

NEW DELEGATION FOR THE DURABLE
MEDICAL EQUIPMENT (DME) PROGRAM

Cigna/EviCore Prior Authorization

Provider orientation session for Cigna
HealthcareSM

Agenda

1. What is included
2. Submitting Requests
3. Prior Authorization Outcomes, Special Considerations & Post-Decision Options
4. EviCore Provider Portal
5. Provider Resources
6. Questions & Next Steps
7. Appendix

EviCore by Evernorth (EviCore) will start managing prior authorization requests for DME services for Cigna HealthCare Members on March 7, 2026. This update does not pertain to SAR and Payer Solutions.

Prior authorization applies to the following services:

- + Home Based
- + Medically Necessary

Prior authorization does NOT apply to services performed in:

- + Hospital Setting
- + Skilled Nursing Facilities (SNFs)
- + Surgical Settings



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

How to Determine Member Benefits and Eligibility

Resources	Contact
Cigna Customer Service	Refer to member’s ID card
Cigna Provider Portal	Cigna for Health Care Professionals
EviCore Provider Portal	Homepage EviCore by Evernorth > choose the Eligibility Lookup feature in the top banner (login required)
EviCore Intake Team	800.298.4806 (Monday – Friday 8 a.m. to 9 p.m. and Saturday & Sunday 10 a.m. to 6 p.m. EST)



Services that require Prior Authorization

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

- + Oxygen/Related Equipment
- + Patient Lifts
- + Ventilators
- + Wheelchairs
- + Prosthetics
- + Orthotics
- + Communication
- + Miscellaneous
- + Stimulators
- + Non-Pneumatic Compressor and Appliances



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
- ✓ HCPCS Code(s)
- ✓ Diagnosis Code(s)
- ✓ Previous test results when applicable



Rendering Facility

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

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

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](https://www.evicore.com)

There are three ways to supply the requested information:

1. Upload directly into the case via the provider portal at [EviCore.com](https://www.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 40 for instructions) and must occur prior to the due date referenced.
3. Fax to 866-663-7740

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

Special Circumstances

Retrospective Authorization Requests



Must be submitted within 15 business days from the date of service



Reviewed for medical necessity



When authorized, the start date will be the date of the request/episode date



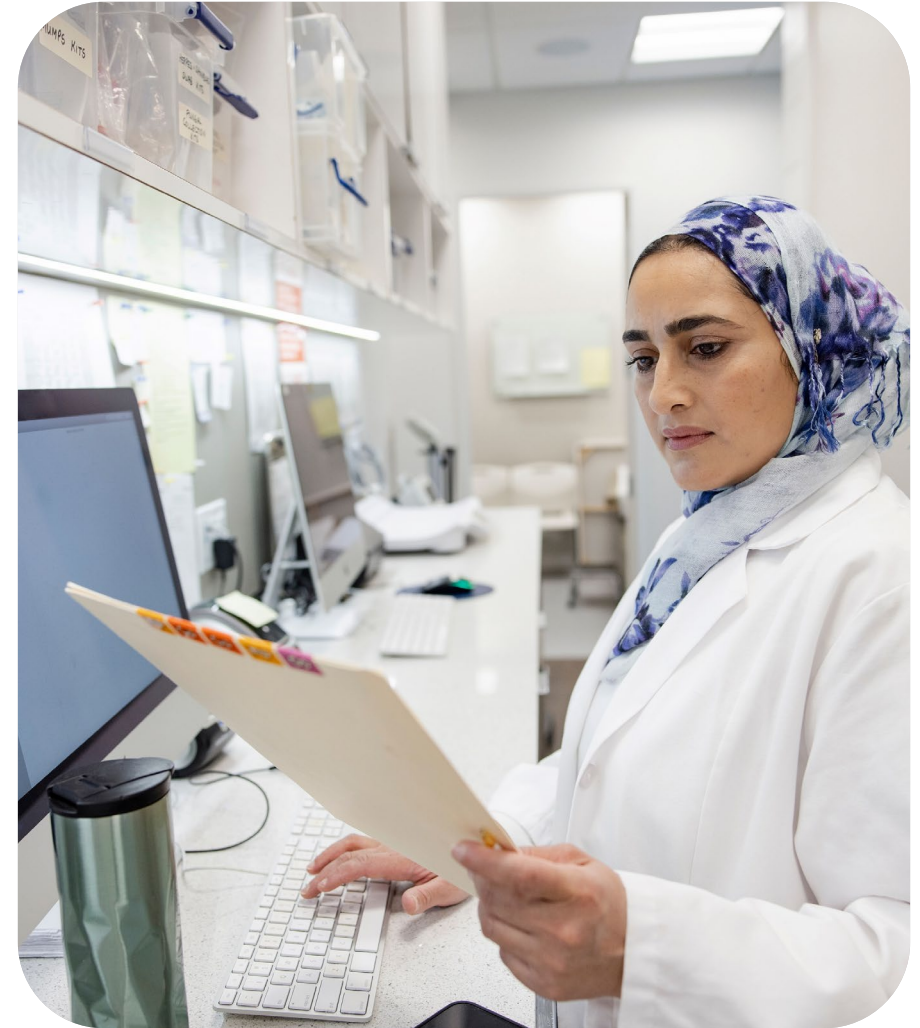
Special Circumstances (continued)

