

LAB MANAGEMENT PROGRAM

Provider Orientation Session for Wellmark Blue Cross Blue Shield



Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc. and Wellmark Blue Cross and Blue Shield of South Dakota are independent licensees of the Blue Cross and Blue Shield Association. Wellmark contracts with EviCore by Evernorth (EviCore), an independent company to review requests for certain services for medical necessity and appropriateness on behalf of Wellmark.

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

Wellmark BCBS Molecular Lab Prior Authorization

EviCore by Evernorth (EviCore) manages prior authorization requests for Wellmark BCBS Molecular Testing Lab services

Select Members:

Commercial (includes On Exchange)


- Fully Insured
- Self Insured

Prior authorization applies to select codes for the following services:

- Outpatient
- Planned / Non-emergent

Prior authorization does NOT apply to services performed in:

- Emergency Rooms
- Observation Services
- Inpatient Stays

 Providers should verify member eligibility and benefits at: <https://evbi.wellmark.com/EVBI/SearchLocal.aspx>
Check prior approval requirements on the secured provider log-in: [Authorization Table \(wellmark.com\)](#)

Molecular Testing Lab Services

In Scope Services

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

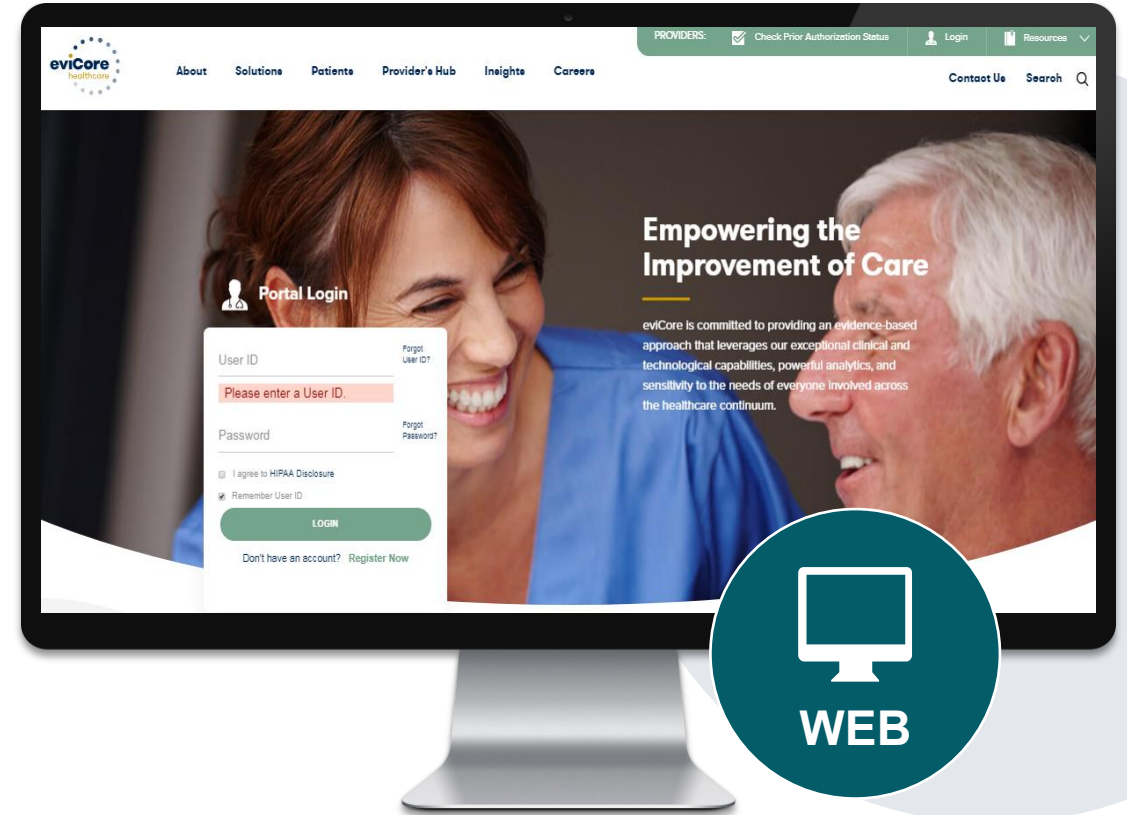


Methods to Submit Prior Authorization Requests

eviCore Provider Portal (preferred)

