

Lab Management

Provider Orientation for Blue Cross and Blue Shield of Minnesota



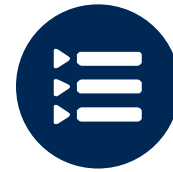
Empowering
the Improvement
of Care

Medical Benefits Management (MBM)

Addressing the complexity of the healthcare system



9
Comprehensive
solutions



Evidence-based
clinical guidelines



5k+ employees
including
1k+ clinicians



Advanced, innovative,
and intelligent
technology

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



Clinical Staffing – Multi-Specialty Expertise

Dedicated nursing and physician specialty teams for various solutions

- ◆ Acupuncture
- ◆ Anesthesiology
- ◆ Cardiology
- ◆ Chiropractic
- ◆ Emergency Medicine
- ◆ Family Medicine
 - Family Medicine / OMT
 - Public Health & General Preventative Medicine
- ◆ Gastroenterology
- ◆ Internal Medicine
 - Cardiovascular Disease
 - Critical Care Medicine
 - Endocrinology, Diabetes & Metabolism
 - Geriatric Medicine
 - Hematology
 - Hospice & Palliative Medicine
 - Medical Oncology
 - Pulmonary Disease
 - Rheumatology
 - Sleep Medicine
 - Sports Medicine
- ◆ Massage
- ◆ Medical Genetics
- ◆ Nuclear Medicine
- ◆ OB / GYN
 - Maternal-Fetal Medicine
- ◆ Oncology / Hematology
- ◆ Orthopedic Surgery
- ◆ Otolaryngology
- ◆ Pain Mgmt. / Interventional Pain
- ◆ Pathology
 - Clinical Pathology
- ◆ Pediatric
 - Pediatric Cardiology
 - Pediatric Hematology-Oncology
- ◆ Physical Medicine & Rehabilitation
 - Pain Medicine
- ◆ Physical Therapy
- ◆ Radiation Oncology
- ◆ Radiology
 - Diagnostic Radiology
 - Neuroradiology
 - Radiation Oncology
 - Vascular & Interventional Radiology

- ◆ Sleep Medicine
- ◆ Sports Medicine
- ◆ Surgery
 - Cardiac
 - General
 - Neurological
 - Spine
 - Thoracic
 - Vascular
- ◆ Urology



Program Overview

Blue Cross and Blue Shield Prior Authorization Services

Prior authorization applies to outpatient services:

- Outpatient
- Elective / Non-emergent
- Diagnostic

Prior authorization does **NOT** apply to services performed in/for:

- Emergency Room
- Inpatient
- 23 Hour Observation Services



Providers should verify member eligibility and benefits on the secured BCBSMN Availity provider login at www.Availity.com.

