

PROVIDER PORTAL MIGRATION

**Provider Orientation Session
for Cigna HealthcareSM
Commercial Members**

December 2025

Agenda



What is Changing

Provider portal change eP360 convergence to EviCore.com for Sleep

Submitting Requests via EviCore.com

- Portal Case Submission

Provider Resources

EviCore

By **EVERNORTH**
Public Information

Migration off eP360 for Sleep Services

Cigna Commercial Prior Authorization Services

Starting **December 18, 2025**, Prior authorization requests for **Cigna Sleep services** will need to be submitted through [Provider's Hub | EviCore by Evernorth](#) rather than [ep360](#).



EviCore
By EVERNORTH

Applicable Membership

Cigna Commercial members

Prior authorization applies to the following services

- [Cigna Commercial Sleep Management Code List](#)

Ordering or Rendering providers can submit authorization requests to EviCore for sleep services. **EviCore will also manage reconsideration requests and the first level of appeal (new).**

Providers should verify member eligibility and benefits on the secured provider log-in section at: [Cigna for Health Care Professionals](#)

Home Health (HH), Durable Medical Equipment (DME), and Sleep

Service	Service includes	Clinical Reviewer	How to Submit	Precertification Required Codes
HH	Nursing, Home health aids, therapies and social work	Cigna	Submit via EviCore.com Phone: 866-668-9250 Fax: 855-826-3724	To find a complete list of procedure codes that require pre-certification, please visit: Cigna Provider Resources EviCore by Evernorth
DME	Home based and Medically Necessary	Cigna	Submit via EviCore.com Phone: 866-668-9250 Fax: 866-663-7740	
Sleep	Sleep testing. PAP therapy Devices <u>do not</u> require precertification.	EviCore	Submit via EviCore.com Phone: 866-668-9250 Fax: 866-999-3510	

Platform/Portal Change – Effective December 18, 2025

- + EviCore currently accepts Sleep services prior authorization requests for Cigna Healthcare members through the eP360 portal. Beginning December 18, 2025, these requests should be entered via EviCore.com (or EviCore.com/providers) at [Provider's Hub | EviCore by Evernorth](#).
 - + On and after December 18, 2025, all new requests must be created via [Provider's Hub | EviCore by Evernorth](#) and will be managed on [Provider's Hub | EviCore by Evernorth](#).
 - + All cases that have been previously decided will be migrated to [Provider's Hub | EviCore by Evernorth](#) and will be managed on [Provider's Hub | EviCore by Evernorth](#).
 - + **Important:** Any authorization that was requested prior to December 18, 2025, and remain pending after December 18, 2025, will be managed on the eP360 portal until the case is decided.
- + If you already submit requests on EviCore.com, you will use your existing EviCore.com login credentials.

EviCore
By EVERNORTH

Hello, Lisa

Authorization Lookup Request An Authorization Worklist Portals Help / Contact User Access

My Worklist

Pending Approved Partially Approved Denied Cancelled All Statuses

Start typing to search...

Request ID	Authorization ID	Patient	Status	Submitted	End Date	Procedure	Ordering Provider	Site of Service	Insurer
No Data Available									

CareCore

- View in progress and pharmacy requests
- Manage your account
- MSK PPS

MedSolutions

- View in progress requests
- Manage your account
- Claims search
- Payment status
- Post acute care

Ongoing Provider Portal Training

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General EviCore.com portal trainings are offered twice a week, every week.

