

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 Health New England.

What is the relationship between Health New England and eviCore healthcare? Beginning October 13, 2017, eviCore will manage Laboratory Management services for Health New England.

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 <u>www.evicore.com</u>. Prior authorization can also be obtained via phone at 888.693.3211.

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

eviCore healthcare's prior authorization call center is available from 8:00 a.m. to 9:00 p.m. local time, Monday through Friday. The web portal is available for access 24/7.

Which members will eviCore healthcare manage for the Laboratory Management program? eviCore will manage specific Molecular and Genomic testing services for Health New England Commercial, Medicaid and Medicare members.

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 link: <u>https://www.evicore.com/healthplan/HNE_lab</u>.



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 888.693.3211, indicating the request is urgent.

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

You can access eviCore healthcare's clinical guidelines at the following link: <u>https://www.evicore.com/healthplan/HNE_lab</u>.

You may also request the specific criteria used in a case determination by submitting a criteria request form via email to <u>reqcriteria@carecorenational.com</u> or via fax to 866-699-8160. The criteria request form is located at the following link:

https://www.evicore.com/ReferenceGuidelines/eviCore%20Request%20for%20Criteria%20Web%20F orm.pdf

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 two business days of receiving all necessary clinical information. When Molecular and Genomic tests are required due to a medically urgent condition, eviCore healthcare will give a decision within 1 business day 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 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 prior authorization on behalf of the ordering physician.

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

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

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

The referring and rendering provider will receive a denial letter that contains the reason for denial as well as Reconsideration and Appeal rights and processes. 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. **(Commercial membership only)**

The referring and rendering provider will receive a denial letter that contains the reason for denial as well as Reconsideration and Appeal rights and processes. Please note that after a denial has been issued, no changes to the case decisions can be made. Speaking with an eviCore Medical Director is for educational purposes only. (Medicare/Medicaid membership 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

What are the parameters of an appeals request?

eviCore does not 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 unless the request involves urgent care, in which case the request may be made verbally.