

Radiology Prior Authorization for Priority Health

Provider Orientation



Company Highlights

4K employees
including 1K clinicians

Headquartered in Bluffton, SC

Offices across the US including:

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

SHARING
A VISION
AT THE CORE OF CHANGE.

100M members
managed nationwide



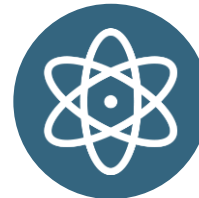
12M claims
processed annually

Integrated Solutions

LAB MANAGEMENT
19M lives



MEDICAL ONCOLOGY
14M lives



RADIATION THERAPY
29M lives

SPECIALTY DRUG
100k lives



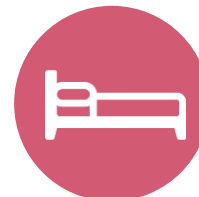
MUSCULOSKELETAL
34M lives

RADIOLOGY
65M lives



CARDIOLOGY
46M lives

SLEEP
14M lives



POST-ACUTE CARE
320k lives



Radiology Solution Experience

- Since 1994
- 30+ regional and national clients
- 65M total members
 - 51M Commercial membership
 - 6.8M Medicare membership
 - 7.2M Medicaid membership



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	

- **190+ board-certified medical directors**
- **Diverse representation of medical specialties**
- **450 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:



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



Program Overview

eviCore will begin accepting requests on June 19, 2017 for dates of service on June 19 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
- 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:

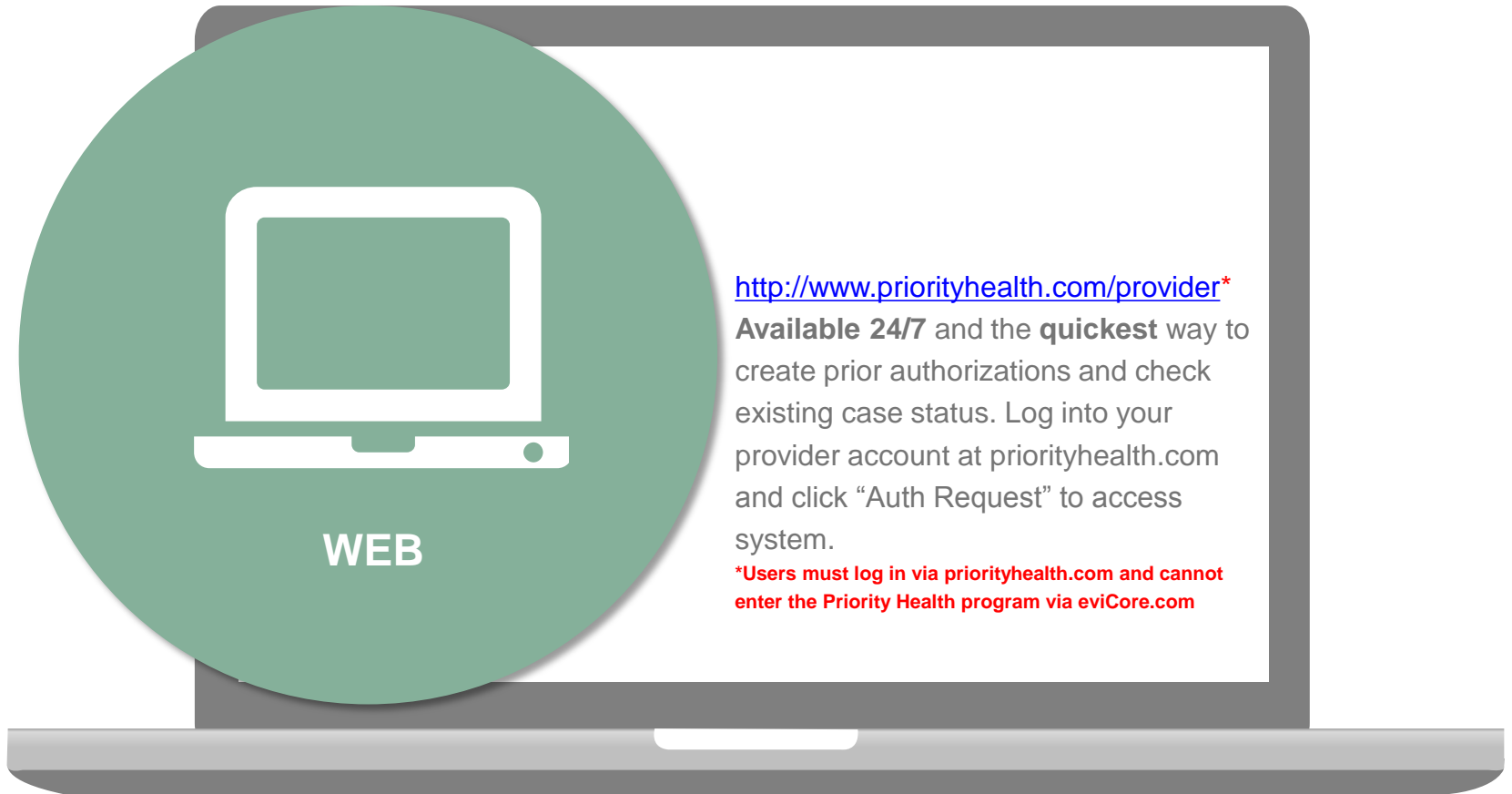
- CT, CTA (Computed Tomography, Computed Tomography Angiography)
- MRI, MRA (Magnetic Resonance Imaging, Magnetic Resonance Angiography)
- PET, PET/CT (Positron Emission Tomography, PET with Computed Tomography)
- Nuclear Medicine

