Lab 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 Cigna + OSCAR

Which members will eviCore healthcare manage for the Lab Management program?

eviCore will manage prior authorization for Cigna + OSCAR members who are enrolled in Commercial plans in the following states/cities.

- **Atlanta Counties** – Bartow, Butts, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Jasper, Lamar, Newton Paulding, Pike, Spalding, and Walton.

- **Tennessee Counties** – All counties across the state.

What is eviCore healthcare's Lab Management program?

The eviCore Laboratory Management solution ensures 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 new tests added quarterly. eviCore helps providers and plans know which tests have sufficient clinical evidence to support their use.

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

Member eligibility and benefits should be verified on www.hioscar.com/providers before requesting prior authorization through eviCore.

Who needs to request prior authorization through eviCore?

All physicians 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 laboratory to confirm that the rendering physician 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 authorization in one of the following ways:

Web Portal

The eviCore portal is the preferred method to initiate a request. It is the quickest, most efficient way to request prior authorization and is available 24/7. Providers can request authorization by visiting www.evicore.com

Call Center

eviCore's call center is open from 7 a.m. to 7 p.m. local time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling 855-252-1118

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

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

Our 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 access eviCore healthcare's clinical worksheets and guidelines?

eviCore's clinical guidelines are available online 24/7 and can be found by visiting one of the following links:

Clinical Guidelines
www.evicore.com/provider/clinical-guidelines

Clinical Worksheets
https://www.evicore.com/provider/online-forms

What information is required when requesting prior authorization?

When requesting prior authorization, please ensure the proprietary information is readily available:

Member
- First and Last Name
- Date of Birth
- Address
- 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
- 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.

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

Authorization for urgent requests can be initiated via phone or the web portal. Please contact eviCore healthcare directly at 855-252-1118 or www.evicore.com, indicating the request is urgent.

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 info is received, for normal (non- urgent) requests a decision is made within 2 business days of receipt of all necessary clinical information. For urgent requests, a decision is made within 72 hours from receipt of request. The provider will be notified by fax.

How long is the authorization valid?
Authorizations are determined on a case by case basis.

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 two (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 authorization that has not been performed?
The requesting provider or member should contact eviCore with any change to the authorization, whether or not the procedure has already been performed. It is very important to update eviCore healthcare 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 healthcare 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 and Expiration Date

Where do I submit my claims?
Submit all claims as you would normally; prior authorization approval is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation and other terms, conditions, limitations and exclusions of your Certificate of Benefits booklet and/or Summary of Benefits.

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:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- Consumer Engagement Inquiries
- Complaints and Grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- 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).

Where can I find additional educational materials?
For more information and reference documents, please visit our resource page at https://www.evicore.com/resources/healthplan/cigna-plus-oscar