

LAB MANAGEMENT

# Horizon Blue Cross Blue Shield of New Jersey

Molecular and Genomic Testing Program



**EviCore**  
By EVERNORTH

# Lab Management Solution

---

## Delegated 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



**EviCore**

By **EVERNORTH**  
Public Information

# Program Overview

EviCore has been accepting pre and post medical necessity determination requests since August 1<sup>st</sup>, 2017

## Medical Necessity Determination applies to services that are:

- Physician's Office
- Clinical Laboratory
- Elective / Non-emergent
- Diagnostic / Screening

## Medical Necessity Determination does not apply to services that are performed in:

- Hospital Emergency Department
- Hospital Outpatient or Inpatient Setting
- Ambulatory Surgery Center (ASC)

**Note:** It is the responsibility of the ordering provider (or the Lab Site on behalf of the ordering provider) to request medical necessity determination approval for services.

# Applicable Membership

The program will apply to the following fully- and self-insured (opted in) products:

- Horizon HMO (In Network Only)
- Horizon Direct Access (DA)
- Horizon EPO (In Network Only)
- Indemnity/Traditional
- OMNIASM (In Network Only)
- Horizon POS & PPO
- BlueCard
- State Health Benefits Program (SHBP)
- School Employees' Health Benefits Program (SEHBP)

Members who are enrolled in the following products are Out of Scope:

- Federal Employee Program® (FEP®)
- Medicare Advantage
- Medigap
- NJ Health
- Dual-Eligible Special Needs (DSNP) plans

# 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

**EviCore**

By **EVERNORTH**  
Public Information

# Medical Necessity Determination Outcomes, Special Considerations & Post-Decision Options

# Medical Necessity Determination Outcomes

## Determination Outcomes

- + Approved Requests:
  - + Medical necessity determinations are valid for 60 days from the date of the determination.
- + 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
  - + If a request is determined as inappropriate based on evidence-based guidelines, a notification with the rationale for the decision and post-decision/ appeal rights will be issued.

## Notifications

- + For web-initiated cases, ordering physicians will receive e-notifications by default. If the default is unselected, authorization letters will be faxed to the ordering physician.
- + Medical necessity determinations letters will be faxed to the rendering site if applicable.
- + Members will receive a letter by mail.
- + Approval information can be printed, on demand, from the [EviCore portal](#).



# Special Circumstances??

## Retrospective Determination Requests



Retrospective requests must be submitted within 30 calendar days from the date of service

---



Any submitted beyond this timeframe will be expired

---



Reviewed for **clinical urgency** and medical necessity

---



Processed within 30 calendar days

---



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

**EviCore**

By EVERNORTH

# Special Circumstances

## 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 **888-835-1712** to speak with an agent who can provide available option(s) and instruction on how to proceed.
- + Alternatively, select 'All Post Decisions' under the authorization lookup function on [EviCore.com](https://www.evicore.com) to see available options.



---

## Appeals

- + EviCore healthcare will be delegated for first level member and provider UM appeals.
  - + Requests for appeals must be submitted to EviCore within 365 calendar days of the initial determination.
  - + A written notice of the appeal decision will be mailed to the member and faxed to the provider.
  - + Horizon BCBSNJ handles second level member and provider UM Appeals.
  - + Horizon BCBSNJ handles Claims Appeals.
-

# Information needed

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

## Nonclinical information

- + Member Name and date of birth
- + Member Identification Number
- + Referring provider name and address
- + Laboratory Name and address
- + Both provider's National Provider Identification (NPI) Number
- + Phone and Fax Numbers
- + Tax Identification Number (TIN)

## Clinical information

- + 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

EviCore requires verification elements on clinical documentation when submitted. The member's name (first and last) and one additional identifier: Member's date of birth, the member identification number or the member's driver's license number or other government-issued ID.

# Initiating a case on the web portal

**EviCore**  
By EVERNORTH

Authorization Lookup Request An Authorization Worklist Portals Help / Contact User Access Hello, L

## Request an Authorization

Please select a Health Plan and Program below to build your request.

