

AETNA BETTER HEALTH® OF FLORIDA

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Provider Bulletin

Subject: eviCore effective 2/27/2017

Date: 12/8/2017 (revised)

Products: FHK and MMA

REMARKS:

Urgent

For your review

Reply ASAP

Please comment

Aetna Better Health of Florida members will require prior authorization for Radiology and Pain Management services through eviCore healthcare for dates of service beginning 02/27/2017. Services performed without authorization may be denied for payment, and providers may not seek reimbursement from members.

Authorization is required for:

- MRI
- PET
- CT
- Ultrasounds (NON OB)
- Diagnostic Heart Cath
- Myocardial Perfusion Imaging
- Echo
- Echo Stress
- Cardiac MR, PET, CT
- Pain Management

Services performed in conjunction with an inpatient stay, 23-hour observation, or emergency room visit are not subject to authorization requirements.

To request an authorization, submit your request online, by phone or fax:

- Log onto <https://evicore.com>, click on Providers
- Call us at 1-888-693-3211
- Fax an eviCore healthcare request form (available online) to 844-822-3862 or 844-82AETNA.

For urgent requests: If services are required in less than 48 hours due to medically urgent conditions, please the eviCore toll-free number for expedited authorization reviews. Be sure to tell the representative the authorization is for medically urgent care.

We recommend that ordering physicians secure authorizations and pass the authorization numbers to the rendering facilities at the time of scheduling. Authorizations contain authorization numbers and one or more CPT codes specific to the services authorized.

If the service(s) listed on the authorization needs to be changed, the rendering facility must contact us for review and authorization prior to claim submission.

Have questions about requesting authorizations?

Please email evi ore's client services department at clientservices@eviCore.com if you have any questions or need more information.

Should you have questions, or require additional information please contact your Provider Relations Representative at:

- MMA: **1-800-441-5501**
- FHK: **1-844-528-5815**
- Fax: **1-844-235-1340**
- Via email: FLMedicaidProviderRelations@aetna.com

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NOTICE TO RECIPIENT(S) OF INFORMATION: Information disclosed to you pertaining to alcohol or drug abuse treatment is protected by federal confidentiality rules (42 CFR Part 2), which prohibit any further disclosure of this information by you without express written consent of the person to whom it pertains of as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.