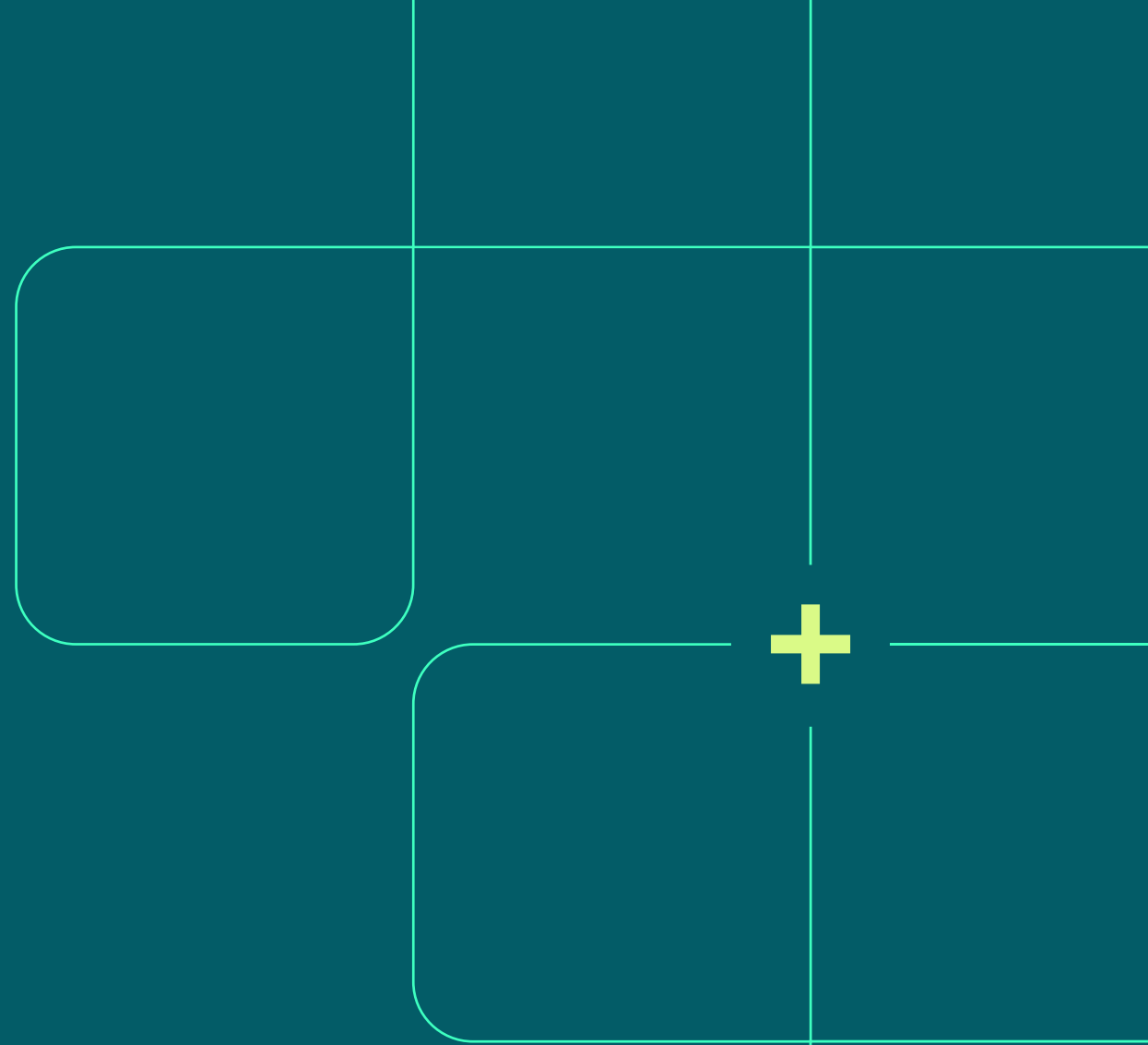# Vascular Intervention

EviCore by Evernorth®
Provider Orientation Session
for Cigna Healthcare℠

October/November 2024

EviCore
By EVERNORTH

Agenda

Solution Overview
Vascular Intervention

Submitting Requests

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

EviCore Provider Portal
- Overview, Features & Benefits
- Portal Case Submission

Provider Resources

Questions & Next Steps

Appendix
- Peer-to-Peer (P2P) Scheduling Tool

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Vascular Intervention Overview

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Cardiovascular Solution – Covered Services

Cardiac Imaging

- Stress Testing
  - Myocardial Perfusion Imaging (Single-photo Emission Computerized Tomography [SPECT] & Positron Emission Tomography [PET])
  - Stress Echocardiography
- Cardiac Computerized Tomography (CT) & Magnetic Resonance Imaging (MRI) Echocardiography
  - Transthoracic (TTE)
  - Transesophageal (TEE)

Cardiac Devices

- Diagnostic Heart Catheterization
- Pacemakers
- Implantable Cardioverter Defibrillator (ICD)

