Radiology & Cardiovascular Imaging Utilization Management Program

Frequently Asked Questions

Revision date: April 2025

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 Radiology & Cardiovascular Imaging program?

EviCore's Radiology & Cardiovascular Imaging program consists of prior authorization / medical necessity determinations for advanced radiology and cardiovascular imaging 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, including pediatric-specific imaging guidelines that incorporate all applicable criteria from medical specialty societies. The Radiology & Cardiovascular Imaging program will NOT include a post-service review. All codes on the Radiology & Cardiovascular Imaging Code List are only managed through Prior Authorization.

Which imaging services require prior authorization for Wellmark members?

Certain outpatient imaging will require prior authorizations. Effective March 1, 2024, please refer to the list of CPT/HCPCS codes that require prior authorization at the following link: Wellmark Medical Authorization Table.

Radiology

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

Cardiovascular

- Cardiac MRI
- Cardiac CT
- Cardiac PET
- Nuclear Stress (Myocardial Perfusion Imaging)

Notes: Services performed within an inpatient stay, observation or emergency room visit do **not** require authorization. Effective for dates of service on and after May 1, 2025, Wellmark does **not** require prior authorization for advanced imaging (radiology) on claims submitted for commercial members with a primary diagnosis of cancer. The Cancer Diagnosis Exclusion List can be found in the Wellmark Provider Portal under "Authorization."

Out of Area note: Wellmark does not require pre-service authorization for diagnostic imaging 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.

Which members will EviCore manage for the Radiology & Cardiovascular Imaging program?

EviCore will manage imaging prior authorizations for Wellmark commercial members.

FEP note: EviCore will not be managing authorizations for Federal Employee Program (FEP) members at the initial rollout. For FEP members, existing process and required codes will not change. Providers will submit through Wellmark's medical authorization tool, Jiva, until further notice.

***** *Jiva is a product of ZeOmega, a separate company offering population health management tools for insurers and health plans.*

Medicare note: EviCore will not manage prior authorizations for Medicare Advantage plans offered by Wellmark Advantage Health Plan. Wellmark Advantage Health Plan performs utilization management for members via a separate process that can be accessed via the online Wellmark Provider Portal (Wellmark Advantage Health Plan section).

What is changing with EviCore's Radiology & Cardiovascular Imaging program compared to the previous imaging program for Wellmark members?

The EviCore program is adding codes for radiology and cardiovascular imaging services that require utilization management. You may want to review your current process to ensure you are requesting prior authorization for the increased number of codes effective March 1, 2024. 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 here.

Will imaging code groupings continue to exist with this program?

The original imaging service code groupings (a/k/a family of codes) will continue to exist with Wellmark for a period of time. Providers should still ensure they are submitting authorization requests for imaging services they intend to perform. If there is a change to the imaging service that is different than what is authorized, providers will need to call EviCore to update the authorization. In some cases, this may require additional medical necessity review based on EviCore clinical guidelines. Additional information on Wellmark imaging code groupings can be found on the Wellmark provider portal in the resources section under Manage Authorizations.

If I have received an authorization from Wellmark (Jiva) prior to March 1, 2024, how long will it be valid?

For authorizations obtained through the Wellmark program that is/was in effect prior to March 1, 2024, those authorizations will be valid through their expiration date, even if the expiration is after March 1, 2024.

Key:

- Date of service planned prior to March 1, 2024 – submit through Jiva
- Date of service planned on or after March 1, 2024 – submit through EviCore

** Jiva is an independent company that helps manage medical authorizations on behalf of Wellmark.*

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 the imaging 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. As is Wellmark's current policy, post-service claim reviews for imaging services will not be allowed.

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 need to be provided via fax or the Web Portal.

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.

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

Any case submitted on the portal or via phone does have an opportunity for a Real Time Approval. However, if, based on the answers to the clinical questions asked during the case build, the request does not immediately meet medical necessity criteria, the case will be sent to clinical review. For cases sent to clinical review, we highly encourage you to upload current and relevant clinical documentation, so the reviewer has the necessary documentation readily available to review your case.

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 Radiology and Cardiovascular 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 March 1, 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.

How long is the authorization valid?

Approved authorizations are valid for 90 calendar days. If the service is not performed within 90 calendar days from the issuance of the authorization, 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?

No. To avoid the risk of a claim denial, please make the request for authorization prior to performing the service.

Note: If the service is urgent and after hours, EviCore will review the case for medical necessity as long as the request is submitted within two business days of the services being rendered. This is the standard process for urgent and after hours services.

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

Who 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 https://www.evicore.com/resources/healthplan/wellmark-bcbs.

Who can I contact if I have feedback on EviCore guidelines?

To share feedback on EviCore clinical guidelines, email clinicalguidelinefeedback@evicore.com and include the following information:

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