

Care Coordination Request Form

Care Coordination manages the requests for locating servicing providers for in-home care including home health, private duty nursing, durable medical equipment, and home infusion services for **Cigna Commercial members**.

IMPORTANT: Care Coordination does not manage or handle prior authorizations. Any authorization needs will be the responsibility of the servicing provider.

Complete this form (*items in RED are required fields), gather needed documentation, and Email: CareCoordination@evicore.com or Fax: 888-444-1027

CONTACT INFORMATION

Name:	Company:	Phone/Email:
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MEMBER INFORMATION

Member ID#	Last Name:	First Name:
Phone Number:	Date of Birth:	Gender: Male Female
Street Address:	City, State, Zip:	

Is patient discharging from inpatient facility? YES, Please provide the expected DC date: NO

Has the patient had surgery within last 30 days? If so, what procedure and date?

ORDERING PHYSICIAN INFORMATION

Ordering Physician Name:	Ordering Physician NPI Number:
Ordering Physician Phone Number:	Ordering Physician Fax Number:

REQUEST FOR SERVICE

Request Date:	Expected Start of Care/Delivery Date:
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Service Type: Home Health DME Private Duty Nursing HIT (Home Infusion) Sleep

ICD-10 Codes/Description:

Procedure Code:	Describe Code:
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Procedure Code:	Describe Code:
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Procedure Code:	Describe Code:
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MUST HAVE INFORMATION:

- Mobility DME, bathroom DME, and hospital beds will require height and weight
- Nursing for wound care orders need to include wound care type and frequency of SN visits needed
- PDN should include hours and days of the week needed
- HIT will need weight, and pertinent labs are with request

SERVICING PROVIDER INFORMATION (if known)

Service Provider Name:	Service Provider Address:
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Service Provider NPI:	Service Provider Phone:	Service Provider Fax:
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Service Provider Out of Network: YES NO	If Yes, steer to INN or help facilitate SCA process
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Additional Information Pertinent to the Case?

<p>Needed Documentation:</p> <ol style="list-style-type: none"> Completed referral form Current physician order/script Home health provider for signing orders (Following provider) Demographic sheet (include updated address if different) Recent clinical notes (History & Physical or latest office visit) 	<p>For assistance, please call: 800-298-4806, option 7, extension 20142 to speak with an EviCore Care Coordination Representative.</p> <p>Please note: Care Coordination does not manage or process prior authorizations. Any authorization requirements must be handled by the servicing provider.</p>
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