

# Lab Management

Provider Orientation Session for SummaCare



Empowering  
the Improvement  
of Care

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# Company Overview

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**250M  
Members  
Managed**

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

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

# 10 Comprehensive Solutions



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



5k+ employees including **1k clinicians**

Engaging with 570k+ providers



Advanced, innovative, and intelligent technology



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

# Lab Management – Our Experience



**9 Years**  
Managing Lab Management Services

**Client Experience**  
24+ Regional and National Clients

**Case Statistics**  
545+ requests processed per day

**Memberships Managed**  
13M Commercial Members  
500K Medicare Members  
5.5M Medicaid Members

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# Our Clinical Approach

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# Lab Management Solution

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## Covered Tests:

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



# Evidence-Based Guidelines

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## The foundation of our solutions



Annually  
Reviewed  
Guidelines



Experts associated with  
academic institutions



Current clinical  
literature



## Evidence-based medical policy incorporating:

- Independent health technology assessments
- Annual review of current clinical literature
- Internal specialty expertise
- National society recommendations
- External academic institution subject matter experts
- Medical Advisory Board

# Clinical Staffing – Multi-Specialty Expertise

Dedicated nursing and physician specialty teams for various solutions

- ◆ **Anesthesiology**
- ◆ **Cardiology**
- ◆ **Chiropractic**
- ◆ **Emergency Medicine**
- ◆ **Family Medicine**
  - Family Medicine / OMT
  - Public Health & General Preventative Medicine
- ◆ **Gastroenterology**
- ◆ **Internal Medicine**
  - Cardiovascular Disease
  - Critical Care Medicine
  - Endocrinology, Diabetes & Metabolism
  - Gastroenterology
  - Geriatric Medicine
  - Hematology
  - Hospice & Palliative Medicine
  - Medical Oncology
  - Pulmonary Disease
  - Rheumatology
  - Sleep Medicine
  - Sports Medicine
- ◆ **Medical Genetics**
- ◆ **Nuclear Medicine**
- ◆ **OB / GYN**
  - Maternal-Fetal Medicine
- ◆ **Oncology / Hematology**
- ◆ **Orthopedic Surgery**
- ◆ **Otolaryngology**
- ◆ **Pain Mgmt. / Interventional Pain**
- ◆ **Pathology**
  - Clinical and Anatomical Pathology
- ◆ **Pediatric**
  - Pediatric Cardiology
  - Pediatric Hematology-Oncology
- ◆ **Physical Medicine & Rehabilitation**
  - Pain Medicine
- ◆ **Physical Therapy**
- ◆ **Radiation Oncology**
- ◆ **Radiology**
  - Diagnostic Radiology
  - Neuroradiology
  - Radiation Oncology
  - Vascular & Interventional Radiology

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



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# Prior Authorization Overview

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# SummaCare Prior Authorization Services

eviCore healthcare will begin accepting prior authorization requests for Molecular Genomic Laboratory Services on **June 19, 2020** for dates of service **July 1, 2020** and beyond for **Medicare and Commercial membership**

## Prior Authorization applies to the following tests:

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

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

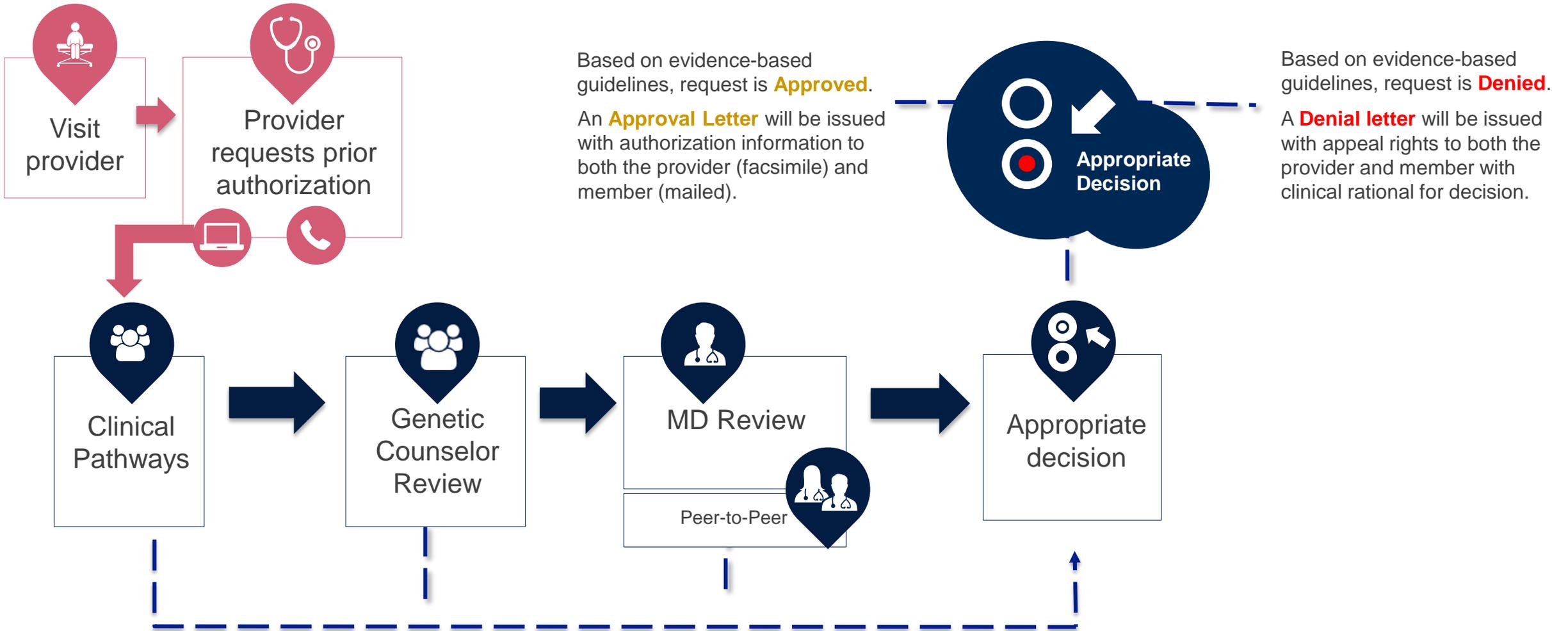
- **Emergency Room Services**
- **23 Hour Observations**
- **Inpatient Stays**

