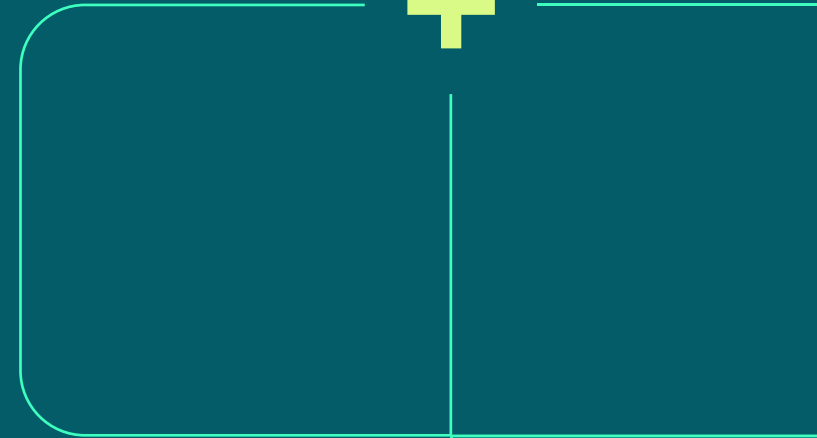


Lab Management

Provider Orientation for Priority Health



Agenda



Solutions Overview

Lab Management

Submitting Requests

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

EviCore Provider Portal

Overview, Features & Benefits

Provider Resources

Questions & Next Steps

Appendix

Solution Overview

Priority Health Prior Authorization Services

EviCore will begin accepting requests on September 5, 2018.

Applicable Membership

- Commercial
- Medicaid
- Medicare

Prior authorization applies to the following services

- Outpatient
- Elective/Non-emergent

Prior authorization does NOT apply to services performed in

- Emergency Rooms
- Observation Services
- Inpatient Stays



It is the responsibility of the ordering provider to request prior authorization approval for services.

Lab Management Solution

Covered Services

- Hereditary Cancer Syndromes
- Carrier Screening Tests
- Tumor Marker / Molecular Profiling
- Immunohistochemistry (IHC)
- Hereditary Cardiac Disorders
- Cardiovascular Disease and Thrombosis Risk Variant Testing
- Pharmacogenomics Testing
- Neurologic Disorders
- Mitochondrial Disease Testing
- Intellectual Disability / Developmental Disorders

To find a list of CPT codes that require prior authorization through EviCore, please visit:

<https://www.evicore.com/resources/healthplan/priority-health>



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

Submitting Requests

How to Request Prior Authorization

The EviCore Provider Portal is the easiest, most efficient way to request clinical reviews and check statuses.

- **Save time:** Quicker process than requests by phone or fax.
- **Available 24/7.**
- **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 supporting clinical documentation; it can be uploaded on the portal.
- **View and print determination information:** Check case status in real time.
- **Dashboard:** View all recently submitted cases.
- **E-notification:** Opt to receive email notifications when there is a change to case status.
- **Duplication feature:** If you are submitting more than one request, you can duplicate information to expedite submissions.

