

Prior Authorization of Lab Management Services

Provider Orientation Session

Updated January 1, 2019



Corporate Overview

9 | Comprehensive Solutions



Radiology



Cardiology



Musculoskeletal



Sleep Management



Medical Oncology



Specialty Drug



Radiation Therapy



Lab Management



Post-Acute Care



**100M Members
Managed Nationwide**

9 Comprehensive Solutions



The industry's most **comprehensive clinical evidence-based guidelines**



4k+ employees including **1k clinicians**

Engaging with 570k+ providers

Headquartered in Bluffton, SC Offices across the US including:

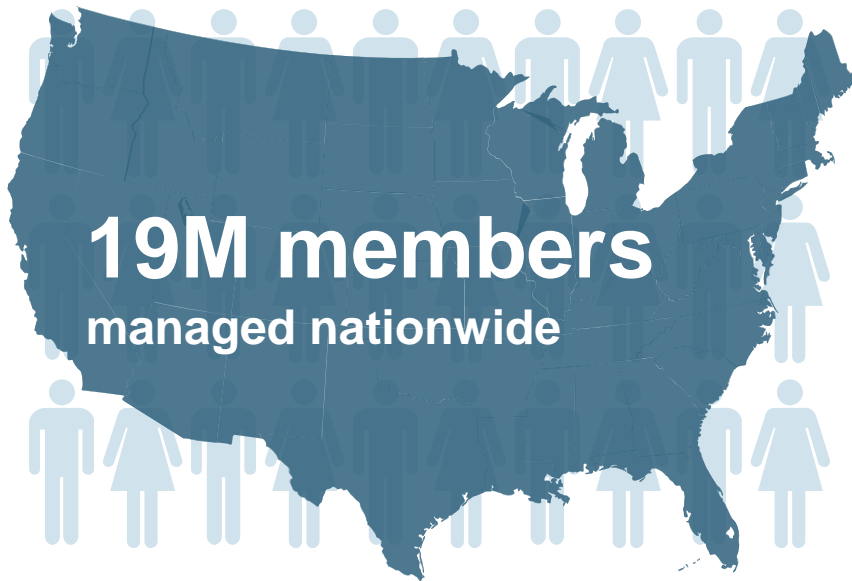
- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT
- Melbourne, FL
- Plainville, CT
- Sacramento, CA

Lab Management Solution- Our Experience

14+ Regional
and National Clients

100k+
Cases built per day

9 Years
Managing Lab Management Services



Members Managed

- 13M Commercial Memberships
- 500K Medicare Memberships
- 5.5M Medicaid Memberships



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 Services Team

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

Provider Relations Representatives



Provider relations 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.

Prior Authorization Program for AllWays Health Partners



Program Overview

eviCore will begin accepting requests on July 18, 2016 for dates of service August 1, 2016 and beyond

Prior authorization applies to services that are:

- Outpatient
- Elective / Non-emergent
- Diagnostic

Prior authorization **does not apply** to services that are performed in:

- Emergency room
- Inpatient
- 23-hour observation

It is the responsibility of the ordering provider (or the Lab Site on behalf of the ordering provider) to request prior authorization approval for services.

Applicable Membership

Authorization is required for AllWays Health Partners members enrolled in the following programs:

- **Commercial**
- **PPO**
- **Medicaid**
- **CCHIP**



Prior Authorization 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 prior authorization
through eviCore, please visit:

<https://www.evicore.com/healthplan/allwayshealthpartners>

Prior Authorization Requests

How to request prior authorization:



Clinical Review Process – Easy for Providers and Staff

Methods of Intake



Real-Time Decision Possible With Web



Genetic Counselor Review

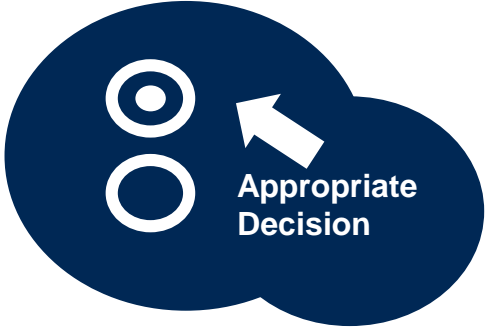


MD Review

Medical Geneticists, Oncologists, and Pathologists



Clinical Consultations



Appropriate Decision

Easy for providers and staff!

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 test



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?

Prior Authorization Outcomes

➤ Approved Requests:

- All requests are processed within **2 business days** after receipt of all necessary clinical information.
- Authorizations are typically good for **60 calendar days** from the date of specimen collection.

➤ Delivery:

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

Prior Authorization Outcomes

➤ 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 laboratory
- Mailed to the member

➤ Peer-to-Peer Review:

- Referring providers have the option to request a peer-to-peer conversation with an eviCore healthcare physician or genetic counselor, resulting in an overturn or an upheld denial.
- Must be requested up to and including 30 calendar days after the initial denial date.

➤ Appeals:

- eviCore will not process first level appeals

Special Circumstances

➤ Retrospective Studies:

- Retro Requests are **not** applicable to the Lab Program. All prior authorization requests must be completed prior to claim submission

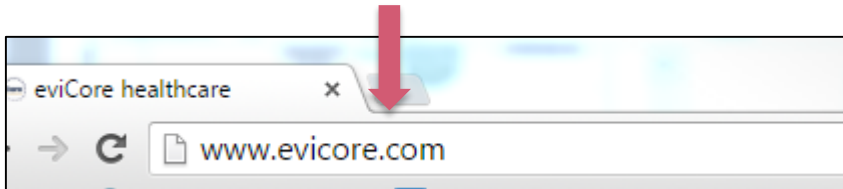
➤ Outpatient Urgent Studies:

- Contact eviCore by phone to request an expedited prior authorization review and provide clinical information
- Urgent Cases will be reviewed with **1 business day** of the request.

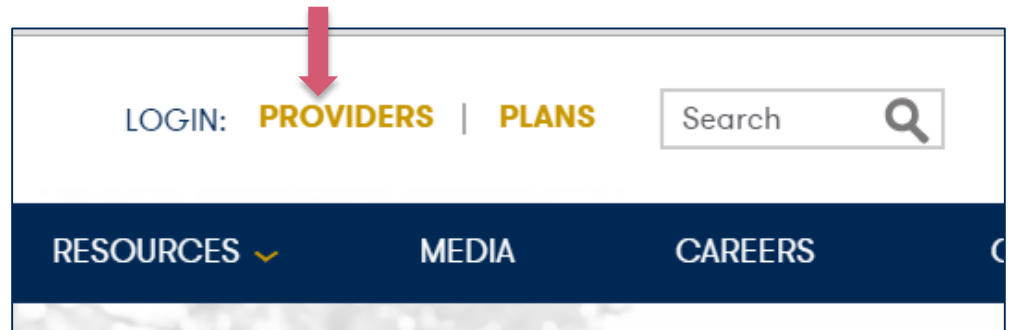
Web Portal Services

eviCore healthcare website

- Point web browser to evicore.com



- Click on the "Providers" link



- Login or Register

Providers Delivering Medical Solutions That Benefit Everyone.

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.**

 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

eviCore healthcare
innovative solutions

* Required Field

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 Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:	<input type="text"/>	Address*:	<input type="text"/>	Phone*:	<input type="text"/>
Email*:	<input type="text"/>		<input type="text"/>	Ext:	<input type="text"/>
Confirm Email*:	<input type="text"/>	City*:	<input type="text"/>	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	State*:	Select <input type="text"/>	Zip*:	<input type="text"/>
Last Name*:	<input type="text"/>	Office Name*:	<input type="text"/>		

Next



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*:

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	City:	Franklin	Ext:	
Account Type:	Physician	State:	TN	Zip:	37067
First Name:	Test	Office Name:	Test Office	Fax:	615-468-4408
Last Name:	Account				

[Back](#) [Submit Registration](#)

Review information provided, and click “**Submit Registration.**”

User Registration-Continued

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*: Medsolutions

User Registration

UserName: MYoder
Email: evicorejedi1234@gmail.com
Account Type: Physician
First Name: Mallory
Last Name: Yoder

Provider Information

Physician FirstName: TEST Physician Last Name: Yoder
State: TN Tax ID: [Redacted]

Please read below to sign up as an appropriate user.
Physician: An Individual Practitioner, A Medical Group Practice or an assistant
Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or Facility

USER REGISTRATION

User Access Agreement *Required

eviCore
Provider/Customer Access Agreement for Web-Based Applications

This Provider/Customer Access Agreement for Web-Based Applications ("Access Agreement") contains the terms and conditions for use by Provider/Customers of the web-based applications provided by eviCore through its Web Site. This Access Agreement applies to Provider/Customer and all employees and/or agents that have access to eviCore's web-based applications by utilizing a User ID and Personal Identification Number ("PIN"), Security Password, or other security device provided by eviCore, hereinafter referred to as "Users."