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

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

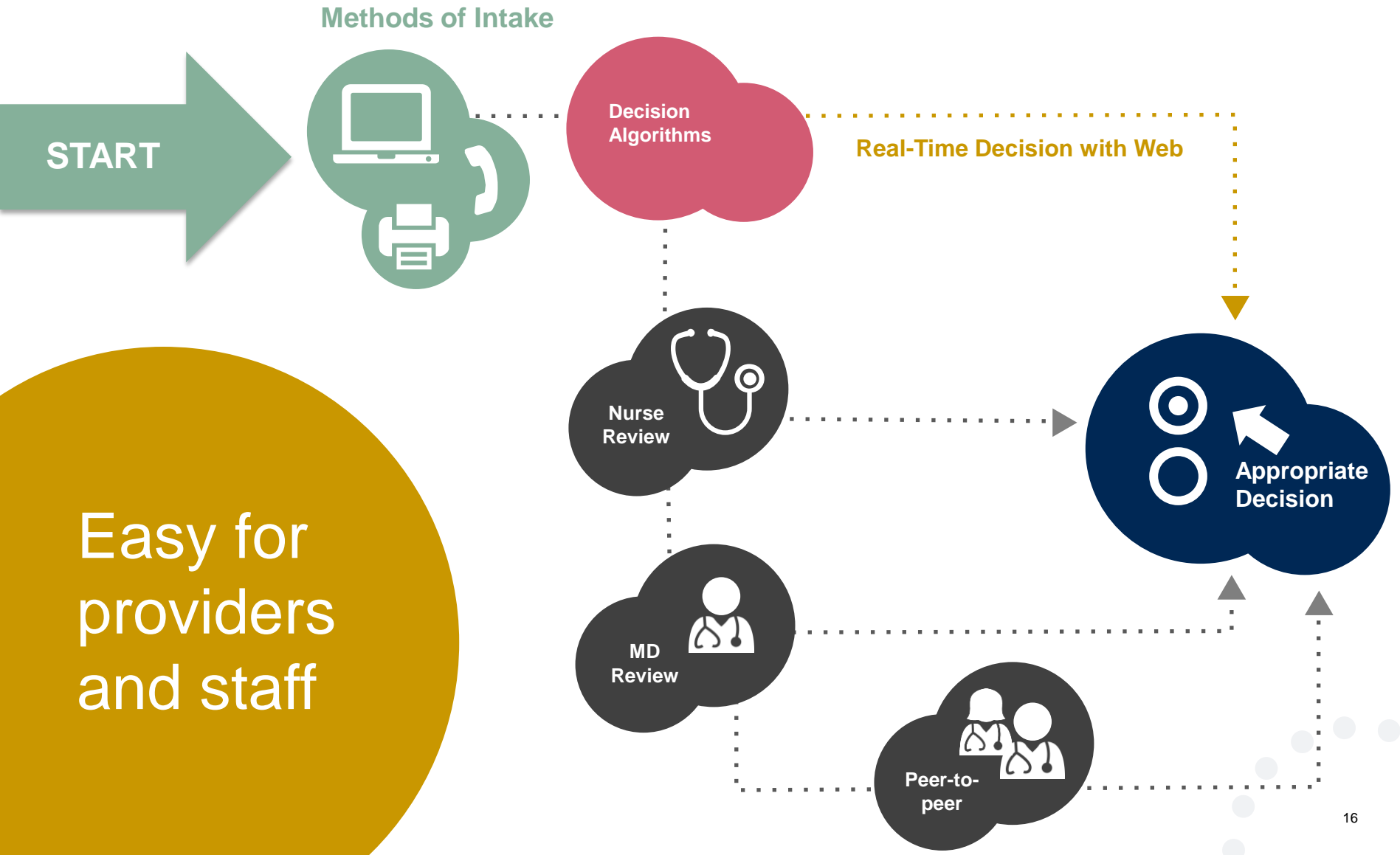
Prior Authorization Requests

How to request prior authorization:



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

Clinical Review Process



Needed Information

Member
Member ID
Member name
Date of birth (DOB)



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



Rendering 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

Prior Authorization Outcomes

Approved Requests:

- All requests are processed within three business days after receipt of all necessary 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 Peer Review

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

➤ Peer-to-Peer Review:

- If a request is **denied** and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians.
- Peer-to-peers 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.
- Peer-to-Peer 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 appeals for Commercial membership only
- Requests for appeals must be submitted 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. Turn around time on retro requests is 45 calendar days.

Outpatient Urgent Studies:

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

Requesting an Authorization

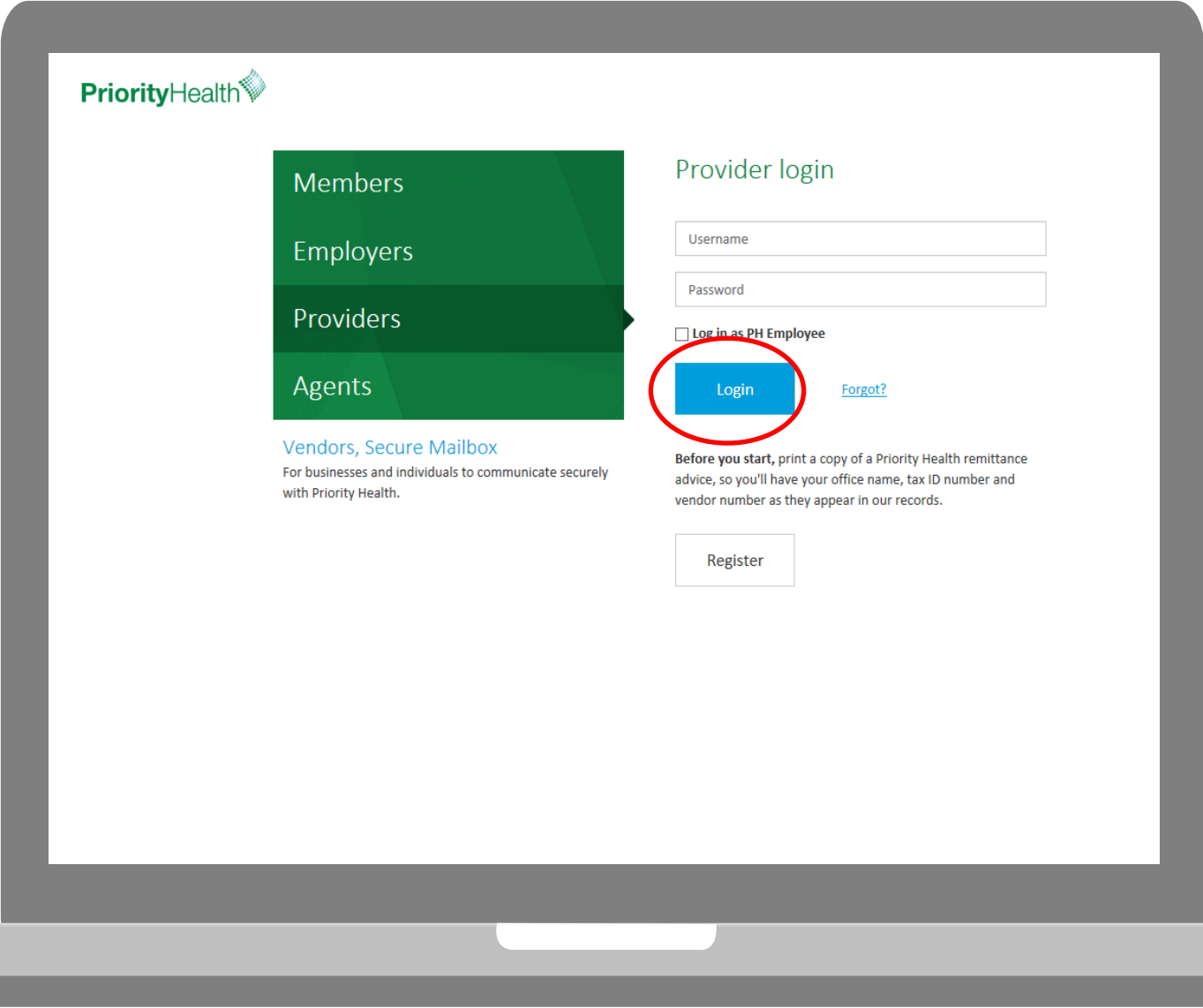
Web Portal Services

Initiating A Case

The screenshot displays the PriorityHealth website interface. At the top left is the PriorityHealth logo. The navigation menu includes 'Plans', 'About us', and 'Contact'. A search bar is present with the text 'Search entire site...' and a 'Search' button. To the right of the search bar is a 'Register' link and a 'login' button, which is circled in red. Below the navigation bar is a green horizontal menu with items: 'Providers', 'Clinical resources', 'Provider Manual', 'News & education', 'Forms', and 'Contact us'. The main content area features a 'Participate with Priority Health' section. On the left, there is a 'Providers' sidebar with links to 'Clinical resources', 'Provider Manual', 'News & education', 'Forms', and 'Contact us'. Below this is a 'Quick links' section with links like 'Find a Doctor', 'Approved Drug List', 'Join the network', 'Get Started Guide', 'Auth listing', 'Medical policies', and 'Drug auth forms'. The main content area includes a 'NOW LIVE!' banner for 'Automatic prior authorizations online' with an image of hands typing on a keyboard. To the right of the banner are three news items: 'Now available: Request authorizations online with Clear Coverage', '2017 PCP Incentive Program', and 'McLaren Health Care joins network'. At the bottom of the main content area are three columns: 'Creating better partnerships', 'Join our networks', and 'Online tools', each with a brief description and links.

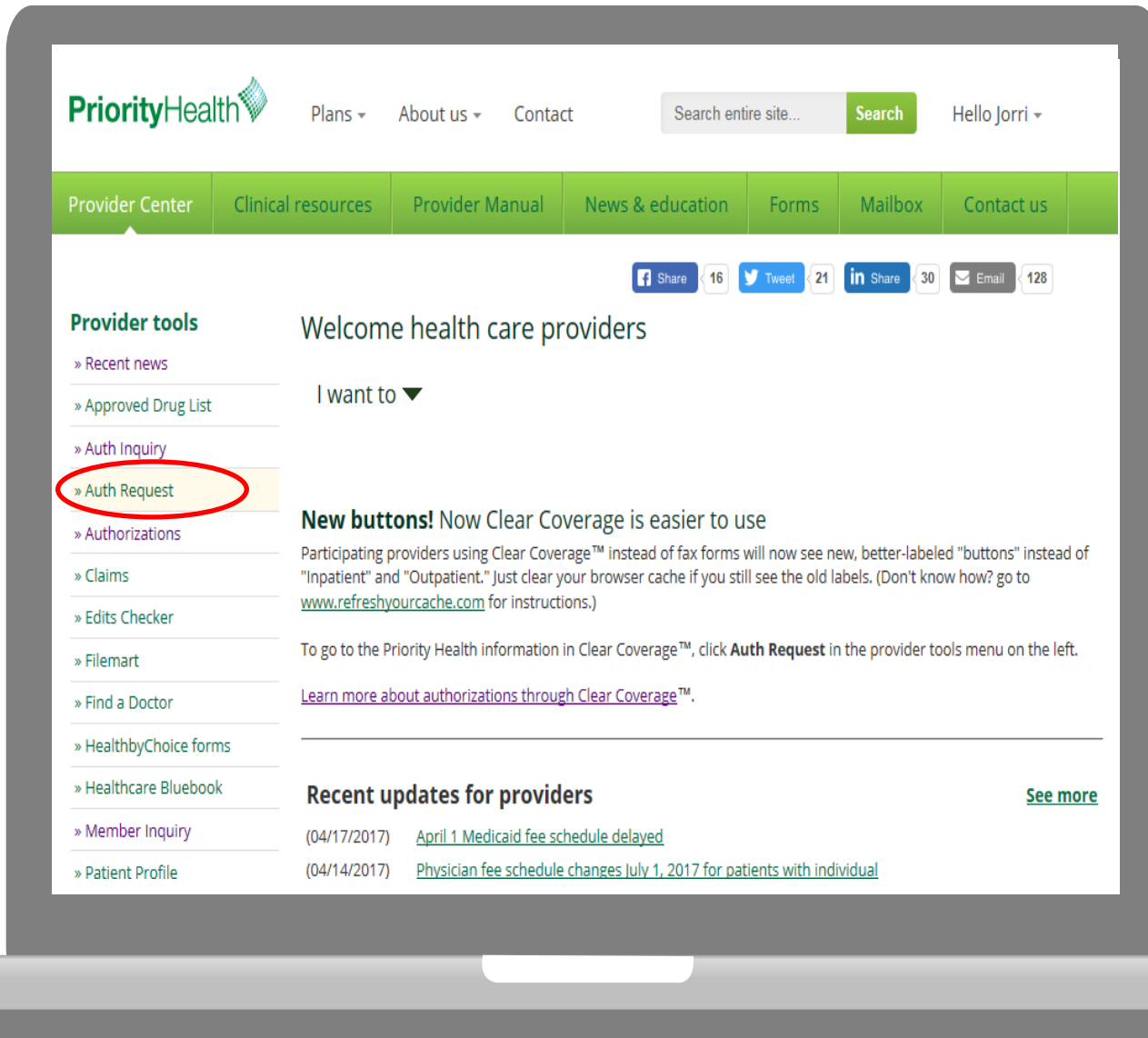
Go to provider portal log in screen at <http://www.priorityhealth.com/provider>.

Initiating A Case



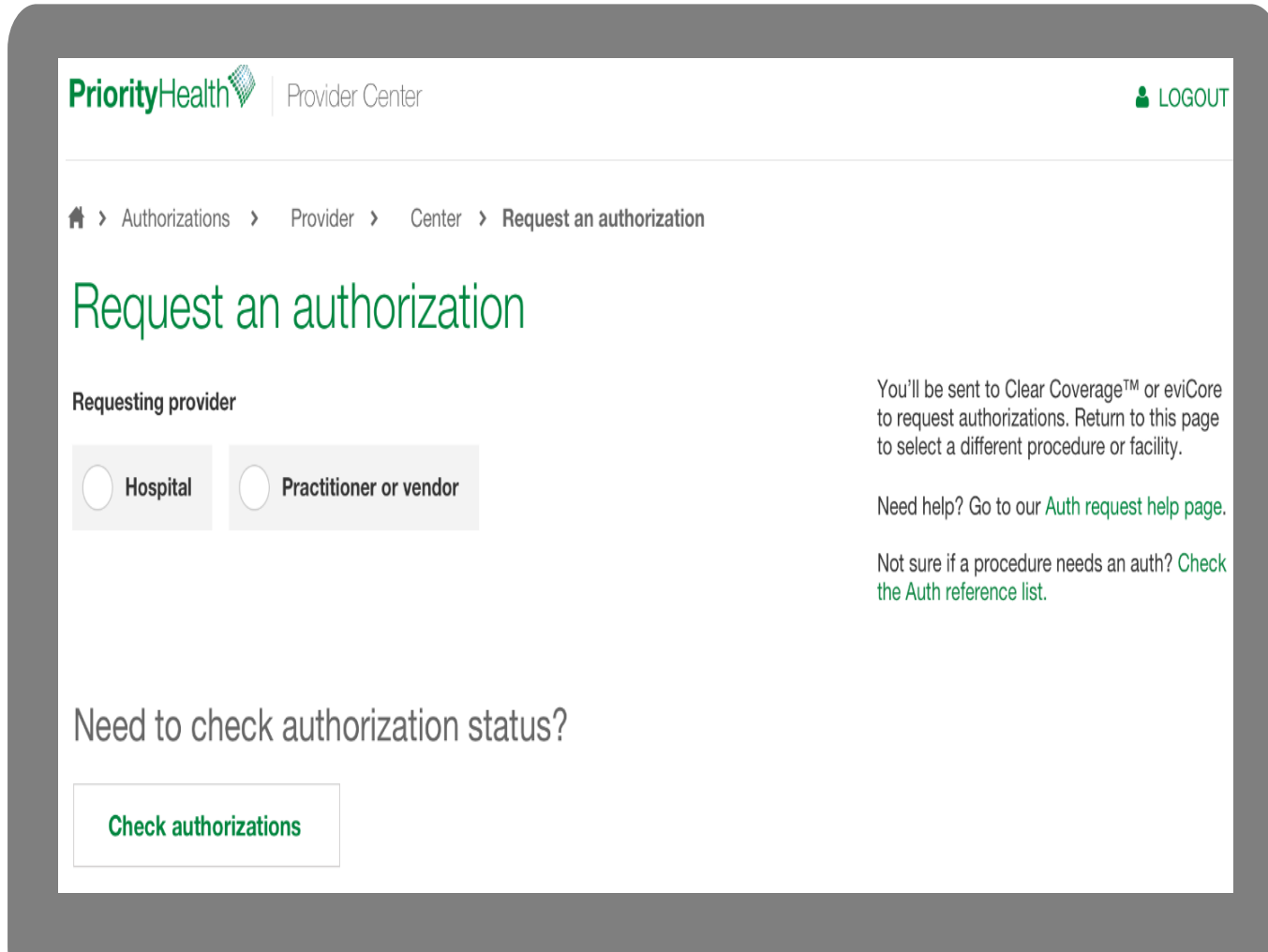
Enter user name and password then click “Login”

