

# Genetic Testing

## Provider Orientation for Blue Cross Blue Shield of North Dakota



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# Corporate Overview

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**250M  
Members  
Managed**

# 10 Comprehensive Solutions



The industry's most **comprehensive clinical evidence-based guidelines**



5k+ employees including **1k clinicians**

Engaging with 570k+ providers



Advanced, innovative, and intelligent technology

## Headquartered in Bluffton, SC Offices across the US including:

- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT
- Melbourne, FL
- Plainville, CT
- Sacramento, CA
- St. Louis, MO



**Quality Improvement Organizations**  
Sharing Knowledge. Improving Health Care.  
CENTERS FOR MEDICARE & MEDICAID SERVICES

# Lab Management – Our Experience



**9 Years**  
Managing Lab Management Services

**Client Experience**  
24+ Regional and National Clients

**Case Statistics**  
545+ requests processed per day

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

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# Our Clinical Approach

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# Evidence-Based Guidelines

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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

# Lab Management Solution

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## Covered Tests:

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



# UNIQUE TEST IDENTIFIERS (UTID)

BlueCross BlueShield of North Dakota





# What is a UTID?

- Due to the large and rapidly increasing number of molecular and genomic tests, many tests do not have unique procedure codes and are instead billed with non-specific procedure codes.
- There are 12 codes under management by the eviCore Lab Program that can represent thousands of different tests. These fall into two categories:
  - Tier 2 (81400-81408)
  - Not Otherwise Classified (NOC) or unlisted codes (81479, 81599, 84999)
- In 2016, the AMA started publishing Claim Designation Codes for each test assigned to a Tier 2 code as an option to improve transparency when billing these codes.
- This was a good start, however the AMA does not assign such a code to all other tests billed under NOC. Currently, there is no publicly-available, widely-adopted source of unique codes for tests billed under unlisted codes.
- eviCore expanded on the AMA's codes to create a more comprehensive set of UTIDs (Unique Test Identifiers) to represent all tests billed with non-specific codes.
- Currently eviCore is tracking over 4000 UTIDs that correlate with these 12 procedure codes.

## Benefits of using the UTID

- + In submitting a precertification request, a submitter has the option to select the procedure code along with the UTID. This transparency lessens the need to place the case on hold to reach out to the provider for additional information to identify which test is being requested.
- + Once a determination is made, the letters contain a clear distinction of the result for each test. Many times there are multiple procedure codes within a panel test, so this detail enables physicians, labs and members to know exactly what is approved, or not, and why.
- + Within the letters there are instructions in where to use these codes for providers.
- + Additionally, using the UTID policy streamlines the billing process with instructions that include the appropriate unique test identifier if required in the determination communication.
- + Within the letter each test is represented with code + UTID + test name. This example presents a common theme we see where the same procedure code is used multiple times for different tests.

The following procedures codes are approved: 81401-SMN1/SMN2 Gene Dosage Analysis.

The following procedure codes are not approved: 81401-HBB Targeted Mutation Analysis, 81406-ACADVL Sequencing, 81257-HBA1/HBA2 GENE, 81260-IKKBKAP GENE.



Redacted Letter  
with UTID example

# eviCore Policies to support UTIDs

The UTID Policy is included in the Lab Clinical Guidelines found on the eviCore website: <https://www.evicore.com/provider>

Lab Management Guidelines V1.0.2019

## Unique Test Identifiers for Non-Specific Procedure Codes

**MOL.AD.107.A**  
**v1.0.2019**

**Procedures addressed**

The inclusion of any procedure code in this table does not imply that the code is under management or requires prior authorization. Refer to the specific Health Plan's procedure code list for management requirements.

Procedures addressed by this guideline	Procedure codes
MOPATH PROCEDURE LEVEL 1	81400
MOPATH PROCEDURE LEVEL 2	81401
MOPATH PROCEDURE LEVEL 3	81402
MOPATH PROCEDURE LEVEL 4	81403
MOPATH PROCEDURE LEVEL 5	81404
MOPATH PROCEDURE LEVEL 6	81405
MOPATH PROCEDURE LEVEL 7	81406
MOPATH PROCEDURE LEVEL 8	81407
MOPATH PROCEDURE LEVEL 9	81408
UNLISTED MOLECULAR PATHOLOGY	81479
UNLISTED MAAA	81599
CLINICAL CHEMISTRY TEST	84999

**Description**

This policy provides instruction on how to submit a unique test identifier when a procedure code is billed that does not adequately describe the performed molecular or genomic test referred to here as "non-specific procedure codes."