- **Saves time:** Quicker process than phone authorization requests
- **Available 24/7:** You can access the portal any time and any day
- **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 to support a new request or when additional information is requested
- **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 prior authorization request, you can duplicate information to expedite submittals

EviCore
By EVERNORTH

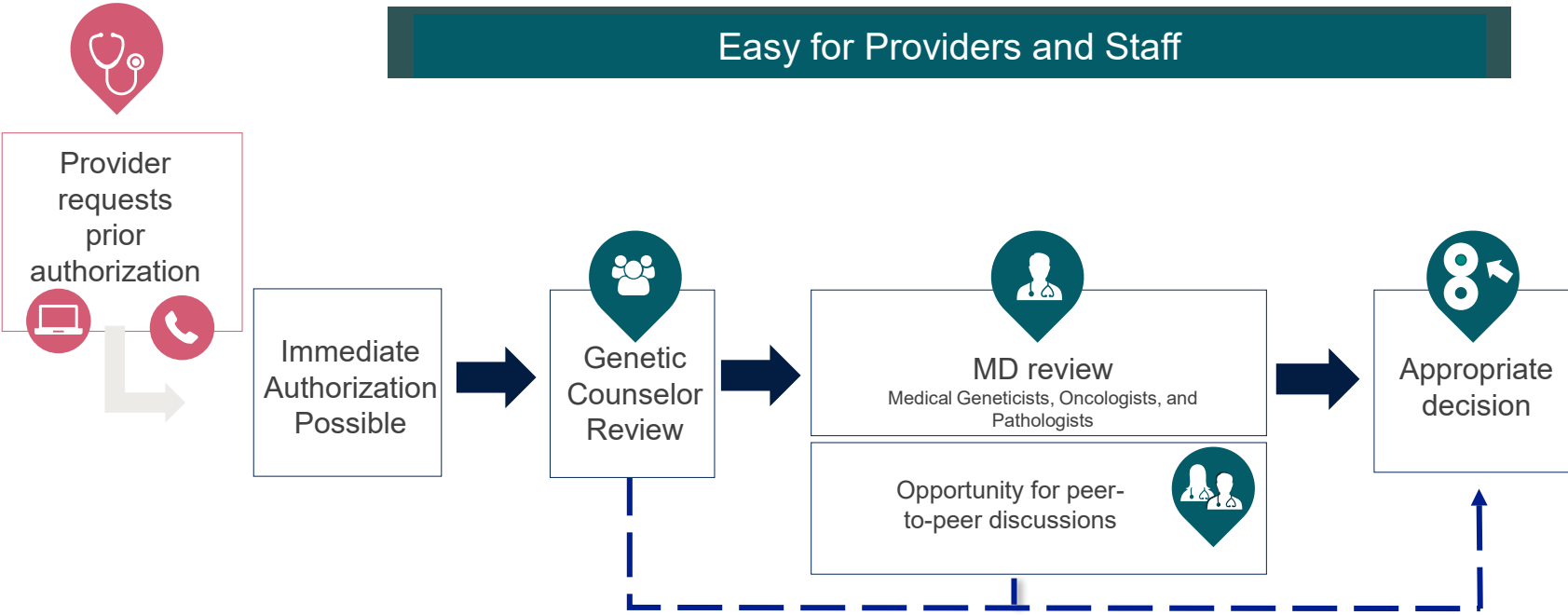


Phone Number:
844-253-9502
Monday through Friday:
[7 am – 7 pm] Central Time

Fax Number:
844-545-9213
To be used to submit additional
clinical information when the
portal is not available

Utilization Management - Prior Authorization Process workflow

Prior Authorization Required on ~350+ CPT Codes



Non-Clinical Information Needed

The following information must be provided to initiate the prior authorization request:

Member Information

- First and Last Name
- Date of Birth
- Member Identification Number (W00123456)
- Phone Number (If Applicable)

Ordering Physician Information

- First and Last Name
- Practice Address
- 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

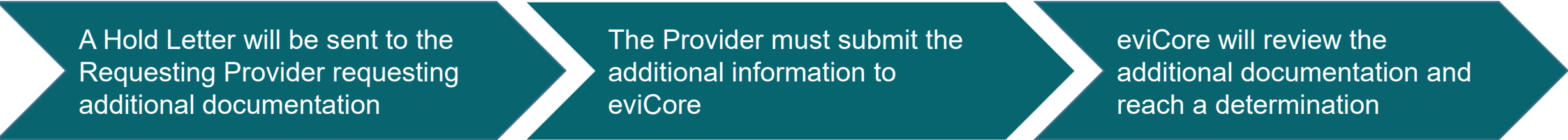
.....
If clinical information is needed, this may include, but is not limited to:

- 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
- Note from the patient's last visit related to the diagnosis

Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

+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:



The Hold notification 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 to the ordering physician, rendering lab and the member.



Providing Additional Information

I've received a request for additional clinical information. What's next? There are three ways to supply the requested information to eviCore for review:

- Additional clinical information must be submitted to eviCore in advance of the due date referenced
 - Additional clinical information should be submitted to eviCore for consideration per the instructions received, clinical can be **faxed** to **844-545-9213** or **uploaded** directly into the case via the provider portal at [Authorization Table \(wellmark.com\)](#)
- Alternatively, providers can choose to request a **Pre-Decision Clinical Consultation** instead of submitting additional clinical information. This consultation can be self-scheduled via the eviCore website (see the end of this presentation for instructions).
 - The Pre-Decision Clinical Consultation must occur prior to the due date referenced
- If the additional clinical documentation is shared with eviCore via fax or uploaded on the portal, that clinical will be sent on to be reviewed for medical necessity determination. Once the documentation is shared, the case advances to review and 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 out to the ordering provider, rendering lab and member, and status will be available on the portal.

Prior Authorization Outcomes

Determination Outcomes:

- **Approved Requests:** Authorizations are typically valid for 90 Calendar days from the date of the determination (authorization start date). If the specimen has been indicated as already collected, the authorization start date will be the specimen collect date.
- **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.
- **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.



Prior Authorization Outcomes (continued)

Notifications for Approvals/Denials/Partial Denials:

- Members will receive a letter by mail.
- Notices will be sent to the ordering physician and the rendering lab.
- Web initiated cases will receive e-notifications by default unless the user chooses **not** to receive notices electronically.
- If the user chooses not to receive e-notifications, authorization letters will be faxed.
- Approval information can also be printed on demand from the portal: [Authorization Table \(wellmark.com\)](https://wellmark.com)



Special Circumstances

Retrospective (Retro) Authorization Requests

- In order to avoid the risk of denial, we highly encourage submitting a request for authorization prior to collecting a specimen.
- If a claim is submitted without an authorization, the claim will deny. Upon obtaining the authorization, the claim will be adjusted according to the authorization decision.

Expedited/Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of expedited/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/Expedited cases are reviewed within 72 hours (Iowa), and 24 hours (South Dakota) depending on the member's state compliance requirements.



Special Circumstances cont.

Alternative Recommendation

- An alternative recommendation may be offered, based on eviCore's evidence-based clinical guidelines.
- The ordering provider can either accept the alternative recommendation, or request a reconsideration for the original request, by following the instructions provided in the denial notice.
- Providers have up to 14 calendar days to contact eviCore via phone to accept the alternative recommendation.

Authorization Update

- If updates are needed on an existing authorization, please contact eviCore by phone at 844-253-9502.
- While eviCore needs to know if changes are made to the approved request, any change could result in the need for a separate clinical review and require a new request (and the original approved request would need to be withdrawn).
- If the authorization is not updated, it may result in a claim denial.