Initiating A Case



➔ At the left of the screen, click on “Auth Request”

Initiating A Case



Referring practice must select either “Hospital” or “Practitioner or Vendor.”

Initiating A Case – Hospital/Inpatient

PriorityHealth | Provider Center LOGOUT

Home > Authorizations > Request an authorization

Request an authorization

Requesting provider

Hospital Practitioner or vendor

Facility

Spectrum Health - Butterworth

Provider

Dr. Steve Johnson

[Go to Clear Coverage™](#)

You'll be sent to Clear Coverage™ or eviCore to request authorizations. Return to this page to select a different procedure or facility.

Need help? Go to our [Auth request help page](#).

Not sure if a procedure needs an auth? [Check the Auth reference list](#).

➤ Using drop-down boxes, referring physician must select facility and provider. Then click “Go to Clear Coverage.” The Clear Coverage process continues on slide 45.

Initiating A Case – Service or Procedure/Outpatient

Request an authorization

Requesting provider

Hospital Practitioner or vendor

Primary procedure
Pick a primary procedure or code, others can be selected later

91540 Genetic counseling ▼

Facility

Family Medicine PC ▼

Provider

Cathy Clinician ▼

[Go to eviCore](#)

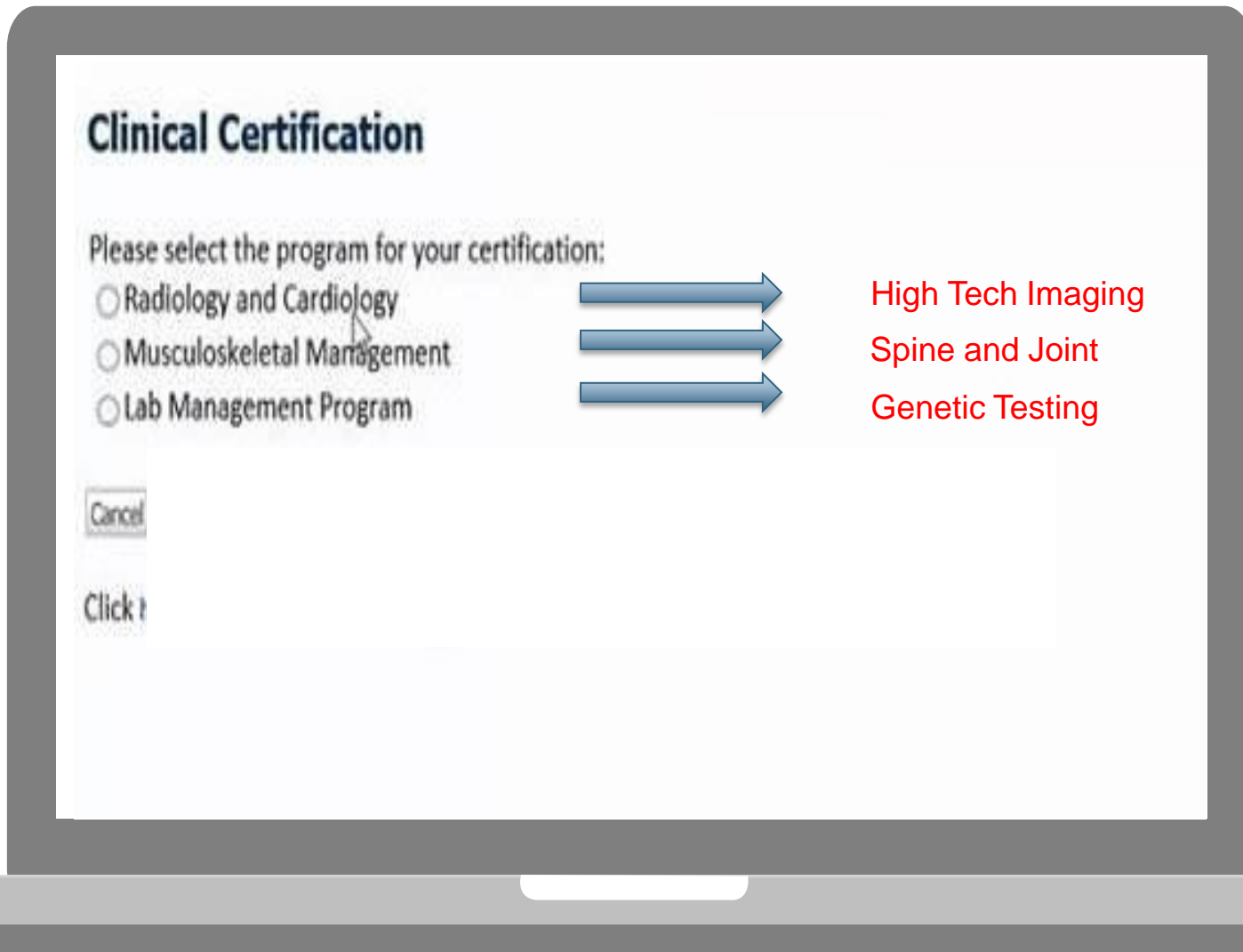
You'll be sent to Clear Coverage™ or eviCore to request authorizations. Return to this page to select a different procedure or facility.