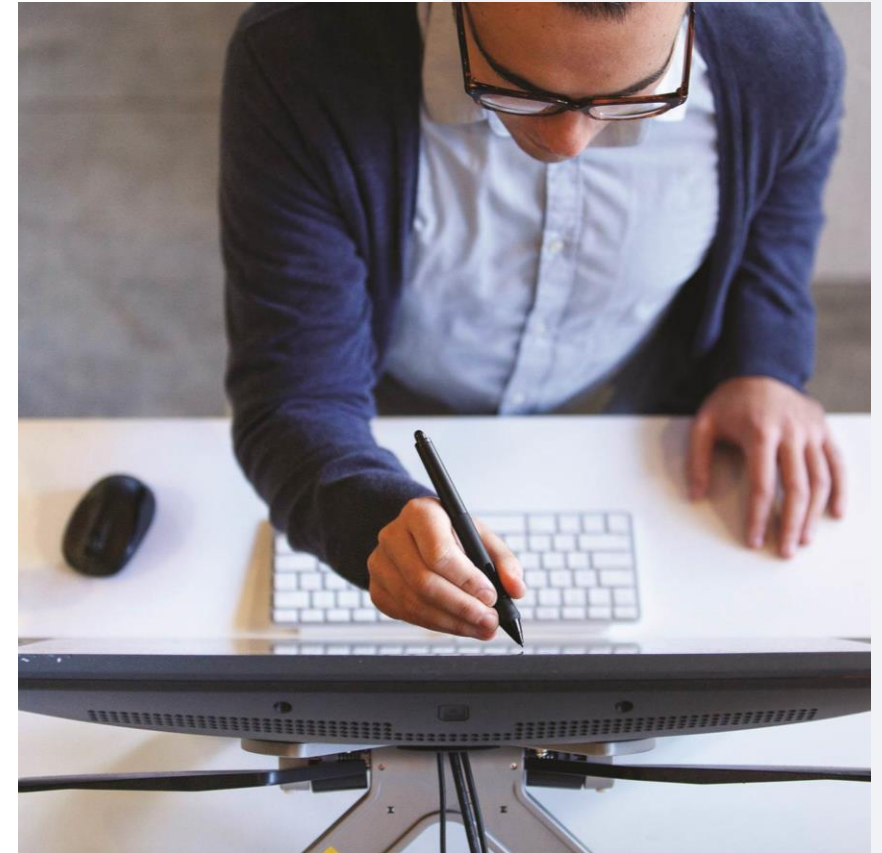
All online orientation sessions are free of charge and will last approximately one hour. Advance registration is required, so follow the instructions below to sign up:

How To Register

1. Go to <http://evicore.webex.com/>
2. Click on the “hamburger” menu on the far-left hand side (below the eviCore logo), then choose **“Webex Training”**
3. On the **Live Sessions** screen, click the **“Upcoming”** tab. In the search box above the tabs, type: **Intro to Web Portal Training**
4. Choose the date and time for the session you would like to attend and click the **“Register”** link beside it. (You will need to register separately for each session.)
5. Complete the required information and click the **“Register”** button

Immediately after registering, you will receive an e-mail containing the toll-free phone number, meeting number, conference password, and a link to the web portion of the conference. **Please keep the registration e-mail so you will have the Web conference information for the session in which you will be participating.**

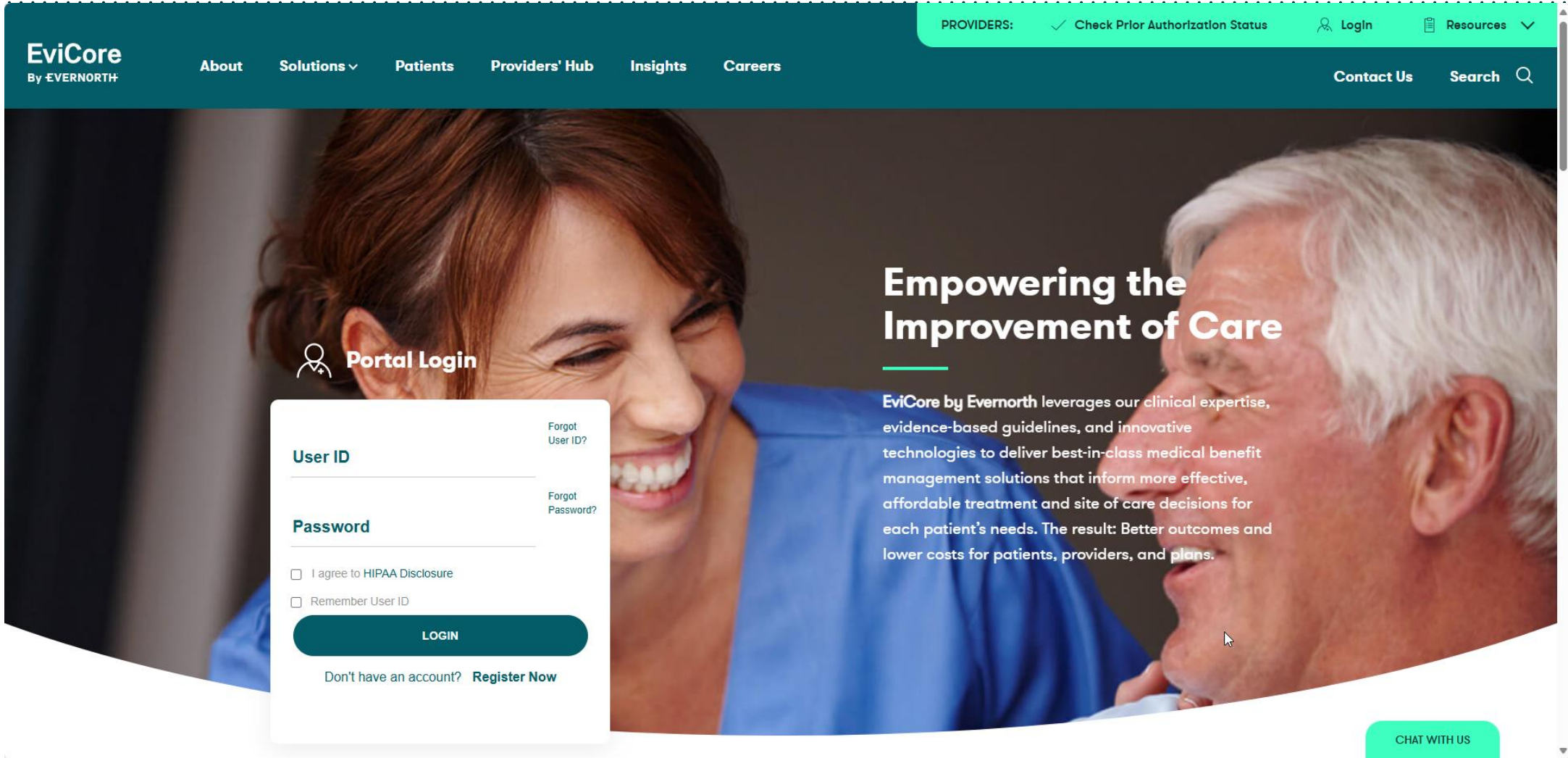
We recommend adding the session to your calendar, so you do not forget.