## Provider Resource Page

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

<https://www.evicore.com/resources/healthplan/summacare>

# Prior Authorization Process



# Non-Clinical Information Needed

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

## Member Information

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

## Ordering Physician Information

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

## Rendering Laboratory Information

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



# Clinical Information Needed

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**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



# Prior Authorization Outcomes

## Approvals and Denials

### Approved Requests

- Prior authorization requests for **Commercial membership** will be processed within **5 business days, not to exceed 10 calendar days** for standard turn around times
  - Cases will be held for up to 3 calendar days awaiting clinical information before being forwarded to review
- Prior authorization requests for **Medicare membership** will be processed within 2 business days, **not to exceed 14 calendar days** for standard turn around times

### Denied Requests

- Communication of the denial determination and rationale
- Letter contains reconsideration options based on the members health plan and line of business
- Instructions on how to request a Clinical Consultation

### Authorization Letter

- The letter will be faxed to the ordering physician and performing facility.
- The member will receive the letter in the mail.
- Approval information can be printed on demand from the eviCore portal.

### Denial Letter

- The letter will be faxed to the ordering physician and performing facility.
- The member will receive the letter in the mail.
- The letter will contain the denial rationale and reconsideration options and instructions.



# Pre-Decision Options

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## Medicare Memberships

### Pre-Decision Consultations

If a request is determined to be “likely to be denied” and requires further clinical review you will be notified by eviCore healthcare.

We welcome requests for a Pre-Clinical Consultation with an eviCore Geneticist, Pathologist, and/or Oncologist.

In certain instances, additional clinical information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.

Providers, Geneticists, Pathologists, and/or Oncologists can request a clinical consultation by visiting:

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



# Post-Decision Options

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## Clinical Consultations

Although SummaCare does not allow a Commercial case to be overturned via P2P after it has been denied, requests for consultative P2Ps are always welcome.

Providers, Geneticists, Pathologists, and/or Oncologists can request a clinical consultation by visiting: [www.evicore.com](http://www.evicore.com)



# Special Circumstances

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## Outpatient Urgent Treatments

- Urgent requests can be submitted on the web portal
  - When asked “*Is this request standard/routine?*” simply answer **NO** and the case will be sent to the urgent work list
- Providers and/or staff can also contact our office by phone and state that the prior authorization request is Urgent
  - Urgent requests will be reviewed within:
    - Medicare requests; 24 hours of receipt of request
    - Commercial requests; within 48 hours of receipt of request

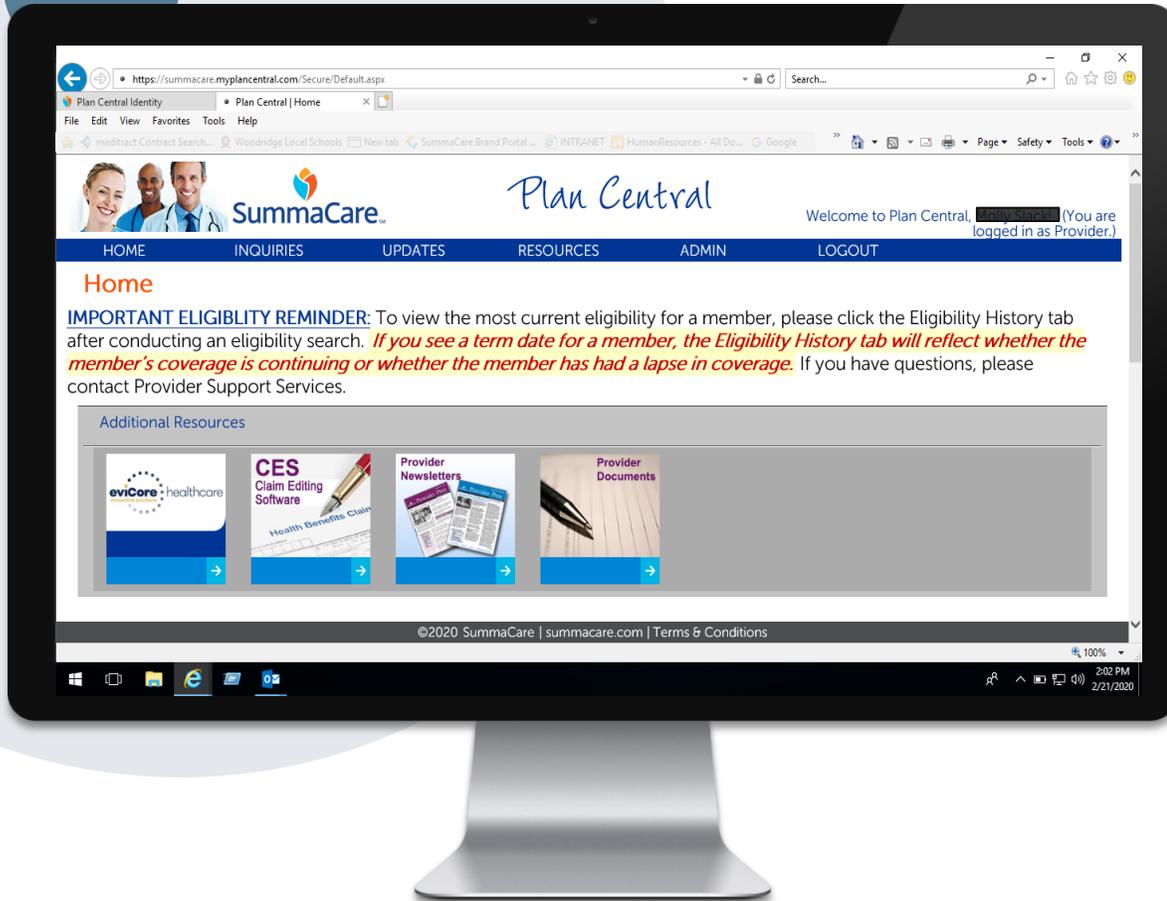
## Retrospective (Retro) Authorization Requests

