

Priorauthorization of Genomic Lab Management

Blue Cross Blue Shield Medicaid Program



Program Overview

eviCore began accepting requests on May 22, 2017 for dates of service June 1, 2017 and beyond.

Preauthorization applies to services that are:

- Outpatient
- Elective / Non-emergent

eviCore Preauthorization does not apply to services that are performed in:

- Emergency room
- Inpatient
- 23-hour observation

It is the responsibility of the ordering provider to request preauthorization approval for services.

Applicable Membership

Authorization is required for Blue Cross and Blue Shield members enrolled in the following programs:

- **Blue Cross and Blue Shield of Illinois**
 - Medicaid members

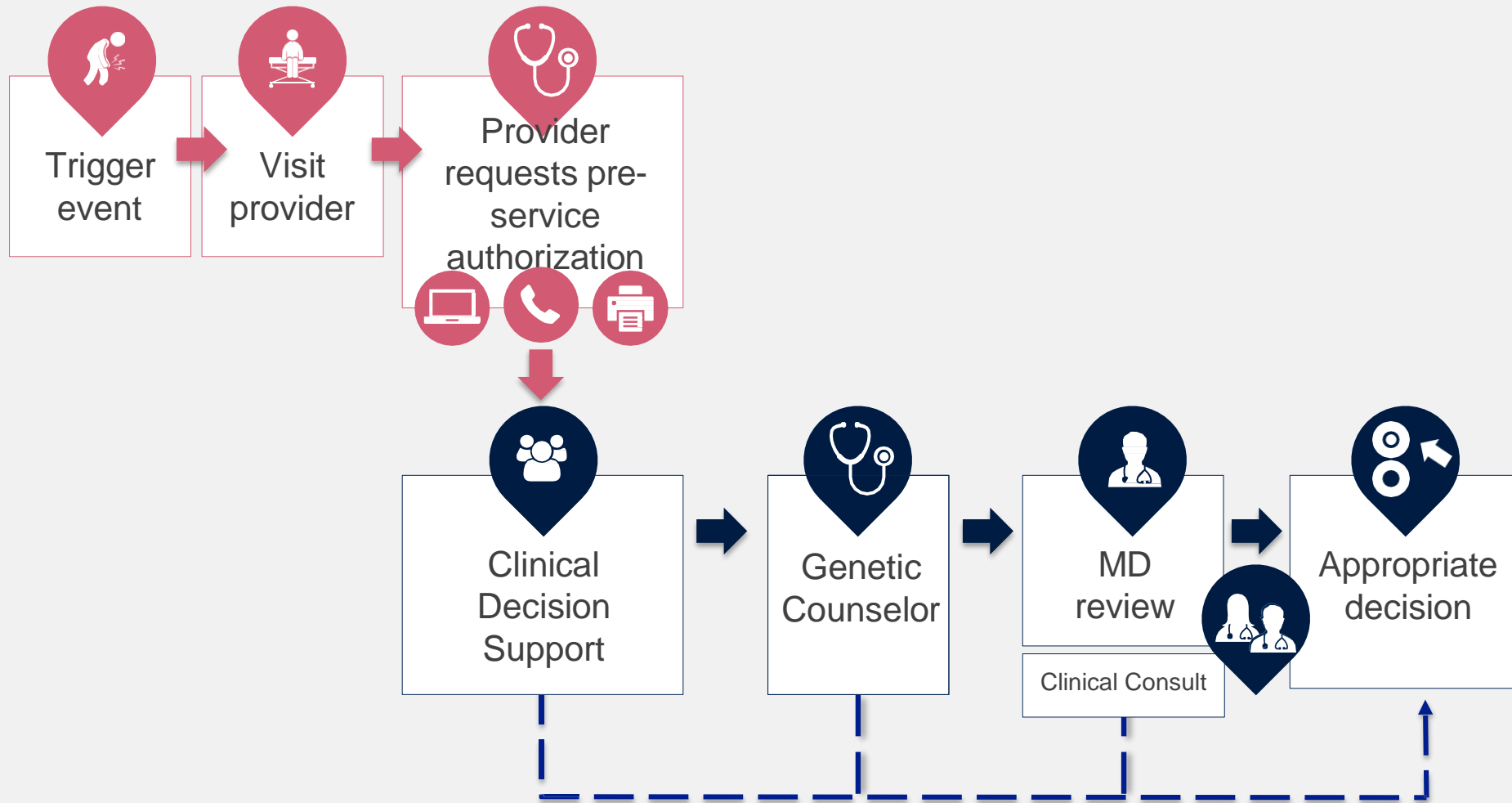
Preauthorization Required:

- Hereditary Cancer Screening
- Carrier Screening Tests
- Tumor Marker / Molecular profiling
- Hereditary Cardiac Disorders
- Cardiovascular Disease and Thrombosis Risk Variant Testing
- Pharmacogenomic Testing
- Neurologic Disorders
- Mitochondrial Disease Testing
- Intellectual Disability / Developmental Disorders

To find a list of CPT
(Current Procedural Terminology)
codes that require preauthorization
through eviCore, please visit:

<https://www.evicore.com/healthplan/bcbs>

Pre-Service Authorization Process



Needed Information



Tax Identification **Disease-Specific Clinical**
For planned procedures (not contingency procedures) please include the following clinical information:

- Specimen collection date (if applicable)
- Type or Test Name (if known)
- Test Indication (Personal History of condition being tested, age at initial diagnosis, relevant signs and symptoms, if applicable)
- Relevant past test results
- Patient's ethnicity
- Relevant family history (Maternal or paternal relationship, medical history including ages at diagnosis, genetic testing)
- If there is a known familial mutation, what is the specific mutation?
- How will the test results be used in the patient's care?

Preauthorization Outcomes

➤ Approved Requests:

- All requests are processed within 4 calendar days.
- Authorizations are typically good for 45 days from the date of determination.

➤ Delivery:

- Faxed to referring provider and rendering laboratory (verbal outreach for urgent requests).
- Mailed to the member (verbal outreach for urgent requests).
- Information can be printed on demand from the eviCore healthcare Web Portal.

➤ Denied Requests:

- Communication of denial determination
- Communication of the rationale for the denial
- How to request a Physician Review

➤ Delivery:

- Faxed to the referring provider and rendering laboratory (verbal outreach for urgent requests).
- Mailed to the member (verbal outreach for urgent requests).

Preauthorization Outcomes

➤ Pre-Decision Consultation

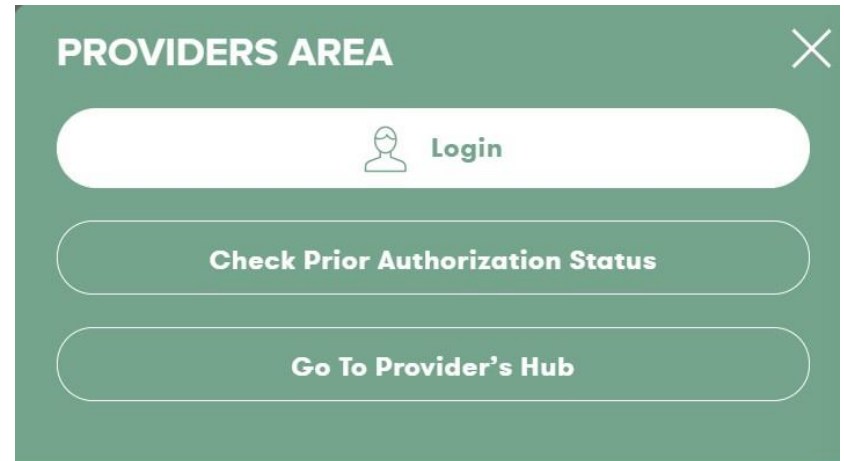
- If your case requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians or lab sites prior to a decision being rendered.
- In certain instances, additional information provided during the pre-decision consultation is sufficient to satisfy the medical necessity criteria for approval

Clinical Consultation

- Provides the ability to review clinical aspects of the case with a peer
- Be prepared to provide information that was not submitted previously
- Schedule the clinical consultations on line



Select “Request a Consultation with a Clinical Peer Reviewer”



Resources

CLINICAL GUIDELINES

Clinical Worksheets

Network Standards/Accreditations

Provider Playbooks

Training Resources

I Would Like To

Request a Consultation with a Clinical Peer Reviewer

Special Circumstances



Authorization Appeals

- eviCore will manage first level authorization appeals.
- Authorization appeals must be made in writing within 30 calendar days; eviCore will respond within 15 calendar days.



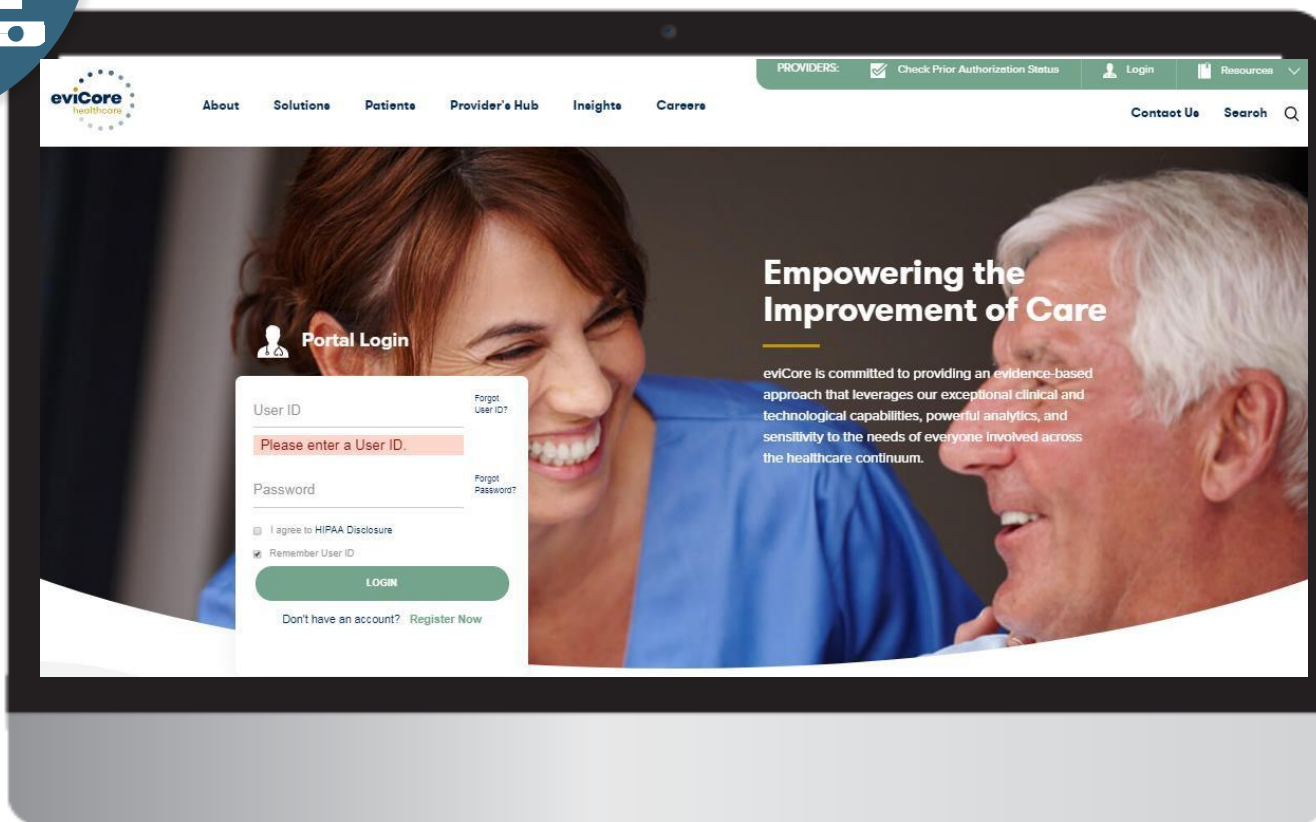
Outpatient Urgent Tests:

- Contact eviCore by phone to request an expedited preauthorization review and provide clinical information.
- Urgent Cases will be reviewed within 72 hours of the request.



