# Radiology/Cardiology Advanced Imaging

Provider Presentation for Highmark Blue Cross Blue Shield of Western New York

# Program Overview

# Applicable Memberships

Prior Authorization is required for Highmark Blue Cross Blue Shield of Western New York members, who are enrolled in the following lines of business/programs and have moved onto the Highmark system:

| Commercial | • Radiology and Cardiology (Advanced Imaging) |
|---|---|



Members with ID cards that are white front and back and have the Highmark logo, will require prior authorization through the Highmark system.

# Highmark Prior Authorization Services

**Highmark BCBSWNY will require prior authorization through NaviNet for delegated membership effective 12/1/2021 and forward for those moved onto Highmark's system.**

| Prior authorization from eviCore applies to the following services: | Prior authorization from eviCore does **NOT** apply to services performed in: |
|---|---|
| • Outpatient<br><br>• Diagnostic<br><br>• Elective / Non-emergent | • Emergency Rooms<br><br>• Observation Services<br><br>• Inpatient Stays |

**Member eligibility and benefits can be verified through HEALTHeNET.**

**Access to NaviNet will be necessary. Register through the below link.**

**https://navinet.secure.force.com/**

# Advanced Imaging & Cardiology Services

**Advanced Imaging:**

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

**Cardiology Services:**

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

*Additional Advanced Imaging & Cardiology Service modalities in eviCore's program scope*

To find a complete list of Current Procedural Terminology (CPT) codes that require prior authorization through eviCore, please visit:
https://www.evicore.com/resources/healthplan/highmark

# Submitting Requests

# Methods to Submit Prior Authorization Requests

## Provider Portal (preferred)

To submit a request for Prior Authorization from eviCore healthcare you will need to log in to your NaviNet account.

❖ If Highmark has delegated eviCore to manage the Prior Authorization process for the member and requested services, you will be forwarded to the eviCore healthcare provider portal to complete your authorization request submission.

*While phone and fax options are available, the provider portal is the quickest, most efficient way to request a prior authorization and check authorization status.*

**Phone Number:**
888-564-5492
Monday – Friday, 7AM – 7PM
**Fax Number:**
800-540-2406
(go to www.eviCore.com to access clinical worksheets for fax submissions)

https://navinet.navimedix.com

**WEB**

# Keys to Successful Prior Authorizations

**To obtain prior authorization the provider submitting the request will need to provide the below information:**

**1. Member**
- ID
- Member name
- Date of birth (DOB)

**2. Referring (Ordering) Physician**
- Physician name
- National provider identifier (NPI)
- Phone & fax number

### Necessary Information

**3. Rendering Facility**
- Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number

**4. Supporting Clinical**
- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS code(s)
- Diagnosis code(s)
- Previous test results

# Insufficient Clinical – Additional Documentation Needed

## Additional Documentation to Support Medical Necessity

If all required pieces of documentation are not received, or are insufficient for eviCore to reach a determination, the following will occur:

A Hold Letter will be faxed to the Requesting Provider asking for additional documentation

The Provider must submit the additional information to eviCore

eviCore will review the additional documentation and reach a determination
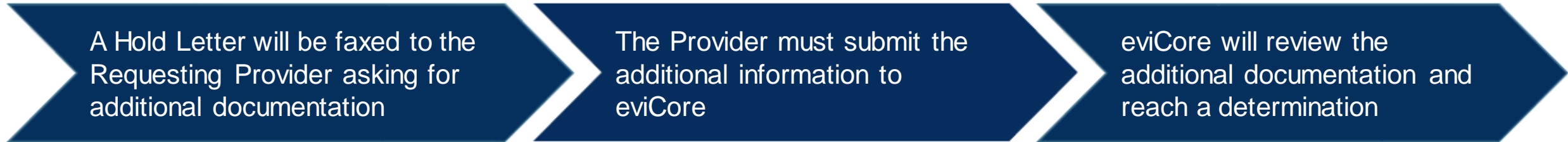
Requested information must be received within the timeframe as specified in the Hold Letter.

