LABORATORY MANAGEMENT PROGRAM

Frequently Asked Questions for Highmark

JUNE 2016

Who is eviCore healthcare?
eviCore healthcare (eviCore) is a specialty medical benefits management company that provides utilization management services for health plans.

What is the relationship between Highmark and eviCore healthcare?
Starting in August 2016, Highmark has contracted with eviCore healthcare to manage the Laboratory Management Program.

Why is Highmark implementing the Lab Management Program?
Highmark has contracted with eviCore to manage molecular and genomic testing. The Lab Management Program uses evidence-based policies, developed with trained genetic experts, to ensure that the genetic lab services provided to Highmark's members support clinically appropriate care and are medically necessary, in accordance with their benefit policy.

What are the components of the Laboratory Management Program?
The Laboratory Management Program is comprised of two parts: the prior authorization review process and the claims process.

First, a decision is rendered when eviCore collects pertinent information regarding the patient's diagnosis and relevant clinical information.

Second, claims are reviewed for accuracy and medical necessity and matched against the authorization (if applicable). This review is not limited to only those codes for which prior authorization is required.

Who is responsible for obtaining prior authorization?
We recommend that ordering physicians secure authorizations and pass the authorization numbers to the rendering facilities at the time of scheduling.

Which places of service require prior authorization?
Prior authorizations will be required for certain molecular and genomic tests performed in an outpatient setting for Highmark members whose coverage requires prior authorization.

Does this program include inpatient services?
No, this is an outpatient-only program.

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How can I initiate a prior authorization request?
The preferred, most efficient method is to initiate a request online via NaviNet®. You may also initiate requests via phone at **1-888-564-5492**. Providers who do not have NaviNet access can initiate requests via the eviCore website: evicore.com.

What are the hours of operation for the prior authorization department?
eviCore healthcare's Prior Authorization Call Center is available from 7 a.m. to 7 p.m. local time, Monday through Friday.

The call center is primarily for urgent requests. Otherwise, use NaviNet or the eviCore website.

What is the most effective way to get authorization for urgent requests?
Urgent requests must be initiated via phone. Contact eviCore healthcare directly at 1-888-564-5492, indicating the request is urgent.

What Highmark plans or lines of business are affected?
The Laboratory Management Program applies to Highmark's fully insured Commercial, Affordable Care Act (ACA) and Medicare Advantage members.

What procedures will require prior authorization?
Certain outpatient molecular and genomic tests will require prior authorizations. Please refer to the list of CPT/HCPCS codes that require prior authorization. This list can also be located on eviCore's Resource page for providers. Scroll to the **Online Forms & Resources** section and select Highmark, then Lab Management. Click **Show Results,** then select **Highmark Prior Authorization codes**.

What information will be required to obtain a 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?
- Any pertinent clinical documentation that will support the test request
- Patient's name, date of birth and address
- Member ID
- Referring physician NPI, phone and fax
- Rendering laboratory NPI, phone and fax

What claims will be subject to review?
All claims associated with certain molecular and genomic procedure codes will be reviewed for

accuracy and medical necessity, based on eviCore's policies. This review is not limited to only those codes for which authorization is required. Please refer to the list of CPT/HCPCS codes that are subject to claims review. This list can also be located on eviCore's Resource page for providers. Scroll to the **Online Forms & Resources** section and select Highmark, then Lab Management. Click **Show Results**, then select **Complete Code List under Lab Management Program**.

Where can I see eviCore Healthcare's Laboratory Management Program criteria?
Highmark is fully adopting eviCore's criteria and Highmark policies, if any, will match eviCore's. You can access eviCore healthcare's clinical guidelines at the following link: evicore.com/LabManagement/Highmark%20Lab%20Management%20Guidelines.pdf

You may also request the specific criteria used in a case determination by submitting a criteria request form found on eviCore's Resource page for Providers to reqcriteria@evicore.com or by fax to 1-866-699-8160.

Once I ask for a prior authorization, how long will it take to get a decision?
eviCore healthcare is committed to reviewing all requests and giving authorization decisions within two business days. If additional clinical information is required, eviCore healthcare will issue authorization decisions within three business days of getting all necessary clinical information. When Laboratory Management is required in less than 48 hours due to a medically urgent condition, eviCore healthcare will give a decision within 24 hours of receiving all necessary demographic and clinical information. ***Please state that the authorization is for medically urgent care.***

What if I don't obtain prior authorization?
Claims will be denied if you don't get prior authorization or approval.

