

## Quick Reference Guide

### EviCore Provider Resources

<https://www.EviCore.com/resources/healthplan/health-plan>

### Clinical Guidelines

<https://www.EviCore.com/provider/clinical-guidelines>

### Clinical Worksheets

<https://www.EviCore.com/provider/online-forms>

### EviCore Provider Engagement Territory List ([click link](#))

### Case Initiation

- **THP Provider Portal (primary):** [MyPlan.HealthPlan.org](https://MyPlan.HealthPlan.org)
- **Online Portal (secondary):** EviCore Portal: <https://www.EviCore.com/>
- **Phone:** 877.791.4104
- **Fax:** 800.540.2406

### Health Plan Authorization Information

#### Line(s) of Business

- Commercial
- Medicare
- Medicaid and Medicaid CHIP

#### Authorization Timeframes

- Cardiology Advanced Imaging: 90 calendar days
- Musculoskeletal Management: 90 calendar days
- Radiology: 90 calendar days
- Sleep Management: Varies; please refer to approval letter.

### Post-Decision Options (Refer to determination letter)

#### Commercial & Medicaid Members

- Reconsideration timeframe: 60 calendar days
- Appeals
  - EviCore **will** process first-level appeals for Commercial and Medicaid members.
  - The timeframe by which appeal requests must be submitted to EviCore varies by line of business. Please refer to the determination letter for instructions.

#### Medicare Members

- Medicare cases **do not** include a reconsideration option.
- EviCore **will not** process first-level appeals for Medicare members.
- Clinical Consultation (Peer-to-Peer or P2P)
  - Providers can request a Clinical Consultation with an EviCore physician to better understand the reason for denial.
  - Once a denial decision has been made, the decision cannot be overturned via Clinical Consultation.

### Retrospective Authorization Requests (Retros)

- Radiology and Cardiology – The Health Plan allows one business day for the start of a request after the procedure has been performed.
- Sleep Management
  - Must be submitted within **30 calendar** days from the date of service.  
Retro requests are processed within **30 calendar** days after receiving all necessary information.
  - When authorized, the start date will be the submitted date of service.

**Authorization Updates (facility change, date extension, etc.):** 877.791.4104

### Clinical Consultations (Peer-to-Peer)

**Web (www.EviCore.com):** Log in, then select “Authorization Lookup” to view availability.

### Physical, Occupational, Speech and Massage Therapies, Acupuncture and Chiropractic Care

- Some states and health plans have rules allowing a certain number of visits prior to the need for requesting prior authorization. If you have any questions, please contact the specific health plan or your EviCore Regional Provider Engagement Manager.
- Complete your initial evaluation, then submit for prior authorization within two (2) business days. The initial evaluation does **not** require prior authorization.
- Start date should be the first day of actual treatment.
- When requesting ongoing or continuing care, you can submit up to seven (7) calendar days prior to the next start date for authorization.

### Check Case Status

**EviCore Portal at www.EviCore.com:** Log in, then select “Authorization Lookup.”

### Additional Clinical

Log in to the EviCore Portal at **www.EviCore.com**, select “Authorization Lookup,” then upload additional clinical.

### Client and Provider Services

- **Email:** ClientServices@EviCore.com
- **Phone:** 800.646.0418 (option 4)

### EviCore Web Support

- **Email:** Portal.Support@EviCore.com
- **Phone:** 800.646.0418 (option 2)
- **Live chat** at [www.EviCore.com](http://www.EviCore.com)