

PROVIDER BULLETIN

PROVIDER INFORMATION



September 4, 2018

Radiology/Cardiology Program Prior Authorization Updates for Fully Insured Commercial Members – eviCore Healthcare Utilization Management (UM) Program

The eviCore Healthcare Utilization Management Program will be making the following updates to the Radiology/Cardiology CPT List.

Effective August 1, 2018, the following tests no longer require prior authorization:

| <u>Code</u> | <u>Description</u> |
|-------------|-------------------------------------|
| 78499 | Unlisted Cardiovascular Procedure |
| 78699 | Unlisted Nuclear Medicine Procedure |

Starting November 1, 2018, the following procedure will require prior authorization:

| <u>Code</u> | <u>Description</u> |
|-------------|-----------------------------------|
| 78456 | Unlisted Cardiovascular Procedure |

Prior authorization requests will be reviewed based on eviCore clinical guideline criteria available for review on the Blue Cross website at providers.bluecrossmn.com:

- Select “Medical Policy” under Tools and Resources, read and accept the Blue Cross Medical Policy Statement
- Click on the “+” (plus) sign next to “Medical and Behavioral Health Policies” and locate the “Medical Policy Supporting Documents section
- Click on the ‘eviCore healthcare Specialty Utilization Management Clinical Guidelines’ link

Products Impacted

- This change only applies to **fully insured commercial members**.
- The changes do not impact commercial self-insured health plans, Government Programs lines of business (Prepaid Medical Assistance Program (PMAP), MinnesotaCare (MNCare), SecureBlue (MSHO), and Minnesota Senior Care Plus (MSC+) health plans), Federal Employee Program (FEP), Medicare Supplement (Senior Gold, Basic Medicare Blue and Extended Basic Blue), Medicare Advantage or Platinum Blue as those lines of business have separate PA requirements.

To submit a Prior Authorization (PA) Request to eviCore

Providers should submit eviCore PA requests via our free [Availity](#) provider portal. Instructions on how to utilize this portal are found on the Availity website.

Providers need to reference the eviCore clinical guideline criteria, submit prior authorization request via Availity, and submit all applicable clinical documentation with the PA request. Failure to submit required information may result in review delays or denial of the request due to insufficient information.

Continued

Note: An approved PA does not guarantee coverage under a member's benefit plan. Member benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies.

Questions?

If you have questions, please contact eviCore provider service at **844-224-0494**.