

eviCore Portal Training for Cigna Commercial Members

Home Health, Home Infusion Therapy, Durable Medical Equipment, and Sleep Management Programs



Empowering
the Improvement
of Care

Agenda

- **Home Infusion Therapy Requests**
- **Web Portal Support**
- **Submitting Requests for HH, DME, and Sleep Management Precertifications**
- **Submitting Clinical Documentation**
- **Registering a PAP Device**
- **Searching a Request**
- **Portal Individual User Account Registration**
- **Portal Administrator Group Account Creation**
- **Provider Resources**
- **Q & A**

Home Infusion Therapy Precertification Process

- Precertification requests for Home Infusion Therapy must be submitted directly to Cigna

Service	Services Include	Clinical Reviewer	How to Submit	Precertification Required Codes
Specialty and Non-Specialty Home Infusion Therapy	Nursing, drugs, and supplies to support infusion therapy in the home or Ambulatory Infusion Suite (AIS)	Cigna	<p>Home Infusion Therapy requests should be submitted directly to Cigna.</p> <p>Providers may call the number on the back of the customer's ID card and ask for a precertification intake representative.</p> <p>Drug and state specific forms can be found on Cigna's website at CignaforHCP.com>Get questions answered: Resource>Forms Center</p>	<p>To find a complete list of DME, Home Health, and Home Infusion Therapy procedural codes which require precertification, please visit: https://www.evicore.com/resources/healthplan/cigna</p>

Provider Web Portal

eviCore Portal Support

**For eviCore Online Resources & Web
Portal Questions - Contact a Web Support
Specialist**



Call: 800.646.0418 (Option 2)



Email: portal.support@eviCore.com

Web Support Services-Available Monday – Friday 7am to 6pm CST

eviCore Provider Web Portal



WEB

eviCore
healthcare

Sign in with your existing account

Email Address

Email Address

Password [Forgot your password?](#)

Password

Sign in

Don't have an account? [Sign up now](#)

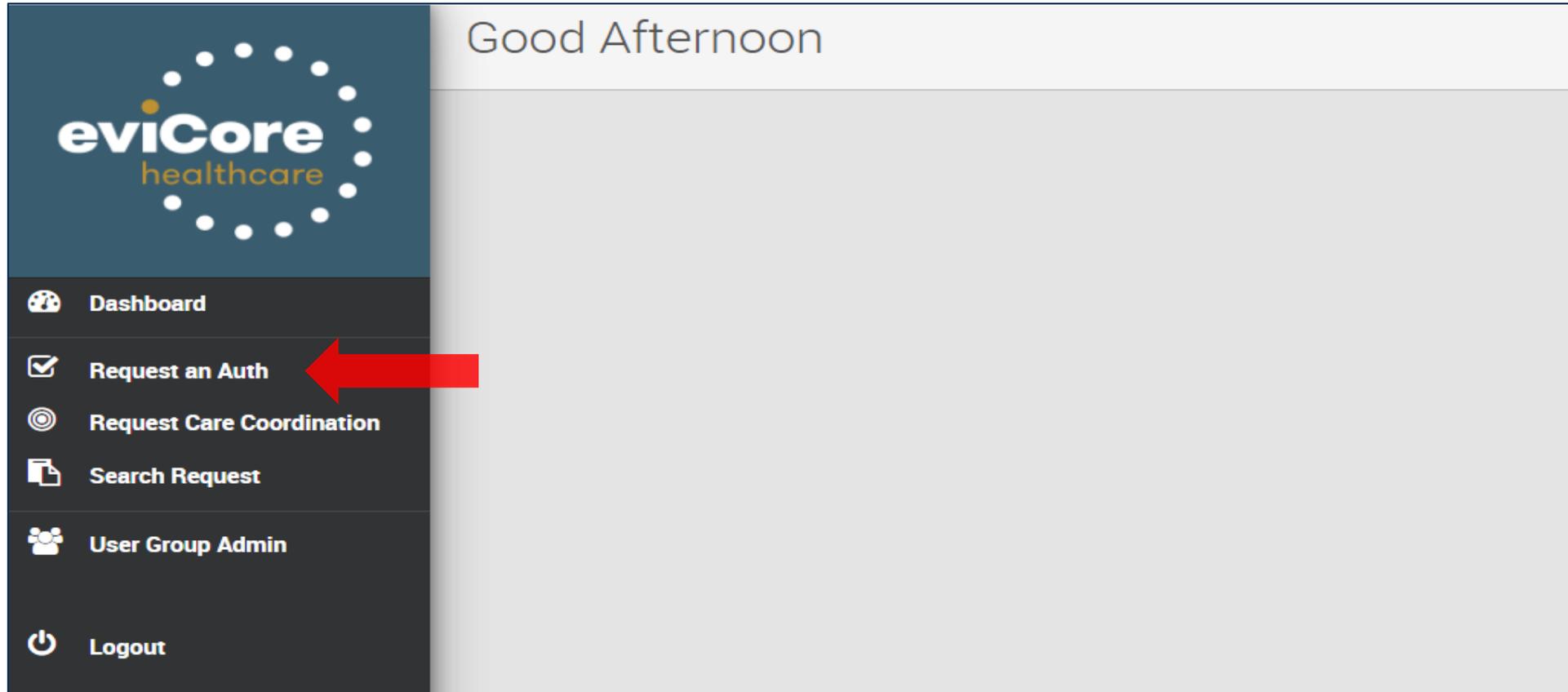
The eviCore online portal www.evicore.com/ep360 is the quickest and most efficient way to request precertification and check authorization status

First time users: Access the eviCore portal at: www.evicore.com/ep360
Choose 'Sign up now' to complete registration process

Submitting Requests for Home Health (HH), Durable Medical Equipment(DME), and Sleep Management Precertifications

Start the Request for a Precertification for HH, DME and Sleep Services

- After logging in, you will see the main screen and user dashboard. Choose “Request an Auth” to begin.



