Cardiac Implantable Device (CID) Utilization Management Program

Frequently Asked Questions

Who is EviCore?

EviCore is an independent specialty medical benefits management company that provides select utilization management services for Wellmark Blue Cross and Blue Shield.

What is EviCore's Cardiac Implantable Device (CID) program?

EviCore's Cardiac Implantable Device (CID) program consists of prior authorization / medical necessity determinations for CID services to ensure appropriate utilization of these services. The program is designed to utilize EviCore's unique clinical expertise with a staff of 400+ medical directors covering 51 different specialties and 800 licensed nurses with advanced training in various specialties. Additionally, EviCore employs industry-leading clinical guidelines that incorporate all applicable criteria from medical specialty societies.

Which CID services require prior authorization for Wellmark members?

Certain outpatient CID services will require prior authorizations. Effective **Dec 01, 2024**, please refer to the list of CPT/HCPCS codes that require prior authorization at the following link: Wellmark Medical Authorization Table.

Out of Area note: Wellmark does not require pre-service authorization for CID services for members receiving services from providers who do not contract with Wellmark. Certain groups may have specific authorization requirements. Before viewing medical policies or initiating authorizations, check the member's benefits. Not all members have out-of-network benefits; providers must obtain an out-of-network referral through Wellmark before providing out-of-network services to HMO members.

Admission Notification note: Some CID procedures might require an admission notification in addition to the CID prior authorization. If so, provider will request the admission notification via Jiva and will need to request the CID prior authorization via the EviCore Web Portal, accessed through Wellmark Medical Authorization Table.

Emergency Room note: Services performed within an emergency room visit do not require authorization.

Which members will EviCore manage for the CID program?

EviCore will manage CID prior authorizations for all Wellmark members, **excluding:**

- **FEP Members:** until further notice, EviCore will not be managing authorizations for the Federal Employee Program (FEP). For FEP members, existing codes will not change,

however for services on or after Dec. 1, 2024; providers will submit authorizations for FEP members via fax.

- **Medicare members**: until further notice, Members who are Medicare primary (including Part A only) are excluded from EviCore utilization management programs. Additionally, EviCore will not manage prior authorizations for Medicare Advantage plans offered by Wellmark Advantage Health℠ Plan. Wellmark Advantage Health Plan currently performs utilization management for MA members via a separate process that can be accessed via the online Wellmark Secure Provider Portal (Wellmark Advantage Health Plan section).

What is changing?

Wellmark is adding CID codes for utilization management, both in policy and prior authorization requirements, through EviCore. Please make sure to check the Wellmark Medical Authorization Table for the most updated requirements, and to link to the correct portal and policies/guidelines. You can find the code list at Wellmark BCBS Provider Resources | EviCore by Evernorth.

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

Member eligibility and benefits can be verified via Wellmark's online tool at: Wellmark Provider Portal.

Who needs to request prior authorization through EviCore?

Either the ordering providers or rendering facilities can submit requests for CID services included in this program. While either office can make the request, the rendering provider/facility should make sure an authorization is obtained prior to the service being rendered. Services performed and billed without the required authorization will be denied for no 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. The EviCore Web Portal is available 24/7 and can be accessed through Wellmark's Medical Authorization Table.

Call Center

EviCore's call center is open from 7 a.m. to 7 p.m. CST. Providers and/or staff can initiate prior authorization request, and revise existing cases prior to billing, by calling EviCore's call center **844-253-9502.** Medical records may be needed and can be uploaded to the Web Portal or via fax.

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

EviCore's 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 by telephone. They can often be processed immediately.

- **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.

How far in advance can I make an authorization request prior to the Dec 01, 2024, launch date?

Authorization requests will be accepted starting on **Nov. 01, 2024,** for dates of service **Dec. 01, 2024,** and after.

If I receive an authorization from Wellmark (Jiva) prior to Dec 01, 2024, how long will it be valid?

For authorizations for CPT code 33270 obtained through the Wellmark program that is/was in effect prior to **Dec. 01, 2024**, those authorizations will be valid through their expiration date, even if the expiration is after **Dec. 01, 2024**. Please do NOT re-submit them to EviCore. However, for any new requests with a date of service **Dec. 01, 2024,** and after, please make sure those requests are submitted to EviCore.

Will all submissions pend for clinical review with EviCore; or will there be an opportunity for Real Time Approvals?

