

Clinical Consultation Guide

eviCore and provider Clinical Consultations are structured to allow formal case detail discussions between medical teams to ensure open communication regarding medical necessity determinations.

To Schedule a Clinical Consultation:

Please call our authorization center at 844-224-0494; select 1, 8, 1, and 2 then choose option 5.

Upon notification by eviCore of 'Unable to Approve' status, you may utilize one of the following options within 1 day business day of notification:

1. Submit additional clinical information that supports medical necessity
2. Schedule a clinical consultation

If one of these options is not utilized by the requesting hospital within 1 business day, the unable to approve determination is final, the case will be closed and an appeal must be filed to submit additional clinical details.

Note: The clinical consultation must occur within 2 business days or a denial letter will be issued. Please contact eviCore for assistance if there are extenuating circumstances.

Helpful information to have on hand:

- eviCore Case Ref # (if available)
- Member name, DOB & BCBSMN ID#
- Rendering practitioner's availability and direct contact information

What to Expect:

Calls will be answered by an eviCore representative who will coordinate scheduling of the clinical consultation based on the availability of both parties.

The hospital's rendering practitioner will be contacted directly by one of eviCore's Medical Directors to conduct the clinical consultation.

If the clinical consultation results in a recommendation of approval, eviCore will make a verbal outreach to the requesting hospital contact person and issue a written notification.

If the clinical consultation does not result in a reversal of the denial determination, eviCore will make a verbal outreach to the requesting hospital contact person and issue a denial letter. The physician reviewer may suggest an alternate level of care and inform the rendering practitioner of the member's right to appeal. An eviCore representative will communicate the steps for appeal, in the event the member chooses to appeal.

In the event that a voice mail is reached when calling the hospital's rendering practitioner, eviCore's Medical Director will leave call-back details. Then the hospital contact person who scheduled the consultation will be notified with next steps to either reschedule, accept alternate recommendation (if offered) or case closure.

Appeal Quick Summary:

eviCore offers timely clinical consultations to reduce the occurrence of appeals. PAC determinations are based on member medical necessity and Medicare guidelines. The process for submitting an appeal is detailed on all denial letters. All appeals must be submitted in writing via PAC appeals fax number 855-826-5338. To check status of an appeal please call 844-224-0494, select options 1, 8, 1, 2 then choose 6 for appeal inquiries.

TIPS – Potential Time Savers:

If you received notification from eviCore requesting additional clinical, i.e. PT/OT progress notes, please ensure that you have submitted the supporting clinical information needed to determine medical necessity.

Note: Our Medical Director can review additional clinical information without a Clinical Consultation.

If an alternate level of care is recommended, eviCore advises acceptance of the alternate level of care. The approval will remain valid for 7 days, allowing time to complete alternate discharge planning. The alternate level of care request may be withdrawn if the decision to deny is overturned by BCBSMN on appeal. In the event that an appeal is filed and upheld by BCBSMN, obtaining the alternate level of care authorization will reduce potential discharge delays. Best practice is to consider alternate levels of care for those members that may be borderline for meeting medical necessity on the initial service type requested.

Hours of Operation:

PAC Call Center

Monday through Friday: 7am – 6pm CST
Saturday: 8am – 4pm CST
Sundays and Holidays: 8am – 1pm CST
24 HOUR on-call coverage for urgent needs

Appeals Department

Monday through Friday: 7am – 4pm CST
Saturday and Sunday: 9am – 3pm CST

Authorization from eviCore healthcare does not guarantee claim payment. Services must be covered by the health plan and the member must be eligible at the time services are rendered. Claims submitted for services may be subject to benefit denial. Please verify the member's benefits and eligibility with the health plan. Regardless of the benefit determination, the final decision regarding any health care services or treatment is between the member and their health care provider.