



Lab Management Program

Provider Orientation Session for Wellmark Blue Cross Blue Shield

October 2023



Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc. and Wellmark Blue Cross and Blue Shield of South Dakota are independent licensees of the Blue Cross and Blue Shield Association. Wellmark contracts with eviCore healthcare (eviCore), an independent company to review requests for certain services for medical necessity and appropriateness on behalf of Wellmark.



Agenda

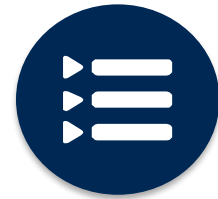
- Wellmark BCBS and eviCore Collaboration
- Program Overview
- Submitting Requests
- Prior Authorization Outcomes, Special Considerations & Post Decision Options
- Provider Portal Overview
- Additional Provider Portal Features
- Provider Resources
- Q & A
- Appendix
- Online P2P Scheduling Tool

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

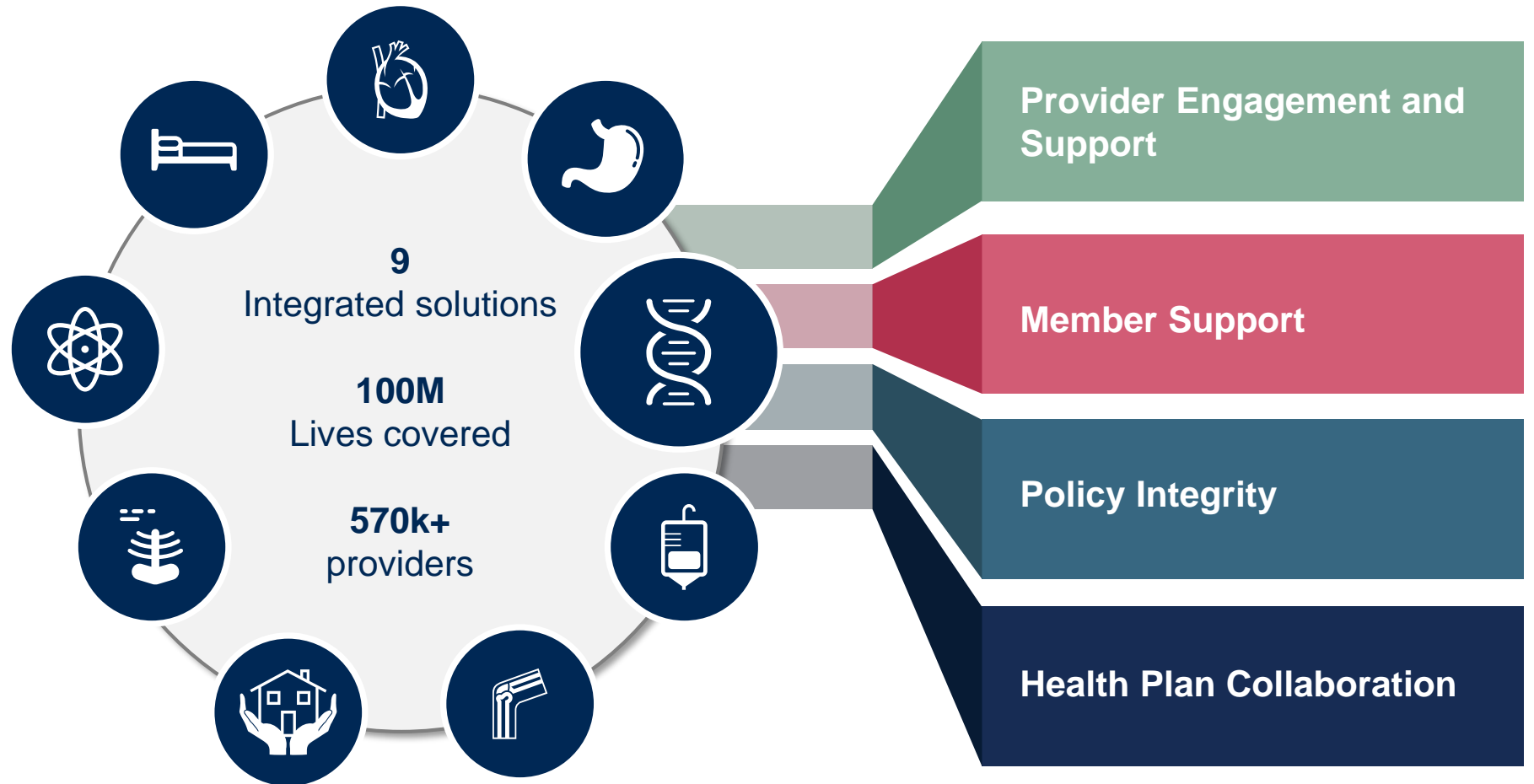


Advanced, innovative,
and intelligent
technology



eviCore Offers Comprehensive MBM

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



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:

- Commercial
 - Fully Insured
 - Self Insured

Prior authorization applies to select codes for the following services:

- Outpatient
- Planned / Non-emergent

Prior authorization does NOT apply to services performed in:

- 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

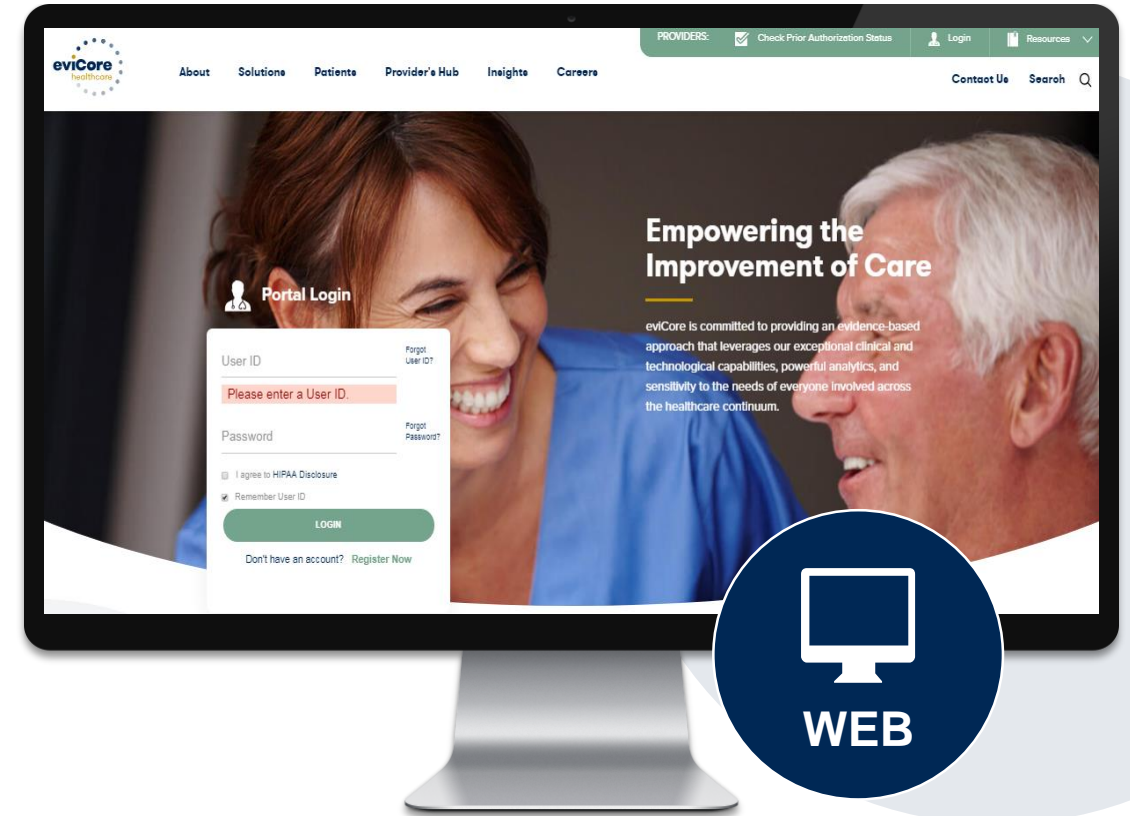


Submitting Requests

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



Phone Number:

844-253-9502

Monday through Friday:
[7 am – 7 pm] Central Time

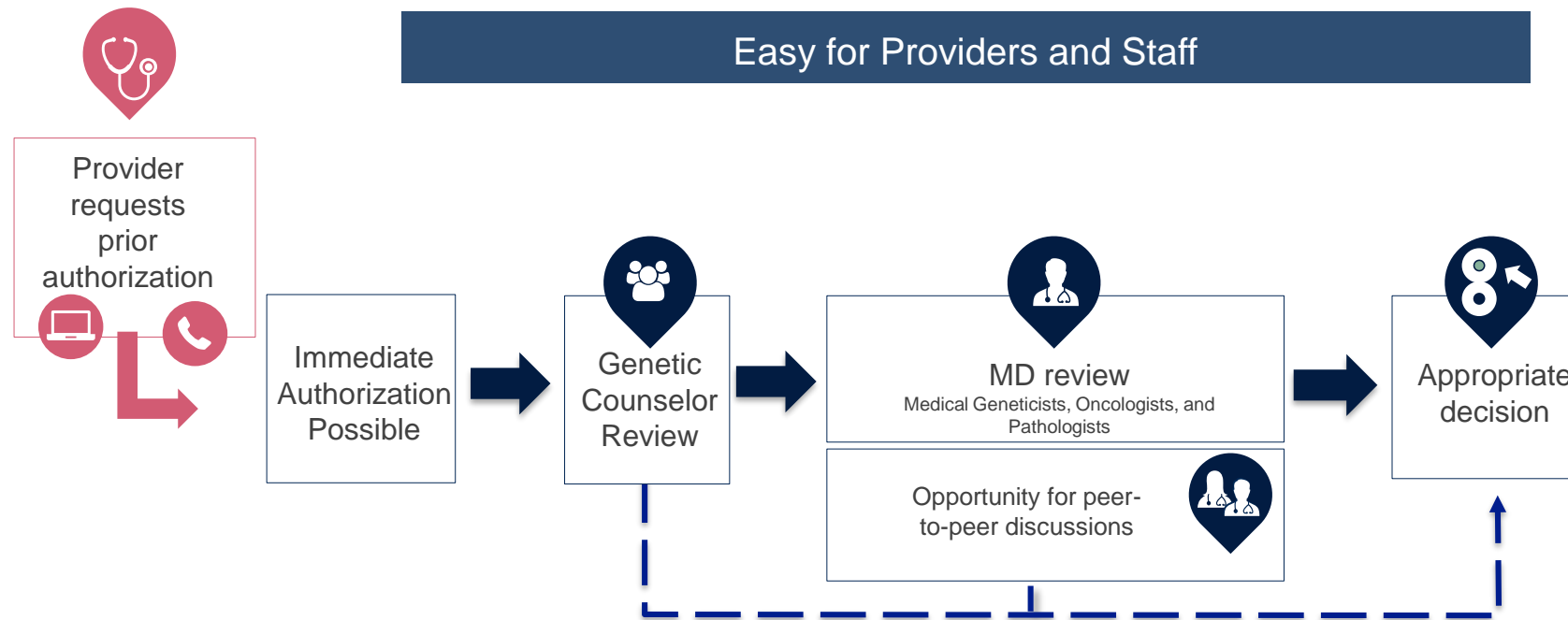
Fax Number:

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



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 Hold notification will inform the provider about what clinical information is needed as well as the date by which it is needed.

The Provider must submit the additional information to eviCore

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.

eviCore will review the additional documentation and reach a determination

Determination notifications will be sent to the ordering physician, rendering lab and the member.



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 \(wellmark.com\)](https://wellmark.com)



Special Circumstances

Retrospective (Retro) Authorization Requests

- In order to avoid the risk of denial, we highly encourage submitting a request for authorization prior 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.

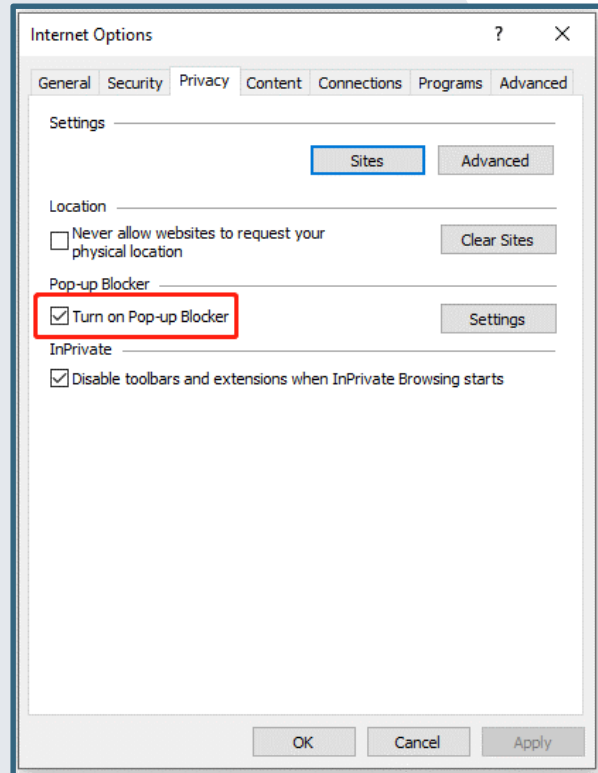
Provider Portal Overview

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

MEDICAL AND DRUG AUTHORIZATIONS

MOLECULAR TESTING

JOIN OUR NETWORK

MEDICAL AND DRUG AUTHORIZATIONS

Manage Authorizations

Medical Policies A-Z

Molecular Testing

Drug authorization list

FEP Authorizations

InterQual and SmartSheets

CLAIMS AND PAYMENT

PROVIDER RESOURCES

PROVIDER COMMUNICATIONS

MEDICARE ADVANTAGE

QUICK LINKS

MOLECULAR TESTING UTILIZATION MANAGEMENT PROGRAM

Wellmark is collaborating with eviCore[®] healthcare to provide utilization management services for molecular lab testing. Beginning Oct. 1, 2023, select molecular lab tests for Wellmark commercial members will require authorization.

Prior Authorization

[Wellmark's Medical Authorization Table](#) can be used to determine which services require prior authorization through eviCore.

