



eviCore healthcare Radiology 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 Priority Health.

What is the relationship between Priority Health and eviCore healthcare?

Beginning May 25, 2017, eviCore will manage high-tech radiology service prior authorizations for Priority Health.

What procedures will require prior authorization?

Please refer to the list of CPT/HCPCS codes that require prior authorization at the following link:
<https://www.evicore.com/healthplan/priorityhealth>

I previously used AIM for high-tech radiology auths with Priority Health. Where do I request authorization now?

Starting May 25, eviCore replaces AIM as Priority Health's authorization vendor for high-tech radiology authorizations.

Which members will eviCore healthcare manage for high-tech radiology services?

eviCore will manage authorizations for Priority Health Commercial, Medicaid and Medicare members.

How can I initiate a prior authorization request?

The quickest, most efficient way to obtain prior authorization is through the 24/7 self-service web portal at www.priorityhealth.com/provider. Log into your provider account then click "Auth Request". When a case is initiated on the web portal and meets clinical criteria, a real-time authorization may be received. Prior authorization can also be obtained via phone at **844-303-8456**.

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 healthcare's prior authorization call center is available from 7:00 a.m. to 7:00 p.m. Eastern Time, Monday through Friday. The phone number is **844-303-8456**. The web portal is available for access 24/7.

Who can request a prior authorization?

A representative of the ordering physician's staff can ask for authorization. This could be

someone from the clinical, front office or billing staff, acting on behalf of the ordering physician.

What information is needed in order to get approval for radiology services?

- Member's name, date of birth, plan name and Priority Health member 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?

To check the status of an authorization, you may contact eviCore at 844-303-8456 or check the authorization inquiry tool at www.priorityhealth.com.

What is the format of the eviCore healthcare 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 members be notified of approvals and denials for radiology services?

Written approval and denial notices will be sent to the member as well as the requesting provider(s). For Medicare members, once a service has been denied, an appeal must be filed in order to have the request re-reviewed. Appeal instruction will be provided on denial notifications.

How will the rendering facility be notified of medical necessity determination?

The facility will not receive written notification of the medical necessity determination.

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

Commercial membership: The referring provider will receive a denial notification that contains the reason for denial as well as Reconsideration and Appeal rights and processes. Please note that after the denial has been issued, the referring provider may request a peer-to-peer discussion with an eviCore Medical Director to review the decision.

Medicare and Medicare membership: The referring provider will receive a denial notification that contains the reason for denial as well as communication regarding grievance procedures should they disagree with the decision. Please note that after a denial has been issued, no changes to the case decisions 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) days. If the service is not performed within 90 days from the issuance of the authorization, please contact eviCore healthcare.



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

The most efficient way to obtain prior authorization for urgent requests is via phone, as an immediate approval can be obtained. Please contact eviCore healthcare directly at 844-303-8456 indicating the request is urgent. For high-tech radiology services in urgent situations only, treatment may be started without prior authorization; however, the treatment must meet urgent/emergent guidelines.

Does eviCore approve cases retrospectively if no authorization was obtained before the admission?

Retrospective requests must be initiated by phone within 120 calendar days following the date of service for Commercial membership or within 30 calendar days following the date of service for Medicaid membership. No retrospective request will be allowed for Medicare membership. In many instances, the services must have been urgent and medically necessary. Please have all clinical information relevant to your request available when you contact eviCore healthcare.

What are the parameters of an appeals request?

eviCore will manage only 1st level provider appeals. Appeal rights are detailed in coverage determination letters sent to the providers with each adverse determination. Appeals must be made in writing unless the request involves urgent care, in which case the request may be made verbally.

Where should first-level provider appeals be sent?

Appeals may be submitted by mail, fax or email to:

Mail: eviCore healthcare
Attn: Clinical Appeal Dept
400 Buckwalter Place Blvd
Bluffton, SC 29910

Fax: 866-699-8128

E-mail: Appealsfax@evicore.com

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