2019 UTID Policy

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# Service Model

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# Enabling Better Outcomes

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Enhancing outcomes through Client and Provider engagement

## **Client and Provider Operations Team –**

Client Provider Representatives are cross-trained to investigate escalated provider and client related issues.

## **Client Experience Manager –**

Client Service Managers lead resolution of complex service issues and coordinate with partners for continuous improvement.

## **Regional Provider Engagement Manager –**

Regional Provider Engagement Managers are on-the-ground resources who serve as the voice of eviCore to the provider community.



# Why Our Service Delivery Model Works

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**One centralized intake point** allows for timely identification, tracking, trending, and reporting of all issues. It also enables eviCore to quickly identify and respond to systemic issues impacting multiple providers.



**Complex issues are escalated to resources** who are the subject matter experts and can quickly coordinate with matrix partners to address issues at a root-cause level.



**Routine issues are handled by a team of representatives** who are cross trained to respond to a variety of issues. There is no reliance on a single individual to respond to your needs.

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# Genetic Testing

## Precertification Process

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# Program Overview

eviCore healthcare will begin accepting requests on December 13, 2019 for dates of service January 1, 2020 and beyond

## Precertification applies to services that are:

- Outpatient
- Elective / Non-emergent
- Diagnostic

## Precertification **does not apply** to services that are performed in:

- Emergency room
- Inpatient
- 23-hour observation

It is the responsibility of the ordering provider to request precertification for services. (Rendering Labs/sites may submit a precertification request on behalf of an ordering provider.)



# Applicable Membership

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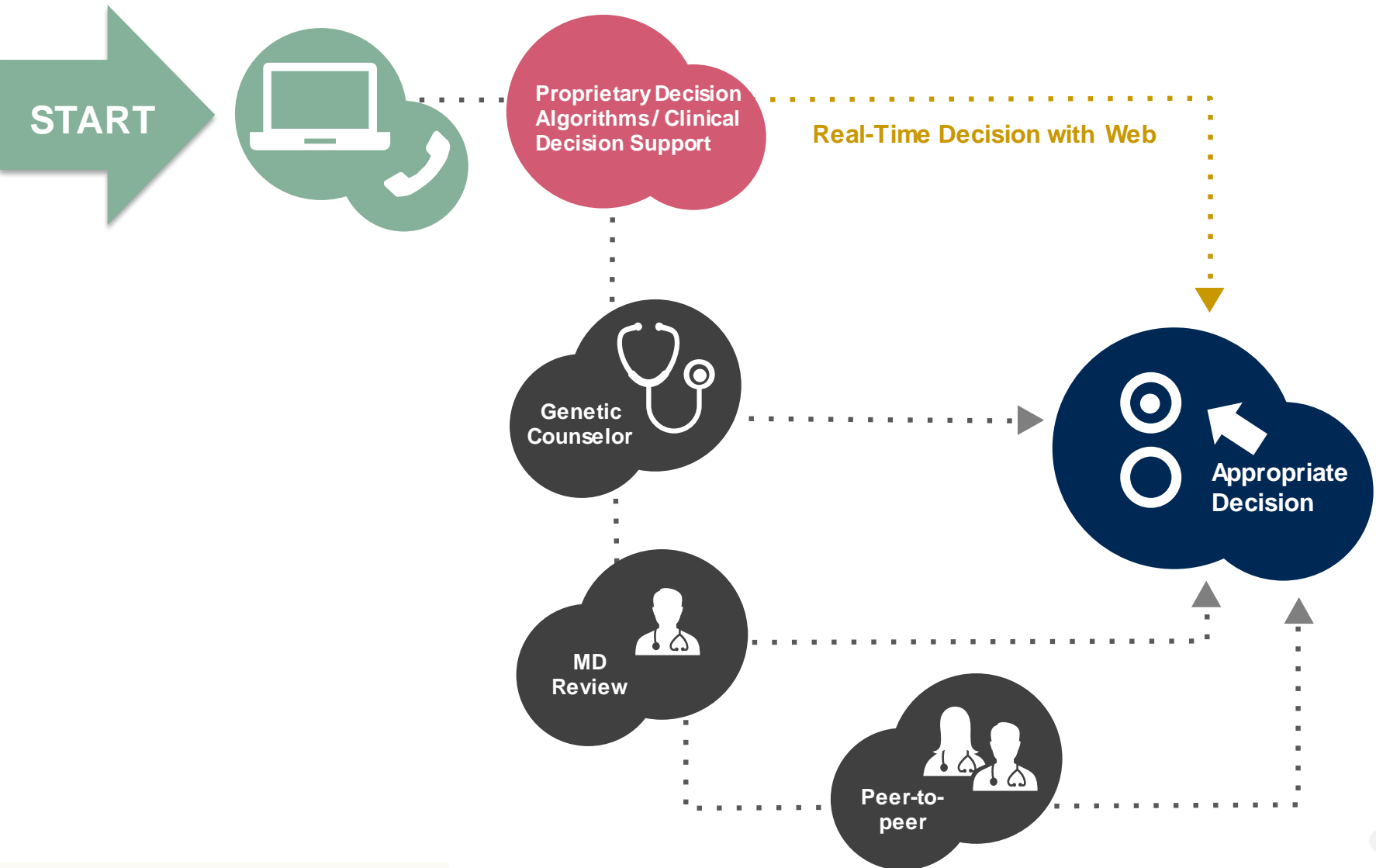
Precertification is required through eviCore for Blue Cross Blue Shield of North Dakota members except for those enrolled in the following:

- **FEP**
- **Medicare Supplement**



# Clinical Review Process – Easy for Providers and Staff

## Methods of Intake



# When Request is Determined as Inappropriate

Based on evidence-based guidelines, request is determined as **inappropriate**.



A denial letter will be issued with appeal rights to the ordering provider, rendering provider and member with clinical rationale for decision.

# Information needed to support a request



*If clinical information is needed, please be able to supply:*

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

# Precertification Outcomes

## ➤ Approved Requests

- All requests are processed within 5 calendar days after receipt of all necessary clinical information.
- Authorizations are good for 90 days from the specimen collection date.

## Delivery Method

- Faxed to ordering provider and rendering facility
- Mailed to the member
- Information can be printed on demand from the eviCore healthcare Web Portal

## ➤ Denied Requests

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

## Delivery Method

- Faxed to the ordering provider and rendering facility
- Mailed to the member

# Precertification Outcomes

## Reconsideration

- Additional clinical information can be provided without the need for a physician to participate
- Must be requested within 14 calendar days from the initial determination

## Peer to Peer Review

- Peer to Peer Reviews can be scheduled at a time convenient to your physician by visiting [www.evicore.com/pages/requestaconsultation.aspx](http://www.evicore.com/pages/requestaconsultation.aspx)
- If a request is denied and requires further discussion for approval, we welcome request for clinical determination discussions from referring physicians. In certain instances, information provided during the discussion is sufficient to satisfy the medical necessity criteria for approval.
- Must be requested within 14 calendar days from the initial determination date.

# Special Circumstances

## Appeals

- eviCore healthcare will process first level appeals

An authorized representative, including a provider, acting on behalf of a member, with the member's written consent may file an appeal on behalf of a member.

A member patient authorization form must be completed for all 1<sup>st</sup> level appeals.

Appeals rights are detailed in coverage determination letters sent to the providers with each adverse determination.

Appeals must be made in writing within 180 days from the date of determination unless the request involves urgent care, in which case the request can be submitted verbally.

eviCore will have 30 calendar days from the date the appeal was submitted to respond with a determination.

