

# Blue Cross and Blue Shield Prior Authorization of Genomic Lab Management

## Provider Orientation



## Company Highlights

**3K+ employees**  
**including 1K clinicians**

**Headquartered in Bluffton, SC**

**Offices across the US including:**

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

**SHARING**  
**A VISION**  
**AT THE CORE OF CHANGE.**

**100M members**  
**managed nationwide**



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

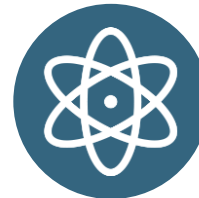
**12M claims**  
**processed annually**

# Integrated Solutions

LAB MANAGEMENT  
19M lives



MEDICAL ONCOLOGY  
14M lives



RADIATION THERAPY  
22M lives

SPECIALTY DRUG  
100k lives



MUSCULOSKELETAL  
34M lives

RADIOLOGY  
65M lives



CARDIOLOGY  
46M lives

SLEEP  
13M lives



POST-ACUTE CARE  
145k lives

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# Our Clinical Approach

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## Lab Management Solution Experience

- 7 years' experience - since 2009
- 14 clients
- 19M total membership
  - 13M Commercial membership
  - 500k Medicare membership
  - 5.5M Medicaid membership



# 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

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# Service Model

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# 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.



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# **Lab Management Prior Authorization Program for Blue Cross and Blue Shield**

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## Program Overview

eviCore will begin accepting prior authorization requests for dates of service January 1, 2018 and beyond.

**Prior authorization applies to services that are:**

- Outpatient
- Elective / Non-emergent

**eviCore prior authorization does not apply to services that are performed in:**

- Emergency room
- Inpatient
- 23-hour observation

*It is the responsibility of the ordering provider (or the Lab Site on behalf of the ordering provider) to request prior authorization approval for services.*

# Applicable Membership

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**Authorization is required** for BCBS members enrolled in the following programs effective January 1, 2018:

- Blue Choice PPO with Healthcare Advocacy Solutions (HAS)
- Blue Essentials Access with Healthcare Advocacy Solutions (HAS)

## Prior Authorization 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 prior authorization  
through eviCore, please visit:

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

# Prior Authorization Requests

## How to request prior authorization:

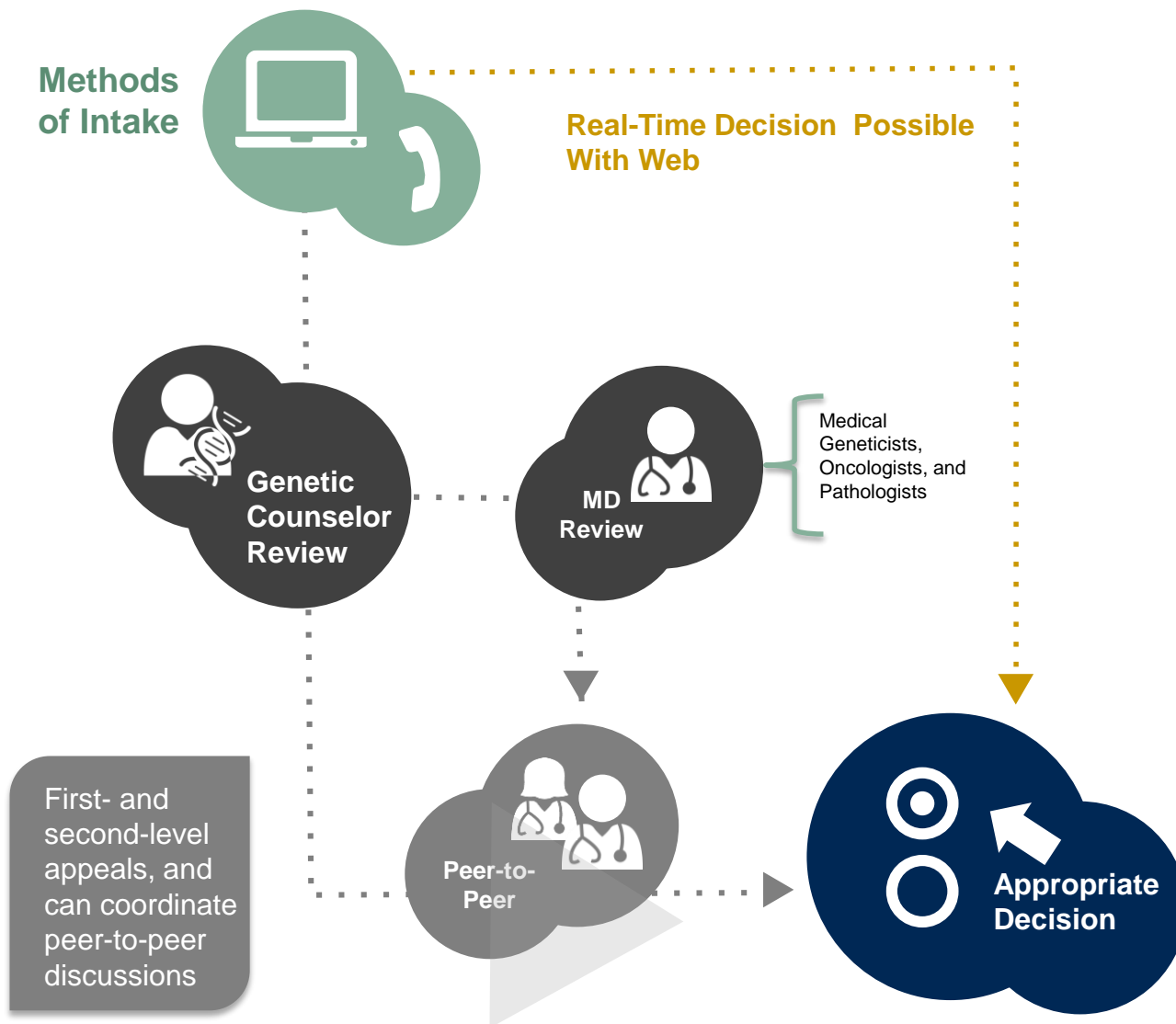


[www.evicore.com](http://www.evicore.com)

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

Or by phone:  
855-252-1117  
6:00 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 study



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, genomic 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:

- All requests are processed within 2 business days after receipt of all necessary clinical information
- Authorizations are typically good for **90 calendar days** from the date of determination

## ➤ Delivery:

- Faxed to rendering provider and rendering facility
- Mailed to the member
- Information can be printed on demand from the eviCore healthcare Web Portal

# Prior Authorization Outcomes

## ➤ Denied Requests:

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

## ➤ Delivery:

- Faxed to the rendering provider and rendering facility
- Mailed to the member

## ➤ Peer-to-Peer Review:

- Only the ordering provider has the option to request a peer-to-peer review with an eviCore Medical Director. All requests for will receive notification prior to a denial at which time a peer to peer can be scheduled.

## ➤ Appeals:

- eviCore healthcare **will** be delegated for first level appeals, please call 855.252.1117 or fax your appeal to 866.699.8128
- Requests for appeals must be submitted to eviCore within **180** calendar days of the initial determination
- A written notice of the appeal decision will be mailed to the member and faxed to the provider within 30 business days. Urgent appeals should be called in and will be processed within 72 hours

# Special Circumstances

## Retrospective Studies:

- Retro Requests must be submitted with **3 business days** following the date of service. Requests submitted after **3 business days** will be administratively denied.
- Retros are reviewed for clinical urgency and medical necessity. Turn around time on retro requests is **30 calendar days**.

## Outpatient Urgent Studies:

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

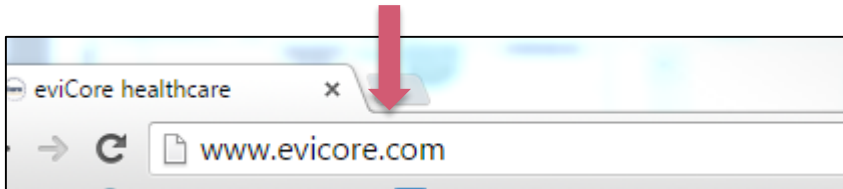
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# Web Portal Services

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# eviCore healthcare website

- Point web browser to evicore.com



- Click on the "Providers" link



- Login or Register

## Providers Delivering Medical Solutions That Benefit Everyone.

Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

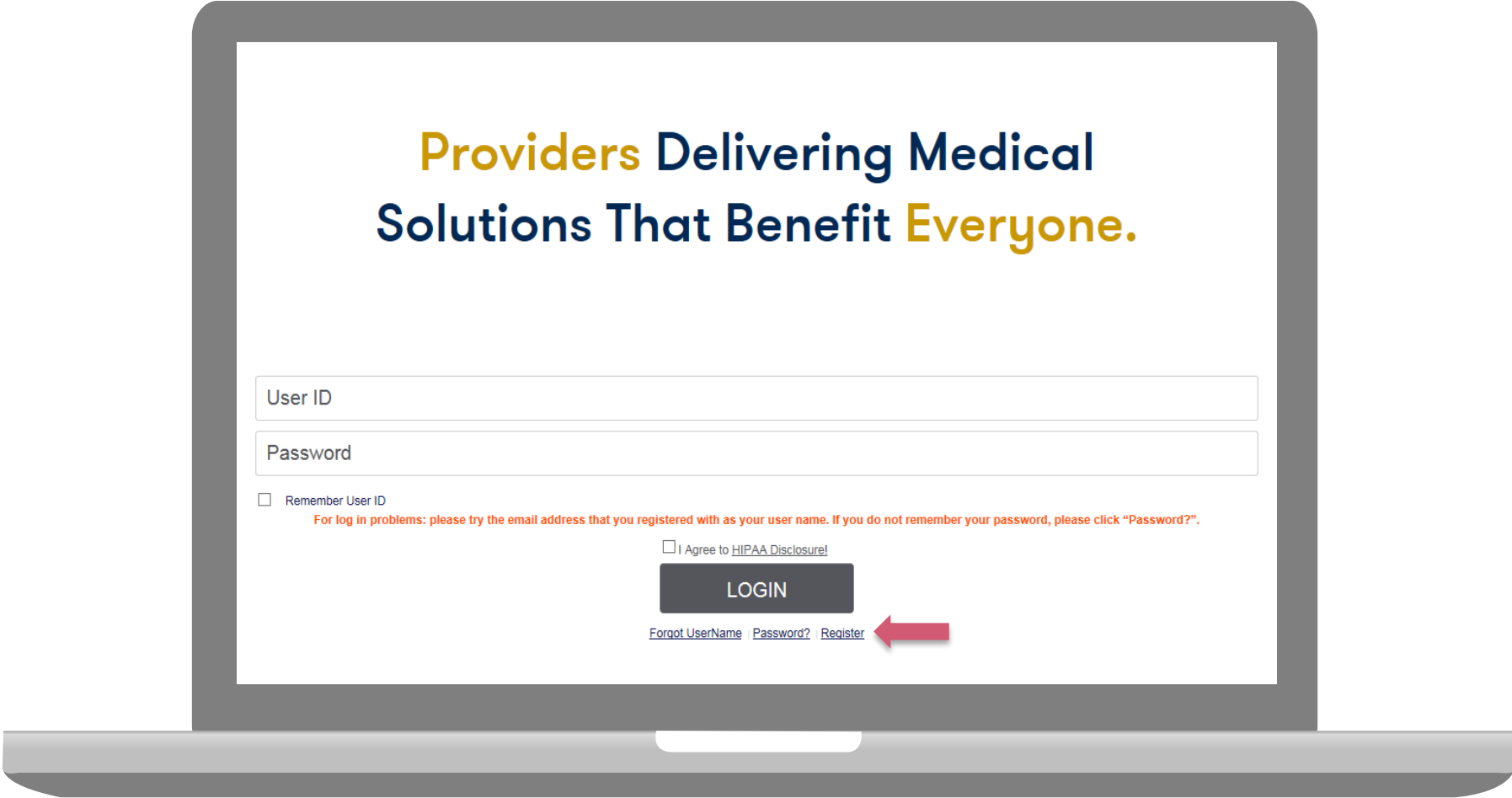
I Agree to [HIPAA Disclosure!](#)

