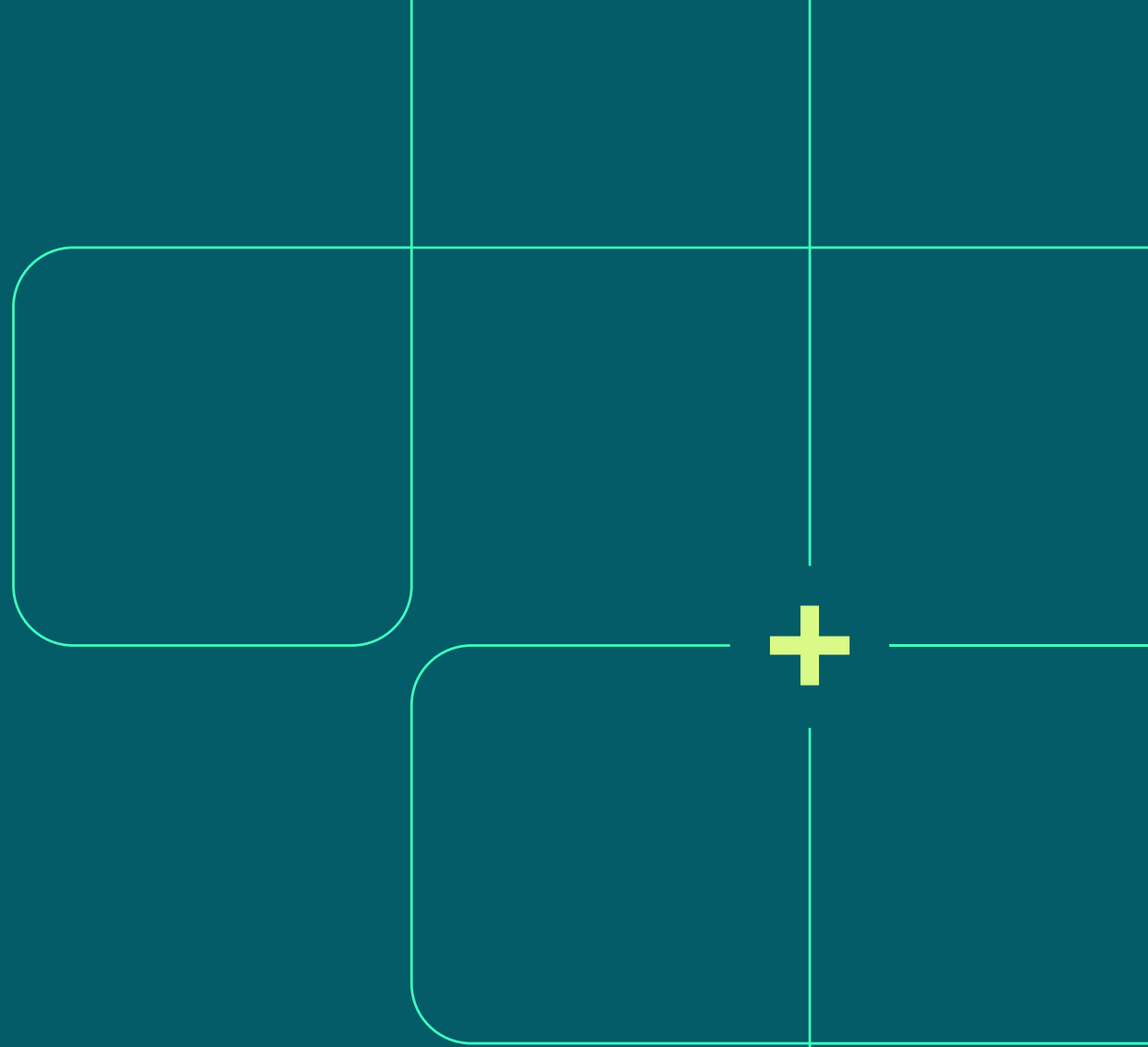


Laboratory Management

# Healthfirst



# Prior Authorization Services

## Applicable Membership

- Medicaid
- Medicare
- EPO
- Leaf Premier Plans

## Prior authorization applies to the following services

- Outpatient
- Elective/Non-emergent

## Prior authorization does NOT apply to services performed in

- Emergency Rooms
- Observation Services
- Inpatient Stays



**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
- 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.**
- **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](http://www.EviCore.com)