Medical Policies

Wellmark's medical policies for molecular testing procedures can be [reviewed on eviCore's website](#).

Check Member Coverage

Providers should always validate member coverage includes the molecular testing utilization management program by using the [Check Member Information tool](#) located on the Wellmark provider portal.*

The molecular testing prior approval language will be in the Notification Section of EVBI.

Please note that this tool is not available to out-of-network providers. Out of network providers can contact customer service for member eligibility in the program.

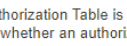
Authorizations through eviCore will only be for molecular testing codes. Out-of-network approval should be obtained by a network provider prior to any non-molecular testing services being performed by an out-of-network provider. Submit the

LOG IN / REGISTER

SEARCH

FEEDBACK

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



Medical Authorization Table

The medical Authorization Table is your best resource for viewing medical policies and criteria used by Wellmark. It is also your first stop in learning whether an authorization is required.

Obtain approval in advance to help prevent delays and unexpected costs.

Beginning April 1, 2019, Part 2 providers will need to follow the steps when requesting a pre-service review for SUD (Substance Use Disorder) related services:

Providers must obtain authorized consent from the member or member's guardian for disclosure of patient identifying information to be released to Wellmark for:

- Treatment
- Payment of claims
- Health care operations
- Wellmark to re-disclose information with current and future treating entities related to this episode of care

If you don't have a consent form, we have created a [template](#) you may use.

To view authorizations and quantity limits for drugs and medications, please view the [drug authorization list](#) or the [FEP drug authorization list](#).

View important details about authorization

Use the search box and/or pre-service filter criteria below to narrow your search results.
Click on the row header in the grid to sort your search results.

☐ Show Pre-Service Review Only

Pre Service Review Type:

All

| Code - CPT/HCPCS | Title (Service/Description) | Pre Service Review Required | Type of Pre Service Review Required | Submit Using | Policy or Criteria Link(s) | Comments |
|------------------|--|-----------------------------|-------------------------------------|--|---|----------|
| 0129U | Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53) | Yes | Prior Approval | Utilization Management Tool Procedures and DME | Comprehensive multi-gene panel for hereditary breast cancer syndromes | |

Log in

User ID or Email Address

Password

LOG IN

Forgot password?

Forgot user ID?

Tips







- » Know when to expect a response
- » Learn about FEP requirements
- » Review important types of authorizations
- » Understand out-of-area diagnostic imaging

Related Links

- » Provider Guide
- » Medical Policies
- » Forms
- » Find a Provider or Facility
- » Drug Information
- » Provider newsletter
- » Education
- » Effective 6/1/23 SmartSheets will need to be requested by submitting the SmartSheets Request Form.
- » Beginning August 1, 2023, all mandatory notifications will require a medical necessity review. Providers will do this by selecting request type Precertification in the Utilization Management Tool. [Java quick guide for submitting inpatient \(IP\) requests](#)

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

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Accessing Member Eligibility and Verification

The screenshot displays the Wellmark provider portal interface. On the left is a dark sidebar with a 'MENU' icon at the top, followed by sections: 'CLAIMS AND PAYMENT', 'PROVIDER RESOURCES', 'PROVIDER COMMUNICATIONS', 'MEDICARE ADVANTAGE', and 'QUICK LINKS'. The 'QUICK LINKS' section lists: Forms, Claims/Benefits Lookup, Physical Medicine Treatment Plan, Provider Guide, Find a Provider or Facility, Medical Policies, Drug Authorization List, Register for Provider Portal, and Submission Status Tracker. The main content area has the Wellmark logo at the top center, a 'LOG IN / REGISTER' button at the top right, and a 'SEARCH' icon. The primary heading is 'Check Member Coverage'. Below it, text states: 'Providers should always validate member coverage includes the molecular testing utilization management program by using the [Check Member Information tool](#) located on the Wellmark provider portal.*'. A blue arrow points to this link. Further text explains that molecular testing prior approval language will be in the Notification Section of EVBI, and that the tool is not available to out-of-network providers. It also notes that authorizations through eviCore are only for molecular testing codes and that out-of-network approval must be obtained from a network provider. A 'FEEDBACK' button is on the right. Below the main section is 'eviCore Contact Information', stating the eviCore Healthcare Web Portal is available 24/7 and can be accessed through 'Wellmark's Medical Authorization Table'. It also provides a toll-free number: 1-844-253-9502. The final section is 'Available Training', listing online orientation sessions: Tuesday, September 12 at 10:00 a.m. CST; Thursday, September 14 at 1:00 p.m. CST; Tuesday, September 19 at 9:30 a.m. CST; and Monday, October 2 at 12:30 p.m. CST.