- eviCore healthcare is not delegated to review retrospective authorization requests

## Appeals

- eviCore will process first level appeals for the **Commercial** membership; requests must be submitted to eviCore within **180 calendar days** from the adverse determination
  - All clinical information and the prior authorization request will be reviewed by a physician other than the physician who made the initial determination
  - A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider within 10 calendar days of the appeal request date
- SummaCare will process first and second level appeals for the **Medicare** membership; requests must be submitted to SummaCare with **60 calendar days** from the adverse determination

# SummaCare Plan Central Provider Portal



Using the online portal is the quickest, most efficient way to request prior authorization and check authorization status and is available 24/7

By visiting <https://apex.myplancentral.com> or <https://summacare.myplancentral.com> providers can spend their time where it matters most — with their patients!

Or you can start an authorization by phone:

Phone Number:

888-996-8710; *follow the prompts to eviCore healthcare*

8:00 a.m. to 5:00 p.m.

(Monday – Friday)

Rendering Lab facilities can log in directly at [eviCore.com](https://evicore.com) to submit prior authorization requests

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# Provider Portal Overview

Submitting Online Prior Authorization Requests

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# Initiating A Request – log in through SSO (Plan Central)

The screenshot shows the CareCore National Web Portal interface. At the top left is the eviCore healthcare logo with the tagline 'innovative solutions'. Below the logo is a dark blue navigation bar with four tabs: 'Home' (highlighted in yellow), 'Authorization Lookup', 'Eligibility Lookup', and 'Help / Contact Us'. Below the navigation bar, the date and time 'Monday, February 24, 2020 2:00 PM' are displayed on the left, and a 'Log Off' link is on the right. The main content area contains the text 'Welcome to the CareCore National Web Portal. You are logged in as' followed by three dark blue buttons: 'REQUEST AN AUTH', 'AUTH LOOKUP', and 'MEMBER ELIGIBILITY'. At the bottom left, there is a copyright notice: '© CareCore National, LLC. 2020 All rights reserved.' and three links: 'Privacy Policy', 'Terms of Use', and 'Contact Us'.

Click on **REQUEST AN AUTH** to start a new authorization request

# Select Program



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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Thursday, May 14, 2020 1:35 PM

## 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

CONTINUE

[Click here for help](#)

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

- Please Select
- Please Select
- Referring Provider
- Rendering Lab

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

# Select Provider

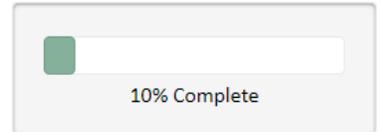


- Home
- Certification Summary
- Authorization Lookup
- Eligibility Lookup
- Clinical Certification**
- Certification Requests In Progress
- MSM Practitioner Perf. Summary Portal
- Resources
- Manage Your Account
- Help / Contact Us

Thursday, May 14, 2020 1:41 PM

[Log Off](#)

## 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:

Provider	
<input type="button" value="SELECT"/>	

- 
- 

[Click here for help](#)

**Select the ordering Practitioner or Group for the requested service**

# Select Health Plan



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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[Log Off](#)

## Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

Please Select a Health Plan ▾

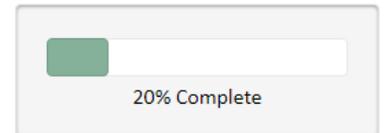
BACK

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.



**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



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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[Log Off](#)

## Add Your Contact Info

Provider's Name:\*  [?]

Who to Contact:\*  [?]

Fax:\*  [?]

Phone:\*  [?]

Ext.:  [?]

Cell Phone:

Email:

 30% Complete

**Provider and NPI**

[Click here for help](#)

**Enter your name in the “Who to Contact” box, review and update the fax and phone numbers as needed**

**If an email address is populated/entered, you will receive email notifications versus fax notifications**

# Member Information



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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[Log Off](#)

## Patient Eligibility Lookup

Patient ID:\*

Date Of Birth:\*  MM/DD/YYYY

Patient Last Name Only:\*  [?]

