

Gastroenterology Precertification Program

Provider Orientation Session for Cigna



Empowering
the Improvement
of Care

Agenda

- Company Overview
- Clinical Approach
- Program Overview
- Submitting Requests
- Prior Authorization Outcomes & Special Considerations
- Reconsideration Options
- Provider Portal Overview
- Additional Provider Portal Features
- Provider Resources
- Q & A

Company Overview

Medical Benefits Management

Addressing the complexity of the healthcare system



10
comprehensive
solutions



Evidence-based
clinical guidelines



5k+ employees,
including
1k+ clinicians

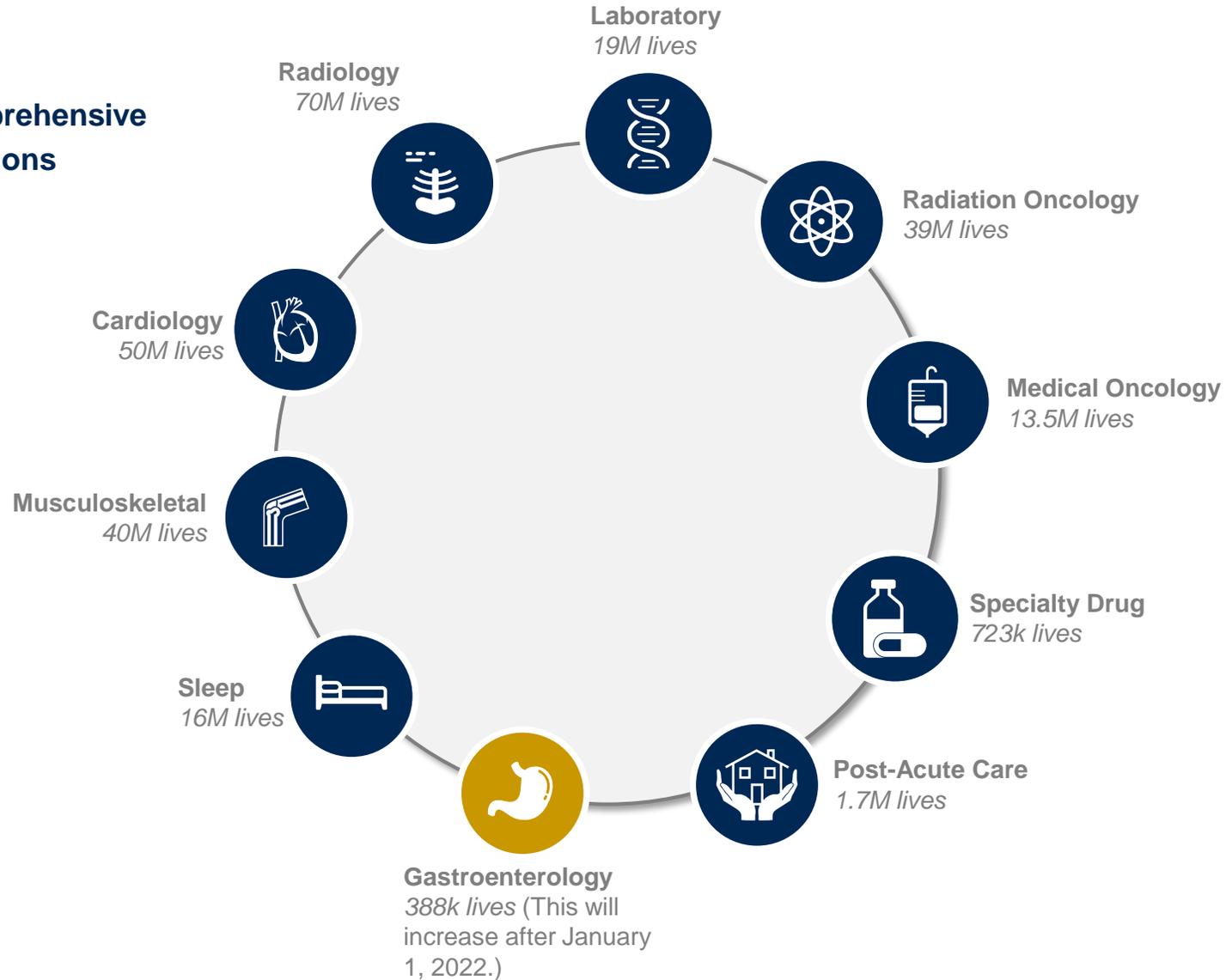


Advanced, innovative,
and intelligent
technology

Gastroenterology - Our Tenth Solution!

10

Comprehensive Solutions



Our Clinical Approach

Evidence-Based Guidelines

The foundation of our solutions

Aligned with National Societies:

- American Society for Gastrointestinal Endoscopy
- American College of Physicians
- American College of Gastroenterology
- American Gastroenterological Association
- Canadian Association of Gastroenterology
- European Society of Gastrointestinal Endoscopy
- European Helicobacter Study Group



Clinical Staffing – Multispecialty Expertise

Dedicated nursing and physician specialty teams for a wide range of solutions

- ◆ **Anesthesiology**
- ◆ **Cardiology**
- ◆ **Chiropractic**
- ◆ **Emergency Medicine**
- ◆ **Family Medicine**
 - Family Medicine/OMT
 - Public Health & General Preventative Medicine
- ◆ **Gastroenterology**
- ◆ **Internal Medicine**
 - Cardiovascular Disease
 - Critical Care Medicine
 - Endocrinology, Diabetes & Metabolism
 - Geriatric Medicine
 - Hematology
 - Hospice & Palliative Medicine
 - Medical Oncology
 - Pulmonary Disease
 - Rheumatology
 - Sleep Medicine
 - Sports Medicine
- ◆ **Medical Genetics**
- ◆ **Nuclear Medicine**
- ◆ **OB/GYN**
 - Maternal-Fetal Medicine
- ◆ **Oncology/Hematology**
- ◆ **Orthopedic Surgery**
- ◆ **Otolaryngology**
- ◆ **Pain Mgmt./Interventional Pain**
- ◆ **Pathology**
 - Clinical Pathology
- ◆ **Pediatric**
 - Pediatric Cardiology
 - Pediatric Hematology-Oncology
- ◆ **Physical Medicine & Rehabilitation**
 - Pain Medicine
- ◆ **Physical Therapy**
- ◆ **Radiation Oncology**
- ◆ **Radiology**
 - Diagnostic Radiology
 - Neuroradiology
 - Radiation Oncology
 - Vascular & Interventional Radiology
- ◆ **Sleep Medicine**
- ◆ **Sports Medicine**
- ◆ **Surgery**
 - Cardiac
 - General
 - Neurological
 - Spine
 - Thoracic
 - Vascular
- ◆ **Urology**



Program Overview

Gastroenterology

eviCore healthcare (eviCore) manages prior authorization for certain gastroenterology procedures for select Cigna customers.

Affected services:

- Esophagoscopy/Esophagogastroduodenoscopy (EGD)
- Most capsule endoscopies

Customers with the following plans:

- Cigna Connect Individual & Family Plans
- Cigna fully insured and certain Administrative Services Only plans
(effective January 1, 2022)

Prior authorization is not required for services performed:

- As an inpatient procedure.
- In an emergency room (ER), including observation associated with an ER visit.

Gastroenterology

Monitored Anesthesia Care

All ancillary procedure codes, including monitored anesthesia, performed in conjunction with denied services are not covered and will likely not be reimbursed by Cigna if performed.

Provider resource page

Providers and/or staff can visit Cigna's provider resource page to access a list of covered Current Procedural Terminology (CPT®) codes, clinical worksheets, frequently asked questions, quick reference guides, and additional educational materials:

www.eviCore.com/resources/healthplan/Cigna



How to Determine Benefits and Eligibility

Resource	Contact
Cigna Customer Service	800.88Cigna (882.4462)
Cigna for Health Care Professional website	CignaforHCP.com > Patients (login required) or CignaforHCP.com > Precertification Process
eviCore provider portal	eviCore.com > Eligibility Lookup (login required) Note: If you are not a registered user, go to eviCore.com > Register Now.
eviCore Intake Team	888.693.3297 (7:00 a.m. to 7:00 p.m. ET)

You may also verify benefits and eligibility for patients who have Individual and Family Plans by viewing their ID card, which will indicate “Connect” in the upper right-hand corner.