**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



Annually  
Reviewed  
Guidelines



Experts associated  
with Academic  
Institutions

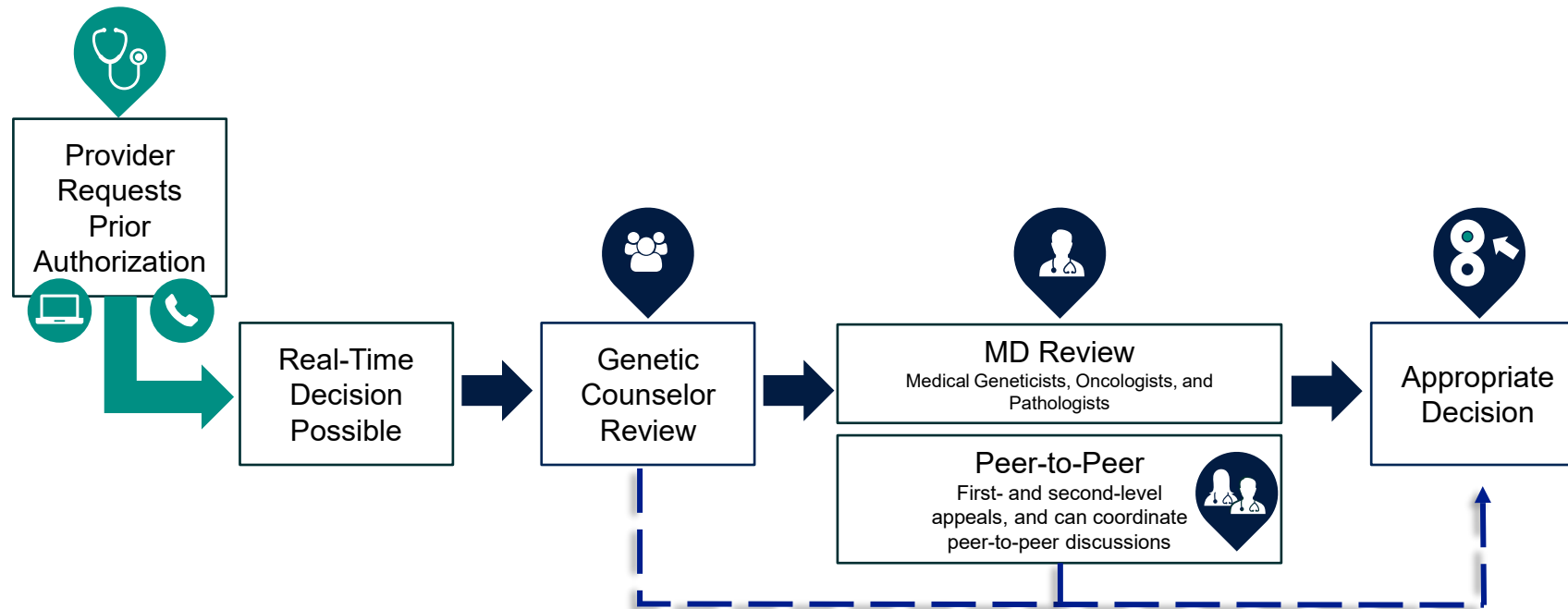


Current  
Clinical  
Literature

# Utilization Management | Prior Authorization Process

Recommend Prior Authorization on Approximately 398 CPT Codes

Easy for Providers and Staff



# 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





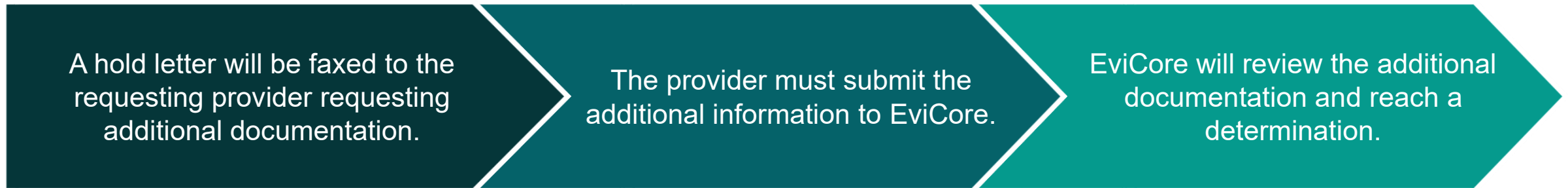
## Clinical Information Needed

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:



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](https://www.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](https://www.evicore.com).**



