



eviCore healthcare Cardiology Program Frequently Asked Questions

Who is eviCore healthcare?

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

What is the relationship between Aetna Better Health Florida and eviCore healthcare?

Beginning February 27, 2017, eviCore will manage cardiology services for Aetna Better Health Florida.

How can I initiate a prior authorization request?

The quickest, most efficient way to obtain prior authorization is through the 24/7 self-service web portal at www.evicore.com. Prior authorization can also be obtained via phone at 1-888-693-3211) or fax at 1-844-82aetna.

What are the hours of operation for the prior authorization department?

eviCore healthcare's prior authorization call center is available from 7:00 a.m. to 7:00 p.m. local time, Monday through Friday. The phone number is 1-888-693-3211. The web portal is available for access 24/7.

Which members will eviCore healthcare manage for the outpatient cardiology services program?

eviCore will manage cardiology services for Aetna Better Health Florida.

What information must be submitted in order to receive a medical necessity determination?

- Cardiology Procedure requested
- Patient, ordering provider, and rendering site information
- Prior/ongoing treatments and their effects
- Current clinical condition and recent test results

What procedures are included in the program?

- Diagnostic Heather Catheterization (DHC)
- Cardiac Imaging
- Cardiac CT
- Cardiac MRI
- Cardiac PET
- Nuclear Stress Testing
- Echo Stress Testing
- MPI



Who can request a prior authorization?

A representative of the ordering physician's staff can ask for authorization. This could be someone from the clinical, front office or billing staff, acting on behalf of the ordering physician.

Do add-on procedures require review?

No. Add-on procedures are payable and reviewable under the primary procedure when an approval for the primary procedure code is on file.

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

The most efficient way to obtain preauthorization for urgent requests is via phone, as an immediate approval can be obtained. Please contact eviCore healthcare directly at 888-693-321, indicating the request is urgent.

Once I ask for a prior authorization, how long will it take to get a decision?

eviCore healthcare is committed to reviewing all requests and giving case decisions within 7 calendar days for MMA/Medikids program and 14 calendar days for Florida Healthy Kids. When cardiology services are required due to a medically urgent condition, eviCore healthcare will give a decision within 2 business days of receiving all necessary demographic and clinical information. Please state that the authorization is for medically urgent care.

How will all parties be notified if the prior authorization has been approved?

Referring providers and rendering facilities will be notified of the prior authorization via fax. Providers can validate a prior authorization by using the eviCore website or by calling eviCore healthcare. Members will be notified in writing of any adverse determinations.

What information about the prior authorization will be visible on the eviCore website?

The authorization status function on the web site will provide the following information:

- Prior Authorization Number/Case Number
- Status of Request
- CPT Code
- Procedure Name
- Site Name and Location
- Prior Authorization Date
- Expiration Date



If a prior authorization is not approved, what follow-up information will the referring provider receive?

The referring provider will receive a denial letter that contains the reason for denial as well as Reconsideration and Appeal rights and processes. In cases where two studies are requested in a single case (e.g. CT Abdomen and CT Pelvis) and one is approved and the other is denied, the Program will provide one authorization decision notification letter that contains both the approval and denial information.

How long will the authorization approval be valid?

Prior Authorizations are valid for 60 calendar days from the date of the approval.

What are the parameters of an appeals request?

eviCore does not manage 1st level appeals. All appeals are handled by Aetna Better Health Florida.