

OVERVIEW OF THE NEW “**OTHER SERVICES**”
PROGRAM & ADDITIONAL CODES BEING
DELEGATED UNDER EXISTING EVICORE
PROGRAMS

Cigna/EviCore Prior Authorization Delegation

Provider orientation session for Cigna
HealthcareSM

Agenda

1. New Delegation Overview
2. Submitting Requests
3. Prior Authorization Outcomes, Special Considerations & Post-Decision Options
4. EviCore Provider Portal
5. Provider Resources
6. Appendix - Peer-to-Peer (P2P) Scheduling Tool

New Delegation Overview

Prior Authorization (PA) Delegation Overview | What is changing on March 7, 2026?

EviCore will be managing additional services; approximately 600 codes will be delegated under existing EviCore programs or under “Other Services.”

Services under Existing Programs

- + Durable Medical Equipment (DME) will become fully delegated (UM management by EviCore), including 1st level appeals
 - + **Shared Administration Repricing (SAR) and Payer Solutions** memberships **will remain intake-only**
- + All other programs currently delegated to EviCore, except for Lab, Medical Oncology and Radiation Therapy, will include additional codes

Services under “Other Services” (new program)

- + Newly delegated Outpatient surgery codes
- + Cosmetic Procedures
- + Experimental/Investigational/Unproven (EIU) procedures
- + Unlisted codes
- + Any other code that does not fall into an existing EviCore program

Some services (codes) may fall under multiple programs

- + Please refer to the **Comprehensive Code list** to determine which codes fall under which EviCore programs



Cigna HealthcareSM Prior Authorization Services

Applicable Membership		Applicable Services	
In scope for the new codes	Out of scope for the new codes	In scope for the new codes	Out of scope for the new codes
<ul style="list-style-type: none"> + Commercial (OAP/PPO/HMO) + Individual & Family Plans (IFP) + Global 	<ul style="list-style-type: none"> + SAR + Payer Solution 	<ul style="list-style-type: none"> + Outpatient + Inpatient – Level of Care review will be included for some programs 	<ul style="list-style-type: none"> + Emergency Rooms + Observation Services + Maternity

Providers should verify member eligibility and benefits on the secured provider log-in section on the Cigna for Health Care Professionals website at: [CHCP - Resources - Medical Plans & Products](#)

For a complete list of codes managed by EviCore starting March 7, 2026, and additional detail about the newly delegated services, please visit the Provider Resource site at:
[Cigna Provider Resources | EviCore by Evernorth](#)

Other Services | New program

For services not previously managed by EviCore, we created a new program under which those CPT codes will be managed. This new program, called “Other Services,” is for Cigna HealthcareSM membership only.

- + Experimental/Investigational/Unproven (EIU) procedures (*some EIU codes will fall into existing EviCore Programs*)
- + Some OBGYN Procedures
- + Potentially Cosmetic Procedures such as Plastic Surgeries, etc.
- + Newly delegated Outpatient surgery codes that don't fall into an existing EviCore program
- + Any other code that does not fall into an existing EviCore program such as Nephrology & Neurology

Please visit [Cigna Provider Resources | EviCore](#) by [Evernorth](#) to view the comprehensive code list for the procedures.



Sleep and DME services

- + Polysomnography & Sleep Study
- + DISE (Drug-induced sleep endoscopy)
- + HGNS (Hypoglossal Nerve Stimulation)

- + Home Ventilators
- + Orthoses & Prostheses
- + Electrical Stimulators
- + Mobility Devices
- + Patient Lifts
- + Compressor & Appliances

Please visit [Cigna Provider Resources](#) |
[EviCore by Evernorth](#) to view a complete
code list for the procedures

EviCore

By EVERNORTH



Cardiovascular Solution | Services

Imaging (*currently built on the MedSolutions portal*)

- + Stress Testing
 - + Myocardial Perfusion Imaging (Single-photo Emission Computerized Tomography [SPECT] & Positron Emission Tomography [PET])
 - + Stress Echocardiography
- + Cardiac Computerized Tomography (CT) & Magnetic Resonance Imaging (MRI) Echocardiography
 - + Transthoracic (TTE)
 - + Transesophageal (TEE)

Devices

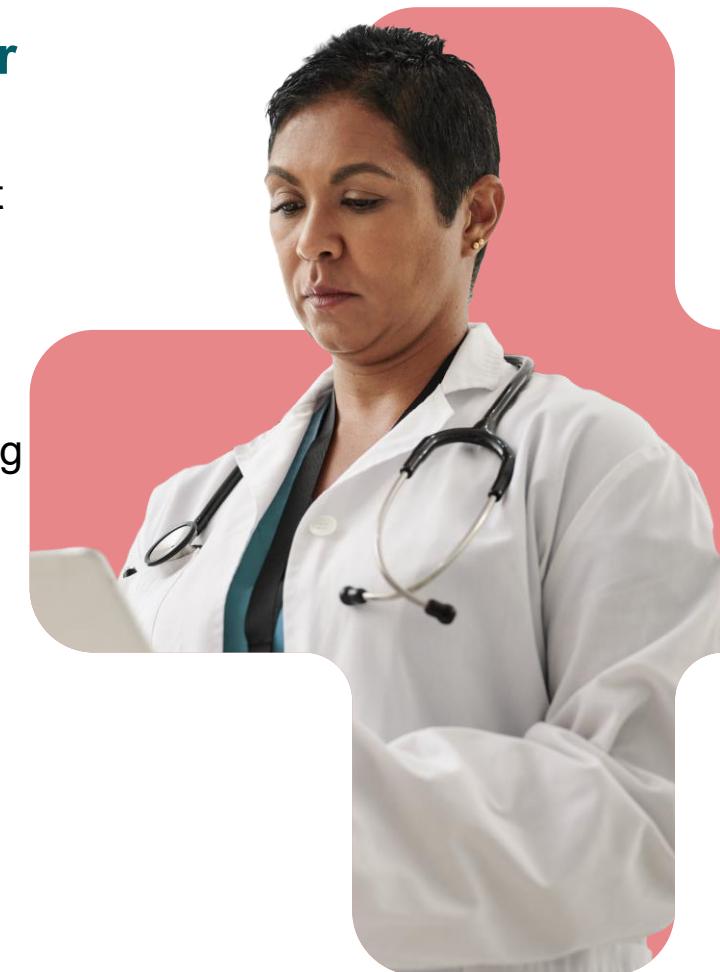
- + Diagnostic Heart Catheterization
- + Pacemakers, Cardiac Valves, and other Implantable Devices

Cardiovascular Peripheral Vascular Disease (PVD)

- + Non-Coronary Angioplasty & Stent Placement
- + Non-Coronary Atherectomy
- + Cerebrovascular Angioplasty & Stent Placement
- + Isolated Iliac Branched Endograft Placement
- + Venous Interventions: Venoplasty and Stenting
- + Varicose Vein/Venous Insufficiency Therapy
- + Vascular Embolization: Arterial & Venous

Cardiac Surgery and Cardiac Electrophysiology (new)

- + Ablations and other Surgeries
- + Placement, Replacement, Repositioning, Repair, or Removal of Cardiac Devices



Please visit [Cigna Provider Resources | EviCore by Evernorth](#) to view a complete code list for the procedures

Musculoskeletal Advanced Procedures Services

(Pain and Joint case are currently built on the MedSolutions portal)