Submitting Requests for Sleep Services

New way to submit requests on EviCore.com

EviCore.com Access



Creating an EviCore Provider Portal Account

EviCore

By EVERNORTH

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*:

--Select--

--Select--

CareCore National

Medsolutions

User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:

Email*:

Confirm Email*:

First Name*:

Last Name*:

Address*:

City*:

State*:

Select

Zip*:

Office Name:

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.

EviCore.com Access | Two Factor Authentication

EviCore

By EVERNORTH

Sunday, August 24, 2025 10:25 AM

Complete Two Factor Authentication

Registered Email Address

@evicore.com

Send PIN

Please enter PIN sent to your Registered Email Address

PIN

Submit

PingOne: New authentication request

P

PingOne <noreply@pingidentity.com>

To

Your PIN is: 50

PIN is valid for single login and for 20 minutes.

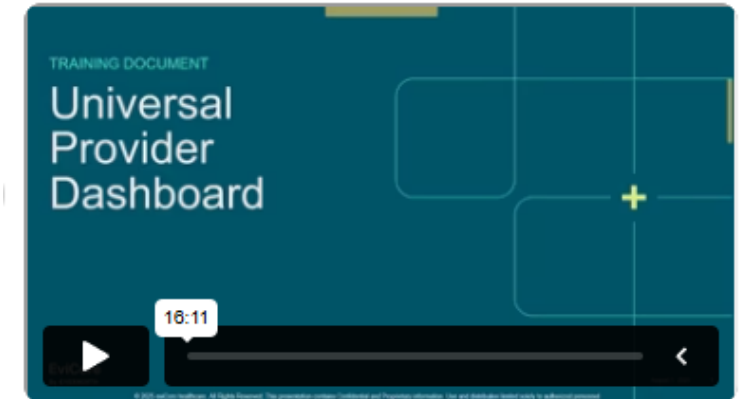
- Create the two-factor authentication using the email used for registration.
- Authentication is good for 24 hours.

EviCore.com Access

The screenshot shows the EviCore.com interface. At the top, the header includes the EviCore logo (By EVERNORTH), a greeting 'Hello, Lisa', and navigation links: 'Authorization Lookup', 'Request An Authorization', 'Worklist', 'Portals', 'Help / Contact', and 'User Access'. The 'My Worklist' section is active, displaying tabs for 'Pending', 'Approved', 'Partially Approved', 'Denied', 'Cancelled', and 'All Statuses'. Below the tabs is a search bar with the placeholder 'Start typing to search...'. A table with columns for 'Request ID', 'Authorization ID', 'Patient', 'Status', 'Submitted', 'End Date', 'Procedure', 'Ordering Provider', 'Site of Service', and 'Insurer' is shown, with a message 'No Data Available' at the bottom. A dropdown menu for 'Portals' is open, showing two sections: 'CareCore' (with links for 'View in progress and pharmacy requests', 'Manage your account', and 'MSK PPS') and 'MedSolutions' (with links for 'View in progress requests', 'Manage your account', 'Claims search', 'Payment status', and 'Post acute care').

