering and Rendering Provider

- First and Last Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Number

Relative diagnosis and medical history including:

- Signs and symptoms
- Results of relevant test(s)
- Relevant medications
- Working diagnosis/stage
- Patient history including previous therapy

How to avoid inappropriate denials when services are appropriate?

Services that are deemed appropriate are those that follow clinical and/or medical necessity guidelines. If a provider follows guidelines that govern clinical and/or medical necessity criteria, but still experiences high denial rates, the reason may be due to clinical information missing from the case request. This is a list of information usually required:

- Requested drug(s) (HCPCS ‘J’ code and name (brand and/or generic
- Patient's clinical presentation
- Diagnosis codes
- Type and duration of treatments performed to date for the diagnosis
- Disease-Specific Clinical Information
- Diagnosis at onset
- Stage of disease
- Histopathology
- Comorbidities
- Patient risk factors
- Performance status
- Genetic alterations

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Where can I access EviCore'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: Clinical Worksheets & Online Forms | EviCore by Evernorth
Clinical Guidelines: Clinical Guidelines | EviCore by Evernorth

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

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.

What happens when the on-line system does not provide an immediate authorization?

EviCore will review and issue an authorization if the requested regimen meets the established evidence based criteria. All other requests will be sent to an EviCore Medical Director for review and determination. All decisions should be made within 2 business days for non- urgent requests once complete clinical information is received. All determination decisions will be sent in writing to the member, referring providers and rendering provider and facility, if available.

How can providers indicate that the procedure is clinically urgent?

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 www.EviCore.com, or by contacting our contact center at 855- 727-7444.

Note that for in-scope services rendered in settings other than ER, observation, or urgent care, a physician or other health care professional may request a prior authorization on an urgent or expedited basis in cases where there is a medical need to provide the service sooner than the conventional prior authorization process would accommodate

Once prior authorization has been requested, how long will it take for EviCore to make the determination?

Decisions for non-urgent prior authorization requests are typically made within two 2-3 business days of receipt of all necessary clinical information but would not take longer than 14 calendar days.
When services are required due to a medically urgent condition, EviCore healthcare will usually give a decision within 24 hours of receiving all necessary demographic and clinical information but would not take longer than 72 hours. Please indicate that the authorization is for medically urgent care.

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When will I receive the authorization number once the prior authorization request has been approved?

Once the prior authorization request has been approved, the authorization information will be provided to clinician's office via fax. It's possible to receive a 'real time' authorization immediately after web submission, and clinician offices may also visit Provider's Hub | EviCore by Evernorth to view the authorization determination. The members will receive a letter of approval by mail.

Note: The authorization number will begin with the letter 'A' followed by an eight-digit number.

How long is the authorization valid?

Authorizations vary by the type of request ranging from approximately 8 – 12 months. When a prior authorization number is issued for a treatment regimen, the requested start date of service will be the starting point for the period in which the course of treatment must be completed. If the course of treatment is not completed within the approved time period, or if there is a drug change in the regimen then a new prior authorization number must be obtained.

If the patient starts a medical oncology regimen at one facility and changes to another during a course of treatment, is a new prior authorization required?

Yes. If a new physician group is treating the patient, a new treatment plan will likely be followed. Therefore, a new prior authorization number must be requested.

Is a separate authorization needed for each drug ordered?

No. A single authorization number will cover the entire regimen for the length of treatment (up to 14 months depending on the treatment selected). The EviCore system will collect the clinical data needed and provide a list of recommended regimens (single agent and multi-agent) from which to select. Providers may also custom build a regimen by selecting from a list of all drugs covered in the program. In either case, the entire regimen must be provided at the time the authorization is requested. If a new drug is needed at a later date a new authorization will be needed for the complete regimen to be used from that date forward.

Who should request prior authorization in cases where a Primary Care Physician refers a patient to a specialist, who determines that the patient needs cancer treatment, including a drug that requires prior authorization?

The physician who orders the drug should request prior authorization. In this case, it would be the specialist.

If a denial occurs because of a coding mistake, can I resubmit the claim?

Yes, if the mistake is administrative (related to coding) then a claim can be resubmitted as long as prior authorization remains in effect and the procedure on the claim is medically necessary.

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What happens if a service is rendered despite an authorization denial?
The Network Health Wisconsin Medical Oncology Review Program is a prior authorization program that includes a medical necessity determination for the requested treatment regimen. Coverage for treatment regimens that are not medically necessary will be denied as not covered under the member's benefit plan because services that are not medically necessary are not covered under Network Health Wisconsin plans. Failure to comply with any prior authorization protocol may result in administrative claim denial.

Does EviCore review cases retrospectively if no authorization was obtained?
No Retrospective requests will be accepted.

What if an authorization is issued and revisions need to be made?
The requesting provider or member should contact EviCore at 855-727-7444 with any change to the authorization. It is very important to update EviCore of any changes to the authorization in order for claims to be correctly processed for the facility that receives the member.

How can the provider confirm that the existing prior authorization number is valid?
Providers can confirm that the prior authorization is valid by logging into our web portal, which provides 24/7 access to view prior authorization numbers. To access the portal, please visit www.EviCore.com. To request a fax letter with the prior authorization number, please call EviCore at 855-727-7444 to speak with a customer service specialist.

Who will handle a request for an appeal?
Please refer to the denial letter for details regarding post decision options.

Where do I submit my claims?
All claims will continue to be filed directly to Network Health Wisconsin.

How do I submit a program related question, or report an issue?
For assistance with membership, claims, provider network issues, etc., submit the issue to our dedicated teams via EviCore Communication Relationship Management (ECRM):

- Access: ECRM Services
- ECRM educational resources: ECRM Resources | EviCore by Evernorth
- For trouble using ECRM, reach out to our technical support team via: ECRMSupport@EviCore.com

If a member goes to a new provider for services, will a new prior authorization request be required?
Yes. When a member changes to a treating provider who is not within the same practice, a new authorization request is required. If the member has discontinued care with the original provider, please include the discharge date with the original provider when submitting your request. EviCore will not provide authorization for overlapping services or duplicate care as it is not medically necessary.

Note: A new authorization is not required if member sees a different provider within the same practice.

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page at Network Health WI Provider Resources | EviCore by Evernorth.