Prior Authorization of Lab Management Services

Provider Orientation Session

Mass General Brigham Health Plan



Our Clinical Approach

Organic Evidence-Based Guidelines

The foundation of our solutions:



Dedicated Molecular Genomic Guidelines



Contributions from a panel of community physicians



Experts associated with academic institutions



Current clinical literature

Aligned with National Societies

- National Comprehensive Cancer Network
- National Society of Genetic Counselors
- American College of Obstetrics and Gynecology
- American College of Medical Genetics and Genomics
- American Society of Human Genetics
- American Society of Clinical Oncology
- College of American Pathologists
- American Gastroenterological Association
- Society for Maternal Fetal Medicine
- Association for Molecular Pathology

- American College of Cardiology
- American College of Chest Physicians
- American Academy of Neurology
- American Society of Colon and Rectal Surgeons
- American Heart Association
- American Academy of Pediatrics
- American Society for Reproductive Medicine
- American College of Gastroenterology
- American College of Cardiology Foundation
- National Institutes of Health

Service Model

Client Services Team

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

Provider Relations Representatives



Provider relations representatives are cross-trained to investigate escalated provider and health plan issues.

Client Service Managers



Client service mangers 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 <u>team</u> 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.

Prior Authorization Program for Mass General Brigham Health Plan

Program Overview

eviCore will begin accepting requests on July 18, 2016 for dates of service August 1, 2016 and beyond

Prior authorization applies to services that are:

- Outpatient
- Elective / Non-emergent
- Diagnostic

Prior authorization does not apply to services that are performed in:

- Emergency room
- Inpatient
- 23-hour observation

It is the responsibility of the ordering provider (or the Lab Site on behalf of the ordering provider) to request prior authorization approval for services.

Applicable Membership

<u>Authorization is required</u> for Mass General Brigham Health Plan members enrolled in the following programs:

- Commercial
- PPO
- Medicaid
- CCHIP

Prior Authorization Required:

- Hereditary Cancer Screening
- Carrier Screening Tests
- Tumor Marker / Molecular profiling
- Hereditary Cardiac Disorders
- Cardiovascular Disease and Thrombosis Risk Variant Testing
- Pharmacogenomic Testing
- Neurologic Disorders
- Mitochondrial Disease Testing
- Intellectual Disability / Developmental Disorders

To find a list of CPT
(Current Procedural Terminology)
codes that require prior authorization
through eviCore, please visit:

Mass General Brigham Health (aka AllWays Health Partners Resources) | eviCore healthcare

Prior Authorization Requests

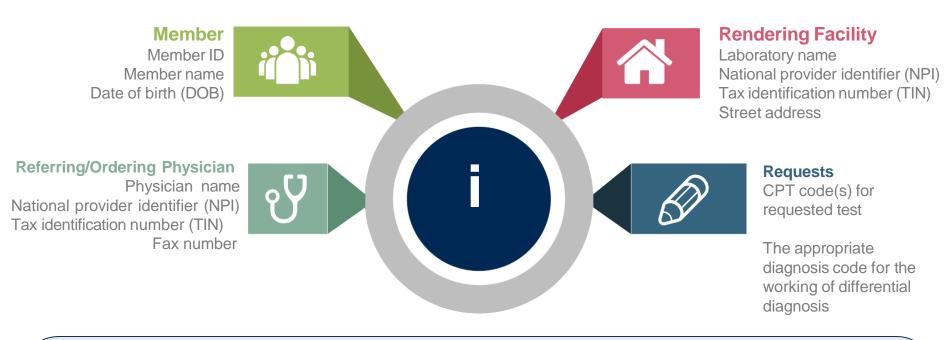
How to request prior authorization:



Clinical Review Process – Easy for Providers and Staff



Needed Information



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

- Specimen collection date (if applicable)
- Type or Test Name (if known)
- Test Indication (Personal History of condition being tested, age at initial diagnosis, relevant signs and symptoms, if applicable)
- · Relevant past test results
- Patient's ethnicity
- Relevant family history (Maternal or paternal relationship, medical history including ages at diagnosis, genetic testing)
- If there is a known familial mutation, what is the specific mutation?

How will the test results be used in the patient's care?

Prior Authorization Outcomes



Approved Requests:

- All requests are processed within 2 business days after receipt of all necessary clinical information.
- Authorizations are typically good for 60 calendar days from the date of specimen collection.



- Faxed to referring provider and rendering laboratory
- Mailed to the member
- Information can be printed on demand from the eviCore healthcare Web Portal

Prior Authorization Outcomes



- Communication of denial determination
- Communication of the rationale for the denial
- How to request a Peer Review
- Faxed to the referring provider and rendering laboratory
- Mailed to the member
- Referring providers have the option to request a peer-to-peer conversation with an eviCore healthcare physician or genetic counselor, resulting in an overturn or an upheld denial.
- Must be requested up to and including 30 calendar days after the initial denial date.
- eviCore will be delegated First Level Pre-Service Appeals. The appeals process will be in your notification.