WEB

The eviCore online portal is the quickest, most efficient way to request prior authorization 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:

855-252-1117

7:00 a.m. to 7:00p.m.

Monday - Friday

Web Portal Services

Portal Compatibility

The eviCore.com website is compatible with the following web browsers:

- Google Chrome
- Mozilla Firefox
- Internet Explorer 9, 10, and 11

You may need to disable pop-up blockers to access the site. For information on how to disable pop-up blockers for any of these web browsers, please refer to our [Disabling Pop-Up Blockers guide](#).

eviCore healthcare website

- Point web browser to evicore.com



- Login or Register

A screenshot of the "Portal Login" form on the eviCore healthcare website. The form is white with a green header bar containing a doctor icon and the text "Portal Login". It features two input fields: "User ID" and "Password". To the right of each field is a link: "Forgot User ID?" and "Forgot Password?". Below the fields are two checkboxes: "I agree to HIPAA Disclosure" (unchecked) and "Remember User ID" (checked). A large green "LOGIN" button is centered below the checkboxes. At the bottom, it says "Don't have an account? Register Now".

Portal Login

User ID [Forgot User ID?](#)

Password [Forgot Password?](#)

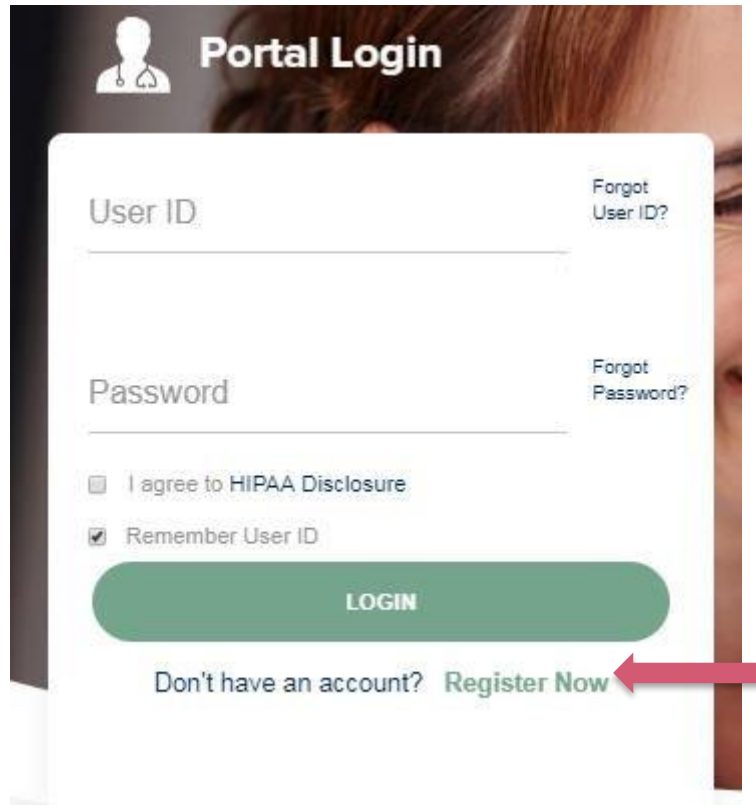
☐ I agree to HIPAA Disclosure

☒ Remember User ID

LOGIN

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

Creating An Account



The image shows a 'Portal Login' form. At the top left is a white icon of a person with a stethoscope. To its right is the text 'Portal Login'. Below this are two input fields: 'User ID' and 'Password'. To the right of the 'User ID' field is a link 'Forgot User ID?'. To the right of the 'Password' field is a link 'Forgot Password?'. Below the input fields are two checkboxes: 'I agree to HIPAA Disclosure' (unchecked) and 'Remember User ID' (checked). Below the checkboxes is a green rounded button with the text 'LOGIN'. At the bottom of the form is the text 'Don't have an account?' followed by a green link 'Register Now'. A red arrow points to the 'Register Now' link.

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](#)



To create a new account, click **Register**.

Creating An Account

eviCore healthcare
Innovative Solutions

* 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 using to submit cases over the web.

Default Portal*: **CareCore National** ▼

If you want to register as a Client User at CareCore National, then please contact us: 1-800-918-8924 x20136.

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*:	<input type="text"/>	Address*:	<input type="text"/>	Phone*:	<input type="text"/>
Email*:	<input type="text"/>		<input type="text"/>	Ext:	<input type="text"/>
Confirm Email*:	<input type="text"/>	City*:	<input type="text"/>	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	State*:	Select ▼	Zip*:	<input type="text"/>
Last Name*:	<input type="text"/>	Office Name*:	<input type="text"/>		

Next

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

Creating An Account

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 using to submit cases over the web.

Default Portal*:

If you want to register as a Client User at CareCore National, then please contact us: 1-800-918-8924 x20136.

User Registration

UserName:	MYG123	Address:	730 Cool Springs	Phone:	800-575-4517
Email:	tesaccount@gmail.com	City:	Franklin	Ext:	
Account Type:	Physician	State:	TN	Zip:	37067
First Name:	Test	Fax:	615-468-4408		
Last Name:	Account	Office Name:	Test Office		

[Back](#) [Submit Registration](#)

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

User Registration-Continued

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

Default Portal: Medsolutions

User Registration

UserName: MYoder
Email: evicorejedi1234@gmail.com
Account Type: Physician
First Name: Mallory
Last Name: Yoder

Provider Information

Physician FirstName: TEST Physician LastName: Yoder
State: TN Tax ID:

Please read below to sign up as an appropriate user.
Physician: An Individual Practitioner, A Medical Group Practice or an assistant
Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or Facility

USER REGISTRATION

User Access Agreement *Required

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 plan(s)). The electronic access to eviCore's web-based applications is subject to the terms and conditions of the Access Agreement.

☒ Accept Terms and Conditions *

Submit Cancel

Accept the **Terms and Conditions**, and click **"Submit."**

User Registration-Continued

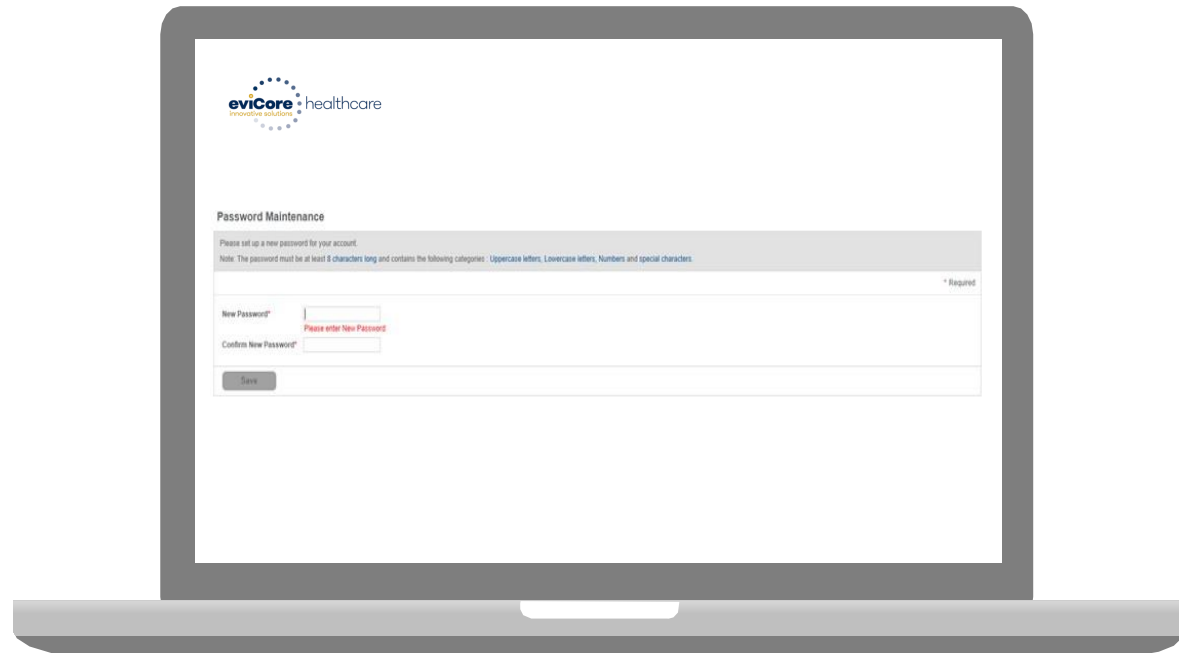


You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

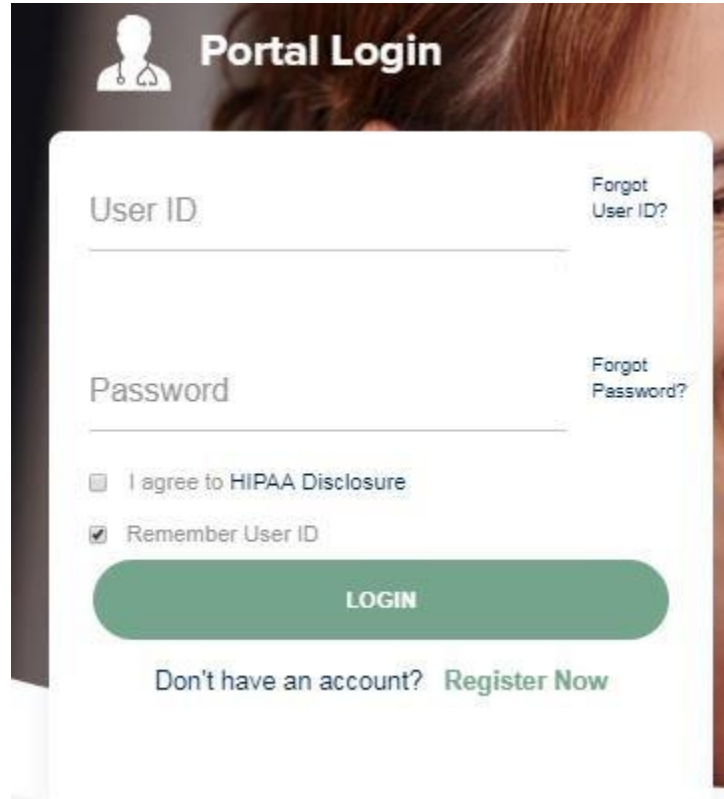
Create a Password


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

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



Account Log-In

A screenshot of a 'Portal Login' form. At the top left is a white icon of a person with a stethoscope. To its right is the text 'Portal Login'. Below this is a white rectangular form with rounded corners. Inside the form, there are two input fields: 'User ID' and 'Password'. To the right of the 'User ID' field is a link 'Forgot User ID?'. To the right of the 'Password' field is a link 'Forgot Password?'. Below the input fields are two checkboxes: the first is 'I agree to HIPAA Disclosure' with an unchecked box, and the second is 'Remember User ID' with a checked box. Below these is a green rounded rectangular button with the text 'LOGIN'. At the bottom of the form is the text 'Don't have an account? Register Now' where 'Register Now' is a green link.

