

# Laboratory Management

Provider Orientation Sessions for ConnectiCare



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# Corporate Overview

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**100M Members  
Managed Nationwide**



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

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

# 9 Comprehensive Solutions



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



4k+ employees including **1k clinicians**

Engaging with 570k+ providers





# Lab Management Solution - Our Experience

**14+ Regional**  
and National Clients

**480+**  
Cases built per day

**9 Years**  
Managing Lab Management Services



## Members Managed

- 13M Commercial Memberships
- 500K Medicare Memberships
- 5.5M Medicaid Memberships





## Laboratory Solution

# ConnectiCare and eviCore Lab Management Program

Covered services under this program include:

- 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



Commercial,  
Medicaid,  
and Medicare



Local and national  
programs

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# Our Clinical Approach

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# Organic Evidence-Based Guidelines

The foundation of our solutions:



Dedicated  
Molecular  
Genomic  
Guidelines



Contributions  
from a panel  
of community  
physicians



Experts  
associated  
with academic  
institutions



Current  
clinical  
literature

## Aligned with National Societies

- National Comprehensive Cancer Network
- National Society of Genetic Counselors
- American College of Obstetrics and Gynecology
- American College of Medical Genetics and Genomics
- American Society of Human Genetics
- American Society of Clinical Oncology
- College of American Pathologists
- American Gastroenterological Association
- Society for Maternal Fetal Medicine
- Association for Molecular Pathology
- American College of Cardiology
- American College of Chest Physicians
- American Academy of Neurology
- American Society of Colon and Rectal Surgeons
- American Heart Association
- American Academy of Pediatrics
- American Society for Reproductive Medicine
- American College of Gastroenterology
- American College of Cardiology Foundation
- National Institutes of Health

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# Service Model

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# Enabling Better Outcomes

## Enhancing outcomes through Client and Provider engagement



### Client & Provider Operations

Client Provider Representatives are cross-trained to investigate escalated provider and health plan issues.



### Client Experience Manager

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



### Regional Provider Engagement Managers

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



**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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# Laboratory Management Prior Authorization Process

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ConnectiCare<sup>®</sup>

eviCore healthcare will begin accepting requests on April 1, 2019 for dates of service April 1, 2019 and beyond

**Prior authorization applies to services that are:**

- Outpatient
- Elective / Non-emergent
- Diagnostic

**Prior authorization does not apply to services that are performed in:**

- Emergency room
- Inpatient
- Observation stay

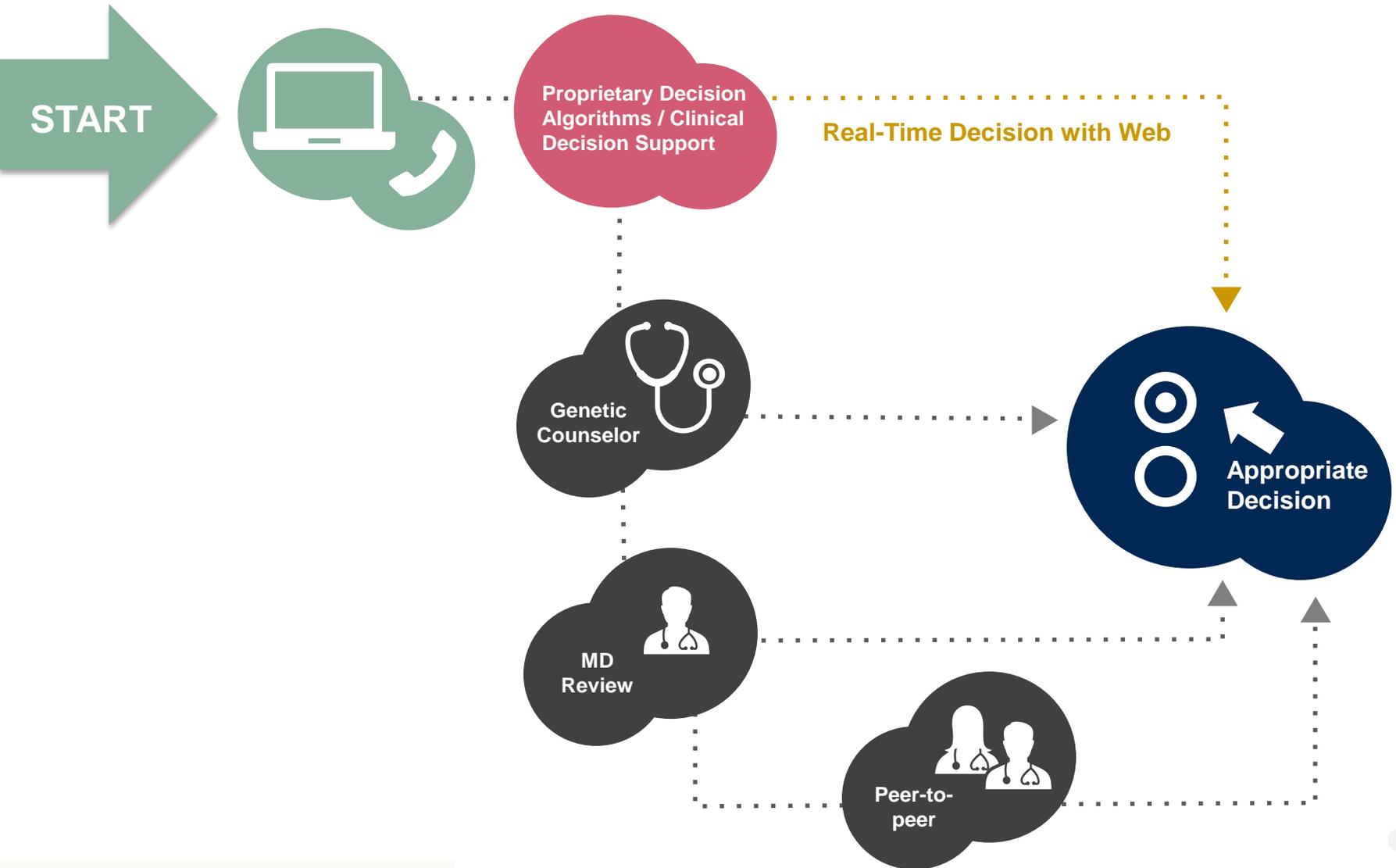
It is the responsibility of the ordering provider to request prior authorization approval for services. (Rendering Labs/sites may submit a prior authorization request on behalf of an ordering provider.)