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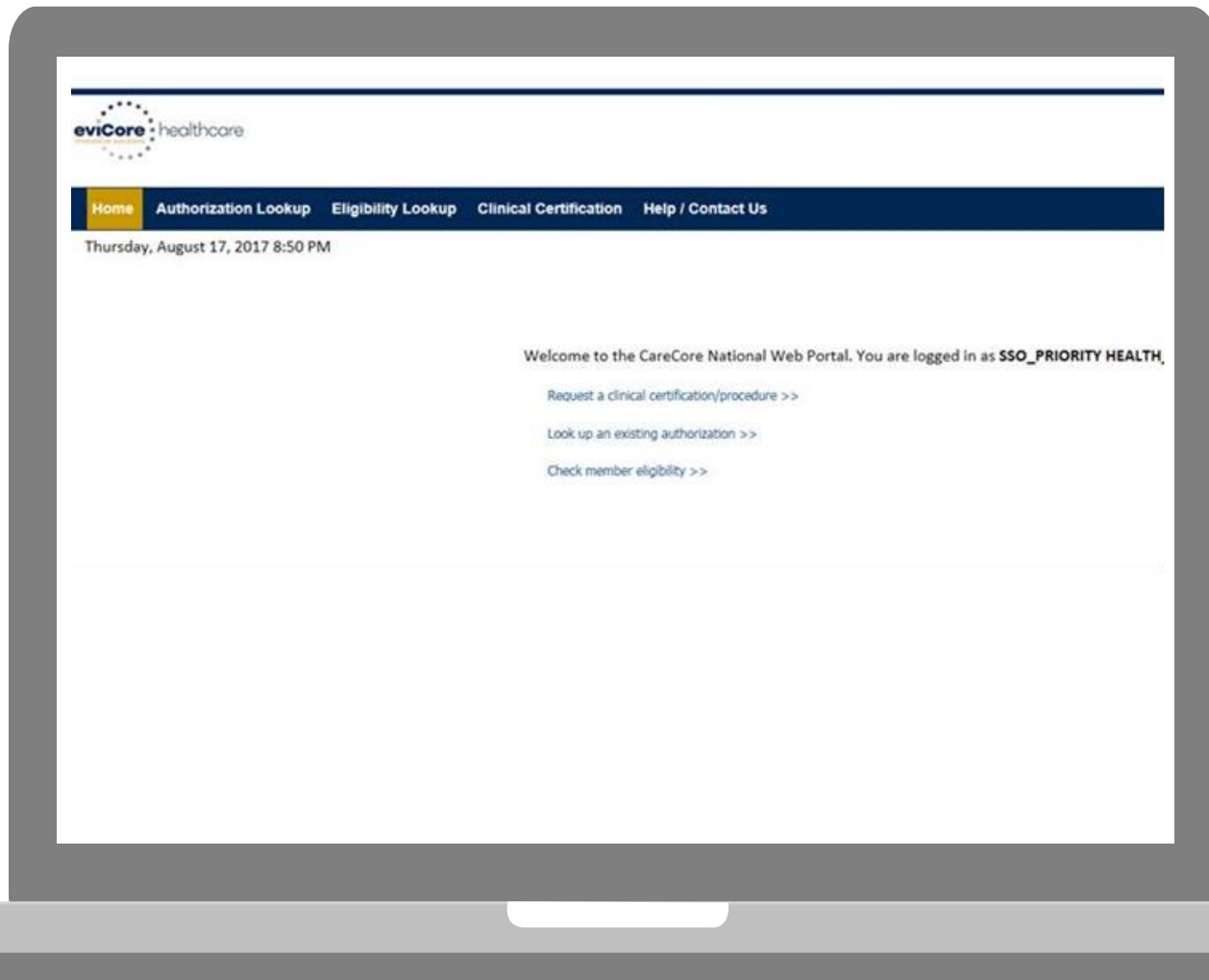
➔ Using drop-down boxes, referring physician must select procedure/CPT code, facility and provider. Then click “Go to eviCore.”

Select Program



➤ Select the **Program** for your certification.

Service Options



➤ Select **Request a clinical certification/procedure, Look up an existing authorization or Check member eligibility.**

Select Referring Provider

Clinical Certification

Search by TIN, NPI, provider last name, city and/or zip.

Healthplan: PRIORITY HEALTH

TIN:

NPI:

Last Name: (requires NPI or TIN)

City: (city only, no state)

Zip:

Select one of the following providers:

	Provider	Address	Tax ID	NPI
<input type="button" value="SELECT"/>	BIANCHI, GLEN	300 FAIRVIEW AVE, WESTWOOD NJ 07675	222103828	1780636019
<input type="button" value="SELECT"/>	CHIN, PATRICK	300 FAIRVIEW AVE, WESTWOOD NJ 07675	222103828	1396702783
<input type="button" value="SELECT"/>	LEE, JUNG	300 FAIRVIEW AVE, WESTWOOD NJ 07675	222103828	1093733156

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



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

Referring Provider Contact Information

The screenshot displays a web application interface for 'Clinical Certification'. At the top, a navigation bar includes links for Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, Physician Criteria, and Manage Your Account. Below the navigation bar, the date and time are shown as 'Tuesday, April 15, 2014 3:48 PM'. On the left side, there is a progress bar with 10 bars, the first of which is filled, indicating '10% Complete'. Below the progress bar, the word 'Physician' is displayed, followed by an 'EDIT' button. The main content area is titled 'Clinical Certification' and contains a form with the following fields: 'Physician's Name' (empty), 'Who to Contact' (filled with 'Test Contact'), 'Fax' (filled with '(555) 555-5555'), 'Phone' (filled with '(555) 555-5556'), 'Ext.' (empty), 'Cell Phone' (filled with '(122) 334-4556'), and 'Email' (filled with 'test@test.com'). At the bottom of the form, there are four buttons: 'Cancel', 'Back', 'Print', and 'Continue'. In the bottom right corner, there is a small copyright notice: '© 2014. All rights reserved. Us'.



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

Health Plan and Address

Clinical Certification

You selected MITELMAN, RAISA, NPI 1215049812

Please select the health plan for which you would like to build a case. If the health plan is not shown, please contact the plan at the number found on the member's identification card to determine if case submission through CareCore National is necessary.

PRIORITY HEALTH ▼

7 LEXINGTON AVE. ▼

Cancel Back Print Continue

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

➔ Priority Health will appear in upper drop-down box. The Provider ID that was previously selected will match with one or more addresses in the database. Click the drop-down arrow and select an address if there is more than one to choose from.

