

Prior Authorization of Radiology and Cardiology Services for BlueCross and BlueShield of Minnesota (Blue Cross)

Provider Orientation Session



Corporate Overview



100M Members Managed Nationwide

Headquartered in Bluffton, SC
Offices across the US including:

- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT
- Melbourne, FL
- Plainville, CT
- Sacramento, CA

9 Comprehensive Solutions



The industry's most comprehensive clinical evidence-based guidelines



4k+ employees including 1k clinicians
Engaging with 570k+ providers











Advanced, innovative, and intelligent technology



9 | Comprehensive Solutions

End-to-End Solution on a single integrated platform

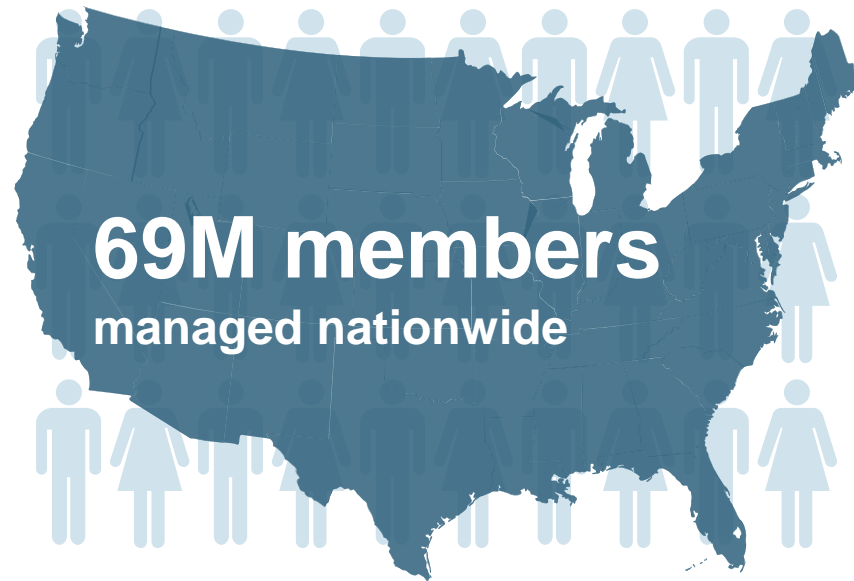
-  Radiology
-  Cardiology
-  Musculoskeletal
-  Sleep Management
-  Medical Oncology
-  Specialty Drug
-  Radiation Therapy
-  Lab Management
-  Post-Acute Care

Radiology Solution - Our Experience

30+ Regional
and National Clients

51k+
Cases built per day

24 Years
Managing Radiology Services



Members Managed

- 51M Commercial Memberships
- 6.8M Medicare Memberships
- 7.2 Medicaid Memberships





Radiology Solution

Covered Services

Advanced imaging services

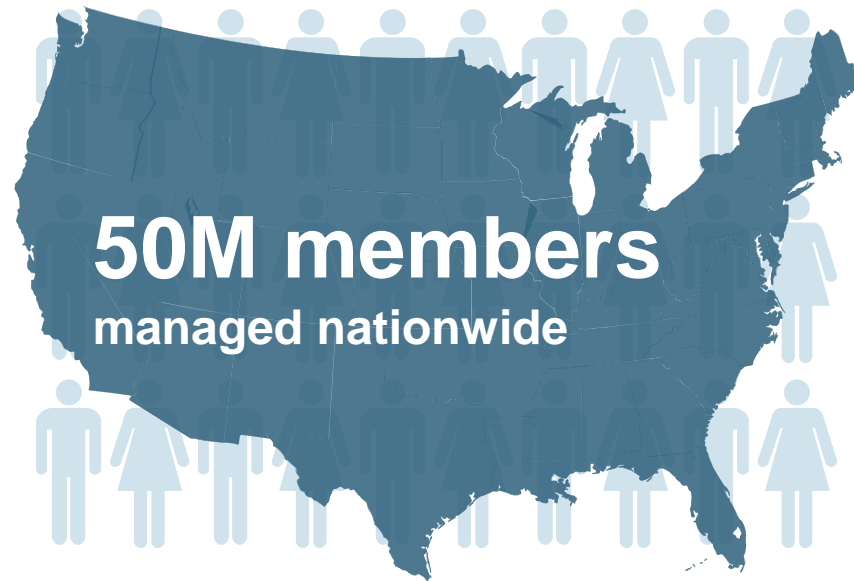
- CT, CTA
- MRI, MRA
- PET, PET/CT
- Nuclear Medicine

Cardiology Solution – Our Experience

20+ Regional
and National Clients

10k+
Cases built per day

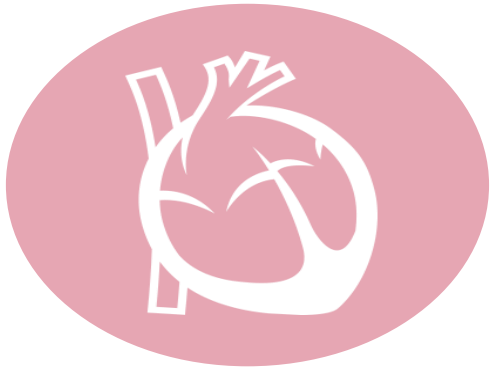
12 Years
Managing Cardiology Services



Members Managed

- 37.7M Commercial Memberships
- 2.3M Medicare Memberships
- 5.98M Medicaid Memberships





Cardiology Solution

Covered Services

Advanced imaging and diagnostic services

- Stress Testing
 - Myocardial Perfusion Imaging (SPECT & PET)
 - Stress Echocardiography
- Cardiac CT & MRI
- Echocardiography; Transthoracic, Transesophageal
- Diagnostic Heart Catheterization

Implantable device services

- Pacemakers
- Implantable Cardioverter Defibrillator (ICD)

Our Clinical Approach

Clinical Platform

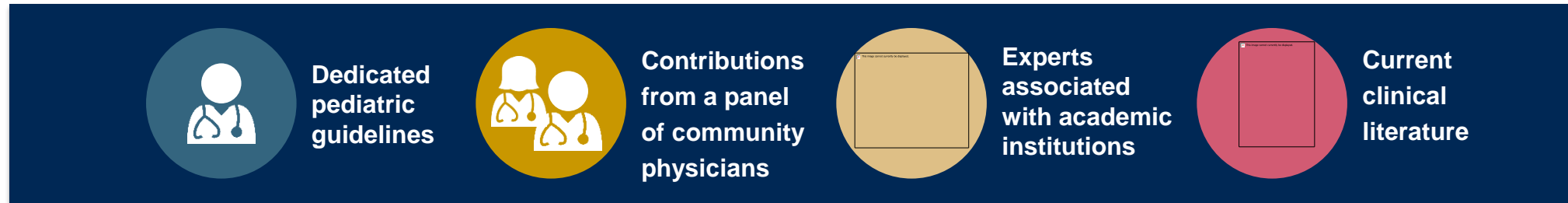
Multi-Specialty Expertise

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

- **260 board-certified medical directors**
- **Diverse representation of medical specialties**
- **800 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:



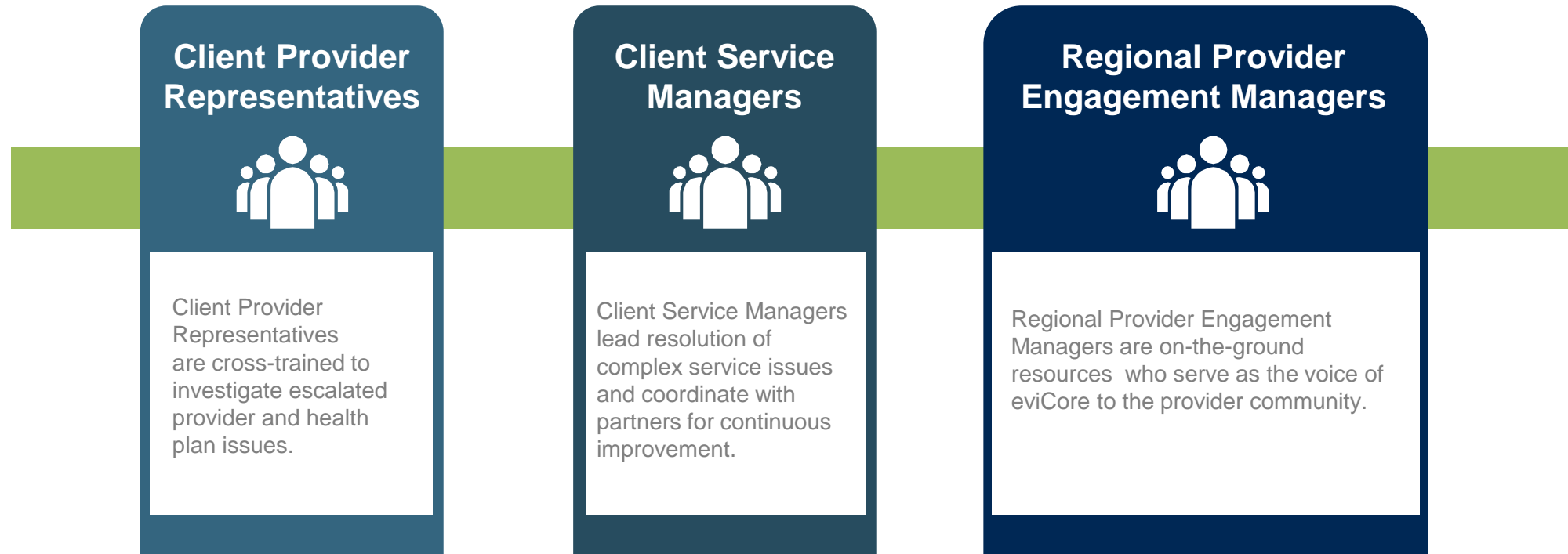
Aligned with National Societies

- 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 College of Obstetricians and Gynecologists
- The Society of Maternal-Fetal Medicine

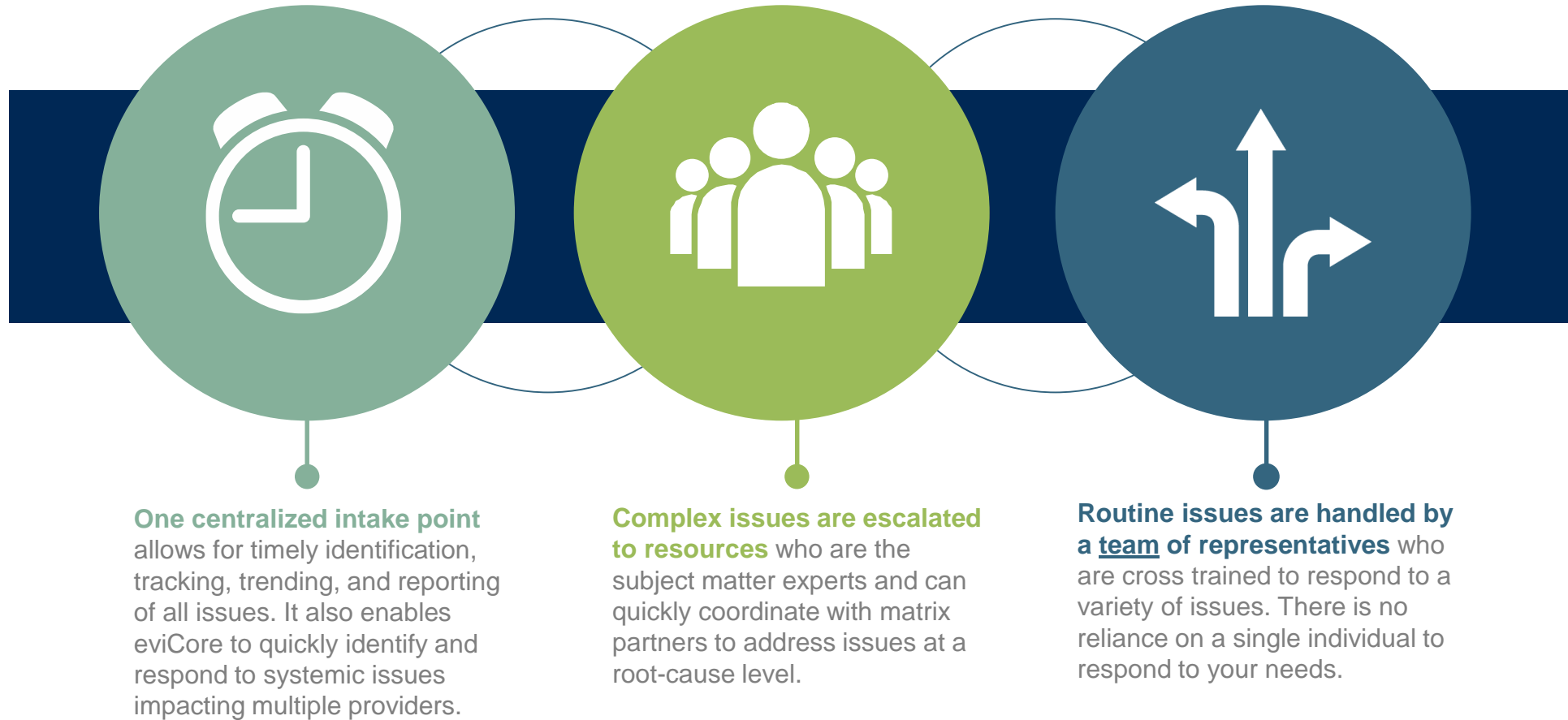
Service Model

Client Provider Operations

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



Why Our Service Delivery Model Works



Prior Authorization of Radiology and Cardiology Services for BlueCross and BlueShield of Minnesota



Program Overview

eviCore will begin accepting requests on July 23, 2018 for dates of service August 1, 2018 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
- Inpatient
- 23-hour observation

It is the responsibility of the ordering provider to request prior authorization approval for services.

Graduated Utilization Management – Radiology & Cardiology

August 1 – August 30

- Provider will submit all relevant clinical information for review
- eviCore will review clinical information and approve all requests with clinical information submitted
- Requests that do not meet criteria per the evidence based guidelines will still receive an approval that will include education language in the rationale

August 31 and beyond

- Provider will submit all relevant clinical information for review
- eviCore will review clinical information and make a determination
- Requests that do not meet criteria per the evidence based guidelines could result in an adverse determination; this determination will not include education language in the rationale



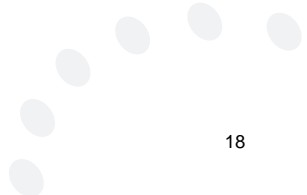
Applicable Membership

Authorization is required for Blue Cross members enrolled in the following programs:

- **Blue Cross Commercial Fully Insured**
- **Blue Cross Medicare Advantage**

Members who do not require prior authorization are:

- **Blue Cross Commercial Self Insured Members**
- **Blue Cross Federal Employee Members**
- **Blue Cross Medicaid Members**



Prior Authorization Required:

- CT, CTA (Computed Tomography, Computed Tomography Angiography)
- MRI, MRA (Magnetic Resonance Imaging, Magnetic Resonance Angiography)
- PET (Positron Emission Tomography)
- NCM/MPI (Nuclear Cardiac Imaging)
- Stress Echocardiograms
- Diagnostic Heart Catheterizations

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

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

Prior Authorization Requests

How to request prior authorization via Availity:

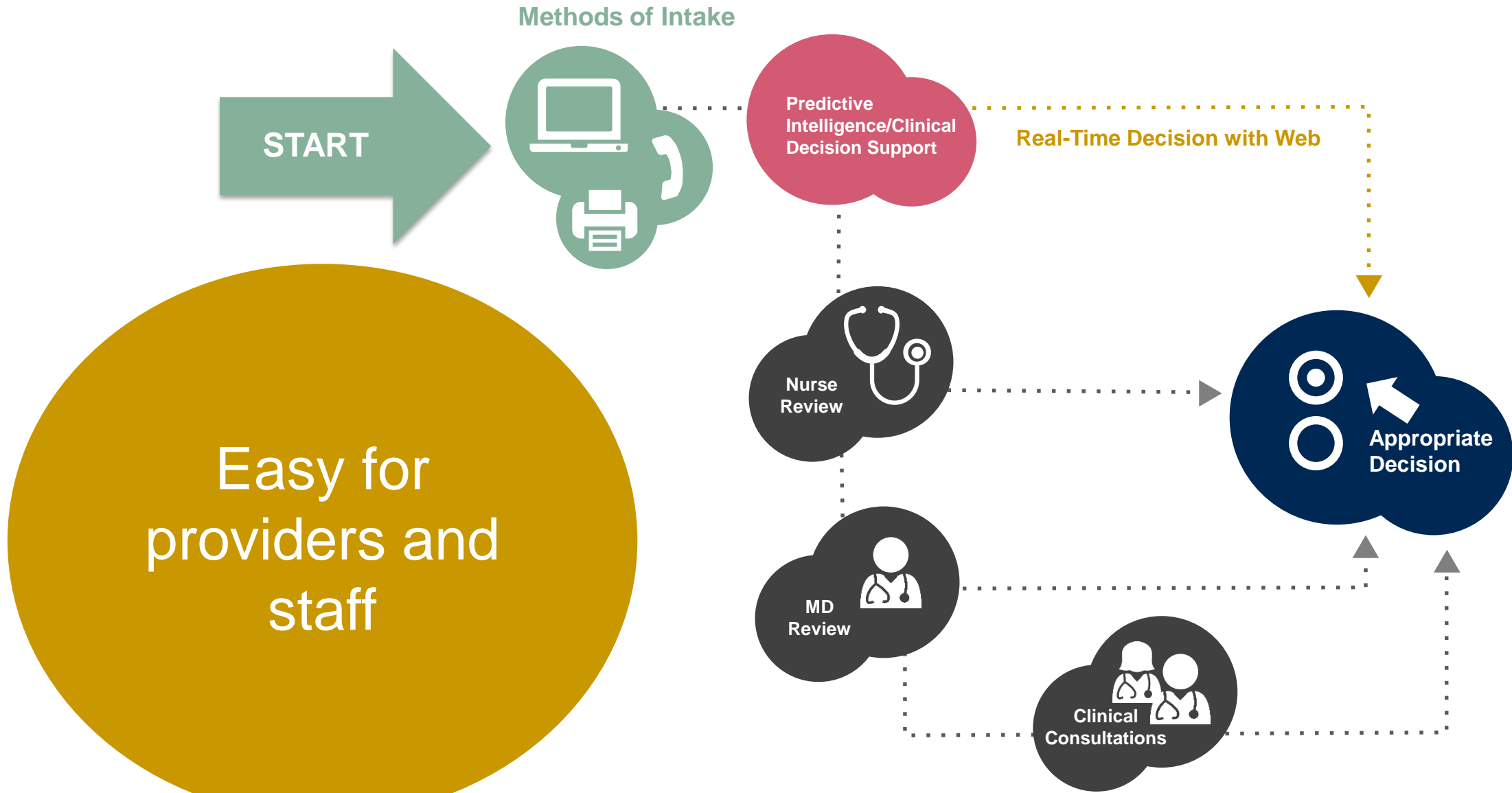


www.availity.com

Available 24/7 and the **quickest** way to create prior authorizations and check existing case status

Or by Phone:
844-224-0494
Fax: 800-540-2406
7:00 a.m. to 7:00
p.m. Central Time
Monday - Friday

Clinical Review Process



Needed Information



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

- Prior tests, lab work, and/or imaging studies performed related to this diagnosis
- The notes from the patient's last visit related to the diagnosis
- Type and duration of treatment performed to date for the diagnosis

Prior Authorization Outcomes

Approved Requests:

- All requests and corresponding notification are typically processed within **10 business days** after receipt of all necessary clinical information (10 days is the MN state statute).
- Authorizations are typically good for **45 calendar days** from the date of determination

Delivery:

- Emailed or faxed to ordering provider and rendering provider
- Mailed to the member
- Information can be printed on demand from the eviCore healthcare Web Portal

Denied Requests:

- Communication of denial determination
- Communication of the rationale for the denial
- How to request a clinical consultation

Delivery:

- Emailed or faxed to the ordering provider and rendering provider
- Mailed to the member

Prior Authorization Outcomes – Commercial

➤ Reconsiderations:

- Additional clinical information can be provided without the need for a physician to participate
- Must be requested within **14 calendar days** from the date of determination
- Commercial members only
- **Note: If an appeal has already been filed a reconsideration is not allowed**

➤ Clinical Consultations:

- If a request is denied and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians. In certain instances, additional information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.
- **Clinical Consultations** can be scheduled at a time convenient to your physician

Special Circumstances

Appeals:

- eviCore will process first level appeals
- Requests for appeals must be submitted to eviCore healthcare using the process outlined on the denial notification
- The 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:

- Retrospective review will be allowed and must be submitted within 14 calendar days following the date of service.

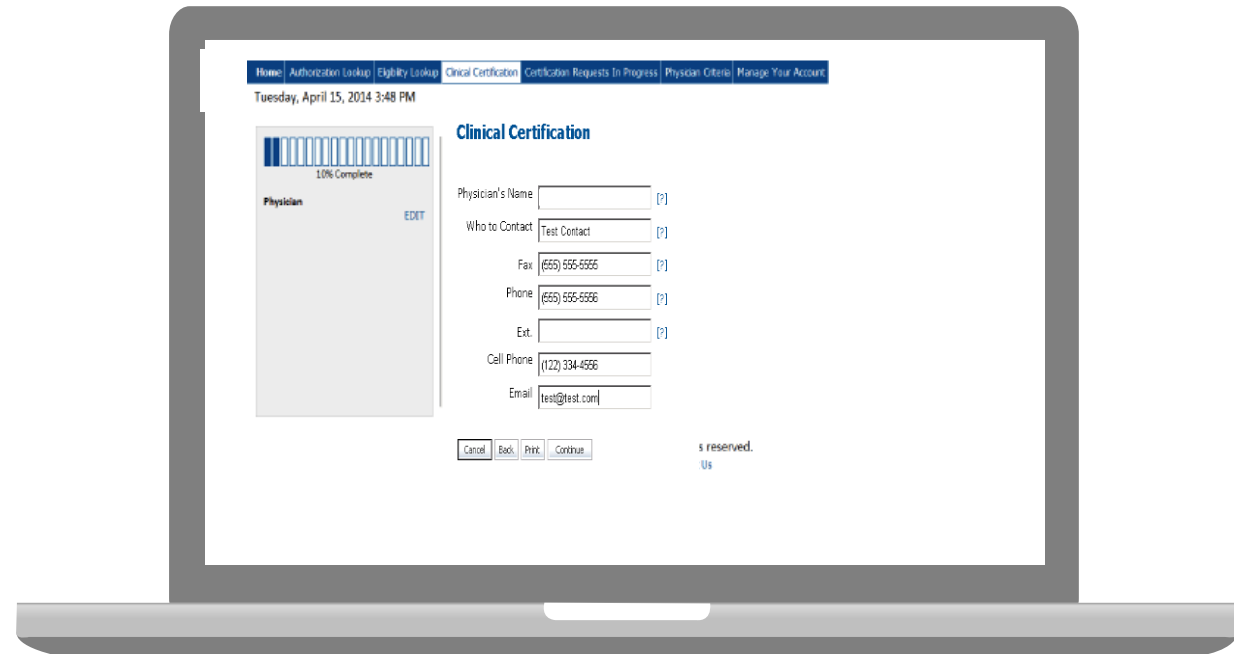
Outpatient Urgent Studies:

- Contact eviCore by phone to request an expedited prior authorization review and provide clinical information
- Urgent Cases will be reviewed within **72 hours** of the request.(eviCore standard is 4 hours)
- **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