An Eligibility Lookup in the eviCore portal will confirm if authorization is needed for gastroenterology procedures



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Thursday, April 15, 2021 11:53 AM

[Log Off](#)

Eligibility Lookup

Health Plan: CIGNA

Patient ID:

Member Code: 02

Eligibility: **Prior Authorization required for: Radiation Therapy, Medical Oncology. No Prior Authorization required for: Gastroenterology.**

PRINT

DONE

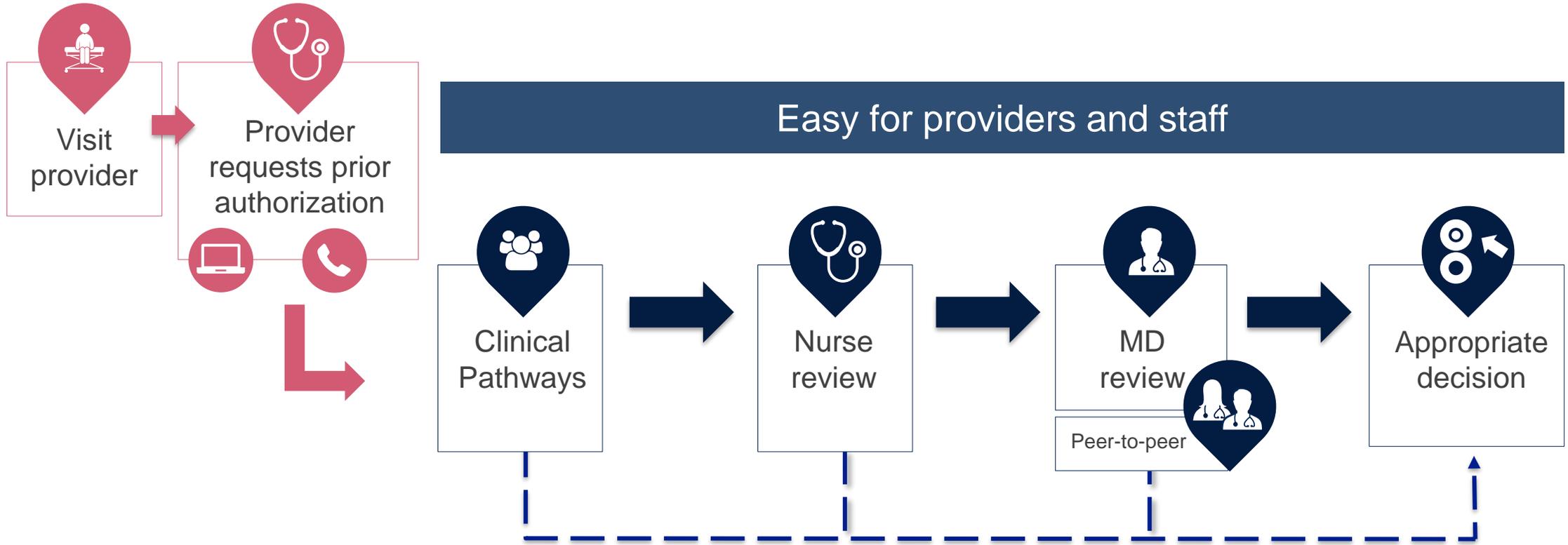
SEARCH AGAIN

[Click here for help](#)

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Prior Authorization Process



By submitting prior authorization requests through eviCore's portal, providers have the potential to receive immediate authorization. Please ensure all necessary clinical information has been provided when answering the clinical pathway (clinical collection process) questions.

Methods to Submit Prior Authorization Requests

eviCore Provider Portal (Preferred)

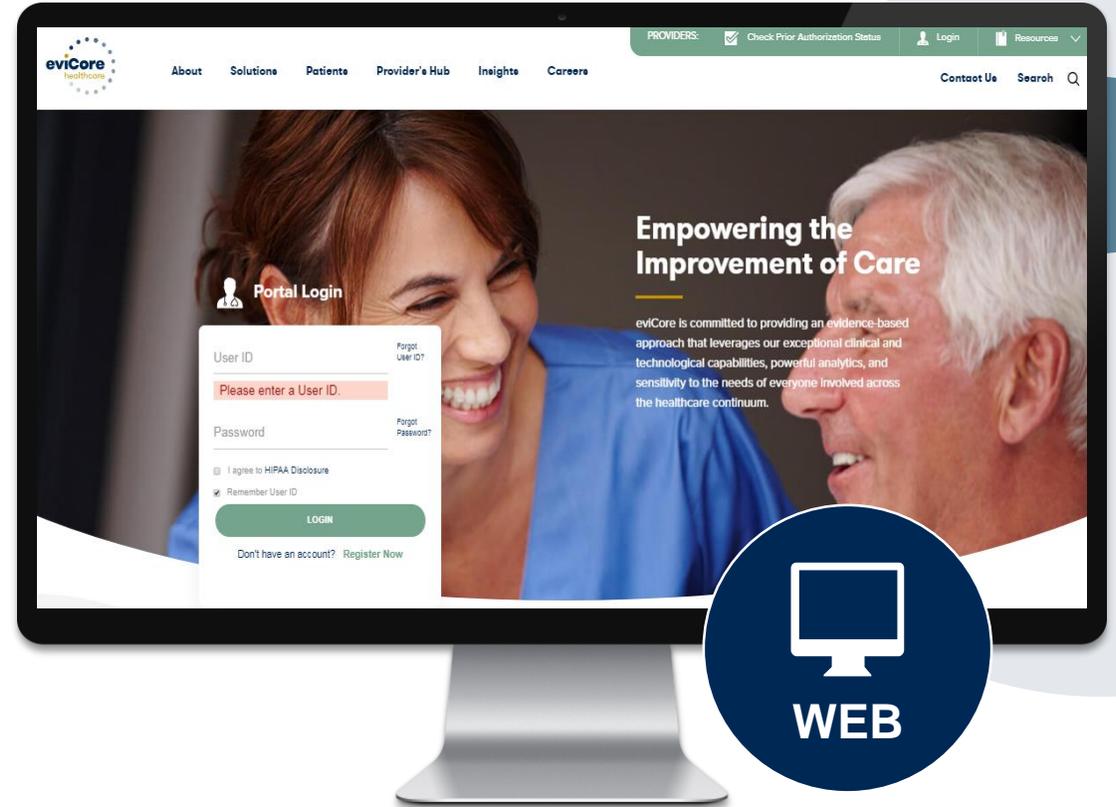
The eviCore portal (www.eviCore.com) is the quickest, most efficient way to request prior authorization and check authorization status.

Telephone (866.668.9250)

Representatives are available Monday through Friday from 7:00 a.m. to 7:00 p.m. local time.

Fax (800-540-2406)

Prior authorization requests are accepted via fax. Providers may also submit additional clinical information via fax.



Nonclinical Information Needed

The following information must be provided to initiate the prior authorization request:

Member Information

- First and last name
- Date of birth
- Member ID
- Telephone number (if applicable)

Ordering Provider Information

- First and last name
- Practice address
- National Provider Identifier (NPI)
- Taxpayer Identification Number (TIN)
- Telephone and fax numbers

Rendering Facility Information

- Facility name
- Street address (e.g., 111 Tennessee Rd., Franklin, TN 37067)
- NPI
- TIN
- Telephone and fax numbers



Clinical Information Needed

If clinical information is needed, please be able to supply the following information:

- Relevant history and physical examination
- Relevant summary of the patient's clinical condition
- Imaging and/or pathology and/or laboratory reports, as indicated, relevant to the requested procedure
- Comorbidities, if relevant
- Indication for the specified procedure
- Prior treatment regimens (for example, appropriate clinical trial of conservative management, if indicated)
- Results of prior endoscopic procedures, if relevant
- Genetic testing results, if applicable



Prior Authorization Outcomes

Approvals and Denials

Approved Requests

- All requests are typically processed in two business days after receipt of all necessary clinical information.
- Authorizations are typically valid for 90 days from the date of the final determination.

Approval Letter

- The letter will be faxed to the ordering provider and performing facility.
- The member will receive the letter in the mail.
- Approval information can be printed on demand from the eviCore portal.

Denied Requests

- Communication of the denial determination and rationale.
- Instructions on how to request a clinical consultation.

Denial Letter

- The letter will be faxed to the ordering provider and performing facility.
- The member will receive the letter in the mail.
- The letter will contain the denial rationale and appeal options and instructions.