LOGIN

[Forgot UserName](#) | [Password?](#) | [Register](#)

This website is compatible with Internet Explorer 9, 10, 11, Mozilla Firefox and Google Chrome

# Creating An Account



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




# Creating An Account

**eviCore** healthcare  
INNOVATIVE SOLUTIONS

\* Required Field

### 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\*:  

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

### User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:	<input type="text"/>	Address*:	<input type="text"/>	Phone*:	<input type="text"/>
Email*:	<input type="text"/>	City*:	<input type="text"/>	Ext:	<input type="text"/>
Confirm Email*:	<input type="text"/>	State*:	<input type="text" value="Select"/> ▼	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	Zip*:	<input type="text"/>		
Last Name*:	<input type="text"/>	Office Name*:	<input type="text"/>		

Next



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

# Creating An Account

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\*:

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

### User Registration

<b>UserName:</b>	MYG123	<b>Address:</b>	730 Cool Springs	<b>Phone:</b>	800-575-4517
<b>Email:</b>	tesaccount@gmail.com	<b>City:</b>	Franklin	<b>Ext:</b>	
<b>Account Type:</b>	Physician	<b>State:</b>	TN	<b>Zip:</b>	37067
<b>First Name:</b>	Test	<b>Office Name:</b>	Test Office	<b>Fax:</b>	615-468-4408
<b>Last Name:</b>	Account				

[Back](#) [Submit Registration](#)

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



# User Registration-Continued

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\*: Medsolutions

### User Registration

UserName: MYoder  
Email: evicorejedi1234@gmail.com  
Account Type: Physician  
First Name: Mallory  
Last Name: Yoder

### Provider Information

Physician FirstName: TEST      Physician Last Name: Yoder  
State: TN      Tax ID:

Please read below to sign up as an appropriate user.  
Physician: An Individual Practitioner, A Medical Group Practice or an assistant  
Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or Facility

#### USER REGISTRATION

User Access Agreement \*Required

eviCore  
Provider/Customer Access Agreement for Web-Based Applications

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

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

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

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

Accept Terms and Conditions \*

Submit Cancel

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

# User Registration-Continued

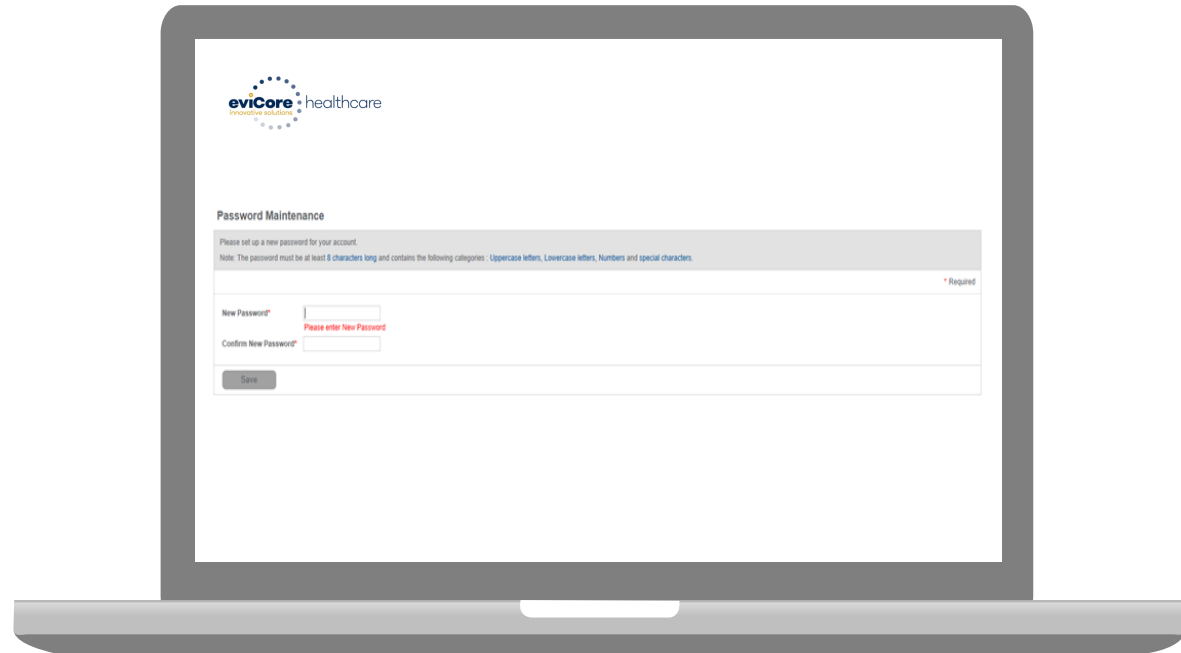


You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

# 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

**Providers** Delivering Medical  
Solutions That Benefit **Everyone.**

Mallory1897

●●●●●●●●

Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

I Agree to [HIPAA Disclosure!](#)

LOGIN

[Forgot UserName](#) | [Password?](#) | [Register](#)



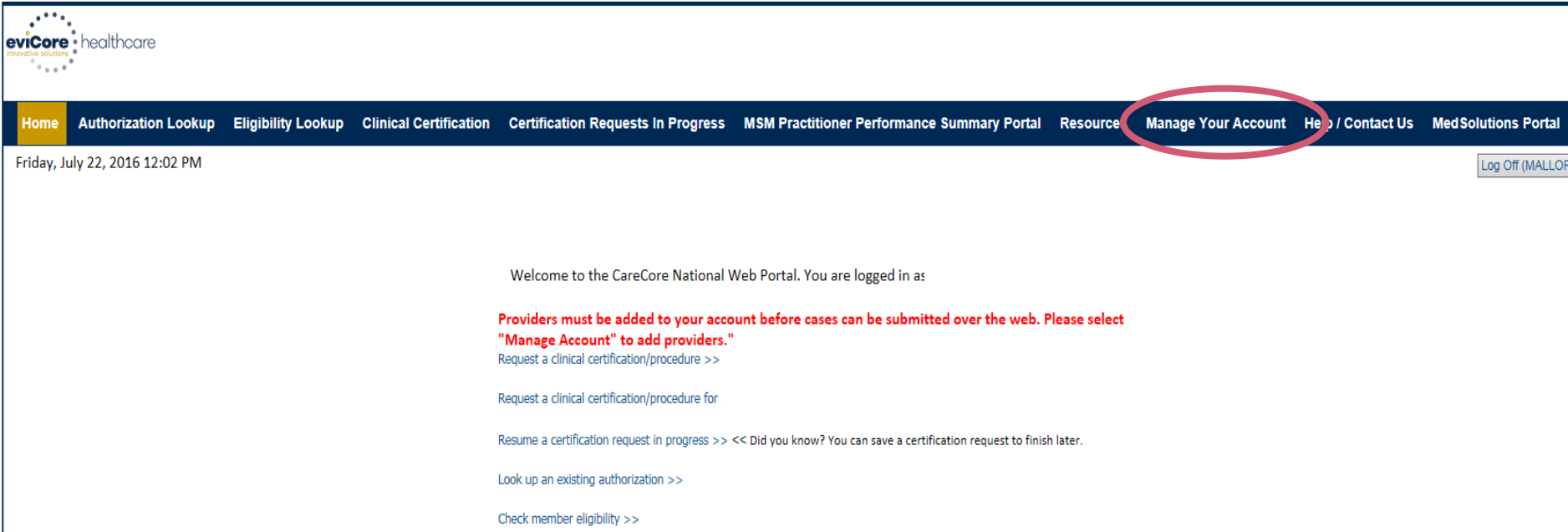
To log-in to your account, enter your **User ID** and **Password**. Agree to the HIPAA Disclosure, and click "**Login.**"

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# Account Overview

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# Welcome Screen



eviCore healthcare  
innovative solutions

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

Friday, July 22, 2016 12:02 PM Log Off (MALLOR)

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.](#)

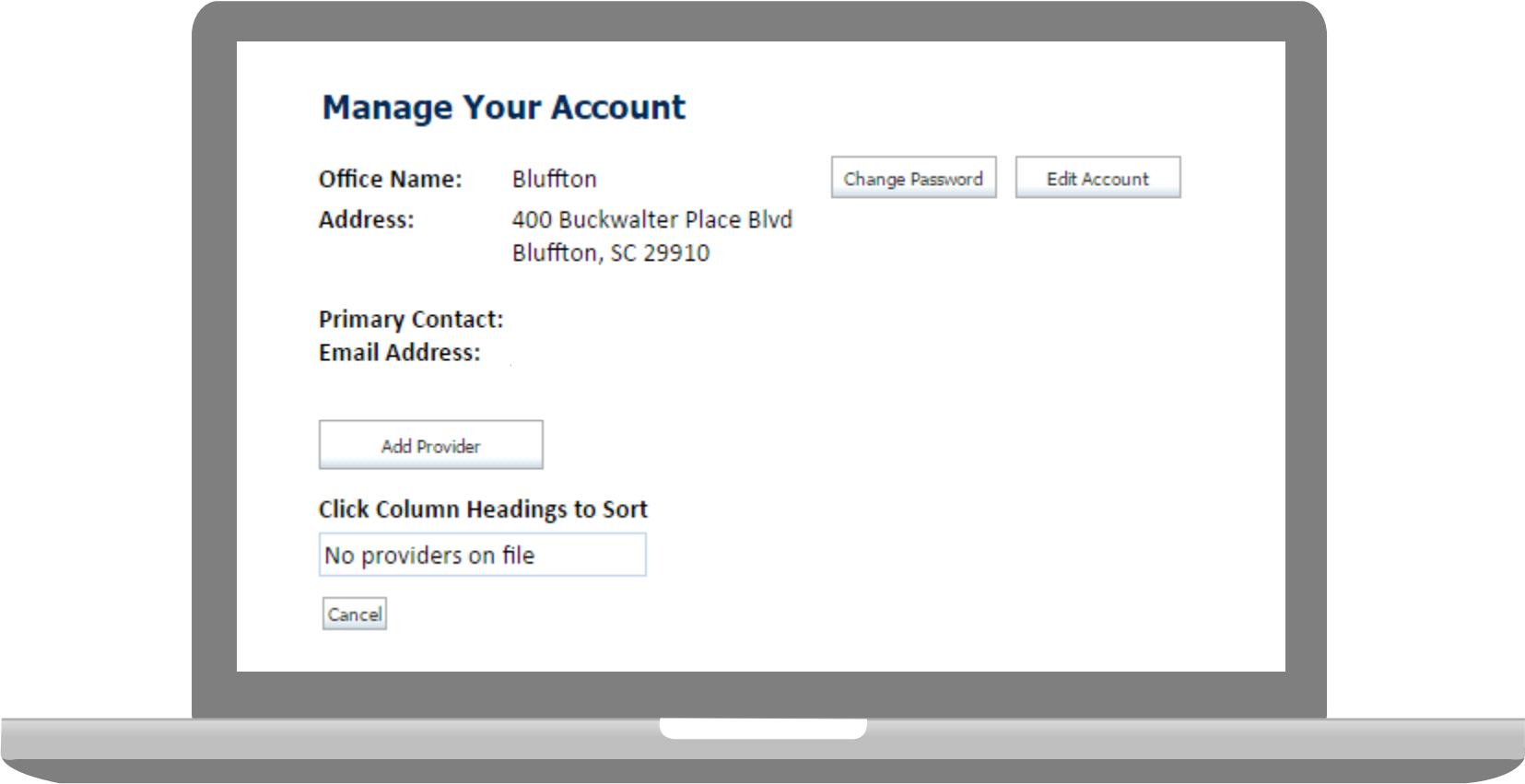
[Look up an existing authorization >>](#)