Cambia Management

Continue

### Request an Authorization

To begin, please select a program below:

- Durable Medical Equipment(DME)
- Evicore Medical Oncology Pathways
- Gastroenterology
- Lab Management Program
- Medical Specialty Drugs
- Musculoskeletal Management
- Pharmacy Drugs (Express Scripts Coverage)
- Radiation Therapy Management Program (RTMP)
- Radiology and Cardiology/Vascular Intervention
- Sleep Management

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

Please Select

- Please Select
- Referring Provider
- Rendering Lab

[Click here for help](#)

- + Choose Clinical Certification to begin a new request
- + Select Lab Management Program
- + Select if you are the referring provider or the rendering lab

# If referring provider was selected on the previous screen:

## Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

	Provider
<input type="button" value="SELECT"/>	13 [REDACTED] RT
<input type="button" value="SELECT"/>	17 [REDACTED] W
<input type="button" value="SELECT"/>	17 [REDACTED]
<input type="button" value="SELECT"/>	16 [REDACTED] EL

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:


[Click here for help](#)

Referring providers can be added to the user account so that they appear in the provider list to readily select. Alternatively, the user can search by the referring provider's NPI.

# If rendering provider was selected on the previous screen:

## Requesting Provider Information

Please select the health plan for which you would like to build a case. If the health plan is not shown, please contact the plan at the number found on the member's identification card to determine if case submission through CareCore National is necessary.

Please Select a Health Plan 

**SUBMIT**

## Requesting Provider Information

**Do you have the ordering physician's NPI Number?**

Yes  No

**Enter NPI Number**

**Submit**

[Click here for help](#)

Rendering providers will first select the health plan and then enter the referring/ordering provider's NPI. If the referring provider's NPI is not known, the user will be prompted to contact EviCore via phone.

# Entering the proper contact information for the person managing the prior authorization request.

**Add Your Contact Info**

Provider's Name:\*  [?]

Who to Contact:\*  [?]

Fax:\*  [?]

Phone:\*  [?]

Ext.:  [?]

Cell Phone:

Email:\* @evicore.c

Receive email notification of case status changes

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**

The referring provider information will pre-populate on this screen. The user will enter their name in the “who to contact” field, and verify the phone, fax, and email are correct for the point of contact.

Receiving email notification is the default for the referring providers. Rendering providers will receive a fax notification.

# Selecting the member and the procedure & diagnosis

## Patient Eligibility Lookup

Patient ID:\*

Date Of Birth:\*  MM/DD/YYYY

Patient Last Name Only:\*  [?]

When entering patient details, please review and confirm the spelling of the patient's name. Verify accuracy of the patient's ID.

LOOKUP AGAIN

### Search Results

	Patient ID	Member Code
<input type="button" value="SELECT"/>	<input type="text"/>	01

BACK

### Attention!

Time: 12/3/2025 6:14 PM

What is the Date of Service that will be used in billing the test? (MM/DD/20YY)\*

mm/dd/yyyy

If unknown use today's date. The DOS for a laboratory test is generally deemed to be either the date of specimen collection or the date of retrieval (for archived specimens).

Submit

- + The user will be prompted to enter the date the specimen was collected (the date of service).
- + Then they will enter the member's health plan ID number, date of birth and last name to find and select the patient.

EviCore

By EVERNORTH

# Entering the procedure request and the diagnosis

## 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](#)

Additional Procedure codes will be collected/presented during the clinical questionnaire

**Diagnosis**

Primary Diagnosis Code:

Description: **Malignant**

[Change Primary Diagnosis](#)

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

Secondary diagnosis is optional for Lab Management Program

**LOOKUP**

**BACK** **CONTINUE**

## 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](#)

Selecting the procedure may require entering the proper header code such as “LABTST.” Users will enter the primary diagnosis code and a secondary diagnosis code if appropriate. Then, they will verify the requested service & diagnosis and edit any information if needed by selecting “change procedure or primary diagnosis” or “change secondary diagnosis.”

