

SLEEP PROGRAM

Cigna Healthcare Commercial

Provider Orientation

EviCore
By EVERNORTH



Users can now submit prior authorization requests for Sleep services for Cigna Healthcare members via the EviCore by Evernorth (EviCore) portal.

Prior authorization applies to the following services:

- + Sleep studies that are outpatient
- + Studies that are non-emergent and medically necessary

Prior authorization does NOT apply to services performed in:

- + Emergency Rooms
- + Observation Services
- + Acute Inpatient Settings



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

Sleep studies 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](#)

- + Polysomnography's
- + Multiple Sleep Latency Tests (MSLT)
- + Facility based sleep studies



DME Providers to Register the PAP Machines on the Manufacturer'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
 - + Non-compliant customers: 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

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	<p>To find a complete list of procedure codes that require pre-certification, please visit: Cigna Provider Resources EviCore by Evernorth</p>
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	

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

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

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



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 Hold notification will inform the provider about what clinical information is needed as well as the date by which it is needed.

The Provider must submit the additional information to EviCore

Requested information must be received within the timeframe as specified in the Hold Letter. EviCore will review the additional information and reach a determination.

EviCore will review the additional documentation and reach a determination

Determination notifications will be communicated to the ordering physician and the rendering provider by EviCore.

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 – 180 days.
- + 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.



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 **866-668-9250**, directly on the portal via the ‘Authorization Look-up’ feature, or via a peer-to-peer clinical consultation with an EviCore medical director.

Appeals

- + EviCore 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 EviCore in writing via fax or US Mail. The EviCore appeal address and fax number will be provided on the determination letter.
- + The appeal determination will be communicated by EviCore to the requesting provider and the customer
 - + Appeal turnaround times may vary based on regulation:
 - + Expedited - 72 hours
 - + Standard customer - 30 days
 - + Standard Provider - 60 days

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)

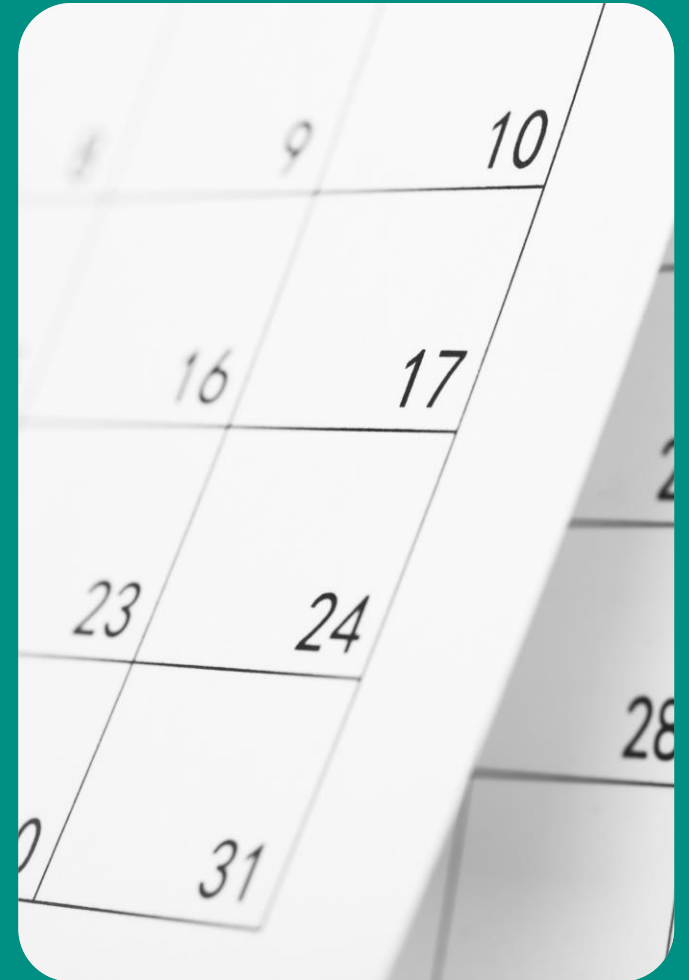
Special Circumstances

Retrospective (Retro) Authorization Requests

- + Any requests submitted after date of service will be considered retrospective
- + Retrospective requests will be accepted and reviewed
- + Timeframe to submit may vary by plan and/or state regulations

