

# Precertification for Specialty Drug Management for Blue Cross<sup>®</sup> Blue Shield<sup>®</sup> of Arizona

## Provider Education



An Independent Licensee of the Blue Cross and Blue Shield Association

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# eviCore Corporate Overview

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# Company Highlights



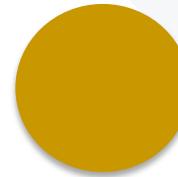
**4.5K employees**  
including 1K clinicians



The industry's most  
**comprehensive clinical  
evidence-based guidelines**



**100M Members  
Managed  
Nationwide**



**Headquartered in Bluffton, SC  
Offices across the US  
including:**

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



# 9 | Comprehensive Solutions



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# eviCore Clinical Approach

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# Clinical Platform

## Multi-Specialty Expertise

Family Medicine	Oncology/Hematology
Internal Medicine	Surgery
Pediatrics	<ul style="list-style-type: none"><li>• General</li><li>• Orthopedic</li><li>• Thoracic</li><li>• Cardiac</li><li>• Neurological</li><li>• Otolaryngology</li><li>• Spine</li></ul>
Sports Medicine	
OB/GYN	
Cardiology	
Nuclear Medicine	
Anesthesiology	Radiology
Radiation Oncology	<ul style="list-style-type: none"><li>• Nuclear Medicine</li><li>• Musculoskeletal</li><li>• Neuroradiology</li></ul>
Sleep Medicine	

- **260+ board-certified medical directors**
- **Diverse representation of medical specialties**
- **800 nurses with diverse specialties and experience**
- **Dedicated nursing and physician teams by specialty for Oncology, Hematology, Radiation Oncology, Spine/Orthopedics, Neurology, and Medical/Surgical**

# Sophisticated Management Approach

We customize management based on specific cost and utilization challenges

**Target specific drug management challenges related to:**

- Challenging coverage criteria
- Small patient population
- Need for genetic testing for coverage

**Provide ability to include management of the following criteria:**

- Diagnosis
- Safety
- Genetic testing
- Comorbidities
- Dosing
- Quantity
- Duration
- Step therapy
- Drug interactions

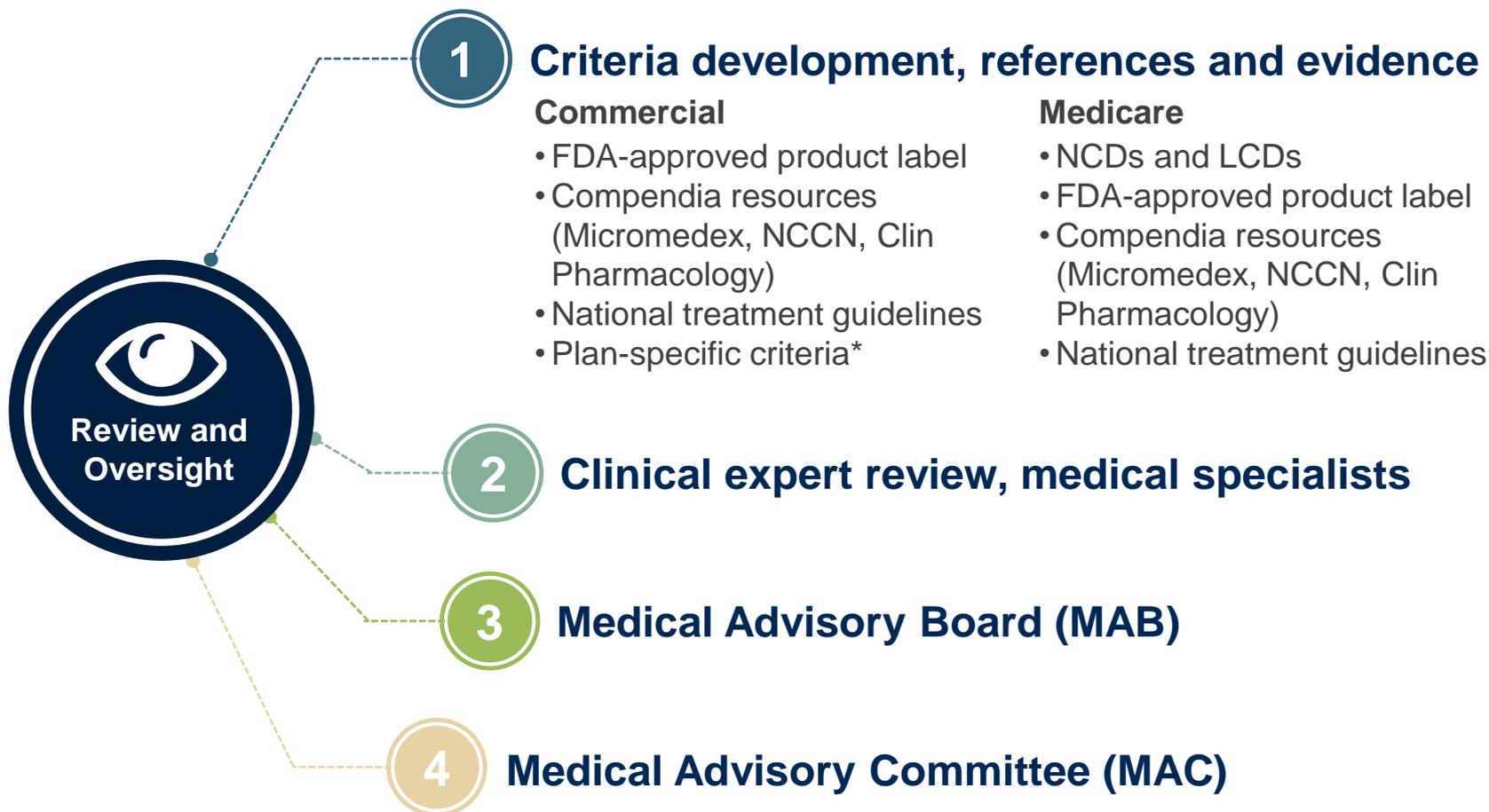
# Therapeutic Classes Included in Specialty Drug Management

Required only for drugs administered by health care professionals

Anemia (non-cancer)	Lysosomal Storage Diseases
Ankylosing spondylitis	Macular Degeneration
Asthma	Multiple Sclerosis
CAPS	Neutropenia (non-cancer)
Crohn's Disease/Ulcerative Colitis	Osteoarthritis
Cryopyrin-Associated Autoinflammatory Syndromes (CAPS)	Paroxysmal Nocturnal Hemoglobinuria (PNH)
Cystic Fibrosis	Psoriasis
Gout	Pulmonary Hypertension
Hereditary angioedema	Rheumatoid Arthritis
Idiopathic Thrombocytopenic Purpura (ITP)	RSV
Immune Deficiency (IVIg)	Spasticity Disorder
Lupus	Other Misc

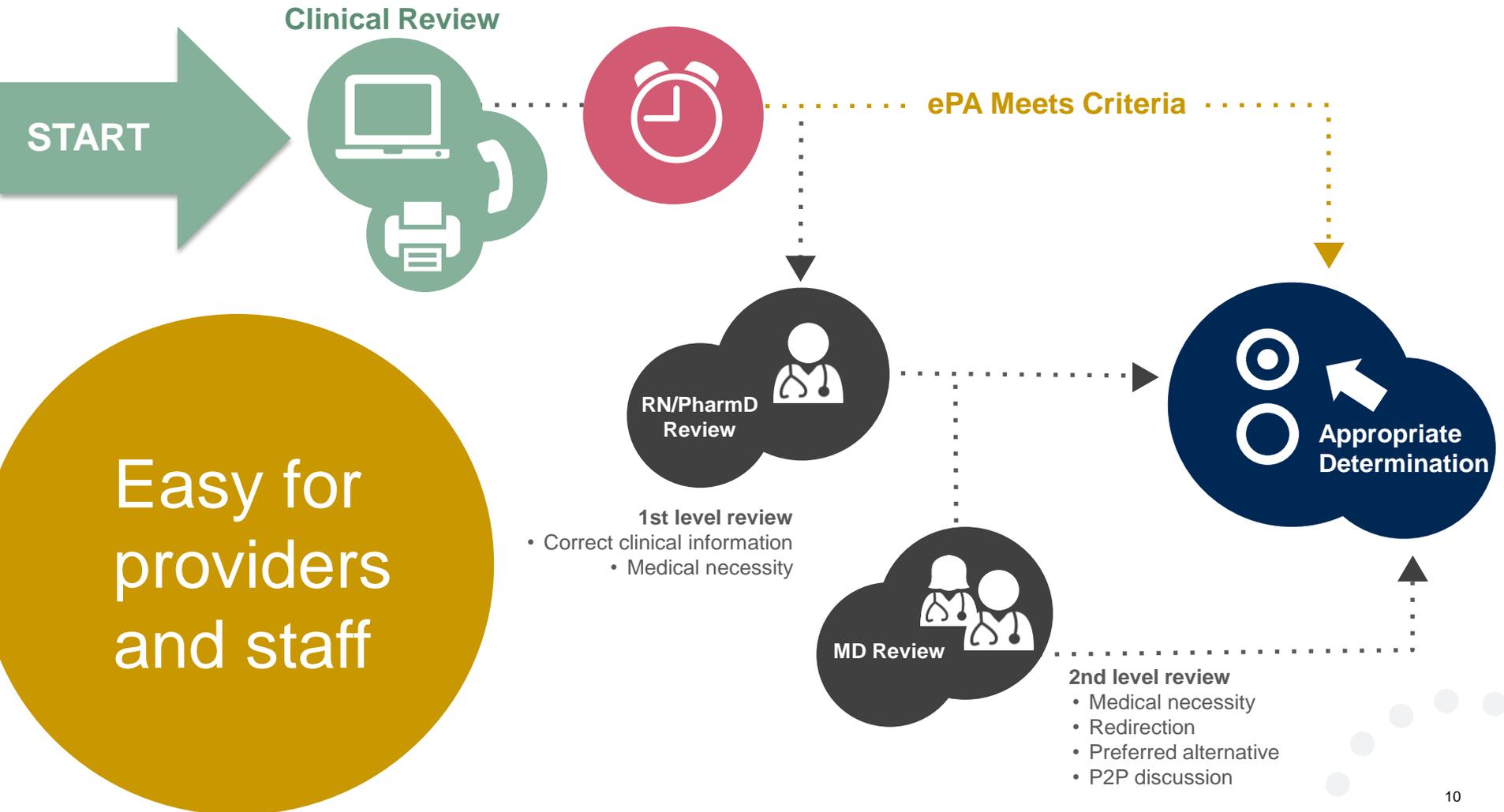
# Development of Specialty Drug Criteria

## 4-step process for criteria development



# Clinical Review Process

About 80% of clinical reviews submitted through the web portal achieve real-time approval



# Summary

What types of Drugs are included?

- Provider administered drugs classified as Specialty Drug.

What is covered in my precertification?

- The HCPC code associated with the approved drug
- The time period indicated on the precertification (90-180 days)
- The precertification is not for a specific dose or administration schedule. **However, billing in excess of the appropriate # of units or frequency of administration for a drug may result in claims denial.**

How often do I need to update my precertification?

- When the precertification time has expired.
- NOT when dosing changes

What about drugs billed through Pharmacy?

- Pharmacy drugs (typically orals or self-administered injectables) are not within the scope of this program, but may require precertification through the member's PBM. Please contact the PBM for additional information or instructions for drugs being billed under the pharmacy benefit.
- Drugs covered under this program, but being used to treat cancer conditions may require precertification through the eviCore medical oncology program. Contact the number on the ID card to confirm requirements.

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# eviCore Service Model

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# Client Provider Operations – for Provider Support

The Client Provider Operations team is responsible for high-level service delivery to our health plan clients as well as ordering and rendering providers nationwide

## Client Provider Representatives



Client Provider Representatives are cross-trained to investigate escalated provider and health plan issues.

## Client Service Managers



Client Service Managers lead resolution of complex service issues and coordinate with partners for continuous improvement.

## Regional Provider Engagement Managers



Regional Provider Engagement Managers are on-the-ground resources who serve as the voice of eviCore to the provider community.

# Why Our Service Delivery Model Works



**One centralized intake point** allows for timely identification, tracking, trending, and reporting of all issues. It also enables eviCore to quickly identify and respond to systemic issues impacting multiple providers.



**Complex issues are escalated to resources** who are the subject matter experts and can quickly coordinate with matrix partners to address issues at a root-cause level.



**Routine issues are handled by a team of representatives** who are cross trained to respond to a variety of issues. There is no reliance on a single individual to respond to your needs.

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# Specialty Drug Precertification Program for BCBSAZ

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**BlueCross  
BlueShield  
of Arizona**

An Independent Licensee of the Blue Cross and Blue Shield Association

# Program Overview

**eviCore will begin accepting requests on December 21, 2018,  
for dates of service January 1, 2019, and beyond.**

**eviCore precertification  
applies to services that are:**

- Outpatient
- Elective/non-emergent

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

- Emergency room
- Inpatient
- 23-hour observation

Note: Any provider can initiate a precertification request. However, if a required precertification is not obtained, the penalty is applied to:

- a) the contracted servicing provider or facility
- b) the member, if an out-of-network provider or facility is used

# Continuity of Care

Patients already enrolled in a treatment protocol as of December 31, 2018, will not need a new precertification to continue their treatment into 2019. All new treatment protocols starting on or after January 1, 2019, will require precertification.

## Treatment protocol started in 2018:

- Does not require new precertification to continue into 2019

## Treatment protocol will start in 2019:

- Requires new precertification

# Applicable BCBSAZ Membership

Included members will have an eviCore indicator on the back of their member ID card by the end of January 2019. There may be some employer groups who opt in to the eviCore program upon their 2019 renewal dates (throughout the year).



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Blue Cross and Blue Shield Association

Possession of this card does not guarantee eligibility for benefits. Certain health services may require precertification.

File claims with the local BCBS Plan, except file directly with Medicare when Medicare is primary and file chiropractic claims with the Chiropractic Benefits Administrator. Contact BCBSAZ for air ambulance and ancillary claim filing directions.

BCBSAZ provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims, except to the extent of any stop-loss coverage provided by BCBSAZ.

[www.azblue.com/member](http://www.azblue.com/member)

Customer Service: 1 (800) 232-2345

Or: (602) 864-4861

To locate a BCBS Network provider

Outside of Arizona: 1 (800) 810-2583

Pharmacy Benefits: 1 (866) 325-1794

24/7 Nurse Line: 1 (866) 422-2729

Chiropractic Benefits: 1 (800) 678-9133

**eviCore: 1 (866) 743-9630**

**BlueCross BlueShield of Arizona**

P.O. Box 2924

Phoenix, AZ 85062-2924

# Applicable BCBSAZ Membership

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**eviCore precertification is required** for most BCBSAZ-insured and -administered benefit plans.

Note: Certain large self-funded groups may opt out of this specialized utilization management program.