# Prior Authorization Outcomes & Special Considerations

# Prior Authorization Approval

## Approved Requests

Authorizations are valid for 60 calendar days from the date of the final determination *(during the COVID pandemic period, authorizations will be valid for 180 days)*

- Authorization letters will be faxed to the ordering physician & rendering facility

- When initiating a case on the web you can receive e-notifications when a determination is made if you provide an email address

- Members will receive a letter by mail

- Approval information can be printed on demand from the eviCore portal: www.eviCore.com

# When a Request is Determined as Inappropriate

**Appropriate Decision**

Based on evidence-based guidelines, request is determined as **inappropriate**
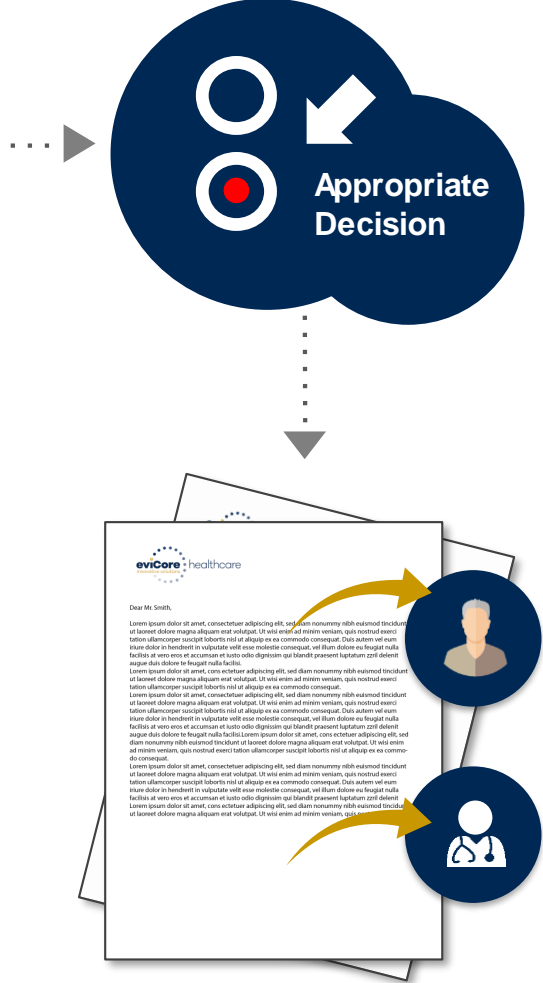
A denial letter with the rationale for the decision and the appeal rights will be issued to both the provider and member

# Special Circumstances

**Retrospective (Retro) Authorization Requests**

- Must be submitted
  - Within 730 calendar days from the date of service for Commercial cases
  - Retro requests submitted beyond this timeframe will be administratively denied
  - Reviewed for <u>clinical urgency</u> and <u>medical necessity</u>
  - Retro requests are processed within 30 calendar days after receipt of all necessary clinical information
  - When authorized, the start date will be the submitted date of service

**Urgent Prior Authorization Requests**

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member
- Reviewed for <u>clinical urgency</u> and <u>medical necessity</u>
- Can be initiated on NaviNet or by phone
- Urgent request will be reviewed within:
  - 24 hours not to exceed 72 hours of the request *(after receipt of all necessary clinical information)* for Commercial cases

# Special Circumstances cont.

## Alternative Recommendation

- An alternative recommendation may be offered, based on eviCore's evidence-based clinical guidelines

- The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request

- Providers have up to 14 calendar days to contact eviCore to accept the alternative recommendation; hardcoded for all clients

## Authorization Update

- If updates are needed on an existing authorization, you can contact eviCore by phone at 888-564-5492

- If the authorization is not updated and a different facility location or CPT code is submitted on the claim, it may result in a claim denial

# Reconsideration Options

# Post-Decision Options: Commercial Members

## My case has been denied. What's next?

Your determination letter is the best and fastest source for accessing information to assess what options exist on a case that has been denied. You can also call us at 888-564-5492 to speak to an agent who can provide available option(s) and instruction on how to proceed.

