

Home Health Care Utilization Management Program for Aetna

NJ / NY / WV / PA



Agenda

- Company & Program Overview
- Outcomes, Special Considerations & Post-Decision Options
- Web Portal Process
- Provider Resources
- Q&A

Company & Program Overview



Medical Benefits Management (MBM)

Addressing the complexity of the health care system



10
comprehensive
solutions



Evidence-based
clinical guidelines



5k+ employees,
including
1k+ clinicians



Advanced, innovative,
and intelligent
technology

Aetna Authorization Services

EviCore will begin accepting authorization requests for home health care (HHC) services on December 29, 2025 for dates of service January 1, 2026 and beyond. This process applies to Aetna members with Medicare coverage for new authorizations in the states of NJ/NY/WV/PA.

Authorizations for home health care will include the following services:

- Nursing
- Therapies
- Social Work
- Home Health Aides

Effective January 1, 2026:

- HHC agencies are responsible to submit authorization requests for HHC services for members discharging from the hospital and post-acute care (PAC) facilities.
- EviCore will manage new authorizations for January 1, 2026 and beyond.
- Initial and Concurrent reviews for patients that started with Aetna prior to January 1, 2026 should be submitted to EviCore.

Home Health Authorization Requirements

To find a complete list of Home Health procedural codes that require authorization, please visit:

<https://www.evicore.com/resources/healthplan/aetna>



Providers should verify member eligibility and benefits on the secured provider log in section on the provider portal located at <https://www.aetna.com/health-care-professionals/availability.html> or by calling Aetna at 800.624.0756.

Eligibility may also be verified on the EviCore provider portal at www.evicore.com.

Methods to Submit Authorization Requests

EviCore Provider Portal (preferred)

The EviCore online portal at www.evicore.com is the quickest, most efficient way to request authorizations and check status.

Fax:
866.705.3574
Authorization requests are accepted via fax and can be used to submit additional clinical information.

Telephone:
888.622.7329
Hours of operation:
Monday - Friday 8am - 8pm Central Time
Saturday 8am - 4:30pm Central Time
Sunday & Holidays 8am - 1pm Central Time



Required Information for Home Health Requests

► Authorization Details

- Site of Care demographics
- Patient demographics
- Services requested
- Home Health ordering physician demographics (including phone and fax)
- Anticipated date of discharge

► Clinical Information

- ICD10 code
- Clinical progress notes
- Medication list
- Wound or incision/location and stage (if applicable)
- Discharge summary (when available)

► Mobility and Functional Status

- Prior and current level of functioning
- Focused therapy goals: PT/OT
- Therapy progress notes including level of participation
- Discharge plans (including discharge barriers, if applicable)

The EviCore home health authorization form can be submitted along with clinical documentation to support medical necessity. The authorization form can be found on the provider resource site: <https://www.evicore.com/resources/healthplan/aetna>.

Home Health Care Authorization Overview

- Initial home health authorization requests must be made within **7 days** of the first visit*
- Requests prior to the current date may be submitted on the EviCore portal, phone, or fax
- EviCore will provide initial authorizations by service type in the following ways:

Initial Authorizations			
Service	HCPCS Codes	Standard Bundle	Orthopedic Bundle *
Skilled Nursing	G0299, G0300	3 visits each in the first 30 days	6 visits in the first 30 days
Physical Therapy	G0151, G0157, G0159		10 visits in the first 30 days
Home Health Aide	G0156		6 visits in the first 30 days
Speech Therapy	G0153	1 visit each in the first 30 days	1 visit in the first 30 days
Occupational Therapy	G0152, G0158, G0160		3 visits in the first 30 days
Social Worker	G0155		1 visit in the first 30 days

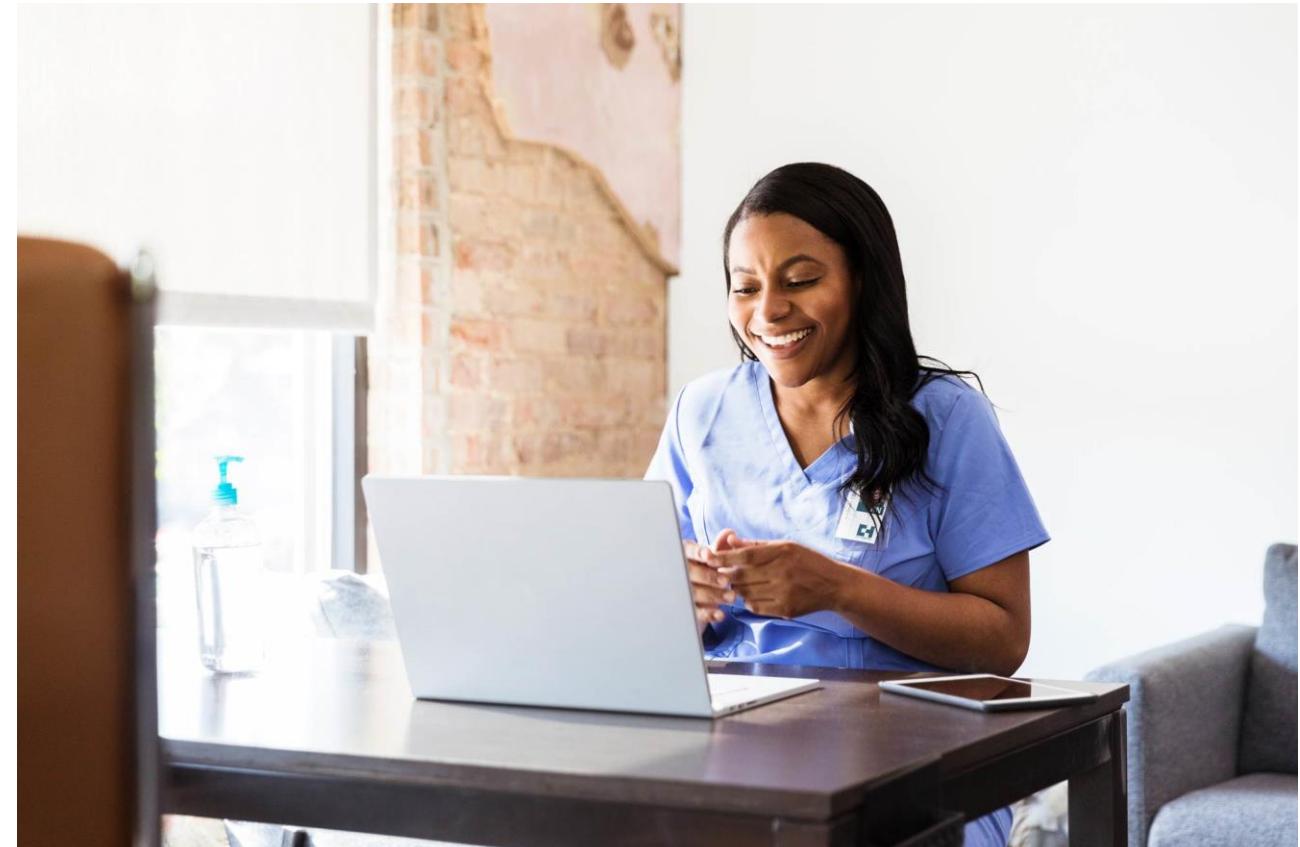
- If the above bundle of services is requested on the initial request, a real-time approval will be provided
- Additional visits needed in the first 30 days will be approved based on medical necessity
- Authorizations for continued services will be approved based on medical necessity
- The above are examples of the 25 bundles that are available

** Orthopedic Bundle: Applies only if the patient has had recent orthopedic surgery for hip or knee replacement*

Home Health Care Authorization Overview (continued)