# The rendering provider search and selection

## Add Site of Service

### Specific Site Search

Labs should be selected based only on the Site/Facility name and TIN. If you are looking for a specific site address not shown below and other INN site records are available, please choose any selectable INN record for that Site/Facility and matching TIN.

NPI:

Zip Code:

Site Name:

TIN:

City:

- Starts with  
 Exact match

LOOKUP SITE

Lab Email (optional)

	Name	Address
<input type="button" value="SELECT"/>	NAT [REDACTED]	[REDACTED] 3
<input type="button" value="SELECT"/>	NAT [REDACTED]	2 S [REDACTED] S [REDACTED]

BACK

Select the lab facility / rendering lab or site that will be performing the test of the specimen.

# 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
- + Users can save the 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

What is the name of the test you are requesting?

Test Brand Name	Procedure Code	Message
<input type="radio"/> None Of These		
<input type="radio"/> FoundationOne CDx	0037U	
<input type="radio"/> FoundationOne Heme (Comprehensive Panel Code)	81455	
<input type="radio"/> FoundationOne Heme (Targeted Panel Code)	81450	This test's CPT codes do not follow coding policies and may not be approved, even if medically necessary.
<input type="radio"/> FoundationOne Liquid CDx	0239U	
<input type="radio"/> FoundationOne RNA	81455,81456	

Below is a list of procedure codes associated with the test you selected. You can edit the units or you can remove codes by selecting the X next to a code. You can also add codes by selecting them from the dropdown list.

Select CPT Code:

Procedure Code	Description	Units
<input checked="" type="checkbox"/> 0037U	FoundationOne CDx (F1CDx) Foundation Medicine, Inc.	<input type="text" value="1"/>

## The Procedure Code Confirmation Screen:

After a Lab test is selected from the pathway list above, the user will be presented with the option to add, delete, or change codes.

Are you ready to submit these procedure codes?

Yes

No, I need to return to the lists of tests

No, I cannot find my procedure code and want to manually submit all the codes

# 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.

**EviCore**

By **EVERNORTH**  
Public Information

# 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 the request is authorized during the initial submission, the user can print out the summary.

## 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>	MOLECULAR GENETIC TEST
<b>CPT Code:</b>	LABTST		
<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

EviCore

By EVERNORTH  
Public Information

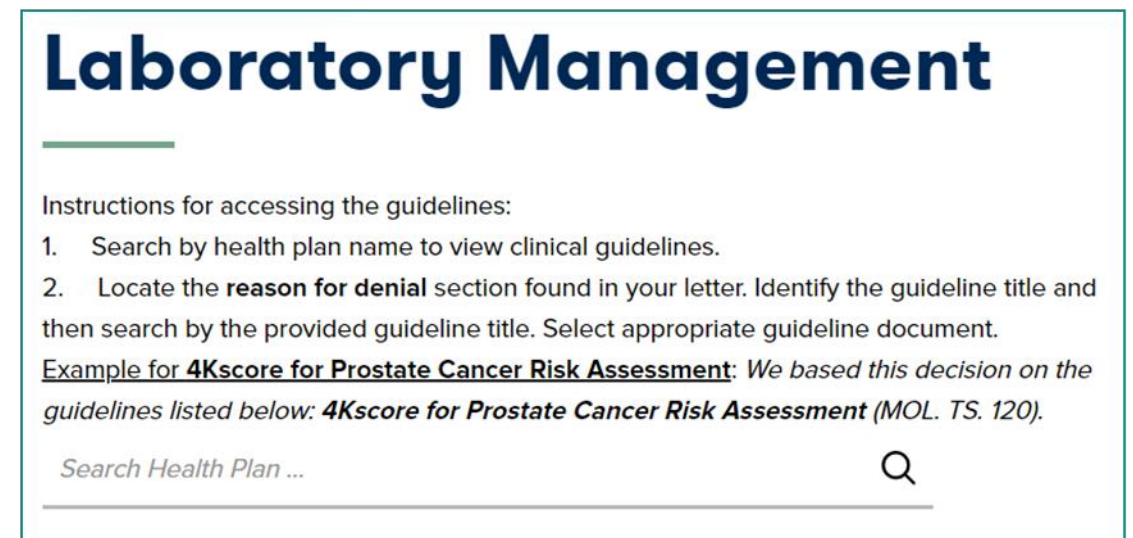
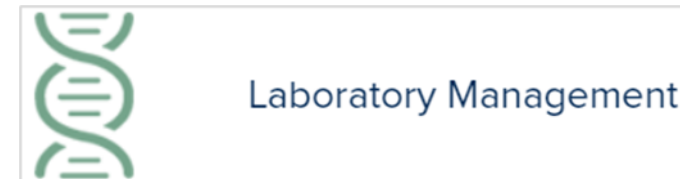
# Clinical Guidelines