**eviCore precertification is *NOT* required** for:

- Federal Employee Program<sup>®</sup> (FEP<sup>®</sup>) members
- BlueCard<sup>®</sup> (out-of-area) members from other Blue plans
- Corporate Health Services (CHS) employee group members
- BCBSAZ members with PCP Coordinated Care HMO benefit plans

Refer to the online BCBSAZ Precertification Requirements Lists for precertification information for out-of-scope members.

# 2019 BCBSAZ Precertification Requirements Lists

## Standard Precertification Requirements

**Most BCBSAZ PPO and HMO plans** – includes PPO Alliance and Indemnity plans  
(For PCP Coordinated Care HMO plans, see pages 3-4)

The list below displays standard precertification requirements for most BCBSAZ plans. Some large employer groups have custom precertification requirements (see table of contents to access these lists). eviCore precertification is highlighted in the list.

STANDARD PRECERTIFICATION REQUIREMENTS – for most BCBSAZ PPO and HMO plans		
Provider assistance for BCBSAZ members: (602) 864-4320 or 1 (800) 232-2345   <a href="#">eviCore</a> Provider assistance for BlueCard (out-of-area) members from other Blue plans: 1 (800) 676-2583	PPO and Indemnity Plans	HMO Plans
<b>CARDIOLOGY &amp; RADIOLOGY:</b> High-tech imaging (elective/non-emergent, diagnostic imaging provided in locations other than an inpatient hospital), such as: CTI, CTA/MRI, MRA/PET/NCM, MPI	<a href="#">eviCore</a> facilitates precertification only for members with the eviCore phone number on the back of the member ID card. For other members, call BCBSAZ Provider Assistance. (See <a href="#">comprehensive list</a> of CPT codes.)	
Clinical trials	We request prompt notification of participation (from provider or member) to support claim processing for covered services associated with clinical trials.	
Dental-related facility services or dental-related services integral to medical services when scheduled as an inpatient admission		
Extended active rehabilitation (EAR) – inpatient rehabilitation services	Call Provider Assistance for benefits and limits.	
Home health visits (skilled nurse visits)	Call Provider Assistance for benefits and limits.	
Infusion/IV therapy in any setting (hospital outpatient, physician's office, infusion center, home infusion). Certain drugs include a site-of-service review as part of the precertification process.	See <a href="#">Specialty Medication List</a> for specific requirements and provider assistance numbers.	
Injectable medications that must be administered by a healthcare professional may require precertification and are billed under <i>medical</i> benefits.	Call (602) 864-4320 or 1 (800) 232-2345 for medical benefits.	
Injectable and oral medications that can be self-administered may require precertification and are billed under <i>pharmacy</i> benefits.	Call 1 (866) 325-1794 for pharmacy benefits.	
Inpatient admission <ul style="list-style-type: none"> <li>All scheduled admissions require precertification.</li> <li>Detoxification admissions require precertification.</li> <li>All emergency admissions, including medical, surgical, maternity, and behavioral health/substance abuse admissions, require notification <b>within 48 hours</b> of admission.</li> <li>Bariatric surgery for <b>HMO members only</b>: The site of service for bariatric surgery must be a Blue Distinction Center for Specialty Care (BDSC). For a current list of Blue Distinction Centers for bariatric surgery, use the <a href="#">BCBS Blue Distinction Facility Search</a> tool.</li> </ul>	Call (602) 864-4320 or 1 (800) 232-2345 for benefits and limits.	
<b>LAB MANAGEMENT</b> for genetic testing, including hereditary cancer syndromes (e.g., BRCA), 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	<a href="#">eviCore</a> facilitates precertification only for members with the eviCore phone number on the back of the member ID card. For other members, call BCBSAZ Provider Assistance. (See <a href="#">comprehensive list</a> of CPT codes.)	
Long-term acute care (LTAC)	Call Provider Assistance for benefits and limits.	
<b>MEDICAL ONCOLOGY:</b> All medical oncology and hematology services in the following categories: infused drugs (may include site-of-service requirements), supportive agents, companion diagnostics/personalized medicine	<a href="#">eviCore</a> facilitates precertification only for members with the eviCore phone number on the back of the member ID card. For other members, call BCBSAZ Provider Assistance. (See <a href="#">comprehensive list</a> of CPT codes.)	
Out-of-network provider	1	2
Outpatient services related to the following specialty areas require precertification (see listings for more information): <b>CARDIOLOGY &amp; RADIOLOGY:</b> High-tech imaging (elective/non-emergent, diagnostic imaging provided in locations other than an inpatient facility)	<a href="#">eviCore</a> facilitates precertification only for members with the eviCore phone number on the back of the member ID card. For other members, call BCBSAZ Provider Assistance. (See <a href="#">comprehensive list</a> of CPT codes.)	

Standard Precertification Requirements – Revision 11/01/18

The 2019 BCBSAZ Precertification Requirements lists will indicate the services requiring eviCore precertification.

Links to eviCore resources are included for quick access to:

- Comprehensive lists of CPT codes
- Clinical guidelines
- Online tool to request/view precertifications

# eviCore Precertification Timeframes

How long does a precertification typically last?

<b>PROGRAM</b>	<b>Typical length of approval</b>
<b>Cardiology/Radiology (high-tech imaging)</b>	45 days
<b>Lab Management</b>	60 days
<b>Medical Oncology</b>	8-14 months (based on treatment regimen)
<b>Radiation Therapy</b>	Varies (based on treatment regimen)
<b>Specialty Drugs</b>	Varies

# Needed Information

**Member**  
Member ID  
Member name  
Date of birth (DOB)



**Rendering Facility**

Facility name  
National provider identifier (NPI)  
Tax identification number (TIN)  
Street address



**Referring/Ordering Physician**  
Physician name  
National provider identifier (NPI)  
Tax identification number (TIN)  
Fax number



**Requests**

Patient's clinical presentation.  
Diagnosis Codes.  
Disease-Specific Clinical Information.  
Patient's intended treatment plan



## If clinical information is needed, please be able to supply:

- Details about the clinical indication including type of cancer, stage of disease, genomic markers, performance status, comorbidities or toxicity issues that may impact treatment, and any other clinical factors driving treatment selection
- Type and duration of treatments performed to date for the diagnosis

# Precertification Request Process and Timing

## ➤ Precert Requests:

- All non-urgent requests are typically processed within **2 business days**, after receipt of all necessary clinical information.

## ➤ Status of Request:

- Will be faxed to the ordering provider.
- Will be mailed to the member.
- Request status and information can be accessed online using the eviCore healthcare request tool.

## ➤ Approved Requests:

- Precertifications are typically good for 90-180 calendar days from the date of determination.

## ➤ Denied Requests:

- Denial notification includes rationale for the denial and the process for requesting a clinical consultation or appealing the determination

# Peer-to-peer Clinical Consultations

## ➤ Clinical Consultations / Peer-to-peer Reviews:

- If a request is denied for lack of medical necessity, the ordering physician may request a clinical determination discussion (peer-to-peer).
- In certain instances, additional information provided during the consultation may be sufficient to satisfy the medical necessity criteria for approval and the denial can be changed or modified.
- A consultation must be requested via the peer-to-peer process (outlined in the denial notice) within **7 calendar days** from the date of determination and prior to filing an appeal.
- Clinical consultations are scheduled at a time convenient to the ordering physician.
- **Note: If an appeal has already been filed, a peer-to-peer review will no longer be allowed.**

# Special Circumstances

## ➤ Precert Appeals:

- eviCore will process first-level precertification appeals. BCBSAZ will process all other appeal levels.
- Submit requests for first-level appeals to eviCore as directed on the denial notice.
- A physician who was not part of the denial decision will review the request and all clinical information provided.
- eviCore or BCBSAZ will mail a written notice of the appeal decision to the member and fax it to the provider.

## ➤ Retrospective Reviews:

- Retrospective review for medical necessity will be allowed for this program.
- Retrospective reviews may be requested within 30 calendar days following the date of service and before the claim is filed.
- If requested after 30 days, but less than one year after the service date, penalties may apply.

## ➤ Medically Urgent Requests:

- Contact eviCore by phone or via the web portal for urgent precertification or expedited appeal requests and provide all required clinical information.
- Urgent cases will be reviewed as soon as possible, typically within 4 hours (but not longer than **72 hours**) of the request (including all clinical information).
- **Medically urgent requests** are defined as conditions that are a risk to the patient's life, health, or ability to regain maximum function, or when the patient is having severe pain that requires a medically urgent procedure.

# Direct login from eviCore site vs. single sign-on (SSO) from BCBSAZ secure portal

Which type of access works best for you?

FUNCTIONS	Notes
<b>Save &amp; Finish Later</b>	To find and resume a particular precertification request, you must be logged in the same way you were when you started the request.
<b>Create Precert Request</b>	The SSO link (on the BCBSAZ secure portal) only works for BCBSAZ members; when logged in to eviCore directly, you can make precertification requests for any carrier utilizing eviCore programs.
<b>Certification Summary</b>	You can only see the certification summary tab when you are logged in to eviCore directly. The summary tab displays your recent cases from all carriers.

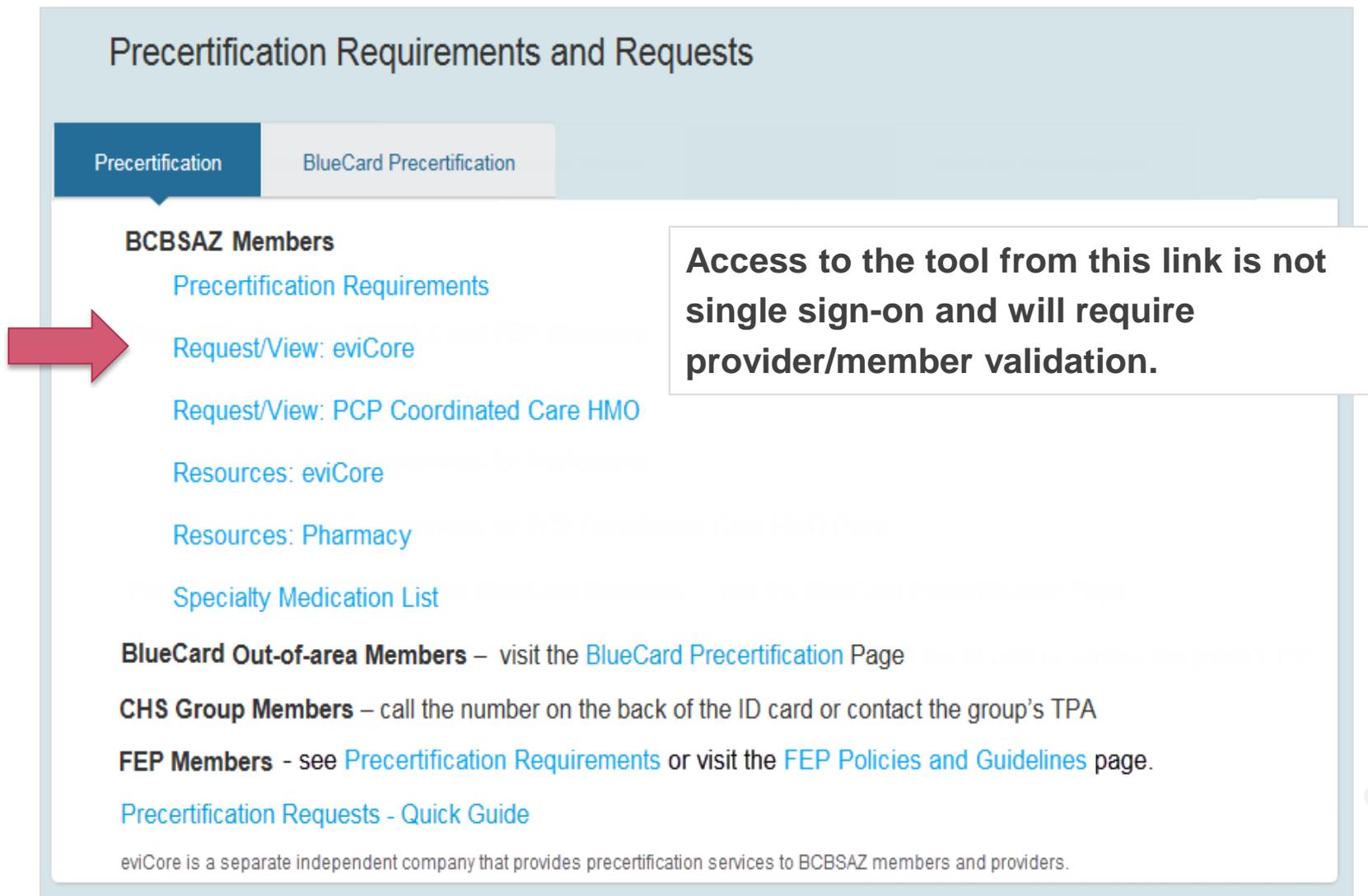
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# eviCore Web Portal Services Direct Login Process

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# Online Precertification Requests – from the BCBSAZ Public Website

You can also link to the eviCore tool from the BCBSAZ public website:



Precertification Requirements and Requests

Precertification BlueCard Precertification

**BCBSAZ Members**

- [Precertification Requirements](#)
- [Request/View: eviCore](#)
- [Request/View: PCP Coordinated Care HMO](#)
- [Resources: eviCore](#)
- [Resources: Pharmacy](#)
- [Specialty Medication List](#)

**BlueCard Out-of-area Members** – visit the [BlueCard Precertification](#) Page

**CHS Group Members** – call the number on the back of the ID card or contact the group’s TPA

**FEP Members** - see [Precertification Requirements](#) or visit the [FEP Policies and Guidelines](#) page.

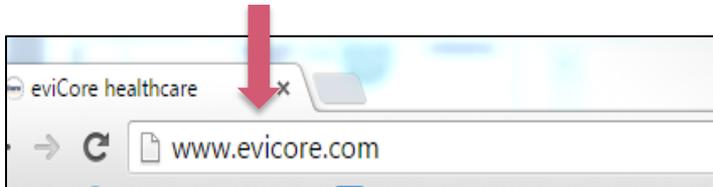
[Precertification Requests - Quick Guide](#)

eviCore is a separate independent company that provides precertification services to BCBSAZ members and providers.

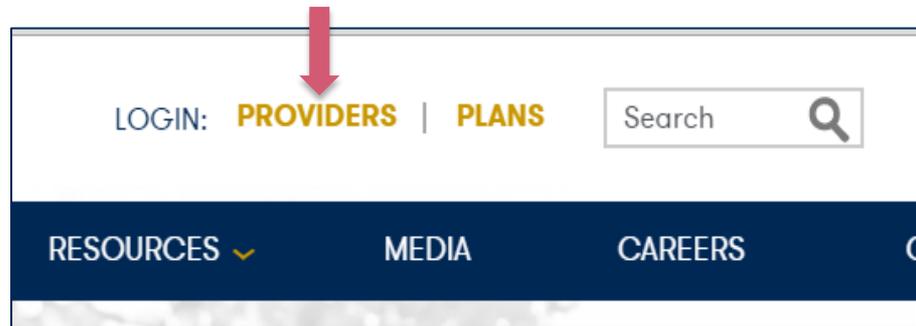
Access to the tool from this link is not single sign-on and will require provider/member validation.

