Durable Medical Equipment/Orthotics and Prosthetics Program

Provider Orientation

Agenda

- **Company Overview**
- **Program Overview**
- **Submitting Precertification Requests**
- **Precertification Outcomes and Special Considerations**
- **Provider Resources**
- **Claims Submission**
- **Provider Web Portal**
- **Q&A Session**

Company Overview

Medical Benefits Management

Addressing the complexity of the healthcare system

10 comprehensive solutions

Evidence-based clinical guidelines

More than 5,000 employees, including over **1,000 clinicians**

Advanced, innovative, and intelligent technology

Program Overview

Precertification Services

eviCore healthcare® (eviCore) will begin accepting precertification requests on December 19, 2022, for durable medical equipment (DME) services for orthotics and prosthetics (O&P) devices with dates of service on or after January 1, 2023, for Cigna commercial customers.

Precertification applies to DME services that are:
- Home Based
- Medically Necessary
- O&P devices and supplies for dates of service January 1, 2023, and beyond.

Providers should verify customer eligibility and benefits on the secured provider log in section at CignaforHCP.com. Eligibility may also be verified at www.evicore.com/ep360.

Precertification Required

To find a **complete list** of O&P DME Healthcare Common Procedural-Coding System (HCPCS) codes that **require precertification**, please visit: https://www.evicore.com/resources/health plan/cigna.

If precertification is required, verify eligibility and benefits, and submit your precertification request.

Providers don't need to reach out to eviCore for DME codes that don't require precertification.

Coverage Policies

Coverage policies are available at CignaforHCP.com >Review Coverage Policies > Access information on Cigna Standard health coverage plan provisions > Policy Updates

eviCore DME Care Coordination

Care Coordination will provide the following services:

- Assist ordering providers and customers with finding a participating servicing provider.

- Validate that the servicing provider delivered the equipment or medical supply on the expected arrival date.

- Validate that the customer has a clear understanding on how to use the equipment and/or medical supplies.

- Follow up with the servicing provider when there is an issue with the delivery or the service item received.

- Work with Cigna Case Manager to ensure the customer receives the equipment and/or supplies on an ongoing basis (when applicable).

