



Lab Management

Frequently Asked Questions

Who is eviCore healthcare?

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for Johns Hopkins HealthCare.

Which members will eviCore healthcare manage for the Lab Management program?

eviCore will manage prior authorization for Johns Hopkins HealthCare members who are enrolled in the following programs:

- Priority Partners

Note: eviCore will not manage prior authorizations for Employer Health Programs, US Family Health Plan or Advantage MD at this time.

What is eviCore healthcare's Lab Management program?

The eviCore Laboratory Management solution ensures appropriate utilization of genomic testing 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 Johns Hopkins HealthCare?

Certain outpatient molecular and genomic tests will require prior authorizations. Please refer to the list of CPT/HCPCS codes that require prior authorization at the following link:

<https://www.evicore.com/resources/healthplan/johnshopkinshealthcare>

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

Are testing procedure codes in the program subject to claims review and payment policies?

Yes. While not all testing procedure codes may require prior authorization, non-molecular testing and molecular testing procedure codes in the program may be subject to claims review and payment policies. Policies are outlined in the Lab Management Program Clinical Guidelines for Johns Hopkins HealthCare. Laboratory Claim Reimbursement begins on page 877 of the following link:

[John Hopkins Healthcare: Lab Management Guidelines \(evicore.com\)](#)

Where can I find a list of non-molecular testing and molecular testing procedure codes, which are subject to claims review and payment policies?

Please refer to the list of CPT/HCPCS codes at the following link:

<https://www.evicore.com/resources/healthplan/johnshopkinshealthcare>

How do I check the eligibility and benefits of a member?

Member eligibility and benefits should be verified on <https://pp.healthtrioconnect.com> 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.

How do I request a prior authorization through eviCore healthcare?

Providers and/or staff can request prior authorization in one of the following ways:

Web Portal

The eviCore portal, is the preferred methods 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 www.evicore.com.

Call Center

eviCore's call center is open from 8 a.m. to 7 p.m. local time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling 866-220-3071.

What are the benefits of using the Web Portal?

Our web portal provides 24/7 access to submit 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 healthcare's clinical worksheets and guidelines?

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

- www.evicore.com/provider/clinical-guidelines

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
- Address
- Member 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.

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 require a medically urgent procedure. Urgent requests may be initiated on our web portal at evicore.com or by contacting our contact center at Johns Hopkins HealthCare. 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, standard (non- urgent) requests are processed within 2 business days, but no later than fourteen (14) calendar days from the date of the initial request. For urgent requests, cases are typically reviewed within 72 hours. The provider will be notified by fax.

How long is the authorization valid?

Authorizations are valid for ninety (90) calendar days from the specimen collection date. If the service is not performed within ninety (90) calendar days from the issuance of the authorization, please contact eviCore healthcare

What are my options if I receive and adverse determination?

The referring and rendering provider will receive a denial letter that contains the reason for denial as well as reconsideration and/or appeal rights processes.

How do I make a revision to an authorization?

If updates are needed on an existing case, which has not yet been approved, you can contact eviCore by phone at 866-220-3071. Post-approval updates are not permitted. If an update is required, the case will be withdrawn and a new case must be created.

What information about the prior authorization will be visible on the eviCore healthcare 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



How do I determine if a provider is in network?

Participation status can be verified via <https://pp.healthtrioconnect.com/>. Providers may also contact eviCore healthcare at 866-220-3071. eviCore receives a provider file from Johns Hopkins HealthCare with all independently contracted participating and non-participating providers.

Will retrospective requests be allowed?

eviCore will process post service requests within 90 days from the date of service and if the claim has not been filed.

Where do I send questions about laboratory claims reimbursement policies?

General inquiries regarding laboratory claim reimbursement policies can be sent to clientservices@evicore.com.

Where do I submit my claims?

All claims will continue to be filed directly to Johns Hopkins HealthCare.

Where do I submit questions or concerns regarding this program?

For program related questions or concerns, please email: clientservices@evicore.com

Common Items to Send to Client Services include:

- Transactional authorization related issues requiring research
- Requests for an authorization to be resent to the health plan
- Complaints and Grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

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 <https://www.evicore.com/resources/healthplan/johnshopkinshealthcare>.