To obtain access to eviCore's Web Site applications, User must first read and agree to this Access Agreement. After reviewing these documents, User will be asked to accept the Access Agreement by checking the "Accept Terms and Conditions" check box. If User accepts, this will result in a binding contract between User and eviCore, just as if User had physically signed the Access Agreement.

Each and every time User accesses eviCore's web-based applications, User agrees to be bound by this Access Agreement, as it may be amended from time to time.

1. Limited License. Upon acceptance, eviCore grants Provider/Customer a revocable, nonexclusive, and nontransferable limited license to access electronically eviCore's web-based applications only so long as Provider/Customer is currently bound by a Provider/Customer Agreement (as used herein a "Provider/Customer Agreement" is an agreement to provide health care/medical services to members of health plans for which eviCore provides radiological services, whether it is with eviCore directly or said health plan(s)). The electronic acceptance of this Agreement by eviCore's web-based applications is subject to the terms and conditions of the Agreement.

Accept Terms and Conditions *

Submit Cancel

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

User Registration-Continued

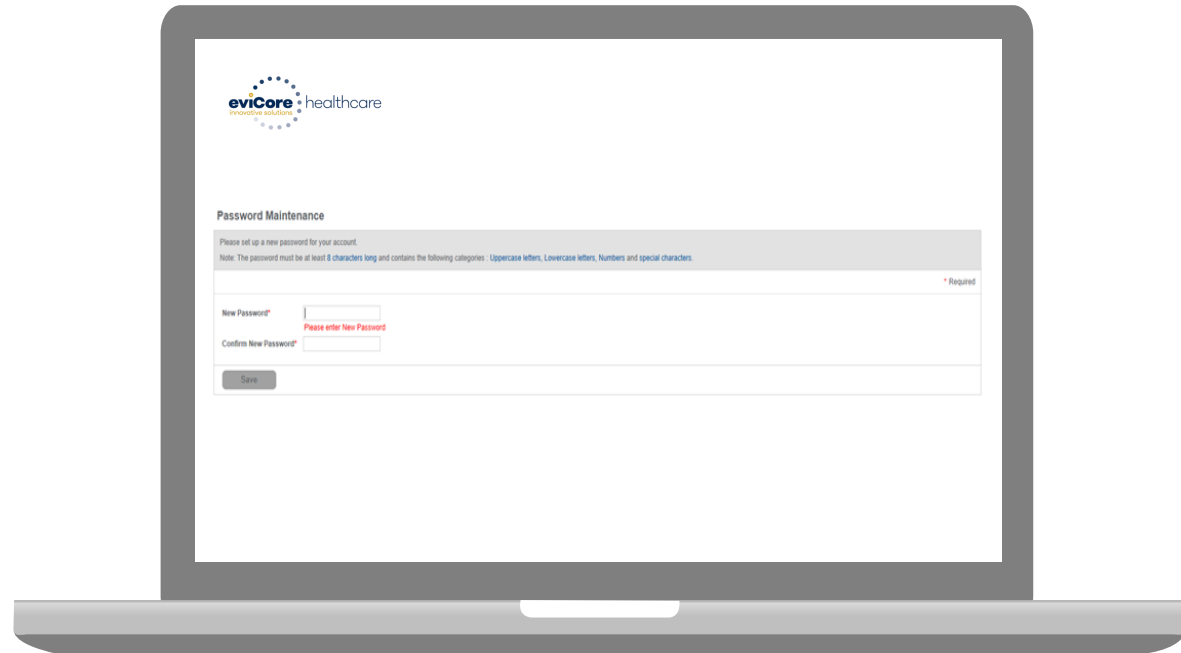


You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

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.**"

Case Initiation

Welcome Screen

eviCore healthcare
innovative solutions

Home Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us **MedSolutions Portal**

Friday, March 23, 2018 2:57 PM [Log Off \(MALLORCA\)](#)

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

Providers must be added to your account before cases can be submitted over the web. Please select "Manage Account" to add providers.

[Request a clinical certification/procedure >>](#)

[Request a clinical certification/procedure for](#)

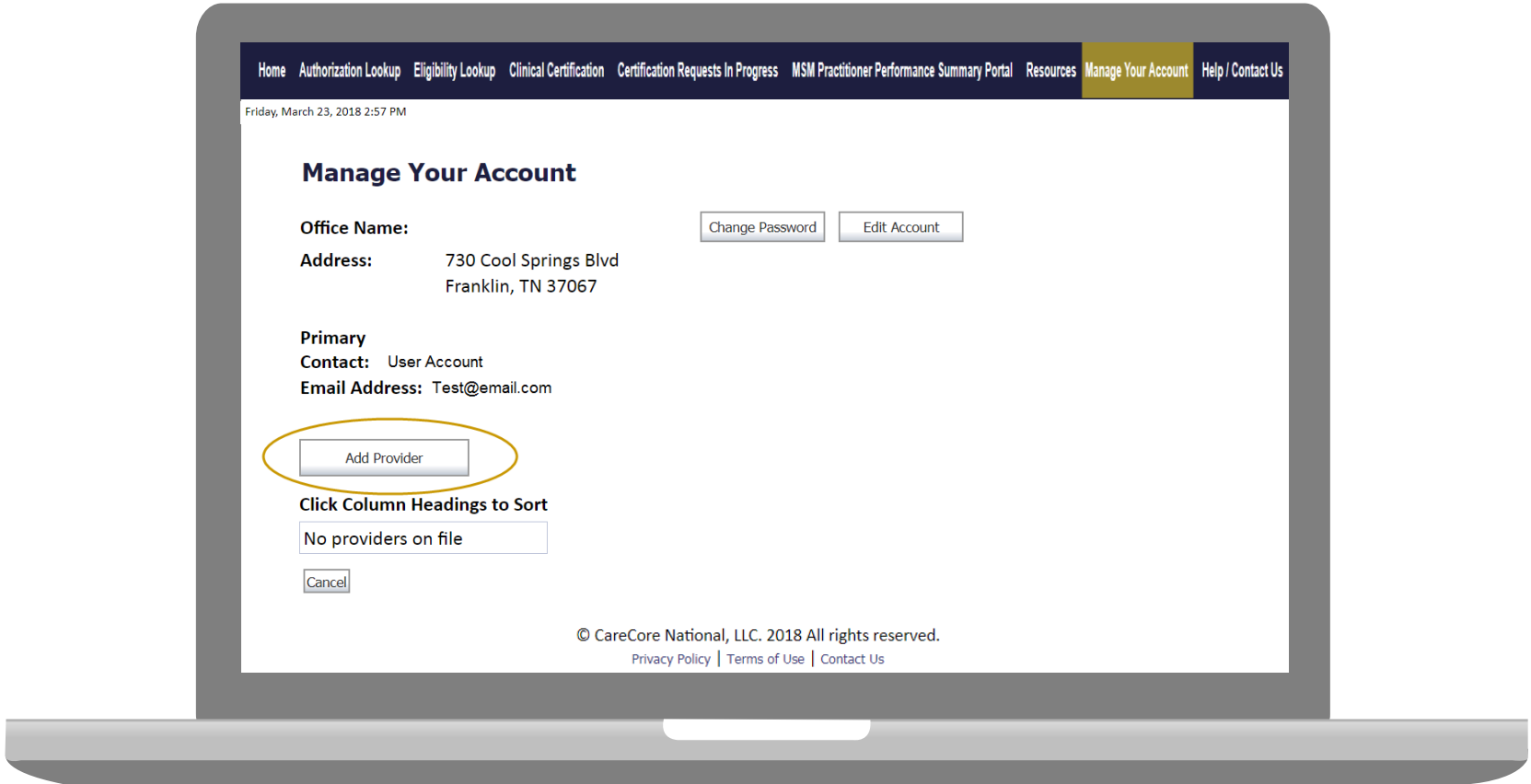
[Resume a certification request in progress >>](#) << [Did you know? You can save a certification request to finish later.](#)

