

eviCore Pre-authorization

▶ Visit www.evicore.com

▶ Call **800.533.1206**

Monday – Friday: 7:00 a.m. to 7:00 p.m.

High Tech Imaging Services

Pre-authorization is required for procedures in each of the categories below. Authorizations are required for studies rendered in an outpatient setting such as a provider's office, free-standing center (including radiology center) or in a hospital outpatient department:

- CT Scans
- Nuclear Cardiology
- PET Scans
- Nuclear Medicine
- MRI/MRA

Rendering Location Exclusions:

- Imaging studies performed in conjunction with emergency room services
- Inpatient hospitalization
- Outpatient surgery (hospitals and free-standing surgery centers)
- 23-hour observations

Claims Submission

Provider should submit claims to QualChoice. Provider NPI# is required.

Eligibility Verification

Providers should verify member eligibility prior to requesting/providing services.

Verify Member's ID Card

At each visit, the office should ask to see the member's ID card to verify eligibility and to collect the appropriate copayment.

To Check Eligibility

Use one of the following options:

1. Log in at QualChoice.com.
2. Call Customer Service:
Monday – Friday, 8 a.m. to 5 p.m.
501.228.7111 or
800.235.7111 (outside central Arkansas)

Complaints/Grievances

Members, providers or radiology providers may register a complaint with QualChoice by calling the toll-free number on the member's ID card.

If the member/provider is not satisfied with the response received, they may contact Customer Service for instructions on the grievance process.

PRE-AUTHORIZATIONS ARE VALID FOR 45 DAYS

Referring providers are responsible to notify patients regarding approved services. Failure to obtain pre-authorization will result in payments being denied and the member will be held harmless.

► **Complete Pre-certification Request** Responsibility of Ordering Provider

Patient Information

- Health plan name
- Patient's QualChoice ID number
- Patient's name and date of birth
- Patient's address and phone number

Medical Identifiers

- Ordering provider's name and QualChoice ID or NPI number
- Facility to which patient is being referred and rendering site name and address
- Name, phone, and fax number of contact person at ordering provider's office

Clinical Information

- Requested examination(s) with CPT code(s)
- Diagnosis or "rule out" with ICD-10 code(s)
- Detailed description of symptoms, with severity and duration; attempted treatments, with dosage and duration for drugs; dates of other therapies
- Any additional information, including but not limited to previous diagnostic tests, consultation reports, etc.
- Dates of prior imaging studies

► **The Pre-authorization Process**

Supply all information listed above. Clinical history and diagnostic information will determine if the procedure meets medical criteria.

- All decisions are made by licensed healthcare professionals.
- Reviews of non-urgent cases are completed within two (2) working days of receipt of information.
- Requesting provider will be notified of determination.

To verify pre-authorization status: Sign in to *My Account* at QualChoice.com. Click Pre-authorization for Radiology Services, or call eviCore Customer Service at 800.533.1206.

Approvals: Requests meeting criteria for medical necessity will be approved. Ordering provider will receive approval and authorization number by telephone and in writing.

Withdrawal: If ordering provider agrees the requested service is not appropriate, s/he may withdraw the request.

Non-certified (Adverse Determination): Studies that do not meet criteria for medical necessity will not be authorized.

- Before a final decision, additional clinical information may be requested from the ordering provider.
- The requesting provider, as the patient designee, will be notified of the adverse determination by phone. The patient is notified by mail, as required by law.
- Notification will include reason(s) for denial and the member's appeal rights.
- Providers may provide additional information and request reconsideration from eviCore. Call 800.533.1206, Option 4.

Appeals: Members for whom a procedure has been denied have the right to initiate an appeal to QualChoice.

Providers may refer to the adverse determination notification when filing a Request for Reconsideration with QualChoice or by calling QualChoice Customer Service at 800.235.7111.

► **Urgent Cases**

Authorization requests may be made on an urgent basis if medically required. Decisions for urgent requests are made within three (3) hours of eviCore receiving all required information.

► **Retrospective Reviews**

If services are urgently required and authorization cannot be obtained after hours (weekends or after 7:00 p.m. CST), the procedure may be performed, and an authorization requested retrospectively.

- Requests for retrospective review must be made within two (2) business days of the date of service.
- Follow the same process as for a routine request.
- Include documentation of the procedure's urgency.
- The retrospective request will be reviewed using the same criteria as a routine request.

NOTE: Retrospective pre-authorizations are not granted under this program except as described above.