EviCore will use substitution logic for Skilled Nursing, Physical Therapy, Occupational Therapy, and Speech Therapy

- Nursing: G0299 covers ALL other nursing codes
- PT: G0151 covers all PT codes
- OT: G0152 covers all OT codes
- ST: G0153 covers all ST codes

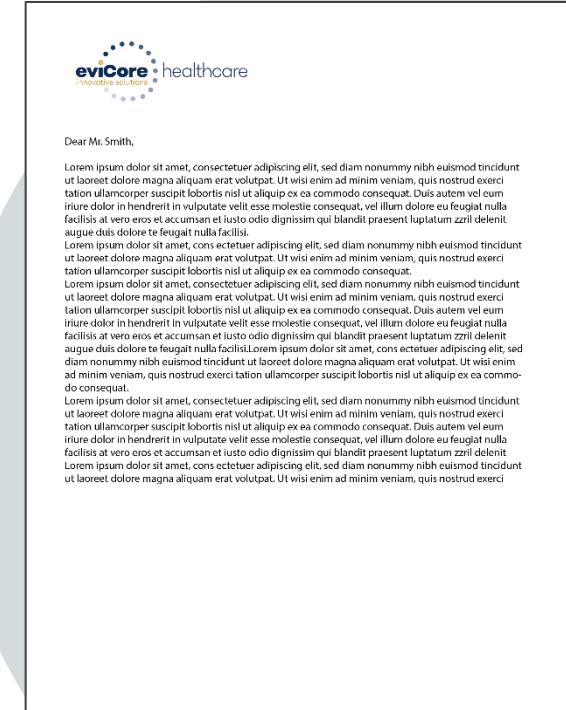


Authorization Outcomes, Special Considerations & Post-Decision Options

Authorization Approval & Partial Approval

Approved Requests

- Standard requests are processed within 48 hours after receipt of all necessary clinical information.
- Authorization letters will be faxed to the requesting provider and can be printed on demand from the EviCore portal at www.evicore.com.
- Members will receive an authorization letter by mail.



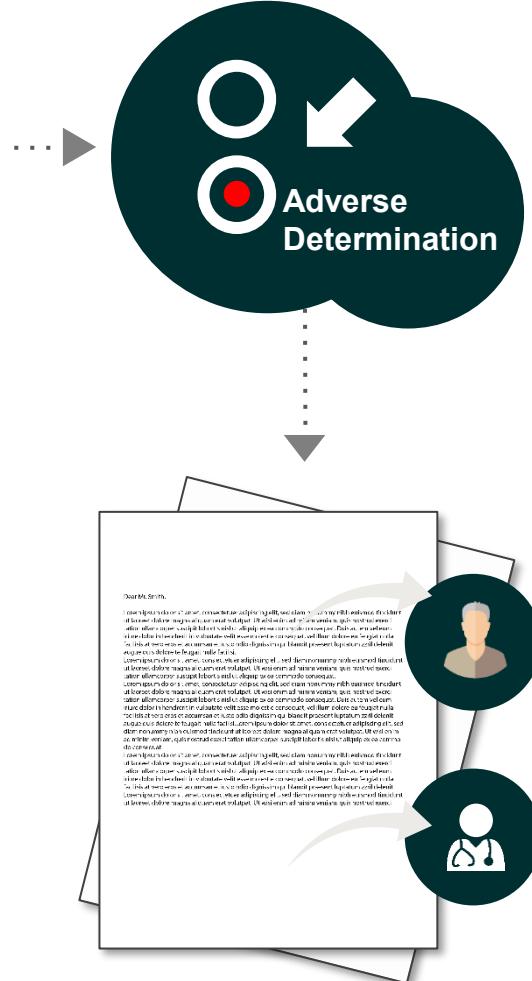
Determination Outcomes: Hold Process

Hold Process

- When a request is unable to be approved due to insufficient clinical information, it will go into a HOLD – Provider Outreach status.
- The provider will receive additional verbal and written outreaches for additional information and be notified that a Peer-to-Peer is available.
- The hold will be in place for 3 calendar days for standard cases and 3 hours for urgent cases.
- **Important:** If no additional clinical information is received and no Peer-to-Peer is requested, the case moves to the medical director for review and denial.



Authorization Outcomes: Adverse Determination



EviCore will provide 1 transitional visit if clinical is insufficient or the member appears to be at a stable or baseline LOF so that the member can continue to have services until firmly discharged or information received.

When a request does not meet medical necessity based on evidence-based guidelines, an adverse determination is made and the request is denied.

In those cases, a denial letter with the rationale for the decision and appeal rights will be issued from EviCore to the provider and member.

Adverse determination status can also be viewed on demand from the EviCore portal at www.evicore.com.

Clinical Consultation Request

Hold Process

- If a request is not approved and requires further clinical discussion for approval, we offer clinical consultations with referring physicians and an EviCore Medical Director.
- Clinical consultations may result in either a reversal of decision to deny or an uphold of the original decision.
- A clinical consultation can be scheduled via the provider portal at www.evicore.com or by calling EviCore at 888.622.7329.



Adverse Determination

- Providers can request a clinical consultation with an EviCore physician to better understand the reason for denial.
- However, once a denial decision has been made, the decision cannot be overturned via clinical consultation.

Special Circumstances (Home Health)

- The HHA (home health agency) has 7 calendar days to perform the initial bundle of services before an authorization request is required. The request must be made within 7 days of the start of care date (first visit).
- If the request for authorization is made more than 7 calendar days from the start of care, EviCore will backdate only for 7 calendar days. Any services performed before that would need to be submitted as a claims appeal through Aetna.
- If the request for authorization is made after the services have all been completed and the patient has been discharged from home health care, the request will not be started with EviCore. The HHA will need to file a claim and do a claims appeal through Aetna.



Member Information:	
Name:	DOB:
Health Plan:	Member ID:
Address:	
Phone:	Alt Contact:
Ordering Provider Information:	
Name:	NPI:
Address:	
Phone:	Fax:
Home Health Provider Information:	
Name:	NPI:
Address:	
Phone:	Fax:
Contact Person: Phone/Ext:	
Initial Home Health Checklist:	
Patient is homebound with documentation supporting homebound status	Clinical documentation Needed H&P, Progress Note, Therapy notes, most recent MD office notes, F2F documentation, OASIS, Evaluations, Most recent discipline notes
Is there a caregiver at home? Yes	HH Orders: Signed orders from provider, 485, Supplemental orders
Patient should have seen the ordering MD within last 90 days for reason of HH admission. Patient has a following MD.	Disciplines Reviewed: We use substitute logic and review for specific codes that will cover other G codes for that discipline: <i>Nurse (G0299), PT (G0151), OT (G0152), ST (G0153), SW (G0155), HH Aide (G0156)</i>
Bundles for Real Time Approval: Bundles include services for nursing, therapies, Social Worker and HH Aides. Bundles are based on Primary HH Diagnosis and for Initial Requests only. <i>Initial bundle is to get started when primary diagnosis is unspecified</i>	Request for services if not choosing bundle: Approvals are for 30-day increments. Please include service and # of visits. <i>Example: G0299 x6 1/1-1/30/2026</i>
Choose One from dropdown	Initial

Please complete these questions on the authorization request form to assist EviCore with the Home Health review process.

Special Circumstances

Urgent Authorization Requests

- EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member.
- Urgent requests can be initiated via the web portal or phone.
- Urgent requests will be reviewed within 72 hours.

Retrospective Requests

- Retrospective reviews for Home Health services are not allowed and there are no exceptions. Please contact Aetna directly with any questions.