Special Circumstances



Retrospective Studies:

 Retro Requests are <u>not</u> applicable to the Lab Program. All prior authorization requests must be completed prior to claim submission



Outpatient Urgent Studies:

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

Web Portal Services

eviCore healthcare website

Point web browser to evicore.com



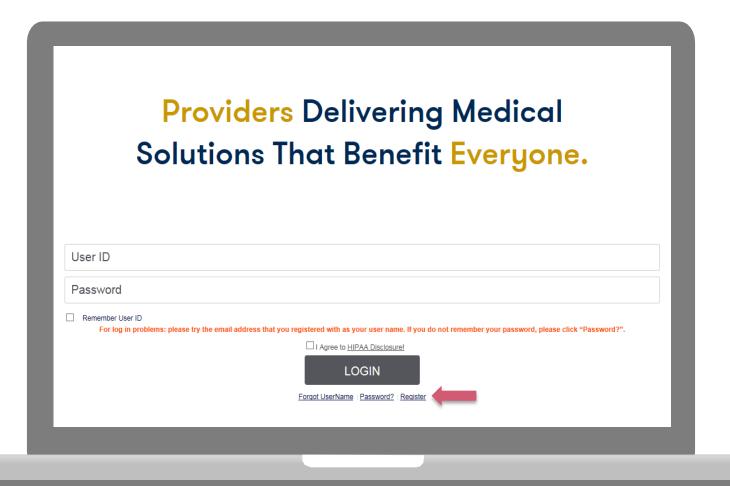
Click on the "Providers" link



Login or Register



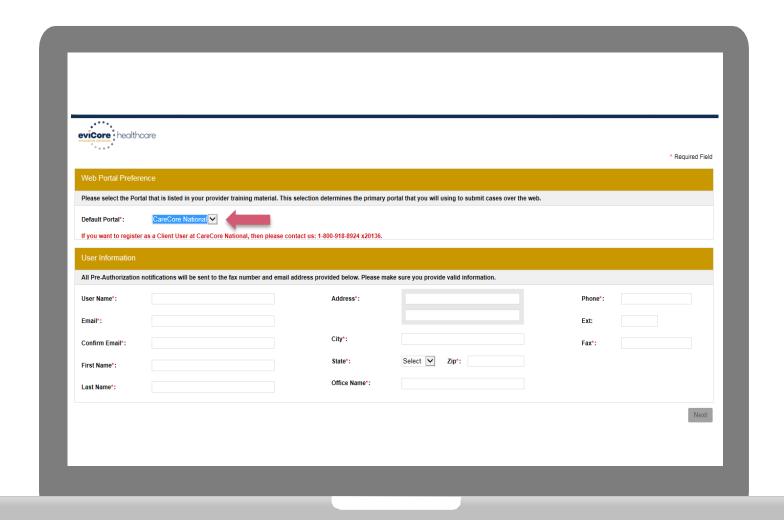
Creating An Account





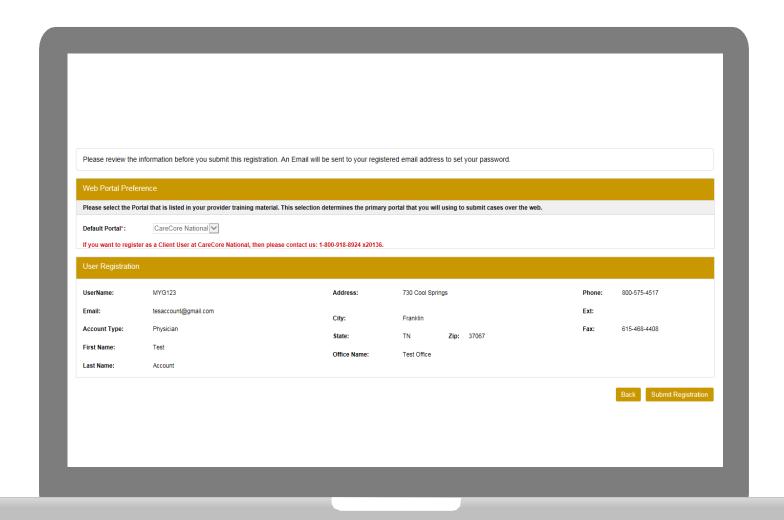
To create a new account, click Register.