Urgent Precertification Requests

- + EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the customer
- + Can be initiated on provider portal or by phone **800-298-4806**
- + Urgent requests will be reviewed within 72 hours



Sleep Study – Clinical Guidelines Summary

Attended Sleep Study Indications Attended sleep studies are the most appropriate test when a patient has one or more comorbid diagnoses that make an HST an inappropriate choice for sleep apnea testing. In addition, an attended study would be appropriate if the patient DOES NOT have the mobility, dexterity or cognitive ability to use an HSAT safely at home or HSAT has been attempted and is inconclusive.

Multiple Sleep Latency Testing. Multiple sleep latency testing (MSLT) is a tool to help diagnose and treat patients with severe daytime sleepiness. Standard protocol for this procedure is that a PSG MUST be completed the night before the MSLT. Therefore, MSLT requests should be accompanied by a request for an attended sleep study.

Repeat Sleep Testing The patient MUST be compliant with the current treatment. Repeat testing is generally not necessary to supply new PAP equipment.

To access the Clinical Guidelines, please visit: <https://www.evicore.com/cigna>

- + Worksheets for attended Sleep Studies and Multiple Sleep Latency Test (MSLT) procedures are available on the eviCore website.
- + Provider should complete this worksheet **prior** to contacting eviCore for an authorization.
- + **Please Note:** The worksheet is a tool to help providers prepare for Precertification requests via the **web portal** (preferred method) or by phone and should not be faxed to eviCore to build a case
- + To access the Clinical Worksheets, please visit:
www.evicore.com/provider/online-forms

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EviCore's Provider Portal

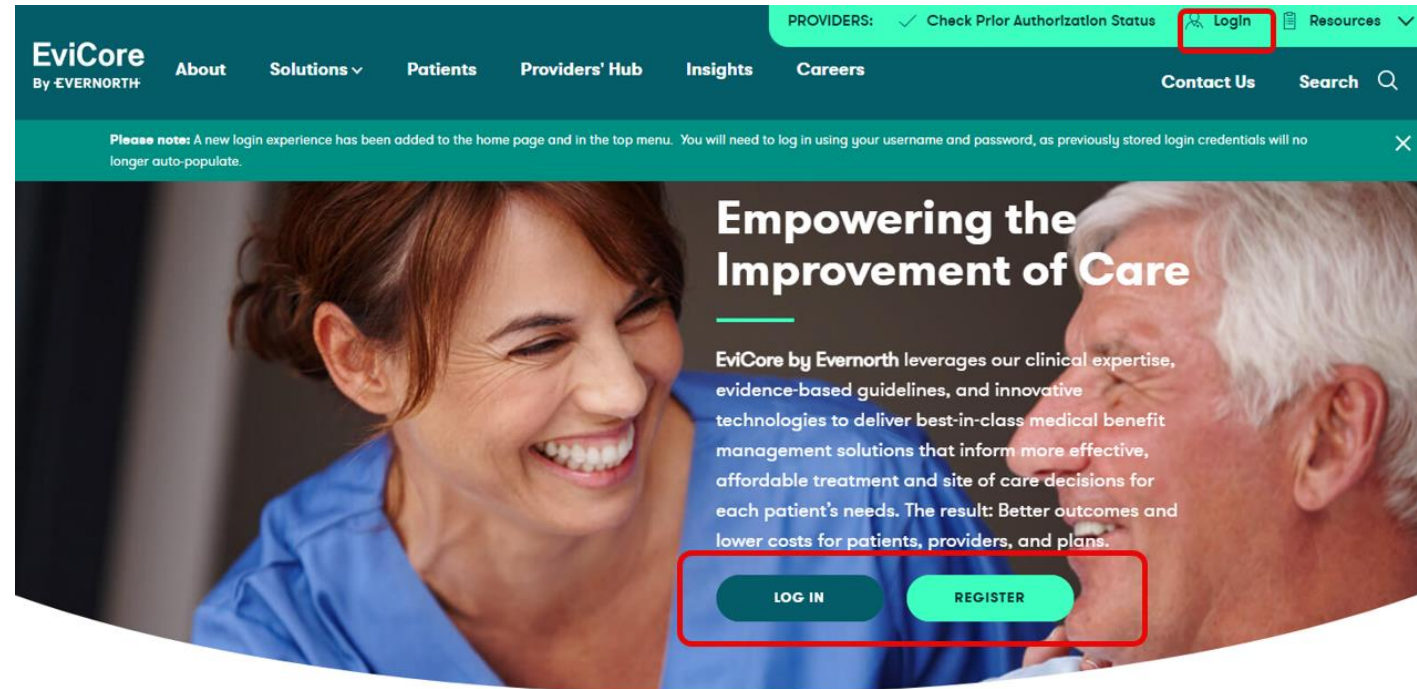
EviCore Provider Portal | Access and Compatibility

