Genetic Testing Prior Authorization Program

Provider Orientation Session for FirstCarolinaCare

Agenda

- Clinical Approach

- Program Overview

- Submitting Requests

- Prior Authorization Outcomes & Special Considerations

- Reconsideration Options

- Provider Portal Overview

- Additional Provider Portal Features

- Provider Resources

- Q & A

Clinical Approach

Evidence-Based Guidelines

The foundation of eviCore 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
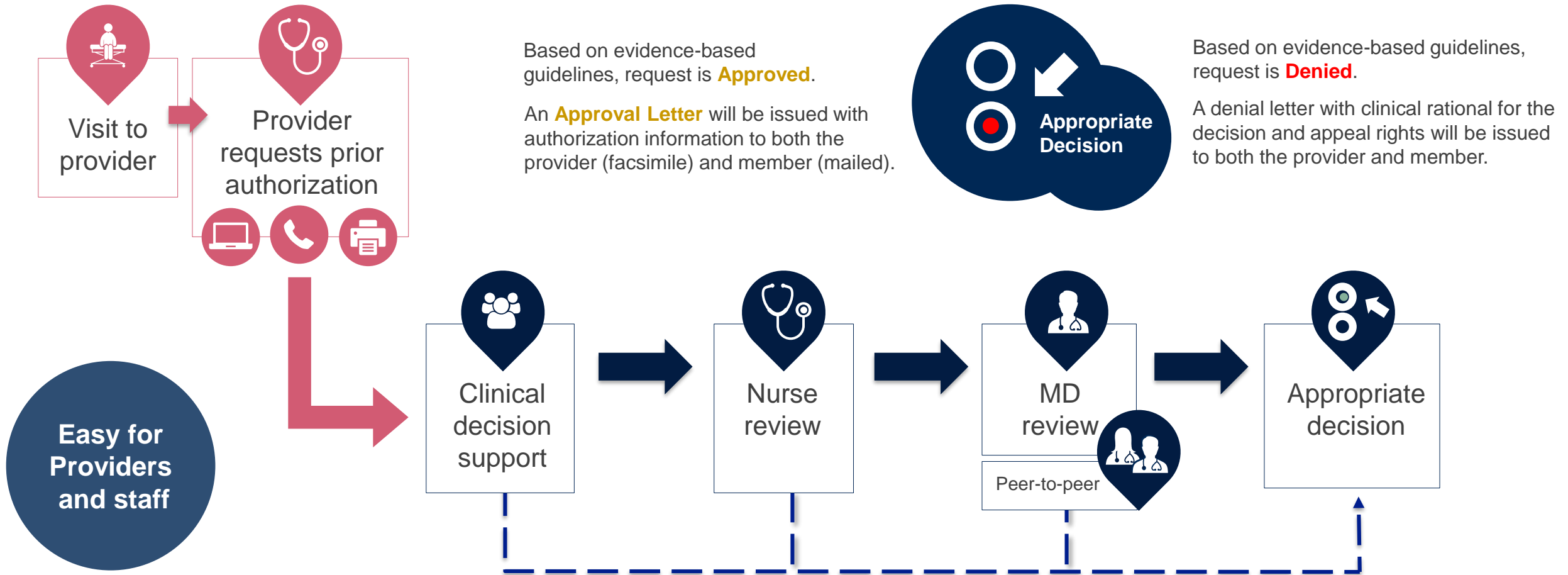
- Medical Advisory Board

Clinical Staffing – Multispecialty Expertise

Dedicated nursing and physician specialty teams for a wide range of 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
  - 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**

400+ medical directors

Covering 51 specialties

1k+ nurses

Utilization Management – the Prior Authorization Process

Visit to provider

Provider requests prior authorization

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

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

Appropriate Decision

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

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

Easy for Providers and staff

Clinical decision support

Nurse review

MD review

Peer-to-peer

Appropriate decision

Program Overview – Genetic Testing

FirstCarolinaCare Genetic Testing Prior Authorization Services

eviCore healthcare (eviCore) will begin accepting prior authorization requests starting December 17, 2020 for laboratory management services for dates of service January 1, 2021 and after.

