EviCore
By EVERNORTH

Frequently Asked Questions: Radiology Advanced Imaging

Who is EviCore?

EviCore, an Evernorth Health Services business, is a specialty medical benefits management company that partners with health plans to provide certain utilization management services.

Which members will EviCore manage for Health Alliance Plan?

EviCore will manage prior authorization of certain services for members who are enrolled in the following Health Alliance Plan plans:

- Commercial
- Medicare

What services will require prior authorization from EviCore?

- Radiology
  - CT, CTA (Computed Tomography, Computed Tomography Angiography)
  - MRI, MRA (Magnetic Resonance Imaging, Magnetic Resonance Angiography)
  - PET (Positron Emission Tomography)
  - Obstetrical Ultrasounds
  - Diagnostic Ultrasounds

Please refer to the list of CPT/HCPCS codes that require prior authorization from EviCore at the following link: https://www.EviCore.com/resources/healthplan/hap

Note: Services performed within an observation stay, inpatient stay, or emergency room visit **do not** require authorization from EviCore.

How do I check the eligibility and benefits of a member?

Member eligibility and benefits should be verified www.hap.org before requesting prior authorization through EviCore.

If you need assistance finding a member in the EviCore portal, contact Client Services at **ClientServices@EviCore.com**

Who needs to request prior authorization through EviCore?

All physicians, or their staff, are required to obtain a prior authorization for services prior to the service being rendered in an office or outpatient setting. It is the responsibility of the rendering facility to confirm the ordering provider completed the prior authorization process for tests or services.

Do Radiology services performed in an inpatient setting at a hospital or emergency room setting require prior authorization?

No. Radiology studies performed in an emergency room, while in an observation unit, or during an inpatient stay do not require prior authorization.

How do I request a prior authorization through EviCore?

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

Web Portal

The EviCore portal is the preferred method to initiate a request. It is the quickest, most efficient way to request prior authorization and is available 24/7. Providers can request authorization by visiting www.EviCore.com. If you need information about creating a user account, refer to the provider orientation training material. If you have an EviCore user account and need technical assistance, reach out to Web Support at **Portal.Support@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/or make changes to existing cases by calling **888-564-5487**.

What are the benefits of using EviCore'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. A real-time approval is often available.
- Efficiency – Upload medical documentation to the case upon initial submission, reducing the need for 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.
- Providers are able to self-schedule post-decision options such as clinical consultations and appeals.

Where can I access EviCore's clinical guidelines?

EviCore's clinical guidelines are available online 24/7 and can be found by visiting the following link: www.EviCore.com/provider/clinical-guidelines

To access EviCore's clinical worksheets, follow this link: www.EviCore.com/provider/online-forms

Whom can I contact if I have feedback on EviCore's guidelines?

To share feedback on EviCore clinical guidelines, you can share the below information by sending an email message to: ClinicalGuidelineFeedback@EviCore.com. Please understand that this email box will not review specific case information. The recipients of your message will review and consider feedback when you include the following information:

- Specific clinical guideline
- Peer-reviewed literature from medical journals
- Specific provider feedback
- Provider name, email and contact information

What information is required when requesting prior authorization?

When requesting prior authorization, please ensure the clinical information pertaining to the member and the requested service is readily available.

For a checklist of information needed to align with medical necessity criteria, please follow this link:
How to Speed Up Prior Authorization

Note: not all programs on this list are delegated to EviCore for management of Health Alliance Plan at this time.

How can I submit additional clinical information?

Through the **provider portal** at www.EviCore.com - Log in, then select "Authorization Lookup," and click on the box that indicates "upload additional clinical."
You can also **fax** clinical information to EviCore. Please reference the case number, member ID, and DOB on each page. **Fax (all programs): 800-540-2406**

What is the most effective way to get authorization for urgent (expedited) 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 www.EviCore.com or by telephoning our contact center at **888-564-5487**. Urgent requests will be processed within 24 hours from the receipt of the request.
Note: Please select urgent for those cases that truly are urgent and not simply for a "quicker" review. If a request is selected as urgent but does not meet guidelines to be considered urgent, the case may be reassigned as a routine case.

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

After all clinical information is received, for standard non-urgent requests, a decision is made within 2-3 business days. For urgent requests, a decision is made within 24 hours (Medicare/Medicaid) and 72 hours (Commercial). The provider will be notified by e-notification or fax.

How long is the authorization valid?

Authorizations are valid for 180 calendar days. If the service is not performed within 180 calendar days from the issuance of the authorization, please contact EviCore at **888-564-5487.**

What are my options if I receive and adverse determination?

The referring and rendering provider will receive a denial letter that contains the reason for denial as well as post-decision options. The denial letter is the best source of information regarding potential next steps.

Does EviCore review cases retrospectively if no authorization was obtained?

- Retrospective requests must be submitted within **365 calendar days** from the date of services.
- All retrospective authorization requests will be reviewed for clinical urgency and medical necessity.

How do I make changes to an authorization that has been performed? How do I make changes to authorization that has not been performed?

The requesting provider or member should contact EviCore at **888-564-5487** with any change to the authorization, whether or the procedure has already been performed or not. It is very important to update EviCore of any changes to the authorization in order for claims to be correctly processed.

What information about the prior authorization will be visible on the EviCore website?

The Authorization Lookup function on the website will provide the following information:

- Prior Authorization Number/Case Number
- Patient Name and DOB
- Status of Request
- Service Code
- Site Name and Location
- Prior Authorization Date and Expiration Date
- Upload Clinical
- Post-Decision Options

How do I determine if a provider is in network?

Participation status can be verified by calling the health plan number on the back of the member's insurance card. Providers may also contact EviCore at **888-564-5487**. EviCore receives a provider file from the contracted health plan with all independently contracted participating and non-participating providers.

Where do I submit my claims?

All claims will continue to be submitted directly to the health plan.

Where do I submit questions or concerns regarding this program?

For program-related questions or concerns, please email: ClientServices@EviCore.com
Common Items to Send to Client Services include:

- 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
- Reports of 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).

Where can I find additional educational materials?

For more information and resource documents, please visit https://www.EviCore.com/resources/healthplan/hap