A CHECKLIST ON

How to speed up prior authorization

One of the most common reasons a prior authorization request is delayed or not approved is that it's missing critical details. The following checklist is designed to help you avoid delays and save you time by ensuring you have the information you need to submit a prior authorization request.

To ensure the authorization process is as quick and efficient as possible, the provider's office submitting the prior authorization request must submit the following information:

Patient Information

+ Member or patient name as it appears on the health ID card
+ Health ID card number
+ Date of birth
+ Gender
+ Address
+ Phone number
+ Email (if available)
+ All relevant clinical information, including:
    + Provider notes
    + Results of relevant tests, including labs, imaging, and X-ray reports
    + Patient history
    + Physical findings, including any signs and symptoms
    + All office visits related to this condition
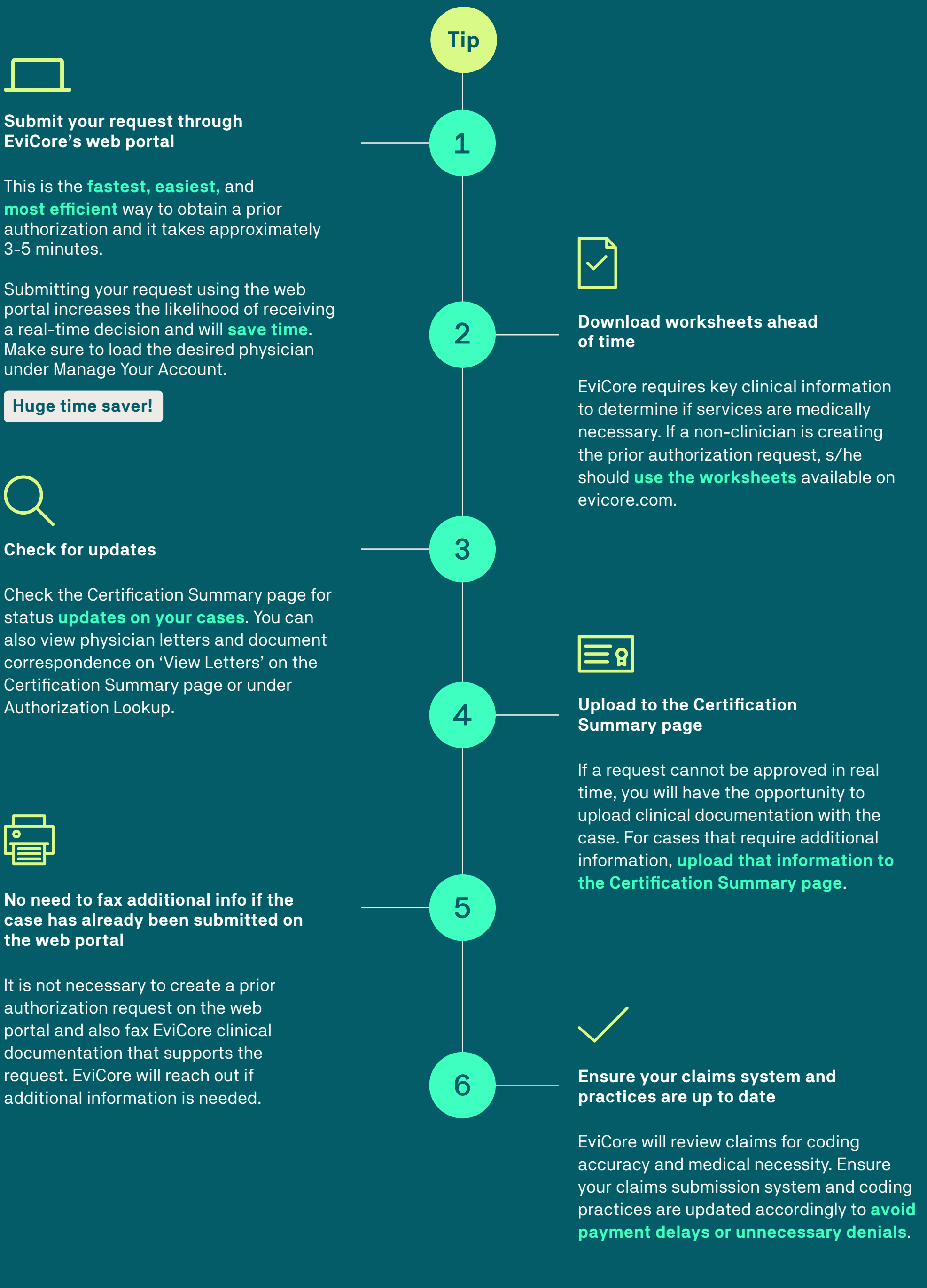   + Requested tests with CPT codes and units (if applicable)

Ordering Provider's Information

+ Ordering provider name
+ Provider tax ID number
+ National Provider Identifier (NPI) number
+ Address
+ Phone and fax number
+ Email (if available)
+ Contact name

Performing Provider's Information

+ Physician/facility name
+ Tax ID number
+ NPI number
+ Address
+ Phone and fax number
+ Email (if available)
+ Contact name

Here are some additional tips to help you facilitate your prior authorization request:

Tip

1

Submit your request through EviCore's web portal

This is the **fastest, easiest,** and **most efficient** way to obtain a prior authorization and it takes approximately 3-5 minutes.

Submitting your request using the web portal increases the likelihood of receiving a real-time decision and will **save time**. Make sure to load the desired physician under Manage Your Account.

Huge time saver!

2

Download worksheets ahead of time

EviCore requires key clinical information to determine if services are medically necessary. If a non-clinician is creating the prior authorization request, s/he should **use the worksheets** available on evicore.com.

3

Check for updates

Check the Certification Summary page for status **updates on your cases**. You can also view physician letters and document correspondence on 'View Letters' on the Certification Summary page or under Authorization Lookup.

4

Upload to the Certification Summary page

If a request cannot be approved in real time, you will have the opportunity to upload clinical documentation with the case. For cases that require additional information, **upload that information to the Certification Summary page**.

5

No need to fax additional info if the case has already been submitted on the web portal

It is not necessary to create a prior authorization request on the web portal and also fax EviCore clinical documentation that supports the request. EviCore will reach out if additional information is needed.

6

Ensure your claims system and practices are up to date

EviCore will review claims for coding accuracy and medical necessity. Ensure your claims submission system and coding practices are updated accordingly to **avoid payment delays or unnecessary denials**.

Making use of this checklist can help you save time both when submitting your request and when seeking a peer-to-peer call to head off a potential delay.

EviCore
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