

Lab Management

Provider Orientation Session for AdventHealth Advantage Plans



Empowering
the Improvement
of Care

Lab Management – Our Experience



9 Years
Managing Lab Management Services

Client Experience
24+ Regional and National Clients

Case Statistics
545+ requests processed per day

Memberships Managed
13M Commercial Members
500K Medicare Members
5.5M Medicaid Members

Evidence-Based Guidelines

The foundation of our solutions



Annually
Reviewed
Guidelines



Experts associated with
academic institutions



Current clinical
literature

Evidence-based medical policy incorporating:

- Independent health technology assessments
- Annual review of current clinical literature
- Internal specialty expertise
- National society recommendations
- External academic institution subject matter experts
- Medical Advisory Board

Prior Authorization Overview

AdventHealth Advantage Plans Prior Authorization Services

eviCore will begin accepting prior authorization requests for molecular/genomic testing on 5/1/2020 for dates of service 5/1/2020 and beyond.

Prior Authorization applies to the following tests:

- Hereditary cancer syndromes
- Carrier screening tests
- Tumor marker/molecular profiling
- Hereditary cardiac disorders
- Cardiovascular disease and thrombosis risk variant testing
- Pharmacogenomics testing
- Neurologic disorders
- Mitochondrial disease testing
- Intellectual disability/developmental disorders

Prior Authorization does **NOT** apply to services that are in:

- Emergency Room services
- 23-hour observations
- Inpatient stays

Provider Resource Page

Providers and/or staff can utilize AdventHealth Advantage Plans' Provider Resource page to access a list of covered molecular/genomic test codes, Clinical Worksheets, FAQs, Quick Reference Guides and additional educational materials by visiting:
<https://www.evicore.com/resources/healthplan/adventhealth>

Exclusions and Special Considerations

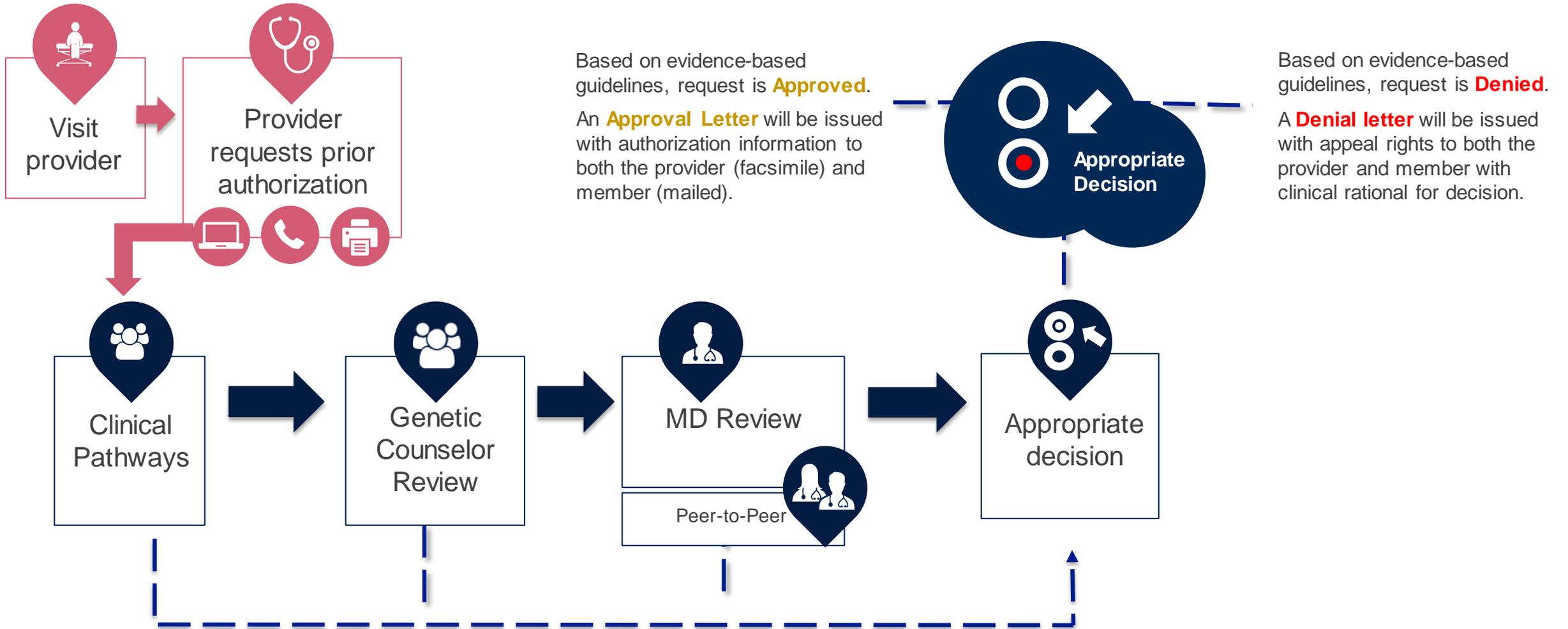
- The Diagnosis codes for infertility, surrogacy, or gender reassignment requires review from the Health Plan and are excluded from the laboratory ("lab") prior authorization program with eviCore for Commercial memberships. Please Contact HFHP for more information.

Lines of Business

Prior Authorization is required for AdventHealth Advantage Plans' members who are enrolled in the following lines of business/programs:

- **Commercial**
- **AHAP MA**

Prior Authorization Process



Non-Clinical Information Needed

The following information must be provided to initiate the prior authorization request:

Member Information

- First and last name
- Date of birth
- Member Identification Number
- Phone number (if applicable)

Ordering Provider Information

- First and last name
- Practice address
- Individual National Provider Identification (NPI) number
- Tax Identification Number (TIN)
- Phone and fax numbers

Rendering Laboratory Information

- Laboratory name
- Street address
- National Provider Identification (NPI) number
- Tax Identification Number (TIN)
- Phone and fax numbers



Clinical Information Needed

If clinical information is needed, it may include:

- Details about the test being performed (test name, description and/or unique identifier)
- All information required by applicable policy
- Test indication, including any applicable signs and symptoms or other reasons for testing
- Any applicable test results (laboratory, imaging, pathology, etc.)
- Any applicable family history
- How test results will impact patient care



Prior Authorization Outcomes

Approvals and Denials

Approved Requests

- All requests are processed within 2 business days after receipt of all necessary clinical information.
- Approvals will be for specific test and procedure codes, units and unique test identifiers when applicable.
- Authorizations are valid for 90 calendar days

Approval Letter

- The letter will be faxed to the ordering provider and rendering laboratory.
- The member will receive the letter in the mail.
- Approval information can be printed on demand from the eviCore portal.

