

Quick Reference Guide

eviCore Medical

Prior Approval Requirements

2019

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eviCore Prior Approval Requirements

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Submit eviCore Medical Authorizations via

Provider Portal: (preferred option for routine requests) [eviCore.com/Pages/ProviderLogin.aspx](https://www.evicore.com/Pages/ProviderLogin.aspx)

If you have questions or need assistance, please contact the Web Portal team via email at [portal.support@evicore.com](mailto:support@evicore.com) or via phone at (800) 646-0418 (Option 2).

Phone: Contact us toll-free at (855) 316-2673 Monday-Friday (except holidays) from 8AM to 9PM EST. For faster service, you'll need all pertinent clinical information before you call. Outside of normal business hours, you may call eviCore healthcare and leave a message for a return call the next business day.

For urgent requests: If services are required in less than 48 hours due to the severity of the clinical presentation, please call eviCore's above toll-free number for expedited Prior Approval review. Be sure to tell the eviCore representative that the Prior Approval request is for an urgent clinical presentation.

Fax: (800) 540-2406
(Radiology, Cardiology, & Ultrasound)

Fax: (855) 774-1319
(Musculoskeletal: Spine & Joints, Pain Management)

Prior Approvals processed through eviCore

- Advanced Imaging
- Cardiac Imaging
- Interventional Pain Management
- Joint Surgery
- Spine Surgery

▸ Ultrasound (Non-OB)

NOTE: OB Ultrasound reviews will be processed by Health Options as of 12/29/18.

NOTE: A high level overview of services that requires Prior Approval through eviCore is listed below in this document on page 3.

Applicable CPT code list that requires Prior Approval through eviCore can be found on this site at: <https://www.evicore.com/healthplan/HealthOptions>.

NOTE: Health Options Medical Management authorizations: Health Options requires Prior Approval for medical services that are not processed by eviCore.

Please see [Quick Reference Guide: Medical Prior Approval & Notification Requirements](#) for further information regarding medical services that are processed through Health Options Medical Management team.

Place of Service Considerations

Emergency Department

No Prior Approval is required for services performed in the Emergency Department.

Inpatient Admissions

Elective Spine & Joint (e.g., shoulder, hip, knee) procedures require prior approval through eviCore even when they are associated with an inpatient admission. eviCore approvals only apply to ambulatory/outpatient settings. Providers must notify Health Options for all inpatient stays within 48 hours. Failure to notify Health Options may result in denial of the inpatient stay.

Observation Stays (Effective 1/1/19)

- Health Options will perform Medical Necessity review for the entire stay.
- Notification is required within 24 hours (or by noon on the first business day after the weekend) even if the patient is already discharged.
- Delayed notification may result in an administrative denial for observation days prior to notification.
- An approved day of Observation Stay is based on the clinical presentation and is not necessarily for all services rendered during the stay.
- Submit all supporting clinical documentation as soon as feasible and within 10 BD of the 1st Obs. day.
- Health Options will review the Observation claim submission.
- If Health Options determines additional clinical information is needed to support medical necessity of any services/procedures rendered during an Observation Stay, a request will be made to the facility.

Examples include but not limited to:

- Genetic Testing
- Surgical Procedures
- Unlisted Procedures
- Diagnostic Imaging

If medical necessity is not met, line item may be denied. Facility/provider has appeal rights.

Notification responsibility:

- In-network: provider responsibility
- Out-of-network: Member responsibility

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Prior Approval Requirements

To ensure the Prior Approval process is as quick and efficient as possible, we highly recommend that the provider's office submitting requests, as applicable, have:

- ▶ Member's name, DOB, ID and current address
- ▶ Recent clinical information including prior tests, lab work, and / or imaging performed related to this diagnosis
- ▶ Working or differential diagnosis
- ▶ Notes from the Member's last visit related to the diagnosis
- ▶ Type and duration of treatment performed

Implementation Site

The eviCore Community Health Options implementation website contains web registration and submission information, FAQ documents, and other important resources that are kept up-to-date for your convenience: <https://www.evicore.com/healthplan/HealthOptions>.

Authorizations

An authorization number will be faxed to the provider/facility upon approval. eviCore healthcare will approve the CPT code or codes for the requested procedure. **Contact eviCore healthcare for changes to facility or service.**

It is the responsibility of the provider/facility to confirm that Prior Approval has been requested and approved prior to service(s) being performed. Verification may be obtained via the eviCore healthcare website or by calling (855) 316-2673.

Important! Authorization from eviCore healthcare does not guarantee claim payment. Services must be covered by the health plan, and the Member must be eligible at the time services are rendered.

Authorization Denials

eviCore healthcare notifies the provider and Member in writing of a denial and provides a rationale for the determination and appeal rights. eviCore healthcare also offers the provider a consultation with an eviCore healthcare Medical Director on a peer-to-peer basis. In certain instances, additional information provided during the peer-to-peer consultation is sufficient to satisfy medical necessity criteria.

Check Out: Guidelines on the Web

To access the eviCore healthcare Guidelines via the web, visit our site at the following link: <https://www.evicore.com/resources/pages/providers.aspx>

From there you can access important information and resources:

- ▶ Education Tools
- ▶ Program Overview
- ▶ Clinical Guidelines & Quick Reference Guides
- ▶ Online Forms

Need Clinical Support?

If your case requires further clinical discussion for approval, we welcome requests for clinical determination discussions from rendering provider. One of eviCore healthcare's physicians can assist in a consideration of interventional pain management and spine/joint surgery options. To request a clinical discussion, call eviCore healthcare at (855) 316-2673 and request a peer to peer discussion.

This is not where claim denials reconsideration would be discussed. For claim denials, you must follow the appeal process.

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Category	Service
Advanced Imaging	<ul style="list-style-type: none"> ▸ 3D Rendering ▸ CT ▸ CT Angiography ▸ CT Colonography ▸ MRA ▸ MRI <ul style="list-style-type: none"> ▸ Nuclear Medicine ▸ PET ▸ Pulmonary Perfusion and Pulmonary Ventilation Imaging ▸ Ultrasound (non-OB)
Cardiology	<ul style="list-style-type: none"> ▸ Echocardiography ▸ Diagnostic Heart Catheterization ▸ Myocardial Perfusion Imaging (Nuclear Stress) ▸ Stress Echocardiography
Durable Medical Equipment	<ul style="list-style-type: none"> ▸ Osteogenesis Stimulator (Spine only)
Joint Surgery (Shoulder, Hip, Knee)	<ul style="list-style-type: none"> ▸ Allograft ▸ Arthroplasty ▸ Arthroscopy ▸ Arthrotomy ▸ Autograft ▸ Capsulorrhaphy ▸ Ligamentous Reconstruction
Pain Management	<ul style="list-style-type: none"> ▸ Destruction by Neurolytic Agent ▸ Electrothermal Annuloplasty ▸ Injection, Anesthetic Agent and/or Steroid ▸ Injection, Diagnostic or Therapeutic Agent ▸ Injection, Including Indwelling Catheter Placement ▸ Injection/Infusion of Neurolytic Substance ▸ Injection, of Diagnostic or Therapeutic ▸ Injection Procedure for Chemonucleolysis ▸ Percutaneous Lysis of Epidural Adhesions