



Advanced Radiology and Cardiology Frequently Asked Questions for CareFirst

Who is EviCore healthcare?

EviCore healthcare (EviCore) is an independent specialty medical benefits management company that provides utilization management services for CareFirst.

Which members will EviCore manage for the Advanced Radiology and Cardiology program?

EviCore will manage prior authorization for CareFirst members who are enrolled in the following program:

Commercial

- Fully-Insured on the Facets Source System
- To verify prior authorization requirements, log into the [CareFirst Provider Portal \(CareFirst Direct\)](#), and navigate to the 'Prior Auth/Notifications' tab to access the 'Prior Authorization Lookup (PAL) Tool'. If you need assistance utilizing the tool, access this [step-by-step guide](#).

Note: EviCore will not manage prior authorizations for Federal Employee Program (FEP) ('R' prefix), Federal Employee Health Benefit Plan (FEHBP, Group ND50 or Group ND51), Medicare Advantage ('MXJ' or 'EGE' prefixes), CareFirst CHPMD, Advantage DualPrime or Self-Insured members. All of these members are excluded from this requirement and do not require prior authorization for the identified services through EviCore.

What is EviCore's Advanced Radiology and Cardiology program?

EviCore's Advanced Radiology and Cardiology Program consists of Prior Authorization Medical Necessity Determinations for Advanced Radiological and Cardiology services.

Our solution is designed around each client's individual needs. This is accomplished by utilizing our unique clinical expertise with a staff of 300+ medical directors covering 51 different specialties and 800 licensed nurses with advanced training in various specialties. Additionally, we employ industry-leading clinical guidelines, including pediatric-specific imaging guidelines that incorporate all applicable criteria from medical specialty societies.

Which Advanced Radiology and Cardiology services require prior authorization for CareFirst?

Providers and staff can refer to a detailed list of CPT codes that require prior authorization by visiting:



<https://www.evicore.com/resources/healthplan/carefirst>

Advanced Radiology:

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

Advanced Cardiology:

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

You may also verify prior authorization requirements, by logging into the [CareFirst Provider Portal \(CareFirst Direct\)](#), and navigating to the 'Prior Auth/Notifications' tab to access the 'Prior Authorization Lookup (PAL) Tool'. If you need assistance utilizing the tool, access this [step-by-step guide](#).

Who needs to request prior authorization through EviCore healthcare?

All physicians who request/order Advanced Radiology and Cardiology services are required to obtain a prior authorization for services prior to the service being rendered in an office or out-patient setting.

How do I request prior authorization through EviCore healthcare?

Providers and/or staff can request prior authorization by following the steps below:

Web Portal

To access CareFirst's Provider Portal:

- From CareFirst's Provider Website, [CareFirst Provider Portal \(CareFirst Direct\)](#), log into the CareFirst Provider Portal (CareFirst Direct).
- Select the *Prior Auth/Notification tab*.
- Select *Start* within the *Cardiovascular, Radiology, Musculoskeletal, and Gastroenterology* through EviCore (Commercial Fully Insured Members Only) box to be transferred to EviCore's Prior Authorization Portal (CareCore National Portal).
- From the EviCore Prior Authorization Portal landing page, you will see "*Request an Auth*" in the middle of the screen, please select that option to begin your case request.

Note: If you need to create an account to access CareFirst's Provider Portal, review the [Accessing and Registering for CareFirst Direct](#) guide for assistance.



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 revise existing cases by calling **844-303-8450**.

Fax

Providers and/or staff can fax prior authorization requests to 800-540-2406.

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

No. Advanced radiology and cardiology studies performed in an emergency room, while in an observation unit, or during an inpatient stay do not require prior authorization.

How do I check an existing prior authorization request for a member?

Access CareFirst's Provider Portal:

- From CareFirst's Provider Website, [CareFirst Provider Portal \(CareFirst Direct\)](#), log into the CareFirst Provider Portal (CareFirst Direct).
- Select the *Prior Auth/Notification tab*.
- Select *Start* within the Cardiovascular, Radiology, Musculoskeletal, and Gastroenterology through EviCore (Commercial Fully Insured Members Only) box to be transferred to EviCore's Prior Authorization Portal (CareCore National Portal).
- From the EviCore Prior Authorization Portal landing page, you will select "Authorization Lookup" at the top of the screen.
- Search by member information OR by case number with ordering national provider identifier (NPI).

