

Medical Oncology Management

Provider Orientation for Blue Cross and Blue Shield of Minnesota



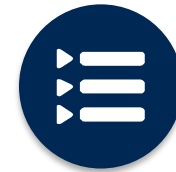
Empowering
the Improvement
of Care

Medical Benefits Management (MBM)

Addressing the complexity of the healthcare system



10
Comprehensive
solutions



Evidence-based
clinical guidelines



5k+ employees,
including
1k+ clinicians



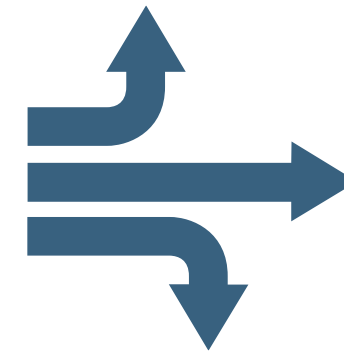
Advanced, innovative,
and intelligent
technology

Evidence-Based Guidelines

The foundation of our solutions

National Comprehensive
Cancer Network®
(NCCN)

26 of the World's
Leading Cancer
Centers Aligned



eviCore Guideline
Management

Inclusive of
45
cancer types

Continually
Updated

Represents
97%
of all cancers

Program Overview

Blue Cross and Blue Shield Prior Authorization Services

Prior authorization applies to the following services:

- Outpatient Treatment, including Diagnostic
- Infusion and Injectable Chemotherapy
- Supportive Medications given with Chemotherapy under the Medical Benefits
 - *Supportive drugs, under the medical benefit, require a separate authorization from the primary chemotherapy regimens. This will be made clear via the clinical pathway questions.*

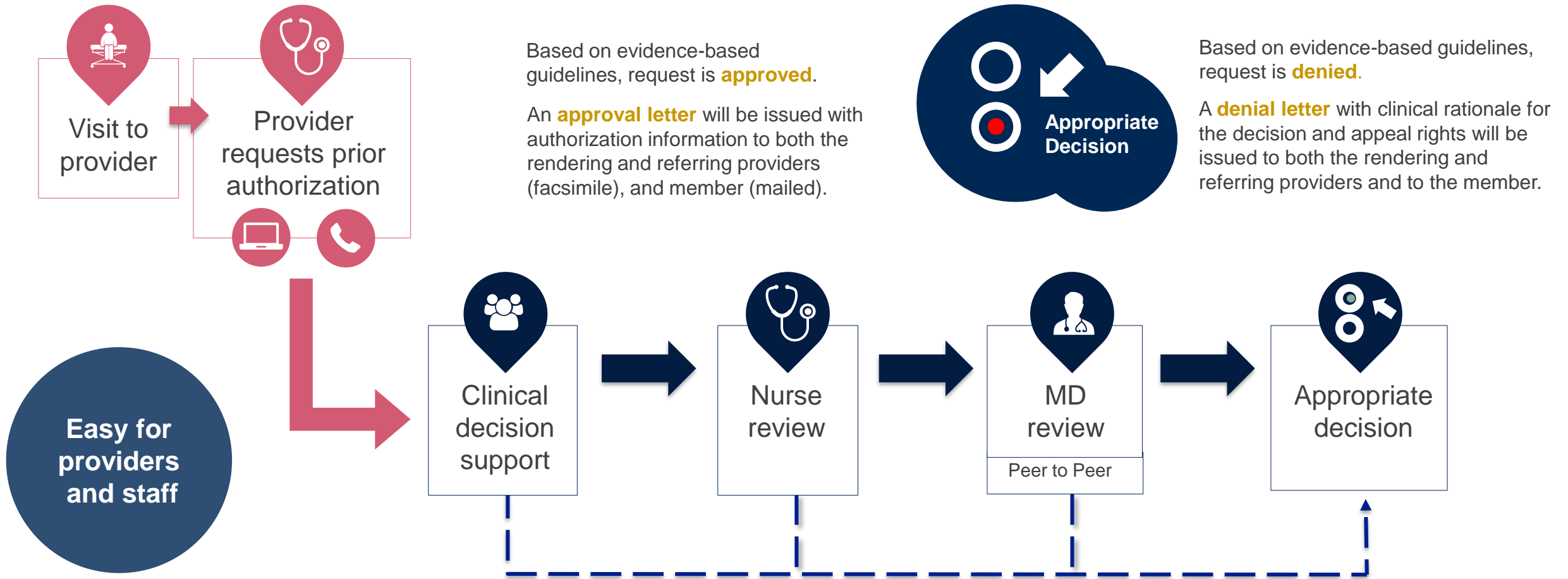
Prior authorization does **NOT** apply to services performed in/for:

- Emergency Rooms including 24 Hour Observation Services
- Inpatient Stays
- Clinical Trials
- Drugs dispensed via the Pharmacy Benefits



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

Utilization Management – the Prior Authorization Process



Information Needed

Having the following information available will speed up your submission process:

- Patient's member ID and date of birth
- NPI numbers for the referring and rendering providers
- Patient's clinical presentation
- Diagnosis Codes
- Type and duration of treatments performed to date for the diagnosis
- Disease-Specific Clinical Information:
 - ✓ Diagnosis at onset
 - ✓ Stage of disease
 - ✓ Clinical presentation
 - ✓ Histopathology
 - ✓ Comorbidities
 - ✓ Patient risk factors
 - ✓ Performance status
 - ✓ Genetic alterations
 - ✓ Line of treatment



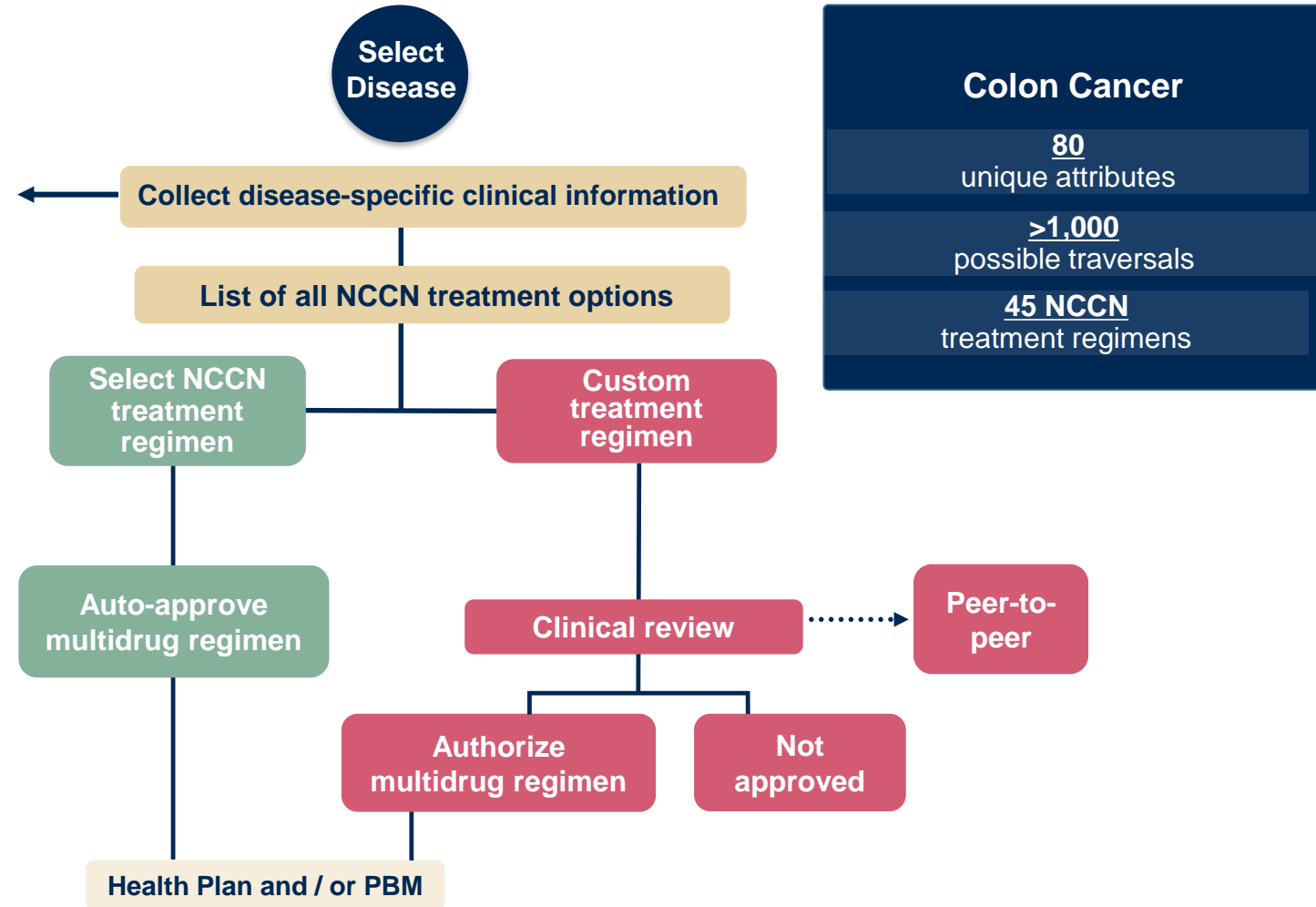
Medical Oncology Solution Defines a Complete Episode of Care