What if I don't agree with eviCore healthcare's clinical code determination?
For Commercial members you may contact eviCore healthcare to schedule a peer-to-peer discussion with an eviCore certified genetic counselor or board-certified medical director. For Medicare Advantage members you may contact Highmark to initiate the appeal process.

Where should I send claims once I provide services?
Send all claims as you would normally to Highmark.

How long are authorizations valid?
Authorizations are valid for 60 days. eviCore communicates the expiration date once the approval is generated.

Who can request a prior authorization?
A representative of the referring physician's staff can ask for authorization. This could be someone from the clinical, front office or billing staff, acting on behalf of the referring physician. Additionally, the rendering lab site (which may include out of network labs) may submit the prior authorization on behalf of the referring physician.

How will the referring provider or rendering provider know that a prior authorization has been completed?
NaviNet-enabled providers can check the status of authorization requests via the Auth Inquiry and

Reports transaction in NaviNet. If not NaviNet-enabled, both the referring provider and rendering provider will be able to verify if a prior authorization request was approved by checking the status on the eviCore website or by calling the eviCore Customer Service department.

How will all parties be notified if the prior authorization has been approved?
Referring providers and rendering lab sites will be notified of the prior authorization via fax. Providers can validate a prior authorization by using the eviCore website or by calling eviCore Customer Service. Members will be notified in writing by USPS mail.

What should providers do if authorization requests are rejected/denied/partially denied?
The referring provider and rendering lab site will receive a denial letter that contains the reason for denial as well as a copy of Reconsideration and Appeal Rights and Processes. For Commercial members, eviCore recommends that the provider should utilize the reconsideration process before filing an appeal. Reconsiderations are completed by submitting additional clinical information or through peer-to-peer conversations and allow eviCore to take the patient's particular circumstances into account.

If the initial decision is upheld, then the next step is an appeal. Provider appeals for commercial members should be submitted directly to eviCore. Provider appeals for Medicare Advantage members should be submitted to Highmark. All member appeals, commercial or Medicare Advantage, should be submitted to Highmark. ***Appeal information is sent in the decision letters to the physician, member, and site.*** Urgent appeals should be submitted via phone.

What should providers do if claims are rejected and additional information is requested?
eviCore will send a letter to the requesting provider requiring additional clinical information to be submitted directly to eviCore for reconsideration.

How do providers submit claim appeals?
All claim appeals for both Commercial and Medicare Advantage should be directed to Highmark. Providers will need to submit supporting documentation for any services that were not covered. To submit a claim appeal, call Highmark Provider Services.

When is a prior authorization viewable on NaviNet?
Authorizations regardless of means of submission are viewable electronically via NaviNet. Your authorization requests are viewable in NaviNet via the **Auth Inquiry and Reports** transaction.

How can eviCore find the NaviNet authorization number in their system?
When authorization requests are submitted via NaviNet, an eviCore reference number is generated. This number is located at the top of the page and begins with an "A." eviCore representatives can also search for authorizations by using a member's name, ID number and date of birth.

Where can providers go with questions or problems?
Providers can use the following resources for help:

Prior Authorization Call Center
Call 1-888-564-5492 between 7 a.m. and 7 p.m. (local time) to:

- Obtain pre-certification or check the status of an existing case
- Discuss questions regarding authorizations and case decisions

- Change Lab or CPT Code(s) on an existing case

Web-Based Services

Call 1-800-646-0418 (option #5) to speak with an eviCore Web specialist.
Go to www.evicore.com to:

- Request authorizations and check case status online — 24/7
- Register on the Web portal registration and ask any Web-related questions
- Use the pause/start feature to complete initiated cases
- Upload electronic PDF/MS Word clinical documents

eviCore Provider Relations

Email providerrelations@evicore.com or call 1-800-646-0418 (option #4) to speak with an eviCore provider relations representative for:

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Requests for an authorization to be resent to the health plan
- Requests for education/training on program processes