

# Lab Management

Provider Education for Blue Cross<sup>®</sup> Blue Shield<sup>®</sup> of Arizona (BCBSAZ)



An Independent Licensee of the Blue Cross Blue Shield Association



Empowering  
the Improvement  
of Care

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# Company Overview

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**250M  
Members  
Managed**

**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

# 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



**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

# Clinical Staffing – Multi-Specialty Expertise

Dedicated nursing and physician specialty teams for various solutions

- ◆ **Anesthesiology**
- ◆ **Cardiology**
- ◆ **Chiropractic**
- ◆ **Emergency Medicine**
- ◆ **Family Medicine**
  - Family Medicine / OMT
  - Public Health & General Preventative Medicine
- ◆ **Gastroenterology**
- ◆ **Internal Medicine**
  - Cardiovascular Disease
  - Critical Care Medicine
  - Endocrinology, Diabetes & Metabolism
  - Gastroenterology
  - Geriatric Medicine
  - Hematology
  - Hospice & Palliative Medicine
  - Medical Oncology
  - Pulmonary Disease
  - Rheumatology
  - Sleep Medicine
  - Sports Medicine

- ◆ **Medical Genetics**
- ◆ **Nuclear Medicine**
- ◆ **OB / GYN**
  - Maternal-Fetal Medicine
- ◆ **Oncology / Hematology**
- ◆ **Orthopedic Surgery**
- ◆ **Otolaryngology**
- ◆ **Pain Mgmt. / Interventional Pain**
- ◆ **Pathology**
  - Clinical and Anatomical Pathology
- ◆ **Pediatric**
  - Pediatric Cardiology
  - Pediatric Hematology-Oncology
- ◆ **Physical Medicine & Rehabilitation**
  - Pain Medicine
- ◆ **Physical Therapy**
- ◆ **Radiation Oncology**
- ◆ **Radiology**
  - Diagnostic Radiology
  - Neuroradiology
  - Radiation Oncology
  - Vascular & Interventional Radiology

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



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# Our 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

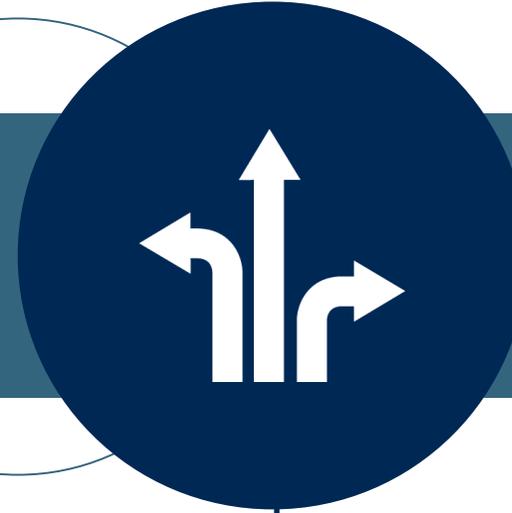
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**One centralized intake point** allows for timely identification, tracking, trending, and reporting of all issues. It also enables eviCore to quickly identify and respond to systemic issues impacting multiple providers.



**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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# Utilization Management (UM) Program for BCBSAZ

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# UM For Lab

Please note: For Medicare Advantage members, eviCore will begin accepting precertification/prior authorization requests for Lab on 5/25/2020 for dates of service 6/1/2020 and beyond.

## Prior Authorization applies to the following 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

## Prior Authorization does **NOT** apply to services that are:

- Emergency Room Services
- 23 Hour Observations
- Inpatient Stays

## Provider Resource Page

Providers and/or staff can utilize BCBSAZ's Provider Resource page to access a list of covered molecular/genomic test codes (hcpcs), Clinical Worksheets, FAQs, Quick Reference Guides, and additional educational materials by visiting:

[evicore.com/healthplan/azblue](https://www.evicore.com/healthplan/azblue)

## Important Information

Note: Any provider can initiate a precertification request. However, if a required precertification is not obtained, the penalty is applied to:

- a) the contracted servicing provider or facility
- b) the member, if an out-of-network provider or facility is used

# Continuity of care for Medicare Advantage members

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Medicare Advantage patients already enrolled in a treatment protocol as of May 31, 2020 will not need a new prior authorization to continue their treatment. All new treatment protocols starting on or after June 1, 2020 will require a prior authorization through eviCore.

## Treatment started prior to 6/1/2020:

- Does not require new precertification

## Treatment will start 6/1/2020 and after:

- Requires new precertification through eviCore

**Note:** Any provider can initiate a prior authorization request. However, if a required prior authorization is not obtained, the penalty is applied to:

- a) the contracted servicing provider or facility
- b) the member, if an out-of-network provider or facility is used

# Applicable MA Membership

eviCore prior authorization is required for BCBSAZ members enrolled in the following MA benefit plans (does *not* include plans administered by P3 Health Partners):

BENEFIT PLAN	PREFIX	SERVICE AREA	PRIOR AUTH ADMINISTRATOR
Blue Medicare Advantage Classic (HMO)	M2K	Maricopa County and parts of Pinal County	BCBSAZ, in partnership with eviCore for certain services
Blue Medicare Advantage Plus (HMO)			
BluePathway Plan 2 (HMO)	M2V	Maricopa County	
BluePathway Plan 3 (HMO)			
BlueJourney (PPO)	M3P	Maricopa and Pima counties	

