Radiology and Cardiology

Frequently Asked Questions

Who is eviCore healthcare?

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

Which members will eviCore healthcare manage for the Radiology and Cardiology program?

eviCore will manage prior authorization for Security Health Plan members who are enrolled in the following programs: Commercial, BadgerCare, Medicare Advantage and Security Administrative Services (Marshfield Clinic Health System Employee Group only) plans

What is eviCore healthcare's Radiology and Cardiology program?

eviCore's Radiology and Cardiology Program consist of Prior Authorization Medical Necessity Determinations for advanced radiological and cardiology services.

Which Radiology and Cardiology services require prior authorization for Security Health Plan?

High-Tech

- CT, CTA (Computed Tomography, Computed Tomography Angiography)
- MRI, MRA (Magnetic Resonance Imaging, Magnetic Resonance Angiography)
- PET (Positron Emission Tomography)

Cardiology UM

- Cardiac CT
- Cardiac MR
- Cardiac PET
- Diagnostic Heart Cath
- Echo (Transthoracic, Transesophageal) (including C-Codes)
  - Cardiac Add-On Codes
- Nuclear Stress (Myocardial Perfusion Imaging)
- Multigated Acquisition Scan (MUGA)
- Stress Echo (including C-Codes)

Who needs to request prior authorization through eviCore?

All physicians who perform radiology and cardiology 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 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. When a case is initiated on the web portal and meets clinical criteria, a real-time authorization may be received.

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Call Center

eviCore's call center is open from 7 a.m. to 7 p.m. Central time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling 888-444-6185.

Do Radiology and Cardiology services performed in an inpatient setting at a hospital or emergency room setting require prior authorization?

No. Radiology and Cardiology studies performed in an emergency room, while in an observation unit, or during an inpatient stay do not require prior authorization.

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?

When requesting prior authorization, please ensure the proprietary information is readily available:

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)

- Requested Procedure Code (CPT Code)
- Signs and symptoms
- Imaging/X-ray reports
- Results of relevant test(s)
- Working diagnosis
- Patient history including previous therapy

Note: eviCore suggest utilizing the clinical worksheets when requesting authorization for Radiology and Cardiology services

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 www.eviCore.com. Click the resources drop down button at the top right side of the web page to find the link to those guidelines.

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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. This is a list of information usually required:

- Rule out/diagnosis
- Symptoms
- Physical Exam Findings
- Current office notes
- Pertinent medical history and family history
- Lipid panels (for cardiac services)
- Reports of current electrocardiograms (EKGs) when appropriate and signed by doctors
- Treatments such as medications, physical therapy, surgery, or checmotherapy
- Re-evaluation post treatment for some indications
- Recent and relevant imaging and/or 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.
- For cardiac service requests, reports of previously performed left heart catheterizations, nuclear stress tests, routine exercise stress tests, echocardiograms and stress echocardiograms (as applicable) previous cardiac imaging studies (CT, MR, PET)

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 888-444-6185. Urgent requests will be processed within 24 hours from the receipt of complete clinical information.

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

How will the authorization determinations be communicated to the providers?

eviCore will fax the authorization and/or denial letter to the requesting provider. Verbal determinations in certain situations may apply. Providers may also visit www.evicore.com to view the authorization determination.

How long is the authorization valid?

Authorizations are valid for 90 calendar days. If the service is not performed within 90 days from the issuance of the authorization, a new request that will need to be requested. No extensions will be allowed.

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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 Reconsideration and appeal rights process.

Note: The referring provider may request a Clinical Consultation within two (2) business days with an eviCore Medical Director to review the decision.

Does eviCore review cases retrospectively if no authorization was obtained?

Retrospective requests must be initiated by phone within 3 business days following the date of service. Please have all clinical information relevant to your request available when you contact eviCore healthcare.

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 www.evicore.com. To request a fax letter with the prior authorization number, please call eviCore healthcare at 800-646-0418
(Option #2) to speak with a customer service specialist.

Do Radiology and Cardiology 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 healthcare of 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 healthcare at 888-444-6185. eviCore receives a provider file from Security Health Plan name with all independently contracted participating and non- participating providers.

Where do I submit my claims?

All claims will continue to be filed directly to Security Health Plan.

How do I submit a program related question or concern?

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

Where can I find additional educational materials?

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

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