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.

Creating/Registering for an EviCore Provider Portal Account

The screenshot displays the EviCore registration form. At the top left is the EviCore logo with 'By EVERNORTH' underneath. The form is divided into three main sections: 'User Information', 'Contact Info', and 'Physician/Facility Information'. The 'User Information' section includes fields for First Name, Last Name, and User Name, with a 'Next' button to the right. The 'Contact Info' section includes fields for Email, Confirm Email, Phone, and Ext (optional). The 'Physician/Facility Information' section includes fields for Individual NPI and Tax ID.

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User Information Next

First Name

Last Name

User Name

Contact Info

Email

Confirm Email

Phone

Ext (optional)

Physician/Facility Information

Individual NPI

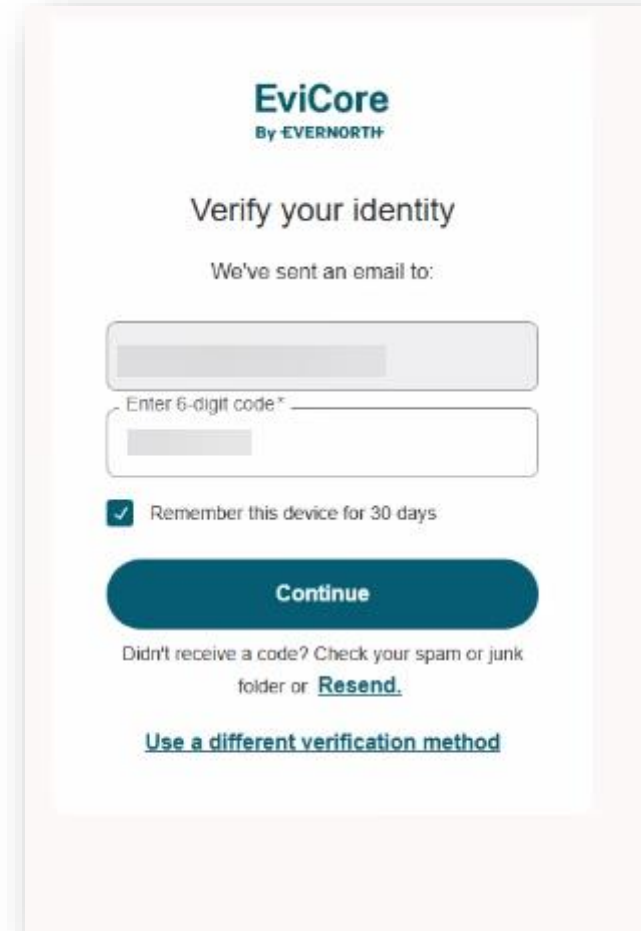
Tax ID

- 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.

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.

A screenshot of the EviCore MFA verification interface. At the top is the EviCore logo with 'By EVERNORTH' underneath. The main heading is 'Verify your identity'. Below this, it says 'We've sent an email to:' followed by a text input field. Underneath that is a label 'Enter 6-digit code*' and another text input field. A checkbox with a checkmark is labeled 'Remember this device for 30 days'. A large teal 'Continue' button is centered below the inputs. At the bottom, there is a link that says 'Didn't receive a code? Check your spam or junk folder or [Resend](#).' and another link below it that says '[Use a different verification method](#)'.