Post-Decision Options: Appeals Process

Appeal Process

- Aetna will process first-level appeals. Delegation of second level appeals will vary by plan and/or state regulations.
- The timeframe to submit an appeal request will be outlined on the determination letter.
- Appeal requests can be submitted to Aetna in writing via US Mail or by fax. The Aetna appeal address and fax number will be provided on the determination letter.
- Providers with appeal questions may call the number indicated on the member's ID card.
- The appeal determination will be communicated by Aetna to the ordering provider and member.
- Appeal turnaround times:
 - Expedited: 72 hours
 - Standard: 30 days

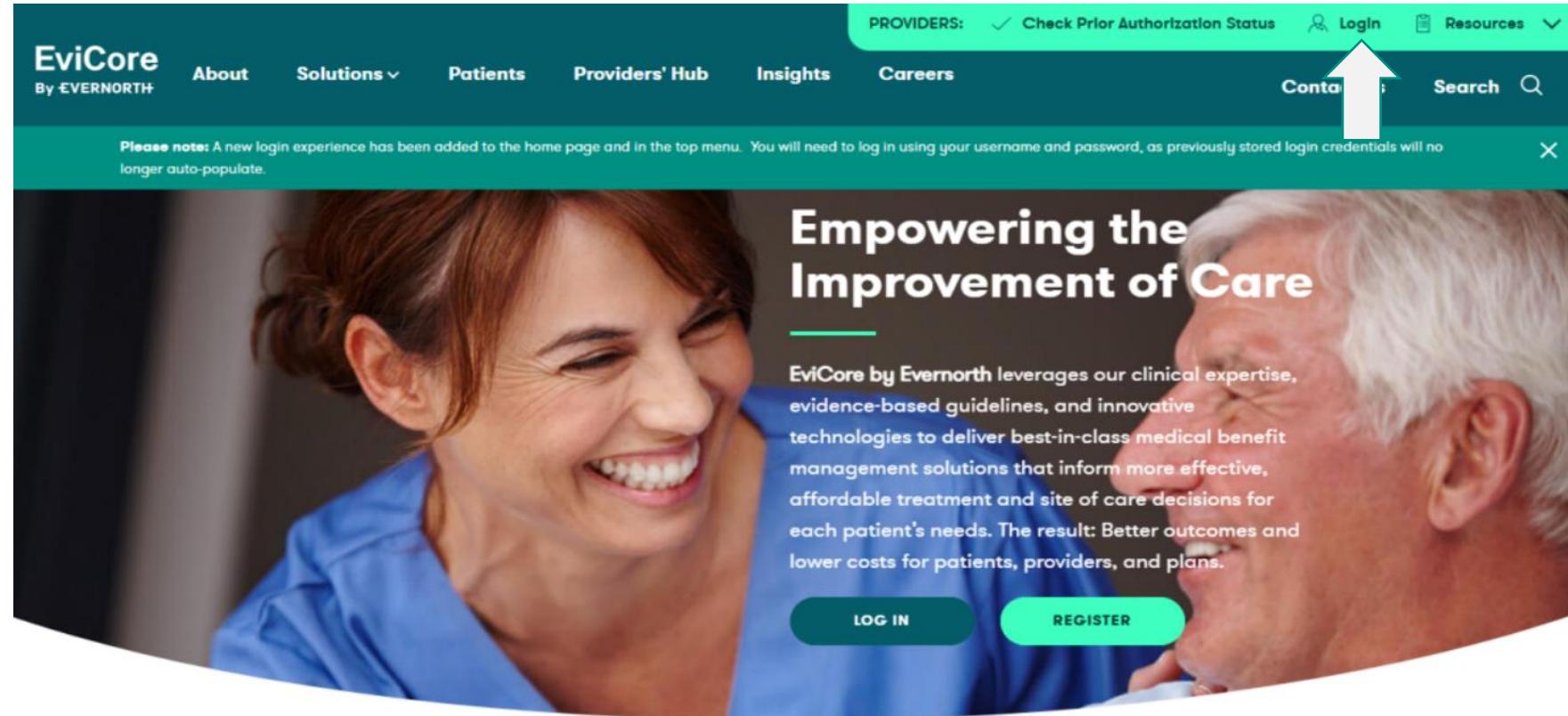
** May vary by plan and/or state regulations*

Web Portal Process

EviCore Provider Portal | Access and Compatibility

Most providers are already saving time submitting clinical review requests online vs. telephone.

- + To access resources on the EviCore Provider Portal, visit EviCore.com
- + Already a user? [Log in](#) with User ID & Password.
- + Don't have an account? Click [Register](#).



EviCore's website is compatible with **all web browsers**. If you experience issues, you may need to **disable pop-up blockers** to access the site.

Portal Registration

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User Information

First Name

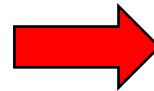
Enter first name

Last Name

Enter last name

User Name

Create user name



Next

Contact Info

Email

Enter email

Confirm Email

Confirm email

Phone

Phone number

Ext (optional)

Extension

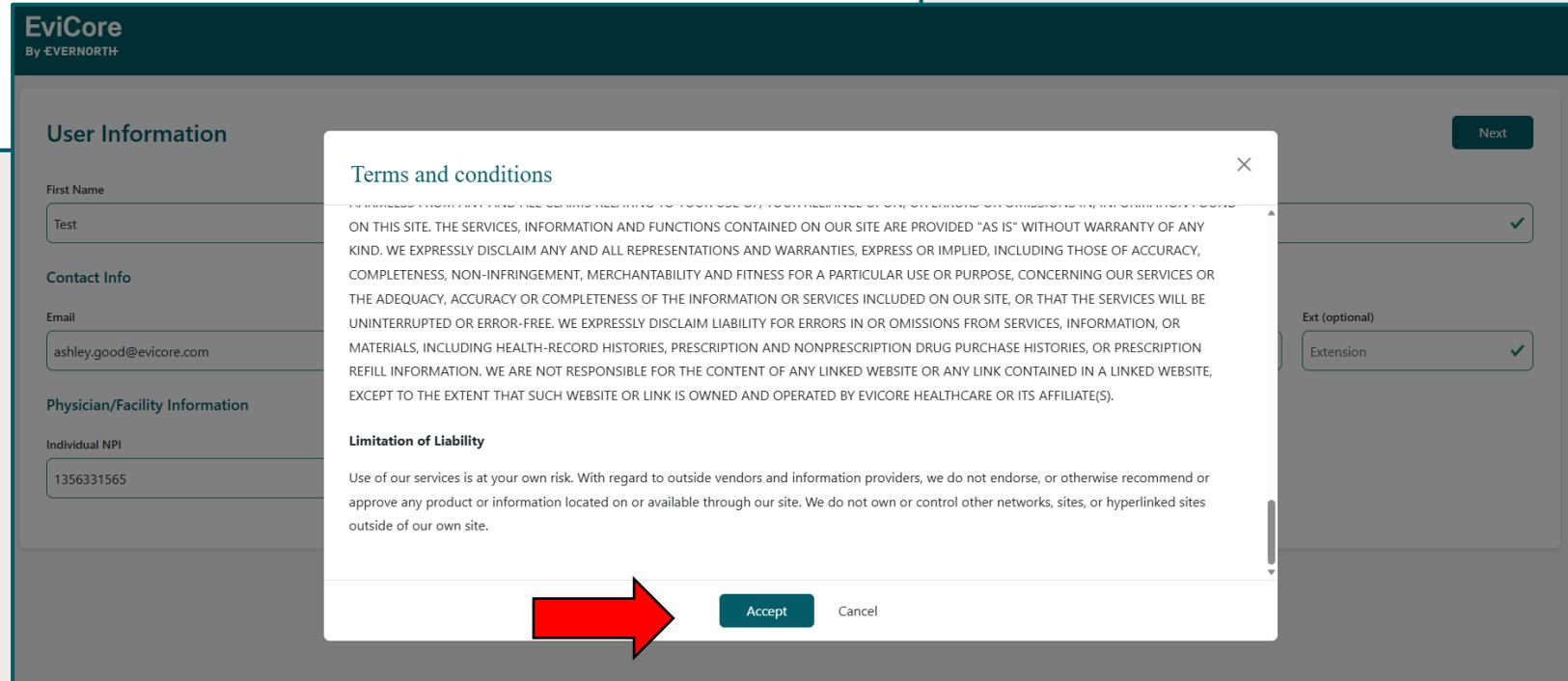
Physician/Facility Information

Individual NPI

Enter NPI

Read and accept the Terms and Conditions

Enter your information here then click 'Next'



