EviCore
By EVERNORTH

Home Health (HH) Programs Frequently Asked Quests (FAQs)

Who is EviCore?

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

Which Home Health services require pre-certification for Cigna Healthcare?

Pre-certification applies to DME services that are:

- Home Based
- Medically Necessary

Pre-certification applies to the following Home Health services:

- Nursing
- Therapies
- Social Work
- Home Health Aides

To find a complete list of HCPCS codes that require pre-certification through EviCore, please visit: https://www.evicore.com/resources/healthplan/cigna. Navigate to the Solution Resources tab to access the Home Health Resources, including the list of HCPCS codes.

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

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

How do I request a pre-certification through EviCore?

Providers and/or staff may request pre-certification in one of the following ways:

- **Web Portal**
  The EviCore portal is the quickest, most efficient way to request pre-certification and is available 24/7. Providers can request a pre-certification by visiting www.evicore.com.
- **Phone**
  Providers and/or staff may request pre-certification by calling 866.668.9250. 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**
  Pre-certification requests for Home Health may be faxed to: 800-575-4429.

How do I revise an existing Home Health pre-certification request?

Providers should contact Cigna Healthcare Customer Service at 800.88Cigna Healthcare (800.882.4462) if changes are needed to HCPCS Code(s) on an existing case.

How do I check on an existing pre-certification request for a customer?

Our web portal provides 24/7 access to check the status of existing pre-certifications. 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 866.668.9250.

What information is required when requesting pre-certification for Home Health?

When requesting pre-certification, please ensure the following information is readily available:

Customer

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

HH Provider

- HH Provider Name
- National Provider Identifier (NPI)
- Tax Identification Number (TIN)
- Phone and Fax Number

Referring Physician

- Physician Name
- National Provider Identifier (NPI)
- Tax Identification Number (TIN)
- Phone and Fax Number Current Supporting Clinical
- Written prescription
- Certificate of medical necessity (CMN)
- Preauthorization request form
- Most recent office visit notes
- Current detailed invoice listing all requested equipment
- Diagnosis (if part of discharge plan, include the admitting diagnosis)
- Applicable patient history (i.e. physical exam findings, wound or incision/location, etc.)
- HCPCS code(s)

What information is required when requesting pre-certification for Home Health?

When requesting pre-certification, please ensure the following information is readily available:

Pre-certification Details

- Site of Care demographics
- Patient demographics
- Services requested
- Home Health ordering physician demographics (including phone and fax)
- Anticipated date of discharge

Clinical Information

- ICD10 code
- Clinical progress notes
- Wound or incision/location and stage (if applicable)
- Discharge summary (when available)

Mobility and Functional Status

- Prior and current level of functioning
- Focused therapy goals: PT/OT
- Therapy progress notes including level of participation
- Discharge plans (include discharge barriers, if applicable)

*Forms can be found on the EviCore resource page: https://www.evicore.com/resources/healthplan/Cigna Healthcare

When will I receive the pre-certification number once it has been approved?

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

Pre-certification status will be communicated by Cigna Healthcare to the ordering physician & rendering provider. Customers will receive a pre-certification letter by mail. Pre-certification status can also be viewed on demand on the EviCore Portal at www.evicore.com.

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

A reconsideration may be requested any time before an appeal is received. Reconsiderations may be requested by phone by calling the number indicated on the customer's ID card or via a peer-to-peer consultation with a Cigna Healthcare physician.

Appeal requests may be submitted to Cigna Healthcare in writing via US Mail or by fax. Cigna Healthcare will process first-level appeals. Delegation of second level appeals will vary by plan and/or state. The timeframe for submitting an appeal and the address and fax number for appeals will be provided in the determination letter. The appeal determination will be communicated by Cigna Healthcare to the ordering physician and customer.

How will Cigna Healthcare communicate determination letters and who do I contact if I do not receive the letter?

Determination letters will be mailed by Cigna Healthcare to the ordering physician & rendering provider. Customers will receive a letter by mail. In the event that the determination letter has not been received, providers and customers should contact Cigna Healthcare by calling the number indicated on the customer's ID card.

What is the peer-to-peer consultation process?

If a request is not approved and requires further clinical discussion for approval, Cigna Healthcare offers peer-to-peer consultations with referring physicians.

Peer-to-peer consultations may result in either a reversal of decision to deny, or an uphold of the original decision. A peer-to-peer consultation may be requested by calling the number indicated on the customer's ID card or via fax. Your determination letter is the best source of information on how to schedule a peer-to-peer consultation.

When additional clinical information is needed, will Cigna Healthcare make a verbal outreach to the provider in addition to the hold letter?

Cigna Healthcare will attempt to contact the provider via telephone before sending the letter.

Does Cigna Healthcare review cases retrospectively if no pre-certification was obtained?

The timeframe to submit retrospective requests may vary based on the specific plan or state regulation. To inquire about a retrospective request, please call the number on the customer's ID card.

How long is a Home Health pre-certification valid?

Pre-certifications are typically valid for 90-180 days from the date of the final submission/determination. Timeframe will vary by the service type requested, plan and/or state regulations. Pre-certifications performed outside of the authorized timeframe can possibly lead to a denial of claims payment. If the service is not performed within the timeframe provided, please contact Cigna Healthcare.

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 866-668-9250.

How do I submit a program related question or concern?

- Access: ECRM Services
- ECRM educational resources: ECRM Resources | EviCore by Evernorth
- Trouble using ECRM? Send an email to: ECRMSupport@EviCore.com

Do all Cigna Healthcare commercial members follow the same authorization rules?

There are different authorization rules for certain commercial memberships. You can check customer eligibility and benefits and coverage policies on the secured provider log-in section at Cigna HealthcareforHCP.com. In addition, when requesting an authorization for a Cigna Healthcare customer in the EviCore portal, you will receive a pop-up message to alert you of exceptions regarding pre-certification requirements for the customer. This will depend on the customer's plan, as well as the service type requested.

Who do I contact for EviCore web support/questions?

To speak with a Web Portal Specialist, please use call 800.646.0418 (Option #2) or select "Help/Contact us" for a "Live Chat" session. Our dedicated Web Portal Support team can assist providers in navigating the portal and addressing any web-related issues during the online submission process.

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 claim 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 both **Cigna Healthcare and EviCore** in order to receive electronic payment for services rendered.

Providers are encouraged to utilize Cigna Healthcare 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

EviCore EFT forms can be requested and returned via email by submitting a ECRM Services ticket.

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.

Where can a provider find additional educational materials?

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