

Radiology & Musculoskeletal Prior Authorization for Priority Health

Provider Orientation



Provider Resources: Implementation Document



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

Provider Enrollment Questions Contact Priority Health at 800-942-4765

Priority Health Implementation site - includes all implementation documents:

<https://www.evicore.com/healthplan/priorityhealth>

- **Provider Orientation Presentation**
- **CPT code list of the procedures that require prior authorization**
- **Quick Reference Guide**
- **eviCore clinical guidelines**
- **FAQ documents and announcement letters**

You can obtain a copy of this presentation on the implementation site listed above. If you are unable to locate a copy of the presentation, please contact the Client Provider Operations team at ClientServices@evicore.com.

Provider Resources: Pre-Certification Call Center



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Documents

7:00 AM - 7:00 PM (Eastern Time): (844) 303-8456

- Clinically urgent requests
- Obtain pre-certification or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case

eviCore fax number: (800) 540-2406

Web Portal Services-Assistance



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

Web Support

Phone: 800-646-0418 (Option 2)

Email: portal.support@evicore.com

Web Portal Services-Available 24/7

Provider Resources: Client Provider Operations



Pre-Certification
Call Center



Web-Based
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Client Provider
Operations



Documents

clientservices@evicore.com

- Eligibility issues (member, rendering facility, and/or rendering physician)
- Issues experienced during case creation
- Request for an authorization to be resent to the health plan

Our Clinical Approach

Clinical Platform

Multi-Specialty Expertise

Family Medicine	Oncology/Hematology
Internal Medicine	Surgery
Pediatrics	<ul style="list-style-type: none">• General
Sports Medicine	<ul style="list-style-type: none">• Orthopedic
OB/GYN	<ul style="list-style-type: none">• Thoracic
Cardiology	<ul style="list-style-type: none">• Cardiac
Nuclear Medicine	<ul style="list-style-type: none">• Neurological
Anesthesiology	<ul style="list-style-type: none">• Otolaryngology
Radiation Oncology	<ul style="list-style-type: none">• Spine
Sleep Medicine	Radiology
	<ul style="list-style-type: none">• Nuclear Medicine
	<ul style="list-style-type: none">• Musculoskeletal
	<ul style="list-style-type: none">• Neuroradiology

- **190+ board-certified medical directors**
- **Diverse representation of medical specialties**
- **450 nurses with diverse specialties and experience**
- **Dedicated nursing and physician teams by specialty for Cardiology, Oncology, OB-GYN, Spine/Orthopedics, Neurology, and Medical/Surgical**

Evidence-Based Guidelines

The foundation of our solutions:



Dedicated
pediatric
guidelines



Contributions
from a panel
of community
physicians



Experts
associated
with academic
institutions



Current
clinical
literature

Aligned with National Societies

- American College of Cardiology
- American Heart Association
- American Society of Nuclear Cardiology
- Heart Rhythm Society
- American College of Radiology
- American Academy of Neurology
- American College of Chest Physicians
- American College of Rheumatology
- American Academy of Sleep Medicine
- American Urological Association
- National Comprehensive Cancer Network
- American College of Therapeutic Radiology and Oncology
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Academy of Pediatrics
- American Society of Colon and Rectal Surgeons
- American Academy of Orthopedic Surgeons
- North American Spine Society
- American Association of Neurological Surgeons
- American College of Obstetricians and Gynecologists
- The Society of Maternal-Fetal Medicine

Priority Health Prior Authorization Required:

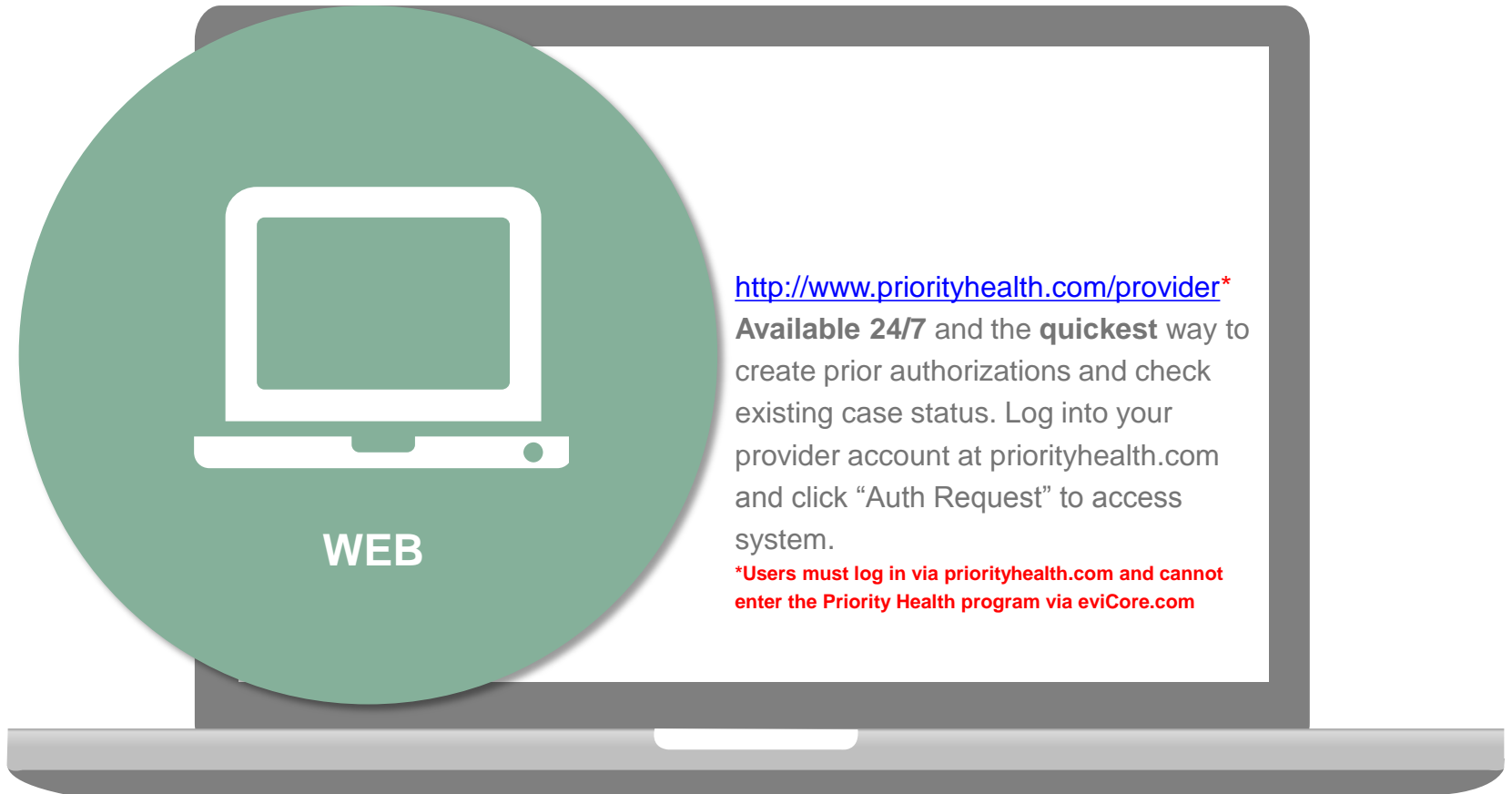
- **CT, CTA (Computed Tomography, Computed Tomography Angiography)**
- **MRI, MRA (Magnetic Resonance Imaging, Magnetic Resonance Angiography)**
- **PET, PET/CT (Positron Emission Tomography, PET with Computed Tomography)**
- **Nuclear Medicine**
- **Joint Surgery**
 - Large joint replacement
 - Arthroscopic and open procedures
- **Spine Surgery**
 - Spine Implants: Spinal cord stimulators, pain pumps
 - Cervical/Thoracic/Lumbar: Decompressions, Fusions

To find a list of CPT
(Current Procedural Terminology)
codes that require prior authorization
through eviCore, please visit:

<https://www.evicore.com/healthplan/priorityhealth>

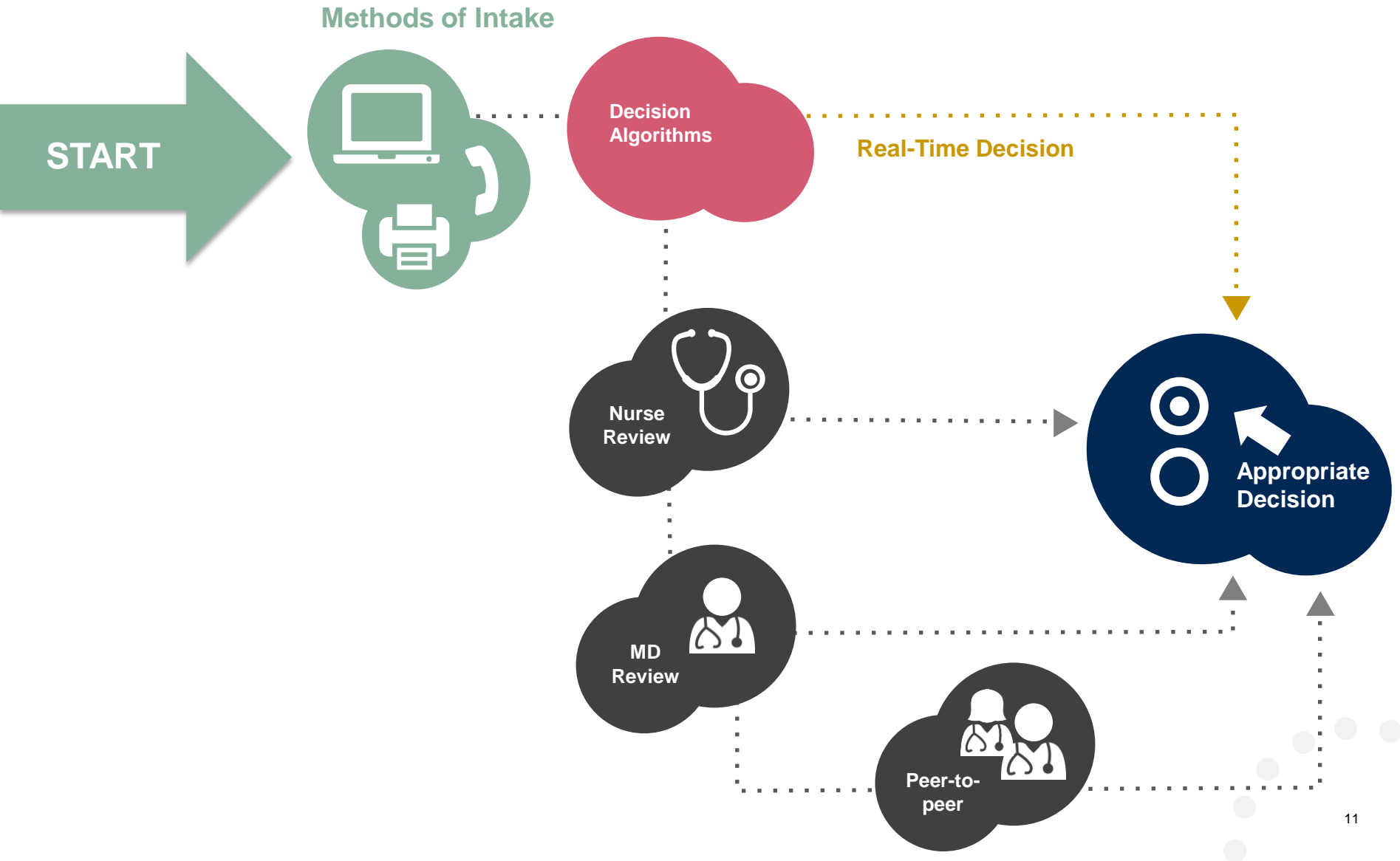
Prior Authorization Requests

How to request prior authorization:



Phone Option: 844.303.8456 7:00 a.m. to 7:00 p.m. (EST) Monday - Friday
Fax option: 800.540.2406 Fax forms available at www.evicore.com

Clinical Review Process



Needed Information

Member
Member ID
Member name
Date of birth (DOB)



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



Ordering/Rendering Physician
Physician name
National provider identifier (NPI)
Tax identification number (TIN)
Fax number



Requests
CPT code(s) for
requested procedure



The appropriate
diagnosis code for the
working of differential
diagnosis



If clinical information is needed, please be able to supply:

- Prior tests, lab works, and/or Imaging studies and prior test results related to the diagnosis
- Office notes related to the current diagnosis
- Type and duration of treatment, performed to date for the diagnosis

Prior Authorization Outcomes

Approved Requests:

- eviCore's business practice is to process requests within three business days after receipt of all necessary clinical information. If a case is pended for additional clinical information then once the clinical information is received a determination will be made within the 3 business days from that date.
- Authorizations are good for 90 days from the date of determination with the exception of inpatient authorizations.

Delivery:

- Faxed to ordering provider and facility within one business day of determination
- Mailed to the member within one business day of determination
- Information can be printed by logging into eviCore from your priorityhealth.com account.

Denied Requests:

- Communication of denial determination
- Communication of the rationale for the denial
- How to request a Peer Review

Delivery:

- Faxed to the ordering provider
- Mailed to the member

Prior Authorization Outcomes – Commercial and Medicaid

➤ Reconsiderations

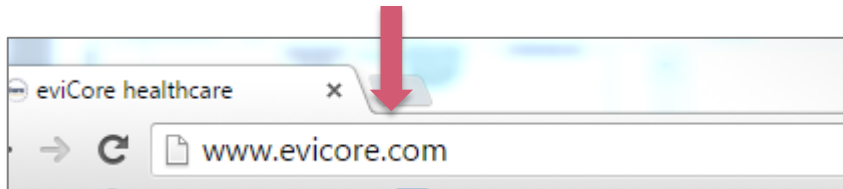
- Additional clinical information can be provided without the need for a physician to participate
- Must be requested within 14 business days following the date of the determination
- Commercial and Medicaid members only

➤ Peer-to-Peer Review:

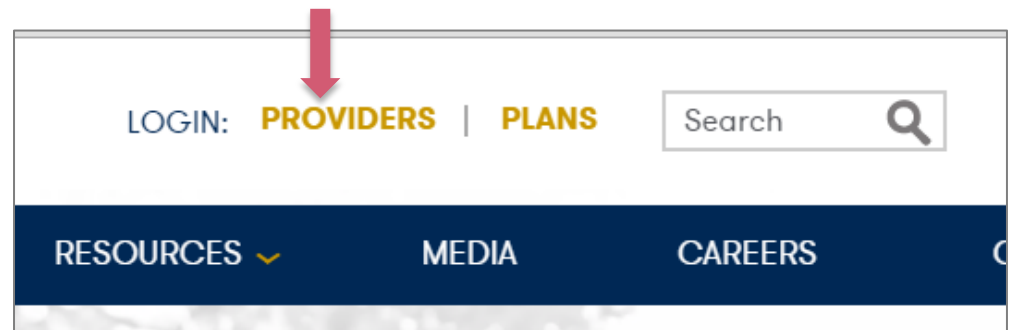
- If a request is **denied** and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians.
- Peer-to-peers must be requested within 14 business days following the date of the determination
- In certain instances, additional information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.
- Peer-to-Peer reviews can be scheduled at a time convenient to your physician with a same specialty expertise Medical Director.

eviCore healthcare website Peer-to-Peer Scheduling

- Point web browser to evicore.com



- Click on the “Providers” link



- Scroll down below login and click on “Select Time & Date”



eviCore healthcare website Peer-to-Peer Scheduling

- Select the Health Plan and Solution from the drop down box

Request a Consultation with a Medical Director/Therapist

Priority Health Plan ▼

Radiology ▼

Request a Consultation with a Medical Director/Therapist


Priority Health Plan ▼

Radiology ▼

Required fields marked with **

Reason for Consult
Initial Case Discussion ▼

Preferred method of appointment confirmation * Email Phone

Case Number* Appointment Date* (yyyy/mm/dd) 

First Name* Last Name*

Email* Phone*

Select Duration Hours* EST

Message

SUBMIT

- Select reason for the consult
- Complete all fields on the form including the requested time for the call. All times are listed in EST.
- eviCore's Provider Response Unit will contact you by email to confirm the time.

Prior Authorization Outcomes – Medicare / Medicare Advantage

➤ Pre-Decision Consultation

- If your case requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians prior to a decision being rendered.
- In certain instances, additional information provided during the pre-decision consultation is sufficient to satisfy the medical necessity criteria for approval

Special Circumstances

Appeals

- eviCore will process first level provider appeals for Commercial membership only
- Requests for appeals must be submitted to eviCore within 120 calendar days of the initial determination
- The procedure request and all clinical information provided will be reviewed by a physician other than the one who made the initial determination.
- A written notice of the appeal decision will be mailed to the member and faxed to the provider

Retrospective Request:

- Medicare does not allow retro authorization requests.
- Retro Requests must be submitted with 120 calendar days for Commercial members and within 30 calendar days for Medicaid members following the date of service. Requests submitted later than these dates will be expired.
- Retro requests are reviewed for clinical urgency and medical necessity. Turn around time on retro requests is 45 calendar days.