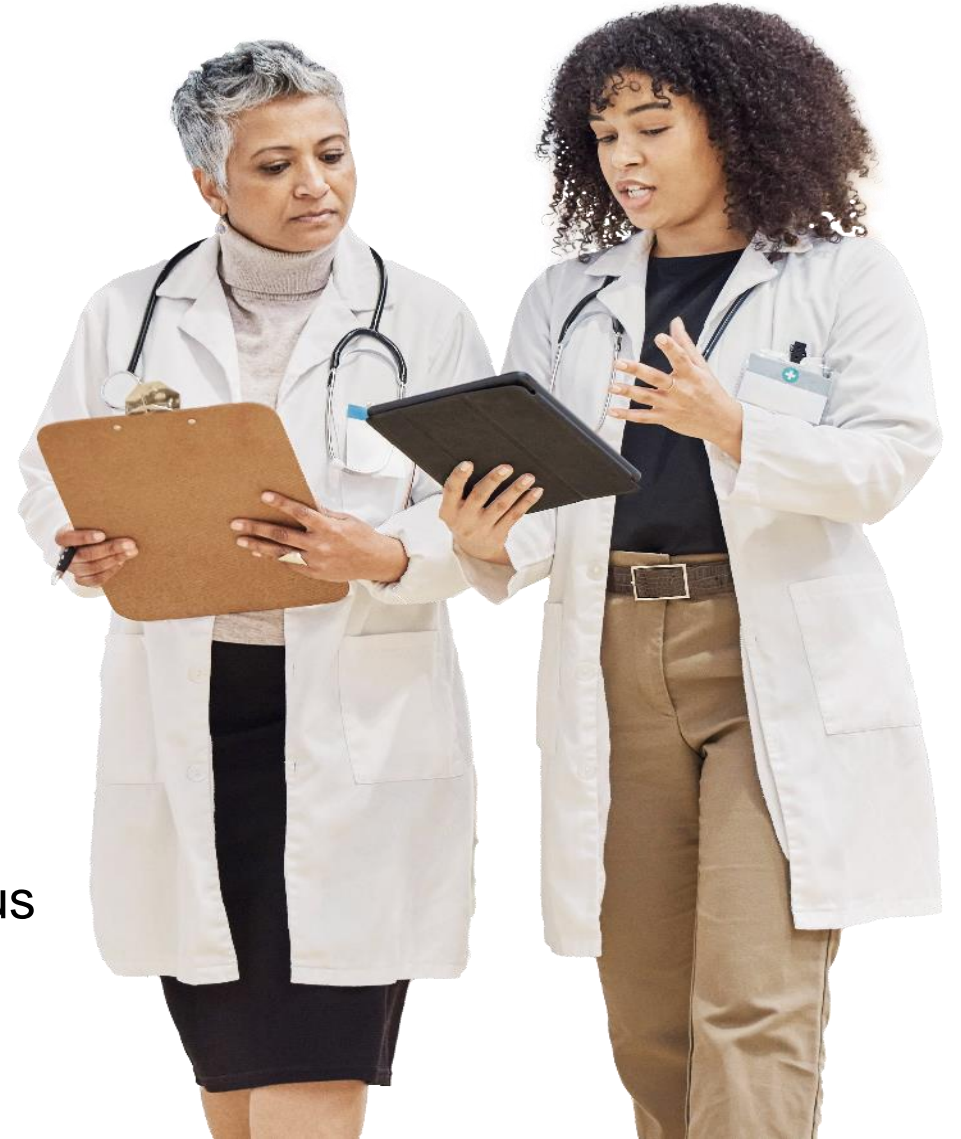## Cardiovascular Interventions

Vascular interventions*

***Note:** Vascular Intervention requests for Cigna Healthcare customers will go through the **CareCore platform**. All other Cardiology requests for Cigna Healthcare customers will remain on the **MedSolutions platform**.

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Vascular Intervention

Peripheral atherosclerosis procedures included in the Peripheral Vascular Disease (PVD) intervention program include:

- Non-Coronary Angioplasty and Stent Placement
- Non-Coronary Atherectomy
- Cerebrovascular Angioplasty and Stent Placement
- Elective, Isolated Iliac Branched Endograft Placement
- Venous Interventions: Venoplasty and Stenting
- Varicose Vein/Venous Insufficiency Therapy: Endovenous Ablation, Ligation, Phlebectomy, Sclerotherapy
- Vascular Embolization: Arterial and Venous

Cigna Healthcare Prior Authorization Services

EviCore will begin accepting prior authorization requests for Vascular Intervention services on 11/1/24 for dates of service 11/1/24 and after.
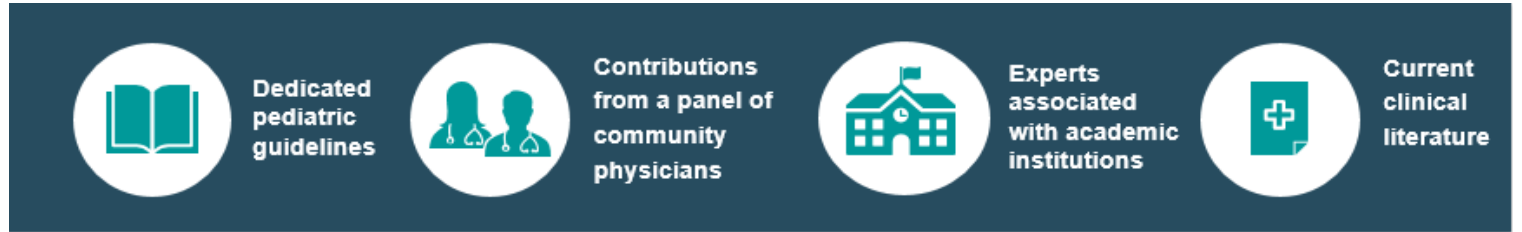
Applicable Commercial Membership	Prior authorization applies to the following services	Prior authorization does NOT apply to services performed in
• US Commercial (OAP/PPO/HMO) • Payer Solutions • Individual & Family Plans (IFP) • Alliances	• Outpatient • Inpatient (if applicable) • Elective/Non-emergent	• Emergency Rooms • Observation Services

Providers should verify customer eligibility and benefits on the secured provider log-in section on the Cigna for Health Care Professionals website at https://cignaforhcp.cigna.com/app/login.

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Evidence-Based Guidelines

The foundation of our solutions

- Dedicated pediatric guidelines
- Contributions from a panel of community physicians
- Experts associated with academic institutions
- Current clinical literature

Aligned with National Societies:

- American College of Cardiology
- American Heart Association
- American Society of Nuclear Cardiology
- Heart Rhythm Society
- American College of Radiology
- American Academy of Neurology
- American College of Chest Physicians
- American College of Rheumatology
- American Academy of Sleep Medicine
- American Urological Association

- National Comprehensive Cancer Network
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Academy of Pediatrics
- American Society of Colon and Rectal Surgeons
- American Academy of Orthopedic Surgeons
- North American Spine Society
- American Association of Neurological Surgeons
- American Association of Occupational Therapy
- American Association of Physical Therapy
- American College of Obstetricians and Gynecologists
- The Society of Maternal-Fetal Medicine

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Submitting Requests

Utilization Management | Prior Authorization

Visit provider

Provider requests a clinical review for prior authorization

Easy for providers and staff

Clinical decision support

Nurse review

MD review

Peer-to-peer

Appropriate decision

✓ Request is **Approved**

An **approval letter** with authorization information will be issued to both the provider and customer (mailed).

✗ Request is **Denied**

A **denial letter with clinical rationale** for the decision and appeal rights will be issued to both the provider and customer.

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How to Request Prior Authorization

The EviCore Provider Portal is the easiest, most efficient way to request clinical reviews and check statuses.