Initial Request Details for HH, DME and Sleep

- Complete all fields and choose “Search”
- Customer info will populate at the bottom of the screen. Verify customer and select “Continue”

Submit a Request for Service **Continue**

Member Search

Healthplan: **Enter Healthplan**

Start of Care Date: **Enter Date of Service**

Patient: **Enter Customer's ID# or Name and DOB**

3rd Party is the primary payer

Choose Requesting Service Type

Sleep **Choose Service Type**

DME

Fertility

HomeHealth

This is a re-admission

This is an urgent request

This is a retro request

Diagnosis: **Enter Diagnosis**

Don't see the service you're looking for?

OR

First Name: Last Name:

Date of Birth:

Search

Member Name	DOB	Address	Member #	Insurance Category	Eligibility Dates
Test Member	01/01/1980	555 Main Street NY, NY 55555	123456789	Commercial	01-01-2020 to 07-31-2027

Initial Request Details for HH, DME and Sleep

- Complete all fields and choose “Search”

Submit a Request for Service Continue

Member Search

Healthplan: Cigna **Enter Healthplan**

3rd Party is the primary payer

Choose Requesting Service Type

Sleep **Choose Service Type**

DME

Fertility

HomeHealth

Don't see the service you're looking for?

Start of Care Date **Enter Date of Service**

mm/dd/yyyy

This is a re-admission

This is an urgent request

This is a retro request

Diagnosis

e10|

ICD	Code	Description
ICD10	E10.49	Type 1 diabetes mellitus with other complications Enter Diagnosis
ICD10	E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
ICD10	E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease
ICD10	E10.B19	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema

Patient

Member ID **Enter Customer's ID# or Name and DOB**

↑ OR ↓

First Name **Last Name**

First Name Last Name

Date of Birth

mm/dd/yyyy

Search

Cigna Customers' Eligibility

- Once you hit Search on the previous screen, the system will run an eligibility check.
- For customer's with active coverage, you will see their insurance eligibility details

Member Name	DOB	Address	Member #	Insurance Category	Eligibility Dates
TESTFIRST TESTNAME	01/01/1990	123 MAINSTRE HARTFORD CT 06119	11111012301	Commercial	01-01-2015 to 12-31-9999

- Some customer's plans are not delegated to be managed by eviCore. For those plans you will see the below message that will direct you to either a specific phone number or the number on the back of the member's card. Those cannot be submitted through the eviCore portal and you will not be able to move forward.



Member Not Delegated

Pre-certification is not required through eviCore healthcare. To check the member benefits, please contact the health plan using the phone number on the back of the member's card.

Entering Procedure Codes for HH and DME

- Once the eligibility is confirmed, you will next enter the procedure code(s). Enter the Code, the Quantity and Unit of Measure (if applicable).
- If eviCore is not delegated to manage a code, you will receive the below message in red as soon as you enter the code. Click on the red "X" to remove a code.

Procedure codes

eviCore is not delegated to manage procedure code "G0151" for CIGNA. For more info, please call the number on the back of the member's card.

Enter a code number or description in the field below.

Procedure code	Quantity	Unit of Measure
S9123 - NURSING CARE IN H	▼	Visits ▼
S9122 - HOME HEALTH AIDE	▼	Hours ▼
G0151 - Home Health Services	▼	▼

Timeframe for services

30 ▼

SAVE

Procedure codes

eviCore is not delegated to manage procedure code "E1390" for CIGNA. For more info, please call the number on the back of the member's card.

Enter a code number or description in the field below.

Procedure code	Quantity	Unit of Measure
K0898 - Power wheelchair, not	1 ▼	Units ▼
E1390 - Oxygen concentrator, s	0 ▼	▼

SAVE

Entering Procedure Codes for Sleep Management

- When you enter a procedure code for sleep management you will also have to choose a place of service if other than a Home Sleep Study.

The screenshot shows a web form titled "Procedure codes". It contains a text input field with the value "95811 - Polysomnography, sleep monitoring of patie". Below this is a dropdown menu titled "Choose a place of service for the procedure" with a list of options: "Choose a site for the procedure", "Office", "Off Campus-Outpatient Hospital", and "On Campus-Outpatient Hospital".

Procedure codes

Enter a code number or description in the field below.

Procedure code

95811 - Polysomnography, sleep monitoring of patie

Choose a place of service for the procedure

Choose a site for the procedure

- Choose a site for the procedure
- Office
- Off Campus-Outpatient Hospital
- On Campus-Outpatient Hospital

Enter Provider Details

- Use the gold arrows to navigate the screen to complete the Requesting Provider, Ordering Physician and Servicing Provider details. Complete and Save all fields, then choose "Continue" to submit the request.

The screenshot displays a three-column form for entering provider details. At the top, a gold arrow on the left and a gold arrow on the right are circled in red. A central instruction reads: "Please fill out the information below. All fields are mandatory." The form is divided into three sections: "Requesting Provider", "Ordering Physician", and "Servicing Provider". Each section includes a "Change" link and a "Save & Continue" button. Callouts provide instructions: "Search for Requesting Provider by Name or TIN/NPI" points to the search field in the Requesting Provider section; "Search for Ordering Physician by Name or TIN/NPI" points to the search field in the Ordering Physician section; "Search for Servicing Provider by Name or TIN/NPI" points to the search field in the Servicing Provider section; and "Enter Contact Info for Providers" points to the contact information fields in the Servicing Provider section. The Servicing Provider section also shows a dropdown menu for selecting a contact person.

Requesting Provider

SMITH HOMECARE (PAR)
11111 MOLASES WAY, GLEN AUBREY, NY 13777
N/A
N/A
N/A
TIN XXXXX0570

Contact Person

Test Test

Test Test

5555555555 Ext.

5555555555

Leave a message.

Ordering Physician

ROSEN M JOHN
5808 W 110TH ST, OVERLAND PARK, KS 66211
N/A
N/A
N/A
TIN XXXXX5373

Contact Person

No Contact Person

Servicing Provider

SMITH HOMECARE
11111 MOLASES WAY, GLEN AUBREY, NY 13777
N/A
N/A
N/A
TIN XXXXX0570

Contact Person

Choose a contact person at this facility

Choose a contact person at this facility

Add New Contact

No Contact Person

a a

Test Test

Sleep/Complete Clinical Questions

- For sleep requests, you may have to answer a series of clinical questions relative to the request, which will be reviewed to determine medical necessity
- You will have the ability to make changes to your responses prior to submission by clicking on the answer. Once you have completed all questions, click on Submit Request.

