Radiology Prior Authorization for Priority Health

Provider Orientation

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

NCQA Certification
Utilization Management

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

URAC
ACCREDITED
HEALTH UTILIZATION MANAGEMENT

9 Comprehensive Solutions

End-to-End Solution
Integrated platform

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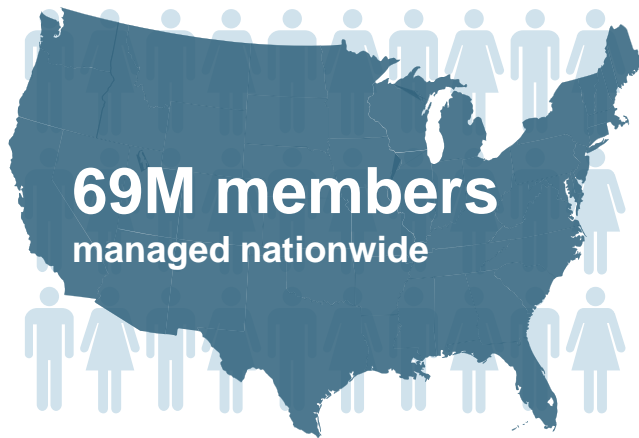- Lab Management
- Post-Acute Care

Radiology Solution - Our Experience

30+ Regional and National Clients	**570k+** providers engaged	**24 Years** Managing Radiology Services

69M members
managed nationwide

Members Managed

- **51M Commercial Memberships**

- **6.8M Medicare Memberships**

- **7.2 Medicaid Memberships**

NCQA
Certification
Utilization Management

Quality Improvement Organizations
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CENTERS FOR MEDICARE & MEDICAID SERVICES

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ACCREDITED
HEALTH UTILIZATION MANAGEMENT

Our Clinical Approach

Clinical Platform

Multi-Specialty Expertise

Family Medicine	Oncology/Hematology
Internal Medicine	Surgery
Pediatrics	
Sports Medicine	
OB/GYN	
Cardiology	
Nuclear Medicine	
Anesthesiology	Radiology
Radiation Oncology	
Sleep Medicine	

Surgery
- General
- Orthopedic
- Thoracic
- Cardiac
- Neurological
- Otolaryngology
- Spine

Radiology
- Nuclear Medicine
- Musculoskeletal
- Neuroradiology

- **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 Radiology, Cardiology, Oncology, OB-GYN, Spine/Orthopedics, Neurology, and Medical/Surgical**

Evidence-Based Guidelines

The foundation of our solutions:

Dedicated pediatric guidelines

Contributions from a panel of community physicians

Experts associated with academic institutions

Current clinical literature

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

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

PriorityHealth

Program Overview

eviCore will begin accepting requests on September 5, 2018

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.

Applicable Membership

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
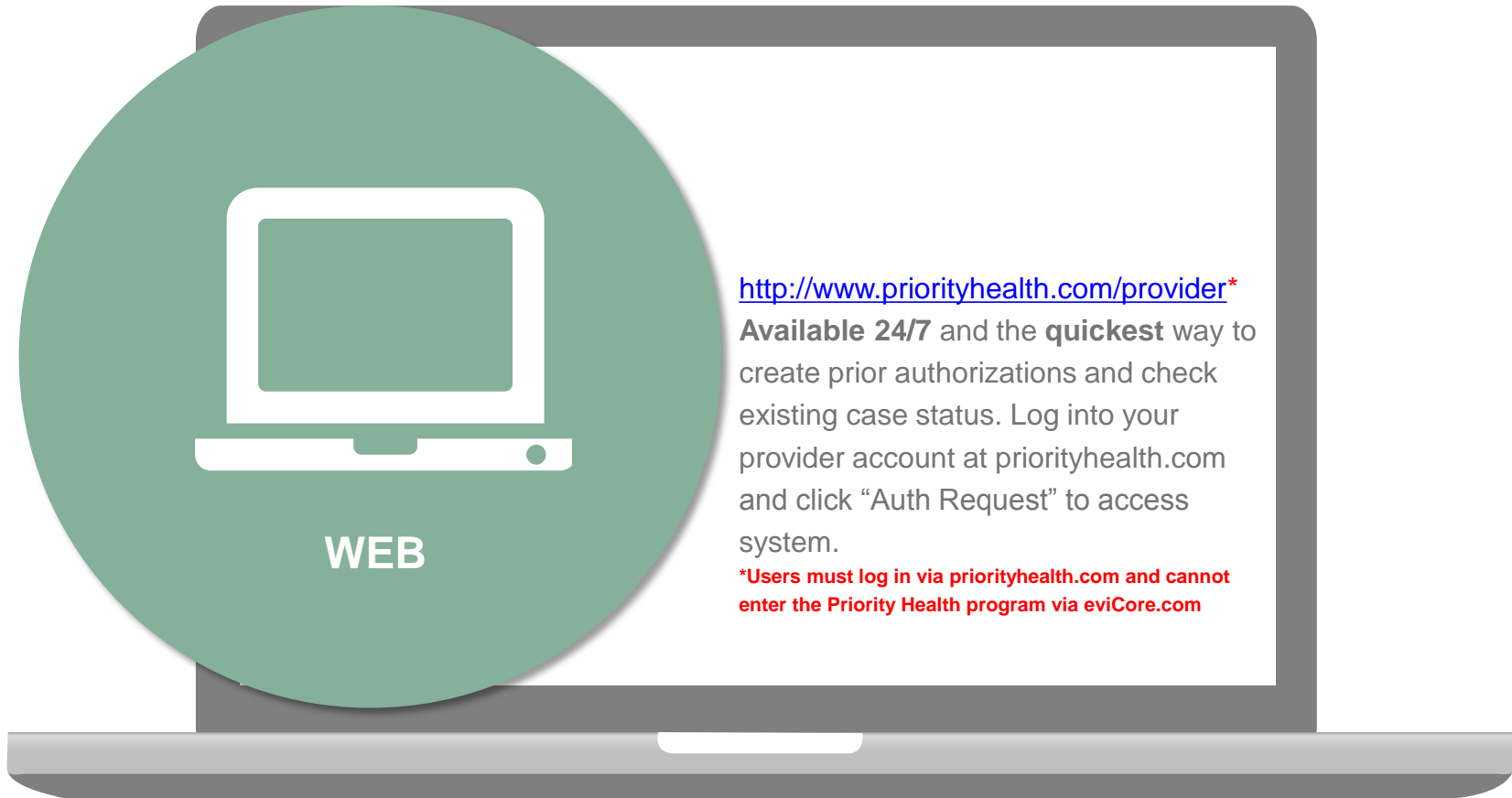
Phone Option: **844.303.8456** 7:00 a.m. to 7:00 p.m. (EST) Monday - Friday
Fax option: **800.540.2406** Fax forms available at www.evicore.com/healthplan/priorityhealth

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

Necessary Information

Rendering Facility
Facility name
National provider identifier
(NPI)
Tax identification number (TIN)
Street address

Supporting Clinical
Patient's clinical presentation.
Diagnosis Codes.
Disease-Specific Clinical Information.
Patient's intended treatment plan

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:
- Medicare: the program will render a decision within **2** business days after receipt of all 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 Clinical Consultation

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

Clinical Consultations

- If a request is **denied** and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians.
- Clinical Consultations 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.
- Clinical Consultation reviews can be **scheduled** at a time convenient to your physician with a same specialty expertise Medical Director.

Prior Authorization Outcomes – 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 process first level provider authorization appeals for Commercial membership only
- Requests for appeals must be submitted in writing 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. The Program will render a decision on a retrospective request within 30 calendar days of the retrospective request**.**
- **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.**

Outpatient Urgent Studies:

- Contact eviCore by phone to request an expedited prior authorization review and provide clinical information
- Urgent Cases will be reviewed within **24 hours for Medicare and Medicaid membership** and within **72 hours for Commercial membership** of the request. 20