- **Save time**: Quicker process than requests by phone or fax

- **Available 24/7**

- **Save your progress**: If you need to step away, you can save your progress and resume later

- **Upload additional clinical information**: No need to fax in supporting clinical documentation, it can be uploaded on the portal

- **View and print determination information**: Check case status in real-time

- **Dashboard**: View all recently submitted cases

- **E-notification**: Opt-in to receive email notifications when there is a change to case status

- **Duplication feature**: If you are submitting more than one request, you can duplicate information to expedite submittals

To access the EviCore Provider Portal, visit **EviCore.com/provider**
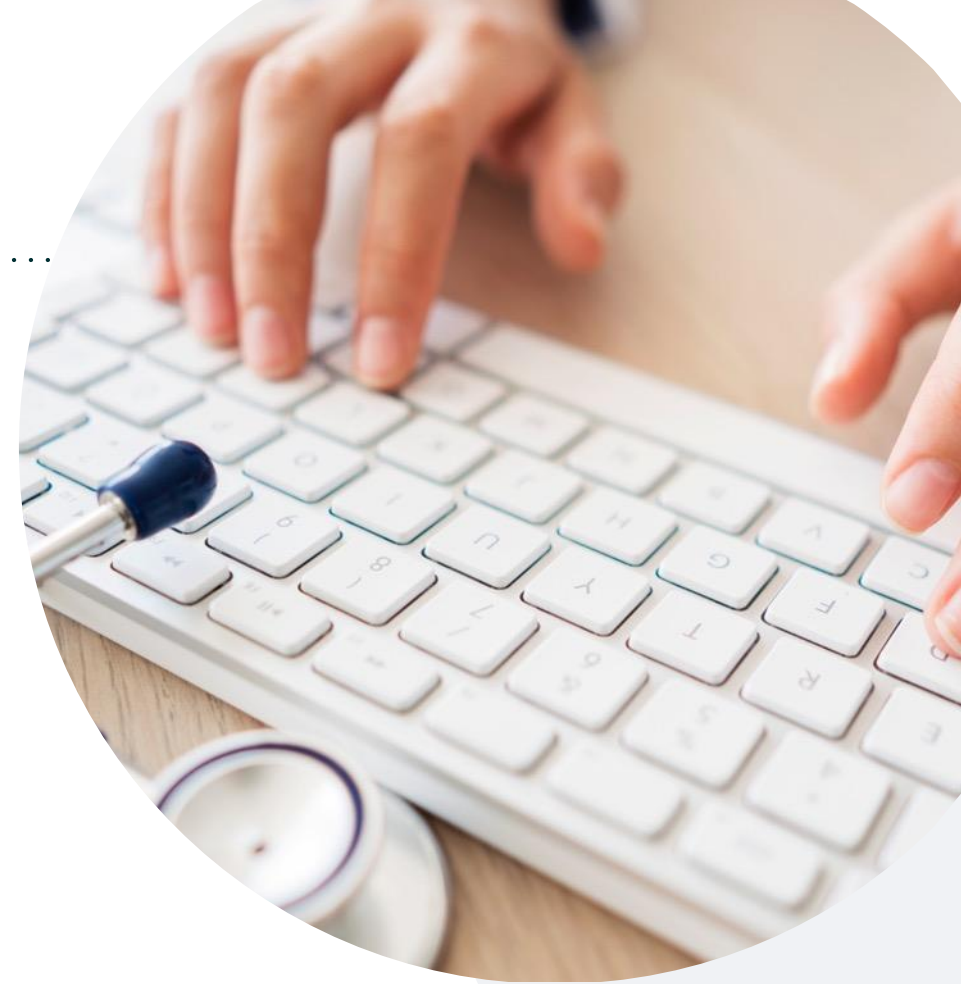
Or by **phone: 866-668-9250**
Monday – Friday 7 AM – 7 PM (local time)

Or by **fax: 800-540-2406**

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Necessary Information for Prior Authorization

To obtain prior authorization on the very first submission, the provider submitting the request will need to gather information within four categories:

Customer
- Health Plan ID
- Customer name
- Date of birth (DOB)

Referring (Ordering) Physician
- Physician name
- National provider identifier (NPI)
- Phone & fax number

Rendering Facility
- Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number

Supporting Clinical
- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous test results

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Insufficient Clinical | Additional Documentation Needed

If during case build all required pieces of documentation are not received, or are insufficient for EviCore to reach a determination, the following will occur:
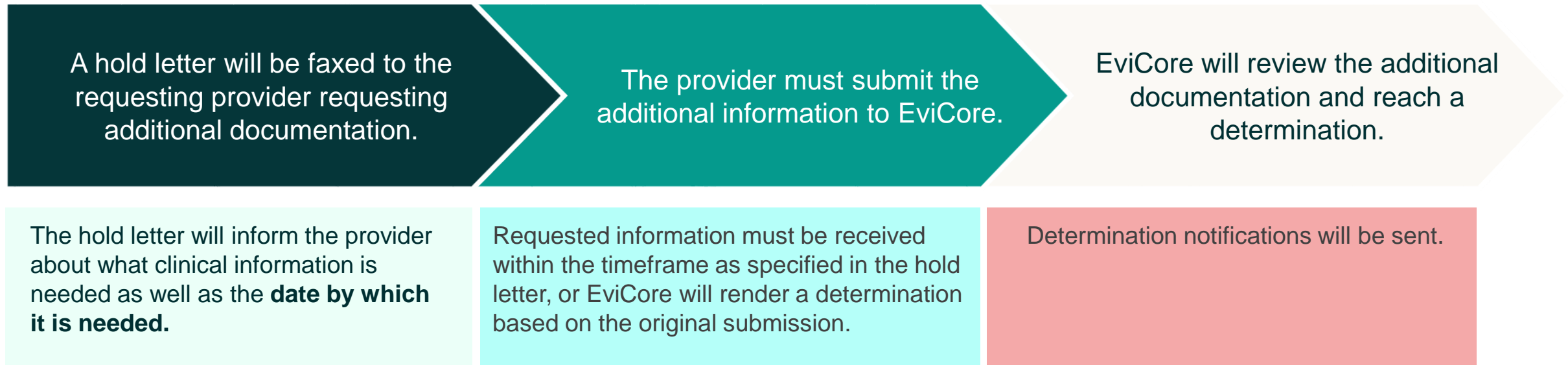
A hold letter will be faxed to the requesting provider requesting additional documentation.

The provider must submit the additional information to EviCore.

EviCore will review the additional documentation and reach a determination.

The hold letter will inform the provider about what clinical information is needed as well as the **date by which it is needed.**

Requested information must be received within the timeframe as specified in the hold letter, or EviCore will render a determination based on the original submission.

Determination notifications will be sent.

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Prior Authorization Outcomes, Special Considerations & Post-Decision Options

Prior Authorization Determination Outcomes

Determination Outcomes

- **Turnaround Time:** Standard requests are typically reviewed within 2 business days (can vary by state based on state-specific regulations).
- **Approved Requests:** Authorizations are valid for 180 calendar days from the requested date of service for outpatient procedures—and from the date of service + goal length of stay for inpatient procedures.
- **Partially Approved Requests:** In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved, as well as post-decision options for denied codes, including Level of Care.
- **Denied Requests:** If a request is determined as inappropriate based on evidence-based guidelines, a notification with the rationale for the decision and post-decision/appeal rights will be issued.

Notifications

- Authorization letters will be faxed to the ordering physician and mailed to customers
- Web-initiated cases will receive e-notifications if a user opted in to this method
- Approval information can be printed on demand from the **EviCore portal**

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Special Circumstances

Retrospective Authorization Requests

- Retrospective requests must be submitted to EviCore within 15 business days from the date of service (except for Payer Solutions and NALC members which have 365 days)
- Any submitted beyond this timeframe will be expired
- Reviewed for **clinical urgency** and medical necessity
- Processed within 30 calendar days
- When authorized, the start date will be the submitted date of service

Urgent Prior Authorization Requests

- EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the patient
- Can be initiated on the EviCore provider portal or by phone
- Urgent cases are typically reviewed within 24 hours (can vary by state based on state-specific regulations)

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Special Circumstances (cont.)