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 the 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, 800-298-4806
- + If the authorization is not updated and a different HCPCS code is submitted on the claim, it may result in a claim denial
- + One-time extensions will be allowed on active authorizations if appropriate



Prior Authorization Determination Outcomes

Determination Outcomes

- + Approved Requests: Depending on the devices requested, authorizations may vary.
- + Partially Approved Requests: In instances where multiple HCPCS 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.
- + Purchases are typically valid for 180 days.
- + Daily and Monthly rentals are valid for the number of units (days or months) approved.
- + 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](#).



Special Circumstances

Alternative Recommendation



An alternative recommendation may be offered based on 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 60 business days to contact EviCore to accept the alternative recommendation



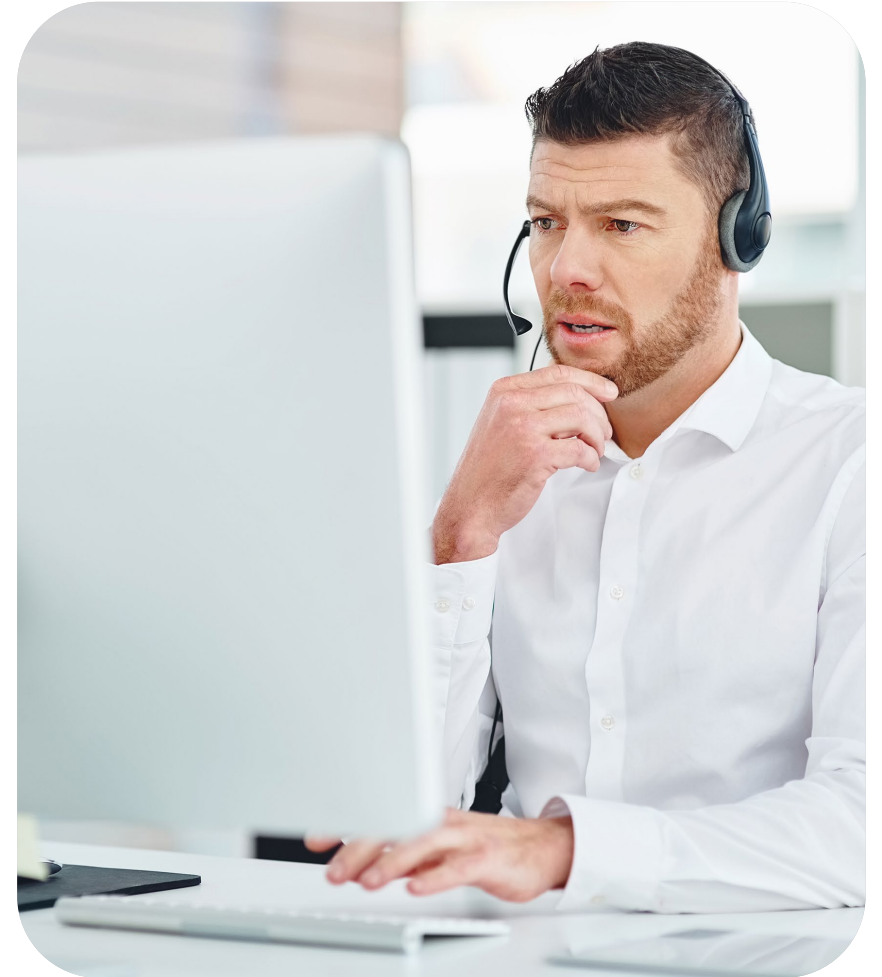
Post-Decision Options

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) with an EviCore physician.

Appeals

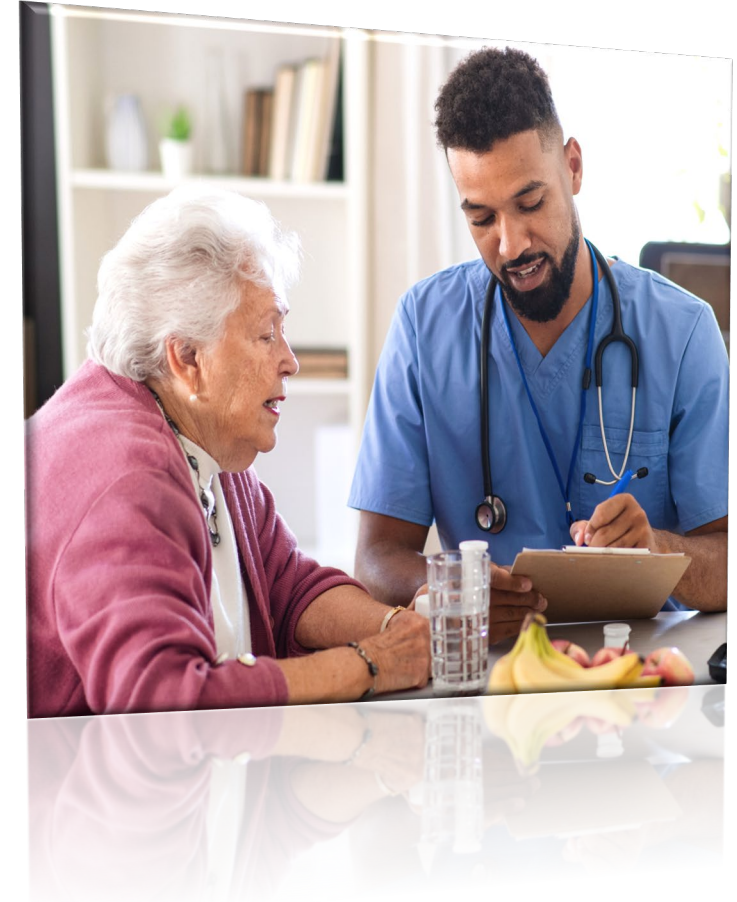
- + EviCore will process first-level pre-service appeals.
- + Appeal requests can be submitted in writing or verbally via a Clinical Consultation with an EviCore physician.
- + A written notice of the appeal decision will be mailed to the member and faxed to the provider. Status is available on the Web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



EviCore offers Care Coordination for DME

EviCore Care Coordination will provide the following services:

- + Care Coordination will work with the Cigna HealthCare member, ordering provider, and servicing provider through the entirety of the case from obtaining orders and required clinical documentation to ensure that the order is processed appropriately.
 - + To find a participating provider, call EviCore at 800.298.4806, option 7 or go to: **Cigna.com > Find a Doctor > Find a Doctor, Dentist or Facility**
 - + Note: For complex cases, EviCore may forward referral information to the rendering provider on behalf of the referring provider.
- + Service validation includes contacting the customer to verify the start-of-care date and confirming whether equipment or medical supplies were delivered on the expected arrival date. During validation, Care Coordination ensures the customer feels their healthcare needs are being met and confirms the customer has a clear understanding of how to properly use the equipment and/or supplies.
- + Follow up with the servicing provider when there is an issue with the DME services or an issue with the delivery or service item received.
- + Work with Cigna Healthcare Case Manager to ensure the customer receives ongoing services (when applicable) with focus on total health care needs.



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

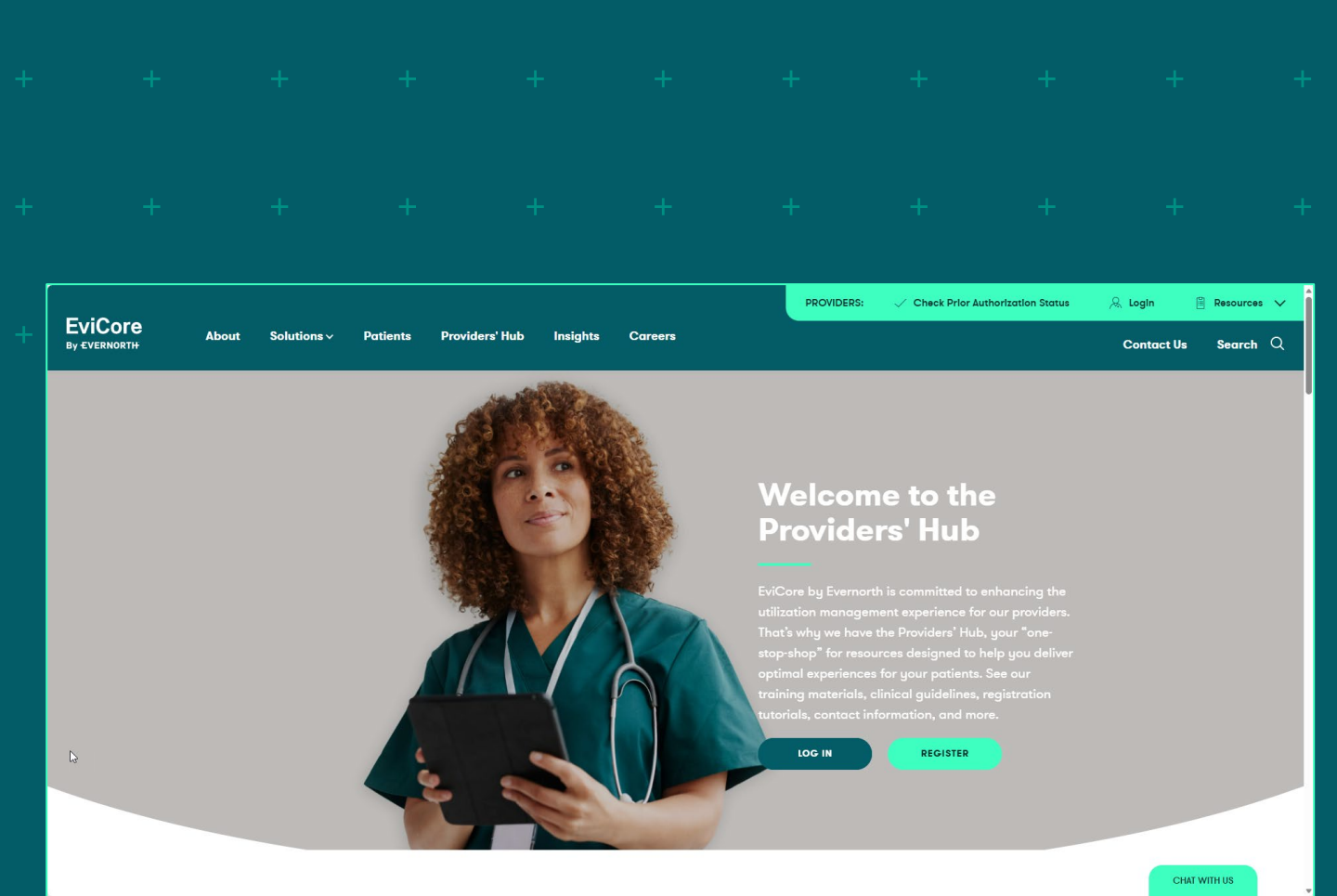
Visit evicore.com/provider

Already a user?

Log in with User ID & Password

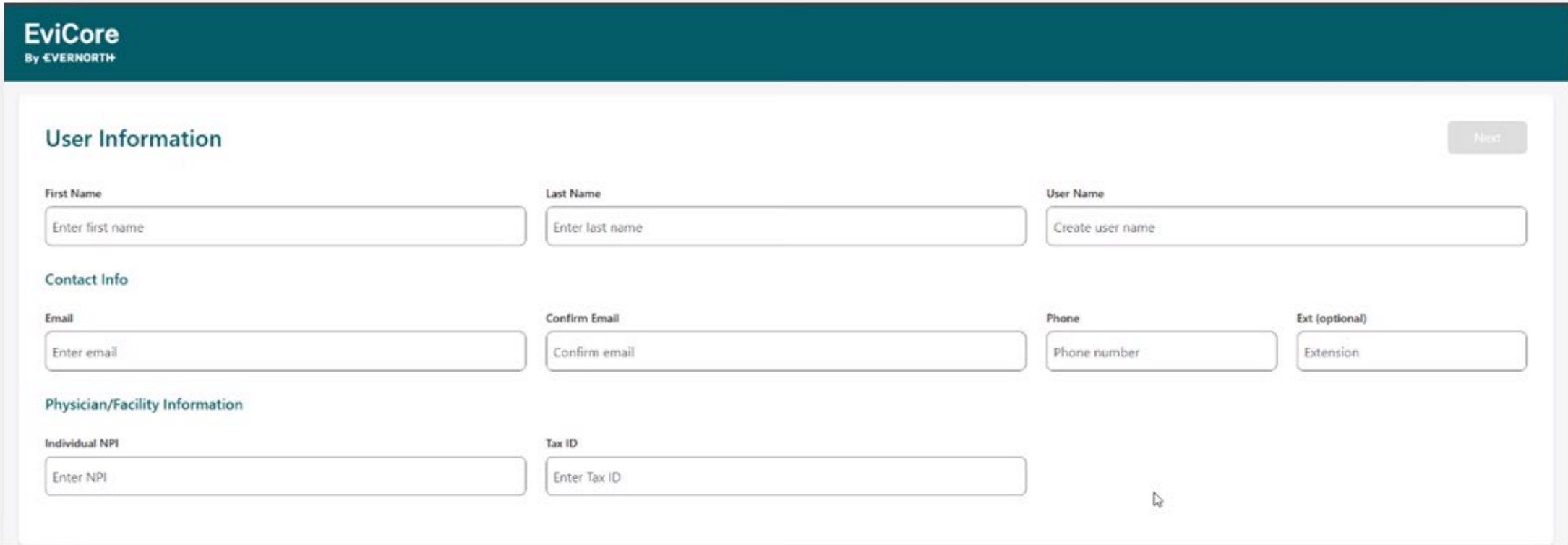
Don't have an account?

Click **Register**



EviCore's website is compatible with all web browsers. You will 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, which is part of the EviCore By EVERNORTH system. The form is organized into three main sections: User Information, Contact Info, and Physician/Facility Information. Each section contains specific input fields for user details, contact information, and professional credentials. A 'Next' button is located at the top right of the form.

