



eviCore healthcare Musculoskeletal 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 on February 27, 2017, eviCore will manage musculoskeletal services for Aetna Better Health Florida.

How do I submit a precertification 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 information will a provider need to initiate a precertification request?

- Member's name, date of birth, plan name and plan ID number
- Ordering Physician's name, National Provider Identifier (NPI), Tax Identification Number (TIN), Fax number
- Service being requested (CPT codes and diagnosis codes)
- Rendering facility's name, NPI, TIN, street address, fax number
- Office notes related to the current diagnosis, imaging studies, and prior test results related to the diagnosis. All clinical information related to the precertification request should be submitted to support medical necessity.

Will urgent requests be accepted?

Yes. Medically urgent requests are defined as conditions that are a risk to the patient's life, health, ability to regain maximum function, or the patient is having severe pain that required a medically urgent procedure. It is important to note that urgent requests must be initiated via phone. Web and fax submissions will be considered standard requests. Urgent requests will be processed within 72 hours from the receipt of complete clinical information.

What is the turnaround time for a determination on a standard precertification request?

It is our business practice to complete requests within 7 calendar days for MMA/Medikids program and 14 calendar days for Florida Healthy Kids. When a case is initiated on the web portal and meets clinical criteria, you could receive a real-time, immediate authorization.

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

Referring and rendering providers 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 case approvals and any adverse determinations.



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.

Can a facility update the date of service after the authorization window has expired, or does the ordering physician need to call?

The procedure(s) should be performed during the authorization timeframe. Some health plans will allow for extensions to existing authorizations. Please contact eviCore healthcare for additional information.

How should I handle a retrospective request for authorization?

Retrospective requests must be initiated by phone within 3 business days following the date of service. In many instances, the services must have been urgent and medically necessary. Please have all clinical information relevant to your request available when you contact eviCore healthcare.

What is the process to update an authorization with a new CPT code?

For any CPT code changes to an existing authorization, please contact eviCore healthcare. Please have all clinical information relevant to your request available when you contact eviCore healthcare

What would be the precertification process for an inpatient stay?

eviCore is not delegated to handle preauthorization requests for procedures involving inpatient cases. eviCore is delegated for outpatient medical necessity reviews only.

What are the parameters of an appeals request?

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