

Lab Management

Provider Orientation Session for Independence Administrators

Effective July 1, 2022



Empowering
the Improvement
of Care

Agenda

- Company Overview
- Clinical Approach
- Program Overview
- Submitting Requests
- Prior Authorization Outcomes & Special Considerations
- Reconsideration Options
- Provider Portal Overview
- Additional Provider Portal Features
- Provider Resources
- Q & A

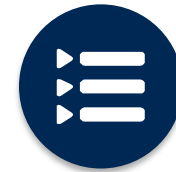
Company Overview

Medical Benefits Management (MBM)

Addressing the complexity of the healthcare system



10
Comprehensive
solutions



Evidence-based
clinical guidelines



5k+ employees,
including
1k+ clinicians



Advanced, innovative,
and intelligent
technology

Clinical Approach

Evidence-Based Guidelines

The foundation of our solutions



Annually
Reviewed
Guidelines



Experts associated with
academic institutions



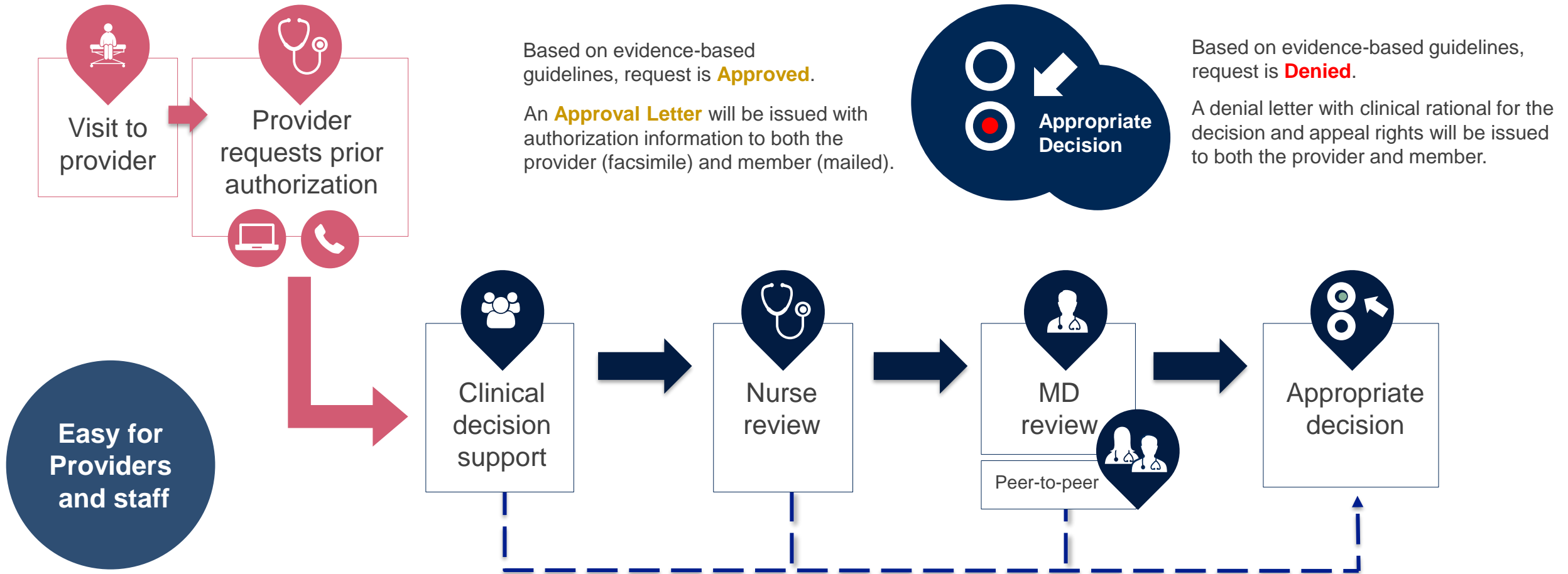
Current clinical
literature



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

Utilization Management – the Prior Authorization Process



Independence Administrators Prior Authorization Services

eviCore healthcare (eviCore) will begin accepting prior authorization requests for radiation oncology services on June 20, 2022 for dates of service July 1, 2022 and after.

