

# Prior Authorization of Advanced Imaging and Cardiology Services for Highmark

## Provider Orientation



An Independent Licensee of the Blue Cross and Blue Shield Association





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# Company Overview

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# 9 | Comprehensive Solutions

End-to-End Solution on a single integrated platform

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





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# Our Clinical Approach

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# Clinical Platform

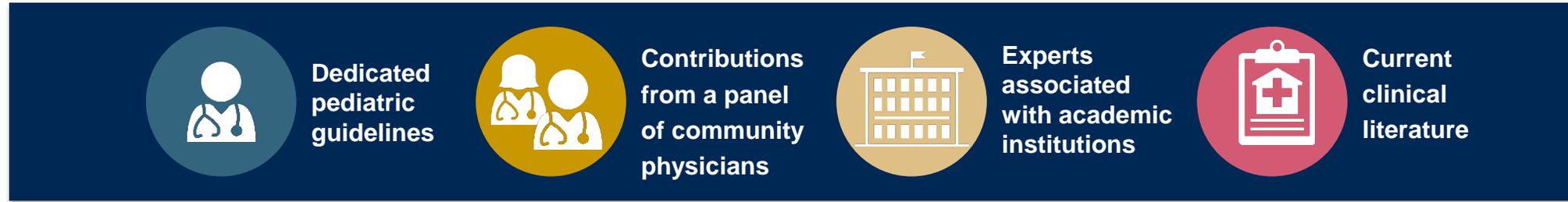
## Multi-Specialty Expertise

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

- **260 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:



## 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

# Advanced Imaging and Cardiology Services Prior Authorization Program for Highmark



An Independent Licensee of the Blue Cross and Blue Shield Association



## Program Overview

eviCore will begin accepting requests on **Dec. 17, 2018** for dates of service **Jan. 1, 2019** and beyond

### Prior authorization applies to services that are:

- Outpatient
- Elective / Non-emergent
- Diagnostic

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

- Emergency room
- Inpatient
- Observation

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

It is the responsibility of the rendering provider to verify that the necessary authorization has been obtained before providing the service.





## Applicable Membership

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Authorization by eviCore is required for Highmark members in Pennsylvania, Delaware and West Virginia enrolled in the following programs:

- **Commercial Fully Insured**
- **Commercial Self Insured**
- **Medicare Advantage (PA and WV)**
- **Affordable Care Act**
- **Administrative Services Only (select groups)**
- **Children's Health Insurance Program (CHIP) (PA only)**
- **Out of Area select ASO groups**

Members who do not require prior authorization are:

- **All other Out Of Area (OOA)**

Benefits can vary by member contract, so please be sure to check the member's benefits before delivering care to confirm if an authorization is required. NaviNet® is available to help you check member benefits and to verify if an authorization is required.

## Advanced Imaging & Cardiology Services Covered Services:

### Advanced Imaging

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

### Cardiology Services

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

**\*Additional Advanced Imaging & Cardiology Services modalities in eviCore's program scope.**

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

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

eviCore healthcare  
innovative solutions



# Prior Authorization Requests

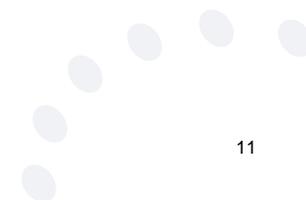
How to request prior authorization:



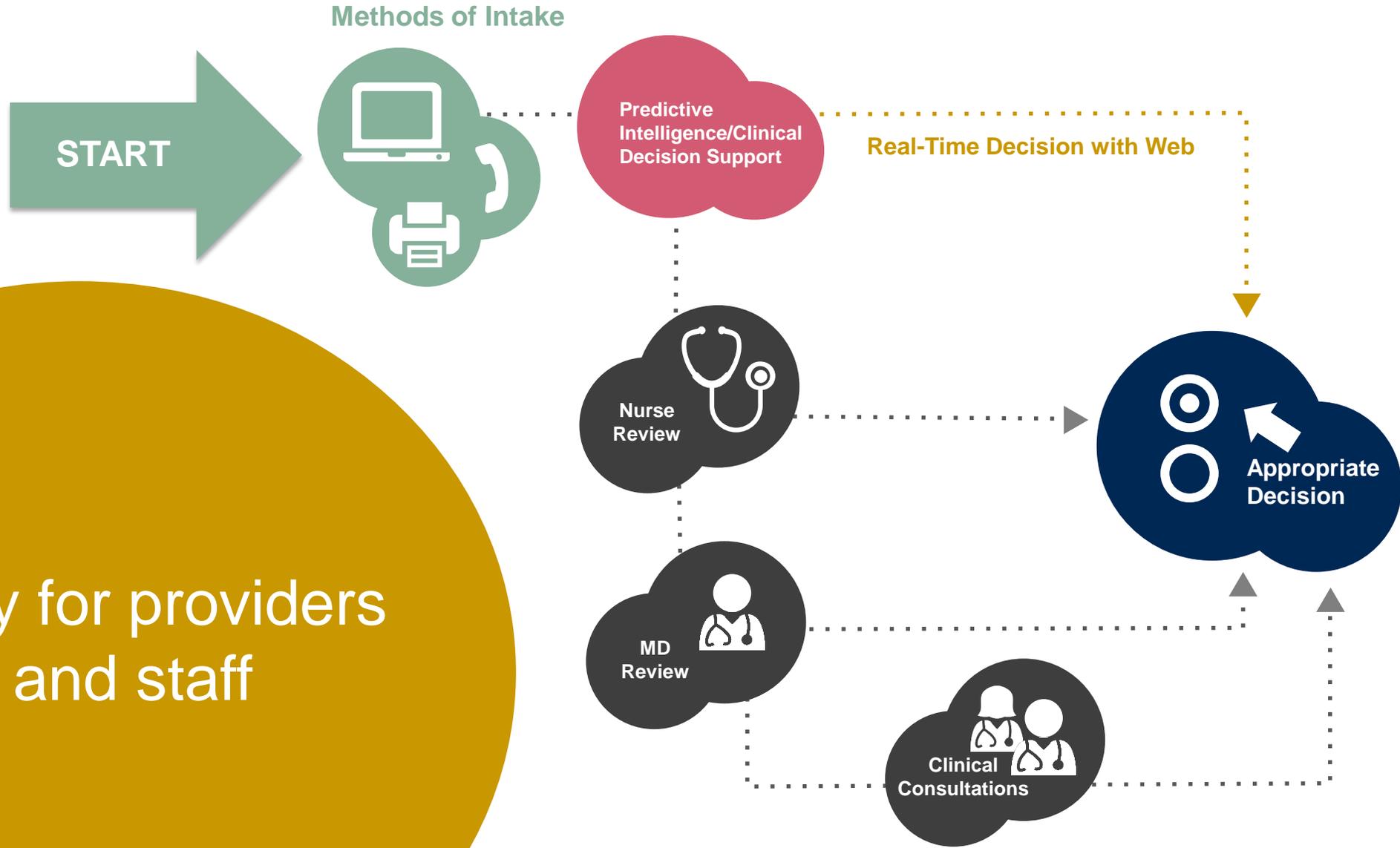
NaviNet®  
**Available 24/7** and the **quickest**  
way to create prior authorizations  
and check existing case status

Or by phone\*:  
**888-564-5492**  
7:00 a.m. to 7:00  
p.m. EST  
Monday - Friday

Fax\* option: 800.540.2406 Fax forms available at [www.evicore.com](http://www.evicore.com)



# Clinical Review Process



Easy for providers and staff

# Needed Information



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

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

**\*Clinical information may be uploaded electronically via the Provider Portal**

# Prior Authorization Outcomes

## Approved Requests:

- All requests are processed within 2 business days after receipt of all necessary clinical information.
- Authorizations are typically good for 60 days from the date of determination.
- Highmark will honor existing prior authorizations for continuity of care on claims for advanced imaging & cardiology services which overlap during the transition to the new program

## Delivery:

- Faxed to ordering provider
- Mailed to the member
- Information can be printed on demand from the Highmark provider web portal

## Denied Requests:

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

## Delivery:

- Faxed to the ordering provider and
- Mailed to the member
- Information can be printed on demand from the Highmark provider web portal



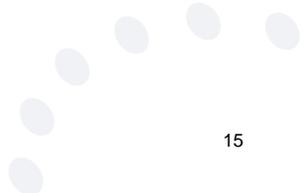
# Prior Authorization Outcomes- Commercial

## ➤ 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 members only

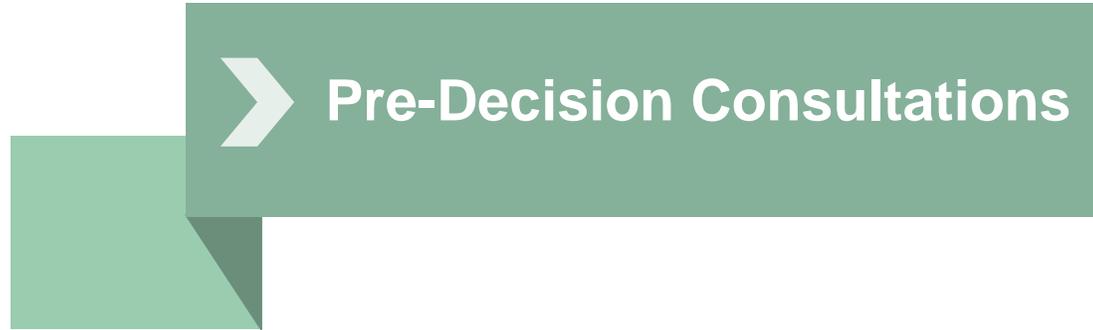
## ➤ Clinical Consultations:

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

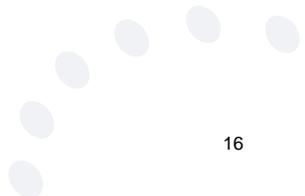




## Prior Authorization Outcomes – Medicare / Medicare Advantage



- 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



## Medical Necessity Appeals:

- eviCore will process first level provider appeals for Commercial members.
- Requests for appeals must be submitted to eviCore within;
  - West Virginia & Delaware: 365 calendar days of the initial determination.
  - Pennsylvania: 180 calendar days of the initial determination.
- Requests will be considered an appeal if;
  - A clinical consultation or reconsideration was completed.
  - An appeal is formerly requested
  - Prior to 180 calendar days
  - Appeals after 180 calendar days will not be processed and will be directed to Highmark.
- 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.
- Highmark will process first level provider appeals for all other members.
- Appeals for services that were denied before the new advanced imaging and cardiology services program goes into effect must be submitted to NIA.

## Special Circumstances

### Retrospective Studies:

- Retro requests must be submitted within 730 business days following the date of service. Requests submitted after 730 business days will be administratively denied.
- Retro requests can be submitted via phone or fax.
- Retro requests are reviewed for medical necessity. Turnaround time on retro requests is 30 calendar days.
- Retro requests for dates of service prior to 1/1/19 must be submitted to NIA.

### Outpatient Urgent Studies:

- Urgent requests may be submitted on the portal or by phone 7:00 AM - 7:00 PM (EST): (888) 564-5492
- In order to submit an urgent request online, providers must upload all supporting clinical documentation during case initiation.
- If submitted by phone, request an expedited outpatient prior authorization review and provide clinical information.
- Urgent outpatient cases will be reviewed within 24 hours not to exceed 72 hours of the request.

