# **Genetic Testing**

**Provider Orientation Sessions for Meridian** 



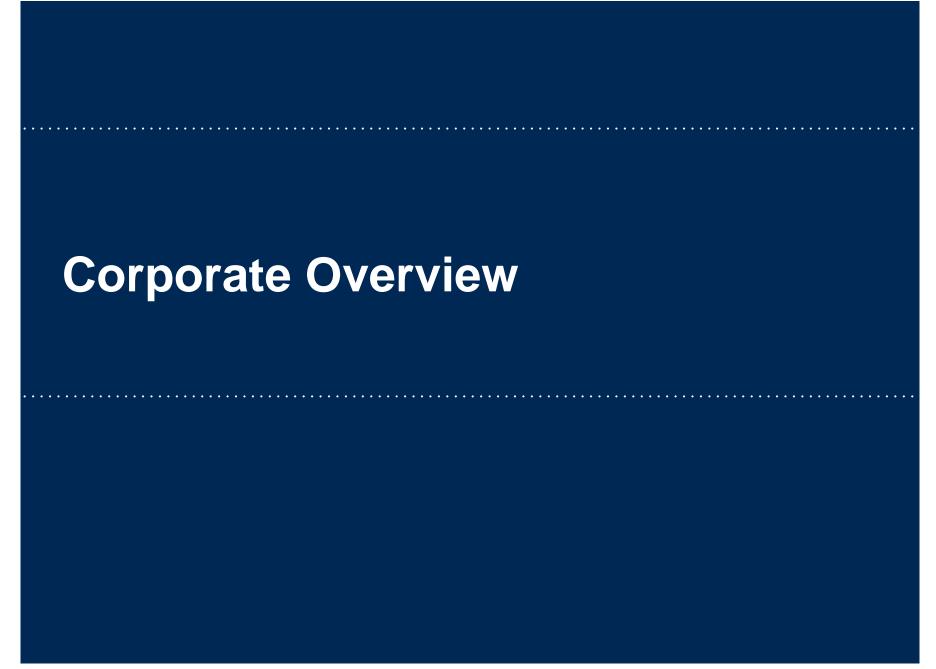














# Headquartered in Bluffton, SC offices across the U.S. including:

- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT

- Melbourne, FL
- Plainville, CT
- Sacramento, CA











The industry's most comprehensive clinical evidence-based guidelines



4.9k+ employees including **1k clinicians** 

Engaging with 570k+ providers



Advanced, innovative, and intelligent technology





# Lab Management Solution to Include Genetic Testing – Our Experience

14+ Regional

and National Clients

480+

Cases built per day

9 Years

**Managing Lab Management Services** 





# **Members Managed**

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









# Laboratory Solution to Include Genetic Testing

19M Lives





# **Covered Services**

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

# **Unique Test Identifiers (UTID)**













#### What is a UTID?

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

## **Benefits of Using the UTID**

- + In submitting a prior authorization request, a submitter has the option to select the procedure code along with the UTID. This lessens the need to place the case on hold while they reach out to the provider to identify which test is being requested
- Once a determination is made, the letters contain a clear distinction of the results for each test. Often there are multiple procedure codes within a panel test, so this detail enables providers, labs, and members to know exactly what is approved, or not approved, and why
- + Within the letters are instructions explaining where to use these codes
- + Using the UTID policy also streamlines the billing process with instructions indicating the appropriate unique test identifier (if required in the determination communication)
- + Within the letter, each test is represented with the code, UTID, and test name. The example below presents a common theme where the same procedure code is used multiple times for different tests:

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

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

## eviCore's Policies to Support UTIDs

- The UTID Policy is included in the Lab Clinical Guidelines found on the eviCore website: www.evicore.com/provider
- In order to expedite claims processing you can indicate the UTID on the claim as indicated below
- Reach out to your Meridian Provider Services representative with any questions regarding UTID usage

	Procedure Codes
	MOL.AD.107.A v1.0.2019
Procedures addressed	V1.5.251
The inclusion of any procedure code in this management or requires prior authorization procedure code list for management requir	
Procedures addressed by this guideline	Procedure codes
MOPATH PROCEDURE LEVEL 1	81400
MOPATH PROCEDURE LEVEL 2	81401
MOPATH PROCEDURE LEVEL 3	81402
MOPATH PROCEDURE LEVEL 4	81403
MOPATH PROCEDURE LEVEL 5	81404
MOPATH PROCEDURE LEVEL 6	81405
MOPATH PROCEDURE LEVEL 7	81406
MOPATH PROCEDURE LEVEL 8	81407
MOPATH PROCEDURE LEVEL 9	81408
UNLISTED MOLECULAR PATHOLOGY	81479
UNLISTED MAAA	81599
CLINICAL CHEMISTRY TEST	84999
Description	

Claim type	Electronic claim	Paper claim
Professional	837P: Enter in the 2400 SV101-7 field (Line Item Description) associated with the non-specific CPT code. Each non-specific CPT code should have a unique identifier in the associated field.	CMS-1500: Enter in box 24 in the shaded line above the service line that contains the non-specific CPT code. Each non-specific CPT code should have a unique identifier entered above it. Each test identifier should have the qualifier "ZZ" appended at the beginning (e.g., ZZBRAF) to assist in recognition of the code.
Institutional	837I: Enter in the 2400 SV202-7 field (Line Item Description) associated with the non-specific CPT code. Each non-specific CPT code should have a unique identifier in the associated field.	UB-04: Enter in box 80 (Remarks). Only a single non-specific CPT code should be billed per claim form due to the limitations of a single descriptive field. The test identifier should have the qualifier "ZZ" appended at the beginning (e.g., ZZBRAF) to assist in recognition of the code.

