Sleep Management Frequently Asked Questions (FAQs)

Who is EviCore?

EviCore by Evernorth (EviCore) is a specialty medical benefits management company that provides utilization management services for Cigna Healthcare.

Which Sleep services require pre-certification for Cigna Healthcare?

To find a list of Sleep Current Procedural Terminology (CPT) codes that require precertification through EviCore, please visit: https://www.evicore.com/resources/Health-plan/cigna. Navigate to the Solution Resources tab to access the Sleep Resources, including the list of CPT codes.

How do I request a pre-certification through EviCore?

Providers and/or staff may request pre-certification in one of the following ways:

- **Web Portal**
  The EviCore portal is the quickest, most efficient way to request pre-certification and is available 24/7. Providers can request a pre-certification by visiting www.evicore.com.

- **Phone**
  Providers and/or staff may request pre-certification by calling 866.668.9250. EviCore's call center hours: Monday – Friday 8 a.m. to 9 p.m. EST and Saturday and Sunday 10 a.m. to 6 p.m. EST.

- **Fax**
  Pre-certification requests for Sleep may be faxed to: 866.999.3510.

How do I check on an existing pre-certification request for a customer?

Our web portal provides 24/7 access to check the status of existing pre-certifications. Please visit www.evicore.com and sign in with your login credentials.

Providers and/or staff may also contact EviCore's call center by calling 866.668.9250.

What information is required when requesting pre-certification for Sleep?

When requesting pre-certification, please ensure the following information is readily available:

Customer

- First and Last Name
- Date of Birth
- Customer ID Rendering

Ordering Provider
- First and Last Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Number

Rendering (Performing) Provider
- Facility Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Street Address
- Phone and Fax Number

Clinical(s)
- Pertinent clinical information to substantiate medical necessity for requested service
- Working diagnosis CPT Code(s)
- Signs and symptoms of sleep complaints
- Epworth Sleepiness Score (ESS)
- Previous sleep testing results if applicable
- Patient's history including current medications

Note: EviCore suggests reviewing the clinical worksheets before requesting authorization for sleep services so that providers are aware of the information they should provide to EviCore.

Where can I access EviCore healthcare's clinical worksheets and guidelines?

EviCore's clinical worksheets and evidence-based guidelines are available online 24/7 and may be found by visiting the following links:

- Clinical Worksheets: Clinical Worksheets & Online Forms | EviCore by Evernorth
- Clinical Guidelines: Guidelines for Cigna Healthcare Membership | EviCore by Evernorth

When will I receive the pre-certification number once it has been approved?

The timeframe to process a standard request will vary by the service type requested, plan and/or state mandates.

Once the precertification request has been approved, the authorization information will be provided to the ordering and rendering provider via fax. The determination notice may also be printed on demand from the EviCore portal at www.evicore.com. The customer will receive an approval letter by mail.

If denied, what follow-up information will the referring provider receive?

When a request does not meet medical necessity using 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 ordering physician, rendering facility and customer.

Adverse determinations letters can be printed on demand from the EviCore portal at www.evicore.com.

Note: The referring provider may request a peer-to-peer consultation with an EviCore Medical Director to review the decision.

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

A reconsideration is a post-denial, pre-appeal opportunity to provide additional clinical information. A reconsideration may be requested anytime, until an appeal is received. Reconsiderations may be requested by phone at 800.298.4806 or via a peer-to-peer consultation with an EviCore physician.

Cigna Healthcare will process first-level appeals. Delegation of second level appeals will vary by plan and/or state. The timeframe for submitting an appeal will be outlined on the determination letter. Appeal requests may be submitted to Cigna Healthcare in writing via US Mail or by fax. The Cigna Healthcare appeal address and fax number will be provided on the determination letter. The appeal determination will be communicated to the ordering physician and customer by Cigna.

What is the peer-to-peer consultation process?

If a request is not approved and requires further clinical discussion for approval, we offer peer-to-peer consultations with referring physicians and an EviCore Medical Director. Peer-to-peer consultations may result in either a reversal of decisions to deny or an uphold of the original decision. A peer-to-peer consultation may be requested by visiting: www.evicore.com/provider/request-a-clnical-consultation or by calling EviCore at 866.668.9250.

Does EviCore review cases retrospectively if no pre-certification was obtained?

Typically, retrospective requests must be initiated within 15 days following the date of service. The timeframe to submit retrospective requests may vary based on the specific plan or state regulation.

How long is a Sleep pre-certification valid?

Authorizations are valid for 180 days from the date of the final submission/determination. If the service is not performed within the timeframe provided, please contact EviCore healthcare.

Note: Authorizations performed outside of the authorized timeframe can lead to a possible denial of claims payment.

What happens if an attended sleep study is requested, but Home Sleep Testing (HST) is more appropriate?

The ordering clinician will be offered the choice to suspend the request for an attended study in favor of an HST.

If the provider accepts the HST option, the case will be withdrawn, and the provider will be free to provide an HSAT. HSAT does not require authorization for Cigna Healthcare customers.

If the provider does not accept the HST option, the case will go to medical review and could lead to an adverse determination of the requested attended sleep study.

How do I check the eligibility and benefits of a customer?

Customer eligibility and benefits should be verified on Cigna Healthcare's website at www.CignaForHCP.com before requesting pre-certification through EviCore. Eligibility may also be verified at www.evicore.com through the pre-certification process.

What if an authorization is issued and revisions need to be made?

The requesting provider or customer should contact EviCore by phone with any change to the authorization. It is very important to update EviCore healthcare of any changes to the authorization in order for claims to be correctly processed for the facility that receives the customer.

How do I determine if a provider is in network?

To find a participating provider, go to Cigna Healthcare.com > Find a Doctor, Dentist or Facility, or call EviCore at 800.298.4806.

How do I submit a program related question or concern?

For program related questions or concerns, please email: clientservices@evicore.com.

Who do I contact for web support/questions?

To speak with a Web Portal Specialist, please call 800.646.0418 (Option #2) or email portal.support@evicore.com. Our dedicated Web Portal Support team can assist providers in navigating the portal and addressing any web- related issues during the online submission process.

Where do I submit my claims?

All claims should be submitted directly to Cigna Healthcare. Check the customer ID card for the claims address. All inquiries regarding Cigna Healthcare claims submissions should be directed to Cigna Healthcare.

If the available self-service tools do not provide claim resolution, providers should contact Cigna Healthcare through www.Cigna Healthcareforhcp.com or 800.88Cigna Healthcare (800.882.4462).

What is Cigna Healthcare's payor ID number?

The payor ID used to submit a claim to Cigna Healthcare through electronic billing is 62308.

Are providers required to enroll in Electronic Funds Transfer?

Providers are required to enroll in Electronic Fund Transfer (EFT) with both **Cigna Healthcare and EviCore** in order to receive electronic payment for services rendered.

Providers are encouraged to utilize Cigna Healthcare's provider's self-service tools to manage accounts receivables at www.Cigna Healthcareforhcp.com for:

- Electronic Funds Transfer (EFT)
- Remittance Reports and Claim Status Inquiry 835/837

EviCore EFT forms can be requested and returned via email to clientservices@evi-core.com or faxed to 615.468.4408 attention "Client Services".

Can providers use clearinghouses to submit ERA forms for electronic claims submissions and payments?

Yes, as long as the other vendor is licensed. Providers should include their submitter ID and relevant information on the ERA form.

Where can a provider find additional educational materials?

For more information and reference documents, please visit our resource page at: www.evicore.com/resources/healthplan/Cigna Healthcare.