Prior authorization applies to the following Genetic Testing services:	Prior authorization does **NOT** apply to services performed in:
• Outpatient • Diagnostic	• Emergency Rooms • Observation Services • Inpatient Stays

Providers should verify member eligibility and benefits on the secured provider log-in section at: login.firstcarolinacare.com

Applicable Memberships

Prior Authorization is required for FirstCarolinaCare members who are enrolled in the following lines of business/programs and ID # begins with 94:

Medicare	• FirstMedicare Direct • New Hanover Health FirstMedicare
Commercial	• Fully Insured • Self Insured

Prior Authorization requests should NOT be requested through eviCore for FirstCarolinaCare members who are enrolled in the following lines of business/programs:

- FirstMedicare Direct Smart HMO

Lab Management Solution

Example of Genetic Testing Categories Requiring Prior Authorization:

- 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

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

https://www.evicore.com/resources/healthplan/firstcarolinacare

Submitting Requests

Methods to Submit Prior Authorization Requests

FirstCarolinaCare Provider Portal (preferred)

The FCC online portal login.firstcarolinacare.com is the quickest, most efficient way to request prior authorization and check authorization status, and it's available 24/7

Phone Number:
877-872-4161
Monday through Friday:
7 am – 7 pm EST

WEB
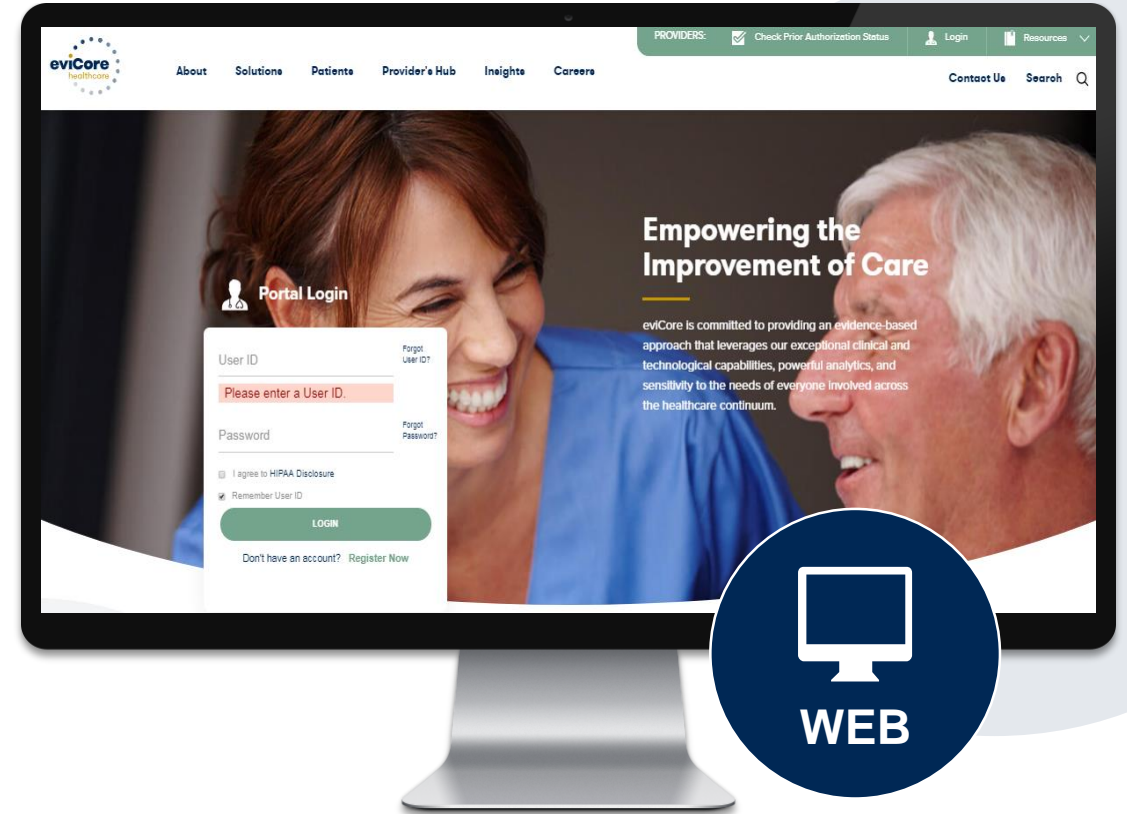
Benefits of Provider Portal

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

- Saves time: Quicker process than phone authorization requests

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

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

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

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

- Dashboard: View all recently submitted cases

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

Non-Clinical Information Required

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 Provider 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

