EviCore by Evernorth (EviCore) frequently asked questions (FAQ)

OVERVIEW

EviCore by Evernorth (EviCore) is an independent specialty medical benefits management company that reviews prior authorization requests for the following services for migrated members:

- Joint surgery (inpatient and outpatient)
- Spinal surgery (inpatient and outpatient)

EviCore manages care for more than 100 million patients.

What does EviCore base its decisions on?
EviCore creates its policies (clinical guidelines) using information from community physician panels, academic institution experts and current clinical literature. EviCore also has dedicated pediatric clinical guidelines. All guidelines align with national professional societies.

EviCore reviews provider-submitted clinical information to evaluate prior authorization requests. If the clinical information meets EviCore's evidence-based guidelines, a nurse reviewer approves the request for coverage. If the request for coverage cannot be approved, it is forwarded to a medical director.

Why is prior authorization necessary?

Our goal is to enable high-quality patient-centric care at the best possible cost while improving health outcomes. EviCore combines specialized medical expertise, technology and quality improvement processes to help ensure members receive high-quality, medically appropriate care in the most cost-effective setting.

By using EviCore's solutions, we help members receive the most from their coverage to ensure that requested treatments and procedures are medically appropriate based on EviCore's clinical guidelines.

How can I check whether a service requires prior authorization? How do I submit a request?
EviCore review does not apply to all members. The most efficient way to check the need for prior authorization and submit a prior authorization request is through Availity Essentials, **availity.com**.

Does using EviCore's website require me to set up an account?
Yes. A one-time registration is required for each practice or individual. You must sign in prior to requesting authorization for coverage.

I've submitted my prior authorization request. When will I receive a coverage decision?
EviCore makes decisions within state- and federal-mandated turnaround times for both urgent and standard reviews: Within 72 hours of receiving all information for urgent requests, and within seven calendar days of receiving all information for standard requests.

Is there a way to verify whether an approval number has been assigned to a prior authorization request?
Yes. After signing in at **evicore.com**, users can click on "Authorization Lookup" to determine the status of a case.

Why do some procedures require specific treatments prior to surgery being approved (e.g., psychological evaluation, a course of physical therapy)?
Evidence shows that spinal surgeries can fail up to 74% of the time. And one- and two-year surgery follow-up studies show the same or worse results for pain and function when compared to more conservative management (e.g., physical therapy). Because of this, EviCore requires that all appropriate conservative treatments are exhausted before invasive surgery.

What tools does EviCore offer to support providers?
EviCore offers the following tools and resources:

- A newsletter for providers and their staff
    - To subscribe, visit **evicore.com**, scroll to the bottom of the page, and enter your email address in the Stay Updated with Our Provider Newsletter field.
- Clinical guidelines, available on their website
- Provider training and education via town hall-style meetings, webinars or web-based e-learning modules
- Manuals tailored to provider specialties, available upon request

CLAIM DENIALS, PEER-TO-PEER DISCUSSIONS AND APPEALS

I have a valid authorization on file, but my claim was denied. Why?
Authorizations from EviCore can take up to four business days to be loaded into our system. There is also a delay if an employer group renews or is newly added to EviCore's system. To avoid having a mistakenly denied claim, allow several business days after the authorization is approved before submitting a claim. Note: Obtaining an authorization does not guarantee payment for requested services.

What is a peer-to-peer consultation?
A peer-to-peer consultation is a discussion with an EviCore clinical peer reviewer about a prior authorization decision. It occurs before services are performed. Peer-to-peer consultations can be requested within 14 calendar days of the determination date and before an appeal has been initiated.

When you request a peer-to-peer consultation by phone, EviCore transfers the call immediately to an EviCore medical director. If a medical director is not available, EviCore offers a scheduled call-back time that is convenient for you.

A peer-to-peer consultation cannot occur if an appeal is already in process or has been completed. If the initial decision is upheld, the next step is an appeal. The determination letter provides instructions for appealing a coverage decision, including the provider's right to submit additional information.

Who conducts peer-to-peer discussions?
Providers will work with EviCore's clinical reviewers during a peer-to-peer discussion. EviCore's clinical reviewers have experience in their respective musculoskeletal specialties and can discuss clinical rationale and the evidence-based guidelines.

CONTACT EVICORE
Register for EviCore's secure web portal, **evicore.com**. From the homepage, click Resources in the top right corner to find:

- Clinical guidelines
- Clinical worksheets
- Training resources and more

Additional training and resources are available on EviCore's website.

Prior authorization requests can be faxed to 1 (855) 774-1319.
For email support, submit a ticket through ECRM Services.

Request a peer-to-peer discussion

Phone	Fax	Mail written request
1-855-252-1115	1-800-540-2406	Clinical Appeals, EviCore by Evernorth 400 Buckwalter Place Blvd. Mail Stop 600 Bluffton, SC 29910