

Lab Management Prior Authorization for Priority Health Plan

Provider Orientation



Company Highlights

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



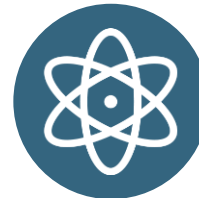
12M claims
processed annually

Integrated Solutions

LAB MANAGEMENT
19M lives



MEDICAL ONCOLOGY
14M lives



RADIATION THERAPY
29M lives

SPECIALTY DRUG
100k lives



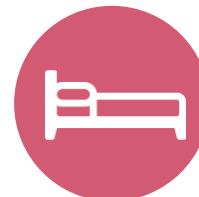
MUSCULOSKELETAL
34M lives

RADIOLOGY
65M lives



CARDIOLOGY
46M lives

SLEEP
14M lives



POST-ACUTE CARE
320k lives



Lab Management Solution Experience

- Since 2009
- 14 clients
- 19M total membership
 - 13M Commercial membership
 - 500k Medicare membership
 - 5.5M Medicaid membership





Lab Management Solution

Covered Services

- All molecular and genomic testing including:
 - DNA sequencing, including panels
 - Pharmacogenomic Testing
 - Cytogenetic and Molecular Array Testing
 - Immunohistochemistry
 - Flow Cytometry
 - Fluorescent In-situ Hybridization

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.



Laboratory Management Prior Authorization Program for Priority Health Plan



Program Overview

eviCore will begin accepting requests on June 19, 2017 for dates of service on June 19 and beyond

Prior authorization applies to services that are:

- Outpatient
- Inpatient*
- Elective / Non-emergent
- Diagnostic

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

- Emergency room
- 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.

***eviCore will review services on a procedural level only. Please contact Clear Coverage regarding authorization requirements for an Inpatient Length of Stay, as applicable.**

Applicable Membership

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

- **Commercial members**
- **Medicaid members**
- **Medicare members**



Prior Authorization Required:

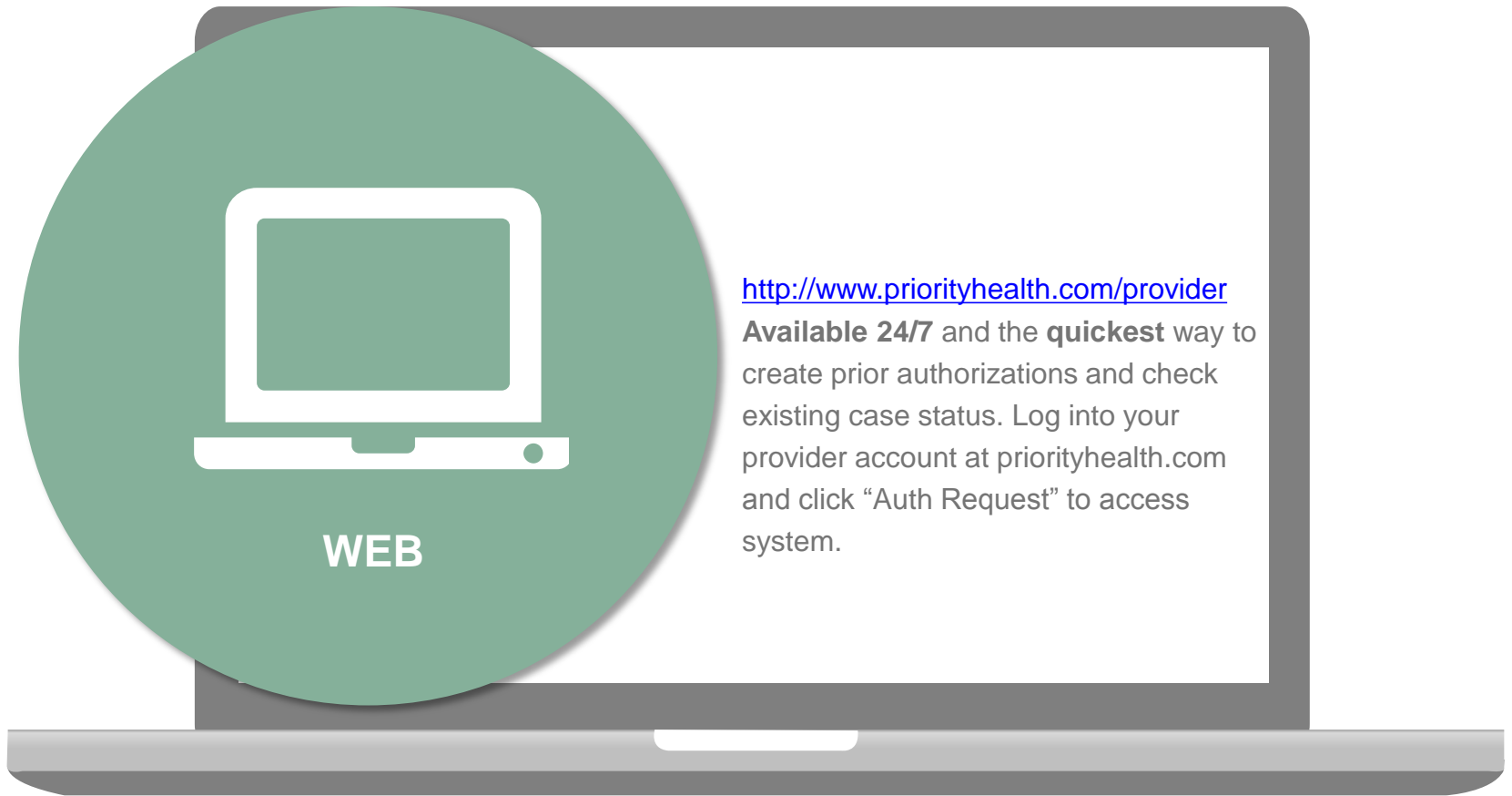
- Hereditary Cancer Screening
- Carrier Screening Tests
- Tumor Marker / Molecular profiling
- Hereditary Cardiac Disorders
- Cardiovascular Disease and Thrombosis Risk Variant Testing
- Pharmacogenomic Testing
- Neurologic Disorders
- Mitochondrial Disease Testing
- Intellectual Disability / Developmental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

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

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

Prior Authorization Requests

How to request prior authorization:

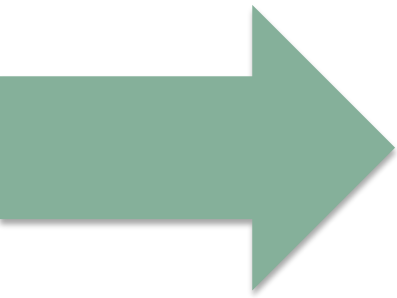


<http://www.priorityhealth.com/provider>

Available 24/7 and the **quickest** way to create prior authorizations and check existing case status. Log into your provider account at priorityhealth.com and click “Auth Request” to access system.

Phone Option: 844.303.8456 7:00 a.m. to 7:00 p.m. (EST) Monday - Friday

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



Peer-to-Peer



Appropriate Decision

Easy for providers and staff

First- and second-level appeals, and can coordinate peer-to-peer discussions



Needed Information

Member

Member ID
Member name
Date of birth (DOB)



Facility

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



Rendering 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?