Notification Requirements

Outpatient
Molecular
Testing
Utilization
Management
Program – prior
approval is
required.
For more
information visit
[Wellmark.com/
authable](https://www.wellmark.com/authable)

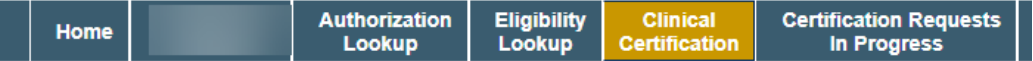
By clicking on **Check Member Information** will bring you to the Wellmark log-in page, or to the EVBI – Eligibility Verification/Benefit Information screen if you are already logged in.

Accessing the Medical Policies

The image shows a composite of three screenshots illustrating the process of accessing medical policies. On the left is a 'Wellmark.com' navigation menu with sections: 'Tips' (know when to expect a response, learn about FEP requirements, review important types of authorizations, understand out-of-area diagnosis imaging), 'Related Links' (Provider Guides, **Medical Policies**, Forms, Find a Provider or Facility, Drug Information, Provider newsletter, Education), and a 'CLOSE' button. In the center is a modal dialog box that says 'You are now leaving Wellmark.com. Thank you for visiting.' with buttons for 'CONTINUE TO NEW SITE' and 'Cancel'. An arrow points from the 'Medical Policies' link in the navigation menu to the right-hand screenshot. The right-hand screenshot is the 'eviCore healthcare®' 'Clinical Guidelines and Resources - End User Agreement' page. It contains three main sections: 'AMA Disclaimer' (CPT Copyright 2017 American Medical Association), 'NCCN Disclaimer' (All information provided by the National Comprehensive Cancer Network [NCCN] is "Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology [NCCN Guidelines™] ©2018/2019 National Comprehensive Cancer Network. The NCCN Guidelines™ and illustrations herein may not be reproduced in any form for any purpose without the express written permission of the NCCN. To view the most recent and complete version of the NCCN Guidelines, go online to NCCN.org."), and 'Intellectual Property Protection' (In addition to the Terms of Use, eviCore's Clinical Review Criteria ["CRC"] and related content is made available for the limited uses of: reference; and individual use, only limited to facilitating the determination of medically necessary and appropriate clinical treatment by clinicians for specific delegated patients under their care. The CRC and related content is proprietary information of eviCore, and copyrighted to the full extent of the law. Except as expressly permitted, you may not modify, copy, reproduce, republish, upload, post, transmit, hyperlink to or from, or distribute).

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)



Tuesday, August 08, 2023 1:08 PM

Request an Authorization

To begin, please select a program below:

☐ Lab Management Program

CONTINUE

- Select **Lab Management Program**
- Select if you are the referring provider or rendering lab then proceed to entering information

Are you building a case as a referring provider or as a rendering lab?

Please Select ▼

Please Select

Referring Provider

Rendering Lab

CONTINUE

Two yellow arrows pointing from the right towards the 'Referring Provider' and 'Rendering Lab' options in the dropdown menu.

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:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

☒ 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

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

i Enter NPI Number

SUBMIT

Add Your Contact Info

Provider's Name: * [?]

Who to Contact: * [?]

Fax: * [?]

Phone: * [?]

Ext.: [?]

Cell Phone:

Email: [?]

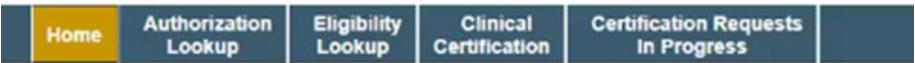
☒ Receive notification of case status changes

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)



Wednesday, March 22, 2023 3:52 PM

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

ELIGIBILITY LOOKUP

BACK

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

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

LOOKUP AGAIN

Search Results

| | Patient ID | Member Code | Name | DOB | Gender | Address |
|---------------------------------------|------------------------|-------------|----------------------|----------------------|--------|----------------------|
| <input type="button" value="SELECT"/> | 1 <input type="text"/> | 01 | <input type="text"/> | <input type="text"/> | F | <input type="text"/> |

BACK

[Click here for help](#)

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

Add Site of Service

Specific Site Search
Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI: Zip Code: Site Name:

TIN: City:

☒ Exact match
☐ Starts with

[LOOKUP SITE](#)

| | Name | Address |
|------------------------|-----------------|---------|
| SELECT | II RATION - LAB | |
| SELECT | II RATION | |
| SELECT | II RATION | |
| SELECT | II RATION | |
| SELECT | II RATION | |

[BACK](#)
[Click here for help](#)

Alert!

This member's benefit requires service at a participating facility. Our records indicate that this is a provider or site that does not participate with the health plan. The site you have selected may result in a higher cost to the member. Would you like to proceed?

☒ Yes ☐ No

[SUBMIT](#)

80% Complete

Provider and NPI

Patient
 [EDIT](#)

Service
2/28/2023 [EDIT](#)
LABTST MOLECULAR GENETIC TEST
C54.1 Malignant neoplasm of endometrium

- If you enter a provider that is not 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 not 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 required 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

Is this case Routine/Standard?