Unlike many programs managed by EviCore CID requests do not have an opportunity for a Real Time Approval. Clinical questions are asked during the case build, and all cases will be sent to clinical review. We highly encourage you to upload current and relevant clinical documentation at the end of the case build so the reviewer has the necessary documentation readily available to review your case. Case decisions are normally made within 2 business days once all of the necessary documentation is received.

What information is required when requesting prior authorization?

When requesting prior authorization, please ensure the following proprietary information is readily available:

Member

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

Ordering and Rendering Providers

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

- Street Address

Clinical(s)
- Requested Procedure Code (CPT Code)
- Signs and symptoms
- Imaging/X-ray reports
- Results of relevant test(s)
- Working diagnosis
- Patient history, including previous therapy

Note: EviCore suggests utilizing the clinical worksheets when requesting authorization for CID services.

Where can I access EviCore'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 Prior to **Dec. 01, 2024**, providers will need to click on "Future" to view the upcoming guidelines.

What is the most effective way to obtain authorization for expedited/urgent requests?

Expedited/urgent requests may be initiated on the web portal, or by contacting EviCore's call center at **844-253-9502.** EviCore uses the National Committee for Quality Assurance (NCQA) and Utilization Review Accreditation Commission (URAC) definition of expedited/urgent request. An expedited/urgent request is when a delay in decision-making may seriously jeopardize the life or health of the member.

Note: Please select or indicate "urgent" for those cases that truly are urgent and not simply for a quicker review. Also, note that if a request is initiated as urgent but does not meet the 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 typically made within 2-3 business days. For expedited/urgent requests, a decision is made within 24 hours for South Dakota members and within 72 hours for Iowa members. Only the requesting provider will receive e-notification of the determination unless the user opts out of e-notification during the

authorization request. Authorization letters will be faxed to the rendering provider. The ordering physician will also receive notice.

How long is the authorization valid?

Approved authorizations are valid for at least 90 calendar days from the date of determination. Refer to case determination letter for the specific authorization date span. If the service is not performed within authorization date span outlined in the determination letter, please contact EviCore's call center at **844-253-9502.**

What are my options if I receive an adverse determination?

The referring and rendering provider will receive a denial letter that contains the reason for denial, as well as, reconsideration and appeal rights processes. Please read the decision notice to understand the specific case options. You can also find post-decision options through the Authorization Lookup feature on the EviCore portal, or you can call EviCore's call center at **844-253-9502**.

Note: The referring provider may request a clinical consultation with an EviCore Medical Director to review the decision. Clinical consultations may be self-scheduled on EviCore's web portal, requested online at Request a Clinical Consultation | EviCore, or by contacting EviCore's call center at **844-253-9502**. Make sure to schedule the clinical consultation within 14 calendar days after the determination date. After 14 days, the provider would need to appeal the denial.

Does EviCore review cases retrospectively if no authorization was obtained?

In order to avoid the risk of denial, we highly encourage submitting a request for authorization **prior** to completing the services.

However, for the CID program, Wellmark will allow retrospective (post service) authorizations through the EviCore Provider Portal, prior to the claim being submitted or **within 90 days of the date of service.**

If a claim is submitted without an authorization, the claim will deny, and the provider will be directed to EviCore to obtain a retrospective authorization, if within the 90-day time limit.

- **If retrospective request is deemed not medically necessary,** provider liability will apply.
- **If retrospective request is authorized,** it will be the provider's responsibility to submit a corrected claim with the authorization number.
    - The provider should allow approximately seven days for Wellmark to receive the retro authorization prior to submitting a corrected claim.
    - The start date will be the submitted date of service.

How do I make a revision to an authorization that has been performed?

The requesting provider should contact EviCore prior to submitting the claim with any change to the authorization by contacting EviCore's call center at **844-253-9502**.

What information about the prior authorization will be visible on EviCore's web portal?

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

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

How do I determine if a provider is in network?

Participation status can be verified via Wellmark's Find a Provider or Facility page: https://www.wellmark.com/finder

Providers may also contact EviCore's call center at **844-253-9502.** EviCore receives a provider file from Wellmark with all participating network providers.

Where do I submit my claims?

All claims will continue to be filed directly to Wellmark.

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 and/or provider demographic information
- 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

Whom can I contact if I experience issues with the EviCore portal?

Please email: portal.support@evicore.com or call 800-646-0418 (Option 2).

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page at Wellmark BCBS Provider Resources | EviCore by Evernorth.

Whom can I contact if I have feedback on EviCore 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
- External provider feedback
- External provider name, email and contact information