New to EviCore.com is our Unified Provider Experience (UPX) Dashboard. For specific Training and Information on the new dashboard, follow these links:

- [Unified Provider Experience Dashboard FAQ - 8-21-25.pdf](#)
- Training video accessed through our provider's hub (same as the log in page). [Provider's Hub | EviCore by Evernorth](#) Scroll down to Video Resources and left double click to watch in 'full view'



EviCore Unified Provider Experience (UPX) - Dashboard Training

EviCore

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Public Information

EviCore.com | Starting a Request

EviCore

By EVERNORTH

Hello, Lisa

Authorization Lookup

Request An Authorization

Worklist

Portals

Help / Contact

User Access

Request an Authorization

Please select a Health Plan and Program below to build your request.

Cigna

Select a Program

Cardiovascular

Gastroenterology

Lab Management

Medical Oncology

MSK Pain/Joint/Spine

Radiation Therapy

Radiology

Vascular Intervention

Continue

The following request types are not yet available in this portal.

Durable Medical Equipment for Cigna

Home Health for BCBSMN, Cigna or The Health Plan

Post Acute Care for BCBSMN or The Health Plan

Sleep for Cigna

Please [log in to the eP Portal](#) to continue building your request.

Start the case build directly from the UPX dashboard. Once you select the health plan and the program, the dashboard will take you to the appropriate legacy portal (CareCore National).

CareCore National Portal Overview

Clinical Certification Request

EviCore

By EVERNORTH

Home

Certification Summary

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Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

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Unified Dashboard

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Sunday, August 24, 2025 11:09 AM

Welcome to the CareCore National Web Portal. You are logged in as L

- REQUEST AN AUTH
- RESUME IN-PROGRESS REQUEST
- ENTER PHARMACY CASE NUMBER
- SUMMARY OF AUTH
- AUTH LOOKUP
- MEMBER ELIGIBILITY

To begin, please select a program below:

- ☐ Durable Medical Equipment(DME)
- ☐ Evicore Medical Oncology Pathways
- ☐ Gastroenterology
- ☐ Lab Management Program
- ☐ Medical Specialty Drugs
- ☐ Musculoskeletal Management
- ☐ Pharmacy Drugs (Express Scripts Coverage)
- ☐ Radiation Therapy Management Program (RTMP)
- ☐ Radiology and Cardiology/Vascular Intervention
- ☒ Sleep Management

Are you building a case as a referring provider or as a durable medical equipment provider?
Please Select

CONTINUE

If you begin the case directly from the CareCore National portal, you can select **REQUEST AN AUTH** or **Clinical Certification** on the banner. Then select the Program. For sleep services, you will choose the referring provider's/physician's office because DME does not require an authorization for Cigna members.

EviCore
By EVERNORTH

By **EVERNORTH**

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Unified Dashboard	Help / Contact Us
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On the CareCore National Portal, practioners/groups may be added to your account prior to case submission. (This is Optional) To add practioners or groups:

- 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 Provider** to add another practitioner/group 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:

CHANGE PASSWORD

EDIT ACCOUNT

Address:

200 Robinson Road
Burlingame, CA 94010

Primary Contact:

Julia Goodman

Email Address:

jgoodman@twinkl.com

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 | Search for and Select Provider

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Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
SELECT	148 [REDACTED]
SELECT	136 [REDACTED]
SELECT	175 [REDACTED]

If the provider's NPI is not listed above, please use the search feature below to add a new provider and continue with case build.

Search By NPI:

SEARCH

BACK

CONTINUE

[Click here for help](#)

You can select the **Practitioner/Group** one of two ways:

1. From the list that appears, which is the list of providers you added to your account
2. Use the Search By NPI feature. By using this feature, you can add the searched provider to your account without having to exit and go to your account to add them.

Clinical Certification Request | Select Health Plan

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Choose Your Insurer

Requesting Provider: E

Please select the insurer for this authorization request.