Prior authorization applies to the following services:

- Outpatient
- Diagnostic
- Non-emergent & Elective

Prior authorization does **NOT** apply to services performed in:

- Emergency Rooms
- Observation Services
- Inpatient Stays



Providers should verify member eligibility and benefits on the secured provider log-in section at: <https://www.evicore.com/resources/healthplan/independence-administrators>

Applicable Memberships

Prior Authorization is required for AmeriHealth Administrator members who are enrolled in the following lines of business/programs:

Commercial	<ul style="list-style-type: none">• Radiation Oncology• Lab (Molecular Genomic)
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Lab Management Solution

Tests within Scope:

- 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

Methods to Submit Prior Authorization Requests

Provider Portal (preferred)

While phone and fax options are available, www.eviCore.com is the quickest, most efficient way to request prior authorization and check authorization status, and it's available 24/7

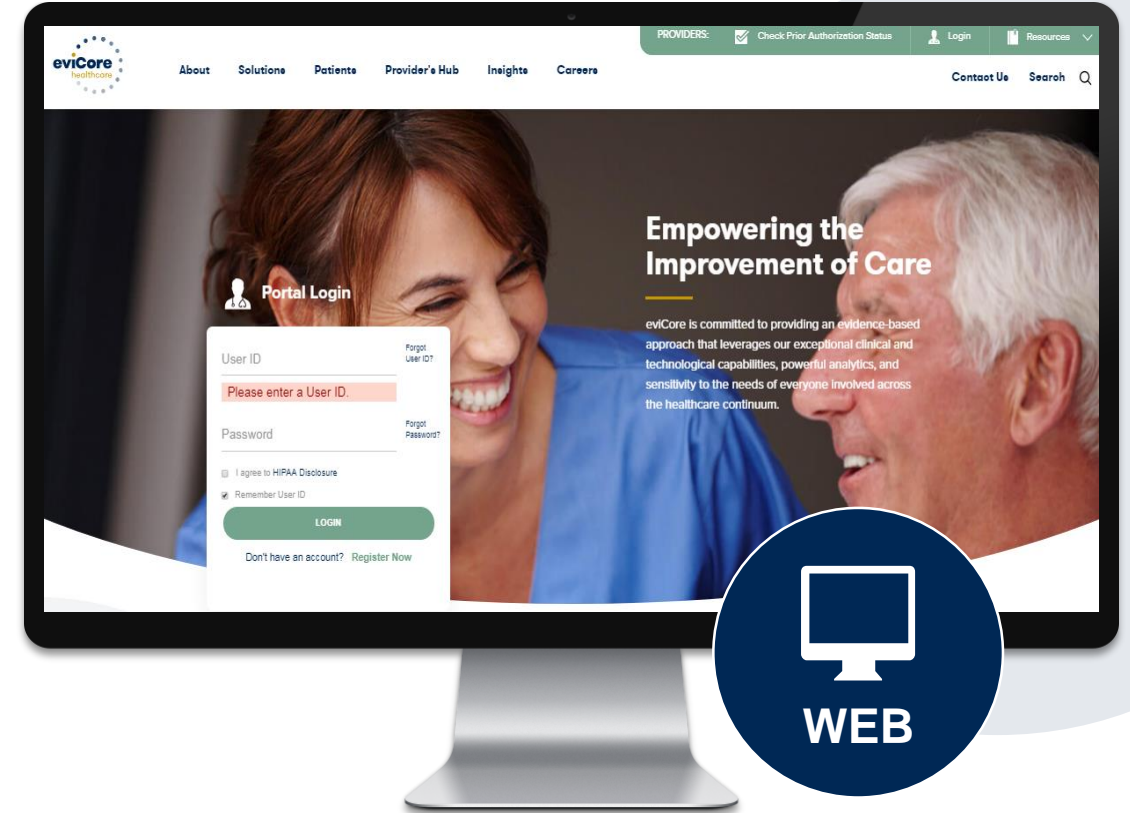
Phone Number:

866-686-2649

Monday through Friday:
7 am – 7 pm local time

Fax Number (additional clinical information only):

844-545-9213



Benefits of Provider Portal

Did you know that most providers are already saving time submitting prior authorization requests online? The provider portal allows you to go from request to approval faster. Following are some benefits & features:

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

Non-Clinical Information Needed

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
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers

Rendering Facility Information

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



Clinical Information Needed

If clinical information is needed, which may include:

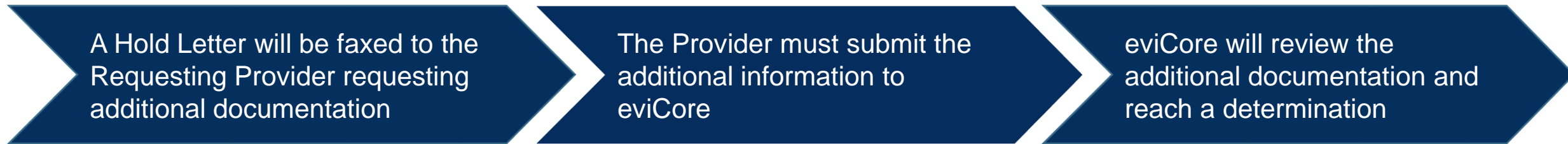
- Details about the test being performed (test name, description and/or unique identifier)
- All information required by applicable policy
- Test indication, including any applicable signs and symptoms or other reasons for testing
- Any applicable test results (laboratory, imaging, pathology, etc)
-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



Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

If 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

To ensure that a determination is completed within the designated timeframe, the case will remain on hold as follows:

- Commercial Plans: not to exceed 10 calendar days from date of case submission

Requested information must be received within the timeframe as specified in the Hold Letter.

