

Integrated oncology management program

Provider quick reference guide

Cigna Healthcare® works with EviCore by Evernorth® (EviCore) to manage prior authorizations for Cigna Healthcare customers who receive oncology drugs in an outpatient setting during cancer treatment. The information below highlights key aspects of this relationship.

Delegated services

EviCore is delegated to provide utilization management services, including prior authorization for medical and pharmacy oncology medications, such as primary chemotherapy and supportive drugs.

Prior authorization

EviCore reviews the entire treatment plan – rather than individual medications – to ensure consistency with National Comprehensive Cancer Network® (NCCN®) oncology practice guidelines (categories 1, 2A, or 2B) or to confirm the drug or biologic is approved by the U.S. Food and Drug Administration (FDA).

To help ensure customers receive cost-effective, evidence-based care, prior authorization is required for Cigna Healthcare customers who:

- Receive services in an outpatient setting, and
- Have a Cigna Healthcare ID card indicating that prior authorization is required for outpatient procedures.

For these customers, EviCore performs prior authorization for oncology management services. For a list of the affected medications that require prior authorization through EviCore, visit <https://www.EviCore.com/resources/healthplan/Cigna>.

Important notes

- The performing facility or provider is responsible for confirming that prior authorization has been requested and approved before services are rendered.
- Nonurgent prior authorization decisions are typically made within two business days after all required clinical information is received. All decisions are made within five business days.¹
- If additional information is needed, EviCore will fax a request to the provider using the fax number on file.

How to request prior authorizations

Portal:

<https://www.EviCore.com> > Providers: Login

Available 24 hours a day; it's the quickest way to create prior authorization requests and check the status of existing cases.

Phone:

866.668.9250

Available 7:00 am–7:00 p.m. ET

Prior authorization for urgent services

- When oncology management services are needed within 48 hours due to a medically urgent condition, the ordering provider must request prior authorization through the EviCore portal or by phone.
- The provider must clearly indicate that the treatment is for medically urgent care.
- Once all required clinical information is received, EviCore will issue a coverage decision within 24 hours.

Value to providers and customers

- EviCore reviews the entire treatment plan – rather than individual medications.
- Treatment plans are evaluated for consistency with NCCN oncology practice guidelines (categories 1, 2A, or 2B), or to confirm that a drug or biologic is approved by the FDA.
- Evidence-based clinical guidelines are applied to support coverage decisions and help confirm that medically necessary care is safe and effective.
- EviCore's case determination software provides individualized, evidence-based care analysis tailored to each customer's condition.
- EviCore's predictive intelligence technology enables near-instant prior authorization approvals when physicians consistently practice within evidence-based guidelines.
- Providers have access to licensed, board-certified clinicians with the same specialty expertise as the treating physician to support oncology management decisions.

Dedicated website support

Providers may contact the EviCore website support team by phone or email:

- Phone: **800.575.4594** (8:00 a.m.–7:00 p.m. ET)
- Email: Portal.support@EviCore.com

Clinical support

EviCore welcomes requests for clinical discussions from rendering providers. An EviCore physician is available to assist when considering oncology management options. To request a clinical discussion, call **866.668.9250**.

Oncology management guidelines

Oncology management coverage guidelines are available at <https://www.EviCore.com/Cigna>.

Claims submissions

Providers should submit claims directly to Cigna Healthcare using the address listed on the back of the patient's Cigna Healthcare ID card.

Clinical appeals submissions

Providers should refer to the denial notification for instructions on submitting an appeal.

To Learn more

Visit our dedicated program website at <https://www.EviCore.com/Cigna> for helpful information:

- Utilization management and prior authorization.
- Clinical quick reference guides.
- Frequently asked questions.

1 Obtaining a medical necessity approval from EviCore isn't a guarantee that Cigna Healthcare will pay for services rendered. The customer must be enrolled in the plan and eligible for benefits on the date you requested the service. Please see plan documents for details about coverage.