## Radiology and Cardiology
Frequently Asked Questions

### Who is eviCore healthcare?

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for Cigna + OSCAR

### Which members will eviCore manage for the Radiology and Cardiology program?

eviCore will manage prior authorization for Cigna + OSCAR members who are enrolled in Commercial plans in the following states/cities.

- **Atlanta Counties** – Bartow, Butts, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Jasper, Lamar, Newton Paulding, Pike, Spalding, and Walton.

- **Tennessee Counties** – All counties across the state.

### What is the relationship between eviCore and Cigna + OSCAR?

Beginning on 9/21/2020, eviCore will manage prior authorization for Radiology/Cardiology services for dates of service 10/1/2020 and beyond, and will apply to the following programs:

- Outpatient Elective Radiology
- Cardiology
- Musculoskeletal
- Interventional Pain Management
- Radiation Therapy
- Medical Oncology
- Spine Surgery
- Joint Surgery
- Laboratory Management.

### Who needs to request prior authorization through eviCore?

All physicians who request/order radiology and cardiology 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 check the eligibility and benefits of a member?

Member eligibility and benefits should be verified on www.hioscar.com/providers before requesting prior authorization through eviCore.

### How do I request a prior authorization through eviCore?

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 855-252-1118.

**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

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

No. Radiology and Cardiology 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 following 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(s)**

- 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 and Cardiology services.

## How long is the authorization valid?

Authorizations are valid for 45 calendar days. If the service is not performed within 45 calendar days from the issuance of the authorization, please contact eviCore.

## 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 or ability to regain maximum function, and/or the patient is experiencing severe pain that requires a medically urgent procedure. Urgent requests can be initiated on our web portal at evicore.com or by contacting our contact center at 855-252-1118. Urgent requests will be processed within 24 hours from the receipt of complete clinical information.

**Note:** Please select **urgent** only 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.

## 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 information is received, for normal (non-urgent) requests, a decision is made within 2-3 business days. For **urgent** requests, a decision is made within 24 hours (Medicare/Medicaid) and 72 hours (Commercial). The provider will be notified by fax.

## What are my options if I receive an adverse determination?

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

**Note:** The referring provider may request a Clinical Consultation within two (2) business days with an eviCore medical director to review the decision.

## Does eviCore review cases retrospectively if no authorization was obtained?

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

## How do I make a revision to an authorization that has been performed? How do I make a revision to an 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 with any changes to the authorization so that claims can 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?

Submit all claims as you would normally; prior authorization approval is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations or exclusions listed in your Certificate of Benefits booklet and/or Summary of Benefits.

## Where do I submit questions or concerns regarding this program?

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

Questions or concerns commonly submitted 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'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 the need for follow-up calls and consultation.
- **Real-Time Access** – Web users are able to view real-time status of a request.
- **Member History** – Web users are able to view 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/cigna-plus-oscar