

# Genetic Testing

Provider Orientation Sessions for Health Alliance Medical Plans



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# Corporate Overview

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**100M Members  
Managed Nationwide**



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

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

# 9 Comprehensive Solutions



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



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

Engaging with 570k+ providers



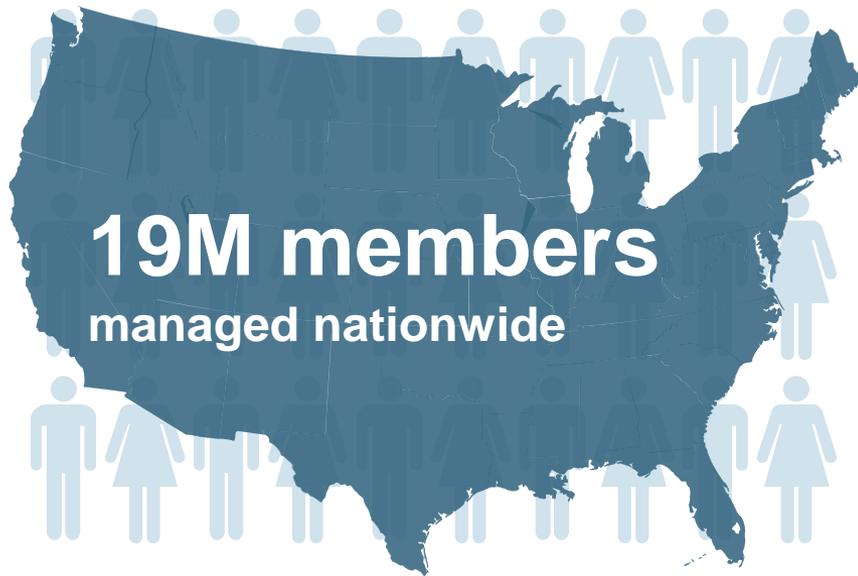


# Lab Management Solution to include Genetic Testing- Our Experience

**14+ Regional**  
and National Clients

**480+**  
Cases built per day

**9 Years**  
Managing Lab Management Services



## Members Managed

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





## Laboratory Solution to include Genetic Testing

19M Lives



Commercial  
and Medicare



Local and national  
programs

# Covered Services

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

# UNIQUE TEST IDENTIFIERS (UTID)

Health Alliance Medical Plans

2019



# What is a UTID?

- Due to the large and rapidly increasing number of molecular and genomic tests, many tests do not have a unique procedure code and are instead billed with non-specific procedure codes.
- There are 12 codes under prior authorization management by the eviCore Lab Program that can represent thousands of different tests. These fall into two categories:
  - Tier 2 (81400-81408)
  - Not Otherwise Classified (NOC) or unlisted codes (81479, 81599, 84999)
- In 2016, the AMA started publishing Claim Designation Codes for each test assigned to a Tier 2 code as an option to improve transparency when billing these codes.
- This was a good start, however the AMA does not assign such a code to all other tests billed under NOC. Currently, there is no publicly-available, widely-adopted source of unique codes for tests billed under unlisted codes.
- eviCore expanded on the AMA's codes to create a more comprehensive set of UTIDs (Unique Test Identifiers) to represent all tests billed with non-specific codes.
- In 2019 eviCore is tracking over 4000 UTIDs that correlate with these 12 procedure codes.

# Benefits of using the UTID

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

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

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

# eviCore Policies to support UTIDs

The UTID Policy is included in the Lab Clinical Guidelines found on the eviCore website:

<https://www.evicore.com/provider>

**Reach out to your Health Alliance Provider Relations Specialist with any question regarding UTID usage. Note: Claims will deny without a UTID code, please contact your HA PR Specialist as needed.**

Lab Management Guidelines V1.0.2019

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## Unique Test Identifiers for Non-Specific Procedure Codes

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

**Procedures addressed**

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

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

**Description**

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

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# Our Clinical Approach

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# Organic Evidence-Based Guidelines

