Lab Management Program

Provider Orientation Session for Wellmark Blue Cross Blue Shield

October 2023

Agenda

- Wellmark BCBS and eviCore Collaboration

- Program Overview

- Submitting Requests

- Prior Authorization Outcomes, Special Considerations & Post Decision Options

- Provider Portal Overview

- Additional Provider Portal Features

- Provider Resources

- Q & A

- Appendix

- Online P2P Scheduling Tool

Medical Benefits Management (MBM)

Wellmark BCBS has collaborated with eviCore to help manage authorizations for molecular testing lab services. eviCore will be sharing their expertise in guiding appropriate care.

5k⁺ employees including **1k+ clinicians**
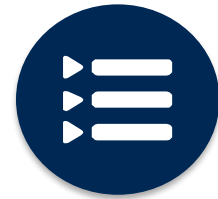
Evidence-based clinical guidelines

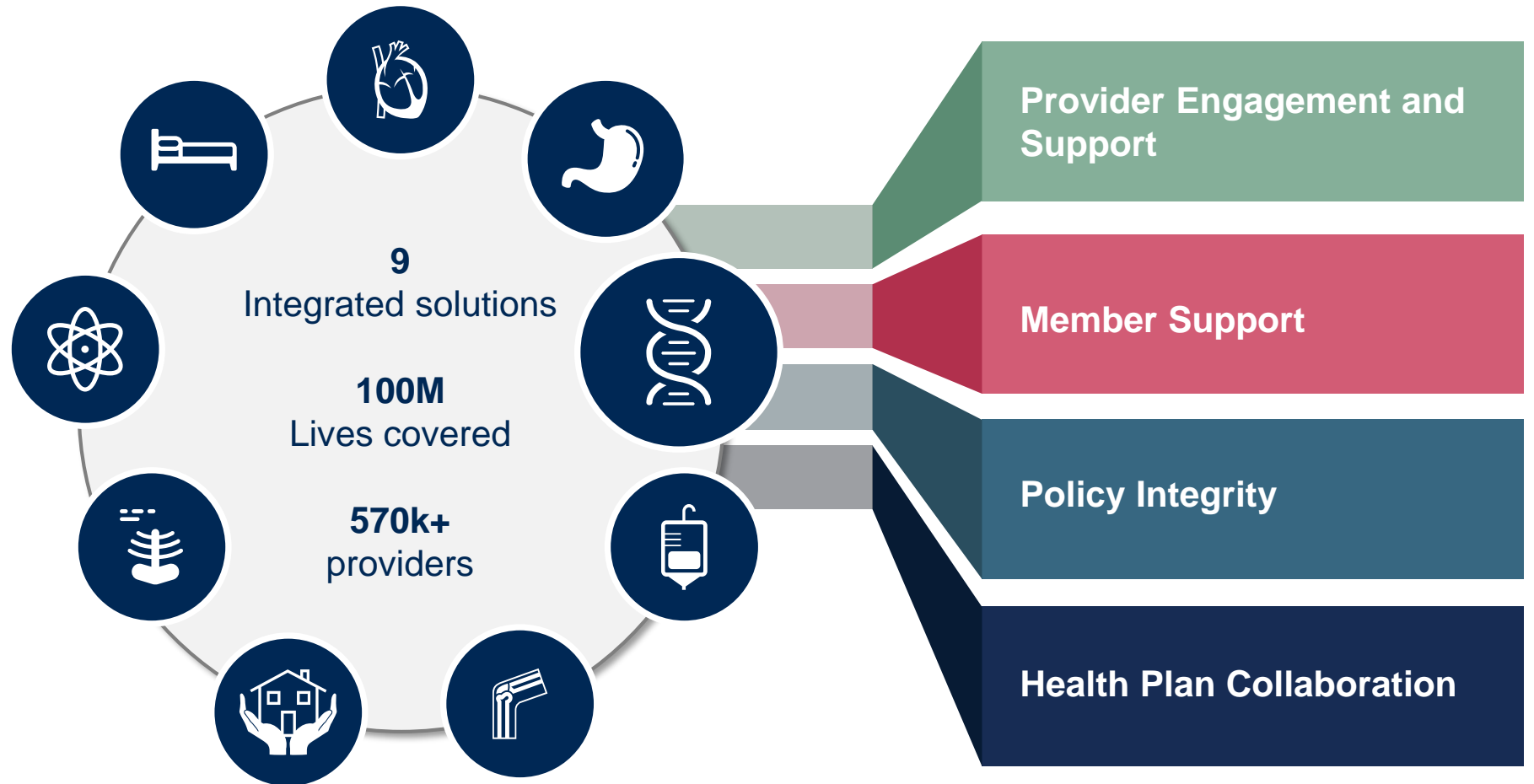Molecular Testing Medical Policies updated annually