Prior Authorization Outcomes

Approved Requests:

- All requests are processed within three business days after receipt of all necessary clinical information.
- Authorizations are typically good for **90 days** from the date of determination.

Delivery:

- Faxed to ordering provider and rendering laboratory
- Mailed to the member
- Information can be printed by logging into eviCore from your priorityhealth.com account.

Denied Requests:

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

Delivery:

- Faxed to the ordering provider
- Mailed to the member
- Information can be printed by logging into eviCore from your priorityhealth.com account.

Prior Authorization Outcomes – Commercial and Medicaid

➤ 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 is sufficient to satisfy the medical necessity criteria for approval.
- **Peer-to-Peer reviews** can be scheduled at a time convenient to your physician.

Prior Authorization Outcomes – Medicare / Medicare Advantage

➤ Pre-Decision Consultation

- If your case requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians prior to a decision being rendered.
- In certain instances, additional information provided during the pre-decision consultation is sufficient to satisfy the medical necessity criteria for approval

Special Circumstances

➤ Appeals

- eviCore will process first level provider appeals for Commercial membership only
- Requests for appeals must be submitted to eviCore within 120 calendar days of the initial determination
- The procedure request and all clinical information provided will be reviewed by a physician other than the one who made the initial determination.
- A written notice of the appeal decision will be mailed to the member and faxed to the provider

➤ 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 within 24 hours of the request for Medicare and Medicaid and within 72 hours of the request for Commercial membership.

Requesting an Authorization

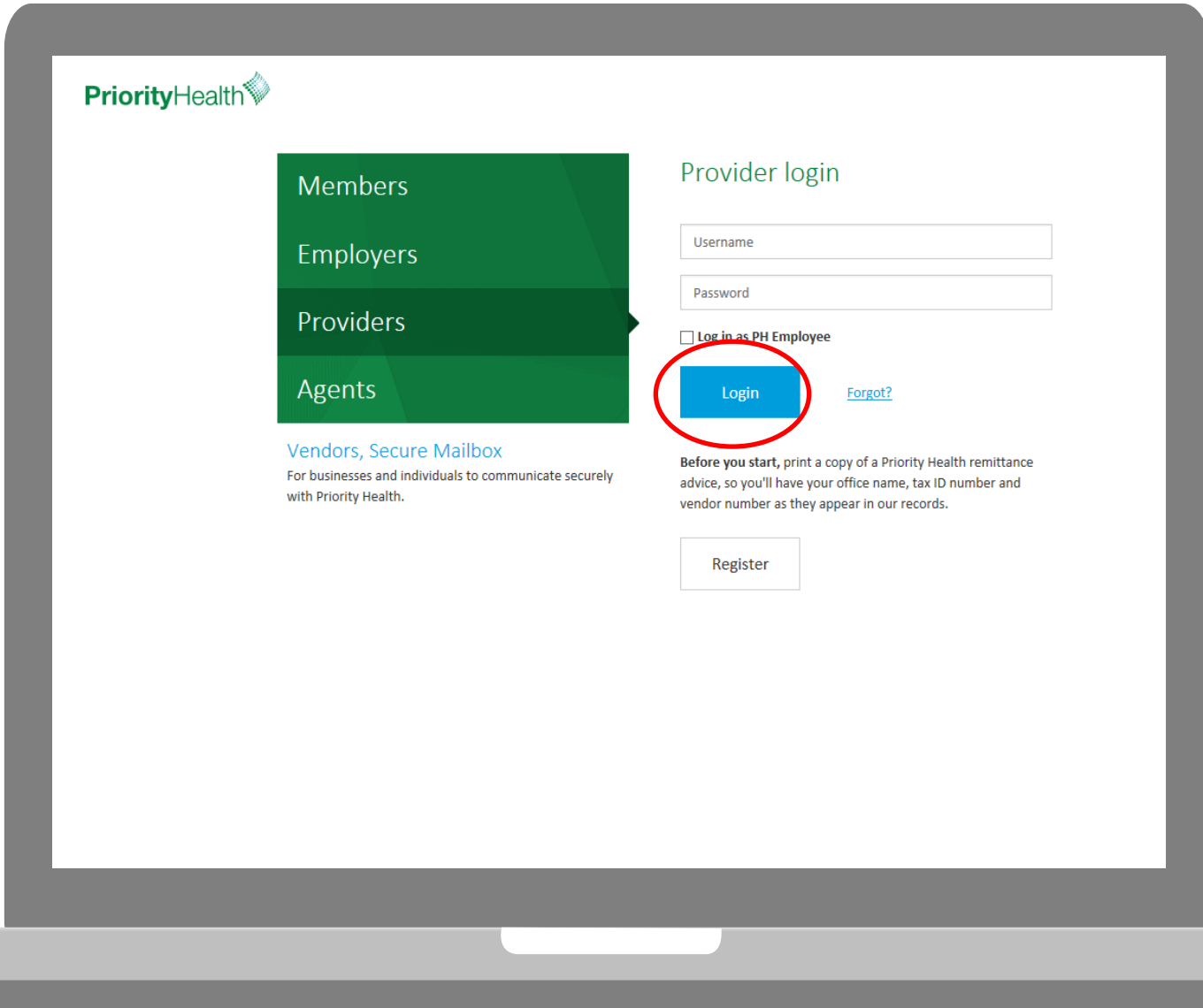
Web Portal Services

Initiating A Case

The screenshot shows the PriorityHealth website interface. At the top left is the PriorityHealth logo. To its right are navigation links: Plans, About us, and Contact. A search bar with the text "Search entire site..." and a green "Search" button is present. Further right are "Register" and "login" buttons, with the "login" button circled in red. Below the navigation is a green horizontal menu with items: Providers, Clinical resources, Provider Manual, News & education, Forms, and Contact us. The main content area features a "Participate with Priority Health" section. On the left is a "Providers" sidebar with links to Clinical resources, Provider Manual, News & education, Forms, and Contact us. Below this is a "Quick links" section with links like "Find a Doctor", "Approved Drug List", "Join the network", "Get Started Guide", "Auth listing", "Medical policies", and "Drug auth forms". The main content area includes a "NOW LIVE! Automatic prior authorizations online" banner with an image of hands typing on a keyboard. To the right of the banner are three news items: "Now available: Request authorizations online with Clear Coverage", "2017 PCP Incentive Program", and "McLaren Health Care joins network". Below the banner are three columns of text: "Creating better partnerships", "Join our networks", and "Online tools".