* Member Identification Number should begin with "94"

Clinical Information Required to Support Medical Necessity

Required clinical information may include:

- Details about the test being performed (test name, description and/or unique identifier)

- All information required by applicable policy

- Test indication, including any applicable signs and symptoms or other reasons for testing

- Any applicable test results (laboratory, imaging, pathology, etc.)

- Any applicable family history

- How test results will impact patient care

Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

If all required pieces of documentation are not received, or are insufficient for eviCore to reach a determination, the following will occur:
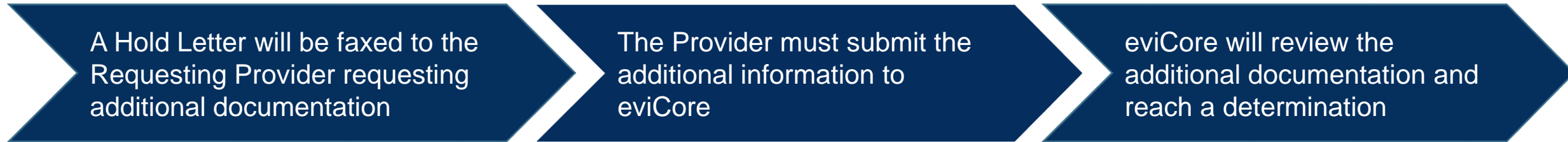
A Hold Letter will be faxed to the Requesting Provider requesting additional documentation	The Provider must submit the additional information to eviCore	eviCore will review the additional documentation and reach a determination
To ensure that a determination is completed within the designated timeframe for each line of business, the case will remain on hold as follows: • Medicare: 1 calendar day • Commercial: 10 calendar days	Requested information must be received within the timeframe as specified in the Hold Letter.	Determination will be completed within 2 business days

Appropriate Decision

Prior Authorization Outcomes & Special Considerations

Prior Authorization Approval

Approved Requests

- Standard requests are processed within 2 business days after receipt of all necessary clinical information

- Laboratory Management prior authorizations are valid for 90 days from the specimen collection date.

- Authorization letters will be faxed to the ordering provider & rendering laboratory

- When initiating a case on the web you can receive e-notifications when a determination is made

- Members will receive a letter by mail

- Approval information can be accessed and printed on demand from eviCore via the FCC portal: login.firstcarolinacare.com

When a Request is Determined to Not Meet Clinical Criteria

Appropriate Decision

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

A denial letter with the rationale for the decision and the appeal rights will be issued to both the provider and member.
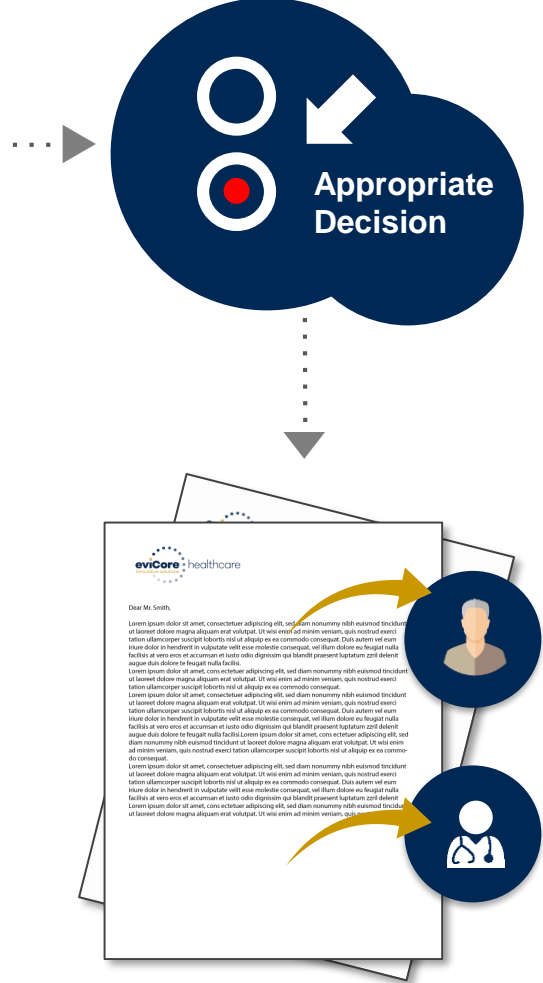
Laboratory Management - Special Circumstances

Retrospective (Retro) Authorization Requests

* Retrospective requests are not in scope for FirstCarolinaCare.