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

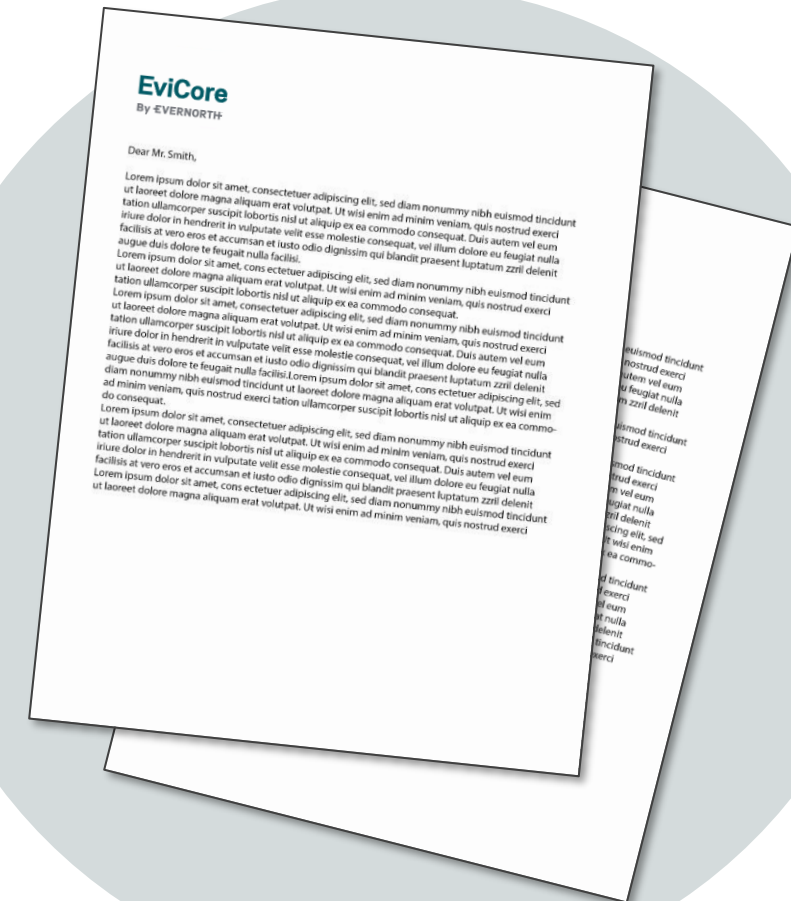
# Prior Authorization Outcomes

## 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:

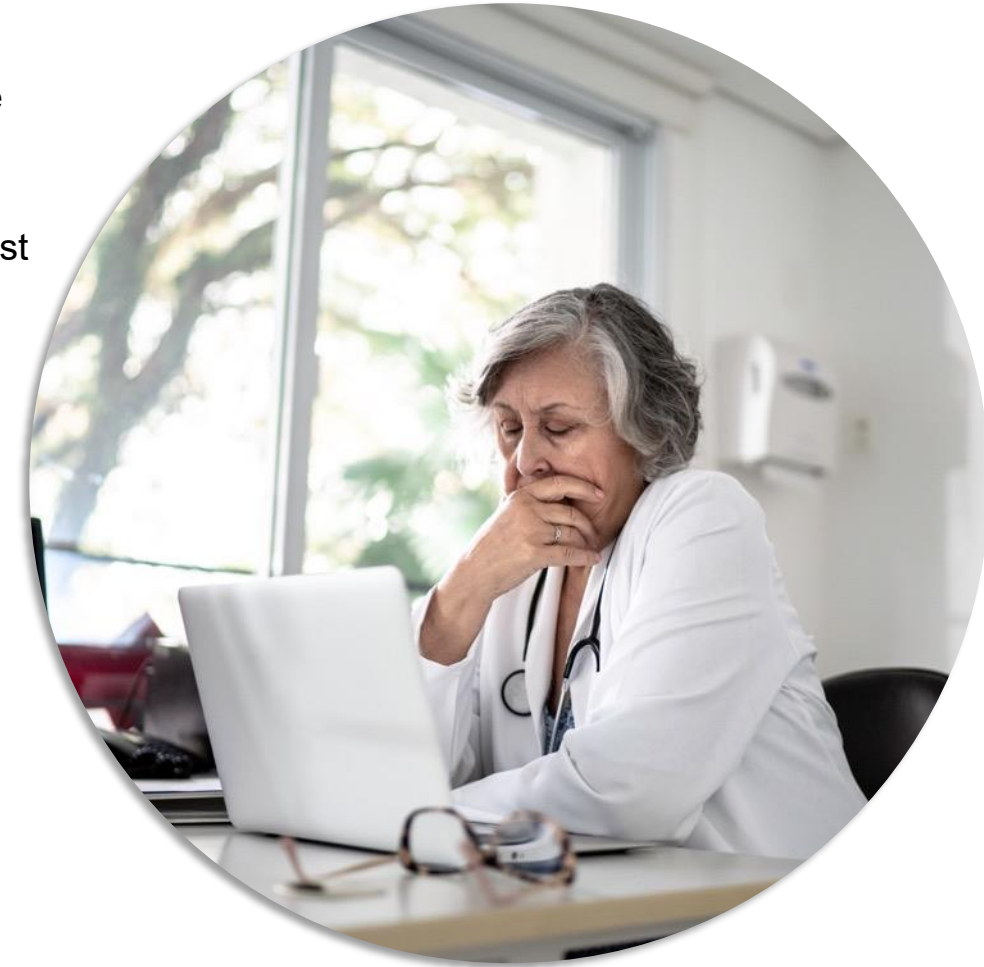
- Authorization letters will be faxed to the ordering provider.
- Web initiated cases will receive e-notifications when a user opts to receive.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the EviCore portal: [www.EviCore.com](http://www.EviCore.com)



# 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

# EviCore Provider Portal | Access and Compatibility

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

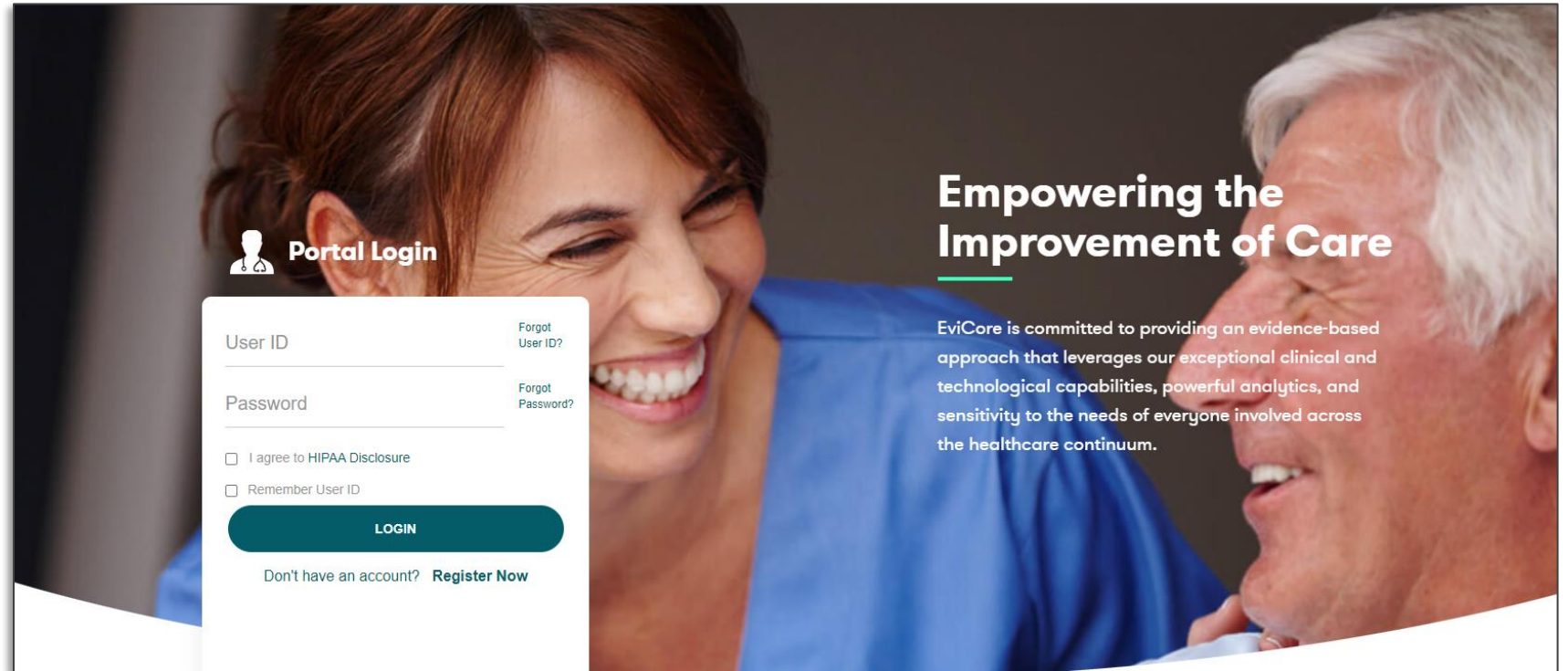
To access resources on the EviCore Provider Portal, visit [EviCore.com/provider](https://EviCore.com/provider)

