# Preauthorization of Genomic Lab Management for Blue Cross and Blue Shield Medicare Program

## Provider Orientation

# Corporate Overview

# 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

NCQA Certification
Utilization Management

**Quality Improvement Organizations**
Sharing Knowledge. Improving Health Care.
*CENTERS FOR MEDICARE & MEDICAID SERVICES*

URAC
**ACCREDITED**
HEALTH UTILIZATION MANAGEMENT

**100 million lives**

**Integrated platform**

**9** | **Comprehensive Solutions**

Medical Oncology
30M lives

Lab Management
19M lives

Radiation Therapy
39M lives

Specialty Drug
723k lives

Sleep
16M lives

Cardiology
50M lives

Radiology
70M lives

Musculoskeletal
40M lives

Post-Acute Care
1.7M lives

# Lab Management Solution- Our Experience

**14+ Regional**
and National Clients

**480+**
Cases built per day

**9 Years**
Managing Lab Management Services

**19M members**
managed nationwide
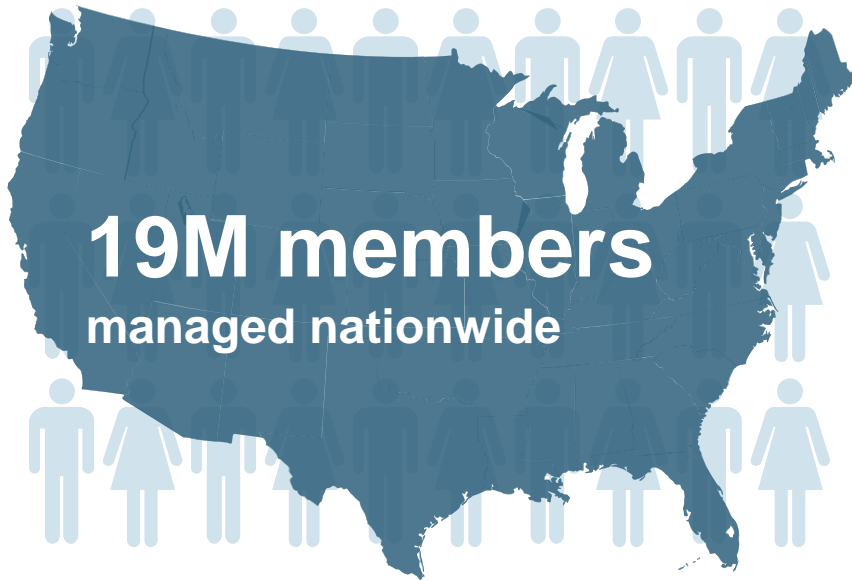
## Members Managed

- **13M Commercial Memberships**

- **500K Medicare Memberships**

- **5.5M Medicaid Memberships**

NCQA
Certification
Utilization Management

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

URAC
ACCREDITED
HEALTH UTILIZATION
MANAGEMENT

# Our Clinical Approach

# Clinical Staffing

## Multi-Specialty Expertise

Dedicated nursing and physician specialty teams for various solutions

**>300** Medical Directors

Covering **51** different specialties

**800** Nurses with diverse specialties / experience

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

- ○ **Medical Genetics**
- ○ **Nuclear Medicine**
- ○ **OB / GYN**
  - Maternal-Fetal Medicine
- ○ **Oncology / Hematology**
- ○ **Orthopedic Surgery**
- ○ **Otolaryngology**
- ○ **Pain Mgmt. / Interventional Pain**
- ○ **Pathology**
  - Clinical Pathology
- ○ **Pediatric**
  - Pediatric Cardiology
  - Pediatric Hematology-Oncology
- ○ **Physical Medicine & Rehabilitation**
  - Pain Medicine
- ○ **Physical Therapy**
- ○ **Radiation Oncology**

- ○ **Radiology**
  - Diagnostic Radiology
  - Neuroradiology
  - Radiation Oncology
  - Vascular & Interventional Radiology
- ○ **Sleep Medicine**
- ○ **Sports Medicine**
- ○ **Surgery**
  - Cardiac
  - General
  - Neurological
  - Spine
  - Thoracic
  - Vascular
- ○ **Urology**

## Competency-Based Routing

- Allows clinically complex cases to automatically route to a specific queue, based on clinical specialty for review
- Ensures greater accuracy of decision-making across the many clinical disciplines

# 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

# Service Model

# 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.

# Preauthorization Program for Blue Cross and Blue Shield Medicare Program

# Program Overview

**eviCore began accepting requests on May 22, 2017 for dates of service June 1, 2017 and beyond.**

**Preauthorization applies to services that are:**

- Outpatient
- Elective / Non-emergent

**eviCore Preauthorization 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 preauthorization approval for services.

# Applicable Membership

**Authorization is required** for Blue Cross and Blue Shield members enrolled in the following programs:

- **Blue Cross and Blue Shield of Illinois**
  - Medicare members

- **Blue Cross and Blue Shield of Montana**
  - Medicare members

- **Blue Cross and Blue Shield of New Mexico**
  - Medicare members

- **Blue Cross and Blue Shield of Oklahoma**
  - Medicare members

- **Blue Cross and Blue Shield of Texas**
  - Medicare members

**Preauthorization Required:**

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

To find a list of CPT
(Current Procedural Terminology)
codes that require preauthorization
through eviCore, please visit:

**https://**www.evicore.com/healthplan/bcbs

# Pre-Service Authorization Process



Trigger event → Visit provider → Provider requests pre-service authorization → Clinical Decision Support → Genetic Counselor → MD review (Clinical Consult) → Appropriate decision

# Needed Information

**Member**
Member ID
Member name
Date of birth (DOB)

**Referring Physician**
Physician name
National provider identifier (NPI)
Tax identification number (TIN)
Fax number

**Necessary Information**

**Rendering Facility**
Facility name
National provider identifier (NPI)
Tax identification number (TIN)
Street address

**Supporting Clinical**
Patient's clinical presentation.
Diagnosis Codes.
Disease-Specific Clinical Information.
Patient's intended treatment plan

**For planned procedures (not contingency procedures) please include the following clinical information:**

- 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?

# Preauthorization Outcomes

**Approved Requests:**

- All requests are processed within 14 calendar days.
- Authorizations are typically good for 45 days from the date of determination.

**Delivery:**

- Faxed to referring provider and rendering laboratory (verbal outreach for urgent requests).
- Mailed to the member (verbal outreach for urgent requests).
- 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 Physician Review

**Delivery:**

- Faxed to the referring provider and rendering laboratory (verbal outreach for urgent requests).
- Mailed to the member (verbal outreach for urgent requests).

**Pre-Decision Consultation**

- If your case requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians or lab sites 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

# Clinical Consultation

- Provides the ability to review clinical aspects of the case with a peer
- Be prepared to provide information that was not submitted previously
- Schedule the clinical consultations on line

**PROVIDERS**

**PROVIDERS AREA**

Login

Check Prior Authorization Status

Go To Provider's Hub
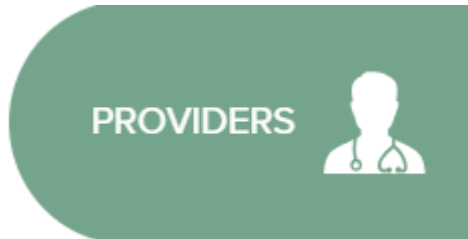
Select "Request a Consultation with a Clinical Peer Reviewer"
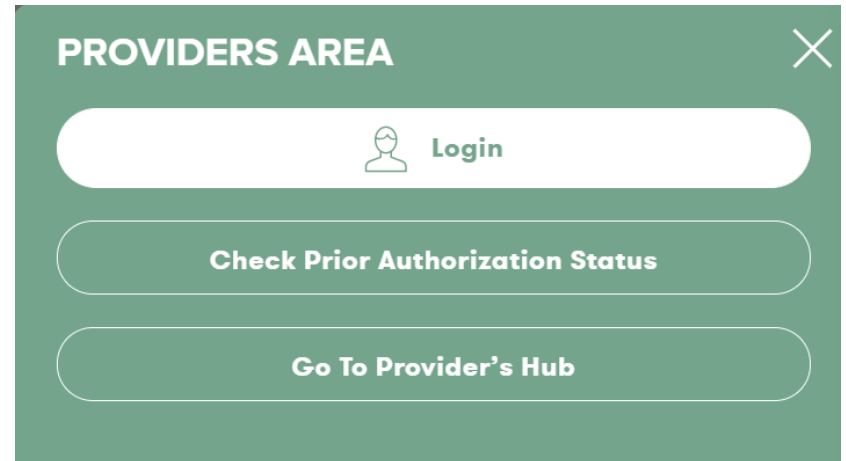
**Resources**

CLINICAL GUIDELINES

Clinical Worksheets

Network Standards/Accreditations

Provider Playbooks

Training Resources

**I Would Like To**

Request a Consultation with a Clinical Peer Reviewer

# Special Circumstances

## Authorization Appeals

- eviCore will manage first level authorization appeals.
- Authorization appeals must be made in writing within 120 calendar days; eviCore will respond within 30 calendar days.

## Outpatient Urgent Tests:

- Contact eviCore by phone to request an expedited preauthorization review and provide clinical information.
- Urgent Cases will be reviewed within 72 hours of the request.