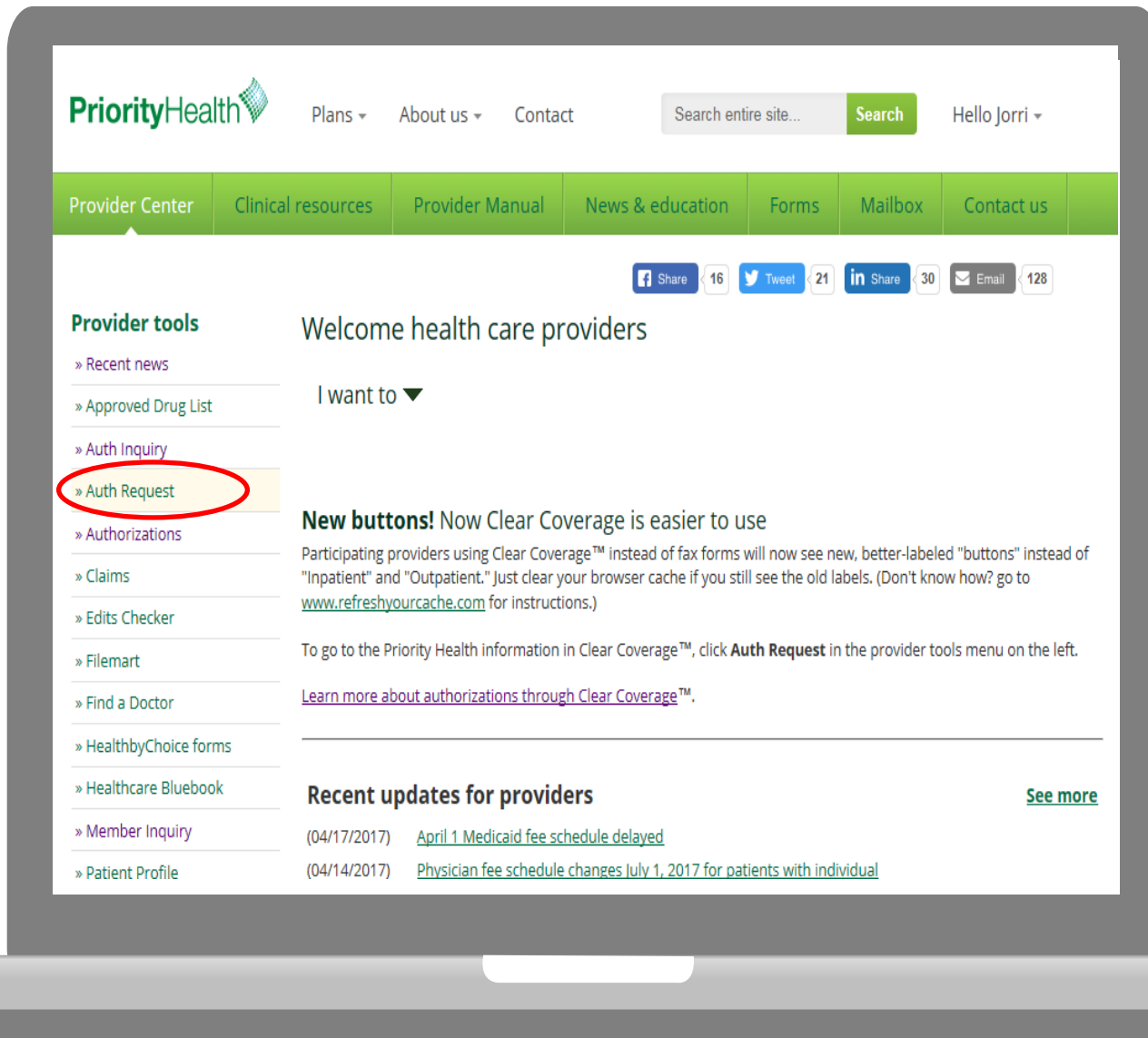
Go to provider portal log in screen at <http://www.priorityhealth.com/provider>.

Initiating A Case



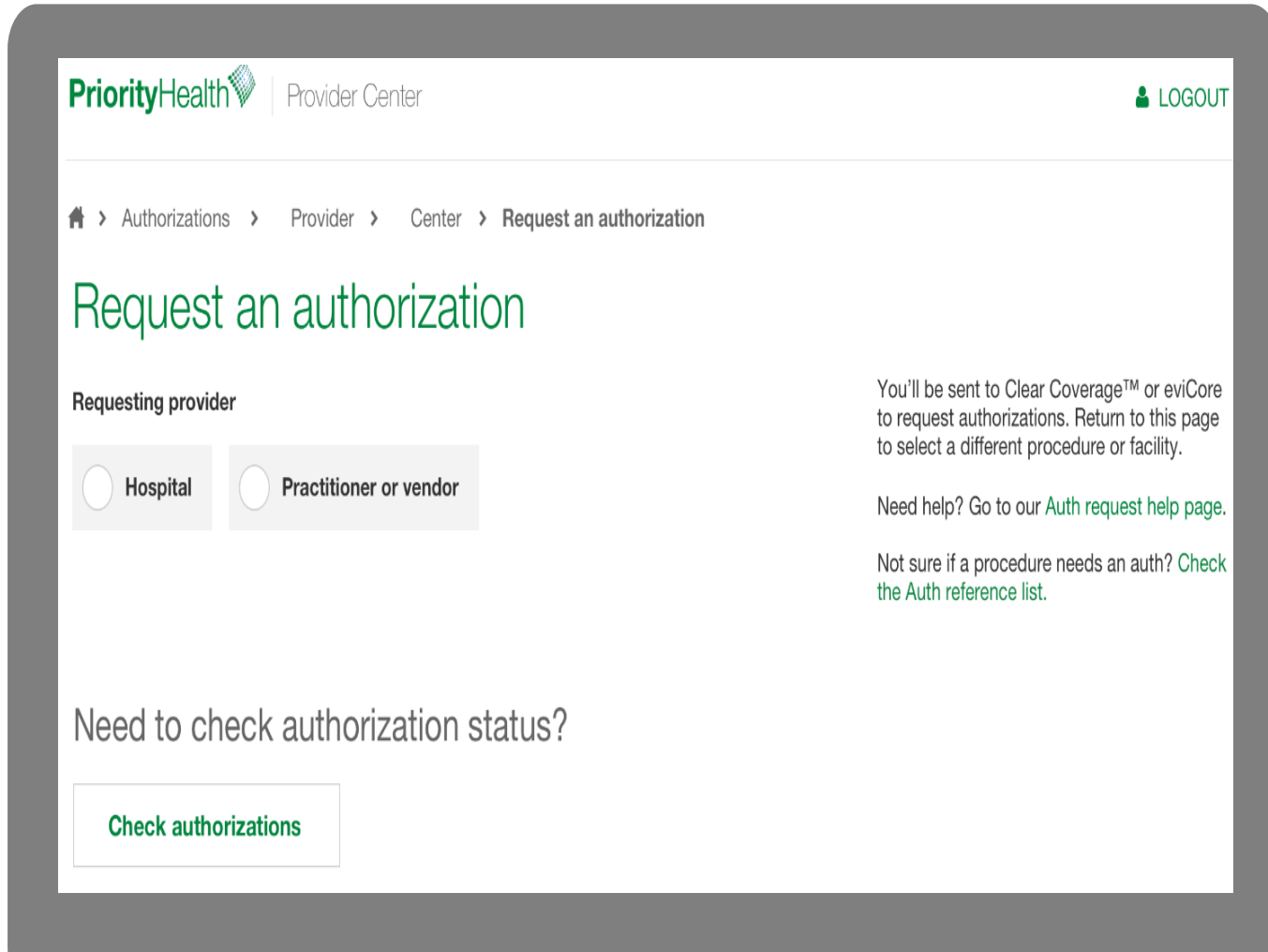
➔ Enter user name and password then click “Login”

Initiating A Case



➔ At the left of the screen, click on “Auth Request”

Initiating A Case



Referring practice must select either “Hospital” or “Practitioner or Vendor.”