- + Decompression procedures-
Laminectomy/Laminotomy/Laminoplasty
- + Cervical, Thoracic and Lumbar Fusions
- + Vertebroplasty/Kyphoplasty & Disc Arthroplasty
- + Basivertebral Nerve Ablation
- + Pain Injections
- + Nerve Stimulators
- + Large Joint Replacement

Please visit [Cigna Provider Resources | EviCore by Evernorth](#) to view a complete code list for the procedures



Gastroenterology services

- + EGD
 - + Choose GEEGD as the procedure code
- + POEM (PerOral Endoscopic Myotomy)
 - + Choose AVEGD as the procedure code

Please visit [Cigna Provider Resources | EviCore by Evernorth](#) to view a complete code list for the procedures



Submitting Requests

Necessary Information for Prior Authorization



To obtain prior authorization on the very first submission, the provider submitting the request will need to gather information within four categories:



Member

- ✓ Health Plan ID
- ✓ Member name
- ✓ Date of birth (DOB)



Referring (Ordering) Physician

- ✓ Physician name
- ✓ National provider identifier (NPI)
- ✓ Phone & fax number



Supporting Clinical

- ✓ Pertinent clinical information to substantiate medical necessity for the requested service
- ✓ CPT/HCPCS Code(s)
- ✓ Diagnosis Code(s)
- ✓ Previous test results



Rendering Facility

- ✓ Facility name
- ✓ Address
- ✓ National provider identifier (NPI)
- ✓ Tax identification number (TIN)
- ✓ Phone & fax number

All Clinical Information pages must include the patient/member's name and at least one additional identifier.

Additional Documentation Needed

If during case build all required pieces of documentation are not received, or are insufficient for EviCore 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 EviCore.



EviCore will review the additional documentation and reach a determination.

The hold letter will inform the provider about what clinical information is needed as well as the **date by which it is needed (Due date)**.

Requested information must be received within the timeframe as specified in the hold letter, or EviCore will render a determination based on the original submission.

Determination notifications will be sent to the member and be available to the provider on the Web portal 24/7.

I've received a request for additional clinical information. What's next?



Important to note: If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is not held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed.

Once the determination is made, notifications will go out to the provider and member, and status will be available on [EviCore.com](#)

There are three ways to supply the requested information:

1. Upload directly into the case via the provider portal at [EviCore.com](#). **All Clinical Information pages must include the patient/member's name and at least one additional identifiers.**
2. Request a Clinical Consultation / Peer to peer (P2P). This consultation can be requested via the EviCore website (see slide 48 for instructions) and must occur prior to the due date referenced.
3. Fax (least efficient): Please refer to the Quick Reference Guide (QRG) to find the program fax number.

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

Special Circumstances

Retrospective Authorization Requests



Must be submitted within 15 business days from the date of services*



Retrospective requests for inpatient surgeries are not managed by EviCore and will need to be submitted through Cigna Healthcare



When authorized, the start date will be the submitted date of service

*SAR, Global, Payer Solutions and NALC members have 365 days to submit a retro requests



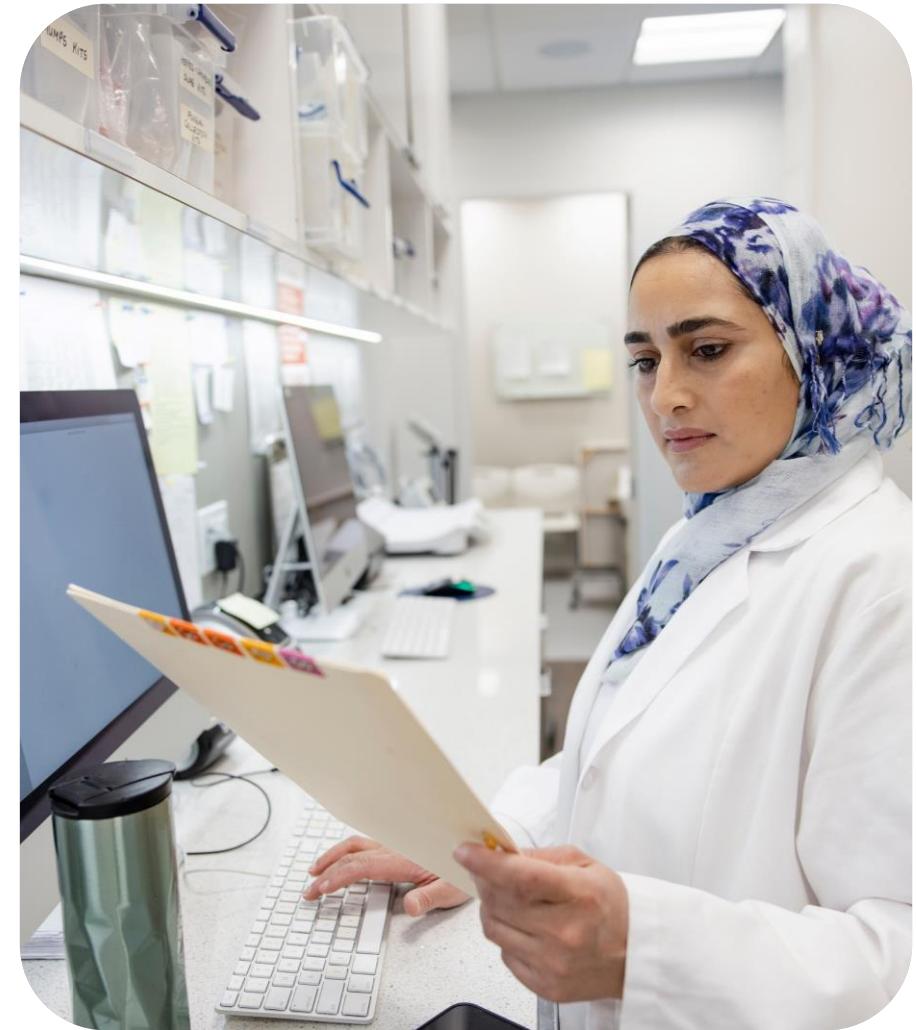
Special Circumstances (continued)

Urgent Prior Authorization 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
- + Urgent cases are typically reviewed within 24 to 72 hours

Updates and Extensions

- + If updates are needed on an existing authorization, providers can contact EviCore by phone
- + If the authorization is not updated and a different facility location or CPT code is submitted on the claim, it may result in a claim denial
- + One-time extensions will be allowed on active outpatient authorizations if appropriate
- + Inpatient authorizations extensions will not be allowed
- + Inpatient Concurrent bed day review / length of stay extensions management will be managed by Cigna



Prior Authorization Determination Outcomes

Determination Outcomes

- + Approved Requests: Depending on the services requested, authorizations are generally valid for 45-180 days from the date of the determination. Please refer to the approval letter for specifics.
- + Partially Approved Requests: In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved, as well as post-decision options for denied codes, including denied Level of Care (if applicable)
- + Denied Requests: If a request is determined as inappropriate based on evidence-based guidelines, a notification with the rationale for the decision and post-decision/ appeal rights will be issued.

Notifications

- + Authorization letters will be faxed to the rendering provider.
- + Web-initiated cases will receive e-notifications.
- + Members will receive a letter by mail.
- + Approval information can be printed on demand from the EviCore portal.

EviCore

By EVERNORTH

EviCore

By EVERNORTH

Dear Mr. Smith,

Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut aliquip ex ea commodo consequat. Duis autem vel eum iriure dolor in hendrerit in vulputate velit esse molestie consequat, vel illum dolore eu feugiat nulla facilisis at vero eros et accumsan et iusto odio dignissim qui blandit praesent luptatum zzril delenit augue duis dolore te feugait nulla facilisi.

Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut aliquip ex ea commodo consequat.

Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut aliquip ex ea commodo consequat. Duis autem vel eum iriure dolor in hendrerit in vulputate velit esse molestie consequat, vel illum dolore eu feugiat nulla facilisis at vero eros et accumsan et iusto odio dignissim qui blandit praesent luptatum zzril delenit augue duis dolore te feugait nulla facilisi.

Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut aliquip ex ea commodo consequat.

Ut wisi enim ad minim veniam, quis nostrud exerci

Special Circumstances

Alternative Recommendation



An alternative recommendation may be offered based on EviCore's evidence-based clinical guidelines



The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request



Providers have up to 5 business days to contact EviCore to accept the alternative recommendation



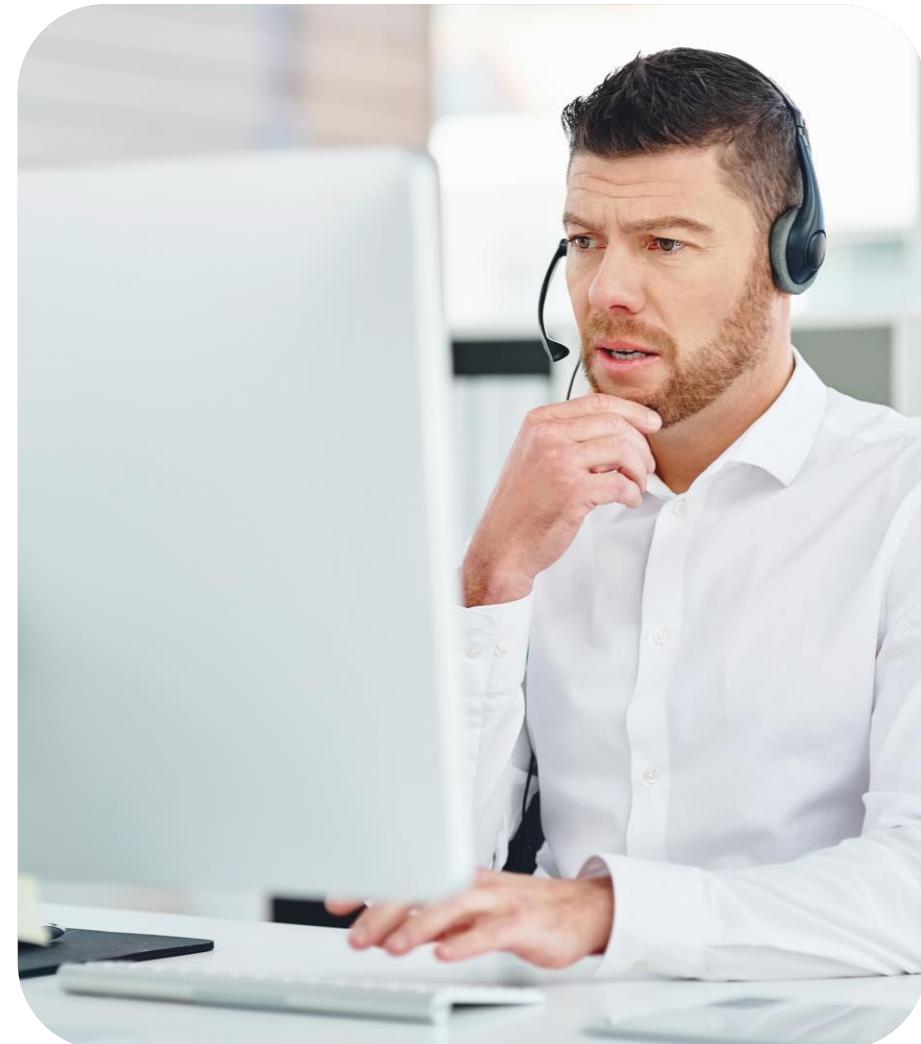
Post-Decision Options

Reconsiderations

- + Reconsiderations can be requested after the determination as long as an appeal has not been filed.
- + Reconsiderations can be requested in writing or verbally via a Clinical Consultation (Peer-to-Peer (P2P)) with an EviCore physician.

Appeals

- + EviCore will process first-level pre-service appeals for outpatient and inpatient services (ASO and Fully-Insured customers only).
- + Appeal requests can be submitted in writing or verbally via a Clinical Consultation with an EviCore physician.
- + A written notice of the appeal decision will be mailed to the member and faxed to the provider. Status is available on the Web Portal 24/7.



EviCore Provider Portal

Access and Compatibility

Most providers are already saving time submitting clinical review requests online vs. telephone

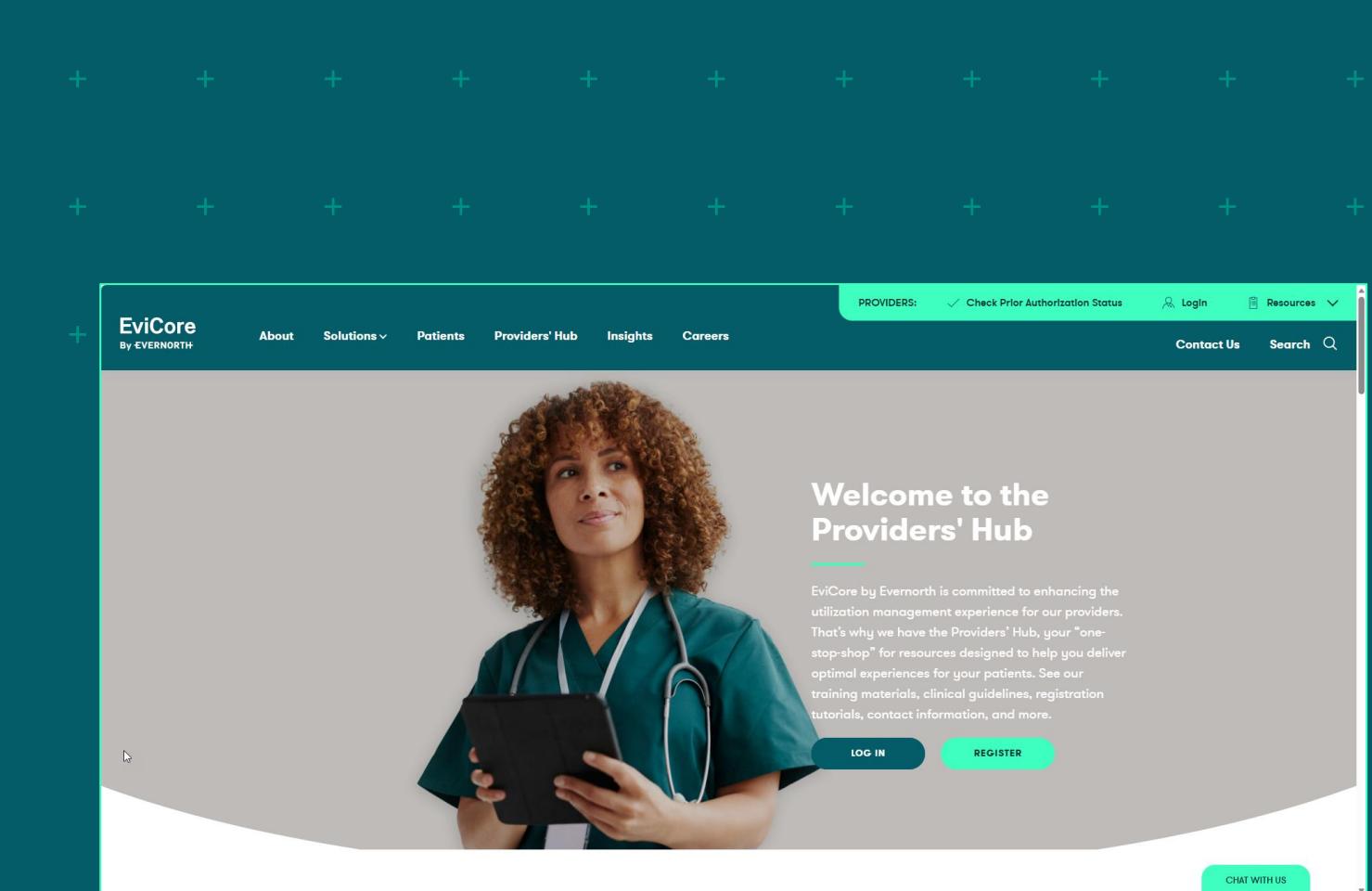
Access resources on the EviCore Provider Portal