CIGNA

EVERNORTH INS DR

BACK

CONTINUE

[Click here for help](#)

Urgent Request? You will be required to upload relevant clinical info at the end of this process. [Learn More.](#)

Don't see the insurer you're looking for? Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

- Choose the appropriate **Health Plan** for the request
- Another drop down will appear to select the appropriate address for the **practitioner/group**
- Select **CONTINUE**

Clinical Certification Request | Enter Contact Information

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Add Your Contact Info

Provider's Name:*

Who to Contact:*

Fax:*

Phone:*

Ext.:

Cell Phone:

Email:*

☒ Receive email notification of case status changes

Please review the fax and phone numbers presented for accuracy. Change as necessary and click "Confirm Fax and Continue" to confirm they are correct. Changes apply only to this specific request. If you wish the change to be permanent, please contact the Health Plan.

BACK

CONFIRM FAX AND CONTINUE

[Click here for help](#)

- Enter/edit the **Practitioner's name** and appropriate information for the point of contact/who to contact individual
- Practitioner name, fax and phone will pre-populate, edit as necessary

The e-notification box is checked by default to enable email notices for any updates on case status changes. Make sure to uncheck this box if you prefer to receive faxed notices.

Clinical Certification Request | Enter Member Information

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Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*

MM/DD/YYYY

Patient Last Name Only:*

[?]

Patient ID is 12 numeric digits. Remove 3-letter prefix. Do not include member c

ELIGIBILITY LOOKUP

BACK

Click here for help

Attention!

Time: 10/12/2025 3:09 PM

What is the expected treatment start date? (MM/DD/20YY)*

mm/dd/yyyy

Date must be in MM/DD/20YY or M/D/20YY format

Submit

Before you enter the member information, indicate the date of service. Then enter the patient’s information and click **SELECT** next to the appropriate member. Click **CONTINUE**.

Clinical Certification Request | Enter Member Information

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Patient Eligibility Lookup

Patient ID:*

U()

Date Of Birth:*

1

MM/DD/YYYY

Patient Last Name Only:*

N

[?]

When entering patient details, please review and confirm the spelling of the patient's name. Verify accuracy of the patient's ID.

CLEAR PATIENT SELECTION

Patient Cell Phone

()

Patient Email

BACK

CONTINUE

Click here for help

Confirm the patient's information and click **CONTINUE**.

Entering the member's cell phone number and email address is optional.

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Public Information

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Clinical Certification Request

Enter Requested Procedure and Diagnosis

Requested Service + Diagnosis

This procedure will be performed on 10/13/2025. [CHANGE](#)

Sleep Management Procedures

Select a Procedure by CPT Code[?] or Description[?]

95807

ATTENDED SLEEP, RESPIRATORY

Don't see your procedure code or type of service? [Click here](#)

Additional Procedure codes will be collected/presented during the clinical questionnaire

Diagnosis

Primary Diagnosis Code: **G47.19**

Description: **Other hypersomnia**

[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)

Secondary diagnosis is optional for Sleep Management

LOOKUP

[BACK](#) [CONTINUE](#)

[Click here for help](#)

Select appropriate **Procedure / CPT** and **Diagnosis**. You can search using the description or the code.

Some services will be selected by a 'placeholder code' and others by the primary procedure.

Also, if additional procedure codes are needed on the same authorization, additional codes will be collected during the clinical questionnaire.

Clinical Certification Request | Site Selection

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Sunday, October 12, 2025 3:35 PM

Log Off (LISAMEKKELSEN)

Add Site of Service

Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options will provide you the site names that most closely match your entry.

NPI:

Zip Code:

TIN:

City:

Site Email (optional)

BACK

Click here for help

Attention!

Will you be rendering this procedure in your office?

Yes

No

by entering some portion of the name and we will provide

ts with

ct match

LOOKUP SITE

80% Complete

Provider and NPI

ETH

5026

Patient

8/4/15

Service

10/13/2025

95807 ATTENDED SLEEP, RESPIRATORY

G47.19 Other hypersomnia

Feedback

Selecting “Yes” to this question will auto populate certain fields on the **Site of Service** (Rendering Facility) screen. If “No’ is selected, 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



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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

80% Complete

Provider and NPI

H26

)

Patient

TON

8/4/2025

EDIT

Service

10/13/2025

95807 ATTENDED SLEEP, RESPIRATORY

G47.19 Other hypersomnia

EDIT

Site

AH

Verify that all information is entered and correct. You will not have the opportunity to make changes after this point

Clinical Certification Request | Standard or Urgent Request?

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Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

- ☐ A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.
- ☐ A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.
- ☐ None of the above

Clinical Upload

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case.

If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

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

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

- 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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Public Information

Clinical Certification | Clinical Survey Example Questions

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Proceed to Clinical Information

Please select the reason for the this sleep study.