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Summary

Thursday, May 14, 2020 3:04 PM

Proceed to Clinical Information

Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.
In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

☒ A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.
☐ A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.
☐ None of the above

Clinical Upload

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case.
If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

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

No file chosen
 No file chosen
 No file chosen
 No file chosen
 No file chosen

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.

1 To the best of your knowledge, has a previous prior authorization request been made for this member and this test?

☐ Yes ☐ No ☐ Unknown

1 Has the specimen been collected?

☐ Yes ☐ No ☐ Unknown

SUBMIT

Proceed to Clinical Information

1 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

1 What kind of testing is being done?

☒ Testing related to cancer
☐ Testing related to pregnancy
☐ Other
☐ Unknown

1 What test is being requested? Please provide the test name or a short description.

1 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 |
|---|--|
| <input type="radio"/> None Of These | |
| <input type="radio"/> ATM Analysis | ATM Sequencing and Deletion/Duplication Analysis |
| <input type="radio"/> BRACAnalysis {Integrated BRACAnalysis; CPT 81162} | BRCA1/2 Sequencing and Deletion/Duplication Analysis |
| <input type="radio"/> BRACAnalysis {Integrated BRACAnalysis; CPT 81163, 81164} | BRCA1/2 Sequencing and Deletion/Duplication Analysis |
| <input type="radio"/> BRACAnalysis and myRisk {Integrated BRACAnalysis and myRisk; CPT 81162, 81479} | Hereditary Breast and Ovarian Cancer Panel Tests |
| <input type="radio"/> BRACAnalysis and myRisk {Integrated BRACAnalysis and myRisk; CPT 81163, 81164, 81479} | Hereditary Breast and Ovarian Cancer Panel Tests |
| <input type="radio"/> BRACAnalysis and PALB2 {2019 codes; Integrated BRACAnalysis and PALB2; 81162, 81406} | Hereditary Breast and Ovarian Cancer Panel Tests |
| <input type="radio"/> BRACAnalysis and PALB2 {2019 codes; Integrated BRACAnalysis and PALB2; 81163, 81164, 81406} | Hereditary Breast and Ovarian Cancer Panel Tests |
| <input type="radio"/> BRACAnalysis and PALB2 {2019 codes; Integrated BRACAnalysis and PALB2; 81163, 81164, 81406} | Hereditary Breast and Ovarian Cancer Panel Tests |
| <input type="radio"/> BRACAnalysis and PALB2 {2020 codes; Integrated BRACAnalysis and PALB2; 81162, 81307} | Hereditary Breast and Ovarian Cancer Panel Tests |

1 2 3 4 5 6 7

All A B C E G M N P S T

**** NOTE:** If you know the name of the test, choose the first letter of the test name above. Otherwise, you can scroll through all tests using the page numbers. If you cannot find the test, please return to page 1 of the "All" tab and select "None of These".

*****FOR LAB REPRESENTATIVES:** If you would like to correct or add to this list, please email labmanagement@evicore.com.

Proceed to Clinical Information – selecting multiple CPT codes

1 What kind of testing is being done?

☒ Testing related to cancer

☐ Testing related to pregnancy

☐ Other/Unknown

2 What test is being requested? Please provide the test name or a short description.

3 Do you know the procedure codes that will be billed for this test?

☒ Yes ☐ No

Submit

4 What is the first procedure code? If the code is not listed, enter the alphanumeric code only in the "Other" box below.

Other (specify)

5 Units:

6 Would you like to add another CPT code?

☐ Yes ☐ No

Submit

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

1 What is the second procedure code? If the code is not listed, enter the alphanumeric code only in the "Other" box below.

81167 Other (specify)

2 Units:

2

3 Would you like to add another procedure code?

☒ Yes ☐ No

SUBMIT

Proceed to Clinical Information – Free Text Questions

Proceed to Clinical Information

Answer the following questions in clinical detail:

1 Why is this test being requested and how will the results be used to change management?

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

3 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:

i 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 | Description: | MOLECULAR GENETIC TEST |
| CPT Code: | LABTST | | |
| 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 | Description: | MOLECULAR GENETIC TEST |
| CPT Code: | LABTST | | |
| 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