Authorization Update

- If updates are needed on an existing authorization, providers can contact EviCore by phone
- If the authorization is not updated and a different facility location or CPT code is submitted on the claim, it may result in a claim denial

Extensions

- One-time extensions will be allowed for up to 90 days
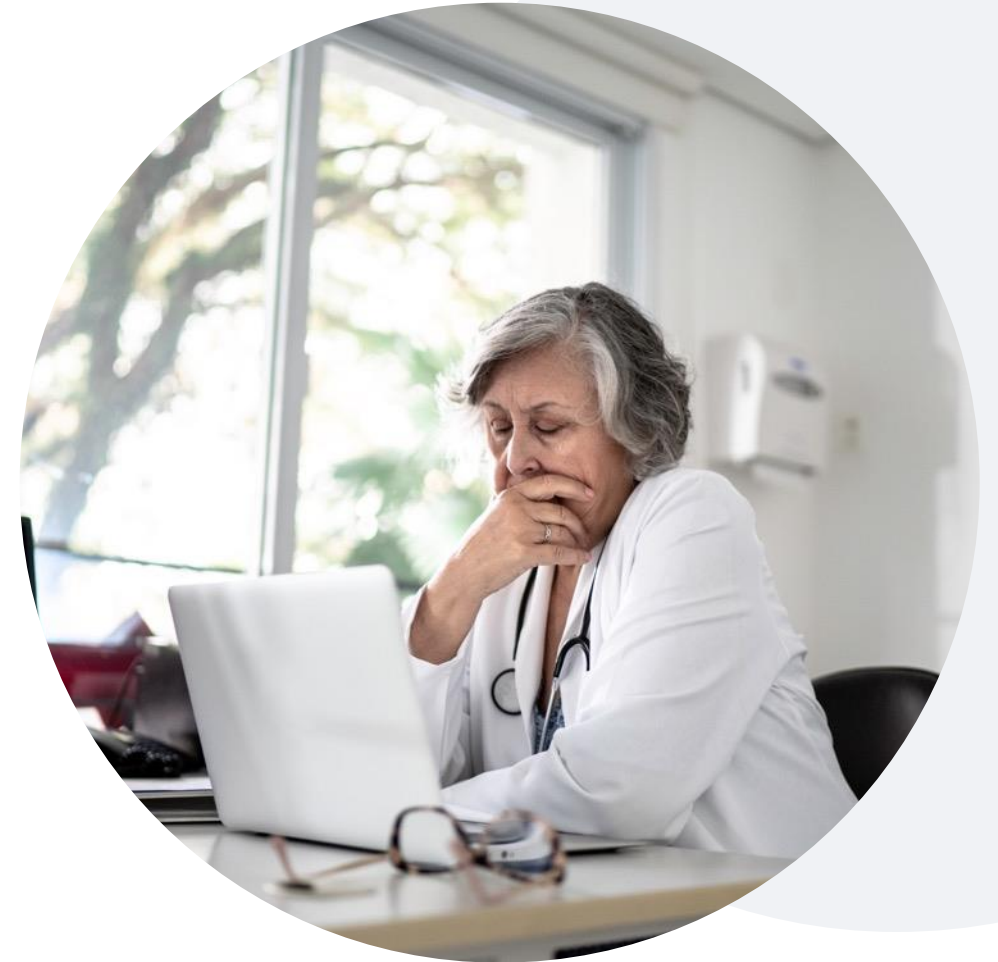
Post-Decision Options

My case has been denied. What's next?

Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied.

You may also call EviCore at **866-668-9250** to speak with an agent who can provide available option(s) and instruction on how to proceed.

Alternatively, select 'All Post Decisions' under the authorization lookup function on **EviCore.com** to see available options.

Reconsiderations

- Reconsiderations can be requested after the determination as long as an appeal has not been filed.
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation (Peer-to-Peer) with an EviCore physician.
- EviCore will make a decision within 1 day for verbal requests and 5 days for written requests.

Appeals

- EviCore will process first-level pre-service appeals for outpatient and inpatient services (ASO and Fully-Insured customers only).
- Appeal requests can be submitted in writing or verbally via a Clinical Consultation with an EviCore physician.
- A written notice of the appeal decision will be mailed to the customer and faxed to the ordering provider.

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EviCore Provider Portal

EviCore Provider Portal | Features

Eligibility Lookup

- Confirm if patient requires clinical review

Clinical Certification

- Request a clinical review for prior authorization on the portal

Prior Authorization Status Lookup

- View and print any correspondence associated with the case

- Search by member information OR by case number with ordering national provider identifier (NPI)

- Review post-decision options, submit appeal, and schedule a peer-to-peer

Certification Summary

- Track recently submitted cases

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EviCore Provider Portal | Access and Compatibility

Most providers are already saving time submitting clinical review requests online vs. telephone.
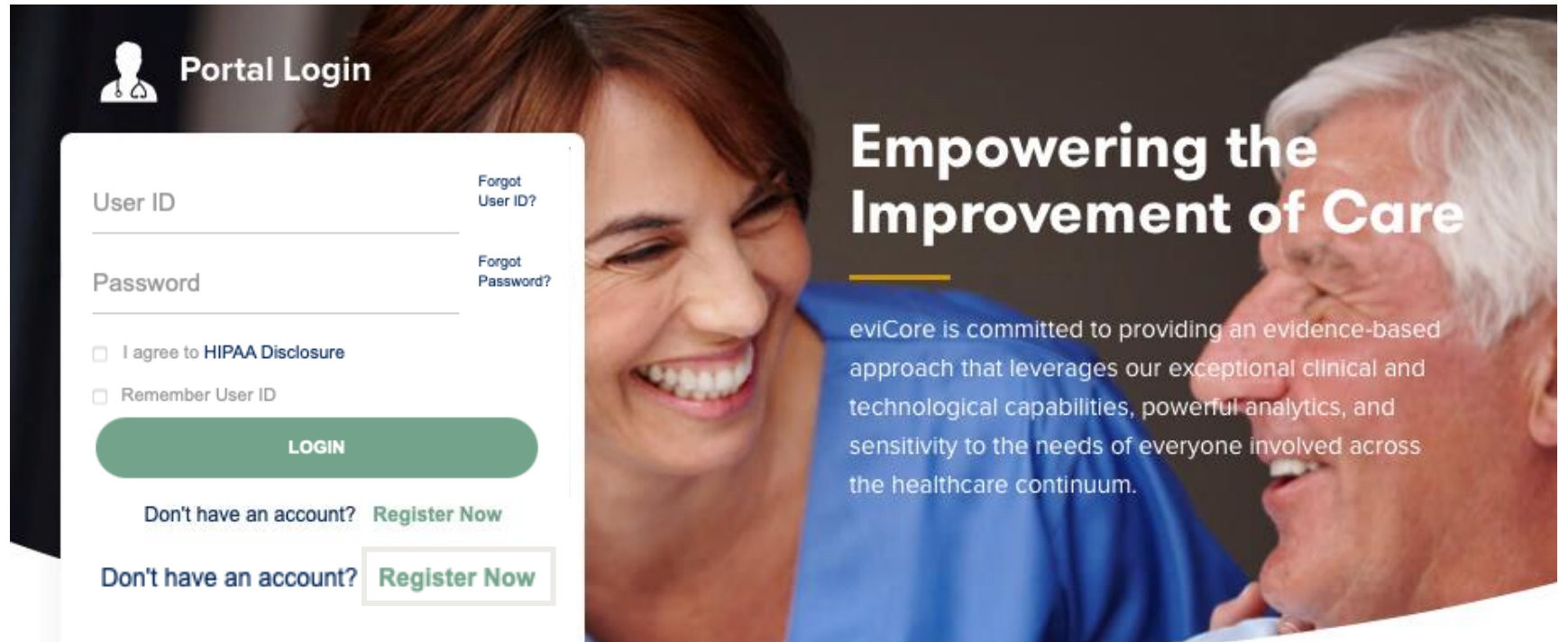
To access resources on the EviCore Provider Portal, visit **EviCore.com/provider**