**WEB**

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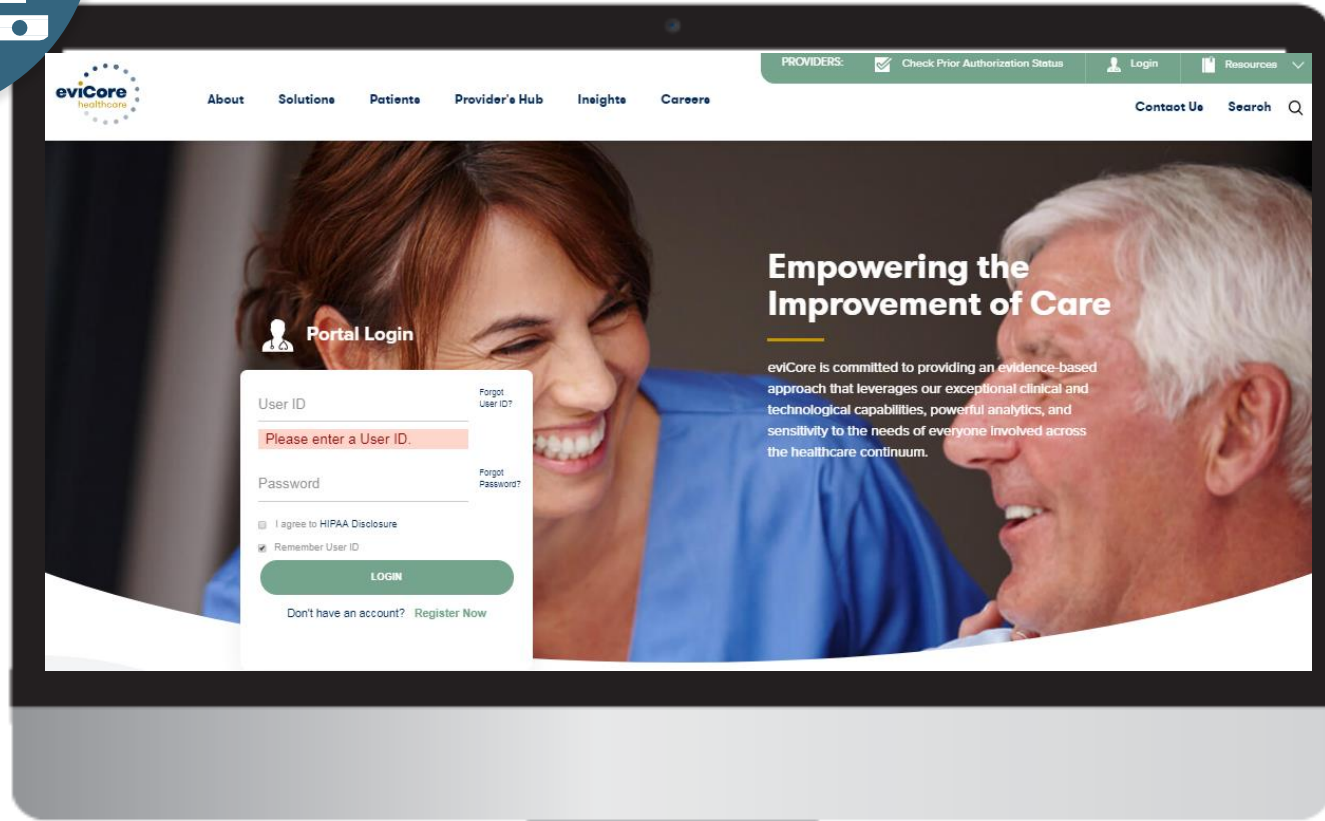
Or by phone:

**Phone Number:**
XXX-XXX-XXXX
7:00 a.m. to 7:00p.m.
(Monday - Friday
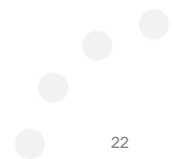
# Web Portal Services

# 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

- Point web browser to evicore.com
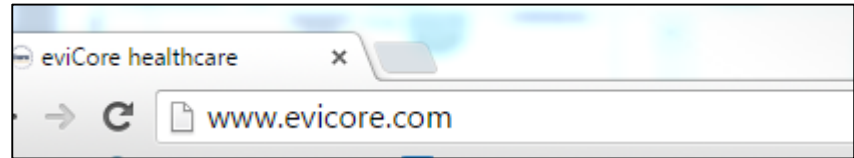
- Login or Register

# Creating An Account
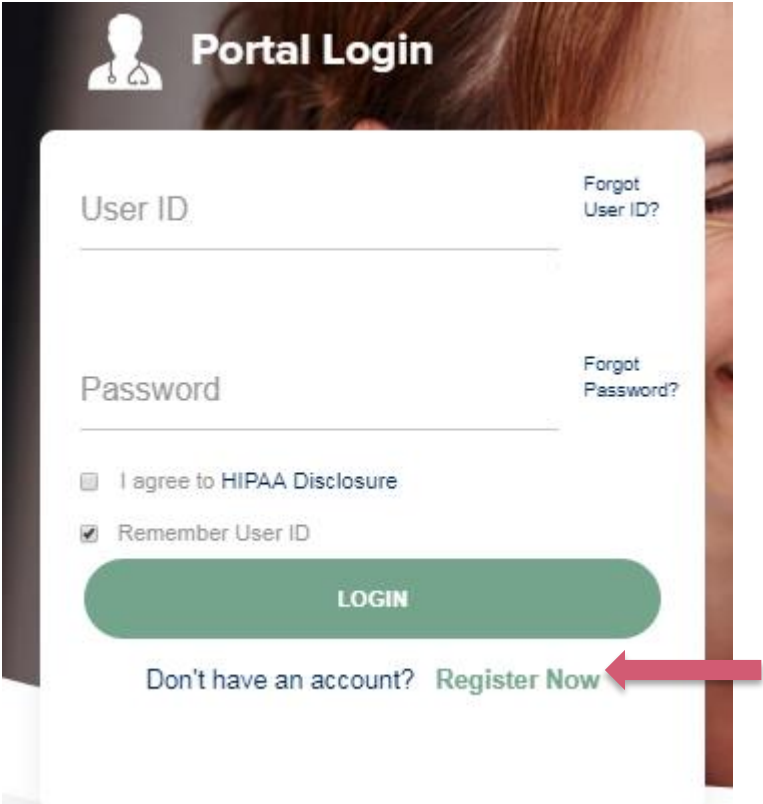


**To create a new account, click Register.**

# Creating An Account



**Select a Default Portal, and complete the registration form.**

# Creating An Account

Please review the information before you submit this registration. An Email will be sent to your registered email address to set your password.

## Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

**Default Portal***:  CareCore National ▾

If you want to register as a Client User at CareCore National, then please contact us: 1-800-918-8924 x20136.

## User Registration

| | | | | | |
|---|---|---|---|---|---|
| **UserName:** | MYG123 | **Address:** | 730 Cool Springs | **Phone:** | 800-575-4517 |
| **Email:** | tesaccount@gmail.com | **City:** | Franklin | **Ext:** | |
| **Account Type:** | Physician | **State:** | TN    **Zip:** 37067 | **Fax:** | 615-468-4408 |
| **First Name:** | Test | | | | |
| **Last Name:** | Account | **Office Name:** | Test Office | | |

Back    Submit Registration

**Review information provided, and click "Submit Registration."**

# User Registration-Continued



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

# User Registration-Continued



You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

# Create a Password

**Your password must be at least (8) characters long and contain the following:**

- ✓ Uppercase letters

- ✓ Lowercase letters

- ✓ Numbers

- ✓ Characters (e.g., ! ? *)

# Account Log-In



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

# Account Overview

# Welcome Screen



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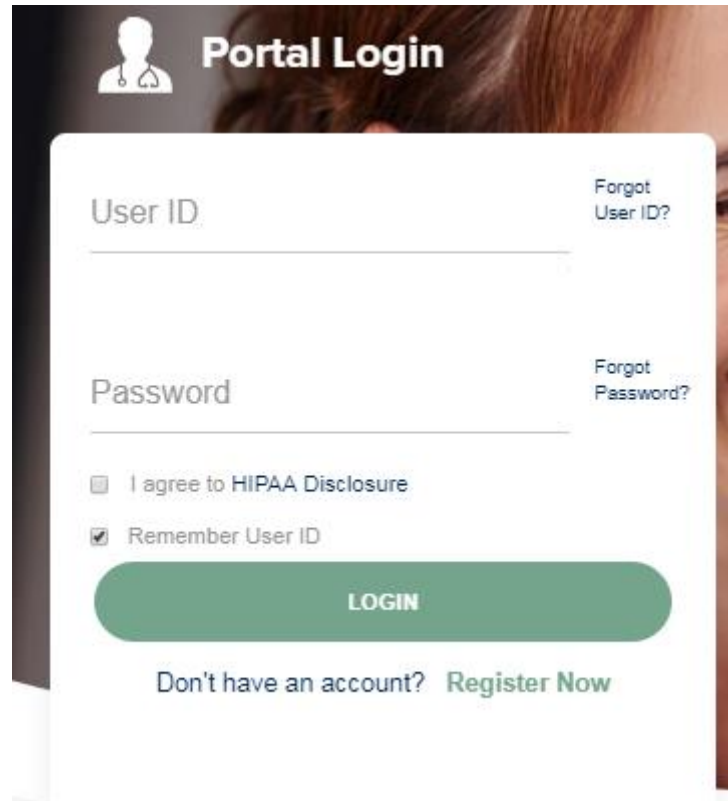
*Note: You can access the MedSolutions Portal at any time if you are registered. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals without having to log-in multiple accounts.*