Creating An Account



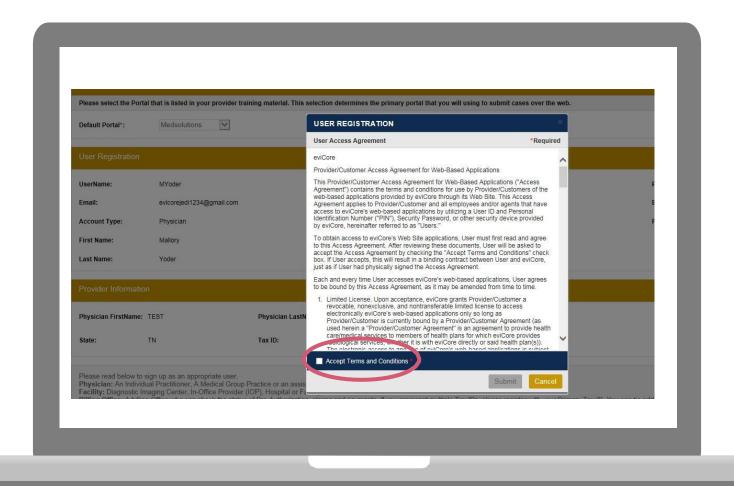


Creating An Account





User Registration-Continued









User Registration-Continued



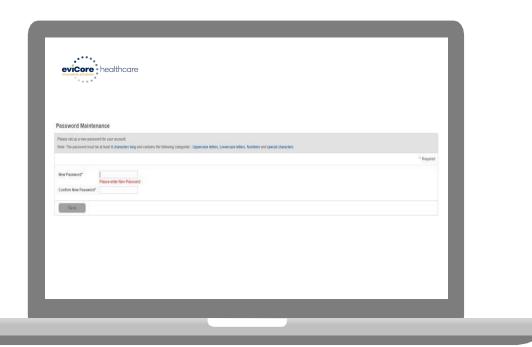
You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.



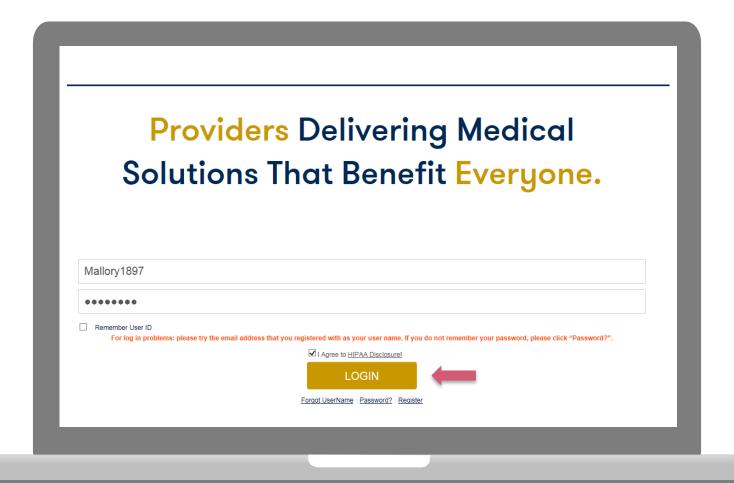
Create a Password

Your password must be at least (8) characters long and contain the following:

- Uppercase letters
 - Lowercase letters
- Numbers
- Characters (e.g., ! ? *)



Account Log-In

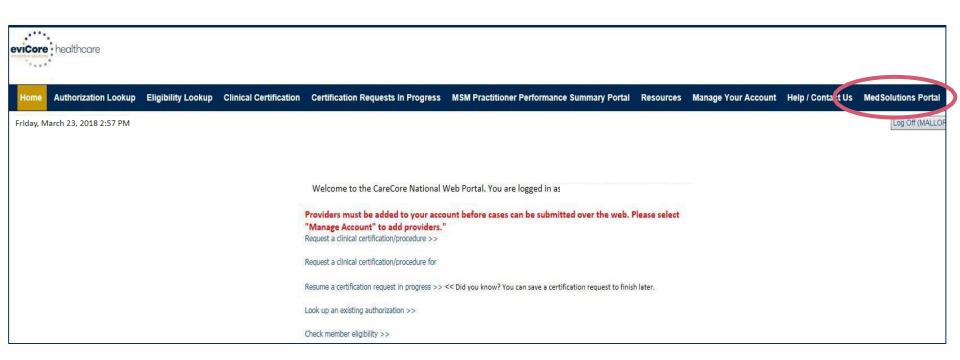


To log-in to your account, enter your User ID and Password. Agree to the HIPAA Disclosure, and click "Login."



Case Initiation

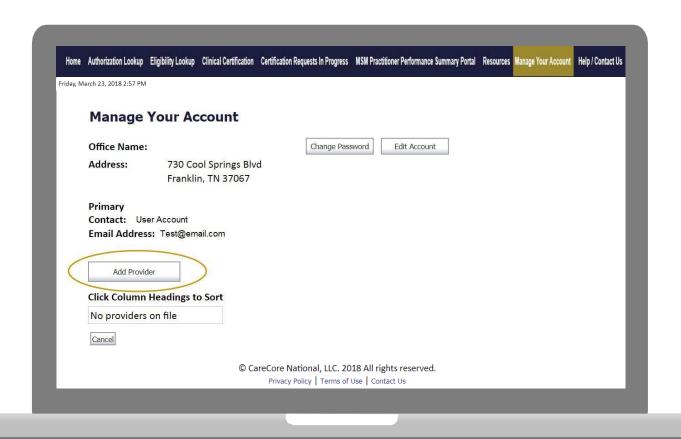
Welcome Screen



- Providers will need to be added to your account prior to case submission. Click the "Manage Account" tab to add provider information.
- <u>Note</u>: You can access the MedSolutions Portal at any time without having to provide additional log-in information. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals.