[Check member eligibility >>](#)

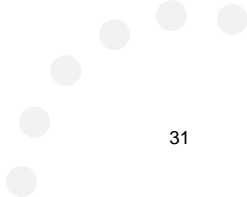
Providers will need to be added to your account prior to case submission. Click the **“Manage Account”** tab to add provider information.

***Note:*** 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.

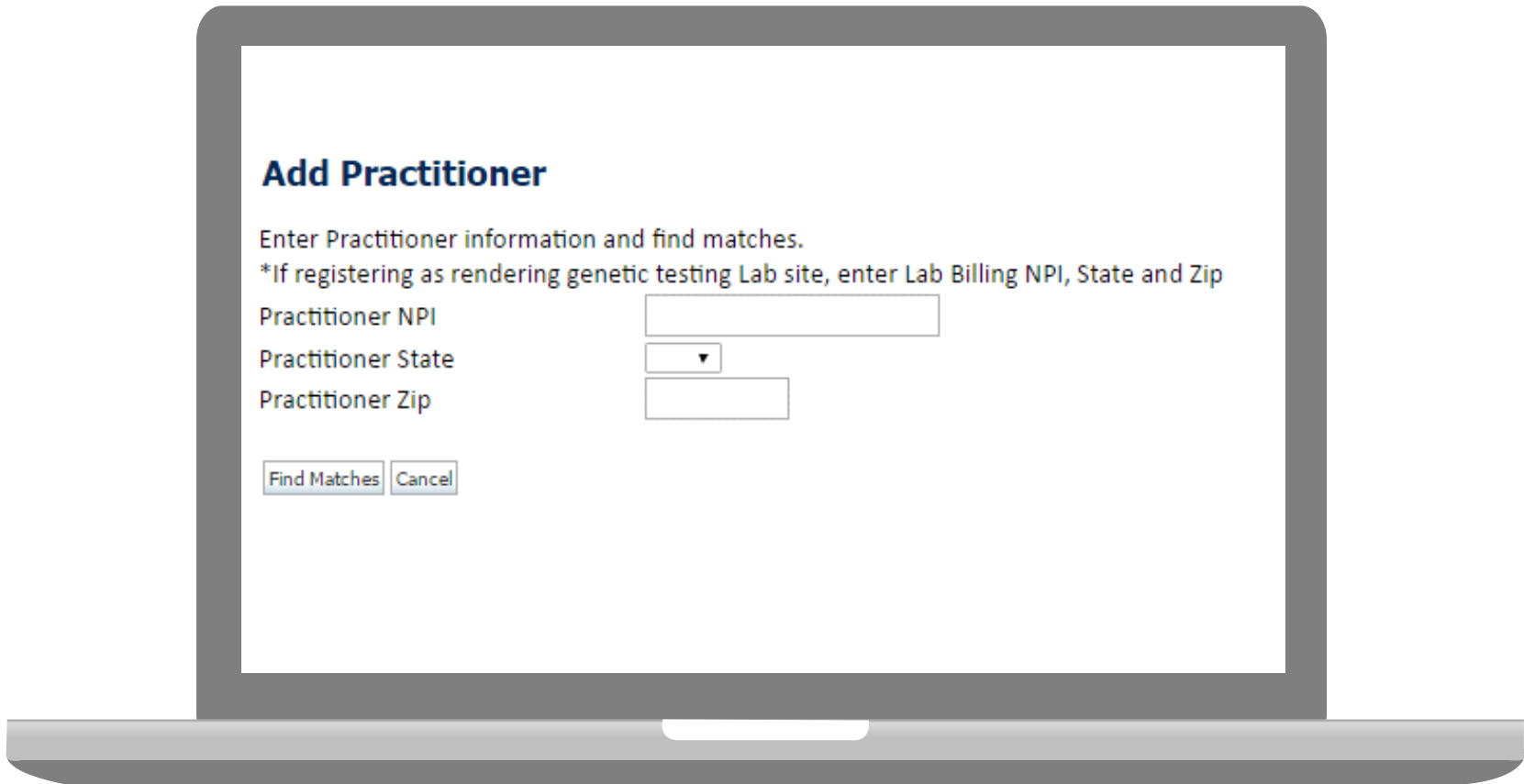
# Add Practitioners



Click the “**Add Provider**” button.



# Add Practitioners



**Add Practitioner**

Enter Practitioner information and find matches.  
\*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

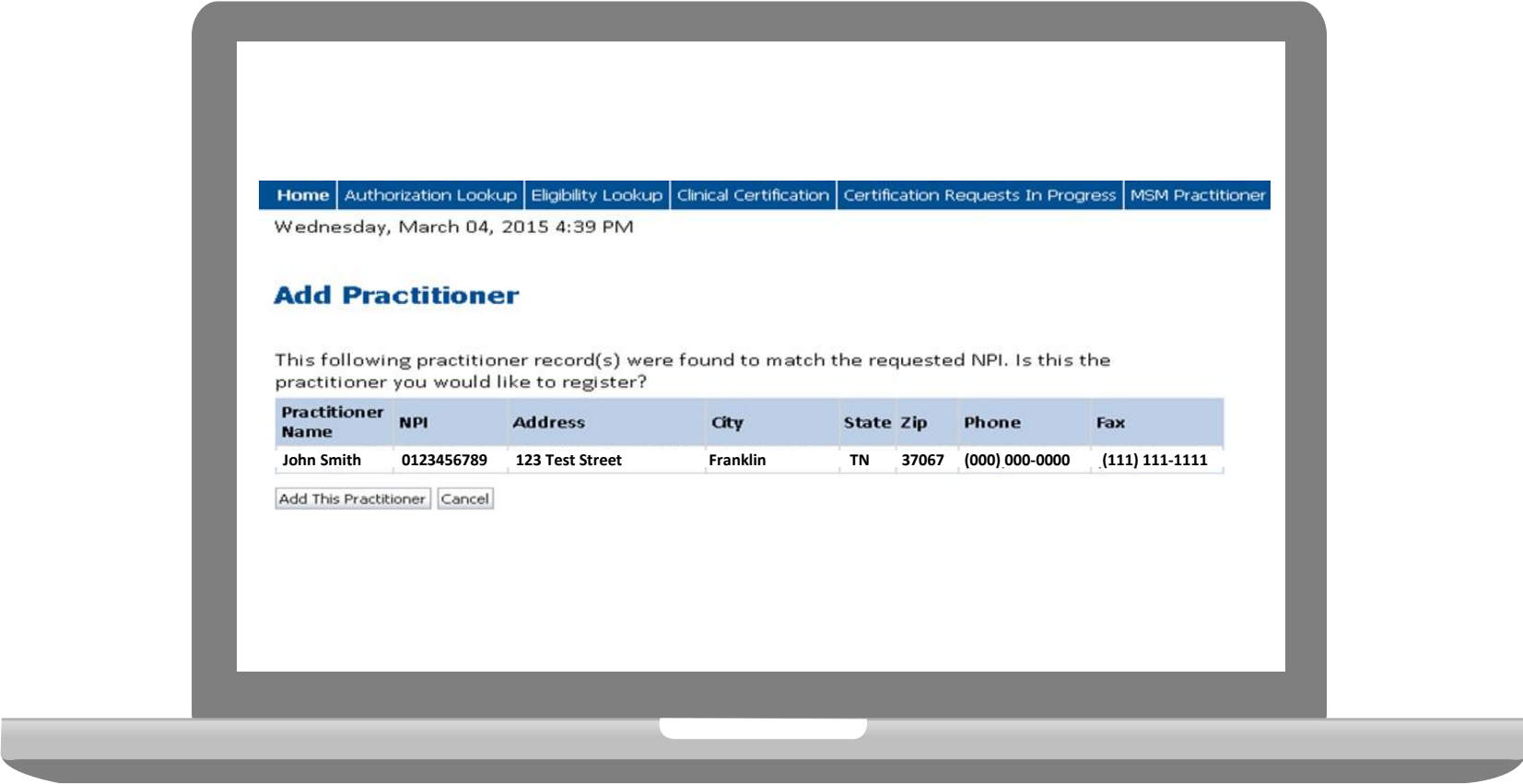
Practitioner Zip



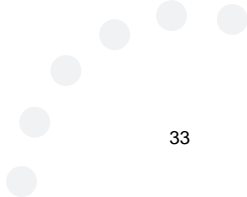
Enter the **Provider's NPI**, **State**, and **Zip Code** to search for the provider record to add to your account. You are able to add multiple Providers to your account.