Denied Requests and Letter

- Communication of the denial determination and rationale will be faxed to the ordering provider and rendering laboratory.
- Letter contains reconsideration and/or appeal options based on the members health plan and line of business.
- Instructions on how to request a clinical consultation.



Post-Decision Options

Commercial Memberships

Clinical Consultations

If a request has been denied and requires further clinical review, you are welcome to request a clinical consultation with an eviCore geneticist, pathologist and/or oncologist.

In certain instances, additional clinical information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.

Providers, nurse practitioners and physician assistants can request a clinical consultation by visiting:

www.evicore.com/provider/request-a-clinical-consultation

Reconsiderations

Providers and/or staff can request a reconsideration by submitting additional clinical information without the need for a physician to participate. Reconsideration must be requested on or before the treatment start date. This reconsideration option is only applicable to Commercial memberships.



Pre-Decision Options

Medicare Memberships

Pre-Decision Consultations

If a request has been denied and requires further clinical review, we welcome requests for a pre-clinical consultation with an eviCore geneticist, pathologist, and/or oncologist.

In certain instances, additional clinical information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.

Providers, nurse practitioners and physician assistants can request a clinical consultation by visiting:

www.evicore.com/provider/request-a-clinical-consultation



Special Circumstances

Appeals

- eviCore will not process first level appeals.

Urgent Testing Requests

- Urgent requests can now be submitted on eviCore's website www.evicore.com. When asked, "Is this request standard/routine?" simply answer "no" and the case will be sent to the urgent work list.
- Providers and/or staff can also contact our office by phone and state that the prior authorization request is Urgent. Urgent requests will be reviewed within three hours upon receiving the prior authorization request.

Authorization start date

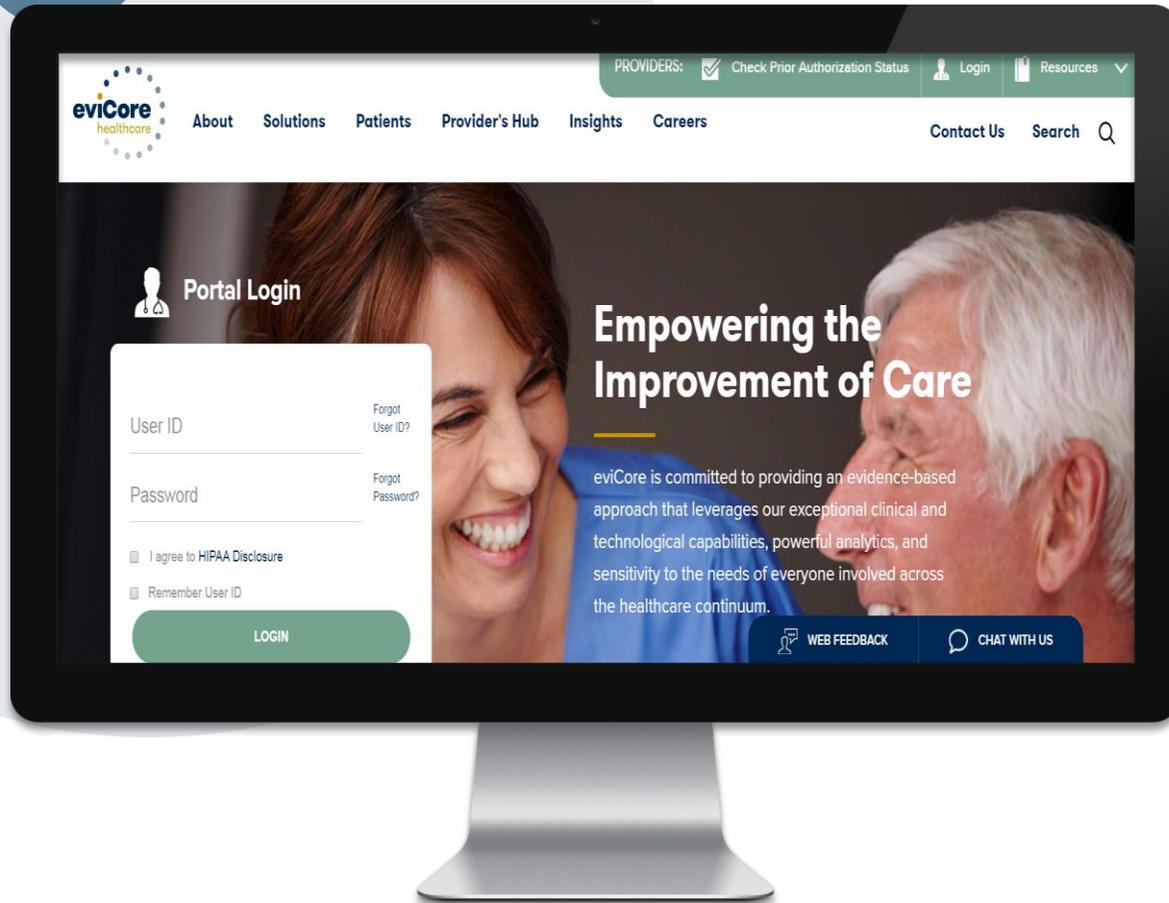
- The authorization start date is the specimen collection date.



Provider Portal Overview

Account Access

eviCore Provider Portal



The eviCore online portal is the quickest, most efficient way to request prior authorizations and check authorization status and is available 24/7.

By visiting www.eviCore.com, providers can spend their time where it matters most — with their patients!

Or by phone:

Phone Number:

877-825-7722

8 am to 7 pm

Monday - Friday

eviCore Website

Visit www.evicore.com

Already a user?

