

## **eviCore Provider Meetings FAQ's**

### **How do I get training on the eviCore process?**

eviCore training presentations can be found on the implementation site found at <https://www.eviCore.com/healthplan/bcbs> for all programs. eviCore also offers web portal training sessions.

### **When entering an authorization request online, the system will time out or the authorization disappears.**

When using the “finish later” button, please also click on “submit” so the system will save your information. For any portal issues, please alert Client Services at [clientservices@eviCore.com](mailto:clientservices@eviCore.com) so they can investigate the issue.

### **The Peer to Peer process is too time consuming.**

eviCore is working on streamlining this process, including having the ability to schedule your Peer to Peer review on the web in the near future. For current requests, please schedule a Peer to Peer review in advance so a “like” specialist will be available and can review the case prior to the discussion. We are always hiring MDs to keep the wait times down and appreciate your patience.

### **When should I ask to speak to a clinician?**

If you submitted additional supporting documents per eviCore request and the auth was still denied, please consult an eviCore clinician. You may also ask for a clinician when requesting an authorization if you need it urgently or need clinical assistance.

### **The authorization process is a huge administrative burden for our office.**

The worksheets should help with letting you know what information is needed by eviCore clinicians. As you go through the authorization process, it should get easier as you will be more aware of what information is needed.

### **Our practice name doesn't show up on the eviCore portal and /or we are being advised we are out of network.**

This issue should be fixed by 8/17/17. You may also request to speak with a clinician when entering your authorization to be sure your authorization request is processed. We are allowing retroactive authorizations thru 8/31/17 to ensure that you have time to get your requests submitted.

### **Some of our members aren't showing up on the eviCore portal.**

This issue was resolved 8/2/17. If your member still is not showing, please alert Client Services.

### **When we call MA, we are told no authorization is needed, but then claims are denied for no authorization.**

Please contact Client Services if you have this issue. You may always start with eviCore website to check your codes and, if they are not listed, you may call BCBSMT to ensure accurate authorization information.

### **How do we get retroactive authorization for claims?**

Blue Cross and Blue Shield of Montana (BCBSMT) has extended the 30 day authorization timeframe through 8/31/17. Please submit your retroactive authorization requests to Client Services at [clientservices@eviCore.com](mailto:clientservices@eviCore.com). Please include a completed worksheet as the clinicians will need this to build the cases with.

**Will we be able to submit retroactive authorizations after 8/31/17?**

This is under consideration.

**Instead of us sorting through claims submitting retroactive authorization requests, can BCBSMT run a report and complete the authorizations?**

Unfortunately no, CMS requires a review of the case. Without information regarding the case, a decision cannot be rendered.

**eviCore contacts us and only provides the authorization number. I need the member name and date of birth to find patient in my system.**

We are looking into this.

**Who do I contact for help about the status of a patient's authorization?**

If the request was initiated on the portal, you should check the portal. If the request was submitted by phone or fax, you should contact the eviCore intake team at 855-252-1117.

**We didn't receive any communication about this program.**

BCBSMT mailed letters in February announcing the program and eviCore mailed training invitations in April. If you did not receive these notifications, please update your contact information at [bcbsmt.com/provider/network](http://bcbsmt.com/provider/network) participation. The notice was also published on our website under the News and Updates section for Providers.

**I can't submit all of the codes needed for the authorization request.**

Please submit any codes you feel necessary in the comments section of the portal or in the comments section of a faxed worksheet .

**What if the patient has special needs that require additional visits (post surgical)?**

For outpatient physical therapy and occupations therapy, the clinical collection process allows you to report common complexities that may impact the therapy treatment plan. If the patient is complex and the questions posed on the web do not allow you to adequately convey the clinical picture, you may upload clinical documentation or initiate the case by phone or fax. This will allow you to provide additional information for review.

**What is the difference between an eviCore authorization and a BCBS Medicare Advantage authorization?**

eviCore is a delegated entity of BCBS and if an authorization is required by eviCore, is it also required by BCBSMT. There are two authorization lists for the BCBSMT Medicare Advantage Program – one list of codes is managed by eviCore and the other is managed by BCBSMT.

**When calling with a question, we are transferred a lot and spend too much time on hold.**

We are educating BCBSMT Medicare Advantage Customer Service Representatives so this issue will be resolved.

**Our patients travel long distances to see us. If an add-on exam is needed, we can't obtain an immediate authorization and will need to send the patient away. (Examples are breast ultrasound after a mammogram and transrectal ultrasounds).** Please contact eviCore via phone and advise the representative the authorization request is urgent and request to speak to a clinician.

**Why are we required to request an authorization for Lupron when the patient has been on this for years?**

To ensure the member is receiving medically necessary treatment.

**Do I need an authorization even if patient began care prior to 6/1/17?**

If the service you are performing required an authorization from BCBSMT prior to 6/1/2017, then you only need a new authorization if the patient's medical condition changes or the authorization expires. If no authorization was required for the service prior to 6/1/17, you will need to obtain an authorization.

**Can I use an Advanced Beneficiary Notice (ABN) or GY modifier if continued services are denied but the patient wants to continue care?**

ABN's are not a part of the Medicare Advantage program.

**How do I obtain an authorization if a patient needs a CT late on Friday afternoon?**

You should first submit an authorization request through the eviCore portal. You will need to contact eviCore on the first business day after the services have been done to verify the authorization. The request will be reviewed for urgency (as stated by NCQA & URAC) and medical necessity.

**We needed a peer to peer review, but our rendering provider was not available. eviCore refused a peer to peer review with his associate.**

BCBSMT has now provided direction to eviCore to accept peer to peer from associated or employed providers.

