EviCore
By EVERNORTH

Standardizing Prior Authorization

Provider FAQ

EviCore Healthcare is supporting health plans as part of the America's Health Insurance Plans (AHIP) commitment to standardize electronic prior authorization submission requirements by being proactive in the submission process. The enhanced process will validate documentation expectations and readiness before the clinical review process begins. This portal submission initiative allows the provider to proceed with complete clinical information, pause to gather additional documentation, or withdraw the request if the relevant information is not yet available.

Effective 09/01/2026, EviCore will be updating the case build submission workflow aimed at improving efficiency, strengthening documentation practices, and reducing avoidable rework across the process.

Will the portal experience be different?
Yes, the portal submission workflow will provide clearer guidance on what clinical documentation is needed for a medical necessity determination. These updates are intended to create a more consistent experience, reduce administrative burden, and help providers submit the same clinical information across health plans. Additionally, in support of the AHIP PA Standardization Pilot some providers may see changes in the standardized clinical questions in some instances for the following services: Total hip arthroplasty

- Total knee arthroplasty
- Knee arthroplasty
- CT Chest
- MRI Musculoskeletal

How will I know what clinical information is needed for the medical necessity review?
The clinical upload section of the process will explain the specific clinical information needed for the medical necessity review of the requested procedure(s).

What are the benefits for providers?

- Reduce delays caused by missing or incomplete clinical documentation
- Support faster review and determination timeframes
- Minimize requests for additional information
- Create a more consistent and streamlined submission experience

What is not changing?

- Clinical criteria and medical necessity guidelines remain consistent
- Automation processes real-time approval pathways when appropriate
- Urgent workflow will continue to require upfront clinical information to streamline the medical review
- Existing submission options (portal, phone, fax)

What happens if I'm not prepared to submit all necessary clinical information at the time of case submission?
The provider will have the option to *withdraw* the request and may resubmit when the patient's medical records become available. The provider may also select the option to allow for four (4) calendar days to gather clinical information to upload on the portal.

What happens if I do not upload the patient's clinical information within the four (4) calendar day window?
If the provider does not return to the case to provide the necessary clinical information, the request will be withdrawn as indicated when selecting the 4-calendar day gathering option.

Will an electronic prior authorization request be placed on hold prior to a determination being made if additional clinical information is needed?
There may be certain circumstances where a case may be placed on hold for additional clinical information. However, during the electronic prior authorization submission, if a provider does attest to being prepared to provide the medical records for the patient and provides the records, then EviCore will make a medical necessity review determination based on the information submitted.