



eviti Training FAQ

eviti Codes

Do the eviti codes go on the claims?

No, providers will not be required or expected to enter the eviti code on the claims in order to be processed or paid. eviti will share the data with Sanford Health Plan. Once the claims are received the system will run a check for any matching eviti code(s) in place.

Can administering /servicing facilities check to see if an eviti code has been obtained and verify which services have been pre-authorized?

Administering facilities are encouraged to contact Sanford Health Plan if there is uncertainty about whether or not pre-authorization has been completed.

Our facility does not do chemotherapy but we do provider supportive therapy to patients with oncology treatment plans. Would we need to submit the supportive therapy portion in eviti?

The same code and prior authorization number can be used by both the prescribing and rendering provider. Only the chemotherapy medication(s) need the prior authorization; the supportive agents do not.

Treatment Plans

What is the timeframe for responses from eviti once the treatment plan has been entered?

A code may be provided within minutes. The process is created to be entered and receive a response in real time.

What is the time frame for responses for treatment plans that need to be reviewed?

If the prior authorization only needs to be reviewed by eviti, their policy is to respond within 72 business hours. If the prior authorization needs to be sent to Sanford Health Plan for review, we will respond within 14 business days.

Does the call (for questions about the treatment plan) go to the physicians or to the one who entered the treatment plan?

The call would go to the individual who entered the treatment plan.

eviti has many options to research treatment plans, including the option to speak with your peers. With the Peer to Peer option—Can eviti do the call without the physician present? Will a nurse or PA suffice?

It is preferred to speak with the doctor, but there should be no problem with having a qualified individual stand in on behalf of the doctor to receive or answer questions.

Is there a view only mode for certain types of users?

Currently eviti has only one type of account or mode for users.

Has a process or work around been set up for members whose care facilities refuse to use eviti?

All providers are required to utilize eviti to obtain prior authorization for chemotherapy and radiation for Sanford Health Plan members. If they refuse to use eviti, we have set it up that the claims will deny as provider responsibility. These services cannot be billed to the patient/member. Out of network providers will be held to the same standards as in network providers.

Will there be an option for members to get a prior authorization for oncology and radiation services if they're at an out of network facility that refuses to gain prior authorization on their behalf? If so, should this be communicated to members?

No. Members will not know which drugs or radiation treatment that can be administered. Both Out of Network and In Network providers are required to gain prior authorization through eviti for oncology and radiation.

Will we allow retro authorization for cases where members transfer between facilities for diagnosis and treatments? (ex. Mayo to Sanford)

Should not matter—we require a referral to go to Mayo prior to going to Mayo. But if for some unforeseen circumstance, retro authorization is needed, we will allow this to occur, and will pay claims for any approved treatment plan prospectively and retrospectively.

Will male breast cancer be included in the treatment plans available on eviti?

Yes.

Do supportive drugs need to be pre-authorized?

No, supportive drugs do not require pre-authorization through eviti. Examples of supportive drugs include: antiemetic, pretreatment medications (steroids/acetaminophen/antihistamines), colony stimulating factors and erythropoietin.

Are there more specifics on what would need to go thru eviti?

All treatment plans involving chemotherapy and/or radiation therapy.

How does Sanford Health Plan match what was submitted in eviti to what was received on the claim?

Information received through the eviti portal will be matched against the claims received from the providers.

Should DME (EX. pump used to administer chemotherapy) be processed for prior authorization through eviti?

No, we did not program DME products into eviti because they can be used for different indications. The programming will focus on what is IN the pump when used for chemotherapy, not the pump itself.

Do oncology treatments include hemophilia medications?

Hemophilia clotting factor is not considered an oncology indication, so these products would not require eviti authorization.

Would outpatient oral oncolytic medications filled in the retail pharmacies would be included?

Yes they would, any oncology treatment in the form of chemotherapy or radiation oncology will require eviti authorization.

Billing, Payment, & Responsibility

Whose liability is a claim denial for lack of eviti approval, patient or billing provider?

The billing provider will be responsible for the claim denial.



Sanford Health Plan is the secondary Payor for this member; do I still need to get a prior authorization through eviti?

No. Authorization is not needed for secondary insurance, unless it is a service NOT covered by the primary insurance.

Are oral chemotherapies required to go through eviti as well?

Yes. Eviti reviews are for any chemotherapy and radiation oncology treatment. Regardless of how or where chemotherapy is administered, it requires eviti authorization including for any prescriptions.

Will the servicing provider be paid if the ordering provider never obtained an eviti approval?

No. The claim will deny as provider responsibility. Servicing providers have a responsibility to confirm benefit and coverage prior to administration of service.

Do the radiation providers have to submit the plan as opposed to the medical oncologist?

