Radiology Prior Authorization for Priority Health

Provider Orientation
### Company Highlights

**4K employees**
including **1K clinicians**

**100M members**
managed nationwide

**12M claims**
processed annually

Headquartered in Bluffton, SC
Offices across the US including:
- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT
- Melbourne, FL
- Plainville, CT
- Sacramento, CA

SHARING A VISION AT THE CORE OF CHANGE.
Integrated Solutions

LAB MANAGEMENT
19M lives

MEDICAL ONCOLOGY
14M lives

RADIATION THERAPY
29M lives

SPECIALTY DRUG
100k lives

MUSCULOSKELETAL
34M lives

RADIOLOGY
65M lives

CARDIOLOGY
46M lives

SLEEP
14M lives

POST-ACUTE CARE
320k lives

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Radiology Solution Experience

• Since 1994
• 30+ regional and national clients
• 65M total members
  • 51M Commercial membership
  • 6.8M Medicare membership
  • 7.2M Medicaid membership
Our Clinical Approach
Clinical Platform

Multi-Specialty Expertise

- 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:

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 Association of Neurological Surgeons
- American College of Obstetricians and Gynecologists
- The Society of Maternal-Fetal Medicine
Service Model
The Client Provider Operations team is responsible for high-level service delivery to our health plan clients as well as ordering and rendering providers nationwide.

**Client Provider Representatives**
Client Provider Representatives are cross-trained to investigate escalated provider and health plan issues.

**Client Service Managers**
Client Service Managers lead resolution of complex service issues and coordinate with partners for continuous improvement.

**Regional Provider Engagement Managers**
Regional Provider Engagement Managers are on-the-ground resources who serve as the voice of eviCore to the provider community.
Why Our Service Delivery Model Works

One centralized intake point allows for timely identification, tracking, trending, and reporting of all issues. It also enables eviCore to quickly identify and respond to systemic issues impacting multiple providers.

Complex issues are escalated to resources who are the subject matter experts and can quickly coordinate with matrix partners to address issues at a root-cause level.

Routine issues are handled by a team of representatives who are cross trained to respond to a variety of issues. There is no reliance on a single individual to respond to your needs.
Radiology Prior Authorization Program for Priority Health
Program Overview

eviCore will begin accepting requests on June 19, 2017 for dates of service on June 19 and beyond

Prior authorization applies to services that are:

- Outpatient
- Elective / Non-emergent
- Diagnostic

Prior authorization does not apply to services that are performed in:

- Emergency room
- 23-hour observation
- Inpatient

It is the responsibility of the ordering provider to request prior authorization approval for services.
Authorization is required for Priority Health members enrolled in the following programs:

- Commercial members
- Medicaid members
- Medicare members
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

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:

WEB

http://www.priorityhealth.com/provider*

Available 24/7 and the quickest way to create prior authorizations and check existing case status. Log into your provider account at priorityhealth.com and click “Auth Request” to access system.

*Users must log in via priorityhealth.com and cannot enter the Priority Health program via eviCore.com

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

Methods of Intake

- Nurse Review
- MD Review
- Peer-to-peer

Decision Algorithms

Real-Time Decision with Web

Easy for providers and staff
Needed Information

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

- Imaging studies and prior test results related to the diagnosis
- Office notes related to the current diagnosis
Prior Authorization Outcomes

Approved Requests:
- All requests are processed within three business days after receipt of all necessary clinical information.
- Authorizations are good for 90 days from the date of determination.

Delivery:
- Faxed to ordering provider and facility
- Mailed to the member
- 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.
• 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 Studies:

- 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 administratively denied.
- Retro requests are reviewed for clinical urgency and medical necessity. Turn around time on retro requests is 45 calendar days.

- 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.

Outpatient Urgent Studies:

Requesting an Authorization
Web Portal Services
Initiating A Case

Go to provider portal log in screen at http://www.priorityhealth.com/provider.
Initiating A Case

Enter user name and password then click “Login”
At the left of the screen, click on “Auth Request”
Initiating A Case

Referring practice must select either “Hospital” or “Practitioner or Vendor.”
Using drop-down boxes, referring physician must select facility and provider. Then click “Go to Clear Coverage.” The Clear Coverage process continues on slide 45.
Using drop-down boxes, referring physician must select procedure/CPT code, facility and provider. Then click “Go to eviCore.”
Select the Program for your certification.

- High Tech Imaging
- Spine and Joint
- Genetic Testing
Select Request a clinical certification/procedure, Look up an existing authorization or Check member eligibility.
Select Referring Provider

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

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.
If you’re making a request for a patient for the first time, complete the “New Patient Registration” information.
Indicate if the procedure has been performed or is a new request.
Clinical Details

Clinical Certification

This procedure has not been performed.  

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)

Trouble selecting diagnosis code? Please follow these steps

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

Secondary diagnosis is optional for Radiology

Click here for help or technical support
Verify Service Selection from Referring Physician

**Clinical Certification**

Confirm your service selection.

**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

Change Procedure or Diagnosis

[Buttons: Cancel, Back, Print, Continue]
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.
Once you have entered the clinical collection phase of the case process, you can save the information and return within (2) business days to complete.
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.
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.

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<thead>
<tr>
<th>Provider Name:</th>
<th>Contact:</th>
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<tbody>
<tr>
<td>Provider Address:</td>
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</tr>
<tr>
<td></td>
<td>Fax Number:</td>
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<tr>
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<tr>
<td>Site Name:</td>
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<tr>
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<th>M25.561</th>
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<tbody>
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<td>JOINT</td>
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<tr>
<td>Expiration Date:</td>
<td>Status:</td>
<td>Your case has been Approved.</td>
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## Medical Review – Pending

### Clinical Certification

Your case has been sent to Medical Review.

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<th>Status:</th>
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<tr>
<td>Your case has been sent to Medical Review.</td>
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Provider Resources
Clinical Guidelines, Online Forms and other important resources can be accessed at [www.evicore.com](http://www.evicore.com). Click “Solutions” from the menu bar, and select the specific program needed.
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.evicare.com/pages/media.aspx](https://www.evicare.com/pages/media.aspx).
Provider Resources: Pre-Certification Call Center

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

Web Support
Phone: 800-646-0418 (Option 2)
Email: portal.support@evicore.com

Web Portal Services-Available 24/7
Provider Resources: Client Provider Operations

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
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.
Thank You!