Medical Specialty Drugs

Frequently Asked Questions

Who is EviCore?

EviCore is an independent specialty medical benefits management company that provides utilization management services for the 1199SEIU Benefit Funds.

For what 1199SEIU Benefit Funds program(s) will EviCore provide utilization management services?

EviCore will manage prior authorization for the 1199SEIU Benefit Funds' Medical Specialty Drug Prior Authorization Program. All 1199SEIU members who are eligible for the program are subject to its prior authorization requirements.

What is EviCore's Medical Specialty Drug Program?

The main component of the Medical Specialty Drug Program is prior authorization for high-cost injectable drugs that providers may buy and bill under the medical benefit and are used in a variety of non-cancer diagnoses. Drugs used for cancer diagnosis are requested through the Medical Oncology Program. The Medical Specialty Drug Program also includes coding accuracy and medical necessity review.

Our solution is designed around each client's individual needs. This is accomplished by utilizing our unique clinical expertise with a staff of more than 300 medical directors covering 51 different specialties and 800 licensed nurses with advanced training in various specialties. Additionally, we employ industry-leading clinical guidelines, including pediatric-specific imaging guidelines that incorporate all applicable criteria from medical specialty societies.

Which medical specialty drug services require prior authorization?

To find the list of services requiring prior authorization, visit www.EviCore.com/resources/healthplan/1199SEIU. Select the "SOLUTION RESOURCES" tab, then select the appropriate solution. You'll then be able to select the set(s) of CPT codes you need.

Which medical specialty drug covered services are in this program?

Non-oncology medical drug covered services, including but not limited to:

- Immuno-modulators
- Ophthalmic disorders
- Osteoporosis
- Immune deficiency
- Gene therapy
- Osteoarthritis
- Spasticity disorder

Who needs to request prior authorization through EviCore, and when?

Providers (or their staff) must request prior authorization. Providers who request/order specialty drug services are required to obtain prior authorization for services *before* the services are rendered in an office or outpatient setting.

How do I request a prior authorization through EviCore?

Providers and/or staff can request prior authorization in one of the following ways:

- **Web Portal**
  The EviCore portal is the quickest, most efficient way to request prior authorization and is available 24/7. Request authorization by visiting www.EviCore.com.
- **Call Center**
  EviCore's call center is open from 7:00 am to 7:00 pm. Request prior authorization and make revisions to existing cases by calling (888) 910-1199.
- **Fax**
  To request prior authorization by fax, complete the clinical worksheets found on EviCore's website at www.EviCore.com/provider/online-forms and fax them to (800) 540-2406.

Continuity of Care

If an authorization for treatment starting before March 1, 2025, was issued through the CareContinuum Medical Drug Benefit Management Program (MDBM), will a new EviCore authorization be needed?

+ The 1199SEIU Benefit Funds will honor all medical drug authorizations approved as of EviCore's management, effective March 1, 2025.
+ Authorizations issued under the MDBM Program will be valid through the original expiration date.
+ Authorizations previously submitted through the MDBM Program should not be resubmitted through EviCore.
+ After March 1, 2025, there can be no modifications to authorizations issued prior to March 1, 2025
+ If needed, please call (888) 910-1199 to determine if an authorization for the services underway is already on file.

Do medical specialty drug services performed in an inpatient setting at a hospital or emergency department setting require prior authorization?

Although medical specialty drugs administered in an emergency department, while in an observation unit or during an inpatient stay generally do not require prior authorization, therapies, such as gene therapy that requires an inpatient stay, do require prior authorization.

How do I check an existing prior authorization request for a member? Our web portal provides 24/7 access to check the status of existing authorizations. To check the status of your authorization request, please visit **www.EviCore.com** and sign in with your login credentials.

What information is required when requesting prior authorization?

When requesting prior authorization, please ensure the following proprietary information is readily available:

Member

- First and last name
- Date of birth
- Member ID

Ordering Provider

- First and last name
- National provider identification (NPI) number

- Tax identification number (TIN)
- Phone and fax number

Rendering (Performing) Provider

- Facility name
- National provider identification (NPI) number
- Tax identification number (TIN)
- Street address

Clinical Information

- Requested procedure code (CPT Code)
- Signs and symptoms
- Imaging/X-ray reports
- Results of relevant test(s)
- Working diagnosis
- Patient history, including previous therapy

Note: EviCore suggests utilizing the clinical worksheets when requesting authorization for medical specialty drug services.