# **Our Clinical Approach**

### **Organic Evidence-Based Guidelines**

#### The foundation of our solutions:



Dedicated molecular genomic guidelines



Contributions from a panel of community physicians



Experts associated with academic institutions



Current clinical literature

# **Aligned with National Societies**

- National Comprehensive Cancer Network
- National Society of Genetic Counselors
- American College of Obstetrics and Gynecology
- American College of Medical Genetics and Genomics
- American Society of Human Genetics
- American Society of Clinical Oncology
- College of American Pathologists
- American Gastroenterological Association
- Society for Maternal Fetal Medicine
- Association for Molecular Pathology

- American College of Cardiology
- American College of Chest Physicians
- American Academy of Neurology
- American Society of Colon and Rectal Surgeons
- American Heart Association
- American Academy of Pediatrics
- American Society for Reproductive Medicine
- American College of Gastroenterology
- American College of Cardiology Foundation
- National Institutes of Health

# Service Model

# **Enabling Better Outcomes**

# Enhancing outcomes through client and provider engagement



# Client and Provider Operations

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



# **Client Experience Manager**

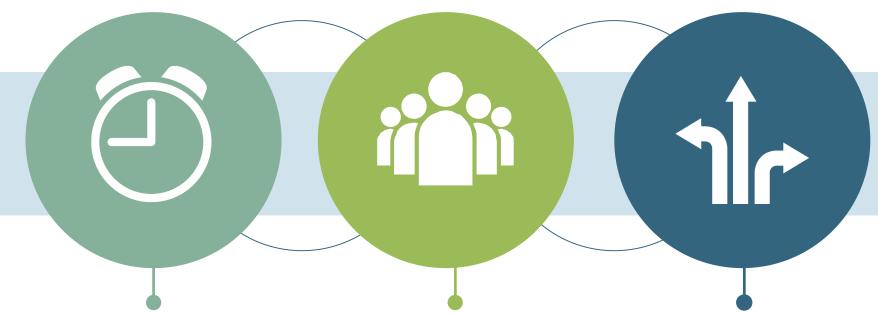
Client Service Managers lead the resolution of complex service issues and coordinate with partners for continuous improvement.



# Regional Provider Engagement Managers

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

# Why Our Service Delivery Model Works



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

Complex issues are escalated to resources

who are the subject matter experts and can quickly coordinate with matrix partners to address issues at a root-cause level. Routine issues are handled by a <u>team</u> of representatives who are cross trained to respond to a variety of issues. There is no reliance on a single individual to respond to your needs.

# Genetic Testing: Prior Authorization Process

# **Program Overview**

eviCore healthcare will begin accepting requests on October 21, 2019 for dates of service November 1, 2019 and beyond

# 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 performed in:

- Emergency room
- Inpatient
- 23-hour observation

# **Applicable Membership**

Effective **November 1, 2019:** <u>authorization is required</u> through eviCore for Meridian members enrolled in the following health plans:

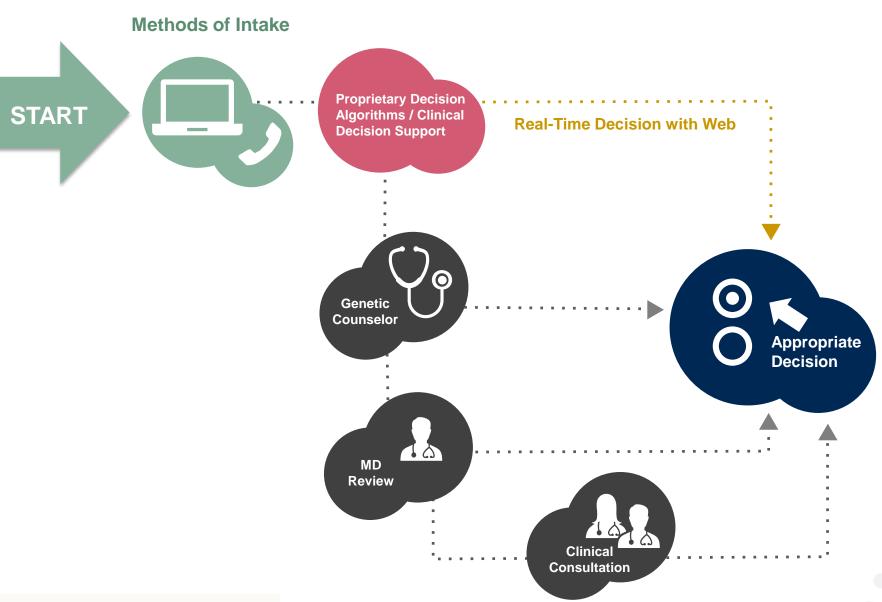
- MeridianChoice (Commercial)
- MeridianHealth (Medicaid)

