

EviCore Programs: Provider FAQs

Q How many EviCore programs does AZ Blue have?

A We have two programs.

1. Our **commercial program** applies to most of our commercial group plans, all PCP Coordinated Care HMO (PCP-HMO) plans, and individual/family PPO plans.
2. Our **Medicare Advantage (MA) program** applies only to the MA plans we administer.

Q Are the commercial and MA programs the same?

A Not exactly. There are two important differences for the MA program:

1. **The MA program does not include the EviCore specialty drug solution.** Providers should reference the AZ Blue Part B Drug List for specialty drugs covered under medical benefits.
2. **The MA program includes EviCore’s musculoskeletal solution** for joint/spine surgery and interventional pain management. The commercial program does not include this solution.

See the following table for a side-by-side comparison of the two programs:

EVICORE SOLUTION	COMMERCIAL PROGRAM	MA PROGRAM
Lab Management (genetic testing)	YES	YES
Medical Oncology (infused drugs)	YES	YES
Musculoskeletal-Advance Procedures (spine and joint surgery, interventional pain management)	NO (Request prior authorization from AZ Blue)	YES
Radiation Oncology (radiation therapy)	YES	YES
Cardiovascular & Radiology (high-tech imaging)	YES	YES
Medical Drug Management (drugs that are covered under medical benefits and must be administered by a healthcare professional)	YES	NO (Use Part B drug list)

Q Are all AZ Blue MA members delegated for the EviCore MA program?

A No. Only MA members with AZ Blue-administered plans are included in the program. Members with plans administered by Optum Health Network Arizona (OHNAZ) or Arizona Priority Care (AZPC) are not included in this program. Check the back of the ID card to see the plan administrator information.

NETWORK	BENEFIT PLANS	PREFIX	SERVICE AREA	PRIOR AUTH ADMINISTRATORS
Blue Advantage Network	Blue Best Life Classic H0302-006 (HMO)	M2K	Maricopa and Pinal counties	AZ Blue (with EviCore for certain services) Optum Health Network Arizona (OHNAZ) Arizona Priority Care (AZPC)
	Blue Best Life Plus H0302-001 (HMO)			
Blue Advantage Network	Blue Best Life Classic H0302-008 (HMO)	M2K	Pima County	AZ Blue (with EviCore for certain services) Optum Health Network Arizona (OHNAZ)

Q *What about the EviCore commercial program? Are all AZ Blue members with commercial plans delegated for participation?*

A No. Some of our large employer groups have opted out of the EviCore program. Other exceptions include plans administered by a third-party administrator, Federal Employee Program® (FEP®) plans, and BlueCard® (out-of-area) plans.

Q *How can I find out if an AZ Blue member is delegated for the EviCore commercial program?*

A You can do a 270/271 electronic transaction or use the eligibility and benefits search tool in the [Avality Essentials™ provider portal](#) or the [AZ Blue provider portal](#). Select service type 30: “Health Benefit Plan Coverage.” If the member is delegated, the response will include this message:

EVICORE-DELEGATED MEMBER – FOR HIGH-TECH IMAGING, GENETIC TESTS, ONCOLOGY, RADIATION THERAPY, SPECIALTY MEDS.

Q *What is the easiest and quickest way to request prior authorization from EviCore?*

A Use the eviCore online request tool at evicore.com/provider.

Q *What if I don't see the provider's specific location address listed in EviCore's online request tool?*

A The tool recognizes in-network providers through the tax ID number, the NPI number, and a location address. You may select any of the pre-populated addresses associated with your tax ID.

Q *What clinical information is required to complete my authorization request?*

A Please upload the applicable clinical notes pertaining to the request. Send only the patient history that is relevant to your request.

Note: EviCore has developed worksheets and fax forms you can use as checklists to help you gather the appropriate clinical information for a particular request. You can access these tools on EviCore's website via our customized [EviCore resource page](#).

Q *How soon will I receive a response to my prior authorization request?*

A If the decision can be made immediately, you will see the approval online right away. If not, your request will be immediately forwarded to EviCore specialists for further review and completed as quickly as possible. If EviCore needs additional clinical documentation, the system will prompt you. Requests are processed within two business days after receipt of all necessary clinical information. Medically urgent requests are reviewed within 24 hours. Medical oncology requests are also reviewed within 24 hours.

Q *How can I avoid prior authorization penalties?*

A Always check to see if a particular service or drug requires prior authorization under the member's specific benefit plan. Be sure to submit your request *before* rendering the service or submitting the claim. Requesting retrospective reviews increases the likelihood of penalties.

Q *Can I appeal an authorization denial decision?*

A Yes. Follow the instructions in the denial notice to send your grievance to AZ Blue.

Q *Can I initiate an EviCore peer-to-peer clinical consultation related to an authorization request?*

A Yes. The ordering clinician (M.D., D.O., or N.P.) can request a clinical consultation to follow up on an authorization request. Always follow the instructions in your notice from EviCore. For Medicare Advantage, the consultation may not be used to overturn an authorization denial. Sometimes, EviCore will proactively reach out to suggest a peer-to-peer clinical consultation.

Here are some specific scenarios with follow-up options:

Scenario	Options for commercial plans	Options for MA plans
1. My authorization request was pended for additional information. <i>I haven't rendered the service yet.</i>	Request EviCore peer-to-peer clinical consultation or submit additional clinical information to EviCore.*	
2. My authorization request was denied. <i>I haven't rendered the service yet.</i>	Request EviCore reconsideration (re-review) within 7 calendar days of the denial for potential overturn of denial.*	Request EviCore consultation or submit appeal with supporting records to AZ Blue.* EviCore consultation can't be used to overturn the denial.
3. My authorization request was denied. <i>I have already rendered the service but haven't submitted a claim yet.</i>	Submit appeal with supporting records to AZ Blue.*	Submit claim with supporting records to AZ Blue.
	EviCore consultation can't be used to overturn the denial.	
4. Oops! I didn't request authorization before rendering the service. <i>I haven't submitted a claim yet.</i>	Request post-service retrospective review within 30 days. The request may be denied, and penalties may apply.	
5. Oops! I didn't request authorization before rendering the service. <i>I have already submitted a claim.</i>	Follow instructions on your remit for post-service, post-claim retrospective review. The request may be denied, and penalties may apply.	
6. I disagree with the final authorization denial decision.	Submit appeal with supporting records to AZ Blue.* EviCore consultation can't be used to overturn the denial.	

* Follow the instructions in your EviCore notice about submitting additional information or requesting clinical consultations.

Q Can a peer-to-peer clinical consultation change the denial status of a prior authorization request?

A For commercial plans, in certain instances the additional information shared during the consultation may be sufficient to satisfy the medical necessity criteria for approval and the denial can be changed or modified. For MA plans, the information from the consultation can't overturn a denial but may be used for an appeal of the decision.

Q Where can I find staff training materials for your EviCore program?

A Provider e-learning units, along with many other helpful resources, are available on our customized [EviCore resource page](#).

Need assistance?

You can contact EviCore's Client/Provider Services team at 1-800-646-0418 (option 4) or email ClientServices@eviCore.com. You can also reach out to your AZ Blue [Provider Relations Contact](#) or call Provider Partnerships at 602-864-4231 or 1-800-232-2345, ext. 4231.

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Optum Health Network Arizona (OHNAZ) is a separate, wholly owned subsidiary of Optum and is contracted with AZ Blue to provide utilization management and claim/payment processing services for providers and attributed members with certain AZ Blue Medicare Advantage HMO plans.

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