Lab Management Solution

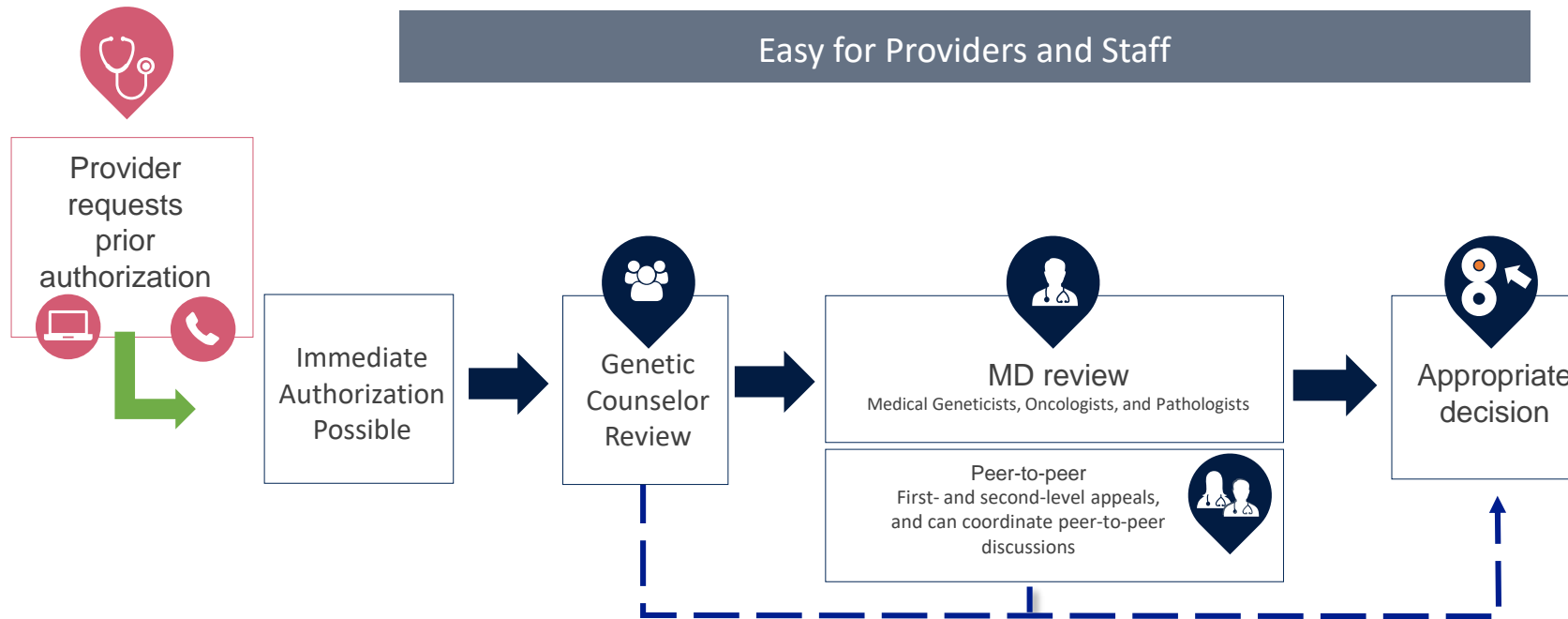
Covered Services

- 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



Utilization Management - Prior Authorization Process workflow

Recommend Prior Authorization on ~280 CPT Codes



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 Physician 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, this may include, but is not limited to:

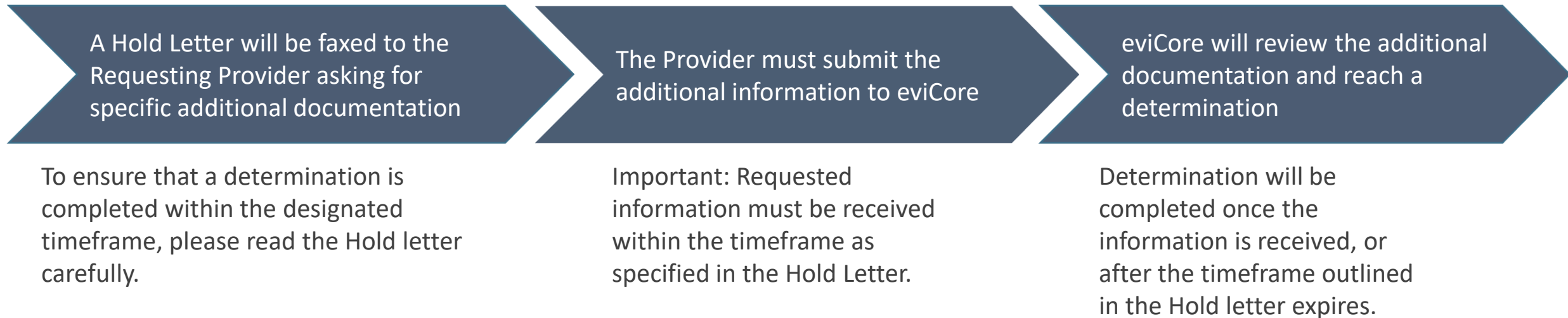
- Details about the test being performed (test name, description and/or unique identifier)
- All information required by applicable policy
- Test indication, including any applicable signs and symptoms or other reasons for testing
- Any applicable test results (laboratory, imaging, pathology, etc.)
-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



Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

If all required pieces of documentation are not received, or are insufficient for eviCore to reach a determination, the following will occur:



Note: For urgent requests, to avoid adverse determinations, it is important to include all clinical information needed to support the request at the time of submission. Determinations on urgent requests are made within 24 hours, and are based solely on the information provided when the case is submitted.

