Molecular Lab Management

Provider Presentation for Capital Blue Cross

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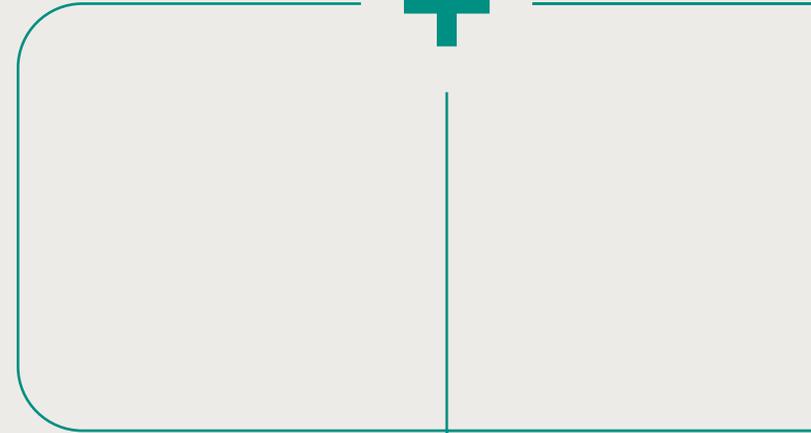
Agenda

- **Program Overview**
  Molecular Lab Management

- **Submitting Requests**

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

- **EviCore Provider Portal**

- **Provider Resources**

- **Questions & Next Steps**

- **Appendix**

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Program 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
• Commercial Fully-Insured • Commercial Self-Insured (Go-live 01/01/2026) • CHIP • Medicare	• Outpatient • Elective/Non-emergent	• Emergency Rooms • Observation Services • Inpatient Stays

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

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Molecular 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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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

Annually Reviewed Guidelines

Experts associated with Academic Institutions

Current Clinical Literature

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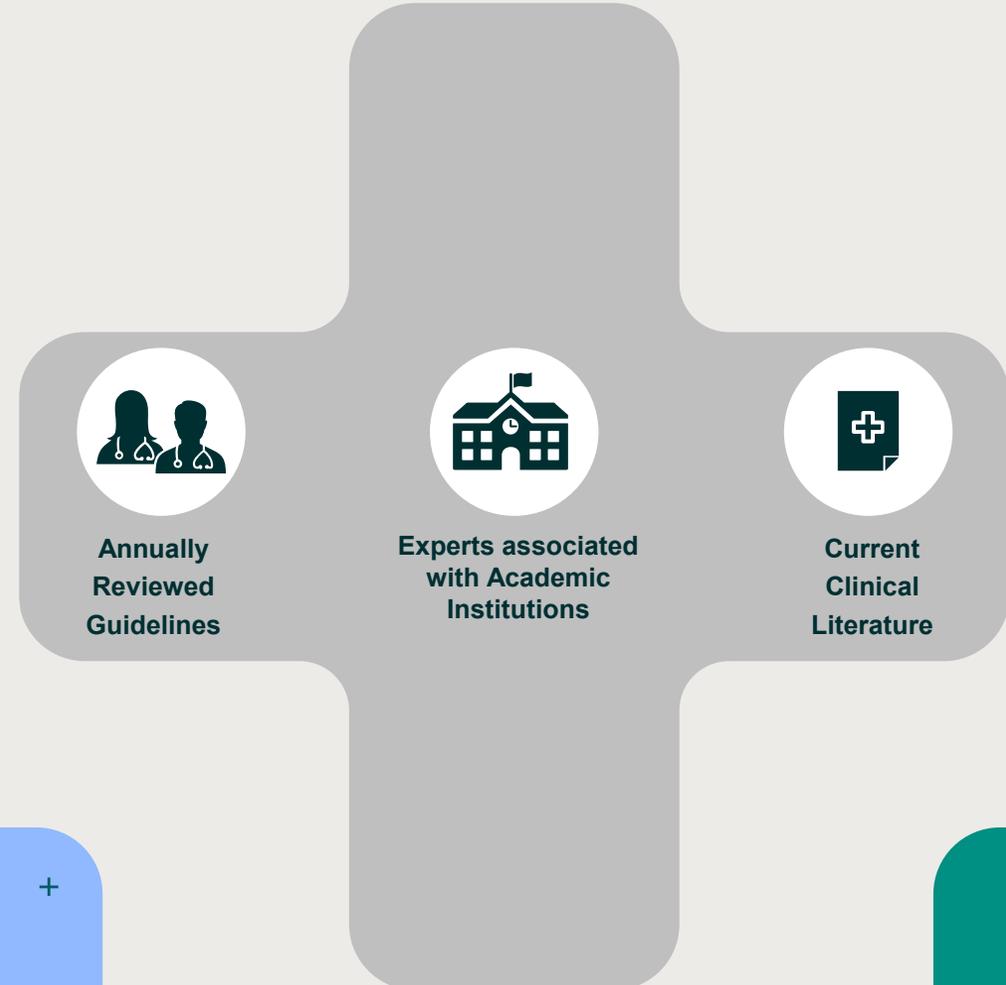
Submitting Requests

