# Lab Management

Healthfirst



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# Agenda

**EviCore** 

By EVERNORTH



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





# **Capital Blue Cross Prior Authorization Services**

Applicable Membership	Prior authorization applies to the following services	Prior authorization does NOT apply to services performed in
Medicaid	Outpatient	Emergency Rooms
Medicare	Elective/Non-emergent	Observation Services
• EPO		<ul> <li>Inpatient Stays</li> </ul>
Leaf Premier Plans		



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 ۲
- Neurologic Disorders •
- Mitochondrial Disease Testing •
- Intellectual Disability / Developmental • Disorders





# **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.

**FviCore** 

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- 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 <u>www.EviCore.com</u>



Phone: 877-773-6964 Monday – Friday 7 AM – 7 PM (local time)

Fax: 866.466.6964

# **Evidence-Based Guidelines**

### The Foundation of Our Solutions

### **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







# **Utilization Management | Prior Authorization Process**

### **Recommend Prior Authorization on Approximately 398 CPT Codes**

Easy for Providers and Staff Provider Requests Prior Authorization 16 MD Review **Real-Time** Genetic Appropriate Medical Geneticists, Oncologists, and Decision Counselor Pathologists Decision Possible Review Peer-to-Peer 1. First- and second-level appeals, and can coordinate peer-to-peer discussions



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# **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 866.466.6964.
- 2. Upload directly into the case via the provider portal at EviCore.com.

 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 <u>EviCore.com</u>.





# Prior Authorization Outcomes, Special Considerations & Post-Decision Options



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# **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: <u>www.EviCore.com</u>



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# **Special Circumstances**

### **Authorization Update**

- If updates are needed on an existing authorization, you can contact EviCore by phone at 877-773-6964.
- 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.





# **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.



# **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.

EVERNORTH			
Web Portal Preference			
Please select the Portal that is	listed in your provider training material. This selection determines th	e primary portal that you will using to submit cases over the web.	
Default Portal*:	Select V		
User Information	CareCore National Medsolutions		
All Pre-Authorization notificatio	ons will be sent to the fax number and email address provided below.	Please make sure you provide valid information.	
User Name*:		Address*:	
Email*:			
Confirm Email*:		City*:	
First Name*:		State*:	Select ✓ Zip*:



# **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.

	Email O SMS
Pegister Em	
example@	evicore.com
Only one device	(Email or SMS) is currently allowed.
Please ente Address	r PIN sent to your Email
PIN	



# Welcome Screen | Adding Providers to Registration



- Providers can be added to your account prior to case submission.
- Click the Manage Your Account tab to add providers to the web registration.

Welco	me to the CareCore National Web Portal. You are logged in as
	REQUEST AN AUTH
	RESUME IN-PROGRESS REQUEST
	SUMMARY OF AUTH
	Αυτή Lookup
	MEMBER ELIGIBILITY



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

Manage Your Account		
Office Name:	CHANGE PASSWORD	EDITACCOUNT
Address:		
Primary Contact:		
Email Address:		
ADD PROVIDER		
Click Column Headings to Sort		
No providers on file		
CANCEL		

• Click the Add Provider button.



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



- Enter the Provider's **NPI**, **state**, and zip **code** to search for the provider record.
- Once entered, click Find Matches.
- Multiple providers can be added to your account.

Home	Certification Summary	Authorization	Eligibility Lookup	Clinical Certification	Certification Requests	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
	Summary	соокир	LOOKup	Ceruncation	In Progress	Peri. Summary Portai		Tour Account	Pullai	contact os

Add Practitioner											
This following practitioner record(s) were found to match the requested NPI. Is this the practitioner you would like to register?											
Practitioner Name	tioner NPI Address		City	State	Zip	Phone	Fax				
			·		1	1					
ADD THIS P	RACTITIONE										

• Select the matching record based upon your search criteria.



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
	Summary	Cookup	LOOKup	Certification	All Progress	rem outlinuty rotat		Tour Account	rontan	conduct 05



- Once you have selected a practitioner, your registration will be completed and ready for building a case.
- You can click on Add Another Practitioner to add another provider to your account or click Continue.



