

HOW-TO GUIDE

Creating a Prior Authorization Request with Multiple CPT Codes on the Web

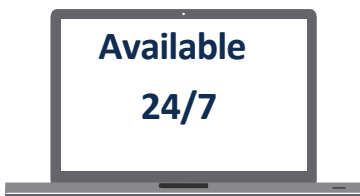
eviCore's web portal is the quickest and easiest way to create Prior Authorization requests and check existing case status.

These instructions are designed to help you submit multiple CPT codes for one case within a single request for prior authorization.

Benefits of using the Web portal:



4xfaster
than the average
12min phone request



**Quick view
and print**

Before You Begin-

- Instructions apply to Radiology and Cardiology requests managed through eviCore healthcare only
- Requests must be for one member at one location and for one date of service
- Up to 10 CPT codes are allowed within a single prior authorization request
- To simplify, the same status will apply to all CPT codes within the request
- The areas of the request-build process remain the same:
 - Selecting a program
 - Choosing a physician
 - Selecting an insurance carrier
 - Entering contact information
 - Selecting a member

What to Expect from this Guide-

This guide provides step-by-step instructions on how to submit multiple CPT codes for one prior authorization request and how to check request status.

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Getting Started

1. After logging-in to the website, select **CLINICAL CERTIFICATION** from the home page to start a new request for prior authorization. When you reach the screen where the procedure (CPT) code is collected (see 1a), you will enter a single (“Primary”) procedure code. *Later in the process you will be asked for the additional CPT codes.* Select **CONTINUE** to choose the site of service.

2. Once the request is built, you will see screen 2a just before entering the clinical pathway. Select **CONTINUE**.

3. For Urgent requests, select **NO** from screen 3a. The entire request (including all allowed procedures) will be treated as urgent. Clinical information will need to be uploaded on a subsequent screen.

4. Next, indicate whether you have additional CPT codes to add for this request. Select **YES** to add them (see screen 4a).

Remember, the additional CPT codes must be for the same patient, date of service, and site of service entered for the original CPT code.

1a

Clinical Certification

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

Radiology Procedures

Select a Primary Procedure by CPT Code or Description?

70549 MRA NECK W & W/O CONTRAST [CHANGE](#)

Don't see your procedure code or type of service? [Click here](#)

Diagnosis

Primary Diagnosis Code: Z00.00
Description: Encounter for general adult medical examination without abnormal findings
[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Radiology

[LOOKUP](#)

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

2a

Clinical Certification

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from CareCore National.

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

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

3a

Clinical Certification

Is this case Routine/Standard?

Yes No

4a

Clinical Certification

Will there be any additional procedures needing prior authorization for the same patient, date of service, and site of service?

Yes No

[SUBMIT](#)

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

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5. Enter **one additional CPT code** on screen 5a and select **SUBMIT**.
6. If the CPT code does not pass validation, an onscreen message will inform you that the code is either out of scope, has been requested already, or requires the creation of a separate authorization request (see screen 6a).
7. Repeat steps 5 and 6 for each additional CPT code (up to 10 CPT codes allowed within the same case). After entering your last CPT code, select **NO**, then **SUBMIT** from screen 6a.
8. After successful completion, screen 8a will display: "Each of your requested procedure codes has been added to this authorization. You can also find the procedure codes associated to this request via 'Authorization Lookup' on the web." From here, you can select **SUBMIT** or check the box to **FINISH LATER**.

5a



Clinical Certification

Please enter the additional procedure code

70552

SUBMIT

Cancel Print

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6a



Clinical Certification

PROCEDURE CODE: 71447 WAS NOT ADDED TO THIS REQUEST

The medical discipline for this procedure requires a separate request.

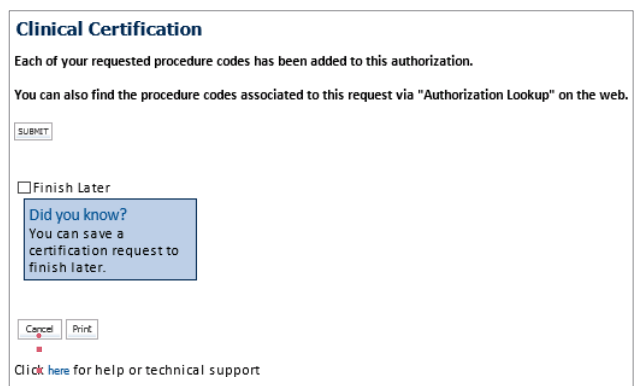
Would you like to request an additional procedure code?

Yes No

SUBMIT

Cancel Print

8a



Clinical Certification

Each of your requested procedure codes has been added to this authorization.

You can also find the procedure codes associated to this request via "Authorization Lookup" on the web.

SUBMIT

Finish Later

Did you know?
You can save a certification request to finish later.

Cancel Print

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CAREFUL
Selecting **CANCEL** will not save or submit any of the info you've just entered.

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9. The clinical portion of the pathway will address each procedure requested individually. Screens 9a and 9b will display for each CPT code added.

10. On screen 10a, upload the clinical documents needed to support all the procedures for the request. Select **UPLOAD** to save the clinical documents for the request. Selecting **SKIP UPLOAD** bypasses this screen entirely.