Web Portal Services

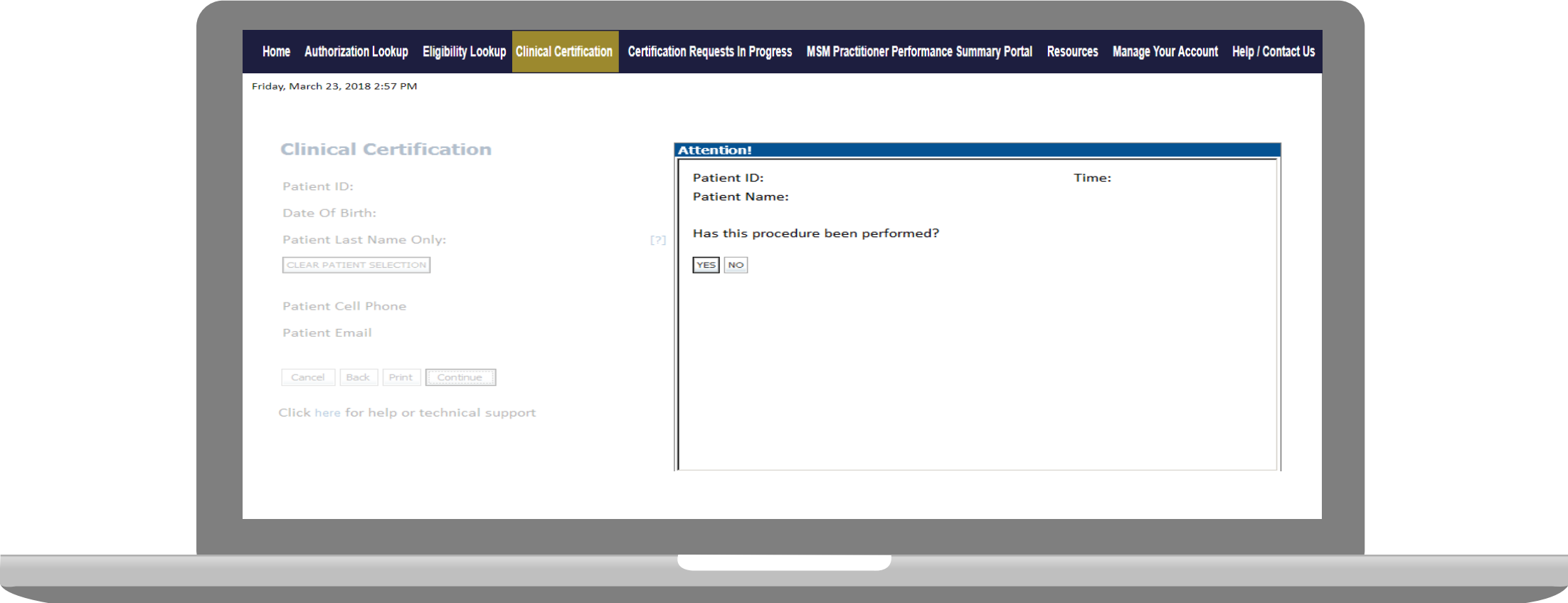
Provider Verification / Contact Information

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

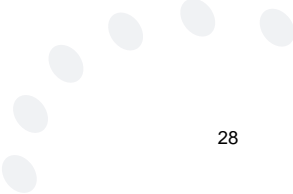


The screenshot displays a web application interface for 'Clinical Certification'. At the top, there is a navigation menu with links: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, Physician Criteria, and Manage Your Account. Below the menu, the date and time are shown as 'Tuesday, April 15, 2014 3:48 PM'. The main content area is titled 'Clinical Certification' and features a progress indicator on the left showing '100% Complete' with a bar chart. Below the progress indicator is a box labeled 'Physician' with an 'EDIT' button. To the right of this box is a form with the following fields: 'Physician's Name' (empty), 'Who to Contact' (filled with 'Test Contact'), 'Fax' (filled with '(655) 555-5555'), 'Phone' (filled with '(655) 555-5556'), 'Ext.' (empty), 'Cell Phone' (filled with '(122) 334-4566'), and 'Email' (filled with 'test@test.com'). At the bottom of the form are buttons for 'Cancel', 'Back', 'Print', and 'Continue'. In the bottom right corner, there is a small copyright notice: '© 2014 All rights reserved. Us'.

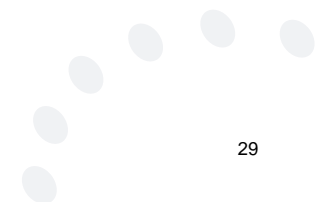
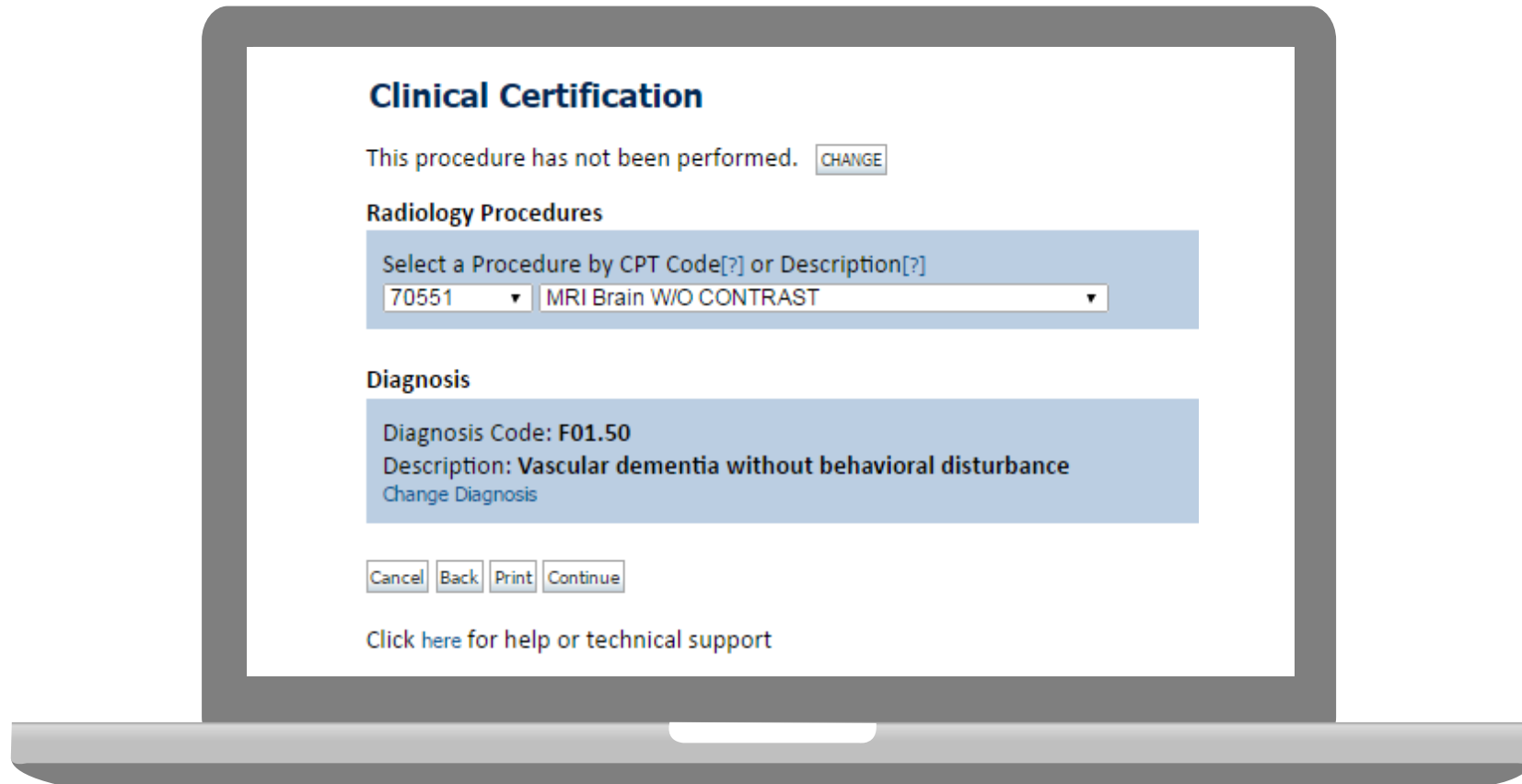
Procedure Information



