

## Molecular Lab Management Frequently Asked Questions

### Who is EviCore?

EviCore is an independent specialty medical benefits management company that provides utilization management services for Capital Blue Cross.

### Which members will EviCore manage for the Molecular Lab Management program?

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

- Commercial
- CHIP
- Medicare

### What is the EviCore Molecular Lab Management program?

The EviCore Molecular Lab 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 Capital Blue Cross?

Certain outpatient molecular and genomic tests will require prior authorizations. Please refer to the list of CPT/HCPCS codes that require prior authorization, which can be found by visiting:

- <https://www.capbluecross.com/wps/portal/cap/provider/resource/single-source-preauthorization>
- [https://www.EviCore.com/resources/healthplan/Capital\\_Blue\\_Cross](https://www.EviCore.com/resources/healthplan/Capital_Blue_Cross)

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

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

Member eligibility and benefits should be verified on <https://www.capbluecross.com/> 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?

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](http://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 877-282-2510.

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

Our web portal provides 24/7 access to submit or check 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 clinical worksheets and guidelines?

EviCore's clinical guidelines are available online 24/7 and can be found by visiting <https://www.EviCore.com/provider/clinical-guidelines>.

## What information is required when requesting prior authorization?

When requesting prior authorization, please ensure the pertinent information is readily available. EviCore requires name (first and last) and one additional identifier from the list below:

### Member

- First and last name
- Date of birth
- Full address
- Phone number including area code
- Member ID
- Driver's license number or government-issued ID
- Correct case number/episode ID

### Ordering Provider

- First and last name
- National provider identification (NPI) number
- Tax identification number (TIN)
- Phone and fax numbers

### 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.

## 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 requires 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 877-282-2510. 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.

## 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 (Peer-to-Peer, P2P) and appeal rights processes.

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

Retrospective requests must be initiated by phone within **30 calendar days** of 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?

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 and expiration date

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

Participation status can be verified by visiting the Capital Blue Cross provider site at:

<https://www.capbluecross.com/wps/portal/cap/provider>

Providers may also contact EviCore at 877-282-2510. EviCore receives a provider file from the health plan with all independently contracted participating and non-participating providers.

## Where do I submit my claims?

All claims will continue to be filed directly with Capital Blue Cross.

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

For program-related questions or concerns, please submit inquiries via the [ECRM website](#). Common issues addressed through ECRM include:

- Questions regarding accreditation and/or credentialing
- Requests for an authorization to be re-sent to the health plan
- 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?

EviCore Web Support is available through one of the following methods:

- Initiate a support request via [ECRM](#).
- Call 800.646.0418 (option 2).
- Live chat at [www.EviCore.com](http://www.EviCore.com)

## 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/Capital\\_Blue\\_Cross](https://www.EviCore.com/resources/healthplan/Capital_Blue_Cross)