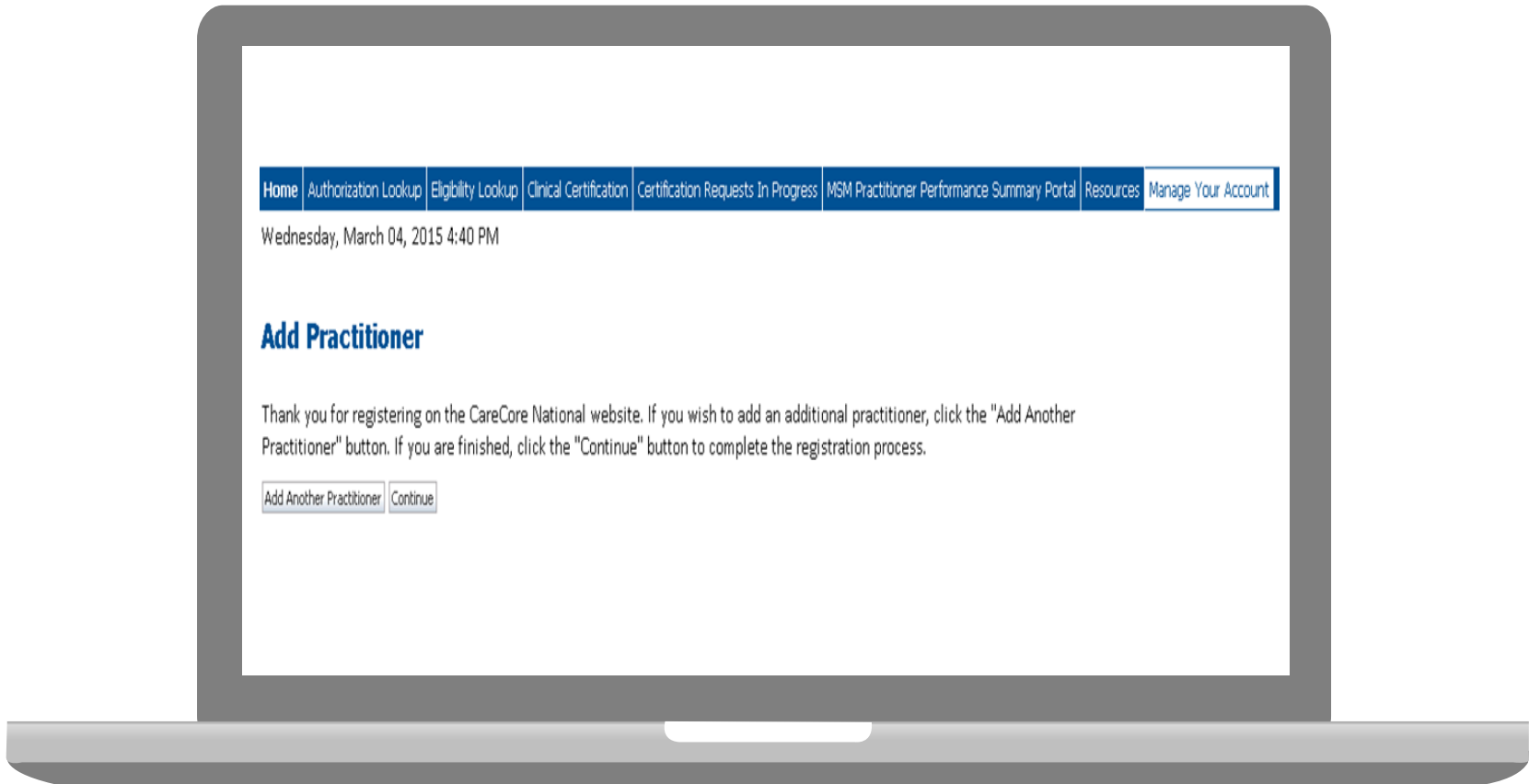
# Adding Practitioners



Select the matching record based upon your search criteria



# Manage Your Account



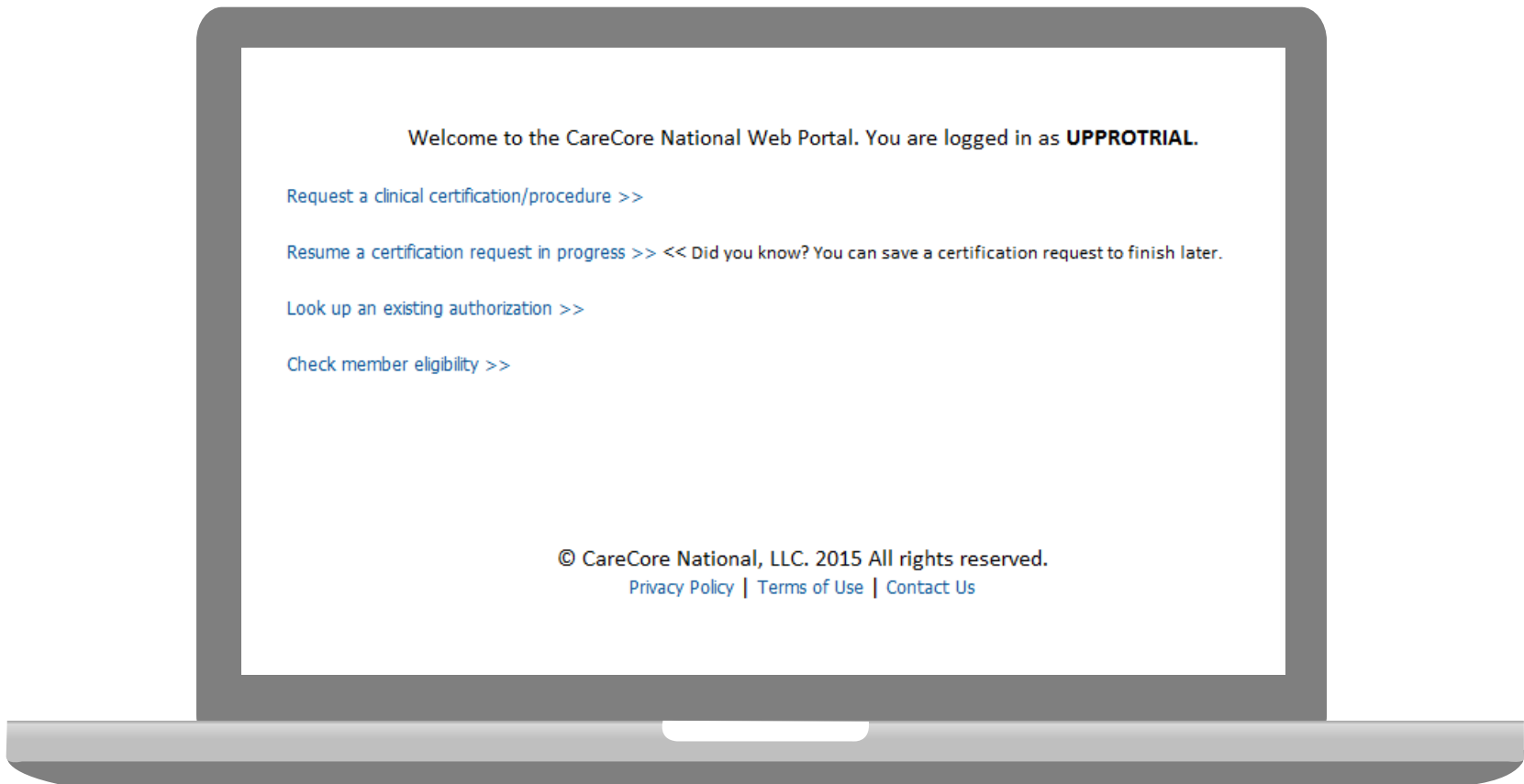
- Once you have selected a practitioner, your registration will be completed. You can then access the **“Manage Your Account”** tab to make any necessary updates or changes.
- You can also click **“Add Another Practitioner”** to add another provider to your account.

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# Case Initiation

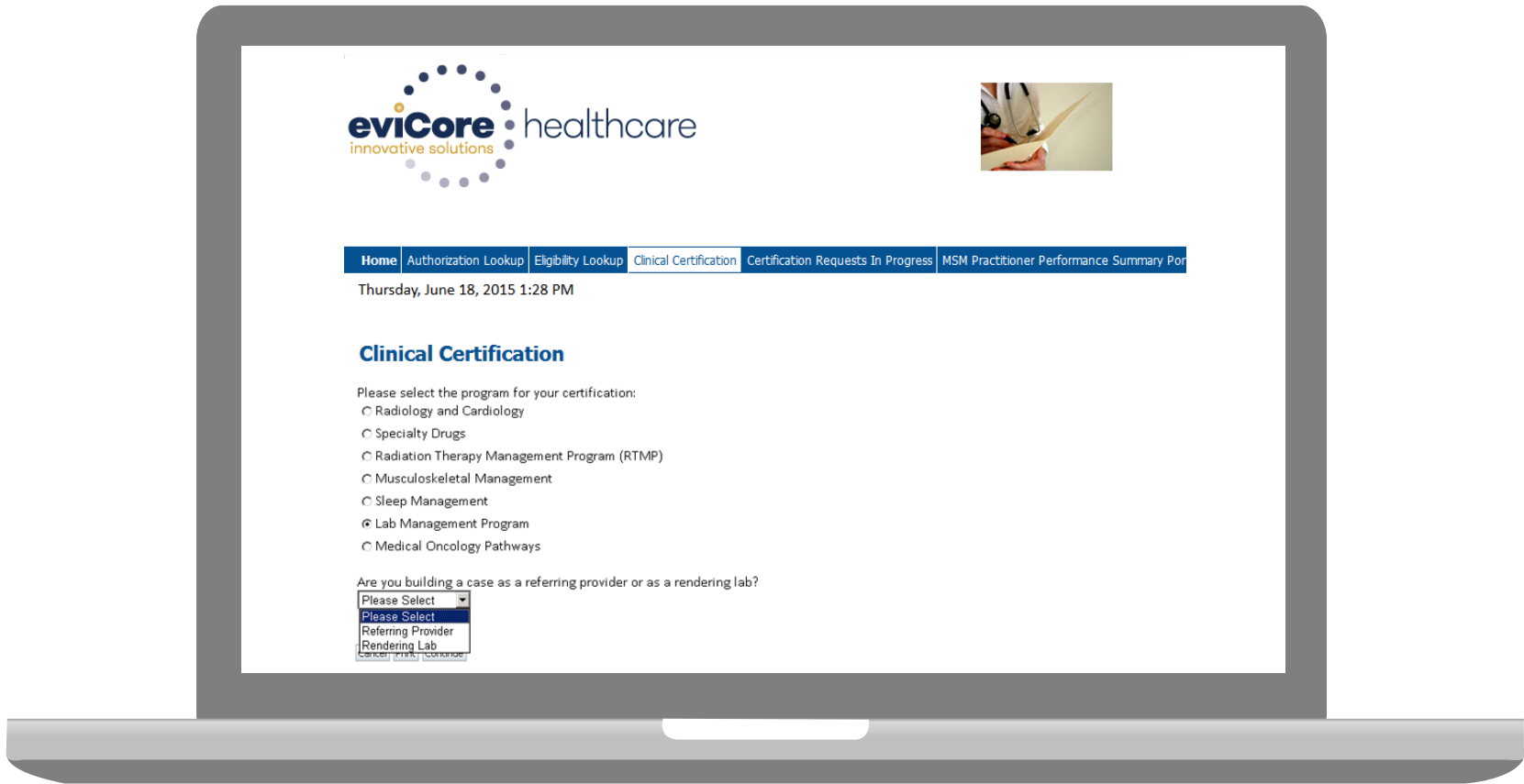
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# Initiating A Case



- Choose **“request a clinical certification/procedure”** to begin a new case request.

