

Radiation Therapy (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 - 26 of the World's Leading Cancer Centers Aligned



Dedicated
pediatric
guidelines



Contributions
from a panel of
community
physicians



Experts
associated
with academic
institutions



Current
clinical
literature

Aligned with National Societies, such as:

- American Society for Radiation Oncology
- American Urological Association
- National Cancer Institute
- National Comprehensive Cancer Network
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Academy of Pediatrics
- American Society of Colon and Rectal Surgeons
- American College of Obstetricians and Gynecologists

Program Overview

Blue Cross and Blue Shield Prior Authorization Services

Prior authorization applies to outpatient services:

Clinical Modalities

- 2D, 3D Conformal
- IMRT
- Brachytherapy
- SRS/SBRT
- IORT – Proton Beam
- Neutron Hyperthermia

Non- Clinical Modalities

- SIM
- Planning
- Devices
- Imaging
- Physics
- Management

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

- Emergency Rooms including 24 Hour Observation Services
- Inpatient Stays
- Clinical Trials



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

Radiation Oncology - Holistic Treatment Plan Review



PROVIDERS: Check Prior



Resources

CLINICAL GUIDELINES

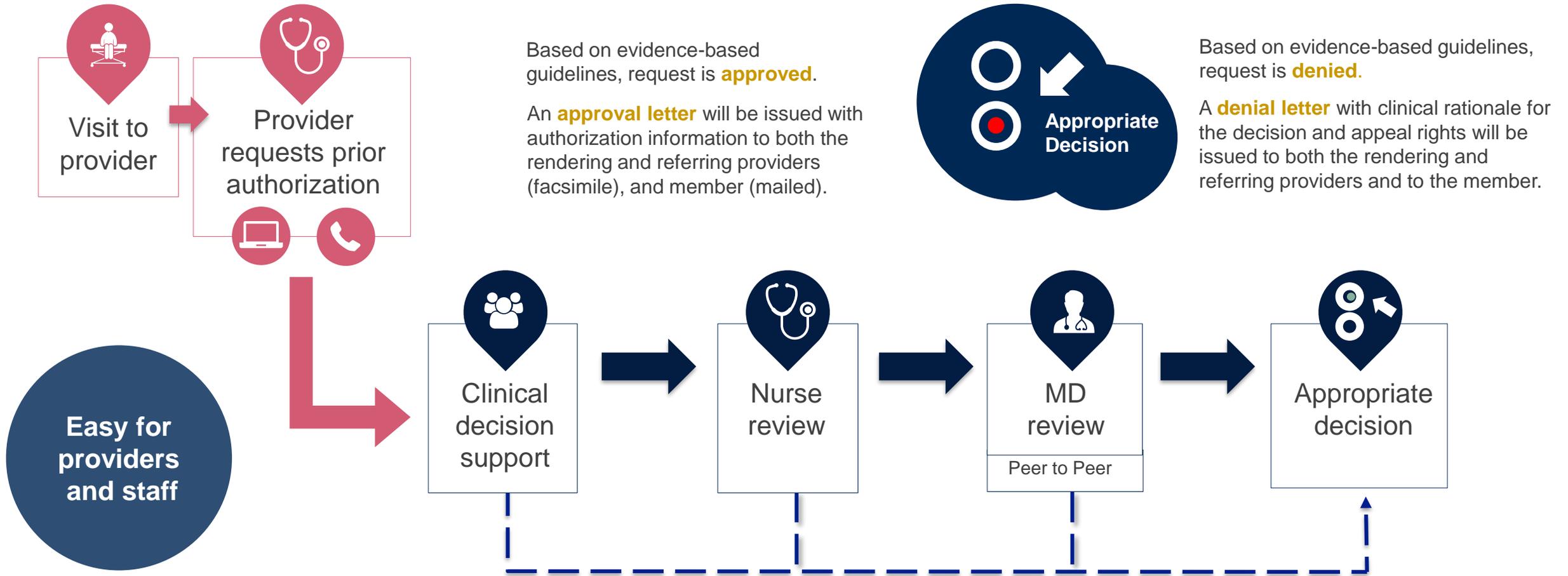
Clinical Worksheets



eviCore healthcare relies on information about the patient's unique presentation and physician's intended treatment plan to authorize all services from the initial simulation through the delivery of the last fraction of radiation.

