

Who is eviCore healthcare?

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides targeted utilization management services for Security Health Plan. Keep reading for a discussion of common provider questions and answers.

High end imaging:

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

Providers must notify eviCore within 72 hours of the procedure to request an update to an approved prior authorization. eviCore will evaluate the request against medical necessity.

Radiation oncology:

Do I need a separate prior authorization number for each service code that I intend to report based on the treatment plan?

The eviCore healthcare radiation therapy program authorizes a complete episode of care (EOC) and is not based on request for individual procedures. The approval for an EOC is inclusive of all relevant and necessary CPT codes associated with simulation, planning and treatment delivery. eviCore healthcare will assign one authorization number per treatment plan when medical necessity is met.

Furthermore, there are many codes that can be substituted for one another dependent on the evolution of care. For example, the approved authorization may be for a 3D conformal treatment plan. Based on the evolution of the patient's care it may be necessary to deliver a less complex dose of 3D conformal radiation (77402) versus a more complex dose of 3D conformal radiation (77407). eviCore does not want to limit the provider to a specific CPT Code if the lesser complex radiation dose is more appropriate. Therefore, the provider and/or facility should bill according to the level of complexity rendered within the course of treatment and bill according the treatment plan that is followed.

All program peer to peer process:

What are the provider's options when a prior approval request is denied?

There are two options after requested services are denied. A reconsideration review or a clinical peer-to-peer discussion can be requested. If additional clinical information is available without the need for a provider to participate, a reconsideration review can be requested by phone up to 10 business days from the date of the denial. If additional clinical information is available but there is a need for the requesting provider to participate in a discussion, the

requesting provider may schedule a call to speak with an eviCore Medical Director in the same specialty expertise.

Provider Appeal Process:

Provider appeals are required within 60 days of pre-service denial

The time frame for a provider to submitted and received the appeal is within 60 days after an adverse determination notification date (pre-service denial).

Security Health Plan will enforce the use of its Formal Provider Appeal form for all post-service claim appeals. The form and information on how to submit provider appeals can be found online at www.securityhealth.org/providerappeal.

If a request is received without the Formal Provider Appeal form, it will be returned to you as unprocessed. For more information contact our Customer Service department at 1-800-472-2363 to verify.