Initiating A Case – Hospital/Inpatient

PriorityHealth | Provider Center LOGOUT

Home > Authorizations > Request an authorization

Request an authorization

Requesting provider

Hospital Practitioner or vendor

Facility

Spectrum Health - Butterworth

Provider

Dr. Steve Johnson

[Go to Clear Coverage™](#)

You'll be sent to Clear Coverage™ or eviCore to request authorizations. Return to this page to select a different procedure or facility.

Need help? Go to our [Auth request help page](#).

Not sure if a procedure needs an auth? [Check the Auth reference list](#).

➤ Using drop-down boxes, referring physician must select facility and provider. Then click “Go to Clear Coverage.” The Clear Coverage process continues on slide 45.

Initiating A Case – Service or Procedure/Outpatient

Request an authorization

Requesting provider

Hospital Practitioner or vendor

Primary procedure
Pick a primary procedure or code, others can be selected later

91540 Genetic counseling ▼

Facility

Family Medicine PC ▼

Provider

Cathy Clinician ▼

[Go to eviCore](#)

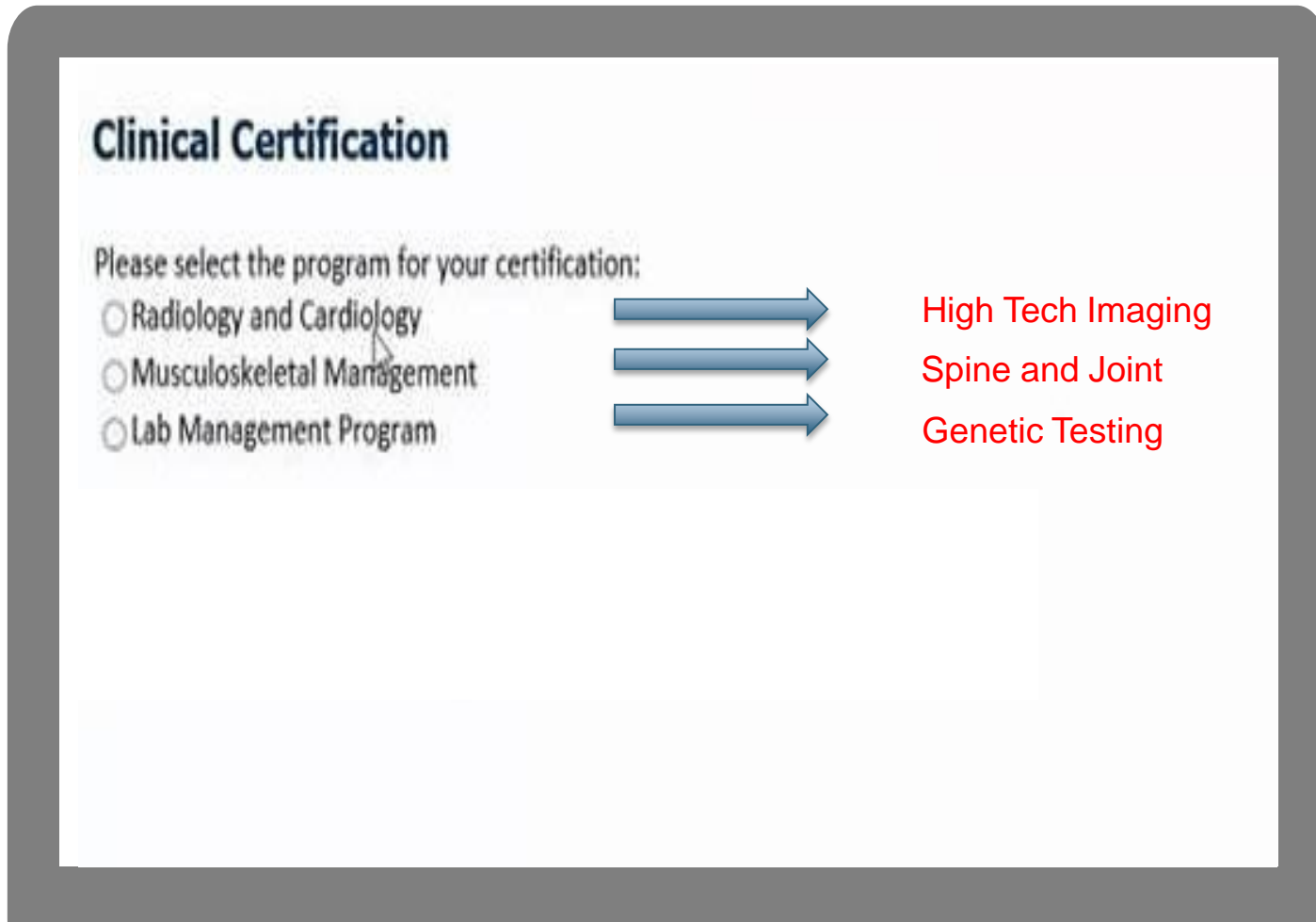
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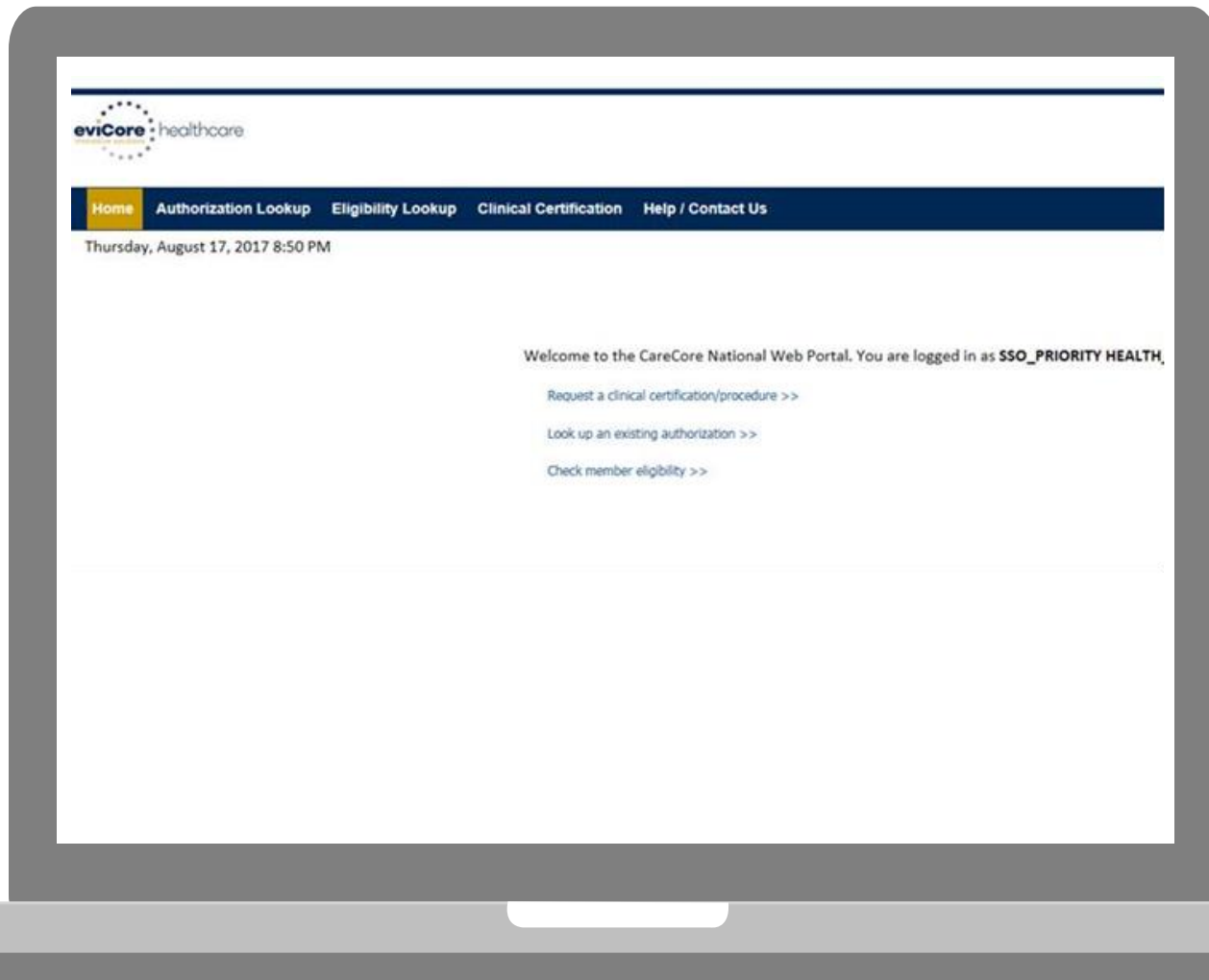
➔ Using drop-down boxes, referring physician must select procedure/CPT code, facility and provider. Then click “Go to eviCore.”