# **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
Ŀ											



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



# **Select Program**

F											
	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





# Clinical Certification Request | Search and Select Provider

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
Requ Select th Filter La	e ordering provider for t Name or NPI: ELECT 15987	er Information or this authorization r der 01070 - GORAYA, SHAZI	equest. A (Selected)		<ul> <li>Searce</li> <li>Provision</li> <li>If the list of</li> </ul>	ch for and s der/Group Id a case. ders you ac Providers a	select the for whom y This is the l Ided to your <b>Group</b> is no	/ou want list of r account. t on your ur		
If the pr	ovider's NPI is not list	ed above, please use	the search featu	re below to add a n	ew provider and continue with	case build.	accou	int, you cai	n now Sear	ch by
Search By NPI: SEARCH BACK CONTINUE Click here for help							NPI.			



# Clinical Certification Request | Search and Select Provider



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# Clinical Certification Request | Select Health Plan

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

Choose Your Insurer								
Requesting Provider:								
Please select the insurer for this authorization request.								
Please Select a	Please Select a Health Plan							
BACK	CONTINUE							
Click here for help								

- Choose the appropriate health plan for the request.
- Another drop down will appear to select the appropriate address for the **provider**.
- Click CONTINUE.



# Clinical Certification Request | Enter Contact Information

	Home	Certification	Authorization	Eligibility	Clinical	Certification Requests	MSM Practitioner	Resources	Manage Your Account	MedSolutions	Help /
L		Summary	соокир	соокир	Ceruncation	III Progress	Peri, Summary Portai		TOUL ACCOUNT	Portai	contact us





# **Member & Request Information**

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



- 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 <u>these steps</u>
Select a Secondary Diagnosis Code (Lookup by Code or Description) Secondary diagnosis is optional for Lab Management Program



# **Verify Service Selection**

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

### **Requested Service + Diagnosis**

Confirm your service selection.

CPT Code:	LAE	ITST						
Description:	MC	LECULAR GENETIC TEST						
Primary Diagno	sis Code: R97	.1						
Primary Diagno	sis: Ele	/ated cancer antigen 125 [CA 125]						
Secondary Diagnosis Code:								
Secondary Diag	nosis:							
Change Procedure	or Primary Diagnos	<u>s</u>						
Change Secondary	<u>Diagnosis</u>							
BACK	CONTINUE							
Click here for help								
<u>Click here for help</u>								

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

# **Clinical Certification Request** | Site Selection

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	
_											
Add Site	e of Service										
Specific Site Search Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.											
NPI:		Zip	Code:			Site Name:					
TIN:		City	<i>'</i> :					<ul> <li>Exact match</li> <li>Starts with</li> </ul>			
											TE

- 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**

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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.

To the best of your knowledge, has a previous prior authorization request been made for this member and this test?
 Yes No

<ul> <li>It is the specimen been collected?</li> <li>Yes</li> <li>No</li> <li>Unknown</li> </ul>	Proceed to Clinica	al Information	
SUBMIT	What is the specimen co     SUBMIT	llection or retrieval from storage date? If the date is unknown	n, please use today's date.  Proceed to Clinical Information  What kind of testing is being done? Testing related to cancer Testing related to pregnancy Other Unknown

- 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 **<u>end of the day</u>**.
  - 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.

O Submitting your request will be much faster if the test name can be found.

	Test Brand Name	Test Category
0	None Of These	
0	ATM Analysis	ATM Sequencing and Deletion/Duplication Analysis
0	BRACAnalysis {Integrated BRACAnalysis; CPT 81162}	BRCA1/2 Sequencing and Deletion/Duplication Analysis
0	BRACAnalysis {Integrated BRACAnalysis; CPT 81163, 81164)}	BRCA1/2 Sequencing and Deletion/Duplication Analysis
0	BRACAnalysis and myRisk {Integrated BRACAnalysis and myRisk; CPT 81162, 81479}	Hereditary Breast and Ovarian Cancer Panel Tests
0	BRACAnalysis and myRisk {Integrated BRACAnalysis and myRisk; CPT 81163, 81164, 81479}	Hereditary Breast and Ovarian Cancer Panel Tests
0	BRACAnalysis and PALB2 {2019 codes; Integrated BRACAnalysis and PALB2; 81162, 81406}	Hereditary Breast and Ovarian Cancer Panel Tests
0	BRACAnalysis and PALB2 {2019 codes; Integrated BRACAnalysis and PALB2; 81163, 81164, 81406}	Hereditary Breast and Ovarian Cancer Panel Tests
0	BRACAnalysis and PALB2 {2019 codes; Integrated BRACAnalysis and PALB2; 81163, 81164, 81406}	Hereditary Breast and Ovarian Cancer Panel Tests
0	BRACAnalysis and PALB2 {2020 codes; Integrated BRACAnalysis and PALB2; 81162, 81307}	Hereditary Breast and Ovarian Cancer Panel Tests

### **Clinical Certification**

questions will populate based upon the information provided.

