Molecular Laboratory Management

Frequently Asked Questions

Who is EviCore By Evernorth?

EviCore is an independent specialty medical benefits management company that provides utilization management services for Cigna Healthcare.

Which Cigna Healthcare customers will EviCore manage for the Molecular Laboratory Management program?

EviCore will manage prior authorization for Cigna Healthcare customers who are enrolled in the following plans:

Commercial

- US Commercial (OAP/PPO/HMO)
- Payer Solutions
- Individual Family Plan (IFP)
- Alliances

What is the EviCore Molecular Laboratory Management program?

The EviCore Molecular 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 Cigna Healthcare?

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/healthplan/cigna.

Note: Services performed within an inpatient stay, 23-hour observation or emergency room visit do not require authorization.

How do I check the eligibility and benefits of a patient?

Patient eligibility and benefits should be verified on Cigna Healthcare's website at https://cignaforhcp.cigna.com/app/login before requesting prior authorization through EviCore.

Who needs to request prior authorization through EviCore?

All physicians who request or order Molecular Laboratory Management services are required to obtain prior authorization for EviCore-delegated 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 and genomic testing.

How do I request a prior authorization through EviCore?

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

Web Portal

The EviCore 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

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 866-668-9250.

What are the benefits of using EviCore's 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.
- **Patient History** – Web users are able to see both existing and previous requests for a patient.

Where can I access EviCore clinical worksheets and 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

What information is required when requesting prior authorization?

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

Customer

- First and Last Name
- Date of Birth
- Address
- Customer ID

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
- 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

- 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.

What is the most effective way to get authorization for urgent 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 or by contacting us at 866- 668-9250. 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. Also note that 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 2-3 business days. For urgent requests, a decision is made within 24 to 72 hours. The provider will be notified by fax.

How long is the authorization valid?

Authorizations are valid for 180 calendar days. If the service is not performed within the calendar days from the issuance of the authorization, please contact EviCore.

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 processes.

Note: The referring provider may request a clinical consultation within two (2) business days with an EviCore Medical Director to review the decision.

Does EviCore review cases retrospectively if no authorization was obtained?

EviCore considers all requests to be pre-service until a claim has been submitted, at which point the request would then become a post-claim review. The laboratory management program does not formally ask if the procedure has been performed, but instead uses the specimen collection date.

How do I make a revision to an authorization that has been performed? How do I make a revision to authorization that has not been performed?

The requesting provider or patient should contact EviCore at 866-668-9250 with any change to the authorization, whether or not the procedure has already been performed. It is very important to update EviCore of any changes to the authorization in order for claims to be correctly processed for the facility that receives the patient.

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 on the secured provider login section at https://cignaforhcp.cigna.com/app/login. Providers may also contact EviCore at. EviCore receives a provider file from Cigna Healthcare with all independently contracted participating and non-participating providers.

Where do I submit my claims?
All claims will continue to be filed directly to Cigna Healthcare.

Where do I submit questions or concerns regarding this program?
For program related questions or concerns, please email: 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 (customer, 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 or call 800-646-0418 (Option 2).

Where can I find additional educational materials?
For more information and reference documents, please visit our resource page at https://www.evicore.com/resources/healthplan/cigna.