Laboratory Management

Provider Presentation for Highmark

Updated May 2021

Program Overview

Applicable Memberships

Prior Authorization is required for Highmark members who are enrolled in the following lines of business/programs in PA, WV, and DE:

Commercial	• Radiology and Cardiology (Advanced Imaging) • Radiation Oncology • Laboratory Services • MSK: Spine/Joint/Pain Management
Medicare	• Radiology and Cardiology (Advanced Imaging) • Radiation Oncology • Laboratory Services • MSK: Spine/Joint/Pain Management
Medicaid (Delaware only)	• Radiology and Cardiology

Highmark Prior Authorization Services

Prior authorization from eviCore applies to the following services:

- Outpatient
- Diagnostic
- Elective / Non-emergent

Prior authorization from eviCore does NOT apply to services performed in:

- Emergency Rooms
- Observation Services
- Inpatient Stays

Lab Management Solution

Covered Tests:

- 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

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

Submitting Requests

Methods to Submit Prior Authorization Requests

Provider Portal (preferred)

To submit a request for Prior Authorization from eviCore healthcare you will need to log in to your NaviNet account.

- If Highmark has delegated eviCore to manage the Prior Authorization process for the member and requested services, you will be forwarded to the eviCore healthcare provider portal to complete your authorization request submission.

While Call Center Agents are available to create an authorization request, the provider portal is the quickest, most efficient way to request a prior authorization and check authorization status.

Phone Number:
888-564-5492
Monday – Friday, 7AM – 7PM

***Cases for DE Medicaid will be submitted by logging in directly at www.eviCore.com**

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, which may include:

- 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

Additional Documentation to Support Medical Necessity

If all required pieces of documentation are not received, or are insufficient for eviCore to reach a determination, the following will occur:

A Hold Letter will be faxed to the Requesting Provider requesting additional documentation

To ensure that a determination is completed within the designated timeframe for each LOB, the case will remain on hold as follows:

- Medicare: 1 calendar day
- Commercial: 3 calendar days for OH; 10 calendar days for PA & WV

The Provider must submit the additional information to eviCore

Requested information must be received within the timeframe as specified in the Hold Letter.

eviCore will review the additional documentation and reach a determination

Determination will be completed within 2 business days after the additional information is received.

Prior Authorization Outcomes & Special Considerations

Prior Authorization Approval

Approved Requests

- Standard requests will be processed within 2 business days *(after receipt of all necessary clinical information)*
- Authorizations are valid for 60 calendar days from the date of the final determination
- Authorization letters will be faxed to the ordering physician & rendering facility
- When initiating a case on the web you can receive e-notifications when a determination is made if you provide an email address
- Members will receive a letter by mail
- Approval information can be printed on demand from the eviCore portal: www.eviCore.com

When a Request is Determined as Inappropriate

Based on evidence-based guidelines, request is determined as **inappropriate**.

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

Special Circumstances

Retrospective (Retro) Authorization Requests

- Must be submitted
  - Within 730 calendar days from the date of service for Commercial and Medicare cases
- Retro requests submitted beyond this timeframe will be administratively denied
- Reviewed for clinical urgency and medical necessity
- Retro requests are processed within 30 calendar days after receipt of all necessary clinical information
- When authorized, the start date will be the submitted date of service

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 member
- Reviewed for clinical urgency and medical necessity
- Can be initiated on provider portal or by phone
- Urgent request will be reviewed within:
  - 24 hours not to exceed 72 hours of the request *(after receipt of all necessary clinical information)* for Commercial and Medicare cases, and within 72 hours for DE Medicaid cases

Special Circumstances cont.

Alternative Recommendation

- An alternative recommendation may be offered, based on eviCore's evidence-based clinical guidelines
- The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request
- Providers have up to 14 calendar days to contact eviCore to accept the alternative recommendation

Authorization Update

- If updates are needed on an existing authorization, you can contact eviCore by phone at 888-564-5492
- 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

Reconsideration Options

Pre-Decision Options: Medicare Members

I've received a request for additional clinical information. What's next?

Submission of Additional Clinical Information

- eviCore will notify providers telephonically and in writing before a denial decision is issued on Medicare cases intent to deny notification)
- You can submit additional clinical information to eviCore for consideration per the instructions received
- Additional clinical information must be submitted to eviCore in advance of the due date referenced on the notification letter via the web portal, fax, or via a pre-decision clinical consultation

Pre-Decision Clinical Consultation

- Providers can choose to request a Pre-Decision Clinical Consultation instead of submitting additional clinical information
- The Pre-Decision Clinical Consultation must occur prior to the due date referenced on the "intent to deny" notification
- If additional information was submitted, we proceed with our determination and are not obligated to hold the case for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed

Post-Decision Options: Medicare Members

My case has been denied. What's next?

Clinical Consultation

- 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

Reconsideration

- Medicare cases do not include a Reconsideration option

Appeals

- eviCore will not process appeals for the Medicare membership
- Appeal requests must be initiated within 60 calendar days and need to be submitted to Highmark – refer to the denial letter on how to submit a request for appeal

Post-Decision Options: Commercial Members

My case has been denied. What's next?

Your determination letter is the best and fastest source for accessing information to assess what options exist on a case that has been denied. You can also call us at 888-564-5492 to speak to an agent who can provide available option(s) and instruction on how to proceed.

Reconsiderations

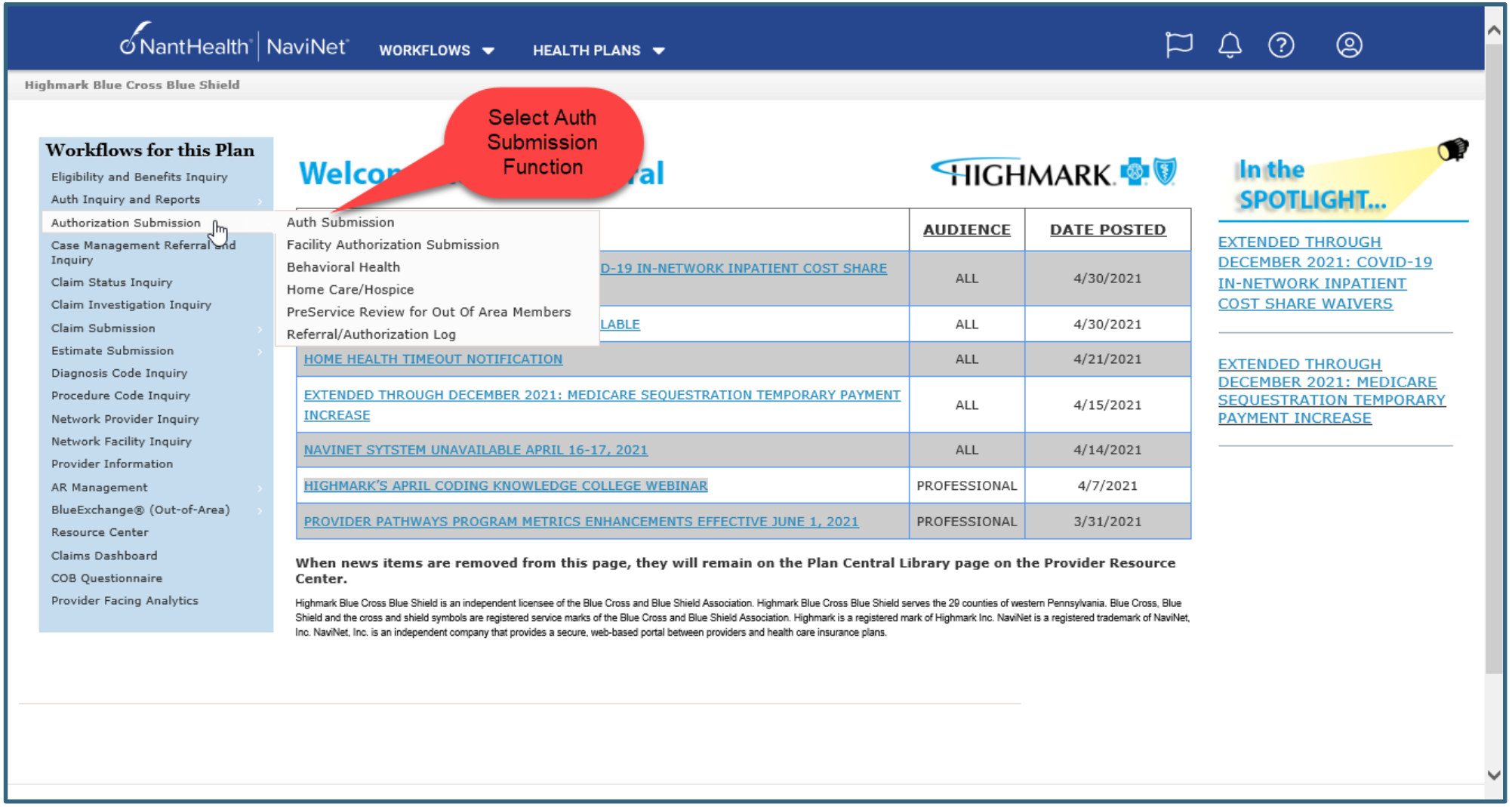
- Providers and/or staff can request a reconsideration review
- Reconsiderations must be requested within 14 calendar days after the determination date
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an eviCore physician