Authorization is required for ConnectiCare members enrolled in the following plans:

- Commercial
  - Employer-sponsored plans
  - Individual plans
- All Medicare Advantage plans, including special needs plan



## Methods of Intake





*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?

## ➤ Approved Requests

- All requests are processed within 3 business days after receipt of all necessary clinical information.
- Authorizations are typically good for 60 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

## Second Review

- 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
- Commercial members only

## Clinical Consultation

- 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.
- Must be requested within 14 calendar days from the initial determination
- **Clinical Consultations** can be scheduled at a time convenient to your physician by visiting [www.evicore.com/healthplan/ConnectiCare](http://www.evicore.com/healthplan/ConnectiCare).

## Pre-Decision Consultation

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

### Appeals - Commercial

- eviCore will process first level appeals for commercial members only
- Requests for appeals must be submitted to eviCore within 180 calendar days of the initial determination
- 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

### Retrospective Tests – Commercial and Medicare

Should a claim be submitted without acquiring a prior authorization in advance, the member or provider will have appeal rights through ConnectiCare.



The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status and is available 24/7. By visiting [www.eviCore.com/healthplan/ConnectiCare](http://www.eviCore.com/healthplan/ConnectiCare) providers can spend their time where it matters most — with their patients!

eviCore healthcare

About Solutions Patients Insights Careers

PROVIDERS: Check Prior Authorization Status Login Resources

Contact Us Search

< Back to health plan

# ConnectiCare

OVERVIEW ANNOUNCEMENT SOLUTIONS & RESOURCES

Or by phone:

**Phone Number:**  
888-835-2042  
7:00 a.m. to 7:00p.m.  
Monday - Friday

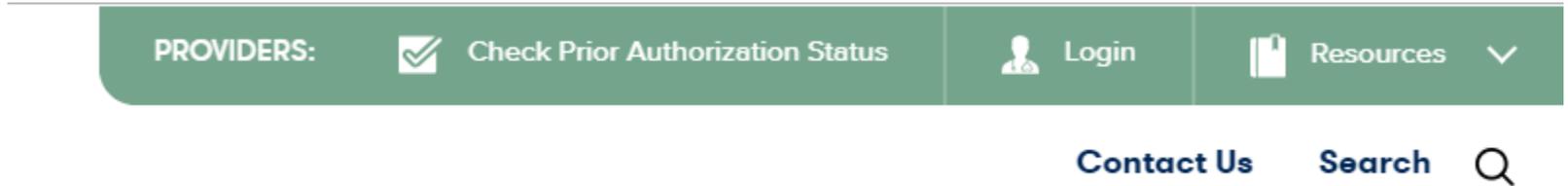
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# Web Portal Services