Determination will be completed within 2 business days after additional information is received.



Prior Authorization Outcomes & Special Considerations

Prior Authorization Approval

Approved Requests

- Standard requests are processed within:
 - 2 business days
...after receipt of all necessary clinical information
- For Oncology, the period for which authorizations are valid varies by case
- Authorization letters will be faxed to the ordering physician & rendering facility
- When initiating a case on the web you can receive e-notifications when a determination is made if you provide an email address
- Members will receive a letter by mail
- Approval information can be printed on demand from the eviCore portal:
www.eviCore.com



When a Request is Determined as Inappropriate

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

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



Special Circumstances

Retrospective (Retro) Authorization Requests are allowed for Radiation Oncology

- Must be requested within 30 calendar days and prior to the claim being submitted
 - Up to 585 calendar days from the date of services for in network providers
- 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 after receipt of all necessary clinical information
- 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
- Reviewed for **clinical urgency** and medical necessity
- Urgent requests will be reviewed within:
 - 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**
- If the authorization is not updated and a different facility location or CPT code is submitted on the claim, it may result in a claim denial



Reconsideration Options

Post-Decision Options: Commercial 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 can also call us at 866-686-2649 to speak to an agent who can provide available option(s) and instruction on how to proceed.

Reconsiderations

- Providers and/or staff can request a reconsideration review
- 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 is NOT delegated to process appeals
- The denial letter will include next steps on how to initiate an appeal

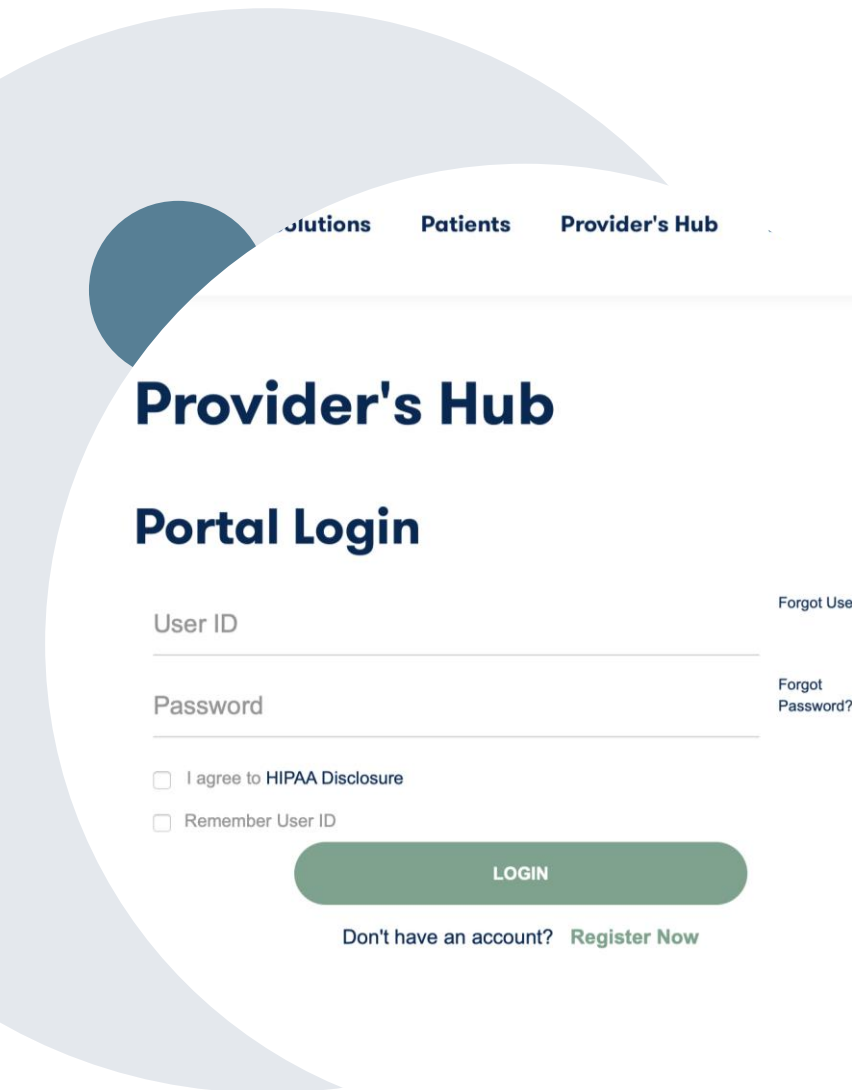
Provider Portal Overview

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](#).