# BCBSAZ commercial members in-scope for eviCore UM

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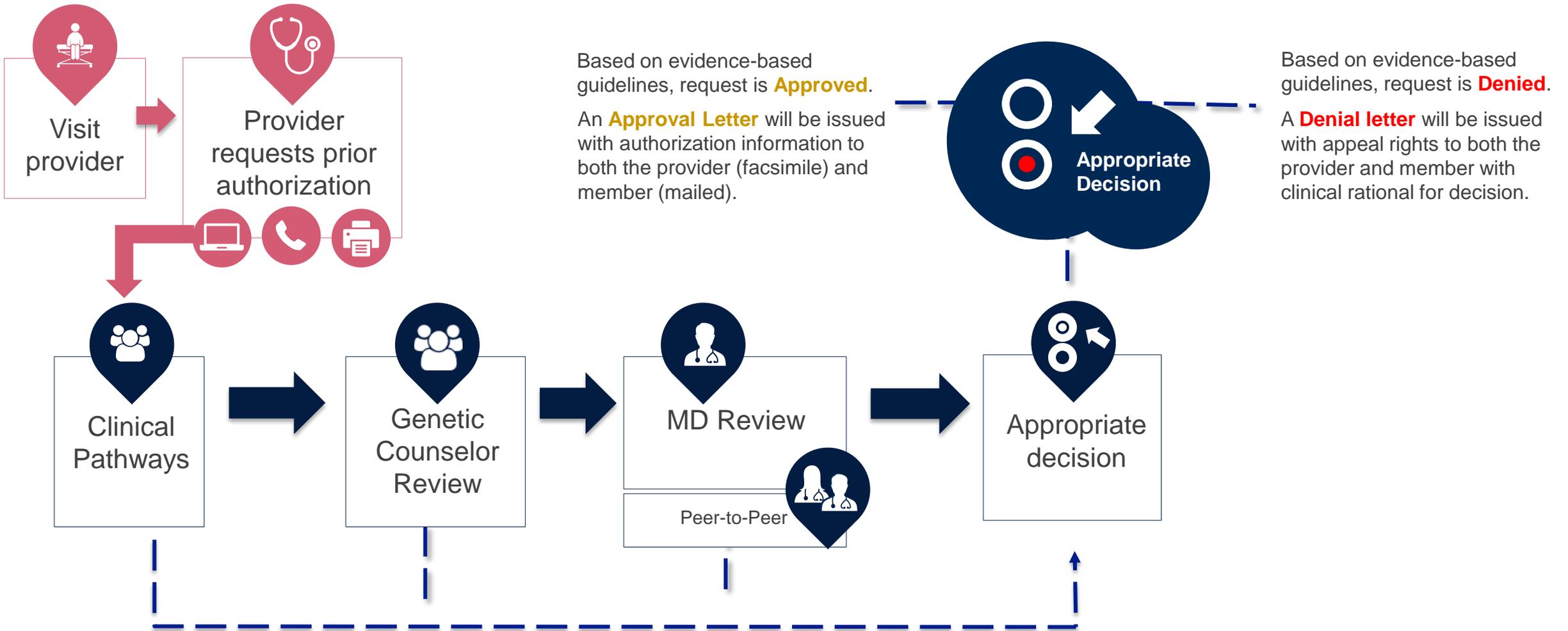
## eviCore UM is required for these BCBSAZ members:

- Most of our fully insured and administered benefit plans
- BCBSAZ-administered MA plans (DOS 6/1/2020 and beyond)

## eviCore UM is *not* required for these members (follow precert/prior auth instructions on the back of the ID card):

- Certain large employer groups with customized benefit plans
- Members with PCP Coordinated Care HMO benefit plans
- Members with TPA-administered employer group plans
- Members with MA plans that are administered by P3 Health Partners
- Members with Federal Employee Program<sup>®</sup> (FEP<sup>®</sup>) plans
- Members with BlueCard<sup>®</sup> (out-of-area) plans

# Prior Authorization Process



# Non-Clinical Information Needed

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The following information must be provided to initiate the prior authorization request:

## Member Information

- First and Last Name
- Date of Birth
- Member Identification Number
- Phone Number (If Applicable)

## Ordering Physician Information

- First and Last Name
- Practice Address
- Individual National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers

## Rendering Laboratory Information

- Laboratory Name
- Street Address
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers



# Clinical Information Needed

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**Include the following information with your request:**

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



# Basic prior authorization process

## What happens when I submit a prior authorization request?

### Request Processing time

- Routine requests are processed within 2 business days of receipt of all necessary clinical information.
- Medically Urgent are reviewed within 24 hours.

### Denied Requests

- Communication of the denial determination and rationale (for Medicare Advantage, this communication precedes the actual denial notice).
- Denial notice contains reconsideration options based on the members health plan and line of business.
- The notice also includes instructions on how to request a clinical consultation.

### Authorization Notice

- The notice will be uploaded to the online tool and faxed to the requesting physician.
- Approval information is uploaded to the eviCore online request/status tool and can be printed on demand from the eviCore portal.
- The member will receive the letter in the mail.

### Denial Notice

- The notice will be uploaded to the online tool and faxed to the requesting physician
- Denial information is uploaded to the eviCore online request/status tool and can be printed on demand from the eviCore portal
- The member will receive the letter in the mail.



# Urgent prior authorization requests

## How can I submit a prior authorization request for an urgent medical situation?

### Medically urgent services: definition

Medically urgent services address conditions that are a **risk to the patient's life, health, or ability to regain maximum function**, or when the patient is having severe pain that requires a medically urgent procedure.

### Requesting an urgent prior authorization

- This option is not available for situations that are *not* medically urgent (such as administrative delays, scheduling, etc.)
- You can submit **medically urgent** prior authorization requests online at [evicore.com](https://www.evicore.com).
- When you see the question “Is this request standard/routine?” respond “No.” Your case will be automatically be sent to the urgent work list.
- You may also call eviCore with an urgent request. 866.743.9630
- Urgent requests are reviewed within 24 hours.