Please answer the following questions before we can complete your Request:

Review History

- Are you ready to submit clinical information?
✔ Yes
- Please select the reason for the this sleep study.
✔ Initial Study for Suspected Obstructive Sleep Apnea (OSA)
- Why does the individual need an attended study?
✔ Congestive Heart Failure (CHF)
- How was the congestive heart failure characterized in the chart?
✔ Mild
- Has the individual been diagnosed with one of the following?
✔ Unknown
- Has the individual completed a sleep survey?
✔ Yes
- Has a bed partner witnessed the individual's sleep apnea?
✔ Unknown
- Is there a documented diagnosis of OSA (obstructive sleep apnea)?

Submit Request

Click on any answer to edit response before submitting

Sleep/Additional Information

- Once the clinical questions have been answered, you will see three (3) options:
 - I would like to fax in or upload additional information - You will be prompted later to attach clinical documentation to support medical necessity
 - I would like to enter additional notes – You will see a pop-up text box where you can free text type any notes you would like to add. If this option is chosen, you will NOT be able to attach clinical documents with the request
 - I have no additional information to provide at this time – The medical necessity review will be based solely on the answers provided on each question

Please answer the following questions before we can complete your Request:

Is there any additional information specific to the member's condition you would like to provide?

I would like to fax in or upload additional information

I would like to enter additional notes

I have no additional information to provide at this time

Adding Clinical to a Case

Submitting Clinical

- If the request requires clinical documentation, you will be directed to this screen. Click on “Submit Clinical info now” and you will be prompted to upload the supporting documents.

D2B8S9MHNK Request ID
Status: **Waiting On Clinical Info**
Code: 95807
[See all codes](#)

TEST MEMBER
MemID: 123456789

⚠ Clinical information is required in order to review this Request. [Submit Clinical info now](#)

Information

PATIENT CAME FROM:
SETHI JIGME
test test - 555555555

Additional Member Info

TEST MEMBER	Primary Care Physician
123 Main Street	
Anywhere USA 12345	

Member Insurance Information

Member ID:	123456789
Insurance Category:	Commercial
Member Plan Type:	
Group ID:	12345

Requests & Reviews

Mary Test submitted a **Request for Authorization (Initial)**

Request (submitted via Web)

Attachments & Notes

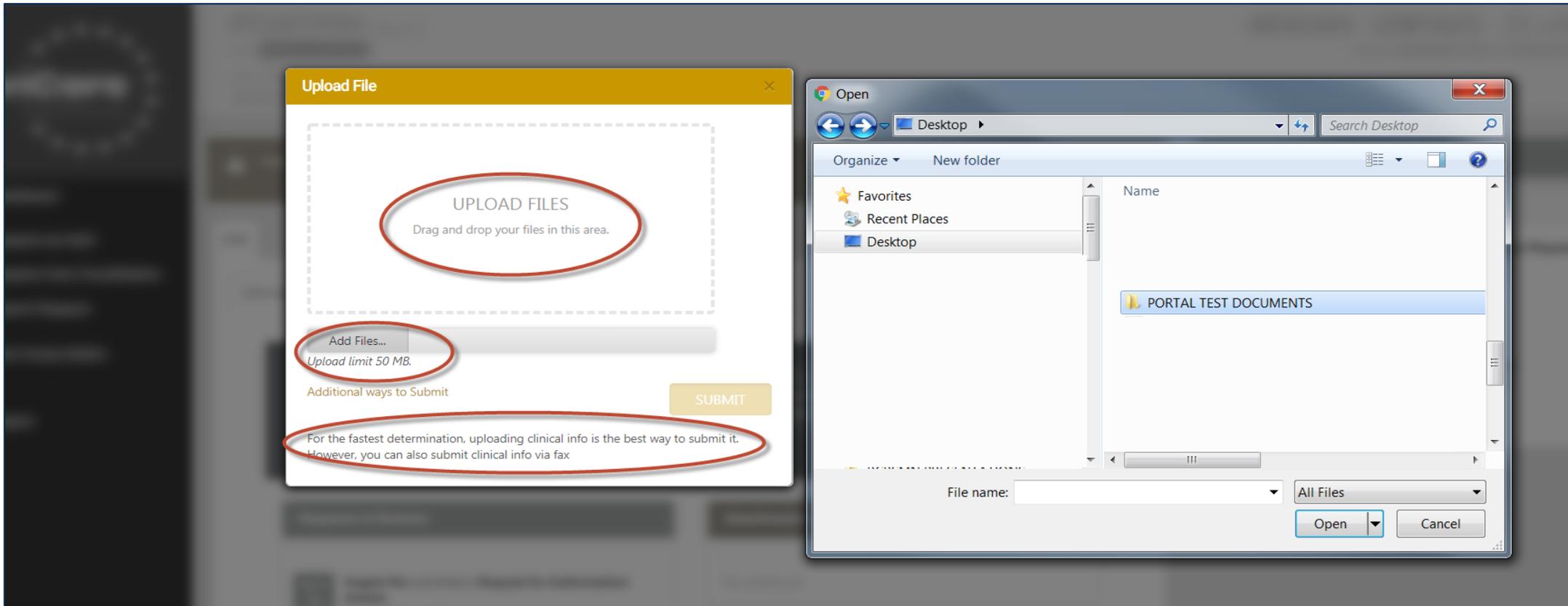
No activity yet.

Notifications & Letters

No activity yet.

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 to the case
- All information will now be transmitted to eviCore to begin the precertification review process



Registering a PAP Device

Begin Request for PAP Registration

- Choose Service Type as “Sleep” and subcategory as “PAP Therapy”. Complete remaining fields and choose “Search”
- The Cigna customer info will populate at the bottom of the screen. Select “Continue”.