Effective January 1, 2020: <u>authorization is required</u> through eviCore for members enrolled in the following health plans:

- MeridianComplete (Medicare-Medicaid Plan)
- MeridianCare (Medicare)
  - Note: MeridianCare will be changing its name and logo to WellCare, effective January 1, 2020

Additional training opportunities will be made available in December 2019 – January 2020

# **Clinical Review Process** — Easy for Providers and Staff



# If Request is Determined as Inappropriate



Based on evidence-based guidelines, the request may be determined as inappropriate.

A denial letter will be issued with appeal rights to the requesting and servicing provider(s) and member with a clinical rationale for decision.

#### **Information Needed**

Member ID Member name Date of birth (DOB)



#### **Requesting Provider**

Provider name
National provider identifier (NPI)
Tax identification number (TIN)
Fax number

#### **Rendering Facility**

Laboratory name National provider identifier (NPI) Tax identification number (TIN) Street address

#### **Supporting Clinical**

CPT code(s) for requested service Diagnosis codes Disease-specific clinical information

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

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

### **Prior Authorization Outcomes**

# Approved Requests

- Requests are processed as expeditiously as possible and in accordance with regulatory timeframes
- Authorizations are typically good for 60 — 90 days from the received date

### **Delivery Method**

- Faxed to requesting provider and servicing provider
- Mailed to the member
- Information can be printed on demand from the eviCore healthcare web portal

## Denied Requests

- Communication of denial determination
- Communication of the rationale for the denial
- How to request a clinical consultation

### **Delivery Method**

- Faxed to the requesting provider and servicing provider
- Mailed to the member

# **Special Circumstances**

# **Appeals**

- eviCore will not be delegated for appeals
- Please follow the process currently in place with Meridian

# **Outpatient Urgent Studies**

- To request an expedited prior authorization review and provide clinical information, you can contact eviCore at 888-333-8641 or visit www.eviCore.com
- Medically urgent requests are defined as conditions that are a risk to the member's life, health, and ability to regain maximum function

### **Prior Authorization Outcomes**

# Clinical consultations and reconsiderations:

- If a request is denied and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from requesting providers. One of eviCore's medical directors can assist in a review of the medical necessity for a requested procedure
- For all plans, clinical consultations can occur at any point prior to the decision
- For MeridianChoice and MeridianHealth, a clinical consultation/reconsideration can be requested up to 10 days following the date of the denial letter
- To request a clinical consultation, contact eviCore at 800-792-8744 option1, Monday Friday, 7 a.m. to 7 p.m. and follow the prompts
- To request a clinical consultation online, please visit
   www.evicore.com/provider/request-a-clinical-consultation

# **Portal Compatibility**

#### **Browsers**

www.evicore.com is compatible with the following browsers:

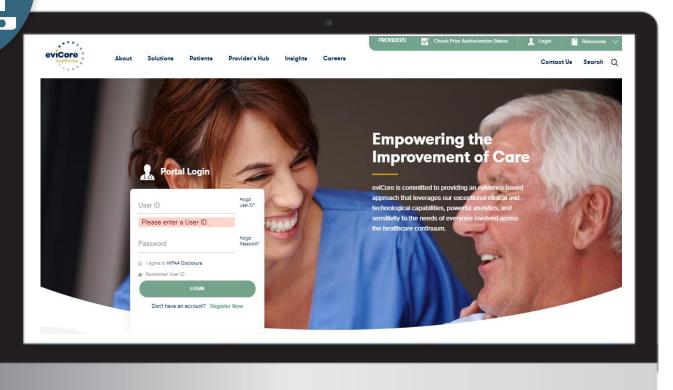
- Google Chrome
- Mozilla Firefox
- Internet Explorer 9, 10, and 11

You may need to disable the pop-up blockers to access the site. For information on how to disable pop-up blockers for any of these web browsers, please refer to our <u>Disabling Pop-up Blockers guide</u>.

# **Web Portal Services**

The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status. It is available 24 hours a day, 7 days a week. By visiting **www.eviCore.com**, providers can spend their time where it matters most — with their patients!

WEB



Or by phone:

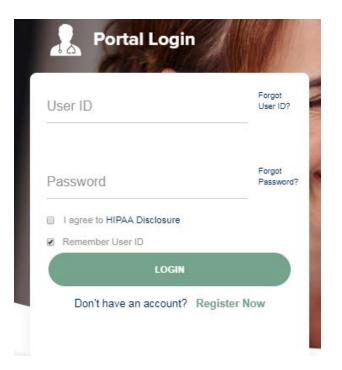
**888-333-8641**Monday — Friday, 7 a.m. to 7 p.m.

