Radiology/Imaging Services
Frequently Asked Questions

Who is eviCore healthcare?

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for the NTCA sponsored Group Health Program (NTCA).

Which participants will eviCore healthcare manage for the radiology program?

eviCore will manage prior authorization for the NTCA Group Health Program participants.

Note: eviCore will not manage prior authorizations for Medicare Primary PPO plan and Medicare Primary Indemnity plan or for any other commercial plan that is not primary with the NTCA Group Health Program.

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 NTCA?

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

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

Cardiac Imaging
- Cardiac MR
- Cardiac CT
- Cardiac PET

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 866-581-5253.

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 services performed in a hospital emergency room, or urgent care setting require prior authorization?

No. Radiology studies performed in an urgent care, or emergency room setting do not require prior authorization.

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

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:
Participant
- 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 services.

How long is the authorization valid?

Authorizations are valid for 90 calendar days. If the service is not performed within 90 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 866-581-5253. Urgent requests will be processed within 72 hours from the receipt of complete clinical information.

Note: Please only 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 participant?

Participant eligibility and benefits should be verified on https://uhss.umr.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

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 - 15 business days. For urgent requests, a decision is made within 72 hours (commercial). The provider will be notified by fax or mail.

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 reconsideration and appeal rights processes. Adverse determination letters will be sent from the NTCA Group Health Program to participants.

Note: The referring provider may request a Clinical Consultation any time upon request with an eviCore Medical Director to review the decision. The reconsideration time to file is within 14 calendar days of the denial date.

Does eviCore review cases retrospectively if no authorization was obtained?

Retrospective requests must be initiated by phone within 365 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 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.

Where do I submit my claims?

All claims will continue to be filed directly to UHSS, PO Box 30783, Salt Lake City, UT 84130-0783 or EDI#39026

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
- Complaints and Grievances
- Eligibility issues (member, 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

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 can I find additional educational materials?

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