

Radiation Oncology

Frequently Asked Questions

Who is EviCore healthcare?

EviCore healthcare (EviCore) is an independent specialty medical benefits management company that provides utilization management services for WPS.

What is the relationship between EviCore and WPS?

Beginning on 1/30/2023, EviCore will manage Radiation Oncology services for WPS for treatments that contain dates of service that fall on and after 2/1/23. See “Continuity of Care question below for exceptions.

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

EviCore will manage prior authorization for WPS members who are enrolled in the following programs:

Commercial

- Self-Insured
- Fully-Insured

Note: When requesting pre-service authorization for these members, please select **WPS** from the health plan dropdown list.

What medical providers will be affected by this agreement?

Prior authorization is required when the physician's office, hospital outpatient or freestanding facility provides the services.

Who needs to request prior authorization through EviCore?

It is the responsibility of the performing facility to confirm that the rendering physician completed the prior authorization process for Radiation Oncology.

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?

Member eligibility and benefits should be verified on WPS before requesting prior authorization through EviCore.

How do I request a prior authorization through EviCore healthcare?

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

Web Portal

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

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 make revisions to existing cases by calling 800-475-1954.

****The provider has up to 15 business days from the start date of treatment to submit the Radiation Oncology request through EviCore****

What are the benefits of using EviCore healthcare's Web Portal?

Our web portal provides 24/7 access to submit or check on the status of your request. The portal also offers additional benefits for your convenience:

- **Speed** – Requests submitted online require half the time (or less) than those taken telephonically. They can often be processed immediately.
- **Efficiency** – Medical documentation can be attached to the case upon initial submission, reducing follow-up calls and consultation.
- **Real-Time Access** – Web users are able to see real-time status of a request.
- **Member History** – Web users are able to see both existing and previous requests for a member

Is registration required on EviCore's web portal?

Yes. A one-time registration is required for each practice or individual. You will be required to log-in prior to submitting pre-service authorization requests on the web. If you have an existing account, a new account is not necessary.

Which Radiation Oncology treatments require prior authorization for WPS?

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
- Hyperthermia
- Proton Beam Therapy
- Neutron Beam Therapy

The list of codes managed by the EviCore Radiation Oncology program are viewable on the provider resource website at WPS. Read below for more information on how to request Radiation Oncology authorizations.

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 Provider

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

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 built 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" cancer type during case build.

What is included in a Radiation Oncology Prior Authorization Request?

An EviCore Radiation Oncology pre-service authorization will include all pertinent Radiation Oncology services for a member's entire episode of care within the scope of what exists on the managed code list

- EviCore will provide a medical necessity decision based on the treatment plan, plus any pertinent clinical information that is communicated to EviCore.
- Radiation Oncology 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 healthcare 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 healthcare will assign one authorization number per treatment plan with a decision for medical necessity. Radiation Oncology 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 / Brain Metastases)

What guidelines do EviCore healthcare use to render Medical Necessity Determinations?

The program's purpose is to ensure that Radiation Oncology services provided to members are consistent with national guidelines. EviCore healthcare's Radiation Oncology Clinical Guidelines can be found at: www.EviCore.com/provider/clinical-guidelines

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

[Clinical Worksheets](#) | [Radiation Oncology \(EviCore.com\)](#)

Located under the Clinical Worksheets Resource → Click "Radiation Oncology" → type in 'EviCore healthcare' as the Health Plan.

Coding Guidelines

[Radiation Oncology Solution](#) | [Clinical Guidelines](#) | [EviCore Healthcare](#)

Located under Clinical Guidelines Resource → Click "Radiation Oncology" → type in 'WPS' as the Health Plan.

Clinical Guidelines

[Radiation Oncology Solution](#) | [Clinical Guidelines](#) | [EviCore Healthcare](#)

Located under Clinical Guidelines Resource → Click "Radiation Oncology" → type in 'WPS' as the Health Plan

How long is an authorization valid?

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

All EviCore authorizations' effective dates are determined based on the start date of 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.

Continuity of Care: If a patient is undergoing treatment before the start of the program on 2/01/2023, will the treatment need authorization?

For treatments already underway, and that are expected to either end on, or go through 2/01/2023, please contact WPS to determine if you already have an authorization on file through WPS. WPS will honor all existing authorizations submitted prior to EviCore's management effective on 2/1/23. Such authorizations do not require resubmission through EviCore. Route modifications, including extensions, to these existing authorizations through WPS. If the provider did not obtain an authorization for radiation oncology services prior to EviCore's effective date on 2/1/23 then please submit a request for authorization to EviCore for medical necessity review. Please contact your EviCore provider engagement representative if you have questions or encounter issues related to existing authorizations.

If the simulation and/or planning occurred, but the treatment begins after 2/01/2023 will it need authorization?

If an authorization is not already on file through WPS prior to 2/1/2023 then we require prior authorization if the treatment contains any dates of service that fall on or after 2/1/2023. Of note, EviCore will ask for the intended treatment start date when the provider contacts EviCore for authorization.

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

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 healthcare. 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

What is the most effective way to get authorization for urgent requests?

Authorization for urgent requests can be initiated via phone or the web portal. Please contact EviCore healthcare directly at 800-475-1954 or www.EviCore.com, indicating the request is urgent. For urgent outpatient Radiation Oncology situations, treatment may be started without preauthorization; however, the treatment must meet urgent/emergent guidelines. EviCore does not manage services performed in an inpatient setting or when a patient is under 23 hour observation; these requests will be redirected back to the Health Plan.

**How will all parties be notified if the prior authorization has been approved?
receive?**

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

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

Please contact EviCore healthcare. You can schedule a clinical discussion with an EviCore healthcare board certified radiation oncologist via the scheduling tool found on www.EviCore.com.

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

Only radiation oncologists review authorizations for Radiation Oncology 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.

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. Case status can also be checked by calling EviCore at 800-475-1954.

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

- 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

Where do I submit questions or concerns regarding this program?

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](#)
- Trouble using ECRM? Send an email to: ECRMSupport@EviCore.com

Common Items to Send to Client Services include:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- Consumer Engagement Inquiries
- Complaints and Grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

Who do I contact for online support/questions?

Web portal inquiries can be submitted via [ECRM Services](#) or call 800-646-0418 (Option 2).

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page at <https://www.EviCore.com/resources/healthplan/wps-health-insurance-and-wps-health-plan>.