What non-clinical information will be required to obtain a prior authorization?

- Member Name, Date of Birth, Address, and Member ID
- Referring Provider's National Provider Identifier (NPI), telephone number, and fax number
- Rendering Facility NPI, telephone number, and fax number

What clinical information will be required when requesting prior authorization?

If clinical information is needed, providers must be able to supply the following information:

- Relevant history and physical examination
- Relevant summary of the patient's clinical condition
- Imaging and/or pathology and/or laboratory reports, as indicated, relevant to the requested procedure
- Comorbidities, if applicable



- Indication for the specified procedure
- Prior treatment regimens
- Results of prior endoscopic procedures, if relevant
- Genetic testing results, if applicable

Note: EviCore suggests utilizing the clinical worksheets when requesting authorization for Radiology and Cardiology services.

How long is the authorization valid?

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.

What is the most effective way to request authorization for urgent requests?

The quickest, most efficient way to obtain authorization for medically urgent requests is through EviCore's 24/7 self-service web portal which you can be accessed directly through CareFirst via [CareFirst Provider Portal \(CareFirst Direct\)](#). Urgent requests can be submitted online by indicating that the procedure is **not** routine/standard. Urgent requests can also be submitted by calling 844-303-8450 and by clearly indicating that the treatment is for medically urgent care.

Note: Medically urgent outpatient procedures must meet the **National Committee for Quality Assurance's (NCQA)** definition of medical urgency. To be considered urgent, the patient must have conditions that are a risk to their life, health, or ability to regain maximum function, or have severe pain that requires a medically urgent procedure.

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 process.

Note: The referring provider may request a Clinical Consultation within two (2) business days with an EviCore Medical Director to review the decision.

Does EviCore review cases retrospectively if no authorization was obtained?

Retrospective requests must be initiated by phone within 2 business days following the date of service. Please call **844-303-8450** and have all clinical information relevant to your request available when you contact EviCore.

How do I make a revision to an authorization that has been performed? How do I make a revision to authorization that has not been performed?



The requesting provider or member should contact EviCore with any change to the authorization, whether the procedure has already been performed or not. 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.

What information about the prior authorization will be visible in the EviCore's Prior Authorization Portal?

The authorization status function will provide the following information:

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

I'm out of network with CareFirst. How do I access the EviCore portal?

IMPORTANT: Providers who do not participate with CareFirst should not access the EviCore Portal through the CareFirst Provider Portal. Please go to <https://www.evicore.com/provider> to create an account directly with EviCore or call 844-303-8450 for assistance.

Also, if you are unable to locate the provider you need, please contact EviCore directly at 844-303-8450 to enter the request. (Representatives are available from 7 a.m. to 7 p.m.).

What should I do if I cannot locate the provider I am looking for?

Providers will need to contact EviCore healthcare at **844-303-8450**. EviCore receives a provider file from CareFirst with all independently contracted participating and non-participating providers.

Where do I submit my claims?

All claims will continue to be filed directly to CareFirst.

How do I submit a program-related question, or report an issue?

For assistance with membership, claims, provider network issues, etc., submit the issue to our dedicated teams via EviCore Communication Relationship Management (ECRM):

- Access: [ECRM Services](#)
- ECRM educational resources: [ECRM Resources | EviCore by Evernorth](#)
- Trouble using ECRM? Send an email to: ECRMSupport@EviCore.com

Common Items to Send to Client Services include:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- 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 do I contact for online support/questions?

- Web portal inquiries can be submitted via [ECRM Services](#) or call **800-646-0418 (Option 2)**.

What are the benefits of using EviCore's Web Portal?

Our web portal provides 24/7 access to submit or check 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 telephonically. 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

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page at [CareFirst Resources | EviCore by Evernorth](#).