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

Provider Orientation

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Corporate Overview

100M Members Managed Nationwide

9 Comprehensive Solutions

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

4k+ employees including **1k clinicians**

Engaging with 570k+ providers

Headquartered in Bluffton, SC
Offices across the US including:

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

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9 Comprehensive Solutions

- Radiology
- Cardiology
- Musculoskeletal
- Sleep Management
- Medical Oncology
- Specialty Drug
- Radiation Therapy
- Lab Management
- Post-Acute Care

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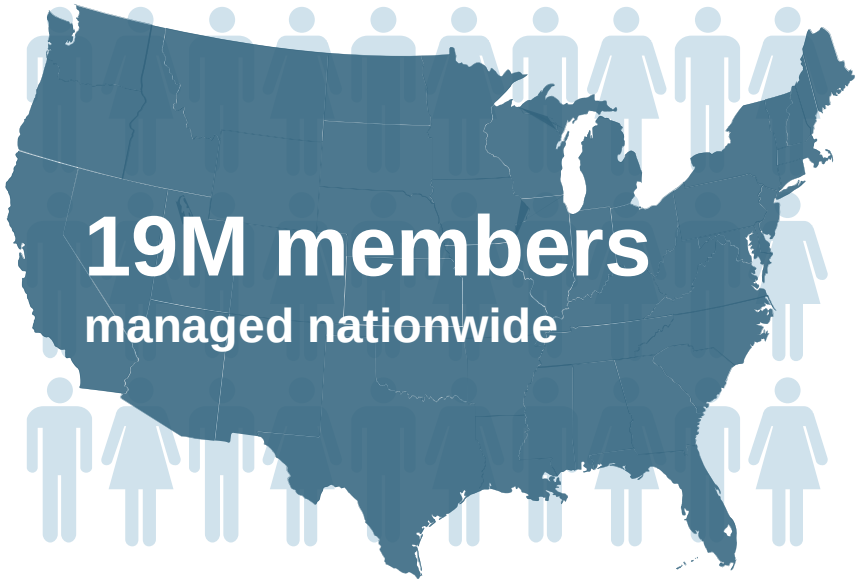
Lab Management Solution- Our Experience

14+ Regional
and National Clients

100k+
Cases built per day

9 Years
Managing Lab Management Services



Members Managed

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

NCQA Certification Utilization Management

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

URAC ACCREDITED HEALTH UTILIZATION MANAGEMENT

Our Clinical Approach

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

Client Provider Operations

The Client Provider Operations team is responsible for high-level service delivery to our health plan clients as well as ordering and rendering providers nationwide

Client Provider Representatives

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

Client Service Managers

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

Regional Provider Engagement Managers

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

Why Our Service Delivery Model Works

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

Complex issues are escalated to resources who are the subject matter experts and can quickly coordinate with matrix partners to address issues at a root-cause level.

Routine issues are handled by a team of representatives who are cross trained to respond to a variety of issues. There is no reliance on a single individual to respond to your needs.

Preauthorization Program for Blue Cross and Blue Shield Medicare Program

Program Overview

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

Preauthorization applies to services that are:

- Outpatient
- Elective / Non-emergent

eviCore Preauthorization does not apply to services that are performed in:

- Emergency room
- Inpatient
- 23-hour observation

It is the responsibility of the ordering provider to request preauthorization approval for services.

Applicable Membership

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

- **Blue Cross and Blue Shield of Illinois**
  - Medicare members
- **Blue Cross and Blue Shield of Montana**
  - Medicare members
- **Blue Cross and Blue Shield of New Mexico**
  - Medicare members
- **Blue Cross and Blue Shield of Oklahoma**
  - Medicare members
- **Blue Cross and Blue Shield of Texas**
  - Medicare members

Preauthorization Required:

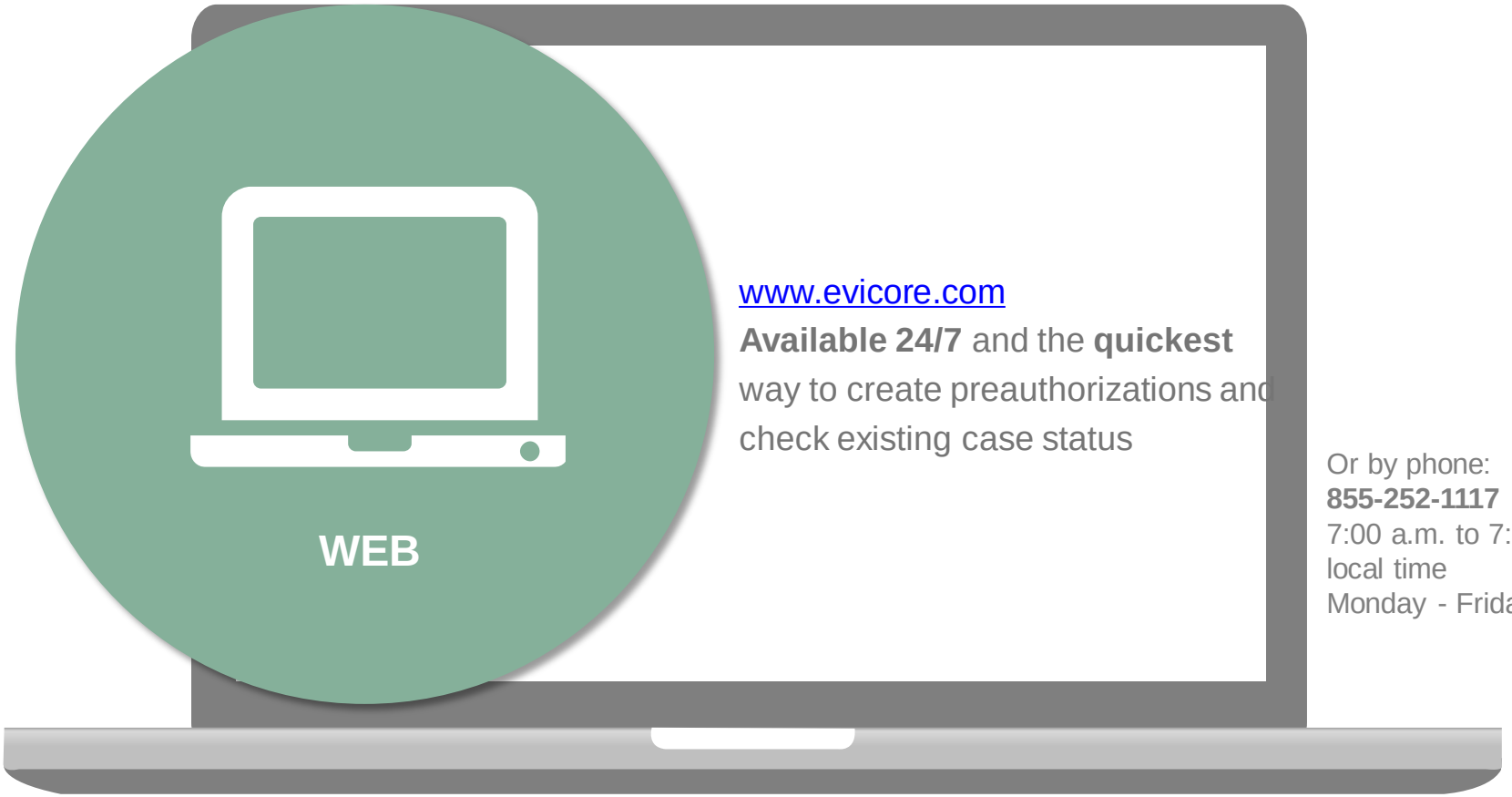
- Hereditary Cancer Screening
- Carrier Screening Tests
- Tumor Marker / Molecular profiling
- Hereditary Cardiac Disorders
- Cardiovascular Disease and Thrombosis Risk Variant Testing
- Pharmacogenomic Testing
- Neurologic Disorders
- Mitochondrial Disease Testing
- Intellectual Disability / Developmental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

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

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

Preauthorization Requests

How to request preauthorization:

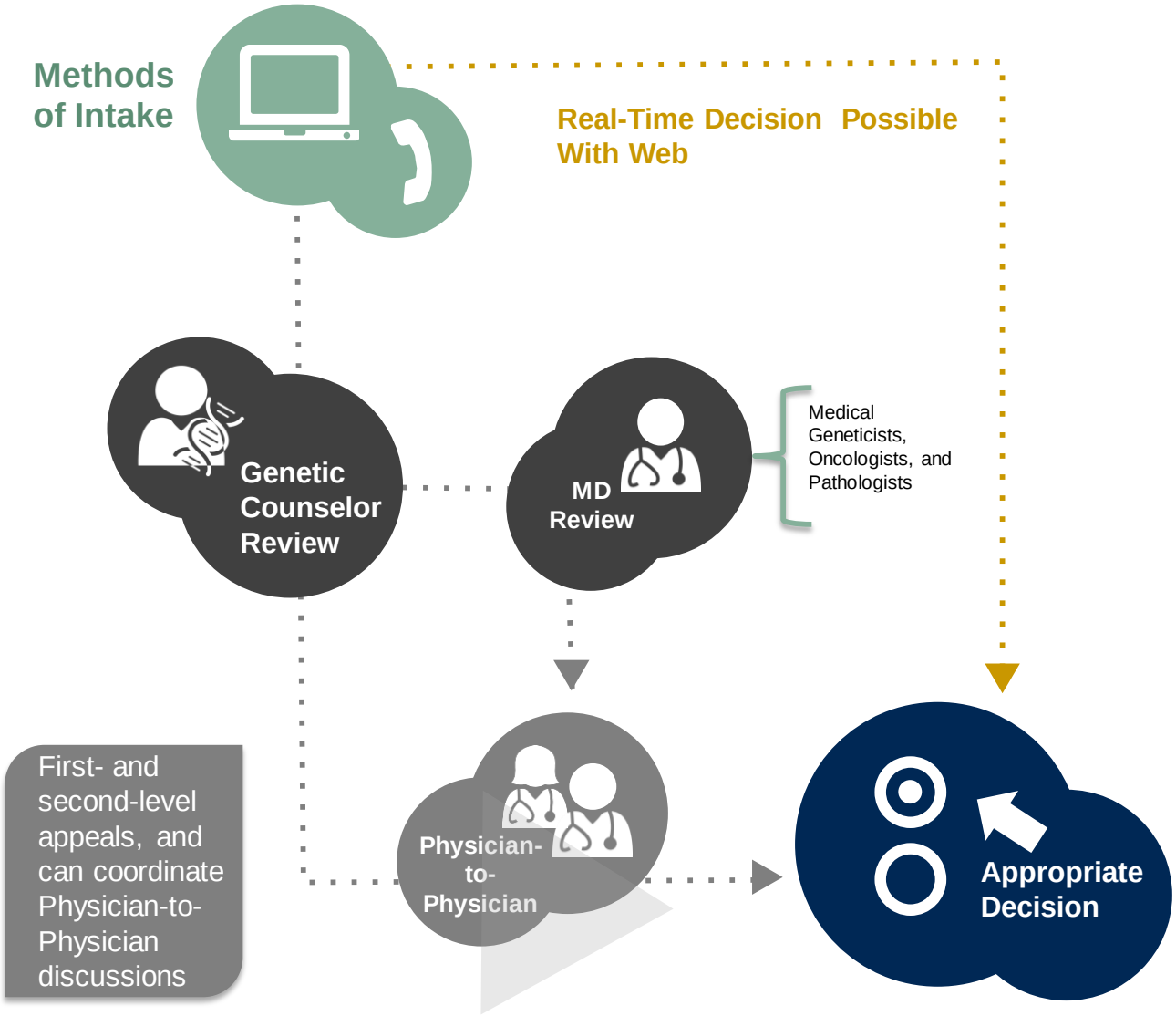


www.evicore.com

Available 24/7 and the **quickest** way to create preauthorizations and check existing case status

Or by phone:
855-252-1117
7:00 a.m. to 7:00 p.m. local time
Monday - Friday

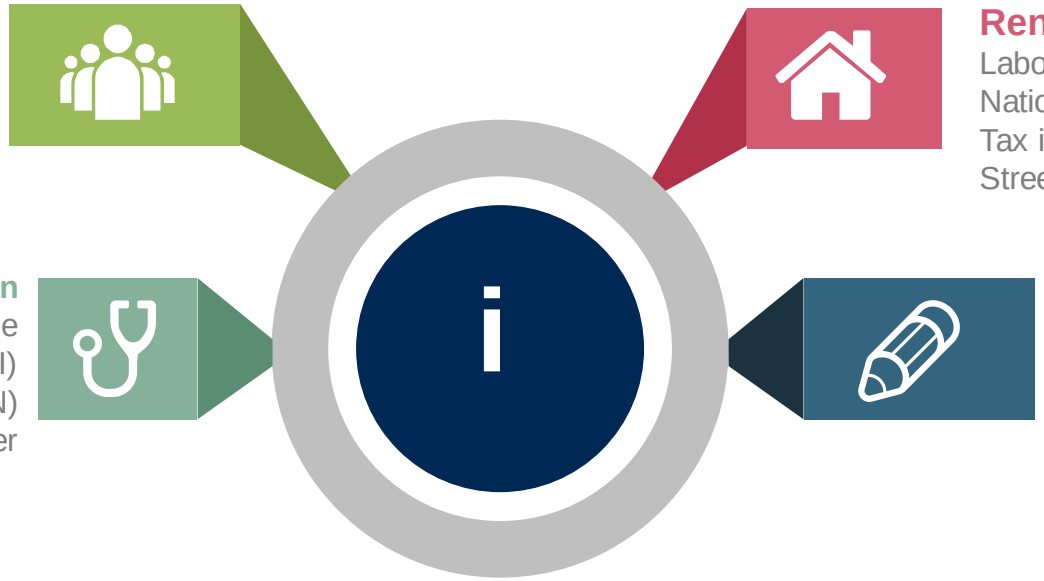
Clinical Review Process – Easy for Providers and Staff



Needed Information

Member
Member ID
Member name
Date of birth (DOB)

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



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

Requests
CPT code(s) for requested service

The appropriate diagnosis code for the working of differential diagnosis

***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?**

Preauthorization Outcomes

Approved Requests:

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

Delivery:

- Faxed to referring provider and rendering laboratory (verbal outreach for urgent requests).
- Mailed to the member (verbal outreach for urgent requests).
- Information can be printed on demand from the eviCore healthcare Web Portal.

Denied Requests:

- Communication of denial determination
- Communication of the rationale for the denial
- How to request a Physician Review

Delivery:

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

Preauthorization Outcomes – Medicare

Pre-Decision Consultation

- If your case requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians or lab sites prior to a decision being rendered.
- In certain instances, additional information provided during the pre-decision consultation is sufficient to satisfy the medical necessity criteria for approval

Special Circumstances

Authorization Appeals

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

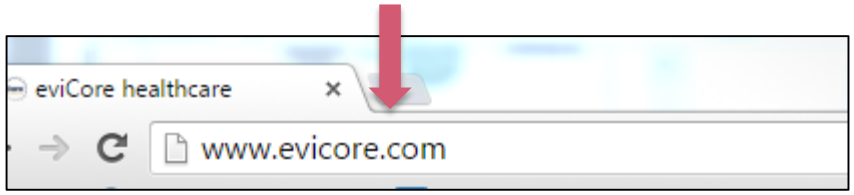
Outpatient Urgent Tests:

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

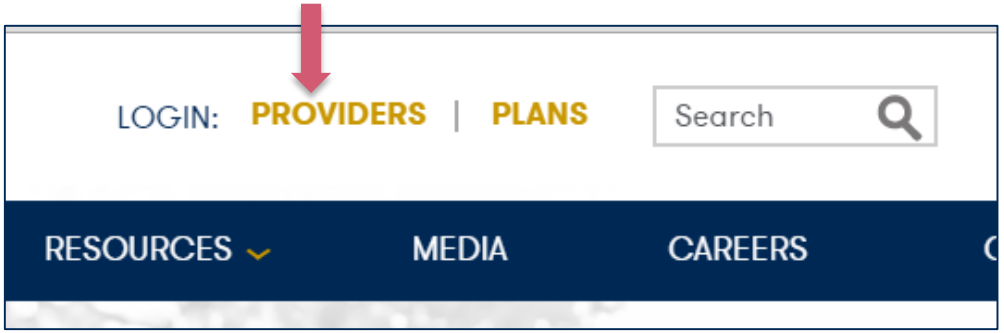
Web Portal Services

eviCore healthcare website

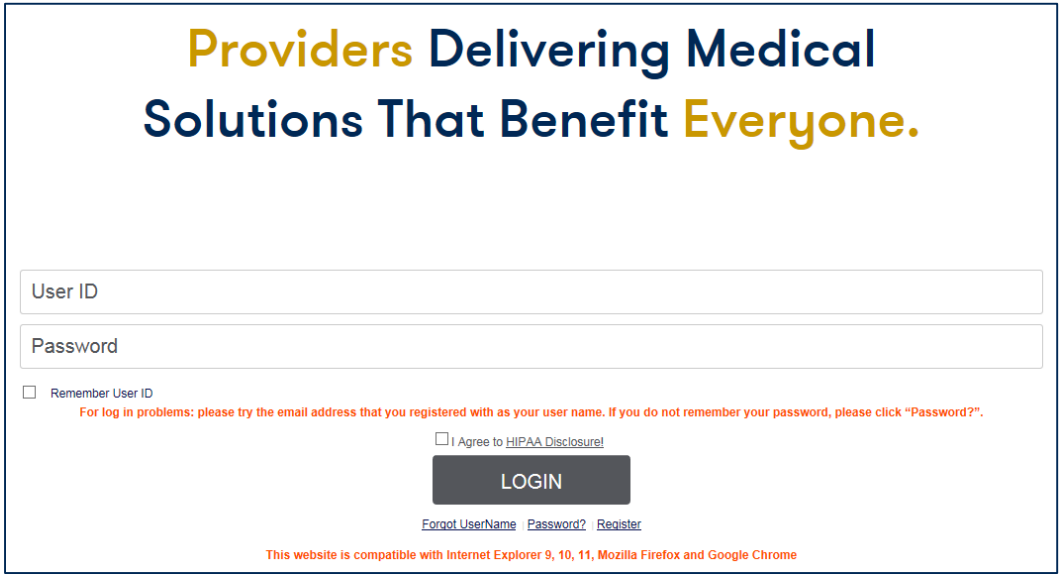
- Point web browser to evicore.com



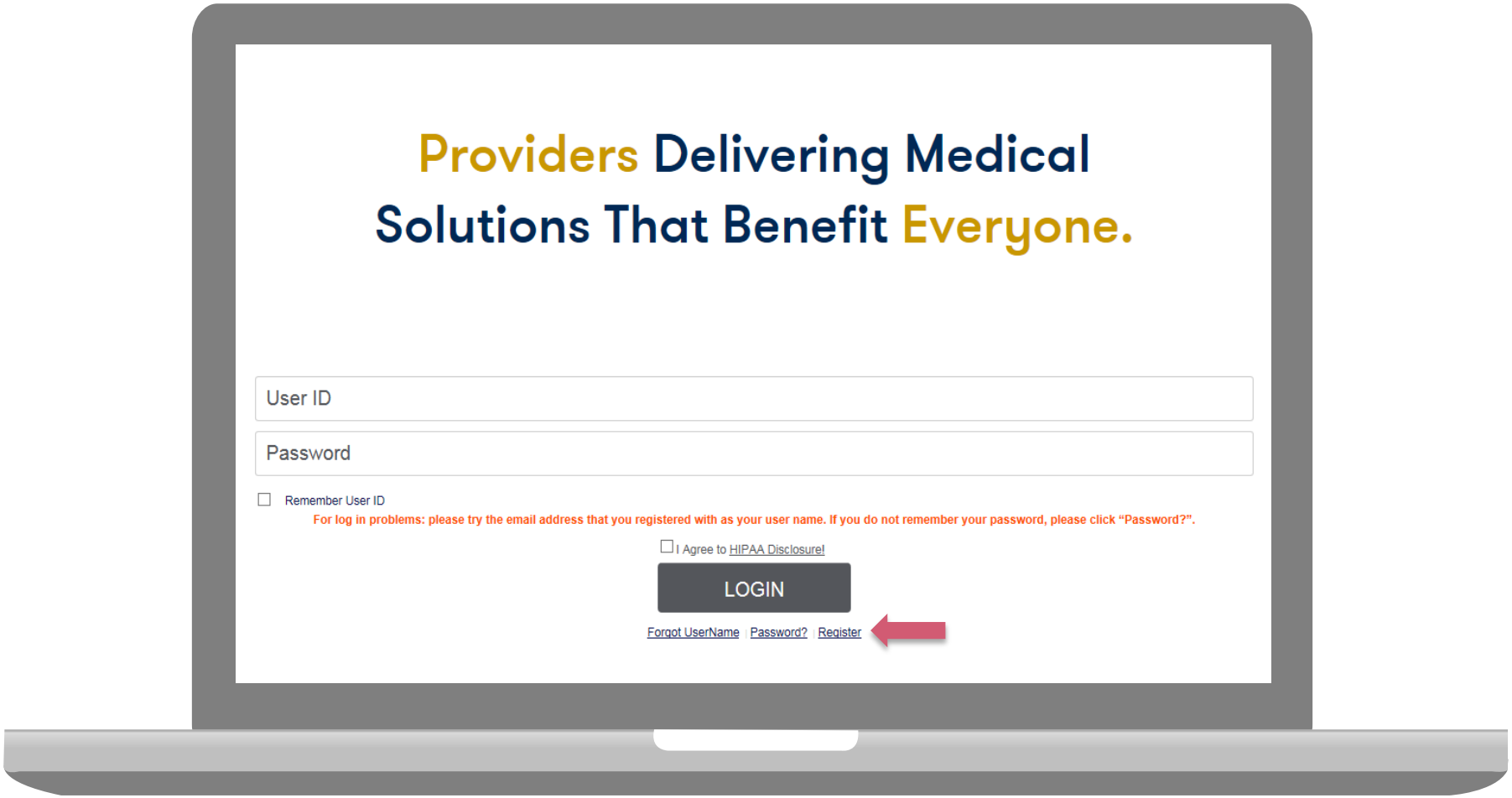
- Click on the “Providers” link



- Login or Register

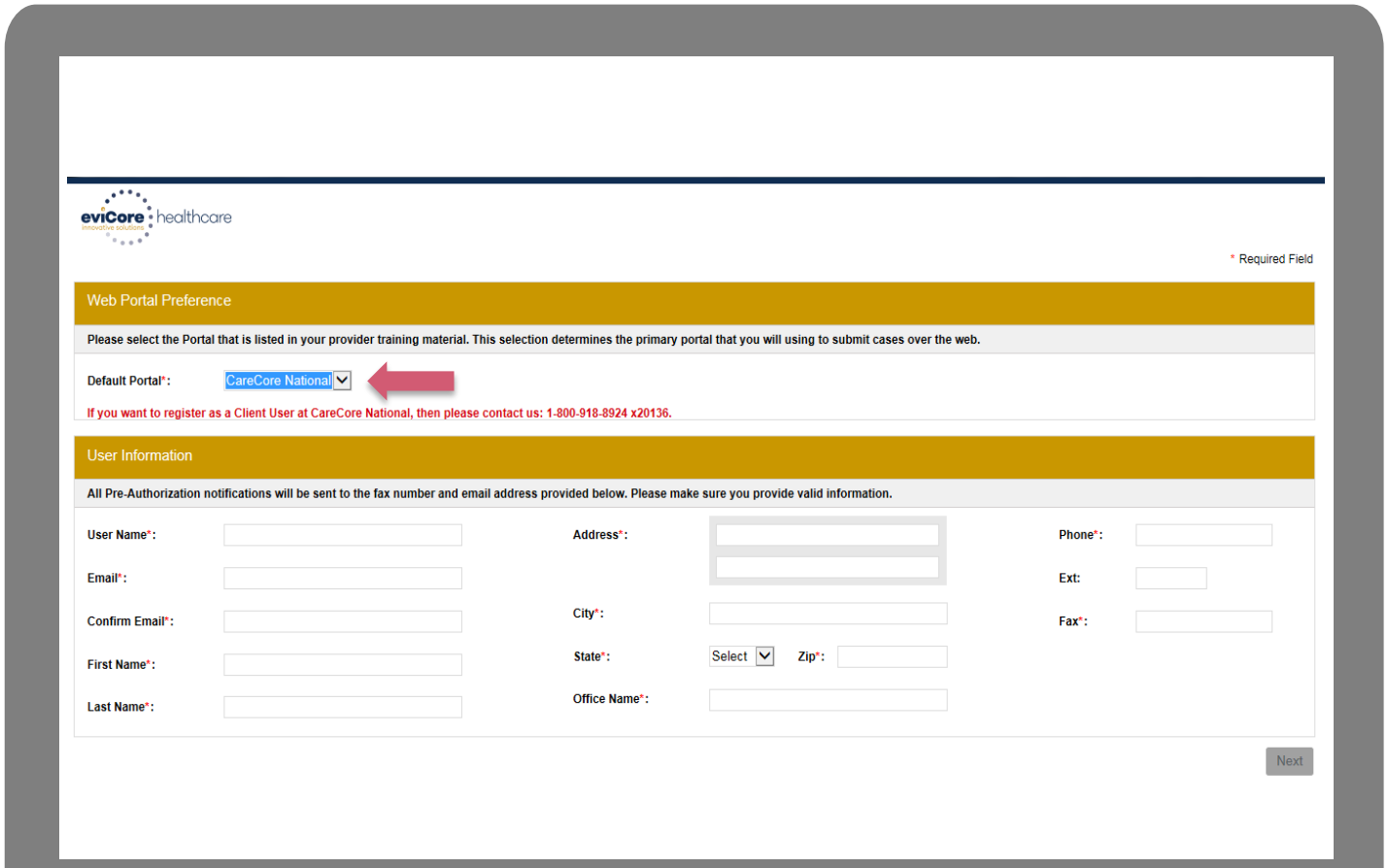


Creating An Account



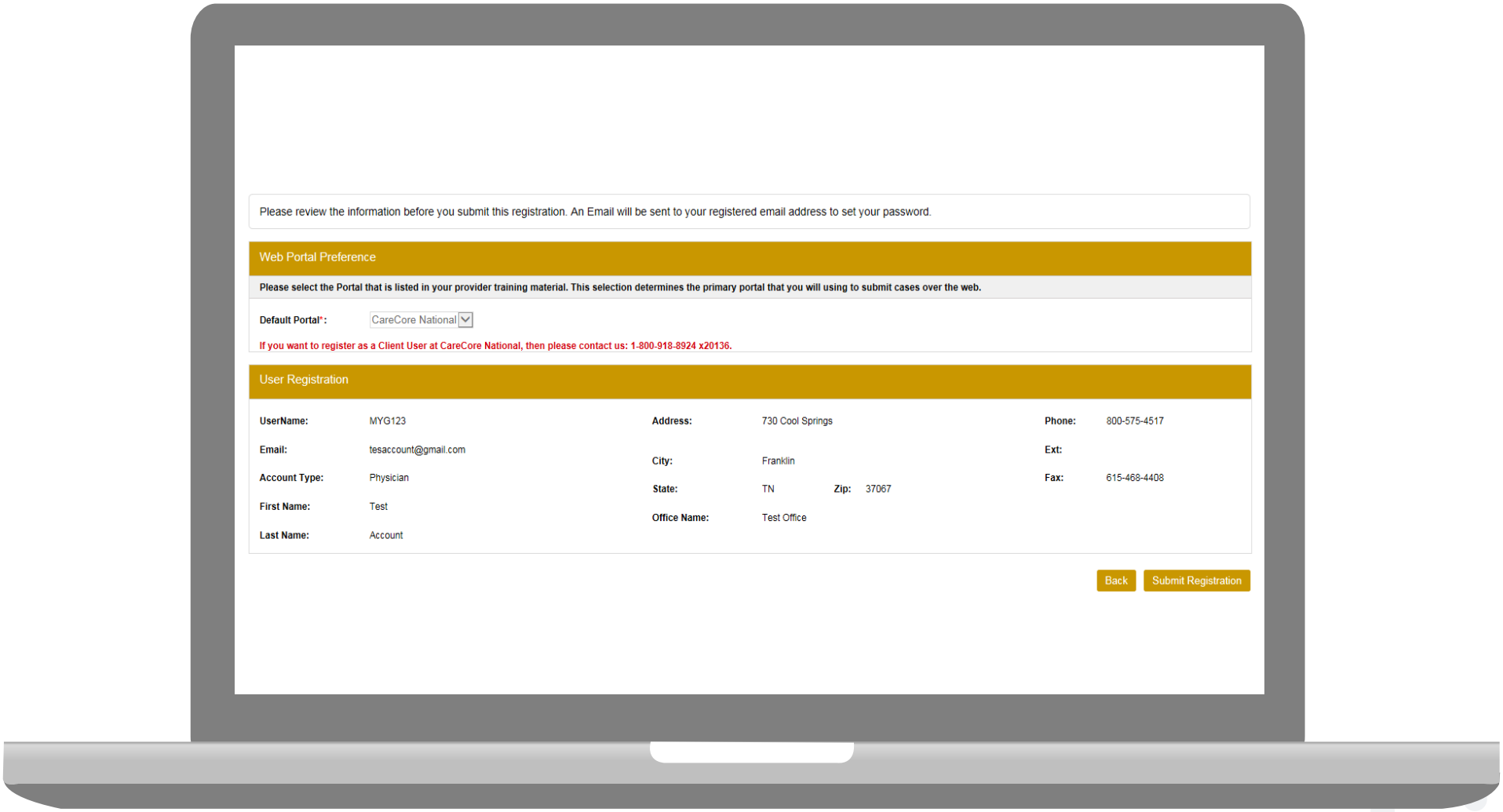
To create a new account, click **Register**.

Creating An Account



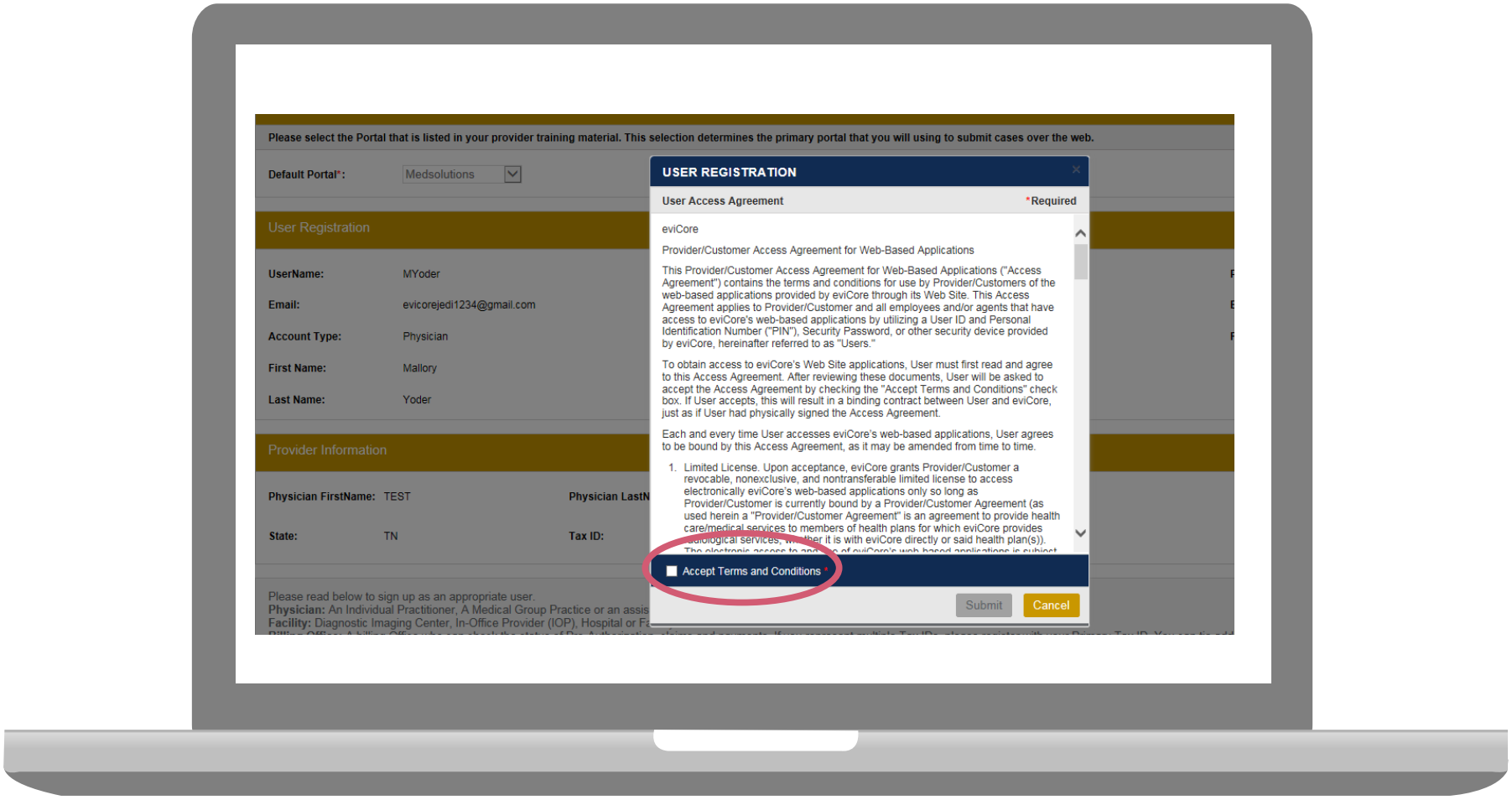
Select a **Default Portal**, and complete the registration form.