Visit evicore.com/provider

Already a user?

Log in with User ID & Password

Don't have an account?
Click [Register Now](#)



Creating an Account

Complete the Registration online form and follow the instructions for creating your password and setting up your two Factor Authentication.

EviCore
By EVERNORTH

User Information

First Name

Last Name

User Name

Contact Info

Email

Confirm Email

Phone

Physician/Facility Information

Individual NPI

EviCore
By EVERNORTH

Verify your identity

We've sent an email to:

Enter 6-digit code*

Remember this device for 30 days

Continue

Didn't receive a code? Check your spam or junk folder or [Resend](#).

[Use a different verification method](#)

Clinical Certification Request | Initiating a Case

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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------

Request an Authorization

To begin, please select a program below:

- Durable Medical Equipment(DME)
- EviCore Medical Oncology Pathways
- Gastroenterology
- Gene Therapy
- Home Health
- Lab Management Program
- Medical Specialty Drugs
- Musculoskeletal Management
- Other Services [?]
- Pharmacy Drugs (Express Scripts Coverage)
- Radiation Therapy Management Program (RTMP)
- Radiology and Cardiology/Vascular Intervention
- Sleep Management

CONTINUE

[Click here for help](#)

Select the appropriate program. Notice that the Other Services program includes a “?” You can click this link to see codes under Other Services before starting the request.

EviCore

By EVERNORTH

Other Services code list

EviCore
By EVERNORTH

Home Certification Summary Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Perf. Summary Portal Resources Add Provider MedSolutions Portal Unified Dashboard EviCore CRM Help / Contact Us

Monday, February 9, 2026 4:33 PM

Request an Authorization

To begin, please select a program below:

- Durable Medical Equipment(DME)
- EviCore Medical Oncology Pathways
- Gastroenterology
- Gene Therapy
- Home Health
- Lab Management Program
- Medical Specialty Drugs
- Musculoskeletal Management
- Other Services [?]**
- Pharmacy Drugs (Express Scripts Coverage)
- Radiation Therapy Management Program (RTMP)
- Radiology and Cardiology/Vascular Intervention
- Sleep Management

CONTINUE

[Click here for help](#)

© 2026 eviCore healthcare. All Rights Reserved.
[Privacy Policy](#) | [Terms of Use](#) | [Site Specific Terms](#) | [Contact Us](#)

Click the question mark [?] to open the Other Services

CPT Code List

Disclaimer: This list of codes is provided for general reference to help you understand the types of services commonly requested under this program. For details about which codes require prior authorization or specific prior authorization requirements, please check your health plan's website.

CPT Code	CPT Code Description
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve
64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver
64654	Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunnelling, connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system), and intraoperative interrogation and programming
64714	Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus
64999	Unlisted procedure, nervous system
65710	Keratoplasty (corneal transplant); anterior lamellar

Close

Clinical Certification | Search for and Select Provider

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH **CLEAR SEARCH**

	Provider
SELECT	

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**

	Practitioner Name	NPI	Address	City	State	ZipCode	Phone	Fax
SELECT	Y (Selected)	9		PORLAND	OR	9	(5	

BACK **CONTINUE**

Search for and select the **Practitioner/Group** for whom you want to build a case. If you do not already have the **Practitioner/Group** in your account, you can search by NPI.

Clinical Certification | Search for and Select Provider

Choose Your Insurer

Requesting Provider: AI

Please select the insurer for this authorization request.

Please Select a Health Plan

BACK **CONTINUE**

[Click here for help](#)

Urgent Request? You will be required to upload relevant clinical info at the end of this pro

Don't see the insurer you're looking for? Please call the number on the back of the mem

© 2025 eviCore healthcare. All Rights Reserved.
[Privacy Policy](#) | [Terms of Use](#) | [Site Specific Terms](#) | [Contact Us](#)

Attention!

Do you want to add this NPI () to your account for future requests ?

YES **NO**

You can add that NPI to your account by selecting YES. By doing so, that provider will appear on your selection list the next time you build a case.

Clinical Certification Request | Select Health Plan



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
--	----------------------	---------------------------------------	--------------------------------------	------------------------------------	--	--	---	---------------------------	-------------------------------------	-------------------------------------

Choose Your Insurer

Requesting Provider: BERGER, HERBERT, NPI 1366439473

Please select the insurer for this authorization request.

CIGNA	▼
200	▼

- Choose Cigna for the request
- Another drop down will appear to select the appropriate address for the **provider**
- Select **CONTINUE**

[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.



By EVERNORTH

Clinical Certification Request | Enter Contact Information

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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------

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 the **Provider's name** and appropriate information for the point of contact individual
- Provider name, fax and phone will pre-populate. It is important to edit as necessary to assure you are receiving any case updates and final determination notices.

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.

EviCore

By EVERNORTH®

Clinical Certification Request | Enter Member Information

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

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*

 MM/DD/YYYY

Patient Last Name Only:*

When entering patient details, please review and confirm the

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

Attention!

Time: 7/30/2025 4:23 PM

Has this procedure been performed?

Yes No

Submit

Answer whether the procedure has been performed. This is the indicator as to whether the case needs to be a **retrospective(retro)** review. If retro reviews are allowed, and **YES** is chosen, the case will proceed accordingly.

EviCore

By EVERNORTH

Clinical Certification Request | Enter Member Information

EviCore

By EVERNORTH



Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*

 04 MM/DD/YYYY

Patient Last Name Only:*

 [?]

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

ELIGIBILITY LOOKUP

BACK

Enter **member information**, including: patient ID number, date of birth, and last name then click **ELIGIBILITY LOOKUP**

[Click here for help](#)

EviCore

By EVERNORTH

Clinical Certification Request | Enter Member Information

EviCore

By EVERNORTH



Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*

 MM/DD/YYYY

Patient Last Name Only:*

 [?]

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

LOOKUP AGAIN

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT	Y [REDACTED]		Y KOCH, [REDACTED]	[REDACTED]	F	SALEM, OR 97304

BACK

Confirm your patient's information and click **SELECT** to continue

[Click here for help](#)

EviCore

By EVERNORTH

Clinical Certification Request | Enter Member Information

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

Patient Eligibility Lookup

Patient ID: *
Date Of Birth: MM/DD/YYYY
Patient Last Name Only: [?]