eviCore Medical Oncology Guideline Management

Disease-Specific Clinical Information

- Diagnosis at onset
- Stage of disease
- Clinical presentation
- Histopathology
- Comorbidities
- Patient risk factors
- Performance status
- Genetic alterations
- Line of treatment

**3-9
minutes
to enter a
complete
case**



Colon Cancer

- 80** unique attributes
- >1,000** possible traversals
- 45 NCCN** treatment regimens

Treatment options may be modified to align with formulary

Medical Oncology Solution

Included in the Prior Authorization Regimen:

- Infused and self-administered drugs in the primary treatment of cancer that are part of the Medical Benefit
- Supportive agents included with the approved treatment regimen of cancer-related symptoms
- All medications used that are not associated with the direct treatment of cancer or cancer-related symptoms are outside the scope of this program

Important Details

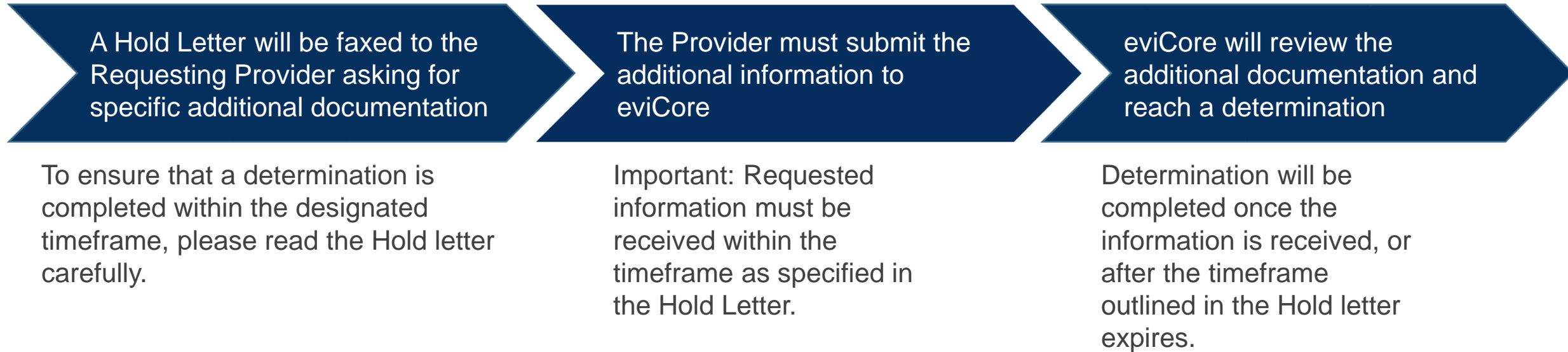
- There are no partial approvals.
- The Authorization is not for a specific dose or administration schedule.
 - *However, billing in excess of the appropriate # of units or frequency of administration based on **MUE/NCCN** guidelines for a drug may result in claims denial.*
- Supportive drugs, under the medical benefit, will be issued as a separate authorization.
- **Please call eviCore at 844-224-0494 if a change in treatment plan occurs.**



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 72 hours, and are based solely on the information provided when the case is submitted.