To access the EviCore Provider Portal, visit www.EviCore.com



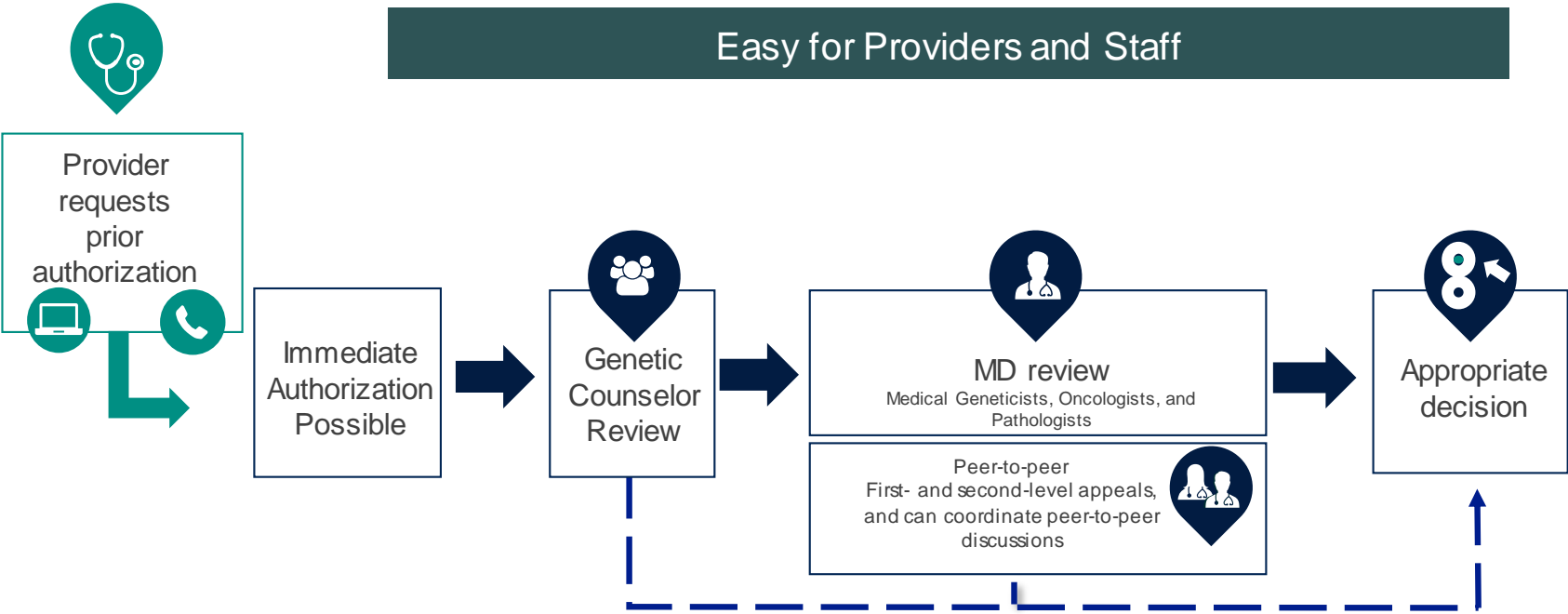
Phone: 844-303-8456

Monday – Friday
7 AM – 7 PM (local time)

Fax: 800-540-2406

Utilization Management | Prior Authorization Process

Recommend Prior Authorization on Approximately 398 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
- Phone Number (If Applicable)

Ordering Physician Information

- First and Last Name
- Practice Address
- Individual 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

Insufficient Clinical | Additional Documentation Needed

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 faxed to the requesting provider requesting additional documentation.

The provider must submit the additional information to EviCore.

EviCore will review the additional documentation and reach a determination.

The hold letter will inform the provider about what clinical information is needed as well as the **date by which it is needed**.

Requested information must be received within the timeframe as specified in the hold letter, or EviCore will render a determination based on the original submission.

Determination notifications will be sent.

Pre-Decision Options | Medicare Members

I've received a request for additional clinical information. What's next?

Before a denial decision is issued on Medicare cases, EviCore will notify providers telephonically and in writing. From there, additional clinical information must be submitted to EviCore in advance of the due date referenced.

There are three ways to supply the requested information:

1. **Fax to 800-540-2406.**
2. **Upload** directly into the case via the provider portal at [EviCore.com](https://www.EviCore.com).
3. **Request a Pre-Decision Clinical Consultation.**
This consultation can be requested via the EviCore website, and must occur prior to the due date referenced in the notification.

PLEASE NOTE: If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is not held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed.

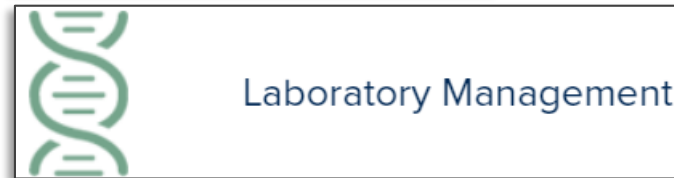
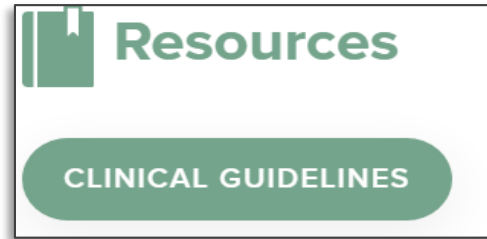
Once the determination is made, notifications will go to the provider and member, and status will be available on [EviCore.com](https://www.EviCore.com).