### Reconsiderations

- Providers and/or staff can request a reconsideration review

- Reconsiderations requested within 180 calendar days after the determination date will be accepted without formal appeal. Untimely reconsideration requests will be treated as first level appeals

- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an eviCore physician

### Appeals

- eviCore will process first-level appeals

- Appeal requests must be submitted to eviCore within 180 calendar days days from the initial determination

- Appeal requests can be submitted in writing or verbally via a Clinical Consultation with an eviCore physician

- All clinical information and the prior authorization request will be reviewed by a physician other than the physician who made the initial determination

- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider

# Provider Portal Overview

# NaviNet – Enabled Providers

# NaviNet – Enabled Providers

# NaviNet – Enabled Providers

# NaviNet – Enabled Providers

# SSO - HMK NaviNet to eviCore slides



Single-Sign On for Highmark Providers / NaviNet

# Member & Request Information

## Add Your Contact Info

Provider's Name:* [███████] [?]
Who to Contact:* [                ] [?]
Fax:* [                ] [?]
Phone:* [███████] [?]
Ext.: [                ] [?]
Cell Phone: [                ]
Email: [███████]

**BACK**    **CONTINUE**

Click here for help

Verify the accuracy of the contact information – this information populates based on the health plan provider data for the NPI number of the ordering practitioner

## Requested Service + Diagnosis

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

### Radiology Procedures

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

[ 73721 ▼ ] [ MRI LOWER EXTREMITY JOINT W/O ▼ ]

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 CPT and ICD10 codes – you will be able to enter multiple CPT codes

# Verify Service Selection

## Requested Service + Diagnosis

Confirm your service selection.

| | |
|---|---|
| **Procedure Date:** | TBD |
| **CPT Code:** | 73721 |
| **Description:** | MRI LOWER EXTREMITY JOINT W/O |
| **Primary Diagnosis Code:** | R68.89 |
| **Primary Diagnosis:** | Other general symptoms and signs |
| **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 by searching NPI or TIN 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 after this point**

# Standard or Urgent Request?

- If your request is urgent select **No**

- When a request is submitted as Urgent, you will be required to upload relevant clinical information

- If the case is standard select **Yes**

- You can upload up to FIVE documents in .doc, .docx, or .pdf format

- Your case will only be considered Urgent if there is a successful upload
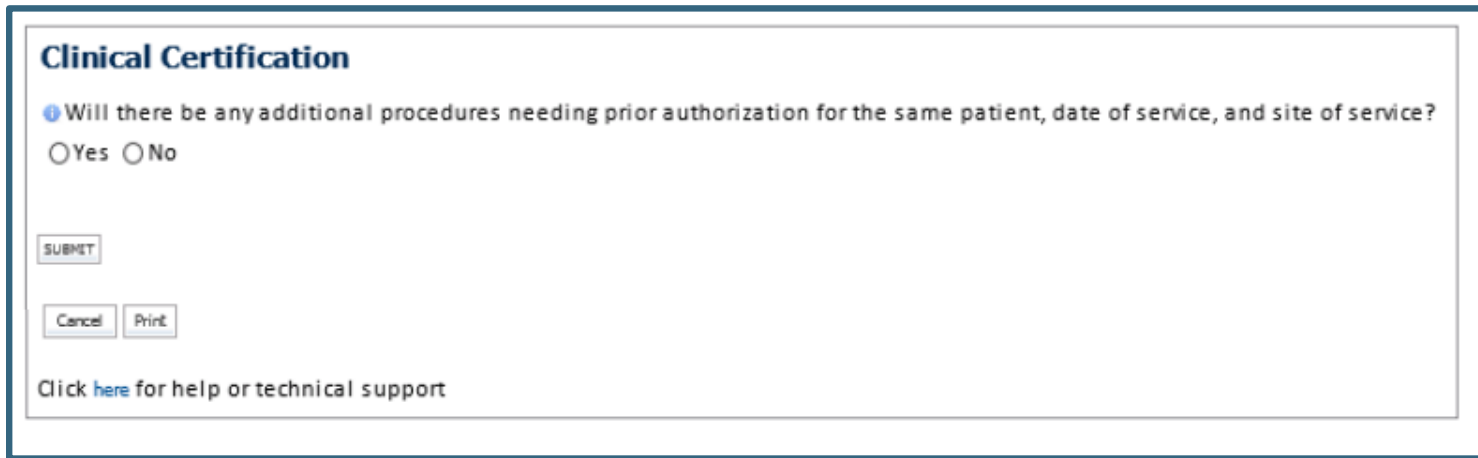
**Proceed to Clinical Information**

Is this case Routine/Standard?

