Lab Management

Provider Orientation Session for healthfirst

Company Overview

Medical Benefits Management (MBM)

Addressing the complexity of the healthcare system

11
Comprehensive
solutions

5k+ employees,
including
1k+ clinicians

Evidence-Based Guidelines

The foundation of our solutions

Annually Reviewed Guidelines

Experts associated with academic institutions

Current clinical literature

Evidence-based medical policy incorporating:

- Independent health technology assessments

- Annual review of current clinical literature

- Internal specialty expertise

- National society recommendations

- External academic institution subject matter experts

- Medical Advisory Board

Program Overview

Healthfirst Prior Authorization Services

eviCore healthcare (eviCore) will begin accepting prior authorization requests for Lab services for dates of service 1/1/2021 and after.

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

Applicable Memberships

Prior Authorization is required for healthfirst members who are enrolled in the following programs:

Medicaid
Health And Recovery plan (HARP, also known as Personal Wellness Plan)
Child Health Plus

Medicare
- 65+ Plan (HMO)
- Increased Benefits Plan (HMO)
- Coordinate Benefits Plan (HMO)
- Life Improvement Plan (HMO D-SNP)
- Signature (HMO)

Medicaid Advantage Plus
- Complete Care (HMO D-SNP)

Essential Plans

Leaf Premier Plans
Leaf Plans

Pro EPO
Pro Plus EPO
Total EPO

Please Note: MLTC Senior Health Partners (SHP) is not included.

Submitting Requests

Methods to Submit Prior Authorization Requests

eviCore Provider Portal (preferred)

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

Phone Number:
877-773-6964
Monday through Friday:
7am – 7pm EST

WEB
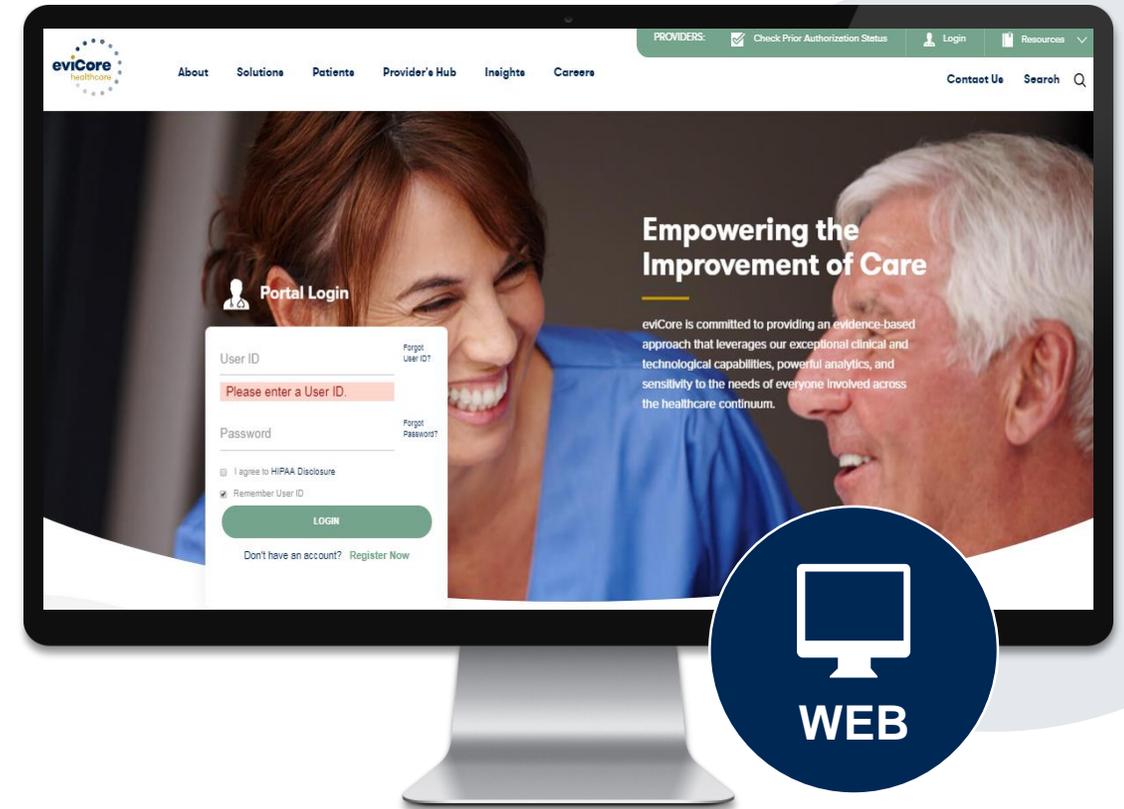
Non-Clinical Information Needed

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

Member Information

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

Ordering Physician Information

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

Rendering Laboratory Information

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

Clinical Information Needed

If clinical information is needed, which may include:

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

- All information required by applicable policy

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

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

- Any applicable family history

- How test results will impact patient care

Prior Authorization Approval

Approved Requests

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

- Authorizations are valid for 90 days from the date of the final submission/determination

- Authorization letters will be faxed to the ordering physician

- 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 printed on demand from the eviCore portal: www.eviCore.com

When a Request is Determined as Inappropriate

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

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

Special Circumstances

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

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

Add Your Contact Info

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

BACK **CONTINUE**

Case notifications can be sent through email

- **Select the ordering Practitioner or Group for the requested service**
- **Choose the appropriate 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

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

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?

