

Quick Reference Guide

Health Plan Authorization Information

Line(s) of Business

- Medicaid
 - Lab Management
 - Radiation Oncology
- Medicare
 - Lab Management
 - Medical Specialty Drugs
 - Radiology

EviCore Provider Resources:

<https://www.EviCore.com/resources/healthplan/blue-cross-blue-shield/montana/medicaid-medicare>

Clinical Guidelines:

<https://www.EviCore.com/provider/clinical-guidelines>

Clinical Worksheets:

<https://www.EviCore.com/provider/online-forms>

Case Initiation

Online Portal (preferred): <https://www.EviCore.com/>

Phone: 855-252-1117

Fax:

- 844-324-7002 (Lab Management)
- 800-540-2406 (Medical Specialty Drugs, Radiology)
- 844-324-7001 (Radiation Oncology)

Authorization Timeframes

- Lab Management - Authorizations are valid for **90 calendar days** from the date of specimen collection or date of determination if specimen has not been collected.
- Medical Specialty Drugs – Authorization timeframes vary based on treatment type.
- Radiation Therapy – Authorizations are valid for **three (3) months** from the date of approval.
- Radiology - Authorizations are valid for **45 calendar days** from the date of approval.

Post-Decision Options (Refer to determination letter)

Medicaid Members

- Reconsiderations – Requests must be submitted to EviCore within **30 calendar days** of the determination date.
- Appeals – Requests must be submitted to EviCore within **180 calendar days** of the determination date.

Medicare Members

- Medicare cases **do not** include a reconsideration option.
- EviCore **will not** process first-level appeals for Medicare members.
- Clinical Consultation (Peer-to-Peer or P2P)
 - Providers can request a Clinical Consultation with an EviCore physician to better understand the reason for denial.
 - Once a denial has been issued, the decision cannot be overturned via Clinical Consultation.

Retrospective Authorization Requests (Retros)

- Medicaid
 - Must be submitted within **14 calendar days** of the date of service.
 - The determination must be made no later than 30 calendar days after the date of receiving the benefit request.
- Medicare
 - Must be submitted within **seven (7) calendar days** of the date of service.
 - The determination must be made no later than 30 calendar days after the date of receiving the benefit request.
- When authorized, the start date will be the submitted date of service.

Authorization Updates (facility change, date extension, etc.): 855-252-1117

Clinical Consultations (Peer-to-Peer)

Web (www.EviCore.com): Log in, then select “Authorization Lookup” to view availability.

Phone: 800-792-8744, option 1

Check Case Status

EviCore Portal at www.EviCore.com: Log in, then select “Authorization Lookup.”

Additional Clinical

EviCore Portal at www.EviCore.com: Log in, select “Authorization Lookup,” then upload additional clinical.

Client and Provider Services Team

Email: ClientServices@EviCore.com

Phone: 800-646-0418, option 4

EviCore Web Support

Email: Portal.Support@EviCore.com

Phone: 800-646-0418, option 2

Live chat at www.EviCore.com