Submit a Request for Service Continue

Member Search

Healthplan
Cigna
 3rd Party is the primary payer

Date Of Service
04/14/2021

Patient
123456789

Choose Requesting Service Type

Sleep
Please select a subcategory
 PAP Therapy Sleep Testing
 DME
 Fertility
 HomeHealth

This is an urgent request
 This is a retro request

Diagnosis
G47.33 - Obstructive sleep apnea (adult) (pediatric)

First Name **Last Name**

Date of Birth

[? Don't see the service you're looking for?](#)

Member Name	DOB	Address	Member #	Insurance Category	Eligibility Dates
Test Member	01/01/1980	555 Main Street NY, NY 55555	123456789	Commercial	01-01-2020 to 07-31-2027

Choose Sleep/PAP Therapy

Enter Service and Provider Details

- Complete all fields and choose “Continue”

Submit a Request for Service Continue

[Back](#)

Patient

Test Member	01/01/1980	555 Main Street NY, NY 55555	123456789	Commercial	01-01-2020 to 07-31-2027
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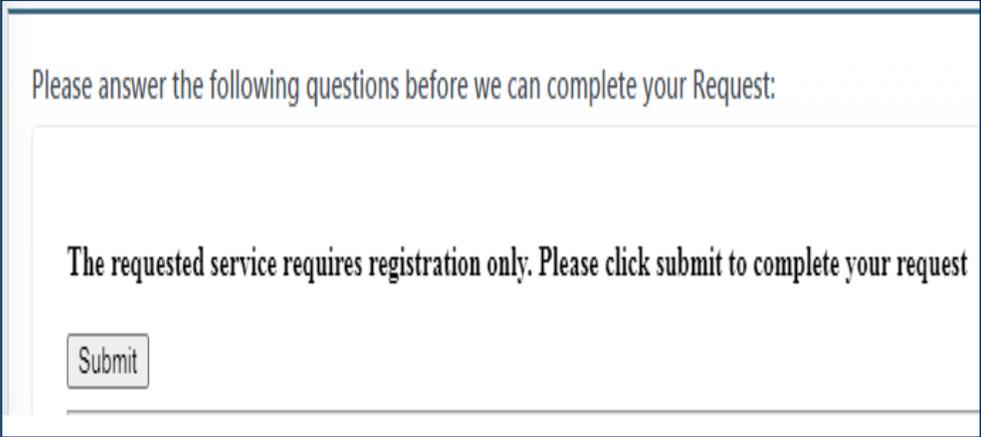
Please fill out the information below. Ordering Physician and Servicing Provider are mandatory.

Procedure codes Enter a code number or description in the field below. <input type="text" value="E0601 - PAP device, or Positive Airway Pressure devic"/> SAVE	Ordering Physician SETHI M JIGME Change	Servicing Provider TEST DME COMPANY Change
---	---	--

Enter Procedure Code

Complete Registration

- The next screen will confirm that the PAP device requires registration only. Click Submit to continue.
- You will get a review history with a notice that the device requires registration only again. Click Submit Request.



Confirmation Details

EHD75-NHV6 Auth#
Status: **Approved**
Codes: E0601
[See all codes](#)

Confirmation of Registration

PAP Therapy

Information

Dates of Care
START: Feb 1
LAST: -

PATIENT CAME FROM:
TEST DME COMPANY
test test - 6578432654

Requests & Reviews

Chirag Test submitted a **Request for Authorization (Initial)**

Request for PAP Therapy
Request approved

Confirmation Letter available to open, save or print for your records

Attachments & Notes

No activity yet.

Notifications & Letters

eviCore Platform sent a **AutoApproved (Initial)**

Recipient Type: Servicing Provider
[417066427](#)

Searching a Submitted Request

Status Request

- Choose Search Request on the left menu bar
- Then “Search by ID” or “Search by Patient”

The screenshot displays the eviCore healthcare application interface. On the left is a dark sidebar menu with the following items: Dashboard, Request an Auth, Request Care Coordination, Search Request (highlighted with a red arrow), User Group Admin, and Logout. The main content area is divided into two panels. The top panel shows a search interface with a 'Search by' dropdown menu where 'Search by Id' is selected. A callout box points to this menu with the text: 'Search by eviCore Request ID or Customer's Healthplan ID#'. Below the dropdown is a text input field labeled 'ID/Number' with the placeholder text 'Request ID, Auth # or Member ID' and a search button. The bottom panel shows a search interface with a 'Search by' dropdown menu where 'Search by Patient' is selected. A callout box points to this menu with the text: 'Search by Customer's First Name, Last Name and DOB'. Below the dropdown are three input fields: 'First name', 'Last name', and 'Date of birth' (with a date picker icon). A search button is located at the bottom right of this panel.