- Providers specify the cancer type or body part being treated rather than requesting individual CPT and HCPCS codes .
- The intended treatment plan for the cancer type is compared to the evidence-based guidelines developed by our Medical Advisory Board.
- The entire episode of care is managed, from initial simulation to the final day of treatment delivery.
- If request is authorized/covered or partially authorized/covered, then the requested/approved treatment technique and number of fractions will be provided and will be included on the notifications that are sent to the provider and the member.
- If Image Guidance (IGRT) is requested it may or may not be approved, separate from the primary treatment technique. This will be communicated in the case notifications. The eviCore IGRT Policy is included in our guidelines. Click here to access: [Radiation Oncology \(evicore.com\)](#)
- For questions about specific CPT codes that are included with each episode of care, please reference the **eviCore Radiation Therapy Coding Guidelines** located online: [Radiation Oncology Coding Guidelines](#)
- Correct coding guidelines are based on ASTRO/ACR Radiation Therapy coding resources.

Utilization Management – the Prior Authorization Process



Information Needed

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

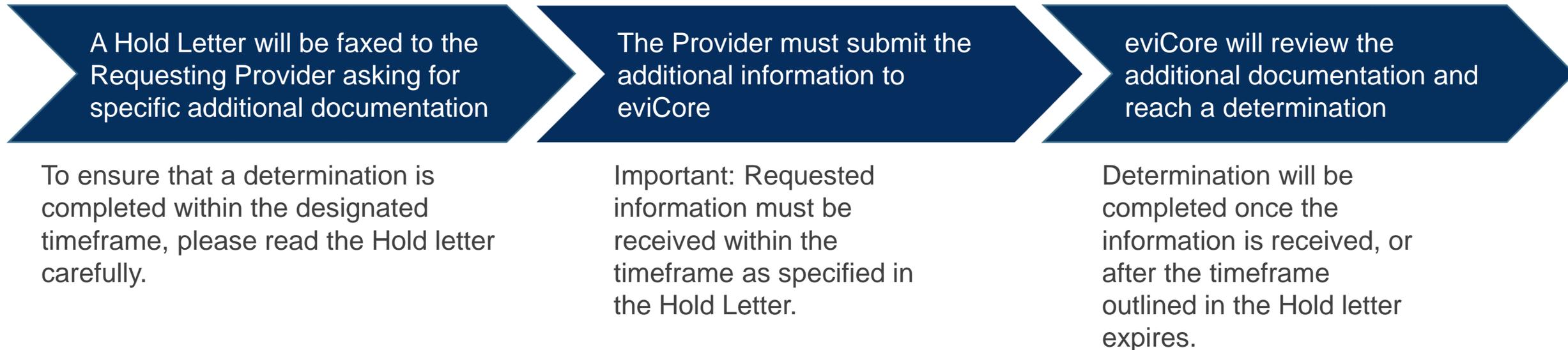
- Patient's member ID and date of birth
- NPI numbers for the referring and rendering providers
- Patient's clinical presentation
- Diagnosis Codes
- Type and duration of treatments performed to date for the diagnosis
- Disease-Specific Clinical Information:
 - ✓ Diagnosis at onset
 - ✓ Stage of disease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



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

- 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 and are based on cancer type and number of approved fractions.
- The approved number of phases, treatment modality and fractions are included in the approval letters.
- 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.



Important Information

Alternative Recommendations

- An alternate treatment plan recommendation may be offered based on eviCore's evidence-based clinical guidelines
- The ordering provider can either accept the alternative recommendation by building a new case, or by requesting a reconsideration of the original request
 - **Note:** Reconsiderations are not allowed for Medicare cases; a new case would need to be started to accept the alternate recommendation
- Providers must contact eviCore to accept the alternative recommendation before the start of treatment

Authorization Updates

- If updates are needed to an existing authorization, you can contact eviCore by phone.
- Changes in treatment type or technique will require another Medical Necessity review on a new authorization. If approved, the original case will be withdrawn.
- If there is a change in technique(s) or number of fractions and this update is not communicated then it may impact claims payment. The billed services should align with the requested and approved treatment plan.
- If it is known the authorization time span will not cover the entirety of the radiation therapy episode of care/treatment plan then eviCore should be notified before the services are billed by the provider.



