HOME HEALTH AND DME

Cigna Healthcare Commercial

Provider Orientation

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cigna healthcare

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Users can now submit prior authorization requests for Durable Medical Equipment (DME), and Home Health services for Cigna Healthcare members via the EviCore by Evernorth (EviCore) portal.

Prior authorization applies to the following services:	Prior authorization does NOT apply to services performed in:
+ Home based	+ Hospital Setting
+ Nursing	+ Skilled Nursing Facilities (SNFs)
+ Therapies	+ Surgical Settings
+ Social Work	
+ Home Health Aides	

Providers should verify member eligibility and benefits on the secured provider log-in section at: *Cigna for Health Care Professionals*

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DME that requires Prior Authorization

Find a complete list of Current Procedural Terminology (CPT) codes that require prior authorization through EviCore at: [Provider Resources | EviCore by Evernorth](#)

+ Oxygen/Related Equipment

+ Diabetic Shoes

+ Decubitus Care Equipment

+ Hospital Beds and Accessories

+ Ventilators

+ Pacemaker Monitor

+ Patient Lifts

+ Wheelchairs

+ Prosthetics

+ Orthotics

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DME Providers to Register the PAP Machines on the Manufacture's Website

To ensure that EviCore receives all of the customer's data, we ask that the DME provider enter the patient information exactly as instructed on the very first day of setup.

+ During customer setup, data entry in the manufacturer's database is critical to proper monitoring of PAP compliance by EviCore and payment by the health plan

+ **Customer Compliance:** The DME provider is encouraged to work with the patient during the first 90 days of PAP therapy to maximize customer compliance with PAP treatment

    + <u>Non-compliant customers:</u> EviCore will outreach to the DME provider and physician periodically to support compliance. Outreach contact points: 3d, 7d, 14d, 21d, 30d, 60d, 90d, and as driven by data. Support for non-compliant customers will allow time to become comfortable with PAP Therapy.

    + To reach the compliance goal, PAP usage data must demonstrate ≥ 4 hours per night for 70% of nights, within a 30 consecutive day period, within the first 90 days of PAP therapy

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Cigna Accounts Receivable Snapshot

All claims should be submitted directly to Cigna Healthcare or to the Payor.

+ Check the customer ID card for claims address

+ The Payor ID used to submit a claim to Cigna Healthcare through electronic billing is **62308**

+ Providers are required to enroll in Electronic Fund Transfer (EFT) with both **Cigna Healthcare and EviCore** in order to receive payment for services rendered. Please forward this information to the person in your organization who is responsible for this activity.

+ Providers are encouraged to utilize Cigna Healthcare's provider self-service tools to manage accounts receivable at Cigna for Health Care Professionals for:
    + Electronic Payment (EFT)
    + Remittance Reports & Claim Status Inquiry 835/837

+ If the available self-service tools do not provide claim resolution, providers should contact Cigna Healthcare through Cigna for Health Care Professionals or 1.800.88Cigna (800.882.4462). All inquiries regarding Cigna Healthcare claims submissions should be directed to Cigna Healthcare.

> Detailed claims information is available on the Cigna Healthcare website (Cigna for Health Care Professionals > Get questions answered: Resource > Reimbursement and Payment Policies)

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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 Call: 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 Call: 866-668-9250 Fax: 866-663-7740	
Sleep	Sleep testing. PAP therapy Devices do not require precertification.	EviCore	Submit via EviCore.com Phone: 866-668-9250 Fax: 866-999-3510	

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Hold process | Share Documentation to Support Medical Necessity

If during case build all required pieces of documentation are not received, or are insufficient 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 Cigna Healthcare	Cigna Healthcare will review the additional documentation and reach a determination
The Hold notification 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. Cigna Healthcare will review the additional information and reach a determination.	Determination notifications will be communicated to the ordering physician and the rendering provider by Cigna Healthcare

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If clinical information is needed, please be able to supply the following information:

+ Current physicians order/script
+ Current detailed invoice listing all requested equipment
+ Clinical and/or therapy progress notes
+ Medication list
+ Anticipated date of discharge
+ Discharge plans and/or summary (when available)
+ Wound or incision/location and stage (if applicable)
+ Time Audit Tool-required for PDN services*
+ Therapy goals and level of functioning

Please refer to the guidelines for the particular (CPT) codes for which you are requesting prior authorization at: Clinical Guidelines | EviCore by Evernorth

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Prior Authorization Outcomes, Special Considerations, and Post Decision Options

Outcomes | Approvals and Denials

+ Approved requests are typically processed in two business days after receipt of all necessary clinical information.

