

# Lab Management Prior Authorization Program for Network Health-Wisconsin

Provider Orientation Session

Effective February 1, 2019



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# Corporate Overview

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# 9 | Comprehensive Solutions



Radiology



Cardiology



Musculoskeletal



Sleep Management



Medical Oncology



Specialty Drug



Radiation Therapy



Lab Management



Post-Acute Care



**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:

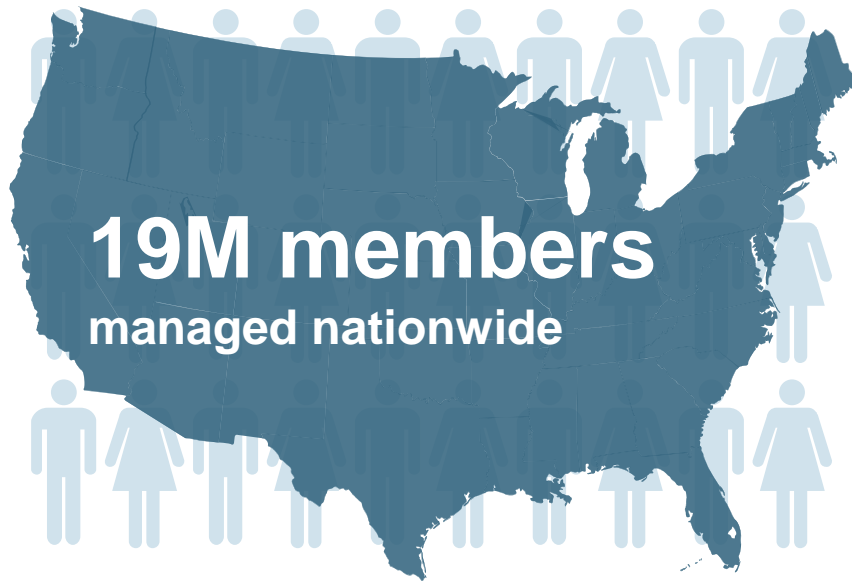
- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT
- Melbourne, FL
- Plainville, CT
- Sacramento, CA

# 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





## Lab Management Solution

### Covered Services

All molecular and genomic testing including:

- 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

[www.evicore.com/healthplan/nhpwi\\_Lab](http://www.evicore.com/healthplan/nhpwi_Lab)

# 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 Network Health-Wisconsin



# Program Overview

**February 1, 2019** and beyond for Commercial and Medicare members.

## Prior authorization applies to services that are:

- Outpatient
- Elective / Non-emergent
- Diagnostic

## 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.*

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## Applicable Membership

Authorization is required for Network Health Wisconsin members enrolled in the following programs:

- **Commercial**
- **Medicare**



# Prior Authorization Requests

How to request prior authorization:

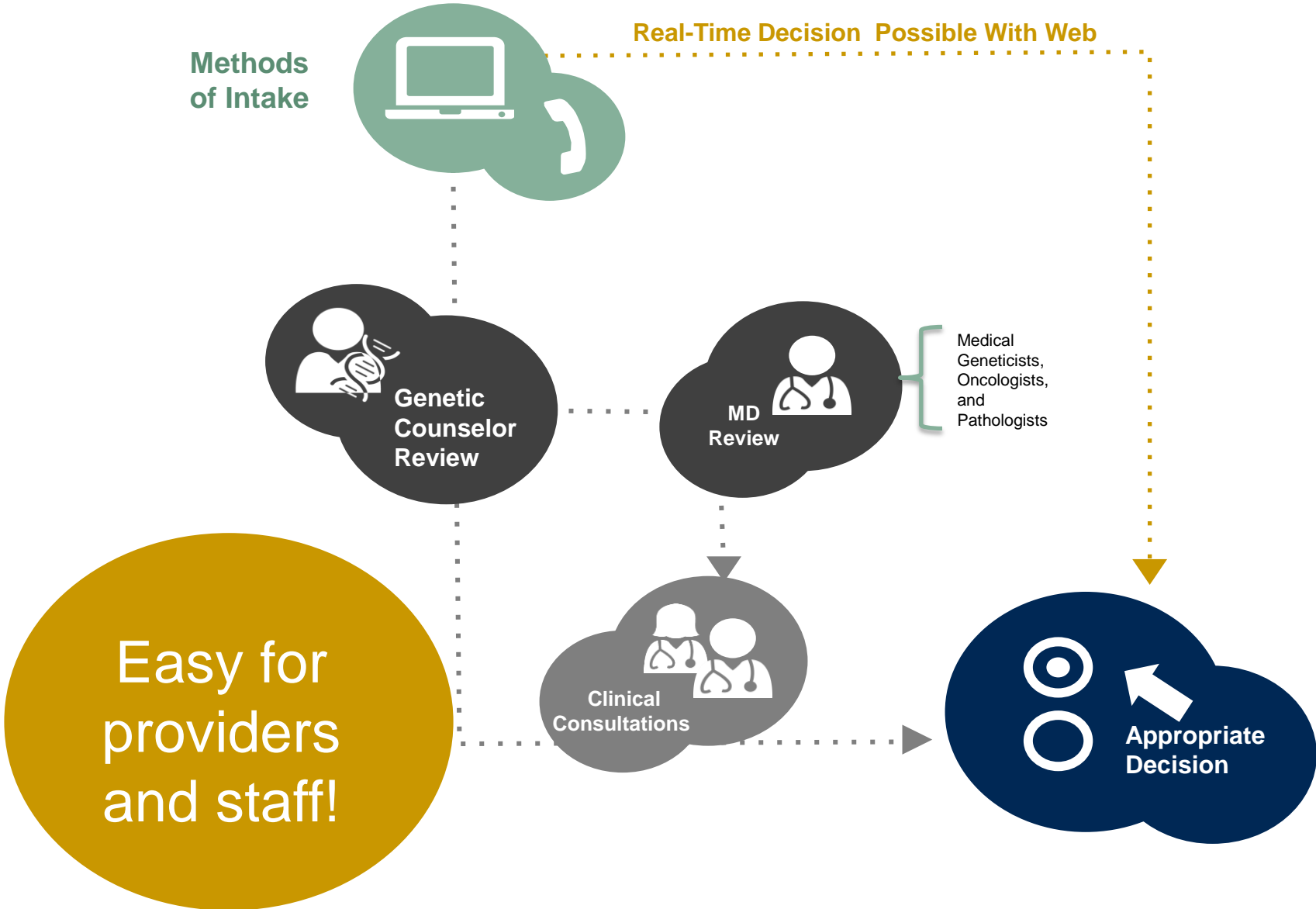


[www.evicore.com](http://www.evicore.com)

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

Or by 855-727-7444 7:00 a.m. to 7:00 p.m. (CST) 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?



# Prior Authorization Outcomes

## Approved Requests:

- All requests are processed after receipt of all necessary clinical information within 2 business days.
- Authorizations are typically good 60 days from the date of determination. Please reference the authorization by case.

## Delivery:

- Faxed to referring provider and rendering laboratory
- 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 Peer Review

## Delivery:

- Faxed to the referring provider and rendering laboratory
- Mailed to the member

## Prior Authorization Outcomes – Medicare

### ➤ Pre-Decision Consultation

- If your case requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians 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

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## Prior Authorization Outcomes - Commercial

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### Clinical Consultation Discussions

- If a request is denied and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians. In certain instances, additional information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.
- **Clinical Consultations aka Peer review** can be scheduled at a time convenient to your physician.

# Special Circumstances

## ➤ Appeals :

- eviCore healthcare will not be delegated for appeals. All appeals will need to be reviewed via Network Health Wisconsin.

## ➤ Retrospective Reviews:

- Retro Requests are **not** applicable to the Lab Program. All prior authorization requests must be completed prior to claim submission.

## ➤ Outpatient Urgent Tests:

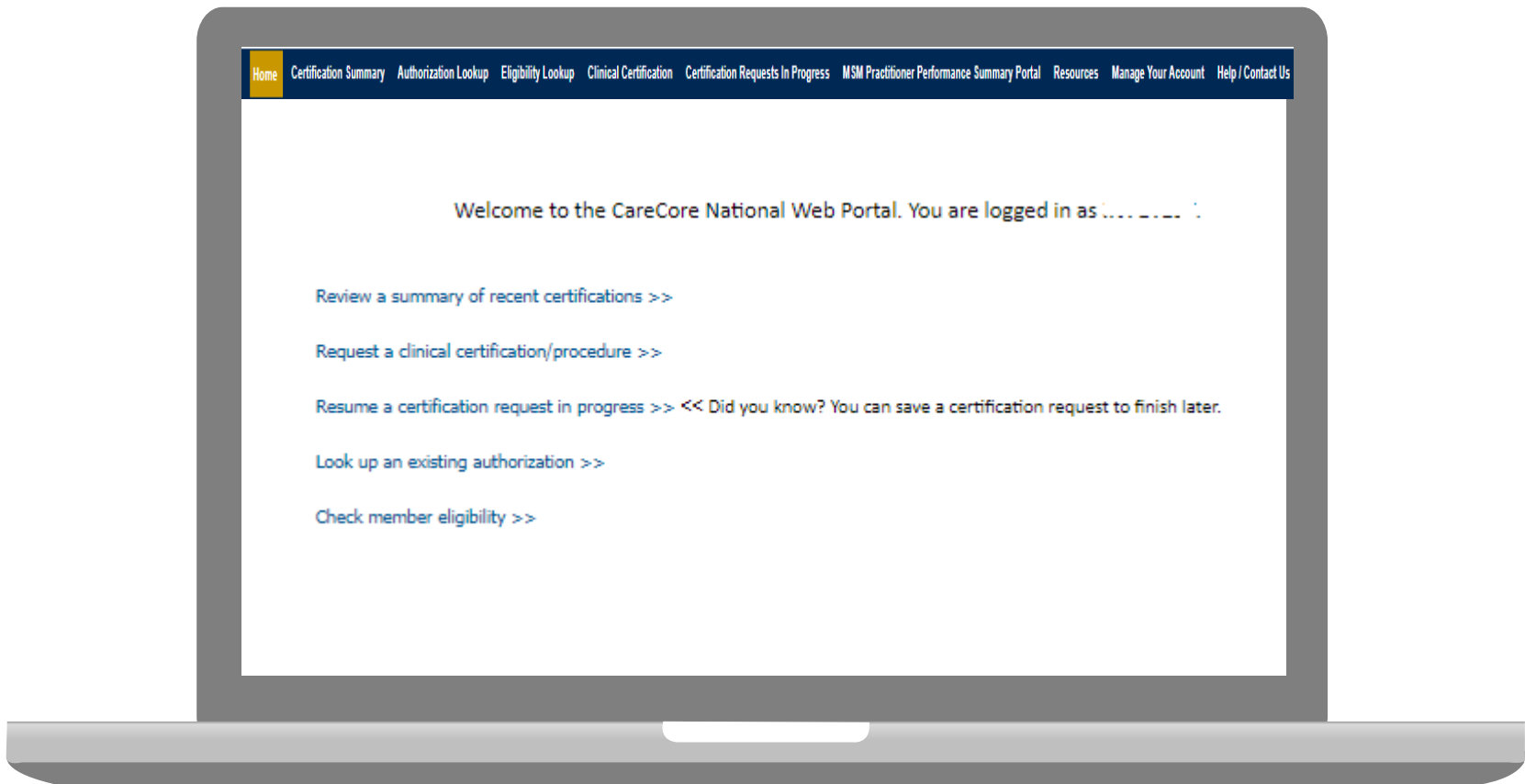
- Contact eviCore by phone to request an expedited prior authorization review and provide clinical information
- Urgent Cases will be reviewed with **1 business day** of the request.