YES    NO

# Requesting Multiple CPT Codes

After you determine if the case is urgent or standard, you will be asked about additional procedures. Select **YES** if you want to add multiple CPT codes.



**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

Click here for help or technical support



**Clinical Certification**

ⓘ Please enter the additional procedure code

70552

SUBMIT

Cancel   Print

Click here for help or technical support

- **Select YES to add Additional CPT codes.**
- **Enter one CPT at a time and select SUBMIT after each one.**

# Requesting Multiple CPT Codes

**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

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

After successful completion, an onscreen message will display: "Each of your requested procedure codes has been added to this authorization

**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.

You will not be able to save your request and 'finish later' when you are logged in via the SSO/NaviNet

Cancel | Print

Click here for help or technical support

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

# Requesting Multiple CPT Codes

**Clinical Certification**

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

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

◉ Proceed

SUBMIT

> The clinical portion of the pathway will address each procedure requested individually.

**Clinical Certification**

ⓘ Is this request to evaluate suspicion of cancer, screening for cancer, active evaluation or monitoring of known cancer?

○ Yes  ○ No

SUBMIT

---

| 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 |

Print  Continue

Click here for help or technical support

*Example of Summary with all CPT codes*

# Proceed to Clinical Information – Survey Questions



**Attention!**

Is this a request for a bilateral procedure of a previously requested authorization?

YES    NO

- **Clinical Certification** questions populate based upon the information provided – see www.eviCore.com to access the Clinical Worksheets



**MRI Abdomen and Pelvis Imaging Request**

For NON-URGENT requests, please fax this completed document along with medical records, imaging, tests, etc. If there are any inconsistencies with the medical office records, please elaborate in the comment section. Failure to provide all relevant information may delay the determination. Phone and fax numbers can be found on eviCore.com under the Guidelines and Fax Forms section. You may also log into the provider portal located on the site to submit an authorization request. URGENT (same day) REQUESTS MUST BE SUBMITTED BY PHONE.

# Clinical Certification

## *Enhanced Process*

- Clinical survey questions <span style="color:red">may</span> populate based upon the information provided. *However…*
- For <u>some</u> cardiology and radiology cases, the experience may be different due to enhancements we are making in the system.
- We have been able to <u>replace</u> clinical surveys with a new faster and streamlined process.
- These enhancements will reduce submission time and improve turnaround times.

**Increase Prior Auth Efficiency**

# Finalizing the Case Submission



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

# Next Step: Criteria not met

If criteria are not met based on clinical questions, you will receive a similar request for additional info:

ⓘ Is there any additional information specific to the member's condition you would like to provide?

○ I would like to upload a document after the survey
○ 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

**SUBMIT**

**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: | | Contact: |
| Provider Address: | | Phone Number: |
| | | Fax Number: |
| Patient Name: | | Patient Id: |
| Insurance Carrier: | | |
| Site Name: | | Site ID: |
| Site Address: | | |
| Primary Diagnosis Code: | | Description: Recurrent pregnancy loss |
| Secondary Diagnosis Code: | | Description: |
| Date of Service: | | |
| CPT Code: | | Description: OB Ultrasound |
| Case Number: | | |
| 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:
- Upload clinical notes on the portal, to avoid any delays (e.g., by faxing)
- Enter additional notes in the space provided only when necessary
- Additional information uploaded to the case will be sent for clinical review
- Print-out a summary of the request that includes the case # and indicates 'Your case has been sent to clinical review'

# Criteria Met: Real-time Approval

If your request is authorized during the initial submission, you can print the summary of the request for your records.

## 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 AKKARA VEETIL | **Contact:** | |
| **Provider Address:** | 1200 6TH AVE N | **Phone Number:** | |
| | SAINT CLOUD, MN 56303 | **Fax Number:** | |
| **Patient Name:** | | **Patient Id:** | |
| **Insurance Carrier:** | | | |
| **Site Name:** | | **Site ID:** | |
| **Site Address:** | | | |

| | | | |
|---|---|---|---|
| **Primary Diagnosis Code:** | R68.89 | **Description:** | Other general symptoms and signs |
| **Secondary Diagnosis Code:** | | **Description:** | |
| **Date of Service:** | Not provided | | |
| **CPT Code:** | 73721 | **Description:** | MRI LOWER EXTREMITY JOINT W/O |
| **Authorization Number:** | | | |
| **Review Date:** | 5/13/2020 1:52:08 PM | | |
| **Expiration Date:** | 6/27/2020 | | |
| **Status:** | Your case has been Approved. | | |