[Look up an existing authorization >>](#)

[Check member eligibility >>](#)

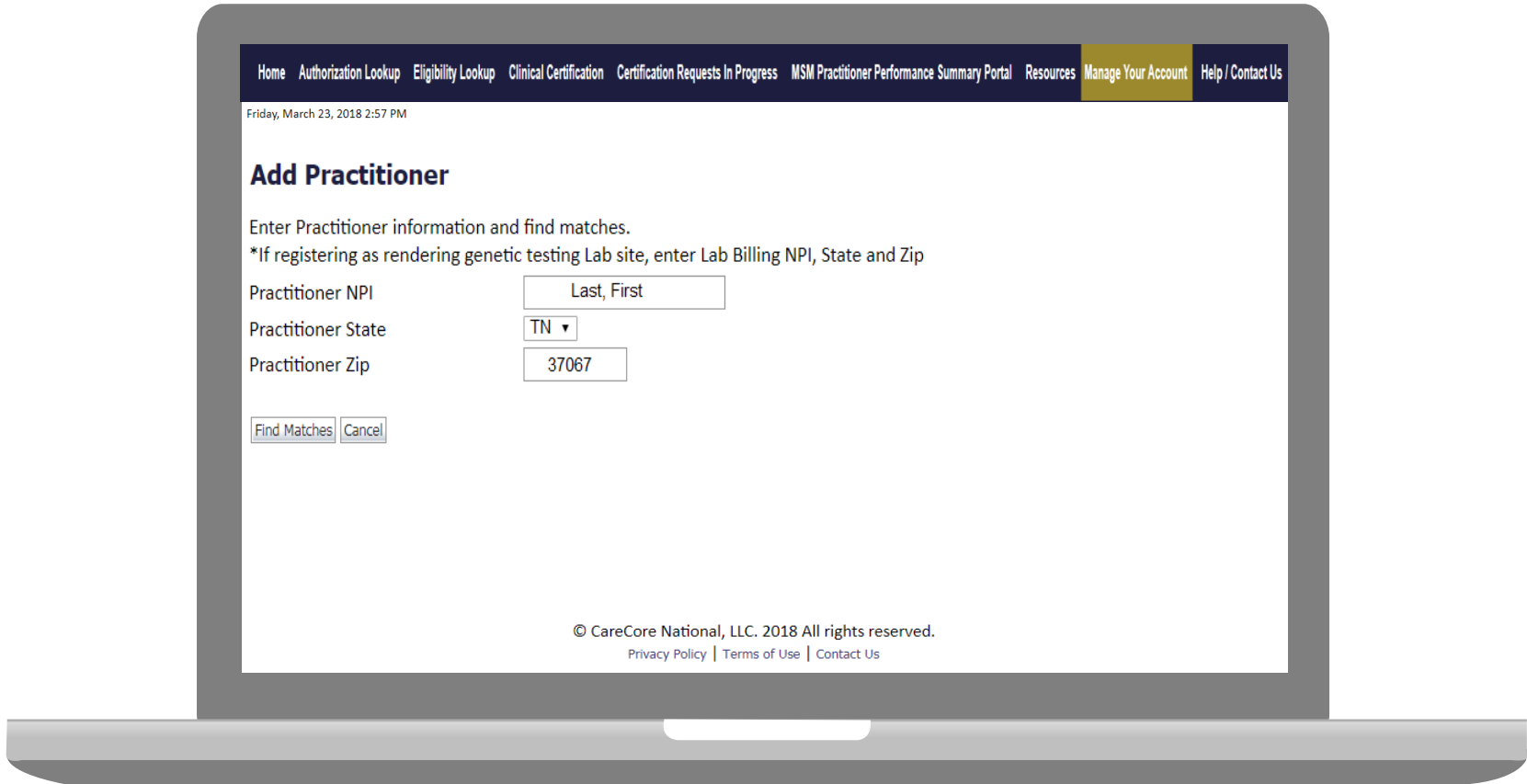
- Providers will need to be added to your account prior to case submission. Click the **“Manage Account”** tab to add provider information.
- ***Note:*** You can access the MedSolutions Portal at any time without having to provide additional log-in information. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals.

Add Practitioners



Click the “Add Provider” button.