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# Case Initiation

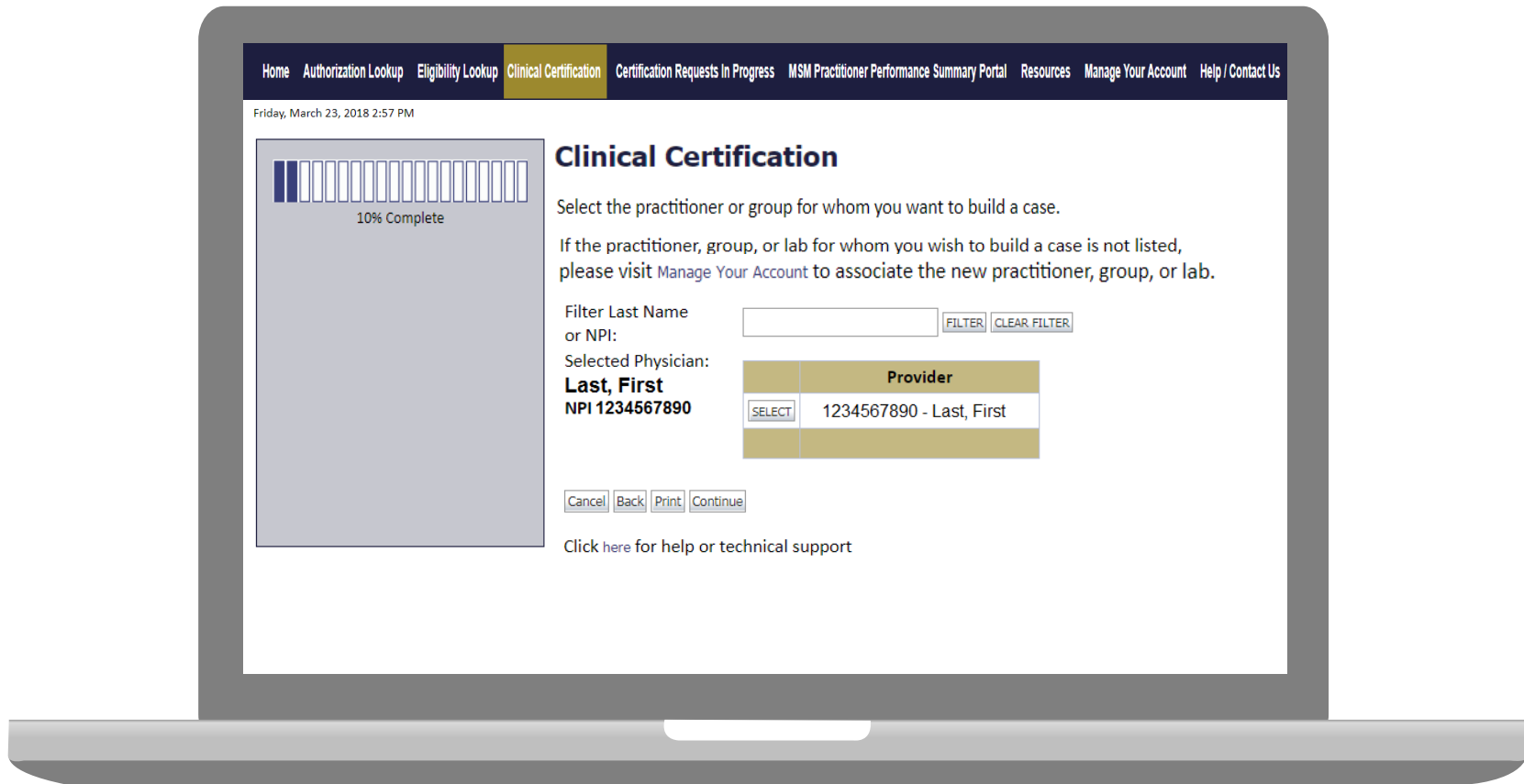
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# Initiating A Case



