1199SEIU Benefit Funds

RADIOLOGY REVIEW PROGRAM FREQUENTLY ASKED QUESTIONS (FAQS)

Effective April 1, 2016, we are transitioning the administration of our Radiology Review Program for high-tech radiology and nuclear cardiology for 1199SEIU Benefit Fund members to eviCore healthcare. The program is designed to improve quality of care and patient safety while ensuring the provision of clinically appropriate care to 1199SEIU patients in a timely manner.

This document is a resource for providers to use to answer common questions about the program.

What are the elements of the Radiology Review Program?	The Radiology Review Program consists of Prior Authorization Medical Necessity Determinations for specific high-tech radiology and cardiology procedures.
What is the effective date of the program?	The Radiology Review Program has been in effect as of 2011, however effective April 1, 2016, administration has been transitioned to eviCore healthcare.
Which radiology procedures will require a prior authorization?	Refer to the list of CPT/HCPCS codes that require prior authorization. This can be found on the Benefit Funds website at **www.1199SEIUBenefits.org** under the "For Providers" tab. Be sure to check the Benefit Funds website, as the program may be modified or updated.
Which providers will be impacted by this program?	All freestanding diagnostic facilities, outpatient hospital settings and ambulatory surgery centers, as well as any physician's office that provides high-tech radiology imaging and nuclear cardiology studies. All physicians who order high-tech imaging and nuclear cardiology studies are required to obtain a prior authorization for these services.
Do imaging services performed in an inpatient setting at a hospital or emergency room setting require prior authorization?	No. Imaging studies ordered through an emergency room treatment visit, while in an observation unit or during an inpatient stay, do not require prior authorization.
What is eviCore's web site address?	**www.eviCore.com**
How can a provider request a prior authorization?	Visit eviCore's website, **www.eviCore.com,** log into "Providers" located at the top of the web page. Registration for this website is free. The website is available 24 hours a day, 7 days a week, and it is possible to obtain immediate authorization decisions if the evidence-based criteria are met; or, call eviCore at (888) 910-1199, Option 1. *The Radiology Provider Quick Reference Guide*, a one (1) page quick reference prior authorization guide with contact information, can be found on the Benefit Funds' website at **www.1199SEIUBenefits.org** under the "For Providers" tab.
What are eviCore healthcare's hours of operation?	eviCore's Call Center hours of operation are from 7:00 a.m. to 7:00 p.m. Monday through Friday, local time.
What information will be required to obtain a prior authorization?	Please refer to our Radiology Review Program Provider Quick Reference Guide, which is available on our website at **www.1199SEIUBenefits.org** under the "For Providers" tab. This one-page reference guide lists the information necessary to submit a prior authorization request. The required information includes: • Member or Patient's Name, Date of Birth, and health plan ID Number • Ordering Physician's Name and NPI Number • Ordering Physician's Telephone and Fax Number • Imaging Facility's Name, Telephone and Fax Number • Requested Test(s) (CPT Code or Description) • Relative diagnosis and medical history including: • Working Diagnosis • Signs and Symptoms • Results of Relevant Test(s) • Relevant Medications If initiating the prior authorization by telephone, the caller should have the medical records available.