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Portal Registration Continued

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Registration Summary

User Information

First Name: Test

Last Name: PAC

User Name: TestPAC1

Contact Info

Email:

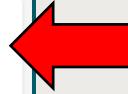
Phone: 5555555555

Physician/Facility Information

Individual NPI:

Back

Next



Verify your account

i Check your inbox

A verification code has been sent to .com. If you don't receive it within 5 minutes, check your spam or junk folder.

Email id

Enter 6-digit code

Next

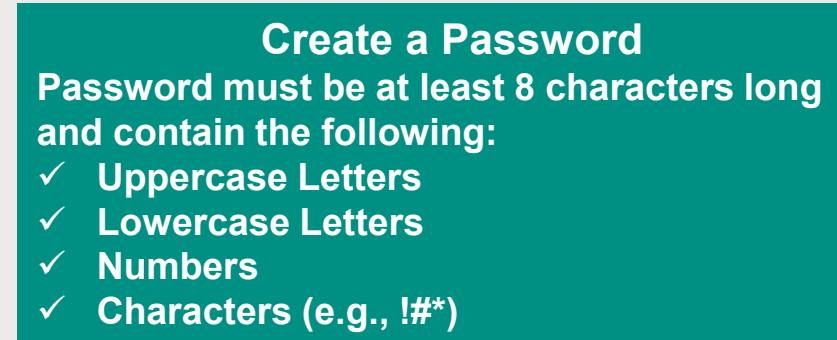
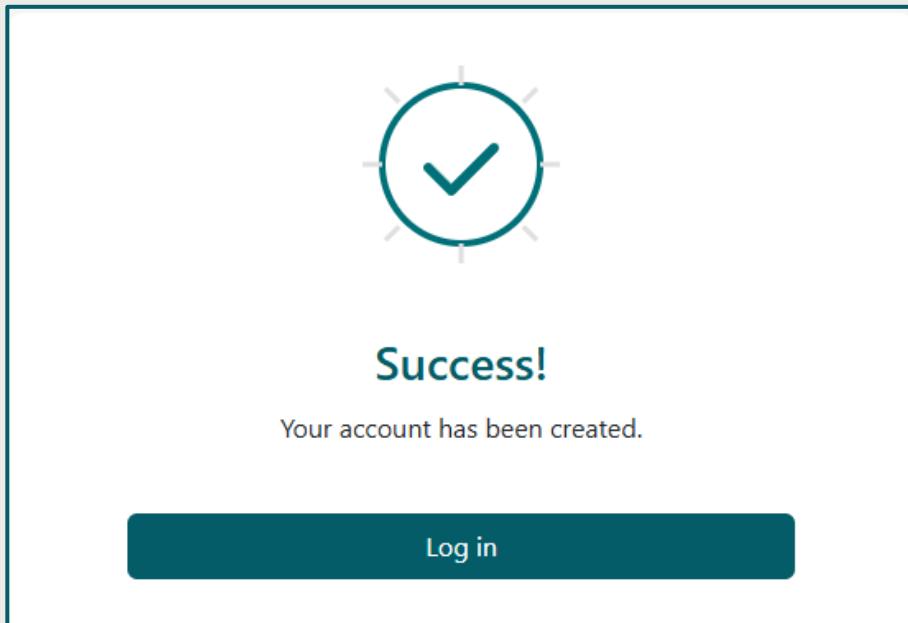
Didn't receive a code?

Check your spam or junk folder or [Resend](#).

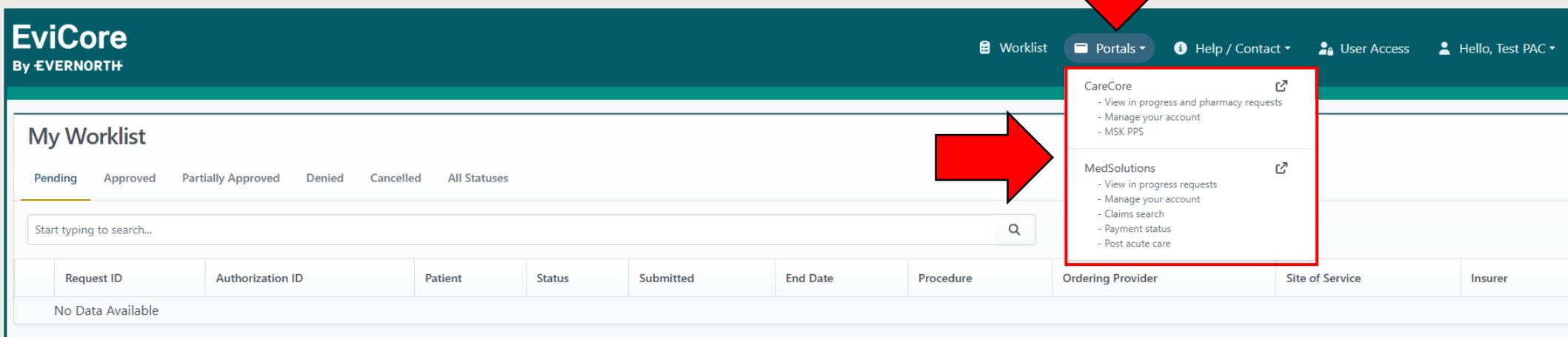
Cancel

1. Confirm the details are correct, then click 'Next'
2. You will then be sent a verification code to the email provided
3. Enter the 6-digit code, then click 'Next'