Urgent Prior Authorization Requests

* eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member
* Can be initiated on provider portal or by phone
* Urgent request will be reviewed within 72 hours

Laboratory Management - Special Circumstances cont.

Alternative Recommendation

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

  - Alternative recommendations are available for Commercial only

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

- Providers have up to 60 calendar days to contact eviCore to accept the alternative recommendation

Prior Authorization Update

- If updates are needed on an existing prior authorization, you can contact eviCore by phone 877-872-4161

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

Reconsideration and Post Decision Options

Post-Decision Options

My case has been denied. What's next?

- Providers are often able to utilize post-decision activity to secure case review for overturn consideration. The reconsideration processes is not available for Medicare Advantage members.

- Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied. You can also call us at 877-872-4161 to speak to a representative who can provide available option(s) and instruction on how to proceed.

Pre-Decision Options: Medicare Members

I've received a request for additional clinical information. What's next?

Submission of Additional Clinical Information

- eviCore will attempt to notify providers telephonically and in writing before a denial decision is issued on Medicare cases

- You can submit additional clinical information to eviCore for consideration per the instructions received

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

Pre-Decision Clinical Consultation

- Providers can choose to request a Pre-Decision Clinical Consultation instead of submitting additional clinical information

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

- If additional information was submitted, we proceed with our determination and are not obligated to hold the case for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed

Post-Decision Options: Medicare Members

My case has been denied. What's next?

Clinical Consultation

- Providers can request a Clinical Consultation with an eviCore physician to better understand the reason for denial

- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation

Reconsideration

- Medicare cases do not include a Reconsideration option

Appeals

- eviCore will not process appeals. Refer to the appeal flier contained within the denial letter for instructions on how to file an appeal.

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

Post-Decision Options: Commercial

My case has been denied. What's next?

Reconsiderations

- Providers and/or staff can request a reconsideration review

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

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

Appeals

- eviCore will not process appeals. Refer to the appeal flier contained within the denial letter for instructions on how to file an appeal.

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

Provider Portal Overview

Single-Sign On Experience

- Providers may access the eviCore online portal through the FirstCarolinaCare secure provider portal, login.firstcarolinacare.com

- You must create an account in order to access the secure provider portal. The 'Create an Account' option is available at login.firstcarolinacare.com

- Log in to the FCC site in order to be routed to eviCore. FCC prior authorizations can only be created when accessing eviCore through the single-sign-on (SSO) option

- If you are unable to create an account to access the online portal, please call to submit your prior authorization request to eviCore:

Phone Number:

877-872-4161

Monday through Friday:

7 am – 7 pm EST

Initiating A Case

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

Select Referring Provider

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

Requesting Provider Information

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

Filter Last Name or NPI:

[   ]   [SEARCH]   [CLEAR SEARCH]

	Provider
SELECT	1
SELECT	

[BACK]   [CONTINUE]

Click here for help

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

[Please Select a Health Plan ▾]

[BACK]   [CONTINUE]

Click here for help

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

Don't see the insurer you're looking for? Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

Add Your Contact Info

Provider's Name:* [   ] [?]
Who to Contact:* [   ] [?]
Fax:* [   ] [?]
Phone:* [   ] [?]
Ext.: [   ] [?]
Cell Phone: [   ]
Email: [   ]

[BACK]   [CONTINUE]

