eviCore healthcare Laboratory Management Program Molecular and Genomic Testing Frequently Asked Questions

Who is eviCore healthcare?

eviCore healthcare (eviCore) is an independent company that provides utilization review for Blue Cross and Blue Shield of Illinois (BCBSIL).

What is the relationship between BCBSIL and eviCore healthcare?

Beginning in October 3, 2016, eviCore will manage the Laboratory Management Program for BCBSIL.

How can I initiate a preauthorization request?

The preferred, most efficient method is to initiate a request online at www.evicore.com. You may also initiate requests via phone at 855-252-1117.

What are the hours of operation for the preauthorization department?

eviCore healthcare's preauthorization call center is available from 7:00 a.m. to 7:00 p.m. local time, Monday through Friday. The web portal is available for access 24/7.

What BCBSIL plans or lines of business are covered under this program?

Initially, Retail and Fully Insured Small and Large Commercial Groups will be covered under this program.

What procedures will require preauthorization?

Certain Outpatient Molecular and Genomic tests will require preauthorizations. Please refer to the list of CPT/HCPCS codes that require preauthorization at the following link and select your state: https://www.carecorenational.com/page/bcbs-implementations.aspx

What information will be required to obtain a preauthorization?

- 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 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 is 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 and fax
- Rendering Laboratory NPI, phone and fax

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

The most efficient way to obtain preauthorization for urgent requests is via phone, as an immediate approval can be obtained. Please contact eviCore healthcare directly at 855-252-1117, indicating the request is urgent. If a fax request is needed for an urgent request, please call the phone number listed above to discuss the fax protocol. For outpatient radiation therapy in urgent situations only, treatment may be started without preauthorization, however the treatment must meet urgent/emergent guidelines.

Where can I see eviCore healthcare's Laboratory Management criteria?

You can access eviCore healthcare's clinical guidelines at the following link: https://www.evicore.com/LabManagement/Health%20Care%20Service%20Corporation%20(HCSC)%20Lab%20Management%20Guidelines.pdf

You may also request the specific criteria used in a case determination by submitting a criteria request form found on: https://www.evicore.com/ReferenceGuidelines/eviCore%20Request%20for%20Criteria%20Web%20Form.pdf website to reqcriteria@carecorenational.com or by fax to 866-699-8160.

Once I ask for a preauthorization, how long will it take to get a decision?

eviCore healthcare is committed to reviewing all requests and giving case decisions in less than two business days. However, eviCore healthcare will tell your practice about all authorization decisions within three business days of getting all necessary clinical information. When Laboratory Management is required in less than 48 hours due to a medically urgent condition, eviCore healthcare

will give a decision within 24 hours of receiving all necessary demographic and clinical information. *Please state that the authorization is for medically urgent care.*

What if I don't obtain preauthorization?

Claims may be denied if you don't get preauthorization or approval.

What if I don't agree with eviCore healthcare's clinical code determination?

Please contact eviCore healthcare. You can schedule a peer-to-peer discussion with an eviCore healthcare board certified Medical Director.

Where should I send claims once I provide services?

Send all claims as you would normally to BCBSIL.

Who can request a preauthorization?

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 preauthorization on behalf of the ordering physician.

How will the referring provider or rendering provider know that a preauthorization has been completed?

The referring provider or rendering provider will be able to verify if a preauthorization request was approved by checking the status on the eviCore website or by calling the eviCore Customer Service department.

What information about the preauthorization will be visible on the eviCore healthcare website?

The authorization status function on the website will provide the following information:

- Preauthorization Number/Case Number
- Status of Request
- Site Name and Location
- Preauthorization Date
- Expiration Date

How will all parties be notified if the preauthorization has been approved?

Referring providers and rendering lab sites will be notified of the preauthorization via fax. Providers can validate a preauthorization by using the eviCore website or by calling eviCore Customer Service. Members will be notified in writing and verbally of any adverse determinations.

If a preauthorization is not approved, what follow-up information will the referring provider receive?

The referring provider and rendering lab site will receive a denial letter via fax that contains the reason for denial as well as Reconsideration and Appeal rights and processes. The referring provider will also be notified verbally. Please note that after the denial has been issued, the provider may request a Peer-to-Peer discussion with an eviCore Certified Genetic Counselor or Medical Director to review the decision.

Will eviCore healthcare handle appeals?

eviCore is delegated to handle first level appeals. Requests for appeals must be submitted to eviCore within 180 calendar days of the initial determination. A written notice of the appeal decision will be mailed to the member and faxed to the provider within 15 calendar days. Urgent appeals should be called in and will be processed within 48 hours. You may submit an appeal via phone at 855-252-1117 or via fax to 866-699-8128.

Can the member still proceed with the treatment or tests that were ordered even if no benefit preauthorization is issued?

Yes, regardless of any benefit determination, the final decision regarding any tests or treatment is between the member and their health care provider. However, be advised that without preauthorization (for medical necessity under the applicable benefit plan) that benefits may be denied and the member may be financially responsible for the charges.

If the test or treatment receives a benefit preauthorization, can I be assured that the claim will be paid when submitted?

Approval of services after preauthorization (for medical necessity under the applicable benefit plan) 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 set forth in the member's policy certificate and/or benefits booklet and/or summary plan description.