

Radiology Frequently Asked Questions



Who is EviCore By Evernorth?

EviCore By Evernorth (EviCore) is an independent specialty medical benefits management company that provides utilization management services for certain Blue Cross and Blue Shield plans in Illinois, Montana, New Mexico, Oklahoma, and Texas.

Which members will EviCore healthcare manage for the outpatient Radiology services program?

EviCore will manage services for:

- Blue Cross and Blue Shield (BCBS) Medicare members located in the states listed above.
- BCBS Medicaid members located in Illinois and Texas

What is the relationship between BCBS and EviCore?

Beginning June 1, 2017, EviCore started managing selected radiology services for BCBS.

How can I initiate a prior authorization request?

The quickest, most efficient way to obtain prior authorization is through the self-service web portal at www.evicore.com. EviCore's prior authorization call center is available from 7:00 a.m. to 7:00 p.m, Monday through Friday local time. For auth requests originating from Texas hours of operation are 6 am to 6 pm central time Monday through Friday and between 9 am-noon central time on Saturdays, Sundays, and legal holidays. The web portal is available 24/7.





Is it possible for the physician to be both the referring and the rendering provider?

Yes. This is allowed under the program guidelines.

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

EviCore's prior authorization call center is available from 6:00 a.m. to 6:00 p.m., Monday through Friday. The phone number is 855-252-1117. The web portal is available for access 24/7.

What information is needed to get approval for radiology services?

- Member's name, date of birth, plan name and plan ID number
- Ordering Physician's name, National Provider Identifier (NPI), Tax Identification Number (TIN), Fax number
- Place of service
- Rendering facility's name, NPI, TIN, street address, fax number
- Service being requested (CPT codes and diagnosis codes)
- All relevant clinical notes; imaging/X-ray reports, patient history, physical

How do providers check for the authorization status of a member?

You can check the authorization via the portal at www.evicore.com or via phone at 855-252-1117.

What is the format of the EviCore authorization number?

An authorization number is (1) one Alpha character followed by (9) nine numeric numbers, and then the CPT code of the procedure authorized. For example: A123456789.





How will all parties be notified of approvals and denials for radiology services?

EviCore is committed to reviewing all requests and giving case decisions within seven (7) calendar days of receiving all necessary clinical information.

If a prior authorization request is not approved, what follow-up information will the referring provider receive?

For Medicaid BCBS IL & TX members, the referring provider will receive a denial letter that contains the reason for denial as well as Reconsideration and Appeal rights and processes. A reconsideration allows providers the chance to provide additional information to support the request and includes the opportunity to request a Peer-to-Peer discussion with an EviCore Medical Director to review the decision.

For Medicare BCBS members, the referring provider will receive a denial letter that contains the reason for denial as well as Appeal rights and processes. Please note that after a denial has been issued for a Medicare member, no changes to the case decision can be made. A consultation with an EviCore Medical Director is for educational purposes only.

How long is an authorization valid?

Authorizations are valid for forty-five (45) calendar days. If the service is not performed within 45 days from the issuance of the authorization, please contact EviCore.



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

The most efficient way to obtain preauthorization for urgent requests is via the web portal at www.evicore.com. You can also submit it by phone by contacting EviCore directly at 855-252-1117. Please indicate the request is urgent. For outpatient radiology services in urgent situations only, treatment may be started without preauthorization. However, the treatment must meet urgent guidelines.

Will EviCore be processing claims for BCBS?

No, EviCore will only manage prior authorization requests. Pre-Certification and Pre-Service approval is not a guarantee of payment of benefits.

Medicare: Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation and other terms, conditions, limitations and exclusions of your Certificate of Benefits booklet and/or Summary of Benefits.

Medicaid: For services to be paid by Blue Cross and Blue Shield, members must be eligible for Medicaid at the time of treatment. Payment depends on the amount allowed for the treatment. It also depends on a review of supporting records. Other terms and limits of your plan may also apply.

What are the parameters of an appeals request?

EviCore will manage 1st level appeals. An authorized representative, including a provider, acting on behalf of a member, with the member's written consent may file an appeal on behalf of a member. A member patient authorization form must be completed for all first level appeals. Appeal rights are detailed in coverage determination letters sent to the providers with each adverse determination.





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Appeals must be made in writing within 120 calendar days and 30 calendar days for IL Medicaid unless the request involves urgent care, in which case the request may be made verbally. eviCore will respond within 30 calendar days, and 15 business days for IL Medicaid requests.

Where should first-level appeals be sent?

Please refer to the appeal instructions on the denial letter for guidance.

Fax: 866-699-8128

E-mail: Appealsfax@evicore.com

Toll Free Phone: (800) 792-8744 ext
49100 or (800) 918-8924 ext 49100



Public Information