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.

The screenshot shows the EviCore registration form. At the top, the EviCore logo is displayed with 'By EVERNORTH' underneath. The form is divided into two main sections: 'Web Portal Preference' and 'User Information'.  
In the 'Web Portal Preference' section, there is a heading 'Web Portal Preference' and a sub-heading 'Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.' Below this is a 'Default Portal\*' dropdown menu. The dropdown is open, showing three options: '--Select--', '--Select--', and 'CareCore National'. The 'CareCore National' option is highlighted with a red circle.  
The 'User Information' section has a heading 'User Information' and a sub-heading 'All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.' Below this are several input fields: 'User Name\*', 'Email\*', 'Confirm Email\*', 'First Name\*', and 'Last Name\*' on the left; 'Address\*', 'City\*', 'State\*' (with a 'Select' dropdown), and 'Zip\*' on the right; and 'Office Name\*' at the bottom right.

# 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.

**Set up Two Factor Authentication**

Email  SMS

Register Email Address

example@evicore.com

Only one device (Email or SMS) is currently allowed.

Send PIN

Please enter PIN sent to your Email Address

PIN

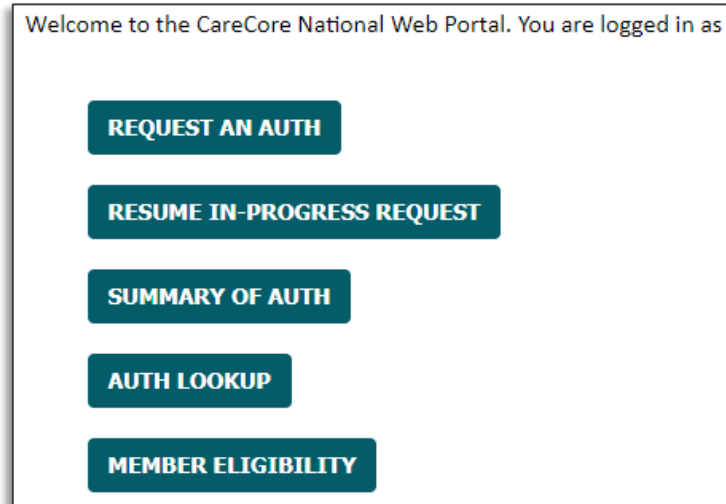
Submit

Skip

# 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.



# 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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

### Manage Your Account

Office Name:  [CHANGE PASSWORD](#) [EDIT ACCOUNT](#)

Address:

Primary Contact:  
Email Address:

[ADD PROVIDER](#)

Click Column Headings to Sort

[CANCEL](#)

- Click the **Add Provider** button.

# 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
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## Add Practitioner

Enter Practitioner information and find matches.

\*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

FIND MATCHES

CANCEL

- 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

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
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## 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	NPI	Address	City	State	Zip	Phone	Fax

**ADD THIS PRACTITIONER**   **CANCEL**

- 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
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## Add Practitioner

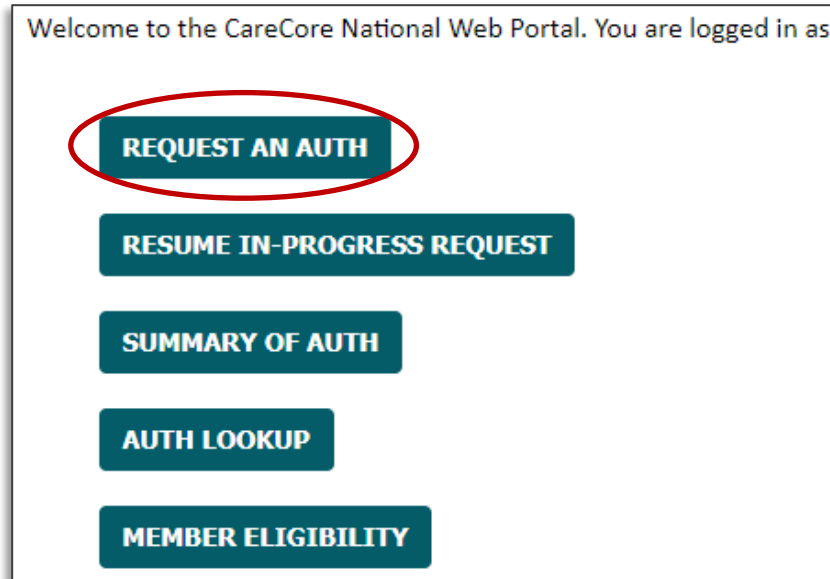
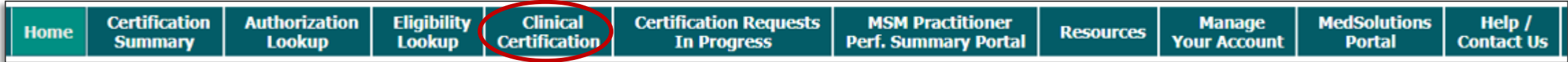
Thank you for registering on the CareCore National website. If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to complete the registration process.

