1199SEIU Benefit Funds

RADIATION THERAPY REVIEW PROGRAM FREQUENTLY ASKED QUESTIONS (FAQS)

We have engaged eviCore healthcare to review pre-service radiation therapy services for 1199SEIU Benefit Fund members beginning April 1, 2016. The program is designed to improve quality of care and patient safety while ensuring the provision of clinically appropriate care to 1199SEIU patients in a timely manner.

This document is a resource for providers to use to answer common questions about the program.

What are the elements of the Radiation Therapy Review Program?	The Radiation Therapy Review Program consists of prior authorization medical necessity determinations for specific radiation therapy procedures such as 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.
What is the effective date of the program?	The effective date of the Radiation Therapy Review Program is April 1, 2016.
Which radiation therapy procedures will require a prior authorization?	Refer to the list of CPT/HCPCS codes that require prior authorization. This can be found on the Benefit Funds website at **www.1199SEIUBenefits.org** under the "For Providers" tab. Be sure to check the Benefit Funds website, as the program may be modified or updated.
Which providers will be impacted by this program?	All freestanding facilities and outpatient hospital settings, as well as any physician's office that provides radiation therapy. All physicians who order radiation therapy services are required to obtain a prior authorization for services prior to the services being rendered.
What is eviCore's Web site address?	**www.eviCore.com**
How can a provider request a prior authorization?	Visit eviCore's website, **www.eviCore.com,** log into "Providers" located at the top of the web page. Registration for this website is free. The website is available 24 hours a day, 7 days a week, and it is possible to obtain immediate authorization decisions if the evidence-based criteria are met; or, call eviCore at (888) 910-1199, Option 2. *The Radiation Therapy Provider Quick Reference Guide*, a one (1) page quick reference prior authorization guide with contact information, can be found on the Benefit Funds' website at **www.1199SEIUBenefits.org** under the "For Providers" tab.
What are eviCore Healthcare's hours of operation?	eviCore's Call Center hours of operation are from 7:00 a.m. to 7:00 p.m. Monday through Friday, local time.
What information will be required to obtain a prior authorization?	Please refer to our Radiation Therapy Review Program Provider Quick Reference Guide, which is available on our website at **www.1199SEIUBenefits.org** under the "For Providers" tab. This one-page reference guide lists the information necessary to submit a prior authorization request. The required information includes: • 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 • Requested drug(s) (HCPCS 'J' code and name (brand and/or generic) • Radiation Therapy Facility's Name, Telephone and Fax Number In addition, we recommend the physician's office submitting requests reference the radiation therapy worksheets at: **https://www.evicore.com/solution/pages/radtherapy.aspx**

What happens if the referring provider's office does not know the specific test code (CPT) that needs to be ordered?	eviCore does not accept individual CPT codes during the prior authorization process. eviCore collects all of the clinical information via physician treatment plan worksheets. Instead of submitting CPT codes, please select the cancer type, for example; Breast Cancer, Prostate Cancer, Skin Cancer, etc.
What is the process that providers will follow if eviCore healthcare is not available when they need to obtain a prior authorization?	A web-based authorization initiation system is available 24 hours per day, 7 days a week.
How long will the prior authorization process take?	When a prior authorization is initiated online and the request meets criteria, the test will be approved immediately, and a time-stamped approval will be available for printing. If the non-urgent request does not meet criteria or requires additional clinical review, a determination should be made within two business days upon receipt of all necessary clinical information to process a medical necessity review.
What happens when the on-line system does not post an immediate authorization?	eviCore healthcare will review and issue an authorization if the requested test meets the established evidence based criteria. All other requests will be sent to an eviCore Medical Director for review and determination. All decisions should be made within two business days for non-urgent requests once complete clinical information is received. All determination decisions will be sent in writing to the member, referring provider and rendering provider and facility, if available.
How can providers indicate that the procedure is clinically urgent?	Urgent requests should be made by calling eviCore at (888) 910-1199. The provider must notify the eviCore Clinical Reviewer that the test is "URGENT" and demonstrate medical necessity by providing the appropriate clinical documentation. Urgent care decisions will be made when following the standard timeframe could result in seriously jeopardizing the member's life, health or ability to regain maximum function.
If a patient is undergoing treatment before the start of the program on April 1, 2016, will the treatment need authorization?	For treatments already underway, we ask that you call eviCore to obtain authorization for continuity of care.
If the simulation occurred, but the treatment begins after April 1, 2016, will it need authorization?	Yes, prior authorization is required for treatments that are scheduled on or after April 1, 2016.
What information will be available through the Provider Portal located on eviCore healthcare website?	The authorization status function on the eviCore healthcare Provider portal will provide the following information: • Prior Authorization Number/Case Number/Date • Status of Request • Cancer Type • Site Name and Location (If available) • Expiration Date
How will providers be notified of the prior authorization review decision?	Referring providers will be notified of the determination via fax. If fax is not available, the notice will be sent via USPS. Rendering providers can validate the prior authorization determination through eviCore's website at **www.eviCore.com** or by calling eviCore Customer Service at (888) 910-1199. Written notification is provided upon request if the rendering provider contacts eviCore's customer service department. Members will be notified in writing of any adverse determinations.
What is the format of the eviCore healthcare authorization number?	An authorization number is one (1) Alpha character followed by nine (9) numeric numbers. For example: A123456789
How can the eviCore healthcare criteria be viewed?	The program's clinical policy manual is available on the Benefit Funds website at **www.1199SEIUBenefits.org** under the 'For Provider' tab for you to view.
How long will the prior authorization approval be valid?	The authorization timeframe is dependent on the specific treatment plan requested and approved and can range from eight weeks to six months.