The foundation of our solutions:



Dedicated  
Molecular  
Genomic  
Guidelines



Contributions  
from a panel  
of community  
physicians



Experts  
associated  
with academic  
institutions



Current  
clinical  
literature

## Aligned with National Societies

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

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# Service Model

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# Enabling Better Outcomes

## Enhancing outcomes through Client and Provider engagement



### Client & Provider Operations

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



### Client Experience Manager

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



### Regional Provider Engagement Managers

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

# Why Our Service Delivery Model Works



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



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



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

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# Genetic Testing

## Prior Authorization Process

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## Program Overview

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

### Prior authorization applies to services that are:

- Outpatient
- Elective / Non-emergent
- Diagnostic

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

- Emergency room
- Inpatient
- 23-hour observation

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

# Applicable Membership

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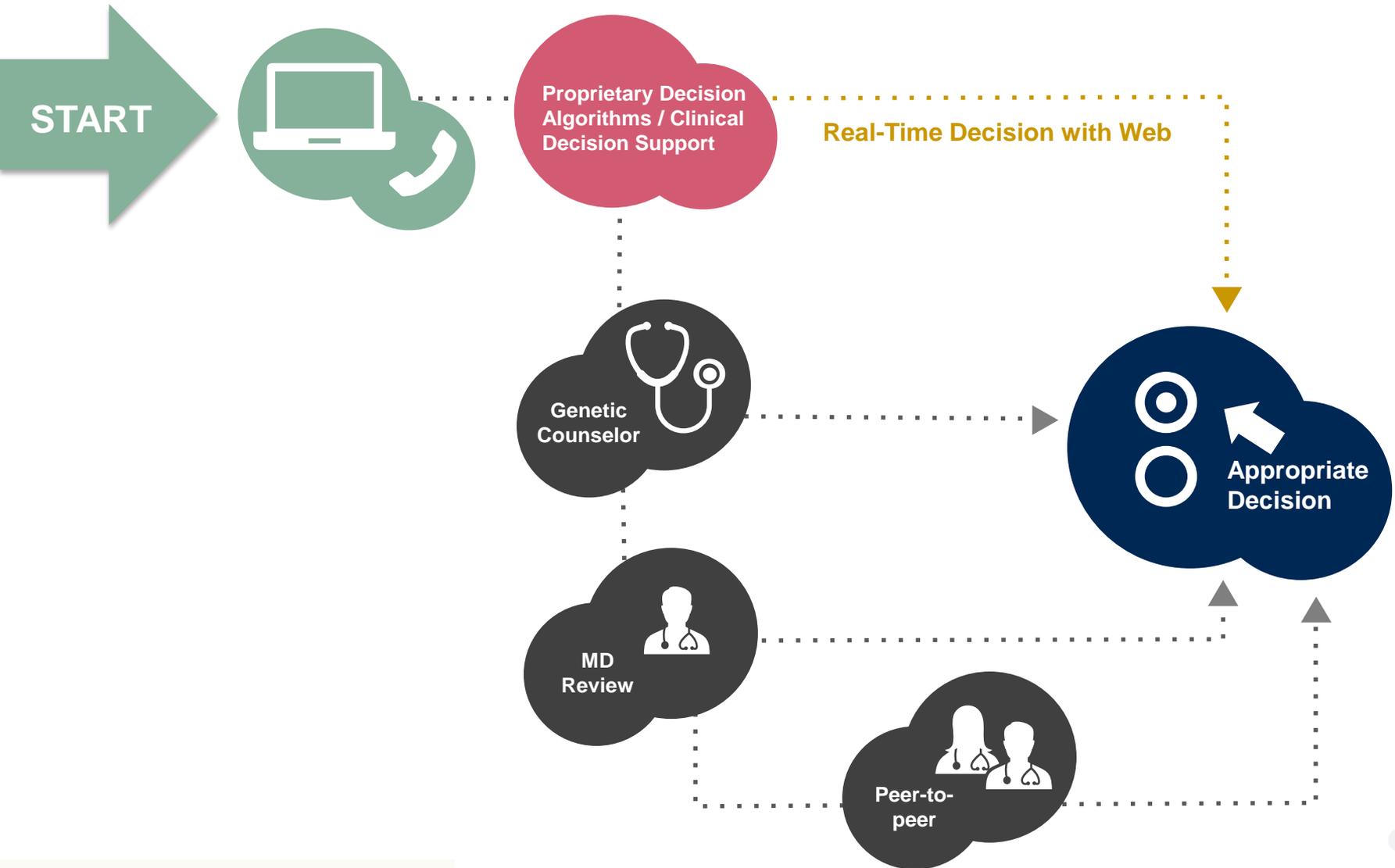
Authorization is required for Health Alliance Medical Plans enrolled in the following programs:

- **Medicare Advantage**
- **Commercial**
  - **HMO**
  - **PPO**
  - **POS**
- **Certain Self Funded Plans**



# Clinical Review Process – Easy for Providers and Staff

## Methods of Intake



# When Request is Determined as Inappropriate



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



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

## Needed Information



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

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

# Prior Authorization Outcomes

## ➤ Approved Requests

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

## Delivery Method

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

## ➤ Denied Requests

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

## Delivery Method

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

# Prior Authorization Outcomes - Commercial

## Clinical Consultations

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

## Second Review

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

## Prior Authorization Outcomes – Medicare Advantage

### Pre-Decision Consultation

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

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## Special Circumstances

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### Appeals

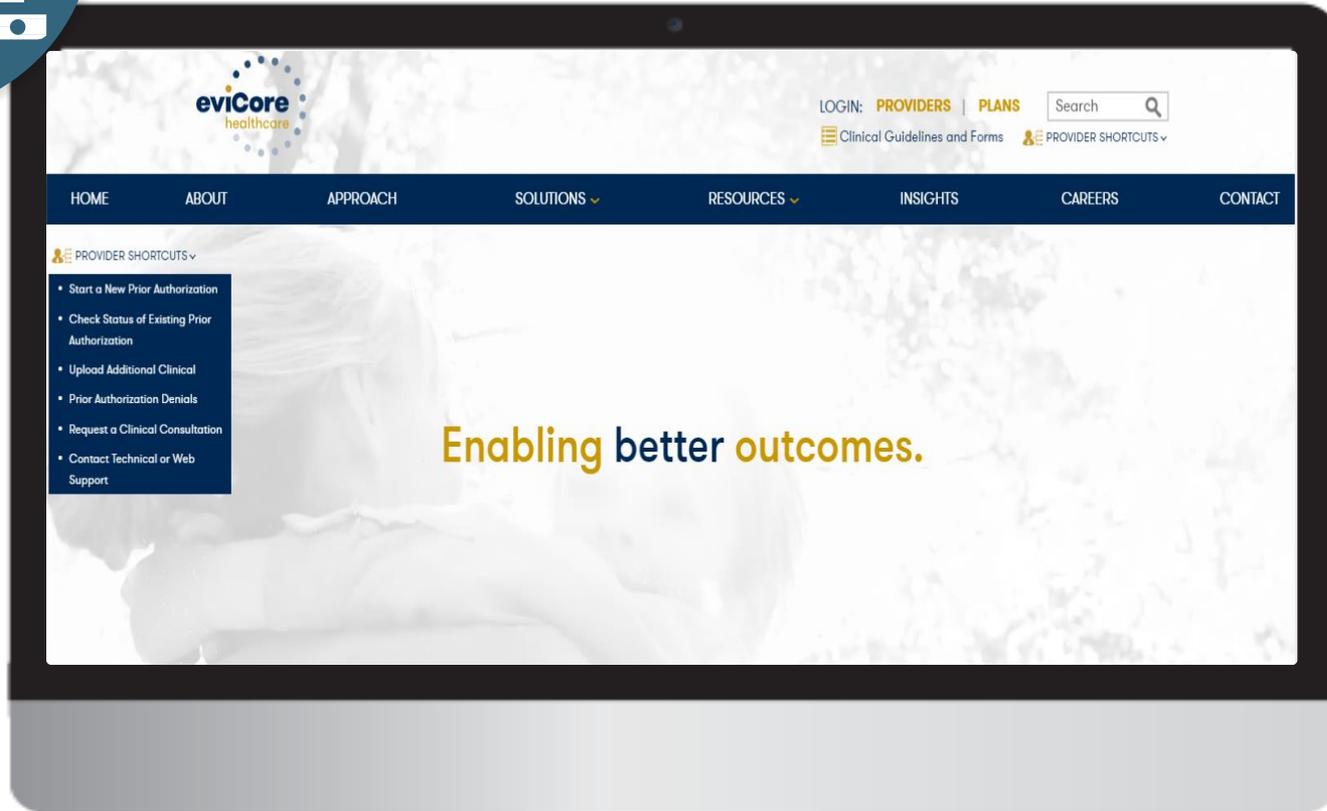
- Health Alliance Medical Plans will continue to process first level appeals