Please be sure to include the suffix when entering the patient ID number.

**ELIGIBILITY LOOKUP**

**BACK**

[Click here for help](#)

40% Complete

**Provider and NPI**

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

# Clinical Details



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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[Log Off](#)

## 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](#)

[BACK](#)

[Click here for help](#)

**Alert!**

Patient ID: . Time: 5/14/2020 2:51 PM

Patient Name:

If the procedure or service type you are requesting is not located in the above drop down, it may mean that it is not delegated to eviCore for Prior Authorization. Please check the Prior Authorization requirements for the member's health plan.

Please note that if your procedure is an 'add-on' code or a supplemental code, it may not be listed in the drop down above. Please check for the Primary Procedure before contacting the health plan.

[OK](#)



60% Complete

**Provider and NPI**

**Patient** [EDIT](#)

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

# Verify Service Selection



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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[Log Off](#)

## Requested Service + Diagnosis

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](#)

[BACK](#) [CONTINUE](#)

[Click here for help](#)

60% Complete

**Provider and NPI**

**Patient** [EDIT](#)

**Confirm the correct CPT Code and Primary Diagnosis have been selected**

# Site Selection



- 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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[Log Off](#)

## 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

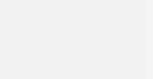
**LOOKUP SITE**

**BACK**

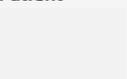
[Click here for help](#)

  
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

# Site Selection



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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[Log Off](#)

## Add Site of Service

Selected Site: MYRIAD GENETIC LABORATORIES IN

[FIND NEW SITE](#)

Lab Email (optional)

[BACK](#)

[CONTINUE](#)

[Click here for help](#)

**Attention!**

Patient ID: \_\_\_\_\_ Time: 5/14/2020 3:13 PM

Patient Name: \_\_\_\_\_

In what setting will this procedure be performed?

- Office
- A portion of an off-campus hospital provider-based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization
- A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization
- Ambulatory Surgery
- Independent Laboratory
- Unknown

[SUBMIT](#)

80% Complete

Provider and NPI

Patient [EDIT](#)

Service [EDIT](#)

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

Site  
MYRIAD GENETIC LABORATORIES IN

**Chose the setting where the procedure/test will be performed**

# Clinical Collection Process



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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[Log Off](#)

## 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

[Click here for help](#)

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

# Urgency Indicator



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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[Log Off](#)

## Proceed to Clinical Information

Is this case Routine/Standard?

YES NO

If your test is 'urgent' you will be prompted to upload clinical to continue the case build

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary f
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### Proceed to Clinical Information

**Urgency Indicator**

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

- A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.
- A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.
- None of the above

**Clinical Upload**

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

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

Choose File No file chosen

**UPLOAD**

# Clinical Pathway Questions



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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[Log Off](#)

## 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.

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

Yes  No  Unknown

**i** Has the specimen been collected?

Yes  No  Unknown

SUBMIT

Finish Later

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

CANCEL

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

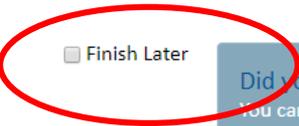
### Proceed to Clinical Information

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



SUBMIT

Finish Later



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

CANCEL

[Click here for help](#)

Authorizations are valid from the date of the specimen collection or retrieval date (if there is no specimen collection date, the program will default to the determination date.)

**Providers logged in through a SSO - the 'Finish Later' feature is not available to you during the case build**

# Clinical Pathway Questions



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- [Eligibility Lookup](#)
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[Log Off](#)

## 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](mailto:labmanagement@evicore.com).

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

# Clinical Pathway Questions



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- Authorization Lookup
- Eligibility Lookup
- Clinical Certification**
- Certification Requests In Progress
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[Log Off](#)

## Proceed to Clinical Information

The following procedure code(s), units and modifiers are usually billed for the requested test.

Procedure Code	Description	Units	Modifier
81162	BRCA1/2 Full Sequencing and Deletion/Duplication Analysis	1	None

1

How would you like to proceed?

- I would like to submit with the information shown above
- I do not want to use this information and would like to return to the previous list of tests
- I do not want to use this information and would like to manually select the test and procedure codes

**SUBMIT**

Finish Later

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

**CANCEL**

[Click here for help](#)

# Clinical Pathway Questions



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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

Thursday, May 14, 2020 3:42 PM

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

## 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.

CANCEL

[Click here for help](#)

# Clinical Pathway Questions



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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

Thursday, May 14, 2020 3:44 PM

[Log Off](#)

## Proceed to Clinical Information

- Please select the type of cancer testing:
- Hereditary cancer testing [testing for inherited cancer]
  - Tumor mutation testing [gene testing on tumor tissue, not blood]
  - Liquid biopsy testing [a test on cell-free circulating tumor DNA (ctDNA) done to look for gene errors found in a tumor]
  - Testing on a person who does not yet have symptoms
  - Other/Unknown testing related to cancer

SUBMIT

Finish Later

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

CANCEL

[Click here for help](#)

# Clinical Pathway Questions



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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

Thursday, May 14, 2020 3:44 PM

[Log Off](#)

## Proceed to Clinical Information

Answer the following questions in clinical detail:

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

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

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

SUBMIT

# Clinical Pathway Questions



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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Thursday, May 14, 2020 3:46 PM

[Log Off](#)

## Proceed to Clinical Information

**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**

Finish Later

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

**CANCEL**

[Click here for help](#)

# Clinical Certification Statements



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	
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------	--

Thursday, May 14, 2020 3:31 PM

[Log Off](#)

## Proceed to Clinical Information

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.