Reconsideration Options

Commercial Memberships

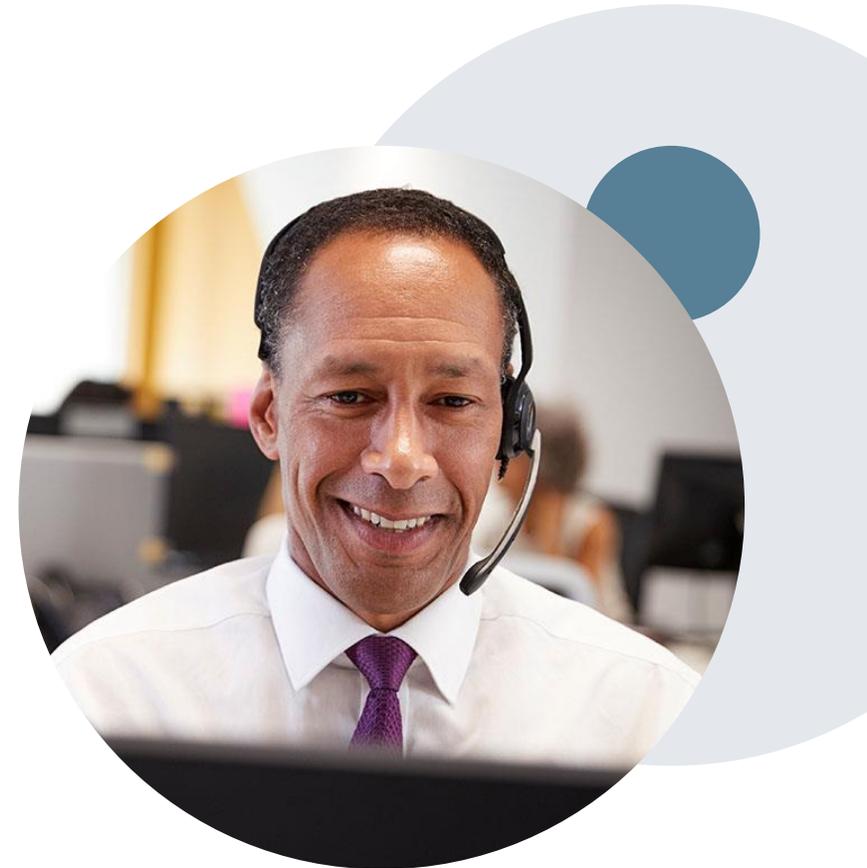
Reconsiderations

Providers and/or staff can request a reconsideration by submitting additional clinical information without the need for a provider to participate. Reconsideration must be requested on or before the anticipated date the services will be performed. Reconsiderations are available in most states and should be submitted prior to submitting an appeal request.

Clinical Consultations

If a request requires further clinical review, we welcome requests for a clinical consultation with an eviCore medical director. In certain instances, additional clinical information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.

Physicians, nurse practitioners, and physician assistants can request a clinical consultation by visiting www.eviCore.com/provider/request-a-clinical-consultation.



Special Circumstances

Appeals

- For gastroenterology procedures, appeals should be made following the appeal instructions referenced in the denial letter.

Retrospective Authorization Requests

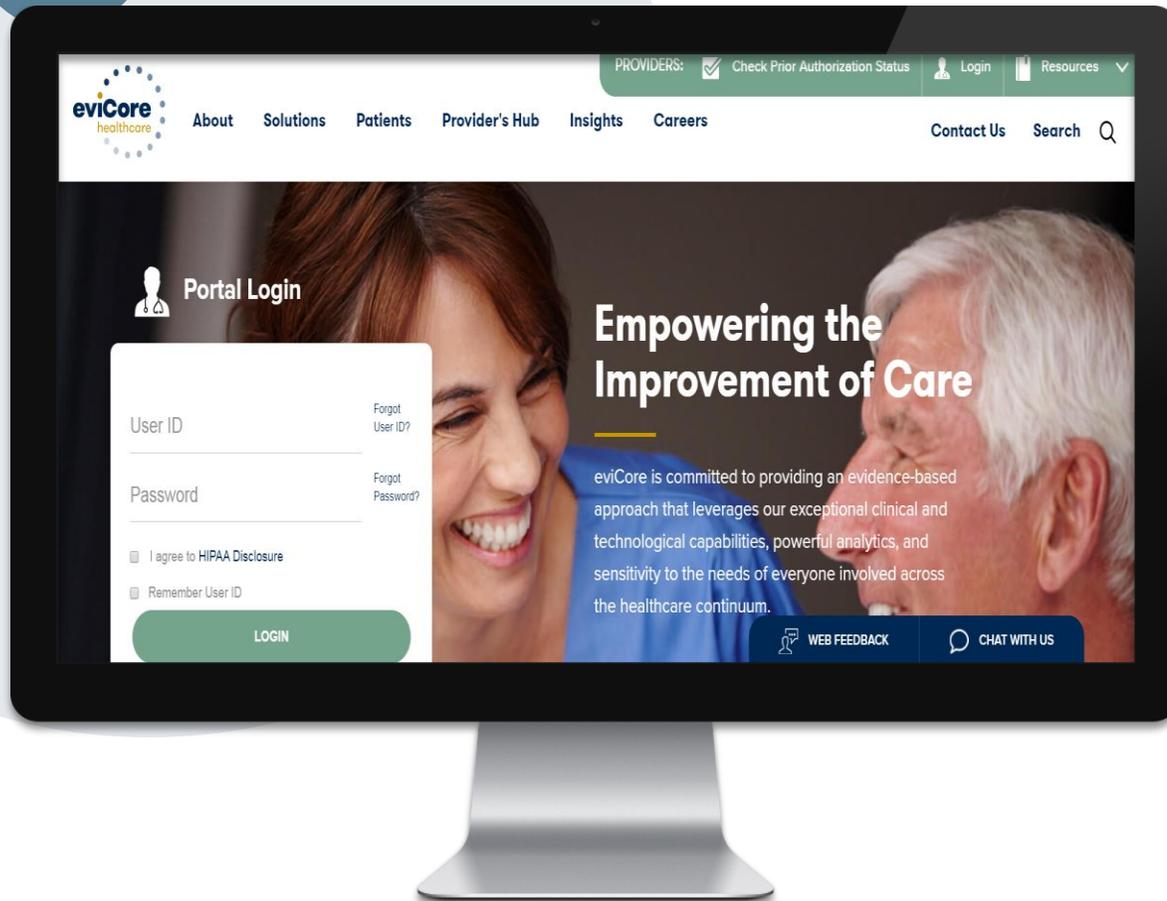
- Authorization must be provided in advance of the service, unless the service is urgent or there are extenuating circumstances. In those cases, retrospective requests must be submitted within 15 calendar days from the date the services were performed. Providers who submit retrospective requests beyond this time frame would be advised to submit an appeal.
- Retrospective requests are reviewed for medical necessity.

Urgent Prior Authorization Requests

- Urgent requests can now be submitted on eviCore's portal (www.eviCore.com). When asked, "Is this request standard/routine?", simply answer no and the case will be sent to the urgent work list.
- Providers and/or staff can also contact our office by telephone and state that the prior authorization request is urgent. Urgent requests will be reviewed within 24 hours.
- Medically urgent outpatient procedures must meet the National Committee for Quality Assurance's definition of medical urgency requests. To be considered urgent, the patient must have conditions that are a risk to his or her life, health, or ability to regain maximum function, or have severe pain that requires a medically urgent procedure.



eviCore Provider Portal Overview



The eviCore portal is the quickest, most efficient way to request prior authorization and check authorization status.

By visiting www.eviCore.com, providers can spend their time where it matters most — with their patients!

Benefits of the Provider Portal

Did you know that most providers are already saving time submitting prior authorization requests online? The provider portal allows providers 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.
- Available 24/7: The portal is available at any time.
- Option to save progress: If a provider needs to step away, he or she can save his or her progress and resume later.
- Upload option for additional clinical information: There is no need to fax in supporting clinical documentation; providers can upload it on the portal to support a new request or when additional information is requested.
- Ability to view and print determination information: Providers can check case status in real time.
- Dashboard: Providers can view all recently submitted cases.
- Duplication feature: If a provider is submitting more than one prior authorization request, he or she can duplicate information to expedite submittals.

eviCore Portal and Compatibility

eviCore.com is compatible with the following web browsers:

- Google Chrome
- Mozilla Firefox
- Internet Explorer 9, 10, and 11

You may need to disable pop-up blockers to access the site. For information on how to disable pop-up blockers for any of these web browsers, please refer to our [Disabling Pop-Up Blockers guide](#).

Already a user?

If you already have access to eviCore's portal (www.eviCore.com), simply log in with your User ID and Password and begin submitting requests.

