

Cardiac Implantable Device (CID) Utilization Management Program

Frequently Asked Questions

Who is EviCore by Evernorth (EviCore)?

EviCore is an independent specialty medical benefits management company that provides select utilization management services for Network Health.

Which CID services require prior authorization for Network Health members?

EviCore's Cardiac Implantable Device (CID) program consists of prior authorization / medical necessity determinations for CID services to ensure appropriate utilization of these services. CID is part of EviCore's Cardiology Solution and includes removal and/or placement (or replacement) of:

- Pacemakers
- Defibrillators
- Cardiac Resynchronization Therapy
- Pulmonary Artery Pressure Sensors

Beginning July 1, 2026, EviCore will be managing CID services. For the full list, go to [Network Health WI Provider Resources | EviCore by Evernorth](#)

Note: Member eligibility and benefits should be verified on [Provider Resources | Network Health](#).

When can I start submitting requests to EviCore?

EviCore will begin accepting requests on June 15, 2026 for dates of service July 1, 2026 and after. As a reminder, approval from EviCore is limited to the procedure itself. For procedures involving a planned inpatient stay, providers must submit a separate authorization request to Network Health for the inpatient level of care, even after the procedure has been approved. EviCore does not authorize inpatient admissions or levels of care.

Who needs to request prior authorization through EviCore?

Either the ordering providers or rendering facilities can submit requests for CID services included in this program. While either office can make the request, the rendering provider/facility should make sure an authorization is obtained prior to the service being rendered. Services performed and billed without the required authorization will be denied for no authorization.

Do I need to obtain a new prior authorization if I have one already on file?

No, if providers have already obtained prior authorization for a CID service, as some CID services already require prior authorization, that authorization will be honored and a new authorization from EviCore is not needed.

How do I request prior authorization through EviCore?

Providers and/or staff can request prior authorization in one of the following ways:

Web Portal

The EviCore portal is the quickest, most efficient way to request prior authorization and is available 24/7. Providers can request authorization by visiting [Provider's Hub | EviCore by Evernorth](#)

Call Center

EviCore's call center is open from 7 a.m. to 7 p.m. local time. Providers and/or staff can request prior authorization and revise existing cases by calling **855-727-7444**.

What are the benefits of using EviCore's web portal?

EviCore's web portal provides 24/7 access to submit or check on the status of your request. The portal also offers additional benefits for your convenience:

- **Speed** – Requests submitted online require half the time (or less) than those taken by telephone. They can often be processed immediately.
- **Efficiency** – Medical documentation can be attached to the case upon initial submission, reducing follow-up calls and consultation.
- **Real-Time Access** – Web users are able to see real-time status of a request.
- **Member History** – Web users are able to see both existing and previous requests for a member.

Will all CID requests pend for clinical review with EviCore?

Unlike many programs managed by EviCore, CID requests do not have an opportunity for Real Time Approval. Clinical questions are asked during the case build, and all cases will be sent to clinical review. We highly encourage you to upload current and relevant clinical documentation at the end of the case build, so the reviewer has the necessary documentation readily available to review your case. Case decisions are normally made within 2 business days once all the necessary documentation is received.

What information is required when requesting prior authorization?

When requesting prior authorization, please ensure the following proprietary information is readily available:

Member

- First and Last Name
- Date of Birth
- Member ID

Ordering and Rendering Providers

- First and Last Name or Facility Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Number
- Street Address

Clinical information

- Procedure Code (CPT Code)
- Signs and symptoms
- Imaging/X-ray reports and other results of relevant test(s)
- Working diagnosis
- Patient history, including previous therapy

Note: EviCore suggests utilizing the clinical worksheets when requesting authorization for CID services.

Where can I access EviCore's clinical worksheets and guidelines?

EviCore's clinical worksheets and guidelines are available online 24/7 and can be found by visiting one of the following links:

Clinical Worksheets

www.evicore.com/provider/online-forms

Clinical Guidelines

www.evicore.com/provider/clinical-guidelines Prior to **July 1, 2026**, providers will need to click on "Future" to view the upcoming guidelines.

How long is the authorization valid?

Authorizations are valid for 60 calendar days. If the service is not performed within 60 calendar days from the issuance of the authorization, please contact EviCore

How do I check an existing prior authorization request for a member?

Our web portal provides 24/7 access to check the status of existing authorizations. To check the status of your authorization request, please visit www.evicore.com and sign in with your login credentials.

What is the most effective way to get authorization for urgent requests?

Urgent requests are defined as a condition that is a risk to the patient's health, ability to regain maximum function and/or the patient is experiencing severe pain that requires a medically urgent procedure. Urgent requests may be initiated on our web portal or by contacting our contact center at **855-727-7444**. Urgent requests will be processed within 48 hours from the receipt of complete clinical information.

Note: Please select urgent for those cases that truly are urgent and not simply for a “quicker” review.

What are my options if I receive an adverse determination?

The referring and rendering provider will receive a denial letter that contains the reason for denial, as well as reconsideration and appeal rights processes. Please read the decision notice to understand the specific case options. You can also find post-decision options through the Authorization Lookup feature on the EviCore portal, or you can call EviCore's call center at **855-727-7444**.

Note: The referring provider may request a clinical consultation with an EviCore Medical Director to review the decision. Clinical consultations may be self-scheduled on EviCore's web portal, requested online at [Request a Clinical Consultation | EviCore](#), or by contacting EviCore's call center at **855-727-7444**. Make sure to schedule the clinical consultation within 14 calendar days after the determination date. After 14 days, the provider would need to appeal the denial.

Does EviCore review cases retrospectively if no authorization was obtained?

Retrospective requests must be initiated by phone **within 7 business days** following the date of service. Please have all clinical information relevant to your request available when you contact EviCore.

How do I make a revision to an authorization that has been performed?

The requesting provider should contact EviCore prior to submitting the claim with any change to the authorization by contacting EviCore's call center at **855-727-7444**.

How do I determine if a provider is in network?

Participation status can be verified to [Network Health | Home](#). Providers may also contact EviCore at **855-727-7444**. EviCore receives a provider file from Network Health with all independently contracted participating and non-participating providers.

Where do I submit my claims?

All claims will continue to be filed directly with Network Health.

Where do I submit questions or concerns regarding this program?

For assistance with membership, claims, provider network issues, etc., submit the issue to our dedicated teams via EviCore Communication Relationship Management (ECRM).
Access: [ECRM Services](#) (most efficient) or call 800-646-0418 (Option 4).

Who can I contact if I experience issues with the EviCore portal?

Access: [ECRM Services](#) (most efficient) or call 800-646-0418 (Option 2).

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page at [Network Health WI Provider Resources | EviCore by Evernorth](#)

Who can I contact if I have feedback on EviCore guidelines?

To share feedback on EviCore clinical guidelines, you can share the below information by sending an email message to: clinicalguidelinefeedback@evicore.com. Please understand that this email box will not review specific case information. The recipients of your message will review and consider feedback when you include the following information:

- Specific clinical guideline
- Peer-reviewed literature from medical journals
- External provider feedback
- External provider name, email and contact information