Appeals

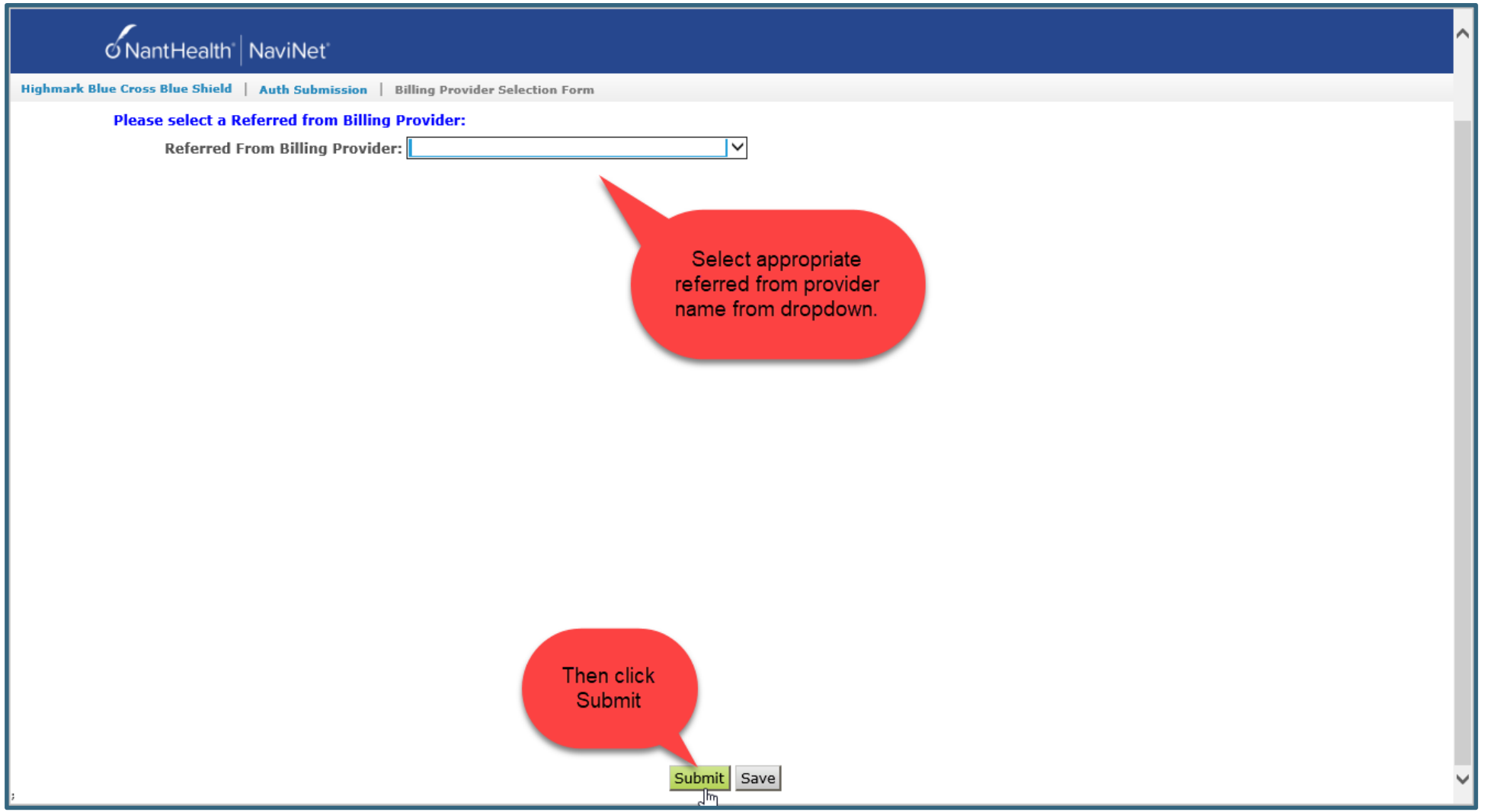
- eviCore will process first-level appeals
- Appeal requests must be submitted to eviCore within 180 calendar days days from the initial determination
- Appeal requests can be submitted in writing or verbally via a Clinical Consultation with an eviCore physician
- All clinical information and the prior authorization request will be reviewed by a physician other than the physician who made the initial determination
- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider

Provider Portal Overview

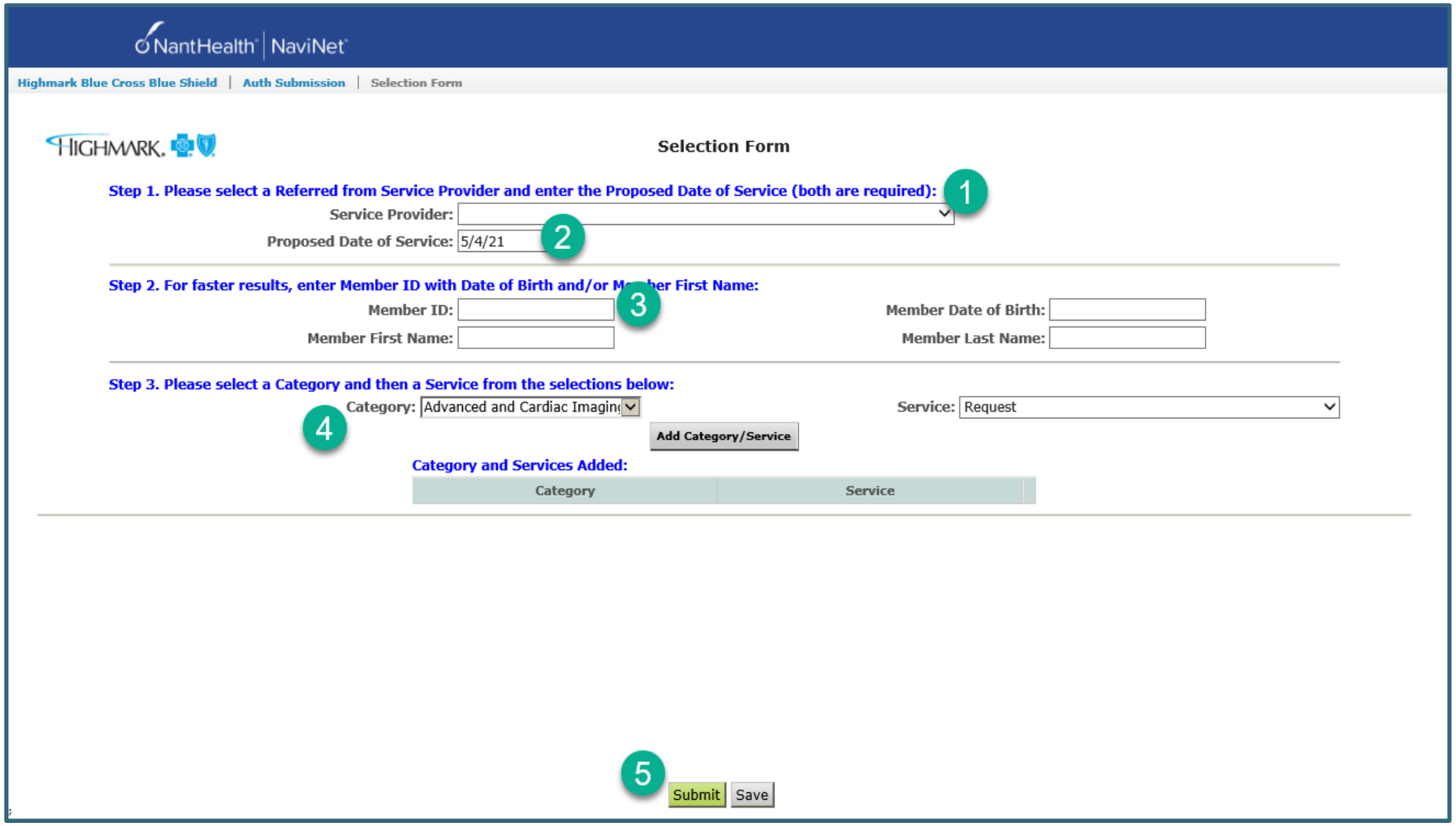
NaviNet – Enabled Providers



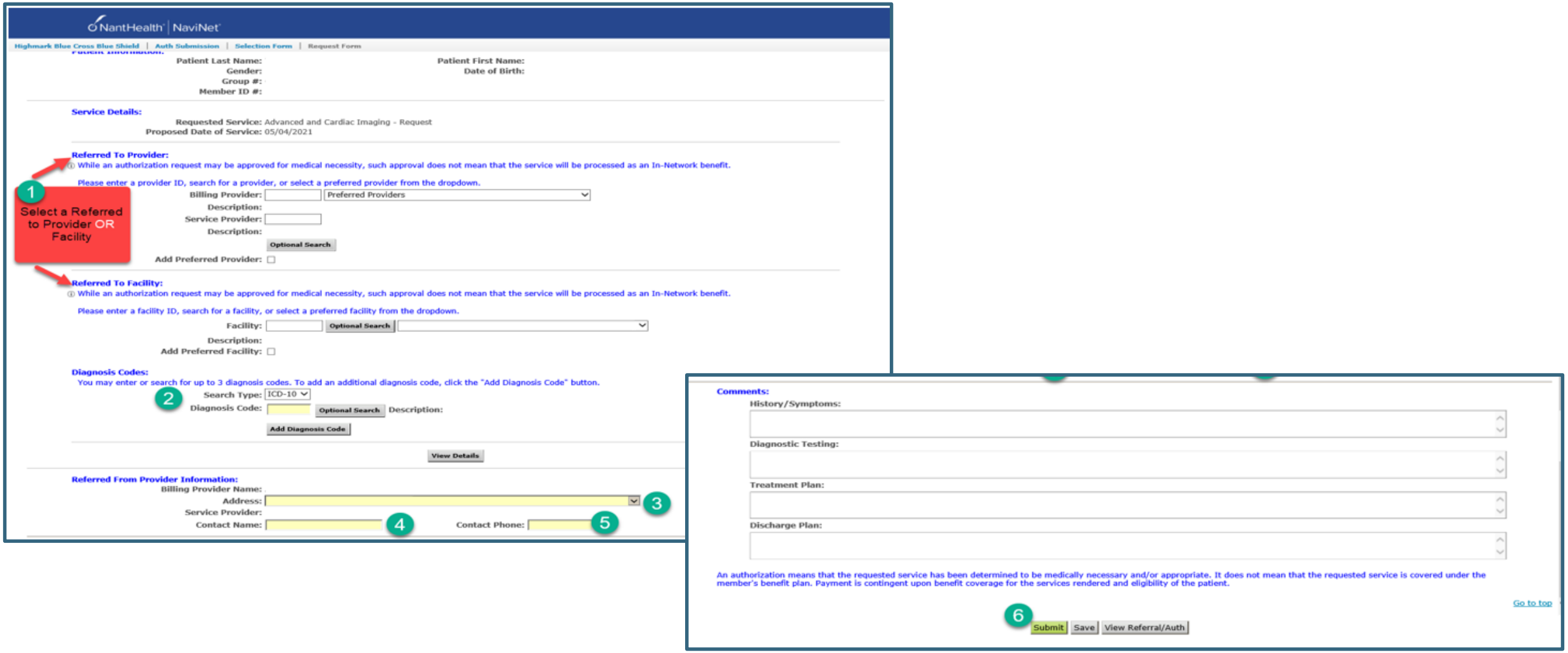
NaviNet – Enabled Providers



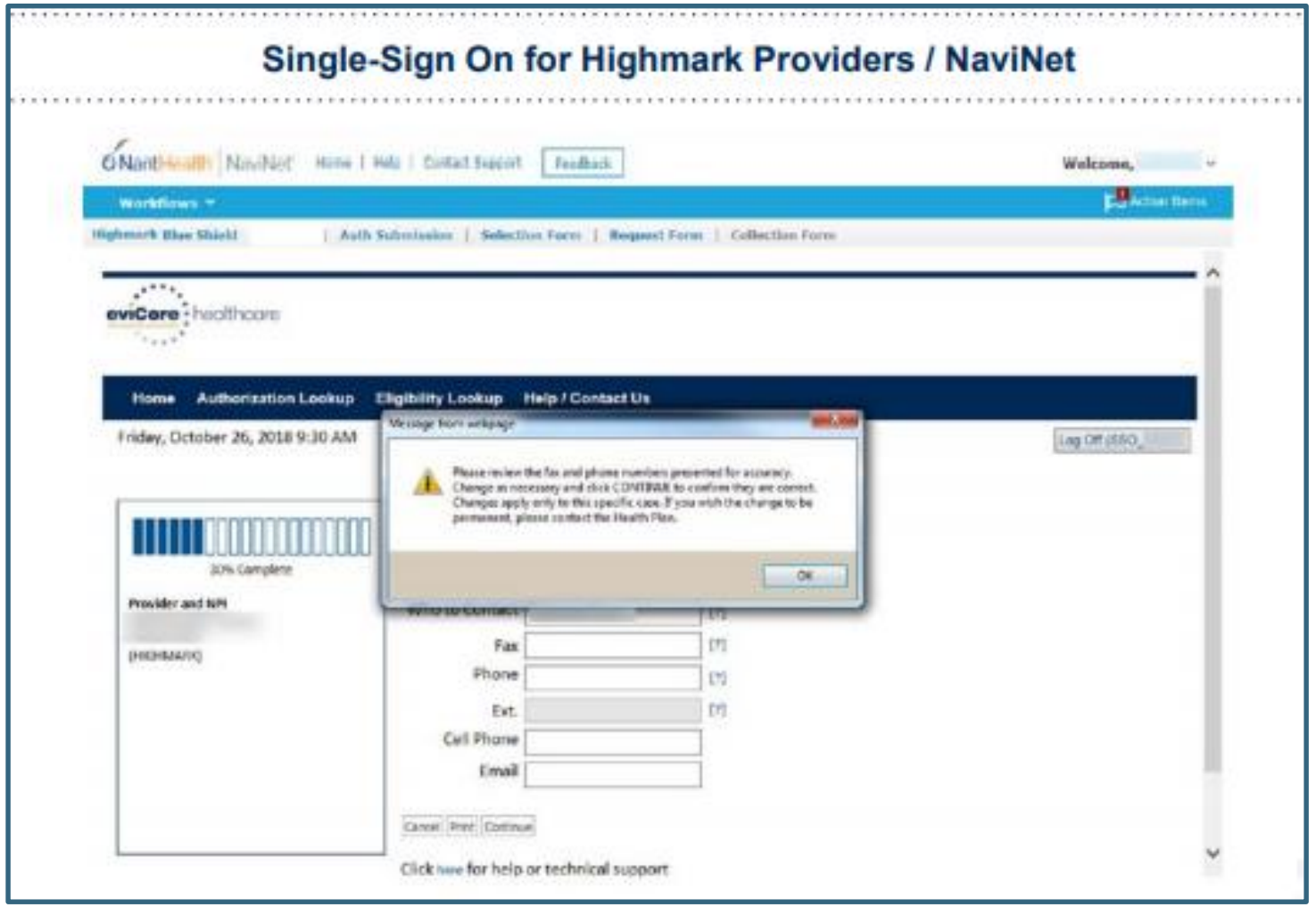
NaviNet – Enabled Providers



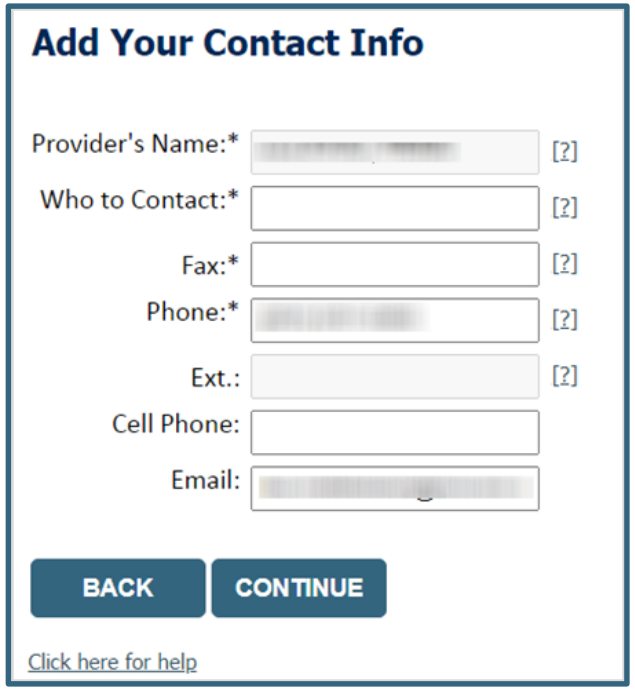
NaviNet – Enabled Providers



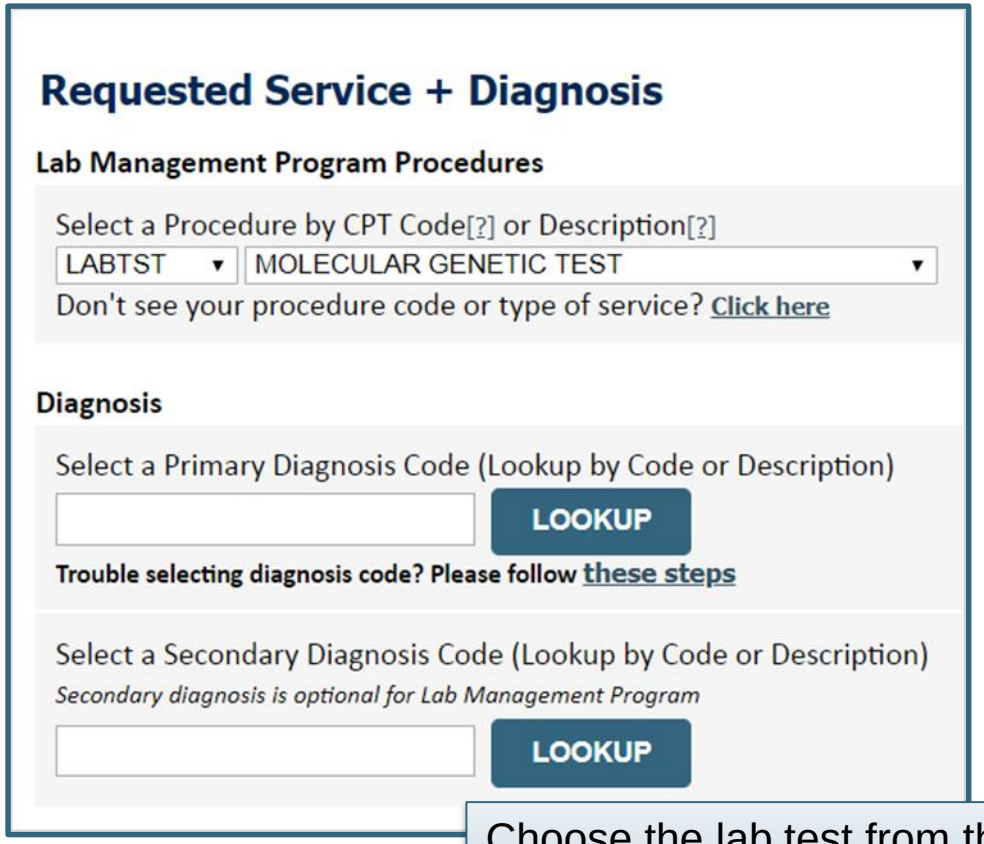
SSO - HMK NaviNet to eviCore slides



Member & Request Information

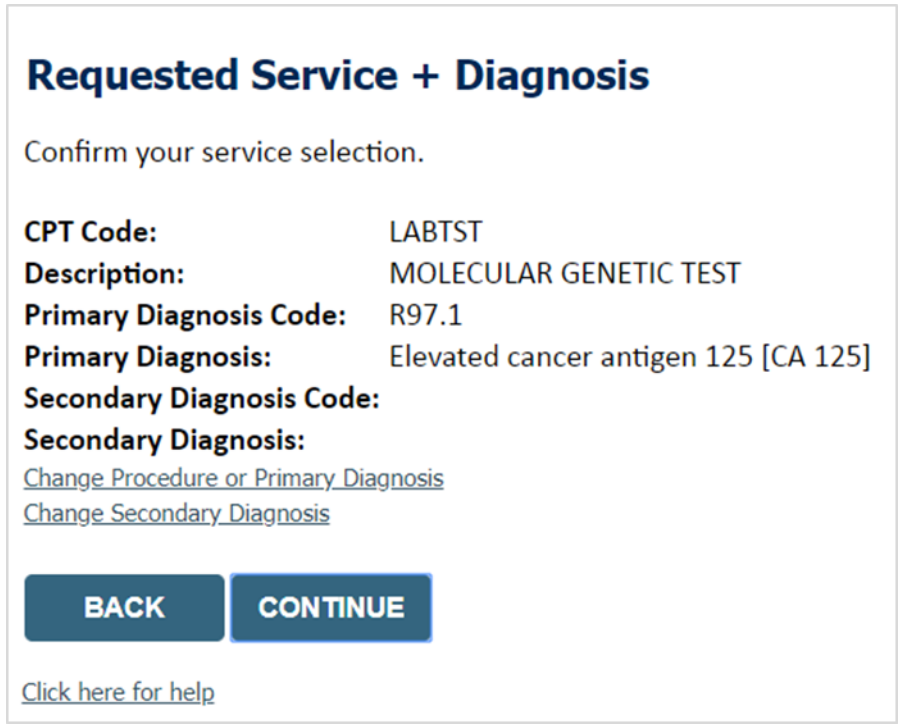


Verify the accuracy of the contact information – this information populates based on the health plan provider data for the NPI number of the ordering practitioner



Choose the lab test from the menu and enter the ICD10 codes

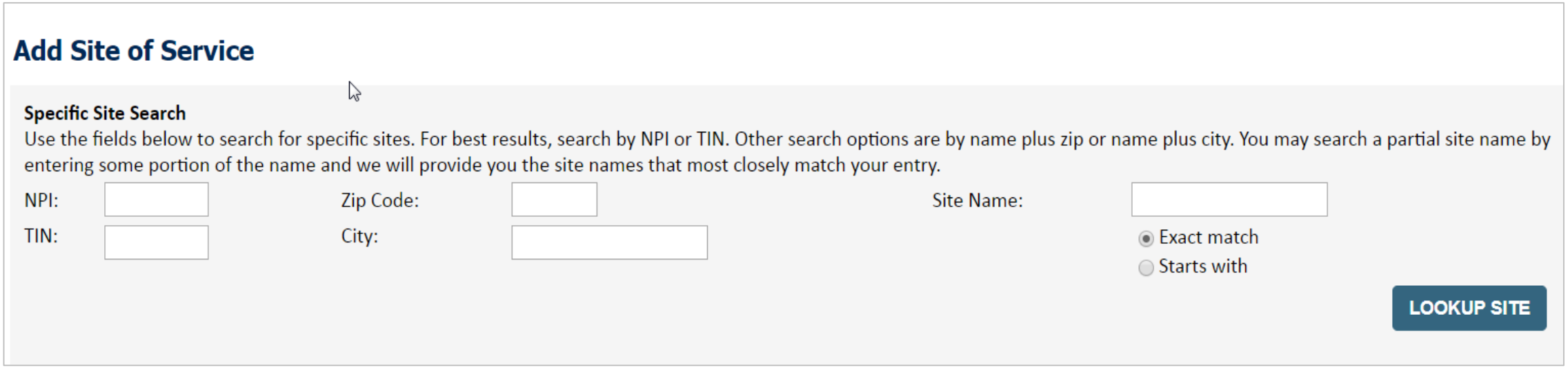
Verify Service Selection



- Verify requested service & diagnosis
- Edit any information if needed by selecting Change Procedure or Primary Diagnosis
- Click **continue** to confirm your selection

