What services require prior authorization from eviCore healthcare?

The following non-emergent services require prior authorization through eviCore healthcare.

- All ambulatory CT, MRI, MRA, PET scans
- Interventional Pain Management
- Large Joint Procedures
- Radiation Oncology Therapy Services
- Spinal Procedures
- All ambulatory cardiac diagnostics including diagnostic cardiac catheterizations, nuclear cardiology scans, stress echocardiograms, transesophageal echocardiograms, transthoracic echocardiograms

How do I contact eviCore healthcare to obtain prior authorization for these services?

Requests for prior authorization can be made through eviCore healthcare.

- Phone: 855-727-7444
- Fax: 888-693-3210
- Online: myportal.medsolutions.com

Is prior authorization required for emergency department situations?

No. Patients seen in the emergency department are exempt from prior authorization.

How are observation stays handled?

Imaging services that occur during observation services do not require prior authorization. These services are easily identifiable in the Network Health’s Claims System and will be paid without an authorization from eviCore healthcare.

What information is required at the time of the request?

- Name of office, phone number of ordering physician
- Member/participant name and ID number
- Requested service
- Name of provider office or facility where service is to be performed
- Clinical information supporting request
- Patient symptoms
- Exam findings
- Previous and/or current treatments, previous studies, preliminary services already completed
- Reason study is requested—further evaluation, rule out disorder

Can eviCore healthcare handle multiple authorization requests per phone call? What is the limit?

There is no limit to the amount of requests submitted per phone call, fax or online.

How long is an authorization number valid?

All radiation oncology therapy services are effective for 180 days from the date the request was approved. All other prior authorizations are effective for 60 days from the date the request was approved.

What if my office staff forgets to call eviCore healthcare and proceeds with scheduling an imaging procedure or procedure requiring prior authorization?

EviCore healthcare will permit retrospective requests, but only where clinical urgency prevented prior authorization. Retrospective requests are accepted up to three business days following the date of service. Claims that are not preauthorized may not be paid. It’s very important to notify office staff and educate them about this policy.

What does a eviCore healthcare Prior Authorization number look like?

The authorization number will be formatted as an eight-digit alphanumeric text string beginning with “A” followed by eight numbers (A88888888).

What happens if a patient is authorized for a CT of the abdomen and the radiologist or rendering physician feels an additional study of the pelvis is needed?

Providers need to contact eviCore healthcare to update an approved prior authorization. eviCore healthcare will evaluate the request against medical criteria.

If eviCore healthcare denies prior authorization of a study, do we have the option to appeal the decision?

Yes, multiple levels of appeal are available and will be detailed in the denial letter sent to the ordering physician and member/participant. In the event of an adverse determination, eviCore healthcare welcomes a post-decision review between the provider and the eviCore healthcare Medical Director.

Are there any instances where prior authorization is not required?

Prior authorization is not required when the services are provided during an emergency room visit, an inpatient stay, an observation bed stay, radiation planning studies, or radiological guidance for surgical procedures.

Although eviCore healthcare is authorizing a specific procedure, eviCore healthcare does not provide prior authorizations for the individual’s inpatient stay associated with the surgical procedure.
13. If two prior authorization numbers are associated with the patient encounter, which one should be printed on the claim?
You do not need to enter eviCore healthcare prior authorization number on the claim form or electronic transaction. It’s highly recommended, however, that imaging providers document and archive imaging prior authorization numbers.

14. A rural hospital only has a mobile MRI available on Tuesday and Thursday. A patient comes into the ER room on Saturday, the ER physician writes an order for an MRI to be taken on Tuesday. Is the service considered an emergency and bypass prior authorization?
No. It is not an emergency if the patient can wait until Tuesday. If the care is truly emergent, the ordering physician should have the patient transferred immediately to nearest MRI.

15. Is a separate prior authorization number needed for a CT-guided biopsy?
No, CT-guided surgical procedures do not require prior authorization from eviCore healthcare.

16. Is prior authorization required for MRI localization for gamma knife procedures?
No.

17. Can I speak directly with a clinical reviewer or physician (peer-to-peer) level reviewer?
If after the initial request requires a peer-to-peer review.

18. Where can I go to review the medical necessity criteria for the services requiring authorization?
Medical necessity criteria can be reviewed at: www.medsolutions.com/implementation/nhpwi

19. What is the decision time limit for a routine prior authorization decision?
eviCore healthcare will render a decision on a routine prior authorization request within 14 calendar days of the original request. However, the usual turnaround time is a few days.

20. What is the decision time limit for an urgent prior authorization request?
In the event of a clinically urgent/expedited prior authorization request, eviCore healthcare will render a decision within 72 hours of the request.

22. Will pediatric requests require prior authorization?
Yes, eviCore healthcare processes pediatric cases (under age 18) applying age-specific guidelines. There are no other special considerations regarding pediatric patients.

23. If the member/participant has an inpatient stay associated with a spinal procedure, joint procedure, radiation oncology or interventional pain procedure, do I need a prior authorization for the inpatient stay?
Yes, an authorization for the inpatient stay is needed through Network Health. Although eviCore healthcare is authorizing the procedure codes, eviCore healthcare does not provide prior authorizations for the Network Health’s individual’s inpatient stay associated with the surgical procedure.

24. Will rendering facilities be able to initiate prior authorization requests from eviCore healthcare?
Yes, rendering facilities can initiate a prior authorization request from eviCore healthcare. If the participating ordering physician has in-office equipment, the ordering physician is allowed to perform both roles – the ordering physician and the rendering facility.

25. Are eviCore healthcare authorizations specific or do they allow grouping such as with contrast, without and with contrast, and without contrast?
Network Health does not require a medical necessity review for contrast.

26. Who will handle a request for an appeal?
Network Health members and participants will be referred to Network Health for appeal process.

27. Are peer-to-peer conversation permitted?
EviCore healthcare welcomes ordering physicians, nurse practitioners and physician assistants to consult with a eviCore healthcare Medical Director during a peer-to-peer conversation.

28. If the member/participant has Medicare (primary)/Medicaid (secondary) and is having a study rendered, do we need to obtain prior authorization?
Yes, prior authorization is still required for members/participants, if Network Health is secondary or thereafter.

29. Does the Network Health claim require an exact facility match?
The provider needs to request the intended Network Health participating facility upon requesting the prior authorization. If the facility is changed, the provider will be required to call eviCore healthcare to update the request.