Select Program



Select the **Program** for your certification.

Service Options



➤ Select **Request a clinical certification/procedure, Look up an existing authorization or Check member eligibility.**

Referring Provider or Rendering Lab?

Clinical Certification

Please select the program for your certification:

- Radiology and Cardiology
- Musculoskeletal Management
- Lab Management Program

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

Please Select

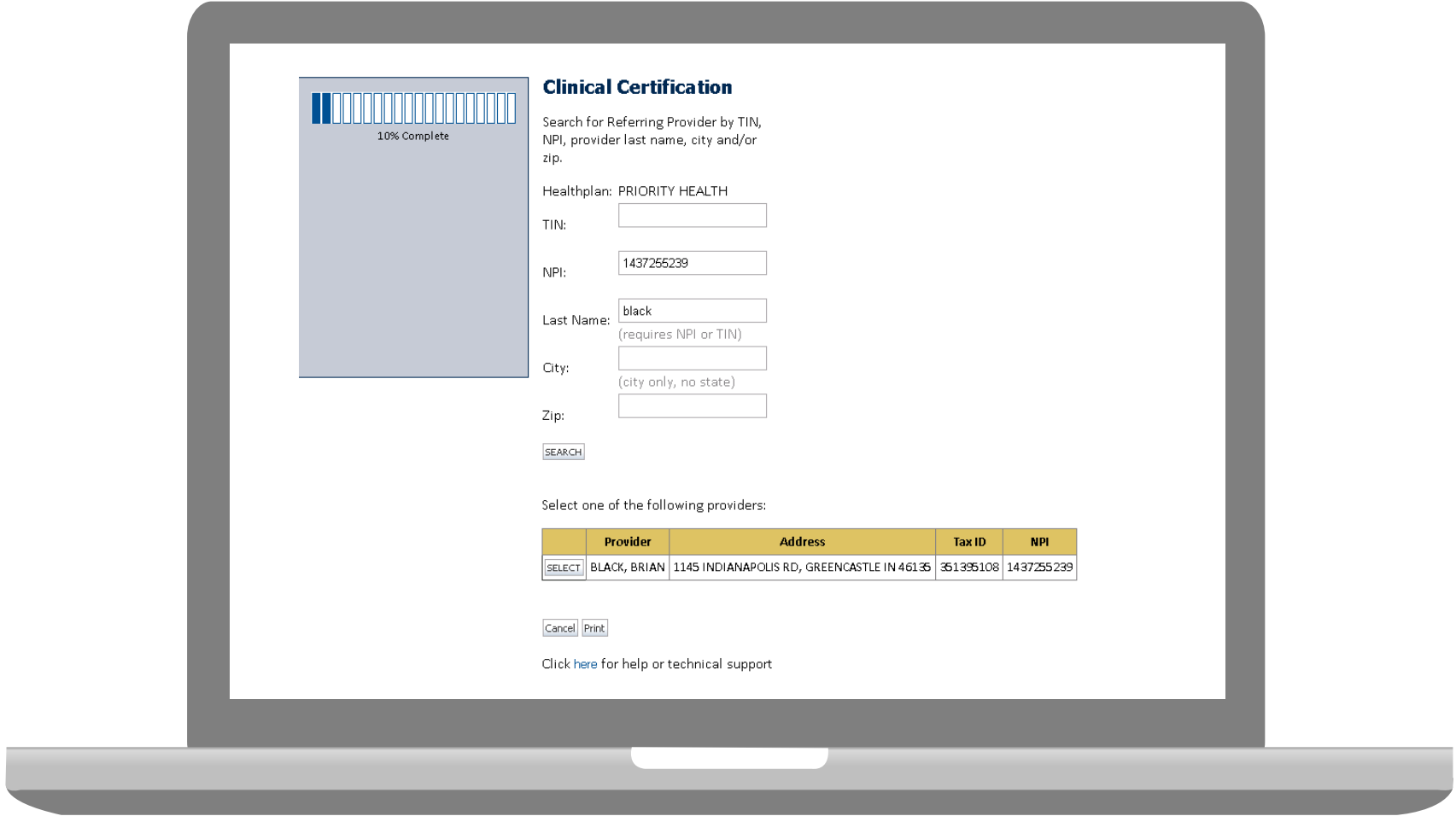
Referring Provider

Rendering Lab

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