Submitting Precertification Requests

Methods to Submit Precertification Requests

WEB
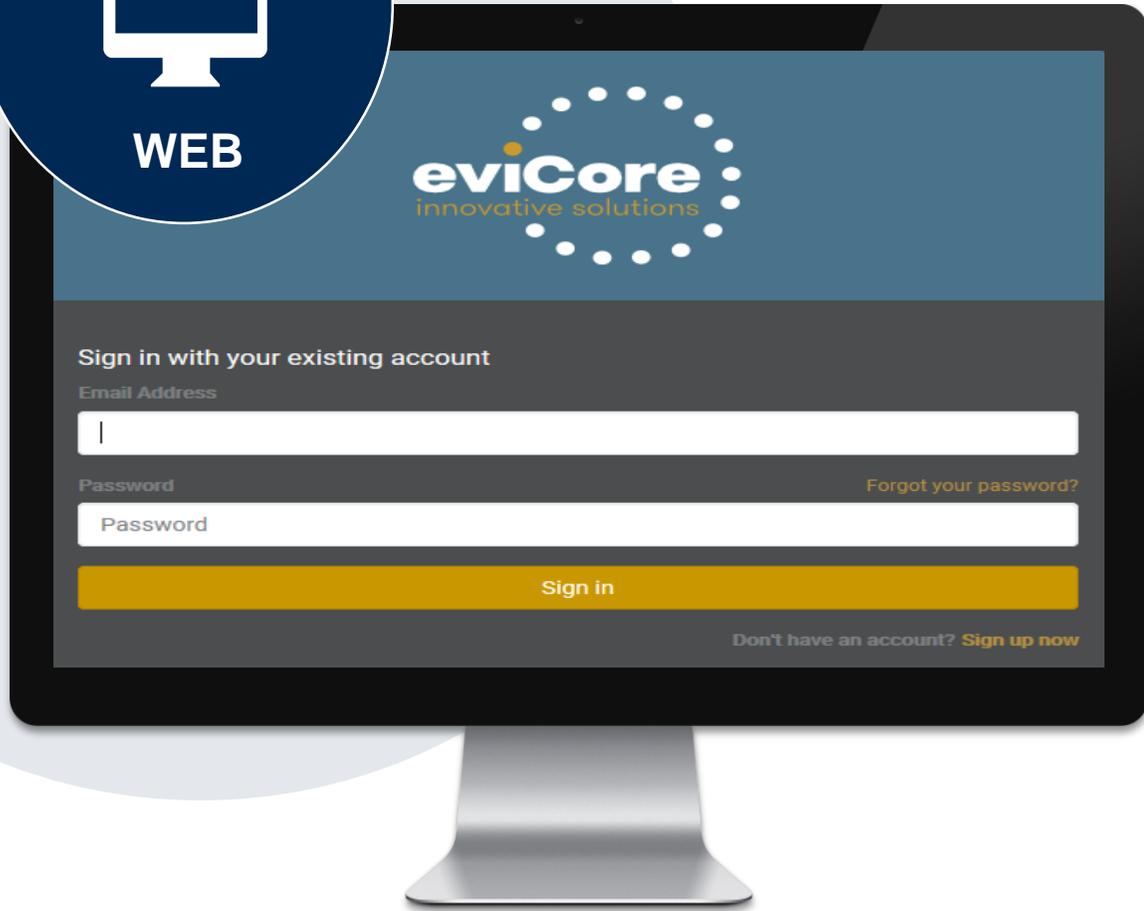
eviCore Provider Portal

The eviCore online portal www.evicore.com/ep360 is the quickest and most efficient way to request precertification and check authorization status.

Fax Number: 888.444.1027
Precertification requests are accepted via fax and may be used to submit additional clinical

Precertification Call Center:
800.298.4806 For Durable Medical Equipment including Orthotics & Prosthetics press (options 3, 1, 1)
Monday – Friday: 8am to 9pm EST
Saturday – Sunday 10am to 6pm EST

Benefits of eviCore Provider Portal

The provider portal allows you to go from request to approval faster.

The following are some benefits and features:

- Saves time: Providers experience a faster processing time online than via telephone or fax.
- Available 24/7: The portal is available at any time.
- Case status: Providers can check case status in real time.
- Dashboard: Providers can view all recently submitted cases.
- Precertification feature: Providers can add multiple procedure codes when submitting a request.

Keys to Successful Precertification

To obtain precertification on the very first submission, the provider submitting the request will need to gather four categories of information:

1. Customer
- Customer ID
- Customer name
- Date of birth(DOB)

2. Rendering DME Provider
- DME Provider name
- National Provider Identifier (NPI)
- Tax Identification Number (TIN)
- Phone & Fax number

Necessary Information

3. Referring Physician
- Physician name
- National Provider Identifier (NPI)
- Tax Identification Number (TIN)
- Phone & Fax number

4. Current Supporting Clinical
- Current Physician's order/script
- Clinical information relating to request (i.e., patient history, progress notes and physical exam)
- HCPCS Code(s)

Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

If all required pieces of documentation are not received or are insufficient for Cigna to reach a determination, the following will occur:

A hold letter will be faxed to the requesting provider requesting additional documentation.

The provider must submit the additional information to Cigna.

Cigna will review the additional documentation and reach a determination.

The number of days the case will remain on hold will be outlined on the Hold Letter.*

Requested information must be received within the time frame specified in the Hold Letter.

The time frame to process a standard request will vary by the service type requested, plan, and/or state mandates.

Time frame will vary by the plan and/or state regulations.

Appropriate Decision

Precertification Outcomes and Special Considerations

Precertification Approval

Approved Requests

- The time frame to process a standard request will vary by the service type requested, plan, and/or state mandates.