**SUBMIT CASE**

[Click here for help](#)

**Acknowledge the Clinical Certification statements and click “Submit Case”**

# Clinical Certification – Approval Case Summary



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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

Thursday, May 14, 2020 3:32 PM

[Log Out](#)

## Summary of Your Request

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

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

<b>Provider Name:</b>		<b>Contact:</b>	
<b>Provider Address:</b>		<b>Phone Number:</b>	
		<b>Fax Number:</b>	
<b>Patient Name:</b>		<b>Patient Id:</b>	
<b>Insurance Carrier:</b>			
<b>Site Name:</b>	MYRIAD GENETIC LABORATORIES IN	<b>Site ID:</b>	
<b>Site Address:</b>	320 WAKARA WAY SALT LAKE CITY, UT 84108		
<b>Primary Diagnosis Code:</b>	R68.89	<b>Description:</b>	Other general symptoms and signs
<b>Secondary Diagnosis Code:</b>		<b>Description:</b>	
<b>Date of Service:</b>	Not provided	<b>Description:</b>	MOLECULAR GENETIC TEST
<b>CPT Code:</b>	LABTST		
<b>Authorization Number:</b>	A136926059		
<b>Review Date:</b>	5/14/2020 3:13:49 PM		
<b>Expiration Date:</b>	6/28/2020		
<b>Status:</b>	The following testing is approved: BRCA1 and/or 2 Gene Testing. Procedure code(s) approved: 81162.		

[CANCEL](#) [PRINT](#) [CONTINUE](#)

# Clinical Certification –Pending Case Summary



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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

Thursday, May 14, 2020 3:53 PM

[Log Off](#)

## Summary of Your Request

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

Your case has been sent to Medical Review.

<b>Provider Name:</b>		<b>Contact:</b>	
<b>Provider Address:</b>		<b>Phone Number:</b>	
		<b>Fax Number:</b>	
<b>Patient Name:</b>		<b>Patient Id:</b>	
<b>Insurance Carrier:</b>			
<b>Site Name:</b>	MYRIAD GENETIC LABORATORIES IN	<b>Site ID:</b>	
<b>Site Address:</b>	320 WAKARA WAY SALT LAKE CITY, UT 84108		
<b>Primary Diagnosis Code:</b>	R68.89	<b>Description:</b>	Other general symptoms and signs
<b>Secondary Diagnosis Code:</b>		<b>Description:</b>	
<b>Date of Service:</b>	Not provided	<b>Description:</b>	MOLECULAR GENETIC TEST
<b>CPT Code:</b>	LABTST		
<b>Case Number:</b>	1130594276		
<b>Review Date:</b>	5/14/2020 3:50:53 PM		
<b>Expiration Date:</b>	N/A		
<b>Status:</b>	Your case has been sent to Medical Review.		

[CANCEL](#) [PRINT](#) [CONTINUE](#)

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# Provider Resources

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# Building Additional Cases



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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

Thursday, May 14, 2020 3:34 PM

[Log Off](#)

## 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 (Lab Management Program)
- Provider
- Program and Provider
- Program and Health Plan

GO

CANCEL

PRINT

[Click here for help](#)

**You can return to the main menu, or start a new request without having to log out and log back in**

# Authorization Lookup Tool



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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

Tuesday, June 9, 2020 7:11 PM

## Authorization Lookup

[Search by Member Information](#)

[Search by Authorization Number/ NPI](#)

[OnePA: Prior Authorization Portal for Providers](#)

Required Fields

Healthplan:

PRINT

[Click here for help](#)

Search for an authorization by **Member Information** – select the **health plan, Provider NPI, patient’s ID number, and patient’s date of birth**

or

Select **Search by Authorization Number/NPI**, then enter the provider’s **NPI and authorization or case number**

# Authorization Lookup Tool (Continued)



Tuesday, June 9, 2020 7:11 PM

## Authorization Lookup

Authorization Number:	NA
Case Number:	1130572795
Status:	Additional Information Required
P2P Status:	
Approval Date:	
Service Description:	Breast Cancer
Site Name:	TRI COUNTY MEDICAL SERVICES INC
Expiration Date:	
Date Last Updated:	5/14/2020 2:32:09 PM
Correspondence:	<b>UPLOADS &amp; FAXES</b>
Clinical Upload:	<b>UPLOAD ADDITIONAL CLINICAL</b>

**P2P AVAILABILITY**



- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling.
- *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.

