

Who is EviCore by Evernorth?

EviCore is an independent specialty medical benefits management company that provides utilization management services for Cigna Healthcare.

Which Cigna Healthcare customers will EviCore manage for the Vascular Intervention program?

EviCore will manage prior authorization for Cigna Healthcare customers who are enrolled in the following plans:

Commercial

- + US Commercial (OAP/PPO/HMO)
- + Payer Solutions
- + Individual Family Plans (IFP)
- + Alliances

What is EviCore's Vascular Intervention program?

EviCore's Vascular Intervention Program consists of Prior Authorization Medical Necessity Determinations for various procedures to treat arterial and venous disease. Arterial disease can affect multiple vessels across the body: the brain, the arms, the abdomen and the lower extremities. Those blockages can lead to symptoms such as stroke, bleeding, claudication, ischemic rest pain and non-healing wounds or gangrene, but many times can be asymptomatic, mild, or moderate. Only symptomatic or severe disease warrants an intervention based on evidence-based guidelines.

Venous disease can be a result of either thrombosis (clotting) or reflux due to poorly functioning valves. Venous diseases are common and often asymptomatic. If medically indicated, there are a number of procedures that can be performed to relieve pain and/or non-healing wounds that result from poorly functioning veins. Lastly, the vascular intervention program also addresses rare diseases in peripheral arterial disease such as arteriovenous malformations and vascular compression syndromes.

Which Vascular Intervention services require prior authorization for Cigna Healthcare?

Go to the health plan provider resource site at [Cigna Provider Resources | EviCore by Evernorth](#).
Select Solution Resources > Select the correct solution > Select CPT Codes

Who needs to request prior authorization through EviCore?

All physicians who request or order Vascular Intervention services are required to obtain prior authorization for EviCore-delegated procedures prior to the service being rendered in an office or outpatient or inpatient setting.

Do services performed in an inpatient setting, emergency room or observation unit require prior authorization through EviCore?

If EviCore designates a procedure to be outpatient but the provider requests it to be inpatient, EviCore will review it for medical necessity. However, any services performed in an emergency room or observation unit do not require prior authorization through EviCore

How do I request prior authorization through EviCore?

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

- + **Web Portal**

The EviCore portal is the quickest, most efficient way to request prior authorization and is available 24/7. Providers can request authorization by visiting [Provider's Hub | EviCore by Evernorth](#).

- + **Call Center**

EviCore's call center is open from 7 a.m. to 7 p.m. local time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling 866-668-9250.

- + **Fax**

Providers and/or staff can fax prior authorization requests by completing the clinical worksheets found on EviCore's website at [Clinical Worksheets & Online Forms | EviCore by Evernorth](#).

How do I check on an existing prior authorization request for a patient?

Our web portal provides 24/7 access to check the status of existing authorizations. To check the status of your authorization request, please visit [Homepage | EviCore by Evernorth](#) and sign in with your login credentials, then go to the Authorization Lookup tab.

What information is required when requesting prior authorization?

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

Customer

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

Ordering Provider

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

Rendering (Performing) Provider

- + Facility Name
- + National Provider Identification (NPI) Number
- + Tax Identification Number (TIN)
- + Street Address

Clinical Information

- + Requested Procedure Codes (CPT Codes)
- + Recent (within 6 months) in-person clinical evaluation which includes a detailed history and physical exam
- + Imaging studies, including ankle-brachial indices, arterial duplex, or angiograms if applicable
- + Prior procedure reports
- + Reports from other providers participating in treatment of the relevant condition

How long is the authorization valid?

Outpatient authorizations are valid for 180 calendar days from the date of approval. If the service is not performed within 180 calendar days from the issuance of the authorization, please contact EviCore. Inpatient authorizations are valid for date of service plus Length of Stay.

What is the most effective way to get authorization for urgent requests?

