

Lab Management Program Quick Reference Guide



Required Authorization

Certain outpatient, non-emergent Molecular and Genomic Testing such as:

- Hereditary cancer screening
- Carrier screening tests
- Tumor marker / molecular profiling
- Hereditary cardiac disorders
- Cardiovascular disease / thrombosis risk variant testing
- Pharmacogenomic testing
- Neurological disorders
- Mitochondrial disease testing
- Intellectual disability / developmental disorders

No Required Authorization eviCore healthcare will not manage prior authorizations for the following:

- Inpatient Stay
- Emergency Room
- 23-hour Observation
- Inpatient genomic testing
- General lab testing

Authorization Requirements

To ensure the authorization process is as quick and efficient as possible, the ordering physician should have the following information available:

- 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
- Relevant past test results
- Member / patient ethnicity
- Relevant family history
- Known familial mutation /specific mutation
- Use of results in member / patient care
- Pertinent clinical documentation that supports the test requested
- Patient name, date of birth, address, and member ID
- Referring physician NPI, phone and fax
- Rendering laboratory NPI, phone and fax

Need Clinical Support?

To request a clinical consultation, please visit www.evicore.com and select the "Request a Clinical Consultation" in the Provider Shortcuts Menu in the top right hand corner of your browser

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Authorizations

An authorization number will be faxed to the rendering provider/facility upon approval; urgent requests will be delivered verbally. eviCore healthcare will approve the CPT code or codes for the requested procedure.

It is the responsibility of the performing lab site to confirm that prior authorization has been requested and approved prior to Genomic Testing. Verification may be obtained via the eviCore healthcare website or by calling 888-693-3211.

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

Authorization Denials

eviCore notifies the ordering physician via fax, the member via phone, and the rendering lab site via fax of a denial and provides a rationale for the determination within one business day of the decision. The communication provides the appeal options per current state policy.

eviCore also offers the ordering physician a consultation with an eviCore Medical Director. In certain instances, additional information provided during the clinical consultation is sufficient to satisfy medical necessity criteria. If your case requires further clinical discussion for approval,

Urgent Requests 888-693-3211

Contact eviCore to request an urgent authorization.

If a fax request is needed for an urgent request, please call the phone number listed above to discuss the fax protocol.

Convenient Web Portal

[The Web Portal](#) remains the quickest, most efficient way to obtain information. After a one-time registration, you can initiate a case, view case/authorization details, verify eligibility, and more. Available 24/7, 365 days a year.

Web Portal assistance:

e: portal.support@evicore.com

p: 800-646-0418 (Option 2)



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The eviCore Client Resource contains clinical guidelines, web registration/submission information, FAQ documents, a comprehensive CPT code list, and other important resources that are kept up-to-date for your convenience:

[Mass General Brigham Health \(aka AllWays Health Partners Resources\) | eviCore healthcare](#)