

LAB MANAGEMENT

Preauthorization for Blue Cross and Blue Shield Medicare Program

Provider Orientation

Agenda

1. Solution Overview
2. Submitting Requests
3. Prior Authorization Outcomes,
Special Considerations & Post-
Decision Options
4. EviCore Provider Portal
5. Provider Resources

Solution Overview

EviCore

By **EVERNORTH**
Public Information

BCBS Medicare Prior Authorization Services

EviCore began accepting prior authorization requests for Lab Management services on May 22, 2017 for dates of service June 1, 2017 and beyond.



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Applicable Membership

- + Medicare Only

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

Providers should verify patient eligibility and benefits prior to treatment.

Applicable Membership

Preauthorization is required for Blue Cross and Blue Shield members enrolled in the following programs:

- **Blue Cross and Blue Shield of Illinois**
 - **Medicare members**
- **Blue Cross and Blue Shield of Montana**
 - **Medicare members**
- **Blue Cross and Blue Shield of New Mexico**
 - **Medicare members**
- **Blue Cross and Blue Shield of Oklahoma**
 - **Medicare members**
- **Blue Cross and Blue Shield of Texas**
 - **Medicare members**

Preauthorization Required

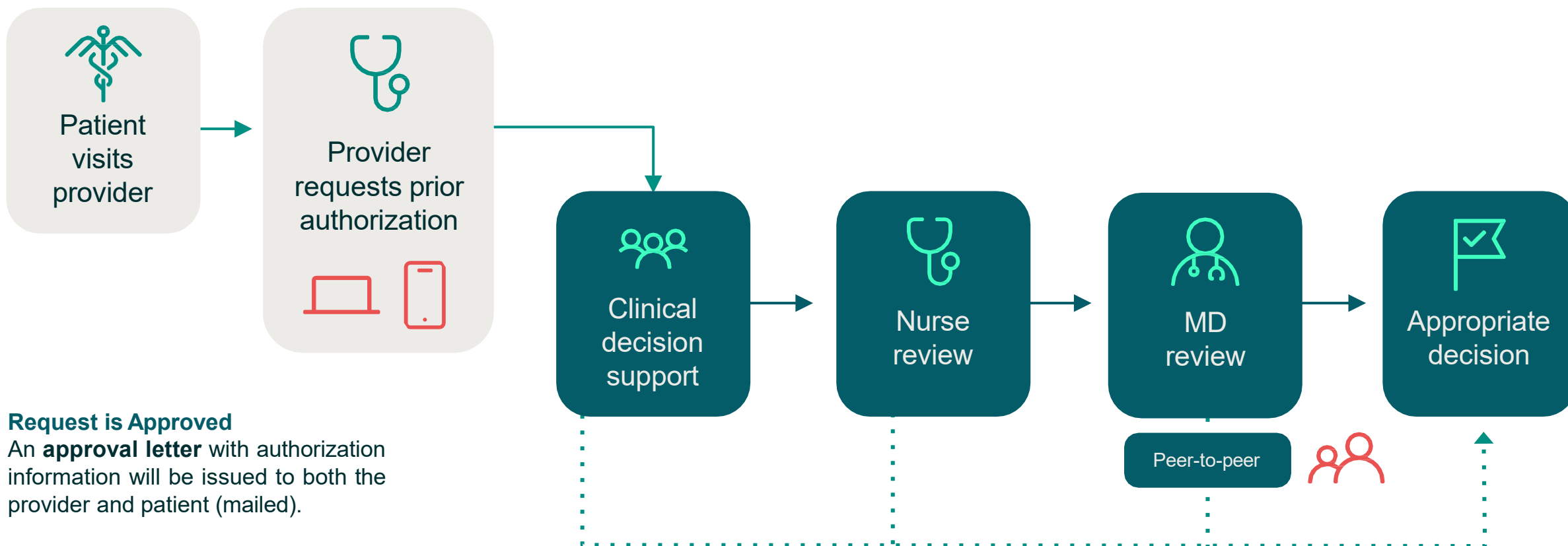
- Hereditary Cancer Screening
- Carrier Screening Tests
- Tumor Marker / Molecular Profiling
- Hereditary Cardiac Disorders
- Cardiovascular Disease and Thrombosis Risk Variant Testing
- Pharmacogenomic Testing
- Neurologic Disorders
- Mitochondrial Disease Testing
- Intellectual Disability / Developmental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

To find a list of CPT
(Current Procedural Terminology)
codes that require preauthorization
through eviCore, please visit:

<https://www.evicore.com/resources/healthplan/blue-cross-blue-shield/oklahoma/medicare>

Submitting Requests

Pre-service prior authorization workflow



Request is Approved

An **approval letter** with authorization information will be issued to both the provider and patient (mailed).