Member Information

Clinical Certification

Patient ID:

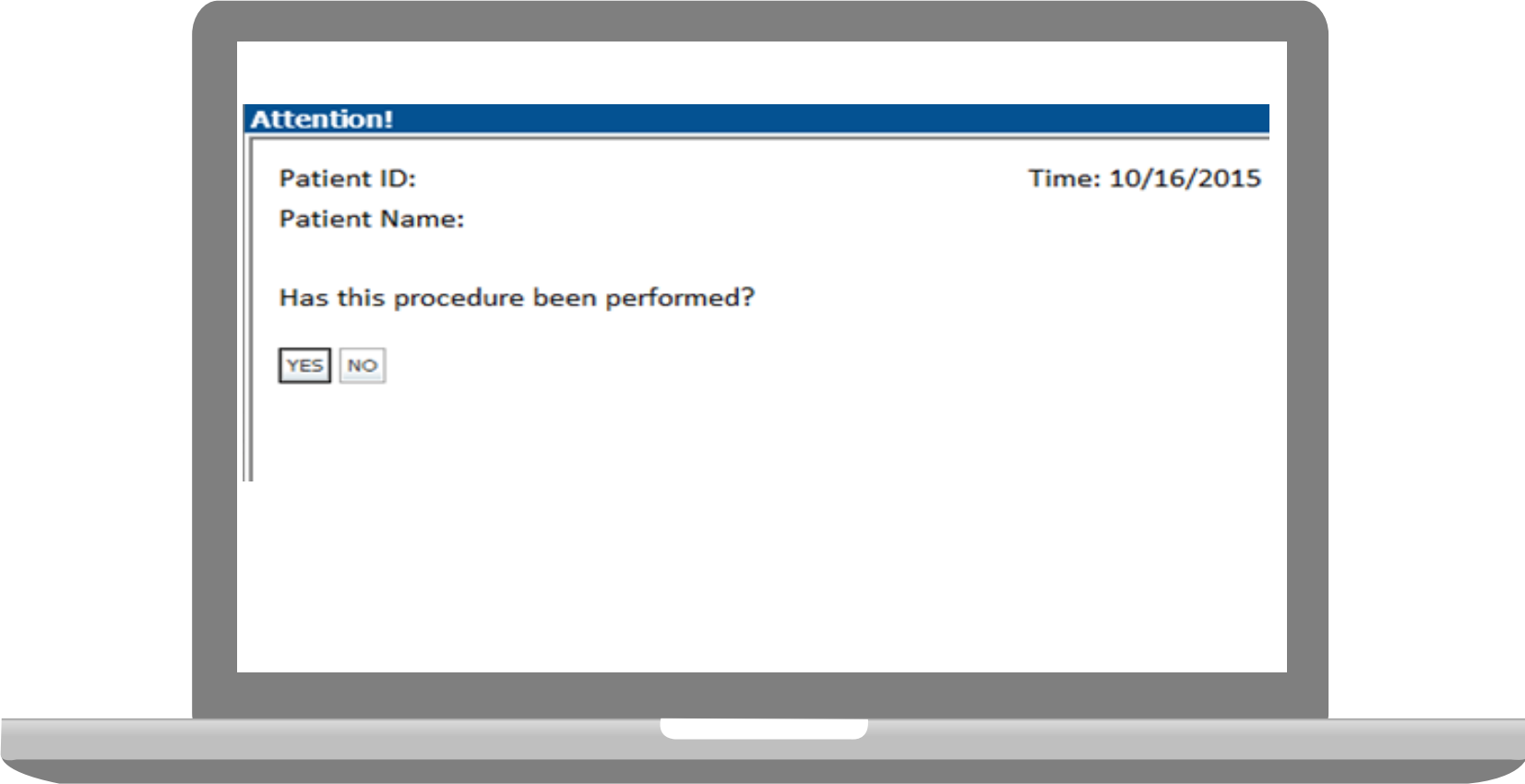
Date Of Birth: MM/DD/YYYY

Patient Last Name Only: [?]

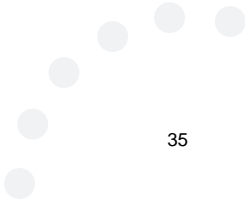
Click [here](#) for help or technical support

➤ If you're making a request for a patient for the first time, complete the "New Patient Registration" information.

Clinical Details



Indicate if the procedure has been performed or is a new request.



Clinical Details

Clinical Certification

This procedure has not been performed. [CHANGE](#)

Radiology Procedures

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

71260 ▼

CT THORAX W/ CONTRAST ▼

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](#)

[Cancel](#) [Back](#) [Print](#)

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

Verify Service Selection from Referring Physician

The screenshot displays a web portal interface for a provider. At the top, the title "Provider Web Portal" is centered. Below it is a navigation menu with tabs: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (selected), Certification Requests In Progress, Physician Criteria, and Manage Your Account. The current date and time are shown as "Tuesday, April 15, 2014 4:01 PM".

The main content area is titled "Clinical Certification" and includes a progress bar indicating "40% Complete". On the left, there are fields for "Physician" and "Patient", each with an "EDIT" link. The right side of the page contains the following information:

- Confirm your service selection.
- Procedure Date: TBD
- CPT Code: 71260
- Description: CT THORAX W/ CONTRAST
- Diagnosis Code: R93.8
- Diagnosis: Abnormal findings on diagnostic imaging of other specified body structures

A link "Change Procedure or Diagnosis" is provided below the diagnosis. At the bottom, there are four buttons: Cancel, Back, Print, and Continue.

Site Selection for Rendering Physician

Provider Web Portal

Home | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | Physician Criteria | Manage Your Account | Cardiology Approval Report

Tuesday, April 15, 2014 4:03 PM Log Off (RDSHA)

Clinical Certification

If the location you would like to send your patient to is not on this list, you can search for that location using the Specific Site Search parameters below.