How to Request Prior Authorization

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

- **Save time**: Quicker process than requests by phone or fax.

- **Available 24/7.**

- **Save your progress**: If you need to step away, you can save your progress and resume later.

- **Upload additional clinical information**: No need to fax supporting clinical documentation; it can be uploaded on the portal.

- **View and print determination information**: Check case status in real time.

- **Dashboard**: View all recently submitted cases.

- **E-notification**: Opt to receive email notifications when there is a change to case status.

- **Duplication feature**: If you are submitting more than one request, you can duplicate information to expedite submissions.

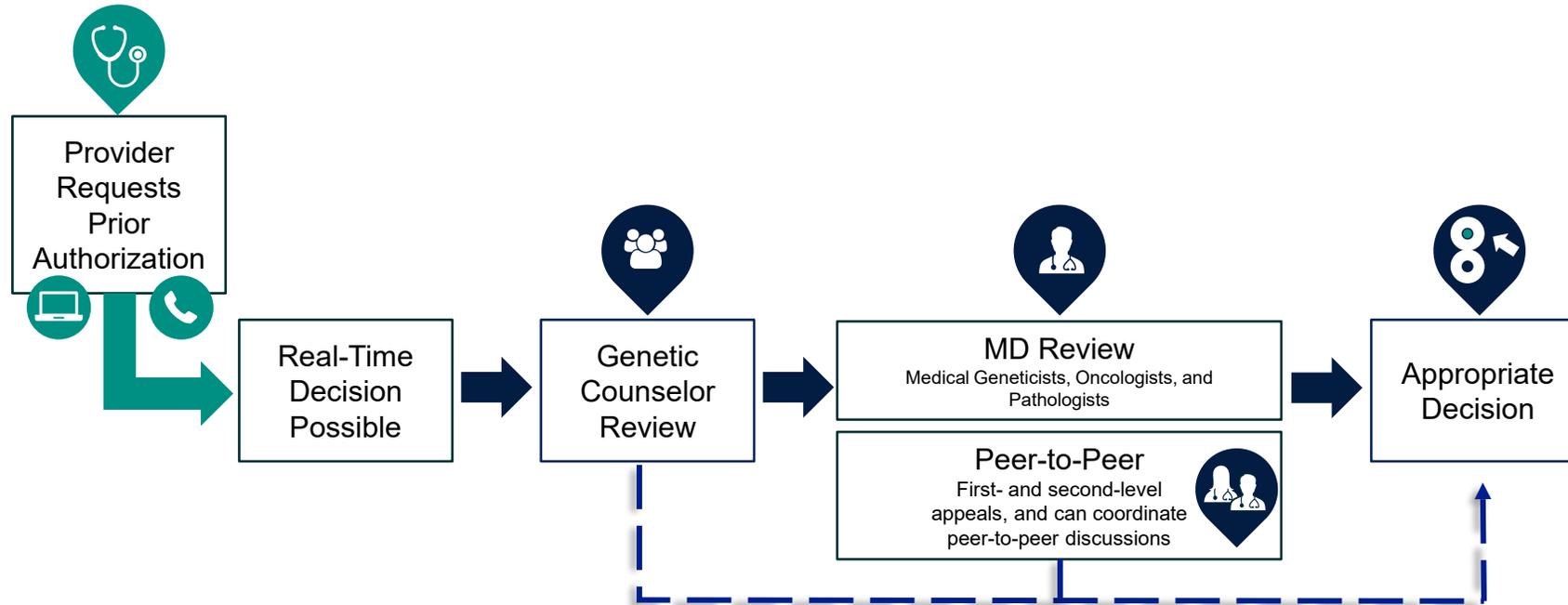To access the EviCore Provider Portal, visit **www.EviCore.com**