# Authorization scenarios and follow-up options

Scenario	Options for commercial plans	Options for MA plans
1. <i>My authorization request was pended for additional information. I haven't rendered the service yet.</i>	Request eviCore peer-to-peer clinical consultation or submit additional clinical information to eviCore.*	
2. <i>My authorization request was denied. I haven't rendered the service yet.</i>	Request eviCore reconsideration (re-review) for potential overturn of denial*	Request eviCore consultation or submit appeal with supporting records to BCBSAZ* <i>eviCore consultation can't be used to overturn the denial</i>
3. <i>My authorization request was denied. I have already rendered the service, but haven't submitted a claim yet.</i>	Submit appeal with supporting records to BCBSAZ*	Submit claim with supporting records to BCBSAZ
	<i>eviCore consultation can't be used to overturn the denial</i>	
4. <i>Oops! I didn't request authorization before rendering the service. I haven't submitted a claim yet.</i>	Request post-service retrospective review within 30 days <i>The request may be denied and penalties may apply</i>	
5. <i>Oops! I didn't request authorization before rendering the service. I have already submitted a claim.</i>	Follow instructions on your remit for post-service, post-claim retrospective review <i>The request may be denied and penalties may apply</i>	
6. <i>I disagree with the final authorization denial decision.</i>	Submit appeal with supporting records to BCBSAZ* <i>eviCore consultation can't be used to overturn the denial</i>	

\* Follow the instructions in your eviCore notice for submitting additional information or requesting clinical consultations.

# How does a Peer-to-Peer Consultation (P2P) work?

## How P2Ps work for commercial plans

If a request has been pended or denied and requires further clinical review, you may request a clinical consultation. In certain instances, additional clinical information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.

## How P2Ps work for Medicare Advantage plans

If a request has been pended for additional clinical information, follow the instruction on the notice from eviCore. If the determination decision has not yet been made, the consultation could influence the initial decision.

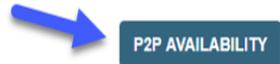
If a denial decision has already been made, the information shared in the consultation may *not* be used to overturn the denial. The information shared in the consultation may be used in submitting an appeal.

## How to request an eviCore P2P

Providers, nurse practitioners and physician assistants can request a clinical consultation by:

- Visiting [evicore.com/provider/request-a-clinical-consultation](https://www.evicore.com/provider/request-a-clinical-consultation) and requesting a scheduling appointment
- Using the Self-Service P2P consultation option from the Authorization Lookup tool on the provider portal, eliminating the need to receive a scheduling callback:

Authorization Lookup	
Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	





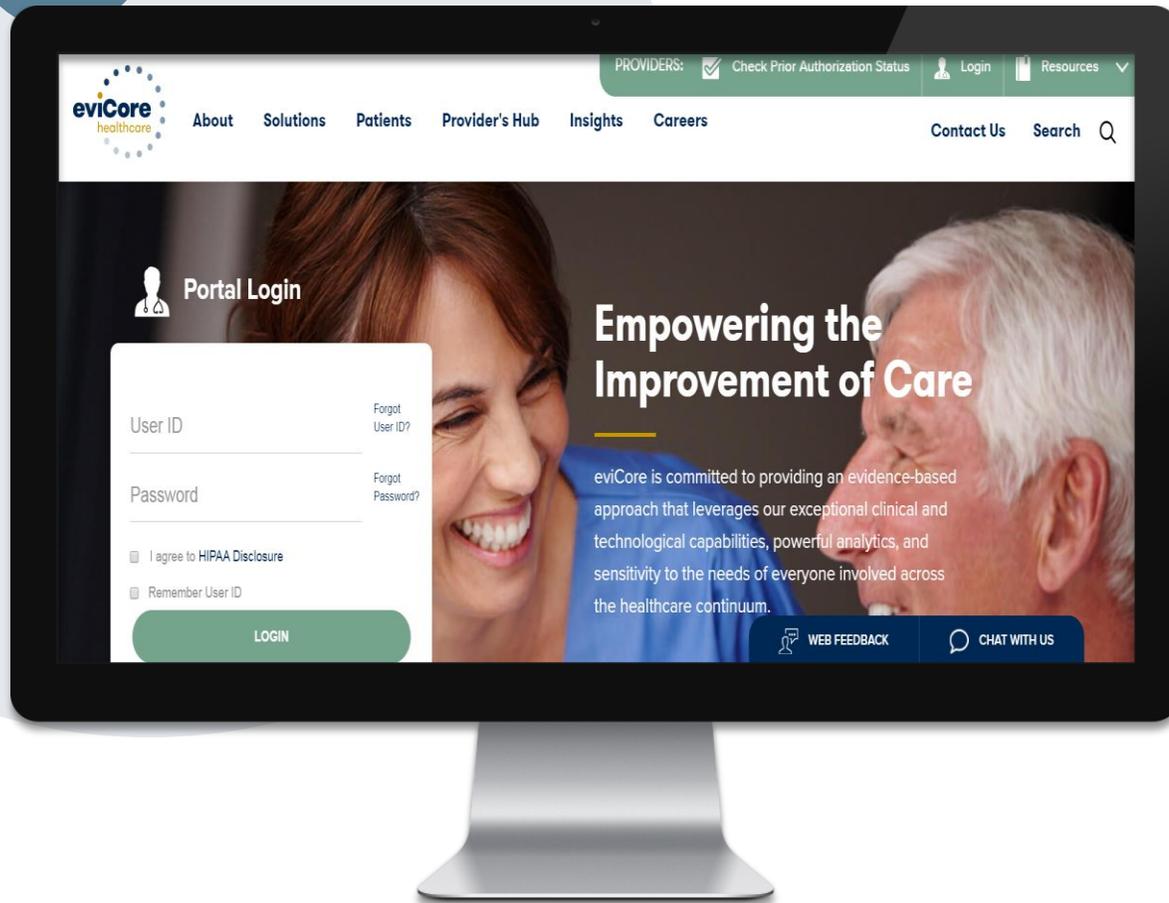
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# Provider Portal Overview

Account Access

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# eviCore Provider Portal



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](http://www.eviCore.com) providers can spend their time where it matters most — with their patients!

Or by phone:

**Phone Number:**

866.540.2406

7:00 a.m. to 7:00p.m.

(Monday – Friday)

# Portal Compatibility

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](#).