User Registration Successful



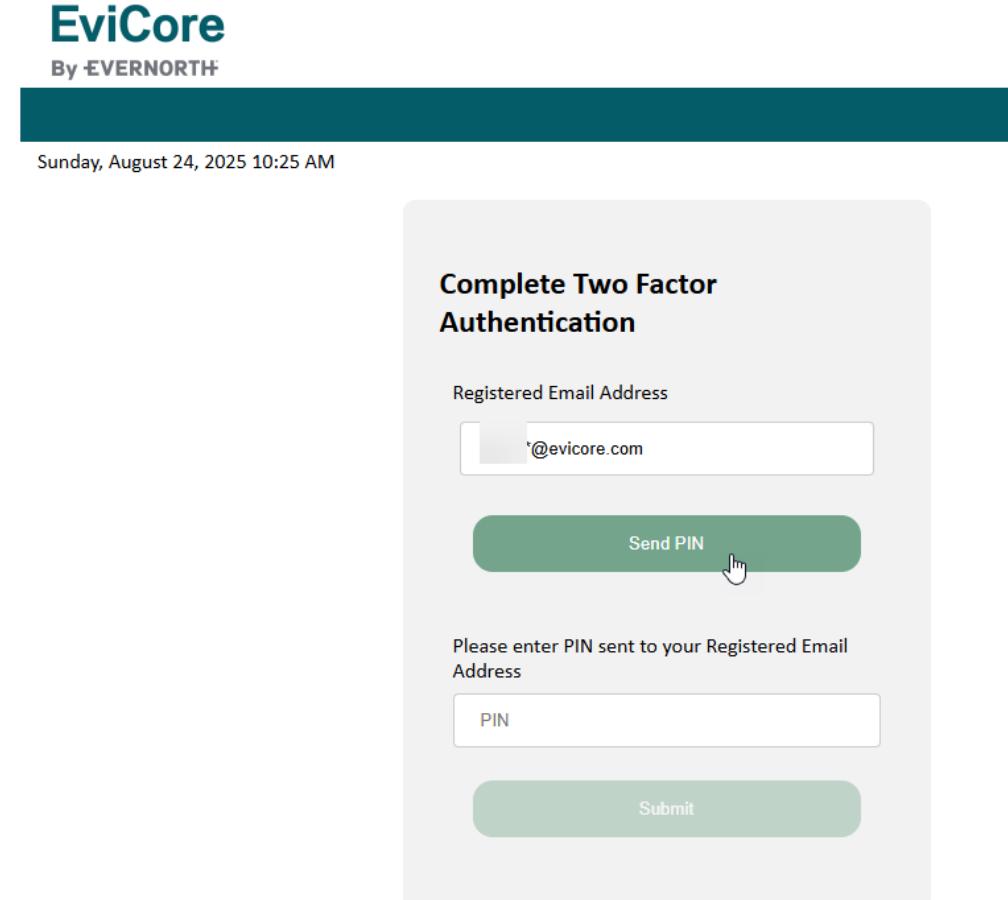
Once logged in, you can go to 'Portals' to access the CareCore option



EviCore.com Access | Two Factor Authentication

To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

- After you log in, you will be prompted to register your device for MFA.
- Choose which authentication method you prefer: Email or SMS. Then, **enter your email address or mobile phone number**.
- Once you select **Send PIN**, a 6-digit pin will be generated and sent to your chosen device.
- After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.



The screenshot shows the 'Complete Two Factor Authentication' page. At the top, the EviCore logo is displayed above a teal bar containing the date and time: 'Sunday, August 24, 2025 10:25 AM'. The main section has a light gray background with a teal header. It features a 'Complete Two Factor Authentication' heading and a 'Registered Email Address' input field containing '@evicore.com'. Below this is a teal button with the text 'Send PIN' and a cursor icon. A note below the button says 'Please enter PIN sent to your Registered Email Address'. A teal input field is labeled 'PIN', and a teal 'Submit' button is located at the bottom right.

CareCore National Portal Overview



Case Initiation on CareCore Portal

EviCore

By EVERNORTH®



Sunday, August 24, 2025 11:09 AM

Welcome to the CareCore National Web Portal. You are logged in as

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

ENTER PHARMACY CASE NUMBER

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

To begin the authorization request from the CareCore National portal, you can select **REQUEST AN AUTH** or **Clinical Certification** on the top banner. Then you will select the Program from the list that is provided. For Home Health, you will need to indicate whether you are from the referring physician's office or the agency.

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Demographic Case Build – Selecting the Requesting Provider

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Sunday, August 24, 2025 11:09 AM

Requesting Physician Information

Search for Physician by TIN, NPI, physician last name, city and/or zip.

Healthplan:

TIN:

NPI:

Last Name: (requires NPI or TIN)

City: (city only, no state)

Zip:

SEARCH

If you are from the Home Health agency, you will select the health plan and then enter your NPI number (or Tax ID number) to search.

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Adding Providers

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Sunday, August 24, 2025 11:09 AM

On the CareCore National Portal, practitioners/groups may be added to your account prior to case submission (optional).

To add practitioners or groups:

- Click the **Manage Your Account** tab to add provider information
- Select **Add Provider**
- Enter the NPI, state, and zip code to search for the provider
- Select the matching record based upon your search criteria
- Once you have selected a practitioner, your registration will be complete
- You can also click **Add Provider** to add another practitioner/group to your account
- You can access the **Manage Your Account** at any time to make any necessary updates or changes

Manage Your Account

Office Name: CHANGE PASSWORD

Address:

Primary Contact:
Email Address:

Click Column Headings to Sort
No providers on file

Add Practitioner

Enter Practitioner information and find matches.
*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

Demographic Case Build – Selecting the Requesting Provider

EviCore

By EVERNORTH



Sunday, August 24, 2025 11:09 AM

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

	Provider
<input type="button" value="SELECT"/>	148
<input type="button" value="SELECT"/>	136
<input type="button" value="SELECT"/>	173

If the provider's NPI is not listed above, please use the search feature below to add a new provider and continue with case build.

Search By NPI:

[BACK](#) [CONTINUE](#)

[Click here for help](#)

If you are from the referring physician's office, you can select the **Practitioner/Group** one of two ways:

1. From the list that appears (the list of providers you added to your account).
2. Use the Search By NPI feature. By using this feature, you can add the searched provider to your account without having to exit and go to your account to add them.

Demographic Case Build – Selecting the Insurer

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Sunday, August 24, 2025 11:09 AM

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

- Choose the appropriate **Health Plan** for the request
- Another drop down will appear to select the appropriate address for the **practitioner/group**
- Select **CONTINUE**

BACK

CONTINUE

[Click here for help](#)

Urgent Request? You will be required to upload relevant clinical info at the end of this process. [Learn More.](#)

Don't see the insurer you're looking for? Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

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Demographic Case Build – Contact Information

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Add Your Contact Info

Provider's Name: * [?]

Who to Contact: * [?]

Fax: * [?]

Phone: * [?]

Ext.: [?]

Cell Phone:

Email: * n@evicore.c

Receive email notification of case status changes

Please review the fax and phone numbers presented for accuracy. Change as necessary and click "Confirm Fax and Continue" to confirm they are correct. Changes apply only to this specific request. If you wish the change to be permanent, please contact the Health Plan.

[BACK](#)

[CONFIRM FAX AND CONTINUE](#)

[Click here for help](#)

- Enter/edit the **practitioner's name** and appropriate information for the point of contact for the request
- Practitioner name, fax and phone will pre-populate, edit as necessary

The e-notification box is checked by default to enable email notices for any updates on case status changes. Make sure to uncheck this box if you prefer to receive faxed notices.

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Demographic Case Build – Start of Care / DOS Pathway (Extension)

Attention!

Is this an initial home health request or an extension to an existing home health authorization?

- Extension**
- Initial**

Submit

Attention!

Extension requests must be made by accessing the initial authorization. Please use the authorization lookup and search by patient to open the initial authorization and choose "Request Extension" option. If there isn't currently an initial request on file, you must first request one by selecting "Initial" when prompted

Submit

Demographic Case Build – Start of Care / DOS Pathway (Initial & Initial Concurrent)

Attention!

What is the start of care date for this home health request?*

mm/dd/yyyy



Submit

Attention!

Has this member already been discharged from this service?

No Yes

Submit

Demographic Case Build – Entering Patient Information

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*

 MM/DD/YYYY

Patient Last Name Only:*

 [?]

When entering patient details, please review and confirm the spelling of the patients name. Verify accuracy of the patients ID and date of birth.

ELIGIBILITY LOOKUP

BACK

Demographic Case Build – Entering Service Type / Diagnosis

Requested Service + Diagnosis

This procedure will be performed on 3/27/2025.