For combined therapies (both radiation and oncology services) it would be the community oncologist that has to enter the treatment plan—and that is who we reach out to. The eviti code 'follows' the patient rather than the doctor or facility. If claims in to Sanford Health Plan come in that have CPT codes that match an eviti prior authorized treatment plan on file, then the services are considered prior-authorized.

Do you imply that cost not covered by the health plan is subtracted from physician salary?

This would be a policy determined by Sanford Health, not by Sanford Health Plan or eviti. You will need to speak to your management/director about your policy for denied claims due to lack of prior authorization. Sanford Health Plan will be denying any oncology and radiation treatments/Claims submitted without having obtained a prior authorization through eviti and they will be denied as Provider Responsibility, not Member/Patient responsibility.

Is CPT code 77014 (computed tomography guidance for placement of radiation therapy fields) a billable and covered service?

Beginning with dates of service July 1st, 2018 and after, Sanford Health Plan will not authorize or cover services billed with CPT code 77014. The appropriate code, which was created in 2015 to use and request authorization for image guidance is CPT code 77387 (guide for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed).

What would Sanford Health Plan expect with the image-guided radiation therapy (IGRT) G-codes or CPT code 77387?

Sanford Health Plan would expect the 77387 with—26 modifier (this is global for the PC/TC). 77387-TC should not be reported with IMRT delivery codes 77385 and 77386. Subsequent visits for the technical component (TC) are to be reported with 77385 or 77386.

Denials

If the provider did not obtain an approved eviti code, how would the claim be processed?

These claims will be denied as provider responsibility. Providers will receive one of two denial codes on any Explanation of Payments or Remittance Advice. Deny code:

- EVREF-EVITI REFERRAL REQUIRED. Provider responsibility.
- EVDNY – EVITI TREATMENT PLAN DENIED RA Coding: C039. Provider responsibility

What will happen if the approved eviti treatment plan is not followed, if a procedure code is submitted that is not listed on the eviti authorization?

These claims will be denied as provider responsibility. Deny code:

- EVTRT - Deny - eviti treatment plan not followed

Retro Authorization

Are retro authorizations accepted with eviti?

Yes, eviti will accept retro authorizations for services provided after December 1st. These exceptions will need to be reviewed by Sanford Health Plan on a case by case scenario.

Clinical Trials

Reminder: Sanford Health Plan has a benefit exclusion that does not allow coverage for the experimental portions of services performed in a clinical trial. Only standard and routine services are covered. The authorization of treatment plans by eviti does not change this benefit exclusion. If you have specific questions regarding the benefit coverage for clinical trials, please contact our Utilization Management Department.

If you have a trial regimen that is chemotherapy plus radiation would you still use the same eviti code?

Combination treatment plans are available on both sides of the platform. Usually combination treatment plans are administered by two different providers. If a treatment plan is selected that indicates it will be intended as a combination of chemo and radiation, you will obtain specific, different eviti prior authorization numbers. The medical oncologist would be responsible for the chemotherapy and the radiologist would be responsible for entering the radiation treatment.

How do research clinical trials get entered into the system?

Eviti compiles the library for the treatment plans and clinical trials on the backend by researching many different platforms, including medical libraries, results from trials, and medical journals, before making updates to the library. Eviti monitors the FDA and regularly update the library. Once the FDA gives the approval for new drugs, eviti attempts to have the drugs ready to select in a treatment plan as quickly as possible. To select a Clinical Trial as a treatment plan- you will need to search by Trial ID or Trial name.

If the clinical trial is providing the chemotherapy drugs, do we still need to obtain authorization through eviti?

Yes, Clinical Trials for oncology and radiation do require an Eviti prior authorization in order to be submitted to Sanford Health Plan. You must submit the entire treatment regimen including the portions supplied by the clinical trial. Evidence-based clinical trial treatment plans are always available to review and/or submit within the eviti platform.

Patient Concerns

Will this process interrupt the care for patients?

The workflow developed is intended to not have eviti disrupt patient care. A majority of treatment plans should be approved instantly after entry and any treatment plans requiring additional review will be done as quickly as possible, with a goal of responding within 24-hours.

Other

What is considered evidence-based treatment plans?

The eviti team has a team whose sole job is to aggregate the clinical recommendations and literature in the oncology community into a single library. They have every type of known cancer in this library. They have gone out to the separate sources (linked in the library for you to read) to add into this library for provider research.

Will inpatient stays for more intense rounds of treatment, like chemotherapy need a separate inpatient prior authorization through Sanford Health Plan?

Yes, all inpatient stays will require a separate inpatient authorization.

Will there be co-pay assistance through eviti?

No, Eviti is an evidenced based review of the appropriateness of therapy. It is not involved in claims processing.