# Online Precertification Requests – from the BCBSAZ Secure Portal

## Accessing the eviCore request tool from the BCBSAZ secure provider portal (single sign-on):



Practice Management ^ Provider Resources v Education & Training v Population Health v

<b>ACCOUNT MANAGEMENT</b> Change Contact Information Change Password My Account Office User Management Provider Information Change Provider Management Sub Organization Management	<b>ELIGIBILITY &amp; BENEFITS</b> CHS Group Information Eligibility and Benefits Inquiry Eligibility and Benefits Results Member ID Prefix Lists My Patients List  <b>PCP COORDINATED CARE HMO PLANS</b> 2020 Provider Guide Fax-Referrals/Precerts Request Online-Referrals/Precerts Request or View ⓘ PCP Panel Roster	<b>PRECERTIFICATION</b> BCBSAZ Members-Precert Code List Std BCBSAZ Members-Precert Lookup Tool BCBSAZ Members-Precert Req Lists 2020 BCBSAZ Members-Requests BCBSAZ Members-Requests: PCP HMO BCBSAZ Members-Requests: <b>eviCore</b> BCBSAZ Members-Requests: PCP HMO BCBSAZ Members-Resources: eviCore BCBSAZ Members-Resources: Pharmacy BCBSAZ Members-Specialty Med List BlueCard (Out-of-Area) Members CHS Group Members FEP Members Precertification Requests – Quick Guide
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CLAIMS  
Claim Status Inquiry  
Online Remits

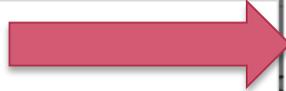
CLINICAL CRITERIA  
BCBSAZ Members-InterQual® Search  
BCBSAZ Members-Chiropractic Guidelines  
BCBSAZ Members-eviCore Guidelines  
BCBSAZ Members-site-of-Service Criteria  
BlueCard (Out-of-Area) Members  
CHS Group Members  
FEP Members

PHARMACY  
Pharmacy Information



# Online Precertification Requests

BCBSAZ Members-Requests: eviCore



The screenshot shows a web browser window with a dark header bar containing the text "Enter Required Information". Below the header, there are four input fields, each with a label and an asterisk indicating it is required:

- Tax ID \*:** A dropdown menu with the placeholder text "Enter at least 3 characters".
- Member ID \*:** A text input field with the placeholder text "Enter Member ID".
- Date of Birth \*:** A text input field with the placeholder text "MM/DD/YYYY".
- Service Type \*:** A dropdown menu with the placeholder text "Select Service Type".

At the bottom right of the form, there are two buttons: a red "Close" button and a grey "Submit" button. A close button (an 'X' in a circle) is also visible in the top right corner of the browser window.

# Online Prior Auth Requests – from the BCBSAZ MA Secure Provider Portal

Accessing the eviCore request tool from the BCBSAZ MA secure provider portal at [azbluemedicare.com](http://azbluemedicare.com) > Resources > Prior Authorization and Care Management:

## **Prior Authorization and Care Management**

[Care Management Referral Form](#)

[Part B Drug List - BCBSAZ](#)

[Part D Drug Coverage Determination Form \(Submit Online\)](#)

[Part D Drug Coverage Determination Fax Form](#)

[Prior Authorization Request Fax Form](#)

 [Prior Authorization Requests/Status: eviCore](#)

[Prior Authorization Requirements Code List 2020 - BCBSAZ](#)

[Prior Authorization Requirements Code List 2020 - P3 Health Partners](#)

# Online Prior Authorization Requests

## Prior Authorization and Care Management

Care Management Referral Form

Part B Drug List – BCBSAZ

Part D Drug Coverage Determination Form (Submit Online)

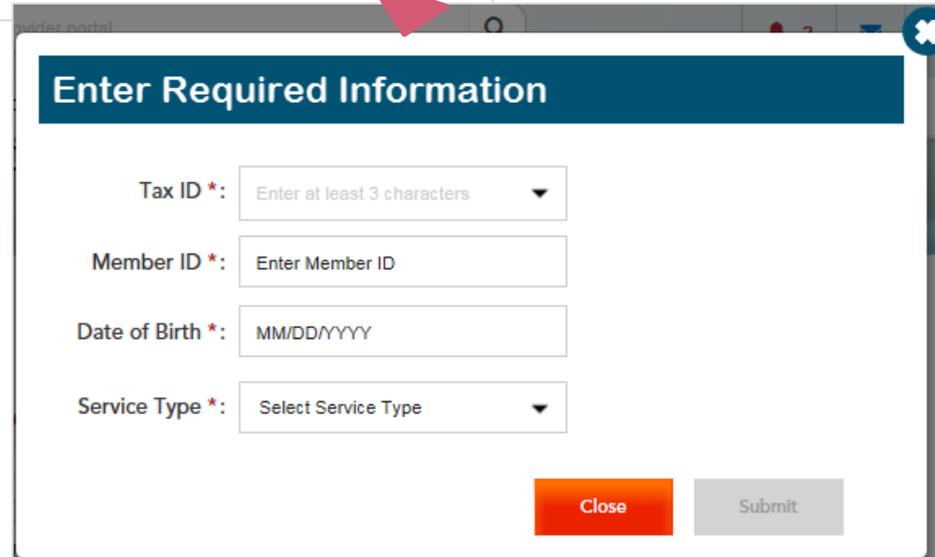
Part D Drug Coverage Determination Fax Form

Prior Authorization Request Fax Form

Prior Authorization Requests/Status: **eviCore**

Prior Authorization Requirements Code List 2020 – BCBSAZ

Prior Authorization Requirements Code List 2020 – P3 Health Partners



The screenshot shows a web form titled "Enter Required Information" with a dark blue header. Below the header are four input fields, each with a red asterisk indicating a required field:

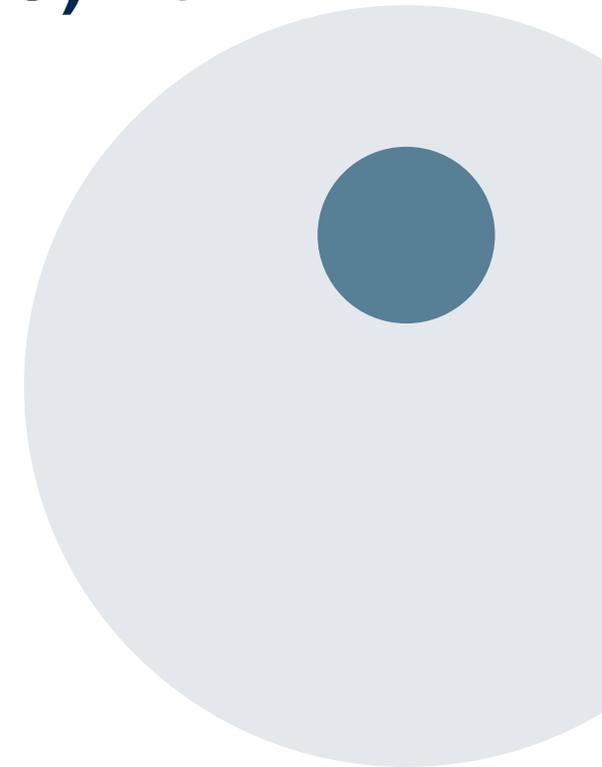
- Tax ID \*:** A text input field with the placeholder text "Enter at least 3 characters" and a dropdown arrow on the right.
- Member ID \*:** A text input field with the placeholder text "Enter Member ID".
- Date of Birth \*:** A text input field with the placeholder text "MM/DD/YYYY".
- Service Type \*:** A dropdown menu with the placeholder text "Select Service Type".

At the bottom right of the form are two buttons: an orange "Close" button and a grey "Submit" button. A red arrow points from the "eviCore" text in the list above to the top right corner of the form window.

# Login Options: Which one is best for your needs?

## Direct login from eviCore site vs. Single Sign-On (SSO) from BCBSAZ secure portal

FUNCTIONS	Notes	
Save & Finish Later	To find and resume a specific authorization request, you must be logged in the same way you were when you created the request	
Create Request	The SSO link in the BCBSAZ MA secure portal works only for BCBSAZ MA members.	When logged in to eviCore directly, you can make authorization requests for members of any insurance plan utilizing eviCore.
View Summary	You can only see the authorization summary tab when you are logged in to eviCore directly. The summary tab displays your recent cases from all insurance plans.	



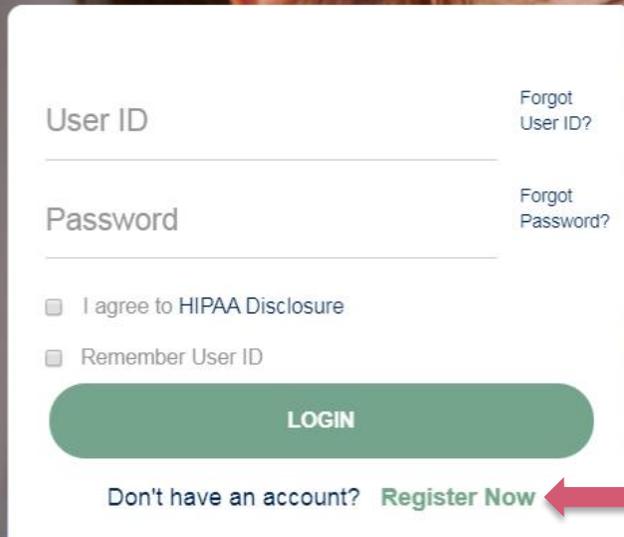
# eviCore healthcare Website

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Visit [www.evicore.com](http://www.evicore.com)



## Portal Login

A screenshot of the eviCore healthcare Portal Login form. The form is white with a green 'LOGIN' button and a green 'Register Now' link. It includes fields for 'User ID' and 'Password', each with a 'Forgot' link. There are also checkboxes for 'I agree to HIPAA Disclosure' and 'Remember User ID'. A red arrow points to the 'Register Now' link.

User ID [Forgot User ID?](#)

Password [Forgot Password?](#)

I agree to HIPAA Disclosure

Remember User ID

**LOGIN**

Don't have an account? [Register Now](#)

## Already a user?

If you already have access to eviCore's online portal, simply login with your User ID and Password and begin submitting requests real-time!

## Don't have an account?

Click "Register Now" and provide the necessary information to receive access today!

# Creating An Account



\* 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 using 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.

