

HOME HEALTH

# Cigna Healthcare Commercial

Provider Orientation

**EviCore**  
By EVERNORTH



**Users can now submit prior authorization requests for Home Health services for Cigna Healthcare members via the EviCore by Evernorth (EviCore) portal. The clinical review will be performed by Cigna.**

**Prior authorization applies to the following services:**

- + Home based
- + Nursing
- + Therapies
- + Social Work
- + Home Health Aides

**Prior authorization does NOT apply to services performed in:**

- + Hospital Setting
- + Skilled Nursing Facilities (SNFs)
- + Surgical Settings

*To find a complete list of procedure codes that require pre-certification, please visit:*

[Cigna Provider Resources | EviCore by Evernorth](#)



**Providers should verify member eligibility and benefits on the secured provider log-in section at: [Cigna for Health Care Professionals](#)**

## Hold process | Share Documentation to Support Medical Necessity

If during case build all required pieces of documentation are not received, or are insufficient to reach a determination, the following will occur:

A Hold Letter will be faxed to the Requesting Provider requesting additional documentation

The Hold notification will inform the provider about what clinical information is needed as well as the date by which it is needed.

The Provider must submit the additional information to Cigna Healthcare

Requested information must be received within the timeframe as specified in the Hold Letter. Cigna Healthcare will review the additional information and reach a determination.

Cigna Healthcare will review the additional documentation and reach a determination

Determination notifications will be communicated to the ordering physician and the rendering provider by Cigna Healthcare

## If clinical information is needed, please be able to supply the following information:

- + Current physicians order/script
- + Current detailed invoice listing all requested equipment
- + Clinical and/or therapy progress notes
- + Medication list
- + Anticipated date of discharge
- + Discharge plans and/or summary (when available)
- + Wound or incision/location and stage (if applicable)
- + Time Audit Tool-required for PDN services\*
- + Therapy goals and level of functioning

Please refer to the guidelines for the particular (CPT) codes for which you are requesting prior authorization at: [Clinical Guidelines | EviCore by Evernorth](#)



# Prior Authorization Outcomes, Special Considerations, and Post Decision Options



# Outcomes | Approvals and Denials

- + Approved requests are typically processed in two business days after receipt of all necessary clinical information.
- + Denied request communications will include:
  - + Rationale and guidelines relied upon
  - + Post decision options
- + Decision communications will be shared with the ordering provider and the rendering facility/provider.
- + Decision information can be printed or saved on demand from the EviCore portal.
- + The member will receive the letter in the mail.



# Post Decision Options

## Reconsiderations

- + A reconsideration is a post-denial, pre-appeal opportunity to provide additional clinical information
- + A reconsideration can be requested any time, up until an appeal is received
- + Reconsiderations can be requested by phone, by calling the number indicated on the customer's ID card, or via clinical consultation.

## Appeals

- + Cigna Healthcare will process first-level appeals. Delegation of second level appeals will vary by plan and/or state regulations.
- + The timeframe to submit an appeal request will be outlined on the determination letter and is typically within 180 days of the adverse decision\*
- + Appeal requests can be submitted to Cigna in writing via fax or US Mail. The Cigna Healthcare appeal address and fax number will be provided on the determination letter.
- + Customers or providers with appeal questions may call the number indicated on the customer's ID card
- + The appeal determination will be communicated by Cigna to the ordering provider and the customer

- + Appeal turnaround times may vary based on regulation:
  - + Expedited - 72 hours
  - + Standard customer - 30 days
  - + Standard Provider - 60 days