# eviCore healthcare Web Portal

- Point web browser to evicore.com



- Click on the "Providers" link



- Login or Register

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

User ID

Password

Remember User ID

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

I Agree to [HIPAA Disclosure](#)

**LOGIN**

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

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



# Account Login

Providers Delivering Medical  
Solutions That Benefit Everyone.

Mallory1897

••••••••

Remember User ID

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

I Agree to [HIPAA Disclosure!](#)

LOGIN

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



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

# Welcome Screen

eviCore healthcare  
innovative solutions

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

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

Welcome to the CareCore National Web Portal. You are logged in as |

**Providers must be added to your account before cases can be submitted over the web. Please select "Manage Account" to add providers.**

[Request a clinical certification/procedure >>](#)

[Request a clinical certification/procedure fc](#)

[Resume a certification request in progress >>](#) << Did you know? You can save a certification request to finish later.

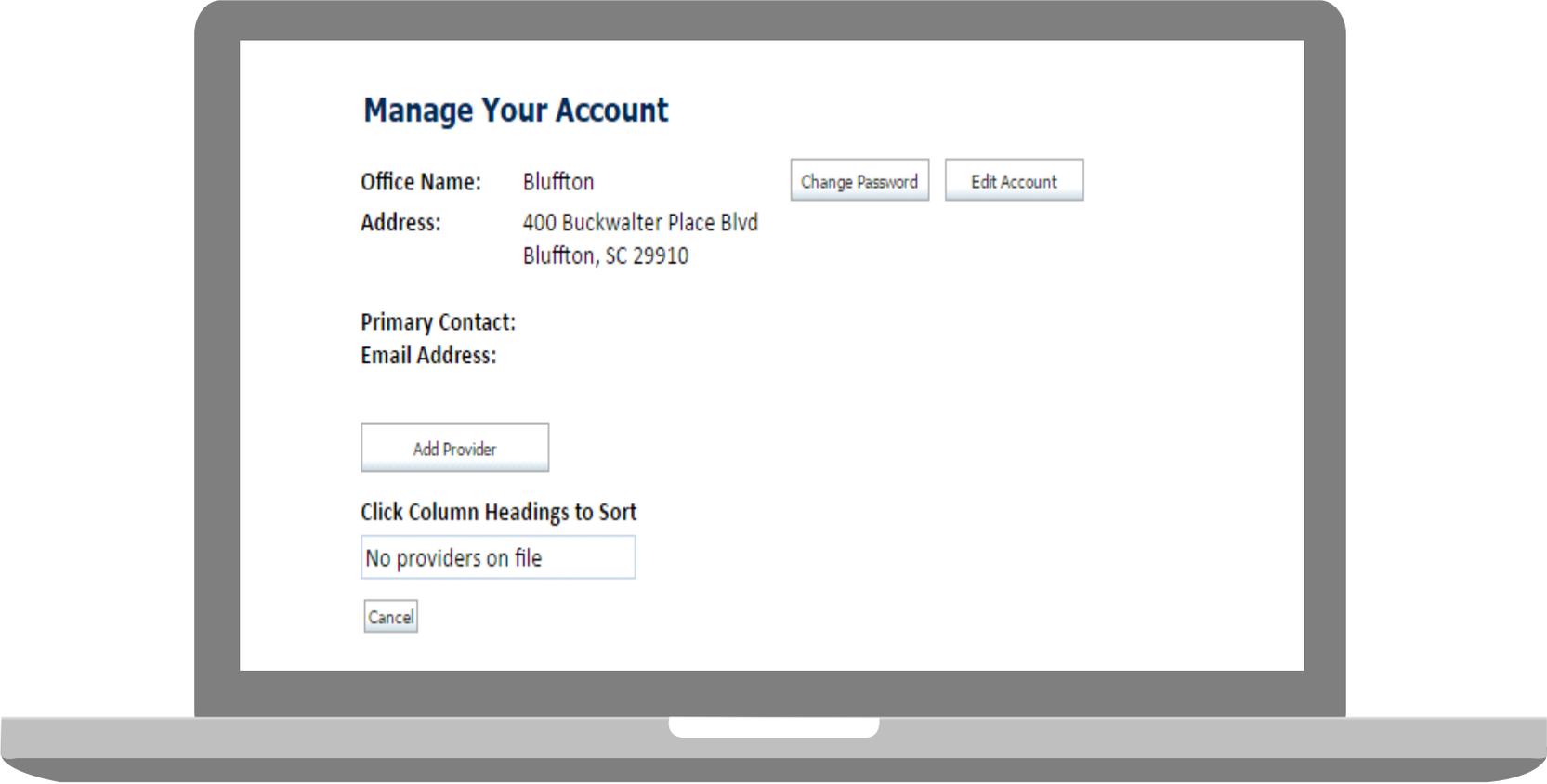
[Look up an existing authorization >>](#)

[Check member eligibility >>](#)

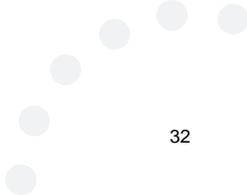
Providers will need to be added to your account prior to case submission. Click the **“Manage Account”** tab to add provider information.

***Note:*** You can access the MedSolutions Portal at any time if you are registered. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals without having to login multiple accounts.

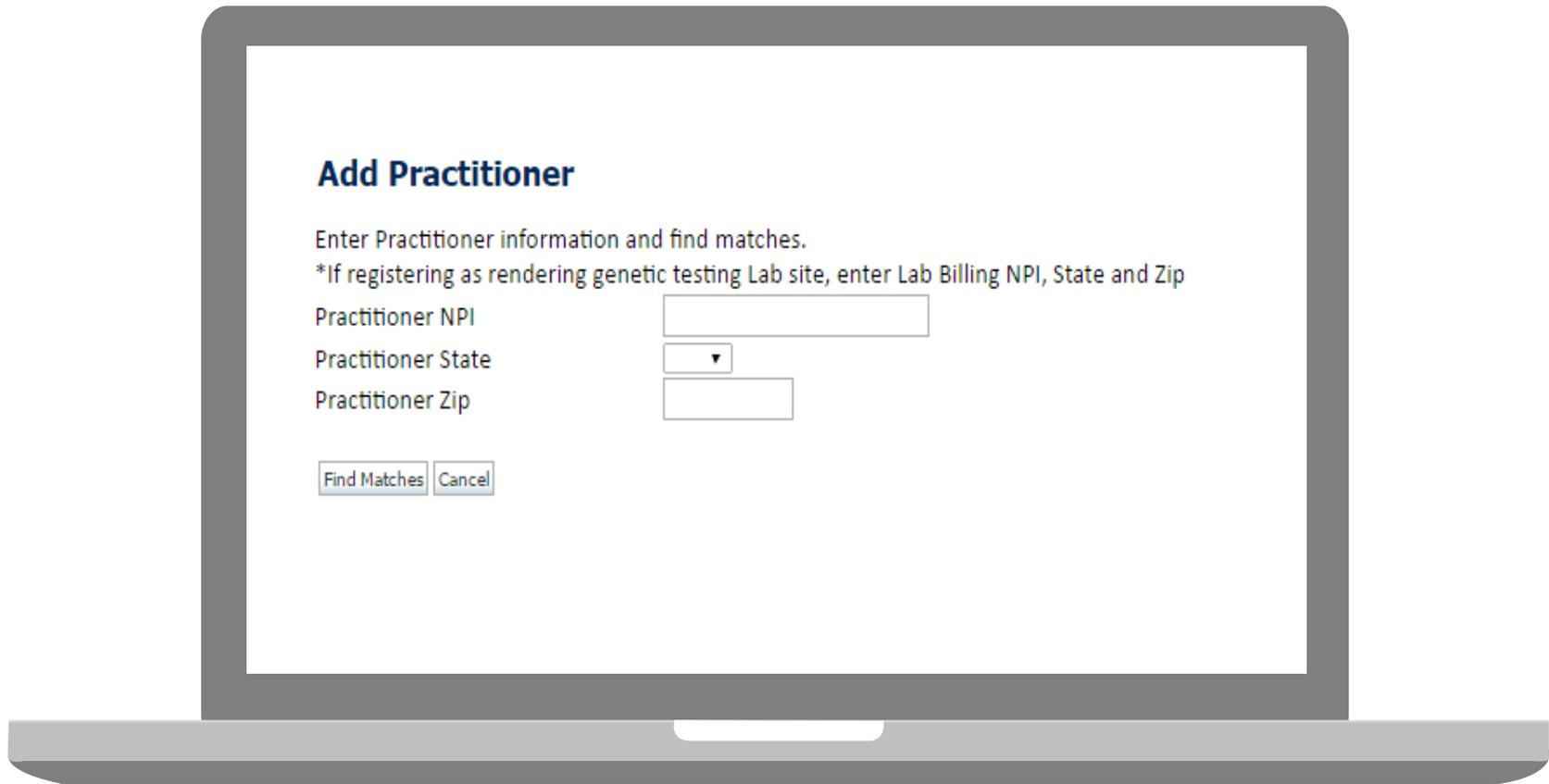
# Adding Practitioners



Click the **“Add Provider”** button.