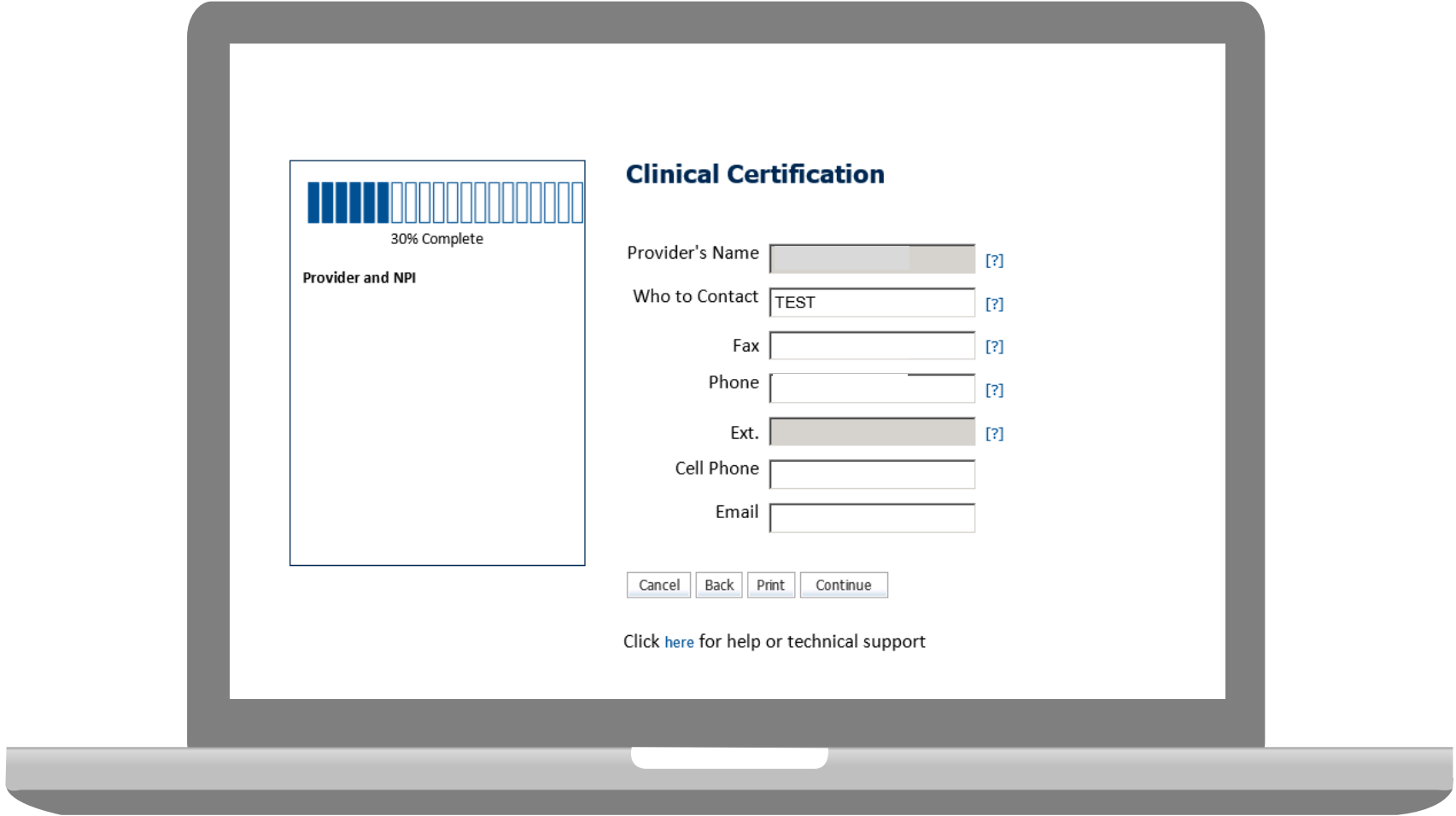
- Select the option that best fits who is building this request on the portal.

Search for Referring Provider



➤ Search the referring provider by NPI, Tax ID Provider last name city and/or zip.

Confirm Referring Provider Contact Information



Confirm Referring provider's information is correct. Edit if necessary.

Patient Selection

40% Complete

Provider and NPI
BLACK, BRIAN
1437255239
(PRIORITY HEALTH)

Clinical Certification

Patient ID:

Date Of Birth: MM/DD/YYYY

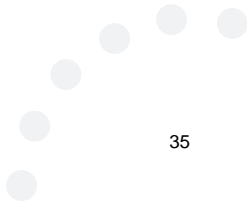
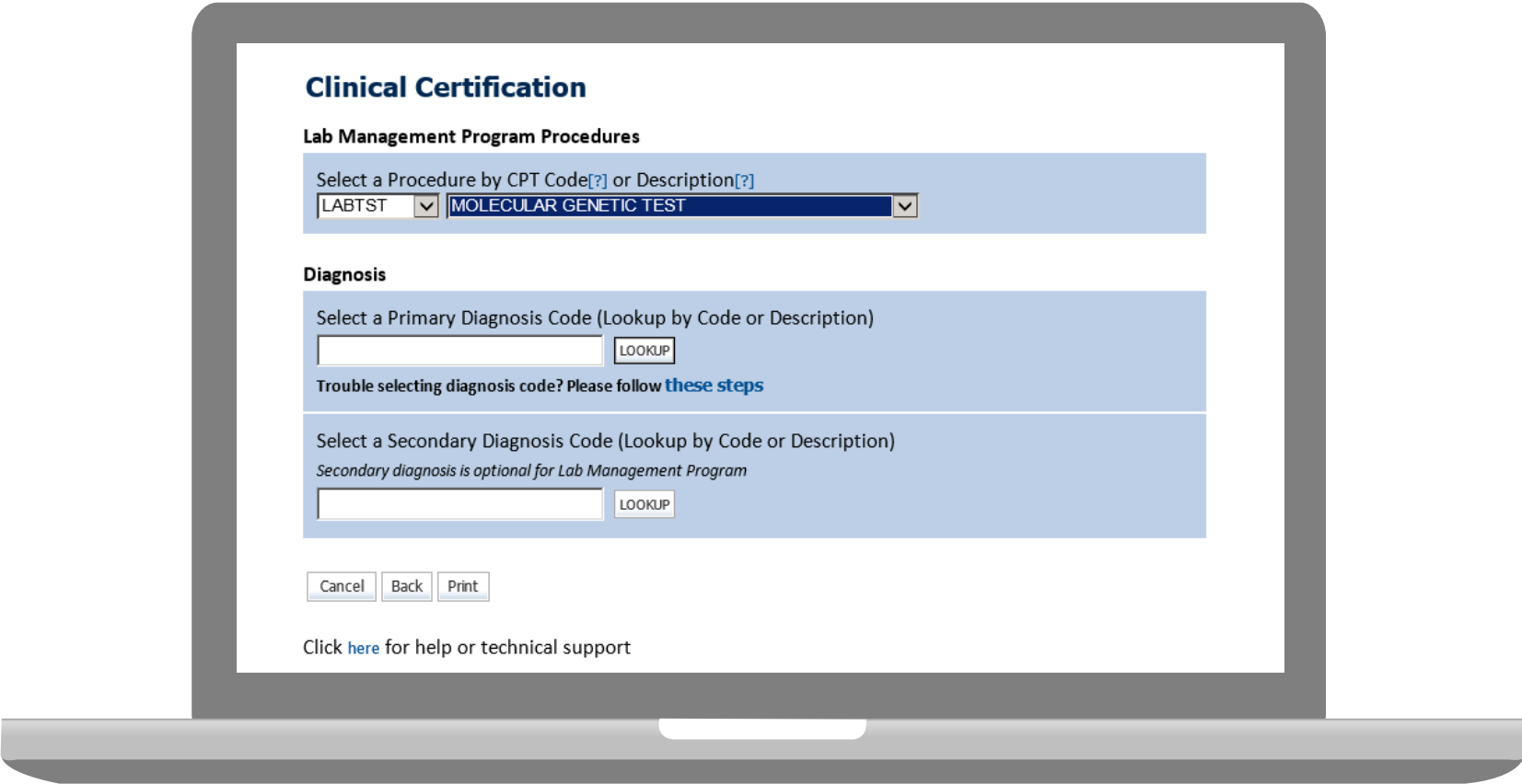
Patient Last Name Only: [?]