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# eviCore healthcare website

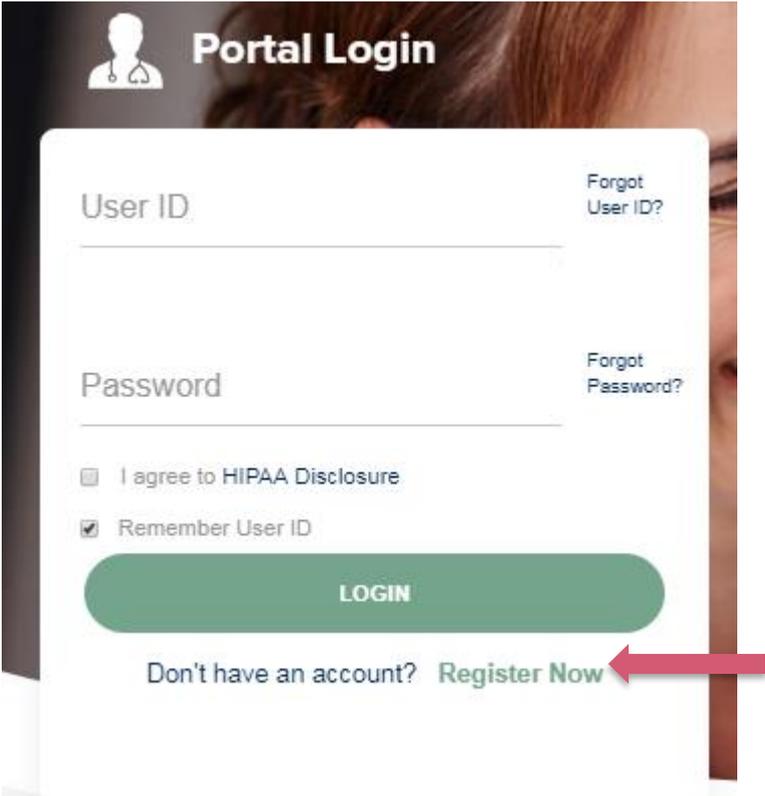
- Point web browser to [evicore.com/healthplan/ConnectiCare](http://evicore.com/healthplan/ConnectiCare)



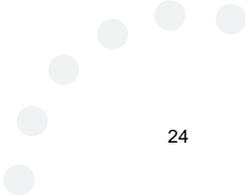
- Login or Register

A screenshot of the "Portal Login" form on the eviCore website. The form is white with a green "LOGIN" button. It features a "User ID" field with a "Forgot User ID?" link, a "Password" field with a "Forgot Password?" link, a checkbox for "I agree to HIPAA Disclosure", and a checked checkbox for "Remember User ID". At the bottom, there is a link for "Don't have an account? Register Now". The background of the form is a blurred image of a person's face.

# Creating An Account



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



# 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: --Select--  
CareCore National  
Medsolutions

**User Information**

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

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

Select CareCore National as the **Default Portal**, and complete the user registration form.

# 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

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

## Provider Information

<b>Physician FirstName:</b>	TEST	<b>Physician LastName:</b>	DOCTOR	<b>Street Address:</b>	730 COOL SPRINGS BLVD
<b>State:</b>	TN	<b>Tax ID:</b>	*****6789	<b>NPI:</b>	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 LastN**  
**State:** TN      **Tax ID:**

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

#### USER REGISTRATION

**User Access Agreement** \*Required

eviCore  
Provider/Customer Access Agreement for Web-Based Applications

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

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

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

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

**Accept Terms and Conditions**

Submit Cancel



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

# User Registration-Continued



Registration Successful

Your Registration has been accepted. An email has been sent to your registered email account allowing you to set your password. Please close the browser.



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

## Providers Delivering Medical Solutions That Benefit **Everyone.**

 Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

 I Agree to [HIPAA Disclosure!](#)

[Forgot UserName](#) | [Password?](#) | [Register](#)



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

# Welcome Screen

eviCore healthcare  
innovative solutions

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

Friday, March 23, 2018 2:57 PM Log Off (MALLOR)

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

**Providers must be added to your account before cases can be submitted over the web. Please select "Manage Account" to add providers.**

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

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

[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 >>](#)

- Providers will need to be added to your account prior to case submission. Click the **“Manage Account”** tab to add provider information.
- **Note:** You can access the MedSolutions Portal at any time without having to provide additional log-in information. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals.

