



Radiology and Cardiology Management Frequently Asked Questions

.....

- Q: Which members will eviCore healthcare manage for the Radiology and Cardiology programs?2
- Q: Which services require authorization?2
- Q: How do I check the eligibility and benefits of a member?2
- Q: How can I initiate a prior authorization request?2
- Q: If I am already registered for the eviCore portal for another health plan affiliation, do I have to enroll again?2
- Q: How do I check the prior authorization status for a member?.....2
- Q: What are the hours of operation?3
- Q: Who is responsible for submitting an authorization request?3
- Q: What information is required when requesting prior authorization?3
- Q: Where can I find the clinical worksheets and guidelines?3
- Q: When will I receive the authorization number once the prior authorization request has been approved?3
- Q: How will the authorization determinations be communicated to the providers?3
- Q: If denied, what follow-up information will the referring provider receive?3
- Q: Does eviCore review cases retrospectively if no authorization was obtained?3
- Q: How can the requesting or servicing provider confirm that the prior authorization number is valid?4
- Q: How long is an authorization valid?.....4
- Q: Do services performed in the emergency room (ER) require authorization?4
- Q: What if an authorization is issued to a facility and the patient or family wants to change the facility?4
- Q: How do I determine if a provider is in-network?4
- Q: Where do I submit my claims?4
- Q: How do I submit a question or concern about eviCore’s Radiology and/or Cardiology programs?4
- Q: Where can I find additional information?4



Q: Which members will eviCore healthcare (eviCore) manage for the Radiology and Cardiology programs?

A: eviCore will manage prior authorizations (PA) for Meridian members who are enrolled in the following programs:

- MeridianCare (Medicare)
- MeridianHealth (Medicaid)
- MeridianComplete (Medicare-Medicaid Plan)

Q: Which services require authorization?

A: Radiology imaging procedures requiring authorization:

- CT scan
- MRI/MRA
- Nuclear medicine
- PET scan
- PET/CT scan

A. Cardiology procedures requiring authorization:

- Nuclear stress testing
- Cardiac PET scan
- Stress echocardiography
- Echocardiography transthoracic
- Diagnostic heart catheterization
- Cardiac imaging
- Cardiac MRI
- Cardiac CT scan

Note: The full list of services can be accessed on the eviCore website:
www.evicore.com/healthplan/meridian_wellcare.

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

A: Eligibility and benefits should be verified prior to requesting prior authorization through eviCore. Providers can verify eligibility via the Meridian Provider Portal or by contacting Meridian Provider Services at **866-606-3700**.

Q: How can I initiate a prior authorization request?

A: Providers can request authorization in one of the following ways:

- **Web Portal:** the eviCore portal is the quickest, most efficient way to request prior authorization and is available 24/7. Providers can request authorization by visiting www.evicore.com/pages/providerlogin.aspx
- **Call Center:** eviCore's call center is open Monday – Friday, 7 a.m. to 7 p.m. Providers can request prior authorization by calling **888-333-8641**
- **Fax:** complete the appropriate clinical worksheet and include the office notes and previous imaging notes for the patient. Fax your requests to **800-540-2406**

Q: If I am already registered for the eviCore portal for another health plan affiliation, do I have to enroll again?

A: If you are already registered for the eviCore portal, you will **not** need to re-register. You can access your account with your existing log-in credentials.

Q: How do I check the prior authorization status for a member?

A: Our web portal provides 24/7 access to check on the status of your authorization request. To access the portal, please visit carriers.carecorenational.com/PreAuthorization/screens/AuthorizationLookup.aspx. You may also call eviCore at **888-333-8641** to check on the authorization status and request a fax confirmation letter.



Q: What are the hours of operation?

A: Our hours of operation are:

- Monday – Friday, 7 a.m. to 7 p.m.

Q: Who is responsible for submitting an authorization request?

A: The requesting or servicing provider is responsible for submitting a prior authorization request to eviCore.