[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**.

# Initiating a Case



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

# Select Program

<a href="#">Home</a>	<a href="#">Certification Summary</a>	<a href="#">Authorization Lookup</a>	<a href="#">Eligibility Lookup</a>	<a href="#">Clinical Certification</a>	<a href="#">Certification Requests In Progress</a>	<a href="#">MSM Practitioner Perf. Summary Portal</a>	<a href="#">Resources</a>	<a href="#">Manage Your Account</a>	<a href="#">MedSolutions Portal</a>	<a href="#">Help / Contact Us</a>
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## 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

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

Please Select

- Please Select
- Referring Provider
- Rendering Lab

- 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.

# 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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

## Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
SELECT	1598701070 - GORAYA, SHAZIA (Selected)

If the provider's NPI is not listed above, please use the search feature below to add a new provider and continue with case build.

Search By NPI:

SEARCH

BACK

CONTINUE

[Click here for help](#)

- 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



### Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

**SEARCH** **CLEAR SEARCH**

Provider
<b>SELECT</b>

If the provider's NPI is not listed above, please use the search feature below to add a new provider and continue with case build.

Search By NPI:  **SEARCH**

	Practitioner Name	NPI	Address	City	State	ZipCode	Phone	Fax
<b>SELECT</b>								

**BACK** **CONTINUE**

[Click here for help](#)

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

### Attention!

Do you want to add this NPI ( ) to your account for future requests ?

**YES** **NO**

# 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 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 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
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**Add Your Contact Info**

Provider's Name:\*  [?]

Who to Contact:\*  [?]

Fax:\*  [?]

Phone:\*  [?]

Ext.:  [?]

Cell Phone:

Email:

Receive notification of case status changes. Please enter email address in box above.

Please review the fax and phone numbers presented for accuracy. Change as necessary and click "Confirm Fax and Continue" to confirm they are correct. Changes apply only to this specific request. If you wish the change to be permanent, please contact the Health Plan.

[Click here for help](#)

**BACK** **CONFIRM FAX AND CONTINUE**

- 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

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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

### Patient Eligibility Lookup

Patient ID:\*

Date Of Birth:\*  MM/DD/YYYY

Patient Last Name Only:\*  [?]

**ELIGIBILITY LOOKUP**

**BACK**

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

### Requested Service + Diagnosis

#### Lab Management Program Procedures

Select a Procedure by CPT Code[?] or Description[?]

Don't see your procedure code or type of service? [Click here](#)

#### Diagnosis

Select a Primary Diagnosis Code (Lookup by Code or Description)

**LOOKUP**

Trouble selecting diagnosis code? Please follow [these steps](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)

*Secondary diagnosis is optional for Lab Management Program*

**LOOKUP**

# Verify Service 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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

## 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.

# 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
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## 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:	<input type="text"/>	Zip Code:	<input type="text"/>	Site Name:	<input type="text"/>
TIN:	<input type="text"/>	City:	<input type="text"/>	<input type="radio"/> Exact match	
				<input checked="" type="radio"/> Starts with	

[LOOKUP SITE](#)

- 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.

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

**1** Has the specimen been collected?  
 Yes  No  Unknown

**SUBMIT**

**Proceed to Clinical Information**

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

**SUBMIT**

**Proceed to Clinical Information**

**1** What kind of testing is being done?  
 Testing related to cancer  
 Testing related to pregnancy  
 Other  
 Unknown

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

**1** Do you know the procedure codes that will be billed for this test?  
 Yes  No

**SUBMIT**

Finish Later

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

- **Clinical Certification** questions will populate based upon the information provided
- You can save your request and **finish later** if needed:
  - Please complete the case before the **end of the day**.
  - When logged in, you can resume a saved request by going to **Certification Requests in Progress**.



# 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.

1 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](mailto:labmanagement@evicore.com).

**Clinical Certification** questions will populate based upon the information provided.

# Proceed to Clinical Information | Free Text Questions

## Proceed to Clinical Information

Answer the following questions in clinical detail:

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

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

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



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

# Next Step | Criteria Not Met

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

Is there any additional information specific to the member's condition you would like to provide?

- I would like to upload a document after the survey
- I would like to enter additional notes in the space provided
- I would like to upload a document and enter additional notes
- I have no additional information to provide at this time

**SUBMIT**

### Summary of Your Request

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

**Your case has been sent to Medical Review.**

Provider Name:		Contact:	
Provider Address:		Phone Number:	
		Fax Number:	
Patient Name:		Patient Id:	
Insurance Carrier:			
Site Name:		Site ID:	
Site Address:			
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	MOLECULAR GENETIC TEST
CPT Code:	LABTST		
Case Number:			
Review Date:	7/15/2020 5:27:45 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to Medical Review.		

**CANCEL PRINT CONTINUE**

## Tips:

- Upload clinical notes on the portal to avoid any delays by faxing
- Additional information uploaded to the case will be sent for clinical review
- Print out summary of request that includes the case number and indicates “Your case has been sent to clinical review.”

