Lab Management | Genetic Testing

Provider Orientation Session for First Choice by Select Health of South Carolina Family of Companies

June 2023

Agenda

- Program Overview
- Submitting Requests
- Prior Authorization Outcomes, Special Considerations & Post Decision Options
- Provider Portal Overview
- Additional Provider Portal Features
- Provider Resources
- Q & A
- Appendix
  - Portal Case Submission
  - Online P2P Scheduling Tool

Clinical Approach

"Our guidelines are the foundation of who we are"

eviCore's Evidence-Based Guidelines

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

Program Overview

First Choice of South Carolina Prior Authorization Services

eviCore healthcare (eviCore) will begin accepting prior authorization requests for Lab Management/Genetic Testing services on May 1st for dates of service May 1, 2023 and after.

Applicable Membership:	Prior authorization applies to the following services:	Prior authorization from eviCore does NOT apply to services performed in:
First Choice by Select Health of South Carolina Family of Companies • First Choice by Select Health of South Carolina Inc • First Choice VIP Care Plus • First Choice VIP Care	• Outpatient • Elective / Non-emergent	• Emergency Rooms • Observation Services • Inpatient Stays

Providers should verify member eligibility and benefits with AmeriHealth Caritas on the secured provider log-in section at: www.navinet.net or call Provider Services at:

First Choice by Select Health South Carolina | 1-800-741-6605

First Choice VIP Care Plus | 1-888-978-0862

First Choice VIP Care | 1-888-978-0151

Lab Management Solution

Genetic Testing

- 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

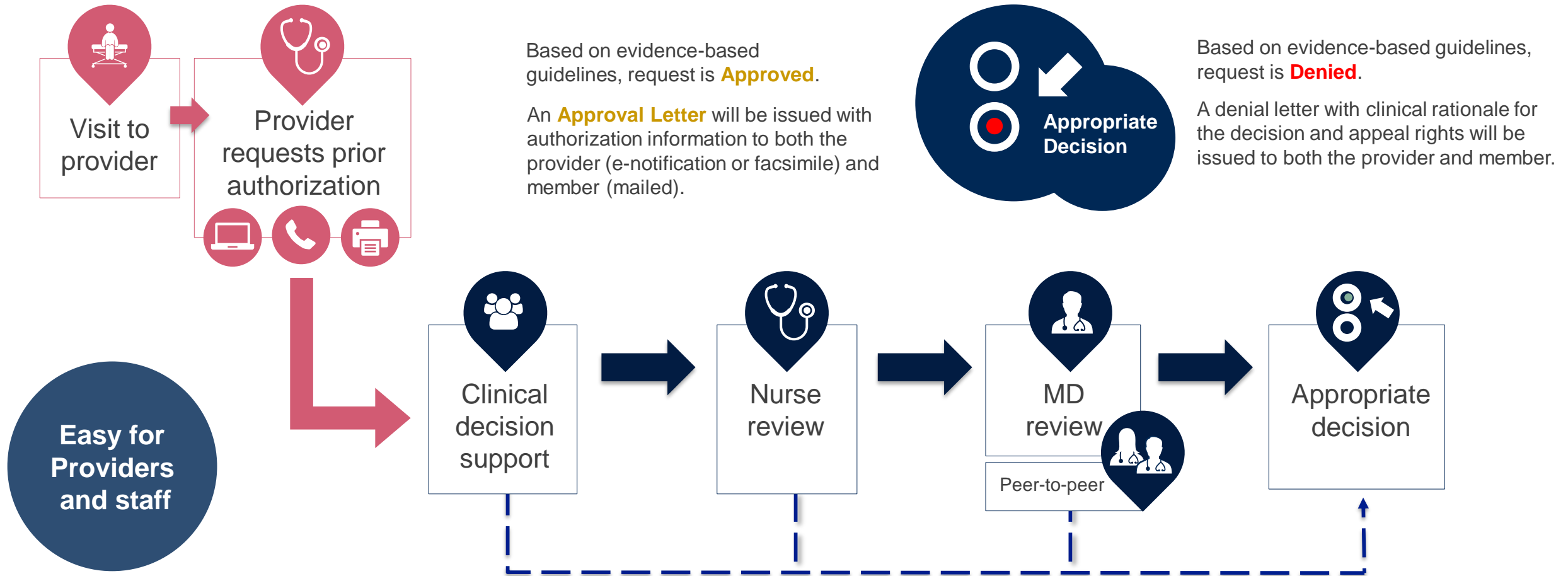- Intellectual Disability / Developmental Disorders

Submitting Requests

Utilization Management – the Prior Authorization Process

Visit to provider

Provider requests prior authorization

Based on evidence-based guidelines, request is **Approved**.

An **Approval Letter** will be issued with authorization information to both the provider (e-notification or facsimile) and member (mailed).