### eviCore Website

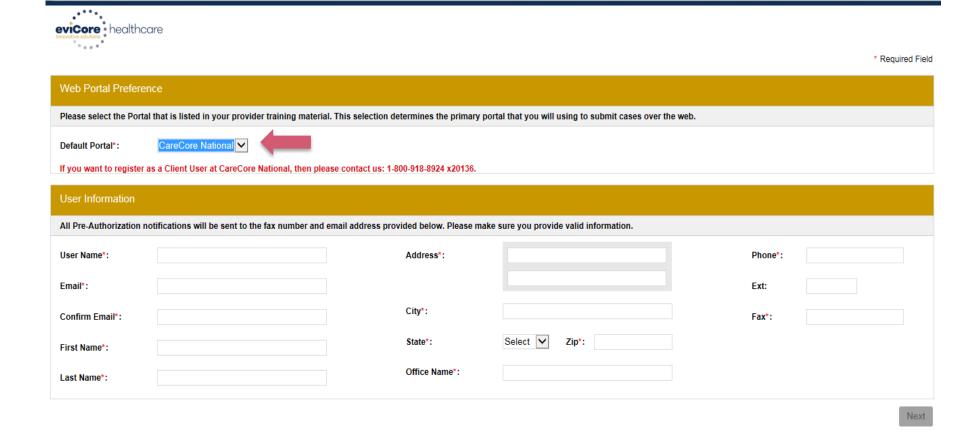
 Open web browser and type in www.evicore.com



Login or register



# **Creating an Account**



Select a Default Portal and complete the registration form.

# **Creating an Account, cont.**

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

#### Web Portal Preference

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

Default Portal\*: CareCore National ✓

Test

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

#### User Registration

First Name:

 UserName:
 MYG123
 Address:
 730 Cool Springs
 Phone:
 800-575-4517

Email: tesaccount@gmail.com

City: Franklin

Account Type: Physician Fax: 615-468-4408

**State:** TN **Zip:** 37067

Office Name: Test Office

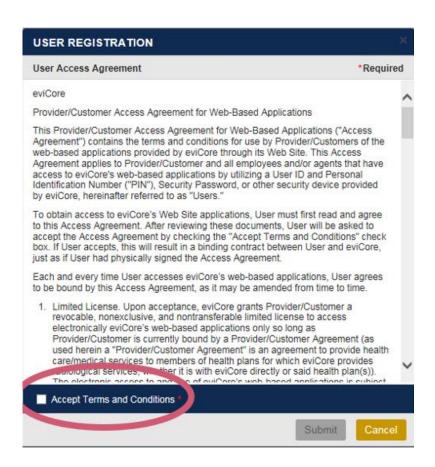
Last Name: Account

Submit Registration

Ext:

Review information provided and click "Submit Registration."

### **User Registration**





Accept the Terms and Conditions and click "Submit."

# **User Registration, cont.**



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

### **Create a Password**

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

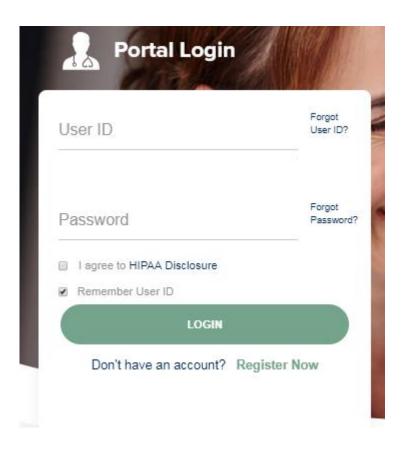
- Uppercase letters
- Lowercase letters
- Numbers
- Characters e.g., ! ? \*)



#### **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		

# **Account Login**



To log in to your account, enter your User ID and Password.

Agree to the HIPAA Disclosure, and click "Login."

# **Account Overview**

#### **Welcome Screen**



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

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

Providers must be added to your account before cases can be submitted over the web. Please select
"Manage Account" to add providers."
Request a clinical certification/procedure >>

Request a clinical certification/procedure for

Resume a certification request in progress >> << Did you know? You can save a certification request to finish later.

Look up an existing authorization >>

Check member eligibility >>



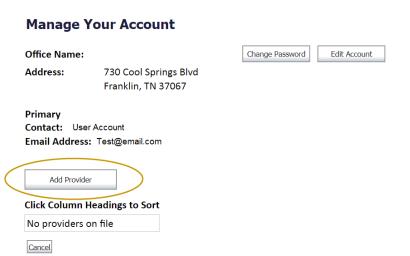
Providers will need to be added to your account prior to case submission. Click the "Manage Account" tab to add provider information.

**Note:** Once you are registered, you can access the MedSolutions Portal at any time. Click the "MedSolutions Portal" button on the top right corner to toggle back and forth between the two portals seamlessly without having to log-in multiple accounts.