Special Circumstances

Retrospective (Retro) Authorization Requests

- Additional clinical information can be provided without the need for a physician to participate
- Must be requested within **14 calendar days** from the date of determination
- Allowed for **commercial members only**
- **Note:** If an appeal has already been filed a reconsideration is not allowed

Urgent Prior Authorization Requests

- Urgent Cases will be reviewed within 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

- 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 (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.

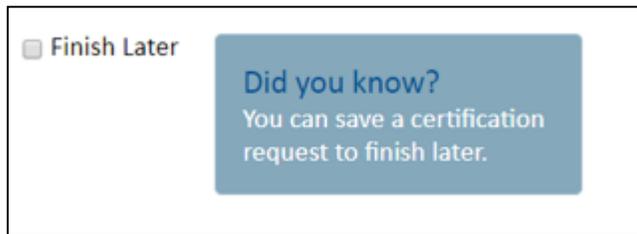
You are about to be re-directed to a third-party site away from Availity's secure site, which may require a separate log-in. Availity provides the link to this site for your convenience and reference only. Availity cannot control such sites, does not necessarily endorse and is not responsible for their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



Provider Portal Review

Important to know...

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



- 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

Radiation Oncology clinical worksheets

- Found on eviCore.com at: [Clinical Worksheets | Radiation Oncology \(evicore.com\)](https://www.evicore.com/clinical-worksheets/radiation-oncology)
- Best if completed by the physician during the initial consultation with the patient.
- Inaccurate information can cause the authorized services to differ from those that are actually delivered, and can lead to adverse determination.

This is a screenshot of a form titled 'Other Cancer Type Radiation Therapy Physician Worksheet (As of 29 January 2020)'. It includes fields for patient information (First Name, Middle Initial, Last Name, DOB, Member ID) and a section for 'What is the radiation therapy start date (mm/dd/yyyy)?'. The main section is a grid of checkboxes for various cancer types, such as Adrenal Cancer, Anal Cancer, Bladder Cancer, Breast Cancer, and many others. A note at the bottom states: 'If Other was not selected, please stop and fill out the appropriate physician worksheet.'

This is a screenshot of the same form, showing the clinical status section. It includes questions about ECOG performance status (e.g., 'Fully active, able to carry on all pre-disease performance without restriction'), ECOG status due to cancer, and metastasis. It also has a section for 'What is the intent of treatment?' with options for primary, pre-operative, post-operative, or palliation. The form includes checkboxes for 'Yes' and 'No' for various clinical questions.

Radiation Oncology - Member & Request Information

Attention!

Time: 7/1/2020 1:54 PM

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

SUBMIT

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

ELIGIBILITY LOOKUP

BACK

- You will be asked the **expected treatment start date**, the date of the member's initial Radiation Therapy treatment. The case will be backdated to cover simulation and treatment planning.
- You will then be asked to enter the **member information** (patient ID number, date of birth and last name), click **Eligibility Lookup** and verify the member
- Next, you will select the cancer type/body part being treated (RC Code) & diagnosis code associated with the member's cancer type

Requested Service + Diagnosis

This procedure will be performed on 7/2/2020. **CHANGE**

Radiation Therapy Procedures

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

procedure code or type of service? [Click here](#)

Primary Diagnosis Code (Lookup by Code or Description)

LOOKUP

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

Secondary Diagnosis Code (Lookup by Code or Description)

Diagnosis is optional for Radiation Therapy

LOOKUP

- RCADRE
- RCANAL
- RCBILE
- RCBLAD
- RCBONE
- RCBRAI
- RCBREA
- RCCERV
- RCCNSL
- RCCNSN
- RCENDO
- RCESOP
- RCGACA
- RCGALL
- RCHDKL
- RCHENE
- RCHEPA
- RCKIDN
- RCLIVE
- RCMETS
- RCMUMY
- RCNHDL
- RCNONC
- RCNSCL
- RCOLIG
- RCOTHE
- RCPANC

Radiation Oncology - Verify Service Selection

Requested Service + Diagnosis

Confirm your service selection.