# Adding Practitioners



**Add Practitioner**

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

Practitioner NPI

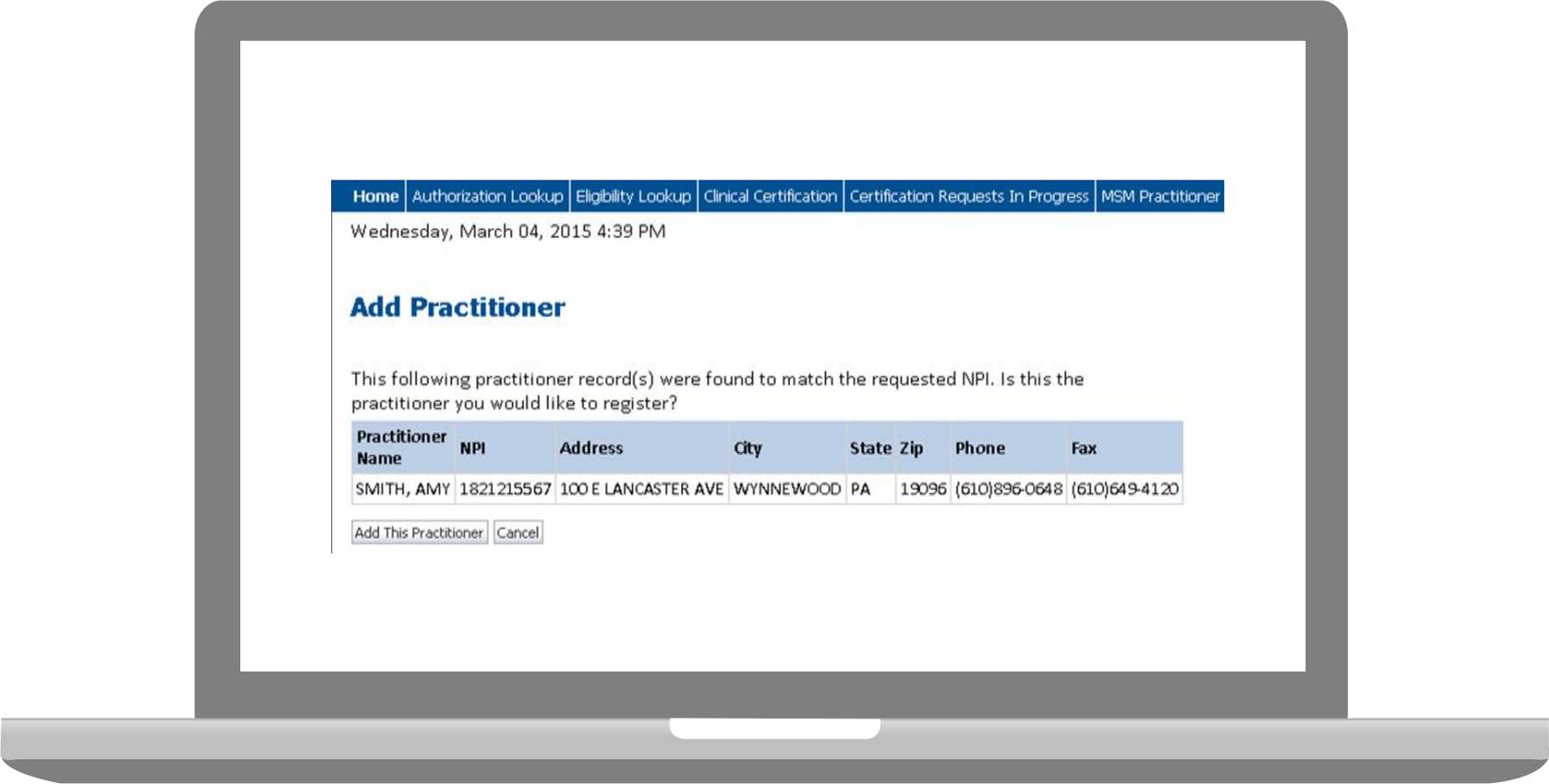
Practitioner State

Practitioner Zip



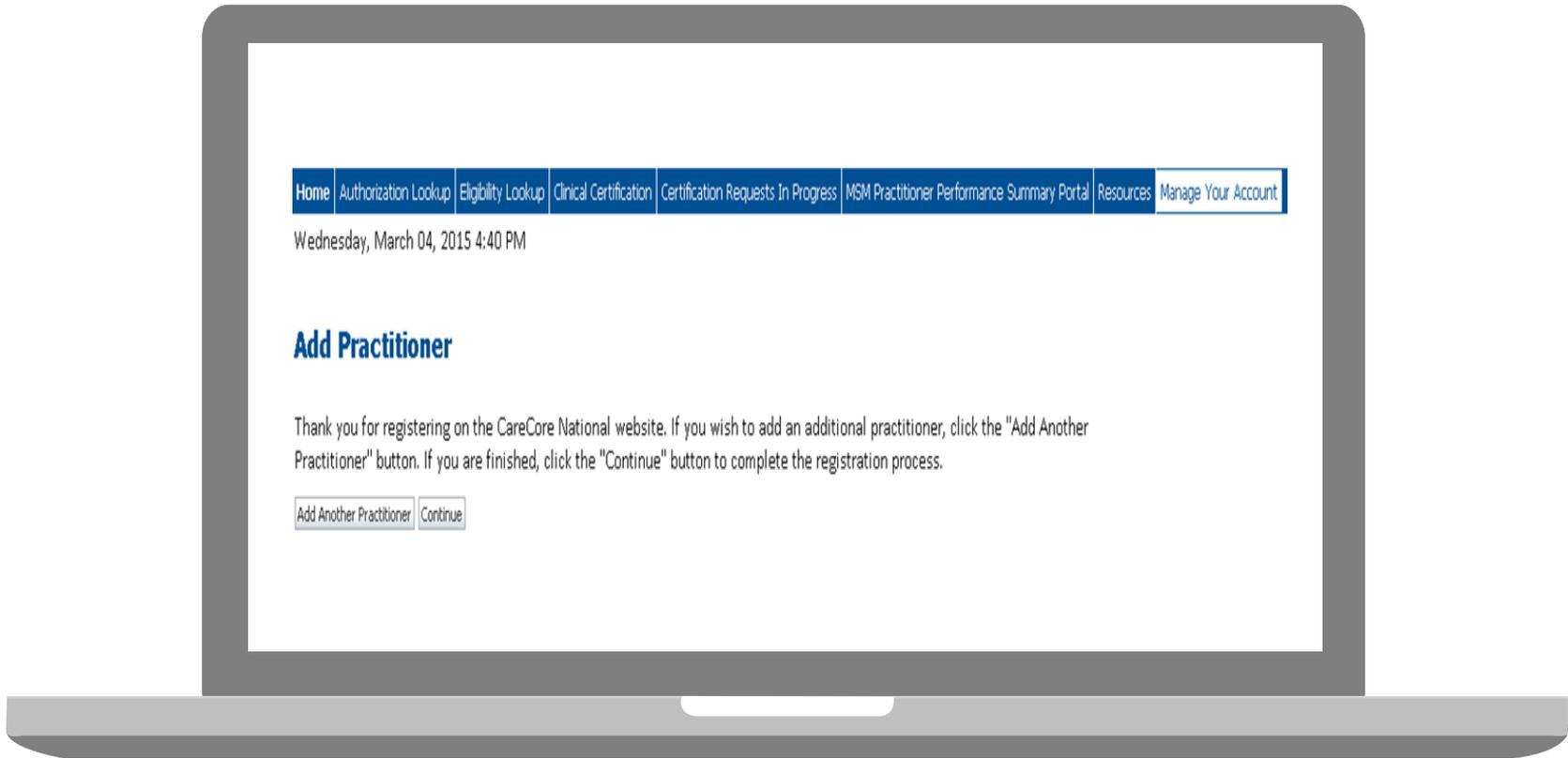
Enter the **Provider's NPI**, **State**, and **Zip Code** to search for the provider record to add to your account. You are able to add multiple Providers to your account.

# Adding Practitioners



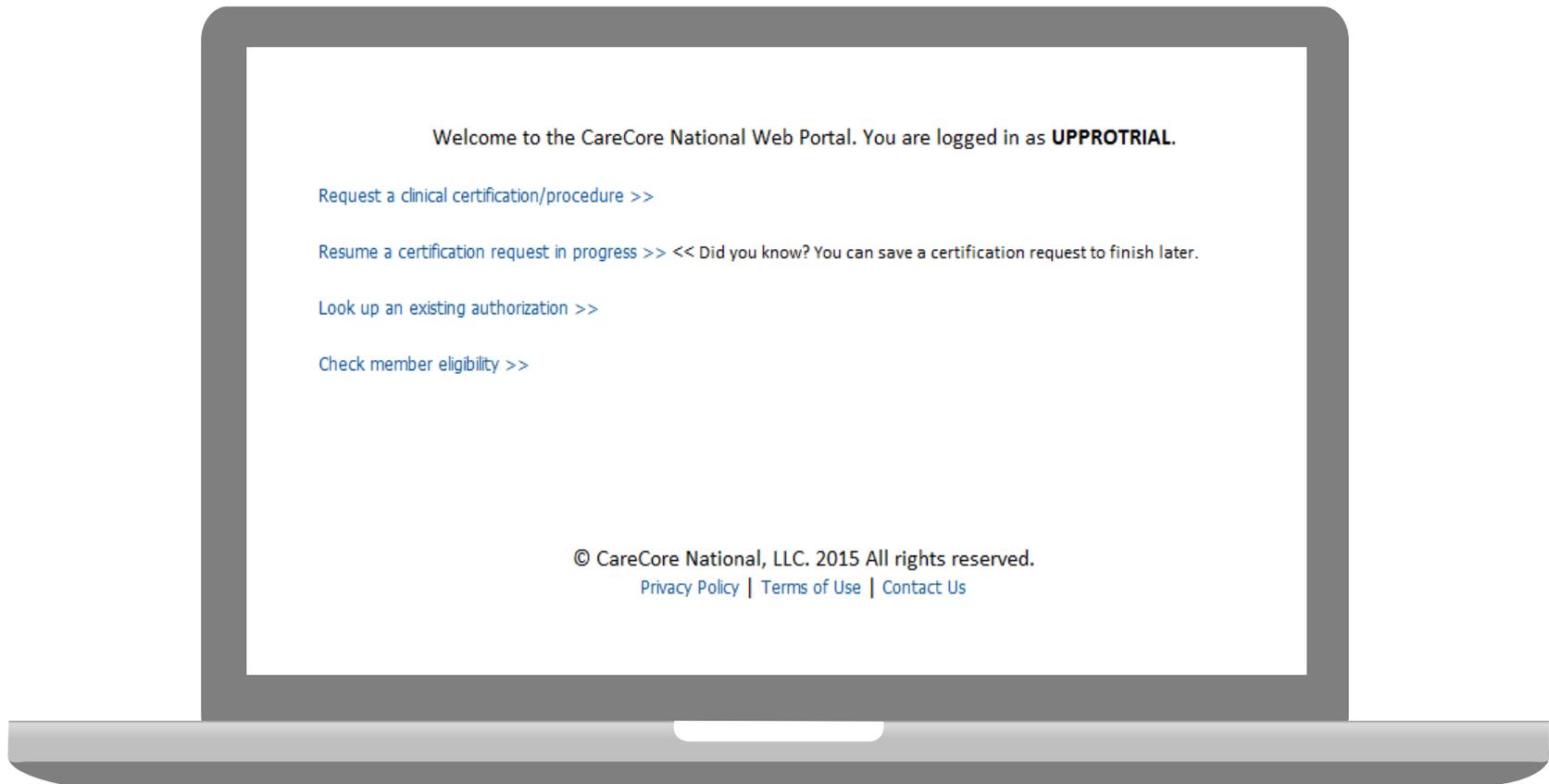
 Select the matching record based upon your search criteria

# Manage Your Account



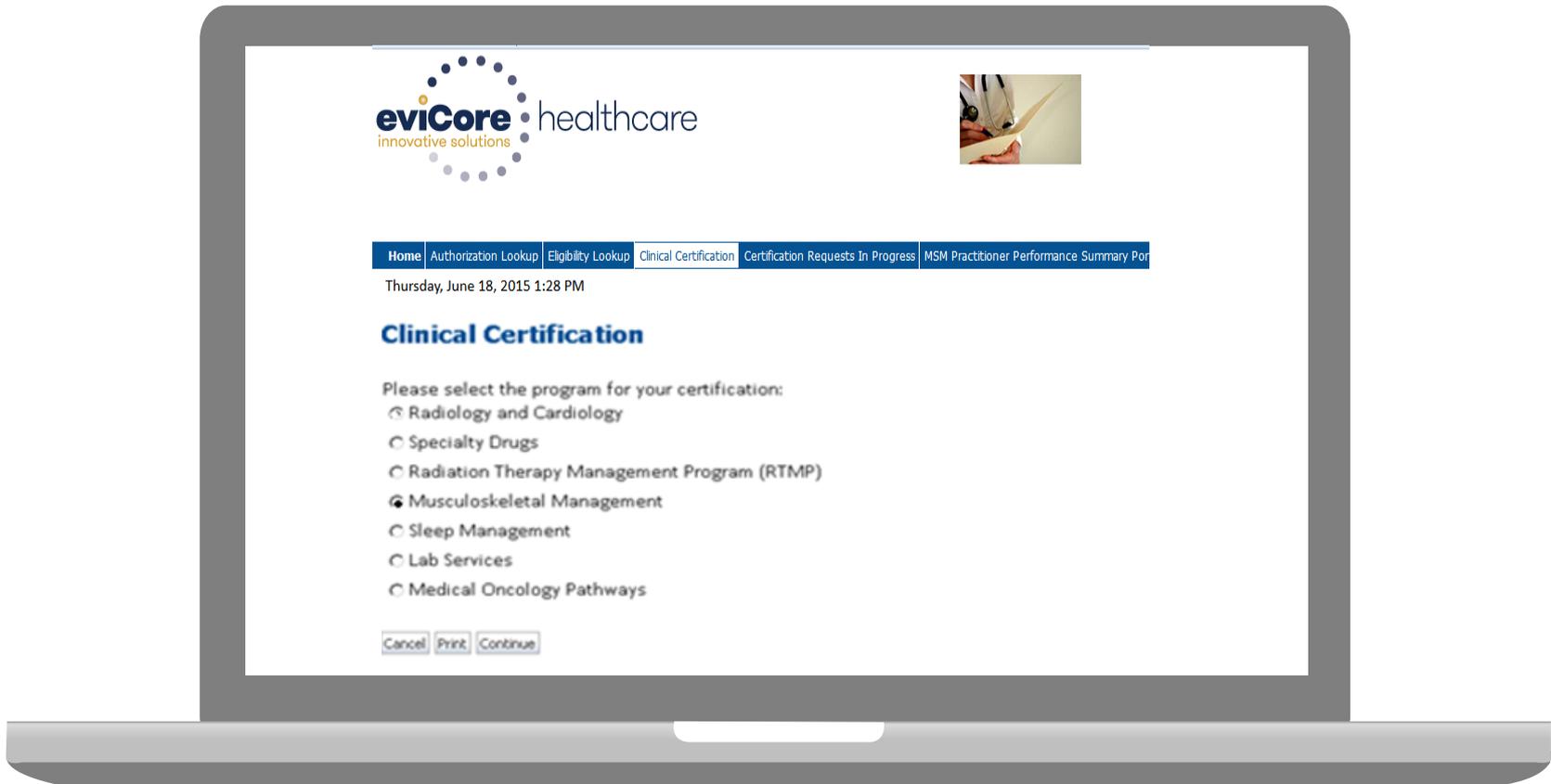
- Once you have selected a practitioner, your registration will be completed. You can then access the **“Manage Your Account”** tab to make any necessary updates or changes.
- You can also click **“Add Another Practitioner”** to add another provider to your account.

# Initiating a Case



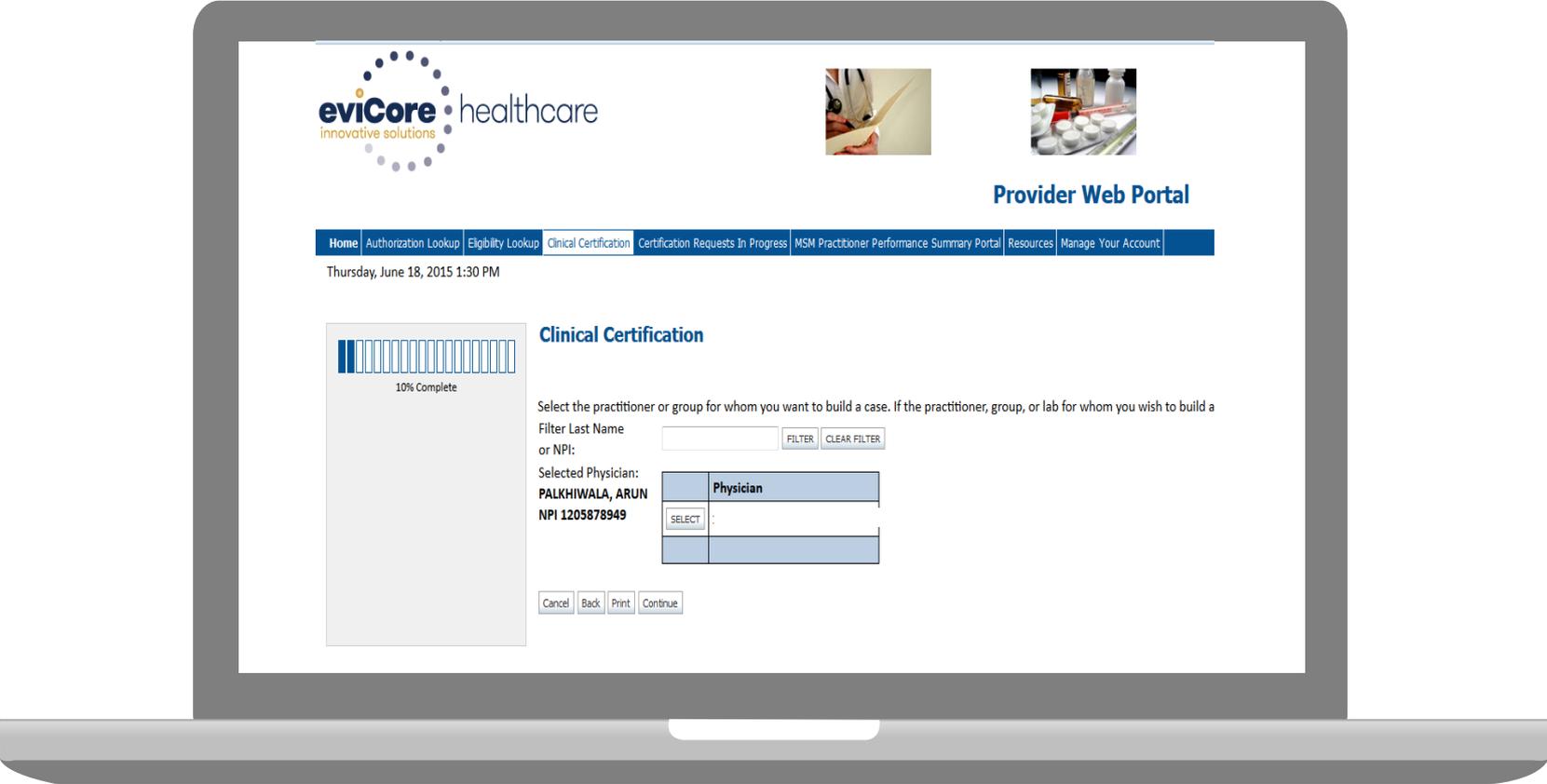
➤ Choose **“request a clinical certification/procedure”** to begin a new case request.