**PRINT**

[Click here for help](#)

To **print** approval or denial **notification letters**, select **UPLOADS & FAXES**

# Eligibility Lookup Tool



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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

Tuesday, June 9, 2020 7:23 PM

## Eligibility Lookup

Health Plan:



Patient ID:

Member Code:

Radiation Therapy Eligibility: **Precertification is Required**

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

PRINT

DONE

SEARCH AGAIN

[Click here for help](#)

You can confirm the **patient's eligibility** by selecting the **Eligibility Lookup** tool

# Provider Resources

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**Prior Authorization Call Center – 888.996.8710; follow the prompts to eviCore healthcare**

Our call centers are open from Monday – Friday 8:00 a.m. to 5:00 p.m. EST

- After hours calls will be directed to leave a message; calls will be returned on the next business day

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

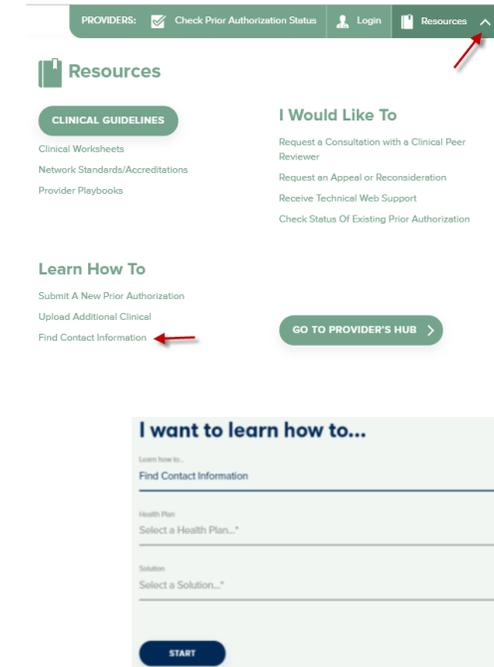
- Request Prior Authorization
- Check Status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Request to speak to a Molecular/Genomic counselor or Nurse Reviewer
- Schedule a clinical consultation with an eviCore Geneticist, Pathologist and/or Oncologist.



# Provider Resources

## Web Based Services and Online Resources

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



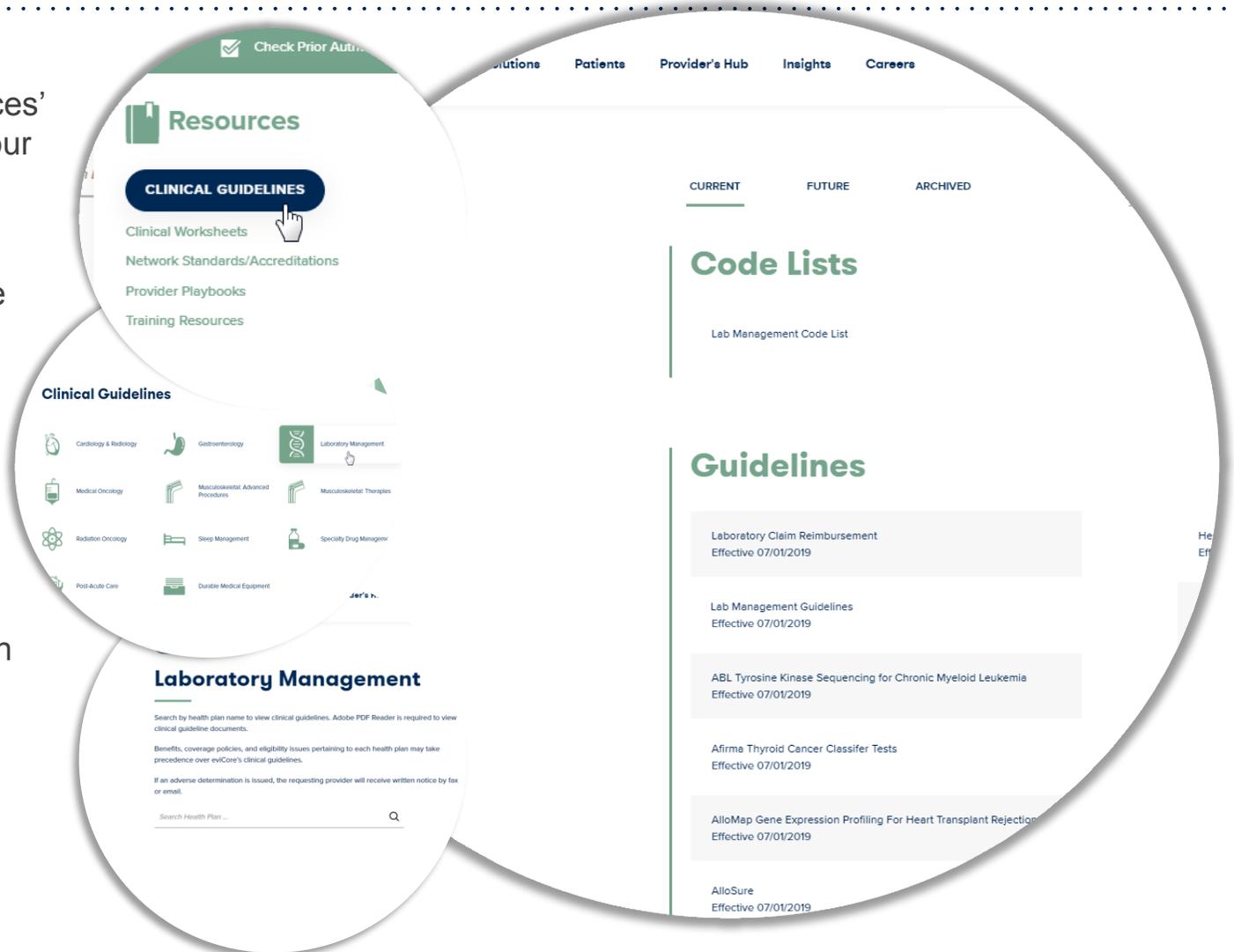
The quickest, most efficient way to request prior authorization is through our provider portal. We have a dedicated **Web Support** team that can assist providers in navigating the portal and addressing any web related issues during the online submission process.

