HHP Clinical Decision Support For Advanced Diagnostic Imaging

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

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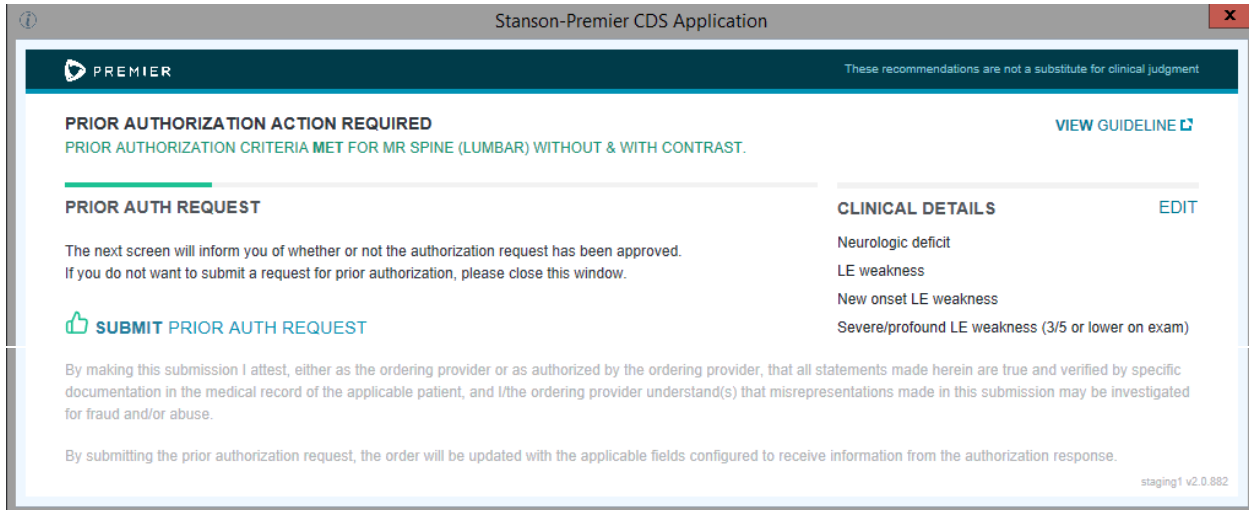
The BPA will look like the screenshot below when clinical guidelines _**are not met**_. Your options on this screen are to:

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
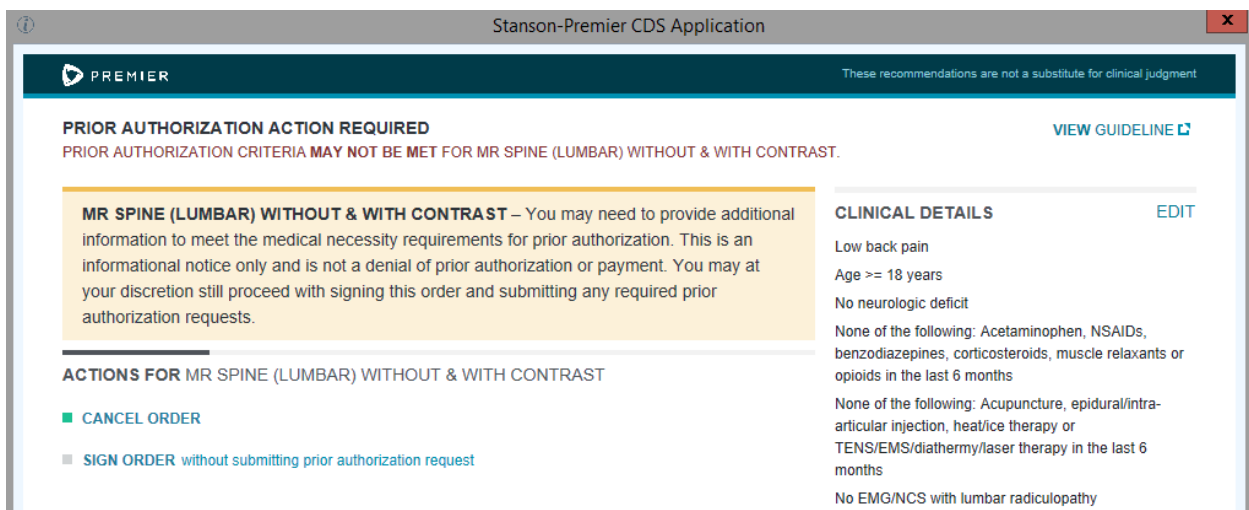
3. Confirming Authorizations

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

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.