Requesting an Authorization
Web Portal Services

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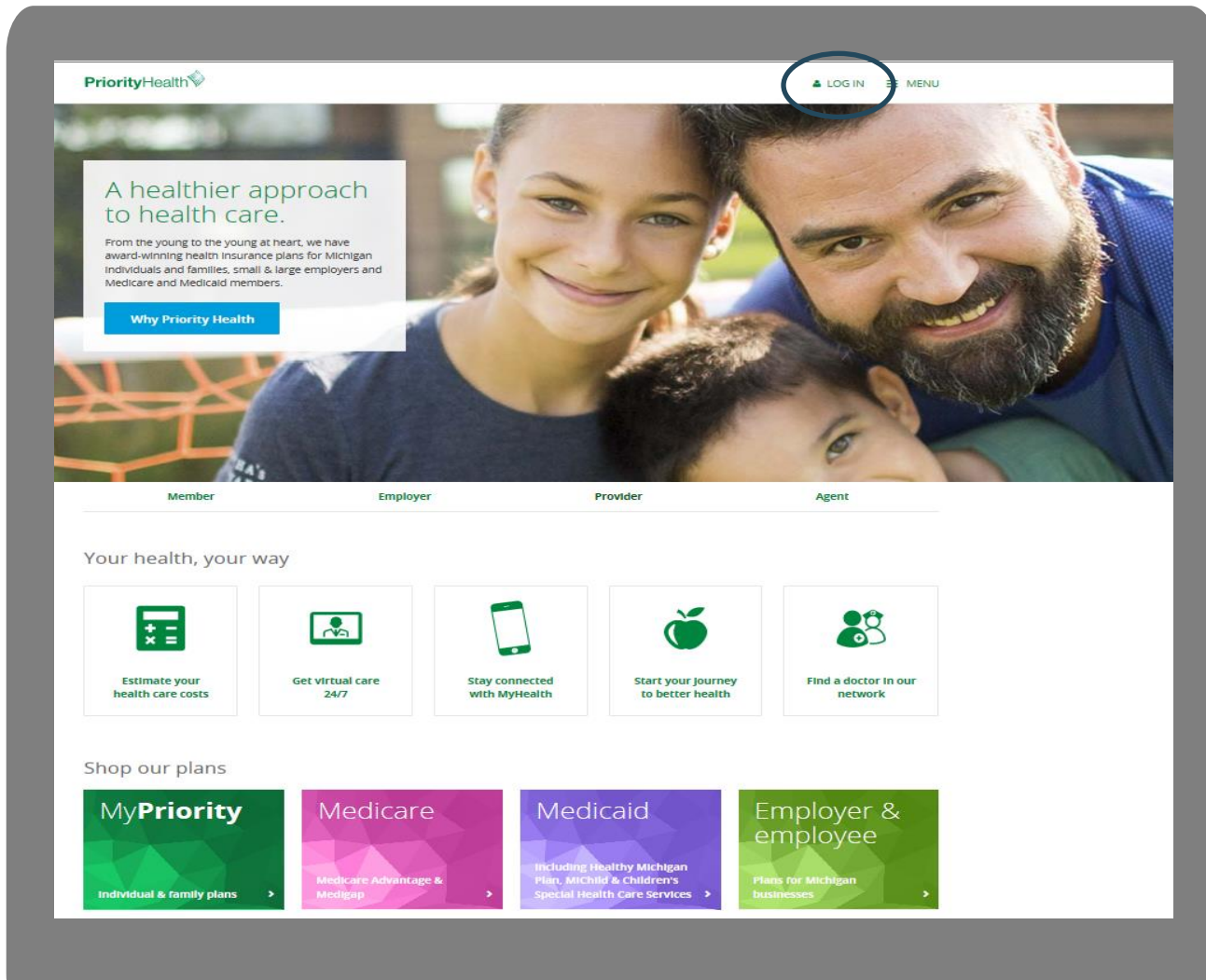
Go to provider portal log in screen at http://www.priorityhealth.com/provider.
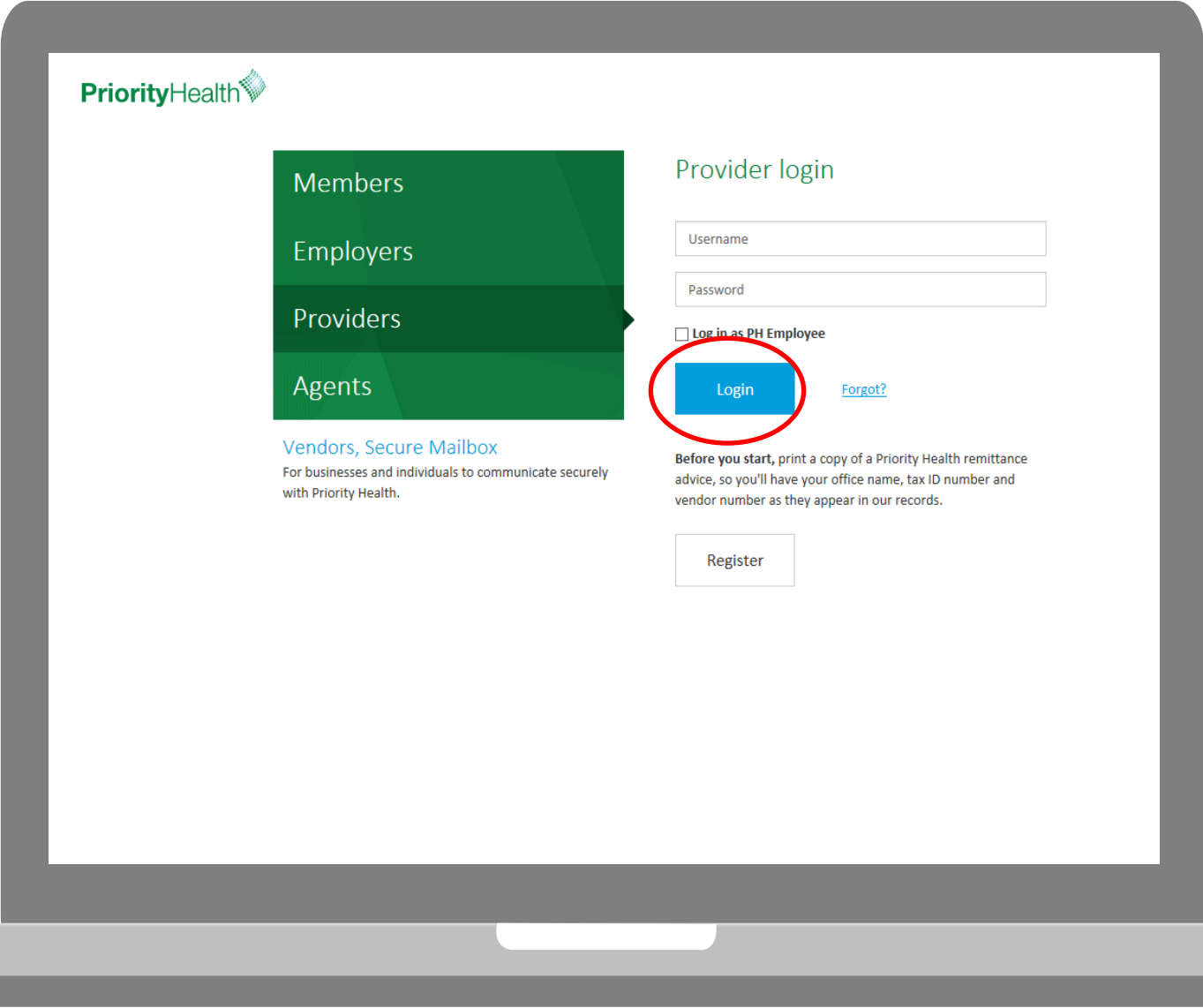
Initiating A Case

Enter user name and password then click "Login"

Initiating A Case
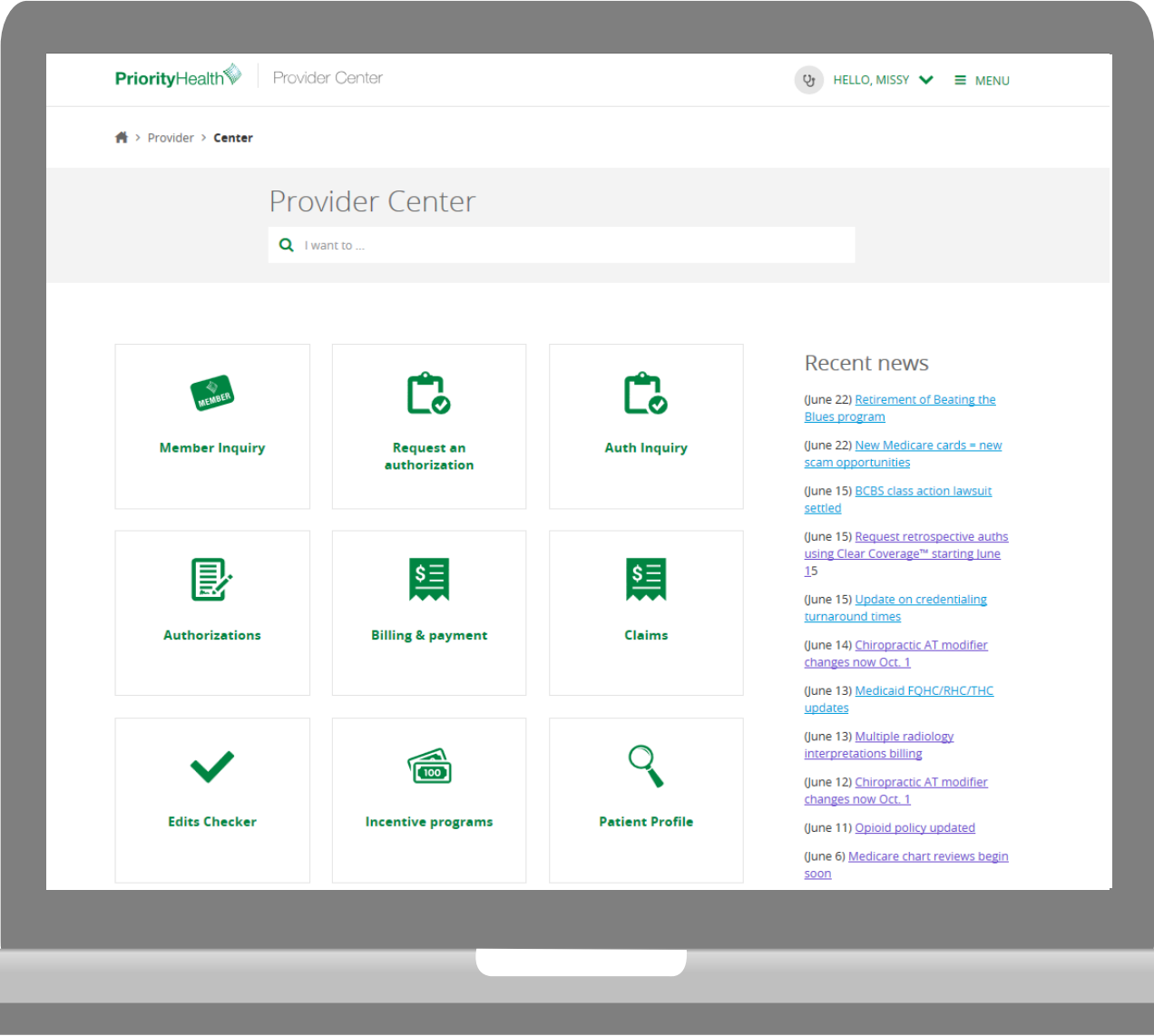
Click on "Request an authorization"