**Urgent care is any request for medical care or treatment with respect to which the application of the time periods for making non-urgent care determinations could result in the following circumstances:**

- Could seriously jeopardize the life or health of the member or the member's ability to regain maximum function, based on a prudent layperson's judgment, or
- In the opinion of a practitioner with knowledge of the member's medical condition, would subject the member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request. (National Committee for Quality Assurance [NCQA] HUM8)



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# NaviNet Services

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# NaviNet Member Eligibility and Benefits Inquiry

**Workflows for this Plan**

- Eligibility and Benefits Inquiry**
- Auth Inquiry and Reports
- Authorization Submission
- Claim Status Inquiry
- Claim Investigation Inquiry
- Claim Submission
- Estimate Submission
- Diagnosis Code Inquiry
- Procedure Code Inquiry
- Network Provider Inquiry
- Network Facility Inquiry
- Provider Information
- AR Management
- BlueExchange® (Out-of-Area)
- Resource Center
- Claims Dashboard
- COB Questionnaire
- Quality Blue

## Welcome to Plan Central

| HEADLINE  | AUDIENCE     | DATE POSTED |
|---|--------------|-------------|
| <a href="#">IMPORTANT REQUIREMENTS FOR CHIP PARTICIPANTS</a>  | PROFESSIONAL | 11/09/2018  |
| <a href="#">NAVINET SYSTEM UNAVAILABLE NOV. 9-10, 2018</a>  | ALL          | 11/06/2018  |
| <a href="#">HIGHMARK'S UPDATED MOLECULAR AND GENOMIC TESTING MEDICAL POLICIES BECOME EFFECTIVE JAN. 1, 2019</a> | ALL          | 11/02/2018  |
| <a href="#">REMINDER: REPORTING SERVICE FACILITY LOCATIONS</a>  | ALL          | 11/02/2018  |
| <a href="#">FIVE INJECTABLE DRUGS TO REQUIRE PRIOR AUTHORIZATION, EFFECTIVE DEC. 27, 2018</a>                   | ALL          | 10/29/2018  |

**When news items are removed from this page, they will remain on the Plan Central Library page on the Provider Resource Center.**

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### In the SPOTLIGHT...

[NAVINET NOW AVAILABLE TO RECEIVE MSK AND IPM SERVICES PRIOR AUTHORIZATION REQUESTS](#)

[EVICORE TO MANAGE HIGHMARK'S ADVANCED IMAGING AND CARDIOLOGY SERVICES PROGRAM BEGINNING JAN. 1, 2019](#)

[HIGHMARK INTRODUCES UPCOMING CHANGES TO PRIOR AUTHORIZATION PROGRAM](#)

[HIGHMARK 2018: IMPORTANT PRODUCT NEWS](#)

<https://navinet.navimedix.com/>

Please make sure you are utilizing NaviNet to see if a member requires authorization for outpatient Advanced Imaging and Cardiology Services.

# NaviNet Member Eligibility and Benefits Inquiry

NantHealth | NaviNet | Home | Help | Contact Support | Feedback | Welcome, [User Name]

Workflows | Action Items | Activity

Back to Highmark Blue Shield | Eligibility & Benefits: Highmark Blue Shield

Print | HIGHMARK

### Eligibility and Benefits: Patient Search

#### Search by Member ID

Member ID

OR

#### Search by Name

Last Name

First Name

Date of Birth

Date Of Service

[Reset Search Fields](#)

When searching for benefits in NaviNet, you can enter a Member ID or First Name, Last Name and Date of Birth.

# NaviNet Member Eligibility and Benefits Inquiry

The screenshot shows the NaviNet interface for a member's eligibility and benefits. At the top, there is a navigation bar with 'NantHealth | NaviNet' and links for 'Home', 'Help', 'Contact Support', and 'Feedback'. A 'Welcome,' dropdown menu is visible. Below this is a blue navigation bar with 'Workflows' and 'Administration' menus, and 'Action Items' and 'Activity' notifications. The main header area includes 'Eligibility and Benefits for [Redacted]' and 'View Patient Details'. A 'Highmark Blue Shield' logo is present, along with the text 'Page viewed: 11/05/2018'. A 'View/Print' button is also visible. The main content area shows 'Highmark Blue Shield' and a message: 'No additional payer information on file'. Below this is a green bar indicating 'Active from 01/01/2018 to 12/31/9999' with 'Member ID:' and 'Group:' fields, and a 'Service Date: 11/05/2018'. The main content is divided into three columns: 'INSURANCE DETAILS', 'PRIMARY CARE PROVIDER', and 'CB Premier Flex HDHP EPO Provisions'. Under 'INSURANCE DETAILS', there is a 'View Current Member ID Card' link, 'Group Information' (Plan Area: 363, Alpha Prefix: HBE), and a red-bordered box around 'Advanced Imaging Ind: YES'. Other items include 'Radiation Therapy Management: YES', 'Physical Medicine Management: YES', 'Genetic Testing: NO', 'Musculoskeletal Interventional Pain Management: YES', 'Product: CB Premier Flex HDHP EPO', and 'Type: Preferred Provider Organization (PPO)'. The 'CB Premier Flex HDHP EPO Provisions' column has links for 'View Previous Coverage', 'Additional Benefit Provisions', and 'Benefit Accumulator'. At the bottom, there is a 'Benefits' tab and a 'Health Benefit Plan Coverage' section with a 'Set as default benefit view' link.

A category for Advanced Imaging and Cardiology Services is located on the Eligibility and Benefits screen in NaviNet to indicate if authorization is required. Advanced Imaging Ind. **NO** indicates **no outpatient** authorization is required.

# Single-Sign On for Highmark Providers / NaviNet

Workflows for this Plan

- Eligibility and Benefits Inquiry
- Auth Inquiry and Reports
- Authorization Submission**
- Claim Status Inquiry
- Claim Investigation Inquiry
- Claim Submission
- Estimate Submission
- Diagnosis Code Inquiry
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- AR Management
- BlueExchange® (Out-of-Area)
- Resource Center
- Claims Dashboard
- COB Questionnaire
- Quality Blue

## Welcome to Plan Central

|   | AUDIENCE     | DATE POSTED |
|---|--------------|-------------|
| <a href="#">Facility Authorization Submission</a>   | PROFESSIONAL | 11/09/2018  |
| <a href="#">Behavioral Health</a>   |              |             |
| <a href="#">Home Care/Hospice</a>   | ALL          | 11/06/2018  |
| <a href="#">PreService Review for Out Of Area Members</a>                                     |              |             |
| <a href="#">Referral/Authorization Log</a>  |              |             |
| <a href="#">BECOME EFFECTIVE JAN. 1, 2019</a>   | ALL          | 11/02/2018  |
| <a href="#">REMINDER: REPORTING SERVICE FACILITY LOCATIONS</a>                                | ALL          | 11/02/2018  |
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**In the SPOTLIGHT...**

[NAVINET NOW AVAILABLE TO RECEIVE MSK AND IPM SERVICES PRIOR AUTHORIZATION REQUESTS](#)

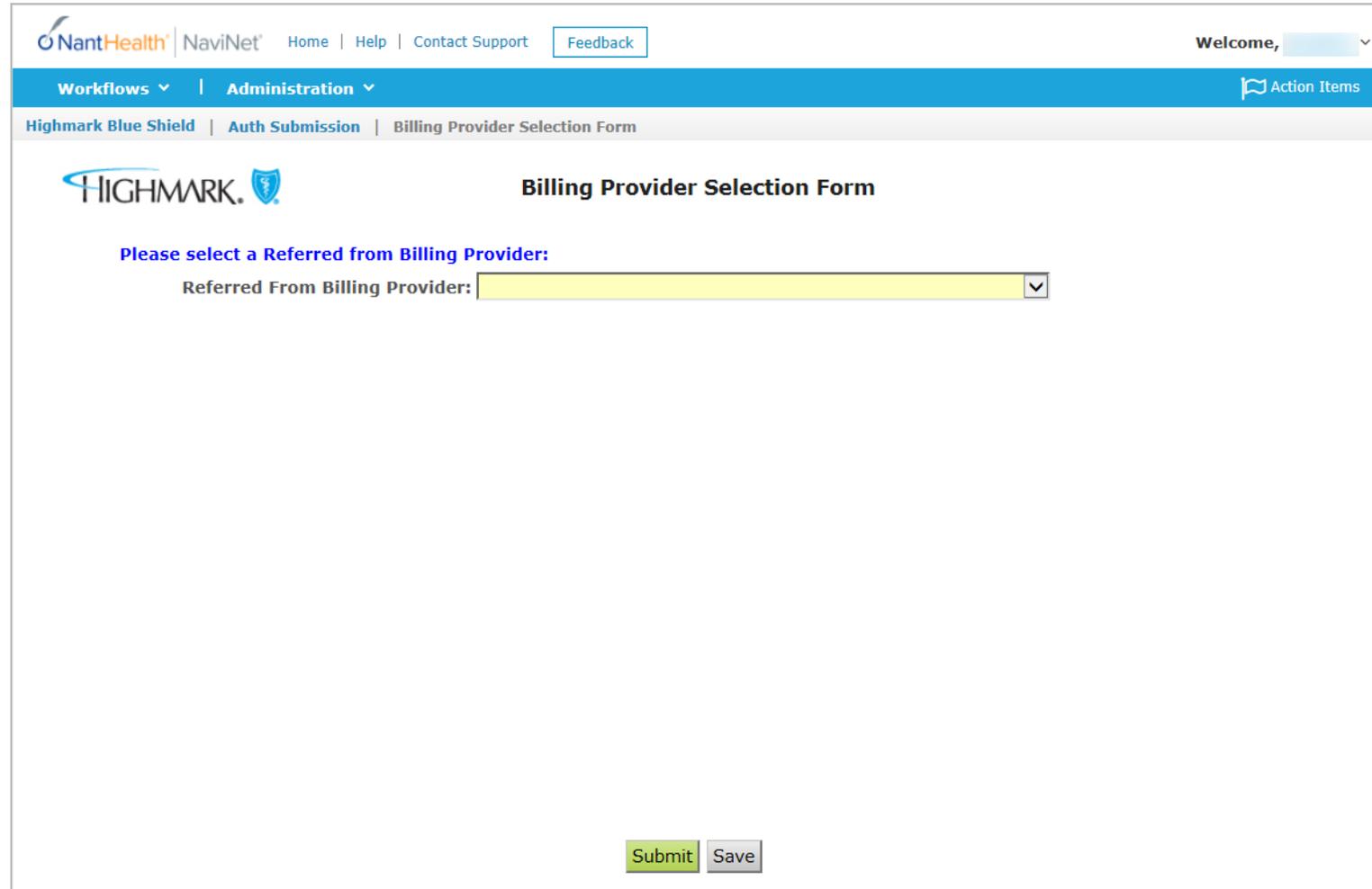
[EVCORE TO MANAGE HIGHMARK'S ADVANCED IMAGING AND RADIOLOGY SERVICES PROGRAM BEGINNING JAN. 1, 2019](#)

[HIGHMARK INTRODUCES UPCOMING CHANGES TO PRIOR AUTHORIZATION PROGRAM](#)

[HIGHMARK 2018: IMPORTANT PRODUCT NEWS](#)

Select Authorization Submission from the Plan Central page to start the request

# Single-Sign On for Highmark Providers / NaviNet



The screenshot shows the NantHealth NaviNet interface. At the top, there is a navigation bar with the NantHealth logo, NaviNet text, and links for Home, Help, Contact Support, and Feedback. A user is logged in, indicated by "Welcome, [user name]". Below this is a blue navigation bar with "Workflows" and "Administration" dropdown menus, and an "Action Items" icon. The breadcrumb trail shows "Highmark Blue Shield" > "Auth Submission" > "Billing Provider Selection Form". The main content area features the Highmark logo and the title "Billing Provider Selection Form". A blue instruction reads "Please select a Referred from Billing Provider:". Below this is a dropdown menu labeled "Referred From Billing Provider:" with a yellow highlight. At the bottom of the form are "Submit" and "Save" buttons.

Select the Referred from Billing Provider associated with the NaviNet office account.