Go to [www.evicore.com](http://www.evicore.com) and select the 'Resources' drop-down menu on the top right of the page.

- + Select the 'Clinical Guidelines' button to be directed to the main clinical guidelines page.
- + Scroll down and select the 'Laboratory Management' solution.
- + Type in the health plan in the 'Search Health Plan' search bar and press enter.
- + Select the appropriate guideline specific to the requested test(s).

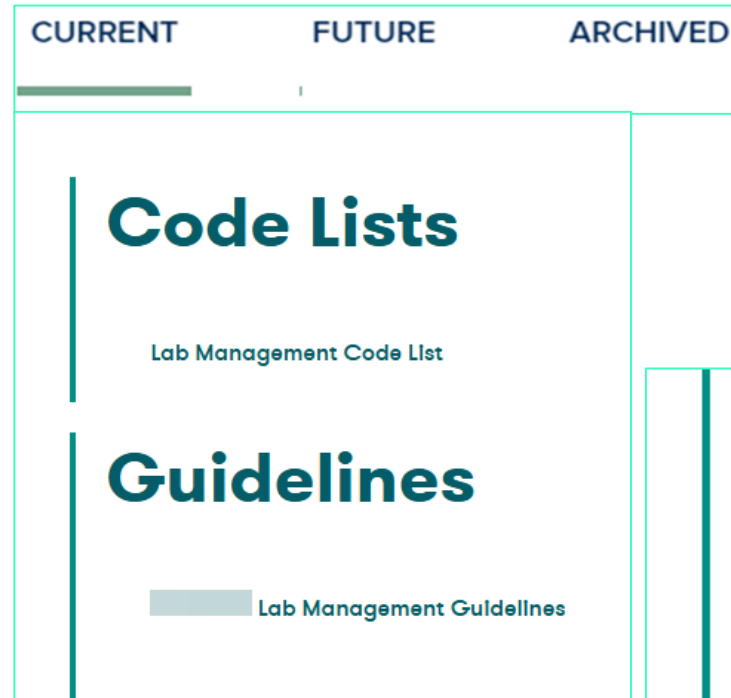
## Examples:

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

A screenshot of the "Laboratory Management" page. The title "Laboratory Management" is in a large, bold, dark blue font. Below the title, there are instructions for accessing guidelines: "Instructions for accessing the guidelines:" followed by a numbered list: "1. Search by health plan name to view clinical guidelines." and "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." Below the instructions, there is an example: "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)." At the bottom, there is a search bar with the placeholder text "Search Health Plan ..." and a magnifying glass icon to its right.

# Clinical Guidelines - continued

- + Current, Future, and Archived lists and Guidelines are found here.
- + You can select the entire Code List or the health plan specific Policy Book.
- + There are Lab Guidelines for Administrative, Clinical Use, and Test Specific on our resource site.