# Peer to Peer Clinical Consultations

- + 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



# Special Circumstances

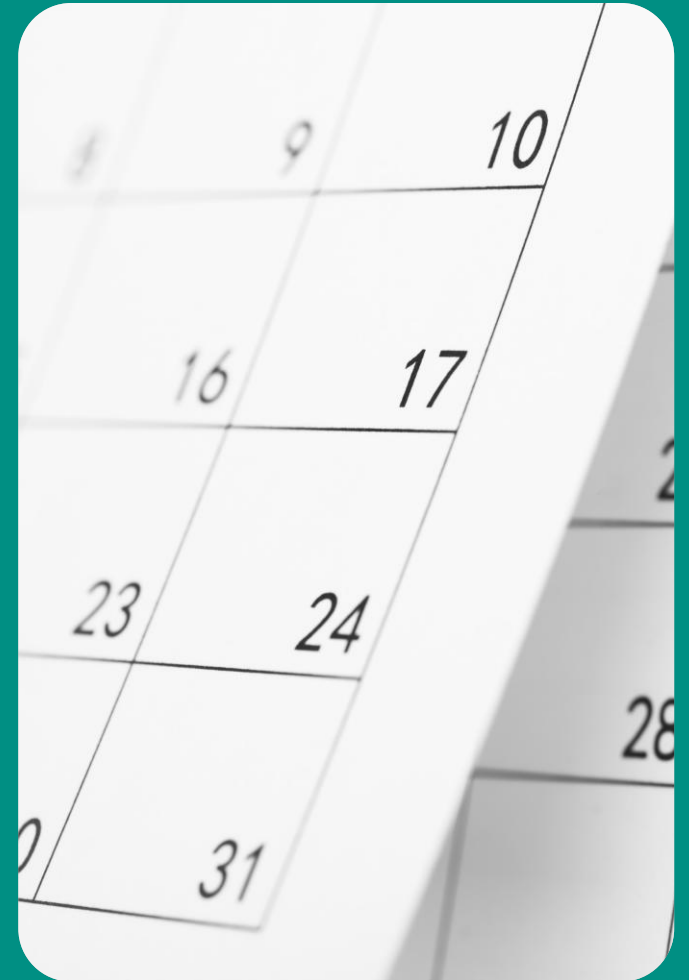
## Retrospective Authorization Requests

### Same Day Precertification Requests (start of care date is the same as the current date)

- + Same day precertification and retrospective authorization requests should be submitted directly to Cigna Healthcare by calling 1.800.88Cigna (800.882.4462) or the number on the back of the customer's card.
- + Providers will need to call Cigna Healthcare and ask for escalation for same day precertification requests
- + Providers should have all required clinical information on hand before making the call to obtain a timely precertification determination

### Retrospective (Retro) Authorization Requests (after the date of service)

- + Any authorization request submitted after the date of service
- + Timeframe to submit a retro request may vary by plan and/or state regulations
- + Retrospective determinations will be communicated by Cigna Healthcare



# Special Circumstances

## Urgent Requests for Home Health

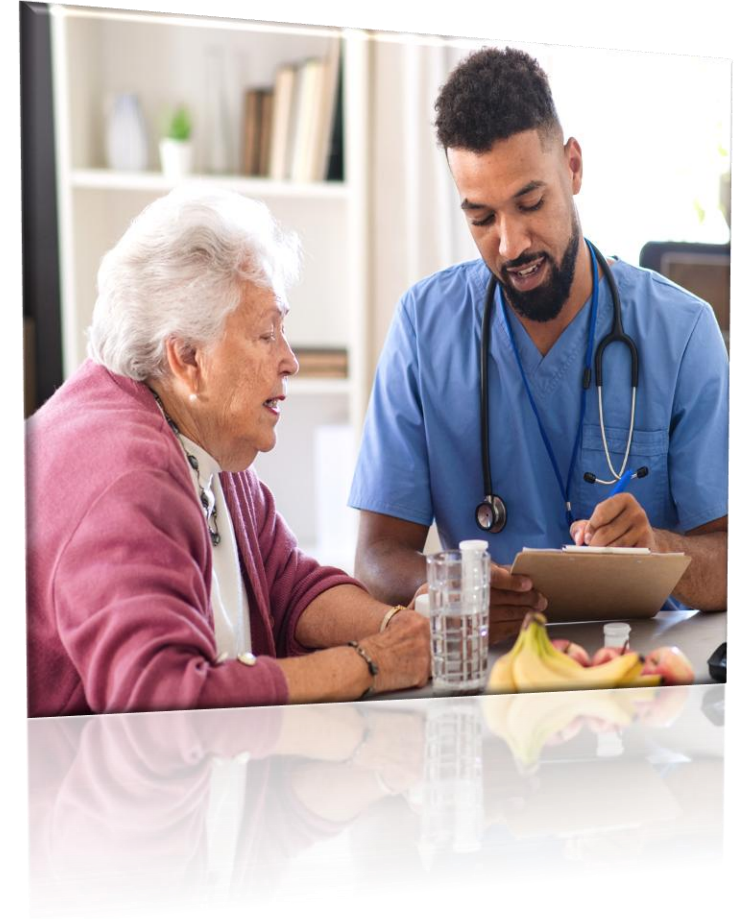
- + Urgent requests with a start of care date the same as the current date should be submitted directly to Cigna Healthcare by calling 1.800.88Cigna (800.882.4462) or the number on the back of the customer's card.
- + Urgent requests with a date of service after the current date can be initiated on the EviCore provider portal or by calling: 866-668-9250.
- + Cigna uses the NCQA/URAC definition of urgent: when a delay in decision-making may seriously jeopardize the life or health of the customer
- + Cigna Healthcare will make a decision on an urgent case that meets this definition within 72 hours.