# 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.

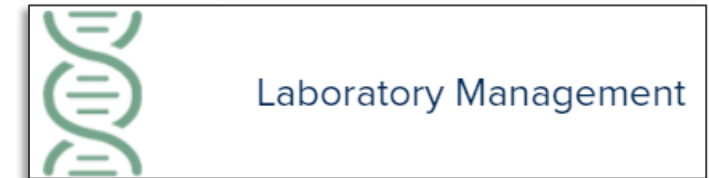
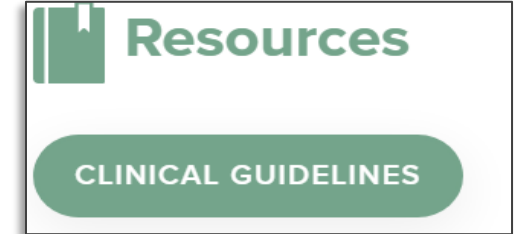
<b>Provider Name:</b>		<b>Contact:</b>	
<b>Provider Address:</b>		<b>Phone Number:</b>	
		<b>Fax Number:</b>	
<b>Patient Name:</b>		<b>Patient Id:</b>	
<b>Insurance Carrier:</b>			
<b>Site Name:</b>		<b>Site ID:</b>	
<b>Site Address:</b>			
<b>Primary Diagnosis Code:</b>	Z01.419	<b>Description:</b>	Encounter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

**CANCEL** **PRINT** **CONTINUE**

# Clinical Guidelines

## How to access our Guidelines:

1. Go to [www.EviCore.com](http://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



## 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)

The screenshot displays a web interface for Clinical Guidelines. At the top, there are three filter tabs: 'CURRENT' (which is selected and underlined), 'FUTURE', and 'ARCHIVED'. Below the filters, the text 'Code Lists' and 'Guidelines' is prominently displayed in large, bold, teal font. Underneath, there is a section titled 'ADMINISTRATIVE' with a minus sign icon. This section contains a grid of guideline items, each with a unique identifier and a title:

- MOL.AD.107.A Unique Test Identifiers for Non-Specific Procedure Codes
- MOL.AD.304.A Medical Necessity Review Information Requirements
- MOL.AD.314.A Date of Service and Authorization Period Effective Date
- MOL.AD.364.A Special Circumstances Influencing Coverage Determinations
- MOL.AD.412.X Laboratory Billing and Reimbursement

# EviCore Portal Features

# Provider Portal | Feature Access

The screenshot displays the EviCore provider portal interface. At the top left is the EviCore logo with the tagline 'By EVERNORTH'. Below the logo is a horizontal navigation menu with the following items: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account, MedSolutions Portal, and Help / Contact Us. Below the navigation menu, there are four columns of text with dotted lines pointing to specific menu items: 'User Worklist' points to 'Home', 'Most popular portal feature' points to 'Authorization Lookup', 'Check if a member requires an authorization' points to 'Authorization Lookup', and 'Pick up where you left off' points to 'Certification Requests In Progress'. To the right of these columns is a vertical stack of five teal buttons: 'REQUEST AN AUTH', 'RESUME IN-PROGRESS REQUEST', 'SUMMARY OF AUTH', 'AUTH LOOKUP', and 'MEMBER ELIGIBILITY'.

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

## Certification Summary

Search For:

Page 1 of 1 | 10

	Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description
1	NA					Expired / Cancelled	05/01/2024		

Page 1 of 1 | 10

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

# Authorization Lookup | Popular Tool

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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

## Authorization Lookup

Search by Member Information

Search by Authorization Number/NPI

OnePA: Prior Authorization Portal for Providers

Search by Claim Number/Health plan

Required Fields

Healthplan:

PRINT

[Click here for 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**

By EVERNORTH

# Provider Resources

# EviCore Communication Relationship Management (ECRM)

For program-related questions or concerns, please submit inquiries via the [EviCore Communication Relationship Management \(ECRM\)](#) application. Common issues addressed through ECRM include:

- Questions regarding accreditation and/or credentialing
- Requests for an authorization to be sent to the health plan
- Complaints and grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues
- Issues with EviCore's provider portal
  - You can also call a Web Support Specialist at 800-646-0418 (option 2)
  - Chat with web support on the [EviCore Provider Resource page](#)



ECRM is available **24/7**. Users can login or register [HERE](#).

Additional Information about ECRM can be found on the [Providers' Hub](#).

# Provider Resources at EviCore.com

**EviCore maintains provider resource pages that contain health-plan-specific 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 not specific to health plans, such as guidelines and our required clinical information checklist.**

To access these helpful resources, visit EviCore's [Provider's Hub](#).



# 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 [EviCore.com](https://www.evicore.com) and understand all the resources available on the Provider's Hub.

## **Learn how to access:**

- EviCore's evidence-based clinical guidelines
- Clinical worksheets
- Existing prior authorization request status information
- Search for contact information
- Podcasts & insights
- Training resources

## **Register for a Provider Resource Review Forum:**

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



# EviCore's Provider Newsletter

Stay up to date with our free provider newsletter!

To subscribe:

- Visit [EviCore.com](https://www.evicore.com).
- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**.
- Enter a valid email address.