Prior Authorization Decisions

- All requests and corresponding notification are typically processed within 2 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.
- Authorization date spans vary (typically 8-14 months depending on treatment type).
- 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.



Special Circumstances

Retrospective (Retro) Authorization Requests

- Retrospective reviews are not accepted for **Medical Oncology** requests. Claims may be denied if treatment begins prior to obtaining an authorization.

Urgent Prior Authorization Requests

- Urgent Cases will be reviewed within 24 to 72 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

- eviCore will request a Clinical Consultation on any regimens that do not meet NCCN guidelines prior to issuing a determination.
- If further clinical discussion is needed, we welcome requests for clinical determination discussions from referring physicians. **For commercial members**, additional information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.



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 (preferred)

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



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

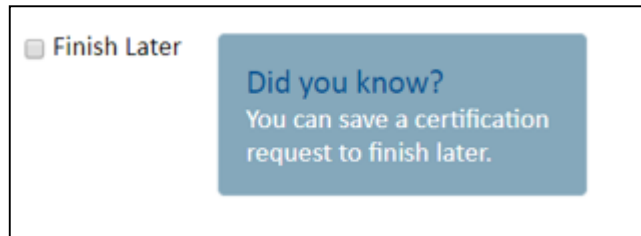
This type of authorization request is administered by eviCore for Blue Cross Blue Shield of Minnesota. To complete your authorization request, you'll need to accept the disclaimer and answer a few more questions.

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.



Important to know...

When using Availity for submitting prior authorizations, you can save your request and finish later if needed



Our Medical Oncology Solution outlines a Complete Episode of Care

- Selection of a recommended treatment regimen will result in immediate approval of all drugs in the requested regimen that require PA with an authorization time span sufficient to complete the entire treatment.
- No further action is needed unless the treatment needs to be changed due to disease progression or other clinical factors.
- Custom treatment plan requests will be reviewed by an eviCore medical oncologist to determine if the request is clinically appropriate.

- Available on every clinical pathway screen
- You can resume a saved request through the Availity Dashboard
- You will have 48 hours to complete the case, or the case will expire and you'll have to start over

Provider Portal Overview

Submitting Online Prior Authorization Requests

Provider Experience – Case Submission



Help /
Contact Us

Tuesday, January 25, 2022 1

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

Cancel Print Continue

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

Select option to “Request a certification” and then the program.

Provider Experience – Case Submission

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, Filter Last Name or NPI:

Selected Physician:

	Provider
<input type="button" value="SELECT"/>	[Redacted]
<input type="button" value="SELECT"/>	[Redacted]
<input type="button" value="SELECT"/>	[Redacted]
<input type="button" value="SELECT"/>	[Redacted]
<input type="button" value="SELECT"/>	[Redacted]

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

The Office user will select the treating physician from their pre-populated affiliated physician list.

Provider Experience – Case Submission



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.

▼
 ▼

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

Take note of any important messages and confirm the provider address..

Provider Experience – Case Submission

Clinical Certification

Provider's Name [?]

Who to Contact [?]

Fax [?]

Phone [?]

Ext. [?]

Cell Phone

Email

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

Contact information is confirmed or entered to ensure smooth communication of the determination or to request additional information as needed.

Provider Experience – Case Submission

Clinical Certification

New Patient Registration

Member ID
(no spaces or dashes)

Date of Birth (MM/DD/YYYY)

Last Name

First Name (optional)

SEARCH CANCEL

Unable to

Current Patients

Filter by Physician

(type to filter by patient name)

New Patient Registration

Provider: [blurred]

Health Plan: PLAN-X

Member ID: [blurred]

Date of Birth: 3/20/1971

Name: [blurred]

City, State: [blurred]

Do you want to continue with this patient?

YES NO

New patients are registered or current patients are selected from the drop down list. If a new patient is being registered and eligibility is verified, a confirmation screen will appear. Click "Yes" to continue.