Creating An Account



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

User Registration-Continued



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

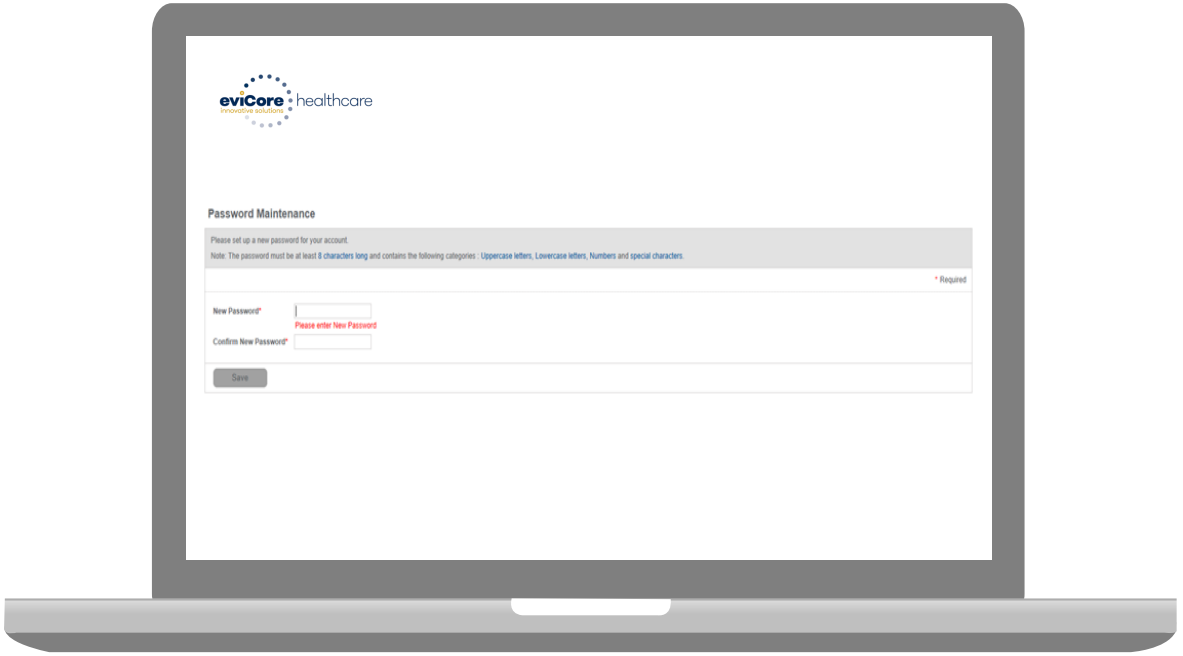
User Registration-Continued

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

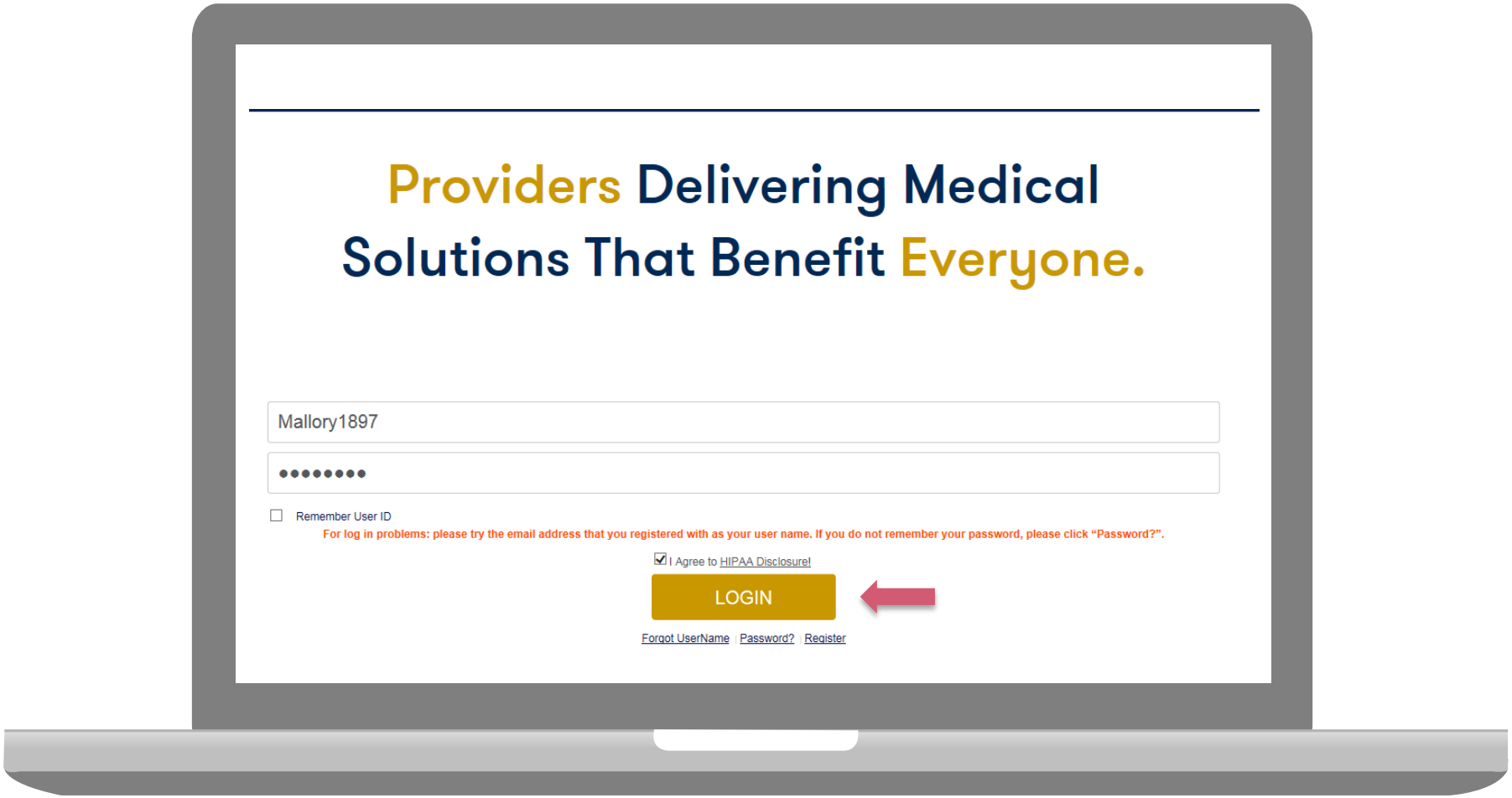
Create a Password

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

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



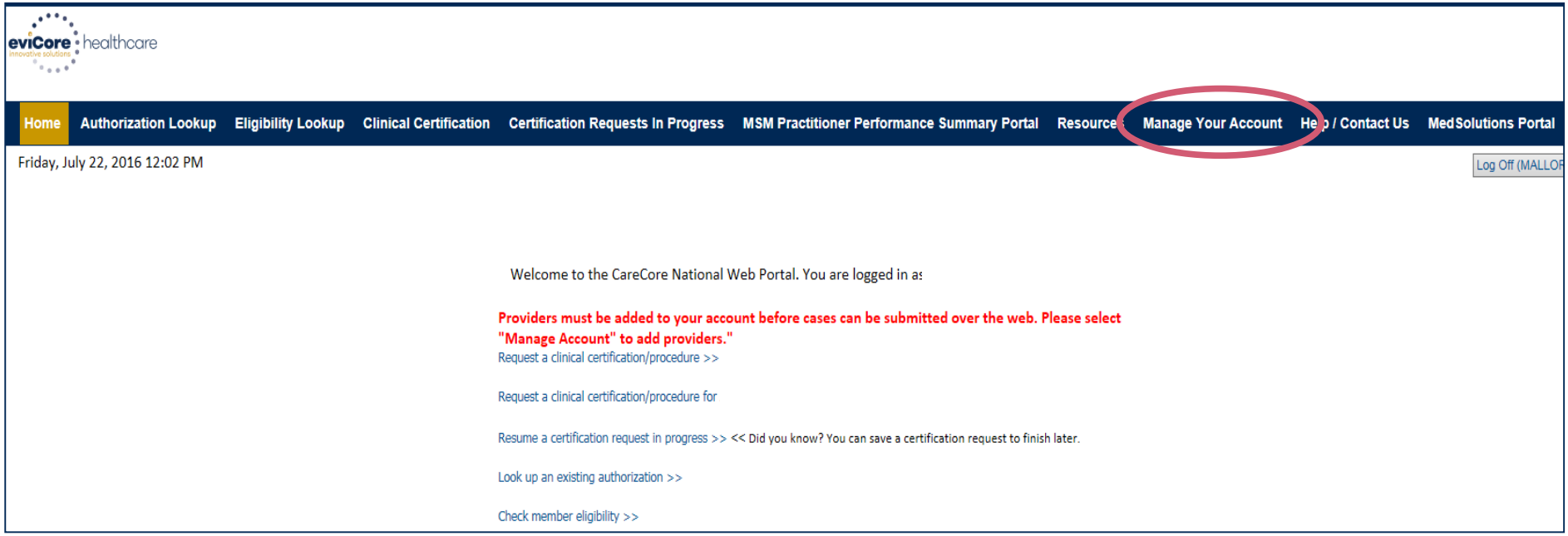
Account Log-In



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

Account Overview

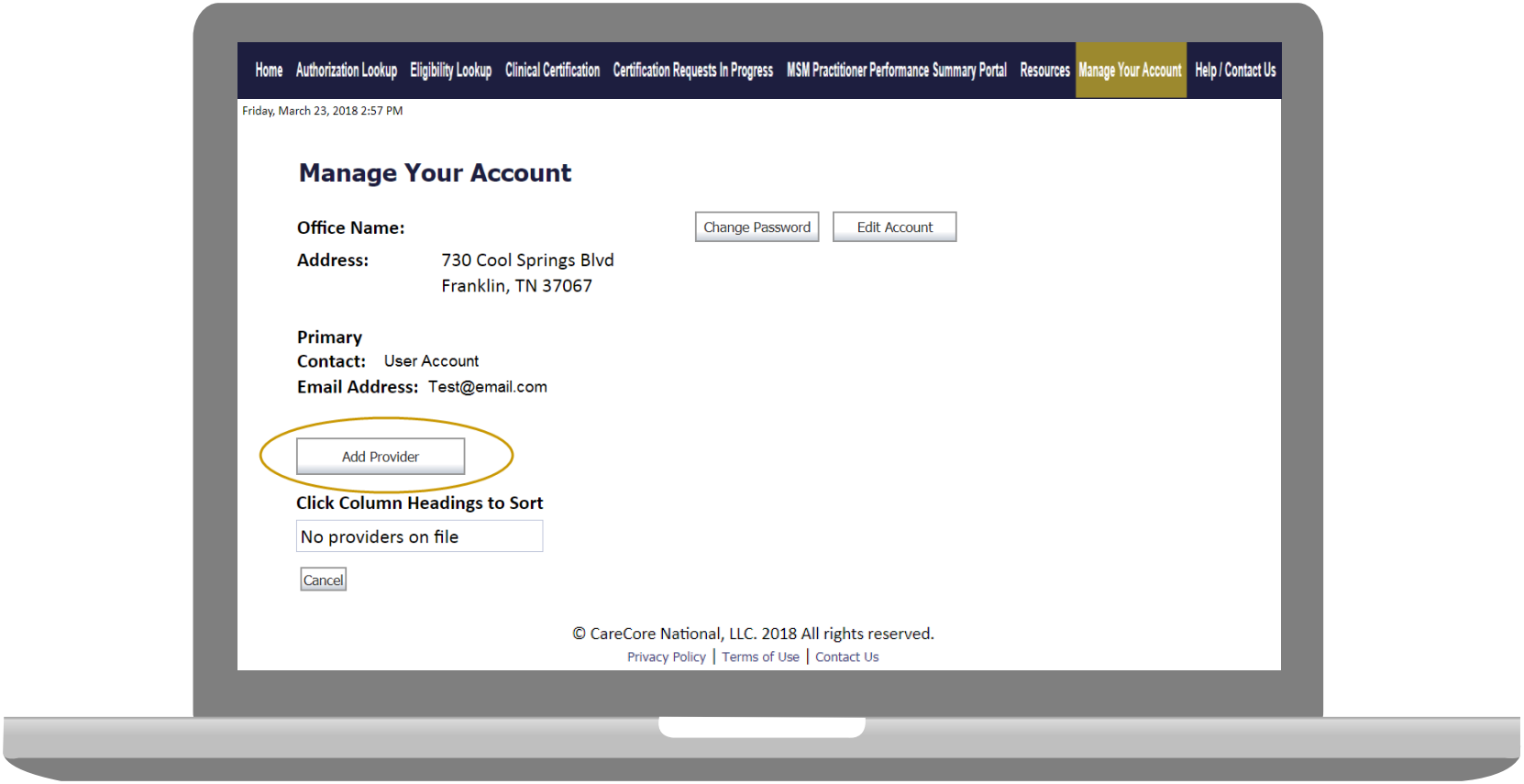
Welcome Screen



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

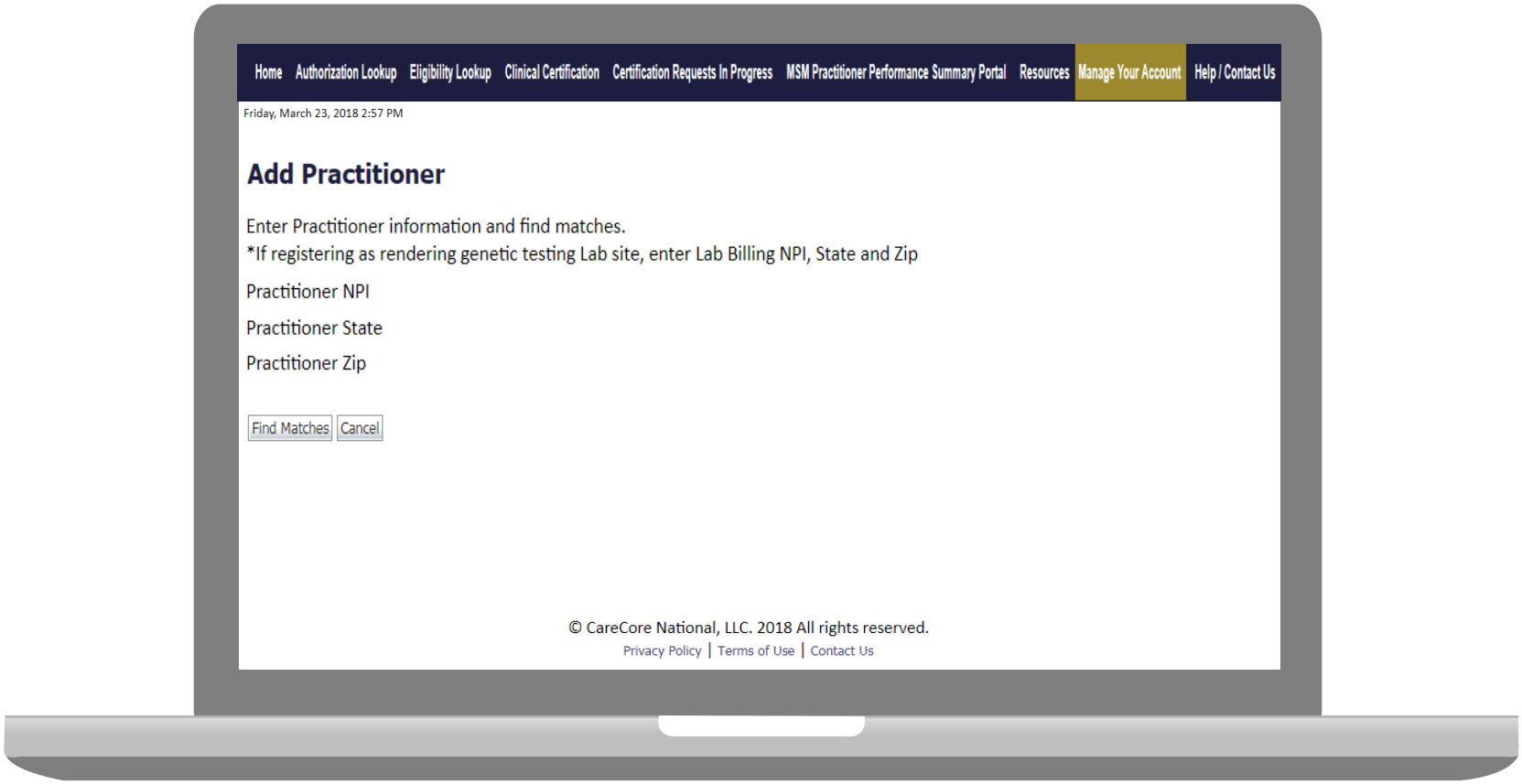
***Note:** You can access the MedSolutions Portal at any time if you are registered. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals without having to log-in multiple accounts.*

Add Practitioners



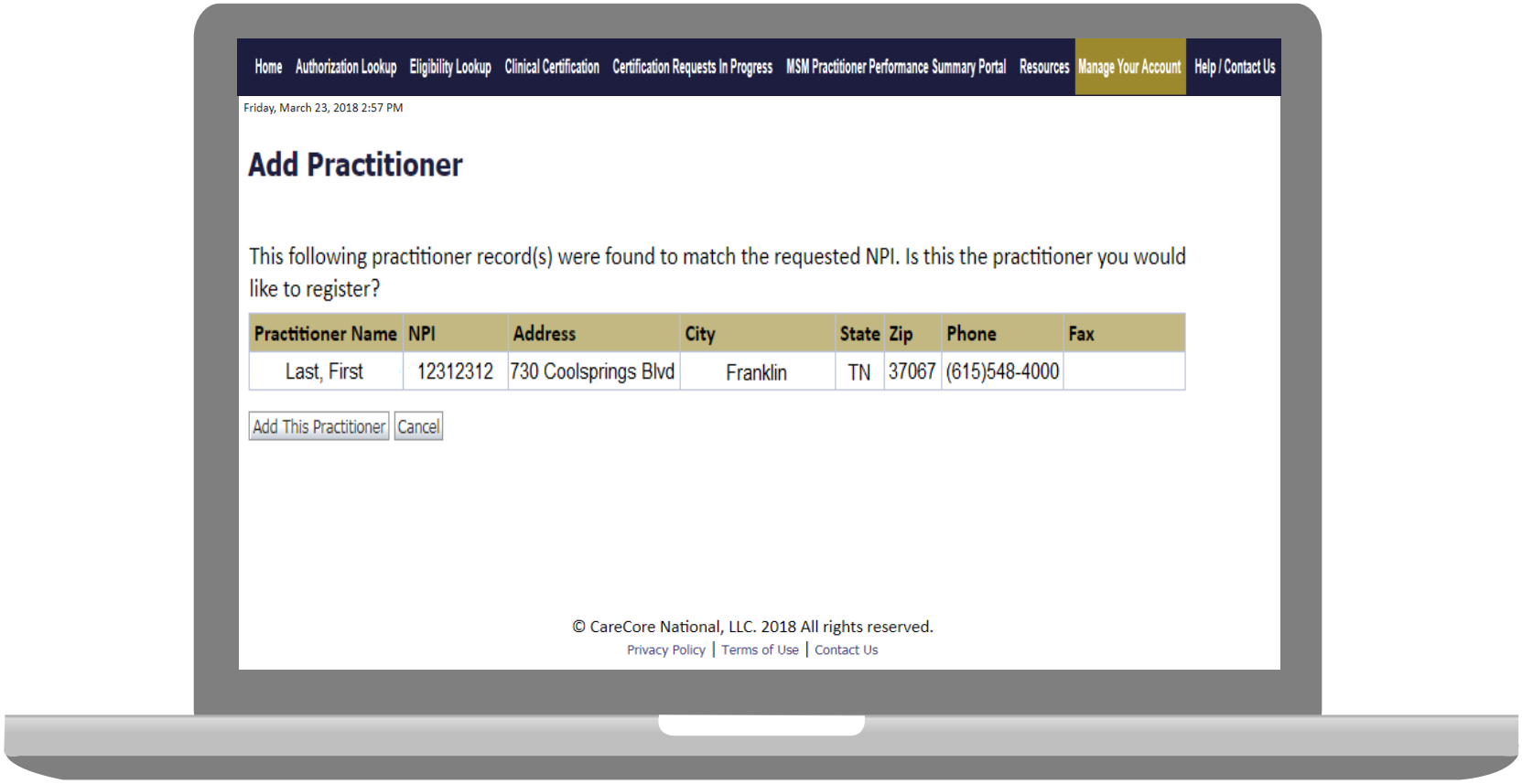
Click the "**Add Provider**" button.