CHANGE

Select a Procedure by CPT Code [\[?\]](#) or Description [\[?\]](#)

Don't see your procedure code or type of service? [Click here](#)

Additional Procedure codes will be collected/presented during the clinical questionnaire

Diagnosis

Primary Diagnosis Code: **R68.89**

Description: **Other general symptoms and signs**

[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)

Secondary diagnosis is optional for Radiology

LOOKUP

BACK

CONTINUE

[Click here for help](#)

Select appropriate Procedure / CPT and Diagnosis. You can search using the description or the code.

Home Services will use the 'header code' **HomeH**.

The CPT codes will be collected during the clinical questionnaire.

Demographic Case Build – Ordering Physician Lookup

ions are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we

Attention!

Is the requesting provider also the ordering physician?

YES

NO

starts with
exact match

options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we

Attention!

Please enter the Ordering Provider's Individual NPI:

SEARCH

BACK

by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we

Attention!

Please enter the Ordering Provider's Individual NPI:

with
match

S

BACK

	Practitioner Name	NPI	Address	City	State	ZipCode
SELECT	BUETTNER, KERSTIN	1154554335	435 PHALEN BLVD	SAINT PAUL	MN	55130

[Log Off \(PROVIDERTEST1234\)](#)

80% Complete

Provider and NPI

KRESL, JOHN

1366418675

Patient

[EDIT](#)

Feedback

Service

4/4/2025

HomeH HOME HEALTH

R68.89 Other general symptoms
and signs

[EDIT](#)

Ordering Physician

BUETTNER, KERSTIN

[EDIT](#)

Demographic Case Build – Select Rendering Provider

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Sunday, August 24, 2025 11:09 AM

Add Site of Service

Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI:

Zip Code:

Site Name:

TIN:

City:

Starts with

Exact match

LOOKUP SITE

Site Email (optional)

	Name	Address
SELECT	SEV HOME CARE INC	407 W BAKER RD STE C BAYTOWN, TX 77521
SELECT	ENHABIT HOME HEALTH	1300 ROLLINGBROOK DR STE 500 BAYTOWN, TX 77521
SELECT	ENHABIT HOME HEALTH	1300 ROLLINGBROOK DR BAYTOWN, TX 77521

Search for the **Site of Service** (Rendering Facility) where the procedure will be performed (for best results, search with NPI, TIN, and zip code).

Select the specific site where the procedure will be performed.

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Proceed to Clinical Information

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Sunday, August 24, 2025 11:09 AM

Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from eviCore.

BACK

CONTINUE

Verify that all information is entered and correct. You will not have the opportunity to make changes after this point.

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Clinical Questions & Bundle Offering

Proceed to Clinical Information

Is the patient homebound?

Yes No/Unknown

If applicable, please select the admitting diagnosis. If none apply, please select 'None Of The Above'.

Orthopedic

Submit

Show Review History

Review History:

There is a possible request conflict on file.

The following bundle of Home Health services will be approved without further clinical review. If you would like to add services later in the treatment plan, there will be an opportunity to make an additional request. You will have 30 days to complete the below bundle.

Registered/Skilled Nurse - 6 visits

Physical Therapy - 12 visits

Occupational Therapy - 4 visits

Speech Therapy - 1 visit

Home Health Aide - 6 visits

Social Worker - 1 visit

Do you want to proceed with the presented bundle?

No (I want to manually request services)

Yes

Disclaimer: I understand if I do not select the bundle, the request will move forward for a full medical necessity review.

Requesting Types of Service

The screenshot shows a web-based application for requesting types of service. At the top, a navigation bar includes links for Home, Certification Summary, Authorization Lookup, Eligibility Lookup, and Clinical Certification. The date and time are displayed as Wednesday, April 2, 2025 11:22 PM. The main content area has a title 'Proceed to Clinical Information' and a sub-section with the same title. A message states: 'This request will be sent to clinical review. Clinical upload may be requested.' Below this, a list of service types and their requested counts is shown. A 'Submit' button and a 'Show Review History' link are also present.

Service Type	Visits Requested
Skilled Nurse Visits Requested	0
Physical Therapy Visits Requested	0
Occupational Therapy Visits Requested	0
Speech Therapy Visits Requested	0
Social Worker Visits Requested	0
Home Health Aide Visits Requested	0
Dietitian Visits Requested	0

Timeframe for visits (Days):*

Proceed to Clinical Information

Proceed to Clinical Information

This request will be sent to clinical review. Clinical upload may be requested.

Registered/Skilled Nurse (G0299) - 2 Visits
Registered/Skilled Nurse (G0300) - 2 Visits
Physical Therapy (G0151) - 2 Visits
Occupational Therapy (G0152) - 2 Visits
Speech Therapy (G0153) - 2 Visits
Home Health Aide (G0156) - 3 Visits
Social Worker (G0155) - 1 Visits

Submit

Show Review History

Urgency Indicator

Proceed to Clinical Information

Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standard/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

- A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.
- A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.
- None of the above

Clinical Upload

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case.

If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Choose File | No file chosen

UPLOAD

Proceed to Clinical Information

Is this case Routine/Standard?

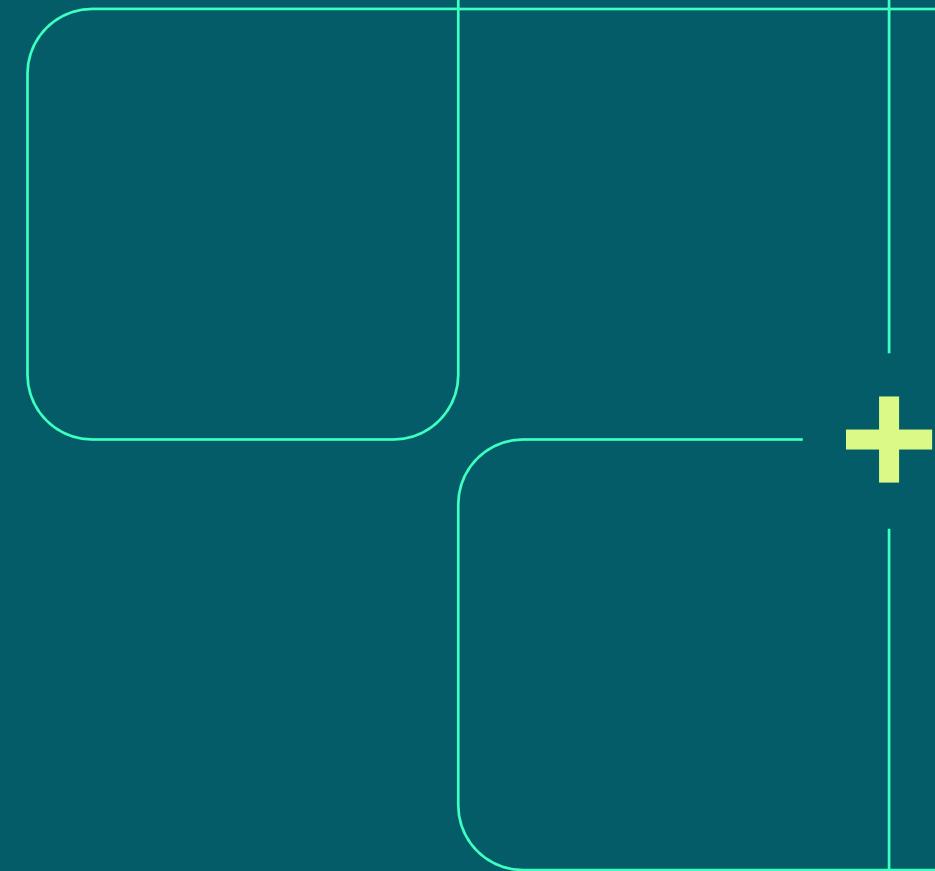
YES

NO

- If the case is **standard**, select **Yes**
- If your request is **urgent**, select **No**
- When a request is submitted as urgent, you will be **required** to upload relevant clinical information
- Upload up to **FIVE documents** (.doc, .docx, or .pdf format; max 5MB size)
- Your case will only be considered urgent if there is a successful upload