# Select Program



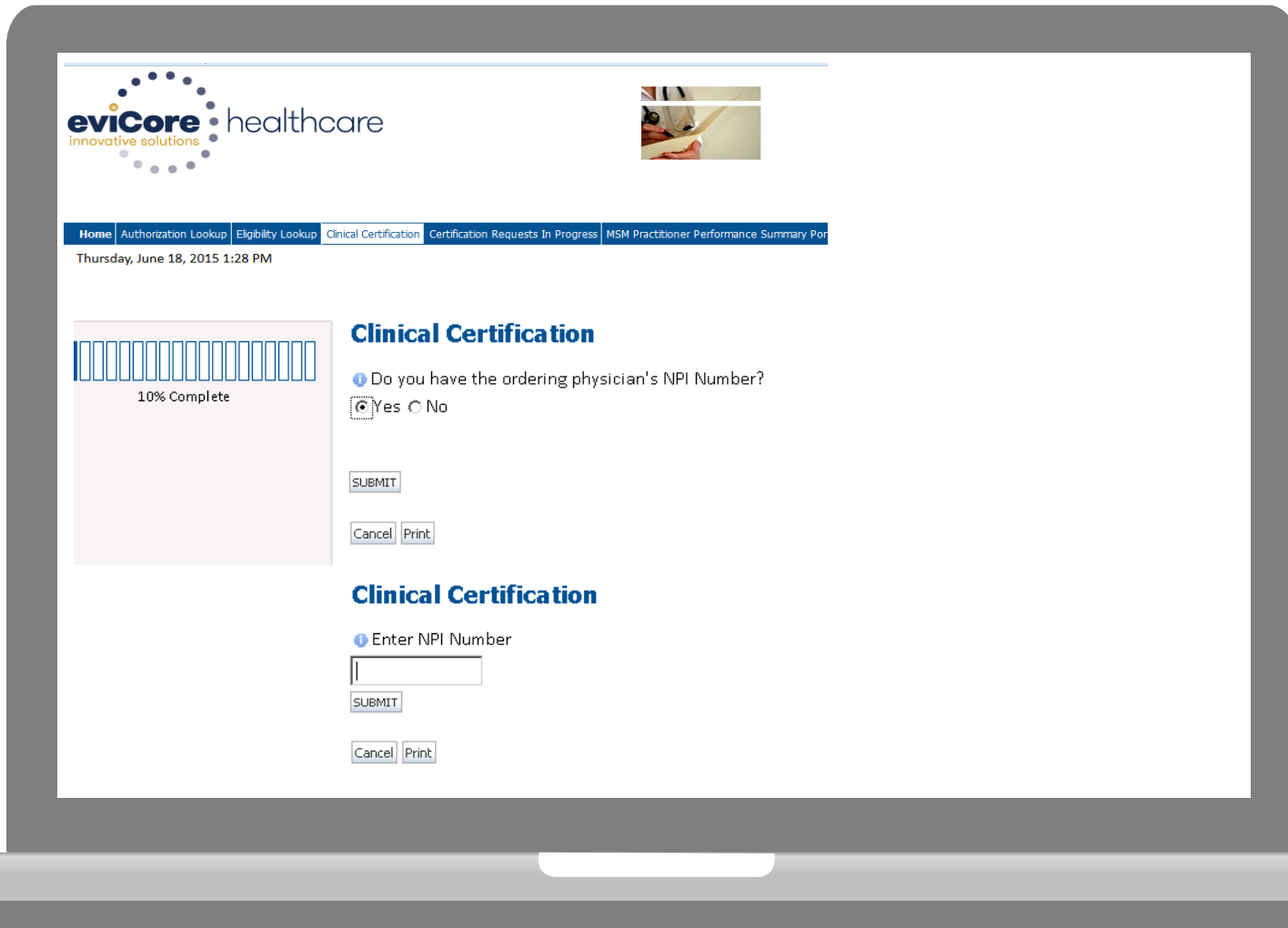
Select the **Program** for your certification.

# Select Health Plan



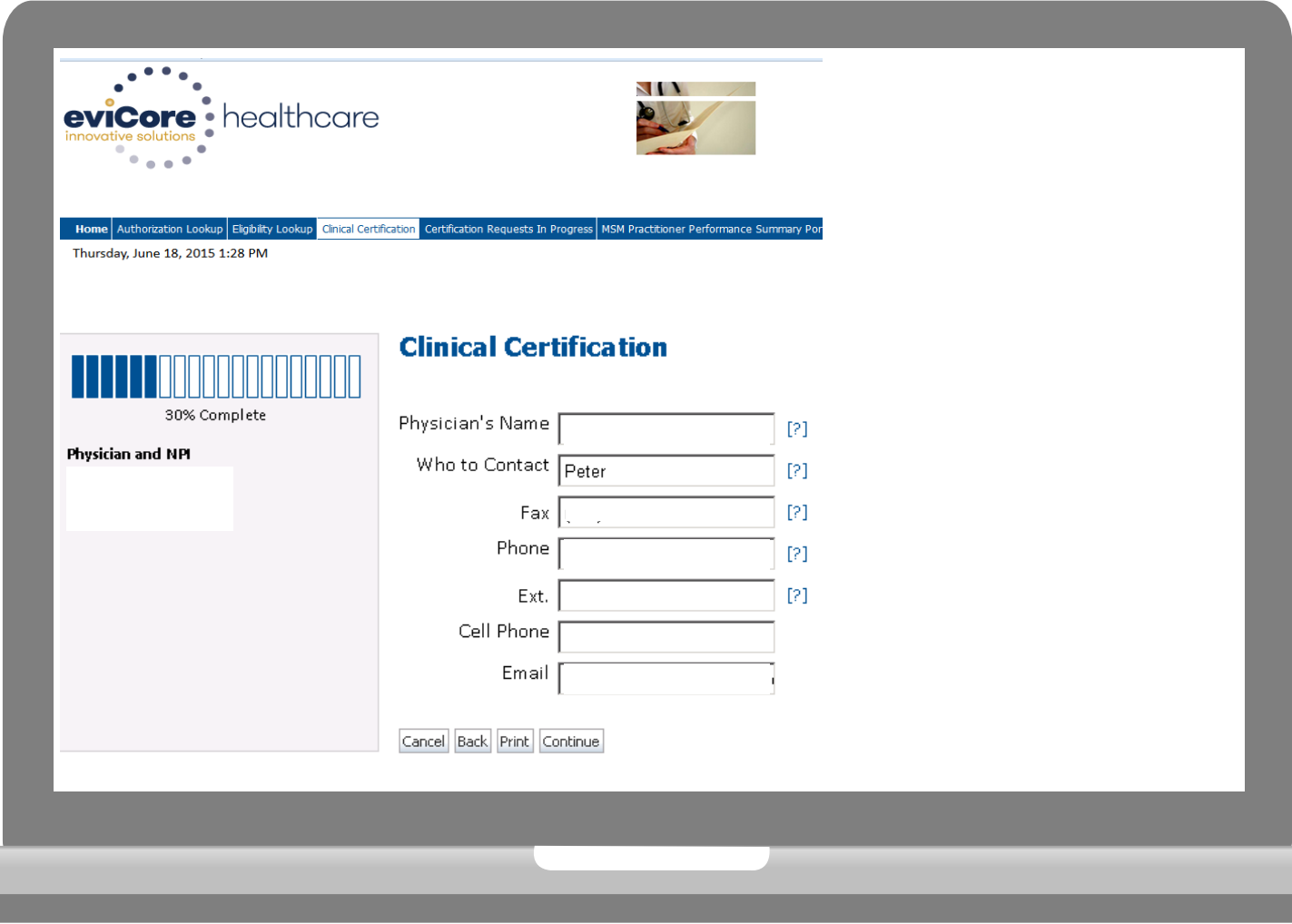
The Lab Management Program **Health Plans** available for online requests will appear in dropdown menu.

# Submitter – Rendering Lab



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

# Submitter – Rendering Lab



You will then enter the information requested.

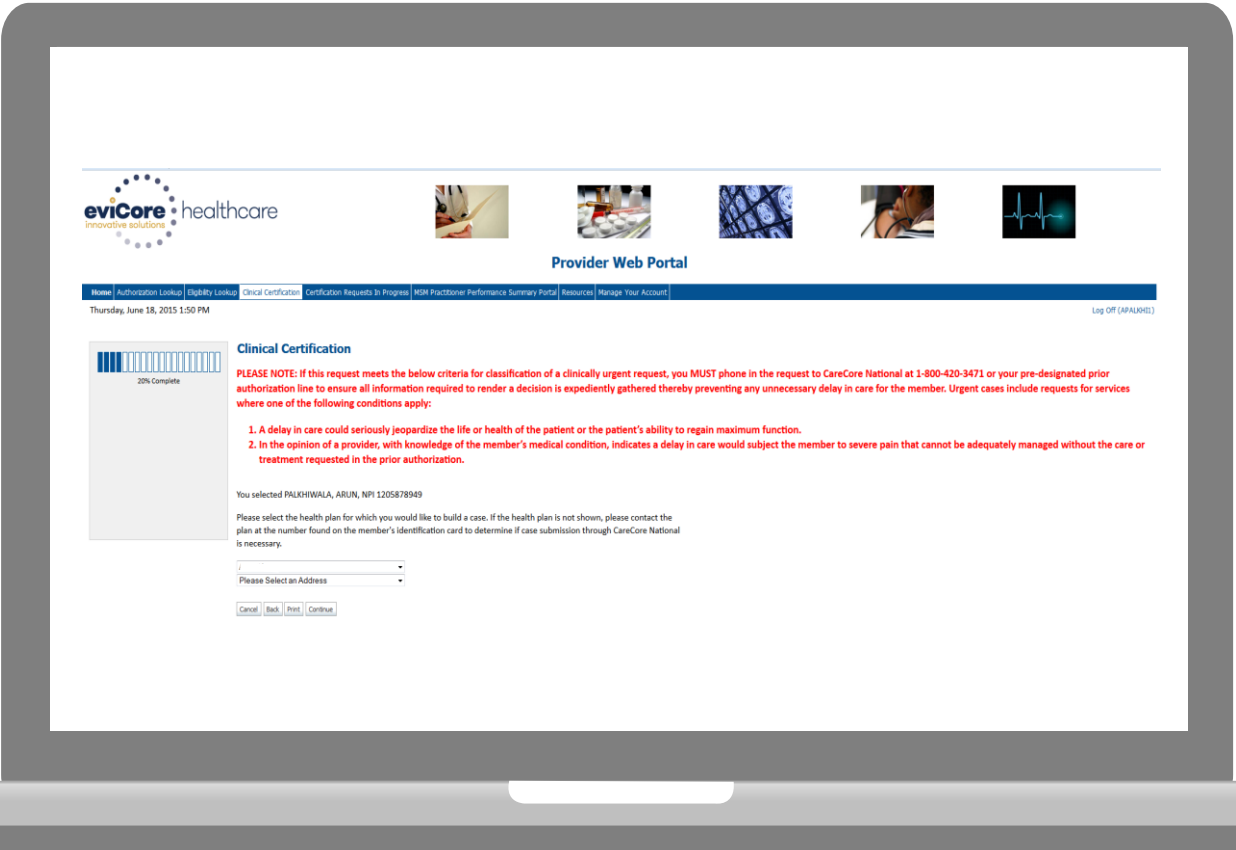


# Submitter – Referring Provider



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

# Select Address



# Patient Selection

**Patient Information**

30% Complete

**Physician**  
DOE, JOHN [EDIT](#)

**Clinical Certification**

Patient ID:

Date Of Birth:  MM/DD/YYYY

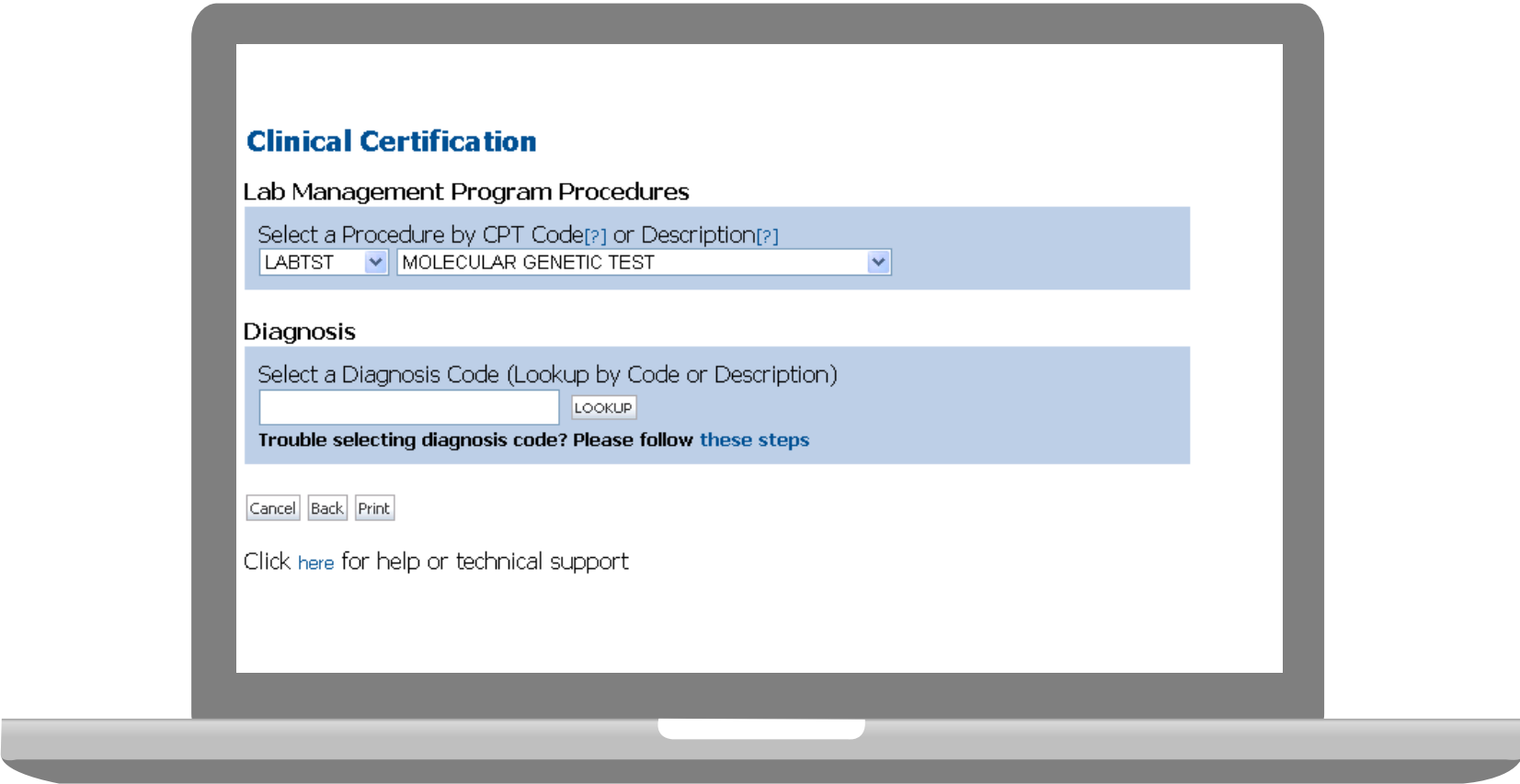
Patient Last Name Only:  [?]

DO NOT INCLUDE ALPHA PREFIX. ENTER NUMERIC DIGITS ONLY.



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

# Clinical Details



## Clinical Certification

### Lab Management Program Procedures

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

### Diagnosis

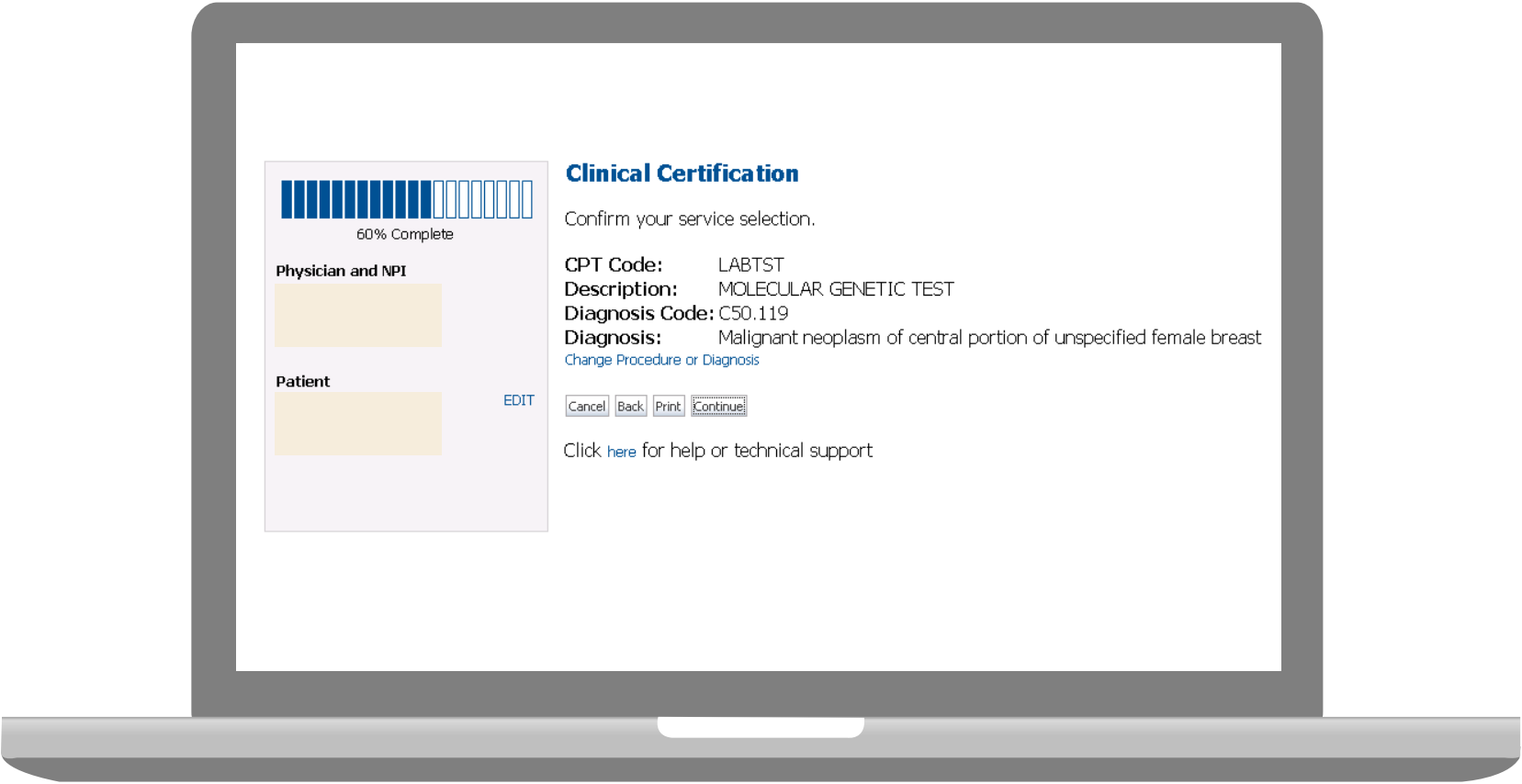
Select a Diagnosis Code (Lookup by Code or Description)

**Trouble selecting diagnosis code? Please follow [these steps](#)**

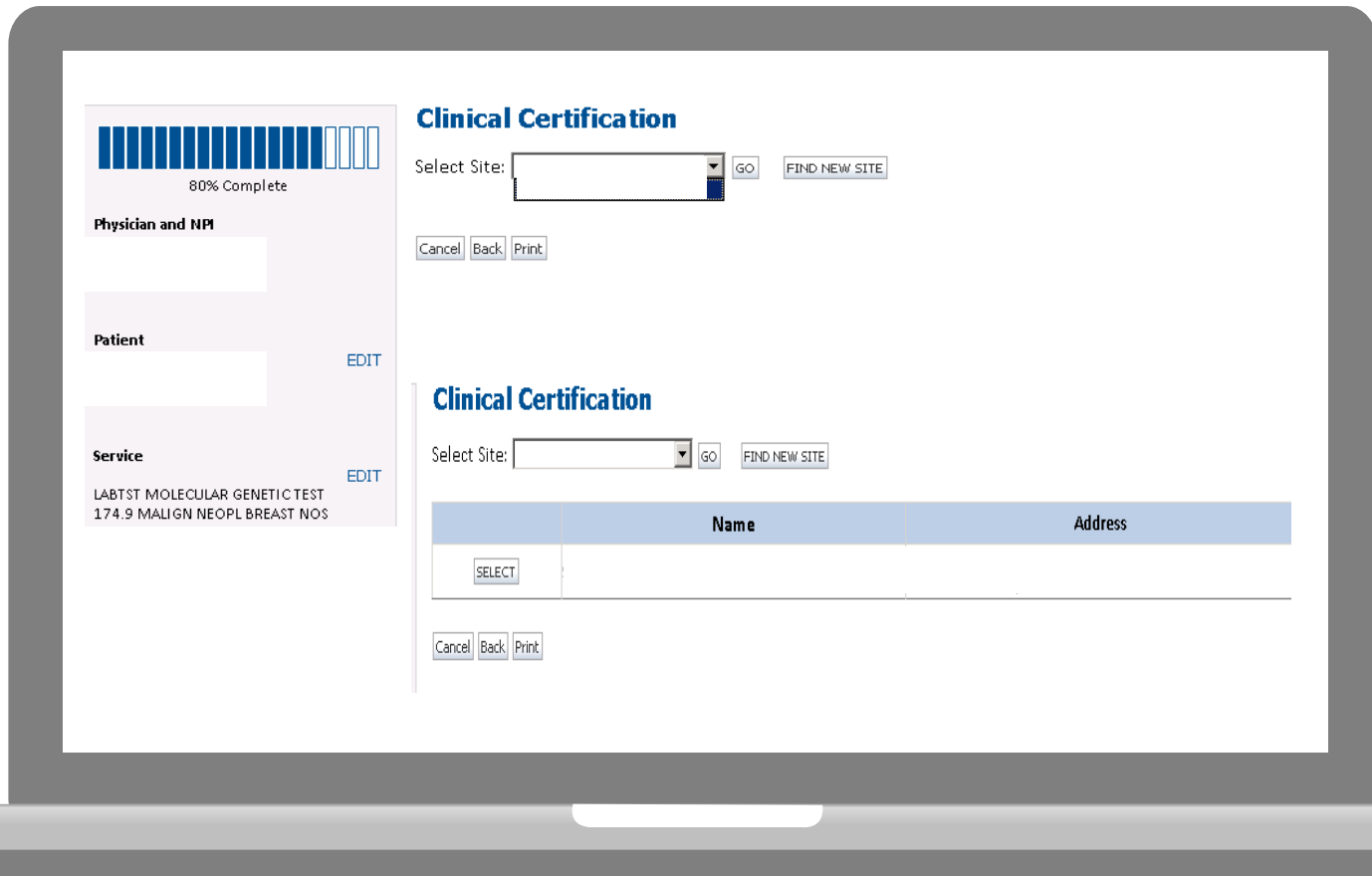
Click [here](#) for help or technical support