- Precertification approval status can be viewed on demand on the eviCore portal at www.evicore.com/ep360.

- Precertification approvals will be communicated by Cigna to the ordering physician & rendering provider Customers will receive a precertification letter by mail

Precertification Outcomes - Adverse Determination

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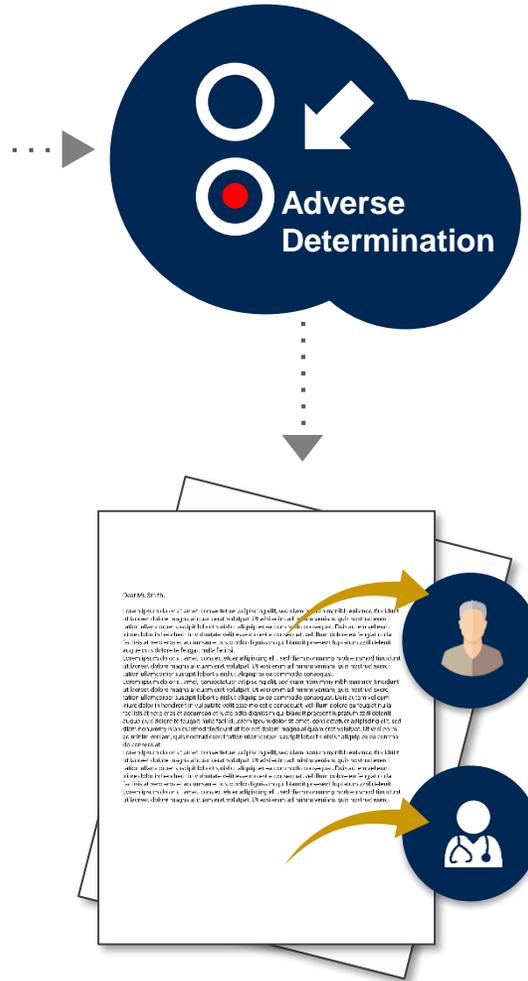
When a request does not meet medical necessity based on evidence based guidelines, an adverse determination is made and the request is denied.

In those cases, a denial letter with the rationale for the decision, reconsideration options, and appeal rights will be issued from Cigna to the provider and customer.

Adverse determination status can be viewed on demand on the eviCore portal at www.evicore.com/ep360

Same-Day and Retrospective Requests

Same-day precertification and retrospective precertification requests should be submitted directly to Cigna at **800.88Cigna (882.4462)** or the number on the back of the customer's ID card.

Same-Day Precertification Requests (start-of-care date is the same as the current date)

- Providers will need to ask Cigna for escalation for same-day precertification requests.
- Providers should have all required clinical information on hand before making the call to obtain a timely precertification determination.

Retrospective Precertification Requests (after the date of service)

- Any precertification request submitted <u>after</u> the date of service
- Time frame to submit a retrospective request may vary by plan and/or state regulations
- Cigna will communicate retrospective determinations

Urgent Requests

Urgent requests with a start-of-care date that is the same as the current date should be submitted directly to Cigna at **800.88Cigna (882.4462)** or the number on the back of the customer's ID card.

Urgent Precertification Requests

- Cigna 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 with a date of service <u>after</u> the current date can be initiated on the eviCore provider portal or by calling 800.298.4806 For Durable Medical Equipment including Orthotics & Prosthetics press (options 3, 1, 1).

- Cigna will make a decision on an urgent case that meets this definition within 72 hours.

Special Circumstances: Post-Decision Options

My case has been denied. What's next?

- Once a request has been reviewed and denied, it is important to know what options are available.

- Your determination letter is the best immediate source of information to assess what options exist for a case that has been denied.

- Providers should call the number indicated on the customer's ID card to speak to an agent who can provide the available options and instructions on how to proceed.

Special Circumstances: Post-Decision Options cont.

My case has been denied. What's next?

Reconsiderations

- A reconsideration is a post-denial, pre-appeal opportunity to provide additional clinical information.

