Radiology

Frequently Asked Questions

Who is eviCore healthcare?

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for AvMed.

Which members will eviCore healthcare manage for the Radiology program?

eviCore will manage prior authorization for AvMed members who are enrolled in the following programs:

- Commercial
- Medicare

What is eviCore healthcare's Radiology program?

eviCore's Radiology program consists of prior authorization medical necessity determinations for advanced radiological services.

Our solution is designed around each client's individual needs. This is accomplished by utilizing our unique clinical expertise with a staff of 300+ medical directors covering 51 different specialties and 800 licensed nurses with advanced training in various specialties. Additionally, we employ industry-leading clinical guidelines, including pediatric-specific imaging guidelines that incorporate all applicable criteria from medical specialty societies.

Which Radiology services require prior authorization for AvMed?

Go to https://www.evicore.com/resources/healthplan/AvMed. Find the Health Plan > Select solution resources > Select the correct solution > Select CPT Codes.

Radiology
- Radiology MR & CT
- Cardiology MR & CT
- Nuclear Medicine (non-cardiac)
- Nuclear Cardiology (SPECT & PET)
- Radiology Nuclear Medicine
- Radiology PET
- Radiology 3D Imaging

Who needs to request prior authorization through eviCore?

All physicians who request/order radiology services are required to obtain a prior authorization for services prior to the service being rendered in an office or outpatient setting.

How do I request a prior authorization through eviCore healthcare?

Providers and/or staff can request prior authorization in one of the following ways:

Web Portal
The eviCore portal is the quickest, most efficient way to request prior authorization and is available 24/7. Providers can request authorization by visiting www.evicore.com

Call Center

eviCore's call center is open from 7 a.m. to 7 p.m. local time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling 800.792.8790.

Fax

Providers and/or staff can fax prior authorization requests by completing the clinical worksheets found on eviCore's website at www.evicore.com/provider/online-forms and faxing to 800.540.2406.

Do Radiology services performed in an inpatient setting at a hospital or emergency room setting require prior authorization?

No. Radiology studies performed in an emergency room, while in an observation unit, or during an inpatient stay do not require prior authorization.

How do I check an existing prior authorization request for a member?

Our web portal provides 24/7 access to check the status of existing authorizations. To check the status of your authorization request, please visit www.evicore.com and sign in with your login credentials.

What information is required when requesting prior authorization?

When requesting prior authorization, please ensure the proprietary information is readily available:

Member
- First and Last Name
- Date of Birth
- Member ID

Ordering Provider
- First and Last Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Number

Rendering (Performing) Provider
- Facility Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Street Address

Clinical
- Requested Procedure Code (CPT Code)
- Signs and symptoms
- Imaging/X-ray reports
- Results of relevant test(s)
- Working diagnosis
- Patient history, including previous therapy

Note: eviCore suggests utilizing the clinical worksheets when requesting authorization for Radiology services.

How long is the authorization valid?

Authorizations are valid for 60 calendar days. If the service is not performed within 60 calendar days from the issuance of the authorization, please contact eviCore healthcare.

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

Urgent requests are defined as a condition that is a risk to the patient's health, ability to regain maximum function and/or the patient is experiencing severe pain that require a medically urgent procedure. Urgent requests may be initiated on our web portal at evicore.com or by contacting our contact center at 800.792.8790. Urgent requests will be processed within 72 hours of receipt of request.

Note: Please select urgent for those cases that truly are urgent and not simply for a "quicker" review. Also note that if a request is selected as urgent but does not meet guidelines to be considered urgent, the case may be reassigned as a routine case.

How do I check the eligibility and benefits of a member?

Before requesting prior authorization through eviCore, member eligibility and benefits should be verified on https://myhub.avmed.org/en/provider.

Where can I access eviCore healthcare's clinical worksheets and guidelines?

eviCore's clinical worksheets and guidelines are available online 24/7 and can be found by visiting one of the following links:

Clinical Worksheets
www.evicore.com/provider/online-forms

Clinical Guidelines
www.evicore.com/provider/clinical-guidelines

After I submit my request when and how will I receive the determination?

After all clinical info is received, for normal (non-urgent) requests a decision is made within 2 business days of receipt of information. For urgent requests, a decision is made within 72 hours of receipt of request. The provider will be notified by fax.

What are my options if I receive and adverse determination?

The referring and rendering provider will receive a denial letter that contains the reason for denial as well as reconsideration and appeal rights process.

Note: The referring provider may request a Clinical Consultation determination with an eviCore Medical Director within 14 calendar days of the determination.

Does eviCore review cases retrospectively if no authorization was obtained?

Retrospective requests must be initiated within 5 calendar days following the date of service. Please have all clinical information relevant to your request available when you contact eviCore healthcare.

How do I make a revision to an authorization that has been performed? How do I make a revision to authorization that has not been performed?

The requesting provider or member should contact eviCore with any change to the authorization, whether the procedure has already been performed or not. It is very important to update eviCore healthcare of any changes to the authorization in order for claims to be correctly processed for the facility that receives the member.

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
- Site Name and Location
- Prior Authorization Date
- Expiration Date

Where do I submit my claims?

All claims will continue to be filed directly to AvMed.

Where do I submit questions or concerns regarding this program?

For program related questions or concerns, please email: clientservices@evicore.com

Common Items to Send to Client Services:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- Consumer Engagement Inquiries
- Complaints and Grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

Who do I contact for online support/questions?

Web portal inquiries can be emailed to portal.support@evicore.com or call 800.646.0418 (Option 2).

What are the benefits of using eviCore healthcare's Web Portal?

Our web portal provides 24/7 access to submit or check on the status of your request. The portal also offers additional benefits for your convenience:
- **Speed** – Requests submitted online require half the time (or less) than those taken telephonically. They can often be processed immediately.
- **Efficiency** – Medical documentation can be attached to the case upon initial submission, reducing follow-up calls and consultation.
- **Real-Time Access** – Web users are able to see real-time status of a request.
- **Member History** – Web users are able to see both existing and previous requests for a member

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Where can I find additional educational materials?

- For more information and reference documents, please visit our resource page at https://www.evicore.com/resources/healthplan/AvMed.