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

# Submitting as Provider- MD Search



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

# Submitting as Rendering Lab- MD Search

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

## Clinical Certification

10% Complete

1 Do you have the ordering physician's NPI Number?  
 Yes  No

2 Enter NPI Number

SUBMIT

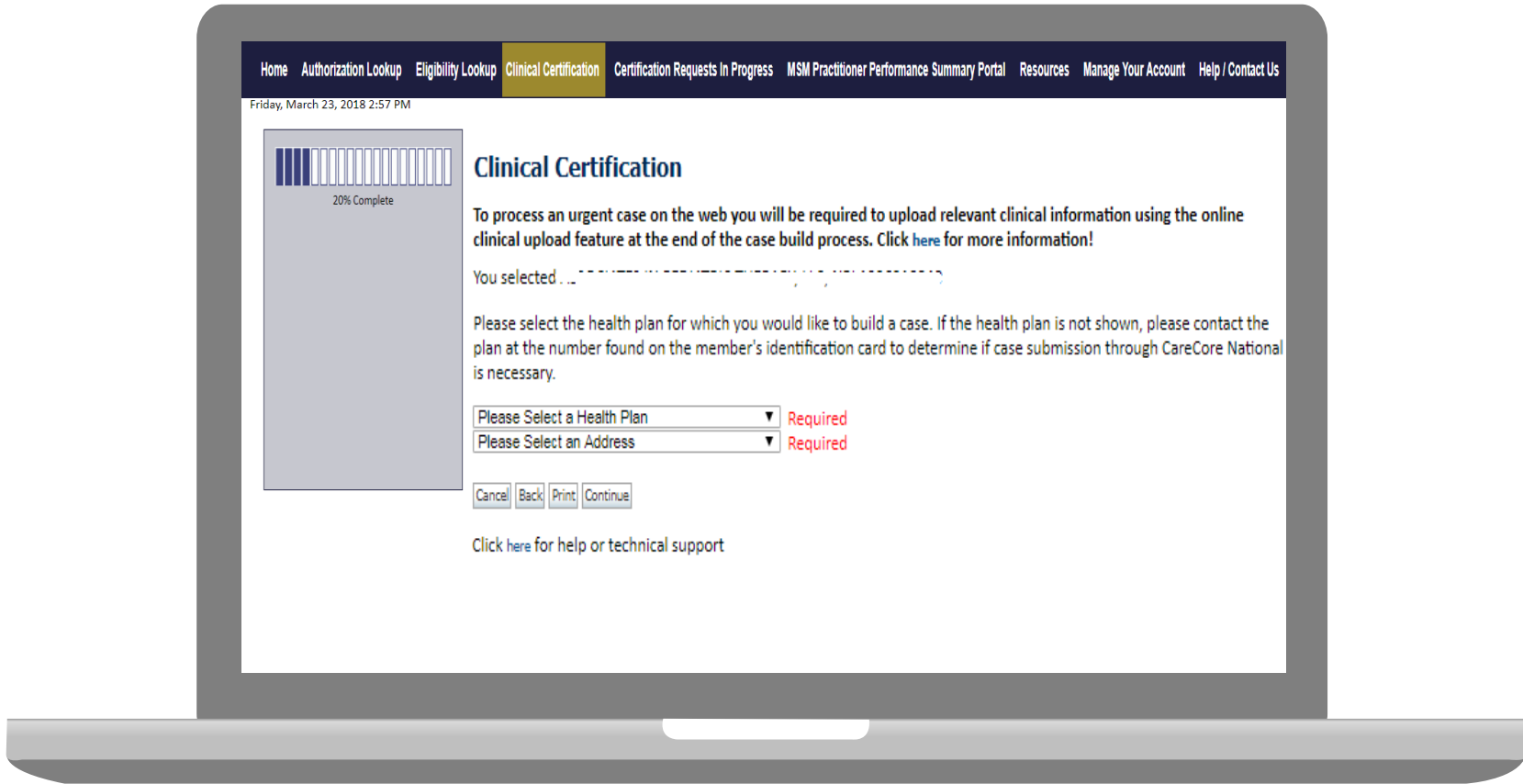
Cancel Print

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

➔ 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. Select the Physician's address.

# Contact Information

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

Friday, March 23, 2018 2:57 PM [Log Off \(INTGTEST\)](#)

**Clinical Certification**

30% Complete

Provider and NPI

Provider's Name  [?]

Who to Contact  [?]

Fax  [?]

Phone  [?]

Ext.  [?]

