Durable Medical Equipment
Cigna Medicare Advantage

Frequently Asked Questions

Who is eviCore healthcare?
eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides Durable Medical Equipment (DME) utilization management services for Cigna Medicare Advantage Customers.

Which customers will eviCore healthcare manage for DME?
Beginning May 27, 2022 eviCore will accept DME precertification requests for Cigna customers with Medicare Advantage coverage for dates of service June 1, 2022 and beyond, for all markets except Arizona. This program does not apply to Cigna commercial customers.

Which DME services require precertification?
Services requiring precertification are:

- Outpatient or home based
- Medically necessary
- Active rentals for HCPCS codes that currently don't have a pre-certification through Cigna but require pre-certification starting 6/1 should be requested on or before the 6/1 date for dates of service beyond 6/1.
- DME HCPCS code list is subject to change so please refer to our provider resources site and any Durable Medical Equipment announcements we send out.

How does a provider check the eligibility and benefits of a customer?
Providers should verify customer eligibility and benefits on the secured provider log in section on the Cigna HSConnect provider portal https://www.hsconnectonline.com/login.aspx or by calling Cigna Medicare Advantage Provider Service at 800.230.6138.

Eligibility may also be verified at www.evicore.com/pages/providerlogin.aspx during the precertification process.

How does a provider initiate a precertification request?
Providers and/or staff may request precertification in one of the following ways:

- **eviCore Provider Portal (preferred)**
  The eviCore portal is the quickest, most efficient way to request precertification. Providers can request a precertification by visiting www.evicore.com/pages/providerlogin.aspx
- **Fax**
  Precertification requests for DME may be faxed to 866.663.7740
- **Phone**
  Providers and/or staff may request precertification by calling 866.686.4452

Where can a provider find DME precertification request forms?
DME precertification forms are available on the eviCore provider resource website:
https://www.evicore.com/resources/healthplan/cigna-medicare

How does a provider check the precertification status for a customer?
Precertification status can be viewed on demand via the eviCore portal at www.evicore.com/pages/providerlogin.aspx or by calling eviCore at 866.686.4452.

What are the hours of operation?
eviCore hours of operation are:

- Monday – Friday 8 a.m. to 8 p.m. CST
- Saturday 8 a.m. to 4 p.m. CST
- Sunday 8 a.m. to 1 p.m. CST
- Holidays 8 a.m. to 1 p.m. CST
- 24 hour on call coverage

Who is responsible for submitting the initial DME precertification requests?
Typically the provider supplying the DME item would be responsible for submitting the precertification request. However, ordering physicians and staff of said physician can also submit for the precertification request.

What medical necessity criteria does eviCore healthcare utilize for DME precertification?

- Medicare Benefit Policy Manual
- NCD
- LCD/LCA
- MCG™ Evidence-Based Care Guidelines for DME services
    - For FL DSNP – State Medicaid guidelines are used

What are the precertification requirements?
To obtain precertification on the very first submission, the provider submitting the request will need to gather four (4) categories of information:

- Customer
    - Customer ID
    - Customer name
    - Date of Birth (DOB)
- Rendering Facility
    - Facility name
    - National provider identifier (NPI)
    - Tax identification number (TIN)
    - Phone & Fax number
- Referring Physician
    - Physician name
    - National provider identifier (NPI)
    - Tax Identification Number (TIN)
    - Phone & Fax number
- Supporting Clinical
    - Current physicians order/script
    - Current clinicals relating to request (ie patient history, progress notes and physical exams)
    - Current detailed invoice listing all requested equipment
    - Current certificate or letter of medical necessity

The requirements are outlined on the eviCore precertification request form
https://www.evicore.com/resources/healthplan/cigna-medicare

What information is required when requesting a 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)

To ensure the precertification process is completed as quickly and efficiently as possible, it is highly recommended that you submit pertinent clinical information to substantiate medical necessity for the type of service being requested.

When will a provider receive the precertification determination from eviCore?
Once all information is submitted to eviCore, outreach will be made to providers with a determination within two (2) business days.

How will precertification determinations be communicated to the providers?
eviCore will communicate the determination utilizing the following methods:

- Written notification will be faxed to the ordering physician and the DME supplier
- Customers will receive a precertification determination letter by mail
- Precertification status can be viewed on demand on the eviCore portal at www.evicore.com/pages/providerlogin.aspx

When does the initial precertification approval expire?
Precertification for purchases and daily rentals are valid for 90 days. Monthly rentals are valid for the number of months or units approved plus one additional month.

What is the process when additional information is needed to meet clinical criteria for a DME service?
eviCore will fax a hold letter to the provider requesting additional information. The provider should submit the additional information to eviCore within the timeframe specified on the letter. eviCore will review the additional documentation and reach a determination.

What is the process if a DME service does not meet clinical criteria?
When a request does not meet medical necessity 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 eviCore.

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

- Cigna will process first-level appeals.
- The timeframe to submit an appeal request will be outlined on the determination letter and is typically within 60 days of the adverse decision
- Appeal requests can be submitted to Cigna in writing via US Mail or by fax. The Cigna appeal address and fax number will be provided on the determination letter
- Customers or providers with appeal questions may call the number indicated on the customer's ID card
- The appeal determination will be communicated by Cigna to the ordering provider and customer
- Appeal turnaround times:*
    - Expedited 72 hours
    - Standard pre-services 30 days
    - Standard claim 60 days

Medicare Advantage customers requesting an appeal of the denial for continued DME services should follow the process outlined on their denial letter.

Does eviCore review cases retrospectively if no authorization was obtained?
Retrospective reviews are not allowed, with the exception of special circumstances. Please contact Cigna directly for consideration.

What is the policy for DME retroactive requests?
eviCore can only process a request up to one business day after the care has started. The only exception to this rule is if there is an eligibility concern with the customer.

What if a precertification is issued and revisions need to be made?
The ordering physician or servicing DME supplier should contact eviCore with any changes. It is important to update eviCore of any changes in order for claims to be correctly processed for the servicing DME provider.

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 866.686.4452.

Where do providers submit claims?
All claims will continue to be filed directly with Cigna. Check the customer ID card for the claims address.

What is Cigna's payor ID number?
The payor ID used to submit a claim to Cigna through electronic billing is 62308.

Are servicing providers required to enroll in Electronic Funds Transfer?
Providers are required to enroll in Electronic Fund Transfer (EFT) with Cigna in order to receive electronic payment for services rendered.

Where do providers submit inquiries regarding Cigna claims submissions?
Providers should contact Cigna at 800.230.6138 for questions regarding claims.

How do providers submit a program-related question or concern?
For program-related questions or concerns, please email clientservices@evicore.com or call 800.575.4517 (option 4).

Whom should providers contact for portal support/questions?
To speak with a portal specialist, please call 800.646.0418 (Option 2) or email portal.support@evicore.com.
Our dedicated Portal Support team can assist providers in navigating the portal and addressing any portal related issues during the online submission process.

Where can providers find additional information?
For more information and reference documents, please visit eviCore's provider resources site for this program: (https://www.evicore.com/resources/healthplan/cigna-medicare)