Laboratory Management
Frequently Asked Questions

Who is eviCore healthcare?

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for AdventHealth Advantage Plans.

What is the relationship between eviCore and AdventHealth Advantage Plans?

Beginning May 1, 2020, eviCore's Laboratory (Lab) Management Program will ensure appropriate utilization of genomic testing through evidence-based clinical policies, medical necessity review, and claims payment rules. There are more than 70,000 available genetic tests, with 10 new tests launched each day. eviCore helps providers and plans know which tests have sufficient clinical evidence to support their use.

Which lines of business will eviCore manage for the Specialized Therapies program?

eviCore will manage prior authorization for AdventHealth Advantage Plans members who are enrolled in the following lines of business:

- **AHAP MA**

- **Commercial**

Which testing services require prior authorization for AdventHealth Advantage Plans?

Certain outpatient molecular and genomic tests will require prior authorizations. Refer to the list of Common Procedural Terminology (CPT) codes that require prior authorization can be found by visiting **https://www.evicore.com/resources**.

Note: Services performed within an inpatient stay, 23-hour observation or emergency room visit don't require authorization.

Are there any exclusions or special considerations for the Lab Management Program authorization requests with eviCore?

The following diagnosis codes are excluded from the lab prior authorization program with eviCore for Commercial memberships. Contact AdventHealth Advantage Plans for more information.

- N46.0, N46.1, N46.8, N46.9, N97.0, N97.1, N97.2, N97.8, N97.9, N98.0, N98.2, N98.3, N98.8, N98.9, Z31.41, Z31.7, Z31.8, Z31.81, Z31.83, Z31.84, Z31.89, Z31.9, Z31.7, Z33.3, F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890

How do I check the eligibility and benefits of a member?

Member eligibility and benefits should be verified on MyAHplan.com before requesting prior authorization through eviCore.

Who needs to request prior authorization through eviCore?

All providers who request/order lab services are required to obtain a prior authorization for services prior to the service being rendered in an office or outpatient setting.

It is the responsibility of the performing lab to confirm that the rendering provider completed the prior authorization process for molecular/genomic testing.

How do I request a prior authorization through eviCore healthcare?

Providers and/or staff can request prior authorizations in one of the following ways:

Web Portal
The eviCore portal is the quickest, most efficient way to request prior authorizations and is available 24/7. Providers can request authorization by visiting www.evicore.com.

Call Center
eviCore's call center is open from 8 am to 7 pm (local time). Providers and/or staff can request prior authorizations and make revisions to existing cases by calling 877-825-7722.

Fax
Providers and/or staff can fax prior authorization requests to 844-545-9213 by completing the clinical worksheets found on eviCore's website at www.evicore.com/provider/online-forms.

Where can I access eviCore healthcare's clinical guidelines?

eviCore's guidelines are available online 24/7 and can be found by visiting www.evicore.com/provider/clinical-guidelines

What information is required when requesting prior authorizations?

When requesting prior authorization, please ensure the proprietary information is readily available:
Member
- First and last name
- Date of birth
- Member ID
- Member ethnicity

Ordering Provider
- First and last name
- National Provider Identification (NPI) number
- Tax Identification Number (TIN)
- Phone and fax number

Rendering (Performing) Provider
- Facility name
- National Provider Identification (NPI) number
- Tax Identification Number (TIN)
- Street address

Clinical(s)
- Specimen collection date (if applicable)
- Type or test name (if known)
- CPT code(s) and units
- ICD code(s) relevant to requested test
- Test indication (personal history of condition being tested, age at initial diagnosis, relevant signs and symptoms if applicable)
- Relevant past test results
- Member's ethnicity
- Relevant family history if applicable (maternal or paternal relationship, medical history including ages at diagnosis, genetic testing)
- If there is a known familial mutation, what is the specific mutation?

- How will the test results be used in the patient's care?
- Submit any pertinent clinical documentation that will support the test request.
- Patient's name, date of birth, address
- Priority Health member ID number
- Referring provider NPI, phone and fax
- Rendering lab NPI, phone and fax

What is the most effective way to get authorization for urgent requests?

Urgent requests are defined as a condition that is a risk to the patient's health, ability to regain maximum function and/or the patient is experiencing severe pain that requires a medically urgent procedure. Urgent requests may be initiated on the web portal at evicore.com or by calling the contact center at 877-773-6964. Urgent requests will be processed within 24 hours from the receipt of complete clinical information.

Note: Please select "Urgent" for those cases that truly are urgent and not simply for a "quicker" review. Also note that if a request is selected as urgent but does not meet guidelines to be considered urgent, the case may be reassigned as a routine case.

After I submit my request, when and how will I receive the determination? After **all** clinical information
is received, for normal (non-urgent) requests, a decision is made within two to three business days. For urgent requests, a decision is made within 24 hours (Medicare) and 72 hours (Commercial). The provider will be notified by fax.

How long is the authorization valid?

Authorizations are valid for 90 calendar days. If the service is not performed within 90 calendar days from the issuance of the authorization, please contact eviCore.

What are my options if I receive an adverse determination?

The referring and rendering provider will receive a denial letter that contains the reason for denial as well as reconsideration and appeal rights process.
Note: The referring provider may request a clinical consultation within 2 business days with an eviCore Medical Director to review the decision.

How do I make a revision to an authorization that has been performed? How do I make a revision to an authorization that has not been performed?

The requesting provider should contact eviCore with any change to the authorization, whether the procedure has already been performed or not. It is very important to update eviCore of any changes to the authorization in order for claims to be correctly processed for the facility that receives the member.

What information about the prior authorization will be visible on the eviCore website?

The authorization status function on the website will provide the following information:
- Prior authorization number/case number
- Status of Request
- Site name and location
- Prior authorization date
- Expiration date

How do I determine if a provider is in network?

Participation status can be verified by calling AdventHealth Advantage Plans at 844-522-5278.

Providers may also contact eviCore at 877-825-7722. eviCore receives a provider file from AdventHealth Advantage Plans with all independently contracted participating and non-participating providers.

Where do I submit my claims?

All claims will continue to be filed directly to AdventHealth Advantage Plans.

Where do I submit questions or concerns regarding this program?

For program related questions or concerns, please email clientservices@evicore.com

Common items to send to Client Services:
- Requests for an authorization to be resent to AdventHealth Advantage Plans
- Consumer engagement inquiries
- Complaints and Grievances
- Eligibility issues (member, rendering facility and/or ordering provider)
- Issues experienced during case creation
- Reports of system issues

Who do I contact for online support/questions?

Web portal inquiries can be emailed to portal.support@evicore.com or call 800-646-0418 (Option 2).

What are the benefits of using eviCore's Web Portal?

The web portal provides 24/7 access to submit or check on the status of your request. The portal also offers additional benefits for your convenience:
- **Speed** – Requests submitted online require half the time (or less) than those taken telephonically. They can often be processed immediately.
- **Efficiency** – Medical documentation can be attached to the case upon initial submission, reducing follow-up calls and consultation.
- **Real-Time Access** – Web users are able to see real-time status of a request.
- **Member History** – Web users are able to see both existing and previous requests for a member.

Where can I find additional educational materials?

- For more information and reference documents, please visit the eviCore resource page at: https://www.evicore.com/resources/healthplan/adventhealth