# Verify Service Selection

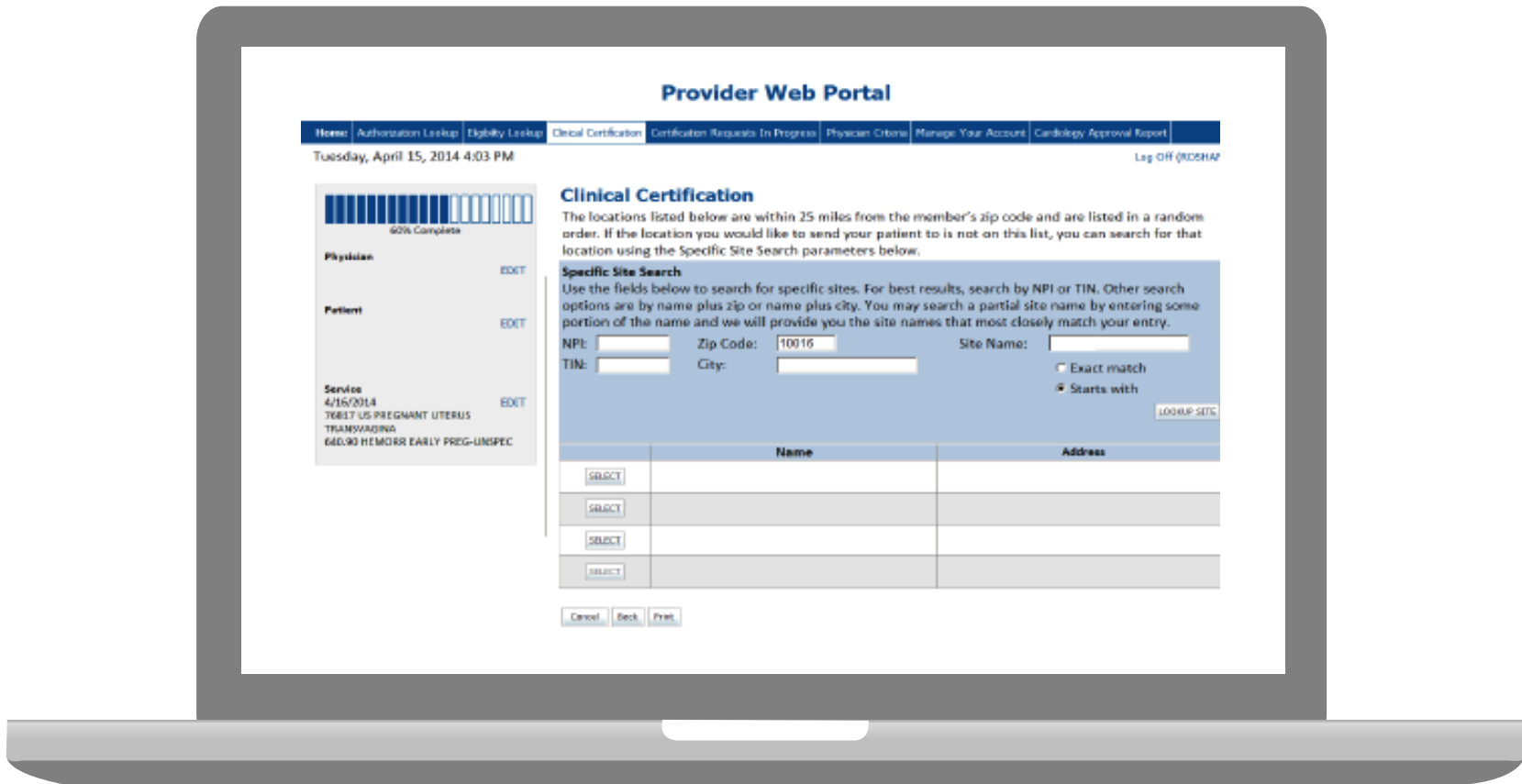


# Site Selection for Rendering Lab Submitters



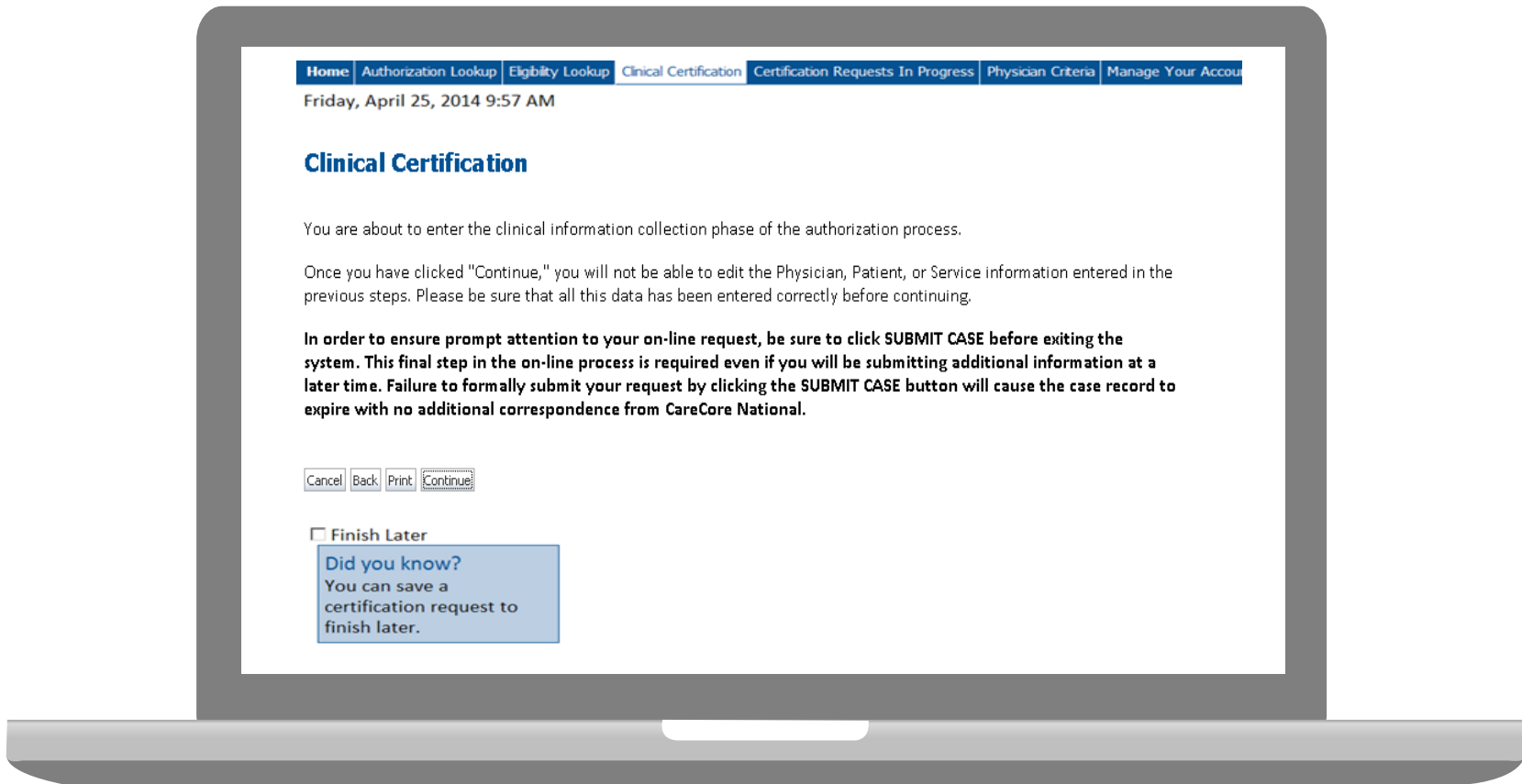
- The site added to your account will be in the drop down menu selection
- Click **“GO”** when ready

# Site Selection – Referring Provider Submitters



- Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.
- You will not have the opportunity to make changes after that point.

# 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

## 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 tests are 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 call 1-879-8317.

1 How will the test be billed?

- A single CPT/HCPCS code for the entire test
- More than one CPT/HCPCS codes (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.)

2 Has the specimen been collected?

- Yes
- No
- Unknown

3 Collection date (if the specimen has already been collected):

SUBMIT

# 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

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

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 (Keams-Sayre, Leigh, LHON, MELAS, MERRF, NARP, Whole mitochondrial genome, etc.)  
Other/Not listed/Not sure

Cancel Print

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

# Clinical Questions

Answer the following questions in clinical detail:

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)

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.

# Additional Information

**Clinical Certification**

Is there any additional information specific to the member's condition you would like to provide?

- I would like to upload a document
- I would like to enter additional notes in the space provided
- I would like to upload a document and enter additional notes
- I have no additional information to provide at this time

Enter text in the space provided below or both.

Additional Information - Notes:

You may upload a document from your computer (PDF or Word less than 5MB)

Additional Upload Document:

Browse...