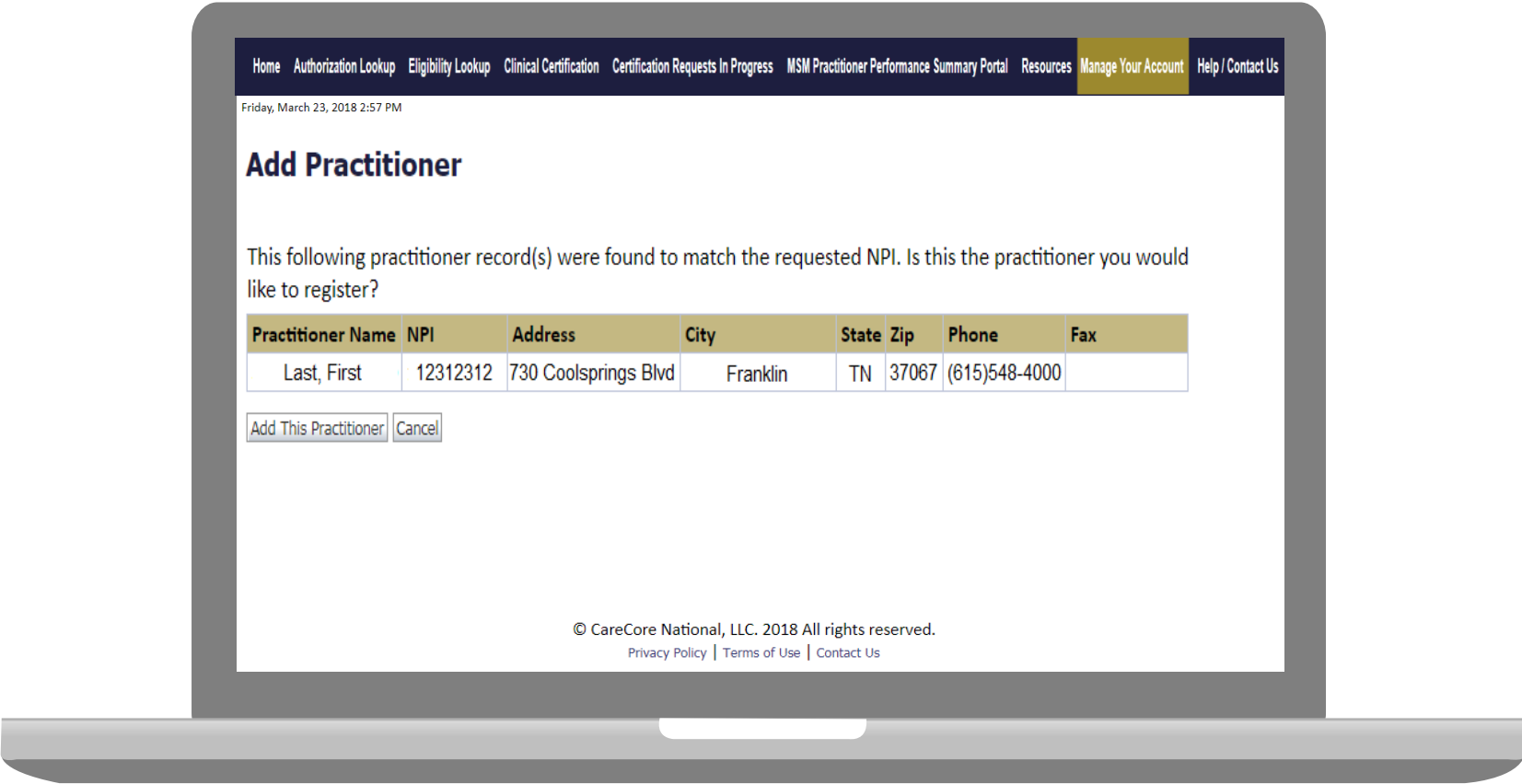
Add Practitioners



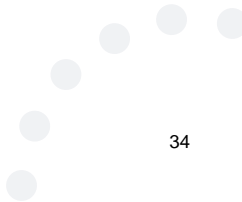
The screenshot shows a web application interface for adding practitioners. At the top, there is a navigation bar with links: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, MSM Practitioner Performance Summary Portal, Resources, Manage Your Account (highlighted), and Help / Contact Us. Below the navigation bar, the date and time are displayed: Friday, March 23, 2018 2:57 PM. The main heading is "Add Practitioner". Below the heading, there is a prompt: "Enter Practitioner information and find matches." followed by a note: "*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip". The form contains three input fields: "Practitioner NPI" with the text "Last, First", "Practitioner State" with a dropdown menu showing "TN", and "Practitioner Zip" with the text "37067". At the bottom of the form, there are two buttons: "Find Matches" and "Cancel". At the very bottom of the page, there is a copyright notice: "© CareCore National, LLC. 2018 All rights reserved." and links for "Privacy Policy", "Terms of Use", and "Contact Us".

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.

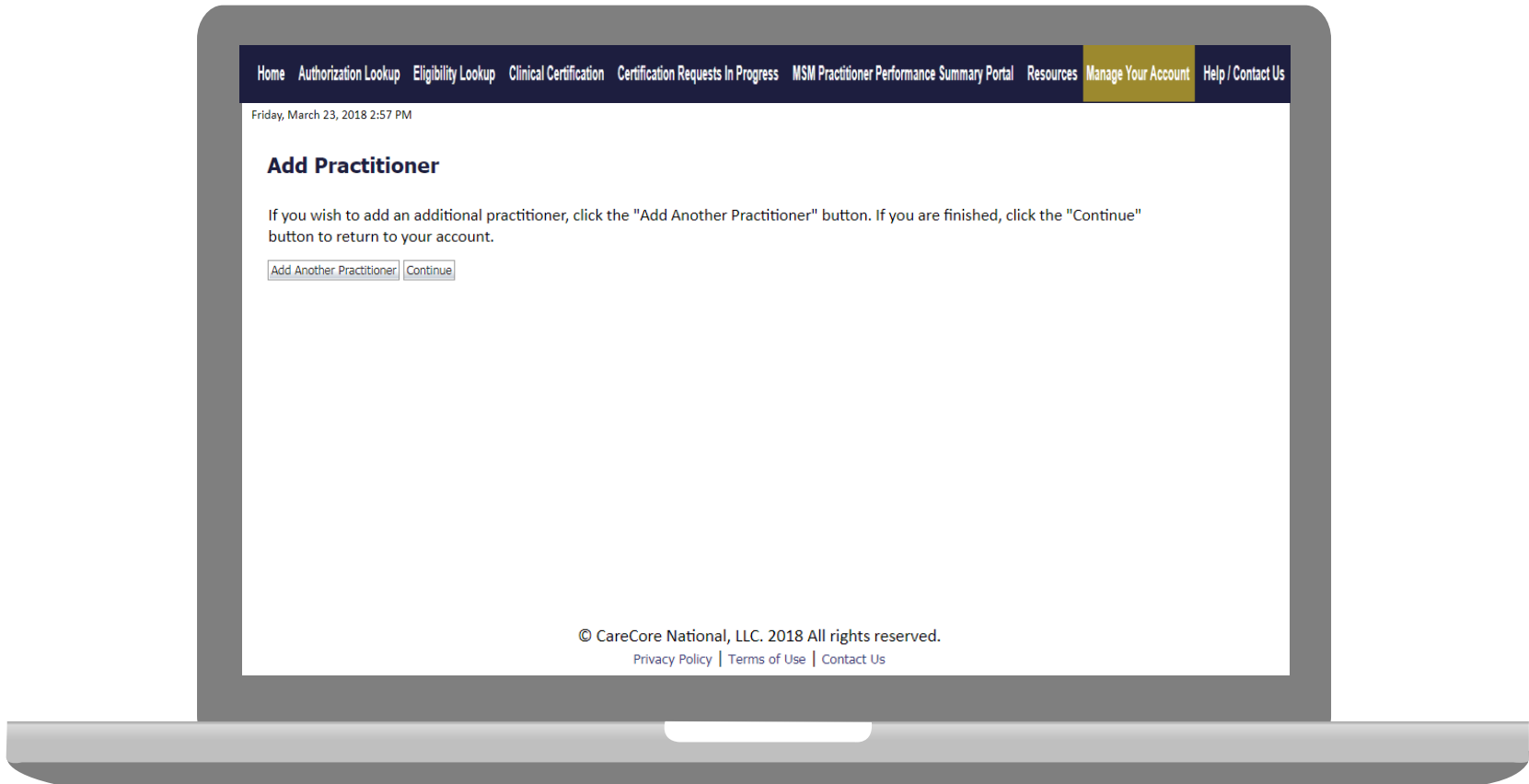
Adding Practitioners



Select the matching record based upon your search criteria



Manage Your Account

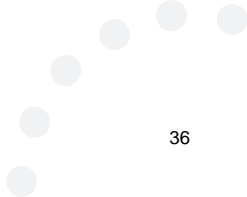


- Once you have selected a practitioner, your registration will be completed. You can then access the **“Manage Your Account”** tab to make any necessary updates or changes.
- You can also click **“Add Another Practitioner”** to add another provider to your account.