Click here for help

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

Select Rendering Lab

Requesting Provider Information

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

Please Select a Health Plan ▾

SUBMIT

Requesting Provider Information

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

◉ Yes ○ No

ⓘ Enter NPI Number

SUBMIT

Add Your Contact Info

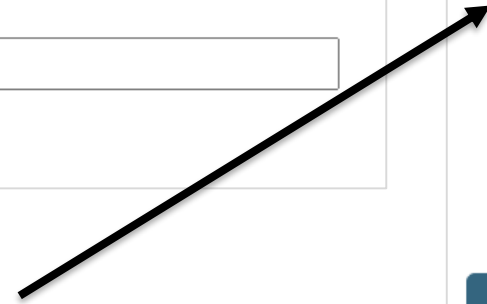|		
Provider's Name:*		[?]
Who to Contact:*		[?]
Fax:*		[?]
Phone:*		[?]
Ext.:		[?]
Cell Phone:		
Email:		

BACK **CONTINUE**

Click here for help

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

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

Member & Request Information

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*   MM/DD/YYYY

Patient Last Name Only:*   [?]

[ELIGIBILITY LOOKUP]

[BACK]

Requested Service + Diagnosis

Lab Management Program Procedures

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

LABTST ▼   MOLECULAR GENETIC TEST ▼

Don't see your procedure code or type of service? **Click here**

Diagnosis

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

[   ]   [LOOKUP]

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

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

Secondary diagnosis is optional for Lab Management Program

[   ]   [LOOKUP]

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

Verify Service Selection

Requested Service + Diagnosis

Confirm your service selection.

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

Change Procedure or Primary Diagnosis
Change Secondary Diagnosis

BACK   **CONTINUE**

Click here for help

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

Site Selection

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

Add Site of Service

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

NPI: Zip Code: Site Name:

TIN: City: ◉ Exact match
                                               ○ Starts with

LOOKUP SITE

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

Clinical Certification

Proceed to Clinical Information

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

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

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

[BACK] [CONTINUE]

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

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

Standard or Urgent Request?

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

- When a request is submitted as Urgent, you will be required to upload relevant clinical information

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

- You can upload up to FIVE documents in .doc, .docx, or .pdf format

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

Proceed to Clinical Information

Is this case Routine/Standard?

YES	NO

Proceed to Clinical Information – Example of Questions

Proceed to Clinical Information

Some tests can be automatically authorized by responding to a set of specific clinical questions. In order to determine the right clinical questions to ask, we need to know exactly which test(s) and procedure code(s) are being considered. The next several questions will guide test and procedure code selection.

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

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

SUBMIT

Proceed to Clinical Information

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

[_____] 🗓

SUBMIT

Proceed to Clinical Information

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

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

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

SUBMIT

☐ Finish Later

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

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

- You can save your request and **finish later** if needed
  - You will have 2 business days to complete the case
  - When logged in, you can resume a saved request by going to Certification Requests in Progress

Proceed to Clinical Information – More Examples

Proceed to Clinical Information

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

This is a list of commonly requested tests from the lab you selected. They are in alphabetic order by the lab's actual test name, which can usually be found on the test requisition.

ⓘ Submitting your request will be much faster if the test name can be found.

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

1 2 3 4 5 6 7

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

** NOTE: If you know the name of the test, choose the first letter of the test name above. Otherwise, you can scroll through all tests using the page numbers. If you cannot find the test, please return to page 1 of the "All" tab and select "None of These".

***FOR LAB REPRESENTATIVES: If you would like to correct or add to this list, please email labmanagement@evicore.com.

Clinical Certification questions will populate based upon the information provided

Proceed to Clinical Information – Free Text Questions

Proceed to Clinical Information

Answer the following questions in clinical detail:

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

[text box]

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

[text box]

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

[text box]

Free text answers allow for further explanation that may be needed.

Next Step: Criteria not met

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

Tips:

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

Criteria Met

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

Summary of Your Request

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

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

Provider Name:	**Contact:**	
Provider Address:	**Phone Number:**	
	Fax Number:	
Patient Name:	**Patient Id:**	
Insurance Carrier:		
Site Name:	**Site ID:**	
Site Address:		

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

CANCEL   PRINT   CONTINUE

Additional Provider Portal Features

Certification Summary

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

Authorization Lookup example

Authorization Lookup

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

P2P AVAILABILITY

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

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

P2P AVAILABILITY

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

Uploads & Faxes

Attached Faxes | Sent Letters & Faxes | Document Uploads

3 documents sent.