# Single-Sign On for Highmark Providers / NaviNet

Member First Name:  Member Last Name:

Step 3. Please select a Category and then a Service from the selections below:

Category:

- Please choose one.
- Inpatient
- Physical Medicine
- Outpatient
- Advanced and Cardiac Imaging**
- Durable Medical Equipment
- Injectable Drugs
- Prescription Drug
- Lab Management
- Radiation Therapy
- Advanced Illness Services

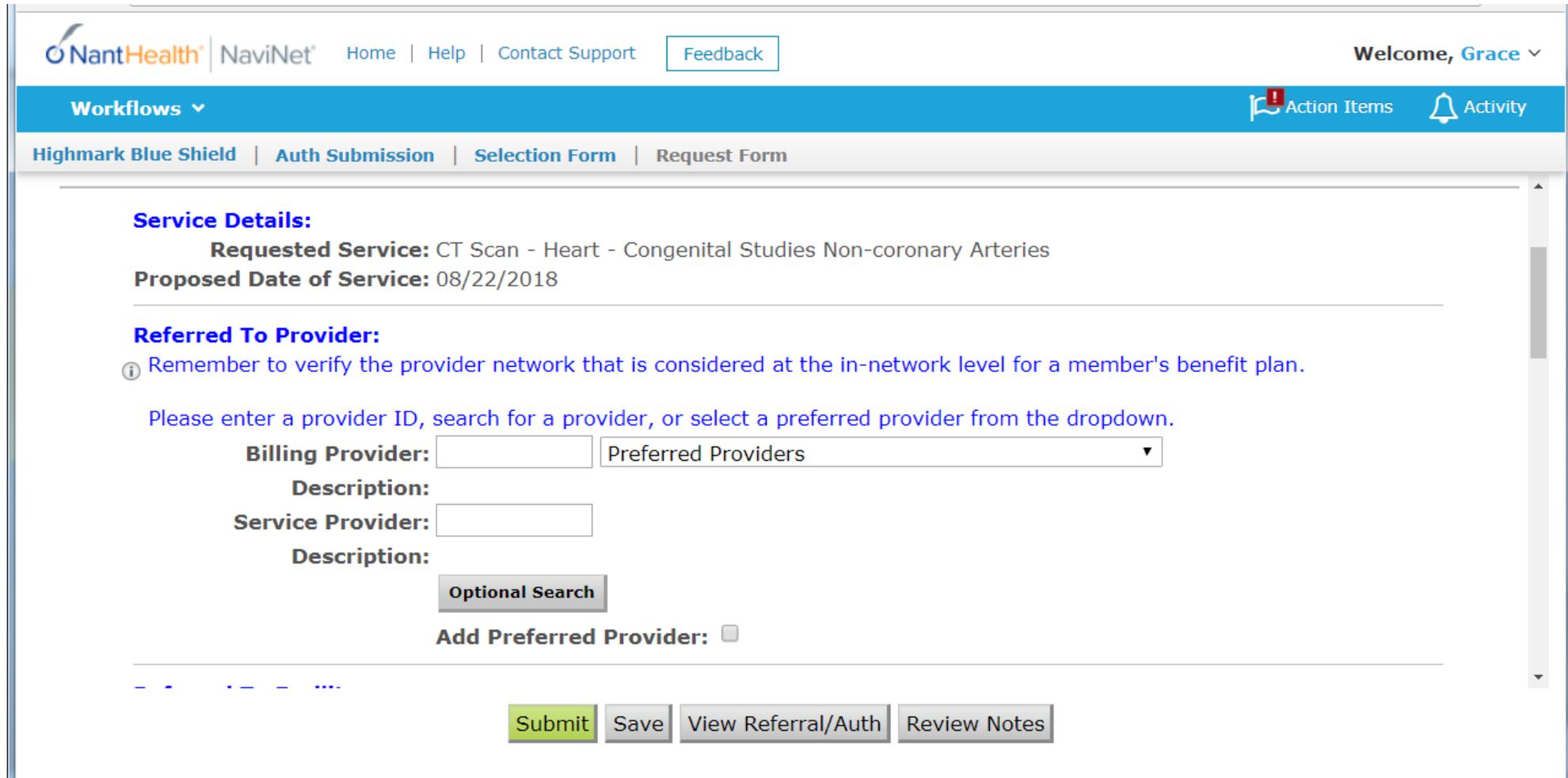
Service:

Referred from:  Proposed Date of Service:

Service:

Select the Referred from Service Provider and the Proposed Date of Service. Enter the Member information and select the Category & Service.

# Single-Sign On for Highmark Providers / NaviNet



The screenshot shows the NantHealth NaviNet interface. At the top, there is a navigation bar with the NantHealth logo, 'NaviNet', and links for 'Home', 'Help', 'Contact Support', and 'Feedback'. On the right, it says 'Welcome, Grace' with a dropdown arrow. Below this is a blue header with 'Workflows' and a dropdown arrow, and icons for 'Action Items' and 'Activity'. A secondary navigation bar contains 'Highmark Blue Shield', 'Auth Submission', 'Selection Form', and 'Request Form'. The main content area is titled 'Service Details:' and shows 'Requested Service: CT Scan - Heart - Congenital Studies Non-coronary Arteries' and 'Proposed Date of Service: 08/22/2018'. Below this is the 'Referred To Provider:' section, which includes an information icon and a note: 'Remember to verify the provider network that is considered at the in-network level for a member's benefit plan.' It also says 'Please enter a provider ID, search for a provider, or select a preferred provider from the dropdown.' There are two rows of input fields: 'Billing Provider:' with an empty text box and a 'Preferred Providers' dropdown menu, and 'Description:' with an empty text box. Below these is an 'Optional Search' button. At the bottom of the section is an 'Add Preferred Provider:' checkbox. At the very bottom of the page are four buttons: 'Submit' (highlighted in green), 'Save', 'View Referral/Auth', and 'Review Notes'.

**Service Details:**  
**Requested Service:** CT Scan - Heart - Congenital Studies Non-coronary Arteries  
**Proposed Date of Service:** 08/22/2018

**Referred To Provider:**  
Remember to verify the provider network that is considered at the in-network level for a member's benefit plan.  
Please enter a provider ID, search for a provider, or select a preferred provider from the dropdown.

**Billing Provider:**  Preferred Providers ▼  
**Description:**   
**Service Provider:**   
**Description:**   
  
**Add Preferred Provider:**

Select the Referred to Provider

# Single-Sign On for Highmark Providers / NaviNet

Workflows ▾ Action Items Activity

Highmark Blue Shield | Auth Submission | Selection Form | Request Form

Facility:  Optional Search Preferred Facilities ▾

Description: General Hospital

Add Preferred Facility:

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**Diagnosis Codes:**

You may enter or search for up to 3 diagnosis codes. To add an additional diagnosis code, click the "Add Diagnosis Code" button.

Search Type: ICD-10 ▾

Diagnosis Code:  Optional Search Description: I2510 - ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS

Add Diagnosis Code

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View Details

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Submit Save View Referral/Auth Review Notes

Select up to 2 diagnosis codes, enter the remaining required fields and then Submit

# Contact Information

Friday, March 23, 2018 2:57 PM

30% Complete

**Provider and NPI**

### Clinical Certification

Provider's Name  [?]

Who to Contact  [?]

Fax  [?]

Phone  [?]

Ext.  [?]

Cell Phone

Email

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

Enter the **ordering practitioner name, who to contact from the ordering practice** and appropriate information for the **point of contact individual**.

# Clinical Details

The screenshot displays a web application interface for 'Clinical Certification'. On the left, there is a sidebar with a calendar icon and the date 'Friday, March 23, 2018 2:57 PM'. Below this are sections for 'Provider and NPI' and 'Patient', each with input fields and an 'EDIT' button. The main content area is titled 'Clinical Certification' and contains the following sections:

- Clinical Certification:** A message states 'This procedure has not been performed.' with a 'CHANGE' button.
- Radiology Procedures:** A section with a dropdown menu for 'Select a Procedure by CPT Code[?] or Description[?]' showing '71250' and 'CT THORAX W/O CONTRAST'. Below the dropdown is a link 'Click here' circled in red, with an arrow pointing to an 'Alert' dialog box.
- Diagnosis:** A section showing 'Primary Diagnosis Code: R06.02' and 'Description: Shortness of breath'. Below this is a section for 'Select a Secondary Diagnosis Code (Lookup by Code or Description)' with a 'LOOKUP' button.

At the bottom of the main form are buttons for 'Cancel', 'Back', 'Print', and 'Continue', along with a link 'Click here for help or technical support'. The 'Alert' dialog box on the right contains the following text:

**Alert!**  
Patient ID: ..... : Time: 10/24/2018 4:45 PM  
Patient Name: .....  
If the procedure or service type you are requesting is not located in the above drop down, it may mean that it is not delegated to eviCore for Prior Authorization. Please check the Prior Authorization requirements for the member's health plan.  
Please note that if your procedure is an 'add-on' code or a supplemental code, it may not be listed in the drop down above. Please check for the Primary Procedure before contacting the health plan.  
OK

Select the **CPT** and **Diagnosis** codes. Both fields in the CPT code and diagnosis code section are searchable by drop down lists - once you select one and click outside the box the other populates.

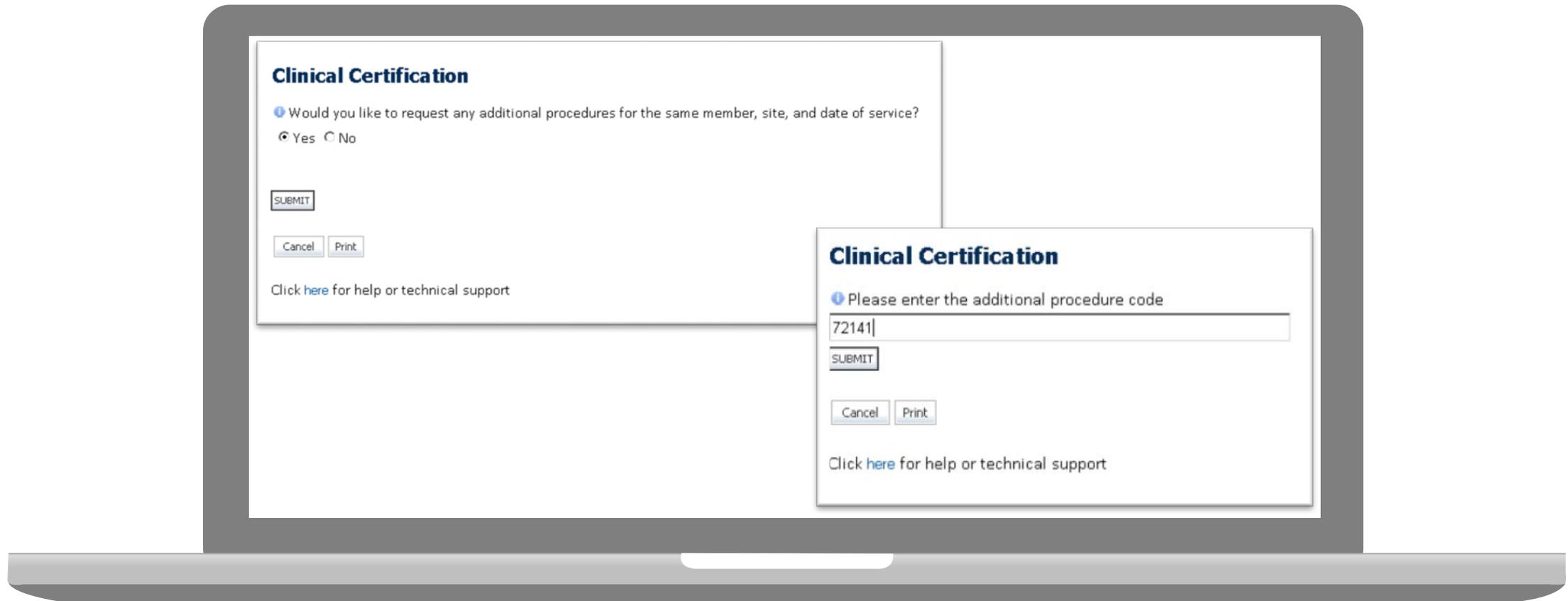
# Verify Service Selection



Click **continue** to confirm your selection.