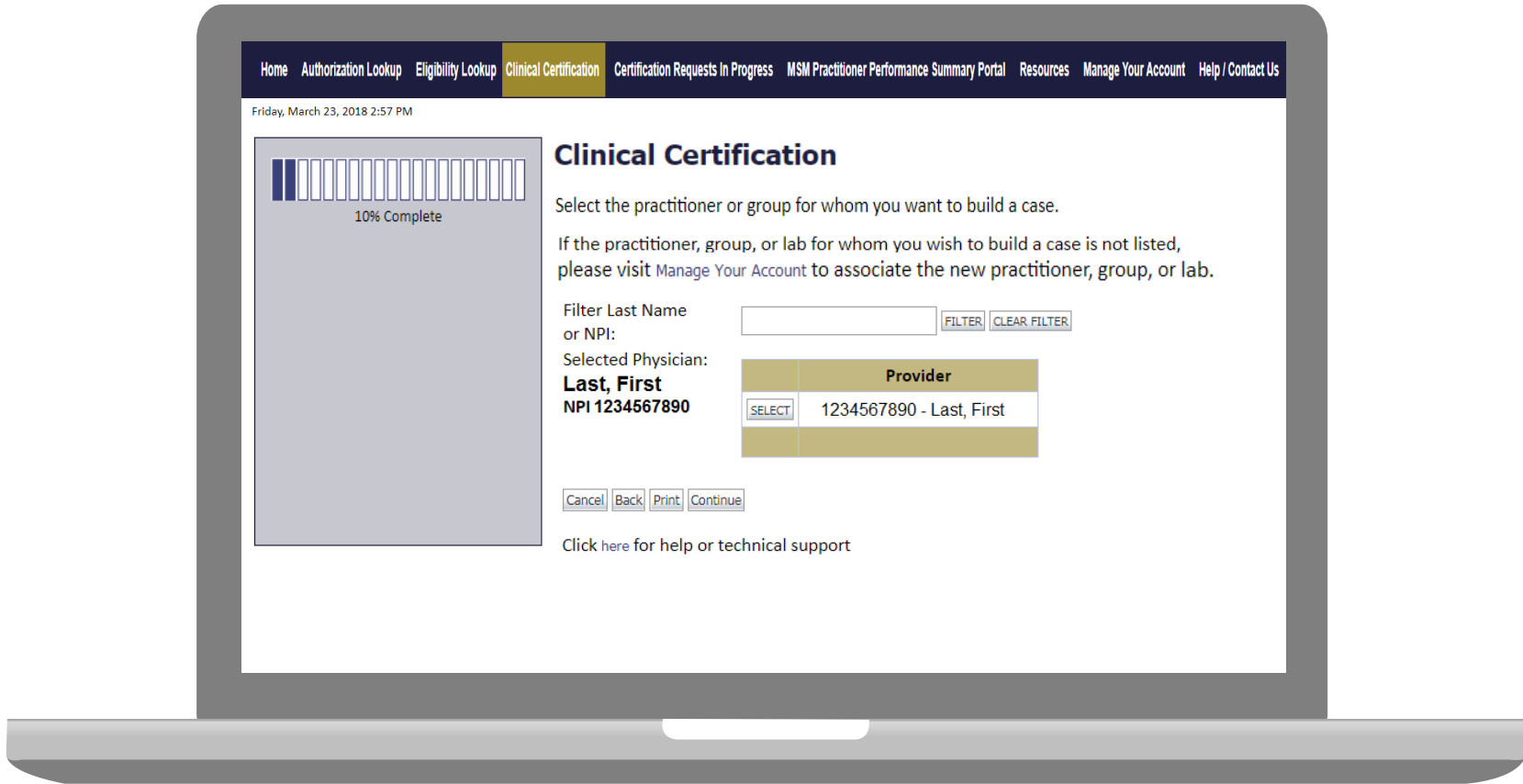
Select Program



Select the **Program** for your certification.



Submitting as Provider- MD Search



Select the **Practitioner/Group** for whom you want to build a case.

Submitting as Rendering Lab- MD Search

Home Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us

Clinical Certification

10% Complete

1 Do you have the ordering physician's NPI Number?
 Yes No

2 Enter NPI Number

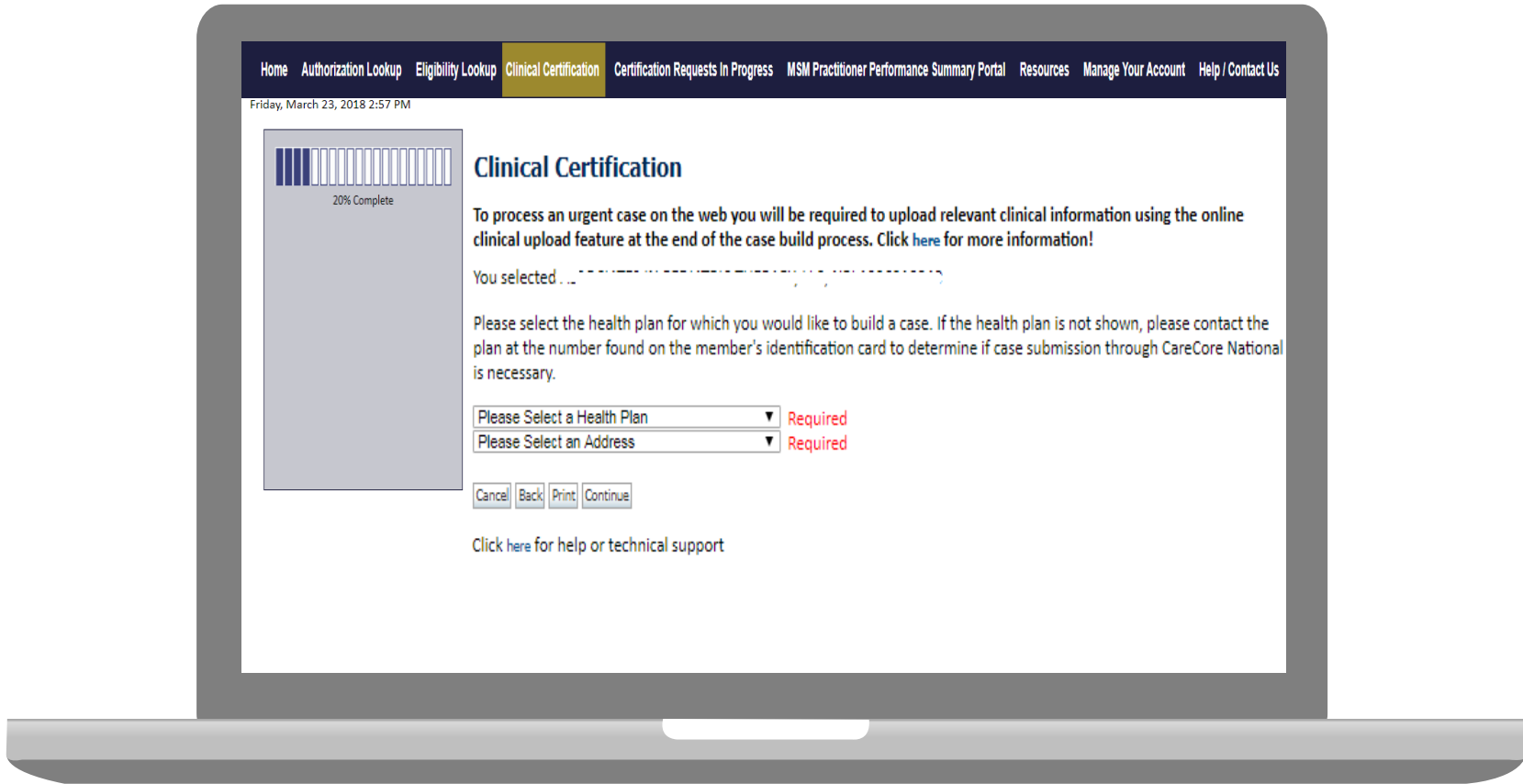
SUBMIT

Cancel Print

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

➔ The **Ordering Provider NPI** must be entered to build a case online.

Select Health Plan



Choose the appropriate **Health Plan** for the case request. If the health plan does not populate, please contact the plan at the number found on the member's identification card. Select the Physician's address.

Contact Information

Home Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests in Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us

Friday, March 23, 2018 2:57 PM [Log Off \(INTGTEST\)](#)

Clinical Certification

30% Complete

Provider and NPI

Provider's Name [?]

Who to Contact [?]

Fax [?]

Phone [?]

Ext. [?]

