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 The Health Plan.

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

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

- **Medicare plans; SecureCare HMO, SecureChoice PPO, and Dual Eligible Special Needs plans in West Virginia and Ohio**
- **Medicaid plans; Mountain Health Trust, SSI and WV Health Bridge plans**
- **Commercial plans; HMO, PPO, POS, EPO and WV PEIA plans**

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 The Health Plan?

Radiology

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

Cardiology

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

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

Member eligibility and benefits should be verified on https://myplan.healthplan.org before requesting prior authorization through eviCore.

Who needs to request prior authorization through eviCore?

All physicians who perform 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
eviCore's secure web portal is the quickest, most efficient way to request prior authorization with availability 24/7.

Call Center
eviCore's call center is open from 7AM – 7PM local time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling **877-791-4104**.

*If you need to provide additional clinical documentation, you can upload clinical on the eviCore healthcare web portal, or you can fax clinical information to **800-540-2406**. Be sure to reference the case number and patient name and date of birth on the fax cover sheet.*

Do 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?

The quickest and most efficient way to check the status of your authorization request is to visit www.evicore.com or https://myplan.healthplan.org/Account/Login 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 recommends using the clinical worksheets as a reference tool when requesting authorization for Radiology and Cardiology services to ensure successful clinical pathway completion during case creation.

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 submitted by logging on to eviCore's web portal and initiating a request, **or** by contacting our contact center at **877-791-4104**. Urgent requests will be processed within 48 hours from the receipt of complete clinical information (Medicare cases will be processed within 72 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

Clinical Guidelines
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 providers via fax. The member will receive an approval letter by mail.

How will the authorization determinations be communicated to the providers?

eviCore will fax the authorization and/or denial letter to the requesting provider.
Providers may also visit www.evicore.com to view the authorization determination.

Note: The authorization number will begin with the letter 'A' followed by an eight-digit number.

How long is the authorization valid?

Authorizations are valid for 45 calendar days. If the service is not performed within 45 days from the issuance of the authorization, please contact eviCore healthcare's contact center at **877-791-4104**.

Note: Authorizations performed outside of the authorized timeframe can possibly lead to a denial of claims payment.

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 the reconsideration and appeal rights process.

Note: The referring provider may request a Clinical Consultation, within seven (7) calendar days for OH Commercial and WV Medicaid cases and 14 calendar days for WV Commercial cases, with an eviCore Medical Director to review the decision.

Does eviCore review cases retrospectively if no authorization was obtained?

In certain situations, a late request for authorization for services may be allowed.

The Health Plan will only consider retrospective authorization for services rendered after hours, on the weekend or during a holiday when contacted the next business day. Services on THP's prior authorization list deemed urgent/emergent, rendered without prior authorization are eligible for retro authorization. These services must be reported within 48 hours of service.

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.

To request a fax letter with the prior authorization number, please call eviCore healthcare at **877-791-4104** 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 healthcare at **877-791-4104** and speak to a customer services agent for any changes 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 determine if a provider is in network?

Provider participation can be verified at https://healthplan.org/

Providers may also contact eviCore healthcare at **877-791-4104**

eviCore healthcare receives a provider file from The Health Plan with all independently contracted participating and non-participating providers.

To reach The Health Plan Provider Services department, please call The Health Plan at **800-624-6961.**

Where do I submit my claims?

All claims will continue to be filed directly through The Health Plan. Please call The Health Plan at **800-624-6961** for claims related questions. To submit a paper claim, mail to:

The Health Plan
1110 Main Street
Wheeling, WV 26003
Attn: Claims Department

How do I submit a program related question or concern?

For program related questions or concerns, please email: clientservices@evicore.com

Where can I find additional educational materials?

For more information and provider resource documents, please visit the provider resource page at https://www.evicore.com/resources/healthplan/thp