# Select Program



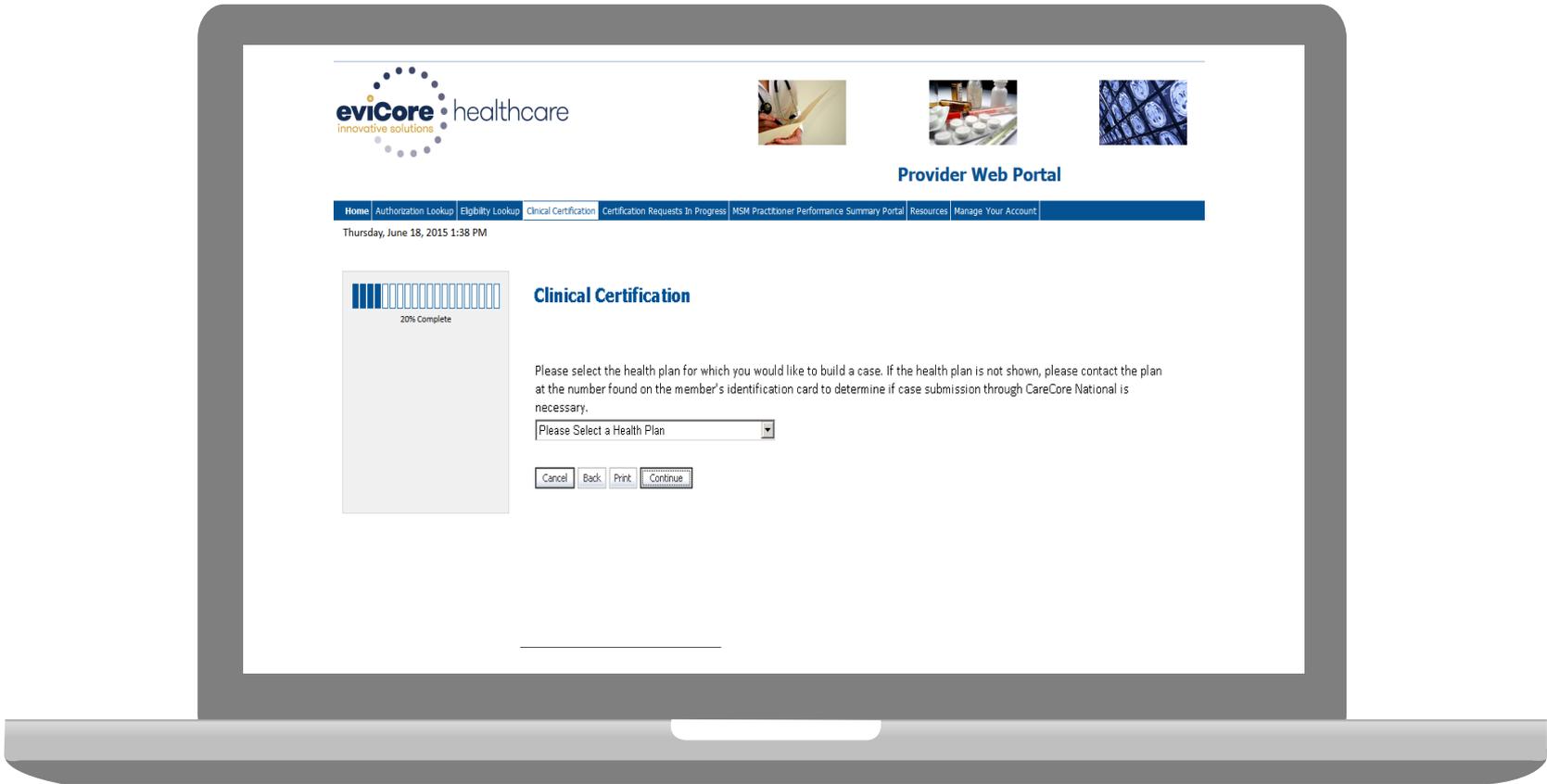
➤ Select the **Program** for your precertification.

# Select Provider



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

# Select Health Plan



➤ Choose the appropriate **Health Plan** for the precertification request.

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# **eviCore Web Portal Services Single Sign-on Process**

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# Online Precertification Requests – from the BCBSAZ Secure Portal

## Accessing the eviCore request tool from the BCBSAZ secure provider

The screenshot shows the BCBSAZ Secure Portal navigation menu. The 'Practice Management' menu is expanded, showing three columns of options. A red arrow points to the 'PRECERTIFICATION' section in the third column, which is highlighted in a white callout box. The callout box lists various links related to precertification requests, including 'BCBSAZ Members-Requests: eviCore'.

Practice Management ▲	Provider Resources ▼	Education & Training ▼	Population Health ▼
<b>ACCOUNT MANAGEMENT</b> Change Contact Information Change Password My Account Office User Management Provider Information Change Provider Management Sub Organization Management	<b>ELIGIBILITY &amp; BENEFITS</b> CHS Group Information Eligibility and Benefits Inquiry Eligibility and Benefits Results Member ID Prefix Lists My Patients List	<b>PHARMACY</b> Pharmacy Information	
<b>CLAIMS</b> Claim Status Inquiry Online Remits	<b>MEDICAL/DENTAL COVERAGE GUIDELINES</b> BCBSAZ Dental Coverage Guidelines BCBSAZ Medical Coverage Guidelines Out-of-area Medical Coverage Guidelines		
<b>COMMUNICATION</b> Provider Newsletter Provider Notices	<b>PCP COORDINATED CARE HMO PLANS</b> 2018 Provider Information 2019 Provider Guide Fax-Referrals/Precerts Request Online-Referrals/Precerts Request or View ⓘ PCP Panel Roster		

**PRECERTIFICATION**

- BCBSAZ Members-Precert Requirements
- BCBSAZ Members-Requests: **eviCore**
- BCBSAZ Members-Requests: PCP HMO
- BCBSAZ Members-Resources: eviCore
- BCBSAZ Members-Resources: Pharmacy
- BCBSAZ Members-Specialty Medication List
- BlueCard (out-of-area) Members
- CHS Group Members
- FEP Members
- Precertification Requests – Quick Guide

# Online Precertification Requests

## PRECERTIFICATION

BCBSAZ Members-Precert Requirements

BCBSAZ Members-Requests: **eviCore**

BCBSAZ Members-Requests: PCP HMO

BCBSAZ Members-Resources: eviCore

BCBSAZ Members-Resources: Pharmacy

BCBSAZ Members-Specialty Medication List

BlueCard (out-of-area) Members

CHS Group Members

FEP Members

Precertification Requests – Quick Guide



The screenshot shows a web browser window with a modal form titled "Enter Required Information". The form contains four input fields, each with a red asterisk indicating it is required:

- Tax ID \*:** A text input field with the placeholder text "Enter at least 3 characters" and a dropdown arrow on the right.
- Member ID \*:** A text input field with the placeholder text "Enter Member ID".
- Date of Birth \*:** A text input field with the placeholder text "MM/DD/YYYY".
- Service Type \*:** A dropdown menu with the placeholder text "Select Service Type" and a downward arrow.

At the bottom right of the form, there are two buttons: a red "Close" button and a grey "Submit" button. The browser's address bar shows "provider.portal" and the page number "0".

# Member not enrolled in eviCore precertification program

## PRECERTIFICATION

BCBSAZ Members-Precert Requirements

BCBSAZ Members-Requests: eviCore 

BCBSAZ Members-Requests: PCP HMO

BCBSAZ Members-Resources: eviCore

BCBSAZ Members-Resources: Pharmacy

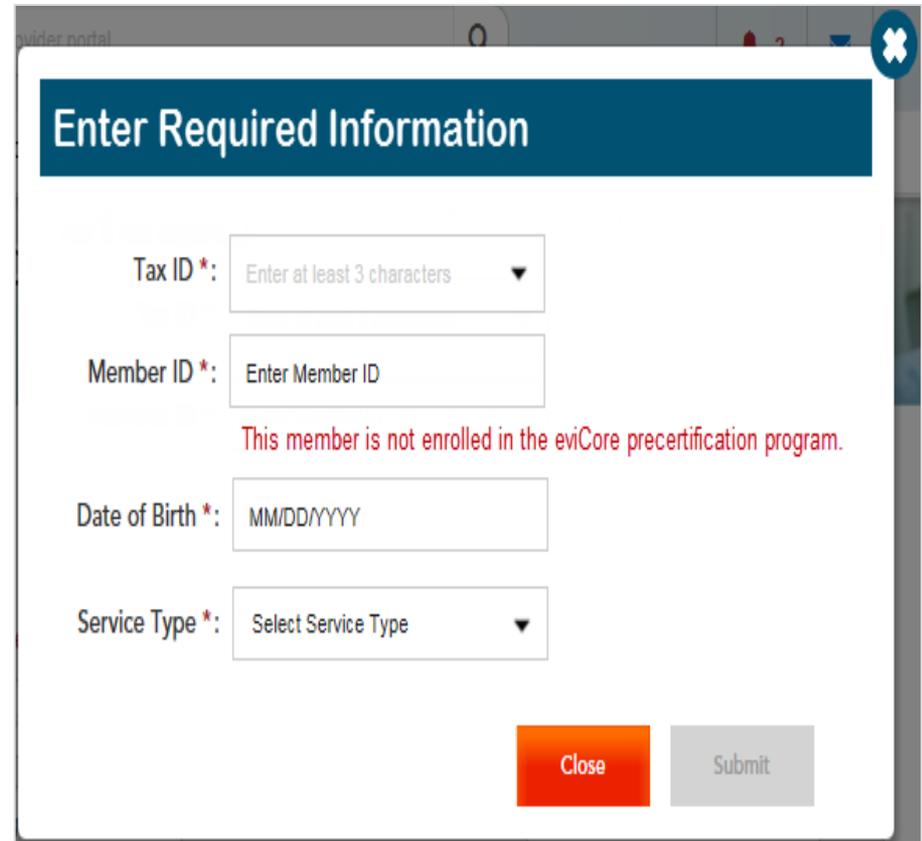
BCBSAZ Members-Specialty Medication List

BlueCard (out-of-area) Members

CHS Group Members

FEP Members

Precertification Requests – Quick Guide



quider portal

### Enter Required Information

Tax ID \*:

Member ID \*:

Date of Birth \*:

Service Type \*:

This member is not enrolled in the eviCore precertification program.

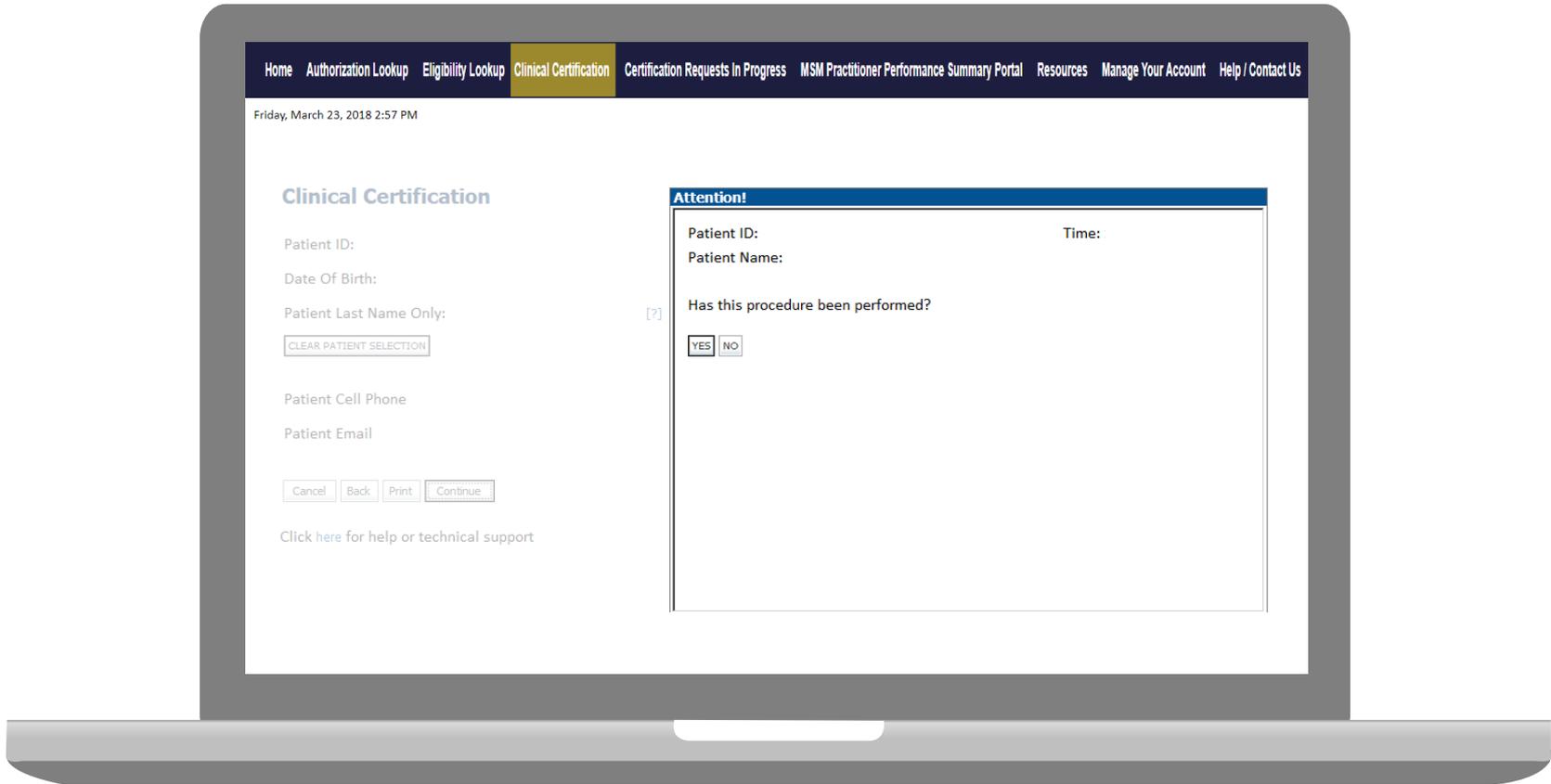
# Provider Verification / Contact Information

Verify the **Provider's name** and the appropriate information for the point of contact individual.



The screenshot displays a web application interface for 'Clinical Certification'. At the top, a navigation bar includes links for Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, Physician Orders, and Manage Your Account. Below the navigation bar, the date and time are shown as 'Tuesday, April 15, 2014 3:48 PM'. On the left side, there is a progress bar with 10 segments, 1 of which is filled, indicating '10% Complete'. Below the progress bar is a box labeled 'Physician' with an 'EDIT' button. The main content area is titled 'Clinical Certification' and contains several form fields: 'Physician's Name' (empty), 'Who to Contact' (Test Contact), 'Fax' ((655) 555-5555), 'Phone' ((655) 555-5556), 'Ext.' (empty), 'Cell Phone' ((122) 334-4596), and 'Email' (test@test.com). At the bottom of the form, there are buttons for 'Cancel', 'Back', 'Print', and 'Continue'. In the bottom right corner, there is a small text element 's reserved.' and a 'US' link.

# Procedure Information



➤ Verify if the procedure has already been performed.