Advanced, innovative, and intelligent technology

eviCore Offers Comprehensive MBM

- Cardiology
- Gastroenterology
- **Laboratory**
- Medical Oncology
- Musculoskeletal
- Post-Acute Care
- Radiation Oncology
- Radiology
- Sleep

9
Integrated solutions

100M
Lives covered

570k+
providers

Provider Engagement and Support

Member Support

Policy Integrity

Health Plan Collaboration

Program Overview

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

Wellmark BCBS Molecular Lab Prior Authorization

eviCore healthcare (eviCore) will begin accepting prior authorization requests for Wellmark BCBS Molecular Testing Lab services on October 1, 2023 for dates of service October 1, 2023 and after.

Select Members:	Prior authorization applies to select codes for the following services:	Prior authorization does NOT apply to services performed in:

• Commercial
  ▪ Fully Insured
  ▪ Self Insured
	• Outpatient
	
	• Planned / Non-emergent
		• Emergency Rooms
		
		• Observation Services
		
		• Inpatient Stays

Providers should verify member eligibility and benefits at: https://evbi.wellmark.com/EVBI/SearchLocal.aspx

Check prior approval requirements on the secured provider log-in: Authorization Table (wellmark.com)

Molecular Testing Lab Services

In Scope Services

- Hereditary Cancer Syndromes

- Carrier Screening Tests

- Tumor Marker / Molecular profiling

- Hereditary Cardiac Disorders

- Cardiovascular Disease and Thrombosis Risk Variant Testing

- Pharmacogenomics Testing

- Neurologic Disorders

- Mitochondrial Disease Testing

- Intellectual Disability / Developmental Disorders

Submitting Requests

Methods to Submit Prior Authorization Requests

eviCore Provider Portal (preferred)

- **Saves time**: Quicker process than phone authorization requests

- **Available 24/7**: You can access the portal any time and any day

- **Save your progress**: If you need to step away, you can save your progress and resume later

- **Upload additional clinical information**: No need to fax in supporting clinical documentation, it can be uploaded on the portal to support a new request or when additional information is requested

- **View and print determination information**: Check case status in real-time

- **Dashboard**: View all recently submitted cases

- **E-notification**: Opt-in to receive email notifications when there is a change to case status

- **Duplication feature**: If you are submitting more than one prior authorization request, you can duplicate information to expedite submittals

