

Laboratory Management

**Provider Orientation Session
for Cigna**

October/November 2024

EviCore
By EVERNORTH



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Agenda



Solution Overview

Laboratory Management

Submitting Requests

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

EviCore Provider Portal

- Overview, Features & Benefits
- Portal Case Submission

Provider Resources

Questions & Next Steps

Appendix

- Peer-to-Peer Scheduling Tool

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Laboratory Management Overview

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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



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Cigna Prior Authorization Services

EviCore will begin accepting prior authorization requests for Laboratory Management services on November 1, 2024.

Applicable Commercial Membership

- East (OAP/PPO/HMO)
- Fully Insured (FI)
- West Payer Solutions
- Individual Family Plan (IFP)
- Alliances

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

Providers should verify member eligibility and benefits on the secured provider log-in section at:

<https://cignaforhcp.cigna.com/app/login>

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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

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Submitting Requests

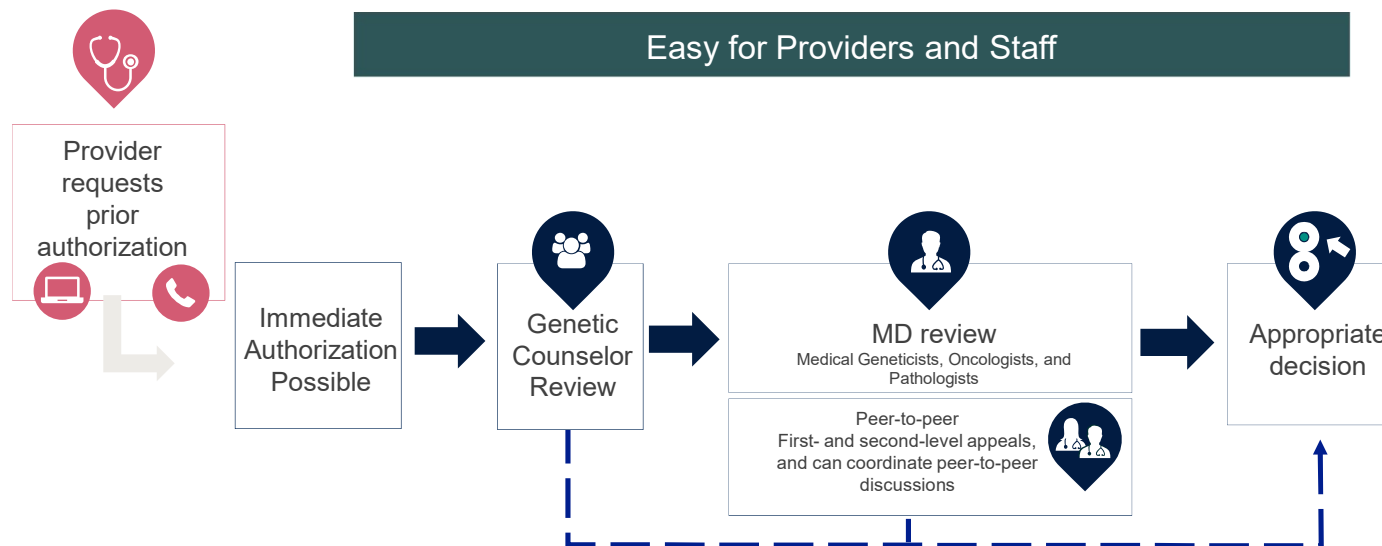
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Utilization Management | Prior Authorization

Recommend Prior Authorization on ~398 CPT Codes



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How to Request Prior Authorization

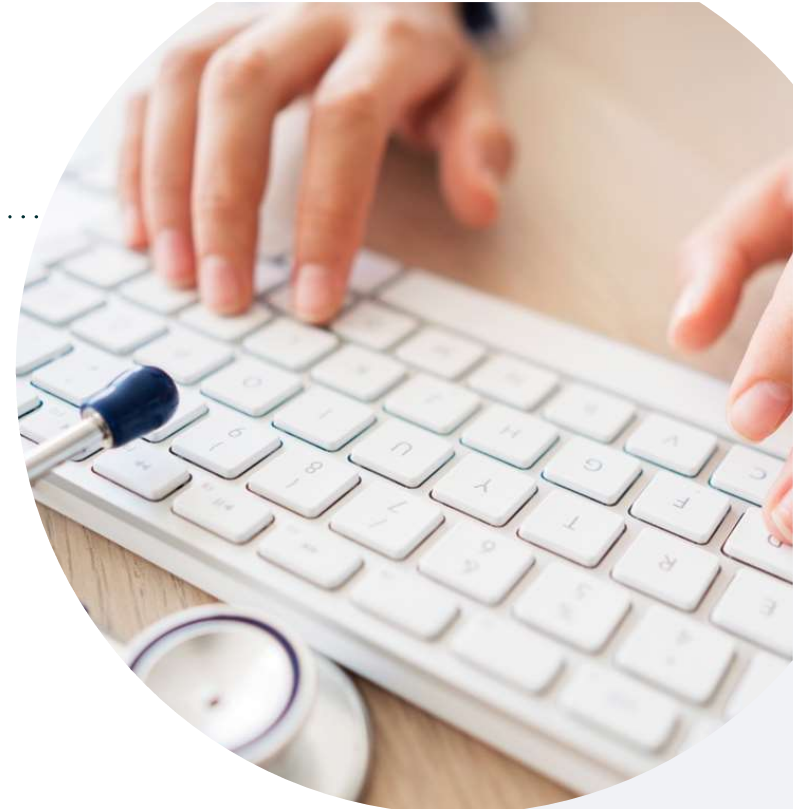
The EviCore Provider Portal is the easiest, most efficient way to request clinical reviews and check statuses.

