

eviCore healthcare Frequently Asked Questions (FAQ)

1. What is changing?
A limited range of radiology, cardiology, sleep, physical therapy, occupational therapy, and molecular and genetic testing services will be processed by eviCore for medical necessity determination. Please refer to your state specific WellCare quick reference guide for the programs offered by state.
2. Who is eviCore?
eviCore is a company that provides utilization management services for health plans. As a specialty benefit management company, eviCore manages the quality and use of outpatient diagnostic and cardiac imaging, cardiac implantable devices, oncology drugs and therapeutic agents, radiation therapy, physical medicine, sleep studies, pain treatment and lab services.
3. What is the relationship between the Plan and eviCore?
WellCare has contracted with eviCore to manage select radiology, cardiology, sleep, radiation therapy, physical therapy, occupational therapy, and molecular and genetic testing services. Please refer to your state specific quick reference guide for the effective dates, and programs offered by state.
4. How do I contact eviCore to request prior authorization for these services?
 - *The most efficient way to submit information to eviCore is via the website at www.evicore.com. Access is available 24/7. First time users will be required to register.*
 - *You may also contact eviCore by phone at 1-888-333-8641. Our agents are available Monday through Friday from 7:00 am to 7:00 pm local time to assist with prior authorization. For after-hours services, please contact the above number, and follow the prompts.*
5. What holidays does eviCore observe?
eviCore is closed on New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the following Friday, and Christmas Day. For services during eviCore observed holidays, please contact 1-888-333-8641 and follow the prompts.
6. What is eviCore's web site address?
www.evicore.com
7. What is the Plan's Web site address?
www.wellcare.com

8. What Plans are covered under this agreement and what are the Plan's important telephone numbers?

State / LOB	Phone Number	State / LOB	Phone Number
AL / Medicare	232-341-5353	ME / Medicare	888-550-5252
AR / Medicare	855-538-0454	MO / Medicaid	800-322-6027
CT / Medicare	866-579-8006	NC / Medicare	877-655-2425
FL / Medicare	888-888-9355	NE / Medicaid	855-599-3811
FL / StayWell	866-334-7927	NJ / Medicare	866-687-8570
FL / Staywell Kids	866-698-5437	NJ / Medicaid	888-453-2534
GA / Medicare	866-334-7730	NY-ME / Medicare	800-278-5155
GA / Medicaid	866-231-1821	NY / Medicaid	800-288-5441
IL / Medicare	866-334-6876	SC/ Medicaid	888-588-9842
IL / Medicaid	800-608-8158	SC / Medicare	855-538-0454
KY / Medicare	877-560-2766	TX / Medicare	866-687-8878
KY / Medicaid	877-389-9457	TAMS Medicare	800-316-2273
LA / Medicare	866-804-5926		

9. What other online resources are available on eviCore's website?

The eviCore website offers many helpful tools and resources including the following:

- Member eligibility inquiries
- Authorization inquiries
- Evidence-based Clinical Criteria
- Clinical Information Worksheets
- Tutorials
- FACT Sheets

10. How do I obtain prior authorization online for a member who is not showing as eligible?

Prior authorization can be completed by calling eviCore at 888-333-8641. A member of the Eligibility Team will be able to verify the member's eligibility and assist with the prior authorization.

11. Will eviCore be processing claims for the Plan?

Currently, eviCore processes claims for New York only. WellCare processes all other claims.

12. What medical providers will be affected by this agreement?

Radiology: *All providers who order advanced imaging are required to obtain a Medical Necessity Determination prior to the procedure being performed.*

Cardiology: *All providers who order advanced cardiac imaging and diagnostic heart catheterization are required to obtain a Medical Necessity Determination prior to the procedure being performed.*

Sleep Management: All providers who order home sleep tests, attended baseline polysomnography, and attended polysomnography for PAP titration are required to obtain a Medical Necessity Determination prior to the procedure being performed.

Physical Medicine: All providers who render physical or occupational therapy services are required to obtain an authorization for services after the initial evaluation.

Lab Management: All providers who order or render molecular and genetic testing are required to obtain a Medical Necessity Determination prior to the test being performed.

Setting exclusions: Procedures performed at Hospital In-patient, Emergency Room, Observation Unit or Urgent Care Centers do not require prior authorization from eviCore.