Provider Experience – Case Submission

Clinical Certification

PO BOX 970

Female

PLAN-X ID

The Patient History Screen becomes the hub for all future requests or data relating to this patient. Including a record of previous requests for services through eviCore, authorization numbers and dates, and clinical summaries based on the information provided through the request process.

Reviews

Date	Physician	Case #	Cancer Type	Treatment	Status			
3/04/2019			Colorectal	5-Fluorouracil (5FU; Adrucil), Brentuximab Vedotin (Adcetris)	Pending			VIEW HISTORY
8/02/2018			Colorectal	Oxaliplatin (Eloxatin)	Approved			VIEW HISTORY
2/13/2017			Multiple Myeloma	Cyclophosphamide - inj (Cytoxan; Endoxan-Asta)	Approved			VIEW HISTORY

Click to view clinical information, Jcodes, and expiration date.

Provider Experience – Case Submission

Attention!

Patient ID : [REDACTED] Time: 3/4/2019 2:02 PM
Patient Name: [REDACTED]

What is the anticipated start date of treatment? MM/DD/20YY

Enter:
Start Date of Treatment
Type of Therapy

- Select CHEMOTHERAPY for Chemo or Chemo + Supportive drugs
- Select SUPPORTIVE THERAPIES for Supportive drugs only

Clinical Certification

This procedure will be performed on 4/1/2019.

Medical Oncology Pathways

Select type of therapy

Don't see your
Primary Chem

CHEMOTHERAPY
SUPPORTIVE THERAPIES

eparate requests.

Provider Experience – Case Submission

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

CHEMO CHEMOTHERAPY

Don't see your procedure code or type of service?
Primary Chemotherapy and Supportive drugs mu

Diagnosis

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

colon LOOKUP

	Diagnosis Code	Description
SELECT	C18.2	Malignant neoplasm of ascending colon
SELECT	C18.4	Malignant neoplasm of transverse colon
SELECT	C18.6	Malignant neoplasm of descending colon
SELECT	C18.7	Malignant neoplasm of sigmoid colon
SELECT	C18.8	Malignant neoplasm of overlapping sites of colon
SELECT	C18.9	Malignant neoplasm of colon, unspecified

Select ICD10 by entering code or description

Provider Experience – Case Submission

Clinical Certification

Confirm your service selection.

Procedure Date: 4/1/2019
Medical Oncology Pathways: CHEMO
Description: CHEMOTHERAPY
Primary Diagnosis Code: C18.9
Primary Diagnosis: Malignant neoplasm of colon, unspecified
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

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

Confirm the information entered or use the 'change' links to go back and make corrections as needed.

Provider Experience – Case Submission

Distinct rendering site or facility can be entered if needed.
Multiple lookup options are available.

Specific Site Search
Search by TIN, NPI, or combination of name and city or name and zip code and we will provide a list

NPI: Zip Code: Site Name:
TIN: City: Exact match
 Starts with

	Name	Address
<input type="button" value="SELECT"/>		WESTLAKE, OH 44145
<input type="button" value="SELECT"/>		CLEVELAND, OH 44145

Clinical Certification

Selected Site:

Site Email (optional)

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

An email can be submitted for communication if desired.

Provider Experience – Case Submission

Clinical Certification

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

After answering the clinical question(s) on each screen you will need to hit "Submit" before exiting the system. You must hit "Submit" for each of the clinical questions you must hit "Submit" before exiting the system. You must hit "Submit" for each screen to save the clinical information that you have provided. Hit "Submit" and your request for a prior authorization will be submitted for review.

Your answers to previous questions will be displayed on the lower portion of the screen. If you made an error during the clinical data collection process you can click on the question. The system will ask that you answer the question again and subsequent questions. You can use the "Finish Later" button, for Standard/Routines cases only, to save information and return to this case at a later time. This will save all case information recorded up to but not including the current screen.

Failure to formally submit your request by clicking the "Submit" button after the attestation will cause the request for a prior authorization to expire with no additional correspondence.