WEB
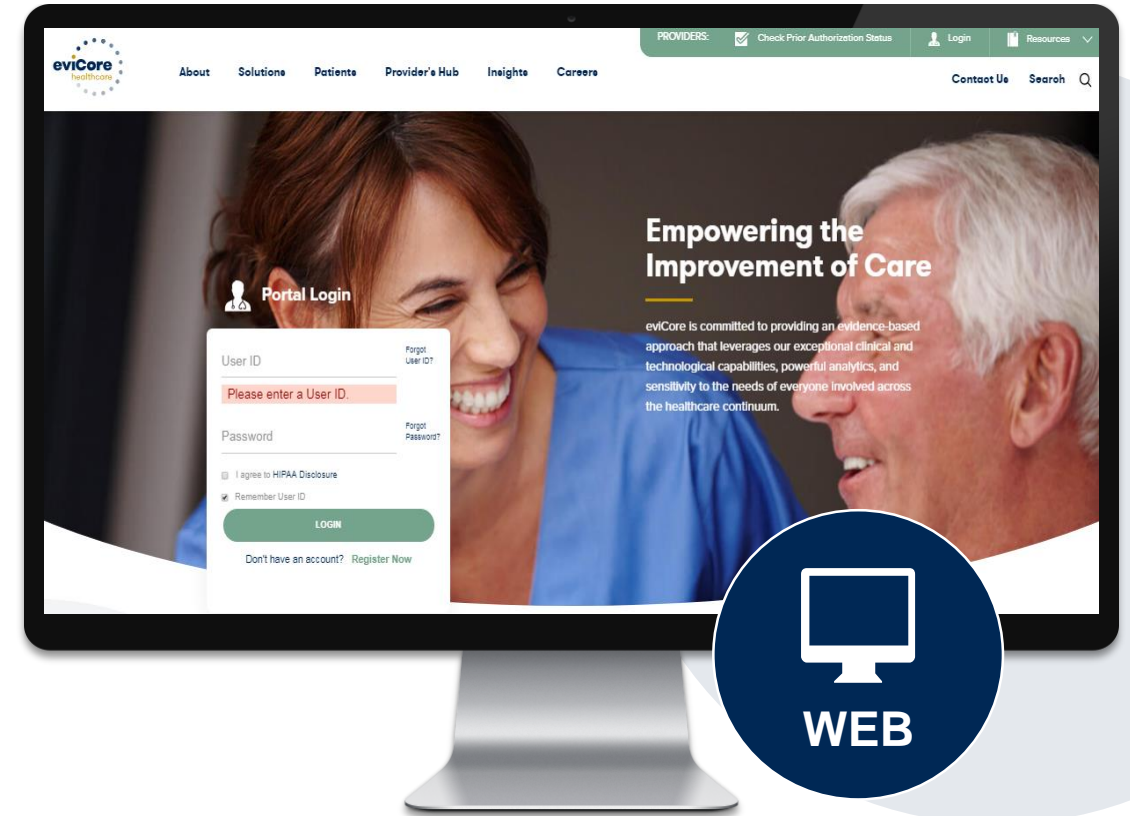
Phone Number:
844-253-9502
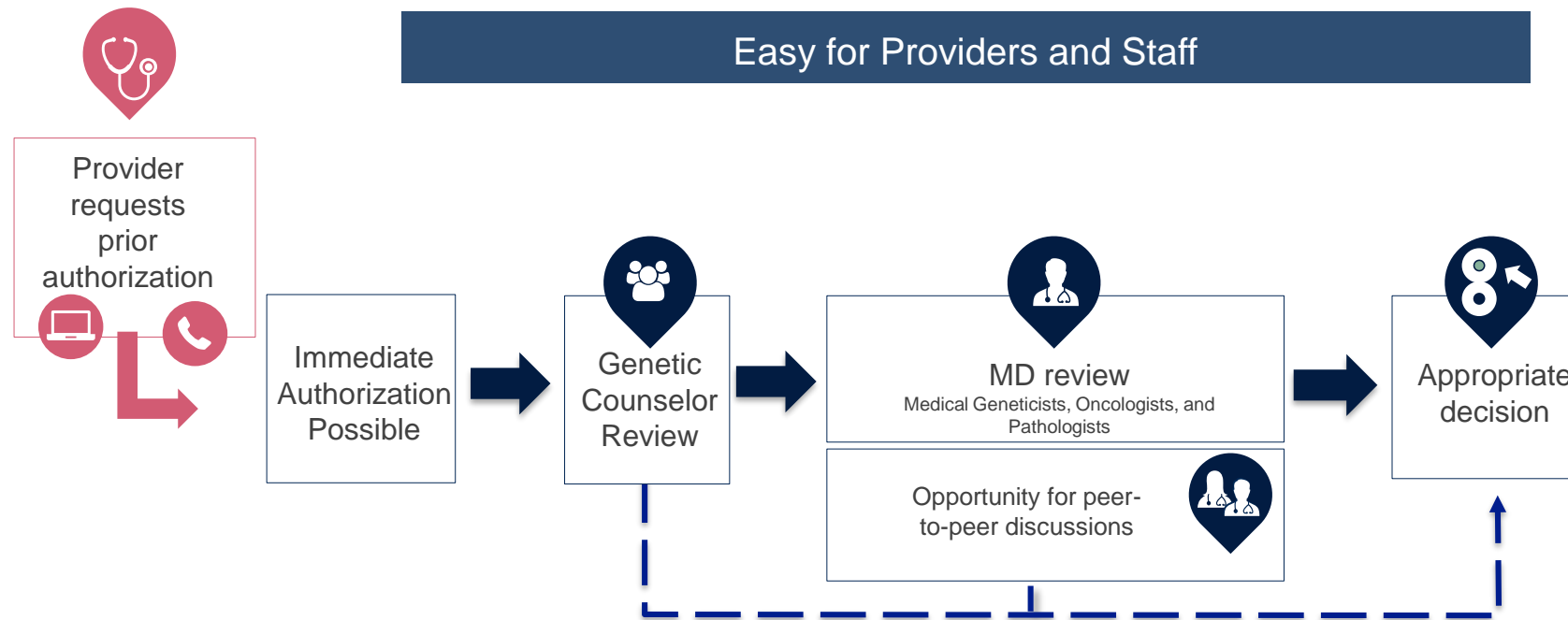Monday through Friday:
[7 am – 7 pm] Central Time

Fax Number:
844-545-9213
To be used to submit additional clinical information when the portal is not available

Utilization Management - Prior Authorization Process workflow

Prior Authorization Required on ~350+ CPT Codes

Easy for Providers and Staff

Provider requests prior authorization

Immediate Authorization Possible → Genetic Counselor Review → MD review
Medical Geneticists, Oncologists, and Pathologists → Appropriate decision

Opportunity for peer-to-peer discussions

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 (W00123456)
- Phone Number (If Applicable)

Ordering Physician Information

- First and Last Name
- Practice Address
- 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, this may include, but is not limited to:

- 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

- Note from the patient's last visit related to the diagnosis

Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

If during case build all required pieces of documentation are not received, or are insufficient for eviCore to reach a determination, the following will occur:

A Hold Letter will be sent to the Requesting Provider requesting additional documentation	The Provider must submit the additional information to eviCore	eviCore will review the additional documentation and reach a determination
The Hold notification will inform the provider about what clinical information is needed as well as the <u>date by which it is needed.</u>	Requested information must be received within the timeframe as specified in the Hold Letter, or eviCore will render a determination based on the original submission.	Determination notifications will be sent to the ordering physician, rendering lab and the member.

