MEDICAL MUTUAL®

Radiology Prior Authorization Program

Quick Reference Guide

To continue improving radiology utilization and lower the total cost of care for our member population, Medical Mutual has engaged with eviCore healthcare (eviCore) to manage the prior authorization process for imaging services. With this decision, we have also expanded the list of imaging services that require prior authorization. **These changes are effective for dates of service beginning January 1, 2018. eviCore will begin accepting prior authorization requests December 18, 2017.**

Common Actions and Resources

To build a case, visit eviCore's online portal eviCore.com/Pages/ProviderLogin 24 hours a day, seven days a week, to complete these actions for prior authorization of imaging services for Medical Mutual members:

- Initiate authorizations
- Verify authorizations
- Initiate medically urgent authorizations
- Register as an ordering physician

Prior authorizations will also be accepted by calling (888) 693-3211 and via fax at (888) 693-3210. To access to clinical worksheets and guidelines, training resources and a CPT® code list, visit eviCore.com/Healthplan/MedMutualOH.

Types of Plans

Prior authorization is required for all outpatient radiology requests for Medical Mutual's fully insured and self-funded groups and members of our individual and Medicare Advantage plans. The servicing facility will confirm the prior authorization process is complete for the requested service.

Medically Urgent Requests

The program will accept urgent requests by telephone, website or fax. For prior authorizations needed in less than 48 hours due to medically urgent conditions, please call (888) 693-3211 for expedited authorization reviews.

A voice message service for telephone requests received outside the normal operating hours of 8 a.m. to 9 p.m. E.T., Monday through Friday is available. Please indicate the notification is for medically urgent care. In most cases where required information is provided in the initial call, a decision is made and communicated within one business day.

Clinical Support

In the event there isn't enough information to grant a medical necessity approval, eviCore will reach out to ordering physicians before denying a request to allow them to provide any pertinent information. If the ordering physician is unable to respond within one business day, a denial will be issued. To initiate a clinical discussion, call eviCore at (888) 693-3211 and request a peer-to-peer discussion.

PLEASE NOTE: For claim denials, please always follow the appeal process.

Authorization Denials

eviCore will notify the referring physician and requested facility in writing of a denial and provide a reason for the determination within one business day of the decision. This communication sets forth the appeal options per state policy. If a physician wants to appeal a decision, eviCore will offer the ordering physician a consultation with an eviCore medical director on a peer-to-peer basis. In certain instances, additional information provided during the peer-to-peer consultation is sufficient to satisfy medical necessity criteria.

Process Tips

To ensure the authorization process is as quick and efficient as possible, we recommend the physician's office always have the following when submitting a prior authorization request:

- All relevant clinical notes, imaging and X- ray reports, patient history and physical findings
- Member name, date of birth, plan name and identification (ID) number
- Ordering physician's name, national provider identifier (NPI), tax ID number (TIN) and fax number
- Place of service
- Rendering facility's name, NPI, TIN, street address and fax number
- Service being requested (CPT® codes and diagnosis codes)

PLEASE NOTE: Authorization from eviCore doesn't guarantee claim payment. Services must be covered by the health plan and the member must be eligible at the time services are provided. Claims submitted for unauthorized procedures are subject to denial, and the member cannot be responsible for the bill. Be sure to verify the member's eligibility with the health plan prior to service.

eviCore healthcare is an independent company that manages prior authorization for Medical Mutual.
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