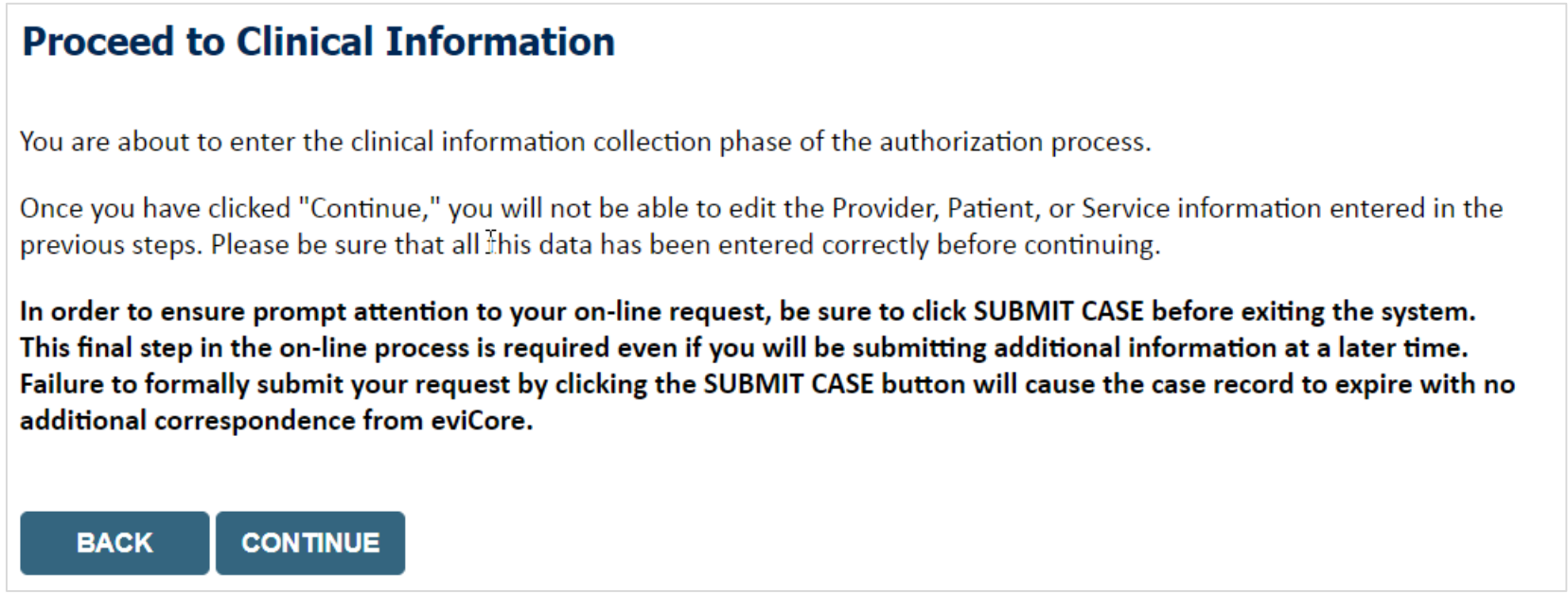
Site Selection

Start by searching NPI or TIN for the site where the procedure will be performed. You can search by any fields listed. Searching with NPI, TIN, and zip code is the most efficient.



- Select the **specific site** where the testing/treatment will be performed**.**

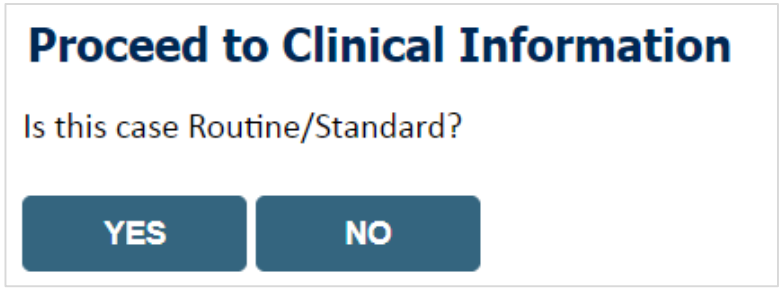
Clinical Certification



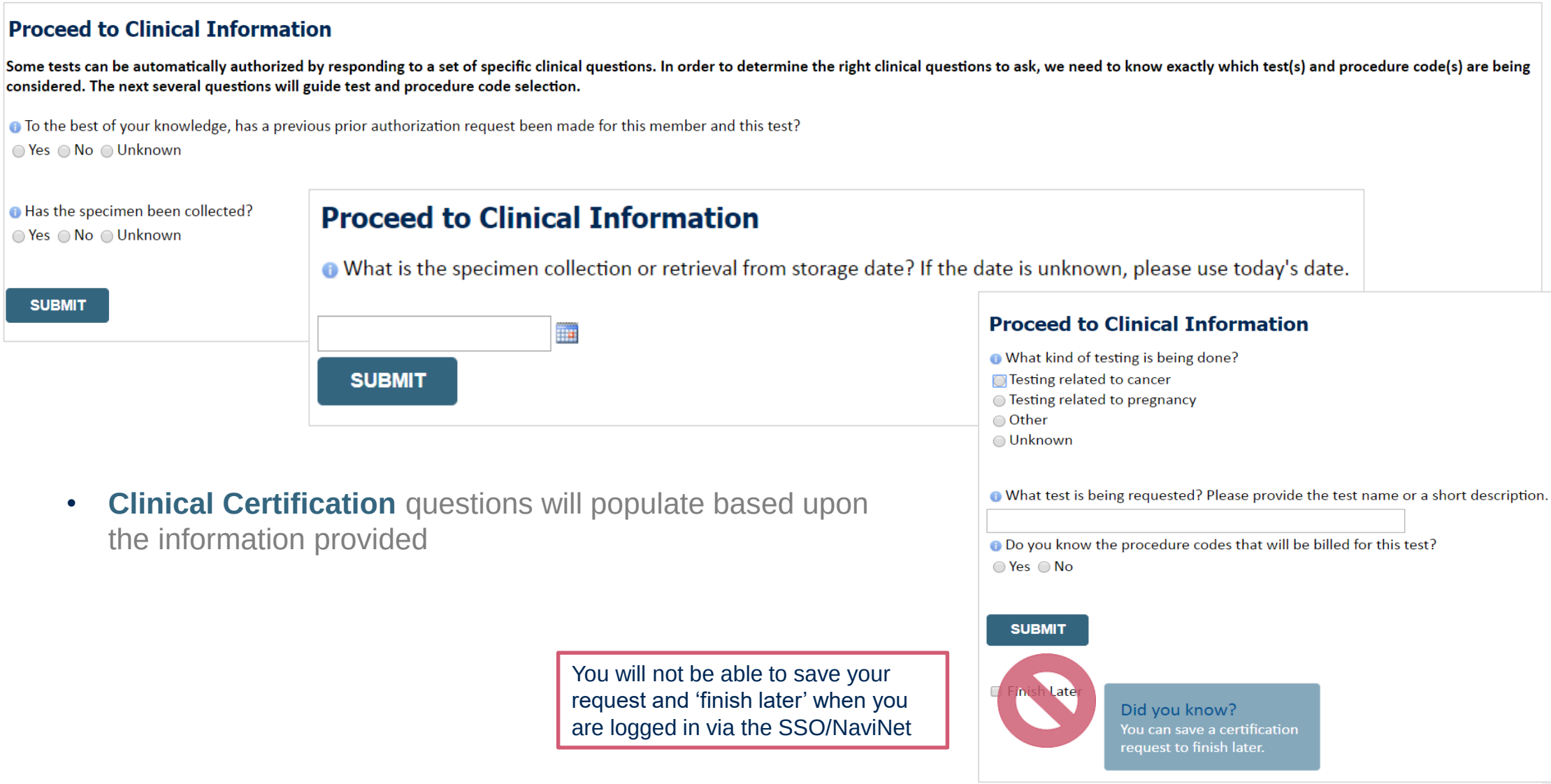
- **Verify that all information is entered and make any changes needed**
- **You will not have the opportunity to make changes after this point**

Standard or Urgent Request?

- If your request is urgent select **No**
- When a request is submitted as Urgent, you will be required to upload relevant clinical information
- If the case is standard select **Yes**
- You can upload up to FIVE documents in .doc, .docx, or .pdf format
- Your case will only be considered Urgent if there is a successful upload



Clinical Information – Example of Questions



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

You will not be able to save your request and 'finish later' when you are logged in via the SSO/NaviNet

Clinical Information

Proceed to Clinical Information

What is the name of the test you are requesting? A selection from the list below is REQUIRED in order to proceed with this request.

This is a list of commonly requested tests from the lab you selected. They are in alphabetic order by the lab's actual test name, which can usually be found on the test requisition.

Submitting your request will be much faster if the test name can be found.

	Test Brand Name	Test Category
○	None Of These	
○	ATM Analysis	ATM Sequencing and Deletion/Duplication Analysis
○	BRACAnalysis {Integrated BRACAnalysis; CPT 81162}	BRCA1/2 Sequencing and Deletion/Duplication Analysis
○	BRACAnalysis {Integrated BRACAnalysis; CPT 81163, 81164)}	BRCA1/2 Sequencing and Deletion/Duplication Analysis
○	BRACAnalysis and myRisk {Integrated BRACAnalysis and myRisk; CPT 81162, 81479}	Hereditary Breast and Ovarian Cancer Panel Tests
○	BRACAnalysis and myRisk {Integrated BRACAnalysis and myRisk; CPT 81163, 81164, 81479}	Hereditary Breast and Ovarian Cancer Panel Tests
○	BRACAnalysis and PALB2 {2019 codes; Integrated BRACAnalysis and PALB2; 81162, 81406}	Hereditary Breast and Ovarian Cancer Panel Tests
○	BRACAnalysis and PALB2 {2019 codes; Integrated BRACAnalysis and PALB2; 81163, 81164, 81406}	Hereditary Breast and Ovarian Cancer Panel Tests
○	BRACAnalysis and PALB2 {2019 codes; Integrated BRACAnalysis and PALB2; 81163, 81164, 81406}	Hereditary Breast and Ovarian Cancer Panel Tests
○	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

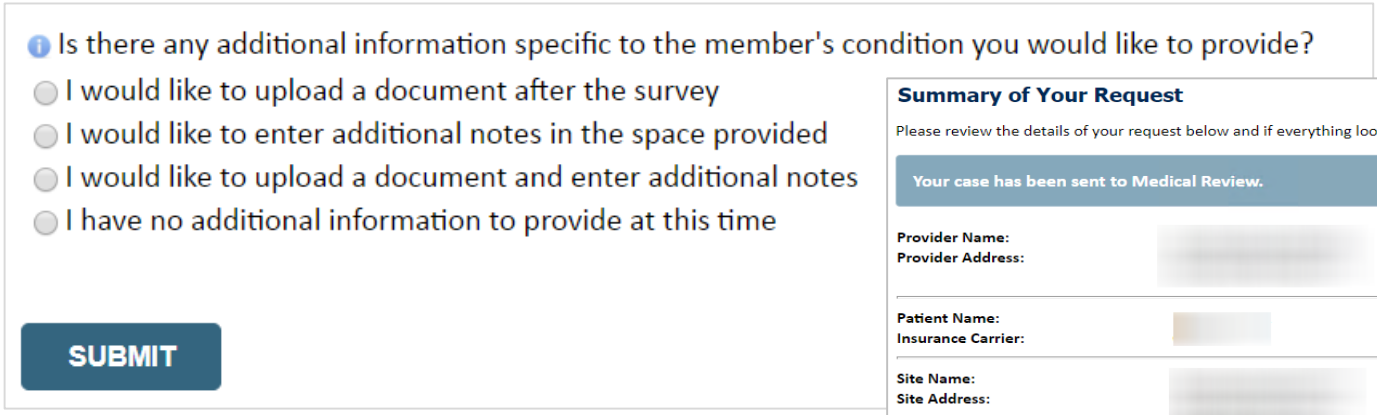
**** NOTE: If you know the name of the test, choose the first letter of the test name above. Otherwise, you can scroll through all tests using the page numbers. If you cannot find the test, please return to page 1 of the "All" tab and select "None of These".**