Appropriate Decision

Based on evidence-based guidelines, request is **Denied**.

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

Easy for Providers and staff

Clinical decision support

Nurse review

MD review

Peer-to-peer

Appropriate decision

Methods to Submit Prior Authorization Requests

eviCore Provider Portal (preferred)

- **Saves time**: Quicker process than phone authorization requests

- **Available 24/7**: You can access the portal any time and any day

- **Save your progress**: If you need to step away, you can save your progress and resume later

- **Upload additional clinical information**: No need to fax in supporting clinical documentation, it can be uploaded on the portal to support a new request or when additional information is requested

- **View and print determination information**: Check case status in real-time

- **Dashboard**: View all recently submitted cases

- **E-notification**: Opt-in to receive email notifications when there is a change to case status

- **Self-service Tools**: schedule clinical consultations and initiate appeals via the portal

- **Duplication feature**: If you are submitting more than one prior authorization request, you can duplicate information to expedite submittals

WEB
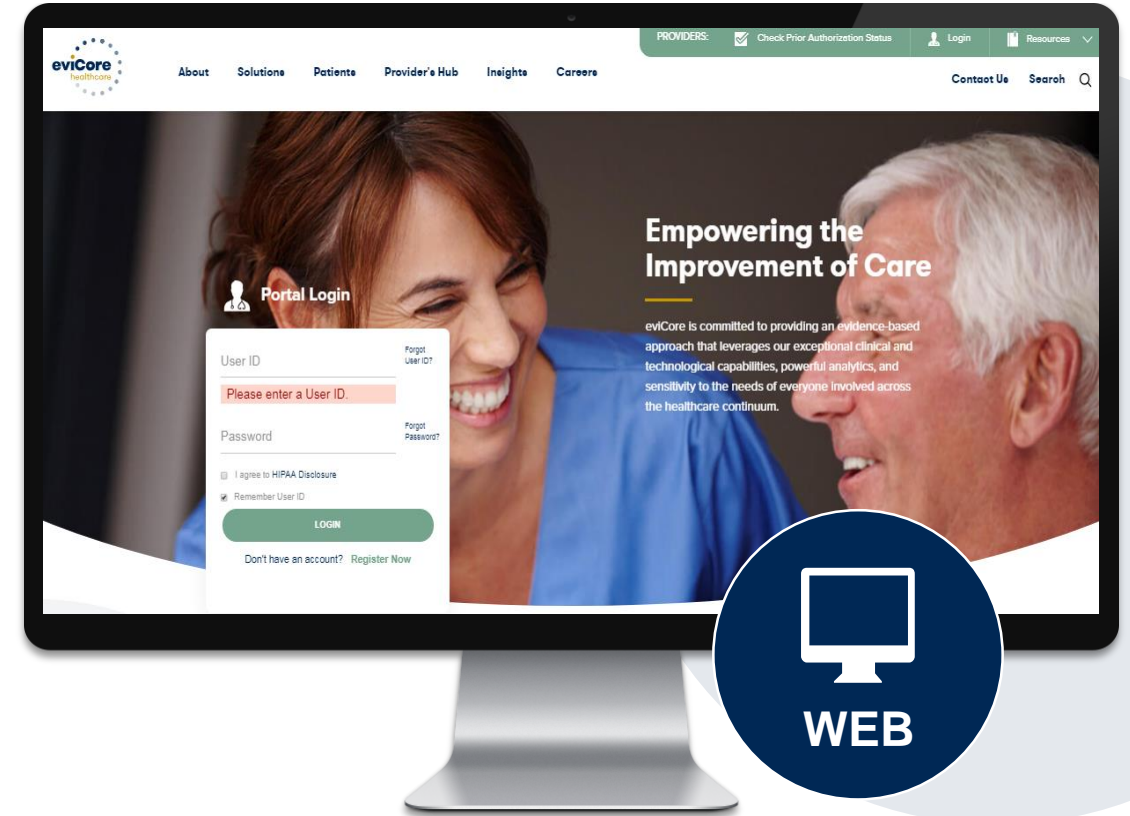
Phone Number:
877-506-5193
Monday through Friday:
7 am – 7 pm local time

Fax Number:
Genetic Testing | 844-545-9213

Necessary Information for Prior Authorization

To obtain prior authorization on the very first submission, the provider submitting the request will need to gather four categories of information:

1. Member
- Health Plan ID
- Member name
- Date of birth (DOB)

2. Referring (Ordering) Physician
- Physician name
- National provider identifier (NPI)
- Phone & fax number

Necessary Information

3. Rendering Facility
- Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number

4. Supporting Clinical
- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous test results

Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

If during case build all required pieces of documentation are not received, or are insufficient for eviCore to reach a determination, the following will occur:

A Hold Letter will be faxed to the Requesting Provider requesting additional documentation	The Provider must submit the additional information to eviCore	eviCore will review the additional documentation and reach a determination
The Hold notification will inform the provider about what clinical information is needed as well as the <u>date by which it is needed.</u>	Requested information must be received within the timeframe as specified in the Hold Letter, or eviCore will render a determination based on the original submission.	Determination notifications will be sent

Appropriate Decision

Providing Additional Information

I've received a request for additional clinical information. What's next? There are three ways to supply the requested information to eviCore for review:

- Additional clinical information must be submitted to eviCore in advance of the due date referenced

  - Additional clinical information should be submitted to eviCore for consideration per the instructions received, clinical can be **faxed** to **844-545-9213** or **uploaded** directly into the case via the provider portal at **www.eviCore.com (preferred)**

- Alternatively, providers can choose to request a **Pre-Decision Clinical Consultation** instead of submitting additional clinical information. This consultation can be requested via the eviCore website (see the end of this presentation for instructions).

  - The Pre-Decision Clinical Consultation must occur prior to the due date referenced

- If the additional clinical documentation is shared with eviCore via fax or uploaded on the portal, that clinical will be sent on to be reviewed for medical necessity determination. Once the documentation is shared, the case advances to review and the case is <u>**not**</u> held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed

- Once the determination is made, notifications will go out to the ordering provider, rendering lab and member, and status will be available on **www.eviCore.com**

Prior Authorization Outcomes, Special Considerations, and Post Decision Options

Prior Authorization Outcomes

Determination Outcomes:

- Approved Requests: Authorizations are valid for 90 days from the date of approval

- Denied Requests: Based on evidence-based guidelines, if a request is determined as inappropriate, a notification with the rationale for the decision and post decision/ appeal rights will be issued

- Partially Approved Requests: In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved as well as post decision options for denied codes, including denied Site of Care (if applicable).

Notifications:

- Authorization letters will be faxed to the ordering physician

- Web initiated cases will receive e-notifications when a user opts in to receive

- Members will receive a letter by mail

- Approval information can be printed on demand from the eviCore portal:
  www.eviCore.com

Special Circumstances

Retrospective (Retro) Authorization Requests

- Must be submitted within 180 calendar days from the date of services *(NH requires submission within 120 calendar days, and Louisiana requires submission within 12 months)*

- Retro requests submitted beyond this timeframe will be administratively denied

- Reviewed for **clinical urgency** and medical necessity

- Retro requests are processed within 30 calendar days *(DC within 14 days & PA within 15 days)*

- When authorized, the start date will be the submitted date of service

Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member

- Can be initiated on provider portal or by phone

- Urgent cases are typically reviewed within 24 to 72 hours

Special Circumstances cont.

Alternative Recommendation

- An alternative recommendation may be offered, based on eviCore's evidence-based clinical guidelines

- The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request

- Providers have up to 14 calendar days to contact eviCore to accept the alternative recommendation

Authorization Update

- If updates are needed on an existing authorization, you can contact eviCore by phone at 1-877-506-5193.

- While eviCore needs to know if changes are made to the approved request, any change could result in the need for a separate clinical review and require a new request (and the original approved request would need to be withdrawn).

- If the authorization is not updated, it may result in a claim denial.

Post-Decision Options: Medicaid Members

My case has been denied. What's next?

Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied. You may also call eviCore at 1-877-506-5193 to speak to an agent who can provide available option(s) and instruction on how to proceed. Alternatively, select 'All Post Decisions' on www.eviCore.com , under the authorization lookup function, to see available options.

Reconsiderations

- Reconsiderations must be requested within 14 calendar days after the determination date

- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an eviCore physician

Appeals

- eviCore will not process first-level appeals

- Please refer to the denial notice for instructions, and requirements, to submit an appeal

Post-Decision Options: Medicare Members

My case has been denied. What's next?

Clinical Consultation

- Providers can request a Clinical Consultation with an eviCore physician to better understand the reason for denial
- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation

Reconsideration

- Medicare cases do not include a Reconsideration option

Appeals

- eviCore will not process first-level appeals
- Please refer to the denial notice for instructions, and requirements, to submit an appeal

