



eviCore healthcare Radiology and Cardiology Program Frequently Asked Questions

Updated December 29, 2018

Who is eviCore healthcare?

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides targeted utilization management services for Community Health Options.

What is the relationship between Community Health Options and eviCore healthcare?

Beginning on December 22, 2017, eviCore managed targeted Radiology and Cardiology Prior Approval services for Community Health Options for dates of services January 1, 2018 or later.

How can I initiate a Prior Approval request?

The quickest, most efficient way to obtain Prior Approval is through the 24/7 self-service web portal at www.evicore.com. Prior Approval can also be obtained via phone at (855) 316-2673.

What are the hours of operation for the eviCore Utilization Management (UM) department?

eviCore healthcare's UM call center is available from 8:00 a.m. to 9:00 p.m. (ET), Monday through Friday, except holidays. The phone number is (855) 316-2673. The web portal is available for access 24/7.

Which Members will eviCore healthcare manage for the outpatient radiology and cardiology service programs?

eviCore will manage radiology and cardiology services for all Community Health Options Members.

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

- Member's name, date of birth, plan name and plan ID number
- Ordering provider'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
- Medical records related to the current diagnosis, results of diagnostic imaging studies and the duration/type/outcome of prior treatment related to the current diagnosis. All clinical information related to the Prior Approval request should be submitted to support medical necessity.

What procedures are included in the program?

- Advanced Imaging (CT, MR, PET)
- Myocardial Perfusion Imaging (Nuclear Stress)
- Nuclear Medicine



- Stress Echocardiograms
- Diagnostic Heart Catheterizations
- Cardiac MR, PET, CT
- Non-OB Ultrasounds

Who can request Prior Approval?

A representative of the ordering provider's staff can request Prior Approval. This could be someone from the clinical, front office or billing staff, acting on behalf of the ordering provider.

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

The most efficient way to obtain Prior Approval for urgent requests is via phone, as an immediate approval can be obtained. Please contact eviCore healthcare directly at (855) 316-2673, indicating the request is urgent.

Will OB ultrasound requests require medical necessity review by eviCore?

No, effective December 29, 2018, Obstetrical Ultrasounds (OB US) reviews will be processed by Community Health Options Medical Management team.

What is the timeframe to submit a retrospective non-OB ultrasound request?

Any retrospective requests for non-OB ultrasounds can be submitted to eviCore within ten (10) business days from the date of service. Non-OB ultrasound retro requests will be reviewed for medical necessity.

What is the timeframe to submit a retrospective request for advanced imaging or cardiac imaging?

Retrospective requests for urgent clinical services must be submitted to eviCore within ten (10) business days following the date of service. Retro requests are reviewed for clinical urgency and medical necessity. Urgent requests submitted after ten (10) business days will be administratively denied.

Once I ask for Prior Approval, how long will it take to get a decision?

eviCore healthcare is committed to reviewing all requests and giving case decisions within two (2) business days of receiving all necessary clinical information. When advanced radiology and cardiology services are required due to a medically urgent condition, eviCore healthcare will give a decision within forty-eight (48) hours of receiving all necessary information. Please state that the Prior Approval request is for medically urgent care.

How will all parties be notified if the Prior Approval request has been approved?

Requesting providers and rendering facilities will be notified of the Prior Approval decision via fax and mailed letter. Providers can validate a Prior Approval by using the eviCore website or by calling



eviCore healthcare. Members will be notified in writing.

What information about the Prior Approval will be visible on the eviCore website?

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

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

If a Prior Approval request is not approved, what follow-up information will the provider receive?

The provider will receive a denial letter that contains the reason for denial as well as reconsideration and appeal rights and processes. Providers will also receive verbal notification of an adverse determination.

What are my options when a Prior Approval request is denied?

There are two options after requested services are denied. A reconsideration review or a clinical peer-to-peer discussion can be requested. If additional background/clinical information is available without the need for a provider to participate, a reconsideration review can be requested by phone within fifteen (15) calendar days from the date of the determination. If additional clinical information is available but there is a need for the requesting provider to participate in a discussion, (s)he may schedule a call to speak with an eviCore Medical Director in the same specialty expertise. Peer-to-peer discussions can be requested within 15 calendar days from the date of the determination.

How long will the authorization approval be valid?

Prior Authorizations are generally valid for 60 calendar days from the date of the approval dating back to the date of service when the request is submitted within 10 business days of the date of service. Approval date ranges will be specified in provider and Member communications.

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

The procedure(s) should be performed during the authorization timeframe.

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

For any CPT code changes to an existing authorization before services are rendered, please contact eviCore healthcare. Changes must be requested before the coverage period has expired. If services were performed, a CPT code can be changed up to 10 business days following the date of service.

Please have all clinical information relevant to your request available when you contact eviCore healthcare

What are the parameters of an appeals request?

eviCore manages 1st level medical necessity appeals. The Member or an authorized representative, which includes the treating provider, may file an appeal on behalf of a Member. Appeals rights and process are included in the denial letter.

Where should first-level appeals be sent?

Appeals must be submitted by mail, fax or email to:

Mail: eviCore healthcare
Attn: Clinical Appeal Dept.
400 Buckwalter Place Blvd,
Bluffton, SC 29910

Fax: 866-699-8128

E-mail: Appealsfax@evicore.com

Toll Free Phone: (800)792-8744 ext. 49100 or (800) 918-8924 ext. 49100



Approved Screening OB Ultrasound Procedure Codes:

eviCore allows up to three (3) screening OB ultrasounds during a pregnancy before requiring Medical Necessity review.

CPT Code	Description
76801	Ultrasound: OB U/S Ultrasound Obstetrical Pelvis, Pregnant Uterus, First Trimester less than 14 Weeks Single Or First Gestation
76802	Ultrasound: OB U/S Ultrasound Obstetrical Pelvis, Pregnant Uterus, First Trimester less than 14 Weeks Each Additional Gestation
76805	Ultrasound: OB U/S Ultrasound Obstetrical Pelvis, Pregnant Uterus, B-Scan
76810	Ultrasound: OB U/S Ultrasound Obstetrical Pelvis Complete, Multiple Gestation After 1st Trimester
76811	Ultrasound: OB U/S Ultrasound Pregnant Uterus Fetal & Maternal Evaluation Plus Fetal Anatomic Evaluation Transabdominal Single Or First Gestation
76812	Ultrasound: OB U/S Ultrasound Pregnant Uterus Fetal & Maternal Evaluation Plus Fetal Anatomic Evaluation Transabdominal Each Additional Gestation
76813	Ultrasound: OB U/S Ultrasound, pregnant uterus, real time with image documentation
76814	Ultrasound: OB U/S Ultrasound, pregnant uterus, real time with image documentation
76815	Ultrasound: OB U/S Ultrasound Obstetrical Pelvis Limited (Gestational Age, Heart Beat, Emergency)
76816	Ultrasound: OB U/S Ultrasound Obstetrical Pelvis Follow Up Or Repeat
76817	Ultrasound: OB U/S Ultrasound Pregnant Uterus Transvaginal