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

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

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

Clinical Guidelines

How to access our 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 desired health plan 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
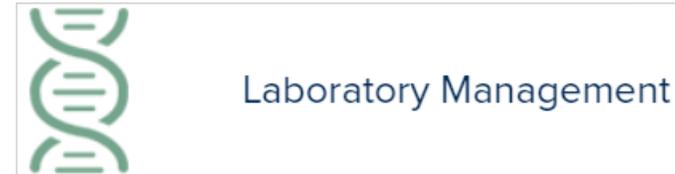
Laboratory Management

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

Health Plan specific Guidelines

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

2. You can select the entire Code List or the health plan 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
Commercial Lab Policy Book
Effective 07/01/2020

ADMINISTRATIVE ⊖

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

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

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

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

Authorization Lookup example

Authorization Lookup

Authorization Number:	NA
Case Number:	[redacted]
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:	[redacted]
Case Number:	[redacted]
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
[redacted]	07/15/2020	17:25:44	OSC0101 - Approval Standard PHYS	Physician	VIEW
[redacted]	07/15/2020	17:25:44	OSC0104 - Approval Standard SITE	Site	VIEW
[redacted]	07/15/2020	17:25:45	OSC0100 - Approval Standard MBR	Patient	VIEW

CLOSE

Provider Resources

Dedicated Call Center

Prior Authorization Call Center – 877-773-6964

Our call centers are open from 7 a.m. to 7 p.m. (local time).

Providers can contact our call center to perform the following:

- Request Prior Authorization
- Check Status of existing 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
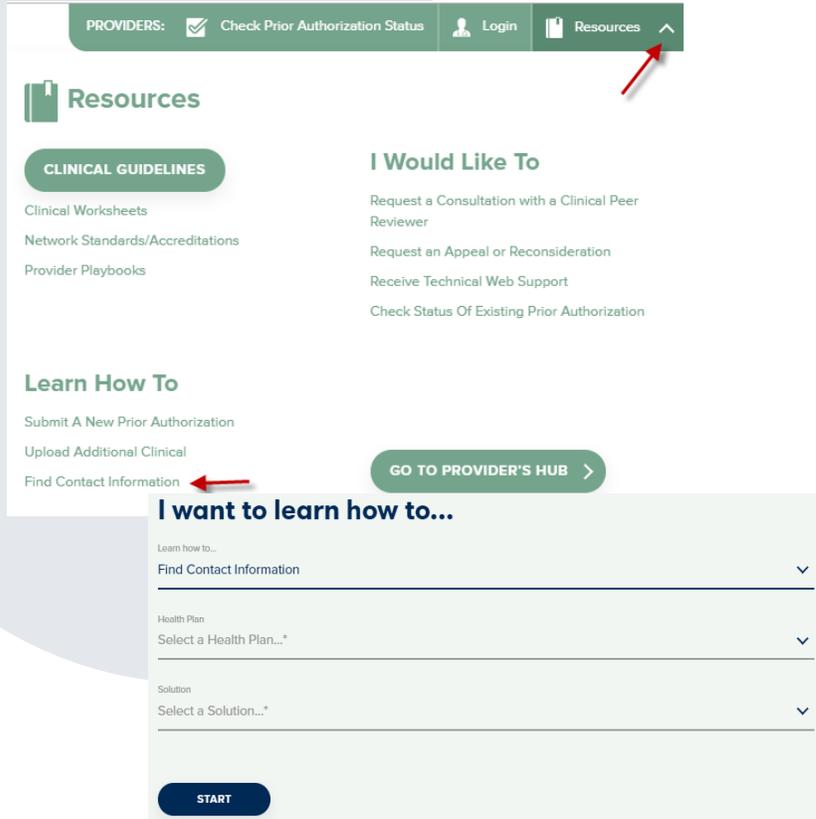
Web-Based Services and Online Resources

- You can access important tools, health plan-specific contact information, and resources at www.evicore.com

- 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

Client & Provider Operations Team

Client and Provider Services

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

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

How to Contact our Client and Provider Services team

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.

Provider Engagement Team

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 Provider Engagement team?

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

Provider Resource Website

Provider Resource Pages

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

- Frequently Asked Questions

- Quick Reference Guides

- Provider Training

- CPT code list

To access these helpful resources, please visit

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

Healthfirst Provider Services: 844-488-1486

Provider Newsletter

Stay Updated With Our 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

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!