



Radiology Program Frequently Asked Questions Aetna Better Health of West Virginia

What is the relationship between Aetna Better Health of West Virginia (ABH WV) and eviCore healthcare?

ABH WV has partnered with eviCore to provide authorization for outpatient advanced imaging studies.

What outpatient advanced imaging studies require prior authorization?

Medical necessity review will be required for the following outpatient diagnostic imaging studies:

- CT, CTA
- MRI, MRA
- PET

Medical necessity review is not required for inpatient, observation and emergency department studies.

What if my office has an urgent need for imaging?

Urgent imaging studies should be requested telephonically by calling (888) 693-3211 and indicated that the request is for **medically urgent care**. 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 requires medically urgent imaging.

Are retrospective requests allowed?

Retrospective reviews will only be allowed due to retroactive enrollment for a period of one (1) calendar month from the date enrollment is made into Aetna Better Health of West Virginia system.

What is the impact of failing to obtain medical necessity certification from eviCore healthcare?

Claims for high-tech imaging studies will be denied if eviCore healthcare has not deemed services are medically necessary, based on industry standard criteria. The claim from the rendering provider will be denied and the member will be held harmless.

How can I submit requests to eviCore healthcare?

There are three ways to submit requests to eviCore healthcare for outpatient diagnostic imaging procedures:

- Web portal: www.eviCore.com (preferred method)
- Phone: (888) 693-3211
- Fax: (844) 82AETNA

The 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 – See real-time status of a request.
- Patient History – See existing and previous requests for a member.

The eviCore healthcare web portal also contains helpful radiology reference information to assist you in determining the most appropriate imaging for your patient's condition.

How does the eviCore healthcare program work?

For routine scans, the ordering physician should contact eviCore healthcare prior to the study being scheduled and performed. The request may be immediately processed or additional information may be requested. eviCore healthcare will provide a response within seven (7) business days for standard requests and seventy-two (72) hours for urgent requests. Response time for medical necessity review does not begin until all pertinent information has been received.

What clinical guidelines will be used to make a determination of medical necessity?

eviCore will follow the Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) when available, then the Aetna Clinical Policy Bulletins (Aetna CPBs) and if there is not a LCD, NCD or Aetna CPB, then the eviCore clinical guidelines will be used and are available on www.eviCore.com.

What happens if a request is received for a CT of the abdomen, and the radiologist or rendering physician feels an additional study of the pelvis is needed?

The radiologist or rendering physician should proceed with the pelvic study. The radiologist or designated person from the radiology facility may then contact eviCore healthcare to submit a request. As a matter of courtesy and appropriate medical procedure, the radiologist or designated person from the radiology facility should also notify the patient's referring physician of the additional test.

What happens if approval has been granted for a CT with and without contrast, but the radiologist determines that the contrast is not necessary?

The facility or the referring physician's office staff may call eviCore healthcare at (888) 693-3211 to update the data on the authorization.

What are my options when there is an adverse determination on my request?

There are two options: A reconsideration review or a peer-to-peer discussion. A reconsideration review can be requested if there is additional clinical information available without the need for the provider to participate in a discussion. A peer-to-peer discussion can be requested and will be scheduled with an eviCore Medical Director. The rendering provider, nurse practitioner or physician assistant can conduct the peer-to-peer with an eviCore Medical Director. During the conversation, the reason for the denial will be discussed and additional information can be provided to support the medical necessity of the request. The ordering provider will be notified at the end of the peer-to-peer discussion if the denial is overturned or upheld. A reconsideration review and a peer-to-peer discussion can be requested by calling (888) 693-3211 within 5 business days following the date of service.

Important note: Only one post-decision request is allowed. If a reconsideration review results in upholding the denial then the next option would be to appeal, same with a peer-to-peer. eviCore is not delegated appeals; your appeal rights will be included in the denial letter you receive.

Who should I contact with questions?

If you have additional questions about the medical necessity review program, please contact the Client Services department at eviCore healthcare via the following email address:

clientservices@evicore.com.