# Add Practitioners
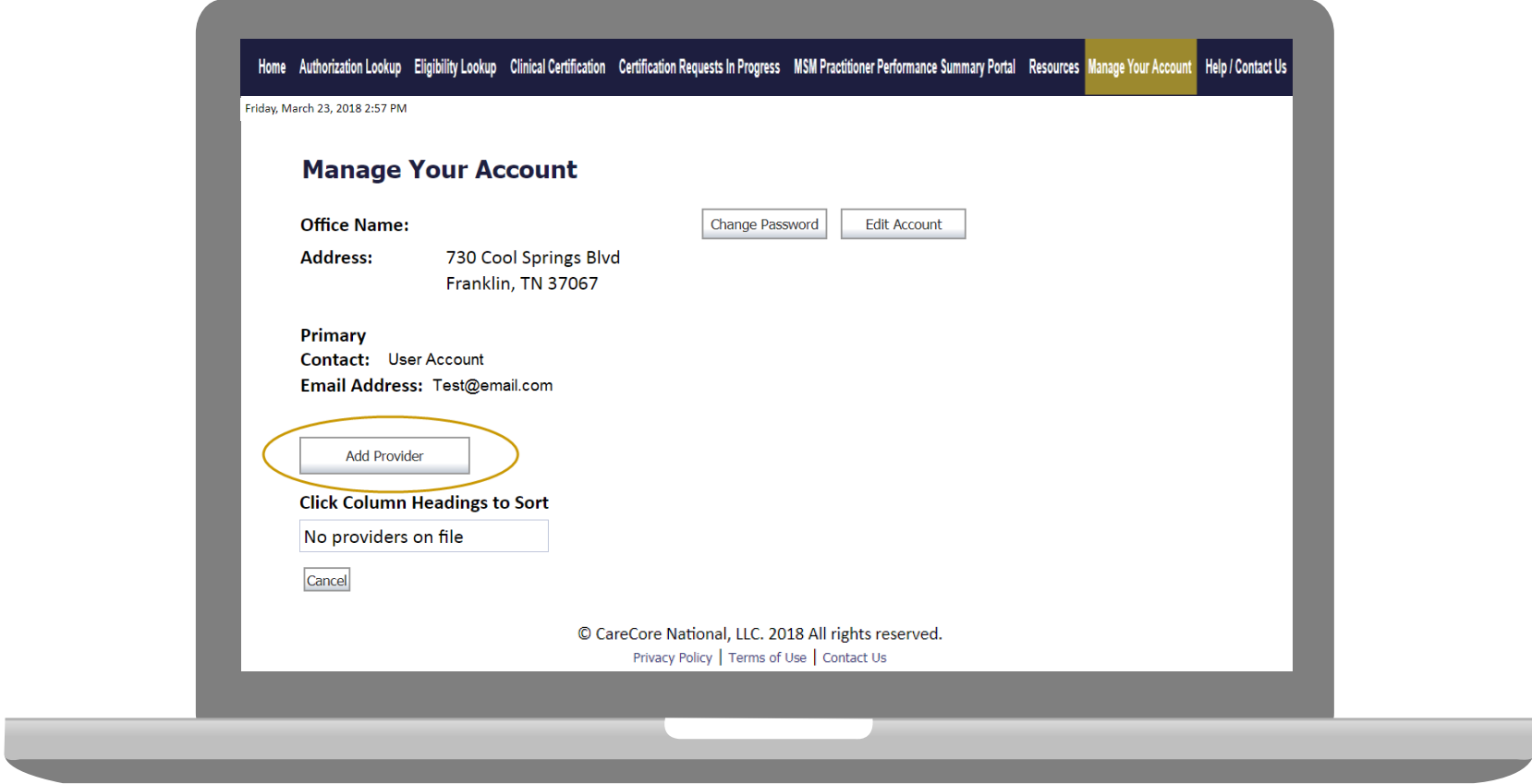


**Click the "Add Provider" button.**

# Add Practitioners



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

Friday, March 23, 2018 2:57 PM

## 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

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Privacy Policy | Terms of Use | Contact Us