+ Purchases and daily rentals are usually valid for 90 days.

+ Monthly rentals are usually valid for how many units/months are approved plus one additional month.

+ Denied request communications will include:

  + Rationale and guidelines relied upon

  + Post decision options

+ Decision communications will be shared with the ordering provider and the rendering facility/provider.

+ Decision information can be printed or saved on demand from the EviCore portal.

+ The member will receive the letter in the mail.

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Oxygen and DME in Hospital Requests Pending Hospital Discharge

+ To support member discharge goals, EviCore will review Oxygen requests by phone and offer verbal decisions in real-time when medical necessity is met. The DME supplier will then be responsible to fax the supporting clinical to EviCore at 866-663-7740.

+ All 'non-hospital discharge' requests for oxygen will be processed as any other standard precertification request.

For hospital discharges that are contingent upon precertification for all other DME, the DME supplier should submit the requests using one of following methods:

1. Fax supporting clinical documentation and indicate "Pending Discharge" on the fax cover sheet or precertification form to 866-663-7740.

2. Call EviCore at 866.668.9250 to start the precertification process by phone and indicate "Hospital discharge is pending DME Precertification" during the clinical intake discussion.

3. Submit request via the portal and indicate "Hospital discharge is pending DME Precertification" in the free note section.

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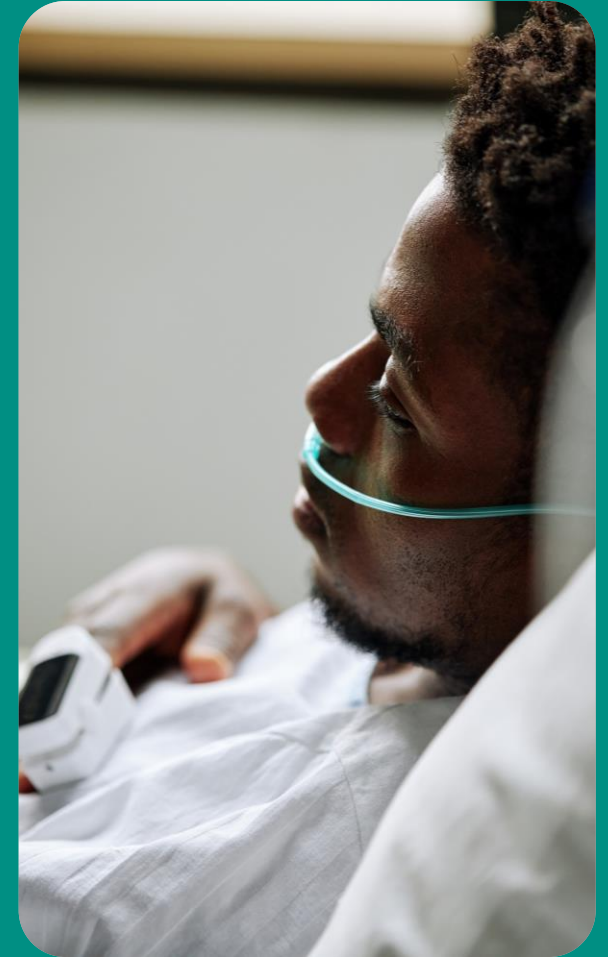
Post Decision Options

Reconsiderations

+ A reconsideration is a post-denial, pre-appeal opportunity to provide additional clinical information

+ A reconsideration can be requested any time, up until an appeal is received

+ Reconsiderations can be requested by phone, by calling the number indicated on the customer's ID card, or via clinical consultation.