Initiating A Case

PriorityHealth

Request an authorization
through eviCore or Clear Coverage™

Return to this page to select a different procedure or facility.

Requesting provider

◯ **Hospital**   ◯ **Practitioner or vendor**

Back to Provider Center

Need help? Go to our Auth Request help page.

Not sure if a procedure needs an auth? Check the Auth reference list.

Need to check authorization status?

Check authorizations

Referring practice must select either "Hospital" or "Practitioner or Vendor."

Initiating A Case

Using drop-down boxes, referring physician must select procedure/CPT code and facility. Then click "Go to eviCore." and

Service Options

eviCore · healthcare

| Home | Authorization Lookup | Eligibility Lookup | Clinical Certification | Help / Contact Us |

Thursday, August 17, 2017 8:50 PM

Welcome to the CareCore National Web Portal. You are logged in as **SSO_PRIORITY HEALTH**

Request a clinical certification/procedure >>

Look up an existing authorization >>

Check member eligibility >>
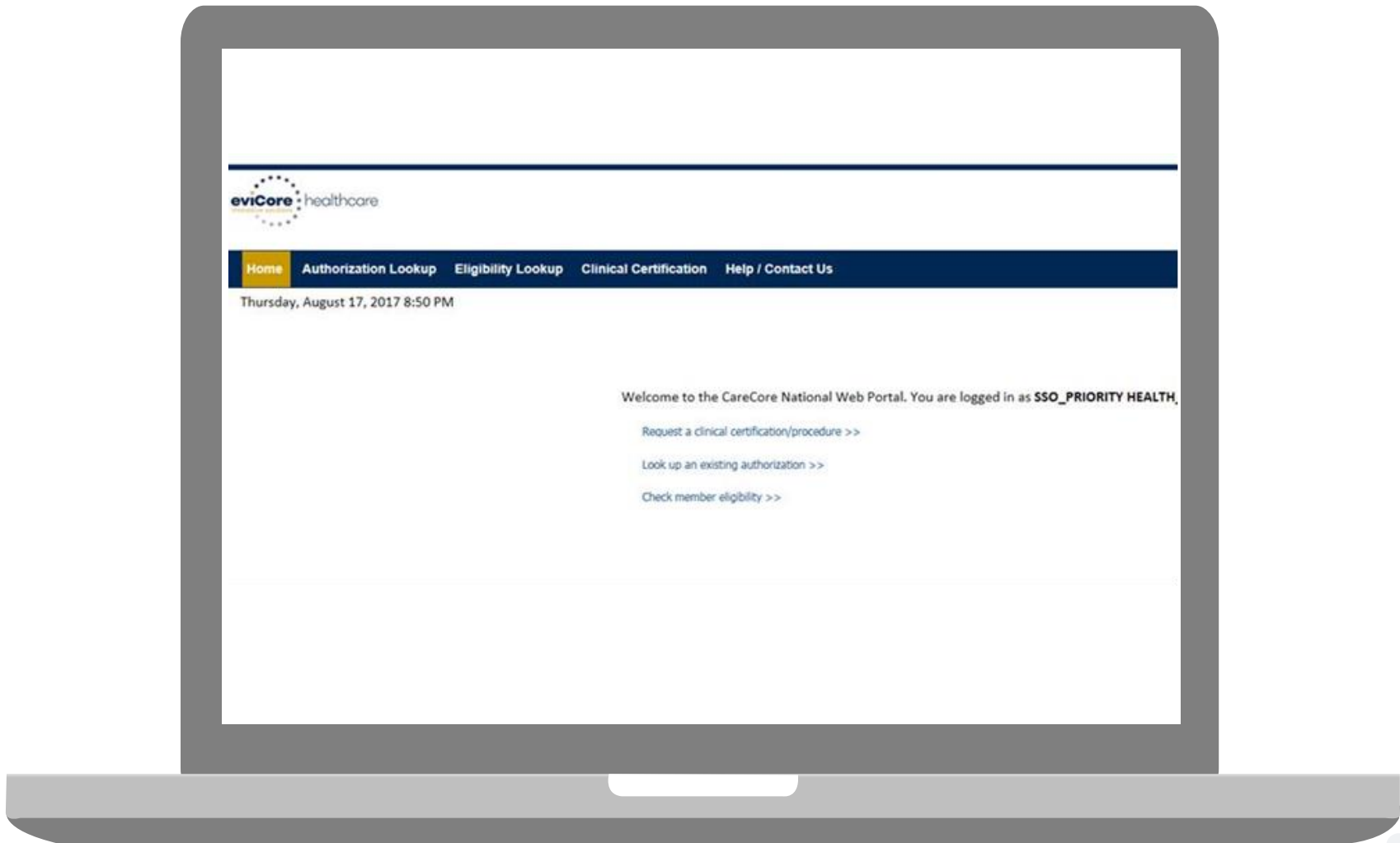
Choose "Request a clinical certification/procedure" to begin a new case request.

Select Program

Clinical Certification screen showing:

Clinical Certification

Please select the program for your certification:
- ○ Radiology and Cardiology
- ○ Musculoskeletal Management
- ○ Lab Management Program

Cancel | Print | Continue

Click here for help or technical support

High Tech Imaging
Spine and Joint
Genetic Testing
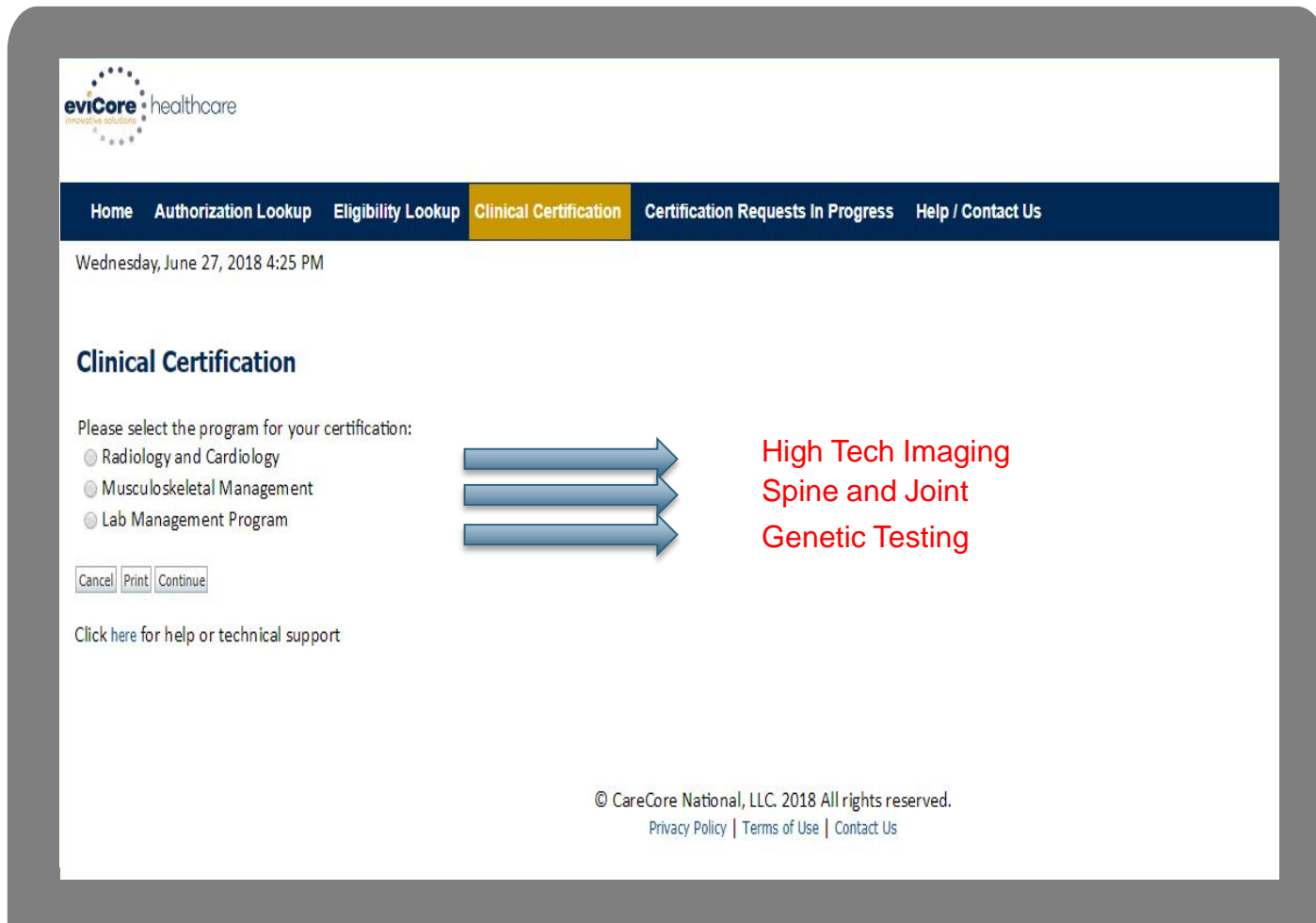
Select the **Program** for your certification.