eviCore healthcare Website

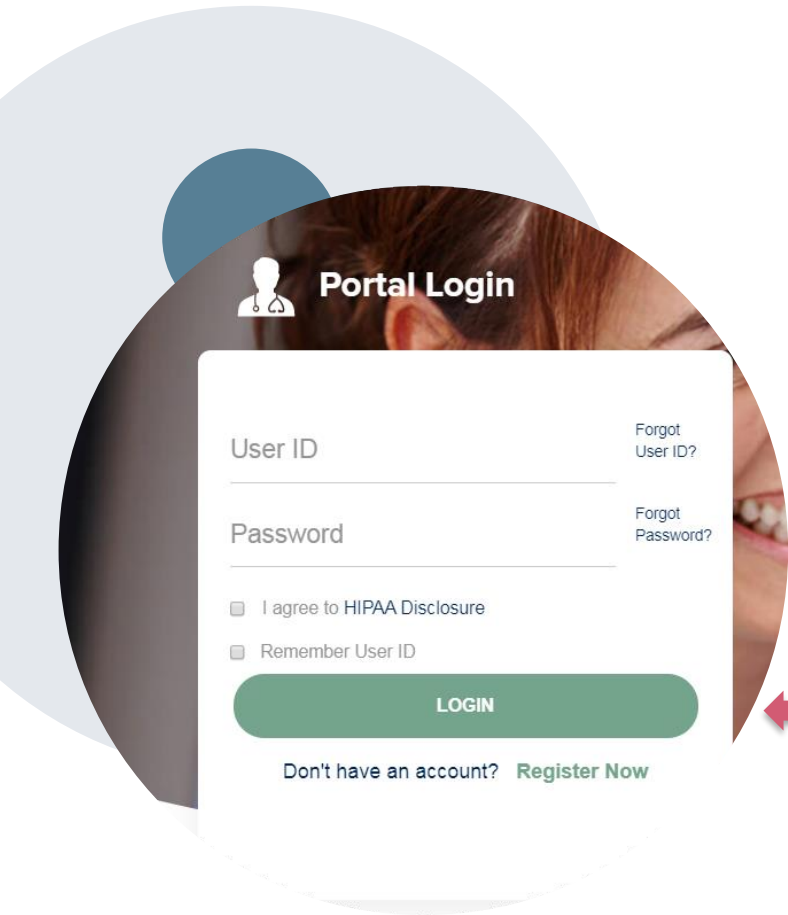
Visit www.evicore.com

Already a user?

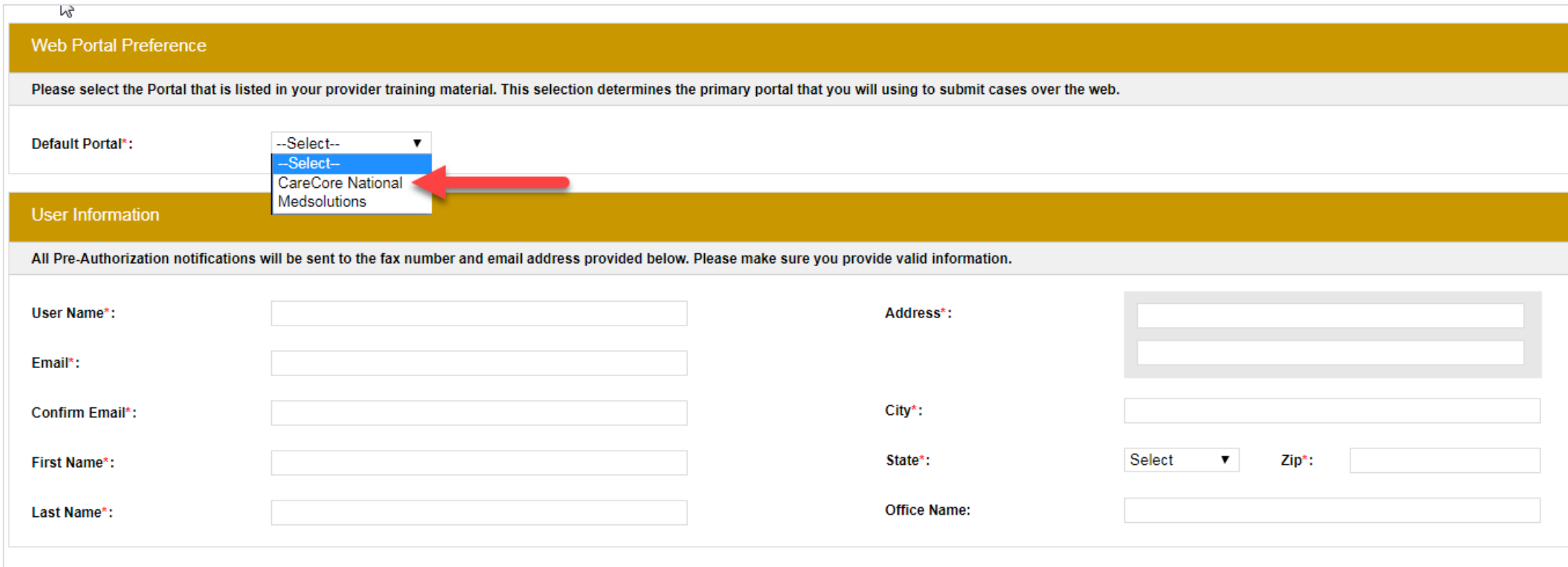
If you have already registered, and have access to an eviCore online portal, you do not need to re-register. Simply log-in with your user ID and Password that you currently have, and begin submitting requests in real-time!