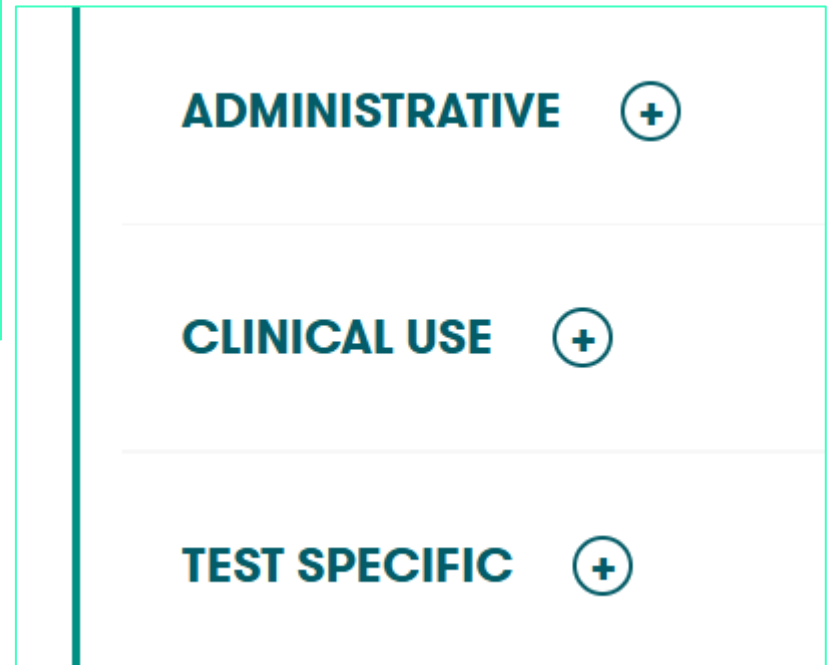
CURRENT FUTURE ARCHIVED

## Code Lists

Lab Management Code List

## Guidelines

Lab Management Guidelines



ADMINISTRATIVE +

CLINICAL USE +

TEST SPECIFIC +



# Authorization Lookup example

### Authorization Lookup

Authorization Number: NA  
Case Number:  **P2P AVAILABILITY**  
Status: Pending eviCore Review  
P2P Status:  
Approval Date:  
Service Code: LABTST  
Service Description: MOLECULAR GENETIC TEST  
Site Name: MOUNT SINAI GENOMICS  
Expiration Date:  
Date Last Updated: 7/15/2020 5:30:44 PM  
Correspondence: **UPLOADS & FAXES**  
Clinical Upload:

**The option to attach clinical information is not available for this case at this time:  
Please fax clinical information to 800-540-2406**

Authorization Number:   
Case Number:  **P2P AVAILABILITY**  
Status: Approved  
P2P Status:  
Approval Date: 7/13/2020 12:00:00 AM  
Service Code: LABTST  
Service Description: MOLECULAR GENETIC TEST  
Site Name: MOUNT SINAI GENOMICS  
Expiration Date: 1/9/2021  
Date Last Updated: 7/15/2020 5:25:14 PM  
Correspondence: **UPLOADS & FAXES**

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

### Uploads & Faxes

Attached Faxes | **Sent Letters & Faxes** | Document Uploads

3 documents sent.