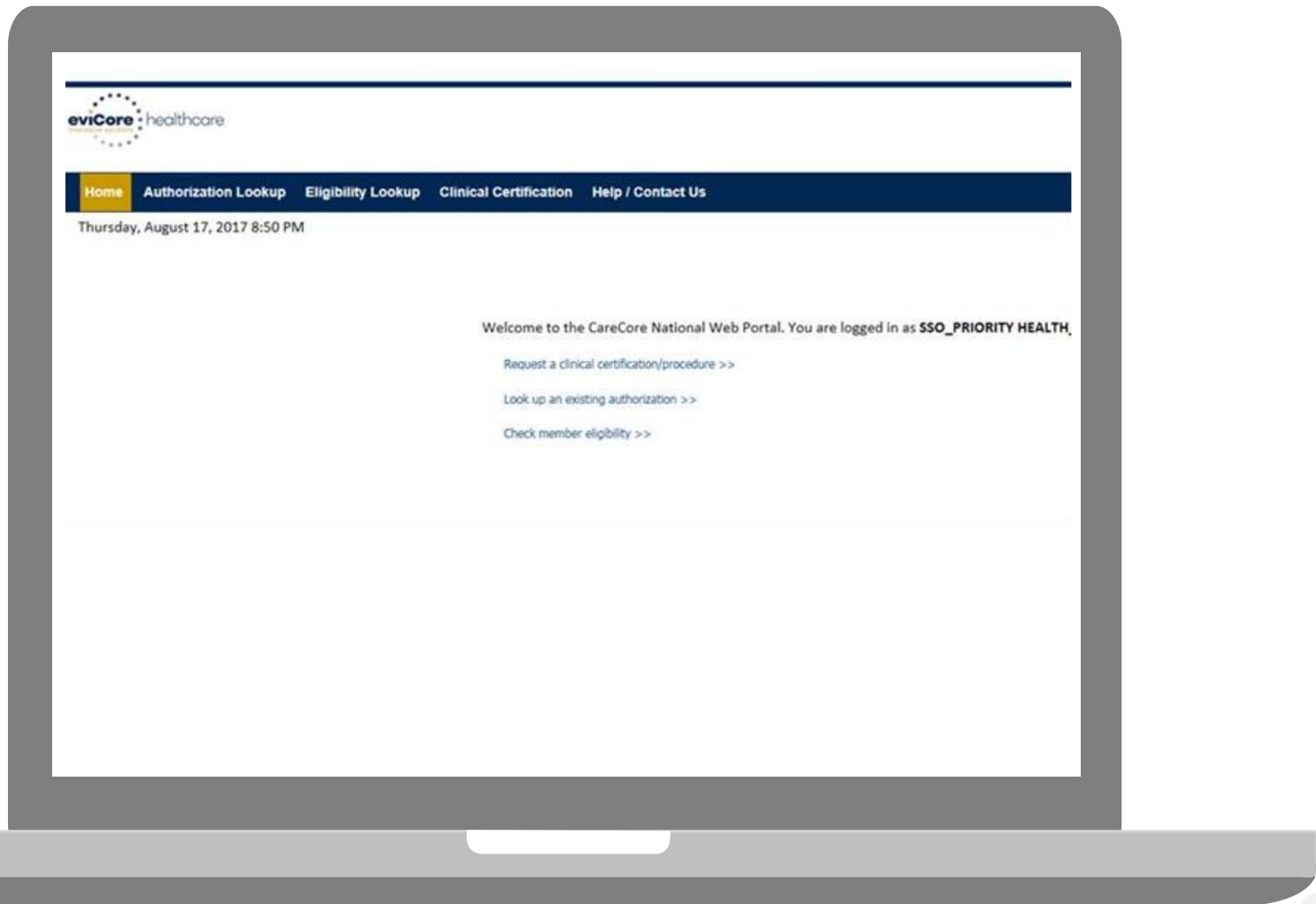
Outpatient Urgent Request:

- **Medically urgent requests are defined as conditions that are a risk to the patient's life, health, ability to regain maximum function, or the patient is having severe pain that required a medically urgent procedure.**
- Contact eviCore by phone to request an expedited prior authorization review and provide clinical information
- Urgent Cases will be reviewed within 24 hours of the request for Medicare and Medicaid and within 72 hours of the request for Commercial membership.

Requesting an Authorization

Web Portal Services

Service Options



➤ Select **Request a clinical certification/procedure, Look up an existing authorization or Check member eligibility.**

Select Referring Provider

Clinical Certification

Search by TIN, NPI, provider last name, city and/or zip.

Healthplan: PRIORITY HEALTH

TIN:

NPI:

Last Name: (requires NPI or TIN)

City: (city only, no state)

Zip:

Select one of the following providers:

	Provider	Address	Tax ID	NPI
<input type="button" value="SELECT"/>	BIANCHI, GLEN	300 FAIRVIEW AVE, WESTWOOD NJ 07675	222103828	1780636019
<input type="button" value="SELECT"/>	CHIN, PATRICK	300 FAIRVIEW AVE, WESTWOOD NJ 07675	222103828	1396702783
<input type="button" value="SELECT"/>	LEE, JUNG	300 FAIRVIEW AVE, WESTWOOD NJ 07675	222103828	1093733156

[Click here for help or technical support](#)



Select the **Practitioner/Group** for whom you want to build a case.

Referring Provider Contact Information

The screenshot shows a web application interface with a navigation bar at the top containing links: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, Physician Criteria, and Manage Your Account. Below the navigation bar, the date and time are displayed as 'Tuesday, April 15, 2014 3:48 PM'. The main content area is titled 'Clinical Certification'. On the left, there is a progress bar with 10 bars, the first of which is filled, and the text '10% Complete' below it. Below the progress bar is a large grey box labeled 'Physician' with an 'EDIT' button to its right. To the right of the progress bar is a form with the following fields: 'Physician's Name' (empty), 'Who to Contact' (filled with 'Test Contact'), 'Fax' (filled with '(555) 555-5555'), 'Phone' (filled with '(555) 555-5556'), 'Ext.' (empty), 'Cell Phone' (filled with '(122) 334-4556'), and 'Email' (filled with 'test@test.com'). At the bottom of the form are four buttons: 'Cancel', 'Back', 'Print', and 'Continue'. In the bottom right corner of the page, there is a small copyright notice: '© 2014. All rights reserved. Us'.



Enter the **Provider's name** and appropriate information for the point of contact individual.

Health Plan and Address

Clinical Certification

You selected MITELMAN, RAISA, NPI 1215049812

Please select the health plan for which you would like to build a case. If the health plan is not shown, please contact the plan at the number found on the member's identification card to determine if case submission through CareCore National is necessary.