**I submitted the authorization request and clinical documentation, but only received approval for one unit of physical therapy.**

This means not enough information was submitted. You should have received a fax requesting additional clinical documentation. Please refer to the worksheet on the implementation site. This is the information eviCore clinicians will need to review the case.

**Continued authorizations take too long and impede continuity of care.**

There is a continue care option on the web portal. Once you select this, the system will ask you a few questions. You can attach supporting documentation if needed. You may also use the comments section to provide additional information.

**Initial physical therapy evaluations are denied for no authorization.**

This should not be happening because initial evaluations do not require authorization. Please send those examples to Client Services for research at [clientservices@eviCore.com](mailto:clientservices@eviCore.com).

**MA customer service said I don't need physical therapy authorizations until the cap of \$1980 is met.**

This is incorrect because this Medicare benefit limitation does not apply to Medicare Advantage plans. Prior auth is required for all dates of service, not just after a dollar limit has been satisfied

**Evaluation form isn't reflective of patient's condition.**

We are working on adding options for additional diagnoses/codes based worksheets. Please use the comments section to add information you feel is pertinent to the case.

**Number of units for physical therapy isn't sufficient for care – a minimum of 6 units is needed.**

Typical units/visits requested are 3-4. If visits in excess of 4 are required, please include justification with your request.

**Physical therapy approval isn't consistent between units and days.**

Please provide examples to Sabrina.Nunez@eviCore.com. It is not required that you use the same # of units/visit. Units may vary depending on condition, acuity, phase of rehabilitation.

**Who is responsible for submitting authorization requests for imaging - the facility or requesting provider?**

It is preferred the ordering physician submit the request, however, if the facility has all the documentation needed to request the authorization, they may submit the request.

**Can I request more than one procedure and more than one diagnosis?**

Some of the programs are not CPT code based, but for those programs that do require CPT codes, additional codes (CPT/ICD) can be added in the comments section of the portal authorization request or in a comments section on your fax request.

**Is there a medication list identifying drugs that need to be filled at specialty pharmacy?**

BCBSMT is checking on this and will publish once we have it confirmed.

**Do we need to load each additional provider into portal or can we load the group?**

Each provider will need to be loaded once. This can either be done all at once, or as authorization requests are needed.

**If a claim is already submitted, can we do a retroactive authorization?**

Services may not be retroactively authorized; however, retroactive authorizations are being allowed for a limited time. If an authorization was not requested for services rendered on or after 6/1/2017, the authorization can be initiated now. After 8/31/2017, the retroactive authorization option will no longer be available. Adding the limited retroactive authorization timeframe permanently is being considered. Please send your retroactive authorization requests to Client Services at [clientservices@eviCore.com](mailto:clientservices@eviCore.com).

**Why can't we see a copy of the authorization after we complete the request?**

The authorization status can be viewed on the portal; however, the clinical information submitted is not available to be viewed on the portal. You can also see if a case is in review or additional info is needed.

**When a member is a stroke patient, will we get more units of physical therapy authorized?**

The authorization is based on condition, complexity and medical necessity.

**We are seeing 2-3 day delays in auth approvals. What is the timeframe?**

The official timeframe determined by CMS to process a standard Medicare case is 14 calendar days, though, we try to get it to you sooner. If you have an urgent case, please call eviCore, identifying the case as urgent. Urgent cases are processed in 72 hours.

**Why do we only get 4 visits approved when the standard is 10?**

The authorization is based on the condition, complexity and medical necessity.

**When registering, which site do we choose?**

<https://www.eviCore.com>

[Then select CareCore National.](#)

**What if we have a substitute provider for physical therapy? Do we need a new authorization?**

If you are billing with your group NPI, then there won't be a problem. If you are billing with both treating providers' NPI, you will need to call Client Services so the authorization that was initiated for the previous therapist will link to that provider. When contacting eviCore, please inform the representative the request is not a duplicate request, but it's a request for coverage.

**Does Medicare Gap apply?**

Please check benefits

**We aren't being reimbursed for initial physical therapy evaluations?**

The physical therapy evaluation is reimbursable. Please contact Client Services.

**2017 physical therapy evaluations codes now contain three new codes for complexity. These codes aren't paying.**

A processing system error resulted in these codes not paying. The error has been corrected. We are now in the process of correcting those claims.

**We are receiving multiple paperwork... fax approvals and emails. Can we turn off fax approvals?**

When requesting an authorization, we send a fax to the rendering and the referring provider. You may be receiving both, which is why you are receiving extra paperwork. You can enter 999.999.9999 on the portal where the fax number is requested; however, please be aware of checking the portal for authorization status. Please contact Client Services if this continues to be a problem.

**Why do the worksheet questions keep changing?**

We have not changed the worksheets in the last few months. Please send the worksheet to which you are referring to [Sabrina.Nunez@eviCore.com](mailto:Sabrina.Nunez@eviCore.com)

**When we receive a denial, the authorization denial doesn't identify which codes are denied.**

The authorizations are not CPT code driven.

**What about patients who are scheduled for more than one procedure during the same operative session with codes that are on both the eviCore authorization list and the BCBSMT MA authorization list? Do we have to do two authorizations on different systems?**

We do not want providers to have to do two authorizations. Could you please provide some examples to your Network Consultant so we can investigate?

**We are unable to upload more than one document for an authorization so they are faxing documents, which seem to get lost and/or never picked up.**

Please contact eviCore Client Services to investigate.

**Why not just use eviCore for ALL authorizations instead of using two different systems for the same line of business?**

eviCore does not cover all services.

**MA customer service doesn't know enough about the eviCore process and authorization requirements.**

Retraining is taking place.