Phone: 877-282-2510
Monday – Friday
7 AM – 7 PM EST

Fax: 844-545-9213

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Utilization Management | Prior Authorization Process

Prior Authorization for 400+ CPT Codes

Easy for Providers and Staff

Provider Requests Prior Authorization

Real-Time Decision Possible

Genetic Counselor Review

MD Review
Medical Geneticists, Oncologists, and Pathologists

Peer-to-Peer
First- and second-level appeals, and can coordinate peer-to-peer discussions

Appropriate Decision

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's Alphanumeric ID Number (including the alpha prefix and two-digit suffix)
- Phone Number (if applicable)

Ordering Physician Information

- First and Last Name
- Practice Address
- Individual National Provider ID (NPI) Number
- Tax Identification Number (TIN
- Phone and Fax Numbers

Rendering Laboratory Information

- Laboratory Name
- Street Address
- National Provider Identification Number (NPI)
- Tax Identification Number (TIN)
- Phone and Fax Numbers

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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:
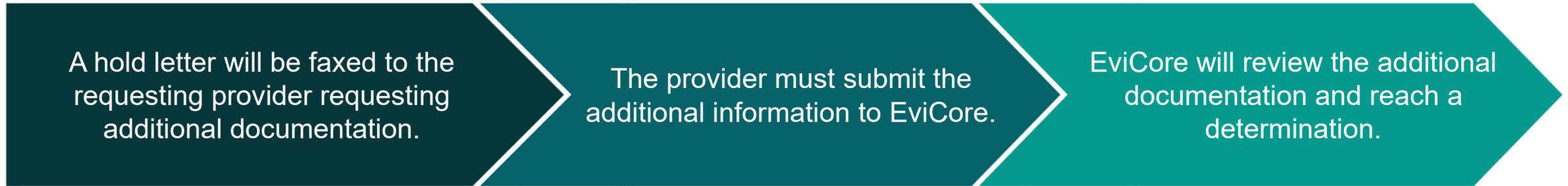
A hold letter will be faxed to the requesting provider requesting additional documentation.	The provider must submit the additional information to EviCore.	EviCore will review the additional documentation and reach a determination.
The hold letter will inform the provider about what clinical information 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 **844-545-9213**.
2. **Upload** directly into the case via the provider portal at **EviCore.com**.
3. **Request a Pre-Decision Clinical Consultation.**
   This consultation can be requested via the EviCore website, and must occur prior to the due date referenced in the notification.

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

Once the determination is made, notifications will go to the provider and member, and status will be available on EviCore.com.

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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).

6. Examples:
   - Specific genetic testing
   - Molecular and genomic testing
   - Huntington Disease testing

Resources

CLINICAL GUIDELINES

Laboratory Management
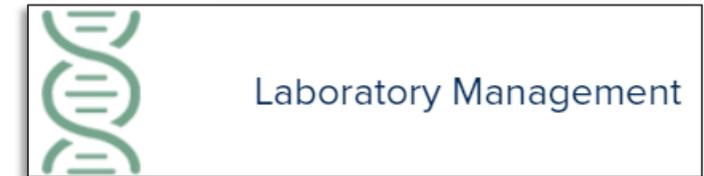
Laboratory Management

Instructions for accessing the guidelines:

1. Search by health plan name to view clinical guidelines.

2. Locate the **reason for denial** section found in your letter. Identify the guideline title and then search by the provided guideline title. Select appropriate guideline document.

