EviCore By EVERNORTH

Radiology Program
Frequently Asked Questions (FAQ)

SANFORD HEALTH PLAN

Which members will EviCore by Evernorth (EviCore) manage for the Radiology Program?
EviCore manages services for the Sanford Health Plan members who are enrolled in the **commercial lines of business.**

What is EviCore's Radiology Program?
EviCore's Radiology Program consists of Prior Authorization Medical Necessity Determinations for advanced radiological services. Our solution is designed around each client's individual needs. This is accomplished by utilizing our unique clinical expertise 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.

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)
- Echo (Transthoracic, Transesophageal) (including C-Codes)
- Nuclear Stress (Perfusion Imaging)

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

Who needs to request prior authorization through EviCore?
All physicians who request/order radiology services are required to obtain a prior authorization for services prior to the service being rendered in an office or outpatient setting.

How do I check the eligibility and benefits of a member?
Member eligibility and benefits should be verified on **Sanford Provider Portal** before requesting prior authorization through EviCore.

How do I request 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 **Provider's Hub | EviCore by Evernorth**

Call Center:
EviCore's call center is open from 7 a.m. to 7 p.m. CST. Providers and/or staff can request prior authorization and make revisions to existing cases by calling **(844) 635-7225.**

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Fax

Providers and/or staff can fax prior authorization requests by completing the clinical worksheets found on EviCore's website at **Radiology Clinical Worksheets | EviCore by Evernorth.** Fax number is **800-540-2406**

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

- Procedure Code Request (CPT Code)
- Results of relevant test(s)
- Working diagnosis
- Patient history including recent conservative therapy (include duration)

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 **Cardiovascular & Radiology | EviCore by Evernorth.**
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
- Signs and Symptoms
- Recent Imaging/X-ray reports
- Recent Physical Exam Findings
- Current office notes
- Pertinent medical history and family history
- 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 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.

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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: Clinical Guidelines **Cardiovascular & Radiology | EviCore by Evernorth**

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 requires a medically urgent procedure. Urgent requests may be initiated on our web portal (**Provider's Hub | EviCore by Evernorth**) or by contacting our contact center at **844-635-7225**. Urgent requests will be processed within 24 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. Also note that 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.

Does EviCore review cases retrospectively if no authorization was obtained?
Retrospective requests must be initiated by phone within 30 calendar days following the date of service. Please have all clinical information relevant to your request available when you contact EviCore. If approved, the retro request will be valid as of the Date of Service indicated on the request.

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** and select the "Authorization Lookup" feature. To request a fax letter with the prior authorization number, please call EviCore at **844-635-7225**.

Do Radiology 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 with 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 **844-635-7225.** EviCore receives a provider file from the health plan with all independently contracted participating and non-participating providers.

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 **Provider's Hub | EviCore by Evernorth** or by calling EviCore Customer Service. Members will be notified by mail and via phone.

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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. You can also access all post decision options via the web portal through the "Authorization Lookup" feature.

For how long are Prior Authorizations approved?

Outpatient authorizations are typically good for 45 calendar days. If the service is not performed within 45 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

How do I determine if a provider is in network?

Participation status can be verified with Sanford at **Sanford Health Plan Providers**
Providers may also contact EviCore at **844-635-7225**. EviCore receives a provider file from Sanford Health Plan with all independently contracted participating and non- participating providers.

What if I don't agree with EviCore clinical determination on the requested authorization?

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

- Reconsiderations must be requested within 14 calendar days after the initial determination date but before an appeal is filed. Providers may request reconsideration in writing, by sharing additional information, or by requesting a Clinical Consultation (peer to peer (P2P)) with an EviCore Medical Director to review the decision.
- EviCore will also process the first level of appeal. Appeals must be submitted within 180 days of the initial denial.

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Where should I upload necessary clinical information?
Submitting Additional Clinical Information EviCore Portal at **Provider's Hub | EviCore by Evernorth.** Log in, select “Authorization Lookup,” then upload additional clinical.

Where can I find additional educational materials?
For more information and reference documents, please visit our resource page at **Sanford Health Plan Provider Resources | EviCore by Evernorth**

Where can I get additional EviCore assistance related to questions or concerns?
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**
- Phone: **800-646-0418,** option 4, and option 2 for web support

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 Sanford Health Plan.