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 Network Health.

What is the relationship between Network Health and eviCore?
Beginning February 1, 2019 eviCore will manage specific molecular and genomic testing/laboratory management services for Network Health. We already work with eviCore to manage prior authorization services for high-tech imaging.

How can I start 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. Prior authorization can also be obtained by phone at 855-727-7444.

What are the hours of operation for the prior authorization department?
eviCore's prior authorization call center is available from 7 a.m. to 7 p.m. local time, Monday through Friday. The web portal is available for access 24/7.

Which Network Health members will eviCore manage for the Laboratory Management program?
eviCore will manage specific molecular and genomic testing services for our fully-insured Commercial beginning 2/1/2019 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:

Please Note: Services performed within an inpatient stay, 23-hour observation or emergency room visit don't require authorization.

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's 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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Frequently Asked Questions (Continued)

What is the best way to get authorization for urgent requests?
The fastest way to obtain authorization for urgent requests is by phone, as an immediate approval can be obtained.
Please contact eviCore directly at 855-727-7444, indicating the request is urgent.

Where can I see eviCore's Laboratory Management criteria?
You can find eviCore's clinical guidelines at the following link:
 [Insert Lab Management Implementation Link]

You may also request the specific criteria used in a case determination by submitting a criteria request form by email to reqcriteria@carecorenational.com or by fax to 855-727-7444.

The criteria request form can be found at:
www.evicore.com/ReferenceGuidelines/eviCore%20Request%20for%20Criteria%20Web20Form.pdf

After I ask for a prior authorization, how long will it take to get a decision?
eviCore 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 will give a decision within one 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 by fax. Providers can validate a prior authorization by using the eviCore website or by calling eviCore. Members will be notified in writing and verbally if the authorization isn't approved.

If prior authorization isn't approved, what follow-up information will referring providers receive? The referring and rendering provider will receive a 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 Clinical Consultation with an eviCore Certified Genetic Counselor or Medical Director to review the decision.

What information about the prior authorization will be visible on the eviCore 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 healthcare will not be delegated for appeals. All appeals will need to be referred to Network Health Wisconsin.

Please Note: The referring provider may request a Clinical Consultation with an eviCore Certified Genetic Counselor or Medical Director to review the decision once the request has been denied.