Urgent requests are defined as a condition that is a risk to the patient's health, ability to regain maximum function and/or the patient is experiencing severe pain that requires a medically urgent procedure. Urgent requests may be initiated on our web portal at [Provider's Hub | EviCore by Evernorth](#) or by contacting us at 866-668-9250. Urgent requests will be processed within 24 hours from the receipt of complete clinical information.

Note: Please select urgent for those cases that truly are urgent and not simply for a "quicker" review. Also, please note that any request marked as urgent that does not meet guidelines to be considered urgent may be reassigned as a routine case.

How do I check the eligibility and benefits of a patient?

Patient eligibility and benefits should be verified on [Health Care Providers | Cigna Healthcare](#) before requesting prior authorization through EviCore.

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

EviCore's clinical worksheets and guidelines are available online 24/7 and can be found by visiting one of the following links:

- + **Clinical Worksheets**
[Clinical Worksheets & Online Forms | EviCore by Evernorth](#)
- + **Clinical Guidelines**
[Clinical Guidelines | EviCore by Evernorth](#)

After I submit my request, when and how will I receive the determination?

After all clinical info is received, for normal (non-urgent) requests a decision is made within 2-3 business days. For urgent requests, a decision is made within 24 or 72 hours depending on state requirements.

What are my options if I receive an adverse determination?

The referring and rendering provider will receive a denial letter that contains the reason for denial as well as reconsideration and appeal rights process.

Note: The referring provider may request a Peer-to-Peer consultation with an EviCore Medical Director to review the decision. They may also submit a written request for a reconsideration review. EviCore will make a decision within 1 day for verbal requests and 5 days for written requests.

Does EviCore review cases retrospectively if no authorization was obtained?

Retrospective requests must be initiated by phone within 15 business days following the date of service. Please have all clinical information relevant to your request available when you contact EviCore.

How do I make a revision to an authorization that has been performed? How do I make a revision to authorization that has not been performed?

The requesting provider or patient should contact EviCore at 866-668-9250 with any change to the authorization, whether the procedure has already been performed or not. It is very important to update EviCore of any changes to the authorization in order for claims to be correctly processed for the facility that receives the patient.

What information about the prior authorization will be visible on the EviCore website?

The authorization status function on the website will provide the following information:

- + Prior Authorization Number/Case Number
- + Status of Request
- + Site Name and Location
- + Prior Authorization Date
- + Expiration Date

How do I determine if a provider is in network?

Participation status can be verified on the secured provider log-in section at: [Health Care Providers | Cigna Healthcare](#). Providers may also contact EviCore by calling 866-668-9250. EviCore receives a provider file from Cigna Healthcare with all independently contracted participating and non-participating providers.

Does Cigna Healthcare recognize billable coding groupings?

While Cigna does recognize billable coding groupings, it does reserve the right to request additional supporting information if the billed CPT is different than the original CPT submitted for review. If you have already performed the procedure and found that you need to submit a different CPT from your original request and have not yet submitted a claim, you may submit a retrospective case with the new CPT for review within 15 calendar days of the procedure. If you have submitted a claim and it has been denied, we recommend appealing the claim denial and including clinical justification to support the claim.

Where do I submit my claims?

All claims will continue to be filed directly to Cigna Healthcare.

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 web support/questions?

To speak with a Web Portal Specialist, please call 800.646.0418 (Option #2) or email portal.support@evi-core.com. Our dedicated Web Portal Support team can assist providers in navigating the portal and addressing any web- related issues during the online submission process.

What are the benefits of using EviCore's web portal?

The EviCore web portal provides 24/7 access to submit or check on the status of your request. The portal also offers additional benefits for your convenience:

- + **Speed** – Requests submitted online require half the time (or less) than those taken telephonically.
- + **Efficiency** – Medical documentation can be attached to the case upon initial submission, reducing follow-up calls and consultation.
- + **Real-Time Access** – Web users are able to see real-time status of a request.
- + **Patient History** – Web users are able to see both existing and previous requests for a patient.

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page at [Cigna Provider Resources | EviCore by Evernorth](#).