#### <u>1</u>234567

### 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".



# Proceed to Clinical Information | Free Text Questions

Proceed to Clinical Information	
Answer the following questions in clinical detail:	
• Why is this test being requested and how will the results be used to change management?	
<i>h</i>	
Obscribe any applicable current or past medical history, lab testing, or procedure results.	
• 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:

<ul> <li>Is there any additional information specific to the member's condition you</li> <li>I would like to upload a document after the survey</li> <li>I would like to enter additional notes in the space provided</li> <li>I would like to upload a document and enter additional notes</li> </ul>	would like to provide Summary of Your Requ Please review the details of your rec Your case has been sent to M	? est uest below and if everything looks correct click CONTINUE edical Review.		
I have no additional information to provide at this time	Provider Name: Provider Address:		Contact: Phone Number: Fax Number:	10.000
	Patient Name: Insurance Carrier:		Patient Id:	
SUBMIT	Site Name: Site Address:		Site ID:	
	Primary Diagnosis Code: Secondary Diagnosis Code: Date of Caralian	R68.89	Description: Description:	Other general symptoms and signs
	Date of service: CPT Code: Case Number: Review Date: Expiration Date: Status:	Not provided LABTST 7/15/2020 5:27:45 PM N/A Your case has been sent to Medical Review.	Description:	MOLECULAR GENETIC TEST
	CANCEL PRINT C	ONTINUE		

### 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."

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# **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 Requ	lest		
Please review the details of your re	quest below and if everything looks correct click CONTI	NUE	
·			
The following testing is appro	oved: BRCA1 and/or 2 Gene Testing. Procedure o	ode(s) approved: 8	1162.
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		
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. Procedu	re code(s) approved: 81162.
CANCEL PRINT C	CONTINUE		

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# **Clinical Guidelines**

### How to access our Guidelines:

- 1. Go to <u>www.EviCore.com</u> 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:

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- 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 <u>4Kscore for Prostate Cancer Risk Assessment</u>: 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		
Guidelines		
MOL.AD.107.A Unique Test Identifiers for Non-Specific Procedu	ure Codes	MOL.AD.364.A Special Circumstances Influencing Coverage Determinations
MOL.AD.304.A Medical Necessity Review Information Require	ments	MOL.AD.412.X Laboratory Billing and Reimbursement
MOL.AD.314.A Date of Service and Authorization Period Effect	tive Date	



# **EviCore Portal Features**



## **Provider Portal | Feature Access**





# 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.





# **Certification Summary | User Worklist**

Home	Certif Sum	fication Ima <b>ry</b>	Authorizati Lookup	on Eligibility Lookup	Clinical Certification	Certification Reque n In Progress	sts MSM P Perf. Sum	ractitioner mary Portal	Resources	Manage Your Accou	e MedS int Po	Colutions Help / Dortal Contact U	s
Cert	ificatio	n Sumn	nary										
Search	For: A	II Other Pro	ograms		~								
Searc	h		⊲₀ ≡										
141 <4	Page 1	of 1   ⊪>	▶1 10 ¥										
	Authoriza	ation Number	Case Num	er Membe	r Last Name	Ordering Provider Last Name	Ordering Provider NPI	Star	tus	Case Initiation Date	Procedure Code	Service Description	
			×	×	×	×	×				×		
1 N/	ι.							Expired / Cancelled		05/01/2024			
14 44	Page 1	of 1   >>	▶1 10 ¥										

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



# Authorization Lookup | Popular Tool

Hor	ne	Certification Summary	Authorization Lookup	Eligibility	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
<b>A</b>	the	vization	Lookun								
	tho	rization	соокир								
Se	arch	by Member 1	nformation Se	arch by Autho	rization Numbe	r/NPI OnePA: Prior Au	thorization Portal for Pr	oviders Sea	rch by Claim Nu	mber/Health pla	n
Re	equired ealthp	l Fields plan:				~					
	PRIN	т									
Click	here fo	or help									

- 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.