PRIORITY HEALTH ▼
7 LEXINGTON AVE. ▼

Cancel Back Print Continue

Click [here](#) for help or technical support

➔ Priority Health will appear in upper drop-down box. The Provider ID that was previously selected will match with one or more addresses in the database. Click the drop-down arrow and select an address if there is more than one to choose from.

Member Information

Clinical Certification

Patient ID:

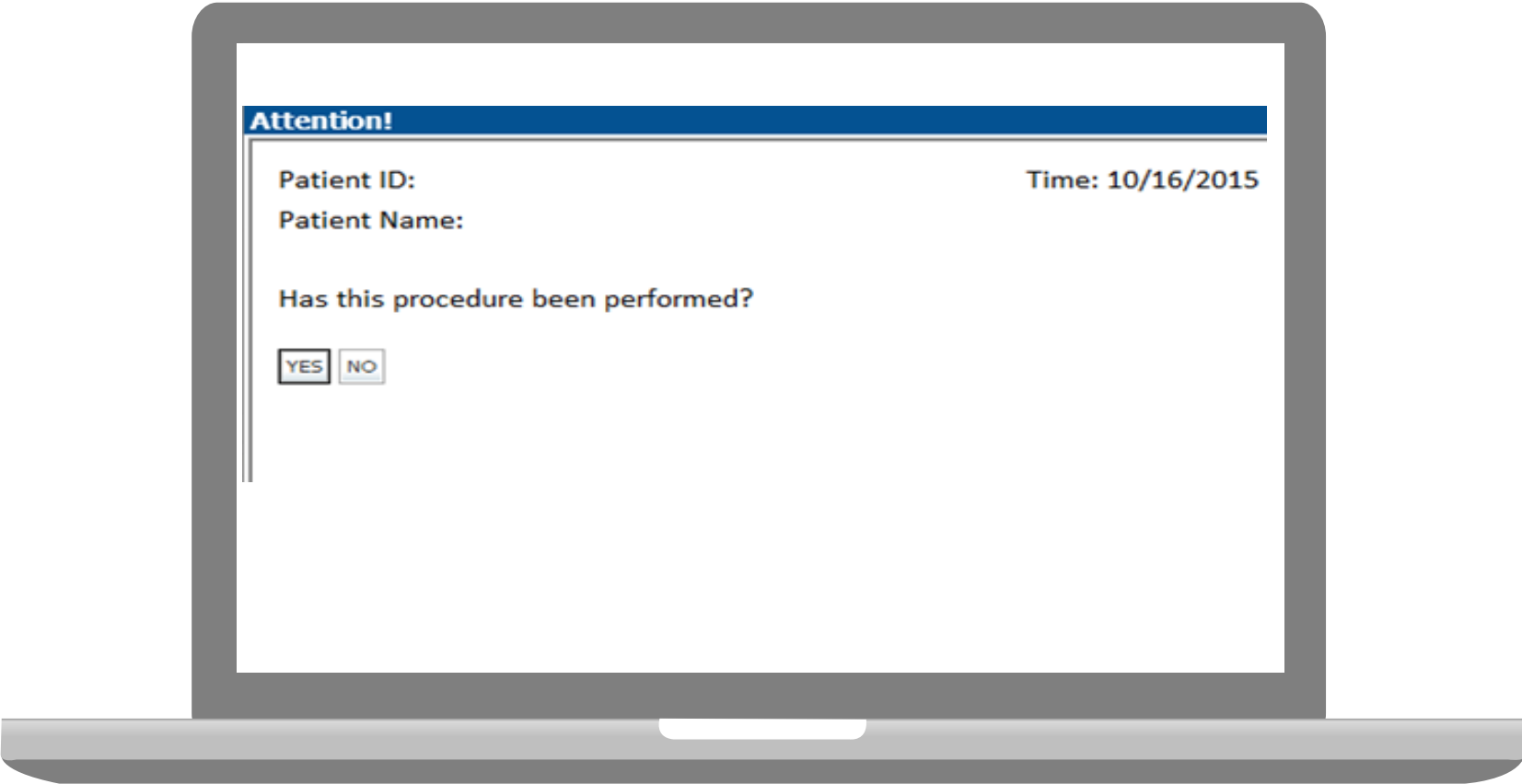
Date Of Birth: MM/DD/YYYY

Patient Last Name Only: [?]

Click [here](#) for help or technical support

➤ If you're making a request for a patient for the first time, complete the "New Patient Registration" information.

Clinical Details



Indicate if the procedure has been performed or is a new request.



Clinical Details

Clinical Certification

This procedure has not been performed. [CHANGE](#)

Radiology Procedures

Select a Procedure by CPT Code[?] or Description[?]