Appropriate Decision

Providing Additional Information

I've received a request for additional clinical information. What's next? There are three ways to supply the requested information to eviCore for review:

- Additional clinical information must be submitted to eviCore in advance of the due date referenced

    - Additional clinical information should be submitted to eviCore for consideration per the instructions received, clinical can be **faxed** to **844-545-9213** or **uploaded** directly into the case via the provider portal at Authorization Table (wellmark.com)

- Alternatively, providers can choose to request a **Pre-Decision Clinical Consultation** instead of submitting additional clinical information. This consultation can be requested via the eviCore website (see the end of this presentation for instructions).

    - The Pre-Decision Clinical Consultation must occur prior to the due date referenced

- If the additional clinical documentation is shared with eviCore via fax or uploaded on the portal, that clinical will be sent on to be reviewed for medical necessity determination. Once the documentation is shared, the case advances to review and the case is **not** held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed

- Once the determination is made, notifications will go out to the ordering provider, rendering lab and member, and status will be available on the portal.

Prior Authorization Outcomes, Special Considerations, and Post Decision Options

Prior Authorization Outcomes

Determination Outcomes:

- **Approved Requests:** Authorizations are typically valid for 90 Calendar days from the date of the determination (authorization start date). If the specimen has been indicated as already collected, the authorization start date will be the specimen collect date.

- **Denied Requests:** Based on evidence-based guidelines, if a request is determined as inappropriate, a notification with the rationale for the decision and post decision/ appeal rights will be issued.

- **Partially Approved Requests:** In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved as well as post decision options for denied codes.

Prior Authorization Outcomes (continued)

Notifications for Approvals/Denials/Partial Denials:

- Members will receive a letter by mail.

- Notices will be sent to the ordering physician and the rendering lab.

- Web initiated cases will receive e-notifications by default unless the user chooses **not** to receive notices electronically.

- If the user chooses not to receive e-notifications, authorization letters will be faxed.

- Approval information can also be printed on demand from the portal: [Authorization Table (wellmark.com)](wellmark.com)

Special Circumstances

Retrospective (Retro) Authorization Requests

- In order to avoid the risk of denial, we highly encourage submitting a request for authorization <u>prior</u> to collecting a specimen.

- If a claim is submitted without an authorization, the claim will deny. Upon obtaining the authorization, the claim will be adjusted according to the authorization decision.

Expedited/Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of expedited/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/Expedited cases are reviewed within 72 hours (Iowa), and 24 hours (South Dakota) depending on the member's state compliance requirements.

Special Circumstances cont.

Alternative Recommendation

- An alternative recommendation may be offered, based on eviCore's evidence-based clinical guidelines.

- The ordering provider can either accept the alternative recommendation, or request a reconsideration for the original request, by following the instructions provided in the denial notice.

- Providers have up to 14 calendar days to contact eviCore via phone to accept the alternative recommendation.

Authorization Update

- If updates are needed on an existing authorization, please contact eviCore by phone at 844-253-9502.

- While eviCore needs to know if changes are made to the approved request, any change could result in the need for a separate clinical review and require a new request (and the original approved request would need to be withdrawn).

- If the authorization is not updated, it may result in a claim denial.

Post-Decision Options:

My case has been denied. What's next?

Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied. You may also call eviCore at 844-253-9502 to speak to an agent who can provide available option(s) and instruction on how to proceed. Alternatively, select 'All Post Decisions' on www.eviCore.com , under the authorization lookup function, to see available options.

Reconsiderations

- Reconsiderations must be requested within 14 calendar days after the determination date.

- Reconsiderations should be requested in writing. A Clinical (peer to peer) Consultation with an eviCore physician can occur as a part of the reconsideration process.

Appeals

- eviCore will process first-level appeals.

- Appeal requests need to be submitted in writing and received within 180 calendar days of the denial.

- Post service appeals are allowed.

- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider.

Provider Portal Overview

Portal Compatibility

The eviCore portal is compatible with the following web browsers, and will be accessed via Single Sign On (SSO) from Wellmark BCBS's website.