Request is Denied

A **denial letter with clinical rationale** for the decision and appeal rights will be issued to both the provider and patient.

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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 in 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:** 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 submittals

To access the EviCore Provider Portal, visit evicore.com/provider

Or by phone: **855-252-1117**

Monday – Friday
7 AM – 7 PM (local time)

Or by fax: **866-699-8160**

Necessary Information for Prior Authorization



To obtain prior authorization on the very first submission, the provider submitting the request will need to gather information within four categories:



Patient

- ✓ Health Plan ID
- ✓ Patient name
- ✓ Date of birth (DOB)



Referring (Ordering) Physician

- ✓ Physician name
- ✓ National provider identifier (NPI)
- ✓ Phone & fax number



Supporting Clinical

- ✓ Pertinent clinical information to substantiate medical necessity for the requested service
- ✓ CPT/HCPCS Code(s)
- ✓ Diagnosis Code(s)
- ✓ Previous test results



Rendering Facility

- ✓ Facility name
- ✓ Address
- ✓ National provider identifier (NPI)
- ✓ Tax identification number (TIN)
- ✓ Phone & fax number

Important Clinical Documentation

If clinical information is needed, please be able to supply:

- Specimen collection date (if applicable)
- Type or Test Name (if known)
- Test Indication (Personal History of condition being tested, age at initial diagnosis, relevant signs and symptoms, if applicable)
- Relevant past test results
- Patient's ethnicity
- Relevant family history (Maternal or paternal relationship, medical history including ages at diagnosis, genetic testing)
- If there is a known familial mutation, what is the specific mutation?
- How will the test results be used in the patient's care?

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Prior Authorization Outcomes, Special Considerations & Post-Decision Options

Prior Authorization Determination Outcomes

Determination Outcomes

- + Approved Requests: All requests are processed within 7 calendar days and authorizations are valid for 45 calendar days from the date of the determination.
- + 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

- + Authorization letters will be faxed to the ordering physician.
- + Web-initiated cases will receive e-notifications if a user opted in to this method.
- + Members will receive a letter by mail.
- + Approval information can be printed on demand from the [EviCore portal](#).



Special Circumstances

Urgent Prior Authorization Requests



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



Can be initiated on provider portal or by phone



Urgent cases are typically reviewed within
24 to 72 hours



Special Circumstances

Authorization Update



If updates are needed on an existing authorization, providers can contact EviCore by phone



If the authorization is not updated and a different facility location or CPT code is submitted on the claim, it may result in a claim denial



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Medicare Members

My case has been denied. What's next?

- + Providers can request a Clinical Consultation with an EviCore physician to better understand the reason for denial.
- + Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation.



Reconsiderations

- + Medicare cases do not include a reconsideration option
-



Appeals

- + EviCore will manage first-level appeals
- + Please refer to the denial notice for instructions and requirements to submit an appeal

