Molecular and Genomic Testing Program for Horizon Blue Cross Blue Shield of New Jersey

Provider Orientation

4K⁺ employees
including 1K clinicians

Headquartered in Bluffton, SC
Offices across the US including:

- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT
- Melbourne, FL
- Plainville, CT
- Sacramento, CA

SHARING
A VISION
AT THE CORE OF CHANGE.

100M members
managed nationwide

12M claims
processed annually

Integrated Solutions

LAB MANAGEMENT
19M lives

MEDICAL ONCOLOGY
14M lives
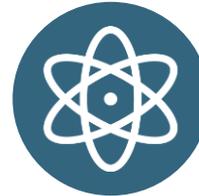
RADIATION THERAPY
22M lives

SPECIALTY DRUG
100k lives

MUSCULOSKELETAL
35M lives

RADIOLOGY
65M lives

CARDIOLOGY
46M lives

SLEEP
13M lives

POST-ACUTE CARE
320k lives

Lab Management Solution

Experience

- 7 years' experience - since 2009

- 14 clients

- 19M total membership

  - 13M Commercial membership

  - 500k Medicare membership

  - 5.5M Medicaid membership

Our Clinical Approach

Organic Evidence-Based Guidelines

The foundation of our solutions:

Dedicated Molecular Genomic Guidelines

Contributions from a panel of community physicians

Experts associated with academic institutions

Current clinical literature

Aligned with National Societies

- National Comprehensive Cancer Network
- National Society of Genetic Counselors
- American College of Obstetrics and Gynecology
- American College of Medical Genetics and Genomics
- American Society of Human Genetics
- American Society of Clinical Oncology
- College of American Pathologists
- American Gastroenterological Association
- Society for Maternal Fetal Medicine
- Association for Molecular Pathology

- American College of Cardiology
- American College of Chest Physicians
- American Academy of Neurology
- American Society of Colon and Rectal Surgeons
- American Heart Association
- American Academy of Pediatrics
- American Society for Reproductive Medicine
- American College of Gastroenterology
- American College of Cardiology Foundation
- National Institutes of Health

Service Model

Client Provider Operations

The Client Provider Operations team is responsible for high-level service delivery to our health plan clients as well as ordering and rendering providers nationwide

Client Provider Representatives

Client Provider Representatives are cross-trained to investigate escalated provider and health plan issues.

Client Service Managers

Client Service Managers lead resolution of complex service issues and coordinate with partners for continuous improvement.

Regional Provider Engagement Managers

Regional Provider Engagement Managers are on-the-ground resources who serve as the voice of eviCore to the provider community.

Why Our Service Delivery Model Works

One centralized intake point allows for timely identification, tracking, trending, and reporting of all issues. It also enables eviCore to quickly identify and respond to systemic issues impacting multiple providers.

Complex issues are escalated to resources who are the subject matter experts and can quickly coordinate with matrix partners to address issues at a root-cause level.

Routine issues are handled by a team of representatives who are cross trained to respond to a variety of issues. There is no reliance on a single individual to respond to your needs.

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Molecular and Genomic Testing Medical Necessity Determination Program for Horizon BCBSNJ

Horizon Blue Cross Blue Shield of New Jersey

Program Overview

eviCore will begin accepting Medical Necessity Requests (MND) on August 1, 2017 for dates of service August 1, 2017 and beyond

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)

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**
- **OMNIA$_{SM}$ (In Network Only)**
- **Horizon POS**
- **Horizon PPO**
- **BlueCard**

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

- **Federal Employee Program® (FEP®)**
- **State Health Benefits Program (SHBP)**
- **School Employees' Health Benefits Program (SEHBP)**
- **Medicare Advantage**
- **Medigap**
- **NJ Health**
- **Dual-Eligible Special Needs (DSNP) plans**

Applicable Providers and Plans

The following providers are expected to comply with MND requirements:

- **Participating and Non-Participating New Jersey and out-of-state health care professionals**

BlueCard

ITS Home
- -MND does apply
- -Claim editing does not apply

ITS Host
- -MND does not apply
- -Claim editing does apply

Par Other
- -MND does not apply
- -Claim editing does apply

Subject to Medical Necessity Determination:

- 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 are subject to Medical Necessity Determination
through eviCore, please visit:

www.HorizonBlue.com/molecularnotice

Medical Necessity Determination Requests

How to request Medical Necessity Determination:

WEB

www.evicore.com
Available 24/7 and the **quickest** way to create medical necessity determination and check existing case status

Or by phone:
1-844-224-0493
7:00 a.m. to 7:00 p.m. (ET)
Monday - Friday

Fax option: 844-545-9213 Fax forms available at: www.evicore.com

FULL Utilization Management

High-tech Lab Consulting

Genetic Testing Policy Library

Utilization Management

Clinical Review Process – Easy for Providers and Staff

No Fax case initiations will be accepted

Methods of Intake

Real-Time Decision Possible With Web

Genetic Counselor Review

MD Review

Medical Geneticists, Oncologists, and Pathologists

Can coordinate peer-to-peer discussions, along with first- and second-level appeals

Peer-to-Peer

Appropriate Decision
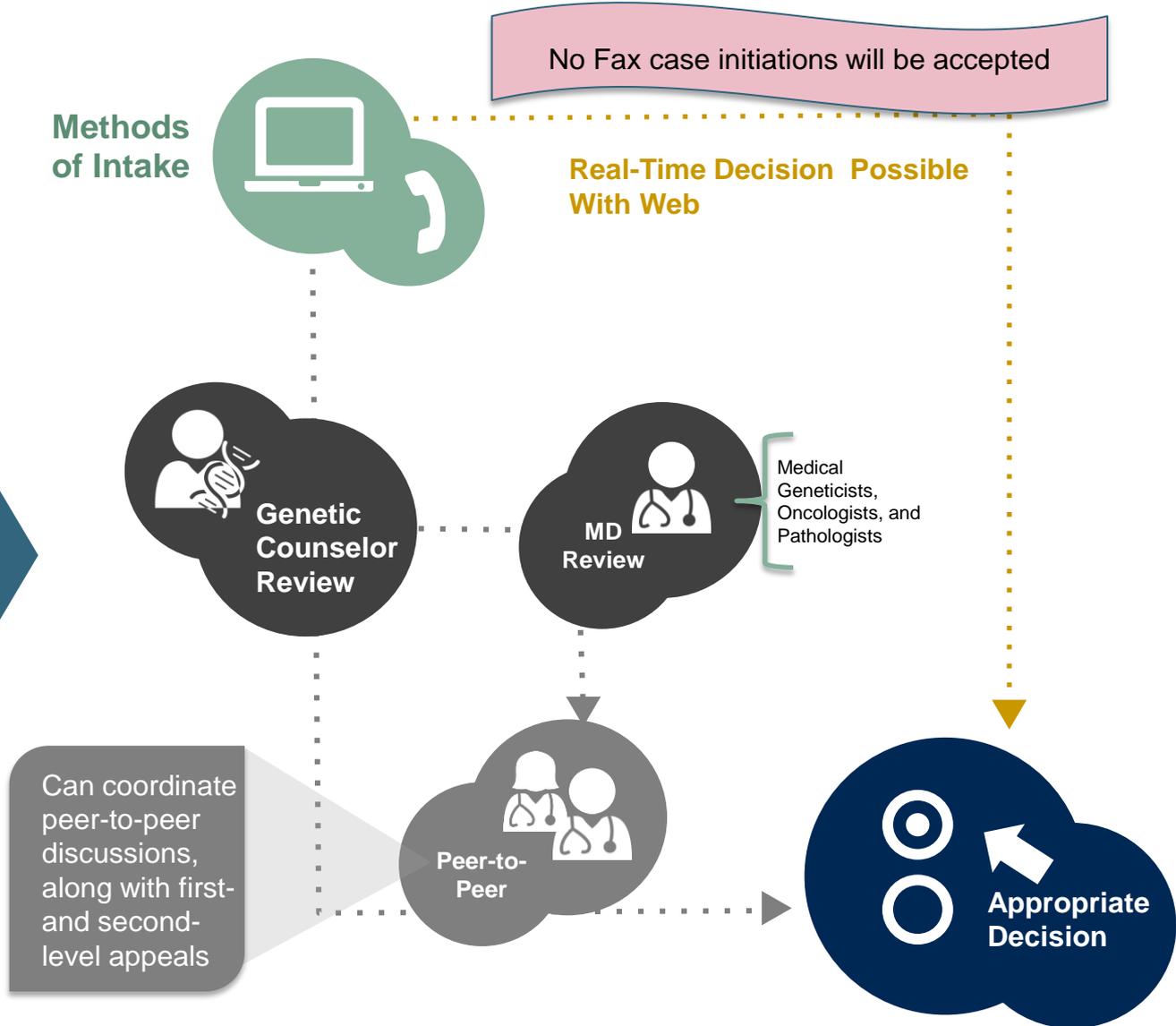
Needed Information

Member
Member ID
Member name
Date of birth (DOB)

Rendering Facility
Laboratory name
National provider identifier (NPI)
Tax identification number (TIN)
Street address

Referring/Ordering Physician
Physician name
National provider identifier (NPI)
Tax identification number (TIN)
Fax number

Requests
CPT code(s) for requested service

The appropriate diagnosis code for the working of differential diagnosis

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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Medical Necessity Determination Outcomes

Approved Requests:
- All requests are processed within 3 business days after receipt of all necessary clinical information.
- Authorizations are good for **60 calendar days** from the date of specimen collection or from the determination date if the specimen has not been collected.

Delivery:
- Faxed to referring provider and rendering clinical laboratory
- Mailed to the member
- Information can be printed on demand from the eviCore healthcare Web Portal

Denied Requests:
- Communication of denial determination
- Communication of the rationale for the denial
- How to request a Peer Review

Delivery:
- Faxed to the referring provider and rendering clinical laboratory
- Mailed to the member

Medical Necessity Determination Outcomes

> **Peer-to-Peer Review**

- If a request is denied and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians. In certain instances, additional information provided during the consultation may be sufficient to satisfy the medical necessity criteria for approval.

- **Peer-to-Peer reviews** can be scheduled at a time convenient to your physician by calling eviCore at 844-224-0493.

Special Circumstances

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.

Urgent Studies:

- Contact eviCore by phone to request an expedited medical necessity determination review and provide clinical information. Providers are asked to please state the pre-service MND request is for medically urgent care and requires expedited review.
- Urgent Cases will be reviewed within 24 hours of the request.
- A request that is not clinically urgent will be treated as a routine request.