[ CANCEL ]  [ PRINT ]  [ CONTINUE ]

# Additional Provider Portal Features

# Authorization Lookup



- You can look-up authorization status on the portal

- Search by member information OR

- Search by authorization number with ordering NPI

- View and print any correspondence

# How to schedule a Peer to Peer Request

- Log into your account at www.evicore.com

- Perform Authorization Lookup to determine the status of your request.

- Click on the "P2P Availability" button to determine if your case is eligible for a Peer to Peer conversation:

- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.

**P2P AVAILABILITY**    Request Peer to Peer Consultation
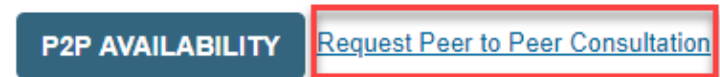
## Authorization Lookup

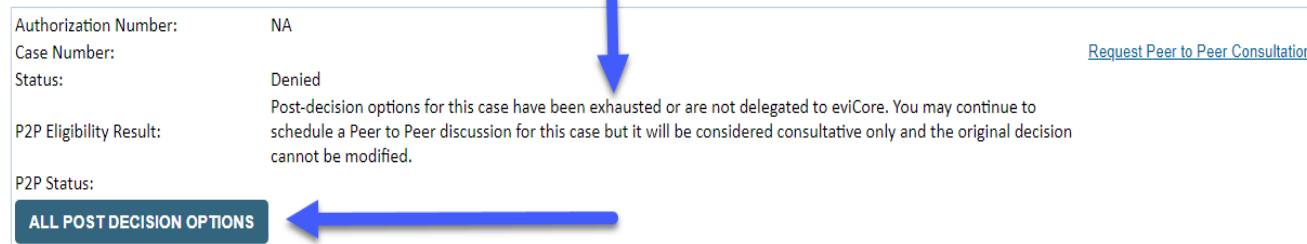| | |
|---|---|
| Authorization Number: | NA |
| Case Number: | |
| Status: | Denied |
| P2P Status: | |

**P2P AVAILABILITY**

# How to schedule a Peer to Peer Request

Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the "All Post Decision Options" button to learn what other action may be taken.

**Authorization Lookup**

| | |
|---|---|
| Authorization Number: | NA |
| Case Number: | |
| Status: | Denied |
| | Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified. |
| P2P Eligibility Result: | |
| P2P Status: | |

Request Peer to Peer Consultation

**ALL POST DECISION OPTIONS**

Once the "Request Peer to Peer Consultation" link is selected, you will be transferred to our scheduling software via a new browser window.

# How to Schedule a Peer to Peer Request



**New P2P Request**

Case Reference Number — Case information will auto-populate from prior lookup

Member Date of Birth

+ Add Another Case

Lookup Cases >

Upon first login, you will be asked to confirm your default time zone.

You will be presented with the Case Number and Member Date of Birth (DOB) for the case you just looked up.

You can add another case for the same Peer to Peer appointment request by selecting "Add Another Case"

To proceed, select "Lookup Cases"

You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click Continue to proceed.



**New P2P Request**

Case Ref #:          Remove    ✓ P2P Eligible

! Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

**Member Information**

Name
DOB
State
Health Plan
Member ID

**Case P2P Information**

Episode ID
P2P Valid Until    2020-11-11
Modality
Level of Review    Reconsideration P2P
System Name    ImageOne

Continue

# How to Schedule a Peer to Peer Request



You will be prompted with a list of eviCore Physicians/Reviewers and appointment options per your availability. Select any of the listed appointment times to continue.



You will be prompted to identify your preferred Days and Times for a Peer to Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click Continue.

