Cigna Home Health Care Quick Reference Guide





Cigna Precertification Services

To find a complete list of home health (HH) Healthcare Common Procedure Coding System (HCPCS) codes which require precertification through eviCore, please visit: www.evicore.com/resources/healthplan/cigna

Review Cigna coverage policies at CignaforHCP.com > Get questions answered: Resource > Precertification

> Home Health and Infusion

Required Information

- Precertification Details: Site of care demographics, patient demographics, services requested, home health ordering physician demographics, anticipated date of discharge
- Clinical Information: ICD-10 code, clinical progress notes, medication list, wound or incision/location and stage (if applicable), discharge summary (when available)
- Mobility and Functional Status: Prior and current level of functioning; focused therapy goals (physical and/or occupational therapies); therapy progress notes, including level of participation; discharge plans (including discharge barriers, if applicable)

Precertification Scope

Precertification for home health care will include the following services:

- Nursing
- Therapies
- Social work
- Home health aides

Home Health Care Coordination

Care Coordination will provide the following services:

- Assist ordering provider and customers with finding a participating servicing provider
- Service validation with customer to verify start-of-care date
- Validate with the customer that services received are meeting health care needs
- Follow up with the servicing provider when there is an issue with the delivery of the home health care
- Work with a Cigna case manager to ensure the customer receives ongoing services (when applicable) with a focus on total health care needs

Precertification Approvals

The timeframe to process a standard request will vary by the service type requested, plan and/or state mandates. Precertification approvals will be communicated to the ordering physician and rendering provider by Cigna. Customers will receive a precertification letter by mail. Precertification approval status can be viewed on demand via the eviCore portal at www.evicore.com/ep360.

Denial Notifications

When a request does not meet medical necessity requirements based on evidence-based guidelines, an adverse determination is made and the request is denied. In those cases, a denial letter with the rationale for the decision, reconsideration options, and appeal rights will be issued to the provider and customer by Cigna. Adverse determination status can be viewed on demand via the eviCore portal at www.evicore.com/ep360.

Cigna Claims Submission

All claims should be submitted directly to Cigna or to the payor. Cigna's payor ID number is 62308. Check the customer's ID card for the claims address. Detailed claims information is available on the Cigna website (CignaforHCP.com > Get questions answered: Resource > Reimbursement and Payment Policies) or by contacting Cigna Customer Service at 800.88Cigna (800.882.4462).

Need Clinical Support?

Providers and/or staff can ask to speak to a Cigna medical director by scheduling a peer to peer clinical consultation. 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.



Special Circumstances

Retrospective requests should be submitted directly to Cigna for review and determination.

Cigna uses the NCQA/URAC definition of urgent: when a delay in decision-making may seriously jeopardize the life or health of the customer. Cigna will make a decision on an urgent case within 72 hours.

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Convenient Web Portal

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

eviCore web portal assistance:

e: portal.support@evicore.com
t: 800.646.0418 (Option 2)



Call Center: 800.298.4806, Options 2, 1

Hours of Operation: Monday-Friday: 8 a.m. to 9 p.m. EST; Saturday and Sunday 10 a.m. to 6 p.m. EST. For faster service, you will need all pertinent clinical information on hand before you call.

Fax: 888.444.1027

Provider Resource Page

The eviCore Client Resource page contains web registration/ submission information, frequently asked questions documents, eviCore Provider Manual, and other important resources that are kept up-to-date for your convenience.

www.evicore.com/resources/healthplan/cigna

Authorization from Cigna does not guarantee claim payment. Services must be covered by Cigna and the customer must be eligible at the time services are rendered. Claims submitted for services may be subject to benefit denial. Please verify the customer's benefits and eligibility with Cigna. Regardless of the benefit determination, the final decision regarding any health care services or treatment is between the customer and their health care provider.