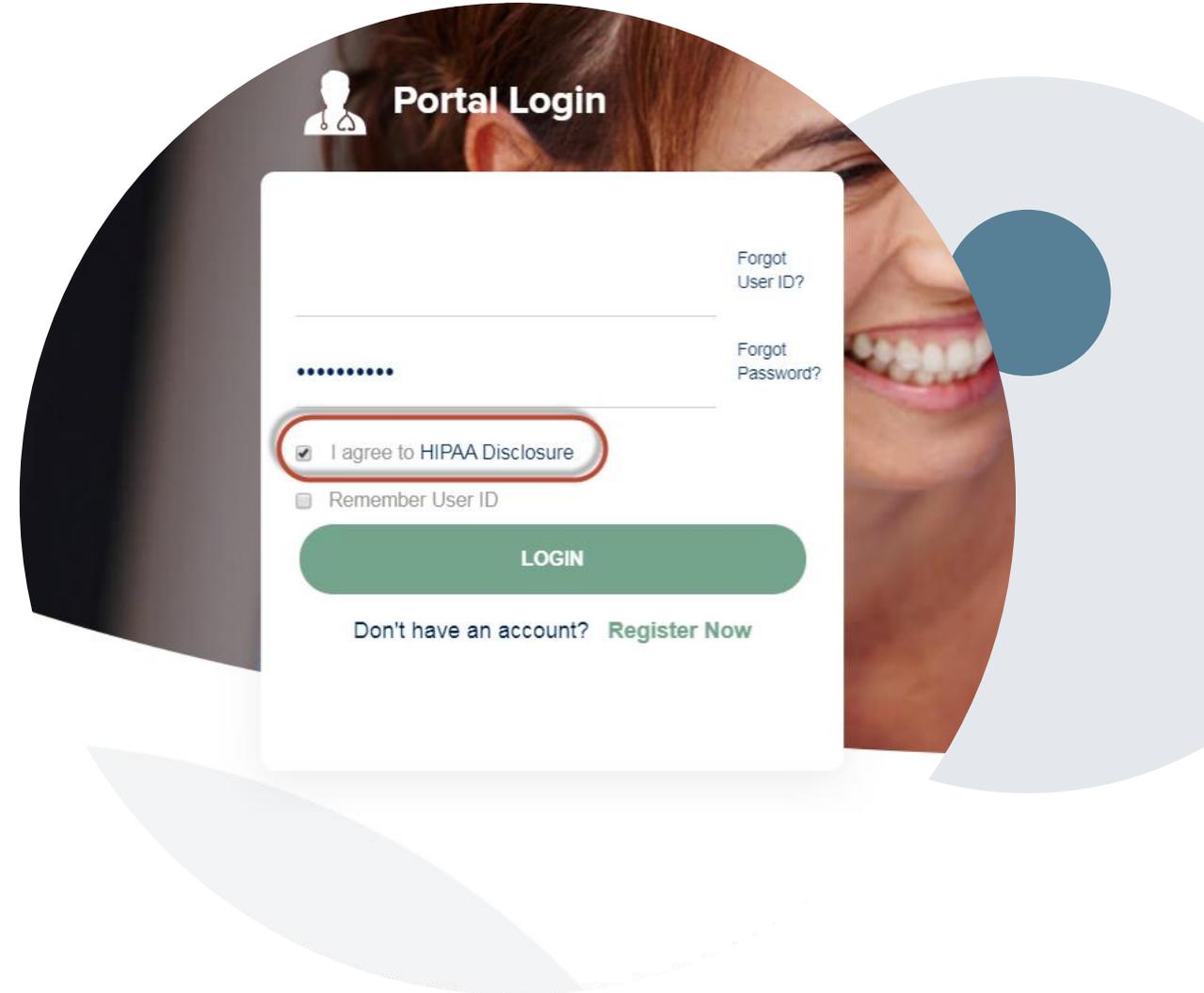
User Name*:	<input type="text"/>	Address*:	<input type="text"/>	Phone*:	<input type="text"/>
Email*:	<input type="text"/>		<input type="text"/>	Ext:	<input type="text"/>
Confirm Email*:	<input type="text"/>	City*:	<input type="text"/>	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	State*:	<input type="text" value="Select"/> ▼	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.
- Review information provided, and click **“Submit Registration.”**

# Account Login

To log-in to your account,  
enter your **User ID** and  
**Password**.

Agree to the HIPAA  
Disclosure, and click “**Login**.”



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# Provider Portal Overview

Adding Providers and/or Laboratories

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# Welcome Screen



[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](#)

Monday, November 04, 2019 6:18 PM

[Log Off](#)

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

[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 >>](#)

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**Your provider will need to be added to your account prior to case submission.  
Click the “Manage Your Account” tab to add provider information.**

# Adding Providers and/or Laboratories



Monday, November 04, 2019 6:33 PM

Log Off

## Manage Your Account

Office Name: Test

Change Password

Edit Account

Address:

Primary Contact:

Email Address:

Add Provider

Click Column Headings to Sort

No providers on file

Cancel

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Under the “Manage Your Account” tab Click the “Add Provider” button.

# Adding Providers and/or Laboratories



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 MedSolutions Portal

Monday, November 04, 2019 6:33 PM

Log Off

## 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 and/or Laboratory'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 Providers and/or Laboratories



Monday, November 04, 2019 6:33 PM

Log Off

## 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	

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Select the matching record based upon your search criteria

# Adding Providers and/or Laboratories



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 MedSolutions Portal

Monday, November 04, 2019 6:33 PM

Log Off

## 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.

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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.

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# Provider Portal Overview

Submitting Online Prior Authorization Requests

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# Initiating A Request



[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](#)

Tuesday, November 05, 2019 9:16 AM

[Log Off](#)

Welcome to the CareCore National Web Portal. You are logged in as [User Name]

[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 >>](#)

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

# Select Program



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 MedSolutions Portal

Tuesday, November 05, 2019 9:09 AM

Log Off



## 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

Cancel Print Continue

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

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

Please Select

Please Select

Referring Provider

Rendering Lab

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Select the Program for your certification and indicate if you are requesting as a referring provider or rendering lab.

# Select Provider



Tuesday, November 05, 2019 9:09 AM

Log Off



## 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"/>

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

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Select the Practitioner/Group for whom you want to build a case.

# Select Health Plan



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 MedSolutions Portal

Tuesday, November 05, 2019 9:09 AM

Log Off



## 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

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**Choose the appropriate Health Plan (BCBSAZ) 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.**

# Contact Information



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Log Off

**Clinical Certification**

30% Complete

Provider and NPI

Provider's Name  [?]

Who to Contact  [?]

Fax  [?]

Phone  [?]

Ext.  [?]

Cell Phone

Email

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

# Member Information



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Log Off

40% Complete  
Provider and NPI

## Clinical Certification

Patient ID:   
Date Of Birth:  MM/DD/YYYY  
Patient Last Name Only:  [?]

IF THIS IS A MEDICAID MEMBER, PLEASE USE THE MEMBER'S MEDICAID ID

[ELIGIBILITY LOOKUP](#)

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

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

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

# Clinical Details



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 MedSolutions Portal

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Log Off

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

[LOOKUP](#)

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

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

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**Enter the CPT Code and Diagnosis relevant to the requested test(s)**

# Verify Service Selection



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Tuesday, November 05, 2019 9:09 AM

Log Off

60% Complete

Provider and NPI

Patient

EDIT

## 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](#)

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**Confirm the correct cancer type and diagnosis has been selected.**

# Site Selection



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Log Off

80% Complete

Provider and NPI

Patient EDIT

Service EDIT

## 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:  Zip Code:  Site Name:

TIN:  City:

Exact match  
 Starts with

LOOKUP SITE

Cancel Back Print

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

# Clinical Collection Process



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Tuesday, November 05, 2019 9:09 AM

Log Off

80% Complete

Provider and NPI

Patient EDIT

Service EDIT

## 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.

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

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

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**Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process**

# Urgency Indicator



Tuesday, November 05, 2019 9:09 AM

Log Off

80% Complete

Provider and NPI

Patient EDIT

Service EDIT

## Clinical Certification

Is this case Routine/Standard?

