

Cardiology Program Prior Authorization Expansion for Excellus BlueCross BlueShield

Provider Orientation 2022



A nonprofit independent licensee of the Blue Cross Blue Shield Association

Effective 10/1/2022, the below procedures will be added to the existing Cardiology covered services requiring prior authorization.

- **Echocardiography; Transthoracic, Transesophageal**

Existing Covered Services:

Advanced imaging and diagnostic services:

Stress Testing

- Myocardial Perfusion Imaging (SPECT & PET)
- Cardiac CT & MRI

Implantable device services

- Pacemakers
- Implantable Cardioverter Defibrillator (ICD)

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

<https://www.evicore.com/resources/healthplan/excellus-bcbs>

Program Overview

eviCore will begin accepting prior authorization requests for Transthoracic and Transesophageal Echo procedures on 9/23/2022, for services to be rendered on dates of service beginning 10/1/2022.

Prior authorization applies to services that are:

- Outpatient
- Elective / Non-emergent

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

- Emergency room
- 23-hour observation
- inpatient

Applicable Membership

Authorization is required for Excellus BCBS members enrolled in the following programs:

- **Commercial**
- **Medicare**
- **Medicaid**

*Membership should be validated with the Health Plan to determine fully insured vs. self-insured Commercial products

Pediatric echo's will not require prior authorization

Prior Authorization Requests

How to request prior authorization:



Excellus requests by
phone:
1-866-889-8056
7 a.m. to 7 p.m. (EST)
Monday - Friday

Needed Information

Member

Member ID
Member name
Date of birth (DOB)



Referring 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:

- Imaging studies and prior test results related to the diagnosis
- Office notes related to the current diagnosis
- Therapy notes related to the current diagnosis

Prior Authorization Outcomes

➤ Approved Requests:

- Cases not approved upon initiation, will process within the agreed timeframes for Commercial, Medicaid and Medicare plans.
- Authorizations are typically good for **90 calendar days** from the date of determination.

➤ Delivery:

- Outbound call will be made to the ordering provider and member
- Faxed to ordering provider,
- Mailed to the member.

➤ Denied Requests:

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

➤ Delivery:

- Outbound call will be made to the ordering provider and member
- Faxed to the ordering 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 on or before the anticipated date of service
- Commercial and Medicaid members only

➤ Peer-to-Peer Review:

- If a Commercial or Medicaid request is denied and requires further clinical discussion for approval, we welcome requests for clinical conversations from referring physicians. 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.
- Clinical Conversations are available for Medicare cases, but a case denial can not be overturned.

Pre-Decision Consultation – 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 not process first level appeals.
- Please follow the process currently in place with Excellus BCBS.

➤ Retrospective Reviews

- eviCore will process retrospective reviews received within 5 calendar days of the procedure being performed.


➤ Outpatient Urgent Procedures

- Urgent requests may be submitted on the portal or by phone.
- In order to submit an urgent request online, providers must upload all supporting clinical documentation during case initiation.
- If submitting by phone, request an expedited outpatient prior authorization review and provide clinical information.

Web Portal Services

Single-Sign On for Excellus BCBS Providers

www.ExcellusBCBS.com



The screenshot shows the 'For Providers' section of the Excellus BCBS website. The top navigation bar includes the Excellus logo, a search bar, and links for Text Size and Printer Friendly. Below this is a horizontal menu with tabs for Provider Home, Coverage & Claims, Referrals & Auths (which is highlighted), Coding & Billing, Prescriptions, Patient Care, and Contact Us. On the left side, there is a vertical sidebar with links for Preauthorization, Referrals, Outpatient Procedures, Find a Provider, and Grievance & Appeals. The main content area is titled 'Preauthorization' and contains a paragraph stating that the services below require prior review by the Plan to determine clinical medical necessity. This is followed by a bulleted list of items: Location (All Places of Service), Who Can Request (For HMO/POS plans, the member's PCP or specialist with a valid referral. Other members, the member's PCP or treating provider.), and Code List. Under the Code List, there are two links: 'Procedure Codes Requiring Preauthorization (PDF)' and 'eviCore codes Requiring Preauthorization (PDF)'. A final bullet point mentions 'Behavior Health Procedure Codes Requiring Preauthorization:'.

