Frequently Asked Questions (FAQs) for Cigna Durable Medical Equipment (DME) effective March 7, 2026

Who is EviCore?

EviCore by Evernorth (EviCore) is a specialty medical benefits management company that provides utilization management services for Cigna Healthcare.

Which services require authorization for Cigna Healthcare?

Starting March 7, 2026, Cigna is delegating 49 DME **HCPCS** codes to EviCore. To find a list of HCPCS codes that require authorization through EviCore, please visit: https://www.evicore.com/resources/Healthplan/cigna. Under the General Resources tab, you will find a **Comprehensive list of HCPCS codes**. This list will help guide you with program selection.

Which Durable Medical Equipment services require precertification for Cigna?

Precertification applies to DME services that are:

- Home Based
- Medically Necessary

How do I request an authorization through EviCore?

Providers and/or staff may request authorization in one of the following ways:

- **Web Portal**
  The EviCore portal is the quickest, most efficient way to request authorization and is available 24/7. Providers can request authorization by visiting www.EviCore.com.

- **Phone**
  Providers and/or staff may request authorization by calling 800.298.4806. EviCore's call center hours: Monday – Friday 8 a.m. to 9 p.m. EST and Saturday and Sunday 10 a.m. to 6 p.m. EST.

- **Fax**
  Precertification requests for DME may be faxed to 866.663.7740.

How will I know which program to select to request the procedure I need authorized?

To help you choose the appropriate program for the CPT code needing to be authorized, please visit: https://www.evicore.com/resources/Healthplan/cigna. Under the General Resources tab, you will find a Comprehensive list of CPT codes that will guide you.

What information is required when requesting authorization?

When requesting authorization, please ensure the following information is readily available:

Cigna Member

- First and Last Name
- Date of Birth
- Customer ID Rendering

Ordering Provider

- First and Last Name
- National Provider Identification (NPI) Number
- Phone and Fax Number

Rendering (Performing) Provider

- Facility Name
- National Provider Identification (NPI) Number
- Street Address
- Phone and Fax Number

Clinical(s)

- Pertinent clinical information to substantiate medical necessity for requested service
- Diagnosis Code
- HCPCS Code(s)
- Recent clinical exam and test(s) that explain the need for the service or procedure
- Previous test results when applicable
- For specific program guidance, please refer to the Required Medical Information Checklist found under **Training Resources** on our Provider's Hub at Provider's Hub | EviCore by Evernorth

Where can I access EviCore healthcare's clinical worksheets and guidelines?

EviCore's clinical worksheets and evidence-based guidelines are available online 24/7 and may be found by visiting the following links:

- Clinical Worksheets: Clinical Worksheets & Online Forms | EviCore by Evernorth
- Clinical Guidelines: Guidelines for Cigna Healthcare Membership | EviCore by Evernorth

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How do I check the eligibility and benefits of a Cigna member?

Member eligibility and benefits should be verified on Cigna Healthcare's website at www.CignaForHCP.com before requesting authorization through EviCore. Eligibility may also be verified at www.evicore.com through the authorization process.

When will I receive the authorization notice once my case has been approved?

The timeframe to process a standard request will vary by the service type requested, plan and/or state mandates.

Once the authorization request has been approved, the authorization information will be provided to the ordering and rendering provider. The determination notice may also be printed on demand from the EviCore portal at www.EviCore.com. The customer will receive an approval letter by mail.

If denied, what follow-up information will the referring provider receive?

When a request does not meet medical necessity using evidence-based guidelines, an adverse determination is made, and the request is denied. In those cases, a denial letter with the rationale for the decision, reconsideration options and appeal rights will be issued to the ordering physician, rendering facility and the Cigna member. Adverse determinations letters can be printed on demand from the EviCore portal at www.EviCore.com.

In the event of an adverse determination, what post-denial processes are available?

A reconsideration is a post-denial, pre-appeal opportunity to provide additional clinical information. A reconsideration may be requested anytime, until an appeal is received. Reconsiderations may be requested by phone at or via a peer-to-peer consultation with an EviCore physician.