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

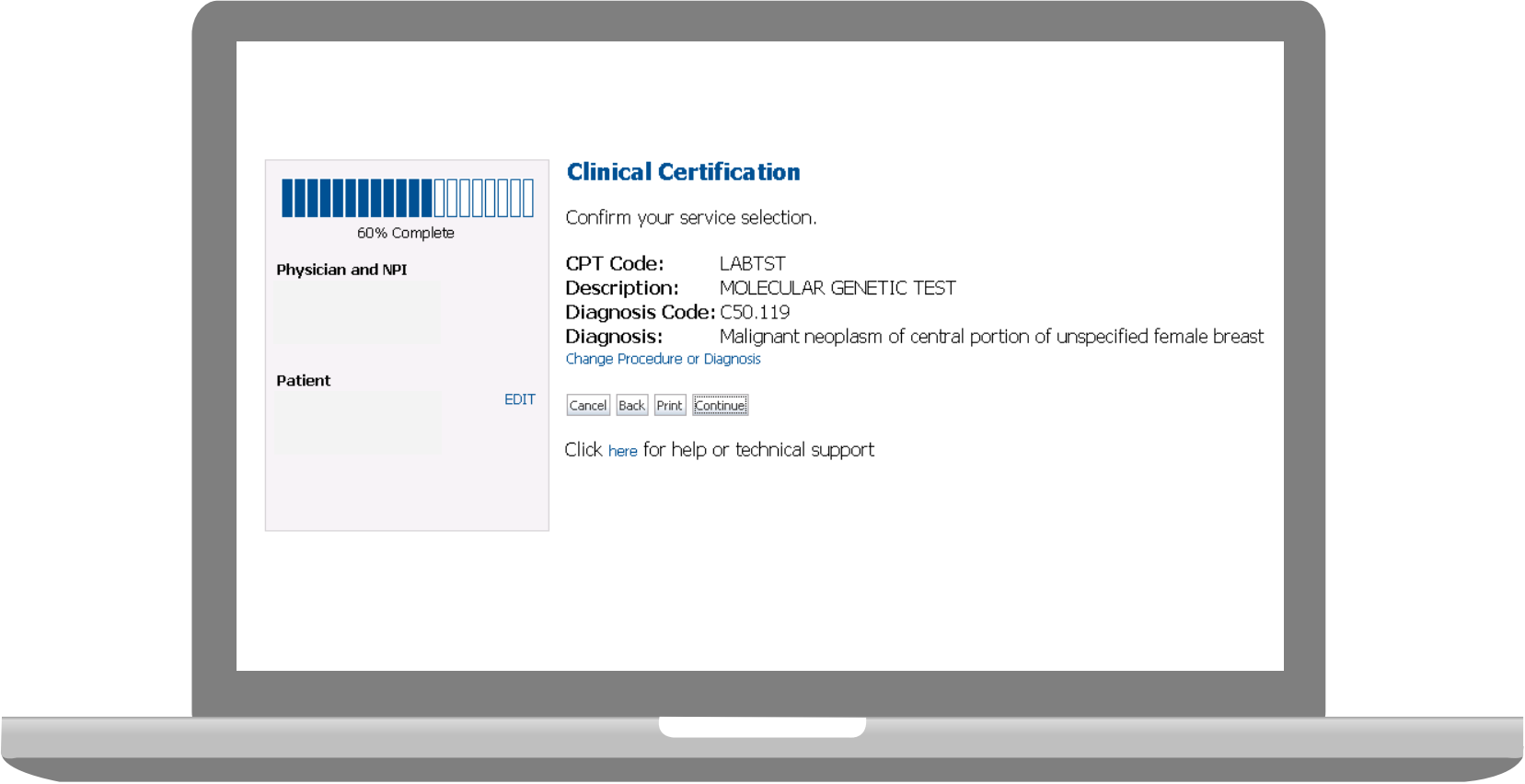


Enter the **member information** including the Patient ID number, date of birth, and patient's last name. Click **“Eligibility Lookup.”**

Clinical Details



Verify Service Selection



Site Selection

Clinical Certification

Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

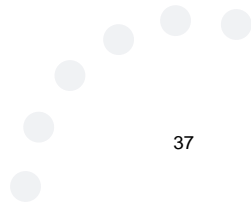
NPI: Zip Code: Site Name:
TIN: City: Exact match Starts with

	Name	Address
<input type="button" value="SELECT"/>		

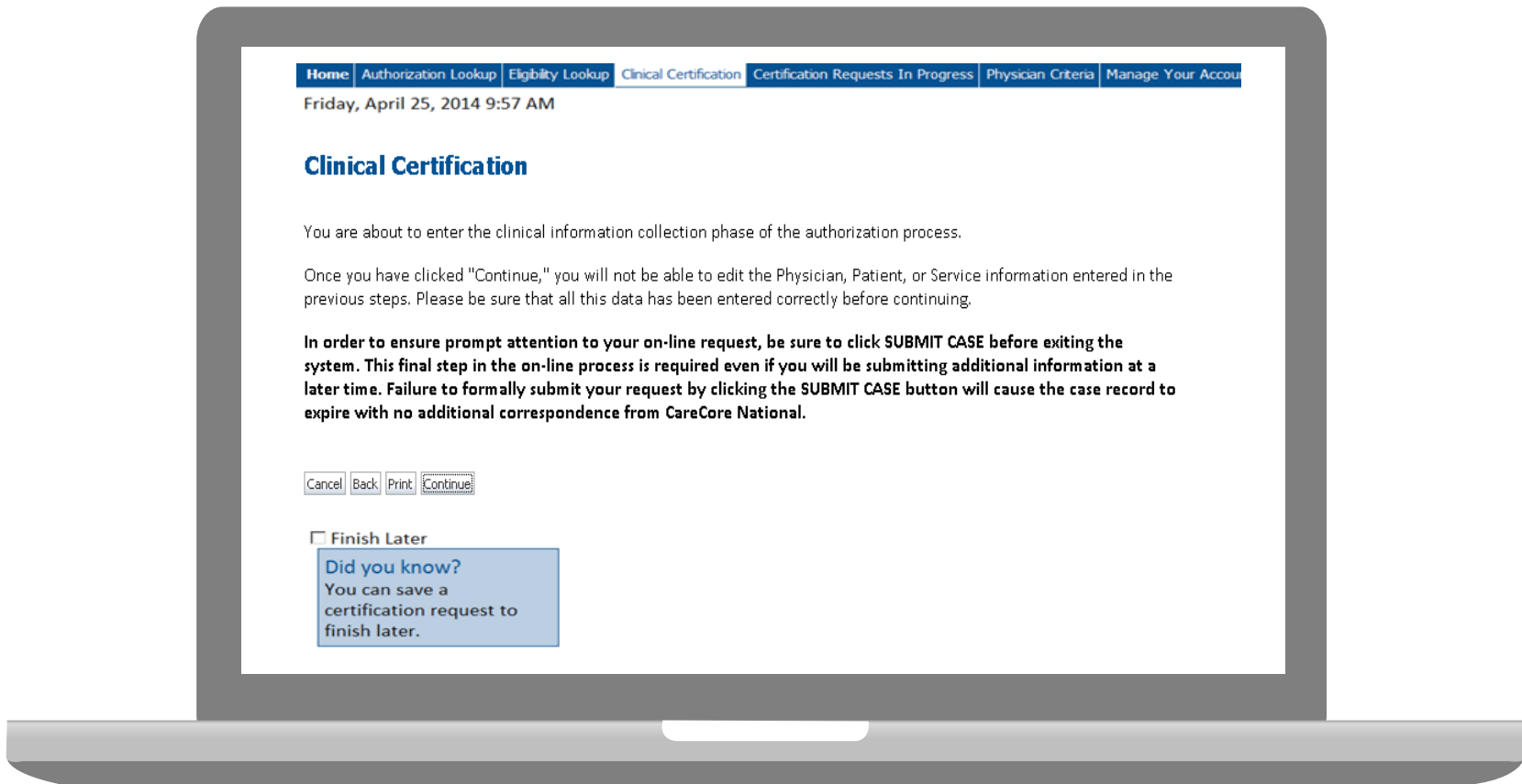
Click [here](#) for help or technical support



Select the appropriate site for the request.