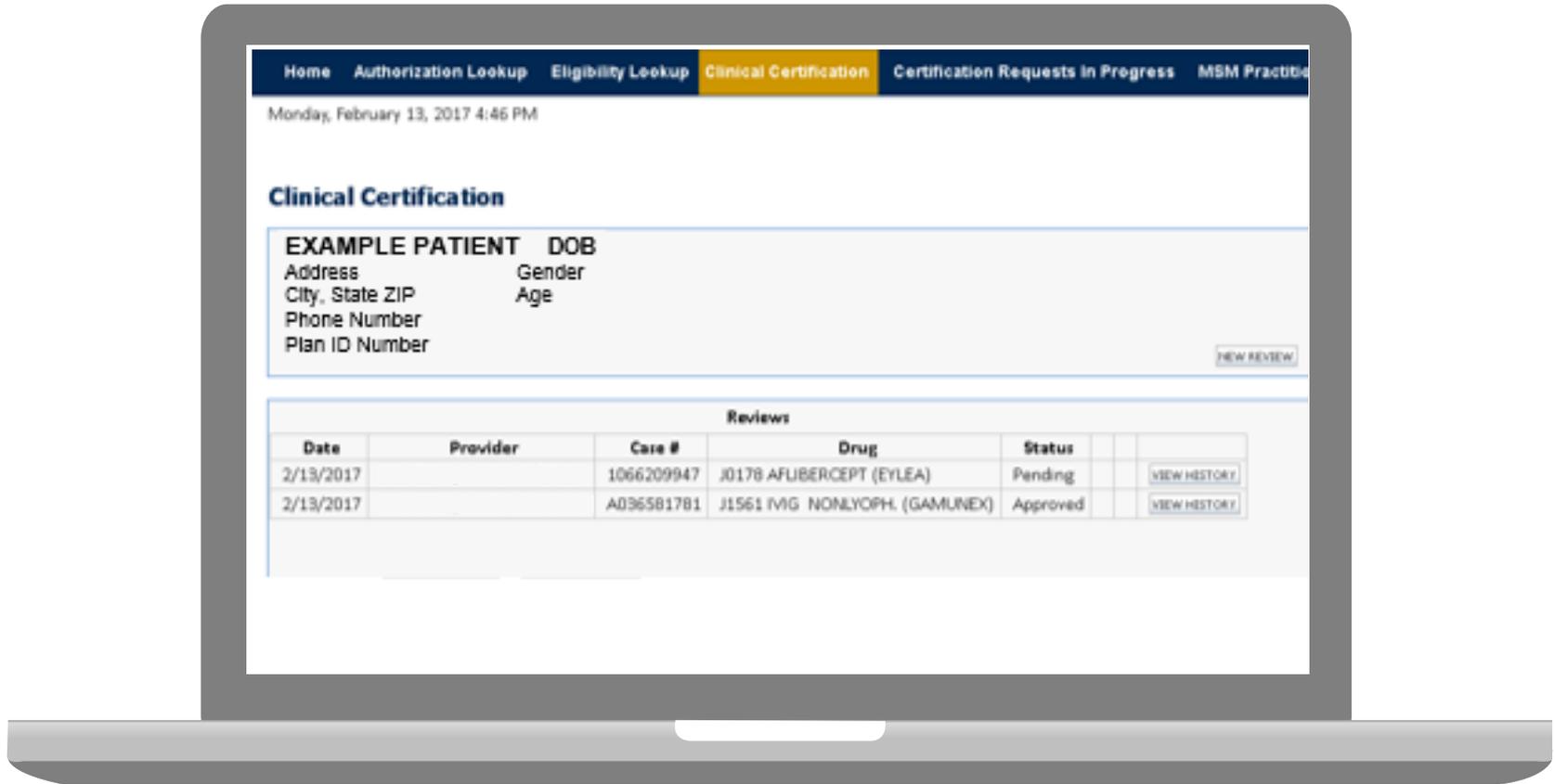
# Member Information

The screenshot shows a laptop screen with a web application titled "Clinical Certification". The application is divided into two main panels:

- New Patient Registration:** This panel contains four text input fields: "Member ID (no spaces or dashes)", "Date of Birth (MM/DD/YYYY)", "Last Name", and "First Name (optional)". Below these fields are two buttons: "SEARCH" and "CANCEL".
- Current Patients:** This panel features a "Filter by Physician:" dropdown menu, a "Choose an existing Patient:" text input field with the instruction "(Type here or Choose below)", a larger empty text area, and a "GO" button.

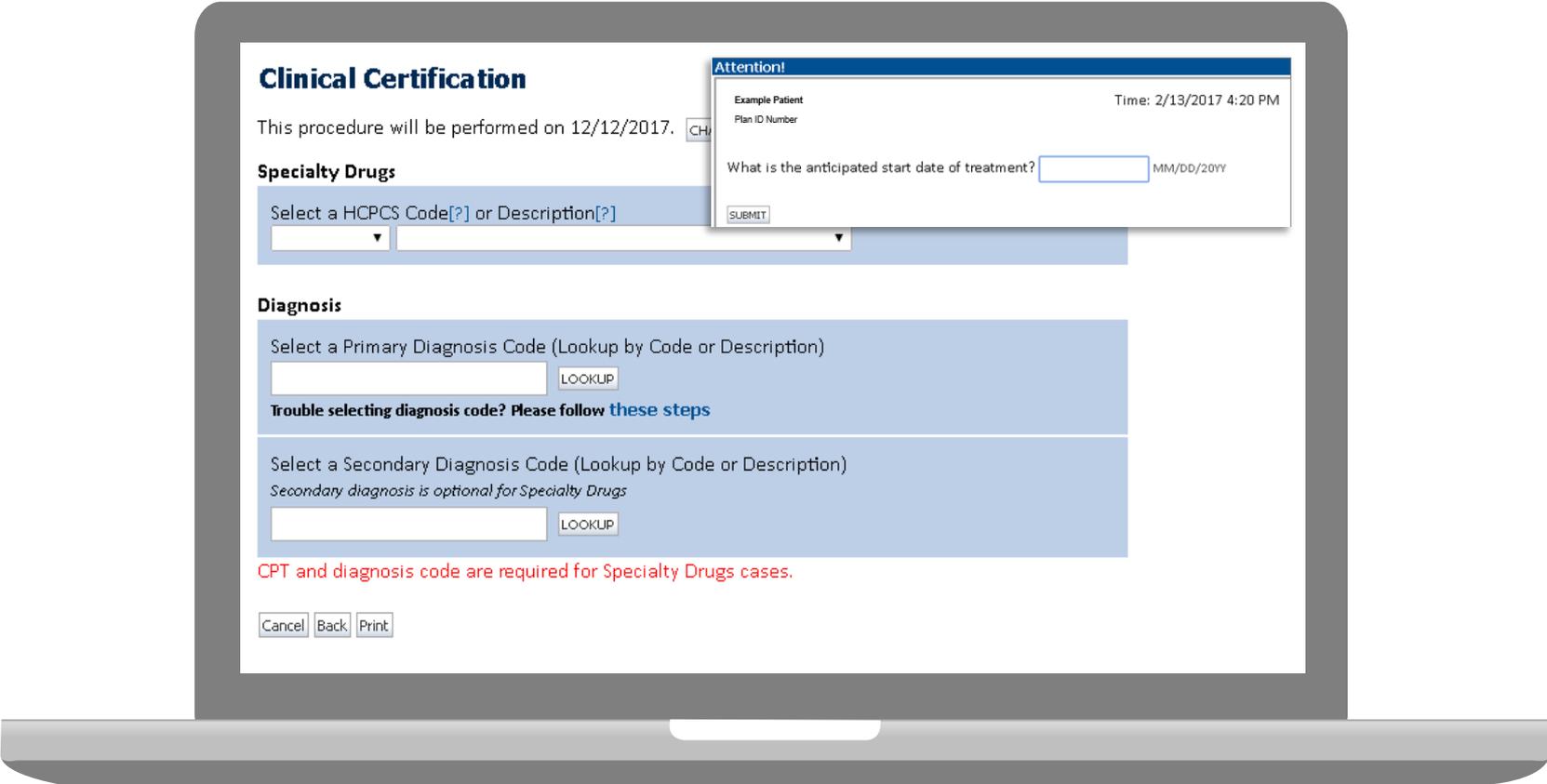
➤ New patients are registered, or current patients are selected from the drop down list.

# Member History

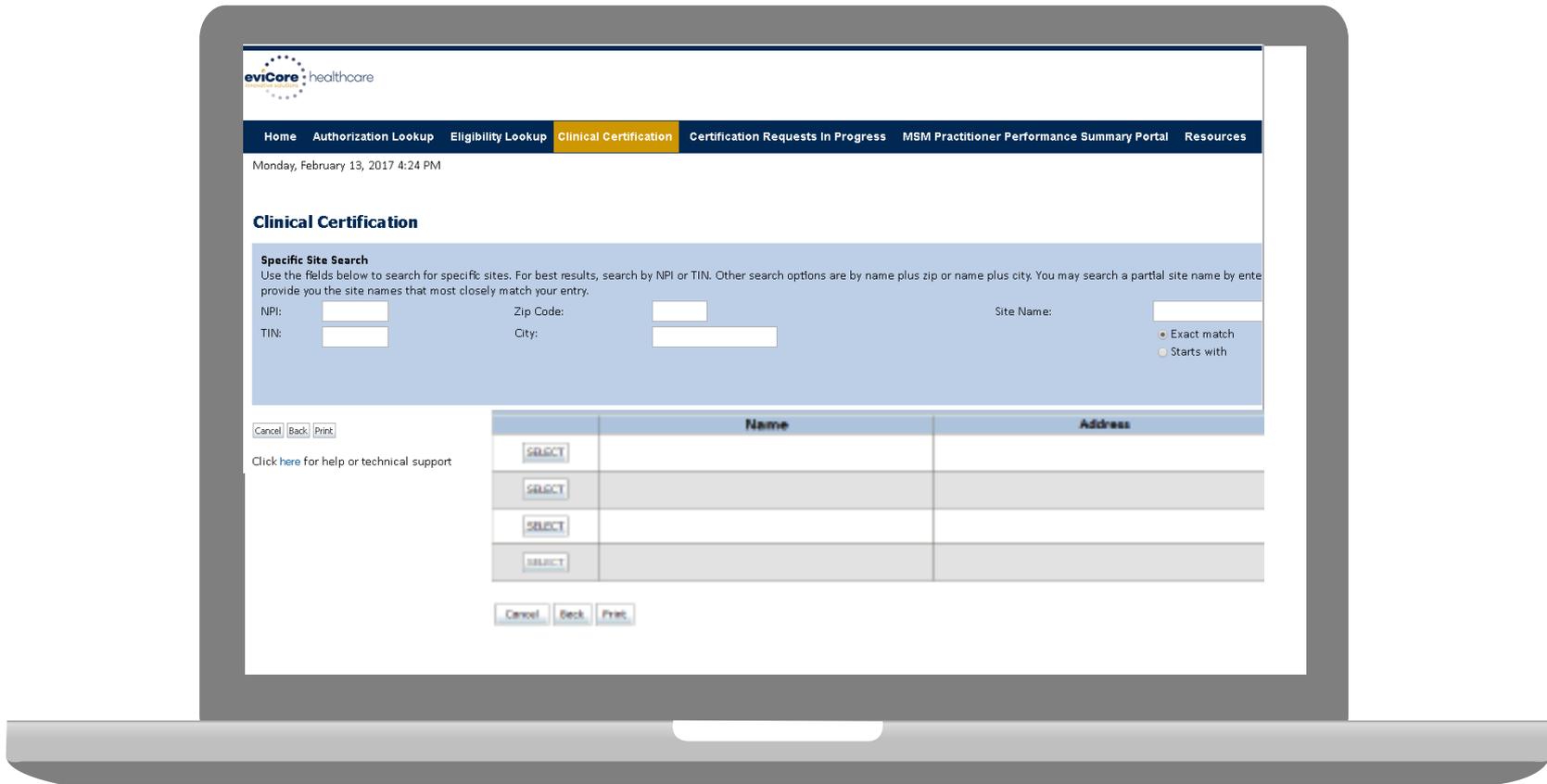


The Patient History Screen becomes the hub for all future requests or data relating to this patient. This includes a record of previous requests for services through eviCore, authorization numbers and dates, and clinical summaries based on the information provided through the request process.

# Clinical Details



# Site Selection



➤ If the ordering provider will not be billing for the drugs, you will have the opportunity to enter the rendering site information. Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process. You will not have the opportunity to make changes after that point.

# Urgent Requests

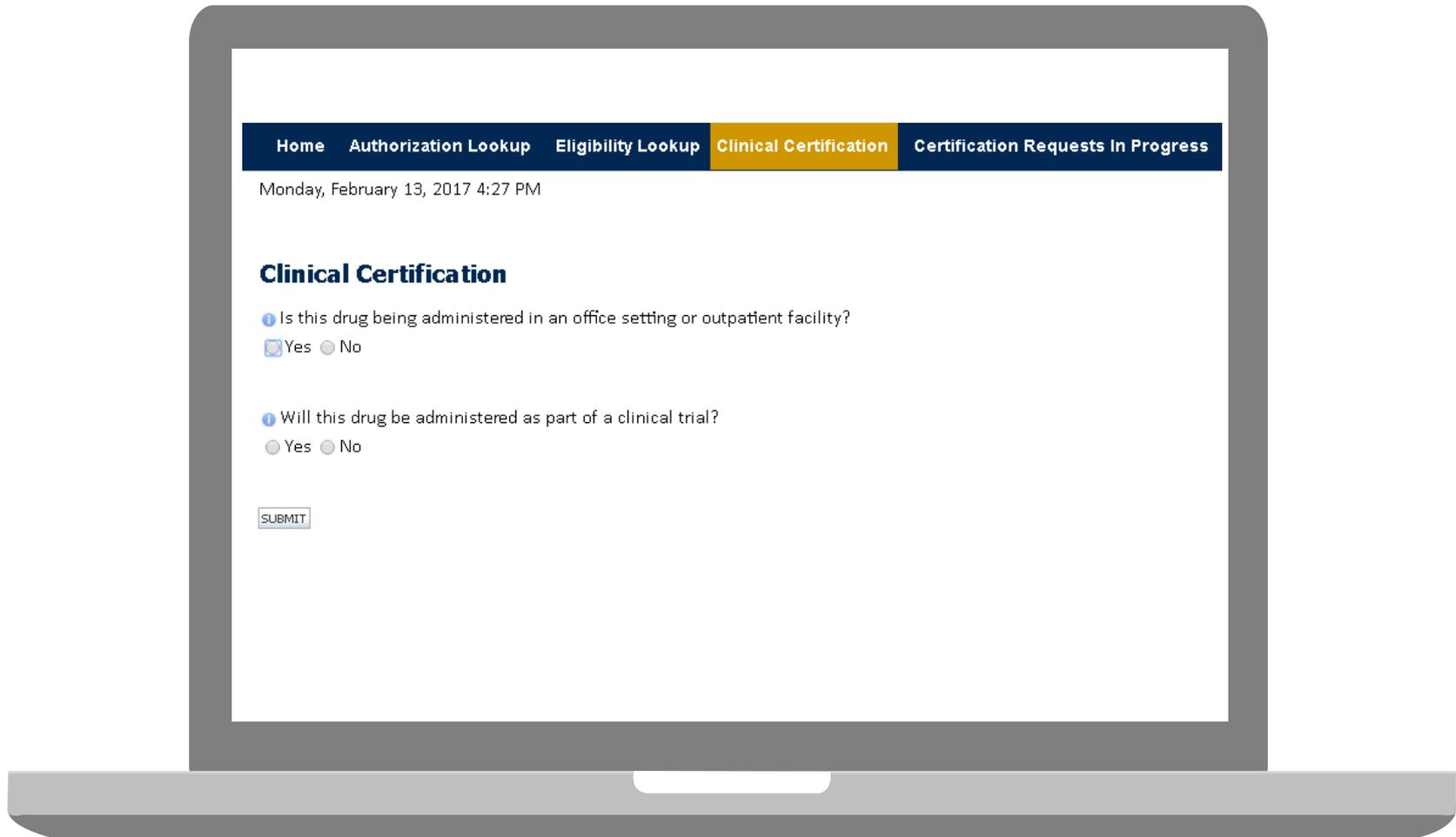
Select an Urgency Indicator and Upload your patient's relevant medical records that support your request.