- Microsoft Edge

- Google Chrome

- Mozilla Firefox

- Internet Explorer 9, 10, and 11

The eviCore portal utilizes pop-up windows. Therefore, please make sure you disable your pop-up blockers to maneuver through the portal. For information on how to disable pop-up blockers for any of these web browsers, please refer to How to Disable Pop-up Blockers.
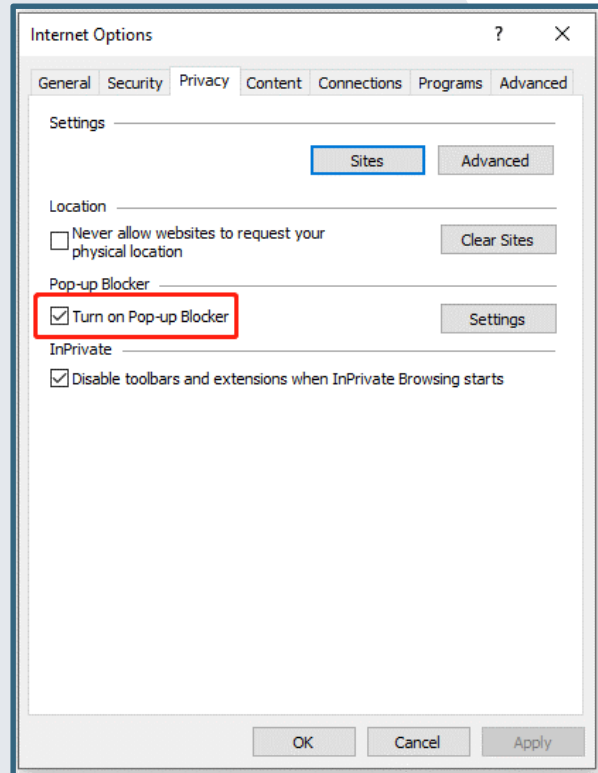
Accessing the Portal via Wellmark BCBS

Access the Secure Provider Portal via Wellmark's webpage: Molecular Testing Utilization Management Program | Wellmark, then click on Wellmark's Medical Authorization Table.

Accessing the Portal via Wellmark BCBS

Log in to Wellmark so you can access your member's plan requirements.

Selecting Wellmark's Medical Authorization Table brings you here where you can input CPT, or description of service, in the Search Box.

The Submit Using column will soon be populated with the eviCore link if your code requires authorization through eviCore. The Policy or Criteria (Link) will guide you to evICore's Clinical Guidelines for Wellmark members.

Accessing Member Eligibility and Verification

Notification Requirements
Outpatient Molecular Testing Utilization Management Program – prior approval is required.
For more information visit Wellmark.com/authtable

By clicking on Check Member Information will bring you to the Wellmark log-in page, or to the EVBI – Eligibility Verification/Benefit Information screen if you are already logged in.

Accessing the Medical Policies

By clicking on the Medical Policies link from Wellmark's Related Links will bring you to the Provider Resource site at eviCore.com where you can access Clinical Guidelines and policies.

Welcome to the eviCore Portal via single sign on (SSO)
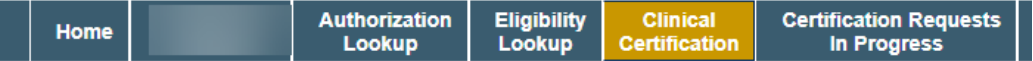
- Select **Lab Management Program**
- Select if you are the referring provider or rendering lab then proceed to entering information

If Referring Provider is Selected

Requesting Provider Information

Search for Provider by TIN, NPI, provider last name, city and/or zip.

Healthplan: Wellmark BCBS

TIN:

NPI:

Last Name: (requires NPI or TIN)

City: (city only, no state)

Zip:

SEARCH

Add Your Contact Info

Provider's Name:*   [?]

Who to Contact:*   Lisa   [?]

Fax:*   (555) 555-1212   [?]

Phone:*   (555) 555-1212   [?]

Ext.:   [?]

Cell Phone:

Email: li

☑ Receive notification of case status changes

BACK   **CONTINUE**

Click here for help

- **Select the ordering Practitioner or Group for the requested service.**
- **Add/change the contact information appropriate for the point of contact for the case.**

If Rendering Lab is Selected

Requesting Provider Information

Search for Provider by TIN, NPI, provider last name, city and/or zip.

Healthplan: Wellmark BCBS

TIN:

NPI:

Last Name: (requires NPI or TIN)

City: (city only, no state)

Zip:

SEARCH

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:*   Lisa   [?]

Fax:*   (555) 555-1212   [?]

Phone:*   (555) 555-1212   [?]

Ext.:   [?]