Building a Case on EviCore's Provider Portal

Provider Shared Worklist

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Hello,

Authorization Lookup

Request An Authorization

Worklist

Portals

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User Access

My Worklist

Pending

Approved

Partially Approved

Denied

Cancelled

All Statuses

Start typing to search...

Q

Request ID	Authorization ID	Patient	Status	Submitted	End Date	Procedure	Ordering Provider	Site of Service	Insurer
------------	------------------	---------	--------	-----------	----------	-----------	-------------------	-----------------	---------

David Gates will have access to your worklist

X

Give access to your worklist

Use this form to give users access to your worklist

User ID

Email

Allow access

35 people have access to your worklist.

View List

X

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



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.

Request an Authorization

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

Select a Health Plan

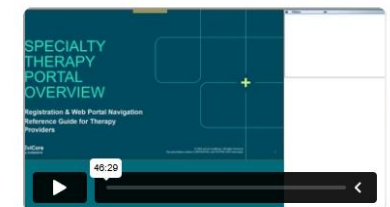
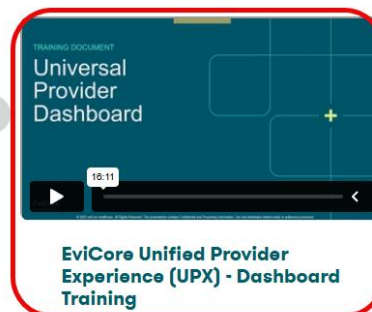
Starting auth requests directly from the UPX dashboard is temporarily unavailable. Please start your request by navigating to the CareCore National portal.

Continue

You will see important announcements here.

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

Video Resources



Clinical Certification Request

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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 Provider Portal | Add Providers (optional)

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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:

20000 1st Ave
Seattle, WA 98101

Primary Contact:

John G. Gorman

Email Address:

ggorman@evicore.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
<div>SELECT</div>	148 [Redacted]
<div>SELECT</div>	136 [Redacted]
<div>SELECT</div>	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**

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Public Information

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:*

n@evicore.c

☒ 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.

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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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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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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

H

26

)

Patient

\

TON

8/4/2025

EDIT

Service

10/13/2025

95807 ATTENDED SLEEP, RESPIRATORY

G47.19 Other hypersomnia

EDIT

Site

A

H

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?

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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

EviCore

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

Sunday, August 24, 2025 11:09 AM

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

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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

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EviCore

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P

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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

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'

EviCore

By EVERNORTH
Public Information

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Sunday, August 24, 2025 11:09 AM

SUBMIT CASE

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CONTINUE

By **EVERNORTH**
Public Information

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.

Provider Resources



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 not specific to any health plan.
 - Register for provider Training Webinars
 - Find Contact Information
 - Sign up for our provider Newsletter

The screenshot shows the top navigation bar of the EviCore.com website. The bar is teal with white text and icons. On the right side, there is a dropdown menu labeled 'Resources' with a chevron icon. The dropdown menu is open, showing a list of resources. The first two items are 'CLINICAL GUIDELINES' and 'PROVIDER RESOURCES', both in teal text. Below these are three items in black text: 'Clinical Worksheets', 'Network Standards/Accreditations', and 'Training Resources'. To the right of the dropdown menu, there is a section titled 'I Would Like To' with a list of actions: 'Request a Consultation with a Clinical Peer Reviewer', 'Request an Appeal or Reconsideration', 'Receive Technical Web Support', 'Check Status Of Existing Prior Authorization', 'Check Eligibility Status', and 'Access Claims Portal'. Below this list is a teal button with white text that says 'GO TO PROVIDER'S HUB >'. At the bottom of the dropdown menu, there is a section titled 'Learn How To' with a list of actions: 'Submit A New Prior Authorization', 'Find Contact Information', and 'Podcasts'.

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.