EviCore Provider Portal

EviCore

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Public Information

EviCore Provider Portal | Access and Compatibility

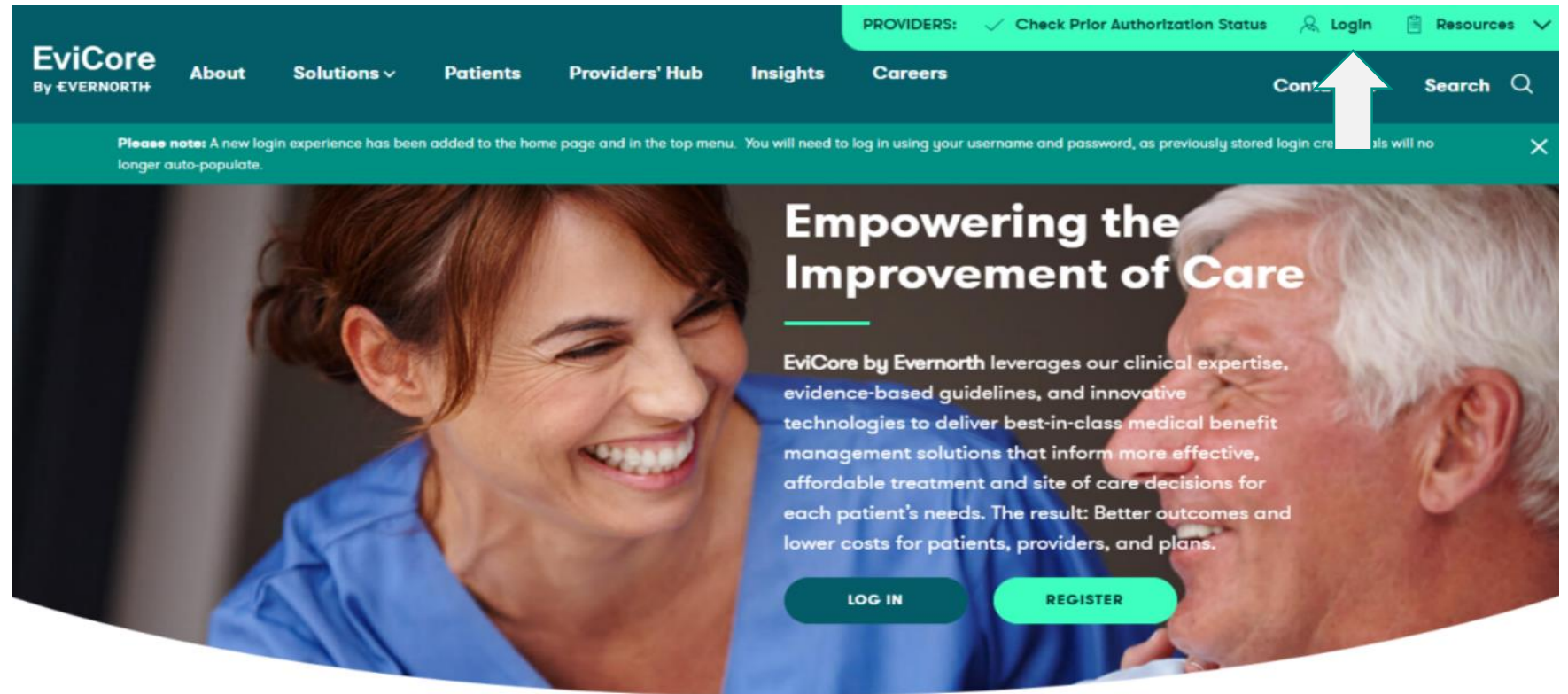
Most providers are already saving time submitting clinical review requests online vs. telephone.

+ To access resources on the EviCore Provider Portal, visit EviCore.com

+ Already a user?

Log in with User ID & Password.

+ Don't have an account?
Click **Register**.



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.

Portal Registration

EviCore

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User Information

First Name

Enter first name

Last Name

Enter last name

User Name

Create user name

Next

Contact Info

Email

Enter email

Confirm Email

Confirm email

Phone

Phone number

Ext (optional)

Extension

Physician/Facility Information

Individual NPI

Enter NPI

Enter your information here then click 'Next'

Read and accept the Terms and Conditions

EviCore

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User Information

First Name

Test

Contact Info

Email

ashley.good@evicore.com

Physician/Facility Information

Individual NPI

1356331565

Next

Terms and conditions

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Accept

Cancel

Portal Registration Continued

Registration Summary

User Information

First Name: Test

Last Name: PAC

User Name: TestPAC1

Contact Info

Email:

Phone: 5555555555

Physician/Facility Information

Individual NPI:

Back

Next

1. Confirm the details are correct, then click 'Next'

2. You will then be sent a verification code to the email provided

3. Enter the 6-digit code, then click 'Next'

Verify your account

i

Check your inbox

A verification code has been sent to .com. If you don't receive it within 5 minutes, check your spam or junk folder.