Example for **4Kscore for Prostate Cancer Risk Assessment**: *We based this decision on the guidelines listed below:* **4Kscore for Prostate Cancer Risk Assessment** (MOL. TS. 120).

Search Health Plan …

Clinical Guidelines

Health Plan-Specific Guidelines

- Current, future, and archived lists and guidelines are found here.

- You can select the entire code list or the health plan specific policy book.

- Shown here is an example of the **Administrative Guidelines** you will find on our resource site.

- There are also lab guidelines for clinical use and test-specific guidelines on our resource site. (not shown on this screen)

CURRENT   FUTURE   ARCHIVED

Code Lists

Guidelines

ADMINISTRATIVE ⊖

MOL.AD.107.A Unique Test Identifiers for Non-Specific Procedure Codes

MOL.AD.364.A Special Circumstances Influencing Coverage Determinations

MOL.AD.304.A Medical Necessity Review Information Requirements

MOL.AD.412.X Laboratory Billing and Reimbursement

MOL.AD.314.A Date of Service and Authorization Period Effective Date

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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 and rendering providers.

- Web initiated cases will receive e-notifications when a user opts to receive.

- Members will receive a letter by mail.

- Approval information can be printed on demand from the EviCore portal: www.EviCore.com

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Special Circumstances

Authorization Update

- If updates are needed on an existing authorization, please contact EviCore by phone at **877-282-2510**.

- 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.

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Post-Decision Options |
Commercial and CHIP 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 **877-282-2510** 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** to see available options.

Reconsiderations (Peer-to-Peer, P2P)

- Reconsiderations must be requested within:
  - Commercial members - 180 calendar days of denial date
  - CHIP members - 60 calendar days of denial date
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an EviCore physician.

Appeals

- EviCore will process first-level appeals for Commercial and CHIP members.
- Appeal requests must be submitted to EviCore within:
  - Commercial members - 180 calendar days
  - CHIP members - 60 calendar days
- Please refer to the denial letter for specific instructions.

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Post-Decision Options |
Medicare Members

My case has been denied. What's next?

Clinical Consultation

- Providers can request a Clinical Consultation with an EviCore physician to better understand the reason for denial.

- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation.

Reconsideration (Peer-to-Peer, P2P)

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

Appeals

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

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Special Circumstances

Retrospective (Retro) Authorization Requests

- Must be submitted within **30 calendar days** from the date of service (not date of specimen collection).

- Reviewed for clinical urgency and medical necessity.

- Retro requests are processed within **30 calendar days** of the request.

- When authorized, the start date will be the submitted date of service.

Urgent Prior Authorization Requests

- EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member.

- Can be initiated on provider portal or by phone.

- Urgent cases are typically reviewed within 24 to 72 hours.