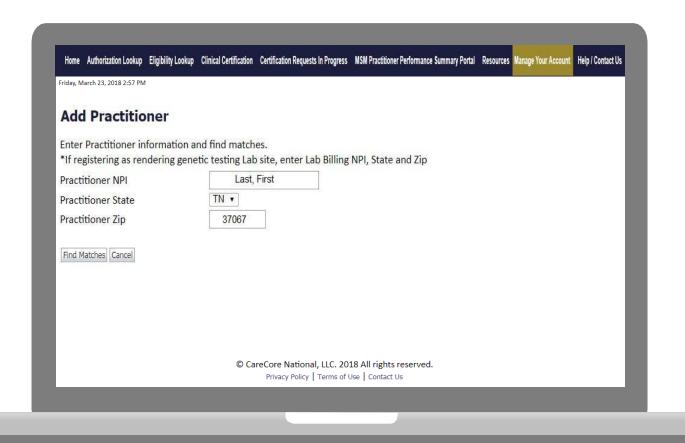


Add Practitioners



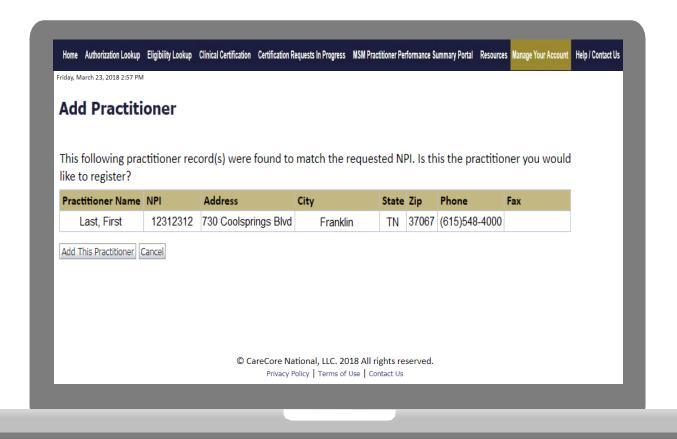
Click the "Add Provider" button.

Add Practitioners



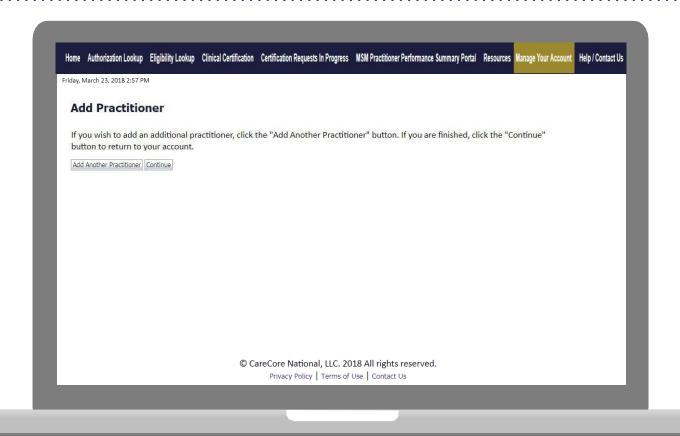
Enter the Provider's NPI, State, and Zip Code to search for the provider record to add to your account. You are able to add multiple Providers to your account.

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



Public Infaceount.

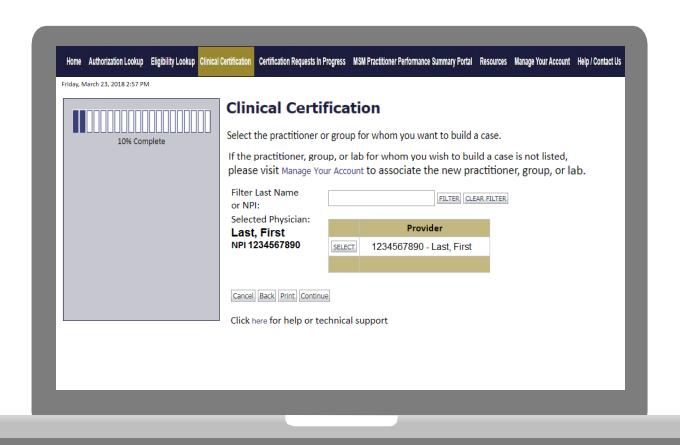
Select Program





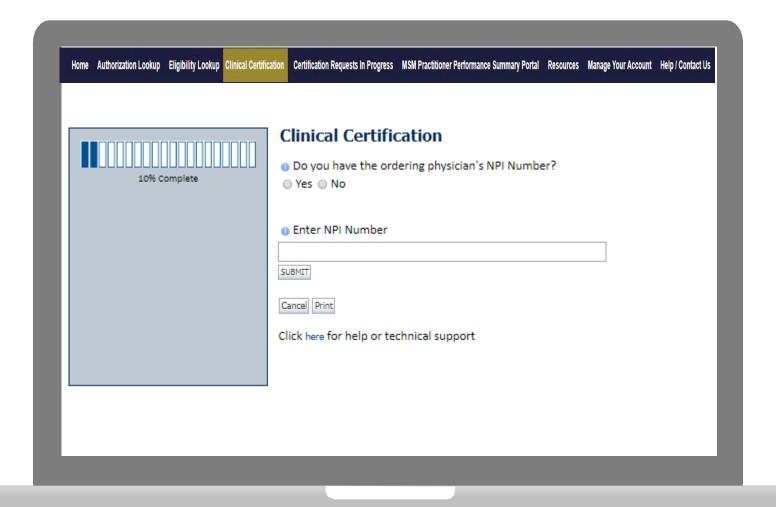
Select the **Program** for your certification.