Status Details

- Precertification status details will be shown here

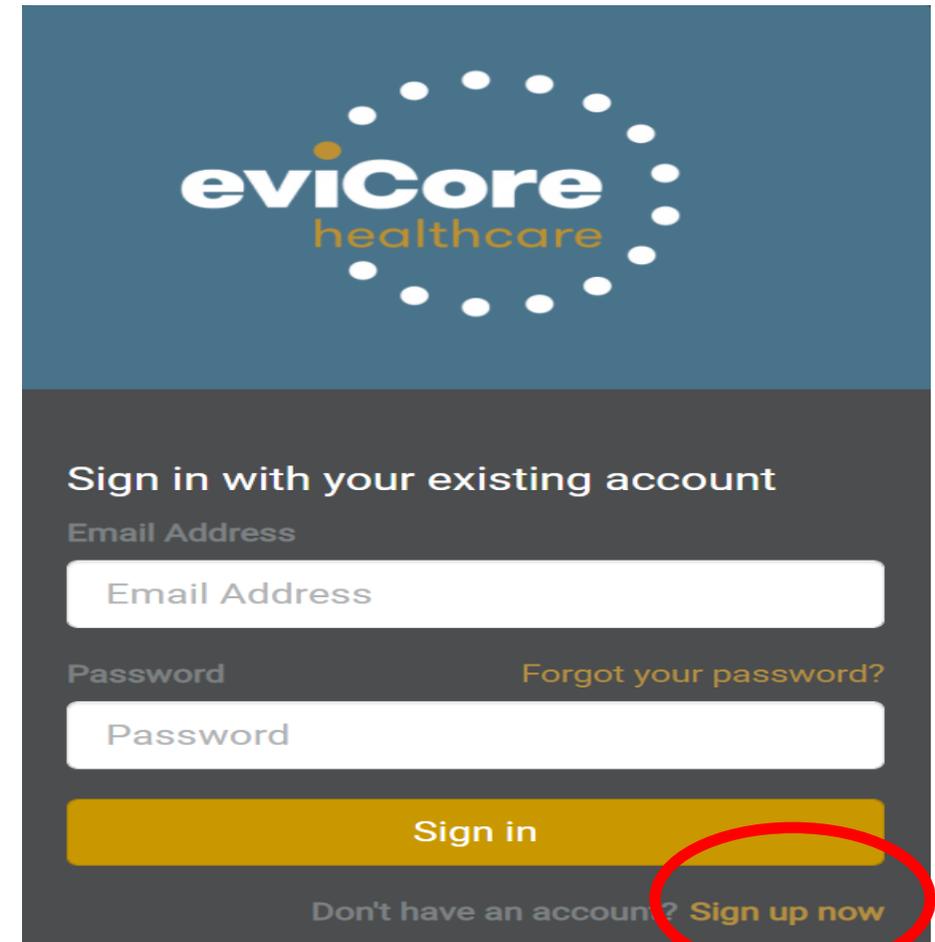
The screenshot shows a medical request interface. At the top, the Request ID 'BBPQWB2B5X' is circled in red. Below it, the status is 'Pending Clinical Review' and the code is '95807'. A callout bubble points to the status, stating 'Status of request will populate'. The main section is titled 'Sleep Testing' and has an 'Information' tab selected. A callout bubble points to the 'Information' section, stating 'If approved, from and through dates of precertification will be populated'. The 'Information' section contains a 'START' date of 'Apr 7' and a 'LAST' date field. To the right, it says 'PATIENT CAME FROM: SLEEPING CLINICS OF AMERICA INC test test - 5555555555'. Below this are two panels: 'Requests & Reviews' and 'Attachments & Notes'. The 'Requests & Reviews' panel shows a log entry for 'Chirag Test' on 'APR 6' who submitted a 'Request for Authorization (Initial)' on '4/6/2021 (Today) at 2:43 pm'. The 'Attachments & Notes' panel shows a log entry for 'Chirag Test' on 'APR 6' who attached 'Clinical Information (Initial)' on '4/6/2021 (Today) at 2:46 pm' with an attached file named 'TEST DOCUMENT.docx'.

Portal Individual Account Registration

Initial Registration

All portal users must register for an account. You may have an individual account or be part of a group of users. First we will review how to register as part of an organization's group.

- Your organization's admin will invite users to their group
- The users will get an email from eviCore with a link to join the group
- Users will follow that link and choose "Sign Up Now" at the login page
- Each user should receive a "join code" to become a part of that group



eviCore
healthcare

Sign in with your existing account

Email Address

Email Address

Password [Forgot your password?](#)

Password

Sign in

Don't have an account? [Sign up now](#)

Portal Registration Process

- Begin by completing the registration process details for yourself

eviCore Platform Provider Registration

Please provide the following details.

Verification is necessary. Please click Send Email

Email

New Password

Re-enter Password

Send verification code

Enter email address/Click on Send verification code

eviCore healthcare User Registration

Please provide the following details.

Verification code has been sent to your inbox. Please click on Verify code

Email

testuser@xyz.com

Verification code

New Password

Re-enter Password

First Name

Last Name

Display Name

Phone Number

Send new code

Verify code

Cancel

Register

Enter code from email/click on Verify code

Create password
At least 8 characters
Upper case/Lower case
Number/Special character

Complete User demographics

Verify your email address

Thanks for verifying your account!

Your code is: 002637

Sincerely,
eviCore healthcare

Check email for verification code

Join Code

- Enter the Join Code provided by your administrator

eviCore Platform

The Administrator for your group, ADMIN, provided you with a 6-digit Join Key.
Please enter that key below to continue. ?