Prior Authorization Decisions

- Requests and corresponding notification are typically processed within 10 business days **after receipt of all necessary clinical information**. However, depending on the circumstance, eviCore may take the required length of time pursuant to CMS/Medicare or MN state statute to make a determination.
- Authorizations vary, but are typically good for 60 calendar days from the date of determination.
- Authorization letters will be mailed to the member and copied to the ordering and rendering providers via fax or email. When initiating a case on the web portal, you can receive e-notifications and/or print authorization summaries on demand right from the portal.
- Denial letters will be mailed to the member and copied to the ordering and rendering providers via fax or email. The communications will include denial rationale and information on post decision options, including any clinical consultation options.



Special Circumstances

Retrospective (Retro) Authorization Requests

- Retrospective requests are **not** applicable to the Lab Program; however, you may enter the specimen collection date if it is prior to the date of service

Urgent Prior Authorization Requests

- Urgent Cases will be reviewed within 24 hours of the request, and will require all clinical information to be uploaded in order for the case to be processed as urgent.
 - *It is imperative that all clinical information is included for eviCore to review. If eviCore is not able to obtain all required documentation, we will have to make a decision based solely on the information provided and could result in an adverse determination.*
- Medically urgent requests are defined as conditions that are a risk to the patient's life, health, ability to regain maximum function, or the patient is having severe pain that required a medically urgent procedure.

Clinical Consultations

- If a request is denied and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians. In certain instances, additional information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.
- Clinical Consultations can be scheduled at a time convenient to your physician.



Pre-Decision Options

I've received a request for additional clinical information. What's next?

Submission of Additional Clinical Information

- You can submit additional clinical information to eviCore for consideration per the instructions received in the Hold letter.
- Additional clinical information must be submitted to eviCore in advance of the due date referenced in the Hold letter.
- **For Medicare cases only**, eviCore will notify providers telephonically and in writing before a denial decision is issued.

Pre-Decision Clinical Consultation

- Providers can choose to request a Pre-Decision Clinical Consultation instead of submitting additional clinical information.
- The Pre-Decision Clinical Consultation must occur prior to the due date referenced in the Hold letter.
- If additional information was submitted, we proceed with our determination and are not obligated to hold the case for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed.

Post-Decision Options

Reconsiderations:

- For **commercial members only**, additional clinical information can be provided without the need for a formal appeal.
- Must be requested within **14 calendar days** from the date of determination
 - Can be requested in writing or verbally via clinical consultation (P2P). It is possible to approve a case based on a P2P.
- If an appeal has already been filed, a reconsideration is not allowed
- For **Medicare members, reconsiderations are not allowed**

Appeals:

- eviCore will process first level appeals
- Requests for appeals must be submitted to eviCore using the process outlined on the denial notification
- The request and all clinical information provided will be reviewed by a physician other than the one who made the initial determination.
- A written notice of the appeal decision will be mailed to the member and faxed to the provider



Provider Portal Overview

Benefits of using Availity

Did you know that most providers are already saving time submitting prior authorization requests online? The provider portal allows you to go from request to approval faster. Following are some benefits & features:

- Saves time: Quicker process than phone authorization requests
- Available 24/7: You can access the portal any time and any day
- Save your progress: If you need to step away, you can save your progress and resume later
- Upload additional clinical information: No need to fax in supporting clinical documentation, it can be uploaded on the portal to support a new request or when additional information is requested
- View and print determination information: Check case status in real-time
- Dashboard/worklist: View all recently submitted cases

Methods to Submit Prior Authorization Requests

Availity is the quickest, most efficient way to request prior authorization and check authorization status, and it's available 24/7

**Prior Auth call center:
844-224-0494**

7:00 a.m. to 7:00 p.m. Central Time
Monday - Friday

[Log In to Availity®](#)

- Available 24/7
- Quickest way to create prior authorizations
- Check existing case status



WEB

Check Member eligibility through Availity

New Request [Watch a quick demo](#)

*** Payer** [?](#)
BCBSMN

Provider Information

Select a Provider [?](#)
Search for a Provider

NPI [?](#)

Tax ID [?](#)

Payer Assigned Provider ID [?](#)

Service Information

*** As of Date** [?](#)
02/01/2022

*** Benefit / Service Type** [?](#)
Health Benefit Plan Coverage ✕

Patient Information

To Date
//____

Patient Search Option [?](#) Add Multiple Patients
Patient ID, Date of Birth

*** Patient ID** [?](#)

*** Date of Birth**
//____

Group Number

Patient Relationship to Subscriber [?](#)
Self

Submit another patient

Submit

To determine member eligibility, start by logging into Availity and enter the information in the fields demonstrated in the screen shots shown here.