Post-Decision Options:

My case has been denied. What's next?

Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied. You may also call eviCore at 844-253-9502 to speak to an agent who can provide available option(s) and instruction on how to proceed. Alternatively, select 'All Post Decisions' on www.eviCore.com, under the authorization lookup function, to see available options.

Reconsiderations

- Reconsiderations must be requested within 14 calendar days after the determination date.
- Reconsiderations should be requested in writing. A Clinical (peer to peer) Consultation with an eviCore physician can occur as a part of the reconsideration process.

Appeals

- eviCore will process first-level appeals.
- Appeal requests need to be submitted in writing and received within 180 calendar days of the denial.
- Post service appeals are allowed.
- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider.

Provider Portal Overview

Accessing the Portal via Wellmark BCBS

MOLECULAR TESTING UTILIZATION MANAGEMENT PROGRAM

Wellmark is collaborating with eviCore[®] healthcare to provide utilization management services for molecular lab testing. Beginning Oct. 1, 2023, select molecular lab tests for Wellmark commercial members will require authorization.

Prior Authorization

[Wellmark's Medical Authorization Table](#) can be used to determine which services require prior authorization through eviCore.

Medical Policies

Wellmark's medical policies for molecular testing procedures can be [reviewed on eviCore's website](#).

Check Member Coverage

Providers should always validate member coverage includes the molecular testing utilization management program by using the [Check Member Information tool](#) located on the Wellmark provider portal.*

The molecular testing prior approval language will be in the Notification Section of EVBI.

Please note that this tool is not available to out-of-network providers. Out of network providers can contact customer service for member eligibility in the program.

Authorizations through eviCore will only be for molecular testing codes. Out-of-network approval should be obtained by a network provider prior to any non-molecular testing services being performed by an out-of-network provider. Submit the

Access the Secure Provider Portal via Wellmark's webpage: [Molecular Testing Utilization Management Program | Wellmark](#), then click on Wellmark's Medical Authorization Table.

Accessing the Portal via Wellmark BCBS

Wellmark

Medical Authorization Table

The medical Authorization Table is your best resource for viewing medical policies and criteria used by Wellmark. It is also your first stop in learning whether an authorization is required.

Obtain approval in advance to help prevent delays and unexpected costs.

Beginning April 1, 2020, Part 2 providers will need to follow the steps when requesting a pre-service review for SUD (Substance Use Disorder) related services:

Providers must obtain authorized consent from the member or member's guardian for disclosure of patient identifying information to be released to Wellmark for:

- Treatment
- Payment of claims
- Health care operations
- Wellmark to re-disclose information with current and future treating entities related to this episode of care

If you don't have a consent form, we have created a [template](#) you may use.

To view authorizations and quantity limits for drugs and medications, please view the [drug authorization list](#) or the [FEP drug authorization list](#).

View important details about authorization

Use the search box and/or pre-service filter criteria below to narrow your search results. Click on the row header in the grid to sort your search results.

Show Pre-Service Review Only Pre Service Review Type:

Code - CPT/HCPCS	Title (Service/Description)	Pre Service Review Required	Type of Pre Service Review Required	Submit Using	Policy or Criteria Link(s)	Comments
0129U	Hereditary breast cancer–related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53)	Yes	Prior Approval	Utilization Management Tool: Procedures and DME	Comprehensive multi-gene panel for hereditary breast cancer syndromes	

© 2023 Wellmark, Inc. All Rights Reserved.
Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc., Wellmark Blue Cross and Blue Shield of South Dakota and Wellmark Administrators, Inc. are independent licensees of the Blue Cross and Blue Shield Association.

Log in to Wellmark so you can access your member's plan requirements.

Selecting Wellmark's Medical Authorization Table brings you here where you can input CPT, or description of service, in the Search Box.

The **Submit Using** column will soon be populated with the eviCore link if your code requires authorization through eviCore. The **Policy or Criteria (Link)** will guide you to eviCore's Clinical Guidelines for Wellmark members.

