EviCore
By EVERNORTH

carolina complete health
PARTNERS Improving Lives. Strengthening Communities.
Trillium HEALTH RESOURCES

Lab Management
Frequently Asked Questions

Who is EviCore?
EviCore is an independent specialty medical benefits management company that provides utilization management services for Carolina Complete Health, Partners Physical Health Tailored Plan, and Trillium Physical Health Tailored Plan programs.

Which members will EviCore manage for the Lab Management program?
EviCore will manage prior authorization for Carolina Complete Health, Partners Physical Health Tailored Plan, and Trillium Physical Health Tailored Plan programs members who are enrolled in the following programs:

- Medicaid

What is EviCore 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 Carolina Complete Health, Partners Physical Health Tailored Plan, and Trillium Physical Health Tailored Plan programs?
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:
Carolina Complete Health Provider Resources | EviCore by Evernorth
Partners Physical Health Tailored Plan Provider Resources | EviCore by Evernorth
Trillium Physical Health Tailored Plans Provider Resources | EviCore by Evernorth

Select Solution Resources> Select Laboratory Management> Select CPT Code List.

Note: Services performed within an inpatient stay, 23-hour 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 by contacting the number listed on the back of the member's ID card.

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 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 855-252-1116.

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 one of 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:
EviCore requires name (first and last) and two 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 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 requires a medically urgent procedure. Urgent requests may be initiated on our web portal at EviCore.com or by contacting our contact center at 855-252-1116. 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. The provider will be notified by fax.

How long is the authorization valid?

Authorizations are valid for 60 calendar days. If the service is not performed within 60 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 and appeal rights processes. Reconsiderations must be requested within 5 business days after the determination date.

Note: The referring provider may request a Clinical Consultation (Peer to Peer) within 1 business day of the request with an EviCore Medical Director.

Does EviCore review cases retrospectively if no authorization was obtained?

Retrospective requests are not permitted.

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 or not the procedure has already been performed. It is very important to update EviCore with 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

Where do I submit my claims?

All claims will continue to be filed directly with Carolina Complete Health, Partners Physical Health Tailored Plan, and Trillium Physical Health Tailored Plan programs.

Where do I submit questions or concerns regarding this program?

For assistance with membership, claims, provider network issues, etc., submit the issue to our dedicated teams via EviCore Communication Relationship Management (ECRM):

- Access: ECRM Services

- ECRM educational resources: ECRM Resources | EviCore by Evernorth
- Trouble using ECRM? Send an email to: ECRMSupport@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 (member, 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 submitted via ECRM Services 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:
Carolina Complete Health Provider Resources | EviCore by Evernorth
Partners Physical Health Tailored Plan Provider Resources | EviCore by Evernorth
Trillium Physical Health Tailored Plans Provider Resources | EviCore by Evernorth