



Requesting authorizations from eviCore

Frequently asked questions for providers about eviCore authorizations and clinical editing

For BCN commercial and BCN AdvantageSM members

Revised June 2022

In this document

General information	2
Who is eviCore healthcare?	3
What are eviCore’s hours and days of operation?	3
Which holidays does eviCore observe?.....	3
Which BCN plans or lines of business are covered under this agreement?	3
Will new ID cards be issued to BCN members?	3
Which providers are affected by this agreement?	3
Are there any additional online resources that I can use?	3
Does eviCore process claims for BCN?	3
Authorizations	4
Which procedures require authorization?	4
How can a referring provider indicate that a request is clinically urgent?	4
What if eviCore is not available when authorization is needed?	4
What information is needed to submit an authorization request?.....	4
How should providers submit authorization requests to eviCore?.....	5
What will happen if the referring provider’s office doesn’t know the specific test code that needs to be ordered?	5
When submitting a case through the eviCore portal, do I need to click <i>Submit</i> after every question?	5
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?	5
Is a separate authorization needed for each procedure code?	5
Do add-on codes require authorization?.....	5
How long will the authorization process take?	6
Which types of physicians does eviCore employ to review authorization requests?	6
How does the provider verify that an authorization service has been approved?.....	6
If my office doesn’t have internet access, how can I verify that a service has been approved?	6
How will eviCore communicate authorization decisions?.....	6
What does the eviCore authorization number look like?	6
Which information about the authorization will be visible in the eviCore provider portal?.....	7
Is there a review or reconsideration/appeal process if the authorization is not approved?.....	7

Requesting authorizations from eviCore

Frequently asked questions for providers about eviCore authorizations and clinical editing

For BCN commercial and BCN AdvantageSM members

Revised June 2022

If the referring provider orders a service but the servicing provider thinks it would be more appropriate to do something different, would that require a correction to the authorization on file? 8

How long will the authorization approval be valid? 8

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?..... 8

Additional information about the eviCore portal 8

 If I have a user name with eviCore already, do I need another user name to enter authorizations for BCN members? 8

 If I have trouble registering on the eviCore website, whom should I contact? 9

 If an office has multiple users, can they all have their own eviCore accounts? 9

Clinical editing by eviCore 9

 Which services will be subject to eviCore clinical editing? 9

 What will change? 9

 What won't change?..... 9

 How can I increase the chances that my claims will be payable? 9

General information

For BCN commercial and BCN Advantage members, eviCore healthcare[®] manages authorization requests for:

- Select radiation oncology services
- Physical, occupational and speech therapy services by therapists
- Physical medicine services by chiropractors — For BCN commercial members only
- Physical medicine services by athletic trainers — For BCN commercial members only

See the [Procedure codes that require authorization by eviCore healthcare](#) document for more information.

Note: eviCore managed interventional pain management procedures for BCN commercial and BCN Advantage members through Dec. 31, 2020. For dates of service on or after Jan. 1, 2021, these services are managed by TurningPoint Healthcare Solutions LLC; refer to BCN's [Musculoskeletal Services](#) page of our ereferrals.bcbsm.com website for more information.

Who is eviCore healthcare?

eviCore is an independent company that manages authorizations for Blue Care Network, for certain services. eviCore 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.

What are eviCore's hours and days of operation?

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

Which holidays does eviCore observe?

eviCore is closed for New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the Friday after Thanksgiving Day and Christmas Day.

Which BCN plans or lines of business are covered under this agreement?

This agreement applies to BCN commercial and BCN Advantage members.

Will new ID cards be issued to BCN members?

No.

Which providers are affected by this agreement?

The providers affected by this agreement include those who work in freestanding diagnostic facilities, outpatient hospital settings, and ambulatory surgery centers, as well as any provider's office that provides epidural and facet joint injections or radiation oncology.

The agreement also affects physical, occupational and speech therapists. It also applies to chiropractors and athletic trainers performing physical medicine services.

Are there any additional online resources that I can use?

Yes, the list of procedure codes that require authorization, quick reference guides and more are posted on the [BCN eviCore-Managed procedures page](#) of the ereferrals.bcbsm.com website.

Does eviCore process claims for BCN?

No.

Authorizations

Which procedures require authorization?

See the [Procedure codes that require authorization by eviCore healthcare](#) document on the ereferrals.bcbsm.com website for the complete list of procedure codes eviCore manages for BCN.

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

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

What if eviCore is not available when authorization is needed?

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

What information is needed to submit an authorization request?

The following information is needed to submit an authorization request:

- Member's plan name
- Member's name, date of birth and member ID
- Ordering provider's name, National Provider Identifier, address, telephone number and fax number
- Facility's name, telephone number and fax number
- Requested tests (procedure codes or descriptions)
- Working diagnosis
- Signs and symptoms
- Results of relevant tests
- Relevant medications

Accurate procedure 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.

How should providers submit authorization requests to eviCore?