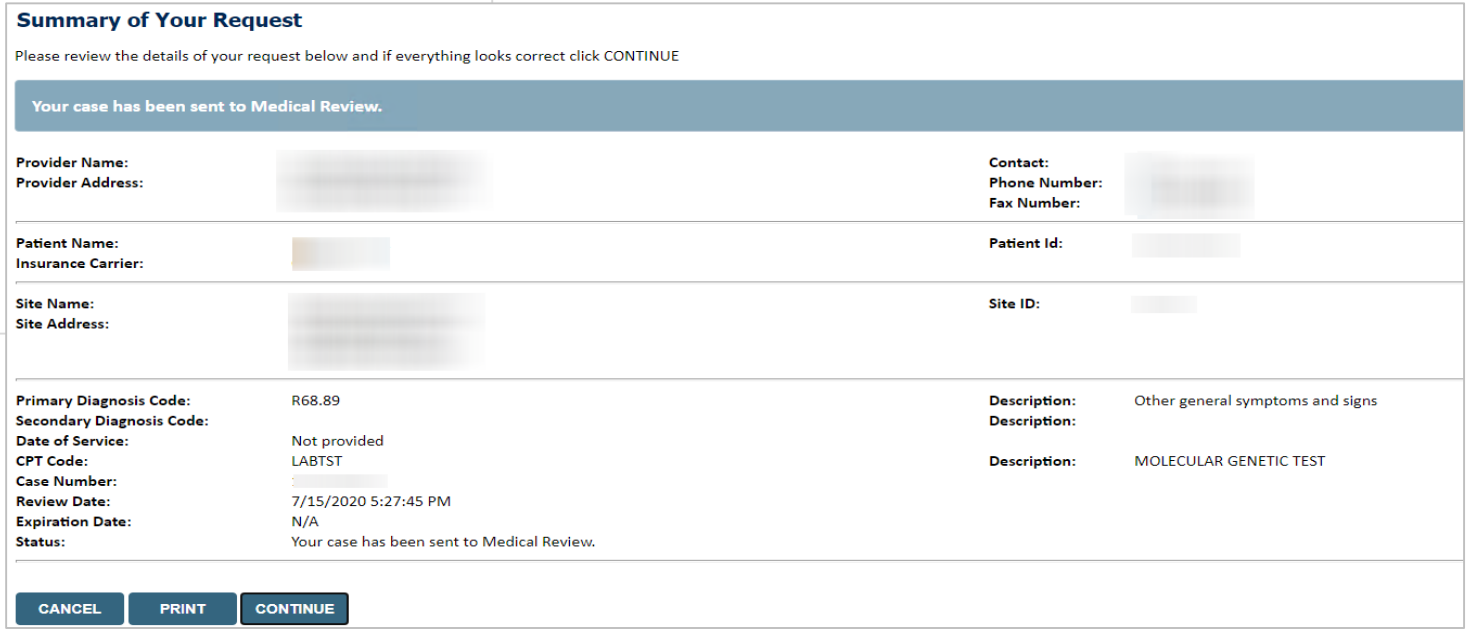
*****FOR LAB REPRESENTATIVES: If you would like to correct or add to this list, please email labmanagement@evicore.com.**

Clinical Certification questions will populate based upon the information provided

Criteria not met

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





Tips:

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

Criteria not met – Free Text Questions

Proceed to Clinical Information

Answer the following questions in clinical detail:

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

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

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.

Criteria Met

If your request is authorized during the initial submission you can print out the summary of the request for your records.

Summary of Your Request

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

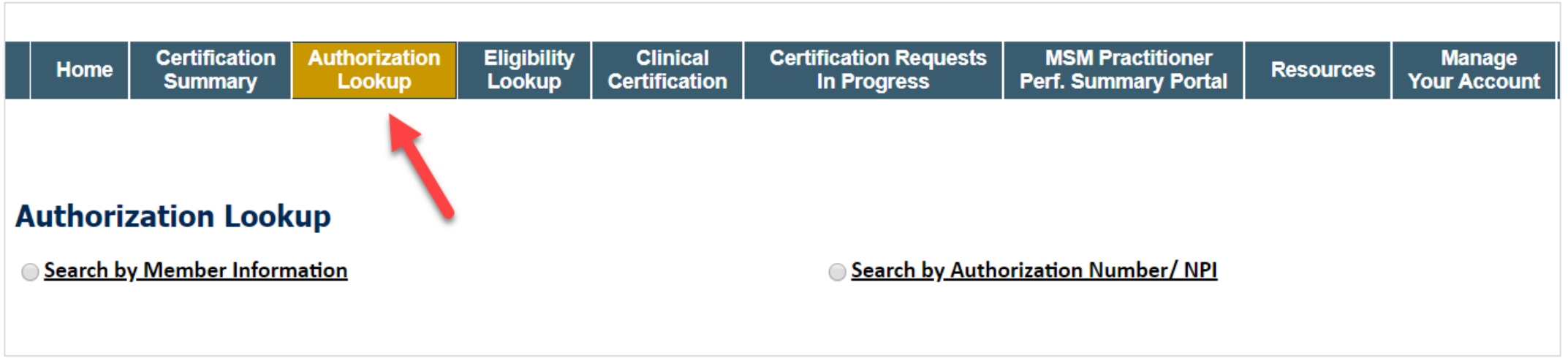
The following testing is approved: BRCA1 and/or 2 Gene Testing. Procedure code(s) approved: 81162.

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

CANCEL PRINT CONTINUE

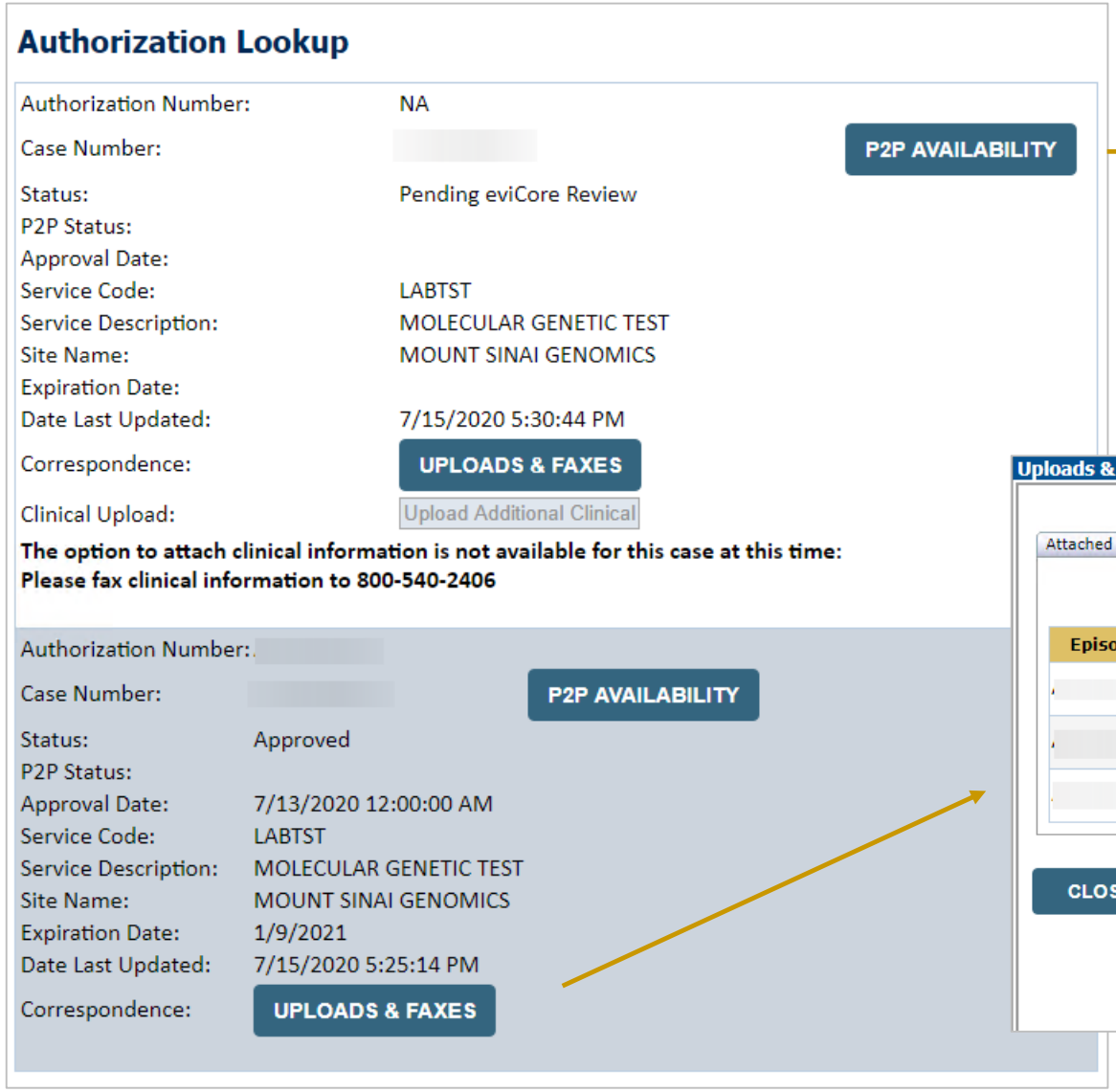
Additional Provider Portal Features

Authorization Lookup

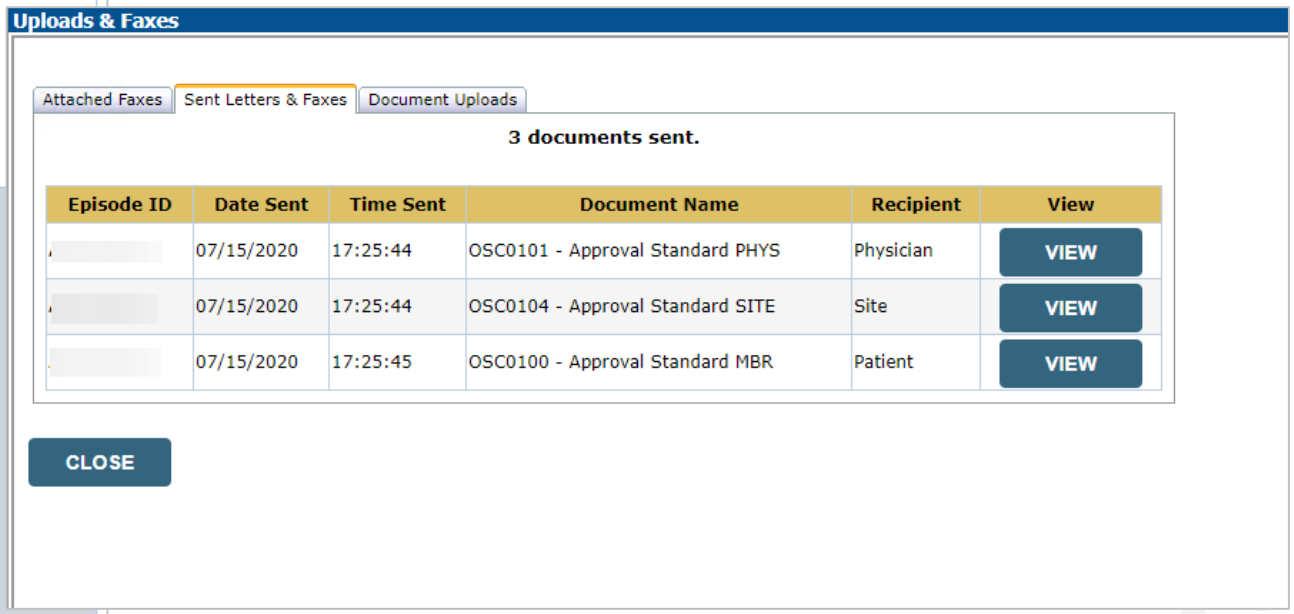


- You can look-up authorization status on the portal
- Search by member information OR
- Search by authorization number with ordering NPI
- View and print any correspondence