If you already have access to eviCore's online portal, simply login with your User ID and Password and begin submitting requests in real-time!

Don't have an account?

Click "Register Now" and provide the necessary information to receive access today!



Portal Login

User ID

[Forgot User ID?](#)

Password

[Forgot Password?](#)

I agree to HIPAA Disclosure

Remember User ID

LOGIN

Don't have an account? [Register Now](#)



Registration Form

eviCore healthcare

* Required Field

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will use to submit cases over the web.

Default Portal: CareCore National

If you are a health plan representative, please contact web support at 1-800-646-0418 option 2 for your account to be created.

User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name: Address: Phone:
Email: Ext:
Confirm Email: City: Fax:
First Name: State: Zip:
Last Name: Office Name:

Next

Web Support 800-646-0418
Legal Disclaimer | Privacy Policy | Corporate Website | Report Fraud & Abuse | Guidelines and Forms | Contact Us

Select a **Default Portal**, and complete the registration form.

Review information provided, and click
“**Submit Registration**”

eviCore healthcare

Please review the information before you submit this registration. An Email will be sent to your registered email address to set your password.

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will use to submit cases over the web.

Default Portal: CareCore National

If you are a health plan representative, please contact web support at 1-800-646-0418 option 2 for your account to be created.

User Registration

UserName: Address: Phone:
Email: City: Ext:
Account Type: State: Fax:
First Name: Office Name:
Last Name:

Back Submit Registration

Web Support 800-646-0418
Legal Disclaimer | Privacy Policy | Corporate Website | Report Fraud & Abuse | Guidelines and Forms | Contact Us

User Access Agreement

The screenshot displays the eviCore healthcare user registration interface. A modal window titled "USER REGISTRATION" is open, showing the "User Access Agreement" section, which is marked as "*Required". The agreement text includes:

eviCore
Provider/Customer Access Agreement for Web-Based Applications

This Provider/Customer Access Agreement for Web-Based Applications ("Access Agreement") contains the terms and conditions for use by Provider/Customers of the web-based applications provided by eviCore through its Web Site. This Access Agreement applies to Provider/Customer and all employees and/or agents that have access to eviCore's web-based applications by utilizing a User ID and Personal Identification Number ("PIN"), Security Password, or other security device provided by eviCore, hereinafter referred to as "Users."

To obtain access to eviCore's Web Site applications, User must first read and agree to this Access Agreement. After reviewing these documents, User will be asked to accept the Access Agreement by checking the "Accept Terms and Conditions" check box. If User accepts, this will result in a binding contract between User and eviCore, just as if User had physically signed the Access Agreement.

Each and every time User accesses eviCore's web-based applications, User agrees to be bound by this Access Agreement, as it may be amended from time to time.

1. Limited License. Upon acceptance, eviCore grants Provider/Customer a revocable, nonexclusive, and nontransferable limited license to access electronically eviCore's web-based applications only so long as Provider/Customer is currently bound by a Provider/Customer Agreement (as used herein a "Provider/Customer Agreement" is an agreement to provide health care/medical services to members of health plans for which eviCore provides radiological services, whether it is with eviCore directly or said health

At the bottom of the modal, there is a checkbox labeled "Accept Terms and Conditions" which is checked, and two buttons: "Submit" and "Cancel".

The background registration form includes the eviCore healthcare logo, a warning message, a "Web Portal Preference" section with a dropdown menu set to "CareCore National", and a "User Registration" section with fields for Username, Email, Account Type, First Name, and Last Name. There are also fields for Phone, Ext, Fax, and Zip. At the bottom right of the form are "Back" and "Submit Registration" buttons. The footer contains "Web Support 800-646-0418" and links for "Legal Disclaimer", "Privacy Policy", "Corporate Website", "Report Fraud & Abuse", "Guidelines and Forms", and "Contact Us".

Accept the **Terms and Conditions** and click **“Submit.”**

Registration Successful

You will receive a message on the screen confirming your registration was successful.
You will be sent an email to create your password.



Registration Successful

Your Registration has been accepted. An email has been sent to your registered email account allowing you to set your password. Please close the browser.

Your password must be at least eight (8) characters long and contain the following:

Password Maintenance

Please set up a new password for your account.

Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters.