Add Practitioners



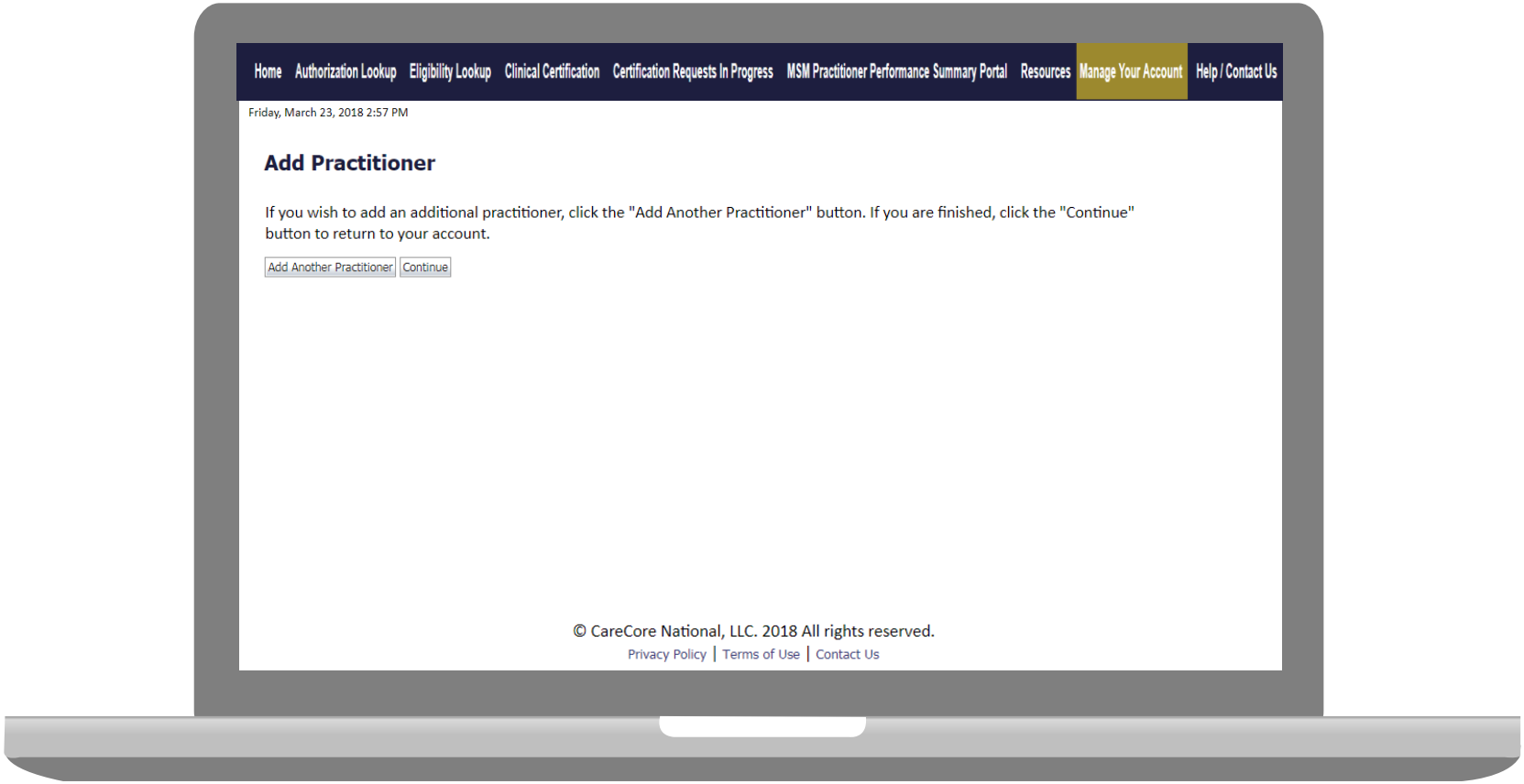
Enter the Provider's NPI, State, and Zip Code to search for the provider record to add to your account. You are able to add multiple Providers to your account.

Adding Practitioners



Select the matching record based upon your search criteria

Manage Your Account

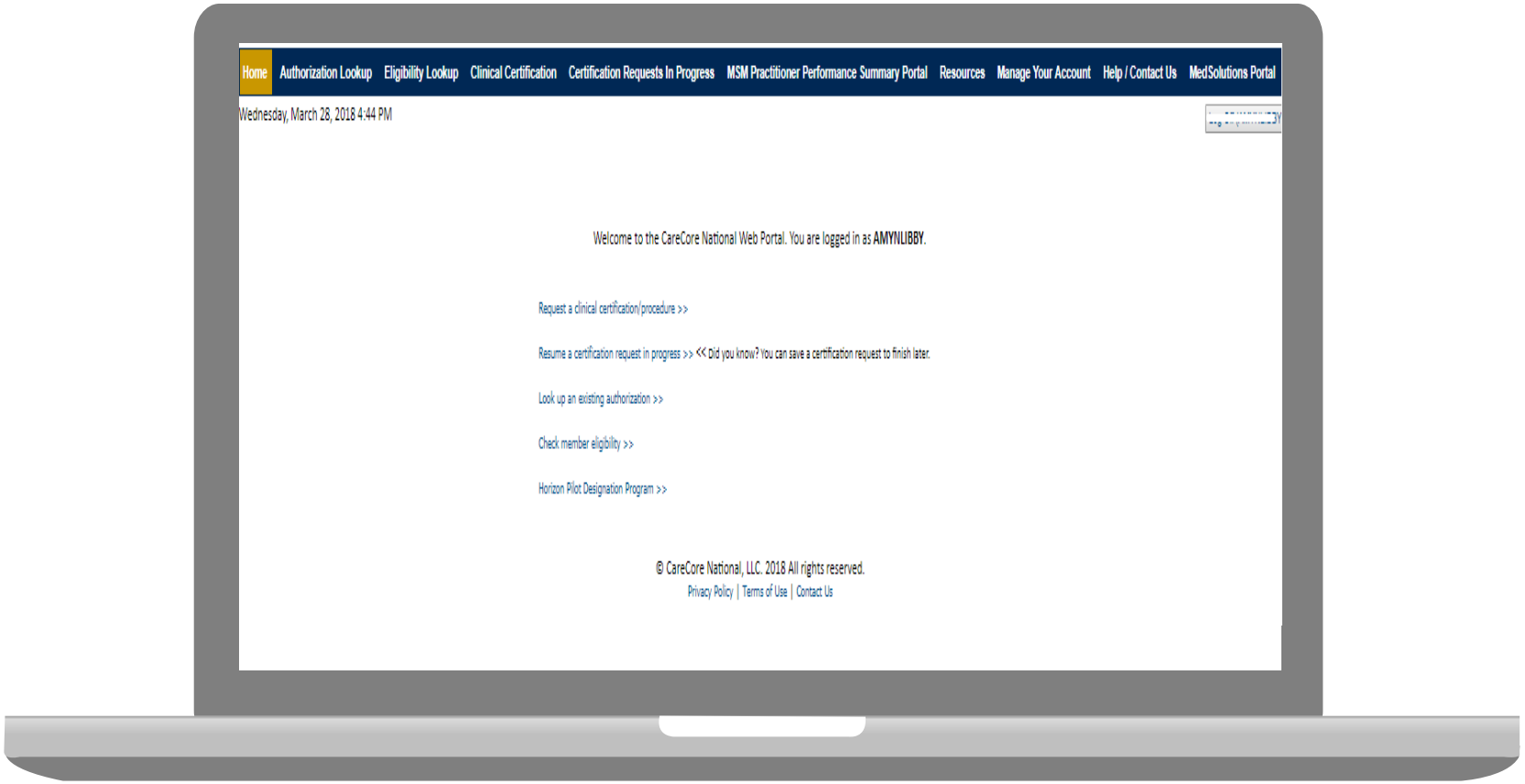


- Once you have selected a practitioner, your registration will be completed. You can then access the **"Manage Your Account"** tab to make any necessary updates or changes.

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

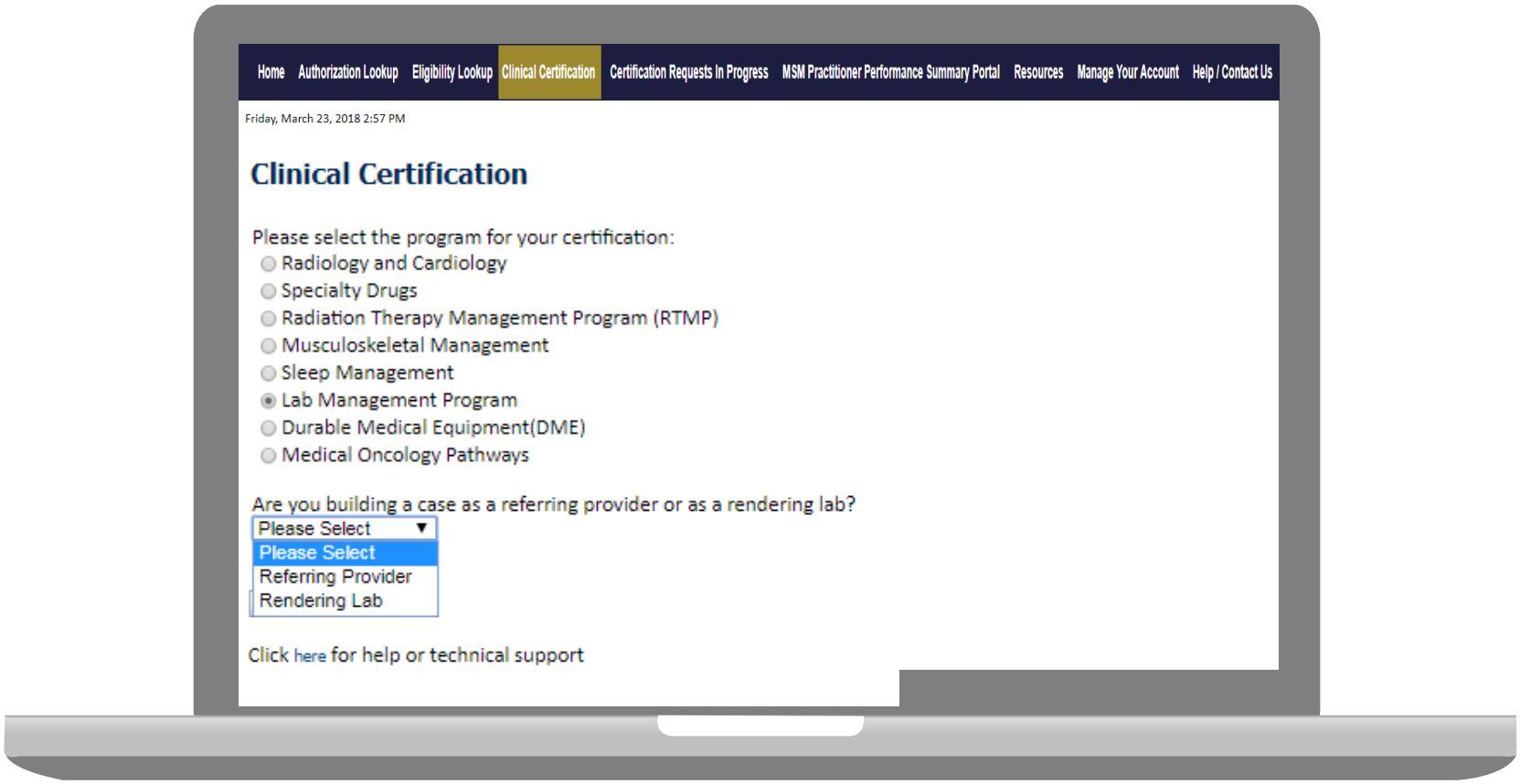
Case Initiation

Initiating A Case



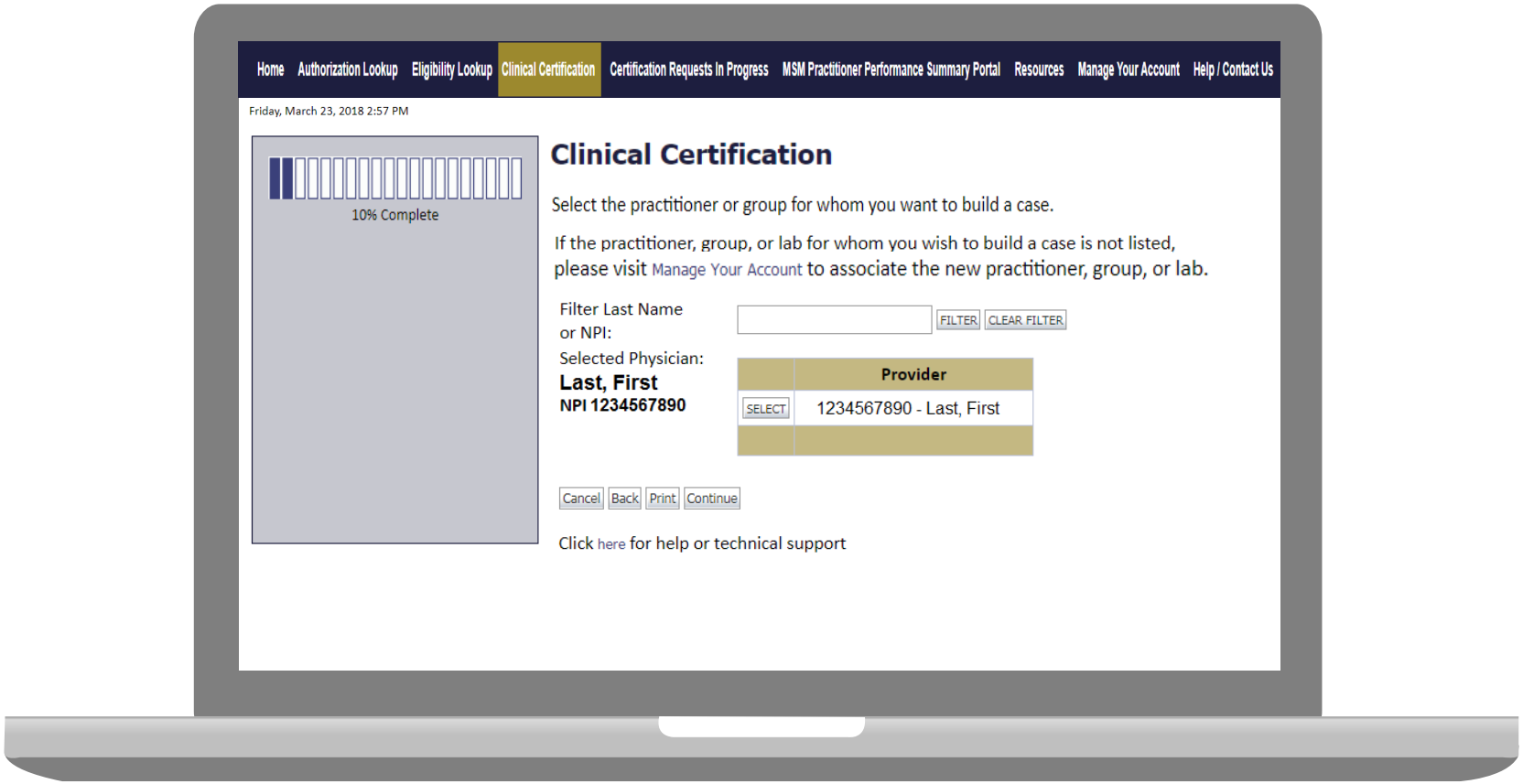
Choose **"request a clinical certification/procedure"** to begin a new case request.

Select Program



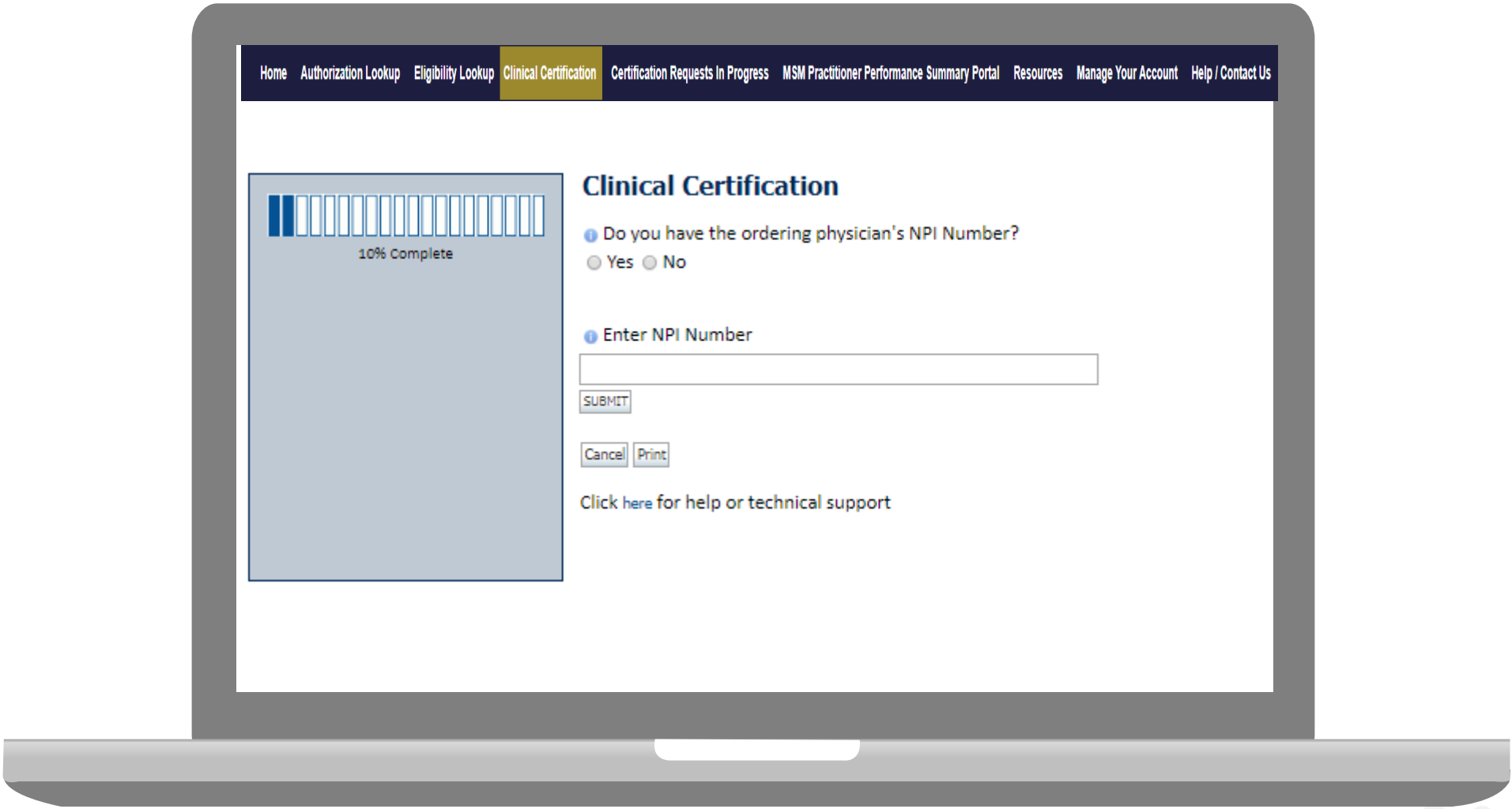
Select the **Program** for your certification.