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

# Adding Practitioners
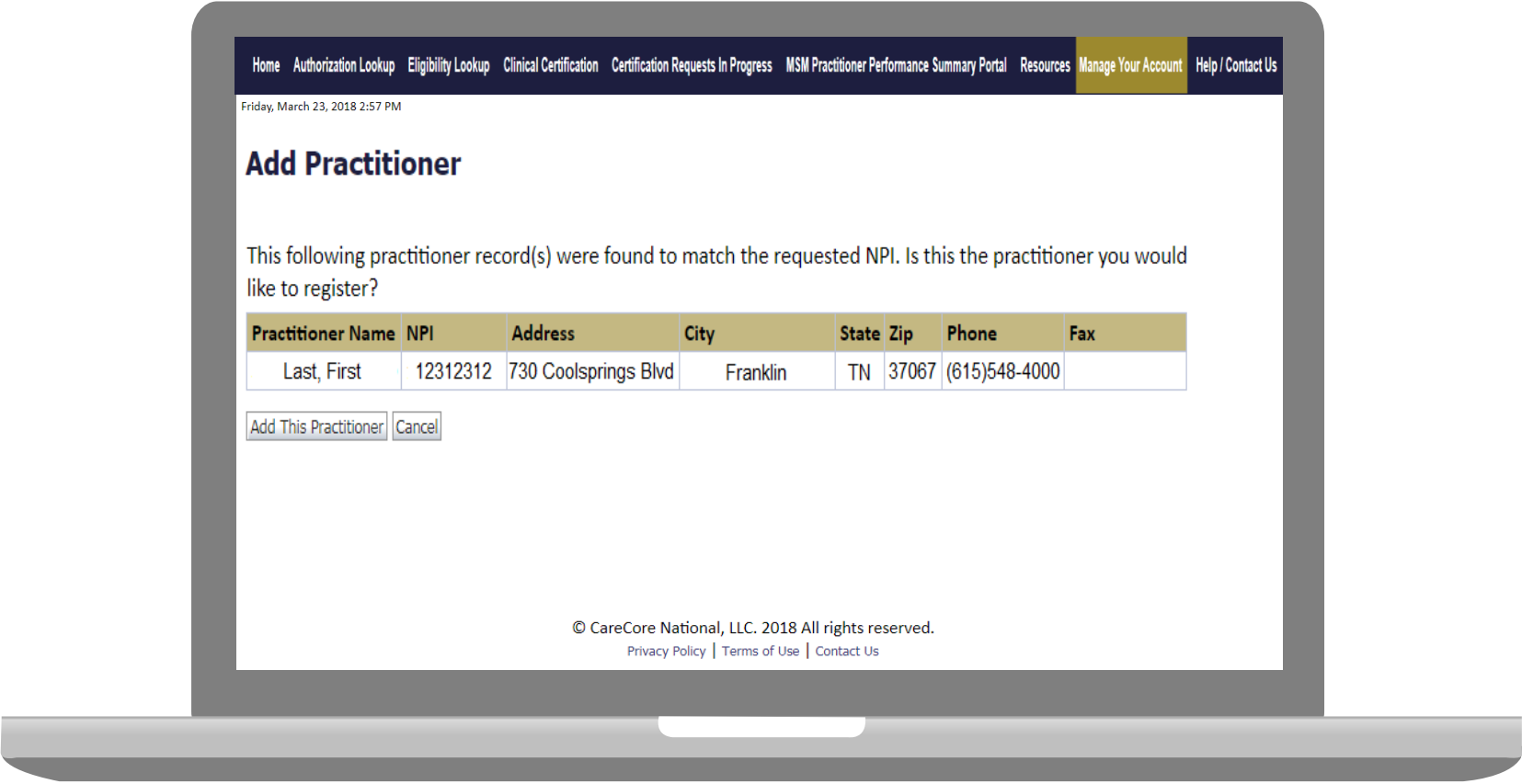


**Select the matching record based upon your search criteria**
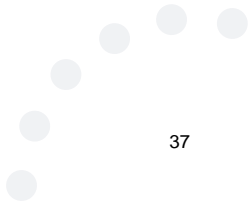
# Manage Your Account
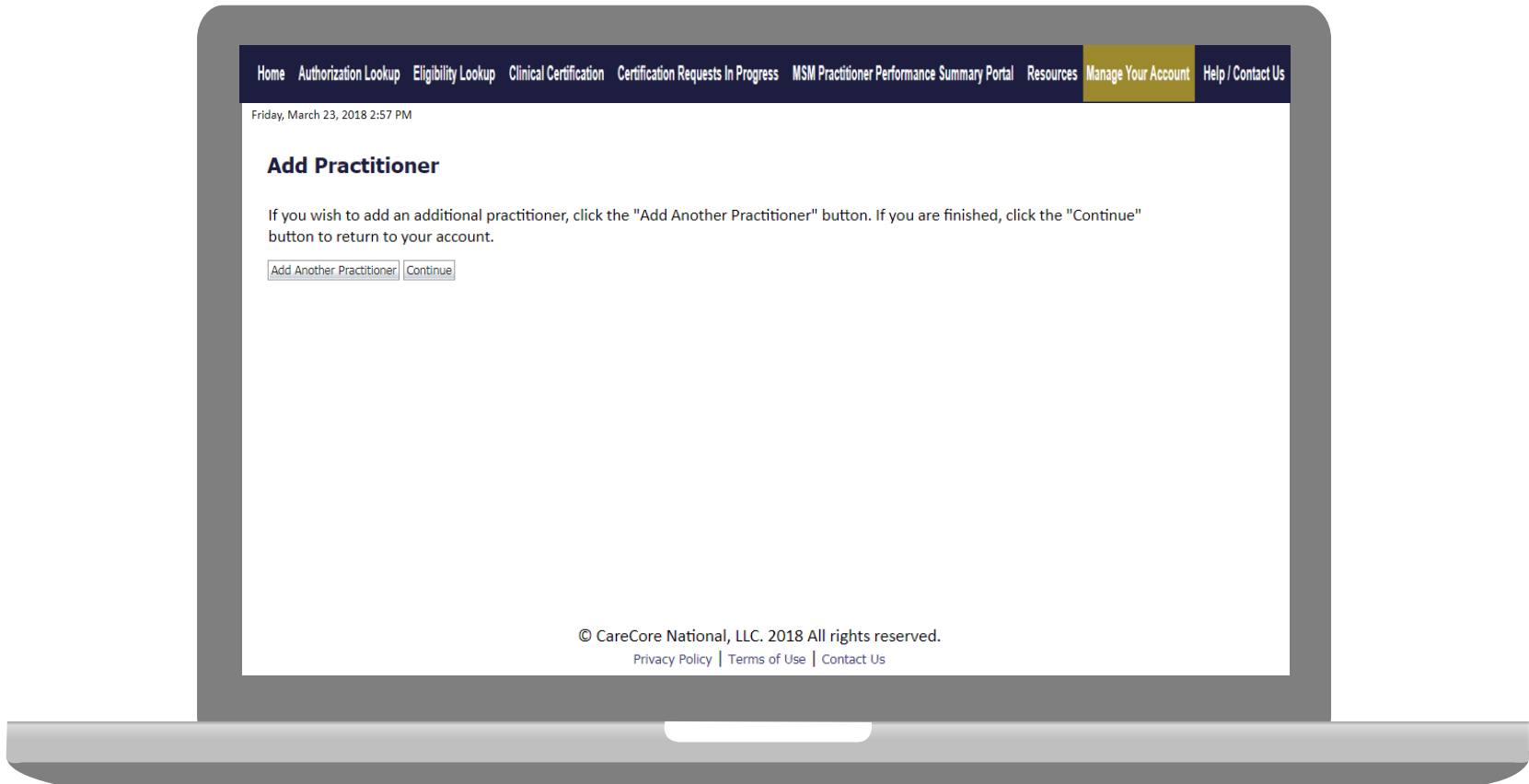


- Once you have selected a practitioner, your registration will be completed. You can then access the **"Manage Your Account"** tab to make any necessary updates or changes.

- You can also click **"Add Another Practitioner"** to add another provider to your account.

# Case Initiations

# Initiating A Case
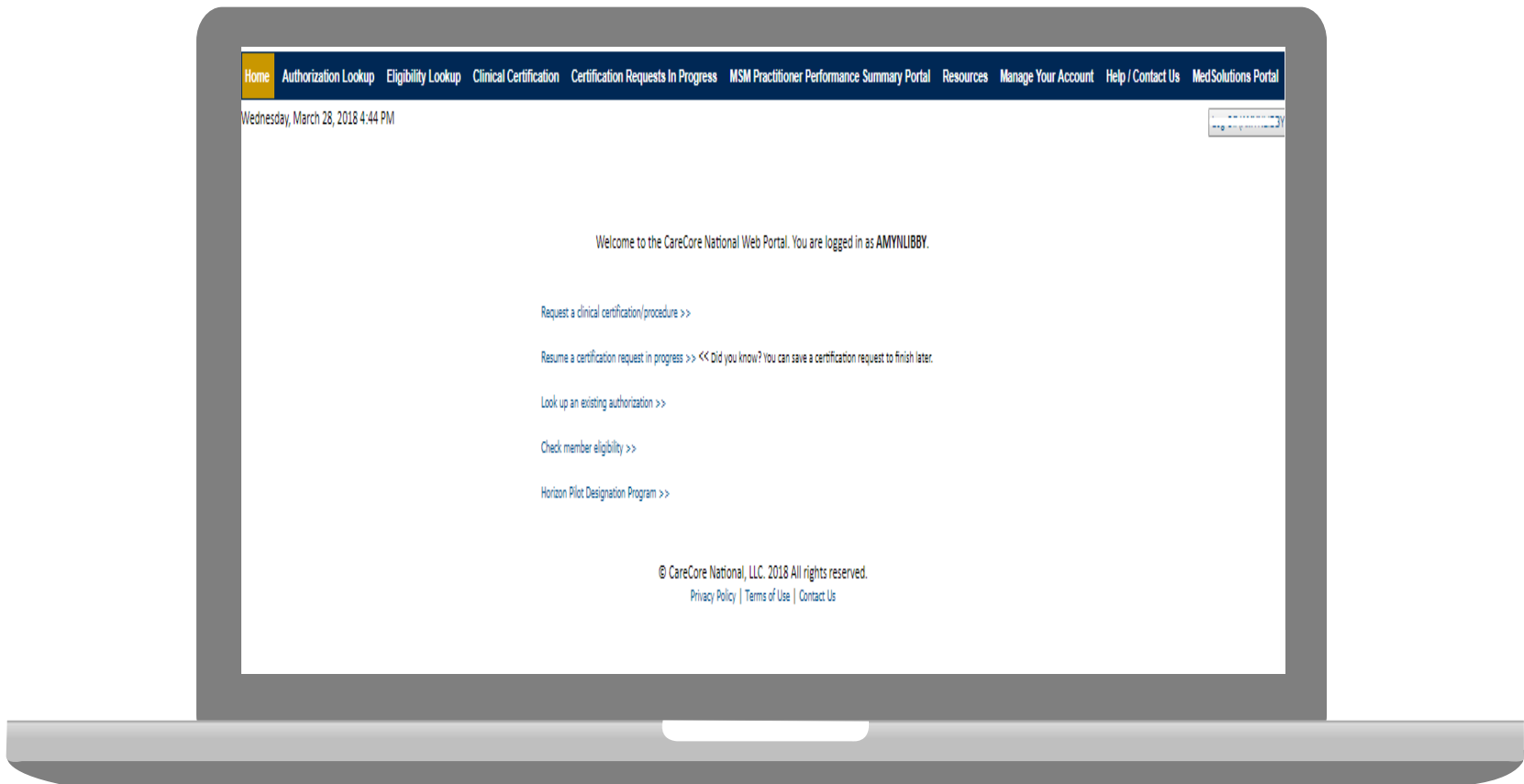


**Choose "request a clinical certification/procedure" to begin a new case request.**

# Select Program



**Clinical Certification**

Friday, March 23, 2018 2:57 PM

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

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 ▼
- Please Select
- Referring Provider
- Rendering Lab

Click here for help or technical support

Select the **Program** for your certification.