# EviCore offers Care Coordination for DME

## EviCore Care Coordination will provide the following services:

- + Care Coordination will work with the Cigna HealthCare member, ordering provider, and servicing provider through the entirety of the case from obtaining orders and required clinical documentation to ensure that the order is processed appropriately.
  - + To find a participating provider, call EviCore at 866-668-9250 or go to: **Cigna.com > Find a Doctor > Find a Doctor, Dentist or Facility**
  - + Note: For complex cases, EviCore may forward referral information to the rendering provider on behalf of the referring provider.
- + Service validation includes contacting the customer to verify the start-of-care date and confirming whether equipment or medical supplies were delivered on the expected arrival date. During validation, Care Coordination ensures the customer feels their healthcare needs are being met and confirms the customer has a clear understanding of how to properly use the equipment and/or supplies.
- + Follow up with the servicing provider when there is an issue with the DME services or an issue with the delivery or service item received.
- + Work with Cigna Healthcare Case Manager to ensure the customer receives ongoing services (when applicable) with focus on total health care needs.





# EviCore's Provider Portal

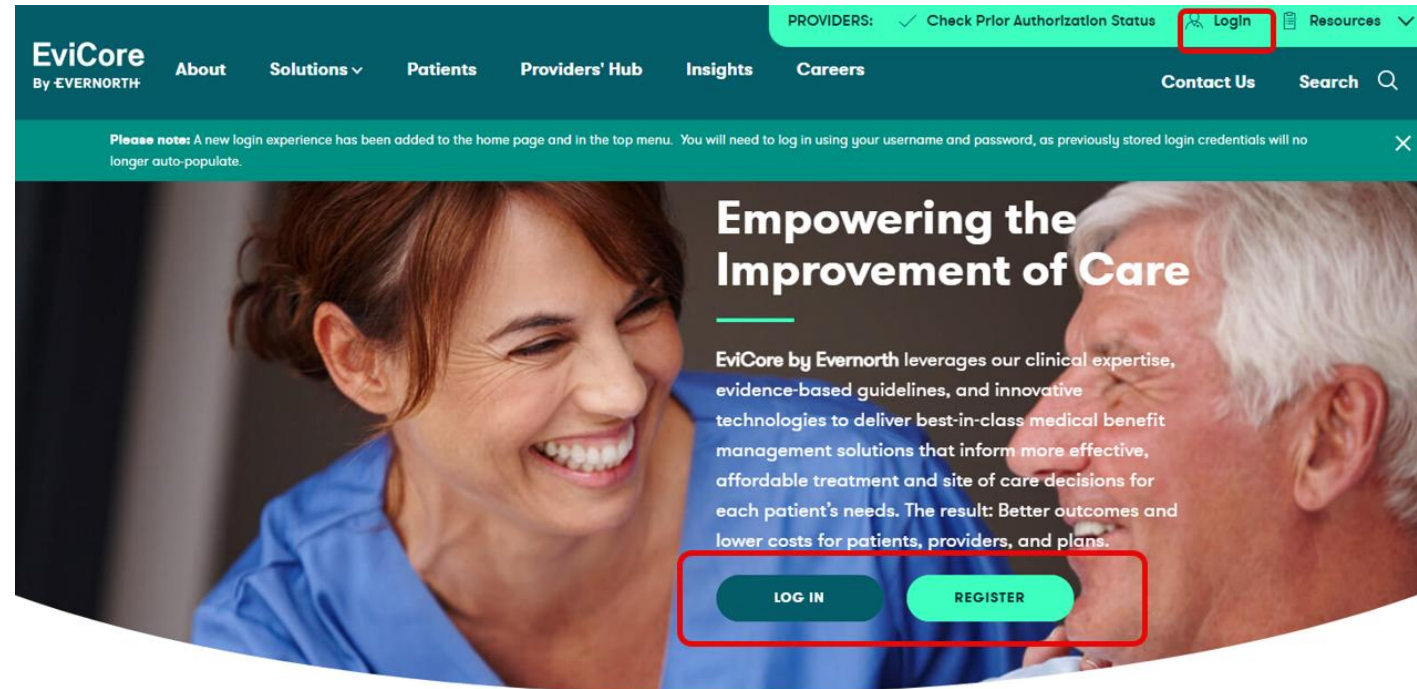
# EviCore Provider Portal | Access and Compatibility

**Most providers are already saving time submitting clinical review requests online vs. telephone.**

+ To access resources on the EviCore Provider Portal, visit [Homepage | EviCore by Evernorth](#)

+ Already a user?  
**Log in** with User ID & Password.