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

CLEAR PATIENT SELECTION

Patient Cell Phone
Patient Email

BACK **CONTINUE**

[Click here for help](#)

Attention!

Patient ID: Time: 7/1/2024 5 PM
Patient Name:

Please provide the patient's best contact number including area code.

SUBMIT

UNKNOWN

Entering the member contact number is optional

EviCore

By EVERNORTH

Clinical Certification Request

Enter Requested Procedure and Diagnosis

EviCore
By EVERNORTH

Home Certification Summary Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress

Thursday, J , 2026 1:24 PM

Requested Service + Diagnosis

This procedure will be performed on 1/20/2026.

CHANGE

Sleep Management Procedures

Select a Procedure by CPT Code [\[?\]](#) or Description [\[?\]](#)

95783 POLYSOM <6 YRS >=4 ADD W/ PAP

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

Maximum number of CPT codes added.

Diagnosis

Primary Diagnosis Code: **G47.33**

Description: **Obstructive sleep apnea (adult) (pediatric)**

[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](#)

EviCore

By EVERNORTH

- + Select the appropriate **CPT code** for your case request. Depending on the program that you selected, the procedure codes will be different in the drop down.
- + Select the appropriate **Diagnosis code(s)** for your case request.

Clinical Certification Request

Enter Requested Procedure and Diagnosis

EviCore

By EVERNORTH



Thursday, January 15, 2026 1:26 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 include searching by name or address. You can also search by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI:

Zip Code:
City:

Site Email (optional)

[BACK](#)

[Click here for help](#)

Â© 2026 eviCore healthcare. All Rights Reserved.
[Privacy Policy](#) | [Terms of Use](#) | [Site Specific Terms](#) | [Contact Us](#)



80% Complete

Provider and NPI

1
2
3
(CIGNA)

Patient

4
5

EDIT

Feedback

Service

1/20/2026 [EDIT](#)
95783 POLYSOM <6 YRS >=4 ADD
W/ PAP
G47.33 Obstructive sleep apnea
(:)

EviCore
By EVERNORTH

Clinical Certification Request | Site Selection

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

LOOKUP SITE

Search for the **site of service** where the procedure will be performed (for best results, search with NPI)

Select the specific site where the procedure will be performed

Site Email (optional)

	Name	Address
SELECT	SALEM HOSPITAL PRO FEE	1233 EDGEWATER STREET SALEM, OR 97304
SELECT	SALEM HOSPITAL PRO FEE	610 HAWTHORNE AVE SE SALEM, OR 97301
SELECT	SALEM HOSPITAL PRO FEE (SELECTED)	890 OAK ST SE SALEM, OR 97301
SELECT	SALEM HOSPITAL PRO FEE	875 OAK ST SE STE 4030 SALEM, OR 97301

1 2 3

EviCore

By EVERNORTH

Clinical Certification Request | Clinical Certification

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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------

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

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

EviCore

By EVERNORTH

Clinical Certification Request | Standard or Urgent Request?



By EVERNORTH®



Proceed to Clinical Information

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

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

Clinical Certification Request | Proceed to Clinical Information

Example Questions

Proceed to Clinical Information

Will there be any additional procedures needing prior authorization for the same patient, date of service, and site of service?

Yes No

SUBMIT

Attention!

Is this a request for a bilateral procedure of a previously requested authorization?

YES **NO**

Which anatomy will be examined with the requested study?

Hip Knee Ankle

SUBMIT

Finish Later

Did you know?

You can save a certification request to finish later.

- **Clinical Certification** questions may populate based on the information provided
- You can save your request and '**Finish later**' if needed. Please make sure to complete the case by the end of the day to avoid the case expiring.
- Select **Certification Requests in Progress** to resume a saved request (this function is **not** available for single sign on (SSO) users)

Clinical Certification Request | Proceed to Clinical Information

Example Questions for services to be performed Inpatient

A request for inpatient stay has been made for this procedure. Please indicate all that apply for this surgery:

Please indicate all that apply to this procedure:

No complex surgical approach or situation anticipated other than what is listed below

Prolonged airway monitoring is required (e.g. for severe sleep apnea, open neck procedures)

If your patient is at high anesthetic risk, please indicate the reason(s):(Choose any that apply)

Patient is not high anesthetic risk

ASA (American Society of Anesthesiologists) class IV or greater (severe systemic disease that is a constant threat to life)

Severe frailty

Severe valvular (e.g. aortic stenosis) disease, heart failure, or symptomatic coronary artery disease

Symptomatic chronic lung disease (e.g. asthma, COPD)

Severe renal disease (e.g. on dialysis, GFR <30 ml/min/1.73m² or <.5ml/sec/1.73m²)

There is an aspect or feature of the procedure that indicates a likely need for prolonged postoperative care or monitoring

BMI > 40 kg/m² WITH hemodynamic or respiratory problems (e.g. severe obstructive sleep apnea, hypoventilation)

Complex chronic condition in children (e.g. ventilator-dependent, neuromuscular, genetic, or immunologic disease)

Other patient condition or finding that places patient at increased anesthetic risk such that prolonged postoperative inpatient monitoring or treatment is anticipated

Other (specify):

Based on the information provided, this request for an inpatient stay has to be reviewed. Changing to an outpatient setting will skip this review. Would you like to change the place of service for the requested surgery?

No, we prefer to have an inpatient stay for this patient.

Yes, we will perform this surgery in an outpatient setting with no expected inpatient stay.

Failure to answer all LOC questions will result in their authorizations being reviewed as an outpatient request which will require a new inpatient request to be made with all the questions answered.

Clinical Certification Request | Proceed to Clinical Information

Example Questions for services to be performed Inpatient (continued)

Do either of the following apply: (Choose all that apply)

- Procedure requires discontinuing drugs or other therapy (e.g. arrhythmic or antiseizure medication) necessitating pre- or post-operative inpatient monitoring/treatment
- Patient has history of preoperative use of drugs that may interact with anesthesia (e.g. monoamine oxidase inhibitors, cocaine, amphetamines) and will require longer post-operative monitoring or treatment
- Neither of the above

Does the patient require preoperative inpatient care required for any clinically significant disease or condition listed below?

- Patient has no disease requiring preoperative inpatient care
- Severe infection
- Altered mental status
- Dangerous arrhythmia
- Hypotension
- Hypoxemia
- Other serious condition or finding that requires preoperative inpatient care (i.e. cannot be treated in any other setting)

Does your patient have adequate postoperative care and support available? (Choose any that apply)

- Patient has adequate care and support
- Patient lives remote from medical facility, procedure has urgent complication potential, and temporary nearby residence cannot be arranged
- Patient will have post-procedure incapacitation, does not have adequate assistance at home, and alternate level of care cannot be arranged

Failure to answer all LOC questions will result in their authorizations being reviewed as an outpatient request which will require a new inpatient request to be made with all the questions answered.

Based on the information provided, this request for an inpatient stay has to be reviewed. Changing to an outpatient setting will skip this review. Would you like to change the place of service for the requested surgery?

- No, we prefer to have an inpatient stay for this patient.
- Yes, we will perform this surgery in an outpatient setting with no expected inpatient stay.

