



eviCore healthcare Radiology 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 Medical Mutual of Ohio.

What is the relationship between Medical Mutual of Ohio and eviCore healthcare?

Beginning December 18, 2017, eviCore will manage radiology services for Medical Mutual of Ohio for dates of service January 1, 2018 and after.

Which members will eviCore healthcare manage for the outpatient radiology services program?

eviCore will manage radiology services for Medical Mutual of Ohio Commercial and Medicare Advantage members.

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.evicore.com. Prior authorization can also be obtained via phone at (888) 693-3211 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 9:00 p.m. Eastern Standard Time, Monday through Friday. The phone number is (888) 693-3211. The web portal is available for access 24/7.

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

- 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
- Place of service
- Rendering facility's name, NPI, TIN, street address, fax number
- Service being requested (CPT codes and diagnosis codes)
- All relevant clinical notes; imaging/X-ray reports, patient history, physical findings



What procedures are included in the program?

- CT/CTA
- MR/MRA
- PET and PET/CT
- Nuclear Medicine

Who can request a prior authorization?

A representative of the ordering physician's staff can ask for authorization. This could be someone from the clinical, front office or billing staff, acting on behalf of the ordering physician.

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 (888) 693-3211.

What is the format of the eviCore healthcare authorization number?

An authorization number is (1) one Alpha character followed by (9) nine numeric numbers, and then the CPT code of the procedure authorized. For example: A123456789.

Once I ask for a prior authorization, how long will it take to get a decision?

eviCore healthcare is committed to reviewing all requests and giving case decisions within two business days for Medicare requests and 10 calendar days for Commercial requests after receiving all necessary clinical information. When radiology services are required due to a medically urgent condition, eviCore healthcare will give a decision within 24 hours for Medicare and 48 hours for Commercial members after receiving all necessary demographic and clinical information. Please state that the authorization is for medically urgent care.

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

Referring providers will be notified in writing by fax, and by phone when necessary. Providers can validate a prior authorization by using the eviCore website or by calling eviCore Customer Service. Members will be notified in writing and via phone. Written notification is provided upon request if the rendering provider contacts eviCore's customer service department.

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

If a prior authorization is not approved your notification letter will include information regarding your appeals rights, if applicable. Regulatory guidelines allow for a peer-to-peer discussion for denials associated with non-Medicare products within 14 calendar days of date of service.



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

The facility will receive written notification of approvals. Denial letters will not be sent to the facility.

How long is an authorization valid?

Authorizations are valid for thirty (30) calendar 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 (888) 693-3211, indicating the request is urgent. For outpatient radiology services in urgent situations only, treatment may be started without preauthorization, however the treatment must meet urgent/emergent guidelines.

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

Retrospective requests must be initiated within 3 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 will process 1st level appeals for Commercial members only. An authorized representative, including a provider, acting on behalf of a member may file an appeal on behalf of a member. Appeal rights are detailed in coverage determination letters sent to the providers with each adverse determination.

Where should first-level appeals be sent?

Appeals may 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