+ Don't have an account?  
Click **Register Now**.



EviCore's website is compatible with **all web browsers**. If you experience issues, you may need to **disable pop-up blockers** to access the site.

# Creating/Registering for an EviCore Provider Portal Account

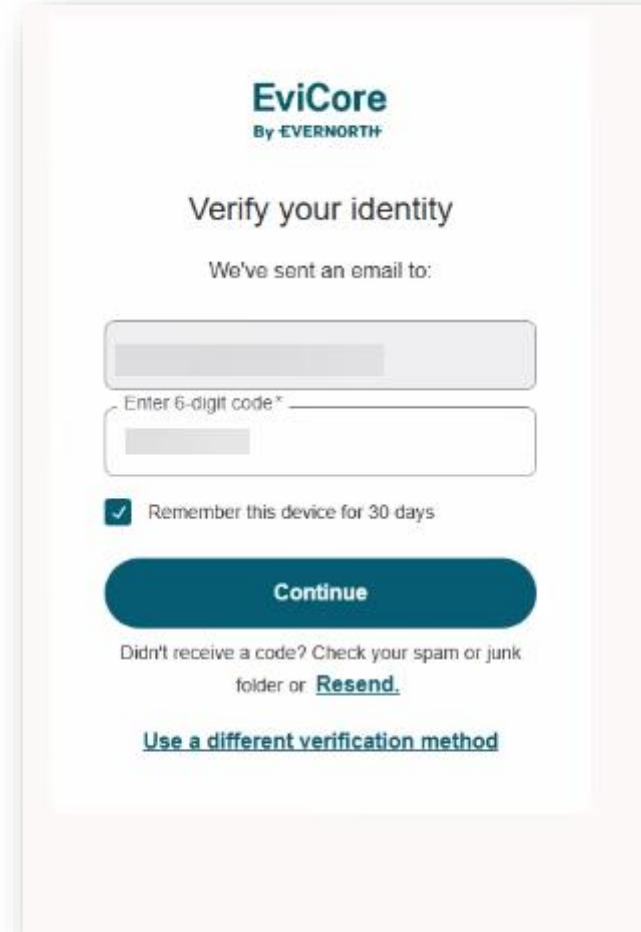
The screenshot displays the EviCore registration form. At the top left is the EviCore logo with 'By EVERNORTH' underneath. The form is titled 'User Information' in the top left corner, and a 'Next' button is in the top right corner. The form is divided into three main sections: 'User Information', 'Contact Info', and 'Physician/Facility Information'. The 'User Information' section contains three input fields: 'First Name' (placeholder: 'Enter first name'), 'Last Name' (placeholder: 'Enter last name'), and 'User Name' (placeholder: 'Create user name'). The 'Contact Info' section contains four input fields: 'Email' (placeholder: 'Enter email'), 'Confirm Email' (placeholder: 'Confirm email'), 'Phone' (placeholder: 'Phone number'), and 'Ext (optional)' (placeholder: 'Extension'). The 'Physician/Facility Information' section contains two input fields: 'Individual NPI' (placeholder: 'Enter NPI') and 'Tax ID' (placeholder: 'Enter Tax ID'). A mouse cursor is visible near the bottom right of the form.

- Complete the User Information section in full and **Submit Registration**.
- You will immediately be sent an email with a link to verify your account and create a password. Once you have created a password, you will be redirected to the login page.

# Setting Up Multi-Factor Authentication (MFA)

To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

- After you log in, you will be prompted to register your device for MFA.
- Choose which authentication method you prefer: Email or SMS. Then, **enter your email address or mobile phone number**.
- Once you select **Send PIN**, a 6-digit pin will be generated and sent to your chosen device.
- After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.