Clinical Guidelines

How to access our Guidelines:

1. Go to www.evicore.com and select the 'Resources' drop down menu on the far right hand side of your browser.
2. Then select the 'Clinical Guidelines' button to be directed to the main clinical guidelines page.
3. Scroll down and select the **Laboratory Management** solution.
4. Type in desired health plan in the 'Search Health Plan' search bar and press enter.
5. Select the appropriate guideline specific to the requested test(s).
6. Examples:
 - Specific genetic testing
 - Molecular and genomic testing
 - Huntington Disease testing



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

Health-Plan-Specific Guidelines

- Current, future, and archived lists and guidelines are found here.
- You can select the entire code list or the health plan specific policy book.
- Shown here is an example of the **Administrative Guidelines** you will find on our resource site.
- There are also lab guidelines for clinical use and test-specific guidelines on our resource site. (not shown on this screen)

CURRENT	FUTURE	ARCHIVED
---------	--------	----------

Code Lists

Lab Management Code List

Guidelines

Commercial Lab Policy Book
Effective 07/01/2020

ADMINISTRATIVE

Date of Service and Effective Date of the Authorization Period Effective 07/01/2020	Molecular Pathology Tier 2 Molecular CPT Codes Effective 07/01/2020
Information Requirements for Medical Necessity Review Effective 07/01/2020	Unique Test Identifiers for Non-Specific Procedure Codes Effective 07/01/2020

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

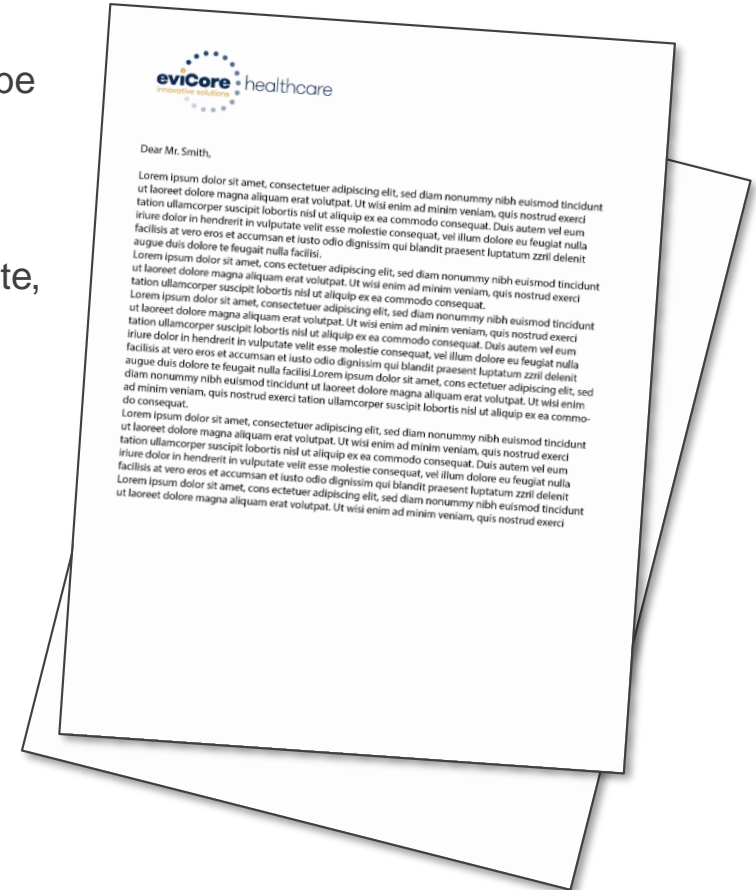
Prior Authorization Outcomes

Determination Outcomes:

- **Approved Requests:** Authorizations are valid for **90 calendar days** from the date of approval.
- **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, including denied Site of Care (if applicable).
- **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.

Notifications:

- Authorization letters will be faxed to the ordering provider.
- Web initiated cases will receive e-notifications when a user opts to receive.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the EviCore portal: www.EviCore.com



Special Circumstances

Retrospective (Retro) Authorization Requests

- Must be submitted within **360 calendar days** from the date of service.
- Reviewed for clinical urgency and medical necessity.
- Retro requests are processed within **30 calendar days** after receiving all necessary information.
- When authorized, the start date will be the submitted date of service.

Urgent Prior Authorization Requests

- EviCore uses the NCQA/URAC definition of **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 cases are typically reviewed within 24 to 72 hours.