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

The demographic portion of the case is complete. Reminders on how to complete the clinical portion are displayed. Click 'Continue to proceed to the clinical review.

Provider Experience – Case Submission

Clinical Certification

① Indicate the Cancer Type:

Colon/Rectal Cancer ▼

- Anal
- Bladder
- Bone
- Brain and Spinal Cord Tumors (CNS Tumors)
- Breast
- Breast Cancer Risk Reduction
- Cervical Cancer
- Colon/Rectal Cancer
- Endometrial Cancer
- Ewing's Sarcoma
- Gallbladder Cancer
- Gastric/Esophageal Cancer
- Head and Neck Cancers
- Hepatic (Liver) Cancer
- Kidney Cancer
- Leukemia - Acute Lymphoblastic Leukemia (ALL)
- Leukemia - Acute Myeloid Leukemia (AML)
- Leukemia - Chronic Lymphocytic Leukemia (CLL)
- Leukemia - Chronic Myelogenous Leukemia (CML) ▼

You can save a certification request to finish later.


Cancel Print

The Clinical pathways begin with selection of the cancer type. This will dictate the questions that will be asked in the following screens. All cancer types covered by NCCN are available and an “Other” option is included for rare cancers not addressed by NCCN.

Provider Experience – Case Submission

Exclusions are confirmed.

Clinical Certification

 Please select any/all services that the patient is participating in that includes injectable and oral chemotherapy drugs:

- Clinical Trials
- Non-cancer uses of the drug (not related to treatment of chemo or chemo side effects)
- Inpatient Chemo
- None of the above
- Stem Cell Transplant

SUBMIT

Provider Experience – Case Submission

Clinical Certification

1 Initial AJCC (Pathologic stage) Stage at DIAGNOSIS:

- O
- I
- IIA
- IIB
- IIC
- IIIA
- IIIB
- IIIC
- IV
- Unknown

SUBMIT

1 Select treatment type:

- Chemotherapy after surgery (Adjuvant)
- Therapy for a patient who is locally unresectable or medically inoperable
- Neoadjuvant chemotherapy for clinical T4b disease prior to colectomy

SUBMIT

High Risk Pathologic Features

- <12 nodes examined
- Poorly differentiated histology
- Lymphatic/vascular or perineural invasion
- Bowel Obstruction
- Localized perforation
- Close, indeterminate or positive margins

Most recent entry for this patient: None

1 Does the patient have high risk factors for recurrence? (see description a

- Yes No

1 KRAS/NRAS Result:

- Wild Type (no mutation)
- Mutation Positive
- Testing Not Completed/Unknown Status

SUBMIT

The office user will be asked a series of questions necessary to generate the recommended treatment list for the patient being treated. A typical traversal will have between 5 and 12 questions based on the complexity of the cancer. The system will dynamically filter to only the minimum number of questions needed to complete the review. Almost all answers are in drop down or click selection to allow for quick entry.

Provider Experience – Case Submission

Previously Approved Treatments (listed in chronological order): None

i Select Treatment Option:

Regimen	
<input type="radio"/>	Fluorouracil (Simplified Biweekly Infusional) + Leucovorin
<input type="radio"/>	mFOLFOX6 (Fluorouracil + Leucovorin + Oxaliplatin)
<input type="radio"/>	Capecitabine
<input type="radio"/>	CapeOx (Capecitabine + Oxaliplatin)
<input type="radio"/>	Fluorouracil + Leucovorin (Roswell Park Regimen)
<input type="radio"/>	Build a Custom Treatment Plan (May Require Additional Clinical Review)

All NCCN recommended treatments are displayed, as well as the option to Build a Custom Treatment Plan.

Provider Experience – Case Submission

Clinical Certification

Select the chemotherapy drug(s) for the treatment regimen from the Drug List below.

