



Radiology and Cardiology

Frequently Asked Questions

Who is eviCore healthcare?

eviCore healthcare is an independent specialty medical benefits management company that provides utilization management services for Prominence Health Plan.

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

eviCore will manage prior authorization for Prominence Health Plan members who are enrolled in the following programs:

- **Medicare Advantage**
- **Commercial**
 - **HMO**
 - **PPO**
 - **POS**

Note: eviCore will not manage prior authorizations for **Medicaid** members.

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 Prominence Health Plan?

Providers and staff can refer to a detailed list of CPT codes that require prior authorization by visiting <https://www.evicore.com/resources/healthplan/prominence>.

Radiology

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

Cardiology

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



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 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 844.224.0495.

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 and sending to 800.540.2406.

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 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

- 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?

Commercial and **Medicare Advantage** authorizations are valid for **45 calendar days** from the date of the determination. If the service is not performed within this timeframe, please contact eviCore healthcare at 844.224.0495.

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 844.224.0495. Urgent requests will be processed within **72 hours** from the receipt of complete clinical information.

Note: Please 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 member?

Member eligibility and benefits should be verified with Prominence Health Plan 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?

Commercial - Decisions for non-urgent prior authorization requests are typically made within **2-3 business days** of receipt of all necessary clinical information.

Medicare Advantage - Decisions for non-urgent prior authorization requests are typically made within **2-3 business days** of receipt of all necessary clinical information, but will not take longer than **14 calendar days**. The provider will be notified by fax.



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.

Does eviCore review cases retrospectively if no authorization was obtained?

Retro Requests for **Commercial** members must be submitted with **three (3) business days** following the date of service. Requests submitted after three (3) business days will be administratively denied. Please have all clinical information relevant to your request available when you contact eviCore healthcare.

Retro requests are not in scope for Prominence **Medicare Advantage** members and will be administratively denied.

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 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 healthcare of any changes to the authorization in order for claims to 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

How do I determine if a provider is in network?

Participation status can be verified with Prominence Health Plan. Providers may also contact eviCore healthcare at 844.224.0495. eviCore receives a provider file from Prominence Health Plan with all independently contracted participating and non- participating providers.

Where do I submit my claims?

All claims will continue to be filed directly to Prominence Health Plan.

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:

- 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 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** – Clinical documentation can be attached to the case upon initial submission, reducing follow-up calls and the need for 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

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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/prominence>.