



Radiation Oncology

Frequently Asked Questions

What is EviCore?

EviCore is an independent specialty medical benefits management company that provides utilization management services for the 1199SEIU Benefit Funds.

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, and when?

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.

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** – 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 [EviCore's website](#).
- **Call Center** – EviCore's call center is open from 7:00 am to 7:00 pm Eastern Standard Time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling (888) 910-1199.
- **Fax** – Providers and/or staff can fax prior authorization requests by completing the clinical worksheets found on [EviCore's website](#). Fax completed form to (866) 699 8160.

What are the benefits of using the EviCore web portal?

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

- **Speed** – Requests submitted online require half the time (or less) than those taken by phone and 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 portal users are able to see the real-time status of a request.
- **Member history** – Web portal users are able to see both existing and previous requests for a member.

**How do I check an existing prior authorization request for a member?**

The web portal provides 24/7 access to check the status of existing authorizations. To check the status of your authorization request, visit the [EviCore website](#) and sign in with your login credentials.

What information is required when requesting prior authorization?

When requesting prior authorization, please ensure the following proprietary information is readily available. EviCore recommends using the clinical worksheet when requesting prior authorization for radiation oncology services.

Member

- First and last name
- Date of birth
- Member ID

Ordering Provider

- First and last name
- National Provider Identification (NPI)
- 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

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

EviCore's [clinical worksheets](#) and [clinical guidelines](#) are available online 24/7.

What is included in a radiation oncology prior authorization request?

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

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

No. A separate prior 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.

How long is the prior authorization valid?



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

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

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

If a patient starts radiation therapy treatment at one facility and changes to another during a course of treatment, is a new prior authorization required?

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

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

Urgent requests are defined as a condition that is a risk to the patient's health or 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 the [EviCore web portal](#) or by calling (888) 910-1199. Urgent requests will be processed within 72 hours of receipt of complete clinical information.

Note: Please select "urgent" for cases that truly are clinically urgent and not simply for a "quicker" review. Any case marked "urgent" that does not meet guidelines to be considered urgent may be reassigned as a routine case.

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

Ordering and rendering providers/facilities will receive written notification by fax and urgent requests by phone. You can also validate the status using the [EviCore provider portal](#) or calling (888) 910-1199. 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.

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

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

Does EviCore review cases retrospectively if no prior authorization was obtained?

Retrospective requests must be initiated by phone or in writing within 180 calendar days following the date of service. Please have all clinical information relevant to your request available when you contact EviCore.

Where should I send claims once I provide services?

Submit all claims as you would normally; prior authorization approval is not a guarantee of payment of benefits.



Payment of benefits is subject to several factors, including, but not limited to the following: 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 if a claim is denied, refer to the denial letter for information on how to appeal.

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

The prior authorization status function on the website will provide the following information:

- Prior authorization number/case number
- Status of request
- Cancer type
- Site name and location
- Prior authorization date
- Expiration date
- Any correspondence that has been sent by EviCore to a member, provider and/or facility
- Self-scheduling peer-to-peer request tool

Where do I submit questions or concerns regarding this program?

For program-related questions or concerns, please submit inquiries via [ECRM](#)

Common issues addressed through ECRM include the following:

- Questions regarding accuracy assessment, accreditation and/or credentialing
- Requests for an authorization to be re-sent 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

Whom do I contact for online support/questions?

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

For real-time assistance, you can use the “Chat Now” feature available at www.EviCore.com

Where can I find additional educational materials?

For more information and to view reference documents, please visit the [1199SEIU Funds Implementation Resources page](#).