A screenshot of the EviCore MFA verification interface. At the top is the EviCore logo with 'By EVERNORTH' underneath. The main heading is 'Verify your identity'. Below this, it says 'We've sent an email to:' followed by a text input field containing a blurred email address. Underneath is a label 'Enter 6-digit code\*' and a corresponding numeric input field. A checkbox with a checkmark is labeled 'Remember this device for 30 days'. A large teal 'Continue' button is centered below. At the bottom, there is a link: 'Didn't receive a code? Check your spam or junk folder or [Resend](#).' and another link: '[Use a different verification method](#)'.

# Building a Case on EviCore's Provider Portal

# DME Authorization – Landing Page

Under Portals, select CareCore

EviCore

By EVERNORTH

Authorization Lookup

Request An Authorization

Worklist

Portals

Help / Contact

User Access

Hello, M Johnson

My Worklist

Pending

Approved

Partially Approved

Denied

Cancelled

All Statuses

Start typing to search...

| Request ID        | Authorization ID | Patient | Status | Submitted | End Date | Procedure | Ordering Provider | Site of Service | Insurer |
|-------------------|------------------|---------|--------|-----------|----------|-----------|-------------------|-----------------|---------|
| No Data Available |                  |         |        |           |          |           |                   |                 |         |

CareCore

View in progress and pharmacy requests

Manage your account

MSK PPS

MedSolutions

View in progress requests

Manage your account

Claims search

Payment status

Post acute care

You may edit your password, email, and phone number by linking on your name in the upper right-hand corner and select “Profile”.

Feedback

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# Provider Shared Worklist

EviCore

By EVERNORTH

Hello,

Authorization Lookup

Request An Authorization

Worklist

Portals

Help / Contact

User Access

My Worklist

Pending

Approved

Partially Approved

Denied

Cancelled

All Statuses

Start typing to search...

Q

| Request ID | Authorization ID | Patient | Status | Submitted | End Date | Procedure | Ordering Provider | Site of Service | Insurer |
|------------|------------------|---------|--------|-----------|----------|-----------|-------------------|-----------------|---------|
|------------|------------------|---------|--------|-----------|----------|-----------|-------------------|-----------------|---------|

David Gates will have access to your worklist

X

Give access to your worklist

Use this form to give users access to your worklist

User ID

Email

Allow access

35 people have access to your worklist.

View List

X

To allow others to view your worklist while you are out of the office you can add them by selecting “User Access” and add their User ID and Email Address. They must have an EviCore account to be added.

# Case Build and Submission

|      |                       |                      |                    |                        |                                    |                                       |           |              |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|
| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Add Provider |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|

## Request an Authorization

To begin, please select a program below:

- ☐ Durable Medical Equipment(DME)
- ☐ Evicore Medical Oncology Pathways
- ☐ Gastroenterology
- ☐ Gene Therapy
- ☒ Home Health
- ☐ Lab Management Program
- ☐ Medical Specialty Drugs
- ☐ Musculoskeletal Management
- ☐ Pharmacy Drugs (Express Scripts Coverage)
- ☐ Radiation Therapy Management Program (RTMP)
- ☐ Radiology and Cardiology/Vascular Intervention
- ☐ Sleep Management

CONTINUE

- + Choose Clinical Certification to begin a new case request
- + Select the appropriate program
  - + Home Health

# Case Build and Submission

|      |                       |                      |                    |                        |                                    |                                       |           |              |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|
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|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|

## Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

|                      |        |              |
|----------------------|--------|--------------|
| <input type="text"/> | SEARCH | CLEAR SEARCH |
|----------------------|--------|--------------|

|        | Provider              |
|--------|-----------------------|
| SELECT | NPI and Provider Name |
|        |                       |

If the provider's NPI is not listed above, please use the search feature below to add a new provider and continue with case build.

|                |                      |        |
|----------------|----------------------|--------|
| Search By NPI: | <input type="text"/> | SEARCH |
|----------------|----------------------|--------|

|      |          |
|------|----------|
| BACK | CONTINUE |
|------|----------|

[Click here for help](#)

Enter the provider's name or NPI and select "Search". Click on the "Select" button for the correct provider.

**Practitioners/groups may be added to your account prior to case submission (optional).**

### To add practitioners or groups:

- Click the Add Provider tab to add provider information
- Select Add Provider
- Enter the NPI, state, and zip code to search for the provider
- Select the matching record based upon your search criteria
- Once you have selected a practitioner, your registration will be complete
- You can also click Add Provider to add another practitioner/group to your account
- You can access the Manage Your Account at any time to make any necessary updates or changes.