Already a user?

Log in with User ID & Password

Don't have an account?
Click **Register Now**

EviCore's website is compatible with all web browsers. If you experience issues, you may need to disable pop-up blockers to access the site.

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Creating an EviCore Provider Portal Account

Select **CareCore National** as the Default Portal.

Complete the User Information section in full and **Submit Registration**.

You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the login page.

Setting Up Multi-Factor Authentication (MFA)
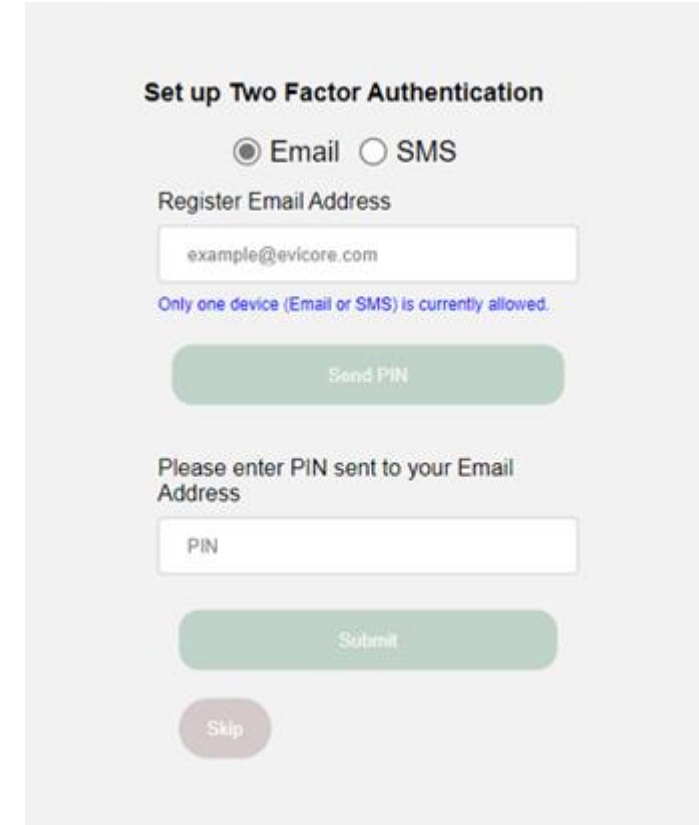
To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

After you log in, you will be prompted to register your device for MFA.

Choose which authentication method you prefer: Email or SMS.
Then, **enter your email address or mobile phone number.**

Select **Send PIN**, and a 6-digit pin will be generated and sent to your chosen device.

After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.

Set up Two Factor Authentication

○ Email ○ SMS

Register Email Address

example@evicore.com

Only one device (Email or SMS) is currently allowed.

Send PIN

Please enter PIN sent to your Email Address

PIN

Submit

Skip

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EviCore Provider Portal | Add Providers

| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Manage Your Account | Help / Contact Us |

Providers will need to be added to your account prior to case submission

- Click the **Manage Your Account** tab to add provider information

- Select **Add Provider**

- Enter the NPI, state, and zip code to search for the provider

- Select the matching record based upon your search criteria

- Once you have selected a practitioner, your registration will be complete

- You can also click **Add Another Practitioner** to add another provider to your account

- You can access the **Manage Your Account** at any time to make any necessary updates or changes

Manage Your Account

Office Name:
Address:

Primary Contact:
Email Address:

CHANGE PASSWORD   EDIT ACCOUNT

ADD PROVIDER

Click Column Headings to Sort

No providers on file

CANCEL

Add Practitioner

Enter Practitioner information and find matches.
*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

FIND MATCHES   CANCEL

Clinical Certification Request | Case Initiation Process

- When building a new case you will need to select the applicable **program** from the list.

- As part of the process you will be asked to enter the patient information (ID, date of birth and last name), then click **Eligibility Lookup** to verify the patient.

- Select the applicable **CPT code** and corresponding **diagnosis code** associated with the patient's condition.

- If your code is part of a bundle, all codes in that bundle will automatically be added to the request.

Clinical Certification Request | Code Redirection (if applicable)

If you enter a cardiology code that is not managed on the CareCore portal, you will receive a redirection message to toggle over to the MedSolutions portal.

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Clinical Certification Request | Search for and Select Provider

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account

Requesting Provider Information

Select the provider for whom you want to submit an authorization request. If you don't see them listed, click Manage Your Account to add them.

Filter Last Name or NPI:

[   ]   SEARCH   CLEAR SEARCH

	Provider
SELECT	12312312 - Provider Name

BACK   CONTINUE

Click here for help

Search for and select the **Provider/Group** for whom you want to build a case

Clinical Certification Request | Select Health Plan

| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Manage Your Account |

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK   **CONTINUE**

- Choose the appropriate **Health Plan** for the request
- Select **CONTINUE**

Clinical Certification Request | Enter Contact Information

Clinical Certification Request | Site Selection

- Search for the **site of service** where the procedure will be performed
  (for best results, search with NPI, TIN, **and** zip code)

- **Select** the specific site where the procedure will be performed

Clinical Certification Request | Clinical Certification

| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | **Clinical Certification** | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Manage Your Account |

Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from eviCore.

BACK   CONTINUE

- Verify that all information is entered and correct

- **You will not have the opportunity to make changes after this point**

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Clinical Certification Request | Standard or Urgent Request?