# Add Practitioners

## Manage Your Account

**Office Name:**

Change Password

Edit Account

**Address:** 730 Cool Springs Blvd  
Franklin, TN 37067

**Primary**

**Contact:** User Account

**Email Address:** Test@email.com

Add Provider

Click Column Headings to Sort

No providers on file

Cancel

Click the **Add Provider** button.

# Add Practitioners

## Add Practitioner

Enter Practitioner information and find matches.

\*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

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Enter the **Provider's NPI, State, and Zip Code** to search for the provider record to add to your account. You are able to add multiple Providers to your account.

# Adding Practitioners

## Add Practitioner

This following practitioner record(s) were found to match the requested NPI. Is this the practitioner you would like to register?

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax
Last, First	12312312	730 Coolsprings Blvd	Franklin	TN	37067	(615)548-4000	

Select the matching record based upon your search criteria



# Manage Your Account

## Add Practitioner

If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to return to your account.

[Add Another Practitioner](#) [Continue](#)

Once you have selected a practitioner, your registration will be completed. You can then access the **“Manage Your Account”** tab to make any necessary updates or changes.

You can also click **“Add Another Practitioner”** to add another provider to your account.

# 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 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

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Performance Summary Portal

Resources

Manage Your Account

Help / Contact Us

Med Solutions Portal

Wednesday, January 16, 2019 10:50 AM

Log Off, N

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"/>	
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

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

Wednesday, January 16, 2019 11:05 AM

Log Off

## 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

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

[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

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

1 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.

2 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:  
Provider Address:

Contact:  
Phone Number:  
Fax Number:

Patient Name:  
Insurance Carrier:

Patient Id:

Site Name:

Site ID:

Site Address:

Primary Diagnosis Code:

Description:

Secondary Diagnosis Code:

Description:

Date of Service: Not provided

CPT Code:

Description:

Authorization Number:

Review Date: 2:12:39 PM

Expiration Date:

Status: Your case has been Approved.

Print Continue

Once the clinical pathway questions are completed and if the answers have met the clinical criteria, an **approval** may 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



## 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**

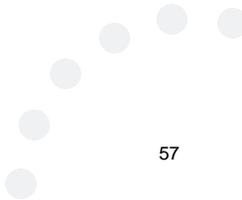
REQUIRED FIELDS

Provider NPI:

Auth/Case Number:

Search

- Select Search by **Authorization Number/NPI**. Enter the provider's NPI and authorization or case number. Select **Search**.
- You can also search for an authorization by **Member Information**, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.



# Authorization Status

## Authorization Lookup

Authorization Number:	
Case Number:	
Health Plan Auth Number:	
Status:	Approved
Approval Date:	1/11/2019 12:00:00 AM
Service Code:	LABTST
Service Description:	MOLECULAR GENETIC TEST
Site Name:	
Expiration Date:	3/12/2019
Date Last Updated:	1/16/2019 1:52:15 PM
Correspondence:	<a href="#">VIEW CORRESPONDENCE</a>

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

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

The authorization will then be accessible to review. To print authorization correspondence, select **View Correspondence**.

# Eligibility Look Up



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

Thursday, March 15, 2018 4:43 PM

Log Off (INTGTEST)

## Eligibility Lookup

### New Security Features Implemented

Health Plan:

Patient ID:

Member Code:

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

Radiology Eligibility: **Precertification is Required**

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

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

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

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

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

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

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

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# Provider Resources



# Evidence-Based Criteria

## ConnectiCare



OVERVIEW

ANNOUNCEMENT

SOLUTIONS & RESOURCES

## Need Help?

Registration Instructions

Evidence-Based Clinical Guidelines

EXPAND

ACCESS GUIDELINES

# Provider Resources: Pre-Certification Call Center



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

**7:00 AM - 7:00 PM (Eastern time): (888) 835-2042**

- Obtain prior authorization 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

[evicore.com/healthplan/ConnectiCare](https://evicore.com/healthplan/ConnectiCare)

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

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

# Provider Resources: Client Provider Operations



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

To reach *eviCore Client Services*, call (800) 575-4517 (Option #3) or email [clientservices@evicore.com](mailto:clientservices@evicore.com)

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Questions regarding accuracy assessment, accreditation, and/or credentialing
- Issues experienced during case creation
- Request for an authorization to be resent to the health plan

# Provider Resources: Resource Website



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

Provider Enrollment Questions: Contact ConnectiCare Provider Services at (800) 828-3407 for commercial plans and (877) 224-8230 for Medicare Advantage plans.

ConnectiCare resource site - includes all implementation documents:

[www.eviCore.com/healthplan/ConnectiCare](http://www.eviCore.com/healthplan/ConnectiCare)

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

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

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# Thank You!

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