# **Add Practitioners**

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

Friday, March 23, 2018 2:57 PM



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# **Add Practitioners**

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Friday, March 23, 2018 2:57 PM

### **Add Practitioner**

Enter Practitioner information	tion and find matches. g genetic testing Lab site, enter Lab	Rilling NDL State and 7in
in registering as rendering	g genetic testing Lab site, enter Lab	billing NFI, State and Zip
Practitioner NPI		
Practitioner State	▼	
Practitioner Zip		
Sind Matakas Casasi		

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Enter the provider's NPI, state, and zip code to search for the provider record to add to your account. You are able to add multiple providers to your account.

# Add Practitioners, cont.



Friday, March 23, 2018 2:57 PM

### **Add Practitioner**

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	

Add This Practitioner | Cancel

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Select the matching record based upon your search criteria.

# **Manage Your Account**



Friday, March 23, 2018 2:57 PM

### **Add Practitioner**

If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to return to your account.

Add Another Practitioner | Continue

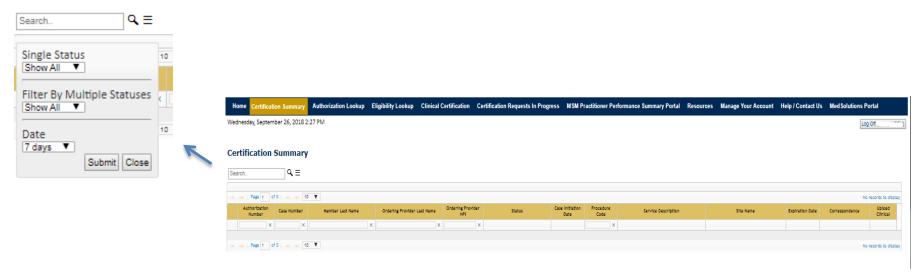
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- Once you have selected a practitioner, your registration will be completed.
  You can then access the "Manage Your Account" tab to make any necessary updates or changes.
- You can also click "Add Another Practitioner" to add another provider to your account.

# **Certification Summary**

### **Certification Summary**



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

# **Case Initiation**

# **Initiating a Case**



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

Request a clinical certification/procedure >>

Resume a certification request in progress >> << Did you know? You can save a certification request to finish later.

Look up an existing authorization >>

Check member eligibility >>

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# **Select Program**

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Wednesday, January 16, 2019 11:05 AM

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Please select the program for your certification:

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

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

Please Select ▼



Click here for help or technical support



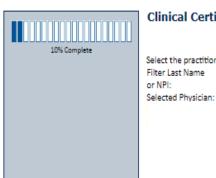
Select the program for your certification.

# **Select Provider**

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Wednesday, January 16, 2019 11:05 AM





### **Clinical Certification**

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

Filter Last Name or NPI:



FILTER CLEAR FILTER

Cancel Back Print Continue

Click here for help or technical support

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# If Submitter is Rendering Lab, enter referring Provider NPI

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# **Select Health Plan**



Wednesday, January 16, 2019 11:05 AM





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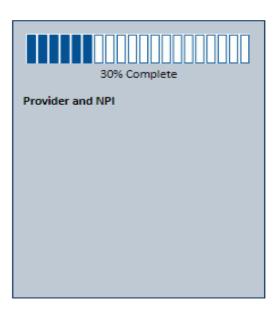
- Choose Meridian for the case request. If the health plan does not populate, please contact the plan at the number found on the member's identification card.
- Once the plan is chosen, please select the provider address in the next drop down box.

# **Contact Information**

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Wednesday, January 16, 2019 11:05 AM





### **Clinical Certification**

Provider's Name		[?]
Who to Contact		[?]
Fax	1	[?]
Phone		[?]
Ext.		[?]
Cell Phone		
Email		
Cancel Back Print C	continue	

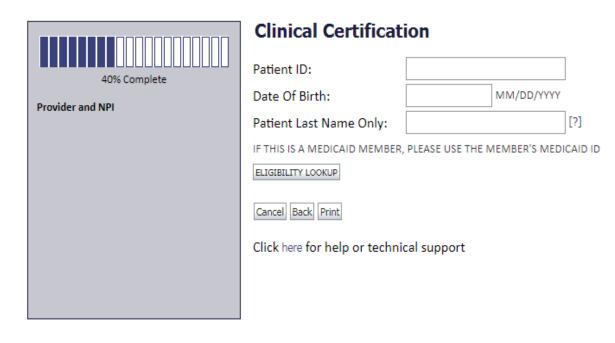
Click here for help or technical support



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

# **Member Information**

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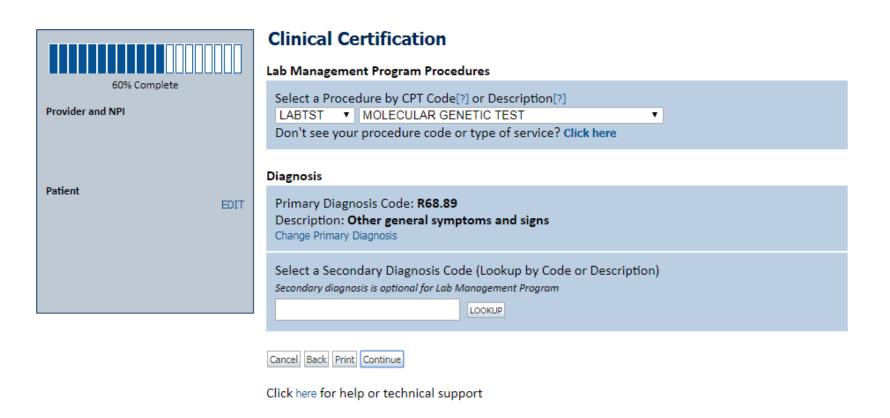
- Enter the member information including the patient ID number, date of birth, and patient's last name.
  - Click "Eligibility Lookup."