 **Portal Login**

User ID [Forgot User ID?](#)

Password [Forgot Password?](#)

☐ I agree to HIPAA Disclosure

☒ Remember User ID

LOGIN

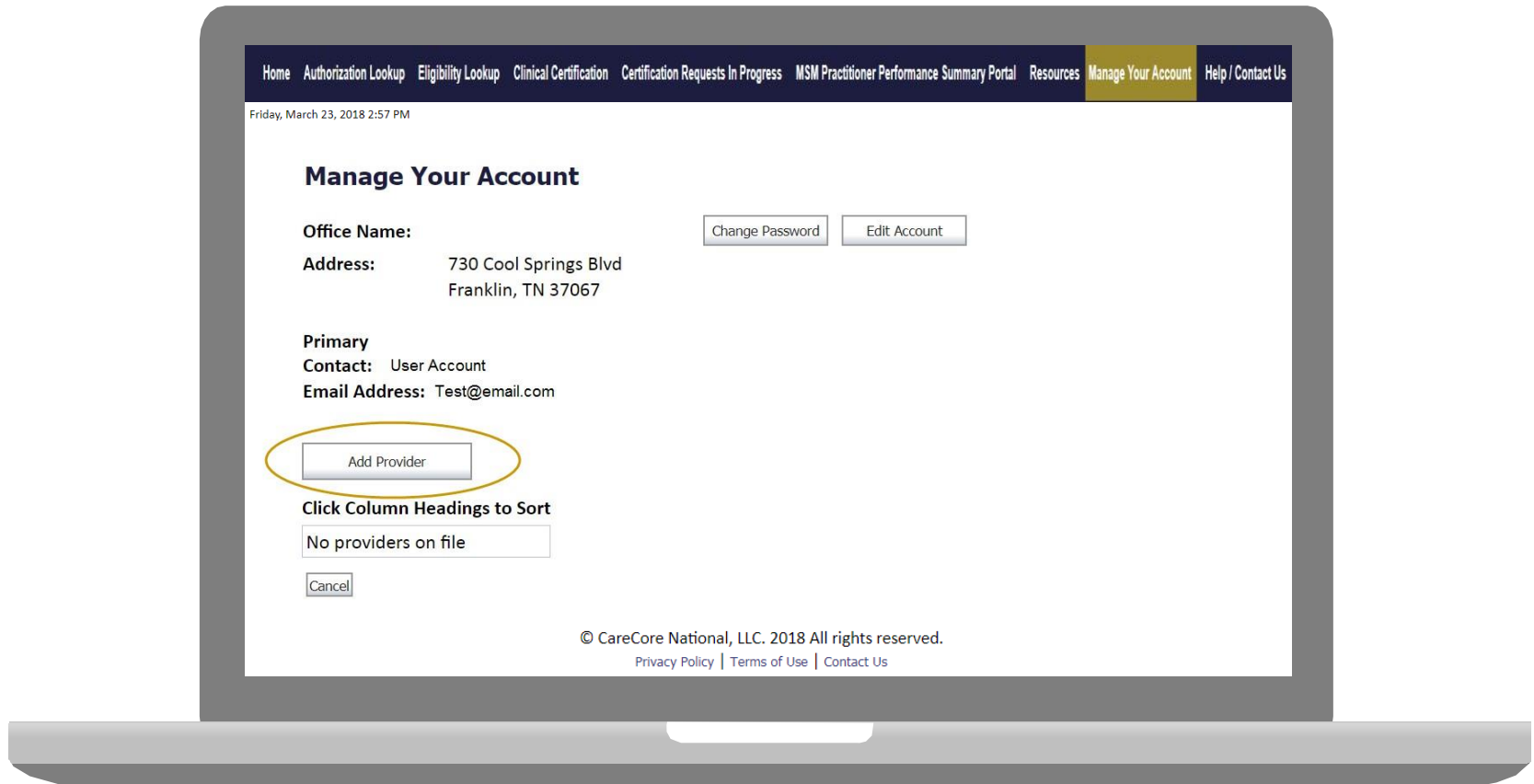
Don't have an account? [Register Now](#)



To log-in to your account, enter your **User ID** and **Password**. Agree to the HIPAA Disclosure, and click “**Login**.”

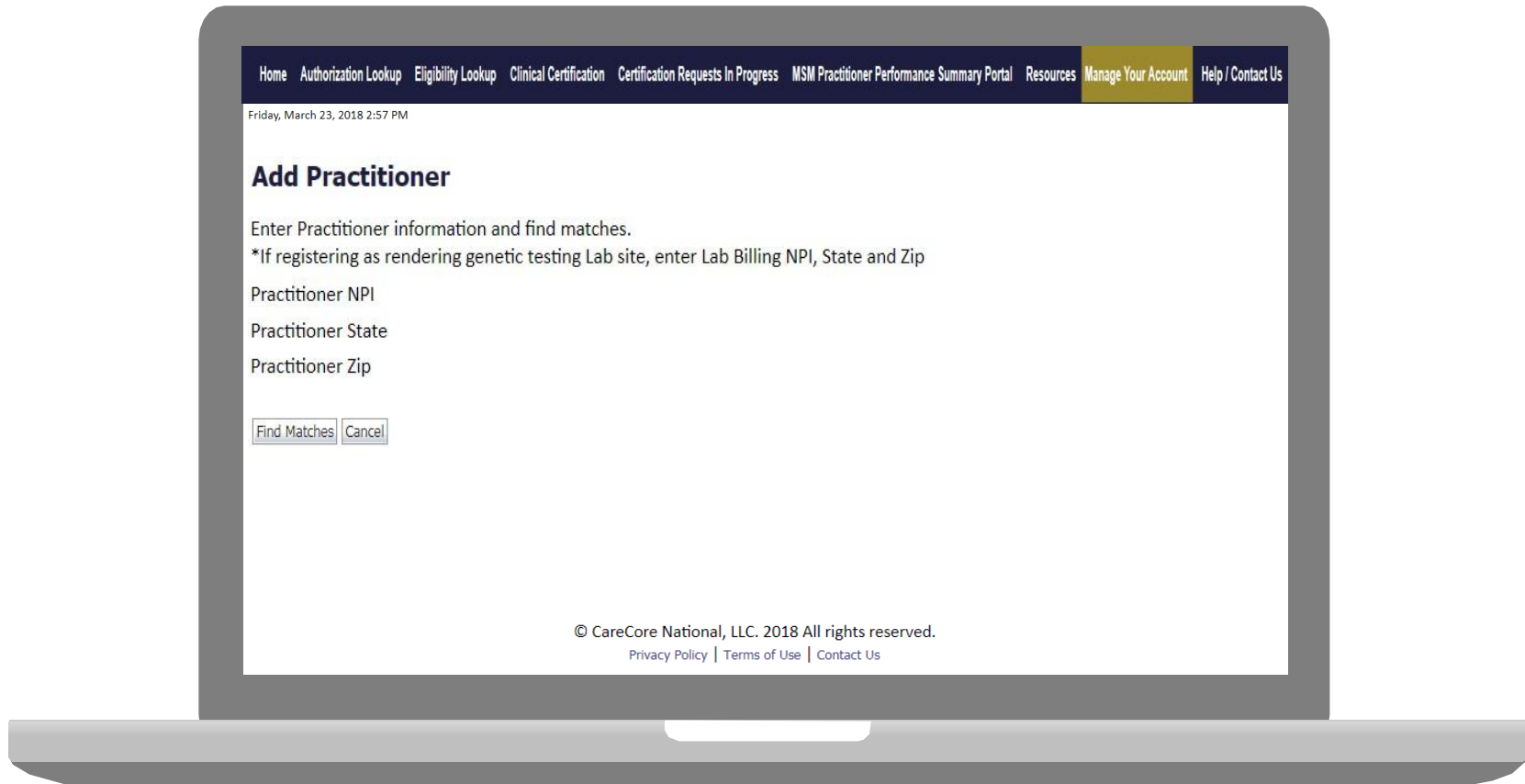
Account Overview

Add Practitioners



Click the “**Add Provider**” button.

Add Practitioners



The image shows a laptop screen displaying a web application interface for adding practitioners. The interface has a dark blue header with navigation links: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, MSM Practitioner Performance Summary Portal, Resources, Manage Your Account (highlighted in yellow), and Help / Contact Us. Below the header, the date and time 'Friday, March 23, 2018 2:57 PM' are displayed. The main content area is titled 'Add Practitioner' and contains the following text: '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', and 'Practitioner Zip'. At the bottom of the form area are two buttons: 'Find Matches' and 'Cancel'. The footer of the page contains the copyright notice '© CareCore National, LLC. 2018 All rights reserved.' and links for 'Privacy Policy', 'Terms of Use', and 'Contact Us'.

