

## Quick Reference Guide

### Health Plan Authorization Information

#### Line(s) of Business

- CHIP (West Virginia only)
- Commercial
- Medicaid (West Virginia only)
- Medicare

### 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>

### Case Initiation

- **Online Portal (preferred):** <https://www.EviCore.com/>
- **Phone:** 877-791-4104
- **Fax:** 800-540-2406

### Authorization Timeframes (from date of approval unless otherwise noted)

- **Cardiology and Radiology Advanced Imaging** - 90 calendar days
- **Musculoskeletal Pain Management, Joint and Spine Surgery**
  - **Inpatient** - Authorizations are valid from the date of service, plus goal length of stay of one (1) calendar day.
  - **Outpatient** - 90 calendar days
- **Physical Therapy, Occupational Therapy, and Chiropractic Services** - 90 calendar days
- **Sleep Management** – Authorization timeframes vary depending on the line of business and service request type. Please refer to the determination letter for specific dates.

### Post-Decision Options - Refer to determination letter for specific instructions.

#### Commercial Members

- **Reconsiderations** - Requests must be submitted to EviCore within 60 calendar days of the determination date.
- **Appeals** - EviCore will process first-level appeals for Commercial members. Requests must be submitted to EviCore within 180 calendar days of the determination date.

### CHIP and Medicaid Members

- Reconsiderations - Requests must be submitted to EviCore within 60 calendar days of the determination date.
- Appeals - EviCore will process first-level appeals for Commercial members. Requests must be submitted to EviCore within 60 calendar days of the determination date for member appeals and within 180 calendar days of the determination date for providers. **Note:** The provider can only appeal on the member's behalf and must have documentation stating member's consent.

### 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 has been issued, the decision cannot be overturned via Clinical Consultation.

### Retrospective Authorization Requests (Retros)

- Musculoskeletal Management – Must be submitted within **one (1) business day** of the date of service.
- Radiology and Cardiology - Must be submitted within **one (1) business day** of the date of service.
- Sleep Management - Must be submitted within **30 calendar days** of the date of service.
- When authorized, the start date will be the submitted date of service (all programs).

**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.
- **Phone:** 877-791-4104

### Check Case Status

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

### Additional Clinical

**EviCore Portal at www.EviCore.com:** Log in, select "Authorization Lookup," then upload additional clinical.

### Client and Provider Services Team

- **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