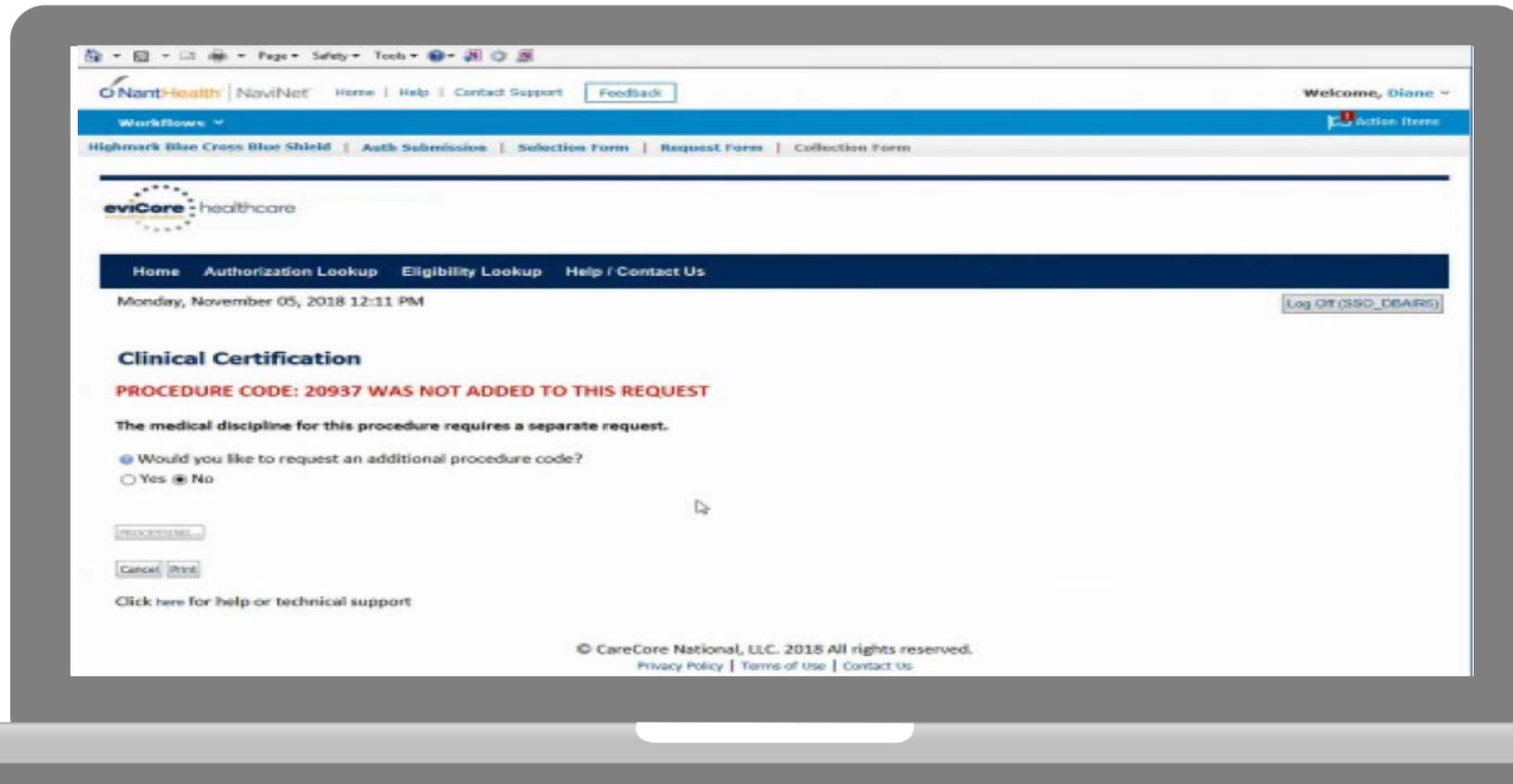


# Verify Service Selection



To request additional procedures for the same member, site, and date of service, select **“Yes”** & **Submit**. Enter the **Procedure Code** being requested. **Additional codes to be added do not have a search capability. Additional codes need to be manually entered.**

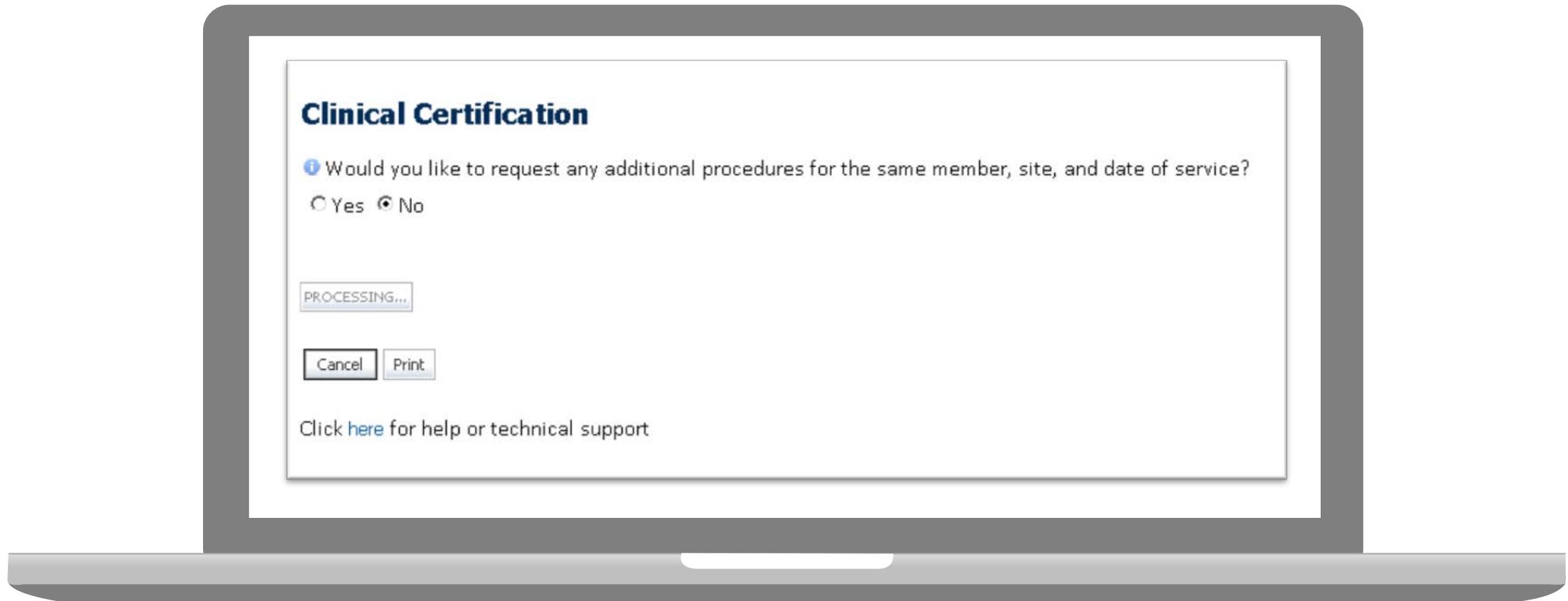
# Verify Service Selection



If the additional code cannot be added to the request you will see this message. The additional procedure code would require a separate authorization request/submission.



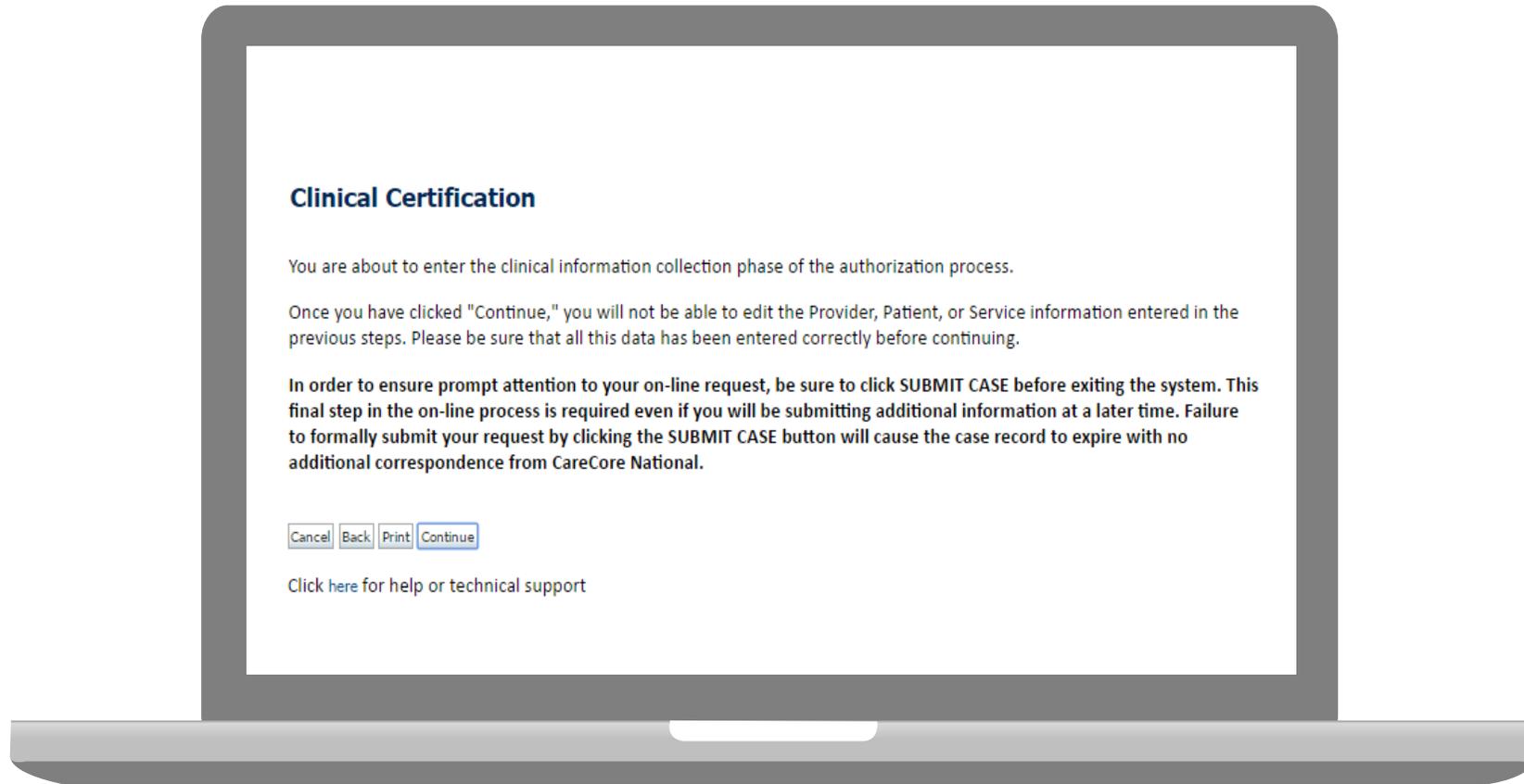
## Verify Service Selection



After entering all requested procedures, click “**No**” to proceed to the Clinical Certification.

