

## Lab Management

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### Frequently Asked Questions

#### Who is eviCore healthcare?

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

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

eviCore will manage prior authorizations for Select AultCare members and PrimeTime Health Plan members.

#### 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.

#### Which testing services require prior authorization for AultCare?

Outpatient molecular and genomic tests require prior authorization. Please refer to the list of CPT/HCPCS codes that require prior authorization at the following link: <https://www.evicore.com/resources>  
Find the Health Plan > Select Solution Resources> Select Laboratory Management> Select CPT Code List.

**Note:** Services performed within an inpatient stay, 23-hour observation or emergency room visit do not require authorization.

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

Member eligibility and benefits should be verified on [www.aultcare.com](http://www.aultcare.com) or [www.pthp.com](http://www.pthp.com) prior to submitting a prior authorization request through eviCore. You may also contact AultCare Customer Service at 330-363-6360 (1-800-344-8858) or PrimeTime Health Plan Customer Service at 330-363-7407 (1-800-577-5084).

#### Who needs to request prior authorization through eviCore?

All providers who 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 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](http://www.evicore.com).

##### Call Center

If the eviCore portal cannot be accessed, urgent requests can be made by calling our toll-free number at 844-635-7224. eviCore's call center is open from 7 a.m. to 7 p.m. local time. Providers can also call the eviCore call center to make revisions to existing cases.

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

Our web portal provides 24/7 access to submit or check 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. Requests 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 clicking the following link: [www.evicore.com/provider/clinical-guidelines](http://www.evicore.com/provider/clinical-guidelines)

### What information is required when requesting a prior authorization?

When requesting a 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 obtain 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 our web portal at [evicore.com](http://evicore.com) or by contacting our contact center at 844-635-7224. 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. 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 normally made within 2-3 business days.

**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 healthcare.

**What are my options if I receive an adverse determination?**

The referring and rendering provider will receive a denial letter containing 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.

**Does eviCore review cases retrospectively if no authorization was obtained?**

Retrospective requests must be initiated by phone within **60 calendar days** from the date of services for in network providers, and within 180 calendar days from the date of service for out of network providers, following the date of service. Please have all clinical information relevant to your request available when you contact eviCore healthcare.

**How do I make a revision to an authorization that has 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



**How do I determine if a provider is in network?**

Participation status can be verified by visiting [www.aultcare.com](http://www.aultcare.com) or [www.pthp.com](http://www.pthp.com) or by contacting AultCare Customer Service at 330-363-6360 (1-800-344-8858) or PrimeTime Health Plan Customer Service at 330-363-7407 (1-800-577-5084).

**Where do I submit my claims?**

All claims will continue to be submitted directly to AultCare or to the address on the member ID card.

**Where do I submit questions or concerns regarding this program?**

For program related questions or concerns, please email: [clientservices@evicore.com](mailto: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](mailto: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 [www.eviCore.com/resources/healthplan/AultCare](http://www.eviCore.com/resources/healthplan/AultCare).