

Advanced Imaging and Cardiology Services Program

Frequently Asked Questions for Highmark Providers

FEBRUARY 2020

Recent updates are in *blue italics*: The most recent changes and additions to the frequently asked questions are presented in blue italic text. The revision date in the lower right corner of each page indicates the date those revisions were made.

Why is Highmark implementing a new management program for outpatient advanced imaging and cardiology services?

At Highmark we believe we have to put patients first. To deliver the value-based care that patients deserve, we need to change how health care works. To do this, we are continuing to partner with you to provide the most appropriate care possible.

Working with health care providers and care teams, we're helping to implement nationally accepted, evidence-based guidelines. Often, these models only require some changes to the way most practitioners deliver care today. More important, they're proven to add up to better patient outcomes and more affordable care.

To that end, Highmark is partnering with eviCore healthcare (eviCore) for a new advanced imaging and cardiology service program, effective Jan. 1, 2019. This program incorporates a comprehensive, evidence-based clinical review including predictive intelligence, clinical decision support, and peer-to-peer discussions. This approach confirms our members receive only medically necessary and appropriate advanced diagnostic imaging and cardiology services in the least intensive setting to promote the best outcomes.

Who is eviCore healthcare (eviCore)?

eviCore is an independent specialty medical benefits management company that provides utilization management services for Highmark.

What is the relationship between Highmark and eviCore?

Effective Jan. 1, 2019, eviCore will manage advanced imaging and cardiology services for Highmark members.

Which Highmark members will eviCore manage for Advanced Imaging and Cardiology Services Program?

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

- Affordable Care Act

- Children's Health Insurance Program (CHIP) of Pennsylvania
- Commercial fully insured
- Medicare Advantage
- Select self-insured (Administrative Services Only) groups

Note: The Federal Employee Program is excluded from this program.

Highmark will manage prior authorizations for advanced imaging and cardiology services for all other members according to the member's benefits. 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.

How do I contact eviCore with questions, concerns, and issues?

1) eviCore's Client and Provider Services Team

- A dedicated team that serves as a direct contact for health plan representatives and health plan contracted providers for resolution. They will handle all issues, questions, and inquiries specific to Highmark.
- The Client and Provider Services Team should be contacted for:
 - *Questions regarding accuracy Assessment and/or Accreditation*
 - Requests for an authorization to be resent to Highmark due to an authorization transmission fail or records rejection
 - Eligibility issues (member, rendering facility, and/or ordering physician)
 - Issues experienced during case creation
 - Reports of system issues
- **Contacting the Client and Provider Services Team**
 - They are available Monday-Friday from 7am CST – 7pm CST at the following:
 - (1) Phone Number: (800) 575-4517
 - (2) Email: clientservices@eviCore.com
 - The Client and Provider Services Team prefers to be contacted via email as doing so creates a ticket number for tracking purposes. When emailing, please ensure you include:
 - The Health Plan Name in the Subject Line of the email
 - This will help route the inquiry to the Client Services team that is decided to Highmark
 - As many details as possible (without including PHI).

- The more information they have, the quicker they can complete their research and get back to you.
- The case or authorization numbers if the inquiry is specific to an individual authorization.

2) eviCore Healthcare Intake Department

- eviCore's Healthcare Intake Department is available for the following items:
 - To change a facility case
 - To up code/down code a CPT code on an existing case
 - To request a peer-to-peer discussion on a denied case
 - To check the status of authorization requests
- Contacting the Healthcare Intake Department
 - They are available Monday-Friday from 7am CST – 7pm CST at the following number: (888) 564-5492.

What procedures are included in the prior authorization program?

eviCore will manage the following services for Highmark:

Advanced imaging

- CT, CTA
- MRI, MRA
- Nuclear medicine
- PET, PET-CT

Cardiology advanced imaging and diagnostic services

- Cardiac CT
- Cardiac MRI
- Diagnostic heart catheterization
- Myocardial perfusion imaging (SPECT and PET)
- Nuclear cardiac imaging
- Stress echocardiogram
- Transesophageal echocardiogram
- Transthoracic echocardiogram

How do I request authorization?

You may request prior authorization via the online portal at navinet.net. Online submissions are the quickest and most efficient way to request prior authorization and have the highest potential of returning an automatic approval.

You may also request authorization by calling eviCore at 1-888-564-5492. eviCore is available for telephonic case initiation Monday through Friday between 7 a.m. and 7 p.m. local time.

NOTE: Urgent requests can only be initiated via phone or NaviNet.

Can I attach additional clinical information when requesting prior authorization?

Yes, you can upload clinical documentation via the web portal and if needed, type in clinical notes in an open text box.

How do I provide additional clinical documentation if requested by eviCore for a standard request?

If additional clinical review is needed, you will be asked to upload your clinical documentation or type the clinical documentation in the clinical certification page.

If you are unable to upload your clinical documentation via the web portal, you may choose to fax it to eviCore at (800) 540-2406. Please include the CASE number along with the clinical documentation.

How do I initiate prior authorization for a medically urgent request?

When a service is required due to a medically urgent condition, the provider or office must either call eviCore at 1-888-564-5492, or submit the request via NaviNet. If the request is submitted through NaviNet, the provider or office is required to upload all supporting clinical documentation during case initiation.