**Appeals may be submitted by mail, fax, or email to:**

**Mail:** eviCore healthcare  
Attn: Clinical Appeal Dept.  
400 Buckwalter Place Blvd.  
Bluffton, SC 29910

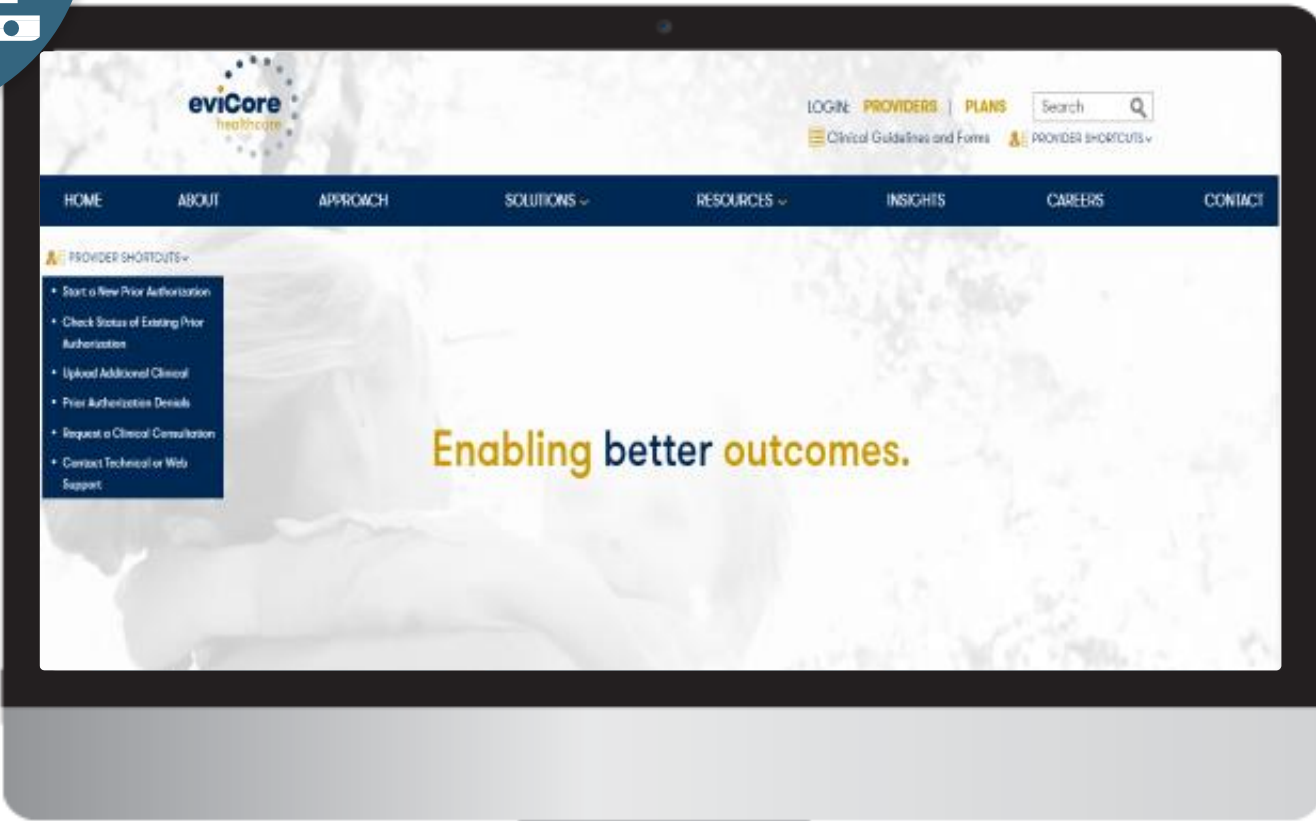
**Fax:** (866) 699-8128

**E-Mail:** [Appealsfax@evicore.com](mailto:Appealsfax@evicore.com)



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

By visiting [www.BCBSND.com/evicore](http://www.BCBSND.com/evicore) providers can spend their time where it matters most — with their patients!



Or by phone:  
**Phone Number:**  
**(800) 228-6386**  
7:00 a.m. to 7:00p.m.  
Monday - Friday



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# Web Portal Account Registration

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# Portal Compatibility

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

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

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



# eviCore healthcare website

- Point web browser to evicore.com



- Login or Register

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

# Creating An Account

eviCore healthcare

\* Required Field

**Web Portal Preference**

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

Default Portal:

**User Information**

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

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

Next



Select CareCore National as your portal. This is the portal that houses the Lab Management Program.

# Creating An Account

### Web Portal Preference

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

Default Portal\*:

### User Registration

UserName:	MYoder	Address:	731 Cool Springs Blvd	Phone:	800-575-4517
Email:	evicorejedi1234@gmail.com	City:	Franklin	Ext:	
Account Type:	Physician	State:	TN	Zip:	37067
First Name:	Mallory	Office Name:	eviCore	Fax:	615-468-4408
Last Name:	Yoder				

### Provider Information

Physician FirstName:	TEST	Physician LastName:	DOCTOR	Street Address:	730 COOL SPRINGS BLVD
State:	TN	Tax ID:	****6789	NPI:	7417417410

Please read below to sign up as an appropriate user.  
**Physician:** An Individual Practitioner, A Medical Group Practice or an assistant of a Physician who would create and check status of a Pre-authorization.  
**Facility:** Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or Facility who would create and check status of a Pre-Authorization.  
**Billing Office:** A billing Office who can check the status of Pre-Authorization, claims and payments. If you represent multiple Tax IDs, please register with your Primary Tax ID. You can tie additional preferred Tax Ids after your initial login.  
**Health Plan:** A Health Plan representative who can check the status of Pre-Authorization and Claims.