Web Portal Services

eviCore healthcare website

- Point web browser to evicore.com

eviCore healthcare   ✕

→ C   🗎 www.evicore.com
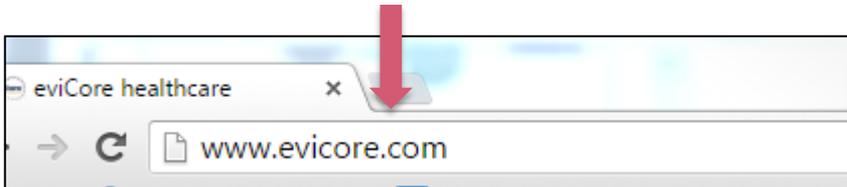
- Click on the "Providers" link

LOGIN: **PROVIDERS** | **PLANS**   Search 🔍

RESOURCES ⌄   **MEDIA**   **CAREERS**
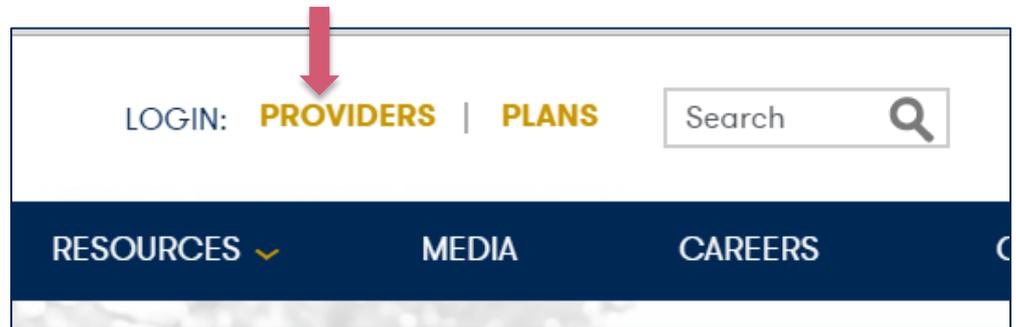
- Login or Register

Providers Delivering Medical
Solutions That Benefit **Everyone.**

User ID

Password

☐ Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

☐ I Agree to HIPAA Disclosure!

LOGIN

Forgot UserName | Password? | Register

This website is compatible with Internet Explorer 9, 10, 11, Mozilla Firefox and Google Chrome

Creating An Account

Providers Delivering Medical Solutions That Benefit **Everyone.**

User ID

Password

☐ Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

☐ I Agree to HIPAA Disclosure!

LOGIN

Forgot UserName | Password? | Register

To create a new account, click Register.

Creating An Account

Select a **Default Portal**, and complete the registration form.

Creating An Account

Please review the information before you submit this registration. An Email will be sent to your registered email address to set your password.

Web Portal Preference

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.

Default Portal*:   CareCore National ▾

If you want to register as a Client User at CareCore National, then please contact us: 1-800-918-8924 x20136.

User Registration

UserName:	MYG123	**Address:**	730 Cool Springs	**Phone:**	800-575-4517
Email:	tesaccount@gmail.com			**Ext:**	
		City:	Franklin		
Account Type:	Physician			**Fax:**	615-468-4408
First Name:	Test	**State:**	TN **Zip:** 37067		
		Office Name:	Test Office		
Last Name:	Account				

Back   Submit Registration

Review information provided, and click "Submit Registration."

User Registration-Continued

Accept the Terms and Conditions, and click "Submit."

User Registration-Continued

You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

Create a Password

Your password must be at least (8) characters long and contain the following:

✓ Uppercase letters

✓ Lowercase letters

✓ Numbers

✓ Characters (e.g., ! ? *)

Account Log-In

Providers Delivering Medical
Solutions That Benefit **Everyone.**

Mallory1897

••••••••

☐ Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

☑ I Agree to HIPAA Disclosure!

LOGIN

Forgot UserName | Password? | Register
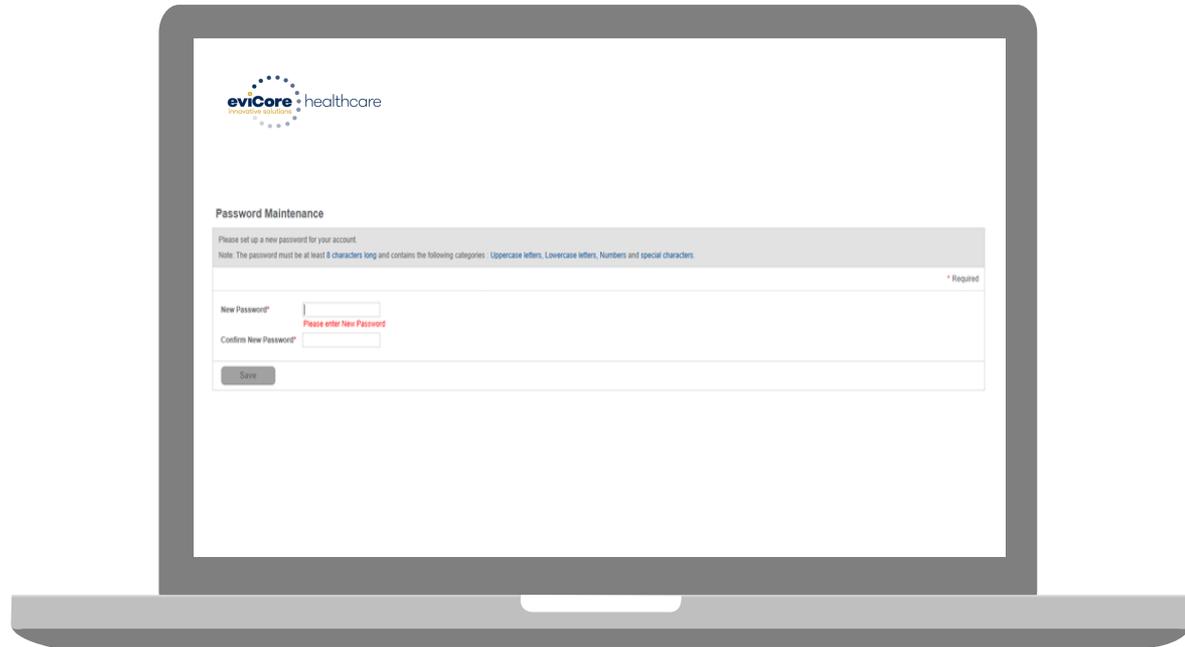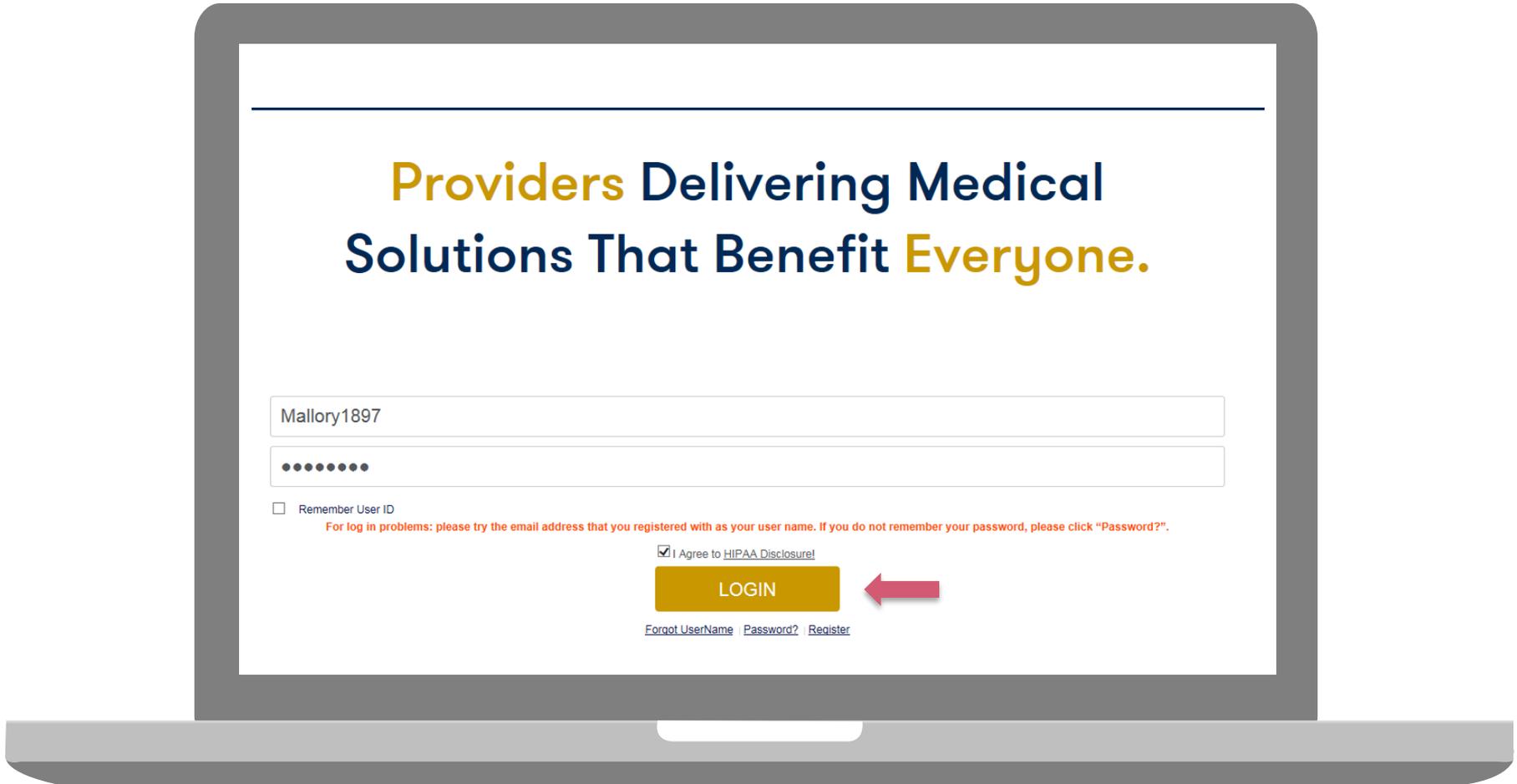
▶ **To log-in to your account, enter your User ID and Password. Agree to the HIPAA Disclosure, and click "Login."**

Account Overview

Welcome Screen

Providers will need to be added to your account prior to case submission. Click the "**Manage Account**" tab to add provider information.

**Note**: You can access the MedSolutions Portal at any time if you are registered. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals without having to log-in multiple accounts.