If a patient visits a provider office or facility after the prior authorization expires and requires a radiation therapy services, is a new prior authorization required?	Please contact eviCore if an authorization timeframe needs to be extended. If a new course of treatment is required eviCore may initiate a new request.
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. Prior authorization is only valid for the treatment plan that the physician previously requested. If the patient needs a different or changed treatment plan, then a new prior authorization is required. The physician must contact eviCore healthcare to 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?	Please contact eviCore for these changes. If a new physician group is treating the patient and a new treatment plan will be followed eviCore may initiate a new prior authorization request.
Is a separate authorization needed for each CPT code?	No. eviCore healthcare will assign one authorization number per treatment plan with a decision for medical necessity.
Is it possible to get prior authorization for multiple sites of therapy, for the same patient, at the same time?	Yes. When medically necessary, prior authorization for multiple sites of therapy will be approved by eviCore healthcare.
Who should request prior authorization in cases where a Primary Care Physician refers a patient to a specialist, who determines that the patient needs a radiation therapy service that requires prior authorization?	The physician who orders the radiation therapy service should request the prior authorization. In this case, it would be the specialist.
In the event of an adverse determination can the provider request a clinical review?	Yes. A peer-to-peer physician discussion can be conducted anytime during the determination and up to 14 calendar days after the determination to add additional information that may affect the outcome of the medical necessity decision. Call eviCore at (888) 910-1199.
What are the parameters of an appeals request?	eviCore manages first-level appeals. A member patient authorization form must be completed for all first-level appeals. Appeal rights are detailed in coverage determination letters sent to the providers with each adverse determination. Appeals must be made in writing unless the request involves urgent care, in which case the request may be made orally.
Where should first-level appeals be sent?	Appeals must be submitted by mail, fax or email to: **Mail:** eviCore healthcare Attn: Clinical Appeal Dept. 400 Buckwalter Place Blvd. Bluffton, SC 29910 **Fax:** (844) 545-9214 **Toll Free Phone:** (866) 221-8787, Option 2 *for appeals process questions*
Is a prior authorization determination a guarantee of payment?	No. As a member's eligibility can change, this is only a medical necessity determination. Medical necessity determinations are provided based on the patient eligibility data as it appears in the Benefit Funds' eligibility system when the request is made, and is not a guarantee of payment.
Is provider education and training available?	Yes. Check the Benefit Funds website for updates and announcements including educational webinars on submitting prior authorization requests at **www.1199SEIUBenefits.org** under the "For Providers" tab. Additional tools and resources can be found on eviCore's website at **www.eviCore.com.**
What is eviCore's contingency plan in the event of a power outage?	eviCore healthcare has multiple customer service centers in varying geographical locations which allows eviCore to continue providing support even if one location experiences a power outage. For example, if calls directed to one location were to suffer a power outage, the calls would automatically be routed to another service center so that the service would be seamless to the caller.