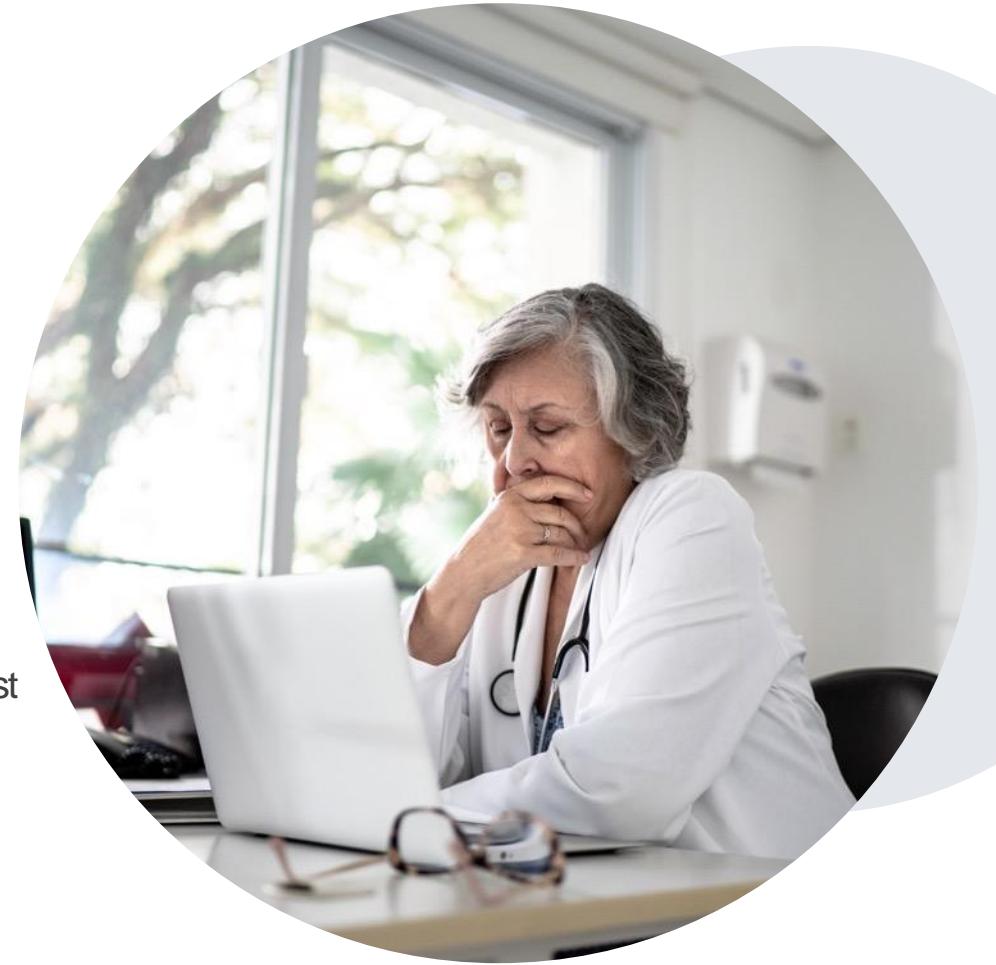
Special Circumstances

Alternative Recommendations

- 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.
- Providers have up to **14 calendar days** to contact EviCore to accept the alternative recommendation.

Authorization Update

- If updates are needed on an existing authorization, you can contact EviCore by phone at **844-303-8456**.
- 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 | Commercial & Medicaid Members

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 **844-303-8456** to speak with an agent who can provide available option(s) and instruction on how to proceed.

Alternatively, select **All Post Decisions** under the **Authorization Lookup** function on [EviCore.com](https://www.evicore.com) to see available options.

Reconsiderations

- Providers can request a reconsideration review.
- Reconsiderations must be requested within **14 calendar days** after the determination date.
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an EviCore physician.

Appeals

- EviCore will process first-level appeals for **commercial members only**. Please refer to the denial letter for instructions.
- Appeal requests must be submitted to EviCore within **120 calendar days** from the initial determination.



Post-Decision Options | Medicare Members

My case has been denied. What's next?

Clinical Consultation

- Providers can request a Clinical Consultation with an EviCore physician to better understand the reason for denial.
- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation.

Reconsideration

- Medicare cases **do not** include a reconsideration option.

Appeals

- EviCore **will not** process first-level appeals for Medicare members.



EviCore Provider Portal

EviCore Provider Portal | Features

Eligibility Lookup

- Confirm if patient requires clinical review

Clinical Certification

- Request a clinical review for prior authorization on the portal

Prior Authorization Status Lookup

- View and print any correspondence associated with the case
- Search by member information OR by case number with ordering national provider identifier (NPI)
- Review post-decision options, submit appeal, and schedule a peer-to-peer

Certification Summary

- Track recently submitted cases



EviCore Provider Portal | Access and Compatibility

Most providers are already saving time submitting clinical review requests online vs. telephone.

