EviCore
By EVERNORTH

Lab Management
Frequently Asked Questions

Who is EviCore By Evernorth?

EviCore By Evernorth (EviCore) is an independent specialty medical benefits management company that provides utilization management services for certain Blue Cross and Blue Shield Plans in Illinois, Montana, New Mexico, Oklahoma, and Texas

Which members will EviCore healthcare manage for the outpatient Genomic lab services?

EviCore will manage services for:

- Blue Cross and Blue Shield (BCBS) Medicare members located in the states listed above.
- BCBS Medicaid members located in Illinois and Texas

What is the relationship between BCBS and EviCore?

Beginning June 1, 2017, EviCore started managing select Laboratory Management tests for BCBS.

What procedures will require prior authorization?

Certain Outpatient Molecular and Genomic tests will require prior authorization. Please refer to the list of CPT/HCPCS codes that require prior authorization at the following link:

Provider Resources | EviCore by Evernorth

How can I initiate a prior authorization request?

The quickest, most efficient way to obtain prior authorization is through the self-service web portal at www.evicore.com. Prior authorization can also be obtained via phone at 855-252-1117.

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

EviCore's prior authorization call center is available from 7:00 a.m. to 7:00 p.m, Monday through Friday local time. For auth requests originating from Texas hours of operation are 6 am to 6 pm central time Monday through Friday and between 9 am-noon central time on Saturdays, Sundays, and legal holidays. The web portal is available 24/7.

What information will be required to obtain 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 urgent requests?

The most efficient way to obtain preauthorization for urgent requests is via the EviCore web portal. You can also contact EviCore via phone at 855-252-1117. Please be sure to indicate the request is urgent.

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Where can I see EviCore's Genomic Laboratory Management criteria?

You can access clinical guidelines at the following link:

Clinical Guidelines | EviCore by Evernorth

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

EviCore is committed to reviewing all requests and giving case decisions within seven (7) calendar days of receiving all necessary clinical information, with the exception of Texas Medicaid that will be processed within 3 calendars days. When Genomic Laboratory Management is required due to a medically urgent condition, EviCore will give a decision within 72 hours of receiving all necessary demographic and clinical information. *Please state that the authorization is for medically urgent care.*

Who can request prior authorization?

A representative of the ordering provider'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 prior authorization on behalf of the ordering provider.

How will all parties be notified if the prior authorization has been approved?

Ordering and rendering providers will receive notification via fax. You can also validate the status using the EviCore provider portal at www.evicore.com or by calling EviCore at 855-252-1117. Members will be notified by mail.

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

For Medicaid BCBS IL & TX members, the referring provider will receive a denial letter that contains the reason for denial as well as Reconsideration and Appeal rights and processes. A reconsideration allows providers the chance to provider additional information to support the request and includes the opportunity to request a Peer-to-Peer discussion with an EviCore Medical Director to review the decision.

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For Medicare BCBS members, the referring provider will receive a denial letter that contains the reason for denial as well as Appeal rights and processes. Please note that after a denial has been issued for a Medicare member, no changes to the case decision can be made. A consultation with an EviCore Medical Director is for educational purposes only.

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

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

Can the member still proceed with the treatment or tests that were ordered even if no benefit preauthorization is issued?

Yes, regardless of any benefit determination, the final decision regarding any tests or treatment is between the member and their health care provider. However, be advised that without preauthorization (for medical necessity under the applicable benefit plan) that benefits may be denied and the member may be financially responsible for the charges.

If the test or treatment receives a benefit preauthorization, can I be assured that the claim will be paid when submitted?

Approval of services after preauthorization (for medical necessity under the applicable benefit plan) is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including but not limited to: eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation and other terms, conditions, limitations and exclusions set forth in the member's policy.

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Will EviCore be processing claims for BCBS?

No, EviCore will only manage prior authorization requests. Pre-Certification and Pre-Service approval is not a guarantee of payment of benefits.

Medicare: Payment of benefits is subject to several factors, including but not limited to: eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation and other terms, conditions, limitations and exclusions of your Certificate of Benefits booklet and/or Summary of Benefits.

Medicaid: For services to be paid by Blue Cross and Blue Shield, members must be eligible for Medicaid at the time of treatment. Payment depends on the amount allowed for the treatment. It also depends on a review of supporting records. Other terms and limits of your plan may also apply.

What are the parameters of an appeals request?

EviCore will manage first level appeals. An authorized representative, including a provider, acting on behalf of a member, with the member's written consent may file an appeal on behalf of a member. A member patient authorization form must be completed for all first level appeals. Appeal rights are detailed in coverage determination letters sent to the providers with each adverse determination. Appeals must be made in writing within 120 calendar days, and 30 calendar days for IL Medicaid unless the request involves urgent care, in which case the request may be made verbally. EviCore will respond within 30 calendar days, and 15 business days for IL Medicaid requests.

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Where should first-level appeals be sent?

Please refer to the appeal instructions on the denial letter for guidance.

Fax: 866-699-8128

E-mail: Appealsfax@evicore.com

Toll Free Phone: (800) 792-8744 ext 49100 or (800) 918-8924 ext 49100

Public Information