13. If a Primary Care Physician refers a patient to a specialist who determines the patient needs services requiring prior authorization, who needs to request the prior authorization?

The physician who orders the service(s) should request the prior authorization. In this case, it would be the specialist.

14. What information will be required to obtain a prior authorization?

- *Members Plan Name*
- *Patient's Name, Date of Birth, and Member ID Number*
- *Ordering Provider's Name, Provider ID, Address, Telephone and Fax Numbers*
- *Facility's Name (if applicable), Telephone and Fax Number. A site of service will be required for some states and programs*
- *Diagnosis*

If initiating the prior authorization by telephone, the caller should have the medical record and/or necessary clinical information available. Please note that some procedures may require clinical notes to be submitted to eviCore prior to an authorization being issued.

15. If a patient begins treatment with one practitioner or facility and decides to change practitioners or facilities during a course of treatment, is a new authorization required?

Yes.

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

The website is available 24 hours per day, 7 days a week. Providers may submit a request within four business (4) days from the date of service. When clinical review is required, eviCore will process requests for prior authorization received after 7pm on the next business day.

17. How can a referring provider indicate the procedure is clinically urgent?

Notify eviCore the test is "URGENT" and demonstrate medical necessity by providing the appropriate clinical documentation. Urgent care decisions will be made when following the standard timeframe could result in seriously jeopardizing the member's life, health or ability to regain maximum function.

NOTE: Urgent requests must be submitted by phone.

18. How long will the prior authorization process take?
Most authorization requests are completed on first contact. If a prior authorization is initiated online and the request meets clinical criteria, the request will be approved immediately. A time stamped approval will be available for printing.
19. What types of physicians does eviCore employ to review prior authorization requests?
eviCore employs physicians of various specialties, as well as physical medicine clinicians, to respond to network needs. Our clinical reviewers have expertise in those services covered by the programs and are available for peer to peer discussions as necessary.
20. What information about the prior authorization is available on eviCore's website?
The Authorization Lookup tool on eviCore's website provides the following information:
- *Prior Authorization Number/Case Number*
 - *Status of Request*
 - *CPT Code (when applicable)*
 - *Procedure Name (when applicable)*
 - *Site Name and Location (when applicable)*
 - *Prior Authorization Date*
 - *Expiration Date*
 - *Determination Letters*
21. How does eviCore notify providers and members whether a prior authorization request has been approved?
Referring providers will be notified of the prior authorization via fax. Rendering providers can validate a prior authorization on eviCore's website. Members will be notified in writing of any adverse determinations. Written notification is provided upon request if the rendering provider contacts eviCore's Customer Service Department.
22. If a prior authorization is not approved, what type of notification will the referring provider receive?
The referring provider will be informed of the reason for denial, as well as how to initiate a reconsideration or appeal. Within seven (7) business days, subject to market differences, after the denial has been issued, the provider may request reconsideration with an eviCore Medical Director to review the decision.
23. Is there an appeals process if the prior authorization is not approved?
Yes. WellCare will be handling all appeals. Appeal rights and instructions are detailed in each adverse determination letter. Providers may also request a reconsideration from eviCore within seven (7) business days, subject to market differences, of the denial decision.

If a provider resubmits an authorization request for a denied service within the timeframe allowed for an appeal, eviCore will consider this request an appeal and will forward it to WellCare for review. If the timeframe to file an appeal has expired, the request will be treated as a new request for authorization.

24. Can the rendering provider or diagnostic facility initiate a lab management prior authorization for the referring provider?

Yes, rendering laboratory providers can initiate the prior authorization request on behalf of the referring provider. A Test Request Form (TRF) must be provided upon request.

25. What is the format of eviCore's authorization number?

*An authorization number is (1) one Alpha character followed by (9) nine numeric numbers.
For example: A123456789.*

26. Does the authorization number need to be included on the claim form when submitting an insurance claim for payment?

Yes.

27. How long are authorizations valid?

Authorization expiration dates vary by program and treatment requested but are a minimum of 30 days. eviCore communicates the expiration date with the office verbally and by fax. For more information, please refer to the specific program Fact Sheets, available on evicore.com.

28. Can the authorization expiration date be extended?

Only on Radiation Therapy and Physical Medicine authorizations.

Physical Medicine: *If all the approved visits have not been used, eviCore will approve one extension per Approved Time Period up to 30 days. Date extensions must be requested prior to the authorization expiration date.*