SUBMIT

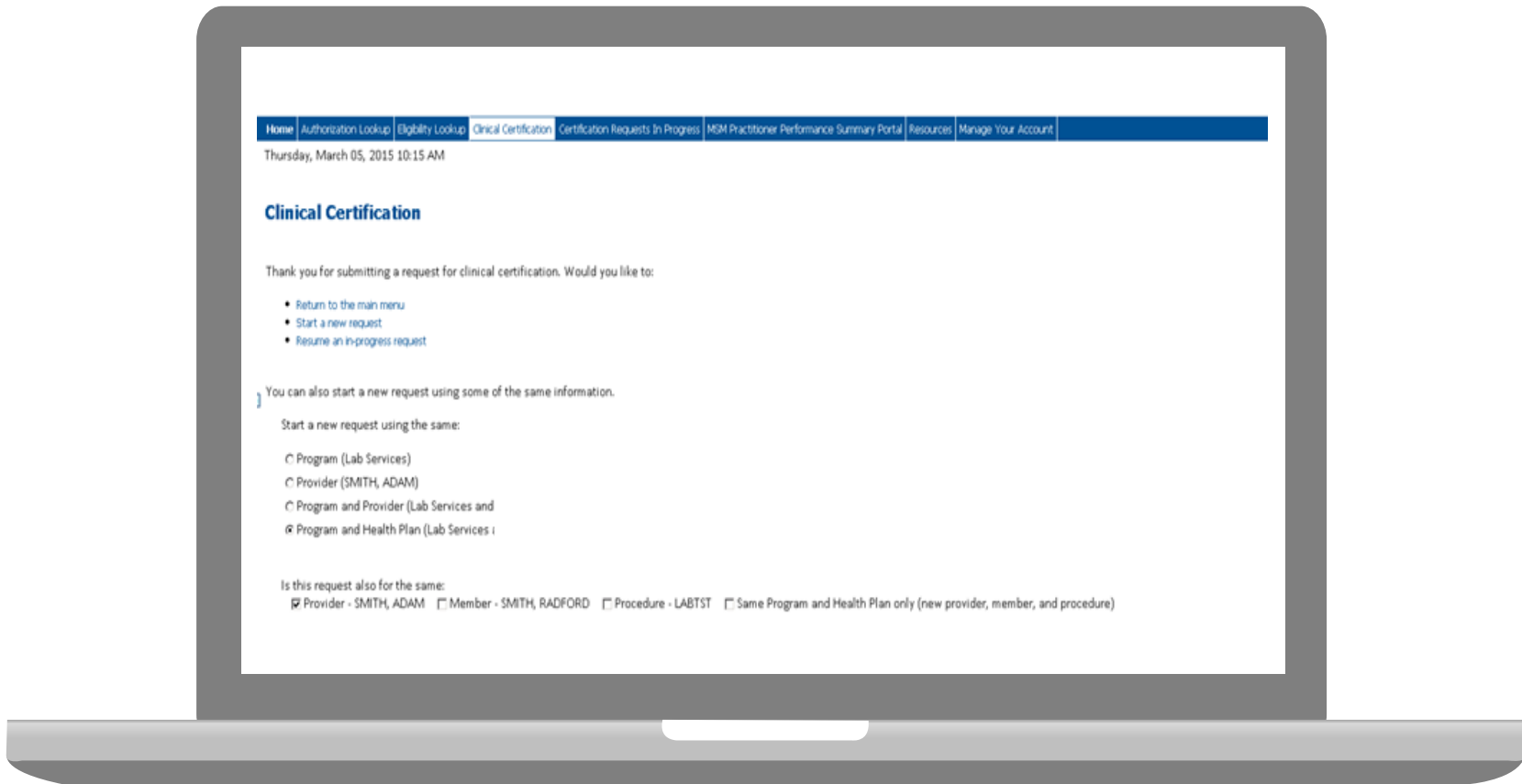
Uploading a completed **Test Requisition Form (TRF)** is a time saver for most online lab site users.

➤ If **additional information** is required, you will have the option to either upload documentation, enter information into the text field, or contact us via phone.

*Multiple documents can be uploaded, no larger than 5MB each.*



# Next Steps



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're even able to indicate if any of the previous case information will be needed for the new request.

# Authorization look up



Tuesday, November 22, 2016 2:30 PM

## Authorization Lookup

### New Security Features Implemented

**Search by Member Information**

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:   
MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:

**Search by Authorization Number/ NPI**

REQUIRED FIELDS

Provider NPI:

Auth/Case Number:

- 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

## Authorization Lookup

### New Security Features Implemented

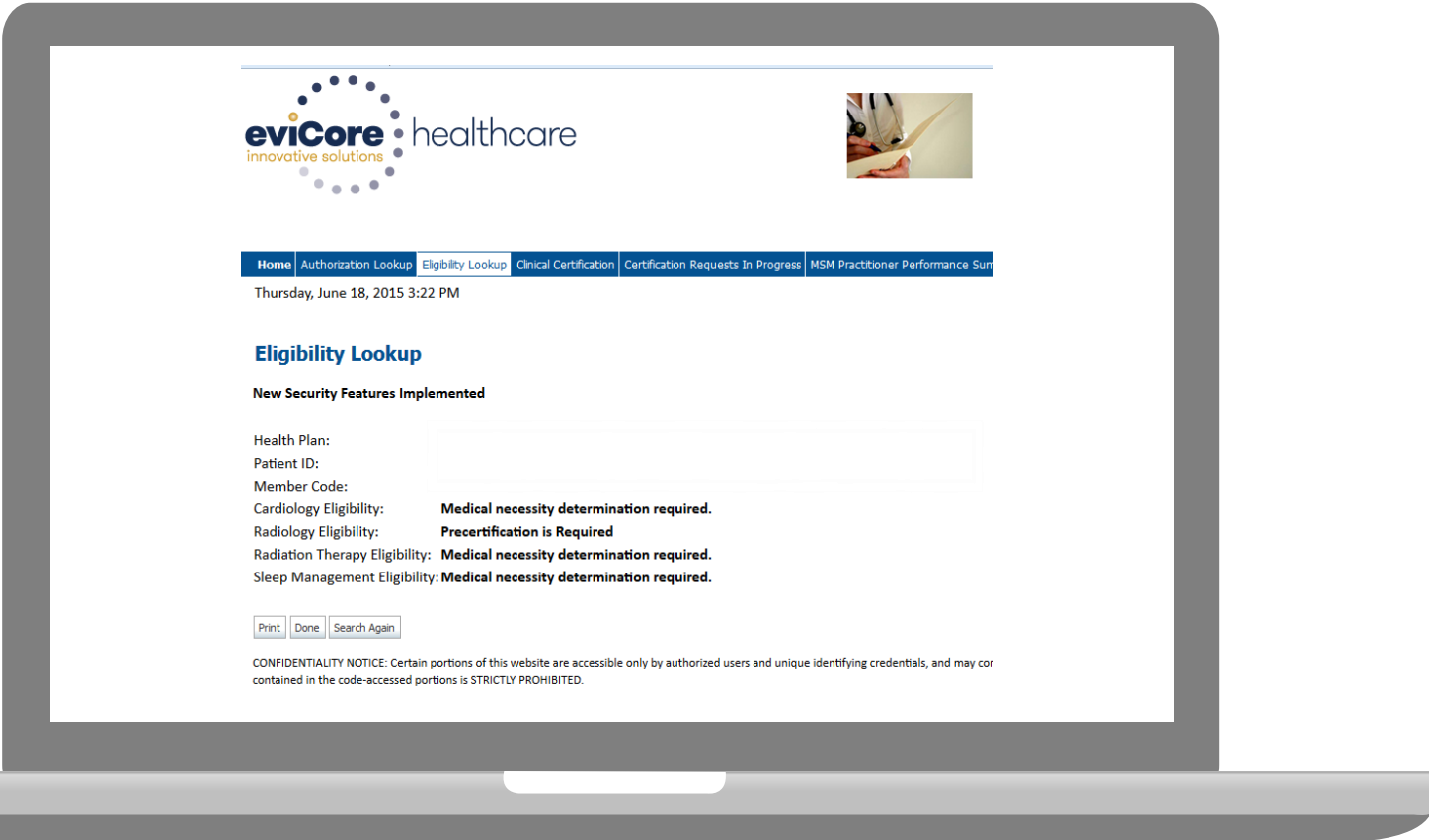
Authorization Number:  
Case Number:  
Status: Approved  
Approval Date: 3/23/2016 12:00:00 AM  
Service Code: LABTST  
Service Description: MOLECULAR GENETIC TEST  
Site Name: GENOMIC HEALTH INC  
Expiration Date: 5/22/2016  
Date Last Updated: 3/23/2016 2:01:18 PM  
Correspondence: [VIEW CORRESPONDENCE](#)

### Procedures Requested and Approved

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)	Delete
81220	CFTR GENE COM VARIANTS	1	0		
81243	FMR1 GENE DETECTION	1	1		
81244	FMR1 GENE CHARACTERIZATION	1	1		



# Eligibility Look Up



[Home](#) | [Authorization Lookup](#) | [Eligibility Lookup](#) | [Clinical Certification](#) | [Certification Requests In Progress](#) | [MSM Practitioner Performance Summary](#)

Thursday, June 18, 2015 3:22 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.**  
Sleep Management Eligibility: **Medical necessity determination required.**

CONFIDENTIALITY NOTICE: Certain portions of this website are accessible only by authorized users and unique identifying credentials, and may contain information the disclosure of which is STRICTLY PROHIBITED.

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# Provider Resources



# Evidence-Based Criteria

Comprehensive Lab Program Criteria Request Form:  
[Reqcriteria@eviCore.com](mailto:Reqcriteria@eviCore.com)



visit the [Contact Us](#) page

LOGIN: [PROVIDERS](#) | [PLANS](#)

Search

HOME ABOUT APPROACH SOLUTIONS RESOURCES MEDIA CAREERS CONTACT

Overview | The Benefits For Everyone | Criteria Easy Approval | [FAQs](#)

What claims are subject to claims review?



How does eviCore handle large gene panels?



What if I have a question about a prior authorization result?



How do I request copies of utilization review guidelines?



To request copies of utilization review criteria, please complete this [form](#) and submit the request via email to [Reqcriteria@carecorenational.com](mailto:Reqcriteria@carecorenational.com) or fax it to **1-866-699-8160**, Attention: Request for Criteria.

# Web Portal Services-Assistance

Email [portal.support@evicore.com](mailto:portal.support@evicore.com)

Call a Web Support Specialist at  
(800) 646-0418 (Option 2)

Connect with us via Live Chat

Web Portal Services-Available 24/7

# Provider Resources: Prior Authorization Call Center



Pre-Certification  
Call Center



Web-Based  
Services



Provider Relations  
Department



Documents

**7:00 AM - 7:00 PM (Local Time): (855) 252-1117**

- 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: Client Provider Operations



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

[clientservices@evicore.com](mailto:clientservices@evicore.com)

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

# Provider Resources: Implementation Document



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 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. If you are unable to locate a copy of the presentation, please contact the Client Provider Operations team at [ClientServices@evicore.com](mailto:ClientServices@evicore.com).

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# Thank You!

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