Don't have an account? Click "Register Now"



Portal Login

User ID

[Forgot User ID?](#)

Password

[Forgot Password?](#)

I agree to HIPAA Disclosure

Remember User ID

LOGIN

Don't have an account? [Register Now](#)

Registration Form



Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*: ←

If you are a health plan representative, please contact web support at 1-800-646-0418 option 2 for your account to be created.

User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:	<input type="text"/>	Address*:	<input type="text"/> <input type="text"/>	Phone*:	<input type="text"/>
Email*:	<input type="text"/>	City*:	<input type="text"/>	Ext:	<input type="text"/>
Confirm Email*:	<input type="text"/>	State*:	<input type="text" value="Select"/> ▾	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	Zip*:	<input type="text"/>	Individual NPI*:	<input type="text"/>
Last Name*:	<input type="text"/>	Office Name*:	<input type="text"/>		

Select a **Default Portal**, and complete the registration form.

Creating an Account



Please review the information before you submit this registration. An Email will be sent to your registered email address to set your password.

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*:

If you are a health plan representative, please contact web support at 1-800-646-0418 option 2 for your account to be created.

User Registration

UserName:	Address:	Phone:
Email:	City:	Ext:
Account Type:	State:	Fax:
First Name:	Office Name:	
Last Name:		

[Back](#) [Submit Registration](#)

[Web Support 800-646-0418](#)
[Legal Disclaimer](#) | [Privacy Policy](#) | [Corporate Website](#) | [Report Fraud & Abuse](#) | [Guidelines and Forms](#) | [Contact Us](#)

Review information provided, and click **“Submit Registration.”**

User Access Agreement

The screenshot displays the eviCore healthcare user registration interface. A modal window titled "USER REGISTRATION" is open, showing the "User Access Agreement" section, which is marked as "*Required". The agreement text includes:

eviCore
Provider/Customer Access Agreement for Web-Based Applications

This Provider/Customer Access Agreement for Web-Based Applications ("Access Agreement") contains the terms and conditions for use by Provider/Customers of the web-based applications provided by eviCore through its Web Site. This Access Agreement applies to Provider/Customer and all employees and/or agents that have access to eviCore's web-based applications by utilizing a User ID and Personal Identification Number ("PIN"), Security Password, or other security device provided by eviCore, hereinafter referred to as "Users."

To obtain access to eviCore's Web Site applications, User must first read and agree to this Access Agreement. After reviewing these documents, User will be asked to accept the Access Agreement by checking the "Accept Terms and Conditions" check box. If User accepts, this will result in a binding contract between User and eviCore, just as if User had physically signed the Access Agreement.

Each and every time User accesses eviCore's web-based applications, User agrees to be bound by this Access Agreement, as it may be amended from time to time.

1. Limited License. Upon acceptance, eviCore grants Provider/Customer a revocable, nonexclusive, and nontransferable limited license to access electronically eviCore's web-based applications only so long as Provider/Customer is currently bound by a Provider/Customer Agreement (as used herein a "Provider/Customer Agreement" is an agreement to provide health care/medical services to members of health plans for which eviCore provides radiological services, whether it is with eviCore directly or said health

At the bottom of the modal, there is a checkbox labeled "Accept Terms and Conditions" which is checked, and two buttons: "Submit" and "Cancel".

The background registration form includes fields for: Web Portal Preference (CareCore National), Default Portal*, Username, Email, Account Type, First Name, Last Name, Phone, Ext, Fax, and Zip. A "Submit Registration" button is visible at the bottom right of the form.

Accept the **Terms and Conditions**, and click "**Submit.**"

Registration Successful

You will receive a message on the screen confirming your registration is successful and will be sent an email to create your password.



Registration Successful

Your Registration has been accepted. An email has been sent to your registered email account allowing you to set your password. Please close the browser.

Your password must be at least (8) characters long and contain the following:

Password Maintenance

Please set up a new password for your account.

Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters.

New Password*

Confirm New Password*

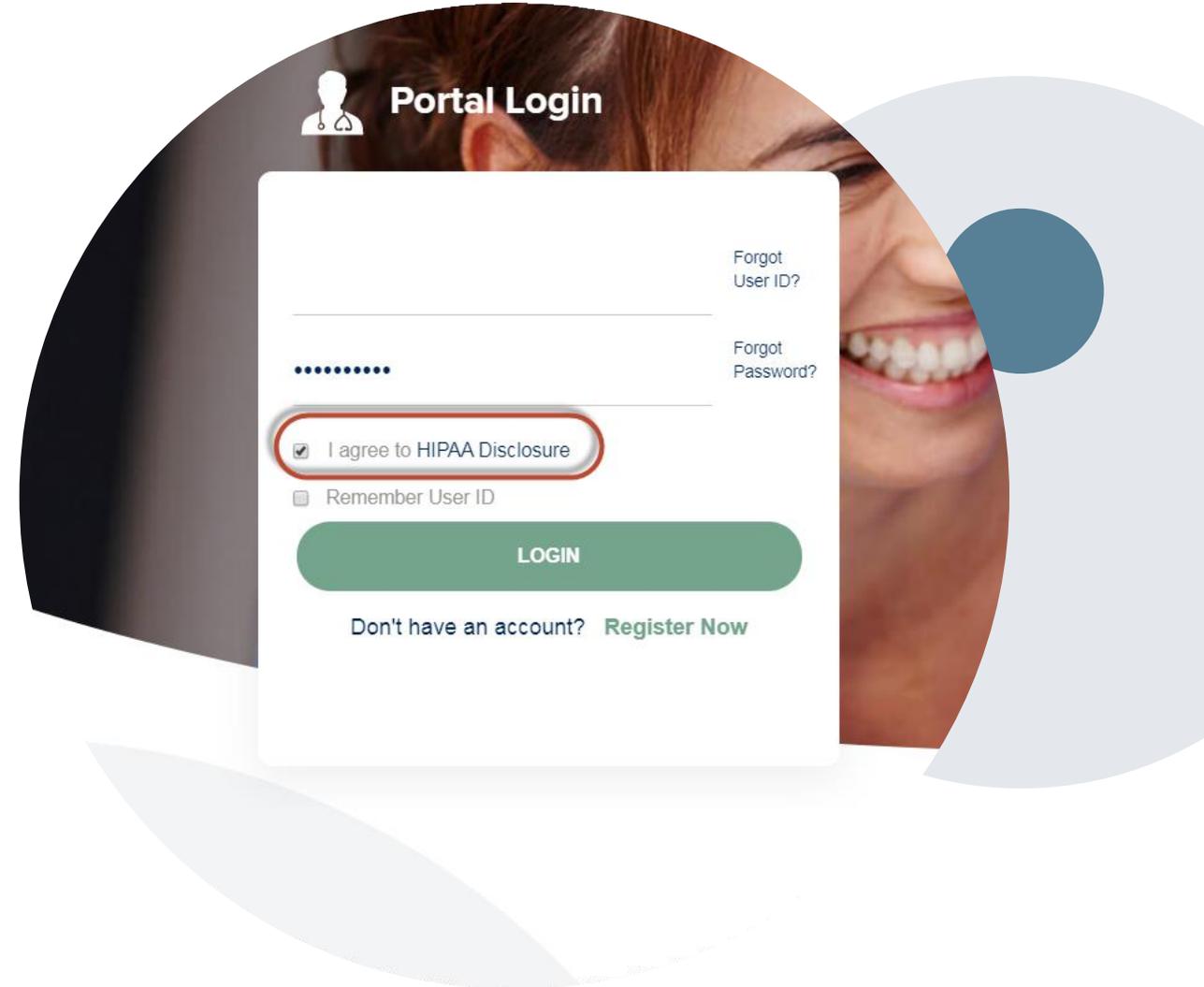
Save

- ✓ Uppercase letters
- ✓ Lowercase letters
- ✓ Numbers
- ✓ Characters (e.g., ! ? *)

Account Login

To log in to your account,
enter your **User ID** and
Password.

Agree to the HIPAA
Disclosure, and click
“**LOGIN.**”



Provider Portal Overview

Adding Providers

Welcome Screen



[Home](#) [Certification Summary](#) [Authorization Lookup](#) [Eligibility Lookup](#) [Clinical Certification](#) [Certification Requests In Progress](#) [MSM Practitioner Performance Summary Portal](#) [Resources](#) [Manage Your Account](#) [Help / Contact Us](#)

Monday, November 04, 2019 6:18 PM

[Log Off](#)

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

[Review a summary of recent certifications >>](#)

[Request a clinical certification/procedure >>](#)

[Resume a certification request in progress >>](#) << Did you know? You can save a certification request to finish later.