Appeals

+ Cigna Healthcare will process first-level appeals. Delegation of second level appeals will vary by plan and/or state regulations.

+ The timeframe to submit an appeal request will be outlined on the determination letter and is typically within 180 days of the adverse decision*

+ Appeal requests can be submitted to Cigna in writing via fax or US Mail. The Cigna Healthcare 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 the customer

+ Appeal turnaround times may vary based on regulation:

  + Expedited - 72 hours

  + Standard customer - 30 days

  + Standard Provider - 60 days

Peer to Peer Clinical Consultations

+ If a request is not approved and requires further clinical discussion for approval, Cigna Healthcare offers peer-to-peer consultations with referring physicians

+ Peer-to-peer consultations may result in either a reversal of decision to deny, or an uphold of the original decision

+ A peer-to-peer consultation may be requested by calling the number indicated on the customer's ID card or via fax

+ Your determination letter is the best source of information on how to schedule a peer-to-peer consultation

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Special Circumstances

Retrospective Authorization Requests

Same Day Precertification Requests (start of care date is the same as the current date)

+ Same day precertification and retrospective authorization requests should be submitted directly to Cigna Healthcare by calling 1.800.88Cigna (800.882.4462) or the number on the back of the customer's card.

+ Providers will need to call Cigna Healthcare and ask for escalation for same day precertification requests

+ Providers should have all required clinical information on hand before making the call to obtain a timely precertification determination

Retrospective (Retro) Authorization Requests (after the date of service)

+ Any authorization request submitted <u>after</u> the date of service
+ Timeframe to submit a retro request may vary by plan and/or state regulations
+ Retrospective determinations will be communicated by Cigna Healthcare

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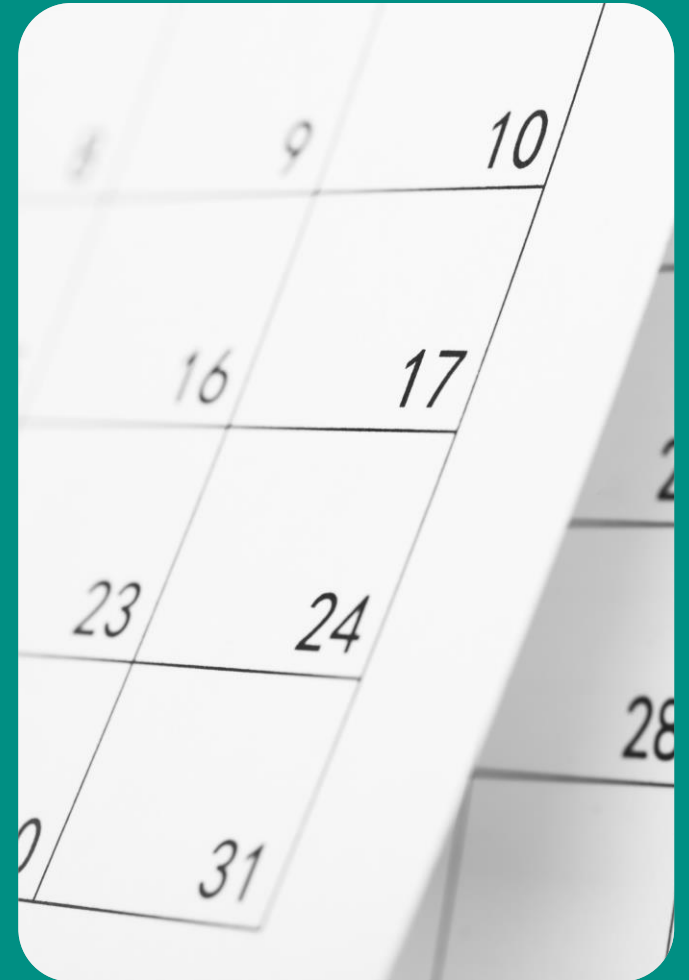
Special Circumstances

Urgent Requests for DME and Home Health

+ Urgent requests with a start of care date the same as the current date should be submitted directly to Cigna Healthcare by calling 1.800.88Cigna (800.882.4462) or the number on the back of the customer's card.

