

## Lab Management Frequently Asked Questions

### Who is EviCore?

EviCore, an Evernorth Health Services business, is a specialty medical benefits management company that partners with health plans to provide certain utilization management services.

### Which members will EviCore healthcare manage for the Lab Management Program?

EviCore will manage prior authorization for members who are enrolled in the following programs:

- Alliance Health (Medicaid members only)

### What is EviCore's healthcare's Lab Management Program?

The EviCore Laboratory Management solution ensures appropriate utilization of genomic testing through evidence-based clinical policies, medical necessity review, and claims payment rules. There are more than 70,000 available genetic tests, with new tests added quarterly. EviCore helps providers and plans know which tests have sufficient clinical evidence to support their use.

### Which testing services require prior authorization for Alliance Health?

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/resources>  
Find the Health Plan > Select Solution Resources> Select Laboratory Management> Select CPT Code List or [evicore.com/resources/healthplan/alliance-health](https://www.evicore.com/resources/healthplan/alliance-health).

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

### How do I check the eligibility and benefits of a member?

Member eligibility and benefits should be verified by calling the number listed on the back of the member's ID card before requesting prior authorization through EviCore.

### Who needs to request prior authorization through EviCore?

All physicians who request/order Lab services are required to obtain a prior authorization for services prior to the service being rendered in an office or outpatient setting. It is the responsibility of the performing laboratory to confirm that the rendering physician completed the prior authorization process for molecular/genomic testing.

### How do I request prior authorization through EviCore healthcare?

Providers and/or staff can request prior authorization in one of the following ways:

#### Web Portal

The EviCore web portal is the preferred method to initiate a request. It is the quickest, most efficient way to request prior authorization and is available 24/7. Providers can request authorization by visiting [www.evicore.com](https://www.evicore.com)

#### Call Center

EviCore's call center is open from 7 a.m. to 7 p.m. local time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling 844-545-9213.

### What are the benefits of using the eviCore Web Portal?

Our web portal provides 24/7 access to submit or check on the status of your request. The portal also offers additional benefits for your convenience:

- **Speed** – Requests submitted online require half the time (or less) than those taken telephonically. They can often be processed immediately.
- **Efficiency** – Medical documentation can be attached to the case upon initial submission, reducing follow-up calls and consultation.
- **Real-Time Access** – Web users are able to see real-time status of a request.
- **Member History** – Web users are able to see both existing and previous requests for a member

### Where can I access EviCore healthcare’s clinical guidelines?

EviCore’s clinical guidelines are available online 24/7 and can be found by visiting the following link: [www.evicore.com/provider/clinical-guidelines](http://www.evicore.com/provider/clinical-guidelines). Once you’ve selected the link, you will then select “Laboratory Management”, and a pop up will display on the screen asking you to accept the user agreement. Once you’ve read and accepted the user agreement, a new landing page will appear with a search bar in the middle stating “Search for Health Plan”. You will then type in “Alliance Health” in the search bar for the health plan, and the dedicated Alliance Health Laboratory Management guideline page will populate with clinical guidelines under the “Current” folder.

### What information is required when requesting prior authorization?

When requesting prior authorization, please ensure the proprietary information is readily available:

#### **Member**

First and Last Name  
Date of Birth  
Address  
Member ID  
Member Ethnicity

#### **Ordering Provider**

First and Last Name  
National Provider Identification (NPI) Number  
Tax Identification Number (TIN)  
Phone and Fax Number

#### **Rendering (Performing) Provider**

Facility Name  
National Provider Identification (NPI) Number  
Tax Identification Number (TIN)  
Street Address

#### **Clinical(s)**

Specimen collection date (if applicable)  
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  
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?

For a checklist of information needed to align with medical necessity criteria, please follow this link:  
<https://www.EviCore.com/-/media/files/EviCore/provider/training-resources/required-medical-information-check-list.pdf>

### **What is the most effective way to get authorization for urgent (expedited) requests?**

Urgent requests are defined as a condition that is a risk to the patient's health, ability to regain maximum function and/or the patient is experiencing severe pain that require a medically urgent procedure. Urgent requests may be initiated on our web portal at [evicore.com](http://evicore.com) or by contacting our contact center at 844-545-9213. Urgent requests will be processed within 24 hours from the receipt of complete clinical information.

**Note:** Please select urgent for those cases that truly are urgent and not simply for a "quicker" review. If a request is selected as urgent but does not meet guidelines to be considered urgent, the case may be reassigned as a routine case.

### **After I submit my request, when and how will I receive the determination?**

After all clinical info is received, for normal (non-urgent) requests a decision is made within 2 business days. For urgent requests, a decision is made within 24 hours (Medicare) and 72 hours (commercial). The provider will be notified by fax.

### **How long is the authorization valid?**

Authorizations are valid for 60 days from the specimen collection date. If the service is not performed within the authorization timeframe, please contact [evicore.com](http://evicore.com) healthcare.

### **What are my options if I receive and adverse determination?**

The referring and rendering provider will receive a denial letter that contains the reason for denial as well as reconsideration and appeal rights process.

### **Does EviCore review cases retrospectively if no authorization was obtained?**

Retrospective requests will not be accepted. Authorizations are valid from specimen collection date.

### **How do I make changes to an authorization that has been performed? How do I make changes to authorization that has not been performed?**

The requesting provider should contact EviCore with any change to the authorization, whether or not the procedure has already been performed. It is very important to update EviCore healthcare of any changes to the authorization in order for claims to be correctly processed for the facility that receives the member.

### **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 and Expiration Date

### **How do I determine if a provider is in network?**

Participation status can be verified by contacting the number listed on the back of the member's ID card. Providers may also contact eviCore healthcare at 844-545-9213. EviCore receives a provider file from Alliance Health with all independently contracted participating and non- participating providers.

### **Where do I submit questions or concerns regarding this program?**

For program related questions or concerns, please email: [ClientServices@EviCore.com](mailto:ClientServices@EviCore.com)

Common Items to Send to Client Services include:

- Questions regarding accuracy assessment, accreditation, and/or credentialing
- Requests for an authorization to be resent to the health plan
- Consumer Engagement Inquiries
- Complaints and Grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

### **Who do I contact for online support/questions?**

Web portal inquiries can be emailed to [Portal.Support@EviCore.com](mailto:Portal.Support@EviCore.com) or call 1-800-646-0418 (Option 2).

### **Where can I find additional educational materials?**

For more information and reference documents, please visit our resource page at: [evicore.com/resources/healthplan/alliance-health](https://evicore.com/resources/healthplan/alliance-health)