41

# Submitting as Provider- MD Search
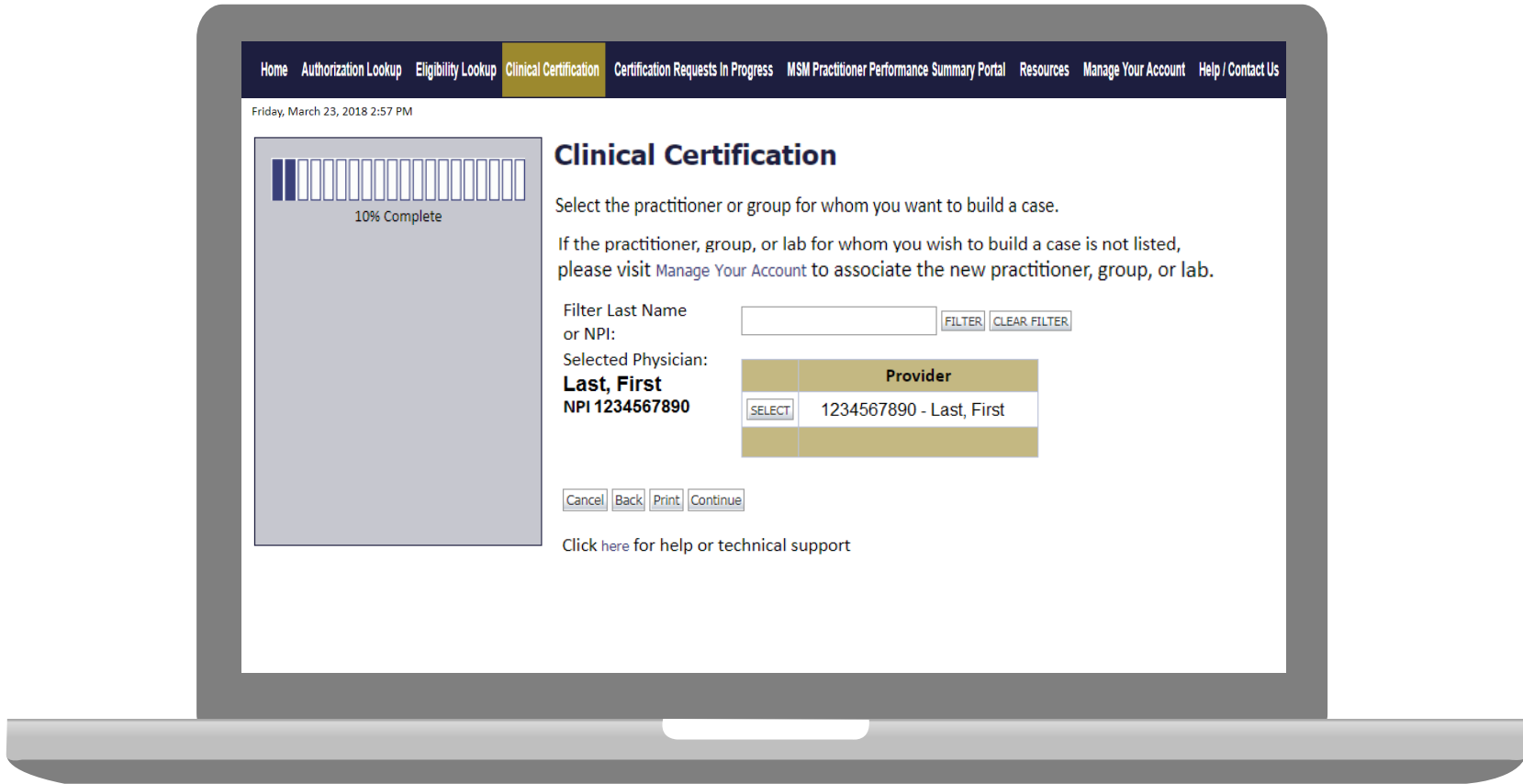


Select the **Practitioner/Group** for whom you want to build a case.

# Submitting as Rendering Lab- MD Search



**Clinical Certification**

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

○ Yes ○ No

ⓘ Enter NPI Number

SUBMIT

Cancel  Print

Click here for help or technical support

*10% Complete*

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

The **Ordering Provider NPI** must be entered to build a case online.

# Select Health Plan
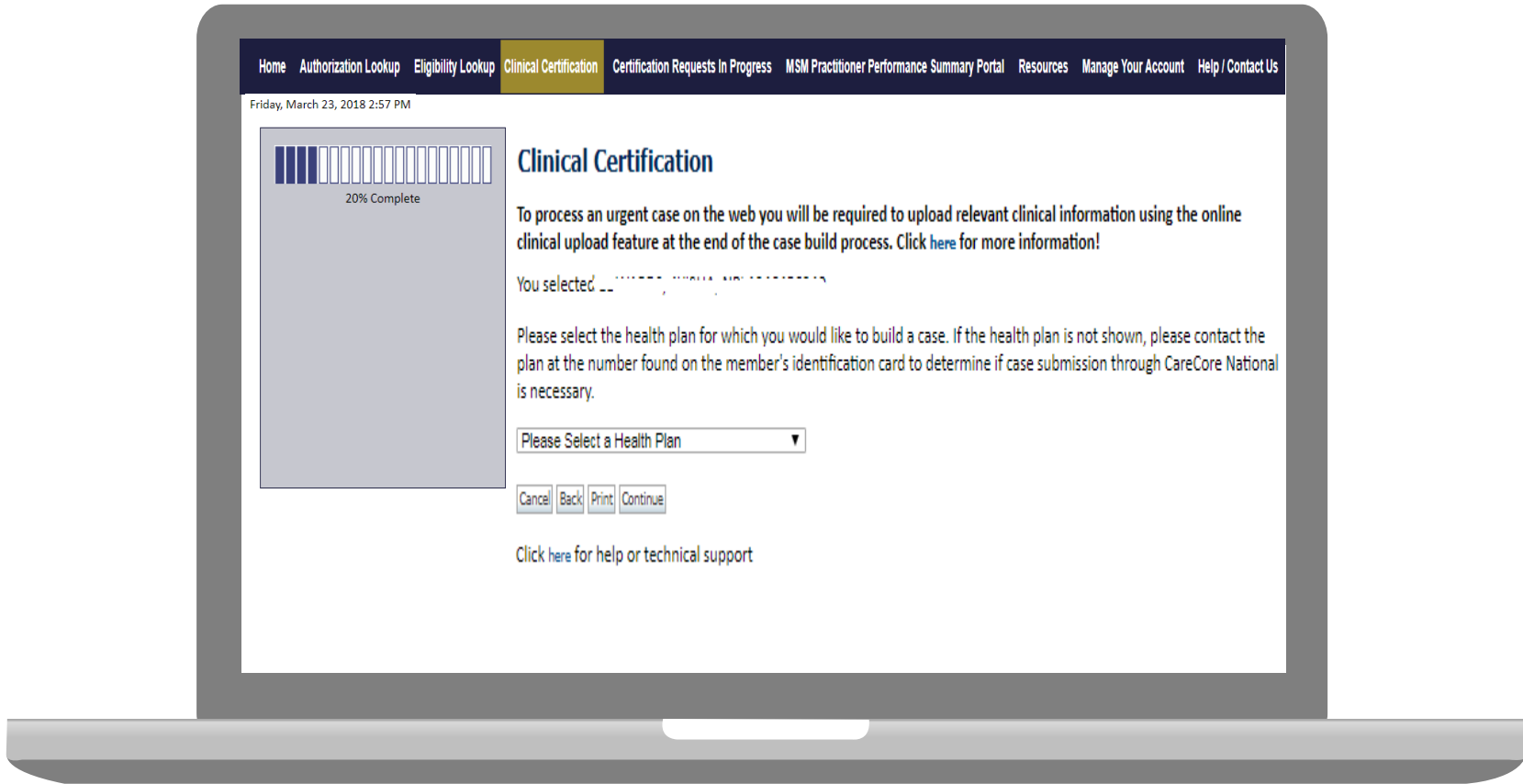


Choose the appropriate **Health Plan** for the case request. If the health plan does not populate, please contact the plan at the number found on the member's identification card.

# Contact Information



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

# Member Information



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

# Clinical Details

**Clinical Certification**

Lab Management Program Procedures

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

LABTST | MOLECULAR GENETIC TEST

Diagnosis

Select a Diagnosis Code (Lookup by Code or Description)

[          ] LOOKUP

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

Cancel  Back  Print

Click here for help or technical support
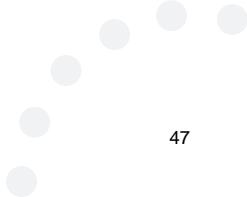
# Verify Service Selection



**Clinical Certification**

Confirm your service selection.

CPT Code:          LABTST
Description:       MOLECULAR GENETIC TEST
Diagnosis Code: C50.119
Diagnosis:          Malignant neoplasm of central portion of unspecified female breast
Change Procedure or Diagnosis