# Case Build and Submission

|      |                       |                      |                    |                        |                                    |                                       |           |              |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|
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|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|

## Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

CIGNA

▼

100

▼

BACK

CONTINUE

[Click here for help](#)

**Urgent Request?** You will be required to upload relevant clinical info at the end of this process. [Learn More.](#)

**Don't see the insurer you're looking for?** Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

- Select Cigna from the drop-down box and verify the provider address

# Case Build and Submission

|      |                       |                      |                    |                        |                                    |                                       |           |              |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|
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|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|

## Add Your Contact Info

Provider's Name:\*  [?]

Who to Contact:\*  [?]

Fax:\*  [?]

Phone:\*  [?]

Ext.:  [?]

Cell Phone:

Email:\*

☒ Receive email notification of case status changes

Please review the fax and phone numbers presented for accuracy. Change as necessary and click "Confirm Fax and Continue" to confirm they are correct. Changes apply only to this specific request. If you wish the change to be permanent, please contact the Health Plan.

Complete all boxes with an \* and select "Confirm FAX and Continue".

BACK

CONFIRM FAX AND CONTINUE

# Case Build and Submission

|      |                       |                      |                    |                        |                                    |                                       |           |              |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|
| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Add Provider |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|

Attention!

What is the start of care date for this home health request?\*

mm/dd/yyyy 

Date must be in MM/DD/20YY or M/D/20YY format

Submit

## Patient Eligibility Lookup

Patient ID:\*

Date Of Birth:\*

MM/DD/YYYY

Patient Last Name Only:\*

[2]

When entering patient details, please review and confirm the spelling of the patient's name. Verify accuracy of the patient's ID.

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

Patient Cell Phone

(888) 999-9999

Patient Email

BACK

CONTINUE

Select the expected start of care date, then click “Submit”.

You will then be asked for the patient information, and you will select the patient's name from the search results.

On the next screen, enter the patient phone number.

# Case Build and Submission

|      |                       |                      |                    |                        |                                    |                                       |           |              |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|
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|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|

## Requested Service + Diagnosis

This procedure will be performed on 2/6/2026. [CHANGE](#)

### Home Health Procedures

Select a Procedure by CPT Code[?] or Description[?]

HOMEH

HOME HEALTH

Don't see your procedure code or type of service? [Click here](#)

Additional Procedure codes will be collected/presented during the clinical questionnaire

### Diagnosis

Primary Diagnosis Code: **S92.151A**

Description: **Displaced avulsion fracture (chip fracture) of right talus, initial encounter for closed fracture**

[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)

Secondary diagnosis is optional for Home Health

LOOKUP

[BACK](#)

[CONTINUE](#)

[Click here for help](#)

Home Services will use the ‘header code’ HomeH.

Select appropriate Diagnosis Code. You can search using the description or the code.

After you select “Continue” you will need to answer the questions in the next 3 Attention box.

The CPT codes will be collected during the clinical questionnaire.

# Case Build and Submission

|      |                       |                      |                    |                        |                                    |                                       |           |              |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|
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|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|

## Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "**CONFIRM AND CONTINUE**," you will not be able to edit the Physician, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

**In order to ensure prompt attention to your online request, be sure to complete the clinical review before exiting the system. Even if you will be submitting additional information at a later time, please continue through the final summary page. Failure to formally submit your full request will cause the record to expire with no additional correspondence from eviCore.**

☐ I acknowledge that the clinical information I am about to submit for this authorization request is accurate and specific to this member, and that all information will be provided for this request.

BACKCONFIRM AND CONTINUE

Confirm previous selections, and check the box to acknowledge the attestation. You will **not** be able to make changes to the selections already made after advancing into the clinical pathways (clinical questionnaire portion of the case-build)

# Clinical Questions & Bundle Offering

|      |                       |                      |                    |                        |                                    |                                       |           |              |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|
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|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|

## Proceed to Clinical Information

Is the patient homebound?

☒ Yes ☐ No/Unknown

If applicable, please select the admitting diagnosis. If none apply, please select 'None Of The Above'.

Orthopedic

Submit

Show Review History

Review History:

There is a possible request conflict on file.

The following bundle of Home Health services will be approved without further clinical review. If you would like to add services later in the treatment plan, there will be an opportunity to make an additional request. You will have 30 days to complete the below bundle.