- **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 in 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-in 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 submittals

To access the EviCore Provider Portal, visit [EviCore.com/provider](https://www.evicore.com/provider)

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Or by **phone: 866-668-9250**

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

Or by **fax: 800-540-2406**

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Necessary Information for Prior Authorization

To obtain prior authorization on the very first submission, the provider submitting the request will need to gather information within four categories:



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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

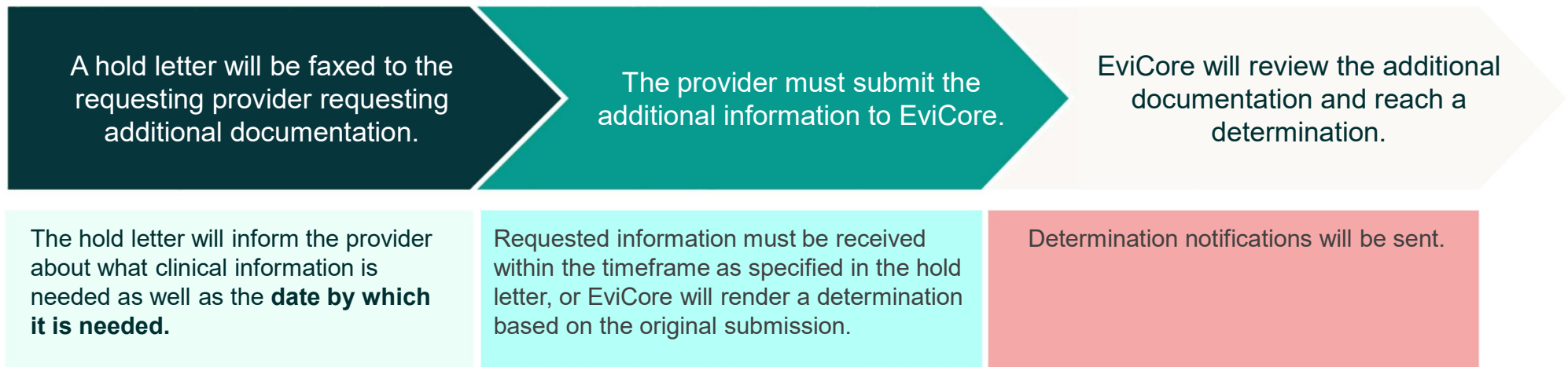
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Insufficient Clinical | Additional Documentation Needed

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:



Please note: each page of clinical information must include member's name, date of birth, case or episode number, member address and phone number.

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Prior Authorization Outcomes, Special Considerations & Post- Decision Options

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Prior Authorization Determination Outcomes

Determination Outcomes

- **Turnaround Time:** Standard requests are typically reviewed within 2 business days (can vary by state based on state-specific regulations)
- **Approved Requests:** Authorizations are valid for 180 calendar days from the requested date of service.
- **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.
- **Denied Requests:** If a request is determined as inappropriate based on evidence-based guidelines, 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 physician.
- Web-initiated cases will receive e-notifications if a user opted in to this method.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the [EviCore portal](#).



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Special Circumstances

Retrospective Authorization Requests

- Retrospective requests for outpatient services must be submitted to EviCore within 30 business days from the date of service (except for Payer Solutions and NALC members which have 365 days)
- Any submitted beyond this timeframe will be expired
- Reviewed for **clinical urgency** and medical necessity
- Processed within 30 calendar days
- When authorized, 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 the EviCore Provider Portal or by phone
- Urgent cases are typically reviewed within 24 hours (can vary by state based on the state-specific regulations)