Yes No



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

# Clinical Pathway Questions



Tuesday, November 05, 2019 9:09 AM

Log Off

80% Complete

Provider and NPI

Patient EDIT

Service EDIT

## 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

SUBJECT

Finish Later

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

Cancel Print

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**A few preliminary questions will be asked to direct to the right set of clinical questions.**

# Clinical Pathway Questions



Tuesday, November 05, 2019 9:09 AM

Log Off

80% Complete

Provider and NPI

Patient EDIT

Service EDIT

## Clinical Certification

What is the name of the test you are requesting?

This is a list of commonly requested tests from the lab you selected. They are in alphabetic order by the lab's actual test name, which can usually be found on the test requisition.

Submitting your request will be much faster if the test name can be found.

Test Brand Name	Test Category
<input type="radio"/> None Of These	
<input type="radio"/> 1199A to G Mutation Analysis	Factor II (F2) Targeted Mutation Analysis Tests
<input type="radio"/> ABL T315I Mutation in CML, Cell-based	ABL1 Kinase Mutations
<input type="radio"/> ABL T315I Mutation in CML, Plasma-Based, Leumeta	ABL1 Kinase Mutations
<input type="radio"/> AccuType IL28B	IL28B Polymorphism Genotype
<input type="radio"/> AccuType(R) CP, Clopidogrel CYP2C19 Genotype	CYP2C19 Targeted Mutation Analysis Tests
<input type="radio"/> AccuType(R) Warfarin	Warfarin Sensitivity Panel Tests
<input type="radio"/> AML/ETO t(8;21) Quantitative, Real-Time PCR	AML/ETO Rearrangement Tumor Testing
<input type="radio"/> Angiotensin Converting Enzyme (ACE) Polymorphism (Insertion/Deletion)	Angiotensin Converting Enzyme (ACE) Polymorphism
<input type="radio"/> Angiotensin II Type 1 Receptor (AGTR1) Gene 1166A to C Polymorphism	AGTR1 1166A-C Polymorphism

1 2 3 4 5 6 7 8 9

All A B C E F G J L M N O P Q R S T Y

\*\* NOTE: If you know the name of the test, choose the first letter of the test name above. Otherwise, you can scroll through all tests using the page numbers. If you cannot find the test, please return to page 1 of the "All" tab and select "None of These".

\*\*\* FOR LAB REPRESENTATIVES: If you would like to correct or add to this list, please email labmanagement@evicore.com.

Selecting the test by name is the most streamlined way to pull the procedure codes in. If unknown or none of these apply, select "None of These" and manual entry is available.

# Clinical Pathway Questions



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 MedSolutions Portal

Tuesday, November 05, 2019 9:09 AM

Log Off

80% Complete

Provider and NPI

Patient

Service

EDIT

EDIT

## 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

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If you need to confirm information you are entering or need to add additional data check “finish later” and then the submit button. You will have two business day to complete the case.

# Clinical Collection Process – Pathway Questions



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 MedSolutions Portal

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Log Off

**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:

Finish Later

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

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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.

# Clinical Collection Process – Clinical Upload



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 MedSolutions Portal

Tuesday, November 05, 2019 9:09 AM

Log Off

**Clinical Certification**

80% Complete

Provider and NPI

Patient [EDIT](#)

Service [EDIT](#)

**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):

No file chosen

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

# Clinical Certification Statements



[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](#) [MedSolutions Portal](#)

Tuesday, November 05, 2019 9:09 AM

Log Off

## 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

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

# Clinical Certification – Approval Case Summary

## 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: C50.412 Description: Malignant neoplasm of upper-outer quadrant of left female breasts

Secondary Diagnosis Code: \_\_\_\_\_ Description: \_\_\_\_\_

Date of Service: \_\_\_\_\_  
CPT Code: RCBREA Description: Breast Cancer

Authorization Number: \_\_\_\_\_  
Review Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Status: Your case has been Approved.

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

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

# Clinical Certification –Pending Case Summary

## Clinical Certification

Your Case has been sent to Medical Review

Provider Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Provider Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient Id: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_

Site Name: \_\_\_\_\_ Site ID: \_\_\_\_\_  
Site Address: \_\_\_\_\_

Primary Diagnosis Code: C50.412 Description: Malignant neoplasm of upper-outer quadrant of left female breasts  
Secondary Diagnosis Code: \_\_\_\_\_ Description: \_\_\_\_\_  
Date of Service: \_\_\_\_\_  
CPT Code: RCBREA Description: Breast Cancer

Authorization Number: \_\_\_\_\_  
Review Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Status: Pending

Print Continue

Once the clinical pathway questions are completed and the case has not meet clinical review. The status will reflect pending and at the top “Your case has been sent to Medical Review”.

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

# Building Additional Cases



Tuesday, November 05, 2019 9:09 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](#) (Lab Management Program)
- [Provider](#)
- [Program and Provider](#) (Lab Management Program and )
- [Program and Health Plan](#) (Lab Management Program and )

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

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**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 Lookup Tool



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 MedSolutions Portal

Wednesday, November 06, 2019 10:06 AM

## 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:

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**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: 9/15/2017 10:45:49 AM

Correspondence: [VIEW CORRESPONDENCE](#)

Clinical Upload: [UPLOAD ADDITIONAL CLINICAL](#)



# Self-Service Peer to Peer Scheduling Feature

- eviCore’s scheduling system takes into consideration all case logic needed to determine if a case is eligible for a Peer to Peer conversation (P2P)
- Search for an authorization to determine if a case is eligible for a P2P
- If the case is eligible for a P2P, a link will display, allowing scheduling without any additional messaging

- Pay attention to any messaging that displays. In some instances, a P2P is allowed, but the case decision cannot be changed. Instead, a Consultative Only P2P can be scheduled. The “All Post Decision Options” button will display any other action that may be taken.