Registered/Skilled Nurse - 6 visits  
Physical Therapy - 12 visits  
Occupational Therapy - 4 visits  
Speech Therapy - 1 visit  
Home Health Aide - 6 visits  
Social Worker - 1 visit

Do you want to proceed with the presented bundle?

- ☐ No ( I want to manually request services)
- ☐ Yes

Disclaimer: I understand if I do not select the bundle, the request will move forward for a full medical necessity review.

- + Clinical Certification questions will populate based on the information provided
- + Accept or decline the bundle offer.

# Requesting Types of Service

|      |                       |                      |                    |                        |                                    |                                       |           |              |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|
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|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|

Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Wednesday, April 2, 2025 11:22 PM

Proceed to Clinical Information

Home Health Services

Skilled Nurse Visits Requested:

Physical Therapy Visits Requested:

Occupational Therapy Visits Requested:

Speech Therapy Visits Requested:

Social Worker Visits Requested:

Home Health Aide Visits Requested:

Dietitian Visits Requested:

Timeframe for visits (Days):\*

Submit

Proceed to Clinical Information

This request will be sent to clinical review. Clinical upload may be requested.

Registered/Skilled Nurse (G0299) - 2 Visits

Registered/Skilled Nurse (G0300) - 2 Visits

Physical Therapy (G0151) - 2 Visits

Occupational Therapy (G0152) - 2 Visits

Speech Therapy (G0153) - 2 Visits

Home Health Aide (G0156) - 3 Visits

Social Worker (G0155)- 1 Visits

Submit

☒ Show Review History

# Request for Clinical Upload | Medical Information Checklist

| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Add Provider |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|

- If the case is **standard**, select **Yes**
- If your request is **urgent**, select **No**

### Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

- When a request is submitted as urgent, you will be **required** to upload relevant clinical information
- Upload up to **FIVE documents**  
(.doc, .docx, or .pdf format; max 25MB size)
- Your case will only be considered urgent if there is a successful upload

### Tips:

- + Providing clinical information via the web is the fastest and most efficient method
- + Enter additional notes in the space provided only when necessary
- + Additional information uploaded to the case will be sent for clinical review
- + Print out a summary of the request that includes the case number and indicates 'Your case has been sent to clinical review'

### Proceed to Clinical Information

#### Urgency Indicator

If the case you are submitting is found **NOT** to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

- ☐ A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.
- ☐ A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.
- ☐ None of the above

#### Clinical Upload

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case.

If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD

EviCore

By EVERNORTH  
Public Information

# Summary Screen

|      |                       |                      |                    |                        |                                    |                                       |           |              |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|
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|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|

### Summary of Your Request

Please review the details of your request below and if everything looks correct click SUBMIT

Your case has been Approved.

|                           |                              |
|---------------------------|------------------------------|
| Provider Name:            | Contact:                     |
| Provider Address:         | Phone Number:                |
|                           | Fax Number:                  |
| Patient Name:             | Patient Id:                  |
| Insurance Carrier:        |                              |
| Site Name:                | Site ID:                     |
| Site Address:             |                              |
| Primary Diagnosis Code:   | Description:                 |
| Secondary Diagnosis Code: | Description:                 |
| Date of Service:          |                              |
| CPT Code:                 | Description:                 |
| Authorization Number:     |                              |
| Review Date:              |                              |
| Expiration Date:          |                              |
| Status:                   | Your case has been Approved. |

CANCEL

PRINT

CONTINUE

### Summary of Your Request

Please review the details of your request below and if everything looks correct click SUBMIT

Your case has been sent to Medical Review.

|                           |                                            |
|---------------------------|--------------------------------------------|
| Provider Name:            | Contact:                                   |
| Provider Address:         | Phone Number:                              |
|                           | Fax Number:                                |
| Patient Name:             | Patient Id:                                |
| Insurance Carrier:        |                                            |
| Site Name:                | Site ID:                                   |
| Site Address:             |                                            |
| Primary Diagnosis Code:   | Description:                               |
| Secondary Diagnosis Code: | Description:                               |
| Date of Service:          |                                            |
| CPT Code:                 | Description:                               |
| Case Number:              |                                            |
| Review Date:              |                                            |
| Expiration Date:          |                                            |
| Status:                   | Your case has been sent to Medical Review. |

CANCEL

PRINT

CONTINUE

The case may be approved immediately, and you can print the summary screen for your records.