+ Urgent requests with a date of service <u>after</u> the current date can be initiated on the EviCore provider portal or by calling: 800.298.4806, options: DME-3,1,2 / HH-2,1,2

+ Cigna 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 make a decision on an urgent case that meets this definition within 72 hours.

EviCore offers Care Coordination for Home Health and DME

EviCore Care Coordination will provide the following services:

+ Assist ordering provider and customers to find a participating servicing provider
  + To find a participating provider, call EviCore at **800.298.4806** or go to: **Cigna.com** > **Find a Doctor, Dentist or Facility**
  + Note: For complex cases, EviCore may forward referral information to the rendering provider on behalf of the referring provider.

+ Service validation with customer to verify start of care date and if the equipment or medical supply was delivered on expected arrival date.

+ Validate with customer that services received are meeting health care needs and if the customer has a clear understanding on how to use the equipment and/or supplies.

+ Follow up with the servicing provider when there is an issue with the DME, home health or home infusion services or an issue with the delivery or service item received.

+ Work with Cigna Healthcare Case Manager to ensure the customer receives ongoing services (when applicable) with focus on total health care needs.

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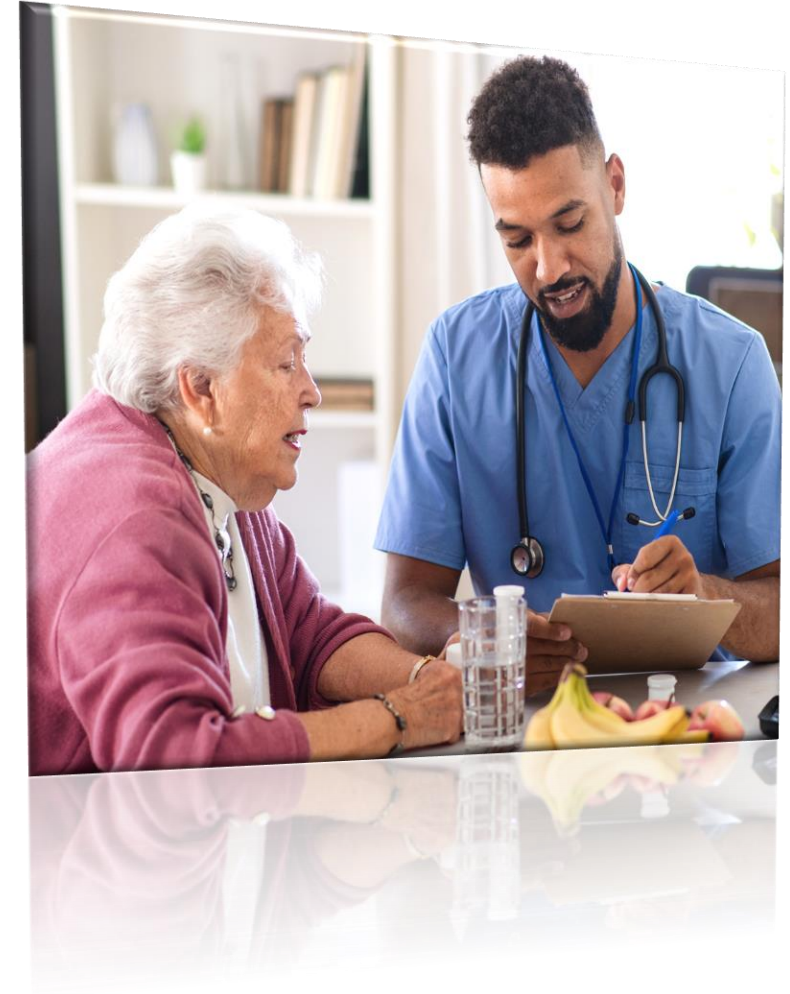
EviCore's Provider Portal

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 [Homepage | EviCore by Evernorth](#)

+ Already a user?

  Log in with User ID & Password.

