



Radiology and Cardiology

Frequently Asked Questions

Who is eviCore healthcare?

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

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

eviCore will manage prior authorization for Summit Health Medicare Advantage 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.

Which Radiology and Cardiology services require prior authorization for Summit Health?

A full list of CPT codes can be found on the provide resource site: <u>https://www.evicore.com/resources/healthplan/SummitHealth</u>

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 performed.

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 <u>www.evicore.com</u>.

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 844.303.8451.

Fax

Providers and/or staff can fax prior authorization requests by completing the clinical worksheets found on eviCore's website at <u>www.evicore.com/provider/online-forms</u>. Forms can be faxed to 800.540.2406.

Note: When initiating requests on the portal or by phone a real-time authorization may be experienced. All fax submissions will go through clinical review and do not have the option for a real-time authorization.

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 <u>www.evicore.com</u> 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(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 and Cardiology services.

How long is the authorization valid?

Authorizations are valid for 90 calendar days. If the service is not performed within 90 calendar days 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 <u>evicore.com</u> or by contacting our contact center at 844.303.8451. Urgent requests will be processed within 24 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 on <u>www.yoursummithealth.com</u> 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 information is received, for standard (non- urgent) requests a decision is made within 2 business days after receiving all necessary clinical information. For urgent requests, a decision is made within 24 hours. Determination letters will be faxed to the provider.

What are my options if I receive and adverse determination?

The requesting provider will receive a denial letter that contains the reason for denial as well as reconsideration, appeal rights and processes.

Does eviCore review cases retrospectively if no authorization was obtained?

Retrospective requests will not be allowed for the Summit membership.

What if information on the authorization needs to be updated?

Please contact eviCore by phone at 844.303.8451 and a representative will assist.

Where do I submit my claims?

All claims will continue to be filed directly to Summit Health.

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 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/summithealth.