Cancel  Back  Print  Continue

Click here for help or technical support

60% Complete

**Physician and NPI**

**Patient**
                                    EDIT
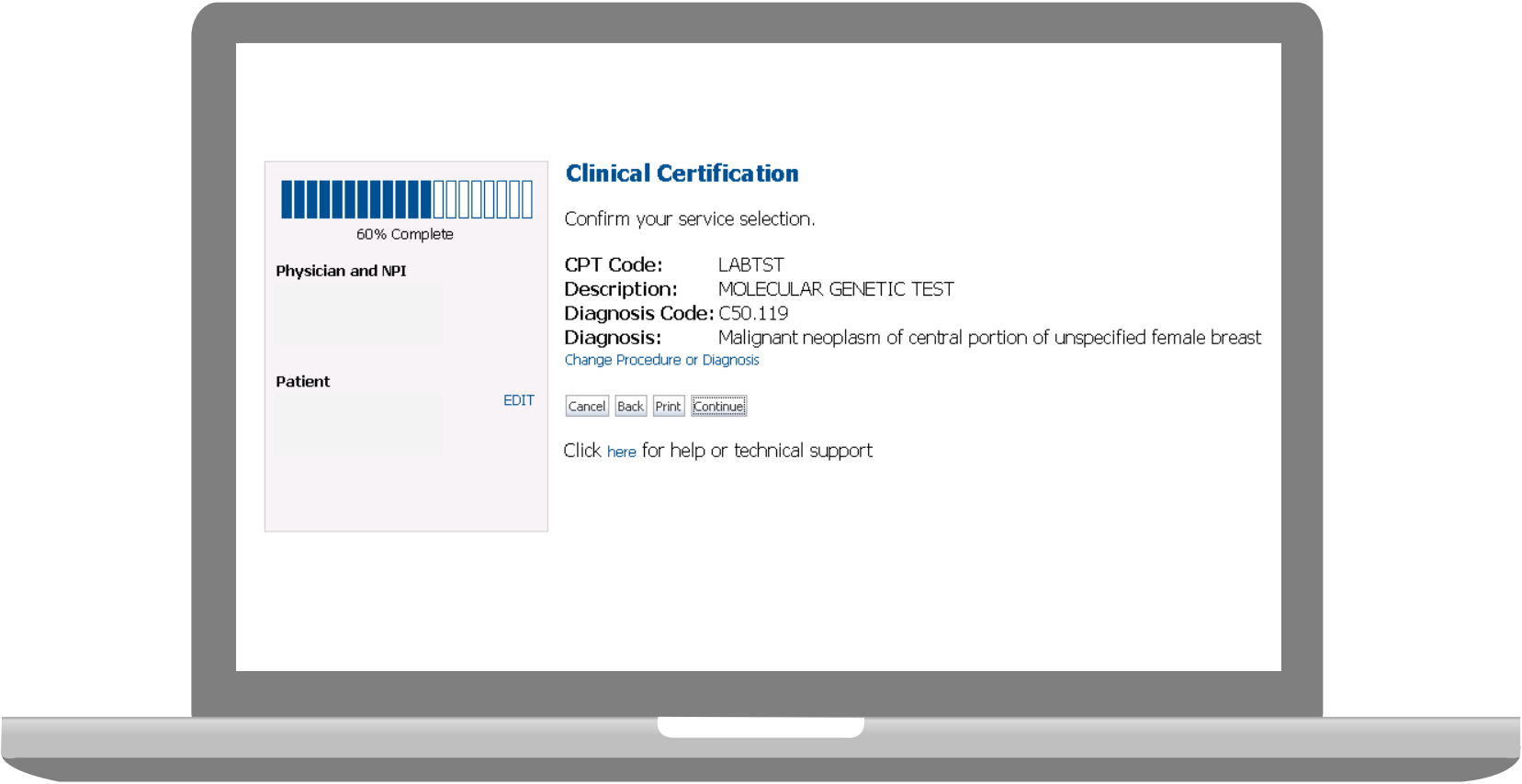
# Submitting as Referring MD- Site Selection
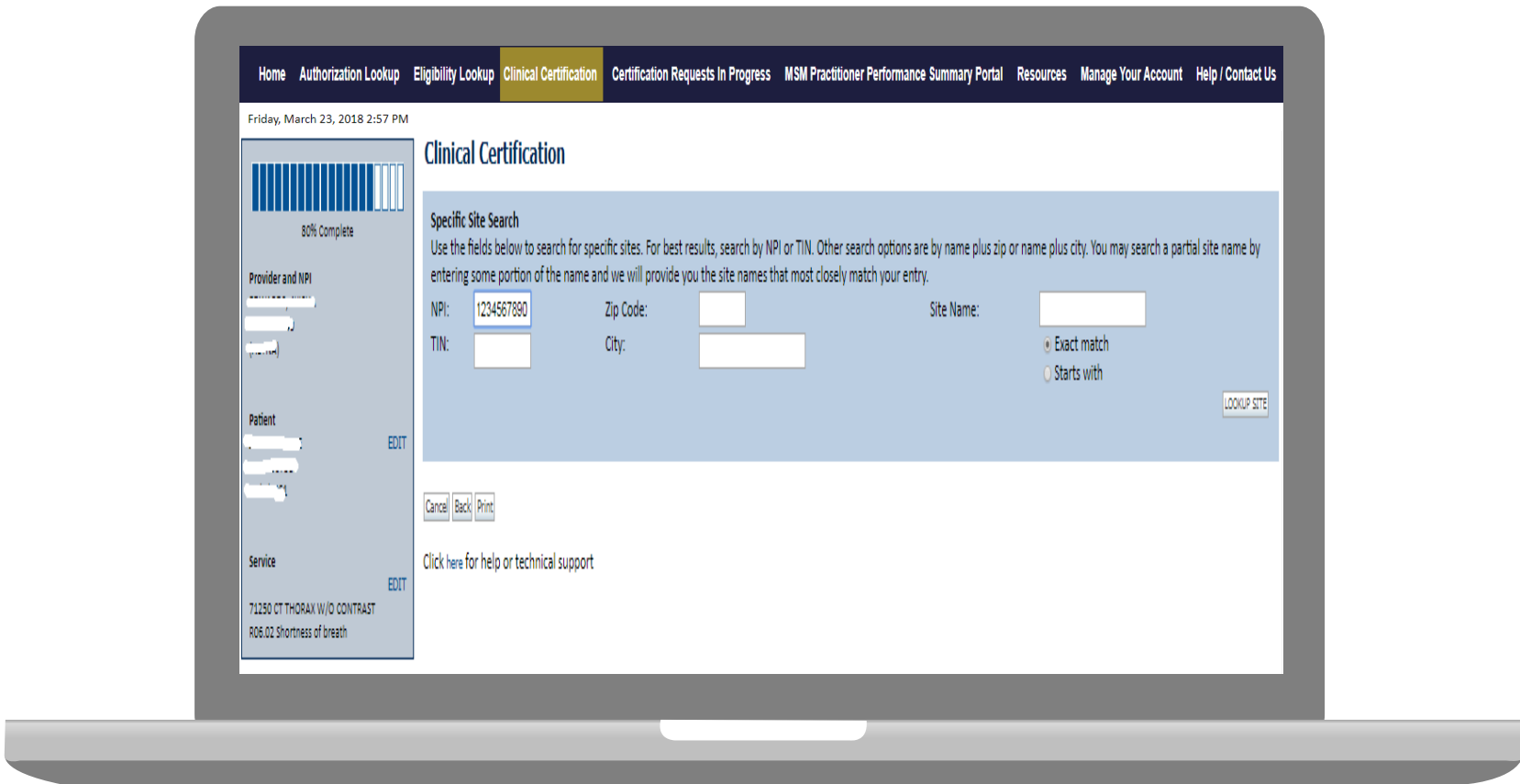


**Select the specific site where the testing/treatment will be performed.**

# Submitting as Lab- Site Selection



**Clinical Certification**

Select Site: [                    ▼] [GO]  [FIND NEW SITE]

[Cancel] [Back] [Print]

80% Complete

**Physician and NPI**

**Patient**                    EDIT

**Service**                    EDIT

LABTST MOLECULAR GENETIC TEST
174.9 MALIGN NEOPL BREAST NOS
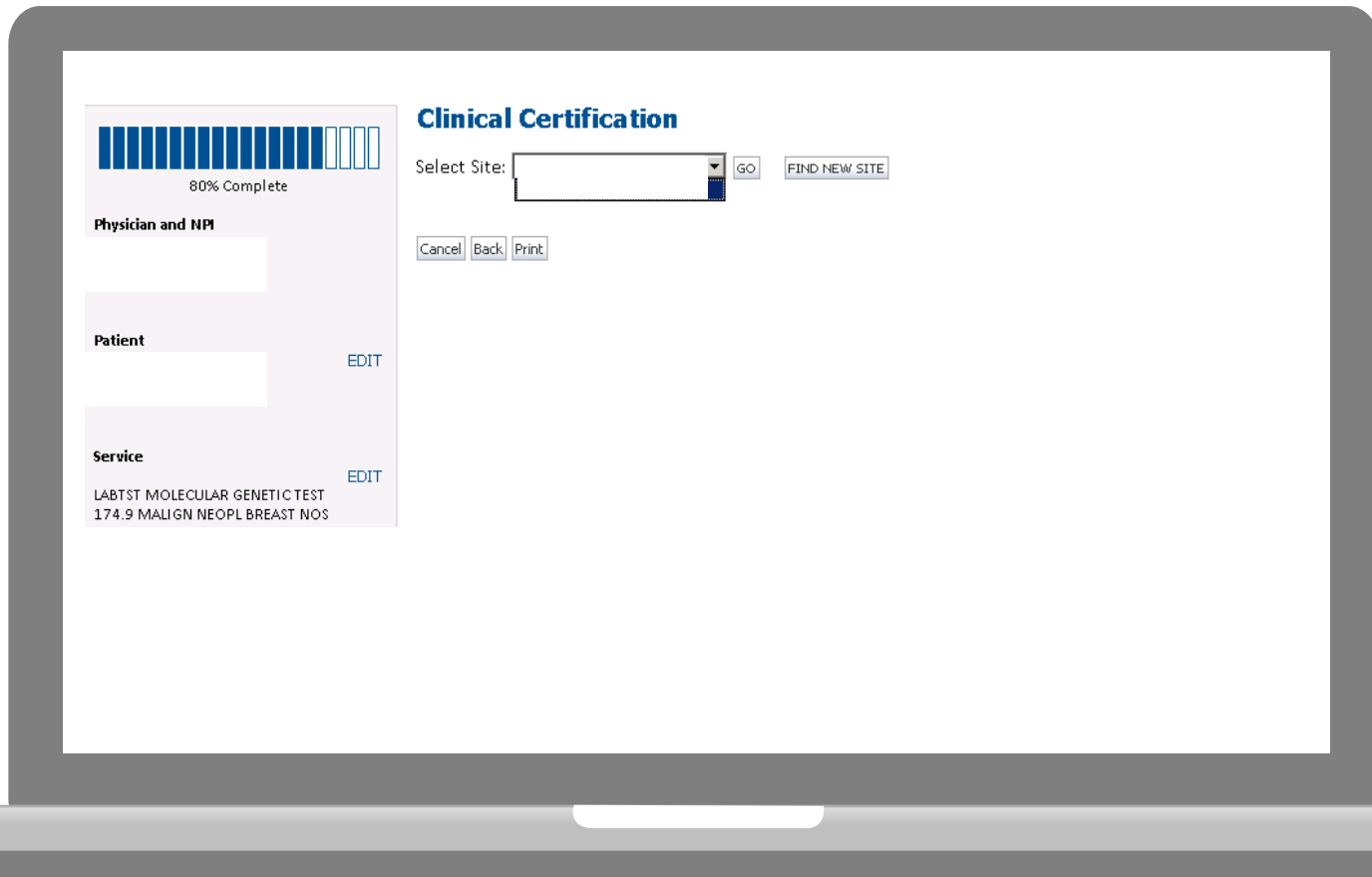
- The site added to your account will be in the drop down menu selection.