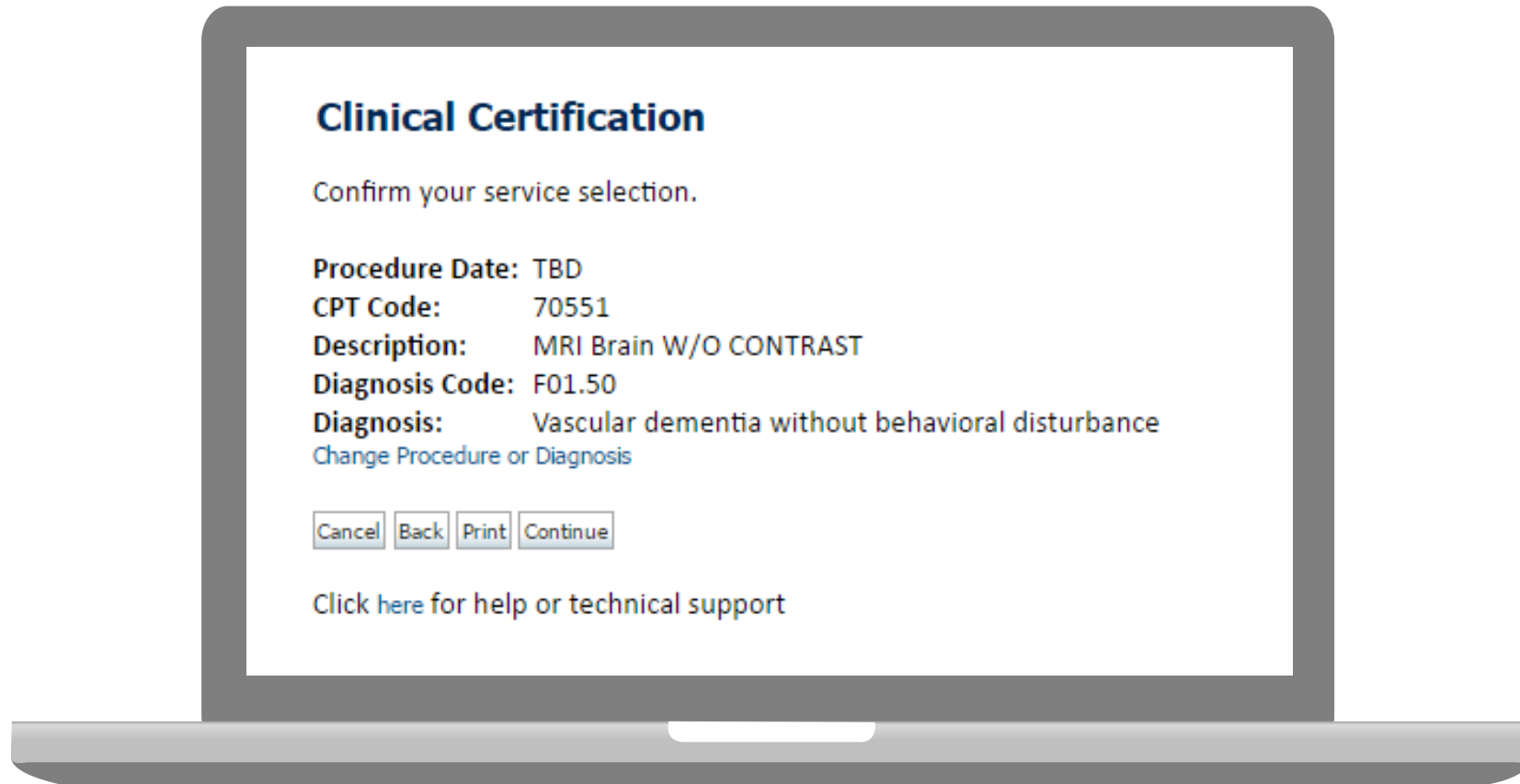
Verify if the procedure has already been performed.



