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EviCore
By EVERNORTH

Lab Management
Frequently Asked Questions (FAQs)

Who is EviCore?
EviCore is an independent specialty medical benefits management company that provides utilization management services.

What is EviCore Lab Management program?
The EviCore Laboratory Management (Genetic Testing) program ensures appropriate utilization of molecular testing (genetic and genomic) 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 EOCCO?
Certain outpatient molecular and genomic tests will require prior authorizations. Please refer to the list of CPT/HCPCS codes that require prior authorization at EOCCO Referrals & Authorizations Page or by accessing the Lab policy website at Laboratory Management | EviCore by Evernorth and select EOCCO under the “Search by Health Plan” field.

Note: Services performed within an inpatient stay, 23-hour observation or emergency room visit don't require authorization.

How do I check the eligibility and benefits of a member?
Member eligibility and benefits should be verified by the health plan on their Benefit Tracker before requesting prior authorization through EviCore.

Who needs to request prior authorization through EviCore?
All physicians who request/order molecular testing (genetic and genomic) should obtain prior authorization for services prior to the service being rendered. However, it is the responsibility of the performing laboratory to confirm that the rendering physician completed the prior authorization process for molecular/genomic testing.

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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 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 **844.303.8451.**

What are the benefits of using EviCore Web Portal?
Our web portal provides 24/7 access to submit a request 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 clinical guidelines?
EviCore's clinical guidelines are available online 24/7. You can access them by visiting the following link: Laboratory Management | EviCore by Evernorth and selecting 'EOCCO' in the 'Search by Health Plan' field.

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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 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 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.

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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 **844.303.8451.** Urgent requests will be processed within 72 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 72 hours. The provider will be notified electronically or by fax. Determination notices are also available on the Web portal 24/7.

How long is the authorization valid?
Authorizations are valid for 180 calendar days. If the service is not performed within 180 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 post decision options. Please refer to the denial notices for specific case instructions.

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 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

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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

Who do I contact for online support/questions?
Web portal inquiries can be emailed to 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 EviCore EOCCO Provider Resources.

How do I determine if a provider is in network?
Participation status can be verified through the health plan. EviCore receives a provider file from the health plan with contracted participating and non-participating providers.

Where do I submit my claims?
Claims should be filed with the health plan.

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