Provider Portal Overview

Portal Compatibility

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

- Microsoft Edge

- Google Chrome

- Mozilla Firefox

- Internet Explorer 9, 10, and 11

You may need to disable pop-up blockers to access the site. For information on how to disable pop-up blockers for any of these web browsers, please refer to our Disabling Pop-Up Blockers guide.
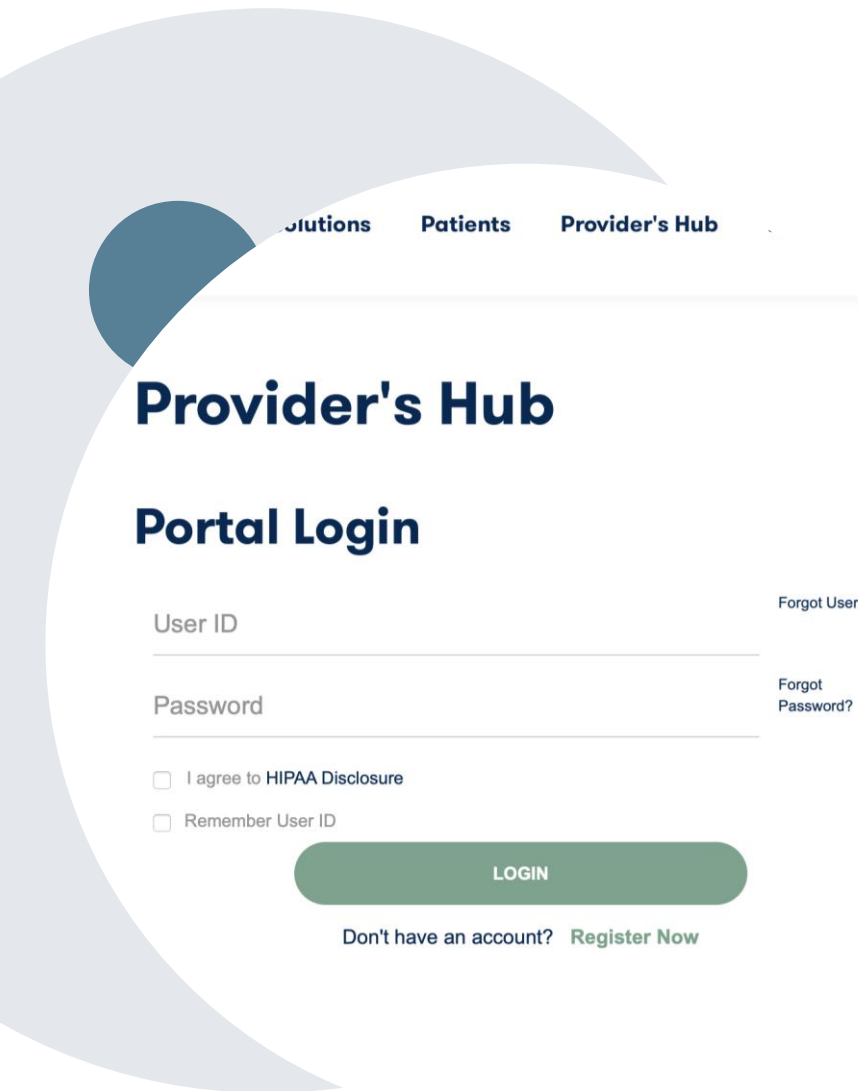
eviCore healthcare Website
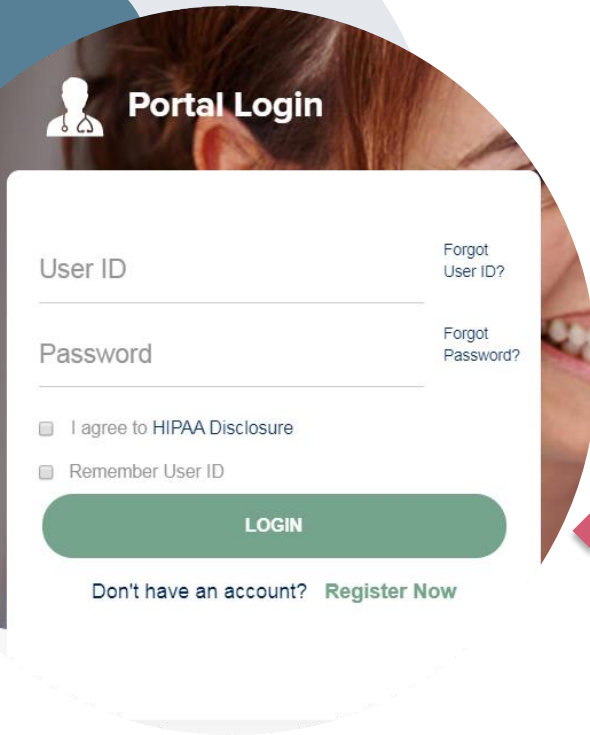
Visit www.evicore.com

Already a user?

If you already have access to eviCore's online portal, simply log-in with your User ID and Password, complete the Multi-Factor Authentication, and begin submitting requests in real-time!

Don't have an account?

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

Creating An Account

- **Select CareCore National as the Default Portal, complete the User Information section in full, and Submit Registration.**
- **You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the log-in page.**

Multi-Factor Authentication MFA

- To safeguard your patients' private health information (PHI) we have implemented a **multifactor authentication (MFA)** process.

- After you log in, you will be prompted to enter your email address or mobile phone number. This preference will be saved for future use.