Submitting as Provider- MD Search



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

Submitting as Rendering Lab- MD Search

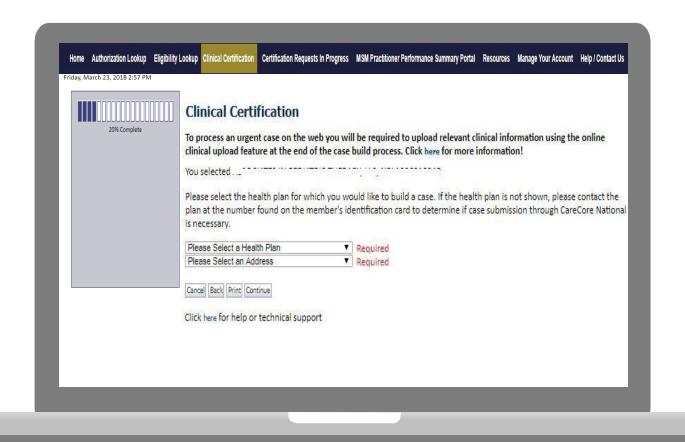




The Ordering Provider NPI must be entered to build a case online.

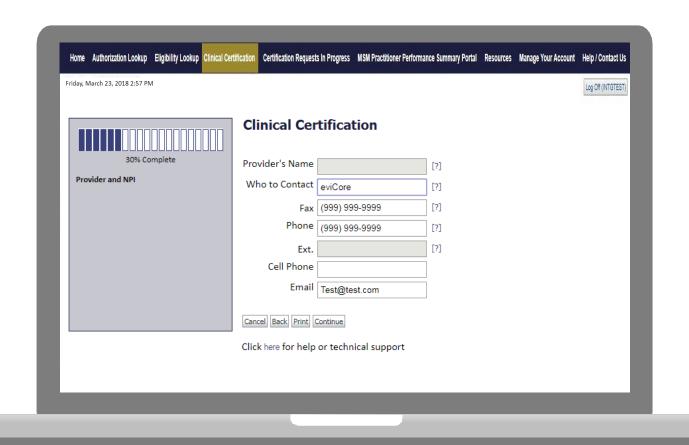


Select Health Plan



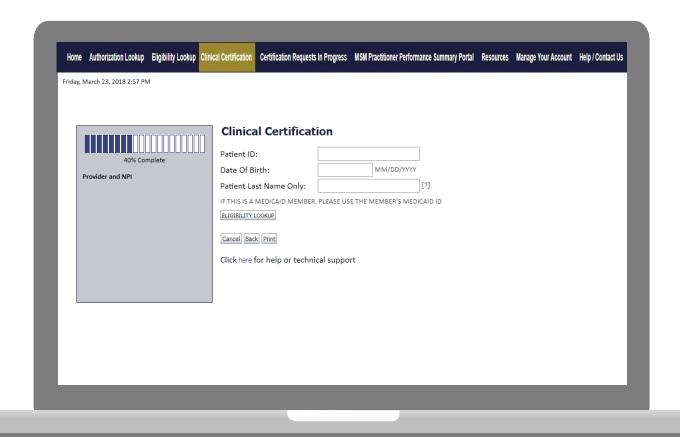
Choose the appropriate Health Plan for the case request. If the health plan does not populate, please contact the plan at the number found on the member's identification card. Select the Physician's address.

Contact Information



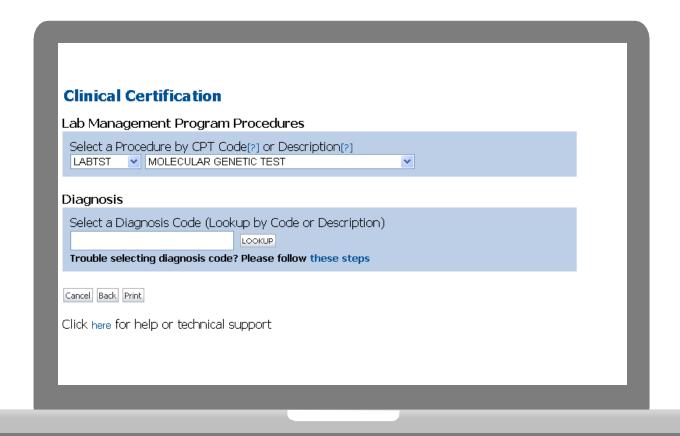
Enter the Provider's name and appropriate information for the point of contact individual.

Member Information



Enter the member information including the Patient ID number, date of birth, and patient's last name. Click "Eligibility Lookup."