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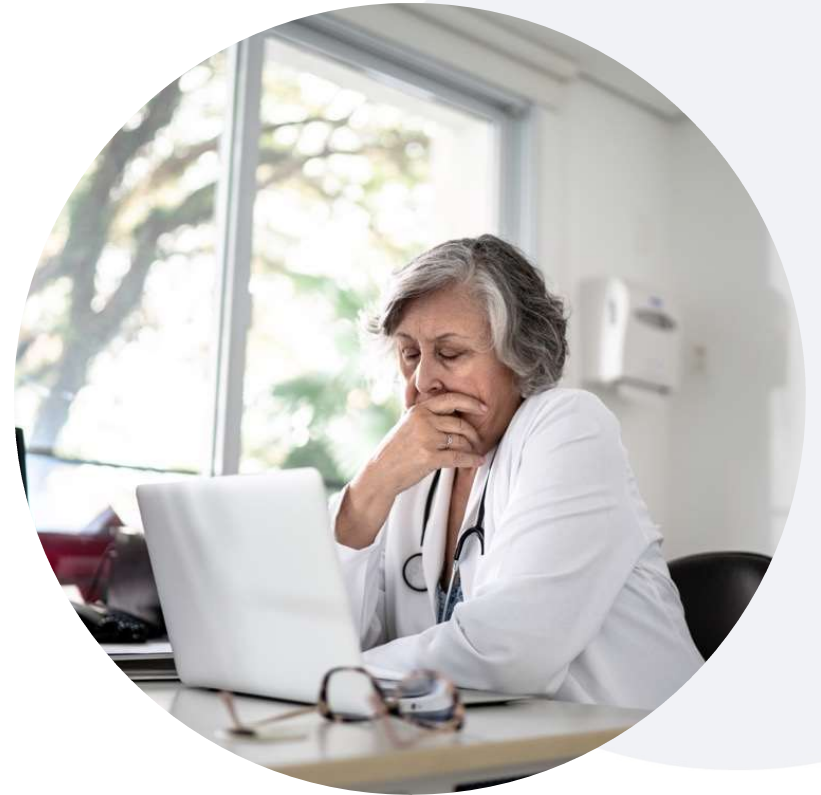
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Special Circumstances (cont.)

Authorization Update

- If updates are needed on an existing authorization, providers can contact EviCore by phone
- If the authorization is not updated and a different facility location or CPT code is submitted on the claim, it may result in a claim denial



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Post-Decision Options

Commercial 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 **866-668-9250** 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

- Reconsiderations can be requested after the determination as long as an appeal has not been filed.
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation (Peer-to-Peer) with an EviCore physician.
- EviCore will make a decision within 1 day for verbal requests and 5 days for written requests.

Appeals

- EviCore will process first-level pre-service appeals for outpatient and inpatient services (ASO and Fully-Insured members only).
- Appeal requests can be submitted in writing or verbally via a Clinical Consultation with an EviCore physician.
- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider.



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EviCore Provider Portal

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EviCore Provider Portal | Access and Compatibility

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

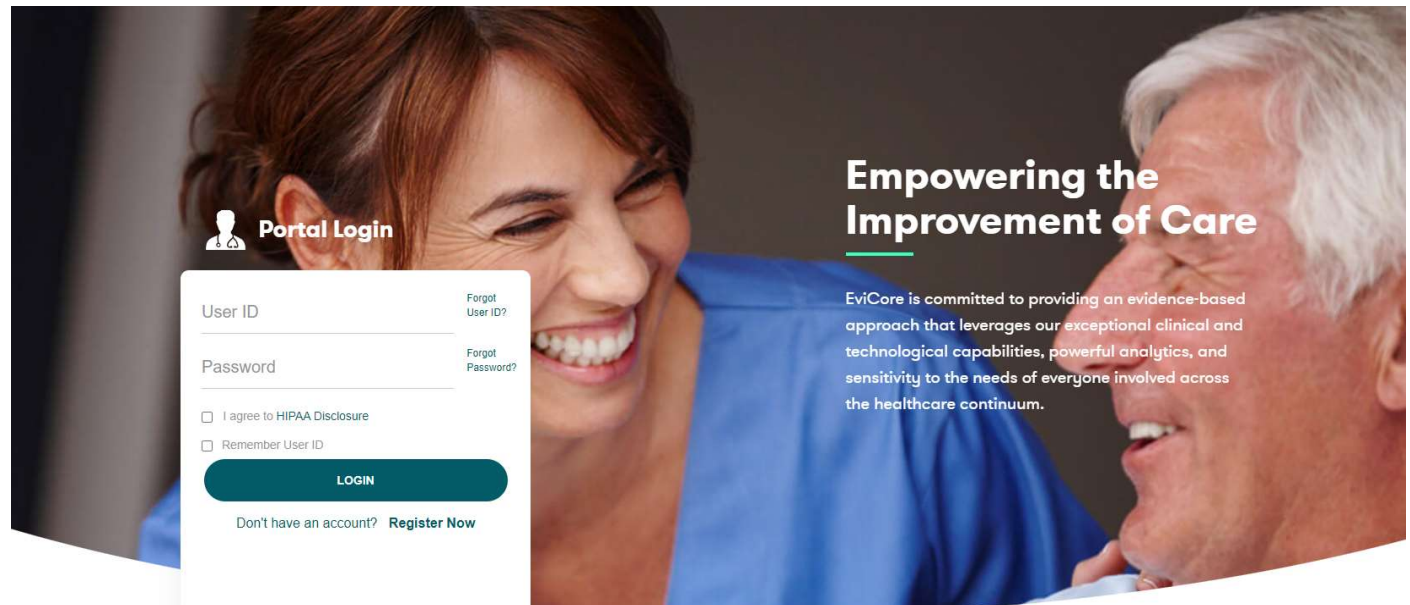
To access resources on the EviCore Provider Portal, visit EviCore.com/provider.