- Select "**Send Pin**," and a 6-digit pin is generated and sent to your chosen device.

- After entering the provided PIN# in the portal display, you will successfully be authenticated and logged in. **You will need to perform the MFA process every time you log in.**

Add Practitioners

Manage Your Account

Office Name:

CHANGE PASSWORD   EDIT ACCOUNT

Address:

Primary Contact:

Email Address:

ADD PROVIDER

Click Column Headings to Sort

No providers on file

CANCEL

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

FIND MATCHES   CANCEL

- Select the "Manage Your Account" tab, then the Add Provider
- Enter the NPI, state, and zip code to search for the provider
- Select the matching record based upon your search criteria
- Once you have selected a practitioner, your registration will be complete
- You can also click "Add Another Practitioner" to add another provider to your account
- You can access the "Manage Your Account" at any time to make any necessary updates or changes

Initiating A Case

- **Choose Clinical Certification to begin a new request**
- **Select Lab Management Program**
- **Select if you are the referring provider or rendering lab then proceed to entering information**

Select Referring Provider

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

Requesting Provider Information

Select the provider for whom you want to submit an authorization request. If you don't see them listed, click Manage Your Account to add them.

Filter Last Name or NPI:

[   ] [SEARCH] [CLEAR SEARCH]

	Provider
SELECT	1
SELECT	

[BACK] [CONTINUE]

Click here for help

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

[Please Select a Health Plan   ▼]

[BACK] [CONTINUE]

Click here for help

Chose the appropriate insurer from the drop down menu:

First Choice by Select Health

Urgent Request? You will be required to upload relevant clinical info at the end of this process. Learn More.

Don't see the insurer you're looking for? Please call the number on the back of the member's card to determine

- **Select the ordering Practitioner or Group for the requested service**
- **Choose the appropriate Health Plan for the case request**

If You're the Rendering Lab - Enter the Referring Provider

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources

Requesting Provider Information

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.

Chose the appropriate insurer from the drop down menu:

First Choice by Select Health

Please Select a Health Plan ⌄

SUBMIT

Add Your Contact Info

Provider's Name:* ░░░░░░░ [?]

Who to Contact:* [_____] [?]

Fax:* [_____] [?]

Phone:* ░░░░░░░ [?]

Ext.: ░░░░░░░ [?]

Cell Phone: [_____]

Email: ░░░░░░░

BACK   CONTINUE

Click here for help

Requesting Provider Information

ⓘ Do you have the ordering physician's NPI Number?

◯ Yes ◯ No

ⓘ Enter NPI Number

[_____]

SUBMIT

This window will populate with the ordering physician's name and contact information, and will be based on the NPI number you entered

Member & Request Information

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*   MM/DD/YYYY

Patient Last Name Only:*   [?]

[ELIGIBILITY LOOKUP]

[BACK]

Requested Service + Diagnosis

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

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

[LOOKUP]

Trouble selecting diagnosis code? Please follow **these steps**

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

Secondary diagnosis is optional for Lab Management Program

[LOOKUP]

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

- **On the next screen, choose LABST from the drop down menu**

Verify Service Selection

Requested Service + Diagnosis

Confirm your service selection.

CPT Code: LABTST
Description: MOLECULAR GENETIC TEST
Primary Diagnosis Code: R97.1
Primary Diagnosis: Elevated cancer antigen 125 [CA 125]
Secondary Diagnosis Code:
Secondary Diagnosis:

Change Procedure or Primary Diagnosis
Change Secondary Diagnosis

[BACK]   [CONTINUE]

Click here for help

- **Verify requested service & diagnosis**
- **Edit any information if needed by selecting change procedure or primary diagnosis**
- **Click continue to confirm your selection**

Site Selection

Start by searching NPI or TIN for the site where the procedure will be performed. You can search by any fields listed. Searching with NPI, TIN, and zip code is the most efficient.

Add Site of Service

Specific Site Search

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

NPI: [   ]   Zip Code: [   ]   Site Name: [   ]

TIN: [   ]   City: [   ]   ○ Exact match
                                            ○ Starts with

LOOKUP SITE

- **Select the specific Lab where the test will be performed**

Clinical Certification

Proceed to Clinical Information

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

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

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

BACK   CONTINUE

- Verify that all information is entered and make any changes needed

- **You will not have the opportunity to make changes after this point**

Standard or Urgent Request?

- If your request is urgent select **No**

- When a request is submitted as Urgent, you will **be <u>required</u>** to upload relevant clinical information

- If the case is standard select **Yes**

- You can upload up to FIVE documents in .doc, .docx, or .pdf format – max 5MB document size

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

Proceed to Clinical Information – Example of Questions

Proceed to Clinical Information

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 will guide test and procedure code selection.