Select Referring Provider

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

Referring Provider Contact Information

Enter the appropriate information for the point of contact individual.

Member/Procedure Information
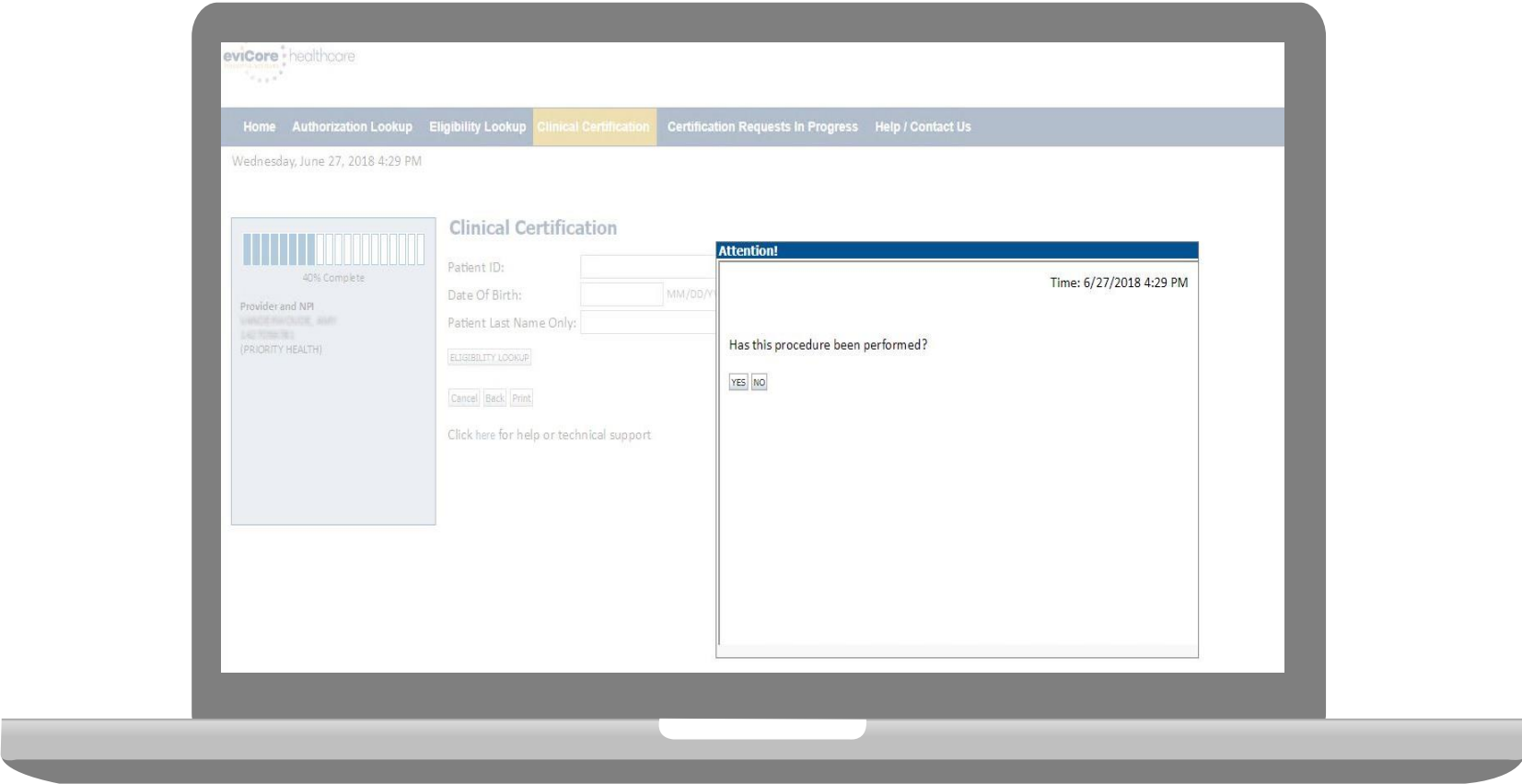
Verify if the procedure has already been performed.

Member Information

Enter the **member information** including the Patient ID number, date of birth, and patient's last name. Click **"Eligibility Lookup."**

Member Information
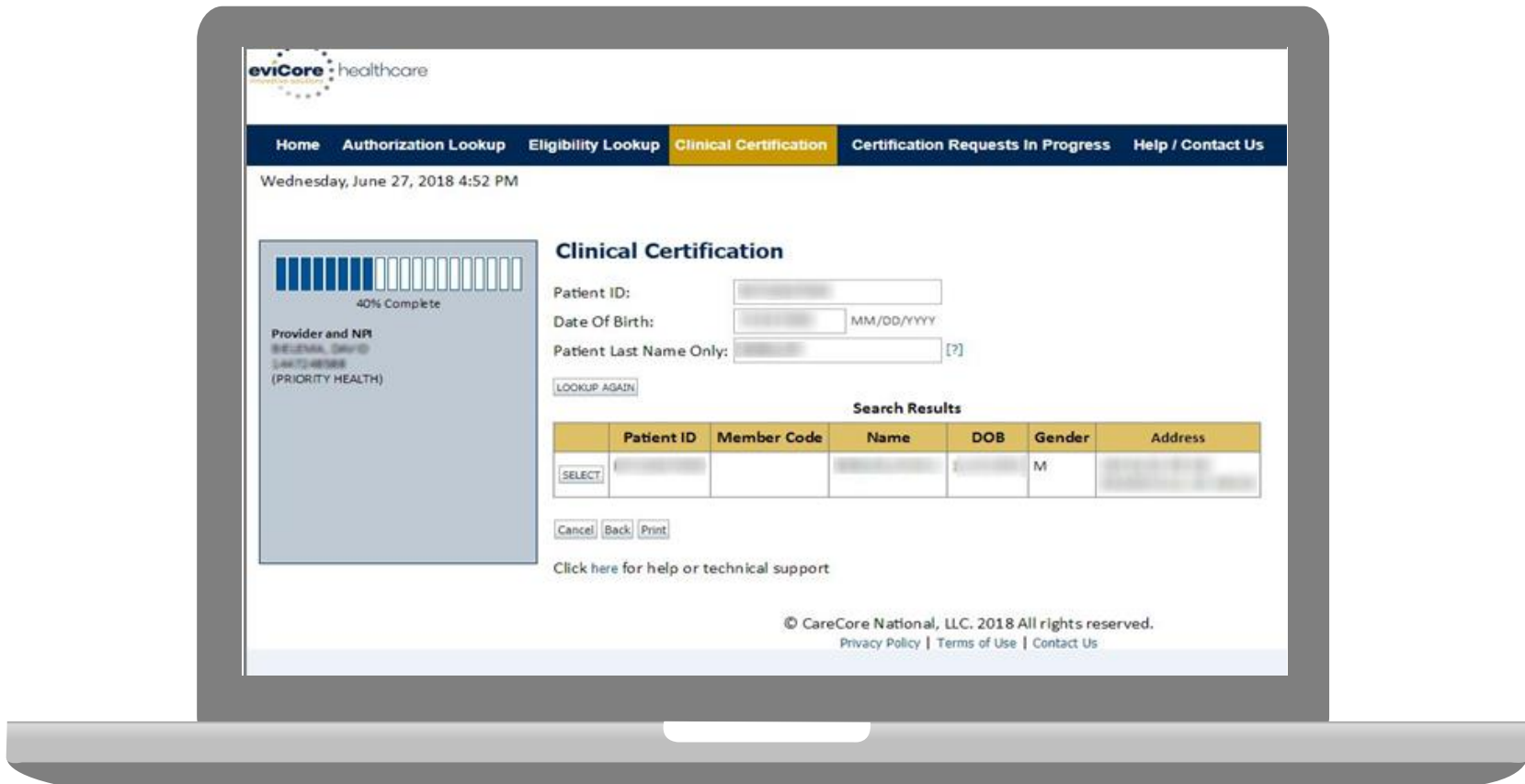
Confirm **member information** including the address. Click **"Select".**

