

# Utilization Management Program

## Quick Reference Guide

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

### Authorization May Be 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

\*Please reference the CPT code list of all codes under prior authorization management.

<http://www.evicore.com/>

### Authorization Not Required

- Inpatient Genomic Testing
- General Lab Testing
- Genomic Testing for CPT codes not included in the Prior Authorization List.

### Urgent Requests

While rare for Genomic Testing, when service is required due to a medically urgent condition, the referring physician's office must **call eviCore healthcare at 855.252.1117** for authorization. eviCore will make a good faith effort to render a decision within **1 business day of receipt** of all necessary information. In most cases where requisite information is provided in the initial call, a decision is rendered and communicated within 1 business day. Please indicate that the notification is for **medically urgent care**

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

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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](http://www.evicore.com).

After a one-time registration, you are able to initiate a case, check status, review guidelines, view authorizations/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 [portal.support@evicore.com](mailto:portal.support@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, visit [https://www.evicore.com/healthplan/BCBSTX\\_Lab](https://www.evicore.com/healthplan/BCBSTX_Lab)

## Additional Resources

Visit the implementation site for additional resources:

[https://www.carecorenational.com/page/bcbs-  
implementations.aspx](https://www.carecorenational.com/page/bcbs-implementations.aspx)

## Authorizations

An authorization number will be faxed/phoned to the ordering physician and faxed to the rendering laboratory upon approval. eviCore healthcare 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 prior authorization process for Genomic Testing is complete. Verification may be obtained via the eviCore healthcare website or by calling 855.252.1117.

**Important!** Authorization from eviCore healthcare does not guarantee claim payment. Services must be covered by the health plan and the member must be eligible at the time studies are rendered. **Claims submitted for unauthorized procedures may be subject to benefit denial.** Please verify the member's eligibility with the health plan.

## Authorization 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. This communication sets forth the appeal options per current state policy. eviCore healthcare also offers the ordering physician a consultation with an eviCore healthcare 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 healthcare's physicians or Genomic Counselors can assist in a consideration of Genomic Testing options. To request a clinical discussion, call eviCore healthcare 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.**