



# PRIOR AUTHORIZATION FOR HIGH-TECH IMAGING

For all outpatient high-tech imaging services, make sure your doctor requests prior authorization from Blue KC's contracted partner, eviCore, before tests are performed.

Here's some information about how prior authorization for these services works:

## When Authorization is Required

All outpatient, non-emergent, diagnostic advanced imaging & cardiology services including:

- MRI/MRA
- Nuclear Stress
- CT/CTA
- Echo
- PET
- Stress Echo
- Cardiac CT, MR, PET

## When Authorization is NOT Required

- Inpatient Radiology
- Radiology testing done in the Emergency Room
- Most 23-Hour Observation Admissions



## Requesting Prior Authorization

Your healthcare provider will contact eviCore at [evicore.com](http://evicore.com) or via phone toll-free at **888-693-3211**. They can also fax your request on an approved fax form to **888-693-3210**. Fax forms are available at [evicore.com](http://evicore.com) or by calling **888-693-3211**.

## Information Needed

To ensure the authorization process is as quick and efficient as possible, we highly recommend that the physician's office submitting requests have the following information:

- Recent clinical information including prior tests, lab work, and /or imaging performed related to this diagnosis
- Working or differential diagnosis and notes from your last visit related to the diagnosis
- Type and duration of treatment performed
- Your name and address
- Your Blue KC member ID number
- Provider name, address, tax ID, and NPI

## When Authorizations are Approved

When the service has been approved, an authorization number will be faxed to the ordering physician and requested facility. eviCore

will approve the specific facility performing the imaging study and the CPT code or codes for diagnostic imaging. Your physician should contact eviCore for changes to the facility.

It's the responsibility of the performing facility to confirm that the referring physician completed the pre-service authorization process for advanced imaging procedures. They can obtain verification via [evicore.com](http://evicore.com) or by calling **888-693-3211**.

**IMPORTANT!** Authorization from eviCore does not guarantee claim payment. Services must be covered by your health plan and you must be eligible at the time services are rendered. **Claims submitted for unauthorized procedures are subject to denial.**

## When Authorizations are Denied

Should a service be denied, eviCore will notify the ordering physician/facility via fax, and will contact you in writing to provide a rationale for the determination within one working day of decision. This communication sets forth the appeal options per current state policy. eviCore also offers the ordering physician a consultation with an eviCore Medical Director prior to denying a request. Your provider can perform a peer-to-peer consultation up until the anticipated date of service. However, if your case is 60 days or older, your provider will be required to start a new case with eviCore.