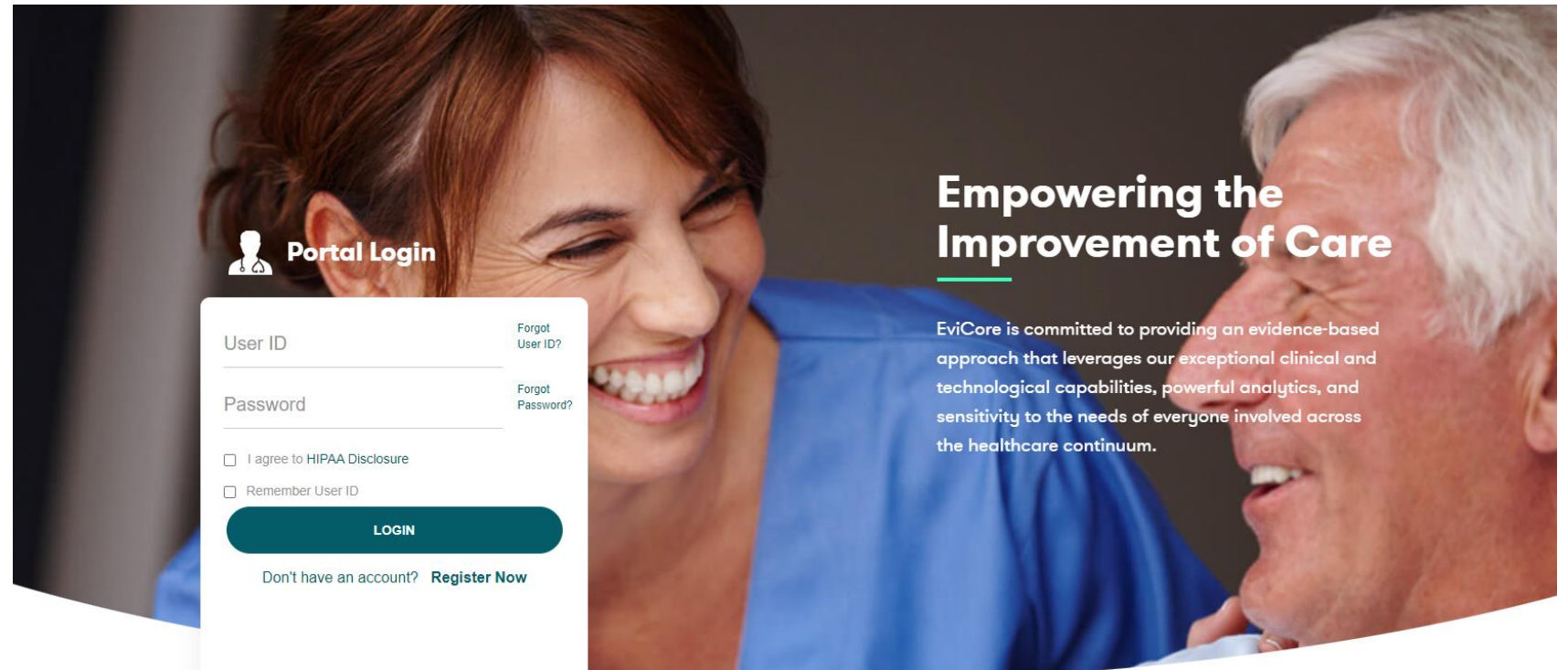
To access resources on the EviCore Provider Portal, visit EviCore.com/provider

Already a user?

Log in with User ID & Password.

Don't have an account?

Click **Register Now**.



Empowering the Improvement of Care

EviCore is committed to providing an evidence-based approach that leverages our exceptional clinical and technological capabilities, powerful analytics, and sensitivity to the needs of everyone involved across the healthcare continuum.

EviCore's website is compatible with **all web browsers**. If you experience issues, you may need to **disable pop-up blockers** to access the site.

Creating an EviCore Provider Portal Account

- Select **CareCore National** as the Default Portal.
- Complete the User Information section in full and **Submit Registration**.
- You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the login page.

The screenshot shows the registration form for the EviCore healthcare provider portal. The form is divided into two main sections: 'Web Portal Preference' and 'User Information'. The 'Web Portal Preference' section includes a dropdown menu for 'Default Portal*' with a '--Select--' option. The 'User Information' section includes fields for 'User Name*', 'Email*', 'Confirm Email*', 'First Name*', 'Last Name*', 'Address*', 'City*', 'State*' (with a 'Selec' dropdown), 'Zip*', 'Office Name', 'Phone*', 'Ext', and 'Fax*'. A 'Next' button is located at the bottom right of the form. The footer contains contact information for Web Support (800-646-0418) and links to Legal Disclaimer, Privacy Policy, Corporate Website, Report Fraud & Abuse, Guidelines and Forms, and Contact Us. Copyright © 2014 MedSolutions. All Rights Reserved.

