eviCore Outpatient Diagnostic Imaging Medical Necessity Program
Frequently Asked Questions

Capital District Physicians’ Health Plan, Inc. (CDPHP®) requires its participating physicians to obtain medical necessity reviews from eviCore healthcare for all outpatient high-tech imaging studies. For commercial, Medicaid, and Medicare membership, medical necessity review is required for CT scans (including CTA), MRI/MRA studies, and PET scans.

When did this become effective?
The CDPHP prior notification program changed to a medical necessity review program, effective April 1, 2015. Medical necessity review for Medicare membership was effective January 1, 2016.

Which high-tech outpatient diagnostic imaging procedures are included?
Medical necessity review is mandatory for the following outpatient diagnostic imaging procedures:

- CT scan (including CTA)
- MRI/MRA
- PET scan

Medical necessity review is not required for inpatient, observation, and emergency department studies.

What if my office has an urgent need for imaging?
For urgent imaging needs, please clearly indicate that the request is for medically urgent care. During business hours, these requests should be made via phone. Medically urgent requests are defined as conditions that are a risk to the patient’s life, health, ability to regain maximum function, or the patient is having severe pain that requires medically urgent imaging.

How do I handle urgent situations after eviCore healthcare’s operating hours?
It is best to use the eviCore healthcare web portal to initiate after-hours urgent requests. The portal is available 24/7. Please keep in mind that requests via phone to 1-888-693-3211 can be made Monday through Friday between 8 a.m. and 9 p.m. EST.

Are retrospective requests allowed?
Retrospective reviews are only permitted on an exception basis and must be requested within two business days after the date of service. eviCore healthcare will be allowed 30 calendar days to make a decision on the retrospective request.
What is the impact of failing to obtain medical necessity certification from eviCore healthcare?
Claims for high-tech imaging services will be denied if eviCore healthcare has not deemed that services are medically necessary, based on industry-standard criteria. The claim from the rendering provider will be denied, and the member will be held harmless.

How can I submit requests to eviCore healthcare?
There are three ways to submit requests to eviCore healthcare for outpatient diagnostic imaging procedures:

- Contact them via phone at 1-888-693-3211 Monday through Friday between 8 a.m. and 9 p.m. EST.
- Submit requests via fax to 1-888-693-3210 Monday through Friday between 8 a.m. and 9 p.m. EST.
- Submit requests through eviCore healthcare’s secure website.

The web portal provides 24/7 access to submit or check the status of your request. The portal also offers the following benefits for your convenience:

- **Speed** – Requests submitted online require half the time (or less) than those taken telephonically. They can often be processed immediately.
- **Efficiency** – Medical documentation can be attached to the case upon initial submission, reducing follow-up calls and consultation.
- **Patient History** – See existing and previous requests for a member.

The eviCore healthcare web portal also contains helpful radiology reference information to assist you with determining the most appropriate imaging for your patient’s condition.

- For information specific to CDPHP, please visit the eviCore healthcare implementation page.
- Medical necessity review guidelines, quick reference guides by specialty, and fax forms are also available online.

How does the eviCore healthcare program work?
For routine scans, the ordering physician should contact eviCore healthcare prior to the procedure being scheduled and performed. The request may be immediately processed or additional information may be requested. eviCore healthcare will provide a response within two business days or as required by federal or
state regulations. Response time for medical necessity review does not begin until all pertinent information is received.

**Where can I obtain a copy of the clinical guidelines used in my case?**
You may contact eviCore healthcare to request a copy of the specific guidelines used in your case. All eviCore healthcare guidelines are available at www.evicore.com. You will also receive a copy for any case that does not meet the guidelines.

**Is review required for imaging studies related to inpatient or emergency care?**
No. It is not necessary to contact eviCore healthcare concerning any imaging procedure performed during an inpatient stay, observation stay, or emergency room visit.

**What is eviCore healthcare’s response time?**
Medical necessity reviews registered with eviCore healthcare will be dated from the day the request is submitted. eviCore healthcare may require up to two business days to review a request after receipt of sufficient clinical information. If clinical information is requested and not supplied in a timely manner, the review process may take additional time.

To expedite the review time, please have the following information available:

- Patient’s name, address, and CDPHP member ID
- Prior tests, lab work, and/or imaging performed related to this diagnosis
- Notes from the patient’s last visit related to the diagnosis
- Type and duration of the treatment performed to date for the diagnosis
- Patient’s history and diagnosis
- Reason for study
- Results of previous imaging studies
- History of medical or surgical treatment

**Can eviCore healthcare handle multiple requests per phone call?**
Yes, within reason. We ask that no more than 10 requests be submitted during a single phone call. You may find it more convenient and time-efficient to use the eviCore healthcare web portal when making multiple requests.

**What does the eviCore healthcare approval number look like?**
Medical necessity review will result in an eight-digit alphanumeric approval number (e.g., A1234567).

**Are requests accepted when CDPHP is not the member’s primary health coverage?**
No. Requests are only accepted when CDPHP is the member’s primary health coverage. If CDPHP is secondary, medical necessity review is not required.
What happens if a request is filed for a CT of the abdomen, and the radiologist or rendering physician feels an additional study of the pelvis is needed?
The radiologist or rendering physician should proceed with the pelvic study. The radiologist or designated person from the radiology facility may then contact eviCore healthcare to file a request. As a matter of courtesy and appropriate medical procedure, the radiologist or designated person from the radiology facility should also notify the patient's referring physician of the additional test.

What happens if approval has been granted for a CT with and without contrast, but the radiologist determines that the contrast is not necessary?
The facility or the referring physician’s office staff may call eviCore healthcare to update the data on file prior to the claim being filed. **eviCore healthcare can accept a change to an approved case without formal appeal up to the date of service.**

Which CDPHP benefit plans are affected by this program?
Medical necessity review is required for all CDPHP lines of business. CDPHP added the Medicare program, effective January 1, 2016.

What providers are affected?
All providers in the CDPHP network who request and/or provide high-tech radiology services for CDPHP members are affected. This includes facilities and physician offices that perform in-office high-tech radiology procedures.

Who should I contact with questions?
If you have additional questions about the medical necessity review program, please contact the client services department at eviCore healthcare at clientservices@evicore.com. You can also contact client services to schedule a training session for the eviCore healthcare web portal that includes the registration process and how the portal operates. To contact CDPHP, please call (518) 641-3500 or 1-800-926-7526.