EviCore will process first-level appeals. Delegation of second level appeals will vary by plan and/or state. The process and timeframe for submitting an appeal will be outlined in the determination letter.

What is the peer-to-peer consultation (P2P) process?

If a request is not approved and requires further clinical discussion for approval, we offer peer-to-peer consultations (P2P) with referring physicians and an EviCore Medical Director. P2Ps may result in either a reversal of decisions to deny or an uphold of the original decision. A P2P may be self-scheduled on the provider portal via the Authorization Look-up feature. Practitioners may also request a P2P by visiting: www.evicore.com/provider/request-a-clnical-consultation or by calling EviCore at 800.298.4806.

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How do I check on an existing authorization request?

Our web portal provides 24/7 access to check the status of existing authorizations. Please visit www.EviCore.com and sign in with your login credentials.

Providers and/or staff may also contact EviCore's call center by calling 800.298.4806

Does EviCore review cases retrospectively if no authorization was obtained?

Typically, retrospective requests must be initiated within 15 days following the date of service (except for Global and NALC members which have 365 days to submit a retro request).

Retrospective requests will be reviewed for medical necessity. When authorized, the start date will be the date of the request/episode date.

How long is an approved authorization valid?

Purchases are typically valid for 180 days. Daily rentals and monthly rentals are valid for the number of units (days or months) approved.

If the service is not performed within the timeframe provided, please contact EviCore.

Note: Authorizations performed outside of the authorized timeframe can lead to a possible denial of claims payment.

What happens if the requested service is denied but a different service is deemed more appropriate?

Provider offices can call EviCore at 800.298.4806 to accept the Alternative Recommendation within 60 days.

If the provider accepts the Alternative Recommendation, the denied case can be approved with the recommended service. It may be necessary for the EviCore agent to withdraw the denied case, and a new case will be created and approved with the recommended service.

What if an authorization is issued and revisions need to be made?

The requesting provider should contact EviCore by phone with any change to the authorization. It is very important to update EviCore of any changes to the authorization for claims to be correctly processed for the facility that receives the member.

Where can a provider find additional educational materials regarding the prior authorization process?

For more information and reference documents, please visit our resource page at: www.evicore.com/resources/healthplan/Cigna Healthcare.

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How do I submit a program related question or concern?

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

Who do I contact for portal support/questions?

To speak with a Web Portal Specialist, please call 800.646.0418 (Option #2) or use the Live Chat feature within the portal. Our dedicated Web Portal Support team can assist providers in navigating the portal and addressing any portal related issues during the online submission process.

How do I determine if a provider is in network?

To find a participating provider, go to Cigna Healthcare.com > Find a Doctor>Find a Doctor>Dentist or Facility, or call EviCore at 800.298.4806.

Where do I submit my claims?

All claims should be submitted directly to Cigna Healthcare. Check the customer ID card for the claims address. All inquiries regarding Cigna Healthcare claims submissions should be directed to Cigna Healthcare.

If the available self-service tools do not provide claim resolution, providers should contact Cigna Healthcare through www.Cigna Healthcareforhcp.com or 800.88Cigna Healthcare (800.882.4462).

What is Cigna Healthcare's payor ID number?

The payor ID used to submit a claim to Cigna Healthcare through electronic billing is 62308.

Are providers required to enroll in Electronic Funds Transfer?

Providers are required to enroll in Electronic Fund Transfer (EFT) with **Cigna Healthcare** in order to receive electronic payment for services rendered.

Providers are encouraged to utilize Cigna Healthcare's provider's self-service tools to manage accounts receivables at www.Cigna Healthcareforhcp.com for:

- Electronic Funds Transfer (EFT)

- Remittance Reports and Claim Status Inquiry 835/837

Can providers use clearinghouses to submit ERA forms for electronic claims submissions and payments?

Yes, as long as the other vendor is licensed. Providers should include their submitter ID and relevant information on the ERA form.