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

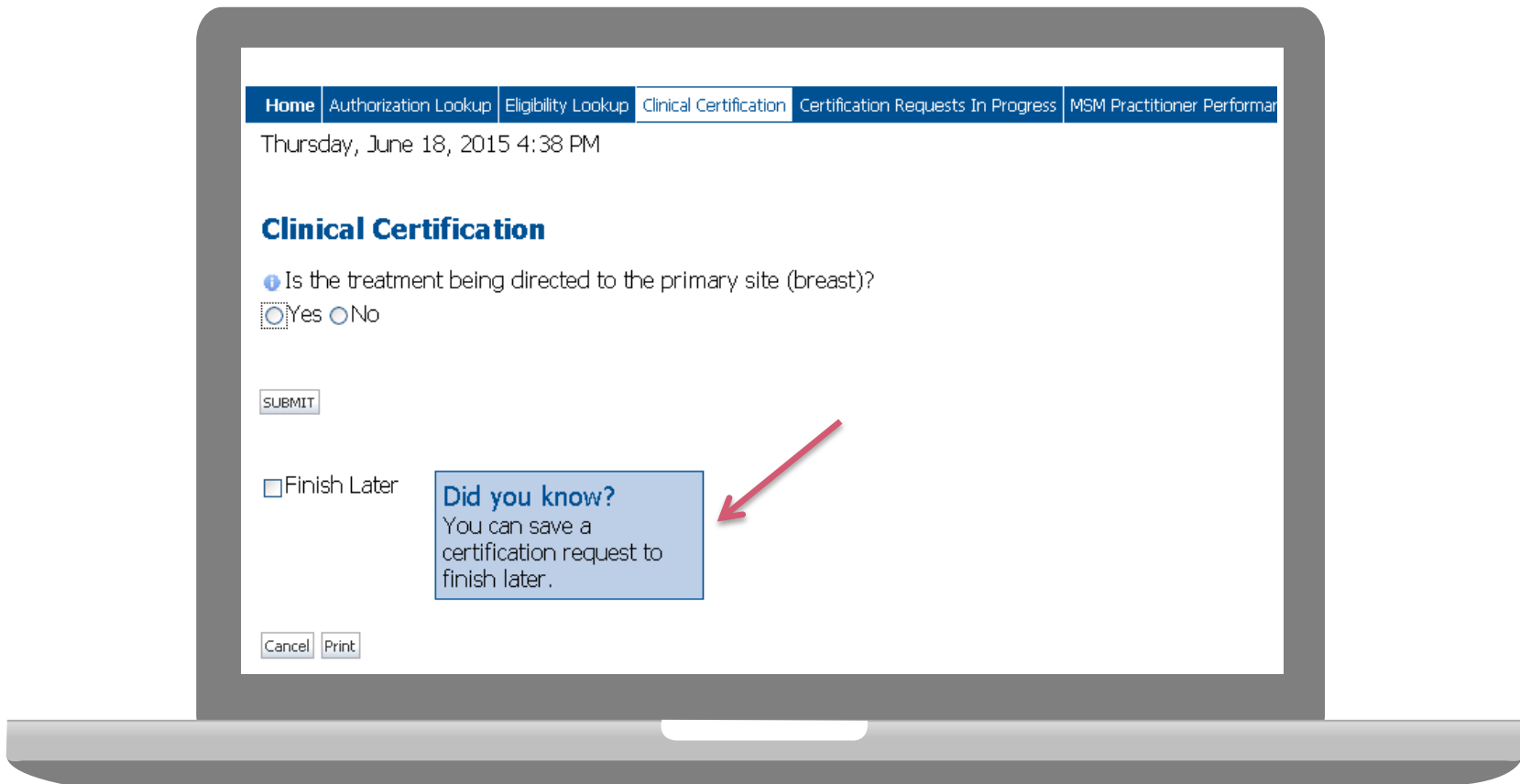
	Name	Address
<input type="button" value="SELECT"/>		
<input type="button" value="SELECT"/>		
<input type="button" value="SELECT"/>		
<input type="button" value="SELECT"/>		

Physician
Patient
Service
4/15/2014
76817 US PREGNANT UTERUS
TRANSVAGIN
640.90 HEMORR EARLY PREG-UNSPEC

➔ 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.

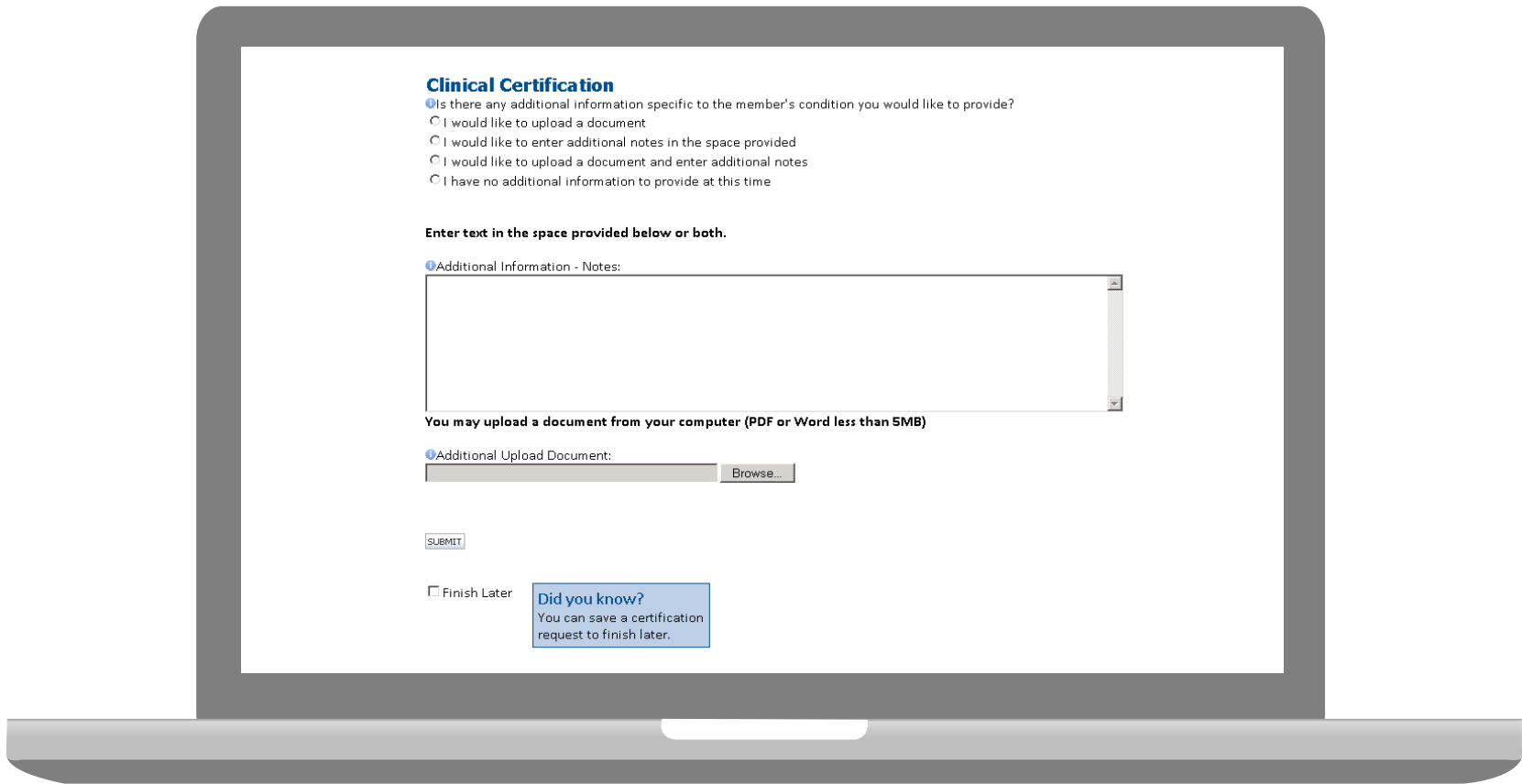
You will not have the opportunity to make changes after that point.

Finish Later Option



➤ Once you have entered the clinical collection phase of the case process, you can save the information and return **within (2) business days** to complete.

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...

Finish Later

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

➔ 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.

Approval

Clinical Certification

Your case has been Approved.

Provider Name:		Contact:	
Provider Address:		Phone Number:	
		Fax Number:	
<hr/>			
Patient Name:		Patient Id:	
Insurance Carrier:			
<hr/>			
Site Name:		Site ID:	
Site Address:			
<hr/>			
Primary Diagnosis Code:	M25.561	Description:	Pain in right knee
Secondary Diagnosis Code:		Description:	
CPT Code:	JOINT	Description:	JOINT SURGERY
Authorization Number:			
Review Date:	2/15/2017 11:17:55 AM		
Expiration Date:	4/1/2017		
Status:	Your case has been Approved.		

