Home Health
Aetna

Frequently Asked Questions

Who is EviCore by Evernorth?
EviCore by Evernorth (EviCore) is an independent specialty medical benefits management company that provides Home Health utilization management services for Aetna members.

Which Aetna members will EviCore by Evernorth manage for Home Health services?
Beginning December 29, 2025, EviCore will accept Home Health precertification requests for Aetna members who reside in NJ/NY/WV/PA with Medicare Advantage coverage for dates of service January 1, 2026 and beyond.
NOTE: This program does not apply to Aetna commercial members.

Which Home Health services require precertification?
Services requiring prior authorization are:

- Nursing
- Therapies
- Social Work
- Home Health Aides

How does a provider check the eligibility and benefits of an Aetna member?
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/availity.html or by calling Aetna Medicare Provider Services at 800.624.0756. Eligibility may also be verified at www.EviCore.com during the precertification process.

How does a provider initiate a precertification request?
Providers may request precertification in one of the following ways:

- **EviCore Provider Portal (preferred)**
  The EviCore web portal located at EviCore.com is the quickest, most efficient way to request precertification and check status.
- **Fax**
  Precertification requests are accepted via fax and can be used to submit additional clinical information.
  - Home Health: 866.705.3574
- **Phone**
  Providers may request Home Health precertification by calling 888.622.7329

Where can a provider find Home Health precertification request forms?
Home Health precertification forms are available on the EviCore provider resource website located at https://www.evicore.com/resources/healthplan/aetna.

How does a provider check on the status of a precertification request?
Precertification status can be viewed on demand via the EviCore portal at EviCore.com/ or by calling EviCore at 888.622.7329.

What are the hours of operation?
EviCore Intake Team:

- Monday - Friday 8:00 a.m. to 8:00 p.m. Central Time
- Saturday 8:00 a.m. to 4:30 p.m. Central Time
- Sunday and Holidays 8:00 a.m. to 1:00 p.m. Central Time

EviCore Clinical Team:

- Monday - Friday 8:00 a.m. to 8:00 p.m. Eastern Time
- Weekends 9:00 a.m. to 6:00 p.m. Eastern Time
- Holidays 9:00 a.m. to 2:00 p.m. Eastern Time

NOTE: Nurses are on-call for any “after-hours” needs.

Who is responsible for submitting Home Health precertification requests?

- Home Health requests are typically submitted by the Home Health agency, but the ordering provider, acute hospitals, and post acute care facilities may also submit the request if they have the required information.

What information is required when requesting a precertification for Home Health?

- Admission 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)

To ensure the precertification process is completed as quickly and efficiently as possible, it is highly recommended that you submit pertinent clinical information to substantiate medical necessity for the type of service being requested.

The requirements are outlined on the EviCore precertification request form located on the provider resource site at Aetna Provider Resources | EviCore by Evernorth.

When will a provider receive the precertification determination from EviCore?

Once all information is submitted to EviCore, outreach will be made to providers with a determination within two (2) business days.

How will precertification determinations be communicated to the providers?

EviCore will communicate the determination utilizing the following methods:

- Verbal notification is made to requesting provider
- Written notification will be faxed to the requesting Home Health provider
- Members will receive a precertification determination letter by mail
- Precertification status can be printed on demand from the EviCore portal at www.evicore.com

When does the initial precertification approval expire?

- Home Health: The initial precertification will expire 30 calendar days from the date of issue.

What is the process EviCore is unable to approve the request for a Home Health service?

- If EviCore is unable to approve the request based on the information provided, notification is made to the requesting provider.
- The provider is given the option to either send additional information to support medical necessity criteria or schedule a clinical consultation.
- When a request does not meet criteria, it goes to second level MD review.
- If the MD if unable to approve, an alternate recommendation may be offered. The requesting provider can either accept or reject the alternative recommendation or schedule a clinical consultation.

Important: If one of these options is not utilized by the requesting provider within one business day, an adverse determination is made and the request is denied.

What is the process if a Home Health service does not meet clinical criteria?
If the 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 post-denial rights will be issued to the provider and member by EviCore.

In the event of an adverse determination, what post-denial options are available?
Appeal Process

- Aetna will process first-level appeals. Delegation of second level appeals may vary by state regulations.
- The timeframe to submit an appeal request will be outlined on the determination letter and is typically within 180 days of the adverse decision.*
- Appeal requests can be submitted to Aetna in writing via U.S. Mail or by fax. The Aetna appeal address and fax number will be provided on the determination letter.
- Members or 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 state regulations

Medicare Advantage members requesting an appeal of the denial for Home Health services should follow the process outlined on their denial letter.