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



You can upload up to **FIVE documents** in .doc, .docx, or .pdf format. Your case will only be considered Urgent if there is a successful upload.

# Clinical Pathway



The screenshot displays a web application interface for a clinical pathway. At the top, a navigation bar contains five items: 'Home', 'Authorization Lookup', 'Eligibility Lookup', 'Clinical Certification' (highlighted in yellow), and 'Certification Requests In Progress'. Below the navigation bar, the date and time 'Monday, February 13, 2017 4:27 PM' are shown. The main heading is 'Clinical Certification'. There are two questions with radio button options:

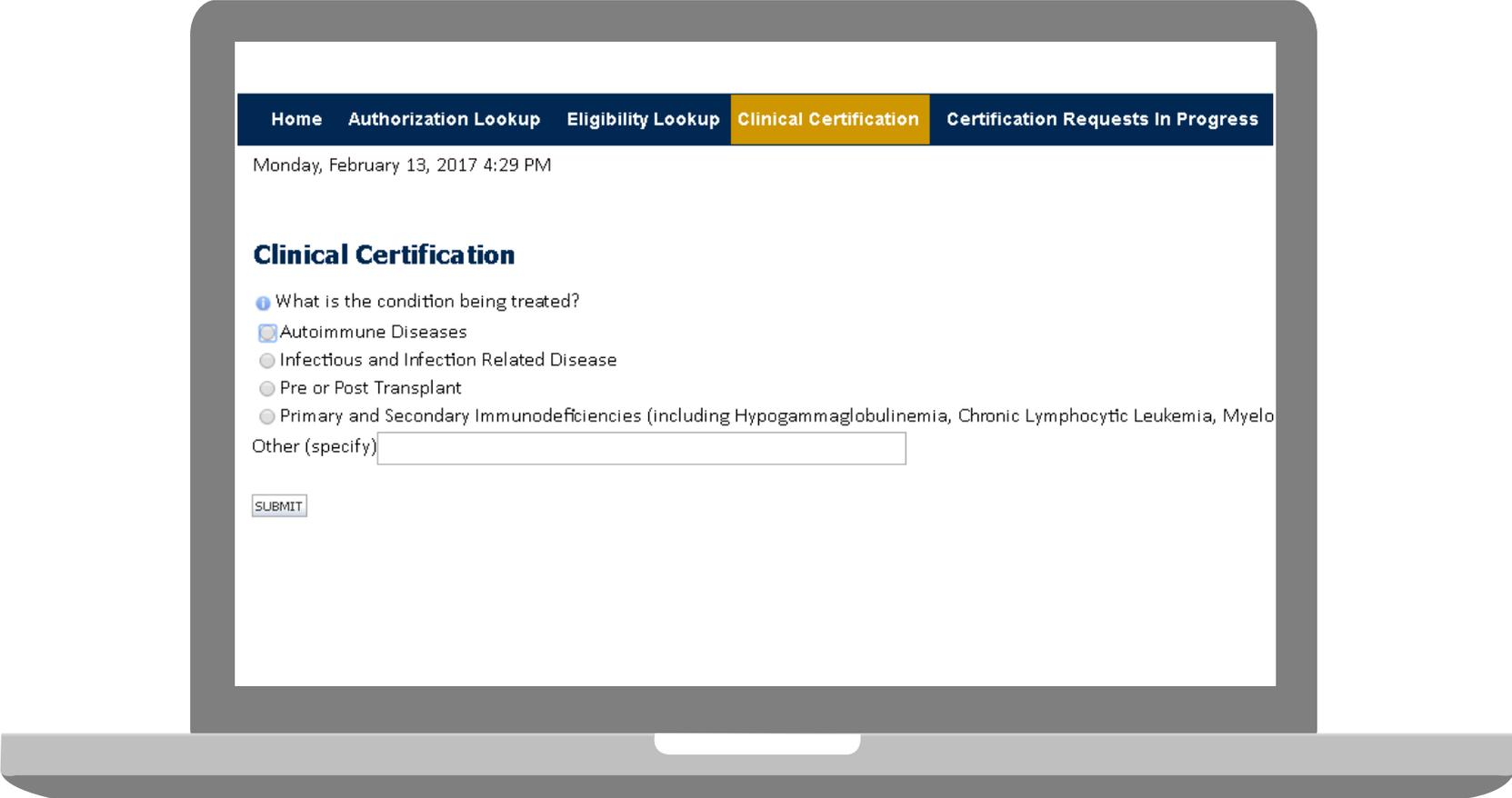
- 1 Is this drug being administered in an office setting or outpatient facility?  
 Yes  No
- 1 Will this drug be administered as part of a clinical trial?  
 Yes  No

A 'SUBMIT' button is located at the bottom of the form.

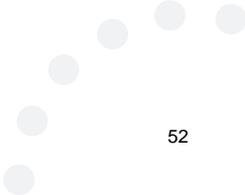


The clinical portion of the case build will present a series of questions to gather the minimum information necessary to evaluate the request.

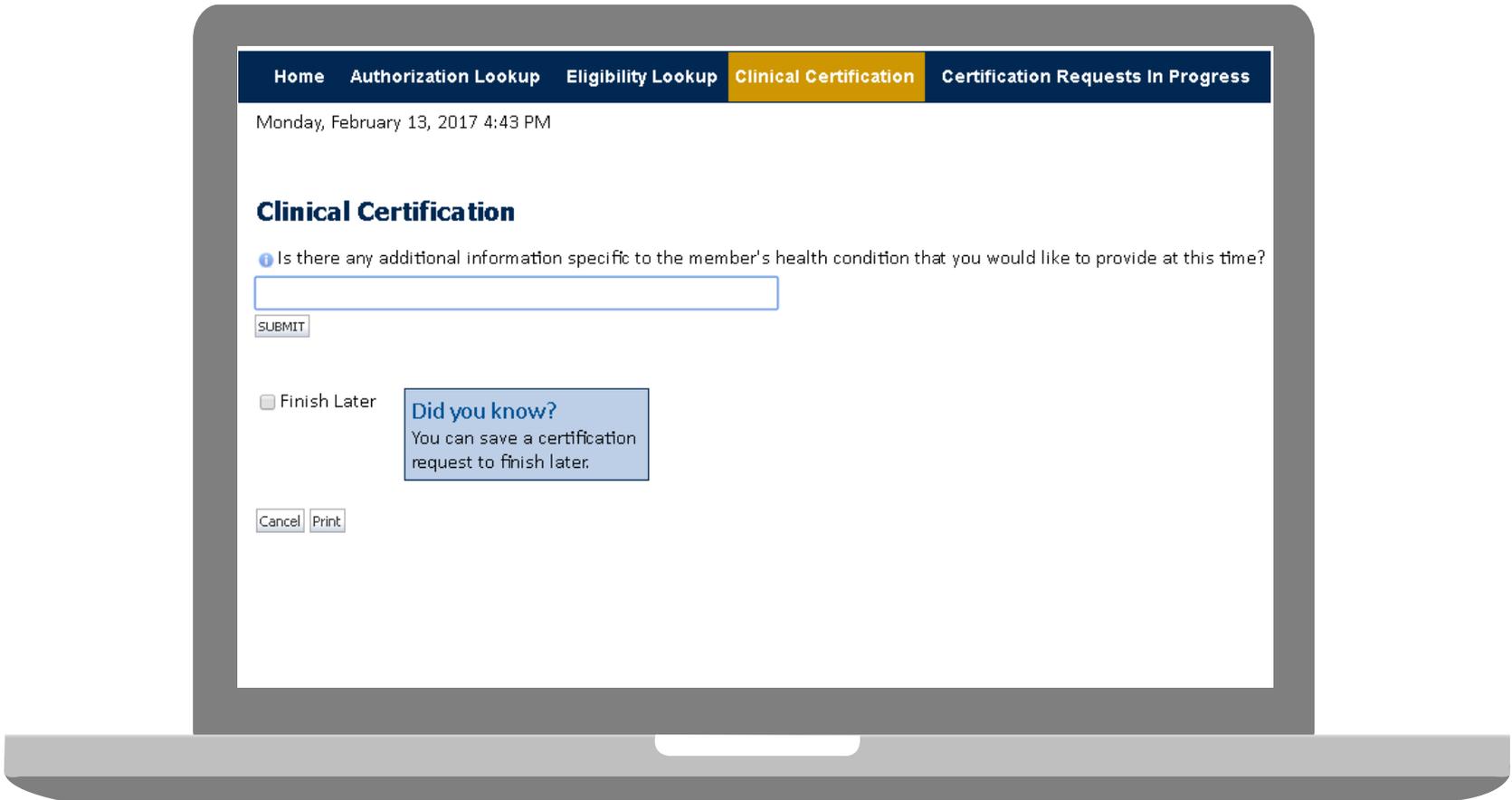
# Clinical Pathway



Provide answers for each of the questions.



# Clinical Pathway



The screenshot shows a web application interface for Clinical Certification. At the top, there is a navigation bar with five tabs: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted in yellow), and Certification Requests In Progress. Below the navigation bar, the date and time are displayed as "Monday, February 13, 2017 4:43 PM". The main heading is "Clinical Certification". Below this, there is a question: "Is there any additional information specific to the member's health condition that you would like to provide at this time?". A text input field is provided for the answer. Below the input field is a "SUBMIT" button. To the left of the input field, there is a checkbox labeled "Finish Later". To the right of the checkbox, there is a blue callout box with the text "Did you know? You can save a certification request to finish later." Below the checkbox and callout box, there are two buttons: "Cancel" and "Print".



At the conclusion of each survey, you will have the opportunity to provide any other clinical details that may be useful in reviewing your request.

# Clinical Pathway

The screenshot shows a web application interface for Clinical Certification. At the top, there is a navigation bar with five tabs: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted in yellow), and Certification Requests In Progress. Below the navigation bar, the date and time are displayed as "Monday, February 13, 2017 4:31 PM". The main heading is "Clinical Certification". Below this, there is a question: "What is the condition being treated?". A dropdown menu is open, showing "Enteroviral meningoencephalitis" selected. To the right of the dropdown is a text input field labeled "Other (specify)". Below the dropdown is a "SUBMIT" button. To the left of the "SUBMIT" button is a checkbox labeled "Finish Later", which is highlighted in yellow. To the right of the checkbox is a blue box with the text "Did you know? You can save a certification request to finish later." Below the checkbox and the blue box are "Cancel" and "Print" buttons. At the bottom, there is a link: "Click [here](#) for help or technical support".



You may pause any case in progress and return at a later time to provide the needed clinical information.

# Approval

## Clinical Certification

Approved for the treatment of the indicated condition.

Provider Name:

Contact:

Provider Address:

Phone  
Number:  
Fax  
Number:

Patient Name:

Patient Id:

Insurance Carrier:

Site Name:

Site ID:

Site Address:

Primary Diagnosis Code: C18.9

Description: Malignant neoplasm of colon, unspecified

Secondary Diagnosis Code:

Description:

Date of Service: 12/12/2017

CPT Code: J1561

Description: IVIG NONLYOPH. (GAMUNEX)

Authorization Number:

Review Date: 2/13/2017 4:27:39 PM

Expiration Date: 3/12/2018

Status: Approved for the treatment of the indicated condition.

- Requests that meet clinical criteria will generate an immediate approval.
- No further action is needed unless the treatment needs to be changed due to disease progression or other clinical factors.

# Additional Review Required

## Clinical Certification

Your case has been sent to Medical Review.

Provider Name:

Contact:

Provider Address:

Phone

Number:

Fax

Number:

Patient Name: DARYL VACCA

Patient Id:

Insurance Carrier: PLAN-X

Site Name:

Site ID:

Site Address:

Primary Diagnosis Code: C18.9

Description: Malignant neoplasm of colon, unspecified

Secondary Diagnosis Code:

Description:

Date of Service: 12/12/2017

CPT Code: J1561

Description: IMG NONLYOPH. (GAMUNEX)

Authorization Number:

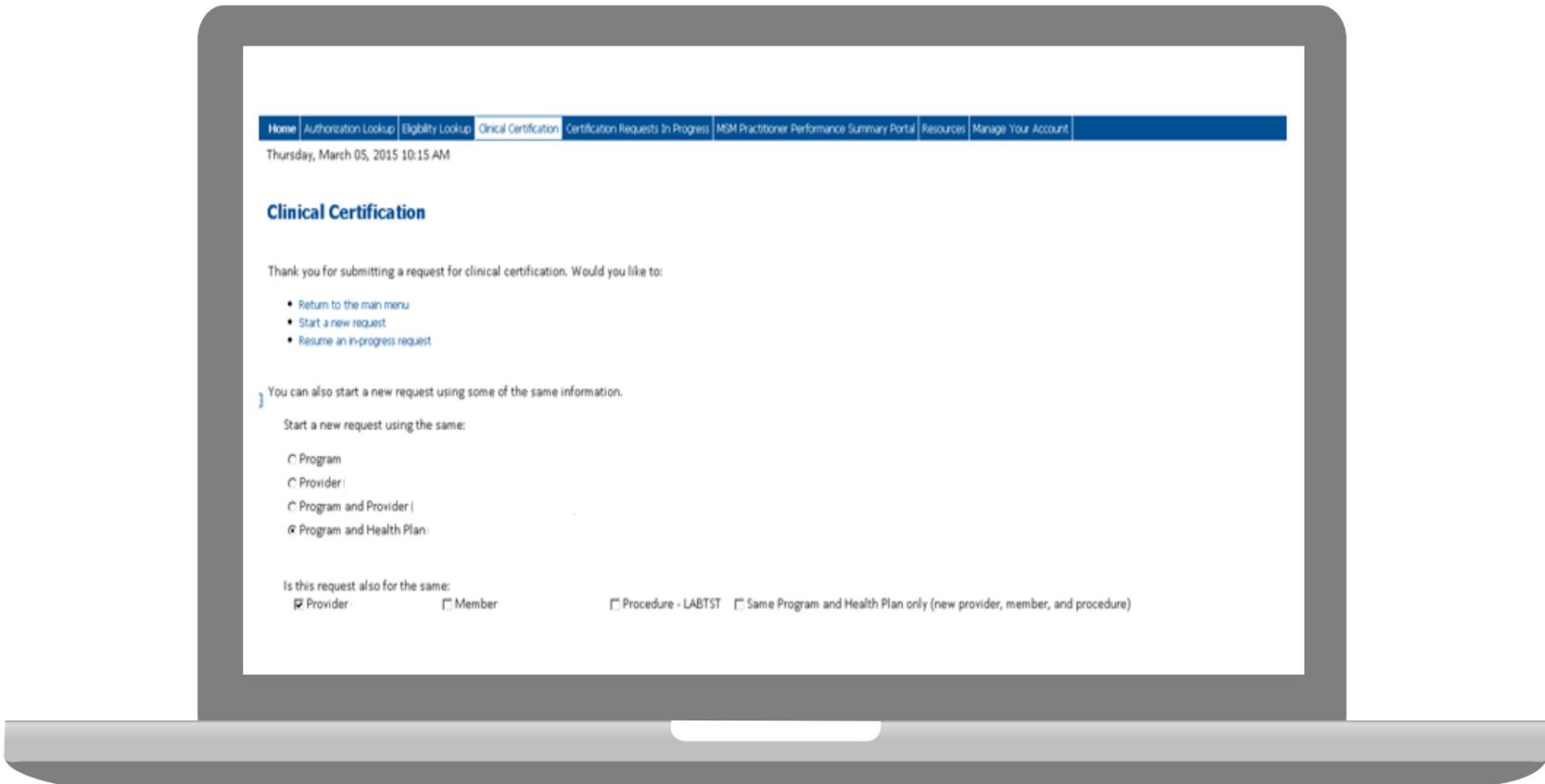
Review Date: 2/13/2017 4:27:39 PM

Expiration Date:

Status:

- Requests that do not meet clinical criteria based on the information submitted will be receive further review.
- eviCore may contact you by phone and fax to obtain additional information or clarification if needed
- All reviews are completed within 2 business days of receiving complete clinical information.