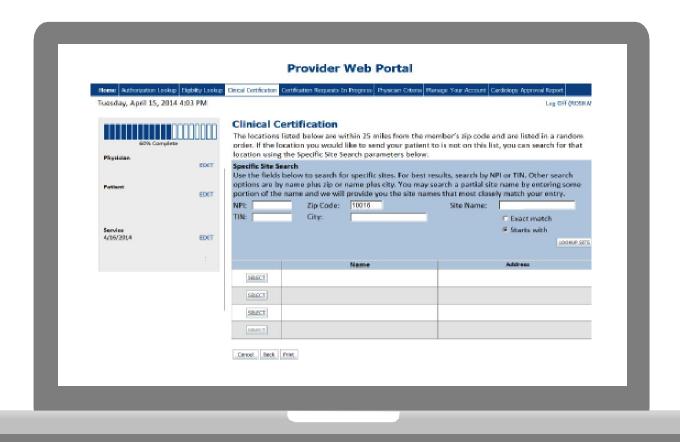
Clinical Details



Verify Service Selection



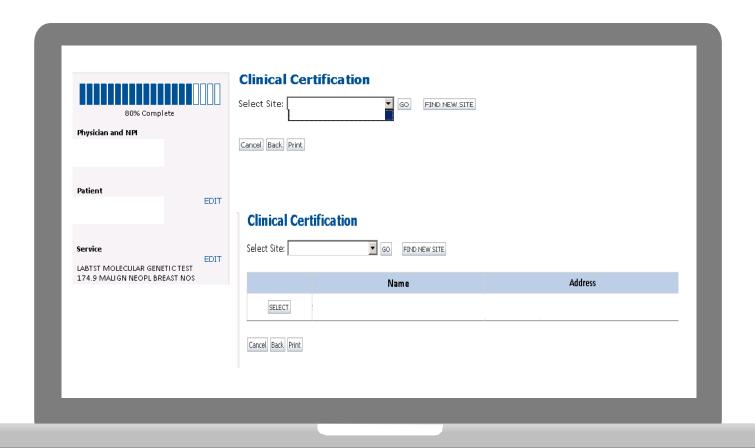
Site Selection – Referring Provider Submitters





Select the appropriate site for the request.

Site Selection for Rendering Lab Submitters



- The site added to your account will be in the drop down menu selection.
- Click "GO" when ready.



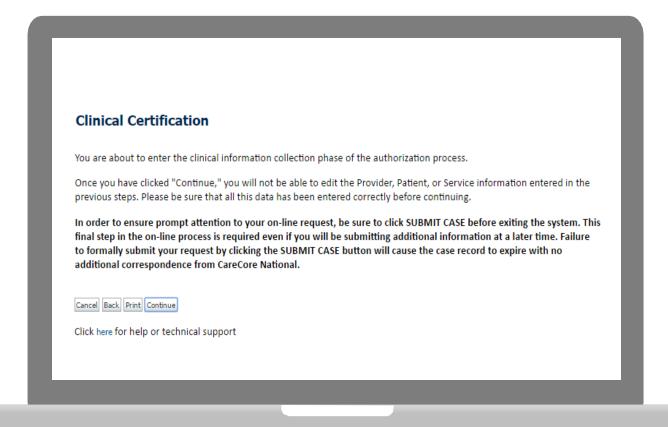
Contact Information

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



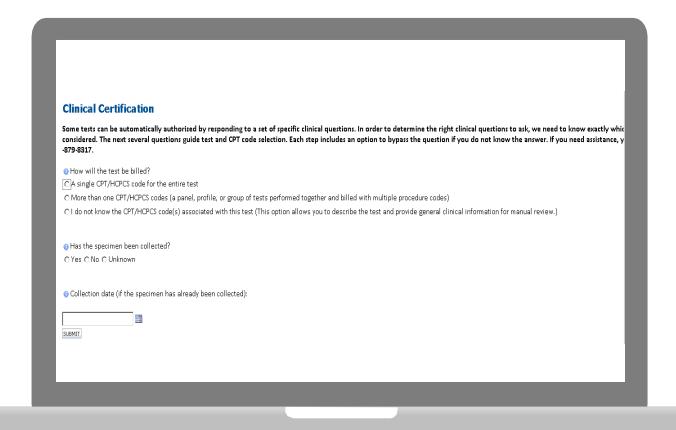
You can upload up to **FIVE documents** in .doc, .docx, or .pdf format. Your case will only be considered Urgent if there is a successful upload.

Clinical Certification



- 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.

Single or Multi CPT Code and Collection Date



Test Identification

Single CPT Code

B1202 - APC GENE KNOWN FAM VARIANTS B1203 - APC GENE DUP/DELET VARIANTS B1205 - BCKDHB GENE B1206 - BCR/ABL1 GENE MAJOR BP B1207 - BCR/ABL1 GENE MINOR BP B1208 - BCR/ABL1 GENE OTHER BP 81209 - BLM GENE B1210 - BRAF GENE B1211 - BRCA1&2 SEQ & COM DUP/DEL B1212 - BRCA1&2 185&5385&6174 VAR B1213 - BRCA1&2 UNCOM DUP/DEL VAR B1214 - BRCA1 FULL SEQ & COM DUP/DEL B1215 - BRCA1 GENE KNOWN FAM VARIANT B1216 - BRCA2 GENE FULL SEQUENCE B1217 - BRCA2 GENE KNOWN FAM VARIANT B1220 - CFTR GENE COM VARIANTS B1221 - CFTR GENE KNOWN FAM VARIANTS 81222 - CFTR GENE DUP/DELET VARIANTS

There is room for free text to add codes should there be a need to do so.

