Reminder: New Prior Authorization Requirements for Advanced Imaging (Cardiology and Radiology)

August 1, 2024

In May and July, we shared that CareFirst and EviCore are collaborating to provide services for CareFirst members enrolled in our fully insured commercial plans for Cardiology and Radiology Advanced Imaging.

The system opened on July 15, for ordering providers to submit a prior authorization request for outpatient services to EviCore for impacted members for dates of service August 2 and beyond.

As a reminder, **effective August 2**, identified Advanced Imaging for Cardiology and Radiology services require prior authorization for CareFirst **commercial fully insured members on the Facets system**

How do I identify commercial fully insured members on Facets?

There are three pieces of information you are looking for to determine prior authorization requirements (a member must have all three to require prior authorization):

Step One: Is the member a commercial member?

Commercial members are those **NOT** part of these Government Program plans:
- Federal Employee Program (FEP) ('R' prefix)
- Federal Employee Health Benefit Plan (FEHBP or Group ND50)
- Medicare Advantage ('MAC' or 'EGE' prefixes)
- CareFirst CHPMD
- Advantage DualPrime

If you see any of these indicators on their member ID card, on CareFirst Direct or within the eligibility transaction you receive from your clearinghouse, the member is **not** a commercial member and **does not require prior authorization for these services and no other information is needed to determine eligibility.**

If the member does not have one of the plans above, they are commercial, and you should go to Step Two.

Step Two: Is the member fully insured?

A member is either **fully insured (or Risk)** with us or self-insured (or Non-Risk). This status can be identified on the CareFirst Direct Eligibility Summary screen by looking at the 'Insured Status' field.

Here is what you are looking for to identify a fully insured member:

If you see what is above, the member is **fully insured** with us. You can also determine if a member is fully insured with us on the eligibility transaction from your clearinghouse. **Fully insured members are identified as RISK.**

However, if you see the information below, or if the member is listed as NON-RISK in an eligibility transaction from your clearinghouse, the member is self-insured and does not require prior authorization for these services and no other information is needed.

If you have identified your member as commercial and fully insured, the last piece of information you need to determine if a prior authorization is required is if they are also associated with the **Facets** source system. Go to Step Three.

Step Three: Is the member on the Facets source system?

The source system a member is associated with can be identified on the CareFirst Direct Eligibility Summary screen by looking at the 'Source' field. Here is what you are looking for to identify a member on **Facets**:

If you see anything other than Facets in this field, they **do not require prior authorization for these services and no other information is needed to determine eligibility.**

> Remember, the member must have **all three** of these indicators to require prior authorization for the identified services. They must be commercial, fully insured with us, and associated with the Facets source system. **If even one of these indicators is missing, they do not require prior authorization.**

How do I find the Eligibility Summary Screen on CareFirst Direct?

For more specific information on how to use CareFirst Direct to identify members that require prior authorization for Advanced Imaging (Cardiology/Radiology) services, access this course: How to Identify Commercial Fully Insured Members in CareFirst Direct.

How do I know which services require prior authorization through EviCore?

You can find a comprehensive list of codes that require prior authorization on the EviCore Health Resource Page for CareFirst. To access the list, select the 'Solutions Resources' tab. From there, you will find a link to open either Cardiology or Radiology services (both links include all codes that require prior authorization).
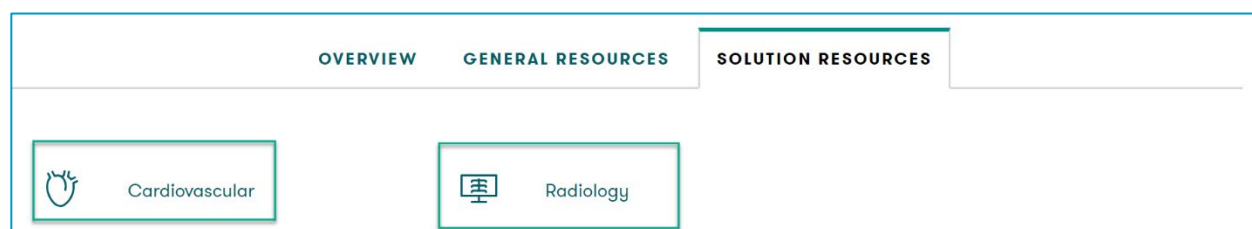
How do I access EviCore to enter a prior authorization?

For step-by-step instructions on how to access EviCore's CareCore National Portal and enter a prior authorization, please refer to the following guide:
- How to Request Prior Authorization for Advanced Imaging

In addition, for servicing providers, here is a great step-by-step guide to determine if a prior authorization is on file before rendering service:
- Authorization Lookup for Servicing Providers - Advanced Imaging

Are there additional resources available?

Yes, in addition to the list of codes that require prior authorization, on the EviCore Health Resource Page for CareFirst you also have access to FAQs, Clinical Guidelines, Quick Reference Guides, and Training.

And finally, if you weren't able to attend one of our live webinars held in July, you can access the recording here.