Excellus  For Providers

Search

Text Size  Printer Friendly 

Provider Home Coverage & Claims **Referrals & Auths** Coding & Billing Prescriptions Patient Care Contact Us

Preauthorization

Referrals

Outpatient Procedures

Find a Provider

Grievance & Appeals

The services below require prior review by the Plan to determine clinical medical necessity.

- **Location:** All Places of Service
- **Who Can Request:** For HMO/POS plans, the member's PCP or specialist with a valid referral. Other members, the member's PCP or treating provider.
- **Code List:**
 - [Procedure Codes Requiring Preauthorization \(PDF\)](#)
 - [eviCore codes Requiring Preauthorization \(PDF\)](#)
- **Behavior Health Procedure Codes Requiring Preauthorization:**

Sign in under Provider and select “Referrals and Auths”

****Sign in must be MD or linked directly to an MD**

Single-Sign On for Excellus BCBS Providers

- The revisions to this page are effective 4/4/2016.

Not all services are covered by all medical plans. There may be services which require preauthorization or notification that do not require clinical review. Final determination of coverage is subject to the member's benefits and eligibility on the date of service. For questions about preauthorization, call 1-800-363-1658.



Note: You'll need your Facets Provider ID to use Clear Coverage or do Pre-Service Reviews at Other Blue Plans.

[Get Your Facets Provider ID](#) [View new Clear Coverage Features](#) (PDF)

Step 1: [Check the Patient's Benefits & Coverage](#) for plan-specific preauthorization requirements.

Step 2: Submit Your Request

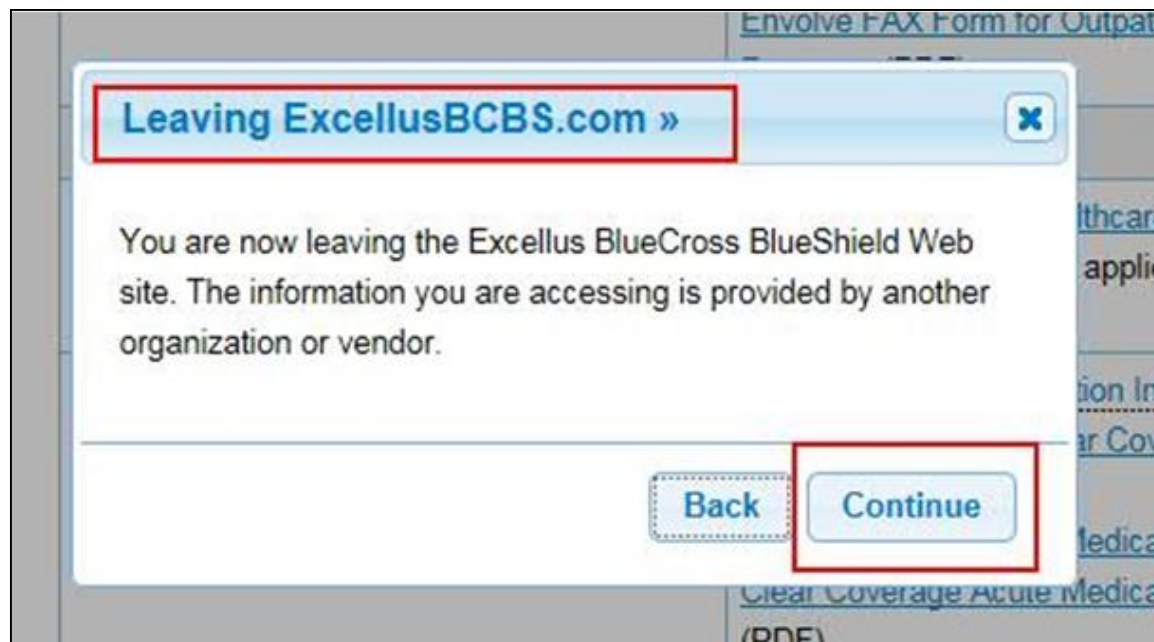
Select “Request Authorization”

