

How eviCore solutions apply to BCBSAZ precertification requirements in 2019

eviCore Solutions → BCBSAZ Precertification Requirements															
Cardiology & Radiology CPT code list	High-tech imaging (elective/non-emergent, diagnostic imaging provided in locations other than an inpatient hospital), such as:														
	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)														
Lab Management Procedure code list	Lab management for genetic testing , including but not limited to:														
	Hereditary cancer syndromes (e.g., BRCA)														
	Carrier screening tests														
	Tumor marker/molecular profiling														
	Hereditary cardiac disorders														
	Cardiovascular disease and thrombosis risk variant testing														
	Pharmacogenomics testing														
	Neurologic disorders														
	Mitochondrial disease testing														
Intellectual disability/developmental disorders															
Medical Oncology CPT code list	All medical oncology and hematology services in the following categories:														
	Infused drugs (may include site-of-service requirements)														
	Supportive agents Companion diagnostics/personalized medicine														
Radiation Therapy CPT code list	Radiation therapy treatment techniques, including but not limited to:														
	<table border="0"> <thead> <tr> <th><i>Clinical Modalities</i></th> <th><i>Non-clinical Modalities</i></th> </tr> </thead> <tbody> <tr> <td>2D, 3D Conformal</td> <td>SIM (simulation)</td> </tr> <tr> <td>IMRT (intensity modulated radiotherapy)</td> <td>Planning</td> </tr> <tr> <td>Brachytherapy</td> <td>Devices</td> </tr> <tr> <td>SRS/SBRT (stereotactic radiosurgery and body radiation therapy)</td> <td>Imaging</td> </tr> <tr> <td>IORT (intraoperative radiotherapy) – proton beam</td> <td>Physics</td> </tr> <tr> <td>Neutron hyperthermia treatment</td> <td>Management</td> </tr> </tbody> </table>	<i>Clinical Modalities</i>	<i>Non-clinical Modalities</i>	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
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Specialty Drug Management Drug code list	Specialty drugs covered under <i>medical benefits (not pharmacy benefits) administered by healthcare professionals</i> , including but not limited to the following therapeutic classes:														
	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													

Note: In eligibility and benefits inquiries, service type 30 “Health Benefit Plan Coverage” indicates if a member is delegated for eviCore precertification.