Authorization Lookup example

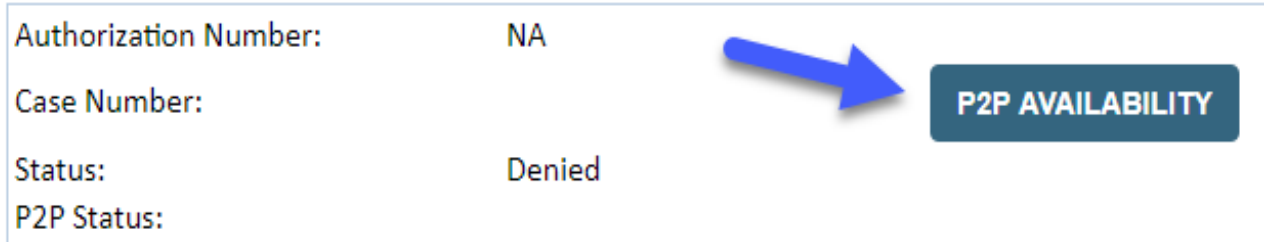


A final decision has not yet been rendered on this case OR it requires special handling. If you have received a request for additional clinical information, please respond to our notice per the instructions received.
If you would like to understand additional options available, please contact our Physician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

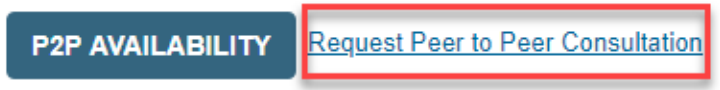


How to schedule a Peer to Peer Request

- Log into your account at www.evicore.com
- Perform Authorization Lookup to determine the status of your request.
- Click on the “P2P Availability” button to determine if your case is eligible for a Peer to Peer conversation:

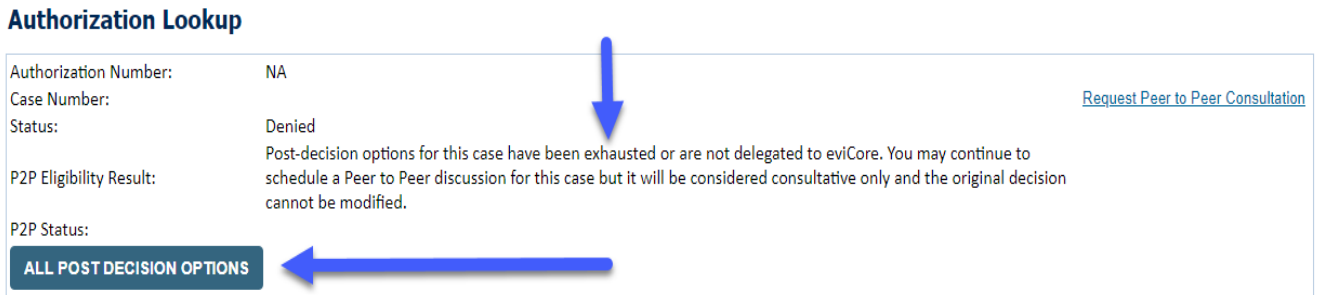


- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.



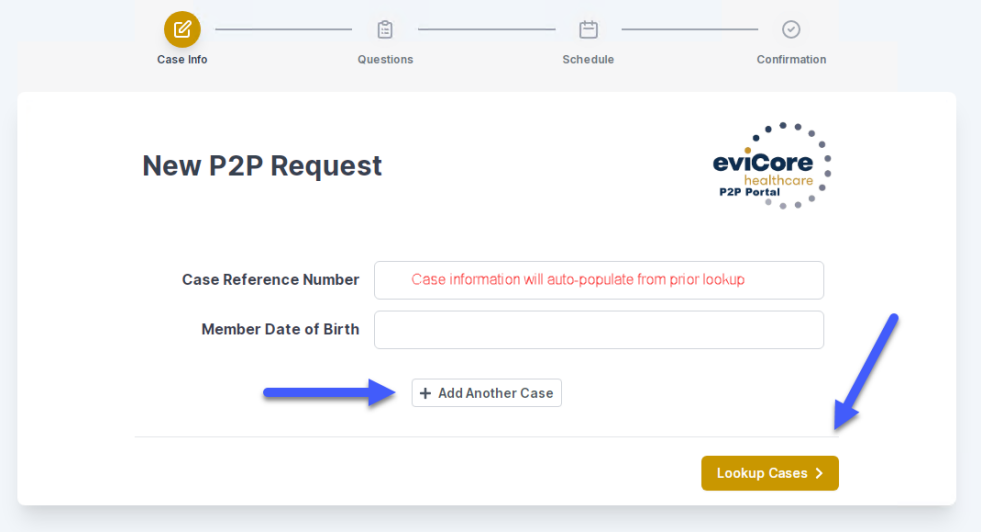
How to schedule a Peer to Peer Request

Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the “All Post Decision Options” button to learn what other action may 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.

How to Schedule a Peer to Peer Request



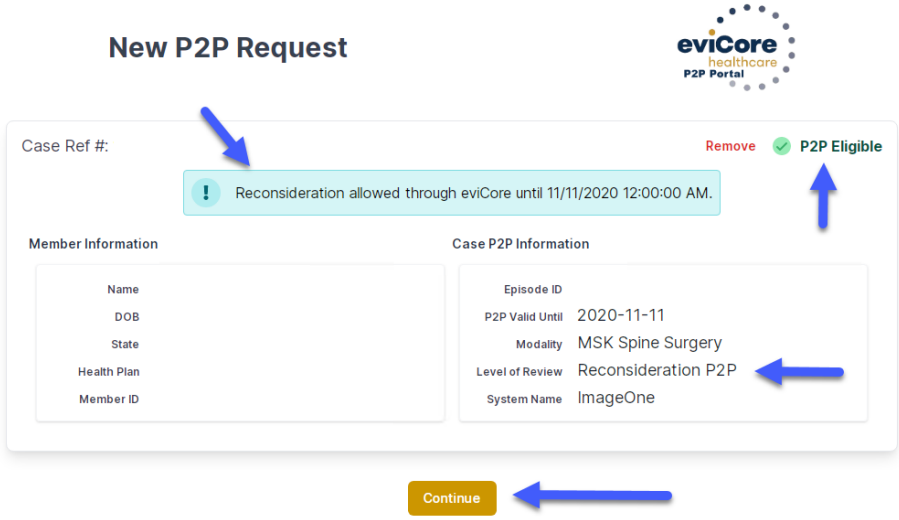
Upon first login, you will be asked to confirm your default time zone.

You will be presented with the Case Number and Member Date of Birth (DOB) for the case you just looked up.

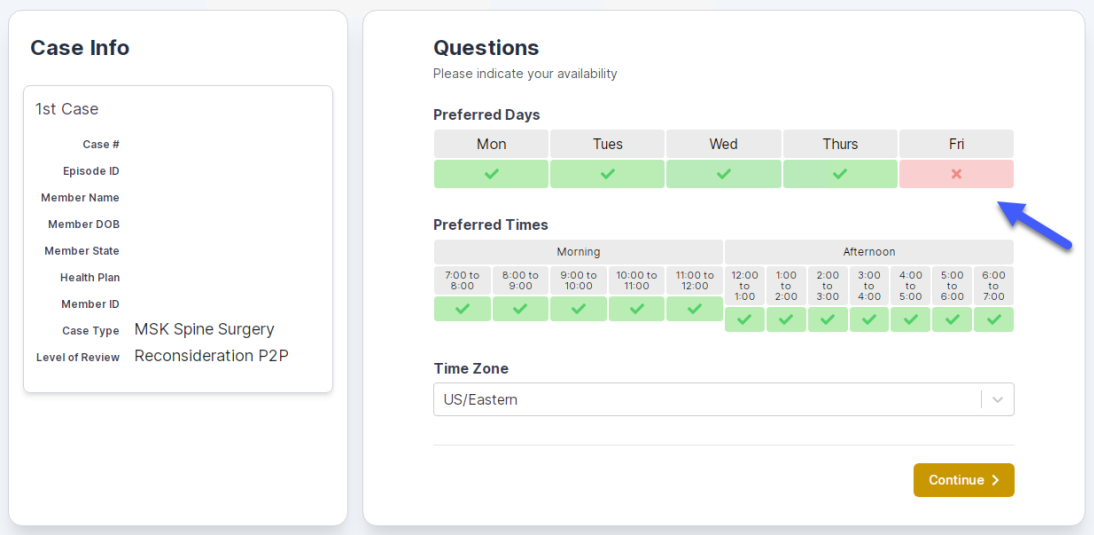
You can add another case for the same Peer to Peer appointment request by selecting “Add Another Case”

To proceed, select “Lookup Cases”

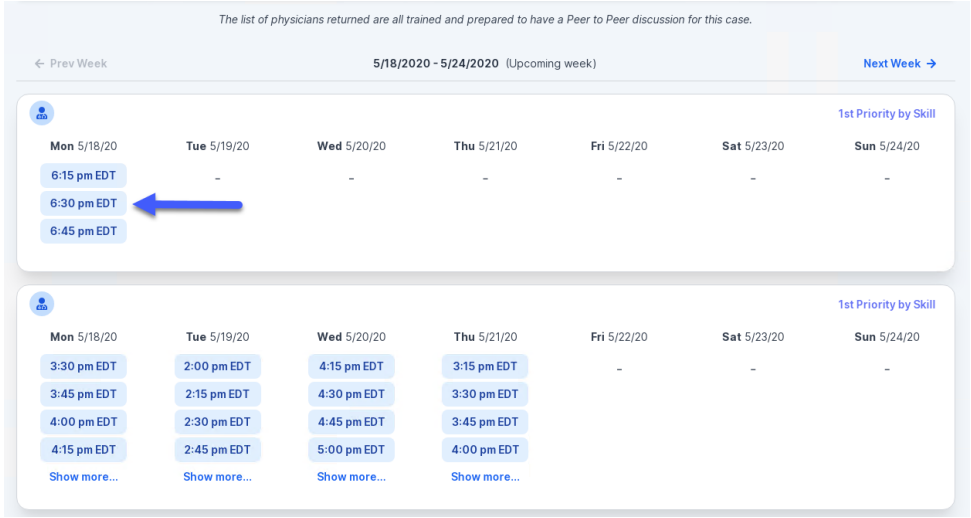
You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click Continue to proceed.



