

# Utilization Management Program

## Quick Reference Guide

Aetna has contracted with eviCore healthcare, an independent specialty medical benefits management company, to provide prior authorization for expanded outpatient utilization management for its Medicare and commercial members.

### Authorization May Be Required

For all Radiation Therapy Procedures including:

- 2D and 3D Conformal
- Stereotactic Radiosurgery (SRS)/Stereotactic Body Radiation Therapy (SBRT)
- Brachytherapy
- Hyperthermia
- Proton Beam Therapy
- Intensity-Modulated Radiation Therapy (IMRT)
- Neutron Beam Therapy

### Authorization Not Required

- Inpatient

### Urgent Requests

When service is required due to a medically urgent condition, the rendering (treating) provider/office must call eviCore healthcare at 888-622-7329 for authorization or use the web portal. Urgent care is a request for prior authorization of medical care/treatment required to prevent serious jeopardy to the life or health of the patient or to the patient's ability to regain maximum function or to manage severe pain that cannot be adequately managed without such medical care/treatment. eviCore will make a good faith effort to render a decision within 48 hours of receipt of all necessary information for commercial requests unless otherwise required by the state and 72 hours for Medicare. In most cases a decision can be provided on the initial call.

## Authorization Requirements

To ensure the authorization process is as quick and efficient as possible, we highly recommend that the physician's office submitting requests have:

- Patient's Name and DOB
- Health Plan ID number
- Ordering Physician's Name and NPI number
- Ordering Physician's Telephone/Fax numbers
- Radiation Therapy Facility's Name and Telephone/Fax numbers

## Authorizations

An authorization number will be faxed to the ordering physician and mailed to the member. eviCore healthcare will approve the specific facility performing the service and the CPT code or codes requested. **Contact eviCore healthcare for changes to facility or service.**

It is the responsibility of the performing facility to confirm that the referring physician completed the prior authorization process. Verification may be obtained via the eviCore healthcare website or by calling 888-622-7329.

**Important!** Authorization from eviCore healthcare does not guarantee claim payment. Services must be covered by the health plan and the member must be eligible at the time services are performed. **Claims submitted for unauthorized procedures are subject to denial, and the member must be held harmless.** Please verify the member's eligibility with the health plan.

## Authorization Denials

A denial letter will be faxed to the ordering physician and mailed to the member within one working day of the decision. This communication will provide a rationale for the determination and sets forth the appeal options per current state policy if applicable. eviCore healthcare offers the ordering physician a consultation with an eviCore healthcare Medical Director at any point during the auth process. In certain instances, additional information provided during a pre-decision consultation is sufficient to satisfy medical necessity criteria.

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We offer two convenient methods to request authorizations:

### Web Portal

The eviCore healthcare Web Portal is available 24/7 at [www.evicore.com](http://www.evicore.com).

After a one-time registration, you are able to initiate a case, check status, review guidelines, view authorizations/eligibility, and more. The Web Portal remains the quickest, most efficient way to obtain information.

If you have questions or need assistance, please con-tact the Web Portal Specialist for assistance via phone at 800-646-0418 option #2 or via email at [clientservices@evicore.com](mailto:clientservices@evicore.com).

### Phone

Contact us toll-free at 888-622-7329 from 7am to 7pm local time. For faster service, you will need all pertinent clinical information before you call. Outside of normal business hours, you may call eviCore healthcare and leave a message for a return call the next business day.

eviCore healthcare's call center will be closed in observance of New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and the day after, and Christmas Day. **The web is available 24/7, 365 days a year.**

## Existing Treatments

Any services approved **before** the implementation date where treatment will also begin prior to and continue beyond this date will **not** require any further authorization through eviCore healthcare however the patient will need to be registered. Additional details on the registration process can be found in the FAQ.

## Guidelines on the Web

To access the eviCore healthcare Guidelines via the web, visit our Radiation Therapy site at the following link:

<http://www.evicore.com/solution/Pages/RadTherapy.aspx>

From there you can access important information and resources:

- Education Tools
- Program Overview
- Clinical Guidelines
- Online Forms

## Need Clinical Support?

If your case requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians and oncologists. One of eviCore healthcare's physicians can assist in a consideration of Medical Oncology options. To request a clinical discussion, call eviCore healthcare at 888-564-5492 option 4 and request a peer to peer discussion.

**This is not where claim denials reconsideration would be discussed. For claim denials, you must follow the appeal process.**

## Implementation Site

The eviCore Aetna provider resource website contains web registration and submission information, comprehensive CPT code list, FAQ documents and other important resources that are kept up-to-date for your convenience:

<https://www.evicore.com/implementation/healthplan/aetna>.