+ Don't have an account? Click **Register Now.**
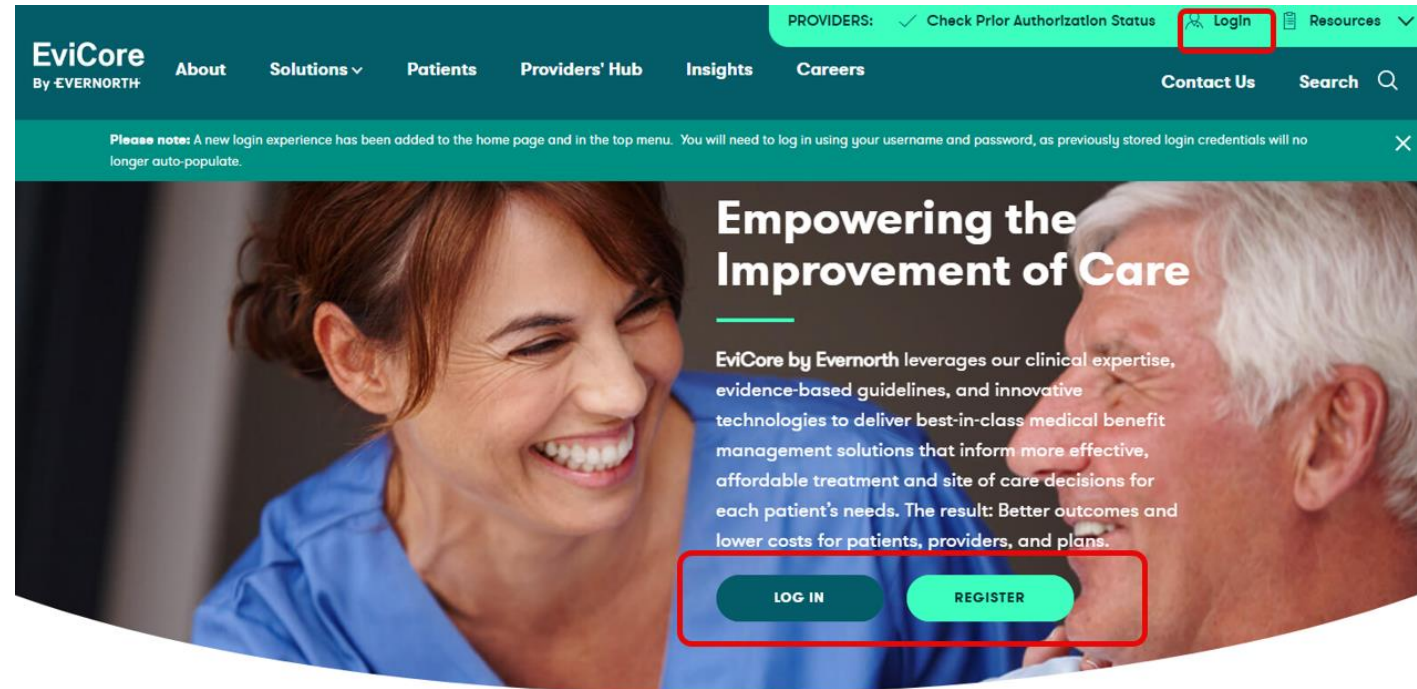
EviCore's website is compatible with **all web browsers**. If you experience issues, you may need to **disable pop-up blockers** to access the site.

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Creating/Registering for an EviCore Provider Portal Account

- Complete the User Information section in full and **Submit Registration**.
- You will immediately be sent an email with a link to verify your account and create a password. Once you have created a password, you will be redirected to the login page.

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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**.

- Once you select **Send PIN**, 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.

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Building a Case on EviCore's Provider Portal

Provider Shared Worklist

To allow others to view your worklist while you are out of the office you can add them by selecting "User Access" and add their User ID and Email Address. They must have an EviCore account to be added.