Single-Sign On for Excellus BCBS Providers

	Requests (PDF)
B. Requests for Commercial and Medicare	
Implantable Cardiac Devices, Radiology/Imaging, Radiation Therapy or Sleep Studies/Supplies	Online with eviCore healthcare , or call 1-866-889-8056 ⓘ Please Note: eviCore applies to Safety Net policies too.
Urgent/Emergent Medical Admissions (Facility)	ⓘ Please Read: Attestation Information Facility: Online with Clear Coverage , call 1-800-363-4658, or FAX

**Go to B. Requests for Commercial and Medicare and select
“Online with eviCore healthcare”**

Leaving ExcellusBCBS.com



You will receive notification that you are leaving ExcellusBCBS.com and accessing the eviCore web portal. Please select “Continue”.

Member & Request Information

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

ELIGIBILITY LOOKUP

BACK

Requested Service + Diagnosis

This procedure has not been performed. **CHANGE**

Radiology Procedures

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

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

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

- Enter the member information, including the patient ID number, date of birth, and last name
- Click Eligibility Lookup and select the appropriate member from the search results
- Next enter the requested CPT code & diagnosis code

Verify Service Selection

Requested Service + Diagnosis

Confirm your service selection.

Procedure Date:

CPT Code:

Description:

Primary Diagnosis Code:

Primary Diagnosis:

Secondary Diagnosis Code:

Secondary Diagnosis:

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

- **Verify requested service & diagnosis**
- **Edit any information if needed by selecting Change Procedure or Primary Diagnosis**
- **Click continue to confirm your selection**

Site Selection

Start your search by entering the **NPI** or **TIN**, and **zip code** for the site where the procedure will be performed. You can search by any fields listed. *Searching with NPI, TIN, and zip code is the most efficient.*

Add Site of Service

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

- Select the **specific site** where the testing/treatment will be performed.

Clinical Certification

Proceed to Clinical Information

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 eviCore.

BACK

CONTINUE

- **Verify that all information is entered and make any changes needed**
- **You will not have the opportunity to make changes beyond this point**

- _____

[illegible]

Multiple CPT Codes

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

Clinical Certification
☒ Will there be any additional procedures needing prior authorization for the same patient, date of service, and site of service?
☐ Yes ☐ No

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

Clinical Certification
☒ Please enter the additional procedure code

70552

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

Up to 10 additional CPT Codes may be entered into a request.

Finalizing the Case Submission

Clinical Certification

☐ I 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.

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

Acknowledge the Clinical Certification statements, and click “Submit Case”


Next Step: Criteria not met

Summary of Your Request			
Please review the details of your request below and if everything looks correct click SUBMIT			
Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.			
Provider Name:	DR. ROBERTO MENDOZA MENDOZA	Contact:	1-888-333-8641
Provider Address:	1000 17TH AVE SE SUITE 1000, ARLINGTON, VA 22202	Phone Number:	(703) 444-1900
		Fax Number:	(703) 444-1900
Patient Name:	JOSEPH MENDOZA	Patient ID:	100000000
Insurance Carrier:	ABC INSURANCE		
Site Name:	CLINICAL REVIEW CENTER LLC	Site ID:	100000000
Site Address:	1000 17TH AVE SE SUITE 1000, ARLINGTON, VA 22202		
Primary Diagnosis Code:	99.05	Description:	
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	
CPT Code:	99201		
Case Number:	100000000		
Review Date:	5/13/2020 2:36:00 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.		

Tips:

- If additional clinical is requested, upload clinical notes on the portal, to avoid any delays (e.g., by faxing)
- Additional information uploaded to the case will be sent to a clinical team for review
- Print-out the summary of the request that includes the case # and indicates 'Your case has been sent to clinical review'

Criteria Met

 **Summary of Your Request**

Please review the details of your request below and if everything looks correct click SUBMIT

Your case has been Approved.