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)

Note: Cases should not be classified as medically urgent solely for convenience of the patient or health care provider.

How do I initiate prior authorization for services which did not previously require authorizations such as echocardiography and cardiac catheterizations?

For imaging services that did not require prior authorization last year, you must select the ***advanced and cardiac imaging category and one of the corresponding service types*** on the initial NaviNet screen to enable access to eviCore authorization. **DO NOT** select Non-Imaging categories such as "outpatient" as the authorization will not be routed properly.

Member First Name: Member Last Name:

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

Category: Service:

Advanced and Cardiac Imaging

Proceed through the NaviNet screens until you link to the eviCore screen. You will be able to update the imaging procedure being requested with the specific procedure code when you reach the eviCore screen shown below.

60% Complete

Provider and NPI

Patient

Clinical Certification

This procedure has not been performed.

Radiology Procedures

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

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

Diagnosis

Primary Diagnosis Code: R06.02
Description: Shortness of breath
[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Radiology

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

How do prior authorization outcomes work for Medicare Advantage members?

If the case you are working requires further clinical discussion before approval, you may request a clinical determination discussion with a referring physician prior to a decision being rendered. EviCore will provide you with a defined time frame during which clinical discussions may happen.

Possible outcomes of a clinical determination discussion

- Occasionally, the information provided during the pre-decision consultation satisfies the medical necessity criteria and the procedure is approved.
- If the case is denied, a denial letter will be faxed to you.
 - EviCore will not review the case any further.
 - You may appeal the case with Highmark by following the appeal rights in the denial letter.

If a prior authorization is not approved, what follow-up information will the referring provider receive?

Commercial Members: you will receive a denial letter containing the reason for the denial and your reconsideration and appeal rights and processes.

The reconsideration process gives you an opportunity to provide additional information to support the initial request as well as request a peer-to-peer discussion with an eviCore medical director to review the decision.

Medicare Advantage members: you will receive a denial letter that contains the reason for the denial and your appeal rights and processes. After a denial has been issued for a Medicare member **no changes to the case decision** (such as reconsideration) **can be made**. Speaking with an eviCore medical director is for educational purposes only.

How do Medical Necessity Appeals work for Medicare Advantage members?

Highmark will process all first level provider appeals for Medicare Advantage Members. All appeals for services that were denied before the new advanced imaging and cardiology services program goes into effect must be submitted to NIA.

How do Medical Necessity Appeals work for Commercial Members ?

If you have a commercial member whose prior authorization was denied, eviCore will process the first level provider appeal. EviCore will consider an appeal if:

- A clinical consultation or reconsideration was completed
- An appeal is formally requested prior to 180 days (**Pennsylvania**) or 365 days (**West Virginia and Delaware**)
 - If the appeal is requested after the 180/365 day deadline, the request will not be processed and will be directed to Highmark.

Once an appeal is requested, an eviCore physician (other than the one who made the initial determination) will review the procedure request and all clinical information provided. After their determination is made, a written notice of the appeal decision will be mailed to the member and faxed to you.

Do services provided in an inpatient setting, observation status at a hospital, or in an emergency room require prior authorization?

No. eviCore's program manages only outpatient, elective, or non-emergent services.

Any services performed during an inpatient or observation stay or in an emergency room setting do not require prior authorization via eviCore.

Are retrospective review requests allowed? It is different from the request for anth-retro which means someone never attempted to get an authorization so it needs looked at retrospectively.

Yes. Retrospective requests must be submitted within 730 business days following the date of service. Highmark will deny requests submitted after 730 business days.

Retrospective requests are reviewed for medical necessity. The turnaround time on retrospective requests is no more than 30 calendar days.

Reminder: Retrospective requests for 2018 dates of service must be submitted via phone to National Imaging Associates before June 30, 2019.

How long is an authorization valid?

Authorizations are typically good for 60 days from the date of request.

How long will it take for a determination to be rendered?

Completed cases that were initiated online have the highest potential to receive an instant approval. All requests are processed within two calendar days after receipt of all necessary clinical information.

What information must be submitted as part of the request?

The following information is required:

- Advanced imaging or cardiology procedures being requested (CPT or HCPCS procedure codes and ICD-10-CM diagnosis codes)
- All relevant clinical notes: imaging or X-ray reports, patient history, physical findings
- Patient name, ordering provider name, rendering site

What is the format of the eviCore authorization number?

An authorization number is one (1) alpha character followed by nine (9) numeric values, that is, A123456789.

Is the clinical criteria available for review?

Yes, our clinical criteria are available online at:
evicore.com/solution/pages/radiology.aspx.

How do I check the status of my prior authorization request?

Although you cannot initiate requests directly on evicore.com (only in NaviNet), the Authorization Lookup function is enabled on the CareCore National Portal. You may search by Member Information or Auth/Case Number.

New users can search the status of an authorization by creating a new login at 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.

You can also check authorization status in NaviNet by selecting Auth Inquiry and Reports under Workflows for this Plan.

What is the notification process regarding case decisions?

Notifications for approvals or denials are faxed to the ordering physician and mailed to the member.

May I speak to a reviewer regarding a denial?

Yes. You may request a clinical consultation online at evicore.com, or by calling eviCore at 1-888-564-5492.

Note: eviCore cannot overturn any denials issued for Medicare requests based on a clinical consultation discussion.