# **Clinical Details**

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Wednesday, January 16, 2019 11:05 AM







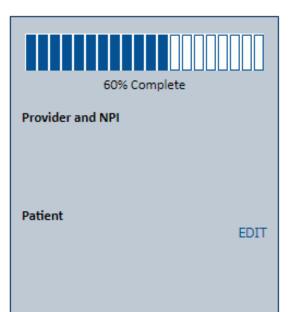
Select the CPT and diagnosis codes.

# **Verify Service Selection**

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Wednesday, January 16, 2019 11:05 AM





# **Clinical Certification**

Confirm your service selection.

CPT Code: LABTST

Description: MOLECULAR GENETIC TEST

Primary Diagnosis Code: R68.89

Primary Diagnosis: Other general symptoms and signs

Secondary Diagnosis Code:

Secondary Diagnosis:

Change Procedure or Primary Diagnosis

Change Secondary Diagnosis

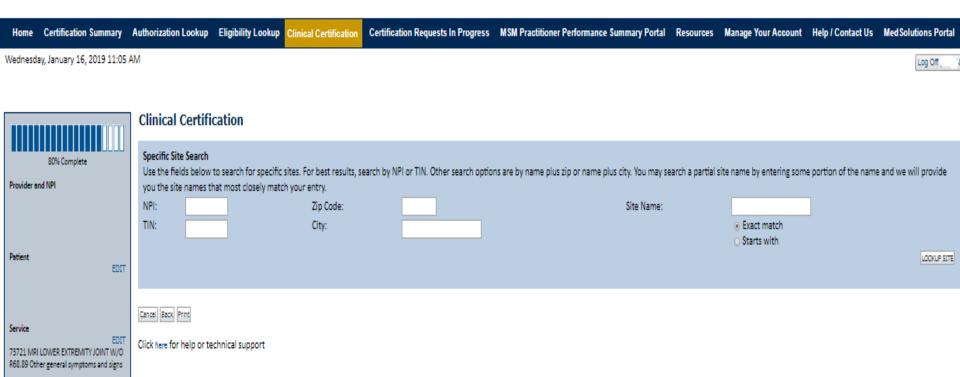
Cancel Back Print Continue

Click here for help or technical support



Click "Continue" to confirm your selection.

# **Site Selection**



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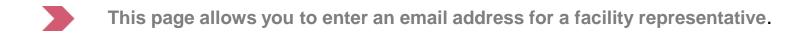
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# **Site Selection**



# Clinical Certification Selected Site: FIND NEW SITE Site Email (optional) Cancel Back Print Continue Click here for help or technical support



# **Clinical Certification**

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### Clinical Certification

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

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

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

Cancel Back Print Continue

Click here for help or technical support



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

# **Contact Information**



Wednesday, January 16, 2019 11:05 AM



### **Clinical Certification**

Is this case Routine/Standard?



- Select an urgency indicator and upload your patient's relevant medical records that support your request.
  - If your request is urgent, select "No."
  - If the case is standard, select "Yes."

**Note:** 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.

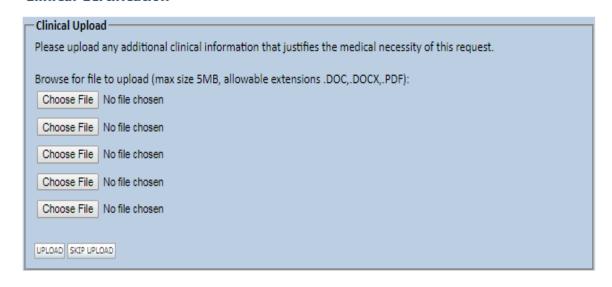
# **Supporting Documentation**



Wednesday, January 16, 2019 11:05 AM



### Clinical Certification



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



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

# **Clinical Certification**

Home Certification Summary Authorization Lookup Eligibility Lookup

Clinical Certification

Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us Med Solutions Portal

Wednesday, January 16, 2019 11:05 AM



### Clinical Certification

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

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

Finish Later

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



Click here for help or technical support

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Clinical Certification questions may populate based upon the information provided.

# **Clinical Certification**

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

Monday, August 12, 2019 1:57 PM

### **Clinical Certification**

What is the name of the test you are requesting?