New Password*

Confirm New Password*

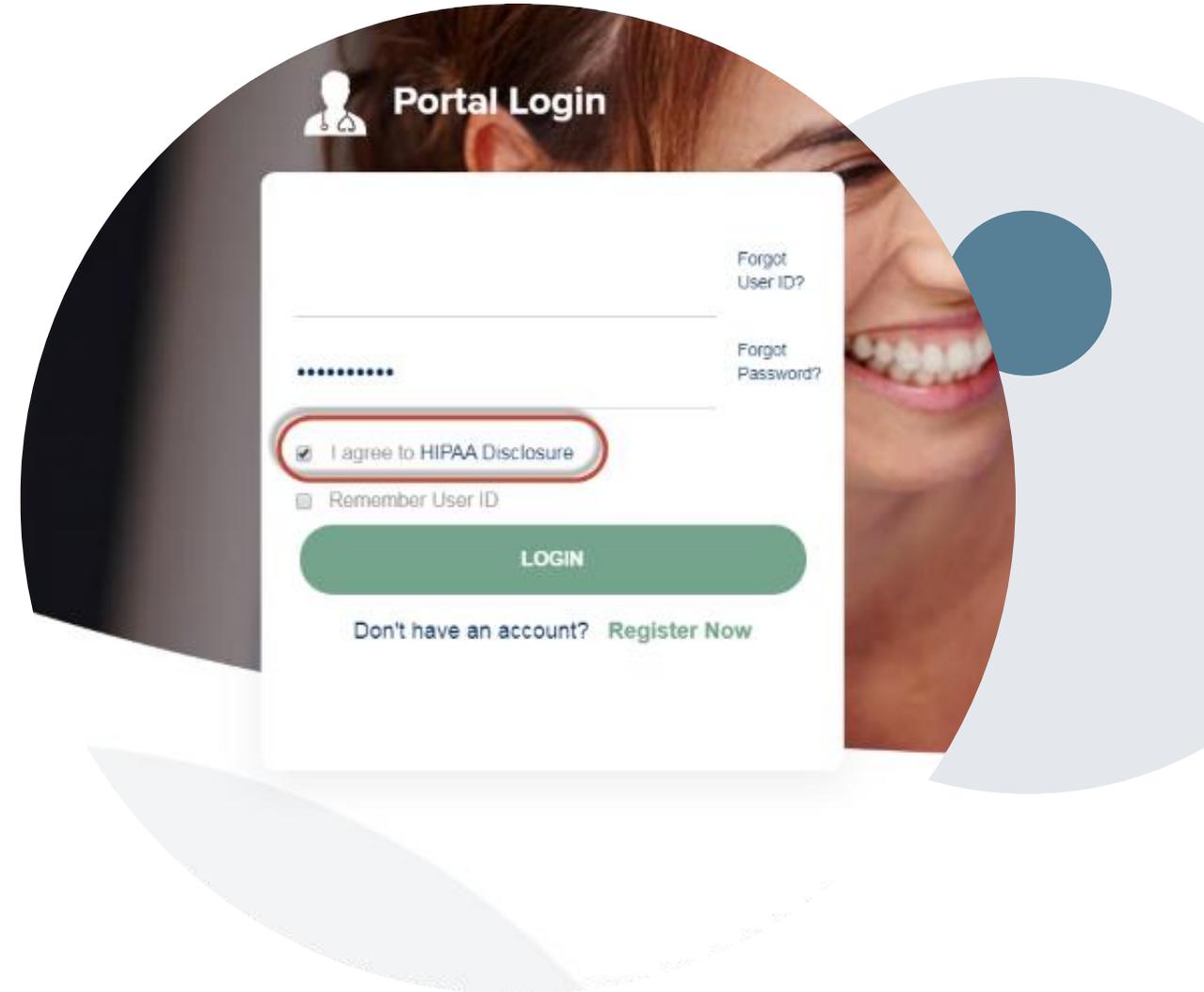
Save

- ✓ Uppercase letters
- ✓ Lowercase letters
- ✓ Numbers
- ✓ Characters (e.g., ! ? *)

Account Login

To log in to your account,
enter your **User ID** and
Password.

Agree to the HIPAA
Disclosure and click “**Login**.”



Provider Portal Overview

Adding Providers and/or Laboratories

Welcome Screen



- Home
- Certification Summary
- Authorization Lookup
- Eligibility Lookup
- Clinical Certification
- Certification Requests In Progress
- MSM Practitioner Performance Summary Portal
- Resources
- Manage Your Account
- Help / Contact Us

Monday, November 04, 2019 6:18 PM

Log Off

Welcome to the CareCore National Web Portal. You are logged in as .

[Review a summary of recent certifications >>](#)

[Request a clinical certification/procedure >>](#)

[Resume a certification request in progress >>](#) << Did you know? You can save a certification request to finish later.

[Look up an existing authorization >>](#)

[Check member eligibility >>](#)

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**Your provider will need to be added to your account prior to case submission.
Click the “Manage Your Account” tab to add provider information.**

Adding Providers and/or Laboratories



Monday, November 04, 2019 6:33 PM

Log Off

Manage Your Account

Office Name: Test

Change Password

Edit Account

Address:

Primary Contact:

Email Address:

Add Provider

Click Column Headings to Sort

No providers on file

Cancel

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Under the “Manage Your Account” tab, click the “Add Provider” button.

Adding Providers and/or Laboratories



Home Certification Summary Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources **Manage Your Account** Help / Contact Us MedSolutions Portal

Monday, November 04, 2019 6:33 PM

Log Off

Add Practitioner

Enter Practitioner information and find matches.

*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

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Enter the **Provider's and/or Laboratory's NPI, State and Zip Code** to search for the provider record to add to your account.

You are able to add multiple Providers to your account.

Adding Providers and/or Laboratories



Monday, November 04, 2019 6:33 PM

Log Off

Add Practitioner

This following practitioner record(s) were found to match the requested NPI. Is this the practitioner you would like to register?

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax
Last, First	12312312	730 Coolsprings Blvd	Franklin	TN	37067	(615)548-4000	

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Select the matching record based upon your search criteria.

Adding Providers and/or Laboratories



Home Certification Summary Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources **Manage Your Account** Help / Contact Us MedSolutions Portal

Monday, November 04, 2019 6:33 PM

Log Off

Add Practitioner

If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to return to your account.

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**Once you have selected a provider, your registration will be complete.
You can then access the “Manage Your Account” tab to make any necessary updates or changes.**

You can also click “Add Another Practitioner” to add another provider to your account.

Provider Portal Overview

Submitting Online Prior Authorization Requests

Initiating a Request



[Home](#) [Certification Summary](#) [Authorization Lookup](#) [Eligibility Lookup](#) [Clinical Certification](#) [Certification Requests In Progress](#) [MSM Practitioner Performance Summary Portal](#) [Resources](#) [Manage Your Account](#) [Help / Contact Us](#) [MedSolutions Portal](#)

Tuesday, November 05, 2019 9:16 AM

[Log Off](#)

Welcome to the CareCore National Web Portal. You are logged in as [User Name]

[Review a summary of recent certifications >>](#)

[Request a clinical certification/procedure >>](#)

[Resume a certification request in progress >>](#) << Did you know? You can save a certification request to finish later.

[Look up an existing authorization >>](#)

[Check member eligibility >>](#)

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Choose “Request a clinical certification/procedure” to begin a new case request.

Select Program



Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us MedSolutions Portal

Tuesday, November 05, 2019 9:09 AM

Log Off



Clinical Certification

Please select the program for your certification:

- Radiology and Cardiology
- Specialty Drugs
- Radiation Therapy Management Program (RTMP)
- Musculoskeletal Management
- Sleep Management
- Lab Management Program
- Durable Medical Equipment(DME)
- Medical Oncology Pathways

Are you building a case as a referring provider or as a rendering lab?
Please Select

Cancel Print Continue

Click [here](#) for help or technical support

Are you building a case as a referring provider or as a rendering lab?