What happens if the referring provider's office does not know the specific test code (CPT) that needs to be ordered?	eviCore will assist the physician's office in identifying the appropriate test based on presented clinical information and the current CPT code(s).
What is the process that providers will follow if eviCore healthcare is not available when they need to obtain a prior authorization?	A web-based authorization initiation system is available 24 hours per day, 7 days a week.
How long will the prior authorization process take?	When a prior authorization is initiated online and the request meets criteria, the test will be approved immediately, and a time stamped approval will be available for printing. If the non-urgent request does not meet criteria or requires additional clinical review, a determination should be made within two business days upon receipt of all necessary clinical information to process a medical necessity review.
What happens when the on-line system does not post an immediate authorization?	eviCore healthcare will review and issue an authorization if the requested test meets the established evidence based criteria. All other requests will be sent to an eviCore Medical Director for review and determination. All decisions should be made within two business days for non-urgent requests once complete clinical information is received. All determination decisions will be sent in writing to the member, ordering provider and imaging facility, if available.
How can providers indicate that the procedure is clinically urgent?	Urgent requests should be made by calling eviCore toll free number at (888) 910-1199. The provider must notify the eviCore Clinical Reviewer that the test is "URGENT" and demonstrate medical necessity by providing the appropriate clinical documentation. Urgent care decisions will be made when following the standard timeframe could result in seriously jeopardizing the member's life, health or ability to regain maximum function.
What is the process to follow for urgent prior authorization request if eviCore healthcare is not available?	For clinically urgent requests after hours, the test can be performed on a clinically urgent basis, and then the referring provider can secure the prior authorization up to two business days after rendering the procedure by providing the clinical indication for the test, including the reason it was deemed clinically urgent.
What information will be available through the provider portal located on eviCore healthcare website?	The authorization status function on the eviCore healthcare Provider portal will provide the following information: • Prior Authorization Number/Case Number • Status of Request • CPT Code/Procedure Name • Site Name and Location (If available) • Expiration Date
How will providers be notified of the prior authorization review decision?	Referring providers will be notified of the determination via fax. If fax is not available, the notice will be sent via USPS. Rendering providers can validate the prior authorization determination through eviCore website at **www.eviCore.com** or by calling eviCore Customer Service at (888) 910-1199. Written notification is provided upon request if the rendering provider contacts eviCore's customer service department. Members will be notified in writing of any adverse determinations.
What is the format of the eviCore healthcare authorization number?	An authorization number is one (1) Alpha character followed by nine (9) numeric numbers, and then the CPT code of the procedure authorized. For example: A123456789-70553
How can the eviCore healthcare criteria be viewed?	The program's clinical policy manual is available on the Benefit Funds website at **www.1199SEIUBenefits.org** under the "For Provider" tab.
How long will the prior authorization approval be valid?	Authorizations are valid up to 60 calendar days from the date of approval.

If a patient visits a provider office or imaging facility after the prior authorization expires and requires a radiology test, is a new prior authorization required?	Yes. eviCore will not extend an authorization past its expiration date. Therefore, the provider or laboratory will need to contact eviCore again to initiate a new request.
If the referring provider orders an imaging study, but the rendering provider (radiologist) thinks it would be more appropriate to do a different study, will that require a correction to the prior authorization on file?	Yes. The radiologist may call eviCore and update the prior authorization up to two business days after the service has been rendered. A demonstration of medical necessity must be included with the modification request.
If a physician, wishes to modify an approved non-contrast MRI to a contrast MRI, does the physician need to notify eviCore healthcare to update the authorization?	Yes. The office needs to call within two business days of rendering the procedure with clinical information indicating the necessity for the modification. The clinical information will be reviewed for medical necessity and a new authorization number will be issued if the procedure is determined to be medically necessary.
Is a separate authorization needed for each CPT code?	All primary CPT codes require a separate authorization. All "Add on" CPT codes do not require an authorization.
Who should request prior authorization in cases where a Primary Care Physician refers a patient to a specialist, who determines that the patient needs a radiology study that requires prior authorization?	The physician who orders the drug should request the prior authorization. In this case, it would be the specialist.
In the event of an adverse determination can the provider request a clinical review?	Yes. A peer-to-peer physician discussion can be conducted anytime during the determination and up to 14 calendar days after the determination to add additional information that may affect the outcome of the medical necessity decision. Call eviCore at (888) 910-1199.
What are the parameters of an appeals request?	eviCore manages first-level appeals. A member patient authorization form must be completed for all first-level appeals. Appeal rights are detailed in coverage determination letters sent to the providers with each adverse determination. Appeals must be made in writing unless the request involves urgent care, in which case the request may be made orally.
Where should first-level appeals be sent?	Appeals must be submitted by mail, fax or email to: **Mail:** eviCore healthcare Attn: Clinical Appeal Dept. 400 Buckwalter Place Blvd. Bluffton, SC 29910 **Fax:** (844) 545-9214 **Toll Free Phone:** (866) 221-8787, Option 2 *for appeals process questions*
Is a prior authorization determination a guarantee of payment?	No. As a member's eligibility can change, this is only a medical necessity determination. Medical necessity determinations are provided based on the patient eligibility data as it appears in the Benefit Funds' eligibility system when the request is made, and is not a guarantee of payment.
Is provider education and training available?	Yes. Check the Benefit Funds website for updates and announcements including educational webinars on submitting prior authorization requests at **www.1199SEIUBenefits.org** under the "For Providers" tab. Additional tools and resources can be found on eviCore's website at **www.eviCore.com.**
What is eviCore's contingency plan in the event of a power outage?	eviCore healthcare has multiple customer service centers in varying geographical locations which allows eviCore to continue providing support even if one location experiences a power outage. For example, if calls directed to one location were to suffer a power outage, the calls would automatically be routed to another service center so that the service would be seamless to the caller.