Cell Phone

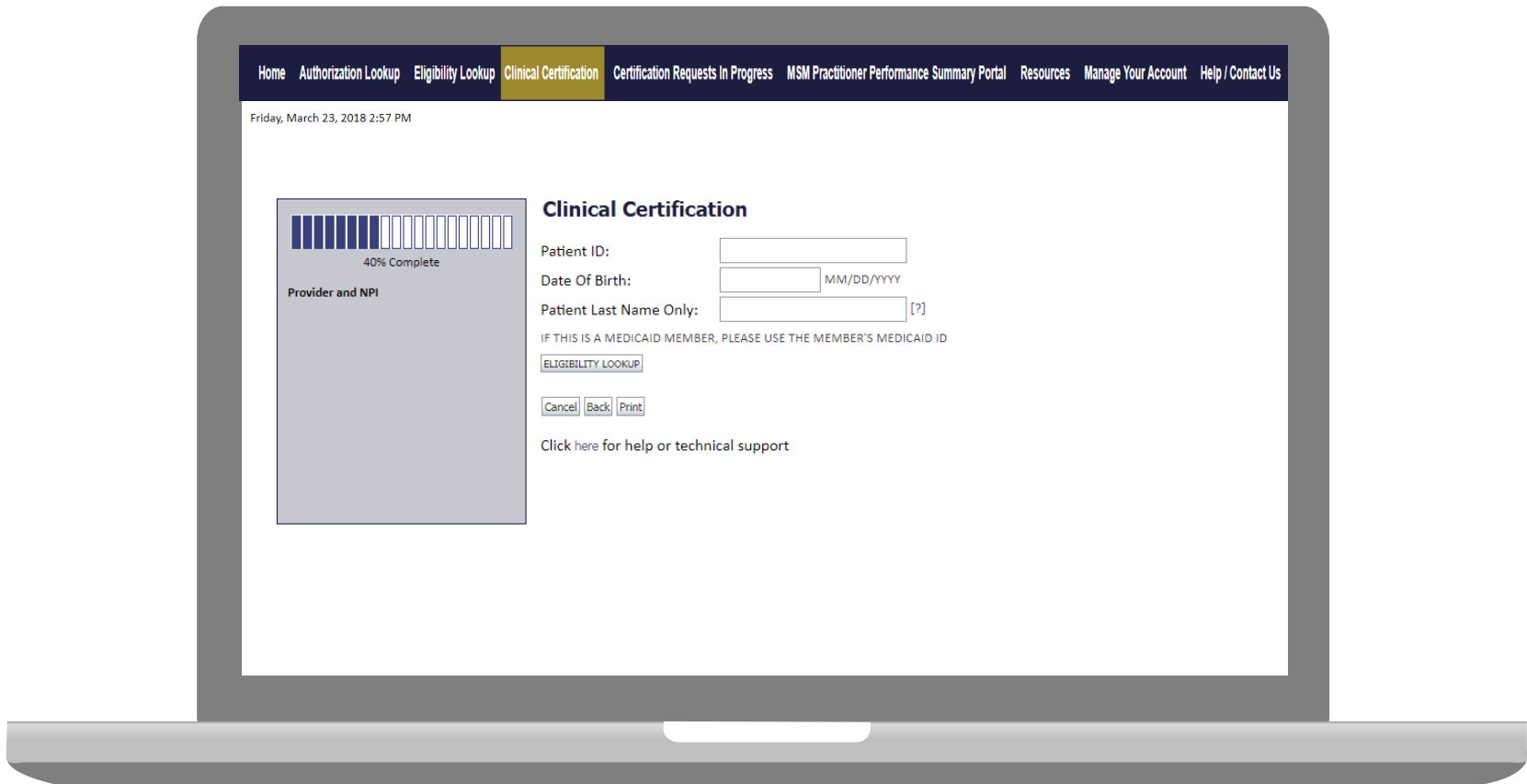
Email

[Cancel](#) [Back](#) [Print](#) [Continue](#)

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

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

## Clinical Certification

### Lab Management Program Procedures

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

LABTST    MOLECULAR GENETIC TEST

### Diagnosis

Select a Diagnosis Code (Lookup by Code or Description)