11. Once the clinical pathway is complete, an onscreen message will display the procedures and status (see 11a). At this point, the initial process has been completed.

Congratulations!

9a

BEGINNING OF CLINICAL QUESTIONNAIRE FOR 70549 (MRA NECK W & W/O CONTRAST). Please click submit.
 Proceed

9b

Clinical Certification

Is this request to evaluate suspicion of cancer, screening for cancer, active evaluation or monitoring of known cancer?
 Yes No

10a

Clinical Certification

Clinical Upload
Please upload any additional clinical information that justifies the medical necessity of this request.

Browse for file to upload (max size 5MB, allowable extensions .DOC, .DOCX, .PDF):

11a

Clinical Certification

Your request has been sent for further medical review for the following procedures: 70549, 70552, 70555

Provider Name:	Contact:
Provider Address:	Phone Number:
	Fax Number:
Patient Name:	Patient ID:
Insurance Carrier:	
Site Name:	Site ID: F54507
Site Address:	
Primary Diagnosis Code: Z00.00	Description: Encounter for general adult medical examination without abnormal findings
Secondary Diagnosis Code:	Description:
Date of Service: Not provided	
CPT Code: 70549	Description: MRA NECK W & W/O CONTRAST
Case Number:	
Review Date:	
Expiration Date:	
Status:	Your request has been sent for further medical review for the following procedures: 70549, 70552, 70555

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Authorization Lookup

12. When accessing the **Authorization Lookup** screen (see 12a), the following bulleted information is available for the request, and is also included on the notification letters sent to members and providers (see screen 12b). The notification letters will provide language for each procedure code that has been denied, based on the criteria and policy(ies) specific to that procedure.

- All the procedure codes requested
- The quantity requested
- The quantity approved.

13. If specific CPT codes need to be changed, implement the change(s) at the line level (see screen 13a). Simply select the **CHANGE SERVICE CODE** button to display the **AUTHORIZATION LOOKUP** screen (see 13b) where all fields are required. Select **SUBMIT** to validate the change. (Note: additional information may be required.)

12a

Authorization Lookup

Authorization Number: NA
Case Number: 1115856923
Status: Pending Clinical Review
Approval Date:
Service Code: 70549
Service Description: MRA NECK W & W/O CONTRAST
Site Name: ATLANTIC MEDICAL IMAGING-GALLOWAY
Expiration Date:
Date Last Updated: 6/4/2019 9:50:37 AM
Correspondence: [VIEW CORRESPONDENCE](#)
Clinical Upload: [UPLOAD ADDITIONAL CLINICAL](#)

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
70546	Magnetic resonance angiography (MRA) (a special kind of picture) of the blood vessels in your neck without and with contrast	1	0	
70552	Magnetic resonance imaging (MRI) (a special kind of picture) of your head with contrast (dye)	1	0	
70555	Magnetic resonance imaging (MRI) (a special kind of picture) of your brain by a doctor to look at how well your brain is working	1	0	

[Print](#) [Done](#) [Search Again](#)

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12b

Procedure	Description	Units Requested	Units Denied
70546	Magnetic resonance angiography (MRA) (a special kind of picture) of the blood vessels in your brain without and with contrast (dye)	1	1
70549	Magnetic resonance angiography (MRA) (a special kind of picture) of the blood vessels in your neck without and with contrast	1	1

For **70546** MRA HEAD W & W/O CONTRAST Based on eviCore Head Imaging Guidelines Section: HD 1.5 General Guidelines - CT and MR Angiography: (CTA and MRA), we are unable to approve this request. Brain MRA is generally obtained without contrast. Head MRA with contrast can be considered to reassess aneurysms following endovascular coiling or in the setting of reduced cardiac output to improved imaging quality. The clinical information provided does not describe any of these conditions, brain MRA without contrast (code 70544) can be approved as an alternative. eviCore will contact your office regarding this recommendation.

- For **70549** MRA NECK W & W/O CONTRAST Based on eviCore Peripheral Vascular Disease Imaging Guidelines Section: PVD 3.2 Surveillance Imaging with NO History of Carotid Surgery or Intervention, we are unable to approve this request. Guidelines support advanced imaging if ultrasound shows greater than 70% occlusion/stenosis of the internal carotid artery. The clinical information provided does not meet these criteria and, therefore, the request is not indicated at this time.

You, your doctor or someone you choose, has the right to get a copy of the criteria

13a

Authorization Lookup

Authorization Number: A115856923
Case Number: 1115856923
Status: Approved
Approval Date: 12/16/2019 12:00:00 AM
Service Code: 72157
Service Description: MRI T SPINE W/ & W/O CONTRAST
Site Name: CHESAPEAKE HOSPITAL, EP MARCHMANS
Expiration Date: 11/27/2020
Date Last Updated: 12/16/2019 9:48:59 AM
Correspondence: [UPLOAD & PRINTS](#)

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
72157 Change service code	Magnetic Resonance Imaging (MRI), a special kind of picture of your upper back with and without contrast (dye)	1	1	
72159 Change service code	Magnetic Resonance Imaging (MRI), a special kind of picture of your lower back with and without contrast (dye)	1	1	

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13b

Authorization Lookup

1 Please enter your name

2 Are you with the Ordering Physician or Site?
 Ordering Physician
 Site

3 What is the new CPT code requested?

[SUBMIT](#)