Already a user?

Log in with User ID & Password.

Don't have an account?

Click **Register Now**.



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.

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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.

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Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*: --Select--

User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:

Email*:

Confirm Email*:

First Name*:

Last Name*:

Address*:

City*:

State*: Select

Zip*:

Office Name:

Setting Up Multi-Factor Authentication (MFA)

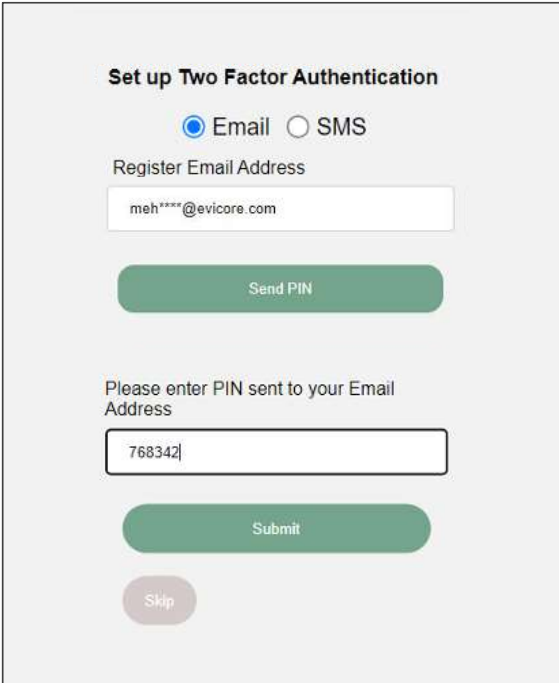
To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

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.

Select **Send PIN**, and 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.

A screenshot of a web form titled "Set up Two Factor Authentication". At the top, there are two radio buttons: "Email" (selected) and "SMS". Below this is a label "Register Email Address" followed by a text input field containing "meh****@evicore.com". A green button labeled "Send PIN" is positioned below the input field. Further down, there is a label "Please enter PIN sent to your Email Address" followed by a text input field containing "768342". A green button labeled "Submit" is below this field, and a small grey button labeled "Skip" is at the bottom left of the form area.

Set up Two Factor Authentication

☒ Email ☐ SMS

Register Email Address

meh****@evicore.com

Send PIN

Please enter PIN sent to your Email Address

768342

Submit

Skip

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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	MedSolutions Portal	Help / Contact Us
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

Providers will need to be added to your account prior to case submission.

- Click the **Manage Your Account** tab to add provider information.
- Select **Add Provider**.
- Enter the NPI, state, and zip code to search for the provider.
- Select the matching record based upon your search criteria.
- Once you have selected a practitioner, your registration will be complete.
- You can also click **Add Another Practitioner** to add another provider 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:

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

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Initiating a Case

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

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

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

- Click the **Clinical Certification** tab to get started.
- Choose **Request an Auth** to begin a new case request.

Initiating a Case

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

Manage Your Account

Help / Contact Us

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

Please Select

Referring Provider

Rendering Lab

CONTINUE

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

Referring Provider, Insurer, Contact Information

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

Manage Your Account

Help / Contact Us

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:

SEARCHCLEAR SEARCH

	Provider
SELECT	1
SELECT	

BACK

CONTINUE

[Click here for help](#)

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

Please Select a Health Plan

BACK

CONTINUE

[Click here for help](#)

Urgent Request? You will be required to upload relevant clinical info at the end of this process. [Learn More.](#)

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:

BACK

CONTINUE

[Click here for help](#)

- Select the ordering Practitioner or Group for the requested service.
- Choose the appropriate Health Plan for the case request.

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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.

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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

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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:

[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

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Site Selection

eviCore

healthcare

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

Manage Your Account

Help / Contact Us

[Log Out \(admin@evicore.com\)](#)

Add Site of Service

Specific Site Search

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

NPI:

Zip Code:

TIN:

City:

Site Name:

☒ Exact match

☐ Starts with

LOOKUP SITE

BACK

[Click here for help](#)

80% Complete

Provider and NPI:

Patient

Service

LABTST MOLECULAR GENETIC TEST

R68.89 Other general symptoms and signs

Select the specific site where the testing/treatment will be performed

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Proceed to Clinical Information – Example of Questions

Proceed to Clinical Information

Some tests can be automatically authorized by responding to a set of specific clinical questions. In order to determine the right clinical questions to ask, we need to know exactly which test(s) and procedure code(s) are being considered. The next several questions will guide test and procedure code selection.