- A reconsideration can be requested any time, up until an appeal is received.

- Reconsiderations can be requested by phone, by calling the number indicated on the customer's ID card, or via a peer-to-peer consultation with a Cigna physician.

Appeal Process

- Cigna 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 and is typically within 180 days of the adverse decision.*

Appeal Process (cont.)

- Appeal requests can be submitted to Cigna in writing via fax or US Mail. The Cigna appeal address and fax number will be provided on the determination letter.

- Customers or providers with appeal questions may call the number indicated on the customer's ID card.

- The appeal determination will be communicated by Cigna to the ordering provider and customer.

- Appeal turnaround times:*

  - Expedited - 72 hours

  - Standard customer - 30 days

  - Standard Provider - 60 days

May vary by plan and/or state regulations

Peer-to-Peer Request

- If a request is not approved and requires further clinical discussion for approval, Cigna offers peer-to-peer consultations with referring physicians

- Peer-to-peer consultations may result in either a reversal of decision to deny, or an uphold of the original decision

- A peer-to-peer consultation may be requested by calling the number indicated on the customer's ID card or via fax

- Your determination letter is the best source of information on how to schedule a peer-to-peer consultation

Provider Resources

eviCore Online Resources and Web Support Services

For questions contact a web support specialist.

☎ Call: 800.646.0418 (option 2)

📄 Email: portal.support@evicore.com

Web support services are available Monday through Friday from 7a.m. to 6p.m. CT.

Dedicated Call Center

Precertification Call Center – 800.298.4806, For Durable Medical Equipment including Orthotics & Prosthetics press (options 3, 1, 1)

Our call center is open Monday – Friday from 8am to 9pm EST

Saturday – Sunday 10am to 6pm EST

Providers can contact our call center to do the following:

- Request precertification
- Check the status on existing requests
- Request to speak with a care coordination agent
- Discuss questions regarding post-decision options

Providers should contact Cigna Customer Service at 800.88Cigna (800.882.4462) if changes are needed to HCPCS Code(s) on an existing case

Note: To ensure you have a successful experience in reaching the desired representative, please listen carefully to the telephone prompts when calling the eviCore authorization call center.

Client and Provider Operations Team

Client and Provider Services

Dedicated team to address provider-related requests and concerns, including:

- Questions regarding accreditation and/or credentialing

- Eligibility issues (customer, rendering provider, and/or ordering provider)

- Issues experienced during case creation

- Reports of system issues

How To Contact Our Client And Provider Services Team

- **Email:** ClientServices@evicore.com (preferred)

- **Phone:** 1.800.575.4517 (option 3)

For prompt service, please have all pertinent information available. When emailing, make sure to include "Cigna health plan" in the subject line with a description of the issue; include customer, provider and case details when applicable.

Provider Resources

Cigna Provider Resource Pages

eviCore's Provider Experience team maintains provider resource pages that contain specific DME educational materials to assist providers and their staff on a daily basis. The DME provider resource page includes the following educational materials:

- Training sessions schedule

- Provider training presentation

- List of HCPCS codes that require precertification through Cigna

- Quick Reference Guide

- Frequently asked questions document

- eviCore provider manual

To access these helpful resources, please visit:
https://www.evicore.com/resources/healthplan/cigna.

Detailed information about DME precertification is available CignaforHCP.com > Precertification Process: Learn what services require precertification > Durable medical equipment, home health and infusion.

Claims Submission

Cigna Accounts Receivable Snapshot

- All claims should be submitted directly to Cigna or to the Payor. Check the customer ID card for claims address

- The Payor ID used to submit a claim to Cigna through electronic billing is 62308.

- Providers are required to enroll in Electronic Fund Transfer (EFT) with both **Cigna and eviCore** in order to receive payment for services rendered. Please forward this information to the person in your organization who is responsible for this activity.

