

Utilization Management Program

Quick Reference Guide

Blue Cross and Blue Shield of Illinois has contracted with eviCore healthcare, an independent specialty medical benefits management company, to provide preauthorization for expanded outpatient and specialty utilization management.

Authorization Required

Certain out-patient, non-emergent Molecular and Genomic Testing such as:

- Hereditary Cancer Screening
- Carrier Screening Tests
- Tumor marker/molecular profiling
- Hereditary cardiac disorders
- Cardiovascular disease and thrombosis risk variant testing
- Pharmacogenomic testing
- Neurologic disorders
- Mitochondrial disease testing
- Intellectual disability/developmental disorders

Authorization Not Required

- Inpatient Genomic testing
- General Lab Testing
- Genomic Testing for CPT codes not included in the Preauthorization list

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.

Authorization Requirements

To ensure the authorization process is as quick and efficient as possible, we highly recommend that the physician's office submitting requests have:

- 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, Genomic 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, and Member ID
- Referring Physician NPI, phone and fax
- Rendering Laboratory NPI, phone and fax

Preauthorizations

A preauthorization number will be faxed/phoned to the ordering physician and faxed to the rendering laboratory upon approval. eviCore will approve the specific test and the CPT code(s) for Genomic Testing. **Contact eviCore healthcare for changes to site or test.**

It is the responsibility of the performing lab site to confirm that the preauthorization process for Genomic testing is complete. Verification may be obtained via the eviCore website or by calling **855.252.1117**.

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 premium/contributions, amounts allowable for services, supporting medical documentation and other terms, conditions, limitations and exclusions set forth in the member's policy certification and/or benefits booklet and/or summary plan description.

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We offer two convenient methods to request authorizations:

Web Portal

The eviCore healthcare Web Portal is available 24/7 at www.evicore.com.

After a one-time registration, you are able to initiate a case, check status, review guidelines, view preauthorizations/eligibility, and more. The Web Portal remains the quickest, most efficient way to obtain information.

If you have questions or need assistance, please contact the Web Portal Specialist for assistance via phone at 800.646.0418 (Option #2) or via email at providerrelations@evicore.com.

Phone

Contact us toll-free at **855.252.1117** from **7AM to 7PM local time**. For faster service, you'll need all pertinent clinical information before you call. Outside of normal business hours, you may call eviCore healthcare and leave a message for a return call the next business day.

eviCore healthcare's call center will be closed in observance of New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and the day after, and Christmas Day. **The web is available 24/7, 365 days a year.**

Guidelines on the Web

To access the eviCore healthcare Guidelines via the web, visit <https://www.evicore.com/solution/pages/labmanagement.aspx>

Preauthorization Denials

eviCore healthcare notifies the referring physician via fax/phone, the member via mail/phone, and the rendering lab site via fax of a denial and provides a rationale for the determination within one working day of decision. The communication sets forth the appeal options per current state policy. eviCore also offers the ordering physician a consultation with an eviCore Medical Director or Certified Genomic Counselor on a peer-to-peer basis. In certain instances, additional information provided during the peer-to-peer consultation is sufficient to satisfy medical necessity criteria.

Need Clinical Support?

If your case requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians. One of eviCore's physicians or Genomic Counselors can assist in a consideration of Genomic testing options. To request a clinical discussion, call eviCore at **888.564.5492** (option 4) and request a peer to peer discussion. **This is not where claim denials reconsideration would be discussed. For claim denials, you must follow the appeal process.**

Additional Resources

Visit the implementation site for additional resources:

<https://www.carecorenational.com/page/bcbs-implementations.aspx>