General
Frequently Asked Questions

EviCore
By EVERNORTH

Who is EviCore?

Part of Evernorth Health Services, EviCore is a medical benefits management company that provides utilization management and prior authorization services for numerous health plans.

Who needs to request prior authorization through EviCore?

All physicians who request/order services delegated to EviCore by our health plan clients are required to obtain prior authorization before rendering services.

How do I request prior authorization through EviCore?

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

Online Portal
The EviCore portal is the quickest, most efficient way to request prior authorization. Providers can request authorization by logging in to the portal at EviCore.com/provider.

Call Center
EviCore's call center is open from 7 a.m. to 7 p.m. local time. Providers and/or staff can request authorizations and make revisions to existing cases by calling the dedicated number for the specific health plan. Health plan–specific provider phone numbers and resources can be found at EviCore.com/resources.

Fax
Providers and/or staff can fax authorization requests by completing the clinical worksheets found at EviCore.com/provider/online-forms.

Who do I contact for online support/questions?

For portal inquiries, email portal.support@EviCore.com or call 800-646-0418 (option 2).

What are the benefits of using the EviCore portal?

Our portal provides 24/7 access to submit cases or check on the status of your request. Additional benefits include:

+ Speed – Requests submitted online require half the time (or less) than those submitted by phone. Online cases can often be processed immediately.

+ Efficiency – Medical documentation can be attached to the case upon initial submission, reducing follow-up calls and the need for consultations.

+ Real-Time Access – Portal users are able to see the real-time status of a request.

+ Member History – Portal users are able to see both existing and previous requests for a member.

+ Clinical Consultation – Portal users have access to self-service peer-to-peer scheduling

How do I check an existing prior authorization request for a member?

Our portal provides 24/7 access to check the status of existing authorizations. To check the status of your authorization request, simply log in to the portal at EviCore.com/provider.

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 life, 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 portal at EviCore.com/provider or by calling our contact center using the dedicated phone number for that specific health plan. Urgent requests will be processed within 24 hours from the receipt of complete clinical information.

NOTE: Please select URGENT only for cases that are truly clinically urgent and not simply for a quicker review. Also, please note that any request selected as urgent that does not meet guidelines to be considered urgent may be reassigned as a routine case.

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

Member eligibility and benefits can be verified on the health plan website before requesting prior authorization through EviCore. The EviCore portal will reflect member eligibility and authorization requirements based on information received from each health plan.

What information is required when requesting prior authorization?

When requesting prior authorization, please ensure the following required information is readily available:

Member
+ First and Last Name
+ Date of Birth
+ Member ID

Clinical Information (varies based on program/modality)
+ Requested Procedure Code (CPT Code) or Treatment Plan
+ Signs and symptoms
+ Imaging/X-ray reports
+ Results of relevant test(s)
+ Working diagnosis
+ Patient history, including previous therapy

Ordering Provider
+ First and Last Name
+ National Provider Identification (NPI) Number
+ Tax Identification Number (TIN)
+ Phone, Fax, Email Address

Rendering (Performing) Provider
+ Facility Name
+ National Provider Identification (NPI) Number
+ Tax Identification Number (TIN)
+ Street Address

NOTE: EviCore suggests utilizing the clinical worksheets at EviCore.com/provider/online-forms when requesting authorization for services. Additionally, a Required Medical Information checklist is available via the portal as a guide during case submission.

What verification elements are required when clinical documentation is provided to EviCore?

EviCore requires name (first and last) and one additional identifier from the list below.

+ Date of birth
+ Correct case number/Episode ID
+ Member identification number

+ Full address (Street, City, State and Zip Code)
+ Full phone number including area code
+ Driver's license number or other government-issued ID

Although it is desirable, Patient Identity Verifiers are not required on every page. If there are no conflicting identifiers present, it is acceptable to assume each page is a continuation of the prior page. A Cover Page with two Patient Identifiers present will satisfy HIPAA verification if no Patient discrepancy is present within subsequent pages.

Where can I access EviCore's clinical guidelines?

EviCore's clinical guidelines are available online 24/7 at EviCore.com/provider/clinical-guidelines.

What are my options if I receive a denial and disagree with it?

The referring and rendering provider will receive a denial letter that contains the reason for denial as well as reconsideration and appeal rights processes. This determination letter is the best source to assess your options once a request is denied.

NOTE: The referring provider can go to the Authorization Lookup tab on the EviCore portal to pursue post-decision options such as a Reconsideration, Clinical Consultation (Peer-to-Peer), and/or Appeal (options vary by health plan). An appeal is the final option if a case remains denied. Medicare cases are eligible for a pre-decision consultation in the effort to prevent a denial. Once denied, a consultation is permitted post-decision, but it is for educational purposes only and will not change the case status.

Does EviCore review cases retrospectively if no authorization was obtained?

Many health plans and/or programs allow retrospective requests to be submitted within a specific timeframe following the date of service. Please visit the health plan-specific site at EviCore.com/resources for details. If a retrospective request is allowed, please have all clinical information relevant to your request available when you contact EviCore.

How do I make a revision to an existing authorization request?

The requesting provider or member should contact EviCore to report any change to the authorization, whether the procedure has been performed or not. Any change to CPT codes or facility can be submitted via the portal. It is important to update EviCore of any changes to the authorization for claims to be correctly processed.

Where do I submit EviCore questions or concerns?

Contact EviCore's Client & Provider Services team via email at ecrm@evicore.evernorth.com or online via ECRM for assistance with the following:

+ Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
+ Transactional authorization related issues which require research
+ Requests for an authorization to be re-sent to the health plan

+ Consumer Engagement Inquiries
+ Complaints and Grievances
+ Eligibility or non-par Issues (member, rendering facility, and/or ordering physician)
+ Issues experienced during case creation
+ Reports of system issues

How can I attend an online training session to learn more about the portal or available provider resources?