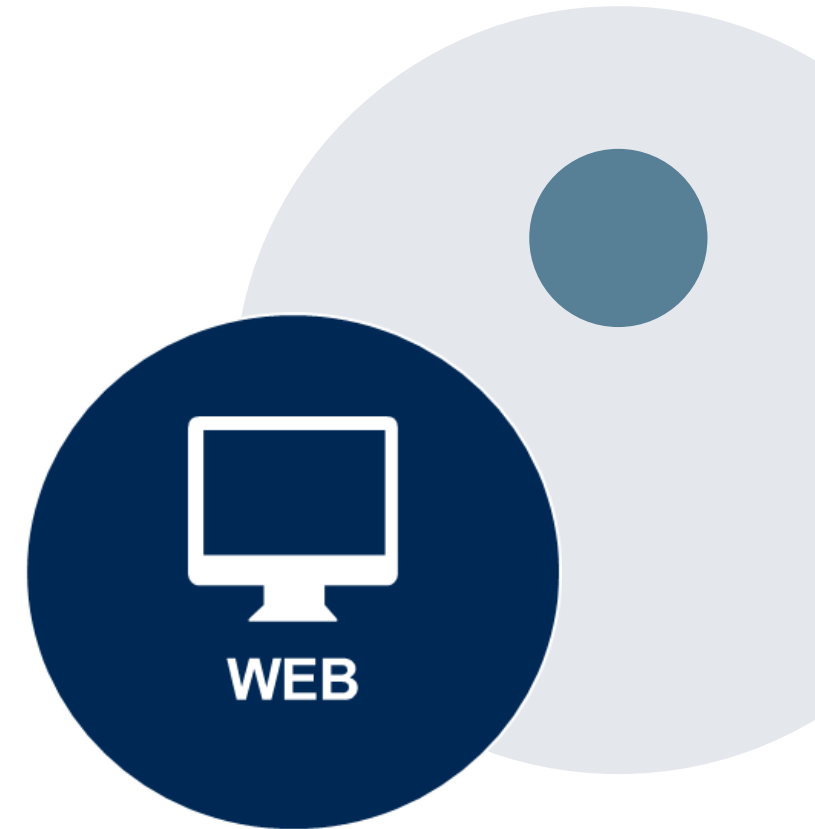
Authorization Lookup

- 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**



Authorization Lookup example

Authorization Lookup

Authorization Number: NA

Case Number:

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](#)

P2P AVAILABILITY

Authorization Lookup Approval example

Authorization Number:

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:

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](#)

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

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



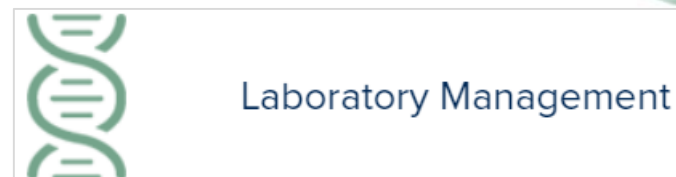
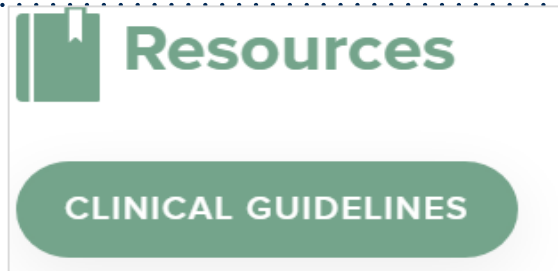
Clinical Guidelines / Medical Policies

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"



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

CURRENT FUTURE ARCHIVED

- 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)

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:

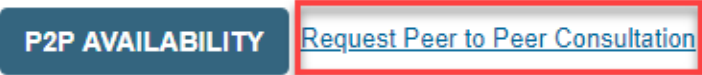
- Go to eviCore.com
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates



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: | |



P2P AVAILABILITY

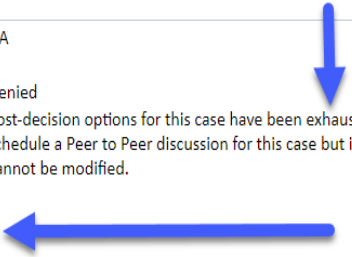
How to schedule a Peer to Peer Request

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: | | Request Peer to Peer Consultation |
| Status: | Denied | |
| P2P Eligibility Result: | 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 Status: | | |

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

New P2P Request

Case Reference Number Case information will auto-populate from prior lookup

Member Date of Birth

[+ Add Another Case](#)

[Lookup Cases >](#)

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”

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.

New P2P Request

Case Ref #: [Remove](#) [P2P Eligible](#)

Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

| Member Information | Case P2P Information |
|--------------------|-------------------------------------|
| Name | Episode ID |
| DOB | P2P Valid Until 2020-11-11 |
| State | Modality MSK Spine Surgery |
| Health Plan | Level of Review Reconsideration P2P |
| Member ID | System Name ImageOne |

[Continue](#)

How to Schedule a Peer to Peer Request

Case Info

1st Case

Case #
Episode ID
Member Name
Member DOB
Member State
Health Plan
Member ID
Case Type MSK Spine Surgery
Level of Review Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

| | | | | |
|-----|------|-----|-------|-----|
| Mon | Tues | Wed | Thurs | Fri |
| ✓ | ✓ | ✓ | ✓ | ✗ |

Preferred Times

| Morning | | | | | Afternoon | | | | | | |
|--------------|--------------|---------------|----------------|----------------|---------------|--------------|--------------|--------------|--------------|--------------|--------------|
| 7:00 to 8:00 | 8:00 to 9:00 | 9:00 to 10:00 | 10:00 to 11:00 | 11:00 to 12:00 | 12:00 to 1:00 | 1:00 to 2:00 | 2:00 to 3:00 | 3:00 to 4:00 | 4:00 to 5:00 | 5:00 to 6:00 | 6:00 to 7:00 |
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

Time Zone

US/Eastern

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.