- If the case is **standard,** select **Yes**

- If your request is **urgent,** select **No**

- When a request is submitted as urgent, you will be **required** to upload relevant clinical information

- Upload up to **FIVE documents** (.doc, .docx, or .pdf format; max 5MB size)

- Your case will only be considered urgent if there is a successful upload

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Vascular Intervention – Requesting Multiple CPT Codes

After you indicate the urgency of the case, you will be asked about additional procedures. All CPT codes must be for the same program.

NOTE: Codes that are part of the same bundle do not need to be added since they will automatically be included.

Clinical Certification

ⓘ Will there be any additional procedures needing prior authorization for the same patient, date of service, and site of service?

○ Yes ○ No

SUBMIT

Cancel   Print

Click here for help or technical support

Clinical Certification

ⓘ Please enter the additional procedure code

70552

SUBMIT

Cancel   Print

Click here for help or technical support

- **Select YES to add Additional CPT codes.**
- **Enter one CPT at a time and select SUBMIT after each one.**

Clinical Certification Request | Request for Clinical Upload

| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Manage Your Account |

Proceed to Clinical Information

Clinical Upload

Please upload any additional clinical information that justifies the medical necessity of this request.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Choose File   Test clinical.docx
Choose File   No file chosen
Choose File   No file chosen
Choose File   No file chosen
Choose File   No file chosen

UPLOAD   **SKIP UPLOAD**

EviCore requires documents to have patient's name (first and last) and one additional identifier from the list below:

- Date of birth
- Correct case number/Episode ID
- Customer identification number
- Full address (Street, City, State and Zip Code)
- Full phone number including area code
- Driver's license number or other government-issued ID.

If additional information is required, you will have the option to upload more clinical information for review.

Tips:
- Providing clinical information via the web is the fastest and most efficient method
- Enter additional notes in the space provided only when necessary
- Additional information uploaded to the case will be sent for clinical review
- Print out a summary of the request that includes the case number and indicates 'Your case has been sent to clinical review'

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Provider Resources

Contact EviCore's Dedicated Teams

Client and Provider Services

For eligibility issues (member or provider not found in system) or transactional authorization related issues requiring research.

- Email: **clientservices@EviCore.com**
- Phone: **800-646-0418** (option 4)

Provider Engagement

Regional team that works directly with the provider community.

Scott Jarrett

- Email: **scott.jarrett@EviCore.com**
- Phone: **615-487-8129**

Web-Based Services and Portal Support

- Live chat
- Email: **portal.support@EviCore.com**
- Phone: **800-646-0418** (option 2)

Call Center

Call 866-668-9250, representatives are available from 7 a.m. to 7 p.m. local time.

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Provider Resource Website

EviCore's Client and Provider Services team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis.

This page will include:

- Frequently asked questions

- Quick reference guides

- Provider training materials

- CPT code lists

To access these helpful resources, visit
https://www.evicore.com/resources/healthplan/cigna

Contact our Client and Provider Services team via email at
ClientServices@EviCore.com or by phone at **1-800-646-0418 (option 4)**

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EviCore Provider Newsletter

Stay up-to-date with our free provider newsletter.

+To subscribe:

- Visit **EviCore.com**

- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**

- Enter a valid email address

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Provider Resource Review Forum

The EviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

We invite you to attend a **Provider Resource Review Forum** to learn how to navigate **EviCore.com** and understand all the resources available on the Provider's Hub.

Learn how to access:

- EviCore's evidence-based clinical guidelines
- Clinical worksheets
- Existing prior authorization request status information
- Search for contact information
- Podcasts & insights
- Training resources

Register for a Provider Resource Review Forum:

Provider's Hub > Scroll down to EviCore Provider Orientation Session Registrations > Upcoming

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Q & A

Thank You

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Appendix

Peer-to-Peer (P2P) Scheduling Tool

10/17/2024

Provider Resources | Schedule a P2P Request

If your case is eligible for a Peer-to-Peer (P2P) consultation, a link will display allowing you to proceed to scheduling without any additional messaging.

- Log-in to your account at **EviCore.com**

- Perform **Clinical Review Lookup** to determine the status of your request

- Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a Peer-to-Peer consultation

- Note carefully any messaging that displays*

*In some instances, a Peer-to-Peer consultation is allowed, but the case decision can not be changed. In such cases, you can still request a **Consultative-Only Peer-to-Peer.** You can also click on the **ALL POST-DECISION OPTIONS** button to learn what other action can be taken.

Once the **Request Peer-to-Peer Consultation** link is selected, you will be transferred to our scheduling software via a new browser window.

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Provider Resources | Schedule a P2P Request (con't.)

- Upon first login, you will be asked to confirm your default time zone

- You will be presented with the Case Number and customer Date of Birth

- Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**

- To proceed, select **Lookup Cases**

- You will receive a confirmation screen with customer and case information, including the Level of Review for the case in question

- Click **Continue** to proceed

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Provider Resources | Schedule a P2P Request (con't.)

- You will be prompted with a list of EviCore Physicians / Reviewers and appointment options

- Select any of the listed appointment times to continue

- You will be prompted to identify your preferred days and times for a Peer-to-Peer consultation (all opportunities will be automatically presented)

- Click on any **green checkmark** to **deselect** that option and then click **Continue**

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Provider Resources | Schedule a P2P Request (con't.)

Update the following fields to ensure the correct person is contacted for the Peer-to-Peer appointment:
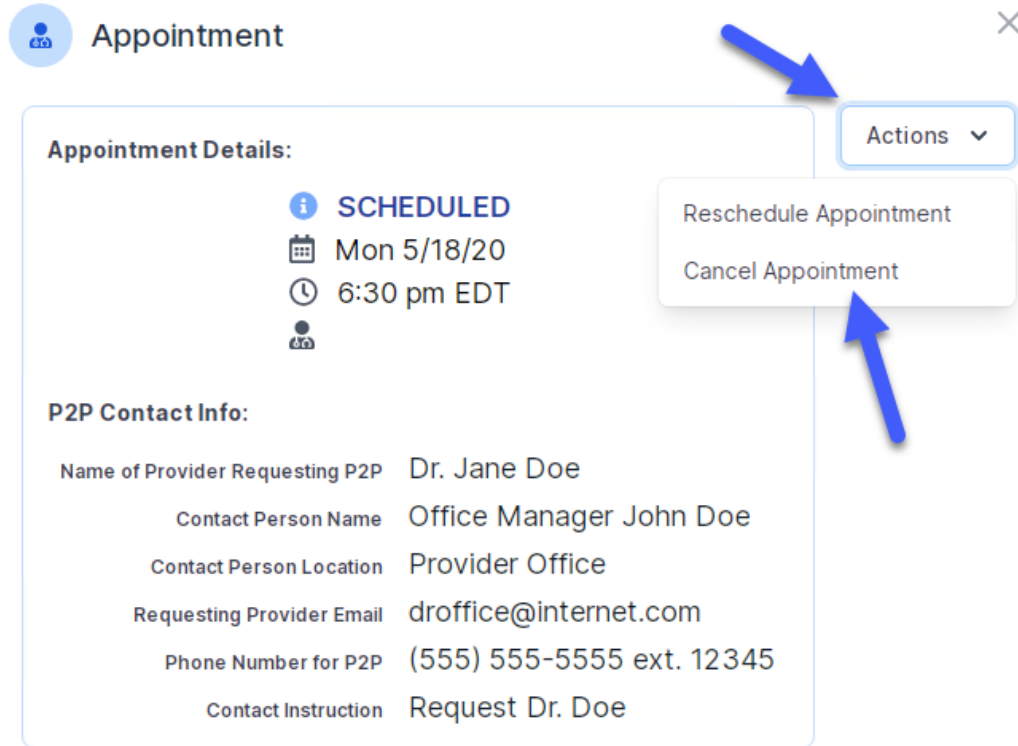
- Name of Provider Requesting P2P