Please Select

Please Select

Referring Provider

Rendering Lab

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Select the Program for your certification and indicate if you are requesting as a referring provider or rendering lab.

Select Provider



Tuesday, November 05, 2019 9:09 AM

Log Off



Clinical Certification

Select the practitioner or group for whom you want to build a case.

If the practitioner, group, or lab for whom you wish to build a case is not listed, please visit [Manage Your Account](#) to associate the new practitioner, group, or lab.

Filter Last Name or NPI:

Selected Physician:

Provider
<input type="button" value="SELECT"/>

[Click here for help or technical support](#)

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Select the Practitioner/Group/Lab for whom you want to build a case.

Select Health Plan



Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us MedSolutions Portal

Tuesday, November 05, 2019 9:09 AM

Log Off



Clinical Certification

To process an urgent case on the web you will be required to upload relevant clinical information using the online clinical upload feature at the end of the case build process. [Click here](#) for more information!

You selected:

Please select the health plan for which you would like to build a case. If the health plan is not shown, please contact the plan at the number found on the member's identification card to determine if case submission through CareCore National is necessary.

Please Select a Health Plan

[Click here](#) for help or technical support

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Choose the appropriate “Health Plan” for the case request. If the health plan does not populate, please contact the health plan at the number found on the member’s identification card.

Note: For AdventHealth Advantage Plans, the dropdown will say “AdventHealth Plans”.

Contact Information



Tuesday, November 05, 2019 9:09 AM

Log Off

30% Complete

Provider and NPI

Clinical Certification

Provider's Name [?]

Who to Contact [?]

Fax [?]

Phone [?]

Ext. [?]

Cell Phone

Email

[Cancel](#) [Back](#) [Print](#) [Continue](#)

[Click here for help or technical support](#)

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Enter the Provider's name and appropriate information for the point of contact.

Member Information



Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us MedSolutions Portal

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Log Off

40% Complete
Provider and NPI

Clinical Certification

Patient ID:

Date Of Birth: MM/DD/YYYY

Patient Last Name Only: [?]

IF THIS IS A MEDICAID MEMBER, PLEASE USE THE MEMBER'S MEDICAID ID

[ELIGIBILITY LOOKUP](#)

[Cancel](#) [Back](#) [Print](#)

[Click here for help or technical support](#)

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**Enter the member information, including the Patient ID number, date of birth and patient's last name.
Click "Eligibility Lookup".**

Clinical Details



Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us MedSolutions Portal

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Log Off

60% Complete

Provider and NPI

Patient

EDIT

Clinical Certification

Lab Management Program Procedures

Select a Procedure by CPT Code[?] or Description[?]

LABTST MOLECULAR GENETIC TEST

Don't see your procedure code or type of service? [Click here](#)

Diagnosis

Primary Diagnosis Code: **R68.89**

Description: **Other general symptoms and signs**

[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)

Secondary diagnosis is optional for Lab Management Program

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Enter the Diagnosis relevant to the requested test(s).

Verify Service Selection



Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us MedSolutions Portal

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Log Off

60% Complete

Provider and NPI

Patient

EDIT

Clinical Certification

Confirm your service selection.

CPT Code: LABTST
Description: MOLECULAR GENETIC TEST
Primary Diagnosis Code: R68.89
Primary Diagnosis: Other general symptoms and signs
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

[Cancel](#) [Back](#) [Print](#) [Continue](#)

Click [here](#) for help or technical support

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Confirm the correct diagnosis has been selected.

Site Selection



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Log Off

80% Complete

Provider and NPI

Patient EDIT

Service EDIT

Clinical Certification

Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI: Zip Code: Site Name:

TIN: City:

Exact match
 Starts with

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Select the specific site where the testing/treatment will be performed.

Clinical Collection Process



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Log Off

80% Complete

Provider and NPI

Patient

Service

EDIT

EDIT

Clinical Certification

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click **SUBMIT CASE** before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the **SUBMIT CASE** button will cause the case record to expire with no additional correspondence from CareCore National.

[Cancel](#) [Back](#) [Print](#) [Continue](#)

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Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.

Urgency Indicator



Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us MedSolutions Portal

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Log Off

80% Complete

Provider and NPI

Patient [EDIT](#)

Service [EDIT](#)

Clinical Certification

Is this case Routine/Standard?

Yes

No



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Select an Urgency Indicator and upload your patient's relevant medical records that support your request.

Clinical Pathway Questions



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Log Off

80% Complete

Provider and NPI

Patient

Service

EDIT

EDIT

Clinical Certification

Some tests can be automatically authorized by responding to a set of specific clinical questions. In order to determine the right clinical questions to ask, we need to know exactly which test(s) and procedure code(s) are being considered. The next several questions guide test and CPT code selection. Each step includes an option to bypass the question if you do not know the answer. If you need assistance, you can also submit a case by phone at 866-879-8317.

- To the best of your knowledge, has a previous prior authorization request been made for this member and test?
 Yes No Unknown
- How will the test be billed?
 A single CPT/HCPCS code for the entire test
 More than one CPT/HCPCS code (a panel, profile, or group of tests performed together and billed with multiple procedure codes)
 I do not know the CPT/HCPCS code(s) associated with this test (This option allows you to describe the test and provide general clinical information for manual review.)
- Has the specimen been collected?
 Yes No Unknown

SUBJECT

Finish Later

Did you know?
You can save a certification request to finish later.

Cancel Print

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A few preliminary questions will be asked to direct to the right set of clinical questions.

Clinical Pathway Questions



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Log Off

80% Complete

Provider and NPI

Patient

Service

EDIT

EDIT

Clinical Certification

What is the name of the test you are requesting?

This is a list of commonly requested tests from the lab you selected. They are in alphabetic order by the lab's actual test name, which can usually be found on the test requisition.

Submitting your request will be much faster if the test name can be found.

