

### **Cigna Healthcare Precertification Services**

To find a complete list of durable medical equipment (DME) Healthcare Common Procedure Coding System (HCPCS) codes which require precertification through EviCore, please visit: [Cigna Healthcare Provider Resources | EviCore by Evernorth](#)

- + Navigate to the Solution Resources tab to access DME Resources, including the list of HCPCS codes.

Review Cigna Healthcare coverage policies on the portal at: [Cigna for Health Care Professionals](#)

- + Get questions answered: Resource> Precertification
- + Durable Medical Equipment

### **Required Information**

- + Customer name, date of birth, customer ID
- + Referring physician's National Provider Identifier (NPI), Tax ID (TIN), and telephone and fax numbers
- + Rendering DME provider's NPI, TIN, and telephone and fax numbers
- + Current supporting clinical: Written prescription, certificate of medical necessity (CMN), preauthorization request form, detailed invoice listing all requested equipment, diagnosis (if part of discharge plan, include the admitting diagnosis), applicable patient history/recent office visit notes, HCPCS code(s) (Rental vs Purchase and units requested), and whether the patient previously used this/these item(s)

### **Precertification Scope**

Precertification applies to DME services that are:

- + Home based
- + Medically Necessary

### **DME Care Coordination**

Care Coordination will provide the following services:

- + Assist ordering provider and customers with finding a participating servicing provider
- + Validate that the servicing provider delivered the equipment or medical supply on the expected date
- + Validate that the customer has a clear understanding of how to use the equipment and/or medical supplies
- + Follow up with the servicing provider when there is an issue with the delivery or the service item received
- + Work with a Cigna Healthcare case manager to ensure the customer receives the equipment and/or supplies on an ongoing basis (when applicable)

### **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 [Provider's Hub | EviCore by Evernorth](#)

#### **Care Coordination contact information:**

Email: [carecoordination@evicore.com](mailto:carecoordination@evicore.com)  
Phone: 800-298-4806, option 7, extension 20142  
Fax: 888-444-1027

### **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 [Provider's Hub | EviCore by Evernorth](#)

## **Submitting the Request**

### **Web Portal**

The EviCore online portal [Provider's Hub | EviCore by Evernorth](#) is the quickest and most efficient way to request precertification and check authorization status.

### **Intake / Call Center: 866-668-9250**

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: 866-663-7740**

### **Special Circumstances**

Retrospective requests should be submitted directly to Cigna Healthcare for review and determination. Cigna Healthcare uses the NCQA/URAC definition of urgent: when a delay in decision-making may seriously jeopardize the life or health of the customer. Cigna Healthcare will decide on an urgent case within 72 hours.

### **Cigna Healthcare Claims Submission**

All claims should be submitted directly to Cigna Healthcare 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 Healthcare website (CignaforHCP.com > Get questions answered: Re-source> Reimbursement and Payment Policies) or by contacting Cigna Healthcare Customer Service at 800.88Cigna (800.882.4462).

### **Provider Resource Page**

The EviCore Client Resource page [Cigna Healthcare Provider Resources | EviCore by Evernorth](#) 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.

### **Services Requests**

Please submit requests electronically via the EviCore Communication Relationship Management (ECRM) portal accessed here: [ECRM Consumer Service Portal - ECRM Consumer Support](#)

*Authorization from Cigna Healthcare does not guarantee claim payment. Services must be covered by Cigna Healthcare, 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 Healthcare. Regardless of the benefit determination, the final decision regarding any health care services or treatment is between the customer and their health care provider.*