# How to Schedule a Peer to Peer

Confirm Contact Details

- Contact Person Name and Email Address will auto-populate per your user credentials



- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:
  - Name of Provider Requesting P2P
  - Phone Number for P2P
  - Contact Instructions

- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

# Canceling or Rescheduling a Peer to Peer Appointment

## To cancel or reschedule an appointment

- Access the scheduling software per the instructions above

- Go to "My P2P Requests" on the left pane navigation

- Select the request you would like to modify from the list of available appointments

- Once opened, click on the schedule link. An appointment window will open

- Click on the Actions drop-down and choose the appropriate action

  > If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially

  > If choosing to cancel, you will be prompted to input a cancellation reason
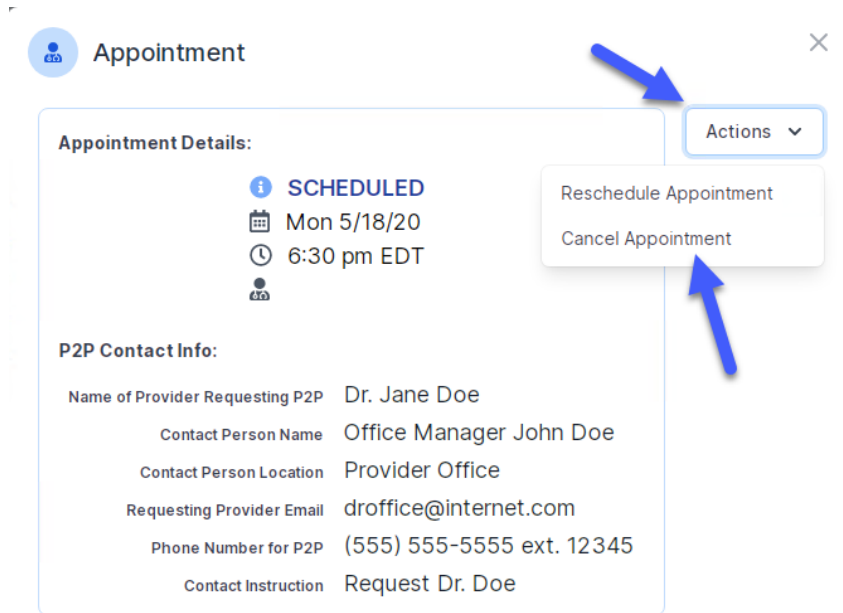


- Close browser once done

# Provider Resources

# Dedicated Call Center

## Prior Authorization Call Center – 888-564-5492

Our call centers are open from 7 a.m. to 7 p.m. (local time).

Providers can contact our call center to perform the following:

- Request Prior Authorization
- Check Status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case
- Request to speak to a clinical reviewer
- Schedule a clinical consultation with an eviCore Medical Director

# Provider Resource Website

## Provider Resource Pages

eviCore's Provider Experience team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis. The provider resource page will include, but is not limited to, the following educational materials:

- Frequently Asked Questions

- Quick Reference Guides

- Provider Training

- CPT code list

To access these helpful resources, please visit
https://www.evicore.com/resources/healthplan/highmark

Receive tips and stay updated eviCore's provider newsletter. Subscribe at www.eviCore.com.  Just scroll down and add a valid email so that we can send you monthly updates.

# Provider Resource Review Forums

**The eviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.**

We invite you to attend a Provider Resource Review Forum, to navigate [www.eviCore.com](http://www.eviCore.com) and understand all the resources available on the Provider's Hub. Learn how to access:

- eviCore's evidence-based clinical guidelines

- Clinical worksheets

- Check-status function of existing prior authorization

- Search for contact information

- Podcasts & Insights

- Training resources

**How to register for a Provider Resource Review Forum?**

You can find a list of scheduled **Provider Resource Review Forums** on [www.eviCore.com](http://www.eviCore.com) → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming

# Provider Engagement Team

## Provider Engagement team

Regional team that on-boards providers for new solutions and provides continued support to the provider community. How can the provider engagement team help?

- Partner with the health plan to create a market-readiness strategy for a new and/or existing program
- Conduct onsite and WebEx provider-orientation sessions
- Provide education to supporting staff to improve overall experience and efficiency
- Create training materials
- Monitor and review metrics and overall activity
- Conduct provider-outreach activities when opportunities for improvement have been identified
- Generate and review provider profile reports specific to a TIN or NPI
- Facilitate clinical discussions with ordering providers and eviCore medical directors

### How to contact the Provider Engagement team?

You can find a list of Regional Provider Engagement Managers at [evicore.com](evicore.com) → Provider's Hub → Training Resources

# Thank You!