EviCore
By EVERNORTH

User Information

First Name: Enter first name

Last Name: Enter last name

User Name: Create user name

Contact Info

Email: Enter email

Confirm Email: Confirm email

Phone: Phone number

Ext (optional): Extension

Physician/Facility Information

Individual NPI: Enter NPI

Tax ID: Enter Tax ID

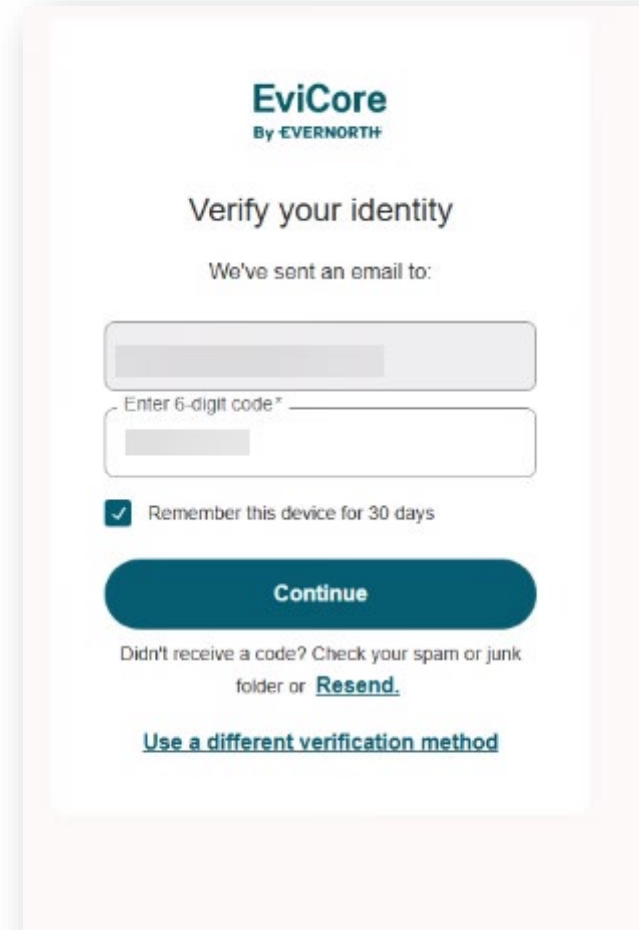
Next

- 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 greyed-out email address field. Then, there is a label 'Enter 6-digit code*' above a text input field. Below the input field is a checked checkbox with the text 'Remember this device for 30 days'. A large teal 'Continue' button is centered. At the bottom, there is a link: 'Didn't receive a code? Check your spam or junk folder or [Resend](#).' and another link: '[Use a different verification method](#)'.

DME Authorization – Landing Page

Under Portals, select CareCore

EviCore

By EVERNORTH

Authorization Lookup

Request An Authorization

Worklist

Portals

Help / Contact

User Access

Hello, M Johnson

My Worklist

Pending

Approved

Partially Approved

Denied

Cancelled

All Statuses

Start typing to search...

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

CareCore

View in progress and pharmacy requests

Manage your account

MSK PPS

MedSolutions

View in progress requests

Manage your account

Claims search

Payment status

Post acute care

Feedback

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Case Build and Submission

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

To begin, please select a program below:

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

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

Please Select ▼

Please Select

Referring Physician

Durable Medical Equipment

[Click here for help](#)

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

Case Build and Submission

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

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

Healthplan:

Please Select

TIN:

NPI:

Last Name:

(requires NPI or TIN)

City:

(city only, no state)

Zip:

SEARCH

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

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

Clinical Certification Request | Select Health Plan

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

Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

CIGNA

200

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

Case Build and Submission

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

Add Your Contact Info

Provider's Name:* [?]
Who to Contact:* [?]
Fax:* [?]
Phone:* [?]
Ext.: [?]
Cell Phone:
Email:

☒ Receive notification of case status changes

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

BACK

CONFIRM FAX AND CONTINUE

Attention!

Time:

Has the DME been delivered or dispensed?