ⓘ To the best of your knowledge, has a previous prior authorization request been made for this member and this test?
○ Yes ○ No ○ Unknown

ⓘ Has the specimen been collected?
○ Yes ○ No ○ Unknown

SUBMIT

Proceed to Clinical Information

ⓘ What is the specimen collection or retrieval from storage date? If the date is unknown, please use today's date.

[   ] 📅

SUBMIT

Proceed to Clinical Information

ⓘ What kind of testing is being done?
☐ Testing related to cancer
○ Testing related to pregnancy
○ Other
○ Unknown

ⓘ What test is being requested? Please provide the test name or a short description.
[   ]

ⓘ Do you know the procedure codes that will be billed for this test?
○ Yes ○ No

SUBMIT

☐ Finish Later

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

- **Clinical Certification** questions will populate based upon the information provided

- You can save your request and **finish later** if needed
  - Please complete the case before the end of the day
  - When logged in, you can resume a saved request by going to Certification Requests in Progress

Proceed to Clinical Information – More Examples

Proceed to Clinical Information

What is the name of the test you are requesting? A selection from the list below is REQUIRED in order to proceed with this request.

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
○	None Of These	
○	ATM Analysis	ATM Sequencing and Deletion/Duplication Analysis
○	BRACAnalysis {Integrated BRACAnalysis; CPT 81162}	BRCA1/2 Sequencing and Deletion/Duplication Analysis
○	BRACAnalysis {Integrated BRACAnalysis; CPT 81163, 81164)}	BRCA1/2 Sequencing and Deletion/Duplication Analysis
○	BRACAnalysis and myRisk {Integrated BRACAnalysis and myRisk; CPT 81162, 81479}	Hereditary Breast and Ovarian Cancer Panel Tests
○	BRACAnalysis and myRisk {Integrated BRACAnalysis and myRisk; CPT 81163, 81164, 81479}	Hereditary Breast and Ovarian Cancer Panel Tests
○	BRACAnalysis and PALB2 {2019 codes; Integrated BRACAnalysis and PALB2; 81162, 81406}	Hereditary Breast and Ovarian Cancer Panel Tests
○	BRACAnalysis and PALB2 {2019 codes; Integrated BRACAnalysis and PALB2; 81163, 81164, 81406}	Hereditary Breast and Ovarian Cancer Panel Tests
○	BRACAnalysis and PALB2 {2019 codes; Integrated BRACAnalysis and PALB2; 81163, 81164, 81406}	Hereditary Breast and Ovarian Cancer Panel Tests
○	BRACAnalysis and PALB2 {2020 codes; Integrated BRACAnalysis and PALB2; 81162, 81307}	Hereditary Breast and Ovarian Cancer Panel Tests

1 2 3 4 5 6 7

All | A | B | C | E | G | M | N | P | S | T

** 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.

Clinical Certification questions will populate based upon the information provided

Proceed to Clinical Information – Free Text Questions

Proceed to Clinical Information

Answer the following questions in clinical detail:

ⓘ Why is this test being requested and how will the results be used to change management?

[   ]

ⓘ Describe any applicable current or past medical history, lab testing, or procedure results.

[   ]

ⓘ If relevant to the testing, describe the family history, including the applicable clinical findings, diagnoses, and/or test results.

[   ]

Free text answers allow for further explanation

Next Step: Criteria not met

If criteria is not met based on clinical questions, you will receive a similar request for additional info:

Tips:
- Upload clinical notes on the portal to avoid any delays by faxing
- Additional information uploaded to the case will be sent for clinical review
- Print out summary of request that includes the case # and indicates 'Your case has been sent to clinical review'

Criteria Met

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

Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

The following testing is approved: BRCA1 and/or 2 Gene Testing. Procedure code(s) approved: 81162.

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

Patient Name:		Patient Id:	
Insurance Carrier:			

Site Name:		Site ID:	
Site Address:			

Primary Diagnosis Code:	Z01.419	Description:	Encounter for gynecological examination (general) (routine) without abnormal findings
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided		
CPT Code:	LABTST	Description:	MOLECULAR GENETIC TEST
Authorization Number:			
Review Date:	7/15/2020 5:21:21 PM		
Expiration Date:	1/9/2021		
Status:	The following testing is approved: BRCA1 and/or 2 Gene Testing. Procedure code(s) approved: 81162.		