Don't have an account?

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



Creating An Account



The screenshot shows a web form for account creation. The top section is titled "Web Portal Preference" and contains a message: "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." Below this is a dropdown menu for "Default Portal*:". The dropdown is open, showing three options: "--Select--", "--Select--", and "CareCore National Medsolutions". A red arrow points to the "CareCore National Medsolutions" option. Below the dropdown is a section titled "User Information" with a message: "All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information." This section contains several input fields: "User Name*", "Email*", "Confirm Email*", "First Name*", "Last Name*", "Address*" (with two stacked input boxes), "City*", "State*" (with a "Select" dropdown), "Zip*", and "Office Name".

- 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.

Welcome Screen

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 **MedSolutions Portal**

Tuesday, May 12, 2020 4:20 PM

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

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

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

Note: You can access the **MedSolutions Portal** at any time without having to provide additional log-in information. Click the **MedSolutions Portal** on the top-right corner to seamlessly toggle back and forth between the two portals.

Add Practitioners

The image shows two overlapping web forms. The background form is titled "Manage Your Account" and includes fields for "Office Name:", "Address:", "Primary Contact:", and "Email Address:". It has buttons for "CHANGE PASSWORD" and "EDIT ACCOUNT", and an "ADD PROVIDER" button. Below these is a table with the text "No providers on file" and a "CANCEL" button. The foreground form is titled "Add Practitioner" and contains the instruction "Enter Practitioner information and find matches." followed by a note: "*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip". It has input fields for "Practitioner NPI", "Practitioner State" (a dropdown menu), and "Practitioner Zip". It also has "FIND MATCHES" and "CANCEL" buttons.

- 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

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
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Request an Authorization

To begin, please select a program below:

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

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

→

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

Please Select ▼

Please Select

Referring Provider

Rendering Lab

[Click here for help](#)

- 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 [REDACTED]
SELECT	[REDACTED]

[BACK](#)

[CONTINUE](#)

[Click here for help](#)

Choose Your Insurer

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

Please Select a Health Plan

[BACK](#)

[CONTINUE](#)

[Click here for help](#)

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 if an authorization through eviCore is required.

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

[BACK](#)

[CONTINUE](#)

[Click here for help](#)

- Select the ordering Practitioner or Group for the requested service
- Choose the health plan

Select Rendering Lab

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

Please Select a Health Plan

SUBMIT

Requesting Provider Information

Do you have the ordering physician's NPI Number?
 Yes No

Enter NPI Number

SUBMIT

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

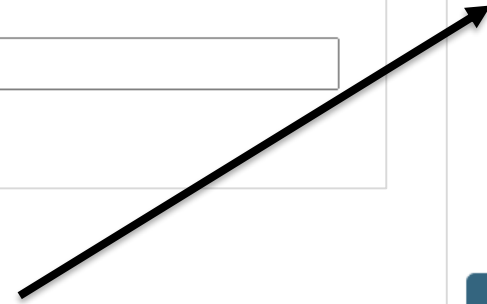
Cell Phone:

Email:

BACK **CONTINUE**

[Click here for help](#)

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

- Enter the **member information** including the patient ID number, date of birth and last name. Click **Eligibility Lookup**
- Next screen you can enter **LABST**

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

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

eviCore healthcare

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

Log Out (000000000)

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

BACK

[Click here for help](#)

80% Complete

Provider and NPI
()
:
()

Patient **EDIT**

Service **EDIT**
LABTST MOLECULAR GENETIC TEST
R68.89 Other general symptoms and signs

Select the specific site where the testing/treatment 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 required 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
- Your case will only be considered Urgent if there is a successful upload

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

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.

