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**Overview of eviCore programs for Blue Cross® Blue Shield® of Arizona (BCBSAZ) commercial and Medicare Advantage plans**

eviCore solution	BCBSAZ preservice review requirements	Applicable plans *	
<b>Lab Management</b> <a href="#">Procedure code list</a>	<b>Lab management for genetic testing</b> , including but not limited to:	<b>Included for commercial and Medicare Advantage plans</b>	
	Hereditary cancer syndromes (e.g., BRCA)		Hereditary cardiac disorders
	Tumor marker/molecular profiling		Mitochondrial disease testing
	Carrier screening tests		Neurologic disorders
	Intellectual disability and developmental disorders		Cardiovascular disease and thrombosis risk variant testing
	Pharmacogenomics testing		
<b>Medical Oncology</b> <a href="#">CPT code list</a>	<b>All medical oncology and hematology services</b> in the following categories:	<b>Included for commercial and Medicare Advantage plans</b>	
	Infused drugs (may include site-of-service requirements)		
	Supportive agents		
	Companion diagnostics/personalized medicine		
<b>Musculoskeletal</b> <a href="#">Joint surgery code list</a> <a href="#">Spine surgery code list</a> <a href="#">Interventional pain mgmt list</a>	<b>Spine/joint surgical procedures and interventional pain management services</b> , such as:	<b>Included <i>only</i> for Medicare Advantage plans</b> (for members with commercial plans, request precertification from BCBSAZ)	
	Arthroplasty (e.g., hip, knee, shoulder, disc)		Allograft/autograft
	Laminotomy/laminectomy		Biomechanical device insertion
	Arthrodesis		Intradiscal electrothermal annuloplasty (IDEA)
	Discectomy		Injections
	Capsulorrhaphy		Implants (e.g., pumps, spinal cord stimulators)
<b>Radiation Oncology</b> <a href="#">CPT code list</a>	<b>Radiation therapy</b> treatment techniques, including but not limited to:	<b>Included for commercial and Medicare Advantage plans</b>	
	<b>Clinical Modalities</b>		<b>Non-clinical Modalities</b>
	2D, 3D conformal		SIM (simulation)
	IMRT (intensity modulated radiotherapy)		Planning
	Brachytherapy		Devices
	SRS/SBRT (stereotactic radiosurgery and body radiation therapy)		Imaging
	IORT (intraoperative radiotherapy) – proton beam		Physics
	Neutron hyperthermia treatment		Management
<b>Radiology</b> <a href="#">CPT code list</a>	<b>High-tech imaging</b> (elective/non-emergent, diagnostic imaging provided in locations other than an inpatient hospital), such as:	<b>Included for commercial and Medicare Advantage plans</b>	
	CTI, CTA (computed tomography imaging, computed tomography angiography)		
	MRI, MRA (magnetic resonance imaging, magnetic resonance angiography)		

	PET (positron emission tomography)	
	NCI, MPI (nuclear cardiac imaging, myocardial perfusion imaging)	
<b>Specialty Drug Management</b> <a href="#">Drug code list</a>	<b>Specialty drugs that must be administered by a healthcare professional and are covered under medical benefits (not pharmacy benefits), including but not limited to the following therapeutic classes:</b>	
	Anemia (non-cancer)	Lysosomal storage disease
	Ankylosing spondylitis	Macular degeneration
	Asthma	Multiple sclerosis
	Crohn's disease/ulcerative colitis	Neutropenia (non-cancer)
	Cryopyrin-associated autoinflammatory syndromes (CAPS)	Osteoarthritis
	Cystic fibrosis	Paroxysmal nocturnal hemoglobinuria (PNH)
	Gout	Psoriasis
	Hereditary angioedema	Pulmonary hypertension
	Idiopathic thrombocytopenic purpura (ITP)	Rheumatoid arthritis
	Immune deficiency (IVIg)	Respiratory syncytial virus (RSV)
	Lupus	Spasticity disorder
		Other, miscellaneous
	<b>Included <i>only</i> for commercial plans</b> (for members with Medicare Advantage plans, reference the BCBSAZ Part B Drug List)	

**\* Members delegated for our eviCore programs**

- To determine if a BCBSAZ commercial member is delegated for eviCore precertification, check eligibility/benefits and look for “eviCore-delegated member” in service type 30 “Health Benefit Plan Coverage.”
- Medicare Advantage members with BCBSAZ-administered benefit plans are included in the MA eviCore program (see table below). This does not include BCBSAZ members with MA plans administered by P3 Health Partners.

BCBSAZ MA BENEFIT PLAN	PREFIX	SERVICE AREA	PRIOR AUTH ADMINISTRATOR
Blue Medicare Advantage Classic and Plus Plans (HMO)	<b>M2K</b>	Maricopa County and parts of Pinal County	<b>BCBSAZ, in partnership with eviCore for certain services</b>
BluePathway Plans 2 and 3 (HMO)	<b>M2V</b>	Maricopa County	
BlueJourney Plans (PPO)	<b>M3P</b>	Maricopa and Pima counties	

**How to request a preservice review from eviCore**

- You can access the eviCore request tool directly from eviCore’s website at [evicore.com/provider](http://evicore.com/provider).
- For members with BCBSAZ commercial benefit plans, you can access the eviCore request tool in our secure provider portal at [azblue.com/providers](http://azblue.com/providers). Go to “Practice Management > Precertification > BCBSAZ Members-Requests: eviCore.” This only works for BCBSAZ commercial members.
- For members with Medicare Advantage plans administered by BCBSAZ, you can access the eviCore request tool in our secure provider portal at [azbluemedicare.com](http://azbluemedicare.com). Go to “Resources > Prior Authorization and Care Management > Prior Authorization Request/Status: eviCore.” This only works for BCBSAZ Medicare Advantage members with plans administered by BCBSAZ.

Our customized [eviCore resource page](#) includes provider FAQs, code lists, clinical guidelines, and clinical worksheets (to help you understand eviCore’s clinical criteria).

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BCBSAZ offers BluePathway HMO and BlueJourney PPO Medicare Advantage plans. Blue Cross Blue Shield of Arizona Advantage (BCBSAZ Advantage), a separate, but wholly owned subsidiary of BCBSAZ, offers Blue Medicare Advantage Standard, Classic, and Plus HMO plans.

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