

## 1. Overview

Beginning 3/30/2021, certain advanced diagnostic imaging orders entered through Epic will have the ability to get prior authorizations within the Epic order entry process. The process works by reading available information from the chart and determining an initial set of clinical details for the order.

The orders must also be for a patient with HMSA commercial (HMO/PPO) or Quest coverage. Akamai Advantage plans are not covered under this new process. In addition, the ordering provider must be in the HHP network. Please note that for some HAC providers that do not perform registration in Epic, a patient's insurance information may not be available and a prior auth cannot be granted via the ordering process.

The following advanced diagnostic imaging orders apply as of 3/30/2021 and may change over time:

- |                           |                               |
|---------------------------|-------------------------------|
| 1. CT Abdomen and Pelvis  | 9. MRI Lumbar Spine           |
| 2. CT Abdomen             | 10. MRI Thoracic Spine        |
| 3. MRI Orbit Face Neck    | 11. MR Angiography Head/Brain |
| 4. CT Soft Tissue Neck    | 12. MRI Brain                 |
| 5. CT Maxillofacial/Sinus | 13. CT Chest                  |
| 6. CT Head/Brain          | 14. MRI Abdomen               |
| 7. CT Lumbar Spine        | 15. MRI Pelvis                |
| 8. MRI Cervical Spine     |                               |

Upon signing an order that meets the applicable insurance coverage and imaging procedures specified above, a Best Practice Advisory (BPA) will automatically appear. **Note that if you do not see the BPA, it is likely because the conditions above were not met.**

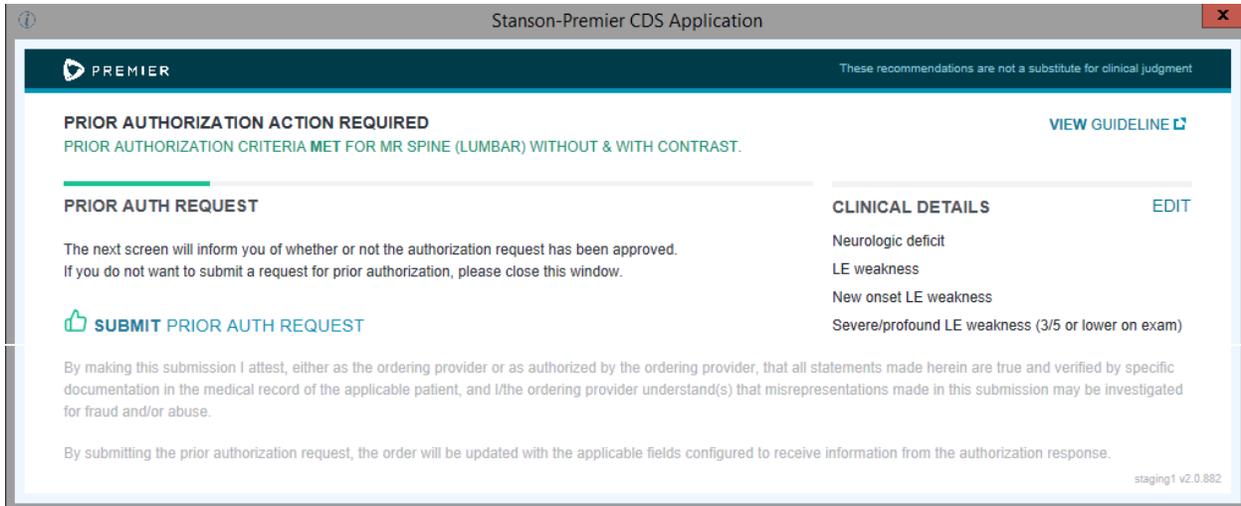
The clinical data used in evaluating guidelines comes from various places within chart documentation in Epic as defined in the table below and must exist in the chart at the time of signing the order.

Chart Section	Important Notes / Caveats
Order details such as reasons for exam/indications	This includes the ability to read free text data
Visit diagnoses	Current encounter only
Problem list entries	Only the discrete codes associated with entries are evaluated. Modifiers (ex. "chronic") are not currently utilized.
Reasons for Visit/Chief Complaints	Current encounter only
Certain vital signs, such as temperature and heart rate	Most recent set of vitals only
Lab Results	Specific flags or values for some results may not be standardized across different lab
Surgical history	
Medical history	
Smoking history	Specific fields associated with tobacco usage status and history, such as pack-years
Pregnancy status	Pregnancy status is not available for ED encounters. However, pregnancy documented on the problem list or in the order reason for exam will be included in the evaluation.