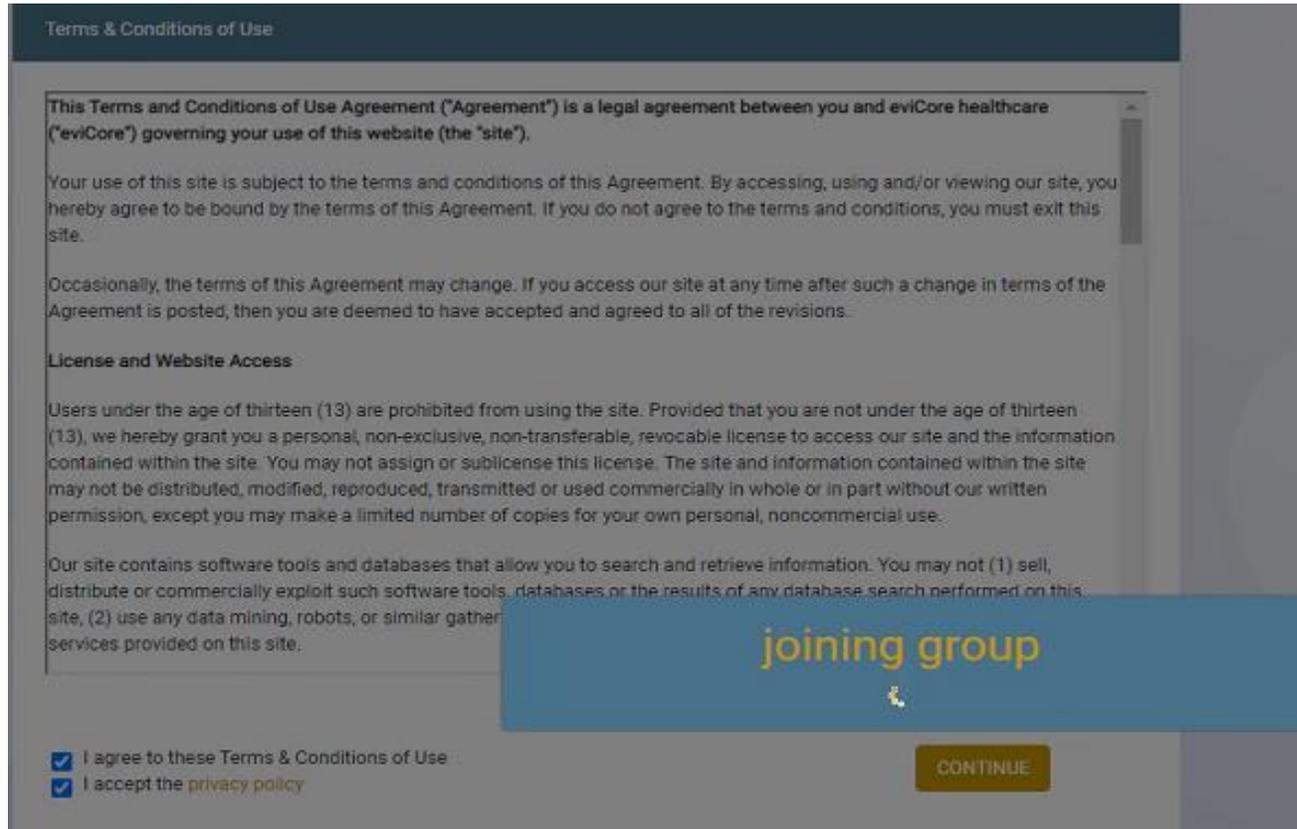
Join Key

CONTINUE

Enter Join Code and click CONTINUE

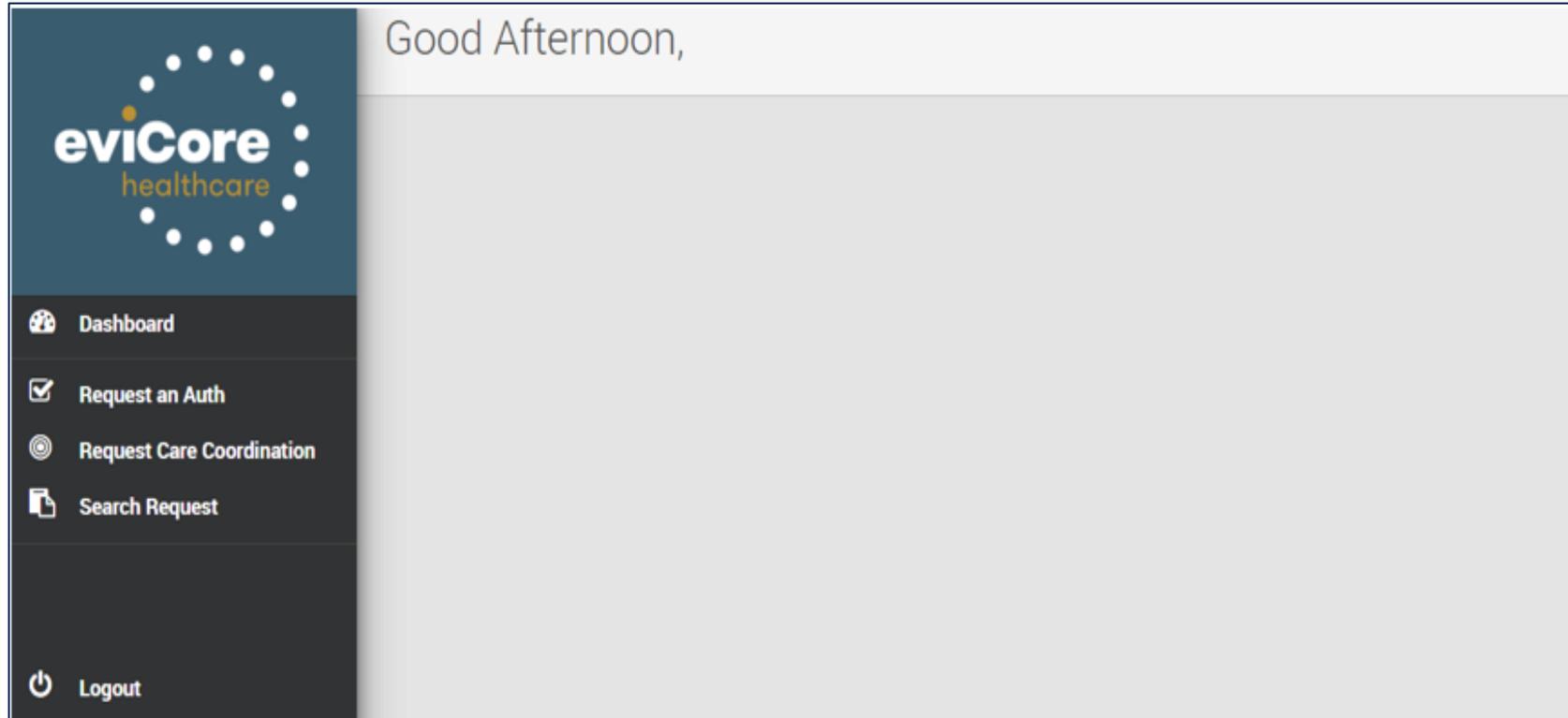
Joining Group

- Next you should accept the Terms & Conditions, click on Continue, and the system will respond to let you know you are joining the group