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

Friday, March 23, 2018 2:57 PM

Add Practitioner

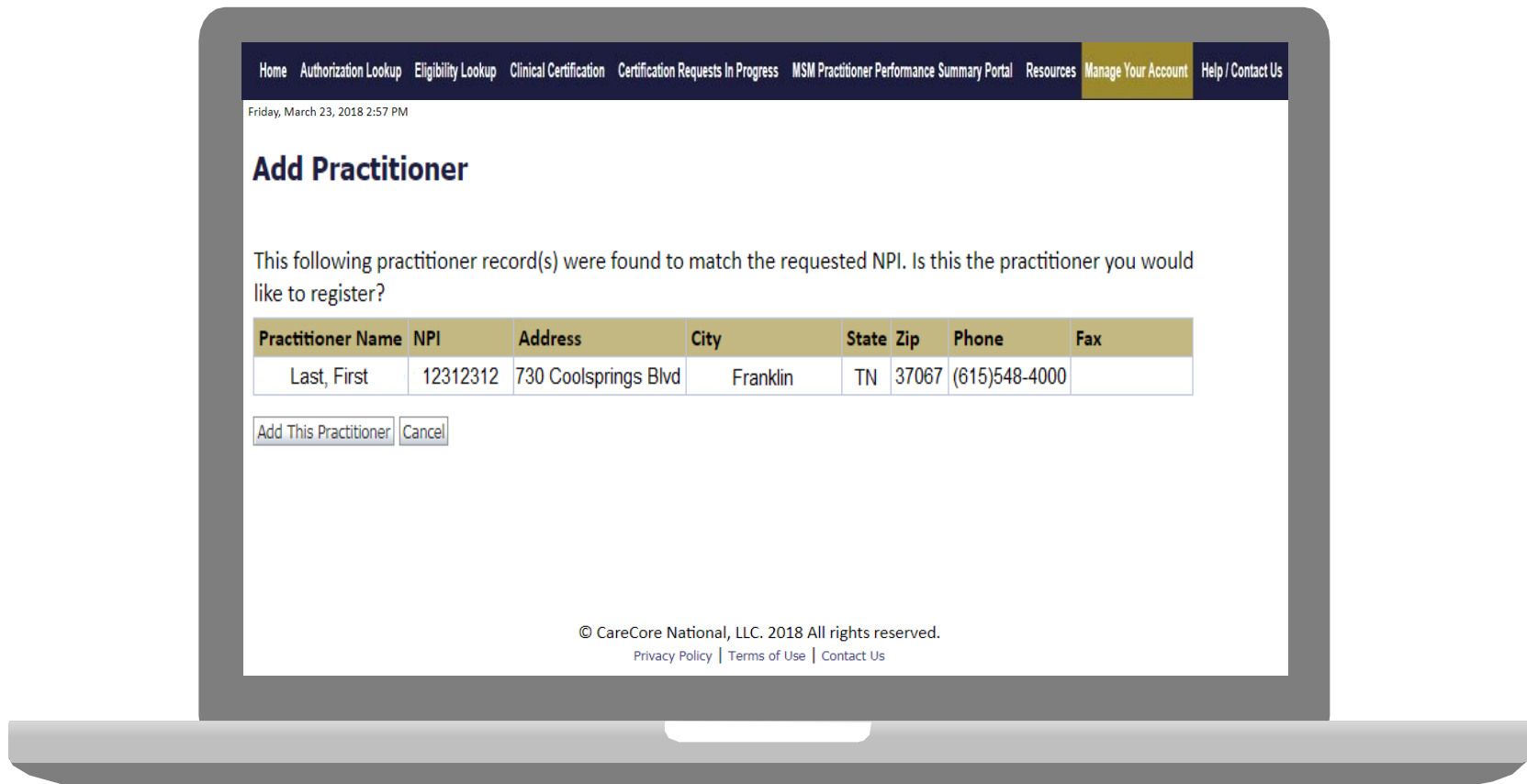
Enter Practitioner information and find matches.
*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI
Practitioner State
Practitioner Zip

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[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

Enter the **Provider'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.

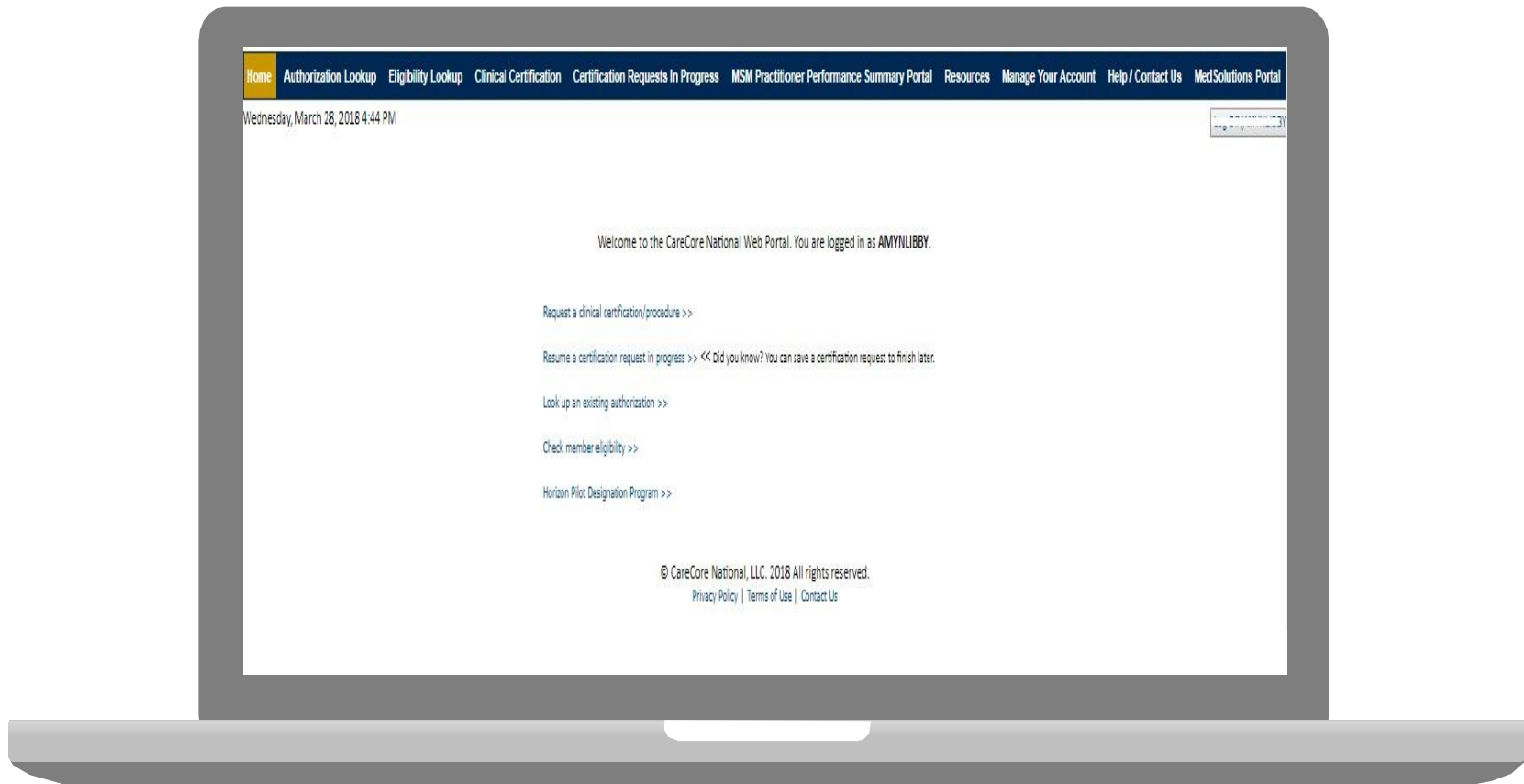
Adding Practitioners

A screenshot of a web application interface for adding practitioners. The interface is displayed on a laptop screen. At the top, there is a dark blue navigation bar with white text links: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, MSM Practitioner Performance Summary Portal, Resources, Manage Your Account (highlighted in yellow), and Help / Contact Us. Below the navigation bar, the date and time 'Friday, March 23, 2018 2:57 PM' are shown. The main heading is 'Add Practitioner'. Below this, a text prompt asks: 'This following practitioner record(s) were found to match the requested NPI. Is this the practitioner you would like to register?'. A table with 8 columns (Practitioner Name, NPI, Address, City, State, Zip, Phone, Fax) contains one row of data. Below the table are two buttons: 'Add This Practitioner' and 'Cancel'. At the bottom, there is a copyright notice: '© CareCore National, LLC. 2018 All rights reserved.' and links for 'Privacy Policy', 'Terms of Use', and 'Contact Us'.

Select the matching record based upon your search criteria

Case Initiations

Initiating A Case



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

Select Program

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

Friday, March 23, 2018 2:57 PM

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 ▼

Please Select

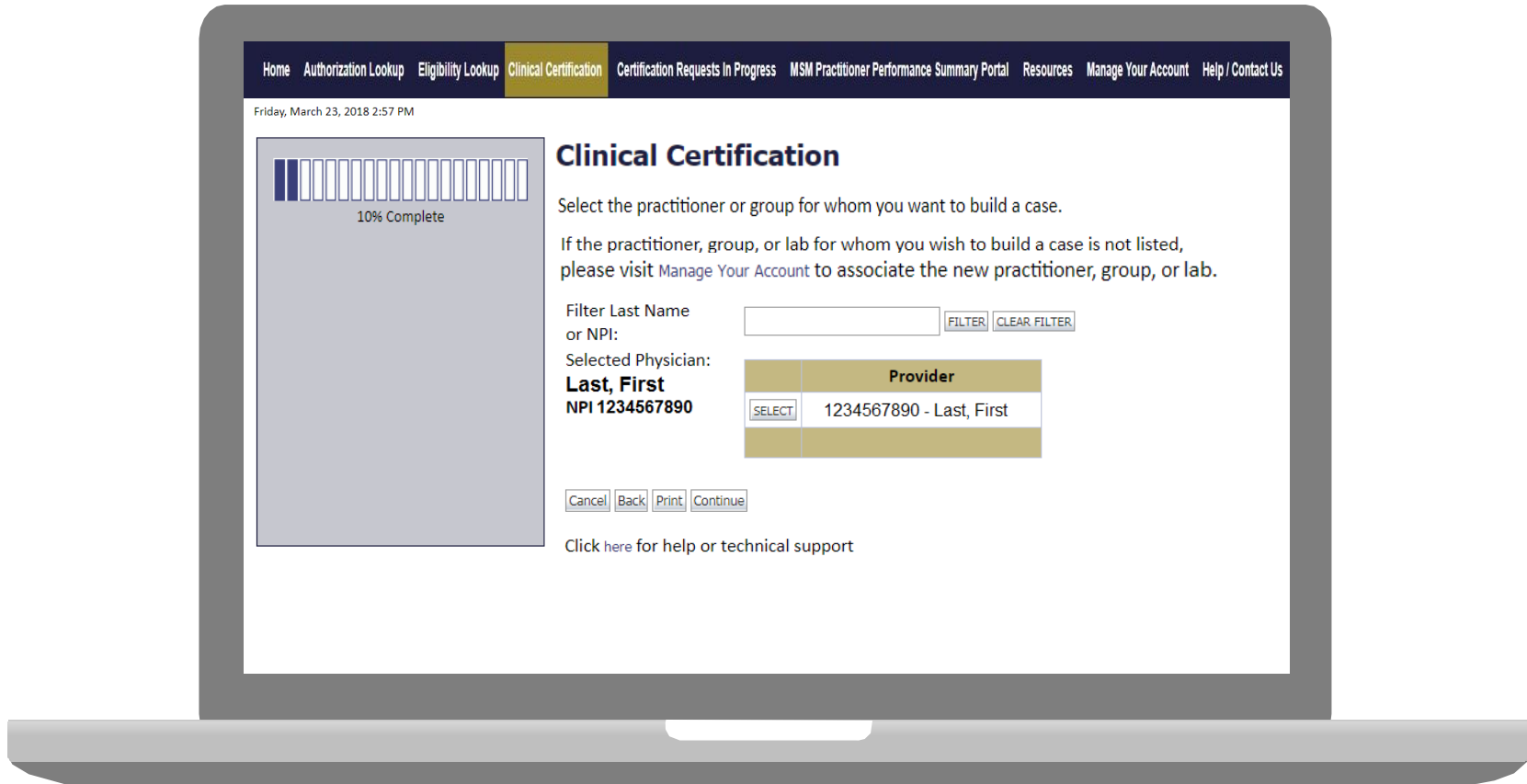
Referring Provider

Rendering Lab

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

Select the **Program** for your certification.