Submitting as Provider- MD Search



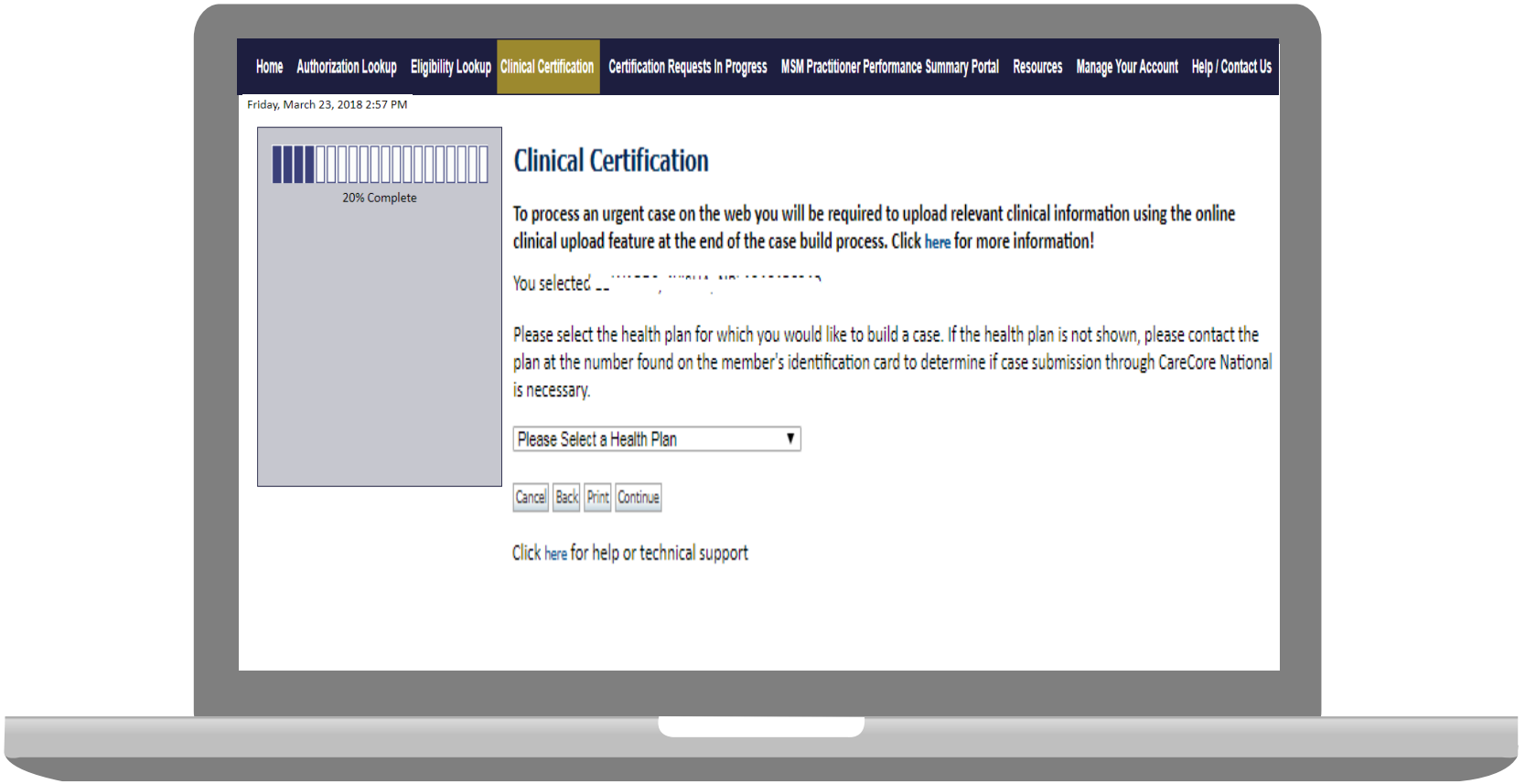
Select the Practitioner/Group for whom you want to build a case.

Submitting as Rendering Lab- MD Search



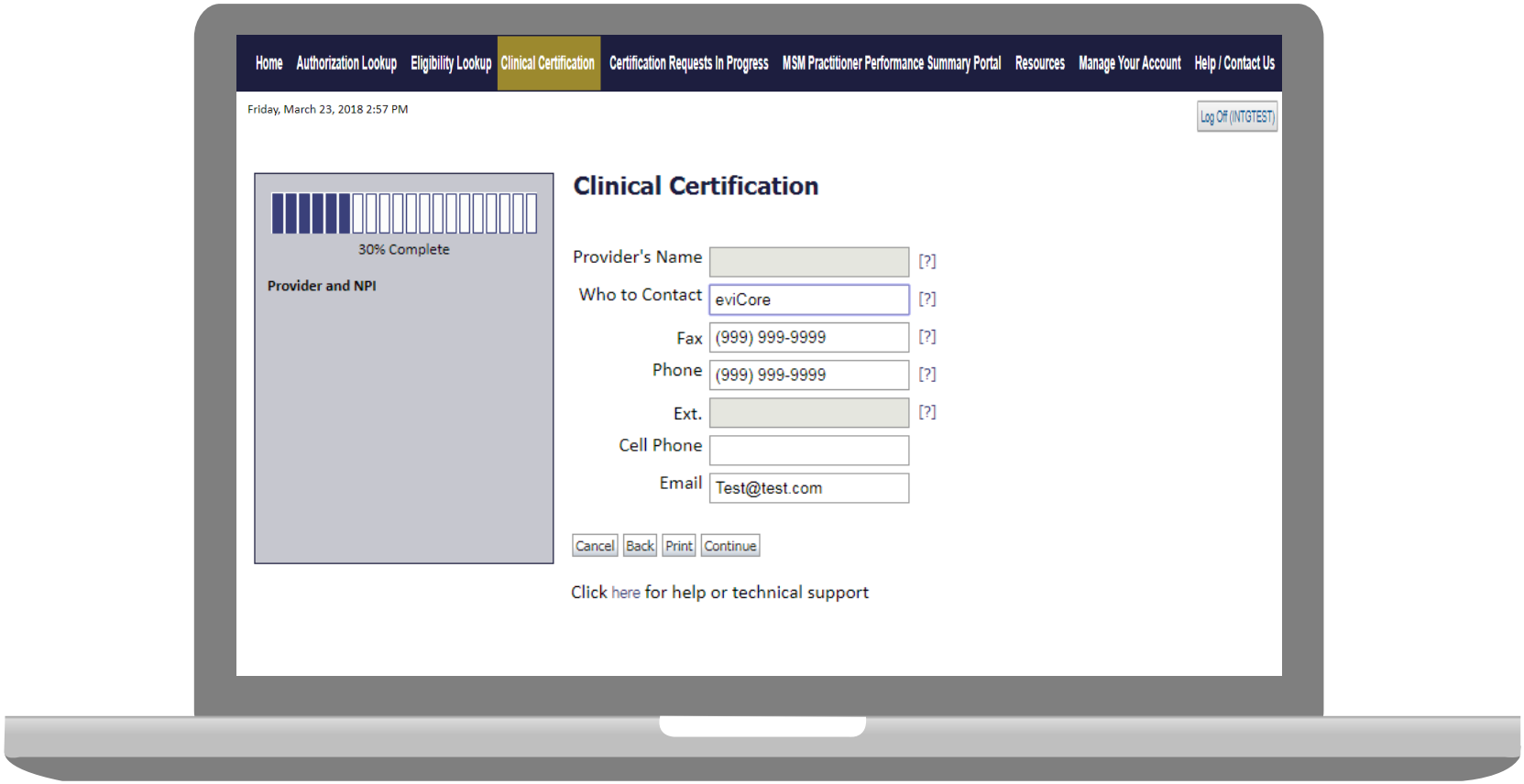
The Ordering Provider NPI must be entered to build a case online.

Select Health Plan



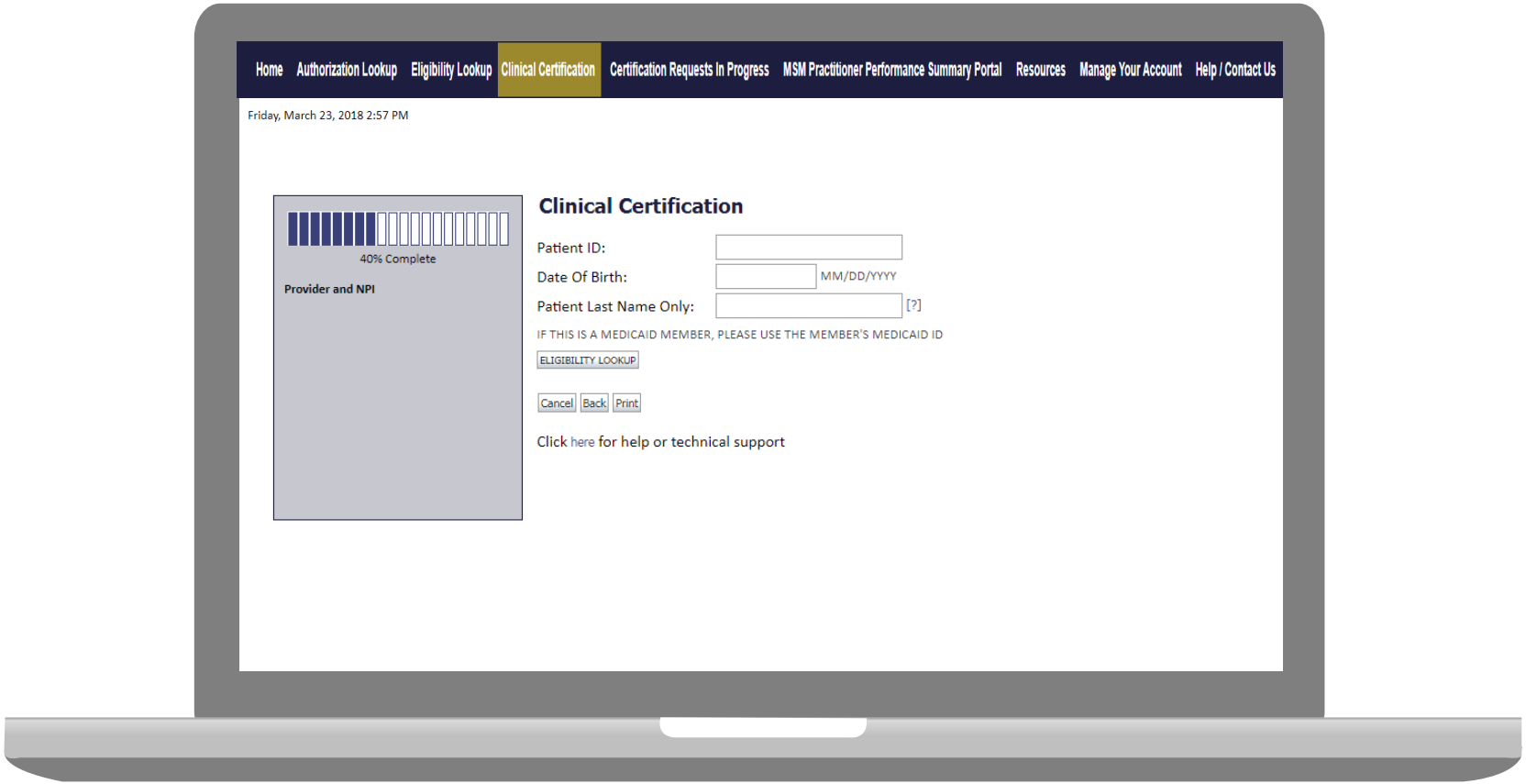
Choose the appropriate Health Plan for the case request. If the health plan does not populate, please contact the plan at the number found on the member's identification card.

Contact Information



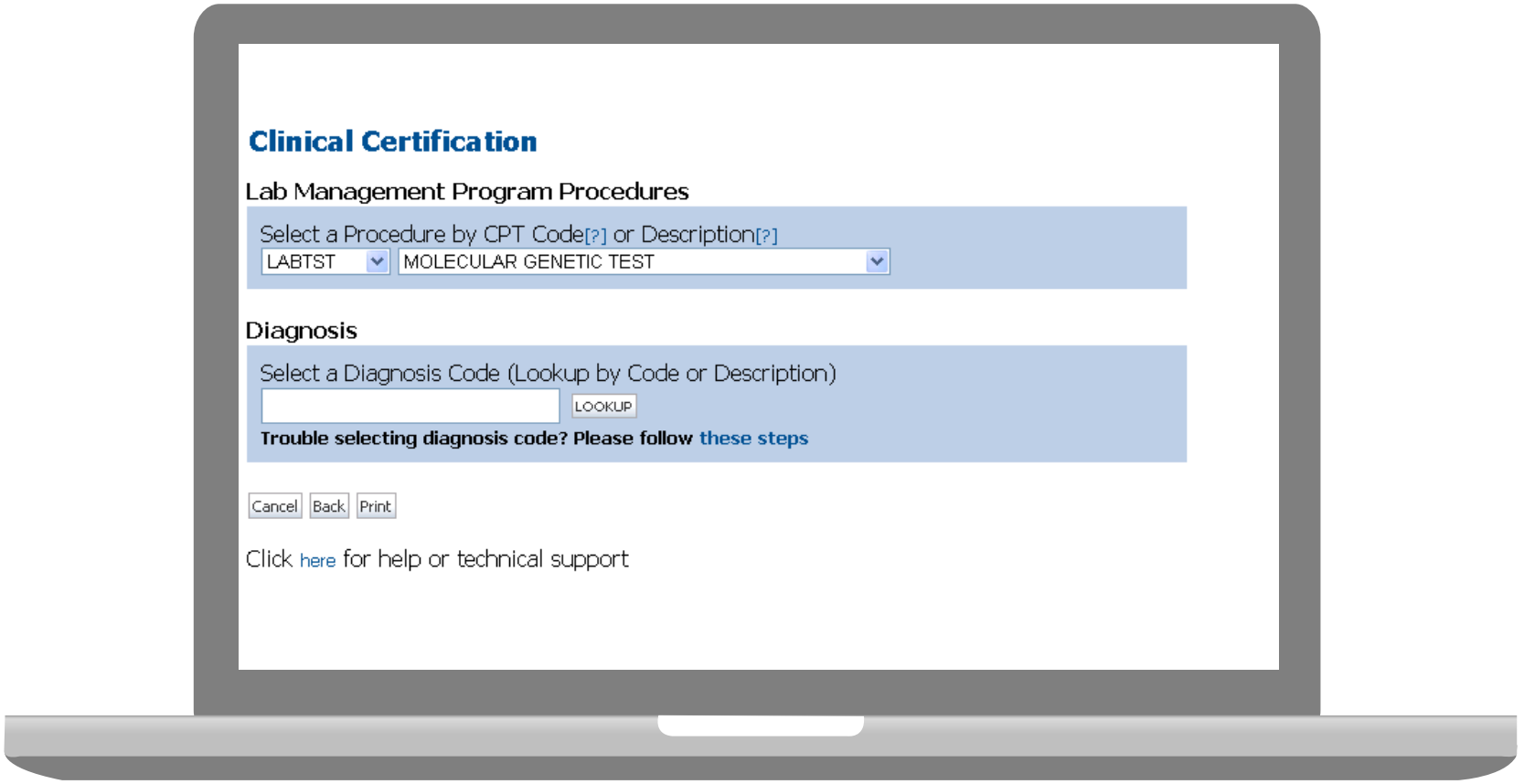
Enter the Provider's name and appropriate information for the point of contact individual.