Add Practitioners

Manage Your Account

Office Name:	Bluffton	Change Password	Edit Account
Address:	400 Buckwalter Place Blvd Bluffton, SC 29910		

Primary Contact:
Email Address:

Add Provider

Click Column Headings to Sort

No providers on file

Cancel
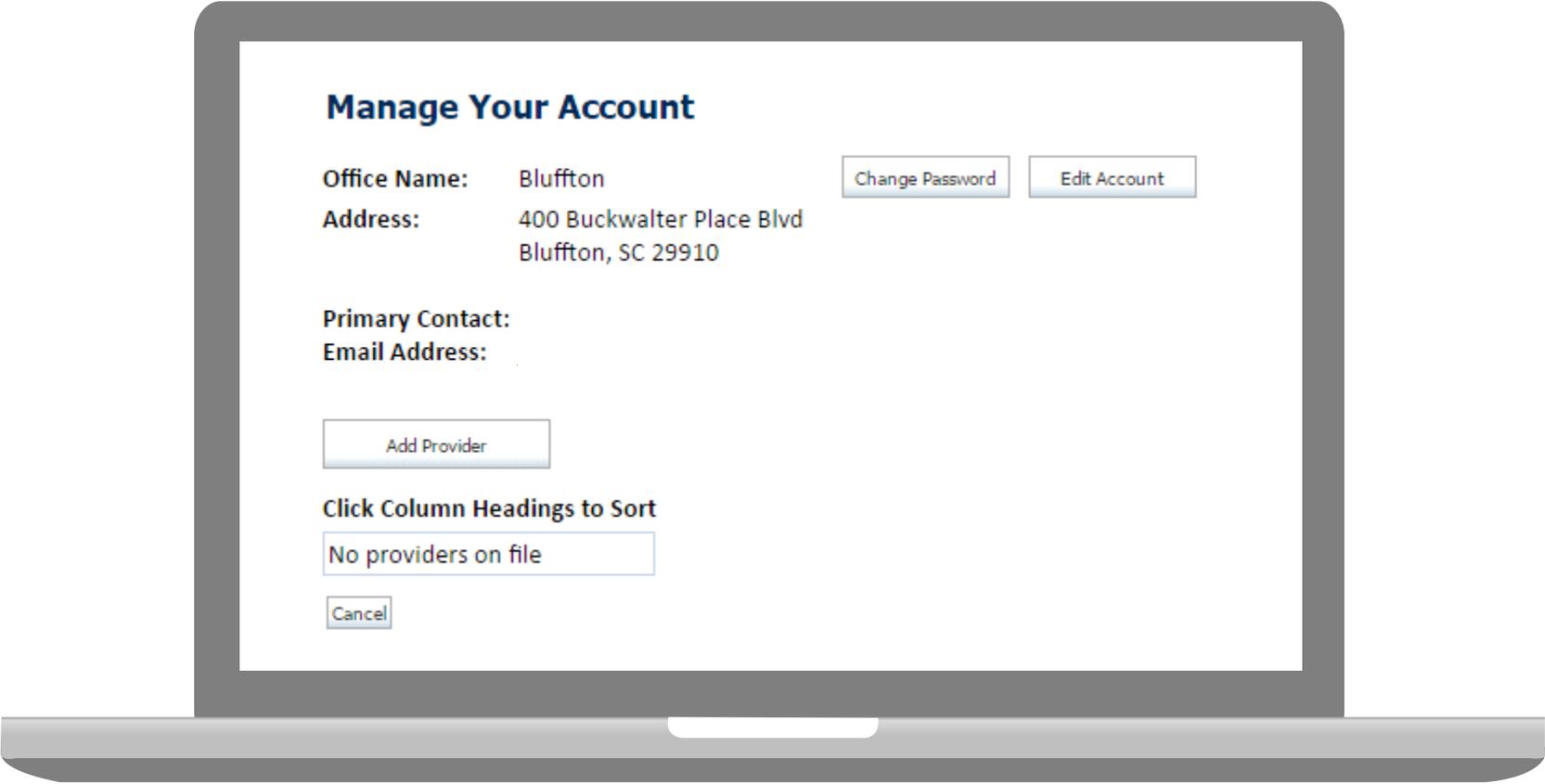
Click the "**Add Provider**" button.
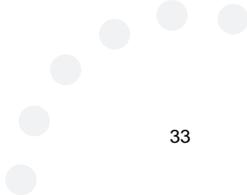
Add Practitioners
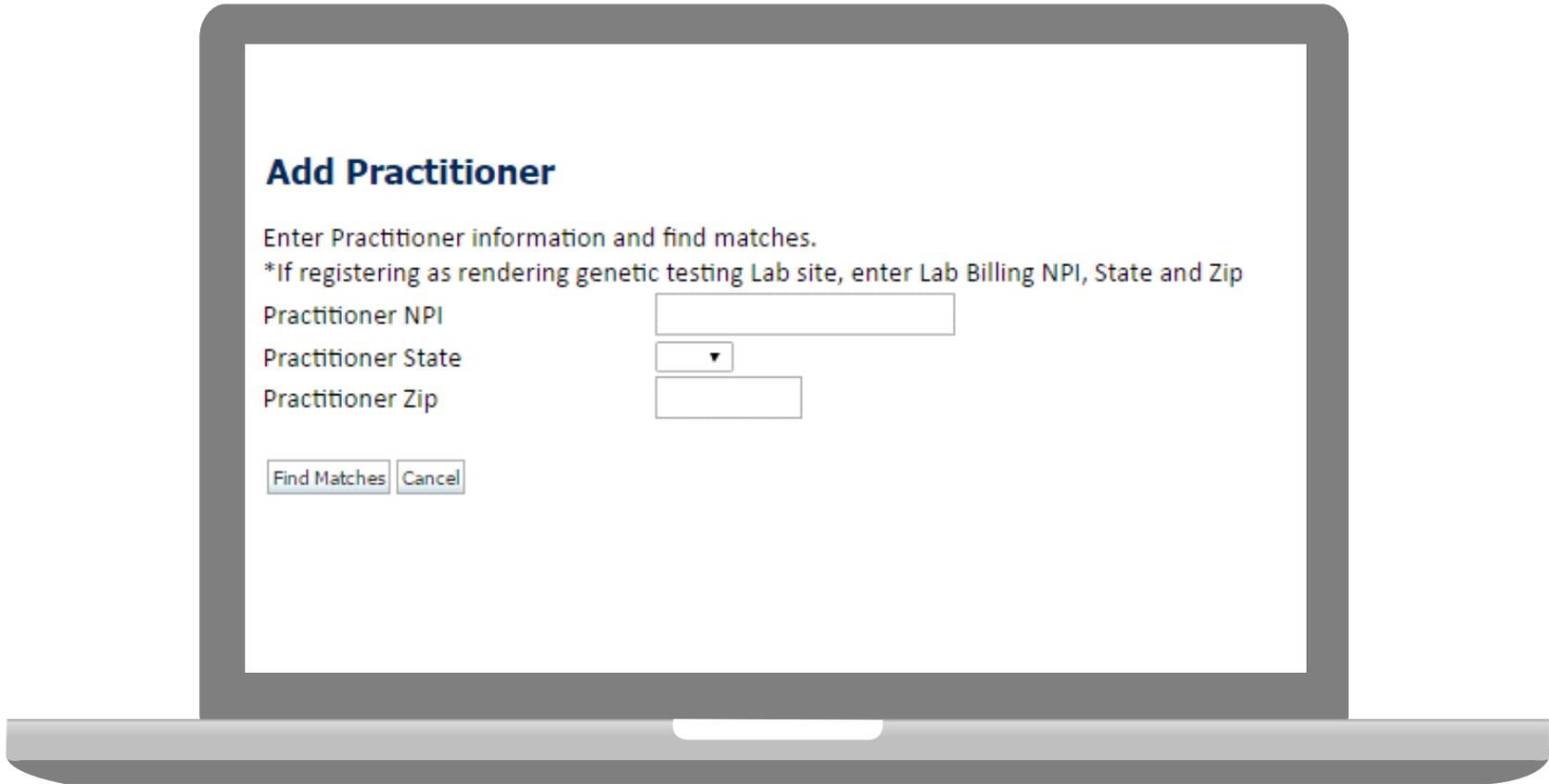
Add Practitioner

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 to add to your account. You are able to add multiple Providers to your account.

Adding Practitioners
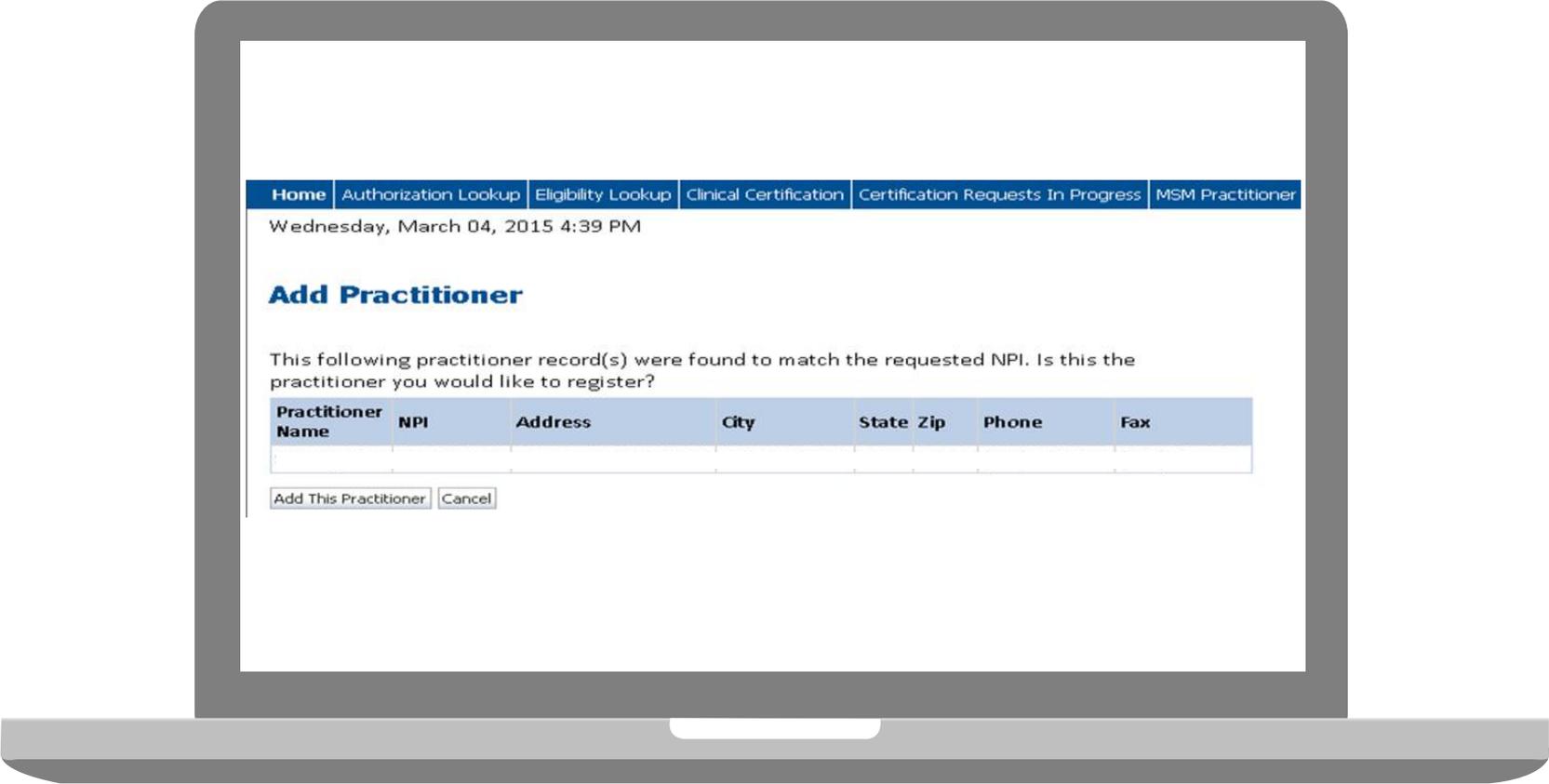
Select the matching record based upon your search criteria