[Look up an existing authorization >>](#)

[Check member eligibility >>](#)

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Your provider will need to be added to your account prior to case submission.
Click the **“Manage Your Account”** tab to add provider information.

Adding Providers



Home Certification Summary Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources **Manage Your Account** Help / Contact Us MedSolutions Portal

Monday, November 04, 2019 6:33 PM

Log Off

Manage Your Account

Office Name: Test

Change Password

Edit Account

Address:

Primary Contact:

Email Address:

Add Provider

Click Column Headings to Sort

No providers on file

Cancel

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Under the “**Manage Your Account**” tab, click “**Add Provider.**”

Adding Providers



Home Certification Summary Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources **Manage Your Account** Help / Contact Us MedSolutions Portal

Monday, November 04, 2019 6:33 PM

Log Off

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

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Enter the **Practitioner's NPI, State, and Zip Code** to search for the provider record to add to your account.

You are able to add multiple providers to your account.

Adding Providers



Monday, November 04, 2019 6:33 PM

Log Off

Add Practitioner

This following practitioner record(s) were found to match the requested NPI. Is this the practitioner you would like to register?

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax
Last, First	12312312	730 Coolsprings Blvd	Franklin	TN	37067	(615)548-4000	

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Select the matching record based upon your search criteria.

Adding Providers



Home Certification Summary Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources **Manage Your Account** Help / Contact Us MedSolutions Portal

Monday, November 04, 2019 6:33 PM

Log Off

Add Practitioner

If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to return to your account.

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Once you have selected a practitioner, your registration will be complete. You can then access the “**Manage Your Account**” tab to make any necessary updates or changes.

You can also click “**Add Another Practitioner**” to add another practitioner to your account.

Provider Portal Overview

Submitting Online Prior Authorization Requests

Initiating a Request



Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us MedSolutions Portal

Tuesday, November 05, 2019 9:16 AM

Log Off

Welcome to the CareCore National Web Portal. You are logged in as [User Name]

[Review a summary of recent certifications >>](#)

[Request a clinical certification/procedure >>](#)

[Resume a certification request in progress >>](#) << Did you know? You can save a certification request to finish later.

[Look up an existing authorization >>](#)

[Check member eligibility >>](#)

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Under the “**Clinical Certification**” tab, click “**Request a clinical certification/procedure**” to begin a new case request.

Select Program



[Home](#) [Certification Summary](#) [Authorization Lookup](#) [Eligibility Lookup](#) **[Clinical Certification](#)** [Certification Requests In Progress](#) [MSM Practitioner Performance Summary Portal](#) [Resources](#) [Manage Your Account](#) [Help / Contact Us](#) [MedSolutions Portal](#)

Tuesday, November 05, 2019 9:09 AM

[Log Off](#)

Clinical Certification

Please select the program for your certification:

- Radiology and Cardiology
- Specialty Drugs
- Radiation Therapy Management Program (RTMP)
- Musculoskeletal Management
- Sleep Management
- Lab Management Program
- Medical Oncology Pathways
- Durable Medical Equipment(DME)
- Gastroenterology

[Cancel](#) [Print](#) [Continue](#)

[Click here](#) for help or technical support

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Select the program for your certification and indicate if you are requesting as a referring provider or rendering site.

Select Provider



Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us MedSolutions Portal

Tuesday, November 05, 2019 9:09 AM

Log Off



Clinical Certification

Select the practitioner or group for whom you want to build a case.

If the practitioner, group, or lab for whom you wish to build a case is not listed, please visit [Manage Your Account](#) to associate the new practitioner, group, or lab.

Filter Last Name or NPI:

Selected Physician:

Provider
<input type="button" value="SELECT"/>

[Click here for help or technical support](#)

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Select the practitioner or group for whom you want to build a case.

Select Health Plan



Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us MedSolutions Portal

Tuesday, November 05, 2019 9:09 AM

Log Off



Clinical Certification

To process an urgent case on the web you will be required to upload relevant clinical information using the online clinical upload feature at the end of the case build process. [Click here](#) for more information!

You selected:

Please select the health plan for which you would like to build a case. If the health plan is not shown, please contact the plan at the number found on the member's identification card to determine if case submission through CareCore National is necessary.

Please Select a Health Plan

Cancel Back Print Continue

[Click here](#) for help or technical support

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Choose the appropriate health plan for the case request. If the health plan does not populate, please contact the plan at the number found on the member's ID card.

Contact Information



Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us MedSolutions Portal

Tuesday, November 05, 2019 9:09 AM

Log Off

30% Complete

Provider and NPI

Clinical Certification

Provider's Name [?]

Who to Contact [?]

Fax [?]

Phone [?]

Ext. [?]

Cell Phone

Email

[Click here for help or technical support](#)

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Enter the Provider's Name and appropriate information for the point-of-contact individual.

Member Information



Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us MedSolutions Portal

Tuesday, November 05, 2019 9:09 AM

Log Off

40% Complete
Provider and NPI

Clinical Certification

Patient ID:
Date Of Birth: MM/DD/YYYY
Patient Last Name Only: [?]

IF THIS IS A MEDICAID MEMBER, PLEASE USE THE MEMBER'S MEDICAID ID

[ELIGIBILITY LOOKUP](#)

[Cancel](#) [Back](#) [Print](#)

[Click here for help or technical support](#)

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Enter the member information, including the patient's ID number, date of birth, and last name. Click **“ELIGIBILITY LOOKUP.”**

Clinical Details



Clinical Certification

This procedure was performed on 11/12/2019. [CHANGE](#)

Gastroenterology Procedures

Select a Procedure by CPT Code[?] or Description[?]

GECAP
GEEGD

procedure code or type of service? [Click here](#)

Diagnosis

Primary Diagnosis Code: **F98.5**
Description: **Adult onset fluency disorder**
[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Gastroenterology

[LOOKUP](#)

[Cancel](#) [Back](#) [Print](#)

The slides in this presentation are for instruction purposes the Gastroenterology provider portal is under construction and the actual provider portal experience may be different.

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Enter the CPT code and diagnosis relevant to the requested test(s).

Verify Service Selection



Tuesday, November 05, 2019 9:09 AM

Log Off

Clinical Certification

Confirm your service selection.

Procedure Date: 11/12/2019
CPT Code: GECAP
Description: Capsule Endoscopy
Primary Diagnosis Code: F98.5
Primary Diagnosis: Adult onset fluency disorder
Secondary Diagnosis Code:
Secondary Diagnosis:

[Change Procedure or Primary Diagnosis](#)

[Change Secondary Diagnosis](#)

[Click here for help or technical support](#)

The slides in this presentation are for instruction purposes the Gastroenterology provider portal is under construction and the actual provider portal experience may be different.

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Confirm the correct diagnosis has been selected.

Site Selection



Tuesday, November 05, 2019 9:09 AM

Log Off

Clinical Certification

80% Complete

Provider and NPI

Patient

Service

EDIT

EDIT

EDIT

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:

Exact match
 Starts with

LOOKUP SITE

Cancel Back Print

[Click here for help or technical support](#)

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Select the specific site where the testing/treatment will be performed.

Clinical Collection Process



Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us MedSolutions Portal

Tuesday, November 05, 2019 9:09 AM

Log Off

80% Complete

Provider and NPI

Patient EDIT

Service EDIT

Clinical Certification

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 CareCore National.

[Cancel](#) [Back](#) [Print](#) [Continue](#)

[Click here for help or technical support](#)

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Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.

Urgency Indicator



Tuesday, November 05, 2019 9:09 AM

Log Off

80% Complete

Provider and NPI

Patient EDIT

Service EDIT

Clinical Certification

Is this case Routine/Standard?

Yes No



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Select an urgency indicator and upload your patient's relevant medical records that support your request.

Clinical Pathway Questions



Tuesday, November 05, 2019 9:09 AM

Log Off

80% Complete

Provider and NPI

Patient

Service

EDIT

EDIT

Clinical Certification

Please select the CPT code you plan to perform.

- 91110
- 91111
- 0355T

SUBMIT

Cancel Back Print Continue

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A few preliminary questions will be asked to direct to the right set of clinical questions.

Clinical Pathway Questions



Tuesday, November 05, 2019 9:09 AM

Log Off

80% Complete

Provider and NPI

Patient

Service

EDIT

EDIT

Clinical Certification

Please select the PRIMARY reason for Capsule Endoscopy.