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

CLOSE

Duplication Feature

Success

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

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

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

Start a new request using the same:

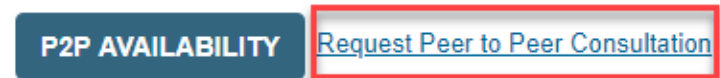○ Program (Radiation Therapy Management Program)
○ Provider ( )
○ Program and Provider (Radiation Therapy Management Program and)
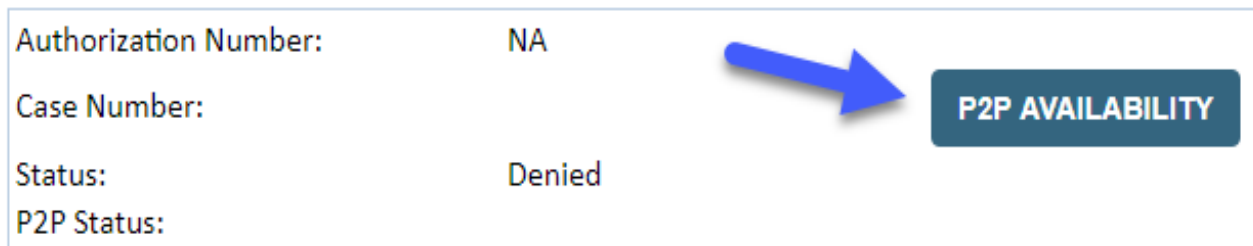○ Program and Health Plan (Radiation Therapy Management Program and CIGNA)

GO

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

How to schedule a Peer to Peer Request

- Log into your account at login.firstcarolinacare.com

- Navigate to eviCore and perform Authorization Lookup to determine the status of your request.

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

- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.
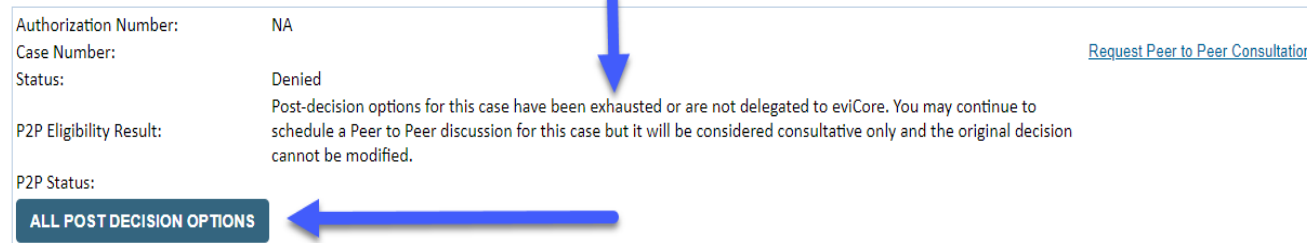
P2P AVAILABILITY   Request Peer to Peer Consultation

Authorization Lookup

Authorization Number: NA

Case Number:

P2P AVAILABILITY

Status: Denied

P2P Status:

How to schedule a Peer to Peer Request

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

Authorization Lookup

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

Request Peer to Peer Consultation

ALL POST DECISION OPTIONS

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

How to Schedule a Peer to Peer Request

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

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

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

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

To proceed, select "Lookup Cases"

How to Schedule a Peer to Peer Request

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

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

How to Schedule a Peer to Peer

Confirm Contact Details

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

- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:

  - Name of Provider Requesting P2P

  - Phone Number for P2P

  - Contact Instructions

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

Canceling or Rescheduling a Peer to Peer Appointment

To cancel or reschedule an appointment

- Access the scheduling software per the instructions above

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

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

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

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

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

   If choosing to cancel, you will be prompted to input a cancellation reason
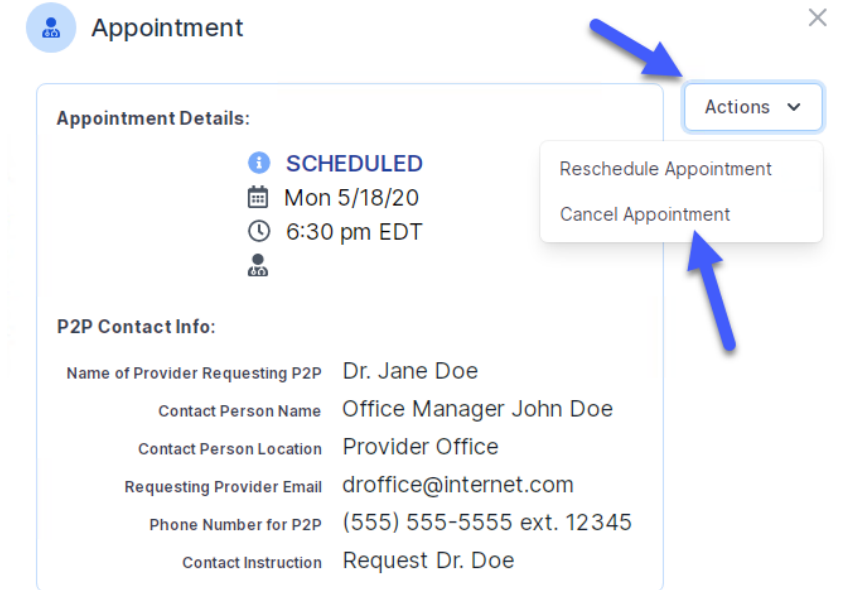
- Close browser once done

Provider Resources

Dedicated eviCore Call Center

Prior Authorization Call Center – 877.872.4161

Our call centers are open from 7 a.m. to 7 p.m. Eastern.

Providers can contact our call center to perform the following:

- Request Prior Authorization

- Check Status of existing prior authorization requests

- Discuss questions regarding authorizations and case decisions

- Change facility or CPT Code(s) on an existing case

- Request to speak to a clinical reviewer

- Schedule a clinical consultation with an eviCore Medical Director

Online Resources

Web-Based Services and Online Resources
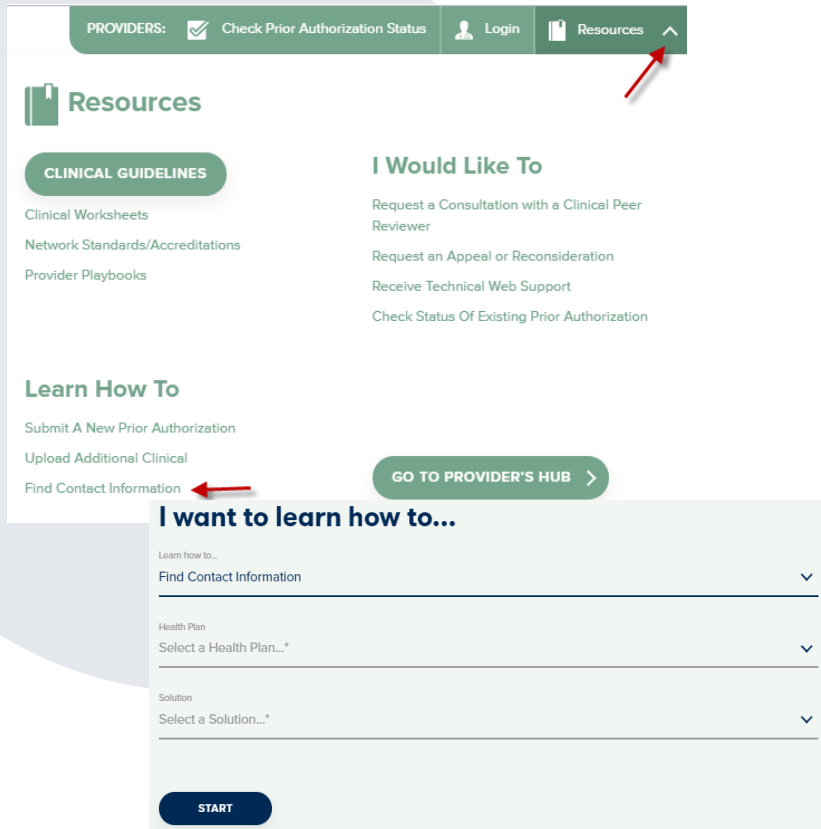
- You can access important tools, health plan-specific contact information, and resources at www.evicore.com/resources/healthplan/firstcarolinacare
- Select the Resources to view Clinical Guidelines, Online Forms, and more.
- Provider's Hub section includes many resources
- Provider forums and portal training are offered weekly, you can find a session on www.eviCore.WebEx.com, select WebEx Training, and search upcoming for a "eviCore Portal Training" or "Provider Resource Review Forum"