Email id

.com

Enter 6-digit code

Enter code

Next

Didn't receive a code?

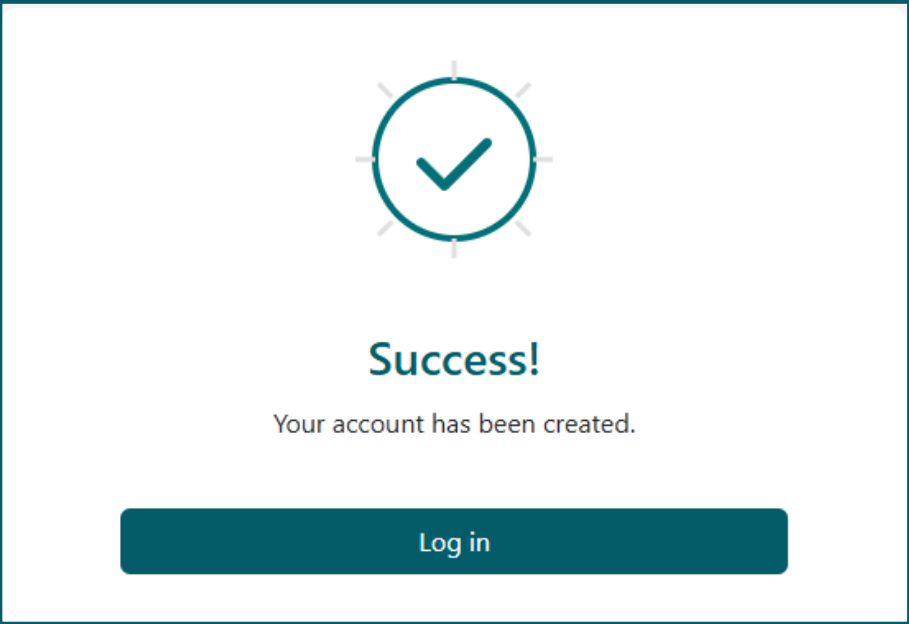
Check your spam or junk folder or [Resend](#).

Cancel

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User Registration Successful

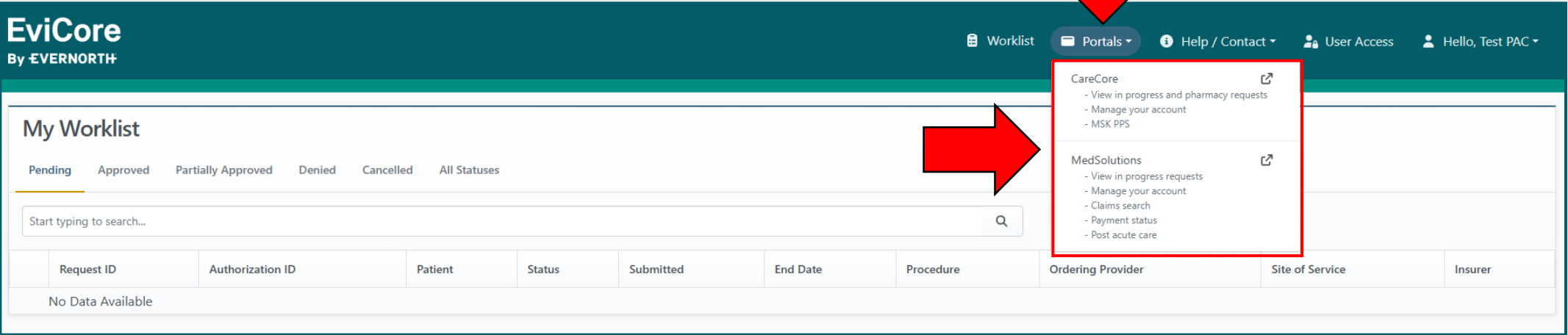


Create a Password

Password must be at least 8 characters long and contain the following:

- ✓ Uppercase Letters
- ✓ Lowercase Letters
- ✓ Numbers
- ✓ Characters (e.g., !#*)

Once logged in, you can go to ‘Portals’ to access the CareCore option



EviCore.com Access | Two Factor Authentication

To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

- After you log in, you will be prompted to register your device for MFA.
- Choose which authentication method you prefer: Email or SMS. Then, **enter your email address or mobile phone number**.
- Once you select **Send PIN**, a 6-digit pin will be generated and sent to your chosen device.
- After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.