Request an Authorization

EviCore By *EVERNORTH*   Hello, Suma   Request An Authorization   Worklist   Auth Lookup   User Access

Request an Authorization

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

Select a Health Plan

Continue

You can request an authorization by clicking on "Request an Authorization." First select the health plan and then select the program. Click "Continue" and you will be directed to the correct portal to initiate your request.
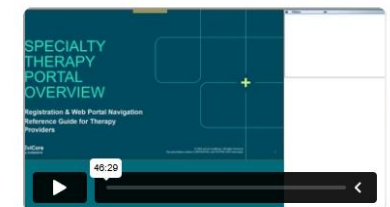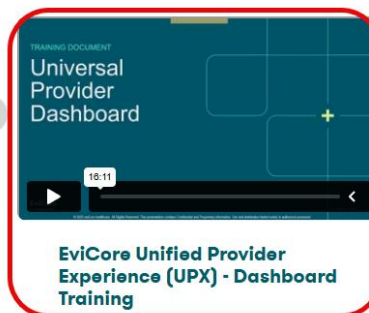
Starting auth requests directly from the UPX dashboard is temporarily unavailable. Please start your request by navigating to the CareCore National portal.

You will see important announcements here.

REGISTER NOW

Video Resources

Universal Provider Dashboard

16:11

EviCore Unified Provider Experience (UPX) - Dashboard Training

Tutorial
CareCore Portal Registration

02:05

Web Registration Tutorial - CareCore National Portal

SPECIALTY THERAPY PORTAL OVERVIEW

46:29

Specialty Therapy Provider Portal Overview

Please see our Video Resources for self-service Universal Dashboard training.

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Case Build and Submission

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

Request an Authorization

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 physician or as a durable medical equipment provider?

| Please Select ▼ |

| Please Select |
| Referring Physician |
| Durable Medical Equipment |

Click here for help

- + Choose Clinical Certification to begin a new case request
- + Select the appropriate program
  - + Durable Medical Equipment (DME) should be chosen
- + Choose who is making the request, Referring Physician or the Durable Medical Equipment provider.
  - + Only referring providers are allowed to order a case.

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Case Build and Submission

Requesting Physician Information

Search for Physician by TIN, NPI, physician last name, city and/or zip.

Healthplan: Please Select

TIN:

NPI:

Last Name: (requires NPI or TIN)

City: (city only, no state)

Zip:

SEARCH

If you selected that you are the Durable Medical Equipment provider on the previous screen, you will see a screen like what is shown here.

However, only referring providers are allowed to order a case, so you will need to enter the order provider information on this screen.

Case Build and Submission

Add Your Contact Info

Provider's Name:* [_____] [2]

Who to Contact:* [_____] [2]

Fax:* [_____] [2]

Phone:* [_____] [2]

Ext.: [_____] [2]

Cell Phone: [_____]

Email: [_____]

☑ Receive 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]

Attention!

Time: [_____]

Has the DME been delivered or dispensed?

○ Yes   ○ No

[Submit]

After selecting Durable Medical Equipment (DME), the referring provider, and the health plan, please

- In the **Who to Contact** field, enter the appropriate information for the point of contact individual

- Provider name, fax and phone will pre-populate, edit as necessary

If the DME has been delivered/dispensed, please enter that date.

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Case Build and Submission

Requested Service + Diagnosis

This procedure has not been performed. [CHANGE]

Durable Medical Equipment(DME)

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

[DME ⌄] [DURABLE MEDICAL EQUIPMENT ⌄]

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: **Z89.512**
Description: **Acquired absence of left leg below knee**

Change Primary Diagnosis

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Durable Medical Equipment(DME)

[   ] [LOOKUP]

[BACK] [CONTINUE]

After searching for and selecting the member, DME is pre-populated and the "requested service."
Please enter the primary diagnosis code.
You may select a secondary diagnosis code if appropriate.
If necessary, make changes to the codes via the links.

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Case Build and Submission

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

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 are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI: [   ]   Zip Code: [   ]   Site Name: [   ]
TIN: [   ]   City: [   ]   ● Starts with
                                                          ○ Exact match

Attention!

Patient ID: [____]   Time: 1 [_____]
Patient Name: [_____]   Date of Service: [____]

Was this test performed on an urgent basis?
○ Yes
○ No

Was this test performed after normal working hours (7am–7pm)?
○ Yes
○ No

Site Email (optional) [   ]
Fax   [_____] [?]
Phone   [_____] [?]
For DME authorization requests, place of service will be selected as 12 - Home.