Submitting as Provider- MD Search



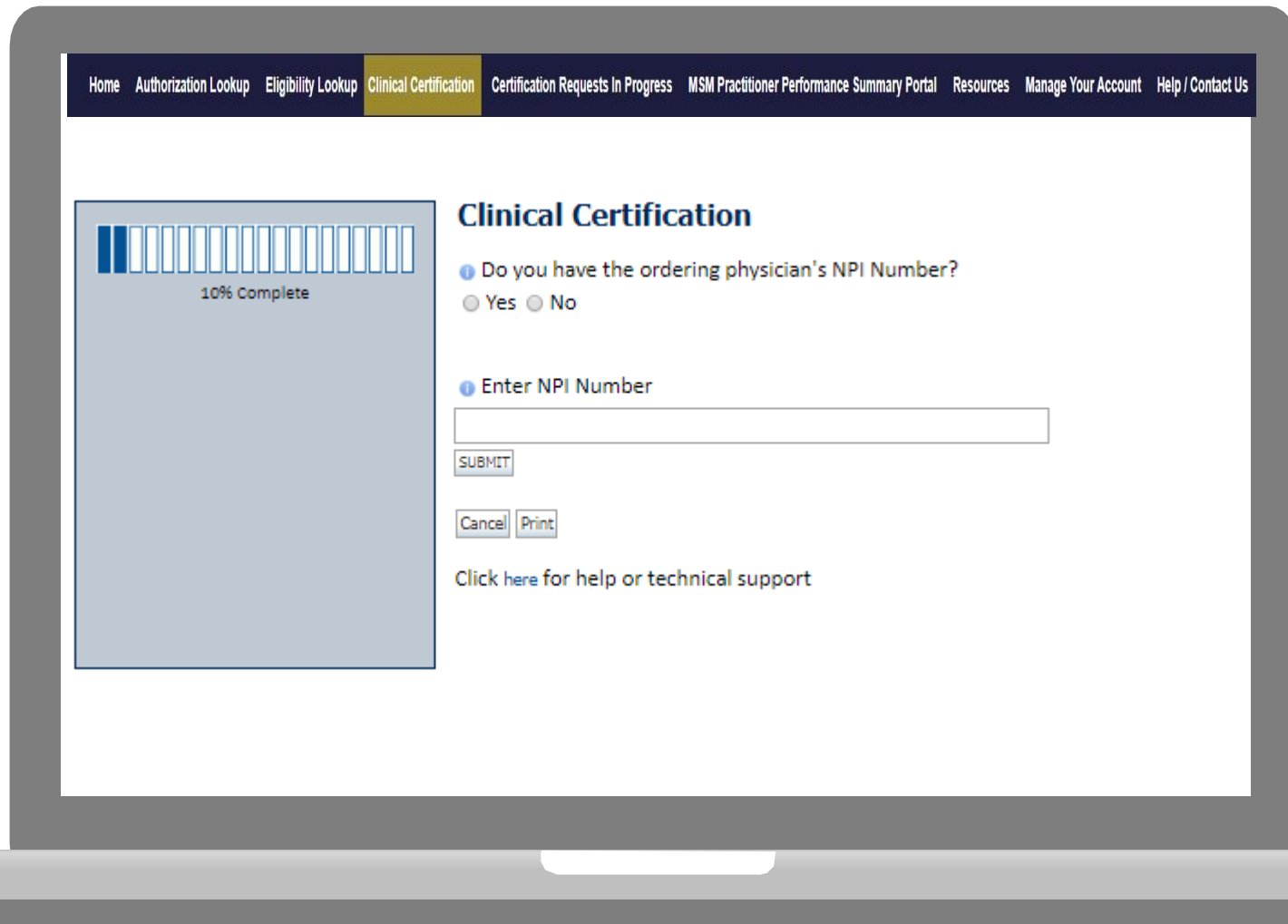
The screenshot shows a web application interface for 'Clinical Certification'. The top navigation bar includes links: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, MSM Practitioner Performance Summary Portal, Resources, Manage Your Account, and Help / Contact Us. Below the navigation bar, the date and time 'Friday, March 23, 2018 2:57 PM' are displayed. The main content area is titled 'Clinical Certification' and contains the following elements:

- A progress bar on the left showing 10% completion.
- Instructions: '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.'
- A search section with a label 'Filter Last Name or NPI:' and a text input field. To the right of the input field are buttons labeled 'FILTER' and 'CLEAR_FILTER'.
- A section labeled 'Selected Physician:' with the text 'Last, First' and 'NPI 1234567890'.
- A table with the following structure:

	Provider
<input type="button" value="SELECT"/>	1234567890 - Last, First
- Buttons at the bottom: 'Cancel', 'Back', 'Print', and 'Continue'.
- A link: 'Click [here](#) for help or technical support'.

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

Submitting as Rendering Lab- MD Search



The screenshot shows a web application interface for 'Clinical Certification'. At the top is a dark navigation bar with links: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted in yellow), Certification Requests In Progress, MSM Practitioner Performance Summary Portal, Resources, Manage Your Account, and Help / Contact Us. The main content area has a title 'Clinical Certification' and a progress indicator on the left showing 10% completion (2 out of 20 bars filled). The form contains two questions: 'Do you have the ordering physician's NPI Number?' with radio buttons for 'Yes' and 'No', and 'Enter NPI Number' with a text input field. Below the input field are 'SUBMIT', 'Cancel', and 'Print' buttons. A link for help or technical support is at the bottom.

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

Clinical Certification

10% Complete

1 Do you have the ordering physician's NPI Number?
☐ Yes ☐ No

1 Enter NPI Number

SUBMIT

Cancel Print

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

➤ The **Ordering Provider NPI** must be entered to build a case online.

Select Health Plan & Provider Contact Info

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

BACK

CONTINUE

[Click here for help](#)

Urgent Request? You will be required to upload relevant clinical info at the end of this process. [Learn More](#).

Don't see the insurer you're looking for? Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

- Choose the appropriate **Health Plan** for the request
- Once the plan is chosen, select the provider address in the next drop-down box
- Select CONTINUE and on the next screen **Add your contact info**
- Provider name, fax and phone will pre-populate, you can **edit** as necessary
- By entering a valid email you can receive e-notifications

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

BACK

CONTINUE

[illegible]

and

32

Clinical Details

Clinical Certification

Lab Management Program Procedures

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

LABTST

MOLECULAR GENETIC TEST

Diagnosis

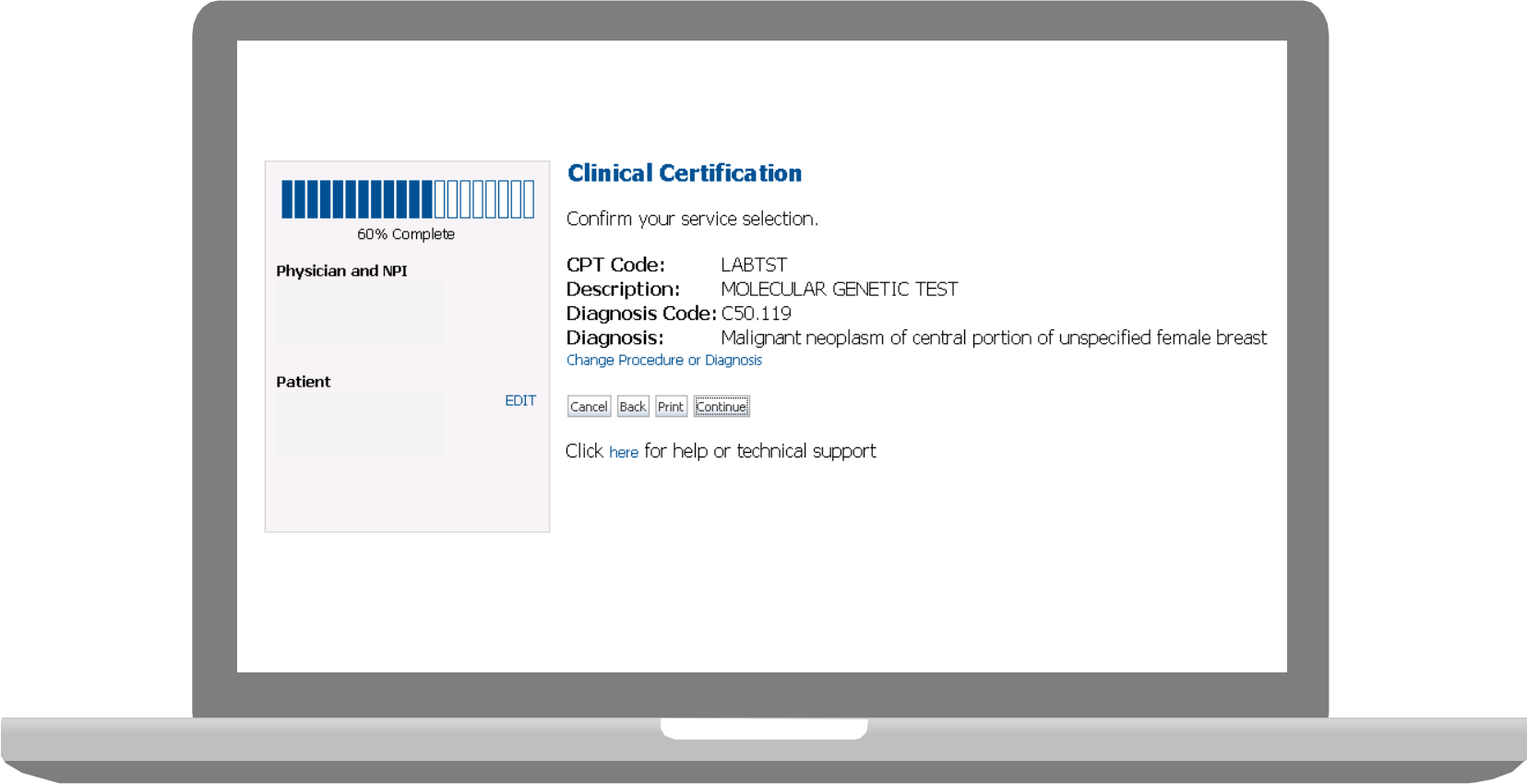
Select a Diagnosis Code (Lookup by Code or Description)

LOOKUP

Trouble selecting diagnosis code? Please follow [these steps](#)

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

Verify Service Selection



Submitting as Referring MD-Site Selection

Start by searching NPI or TIN for the site where the procedure will be performed. You can search by any fields listed. Searching with NPI, TIN, and zip code is the most efficient.