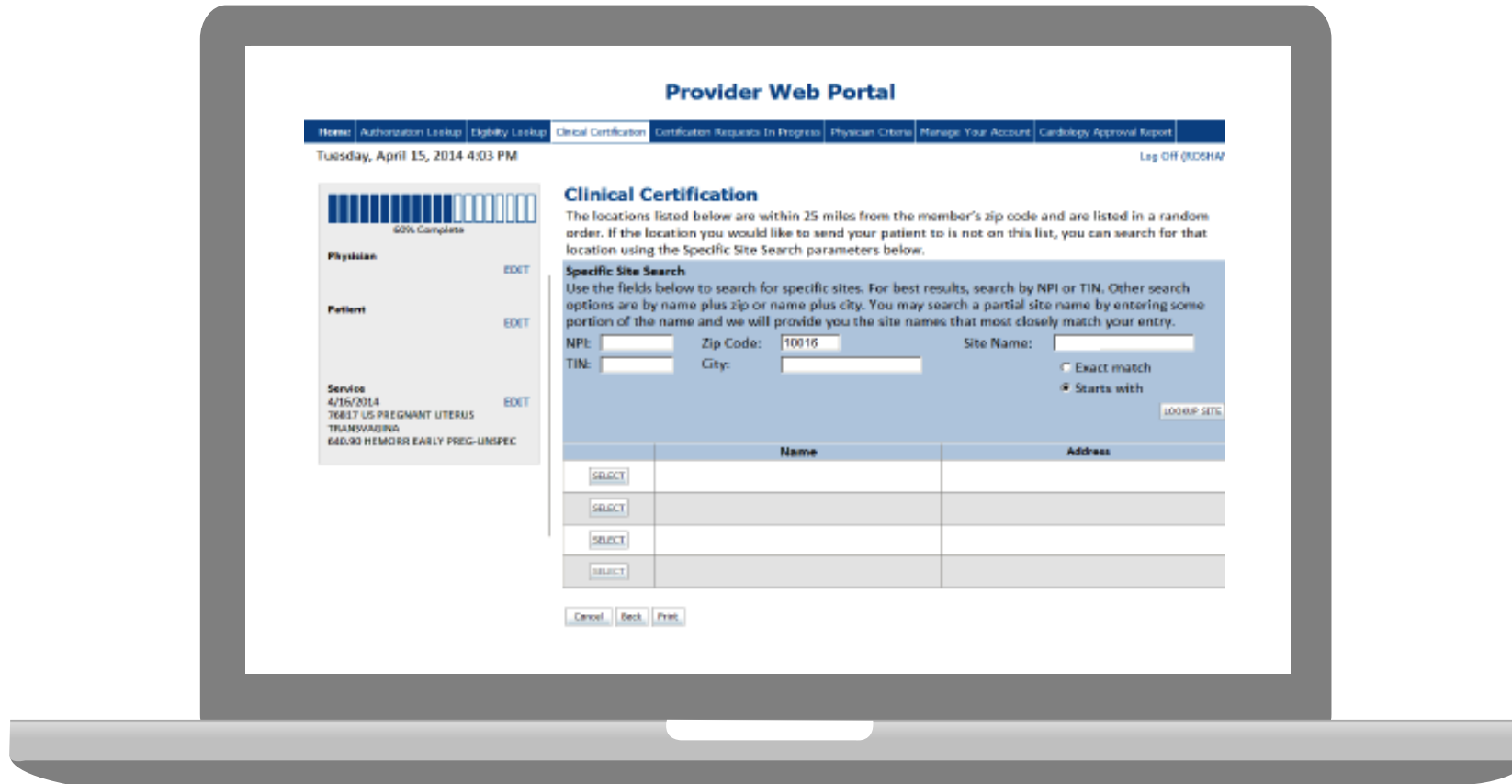
Clinical Details



Verify Service Selection

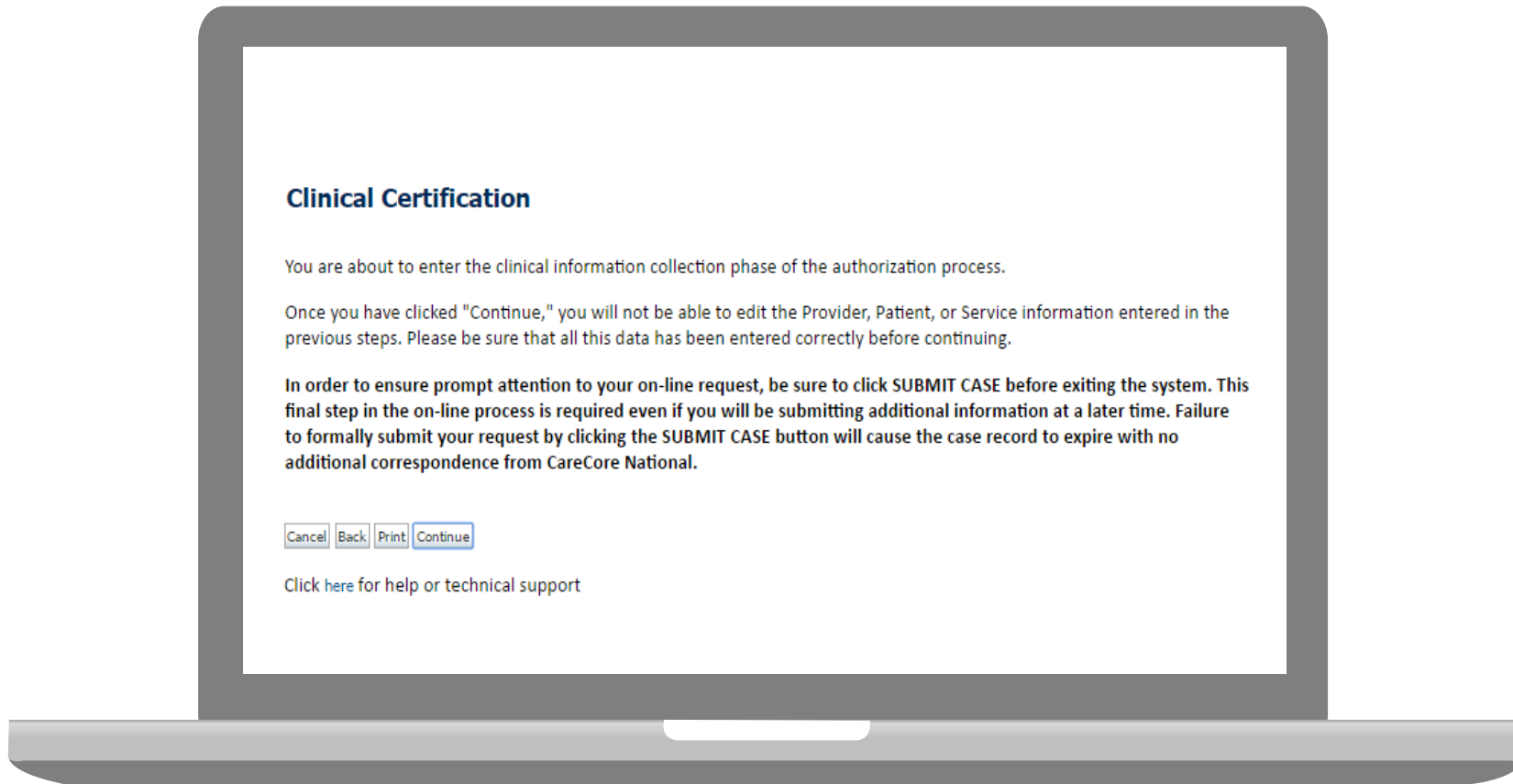


Site Selection



Select the appropriate site for the request.

Clinical Certification



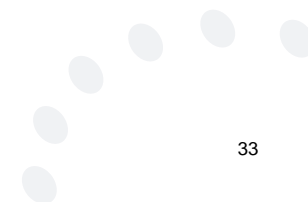
Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.

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

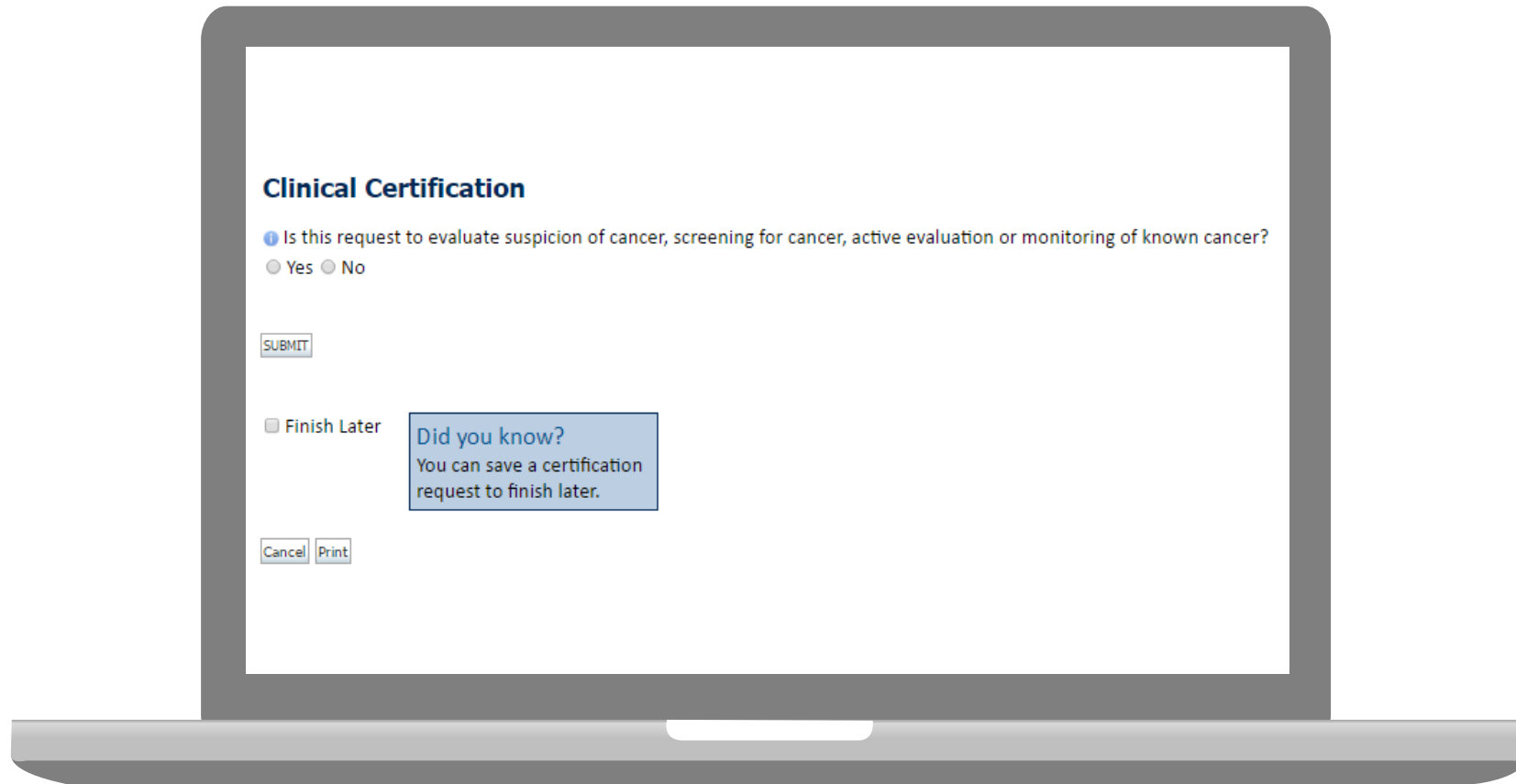
Clinical Certification



Questions will populate based upon the information provided.