Manage Your Account
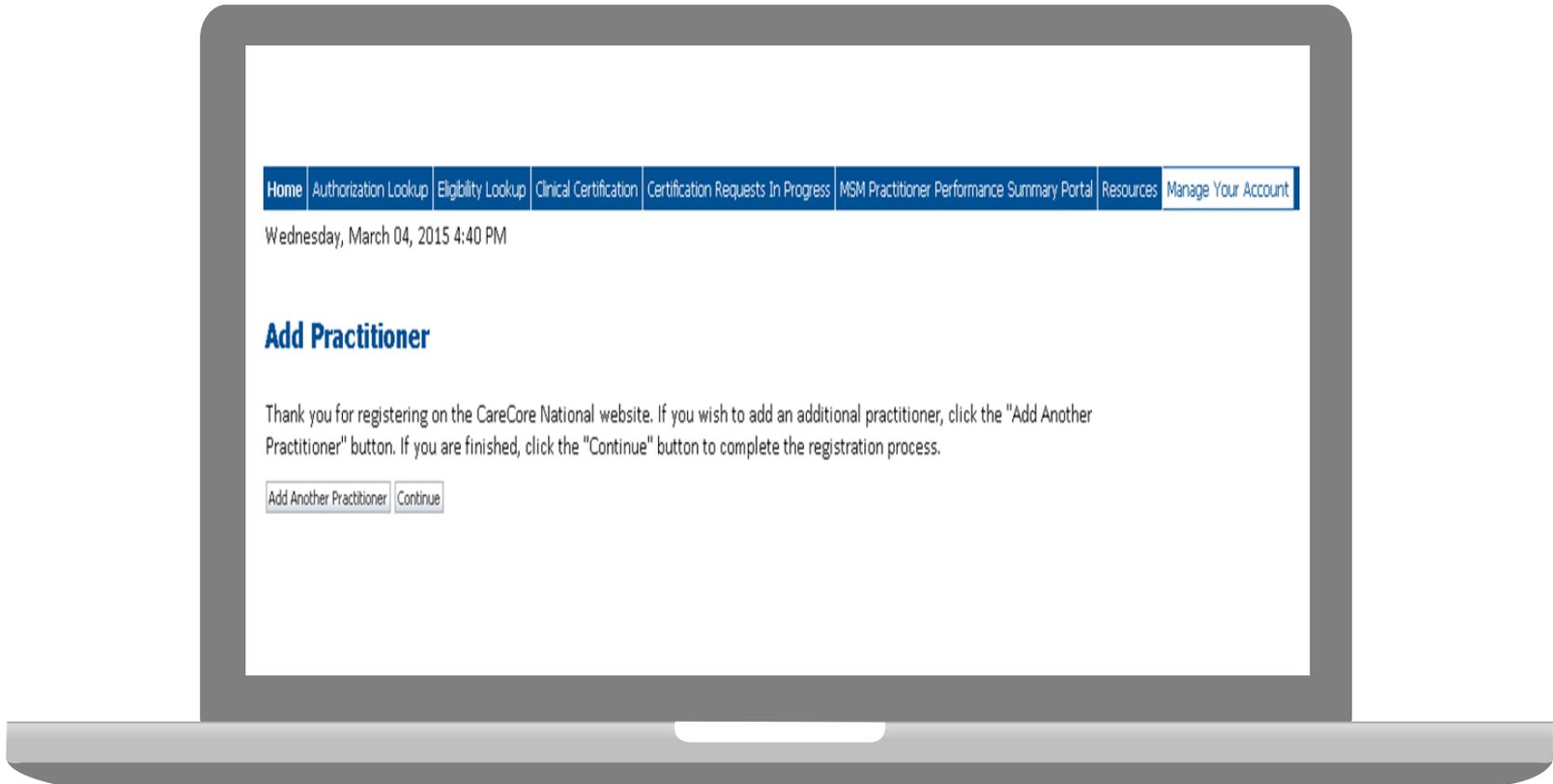
- Once you have selected a practitioner, your registration will be completed. You can then access the **"Manage Your Account"** tab to make any necessary updates or changes.

- You can also click "Add Another Practitioner" to add another provider to your account.

Case Initiation

Initiating A Case

Welcome to the CareCore National Web Portal. You are logged in as **UPPROTRIAL**.

Request a clinical certification/procedure >>

Resume a certification request in progress >> << Did you know? You can save a certification request to finish later.

Look up an existing authorization >>

Check member eligibility >>
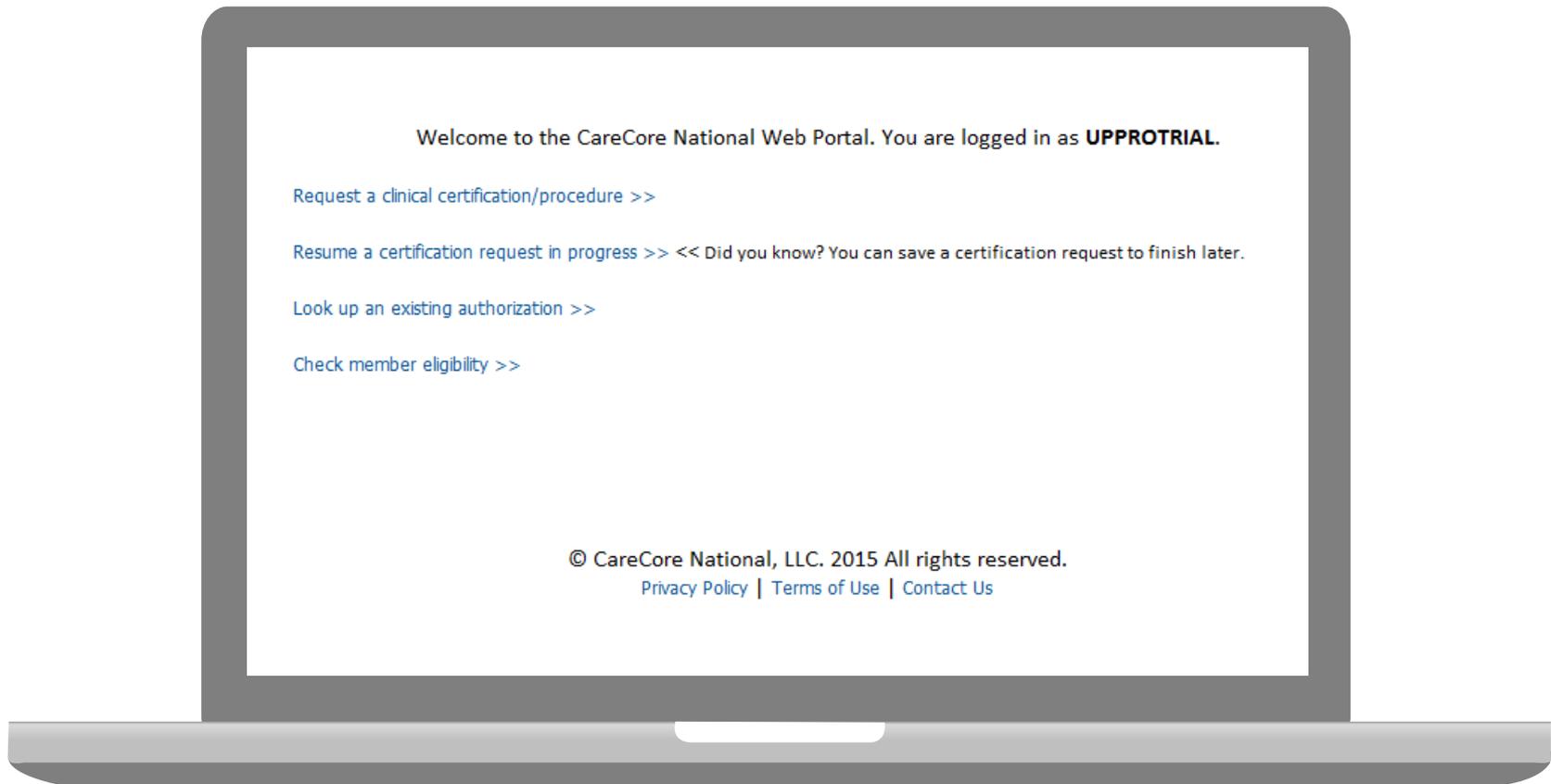
- Choose **"request a clinical certification/procedure"** to begin a new case request.

