

PROVIDER BULLETIN

PROVIDER INFORMATION



June 3, 2019

Change to Prior Authorization Requirements for Radiology Program for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore HealthCare Specialty Utilization Management (UM) Program

eviCore will remove the prior authorization (PA) requirements applicable to the Radiology Program for radiology reads only (professional component submitted with a 26-modifier) when billed by an entity **other than** the facility performing the service for fully insured commercial and Medicare Advantage subscribers. The system is anticipated to be updated mid-June 2019. Radiology claims that include the technical component (claims billed globally, or claims billed with a TC-modifier) will continue to be subject to the prior authorization requirements.

Radiology reads denied for no prior authorization on file at the time the claim was processed will be reprocessed and overturned without an appeal from the provider. Radiology reads denied previously for not meeting medical necessity will not be reprocessed or overturned.

All services are subject to the member's benefits and medical necessity guidelines. Guidelines applied are based upon the member's product.

Questions?

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.