



EviCore Peripheral Vascular Disease

Frequently Asked Questions

Who is EviCore healthcare?

EviCore healthcare (EviCore) is an independent specialty medical benefits management company that provides utilization management services for Network Health Wisconsin.

Which members will EviCore healthcare manage for the Peripheral Vascular Disease (PVD) program?

EviCore will manage prior authorization for Network Health Wisconsin members who are enrolled in the following programs:

- Medicare
- Commercial (all Network Health commercial plans)

What is EviCore healthcare's Peripheral Vascular Disease (PVD) program?

EviCore's Peripheral Vascular Disease (PVD) Program consists of Prior Authorization Medical Necessity Determinations for various procedures to treat vascular problems including blocked arteries in the neck, arms and legs, vein problems and abnormally large blood vessels known as aneurysms. Some of these problems can often be treated conservatively with risk factor modification, medication, compression therapy or a structured walking program. Sometimes, these symptoms may be disabling or even life-threatening. For those with advanced disease such as critical limb ischemia, large aneurysms or non-healing wounds, intervention may be considered.

Which Peripheral Vascular Disease (PVD) services require prior authorization for Network Health Wisconsin?

Procedures for peripheral atherosclerosis that are included in the PVD intervention program include:

- Carotid Disease: carotid endarterectomy, carotid stent and TCAR
- EVAR/TEVAR
- Venous Disease
- Lower extremity endovascular procedures



For a complete list of services that require prior authorization, please go to [Network Health Wisconsin Implementation Resources | EviCore healthcare](#) > Select solution resources> Select Cardiovascular > Select 'Network Health of Wisconsin Vascular Intervention CPT Code List'

Who needs to request prior authorization through EviCore?

All physicians who request/order PVD services are required to obtain prior authorization for EviCore-delegated procedures prior to the service being rendered in an office or outpatient setting.

How do I request a prior authorization through EviCore healthcare?

Providers and/or staff can request prior authorization in one of the following ways:

Web Portal (PREFERRED)

The EviCore portal is the quickest, most efficient way to request prior authorization and is available 24/7. Providers can request authorization by visiting www.EviCore.com

Call Center

EviCore's call center is open from 7 a.m. to 7 p.m. local time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling 855-727-7444.

Fax

Providers and/or staff can fax prior authorization requests by completing the clinical worksheets found on EviCore's website at www.EviCore.com/provider/online-forms

How do I check an existing prior authorization request?

Our web portal provides 24/7 access to check the status of existing authorizations. To check the status of your authorization request, please visit www.EviCore.com, sign in with your login credentials, and select the Authorization Lookup feature on CareCore National.

What information is required when requesting prior authorization?

Member

- First and Last Name
- Date of Birth
- Member ID



Ordering Provider

- First and Last Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Number

Rendering (Performing) Provider

- Facility Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Street Address

Clinical(s)

- Recent (within 6 months) in-person clinical evaluation which includes a detailed history and physical exam
- Imaging studies, including ankle-brachial indices, arterial duplex, or angiograms if applicable
- Prior procedure reports
- Reports from other providers participating in treatment of the relevant condition

How long is the authorization valid?

Authorizations are valid for 60 calendar days. If the service is not performed within 180 days from the issuance of the authorization, please contact EviCore healthcare.

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

Urgent requests are defined as a condition that is a risk to the patient’s health, ability to regain maximum function and/or the patient is experiencing severe pain that require a medically urgent procedure. Urgent requests may be initiated on our web portal at [EviCore.com](https://www.EviCore.com) or by contacting our contact center at 855-727-7444. Urgent requests will be processed within 72 hours from the receipt of complete clinical information.

Note: Please select urgent for cases that truly are clinically urgent and not simply for a “quicker” review. Also, please note that any case marked urgent that does not meet urgent criteria may be reassigned as a routine/standard case.



Where can I access EviCore healthcare’s clinical worksheets and guidelines?

EviCore’s clinical worksheets and guidelines are available online 24/7 and can be found by visiting one of the following links:

Clinical Worksheets

www.EviCore.com/provider/online-forms

Clinical Guidelines

www.EviCore.com/provider/clinical-guidelines

After I submit my request, when and how will I receive the determination?

After all clinical information is received, for normal (non- urgent) requests a decision is typically made within 2-3 business days. For urgent requests, a decision is made within 72-hours. The provider will be notified by email notification or fax.

How do I make a revision to an authorization if needed?

The requesting provider should contact EviCore with any change to the authorization, whether or not the procedure has already been performed. It is very important to update EviCore healthcare of any changes to the authorization in order for claims to be correctly processed.

What if a provider doesn’t know the specific CPT code(s) they plan to perform at the time prior authorization is requested?

EviCore recognizes that providers may not know beforehand what procedures may be performed during the course of the planned PVD procedure. Therefore, EviCore allows a range of related CPT codes based on procedure type and anatomic region to be selected at the time precertification is requested. Providers may submit billing for any of the PVD CPT codes included on the code list managed by EviCore. This list can be found on the EviCore website by selecting Provider Resources > Cardiac & Vascular Intervention > Network Health of Wisconsin Vascular Intervention CPT Code List. Providers do not have to contact EviCore if the procedure ultimately performed is different than the one initially approved, because approval received for one PVD procedure code represents approval for any appropriate related PVD codes within the billable code list performed on the same date of service.

What are my options if I receive and adverse determination?

The ordering and rendering provider will receive a denial letter that contains the reason for denial as well as any reconsideration and appeal options available.



Does EviCore review cases retrospectively if no authorization was obtained?

We highly recommend obtaining authorization prior to performing the service(s) to avoid the additional risk of not being reimbursed. If needed, retrospective authorization requests are allowed, but can must be submitted within 7 business days from the date of service. If submitted beyond this timeframe, the request will be administratively denied. If/when authorized, the start date will be the submitted date of service.

What information about the authorization will be visible on the EviCore healthcare web portal?

The authorization status function on the website will provide the following information:

- Prior Authorization Number/Case Number
- Status of Request
- Site Name and Location
- Prior Authorization Date
- Expiration Date

Where do I submit my claims and/or appeals?

All claims and authorization appeals should be sent directly to Network Health Wisconsin.

Where do I submit questions or concerns regarding this program?

For program related questions or concerns, please email: clientservices@EviCore.com.

Common topics to send to Client Services:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- Consumer Engagement Inquiries
- Complaints and Grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation or system issues

Who do I contact for online support/questions?

Web portal inquiries can be emailed to portal.support@EviCore.com or call 800-646-0418 (Option 2).



What are the benefits of using EviCore healthcare's web portal?

Our 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.
- **Efficiency** – Medical documentation can be attached to the case upon initial submission, reducing follow-up calls and consultation.
- **Real-Time Access** – Web users are able to see real-time status of a request.
- **Member History** – Web users are able to see both existing and previous requests for a member.

Where can I find additional educational materials?

For more program information and reference documents, please visit our provider resource page at [Network Health Wisconsin Implementation Resources | EviCore healthcare](#).