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## 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 Oscar.

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

Authorization is currently required for Oscar Insurance **commercial** members enrolled in markets within Arizona, Colorado, Florida, Georgia, Kansas, Missouri, New York, New Jersey, Ohio, Pennsylvania, Tennessee, Texas, and Virginia. The UM program will be expanding into new markets within North Carolina, Iowa, and Oklahoma.

#### What is the relationship between eviCore and Oscar?

In addition to existing markets, beginning on **12/15/2020**, eviCore will manage services for Oscar Commercial Health plans in new markets within existing states (FL, PA, CO, AZ, OH), and in three new states (NC, IA, OK) for dates of service **1/1/2021** and beyond.

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

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/oscar#solutiondocs>

#### 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 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

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.

#### Where can I access eviCore healthcare's clinical worksheets and guidelines?

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

##### Clinical Worksheets

[www.evicore.com/provider/online-forms](http://www.evicore.com/provider/online-forms)

**Clinical Guidelines**

[www.evicore.com/provider/clinical-guidelines](http://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 Information**

- 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'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.

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

Member eligibility and benefits should be verified on [Oscar website](#) before requesting prior authorization through eviCore.

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

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



### 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](http://www.evicore.com), indicating the request is urgent.

### 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

### Is registration required on eviCore's web portal?

Yes. A one-time registration is required for each practice or individual. You will be required to log-in prior to submitting prior authorization requests on the web. If you have an existing account, a new account is not necessary.

### 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).

### 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

### Where should I send claims once I provide services?

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.



### **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 in writing if the authorization is approved or is not approved

### **If a prior authorization is not approved, what follow-up information will the ordering provider receive?**

The referring and rendering provider will receive a letter that contains the reason for denial as well as reconsideration 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.

### **How long is an authorization valid?**

Authorizations are determined on a case by case basis

### **How do I submit a program related question or concern?**

For program related questions or concerns, please email: [clientservices@evicore.com](mailto:clientservices@evicore.com)

### **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/oscar#solutiondocs>