



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 MassHealth.

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

eviCore will manage prior authorization for MassHealth members who are enrolled in the following program:

Medicaid:

Primary Care ACO

Fee For Service

PCC Plans

What is eviCore healthcare's Radiology and Cardiology program?

eviCore's Radiology and Cardiology Program consists of Prior Authorization Medical Necessity Determinations for Advanced Imaging Services (AIS). For MassHealth, eviCore is delegated Radiology, Ultrasound **diagnostic only** and Cardiology services.

Which Radiology and Cardiology services require prior authorization for MassHealth?

Radiology

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

Cardiology

- Cardiac MRI
- Cardiac CT
- Cardiac PET
- Nuclear Stress (Myocardial Perfusion Imaging)
- Echo/Stress Echo

For a complete list of CPT codes that requires prior authorization through eviCore please visit:

<https://www.evicore.com/resources/healthplan/masshealth>

Does eviCore manage diagnostic Ultrasounds?

Yes. You can find the ultrasound codes in the list of CPT codes found on the resource page.

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

Member eligibility and benefits should be verified on MMIS (POSC) Provider Portal or by contacting Provider Services at 800- 841-2900 before requesting prior authorization through eviCore.

Who needs to request prior authorization through eviCore?

All physicians who perform radiology (includes ultrasound) 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



MassHealth providers will login to www.evicore.com. The eviCore portal is the quickest, most efficient way to request a prior authorization and is available 24/7. If you access the MMIS system (POSC), the user will be directed to the eviCore web portal login screen.

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 866-896-2201.

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 through eviCore.

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 choose “Check Status of Existing Prior Authorization.”

To request a fax letter with the prior authorization number, please call eviCore healthcare at 866-896-2201 and speak with a customer service specialist.

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 suggests utilizing the clinical worksheets when requesting authorization for Radiology and Cardiology services

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

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 www.evicore.com or by contacting our call center at 866-896-2201. Make sure if you call to advise it is an urgent request and be prepared to provide the clinical documentation that supports the urgent request.

When will I receive the authorization number once the prior authorization request has been approved?

Once the prior authorization request has been approved, eviCore will fax the authorization letter to the referring and rendering providers. Providers may also visit www.evicore.com to view the authorization determination. If you provide an email address, you will receive an e-notification.

Note: The authorization number will begin with the letter 'A' followed by a nine-digit number. A123456789

If denied, what follow-up information will the provider receive?

The referring and rendering providers will receive a denial letter that contains the denial rationale and next steps in the process. The member will be notified of the denial as well.

How long is the authorization valid?

Authorizations are valid for 45 calendar days from the approval date. If the service is not performed within 45 calendar days, please contact eviCore healthcare

Note: Authorizations performed outside of the authorized timeframe's can possibly lead to a denial of claims payment.

Does eviCore review cases retrospectively if no authorization was obtained?

Retrospective requests must be initiated by phone, 866-896-2201 within 14 business days following the date of service. Requests submitted after 14 business days will not move forward. Please have all clinical information relevant to your request available when you contact eviCore healthcare.

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.

How do I determine if a provider is in network?

Participation status can be verified by accessing MMIS (POSC) Portal or by contacting Provider Services at 800-841-2900

Providers may also contact eviCore healthcare at 866-896-2201. eviCore receives a provider file from MassHealth with all Massachusetts Medicaid contracted providers.

Where do I submit my claims?

All claims will continue to be filed directly to MassHealth.

Note: For OPUM codes 78472, 78473, 78481, 78483, 78496, 95782, 95783, 95800, 95805, 95806, 95807, 95808, 95810, 95811, G0399, 78451, 78452, 78453, 78454, 78491, 78492, 78459, 93350, 93351, you must submit claims with a TC modifier.

Where do I find the list of OPUM CPT Codes?

The list can be found at this link:

<https://www.evicore.com/resources/healthplan/masshealth>



What is Educate and Pay?

For the timeframe of ninety (90) days 3/1/2020-6/1/2020, all prior authorization requests where the provider answered the questions in the pathway will be approved.

If the provider does not submit clinical, the prior authorization will be denied.

Process:

- Provider must request a prior authorization
- eviCore will review for medical necessity
- Prior authorization will be approved
- If the request did not meet medical necessity, the provider will be notified of the denial rational for educational purposes only
- MassHealth will adjudicate the claim

Note: Starting 6/1/2020, approval will be based on the prior authorization request meeting medical necessity and will be approved/denied appropriately based on the clinical guidelines

How do I submit a program related question or concern?

For program related questions or concerns, please email: clientservices@evicore.com or use the Chat feature on www.evicore.com

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page at this link:
<https://www.evicore.com/resources/healthplan/masshealth>