☐ Yes ☐ No

Submit

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

- In the **Who to Contact** field, enter the appropriate information for the point of contact individual
- Provider name, fax and phone will pre-populate, edit as necessary

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

Case Build and Submission

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

This procedure has not been performed. [CHANGE](#)

Durable Medical Equipment(DME)

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

DME

DURABLE MEDICAL EQUIPMENT

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

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

Diagnosis

Primary Diagnosis Code: **Z89.512**

Description: **Acquired absence of left leg below knee**

[Change Primary Diagnosis](#)

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

Secondary diagnosis is optional for Durable Medical Equipment(DME)

LOOKUP

[BACK](#)

[CONTINUE](#)

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

Case Build and Submission

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

Site Email (optional)

Fax [2]

Phone [2]

For DME authorization requests, place of service will be selected as 12 - Home.

BACK

Attention!

Patient ID:

Time: 1

Patient Name:

Date of Service:

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

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

SUBMIT

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

Case Build and Submission

	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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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 "**CONFIRM AND CONTINUE**," you will not be able to edit the Physician, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your online request, be sure to complete the clinical review before exiting the system. Even if you will be submitting additional information at a later time, please continue through the final summary page. Failure to formally submit your full request will cause the record to expire with no additional correspondence from eviCore.

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

BACK

CONFIRM AND CONTINUE

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

Clinical Certification Requests

Example Questions and “Finish Later” function

- + **Clinical Certification** questions will populate based on the information provided
- + You can save your request and finish it later if needed
(**Note:** Make sure to complete (finish) the case before you leave for the day.)
- + Select **Certification Requests in Progress** to resume a saved request (this function is **not** available for single sign on (SSO) users)

Proceed to Clinical Information

Please enter the Primary HCPCS code for this DME request:

How many Units of this HCPCS

SUBMIT

☐ Finish Later

CANCEL

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

Proceed to Clinical Information

Would you like to enter another HCPCS code?

☒ Yes ☐ No

SUBMIT

☐ Finish Later

CANCEL

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

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

Request for Clinical Upload | Medical Information Checklist

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

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

Required Medical information checklist

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

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

UPLOAD

Durable Medical Equipment

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

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

Tips:

- + Providing clinical information via the web is the fastest and most efficient method
- + Enter additional notes in the space provided only when necessary
- + Additional information uploaded to the case will be sent for clinical review
- + Print out a summary of the request that includes the case number and indicates 'Your case has been sent to clinical review'

Summary Screen

Summary of Your Request

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

Your case has been Approved.

Provider Name:	Contact:
Provider Address:	Phone Number:
	Fax Number:
Patient Name:	Patient Id:
Insurance Carrier:	
Site Name:	Site ID:
Site Address:	
Primary Diagnosis Code:	Description:
Secondary Diagnosis Code:	Description:
Date of Service:	
CPT Code:	Description:
Authorization Number:	
Review Date:	
Expiration Date:	
Status:	Your case has been Approved.

CANCEL

PRINT

CONTINUE

Summary of Your Request

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

Your case has been sent to Medical Review.

Provider Name:	Contact:
Provider Address:	Phone Number:
	Fax Number:
Patient Name:	Patient Id:
Insurance Carrier:	
Site Name:	Site ID:
Site Address:	
Primary Diagnosis Code:	Description:
Secondary Diagnosis Code:	Description:
Date of Service:	
CPT Code:	Description:
Case Number:	
Review Date:	
Expiration Date:	
Status:	Your case has been sent to Medical Review.

CANCEL

PRINT

CONTINUE

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



Authorization Lookup Portal 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

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 white with a teal border and contains several links. Below the navigation bar, the 'Resources' section is displayed, featuring a teal header with a book icon and the word 'Resources'. Underneath, there are two teal buttons: 'CLINICAL GUIDELINES' and 'PROVIDER RESOURCES'. Below these buttons, there are three links: 'Clinical Worksheets', 'Network Standards/Accreditations', and 'Training Resources'. To the right of these links, there is a section titled 'I Would Like To' with a list of links: '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, there is a teal button labeled 'GO TO PROVIDER'S HUB >'. At the bottom of the 'Resources' section, there is a section titled 'Learn How To' with three links: 'Submit A New Prior Authorization', 'Find Contact Information', and 'Podcasts'.