Initiating a Case Using the Availity Portal

When submitting a case through Availity.com, if the request will be reviewed by eviCore, you will see the Single Sign-On screen, and will be re-directed to the eviCore portal.

Home > BlueCross BlueShield of Minnesota > Single Sign-On

Single Sign-On

This type of authorization request is administered by eviCore for Blue Cross Blue Shield of Minnesota. To complete your authorization request, you'll need to accept the disclaimer and answer a few more questions.

You are about to be re-directed to a third-party site away from Availity's secure site, which may require a separate log-in. Availity provides the link to this site for your convenience and reference only. Availity cannot control such sites, does not necessarily endorse and is not responsible for their content, products, or services. You will remain logged in to Availity.



Provider Portal Review

Select Rendering Lab

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources
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Requesting Provider Information

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

SUBMIT

Requesting Provider Information

Do you have the ordering physician's NPI Number?

Yes No

Enter NPI Number

SUBMIT

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

BACK

CONTINUE

[Click here for help](#)

This window will populate with the ordering physician's name and contact information, and will be based on the NPI number you entered.

Verify Service Selection

Requested Service + Diagnosis

Confirm your service selection.

CPT Code: LABTST
Description: MOLECULAR GENETIC TEST
Primary Diagnosis Code: R97.1
Primary Diagnosis: Elevated cancer antigen 125 [CA 125]

Secondary Diagnosis Code:

Secondary Diagnosis:

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

- Verify requested service & diagnosis
- Edit any information if needed by selecting change procedure or primary diagnosis
- Click **continue** to confirm your selection



Site Selection



- 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

[Log Out \(000000000\)](#)

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

BACK

[Click here for help](#)

80% Complete

Provider and NPI
()
:
()

Patient [EDIT](#)

Service [EDIT](#)

LABTST MOLECULAR GENETIC TEST
R68.89 Other general symptoms and signs

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

Proceed to Clinical Information – Example of Questions

Proceed to Clinical Information

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 will guide test and procedure code selection.

To the best of your knowledge, has a previous prior authorization request been made for this member and this test?

- Yes
- No
- Unknown


Has the specimen been collected?

- Yes
- No
- Unknown

SUBMIT

Proceed to Clinical Information

What is the specimen collection or retrieval from storage date? If the date is unknown, please use today's date.



SUBMIT

Proceed to Clinical Information

What kind of testing is being done?

- Testing related to cancer
- Testing related to pregnancy
- Other
- Unknown

What test is being requested? Please provide the test name or a short description.

Do you know the procedure codes that will be billed for this test?

- Yes
- No

SUBMIT

Finish Later

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

- **Clinical Certification** questions will populate based upon the information provided
- You can save your request and **finish later** if needed
 - You will have 2 business days to complete the case
 - When logged in, you can resume a saved request by going to Certification Requests in Progress

Proceed to Clinical Information – More Examples

Proceed to Clinical Information

What is the name of the test you are requesting? A selection from the list below is REQUIRED in order to proceed with this request.