1 To the best of your knowledge, has a previous prior authorization request been made for this member and this test?

Yes No Unknown

1 Has the specimen been collected?

Yes No Unknown

SUBMIT

Proceed to Clinical Information

1 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

1 What kind of testing is being done?

Testing related to cancer
 Testing related to pregnancy
 Other
 Unknown

1 What test is being requested? Please provide the test name or a short description.

1 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
 - You will have 2 business days to complete the case
 - 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
<input type="radio"/> None Of These	
<input type="radio"/> ATM Analysis	ATM Sequencing and Deletion/Duplication Analysis
<input type="radio"/> BRACAnalysis {Integrated BRACAnalysis; CPT 81162}	BRCA1/2 Sequencing and Deletion/Duplication Analysis
<input type="radio"/> BRACAnalysis {Integrated BRACAnalysis; CPT 81163, 81164}}	BRCA1/2 Sequencing and Deletion/Duplication Analysis
<input type="radio"/> BRACAnalysis and myRisk {Integrated BRACAnalysis and myRisk; CPT 81162, 81479}	Hereditary Breast and Ovarian Cancer Panel Tests
<input type="radio"/> BRACAnalysis and myRisk {Integrated BRACAnalysis and myRisk; CPT 81163, 81164, 81479}	Hereditary Breast and Ovarian Cancer Panel Tests
<input type="radio"/> BRACAnalysis and PALB2 {2019 codes; Integrated BRACAnalysis and PALB2; 81162, 81406}	Hereditary Breast and Ovarian Cancer Panel Tests
<input type="radio"/> BRACAnalysis and PALB2 {2019 codes; Integrated BRACAnalysis and PALB2; 81163, 81164, 81406}	Hereditary Breast and Ovarian Cancer Panel Tests
<input type="radio"/> BRACAnalysis and PALB2 {2019 codes; Integrated BRACAnalysis and PALB2; 81163, 81164, 81406}	Hereditary Breast and Ovarian Cancer Panel Tests
<input type="radio"/> 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:

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

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

3 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 that may be needed.

Finalizing the Case Submission

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:

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

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

Next Step: Criteria not met

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

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

- I would like to upload a document after the survey
- I would like to enter additional notes in the space provided
- I would like to upload a document and enter additional notes
- I have no additional information to provide at this time

SUBMIT

Summary of Your Request

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

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:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	MOLECULAR GENETIC TEST
Date of Service:	Not provided		
CPT Code:	LABTST		
Case Number:			
Review Date:	7/15/2020 5:27:45 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to Medical Review.		

CANCEL **PRINT** **CONTINUE**

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	Description:	MOLECULAR GENETIC TEST
CPT Code:	LABTST		
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

Certification Summary

Certification Summary

Search..

Page 1 of 0

Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description	Site Name	Expiration Date	Correspondence	Upload Clinical
<input type="text"/> x	<input type="text"/> x	<input type="text"/> x	<input type="text"/> x	<input type="text"/> x			<input type="text"/> x					

Page 1 of 0

- Certification Summary tab allows you to track recently submitted cases
- The work list can also be filtered

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 ([REDACTED])
- Program and Provider (Radiation Therapy Management Program and [REDACTED])
- 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!

Authorization Lookup

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

Search by Member Information Search by Authorization Number/ NPI



- You can look-up authorization status on the portal
- Search by member information OR
- Search by authorization number with ordering NPI
- View and print any correspondence

Authorization Lookup example

Authorization Lookup

Authorization Number: NA
Case Number: **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:

**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:
Case Number: **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

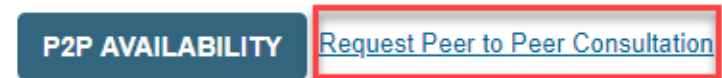
Attached Faxes Sent Letters & Faxes Document Uploads

3 documents sent.

Episode ID	Date Sent	Time Sent	Document Name	Recipient	View
<input type="text"/>	07/15/2020	17:25:44	OSC0101 - Approval Standard PHYS	Physician	<input type="button" value="VIEW"/>
<input type="text"/>	07/15/2020	17:25:44	OSC0104 - Approval Standard SITE	Site	<input type="button" value="VIEW"/>
<input type="text"/>	07/15/2020	17:25:45	OSC0100 - Approval Standard MBR	Patient	<input type="button" value="VIEW"/>


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:	



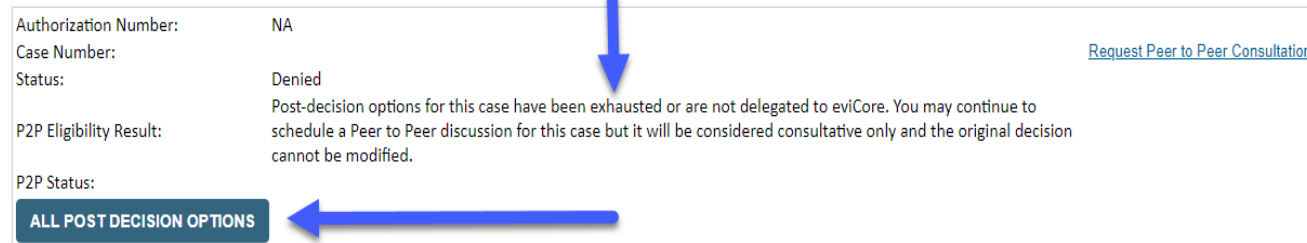
How to Schedule a Peer to Peer Request

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:		Request Peer to Peer Consultation
Status:	Denied	
P2P Eligibility Result:	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 Status:		

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

Case Info Questions Schedule Confirmation

New P2P Request

Case Reference Number

Member Date of Birth

+ Add Another Case

Lookup Cases >

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”

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.

