



Molecular Testing Utilization Management Program

Frequently Asked Questions

Who is EviCore?

EviCore is an independent specialty medical benefits management company that provides select utilization management services for Wellmark Blue Cross and Blue Shield.

Which members will EviCore manage for the Lab Management program?

EviCore will manage molecular testing (genetic and genomic) prior authorization for Wellmark members who are enrolled in commercial fully insured and most self-funded plans.

Note: EviCore will not manage prior authorizations for Medicare Advantage, Medicare Supplement, or FEP plans.

What is EviCore's Lab Management program?

The EviCore Laboratory Management solution ensures appropriate utilization of molecular testing (genetic and genomic) through evidence-based clinical policies, medical necessity review, and claims payment rules. EviCore helps providers and plans know which tests have sufficient clinical evidence to support their use.

Which testing services require prior authorization for Wellmark?

Certain outpatient molecular tests will require prior authorizations. Please refer to the list of CPT/HCPCS codes that require prior authorization at the following link: [Wellmark Authorization Table](#).

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

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

Member eligibility and benefits can be verified via the on line tool at: [Wellmark Provider Portal](#).

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 testing (genetic and genomic).



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 [Wellmark Authorization Table](#).

Call Center

EviCore's call center is open from 7 a.m. to 7 p.m. central time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling **844-253-9502**.

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 guidelines/policies?

EviCore's clinical guidelines/policies are available online 24/7 and can be found by visiting: <http://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:

Member

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

Ordering and Rendering Providers

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

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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 expedited/urgent requests?

The NCQA definition of an urgent request is 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 requires a medically urgent procedure. Expedited/urgent requests may be initiated on the web portal or by contacting EviCore's contact center at **844-253-9502**. Expedited/urgent requests will be processed within 24 hours (South Dakota) and 72 hours (Iowa) 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 information is received, for standard (non-urgent) requests a decision is made within 2-3 business days. For expedited/urgent requests, a decision is made within 24 hours for South Dakota members and within 72 hours for Iowa members.

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 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 processes.

Note: The referring provider may request a clinical consultation with an EviCore Medical Director to review the decision. Clinical consultations may be self-scheduled on EviCore's web portal, requested on line at [Request a Clinical Consultation | EviCore](#), or by contacting EviCore's contact



center at **844-253-9502**. Make sure to schedule the clinical consultation within 14 calendar days after the determination date.

Does EviCore review cases retrospectively if no authorization was obtained?

In order to avoid the risk of denial, we highly encourage submitting a request for authorization prior to collecting a specimen. However, retrospective (post service) authorizations can be requested prior to the claim being submitted.

Note: If a claim is submitted without an authorization, the claim will deny, and the provider will be directed to EviCore to obtain an authorization. Upon obtaining the authorization, the claim will be adjusted.

How do I make a revision to an authorization that has been performed?

The requesting provider should contact EviCore prior to submitting the claim with any change to the authorization by contacting EviCore's call center at **844-253-9502**.

What information about the prior authorization will be visible on EviCore's web portal?

The authorization status function on the website will provide the following information:

- Prior Authorization Number/Case Number
- Status of Request
- Rendering 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 via Wellmark's Find a Provider or Facility page:
<https://www.wellmark.com/finder>

Providers may also contact EviCore's call center at **844-253-9502**. EviCore receives a provider file from Wellmark with all participating network providers.

Where do I submit my claims?

All claims will continue to be filed directly to Wellmark.

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 and/or provider demographic information
- Requests for an authorization to be resent to the health plan
- Consumer engagement inquiries
- Complaints and grievances

**Whom can I contact if I experience issues with the EviCore portal?**

Please email: 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: [Wellmark BCBS Provider Resources | EviCore by Evernorth](#).

Whom can I contact if I have feedback on EviCore guidelines?

To share feedback on EviCore clinical guidelines, you can share the below information by sending an email message to: clinicalguidelinefeedback@EviCore.com. Please understand that this email box will not review specific case information. The recipients of your message will review and consider feedback when you include the following information:

- Specific clinical guideline
- Peer-reviewed literature from medical journals
- External provider feedback
- External provider name, email and contact information