Member Information

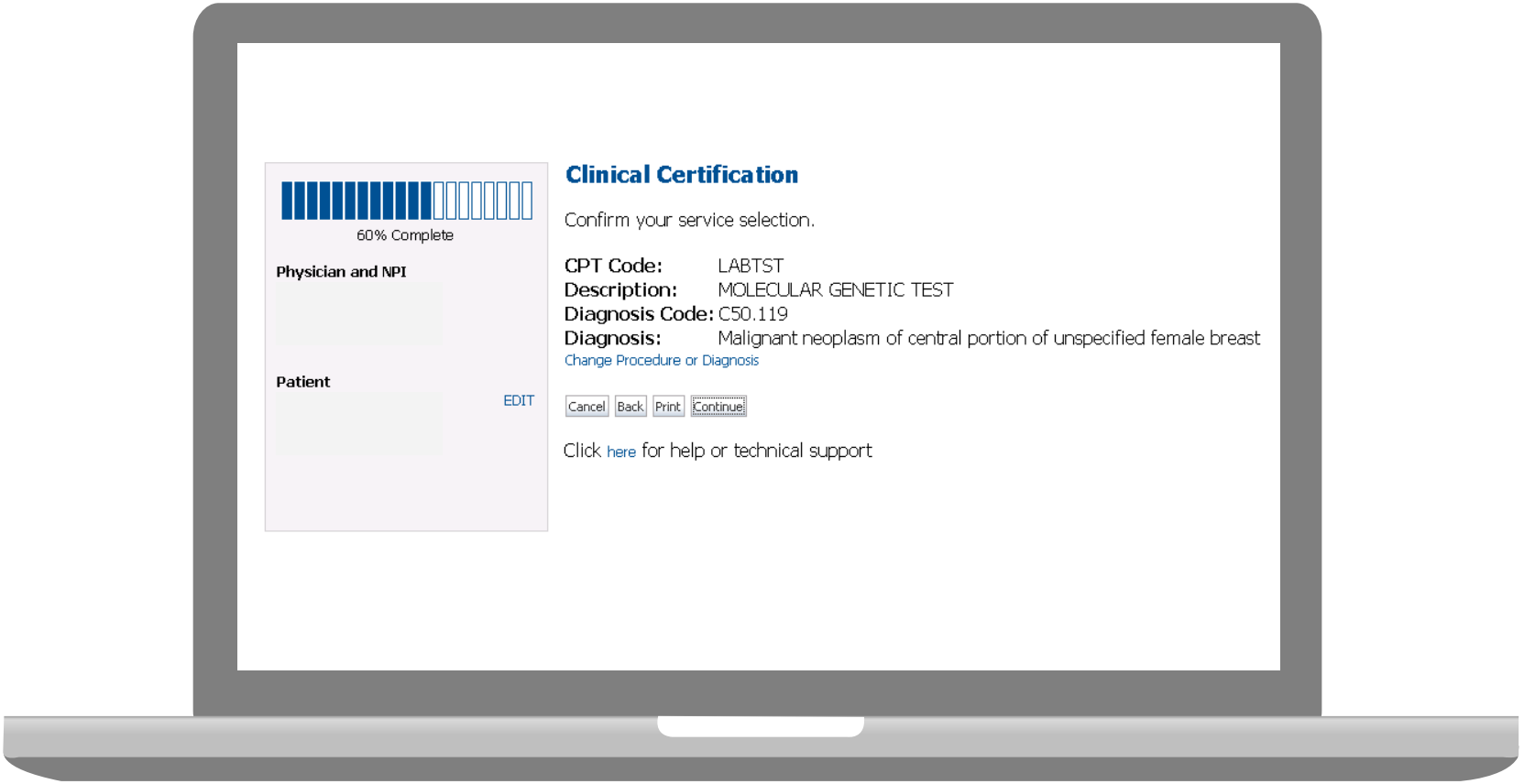


Enter the **member information** including the Patient ID number, date of birth, and patient's last name. Click **"Eligibility Lookup."**

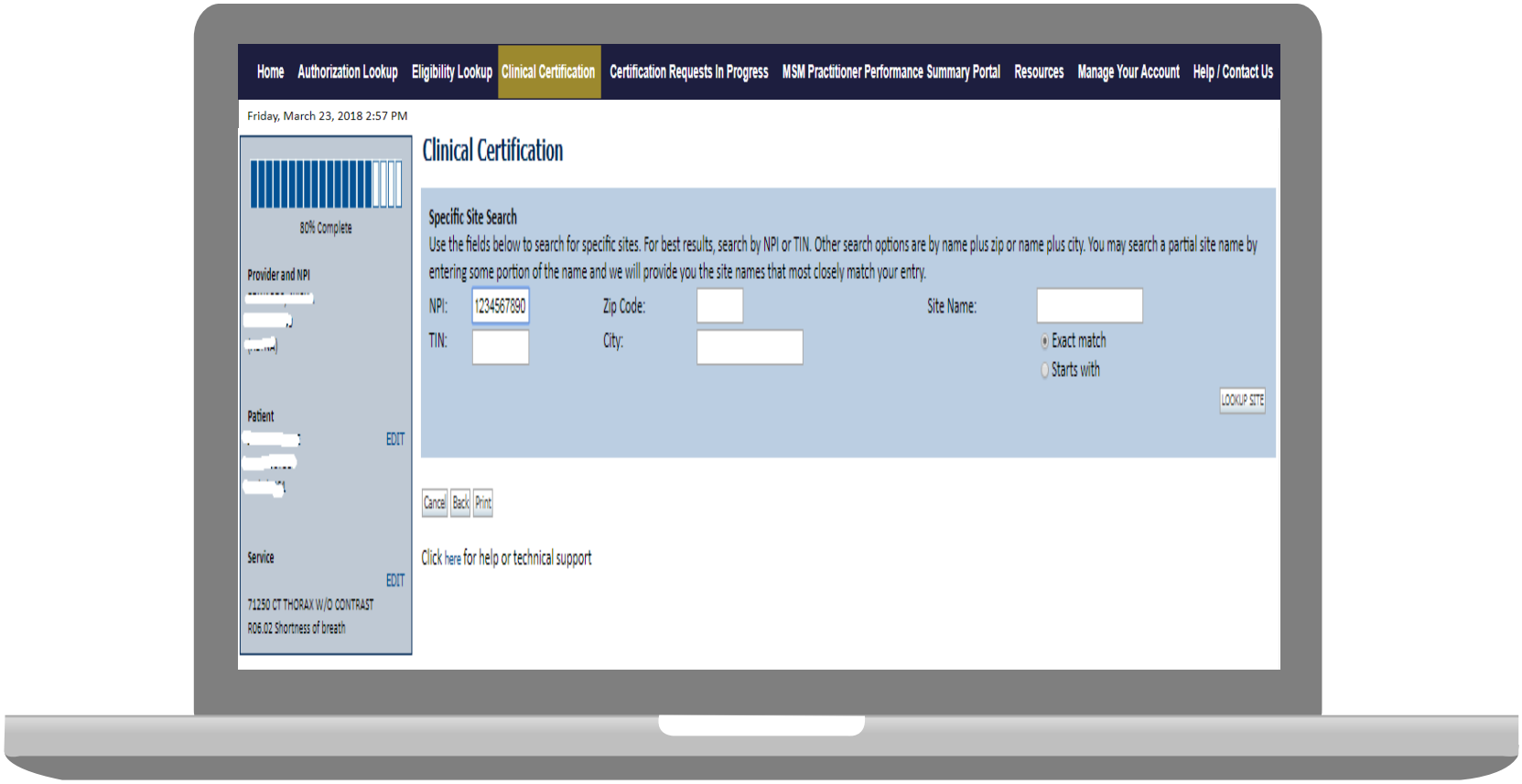
Clinical Details



Verify Service Selection

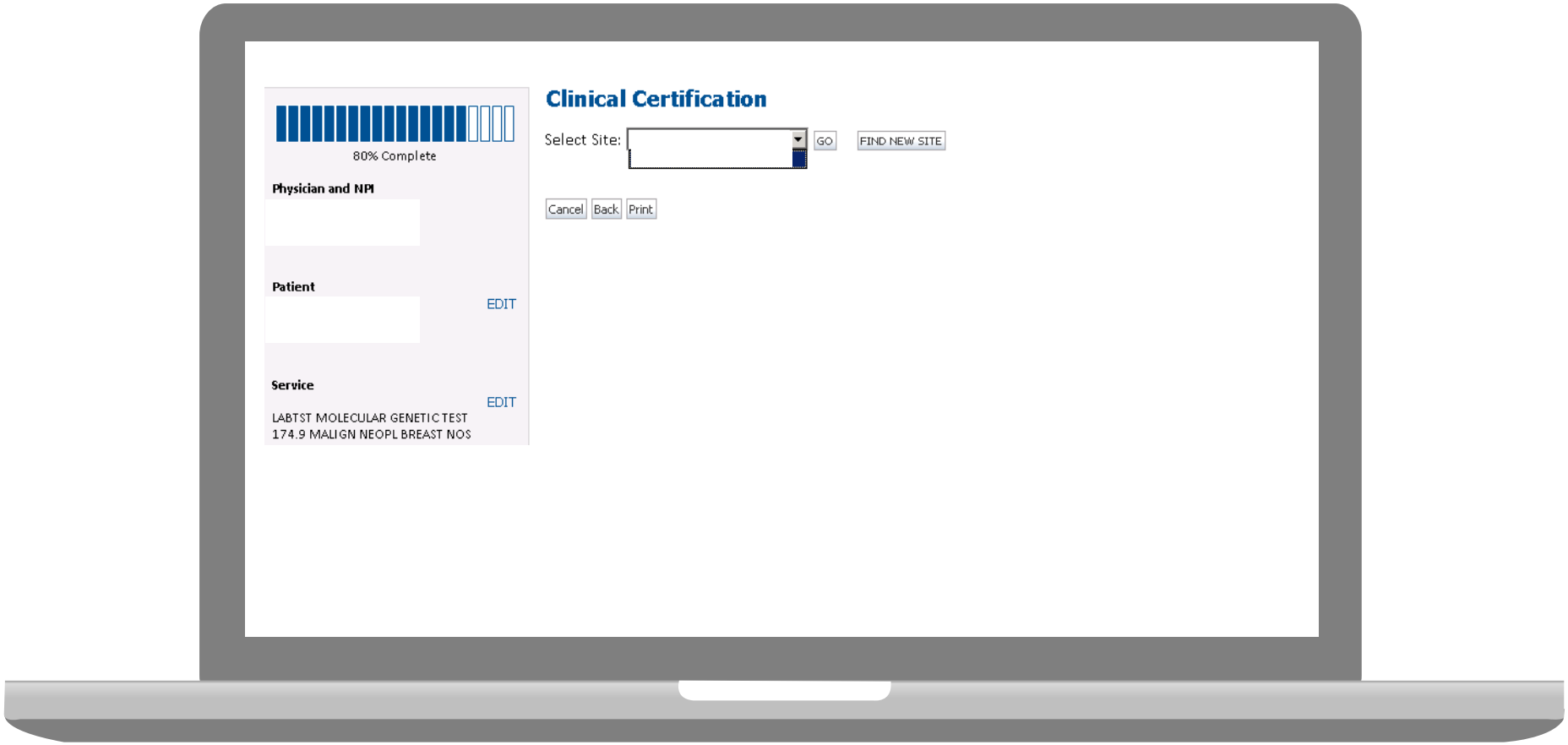


Submitting as Referring MD- Site Selection



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

Submitting as Lab- Site Selection



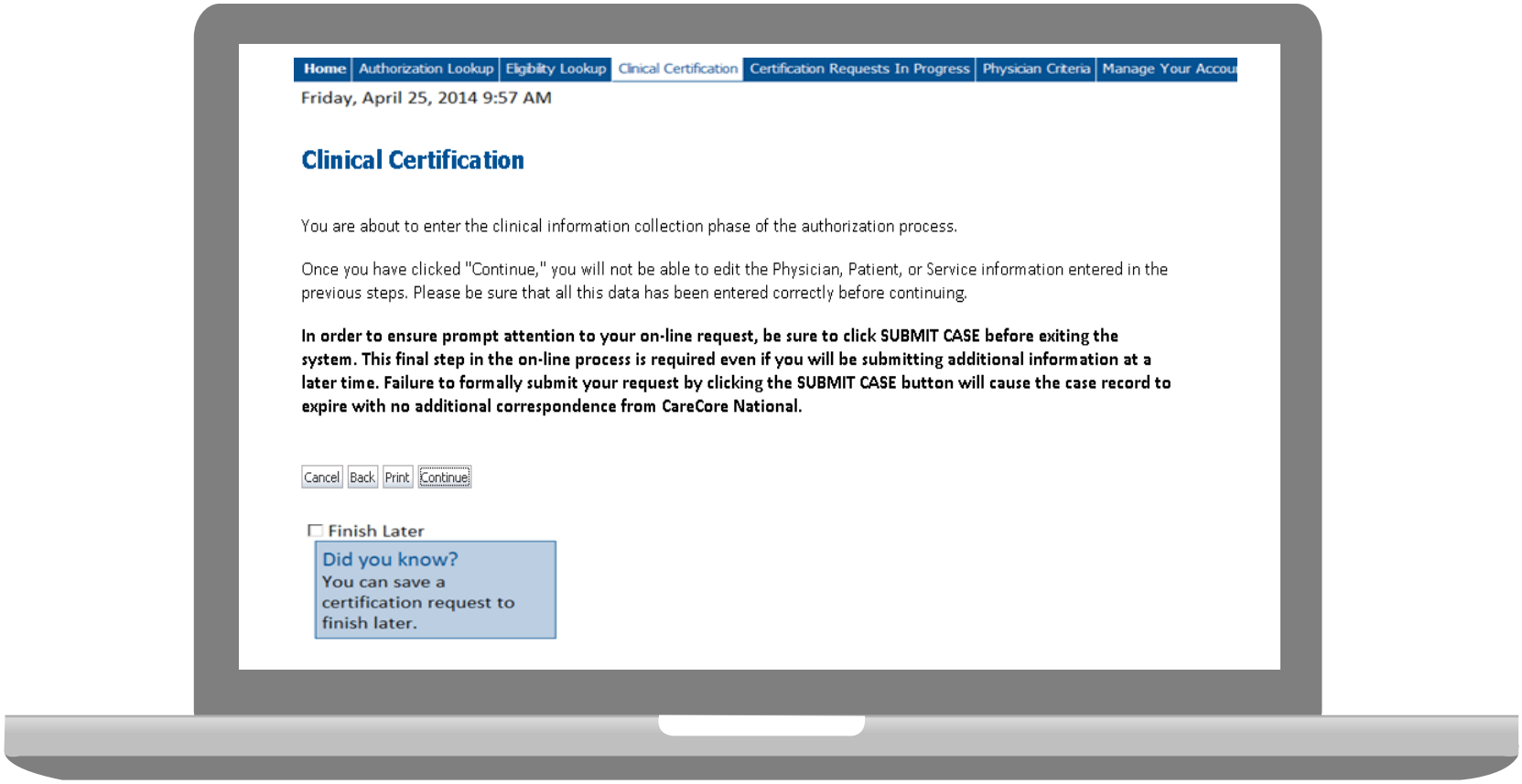
- The site added to your account will be in the drop down menu selection.
- Click **"GO"** when ready.
- If your site is not on the dropdown, click find new site to search by NPI.

Contact Information

Select an Urgency Indicator and Upload your patient's relevant medical records that support your request.

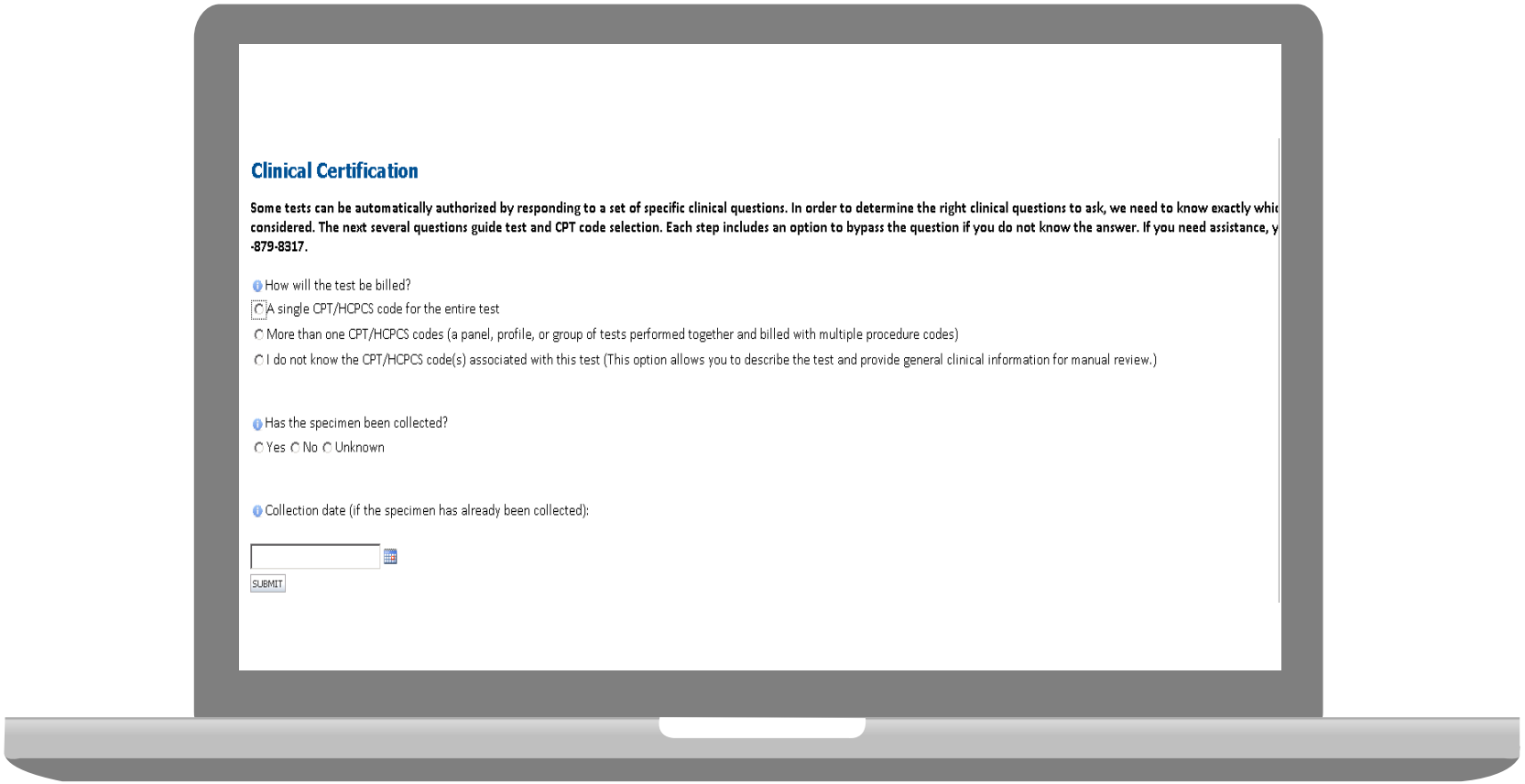
You can upload up to **FIVE documents** in .doc, .docx, or .pdf format. Your case will only be considered Urgent if there is a successful upload.

