



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 Security Health Plan.

What is the relationship between Security Health Plan and eviCore healthcare?

eviCore will manage radiation therapy services that begin on or after Feb. 1, 2016 for Security Health Plan.

How can I initiate a prior authorization request?

The quickest, most efficient way to obtain prior authorization is through the 24/7 self-service web portal at www.evicore.com. Prior authorization can also be obtained via phone at 1-888-444-6185.

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

eviCore healthcare's prior authorization call center is available from 7 a.m. to 7 p.m. Eastern Standard Time, Monday through Friday. The phone number is 1-888-444-6185. The web portal is available for access 24/7.

Which members will eviCore healthcare (eviCore) manage for the outpatient radiation therapy services program?

eviCore will manage radiation therapy services for Security Health Plan product lines: BadgerCare, Commercial, Marshfield Clinic Health System, Medicare Advantage HMO-POS

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. The eviCore healthcare Radiation Therapy program authorizes a complete Episode of Care and is not based on request for individual procedures. The Episode of Care includes all services rendered beginning with the simulation and ending with delivery of the last dose of radiation treatment.

What procedures will require prior authorization?

All Radiation Therapy treatment plans for both cancerous and non-cancerous diagnoses require authorization. For example:

- Complex isodose technique (77307)
- 3D Conformal
- Intensity-Modulated Radiation Therapy (IMRT)
- Image-Guided Radiation Therapy (IGRT)
- Stereotactic Radiosurgery (SRS)
- Stereotactic Body Radiation Therapy (SBRT)

- Brachytherapy
- Radiopharmaceuticals
- Hyperthermia
- Proton Beam Therapy
- Neutron Beam Therapy

What medical providers will be affected by this agreement?

We require prior authorizations when the participating physician's office, hospital outpatient or freestanding facility provides the services.

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
- Completed physician worksheet* pertinent to patient's diagnosis

You can obtain a worksheet of required information for eviCore healthcare's Radiation Therapy Program at the following link:

<https://www.evicore.com/resources/pages/providers.aspx?solution=Radiation%20Therapy#ReferenceGuidelines>

*Please note, if updates are made to the physician worksheets, they are done on a quarterly basis (within the first month of each quarter). The questions asked on the worksheets will mirror the questions asked during the clinical review process with eviCore.

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

The most efficient way to obtain preauthorization for urgent requests is via phone, as an immediate approval can be obtained. Please contact eviCore healthcare directly at 1-888-444-6185, indicating the request is urgent. For outpatient radiation therapy in urgent situations only, treatment may be started without prior authorization; however the treatment must meet urgent/emergent guidelines.

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/resources/pages/providers.aspx?solution=Radiation%20Therapy#OnlineFormsOverview>

Once I request a prior authorization, how long will it take to get a decision?

eviCore healthcare is committed to reviewing all requests and rendering case decisions within three business days after receipt of all necessary clinical information. When radiation therapy is required in less than 48 hours due to a medically urgent condition, eviCore healthcare will render a decision

within 24 hours of receiving all necessary demographic and clinical information. *Please state that the authorization is for medically urgent care.*

Do I need a separate prior authorization number for each service code that I intend to report based on the treatment plan?

The eviCore healthcare Radiation Therapy program authorizes a complete Episode of Care and is not based on request for individual procedures. The approval for an episode of care (EOC) is inclusive of all relevant and necessary CPT codes associated with simulation, planning and treatment delivery. eviCore healthcare will assign one authorization number per treatment plan when medical necessity is met.

Furthermore, there are many codes that can be substituted out for one another dependent on the evolution of care. For example, the approved authorization may be for a 3D conformal treatment plan. Based on the evolution of the patient's care it may be necessary to deliver a less complex dose of 3D conformal radiation (77402) versus a more complex dose of 3D conformal radiation (77407). eviCore does not want to limit the provider to a specific CPT Code if the lesser complex radiation dose is more appropriate. Therefore, the provider and/or facility should bill according to the level of complexity rendered within the course of treatment and bill according the treatment plan that is followed.

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

When medically necessary, you can get a prior authorization for multiple sites of therapy.

What if I do not 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 determination on the requested authorization?

Please contact eviCore healthcare. You can schedule a peer-to-peer discussion with an eviCore healthcare board-certified radiation oncologist.

For commercial and Medicaid membership, if a reconsideration of the case is being requested via a peer to peer call or through the submission of additional clinical, that reconsideration must be requested through eviCore within 10 calendar days of the case denial.

All appeals for prior authorizations should be directed to Security Health Plan.

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 that the physician requested. If the patient needs a different or changed treatment plan, we require a new prior authorization.

If fractions or a technique needs to be added to an existing authorization, do I have to call eviCore healthcare for 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.

Do I need to notify eviCore if it is expected treatment will last past the expiration date communicated on the authorization?

If the date of service of the reported CPT code falls outside the treatment timespan indicated on the authorization fax notification letter then the CPT code may not be payable. If it is known the date of service associated with a CPT code falls outside of the treatment time span then it is recommended the provider notify eviCore as soon as possible prior to billing for those services in order to minimize/eliminate possible impact on the claims.

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. Therefore, you must ask for a new prior authorization number.

Where should I send claims once I provide services?

Send all claims as you would normally to Security Health Plan.

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 staff, front office, or billing staff, acting on behalf of the referring physician.

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

Only radiation oncologists will review radiation therapy requests should the authorization require review by an eviCore employed physician.

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

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

Referring providers will be notified of the prior authorization via fax or by phone when necessary. Providers can validate a prior authorization by using the eviCore website or by calling eviCore Customer Service. Members will be notified in writing and via phone. Written notification is provided upon request if the rendering provider contacts eviCore's customer service department.

What information is communicated to providers and members if the prior authorization has been approved or denied?

The requested treatment plan (number of phases, number of fractions, treatment technique[s]), for the patient's diagnosis, and of the requested, the approved and/or denied treatment plan will be communicated to the providers and members. Providers should bill according to the treatment plan that was rendered, and billing should align with the national billing guidelines for radiation therapy.

If a prior authorization is not approved, what follow-up information will the referring provider receive?

If a prior authorization is not approved your notification letter will include information regarding your appeals rights, if applicable. Regulatory guidelines allow for a peer-to-peer discussion for denials associated with non-Medicare products.

What is the format of the eviCore healthcare authorization number?

An authorization number is one (1) Alpha character followed by nine (9) numeric characters. 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 1-888-444-6185.

What is the list of available provider resources?

- <https://www.evicore.com/>
- <https://www.evicore.com/healthplan/shp>
- <https://www.securityhealth.org/provider-manual/shared-content/utilization-management/high-end-imaging-and-radiation-services>
- <https://www.securityhealth.org/provider-manual/shared-content/utilization-management/prior-authorization>