



**Capital Blue Cross
Clinical Validation Review
Quick Reference Guide**

In keeping with our commitment of promoting continuous quality improvement for services provided to Capital Blue Cross members, Capital Blue Cross expanded its partnership with Evolent (formerly National Imaging Associates, Inc.) to implement a Clinical Validation of Records (CVR) process to the existing program. This process ensures Capital Blue Cross patients receive the most appropriate and effective care when needed.

A key goal of the expanded program is to reduce unnecessary imaging for our members and ensure the most appropriate test for patients in support of their care needs. Evolent uses several clinical review processes to ensure program integrity, quality and clinical appropriateness of the care Capital Blue Cross members receive. These processes include Evolent’s proprietary algorithms, specialist-reviewed guidelines, peer-to-peer consultation and clinical records quality review for targeted studies.

Evolent’s Clinical Review Process for Capital Blue Cross

The following imaging tests require clinical record documentation:

Authorized CPT Code	Description	Allowable Billed Groupings
70450	CT Head/Brain	70450, 70460, 70470, +0722T
70486	CT Sinus	70486, 70487, 70488, 76380, +0722T
70490	CT Soft Tissue Neck	70490, 70491, 70492, +0722T
70551	MRI Brain	70551, 70552, 70553, +0698T
71250	CT Chest	71250, 71260, 71270, 71271, +0722T
72131	CT Lumbar Spine	72131, 72132, 72133, +0722T
72141	MRI Cervical Spine	72141, 72142, 72156, +0698T
72146	MRI Thoracic Spine	72146, 72147, 72157, +0698T
72148	MRI Lumbar Spine	72148, 72149, 72158, +0698T
72196	MRI Pelvis	72195, 72196, 72197, +0698T
73221	MRI Upper Extremity Joint	73221, 73222, 73223, +0698T
73720	MRI Lower Extremity	73718, 73719, 73720, 73721, 73722, 73723, +0698T
73721	MRI Hip	72195, 72196, 72197, 73721, 73722, 73723, +0698T
74150	CT Abdomen	74150, 74160, 74170, +0722T
74176	CT Abdomen and Pelvis Combination	74176, 74177, 74178, +0722T
74181	MRI Abdomen	74181, 74182, 74183, S8037, +0698T, +0724T
78451	Myocardial Perfusion Imaging – Nuclear Cardiology Study	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499, +0742T
78813	PET Scan	78811, 78812, 78813, 78814, 78815, 78816

78816	PET Scan with concurrently acquired CT for attenuation correction and anatomic, localization.	78811, 78812, 78813, 78814, 78815, 78816
93307	Transthoracic Echocardiography (TTE)	93303, 93304, 93306, 93307, 93308, +93320, +93321, +93325, +93356
93350	Stress Echocardiography	93350, 93351, +93320, +93321, +93325, +93352, +93356

Please refer to the Evolent website to obtain the Capital Blue Cross/Evolent 's Billable CPT® Codes Claim Resolution/Utilization Review Matrix for the CPT-4 codes that Evolent authorizes on behalf of Capital Blue Cross.

Evolent manages the Medical Specialty Solutions Services through Capital Blue Cross's contractual relationships with providers.

Obtaining Authorizations

Capital Blue Cross providers are familiar with the Evolent RBM program today including the process for ordering studies and requesting services via [RadMD.com](https://www.radmd.com) or telephonically. The ordering physician is responsible for obtaining prior authorizations for the Medical Specialty Solutions Services listed above.

It is the responsibility of the provider rendering this service to ensure that an authorization was obtained. Payment will be denied for procedures performed without a necessary authorization, and the member cannot be balance-billed for these procedures.

The following services do not require prior authorization through Evolent:

The Medical Specialty Solutions Services performed in the following settings do not require authorization through Evolent:

- Inpatient
- Observation
- Emergency room
- Urgent care facility

Urgent/Emergent Care

If an urgent/emergent clinical situation exists outside of a hospital emergency room, please contact Evolent immediately with the appropriate clinical information for an expedited review. The number to call to obtain a prior authorization is 1-888-203-1423.

Prior Authorization Process

There are two ways to obtain authorizations -- either through Evolent 's website at [RadMD.com](https://www.radmd.com) or by calling 1-888-203-1423.

Information Needed to Obtain Prior Authorization

To expedite the prior authorization process, please refer to the specific required documentation for each Medical Specialty Solutions Service.* Have the appropriate information ready before logging into Evolent's website or calling Evolent's call center. (*Information is required).