Does EviCore review cases retrospectively if no authorization was obtained and services are now completed?
Retrospective reviews for Home Health services are not allowed and there are no exceptions. Please contact Aetna directly with any questions.

What if a precertification is issued and revisions need to be made to an existing precertification request?
The servicing provider should contact EviCore by phone with any changes needed.

How does a requesting provider determine if a servicing provider is in network?
To find a participating provider, go to Resources & Support for Health Care Providers | Aetna.
NOTE: EviCore is not delegated to manage out-of-network provider requests for Home Health services. In these scenarios, please reach out to Aetna directly.

Where do providers submit claims?
All claims will continue to be filed directly with Aetna. Check the member ID card for the claims address.

Where do providers submit inquiries regarding Aetna claims submissions?
If the available self-service tools do not provide claim resolution, providers should contact Aetna Medicare Advantage Provider Customer Service at 800.624.0756. All inquiries regarding Aetna claims submissions should be directed to Aetna.

How do providers submit a program-related question or concern?
For program-related questions or concerns, please email clientservices@EviCore.com or call 800.575.4517 (Option

Whom should providers contact for EviCore portal support/questions?
To speak with a portal specialist, please call 800.646.0418 (Option 2) or email portal.support@EviCore.com. Our dedicated Portal Support team can assist providers in navigating the portal and addressing any portal related issues during the online submission process.

Where can providers find additional information?
For more information and reference documents, please visit EviCore's provider resources site for this program: Aetna Provider Resources | EviCore by Evernorth

Regarding the selection of initial Home Health requests with EviCore, do we select initial as of 1/1/26 even if the member has been receiving services with our agency prior to that date?
Yes, since that is the first date of care that requires prior authorization moving forward, please submit your first request to EviCore as “initial” and use 1/1/26 as the start of care date.

How far can a request be backdated before it is considered a retrospective request or unattainable?
Initial requests can be backdated up to 7 calendar days. Any dates of service rendered beyond 7 days in the past will need to be submitted to Aetna as a claim appeal. A true retrospective request would be you submitting a request after all services have been completed and the patient has been discharged from home health care. If that is the case, EviCore would not process those requests and you would need to reach out to Aetna directly.

What is the extension process if more visits or time is needed on the original authorization?
Extension/concurrent reviews can be requested on the existing/initial authorization before the authorization expires. If the authorization expired and a new authorization request is submitted, it will be under a new authorization number. That information will be provided in the determination letter for the new auth and can be viewed in the web portal.

If we already have access to the EviCore portal for other payors, how would we get Aetna added to our access?
Aetna does not need to be added. If you formerly used our E360 portal for Home Health requests, you will need to register for the CareCore National EviCore portal for Aetna Home Health requests via www.evicore.com. Once you have registered for that portal account, Aetna will be available as a health plan option when building a Home Health case.

If the initial bundle offered by EviCore is accepted during case build, can we request more visits within the same 30 day period?
Yes, if a bundle is accepted you can request additional services in that 30 day period. They will be reviewed/approved based on medical necessity.

If the initial bundle offered by EviCore is declined and a customized plan is entered, will a decision still be received within 48 business hours/two business days?
Yes, if EviCore review is needed the decision will be rendered within 48 hours of receiving all clinical information.

Is discharge management required?
Yes, when a patient is discharged from Home Health services, it is important to provide this discharge information to EviCore so our clinical team does not continue to follow up to confirm discharge.

What is the best way to provide clinical documentation?
The most efficient method is to upload clinical information on the web portal at www.evicore.com. The clinical documentation can also be faxed to 866.705.3574.

Is a new authorization required if a patient goes back to the inpatient setting and then has a Resumption of Care or is the existing authorization still valid?
If the existing authorization is still valid (has not expired and has approved visits remaining), the Resumption of Care will be covered under that authorization.

Where can we obtain more information about the 25 bundles that are available through EviCore?
EviCore does have 25 different bundles for initial Home Health requests, based on the patient’s diagnosis. If you choose to accept the bundle of services that is offered, you will receive a real-time approval for the initial request. The fax form has been updated to include the bundle list in the drop down.