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.

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week

5/18/2020 - 5/24/2020 (Upcoming week)

Next Week →

1st Priority by Skill

| Mon 5/18/20 | Tue 5/19/20 | Wed 5/20/20 | Thu 5/21/20 | Fri 5/22/20 | Sat 5/23/20 | Sun 5/24/20 |
|---|-------------|-------------|-------------|-------------|-------------|-------------|
| 6:15 pm EDT 6:30 pm EDT 6:45 pm EDT | - | - | - | - | - | - |

1st Priority by Skill

| Mon 5/18/20 | Tue 5/19/20 | Wed 5/20/20 | Thu 5/21/20 | Fri 5/22/20 | Sat 5/23/20 | Sun 5/24/20 |
|--|--|--|--|-------------|-------------|-------------|
| 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT 4:15 pm EDT Show more... | 2:00 pm EDT 2:15 pm EDT 2:30 pm EDT 2:45 pm EDT Show more... | 4:15 pm EDT 4:30 pm EDT 4:45 pm EDT 5:00 pm EDT Show more... | 3:15 pm EDT 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT Show more... | - | - | - |

How to Schedule a Peer to Peer

Confirm Contact Details

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

The screenshot shows a scheduling interface with a progress bar at the top: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (active). The 'P2P Info' section on the left shows the date as Mon 5/18/20 and time as 6:30 pm EDT. The 'P2P Contact Details' section on the right contains the following fields:

- Name of Provider Requesting P2P:** Dr. Jane Doe (indicated by a blue arrow)
- Contact Person Name:** Office Manager John Doe
- Contact Person Location:** Provider Office (dropdown menu)
- Phone Number for P2P:** (555) 555-5555 (indicated by a blue arrow)
- Phone Ext.:** 12345 (indicated by a blue arrow)
- Alternate Phone:** (xxx) xxx-xxxx
- Phone Ext.:** Phone Ext. (indicated by a blue arrow)
- Requesting Provider Email:** droffice@internet.com
- Contact Instructions:** Select option 4, ask for Dr. Doe (indicated by a blue arrow)

A 'Submit >' button is located at the bottom right of the form.

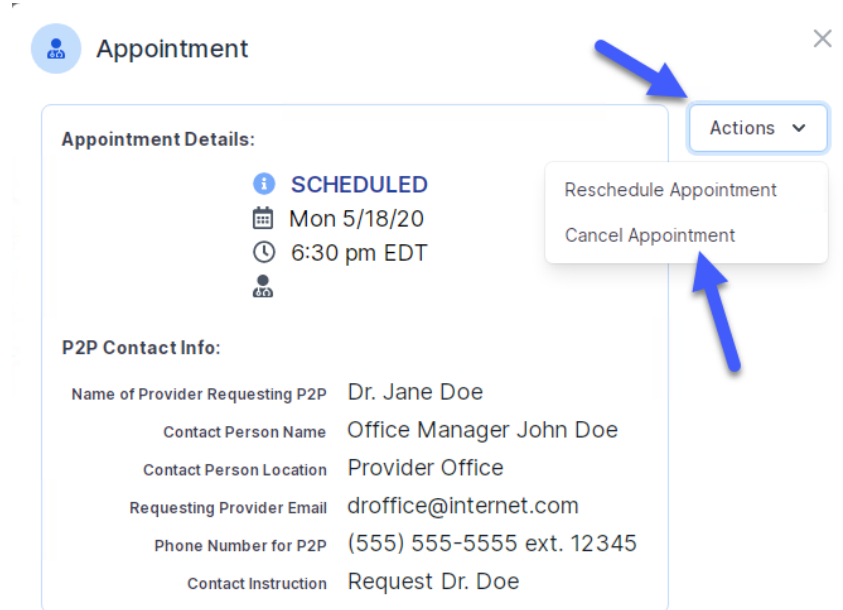
- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:
 - Name of Provider Requesting P2P
 - Phone Number for P2P
 - Contact Instructions
- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

The screenshot shows a 'Scheduling' summary page. It includes a calendar icon and the text 'Scheduling'. Below this, it says 'Scheduled'. The appointment details are listed as 'Mon 5/18/20 - 6:30 pm EDT'. At the bottom right, there is a red oval containing the word 'SCHEDULED'.

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!