New P2P Request

Case Ref #: Remove ✔ P2P Eligible

! Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

Member Information	Case P2P Information
Name	Episode ID
DOB	P2P Valid Until 2020-11-11
State	Modality MSK Spine Surgery
Health Plan	Level of Review Reconsideration P2P
Member ID	System Name ImageOne

Continue

How to Schedule a Peer to Peer Request

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type MSK Spine Surgery

Level of Review Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone

US/Eastern

[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.

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week 5/18/2020 - 5/24/2020 (Upcoming week) Next Week →

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT 6:30 pm EDT 6:45 pm EDT	-	-	-	-	-	-

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT 3:45 pm EDT 4:00 pm EDT 4:15 pm EDT Show more...	2:00 pm EDT 2:15 pm EDT 2:30 pm EDT 2:45 pm EDT Show more...	4:15 pm EDT 4:30 pm EDT 4:45 pm EDT 5:00 pm EDT Show more...	3:15 pm EDT 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT Show more...	-	-	-

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.

How to Schedule a Peer to Peer

Confirm Contact Details

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

The screenshot shows a web interface for scheduling a Peer-to-Peer appointment. At the top, there is a progress bar with four steps: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (active). The 'P2P Contact Details' section is highlighted. It contains the following fields:

- Name of Provider Requesting P2P:** A text input field containing 'Dr. Jane Doe' with a blue arrow pointing to it.
- Contact Person Name:** A text input field containing 'Office Manager John Doe'.
- Contact Person Location:** A dropdown menu with 'Provider Office' selected.
- Phone Number for P2P:** A text input field containing '(555) 555-5555' with a blue arrow pointing to it.
- Phone Ext.:** A text input field containing '12345' with a blue arrow pointing to it.
- Alternate Phone:** A text input field containing '(xxx) xxx-xxxx'.
- Phone Ext.:** A text input field containing 'Phone Ext.'.
- Requesting Provider Email:** A text input field containing 'droffice@internet.com'.
- Contact Instructions:** A text input field containing 'Select option 4, ask for Dr. Doe' with a blue arrow pointing to it.

A 'Submit >' button is located at the bottom right of the form.

- 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.

The screenshot shows a 'Scheduling' summary page. It features a calendar icon and the text 'Scheduling'. Below this, it says 'Scheduled' followed by a calendar icon and the date and time 'Mon 5/18/20 - 6:30 pm EDT'. A person icon is also present. In the bottom right corner, there is a red oval containing the word 'SCHEDULED' in blue capital letters.

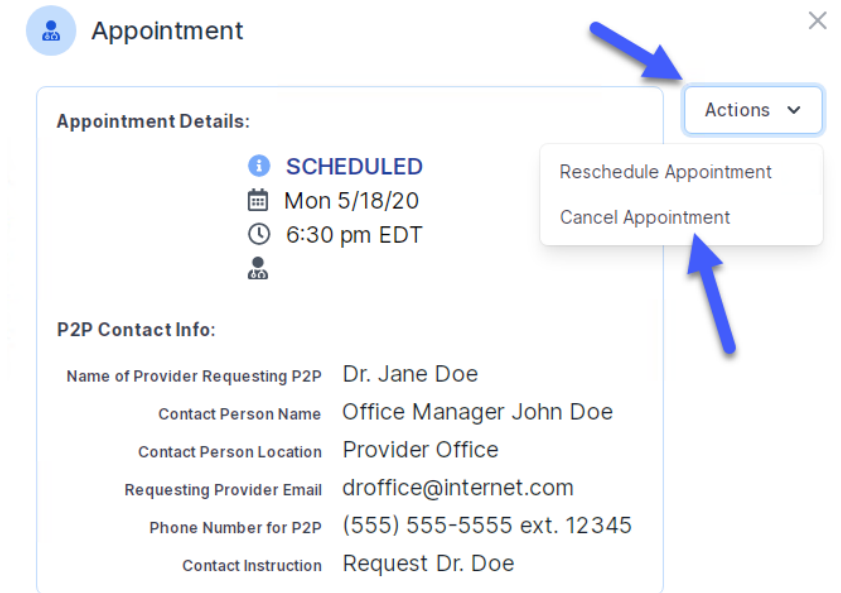
Canceling or Rescheduling a Peer to Peer Appointment