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Sunday, August 24, 2025 10:25 AM

Complete Two Factor Authentication

Registered Email Address

*@evicore.com

Send PIN

Please enter PIN sent to your Registered Email Address

PIN

Submit

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EviCore Provider Portal | Add Providers



Providers will need to be added to your account prior to case submission

- Click the **Manage Your Account** tab to add provider information
- Select **Add Provider**
- Enter the NPI, state, and zip code to search for the provider
- Select the matching record based upon your search criteria
- Once you have selected a practitioner, your registration will be complete
- You can also click **Add Another Practitioner** to add another provider to your account
- You can access the **Manage Your Account** at any time to make any necessary updates or changes

Manage Your Account

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

Address:

Primary Contact:

Email Address:

[ADD PROVIDER](#)

Click Column Headings to Sort

[CANCEL](#)

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](#)

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Public Information

Clinical Certification Request | Case Initiation Process

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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Request an Authorization

- Please select the program for your certification:
- ☐ Radiology and Cardiology
 - ☐ Specialty Drugs
 - ☐ Radiation Therapy Management Program (RTMP)
 - ☐ Musculoskeletal Management
 - ☐ Sleep Management
 - ☒ Lab Management Program
 - ☐ Durable Medical Equipment(DME)
 - ☐ Medical Oncology Pathways

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

Please Select

Please Select

Referring Provider

Rendering Lab

CONTINUE

[Click here for help](#)

Requested Service + Diagnosis

Lab Management Program Procedures

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

LABTST

MOLECULAR GENETIC TEST

Diagnosis

Select a Diagnosis Code (Lookup by Code or Description)

LOOKUP

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

Cancel Back Print

BACK

CONTINUE

[Click here for help](#)

- When building a new case you will need to select the applicable **program** from the list.
- Select the applicable **procedure** and corresponding **diagnosis code** associated with the patient's condition.

Submitting as Referring Provider | Provider Search

	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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Clinical Certification

Select the practitioner or group for whom you want to build a case.

If the practitioner, group, or lab for whom you wish to build a case is not listed, please visit [Manage Your Account](#) to associate the new practitioner, group, or lab.

Filter Last Name or NPI: [FILTER](#) [CLEAR FILTER](#)

Selected Physician:
Last, First
NPI 1234567890

Provider	
SELECT	1234567890 - Last, First

[Cancel](#) [Back](#) [Print](#) [Continue](#)

[Click here for help or technical support](#)

?

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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10% Complete

Clinical Certification

Do you have the ordering physician's NPI Number?

☐ Yes ☒ No

Enter NPI Number

SUBMIT

Cancel Print

Click [here](#) for help or technical support

Enter Member Information

- + Enter **member information**, including: patient ID number, date of birth, and both last and first name, then click **ELIGIBILITY LOOKUP**
- + Confirm your patient’s information and click **SELECT** to continue
- + If available, provide patient cell phone and email and click **CONTINUE**

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

Manage Your Account

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*MM/DD/YYYY

Patient Last Name Only:*

Patient First Name: *

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

LOOKUP AGAIN

Patient ID

Member Code

SELECT

CLEAR PATIENT SELECTION

Patient Cell Phone

Patient Email

BACK

CONTINUE

*Please Review Your Results

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
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Choose Your Insurer

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK

CONTINUE

- Choose the appropriate **Health Plan** for the request
- Another drop down will appear to select the appropriate address for the provider
- Select **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
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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

[Click here for help](#)

- Enter the **Provider's name** and appropriate information for the point of contact individual
- Provider name, fax and phone will pre-populate, edit as necessary

NEW! Check this box to enable e-notification updates for any case status changes

Submitting as Referring Provider | Site Selection

	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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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:

Zip Code:

Site Name:

TIN:

City:

☒ Exact match

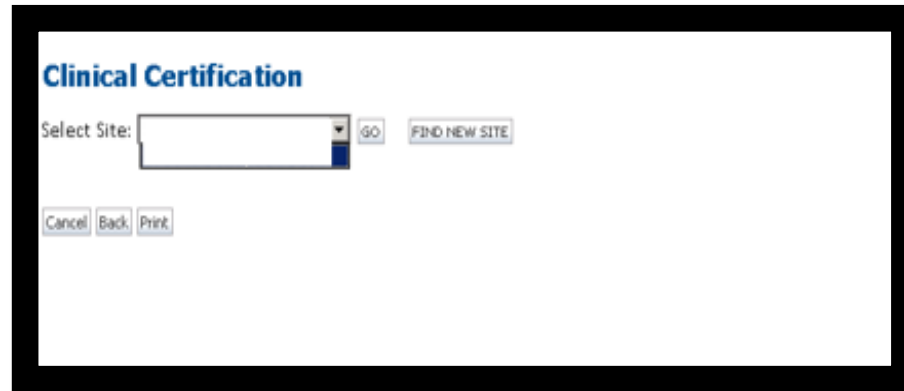
☐ Starts with

LOOKUP SITE

- Search for the site of service where the procedure will be performed (for best results, search with NPI, TIN, and zip code)
- Select the specific site where the procedure will be performed

Submitting as Rendering Lab | Site Selection

	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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The screenshot shows a web interface titled "Clinical Certification". It features a "Select Site:" label followed by a dropdown menu. To the right of the dropdown are two buttons: "GO" and "FIND NEW SITE". Below the dropdown menu are three buttons: "Cancel", "Back", and "Print".

- The site added under your account will be in the dropdown menu
- Click “GO” when ready
- If your site is not listed in the dropdown menu, choose to find the new site by NPI

Single or Multi CPT Code and Collection Date

Clinical Certification

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 is considered. The next several questions guide test and CPT code selection. Each step includes an option to bypass the question if you do not know the answer. If you need assistance, you can call 1-879-8317.

1 How will the test be billed?

☒ A single CPT/HCPCS code for the entire test

☐ More than one CPT/HCPCS codes (a panel, profile, or group of tests performed together and billed with multiple procedure codes)

☐ I do not know the CPT/HCPCS code(s) associated with this test (This option allows you to describe the test and provide general clinical information for manual review.)

2 Has the specimen been collected?

☐ Yes ☐ No ☐ Unknown

3 Collection date (if the specimen has already been collected):

Test Identification

Single CPT Code

31202 - APC GENE KNOWN FAM VARIANTS

31203 - APC GENE DUP/DELET VARIANTS

31205 - BCKDHB GENE

31206 - BCR/ABL1 GENE MAJOR BP

31207 - BCR/ABL1 GENE MINOR BP

31208 - BCR/ABL1 GENE OTHER BP

31209 - BLM GENE

31210 - BRAF GENE

31211 - BRCA1&2 SEQ & COM DUP/DEL

31212 - BRCA1&2 185&5385&6174 VAR

31213 - BRCA1&2 UNCOM DUP/DEL VAR

31214 - BRCA1 FULL SEQ & COM DUP/DEL

31215 - BRCA1 GENE KNOWN FAM VARIANT

31216 - BRCA2 GENE FULL SEQUENCE

31217 - BRCA2 GENE KNOWN FAM VARIANT

31220 - CFTR GENE COM VARIANTS

31221 - CFTR GENE KNOWN FAM VARIANTS

31222 - CFTR GENE DUP/DELET VARIANTS

31223 - CFTR GENE FULL SEQUENCE

There is room for free text to add codes should there be a need to do so.

Test Type

Hereditary cancer syndromes (BRCA, Lynch, APC, MUTYH, PTEN, TP53, etc. genes)

Carrier screening tests (Cystic fibrosis, Fragile X, Spinal muscular atrophy, Ashkenazi Jewish disorders, etc.)