71260 ▼

CT THORAX W/ CONTRAST ▼

Diagnosis

Select a Primary Diagnosis Code (Lookup by Code or Description)

[LOOKUP](#)

Trouble selecting diagnosis code? Please follow [these steps](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)

Secondary diagnosis is optional for Radiology

[LOOKUP](#)

[Cancel](#) [Back](#) [Print](#)

Click [here](#) for help or technical support

Verify Service Selection from Referring Physician

The screenshot displays a web portal interface for a provider. At the top, the title "Provider Web Portal" is centered. Below it is a navigation menu with tabs: "Home", "Authorization Lookup", "Eligibility Lookup", "Clinical Certification" (which is the active tab), "Certification Requests In Progress", "Physician Criteria", and "Manage Your Account". The current date and time are shown as "Tuesday, April 15, 2014 4:01 PM".

The main content area is titled "Clinical Certification" and includes the instruction "Confirm your service selection." The details are as follows:

- Procedure Date:** TBD
- CPT Code:** 71260
- Description:** CT THORAX W/ CONTRAST
- Diagnosis Code:** R93.8
- Diagnosis:** Abnormal findings on diagnostic imaging of other specified body structures

A link "Change Procedure or Diagnosis" is provided below the diagnosis. At the bottom of the main content area are four buttons: "Cancel", "Back", "Print", and "Continue".

On the left side of the main content area, there is a progress indicator showing a bar chart that is 40% complete. Below this are two sections: "Physician" with an "EDIT" link, and "Patient" with an "EDIT" link.

Site Selection for Rendering Physician

Provider Web Portal

Home | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | Physician Criteria | Manage Your Account | Cardiology Approval Report

Tuesday, April 15, 2014 4:03 PM Log Off (RDSHA)

Clinical Certification

If the location you would like to send your patient to is not on this list, you can search for that location using the Specific Site Search parameters below.

Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI: Zip Code: Site Name:

TIN: City:

Exact match
 Starts with

[LOOKUP SITE](#)

	Name	Address
<input type="button" value="SELECT"/>		
<input type="button" value="SELECT"/>		
<input type="button" value="SELECT"/>		
<input type="button" value="SELECT"/>		

60% Complete

Physician:

Patient:

Service:

4/15/2014
76817 US PREGNANT UTERUS
TRANSVAGIN
640.90 HEMORR EARLY PREG-UNSPEC

➔ Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process. The referring physician information appears at the left screen, and you will select the rendering physician and site.

You will not have the opportunity to make changes after that point.

Medical Review

Clinical Certification

Is there any additional information specific to the member's condition you would like to provide?

- I would like to upload a document
- I would like to enter additional notes in the space provided
- I would like to upload a document and enter additional notes
- I have no additional information to provide at this time

Enter text in the space provided below or both.

Additional Information - Notes:

You may upload a document from your computer (PDF or Word less than 5MB)

Additional Upload Document:

Browse...

SUBMIT

➔ If **additional information** is required, you will have the option to either upload documentation, enter information into the text field, or contact us via phone.

Approval

Clinical Certification

Your case has been Approved.

Provider Name:		Contact:	
Provider Address:		Phone Number:	
		Fax Number:	
<hr/>			
Patient Name:		Patient Id:	
Insurance Carrier:			
<hr/>			
Site Name:		Site ID:	
Site Address:			
<hr/>			
Primary Diagnosis Code:	M25.561	Description:	Pain in right knee
Secondary Diagnosis Code:		Description:	
CPT Code:	JOINT	Description:	JOINT SURGERY
Authorization Number:			
Review Date:	2/15/2017 11:17:55 AM		
Expiration Date:	4/1/2017		
Status:	Your case has been Approved.		

[Click here for help or technical support](#)

Once the clinical pathway questions are completed and the answers have met the clinical criteria, an **approval** will be issued.

Print the screen and store in the patient's file.

Medical Review – Pending

Clinical Certification

Your case has been sent to Medical Review.

Provider Name: [Redacted]
Provider Address: [Redacted]
Contact: [Redacted]
Phone Number: [Redacted]
Fax Number: [Redacted]

Patient Name: [Redacted]
Insurance Carrier: [Redacted]
Patient Id: [Redacted]

Site Name: [Redacted]
Site Address: [Redacted]
Site ID: [Redacted]