Cell Phone:

Email: li

☑ Receive notification of case status changes

BACK   **CONTINUE**

Click here for help

- **If you are the rendering lab, you will be asked to enter the ordering provider's NPI number.**
- **Then, change the contact information appropriate for the point of contact for the case.**

Member Lookup Information (Eligibility)
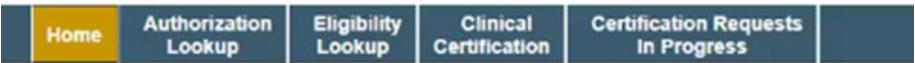
Enter the **member information** including the patient ID number (W00 from ID Card), date of birth and last name. Click **Eligibility Lookup**

Enter the Procedure & Diagnosis, and Verify Selection

eviCore healthcare
innovative solutions

Home | Authorization Lookup | Clinical Certification | Certification Requests In Progress

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

Lab Place Holder code

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

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

Edit any information if needed by selecting the appropriate link.

Site Selection

- **If you enter a provider that is <u>not</u> in the Wellmark network, you'll receive a pop up message indicating the impact on the member.**
- **Selecting an out of network provider will result in a higher out of pocket cost to the member.**

Clinical Certification

Proceed to Clinical Information

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

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

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

BACK   **CONTINUE**

- **Verify that all information is entered and make any changes needed**
- **You will <u>not</u> have the opportunity to make changes after this point**

Standard or Urgent/Expedited Request?

- If the case is **standard** select **Yes**

- If your request is **Urgent/Expedited** select **No**

- When a request is submitted as Urgent/Expedited, you will be <u>required</u> to upload relevant clinical information

- Your case will only be considered Urgent/Expedited if there is a successful upload of clinical documentation

- You can upload up to FIVE documents in .doc, .docx, or .pdf format – max 25MB document size

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 be able to complete the case later that day
- When logged in, you can resume a saved request by going to Certification Requests in Progress. **Please make sure to complete the case before the end of the day to avoid losing your information.**

Proceed to Clinical Information – selecting the tests

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

<u>All</u> 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.

Proceed to Clinical Information – selecting multiple CPT codes

When needing to request more than one procedure (CPT code), you will have an opportunity to enter multiple codes if appropriate.

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:

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

○ I would like to upload a document after the survey
○ 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

SUBMIT

Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

Your case has been sent to Medical Review.

Provider Name:		**Contact:**	
Provider Address:		**Phone Number:**	
		Fax Number:	

| **Patient Name:** | | **Patient Id:** | |
| **Insurance Carrier:** | | | |

| **Site Name:** | | **Site ID:** | |
| **Site Address:** | | | |

Primary Diagnosis Code:	R68.89	**Description:**	Other general symptoms and signs
Secondary Diagnosis Code:		**Description:**	
Date of Service:	Not provided		
CPT Code:	LABTST	**Description:**	MOLECULAR GENETIC TEST
Case Number:			
Review Date:	7/15/2020 5:27:45 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to Medical Review.		

CANCEL   **PRINT**   **CONTINUE**

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 medical 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

Additional Portal Features

Portal Features

| Home | | Authorization Lookup | | Clinical Certification | Certification Requests In Progress |

Authorization Lookup

- You can look-up authorization status on the portal and print any correspondence
- Search by member information OR by authorization number with ordering NPI
- Review post-decision options, submit appeal and schedule a peer-to-peer

Clinical Certification

- You can begin another authorization request

Resume requests already started and saved to "Finish Later" by selecting **Certification Requests in Progress**