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

☐ Yes ☐ No ☐ Unknown

1 Has the specimen been collected?

☐ Yes ☐ No ☐ Unknown

SUBMIT

Proceed to Clinical Information

1 What is the specimen collection or retrieval from storage date? If the date is unknown, please use today's date.



SUBMIT

Proceed to Clinical Information

1 What kind of testing is being done?

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

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

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

☐ Yes ☐ No

SUBMIT

☐ Finish Later

Did you know?
You can save a certification request to finish later.

- **Clinical Certification** questions will populate based upon the information provided
- You can save your request and **finish later** if needed
 - 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

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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.

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.

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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 # and indicates ‘Your case has been sent to clinical review’

Criteria Met

If your request is authorized during the initial submission you can print out the summary of the request for your records.

Summary of Your Request

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

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

Provider Name:		Contact:	
Provider Address:		Phone Number:	
		Fax Number:	
Patient Name:		Patient Id:	
Insurance Carrier:			
Site Name:		Site ID:	
Site Address:			
Primary Diagnosis Code:	Z01.419	Description:	Encounter for gynecological examination (general) (routine) without abnormal findings
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	
CPT Code:	LABTST	Description:	MOLECULAR GENETIC TEST
Authorization Number:			
Review Date:	7/15/2020 5:21:21 PM		
Expiration Date:	1/9/2021		
Status:	The following testing is approved: BRCA1 and/or 2 Gene Testing. Procedure code(s) approved: 81162.		

CANCEL

PRINT

CONTINUE

Authorization Lookup Example

Authorization Lookup

Authorization Number: NA

Case Number:

Status: Pending eviCore Review

P2P Status:

Approval Date:

Service Code: LABTST

Service Description: MOLECULAR GENETIC TEST

Site Name: MOUNT SINAI GENOMICS

Expiration Date:

Date Last Updated: 7/15/2020 5:30:44 PM

Correspondence:

UPLOADS & FAXES

Clinical Upload:

Upload Additional Clinical

The option to attach clinical information is not available for this case at this time:

Please fax clinical information to 800-540-2406

Authorization Number:

Case Number:

Status: Approved

P2P Status:

Approval Date: 7/13/2020 12:00:00 AM

Service Code: LABTST

Service Description: MOLECULAR GENETIC TEST

Site Name: MOUNT SINAI GENOMICS

Expiration Date: 1/9/2021

Date Last Updated: 7/15/2020 5:25:14 PM

Correspondence:

UPLOADS & FAXES

P2P AVAILABILITY

UPLOADS & FAXES

UPLOADS & FAXES

A final decision has not yet been rendered on this case OR it requires special handling. If you have received a request for additional clinical information, please respond to our notice per the instructions received. If you would like to understand additional options available, please contact our Physician Support Unit at 1-800-792-8744, option 1

Uploads & Faxes

Attached Faxes

Sent Letters & Faxes

Document Uploads

3 documents sent.

Episode ID	Date Sent	Time Sent	Document Name	Recipient	View
	07/15/2020	17:25:44	OSC0101 - Approval Standard PHYS	Physician	<div>VIEW</div>
	07/15/2020	17:25:44	OSC0104 - Approval Standard SITE	Site	<div>VIEW</div>
	07/15/2020	17:25:45	OSC0100 - Approval Standard MBR	Patient	<div>VIEW</div>

CLOSE

Please note: each page of clinical information must include member's name, date of birth, case or episode number, member address and phone number.

Provider Resources

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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)

- **Provider Engagement**

- Regional team that works directly with the provider community.
- **Cherryl Bozeman**
- Email: cbozeman@evicore.com
- Phone: **719-828-4697**

- **Web-Based Services and Portal Support**

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



Call Center

Call **866-668-9250**, representatives are available from 7 a.m. to 7 p.m. local time.

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Provider Resource Website

EviCore's Client and Provider Services team maintains provider resource pages that contain client- and solution-specific educational materials 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/cigna>

Contact our Client and Provider Services team via email at

ClientServices@EviCore.com or by phone at **1-800-646-0418 (option 4)**

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EviCore 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



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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



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Clinical Guidelines

How to access our Guidelines

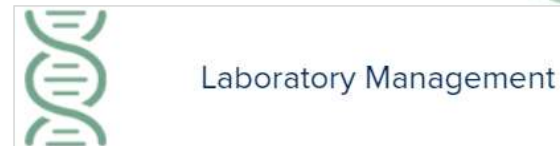
1. Go to www.evicore.com and select the 'Resources' drop down menu on the far right hand side of your browser.
2. Then select the 'Clinical Guidelines' button to be directed to the main clinical guidelines page.
3. Scroll down and select the 'Laboratory Management' solution.
4. Type in desired health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

+ Examples:

- Specific genetic testing
- Molecular and genomic testing
- Huntington Disease testing

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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 ...