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

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

# User Registration-Continued

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

Default Portal\*: Medsolutions

### User Registration

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

### Provider Information

Physician FirstName: TEST      Physician Last Name: Yoder  
State: TN      Tax ID:

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

#### USER REGISTRATION

User Access Agreement \*Required

eviCore  
Provider/Customer Access Agreement for Web-Based Applications

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

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

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

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

Accept Terms and Conditions \*

Submit Cancel

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

# User Registration-Continued



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

# Create a Password

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

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



## Change Password

Please set up a new password for your account.

**Note:** The password must be at least 8 characters long and contain at least one Uppercase letters, Lowercase letters, Numbers and Special character

Old Password\*

New Password\*

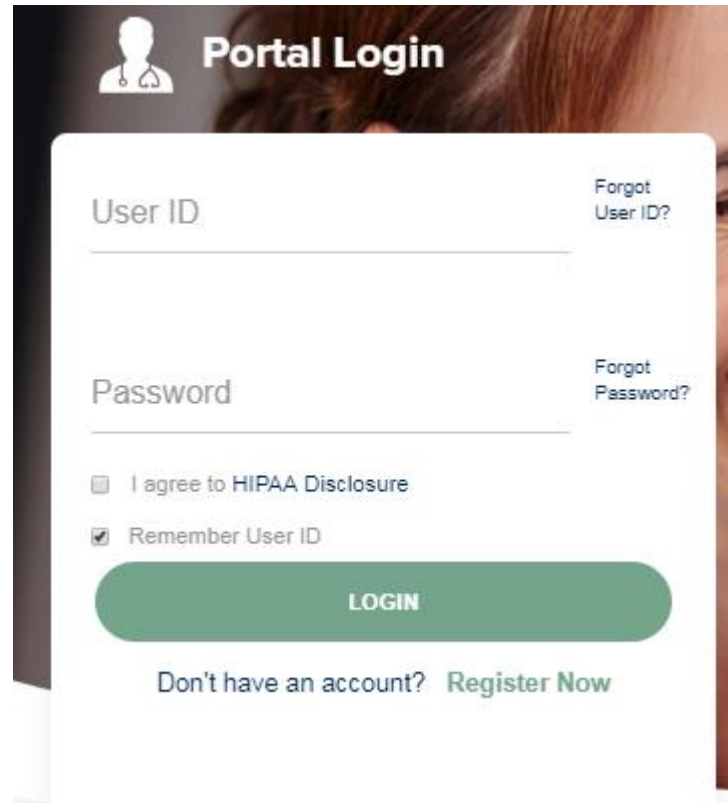
Confirm New Password\*

Continue

Cancel



# Account Log-In



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



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

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# Precertification Request Process

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# Certification Summary

## Certification Summary

Home Certification Summary A Search.. Q ≡ Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us MedSolutions Portal

Wednesday, September 26, 2018 2:27 PM Log Off

Certification Summary Search.. Q ≡

Single Status Show All ▼

Filter By Multiple Statuses Show All ▼

Date 7 days ▼

Submit Close

Authorization Number	Case Number	Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description	Site Name	Expiration Date	Correspondence	Upload Clinical

No records to display

- CareCore National Portal now includes a Certification Summary tab, to better track your recently submitted cases.
- The work list can also be filtered - as seen above.

# Initiating A Case

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

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

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

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

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

[Check member eligibility >>](#)

[Horizon Pilot Designation Program >>](#)

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

# Select Program

## Clinical Certification

Please select the program for your certification:

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

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

Please Select ▼

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

Select the **Program** for your certification.

# Select Provider

Wednesday, January 12, 2016 11:05 AM

## Clinical Certification

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

Filter Last Name

or NPI:

Selected Physician:

Provider	
<input type="button" value="SELECT"/>	
<input type="button" value="SELECT"/>	
<input type="button" value="SELECT"/>	
<input type="button" value="SELECT"/>	
<input type="button" value="SELECT"/>	
<input type="button" value="SELECT"/>	
<input type="button" value="SELECT"/>	
<input type="button" value="SELECT"/>	
<input type="button" value="SELECT"/>	
<input type="button" value="SELECT"/>	
<input type="button" value="SELECT"/>	
1 2 3	

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

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# Select Health Plan

## Clinical Certification

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

You selected

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

Please Select a Health Plan ▼

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

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


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

Once the plan is chosen, please select the provider address in the next drop down box.