CANCEL   PRINT   CONTINUE

Additional Provider Portal Features

Portal Features

Certification Summary

- Allows you to track recently submitted cases

Authorization Lookup

- You can look-up authorization status on the portal and print any correspondence
- Search by member information OR by authorization number with ordering NPI
- Review post-decision options, submit appeal and schedule a peer-to-peer

Eligibility Lookup

- Confirm if member requires prior authorization

Clinical Certification

- You can begin an authorization request

WEB

Authorization Lookup example

Authorization Lookup

Authorization Number:	NA
Case Number:	[redacted] **P2P AVAILABILITY**
Status:	Pending eviCore Review
P2P Status:	
Approval Date:	
Service Code:	LABTST
Service Description:	MOLECULAR GENETIC TEST
Site Name:	MOUNT SINAI GENOMICS
Expiration Date:	
Date Last Updated:	7/15/2020 5:30:44 PM
Correspondence:	**UPLOADS & FAXES**
Clinical Upload:	Upload Additional Clinical

The option to attach clinical information is not available for this case at this time:
Please fax clinical information to 800-540-2406

Authorization Number:	[redacted]
Case Number:	[redacted] **P2P AVAILABILITY**
Status:	Approved
P2P Status:	
Approval Date:	7/13/2020 12:00:00 AM
Service Code:	LABTST
Service Description:	MOLECULAR GENETIC TEST
Site Name:	MOUNT SINAI GENOMICS
Expiration Date:	1/9/2021
Date Last Updated:	7/15/2020 5:25:14 PM
Correspondence:	**UPLOADS & FAXES**

A final decision has not yet been rendered on this case OR it requires special handling. If you have received a request for additional clinical information, please respond to our notice per the instructions received.
If you would like to understand additional options available,
please contact our Physician Support Unit at 1-800-792-8744, option 1

Uploads & Faxes

Attached Faxes | Sent Letters & Faxes | Document Uploads

3 documents sent.

Episode ID	Date Sent	Time Sent	Document Name	Recipient	View
[redacted]	07/15/2020	17:25:44	OSC0101 - Approval Standard PHYS	Physician	VIEW
[redacted]	07/15/2020	17:25:44	OSC0104 - Approval Standard SITE	Site	VIEW
[redacted]	07/15/2020	17:25:45	OSC0100 - Approval Standard MBR	Patient	VIEW

CLOSE

Duplication Feature

Success

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

- Return to the main menu
- Start a new request
- Resume an in-progress request

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

Start a new request using the same:

- ⚪ Program (Radiation Therapy Management Program)
- ⚪ Provider ( )
- ⚪ Program and Provider (Radiation Therapy Management Program and)
- ⚪ Program and Health Plan (Radiation Therapy Management Program and CIGNA)

GO

- Duplicate feature allows you to start a new request using same information
- Eliminates entering duplicate information
- Time saver!

Provider Resources

Dedicated eviCore Teams | South Carolina

Call Center

- Phone: (877) 506-5193
- Representatives available 7 a.m. to 7 p.m. (local time)

Web Support

- Live chat
- Email: portal.support@evicore.com
- Phone: (800) 646-0418 (Option #2)

Client & Provider Operations Team

- Email: clientservices@eviCore.com
- Eligibility issues (member or provider not found in system)
- Transactional authorization related issues requiring research

Provider Engagement

Regional team that works directly with the provider community

Oncology, Lab, MSK, PT/OT

Chris Plante

p: 912-312-2007

e: Cplante@evicore.com

Sleep and DME

Latrice Anderson

p: 502-546-8685

e: Landerson2@evicore.com

Provider Resource Website

Provider Resource Pages

eviCore's Provider Experience team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis. The provider resource page will include, but is not limited to, the following educational materials:

- Frequently Asked Questions

- Quick Reference Guides

- Provider Training

- CPT code list

To access these helpful resources, please visit:

www.evicore.com/resources/healthplan/amerihealth-caritas-family-of-companies

AmeriHealth Caritas Provider Services: 1-855-707-5818

Clinical Guidelines

How to access our Guidelines

1. Go to www.evicore.com and select the 'Resources' drop down menu on the far right hand side of your browser.

2. Then select the 'Clinical Guidelines' button to be directed to the main clinical guidelines page.

3. Scroll down and select the 'Laboratory Management' solution.

4. Type in desired health plan in the 'Search Health Plan' search bar and press enter.

5. Select the appropriate guideline specific to the requested test(s).

    Examples:
- Specific genetic testing
- Molecular and genomic testing
- Huntington Disease testing

Resources

CLINICAL GUIDELINES

Laboratory Management
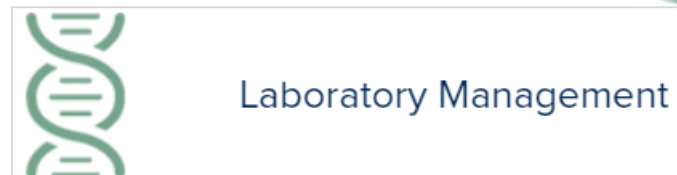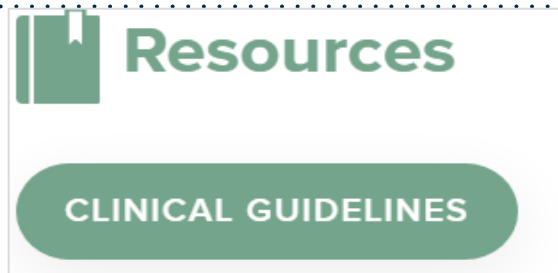
Laboratory Management

Instructions for accessing the guidelines:

1. Search by health plan name to view clinical guidelines.

2. Locate the **reason for denial** section found in your letter. Identify the guideline title and then search by the provided guideline title. Select appropriate guideline document.