Initial Study for Suspected Obstructive Sleep Apnea (OSA)

Repeat Diagnostic Study

Second Night Titration

Repeat Titration (re-assessment after PAP treatment)

Hypoglossal Nerve Stimulator Implantation (Pre or Post Implant)

Narcolepsy and Hypersomnia

Parasomnias

Other/ None of the Above

request to finish later.

CANCEL

Click here for help

Proceed to Clinical Information

Why does the individual need an attended study?

SUBMIT

☐ Finish Later

Did you know?
You can save a certification request to finish later.

CANCEL

Click here for help

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Proceed to Clinical Information

Has a bed partner witnessed the individual's sleep apnea?

☐ Yes ☐ No ☐ Unknown

Is there a documented diagnosis of OSA (obstructive sleep apnea)?

☐ Yes ☐ No ☐ Unknown

Has the individual completed a sleep survey?

☐ Yes ☐ No ☐ Unknown

SUBMIT

☐ Finish Later

Did you know?
You can save a certification request to finish later.

CANCEL

Click here for help

Clinical Certification | Clinical Survey Example Questions

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Proceed to Clinical Information

Enter the type of survey completed.

SUBMIT

☐ Finish Later

Did you know?
You can save a certification request to finish later.

CANCEL

[Click here for help](#)

Proceed to Clinical Information

Does the individual have ANY of the following noted as moderate to severe?
☐ COPD (Chronic Obstructive Pulmonary Disease)
☐ Asthma
☐ Other
☐ Unknown

Does the individual use oxygen at night?
☐ Yes ☐ No ☐ Unknown

Has the individual had pulmonary function testing (PFT's) performed?
☐ Yes ☐ No ☐ Unknown

SUBMIT

☐ Finish Later

Did you know?
You can save a certification request to finish later.

CANCEL

[Click here for help](#)

Proceed to Clinical Information

Has the individual had arterial blood gasses (ABG's) drawn?
☒ Yes ☐ No ☐ Unknown

SUBMIT

☐ Finish Later

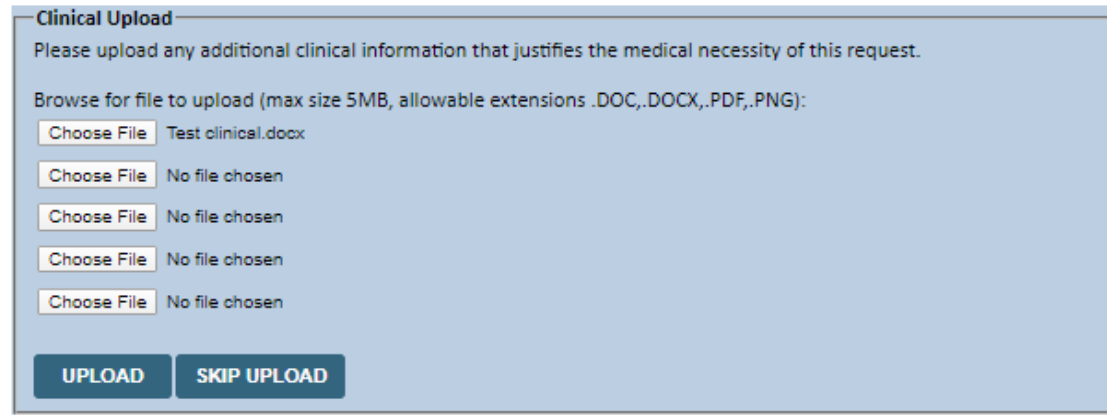
Did you know?
You can save a certification request to finish later.

CANCEL

[Click here for help](#)

Clinical Certification Request | Request for Clinical Upload

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

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.

- EviCore Communication Relationship Management (ECRM) portal: [ECRM Consumer Service Portal - ECRM Consumer Support](#)
- Phone: **(800) 646-0418** (option 4)

Provider Engagement

Regional team that works directly with the provider community.

- Email: RegionalProviderEngagementManagers@evicore.com

Web-Based Services and Portal Support

- EviCore Communication Relationship Management (ECRM) portal: [ECRM Consumer Service Portal - ECRM Consumer Support](#)
- 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.

EviCore

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Public Information

Provider Resource Website

.....
EviCore's Provider Engagement team maintains provider resource pages that contain client and solution specific educational materials to assist providers and their staff.

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 the EviCore Communication Relationship Management (ECRM) portal: [ECRM Consumer Service Portal - ECRM Consumer Support](#) or by phone at **1-800-646-0418 (option 4)**

EviCore

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