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Clinical Guidelines

Health Plan specific Guidelines

- 1. Current, Future, and Archived lists and Guidelines are found here.
- 2. You can select the entire Code List or the health plan specific Policy Book.
- 3. Shown here is an example of the Administrative Guidelines you will find on our resource site.
- 4. There are also Lab Guidelines for Clinical Use and Test Specific Guidelines on our resource site. (not shown on this screen)

CURRENT

FUTURE

ARCHIVED

Code Lists

Lab Management Code List

Guidelines

Commercial Lab Policy Book

Effective 07/01/2020

ADMINISTRATIVE

Date of Service and Effective Date of the Authorization Period

Effective 07/01/2020

Information Requirements for Medical Necessity Review

Effective 07/01/2020

Molecular Pathology Tier 2 Molecular CPT Codes

Effective 07/01/2020

Unique Test Identifiers for Non-Specific Procedure Codes

Effective 07/01/2020

Thank You

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Appendix

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10/28/2024

44

Peer-to-Peer (P2P) Scheduling Tool

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10/28/2024

Provider Resources | Schedule a P2P Request

If your case is eligible for a Peer-to-Peer (P2P) consultation, 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

P2P AVAILABILITY

[Request Peer to Peer Consultation](#)

Authorization Lookup

Authorization Number:	NA
Case Number:	
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

- Log-in to your account at EviCore.com
- Perform **Clinical Review 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 consultation
- Note carefully any messaging that displays*

*In some instances, a Peer-to-Peer consultation is allowed, but the case decision can not be changed. In such cases, you can still request a **Consultative-Only Peer-to-Peer**. You can also click on the **ALL POST-DECISION OPTIONS** button to learn what other action can be taken.

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

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Provider Resources | Schedule a P2P Request (con't.)

New P2P Request

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

Member Date of Birth

+ Add Another Case

Lookup Cases >

- Upon first login, you will be asked to confirm your default time zone
- You will be presented with the Case Number and Member Date of Birth
- Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**
- To proceed, select **Lookup Cases**

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

New P2P Request

Case Ref #: Remove P2P Eligible

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

Member Information

Name
DOB
State
Health Plan
Member ID

Case P2P Information

Episode ID
P2P Valid Until 2020-11-11
Modality MSK Spine Surgery
Level of Review Reconsideration P2P
System Name ImageOne

Continue

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Provider Resources | Schedule a P2P Request (con't.)

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type

Level of Review

MSK Spine Surgery

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	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone

US/Eastern

Continue >

- You will be prompted with a list of EviCore Physicians / Reviewers and appointment options
- Select any of the listed appointment times to continue
- You will be prompted to identify your preferred days and times for a Peer-to-Peer consultation (all opportunities will be automatically presented)
- Click on any **green checkmark** to **deselect** that option and then click **Continue**

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

← Prev Week 5/18/2020 - 5/24/2020 (Upcoming week) Next Week →

Mon 5/18/20

6:15 pm EDT

6:30 pm EDT

6:45 pm EDT

Tue 5/19/20

—

Wed 5/20/20

—

Thu 5/21/20

—

Fri 5/22/20

—

Sat 5/23/20

—

Sun 5/24/20

—

1st Priority by Skill

Mon 5/18/20

3:30 pm EDT

3:45 pm EDT

4:00 pm EDT

4:15 pm EDT

Show more...

Tue 5/19/20

2:00 pm EDT

2:15 pm EDT

2:30 pm EDT

2:45 pm EDT

Show more...

Wed 5/20/20

4:15 pm EDT

4:30 pm EDT

4:45 pm EDT

5:00 pm EDT

Show more...

Thu 5/21/20

3:15 pm EDT

3:30 pm EDT

3:45 pm EDT

4:00 pm EDT

Show more...

Fri 5/22/20

—

Sat 5/23/20

—

Sun 5/24/20

—

1st Priority by Skill

Provider Resources | Schedule a P2P Request (con't.)