   LOOKUP

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

Cancel   Back   Print

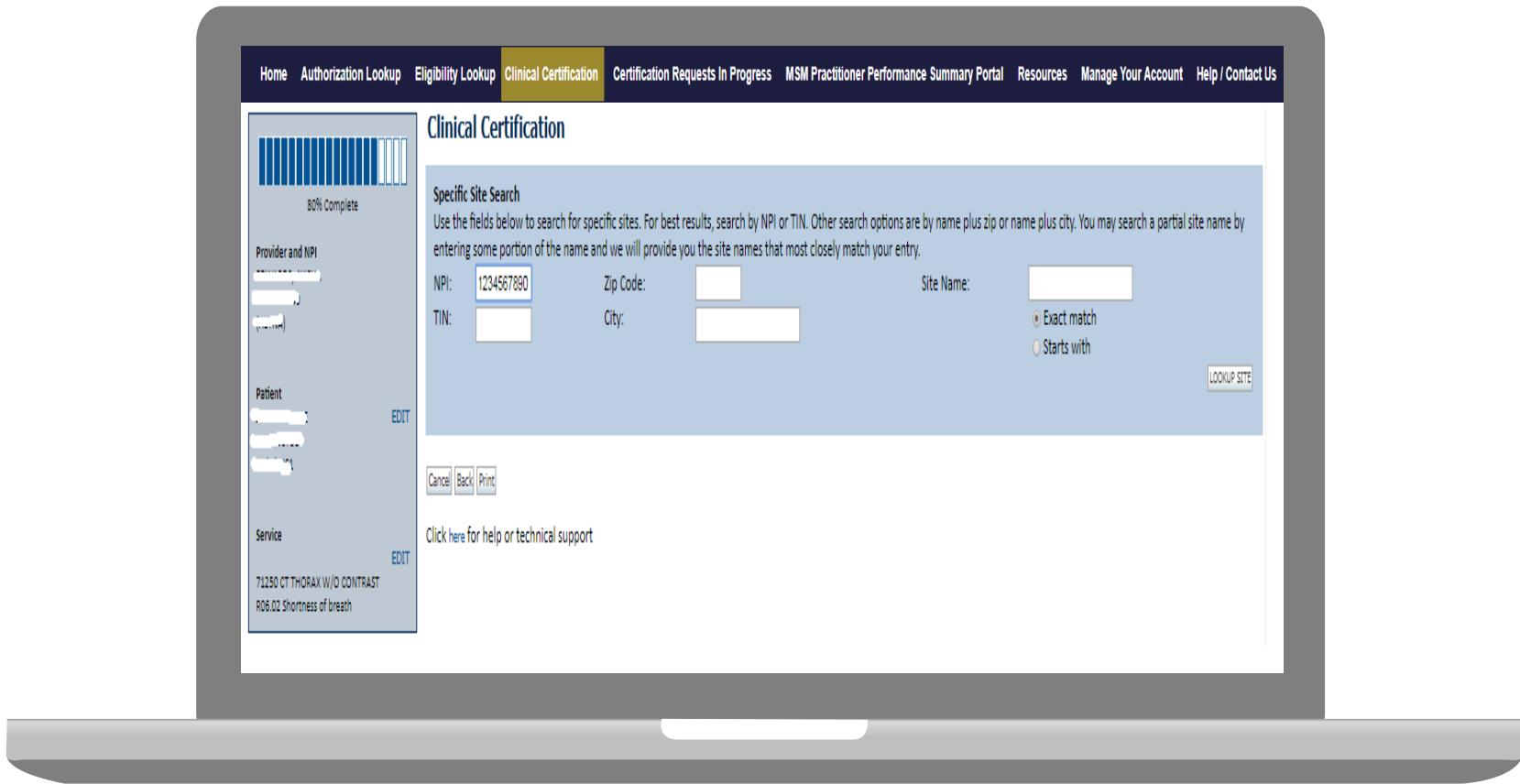
Click [here](#) for help or technical support