# Thank You

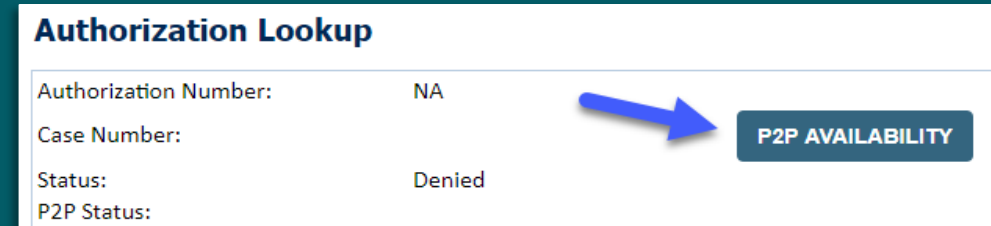
# Appendix

# Peer-to-Peer (P2P) Scheduling Tool

# Schedule a P2P

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.\*

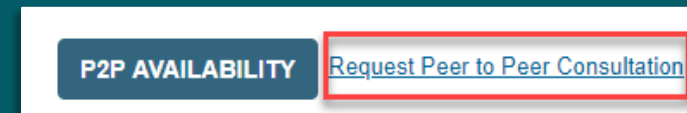


**Authorization Lookup**

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	

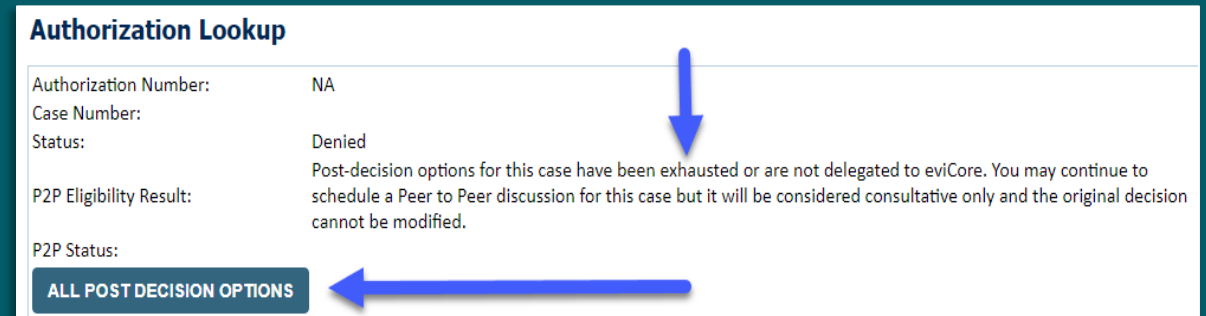
**P2P AVAILABILITY**

A blue arrow points from the 'P2P AVAILABILITY' button to the right.



**P2P AVAILABILITY** [Request Peer to Peer Consultation](#)

The link is highlighted with a red border.



**Authorization Lookup**

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Eligibility Result:	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.
P2P Status:	

**ALL POST DECISION OPTIONS**

A blue arrow points down from the 'Status' field to the 'P2P Eligibility Result' text. Another blue arrow points left from the 'ALL POST DECISION OPTIONS' button.

\*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.

# Schedule a P2P

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.

The image displays two screenshots of the EviCore 'New P2P Request' form. The top screenshot shows the input fields for Case Reference Number and Member Date of Birth, with a 'Lookup Cases' button. The bottom screenshot shows the confirmation screen with member and case information, including a 'Continue' button.

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

**Member Date of Birth**

+ Add Another Case

Lookup Cases >

**New P2P Request** EviCore By EVERNORTH

Case Ref #: Remove P2P Eligible

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

**Member Information**

Name	
DOB	
State	
Health Plan	
Member ID	

**Case P2P Information**

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

Continue

# Schedule a P2P

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).
4. Click on any **green checkmark** to **deselect** that option, then click **Continue**.

### 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

### Questions

Please indicate your availability

**Preferred Days**

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

**Preferred Times**

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

**Time Zone**

US/Eastern

[Continue >](#)

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

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

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT 6:30 pm EDT 6:45 pm EDT	-	-	-	-	-	-

1st Priority by Skill

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 5/24/20
3:30 pm EDT 3:45 pm EDT 4:00 pm EDT 4:15 pm EDT Show more...	2:00 pm EDT 2:15 pm EDT 2:30 pm EDT 2:45 pm EDT Show more...	4:15 pm EDT 4:30 pm EDT 4:45 pm EDT 5:00 pm EDT Show more...	3:15 pm EDT 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT Show more...	-	-	-

1st Priority by Skill

# Schedule a P2P


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.

The screenshot shows a multi-step scheduling form. At the top, there are four progress indicators: 'Case Info' (checked), 'Questions' (checked), 'Schedule' (checked), and 'Confirmation' (not checked). The form is divided into two main sections. The left section, titled 'P2P Info', contains fields for 'Date' (Mon 5/18/20), 'Time' (6:30 pm EDT), and 'Reviewing Provider'. Below this is a 'Case Info' section with a table for '1st Case' containing fields for Case #, Episode ID, Member Name, Member DOB, Member State, Health Plan, Member ID, Case Type (MSK Spine Surgery), and Level of Review (Reconsideration P2P). The right section, titled 'P2P Contact Details', contains several input fields: 'Name of Provider Requesting P2P' (with a blue arrow pointing to 'Dr. Jane Doe'), 'Contact Person Name' (Office Manager John Doe), 'Contact Person Location' (Provider Office), 'Phone Number for P2P' (with a blue arrow pointing to '(555) 555-5555'), 'Phone Ext.' (12345), 'Alternate Phone' (xxx-xxx-xxxx), 'Phone Ext.' (Phone Ext.), 'Requesting Provider Email' (droffice@internet.com), and 'Contact Instructions' (with a blue arrow pointing to 'Select option 4, ask for Dr. Doe'). A 'Submit >' button is located at the bottom right of the form.