- Providers are encouraged to utilize Cigna's provider self-service tools to manage accounts receivable at www.cignaforhcp.com for:

  o Electronic Payment (EFT)
  o Remittance Reports & Claim Status Inquiry 835/837

- If the available self-service tools do not provide claim resolution, providers should contact Cigna through www.cignaforhcp.com or 1.800.88Cigna (800.882.4462). All inquiries regarding Cigna claims submissions should be directed to Cigna.

Detailed claims information is available on the Cigna website (CignaforHCP.com > Get questions answered: Resource > Reimbursement and Payment Policies)

Provider Web Portal

Case Creation

- After logging in, you will see the main screen and user dashboard. Choose "Request an Auth" to begin.
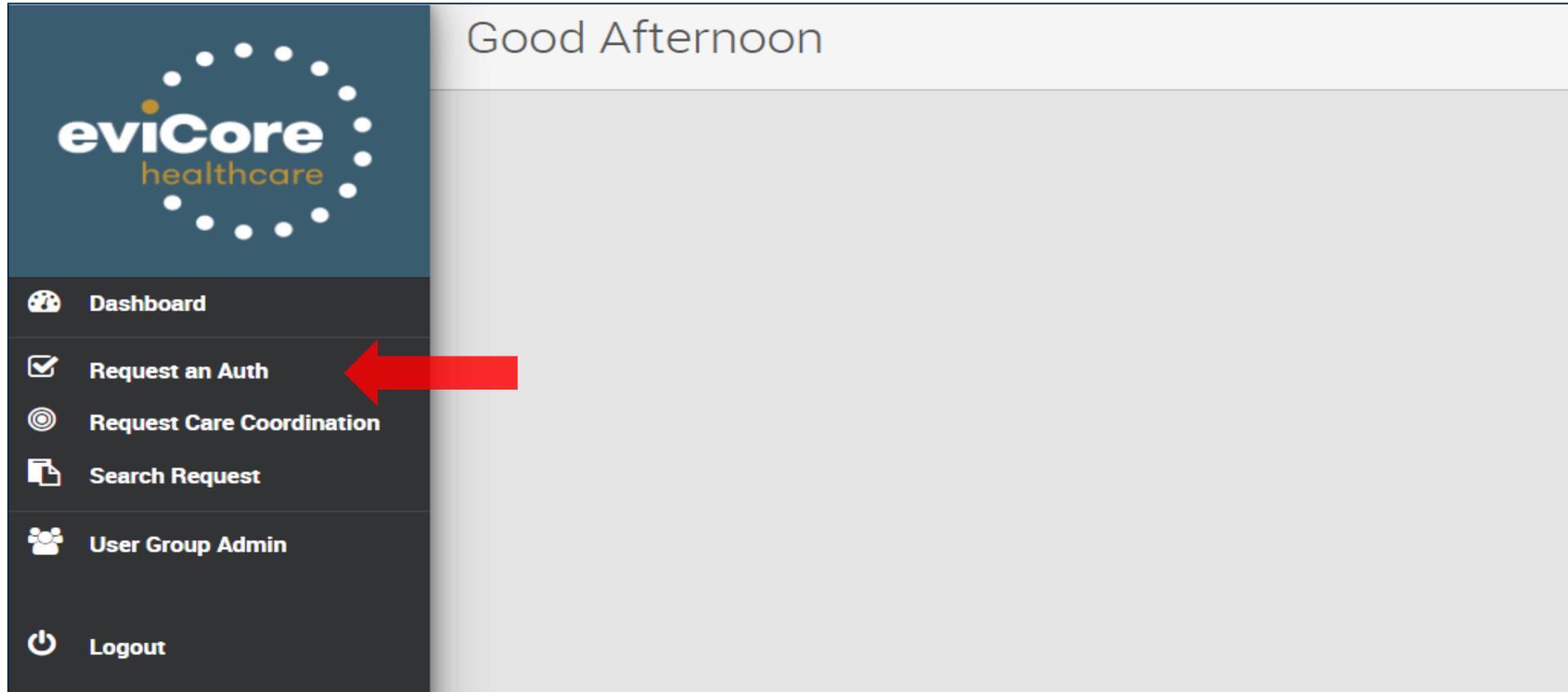
Submit a Request for Service

- Complete all fields and choose "Search."
- Verify the customer information that populates at the bottom of the screen. Then, select "Continue.