BACK

SUBMIT

After selecting the DME provider on the "Site of Service" screen, if you previously stated that the equipment was already dispensed, a pop-up window will present a message to clarify urgency.

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Case Build and Submission

Proceed to Clinical Information

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

Once you have clicked "**CONFIRM AND CONTINUE**," you will not be able to edit the Physician, 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 online request, be sure to complete the clinical review before exiting the system. Even if you will be submitting additional information at a later time, please continue through the final summary page. Failure to formally submit your full request will cause the record to expire with no additional correspondence from eviCore.

☐ **I acknowledge that the clinical information I am about to submit for this authorization request is accurate and specific to this member, and that all information will be provided for this request.**

BACK   CONFIRM AND CONTINUE

Confirm previous selections, and check the box to acknowledge the attestation.
You will **not** be able to make changes to the selections already made after advancing into the clinical pathways (clinical questionnaire portion of the case-build)

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Clinical Certification Requests

Example Questions and "Finish Later" function

+ **Clinical Certification** questions will populate based on the information provided

+ You can save your request and finish it later if needed (**Note**: Make sure to complete (finish) the case before you leave for the day.)

+ Select **Certification Requests in Progress** to resume a saved request (this function is **not** available for single sign on (SSO) users)

Proceed to Clinical Information

ⓘ Please enter the Primary HCPCS code for this DME request:

[   ]

ⓘ How many Units of this HCPCS

[   ]

[SUBMIT]

☐ Finish Later

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

[CANCEL]

Proceed to Clinical Information

ⓘ Would you like to enter another HCPCS code?
◉ Yes ○ No

[SUBMIT]

☐ Finish Later

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

[CANCEL]

New: Now you can edit your responses to clinical questions prior to case submission by clicking the link for the related question.

Request for Clinical Upload | Medical Information Checklist

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.

Required Medical information checklist
Browse for file to upload (max size 25MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Choose File | No file chosen
Choose File | No file chosen
Choose File | No file chosen
Choose File | No fil
Choose File | No fil

UPLOAD

Durable Medical Equipment

- [ ] Written prescription
- [ ] Certificate of medical necessity (CMN)
- [ ] Preauthorization request form
- [ ] Most recent office visit notes (for most requests, must be within last 3 months)
- [ ] Current detailed invoice listing all requested equipment
- [ ] Diagnosis (if part of discharge plan, include the admitting diagnosis)
- [ ] Patient history and physical exam findings, progress notes, wound or incision/location
- [ ] Rental vs Purchase and Quantity requested (if applicable)
- [ ] Has the patient previously used this/these item(s)
- [ ] DME vendor/site

If **additional information** is required, you will have the option to upload more clinical information. Review the list of *required medical information* EviCore requires in order for the prior authorization to meet medical necessity.

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'

Direct link to document: [Required Medical Information Check List.pdf (evicore.com)](#)

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Public Information

Summary Screen

Summary of Your Request

Please review the details of your request below and if everything looks correct click SUBMIT

Your case has been Approved.

Provider Name:
Provider Address:

Contact:
Phone Number:
Fax Number:

Patient Name:
Insurance Carrier:

Patient Id:

Site Name:
Site Address:

Site ID:

Primary Diagnosis Code:
Secondary Diagnosis Code:
Date of Service:
CPT Code:
Authorization Number:
Review Date:
Expiration Date:
Status:

Description:
Description:

Description:

Your case has been Approved.

CANCEL   PRINT   CONTINUE

Summary of Your Request

Please review the details of your request below and if everything looks correct click SUBMIT

Your case has been sent to Medical Review.

Provider Name:
Provider Address:

Contact:
Phone Number:
Fax Number:

Patient Name:
Insurance Carrier:

Patient Id:

Site Name:
Site Address:

Site ID:

Primary Diagnosis Code:
Secondary Diagnosis Code:
Date of Service:
CPT Code:
Case Number:
Review Date:
Expiration Date:
Status:

Description:
Description:

Description:

Your case has been sent to Medical Review.

