Durable Medical Equipment (DME), Sleep TherapySupport℠ and Home Health (HH) Programs

Frequently Asked Questions

Who is eviCore healthcare?

eviCore healthcare (eviCore) is a specialty medical benefits management company that provides utilization management services for Cigna.

Which customers will eviCore manage for the DME, Sleep TherapySupport℠ and Home Health programs?

Beginning January 21, 2021 eviCore healthcare (eviCore) will accept precertification requests for DME, Sleep TherapySupport℠ and Home Health programs for dates of service on or after February 1, 2021 for Cigna commercial customers.

Which DME & Home Health services require precertification for Cigna?

Precertification applies to DME services that are:
- Home Based
- Medically Necessary

Precertification applies to the following Home Health services:
- Nursing
- Therapies
- Social Work
- Home Health Aides

To find a complete list of DME and Home Health Procedural Codes (HCPCS) that require precertification through eviCore, please visit: https://www.evicore.com/resources/healthplan/cigna.

Does sleep-related DME (PAP Therapy Devices E0470/E0471/E0601) require precertification?

- Positive Airway Pressure (PAP) Therapy Devices will not require a precertification but will require registration with eviCore.
- Sleep DME Providers will be responsible to register PAP devices with eviCore for customers receiving a new device on or after February 1, 2021.

How do I check the eligibility and benefits of a customer?

Customer eligibility and benefits should be verified on Cigna's website at www.CignaforHCP.com before requesting precertification through eviCore. Eligibility may also be verified at www.evicore.com/ep360 through the precertification process.

How do I request a precertification through eviCore?

Providers and/or staff may request precertification in one of the following ways:
- **Web Portal**
  The eviCore portal is the quickest, most efficient way to request precertification and is available 24/7. Providers can request a precertification by visiting www.evicore.com/ep360.
- **Phone**
  Providers and/or staff may request precertification by calling 800.298.4806 (HH use options 2, 1; DME use options 3, 1). eviCore's call center hours: Monday – Friday 8 a.m. to 9 p.m. EST and Saturday and Sunday 10 a.m. to 6 p.m. EST.
- **Fax**
  Precertification requests for DME and Home Health may be faxed to: 888.444.1027.

How do I make revisions to an existing DME precertification request?

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

How do I check an existing precertification request for a customer?

Our web portal provides 24/7 access to check the status of existing precertifications. To check the status of your precertification request, please visit www.evicore.com/ep360 and sign in with your login credentials. Providers and/or staff may also contact eviCore's call center by calling 800.298.4806.

What information is required when requesting precertification for DME?

When requesting a precertification, please ensure the following information is readily available:
Customer
- First and Last Name
- Date of Birth
- Customer ID

Rendering DME Provider
- DME Provider Name
- National Provider Identifier (NPI)
- Tax Identification Number (TIN)
- Phone and Fax Number

Referring Physician
- Physician Name
- National Provider Identifier (NPI)
- Tax Identification Number (TIN)
- Phone and Fax Number

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

What information is required when requesting precertification for Home Health?

When requesting a precertification, please ensure the following information is readily available:
Precertification Details
- Site of Care demographics
- Patient demographics
- Services requested
- Home Health ordering physician demographics (including phone and fax)
- Anticipated date of discharge

Clinical Information
- ICD10 code
- Clinical progress notes
- Wound or incision/location and stage (if applicable)
- Discharge summary (when available)
- Time Audit Tool-required for PDN services*
  *Form can be found on the eviCore resource page: https://www.evicore.com/resources/healthplan/cigna

Mobility and Functional Status
- Prior and current level of functioning
- Focused therapy goals: PT/OT
- Therapy progress notes including level of participation
- Discharge plans (include discharge barriers, if applicable)

When will I receive the precertification number once the precertification request has been approved?

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

Precertification status will be communicated by Cigna to the ordering physician & rendering provider. Customers will receive a precertification letter by mail. Precertification status can also be viewed on demand on the eviCore portal at www.evicore.com/ep360.

In the event of an adverse determination, what post-denial processes are available?

A reconsideration may be requested anytime, up until an appeal is received. Reconsiderations may 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 requests may be submitted to Cigna in writing via US Mail or by fax. Cigna will process first-level appeals. Delegation of second level appeals will vary by plan and/or state. The timeframe to submit an appeal and the address and fax number for appeals will be provided on the determination letter. The appeal determination will be communicated by Cigna to the ordering physician and customer.
Appeal turnaround times*
- Expedited 72 hours
- Standard customer 30 days
- Standard provider 60 days

*May vary by plan and/or state regulations.

How will Cigna communicate determination letters and who do I contact if I do not receive the letter?

Determination letters will be mailed by Cigna to the ordering physician & rendering provider. Customers will receive a letter by mail. In the event that the determination letter has not been received, providers and customers should contact Cigna by calling the number indicated on the customer's ID card.

What is the peer-to-peer consultation request process?

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.

When additional clinical is needed, will Cigna make a verbal outreach to the provider in addition to the hold letter?

Cigna will attempt to contact the provider via telephone before sending the letter.

Does Cigna review cases retrospectively if no precertification was obtained?

Typically, retrospective requests must be initiated within 15 days following the date of service. The timeframe to submit retrospective requests may vary based on the specific plan or state regulation. To submit a retrospective request, call the number on the customer's ID card and ask to speak to an intake representative.

How long is a DME or Home Health precertification valid?

Precertifications are valid for 90-180 days from the date of the final submission/determination.* If the service is not performed within the timeframe provided, please contact Cigna.