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



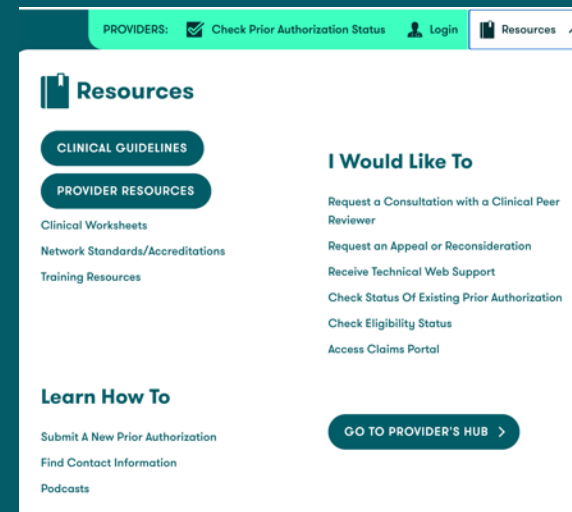
Access Cigna Healthcare's provider resources at:

[Cigna for Health Care Professionals](#)

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 by Evernorth" 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.

Search by Health Plan ...



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](#)

Clinical Guidelines

[Clinical Guidelines | EviCore by Evernorth](#)

Worksheets for some solutions

[Clinical Worksheets & Online Forms | EviCore by Evernorth](#)

Request a Clinical Consultation

[Request a Peer-to-Peer Discussion | EviCore by Evernorth](#)





Thank you

Online Peer-to-Peer Scheduling Tool

Schedule a P2P

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.

- 1. Log-in to your account at **EviCore.com**.
- 2. Perform **Clinical Review Lookup** to determine the status of your request.
- 3. Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a Peer-to-Peer consultation
- 4. Note carefully any messaging that displays.*

Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	

P2P AVAILABILITY

P2P AVAILABILITY

[Request Peer to Peer Consultation](#)

Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Eligibility Result:	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.
P2P Status:	

ALL POST DECISION OPTIONS

*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.

Schedule a P2P

1. Upon first login, you will be asked to confirm your default time zone.
2. You will be presented with the case number and member date of birth.
3. Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**.
4. To proceed, select **Lookup Cases**.
5. You will receive a confirmation screen with member and case information, including the level of review for the case in question.
6. Click **Continue** to proceed.

The image displays two screenshots of the EviCore 'New P2P Request' form, illustrating the steps to schedule a Peer-to-Peer appointment.

Top Screenshot: Initial Request Form

- Case Info** | **Questions** | **Schedule** | **Confirmation**
- New P2P Request** | **EviCore By EVERNORTH**
- Case Reference Number**: (Red text: Case information will auto-populate from prior lookup)
- Member Date of Birth**:
- + Add Another Case** (Blue arrow points to this button)
- Lookup Cases >** (Blue arrow points to this button)

Bottom Screenshot: Confirmation Screen

- New P2P Request** | **EviCore By EVERNORTH**
- Case Ref #:** (Blue arrow points to this field)
- Remove** (Red text) | **P2P Eligible** (Green checkmark) (Blue arrow points to this status)
- Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.** (Blue arrow points to this message)
- Member Information**
 - Name
 - DOB
 - State
 - Health Plan
 - Member ID
- Case P2P Information**
 - Episode ID
 - P2P Valid Until: 2020-11-11
 - Modality: MSK Spine Surgery
 - Level of Review: Reconsideration P2P (Blue arrow points to this text)
 - System Name: ImageOne
- Continue** (Blue arrow points to this button)

Schedule a P2P

- 1. You will be prompted with a list of EviCore Physicians/Reviewers and appointment options.
- 2. Select any of the listed appointment times to continue.
- 3. You will be prompted to identify your preferred days and times for a Peer-to-Peer consultation (all opportunities will be automatically presented).
- 4. Click on any **green checkmark** to **deselect** that option, then click **Continue**.

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type

Level of Review

MSK Spine Surgery

Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone

US/Eastern

Continue >

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

< Prev Week

5/18/2020 - 5/24/2020 (Upcoming week)

Next Week >

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT	-	-	-	-	-	-
6:30 pm EDT						
6:45 pm EDT						

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT	2:00 pm EDT	4:15 pm EDT	3:15 pm EDT	-	-	-
3:45 pm EDT	2:15 pm EDT	4:30 pm EDT	3:30 pm EDT			
4:00 pm EDT	2:30 pm EDT	4:45 pm EDT	3:45 pm EDT			
4:15 pm EDT	2:45 pm EDT	5:00 pm EDT	4:00 pm EDT			
Show more...	Show more...	Show more...	Show more...			

