

Radiology & Cardiology Advanced Imaging Frequently Asked Questions

Who is EviCore?

EviCore, an Evernorth Health Services business, is a specialty medical benefits management company that partners with health plans to provide certain utilization management services.

Which members will EviCore manage for The Health Plan?

EviCore will manage prior authorization of certain services for members who are enrolled in the following The Health Plan plans:

- CHIP (West Virginia only)
- Commercial
- Medicaid (West Virginia only)
- Medicare

What services will require prior authorization from EviCore?

Radiology Advanced Imaging

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

Cardiology Advanced Imaging

- Cardiac MRI
- Cardiac CT
- Cardiac PET
- Nuclear Stress (Myocardial Perfusion Imaging)
- Echo
- Stress Echo
- Diagnostic Heart Cath
- CRID (Cardiac Rhythm Implantable Devices)

Note: Please refer to the list of CPT/HCPCS codes that require prior authorization from EviCore at the following link:

<https://www.EviCore.com/resources/healthplan/health-plan>

Note: Services performed within an observation stay, inpatient stay, or emergency room visit **do not** require authorization from EviCore.

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

Member eligibility and benefits should be verified on <https://myplan.healthplan.org> before requesting prior authorization through EviCore. If you need assistance finding a member in the EviCore portal, contact Client Services through EviCore's ECRM application at <https://ecrm.evernorth.com/ecrm>

Who needs to request prior authorization through EviCore?

All physicians, or their staff, are required to obtain a prior authorization for services prior to the service being rendered in an office or outpatient setting. It is the responsibility of the rendering facility to confirm the ordering provider completed the prior authorization process for tests or services.

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

No. 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 request a prior authorization through EviCore?

The EviCore portal is the preferred method to initiate a request. It is the quickest, most efficient way to request prior authorization and is available 24/7. Providers can request authorization by visiting www.EviCore.com. If you need information about creating a user account, refer to the provider orientation training material.

What are the benefits of using EviCore's web portal?

Our 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 telephonically. A real-time approval is often available.
- Efficiency – Upload medical documentation to the case upon initial submission, reducing the need for 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.
- Providers are able to self-schedule post-decision options such as clinical consultations and appeals.

Where can I access EviCore's clinical guidelines?

EviCore's clinical guidelines are available online 24/7 and can be found by visiting the following link: www.EviCore.com/provider/clinical-guidelines

To access EviCore's clinical worksheets, follow this link: www.EviCore.com/provider/online-forms

What information is required when requesting prior authorization?

When requesting prior authorization, please ensure the clinical information pertaining to the member and the requested service is readily available.

For a checklist of information needed to align with medical necessity criteria, please follow this link:

[How to Speed Up Prior Authorization](#)

How can I submit additional clinical information?

Through the **provider portal** at www.EviCore.com - Log in, then select "Authorization Lookup," then click on the box that indicates "upload additional clinical."

What is the most effective way to get authorization for urgent (expedited) 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 at www.EviCore.com. Urgent requests will be processed within 24 hours from the receipt of the request.

Note: Please select urgent only for requests that truly are urgent and not simply for a "quicker" review. If a request is selected as urgent but does not meet 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 made within 2-3 business days. For urgent requests, a decision is made within 24 hours (Medicare/Medicaid) and 72 hours (Commercial). The provider will be notified by e-notification or fax.

How long is the authorization valid?

Authorizations are valid for **90 calendar days**. If the service is not performed within 90 calendar days of the issuance of the authorization, please contact EviCore at **877.791.4104**.

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 post-decision options. The denial letter is the best source of information regarding next steps.

Does EviCore review cases retrospectively if no authorization was obtained?

EviCore will process retro requests within **one (1) business day** of the service date.

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

The requesting provider or member should contact EviCore at **877.791.4104** with any change to the authorization, whether or 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.

What information about the prior authorization will be visible on the EviCore website?

The Authorization Lookup function on the website will provide the following information:

- Prior Authorization Number/Case Number
- Patient Name and DOB
- Status of Request
- Service Code
- Site Name and Location
- Prior Authorization Date and Expiration Date
- Upload Clinical
- Post-Decision Options

How do I determine if a provider is in network?

Participation status can be verified by calling the health plan number on the back of the member's insurance card. Providers may also contact EviCore at **877.791.4104**. EviCore receives a provider file from the contracted health plan with all independently contracted participating and non-participating providers.

Where do I submit my claims?

All claims will continue to be submitted directly to the health plan.

Provider Resources

Prior Authorization Call Center: 877.791.4104

Call centers are open from 7 a.m. to 7 p.m. (local time). Providers can contact our PA call center to perform the following:

- Check status of existing authorization requests.
- Discuss questions regarding authorizations and case decisions.
- Change facility or CPT code(s) on an existing case.
- Request to speak to a clinical reviewer.
- Schedule a clinical consultation with an EviCore Medical Director.

Client and Provider Services

This dedicated team addresses provider-related requests and concerns, including:

- Questions regarding Accuracy Assessment, accreditation, and/or credentialing
- Requests for an authorization to be re-sent to the health plan
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation.

Providers can initiate a support request with Client and Provider Services via the following methods:

- **ECRM (EviCore Communication Relationship Management)**
 - Register or log in at <https://ecrm.Evernorth.com/ecrm>
 - ECRM resources available at <https://www.EviCore.com/ecrm-resources>
- **Phone:** 800.646.0418, option 4

EviCore Web Support

- Initiate a support request via [ECRM](#).
- Call 800.646.0418, option 2.
- Live chat at www.EviCore.com

Where can I find additional educational materials?

For more information and resource documents, please visit:

<https://www.EviCore.com/resources/healthplan/health-plan>