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	
0	1199A to G Mutation Analysis	Factor II (F2) Targeted Mutation Analysis Tests
0	ABL T315I Mutation in CML, Cell-based	ABL1 Kinase Mutations
0	ABL T315I Mutation in CML, Plasma-Based, Leumeta	ABL1 Kinase Mutations
	AccuType IL28B	IL28B Polymorphism Genotype
	AccuType(R) CP, Clopidogrel CYP2C19 Genotype	CYP2C19 Targeted Mutation Analysis Tests
0	AccuType(R) Warfarin	Warfarin Sensitivity Panel Tests
	AML1/ETO t(8;21) Quantitative, Real-Time PCR	AML/ETO Rearrangement Tumor Testing
0	Angiotensin Converting Enzyme (ACE) Polymorphism (Insertion/Deletion)	Angiotensin Converting Enzyme (ACE) Polymorphism
0	Angiotensin II Type 1 Receptor (AGTR1) Gene 1166A to C Polymorphism	AGTR1 1166A-C Polymorphism

123456789



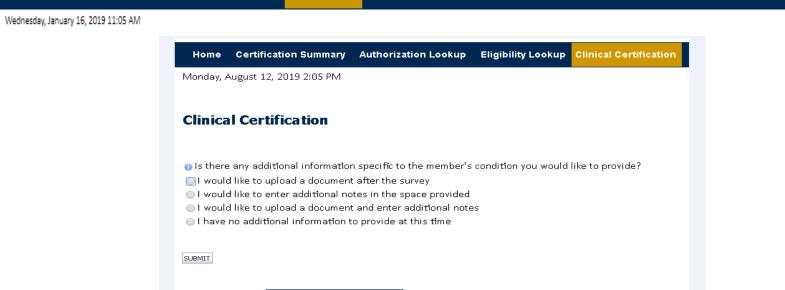
<sup>\*\*</sup> NOTE: If you know the name of the test, choose the first letter of the test name above. Otherwise, you can scroll through all tests using the page numbers. If you cannot find the test, please return to page 1 of the "All" tab and select "None of These".

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

# **Medical Review**

Certification Summary Authorization Lookup Eligibility Lookup

Finish Later



Clinical Certification

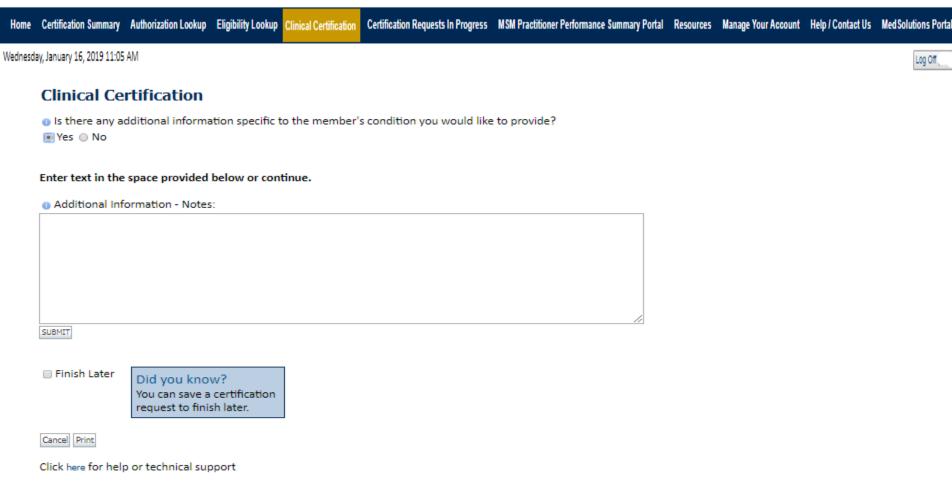
Did you know? You can save a certification request to finish later.

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

Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us Med Solutions Portal

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

# **Clinical Certification**



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

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

# Medical Review, cont.



Wednesday, January 16, 2019 11:05 AM



### **Clinical Certification**

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

Print SUBMIT CASE

Click here for help or technical support



Acknowledge the clinical certification statements, and click "Submit Case."

# **Approval**

Continue

### **Clinical Certification** Your case has been Approved. Provider Name: Contact: Provider Address: Phone Number: Fax Number: Once the clinical pathway Patient Name: Patient Id: questions are completed and if Insurance Carrier: the answers have met the Site Name: Site ID: clinical criteria, an approval will be issued. Site Address: Print the screen and store in the **Primary Diagnosis** Description: patient's file. Code: Secondary Diagnosis Description: Code: Date of Service: Not provided CPT Code: Description: Authorization Number: Review Date: 2:12:39 PM **Expiration Date:** Your case has been Approved. Status:

# **Building Additional Cases**

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

Wednesday, January 16, 2019 11:05 AM



### Clinical Certification

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

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

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

Start a new request using the same:

- Program (Musculoskeletal Management)
- Provider
- Program and Provider
- Program and Health Plan