Select Program
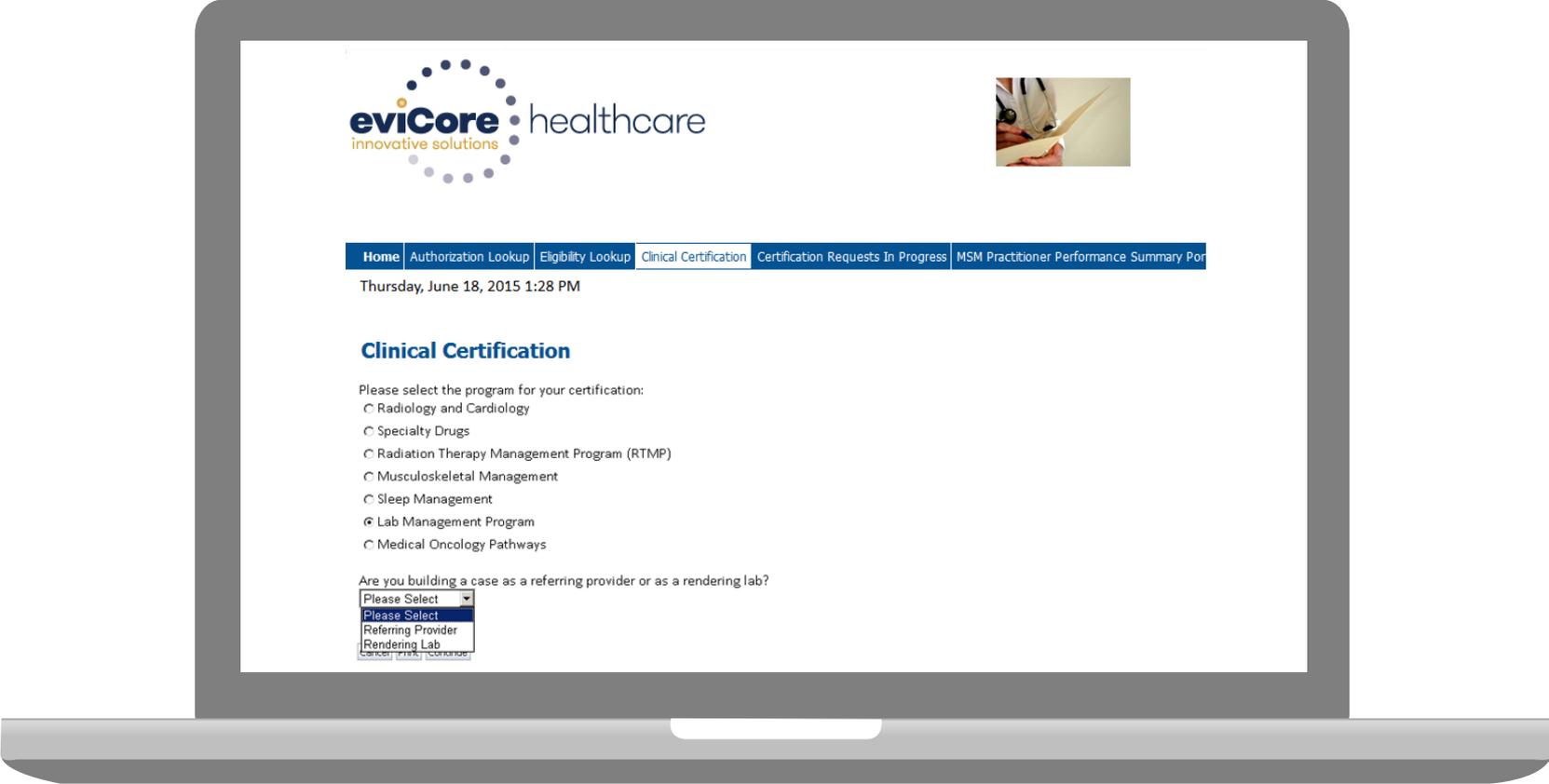
Select the Program for your certification.
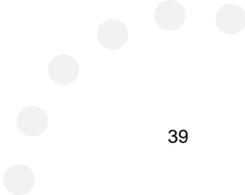
Select Health Plan
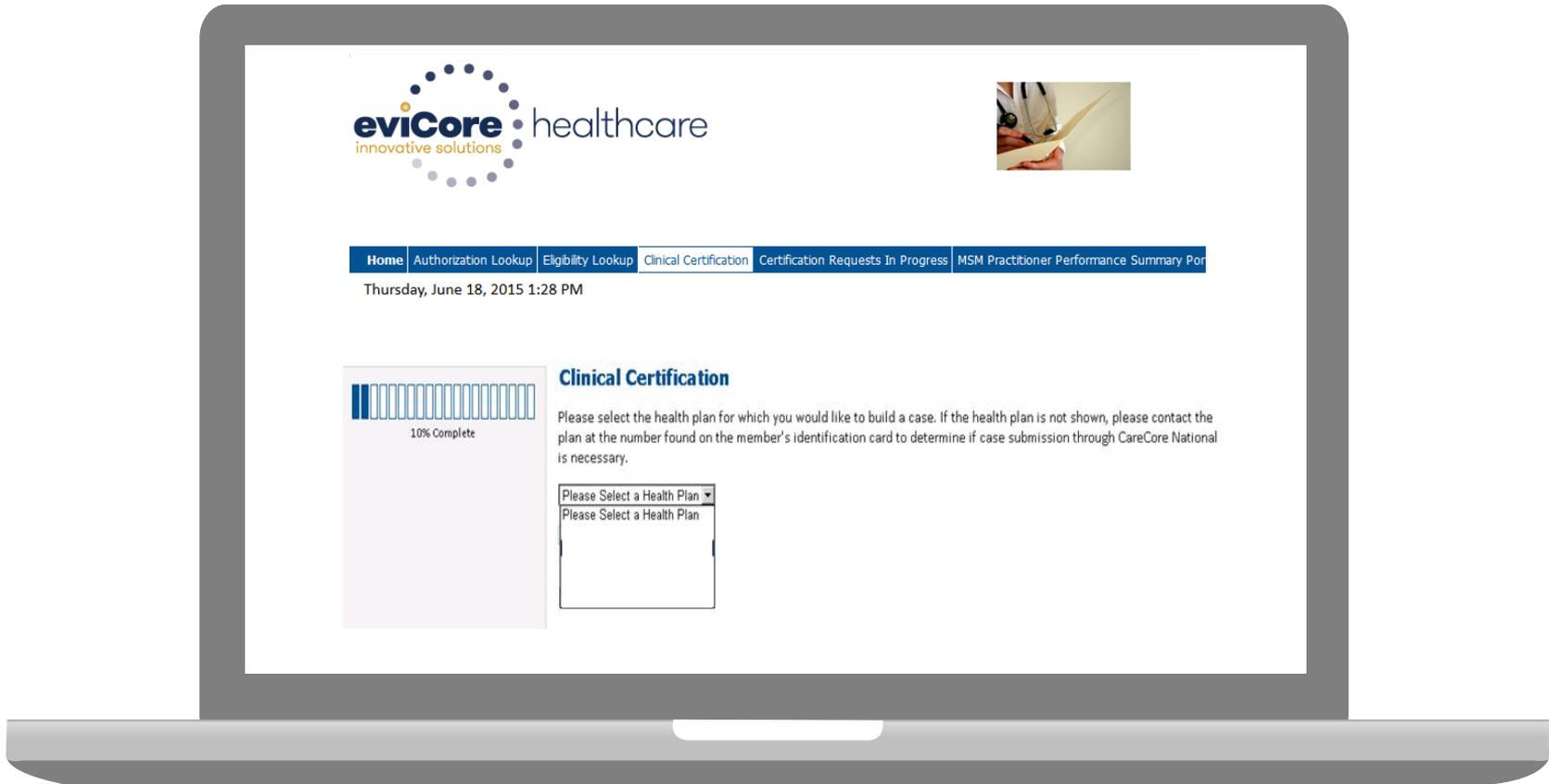
The Lab Management Program Health Plans available for online requests will appear in dropdown menu.

Submitter – Rendering Lab
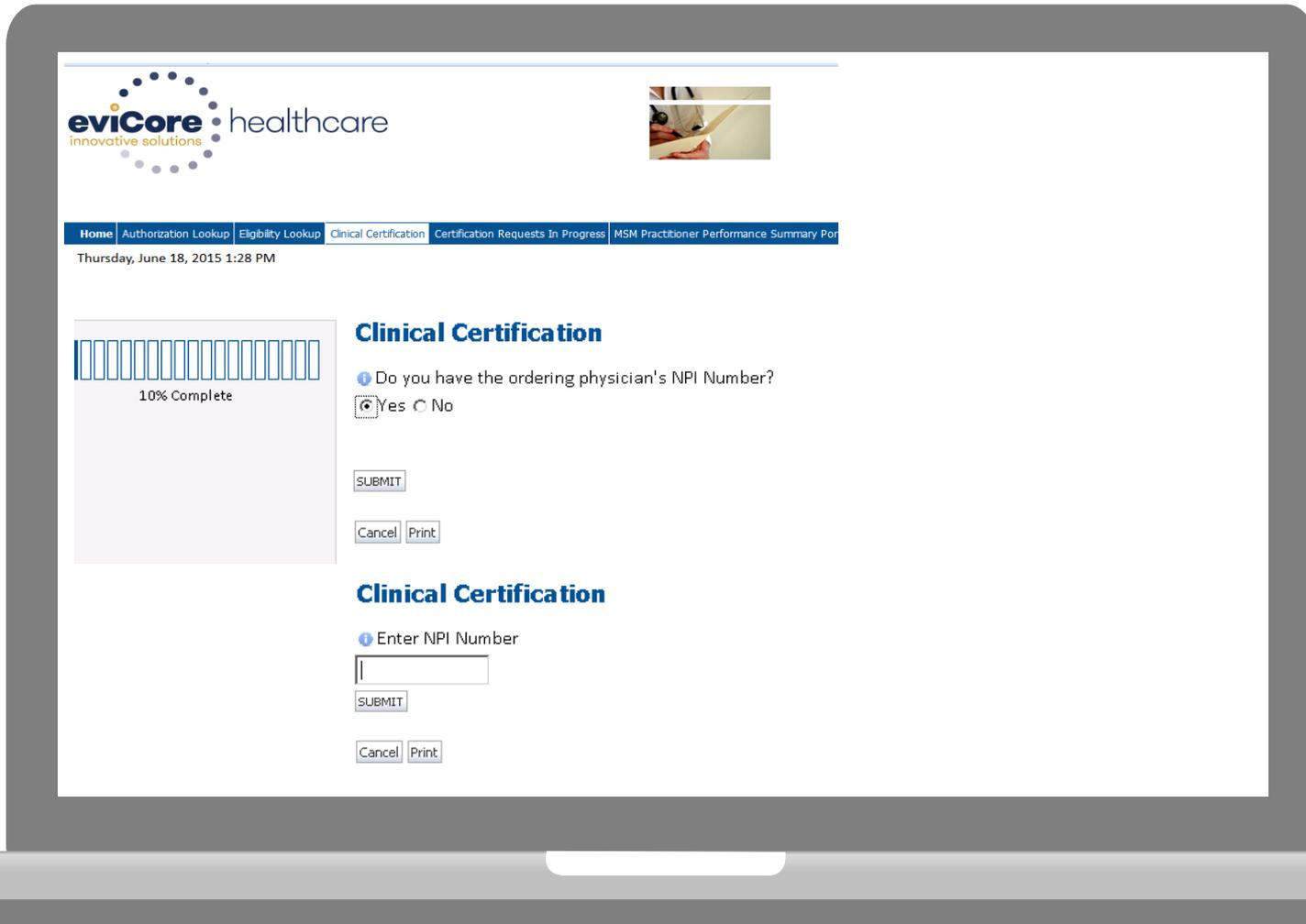
The Ordering Provider NPI must be entered to build a case online.

Submitter – Rendering Lab

You will then enter the information requested.