Test Type

If selecting the test type, the list of cpt codes presented will then be narrowed to applicable codes.

Hereditary cancer syndromes (BRCA, Lynch, APC, MUTYH, PTEN, TP53, etc. genes)

Carrier screening tests (Cystic fibrosis, Fragile X, Spinal muscular atrophy, Ashkenazi Jewish disorders, etc.)

Tumor marker/molecular profiling (KRAS, EGFR, BRAF, ALK, MGMT, etc genes)

Hereditary cardiac disorders (Cardiomyopathies, Arrhythmias such as long QT syndrome, Aortic aneurysm, Marfan syndrome, Familial hypercholesterolemia, etc.)

Cardiovascular disease and thrombosis risk variant testing (APOE, ACE, LPA-Aspirin, LPA-Intron 25, KIF6, CYP2C19, CYP2C9, VKORC1, MTHFR, Factor V Leiden, Prothrombin, etc. Pharmacogenomic testing (CYP2D6, CYP2C19, CYP2C9, VKORC1, OPRM1, SLCO1B1, MTHFR, Factor V Leiden, Prothrombin, etc. genotyping)

|Pharmacogenomic testing (CYP2D6, CYP2C19, CYP2C9, VKORC1, OPRM1, SECO1B1, MTHFR, Factor V Leiden, Prothrombin, etc. g |Neurologic disorders (Ataxia, Dystonia, Epilepsy, Myotonia, Muscular dystrophy, Neuropathy, Spastic paraplegia, etc. evaluations)

Interrologic disorders (Ataxia, Dystoriia, Epilepsy, Myotoriia, Muscular dystrophy, Nedropathy, Spastic parapiegia, etc. evalus |Mitochondrial disease testing (Kearns-Sayre, Leigh, LHON, MELAS, MERRF, NARP, Whole mitochondrial genome, etc.)

Other/Not listed/Not sure

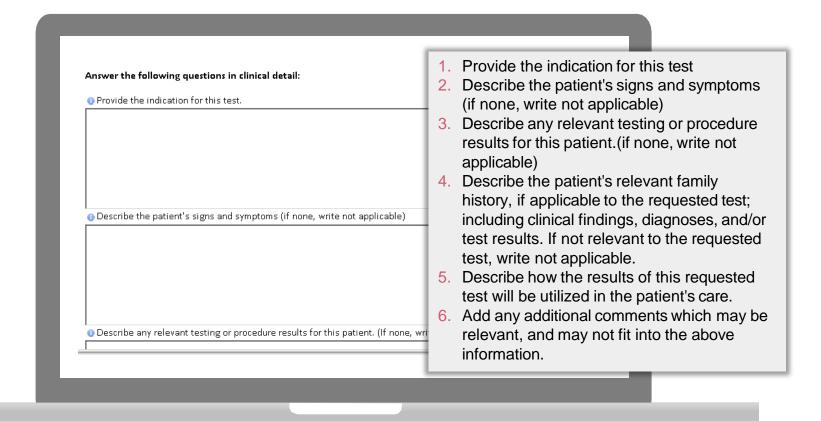
81223 - CFTR GENE FULL SEQUENCE

Cancel Print

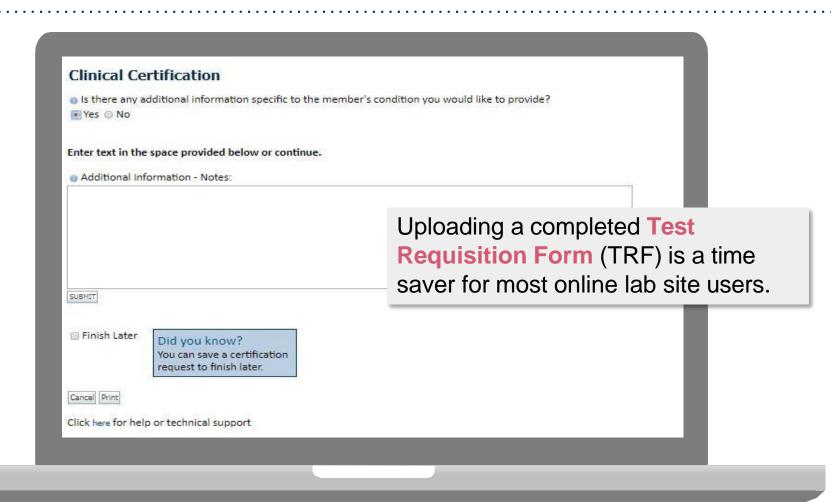




Clinical Questions



Medical Review



If additional information is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page.