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Schedule a P2P


1. 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
2. Click **Submit** to schedule the appointment.
3. You will be presented with a summary page containing the details of your scheduled appointment.
4. Confirm contact details.

The screenshot shows a web form for scheduling a Peer-to-Peer (P2P) appointment. At the top, there is a progress bar with four steps: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (active, indicated by a yellow circle). The form is divided into two main sections. The left section, titled 'P2P Info', contains a 'Case Info' box with fields for Date (Mon 5/18/20), Time (6:30 pm EDT), and a 'Reviewing Provider' dropdown. Below this is a '1st Case' box with fields for Case #, Episode ID, Member Name, Member DOB, Member State, Health Plan, Member ID, Case Type (MSK Spine Surgery), and Level of Review (Reconsideration P2P). The right section, titled 'P2P Contact Details', contains several fields: 'Name of Provider Requesting P2P' (with a blue arrow pointing to 'Dr. Jane Doe'), 'Contact Person Name' (Office Manager John Doe), 'Contact Person Location' (Provider Office), 'Phone Number for P2P' (with a blue arrow pointing to '(555) 555-5555'), 'Phone Ext.' (12345), 'Alternate Phone' (with a blue arrow pointing to '(xxx) xxx-xxxx'), 'Phone Ext.' (Phone Ext.), 'Requesting Provider Email' (droffice@internet.com), and 'Contact Instructions' (with a blue arrow pointing to 'Select option 4, ask for Dr. Doe'). A 'Submit >' button is located at the bottom right of the form.


The screenshot shows a 'Scheduling' summary page. At the top, there is a 'Scheduling' header with a calendar icon. Below this is a 'Scheduled' section with a calendar icon and a clock icon. The appointment details are displayed as 'Mon 5/18/20 - 6:30 pm EDT'. To the right of the details is a blue badge with the word 'SCHEDULED' in white, which is circled in red.


P2P Contact Details


- 1. Use the radio button option to select who will perform the P2P with the EviCore Medical Director.
- 2. Open fields will manually open to input the provider's first, last name, and their credential.

 **P2P Contact Details**

Appointment Details

 Fri 5/24/2024

 7:00 am PDT


 Tamara Fackler

Who will be performing the P2P consultation? *Required*

☐ Requesting Provider

☐ Contact Person

☐ Someone else


 PROVIDER


Name of Referring Physician on Case *Required*

First Name

Last Name

Credential *Required*

Select...

 CONTACT PERSON


Contact First Name *Required*

Contact First Name

Contact Last Name *Required*

Contact Last Name

Contact Person Location *Required*

Select...

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Call Notes

1. Use the radio button to select options if applicable.
2. If “Procedure was performed on” is selected, then the date is required.

Contact Instructions

Contact Instructions

Call Notes

☐ ALT REC declined

☐ Procedure was performed on:

☐ Caller requested MD Specialty match

☐ Appeal LOR attestation requirement

☐ OH State Regulation: Member Consent obtained

☐ TX licensed physician - Caller is aware P2P does not meet SSL match and wants to proceed with P2P per same-specialty match requirement.