- Name and office phone number of ordering physician*
- Member name and ID number*
- Requested procedure*
- Name of provider office or facility where the service will be performed*
- Anticipated date of service
- Details justifying procedure*
 - Symptoms and their duration
 - Physical exam findings
 - Conservative treatment patient has already completed (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs, medications)
 - Preliminary procedures already completed (e.g., x-rays, CTs, lab work, ultrasound, scoped procedures, referrals to specialist, specialist evaluation)
 - Reason the study is being requested (e.g., further evaluation, rule out a disorder)
- Please be prepared to provide the following information, if requested
 - Clinical notes
 - Specialist reports/evaluations
 - Previous related test results
 - X-ray reports
 - Ultrasound reports

Submitting the Clinical Record

Reviewing clinical records (targeted studies) ensures Capital Blue Cross patients receive the most appropriate, effective care and allows for a deeper understanding of the Plan's physician ordering patterns so the utilization management process can be customized.

For studies that require a clinical records' review, the provider will be asked to submit certain aspects of the record for review by Evolent clinicians prior to an authorization for that test. Requested records can be attached to an authorization via our upload of clinical information function on RadMD that Capital Blue Cross providers are using today. In addition, a fax cover sheet is available to attach a fax if this is the provider's preferred method for sending in clinical records.

Utilizing the upload of clinical information feature on RadMD or the Evolent fax template expedites the provider's request, since the information is automatically attached to the case and forwarded to Evolent's clinicians for review.

Website Access

- It is the provider's responsibility when ordering Medical Specialty Solutions Services to access Evolent's website or call 1-888-203-1423 for prior authorization. Information

regarding patient symptoms, past clinical history and prior treatment information will be required and should be available at the time of the contact.

- You can request prior authorization at [RadMD.com](https://www.radmd.com). RadMD is available 24/7, except when maintenance is performed monthly on the third Friday of each month from 12 AM to 3 AM ET. To begin, you will need to obtain your own unique username and password for each individual user in your office. Simply go to [RadMD.com](https://www.radmd.com), click on the New User button and complete the application form.
- You can check on the status of patients' authorizations quickly and easily by going to the Evolent website, [RadMD.com](https://www.radmd.com). After sign-in, visit the My Exam Requests tab to view all outstanding authorizations.
- To get started, go to [RadMD.com](https://www.radmd.com) click the New User button and submit a "RadMD Application for New Account." If you are a rendering provider or hospital that performs these services, an administrator must accept responsibility for creating and managing logins. Your RadMD login information should not be shared.
- If requesting authorizations through Evolent's website and your request is pended, you will receive a tracking number and Evolent will contact you to complete the process.
- The Evolent website cannot be used for retrospective or expedited authorization requests. Those requests must be processed by calling 1-888-203-1423.

Telephone Access

Call center hours of operation are Monday through Friday, 8 AM to 8 PM EST. You may obtain a prior authorization by calling 1-888-203-1423.

- Evolent can accept multiple requests during one phone call.

Submitting Claims

Claims will go directly to Capital Blue Cross Claims

Capital BlueCross
P.O. Box 211457
Eagan, MN 55121

For electronic submissions, you can submit claims to Capital Blue Cross using Payer ID 01260.

Important Notes

- The Evolent authorization number consists of eight or nine alpha/numeric characters. In some cases, you may instead receive a Evolent tracking number (not the same as an authorization number) if your authorization request is not approved at the time of initial contact. You can use either number to track the status of the request on the RadMD Web site or via our Interactive Voice Response telephone system.
- For prior authorization complaints/appeals, please follow the instructions on your denial letter.
- Evolent Clinical Guidelines can be found on the Evolent Web site, [RadMD.com](https://www.radmd.com) under Online Tools/Clinical Guidelines. Evolent guidelines for Medical Specialty Solutions Services have been developed from practice experience, literature reviews, specialty criteria sets and empirical data.
- An authorization number is not a guarantee of payment. Whether the requested service is covered is subject to all of the terms and conditions of the member's benefit plan, including

but not limited to, member eligibility, benefit coverage at the time of the services are provided and any pre-existing condition exclusions referenced in the member's benefit plan.

- To educate your staff on Evolent procedures and to assist you with any provider issues or concerns, contact your Evolent Area Provider Relations Manager.
- Prior authorization and claims payment complaints/appeals: Follow the instructions on your denial letter or Explanation of Payment (EOP).