



eviCore healthcare Genetic 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 Priority Health.

What is the relationship between Priority Health and eviCore healthcare?

Beginning May 25, 2017 eviCore will manage genetic laboratory prior authorization services for Priority Health.

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.priorityhealth.com/provider. Log into your provider account then click "Auth Request". When a case is initiated on the web portal and meets clinical criteria, a real-time authorization may be received. Prior authorization can also be obtained via phone at 844-303-8456.

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. Eastern Time, Monday through Friday. The phone number is 844-303-8456. The web portal is available for access 24/7.

Which members will eviCore healthcare manage for the genetic lab program?

eviCore will manage lab services for Priority Health 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:

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

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 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 patient's care?
- Submit any pertinent clinical documentation that will support the test request.
- Patient's name, date of birth, address
- Priority Health member ID number
- 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 844-303-8456, 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:

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

You may also request the specific criteria used in a case determination by submitting a criteria request form via email to regcriteria@carecorenational.com 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%20Form.pdf>

Once prior authorization is requested, 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 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 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 of any adverse determinations.

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

Commercial membership: 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.

Medicare and Medicaid membership: 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.

What information about the prior authorization will be visible on the website?

To check the status of an authorization, you may contact eviCore at 844-303-8456 or check the authorization inquiry tool at www.priorityhealth.com. 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 will manage 1st level provider 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.

Where should first-level appeals be sent?

Appeals may be submitted by mail or fax:

Mail: eviCore healthcare

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

Fax: 866-699-8128