EviCore
By EVERNORTH

network health

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.

What is EviCore's Prior Authorization Program?

EviCore's Prior Authorization Program consist of requests for Medical Necessity Determination for medical services.

Which services require prior authorization for Network Health members?

- CT, CTA
- MRI, MRA
- PET
- Interventional Pain Management
- Large Joint Procedures
- Spinal Procedures
- Physical Therapy
- Occupational Therapy
- Peripheral Vascular Disease (PVD) services
- Cardiac Catheterizations (Commercial only)
- Nuclear Cardiology Scans (Commercial only)
- Stress Echocardiograms (Commercial only)
- Trans-esophageal echocardiogram (Commercial only)
- Transthoracic echocardiogram (Commercial only)
- Esophagogastroduodenoscopies (EGD)
- Capsule endoscopies
- Non-screening colonoscopies
- Radiation Oncology Therapy Services (see separate FAQ)
- Medical Oncology (see separate FAQ)
- Molecular Genetic Lab Testing (see separate FAQ)

Note: Please review the code lists available and updated on Network Health Wisconsin Provider Resources | EviCore by Evernorth

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

Member eligibility and benefits should be verified on https://networkhealth.com/ before requesting priorauthorization through EviCore.

EviCore
By EVERNORTH

network health

Who needs to request prior authorization through EviCore?

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

Are rendering facilities able to initiate prior authorization requests from EviCore?

Yes, rendering facilities can initiate a prior authorization request from EviCore.

How do I request a prior authorization through EviCore?

Providers and/or staff can request prior authorization in 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

What information is required when requesting prior authorization?

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

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)

- Requested Procedure Code (CPT Code)
- Signs and symptoms

EviCore
By EVERNORTH

network health

- Imaging/X-ray reports
- Results of relevant test(s)
- Working diagnosis
- Patient history including previous therapy

How to avoid inappropriate denials when services are appropriate?

Services that are deemed appropriate are those that follow clinical and/or medical necessity guidelines. You can find those guidelines at www.EviCore.com. Click the resources drop down button at the top right corner of the web page to find the link to those guidelines.

If a provider follows guidelines that govern clinical and/or medical necessity criteria, but still experiences high denial rates, the reason may be due to clinical information missing from the case request. For a complete check list of information usually required, please visit our provider's hub under "Training Resources", or click here: **Required Medical Information Check List**

Note: EviCore also suggests utilizing the clinical worksheets when requesting authorization for services if available

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 thefollowing links:

Clinical Worksheets
www.EviCore.com/provider/online-forms

Clinical Guidelines
www.EviCore.com/provider/clinical-guidelines

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

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

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. For radiation therapy, medical oncology and genomic lab tests, urgent requests may be initiated on our web portal at www.EviCore.com. For radiology, cardiology and musculoskeletal urgent requests

EviCore
By EVERNORTH

network health

can be initiated by contacting our contact center at 855-727-7444. Urgent requests will be processed within 24 hours from the receipt of complete clinical information.

What is the decision time limit for an urgent prior authorization request?

In the event of clinical urgency, EviCore will render a decision within 72 hours of the request.

What is the decision time limit for a routine prior authorization decision?

EviCore will render a decision on a routine prior authorization request within 14 calendar days of theoriginal request. However, the usual turnaround time is a few days.

When will I receive the authorization number once the prior authorization request has been approved?

Once the prior authorization request has been approved, the authorization information will be provided to the ordering and rendering provider via fax or electronically is elected on the portal. The member will receive an approval letter by mail.

How will the authorization determinations be communicated to the providers?

Requesting providers should visit www.EviCore.com to view the authorization determination. EviCore will fax the authorization and/or denial letter to the servicing provider.

Note: The authorization number will begin with the letter 'A' followed by an eight-digit number.

How long is the authorization valid?

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

If the member/participant has an inpatient stay associated with a procedure requiring prior authorization from EviCore, do I need a prior authorization for the inpatient stay?

Yes, an authorization for the inpatient stay is needed through Network Health. Although EviCore is authorizing the procedure codes, EviCore does not provide prior authorizations for the Network Health's individual's inpatient stay associated with the surgical procedure.

EviCore
By EVERNORTH

network health

Does EviCore review cases retrospectively if no authorization was obtained?

Retrospective requests for all programs except radiation therapy must be initiated by phone within seven business days following the date of service. Retrospective reviews for radiation therapy is allowed up to 15 business days following the date of service. Regardless of program, please have all clinical information relevant to your request available when you contact EviCore.

What if an authorization is issued and revisions need to be made?

The requesting provider or member should contact EviCore with any change to the authorization. It is very important to update EviCore of any changes to the authorization in order for claims to be correctly processed for the facility that receives the member.

How can the provider confirm that the existing prior authorization number is valid?

Providers can confirm that the prior authorization is valid by logging into our web portal, which provides 24/7 access to view prior authorization numbers. To access the portal, please visit www.EviCore.com.

Do services performed in the Emergency Room (ER) require authorization?

Prior authorization is not required for imaging services provided in an ER, observation, or urgent care setting.

Are EviCore authorizations specific or do they allow grouping such as with contract,with and without contrast, and without contrast?

Network Health does not require a medical necessity review for contrast.

What if my office staff forgets to call EviCore and proceeds with scheduling animaging procedure or procedure requiring prior authorization?

EviCore will permit retrospective requests. Retrospective requests must be initiated by phone within seven business days following the date of service. Please have all clinical information relevant to your request available when you contact EviCore.

If EviCore denies a prior authorization of a study, do we have the option to appeal the decision?

Yes, multiple levels of appeal are available and will be detailed in the denial letter sent to the ordering physician and the member/participant. In the event of an ad-

verse determination, EviCore welcomes a post decision review between the provider and the EviCore Medical Director.

Who will handle a request for an appeal?
All appeal requests will be referred to Network Health for the appeal process.

Where do I submit my claims?
All claims will continue to be filed directly to Network Health.

Does the Network Health claim require an exact facility match?
The provider needs to request the intended Network Health participating facility upon requesting the prior authorization. If the facility is changed, the provider will be required to call Network Health to update the request.

How do I submit a program related question or concern?
For program related questions or concerns, please email: clientservices@EviCore.com

Where can I find additional educational materials?
For more information and reference documents, please visit our resource page at www.EviCore.com/provider.

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