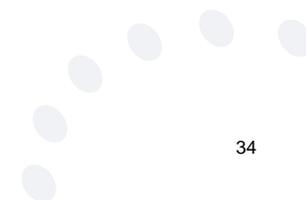


# Clinical Certification



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

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





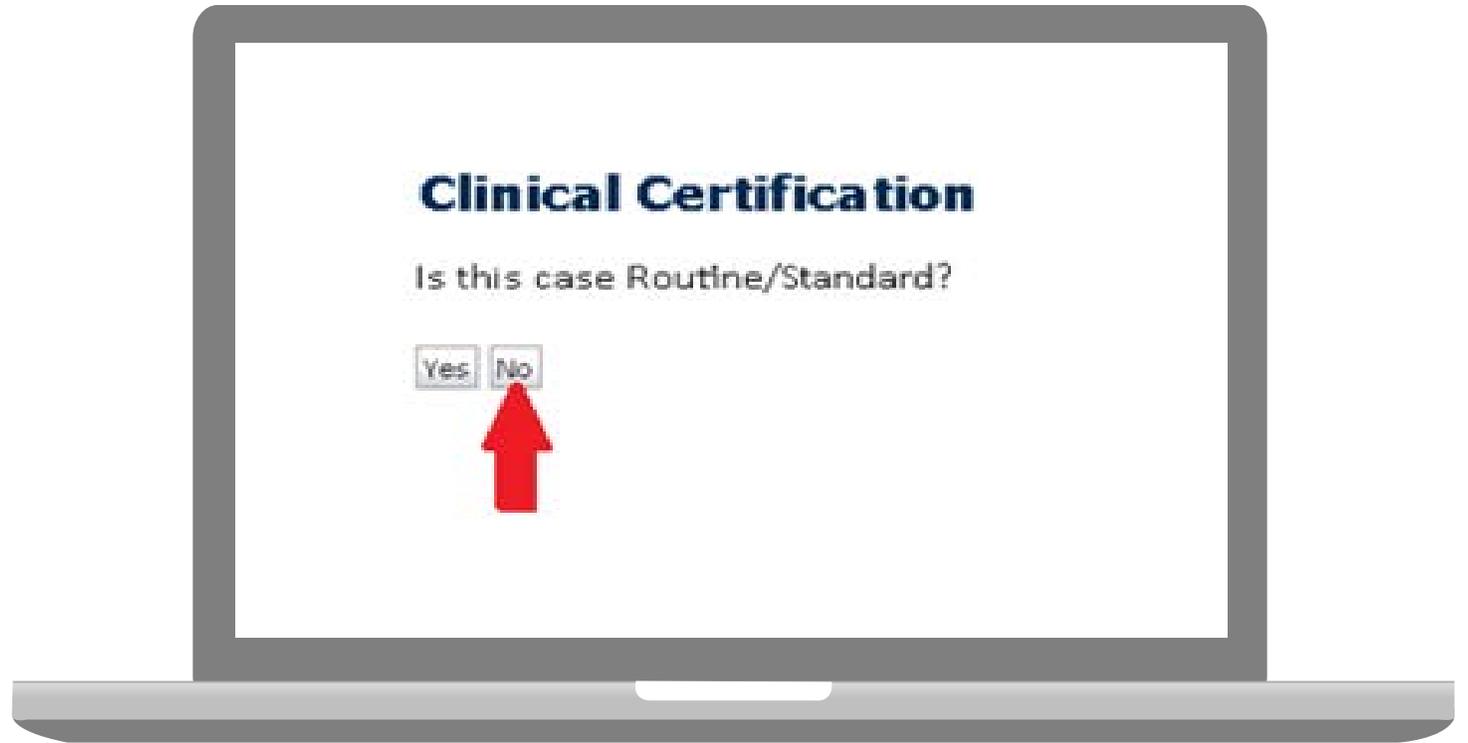
## Urgency Indicator

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

If your request is urgent select **No**,  
Select an Urgency Indicator and Upload  
your patient's relevant medical records  
that support your request.

In order to submit an urgent request  
**online**, providers are **required** upload all  
supporting clinical documentation,  
including medical records, during case  
initiation.

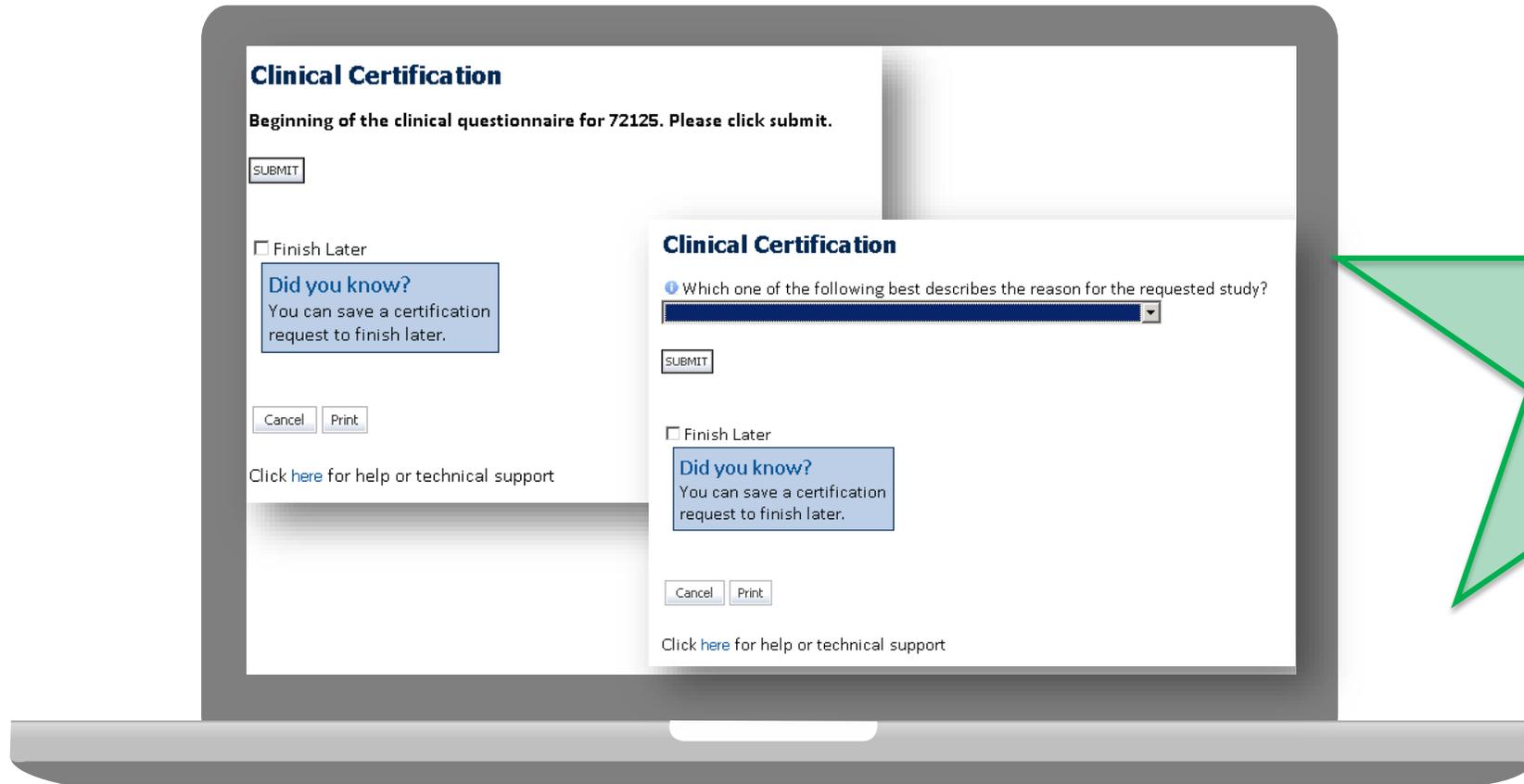
**Important** - If you choose to fax clinical  
information, you **must** initiate the request  
via **phone** and provide the clinical  
information over the phone or via fax  
**(800) 540-2406**.



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.

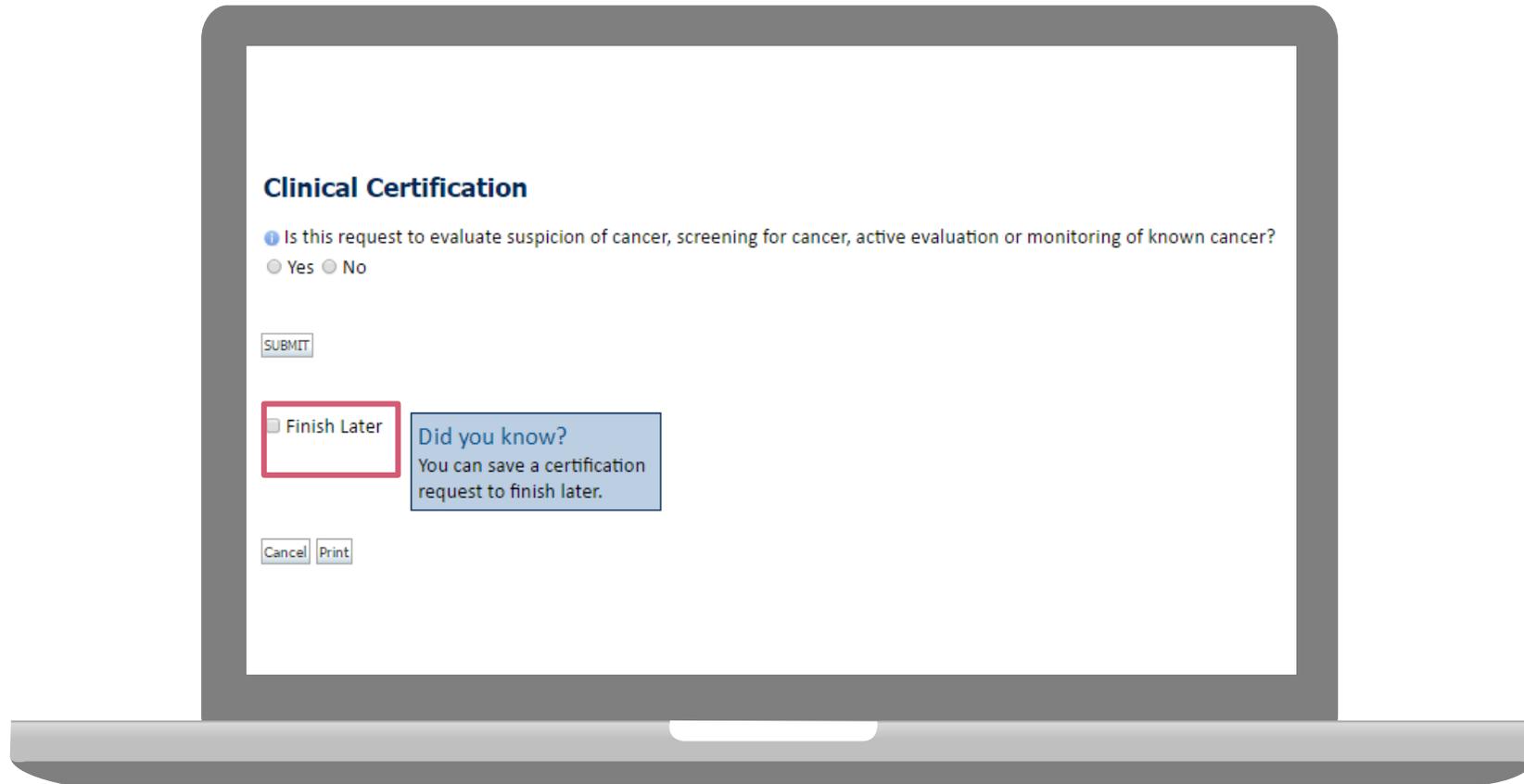
**Note: Offices that are part of health systems may need to check with your internal IT  
resources to enable permission for upload capability.**

# Clinical Certification



Questions will populate based upon the information provided, such as procedure code and diagnosis code.

