



eviCore healthcare Cardiology Program Frequently Asked Questions

Prepared for



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Introduction to eviCore healthcare

Who is eviCore healthcare?

eviCore provides Utilization Management services for Health Plans.

What is the relationship between Oxford Insurance and eviCore healthcare?

Oxford has contracted with eviCore since 1998 to manage Diagnostic Imaging, Radiation Therapy, Medical Oncology, and Cardiology.

How can Oxford Insurance participating providers obtain and verify a prior authorization number?

Providers can submit authorization requests online at www.evicore.com or via phone at 1-877-PRE-AUTH.

What are eviCore healthcare's hours and days of operation?

eviCore is available from 7:00 a.m. to 7:00 p.m. EST Monday through Friday.

What holidays does eviCore healthcare observe?

New Year's Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the Friday following, and Christmas Day.

Does eviCore healthcare process claims for Oxford Insurance?

Yes, for the Providers that have a direct contract with eviCore. This is only applicable for contracted freestanding radiology sites in State of New York.

Which Oxford Insurance members are included in the UM Program?

All.

Cardiology Program

What procedures are included in the program?

Nuclear stress, Cardiac PET, Cardiac MRI, Coronary CT, Heart Catheterizations, Transthoracic, Echocardiograms, and Stress Echocardiograms

Who needs to request the authorization?

The provider who is requesting that the service(s) be performed.

What information is required to obtain a prior authorization?

- Member's Plan Name
- Patient's Name, Date of Birth, and Member ID Number
- Ordering Physician's Name, Provider ID Number, Address, Telephone and Fax Numbers Imaging Facility's Name, Telephone and Fax Number
- Requested Test(s) (CPT Code(s) or Description(s)) Working Diagnosis
- Signs and Symptoms
- Results of Relevant Tests

- Relevant Medications

If initiating the prior authorization by telephone, the caller should have the medical record(s) available.

Do cardiology procedures provided in an inpatient setting at a hospital or emergency room setting require a prior authorization?

No. Cardiology procedures ordered through an emergency room treatment visit, while in an observation unit, or during an inpatient stay do not require prior authorization.

If the referring provider orders a cardiology procedure, but the rendering provider thinks it would be more appropriate to do a different study, does that require a correction to the prior authorization on file?

Yes. The rendering provider may call eviCore and update the prior authorization up to two (2) business days after the service has been rendered. A demonstration of medical necessity must be included with the modification request.

What is the process that providers should follow if eviCore healthcare is not available when they need to obtain a prior authorization?

For clinically urgent requests after hours, the test can be performed on a clinically urgent basis, and then the referring provider can secure the prior authorization up to two (2) business days following the procedure by providing the clinical indication for the test – including the reason it was deemed clinically urgent.

How can a referring provider indicate that an imaging study is clinically urgent?

Notify the eviCore agent that the test is clinically “URGENT” and demonstrate the clinical urgency by attaching the appropriate clinical documentation.

How long will the authorization process take?

Most requests are resolved on first contact. For all other requests, determinations are made within two (2) business days from the receipt of all necessary clinical information. If a prior authorization is initiated online and the request meets criteria, the test is approved immediately and a time-stamped approval is available for printing.

Does eviCore healthcare employ physicians other than cardiologists to review prior authorization requests?

eviCore employs physicians of various specialties to respond to network needs.

Do add-on procedures require review?

No. Add-on procedures are payable and reviewable under the primary procedure when an approval for the primary procedure code is on file.

How does the referring provider or rendering provider know that a prior authorization has been completed?

The referring provider or rendering provider can verify if a prior authorization request was approved by checking the status by logging into their eviCore registration and checking under the Authorization Look Up or by calling eviCore Customer Service.

What information about the prior authorization will be visible on the eviCore healthcare website?

The authorization status function on the web site will provide the following information:

- Authorization Number/Case Number
- Status of Request
- CPT Code
- Procedure Name
- Site Name and Location
- Prior Authorization Date
- Expiration Date

How are all parties notified if the prior authorization has been approved?

Referring providers are notified of the prior authorization via fax. Rendering providers can validate a prior authorization by using the eviCore Web site or by calling eviCore Customer Service. Members are notified in writing of any adverse determinations. Written notification is provided upon request if the rendering provider contacts eviCore's customer service department.

How long will the authorization approval be valid?

Authorizations are valid for 45 calendar days from the date of the approval.

If a prior authorization is not approved, what follow-up information will the referring provider receive?

The referring provider will be informed of the reason for denial, as well as how to initiate reconsideration. If a provider resubmits an authorization request for a service that has already been denied within 45 days of the original request, eviCore will consider this request reconsideration. Please note that within 3 business days after the denial has been issued, the provider may request a Peer-to-Peer discussion with an eviCore Medical Director to review the decision.

Is there a Review or Appeal process if the prior authorization is not approved?

No. All medical appeals are handled by Oxford Health.

What is the format of the eviCore healthcare authorization number?

An authorization number is (1) one Alpha character followed by (9) nine numeric numbers, and then the CPT code of the procedure authorized. For example: A123456789-70553.

Is a separate authorization needed for each CPT code?

Yes.

If a prior authorization number is valid for 45 days and a patient comes back within that time for follow up and needs another study, will a new authorization number be required?

Yes.