# Verify Service Selection

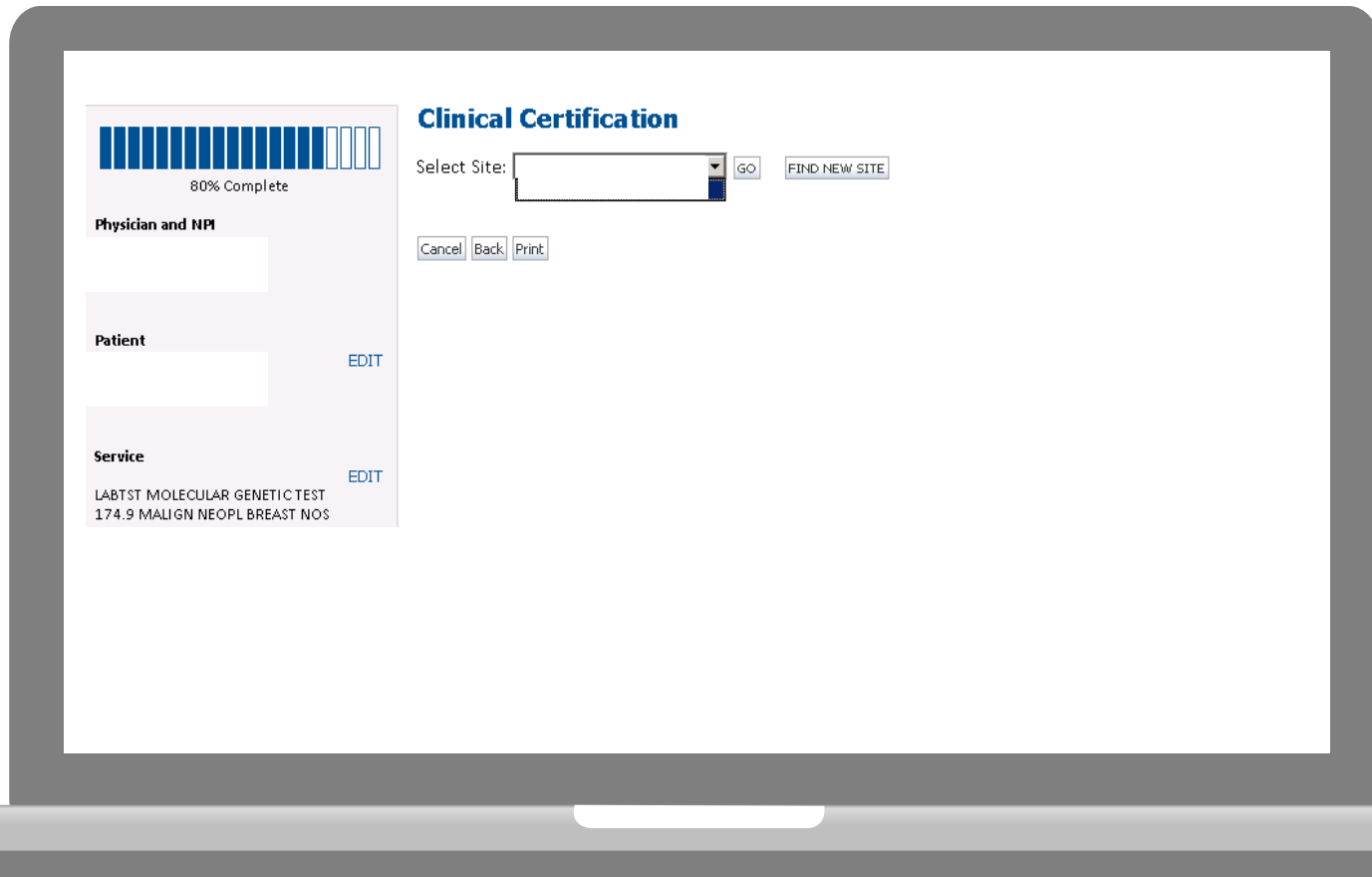


# Submitting as Referring MD- Site Selection



Select the appropriate site for the request.

# 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

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

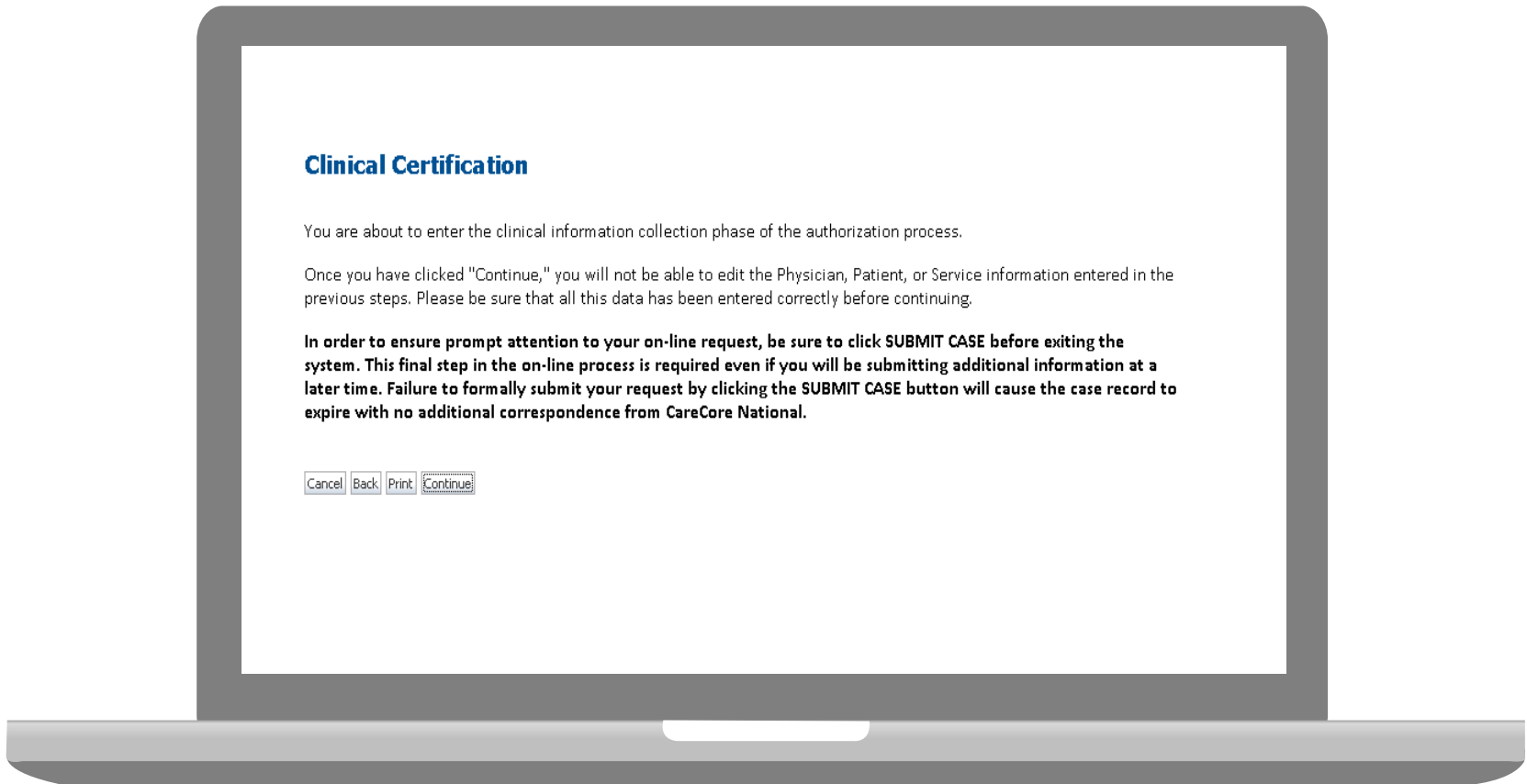
If your request is urgent select No, if the case is standard select Yes.



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

## 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 and CPT code is 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 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.

# Medical Review-Text Box

**Clinical Certification**

Is there any additional information specific to the member's condition you would like to provide?  
 Yes  No

Enter text in the space provided below or continue.

Additional Information - Notes:

Finish Later

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

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

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-Clinical Upload

**Clinical Certification**

**Clinical Upload**

Please upload any additional clinical information that justifies the medical necessity of this request.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF):

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

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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.