Pause/Save Option



- 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.**
- 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 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.

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.

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.

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:

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

Additional Upload Document:

Browse...

SUBMIT

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 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

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.

Print Continue

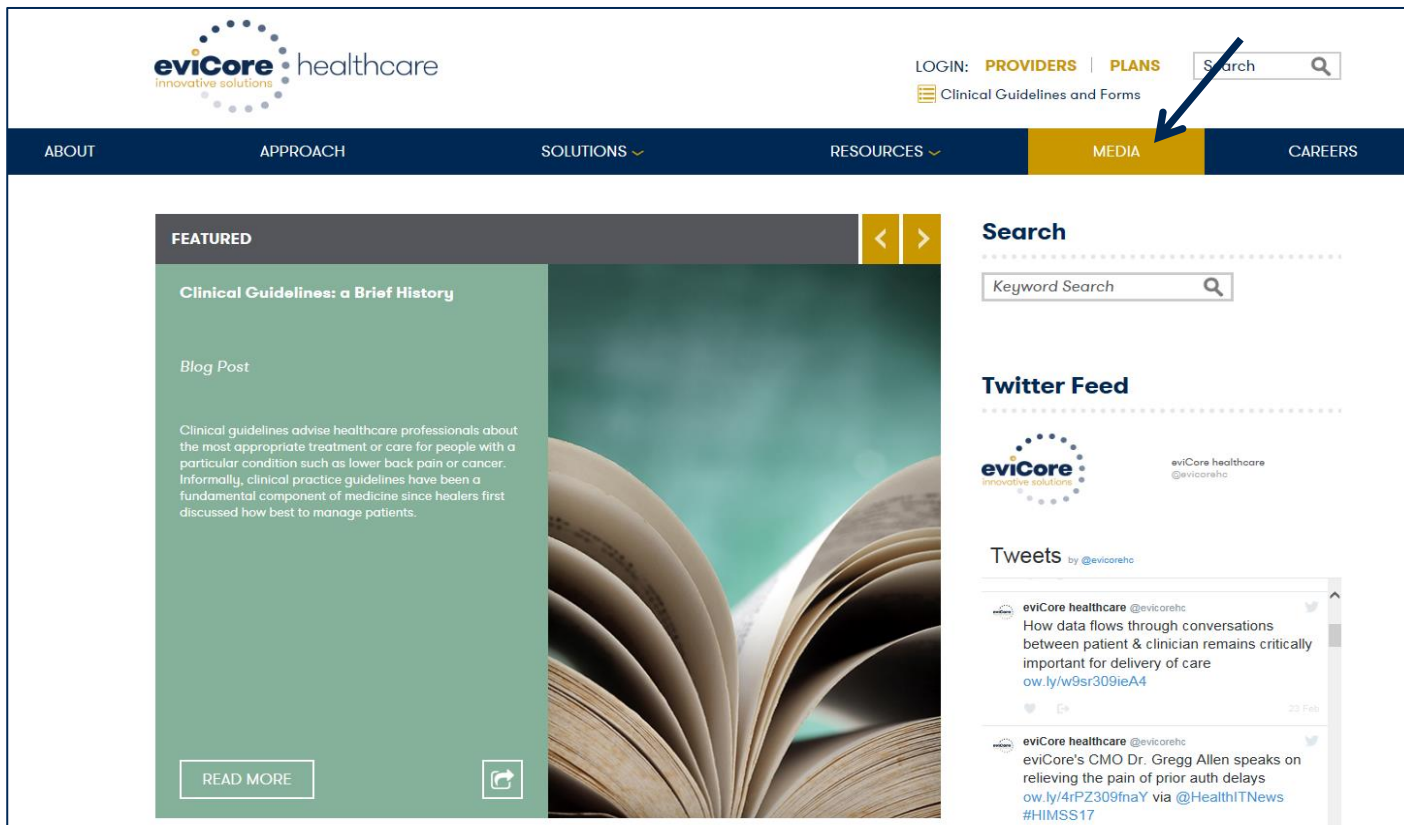
Case status and a **reference number** will be presented upon case submission. The option to print this information is available.

Provider Resources



eviCore Provider Blog Series

- The eviCore blog series focuses on making processes more efficient and easier to understand by providing helpful tips on how to navigate prior authorizations, avoid peer-to-peer phone calls, and utilize our clinical guidelines.
- You can access the blog publications from the **Media** tab or via the direct link at <https://www.evicore.com/pages/media.aspx>.



The screenshot displays the eviCore healthcare website interface. At the top left is the eviCore logo with the tagline "innovative solutions" and "healthcare". To the right, there are links for "LOGIN: PROVIDERS | PLANS" and "Clinical Guidelines and Forms", along with a search bar. The main navigation bar includes "ABOUT", "APPROACH", "SOLUTIONS", "RESOURCES", "MEDIA" (highlighted in yellow with a blue arrow pointing to it), and "CAREERS". Below the navigation, the "FEATURED" section shows a blog post titled "Clinical Guidelines: a Brief History" with a "Blog Post" sub-header and a "READ MORE" button. To the right, there is a "Search" section with a "Keyword Search" input field, a "Twitter Feed" section with the eviCore logo and handle "@evicarehc", and a "Tweets" section displaying two tweets from @evicarehc. The first tweet discusses data flow in patient-clinician conversations, and the second mentions CMO Dr. Gregg Allen speaking on prior authorization delays.

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) 303-8456

- 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

eviCore fax number: (800) 540-2406

Web Portal Services-Assistance



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

Web Support

Phone: 800-646-0418 (Option 2)

Email: portal.support@evicore.com

Web Portal Services-Available 24/7

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 rendering physician)
- 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

Provider Enrollment Questions Contact Priority Health at 800-942-4765

Priority Health Implementation site - includes all implementation documents:

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

- **Provider Orientation Presentation**
- **CPT code list of the procedures that require prior authorization**
- **Quick Reference Guide**
- **eviCore clinical guidelines**
- **FAQ documents and announcement letters**

You can obtain a copy of this presentation on the implementation site listed above. If you are unable to locate a copy of the presentation, please contact the Client Provider Operations team at ClientServices@evicore.com.

Thank You!

