



eviCore healthcare Radiology/Cardiology Program Frequently Asked Questions

Who is eviCore healthcare?

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

Which members will eviCore healthcare manage for the outpatient diagnostic radiology and cardiology imaging services program?

eviCore will manage services for:

- Medicare
- HMO
- PPO

What is the relationship between Aetna and eviCore healthcare?

eviCore began accepting high tech imaging prior authorization requests on September 1, 2015.

What requires prior authorization?

- CT, CTA (Computed Tomography, Computed Tomography Angiography)
- MRI, MRA (Magnetic Resonance Imaging, Magnetic Resonance Angiography)
- PET (Positron Emission Tomography)
- NCM/MPI (Nuclear Cardiac Imaging)
- Stress Echocardiograms
- Diagnostic Heart Catheterizations

How can I initiate a Prior authorization request?

There are two ways to submit requests to eviCore healthcare for outpatient member services:

- **Web Portal:** The web portal is the quickest, most efficient way to submit authorizations and check case status. The web portal is available 24 hours a day, 7 days a week. By utilizing the web portal, you have real-time access to patient authorization and eligibility information as well as the ability to submit requests at a time that best fits your schedule. The web portal can be accessed online at www.evicore.com.
- **Phone:** eviCore healthcare's prior authorization call center is available from 7:00 a.m. to 7:00 p.m, local time Monday through Friday and can be reached at 888-693-3211.

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

Yes. This is allowed under the program guidelines.

What information is needed in order to get approval for radiology/cardiology 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 findings



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 888-693-3211.

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

Ordering and rendering providers will receive written notification via fax. You can also validate the status using the eviCore provider portal at www.evicore.com or by calling eviCore healthcare at 888-693-3211. Members will be notified in writing by mail.

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

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, such as a reconsideration, can be made. Speaking with an eviCore Medical Director is for educational purposes only.

How long is an authorization valid?

Authorizations are valid for ninety (90) calendar days. If the service is not performed within 60 days from the issuance of the authorization, please contact eviCore healthcare.

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

Yes. Medically urgent requests are defined as conditions that are a risk to the patient's life, health, ability to regain maximum function, or the patient is having severe pain that required a medically urgent procedure. Urgent requests may be initiated via phone at 888-693-3211 or web portal located at www.evicore.com. Urgent requests will be processed within 72 hours from the receipt of complete clinical information.

Will eviCore be processing claims for Aetna?

No, eviCore will only manage prior authorization requests. Prior authorization approval is not a guarantee of payment of benefits.

What are the parameters of an appeals request?

- eviCore will not process appeals.
- Appeal rights and process will be included in the denial letter.
- Please contact the healthplan with any questions.