GO

Cancel Print

Click here for help or technical support

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

# **Authorization Look Up**



Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us Med Solutions Portal **Authorization Lookup** Search by Authorization Number/ NPI REQUIRED FIELDS **New Security Features Implemented** Provider NPI: Search by Member Information Auth/Case Number: REQUIRED FIELDS Healthplan: Search Provider NPI: Search by Authorization Number/NPI. Enter the Patient ID: provider's NPI and authorization or case number. Patient Date of Birth: Select "Search." MM/DD/YYYY OPTIONAL FIELDS You can also search by member information, and Case Number: enter the health plan, provider's NPI, patient's ID, and patient's date of birth. Authorization Number:

# **Authorization Status**

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

Wednesday, January 16, 2019 11:47 AM



### **Authorization Lookup**

Authorization Number:

Case Number:

Health Plan Auth Number:

Status: Approved

Approval Date: 1/11/2019 12:00:00 AM

Service Code: LABTST

Service Description: MOLECULAR GENETIC TEST

Site Name:

Expiration Date: 3/12/2019

Date Last Updated: 1/16/2019 1:52:15 PM

Correspondence: VIEW CORRESPONDENCE

Print Done Search Again

Click here for help or technical support



The authorization will then be accessible to review.



To print authorization correspondence, select "View Correspondence."

# **Search Results and Electronic Clinical Upload Feature**

**Authorization Lookup** Home

**Eligibility Lookup** 

**Clinical Certification** 

Certification Requests In Progress MSM Practitioner Performance Summary Portal

### **New Security Features Implemented**

Authorization Number: NA

Case Number:

Status: Additional Information Required

Approval Date: Service Code:

Service Description:

Site Name:

Expiration Date:

Date Last Updated: 9/15/2017 10:45:49 AM

Correspondence:

VIEW CORRESPONDENCE

Clinical Upload:

UPLOAD ADDITIONAL CLINICAL



# **Eligibility Look Up**



Authorization Lookup

Eliaibility Lookup

Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us

Log Off (INTGTEST)

Thursday, March 15, 2018 4:43 PM

# **Eligibility Lookup**

New Security Features Implemented

Health Plan:

Patient ID:

Member Code:

Cardiology Eligibility: Medical necessity determination required.

Radiology Eligibility: Precertification is Required

Radiation Therapy Eligibility: Medical necessity determination required.

MSM Pain Mgt Eligibility: Precertification is Required

Sleep Management Eligibility: Medical necessity determination required.

Print Done Search Again

Click here for help or technical support

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

# **Provider Resources**



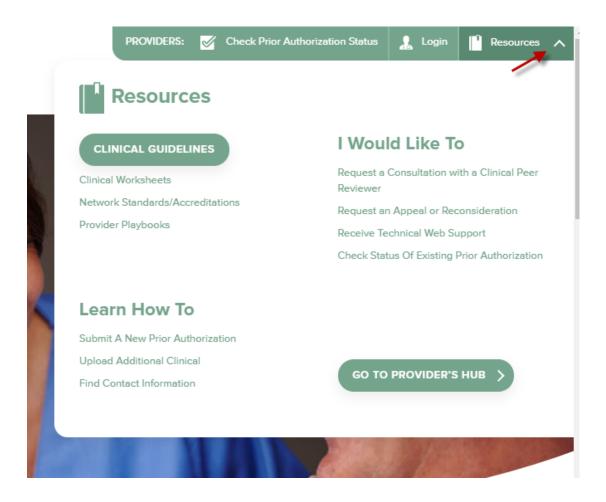




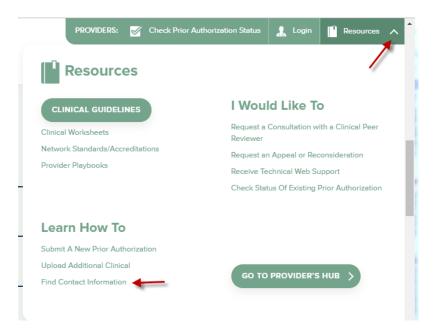


# **Online Resources**

- You can access important tools and resources at www.eviCore.com.
- Select "Resources" to view FAQs, clinical guidelines, online forms, and more.



# **Quick Reference Tool**





- Access health plan-specific contact information at www.eviCore.com by clicking the "Resources" tab, then select "Find Contact Information" under the "Learn How To" section.
- Simply select a health plan and a solution to populate the contact phone and fax numbers, as well as the appropriate legacy portal to utilize for case requests.

# **Provider Resources: Pre-Certification Call Center**



Pre-Certification
Call Center







Call **888-333-8641** Monday – Friday, 7 a.m. to 7 p.m.

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

# **Provider Resources: Web-Based Services**



Pre-Certification
Call Center



Web-Based Services





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

They can advise on the following:

- Request authorizations and check case status online –
   available 24 hours a day, 7 days a week
- Pause/start feature to complete initiated cases
- Upload electronic PDF/Word clinical documents

# **Provider Resources: Client Provider Operations**









To reach eviCore Client Services, call **800-575-4517** (option #3) or email **clientservices@evicore.com**.

They can assist with the following:

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

# **Provider Resources: Documents**









# **Contact Meridian for provider enrollment questions**

eviCore-Meridian Implementation Page: www.eviCore.com/healthplan/meridian\_wellcare

You can access the following:

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

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

# **Thank You!**