Setting Up Multi-Factor Authentication (MFA)

To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

- After you log in, you will be prompted to register your device for MFA.
- Choose which authentication method you prefer: Email or SMS. Then, **enter your email address or mobile phone number.**
- Once you select **Send PIN**, a 6-digit pin will be generated and sent to your chosen device.
- After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.

Set up Two Factor Authentication

Email SMS

Register Email Address

example@evicore.com

Only one device (Email or SMS) is currently allowed.

Send PIN

Please enter PIN sent to your Email Address

PIN

Submit

Skip

EviCore Provider Portal | Add Providers

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

You can add providers to your account by:

- Click the **Manage Your Account** tab.
- Select **Add Provider**.
- Enter the NPI, state, and zip code to search for the provider.
- Select the matching record based upon your search criteria and the provider will be added to your provider list in your account.
- Click **Add Provider** to add other providers to your account.
- You can access the **Manage Your Account** at any time to make any necessary updates or changes.

Manage Your Account

Office Name: [CHANGE PASSWORD](#) [EDIT ACCOUNT](#)

Address:

Primary Contact:
Email Address:

ADD PROVIDER

Click Column Headings to Sort

No providers on file

[CANCEL](#)

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

[FIND MATCHES](#) [CANCEL](#)

Initiating a Case

Request an Authorization

To begin, please select a program below:

- Durable Medical Equipment(DME)
- Gastroenterology
- Lab Management Program
- Medical Oncology Pathways
- Musculoskeletal Management
- Radiation Therapy Management Program (RTMP)
- Radiology and Cardiology
- Sleep Management
- Specialty Drugs

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

Please Select

Referring Provider

Rendering Lab

CONTINUE

[Click here for help](#)

- Choose **Clinical Certification** to begin a new request.
- Select **Lab Management Program**.
- Select if you are the referring provider or rendering lab, then proceed to entering information.

Select Referring Provider

Requesting Provider Information

Select the provider for whom you want to submit an authorization request. If you don't see them listed, click [Manage Your Account](#) to add them.

Filter Last Name or NPI:

	Provider
<input type="button" value="SELECT"/>	1 [REDACTED]
<input type="button" value="SELECT"/>	[REDACTED]

[Click here for help](#)

Choose Your Insurer

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

Please Select a Health Plan

[Click here for help](#)

Urgent Request? You will be required to upload relevant clinical info. [Click here for help](#)

Don't see the insurer you're looking for? Please call the number on the back of the member's card to determine if an authorization through EviCore is required.

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

[Click here for help](#)

- Select the ordering **provider** or **group** for the requested service.
- Choose the appropriate **health plan** for the request.

Select Rendering Lab

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------

Requesting Provider Information

Please select the health plan for which you would like to build a case. If the health plan is not shown, please contact the plan at the number found on the member's identification card to determine if case submission through CareCore National is necessary.

Please Select a Health Plan

SUBMIT

Requesting Provider Information

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

Enter NPI Number

SUBMIT

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

BACK

CONTINUE

[Click here for help](#)

This window will populate with the ordering physician's name and contact information, and will be based on the NPI number you entered.

Member & Request Information

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, date of birth, and last name.
- Click **Eligibility Lookup**.
- Next screen you can enter **LABST**.

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](#)

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

Verify Service Selection

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](#)

- Verify requested service & diagnosis.
- Edit any information if needed by selecting change procedure or primary diagnosis.
- Click **CONTINUE** to confirm your selection.

Site Selection

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

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:	<input type="text"/>	Zip Code:	<input type="text"/>	Site Name:	<input type="text"/>
TIN:	<input type="text"/>	City:	<input type="text"/>	<input type="radio"/> Exact match	
				<input checked="" type="radio"/> Starts with	

LOOKUP SITE

- Search for the **site of service** where the procedure will be performed (for best results, search with NPI, TIN, **or** zip code).
- **Select** the specific site where the procedure will be performed.

Proceed to Clinical Information | Example 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:
 - Please complete the case before the **end of the day**.
 - When logged in, you can resume a saved request by going to **Certification Requests in Progress**.



Proceed to Clinical Information | More Examples

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.

i 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.

Clinical Certification questions will populate based upon the information provided.

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:

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 number and indicates “Your case has been sent to clinical review.”