Contact EviCore's Dedicated Teams



For assistance with membership, claims, provider network issues, etc., submit the issue to our dedicated teams via EviCore Communication Relationship Management (ECRM):

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

Portal support

- + Live Chat
- + Email: Portal.Support@Evicore.com
- + Phone: 800-646-0418 (option 2)

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 800.298.4806. Representatives are available from 7 a.m. to 7 p.m. local time.

EviCore Communication Relationship Management (ECRM)

For program-related questions or concerns, please submit inquiries via the **EviCore Communication Relationship Management (ECRM)** application. Common issues addressed through ECRM include:

- Questions regarding accreditation and/or credentialing
- Requests for an authorization to be sent to the health plan
- Complaints and grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues
- Issues with EviCore provider portal

ECRM is available **24/7**. Users can login or register [HERE](#).

Additional Information about ECRM can be found on the [Providers' Hub](#).



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



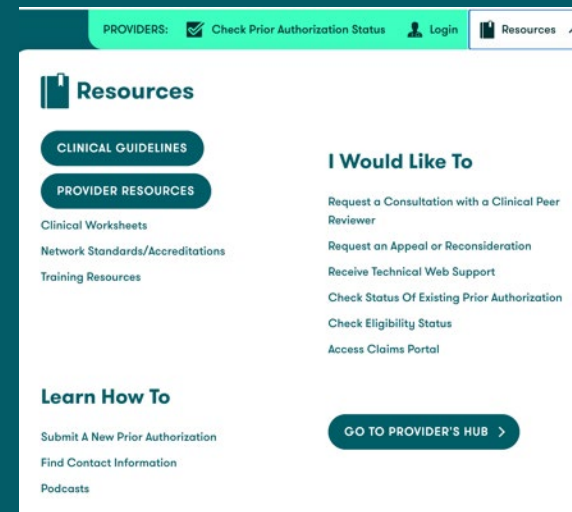
Access Cigna Healthcare's provider resources at:

[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 healthcare" as your health plan



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

Search by Health Plan ...



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: 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 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 >](#)

New P2P Request

Case Ref #: Remove ✓ P2P Eligible

! 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

[Continue](#)

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**

Case Info

1st Case

Case #
Episode ID
Member Name
Member DOB
Member State
Health Plan
Member ID
Case Type MSK Spine Surgery
Level of Review 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...	-	-	-

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 displays the 'Schedule' step of a P2P Request form. At the top, a progress bar shows four steps: Case Info (checked), Questions (checked), Schedule (active), and Confirmation (pending). The form is divided into two main sections: 'P2P Info' and 'P2P Contact Details'.

P2P Info: This section contains a table with the following data:

1st Case	
Case #	
Episode ID	
Member Name	
Member DOB	
Member State	
Health Plan	
Member ID	
Case Type	MSK Spine Surgery
Level of Review	Reconsideration P2P

P2P Contact Details: This section contains several input fields with blue arrows pointing to them:

- 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
- Phone Ext.:** 12345
- Alternate Phone:** (xxx) xxx-xxxx
- Phone Ext.:** Phone Ext.
- Requesting Provider Email:** droffice@internet.com
- Contact Instructions:** Select option 4, ask for Dr. Doe

A yellow 'Submit >' button is located at the bottom right of the form.

Scheduling Summary: Below the form, a 'Scheduling' section shows a calendar icon and the text 'Scheduled'. A summary bar displays a calendar icon, a clock icon, and the text 'Mon 5/18/20 - 6:30 pm EDT'. A red oval highlights the word 'SCHEDULED' in a blue box.

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