Accessing Member Eligibility and Verification

The screenshot displays the Wellmark provider portal interface. On the left is a dark sidebar with a 'MENU' icon and categories: CLAIMS AND PAYMENT, PROVIDER RESOURCES, PROVIDER COMMUNICATIONS, MEDICARE ADVANTAGE, and QUICK LINKS. The main content area is titled 'Check Member Coverage' and contains several paragraphs of text. A red arrow points to the link 'Check Member Information tool' in the first paragraph. Below this are sections for 'eviCore Contact Information' and 'Available Training'. The top right of the page features a 'LOG IN / REGISTER' button and a search icon. A 'FEEDBACK' button is located on the right side of the main content area.

Notification Requirements

Outpatient
Molecular
Testing
Utilization
Management
Program – prior
approval is
required.
For more
information visit
[Wellmark.com/
authable](https://www.wellmark.com/authable)

By clicking on Check Member Information will bring you to the Wellmark log-in page, or to the EVBI – Eligibility Verification/Benefit Information screen if you are already logged in.

Accessing the Medical Policies

The image shows a composite of three elements. On the left is a screenshot of the Wellmark website's 'Related Links' section. The 'Medical Policies' link is highlighted in yellow. In the center is a browser notification box that says 'You are now leaving Wellmark.com' with a 'CONTINUE TO NEW SITE' button. A green arrow points from this button to the right-hand screenshot. The right-hand screenshot is the 'eviCore healthcare® Clinical Guidelines and Resources - End User Agreement' page, which contains sections for 'AMA Disclaimer', 'NCCN Disclaimer', and 'Intellectual Property Protection'.

Tips

- » Know when to expect a response
- » Learn about FEP requirements
- » Review important types of authorizations
- » Understand out-of-area diagnosis imaging

Related Links

- » Provider Guides
- » Medical Policies**
- » Forms
- » Find a Provider or Facility
- » Drug Information
- » Provider newsletter
- » Education

eviCore healthcare®
Clinical Guidelines and Resources - End User Agreement

AMA Disclaimer

CPT Copyright 2017 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

NCCN Disclaimer

All information provided by the National Comprehensive Cancer Network (NCCN) is "Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines™) ©2018/2019 National Comprehensive Cancer Network. The NCCN Guidelines™ and illustrations herein may not be reproduced in any form for any purpose without the express written permission of the NCCN. To view the most recent and complete version of the NCCN Guidelines, go online to NCCN.org."

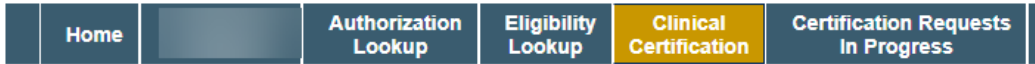
The NCCN Guidelines®, NCCN Compendiums® and other content provided by NCCN are works in progress that may be refined as often as new significant data becomes available. They are statements of consensus of its authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult any NCCN Guidelines®, NCCN Compendiums® or other NCCN Content is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient's care or treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.

Intellectual Property Protection

In addition to the [Terms of Use](#), eviCore's Clinical Review Criteria ("CRC") and related content is made available for the limited uses of: reference; and individual use, only limited to facilitating the determination of medically necessary and appropriate clinical treatment by clinicians for specific delegated patients under their care. The CRC and related content is proprietary information of eviCore, and copyrighted to the full extent of the law. Except as expressly permitted, you may not modify, copy, reproduce, republish, upload, post, transmit, hyperlink to or from, or distribute

By clicking on the **Medical Policies** link from **Wellmark's Related Links** will bring you to the **Provider Resource** site at **eviCore.com** where you can access **Clinical Guidelines and policies**.

Welcome to the eviCore Portal via single sign on (SSO)



Tuesday, August 08, 2023 1:08 PM

Request an Authorization

To begin, please select a program below:

Lab Management Program

CONTINUE

- Select **Lab Management Program**
- Select if you are the referring provider or rendering lab then proceed to entering information

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

Please Select ▾

Please Select

Referring Provider ←

Rendering Lab ←

CONTINUE

If Referring Provider is Selected

Requesting Provider Information

Search for Provider by TIN, NPI, provider last name, city and/or zip.