CANCEL   PRINT   CONTINUE

The case may be approved immediately, and you can print the summary screen for your records.

Ongoing sessions for Web Portal Training

+ Provides step-by-step guidance on submitting requests through both the EviCore CareCore National platform and EviCore MedSolutions platform.
+ Includes Portal registration, Case lookup, and Scheduling Peer to Peer Consultations

Register for Provider sessions:

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

EviCore Online Provider Resources Review Forum

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

We invite you to attend an **Intro to EviCore Online Resources** to learn how to navigate EviCore's web site and understand all the non-health plan specific resources available on the Provider's Hub.

Included is a broad overview of registering and using the EviCore portal. This is great for those new to Evicore.com and the prior authorization process.

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Provider Resources

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Quick Reference

At the top right corner of any EviCore.com webpage, click the drop down to display quick links to a variety of resources.

+ Clinical Guidelines

+ Health Plan Specific "Provider Resources"

+ Worksheets for some programs

+ Click "Go to Provider's Hub" to:

  ▪ Log into the provider portal

  ▪ Find Training resources <u>not</u> specific to any health plan.

  ▪ Register for provider Training Webinars

  ▪ Find Contact Information

  ▪ Sign up for our provider Newsletter

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Contact EviCore's Dedicated Teams

For any contract questions for home infusion therapy and fee schedules, please contact an EviCore dedicated provider services team member at 1.800.575.4517.

Provider Services and Portal Support

+ Live chat
+ Clientservices@evicore.com
+ Phone: **800-646-0418**

Provider Engagement

You can contact your Provider Engagement Representative by visiting the Provider's Hub and viewing the Provider Engagement Territory Map in the Training Resources.

Call Center/Intake 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 Provider Engagement team maintains provider resource pages that contain client and solution specific educational materials to assist providers and their staff.

To access Health Plan Specific provider resources, visit
[Provider Resources | EviCore by Evernorth](#)

+ Frequently asked questions
+ Quick reference guides
+ Provider training
+ CPT code list

Access Cigna Healthcare's provider resources at:
[Cigna for Health Care Professionals](#)

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Clinical Guidelines

How do I access EviCore's clinical guidelines?

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

2. Select **Clinical Guidelines**

3. Select the solution/program associated with the requested guidelines

4. Search by health plan name to view clinical guidelines

5. If you would like to view all guidelines, type in "EviCore healthcare" as your health plan
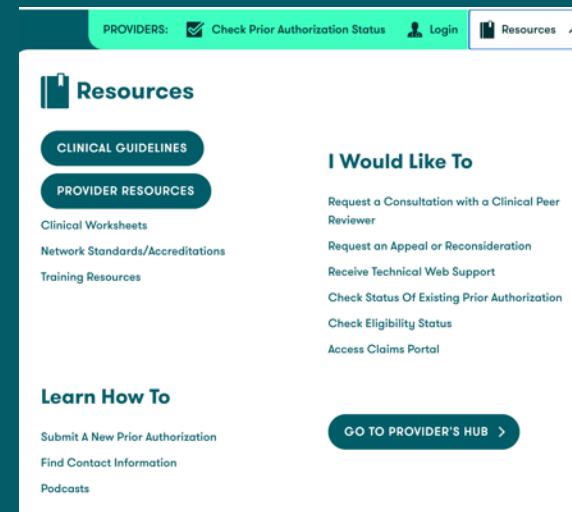
EviCore coverage policies include background and supporting information and citations for sources used to develop the policy. Some clinical policies may have a supplemental literature summary available which will provide additional commentary regarding clinical benefits and harms to the patient population being served. Additional literature summaries may be accessed by selecting 'Supplemental Information' and then entering "EviCore by Evernorth" in the search by health plan function.

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Contacts and Helpful Links

Client & Provider Operations, Portal support, Network support, etc.	clientservices@evicore.com
Find Contact information	Contact Us | EviCore by Evernorth
Regional Provider Engagement Manager team	Provider Engagement Territory Map

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Thank you

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