The screenshot shows a 'Scheduling' summary page. At the top, there is a 'Scheduling' header with a calendar icon. Below this, the word 'Scheduled' is displayed. A summary card shows a calendar icon, a clock icon, and the text 'Mon 5/18/20 - 6:30 pm EDT'. To the right of this card is a red oval badge with the word 'SCHEDULED' in white capital letters.


# P2P Contact Details


1. 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.

 **P2P Contact Details**

**Appointment Details**

 Fri 5/24/2024

 7:00 am PDT


 Tamara Fackler

**Who will be performing the P2P consultation?** *Required*


Requesting Provider


Contact Person

Someone else

 PROVIDER

**Name of Referring Physician on Case** *Required* **Credential** *Required*


First Name Last Name Select... 

 CONTACT PERSON

**Contact First Name** *Required* **Contact Last Name** *Required*

Contact First Name Contact Last Name

**Contact Person Location** *Required*

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 required.

**Contact Instructions**

Contact Instructions

**Call Notes**

ALT REC declined

Procedure was performed on:

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.

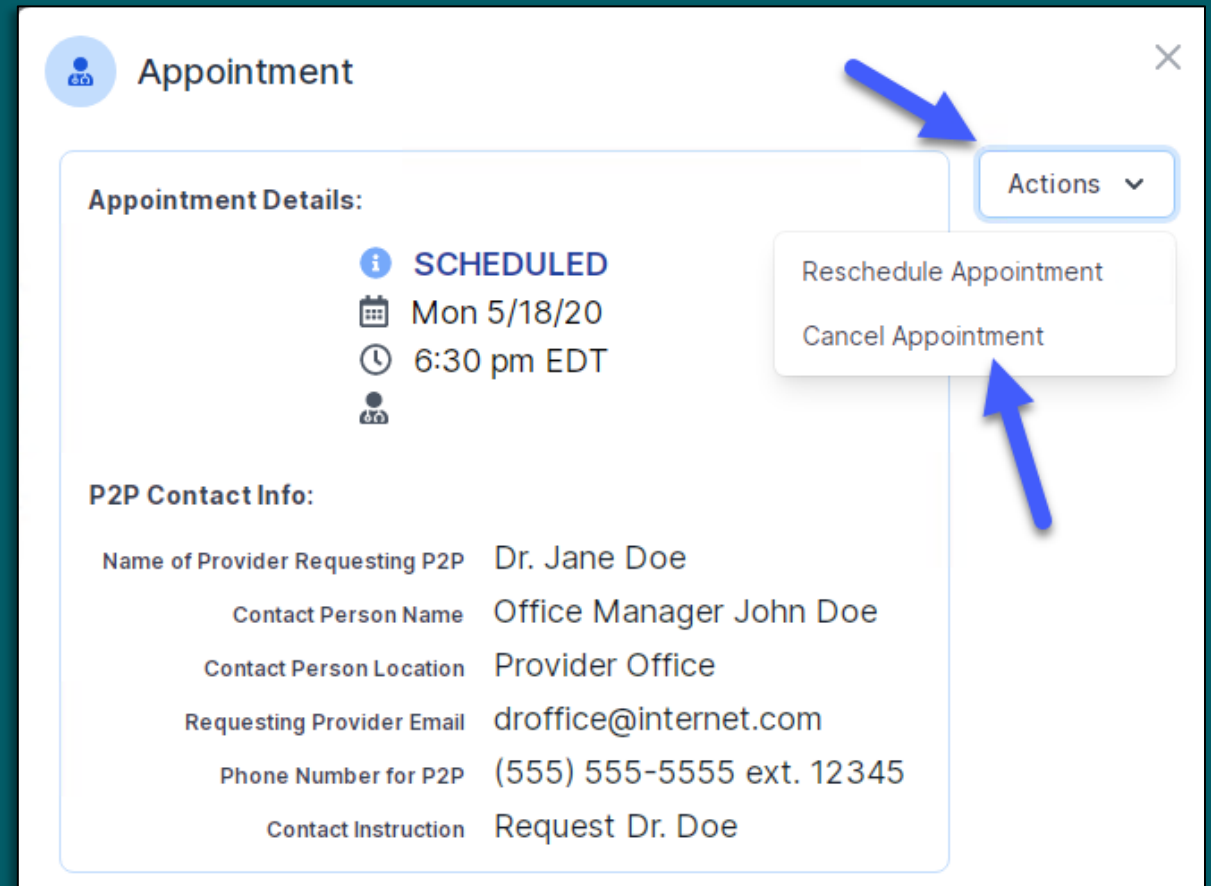
TX licensed same specialty - Caller is aware P2P does not meet TX SSL/specialty match and wants to proceed with P2P

[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.



The screenshot shows a window titled "Appointment" with a close button (X) in the top right corner. The window is divided into two main sections: "Appointment Details" and "P2P Contact Info".

**Appointment Details:**

- Status: **SCHEDULED** (indicated by an information icon 'i')
- Date: **Mon 5/18/20** (indicated by a calendar icon)
- Time: **6:30 pm EDT** (indicated by a clock icon)
- Participants: (indicated by a group of people icon)

**Actions:** A drop-down menu is open, showing two options: "Reschedule Appointment" and "Cancel Appointment". A blue arrow points to the "Actions" button, and another blue arrow points to the "Cancel Appointment" option.

**P2P Contact Info:**

Name of Provider Requesting P2P	Dr. Jane Doe
Contact Person Name	Office Manager John Doe
Contact Person Location	Provider Office
Requesting Provider Email	droffice@internet.com
Phone Number for P2P	(555) 555-5555 ext. 12345
Contact Instruction	Request Dr. Doe