Healthplan: Wellmark BCBS

TIN:

NPI:

Last Name: (requires NPI or TIN)

City: (city only, no state)

Zip:

SEARCH

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email: [?]

Receive notification of case status changes

BACK **CONTINUE**

[Click here for help](#)

- **Select the ordering Practitioner or Group for the requested service.**
- **Add/change the contact information appropriate for the point of contact for the case.**

If Rendering Lab is Selected

Requesting Provider Information

Search for Provider by TIN, NPI, provider last name, city and/or zip.

Healthplan: Wellmark BCBS

TIN:

NPI:

Last Name: (requires NPI or TIN)

City: (city only, no state)

Zip:

Requesting Provider Information

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

Enter NPI Number

Add Your Contact Info

Provider's Name: * [?]

Who to Contact: * [?]

Fax: * [?]

Phone: * [?]

Ext.: [?]

Cell Phone:

Email: [?]

Receive notification of case status changes

[Click here for help](#)

- If you are the rendering lab, you will be asked to enter the ordering provider's NPI number.
- Then, change the contact information appropriate for the point of contact for the case.

Member Lookup Information (Eligibility)



- Home
- Authorization Lookup
- Eligibility Lookup
- Clinical Certification
- Certification Requests In Progress

Wednesday, March 22, 2023 3:52 PM

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 (W00 from ID Card), date of birth and last name. Click **Eligibility Lookup**

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

LOOKUP AGAIN

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
<input type="button" value="SELECT"/>	1	01			F	

BACK

[Click here for help](#)

Enter the Procedure & Diagnosis, and Verify Selection



- Home
- Authorization Lookup
- Clinical Certification**
- Certification Requests In Progress

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](#)

Lab Place Holder code

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

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](#)

Edit any information if needed by selecting the appropriate link.

Site Selection

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

	Name	Address
SELECT	II [REDACTED] RATION - LAB	
SELECT	II [REDACTED] RATION	
SELECT	II [REDACTED] RATION	
SELECT	II [REDACTED] RATION	
SELECT	II [REDACTED] RATION	

Alert!

This member's benefit requires service at a participating facility. Our records indicate that this is a provider or site that does not participate with the health plan. The site you have selected may result in a higher cost to the member. Would you like to proceed?

Yes No

SUBMIT

BACK

[Click here for help](#)

80% Complete

Provider and NPI
[REDACTED]

Patient
[REDACTED] [EDIT](#)

Service
2/28/2023 [EDIT](#)
LABTST MOLECULAR GENETIC TEST
C54.1 Malignant neoplasm of endometrium

- If you enter a provider that is not in the Wellmark network, you'll receive a pop up message indicating the impact on the member.
- Selecting an out of network provider will result in a higher out of pocket cost to the member.

Clinical Certification

Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from eviCore.

BACK

CONTINUE

- **Verify that all information is entered and make any changes needed**
- **You will not have the opportunity to make changes after this point**

Standard or Urgent/Expedited Request?

- If the case is standard select Yes
- If your request is Urgent/Expedited select No
- When a request is submitted as Urgent/Expedited, you will be required to upload relevant clinical information
- Your case will only be considered Urgent/Expedited-if there is a successful upload of clinical documentation
- You can upload up to FIVE documents in .doc, .docx, or .pdf format – max 25MB document size

Proceed to Clinical Information

Is this case Routine/Standard?

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Perf. Summary F

Thursday, May 14, 2020 3:04 PM

Proceed to Clinical Information

Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

- A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.
- A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.
- None of the above

Clinical Upload

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

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

- You will be able to complete the case later that day
- When logged in, you can resume a saved request by going to Certification Requests in Progress. Please make sure to complete the case before the end of the day to avoid losing your information.



Proceed to Clinical Information – selecting the tests

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.

