



Durable Medical Equipment (DME) / Orthotic & Prosthetic Devices (O&P)

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 O&P devices and supplies?

Beginning January 1, 2023, eviCore will accept DME precertification requests for O&P devices and supplies for Cigna commercial customers. This change only applies to DME precertification requests for O&P devices and supplies beginning on January 1, 2023

Which Durable Medical Equipment services require precertification for Cigna?

Precertification applies to DME services that are:

- Home Based
- Medically Necessary
- O&P devices and supplies

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 For Durable Medical Equipment including Orthotics & Prosthetics press (options 3, 1, 1).
eviCore's call center hours:
Monday – Friday 8 a.m. to 9 p.m. EST
Saturday and Sunday 10 a.m. to 6 p.m. EST.
- **Fax**
Precertification requests for DME may be faxed to: 888.444.1027.

How do I make revisions to an existing Durable Medical Equipment 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 precertification's. 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 Durable Medical Equipment devices and services?

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)
- HCPCS Code(s)

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 are precertification's valid for Durable Medical Equipment and supplies?

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.

How do referring providers submit a request for Durable Medical Equipment 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.

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.