

EVICORE TIP SHEET

What is eviCore?

Sanford Health Plan has contracted with eviCore to review prior authorization documentation and requirements which will include radiology, and high-end imaging services:

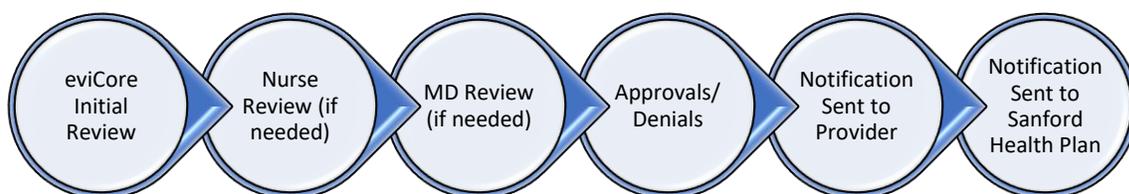
- CT, CTA (Computed Tomography, Computed Tomography Angiography)
- MRI, MRA (Magnetic Resonance Imaging, Magnetic Resonance Angiography)
- PET (Positron Emission Tomography)
- For a full list of CPT codes go to eviCore website at:
<https://www.evicore.com/resources/healthplan/sanford>

Exclusions will be allowed for the following:

- Cardiac and OB radiology services are excluded
- Services rendered in the ER or emergent situations, Inpatient or Observation stays
- North Dakota Medicaid Expansion (NDME) Members
- Specific provider contract obligation

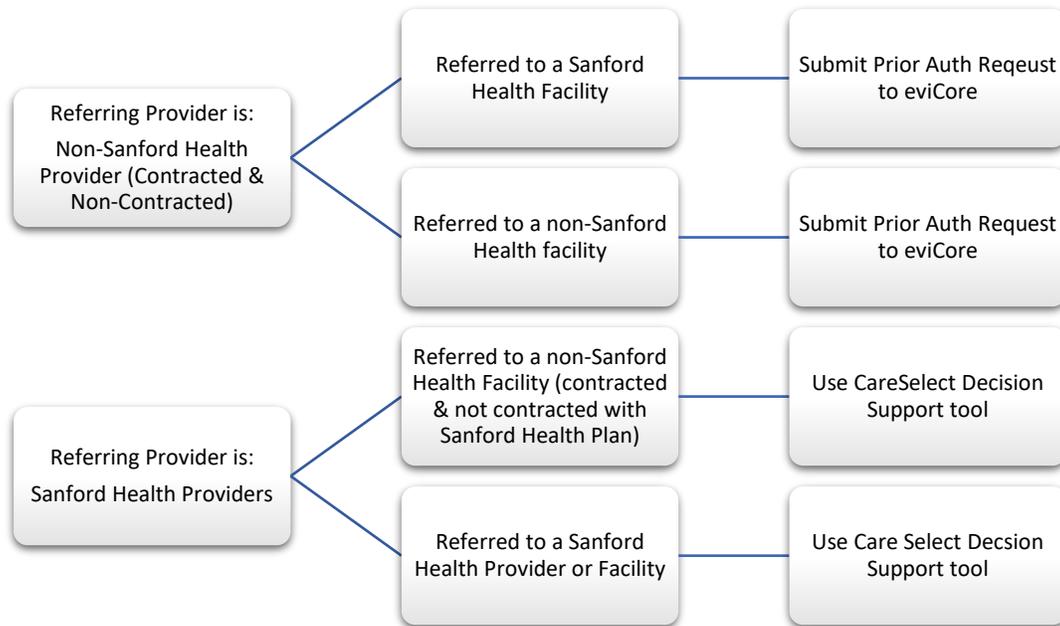
Why the change?

- Sanford Health Plan honors its commitment to our providers, and most certainly our patients and members by continuing to look for ways to optimize efficiencies across our enterprise operations. As a part of these ongoing efforts, we are working to modernize our Utilization Management (UM) capabilities by enhancing Prior Authorization (PA) processes to alleviate administrative and provider burden while improving the overall patient experience and access to high quality care.
- In alignment with these priorities, Sanford Health Plan is also expanding the authorization process to include advanced imaging through our partnership with eviCore Healthcare. Based on evidence-based clinical guidelines, this effort will enable the organization to confidently provide the highest quality, appropriate care to our patients.



Who is impacted?

Use the below diagram to see when your service(s) should or should not be authorized via eviCore. In addition to this diagram please note North Dakota Medicaid Expansion members do not require authorization through eviCore.



Trouble shooting claim issues...

The above diagram will be followed by eviCore and Sanford Health Plan. When you have questions/concerns on an authorization thru eviCore please document the case number assigned by eviCore and provide that when you follow up with Sanford Health Plan teams.

See some of the below scenario's to help you determine next steps:

1. Denied claim and **authorization was obtained:**

If you receive a claim denial that you feel is in error based on what eviCore advised to your facility, **please open an appeal with Sanford Health Plan with the reference ID eviCore provided to you.**

2. Denied claim for auth required and **no authorization was required per call to eviCore:**

First you will want to review your claim for a few items:

- a. Are you using the **same CPT code** on your claim that was authorized? If not, please contact eviCore for a retro authorization within 60 days from the date of service.
- b. Do you see the **same referring providers name** on your claim that was provided at the time of authorization? If not, contact eviCore for a retro authorization within 60 days of the date of service.

If you answered **yes to both of the questions above please open an appeal with Sanford Health Plan with the reference ID eviCore provided to you.**

3. Why did the professional charges get an eviCore denial?

Due to claim processing limitations our system reviews place of service of the professional charges alone and can not determine the place of service of the member by looking to other claims (eg: UB claim for observation, inpatient or ED)

You can avoid these denials for inpatient and emergency services by submitting the claims with place of service for inpatient and emergency department.

If your billing system does not allow you to change that detail, **please open an appeal with Sanford Health Plan with the information that the member was observation, inpatient or emergency department.**

4. What about if Sanford Health Plan is the secondary insurance?

Authorization is not required for our members when we are a secondary payer.

If you receive a denial in this scenario **please open an appeal with Sanford Health Plan**

5. I have an "urgent case" that I cannot wait for 72 hours for authorization?

Please mark your authorization urgent and feel free to call eviCore to expedite the service. Although the formal timeline is 72 hours we do see authorizations from eviCore turn around within a few hours when all the clinical documentation is submitted with the authorization.

6. What if I cannot submit a retrospective request through eviCore?

eviCore will allow retrospective review within 60 days. Requests outside of the 60 day timeline will not be allowed for review. In this scenario, **please open an appeal to support reason for timely submission with Sanford Health Plan.**