WEB
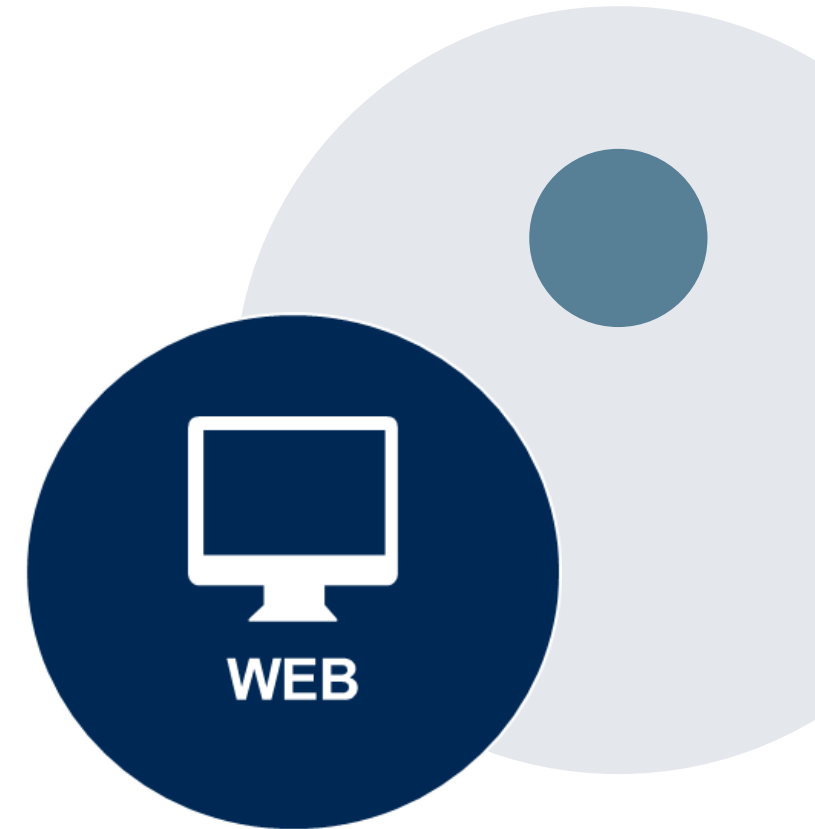
Authorization Lookup example

Authorization Lookup

Authorization Number: NA

Case Number:

P2P AVAILABILITY

Patient Name:
DOB:
Status: Pending Clinical Review
P2P Status:
Approval Date:
Service Code: LABTST
Service Description: MOLECULAR GENETIC TEST
Site Name: MEMORIAL HOSPITAL FOR CAN
Start Date:
Expiration Date:
Date Last Updated: 3/24/2023 2:36:25 PM

Correspondence: **UPLOADS & FAXES**

Clinical Upload: **UPLOAD ADDITIONAL CLINICAL**

Run Clinical Questionnaire

PRINT

Click here for help

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

Authorization Lookup   Approval example

Authorization Number: A188872750

Case Number: 118

Patient Name:
DOB:
Status: Approved
P2P Status:
Approval Date: 3/3/2023 12:00:00 AM
Service Code: LABTST
Service Description: MOLECULAR GENETIC TEST
Site Name:
Start Date: 3/3/2023
Expiration Date: 6/1/2023
Date Last Updated: 3/15/2023 1:43:51 PM

Correspondence: **UPLOADS & FAXES**

PRINT

Authorization Lookup   Denial example

Authorization Number: NA

Case Number:

P2P AVAILABILITY

Patient Name:
DOB:
Status: Denied
P2P Status:

ALL POST DECISION OPTIONS

Approval Date:
Service Code: LABTST
Service Description: MOLECULAR GENETIC TEST
Site Name: REDPATH INTEGRATED PATHOL
Start Date:
Expiration Date:
Date Last Updated: 3/22/2023 4:12:15 PM

Correspondence: **UPLOADS & FAXES**

PRINT

Click here for help

Provider Resources

Dedicated eviCore Teams

Call Center

- Phone: (844)-253-9502
- Representatives available 7 a.m. to 7 p.m. (Central Time)

Web Support

- Live chat
- Email: portal.support@evicore.com
- Phone: (800) 646-0418 (Option #2)

Client & Provider Operations Team

- Email: clientservices@eviCore.com
- Eligibility issues (member or provider not found in system)
- Transactional authorization related issues requiring research

Provider Engagement

- Lisa Mekkelsen (Iowa and South Dakota)
    - Lisa.Mekkelsen@eviCore.com
    - 800-918-8924 (extension 27097)
- Regional team that works directly with the provider community

Provider Resources for Wellmark BCBS

Health plan specific Provider Resources at eviCore.com

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/wellmark-bcbs

Wellmark BCBS Provider Services

Iowa: 800-362-2218
**South Dakota: 800-774-3892**

Clinical Guidelines / Medical Policies

How to access our Guidelines/Medical Policies

Go to www.evicore.com and select the 'Resources' drop down menu on the far right hand side of your browser.

1. Then select the 'Clinical Guidelines' button to be directed to the main clinical guidelines page.
2. Scroll down and select the 'Laboratory Management' solution.
3. Type in "Wellmark BCBS" in the 'Search Health Plan' search bar and press enter.
4. Select the appropriate guideline specific to the requested test(s).
5. Examples:
   • Specific genetic testing
   • Molecular and genomic testing
   • Huntington Disease testing

You can also access the clinical guidelines via Wellmark Auth Table: "Policies or Criteria Link"

Resources

CLINICAL GUIDELINES

Laboratory Management
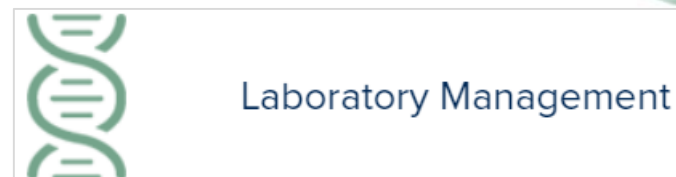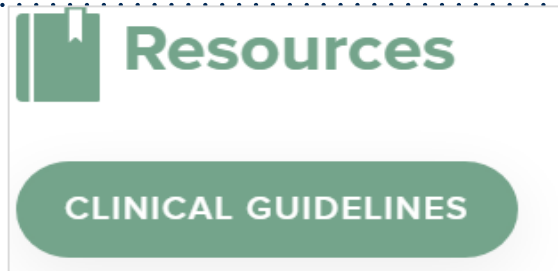
Laboratory Management

