



## **eviCore healthcare Laboratory Management Program Frequently Asked Questions**

### **Who is eviCore healthcare?**

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

### **What is the relationship between ConnectiCare and eviCore?**

Beginning April 1, 2019, eviCore will manage specific molecular and genomic testing/laboratory management services for ConnectiCare. ConnectiCare partnered with eviCore to give providers clinical expertise in the growing molecular and genomic testing field.

### **How can I start a prior authorization request?**

The quickest, most efficient way to obtain prior authorization is through the 24/7 self-service web portal at [www.eviCore.com/healthplan/ConnectiCare](http://www.eviCore.com/healthplan/ConnectiCare). Prior authorization can also be obtained by phone at 888-835-2042.

### **What are the hours of operation for the prior authorization department?**

eviCore's prior authorization call center is available from 7 a.m. to 7 p.m. Eastern Time, Monday through Friday. The web portal is available for access 24/7.

### **Which ConnectiCare members will eviCore manage for the Laboratory Management program?**

eviCore will manage specific molecular and genomic testing services for ConnectiCare's commercial and Medicare Advantage members.

### **What procedures will require prior authorization?**

Certain outpatient molecular and genomic tests will require prior authorizations. Please refer to the list of CPT/HCPCS codes that require prior authorization at the following link: [www.eviCore.com/healthplan/ConnectiCare](http://www.eviCore.com/healthplan/ConnectiCare).

**Please Note:** Genetic tests performed within an inpatient stay, observation stay or emergency room visit don't require authorization. ConnectiCare will continue to review preimplantation genetic testing.

### **What information will be required to obtain a prior authorization?**

- Specimen collection date (if applicable)
- Type or Test Name (if known)
- CPT code(s) and units
- ICD 10 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 or patient'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's the specific mutation?
- How will the test results be used in the member's or patient's care?
- Submit any pertinent clinical documentation that will support the test request
- Patient's name, date of birth, address
- Member ID
- Referring Physician NPI, phone, fax and address
- Rendering Laboratory NPI, phone, fax and address

## **eviCore healthcare Laboratory Management Program Frequently Asked Questions (Continued)**

### **What is the best way to get authorization for urgent requests?**

The fastest way to obtain authorization for urgent requests is by web or phone. Please contact eviCore directly at [www.eviCore.com/healthplan/ConnectiCare](http://www.eviCore.com/healthplan/ConnectiCare) or by phone at 888-835-2042, indicating the request is urgent.

### **Where can I see eviCore's Laboratory Management criteria?**

You can find eviCore's clinical guidelines at the following link: [www.eviCore.com/healthplan/ConnectiCare](http://www.eviCore.com/healthplan/ConnectiCare).

You may also request the specific criteria used in a case determination by submitting a criteria request form by email to [reqcriteria@carecorenational.com](mailto:reqcriteria@carecorenational.com) or by fax to 866-699-8160.

The criteria request form can be found at [www.evicore.com/ReferenceGuidelines/eviCore%20Request%20for%20Criteria%20Web%20Form.pdf](http://www.evicore.com/ReferenceGuidelines/eviCore%20Request%20for%20Criteria%20Web%20Form.pdf).

### **After I ask for a prior authorization, how long will it take to get a decision?**

eviCore is committed to reviewing all requests and giving case decisions within three business days of receiving all necessary clinical information.

### **Who can request a prior authorization?**

A representative of the ordering physician's staff can ask for authorization. This could be someone from the clinical, front office or billing staff, acting on behalf of the ordering physician. Additionally, the rendering lab site may submit the prior authorization on behalf of the ordering physician.

### **How will all parties be notified if the prior authorization has been approved?**

Referring providers and rendering lab sites will be notified of the prior authorization by fax. Providers can validate a prior authorization by using the eviCore website or by calling eviCore. Members will be notified by mail.

### **If prior authorization is not approved, what follow-up information will referring providers receive?**

The referring and rendering provider will receive a letter that contains the reason for denial as well as clinical consultation and appeal rights and processes. Please note that after the denial has been issued, the provider may request a Clinical Consultation with an eviCore Certified Genetic Counselor or Medical Director to review the decision for commercial members only.

**Please Note:** Clinical consultations are reserved for Ordering Physicians only. Labs who have questions can send an email request to [LabManagement@evicore.com](mailto:LabManagement@evicore.com).

### **If the prior authorization request does not meet criteria for my Medicare patient, what is the process prior to a determination being made?**

eviCore will contact the ordering provider if further clinical discussion for an approval is needed. We welcome requests for clinical determination discussions prior to a decision being rendered. In certain instances, the additional information provided during the pre-decision consultation is sufficient to satisfy the medical necessity criteria for an approval.

### **What information about the prior authorization will be visible to the provider 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

**What are the parameters of an appeals request?**

eviCore healthcare will be delegated for first level provider appeals for the commercial membership only. ConnectiCare will continue to handle provider appeals for its Medicare Advantage members.