Medical Review



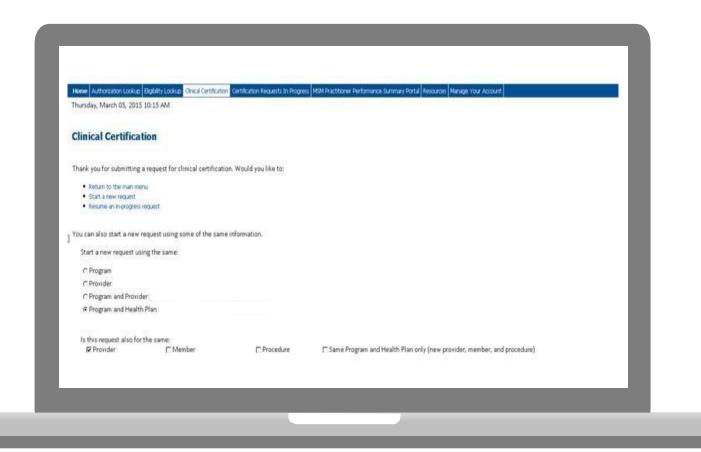
If additional information is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page.

Immediate Case Status

Your case has been App	oroved.					
Provider Name:		Contact:				
Provider Address:		Phone				
		Number:				
8		Fax Number:				
Patient Name:		Patient Id:				
Insurance Carrier:						
Site Name:	2564	Site ID:				
Site Address:						
Primary Diagnosis Code:		Description:				
Secondary Diagnosis Code:		Description:				
CPT Code:		Description:				
Modifier:						
Authorization Number:						
Review Date:						
Expiration Date:						
Status: Y	Your case has been Approved.					

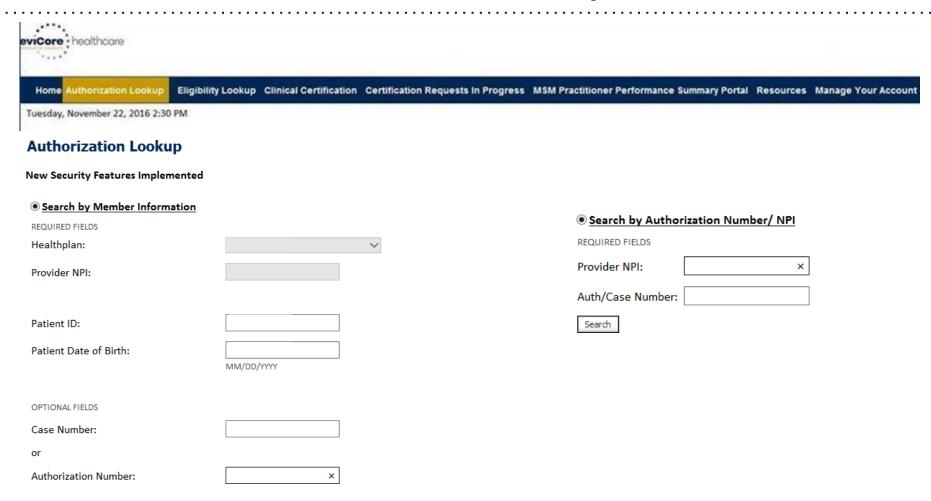
Case status and a reference number will be presented upon case submission. The option to print this information is available.

Building Additional Cases



Once a case has been submitted for clinical certification, you can return to the Main Menu, resume an in-progress request, or start a new request. You can indicate if any of the previous case information will be needed for the new request. May not be able to use the resume in-progress feature if using SSO

Authorization look up



- 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 Public plana Provider NPI, patient's ID number, and patient's date of birth.

Authorization Status

Authorization Lookup

New Security Features Implemented

Authorization Number:

Case Number:

Status: Approved

Approval Date: 3/23/2016 12:00:00 AM

Service Code: LABTST

Service Description: MOLECULAR GENETIC TEST
Site Name: GENOMIC HEALTH INC

Expiration Date: 5/22/2016

Date Last Updated: 3/23/2016 2:01:18 PM

Correspondence: VIEW CORRESPONDENCE

Procedures Requested and Approved

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)	Delete
81220	CFTR GENE COM VARIANTS	1	0		
81243	FMR1 GENE DETECTION	1	1		
81244	FMR1 GENE CHARACTERIZATION	1	1		



Eligibility Look Up



Provider Resources









Provider Resources: Pre-Certification Call Center





Web-Based Services





7:00 AM - 7:00 PM (EST): (888) 693-3211

- Obtain pre-certification or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case

Provider Resources: Web-Based Services





Web-Based Services





www.evicore.com

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

- Request authorizations and check case status online 24/7
- Web Portal registration and questions
- Pause/Start feature to complete initiated cases
- Upload electronic PDF/word clinical documents

Provider Resources: Client Provider Operations





Web-Based Services





clientservices@evicore.com

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

Provider Resources: Implementation Document

Pre-Certification
Call Center



Web-Based Services





Provider Enrollment Questions Contact AllWays Health Partners at 800-462-5449

Mass General Brigham Health Plan – includes all implementation documents:

Mass General Brigham Health (aka AllWays Health Partners Resources) | eviCore healthcare

- CPT code list of the procedures that require prior authorization
- Quick reference guide
- eviCore clinical guidelines
- Announcement letters

Thank You!