Member Information
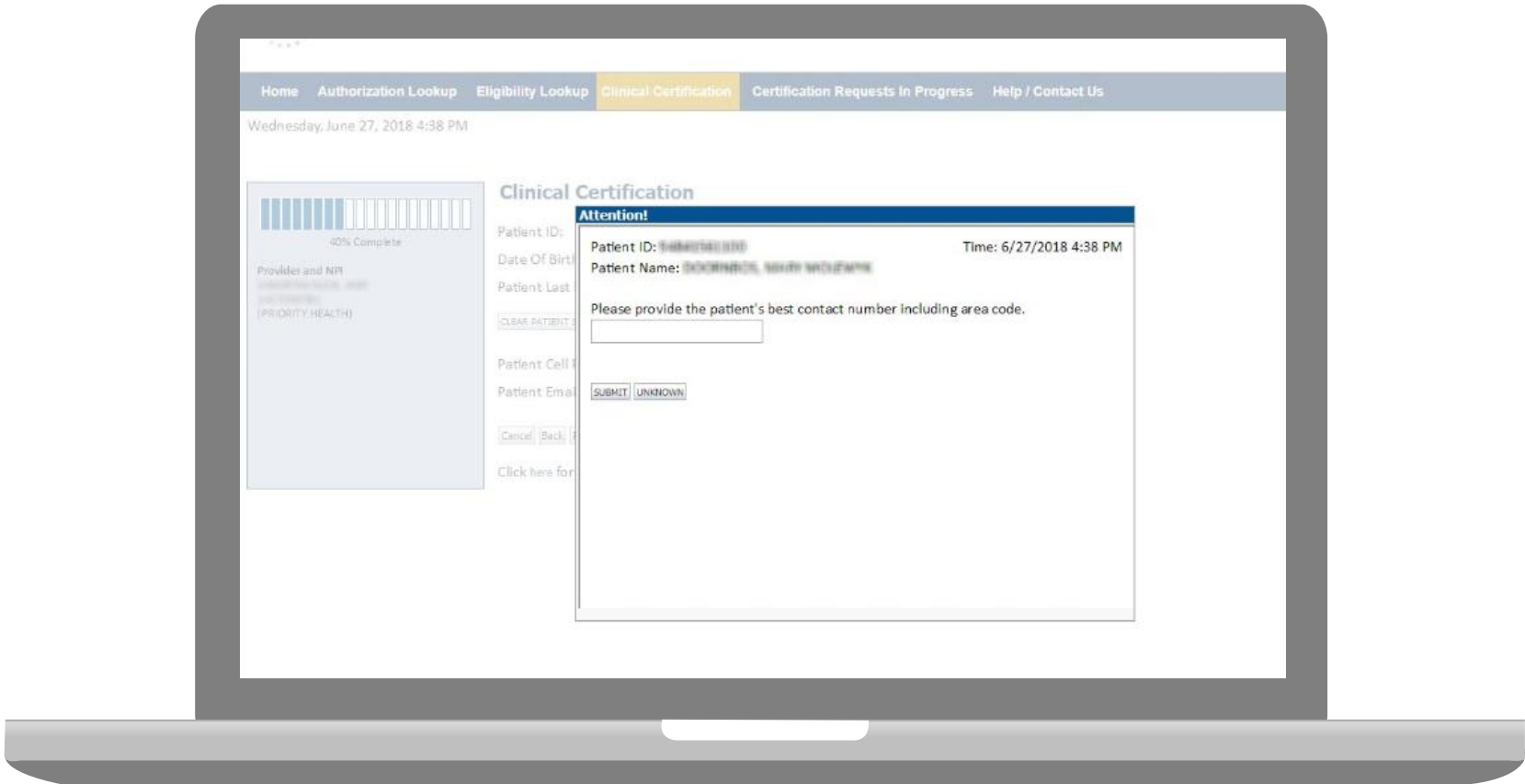
Enter the member's best contact number.

Clinical Details
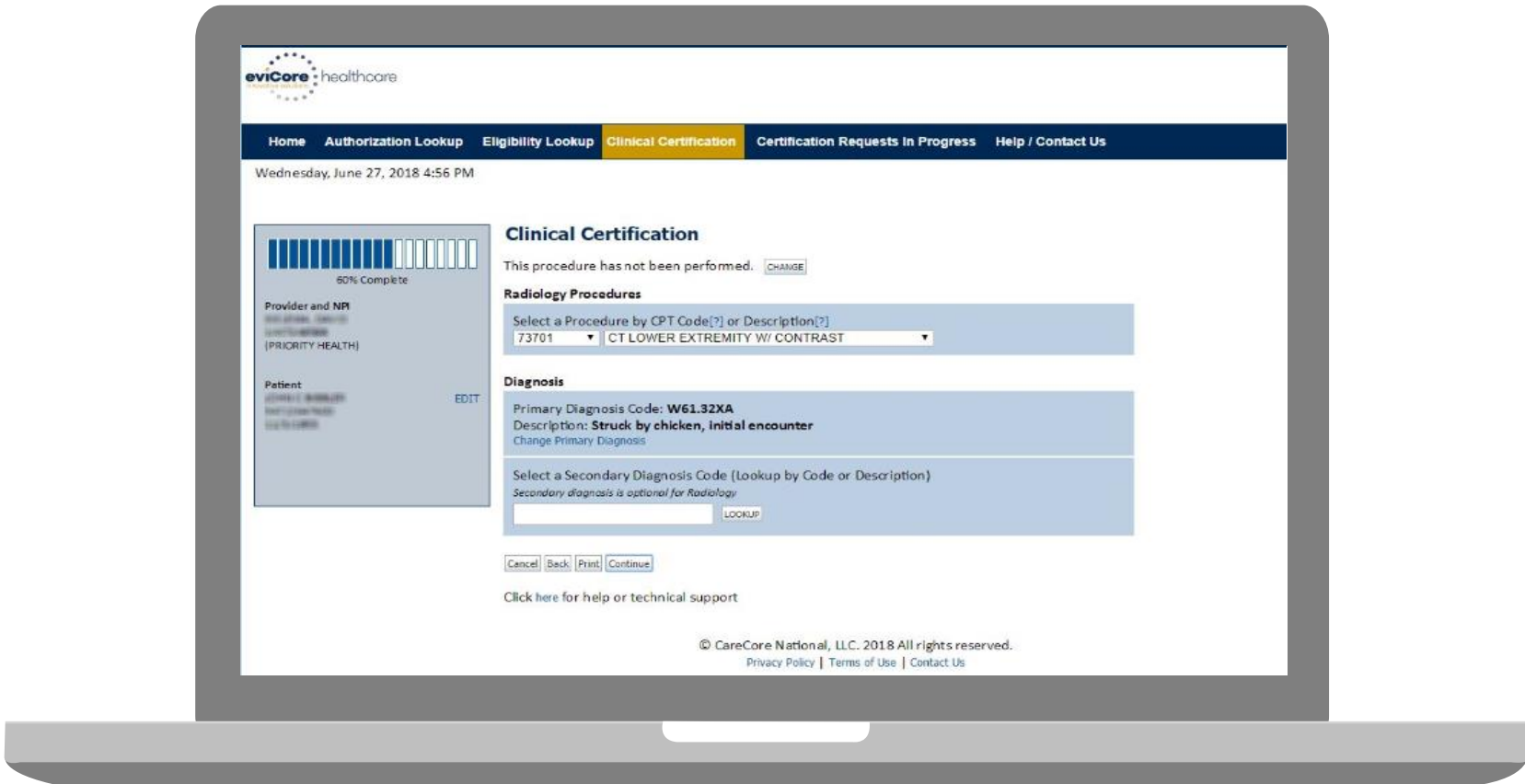
Select the CPT and Diagnosis codes.