*Timeframe will vary by the service type requested, plan and/or state regulations. Precertifications performed outside of the authorized timeframe can possibly lead to a denial of claims payment.

If there is an approval on file with CCX that ends 01/31/2021, do providers need to contact eviCore?

For CCX authorizations that will end 01/31/2021, Cigna will review the authorization for medical necessity. If applicable, the authorization dates will be extended and a letter with a new authorization number will be sent to the servicing provider. The new end date will vary by service and code requested.

If there is an approval on file with CCX that extends past 02/01/2021, how will that approval transition to Cigna/eviCore?

Cigna is working with CCX to transition all current approvals. Cigna will send out new letters with the updated details, including a new authorization number. The new authorization number should be used when billing for dates of service 02/01/2021 and after.

How do referring providers submit a request for home health, home infusion, or DME services?

Referrals should be made directly to a participating provider.

To find a participating provider, go to Cigna.com > Find a Doctor, Dentist or Facility, or call eviCore at 800.298.4806.

The following questions pertain to the Sleep TherapySupport^{SM} only:

How does eviCore monitor PAP Compliance?

Customers that are prescribed PAP therapy must demonstrate PAP compliance during the first 90 days of therapy.

During the initial 90 day period of PAP use, device-generated patient compliance data will be monitored by eviCore. eviCore's TherapySupport^{SM} Program allows tracking of PAP usage and uses the data for outreach to DME and physician providers to support compliance.

The DME provider is encouraged to work with the patient during the first 90 days of PAP therapy to maximize customer compliance with PAP treatment.

Will eviCore receive my customer's data if the customer information is not entered correctly?

In order to enable compliance monitoring by eviCore, the DME provider will need to visit the online systems of the customer's PAP machine manufacturer to enter specific customer information. A web-based tutorial and detailed instructions for each PAP manufacturer is located at https://www.evicore.com/resources/Healthplan/cigna.

How do I register a PAP device with eviCore?

Providers and/or staff may register a PAP device with eviCore in one of the following ways:

- **Web Portal**
  The eviCore portal www.evicore.com/ep360 is the quickest, most efficient way to register a PAP device with eviCore and is available 24/7. Choose 'Sleep' for the requesting service type, then select "PAP Therapy" to begin the request for PAP registration.
- **Phone**
  Providers and/or staff may register a PAP device with eviCore by calling 800.298.4806 options 3, 1. eviCore's call center hours: Monday – Friday 8 a.m. to 9 p.m. EST and Saturday and Sunday 10 a.m. to 6 p.m. EST.
- **Fax**
  Requests to register a PAP device with eviCore may be faxed to 888.444.1027.

How will a provider know a customer has been correctly registered in the eviCore portal?

A PAP registration confirmation letter will be available to download on the eviCore portal and will also be faxed to the servicing provider.

Who can I reach out to if I have questions regarding PAP set up?

Customer set up instructional guides and video tutorials will be available at
https://www.evicore.com/resources/healthplan/cigna.

After review of the instructional guides and video tutorials, if you still have questions regarding customer set up, please call our customer service at 800.298.4806 and ask to speak with an eviCore Sleep Educator.

How does eviCore provide TherapySupport^SM for Cigna customers?

eviCore's TherapySupport^SM Program allows tracking of PAP usage and uses the data for outreach to DME and physician providers to support compliance.

What is the 90 day compliance threshold?

To reach the compliance goal, PAP usage data must demonstrate ≥ 4 hours per night for 70% of nights, within a 30 consecutive day period within the first 90 days of PAP therapy.

General Questions:

How do I determine if a provider is in network?

To find a participating provider, go to Cigna.com > Find a Doctor, Dentist or Facility, or call eviCore at 800.298.4806.

How do I submit a program related question or concern?

For program related questions or concerns, please email: clientservices@evicore.com.

Will there be a change in Cigna's current coverage policies?

No there will not be changes to the coverage policies.

Do all Cigna commercial members follow the same authorization rules?

There are different authorization rules for certain commercial memberships. You can check customer eligibility and benefits and coverage policies on the secured provider log in section at CignaforHCP.com. In addition, when requesting an authorization for a Cigna customer in the eviCore portal, you will receive a pop up message to alert you of exceptions regarding precertification requirement for the customer. This will depend on the customer's plan, as well as the service type requested.

Who do I contact for web support/questions?

To speak with a Web Portal Specialist, please call 800.646.0418 (Option #2) or email portal.support@evicore.com. Our dedicated Web Portal Support team can assist providers in navigating the portal and addressing any web-related issues during the online submission process.

Where do I submit my claims?

All claims should be submitted directly to Cigna. Check the customer ID card for the claims address. All inquiries regarding Cigna claims submissions should be directed to Cigna.

If the available self-service tools do not provide claim resolution, providers should contact Cigna through www.cignaforhcp.com or 800.88Cigna (800.882.4462).

What is Cigna's payor ID number?

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

Are providers required to enroll in Electronic Funds Transfer?

Providers are required to enroll in Electronic Fund Transfer (EFT) with both **Cigna and eviCore** in order to receive electronic payment for services rendered.

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

- Electronic Funds Transfer (EFT)
- Remittance Reports and Claim Status Inquiry 835/837

eviCore EFT forms can be requested and returned via email to clientservices@evicore.com or faxed to 615.468.4408 attention "Client Services".

Can providers use clearinghouses to submit ERA forms for electronic claims submissions and payments?

Yes, as long as the other vendor is licensed. Providers should include their submitter ID and relevant information on the ERA form.

Where can a provider find additional educational materials?

For more information and reference documents, please visit our resource page at: www.evicore.com/resources/healthplan/cigna.

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