How long is the authorization valid?

Authorizations are valid for 30-365 days. The specific authorization period for the requested service will be indicated in the approval. If the service is not performed within the stated authorization period, please contact EviCore.

What is the most effective way to get authorization for urgent requests?

Requests are considered urgent when the patient presents with a condition that is a risk to their health or ability to regain maximum function and/or the patient is experiencing severe pain that requires a medically urgent procedure. Urgent requests may be initiated on our web portal at www.EviCore.com or by calling (888) 910-1199. Urgent requests will be processed within 24 hours of receipt of complete clinical information.

Note: Please select "urgent" only for those cases that truly are urgent and not simply for a quicker review. If a request is selected as urgent but does not meet guidelines to be considered urgent, the case may be reassigned as a routine case.

How do I check members' eligibility and benefits?

Member eligibility and benefits should be verified on the plan's provider portal at www.NaviNet.com or by calling (888) 819-1199 before requesting prior authorization through EviCore.

Where can I access EviCore's clinical worksheets and guidelines?

EviCore's clinical worksheets and guidelines are available online 24/7 at www.EviCore.com/provider/clinical-guidelines.

After I submit my request, when and how will I receive the determination?

For standard (non-urgent) requests, a decision will be made within 2-3 business days of receiving all clinical information. For urgent requests, a decision will be made within 72 hours of receiving all clinical information. For both standard and urgent requests, the provider will be notified by fax.

What are my options if I receive an adverse determination?

The ordering and rendering provider will receive a denial letter that contains the reason for the denial, as well as reconsideration and appeal rights procedures.

Appeals

EviCore will process first-level pre-service appeals for outpatient and inpatient services only. Appeal requests can be submitted in writing via a clinical consultation with an EviCore physician. A written notice of the appeal decision will be mailed to the customer and faxed to the ordering provider.

Note: The ordering provider may request a clinical consultation within two business days with an EviCore medical director to review the decision.

Does EviCore review cases retrospectively if no authorization was obtained?

Retrospective requests must be initiated by phone within 730 days following the date of service. Please have all clinical information relevant to your request available when you contact EviCore.

How do I make a revision to an authorization for services that have been performed? How do I make a revision to an authorization for services that have not been performed?

The requesting provider or member should contact EviCore with any change to the authorization, whether the procedure has already been performed or not. It is important to update EviCore of any changes to the authorization in order for claims to be correctly processed.

What information about the prior authorization will be visible on the EviCore website?

The authorization status function on the website will provide the following information:

- Prior authorization number/case number
- Status of request
- Site name and location
- Prior authorization date
- Expiration date

Where do I submit my claims?

All claims will continue to be filed directly with the 1199SEIU Benefit Funds. When submitting claims, please include the correct NDC numbers and, where applicable, the correct HCPCS code that represents the manufacturer of the drug as authorized.

Where do I submit questions or concerns regarding this program?

For program-related questions or concerns, please email clientservices@EviCore.com. The Client Services team can assist you with, among other things, the following concerns:

- Questions regarding accuracy assessment, accreditation and/or credentialing
- Requests for an authorization to be resent to the health plan
- Consumer engagement inquiries
- Complaints and grievances
- Eligibility issues (member, rendering facility and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

Whom do I contact for online support/questions?

Web portal inquiries can be directed to portal.support@EviCore.com or (800) 646-0418, option 2.

What are the benefits of using EviCore's web portal?

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

- **Speed**−Requests submitted online require half the time (or less) than those taken over the phone. They can often be processed immediately.
- **Efficiency**−Medical documentation can be attached to the case upon initial submission, reducing follow-up calls and consultation.
- **Real-time access**−Web users are able to see the real-time status of a request.
- **Member history**−Web users are able to see both existing and previous requests for a member

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page at www.EviCore.com/resources/healthplan/1199SEIU.