### **EviCore**

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# **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 ۲
- Phone: 800-646-0418 (option 4). ۲

### 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 866.466.6964. 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-planspecific 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/highmark

EviCore also maintains online resources <u>not</u> 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:

**EviCore** 

By EVERNORTH

- 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. <u>Please keep the registration e-mail</u> 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 **Intro to EviCore Online Resources** session to learn how to navigate <u>EviCore.com</u> 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 By EVERNORTH

# **EviCore's Provider Newsletter**

### Stay up to date with our free provider newsletter!

### To subscribe:

- Visit <u>EviCore.com</u>.
- Scroll down to the section titled Stay Updated With Our Provider Newsletter.
- Enter a valid email address.





# **Thank You**



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# Appendix



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# Peer-to-Peer (P2P) Scheduling Tool



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.

- 1. Log-in to your account at EviCore.com.
- 2. Perform **Clinical Review Lookup** to determine the status of your request.
- 3. Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a. Peer-to-Peer consultation
- 4. 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.

- 1. Upon first login, you will be asked to confirm your default time zone.
- 2. You will be presented with the case number and member date of birth.
- 3. Add another case for the same Peer-to-Peer appointment request by selecting Add Another Case.
- 4. To proceed, select Lookup Cases.
- 5. You will receive a confirmation screen with member and case information, including the level of review for the case in question.
- 6. Click **Continue** to proceed.

Case In	fo Que	stions	Schedule	Confir	mation
New	P2P Request	:		EviCo By EVERNO	Dre Drth
Ca	Ase Reference Number	Case information	xill auto-populat	te from prior lookup	
				Lookup Cas	ies >
New	P2P Request			EviCo By EVERNO	DRTH
Case Ref #:	Reconsideration	allowed through evid	Core until 11/11	Ren 1/2020 12:00:00 AM.	nove 🥪 P2P Eligible
Name DOB State Health Plan Member ID		L	Episode ID P2P Valid Until Modality evel of Review System Name	2020-11-11 MSK Spine Surgery Reconsideration P2I ImageOne	₽ ←
		Continue	•		

- 1. You will be prompted with a list of EviCore Physicians/Reviewers and appointment options.
- 2. Select any of the listed appointment times to continue.
- 3. 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, then click Continue.

1st Case	Preferre	d Davs										
Case #	M	on	TI	ies	W	/ed		Thu	rs		Fri	
Episode ID		1		1		1		~			×	
Member Name Member DOB	Preferre	d Times										1
Member State			Morning					1	Aternoo	in		
Health Plan	7.00 to 8:00	6.00 to 9.00	9:00 to 10:00	10 00 to 11 00	11:00 to 12:00	12:00 to 1:00	100 to 200	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
Case Type MSK Spine Surgery	× .	1	4	1	~	~	~	~	~	~	~	~
Level of Review Reconsideration P2P	Time Zo	ne										
	US/Eas	tem										14
										1	-	

Prev Week		5/18/202	20 - 5/24/2020 (Upcomin	g week)		Next Wee
						1st Priority by
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 5/24/2
6:15 pm EDT	-	-	-	-	-	-
6:30 pm EDT						
6:45 pm EDT	-					
Mon 5/18/20	Tue 5/10/20	Wed 5/20/20	Thu 5/21/20	Eri 5/22/20	Sat 5/22/20	1st Priority by
Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	<b>Sat</b> 5/23/20	1st Priority by Sun 5/24/2
Mon 5/18/20 3:30 pm EDT	Tue 5/19/20 2:00 pm EDT	Wed 5/20/20 4:15 pm EDT	Thu 5/21/20 3:15 pm EDT	Fri 5/22/20 -	<b>Sat</b> 5/23/20 -	1st Priority by Sun 5/24/2
Mon 5/18/20 3:30 pm EDT 3:45 pm EDT	Tue 5/19/20 2:00 pm EDT 2:15 pm EDT	Wed 5/20/20 4:15 pm EDT 4:30 pm EDT	Thu 5/21/20 3:15 pm EDT 3:30 pm EDT	Fri 5/22/20 -	<b>Sat</b> 5/23/20 -	1st Priority by Sun 5/24/2 -
Mon 5/18/20 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT	Tue 5/19/20 2:00 pm EDT 2:15 pm EDT 2:30 pm EDT	Wed 5/20/20 4:15 pm EDT 4:30 pm EDT 4:45 pm EDT	Thu 5/21/20 3:15 pm EDT 3:30 pm EDT 3:45 pm EDT	Fri 5/22/20 -	Sat 5/23/20 -	1st Priority by Sun 5/24/2 -
Mon 5/18/20 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT 4:15 pm EDT	Tue 5/19/20 2:00 pm EDT 2:15 pm EDT 2:30 pm EDT 2:45 pm EDT	Wed 5/20/20 4:15 pm EDT 4:30 pm EDT 4:45 pm EDT 5:00 pm EDT	Thu 5/21/20           3:15 pm EDT           3:30 pm EDT           3:45 pm EDT           4:00 pm EDT	Fri 5/22/20 -	Sat 5/23/20 -	1st Priority by Sun 5/24/2 -