# Contact Information



30% Complete

**Provider and NPI**

## Clinical Certification

Provider's Name  [?]

Who to Contact  [?]

Fax  [?]

Phone  [?]

Ext.  [?]

Cell Phone

Email

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

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



# Member/Procedure Information


## Attention!

Time: 1/16/2019 11:23 AM

Has this procedure been performed?

Verify if the procedure has already been performed.

# Member Information



40% Complete

Provider and NPI

## Clinical Certification

Patient ID:

Date Of Birth:

MM/DD/YYYY

Patient Last Name Only:

[?]

ELIGIBILITY LOOKUP

Cancel


Back

Print

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

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

# Clinical Details



60% Complete

Provider and NPI

Patient

EDIT

## Clinical Certification

### Lab Management Program Procedures

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

LABTST    MOLECULAR GENETIC TEST

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

### Diagnosis

Primary Diagnosis Code: **R68.89**

Description: **Other general symptoms and signs**

[Change Primary Diagnosis](#)

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

*Secondary diagnosis is optional for Lab Management Program*

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

Select the **CPT** and **Diagnosis** codes.


# Verify Service Selection

## Clinical Certification

Confirm your service selection.

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

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



60% Complete

Provider and NPI

Patient

[EDIT](#)

Click **continue** to confirm your selection.

# Site Selection

## Clinical Certification

### Specific Site Search

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

NPI:	<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

Cancel Back Print

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

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

# Site Selection

## Clinical Certification

Selected Site:

FIND NEW SITE

Site Email (optional)

Cancel

Back

Print

Continue

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

This page allows you to enter an email address for a facility representative.

# Clinical Certification

## Clinical Certification

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

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

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

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

- Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.
- **You will not have the opportunity to make changes after that point.**

# Contact Information

## Clinical Certification

Is this case Routine/Standard?

Yes No



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

If your request is urgent select **No**, 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.



# Medical Review

## Clinical Certification

### Clinical Upload

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

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

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD SKIP UPLOAD

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

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

# Clinical Certification

Wednesday, January 16, 2019 11:05 AM

Log Off

## Clinical Certification

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

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

SUBMIT

Finish Later

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

Cancel Print

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

**Clinical Certification** questions may populate based upon the information provided.

# Clinical Certification

## Clinical Certification

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

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

SUBMIT

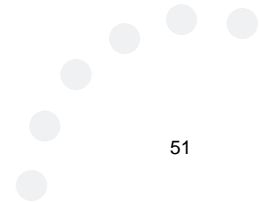
Finish Later

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

Cancel Print

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

- You can click the **“Finish Later”** button to save your progress.
- You have **two (2) business days** to complete the case.



# Medical Review

## Clinical Certification

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

Yes  No

Enter text in the space provided below or continue.

Additional Information - Notes:

SUBMIT

Finish Later

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

Cancel Print

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

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

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

# Medical Review

## Clinical Certification

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

Print **SUBMIT CASE**

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

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

# Approval

## Clinical Certification

Your case has been Approved.

Provider Name:	Contact:
Provider Address:	Phone Number:
	Fax Number:
Patient Name:	Patient Id:
Insurance Carrier:	
Site Name:	Site ID:
Site Address:	
Primary Diagnosis Code:	Description:
Secondary Diagnosis Code:	Description:
CPT Code:	Description:
Authorization Number:	
Review Date:	
Expiration Date:	
Status:	Your case has been Approved.

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

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

# Building Additional Cases

Wednesday, January 16, 2019 11:05 AM

Log Off

## Clinical Certification

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

- [Return to the main menu](#)
- [Start a new request](#)
- [Resume an in-progress request](#)

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

Start a new request using the same:

- Program |
- Provider |
- Program and Provider |
- Program and Health Plan

[Go](#)

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

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

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Once a case has been submitted for clinical certification, you can return to the **Main Menu**, **resume an in-progress request**, or **start a new request**. You can indicate if any of the previous case information will be needed for the new request.