To attend a portal training session or general provider forum, follow the steps below:

+ Go to EviCore.webex.com
+ Select Webex Training from the menu bar on the left
+ Click the Upcoming tab

+ Find the training session you wish to attend and click Register next to the session
+ Enter your registration information

How can I contact a Provider Engagement representative in my state?

Go to EviCore.com > Provider's Hub > Training Resources > EviCore Provider Experience Territory List
to find the corresponding Regional Provider Engagement Manager for your state.

How can I find guidance to make prior authorization as efficient as possible?

Go to EviCore.com > Provider's Hub > Training Resources > A Checklist on How to Speed up Prior Authorization
and/or Required Medical Information Checklist.

How can I submit feedback and suggestions for improvement?

EviCore is continually working to improve your prior authorization experience by streamlining and enhancing our process
and portal. You may notice incremental changes to the online interface and case decision process. If you have feedback
regarding your experience, please provide it in the Web Feedback online form.

How can I stay informed about important news or updates from EviCore?

All providers and staff can sign up for the EviCore provider newsletter through our website. Go to EviCore.com,
scroll to the bottom of the page, and enter your email address in the field provided.

Radiology Network Frequently Asked Questions

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Where would a provider go to check on claim status and basic claim information?

Claims Customer Service

You are able to check the status of a claim, review claims payment information, and view/print EOPs by logging in to the EviCore portal at EviCore.com/provider.

EviCore's Claims Customer Service team can assist providers and their staff with the following:

+ Claim status checks

+ Collectibles requests

+ Claim payment details

For questions regarding the status of a claim, please contact the Claims Customer Service team at 888-693-3296.

Claims Submission Information

Ensure that your clearinghouse sends your claims to Change Healthcare.
Visit community.changehealthcare.com/login to set up a free One Healthcare ID account.

Electronic Payer ID:	Claims Mailing Address:	Claims Appeals Address:
62160	P.O. Box 981612	730 Cool Springs Blvd, Suite 800
	El Paso, TX 79998	Franklin, TN 37067

Where would a provider go to inquire about claim information that requires in-depth claim research, incorrect and delayed payments, etc.?

The provider may contact EviCore's Client Service and Provider Relations Claims teams via email at ecrm@evicore.evernorth.com, online via ECRM or by calling Client Services at 800-575-4517.

Where would a provider go to update their contract, update locations, fee schedule, credentialing, and participation questions?

The provider may contact EviCore's Network Support team via email at providernetworksupport@EviCore.com or by calling Client Services at 800-575-4517.

Home Health Network Frequently Asked Questions

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What is the process to submit a prior authorization request?

Durable Medical Equipment (DME) and Home Health Care (HHC): The EviCore portal is available 24/7 and is the quickest way to initiate a prior authorization request and check case status for DME and HHC services. Providers can access the EviCore provider portal by visiting the appropriate website for the health plan at EviCore.com.

The EviCore portal also allows you to view all recently submitted cases, upload clinical, check member eligibility, and add multiple procedure codes when submitting a request. Any questions regarding the portal should be directed to Web Support by calling 800-646-0418 (option 2) or via email at portal.support@EviCore.com.

Authorization requests may also be initiated via phone or fax. Dedicated call center and fax numbers for each health plan will be located on the specific health plan's resource page at EviCore.com/resources.

Home Infusion Therapy (HIT): Each health plan will specify the method of prior authorization for HIT requests. EviCore will provide training sessions to educate providers on the process.

Cigna Commercial Customers: Home Infusion Therapy requests should be submitted directly to Cigna. Providers may call the number on the back of the customer's ID card and ask for a pre-certification intake representative to initiate an HIT request. Cigna prior authorization fax forms are located on the Cigna website at CignaforHCP.com > Get questions answered: Resource > Forms Center.

What is the process for Credentialing and Re-Credentialing?

All contracted facilities are subject to the EviCore Network Standards applicable to the services they provide and the credentialing and re-credentialing process delegated to EviCore. Initially and every 36 months thereafter, Home Health (HH) Agencies, Home Infusion Therapy (HIT) Agencies, and DME suppliers must complete the EviCore Facilities Credentialing Application. Questions regarding an application or the credentialing process can be directed to the EviCore Client Services team at via email at ecrm@evicore.evernorth.com, online via ECRM or call 800-575-4517, option 3.

What is the claims submission process?

The responsibility for claims processing will be dependent on the terms of the health plan contract. For specific claims-processing details, please refer to Exhibit A of the PNP agreement. Providers are required to enroll in Electronic Fund Transfer (EFT) to receive payment for services rendered by a health plan.

EFT forms can be requested and returned to ecrm@evicore.evernorth.com via email or faxed to the number on the form. For claims submissions, providers should send claims directly to the health plan as indicated on the member ID card. All inquiries regarding claims submissions should be directed to the health plan.

Cigna Submission Details

+ All claims should be submitted directly to Cigna or to the Payer. Check the customer ID card for the claims address.
+ The Payer ID used to submit a claim to Cigna through electronic billing is 62308.
+ Providers are encouraged to utilize Cigna's provider self-service tools to manage accounts receivable at cignaforhcp.com.
+ If the available self-service tools do not provide claim resolution, providers should contact Cigna through cignaforhcp.com or 800-88Cigna (800-882-4462).

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 services are rendered. Claims submitted for services may be subject to benefit denial. Please verify the member's benefits and eligibility with the health plan. Regardless of the benefit determination, the final decision regarding any health care services or treatment is between the member and their health care provider.

Whom do I contact if I am interested in joining the EviCore network?

Please contact EviCore via email at providernetworksupport@EviCore.com or ecrm@evicore.evernorth.com.