# Next Steps



Once a case has been submitted for clinical certification, you can return to the **Main Menu**, **resume an in-progress request**, or **start a new request**. You're even able to indicate if any of the previous case information will be needed for the new request.

# Precertification Look Up



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

Tuesday, November 22, 2016 2:30 PM

## Authorization Lookup

### New Security Features Implemented

**Search by Member Information**

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:   
MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:

**Search by Authorization Number/ NPI**

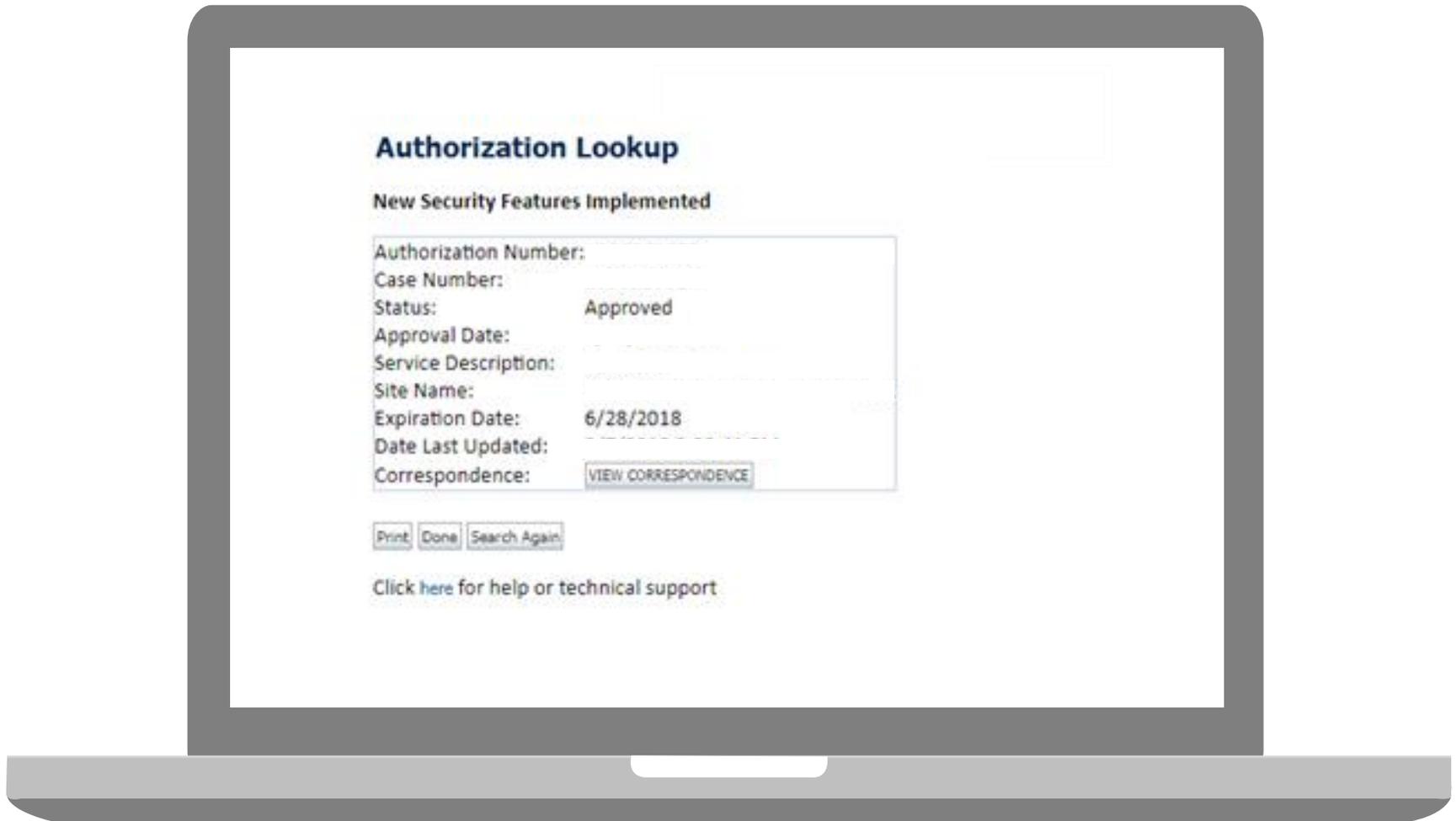
REQUIRED FIELDS

Provider NPI:

Auth/Case Number:

- Select Search by **Authorization Number/NPI**. Enter the provider's NPI and authorization or case number. Select **Search**.
- You can also search for an authorization by **Member Information**, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.

# Precertification Status



The authorization will then be accessible to review. To print authorization correspondence, select **View Correspondence**.

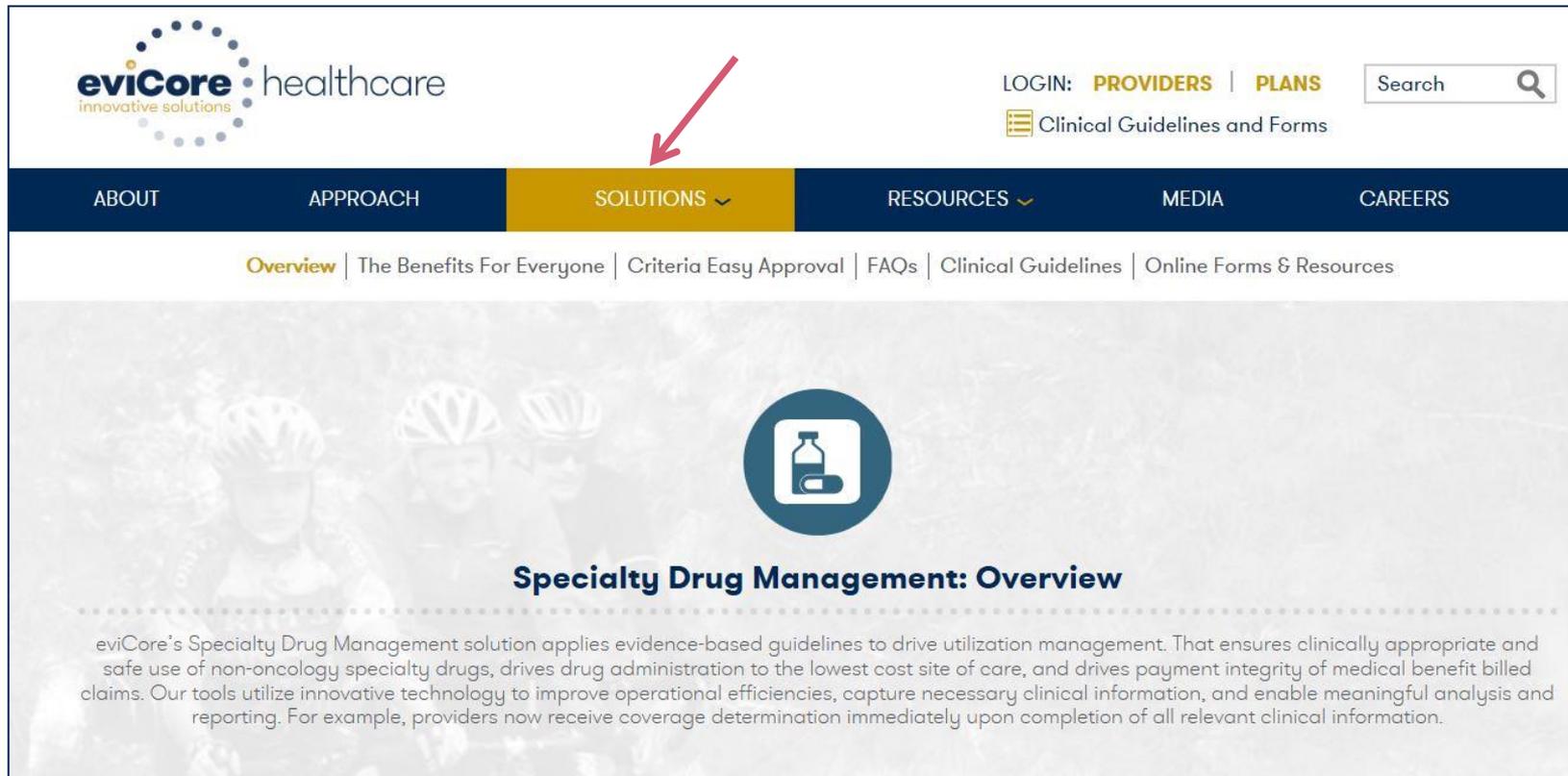
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# eviCore Provider Resources



# Specialty Drug Online Resources

Clinical Guidelines, FAQ's, and other important resources can be accessed at [www.evicore.com](http://www.evicore.com). Click **“Solutions”** from the menu bar, and select **Specialty Drug Management**.



The screenshot displays the eviCore healthcare website interface. At the top left is the logo for eviCore healthcare, with the tagline 'innovative solutions'. To the right of the logo, there are links for 'LOGIN: PROVIDERS | PLANS' and a search bar. Below the search bar is a link for 'Clinical Guidelines and Forms'. The main navigation menu is located below the header, with 'SOLUTIONS' highlighted in yellow and a red arrow pointing to it. Other menu items include 'ABOUT', 'APPROACH', 'RESOURCES', 'MEDIA', and 'CAREERS'. Below the navigation menu is a sub-menu with links for 'Overview', 'The Benefits For Everyone', 'Criteria Easy Approval', 'FAQs', 'Clinical Guidelines', and 'Online Forms & Resources'. The main content area features a large image of three cyclists, a circular icon of a medicine bottle, and the heading 'Specialty Drug Management: Overview'. Below the heading is a paragraph of text describing the solution.

eviCore's Specialty Drug Management solution applies evidence-based guidelines to drive utilization management. That ensures clinically appropriate and safe use of non-oncology specialty drugs, drives drug administration to the lowest cost site of care, and drives payment integrity of medical benefit billed claims. Our tools utilize innovative technology to improve operational efficiencies, capture necessary clinical information, and enable meaningful analysis and reporting. For example, providers now receive coverage determination immediately upon completion of all relevant clinical information.

# Provider Resources: Precertification Support Line



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

**7:00 AM - 7:00 PM (Local Time): 1 (866) 743-9630**

- Request precertification or check the status of an existing case
- Discuss questions regarding precertifications and case decisions
- Change facility or CPT Code(s) on an existing case

# Provider Resources: Web-based Services



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

Questions about the eviCore provider portal?

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

- Request precertifications and check case status online – 24/7
- Pause/Start feature to complete initiated cases
- Upload electronic PDF/word clinical documents

# Provider Resources: Client Provider Operations



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

To reach *eviCore Client Services*, call (800) 575-4517 (Option #3) or email [clientservices@evicore.com](mailto:clientservices@evicore.com)

- Further research of individual case decisions
- Help identify denial trends
- Issues experienced during case creation
- Request for information to be re-sent to BCBSAZ

# Provider Resources: Customized Provider Resource Page



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

Blue Cross Blue Shield of Arizona provider resource site - includes all program documents:

[evicore.com/healthplan/azblue](http://evicore.com/healthplan/azblue)

- Provider eLearning
- CPT code list of the procedures that require precertification
- Quick Reference Guide for eviCore Solutions→BCBSAZ Precert
- eviCore clinical guidelines
- FAQs and other helpful resources

You can obtain a copy of these slides on the provider resource site listed above. If you are unable to locate the eLearning file, please contact the Client Provider Operations team at [ClientServices@evicore.com](mailto:ClientServices@evicore.com).

# Customized Provider Resource Page at [evicore.com/healthplan/azblue](https://evicore.com/healthplan/azblue)



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

Search



Clinical Guidelines and Forms

PROVIDER SHORTCUTS ▾

HOME ABOUT APPROACH SOLUTIONS ▾ RESOURCES ▾ INSIGHTS CAREERS CONTACT

## Blue Cross<sup>®</sup> Blue Shield<sup>®</sup> of Arizona Provider Resources



An Independent Licensee of the Blue Cross and Blue Shield Association

eviCore healthcare will provide precertification services for most Blue Cross Blue Shield of Arizona (BCBSAZ) members with dates of service January 1, 2019, and beyond, for the following medical services and medications delivered in locations other than facility inpatient:

**Cardiology & Radiology:** high-tech imaging

**Lab Management:** genetic testing

**Medical Oncology:** infused drugs, supportive agents, companion diagnostics/personalized medicine

**Radiation Therapy:** clinical and non-clinical modalities

**Specialty Drug Management:** drugs covered under medical benefits administered by healthcare professionals

Questions? Contact BCBSAZ Provider Assistance at  
(602) 864-4320 or 1 (800) 232-2345

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**Thank You!**

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**BlueCross  
BlueShield  
of Arizona**

An Independent Licensee of the Blue Cross and Blue Shield Association