Add Site of Service

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:

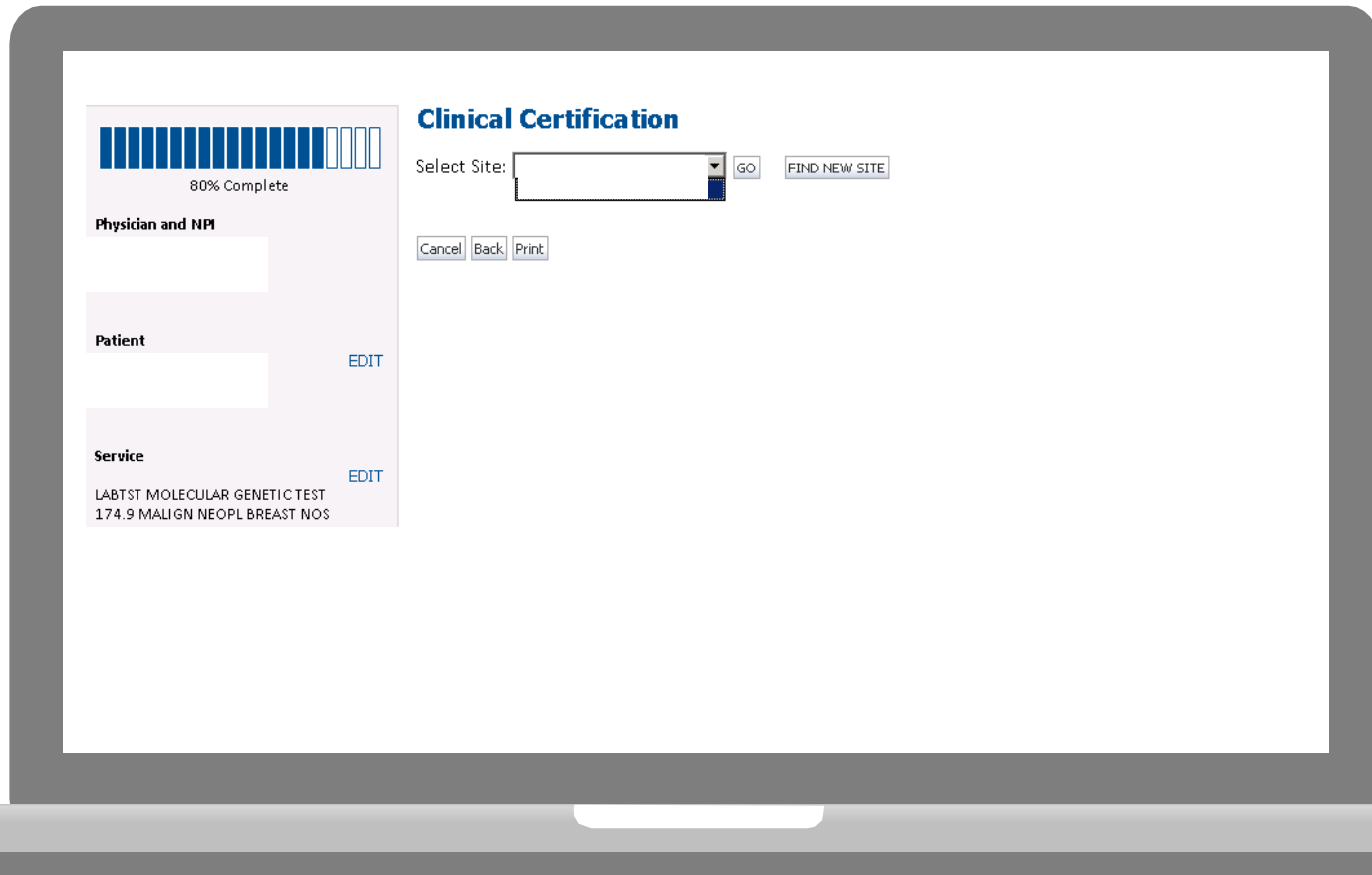
☒ Exact match

☐ Starts with

LOOKUP SITE

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

Submitting as Lab- Site Selection



The screenshot shows a web application interface for 'Clinical Certification'. On the left, there is a progress bar with 20 segments, 16 of which are filled with blue, indicating '80% Complete'. Below the progress bar, there are three sections: 'Physician and NP' with a text input field, 'Patient' with a text input field and an 'EDIT' link, and 'Service' with a text input field containing 'LABTST MOLECULAR GENETIC TEST' and '174.9 MALIGN NEOPL BREAST NOS', also with an 'EDIT' link. On the right, the title 'Clinical Certification' is displayed. Below it, there is a 'Select Site:' label followed by a dropdown menu, a 'GO' button, and a 'FIND NEW SITE' button. At the bottom of the right section, there are three buttons: 'Cancel', 'Back', and 'Print'.

- The site added to your account will be in the drop down menu selection.
- Click **“GO”** when ready.
- If your site is not on the dropdown, click find new site to search by NPI.

- If your request is **urgent** select **No**
- When a request is submitted as Urgent, you will be required to upload relevant clinical information
- If the case is **standard** select **Yes**
- You can upload up to **FIVE** documents in .doc, .docx, or .pdf format – max 5MB document size
- Your case will only be considered Urgent if there is a successful upload

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary
Thursday, May 14, 2020 3:04 PM						
Proceed to Clinical Information						
Urgency Indicator If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below. In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.						
Please indicate if any of the following criteria are true regarding urgency of this request :						
<input type="radio"/> A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function. <input type="radio"/> A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization. <input type="radio"/> None of the above						
Clinical Upload In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.						
Browse for file to upload (max size 5MB, allowable extensions :DOC,.DOCX,.PDF,.PNG):						
Choose File No file chosen						
Choose File No file chosen						
Choose File No file chosen						
Choose File No file chosen						
Choose File No file chosen						
<input type="button" value="UPLOAD"/>						

Clinical Certification

Proceed to Clinical Information

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 eviCore.

BACK

CONTINUE

- Verify that all information is entered and make any changes needed
- You will not have the opportunity to make changes after this point

Single or Multi CPT Code and Collection Date

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 is being performed. 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 call 1-879-8317.

1 How will the test be billed?

☒ A single CPT/HCPCS code for the entire test

☐ More than one CPT/HCPCS codes (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.)

2 Has the specimen been collected?

☐ Yes ☐ No ☐ Unknown

3 Collection date (if the specimen has already been collected):

SUBMIT

Test Identification

Single CPT Code

81202 - APC GENE KNOWN FAM VARIANTS
81203 - APC GENE DUP/DELET VARIANTS
81205 - BCKDHB GENE
81206 - BCR/ABL1 GENE MAJOR BP
81207 - BCR/ABL1 GENE MINOR BP
81208 - BCR/ABL1 GENE OTHER BP
81209 - BLM GENE
81210 - BRAF GENE
81211 - BRCA1&2 SEQ & COM DUP/DEL
81212 - BRCA1&2 185&5385&6174 VAR
81213 - BRCA1&2 UNCOM DUP/DEL VAR
81214 - BRCA1 FULL SEQ & COM DUP/DEL
81215 - BRCA1 GENE KNOWN FAM VARIANT
81216 - BRCA2 GENE FULL SEQUENCE
81217 - BRCA2 GENE KNOWN FAM VARIANT
81220 - CFTR GENE COM VARIANTS
81221 - CFTR GENE KNOWN FAM VARIANTS
81222 - CFTR GENE DUP/DELET VARIANTS
81223 - CFTR GENE FULL SEQUENCE

There is room
for free text to
add codes
should there be
a need to do so.

Test Type

If selecting the test
type, the list of cpt
codes presented
will then be
narrowed to
applicable codes.

Hereditary cancer syndromes (BRCA, Lynch, APC, MUTYH, PTEN, TP53, etc. genes)
Carrier screening tests (Cystic fibrosis, Fragile X, Spinal muscular atrophy, Ashkenazi Jewish disorders, etc.)
Tumor marker/molecular profiling (KRAS, EGFR, BRAF, ALK, MGMT, etc genes)
Hereditary cardiac disorders (Cardiomyopathies, Arrhythmias such as long QT syndrome, Aortic aneurysm, Marfan syndrome, Familial hypercholesterolemia, etc.)
Cardiovascular disease and thrombosis risk variant testing (APOE, ACE, LPA-Aspirin, LPA-Intron 25, KIF6, CYP2C19, CYP2C9, VKORC1, MTHFR, Factor V Leiden, Prothrombin, etc.)
Pharmacogenomic testing (CYP2D6, CYP2C19, CYP2C9, VKORC1, OPRM1, SLCO1B1, MTHFR, Factor V Leiden, Prothrombin, etc. genotyping)
Neurologic disorders (Ataxia, Dystonia, Epilepsy, Myotonia, Muscular dystrophy, Neuropathy, Spastic paraplegia, etc. evaluations)
Mitochondrial disease testing (Kearns-Sayre, Leigh, LHON, MELAS, MERRF, NARP, Whole mitochondrial genome, etc.)
Other/Not listed/Not sure

Cancel Print

Select the **Single CPT Code** or Select by **Test Type**

Clinical Questions

Answer the following questions in clinical detail:

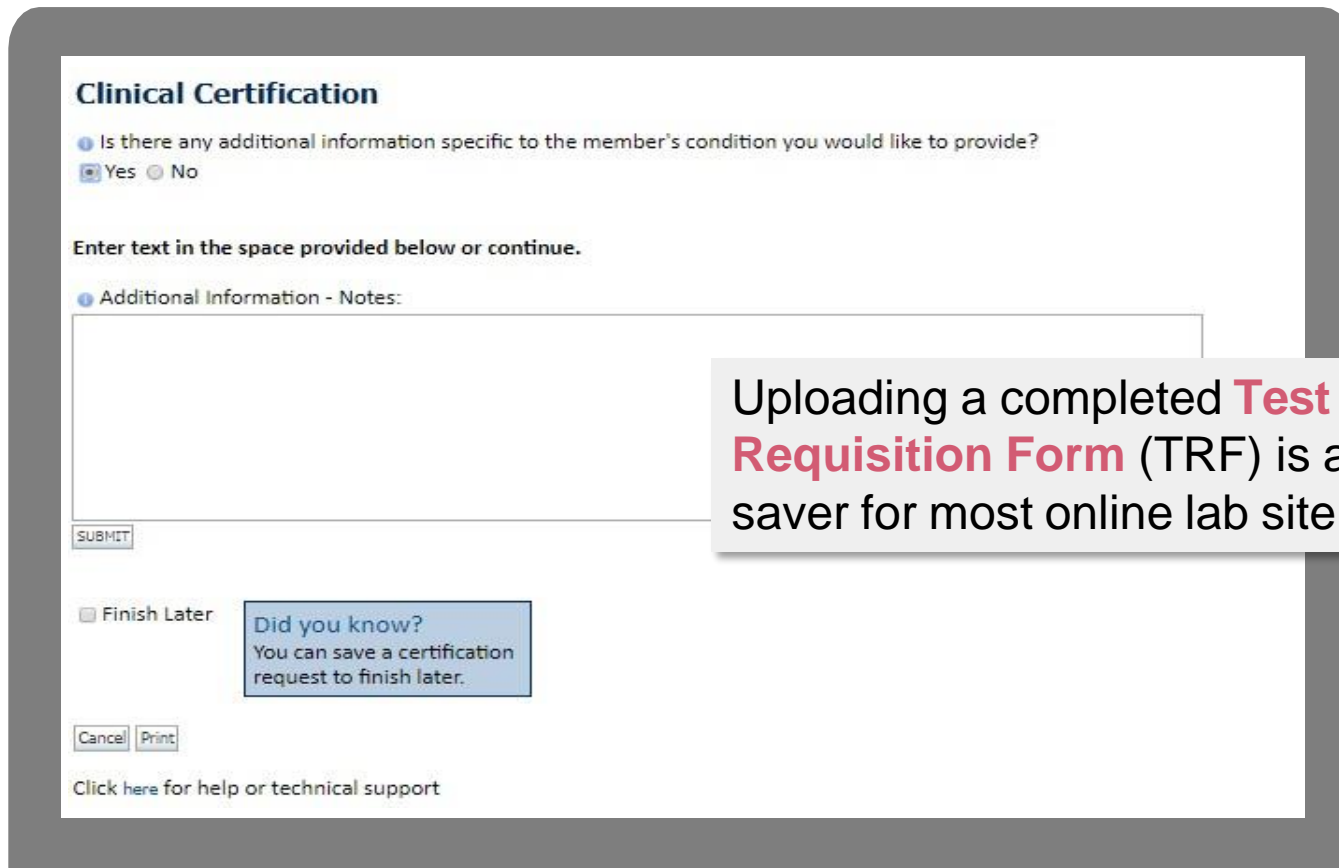
1. Provide the indication for this test.

2. Describe the patient's signs and symptoms (if none, write not applicable)

3. Describe any relevant testing or procedure results for this patient. (If none, write not applicable)

1. Provide the indication for this test
2. Describe the patient's signs and symptoms (if none, write not applicable)
3. Describe any relevant testing or procedure results for this patient.(if none, write not applicable)
4. Describe the patient's relevant family history, if applicable to the requested test; including clinical findings, diagnoses, and/or test results. If not relevant to the requested test, write not applicable.
5. Describe how the results of this requested test will be utilized in the patient's care.
6. Add any additional comments which may be relevant, and may not fit into the above information.

Medical Review



The screenshot shows a web form titled "Clinical Certification" on a laptop screen. The form includes a question about providing additional information, a "Yes" radio button (selected), and a "No" radio button. Below this is a text entry area with the prompt "Enter text in the space provided below or continue." and a label "Additional Information - Notes:". A "SUBMIT" button is located below the text area. At the bottom, there is a "Finish Later" checkbox, a "Cancel" button, and a "Print" button. A link for help or technical support is also present.

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:

SUBMIT

☐ Finish Later

Cancel Print

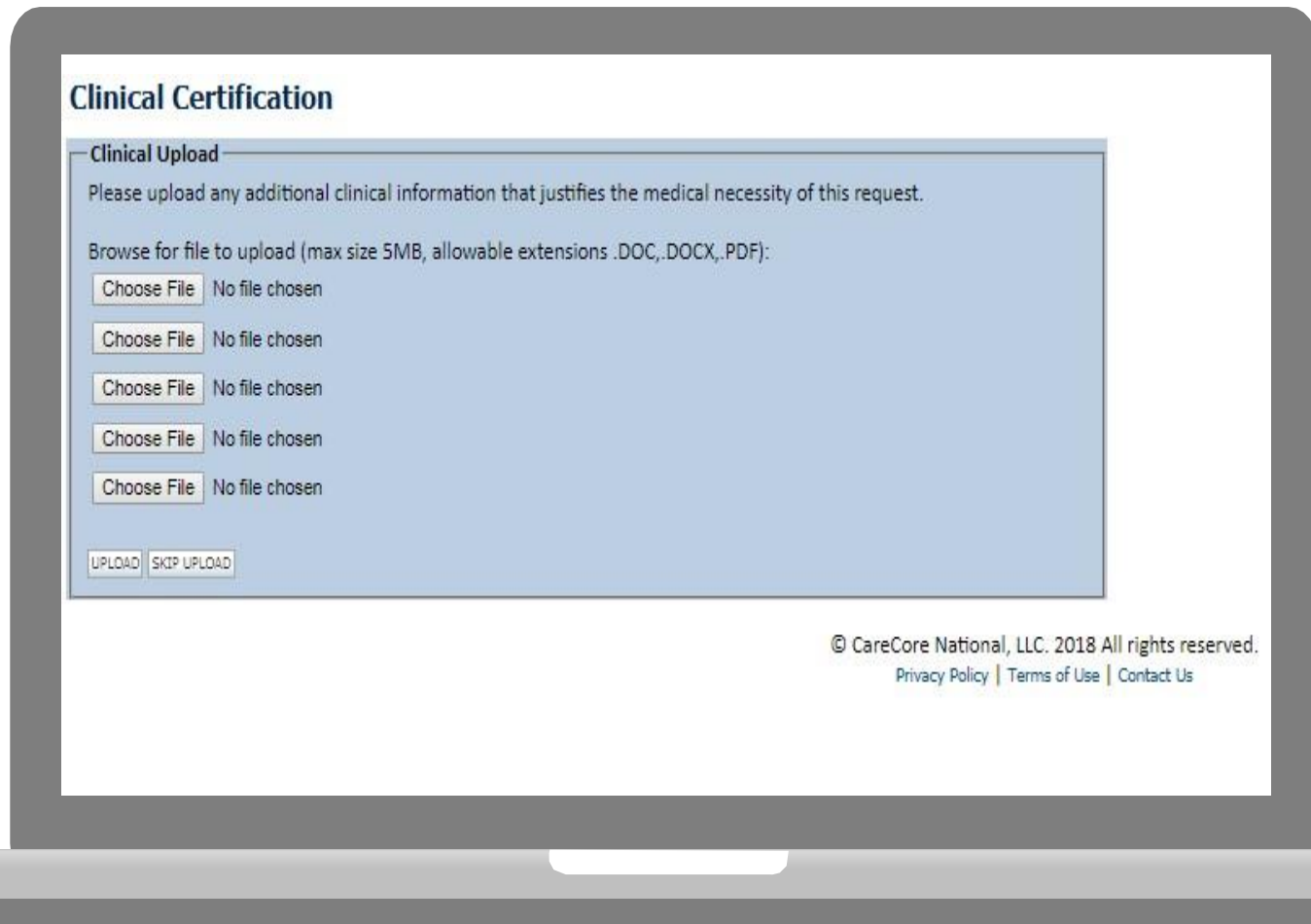
[Click here](#) for help or technical support

Uploading a completed **Test Requisition Form** (TRF) is a time saver for most online lab site users.

If **additional information** is required, you will have the option to either free hand 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.

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

Medical Review



The screenshot shows a laptop screen displaying a web form titled "Clinical Certification". Inside the form, there is a section labeled "Clinical Upload" with a light blue background. The text within this section reads: "Please upload any additional clinical information that justifies the medical necessity of this request." Below this, it says "Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF):". There are five identical file selection rows, each consisting of a "Choose File" button and the text "No file chosen". At the bottom of the upload section are two buttons: "UPLOAD" and "SKIP UPLOAD". In the bottom right corner of the laptop screen, there is a copyright notice: "© CareCore National, LLC. 2018 All rights reserved." followed by links for "Privacy Policy", "Terms of Use", and "Contact Us".

If **additional information** is required, you will have the option to either free hand 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.

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

Medical Review

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

Acknowledge the Clinical Certification statements, and hit “**Submit Case.**”

Approval

Clinical Certification

Your case has been Approved.

Provider Name:
Provider Address:

Contact:
Phone
Number:
Fax Number:

Patient Name:
Insurance Carrier:

Patient Id:

Site Name:

Site ID:

Site Address:

Primary Diagnosis
Code: M25.562

Description: Pain in left knee

Secondary Diagnosis
Code:

Description:

Date of Service: Not provided

CPT Code: 73721

Description: MRI LOWER EXTREMITY
JOINT W/O

Authorization
Number:

Review Date: 2:12:39 PM

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.

Print Continue

Duplication Feature

Success

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 (Radiation Therapy Management Program)
- ☐ Provider ()
- ☐ Program and Provider (Radiation Therapy Management Program and)
- ☐ Program and Health Plan (Radiation Therapy Management Program and CIGNA)

GO

- Duplicate feature allows you to start a new request using same information
- Eliminates entering duplicate information
- Time saver!

Authorization look up

The screenshot shows the eviCore healthcare portal. At the top is the eviCore healthcare logo. Below it is a navigation bar with links: Home, Authorization Lookup (highlighted), Eligibility Lookup, Clinical Certification, Certification Requests In Progress, MSM Practitioner Performance Summary Portal, Resources, and Manage Your Account. Below the navigation bar is a timestamp: Tuesday, November 22, 2016 2:30 PM.