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



WEB



Or by phone:

**Phone Number:**

**888-835-2042**

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

Monday - Friday

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# Web Portal Services

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# Certification Summary

**Certification Summary**

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

Wednesday, September 26, 2018 2:27 Log Off

**Certification Summary** Search.. Q ≡

Single Status  
Show All ▼

Filter By Multiple Statuses  
Show All ▼

Date  
7 days ▼

Submit Close

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

No records to display

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

# Initiating A Case

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

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

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

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

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

[Check member eligibility >>](#)

[Horizon Pilot Designation Program >>](#)

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

# Select Program

## Clinical Certification

Please select the program for your certification:

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

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

Please Select ▼

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

Select the **Program** for your certification.

# Select Provider

Wednesday, January 12, 2016 11:05 AM

## Clinical Certification

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

Filter Last Name

or NPI:

Selected Physician:

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

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

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# Select Health Plan

## Clinical Certification

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

You selected

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

Please Select a Health Plan ▼

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

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

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

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

# Contact Information



30% Complete

**Provider and NPI**

## Clinical Certification

Provider's Name  [?]

Who to Contact  [?]

Fax  [?]

Phone  [?]

Ext.  [?]

Cell Phone

Email

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

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

# Member/Procedure Information

## Attention!

Time: 1/16/2019 11:23 AM

Has this procedure been performed?

Verify if the procedure has already been performed.

# Member Information



40% Complete

Provider and NPI

## Clinical Certification

Patient ID:

Date Of Birth:

MM/DD/YYYY

Patient Last Name Only:

[?]

ELIGIBILITY LOOKUP

Cancel

Back

Print

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

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

# Clinical Details



60% Complete

Provider and NPI

Patient

EDIT

## Clinical Certification

### Lab Management Program Procedures

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

LABTST    MOLECULAR GENETIC TEST

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

### Diagnosis

Primary Diagnosis Code: **R68.89**

Description: **Other general symptoms and signs**

[Change Primary Diagnosis](#)

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

*Secondary diagnosis is optional for Lab Management Program*

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

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

# Verify Service Selection

## Clinical Certification

Confirm your service selection.

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

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



60% Complete

Provider and NPI

Patient

[EDIT](#)

Click **continue** to confirm your selection.

# Site Selection

## Clinical Certification

### Specific Site Search

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

NPI:	<input type="text"/>	Zip Code:	<input type="text"/>	Site Name:	<input type="text"/>
TIN:	<input type="text"/>	City:	<input type="text"/>	<input checked="" type="radio"/> Exact match	
				<input type="radio"/> Starts with	

LOOKUP SITE

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

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

# Site Selection

## Clinical Certification

Selected Site:

FIND NEW SITE

Site Email (optional)

Cancel

Back

Print

Continue

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

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

# Clinical Certification

## Clinical Certification

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

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

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

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

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

# Contact Information

## Clinical Certification

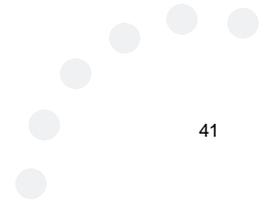
Is this case Routine/Standard?