eviCore Dashboard

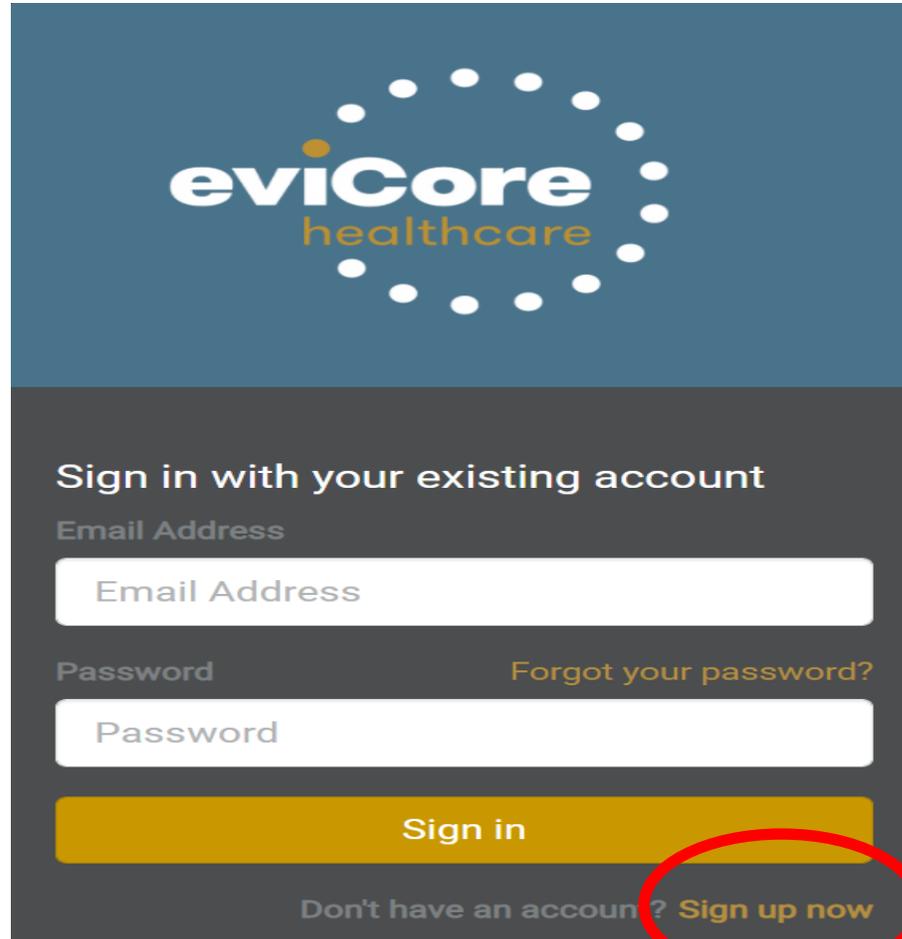
- Once you have successfully registered, and for subsequent logins, you will be directed to your eviCore dashboard



Portal Group Account Registration

Administrator/User Registration

- If you are your organization's administrator, or want to create your own account, access the website and choose "Sign up now"



The screenshot shows the eviCore healthcare login and registration interface. At the top, the eviCore healthcare logo is displayed. Below the logo, the text "Sign in with your existing account" is visible. Underneath, there are two input fields: "Email Address" and "Password". To the right of the Password field is a link that says "Forgot your password?". Below the input fields is a yellow "Sign in" button. At the bottom of the form, there is a link that says "Don't have an account? Sign up now", which is circled in red.

Portal Registration Process

- Begin by completing the brief registration process.

eviCore Platform Provider Registration

Please provide the following details.
Verification is necessary. Please click Send Email

Email

New Password

Re-enter Password

Send verification code

Enter email address/Click on Send verification code

eviCore healthcare User Registration

Please provide the following details.
Verification code has been sent to your inbox. Please click Verify code

Email

testuser@xyz.com

Verification code

New Password

Re-enter Password

First Name

Last Name

Display Name

Phone Number

Send new code

Verify code

Cancel

Register

Enter code from email/click on Verify code

Create password
At least 8 characters
Upper case/Lower case
Number/Special character

Complete User demographics

Verify your email address

Thanks for verifying your account!

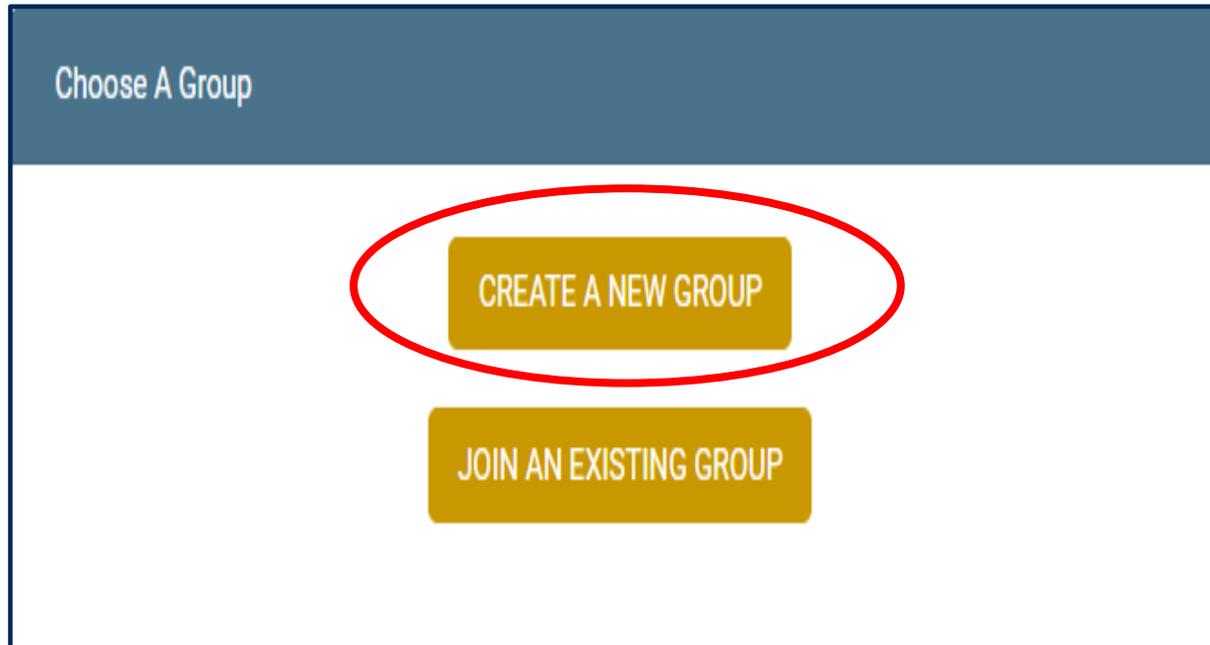
Your code is: 002637

Sincerely,
eviCore healthcare

Check email for verification code

Administrator Group Creation

- If you are your organization's administrator, or want to create a group, choose "CREATE A NEW GROUP"



Group Demographics

- Complete demographics to create a group for your organization

Create Provider Group

Enter your group details:

Group Name **Create a Group Name**

Ordering Provider **Mark Rendering Provider** Rendering Provider

Address 1

Address 2

City State **Complete Group's Demographics** Zip

Phone Fax

Adding Users to the Group

- Once user has successfully created a group, invite users to the group

eviCore Platform Provider User Group Administration

Office

Test Group - Rendering

555 Main Street NY, NY 55555
(555) 555-5555

Provider Group Join Code: YID015

Users

Name	Status	Action
Test Admin		

There are no Providers associated with this group. If you would like to add Providers use the Add button.