Submitter – Referring Provider
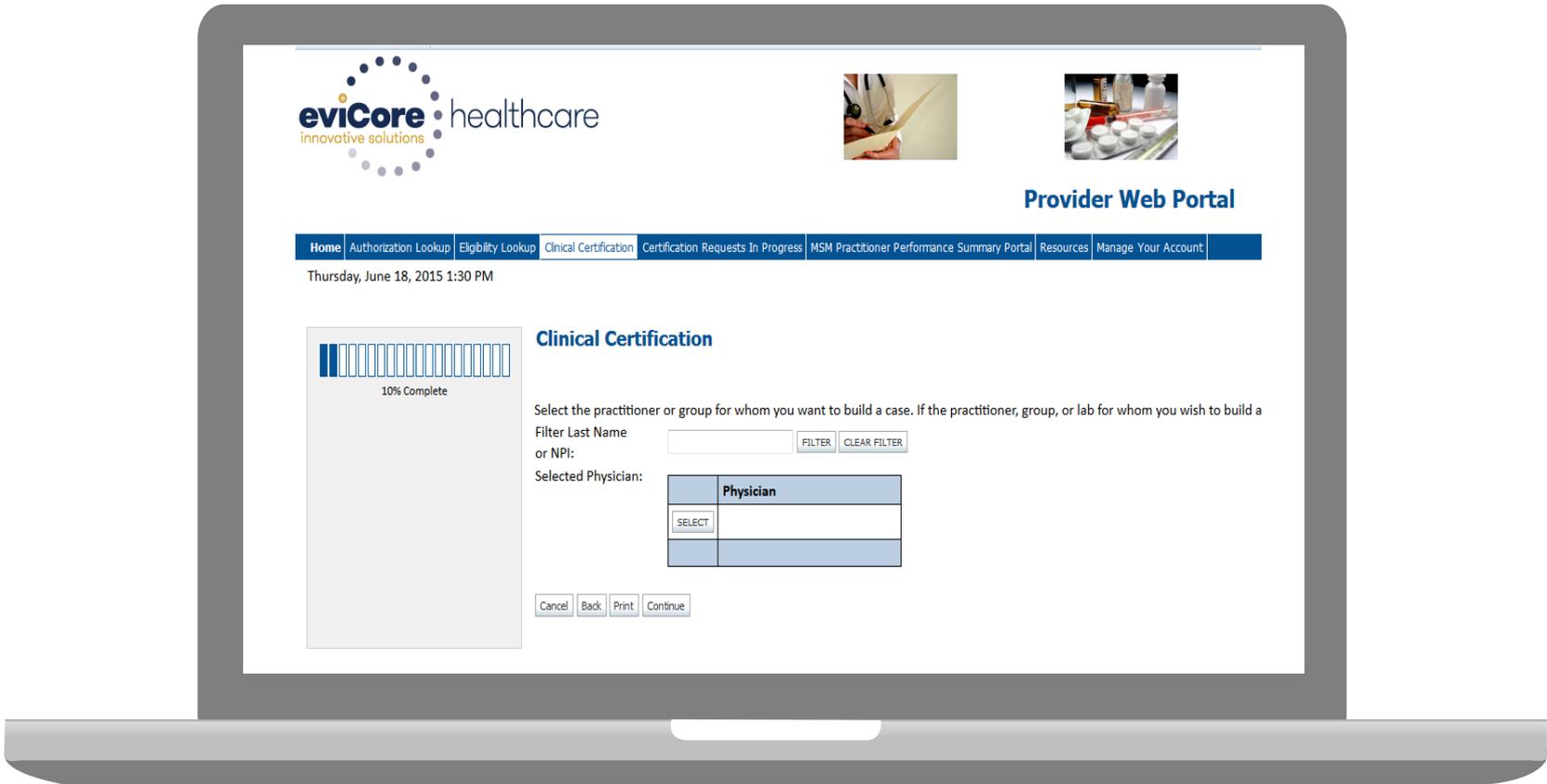
Select the Practitioner/Group for whom you want to build a case.

Select Address
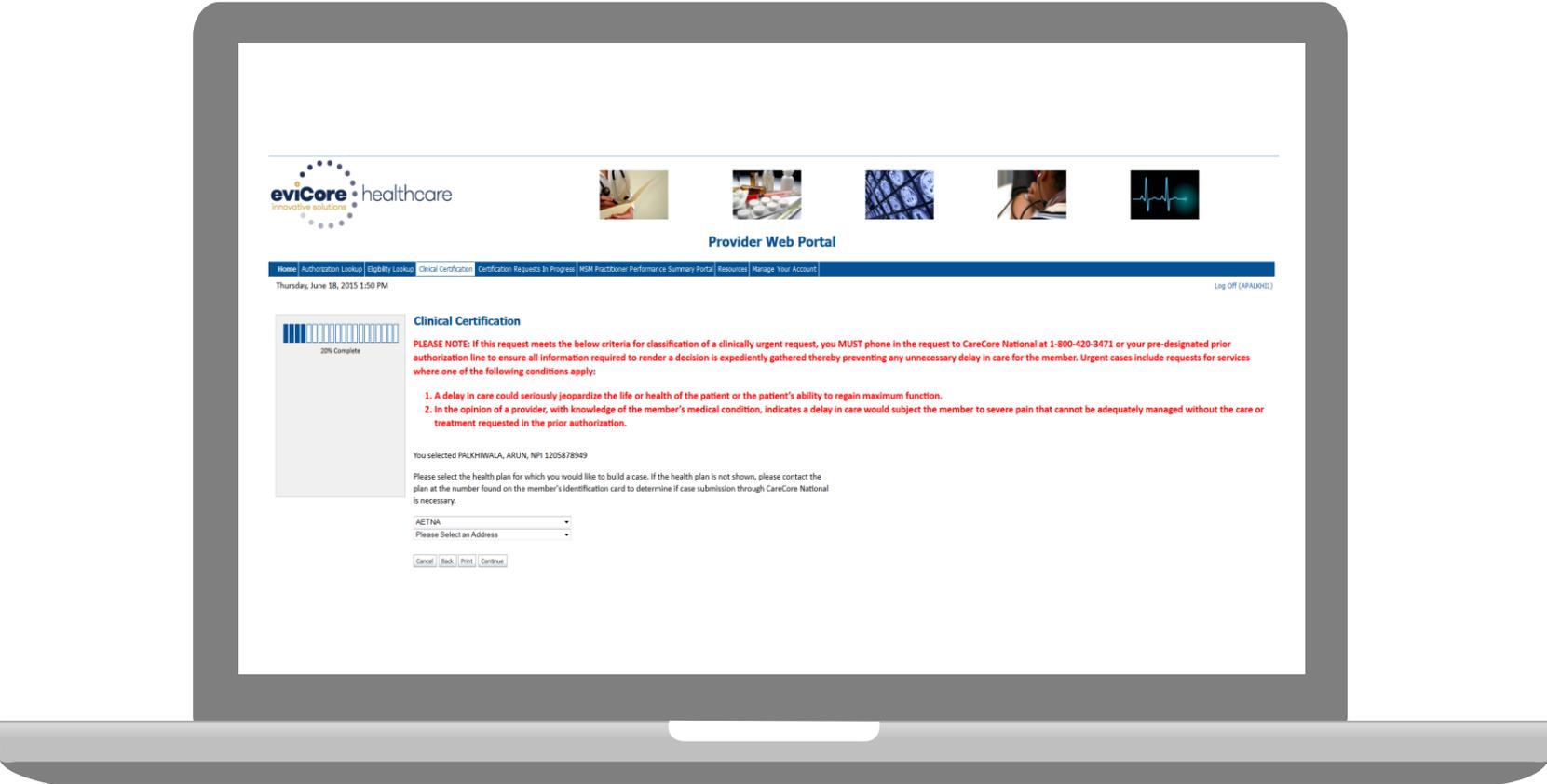
Patient Selection

Patient Information

Clinical Certification

30% Complete

Physician
DOE, JOHN   EDIT

Patient ID: [   ]

Date Of Birth: [   ] MM/DD/YYYY

Patient Last Name Only: [   ] [?]

DO NOT INCLUDE ALPHA PREFIX. ENTER NUMERIC DIGITS ONLY.

[ELIGIBILITY LOOKUP]

[Cancel] [Back] [Print]

Enter the member information including the Patient ID number, date of birth, and patient's last name. Click "Eligibility Lookup."

Clinical Details
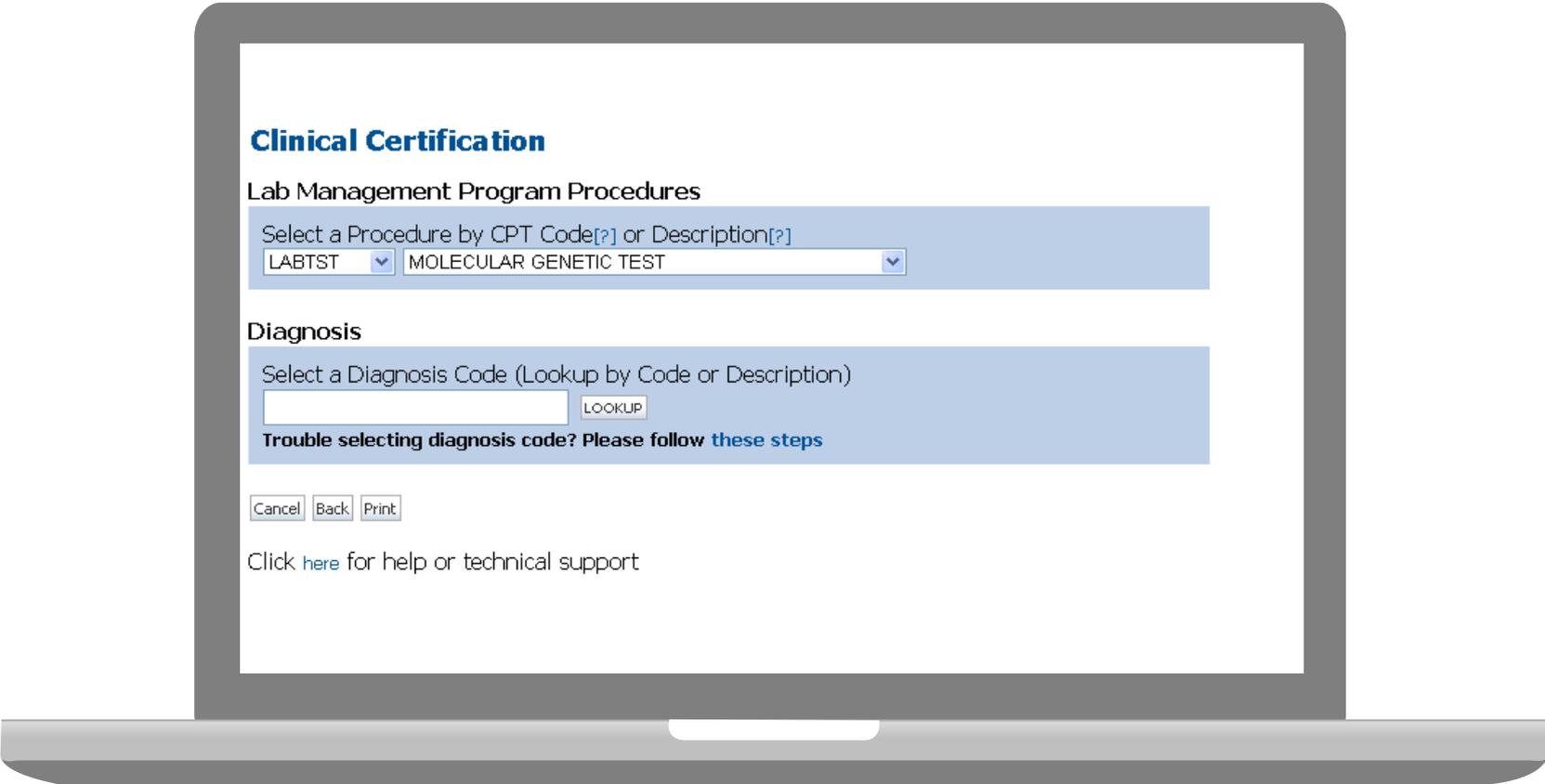
Clinical Certification

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

Click here for help or technical support
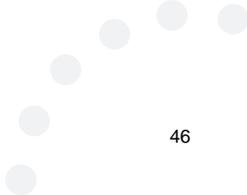
Verify Service Selection

Clinical Certification

Confirm your service selection.