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"/> ATM Analysis	ATM Sequencing and Deletion/Duplication Analysis
<input type="radio"/> BRACAnalysis {Integrated BRACAnalysis; CPT 81162}	BRCA1/2 Sequencing and Deletion/Duplication Analysis
<input type="radio"/> BRACAnalysis {Integrated BRACAnalysis; CPT 81163, 81164}}	BRCA1/2 Sequencing and Deletion/Duplication Analysis
<input type="radio"/> BRACAnalysis and myRisk {Integrated BRACAnalysis and myRisk; CPT 81162, 81479}	Hereditary Breast and Ovarian Cancer Panel Tests
<input type="radio"/> BRACAnalysis and myRisk {Integrated BRACAnalysis and myRisk; CPT 81163, 81164, 81479}	Hereditary Breast and Ovarian Cancer Panel Tests
<input type="radio"/> BRACAnalysis and PALB2 {2019 codes; Integrated BRACAnalysis and PALB2; 81162, 81406}	Hereditary Breast and Ovarian Cancer Panel Tests
<input type="radio"/> BRACAnalysis and PALB2 {2019 codes; Integrated BRACAnalysis and PALB2; 81163, 81164, 81406}	Hereditary Breast and Ovarian Cancer Panel Tests
<input type="radio"/> BRACAnalysis and PALB2 {2019 codes; Integrated BRACAnalysis and PALB2; 81163, 81164, 81406}	Hereditary Breast and Ovarian Cancer Panel Tests
<input type="radio"/> BRACAnalysis and PALB2 {2020 codes; Integrated BRACAnalysis and PALB2; 81162, 81307}	Hereditary Breast and Ovarian Cancer Panel Tests

1 2 3 4 5 6 7

All A B C E G M N P S T

** 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.

Clinical Certification questions will populate based upon the information provided

Proceed to Clinical Information – Free Text Questions

Proceed to Clinical Information

Answer the following questions in clinical detail:

1 Why is this test being requested and how will the results be used to change management?

2 Describe any applicable current or past medical history, lab testing, or procedure results.

3 If relevant to the testing, describe the family history, including the applicable clinical findings, diagnoses, and/or test results.



Free text answers allow for further explanation that may be needed.



Next Step: Criteria not met

If criteria is not met based on clinical questions, you will receive a similar request for additional info:

i Is there any additional information specific to the member's condition you would like to provide?

- I would like to upload a document after the survey
- I would like to enter additional notes in the space provided
- I would like to upload a document and enter additional notes
- I have no additional information to provide at this time

SUBMIT

Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

Your case has been sent to Medical Review.

Provider Name:		Contact:	
Provider Address:		Phone Number:	
		Fax Number:	
Patient Name:		Patient Id:	
Insurance Carrier:			
Site Name:		Site ID:	
Site Address:			
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	MOLECULAR GENETIC TEST
Date of Service:	Not provided		
CPT Code:	LABTST		
Case Number:			
Review Date:	7/15/2020 5:27:45 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to Medical Review.		

CANCEL **PRINT** **CONTINUE**

Tips:

- Upload clinical notes on the portal to avoid any delays by faxing
- Additional information uploaded to the case will be sent for clinical review
- Print out summary of request that includes the case # and indicates 'Your case has been sent to clinical review'



Criteria Met

If your request is authorized during the initial submission you can print out the summary of the request for your records.

Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

The following testing is approved: BRCA1 and/or 2 Gene Testing. Procedure code(s) approved: 81162.

Provider Name:	[Redacted]	Contact:	[Redacted]
Provider Address:	[Redacted]	Phone Number:	[Redacted]
		Fax Number:	[Redacted]

Patient Name:	[Redacted]	Patient Id:	[Redacted]
Insurance Carrier:	[Redacted]		

Site Name:	[Redacted]	Site ID:	[Redacted]
Site Address:	[Redacted]		

Primary Diagnosis Code:	Z01.419	Description:	Encounter for gynecological examination (general) (routine) without abnormal findings
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	MOLECULAR GENETIC TEST
CPT Code:	LABTST		
Authorization Number:	[Redacted]		
Review Date:	7/15/2020 5:21:21 PM		
Expiration Date:	1/9/2021		
Status:	The following testing is approved: BRCA1 and/or 2 Gene Testing. Procedure code(s) approved: 81162.		

[CANCEL](#) [PRINT](#) [CONTINUE](#)

You can print this screen for your records.

Provider Resources

Dedicated Call Center

Prior Authorization Call Center – 844-224-0494

Our call centers are open Monday through Friday, from 7 a.m. to 7 p.m. (central time).