Requesting an Extension

Used when providers want to add time and/or visits to an existing approved authorization



Requesting an Extension

Tuesday, April 01, 2025 1:29 PM

Authorization Lookup

[Search by Member Information](#) [Search by Authorization Number/NPI](#) [OnePA](#)

Required Fields

Provider NPI:

Auth/Case Number:

[SEARCH](#) [HISTORICAL LOOKUP](#) [i](#)

[PRINT](#)

[Click here for help](#)

Tuesday, April 01, 2025 1:32 PM

Authorization Lookup

Authorization Number: A500057264

Case Number: 1136113388 (Initial) [P2P AVAILABILITY](#) [REQUEST EXTENSION](#)

Patient Name:

DOB:

Status:

P2P Status:

Approval Date: 3/31/2025 12:00:00 AM

Service Code: HomeH

Service Description: HOME HEALTH

Site Name: MOBLEY MISTI [CHANGE SITE](#)

Start Date: 3/31/2025

Expiration Date: 4/30/2025

Date Last Updated: 4/1/2025 12:23:15 PM

Correspondence: [UPLOADS & FAXES](#)

[PRINT](#)

Requesting an Extension

By EVERNORTH

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	C
------	-----------------------	----------------------	--------------------	------------------------	---

Tuesday, April 1, 2025 11:27 PM

Authorization Lookup

Is this a routine or urgent request?

Routine Urgent

Submit

By EVERNORTH

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification In Progress
------	-----------------------	----------------------	--------------------	------------------------	---------------------------

Tuesday, April 1, 2025 11:27 PM

Authorization Lookup

Home Health Extension

Current Services Approved:

Occupational Therapy: 6
Physical Therapy: 3
Speech Therapy: 1
Skilled Nursing: 3

Please select which previously approved services you would like to extend (Leave as N/A if additional services are not being requested)

Occupational Therapy:

N/A

Physical Therapy:

N/A

Speech Therapy:

N/A

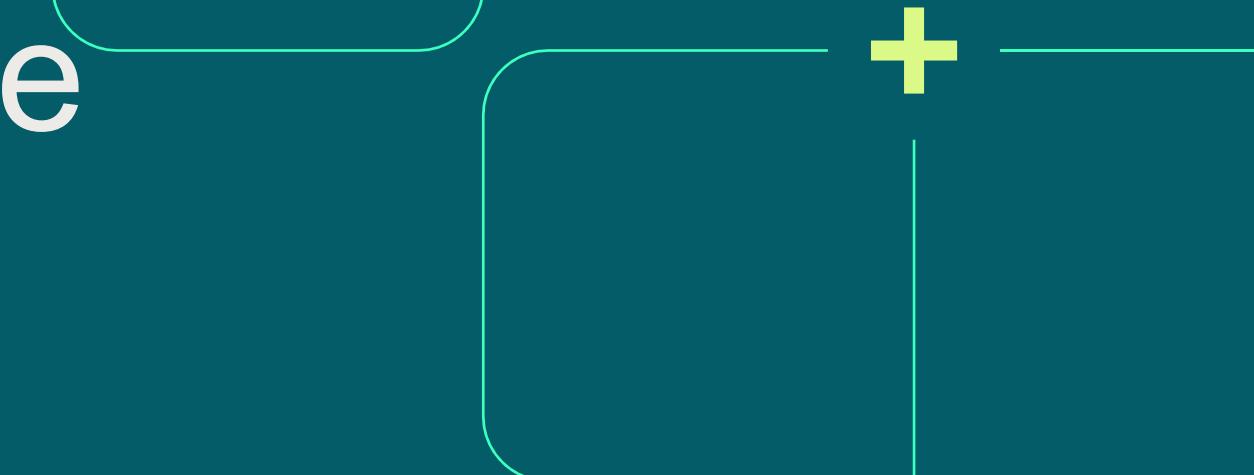
Skilled Nursing:

N/A

Submit

HOME HEALTH

Discharging a Patient from Home Health Services



Discharge Management

Select discharge date:*

mm/dd/yyyy

What is the discharge disposition?*

What is the discharge reason?*

Submit

Select discharge date:*

mm/dd/yyyy

What is the discharge disposition?*

What is the discharge reason?*

Select discharge date:*

mm/dd/yyyy

What is the discharge disposition?*

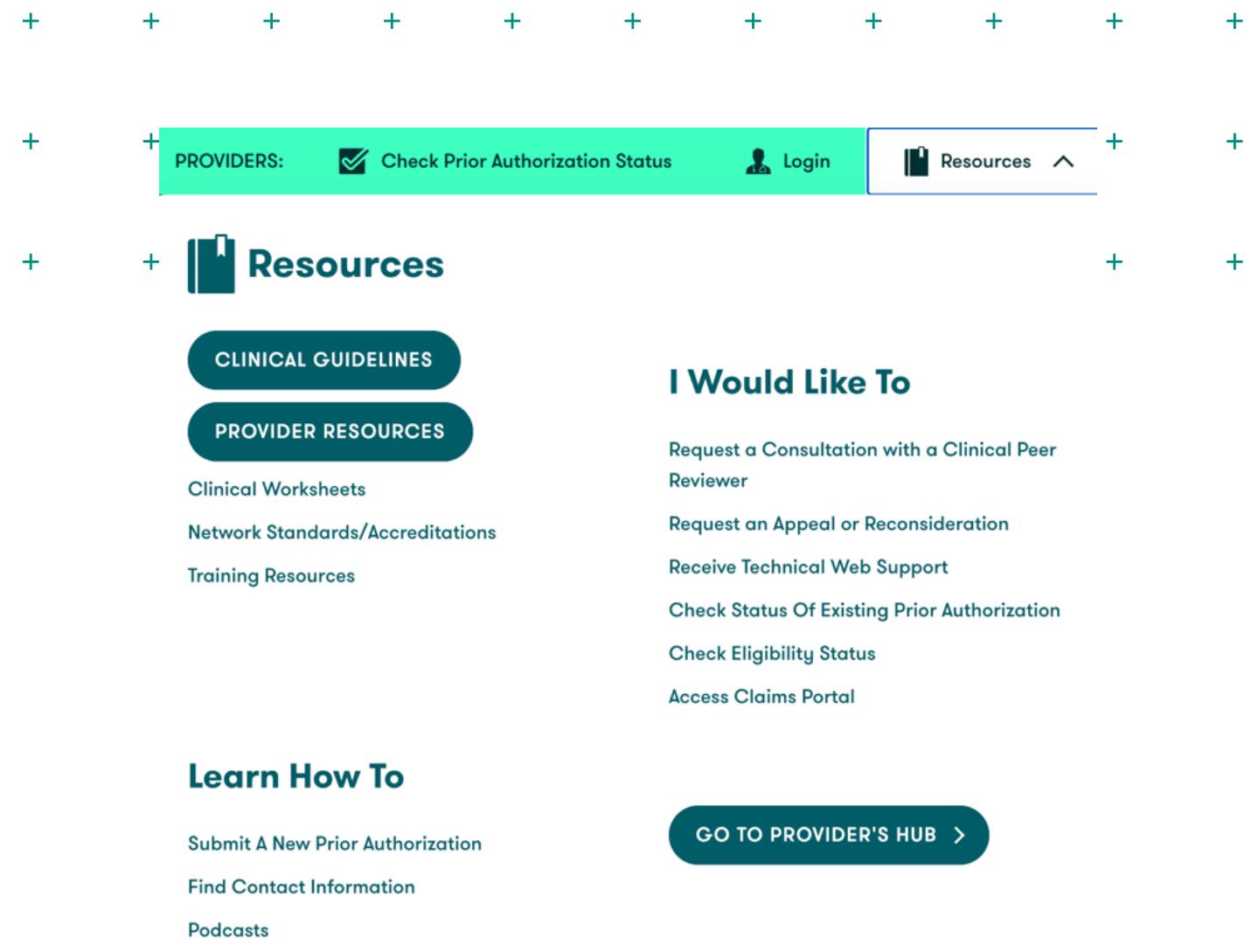
- Acute care facility
- Another behavioral health treatment facility
- Assisted Living facility
- BH-state hospital
- Cease to breathe
- Entered in error
- Home Self care
- Home alone
- Home care
- Home with family/significant other
- Hospice Care
- Hospice facility
- Left against medical advice
- Long term acute care facility**
- Long term care
- Personal Care Home

