December 1. 2021

Update: eviCore Healthcare Specialty Utilization Management (UM) Program - Laboratory Management Clinical Guideline Updates

Revision: Blue Cross is revising Provider Bulletin P68-21, published on 11/1/2021 to provide clarification regarding lines of business (LOB) that will be impacted when eviCore releases their clinical guideline updates for the Lab Management program. This update will now impact select self-insured groups that have chosen to include eviCore in their group renewals after January 1, 2022 (see Provider Bulletin P62-21 for details related to self-insured groups).

eviCore has released clinical guideline updates for the Lab Management program. Guideline updates will become **effective January 1, 2022:**

Please review all guidelines when submitting a prior authorization request.

New guidelines:
- Inherited Thrombophilia Genetic Testing
- Noonan Spectrum Disorder Genetic Testing

Guidelines with substantive changes:
- BCR-ABL Testing for Chronic Myeloid Leukemia
- BRCA Analysis
- BRCA Ashkenazi Jewish Founder Mutation Testing
- Cystic Fibrosis Testing
- Exome Sequencing
- Familial Adenomatous Polyposis Testing
- Familial Malignant Melanoma Testing
- Hereditary Cancer Syndrome Multigene Panels
- Investigational and Experimental Molecular/Genomic
- In-Vitro Testing for SARS-CoV-2 (COVID-19)
- Laboratory Claim Reimbursement
- Li-Fraumeni Syndrome Testing
- Liquid Biopsy Testing
- Microsatellite Instability and Immunohistochemistry Testing in Cancer
- Multiple Endocrine Neoplasia Type 1 (MEN1)
- MUTYH Associated Polyposis Testing
- OVA1
- Somatic Mutation Testing – Hematological Malignancies
- Somatic Mutation Testing – Sold Tumors

Prior authorization requests will be reviewed based on eviCore clinical guideline criteria. Providers can view the list of Current Procedural Terminology (CPT) codes that require prior authorizations, eviCore clinical guidelines, and other provider resources on the eviCore Implementation Resources website.

To view CPT Code lists:
- Access the 'Provider Section' of the Blue Cross website at **providers.bluecrossmn.com**
- Select "**Medical Policy**" under *Tools and Resources*, read and accept the Blue Cross Medical Policy Statement
- Under "Medical and Behavioral Health Policies" scroll down and click on the "**eviCore healthcare Specialty Utilization Management Clinical Guidelines**" link
- Select "**Solution Resources**" and then click on the appropriate solution (ex: Laboratory Management)
- Select "**CPT Codes**" to view the current CPT code list that require a prior authorization

To view Clinical Guidelines:
- Access the 'Provider Section' of the Blue Cross website at **providers.bluecrossmn.com**
- Select "**Medical Policy**" under *Tools and Resources*, read and accept the Blue Cross Medical Policy Statement
- Under "Medical and Behavioral Health Policies" scroll down and click on the "**eviCore healthcare Specialty Utilization Management Clinical Guidelines**" link
- Click on the "**Resources**" dropdown in the upper right corner
- Click "**Clinical Guidelines**"
- Select the appropriate solution: i.e. Laboratory Management
- Type "**BCBS MN**" (space is important) in 'Search by Health Plan'
- Click on the "**Current**", "**Future**", or "**Archived**" tab to view guidelines most appropriate to your inquiry

Products Impacted

This change only applies to:
- Individual subscribers
- Fully insured commercial subscribers
- Self-insured commercial subscribers (select groups)
- Medicare Advantage subscribers

Prior Authorization Look Up Tool

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 **Authorization & Referrals**, then **Authorizations**
3. Select Payer **BCBSMN**, your Organization, Transaction Type **Outpatient** and you will be redirected to the Authorization Look Up Tool application

To submit a Prior Authorization (PA) Request to eviCore

Providers submit eviCore PA requests via the free **Availity** provider portal. There is no cost to the provider for using the portal.

Instructions on how to utilize this portal are found on the Availity website. Providers should reference the eviCore clinical guideline criteria, submit prior authorization requests 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.

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.