- Screening and Surveillance of individuals with a Genetic Syndrome (Polyposis, Peutz-Jehger's, etc.)
- Individual is unable to tolerate endoscopic procedure
- GI bleeding
- Known Celiac Disease
- Suspected or Known Crohn's Disease
- Small Bowel Tumors
- Other not listed

Did you know?
You can save a certification request to finish later.

Cancel Back Print Continue

[Click here for help or technical support](#)

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Select the primary reason for the request.

Clinical Pathway Questions



Tuesday, November 05, 2019 9:09 AM

Log Off

80% Complete

Provider and NPI

Patient

Service

EDIT

EDIT

Clinical Certification

eviCore is responsible for prior authorization / medical necessity reviews for services rendered on or after 01/01/2020 for this plan and service. If you plan to perform these services on or after 01/01/2020, please continue below.

Continue Cancel

SUBMIT

Finish Later

Did you know?
You can save a certification request to finish later.

Cancel Back Print Continue

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If you need to confirm information you are entering or need to add additional data, check “**Finish Later**” and then click “**SUBMIT.**” You will have 48 hours to complete the case.

Clinical Collection Process – Pathway Questions

eviCore healthcare

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Perf. Summary Portal Resources Manage Your Account Help / Contact Us

Tuesday, June 9, 2020 3:14 PM [LOG OUT / CONFIRM](#)

Proceed to Clinical Information

The clinical information provided may not be sufficient to establish medical necessity for the requested procedure. Please choose from the following options to provide additional support for the requested procedure.

Do you have any additional clinical information that you would like to add to the case? (Max 1000 characters)

Text

You may also attach a PDF or Word file with additional information no larger than 1MB. Click the browse button to select the file to attach.

No file chosen

Finish Later

Did you know?
You can save a certification request to finish later.

If additional information is required, you will have the option to either freehand text in the additional information box or select “**Choose File**” to bring you to the upload documentation page.

Clinical Collection Process – Clinical Upload



Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us MedSolutions Portal

Tuesday, November 05, 2019 9:09 AM

Log Off

Clinical Certification

80% Complete

Provider and NPI

Patient [EDIT](#)

Service [EDIT](#)

Clinical Upload

Please upload any additional clinical information that justifies the medical necessity of this request.

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

No file chosen

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Uploading clinical information via the portal is the quickest, most efficient method.

Clinical Certification Statements



[Home](#) [Certification Summary](#) [Authorization Lookup](#) [Eligibility Lookup](#) **[Clinical Certification](#)** [Certification Requests In Progress](#) [MSM Practitioner Performance Summary Portal](#) [Resources](#) [Manage Your Account](#) [Help / Contact Us](#) [MedSolutions Portal](#)

Tuesday, November 05, 2019 9:09 AM

[Log Off](#)

Clinical Certification

I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

[Print](#) [SUBMIT CASE](#)

Click [here](#) for help or technical support

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Acknowledge the Clinical Certification statements, and click **“SUBMIT CASE.”**

Portal Features

Building Additional Cases



Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us MedSolutions Portal

Tuesday, November 05, 2019 9:09 AM

Log Off

Clinical Certification

Thank you for submitting a request for clinical certification. Would you like to:

- Return to the main menu
- Start a new request
- Resume an in-progress request

You can also start a new request using some of the same information.

Start a new request using the same:

- Program
- Provider
- Program and Provider
- Program and Health Plan

Go

Cancel Print

[Click here for help or technical support](#)

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You'll have the option to return to the main menu, resume an in-progress request, or start a new request. You can indicate if any of the previous case information will be needed for the new request.

Eligibility Lookup Tool



[Home](#) [Certification Summary](#) [Authorization Lookup](#) **[Eligibility Lookup](#)** [Clinical Certification](#) [Certification Requests In Progress](#) [MSM Practitioner Performance Summary Portal](#) [Resources](#) [Manage Your Account](#) [Help / Contact Us](#) [MedSolutions Portal](#)

Wednesday, November 06, 2019 10:14 AM

[Log Off \(PEWITT1996\)](#)

Eligibility Lookup

Health Plan:
Patient ID:
Member Code:
Cardiology Eligibility: **Medical necessity determination required.**
Radiology Eligibility: **Precertification is Required**
Radiation Therapy Eligibility: **Medical necessity determination required.**
MSM Pain Mgt Eligibility: **Precertification is Required**
Sleep Management Eligibility: **Medical necessity determination required.**

[Print](#) [Done](#) [Search Again](#)

[Click here for help or technical support](#)

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You may also confirm the patient's eligibility by selecting the “**Eligibility Lookup**” tab.

Certification Summary

Home Certification Summary Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us MedSolutions Portal

Wednesday, September 26, 2018 2:27 PM Certification Summary Log Off

Search..

Search..

Single Status
Show All

Filter By Multiple Statuses
Show All

Date
7 days

Submit Close

Authorization Number	Case Number	Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description	Site Name	Expiration Date	Correspondence	Upload Clinical

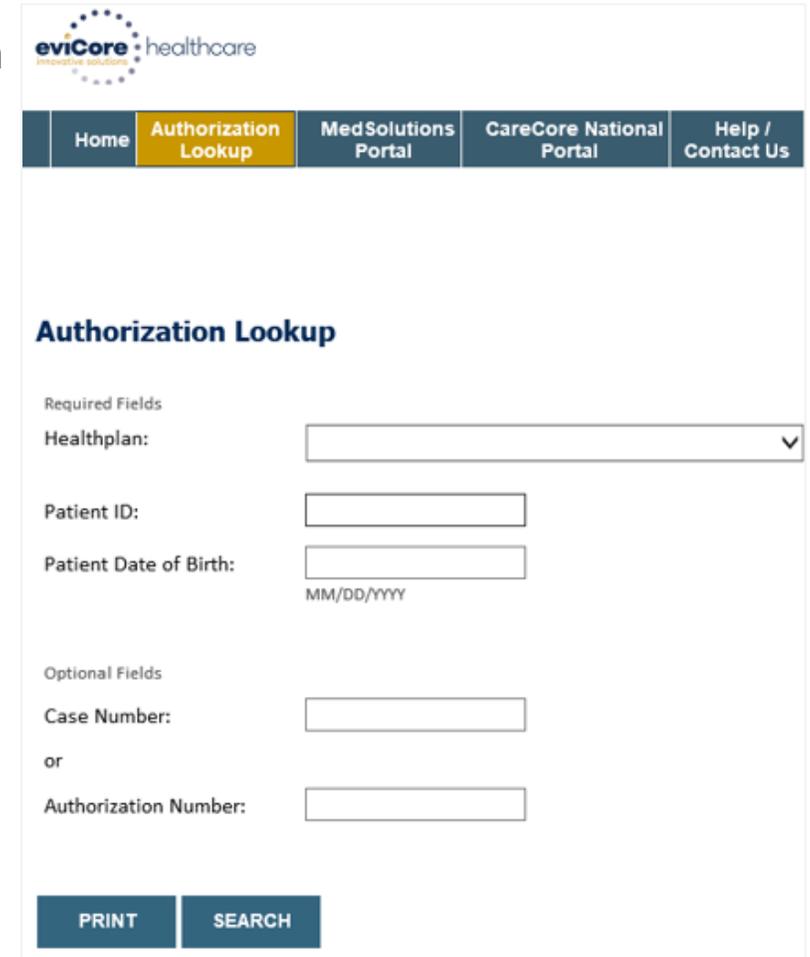
No records to display

No records to display

- CareCore National Portal now includes a **Certification Summary** tab to better track your recently submitted cases.
- The work list can also be filtered, as seen above.

eviCore Reconsideration Review Process on the Web

- Click the “Authorization Lookup” tab. Then, select Cigna under the Healthplan drop-down menu and enter the patient’s information. If the Case/Authorization Number is available, enter it in the Optional Fields.



eviCore Reconsideration Review Process on the Web (cont.)

- Click “ALL POST DECISION OPTIONS” to view available options.

eviCore healthcare

Home Authorization Lookup MedSolutions Portal CareCore National Portal Help / Contact Us

Authorization Lookup

Authorization Number: NA

Case Number: [P2P AVAILABILITY](#)

Status: Denied

P2P Status: [ALL POST DECISION OPTIONS](#)

Approval Date:

Procedure Code: SPINE

Units Requested: 1

Units Approved: 0

Service Description: SPINE SURGERY

Site Name:

Expiration Date:

Date Last Updated:

Correspondence: [UPLOADS & FAXES](#)

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
		1	0	

[PRINT](#) [SEARCH](#)

eviCore Reconsideration Review Process on the Web (cont.)