Cell Phone

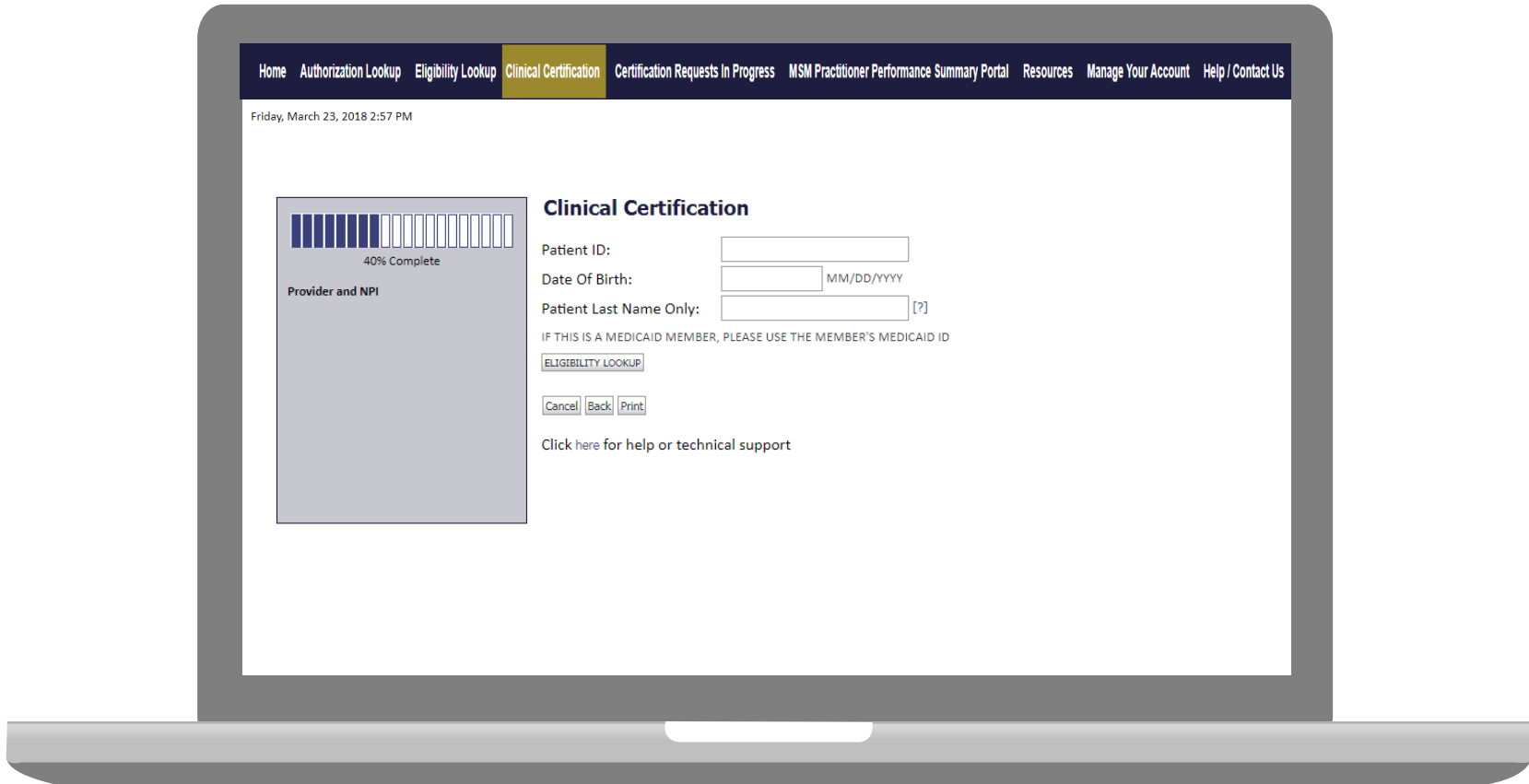
Email

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

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

Enter the **Provider's name** and appropriate information for the point of contact individual.

Member Information



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

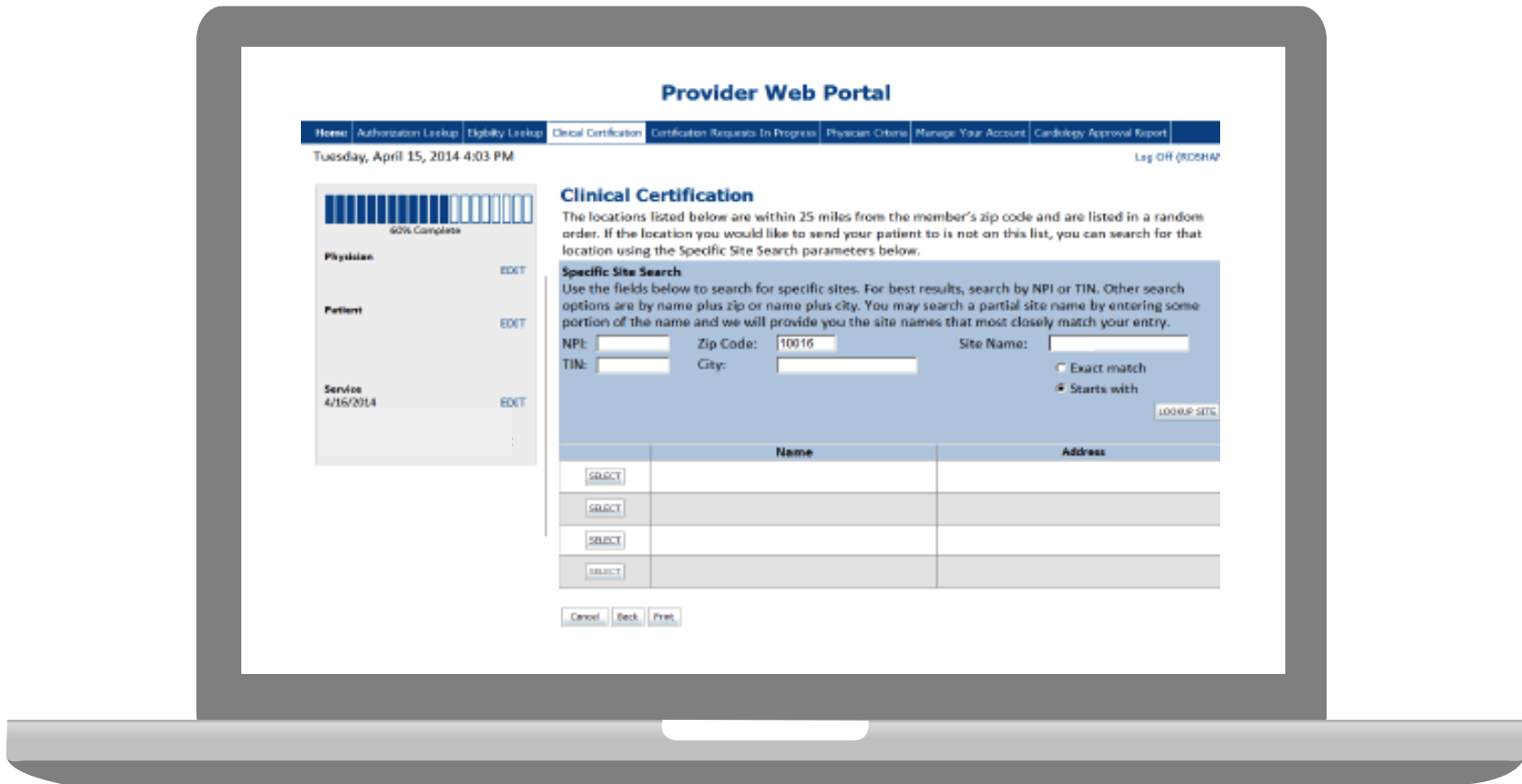
Click [here](#) for help or technical support