Verify Service Selection
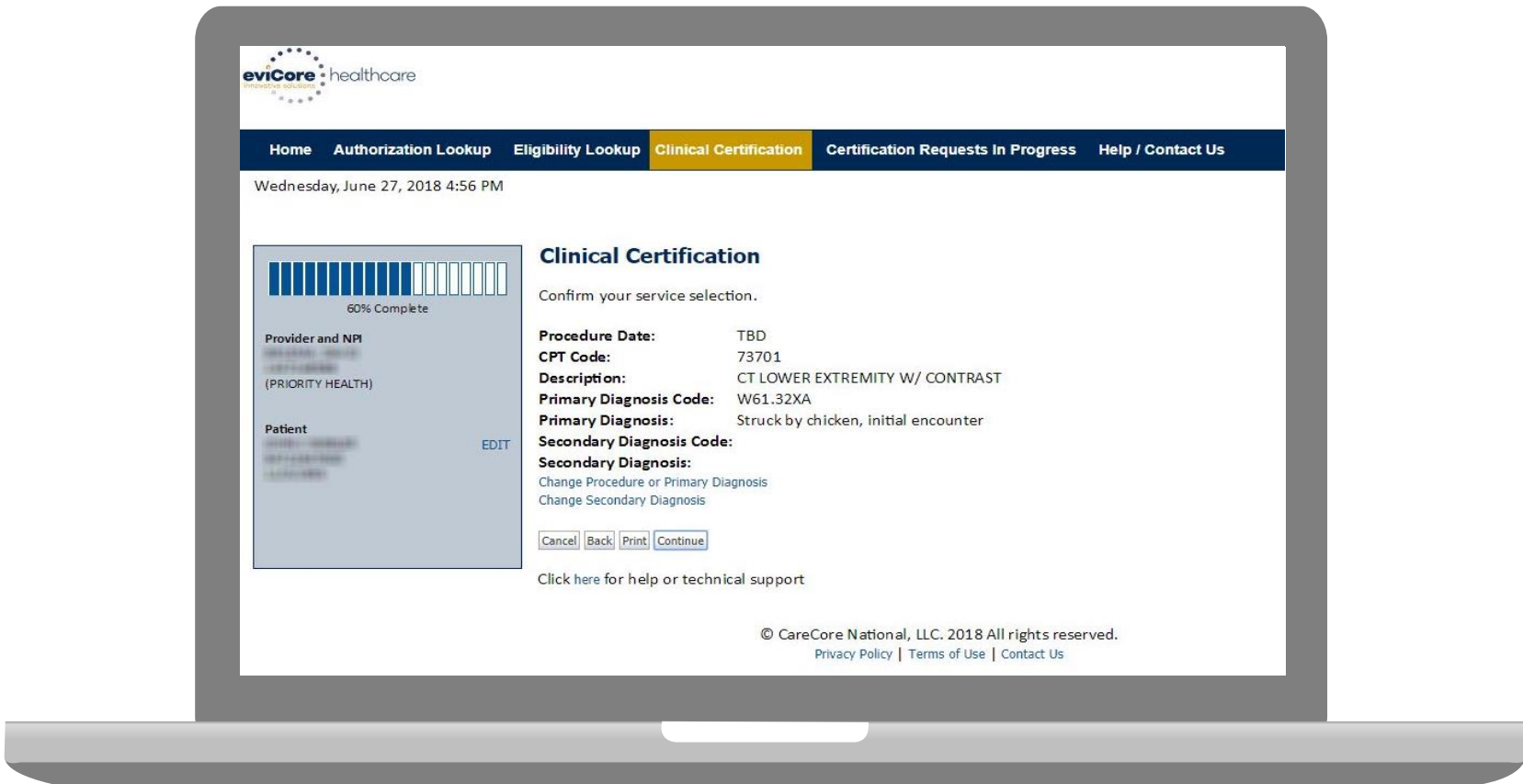
Click continue to confirm your selection.

Site Selection for Rendering Physician

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.

Site Selection Setting for Rendering Physician

➤ **Select what setting the procedure will be performed.**

Clinical Certification
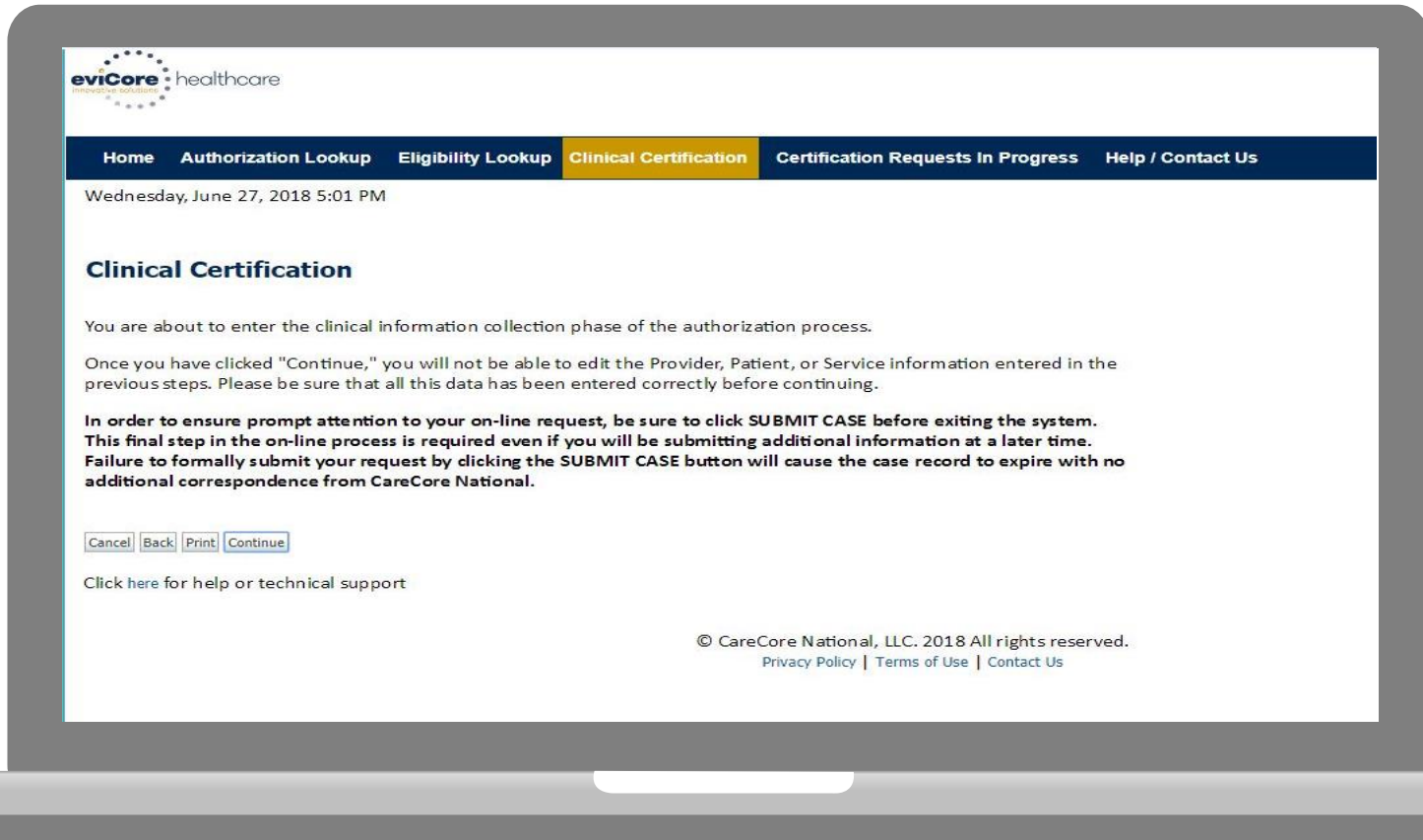
Click **"Continue"** to begin entering the clinical information.

Clinical Certification

Clinical Certification

ⓘ Which one of the following best describes the reason for the requested study.

Suspected New Stroke with or without a Prior History of Stroke ▾

SUBMIT

☐ Finish Later

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

Cancel Print

❯ **Questions will populate based upon the information provided.**

Medical Review

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.

Medical Review

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.

Print   SUBMIT CASE

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.

Print | Continue

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.

43

Building Additional Cases

eviCore healthcare

Home   Authorization Lookup   Eligibility Lookup   **Clinical Certification**   Certification Requests In Progress   Help / Contact Us

Tuesday, June 26, 2018 11:01 AM

Log Off (SSO_PRIORITY HE

Clinical Certification

Thank you for submitting a request for clinical certification. Would you like to:

- Return to the main menu
- Start a new request

You can also start a new request using some of the same information.

Start a new request using the same:

○ Program (Radiology)
○ Provider ( )
○ Program and Provider (Radiology and)
○ Program and Health Plan (Radiology and PRIORITY HEALTH)