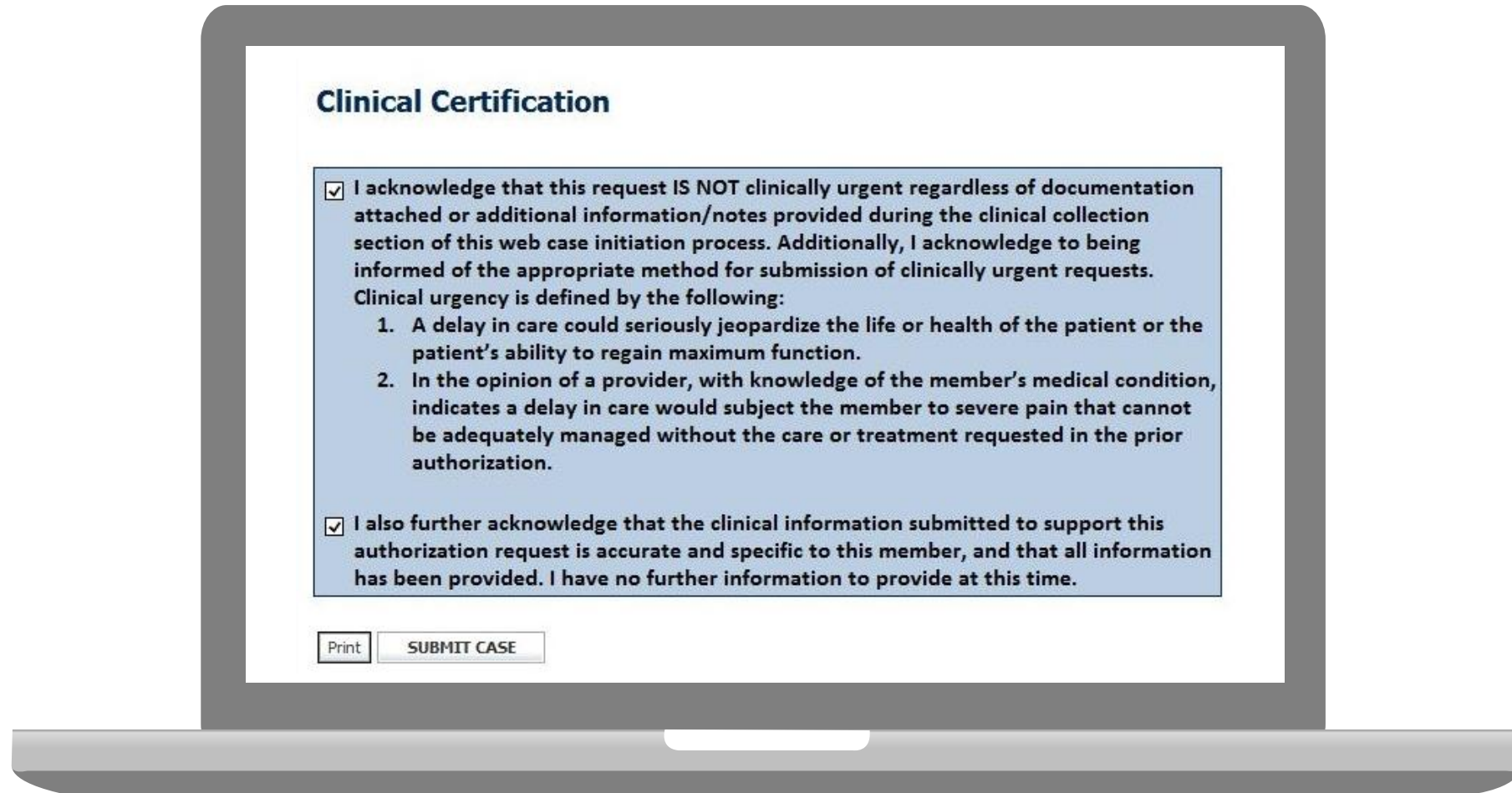
Clinical Certification



You can click the **“Finish Later”** button to save your progress.
You have two business days to complete the case.



Case Submission



Clinical Certification

I acknowledge that this request IS NOT clinically urgent regardless of documentation attached or additional information/notes provided during the clinical collection section of this web case initiation process. Additionally, I acknowledge to being informed of the appropriate method for submission of clinically urgent requests. Clinical urgency is defined by the following:

1. A delay in care could seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.
2. In the opinion of a provider, with knowledge of the member's medical condition, indicates a delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.

I also further acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

Acknowledge the Clinical Certification statements, and hit “**Submit Case.**”

Approval

Clinical Certification

Your case has been Approved.

Provider Name: _____ Contact: _____
Provider Address: _____ Phone Number: _____
Fax Number: _____

Patient Name: _____ Patient Id: _____
Insurance Carrier: _____

Site Name: _____ Site ID: _____
Site Address: _____

Primary Diagnosis Code: _____ Description: _____
Secondary Diagnosis Code: _____ Description: _____
CPT Code: _____ Description: _____

Modifier: _____
Authorization Number: _____
Review Date: _____
Expiration Date: _____
Status: Your case has been Approved.

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

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

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)

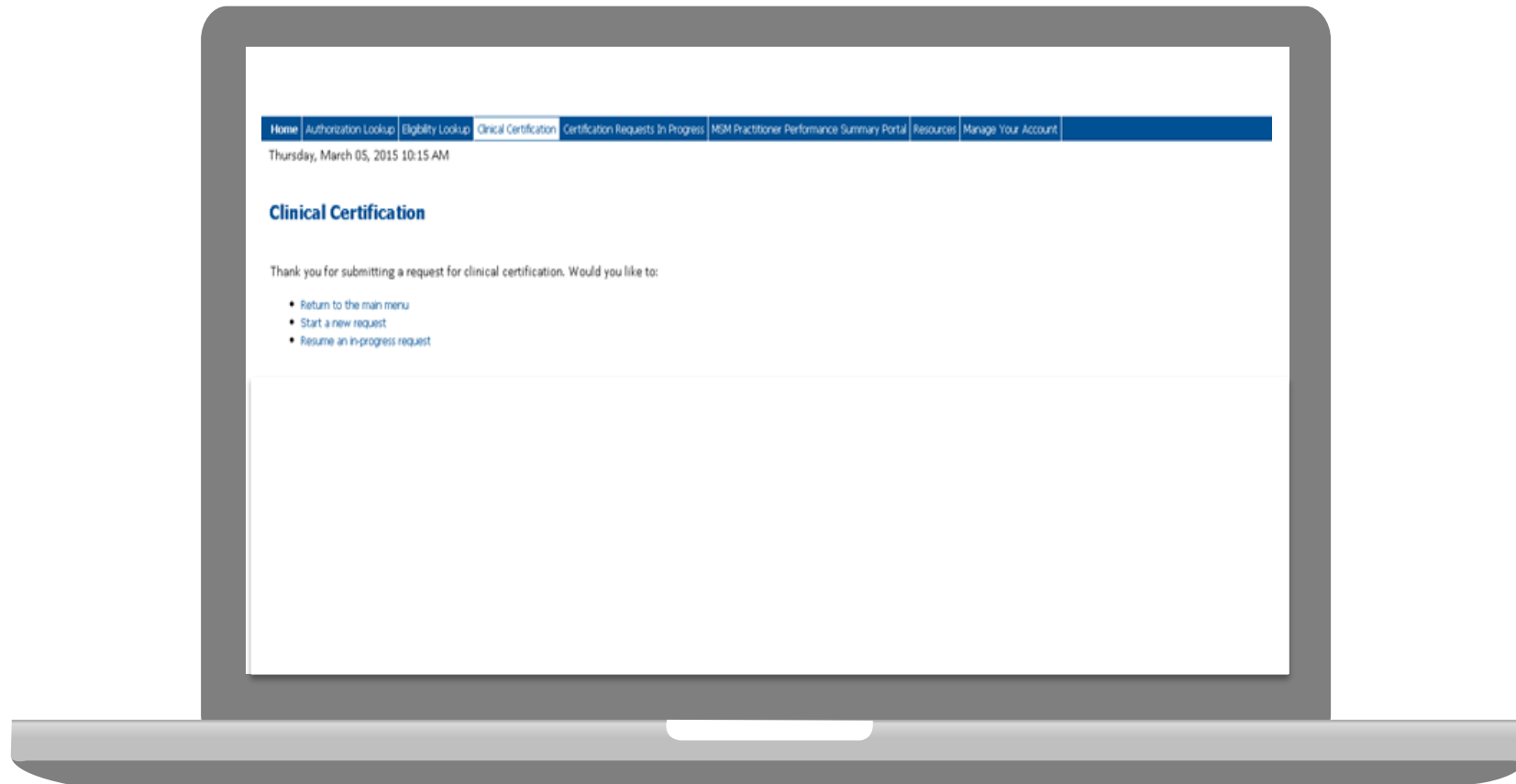
Additional Upload Document:

Browse...



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.

Next Steps



Once a case has been submitted for clinical certification, you can return to the **Main Menu**, **resume an in-progress request**, or **start a new request**.

Authorization Look Up

eviCore healthcare

Home **Authorization Lookup** Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account

Tuesday, November 22, 2016 2:30 PM

Authorization Lookup

New Security Features Implemented

Search by Member Information

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:
MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:

Search by Authorization Number/ NPI

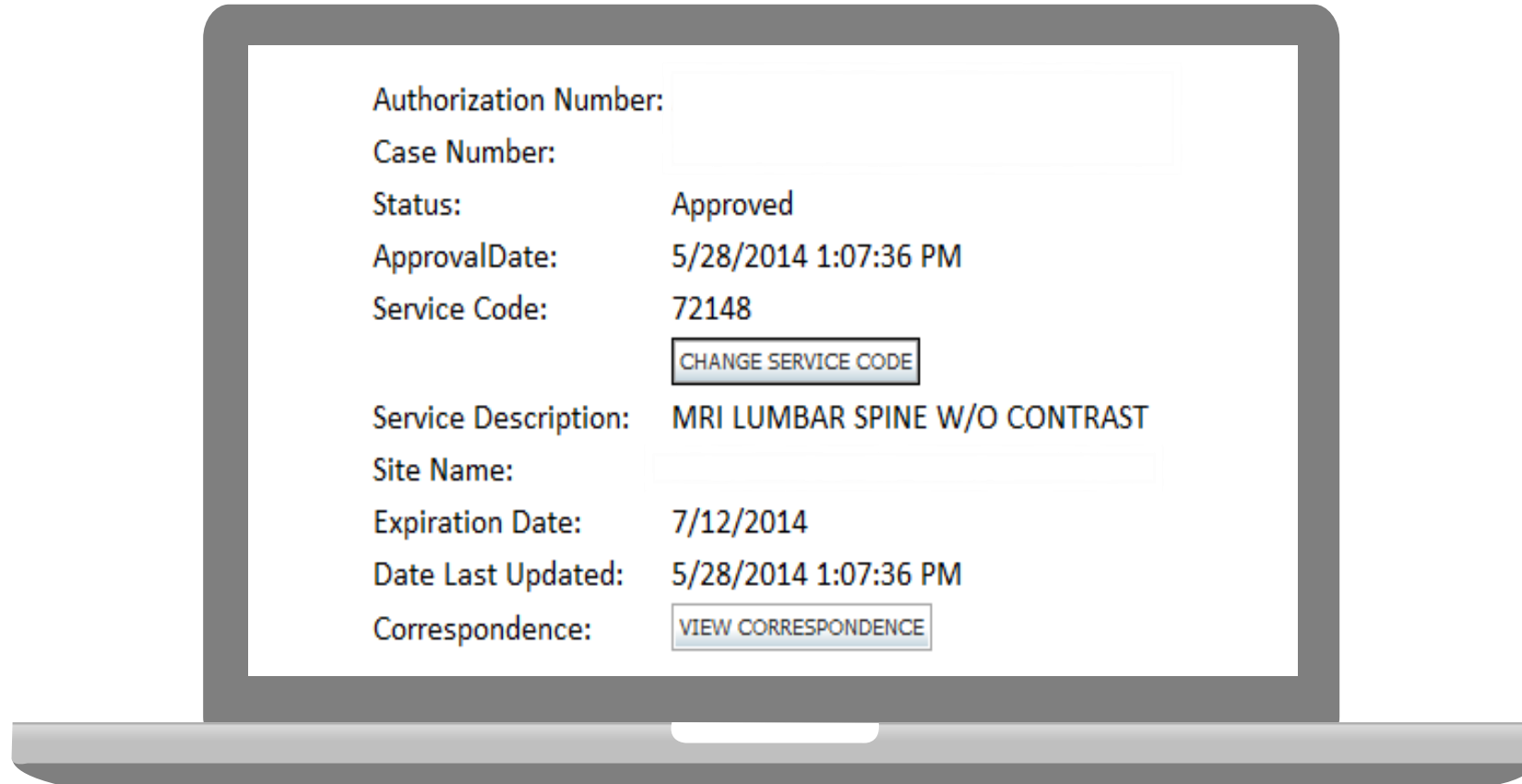
REQUIRED FIELDS

Provider NPI:

Auth/Case Number:

- Select Search by **Authorization Number/NPI**. Enter the provider's NPI and authorization or case number. Select **Search**.
- You can also search for an authorization by **Member Information**, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.

Authorization Status

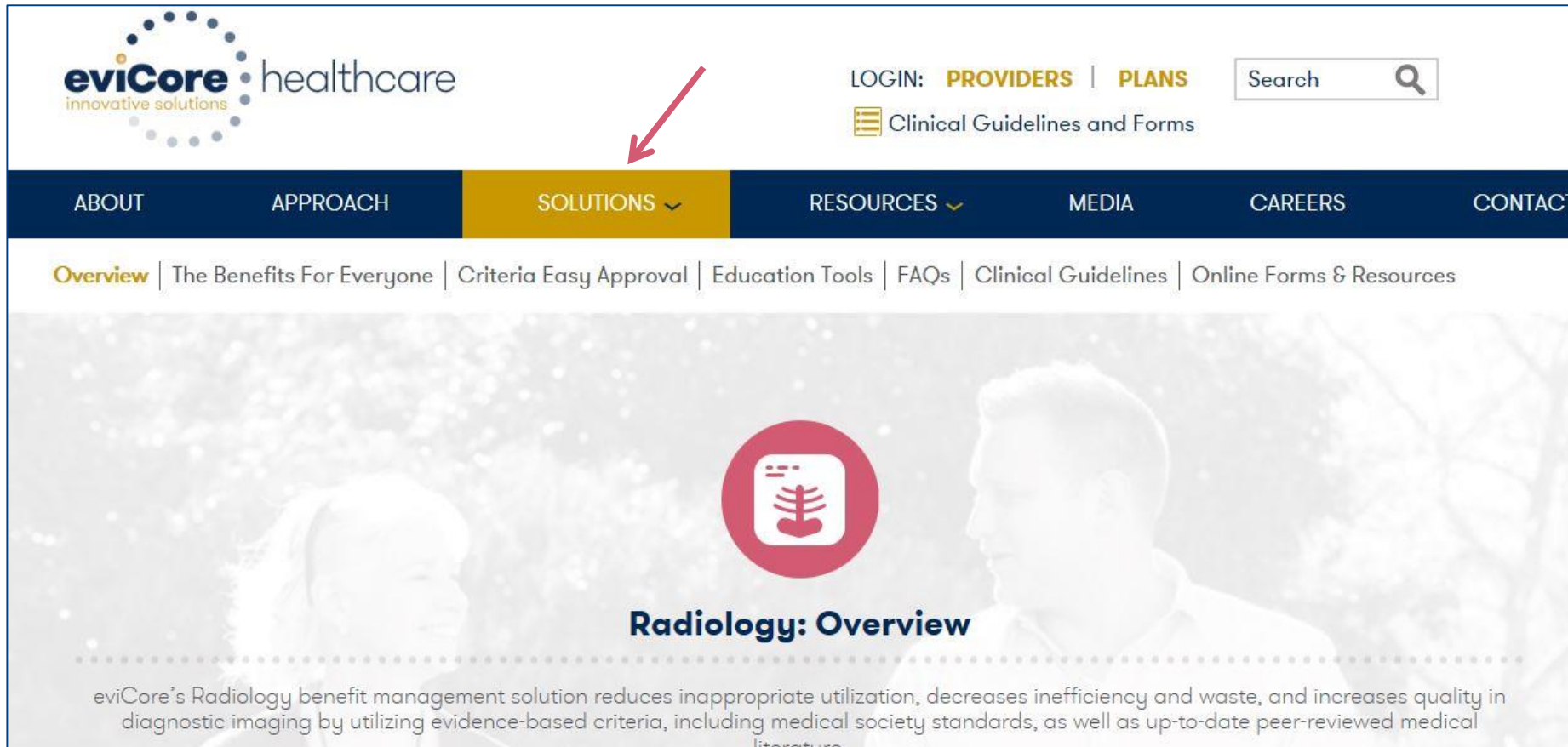


Provider Resources



Radiology/Cardiology Online Resources

Clinical Guidelines, FAQ's, Online Forms, and other important resources can be accessed at www.evicore.com. Click **"Solutions"** from the menu bar, and select the specific program needed.



The screenshot displays the top navigation bar of the eviCore healthcare website. The logo on the left reads "eviCore healthcare" with "innovative solutions" in smaller text below "eviCore". To the right of the logo, there are links for "LOGIN: PROVIDERS | PLANS" and a search box labeled "Search". Below these is a link for "Clinical Guidelines and Forms" with a document icon. The main navigation bar is dark blue with white text for "ABOUT", "APPROACH", "SOLUTIONS", "RESOURCES", "MEDIA", "CAREERS", and "CONTACT". The "SOLUTIONS" menu item is highlighted in yellow and has a red arrow pointing to it. Below the navigation bar, there is a horizontal menu with links: "Overview", "The Benefits For Everyone", "Criteria Easy Approval", "Education Tools", "FAQs", "Clinical Guidelines", and "Online Forms & Resources". The main content area features a large image of a woman and a man in profile, with a red circular icon containing a white medical symbol (a caduceus) overlaid on the image. Below the image, the text "Radiology: Overview" is displayed in a bold, dark blue font. At the bottom of the page, a paragraph of text describes the Radiology benefit management solution, mentioning its ability to reduce inappropriate utilization, decrease inefficiency and waste, and increase quality in diagnostic imaging by utilizing evidence-based criteria.

Provider Resources: Prior Authorization Call Center



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

7:00 AM - 7:00 PM (Central Time): (844) 224-0494

- Obtain prior authorization 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

Provider Resources: Web-Based Services



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

www.availity.com

To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email portal.support@evicore.com.

- Request authorizations and check case status online – 24/7
- Pause/Start feature to complete initiated cases
- Upload electronic PDF/word clinical documents

Provider Resources: Client Provider Operations



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

To reach eviCore Client Services, call (800) 575-4517 (Option #3) or email clientservices@evicore.com

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

Provider Resources: Implementation Website



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

Provider Enrollment Questions – Contact Provider Services at 1-800-262-0820

BlueCross and Blue Shield of Minnesota Implementation site - includes all implementation documents:

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

- 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!