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:

- 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 Status



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

Tuesday, January 21, 2020 10:43 AM

Authorization Lookup

Authorization Number: **AUTH00000007**
Case Number: **00000000000000000000**
Health Plan Auth Number: **00000000000000000000**
Status: Approved
Approval Date: 1/21/2020 12:00:00 AM
Service Code: 71250
Service Description: CT THORAX W/O CONTRAST
Site Name: **REVIEW MEDICAL CENTER**
Expiration Date: 3/6/2020
Date Last Updated: 1/21/2020 8:21:28 AM
Correspondence: **UPLOADS & FAXES**

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
71250 CHANGE SERVICE CODE	Computed tomography (CT) (a special kind of picture) of your chest without contrast (dye)	1	1	

PRINT

[Click here for help](#)

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[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

The authorization will then be accessible to review. To print authorization correspondence, select **Uploads & Faxes**.

Eligibility Look Up



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

Thursday, March 15, 2018 4:43 PM

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

Eligibility Lookup

New Security Features Implemented

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](#)

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

CONFIDENTIALITY NOTICE: Certain portions of this website are accessible only by authorized users and unique identifying credentials, and may contain confidential or privileged information. If you are not an authorized recipient of the information, you are hereby notified that any access, disclosure, copying, distribution, or use of any of the information contained in the code-accessed portions is STRICTLY PROHIBITED.

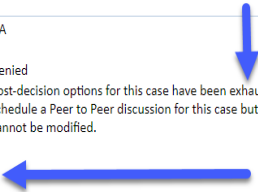
You may also confirm the patient's eligibility by selecting the **Eligibility Lookup** tab.

How to schedule a Peer to Peer Request

Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the “All Post Decision Options” button to learn what other action may be taken.

Authorization Lookup

Authorization Number:	NA	
Case Number:		Request Peer to Peer Consultation
Status:	Denied	
P2P Eligibility Result:	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.	
P2P Status:		
ALL POST DECISION OPTIONS		



How to Schedule a Peer to Peer Request

Case Info Questions Schedule Confirmation

New P2P Request

eviCore healthcare P2P Portal

Case Reference Number Case information will auto-populate from prior lookup

Member Date of Birth

+ Add Another Case

Lookup Cases >

It time zone.

You will be presented with the case number and member Date of Birth (DOB) for the case you just looked up.

You can add another case for the same Peer to Peer appointment request by selecting “Add Another Case”

To proceed, select “Lookup Cases”

You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click Continue to proceed.

New P2P Request

eviCore healthcare P2P Portal

Case Ref #: Remove ✓ P2P Eligible

Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

Member Information	Case P2P Information
Name	Episode ID
DOB	P2P Valid Until 2020-11-11
State	Modality MSK Spine Surgery
Health Plan	Level of Review Reconsideration P2P
Member ID	System Name ImageOne

Continue

How to Schedule a Peer to Peer Request

Case Info

1st Case

Case #
Episode ID
Member Name
Member DOB
Member State
Health Plan
Member ID
Case Type
Level of Review

MSK Spine Surgery
Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

Morning					Afternoon					
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone

US/Eastern

Continue >

You will be prompted with a list of eviCore Physicians/Reviewers and appointment options per your availability. Select any of the listed appointment times to continue.

for a Peer to Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click Continue.

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

[Prev Week](#) 5/18/2020 - 5/24/2020 (Upcoming week) [Next Week](#)

Mon 5/18/20

6:15 pm EDT

6:30 pm EDT

6:45 pm EDT

Tue 5/19/20

-

Wed 5/20/20

-

Thu 5/21/20

-

Fri 5/22/20

-

Sat 5/23/20

-

Sun 5/24/20

-

Test Priority by Skill

Mon 5/18/20

3:30 pm EDT

3:45 pm EDT

4:00 pm EDT

4:15 pm EDT

Show more...

Tue 5/19/20

2:00 pm EDT

2:15 pm EDT

2:30 pm EDT

2:45 pm EDT

Show more...

Wed 5/20/20

4:15 pm EDT

4:30 pm EDT

4:45 pm EDT

5:00 pm EDT

Show more...

Thu 5/21/20

3:15 pm EDT

3:30 pm EDT

3:45 pm EDT

4:00 pm EDT

Show more...

Fri 5/22/20

-

Sat 5/23/20

-

Sun 5/24/20

-

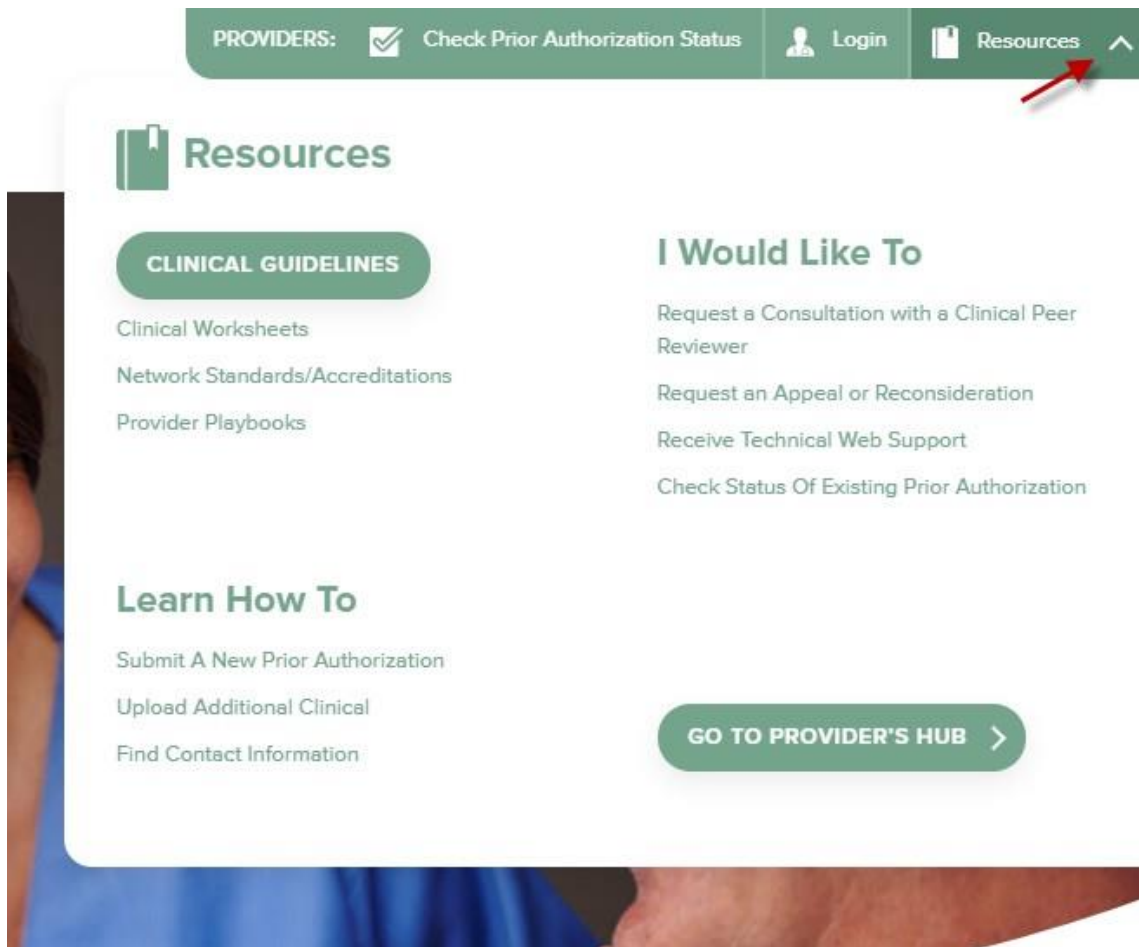
Test Priority by Skill

Provider Resources

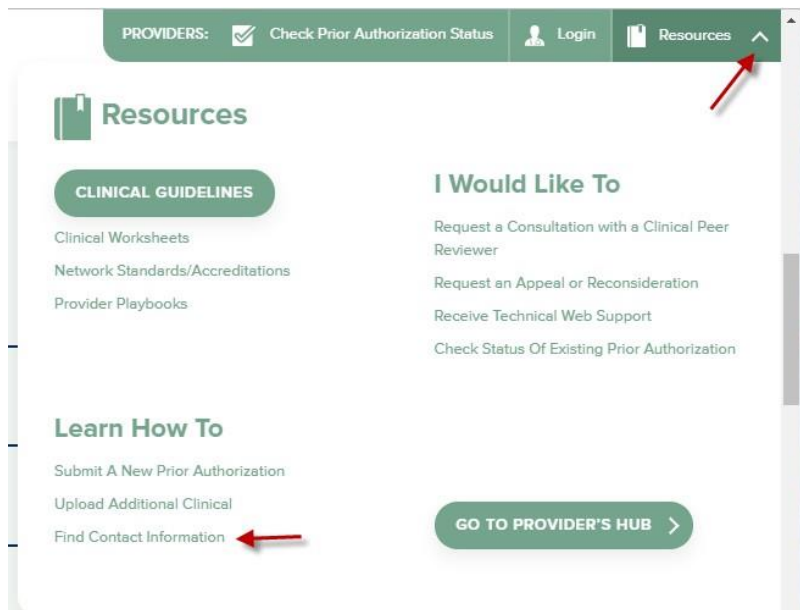


Online Resources

- You can access important tools and resources at www.evicore.com.
- Select the Resources to view **Clinical Guidelines**, **Online Forms**, and more.



Quick Reference Tool



I want to learn how to...

Learn how to...

Find Contact Information ▼

Health Plan

Select a Health Plan...* ▼

Solution

Select a Solution...* ▼

START

Access health plan specific contact information at www.evicore.com by clicking the resources tab then select **Find Contact Information**, under the Learn How to section. Simply select Health Plan and Solution to populate the contact phone and fax numbers as well as the appropriate legacy portal to utilize for case requests.

Provider Newsletter

Stay Updated With Our Free Provider Newsletter

eviCore's provider newsletter is sent out to the provider community with important updates and tips. If you are interested in staying current, feel free to subscribe:

- Go to [eviCore.com](https://www.eviCore.com)
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates



Provider Resources: Preauthorization Call Center



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

7:00 AM - 7:00 PM local time: 855-252-1117

- Obtain preauthorization or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case

Provider Resources: Web-Based Services



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

www.evicore.com

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

- Request authorizations and check case status online – 24/7
- Pause/Start feature to complete initiated cases
- Upload electronic PDF/word clinical documents

Provider Resources: Client Provider Operations



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

clientservices@evicore.com

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Request for an authorization to be re-sent to the health plan

Provider Resources: Implementation Site



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

Provider Enrollment Questions

Contact your Provider Network Consultant for more information

Blue Cross and Blue Shield Implementation site - includes all implementation documents:

<https://www.evicore.com/healthplan/bcbs>

- Provider Orientation Presentation
- CPT code list of the procedures that require preauthorization
- Quick Reference Guide
- eviCore clinical guidelines
- FAQ documents and announcement letters

You can obtain a copy of this presentation on the implementation site listed above. If you are unable to locate a copy of the presentation, please contact the Client Provider Operations team at ClientServices@evicore.com.

Thank You!