Test Brand Name	Test Category
<input type="radio"/> None Of These	
<input type="radio"/> 1199A to G Mutation Analysis	Factor II (F2) Targeted Mutation Analysis Tests
<input type="radio"/> ABL T315I Mutation in CML, Cell-based	ABL1 Kinase Mutations
<input type="radio"/> ABL T315I Mutation in CML, Plasma-Based, Leumeta	ABL1 Kinase Mutations
<input type="radio"/> AccuType IL28B	IL28B Polymorphism Genotype
<input type="radio"/> AccuType(R) CP, Clopidogrel CYP2C19 Genotype	CYP2C19 Targeted Mutation Analysis Tests
<input type="radio"/> AccuType(R) Warfarin	Warfarin Sensitivity Panel Tests
<input type="radio"/> AML1/ETO t(8:21) Quantitative, Real-Time PCR	AML1/ETO Rearrangement Tumor Testing
<input type="radio"/> Angiotensin Converting Enzyme (ACE) Polymorphism (Insertion/Deletion)	Angiotensin Converting Enzyme (ACE) Polymorphism
<input type="radio"/> Angiotensin II Type 1 Receptor (AGTR1) Gene 1166A to C Polymorphism	AGTR1 1166A-C Polymorphism

1 2 3 4 5 6 7 8 9

All A B C E F G J L M N O P Q R S T Y

** NOTE: If you know the name of the test, choose the first letter of the test name above. Otherwise, you can scroll through all tests using the page numbers. If you cannot find the test, please return to page 1 of the "All" tab and select "None of These".

**FOR LAB REPRESENTATIVES: If you would like to correct or add to this list, please email labmanagement@evicore.com.

Selecting the test by name is the most streamlined way to pull the procedure codes in. If unknown or none of these apply, select "None of These". Manual entry is available.

Clinical Pathway Questions



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Log Off

80% Complete

Provider and NPI

Patient

Service

EDIT

EDIT

Clinical Certification

Select the single CPT/HCPCS code associated with the test from the list below (in numeric order). If the code is not listed, that test is not under program management.

How many times will the CPT/HCPCS code be billed (number of units)?

SUBMIT

Finish Later

Did you know?
You can save a certification request to finish later.

Cancel Print

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If you need to confirm information you are entering or need to add additional data, click “finish later” and then the “submit” button. You will have two business days to complete the case.

Clinical Collection Process – Pathway Questions



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Log Off

Clinical Certification

Is there any additional information specific to the member's condition you would like to provide?
 Yes No

Enter text in the space provided below or continue.

Additional Information - Notes:

Finish Later

Did you know?
You can save a certification request to finish later.

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If additional information is required, you will have the option to either freehand text in the additional information box, or you can mark “Yes” to additional info and click “submit” to bring you to the “upload documentation” page.

Clinical Collection Process – Clinical Upload



Tuesday, November 05, 2019 9:09 AM

Log Off

80% Complete

Provider and NPI

Patient

Service

EDIT

EDIT

Clinical Certification

Clinical Upload

Please upload any additional clinical information that justifies the medical necessity of this request.

Browse for file to upload (max size 5MB, allowable extensions .DOC, .DOCX, .PDF):

No file chosen

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Providing clinical information via the web is the quickest, most efficient method.

Clinical Certification Statements



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Tuesday, November 05, 2019 9:09 AM

[Log Off](#)

Clinical Certification

I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

[Print](#) [SUBMIT CASE](#)

Click [here](#) for help or technical support

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Acknowledge the “Clinical Certification” statements and click “Submit Case”.

Clinical Certification – Approval Case Summary

Clinical Certification

Your case has been Approved.

Provider Name: _____ Contact: _____
Provider Address: _____ Phone Number: _____
Fax Number: _____

Patient Name: _____ Patient Id: _____
Insurance Carrier: _____

Site Name: _____ Site ID: _____
Site Address: _____

Primary Diagnosis Code: C50.412 Description: Malignant neoplasm of upper-outer quadrant of left female breasts

Secondary Diagnosis Code: _____ Description: _____

Date of Service: _____

CPT Code: RCBREA Description: Breast Cancer

Authorization Number: _____
Review Date: _____
Expiration Date: _____
Status: Your case has been Approved.

Once the clinical pathway questions are completed and if the answers have met the clinical criteria, an approval will be issued.

Print the screen and store in the patient's file.

Clinical Certification – Pending Case Summary

Clinical Certification

Your Case has been sent to Medical Review

Provider Name:	Contact:
Provider Address:	Phone Number:
	Fax Number:
<hr/>	
Patient Name:	Patient Id:
Insurance Carrier:	
<hr/>	
Site Name:	Site ID:
Site Address:	
<hr/>	
Primary Diagnosis Code:	Description:
C50.412	Malignant neoplasm of upper-outer quadrant of left female breasts
Secondary Diagnosis Code:	Description:
Date of Service:	
CPT Code:	Description:
RCBREA	Breast Cancer
<hr/>	
Authorization Number:	
Review Date:	
Expiration Date:	
Status:	Pending

Print Continue

Once the clinical pathway questions are completed, the case may be pended for Clinical Review.

The status on the top of the screen will indicate “Your case has been sent to Medical Review”.

You will be presented with a case number. Print the screen and store in the patient’s file.

Building Additional Cases



Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us MedSolutions Portal

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Log Off

Clinical Certification

Thank you for submitting a request for clinical certification. Would you like to:

- Return to the main menu
- Start a new request
- Resume an in-progress request

You can also start a new request using some of the same information.

Start a new request using the same:

- Program (Lab Management Program)
- Provider
- Program and Provider (Lab Management Program and)
- Program and Health Plan (Lab Management Program and)

GO

Cancel Print

[Click here for help or technical support](#)

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**Return to the main menu, resume an in-progress request or start a new request.
You can indicate if any of the previous case information will be needed for the new request.**

Authorization Lookup Tool



Home Certification Summary **Authorization Lookup** Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us MedSolutions Portal

Wednesday, November 06, 2019 10:06 AM

Authorization Lookup

New Security Features Implemented

Search by Member Information

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:

MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:

Search by Authorization Number/ NPI

REQUIRED FIELDS

Provider NPI:

Auth/Case Number:

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Select “Search by Authorization Number/NPI”.

Enter the provider’s NPI and authorization or case number. Select “Search”.

You can also search for an authorization by Member Information, and enter the health plan, Provider NPI, patient’s ID number and patient’s date of birth.