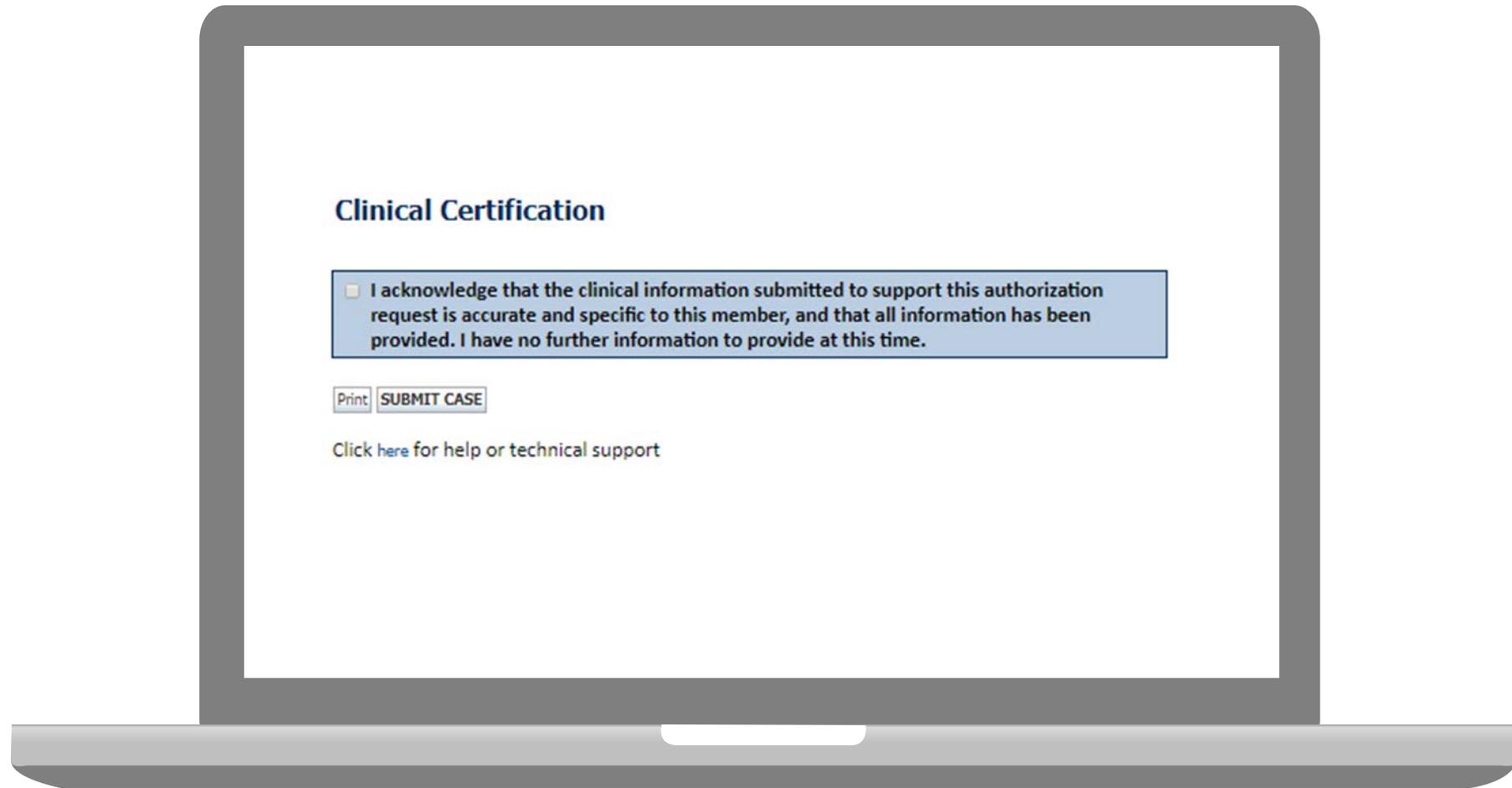
# Clinical Certification



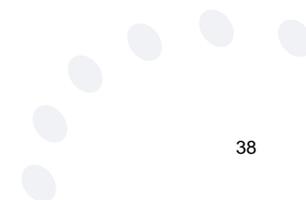
Do not utilize the **“Finish Later”** feature when initiating requests on NaviNet. This feature is not enabled. You may lose the clinical information which was previously provided during clinical certification.



# Clinical Certification



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



# Approval

NantHealth | NaviNet Home | Help | Contact Support | Feedback

Welcome

Workflows

Highmark Blue Cross Blue Shield | Auth Submission | Selection Form | Request Form | Collection Form

eviCore healthcare

Home Authorization Lookup Eligibility Lookup Help / Contact Us

Monday, October 29, 2018 12:15 PM Log Off (SSO)

### Clinical Certification

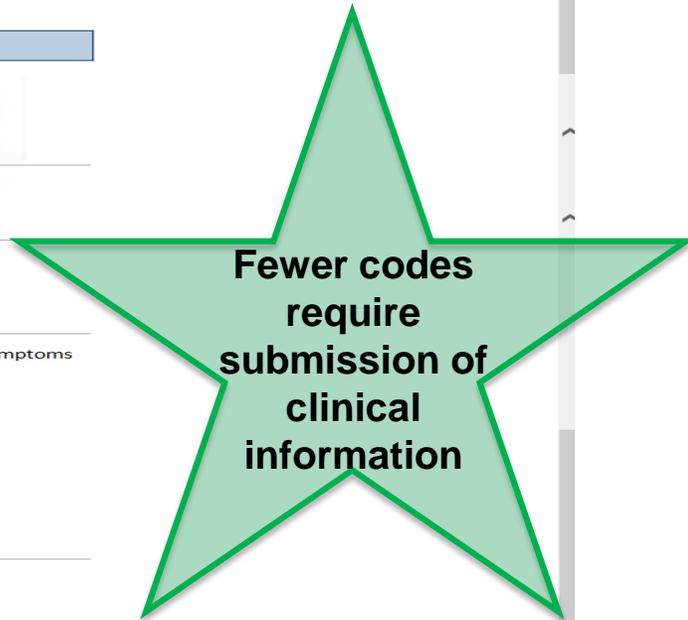
Your case has been Approved.

|                           |                              |               |                                  |
|---------------------------|------------------------------|---------------|----------------------------------|
| Provider Name:            |                              | Contact:      |                                  |
| Provider Address:         |                              | Phone Number: |                                  |
|                           |                              | Fax Number:   |                                  |
| Patient Name:             |                              | Patient ID:   |                                  |
| Insurance Carrier:        | HIGHMARK                     |               |                                  |
| Site Name:                |                              | Site ID:      |                                  |
| Site Address:             |                              |               |                                  |
| Primary Diagnosis Code:   | R68.89                       | Description:  | Other general symptoms and signs |
| Secondary Diagnosis Code: |                              | Description:  |                                  |
| CPT Code:                 |                              | Des           |                                  |
| Authorization Number:     | A100069394                   |               |                                  |
| Review Date:              | 10/29/2018 11:45:41 AM       |               |                                  |
| Expiration Date:          | 12/28/2018                   |               |                                  |
| Status:                   | Your case has been Approved. |               |                                  |

Print Continue

Click here for help or technical support

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

The **Authorization Number** will begin with an **“A”** followed by 9 digits.

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

# Medical Review

**Clinical Certification**

Is there any additional information specific to the member's condition you would like to provide?  
 Yes  No

Enter text in the space provided below or continue.

Additional Information - Notes:

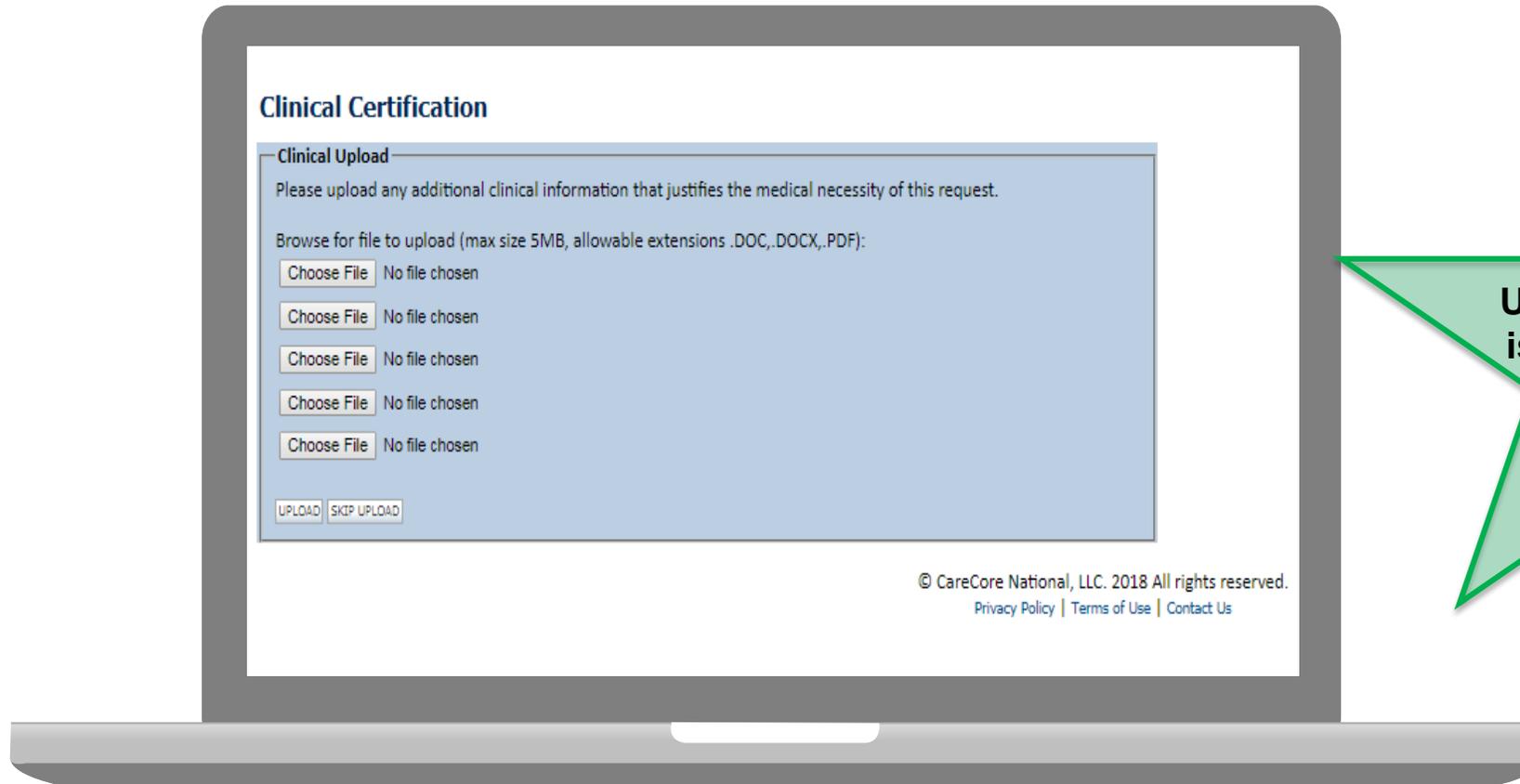
Finish Later

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

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

If you don't receive an immediate approval then you'll be directed to this screen where there is the opportunity to provide **additional clinical information**. You will have the option to either upload documentation, enter information into the text field, or contact us via phone. At this point, you know that your case is pending for medical review.

# 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 or fax.

# Medical Review

NantHealth | NaviNet Home | Help | Contact Support | Feedback

Welcome, [User Name]

Workflows Action Items

Highmark Blue Cross Blue Shield | Auth Submission | Selection Form | Request Form | Collection Form

eviCore healthcare

Home Authorization Lookup Eligibility Lookup Help / Contact Us

Monday, October 29, 2018 8:23 AM Log Off (SSO)

### Clinical Certification

Your case has been sent to Medical Review.

**Provider Name:** [Redacted] **Contact:** [Redacted]  
**Provider Address:** PITTSBURGH, PA 15212 **Phone Number:** (717) 555-6789  
**Fax Number:** (717) 555-1234

**Patient Name:** [Redacted] **Patient ID:** [Redacted]  
**Insurance Carrier:** HIGHMARK

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

**Primary Diagnosis Code:** M51.36 **Description:**  
**Secondary Diagnosis Code:** [Redacted] **Description:**  
**Date of Service:** 10/29/2018  
**CPT Code:** 64493 **Description:**

**Modifier:** 50  
**Case Number:** 1066266108  
**Review Date:** 10/29/2018 8:05:09 AM  
**Expiration Date:** N/A  
**Status:** Your case has been sent to Medical Review.

Print Continue

Click here for help or technical support

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Once the clinical pathway questions are complete and additional clinical information is provided, the request is sent to Medical Review. A **Case Number** will be issued.

The Case Number will be a 10 digit number beginning with a "1".