GO

Cancel Print

Click here for help or technical support

Authorization look up

Log on to www.priorityhealth.com, click on Auth request, follow the steps and click "Go to eviCore"
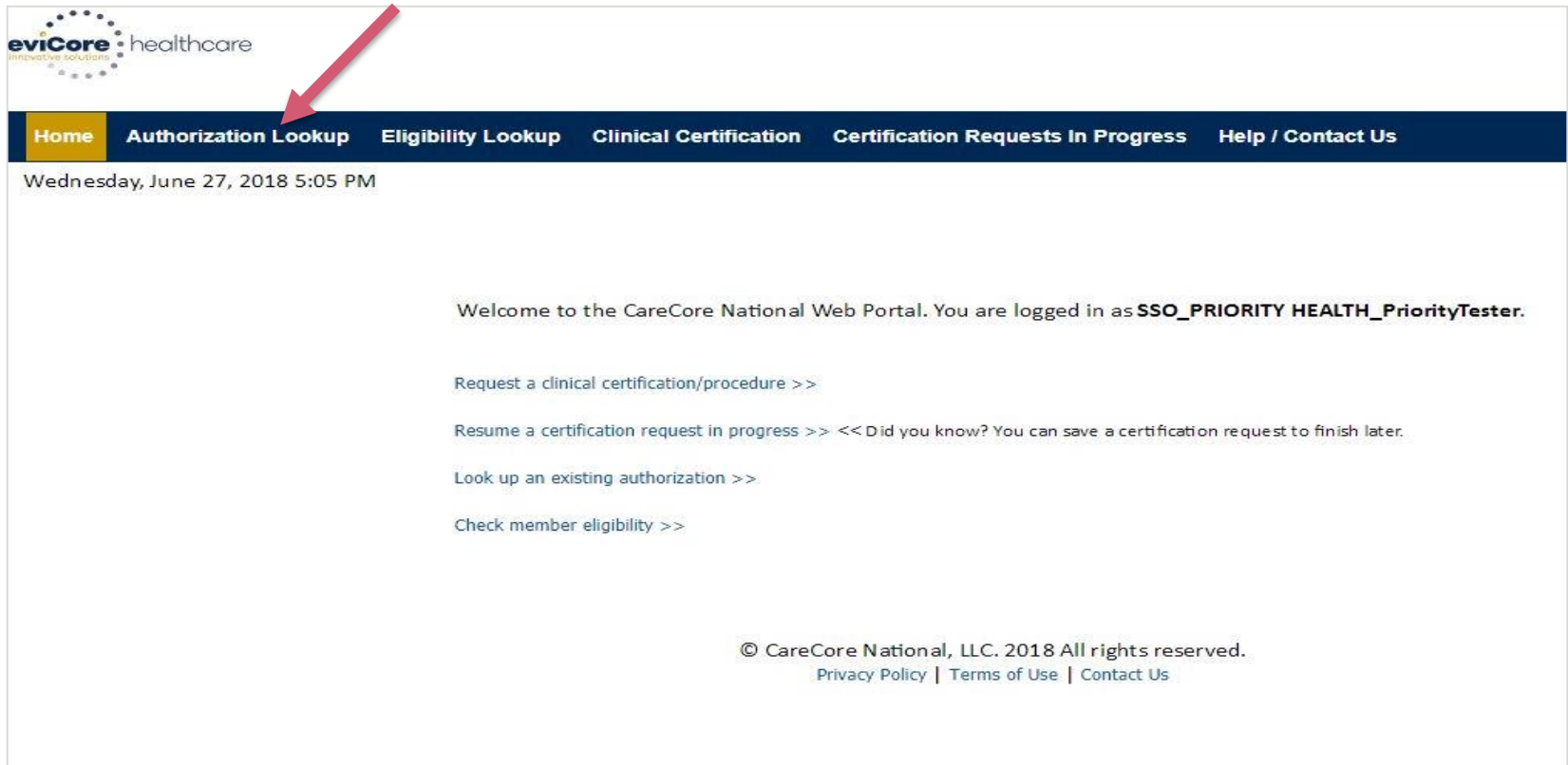
When logged into your web portal account, select Authorization Lookup from the menu options at the top.

Authorization look up

- 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
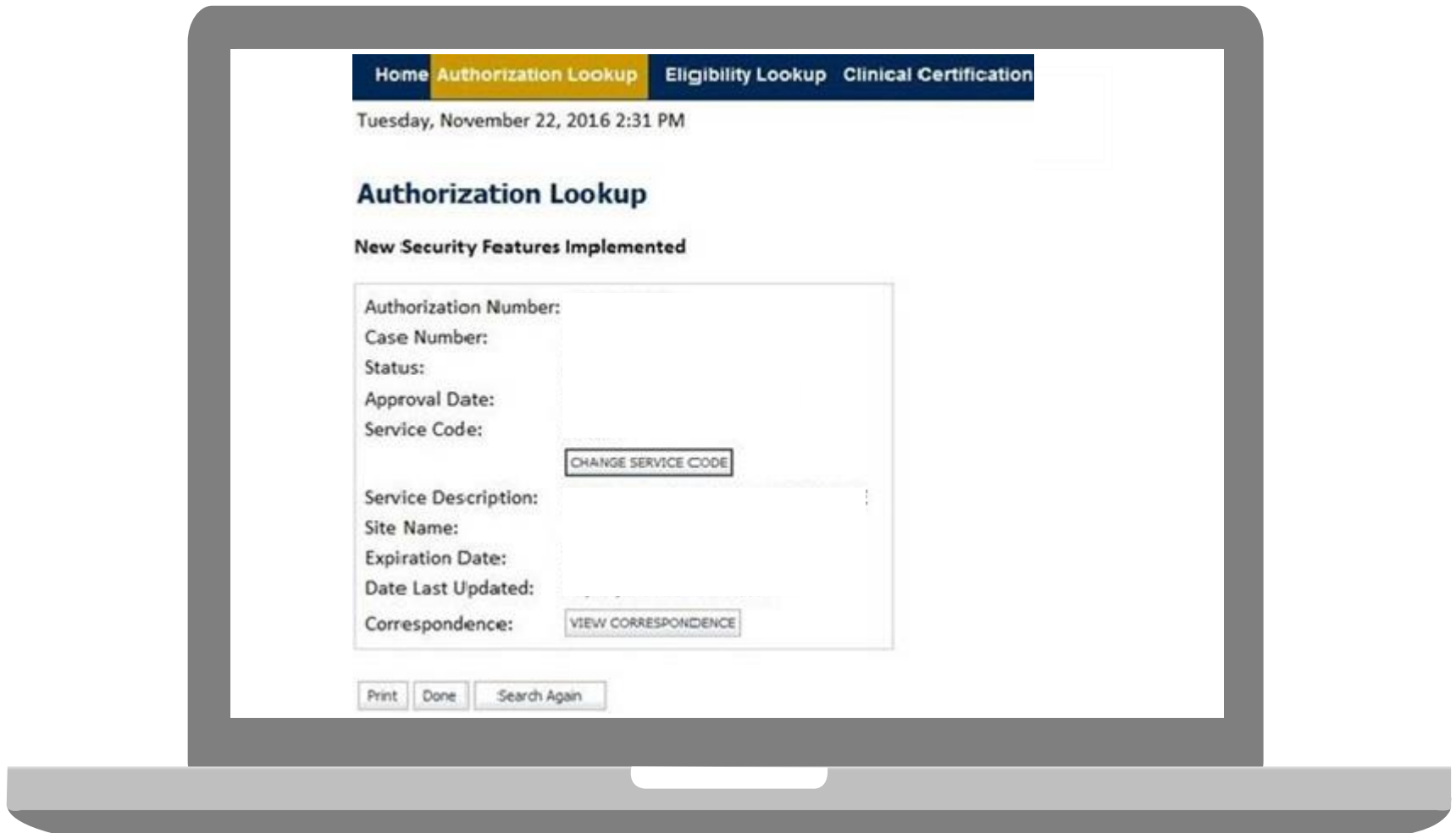
The authorization will then be accessible to review. To print authorization correspondence, select View Correspondence.

Eligibility Look Up
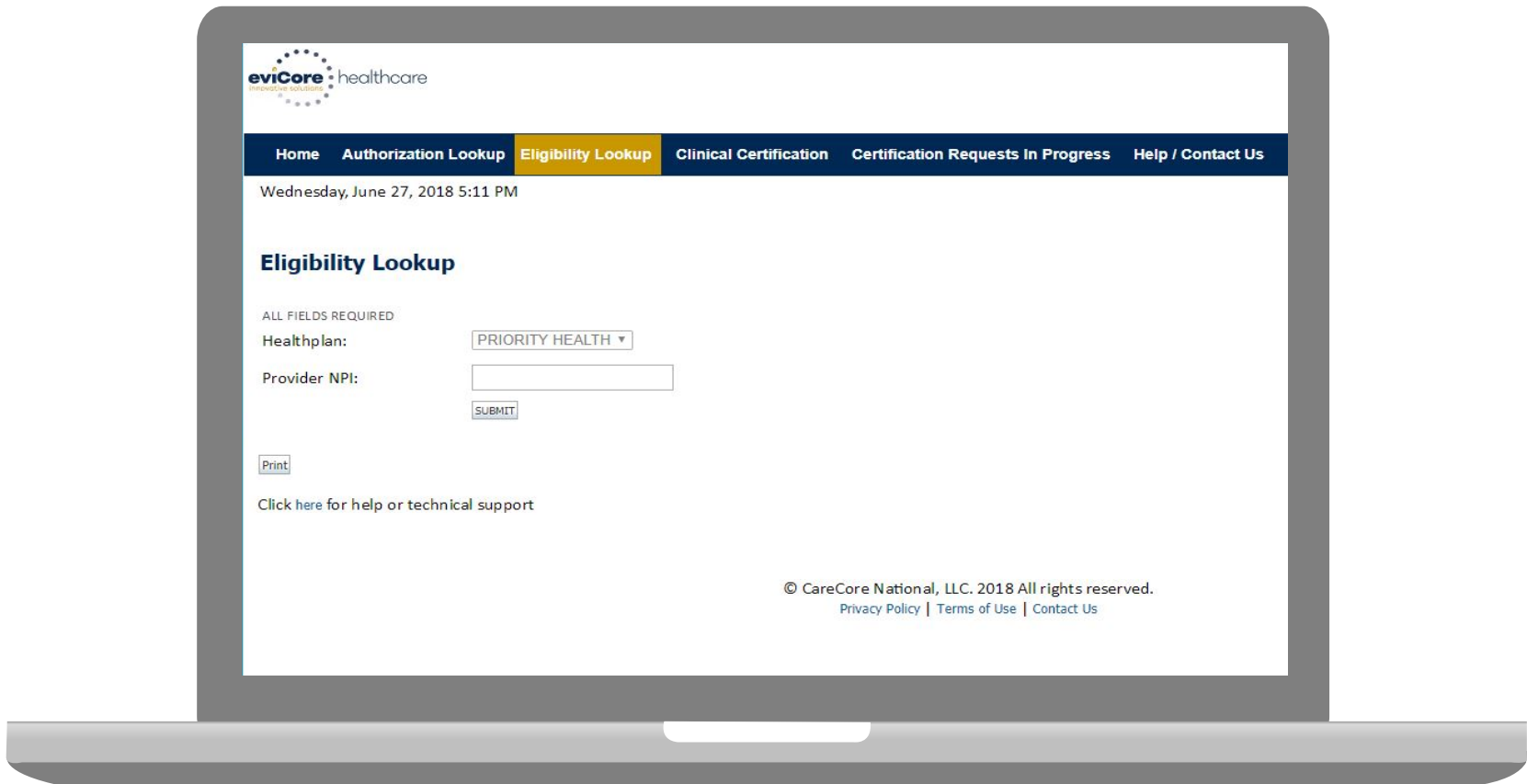
Select the health plan from the dropdown and enter the provider NPI.