# Medical Review-Clinical Acknowledgement

## 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 hit “**Submit Case.**”

# Immediate Case Status

## 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:** \_\_\_\_\_ **Description:** \_\_\_\_\_  
**Secondary Diagnosis Code:** \_\_\_\_\_ **Description:** \_\_\_\_\_  
**CPT Code:** \_\_\_\_\_ **Description:** \_\_\_\_\_

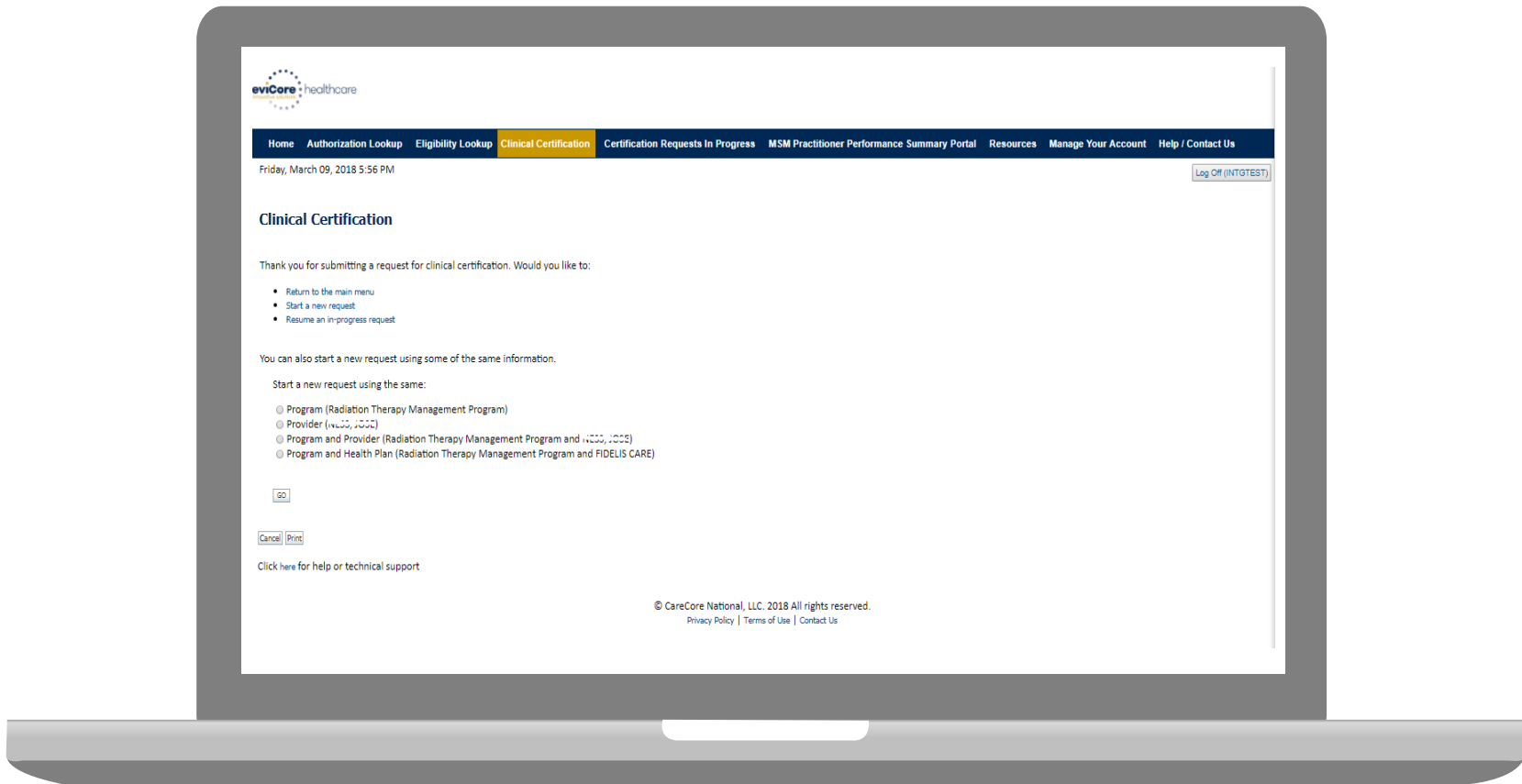
**Modifier:** \_\_\_\_\_  
**Authorization Number:** \_\_\_\_\_  
**Review Date:** \_\_\_\_\_  
**Expiration Date:** \_\_\_\_\_  
**Status:** Your case has been Approved.

Once the clinical pathway questions are completed and 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**.

# 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 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.

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# Provider Resources



# Provider Resources: Web-Based Services



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

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

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

- Request authorizations and check case status online – 24/7
- Web Portal registration and questions
- 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

To reach eviCore Client Services call (800) 646-0418 (Option #4) or email [clientservices@evicore.com](mailto:clientservices@evicore.com)

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

# Provider Resources: Implementation Website

Provider Enrollment Questions – Contact Provider Services at 800-769-3186



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

Network Health Wisconsin Implementation site - includes all implementation documents:

[www.evicore.com/healthplan/nhpwi\\_Lab](http://www.evicore.com/healthplan/nhpwi_Lab)

- CPT code list of the procedures that require prior authorization
- Provider Orientation Presentation
- 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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