

Highmark Lab Management Program

Prior Authorization Quick Reference Guide.....

Authorization Required

Certain outpatient, non-emergent Molecular Genomic Testing, such as:

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

*Please reference the CPT code list of all codes under prior authorization management.

evicore.com/resources/healthplan/highmark#solutiondocs

Authorization Not Required

- Inpatient Genetic Testing
- General Lab Testing
- Genetic testing for CPT codes not included in the prior authorization list

Urgent Requests

While rare for Genetic Testing, when service is required due to a medically urgent condition, the referring physician's office **must call eviCore healthcare at 1-888-564-5492** for authorization. eviCore will make a good faith effort to render a decision within **one business day of receipt** of all necessary information. In most cases where requisite information is provided in the initial call, a decision is rendered and communicated within one business day. Please indicate that the notification is for **medically urgent care**.

Authorization Requirements

To ensure the authorization process is as quick and efficient as possible, we highly recommend that the physician's office submitting requests have:

- 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, and 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

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Two ways to request authorizations:

Web

Authorizations for Genetic Testing can be submitted via NaviNet[®]. Providers not enabled with NaviNet should use **eviCore.com**. All pertinent clinical information should be available when submitting a web request.

Phone

Contact us toll-free at 1-888-564-5492 from 7a.m. to 7 p.m. EST. For faster service, you'll need all pertinent clinical information before you call. Outside of normal business hours, you may call eviCore healthcare and leave a message for a return call the next business day.

eviCore healthcare's call center will be closed in observance of New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and the day after, and Christmas Day. **The web is available 24/7, 365 days a year.**

Guidelines on the Web

To access the eviCore healthcare guidelines, visit evicore.com/LabManagement/Highmark%20Lab%20Management%20Guidelines.pdf

Authorizations

An authorization number will be faxed to the ordering physician and rendering laboratory upon approval. eviCore healthcare will approve the specific test and the CPT code(s) for Genetic Testing. **Contact eviCore healthcare for changes to the site or test.**

It is the responsibility of the performing lab site to confirm that the prior authorization process is complete. Verification may be obtained via Web channels or by calling 1-888-564-5492.

Important! Authorization from eviCore healthcare does not guarantee claim payment. Services must be covered by the health plan and the member must be eligible at the time studies are rendered. **Claims submitted for unauthorized procedures are subject to denial.** Please verify the member's eligibility with the health plan.

Authorization Denials

eviCore healthcare notifies the referring physician, rendering lab site and member in writing of a denial and provides a rationale for the determination within one working day of the decision. This communication sets forth the appeal options per current state policy. eviCore healthcare also offers the ordering physician a consultation with an eviCore healthcare medical director or certified genetic counselor on a peer-to-peer basis. In certain instances, additional information provided during the peer-to-peer consultation is sufficient to satisfy medical necessity criteria.

Need Clinical Support?

If your case requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians. One of eviCore healthcare's physicians or genetic counselors can assist in a consideration of Genetic Testing options. To request a clinical discussion, call eviCore healthcare at 1-888-564-5492 and request a peer-to-peer discussion. **This is not where claim denials reconsideration would be discussed. For claim denials, you must follow Highmark's appeal process.**