Pause/Save Option



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

Single or Multi CPT Code and Collection Date



Test Identification

Single CPT Code

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

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

Test Type

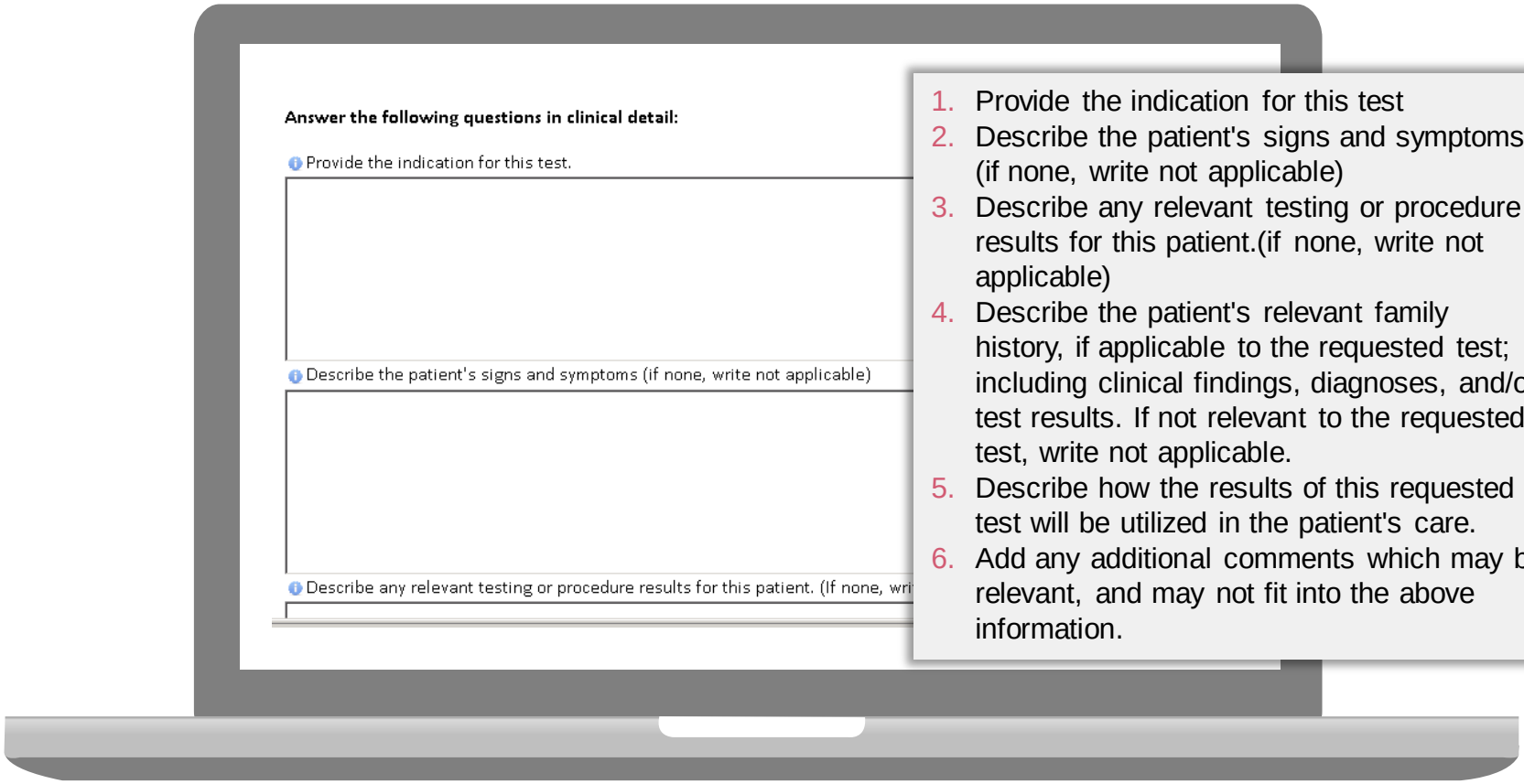
Hereditary cancer syndromes (BRCA, Lynch, APC, MUTYH, PTEN, TP53, etc. genes)
Carrier screening tests (Cystic fibrosis, Fragile X, Spinal muscular atrophy, Ashkenazi Jewish disorders, etc.)
Tumor marker/molecular profiling (KRAS, EGFR, BRAF, ALK, MGMT, etc genes)
Hereditary cardiac disorders (Cardiomyopathies,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

Cancel Print

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

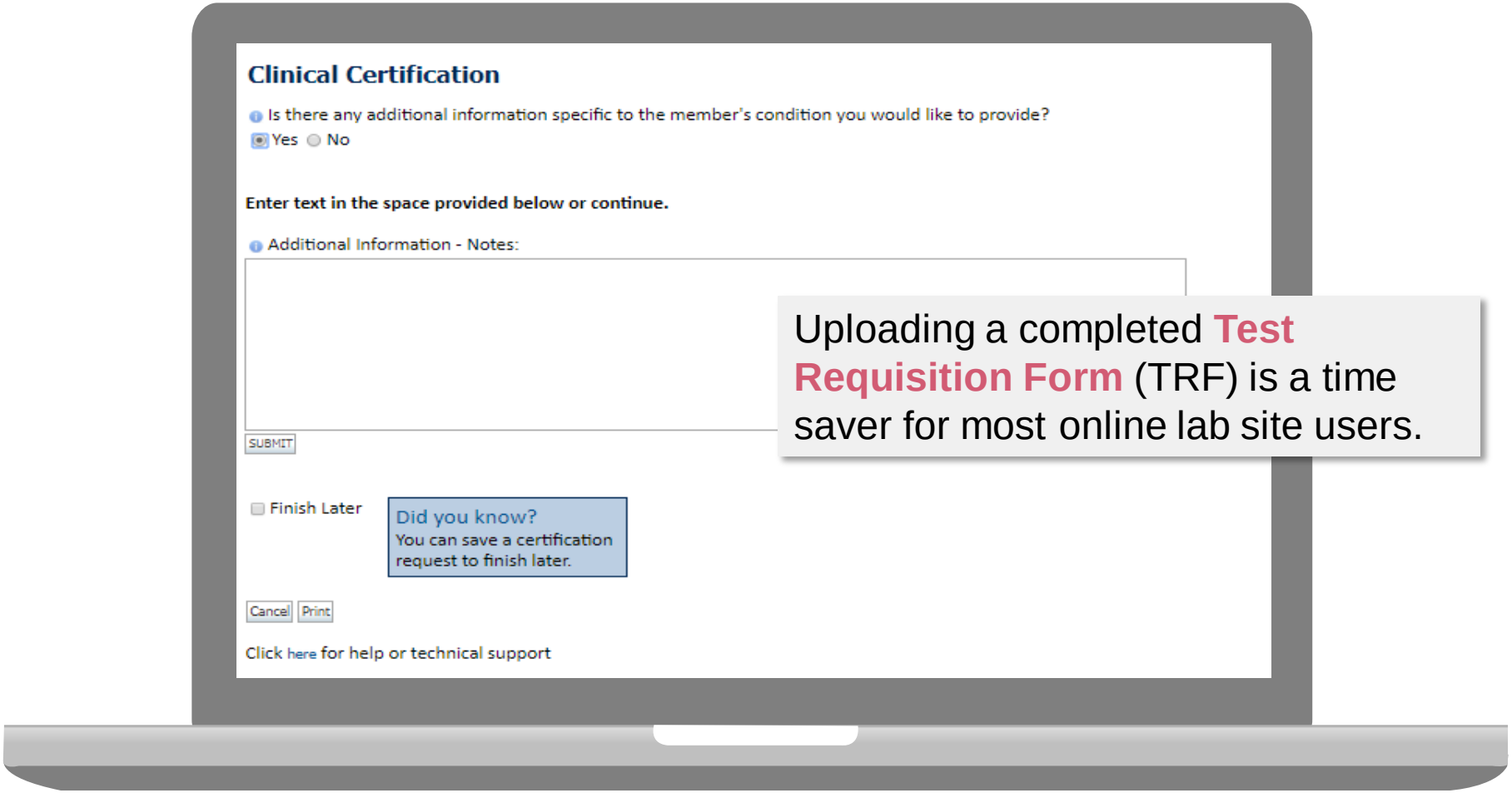
Select the **Single CPT Code** or Select by **Test Type**

Clinical Questions



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

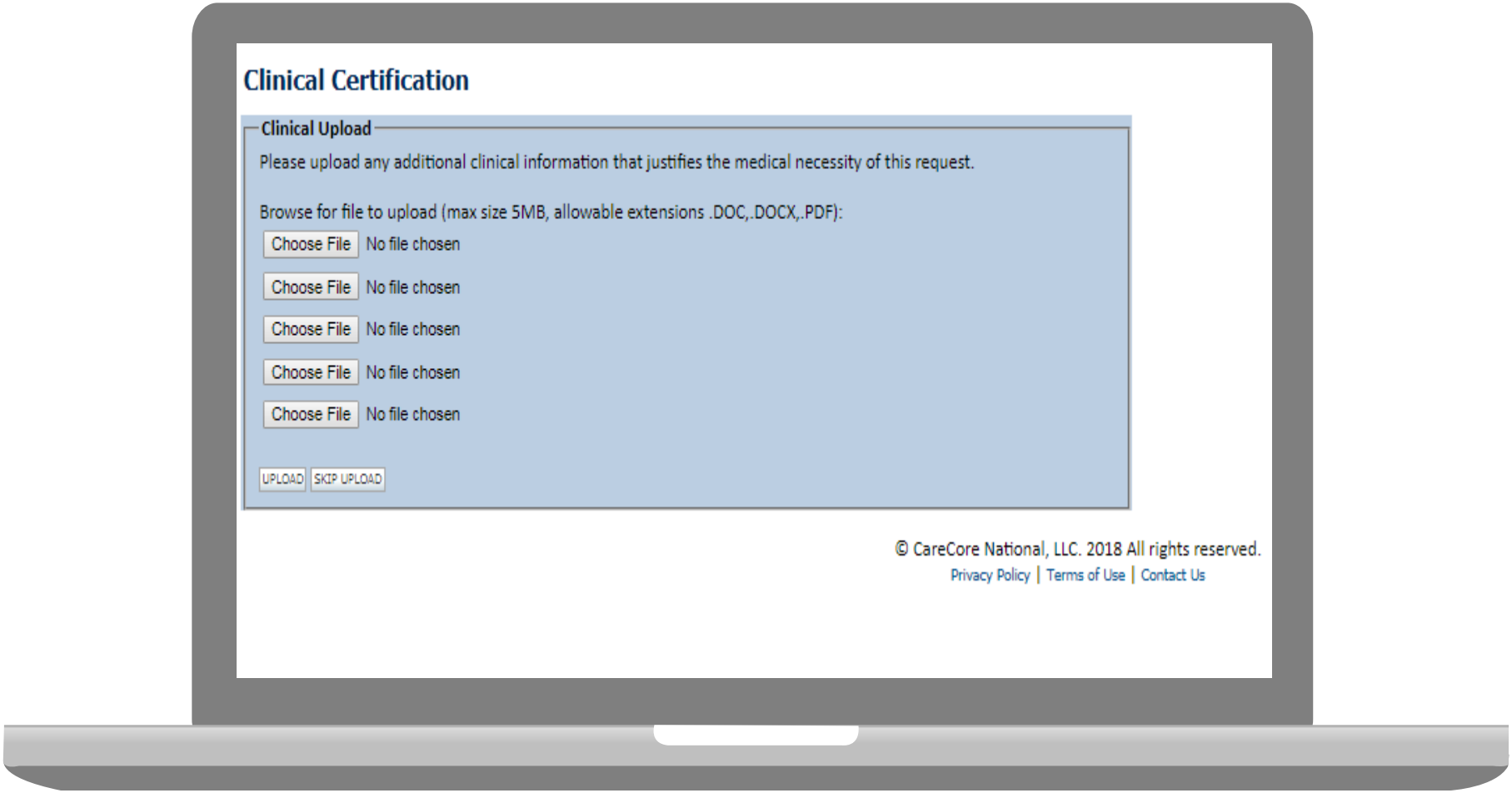
Medical Review



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

If additional information is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page.
Providing clinical information via the web is the quickest, most efficient method.

Medical Review



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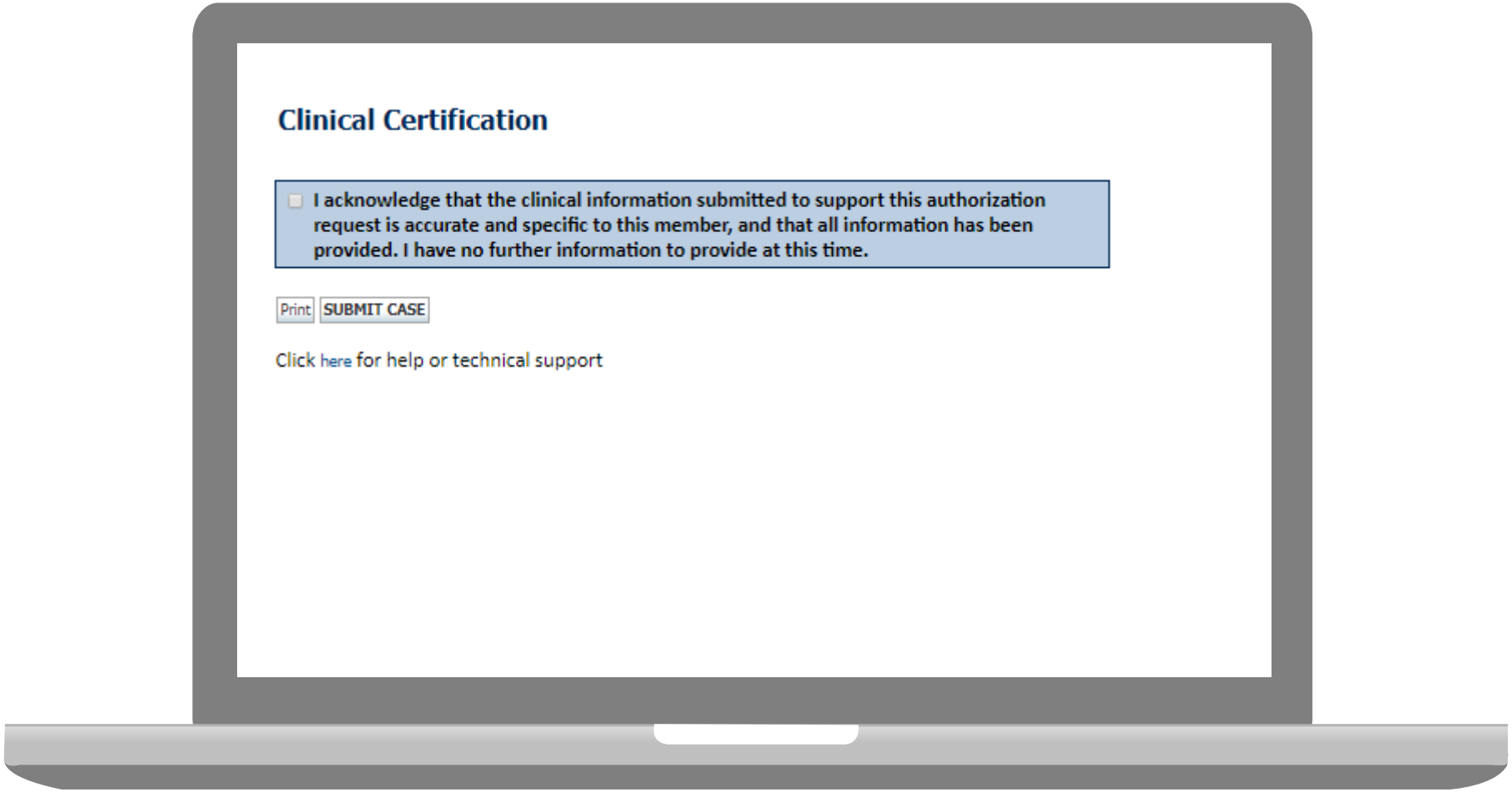
Medical Review



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

Approval

Clinical Certification

Your case has been Approved.

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

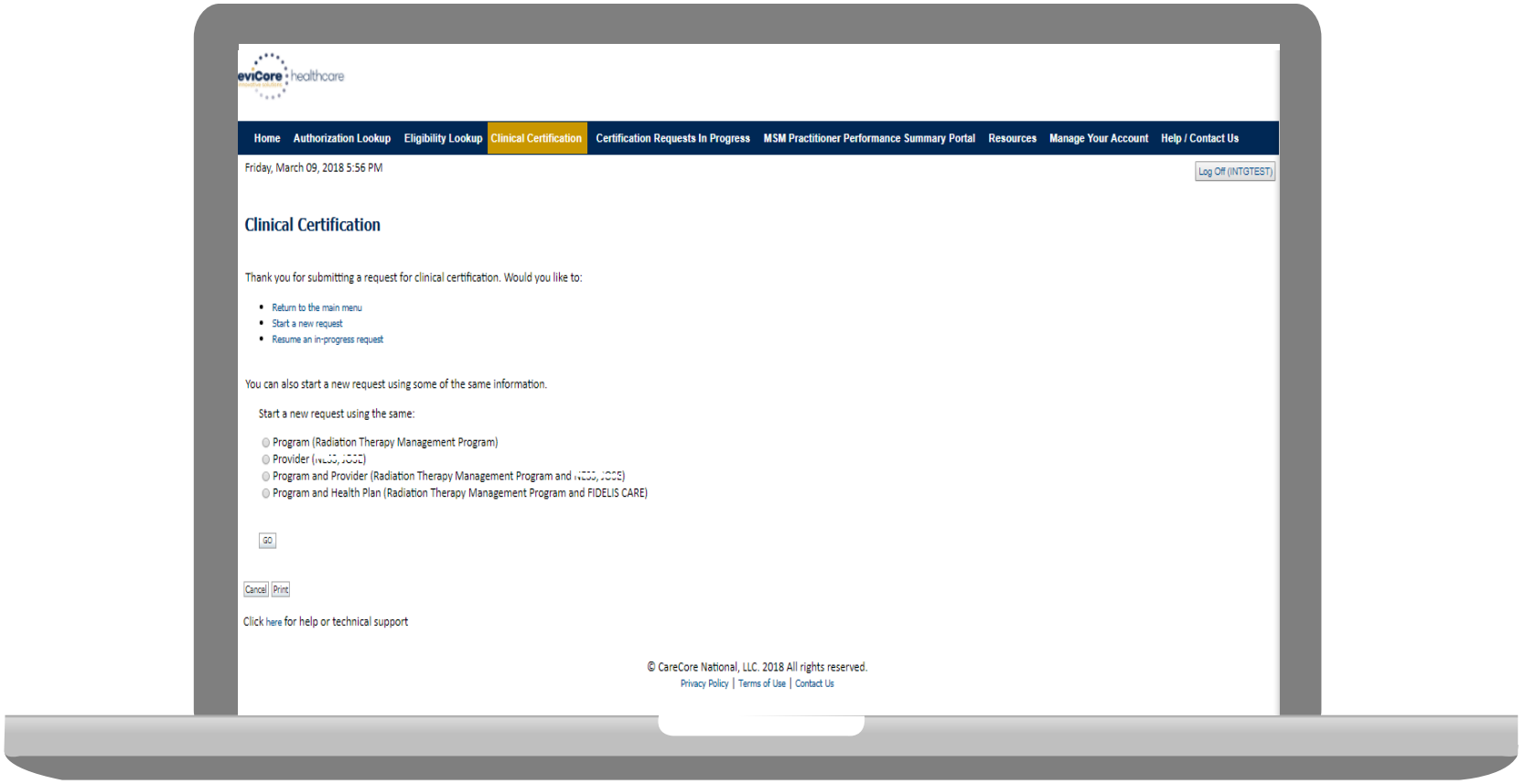
Primary Diagnosis Code:	M25.562	**Description:**	Pain in left knee
Secondary Diagnosis Code:		**Description:**	
Date of Service:	Not provided		
CPT Code:	73721	**Description:**	MRI LOWER EXTREMITY JOINT W/O
Authorization Number:			
Review Date:	2:12:39 PM		
Expiration Date:			
Status:	Your case has been Approved.		