- Click **"GO"** when ready.

- If your site is not on the dropdown, click find new site to search by NPI.

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.

**Clinical Certification**

Is this case Routine/Standard?

Yes  No

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.

# Pause/Save Option



**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 Physician, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

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

Cancel  Back  Print  Continue

**Once you have entered the clinical collection phase of the case process, you can save the information and return within (2) business days to complete.**

# Single or Multi CPT Code and Collection Date

## 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 whic 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, y -879-8317.

ⓘ How will the test be billed?

○ A single CPT/HCPCS code for the entire test

○ More than one CPT/HCPCS codes (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

ⓘ Collection date (if the specimen has already been collected):

[            ] 📅

[SUBMIT]

# Test Identification

## Single CPT Code

```
81202 - APC GENE KNOWN FAM VARIANTS
81203 - APC GENE DUP/DELET VARIANTS
81205 - BCKDHB GENE
81206 - BCR/ABL1 GENE MAJOR BP
81207 - BCR/ABL1 GENE MINOR BP
81208 - BCR/ABL1 GENE OTHER BP
81209 - BLM GENE
81210 - BRAF GENE
81211 - BRCA1&2 SEQ & COM DUP/DEL
81212 - BRCA1&2 185&5385&6174 VAR
81213 - BRCA1&2 UNCOM DUP/DEL VAR
81214 - BRCA1 FULL SEQ & COM DUP/DEL
81215 - BRCA1 GENE KNOWN FAM VARIANT
81216 - BRCA2 GENE FULL SEQUENCE
81217 - BRCA2 GENE KNOWN FAM VARIANT
81220 - CFTR GENE COM VARIANTS
81221 - CFTR GENE KNOWN FAM VARIANTS
81222 - CFTR GENE DUP/DELET VARIANTS
81223 - CFTR GENE FULL SEQUENCE
```

**There is room for free text to add codes should there be a need to do so.**

**If selecting the test type, the list of cpt codes presented will then be narrowed to applicable codes.**

## Test Type

```
Hereditary cancer syndromes (BRCA, Lynch, APC, MUTYH, PTEN, TP53, etc. genes)
Carrier screening tests (Cystic fibrosis, Fragile X, Spinal muscular atrophy, Ashkenazi Jewish disorders, etc.)
Tumor marker/molecular profiling (KRAS, EGFR, BRAF, ALK, MGMT, etc genes)
Hereditary cardiac disorders (Cardiomyopathies, Arrhythmias such as long QT syndrome, Aortic aneurysm, Marfan syndrome, Familial hypercholesterolemia, etc.)
Cardiovascular disease and thrombosis risk variant testing (APOE, ACE, LPA-Aspirin, LPA-Intron 25, KIF6, CYP2C19, CYP2C9, VKORC1, MTHFR, Factor V Leiden, Prothrombin, etc.
Pharmacogenomic testing (CYP2D6, CYP2C19, CYP2C9, VKORC1, OPRM1, SLCO1B1, MTHFR, Factor V Leiden, Prothrombin, etc. genotyping)
Neurologic disorders (Ataxia, Dystonia, Epilepsy, Myotonia, Muscular dystrophy, Neuropathy, Spastic paraplegia, etc. evaluations)
Mitochondrial disease testing (Kearns-Sayre, Leigh, LHON, MELAS, MERRF, NARP, Whole mitochondrial genome, etc.)
Other/Not listed/Not sure
```

Cancel   Print

**Select the Single CPT Code or Select by Test Type**

# Clinical Questions

**Answer the following questions in clinical detail:**

ⓘ Provide the indication for this test.

ⓘ Describe the patient's signs and symptoms (if none, write not applicable)

ⓘ Describe any relevant testing or procedure results for this patient. (If none, wri...

1. Provide the indication for this test
2. Describe the patient's signs and symptoms (if none, write not applicable)
3. Describe any relevant testing or procedure results for this patient.(if none, write not applicable)
4. Describe the patient's relevant family history, if applicable to the requested test; including clinical findings, diagnoses, and/or test results. If not relevant to the requested test, write not applicable.
5. Describe how the results of this requested test will be utilized in the patient's care.
6. Add any additional comments which may be relevant, and may not fit into the above information.

# 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]
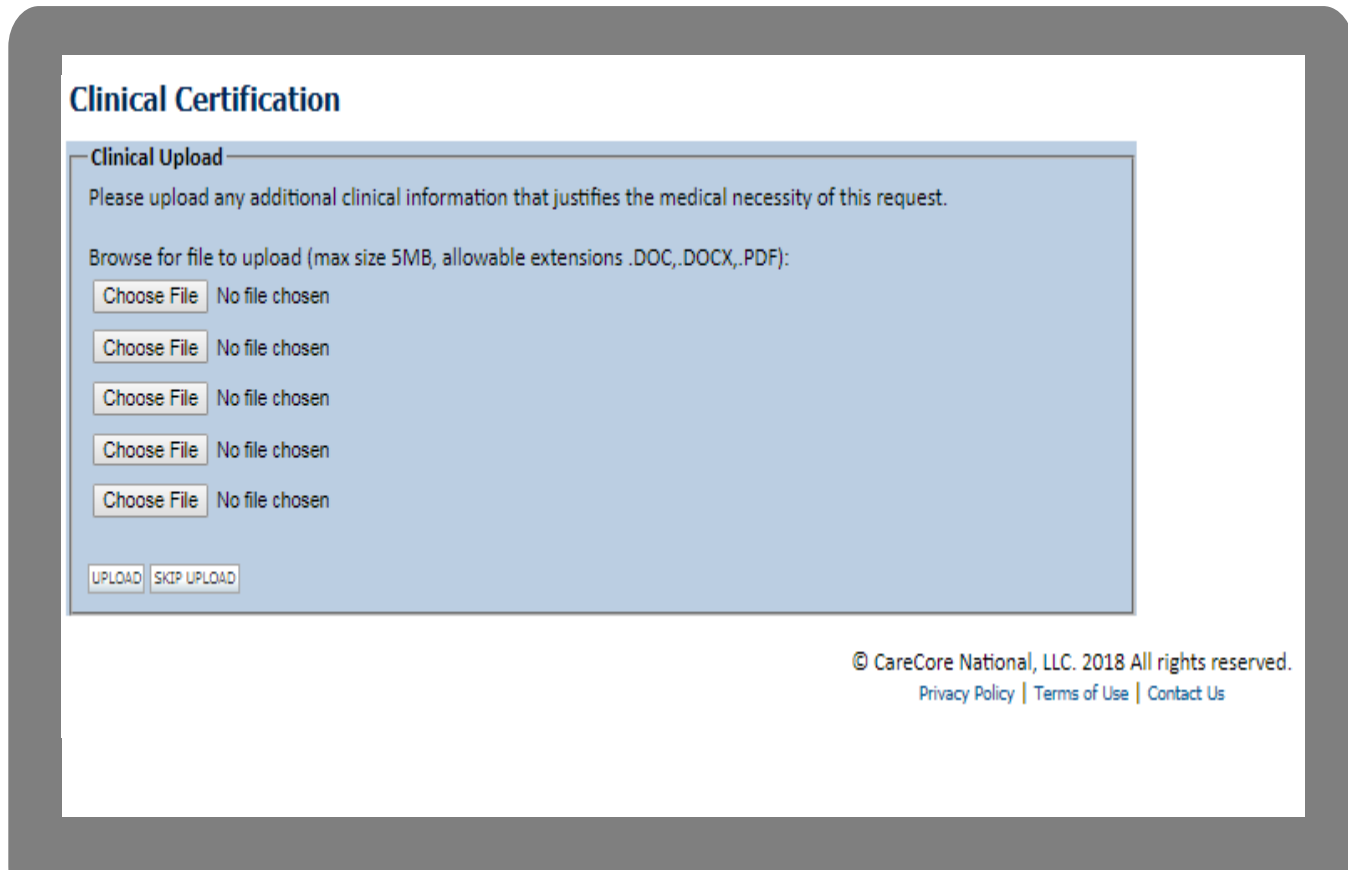
Click here for help or technical support

> Uploading a completed **Test Requisition Form** (TRF) is a time saver for most online lab site users.