# Eligibility Lookup Tool



[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](#) [MedSolutions Portal](#)

Wednesday, November 06, 2019 10:14 AM

[Log Off \(PEWITT1996\)](#)

## Eligibility Lookup

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** tool.

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# Provider Resources

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# Provider Resources

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## Prior Authorization Call Center – 866.743.9630

Our call centers are open from 7:00 a.m. to 7:00 p.m. (local time).

Providers can contact our call center to do one of the following:

- Request Prior Authorization
- Check Status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Request to speak to a Molecular/Genomic counselor or Nurse Reviewer
- Schedule a clinical consultation with an eviCore Geneticist, Pathologist and/or Oncologist.



# Provider Resources

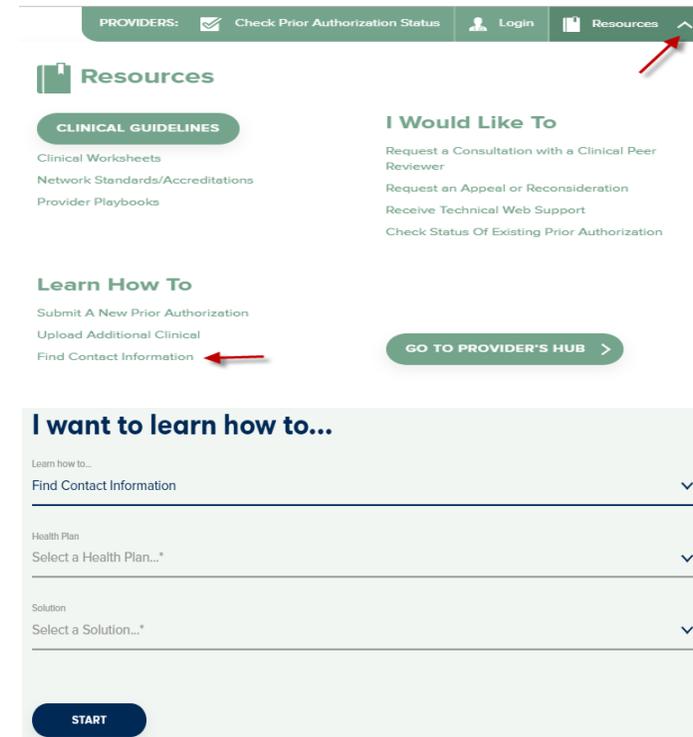
## Web Support Services

The quickest, most efficient way to request prior authorization is through our provider portal. We have a dedicated Web Support specialists that 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](mailto:portal.support@evicore.com)

## Online Resources

- You can access important tools, health plan specific contact information and resources at [www.evicore.com](http://www.evicore.com)
- Select the Resources tab to view Clinical Guidelines, Online Forms, and more.
- Request a clinical consultation (P2P)
- The Quick Reference Tool can be found by clicking the resources tab then select Find Contact Information, under the Learn How to section. Simply select the Health Plan and Solution to populate the contact phone and fax numbers as well as the appropriate legacy portal to utilize for case requests.



# Provider Resources

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## Client and Provider Services

eviCore healthcare has a dedicated Client and Provider Services team to address provider related requests and concerns. In most instances, this team can provide a resolution within 24-48 hours from the date the request was submitted. Here are some common requests that can be sent to our Client and Provider Services team for assistance:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- Consumer Engagement Inquiries
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

### How to Contact our Client and Provider Services team

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

**Email:** [ClientServices@evicore.com](mailto:ClientServices@evicore.com)

For prompt service, please have all pertinent information available when calling Client Services. If emailing, make sure to include a description of the issue with member/ provider/case details when applicable. Outside of normal business hours, please e-mail Client Services with your inquiry.

eviCore uses the Cherwell Ticketing System for all email inquiries. You will be assigned a ticket number starting with T. This number will identify a specific issue which you have provided for review.



# Provider Resources

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## BCBSAZ Provider Resource Page

The BCBSAZ provider resource page includes helpful resources:

- Frequently Asked Questions
- Program Overview
- Code Lists
- Clinical Guidelines
- Clinical Worksheets

To access the page, please visit

[www.evicore.com/resources/healthplan/azblue](http://www.evicore.com/resources/healthplan/azblue)

**Provider Enrollment Questions – Contact BCBSAZ Provider Assistance at 602-864-4320 or 1-800-232-2345**



# Customized Provider Resource Page

[www.evicore.com/resources/healthplan/azblue](http://www.evicore.com/resources/healthplan/azblue)

The screenshot shows a web page for BCBSAZ Resources. At the top left is a dark blue 'MENU' button. At the top center is the 'eviCore healthcare' logo. At the top right is a green 'PROVIDERS' button with a doctor icon. Below the menu is a 'Back to health plan' button. The main heading is 'BCBSAZ Resources' with the BlueCross BlueShield Arizona logo and the text 'An Independent Licensee of the Blue Cross Blue Shield Association'. Below the heading are three tabs: 'OVERVIEW' (highlighted with a yellow underline), 'GENERAL RESOURCES', and 'SOLUTION RESOURCES'. A large image of two healthcare professionals in blue scrubs is visible on the right side of the page.

Access clinical guidelines, code lists, clinical worksheets,  
and other helpful resources for the BCBSAZ eviCore programs.

Questions for eviCore? Contact Client Services at [ClientServices@eviCore.com](mailto:ClientServices@eviCore.com) or call 1-800-646-0418 (option 4)

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Questions for BCBSAZ? Contact Provider Assistance at 602-864-4320 or 1-800-232-2345

# Thank You!



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