



eviCore healthcare Laboratory Management Program Frequently Asked Questions

Who is eviCore healthcare?

eviCore healthcare (eviCore) is a specialty medical benefits management company that provides utilization management services for Health Plans.

What is the relationship between Mass General Brigham Health Plan and eviCore healthcare?

Starting in August 2016, Mass General Brigham Health Plan has contracted with eviCore healthcare to manage the Laboratory Management program.

How can I initiate a prior authorization request?

The preferred, most efficient method is to initiate a request online at www.evicore.com. You may also initiate requests via phone at 888-693-3211.

What are the hours of operation for the prior authorization department?

eviCore healthcare's prior authorization call center is available from 7:00 a.m. to 7:00 p.m. eastern time, Monday through Friday. The web portal is available for access 24/7.

What Mass General Brigham Health Plan or lines of business are covered under this agreement?

Fully insured Commercial, PPO, Medicaid and CCHIP lines of business are covered under this agreement.

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:

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

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 is 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

What is the most effective way to get authorization for clinically urgent requests?

Urgent requests can be initiated by web or phone. Log into www.eviCore.com or call eviCore healthcare at 888-693-3211, indicating the request is urgent.

Where can I see eviCore healthcare's Laboratory Management criteria?

You can access eviCore healthcare's clinical guidelines at the following link: [Mass General Brigham Health \(aka AllWays Health Partners Resources\) | eviCore healthcare](#) You may also request the specific criteria used in a case determination by submitting a criteria request form found on <http://www.evicore.com/resources/Pages/Providers.aspx> website to regcriteria@carecorenational.com or by fax to 866-699-8160.

Once I ask for a prior authorization, how long will it take to get a decision?

eviCore healthcare is committed to reviewing all requests and giving case decisions in less than two business days. However, eviCore healthcare will tell your practice about all authorization decisions within three business days of getting all necessary clinical information. When Laboratory Management is required due to a medically urgent condition, eviCore healthcare will give a decision within 1 business day of receiving all necessary demographic and clinical information. *Please state that the authorization is for medically urgent care.*

What if I don't obtain prior authorization?

Claims will be denied if you don't get prior authorization or approval.

What if I don't agree with eviCore healthcare's clinical code determination?

Please contact eviCore healthcare. You can schedule a peer-to-peer discussion with an eviCore certified Genetic Counselor or a board certified Medical Director.

Where should I send claims once I provide services?

Send all claims as you would normally to Mass General Brigham Health Plan.

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 the referring provider or rendering provider know that a prior authorization has been completed?

The referring provider or rendering provider will be able to verify if a prior authorization request was approved by checking the status on the eviCore web site or by calling the eviCore Customer Service department.

What information about the prior authorization will be visible on the eviCore healthcare website?

The authorization status function on the web site will provide the following information:

- Prior Authorization Number/Case Number
- Status of Request
- Site Name and Location
- Prior Authorization Date
- Expiration Date

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 via fax. Providers can validate a prior authorization by using the eviCore Web site or by calling eviCore Customer Service. Members will be notified in writing of any adverse determinations.

If a prior authorization is not approved, what follow-up information will the referring provider receive?

The referring provider and rendering lab site will receive a denial 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 Peer-to-Peer discussion with an eviCore Certified Genetic Counselor or Medical Director to review the decision.

How do I appeal a denied prior authorization?

EviCore is delegated First level appeals only.

Your notification is the best resource for filing your appeal. For Medicaid, you have 60 calendar days from the notice of adverse action to file. For commercial, you have 180 days from the notice of adverse action.

You can contact appeals:

Phone: 800-792-8744 ext.49100 or 800-918-8924 ext.49100.

Fax: 866-889-8061

Written: EviCore healthcare

Attn: Clinical Appeals

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