Treatment Start: 7/2/2020
CPT Code: RCADRE
Description: ADRENAL CANCER
Primary Diagnosis Code: C17.2
Primary Diagnosis: Malignant neoplasm of ileum
Secondary Diagnosis Code:
Secondary Diagnosis:

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

- Confirm that the correct cancer type and diagnoses have been selected
- Edit any information if needed by selecting change procedure or primary diagnosis
- Click **continue** to confirm your selection

Radiation Oncology – Site Selection

- Select the **specific site** where the testing/treatment will be performed.
- Start by searching NPI or TIN for the site of 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:	<input type="text"/>	Zip Code:	<input type="text"/>	Site Name:	<input type="text"/>
TIN:	<input type="text"/>	City:	<input type="text"/>	<input checked="" type="radio"/> Exact match	
				<input type="radio"/> Starts with	

LOOKUP SITE

Radiation Oncology - Clinical Certification

- Then, verify all information entered and make any changes needed
- You will not have the opportunity to make changes after this point

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

Standard or Urgent Request?

- 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
- Your case will only be considered Urgent if there is a successful upload

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

Radiation Oncology - Proceed to Clinical Information – Example of Questions

Proceed to Clinical Information

Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?
 Yes No

Where will treatment be directed?
 Bilateral breast (treated concurrently)
 Left breast
 Right breast

SUBMIT

What is the treatment intent?

Pre-operative (neo-adjuvant)
 Definitive (No surgery planned)
 Post-operative (adjuvant)
 Palliative (for relief of symptoms)

SUBMIT

Proceed to Clinical Information

What is the T stage?

What is the N stage?

SUBMIT

Proceed to Clinical Information

Will the patient receive concurrent chemotherapy?
 Yes No

Will daily image-guided radiation therapy (IGRT) be used for phase I?
 Yes No

SUBMIT

Finish Later

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

- **Clinical Certification** questions may populate based upon the information provided in previous questions
- Clinical worksheets located on www.eviCore.com can be used as a guide and will help prepare the requestor for the questions that are presented
- You can save your request and finish later if needed
Note: You will have 48 hours to complete the case
- When logged in, you can resume a saved request by going to Certification Requests in Progress
- Once the clinical questions have been answered, click the attestation and **Submit the Case**

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.

SUBMIT CASE

Radiation Oncology – Clinical Decision Support Model

As of July 2020, certain cancer type pathway questions look different! eviCore is rolling out a faster way to create a Radiation Oncology case and receive an approval.

- The provider web portal login and demographic question/answer process is not changed
- There will be far fewer clinical questions during the prior authorization process
- After the clinical questions, you will receive a list of regimen options from which to select

Why is eviCore transitioning Radiation Oncology to CDS?

- Getting to Yes! -faster
 - Improve the prior authorization process for providers
 - Reduce clinical questions by up to 92%!
- Guide providers to a list of approvable treatment regimens
- Reduce Clinical Review and Peer-to-Peer rates
- Align Radiation Oncology with the Medical Oncology program design

Note: Once the clinical pathway questions are answered, a list of approvable treatment Regimens will be presented. The ‘Other’ selection can be selected if a custom treatment will be requested, which will be sent for Medical Review. (see example)

Example of Approvable Treatment Options:

- A. Up to 5 fractions of Stereotactic Body Radiation Therapy (SBRT) (using 3D planning)
- B. Up to 5 fractions of Stereotactic Body Radiation Therapy (SBRT) (using IMRT planning)
- C. Up to 10 fractions of 3D Conformal with IGRT (hypofractionation)
- D. 30 to 35 fractions of 3D Conformal with IGRT (conventional fractionation)
- E. Other

If “Other” is selected, you will be prompted to build a custom treatment regimen request.

If “A”, “B”, “C”, or “D” is selected, a follow-up question regarding the specific number of fractions will be asked.

