Radiology and Cardiology

Frequently Asked Questions

Effective 10/1/2022, Excellus BCBS has elected to expand the Cardiology services requiring prior authorization through eviCore healthcare with the addition of Echocardiography.

Who is eviCore healthcare?

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

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

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

- **Medicare**
- **Medicaid**
- **Commercial**

What is eviCore healthcare's Radiology and Cardiology program?

eviCore's Radiology and Cardiology Program consists of Prior Authorization Medical Necessity Determinations for advanced radiological and cardiology 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 and Cardiology services require prior authorization for Excellus BCBS? Go to https://www.evicore.com/resources Find the Health Plan > Select solution resources> Select the correct solution> Select CPT Codes.

Radiology

- CT, CTA (Computed Tomography, Computed Tomography Angiography)
- MRI, MRA (Magnetic Resonance Imaging, Magnetic Resonance Angiography)
- PET (Positron Emission Tomography)

Cardiology

- Cardiac MR
- Cardiac CT
- Cardiac PET
- Nuclear Stress (Myocardial Perfusion Imaging)
- CRID (Cardiac Rhythm Implantable Devices)

Effective 10/1/2022, the following services will be added to the Cardiology program for prior authorization requirement.

- Echocardiography

Pediatric echo requests for ages 18 and younger will be excluded from prior authorization requirement.

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 request a prior authorization through eviCore healthcare?

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

Web Portal
The web portal is the quickest, most efficient way to request prior authorization and is available 24/7.By using the web portal, you have real-time access to patient authorization and eligibility information as well ability to submit requests. The web portal can be accessed online at www.excellusBCBS.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 1-866-889-8056.

Fax
If electing to submit prior authorization requests via fax, the appropriate eviCore clinical worksheet should be completed in its entirety and submitted to 1-888-785-2487.

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, 23 hour observation or during an inpatient stay do not require prior authorization.

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

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 prior authorization.

How long is the authorization valid?

Authorizations are valid for 90 calendar days.

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

Yes. When service is required due to medically urgent condition, the provider or office may utilize the portal or call eviCore healthcare (eviCore) at 1-866-889-8056 for authorization. Urgent care is a request for prior authorization of medical care or treatment required to prevent serious jeopardy to the life or health of the patient or to the patient's ability to regain maximum function or to manage severe pain that cannot be adequately managed without such medical care or treatment. If utilizing the portal to submit an urgent request, providers must upload all supporting clinical documentation during case initiation. In most cases where requisite information is provided, a decision is rendered and communicated within one business day. Please indicate that the authorization request is for medically urgent care.

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

Member eligibility and benefits should be verified on www.excellusBCBS.com, before requesting prior authorization through eviCore.

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

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.

Medicaid: Two (2) Recons allowed when requested written then Peer to Peer conversation. One (1) Recon allowed if Peer to Peer conversation is requested first.
Medicare: No recons allowed, Clinical Conversation is allowed, but determination can't be changed.
Commercial: Two (2) Recons allowed when requested written then Peer to Peer conversation. One (1) Recon allowed if Peer to Peer conversation is requested first.

Does eviCore review cases retrospectively if no authorization was obtained?

Retrospective requests must be initiated by phone within 2 business days following the date of service. Please have all clinical information relevant to your request available when you contact eviCore healthcare.

Where do I submit my claims?

All claims will continue to be filed directly to Excellus BCBS.

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:

- Requests for an authorization to be resent to the health plan
- Consumer Engagement Inquiries
- Issues experienced during case creation
- Reports of system issues

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/excellus-bcbs

Can a prior authorization request include approval for more than one CPT Code?

Yes, a request for an authorization with multiple CPT Codes must be for one member at one location and for one date of service.

How do I request a prior authorization for multiple CPT Codes?

The request process is the same, begin with building a request with the primary CPT Code. The clinical pathway will ask if additional CPT Codes are needed and will give the opportunity to enter up to 10 CPT Codes per request. Each CPT Code would need to be entered individually.

Can the individual CPT Codes within a multiple CPT Code approval be changed?

Yes, each of the individual CPT Codes can be changed by accessing the Authorization Look Up feature, located within the eviCore web registration. An option will be available, next to the individually posted CPT Codes approved with the prior authorization.

What is the timeframe for requesting a CPT Code change?

CPT Code changes are allowed within the valid timeframe of an authorization, prior to claim submission.