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

Submit

Scheduling

Scheduled

Mon 5/18/20 - 6:30 pm EDT

SCHEDULED

Update the following fields to ensure the correct person is contacted for the Peer-to-Peer appointment:

- Name of Provider Requesting P2P
- Phone Number for P2P
- Contact Instructions

Click **Submit** to schedule the appointment

You will be presented with a summary page containing the details of your scheduled appointment

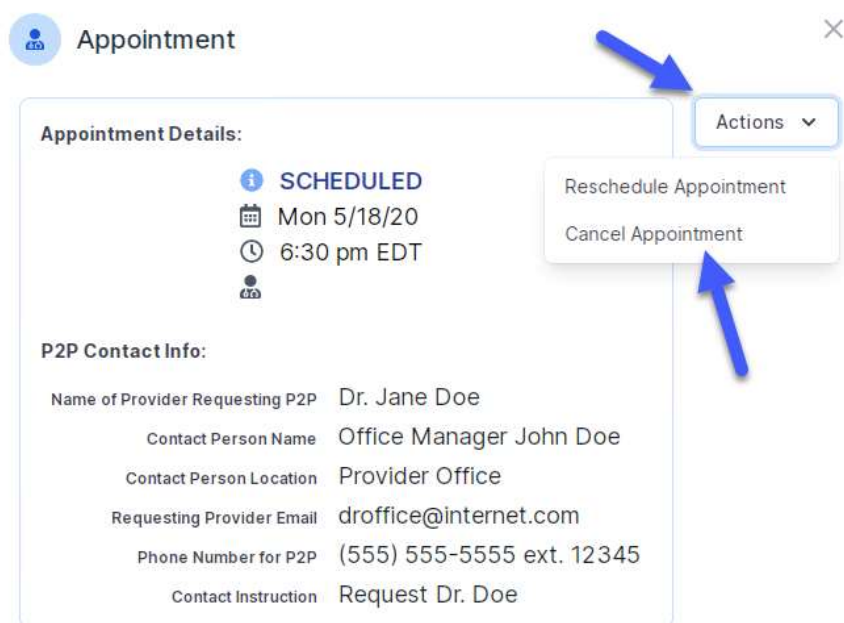
Confirm contact details

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Provider Resources | Cancel or Reschedule a P2P Appointment



The screenshot shows a web interface for managing a P2P appointment. At the top left is a blue circular icon with a person and the word "Appointment". Below this is a box titled "Appointment Details:" containing a status "SCHEDULED" with an information icon, a date "Mon 5/18/20" with a calendar icon, and a time "6:30 pm EDT" with a clock icon. Below the details is a section titled "P2P Contact Info:" with a list of fields and values: "Name of Provider Requesting P2P" (Dr. Jane Doe), "Contact Person Name" (Office Manager John Doe), "Contact Person Location" (Provider Office), "Requesting Provider Email" (droffice@internet.com), "Phone Number for P2P" ((555) 555-5555 ext. 12345), and "Contact Instruction" (Request Dr. Doe). To the right of the details is an "Actions" dropdown menu with a downward arrow. A blue arrow points to the dropdown, and another blue arrow points to the "Cancel Appointment" option in the menu.

Appointment

Appointment Details:

SCHEDULED

Mon 5/18/20

6:30 pm EDT

P2P Contact Info:

Name of Provider Requesting P2P Dr. Jane Doe

Contact Person Name Office Manager John Doe

Contact Person Location Provider Office

Requesting Provider Email droffice@internet.com

Phone Number for P2P (555) 555-5555 ext. 12345

Contact Instruction Request Dr. Doe

Actions

Reschedule Appointment

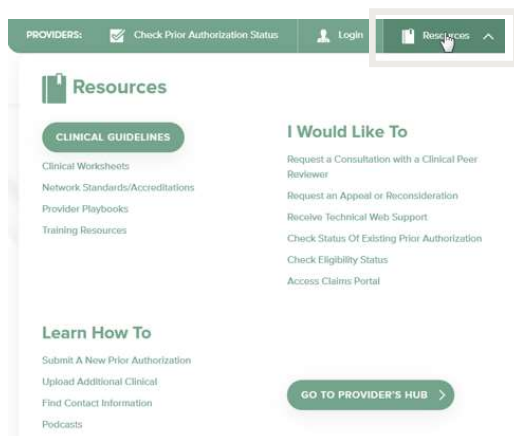
Cancel Appointment

To cancel or reschedule an appointment:

- Access the scheduling software and select **My P2P Requests** on the left-pane navigation
- Select the request you would like to modify from the list of available appointments
- When the request appears, 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**, select a new date or time as you did initially
 - **If choosing to cancel**, input a cancellation reason
- Close the browser once finished

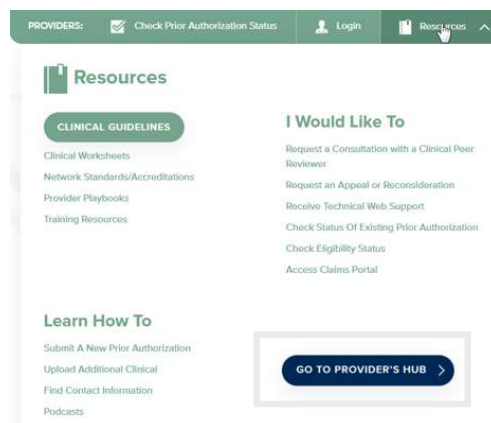
Provider Resources | EviCore Provider's Hub

Providers and staff can access important tools and resources at EviCore.com



Step 1

Open the **Resources** menu in the top right of the browser



Step 2

Select **GO TO PROVIDERS HUB** to access clinical guidelines, schedule consultations (P2P), and more

I would like to...