Next Step | Criteria Met

If your request is authorized during the initial submission, you can print 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

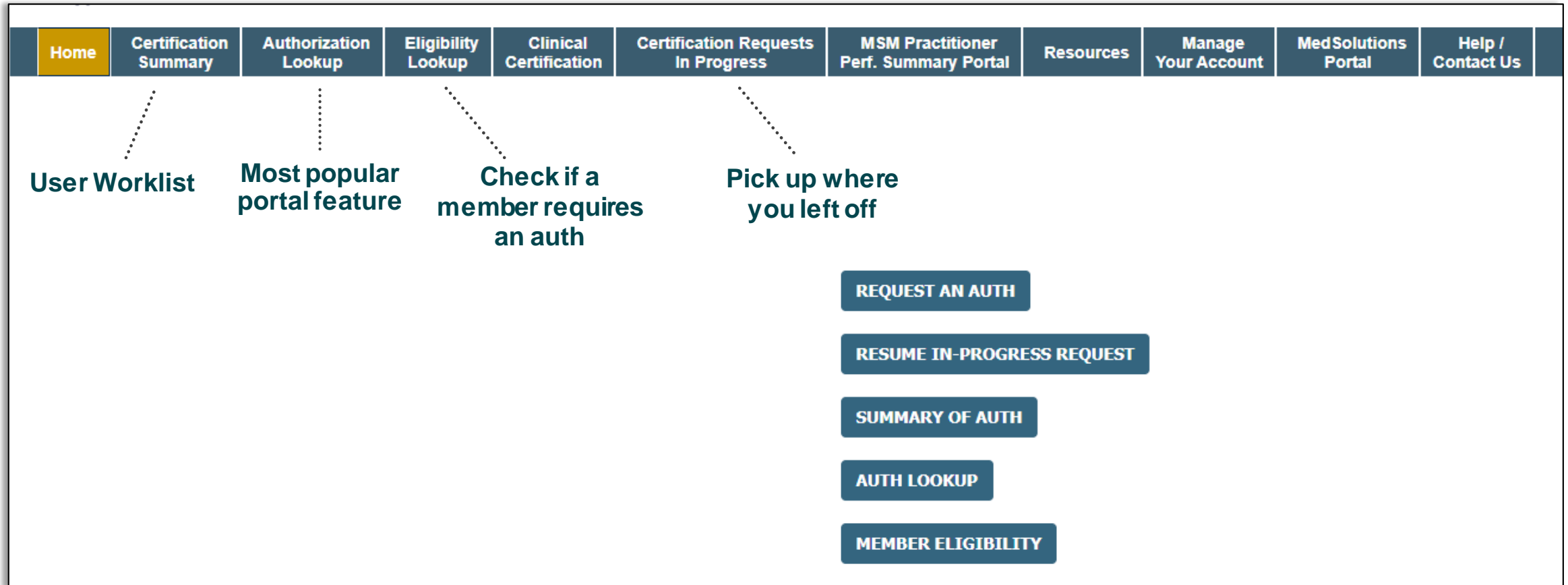
The following testing is approved: BRCA1 and/or 2 Gene Testing. Procedure code(s) approved: 81162.

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**

CareCore National Portal Features

Provider Portal | Feature Access





Certification Summary | User Worklist

Thursday, January 25, 2024 8:20 AM

Certification Summary

Search For: ▼

Page 1 of 0 | 10

Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>			<input type="text" value=""/>	

Page 1 of 0 | 10

- **Certification Summary** tab allows you to track recently submitted cases.
- The worklist can also be filtered.

Authorization Lookup | Popular Tool

Thursday, January 25, 2024 8:27 AM

Authorization Lookup

Search by Member Information Search by Authorization Number/ NPI OnePA: Prior Authorization Portal for Providers Search by Claim Number/Health plan

Required Fields

Healthplan:

[Click here for help](#)

PRINT

- You can lookup an authorization case status on the portal.
- Search by member information **OR**
- Search by authorization number with ordering NPI.
- Initiate appeals and/or schedule Peer-to-Peer calls.
- View and print any correspondence.

Provider Resources

Contact EviCore's Dedicated Teams

Client and Provider Services

For eligibility issues (member or provider not found in system) or transactional authorization related issues requiring research.

- Email: ClientServices@EviCore.com
- Phone: **800-646-0418** (option 4).

Web-Based Services and Portal Support

- Live chat
- Email: Portal.Support@EviCore.com
- Phone: **800-646-0418** (option 2)

Provider Engagement

Regional team that works directly with the provider community.