Verify Service Selection

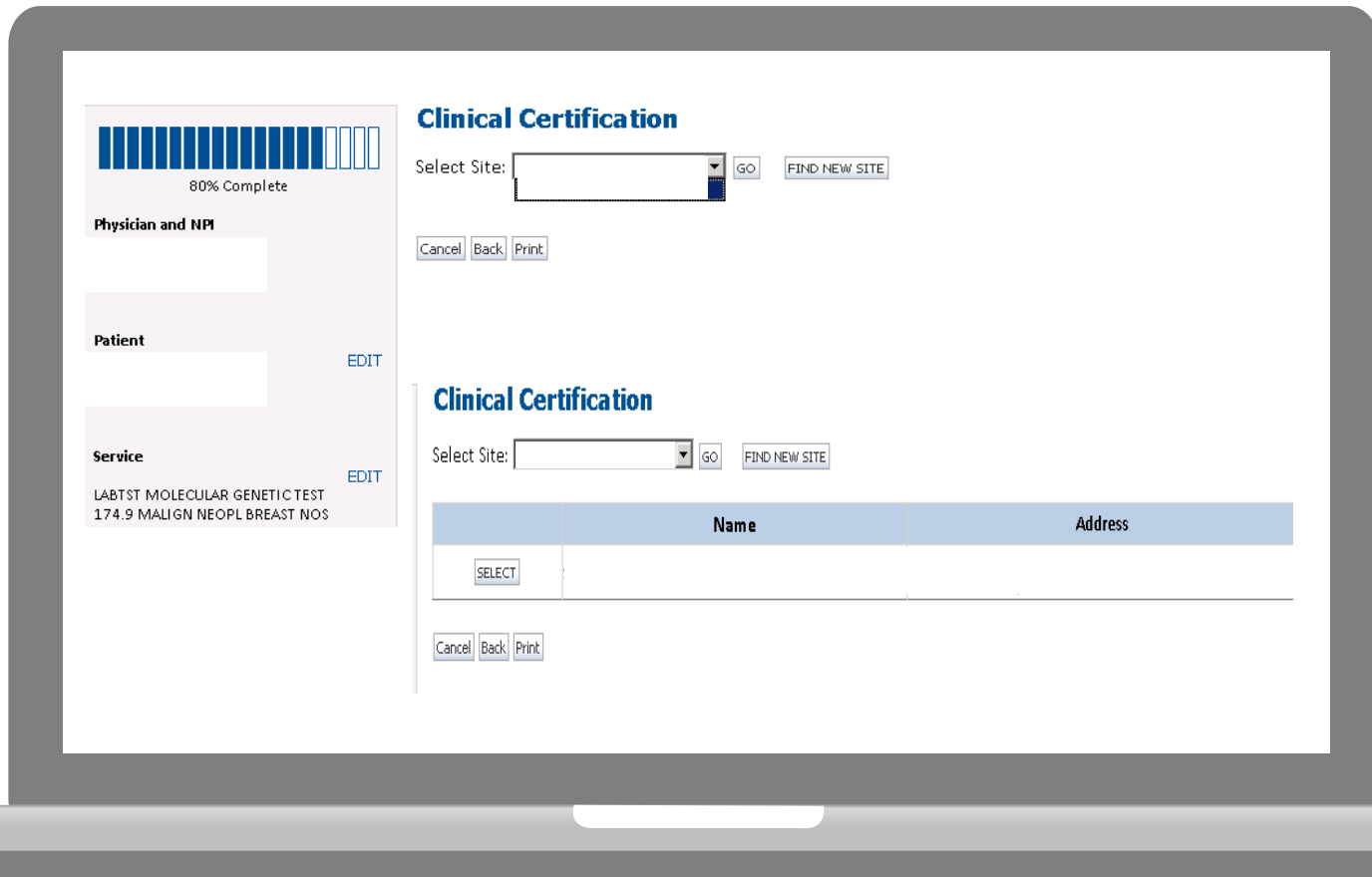


Site Selection – Referring Provider Submitters



Select the appropriate site for the request.

Site Selection for Rendering Lab Submitters



- The site added to your account will be in the drop down menu selection.
- Click **“GO”** when ready.

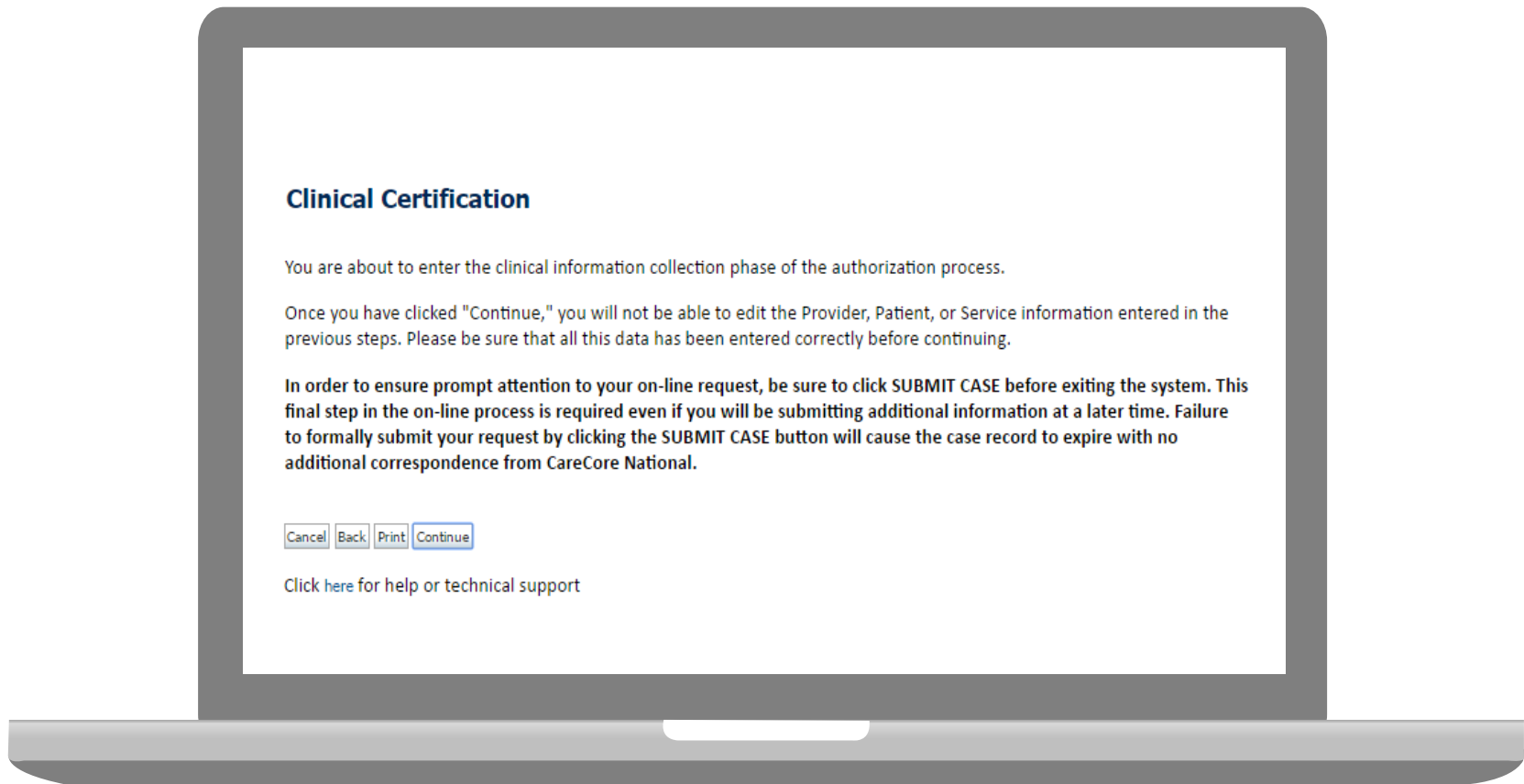
Contact Information

Select an Urgency Indicator and Upload your patient's relevant medical records that support your request.



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 Certification



- Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.
- You will not have the opportunity to make changes after that point.

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 tests are 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):

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.

Test Type

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

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 (Keams-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:

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)

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

Clinical Certification

Is there any additional information specific to the member's condition you would like to provide?
 Yes No

Enter text in the space provided below or continue.

Additional Information - Notes:

Finish Later

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

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

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

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.

Medical Review

Clinical Certification

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):

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

© CareCore National, LLC. 2018 All rights reserved.
[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

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.

Immediate Case Status

Clinical Certification

Your case has been Approved.

Provider Name: **Contact:**
Provider Address: **Phone Number:**
Fax Number:

Patient Name: **Patient Id:**
Insurance Carrier:

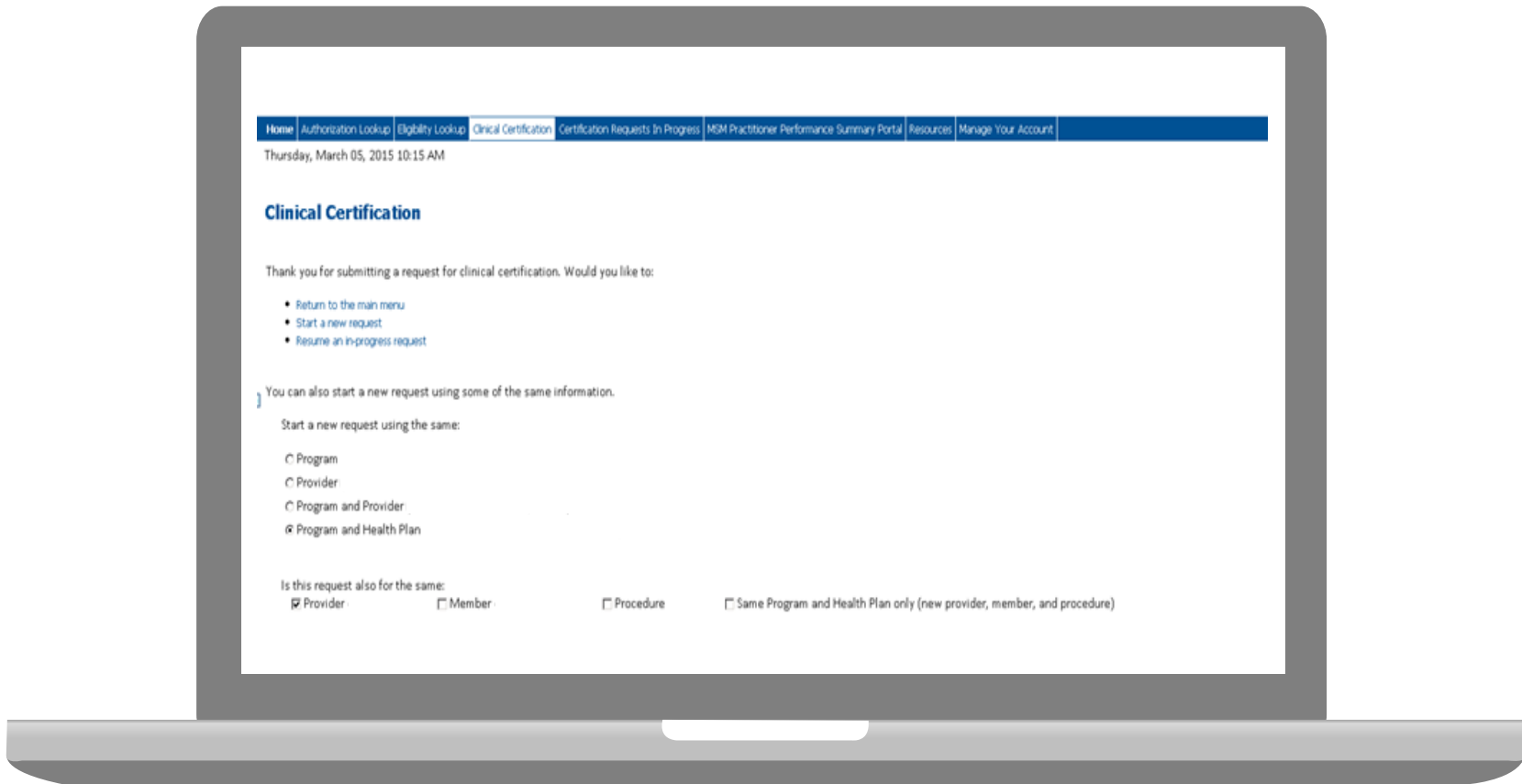
Site Name: **Site ID:**
Site Address:

Primary Diagnosis Code: **Description:**
Secondary Diagnosis Code: **Description:**
CPT Code: **Description:**

Modifier:
Authorization Number:
Review Date:
Expiration Date:
Status: Your case has been Approved.

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 can indicate if any of the previous case information will be needed for the new request. May not be able to use the resume in-progress feature if using SSO

Authorization look up



Tuesday, November 22, 2016 2:30 PM

Authorization Lookup

New Security Features Implemented

Search by Member Information

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:
MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:

Search by Authorization Number/ NPI

REQUIRED FIELDS

Provider NPI:

Auth/Case Number:

- Select Search by **Authorization Number/NPI**. Enter the provider's NPI and authorization or case number. Select **Search**.
- You can also search for an authorization by **Member Information**, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.

Authorization Status

Authorization Lookup

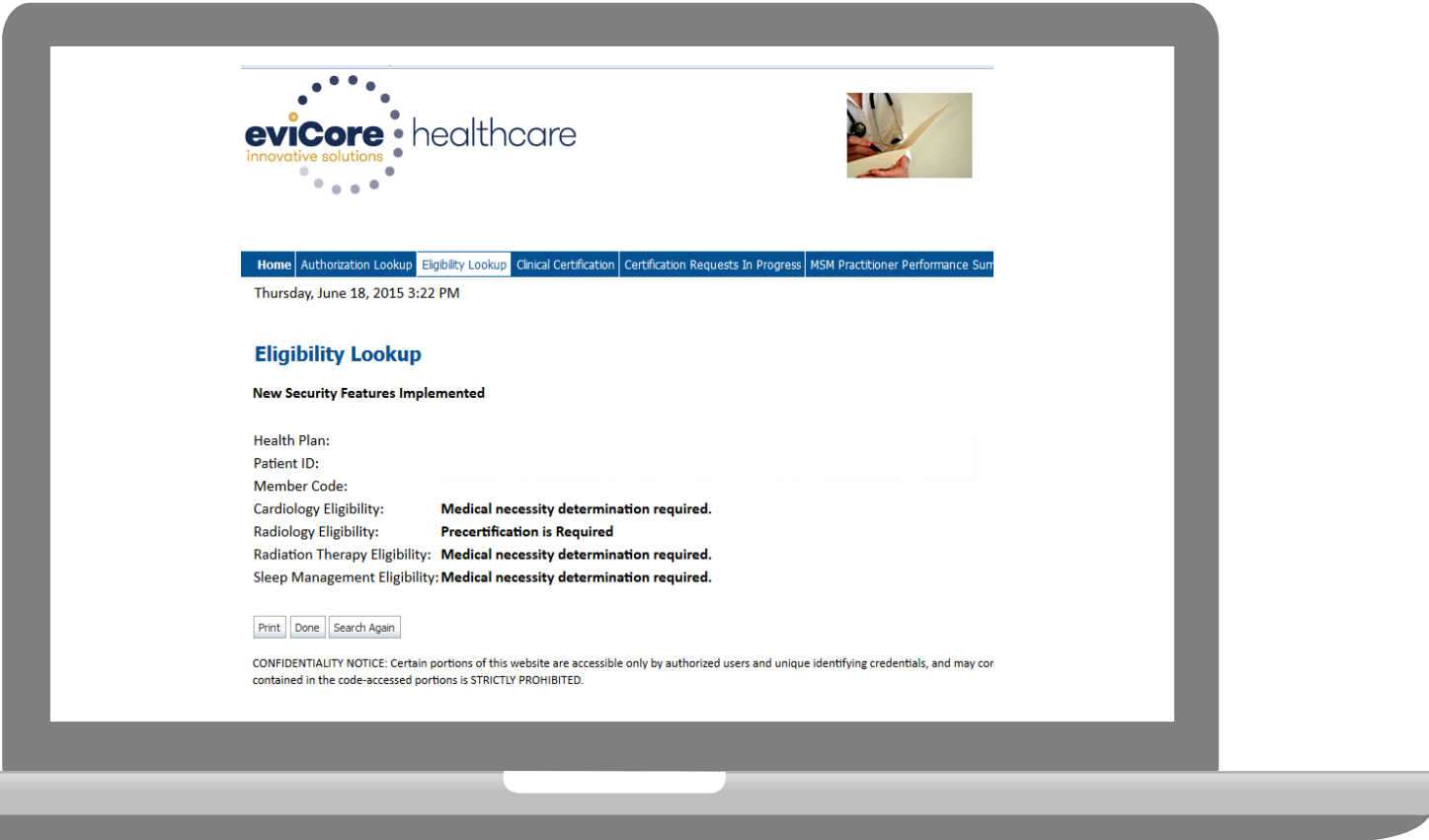
New Security Features Implemented

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



[Home](#) | [Authorization Lookup](#) | [Eligibility Lookup](#) | [Clinical Certification](#) | [Certification Requests In Progress](#) | [MSM Practitioner Performance Summary](#)

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.**

CONFIDENTIALITY NOTICE: Certain portions of this website are accessible only by authorized users and unique identifying credentials, and may contain information the disclosure of which is STRICTLY PROHIBITED.

Provider Resources



Provider Resources: Pre-Certification Call Center



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

7:00 AM - 7:00 PM (EST): (888) 693-3211

- Obtain pre-certification 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 authorizations 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

Provider Enrollment Questions Contact AllWays Health Partners at 800-462-5449



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

AllWays Health Partners Resource Site – includes all implementation documents:

<http://www.evicore.com/healthplan/allwayshealthpartners>

- CPT code list of the procedures that require prior authorization
- Quick reference guide
- eviCore clinical guidelines
- Announcement letters

Thank You!