Eligibility Look Up

You may also confirm the patient's eligibility by selecting the Eligibility Lookup tab.
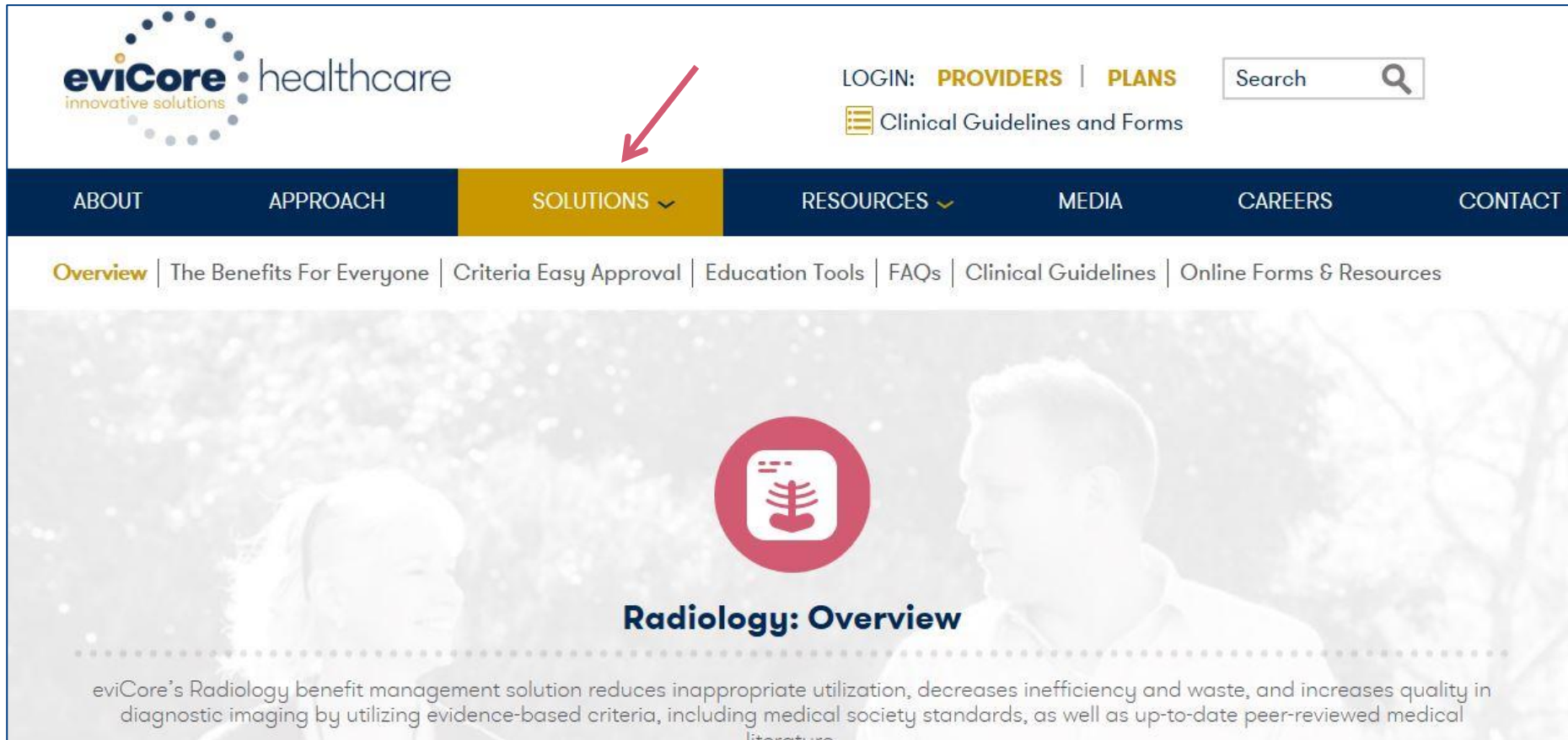
Provider Resources

Radiology/Cardiology Online Resources
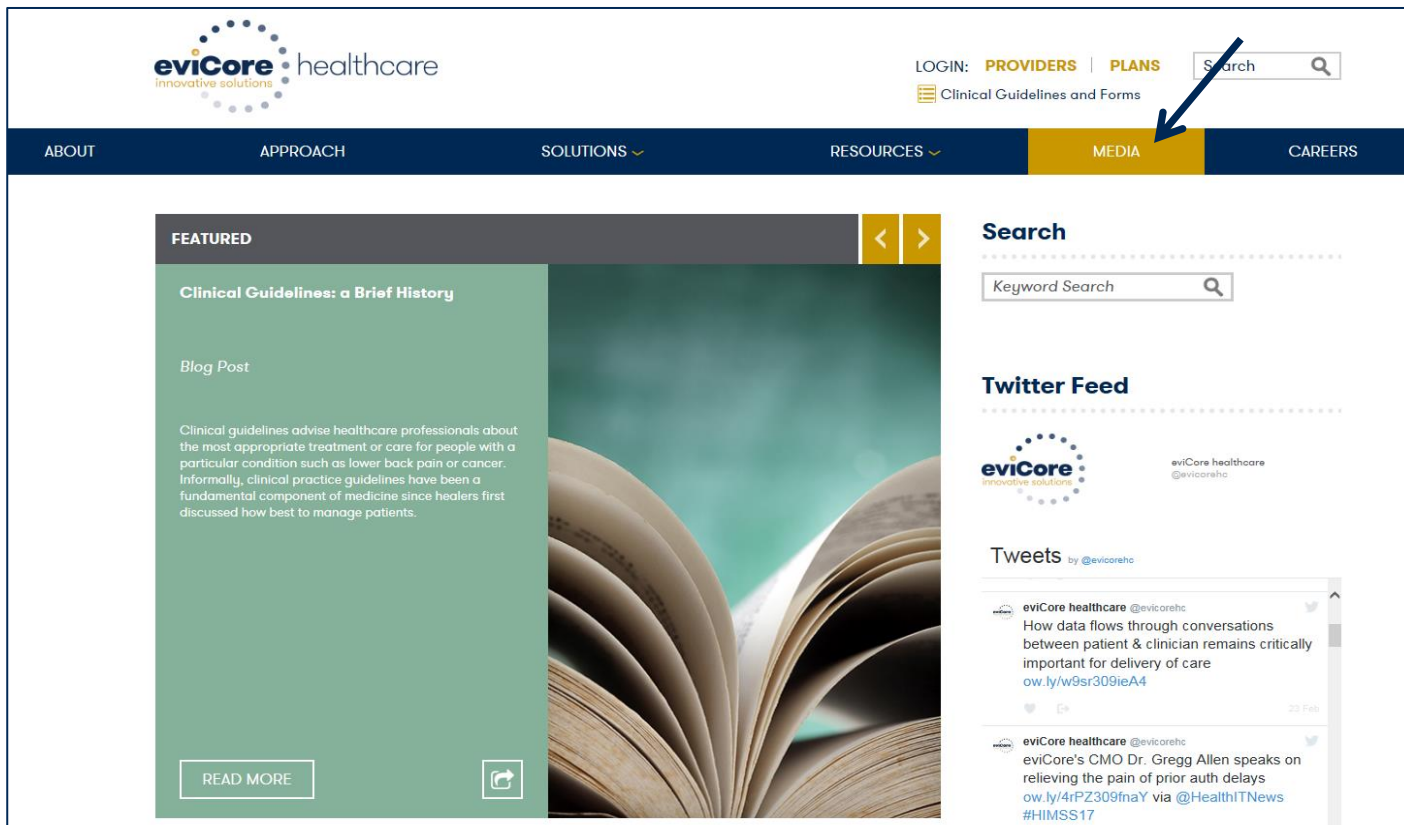
Clinical Guidelines, Online Forms and other important resources can be accessed at **www.evicore.com/healthplan/priorityhealth**. Click **"Solutions"** from the menu bar, and select the specific program needed.

eviCore Provider Blog Series

- 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 **Insights** tab or via the direct link at **www.evicore.com/healthplan/priorityhealth**.

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-eviCore

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

**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 Resources: Implementation Document

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

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**
- **Video**

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!