

For BCN HMO (commercial) and BCN Advantage members, eviCore healthcare manages authorization requests for select radiation therapy and interventional pain management services. eviCore also manages PT / OT / ST services by therapists and physical medicine services by chiropractors. Finally, eviCore manages select cardiology and radiology services for dates of service prior to Oct. 1, 2018, including postservice requests. Refer to the [Procedures that require authorization by eviCore healthcare](#) document for more details.

For information specific to interventional pain management only, click [here](#).

Q: Who is eviCore healthcare?

A: eviCore healthcare is an independent company that manages authorizations for Blue Care Network, for certain services. eviCore healthcare manages the quality and use of these services on behalf of BCN. Our goal is to make sure every treatment and test is medically necessary and appropriate for the patient.

Q: What is the relationship between Blue Care Network and eviCore?

A: Blue Care Network partners with eviCore to manage select outpatient interventional pain management, radiation therapy services at participating sites.

Note: eviCore manages select outpatient radiology and cardiology services for dates of service prior to Oct. 1, 2018, including postservice requests. Refer to the document titled [Procedures that require authorization by eviCore healthcare](#) for additional details about age groups and lines of business.

Q: What are eviCore's authorization hours and days of operation?

A: eviCore is available from 7 a.m. to 7 p.m. Eastern time, Monday through Friday.

Q: What holidays does eviCore observe?

A: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the Friday after Thanksgiving, and Christmas Day.

Q: What is the website address where I can submit an authorization request?

A: The website address is www.evicore.com. Requests should be submitted before the service is provided.

Q: What Blue Care Network plans or lines of business are covered under this agreement?

A: This agreement applies to BCN HMO (commercial) and BCN Advantage members.

Q: Will new ID cards be issued to Blue Care Network members?

A: No.

Q: Will eviCore be processing claims for Blue Care Network?

A: No.

Q: What providers are affected by this agreement?

A: The providers affected by this agreement include all freestanding diagnostic facilities, outpatient hospital settings, and ambulatory surgery centers as well as any physician's office that provides epidural and facet joint injections and radiation therapy. The agreement also affects physical, occupational and speech therapists and chiropractors performing physical medicine services.

Note: This agreement also applies to these providers when they provide cardiology and radiology procedures, including CT/CTA, MRI/MRA, PET and cardiac implantable devices, for **dates** of service prior to Oct. 1, 2018, including postservice requests.

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Q: What procedures require authorization?

A: See the document [Procedures that require authorization by eviCore healthcare](#) at ereferrals.bcbsm.com for the complete list of codes.

Note: eviCore manages cardiology and radiology procedures, including CT/CTA, MRI/MRA, PET and cardiac implantable devices, for dates of service prior to Oct. 1, 2018, including postservice requests.

Q: How can a referring provider indicate that a request is clinically urgent?

A: Contact eviCore at 1-855-774-1317 with any clinically urgent requests.

Q: What if eviCore is not available when authorization is needed?

A: The referring provider can request authorization up to two business days following the procedure if the test is clinically urgent. The request should include the reason for the test and why it was urgent.

Q: What information is needed to submit an authorization request?

A:

- Member's plan name
- Patient's name, date of birth and member ID
- Ordering physician's name, NPI, address, and telephone and fax numbers
- Facility's name, telephone and fax number
- Requested tests (CPT codes or descriptions)
- Working diagnosis
- Signs and symptoms
- Results of relevant tests
- Relevant medications

Accurate CPT codes and servicing provider information are imperative to facilitate claims payment. When calling for an authorization, please have the medical record available.

Please note that epidural and facet joint injections may require clinical notes to be faxed to eviCore.

Note: eviCore manages cardiology and radiology procedures, including CT/CTA, MRI/MRA, PET and cardiac implantable devices, for dates of service prior to Oct. 1, 2018, including postservice requests. For these services, clinical notes may need to be faxed to eviCore.

Q: How should providers submit authorization requests to eviCore?

A: The preferred method is to submit authorization requests online, at www.evicore.com. As an alternative, these requests can be called or faxed in to eviCore at:

Telephone 1-855-774-1317

Fax 1-800-540-2406

Q: What will happen if the referring provider's office does not know the specific test code (CPT) that needs to be ordered?

A: eviCore will assist the physician's office in identifying the appropriate test based on the clinical information presented and the current procedural terminology, known as CPT code, the physician is using.

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Q: When submitting a case on the eviCore website, after selecting the appropriate answer, is it necessary to click *Submit* after every question?

A: Yes. Depending on the answer that is selected, the case will either follow a specific clinical pathway to the next question or will reach a determination. These are interactive questionnaires; action is taken (or triggered) by the eviCore system based on the response selected. The response to one question prompts the next appropriate question to display. Also, when you click *Submit*, the response is final for that question and you cannot go back to change the response. If the case meets criteria, it will be approved and you will not be required to answer any more questions.

Q: If a primary care physician refers a patient to a specialist who determines that the patient needs treatment or another service, who should request the authorization?

A: The physician who develops the treatment plan or orders the service is responsible for obtaining authorization.

Q: Is a separate authorization needed for each CPT code?

A: Yes.

Q: Do add-on codes require authorization?

A: For most services, only primary procedure codes require authorization. For interventional pain management services, however, add-on codes do require authorization.

Q: How long will the authorization process take?

A: Seventy percent of all requests are completed immediately. All other requests will be handled within two business days of receiving all necessary clinical information. If an authorization is submitted online and the request meets criteria, the test will be approved immediately and a time-stamped approval will be available for printing.

Q: Does eviCore employ physicians other than radiologists to review authorization requests?