Clinical Certification Request | Request for Clinical Upload



By EVERNORTH



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):

Test clinical.docx

No file chosen

No file chosen

No file chosen

No file chosen

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 # and indicates 'Your case has been sent to clinical review'



By EVERNORTH

Clinical Certification Request | Criteria Met

Summary of Your Request

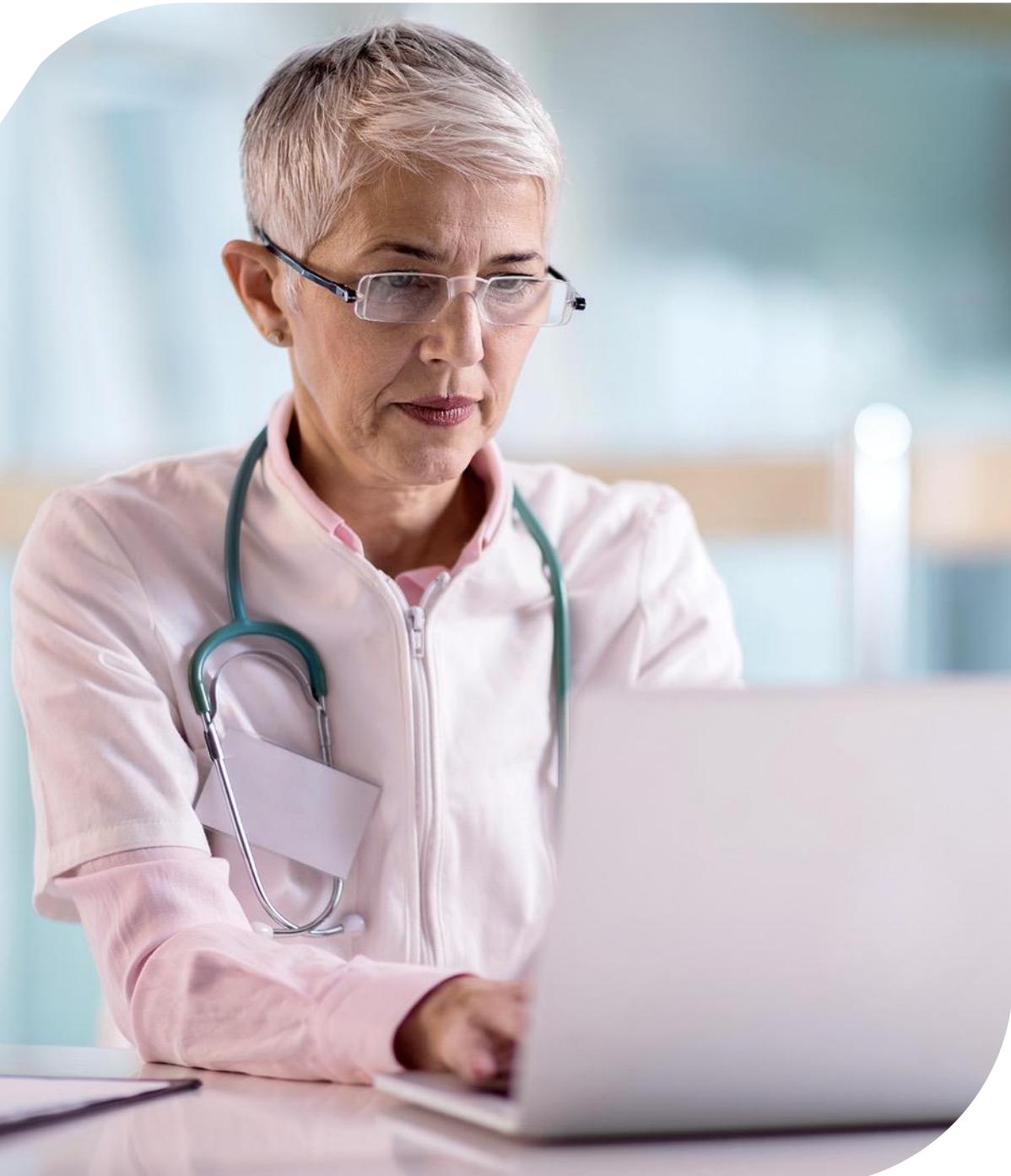
Please review the details of your request below and if everything looks correct click SUBMIT

Your case has been Approved.

Provider Name:	DR. BHARATH MANU AMKARA VEETIL	Contact:	
Provider Address:	3200 6TH AVE N SAINT LOUIS, MN 55105	Phone Number:	
Patient Name:		Fax Number:	
Insurance Carrier:		Patient Id:	
Site Name:		Site ID:	
Site Address:			
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided		
CPT Code:	73721	Description:	MRI LOWER EXTREMITY JOINT W/O
Authorization Number:			
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL **PRINT** **CONTINUE**

If your request is authorized during the initial submission, you can **PRINT** the summary of the request for your records.



Authorization Lookup Feature

Prior Authorization Status Lookup

- + View and print any correspondence associated with the case
- + Search by member information OR by case number with ordering national provider identifier (NPI)
- + Review post-decision options, submit appeal, and schedule a peer-to-peer

EviCore Resources

Provider Resource Website

EviCore's Provider Engagement team maintains the Premera provider resource pages that contain educational materials to assist providers and their staff. Access these helpful resources by clicking [here](#): [Provider Resources](#)

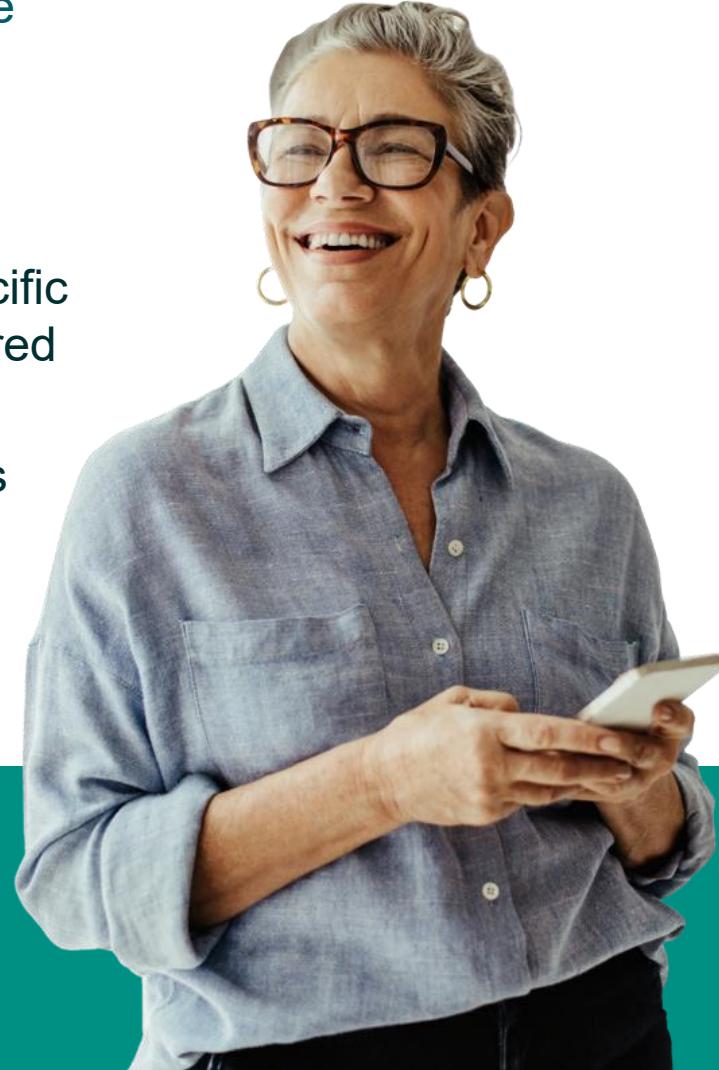
This page will include:

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

EviCore also maintains online resources not specific to health plans, such as guidelines and our required clinical information checklist.