CPT Code: LABTST
Description: MOLECULAR GENETIC TEST
Diagnosis Code: C50.119
Diagnosis: Malignant neoplasm of central portion of unspecified female breast
Change Procedure or Diagnosis

Cancel | Back | Print | Continue

Click here for help or technical support

60% Complete

Physician and NPI

Patient

EDIT

Site Selection for Rendering Lab Submitters

- **The site added to your account will be in the drop down menu selection**

- **Click "GO" when ready**

Site Selection – Referring Provider Submitters

- **Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the medical necessity determination process.**

- **You will not have the opportunity to make changes after that point.**

Pause/Save Option

Home | Authorization Lookup | Eligiblity Lookup | Clinical Certification | Certification Requests In Progress | Physician Criteria | Manage Your Accour

Friday, April 25, 2014 9:57 AM

Clinical Certification

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 Physician, 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 CareCore National.

[Cancel] [Back] [Print] [Continue]

☐ Finish Later

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

▶ **Once you have entered the clinical collection phase of the case process, you can save the information and return within (2) business days to complete.**

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 whic[h] 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, y[ou] -879-8317.

ⓘ 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.)

ⓘ Has the specimen been collected?
○ Yes ○ No ○ Unknown

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

[   ] 📅
SUBMIT

Test Identification

Single CPT Code

81202 - APC GENE KNOWN FAM VARIANTS
81203 - APC GENE DUP/DELET VARIANTS
81205 - BCKDHB GENE
81206 - BCR/ABL1 GENE MAJOR BP
81207 - BCR/ABL1 GENE MINOR BP
81208 - BCR/ABL1 GENE OTHER BP
81209 - BLM GENE
81210 - BRAF GENE
81211 - BRCA1&2 SEQ & COM DUP/DEL
81212 - BRCA1&2 185&5385&6174 VAR
81213 - BRCA1&2 UNCOM DUP/DEL VAR
81214 - BRCA1 FULL SEQ & COM DUP/DEL
81215 - BRCA1 GENE KNOWN FAM VARIANT
81216 - BRCA2 GENE FULL SEQUENCE
81217 - BRCA2 GENE KNOWN FAM VARIANT
81220 - CFTR GENE COM VARIANTS
81221 - CFTR GENE KNOWN FAM VARIANTS
81222 - CFTR GENE DUP/DELET VARIANTS
81223 - CFTR GENE FULL SEQUENCE

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

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

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

Select the Single CPT Code or Select by Test Type

Clinical Questions

Answer the following questions in clinical detail:

🛈 Provide the indication for this test.

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

🛈 Describe any relevant testing or procedure results for this patient. (If none, wri...

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.

Additional Information
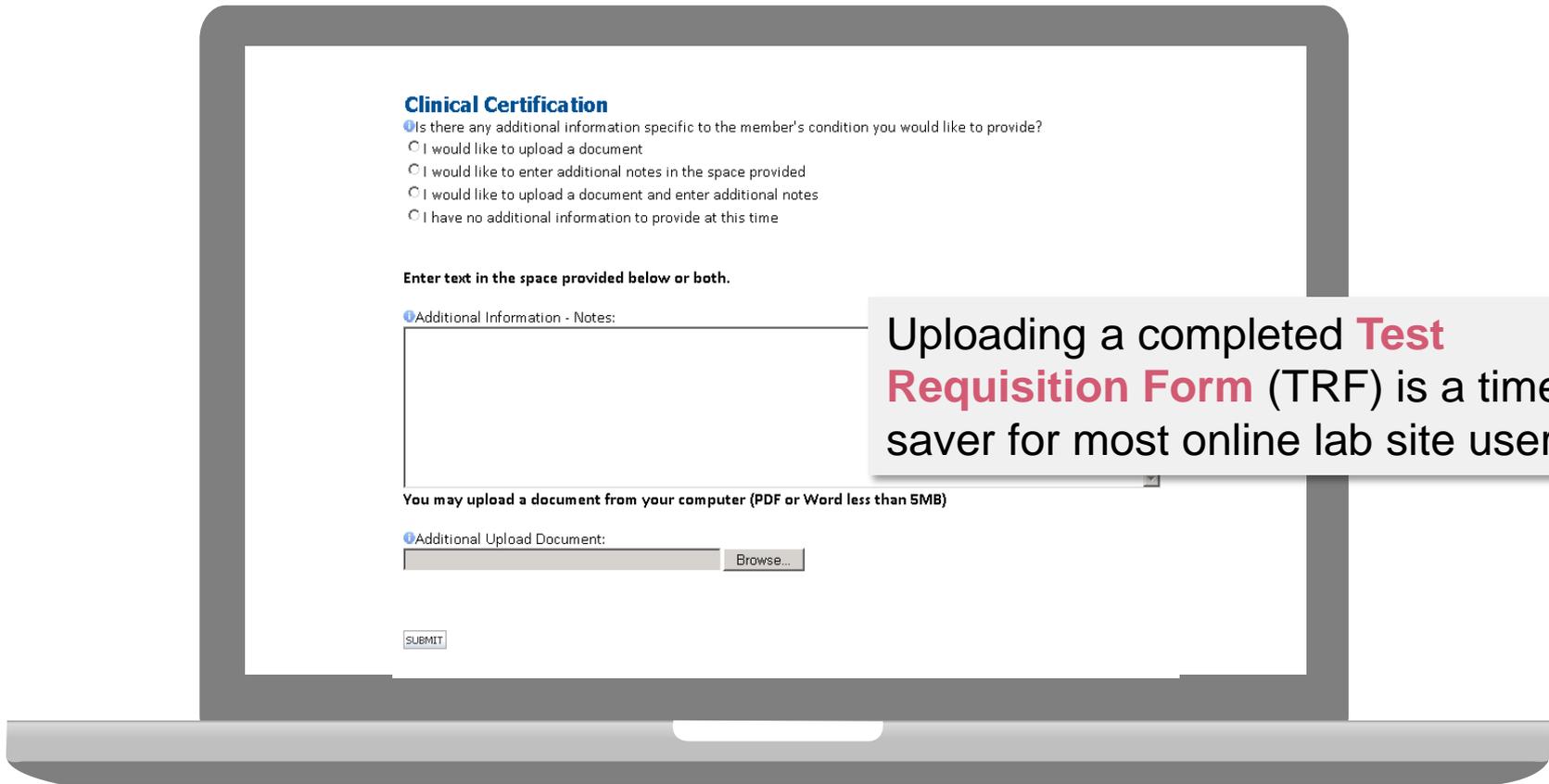
Clinical Certification

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

- I would like to upload a document
- 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

Enter text in the space provided below or both.

Additional Information - Notes:

> Uploading a completed **Test Requisition Form** (TRF) is a time saver for most online lab site users.

You may upload a document from your computer (PDF or Word less than 5MB)

Additional Upload Document:

[Browse...]

SUBMIT

➤ **If additional information is required, you will have the option to either upload documentation, enter information into the text field, or contact us via phone.**

Multiple documents can be uploaded at no larger than 5MB each.

Immediate Case Status

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: | |

Diagnosis/ICD 10 Code:	Description:	MALIGN NEOPL BREAST NOS
Date of Service:		
CPT Code:	LABTST	Description:	MOLECULAR GENETIC TEST

Case Number:	1058792086
Review Date:	3/27/2015 4:00:53 PM
Expiration Date:	N/A
Status:	Your case has been sent to Medical Review.

Print | Continue

Case status and a **reference number** will be presented upon case submission. The option to print this information is available.

Building Additional Cases
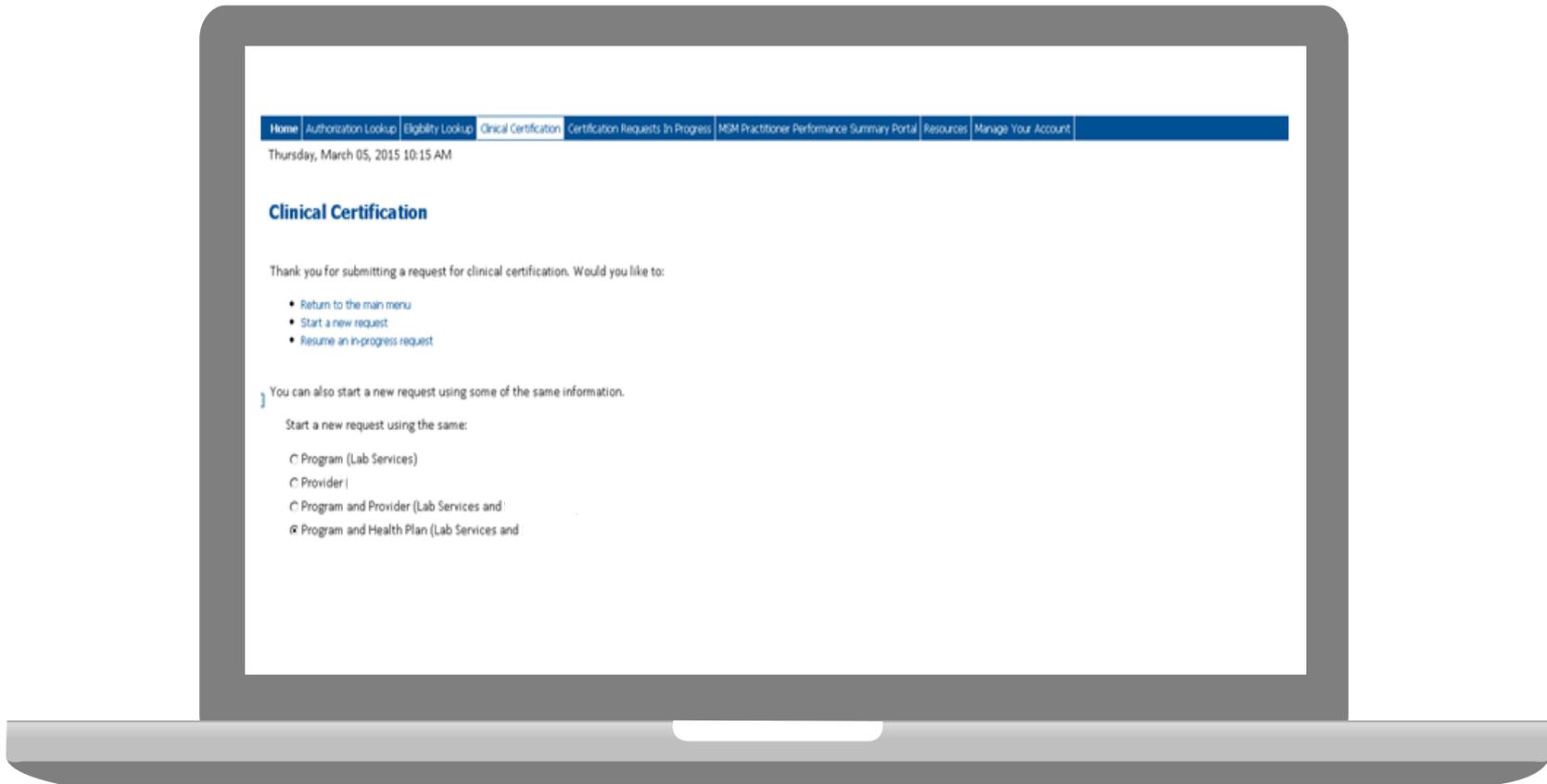
Once a case has been submitted for clinical certification, you can return to the **Main Menu, resume an in-progress request**, or **start a new request**. You're even able to indicate if any of the previous case information will be needed for the new request.

