1199SEIU Benefit and Pension Funds

LABORATORY MANAGEMENT REVIEW PROGRAM FOR MOLECULAR AND GENOMIC TESTING PROVIDER QUICK REFERENCE GUIDE

INFORMATION NECESSARY WHEN SUBMITTING PRIOR AUTHORIZATION REQUESTS		
Member or Patient Information	Ordering Provider Information	Performing Laboratory Information
 Member or Patient name as it appears on ID card Health plan ID number Date of birth Gender Address Phone number Email (if available) 	 Ordering provider name Provider tax ID number NPI number Address Phone and fax number Email (if available) Contact name 	 Lab name Lab tax ID number NPI number Address Phone and fax number Email (if available) Contact name

Test Information

- Specimen collected? ☐ Yes ☐ No If yes, date
- Test performance date (if known)
- 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)
- Is there a known familial mutation? If yes, what is the specific mutation?
- · How will the test results be used in the member's or patient's care?
- Submit any pertinent clinical documentation that will support the test request.

CONTACT INFORMATION		
eviCore Prior Authorization (online)	eviCore Prior Authorization (by phone)	
Website: www.eviCore.com	Toll-free phone number: (888) 910-1199, option 4	
Online system: Web-based authorization initiation system available 24 hours a day, 7 days a week	Monday - Friday, 7:00 am - 7:00 pm, all local time zones (except holidays*)	
eviCore First-Level Appeal	1199SEIU Benefit Funds Provider Relations	
eviCore healthcare Attn: Clinical Appeals Department 400 Buckwalter Place Blvd. Bluffton, SC 29910	Call Center phone number: (646) 473-7160 Monday – Friday, 8:00 am - 6:00 pm, EST Website: www.1199SEIUFunds.org/providers	
Toll-free Fax number: (844) 545-9214		
Toll-free Phone Number: (866) 221-8787, Option 2 (for appeals process questions)		

- Pre-service coverage determination is valid for 60 calendar days from certification.
- Authorization is not a guarantee of payment.

In addition to prior authorization, eviCore will review claims for coding accuracy and medical necessity. We urge you to update your claims submission system and coding practices accordingly to avoid payment delays or unnecessary denials.

^{*}Holidays: New Year's Day, Martin Luther King, Ir. Day, Presidents Day, Good Friday, Memorial Day, Independence Day, Labor Day, Yom Kippur, Thanksgiving Day, Day after Thanksgiving Day and Christmas Day.