To access these helpful resources, visit EviCore's [Provider's Hub | EviCore by Evernorth](#).

Cigna Healthcare resources are also available through the Cigna for Healthcare Professionals website ([www.Cignaforhcp.com](#)) or 800.88Cigna Healthcare (800.882.4462).



Call Center CareCore National Intake

Call **866-668-9250**, representatives are available from 7 a.m. to 7 p.m. local time.

Call Center MedSolutions Intake

Call **888-693-3997**, representatives are available from 7 a.m. to 7 p.m. local time.

Web-Based Services and Portal Support

- + Live chat
- + Email: portal.support@evicore.com
- + Phone: **800-646-0418** (option 2).

Provider Engagement

Regional team that works directly with the provider community.
[Provider Engagement map and contacts](#)



EviCore's Dedicated Teams



ECRM

(EviCore Communication Relationship Management)

EviCore is introducing a new way of submitting service requests for providers. It's replacing clientservices@evicore.com. These requests will be initiated through EviCore's new and streamlined self-service application, ECRM.

For assistance with membership, claims, provider network issues, etc., submit the issue to our dedicated teams via ECRM:

- + Access: [ECRM Services](#)
- + ECRM educational resources: [ECRM Resources | EviCore by Evernorth](#)
- + Trouble using ECRM? Send an email to: ECRMSupport@EviCore.com



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 (Cigna) to view guidelines
5. If you would like to view all guidelines, type in “EviCore by Evernorth” as your health plan

PROVIDERS: Check Prior Authorization Status  Login  Resources 

Resources

CLINICAL GUIDELINES

PROVIDER RESOURCES

Clinical Worksheets

Network Standards/Accreditations

Training Resources

I Would Like To

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

Access Claims Portal

Learn How To

Submit A New Prior Authorization

Find Contact Information

Podcasts

[GO TO PROVIDER'S HUB >](#)

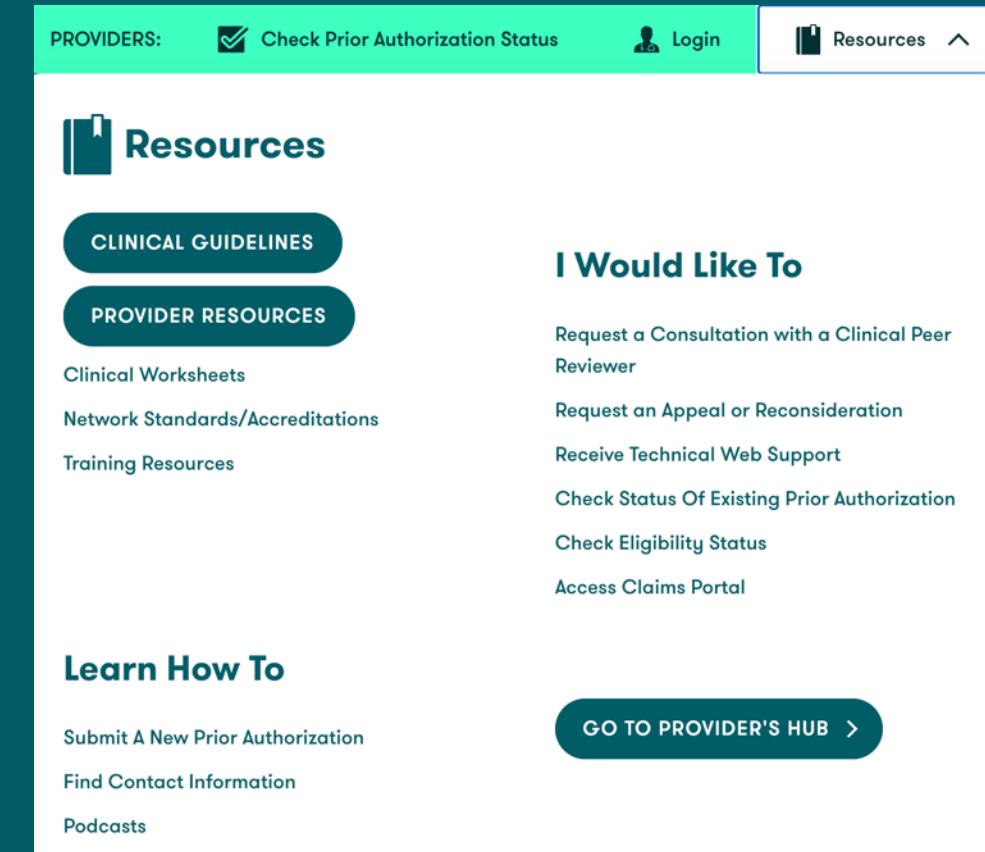


-  Clinical Information for Medical Necessity Review
-  Diversity, Equity, & Inclusion Statement
-  Supplemental Information
-  Cardio & Vascular Intervention
-  Cardiovascular & Radiology
-  Durable Medical Equipment
-  Embora Benefit Protection®
-  FamilyPath™ Fertility
-  Gastroenterology
-  Laboratory Management
-  Medical Drug Management
-  Medical Oncology
-  Musculoskeletal: Advanced Procedures
-  Musculoskeletal: Therapies
-  Post-Acute Care

Quick Access

Every EviCore.com web page includes a “Resources” drop down link that includes quick access to:

- + Podcasts and training resources.
- + A link to Find Contact Information for the member’s health plan.
- + Clinical Worksheets which are great tools to use for submitting requests.
- + A quick link for practitioners, and others who do not have a portal login, to request a clinical consultation (Peer to Peer (P2P)).