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

# Clinical Guidelines

## How to access our Guidelines

1. Go to [www.evicore.com](http://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).



# Provider Resources

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## Client and Provider Services

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

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

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

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

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

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

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



# Provider Resources

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## Client Specific 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
- Solution PowerPoint Overview
- Training Sessions
- Announcement Letter

To access these helpful resources, please visit:

<https://www.evicore.com/resources/healthplan/summacare>

**Provider Enrollment Questions – Contact Provider Services at 800-996-8401, or by email at [contactproviderservices@summacare.com](mailto:contactproviderservices@summacare.com)**



# SummaCare Provider Resources

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## Claims

Providers may ask, *“what happens when I get a denied claim on a service I have prior authorization for?”*

- The SummaCare claims system **cannot pay part** of a service line. If additional units are billed, greater than the authorized amount, **that service line will be denied and providers will need to rebill the claim.**

### For other claim inquiries or to request a claim adjustment:

- To request a claim adjustment, please log in to [Plan Central](#). If you do not have a user account, please [register](#) by clicking the registration link located on the Plan Central homepage.
- After logging in, please locate your claim using the "Claim Inquiry" menu. When your search results appear, click on the claim to view the details. When you click the button titled "Adjustment Request," a window will appear with various options so we can understand why you feel your claim should be adjusted.

If you have any questions, please contact Provider Support Services at [contactproviderservices@summacare.com](mailto:contactproviderservices@summacare.com) or call 330-996-8400 or 800-996-8401.



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# Thank You!

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**Julie Carpenter, LPN**  
Regional Provider Engagement Manager

eviCore healthcare  
730 Cool Springs Blvd., Suite 800  
Franklin, TN 37067

Cell: 843.505.3280  
[Julie.Carpenter@evicore.com](mailto:Julie.Carpenter@evicore.com)

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# **Additional Information**

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# Provider Portal Overview

eviCore Account Access and Adding Practitioners

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# eviCore healthcare Website

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



## Portal Login

User ID

[Forgot User ID?](#)

Password

[Forgot Password?](#)

I agree to HIPAA Disclosure

Remember User ID

LOGIN

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

## Already a user?

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

## Don't have an account?

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

# Registration Form

The screenshot shows the registration form with the following sections:

- Web Portal Preference:** A dropdown menu for 'Default Portal' is set to 'CareCore National'. A red arrow points to this dropdown.
- User Information:** A form with fields for User Name, Address, Phone, Email, Ext, Confirm Email, City, Fax, First Name, State (dropdown), Zip, and Last Name. Office Name is also present.

At the bottom, there is a 'Next' button and a footer with links: Legal Disclaimer, Privacy Policy, Corporate Website, Report Fraud & Abuse, Guidelines and Forms, Contact Us.

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

Review information provided, and click  
“**Submit Registration**”

The screenshot shows the registration form with the following sections:

- Web Portal Preference:** A dropdown menu for 'Default Portal' is set to 'CareCore National'.
- User Registration:** A form with fields for UserName, Address, Phone, Email, Ext, Account Type, City, State, First Name, Office Name, and Last Name.

At the bottom, there is a 'Back' button, a 'Submit Registration' button, and a footer with links: Legal Disclaimer, Privacy Policy, Corporate Website, Report Fraud & Abuse, Guidelines and Forms, Contact Us.

# User Access Agreement

The screenshot displays the eviCore healthcare user registration interface. A modal window titled "USER REGISTRATION" is open, showing the "User Access Agreement" section, which is marked as "\*Required". The agreement text includes:

eviCore  
Provider/Customer Access Agreement for Web-Based Applications

This Provider/Customer Access Agreement for Web-Based Applications ("Access Agreement") contains the terms and conditions for use by Provider/Customers of the web-based applications provided by eviCore through its Web Site. This Access Agreement applies to Provider/Customer and all employees and/or agents that have access to eviCore's web-based applications by utilizing a User ID and Personal Identification Number ("PIN"), Security Password, or other security device provided by eviCore, hereinafter referred to as "Users."

To obtain access to eviCore's Web Site applications, User must first read and agree to this Access Agreement. After reviewing these documents, User will be asked to accept the Access Agreement by checking the "Accept Terms and Conditions" check box. If User accepts, this will result in a binding contract between User and eviCore, just as if User had physically signed the Access Agreement.

Each and every time User accesses eviCore's web-based applications, User agrees to be bound by this Access Agreement, as it may be amended from time to time.

1. Limited License. Upon acceptance, eviCore grants Provider/Customer a revocable, nonexclusive, and nontransferable limited license to access electronically eviCore's web-based applications only so long as Provider/Customer is currently bound by a Provider/Customer Agreement (as used herein a "Provider/Customer Agreement" is an agreement to provide health care/medical services to members of health plans for which eviCore provides radiological services, whether it is with eviCore directly or said health

At the bottom of the modal, there is a checked checkbox labeled "Accept Terms and Conditions" and two buttons: "Submit" and "Cancel".

The background registration form includes fields for: Web Portal Preference (CareCore National), Default Portal\*, Username, Email, Account Type, First Name, Last Name, Phone, Ext, Fax, and Zip. A "Submit Registration" button is visible at the bottom right of the form.