A: eviCore employs physicians of various specialties to respond to network needs.

Q: How will I know that an authorization has been completed?

A: Physicians can see if their request has been approved by checking the status on the eviCore website or by calling eviCore Customer Service.

Q: How does the provider verify that the service has been approved?

A: Providers can view authorizations at www.evicore.com. The provider will need the NPI of the doctor or site where the service is to be performed, the member's date of birth, and the member's ID number. If the provider already has an authorization number, he or she can enter this as well.

Q: If the office does not have web access, how can I verify that a service has been approved?

A: If the office does not have web access, call eviCore toll free at 1-855-774-1317.

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Q: How will authorization decisions be communicated?

A: Providers and members will receive written notification of both approvals and denials. The referring provider will be notified via phone or fax. Providers can also confirm the status of a request at www.evicore.com or by calling eviCore Customer Service. If a request is denied, the provider may request a peer-to-peer review.

Q: What does the eviCore authorization number look like?

A: An authorization number is one alpha character followed by nine numeric numbers and then the CPT code of the procedure authorized. For example: A123456789-70553.

Q: What information about the authorization will be visible in the eviCore provider portal?

A: The authorization status section of the eviCore provide portal will provide the following information:

- Authorization number/case number
- Status of request
- Procedure code and name
- Site name and location
- Authorization date
- Expiration date

For radiation therapy services and for any cardiology and radiology service for which eviCore made the determination, it is only eviCore's electronic system and the letters eviCore sends that will always reflect the correct number of units authorized. In some instances, BCN's e-referral system may show 250 units—which is **not** the correct number — because those units must be downloaded into the e-referral system solely to facilitate claims payment. In other instances, the units in the e-referral system will match those in eviCore's system. In any case, providers should rely on eviCore's system and letters to see the actual number of units authorized.

Q: Is there a review or reconsideration/appeal process if the authorization is not approved?

A: Yes. eviCore handles first-level and second-level provider appeals for BCN HMO (commercial) members. BCN Advantage appeals should be submitted directly to BCN at as follows:

Blue Care Network
ATTN: BCN Advantage Grievances and Appeals Unit
P.O. Box 284
Southfield MI 48076-5043

Fax: 1-866-522-7345
Phone: 1-800-450-3680

BCN will process these appeals using the normal BCN Advantage appeal processes for standard and expedited appeals.

Frequently asked questions about requesting authorization from eviCore healthcare

For BCN HMOSM (commercial) and BCN AdvantageSM members

August 2018

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Q: If the referring provider orders a service, but the servicing provider thinks it would be more appropriate to do something different, will that require a correction to the authorization on file?

A: Yes. The servicing provider may call eviCore and update the authorization up to 30 business days after providing the service. The existing authorization will be withdrawn and a new request will be started. All of the clinical information from the previous authorization will carry over and only the new clinical information to justify the change will be required. The updated request must include evidence of medical necessity.

Q: How long will the authorization approval be valid?

A: For radiation therapy, authorizations are valid for between six weeks and six months, depending on the number of fractions (treatment sessions) that have been approved/covered. Other authorizations are valid for 45 calendar days from the date of the approval.

Q: If an authorization number is valid for 45 calendar days and a patient comes back within that time for follow up and needs another imaging service, will a new authorization number be required?

A: Yes.

Q: Are there any additional online resources that I can use?

A: Yes, the provider training, FAQs, and Quick Reference Guide are posted on the BCN website at ereferrals.bcbsm.com.

Q: If I have a user name with eviCore already, do I need another user name for BCN?

A: No, you can use your existing user name but you will need to add BCN as a health plan in your account. Follow these steps:

1. View the list of providers by clicking *Manage Your Account* in the blue navigation bar.
2. Click *Add Provider* from the *Manage Your Account* page.
3. Fill out the form with the information relevant to the new health plan, even if the provider is already registered for another health plan. In other words, the same provider has to be registered again for the new health plan.
4. Select the new health plan from the list of available plans and click *Submit*.

Q: If I have trouble registering on the eviCore website, whom should I contact?

A: For technical or registration issues, contact eviCore at 1-800-646-0418 and select the Web Support option.

Q: If an office has multiple users, can they all have their own accounts?

A: Yes, for compliance purposes, BCN requires that each individual user has his or her own user name.

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INFORMATION SPECIFIC TO INTERVENTIONAL PAIN MANAGEMENT SERVICES ONLY

Q: What interventional pain management services does eviCore healthcare manage for BCN?

A: eviCore manages interventional pain procedures (epidural and facet joint injections) for all diagnoses, for dates of service on or after Sept. 1, 2016. In addition, effective with dates of service on or after Dec. 1, 2016, eviCore manages the following additional interventional pain management services for BCN: sacroiliac joint injections, epidural adhesiolysis, radiofrequency ablation and regional sympathetic blocks. All authorization requirements apply to pediatric and adult BCN HMO (commercial) and BCN Advantage members.

Q: Can I request multiple interventional pain management primary procedure codes for a single authorization?

A: For multiple pain injections:

- eviCore will authorize only a single injection on a single date of service. The single injection could be the same injection at various levels.
- An additional authorization is needed for each subsequent injection. This is because eviCore does not authorize “a series of injections.” Instead, eviCore will evaluate the medical necessity of each subsequent injection after considering the member’s response to the previous injection.

Q: If an authorization number is valid for 45 calendar days and a patient comes back within that time for follow up and needs another interventional pain management service, will a new authorization number be required?

A: Yes.

Q: Do add-on codes require authorization?

A: For interventional pain management services, add-on codes do require authorization.