Enter Service Details

• Complete all fields and choose "Continue."

Procedure codes

Enter a code number or description in the field below.

Procedure code	Quantity	Unit of Measure
K0898 - Power wheelchair, not	1	Units
e1390	0	

E1390
Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate

SAVE

Ordering Physician   Change

👤 ROSEN M JOHN
📍 5808 W 110TH ST, OVERLAND PARK, KS 66211
📞 N/A   📋 N/A
NPI 1407073422

Contact Person

👤 Bart	Starr
📞 1231231234	EXT.
📠 5555555555	
📝 Leave a message.	

👤➕   Save & Continue

Servicing Provider

1023106796 Evans saint

IFP CONNECT CHILD NATIONAL L_ SERVICES CENTER 1   **PAR**
111 EVANS OAK LN, SAINT LOUIS, M_ _110
NPI: 1023106796 - TIN: XXXXX2009

Search for Ordering Physician by Name or TIN/NPI

Search for Servicing Provider by NPI/TIN. Add address details to narrow the search.

• Enter Procedure Code(s)
• You can enter multiple codes if all are the same category/rental vs purchase

Enter Contact Info for Physician

Precertification Code Messages

- If eviCore is not delegated to manage a procedure, you will receive the below message as soon as you enter the code.
- Next, you will receive a message to submit the request.

Pending Clinical

- If your request is pending for clinical documentation, click on "Submit Clinical info now" and you will be prompted to upload the supporting documents.

Attach Clinical and Submit

- You will see a pop-up window to upload clinical documents.
- You will navigate to your system to locate the documents and attach them to the case.
- All information will now be transmitted to eviCore to begin the precertification review process.
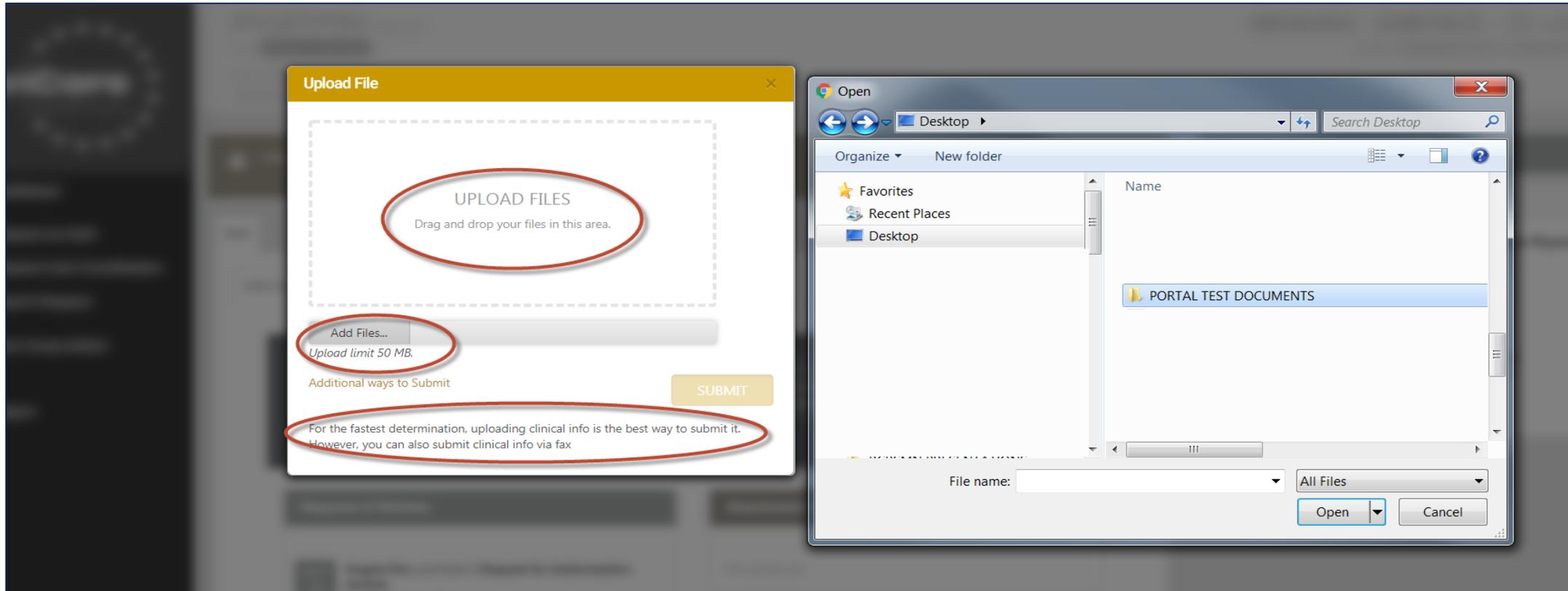
eviCore Portal Registration