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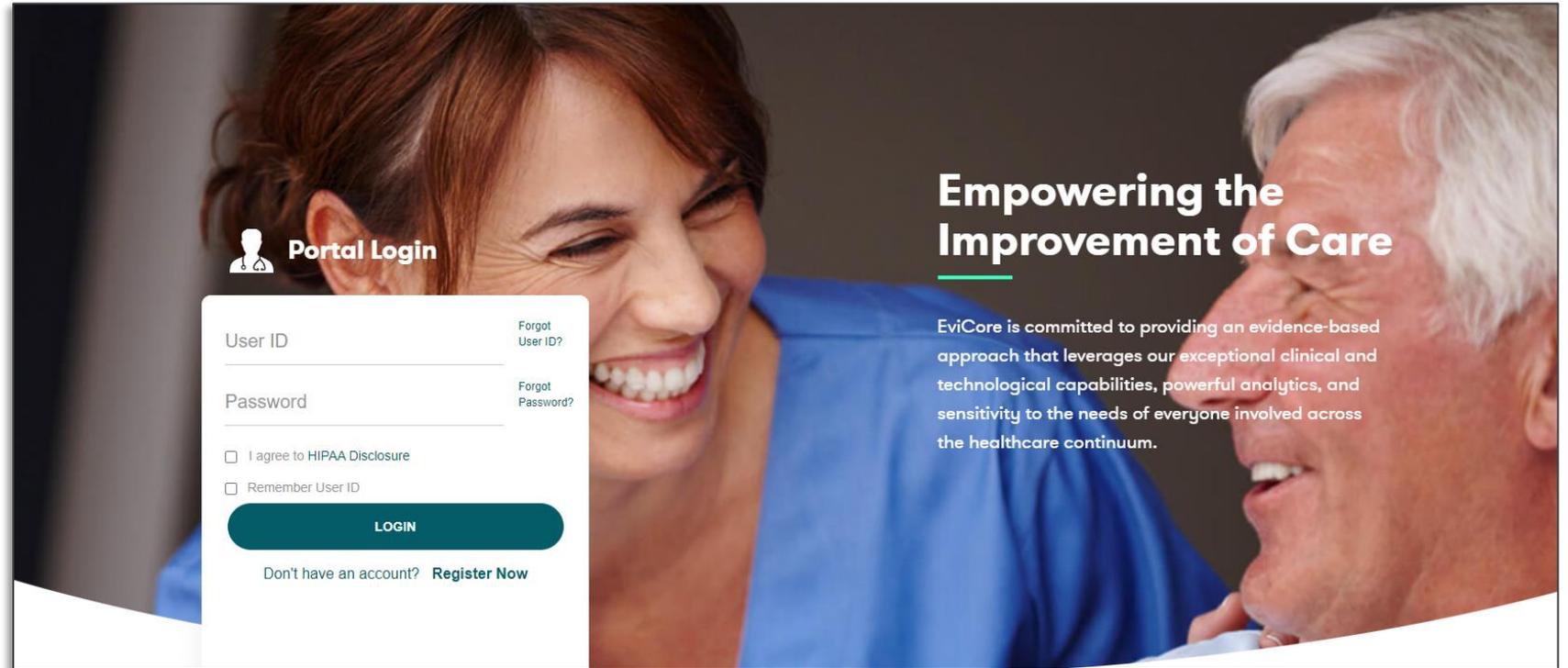
EviCore's website is compatible with **all web browsers**. If you experience issues, you may need to **disable pop-up blockers** to access the site.

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.

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.

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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.

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Adding Providers

- Click the **Add Provider** button.

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Adding Providers

- 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.

Adding Providers

- Select the matching record based upon your search criteria.
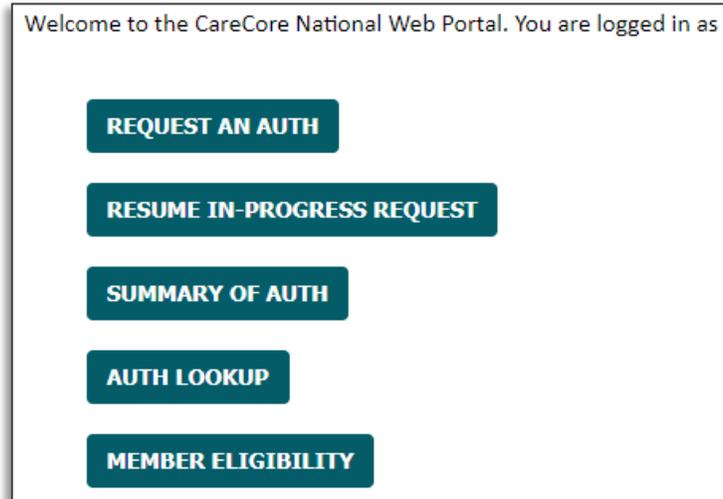
Adding Providers

| 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 |

Add Practitioner

Thank you for registering on the CareCore National website. If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to complete the registration process.