Radiation Oncology – Criteria met, Summary of APPROVED Request

REQUESTED Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions)	
APPROVED Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331)	
DENIED	
DENIAL RATIONALE	
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: Breast Cancer
Date of Service: 6/1/2020	
CPT Code: RCBREA	
Authorization Number:	
Review Date: 5/20/2020 10:41:09 AM	
Expiration Date: 11/16/2020	
Status:	
REQUESTED Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions)	
APPROVED Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331)	
DENIED	
DENIAL RATIONALE	
REQUESTED Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions)	
APPROVED Phase 1: Complex isodose plan25 Fractions (treatment sessions) Phase 2: Electrons/Photons5 Fractions (treatment sessions) As Medically Necessary: Special radiation dosimetry (8 x 77331)	
DENIED	
DENIAL RATIONALE	
CANCEL	PRINT
CONTINUE	

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

Review the details of the request and select **Continue**

Radiation Oncology - Criteria not met, Summary of PENDED request

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 clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with CareCore at anytime, please call 1-855-252-1

Provider Name:		Contact:	
Provider Address:		Phone Number:	
		Fax Number:	
<hr/>			
Patient Name:		Patient Id:	
Insurance Carrier:			
<hr/>			
Site Name:		Site ID:	007BHO
Site Address:			
<hr/>			
Primary Diagnosis Code:	C14.0	Description:	Malignant neoplasm of pharynx, unspecified
Secondary Diagnosis Code:		Description:	
Date of Service:	7/3/2020	Description:	
CPT Code:	RCBONE	Description:	Bone Metastases
Case Number:			
Review Date:	7/1/2020 3:40:12 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with CareCore		

If your request is cannot be *immediately* approved during the initial submission, you will get a summary stating that the case has been sent to clinical review, where any free text notes and/or uploaded clinical information will be reviewed for medical necessity.

You can print out the summary of the request for your records, then select 'Continue'

Radiation Oncology - Criteria not met, submitting additional clinical

Proceed to Clinical Information

The clinical information provided may not be sufficient to establish medical necessity for the requested procedure. Please choose from the following options to provide additional support for the requested procedure.

Do you have any additional clinical information that you would like to add to the case? (Max 1000 characters).*

You may also attach a PDF or Word file with additional information no larger than 1MB. Click the browse button to select the file to attach.

Browse...

- If the pathway questions do not lead to immediate approval, you will be asked if additional clinical information can be included
- Enter additional notes in the free text space provided only when necessary
- You may also upload larger clinical documents, up to five

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
- Clinical cannot be uploaded for cases that have reached a **final status** (Approved, Denied, Partially Approved Withdrawn, or Expired).

Proceed to Clinical Information

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

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

Browse...
 Browse...
 Browse...
 Browse...
 Browse...

UPLOAD **SKIP UPLOAD**

Proceed to Clinical Information

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.

SUBMIT CASE

Radiation Oncology – Case Submission Success!

After clicking continue on the case summary screen, you will see a ‘Success’ screen. From here you may start a new request, return to the main menu, or resume an in-progress request.

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

GO

CANCEL

PRINT

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

The screenshot displays the top navigation bar of the eviCore.com website. It includes links for 'PROVIDERS', 'Check Prior Authorization Status', 'Login', and 'Resources'. A red arrow points to the 'Resources' link. Below the navigation bar, the 'Resources' section is highlighted, featuring a 'CLINICAL GUIDELINES' button and a list of links: 'Clinical Worksheets', 'Network Standards/Accreditations', and 'Provider Playbooks'. To the right, the 'I Would Like To' section lists: 'Request a Consultation with a Clinical Peer Reviewer', 'Request an Appeal or Reconsideration', 'Receive Technical Web Support', and 'Check Status Of Existing Prior Authorization'. Below this, the 'Learn How To' section includes: 'Submit A New Prior Authorization', 'Upload Additional Clinical', and 'Find Contact Information'. A red arrow points to the 'Find Contact Information' link. A 'GO TO PROVIDER'S HUB' button is also visible. At the bottom, a section titled 'I want to learn how to...' contains three dropdown menus: 'Learn how to... Find Contact Information', 'Health Plan Select a Health Plan...', and 'Solution Select a Solution...'. A 'START' button is located at the bottom left of this section.

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!