**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**

**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

Choose File | No file chosen

Choose File | No file chosen

Choose File | No file chosen

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.**

# Medical Review



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

# Approval
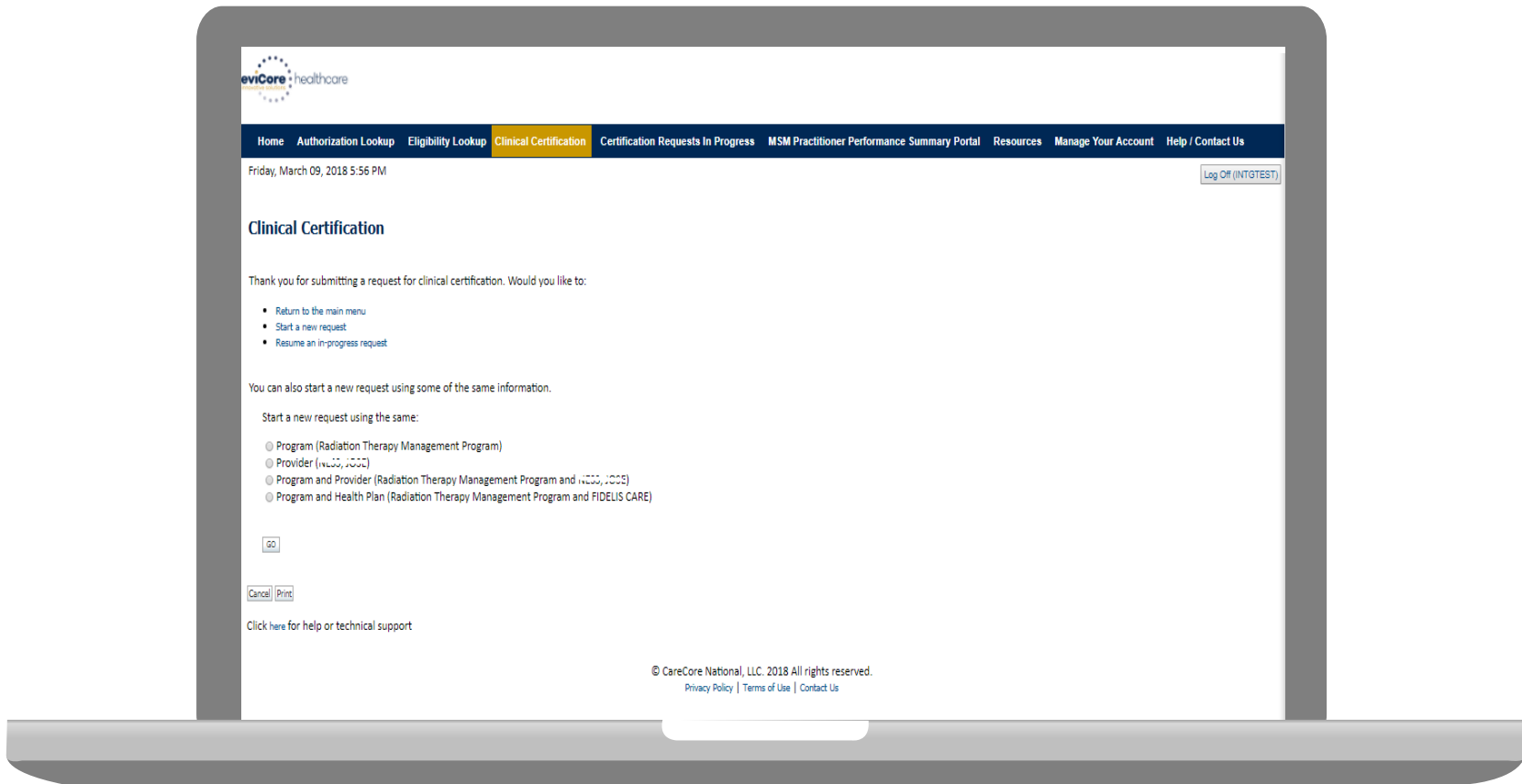
## Clinical Certification

Your case has been Approved.

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

| Patient Name: | | Patient Id: |
| Insurance Carrier: | | |

| Site Name: | | Site ID: |

Site Address:

| Primary Diagnosis Code: | M25.562 | Description: | Pain in left knee |
| Secondary Diagnosis Code: | | Description: | |
| Date of Service: | Not provided | | |
| CPT Code: | 73721 | Description: | MRI LOWER EXTREMITY JOINT W/O |

| 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



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



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

Tuesday, November 22, 2016 2:30 PM

## Authorization Lookup

**New Security Features Implemented**

⦿ **Search by Member Information**

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:

MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:
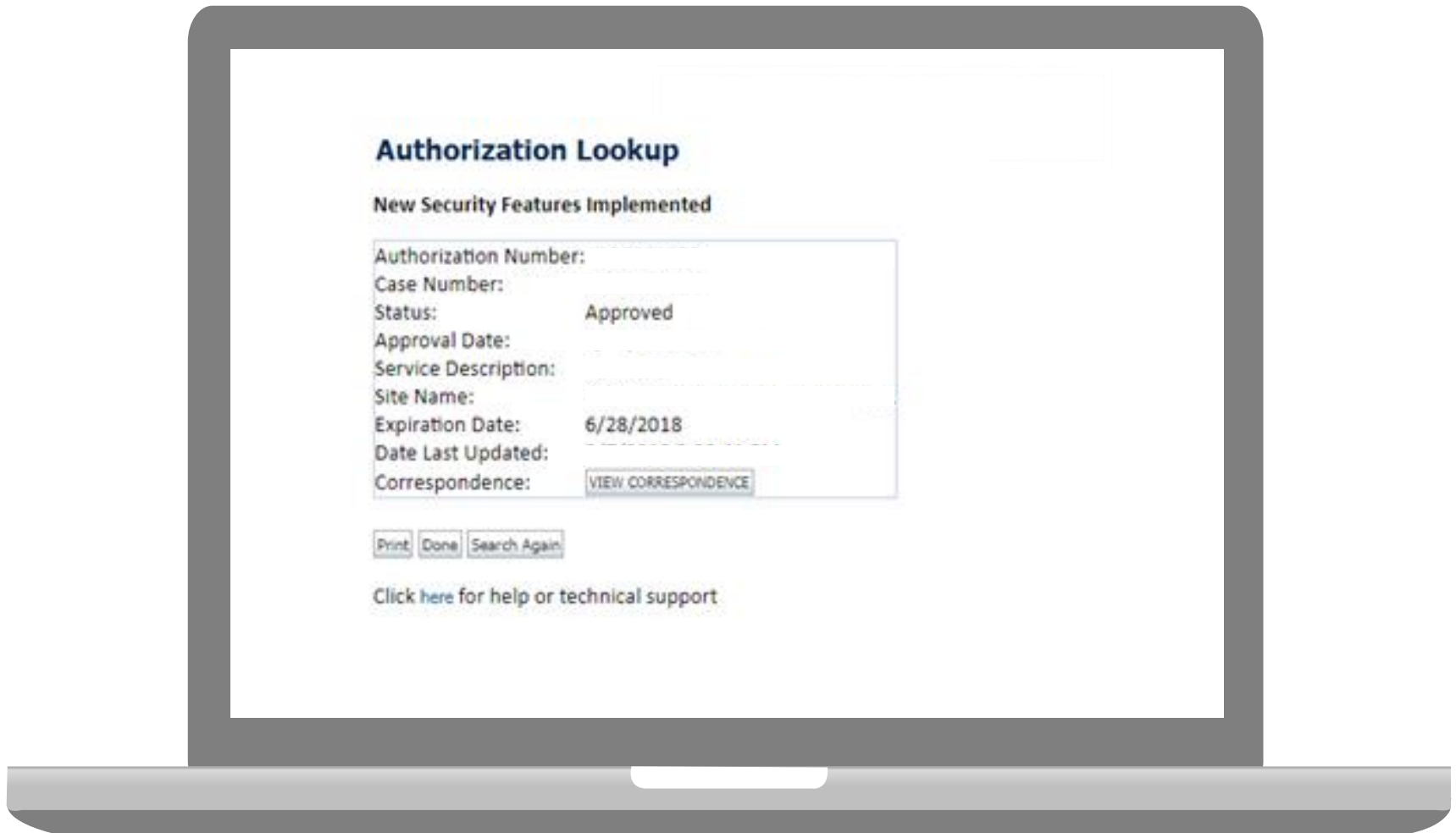
⦿ **Search by Authorization Number/ NPI**

REQUIRED FIELDS

Provider NPI:

Auth/Case Number:

Search

- **Select Search by Authorization Number/NPI. Enter the provider's NPI and authorization or case number. Select Search.**

- **You can also search for an authorization by Member Information, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.**

# Authorization Status



**Authorization Lookup**

**New Security Features Implemented**

| | |
|---|---|
| Authorization Number: | |
| Case Number: | |
| Status: | Approved |
| Approval Date: | |
| Service Description: | |
| Site Name: | |
| Expiration Date: | 6/28/2018 |
| Date Last Updated: | |
| Correspondence: | VIEW CORRESPONDENCE |

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



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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

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

# Provider Resources

# Online Resources

- You can access important tools and resources at **www.evicore.com**.

- Select the **Resources** to view **Clinical Guidelines**, **Online Forms**, and more.

# Quick Reference Tool



Access health plan specific contact information at **www.evicore.com** by clicking the resources tab then select **Find Contact Information,** under the Learn How to section.  Simply select Health Plan and Solution to populate the contact phone and fax numbers as well as the appropriate legacy portal to utilize for case requests.

# Provider Resources: Preauthorization Call Center

**7:00 AM - 7:00 PM local time: 855-252-1117**

- Obtain preauthorization 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**

**www.evicore.com**

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

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

# Provider Resources: Client Provider Operations

**clientservices@evicore.com**

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Request for an authorization to be re-sent to the health plan

# Provider Resources: Implementation Site

**Provider Enrollment Questions**
**Contact your Provider Network Consultant for more information**

## Sidebar

- Pre-Certification Call Center
- Web-Based Services
- Client Provider Operations
- Documents

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**Blue Cross and Blue Shield Implementation site - includes all implementation documents:**

**https://www.evicore.com/healthplan/bcbs**

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

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

# Thank You!