Proceed to Clinical Information – selecting multiple CPT codes

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

What is the first procedure code? If the code is not listed, enter the alphanumeric code only in the "Other" box below.

Other (specify)

Units:

Would you like to add another CPT code?
 Yes No

Submit

When needing to request more than one procedure (CPT code), you will have an opportunity to enter multiple codes if appropriate.

Proceed to Clinical Information

What is the second procedure code? If the code is not listed, enter the alphanumeric code only in the "Other" box below.
81167

Units:
2

Would you like to add another procedure code?
 Yes No

SUBMIT

Proceed to Clinical Information – Free Text Questions

Proceed to Clinical Information

Answer the following questions in clinical detail:

1 Why is this test being requested and how will the results be used to change management?

2 Describe any applicable current or past medical history, lab testing, or procedure results.

3 If relevant to the testing, describe the family history, including the applicable clinical findings, diagnoses, and/or test results.



Free text answers allow for further explanation that may be needed.

Next Step: Criteria not met

If criteria is not met based on clinical questions, you will receive a similar request for additional info:

i 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:	[Redacted]	Contact:	[Redacted]
Provider Address:	[Redacted]	Phone Number:	[Redacted]
		Fax Number:	[Redacted]
Patient Name:	[Redacted]	Patient Id:	[Redacted]
Insurance Carrier:	[Redacted]		
Site Name:	[Redacted]	Site ID:	[Redacted]
Site Address:	[Redacted]		
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	MOLECULAR GENETIC TEST
Date of Service:	Not provided		
CPT Code:	LABTST		
Case Number:	[Redacted]		
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 medical 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:	[Redacted]	Contact:	[Redacted]
Provider Address:	[Redacted]	Phone Number:	[Redacted]
		Fax Number:	[Redacted]

Patient Name:	[Redacted]	Patient Id:	[Redacted]
Insurance Carrier:	[Redacted]		

Site Name:	[Redacted]	Site ID:	[Redacted]
Site Address:	[Redacted]		

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:	[Redacted]		
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**

Portal Features and Provider Resources

Portal Features



Authorization Lookup

- You can look-up authorization status on the portal and print any correspondence
- Search by member information OR by authorization number with ordering NPI
- Review post-decision options, submit appeal and schedule a peer-to-peer

Clinical Certification

- You can begin another authorization request

Resume requests already started and saved to “Finish Later” by selecting **Certification Requests in Progress**

Authorization Lookup example

Authorization Lookup

Authorization Number: NA
Case Number: [REDACTED] **P2P AVAILABILITY**
Patient Name: [REDACTED]
DOB: [REDACTED]
Status: Pending Clinical Review
P2P Status:
Approval Date:
Service Code: LABTST
Service Description: MOLECULAR GENETIC TEST
Site Name: MEMORIAL HOSPITAL FOR CAN
Start Date:
Expiration Date:
Date Last Updated: 3/24/2023 2:36:25 PM
Correspondence: **UPLOADS & FAXES**
Clinical Upload: **UPLOAD ADDITIONAL CLINICAL**
[Run Clinical Questionnaire](#)

PRINT

[Click here for help](#)

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

Authorization Lookup Approval example

Authorization Number: **A188872750**
Case Number: 118 [REDACTED]
Patient Name: [REDACTED]
DOB: [REDACTED]
Status: Approved
P2P Status:
Approval Date: 3/3/2023 12:00:00 AM
Service Code: LABTST
Service Description: MOLECULAR GENETIC TEST
Site Name: [REDACTED]
Start Date: 3/3/2023
Expiration Date: 6/1/2023
Date Last Updated: 3/15/2023 1:43:51 PM
Correspondence: **UPLOADS & FAXES**

PRINT

Authorization Lookup Denial example

Authorization Number: NA
Case Number: [REDACTED] **P2P AVAILABILITY**
Patient Name: [REDACTED]
DOB: [REDACTED]
Status: Denied
P2P Status:
ALL POST DECISION OPTIONS
Approval Date:
Service Code: LABTST
Service Description: MOLECULAR GENETIC TEST
Site Name: REDPATH INTEGRATED PATHOL
Start Date:
Expiration Date:
Date Last Updated: 3/22/2023 4:12:15 PM
Correspondence: **UPLOADS & FAXES**