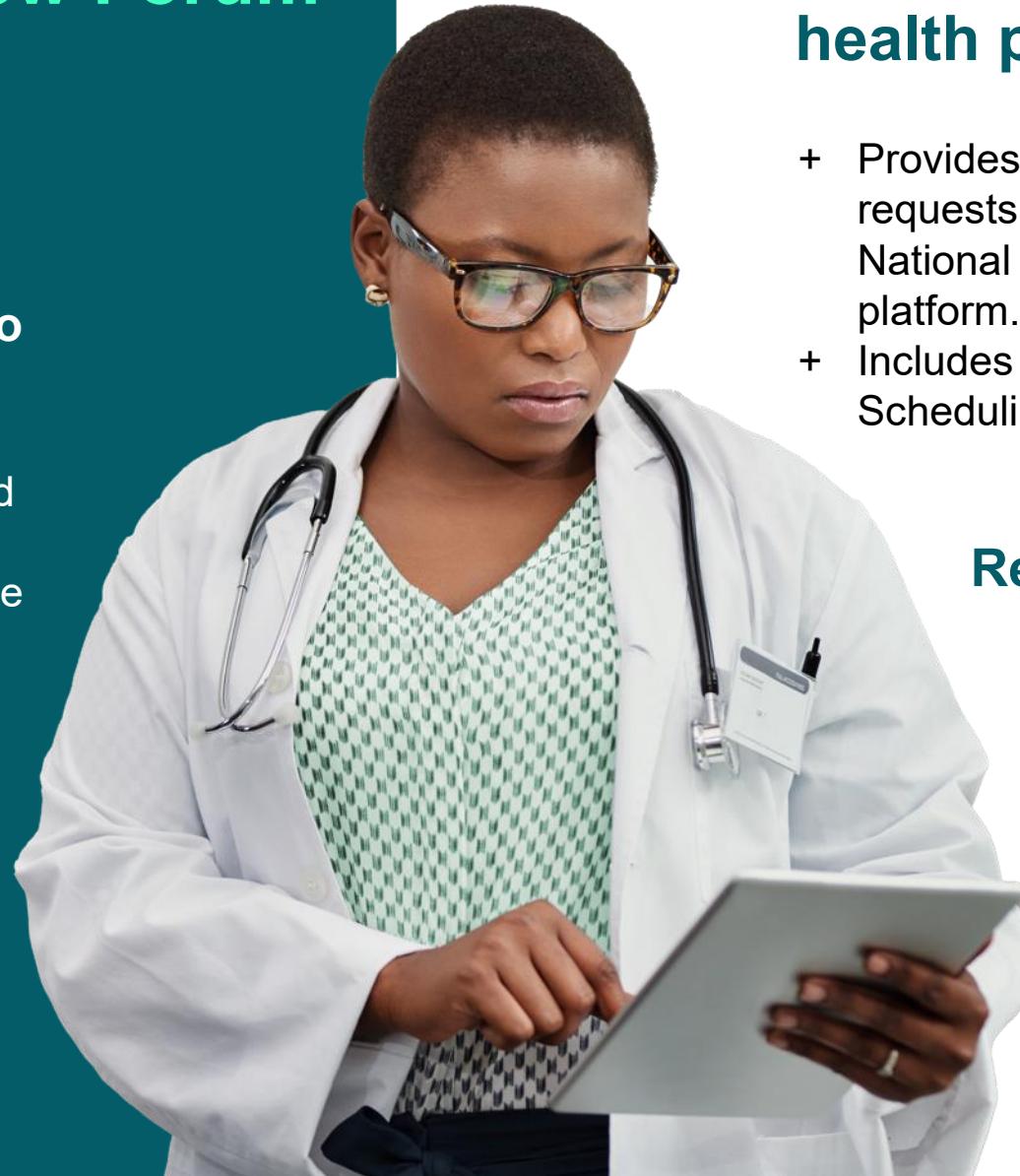
The screenshot shows a provider resources page with a navigation bar at the top. The bar includes links for 'PROVIDERS', 'Check Prior Authorization Status' (with a checked checkbox), 'Login', and 'Resources' (which is the active tab, indicated by a blue border). The main content area is titled 'Resources' and contains several sections: 'CLINICAL GUIDELINES' and 'PROVIDER RESOURCES' (both in blue buttons), 'Clinical Worksheets', 'Network Standards/Accreditations', and 'Training Resources'. To the right, under 'I Would Like To', are links for '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'. At the bottom, there is a 'Learn How To' section with links for 'Submit A New Prior Authorization', 'Find Contact Information', and 'Podcasts', followed by a 'GO TO PROVIDER'S HUB >' button.

EviCore Online Provider Resources Review Forum

The EviCore website contains multiple tools and resources to assist providers and their staff during 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.



Ongoing sessions for Intro to Web Portal Training (non health plan specific)

- + 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's Provider Newsletter

Stay up-to-date with our free provider newsletter

To subscribe:

- + Visit EviCore.com
- + Scroll down to the section titled Stay Updated With Our Provider Newsletter
- + Enter a valid email address

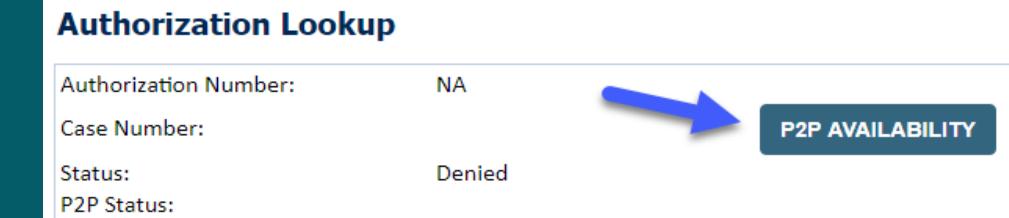
Thank you!

Peer-to-Peer (P2P) Scheduling Tool

Schedule a P2P Request

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

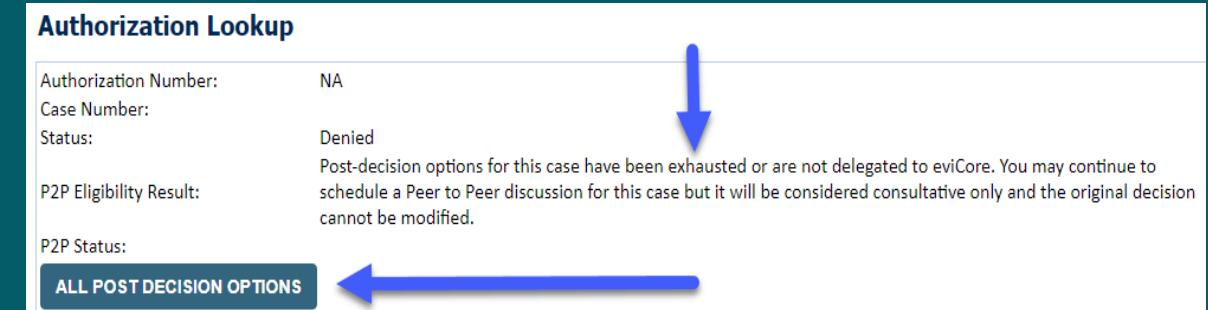
Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	

P2P AVAILABILITY



P2P AVAILABILITY

[Request Peer to Peer Consultation](#)



Authorization Lookup

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

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.

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 Request

(con't.)

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

New P2P Request

Case Reference Number Case information will auto-populate from prior lookup

Member Date of Birth

+ Add Another Case

Lookup Cases >

eviCore healthcare P2P Portal

New P2P Request

Case Ref #: Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

Member Information Case P2P Information

Name	Episode ID
DOB	P2P Valid Until 2020-11-11
State	Modality MSK Spine Surgery
Health Plan	Level of Review Reconsideration P2P
Member ID	System Name ImageOne

Remove P2P Eligible

Continue

eviCore healthcare P2P Portal

Schedule a P2P Request

(con't.)

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 and then click **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...	-	-	-

Schedule a P2P Request

(con't.)

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 the 'Case Info' and 'P2P Contact Details' sections of the scheduling interface. The 'Case Info' section includes fields for Date (Mon 5/18/20), Time (6:30 pm EDT), and Reviewing Provider (Dr. Jane Doe). The 'P2P Contact Details' section includes fields for Name of Provider Requesting P2P (Dr. Jane Doe), Contact Person Name (Office Manager John Doe), Contact Person Location (Provider Office), Phone Number for P2P ((555) 555-5555), Alternate Phone ((xxx) xxx-xxxx), Requesting Provider Email (droffice@internet.com), and Contact Instructions (Select option 4, ask for Dr. Doe). Arrows point to the 'Name of Provider Requesting P2P', 'Phone Number for P2P', and 'Contact Instructions' fields.

The screenshot shows a summary page titled 'Scheduling' with the status 'Scheduled'. It displays the appointment details: Date (Mon 5/18/20), Time (6:30 pm EDT), and a red circle around the status 'SCHEDULED'.

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