Tumor marker/molecular profiling (KRAS, EGFR, BRAF, ALK, MGMT, etc genes)

Hereditary cardiac disorders (Cardiomyopathies, Arrhythmias such as long QT syndrome, Aortic aneurysm, Marfan syndrome, Familial hypercholesterolemia, etc.)

Cardiovascular disease and thrombosis risk variant testing (APOE, ACE, LPA-Aspirin, LPA-Intron 25, KIF6, CYP2C19, CYP2C9, VKORC1, MTHFR, Factor V Leiden, Prothrombin, etc.)

Pharmacogenomic testing (CYP2D6, CYP2C19, CYP2C9, VKORC1, OPRM1, SLCO1B1, MTHFR, Factor V Leiden, Prothrombin, etc. genotyping)

Neurologic disorders (Ataxia, Dystonia, Epilepsy, Myotonia, Muscular dystrophy, Neuropathy, Spastic paraplegia, etc. evaluations)

Mitochondrial disease testing (Kearns-Sayre, Leigh, LHON, MELAS, MERRF, NARP, Whole mitochondrial genome, etc.)

Other/Not listed/Not sure

Cancel

Print

If selecting the test type, the list of cpt codes presented will then be narrowed to applicable codes.

Select the **Single CPT Code** or Select by **Test Type**

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Clinical Questions

Answer the following questions in clinical detail:

1. Provide the indication for this test.

2. Describe the patient's signs and symptoms (if none, write not applicable)

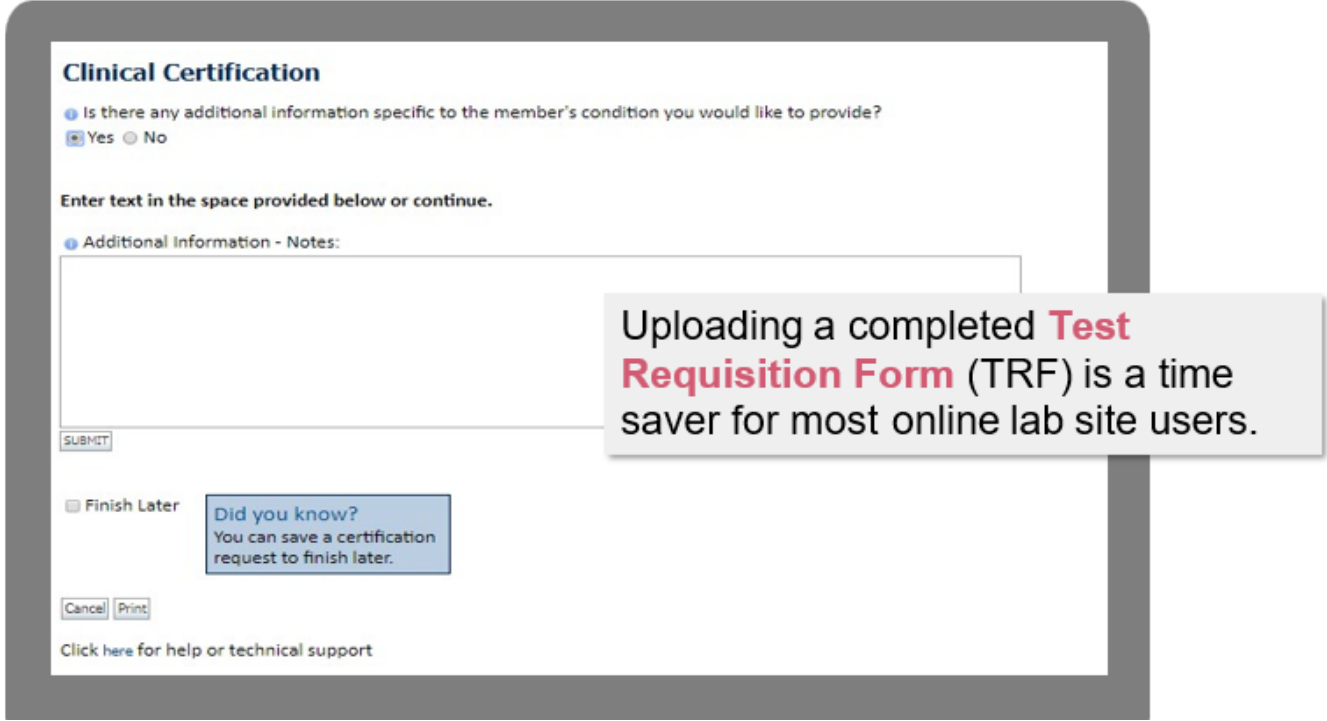
3. Describe any relevant testing or procedure results for this patient. (if none, write not applicable)

4. Describe the patient's relevant family history, if applicable to the requested test; including clinical findings, diagnoses, and/or test results. If not relevant to the requested test, write not applicable.