- If a reconsideration or first-level appeal is delegated through eviCore, the user will see “Would you like to process a Standard Pre-Service Appeal?”
 - User can answer “Yes” to move forward.
 - If the user answers “No,” an appeal or reconsideration will not be started and the following notation will be placed on the case: **Post Decision Review process opened and abandoned by Web User. Case will not proceed to Reconsideration or Appeal review at this time.**
- **Note:** Select “No” to go back to schedule a peer-to-peer.

eviCore healthcare
innovative solutions

Home Authorization Lookup MedSolutions Portal CareCore National Portal Help / Contact Us

Thursday, May 20, 2021 10:00 AM

Authorization Lookup

Peer to Peer Review allowed through eviCore until 11/14/2021 12:00:00 AM.

First Level Appeal allowed through eviCore until 11/14/2021.

Second Level Appeal is not delegated to eviCore or is no longer available for this case.

i Would you like to process a Standard Pre-Service Appeal?
 Yes No

Note: Expedited or Post-Service Appeals must be initiated by calling eviCore at 800-792-8744, option 4.

SUBMIT

eviCore Reconsideration Process on the Web (cont.)

- New or additional clinical documentation is required.
- Failure to upload new or additional clinical documentation will cancel the request.
- Once the clinical information is uploaded, the user will receive a message: “Your Post Decision Review request has been successfully submitted.”
- Click “**SUBMIT**” to initiate the request.

The screenshot displays the eviCore healthcare website interface. At the top, the logo for eviCore healthcare is visible. Below the logo is a navigation menu with the following items: Home, Authorization Lookup (highlighted in yellow), MedSolutions Portal, CareCore National Portal, and Help / Contact Us. The page title is "Authorization Lookup". The main content area contains a message: "New or additional clinical is required when submitting a Post Decision Review request online. Please upload clinical in order to proceed. Failure to upload clinical information at this time will abandon the request." Below this message is a question: "Do you acknowledge that the uploaded clinical information used to initiate this post decision request is new and not previously reviewed?" with radio buttons for "Yes" and "No". A "SUBMIT" button is located below the question. A second screenshot below shows the same page after submission, with the message: "Your Post Decision Review request has been successfully submitted." and a "SUBMIT" button.

eviCore Reconsideration Review Process on the Web (cont.)

- After the post-decision review is initiated, the user will return to the Authorization Lookup page.
- The status will be updated to show additional information was submitted and pending review.
- A determination will be faxed to the provider.

Home
Authorization Lookup
MedSolutions Portal
CareCore National Portal
Help / Contact Us

Thursday, May 20, 2021 10:18 AM [Log Off \(CSTATEN\)](#)

Authorization Lookup

Authorization Number: NA

Case Number: 1144128675 P2P AVAILABILITY

Health Plan Auth Number:

Status: Additional Information Received, Pending Medical Director Review ←

P2P Status:

Approval Date:

Service Code: 71250

Service Description: CT THORAX W/O CONTRAST

Site Name: ST VINCENTS MEDICAL CENTE

Expiration Date:

Date Last Updated: 5/20/2021 10:18:42 AM

Correspondence: UPLOADS & FAXES

Clinical Upload: Upload Additional Clinical Run Clinical Questionnaire

**The option to attach clinical information is not available for this case at this time:
Please fax clinical information to 800-540-2406**

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
71250	Computed tomography (CT) (a special kind of picture) of your chest without contrast (dye)	1	0	

More with the Authorization Lookup Tool



Wednesday, November 06, 2019 10:06 AM

Authorization Lookup

New Security Features Implemented

Search by Member Information

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:
MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:

Search by Authorization Number/ NPI

REQUIRED FIELDS

Provider NPI:

Auth/Case Number:

Select “**Search by Authorization Number/NPI.**”
Then, enter the Provider NPI and authorization
or case number and click “**Search.**”

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You can also search for an authorization by Member Information: Enter the health plan, Provider NPI, Patient ID, and Patient Date of Birth.

Print the Authorization Lookup Screen



Home Certification Summary **Authorization Lookup** Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us MedSolutions Portal

Authorization Lookup

Authorization Number:	
Case Number:	
Status:	Approved
Approval Date:	11/4/2019 10:13:06 AM
Service Code:	GEEGD
	CHANGE SERVICE CODE
Service Description:	EGD-esophagogastroduodenoscopy
Site Name:	
Expiration Date:	
Date Last Updated:	11/4/2019 10:14:24 AM
Correspondence:	UPLOADS & FAXES

[Print](#) [Search](#)

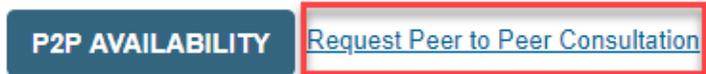
[Click here for help or technical support](#)

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The authorization will then be accessible to review. To print authorization correspondence, select the button next to **“Correspondence.”**

How to Request a Peer-to-Peer Consultation

- Log in to your account at www.eviCore.com.
- Perform an Authorization Lookup to determine the status of your request.
- Click “**P2P AVAILABILITY**” to determine if your case is eligible for a peer-to-peer conversation.
- If your case is eligible for a peer-to-peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.



Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	



How to Request a Peer-to-Peer Consultation

Pay attention to any messaging that displays. In some instances, a peer-to-peer conversation is allowed but the case decision cannot be changed. When this happens, you can still request a consultative only peer to peer. You may also click “**ALL POST DECISION OPTIONS**” to learn what other action may be taken.

Authorization Lookup

Authorization Number:	NA	
Case Number:		Request Peer to Peer Consultation
Status:	Denied	
P2P Eligibility Result:	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.	
P2P Status:		

ALL POST DECISION OPTIONS

Once the “**Request Peer to Peer Consultation**” link is selected, you will be transferred to our scheduling software via a new browser window.

How to Request a Peer-to-Peer Consultation

Case Info Questions Schedule Confirmation

New P2P Request

eviCore healthcare P2P Portal

Case Reference Number

Member Date of Birth

+ Add Another Case

Lookup Cases >

Upon first login, you will be asked to confirm your default time zone.

You will be presented with the Case Reference Number and Member Date of Birth for the case you just looked up.

You can add another case for the same peer-to-peer consultation request by clicking “**Add Another Case.**”

To proceed, click “**Lookup Cases.**”

You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click “**Continue**” to proceed.

New P2P Request

eviCore healthcare P2P Portal

Case Ref #: Remove ✔ P2P Eligible

! Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

Member Information	Case P2P Information
Name	Episode ID
DOB	P2P Valid Until 2020-11-11
State	Modality MSK Spine Surgery
Health Plan	Level of Review Reconsideration P2P
Member ID	System Name ImageOne

Continue

How to Request a Peer-to-Peer Consultation

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type MSK Spine Surgery

Level of Review Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone

US/Eastern

[Continue >](#)

You will be prompted with a list of eviCore providers/reviewers and appointment options per your availability. Select any of the listed appointment times to continue.

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week 5/18/2020 - 5/24/2020 (Upcoming week) Next Week →

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT 6:30 pm EDT 6:45 pm EDT	-	-	-	-	-	-

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT 3:45 pm EDT 4:00 pm EDT 4:15 pm EDT Show more...	2:00 pm EDT 2:15 pm EDT 2:30 pm EDT 2:45 pm EDT Show more...	4:15 pm EDT 4:30 pm EDT 4:45 pm EDT 5:00 pm EDT Show more...	3:15 pm EDT 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT Show more...	-	-	-

You will be prompted to identify your preferred days and times for a peer-to-peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click “Continue.”

How to Request a Peer-to-Peer Consultation

Confirm Contact Details

- Contact Person Name and email address will auto-populate per your user credentials.

P2P Info

Date: Mon 5/18/20
Time: 6:30 pm EDT

Case Info

1st Case

Case #	
Episode ID	
Member Name	
Member DOB	
Member State	
Health Plan	
Member ID	
Case Type	MSK Spine Surgery
Level of Review	Reconsideration P2P

P2P Contact Details

Name of Provider Requesting P2P: Dr. Jane Doe

Contact Person Name: Office Manager John Doe

Contact Person Location: Provider Office

Phone Number for P2P: (555) 555-5555 | Phone Ext.: 12345

Alternate Phone: (xxx) xxx-xxxx | Phone Ext.: Phone Ext.

Requesting Provider Email: droffice@internet.com

Contact Instructions: Select option 4, ask for Dr. Doe

Submit >

- Be sure to update the following fields so that we can reach the right person for the peer-to-peer consultation:

- Name of Provider Requesting P2P
- Telephone Number for P2P
- Contact Instructions

- Click “Submit” to schedule the appointment. You will be presented with a summary page containing the details of your scheduled appointment.

