

### Precertification Program

EviCore will manage Post-Acute Care (PAC) Precertification requests for Aetna Medicare Advantage plans in New Jersey, New York, Pennsylvania and West Virginia. Post-Acute Care providers must be in the Aetna network.

Precertification is required for member admissions to the following provider types:

- Skilled Nursing Facilities (SNF)
- Inpatient Rehabilitation Facilities (IRF)

Providers should verify customer eligibility and benefits at <https://www.aetna.com/health-care-professionals/availability.html> or by calling Aetna Medicare Advantage Provider Service at 800-624-0756.

### Precertification Requirements

To ensure the Precertification (PA) process is as quick and efficient as possible, we highly recommend submitting pertinent clinical information to substantiate medical necessity for the type of service being requested. The information requirements are outlined on our Precertification requests forms. Forms can be found on our provider resource page under “Solution Resources”:

[Aetna Provider Resources | EviCore by Evernorth](#)

### EviCore offers 3 convenient methods to request Precertification reviews:

- EviCore Web Portal [www.EviCore.com](http://www.EviCore.com)
- Fax PA requests to:  
**855-633-8631** for initial review  
**877-502-0810** for concurrent review (include case number)
- Telephone: Call **888-622-7329**

### Hours of Operation

- Monday through Friday 8 a.m. to 8 p.m. EST
- Saturday 9 a.m. to 5 p.m. EST
- Sunday 9 a.m. to 2 p.m. EST
- Holidays 9 a.m. to 4 p.m. EST
- 24 hour/7 days on call coverage for urgent needs.

### Precertification Outcomes

Once all information is submitted to EviCore, a determination is made within 48 hours for standard requests.

Verbal notification is made to the requesting provider and written notification in the form of a letter will be faxed to the requesting provider and mailed to the member. Authorization information can be viewed and printed on demand from the EviCore web portal [www.EviCore.com](http://www.EviCore.com).

### Clinical Consultations

If a request requires further clinical discussion for approval, EviCore offers timely clinical consultations to reduce the occurrence of appeals. To schedule, please call **866-622-7329**.

### Authorization Denials

Once a service has been denied, members and providers must file an appeal to have the request re-reviewed.

The denial rationale and appeal process are communicated verbally and via fax to the requesting provider and mailed to the member.

### Appeals Process

Appeal requests must be submitted to Aetna within **sixty-five calendar days** from the initial determination. Instructions are outlined on the denial letter. A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider.

### Urgent Precertification Requests

EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the customer. Urgent requests can be initiated by phone (recommended) or fax and will be reviewed within 72 hours.

### Retrospective Requests

Retrospective reviews are not allowed, apart from special circumstances. Please contact Aetna directly for consideration.

### Process EMR System Access for Streamlined Reviews

If you wish to provide EMR access to the EviCore by Evernorth clinical team to facilitate the transfer of medical records for clinical review, please reach out to the PAC Provider Engagement Manager in your region, [PAC Provider Relations](#).