# Authorization look up



Tuesday, November 22, 2016 2:30 PM

## Authorization Lookup

### New Security Features Implemented

**Search by Member Information**

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:   
MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:

**Search by Authorization Number/ NPI**

REQUIRED FIELDS

Provider NPI:

Auth/Case Number:

 Select Search by **Authorization Number/NPI**. Enter the provider's NPI and authorization or case number. Select **Search**.

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



# Search Results and Electronic Clinical Upload Feature

Home **Authorization Lookup** Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal

## New Security Features Implemented

Authorization Number: NA

Case Number:

Status: Additional Information Required

Approval Date:

Service Code:

Service Description:

Site Name:

Expiration Date:

Date Last Updated: 10:45:49 AM

Correspondence: [VIEW CORRESPONDENCE](#)

Clinical Upload: [UPLOAD ADDITIONAL CLINICAL](#)



# Eligibility Look Up



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

Thursday, March 15, 2018 4:43 PM

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

## Eligibility Lookup

### New Security Features Implemented

Health Plan:

Patient ID:

Member Code:

Cardiology Eligibility: **Medical necessity determination required.**

Radiology Eligibility: **Precertification is Required**

Radiation Therapy Eligibility: **Medical necessity determination required.**

MSM Pain Mgt Eligibility: **Precertification is Required**

Sleep Management Eligibility: **Medical necessity determination required.**

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

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

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

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# Provider Resources



# Evidence-Based Criteria

PROVIDERS:  Check Prior Authorization Status Login Resources ^

## Resources

**CLINICAL GUIDELINES**

- Clinical Worksheets
- Network Standards/Accreditations
- Provider Playbooks
- Training Resources

### 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
- Check Eligibility Status
- Access Claims Portal

### Learn How To

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

**GO TO PROVIDER'S HUB >**

## Clinical Guidelines

- Cardiology & Radiology
- Gastroenterology
- Laboratory Management
- Medical Oncology
- Musculoskeletal: Advanced Procedures
- Musculoskeletal: Therapies
- Radiation Oncology
- Sleep Management
- Specialty Drug Management

< Clinical Guidelines

## Laboratory Management

Search by health plan name to view clinical guidelines. Adobe PDF Reader is required to view clinical guideline documents.

Benefits, coverage policies, and eligibility issues pertaining to each health plan may take precedence over eviCore's clinical guidelines.

If an adverse determination is issued, the requesting provider will receive written notice by fax or email.

BCBS ND

**CURRENT** FUTURE ARCHIVED

# Provider Resources: Pre-Certification Call Center



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

**Contact Center Hours of Operation are M-F 7am-7pm Local Time  
(Central Standard Time)**

**Phone Number: (800) 228-6386**

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

# Provider Resources: Web-Based Services



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

## Web Specialist Phone and the Live Chat feature are available M-F 7am-8pm Eastern Standard Time

To speak with a Web Specialist, call (800) 646-0418 (Option #2)  
The Live Chat feature can be accessed at [www.evicore.com](http://www.evicore.com)

You may also email [portal.support@evicore.com](mailto:portal.support@evicore.com).

- Request authorizations and check case status online – 24/7
- Complete initiated cases if you've used the Pause/Start feature
- Upload electronic PDF/word clinical documents
- Issues experienced during case creation
- Ask a web support specialist about any web related questions you may have.

# Provider Resources: Client Provider Operations



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

## Client and Provider Services hours of operation are M-F 7am-7pm Central Standard Time

Phone (800) 575-4517 (Option #3)

Email: [clientservices@evicore.com](mailto:clientservices@evicore.com)

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Request for an authorization to be resent to the health plan
- Any general inquiries or concerns regarding the precertification process

# Provider Resources: Resource Website

Provider Resource Site – Includes all implementation documents



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

Resource site Link: [www.BCBSND.com/eviCore](http://www.BCBSND.com/eviCore)

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

**Web Portal Support: M-F 7am-7pm Eastern Standard Time**

Phone: (800) 646-0418 (Option #2)

Email: [portal.support@evicore.com](mailto:portal.support@evicore.com)

Live Chat: [www.evicore.com](http://www.evicore.com)

**Call Center: M-F 7am-7pm Central Standard Time**

Phone: (800) 228-6386

**Client and Provider Services: M-F 7am-7pm Central Standard Time**

Phone: (800) 575-4517 (Option #3)

Email: [clientservices@evicore.com](mailto:clientservices@evicore.com)



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# Thank You!

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