Vascular Intervention

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 Vascular Intervention program?

eviCore will manage prior authorization for Aetna members who are enrolled in the following programs:

- **Medicare**
- **Commercial Fully Insured**

What is eviCore healthcare's Vascular Intervention program?

eviCore's Vascular Intervention Program consists of Prior Authorization Medical Necessity Determinations for various procedures to treat blockages in the lower extremity. Those blockages in the legs can lead to symptoms such as claudication, ischemic rest pain and non-healing wounds or gangrene. Claudication symptoms can often be treated conservatively with risk factor modification, medication or a structured walking program. If claudication symptoms are disabling, intervention may be considered. For those with critical limb ischemia such as rest pain and non-healing wounds or gangrene, intervention is often warranted to prevent limb loss or amputation.

Which Vascular Intervention services require prior authorization for Aetna?

Go to https://www.evicore.com/resources Find the Health Plan > Select solution resources> Select the correct solution> Select CPT Codes.

Procedures for peripheral atherosclerosis that are included in the PVD intervention program include:

- Angioplasty
- Stent placement
- Additional PTA or stent placement
- Atherectomy

Who needs to request prior authorization through eviCore?

All physicians who request/order Vascular Intervention services are required to obtain prior authorization for eviCore-delegated procedures prior to the service being rendered in an office or outpatient setting.

How do I request a prior authorization through eviCore healthcare?

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 888-622-7329.

Fax
Providers and/or staff can fax prior authorization requests by completing the clinical worksheets found on eviCore's website at www.evicore.com/provider/online-forms

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 information is required when requesting prior authorization?

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)
- Recent (within 6 months) in-person clinical evaluation which includes a detailed history and physical exam
- Imaging studies, including ankle-brachial indices, arterial duplex, or angiograms if applicable
- Prior procedure reports
- Reports from other providers participating in treatment of the relevant condition

How long is the authorization valid?

Authorizations are valid for 180 calendar days. If the service is not performed within 180 days from the issuance of the authorization, please contact eviCore healthcare.

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 or by contacting our contact center at 888-622-7329. Urgent requests will be processed within 24 hours from the receipt of complete clinical information.

Note: Please select urgent for cases that truly are clinically urgent and not simply for a "quicker" review. Also, please note that any case marked urgent that does not meet urgent criteria may be reassigned as a routine case.

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

Before requesting prior authorization through eviCore, member eligibility and benefits should be verified at https://apps.availity.com/availity/web/public.elegant.login.

Where can I access eviCore healthcare'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 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 24 hours (Medicare/Medicaid) and 72 hours (Commercial). The provider will be notified by fax. E-notification is also available.

What are my options if I receive and adverse determination?

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

Does eviCore review cases retrospectively if no authorization was obtained?

Yes. Retrospective requests must be initiated by phone within 14 calendar days following the date of service. Please have all clinical information relevant to your request available when you contact eviCore healthcare.

How do I make a revision to an authorization that has been performed? How do I make a revision to an authorization that 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 healthcare of any changes to the authorization in order for claims to be correctly processed.

What information about the authorization will be visible on the eviCore healthcare 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 at https://www.aetna.com/health-care-professionals.html. Providers may also contact eviCore healthcare at 888-622-7329. eviCore receives a provider file from Aetna with all independently contracted participating and non-participating providers.

Where do I submit my claims and/or appeals?

All claims and authorization appeals should be sent directly to Aetna.

Where do I submit questions or concerns regarding this program?

For program related questions or concerns, please email: clientservices@evicore.com.

Common topics to send to Client 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 or system issues

Who do I contact for online support/questions?

Web portal inquiries can be emailed to portal.support@evicore.com or call 800-646-0418 (Option 2).

What are the benefits of using eviCore healthcare'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.
- **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 requests for a member.

Where can I find additional educational materials?

For more program information and reference documents, please visit our provider resource page at https://www.evicore.com/resources/healthplan/aetna.