EviCore
By EVERNORTH

Lab
Frequently Asked Questions (FAQs)

network health

Who is EviCore healthcare?
EviCore healthcare (EviCore) is an independent specialty medical benefits management company that provides utilization management services for Network Health Wisconsin.

What is EviCore's Lab Prior Authorization Program?
EviCore's Prior Authorization Program consists of requests for Prior Authorization Medical Necessity Determinations for certain outpatient, non-emergent Molecular and Genomic Testing such as:

- Hereditary cancer screening
- Carrier screening tests
- Tumor marker / molecular profiling
- Hereditary cardiac disorders
- Cardiovascular disease / thrombosis risk variant testing
- Pharmacogenomic testing
- Neurological disorders
- Mitochondrial disease testing
- Intellectual disability / developmental disorders

What scenarios will not require Prior Authorization?
EviCore will not manage prior authorizations for the following:

- Inpatient Stay
- Emergency Room
- 23-hour Observation
- Inpatient genomic testing
- General lab testing

How do I check the eligibility and benefits of a member?
Member eligibility and benefits should be verified on Provider Resources | Network Health 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. Authorizations can be verified on the EviCore portal at: Homepage | EviCore by Evernorth

Important: Authorization from EviCore does not guarantee claim payment. Services must be covered by the health plan, and members must be eligible at the time services are rendered. Claims submitted for unauthorized procedures are subject to denial, and the member must be held harmless. Please verify the member's eligibility with the health plan.

EviCore
By EVERNORTH

Lab
Frequently Asked Questions (FAQs)

network health

How do I request prior authorization through EviCore? Providers and/or staff can request prior authorization in one of the following ways:

1. **Web Portal (preferred)** The EviCore portal is the quickest, most efficient way to request prior authorization and is available 24/7. Providers can request authorization by visiting Homepage | EviCore by Evernorth

2. **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 revise existing cases by calling 855-727-7444

3. **Fax option** While not preferred, providers and/or staff may submit a request for prior authorization to 844-545-9213

What is the Date of service (DOS) for Lab services?

The DOS is the date of specimen collection. Specimen collection is considered the initial step in the testing process; the billable event occurs when the analysis results are delivered to the ordering provider. It may be days/weeks between the date a specimen is collected and the date a case is built for prior authorization.

- Specimen transport to rendering site (Lab).
- The specimen may have arrived in-house, but the Lab is not yet prepared to test the sample.

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
- Member ID

Ordering Provider

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

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

- Test indication (Personal history of condition being tested, age at initial diagnosis, relevant signs and symptoms if applicable)
- 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 patient's care?
- Submit any pertinent clinical documentation that will support the test request.

How to avoid inappropriate denials when services are appropriate?

Services that are deemed appropriate are those that follow clinical and/or medical necessity guidelines. You can find those guidelines at Clinical Guidelines | EviCore by Evernorth.

If a provider follows guidelines that govern clinical and/or medical necessity criteria, but still experiences high denial rates, the reason may be due to clinical information (see the clinical list above) missing from the case request.

Where can I access EviCore's clinical worksheets and guidelines?

EviCore's clinical worksheets and guidelines are available online 24/7 and can be found by visiting one of the following links:

Clinical worksheets: Clinical Worksheets & Online Forms | EviCore by Evernorth
Clinical Guidelines: Clinical Guidelines | EviCore by Evernorth

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 www.EviCore.com, or by contacting our contact center at 855- 727-7444.

When will I receive the authorization number once the prior authorization request has been approved?

Once the prior authorization request has been approved, the authorization information will be provided to clinician's office via fax. It's possible to receive a 'real time' authorization immediately after web submission, and clinician offices may also visit Provider's Hub | EviCore by Evernorth to view the authorization determination. The members will receive a letter of approval by mail.

Note: The authorization number will begin with the letter 'A' followed by an eight-digit number.

How long is the authorization valid?

Authorizations are normally valid for 60 calendar days. If the approved services are not performed within the authorized timeframe, or if additional care is needed, please contact EviCore prior to expiration date.

EviCore
By EVERNORTH

Lab
Frequently Asked Questions (FAQs)

network health

What if an authorization is issued and revisions need to be made?
The requesting provider or member should contact EviCore at 855-727-7444 with any change to the authorization. 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.

If EviCore denies prior authorization of a study, do we have the option to appeal the decision?
Yes. Post decision options are available and will be detailed in the denial letter sent to the requesting clinician and the member/participant. In the event of an adverse determination, EviCore welcomes post decision consultations between the provider and the EviCore Medical Director.

Who will handle a request for an appeal?
Please refer to the denial letter for details regarding post decision options.

Where do I submit my claims?
All claims will continue to be filed directly to Network Health Wisconsin.

How do I submit a program related question, or report an issue?
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
- For trouble using ECRM, reach out to our technical support team via: ECRMSupport@EviCore.com

If a member goes to a new provider for services, will a new prior authorization request be required?
Yes. When a member changes to a treating provider who is not within the same practice, a new authorization request is required. If the member has discontinued care with the original provider, please include the discharge date with the original provider when submitting your request. EviCore will not provide authorization for overlapping services or duplicate care as it is not medically necessary.

Note: A new authorization is not required if member sees a different provider within the same practice.

Where can I find additional educational materials?
For more information and reference documents, please visit our resource page at Network Health WI Provider Resources | EviCore by Evernorth.