Provider Resources

Quick Reference

At the top right corner of any EviCore.com webpage, click the drop down to display quick links to a variety of resources.

- + Clinical Guidelines
- + Health Plan Specific “Provider Resources”
- + Worksheets for some programs
- + Click “Go to Provider’s Hub” to:
 - Log into the provider portal
 - Find Training resources not specific to any health plan
 - Register for provider Training Webinars
 - Find Contact Information
 - Sign up for our Provider Newsletter



The screenshot shows a dropdown menu from the EviCore.com website. At the top, there are links for 'PROVIDERS', 'Check Prior Authorization Status', 'Login', and a 'Resources' dropdown menu. The 'Resources' menu is expanded, showing a 'Resources' icon and two main categories: 'CLINICAL GUIDELINES' and 'PROVIDER RESOURCES'. Under 'PROVIDER RESOURCES', there are links for 'Clinical Worksheets', 'Network Standards/Accreditations', and 'Training Resources'. To the right of the menu, there are two sections: 'I Would Like To' and 'Learn How To'. The 'I Would Like To' section lists links for 'Request a Consultation with a Clinical Peer Reviewer', 'Request an Appeal or Reconsideration', 'Receive Technical Web Support', 'Check Status Of Existing Prior Authorization', 'Check Eligibility Status', and 'Access Claims Portal'. The 'Learn How To' section lists links for 'Submit A New Prior Authorization', 'Find Contact Information', and 'Podcasts'. A 'GO TO PROVIDER'S HUB >' button is also present.

PROVIDERS: Check Prior Authorization Status  Login  Resources ^

Resources

CLINICAL GUIDELINES

PROVIDER RESOURCES

Clinical Worksheets

Network Standards/Accreditations

Training Resources

I Would Like To

Request a Consultation with a Clinical Peer Reviewer

Request an Appeal or Reconsideration

Receive Technical Web Support

Check Status Of Existing Prior Authorization

Check Eligibility Status

Access Claims Portal

Learn How To

Submit A New Prior Authorization

Find Contact Information

Podcasts

GO TO PROVIDER'S HUB >

Contact EviCore's Dedicated Teams



Provider Services and Portal Support

- Live chat
- ecrm@evicore.evernorth.com
- Phone: **800.646.0418**

Provider Engagement

You can contact your Provider Engagement Representative by visiting the [Provider's Hub](#) and viewing the Provider Engagement Territory Map in the Training Resources.

Call Center/Intake Center

Call **888.622.7329**. Representatives are available as follows:

Monday - Friday 8am - 8pm Central Time
Saturday 8am - 4:30pm Central Time
Sunday & Holidays 8am - 1pm Central Time

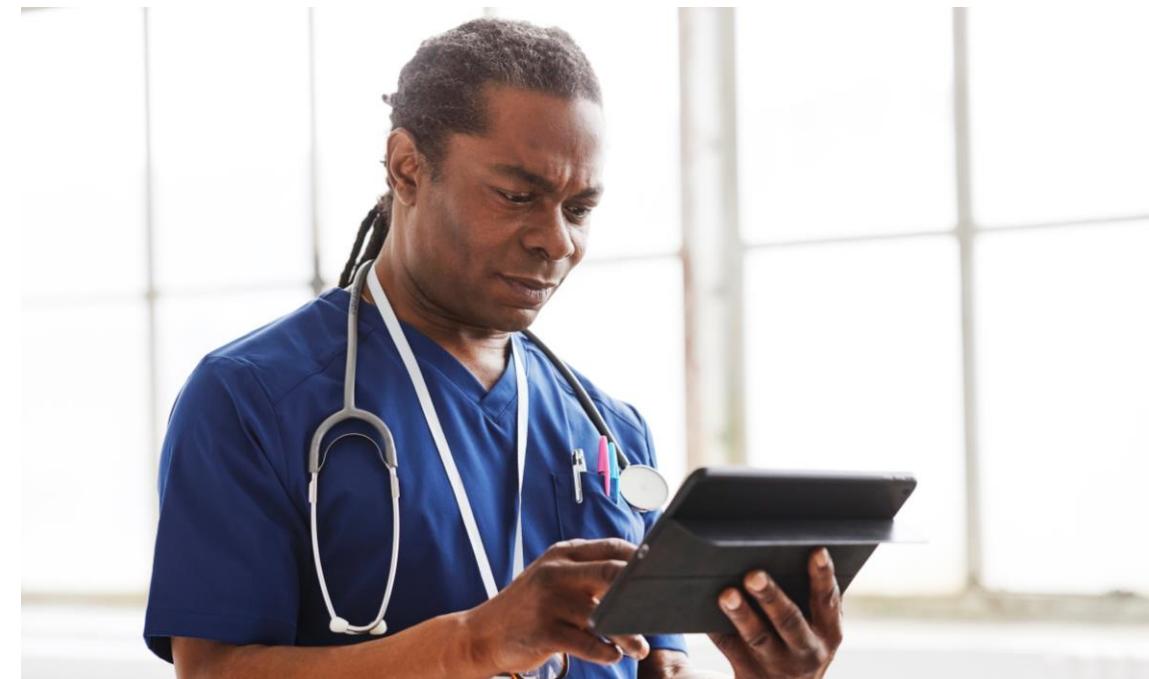
Provider Resource Website

EviCore's Provider Engagement team maintains provider resource pages that contain client and solution specific educational materials to assist providers and their staff.

To access Health Plan Specific provider resources, visit

[Provider Resources | EviCore by Evernorth](#)

- + Frequently asked questions
- + Quick reference guides
- + Provider training materials
- + CPT code list



Access Aetna's provider resources at:



<https://www.aetna.com/health-care-professionals/availability.html> or 800.624.0756

Contacts and Helpful Links

Client & Provider Operations, Portal support, Network support, etc.

[ECRM Consumer Service Portal - ECRM Consumer Support](#)

Find Contact information

[Contact Us | EviCore by Evernorth](#)

Regional Provider Engagement Manager team

[Provider Engagement Territory Map](#)

Clinical Guidelines

[Clinical Guidelines | EviCore by Evernorth](#)

Worksheets for some solutions

[Clinical Worksheets & Online Forms | EviCore by Evernorth](#)

Request a Clinical Consultation

[Request a Peer-to-Peer Discussion | EviCore by Evernorth](#)



Q & A

Thank You



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