- Phone Number for P2P

- Contact Instructions

Click **Submit** to schedule the appointment

You will be presented with a summary page containing the details of your scheduled appointment

Confirm contact details

Provider Resources | Cancel or Reschedule a P2P Appointment

**To cancel or reschedule an appointment:**

- Access the scheduling software and select **My P2P Requests** on the left-pane navigation

- Select the request you would like to modify from the list of available appointments

- When the request appears, click on the schedule link. An appointment window will open

- Click on the **Actions** drop-down and choose the appropriate action

  - **If choosing to reschedule,** select a new date or time as you did initially

  - **If choosing to cancel,** input a cancellation reason

- Close the browser once finished

Provider Resources | Contacts and Helpful Links

Web-Based Services	portal.support@EviCore.com	800-646-0418, option 2
Client & Provider Operations	clientservices@EviCore.com	
Provider Engagement: Scott Jarrett, Regional Provider Engagement Manager	scott.jarrett@EviCore.com	615-487-8129
Worksheets	EviCore.com/provider/online-forms	
Clinical Guidelines	EviCore.com/provider/clinical-guidelines	
Request a Clinical Consultation	EviCore.com	

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Provider Resources | EviCore Provider's Hub

Providers and staff can access important tools and resources at EviCore.com
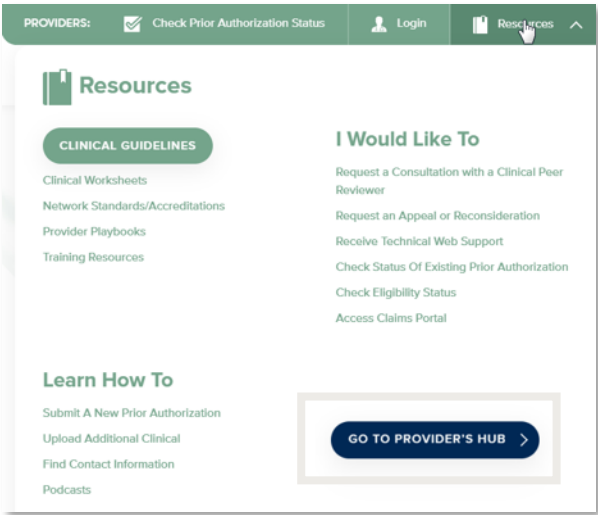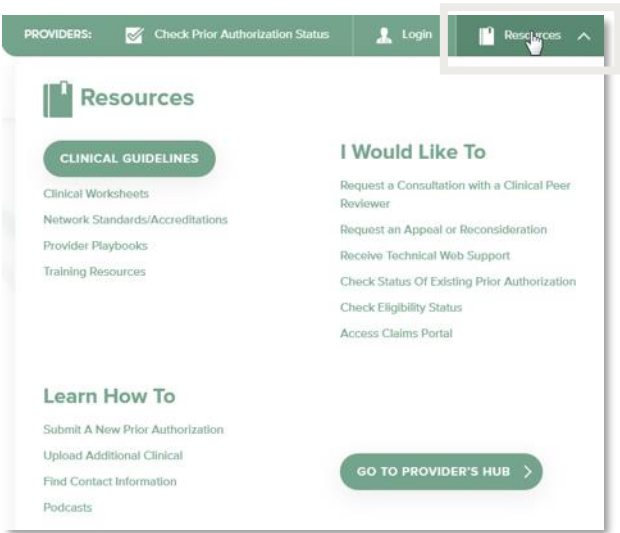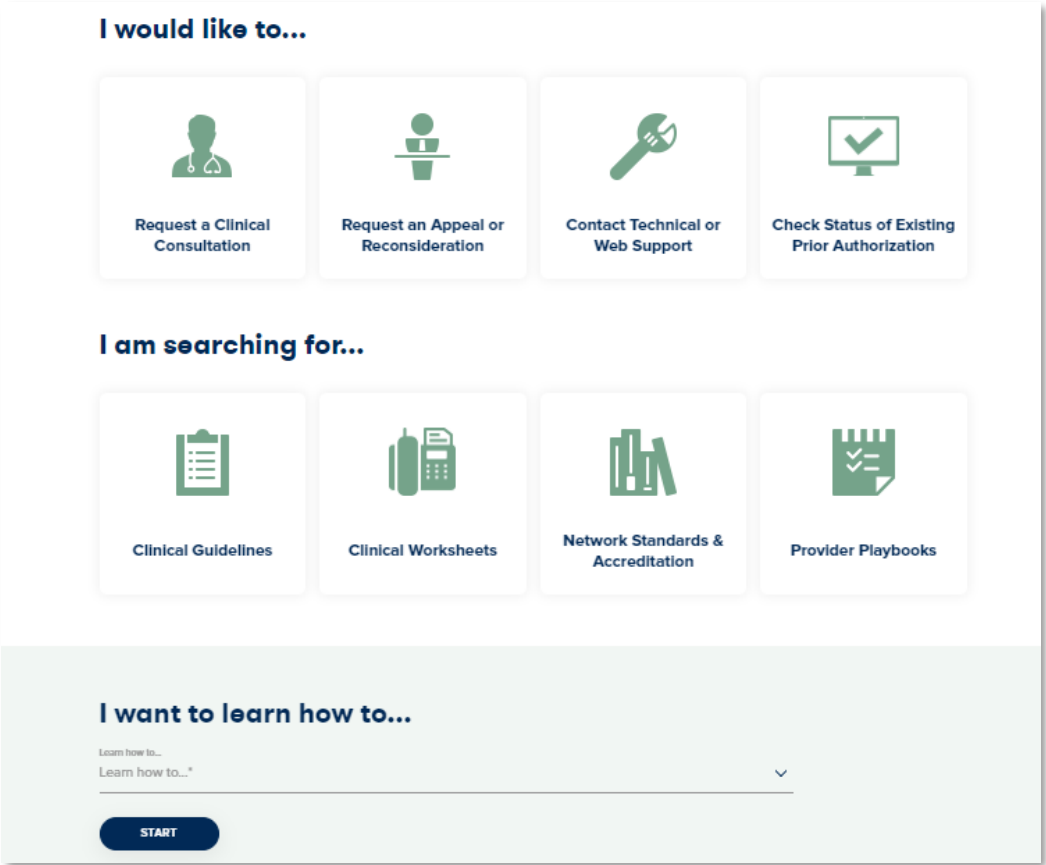