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

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

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

Medical Review – Pending

Clinical Certification

Your case has been sent to Medical Review.

Provider Name: [Redacted]
Provider Address: [Redacted]
Contact:
Phone Number: [Redacted]
Fax Number: [Redacted]

Patient Name: [Redacted]
Insurance Carrier: [Redacted]
Patient Id: [Redacted]

Site Name: [Redacted]
Site Address: [Redacted]
Site ID: [Redacted]

Diagnosis Code: 724.2
Date of Service: 9/9/2015
CPT Code: MSMPT
Case Number: 1062943521
Review Date: 9/9/2015 9:54:55 AM
Expiration Date: N/A
Status: Your case has been sent to Medical Review.
Description: Lumbago
Description: PHYSICAL THERAPY

The case will go to **medical review** until any questions are answered and the case is determined to meet clinical criteria.

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

Provider Resources



Radiology/Cardiology Online Resources

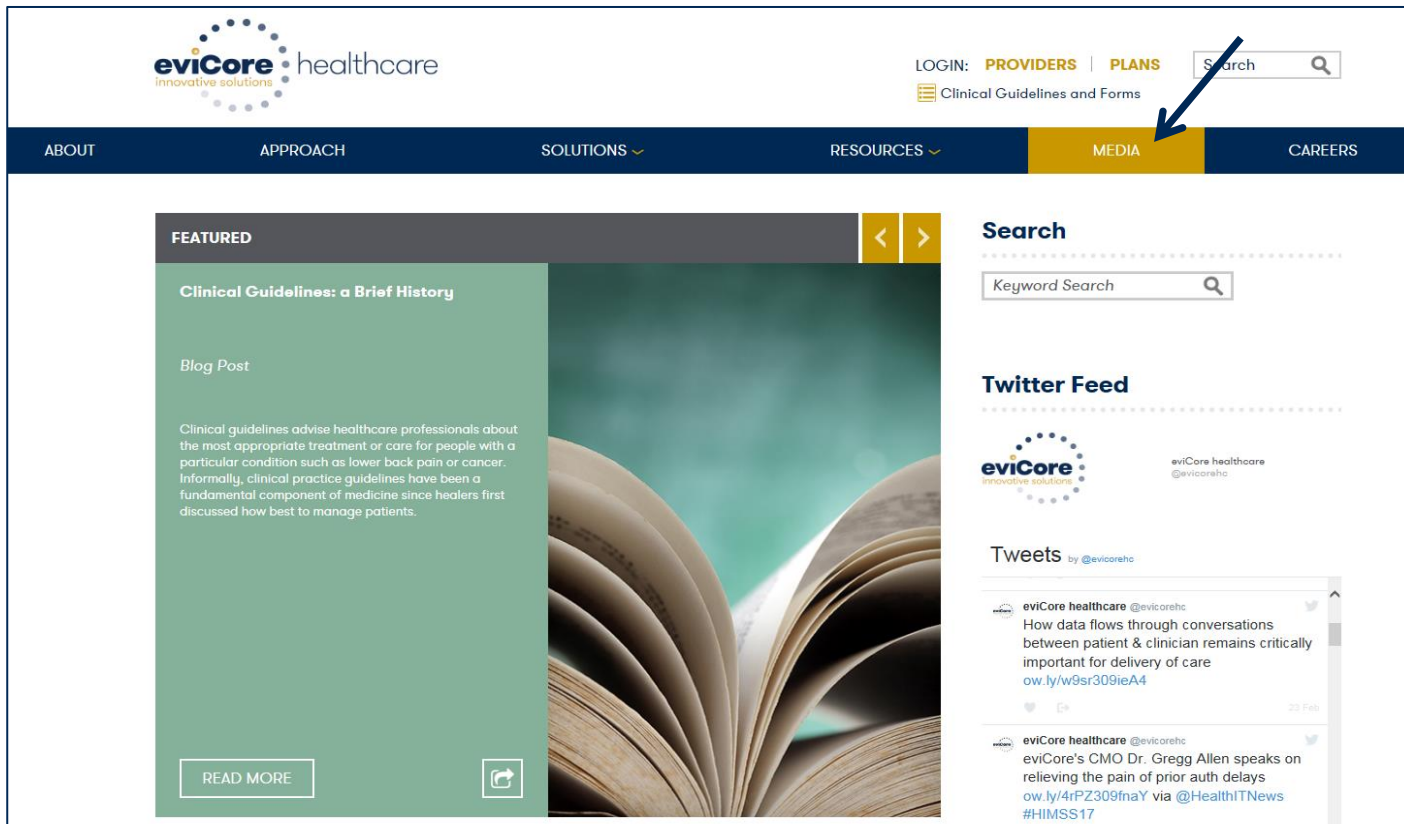
Clinical Guidelines, Online Forms and other important resources can be accessed at www.evicore.com. Click **“Solutions”** from the menu bar, and select the specific program needed.



The screenshot displays the top portion of the eviCore healthcare website. The header includes the eviCore logo with the tagline 'innovative solutions' and the word 'healthcare'. To the right, there are links for 'LOGIN: PROVIDERS | PLANS', a search bar, and a link for 'Clinical Guidelines and Forms'. A dark blue navigation bar contains the following menu items: 'ABOUT', 'APPROACH', 'SOLUTIONS' (highlighted in yellow with a red arrow pointing to it), 'RESOURCES', 'MEDIA', 'CAREERS', and 'CONTACT'. Below the navigation bar is a horizontal list of 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, faded background image of a woman and a man. In the center, there is a red circular icon containing a white medical symbol of a human torso with a red heart and a red stethoscope. Below this icon, the text 'Radiology: Overview' is displayed in a bold, dark blue font. At the bottom of the page, a paragraph of text begins with 'eviCore's Radiology benefit management solution reduces inappropriate utilization, decreases inefficiency and waste, and increases quality in diagnostic imaging by utilizing evidence-based criteria, including medical society standards, as well as up-to-date peer-reviewed medical literature.'

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 **Media** tab or via the direct link at <https://www.evicore.com/pages/media.aspx>.



The screenshot displays the eviCore healthcare website interface. At the top left is the eviCore logo with the tagline "innovative solutions" and "healthcare". To the right, there are links for "LOGIN: PROVIDERS | PLANS" and "Clinical Guidelines and Forms", along with a search bar. The main navigation bar includes "ABOUT", "APPROACH", "SOLUTIONS", "RESOURCES", "MEDIA" (highlighted in yellow with a blue arrow pointing to it), and "CAREERS". Below the navigation, the "FEATURED" section shows a blog post titled "Clinical Guidelines: a Brief History" with a "Blog Post" sub-header and a "READ MORE" button. The background of the featured section is an image of an open book. On the right side, there is a "Search" section with a "Keyword Search" input field, a "Twitter Feed" section with the eviCore logo and handle "@evicarehc", and a "Tweets by @evicarehc" section showing two tweets. The first tweet discusses data flow in patient-clinician conversations, and the second mentions CMO Dr. Gregg Allen speaking on prior authorization delays.

Provider Resources: Pre-Certification Call Center



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

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



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



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

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**

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!

