



## **eviCore healthcare Genomic 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 certain Blue Cross and Blue Shield Plans in Illinois, Montana, New Mexico, Oklahoma, and Texas

### **Which members will eviCore healthcare manage for the outpatient Genomic lab services?**

eviCore will manage services for:

- Blue Cross and Blue Shield (BCBS) Medicare members located in the states listed above.
- BCBS Medicaid members located in Illinois and Texas

### **What is the relationship between BCBS and eviCore healthcare?**

Beginning June 1, 2017, eviCore will manage select Genomic Laboratory Management tests for BCBS.

### **What procedures will require prior authorization?**

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 links:

[https://www.evicore.com/healthplan/BCBSIL\\_Lab](https://www.evicore.com/healthplan/BCBSIL_Lab)

[https://www.evicore.com/healthplan/BCBSMT\\_Lab](https://www.evicore.com/healthplan/BCBSMT_Lab)

[https://www.evicore.com/healthplan/BCBSNM\\_Lab](https://www.evicore.com/healthplan/BCBSNM_Lab)

[https://www.evicore.com/healthplan/BCBSOK\\_Lab](https://www.evicore.com/healthplan/BCBSOK_Lab)

[https://www.evicore.com/healthplan/BCBSTX\\_Lab](https://www.evicore.com/healthplan/BCBSTX_Lab)

### **How can I initiate a prior authorization request?**

The quickest, most efficient way to obtain prior authorization is through the 24/7 self-service web portal at [www.evicore.com](http://www.evicore.com). Prior authorization can also be obtained via phone at 855.252.1117.

### **What are the hours of operation for the prior authorization department?**

eviCore healthcare's prior authorization call center is available from 7:00 a.m. to 7:00 p.m, Monday through Friday local time. For auth requests originating from Texas hours of operation are 6 am to 6 pm central time Monday through Friday and between 9 am-noon central time on Saturdays, Sundays, and legal holidays. The web is available 24/7.



### **What information will be required to obtain a 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'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.

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

You can access eviCore healthcare's clinical guidelines at the following link:

<https://www.evicore.com/healthplan/bcbs>

You may also request the specific criteria used in a case determination by submitting a criteria request form via email to [regcriteria@carecorenational.com](mailto:regcriteria@carecorenational.com). The criteria request form is located at the following link: <https://www.evicore.com/resources/pages/providers.aspx#ReferenceGuidelines>

Select Lab Management in the program selection under Clinical Criteria and web form will present.

### **Once I ask for a prior authorization, how long will it take to get a decision?**

eviCore healthcare is committed to reviewing all requests and giving case decisions within fourteen (14) calendar days of receiving all necessary clinical information with an exception of Texas Medicaid that will be processed within 3 calendars days. When Genomic Laboratory Management is required due to 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.*



### **Who can request a prior authorization?**

A representative of the ordering provider'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 prior authorization on behalf of the ordering provider.

### **How will all parties be notified if the prior authorization has been approved?**

Ordering and rendering providers will receive written notification via fax and urgent requests via phone. You can also validate the status using the eviCore provider portal at [www.evicore.com](http://www.evicore.com) or by calling eviCore healthcare at 855.252.1117. Members will be notified in writing by mail and urgent requests via phone.

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

For Medicaid BCBS IL & TX members, the referring provider will receive a denial letter that contains the reason for denial as well as Reconsideration and Appeal rights and processes. A reconsideration allows providers the chance to provide additional information to support the request and includes the opportunity to request a Peer-to-Peer discussion with an eviCore Medical Director to review the decision.

For Medicare BCBS members, the referring provider will receive a denial letter that contains the reason for denial as well as Appeal rights and processes. Please note that after a denial has been issued for a Medicare member, no changes to the case decision, such as a reconsideration, can be made. Speaking with an eviCore Medical Director is for educational purposes only.

### **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

### **Will eviCore be processing claims for BCBS?**

No, eviCore will only manage prior authorization requests. Pre-Certification and Pre-Service approval is not a guarantee of payment of benefits.

Medicare: 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.



Medicaid: For services to be paid by Blue Cross and Blue Shield, members must be eligible for Medicaid at the time of treatment. Payment depends on the amount allowed for the treatment. It also depends on a review of supporting records. Other terms and limits of your plan may also apply.

#### **What are the parameters of an appeals request?**

eviCore will manage 1st level appeals. An authorized representative, including a provider, acting on behalf of a member, with the member's written consent may file an appeal on behalf of a member. A member patient authorization form must be completed for all first level appeals. Appeal rights are detailed in coverage determination letters sent to the providers with each adverse determination. Appeals must be made in writing within 120 calendar days, and 30 calendar days for IL Medicaid unless the request involves urgent care, in which case the request may be made verbally. eviCore will respond within 30 calendar days, and 15 business days for IL Medicaid requests.

#### **Where should first-level appeals be sent?**

Appeals must be submitted by mail, 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](mailto:Appealsfax@evicore.com)

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