Step 1

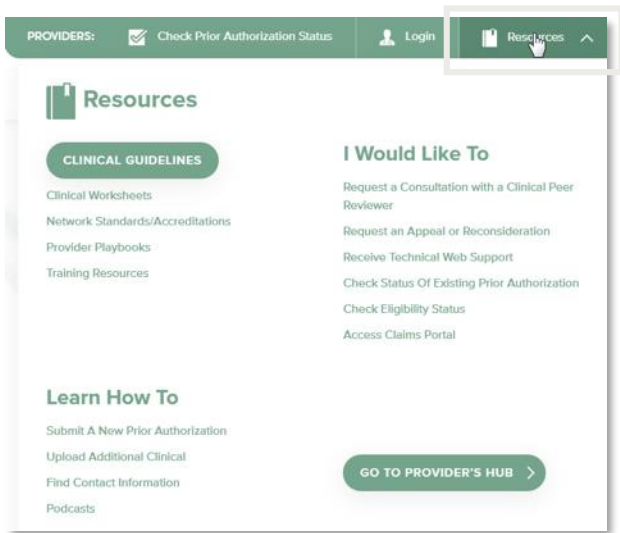Open the **Resources** menu in the top right of the browser

Step 2

Select **GO TO PROVIDERS HUB** to access clinical guidelines, schedule consultations (P2P), and more
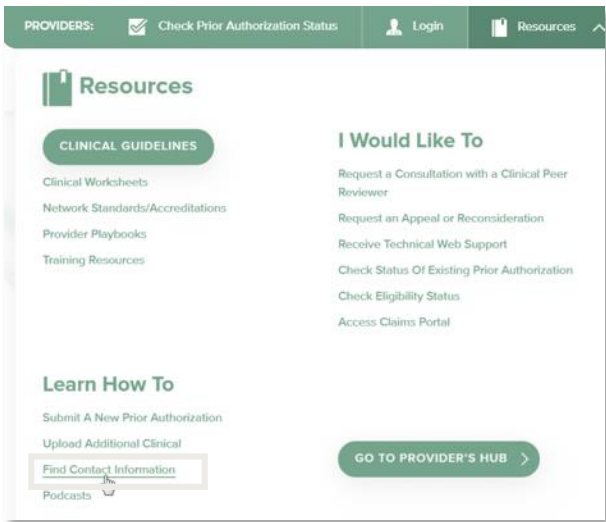
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Provider Resources | Quick Reference Tool

Where can I locate plan-specific contact information?

Step 1

Open the **Resources** menu in the top right of the browser

Step 2

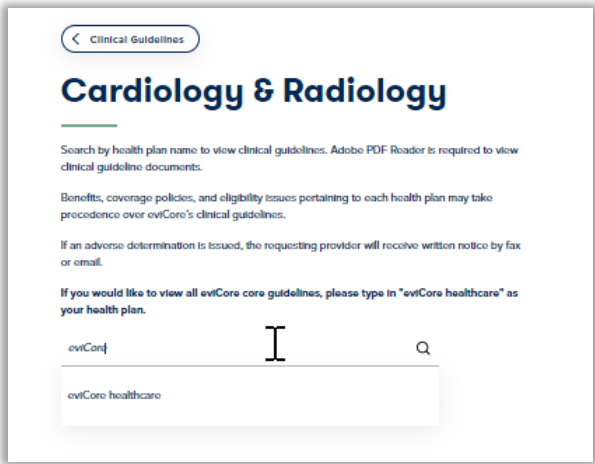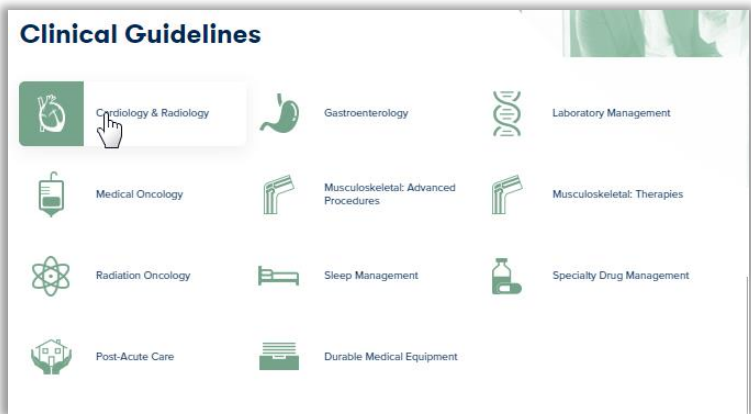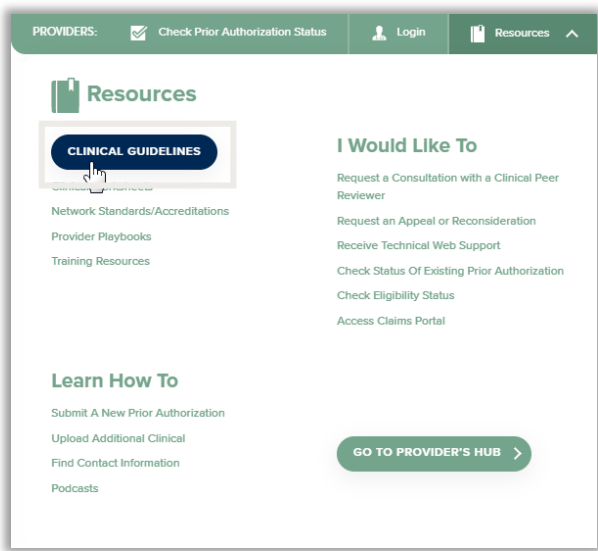Select **Find Contact Information**

Step 3

- Use **Select a Health Plan** and **Select a Solution** to populate the contact phone and fax numbers
- This will also advise which portal to use for case requests

EviCore
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Provider Resources | Clinical Guidelines

How do I access EviCore's clinical guidelines?

Step 1

- Open the **Resources** menu in the top right of the browser
- Select **Clinical Guidelines**

Step 2

Select the solution/program associated with the requested guidelines

Step 3

- Search by health plan name to view clinical guidelines
- If you would like to view all guidelines, type in "EviCore healthcare" as your health plan

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