- If you are able to select the treatment option using the Drug List, provide administration s
- If a chemotherapy drug is not on this list, and it is a newly approved chemotherapy drug t have the drug added to the treatment regimen.

i Drug List:

	Add all	2 items selected	Remove all
5FU (5-Fluorouracil)	+	5-Fluorouracil (Aducril, 5FU)	-
Abemaciclib - oral (Verzenio)	+	Capecitabine - oral (Xeloda)	-
Abiraterone Acetate - Zytiga - oral (Zytiga)	+		
Abiraterone Acetate -Yonsa - oral (Yonsa)	+		
Abraxane (Paclitaxel (albumin-bound))	+		
Acalabrutinib - oral (Calquence)	+		
Actemra (Tocilizumab)	+		
Actimmune (Interferon, gamma-1b)	+		
Adcetris (Brentuximab Vedotin)	+		
Ado-Trastuzumab Emtansine (Kadcyla)	+		
Adriamycin (Doxorubicin HCL)	+		
Aducril (5-Fluorouracil)	+		
Afatinib - oral (Gilotrif)	+		

Custom Treatment plans can be submitted for any case where the provider does not want to use a recommended regimen. Drugs are selected from a drop down list and the user has the opportunity to attach or enter supporting information for the request.

Clinical Certification

The treatment regimen is not recommended by NCCN. If you think a mistake has been made during the case e regimens will not be immediately approved and require Clinical Review. Supporting clinical information should be

Documentation to support your proposed treatment should be submitted in the following manner:

- Free text in box below
- Attach documentation to case
- Fax documentation to 866-889-8061. Include patient name and the case reference number.

If you need additional time, click "Save and Exit" and return by clicking "RESUME".

Submit all relevant information about this case within 2 business days.

i Enter supporting Clinical Information in the field below:

You may attach up to 5 PDF or Word documents no larger than 1 MB each.

i Attach a PDF or Word document: click "Browse" to select the document from your desktop or other netwo

Provider Experience – Case Submission

Clinical Certification

Your case has been Approved.

Provider Name: [REDACTED] Contact: dave

Provider Address: [REDACTED] VE Phone [REDACTED]
L Number: [REDACTED]
Fax Number: [REDACTED]

Patient Name: [REDACTED] Patient Id: [REDACTED]
Insurance Carrier: PLAN-X

Site Name: [REDACTED] Site ID: [REDACTED]
Site Address: [REDACTED]

Diagnosis/ICD-9 Code: 153.9 Description: MALIGNANT NEO COLON NOS

Date of Service: 2/2/2015

HCPCS Code(s): J9263 Drug(s): OXALIPLATIN (ELOXATIN)

Authorization Number: [REDACTED]

Review Date: 03/05/2019

Start Date: 03/10/2019

Expiration Date: 11/10/2019

Status: Your case has been Approved.

[Print](#) [Go to Patient History](#) [Request Supportives](#)

Selection of a recommended regimen will result in immediate approval of all drugs in the requested regimen with an authorization time span sufficient to complete the entire treatment. No further action is needed unless the treatment needs to be changed due to disease progression or other clinical factors.

Short cut for adding supportives

Provider Experience – Case Submission - Supportives

Clinical Certification

Confirm your service selection.

Procedure Date: 5/5/2016
Medical Oncology Pathways: SPORT
Description: SUPPORTIVE THERAPIES
Diagnosis Code: C18.9
Diagnosis: Malignant neoplasm of colon, unspecified

[Change Procedure or Diagnosis](#)

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

If “Request Supportives” is selected, a new case is started and the user is dropped on this screen to complete a supportive drug request.

The start date, drug classification, and ICD10 are prepopulated to match the Chemotherapy case. Click Continue to proceed to the clinical portion of the request

Provider Experience – Case Submission - Supportives

Clinical Certification

Confirm Cancer type

Colon/Rectal Cancer

SUBMIT

Clinical Certification

Indicate the requested supportive agent:

- Darbepoetin alfa (Aranesp) ONCE EVERY 2 WEEKS
- Darbepoetin alfa (Aranesp) ONCE EVERY 3 WEEKS
- Darbepoetin alfa (Aranesp) WEEKLY FIXED DOSE
- Darbepoetin alfa (Aranesp) WEEKLY WEIGHT BASED DOSE
- Denosumab (Prolia)
- Denosumab (Xgeva) MONTHLY
- Denosumab (Xgeva) MONTHLY and DAY 8, 15
- Epoetin alfa (Epogen, Procrit) 3 TIMES PER WEEK
- Epoetin alfa (Epogen, Procrit) ONCE EVERY 2 WEEKS
- Epoetin alfa (Epogen, Procrit) ONCE EVERY 3 WEEKS
- Epoetin alfa (Epogen, Procrit) WEEKLY
- Filgrastim (Neupogen) 300 mcg single use syringe/vial
- Filgrastim (Neupogen) 480 mcg single use syringe/vial
- Granisetron (Sustol)
- Octreotide (Sandostatin LAR Depot)
- Octreotide (Sandostatin)
- Pegfilgrastim (Neulasta)
- Telotristat ethyl - oral (Xermelo)
- Build a Custom Treatment Plan (May Require Additional Clinical Review)

SUBMIT

User will be asked to indicate the drug needed and may be asked for additional clinical information to support that request. If multiple supportive drugs are needed a separate request must be entered for each drug.

Provider Experience – Case Submission

Your case has been sent for Medical Review.

Provider Name: Contact: dave

Provider Address:

 Phone Number:

Fax Number:

Patient Name: Patient Id:

Insurance Carrier: PLAN-X

Site Name:

 Site ID: EC4953

Site Address:

Diagnosis/ICD-9 Code: 153.9 Description: MALIGNANT NEO COLON NOS

Date of Service: 03/05/2019

HCPCS Code(s): J9190, J9042 Drug(s): 5-FLUOROURACIL (5FU; ADRUCIL), BRENTUXIMAB VEDOTIN (ADCETRIS)

Case Number:

Review Date: 03/05/2019

Expiration Date: N/A

Status: Your case has been sent for Medical Review.

The summary screen confirms that status and details of the request.

Provider Resources

Dedicated Call Center

Prior Authorization Call Center – 844-224-0494

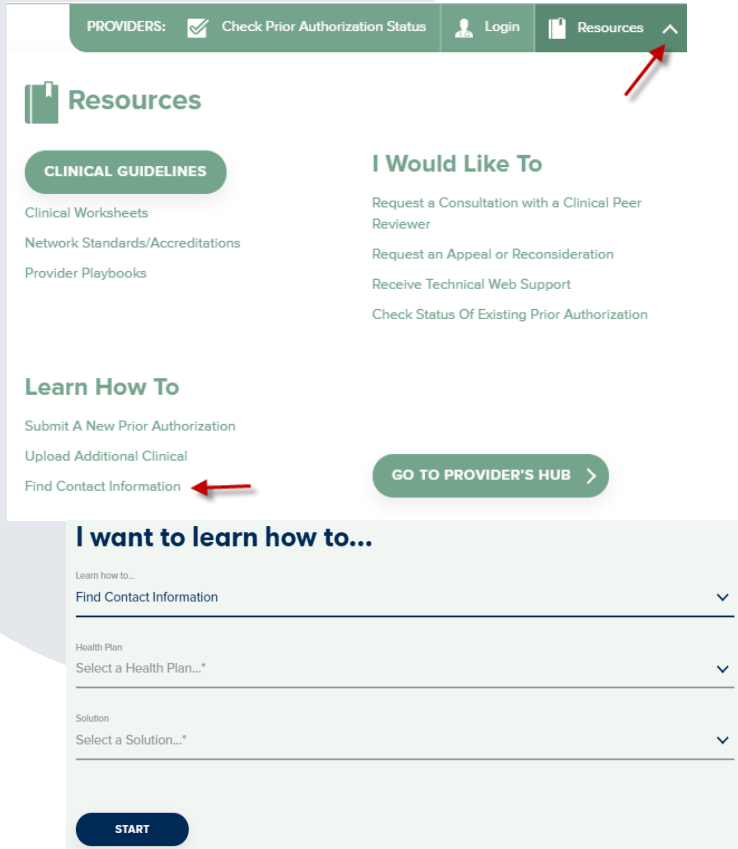
Our call centers are open Monday through Friday, from 7 a.m. to 7 p.m. (central time).

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



Online Resources at eviCore.com



Web-Based Services and Online Resources

- 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!

