

# PROVIDER BULLETIN

## PROVIDER INFORMATION

January 2, 2020

### Lab Management Clinical Guideline Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program

eviCore has released updates to the following Lab Management Clinical Guidelines that will become **effective on March 2, 2020**:

**Please review all guidelines when submitting a prior authorization request.**

#### Guidelines with substantive changes:

- VeriStrat Testing for NSCLC TKI Response
- Fragile X Associated Tremor/Ataxia Syndrome Testing
- BRAF Testing for Colorectal Cancer
- BRAF Testing for Melanoma Kinase Inhibitor Response
- BRCA Analysis
- Somatic Mutation Testing -Hematological Malignancies
- Myotonic Dystrophy Type 1 Genetic Testing
- Hemoglobinopathies Genetic Testing
- Hereditary Ataxia Multigene Panel Testing
- Friedreich Ataxia Genetic Testing
- Spinocerebellar Ataxia Genetic Testing
- Genetic Testing for Hereditary Pancreatitis
- Genitourinary Conditions Molecular Testing
- Multiple Endocrine Neoplasia Type 1 (MEN1)
- Spinal Muscular Atrophy Testing

The following new Proprietary Laboratory Analyses CPT® Codes have been added by the American Medical Association (AMA) and will require prior authorization (PA) **beginning March 2, 2020**:

Code	Description
81277	Cytogenomicneoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosityvariants for chromosomal abnormalities
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant
81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score

Code	Description
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score
81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis

eviCore’s Lab Management clinical guidelines are available on the Blue Cross and Blue Shield of Minnesota (Blue Cross) website at [providers.bluecrossmn.com](http://providers.bluecrossmn.com)

- To access the link, select “**Medical Policy**” under **Tools and Resources**, read and accept the Blue Cross Medical Policy Statement
- Click on the “+” (plus) sign next to “**Medical and Behavioral Health Policies**”
- Click on “**eviCore healthcare Specialty Utilization Management Clinical Guidelines**” link
  - Click on the “**Resources**” dropdown in upper right corner
  - Click “**Clinical Guidelines**”
  - Select “**Lab Management**” solution
  - Type “**BCBS MN**” (space is important) in ‘Search by Health Plan’
  - Click on “**Future**” tab to view guidelines becoming effective on March 2, 2019
  - Select desired document

### Products Impacted

This change only applies to:

- Individual subscribers
- Fully insured commercial subscribers
- Medicare Advantage subscribers

Members who **do not require prior authorization through eviCore** are:

- Blue Cross Commercial Self-Insured Members
- Blue Cross Federal Employee Program (FEP) Members
- Blue Plus Minnesota Health Care Programs Subscribers (Families and Children (F&C), MNCare, MSC+), SecureBlue (MSHO)
- Blue Cross Platinum Blue and Senior Gold Members

### Prior Authorization Look Up Tool

As previously communicated in Provider Quick Point QP59-19, providers should use the Prior Authorization Look Up Tool on the Availity® Provider Portal to quickly determine if an authorization is required. By entering Member Group Number, Date of Service and Procedure Code, the tool will indicate whether an Authorization is required. If an Authorization is not required, the tool will allow the user to print the results for their records. If an Authorization is required, the user will move directly into the next field in Authorization application to complete the request.

This feature is accessible for lines of business managed by Blue Cross and will advise providers if Blue Cross or eviCore will review the request.

### **To access the Prior Authorization Look Up Tool:**

1. Log in at **Availity.com**
2. Select **Patient Registration**, choose **Authorizations & Referrals**, then **Authorizations**
3. Select Payer **BCBSMN**, your Organization, Transaction Type **Outpatient** and you'll be redirected to the Authorization Look Up Tool application

### **To submit a PA Request to eviCore**

Providers submit eviCore PA requests via our free [Availity](#) provider portal.

Instructions on how to utilize this portal are found on the Availity website. Providers need to reference the eviCore clinical guideline criteria, submit prior authorization request via Availity, and submit all applicable clinical documentation with the PA request. Failure to submit required information may result in review delays or denial of the request due to insufficient information.

Note: An approved PA does not guarantee coverage under a subscriber's benefit plan. Subscriber benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies.

**As a reminder, if a provider does not obtain a required prior authorization before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization.**

### **Questions?**

If you have questions and would like to speak to an eviCore representative call **844-224-0494**, 7:00 a.m. to 7:00 p.m. CST, Monday - Friday.