I am searching for...

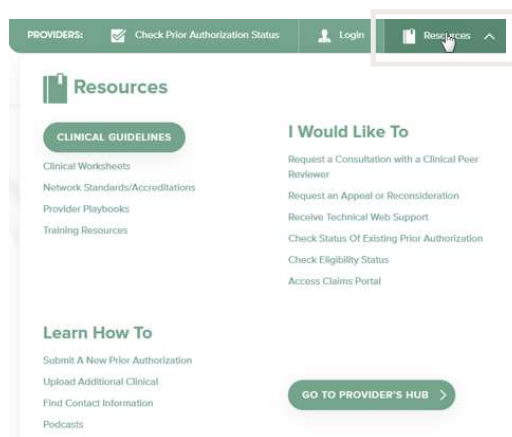


I want to learn how to...



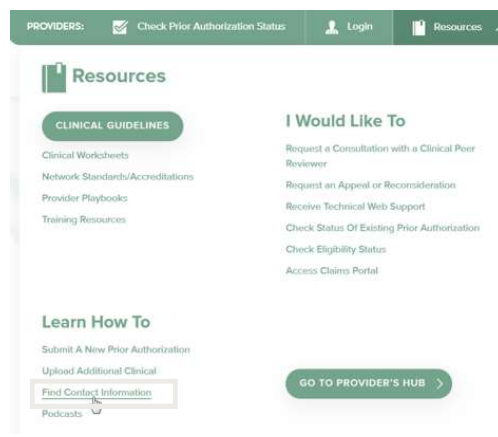
Provider Resources | Quick Reference Tool

Where can I locate plan-specific contact information?



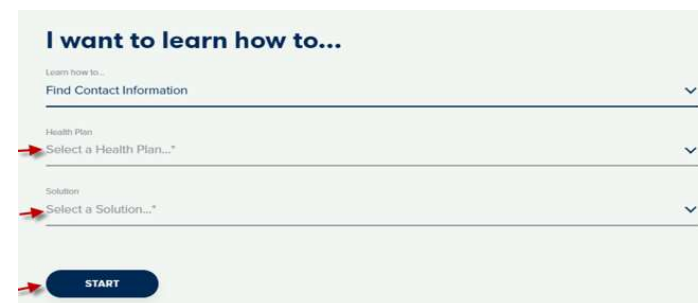
Step 1

Open the **Resources** menu in the top right of the browser



Step 2

Select **Find Contact Information**

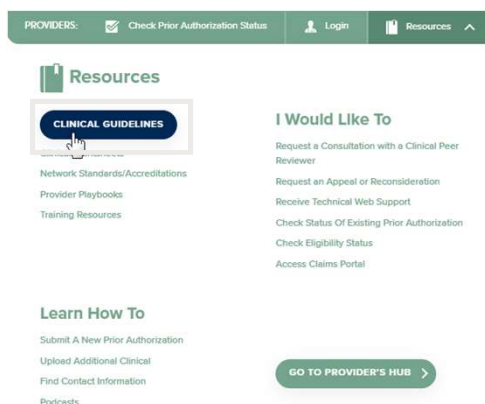


Step 3

- Use **Select a Health Plan** and **Select a Solution** to populate the contact phone and fax numbers
- This will also advise which portal to use for case requests

Provider Resources | Clinical Guidelines

How do I access EviCore's clinical guidelines?



Step 1

- Open the **Resources** menu in the top right of the browser
- Select **Clinical Guidelines**



Step 2

Select the solution/program associated with the requested guidelines

Laboratory Management

EviCore.com recently upgraded and some of your bookmarked Clinical Guidelines might have changed. Please ensure you are navigating to our most recent EviCore Clinical Guidelines.

Please note:

Adobe PDF Reader is required to view clinical guideline documents.

There may be instances in which your health plan policies take precedence over the EviCore by Evernorth clinical guidelines. If you have any questions, please reach out to your health plan.

Follow the below steps to access the clinical guidelines.

READ MORE -

If you require a copy of the guidelines that were used to make a determination on a specific request of treatment or services, please email the case number and request to: rqcriteria@EviCore.com.

To request any additional assistance in accessing the guidelines, provide feedback or clinical evidence related to the evidence-based guidelines, please [click here](#).

EviCore coverage policies include background and supporting information and citations for sources used to develop the policy. Some clinical policies may have a supplemental literature summary available which will provide additional commentary regarding clinical benefits and harms to the patient population being served. Additional literature summaries may be accessed by selecting "Supplemental Information" and then entering "EviCore by Evernorth" in the search by health plan function.

Cigna



Step 3

- Search by health plan name to view clinical guidelines
- If you would like to view all guidelines, type in "EviCore healthcare" as your health plan