[Provider Engagement Manager Territory List](#)



Call Center/Intake Center

Call **844-303-8456**. Representatives are available from 7 a.m. to 7 p.m. local time.

Provider Resources at EviCore.com

EviCore maintains provider resource pages that contain health-plan-specific and solution-specific educational material to assist providers and their staff on a daily basis. This page will include:

- Frequently asked questions
- Quick reference guides
- Provider training
- CPT code list

To access these helpful resources, visit:

https://www.EviCore.com/resources/healthplan/Priority_Health

EviCore also maintains online resources not specific to health plans, such as guidelines and our required clinical information checklist.

To access these helpful resources, visit EviCore's [Provider's Hub](#).

Ongoing Provider Portal Training

The EviCore Portal Team offers general portal training, twice a week, every week.

All online orientation sessions are free of charge and will last approximately one hour. Advance registration is required, so follow the instructions below to sign up:

How To Register:

1. Go to <http://EviCore.webex.com/>
2. Click on the “hamburger” menu on the far left hand side (below the EviCore logo), then choose **Webex Training**.
3. On the **Live Sessions** screen, click the **Upcoming** tab. In the search box above the tabs, type: **EviCore Portal Training**.
4. Choose the date and time for the session you would like to attend, and click the **Register** link beside it. (You will need to register separately for each session.)
5. Complete the required information and click the **Register** button.

Immediately after registering, you will receive an e-mail containing the toll-free phone number, meeting number, conference password, and a link to the web portion of the conference. **Please keep the registration e-mail so you will have the Web conference information for the session in which you will be participating.**



Provider Resource Review Forum

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 learn how to navigate [EviCore.com](https://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
- Existing prior authorization request status information
- Search for contact information
- Podcasts & insights
- Training resources

Register for a Provider Resource Review Forum:

Provider's Hub > Scroll down to EviCore Provider Orientation Session Registrations > Upcoming



EviCore's Provider Newsletter

Stay up to date with our free provider newsletter!

To subscribe:

- Visit [EviCore.com](https://www.evicore.com).
- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**.
- Enter a valid email address.



Thank You

Appendix


Peer-to-Peer (P2P) Scheduling Tool

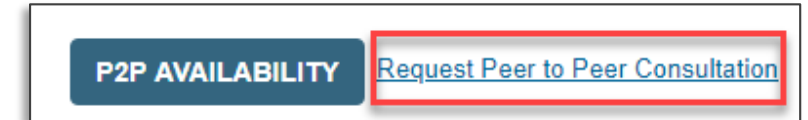
How to Schedule a Peer-to-Peer (P2P) Request

- 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

Case Info Questions Schedule Confirmation

New P2P Request

eviCore healthcare P2P Portal

Case Reference Number

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

eviCore healthcare P2P Portal

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 to identify your preferred days and times for a Peer-to-Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click **Continue**.

- You will be prompted with a list of EviCore physicians/reviewers and appointment options per your availability. Select any of the listed appointment times to continue.

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	2:00 pm EDT	4:15 pm EDT	3:15 pm EDT	-	-	-
3:45 pm EDT	2:15 pm EDT	4:30 pm EDT	3:30 pm EDT	-	-	-
4:00 pm EDT	2:30 pm EDT	4:45 pm EDT	3:45 pm EDT	-	-	-
4:15 pm EDT	2:45 pm EDT	5:00 pm EDT	4:00 pm EDT	-	-	-
Show more...	Show more...	Show more...	Show more...	-	-	-

How to Schedule a Peer-to-Peer Request

Confirm Contact Details

- Contact person name and email address will auto-populate per your user credentials.

The screenshot shows the 'P2P Contact Details' form with the following fields and values:

- P2P Info:** Date: Mon 5/18/20, Time: 6:30 pm EDT, Reviewing Provider: [User Icon]
- 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
- P2P Contact Details:**
 - Name of Provider Requesting P2P: Dr. Jane Doe
 - Contact Person Name: Office Manager John Doe
 - Contact Person Location: Provider Office
 - Phone Number for P2P: (555) 555-5555
 - Phone Ext.: 12345
 - Alternate Phone: (xxx) xxx-xxxx
 - Phone Ext.: Phone Ext.
 - Requesting Provider Email: droffice@internet.com
 - Contact Instructions: Select option 4, ask for Dr. Doe

- 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 the 'Scheduling' summary page with the following details:

- Scheduling:** Scheduled
- Scheduled:** Mon 5/18/20 - 6:30 pm EDT
- Status:** 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 enter a cancellation reason.
- Close browser once done.

