

Lab Management

Frequently Asked Questions

Who is EviCore?

EviCore by Evernorth (EviCore) is an independent specialty medical benefits management company that provides utilization management services for Priority Health

Which members will EviCore manage for the Lab Management program?

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

- Commercial
- Medicaid
- Medicare

What is EviCore'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 Priority Health?

Go to www.EviCore.com/resources. Select Health Plan > Select Solution Resources > Select the desired solution > Select CPT Codes.

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 on www.priorityhealth.com/provider 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 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 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 am to 7 pm local time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling 844-303-8456.

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.
- **Member History** – Web users are able to see both existing and previous requests for a member.

Where can I access EviCore's clinical worksheets and guidelines?

EviCore's clinical worksheets and guidelines are available online 24/7 and can be found by visiting one of the following links:

Clinical Worksheets

www.EviCore.com/provider/online-forms

Clinical Guidelines

www.EviCore.com/provider/clinical-guidelines

How do I check an existing prior authorization request for a member?

Our web portal provides 24/7 access to check the status of existing authorizations. To check the status of your authorization request, please visit www.EviCore.com and sign in with your login credentials.

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

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

- 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.

Note: EviCore suggests utilizing the clinical worksheets when requesting authorization for Lab Management services.

How long is the authorization valid?

Authorizations are valid for 90 calendar days. If the service is not performed within 90 calendar days from the issuance of the authorization, please contact EviCore.

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 our contact center at 844-303-8456. 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 hours (Medicare/Medicaid) and 72 hours (commercial). The provider will be notified by fax.

What are my options if I receive an 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.

Note: The referring provider may request a Clinical Consultation within 14 calendar days of the determination with an EviCore Medical Director to review the decision.

Does EviCore review cases retrospectively if no authorization was obtained?

Retrospective requests must be initiated by phone within 360 calendar days from the date of service. Please have all clinical information relevant to your request available when you contact EviCore.

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 member should contact EviCore with any change to the authorization, whether the procedure has already been performed or not. 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 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
- Expiration Date

How do I determine if a provider is in network?

EviCore receives a provider file from Priority Health with all independently contracted participating and non-participating providers. Participation status can be verified at www.priorityhealth.com/provider. Providers may also contact EviCore at 844-303-8456.

Where do I submit my claims?

All claims will continue to be filed directly to Priority Health.

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:

- 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

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Who do I contact for online support/questions?

Web portal inquiries can be emailed to Portal.Support@EviCore.com or by calling 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/priority-health>