Authorization Lookup Tool (Continued)



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Wednesday, November 06, 2019 10:06 AM

Authorization Lookup

Authorization Number:	:
Case Number:	:
Health Plan Auth Number:	:
Status:	Approved
Approval Date:	:
Service Code:	LABTST
Service Description:	MOLECULAR GENETIC TEST
Site Name:	:
Expiration Date:	:
Date Last Updated:	:
Correspondence:	VIEW CORRESPONDENCE

[Print](#) [Done](#) [Search Again](#)

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**The authorization will then be accessible to review.
To print authorization correspondence, select “View Correspondence”.**

Eligibility Lookup Tool



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Wednesday, November 06, 2019 10:14 AM

[Log Off \(PEWITT1996\)](#)

Eligibility Lookup

Health Plan:
Patient ID:
Member Code:
Cardiology Eligibility: **Medical necessity determination required.**
Radiology Eligibility: **Precertification is Required**
Radiation Therapy Eligibility: **Medical necessity determination required.**
MSM Pain Mgt Eligibility: **Precertification is Required**
Sleep Management Eligibility: **Medical necessity determination required.**

[Print](#) [Done](#) [Search Again](#)

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You may also confirm the patient’s eligibility by selecting the “Eligibility Lookup” tool.

Provider Resources

Provider Resources

Prior Authorization Call Center – 877-825-7722

eviCore's call centers are open from 8 am to 7 pm (local time).

Providers can contact the call center to do any of the following:

- Request prior authorization
- Check status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Request to speak to a molecular/genomic counselor or nurse reviewer
- Schedule a clinical consultation with an eviCore geneticist, pathologist and/or oncologist



Provider Resources

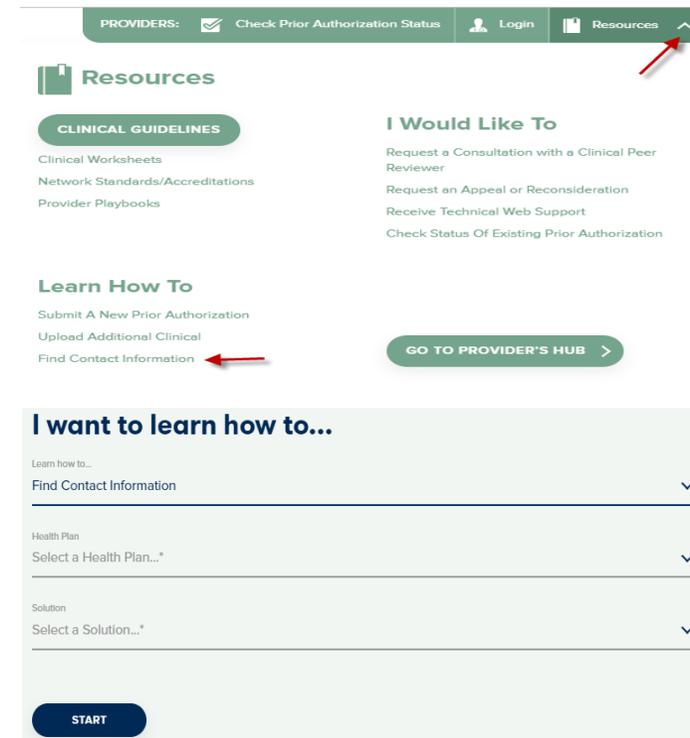
Web Support Services

The quickest, most efficient way to request prior authorizations is through the provider portal. We have dedicated Web Support specialists who can assist providers in navigating the portal and addressing any web-related issues during the online submission process.

To speak with a Web Specialist, call 800-646-0418 (Option #2) or email portal.support@evicore.com

Online Resources

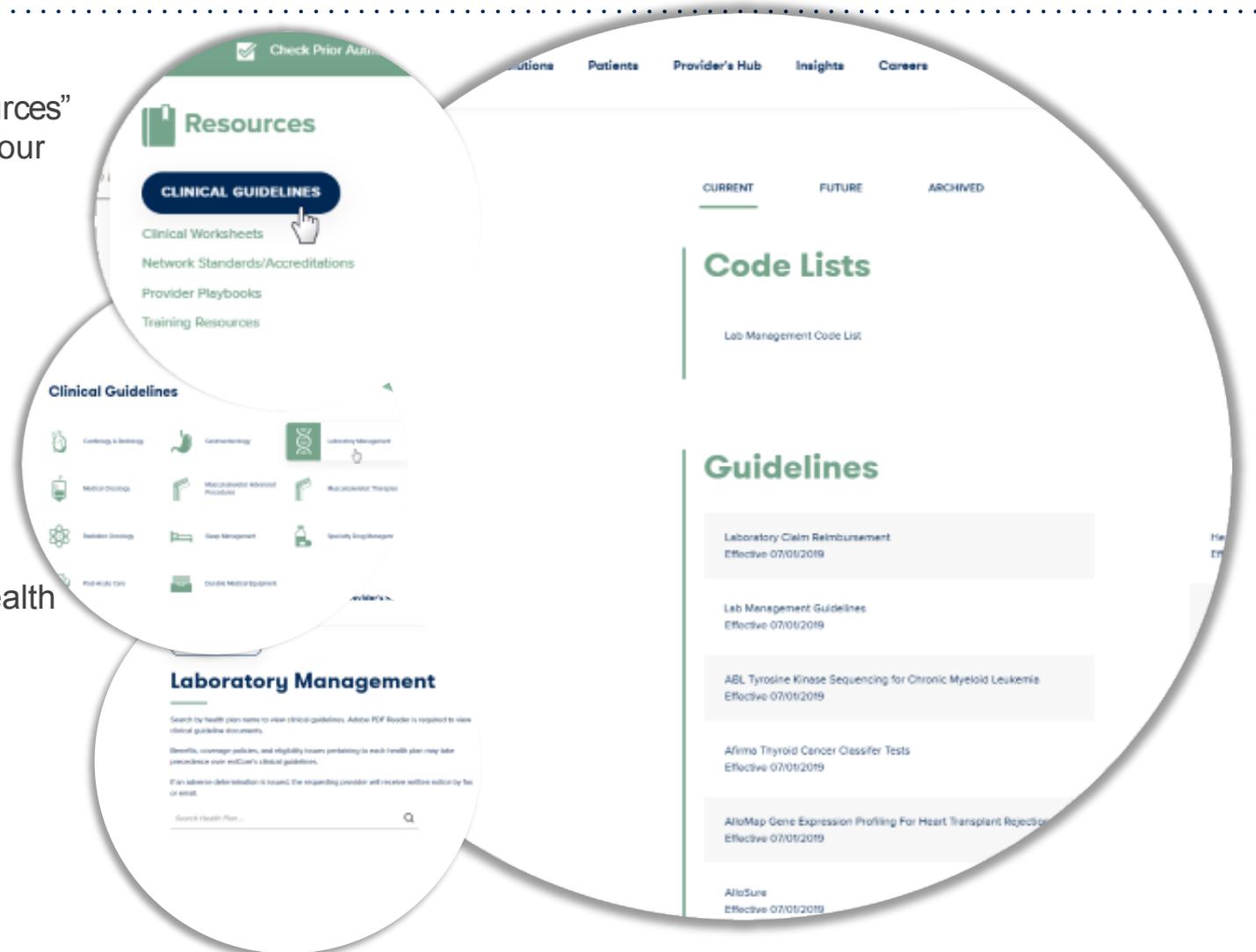
- You can access important tools, health-plan-specific contact information and resources at www.evicore.com
- Select the Resources tab to view Clinical Guidelines, Online Forms and more.
- The Quick Reference Tool can be found by clicking the “Resources” tab and selecting “Find Contact Information”, under the “I want to learn how” section. Simply select the “Health Plan” and “Solution” to populate the contact phone and fax numbers as well as the appropriate portal to utilize for case requests.



