



Radiology Program

Frequently Asked Questions

Who is EviCore by Evernorth (EviCore)?

EviCore is an independent specialty medical benefits management company that provides utilization management services for Network Health.

Which members will EviCore manage for the Radiology program?

EviCore already manages Radiology prior authorizations for Network Health Commercial members. Beginning January 1, 2025, EviCore will also be managing Radiology services for Network Health Medicare members.

Note: Member eligibility and benefits should be verified on [Network Health | Home](#).

Which Radiology services require prior authorization for Network Health?

Go to [Network Health Provider Resources | EviCore by Evernorth](#). Select solution resources> Select the correct solution> Select CPT Codes.

Radiology

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

Who needs to request prior authorization through EviCore?

A representative of the ordering provider's staff can request prior authorization. This could be someone from clinical, front office, or billing staff acting on behalf of the ordering provider. Alternatively, the rendering facility can also request a prior authorization.

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 quickest, most efficient way to request prior authorization and is available 24/7. Providers can request authorization by visiting www.evicore.com

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 make revisions to existing cases by calling **855-727-7444**.



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

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

What information is required when requesting prior authorization?

When requesting prior authorization, please ensure the proprietary information is readily available:

Member

- First and Last Name
- Date of Birth
- Member ID

Ordering Provider

- First and Last Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Number

Rendering (Performing) Provider

- Facility Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- 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 services.

How long is the authorization valid?

Authorizations are valid for 60 calendar days. If the service is not performed within 60 calendar days from the issuance of the authorization, please contact EviCore

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

Our web portal provides 24/7 access to check the status of existing authorizations. To check the status of your authorization request, please visit www.evicore.com and sign in with your login credentials.



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 at [evicore.com](https://www.evicore.com) or by contacting our contact center at **855-727-7444**. Urgent requests will be processed within 48 hours from the receipt of complete clinical information.

Note: Please select urgent for those cases that truly are urgent and not simply for a “quicker” review.

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 www.evicore.com. 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. This is a list of information usually required:

- A relevant history and physical exam
- Summary of patient's condition
- Imaging and/or pathology and/or lab reports indicated relevant to the requested procedure
- Co-morbidities if relevant
- The indication for the specified procedure
- Prior treatment regimens (for example, appropriate clinical trial of conservative management, if indicated)
- Results of prior endoscopic procedures if relevant
- Genetic testing

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

Member eligibility and benefits should be verified on [Network Health | Home](#) before requesting prior authorization through EviCore.

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

After I submit my request when and how will I receive the determination?

After all of the clinical information is received, for normal (non- urgent) requests, a decision is made within 2-3 business days. For urgent requests, a decision is made within 48 hours. The provider will be notified either electronically or via fax.

What are my options if I receive and adverse determination?

The referring and rendering provider will receive a denial letter that contains the reason for denial as well as appeal rights process.

Does EviCore review cases retrospectively if no authorization was obtained?

Retrospective requests must be initiated by phone **within 7 business days** following the date of service. Please have all clinical information relevant to your request available when you contact EviCore.

How do I make a revision to authorization that has, or 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 on the EviCore web portal?

The authorization status function on the website will provide the following information:

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

How do I determine if a provider is in network?

Participation status can be verified to [Network Health | Home](#). Providers may also contact EviCore at **855-727-7444**. EviCore receives a provider file from Network Health with all independently contracted participating and non- participating providers.

Where do I submit my claims?

All claims will continue to be filed directly to Network Health through your existing processes.



Where do I submit questions or concerns regarding this program?

For program related questions or concerns, initiate a support request via [ECRM](#)

Common items to send to Client and Provider Services:

- 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](#) 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 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. 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 history

Where can I find additional educational materials?

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

Additional Information about ECRM, including trainings, can be found on [Providers Hub](#)