

# PROVIDER BULLETIN

## PROVIDER INFORMATION

December 2, 2024

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

eviCore has released clinical guideline updates for the Laboratory Management program. Guideline updates will become **effective February 1, 2025**.

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

#### New Guidelines

- Laboratory Billing and Reimbursement
- ColoSense for Colorectal Cancer
- Inflammatory Bowel Disease Biomarker Testing

#### Retired Guidelines

- Bloom Syndrome Genetic Testing
- Canavan Disease Genetic Testing
- Gaucher Disease Genetic Testing
- Niemann-Pick Disease Types A and B Genetic Testing
- Niemann-Pick Disease Type C Genetic Testing
- Tay-Sachs Disease Genetic Testing
- Laboratory Claim Reimbursement
- Genetic Presymptomatic and Predictive Testing for Adult-Onset Conditions in Minors
- Laboratory Procedure Code Requirements

#### Guidelines with substantive changes

- Flow Cytometry
- Immunohistochemistry (IHC)
- Sexually Transmitted and Other Reproductive Tract Infection Testing
- Experimental, Investigational, or Unproven Laboratory Testing
- Dentatorubral-Pallidoluysian Atrophy Genetic Testing
- Expanded Carrier Screening Panels
- Somatic Mutation Testing
- Von Hippel-Lindau Disease Genetic Testing
- BRCA Analysis
- Epilepsy Genetic Testing
- Gastrointestinal Pathogen Panel (GIPP) Molecular Testing
- Myotonic Dystrophy Type 1 Genetic Testing
- Microsatellite Instability and Immunohistochemistry Testing in Cancer
- Human Platelet and Red Blood Cell Antigen Genotyping

## Guidelines with substantive changes, continued

- Pathology Testing with Mohs Micrographic Surgery
- Special Circumstances Influencing Coverage Determinations
- Urinary Tract Infection Molecular Testing
- Genetic Testing to Predict Disease Risk
- Whole Genome Sequencing
- Exome Sequencing

Prior authorization requests will be reviewed based on eviCore clinical guideline criteria. Providers can view the list of 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 [bluecrossmn.com/providers](https://bluecrossmn.com/providers)
- Select "**Medical and behavioral health policies**" under "**Medical Management**"
- Scroll down and click on the "**eviCore healthcare clinical guidelines**" link, located under *Other evidence-based criteria and guidelines we use and how to access them*
- 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 [bluecrossmn.com/providers](https://bluecrossmn.com/providers)
- Select "**Medical and behavioral health policies**" under "**Medical Management**"
- Scroll down and click on the "**eviCore healthcare clinical guidelines**" link, located under *Other evidence-based criteria and guidelines we use and how to access them*
- Click on the "**Resources**" dropdown in the upper right corner
- Click "**Clinical Guidelines**"
- Select the appropriate solution: i.e., Laboratory Management (Note: read and accept disclaimer)
- 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.

### To Provide Feedback on Future Guidelines:

Participating providers are invited to submit for consideration scientific, evidence-based information, professional consensus opinions, and other information supported by medical literature relevant to future guidelines managed by eviCore.

The future guidelines are available for physician comment for at least 45 days from the posting date found on the document. Make sure your voice is heard by providing feedback directly to us.

To submit feedback, complete the [Provider feedback form for third-party clinical policies/guidelines/criteria PDF](#) via <https://www.bluecrossmn.com/providers/medical-management/medical-and-behavioral-health-policies>.

### 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 [Availity.com/Essentials](https://Availity.com/Essentials) 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.

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

1. Log in at [Availity.com/Essentials](https://Availity.com/Essentials)
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 at [Availity.com/Essentials](https://Availity.com/Essentials). There is no cost to the provider.

Instructions on how to utilize this portal are found at [Availity.com/Essentials](https://Availity.com/Essentials). Providers should reference the eviCore clinical guideline criteria, submit prior authorization requests 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.