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

Provider Resources

Dedicated Call Center

Prior Authorization Call Center – 866-686-2649

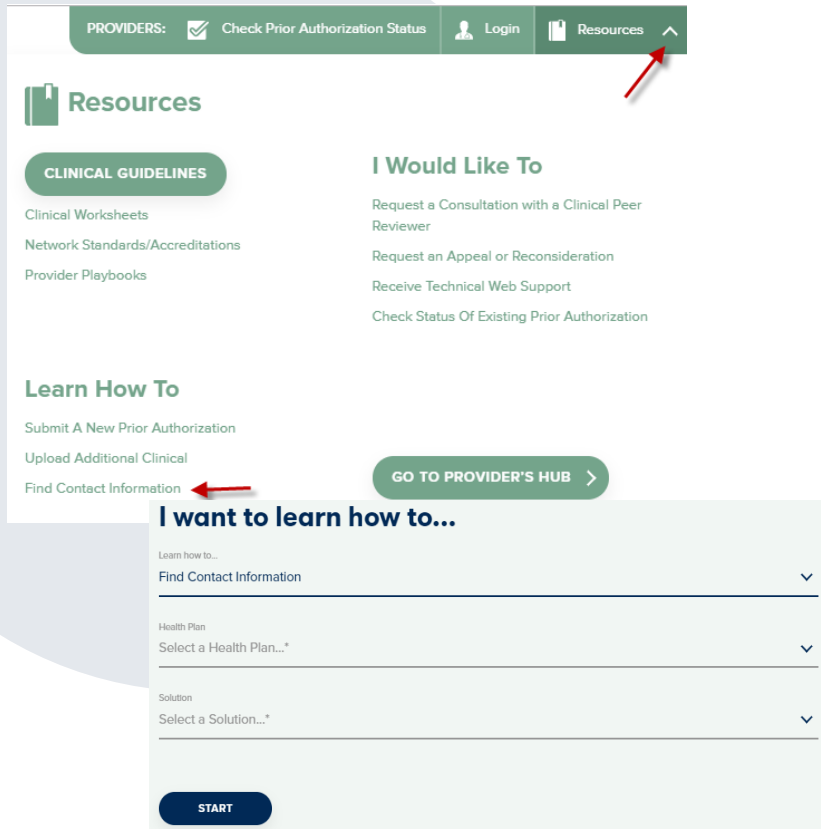
Our call centers are open from 7 a.m. to 7 p.m. (local time).

Providers can contact our call center to perform the following:

- Request Prior Authorization
- Check Status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case
- Request to speak to a clinical reviewer
- Schedule a clinical consultation with an eviCore Medical Director



Online Resources – Provider’s Hub



Web-Based Services and Online Resources

- You can access important tools, health plan-specific contact information, and resources at www.evicore.com
- Select the Resources to view Clinical Guidelines, Online Forms, and more.
- Provider’s Hub section includes many resources
- Provider forums and portal training are offered weekly, you can find a session on eviCore.WebEx.com, select WebEx Training, and search upcoming for a “eviCore Portal Training” or “Provider Resource Review Forum”
- The quickest, most efficient way to request prior authorization is through our provider portal. Our dedicated **Web Support** team 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

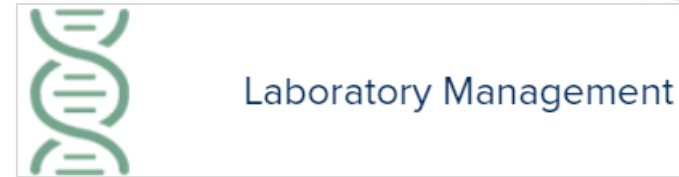
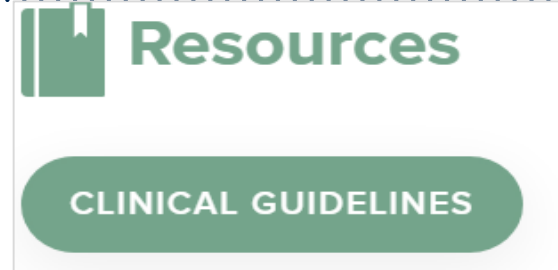
Clinical Guidelines

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



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 Lab 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 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:

<https://www.evicore.com/resources/healthplan/independence-administrators>

Receive tips and stay updated eviCore's provider newsletter. Subscribe at www.eviCore.com. Just scroll down and add a valid email so that we can send you monthly updates.



Client & Provider Operations Team

Client and Provider Services

Dedicated team to address provider-related requests and concerns including:

- 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

Email: ClientServices@evicore.com (preferred)

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

For prompt service, please have all pertinent information available. When emailing, make sure to include the health plan in the subject line with a description of the issue, with member/provider/case details when applicable.



Provider Engagement Team

Provider Engagement team

Regional team that on-boards providers for new solutions and provides continued support to the provider community. How can the provider engagement team help?

- Partner with the health plan to create a market-readiness strategy for a new and/or existing program
- Conduct onsite and WebEx provider-orientation sessions
- Provide education to supporting staff to improve overall experience and efficiency
- Create training materials
- Monitor and review metrics and overall activity
- Conduct provider-outreach activities when opportunities for improvement have been identified
- Generate and review provider profile reports specific to a TIN or NPI
- Facilitate clinical discussions with ordering providers and eviCore medical directors

How to contact the Provider Engagement team?

You can find a list of Regional Provider Engagement Managers at [evicore.com](https://www.evicore.com) → Provider's Hub → Training Resources

Thank You!