- The quickest, most efficient way to request prior authorization is through our provider portal. Our dedicated **Web Support** team can assist providers in navigating the portal and addressing any web-related issues during the online submission process.
- To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email portal.support@evicore.com
- If you do not have access to the internet, you can use the following contact information to submit a prior authorization request:
  Phone Number:
  877-872-4161
  Monday through Friday:
  7am to 7pm EST

eviCore Client & Provider Operations Team

Client and Provider Services

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

- Requests for an authorization to be resent to the health plan
- Eligibility issues (member, rendering facility, and/or ordering provider)
- Issues experienced during case creation
- Reports of system issues

How to Contact our Client and Provider Services team

Email: ClientServices@evicore.com (preferred)

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

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

eviCore Provider Engagement Team

eviCore Provider Engagement team

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

- Partner with the health plan to create a market-readiness strategy for a new and/or existing program

- Conduct onsite and WebEx provider-orientation sessions

- Provide education to supporting staff to improve overall experience and efficiency

- Create training materials

- Monitor and review metrics and overall activity

- Conduct provider-outreach activities when opportunities for improvement have been identified

- Generate and review provider profile reports specific to a TIN or NPI

- Facilitate clinical discussions with ordering providers and eviCore medical directors

How to contact the eviCore Provider Engagement team?

You can find a list of Regional Provider Engagement Managers at evicore.com → Provider's Hub → Training Resources

eviCore Provider Resource Website

Provider Resource Pages

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

- Frequently Asked Questions

- Quick Reference Guides

- Provider Training

- CPT code list

To access these helpful eviCore resources, please visit

https://www.evicore.com/resources/healthplan/firstcarolinacare

**FirstCarolinaCare Provider Services: 910-715-8100**

Clinical Guidelines

How to access eviCore Guidelines

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

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

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

4. Type in FirstCarolinaCare in the 'Search Health Plan' search bar and press enter.

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

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

Resources

CLINICAL GUIDELINES

Laboratory Management
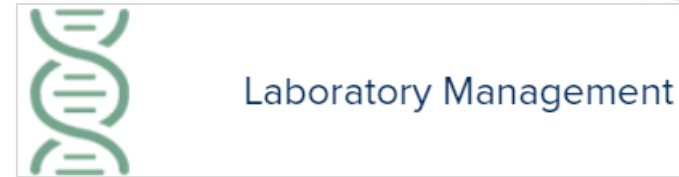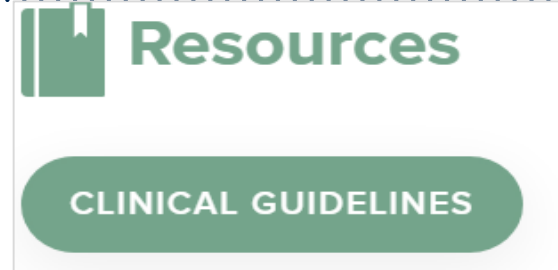
Laboratory Management

Instructions for accessing the guidelines:

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

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

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

Search Health Plan ...

Clinical Guidelines

FirstCarolinaCare specific Guidelines

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

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

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

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

CURRENT   FUTURE   ARCHIVED

Code Lists

Lab Management Code List

Guidelines

[blurred] Commercial Lab Policy Book
Effective 07/01/2020

ADMINISTRATIVE ⊖

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

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

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

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

eviCore Provider Newsletter

Stay Updated With eviCore's Free Provider Newsletter

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

- Go to eviCore.com

- Scroll down and add a valid email to subscribe

- You will begin receiving email provider newsletters with updates

eviCore Provider Resource Review Forums

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

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

- eviCore's evidence-based clinical guidelines

- Clinical worksheets

- Check-status function of existing prior authorization

- Search for contact information

- Podcasts & Insights

- Training resources

How to register for a Provider Resource Review Forum?

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

Thank You!