Medical Necessity Determination Look Up
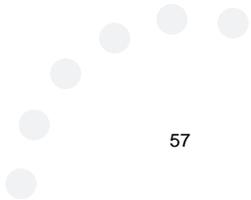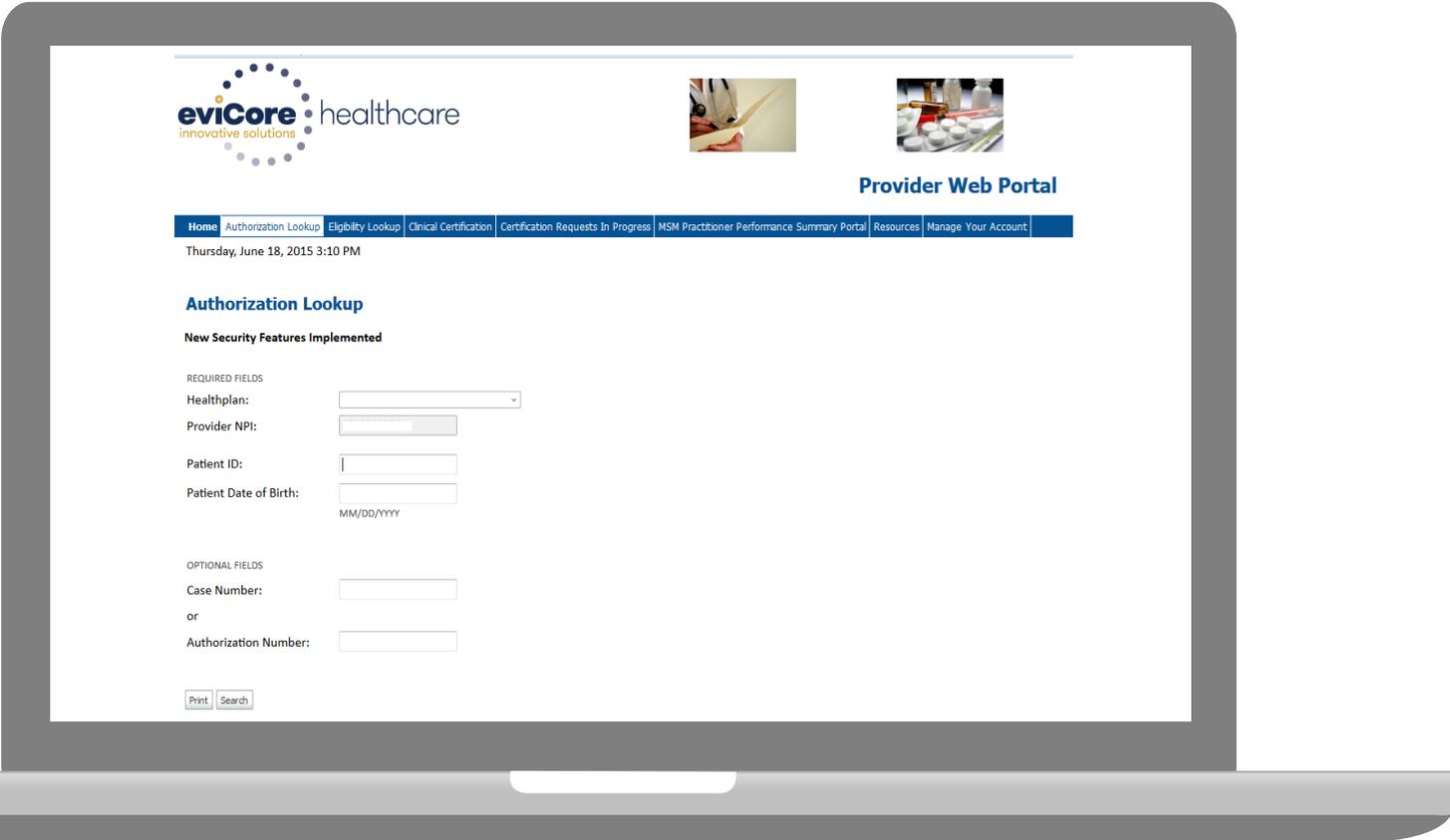
Medical Necessity Determination Status

Authorization Lookup

New Security Features Implemented

Authorization Number:	
Case Number:	
Status:	Approved
Approval Date:	3/23/2016 12:00:00 AM
Service Code:	LABTST
Service Description:	MOLECULAR GENETIC TEST
Site Name:	GENOMIC HEALTH INC
Expiration Date:	5/22/2016
Date Last Updated:	3/23/2016 2:01:18 PM
Correspondence:	VIEW CORRESPONDENCE

Procedures Requested and Approved

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)	Delete
81220	CFTR GENE COM VARIANTS	1	0		
81243	FMR1 GENE DETECTION	1	1		
81244	FMR1 GENE CHARACTERIZATION	1	1		

Eligibility Look Up

eviCore healthcare
innovative solutions
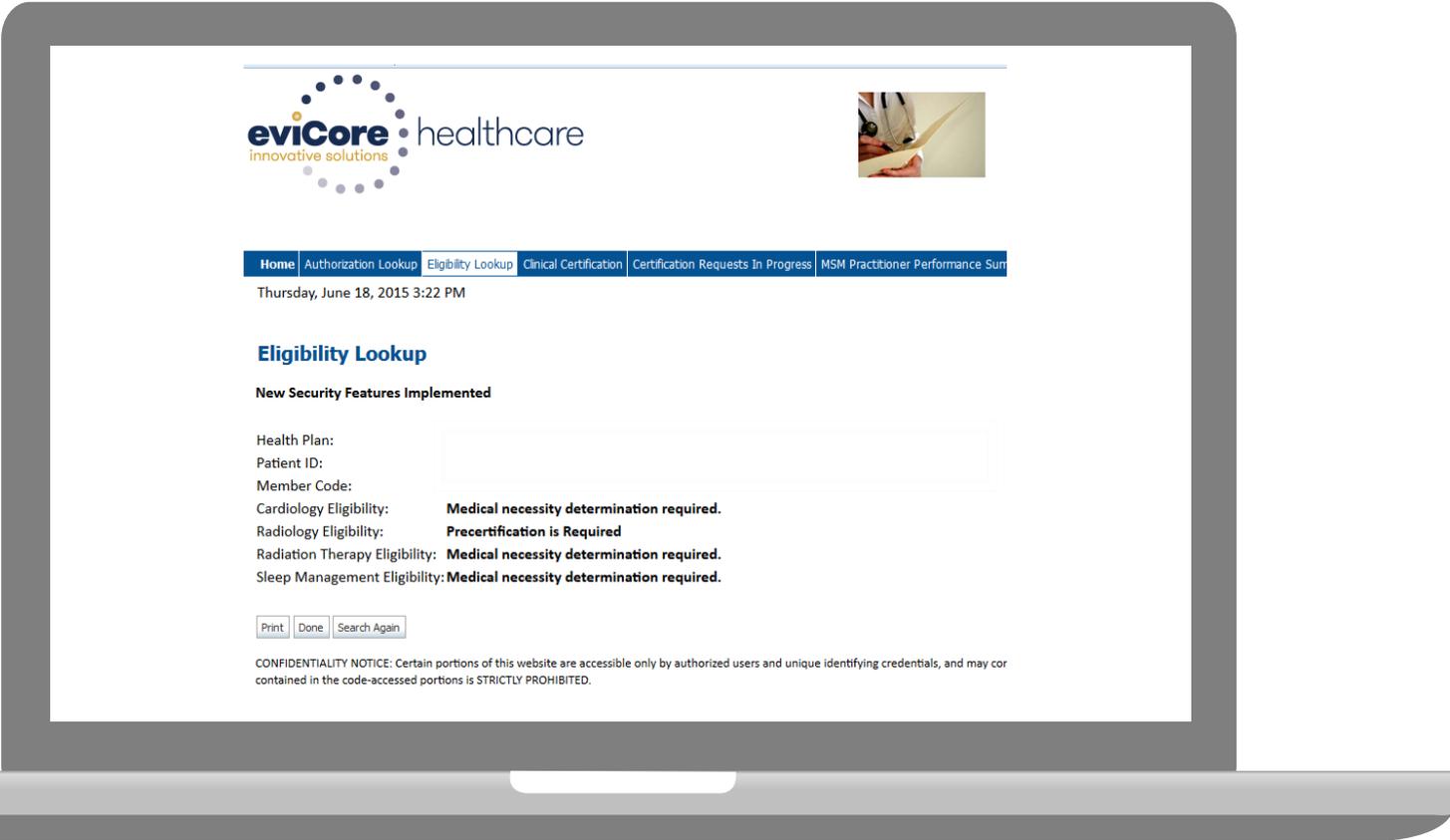
| Home | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Performance Sum |

Thursday, June 18, 2015 3:22 PM

Eligibility Lookup

New Security Features Implemented

Health Plan:
Patient ID:
Member Code:
Cardiology Eligibility: **Medical necessity determination required.**
Radiology Eligibility: **Precertification is Required**
Radiation Therapy Eligibility: **Medical necessity determination required.**
Sleep Management Eligibility: **Medical necessity determination required.**

Print Done Search Again

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contained in the code-accessed portions is STRICTLY PROHIBITED.

Provider Resources

Evidence-Based Criteria

Comprehensive Lab Program Policy Manual:
https://www.evicore.com/healthplan/Horizon_Lab

Provider Resources: Pre-Certification Call Center

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

7:00 AM - 7:00 PM (Eastern Time): 844-224-0493

- Obtain medical necessity determination or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case

Provider Resources: Web-Based Services

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

www.evicore.com

To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email portal.support@evicore.com.

- Request MND and check case status online – 24/7
- Web Portal registration and questions
- Pause/Start feature to complete initiated cases
- Upload electronic PDF/word clinical documents

Provider Resources: Client Provider Operations

Pre-Certification
Call Center

Web-Based
Services

Client Provider
Operations

Documents

clientservices@evicore.com

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Questions regarding accuracy assessment, accreditation, and/or credentialing
- Issues experienced during case creation
- Request for an authorization to be resent to the health plan

Provider Resources: Implementation Document

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

Horizon Blue Cross Blue Shield of New Jersey Implementation Site:

https://www.horizonblue.com/evicore

Select Molecular and Genomic Testing Program for:

- CPT code list of the procedures that require medical necessity determination
- Quick Reference Guide

Program Criteria:

https://www.evicore.com/healthplan/Horizon_Lab

To obtain a copy of this presentation, please contact the Client Provider Operations department at clientservices@evicore.com

Thank You!