Scheduling

Scheduled

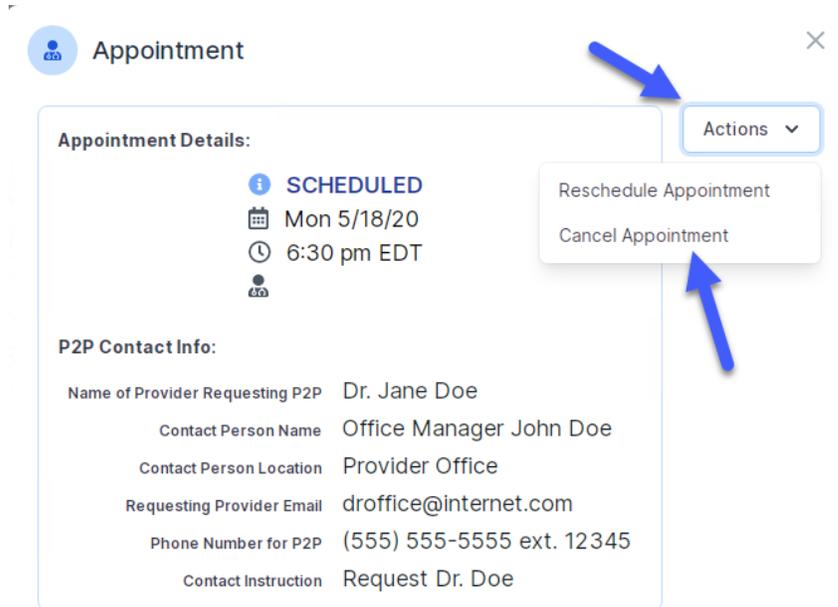
Mon 5/18/20 - 6:30 pm EDT

SCHEDULED

Canceling or Rescheduling a Peer-to-Peer Appointment

To cancel or reschedule an appointment:

- Go to “My P2P Requests” on the left-pane navigation.
- Select the request you would like to modify from the list of available appointments.
- Once opened, click on the schedule link. An appointment window will open.
- Click on the “Actions” drop-down and choose the appropriate action.
 - If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.
 - If choosing to cancel, you will be prompted to input a cancellation reason.
- Close the browser once done.



Provider Resources

Provider Resources

Prior Authorization Call Center - 866.668.9250

Our call centers are open from 7:00 a.m. to 7:00 p.m. local time.

Providers can contact our call center to do the following:

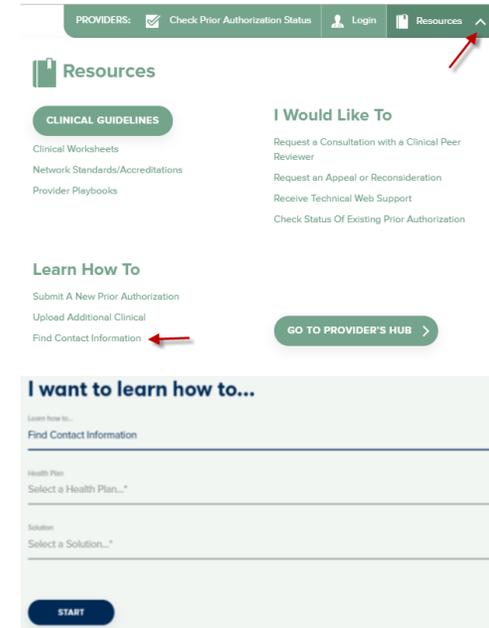
- Request prior authorization.
- Check the status of existing authorization requests.
- Discuss questions regarding authorizations and case decisions.
- Change the facility or CPT code(s).
- Request to speak to a clinical reviewer.
- Schedule a clinical consultation with an eviCore medical director.



Provider Resources

Web-Based Services and Online Resources

- You can access important tools, health plan-specific contact information, and resources at www.eviCore.com.
- The “Resources” page includes clinical guidelines, online forms, and more.
- If you are unsure of how to contact eviCore, the quick reference tool can help.
 - Click the “Resources” tab.
 - Select “Find Contact Information” under the “Learn How To” section.
 - Type in Cigna and the solution to populate the contact telephone and fax numbers as well as the appropriate legacy portal to utilize for case requests.



The quickest, most efficient way to request prior authorization is through our provider portal. We have a dedicated **Web Support** team that can assist providers in navigating the portal and addressing any web-related issues during the online submission process.

To speak with a Web Specialist, call 800.646.0418 (option 2) or email portal.support@evicore.com.

Provider Resources

Client and Provider Services

eviCore has a dedicated Client and Provider Services team to address provider-related requests and concerns. In most instances, this team can provide a resolution within 24 to 48 hours from the date the request was submitted. Here are some common requests that can be sent to our Client and Provider Services team for assistance:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be re-sent to the health plan
- Complaints and grievances
- Eligibility issues (member, rendering facility, and/or ordering provider)
- Issues experienced during case creation
- Reports of system issues

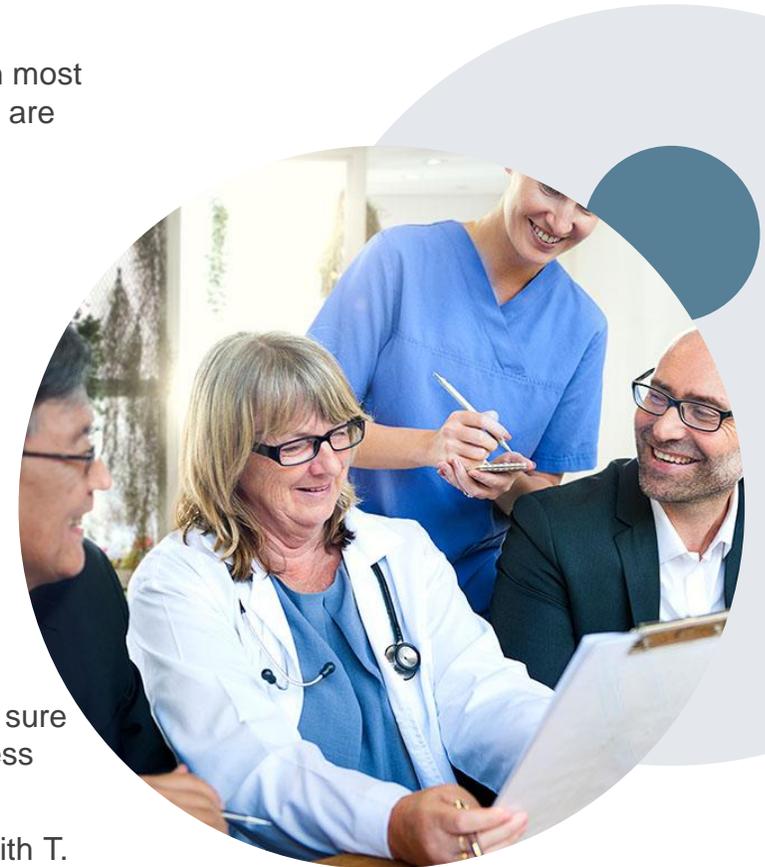
How to Contact our Client and Provider Services team

Telephone: 800.646.0418 (option 4)

Email: ClientServices@evicore.com

For prompt service, please have all pertinent information available when calling Client Services. If emailing, make sure to include a description of the issue with member/provider/case details when applicable. Outside of normal business hours, please email Client Services with your inquiry.

eviCore uses the Cherwell Ticketing System for all email inquiries. You will be assigned a ticket number starting with T. This number will identify a specific issue which you have provided for review.



Provider Resources

Cigna-Specific Provider Resource Pages

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

- Frequently asked questions
- Quick reference guides
- Solution PowerPoint overview
- Training sessions
- Announcement letter
- Detailed list of procedure codes that require prior authorization

To access these helpful resources, please visit www.eviCore.com/resources/healthplan/Cigna.

Clinical Guidelines

Providers and/or staff can access eviCore's Clinical Guidelines by visiting www.eviCore.com/Cigna.



Resources on Cigna for Health Care Professionals (CHCP)



- Login at <https://cignaforhcp.cigna.com/app/login>
- Learn more about Cigna Precertification by visiting <https://static.cigna.com/assets/chcp/resourceLibrary/preCertification/preCertification.html>
- Learn more about the Cigna Gastroenterology Program by visiting <https://static.cigna.com/assets/chcp/resourceLibrary/preCertification/gastroenterology.html>

For Provider Enrollment Questions – Contact Cigna Provider Services at 800-244-6224

Thank You!