Example for **4Kscore for Prostate Cancer Risk Assessment**: *We based this decision on the guidelines listed below: 4Kscore for Prostate Cancer Risk Assessment (MOL. TS. 120).*

Search Health Plan ...

Clinical Guidelines

Health Plan specific Guidelines

1. Current, Future, and Archived lists and Guidelines are found here.

2. You can select the entire Code List or the health plan specific Policy Book.

3. Shown here is an example of the Administrative Guidelines you will find on our resource site.

4. There are also Lab Guidelines for Clinical Use and Test Specific Guidelines on our resource site (not shown on this screen)

CURRENT   FUTURE   ARCHIVED

Code Lists

Lab Management Code List

Guidelines

_____ Commercial Lab Policy Book
Effective 07/01/2020

ADMINISTRATIVE ⊖

Date of Service and Effective Date of the Authorization Period
Effective 07/01/2020

Molecular Pathology Tier 2 Molecular CPT Codes
Effective 07/01/2020

Information Requirements for Medical Necessity Review
Effective 07/01/2020

Unique Test Identifiers for Non-Specific Procedure Codes
Effective 07/01/2020

Provider Newsletter

Stay Updated With Our Free Provider Newsletter

eviCore's provider newsletter is sent out to the provider community with important updates and tips. If you are interested in staying current, feel free to subscribe:

- Go to eviCore.com

- Scroll down and add a valid email to subscribe

- You will begin receiving email provider newsletters with updates

Provider Resource Review Forums

The eviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

We invite you to attend a Provider Resource Review Forum, to navigate www.eviCore.com and understand all the resources available on the Provider's Hub. Learn how to access:

- eviCore's evidence-based clinical guidelines

- Clinical worksheets

- Check-status function of existing prior authorization

- Search for contact information

- Podcasts & Insights

- Training resources

How to register for a Provider Resource Review Forum?

You can find a list of scheduled **Provider Resource Review Forums** on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming

Thank You!

Appendix

Online P2P Scheduling Tool

How to schedule a Peer to Peer Request

- Log into your account at www.evicore.com

- Perform Authorization Lookup to determine the status of your request.

- Click on the "P2P Availability" button to determine if your case is eligible for a Peer to Peer conversation:

- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.
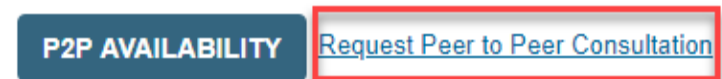
Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	
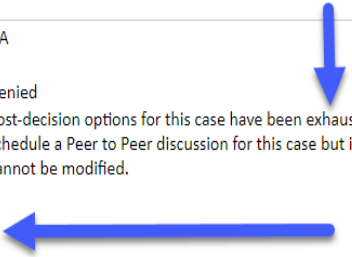
How to schedule a Peer to Peer Request

Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the "All Post Decision Options" button to learn what other action may be taken.

Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.
P2P Eligibility Result:	
P2P Status:	

Request Peer to Peer Consultation

ALL POST DECISION OPTIONS

Once the "Request Peer to Peer Consultation" link is selected, you will be transferred to our scheduling software via a new browser window.

How to Schedule a Peer to Peer Request

You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click Continue to proceed.

Upon first login, you will be asked to confirm your default time zone.

You will be presented with the Case Number and Member Date of Birth (DOB) for the case you just looked up.

You can add another case for the same Peer to Peer appointment request by selecting "Add Another Case"

To proceed, select "Lookup Cases"

How to Schedule a Peer to Peer Request

You will be prompted to identify your preferred Days and Times for a Peer to Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click Continue.

You will be prompted with a list of eviCore Physicians/Reviewers and appointment options per your availability. Select any of the listed appointment times to continue.

How to Schedule a Peer to Peer

Confirm Contact Details

- Contact Person Name and Email Address will auto-populate per your user credentials

- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:
  - Name of Provider Requesting P2P
  - Phone Number for P2P
  - Contact Instructions

- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

Canceling or Rescheduling a Peer to Peer Appointment

To cancel or reschedule an appointment

- Access the scheduling software per the instructions above

- Go to "My P2P Requests" on the left pane navigation.

- Select the request you would like to modify from the list of available appointments

- Once opened, click on the schedule link. An appointment window will open

- Click on the Actions drop-down and choose the appropriate action

  If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.

  If choosing to cancel, you will be prompted to input a cancellation reason

- Close browser once done