



eviCore healthcare Radiology Program Frequently Asked Questions

Who is eviCore healthcare?

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for select radiology studies for Neighborhood Health Plan of Rhode Island (Neighborhood).

Which members will eviCore healthcare manage for the outpatient radiology services program?

eviCore will manage radiology services for all Neighborhood Health Plan of Rhode Island members, except Extended Family Planning (EFP) members.

How can I initiate a prior authorization request?

The quickest, most efficient way to obtain prior authorization is through the 24/7 self-service web portal at www.evicore.com. Prior authorization can also be obtained via telephone at 1-888-693-3211 or fax at 1-888-693-3210.

Is it possible for the physician to be both the referring and the rendering provider?

Yes. This is allowed under the program guidelines.

What are the hours of operation for the prior authorization department at eviCore?

eviCore healthcare's prior authorization call center is available from 8:00 a.m. to 9:00 p.m. Eastern Standard Time, Monday through Friday. The telephone number is 1-888-693-3211. The web portal is available for access 24/7.

What information is needed in order to get approval for radiology services?

- Member's name, date of birth, plan name and plan ID number
- Ordering physician's name, National Provider Identifier (NPI), Tax Identification Number (TIN), and Fax number
- Rendering facility's name, NPI, TIN, street address, and fax number
- Service being requested (CPT codes and diagnosis codes)
- All relevant clinical notes; imaging/X-ray reports; patient history; physical findings

What procedures are included in the program?

- CT/CTA
- MR/MRA
- PET and PET/CT
- Nuclear Medicine
- 3D Rendering Procedures



Who can request a prior authorization?

A representative of the ordering physician's staff can ask for authorization. This could be someone from the clinical, front office or billing staff acting on behalf of the ordering physician.

How do providers check for the authorization status of a member?

You can check the authorization via the portal at www.evicore.com or via telephone at 1-888-693-3211.

What is the format of the eviCore healthcare authorization number?

An authorization number is (1) one alpha character followed by (7) seven numeric numbers, and then the CPT code of the procedure authorized. For example: N1234567.

Once I ask for a prior authorization, how long will it take to get a decision?

In many cases, especially when complete clinical information is submitted initially, providers can receive a real-time approval. If clinical review is needed, in most cases, eviCore will make a decision within two (2) business days of receipt of all necessary information.

How will all parties be notified if the prior authorization has been approved or denied?

Referring providers and rendering facilities will be notified in writing by fax. Providers can validate a prior authorization by using the eviCore website or by calling eviCore Customer Service. Members will be notified by mail.

If a prior authorization is not approved, what follow-up information will the referring provider receive?

If a prior authorization request is not approved your notification letter will include the denial rationale, how to request a peer-to-peer discussion, and your appeals rights.

How long is an authorization valid?

Authorizations are valid for ninety (90) calendar days from the date of the request.

What is the most effective way to get authorization for urgent requests?

The most efficient way to obtain preauthorization for urgent requests is via telephone, as an immediate approval can be obtained. Please contact eviCore healthcare directly at 1-888-693-3211, indicating the request is urgent. For outpatient radiology services in urgent situations only, treatment may be started without preauthorization, however the treatment must meet urgent/emergent guidelines.

Does eviCore approve cases retrospectively if no authorization was obtained before the admission?

Retrospective requests must be initiated within 3 business days following the date of service. Please have all clinical information relevant to your request available when you contact eviCore healthcare.



How do I file an appeal if my prior authorization request is denied?

Appeals may be initiated by mail, telephone, fax or e-mail:

eviCore healthcare
Attn: Clinical Appeal Dept.
730 Cool Springs Blvd, Suite 800
Franklin, TN 37067

Toll Free Telephone: 1-888-693-3211

Fax: 1-888-693-3210

E-mail: Appealsfax@evicore.com