

September 24, 2021

Raj Singla, MD
Chief Operating Officer, Radiation Therapy
eviCore Healthcare
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Bluffton, SC 29910
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RE: eviCore Peer Review Concerns

Dear Dr. Singla:

The American Society for Radiation Oncology (ASTRO)¹ appreciates the continued dialogue with eviCore regarding prior authorization for radiation therapy services. We have recently received an increasing number of complaints regarding radiation therapy peer-to-peer reviews. ASTRO members report difficulty scheduling peer review appointments, engaging with peer reviewers who are not radiation oncologists, among other issues. When the process affords the physician the opportunity to speak with another clinician in a timely manner, peer-to-peer reviews help ensure that a patient is getting the correct treatment plan for their diagnosis and stage of disease. We appreciate the need to curb services that are not medically necessary, but we are concerned that peer-to-peer review obstacles are delaying care for cancer patients.

Recently, a practice requested prior authorization for Intensity Modulated Therapy (IMRT) and was informed eight days later that the request was pending medical review. The practice was not advised to take any additional action until five days later when eviCore asked the practice to schedule a peer-to-peer review. However, when the practice called to schedule the peer-to-peer review, no peer reviewers were available within the required review window. To avoid having the case automatically denied, eviCore staff advised the practice to close the prior authorization request and begin the entire process again, a full 13 days (almost two weeks) after the initial prior authorization request was made.

Radiation oncologists also report that there is frequently confusion regarding the differing requirements of health plans contracted with eviCore for radiation therapy services. Representatives from the contracted health plan often provide incorrect information regarding authorization requirements, or even state that authorization is not required. The claims are later denied by eviCore because authorization was not obtained, requiring the physician to begin the process all over again, causing treatment delays, with many practices reporting delays of two weeks.

In an August 26 email, eviCore advised physicians to utilize its web portal to save time when scheduling peer-to-peer reviews. The email promises that one can avoid long waits on the phone and, “schedule the discussion at a time that is most convenient for you.” **ASTRO hopes this is a sign of reform of eviCore’s peer-to-peer review process that places the onus on eviCore to meet the needs of the**

¹ *ASTRO members are medical professionals, who practice at hospitals and cancer treatment centers in the United States and around the globe and make up the radiation therapy treatment teams that are critical in the fight against cancer. These teams often include radiation oncologists, medical physicists, medical dosimetrists, radiation therapists, oncology nurses, nutritionists and social workers, and treat more than one million cancer patients each year. We believe this multi-disciplinary membership makes us uniquely qualified to provide input on the inherently complex issues related to Medicare payment policy and coding for radiation oncology services.*

patient populations served by its contracted health plans and physicians. We urge eviCore to further modify its existing peer review processes in the following ways:

- **Allow practices to schedule peer-to-peer reviews at a time that is agreeable to both the physician and eviCore staff within business hours in the physician's local time zone.**
- **Ensure that peer-to-peer review discussions can be scheduled within three business days of the initial authorization denial.**
- **Determine an authorization decision at the end of the peer-to-peer discussion to allow patients to begin the approved regimen near-immediately.**
- **Commit to ensuring that all peer review staff have expertise in radiation oncology and are knowledgeable of current, evidence-based clinical guidelines and treatments.**
- **Streamline the authorization requirements across contracted health plans to avoid delays caused by confusion and misinformation.**
- **Enable peer review staff to base decisions on individual patients' clinical information and take ownership of their peer review decisions.**

The recommendations above align with the June 2021 policy adopted by the AMA House of Delegates². We look forward to continuing to discuss how to reform the prior authorization process to reduce administrative burden and its negative impact on radiation oncology practices and patients.

We appreciate your consideration of our comments. Should you have any questions or wish to discuss our recommendations further, please contact Jessica Adams, Senior Health Policy Analyst (703) 839-7396 or via email at Jessica.adams@astro.org.

Sincerely,



Laura I. Thevenot
Chief Executive Officer

Enclosed: August 26, 2021 email, "Reminder: Online Peer-to-Peer Scheduling Tool Available on Web Portal"

² <https://www.ama-assn.org/practice-management/sustainability/how-make-peer-peer-prior-authorization-talks-more-effective>.