



RADIATION THERAPY MANAGEMENT

FREQUENTLY ASKED QUESTIONS/ANSWERS

| Question | Answer |
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| 1. Who is eviCore? | An independent company, eviCore provides utilization management services. As a specialty benefit management company, eviCore manages the quality and use of outpatient diagnostic and cardiac imaging, cardiac implantable devices, oncology drugs and therapeutic agents, as well as radiation therapy, sleep, musculoskeletal and laboratory services. |
| 2. What is the relationship between Blue Cross and Blue Shield of Alabama and eviCore? | Blue Cross and Blue Shield of Alabama has contracted with eviCore to manage professional services related to radiation treatment delivery outside of the inpatient setting. |
| 3. Are the physicians who are available for eviCore peer-to-peer discussions practicing radiation oncologists? | Yes. |
| 4. 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. |
| 5. Will eviCore share any of the information it gathers with third parties? | No. |
| 6. Are all requests reviewed by licensed, board-certified radiation oncologists? | Yes. |
| 7. Who do I contact for online support/questions regarding eviCore's web portal? | If you have questions regarding the eviCore web portal, email portal.support@evicore.com or call 1-800-646-0418 (Option 2). Additionally, there is a "Chat Now" button on the eviCore website that allows real-time web support. |
| 8. How do I determine if precertification is required for my patients? | Patient-specific precertification requirements are returned when checking eligibility and benefits through <i>ProviderAccess</i> or your practice management software. |
| 9. Can only the provider request precertification? | A representative of the physician's staff can request precertification. This could be someone from the clinical team, front office or billing staff who is acting on behalf of the ordering physician. |
| 10. What is the most efficient way to request precertification? | The most efficient way to request a precertification is through <i>ProviderAccess</i> . After checking eligibility and benefits, click the green "Go" button affiliated with the Radiation Therapy Management precertification requirement information. This will start the process to initiate the precertification request through eviCore. A telephone option is also available. Contact eviCore directly at 1-866-803-8002 Monday – Friday, 6 a.m. to 6 p.m., Central time. |



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| 11. Which radiation oncology treatments require precertification? | <p>A treatment plan in which a radiation therapy technique is intended to be used to treat the patient's diagnosis requires precertification.</p> <p>These techniques include:</p> <ul style="list-style-type: none">• 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• Radiopharmaceuticals• Hyperthermia• Proton Beam Therapy• Neutron Beam Therapy <p>See Procedural Codes for Precertification for additional information.</p> |
| 12. How will I know what clinical information is required for a precertification request? | <p>Clinical Worksheets are available to help guide you as you request an authorization. A link to these Clinical Worksheets can be found on our Radiation Therapy webpage. 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 be communicated to eviCore via fax or the document upload feature available when building the case in the portal.</p> <p>NOTE: These worksheets have been designed by practicing radiation oncologists for providers to use during the consultation. By completing the worksheet himself/herself, the treating radiation oncologist dramatically increases the likelihood that rendered services match those that are authorized/covered, which impacts reimbursement. Only print the number of Clinical Worksheets needed, as they are frequently updated.</p> |
| 13. How long will the precertification process take? | <p>Approximately 70% of all requests are authorized on first contact. If precertification is initiated online and the request meets criteria, the treatment plan will be authorized immediately. A time-stamped approval will be available for printing. The remaining requests will be reviewed within two business days of receipt of all required information in accordance with Blue Cross' guidelines. However, the majority of requests are processed the same day.</p> |
| 14. If a primary care physician refers a patient to a specialist who determines that the patient needs treatment that requires precertification, who needs to request the precertification? | <p>The radiation oncologist who develops the radiation treatment plan is responsible for precertification.</p> |



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| 15. What information is required when requesting precertification? | <p>When requesting precertification, please ensure the proprietary information is readily available as reflected below.</p> <p>Patient:</p> <ul style="list-style-type: none">• First and Last Name• Date of Birth• Member ID <p>Ordering Provider:</p> <ul style="list-style-type: none">• First and Last Name• National Provider Identification (NPI) Number• Tax Identification Number (TIN)• Phone and Fax Number <p>Rendering (Performing) Provider:</p> <ul style="list-style-type: none">• Facility Name• National Provider Identification (NPI) Number• Tax Identification Number (TIN)• Street Address <p>Clinical(s):</p> <ul style="list-style-type: none">• 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 <p>The requester will be asked to select the cancer type being treated as part of the case building 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 when building the case.</p> |
| 16. What information about the precertification will be visible within <i>ProviderAccess</i> Eligibility and Benefits when checking the status of an existing precertification request? | <p>Providers will see the following information when checking the status of a precertification request:</p> <ul style="list-style-type: none">• Precertification Number/Case Number• Site Name and Location• Status of Request• Precertification Date• Expiration Date• Procedure Name(s)• Any correspondence that has been sent by eviCore to a patient, provider and/or facility• Self-scheduling peer-to-peer request tool |



