



eviCore healthcare Radiology Program Frequently Asked Questions

Updated September 10, 2018

Who is eviCore healthcare?

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

What is the relationship between HUSKY Health and eviCore healthcare?

Beginning January 1, 2017, eviCore will manage radiology services for HUSKY Health.

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.huskyhealth.com, click "For Providers," then click the Radiology Authorization Portal button. Prior authorization can also be obtained via phone at 800.440.5071 or fax at 888.693.3210.

Is it possible for the physician to be both the referring and the rendering provider?

Yes. This is allowed under the program guidelines.

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

eviCore healthcare's prior authorization call center is available from 8:00 a.m. to 6:00 p.m. local time, Monday through Friday. The phone number is 800.440.5071. The web portal is available for access 24/7.

Who can submit a prior authorization request?

The ordering provider can submit a prior authorization request to eviCore healthcare by web portal at www.huskyhealth.com, by phone at 800.440.5071 or by fax at 888.693.3210. The facility cannot start cases on behalf of the ordering provider but can request changes to an approved case.

What information is needed in order to get approval for radiology services?

- Member ID, name, date of birth
- Ordering Physician name, Medicaid ID, National Provider Identifier (NPI), Tax Identification Number (TIN), Fax number
- Rendering facility name, Medicaid ID, and TIN (if available), NPI, street address,
- Service being requested (CPT or HCPCS "C" codes and diagnosis codes)
- All relevant clinical notes; imaging/X-ray reports, patient history, physical findings



How do providers check for the authorization status of a member?

You can check the authorization via the portal at www.evicore.com or via phone at 800.440.5071.

What is the format of the eviCore healthcare authorization number?

An authorization number is two (2) alpha characters followed by eight (8) numeric numbers. For example: KE12345678.

How will members be notified of approvals and denials for radiology services?

Written denial notices will be sent to the member as well as the requesting provider(s).

How will the rendering facility be notified of medical necessity determination?

The facility will not receive written notification of the medical necessity determination.

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

The referring and rendering provider will receive a denial letter that contains the reason for denial as well as Reconsideration and Appeal rights and processes. Please note that after the denial has been issued, the referring provider may request a Peer-to-Peer discussion within two (2) business days with an eviCore Medical Director to review the decision.

How long is an authorization valid?

Authorizations are valid for thirty (30) days. If the service is not performed within 30 days from the issuance of the authorization, please contact eviCore healthcare.

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 800.440.5071, indicating the request is urgent.

Does eviCore approve cases retrospectively if no authorization was obtained before the study?

Providers have three (3) business days to submit requests for **urgent studies** performed after hours. eviCore will review the request to determine if it was truly urgent in nature. If the request is found to be urgent and submitted within three (3) business days, the request will be reviewed for medical necessity. If the request is not received within three (3) business days, an administrative denial will be issued for failure to obtain authorization prior to service being rendered; a provider may submit an administrative appeal request to Community Health Network of Connecticut, Inc. (CHNCT).



Requests for non-urgent services performed without authorization will be administratively denied. Provider may submit an administrative appeal request to CHNCT; providers must show good cause why authorization was not obtained prior to the service being rendered.

What are the parameters of an appeals request?

eviCore will process both first and second level provider appeals. Appeal requests should be submitted to eviCore following the instructions located within the provider letter. Level one appeal must be submitted to eviCore by phone or in writing within seven (7) calendar days of the date of the provider denial letter. Level two appeals must be submitted to eviCore in writing within fourteen (14) calendar days of the date of the level one uphold letter.

Where should first-level appeals be sent?

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

Mail: eviCore healthcare
Attn: Appeals Unit
730 Cool Springs Blvd, Suite 800
Franklin, TN 37067

Fax: 888-693-3210

Toll Free Phone: (800) 440-5071