How to Schedule a Peer to Peer Request



You will be prompted with a list of eviCore Physicians/Reviewers and appointment options per your availability. Select any of the listed appointment times to continue.

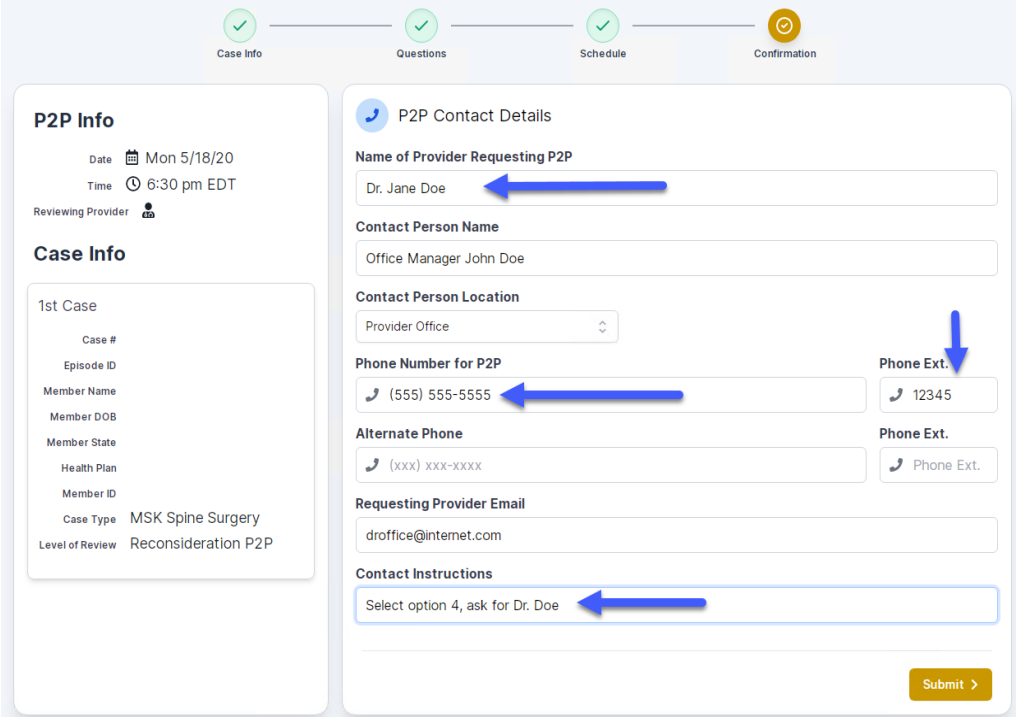


You will be prompted to identify your preferred Days and Times for a Peer to Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click Continue.

How to Schedule a Peer to Peer

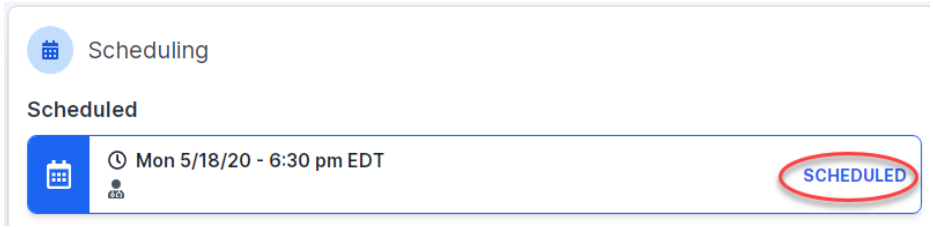
Confirm Contact Details

- Contact Person Name and Email Address will auto-populate per your user credentials



- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:
  - Name of Provider Requesting P2P
  - Phone Number for P2P
  - Contact Instructions

- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.



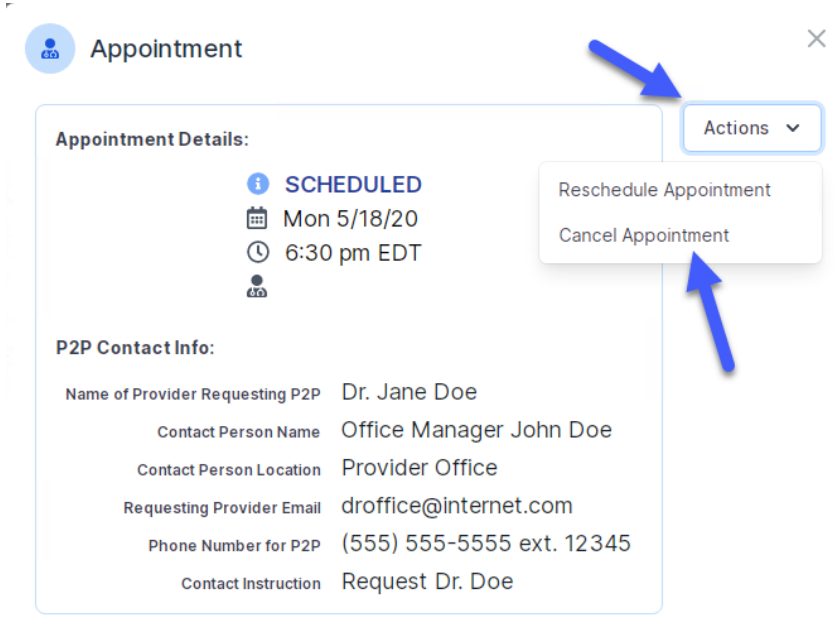
Canceling or Rescheduling a Peer to Peer Appointment

To cancel or reschedule an appointment

- Access the scheduling software per the instructions above
- Go to “My P2P Requests” on the left pane navigation.
- Select the request you would like to modify from the list of available appointments
- Once opened, click on the schedule link. An appointment window will open
- Click on the Actions drop-down and choose the appropriate action

    If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.

    If choosing to cancel, you will be prompted to input a cancellation reason



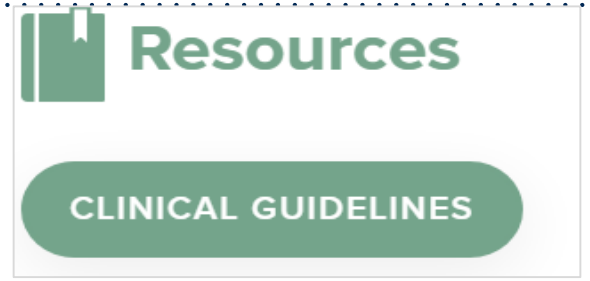
- Close browser once done

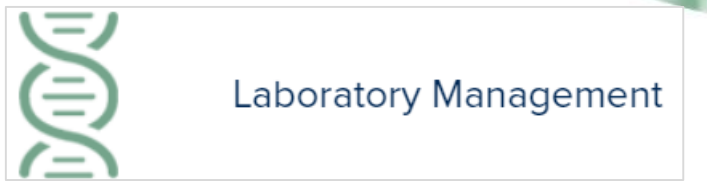
Clinical Guidelines

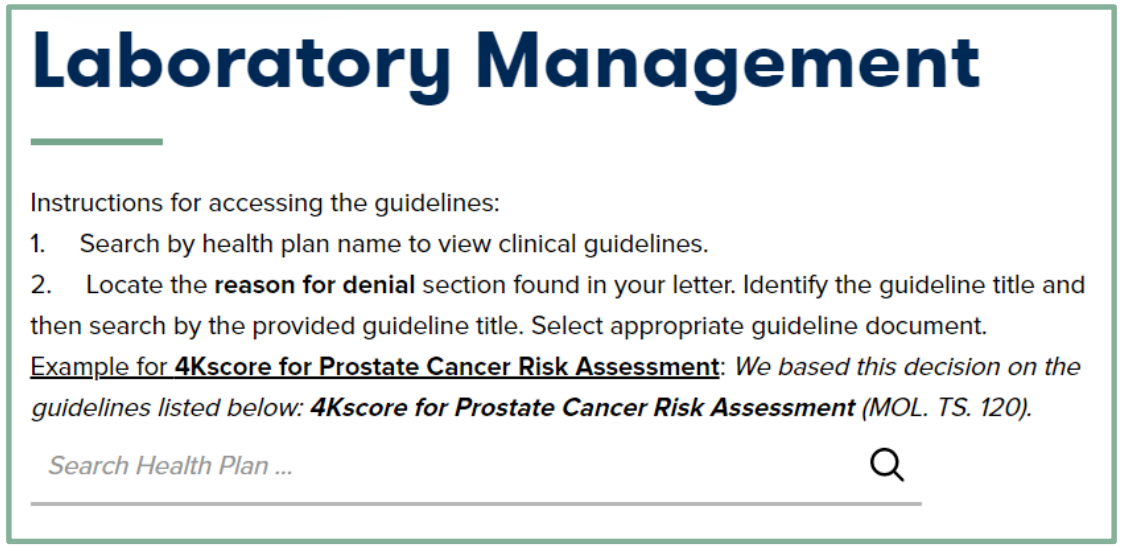
How to access our Guidelines

1. Go to 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).

   Examples:
   - Specific genetic testing
   - Molecular and genomic testing
   - Huntington Disease testing