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

# Auth Inquiry and Reports

The screenshot shows the NantHealth NaviNet Plan Central interface. The left sidebar lists various workflows, with 'Auth Inquiry and Reports' highlighted. A red circle highlights the search options: 'Member ID Search', 'Member Name Search', and 'Date Of Service Search'. The main content area displays a 'Welcome to Plan Central' message and a table of news items.

|   | AUDIENCE     | DATE POSTED |
|---|--------------|-------------|
| <a href="#">PHYSICIAN PARTICIPANTS</a>  | PROFESSIONAL | 11/09/2018  |
| <a href="#">OV, 9-10, 2018</a>  | ALL          | 11/06/2018  |
| <a href="#">HIGHMARK'S UPDATED MOLECULAR AND GENOMIC TESTING MEDICAL POLICIES BECOME EFFECTIVE JAN. 1, 2019</a> | ALL          | 11/02/2018  |
| <a href="#">REMINDER: REPORTING SERVICE FACILITY LOCATIONS</a>  | ALL          | 11/02/2018  |
| <a href="#">FIVE INJECTABLE DRUGS TO REQUIRE PRIOR AUTHORIZATION, EFFECTIVE DEC. 27, 2018</a>                   | ALL          | 10/29/2018  |

**When news items are removed from this page, they will remain on the Plan Central Library page on the Provider Resource Center.**

Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association. Highmark Blue Cross Blue Shield serves the 29 counties of western Pennsylvania. Blue Cross, Blue Shield and the cross and shield symbols are registered service marks of the Blue Cross and Blue Shield Association. Highmark is a registered mark of Highmark Inc. NaviNet is a registered trademark of NaviNet, Inc. NaviNet, Inc. is an independent company that provides a secure, web-based portal between providers and health care insurance plans.

**In the SPOTLIGHT...**

- [NAVINET NOW AVAILABLE TO RECEIVE MSK AND IPM SERVICES PRIOR AUTHORIZATION REQUESTS](#)
- [EVICORE TO MANAGE HIGHMARK'S ADVANCED IMAGING AND CARDIOLOGY SERVICES PROGRAM BEGINNING JAN. 1, 2019](#)
- [HIGHMARK INTRODUCES UPCOMING CHANGES TO PRIOR AUTHORIZATION PROGRAM](#)
- [HIGHMARK 2018: IMPORTANT PRODUCT NEWS](#)

Auth Inquiry and Reports lets you check the real-time status and details of your authorization if you are the referred to or the referred from provider. You can search by Member ID, member name or by Date of Service.

# Auth Inquiry and Reports – Member ID search

NantHealth | NaviNet | Home | Help | Contact Support | Feedback | Welcome, [User] | Action Items

Workflows | Administration | Highmark Blue Shield | Referral/Auth Inquiry | Ref/Auth Search

## Referral/Authorization Inquiry

Billing Provider / Facility Name: [Dropdown] | Type: [Dropdown] | Member ID Number: [Text]

Patient Last Name: [Text] | Patient First Name: [Text]

Date Of Service From: 10/22/2018 | Date Of Service To: 12/21/2018

Referral/Authorization Status: [Dropdown] | Authorization Number: [Text]

Type Of Service: [Dropdown]

Search | Exit | Clear

Records 1-1 of 1, page: 1

| Type / Place Of Service            | Status   | Referral/Authorization Number | Date of Service | Patient Name | Patient Date of Birth | Referred from Billing Provider / Facility | Referred to Billing Provider / Facility |        |
|------------------------------------|----------|-------------------------------|-----------------|--------------|-----------------------|---|---|--------|
| Authorization / Outpatient Medical | Approved | EXT-                          | 11/20/2018      |              |                       |   |   | Select |

Records 1-1 of 1, page: 1

This is Auth Inquiry when searching by Member ID. eviCore provides an authorization starting with the letter A followed by 9 digits. **NaviNet Authorization Inquiry displays EXT followed by 9 digits (for NaviNet submissions) or C followed by 9 digits (for phone/fax submissions).**

# Auth Inquiry and Reports – Member Name Search

The screenshot shows the NantHealth NaviNet interface. At the top, there is a navigation bar with the NantHealth logo, 'NaviNet', and links for 'Home', 'Help', 'Contact Support', and 'Feedback'. A 'Welcome, [redacted]' message is on the right. Below this is a blue navigation bar with 'Workflows' and 'Administration' dropdowns, and an 'Action Items' icon. A breadcrumb trail shows 'Highmark Blue Shield' > 'Referral/Auth Inquiry' > 'Name Search'. The main content area features the Highmark logo and the title 'Referral/Authorization Inquiry By Member Name'. There are three input fields: 'Member Last Name:' with a clear button, 'Member First Name:', and 'Member Date of Birth:'. Below these are 'Search', 'Exit', and 'Clear' buttons. A status line indicates 'Records 1-1 of 1, page: 1'. A table with three columns is shown: 'Patient Name', 'Relationship', and 'Patient Date of Birth'. The first row contains a redacted name, 'SELF', and a redacted date, with a 'Select' button in the fourth column. A second status line also shows 'Records 1-1 of 1, page: 1'.

This screen shows the Auth Inquiry search by Member name. Enter the members first name, last name and Date of birth. Select the member.

# Auth Inquiry and Reports – Member Name Search

NantHealth | NaviNet Home | Help | Contact Support [Feedback](#) Welcome, ▼

Workflows | Administration ▼ 🚩 Action Items

Highmark Blue Shield | Referral/Auth Inquiry | Name Search Results | Ref/Auth Search

**HIGHMARK.**  **Referral/Authorization Inquiry by Member Name**

Billing Provider / Facility Name:  ▼

Type:  ▼ Type Of Service:  ▼

Date Of Service From:  Date Of Service To:

Referral/Authorization Status:  ▼ Authorization Number:

[Search](#) [Exit](#) [Clear](#)

Records 1-1 of 1, page: 1

| Type / Place Of Service            | Status   | Referral/Authorization Number | Date of Service | Patient Name         | Patient Date of Birth | Referred from Billing Provider / Facility | Referred to Billing Provider / Facility |                        |
|------------------------------------|----------|-------------------------------|-----------------|----------------------|-----------------------|---|---|------------------------|
| Authorization / Outpatient Medical | Approved | EXT- <input type="text"/>     | 11/20/2018      | <input type="text"/> | <input type="text"/>  | <input type="text"/>                      | <input type="text"/>                    | <a href="#">Select</a> |

After selecting the member, you will be taken to this screen where you will select the Billing Provider / Facility Name and search for the authorization by Date of Service.

# Auth Inquiry and Reports – Date of Service Search

NantHealth | NaviNet Home | Help | Contact Support [Feedback](#) Welcome,   ▾

Workflows ▾ | Administration ▾ Action Items

Highmark Blue Shield | Referral/Auth Inquiry | Ref/Auth Search

**HIGHMARK.** **Referral/Authorization Inquiry**

Billing Provider / Facility Name:

Date Of Service From:  Date Of Service To:

Type:  ▾ Type Of Service:  ▾

Referral/Authorization Status:  ▾ Authorization Number:

[Search](#) [Exit](#) [Clear](#)

Records 1-22 of 22, page: 1

| Type / Place Of Service            | Status   | Referral/Authorization Number | Date of Service | Patient Name | Patient Date of Birth | Referred from Billing Provider / Facility | Referred to Billing Provider / Facility |        |
|------------------------------------|----------|-------------------------------|-----------------|--------------|-----------------------|---|---|--------|
| Authorization / Outpatient Medical | Approved | EXT-                          | 11/20/2018      |              |                       |   |   | Select |

This screen shows the Auth Inquiry Search by Date of Service

# eviCore.com – Authorization Lookup Function



Home Certification Summary **Authorization Lookup** Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Pe

Tuesday, December 04, 2018 2:01 PM

## Authorization Lookup

Search by Member Information

REQUIRED FIELDS

Healthplan:

Print

Search by Authorization Number/ NPI

REQUIRED FIELDS

Provider NPI:

Auth/Case Number:

Search

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

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Although you cannot initiate requests directly on eviCore.com, the **Authorization Lookup** function is enabled on the **CareCore National Portal**. You may search by **Member Information** or **Auth/Case Number**. For new users, to search authorization status, you can create a new login by going to [www.evicore.com](http://www.evicore.com), click 'Providers' at the top of the webpage and when prompted to enter a User ID and Password, under the Login button click 'Register' and complete the user registration form.



---

# Provider Resources



# Highmark Provider Resource Center

To access Advanced Imaging & Cardiology Services Program educational materials on Highmark's Provider Resource center go to [www.highmark.com](http://www.highmark.com). Click **Providers** and the applicable **"Plan Name"** under **For Providers**.

The screenshot shows the Highmark website's navigation menu and content sections. The navigation bar includes links for Home, About Us, Newsroom, Corporate Responsibility, and Consumers / Members / Providers. The 'Consumers / Members / Providers' link is highlighted in orange and has a red arrow pointing to it. Below the navigation bar, there are three main sections: 'FOR CONSUMERS', 'FOR MEMBERS', and 'FOR PROVIDERS'. The 'FOR PROVIDERS' section is highlighted with a dark blue star icon and has a red arrow pointing to it. Under 'FOR PROVIDERS', there is a 'Provider Resource Center' section with a list of plan names: Highmark Blue Cross Blue Shield, Highmark Blue Shield, Highmark Blue Cross Blue Shield West Virginia, and Highmark Blue Cross Blue Shield Delaware. A red arrow points to the first item in this list. Below these sections, there are three promotional banners: one for military-friendly employment, one for disaster relief, and one for the #LivingProof campaign.

**HIGHMARK.** Search Highmark.com

**CONSUMERS / MEMBERS / PROVIDERS**

**FOR CONSUMERS**  
Discover a better health care experience:

- You buy your own insurance for yourself and/or your family
- Your employer provides your health coverage
- You are Medicare-eligible and buy your own coverage
- You manage plans for a small or large business
- You are a producer

**FOR MEMBERS**  
Check your member ID card to see which plan serves you.

- Highmark Blue Cross Blue Shield
- Highmark Blue Shield
- Highmark Blue Cross Blue Shield West Virginia
- Highmark Blue Cross Blue Shield Delaware

**FOR PROVIDERS**  
Provider Resource Center:

- Highmark Blue Cross Blue Shield
- Highmark Blue Shield
- Highmark Blue Cross Blue Shield West Virginia
- Highmark Blue Cross Blue Shield Delaware

Highmark Health is a military-friendly employer and hires men and women who have served our country.  
Get more details →

**AFFECTED BY A NATURAL DISASTER?**

**#LivingProof**

# Resource Center in NaviNet

The screenshot shows the NantHealth NaviNet interface. The top navigation bar includes the NantHealth logo, 'NaviNet', and links for 'Home', 'Help', 'Contact Support', and 'Feedback'. A 'Welcome,' dropdown menu is on the right. Below this is a blue navigation bar with 'Workflows' and 'Administration' dropdowns, and 'Action Items' and 'Activity' icons. The main content area is titled 'Highmark Blue Shield' and 'Welcome to Plan Central'. On the left, a sidebar lists 'Workflows for this Plan' with 'Resource Center' highlighted in a red box. The main content features the Highmark logo and a table of news items. On the right, a 'Spotlight' section highlights three news items.

**Workflows for this Plan**

- Eligibility and Benefits Inquiry
- Auth Inquiry and Reports >
- Authorization Submission >
- Claim Status Inquiry
- Claim Investigation Inquiry
- Claim Submission >
- Estimate Submission >
- Diagnosis Code Inquiry
- Allowance >
- Procedure Code Inquiry
- Network Provider Inquiry
- Network Facility Inquiry
- Provider File Management
- AR Management >
- BlueExchange® (Out-of-Area) >
- Resource Center**
- Claims Dashboard
- COB Questionnaire
- EFT Attestation and Registration
- Quality Blue >
- Doctor Match Quiz

## Welcome to Plan Central

**HIGHMARK**

| <u>HEADLINE</u>  | <u>AUDIENCE</u> | <u>DATE POSTED</u> |
|--|-----------------|--------------------|
| <a href="#">WHEN TO REQUEST PRIOR AUTHORIZATIONS FOR ADVANCED IMAGING AND CARDIOLOGY SERVICES SCHEDULED FOR 2019</a>           | ALL             | 11/20/2018         |
| <a href="#">REMINDER: EVICORE TO MANAGE HIGHMARK'S ADVANCED IMAGING AND CARDIOLOGY SERVICES PROGRAM BEGINNING JAN. 1, 2019</a> | ALL             | 11/19/2018         |
| <a href="#">PREVENTIVE MEDICINE AND OFFICE OR OUTPATIENT EVALUATION AND MANAGEMENT SERVICES REIMBURSEMENT POLICY UPDATED</a>   | ALL             | 11/15/2018         |
| <a href="#">FDA RECOMMENDATIONS FOR AGE EXPANSION FOR HPV VACCINE</a>  | PROFESSIONAL    | 11/14/2018         |
| <a href="#">REMINDER: NOV. 12-18 IS U.S. ANTIBIOTIC AWARENESS WEEK</a>   | ALL             | 11/14/2018         |

**In the SPOTLIGHT...**

[NAVINET NOW AVAILABLE TO RECEIVE MSK AND IPM SERVICES PRIOR AUTHORIZATION REQUESTS](#)

[EVICORE TO MANAGE HIGHMARK'S ADVANCED IMAGING AND CARDIOLOGY SERVICES PROGRAM BEGINNING JAN. 1, 2019](#)

[HIGHMARK INTRODUCES UPCOMING CHANGES TO PRIOR AUTHORIZATION PROGRAM](#)

[HIGHMARK 2018: IMPORTANT PRODUCT NEWS](#)

You can also get to the Provider Resource Center in NaviNet by selecting Resource Center on Highmark's Plan Central Page.