Providers can contact our call center to perform the following:

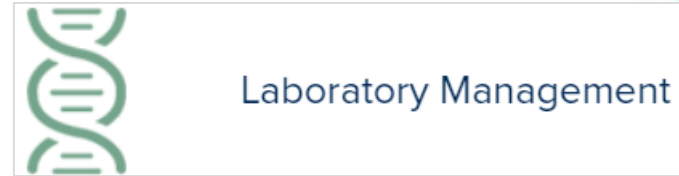
- Request Prior Authorization
- Check Status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case
- Request to speak to a clinical reviewer
- Schedule a clinical consultation with an eviCore Medical Director



Clinical Guidelines

How to access our Guidelines

1. Go to www.evicore.com and select the 'Resources' drop down menu on the far right hand side of your browser.
2. Then 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 in desired health plan in the 'Search Health Plan' search bar and press enter.
5. Select the appropriate guideline specific to the requested test(s).
 - Examples:
 - Specific genetic testing
 - Molecular and genomic testing
 - Huntington Disease testing



Laboratory Management

Instructions for accessing the guidelines:

1. Search by health plan name to view clinical guidelines.
2. Locate the **reason for denial** section found in your letter. Identify the guideline title and then search by the provided guideline title. Select appropriate guideline document.

Example for **4Kscore for Prostate Cancer Risk Assessment**: We based this decision on the guidelines listed below: **4Kscore for Prostate Cancer Risk Assessment (MOL. TS. 120)**.

Search Health Plan ...

Clinical Guidelines

Health Plan specific Guidelines

- 1. Current, Future, and Archived lists and Guidelines are found here.
- 2. You can select the entire Code List or the health plan specific Policy Book.
- 3. Shown here is an example of the Administrative Guidelines you will find on our resource site.
- 4. There are also Lab Guidelines for Clinical Use and Test Specific Guidelines on our resource site. (not shown on this screen)

CURRENT

FUTURE

ARCHIVED

Code Lists

Lab Management Code List

Guidelines

Commercial Lab Policy Book
Effective 07/01/2020

ADMINISTRATIVE



Date of Service and Effective Date of the Authorization Period
Effective 07/01/2020

Molecular Pathology Tier 2 Molecular CPT Codes
Effective 07/01/2020

Information Requirements for Medical Necessity Review
Effective 07/01/2020

Unique Test Identifiers for Non-Specific Procedure Codes
Effective 07/01/2020

Online Resources at eviCore.com

Web-Based Services and Online Resources

PROVIDERS: Check Prior Authorization Status Login Resources ^

Resources

CLINICAL GUIDELINES

- Clinical Worksheets
- Network Standards/Accreditations
- Provider Playbooks

I Would Like To

- Request a Consultation with a Clinical Peer Reviewer
- Request an Appeal or Reconsideration
- Receive Technical Web Support
- Check Status Of Existing Prior Authorization

Learn How To

- Submit A New Prior Authorization
- Upload Additional Clinical
- Find Contact Information

GO TO PROVIDER'S HUB >

I want to learn how to...

Learn how to...

- Find Contact Information
- Health Plan
- Solution

START

- You can access important tools, health plan-specific contact information, and resources at www.evicore.com
- Select the Resources to view Clinical Guidelines, Online Forms, and more.
- Provider’s Hub section includes many resources
- Provider forums and portal training are offered regularly by eviCore. You can find a session on www.eviCore.WebEx.com, select WebEx Training, and search upcoming for a “eviCore Portal Training” or “Provider Resource Review Forum”
- If you need assistance with the eviCore portal, our dedicated Web Support team 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

Client & Provider Operations Team

Client and Provider Services

Dedicated team to address provider-related requests and concerns including:

- Notification letter issues
- eviCore Healthcare standard processes & procedures
- General (non-formal/legal) complaints – including provider complaints
- Issues experienced during case creation
- Eligibility issues – member, rendering facility, and/or ordering physician
- Claim issues and appeal questions
- Peer to Peer issues and escalations

How to Contact our Client and Provider Services team

Email: ClientServices@evicore.com (preferred)

Phone: 1 (800) 646 - 0418 (option 4)

For prompt service, please have all pertinent information available. When emailing, make sure to include “BCBSMN” in the subject line with a description of the issue. Also, please share member/provider/case details when applicable.



Provider Resource Website

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
- Provider Training
- CPT code list

To access these helpful resources, please visit

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

Blue Cross and Blue Shield of Minnesota resources via Availity:

<https://apps.availity.com/availity/web/public.elegant.login>



Thank You!