Provider Name:	DR. BHARATH MANU ARKARA VEETIL	Contact:	NA
Provider Address:	1200 6TH AVE W SAINT CLOUD, MN 56303	Phone Number:	(320) 252-1000
		Fax Number:	(320) 252-1000
Patient Name:	ANITA SUELL	Patient Id:	46714670
Insurance Carrier:	WELLSURE		
Site Name:	CLINICAL RESEARCH UNIT	Site ID:	000000
Site Address:	875 HANCOCK BLVD CLERMONT, FL 34715		
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	
CPT Code:		Description:	
Authorization Number:	0000000000		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL

PRINT

CONTINUE

Print the case summary of the request for your records

Authorization look up

eviCore healthcare

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

Thursday, March 24, 2022 4:58 PM

Authorization Lookup

☒ Search by Member Information

Required Fields

Healthplan: EXCELLUS

Provider NPI

SUBMIT

☐ Search by Authorization Number/ NPI

Required Fields

Provider NPI:

Auth/Case Number:


SEARCH

PRINT

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.

Electronic Clinical Upload



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Thursday, March 24, 2022 5:04 PM

Authorization Lookup

Authorization Number:

Case Number:

Status: Approved

P2P Status:

Approval Date: 3/24/2022 4:52:44 PM

Service Code:

Service Description:

Site Name:

Expiration Date: 5/8/2022

Date Last Updated: 3/24/2022 4:53:53 PM

Correspondence:

[P2P AVAILABILITY](#)

[UPLOADS & FAXES](#)


Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
CHANGE SERVICE CODE		1	1	

[PRINT](#)

Access to notification faxes.
Ability to upload clinical.

CPT Code Change Option



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Wednesday, July 13, 2022 11:53 AM

Authorization Lookup

Authorization Number:

Case Number: [P2P AVAILABILITY](#)

Status: Approved

P2P Status:

Approval Date: 7/13/2022 11:52:05 AM

Service Code: 93306

Service Description: ECHO, Complete with Doppler

Site Name:

Expiration Date: 1/9/2023

Date Last Updated: 7/13/2022 11:52:35 AM


Correspondence: [UPLOADS & FAXES](#)

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
93306 CHANGE SERVICE CODE	Transthoracic Echocardiography (TTE), a special kind of picture of your heart	1	1	

CPT Code changes can be made from within the Authorization Look Up, under Procedures, “Change Service Code”. Multiple CPT Code cases will have the Change Service Code option next to each approved CPT Code.

Eligibility Look Up



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Thursday, March 24, 2022 4:56 PM

Eligibility Lookup

Health Plan:

EXCELLUS

Patient ID:

Member Code:

Cardiology Eligibility:

Precertification is Required

Radiology Eligibility:

Precertification is Required

Radiation Therapy Eligibility:

Precertification is Required

MSK Eligibility:

This patient is not delegated to eviCore at this time. For authorization requirements, please call the customer service number on the back of the member ID card.

PRINT

DONE

SEARCH AGAIN

Provider Resources



Provider Resources: Prior Authorization Call Center

7 a.m. - 7 p.m. (Eastern Standard Time): 1-866-889-8056

- 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

eviCore fax number: 1-888-785-2487

Provider Resources: Web-Based Services

Email portal.support@evicore.com

Call a Web Support Specialist at
(800)646-0418 (Option 2)

Connect with us via Live Chat on
evicore.com

Provider Resources: Implementation Documents and Clinical Guidelines

Excellus BCBS Resource site:

<https://www.evicore.com/resources/healthplan/excellus-bcbs>

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

Clinical Worksheets:

<https://www.evicore.com/provider/online-forms-details?solution=cardiovascular&hPlan=Excellus>

Cardiac Imaging Guidelines:

<https://www.evicore.com/provider/clinical-guidelines>

Thank You!