ADD ANOTHER PRACTITIONER   CONTINUE

- 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**.

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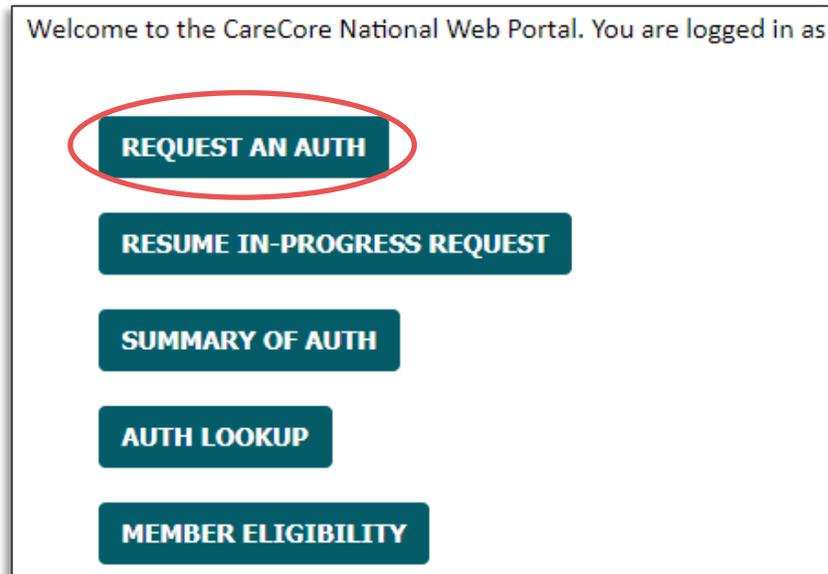
- Click the **Clinical Certification** tab to get started.
- Choose **Request an Auth** to begin a new case request.

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Select Program

Request an Authorization

To begin, please select a program below:

○ Durable Medical Equipment(DME)
○ Gastroenterology
◉ Lab Management Program
○ Medical Drug Management
○ Medical Oncology Pathways
○ Musculoskeletal Management
○ Pharmacy Drugs (Express Scripts Coverage)
○ Radiation Therapy Management Program (RTMP)
○ Radiology and Cardiology
○ Sleep Management

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

Please Select ⌄

CONTINUE

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

Please Select ⌄

| Please Select |
| Referring Provider |
| Rendering Lab |

CONTINUE

- 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.

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Clinical Certification Request | Search and Select Provider

- Search for and select the **Provider/Group** for whom you want to build a case. This is the list of providers you added to your account.

- If the **Provider/Group** is not on your list of providers added to your account, you can now **Search by NPI**.

Clinical Certification Request | Search and Select Provider

- Once the provider is found by searching **NPI**, the line will turn gray to indicate they are selected.

Clinical Certification Request | Select Health Plan

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

[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**.

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Clinical Certification Request | Enter Contact Information

- Enter/Edit the **provider's name** and appropriate information for the point of contact.
- Practitioner name, fax, and phone will pre-populate; edit as necessary.

The e-notification box is checked by default to enable email notices for any updates on case status changes. Make sure to uncheck this box if you prefer to receive faxed notices.

Member & Request Information

Patient Eligibility Lookup

- Enter the **member information**, including the patient ID number, date of birth, and last name.
- Click **Eligibility Lookup**.
- Next screen you can enter **LABST**.

Verify Service Selection

Requested Service + Diagnosis

Confirm your service selection.

CPT Code:	LABTST
Description:	MOLECULAR GENETIC TEST
Primary Diagnosis Code:	R97.1
Primary Diagnosis:	Elevated cancer antigen 125 [CA 125]
Secondary Diagnosis Code:	
Secondary Diagnosis:	

Change Procedure or Primary Diagnosis
Change Secondary Diagnosis

BACK   **CONTINUE**

Click here for help

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

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Clinical Certification Request | Site Selection

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

- **Select** the specific site where the procedure will be performed.

