EviCore By EVERNORTH

Radiology and Cardiology Program
Frequently Asked Questions (FAQ)

my Advocate MEDICARE ADVANTAGE

Who is EviCore by Evernorth?

EviCore by Evernorth (EviCore) is an independent specialty medical benefits management company that provides utilization management services for MyAdvocate.

Which members will EviCore by Evernorth (EviCore) manage for the Radiology and Cardiology Program?

EviCore manages services for the MyAdvocate Medicare Advantage members.

How can I initiate a prior authorization request?

The quickest, most efficient way to obtain prior authorization is through the 24/7 self-service web portal at Provider's Hub | EviCore by Evernorth. Prior authorization can also be obtained via phone at 1-888-444-6185.

What are the hours of operation for the prior authorization department?

EviCore healthcare's prior authorization call center is available from 7 a.m. to 7 p.m. Eastern Standard Time, Monday through Friday. The phone number is 1-888-444-6185. The web portal is available for access 24/7.

What procedures will require prior authorization?

High-Tech

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

Cardiology UM

- Cardiac CT
- Cardiac MR
- Cardiac PET
- Diagnostic Heart Cath
- Echo (Transthoracic, Transesophageal) (including C-Codes)
- Cardiac Add-On Codes
- Nuclear Stress (Myocardial Perfusion Imaging)
- Mitigated Acquisition Scan (MUGA)
- Stress Echo (including C-Codes)

Note: Procedure code list of services requiring prior authorization can be found by visiting: Provider Resources | EviCore by Evernorth

What information will be required to obtain prior authorization?

- Member or Patient's Name, Date of Birth, and health plan ID number
- Ordering Physician's name, NPI number Telephone and Fax number
- Service being requested (CPT codes and diagnosis codes)
- Rendering facility's name, NPI, TIN, street address, fax number

Clinical Information
- Requested Procedure Code (CPT Code)
- Signs and symptoms
- 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 Provider's Hub | EviCore by Evernorth. Click the resources drop down button at the top right side 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.

Please share the necessary information required:
- Rule out/diagnosis
- Symptoms
- Physical Exam Findings
- Current office notes
- Pertinent medical history and family history
- Lipid panels (for cardiac services)
- Reports of current electrocardiograms (EKGs) when appropriate and signed by doctors
- Treatments such as medications, physical therapy, surgery, or chemotherapy
- Re-evaluation post treatment for some indications
- Recent and relevant imaging and/or lab work
- For imaging exam requests for cancer, indicate if the exam is requested for initial staging or restaging following treatment or surveillance. Please provide the type and stage of cancer, date of diagnosis, type of treatment and date of treatment completion.
- For cardiac service requests, reports of previously performed left heart catheterizations, nuclear stress tests, routine exercise stress tests, echocardiograms and stress echocardiograms (as applicable) previous cardiac imaging studies (CT, MR, PET)

Who needs to request prior authorization through EviCore?

All physicians who perform radiology and cardiology services are required to obtain a prior authorization for services prior to the service being rendered in an office or outpatient setting.

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. Urgent requests may be initiated on our web portal or by contacting our contact center at 888- 444-6185. Urgent requests will be processed within 24 hours from the receipt of complete clinical information.

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If denied, what follow-up information will the referring provider receive?
The referring and rendering provider will receive a denial letter that contains the reason for denial as well as appeal rights and process.

Does EviCore review cases retrospectively if no authorization was obtained?
Retrospective requests must be initiated by phone within 3 business days following the date of service. Please have all clinical information relevant to your request available when you contact EviCore.

How can the accepting provider confirm that the 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 Provider's Hub | EviCore by Evernorth. To request a fax letter with the prior authorization number, please call EviCore at 800-646- 0418.

Do Radiology and Cardiology 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.

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. Providers may also contact EviCore at 888-444-6185. EviCore receives a provider file from the health plan with all independently contracted participating and non-participating providers.

Does medically urgent care require Prior Authorization?
The services managed under EviCore's Interventional Pain Management, Joint and Spine surgery programs are unlikely to be required on an urgent basis. Procedures done in an Emergency Department (ED) do not require prior authorization. Urgent requests can be made via the web portal or by calling intake. If you call intake, please inform the agent that the case is urgent. EviCore will decide within 24 hours (four hours is the EviCore standard).

Once I request prior authorization, how long will it take to get a decision?
EviCore is committed to reviewing all requests and making case decisions within three business days after receiving all necessary clinical information. When treatment is required in less than 48 hours due to a medically urgent condition, EviCore will render a decision within 24 hours of receiving all necessary demographic and clinical information.

How will all parties be notified if the prior authorization has been approved or denied?
Providers will be notified of the prior authorization via email notification of an update on the case, fax or by phone when necessary. Providers can validate prior authorization by using the EviCore web portal or by calling EviCore Customer Service. Members will be notified by mail and via phone.

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For how long are Prior Authorizations approved?
Outpatient authorizations are typically good for 90 days. If the service is not performed within 90 days from the issuance of the authorization, a new request that will need to be requested. No extensions will be allowed.

What information about the prior authorization will be visible on the EviCore website?
The authorization status function on the website will provide the following information:

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

What if I don't agree with EviCore clinical determination on the requested authorization?
All appeals for prior authorizations should be directed to the MyAdvocate plan. To better understand the denial rationale, you are free to schedule a clinical consultation. However, please understand that the clinical consultation cannot result in a case approval / overturn of a Medicare denial.

What if I do not obtain prior authorization?
Claims may be denied if you do not obtain prior authorization or approval.

Where should I send claims once I provide services?
Send all claims as you would normally to MyAdvocate.