The preferred method is to submit authorization requests online, through the eviCore provider portal. You can access the eviCore portal through our provider portal ([availity.com](https://www.availity.com)*). On the Payer Spaces menu, click the BCBSM and BCN logo. On the Applications tab, scroll down and click to open the eviCore provider portal.

Note: See the [Services reviewed by eviCore for Blue or BCN](#) document for more information about accessing the eviCore portal.

As an alternative, call or fax these requests to eviCore at:

- Telephone: 1-855-774-1317
- Fax: 1-800-540-2406

What will happen if the referring provider's office doesn't know the specific test code that needs to be ordered?

eviCore will assist the provider's office in identifying the appropriate test based on the clinical information presented and the current procedural terminology, or CPT, the provider is using.

When submitting a case through the eviCore portal, do I need to click *Submit* after every question?

Yes. The questionnaires are interactive. The response to each question determines the next question that will be displayed. Depending on the answer you select, the case will either follow a specific clinical pathway to the next question or reach a determination.

When you click *Submit*, your response is final for that question; you cannot change your response. If the case meets criteria, eviCore will approve it and you won't be required to answer any more questions.

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?

The provider who develops the treatment plan or orders the service is responsible for obtaining authorization.

Is a separate authorization needed for each procedure code?

Yes.

Do add-on codes require authorization?

For most services, only primary procedure codes require authorization.

How long will the authorization process take?

Seventy percent of all requests are completed immediately. All other requests will be handled within two business days of receiving necessary clinical information.

If an authorization is submitted online and the request meets criteria, the test will be approved immediately. You'll be able to print a time-stamped approval.

Which types of physicians does eviCore employ to review authorization requests?

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

How does the provider verify that an authorization service has been approved?

Providers can view authorizations through the eviCore portal or by calling eviCore Customer Service.

The provider will need the NPI of the doctor or site where the service will 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.

If my office doesn't have internet access, how can I verify that a service has been approved?

If your office doesn't have internet access, call eviCore toll free at 1-855-774-1317.

How will eviCore communicate authorization decisions?

Providers and members will receive written notification of both approvals and denials.

The referring provider will be notified via phone or fax.

Providers can confirm the status of requests through the eviCore portal or by calling eviCore Customer Service.

If a request is denied, the provider may request a peer-to-peer review.

What does the eviCore authorization number look like?

An authorization number consists of one alpha character followed by nine numeric numbers and then the procedure code of the authorized procedure.

For example: A123456789-70553

Which information about the authorization will be visible in the eviCore provider portal?

The authorization status section in the eviCore provider portal includes the following information:

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

For radiation oncology services, only eviCore's electronic system and the letters eviCore sends consistently reflect the correct number of units authorized.

In some instances, BCN's e-referral system may show 250 units — which isn't 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.

Providers should rely on eviCore's system and letters to see the actual number of units authorized.

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

Yes.

- For BCN commercial members, eviCore handles first-level and second-level provider appeals.
- For BCN Advantage members, submit appeals to BCN by mail:

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

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

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

Yes. The servicing provider may call eviCore to update the authorization up to 30 business days after providing the service.

eviCore will withdraw the previous authorization and start a new authorization request.

All clinical information from the previous authorization will carry over; you'll need to submit only new clinical information that's needed to justify the change.

The updated request must include evidence of medical necessity.

How long will the authorization approval be valid?

For radiation oncology, 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.

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?

Yes.

Additional information about the eviCore portal

If I have a user name with eviCore already, do I need another user name to enter authorizations for BCN members?

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

1. View the list of providers by clicking *Manage Your Account* in the blue navigation bar.
2. Click *Add Provider* in 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*.

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

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

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

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

Clinical editing by eviCore

Which services will be subject to eviCore clinical editing?

Starting sometime in the fourth quarter of 2021, eviCore will use its Claims StudioSM clinical editing software for radiation oncology claims for BCN commercial and BCN Advantage members.

Claims Studio is eviCore's proprietary claims editing program. The claims are reviewed prior to payment and correct-coding edits are applied using guidelines from the American Society for Radiation Oncology, or ASTRO, and the Centers for Medicare & Medicaid Services, or CMS.

Note: eviCore's clinical editing program is already in use with radiation oncology claims for Blue Cross commercial members who have coverage as fully insured individuals or through fully insured groups and for Medicare Plus BlueSM members.

What will change?

BCN commercial and BCN Advantage radiation oncology claims will be subject to clinical editing through eviCore's Claims Studio program. Currently, they're subject to clinical editing carried out by BCN.

What won't change?

You'll still submit your radiation oncology claims to BCN.

How can I increase the chances that my claims will be payable?

To increase the chances that your radiation oncology claims will be payable after the Claims Studio clinical editing, we encourage you to review these eviCore documents:

- [Coding guidelines for radiation oncology](#)*
- [Clinical guidelines for radiation oncology](#)*

*Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.