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

If your request is urgent select No, if the case is standard select Yes.

You can upload up to **FIVE documents** in .doc, .docx, or .pdf format. Your case will only be considered Urgent if there is a successful upload.



# Medical Review

## Clinical Certification

### Clinical Upload

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

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

Choose File No file chosen

UPLOAD SKIP UPLOAD

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

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

# Clinical Certification

## Clinical Certification

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

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

SUBMIT

Finish Later

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

Cancel Print

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

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

# Clinical Certification

## Clinical Certification

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

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

SUBMIT

Finish Later

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

Cancel Print

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

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

# Medical Review

## Clinical Certification

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

Yes  No

Enter text in the space provided below or continue.

Additional Information - Notes:

SUBMIT

Finish Later

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

Cancel Print

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

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

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

# Medical Review

## Clinical Certification

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

Print **SUBMIT CASE**

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

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

# Approval

## Clinical Certification

Your case has been Approved.

Provider Name:  
Provider Address:

Contact:  
Phone Number:  
Fax Number:

Patient Name:  
Insurance Carrier:

Patient Id:

Site Name:

Site ID:

Site Address:

Primary Diagnosis Code:

Description:

Secondary Diagnosis Code:

Description:

Date of Service: Not provided

CPT Code:

Description:

Authorization Number:

Review Date: 2:12:39 PM

Expiration Date:

Status: Your case has been Approved.

Print Continue

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

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

# Building Additional Cases

Wednesday, January 16, 2019 11:05 AM

Log Off

## Clinical Certification

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

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

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

Start a new request using the same:

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

[Go](#)

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

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

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

# Authorization look up



## Authorization Lookup

### New Security Features Implemented

**Search by Member Information**

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:   
MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:

**Search by Authorization Number/ NPI**

REQUIRED FIELDS

Provider NPI:

Auth/Case Number:

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



# Authorization Status

## Authorization Lookup

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

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

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

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

# Eligibility Look Up



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

Thursday, March 15, 2018 4:43 PM

Log Off (INTGTEST)

## Eligibility Lookup

### New Security Features Implemented

Health Plan:

Patient ID:

Member Code:

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

Radiology Eligibility: **Precertification is Required**

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

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

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

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

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

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

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

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# Provider Resources



# Evidence-Based Criteria



- About
- Solutions
- Patients
- Provider's Hub
- Insights
- Careers

- PROVIDERS:  Check Prior Authorization Status
- Login
- Resources

[Contact Us](#) [Search](#)

[Clinical Guidelines](#)

## Laboratory Management

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

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

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

If you would like to view all eviCore core guidelines, please type in "eviCore healthcare" as your health plan.

*Health Alliance Med Plan*



CURRENT

FUTURE

ARCHIVED

*Search By keyword ...*

# Provider Resources: Pre-Certification Call Center



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

**7:00 AM - 7:00 PM (Local Time): (888) 835-2042**

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

# Provider Resources: Web-Based Services



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

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

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

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

# Provider Resources: Client Provider Operations



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

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

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

# Provider Resources: Resource Website



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

Provider Enrollment Questions – Contact Provider Services at 1-800-851-3379 x 8937 or email [PSC@healthalliance.org](mailto:PSC@healthalliance.org)

Health Alliance resource site - includes all implementation documents:

[www.eviCore.com/healthplan/Health\\_Alliance](http://www.eviCore.com/healthplan/Health_Alliance)

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

You can obtain a copy of this presentation on the implementation site listed above.

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# Thank You!

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