## 2. BPA Workflow

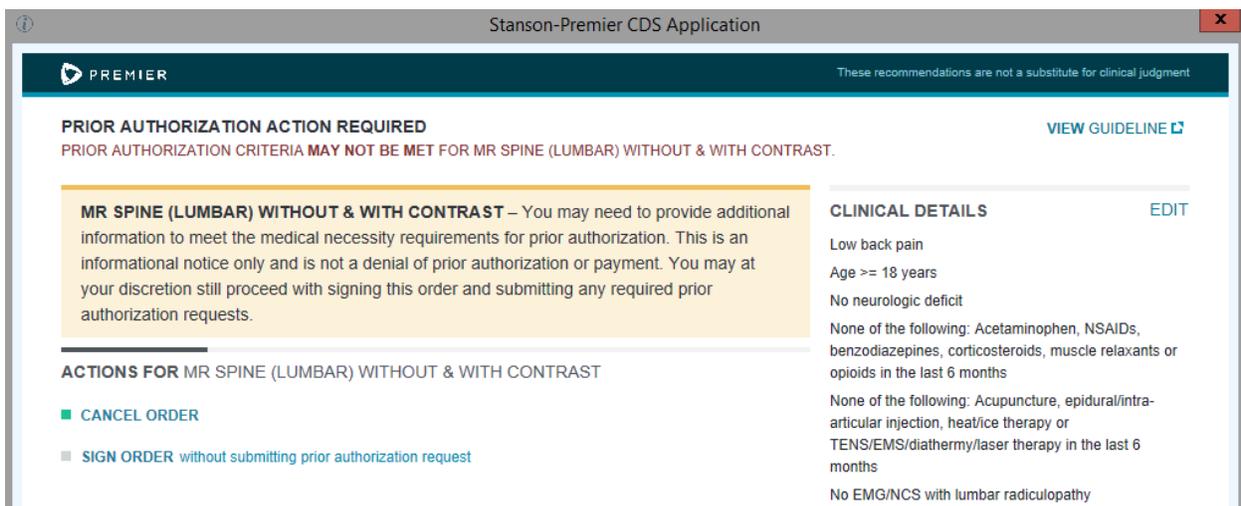
The BPA will look like the screenshot below when clinical guidelines are **met**. Your options on this screen are to:

1. Select “CONFIRM CLINICAL DETAILS / SUBMIT PRIOR AUTH REQUEST” to sign the order and submit your prior authorization
2. Select “CONTINUE with MR SPINE...” to sign the order without a prior authorization request



The BPA will look like the screenshot below when clinical guidelines **are not met**. Your options on this screen are to:

1. Select “Cancel MR Spine...” to remove the order from the encounter
2. Select “CONTINUE with MR SPIN...” to sign the order without a prior authorization request
3. Select “EDIT” to change the Clinical details used in the evaluation of the clinical guidelines to provide additional information which may result in the guidelines being met



### 3. Confirming Authorizations

You can confirm if the prior authorization request was finalized by selecting the signed order from chart review and reviewing the order questions. The order questions will capture information such as:

1. The auth tracking number
2. The authorization number
3. Auth effective dates
4. And clinical details used in the evaluation

**Bran Ambtest**  
Male, 22 yr old, 11/21/1997  
MRN: 30000313  
Code: Not on file (no ACP docs)

Allergies: Not on File  
Adj Risk: None  
Risk Scores: ✓ 1

7/2 Office Visit  
No vital signs recorded for this e...  
RAD (2)  
No results

Care Team: No PCP  
Coverage: HMSA/HMSA PPO - 556

#### Report Viewer

Report History | View pane 1 | View pane 2 | Split Up/Down | Split Left/Right | Detach Window

MR SPINE (LUMBAR) WITHOUT .WITH CONTRAST<-Today Office Visit Imaging - Straub Medical Center - King Street

To Location/POS	To Provider	To Specialty
none	Center, Straub Medical	none

Priority	Visits Requested
Routine	1

#### Order Information

Order Date	Order Time	Service
07/02/20	1143	(none)

#### Priority and Order Details

Priority	Order Status	Class
Routine	Sent	Normal

#### Order Questions

Question	Answer	Comment
Clinical Indications or Reason for Exam?	low back pain	
Pacemaker or metal implants?	No	
Performing location	STRAUB MEDICAL CENTER	
<small>Note: Please select the location in which the exam is to be performed. This response will aid in the potential for an automatic pre-authorization for the procedure. If you do not see y</small>		
Pre-auth messaging?	This authorization number is not a guarantee of payment. HMSA reserves the right to review claims post-service and claims are subject to the terms and limitations of the member's plan. Additionally, reimbursement is based on the plan benefits and HMSA's eligible charges. Simply enter the following tracking number in the "Authorization Tracking" system: 05412311	
Pre-auth tracking number?	05412311	
Pre-auth number?	20184H004	
Pre-auth effective from date?	2020-07-02T07:00:00Z	
Pre-auth effective to date?	2020-10-30T07:00:00Z	
Pre-auth clinical criteria met?	Clinically Appropriate	
Pre-auth clinical details used in request?	Neurologic deficit; LE weakness; Worsening LE weakness; Severe/profound LE weakness (3/5 or lower on exam)	

Please note the following:

1. If you are a staff member that routinely deals with prior authorizations, no telephone encounter will be created for authorizations obtained through the BPA. This means that if you need to refer to the authorization number after the order has been placed, you will need to view the order details as pictured above. In addition, any authorizations obtained through this BPA will automatically file to the referral record/referral shell and can be confirmed/updated there.
2. If you are a HAC provider that utilizes a third party practice management vendor, any authorizations obtained through this BPA will need to be manually recorded in your practice management/billing system.