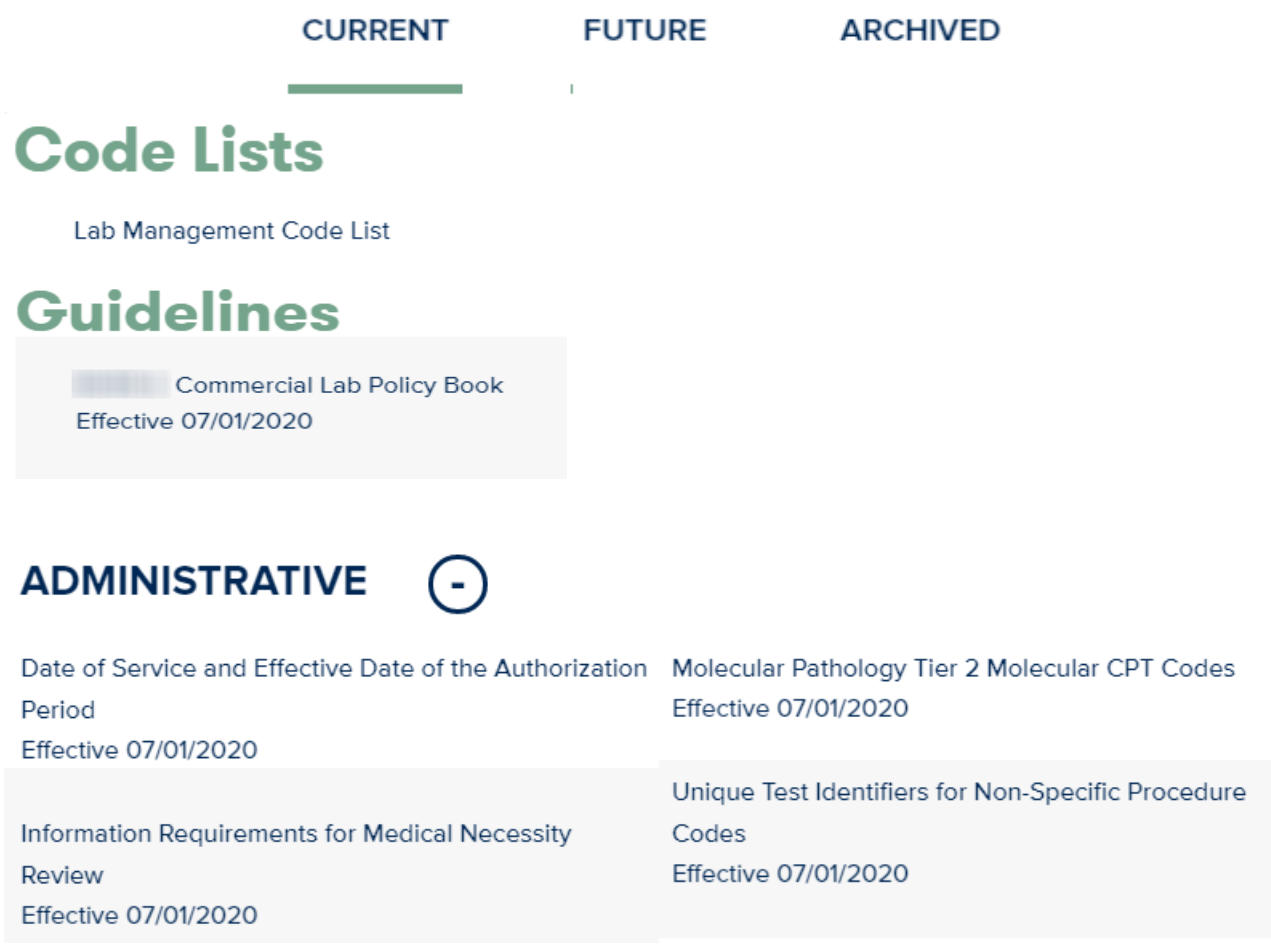




Clinical Guidelines

Health Plan specific Guidelines

1. Current, Future, and Archived lists and Guidelines are found here.
2. You can select the entire Code List or the health plan specific Policy Book.
3. Shown here is an example of the Administrative Guidelines you will find on our resource site.
4. There are also Lab Guidelines for Clinical Use and Test Specific Guidelines on our resource site. (not shown on this screen)



Provider Resources

Dedicated Call Center

Prior Authorization Call Center – 888-564-5492

Our call centers are open from 7 a.m. to 7 p.m. (local time).

Providers can contact our call center to perform the following:

- Request Prior Authorization
- Check Status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case
- Request to speak to a clinical reviewer
- Schedule a clinical consultation with an eviCore Medical Director

Provider Resource Website

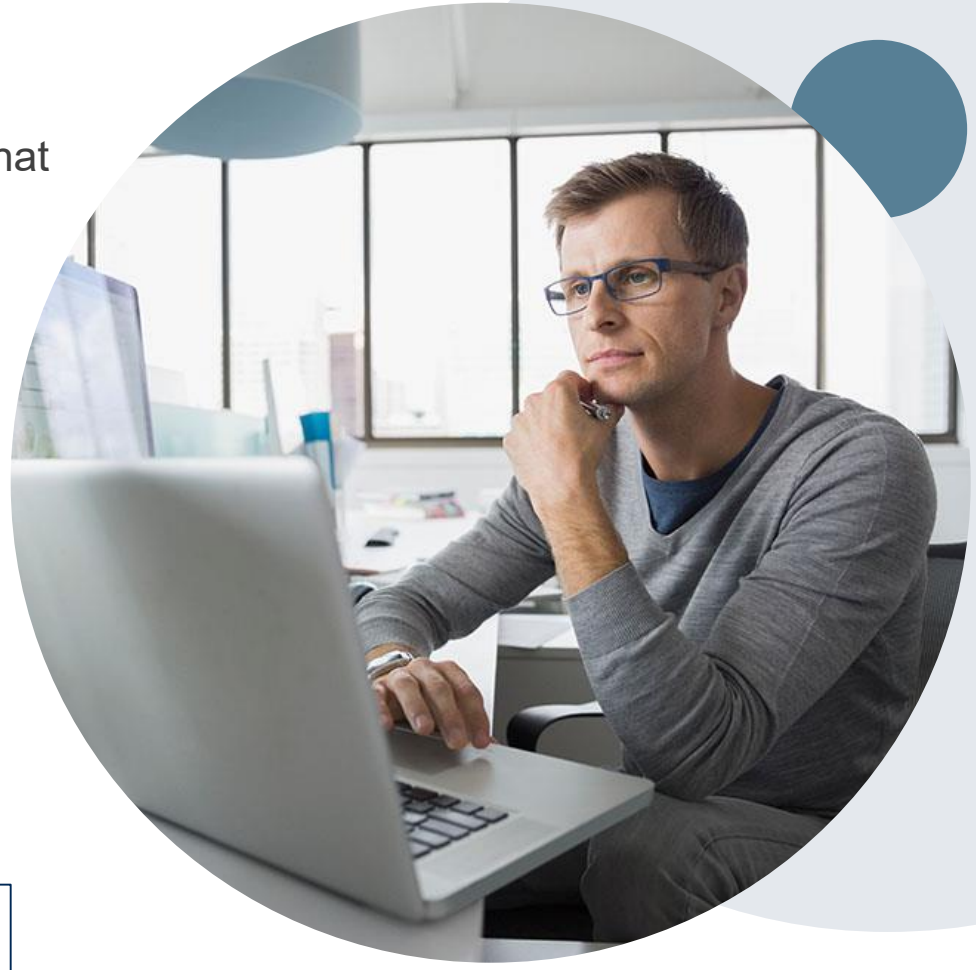
Provider Resource Pages

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

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

To access these helpful resources, please visit https://www.evicore.com/resources/healthplan/highmark

Receive tips and stay updated eviCore's provider newsletter. Subscribe at www.eviCore.com. Just scroll down and add a valid email so that we can send you monthly updates.

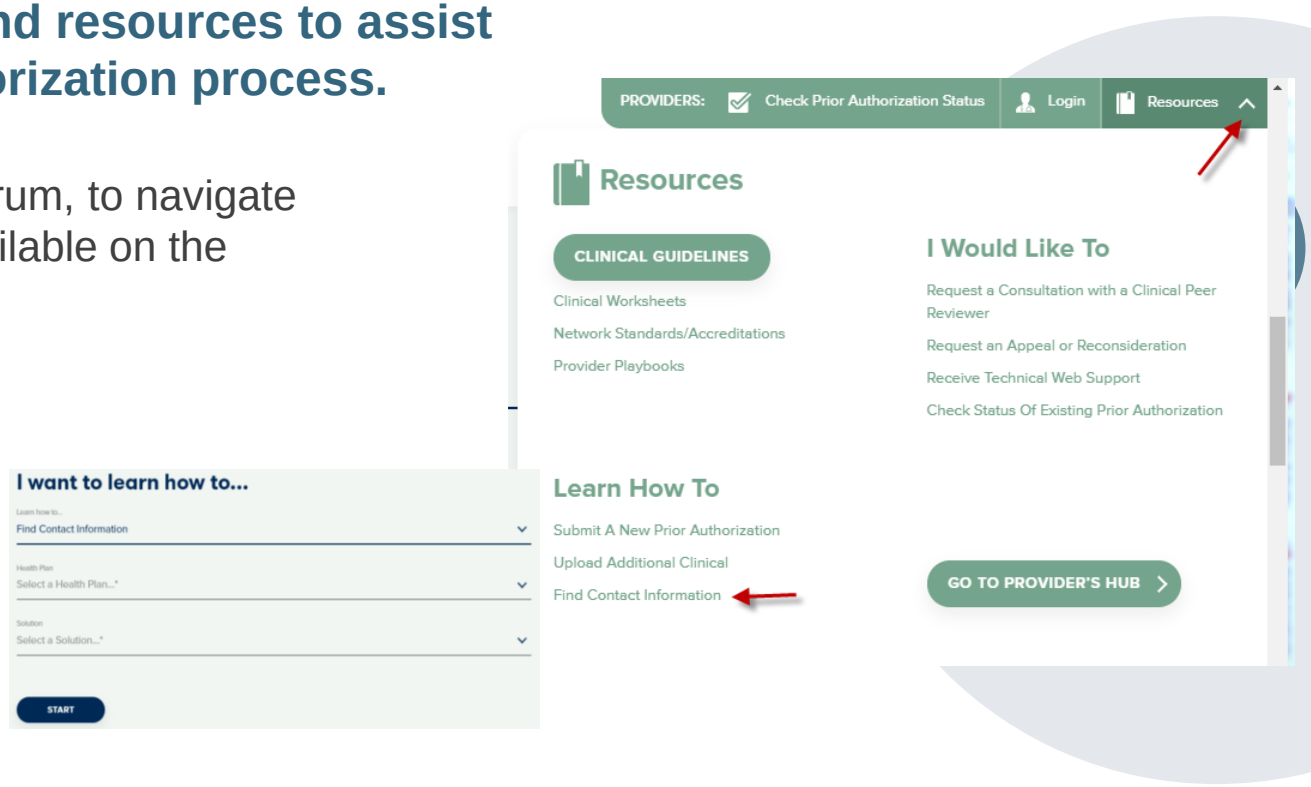


Provider Resource Review Forums

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 Provider Resource Review Forum, to navigate www.eviCore.com and understand all the resources available on the Provider's Hub. Learn how to access:

- eviCore's evidence-based clinical guidelines
- Clinical worksheets
- Check-status function of existing prior authorization
- Search for contact information
- Podcasts & Insights
- Training resources



How to register for a Provider Resource Review Forum?

You can find a list of scheduled **Provider Resource Review Forums** on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming

Client & Provider Operations Team

Client and Provider Services

Dedicated team to address provider-related requests and concerns including:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- Consumer Engagement Inquiries
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

How to Contact our Client and Provider Services team

Email: ClientServices@evicore.com (preferred)

Phone: 1 (800) 646 - 0418 (option 4)

For prompt service, please have all pertinent information available. When emailing, make sure to include the health plan in the subject line with a description of the issue, with member/provider/case details when applicable.

Provider Engagement Team

Provider Engagement team

Regional team that on-boards providers for new solutions and provides continued support to the provider community. How can the provider engagement team help?

- Partner with the health plan to create a market-readiness strategy for a new and/or existing program
- Conduct onsite and WebEx provider-orientation sessions
- Provide education to supporting staff to improve overall experience and efficiency
- Create training materials
- Monitor and review metrics and overall activity
- Conduct provider-outreach activities when opportunities for improvement have been identified
- Generate and review provider profile reports specific to a TIN or NPI
- Facilitate clinical discussions with ordering providers and eviCore medical directors

How to contact the Provider Engagement team?

You can find a list of Regional Provider Engagement Managers at evicore.com → Provider's Hub → Training Resources

Thank You!