# Highmark Provider Resource Center

Then click **+** next to **Care Management Programs** and then select **Advanced Imaging and Cardiology Services Program**. Provider Educational Materials/Communications are posted on this site.

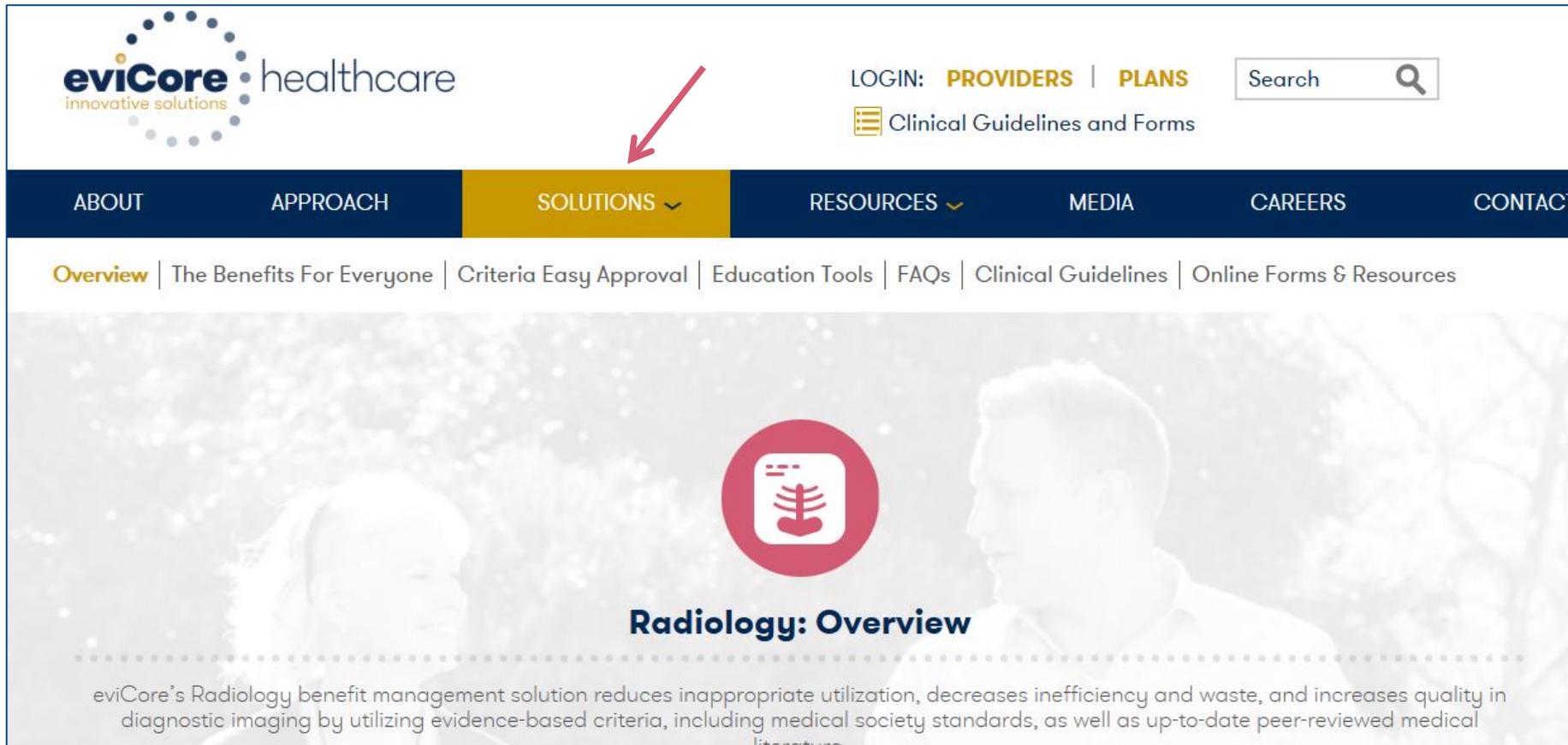
The screenshot shows the Highmark Provider Resource Center website. At the top, there is a navigation bar with the Highmark logo and a Message Center icon. Below the navigation bar is a search bar labeled "SEARCH PROVIDER RESOURCE CENTER". The main content area is divided into two columns. On the left is a navigation menu with a "CARE MANAGEMENT PROGRAMS +" button highlighted in blue. Below this button are several program links, including "Advanced Imaging And Cardiology Services Program", "AIS Home Visit Program", "Laboratory Management Program", "Musculoskeletal Surgery And Interventional Pain Management Services Prior Auth Program", "Physical Medicine Management Program", "Post-Acute Care Management For Medicare Advantage Members", "Radiation Therapy Authorization Program", and "Radiology Management Program". At the bottom of the menu is a "CLAIMS, PAYMENT & REIMBURSEMENT +" button. The main content area features a large article titled "Advanced Imaging and Cardiology Services Program" with a sub-headline "Web Orientation Schedule Now Available!". The article includes an "Orientation Session Invitation" from Highmark and eviCore healthcare, detailing the purpose of the sessions and providing a schedule. The schedule is as follows:

| Date              | Day       | Time             |
|-------------------|-----------|------------------|
| November 12, 2018 | Monday    | 12:00 PM Eastern |
| November 13, 2018 | Tuesday   | 10:00 AM Eastern |
| November 15, 2018 | Thursday  | 2:00 PM Eastern  |
| November 16, 2018 | Friday    | 1:00 PM Eastern  |
| December 4, 2018  | Tuesday   | 10:00 AM Eastern |
| December 6, 2018  | Thursday  | 11:00 AM Eastern |
| December 10, 2018 | Monday    | 1:00 PM Eastern  |
| December 12, 2018 | Wednesday | 12:00 PM Eastern |

On the right side of the main content area, there is a "HOT TOPICS" section with two items: "Reminder: eviCore To Manage Highmark's Advanced Imaging And Cardiology Services Program Beginning Jan. 1, 2019" and "Preventive Medicine And Office Or Outpatient Evaluation And Management Services Reimbursement Policy Updated".

# Radiology/Cardiology Online Resources

Clinical Guidelines, FAQ's, Online Forms, and other important resources can be accessed at [www.evicore.com](http://www.evicore.com). Click **Solutions** from the menu bar, and select the specific program needed. This information is also accessible on the eviCore/Highmark Provider Resource Page - <https://www.evicore.com/healthplan/highmark>



The screenshot displays the eviCore healthcare website interface. At the top left is the logo for eviCore healthcare, with the tagline 'innovative solutions'. To the right of the logo, there are links for 'LOGIN: PROVIDERS | PLANS' and a search bar. Below the login links is a menu icon and the text 'Clinical Guidelines and Forms'. The main navigation bar is dark blue with white text for 'ABOUT', 'APPROACH', 'SOLUTIONS', 'RESOURCES', 'MEDIA', 'CAREERS', and 'CONTACT'. The 'SOLUTIONS' menu item is highlighted in yellow and has a red arrow pointing to it. Below the navigation bar is a horizontal menu with the following items: 'Overview', 'The Benefits For Everyone', 'Criteria Easy Approval', 'Education Tools', 'FAQs', 'Clinical Guidelines', and 'Online Forms & Resources'. The main content area features a large image of a woman and a man in profile, with a red circular icon containing a white medical symbol (a caduceus) overlaid on the image. Below the image, the text 'Radiology: Overview' is displayed in a bold, dark blue font. At the bottom of the page, there is a paragraph of text: '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.'

# Radiology & Cardiology Online Resources

Clinical Worksheets and Fax Forms can be accessed at [www.evicore.com](http://www.evicore.com). Click **Resources & Providers** from the menu bar. Click **Online Forms & Resources** & Select Solution **Cardiology or Radiology** from the dropdown menu.

The screenshot displays the eviCore healthcare website interface. At the top left is the eviCore logo with the tagline 'innovative solutions'. To the right of the logo are links for 'LOGIN: PROVIDERS | PLANS', a search bar, and a 'SHOW RESULTS' button. Below these are links for 'Clinical Guidelines and Forms' and 'PROVIDER SHORTCUTS'. The main navigation bar includes 'ABOUT', 'APPROACH', 'SOLUTIONS', 'RESOURCES', 'INSIGHTS', and 'CAREERS'. The 'RESOURCES' tab is highlighted in yellow. Below the navigation bar is a breadcrumb trail: 'Overview | Clinical Guidelines | Quick Reference Tool | Online Forms & Resources | Solutions | Video Tutorial'. The main content area is titled 'Online Forms & Resources'. A red arrow points to a dropdown menu labeled 'Radiology'. Below the dropdown, the text 'RESULTS FOR: Radiology' is displayed. Underneath, the section is titled 'Forms & Resources' and lists several items: 'CT - Abdomen and Pelvis - Appendicitis', 'CT - Abdomen and Pelvis - Renal', 'CT - Abdomen and Pelvis General', and 'CT - Chest'. The 'CT - Abdomen and Pelvis - Renal' and 'CT - Abdomen and Pelvis General' items are highlighted with a light gray background.

# 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 <https://www.evicore.com/insights> .

The screenshot shows the eviCore Insights blog page. At the top left is the eviCore healthcare logo. To the right, there are links for 'LOGIN: PROVIDERS | PLANS', a search bar, and a menu for 'Clinical Guidelines and Forms'. Below this is a dark blue navigation bar with 'ABOUT', 'APPROACH', 'SOLUTIONS', 'RESOURCES', 'INSIGHTS' (highlighted in yellow), and 'CAREERS'. Underneath, the 'eviCore Insights' title is followed by a sub-navigation bar with 'BLOG' (highlighted), 'PRESS RELEASE', 'NEWS ARTICLES', and 'EVENTS'. The main content area displays two blog posts. The first post is titled 'The 8 Most Common Inappropriately Ordered Tests — and Why They're Being Denied', dated Oct 25, 2018. It includes a 'READ MORE' button and social media icons for email, Pinterest, LinkedIn, Twitter, and Facebook. The second post is titled 'Empowering the Improvement of Care for Patients', dated Oct 23, 2018. It also includes a 'READ MORE' button and the same social media icons.

# Provider Resources: Prior Authorization Call Center



Prior Authorization  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

**7:00 AM - 7:00 PM (EST): (888) 564-5492\***

- 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
- To request a Clinical Consultation
- Status check

eviCore fax\* number: (800) 540-2406

**\*NaviNet remains the preferred initiation method**

# Provider Resources: Web-Based Services



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

[www.evicore.com](http://www.evicore.com)

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

- Pause/Start feature to complete initiated cases
- Upload electronic PDF/word clinical documents

\*For issues with NaviNet, click on Help at the top of Highmark Plan Central to access NaviNet Support

# Provider Resources: Client Provider Operations



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

8:00 AM – 8:00 PM (EST): (800) 575-4517

[clientservices@evicore.com](mailto:clientservices@evicore.com)

- Issues experienced during case creation
- Reports of eviCore system issues

# Provider Resources: Implementation Document



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

Highmark Implementation site - includes all implementation documents:

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

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

Materials are also available on the Highmark Provider Resource Center Site under Care Management Programs

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](mailto:ClientServices@evicore.com).

**Thank You!**