Proceed to Clinical Information | Example Questions

Proceed to Clinical Information

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

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

○ Yes ○ No ○ Unknown

ⓘ Has the specimen been collected?

○ Yes ○ No ○ Unknown

SUBMIT

Proceed to Clinical Information

ⓘ 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

ⓘ What kind of testing is being done?
☐ Testing related to cancer
○ Testing related to pregnancy
○ Other
○ Unknown

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

[   ]

ⓘ 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
○	None Of These	
○	ATM Analysis	ATM Sequencing and Deletion/Duplication Analysis
○	BRACAnalysis {Integrated BRACAnalysis; CPT 81162}	BRCA1/2 Sequencing and Deletion/Duplication Analysis
○	BRACAnalysis {Integrated BRACAnalysis; CPT 81163, 81164)}	BRCA1/2 Sequencing and Deletion/Duplication Analysis
○	BRACAnalysis and myRisk {Integrated BRACAnalysis and myRisk; CPT 81162, 81479}	Hereditary Breast and Ovarian Cancer Panel Tests
○	BRACAnalysis and myRisk {Integrated BRACAnalysis and myRisk; CPT 81163, 81164, 81479}	Hereditary Breast and Ovarian Cancer Panel Tests
○	BRACAnalysis and PALB2 {2019 codes; Integrated BRACAnalysis and PALB2; 81162, 81406}	Hereditary Breast and Ovarian Cancer Panel Tests
○	BRACAnalysis and PALB2 {2019 codes; Integrated BRACAnalysis and PALB2; 81163, 81164, 81406}	Hereditary Breast and Ovarian Cancer Panel Tests
○	BRACAnalysis and PALB2 {2019 codes; Integrated BRACAnalysis and PALB2; 81163, 81164, 81406}	Hereditary Breast and Ovarian Cancer Panel Tests
○	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.

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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?

ⓘ Describe 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.

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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:

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 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		
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

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Provider Resources

Contact EviCore's Dedicated Teams

Client and Provider Services

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

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

Web-Based Services and Portal Support

- Live chat
- Phone: 800-646-0418 (option 2)

Call Center/Intake Team

- Phone: 877-282-2510
- Representatives are available from 7 a.m. to 7 p.m. local time.

Provider Engagement

- Regional team that works directly with the provider community.
- **Provider Engagement Manager Territory List**

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Provider Resource Website

Provider Resource Pages

EviCore's Provider Experience team maintains provider resource pages that contain specific Sleep Diagnostic educational materials to assist providers and their staff on a daily basis. The provider resource page will include, but is not limited to, the following educational materials:

- Provider Training
- CPT code list(s)
- Quick Reference Guide (QRG)
- Frequently Asked Questions (FAQ) Document

To access these helpful resources, please visit:

https://www.EviCore.com/resources
(Choose specific health plan from the dropdown menu)

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 Providers' Hub.

Ongoing sessions for Web Portal Training

- Provides step-by-step guidance on submitting requests through both the EviCore CareCore National platform and EviCore MedSolutions platform.

- Includes portal registration, authorization lookup, and scheduling Peer-to-Peer consultations.

Register for Provider Sessions:

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

EviCore Online Provider Resources Review Forum

The EviCore website contains multiple tools and resources to assist providers and their staff with the prior authorization process.

We invite you to attend an **Intro to EviCore Online Resources** to learn how to navigate EviCore's web site and understand all the non-health plan specific resources available on the Provider's Hub.

Included is a broad overview of registering and using the EviCore portal. This is great for those new to Evicore.com and the prior authorization process.

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EviCore's Provider Newsletter

Stay up to date with our free provider newsletter!

To subscribe:

- Visit **EviCore.com**.

- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**.

- Enter a valid email address

Stay Updated With Our Provider Newsletter

Your email address

SUBSCRIBE →

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Thank You