- 1. 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
- 2. Click **Submit** to schedule the appointment.
- 3. You will be presented with a summary page containing the details of your scheduled appointment.
- 4. Confirm contact details.

Case Info	Questions	Schedule	Confirmation
P2P Info Date Mon 5/18/20 Time S 6:30 pm EDT Reviewing Provider 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 I Name of Provider Requ Dr. Jane Doe Contact Person Name Office Manager John I Contact Person Locati Provider Office Phone Number for P2P J (555) 555-5555 Alternate Phone Alternate Phone Alternate Phone Contact Instructions Select option 4, ask for	Detalls esting P2P Doe on on on on on on on on	Phone Ext. 2 12345 Phone Ext. 2 Phone Ext. 2 Phone Ext. 3 Phone Ext.
<ul> <li>Scheduling</li> <li>Scheduled</li> <li>Mon 5/18/20 - 6::</li> </ul>	30 pm EDT		SCHEDULED

## **P2P Contact Details**

- Use the radio button option to select who will perform the P2P with the EviCore Medical Director.
- 2. Open fields will manually open to input the provider's first, last name, and their credential.

Appointment Details		
菌 Fri 5/24/2024		
③ 7:00 am PDT		
🛔 Tamara Fackler		
no will be performing t	he P2P consultation? Required	
Requesting Provider		
Contact Person		
Contact Person Someone else PROVIDER Name of Referring Phys	sician on Case Required	Credential Require
Contact Person Someone else ROVIDER Name of Referring Phys First Name	sician on Case Required	Credential Require
Contact Person Someone else PROVIDER Name of Referring Phys	sician on Case Required	Credential Require Select
Contact Person Someone else  PROVIDER Name of Referring Phys First Name  CONTACT PERSON	sician on Case Required Last Name	Credential Require Select
Contact Person Someone else PROVIDER Name of Referring Phys First Name CONTACT PERSON	sician on Case Required Last Name	Credential Require
Contact Person Someone else PROVIDER Name of Referring Phys First Name CONTACT PERSON	sician on Case Required Last Name	Credential Require Select
Contact Person Contact Person Contact Person Contact First Name Contact First Name Contact First Name	sician on Case Required Last Name	Credential Require Select

### **Call Notes**

- 1. Use the radio button to select options if applicable.
- 2. If "Procedure was performed on" is selected, then the date is <u>required</u>.

Con	ntact Instructions
Call	Notes
	ALT REC declined
	Procedure was performed on: mm/dd/yyyy
	Caller requested MD Specialty match
	Appeal LOR attestation requirement
	OH State Regulation: Member Consent obtained
	TX licensed physician - Caller is aware P2P does not meet SSL match and wants to proceed with P2P per same-specialty match requirement.
	TX licensed same specialty - Caller is aware P2P does not meet TX SSL/specialty match and wants to proceed with P2P
	Schedule Appointment

# **Cancel or Reschedule a P2P Appointment**

### To cancel or reschedule an appointment:

- 1. Access the scheduling software and select **My P2P Requests** on the left-pane navigation.
- 2. Select the request you would like to modify from the list of available appointments.
- 3. When the request appears, click on the schedule link. An appointment window will open.
- 4. 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.
- 5. Close the browser once finished.

