



## **eviCore healthcare Radiation Therapy Program Frequently Asked Questions**

### **Who is eviCore healthcare?**

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

### **Which members will eviCore healthcare manage for the outpatient Radiation Therapy services program?**

eviCore will manage services for:

- Medicare Advantage
- Insured HMO
- Insured PPO

### **What is the relationship between Aetna and eviCore healthcare?**

Beginning July 1, 2019 eviCore will manage select radiation therapy services for Aetna.

### **What procedures will require Prior authorization?**

Radiation therapy services:

- Complex
- 3D Conformal
- Stereotactic Radiosurgery (SRS)/Stereotactic Body Radiation Therapy (SBRT)
- Image Guided Radiation Therapy (IGRT)
- Brachytherapy
- Hyperthermia
- Proton Beam Therapy
- Intensity-Modulated Radiation Therapy (IMRT)
- Neutron Beam Therapy and Radiopharmaceuticals

### **How can I initiate a Prior authorization request?**

The preferred, most efficient method is to initiate a request online at [www.evicore.com](http://www.evicore.com). You may also initiate requests via phone at 888-622-7329.

Please note:

- Prior authorization requests for Aetna members need to be requested on the CareCore National portal.

### **What are the hours of operation for the prior authorization department?**

eviCore healthcare's prior authorization call center is available from 7:00 a.m. to 7:00 p.m, local time Monday through Friday and can be reached at 888-622-7329. The web portal is available 24/7.



### **What are the elements of the Radiation Therapy program?**

The main component of the Radiation Therapy Program is prior authorization for all radiation therapy services.

### **Who is administering the Radiation Therapy program, and what is the programs intent?**

eviCore healthcare will be administering the outpatient radiation therapy prior authorization program. The program's purpose is to ensure that radiation therapy services provided to members are consistent with applicable Medicare National and Local Coverage Determinations (for Medicare Advantage only), nationally recognized clinical and billing guidelines of the American College of Radiation Oncology, American Society of Radiation Oncology, other recognized medical societies, any state regulations or mandates and Aetna's Clinical Policy Bulletins (CPBs), and reflected in eviCore healthcare's Radiation Therapy Clinical Guidelines found at <https://www.evicore.com/provider/clinical-guidelines>.

### **What medical providers will be affected by this agreement?**

Prior authorization is required when the participating physician's office, hospital outpatient or freestanding facility provides the services. It is the responsibility of the performing facility to confirm that the rendering physician completed the prior authorization process for radiation therapy.

### **What information will be required to obtain a prior authorization?**

- Member or Patient's Name, Date of Birth, and health plan ID number
- Ordering Physician's name and NPI number
- Ordering Physician's Telephone and Fax number
- Radiation Therapy Facility's Name, Telephone and Fax number

You can obtain a worksheet of required information for eviCore healthcare's Radiation Therapy Program at the following link: <https://www.evicore.com/provider/online-forms>.

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

Prior authorization for urgent requests can be initiated via phone or the web portal, we will respond within 48 hours of receipt of all necessary information for commercial requests unless otherwise required by the state and 72 hours for Medicare. Please contact eviCore healthcare directly at 888-622-7329 or [www.evicore.com](http://www.evicore.com), indicating the request is urgent. For outpatient radiation therapy in urgent situations only treatment may be started without preauthorization, however the treatment must meet urgent/emergent guidelines.

### **If a patient is undergoing treatment before the start of the program on July 1, 2019 will the treatment need authorization?**

For treatments already underway, please register the patient with eviCore at least five days in advance so the claim will process appropriately. Use the web portal [www.evicore.com](http://www.evicore.com) and enter the current date when the date of service is being requested. Complete the clinical questions as needed and note the auth number if one is generated. If additional information is being requested please add "Patient is already in treatment" in the "additional notes" section. Any additional information you can provide regarding the treatment would be helpful.



**If the simulation occurred, but the treatment begins after July 1, 2019, will it need authorization?**

Yes, we require prior authorization for treatments that are scheduled on or after July 1, 2019.

**Where can I see eviCore healthcare’s radiation therapy coverage criteria?**

You can see eviCore healthcare’s clinical guidelines on radiation therapy at:  
<https://www.evicore.com/provider/clinical-guidelines>.

**Once I ask for a prior authorization, how long will it take to get a decision?**

eviCore healthcare is committed to reviewing all requests and giving case decisions within two (2) calendar days of receiving all necessary clinical information.

**Do I need a separate prior authorization number for each service code requested?**

eviCore healthcare will assign one authorization number per treatment plan with a decision for medical necessity.

**Can I get prior authorization for multiple sites of therapy, for the same patient at the same time?**

When medically necessary, you can obtain authorization for multiple sites of therapy.

**What if I don’t obtain prior authorization?**

Claims may be denied if you do not obtain prior authorization or approval.

**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](http://www.evicore.com).

**If the patient needs more treatment (such as a recurrence of disease or a change in clinical condition), do I have to call eviCore healthcare for a new prior authorization?**

Yes, the prior authorization is only valid for the treatment plan requested by the physician. If the patient needs a different treatment plan, we require a new prior authorization. If you need to change the plan during the course of treatment, contact eviCore healthcare. You can discuss the new treatment plan and ask to adjust the existing authorization.

**If the patient starts radiation therapy treatment 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 follow. Please call eviCore healthcare to discuss the facility change as a new prior authorization number may be required.



### **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, 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.

### **Can only the provider ask for authorizations?**

A representative of the physician's staff can ask for authorization. This could be someone from the clinical, front office or billing staff, acting on behalf of the ordering physician.

### **Does eviCore healthcare employ physicians other than radiation oncologists to review prior authorization requests?**

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

### **How will all parties be notified if the Prior authorization has been approved?**

Ordering and rendering providers will receive written notification via fax. You can also validate the status using the eviCore provider portal at [www.evicore.com](http://www.evicore.com) or by calling eviCore healthcare at 888-622-7329. Members will be notified in writing.

### **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:

- Prior Authorization Number/Case Number
- Status of Request
- Cancer Type
- Site Name and Location
- Prior Authorization Date
- Expiration Date

### **If a Prior authorization is not approved, what follow-up information will the ordering provider receive?**

The ordering provider will receive a denial letter that contains the reason for denial as well as Appeal rights and processes. Please note that after a denial has been issued for a Medicare member, no changes to the case decision, such as a reconsideration, can be made. Speaking with an eviCore Medical Director is for educational purposes only.

### **What is the format of the eviCore healthcare authorization number?**

An authorization number is (1) one Alpha character followed by (9) nine numeric numbers, fractions approved, number of phases, and the technique (s). For example: A123456789.



**If the office does not have web access, how can a provider verify that a study has been authorized?**

If the office does not have web access, you can call eviCore at 888-622-7329.

**What are the parameters of an appeals request?**

- eviCore will not process appeals.
- Appeal rights and process will be included in the denial letter.
- Contact the healthplan with any questions.