

General Frequently Asked Questions

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, please go to [ECRM](#) 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

NOTE: 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](https://www.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](https://www.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, please follow the steps below:

- + Go to [Provider's Hub | EviCore by Evernorth](#)
- + Scroll down to EviCore Provider Trainings
- + Click Register Now
- + Click on your topic of interest from the list
- + Choose your preferred webinar date
- + Complete the registration information

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

Go to [EviCore.com](https://www.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](https://www.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](https://www.evicore.com), scroll to the bottom of the page, and enter your email address in the field provided.