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 Vaya Health (Vaya).

For which members will eviCore healthcare manage Radiology and Cardiology services?

eviCore will manage prior authorization for Medicaid members who are enrolled in the following plan:

- Vaya Total Care

Note: When requesting prior authorization for these members, please select **Vaya Health** from the health plan dropdown list in the eviCore Provider Portal.

What is eviCore healthcare's Radiology and Cardiology program?

eviCore's Radiology and Cardiology Program consists of prior authorization medical necessity determinations for advanced radiology 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 Vaya Health?
Go to: https://www.evicore.com/resources/healthplan/vayahealth. Select CPT Codes.
Radiology
- CT, CTA (Computed Tomography, Computed Tomography Angiography)
- MRI, MRA (Magnetic Resonance Imaging, Magnetic Resonance Angiography)
- PET (Positron Emission Tomography)
Cardiology
- Cardiac Medical Resonance Imaging
- Cardiac CT
- Cardiac PET
- Nuclear Stress (Myocardial Perfusion Imaging)
- Echocardiography
- Stress Echocardiography
- Diagnostic Heart Catheterization
- Cardiac Implantables

Radiology and Cardiology services that require prior authorization are services that require prior approval in the NC Clinical Coverage Policies located at Program Specific Clinical Coverage Policies | NC Medicaid (ncdhhs.gov).

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 prior 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 **855.754.5527**.

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.
- Radiology and Cardiology fax: 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 .In addition, referrals from a hospital emergency department or an urgent care facility 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 Medicaid 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 Information

- 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 prior authorization for Radiology and Cardiology services.

How long is the prior authorization valid?

Prior authorizations are valid for **30 calendar days**. If the service is not performed within the prior authorization timeframe, please contact eviCore healthcare.

What is the most effective way to get prior authorization for urgent requests?

Urgent requests are defined as those in which adherence to the standard timeframe could seriously jeopardize a member's life, health, or ability to attain, maintain, or regain maximum function. Urgent requests may be initiated on our web portal at **evicore.com** or by contacting our contact center at **855.754.5527**. Urgent requests will be processed within **72 hours** from the receipt of a complete request.

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 of a member?

Member eligibility should be verified by accessing the Vaya Health portal https://providers.vayahealth.com/ 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 info is received for routine (non- urgent) requests, a decision is made within fourteen (14) calendar days. For urgent requests, a decision is made within 72 hours. The provider will be notified by fax or e-notification.

What are my options if I receive an adverse determination?

The referring and rendering provider will receive a denial letter that contains the reason for denial as well as peer to peer and appeal process.

Note: The referring provider may request a peer to peer within **3 business days** with an eviCore Medical Director to review the decision.

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

Retrospective requests are allowed if submitted on or before July 1, 2023. After July 1, 2023, retrospective requests are only allowed in the event of a member's retroactive enrollment in NC Medicaid.

How do I make a revision to a prior authorization that has been performed? How do I make a revision to prior authorization that has not been performed?

The requesting provider or member should contact eviCore with any change to the prior authorization, whether the procedure has already been performed or not. It is very important to update eviCore healthcare of any changes to the prior authorization in order for claims to correctly process for the facility that renders services.

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?

Vaya Health network participation status can be verified at https://providers.vayahealth.com/ Providers may also contact eviCore healthcare at **855.754.5527**. eviCore receives a provider file from Vaya Health with all contracted providers.

Where do I submit my claims?

All claims will continue to be filed directly to Vaya 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 existing prior authorizations, 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.

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/vayahealth