Add User

First Name: Test

Last Name: User

Make Admin: Yes No

Email: testuser@email.com

Validate & Save

User Details and Join Code

eviCore Platform Provider User Group Administration

Office

Test Group - Rendering

555 Main Street NY, NY 55555
(555) 555-5555

Provider Group Join Code: YID015

Copy Generate New

Admin should email the Group Join Code to every invited user

Users

Name	Status	Action
Test Admin		
Test User	Pending Verification	

You will see users invited to the group and their status

Providers

You can delete users from the group if necessary

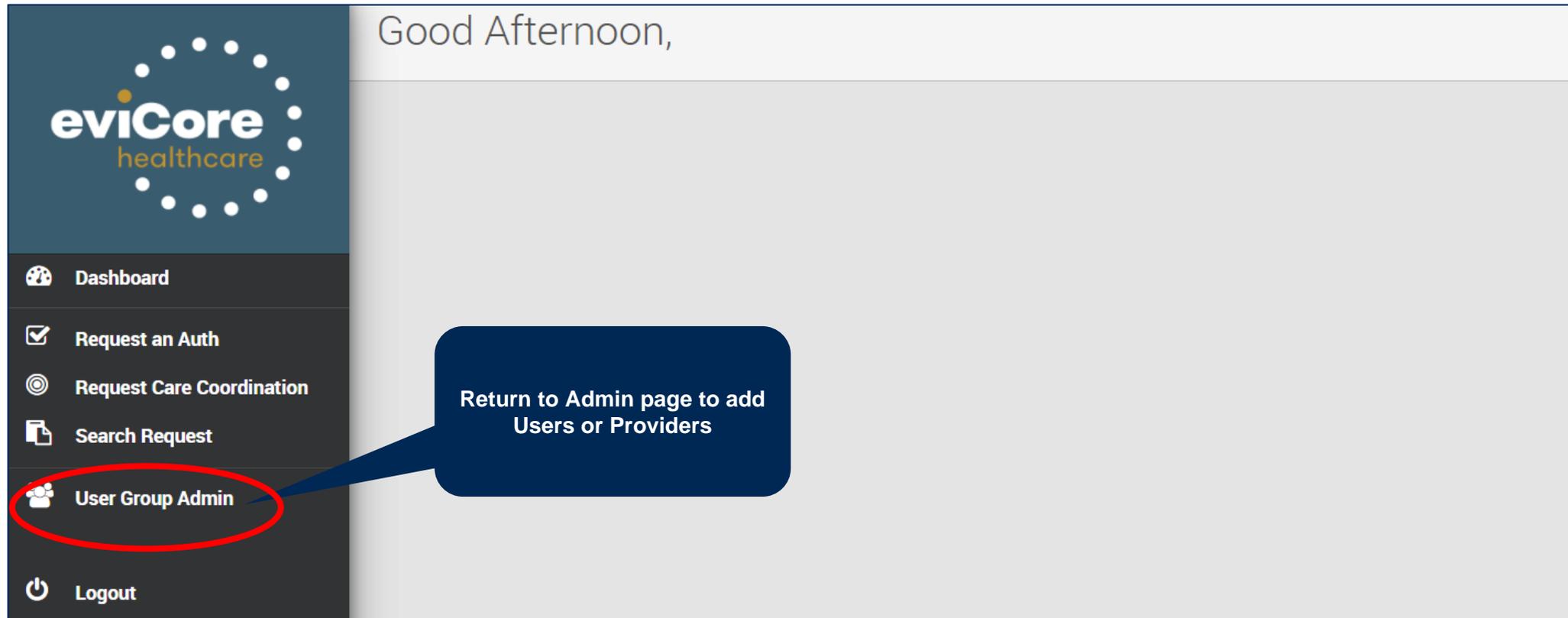
Add Providers to the Group

- Next, add providers to your group
- Once Group page is complete, click Go to Website

The screenshot displays the 'eviCore Platform Provider User Group Administration' interface. At the top right, there is a yellow 'Go to website' button. Below this, the 'Office' section shows details for 'Test Group - Rendering', including the address '555 Main Street NY, NY 55555' and phone number '(555) 555-5555'. To the right, the 'Provider Group Join Code' is 'YID015', with 'Copy' and 'Generate New' buttons. The 'Providers' section indicates that no providers are currently associated with the group and provides an 'Add' button. A callout bubble points to this 'Add' button with the text 'Add Providers to the group'. Below the main interface, a red-bordered 'Add Provider' modal is open, featuring input fields for 'TIN' and 'NPI', and a 'Validate & Save' button. A callout bubble points to these input fields with the text 'Enter TIN and NPI for each provider associated with the group'. The 'Users' section on the left shows a table with columns for Name, Status, and Action, listing 'Test Admin' and 'Test User'.

Administrator's Dashboard

- You will be directed to your dashboard and Group creation is complete



Dedicated Call Center

Precertification Call Center

- 800.298.4806 options: DME – 3,1 / HH – 2,1 / Sleep – 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 for the following:

- Request Precertification
- Check 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 an existing case



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

Client & 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 physician)
- 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 provider resource page will include, but is not limited to, the following educational materials:

- Training Sessions Schedule
- Provider Training Presentation
- Quick Reference Guide (QRG)
- Frequently Asked Questions (FAQ) Document
- eviCore Provider Manual

To access these helpful resources, please visit:

<https://www.evicore.com/resources/healthplan/cigna>

Detailed information is available on the Cigna Durable Medical Equipment website (CignaforHCP.com > Precertification Process > Durable Medical Equipment)



Thank You!