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/Medical Policies (continued)

Health Plan specific Guidelines/Medical Policies

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

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

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

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

Non-Health Plan specific Provider Resources

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

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

Online P2P Scheduling Tool

How to schedule a Peer to Peer Request

- Log into your account at www.evicore.com

- Perform Authorization Lookup to determine the status of your request.

- Click on the "P2P Availability" button to determine if your case is eligible for a Peer to Peer conversation:

- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.
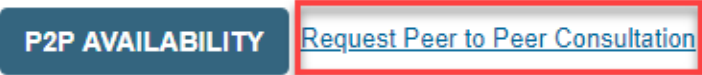
Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	
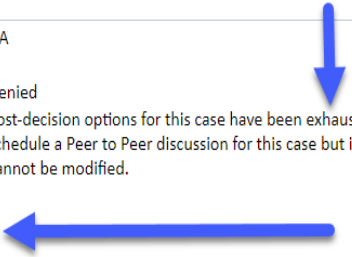
How to schedule a Peer to Peer Request

Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the "All Post Decision Options" button to learn what other action may be taken.

Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.
P2P Eligibility Result:	
P2P Status:	

Request Peer to Peer Consultation

ALL POST DECISION OPTIONS

Once the "Request Peer to Peer Consultation" link is selected, you will be transferred to our scheduling software via a new browser window.

How to Schedule a Peer to Peer Request

You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click Continue to proceed.

Upon first login, you will be asked to confirm your default time zone.

You will be presented with the Case Number and Member Date of Birth (DOB) for the case you just looked up.

You can add another case for the same Peer to Peer appointment request by selecting "Add Another Case"

To proceed, select "Lookup Cases"

How to Schedule a Peer to Peer Request

You will be prompted to identify your preferred Days and Times for a Peer to Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click Continue.

You will be prompted with a list of eviCore Physicians/Reviewers and appointment options per your availability. Select any of the listed appointment times to continue.

How to Schedule a Peer to Peer

Confirm Contact Details

- Contact Person Name and Email Address will auto-populate per your user credentials


- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:

  - Name of Provider Requesting P2P

  - Phone Number for P2P

  - Contact Instructions

- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

Canceling or Rescheduling a Peer to Peer Appointment

To cancel or reschedule an appointment

- Access the scheduling software per the instructions above

- Go to "My P2P Requests" on the left pane navigation.

- Select the request you would like to modify from the list of available appointments

- Once opened, click on the schedule link. An appointment window will open

- Click on the Actions drop-down and choose the appropriate action

    If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.

    If choosing to cancel, you will be prompted to input a cancellation reason
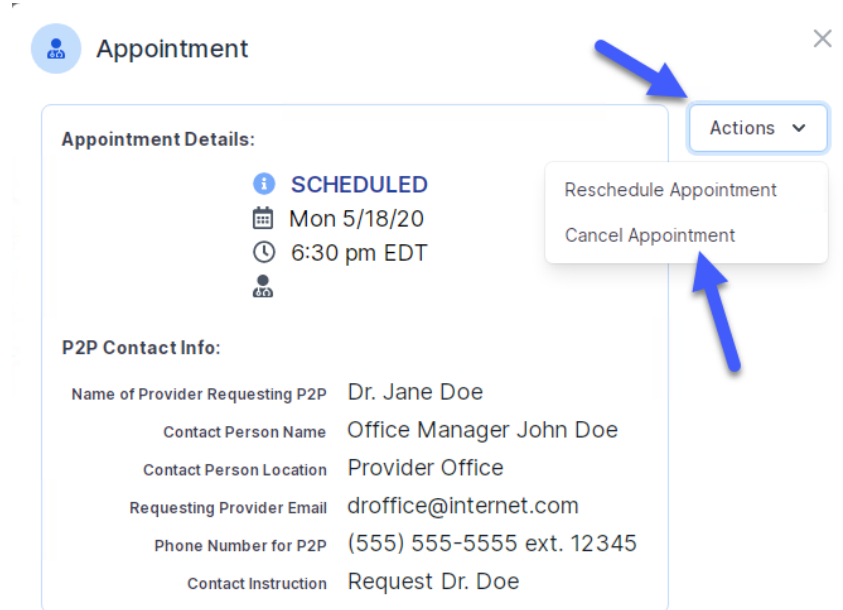
- Close browser once done

Thank You!