Accept the **Terms and Conditions**, and click **“Submit.”**

# Registration Successful

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



## Registration Successful

Your Registration has been accepted. An email has been sent to your registered email account allowing you to set your password. Please close the browser.

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

### Password Maintenance

Please set up a new password for your account.

Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters.

New Password\*

Confirm New Password\*

Save

- ✓ Uppercase letters
- ✓ Lowercase letters
- ✓ Numbers
- ✓ Characters (e.g., ! ? \*)

# 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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

Monday, May 18, 2020 11:31 AM

[Log Off](#)

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

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

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

# Adding Providers and/or Laboratories



### Manage Your Account

Office Name:

Address:

Primary Contact:

Email Address:

Click Column Headings to Sort

Name	NPI	
		<input type="button" value="REMOVE NPI"/>
		<input type="button" value="REMOVE NPI"/>

Click "Add Provider"

# Adding Providers and/or Laboratories



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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	-------------------

Monday, May 18, 2020 11:41 AM

[Log Off](#)

## Add Practitioner

Enter Practitioner information and find matches.

\*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

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Enter the **Provider's and/or Laboratory's NPI, State, and Zip Code** to search for the provider record to add to your account

You are able to add multiple Providers to your account

# Adding Providers and/or Laboratories



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

Monday, May 18, 2020 11:48 AM

[Log Off](#)

## Manage Your Account

This following practitioner record(s) were found to match the requested NPI. Is this the practitioner you would like to register?

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax
Last, First	12312312	730 Coolsprings Blvd	Franklin	TN	37067	(615)548-4000	

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[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

**Select the matching record based upon your search criteria**

(note, you are able to access the “Manage Your Account” tab at anytime to make changes or updates, including adding additional providers to your account)

# Requesting a Peer to Peer



Tuesday, June 9, 2020 7:11 PM

## Authorization Lookup

Authorization Number:	NA
Case Number:	1130572795
Status:	Additional Information Required
P2P Status:	
Approval Date:	
Service Description:	Breast Cancer
Site Name:	TRI COUNTY MEDICAL SERVICES INC
Expiration Date:	
Date Last Updated:	5/14/2020 2:32:09 PM
Correspondence:	<b>UPLOADS &amp; FAXES</b>
Clinical Upload:	<b>UPLOAD ADDITIONAL CLINICAL</b>

**P2P AVAILABILITY**



- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling.
- *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.

**PRINT**

[Click here for help](#)

To **print** approval or denial **notification letters**, select **UPLOADS & FAXES**

# How to Schedule a Peer to Peer Request

Case Info Questions Schedule Confirmation

## New P2P Request

eviCore healthcare P2P Portal

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

eviCore healthcare P2P Portal

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 four-step process: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (pending). The 'P2P Contact Details' section includes the following fields:

- Name of Provider Requesting P2P:** Dr. Jane Doe (indicated by a blue arrow)
- Contact Person Name:** Office Manager John Doe
- Contact Person Location:** Provider Office
- Phone Number for P2P:** (555) 555-5555 (indicated by a blue arrow)
- Phone Ext.:** 12345 (indicated by a blue arrow)
- Alternate Phone:** (xxx) xxx-xxxx
- Phone Ext.:** Phone Ext.
- Requesting Provider Email:** droffice@internet.com
- Contact Instructions:** Select option 4, ask for Dr. Doe (indicated by a blue arrow)

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 'Scheduling' summary page displays the following information:

- Scheduling** (calendar icon)
- Scheduled**
- Date and Time:** Mon 5/18/20 - 6:30 pm EDT
- Status:** SCHEDULED (circled in red)

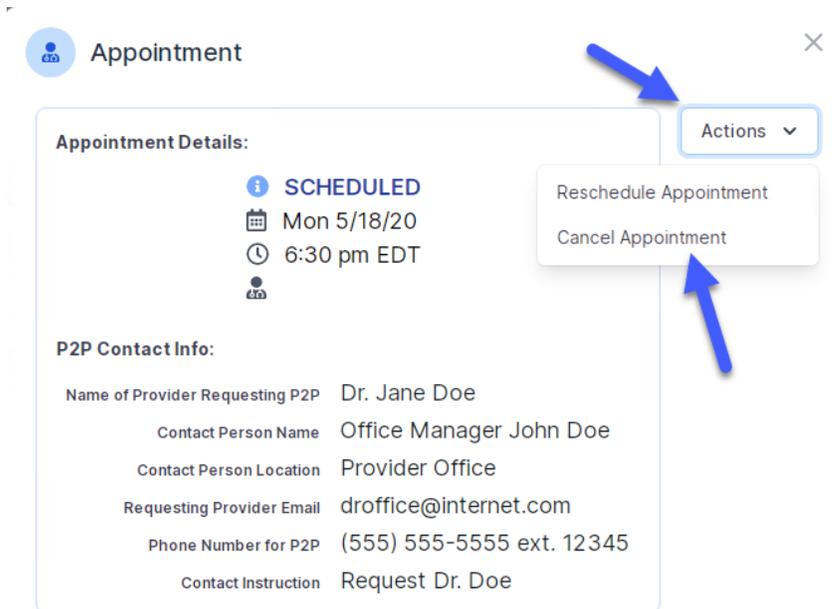
# Canceling or Rescheduling a Peer to Peer Appointment

## 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