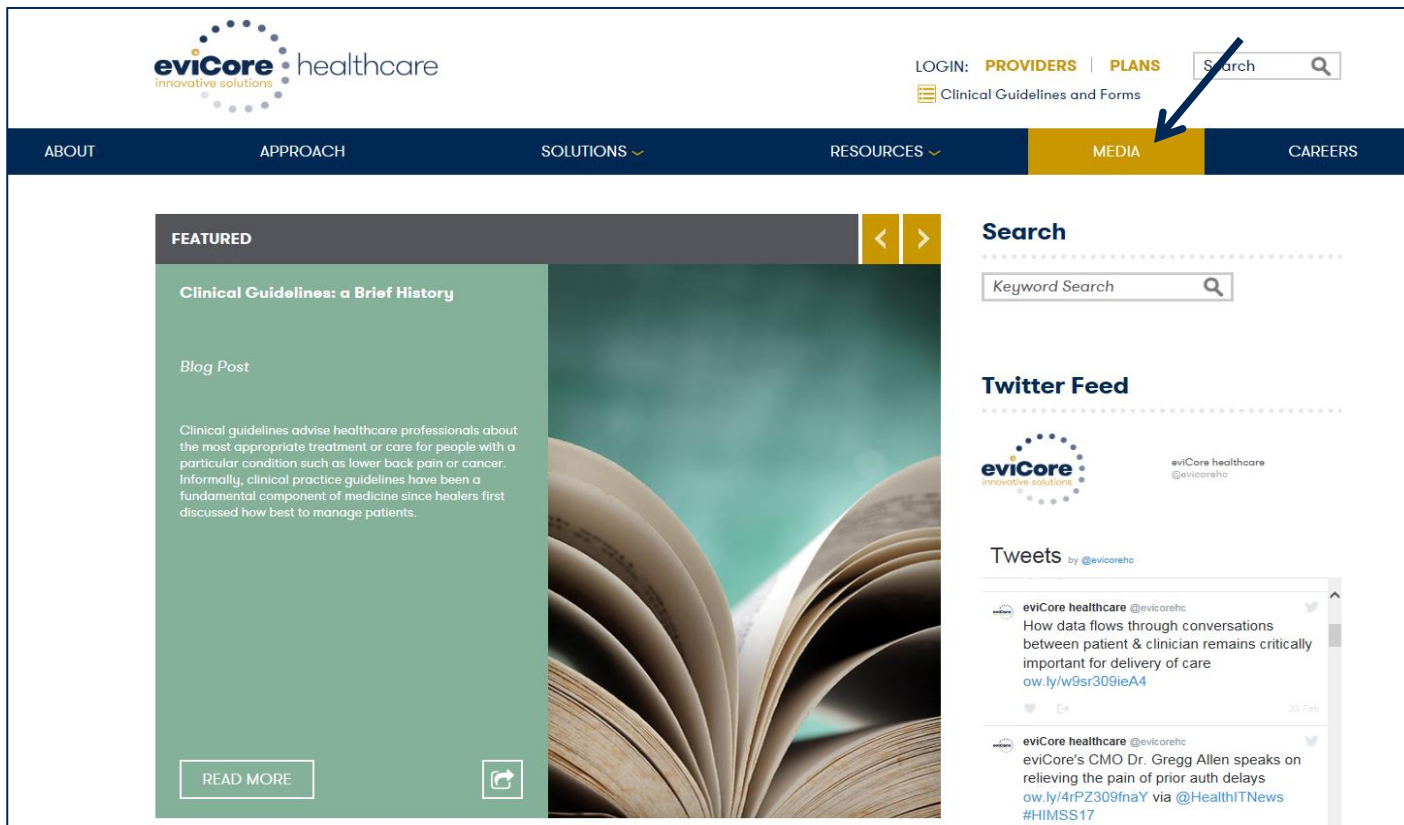
Diagnosis Code: 724.2 Description: Lumbago
Date of Service: 9/9/2015
CPT Code: Description: -
Case Number: 1062943521
Review Date: 9/9/2015 9:54:55 AM
Expiration Date: N/A
Status: Your case has been sent to Medical Review.

The case will go to **medical review** until any questions are answered and the case is determined to meet clinical criteria.

Print the screen and store in the patient's file.

eviCore Provider Blog Series

- The eviCore blog series focuses on making processes more efficient and easier to understand by providing helpful tips on how to navigate prior authorizations, avoid peer-to-peer phone calls, and utilize our clinical guidelines.
- You can access the blog publications from the **Media** tab or via the direct link at <https://www.evicore.com/pages/media.aspx>.



The screenshot displays the eviCore healthcare website interface. At the top left is the eviCore logo with the tagline "innovative solutions" and "healthcare". To the right, there are links for "LOGIN: PROVIDERS | PLANS" and "Clinical Guidelines and Forms", along with a search bar. The main navigation bar includes "ABOUT", "APPROACH", "SOLUTIONS", "RESOURCES", "MEDIA" (highlighted in yellow with a blue arrow pointing to it), and "CAREERS". Below the navigation, the "FEATURED" section shows a blog post titled "Clinical Guidelines: a Brief History" with a "Blog Post" sub-header and a "READ MORE" button. The background of the featured section is an image of an open book. On the right side, there is a "Search" section with a "Keyword Search" input field, a "Twitter Feed" section with the eviCore logo and handle "@evicarehc", and a "Tweets" section showing two tweets from @evicarehc. The first tweet discusses data flow in patient-clinician conversations, and the second mentions CMO Dr. Gregg Allen speaking on prior authorization delays.

Thank You!

