



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 health plans. **Beginning on June 19, 2020 eviCore will manage Lab Management services for SummaCare for dates of service July 1, 2020 and beyond.**

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

eviCore will manage prior authorization for SummaCare members who are enrolled in the following programs:

- Medicare
- Commercial; self-funded (where applicable)

What is eviCore healthcare's Lab Management Program?

The eviCore healthcare (eviCore) Laboratory Management solution ensures appropriate utilization of genomic testing through evidence-based clinical policies, medical necessity review, and claims payment rules. eviCore helps providers and plans know which tests have sufficient clinical evidence to support their use.

Which testing services 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:

<https://www.evicore.com/resources/healthplan/summacare>

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

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

Member eligibility and benefits should be verified through SummaCare 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 (or check the status of an existing authorization) in one of the following ways:

- 1. Web Portal** - The SummaCare Plan Central portal is the quickest, most efficient way to request prior authorization and is available 24/7. Providers can request authorization from eviCore healthcare by logging in to the SummaCare Plan Central provider portal at <https://apex.myplancentral.com> or <https://summacare.myplancentral.com>. From here, you will be directed to the eviCore web portal where you can submit your prior authorization request.
 - a.** Rendering Lab facilities can log in directly to eviCore’s provider portal to submit prior authorization requests at eviCore.com
- 2. Call Center** - SummaCare’s call center for prior authorization services through eviCore healthcare is open from 8 a.m. to 5 p.m. local time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling 888-996-8710; *follow the prompts to eviCore healthcare.*

Where can I access eviCore healthcare’s clinical guidelines?

eviCore’s clinical worksheets and guidelines are available online 24/7 and can be found by visiting one of the following link: www.evicore.com/provider/clinical-guidelines

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
- 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.

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 require a medically urgent procedure. Requests should not be marked “urgent” due to scheduling availability. Urgent requests may be initiated on the web portal or by contacting the call center at 888-996-8710. Urgent requests will be processed within 24 hours from the receipt of complete clinical information.



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 2-3 business days. For urgent requests, a decision is made within 24 hours (Medicare/Medicaid) 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 the authorized date range, please contact eviCore healthcare

What are my options if I receive and 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 at any time with an eviCore Medical Director to review the decision. However, SummaCare does not allow cases in final determination status to be reconsidered for a new determination.

Does eviCore review cases retrospectively if no authorization was obtained?

SummaCare does not allow for retrospective reviews for authorization.

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 the procedure has already been performed or not. 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
- Expiration Date

How do I determine if a provider is in network?

Participation status can be verified by contacting SummaCare at 800-996-8401, or by email at contactproviderservices@summacare.com. Providers may also contact eviCore healthcare at 1 (800) 646 - 0418 (option 4). eviCore healthcare receives a provider file from SummaCare with all independently contracted participating and non- participating providers.



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/summacare>

Where do I submit my claims?

All claims will continue to be filed directly to SummaCare.

The SummaCare claims system cannot pay part of a service line. If additional units are billed, greater than the authorized amount, that service line will be denied and providers will need to rebill the claim.

For other claim inquiries or to request a claim adjustment:

- To request a claim adjustment, please log in to [Plan Central](#). If you do not have a user account, please [register](#) by clicking the registration link located on the Plan Central homepage.
- After logging in, please locate your claim using the "Claim Inquiry" menu. When your search results appear, click on the claim to view the details. When you click the button titled "Adjustment Request," a window will appear with various options so we can understand why you feel your claim should be adjusted.

If you have claims questions, please contact SummaCare Provider Support Services at contactproviderservices@summmacare.com or call 330-996-8400 or 800-996-8401.