Print | Continue

Once the clinical pathway questions are completed and if the answers have met the clinical criteria, an **approval** will be issued.

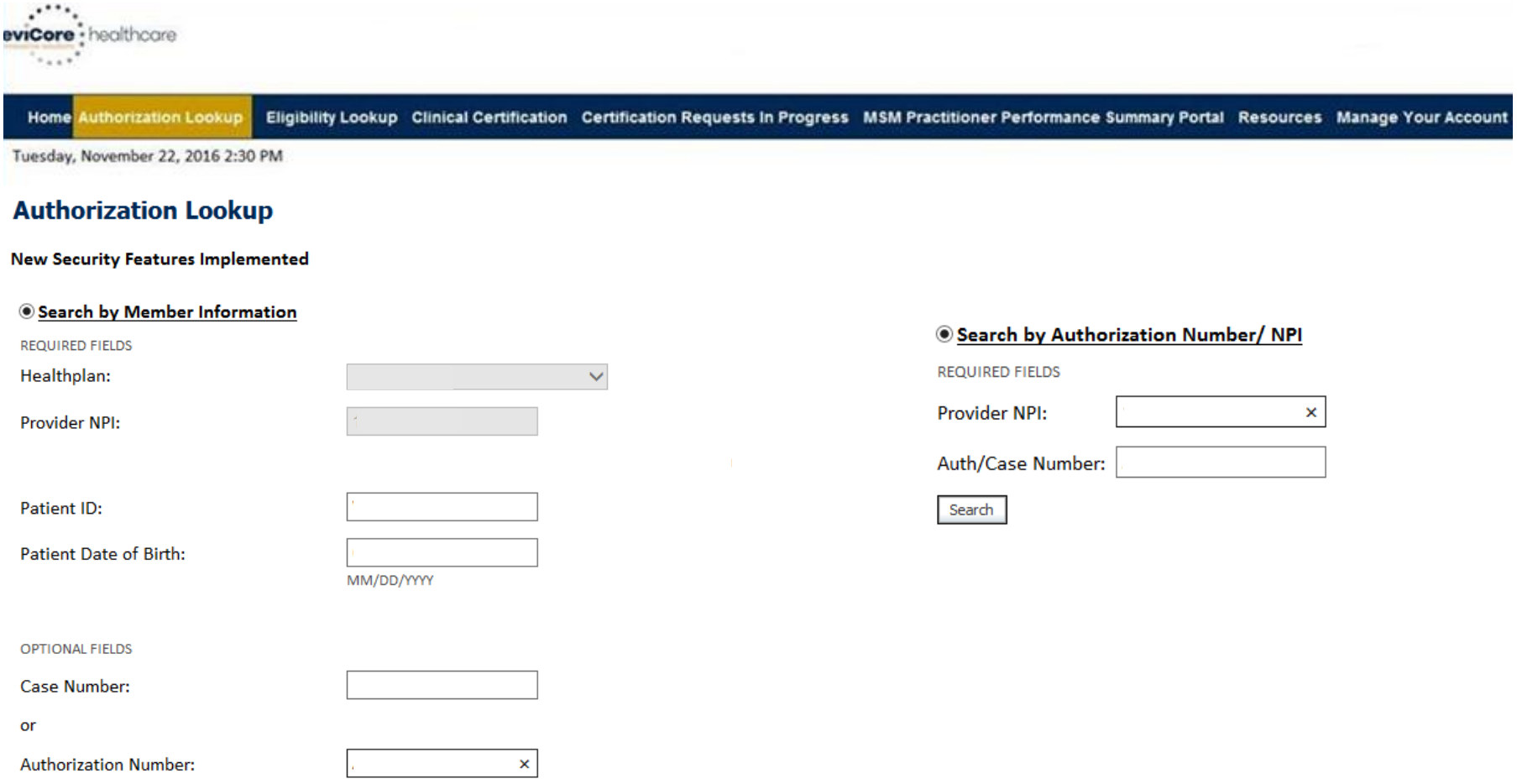
Print the screen and store in the patient's file.

Building Additional Cases



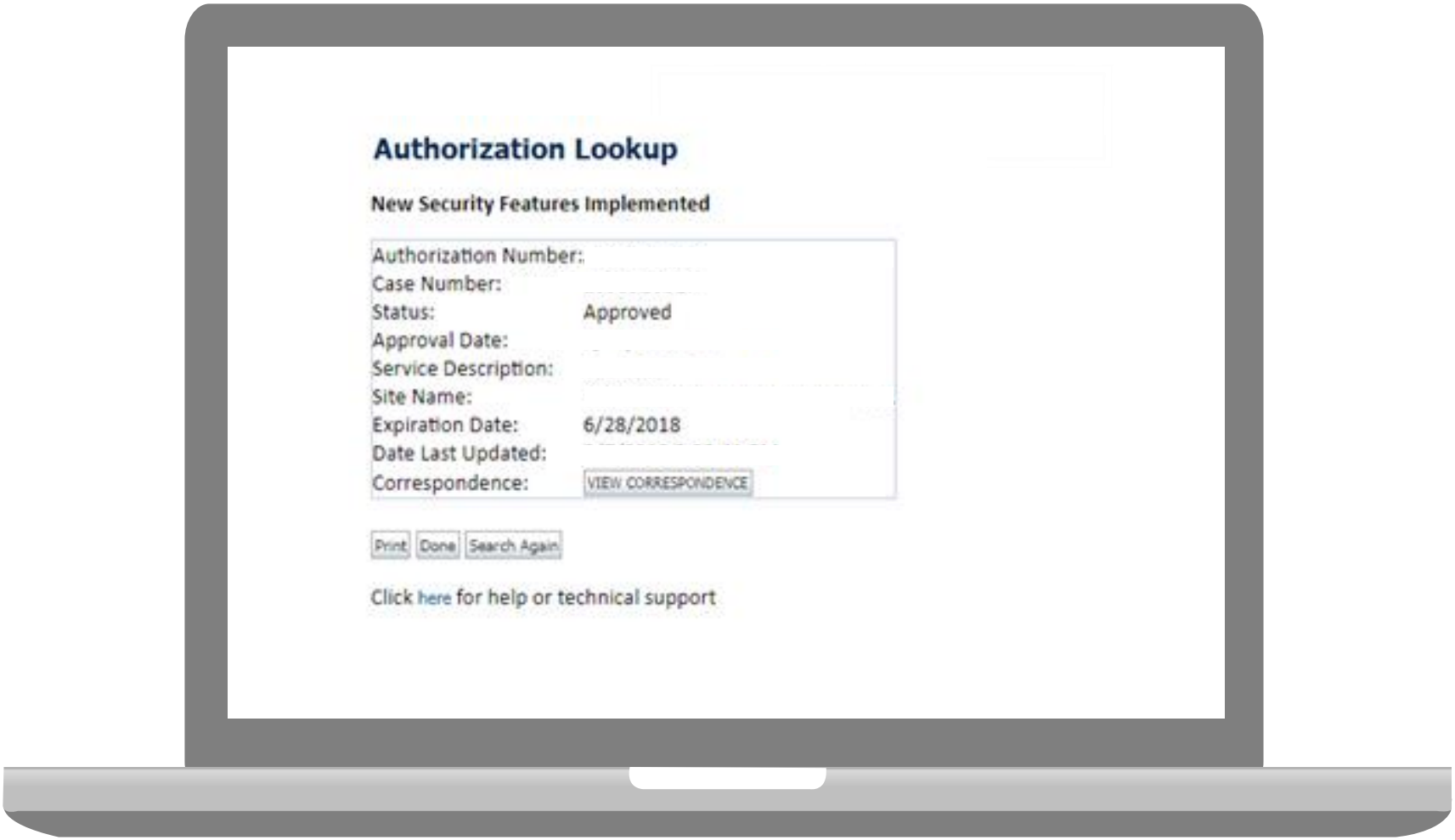
Once a case has been submitted for clinical certification, you can return to the Main Menu, resume an in-progress request, or start a new request. You can indicate if any of the previous case information will be needed for the new request.

Authorization look up



- Select Search by **Authorization Number/NPI**. Enter the provider's NPI and authorization or case number. Select **Search**.
- You can also search for an authorization by **Member Information**, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.

Authorization Status



The authorization will then be accessible to review. To print authorization correspondence, select View Correspondence.

Eligibility Look Up

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

Thursday, March 15, 2018 4:43 PM

Log Off (INTGTEST)

Eligibility Lookup

New Security Features Implemented

Health Plan:
Patient ID:
Member Code:
Cardiology Eligibility: **Medical necessity determination required.**
Radiology Eligibility: **Precertification is Required**
Radiation Therapy Eligibility: **Medical necessity determination required.**
MSM Pain Mgt Eligibility: **Precertification is Required**
Sleep Management Eligibility: **Medical necessity determination required.**

Print | Done | Search Again

Click here for help or technical support

CONFIDENTIALITY NOTICE: Certain portions of this website are accessible only by authorized users and unique identifying credentials, and may contain confidential or privileged information. If you are not an authorized recipient of the information, you are hereby notified that any access, disclosure, copying, distribution, or use of any of the information contained in the code-accessed portions is STRICTLY PROHIBITED.

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

Provider Resources

Evidence-Based Criteria

Comprehensive Lab Program Policy Manual by state:

https://www.evicore.com/healthplan/BCBSIL_Lab

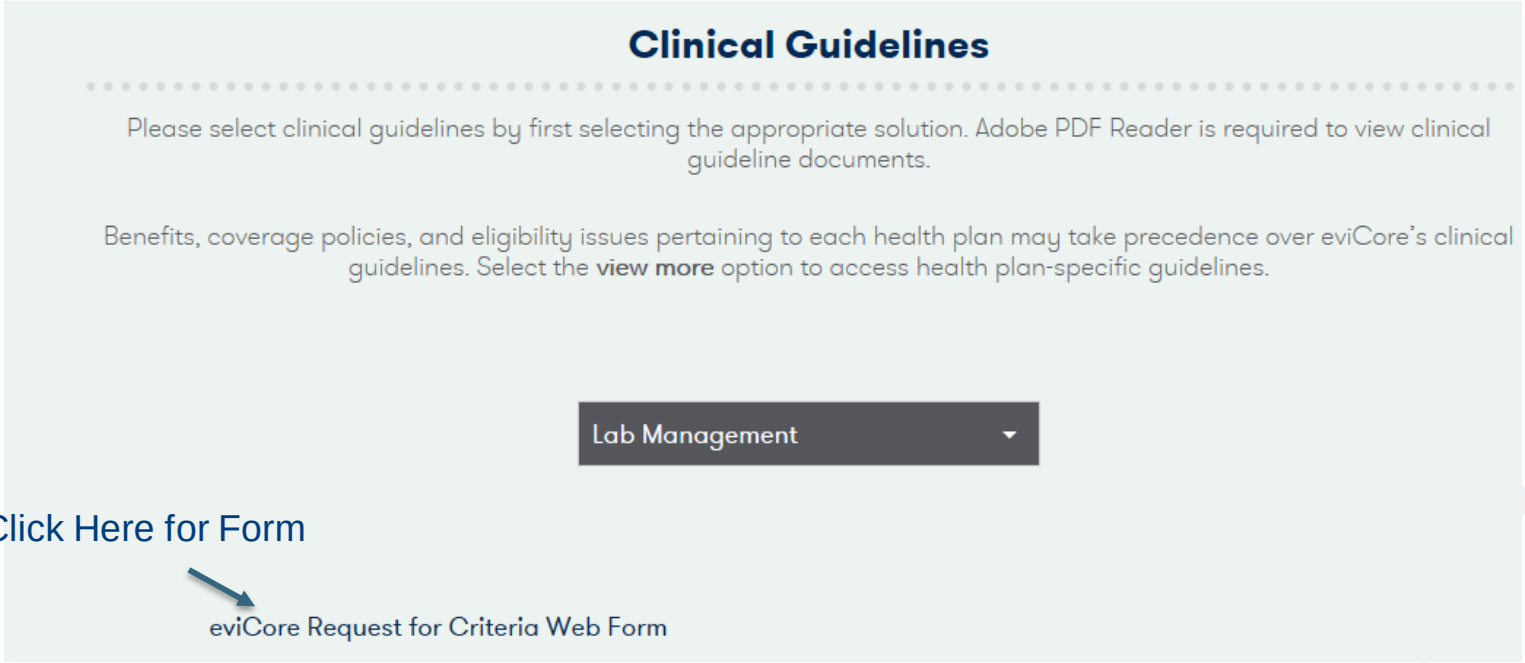
https://www.evicore.com/healthplan/BCBSMT_Lab

https://www.evicore.com/healthplan/BCBSNM_Lab

https://www.evicore.com/healthplan/BCBSOK_Lab

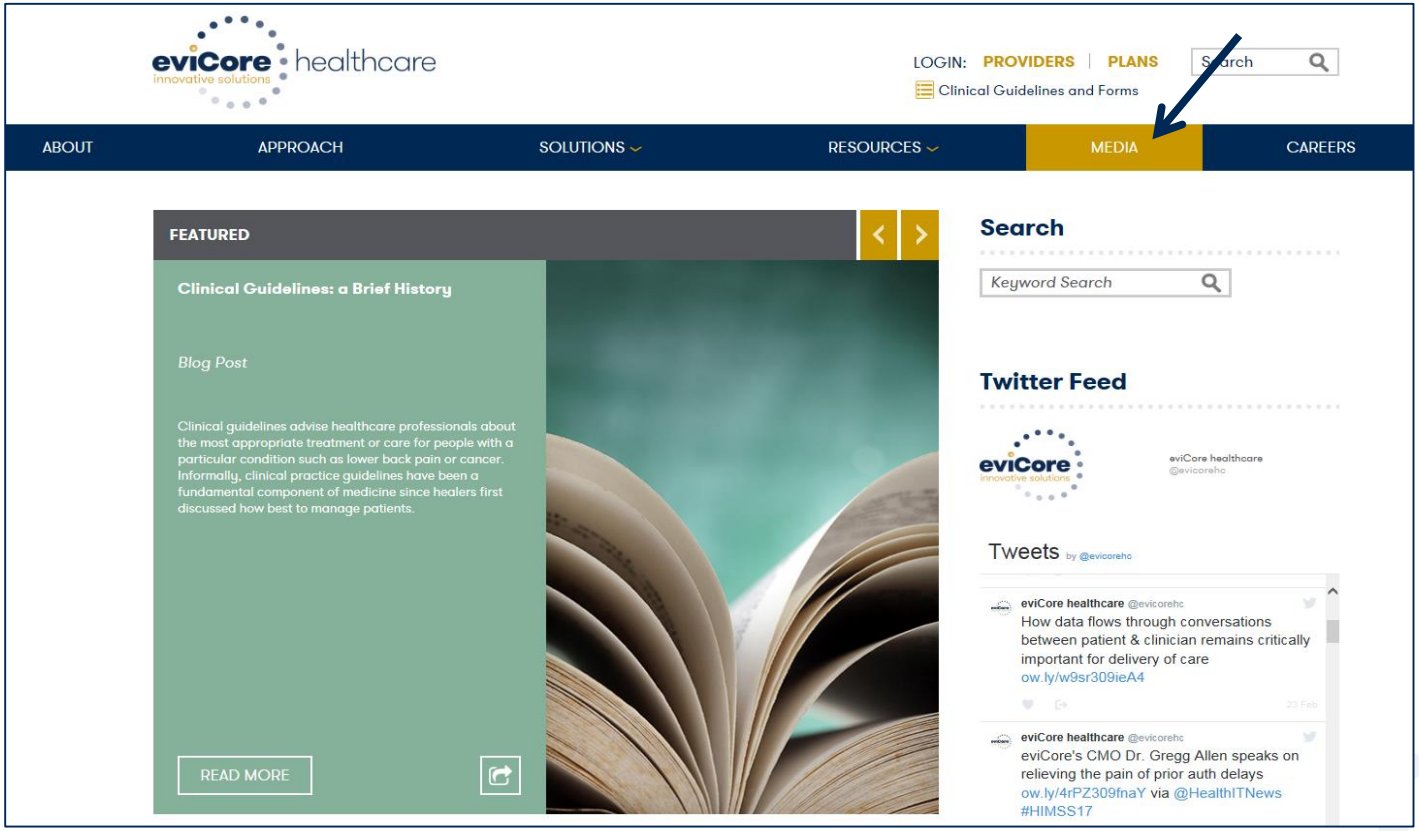
https://www.evicore.com/healthplan/BCBSTX_Lab

Or to request specific criteria used in your case:
https://www.evicore.com/resources/pages/providers.aspx#ReferenceGuidelines



eviCore Provider Blog Series

- The eviCore blog series focuses on making processes more efficient and easier to understand by providing helpful tips on how to navigate preauthorizations, avoid peer-to-peer phone calls, and utilize our clinical guidelines.
- You can access the blog publications from the **Media** tab or via the direct link at https://www.evicore.com/pages/media.aspx.



Provider Resources: Preauthorization Call Center

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

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

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

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

Provider Resources: Web-Based Services

www.evicore.com

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

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

Provider Resources: Client Provider Operations

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

clientservices@evicore.com

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

Provider Resources: Implementation Site

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

Provider Enrollment Questions
Contact your Provider Network Consultant for more information

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

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

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

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

Thank You!