5. Describe how the results of this requested test will be utilized in the patient's care.

6. Add any additional comments which may be relevant, and may not fit into the above information.

Medical Review



The screenshot shows a web form titled "Clinical Certification". It contains a question: "Is there any additional information specific to the member's condition you would like to provide?" with radio buttons for "Yes" (selected) and "No". Below this is a text entry field with the prompt "Enter text in the space provided below or continue." and a label "Additional Information - Notes:". A "SUBMIT" button is located below the text field. To the left of the "SUBMIT" button is a checkbox labeled "Finish Later". A callout box points to the "SUBMIT" button with the text: "Uploading a completed **Test Requisition Form** (TRF) is a time saver for most online lab site users." At the bottom of the form, there are "Cancel" and "Print" buttons, and a link: "Click [here](#) for help or technical support". A small blue box contains the text: "Did you know? You can save a certification request to finish later."

If **additional information** is required, you will have the option to either free hand text in the additional information box, or you can mark Yes to additional info and click submit to bring you to the upload documentation page.
Providing clinical information via the web is the quickest, most efficient method.

Clinical Certification Request | Clinical Certification

	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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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 correct
- **You will not have the opportunity to make changes after this point**

Clinical Certification Request | Standard or Urgent Request?

	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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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):

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

UPLOAD

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

- If the case is **standard**, select **Yes**
- If your request is **urgent**, select **No**
- When a request is submitted as urgent, you will be **required** to upload relevant clinical information
- Upload up to **FIVE documents** (.doc, .docx, or .pdf format; max 5MB size)
- Your case will only be considered urgent if there is a successful upload

Clinical Certification Request | Request for Clinical Upload

	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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Proceed to Clinical Information

Clinical Upload

Please upload any additional clinical information that justifies the medical necessity of this request.

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

Choose File

Test clinical.docx

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

UPLOAD

SKIP UPLOAD

EviCore requires documents to have patient's name (first and last) and one additional identifier from the list below:

- Date of birth
- Correct case number/Episode ID
- Customer identification number
- Full address (Street, City, State and Zip Code)
- Full phone number including area code
- Driver's license number or other government-issued ID.

If additional information is required, you will have the option to upload more clinical information for review.

Tips:

- Providing clinical information via the web is the fastest and most efficient method
- Enter additional notes in the space provided only when necessary
- Additional information uploaded to the case will be sent for clinical review
- Print out a summary of the request that includes the case number and indicates 'Your case has been sent to clinical review'

Finalizing the Case Submission

Clinical Certification

☐ I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

[Print](#) [SUBMIT CASE](#)

[Click here for help or technical support](#)

Acknowledge the Clinical Certification statements and click “Submit Case.”

EviCore

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Public Information

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 provider portal

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

Additional Information about ECRM, including trainings, can be found on [Providers Hub](#)

Contact EviCore's Dedicated Teams



Web-Based Services and Portal Support

- Live chat
- [ECRM](#)
- Phone: **800-646-0418** (option 2)

Provider Engagement

Regional team that works directly with the provider community.

- + **Scott Jarrett**
- + Email: **scott.jarrett@evicore.com**
- + Phone: **615-487-8129**

Call Center/Intake Center

Call **855-252-1117**. Representatives are available from 7 a.m. to 7 p.m. local time.

Provider Resource Website

EviCore maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis.

This page will include:

- Frequently asked questions
- Quick reference guides
- Provider training materials
- CPT code lists

To access these helpful resources, visit:

<https://www.evicore.com/resources/healthplan/blue-cross-blue-shield/oklahoma/medicare>

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Thank You