

## ABH MO Quick Reference Guide

Authorization services cover outpatient, elective:

- CT/CTA, MRI/MRA, PET
- OB/Non-OB Ultrasound
- Pain Management

Authorization is not required for:

- Inpatient services
- Services performed in the Emergency Room
- 23-hour observation

## Authorization Requests

**Web Portal:** [www.evicore.com](http://www.evicore.com)

The Portal is available 24/7. Contact the Web Team at 800-575-4594 or [portal.support@evicore.com](mailto:portal.support@evicore.com).

**Phone: 888.693.3211 - 7AM – 8PM Central Time.**

Urgent requests must be initiated via phone.

eviCore healthcare's call center will be closed in observance of New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and the day after, and Christmas Day.

**Fax: 888.82AETNA**

Fax Forms are available at [www.evicore.com](http://www.evicore.com).

## Standard Case Clinical Information Required

To help ensure quick case turn-around, we recommend that the physician's office submit:

- Recent clinical information including prior tests, lab work, and/or imaging performed
- Working or differential diagnosis and notes
- Type and duration of treatment performed

## Contact Information

Contact the **Intake** team at **888-693-3211** to:

- Change a facility/CPT code on a case
- Request a Peer-to-Peer discussion

Contact the **Client Services** team at [ClientServices@evicore.com](mailto:ClientServices@evicore.com) to discuss:

- Issues experienced during case creation and requests for authorizations to be resent to the health plan
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Facility participation questions

## ABH MO Program Documents

Visit the ABH MO implementation site to access the CPT code list requiring prior authorization, Quick Reference Guide, FAQ's, and other important documents: [https://www.evicore.com/healthplan/Aetna\\_Better\\_Health\\_of\\_Missouri](https://www.evicore.com/healthplan/Aetna_Better_Health_of_Missouri)

## Authorizations

eviCore healthcare will fax a copy of an approved authorization to the ordering physician and requested facility. It is the responsibility of the performing facility to confirm that the referring physician completed the prior authorization process. Verification may be obtained via the eviCore website or by calling 888.693.3211. Denial notifications will also be issued in writing and include the denial rationale, appeals options per current state policy, and peer-to-peer consultation options. Authorization from eviCore does not guarantee claim payment. Services must be covered by the health plan, and the member must be eligible at the time studies are rendered.

## Online Resources

Visit [www.evicore.com](http://www.evicore.com) for helpful resources. Choose "**Resources**" and then select "**Providers**" to gain access to Clinical Guidelines, Fax Forms, and Educational Tools.