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## Frequently Asked Questions

### Who is eviCore healthcare?

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

### Which members are managed by eviCore healthcare for the UM program?

Authorization is currently required for Oscar commercial Insurance members enrolled in markets within Arizona, Colorado, Florida, Georgia, Kansas, Missouri, New York, New Jersey, Ohio, Pennsylvania, Tennessee, Texas, and Virginia. The UM program will be expanding into new markets within North Carolina, Iowa, and Oklahoma.

### What is the relationship between eviCore and Oscar?

In addition to existing markets, beginning on **12/15/2020**, eviCore will manage services for Oscar Commercial Health plans in new markets within existing states (FL, PA, CO, AZ, OH), and in three new states (NC, IA, OK) for dates of service **1/1/2021** and beyond.

- Lab Management
- Medical Oncology
- Radiation Oncology
- Radiology
- Cardiology
- Sleep
- Spine Surgery
- Joint Surgery
- Interventional Pain
- Chiropractic

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

Member eligibility and benefits should be verified on [www.evicore.com](http://www.evicore.com) before requesting prior authorization through eviCore.

### 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](http://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**.

### 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

#### Rendering (Performing) Provider

- 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 suggest utilizing the clinical worksheets when requesting authorization for services

### 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 [www.evicore.com](http://www.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.

### 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](http://www.evicore.com/provider/online-forms)

**Clinical Guidelines** [www.evicore.com/provider/clinical-guidelines](http://www.evicore.com/provider/clinical-guidelines)

### When will I receive the authorization number once the prior authorization request has been approved?

Once the prior authorization request has been approved, the authorization information will be provided to the ordering and rendering provider via fax. The member will receive an approval letter by mail.

### If denied, what follow-up information will the referring provider receive?

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 within two (2) business days with an eviCore Medical Director to review the decision.

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

It depends on the program.

- **Lab** - No, retrospective requests are not allowed.
- **Medical Oncology** – No, retrospective requests are not allowed.
- **Radiation Therapy** - Retrospective requests for authorization, related to urgent procedures, will be accepted up to and including 2 business days following the treatment start date and prior to the submission of the claim. Retrospective requests for authorization, not related to urgent procedures, will be accepted up to 180 calendar days following the treatment start date and prior to the submission of the claim.
- **Radiology** - Retrospective requests for authorization, related to urgent procedures, will be accepted up to and including 2 business days following the treatment start date and prior to the submission of the claim. Retrospective requests for authorization, not related to urgent procedures, will be accepted up to 180 calendar days following the treatment start date and prior to the submission of the claim.
- **Cardiology** - Retrospective requests for authorization, related to urgent procedures, will be accepted up to and including 2 business days following the treatment start date and prior to the submission of the claim. Retrospective requests for authorization, not related to urgent procedures, will be accepted up to 180 calendar days following the treatment start date and prior to the submission of the claim.
- **Sleep** - Retrospective requests for authorization, related to urgent procedures, will be accepted up to and including 2 business days following the treatment start date and prior to the submission of the claim. Retrospective requests for authorization, not related to urgent procedures, will be accepted up to 180 calendar days following the treatment start date and prior to the submission of the claim.
- **MSK (Spine & Joint Surgery/Intervention Pain)** - Retrospective requests for authorization, related to urgent procedures, will be accepted up to and including 2 business days following the treatment start date and prior to the submission of the claim. Retrospective requests for authorization, not related to urgent procedures, will be accepted up to 180 calendar days following the treatment start date and prior to the submission of the claim.

Please have all clinical information relevant to your request available when you contact eviCore healthcare.



### **How can the accepting provider confirm that the prior authorization number is valid?**

Providers can confirm that the prior authorization is valid by logging into our web portal, which provides 24/7 access to view prior authorization numbers. To access the portal, please visit [www.evicore.com](http://www.evicore.com).

To request a fax letter with the prior authorization number, please call eviCore healthcare at **855-252-1118** to speak with a customer service specialist.

### **What if an authorization is issued and revisions need to be made?**

The requesting provider or member should contact eviCore with any change to the authorization. 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.

### **How do I submit a program related question or concern?**

For program related questions or concerns, please email: [clientservices@evicore.com](mailto:clientservices@evicore.com)

### **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/oscar>