eviCore Provider Portal Registration

Administrators or first-time portal users should:
- Log in directly to www.evicore.com/ep360.
- Choose "Sign up now" to create an eviCore account.

Administrator Registration

- Complete the brief registration process.

- Enter the administrator's email and click on "Send verification code.

- Enter the code provided in the email, click on "Verify Code," and complete the provider demographics.

Create a Group

- The user should click Create A New Group.
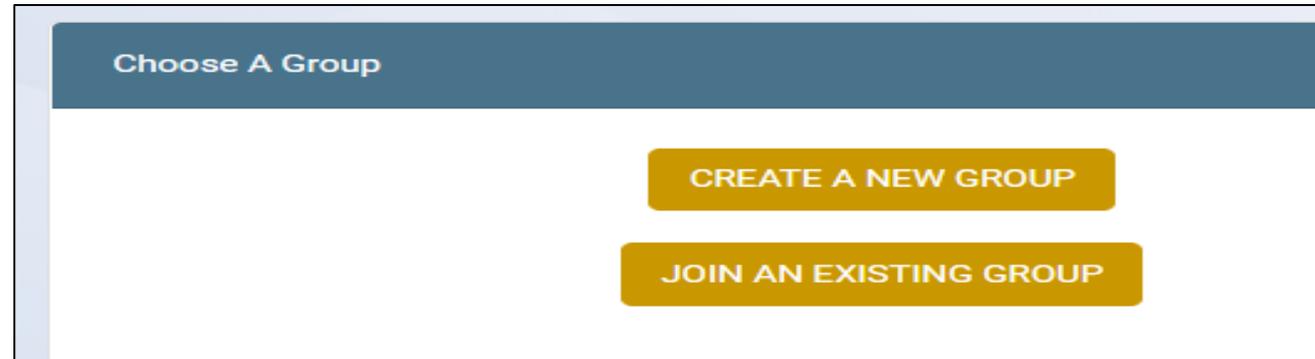
Group Details

- Enter the required details to create a new group
- Click on the create icon
- Accept the terms and conditions and privacy policy on the next screen.

Administrator Registration Details

- After successfully creating a group do the following:

1. Make note of the Provider Group Join Code and provide to all users for that group.
2. Invite other users to your group. You can appoint others as alternate administrators.
3. Add information for the providers associated with the group, including their TIN and NPI
4. Once complete, click on "Go to website" to access the eviCore portal.

All Other Users

- Invited users will receive an email with a Join Code from their administrator.
- Each invited user will also receive an email to join the group.
- The link provided in the email will allow the user to join the group.
- At the main screen, the user should choose "Sign up now" to start the registration process.
- The user will be directed to "Join An Existing Group."
- The user should enter the Join Code provided by their administrator. Once complete, the user will be directed to the eviCore portal dashboard.

Thank You!