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| 17. If the patient starts radiation therapy treatment at one facility and changes to another during a course of treatment, is a new precertification required? | If the location at which radiation therapy treatment is being delivered changes during the course of treatment, then please contact eviCore. The site of treatment can be updated within the existing authorization as long as the treatment plan is not being modified. However, if a new physician group is treating the patient, a new treatment plan will likely follow, and that would require a new authorization. Please call eviCore at 1-866-803-8002 to discuss the facility change as a new prior authorization number may be required. |
| 18. What are the possible decisions that eviCore can make? | <p>If the caller or web user is prepared with responses to questions on the Clinical Worksheet, then the request can be authorized, partially authorized or not authorized. If authorized, then all requested services may be covered. If partially authorized, then some, but not all, of the requested services may be covered.</p> <p>Generally, a case is partially authorized for one of two reasons: the physician requests an appropriate treatment technique, but an excessive number of fractions (treatment sessions); the physician requests a multi-phase plan that includes one or more appropriate techniques and one or more inappropriate techniques.</p> <p>If not authorized, then none of the services may be delivered. The non-coverage letter will clearly redirect the provider to a different treatment technique that is considered a standard of care for each specific patient. See the RTM brochure to see an example of the “Check Status of Precertification for Radiation Therapy” link.</p> |
| 19. What is the format of the eviCore authorization number? | An authorization number consists of the letter “A” followed by nine numeric numbers, e.g., A123456789. |
| 20. What is included in a radiation oncology precertification authorization? | <p>A precertification will include all pertinent radiation therapy services for a patient's entire episode of care. Through eviCore, you will receive a medical necessity decision based on the treatment plus any pertinent clinical information that is communicated to eviCore.</p> <p>Precertification authorizations written notifications will communicate approved and denied services, which include treatment technique and number of fractions, e.g., 10 fractions of 3D conformal treatment. All lesions to be treated will be reviewed by eviCore 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.</p> |
| 21. How will all parties be notified if the prior authorization has been approved? | Precertification status can be verified by clicking the applicable “Go” button available through <i>ProviderAccess</i> Eligibility and Benefits. Ordering and rendering providers/facility will also receive written notification via fax and urgent requests via phone. Providers can also call eviCore at 1-866-803-8002. Patients will be notified in writing by mail and urgent requests via phone. |



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| 22. How long will an authorization be valid? | <p>Radiation therapy authorizations are valid for varying time periods, depending on the cancer type/treatment technique, and will be communicated on the authorization letter. If the services are not performed within the time frame provided, please contact eviCore healthcare. You should contact eviCore prior to billing for the services that will fall outside of the timespan of the authorization.</p> <p>All eviCore authorizations' effective dates are determined based on the start date of radiation therapy 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.</p> |
| 23. Do I need a separate precertification authorization number for each service code requested? | <p>A precertification authorization will be assigned one authorization number per treatment plan with a decision for medical necessity. Radiation therapy authorizations are built by cancer type, not by individual CPT code. Requests attempted via phone for individual CPT codes will be redirected to choose the appropriate cancer type/site of treatment, e.g., breast cancer, prostate cancer, bone metastases.</p> |
| 24. What guidelines does eviCore use to render medical necessity determinations? | <p>The program's purpose is to ensure that radiation therapy services provided to members are consistent with national guidelines. View eviCore's Radiation Therapy Clinical Guidelines for more information.</p> |
| 25. If there is a change in the approved treatment plan (such as adding IGRT or additional treatments), do I need to call eviCore healthcare? | <p>Yes, the precertification 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. 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.</p> |
| 26. If treatment is delayed because the patient is hospitalized or has an adverse reaction to treatment, can I request an extension to the authorization? | <p>Yes. Please contact eviCore at 1-866-803-8002 as soon as you determine that an extension is necessary so that the authorization can be updated.</p> |
| 27. What is the most effective way to get authorization for urgent requests? | <p>Authorization for urgent requests can be initiated via phone or through <i>ProviderAccess</i> Eligibility and Benefits. Please also contact eviCore directly at 1-866-803-8002 indicating the request is urgent. For urgent outpatient radiation therapy situations, treatment may be started without precertification; however, the treatment must meet urgent/emergent guidelines. Services performed in an inpatient setting or when a patient is under 23-hour observation are not managed by eviCore; these requests will be redirected back to Blue Cross.</p> |
| 28. If precertification is not authorized, what follow-up information will the ordering provider receive? | <p>The ordering provider will receive a denial letter that contains the reason for denial as well as appeal rights and processes. Speaking with an eviCore Medical Director is for educational purposes only.</p> |



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| 29. If a precertification is not completely authorized, what follow-up information will I receive? | The treating physician will be informed of the reason for lack of authorization as well as how to initiate a reconsideration or appeal. If a physician resubmits a precertification request for a service within the time frame allowed for an appeal that was previously not authorized, eviCore will consider this request an appeal. If the time frame to file an appeal has expired, the request will be treated as a new request for authorization. Within 14 business days after the denial has been issued, the physician may request a reconsideration with a eviCore Medical Director who will review the decision. |
| 30. Is there an appeals process if the precertification is not authorized? | Yes. Appeal rights are detailed in communications sent to all patients and physicians with each adverse determination. Physicians may also request reconsideration from eviCore within 14 days of the denial decision. |
| 31. 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 by checking the status of a precertification request on <i>ProviderAccess</i> Eligibility and Benefits. |
| 32. How do I submit a program-related question or concern? | For program-related questions or concerns, please email clientservices@evicore.com or call Provider Networks at 1-866-904-4130. |
| 33. What if a patient is moved from a hospital to an outpatient setting while following the radiation therapy treatment plan? | If a member starts a radiation therapy treatment plan while in a hospital and then moves to an outpatient facility, precertification through eviCore would be required for the radiation therapy provided in the outpatient setting. Contact eviCore to avoid claim denials. |
| 34. Are chemotherapy drugs included in the program? | No. This program only applies to radiation therapy treatment. |
| 35. I have four site locations. Which one should I enter online? | The primary site location where the treatment is performed can be updated upon finalization of the treatment plan. |
| 36. Where should I send claims once I provide services? | Submit all claims as you would normally. Precertification 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 a patient's 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. |



Blue Cross and Blue Shield of Alabama is an independent licensee of the Blue Cross and Blue Shield Association.

An independent company, eviCore provides specialty benefit management of radiology and radiation therapy services for Blue Cross and Blue Shield of Alabama members.