eviCore healthcare Laboratory Management Program
Frequently Asked Questions

Who is eviCore healthcare?
eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for Blue Cross and Blue Shield of Texas (BCBSTX).

What is the relationship between BCBSTX and eviCore healthcare?
In 2016, BCBSTX contracted with eviCore to provide preauthorization/prior authorization management for certain outpatient services.

How can I initiate a preauthorization/prior authorization 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/prior authorization department?
eviCore healthcare's preauthorization/prior authorization call center is available from 6:00 a.m. to 7:00 p.m. local time, Monday through Friday and 9 a.m. to Noon local time, Saturday, Sunday and legal holidays. The web portal is available for access 24/7.

What BCBSTX plans or lines of business are covered under this agreement?
Blue Advantage℠ HMO and Blue Advantage Plus℠ HMO - effective 10/03/2016

Blue Choice PPO℠ - fully insured member/participants only***** - effective 08/01/2017

Blue Premier℠ and Blue Premier Access℠ - fully insured member/participants only* – effective 08/01/2017

Blue Essentials℠ and Blue Essentials Access℠ – fully insured members/participants only* - effective 09/01/2017

HealthSelect of Texas℠/Consumer Directed HealthSelect℠ - effective 09/01/2017

* At this time, the eviCore preauthorization/prior authorization requirement does not include Administrative Services Only (ASO) member/participants for Blue Choice PPO℠, Blue Premier℠, Blue Premier Access℠, and Blue Essentials℠

What procedures will require preauthorization/prior authorization?
Certain Outpatient Molecular and Genomic tests will require preauthorization/prior authorizations. Please refer to the list of CPT/HCPCS codes that require preauthorization/prior authorization at the following link: https://www.evicore.com/healthplan/BCBSTX_Lab

What information will be required to obtain a preauthorization/prior authorization?

- 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/participant'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/participant's or patient's care?
- Submit any pertinent clinical documentation that will support the test request
- Patient's name, date of birth, address
- Member/participant 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/prior authorization 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.

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/healthplan/bcbs select your state, the line of business, scroll down to Lab Management and select Lab Resources.

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/prior authorization, 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 as a medically urgent condition, eviCore healthcare will give a decision within 72 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/prior authorization?

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

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

Please contact eviCore healthcare to request an appeal. Appeal details can be found towards the bottom of this document

Where should I send claims once I provide services?

Send all claims as you would normally to BCBSTX.

Who can request a preauthorization/prior authorization?

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/prior authorization on behalf of the ordering physician.

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

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

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

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

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

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

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

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

Fully Insured and Self Insured Non-Erisa Membership:
Prior to issuing a denial on a request for service, for fully insured and self insured non-Erisa members, eviCore will offer the referring provider the opportunity to engage in a Peer-to-Peer (P2P) discussion. If medical necessity is not demonstrated after the P2P discussion, or if the referring provider does not engage in the P2P discussion, eviCore will issue a denial of coverage. The referring provider will receive a denial letter which will include the denial reason, and will outline appeal rights and steps necessary to appeal. Once the denial has been issued, a post denial decision P2P is not available for this membership. The next steps for review would be to follow the appeal process outlined in the denial letter. Only the referring provider may request a pre-denial P2P review with an eviCore Medical Director.

Self Insured Erisa Membership:
For self insured Erisa members, a P2P prior to denial is not required, but is always available to the referring provider, upon request. Once a denial has been issued on a request for service, the referring provider will have the opportunity to request a post denial P2P, or reconsideration – prior to initiating the appeal process

Where should first-level appeals be sent?

Appeals must be submitted by mail, phone, fax or email to:

Mail: eviCore healthcare
Attn: Clinical Appeal Dept
400 Buckwalter Place Blvd,
Bluffton, SC 29910

Fax: 866-699-8128

E-mail: Appealsfax@evicore.com

Toll Free Phone: (800)792-8744 ext 49100 or
(800)918-8924 ext 49100