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

**CLOSE**

# Provider Resources

# Contact EviCore's Dedicated Teams

---

## Provider Engagement

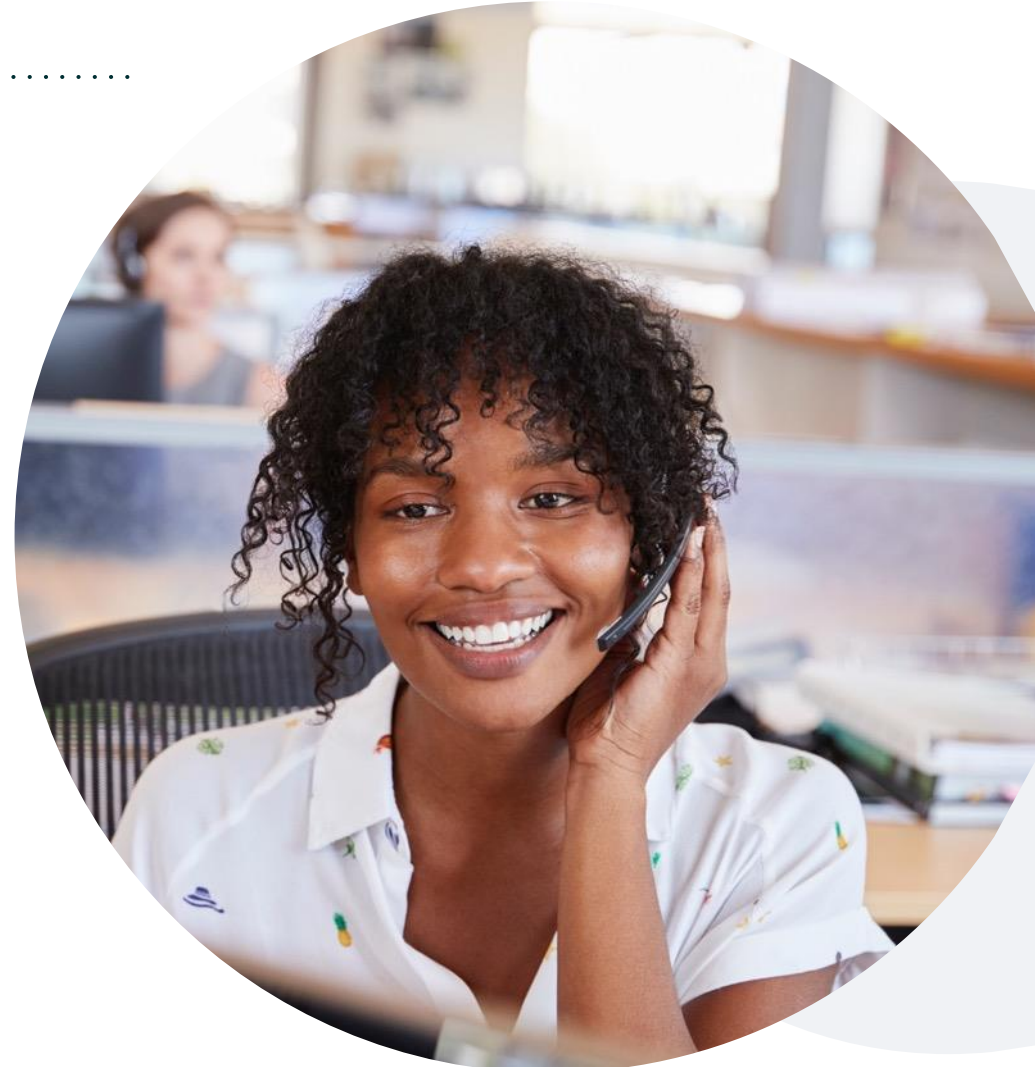
Regional team that works directly with the provider community.

### Sara Vandiver

- Email: [sara.vandiver@evicore.com](mailto:sara.vandiver@evicore.com)
- Phone: **804-814-4878**

## Call Center

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



# 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 provider portal

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

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



# Provider Resource Website

## Provider Resource Pages

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

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

**To access these helpful resources, please visit:**

<https://www.EviCore.com/resources>

(Choose specific health plan from the dropdown menu)

EviCore also maintains online resources not specific to health plans, such as guidelines and our required clinical information checklist.

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



# Ongoing sessions for Web Portal Training

- Provides step-by-step guidance on submitting requests through both the EviCore CareCore National platform and EviCore MedSolutions platform.
- Includes portal registration, authorization lookup, and scheduling Peer-to-Peer consultations.

## Register for Provider Sessions:

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

# EviCore Online Provider Resources Review Forum

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

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

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

# 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



## Stay Updated With Our Provider Newsletter

*Your email address*

---

SUBSCRIBE →

# Thank You

*EviCore healthcare is an independent company that supports Horizon Blue Cross Blue Shield of New Jersey in prior authorization and/or medical necessity review.*