Clinical Guidelines

How to access

1. Go to www.evicore.com and select the “Resources” drop-down menu on the far-righthand side of your browser.
2. Select the “Clinical Guidelines” button to be directed to the main clinical guidelines page.
3. Scroll down and select the “Laboratory Management” solution.
4. Type the desired health plan in the “Search Health Plan” search bar and press enter.
5. Select the appropriate guideline specific to the requested test(s).



Provider Resources

Client and Provider Services

eviCore has a dedicated Client and Provider Services team to address provider related requests and concerns. In most instances, this team can provide a resolution within 24 to 48 hours from the date the request was submitted. Below are some common requests that can be sent to the Client and Provider Services team for assistance:

- Requests for an authorization to be resent to the health plan
- Consumer engagement inquiries
- Eligibility issues (member, rendering facility and/or ordering provider)
- Issues experienced during case creation
- Reports of system issues

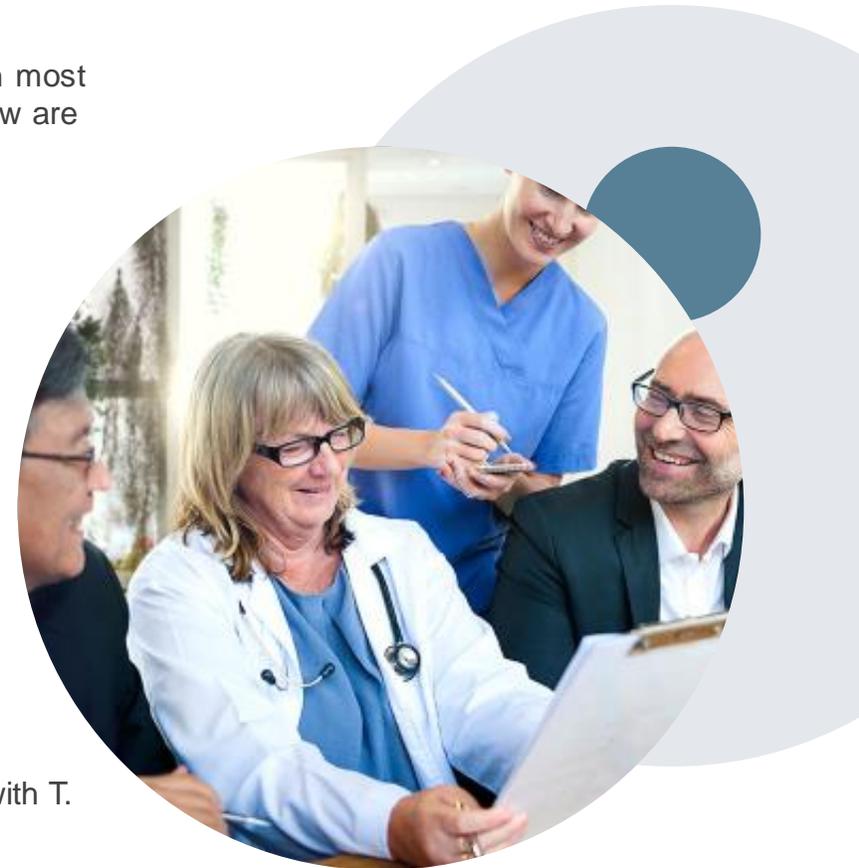
How to Contact the Client and Provider Services team

Phone: 800-646-0418 (option 4)

Email: ClientServices@evicore.com

For prompt service, please have all pertinent information available when calling Client Services. If emailing, make sure to include a description of the issue with member/provider/case details when applicable. Outside of normal business hours, please email Client Services with your inquiry.

eviCore uses the Cherwell Ticketing System for all email inquiries. You will be assigned a ticket number starting with T. This number will identify a specific issue which you have provided for review.



Provider Resources

Client-Specific Provider Resource Pages

eviCore's Provider Experience team maintains provider resource pages that contain client and solution-specific educational materials to assist providers and their staff on a daily basis. The provider resource page will include but is not limited to the following educational materials:

- Frequently Asked Questions
- Quick Reference Guides
- Solution PowerPoint Overview
- Training Sessions
- Announcement Letter

To access these helpful resources, please visit

<https://www.evicore.com/resources/healthplan/adventhealth>

Provider Enrollment Questions – AdventHealth Advantage Plans Provider Services at 844-522-5278



Thank You!