PRINT

[Click here for help](#)

EviCore

By EVERNORTH

Dedicated eviCore Teams

Call Center

- + Phone: (844)-253-9502
- + Representatives available 7 a.m. to 7 p.m. (Central Time)

Web Support

- + Live chat
- + Access: [ECRM Services](#)
- + Phone: (800) 646-0418 (Option #2)

Client & Provider Operations Team

For assistance with membership, claims, provider network issues, etc., submit the issue to our dedicated teams via EviCore Communication Relationship Management (ECRM):

- + Access: [ECRM Services](#)
- + ECRM educational resources: [ECRM Resources | EviCore by Evernorth](#)
- + Trouble using ECRM? Send an email to: ECRMSupport@EviCore.com
- + Phone: (800) 646-0418 (Option #4)

Provider Engagement

Lisa Mekkelsen (Iowa and South Dakota)

- + Lisa.Mekkelsen@eviCore.com
- + 843-949-0022

Regional team that works directly with the provider community

Provider Resources for Wellmark BCBS

Health plan specific Provider Resources at [eviCore.com](https://www.evicore.com)

EviCore's Provider Experience team maintains provider resource pages that contain client- and solution-specific 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:

- Frequently Asked Questions
- Quick Reference Guides
- Provider Training
- CPT code list

To access these helpful resources, please visit

<https://www.evicore.com/resources/healthplan/wellmark-bcbs>

Wellmark BCBS Provider Services

Iowa: 800-362-2218

South Dakota: 800-774-3892

EviCore

By EVERNORTH

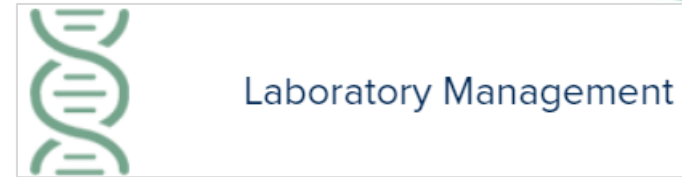
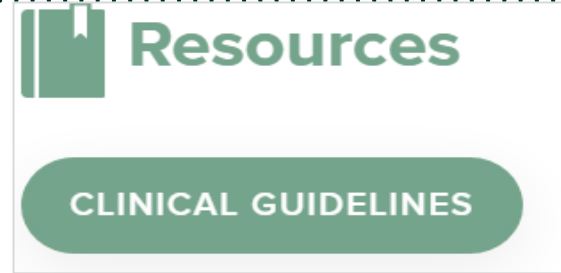


Clinical Guidelines / Medical Policies

How to access our Guidelines/Medical Policies

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

You can also access the clinical guidelines via Wellmark Auth Table: **"Policies or Criteria Link"**



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/Medical Policies (continued)

Health Plan specific Guidelines/Medical Policies

CURRENT

FUTURE

ARCHIVED

- + 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)

Code Lists

Lab Management Code List

Guidelines

Commercial Lab Policy Book
Effective 07/01/2020

ADMINISTRATIVE



Date of Service and Effective Date of the Authorization Period
Effective 07/01/2020

Molecular Pathology Tier 2 Molecular CPT Codes
Effective 07/01/2020

Information Requirements for Medical Necessity Review
Effective 07/01/2020

Unique Test Identifiers for Non-Specific Procedure Codes
Effective 07/01/2020

Non-Health Plan specific Provider Resources

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 Prior Authorization Online Portal Tips and Tools, to navigate 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
- + Check-status function of existing prior authorization
- + Search for contact information
- + Podcasts & Insights
- + Training resources



Provider Newsletter

Stay Updated With Our Free Provider Newsletter

EviCore's provider newsletter is sent out to the provider community with important updates and tips. If you are interested in staying current, feel free to subscribe:

- Go to EviCore.com
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates



Thank you!