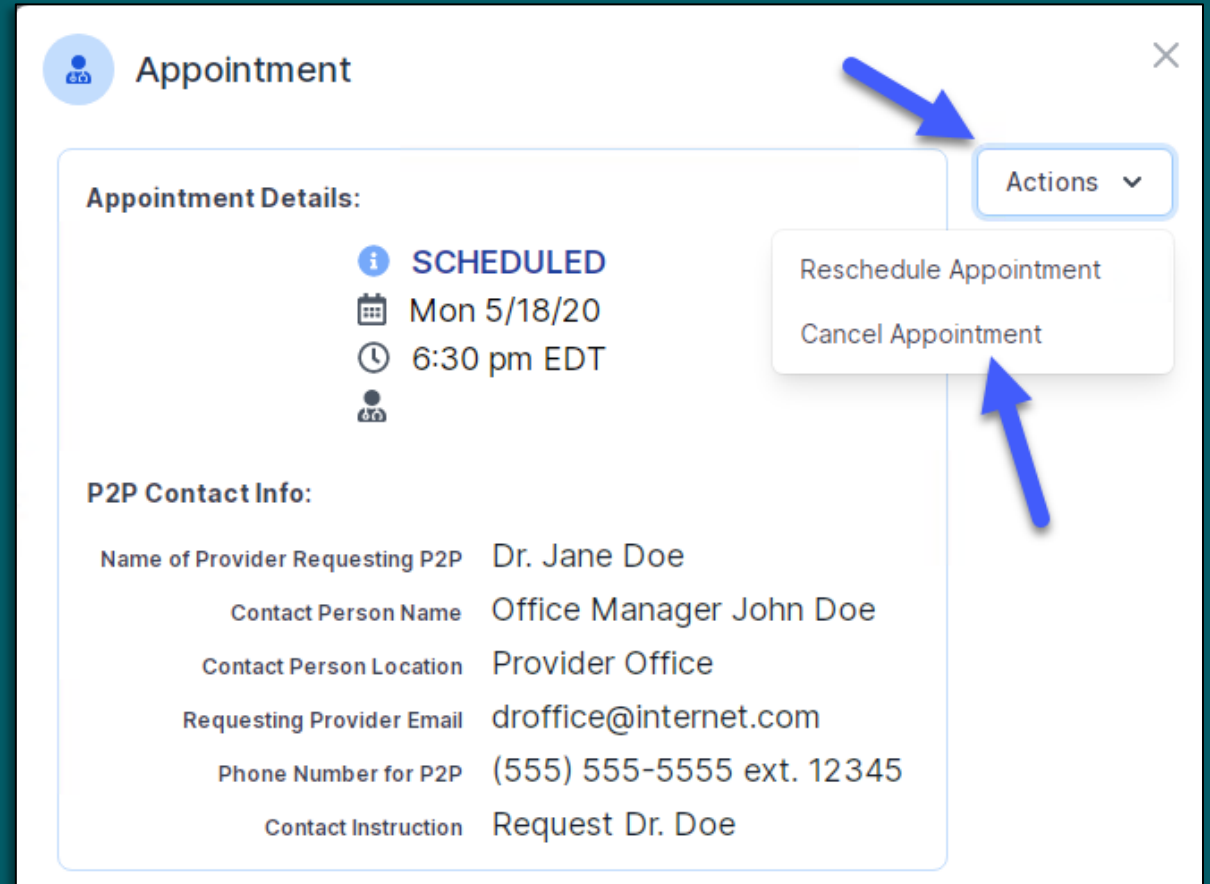
☐ TX licensed same specialty - Caller is aware P2P does not meet TX SSL/specialty match and wants to proceed with P2P

Schedule Appointment

Cancel or Reschedule a P2P Appointment

To cancel or reschedule an appointment:

1. Access the scheduling software and select **My P2P Requests** on the left-pane navigation.
2. Select the request you would like to modify from the list of available appointments.
3. When the request appears, click on the schedule link. An appointment window will open.
4. 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.
5. Close the browser once finished.



The screenshot shows a window titled "Appointment" with a close button (X) in the top right corner. The window is divided into two main sections: "Appointment Details:" and "P2P Contact Info:". The "Appointment Details:" section includes a status icon (i) labeled "SCHEDULED", a date icon (calendar) labeled "Mon 5/18/20", a time icon (clock) labeled "6:30 pm EDT", and a person icon. The "P2P Contact Info:" section contains a table with the following information:

Name of Provider Requesting P2P	Dr. Jane Doe
Contact Person Name	Office Manager John Doe
Contact Person Location	Provider Office
Requesting Provider Email	droffice@internet.com
Phone Number for P2P	(555) 555-5555 ext. 12345
Contact Instruction	Request Dr. Doe

On the right side of the window, there is an "Actions" drop-down menu. A blue arrow points to the "Actions" menu, and another blue arrow points to the "Cancel Appointment" option in the dropdown list. The "Reschedule Appointment" option is also visible in the dropdown.