Q: What information is required when requesting prior authorization?

A: The following information is required when requesting authorization:

- Member’s name, date of birth, and member ID
- Requesting provider’s name, National Provider Identifier (NPI), Tax Identification Number (TIN), and fax number
- Servicing facility name, NPI, TIN, and street address
- All relevant clinical notes: imaging/X-ray reports, patient history, and physical findings

Note: eviCore suggests utilizing the clinical worksheets when requesting authorization for services.

Q: Where can I find the clinical worksheets and guidelines?

A: The clinical worksheets and guidelines can be found at www.evicore.com/provider/clinical-guidelines.

Q. Once the prior authorization has been approved, when will I receive the authorization number?

A: Once approved, the authorization number will be communicated to the requesting provider and the member in accordance with regulatory time frames outlined below. When a case is initiated on the eviCore portal and meets clinical criteria, a **real-time authorization** may be received.

	Urgent Requests	Standard Requests
MeridianHealth	48 hours	4 calendar days
MeridianCare	72 hours	14 calendar days
MeridianComplete	72 hours	14 calendar days

Q: How will the authorization determinations be communicated to the providers?

A: eviCore will fax the authorization and/or denial letter to the requesting provider. Providers may also visit www.evicore.com/pages/providerlogin.aspx to view the authorization determination.

Note: The authorization number will begin with the letter ‘A’ followed by an eight-digit number.

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

A: The requesting provider will receive a denial letter containing the reason for the denial, as well as the line of business-specific reconsideration and appeal rights.

Note: The referring provider may request a peer-to-peer clinical consultation with an eviCore medical director to review the decision. You may schedule this by visiting www.evicore.com.

Note: eviCore is not designated for appeals. Please follow the appeals process currently in place with Meridian and outlined in the denial letter.

Q: Does eviCore review cases retrospectively if an authorization was not obtained?

A: No, prior authorization must be obtained prior to performing the services. If prior authorization is not obtained prior to performing the services, providers are advised to follow Meridian’s post-service claims appeal process as outlined in the Meridian provider manuals. The Meridian provider manuals can be found on the Meridian websites below:

- MeridianCare: www.mymeridiancare.com
- MeridianHealth and MeridianComplete: www.mhplan.com



Q: How can the requesting or servicing provider confirm the prior authorization number is valid?

A: Providers can confirm the prior authorization is valid by logging into the eviCore portal, which provides 24/7 access to view prior authorization numbers. To access the portal, please visit www.evicore.com/pages/providerlogin.aspx.

Note: To request a fax letter with the prior authorization number, please call eviCore at **888-333-8641** to speak with a customer service specialist.

Q: How long is an authorization valid?

A: Authorizations are valid for 45 days. If the service is not performed within the time frame provided, please contact eviCore.

Note: Authorizations performed outside of the authorized time frames can lead to a denial of the claims payment.

Q: Do services performed in the emergency room (ER) require authorization?

A: No, services performed in an ER setting do not require authorization from eviCore.

Q: What if an authorization is issued to a facility and the patient or family wants to change the facility?

A: The requesting provider should contact eviCore with any changes to the facility. We will then update the authorization in our system. It is very important to notify eviCore of any changes to the facility in order for claims to be processed correctly for the facility that receives the member.

Q: How do I determine if a provider is in-network?

A: Participation status can be verified via the online provider directory on the Meridian websites below:

- MeridianCare: www.mymeridiancare.com
- MeridianHealth and MeridianComplete: www.mhplan.com

Note: eviCore receives a provider file from Meridian with all independently contracted participating providers.

Q: Where do I submit my claims?

A: All claims will continue to be submitted directly to Meridian.

Q: How do I submit a question or concern about eviCore's Radiology and/or Cardiology programs?

A: For eviCore program-related questions or concerns, please email clientservices@evicore.com.

Q: Where can I find additional information?

A: For more information and reference documents, please visit our implementation site at: www.evicore.com/healthplan/meridian_wellcare.