

# Quick Reference Guide

## eviCore Medical

# Prior Approval Requirements

# 2018

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1/1/18

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# eviCore Prior Approval Requirements

## 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 & Therapies)

## Prior Approvals processed through eviCore:

- Advanced Imaging
- Cardiac Imaging
- Chiropractic services
- Interventional Pain Management
- Joint Surgery
- Physical & Occupational Therapy
- Speech Therapy
- Spine Surgery
- Ultrasound (OB & Non-OB)

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.

## Services that generally do not require Prior Approval:

- No prior approval is required for services performed in the Emergency Department.
- No prior approval is required by eviCore for services (e.g., advanced imaging, therapies) performed during observation stays/inpatient admissions.

**Exception:** Elective Spine & Joint (e.g., shoulder, hip, knee) procedures require prior approval through eviCore **even when they are associated with an inpatient admission.**

## 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

# eviCore Prior Approval Requirements

## Processing Additional Episodes of Care (PT, OT, ST):

In the instance when a Member has previously been seen and re-presents with an unrelated condition after the initial presentation is resolved, Prior Approval is required after the initial visit/evaluation for that new region.

If the initial condition is still being treated and a new region is identified for services, the provider needs to contact eviCore to add the secondary treatment area.

## 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. **Claims submitted for unauthorized procedures are subject to denial, and the Member must be held harmless.** Please verify the Member's eligibility with the health plan.

## 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"> <li>▸ 3D Rendering</li> <li>▸ CT</li> <li>▸ CT Angiography</li> <li>▸ CT Colonography</li> <li>▸ MRA</li> <li>▸ MRI</li> </ul> <ul style="list-style-type: none"> <li>▸ Nuclear Medicine</li> <li>▸ PET</li> <li>▸ Pulmonary Perfusion and Pulmonary Ventilation Imaging</li> <li>▸ Ultrasound (OB and non-OB)</li> </ul>
Cardiology	<ul style="list-style-type: none"> <li>▸ Echocardiography</li> <li>▸ Diagnostic Heart Catheterization</li> <li>▸ Myocardial Perfusion Imaging (Nuclear Stress)</li> <li>▸ Stress Echocardiography</li> </ul>
Chiropractic Care/ Manipulative Therapy	<ul style="list-style-type: none"> <li>▸ Prior approval, to include plan of care, is required after the initial evaluation.</li> </ul> <p>Note: If additional services (e.g., treatment) are performed the same day as the initial evaluation, Prior Approval will be required for those services. The provider has seven calendar days from the initial date of service to initiate the Prior Approval request in this scenario.</p>
Durable Medical Equipment	<ul style="list-style-type: none"> <li>▸ Osteogenesis Stimulator (Spine only)</li> </ul>
Joint Surgery (Shoulder, Hip, Knee)	<ul style="list-style-type: none"> <li>▸ Allograft</li> <li>▸ Arthroplasty</li> <li>▸ Arthroscopy</li> <li>▸ Arthrotomy</li> <li>▸ Autograft</li> <li>▸ Capsulorrhaphy</li> <li>▸ Ligamentous Reconstruction</li> </ul>
Pain Management	<ul style="list-style-type: none"> <li>▸ Destruction by Neurolytic Agent</li> <li>▸ Electrothermal Annuloplasty</li> <li>▸ Injection, Anesthetic Agent and/or Steroid</li> <li>▸ Injection, Diagnostic or Therapeutic Agent</li> <li>▸ Injection, Including Indwelling Catheter Placement</li> <li>▸ Injection/Infusion of Neurolytic Substance</li> <li>▸ Injection, of Diagnostic or Therapeutic</li> <li>▸ Injection Procedure for Chemonucleolysis</li> <li>▸ Percutaneous Lysis of Epidural Adhesions</li> </ul>
Therapies	<ul style="list-style-type: none"> <li>▸ Occupational Therapy</li> <li>▸ Physical Therapy</li> <li>▸ Speech Therapy</li> </ul> <p>Note: Prior approval, to include plan of care, is required after the initial evaluation. If additional services (e.g., treatment) are performed the same day as the initial evaluation, Prior Approval will be required for those services. The provider has seven calendar days from the initial date of service to initiate the Prior Approval request in this scenario.</p>