# Provider Resources



# Contact EviCore's Dedicated Teams



**For assistance with membership, claims, provider network issues, portal support, 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](mailto:ECRMSupport@EviCore.com)

## **Portal support**

- + Live Chat at [www.EviCore.com](http://www.EviCore.com)
- + Phone: 800-646-0418 (option 2)

## **Provider Engagement**

You can contact your Provider Engagement Representative by visiting the [Territory Map](#) and viewing the Provider Engagement Territory Map in the Training Resources.

## **Call Center/Intake Center**

Call 866-668-9250. Representatives are available from 7 a.m. to 7 p.m. local time.

Fax: 800-575-4429

# Provider Resource Website

EviCore's Provider Engagement team maintains provider resource pages that contain client and solution specific educational materials to assist providers and their staff.

To access Health Plan Specific provider resources, visit

[Provider Resources | EviCore by Evernorth](#)

- + Frequently asked questions
- + Quick reference guides
- + Provider training
- + CPT code list



## Access Cigna Healthcare's provider resources at:

[Cigna for Health Care Professionals](#)

# Continued Learning: Provider Training Opportunities



**EviCore**  
By EVERNORTH

## Get More Out of the EviCore Portal—Join a Free Training Session

Whether you're just getting started or have been using the EviCore portal for a while, our **free, live training sessions** can help you work more efficiently and confidently. In just **one hour**, you'll learn tips, tools, and best practices you can use right away.

Sessions are offered on **multiple dates and times**, making it easy to fit training into your schedule.

### Training Options & Frequency

- + [Intro to Web Portal Training](#)– Offered **twice per week**
- + [Intro to EviCore Online Resources](#)– Offered **twice per month**
- + [Post-Acute Care Portal Training](#) (*for hospitals and post-acute care providers*) – Offered **once per week**

### How to View Sessions & Register

1. Click on the training session you would like to attend.
2. Select your preferred date and time by checking the radio button.
3. Complete the registration form.
4. Look for a confirmation email with session details.

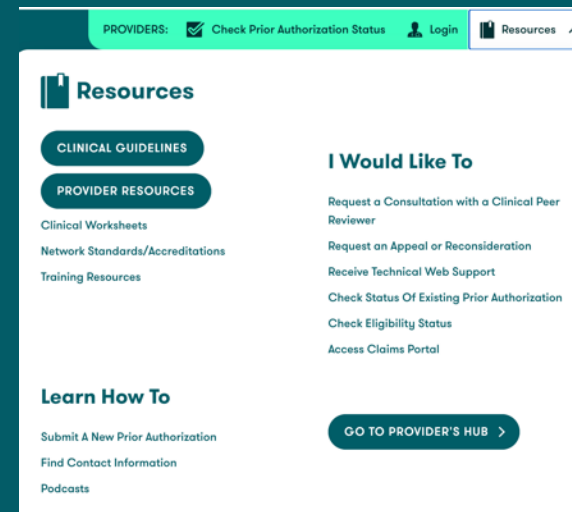
Have questions? The training host's contact information will be included in your confirmation email.

**We look forward to seeing you at an upcoming training session!**

# Clinical Guidelines

## How do I access EviCore's clinical guidelines?

1. Open the **Resources** menu in the top right of the browser
2. Select **Clinical Guidelines**
3. Select the solution/program associated with the requested guidelines
4. Search by health plan name to view clinical guidelines
5. If you would like to view all guidelines, type in "EviCore healthcare" as your health plan



*EviCore coverage policies include background and supporting information and citations for sources used to develop the policy. Some clinical policies may have a supplemental literature summary available which will provide additional commentary regarding clinical benefits and harms to the patient population being served. Additional literature summaries may be accessed by selecting 'Supplemental Information' and then entering "EviCore by Evernorth" in the search by health plan function.*

Search by Health Plan ...



# Cigna Accounts Receivable Snapshot

All claims should be submitted directly to Cigna Healthcare or to the Payor.

- + Check the customer ID card for claims address
- + The Payor ID used to submit a claim to Cigna Healthcare through electronic billing is **62308**
- + Providers are required to enroll in Electronic Fund Transfer (EFT) with both **Cigna Healthcare and EviCore** in order to receive payment for services rendered. Please forward this information to the person in your organization who is responsible for this activity.
- + Providers are encouraged to utilize Cigna Healthcare's provider self-service tools to manage accounts receivable at [Cigna for Health Care Professionals](#) for:
  - + Electronic Payment (EFT)
  - + Remittance Reports & Claim Status Inquiry 835/837
- + If the available self-service tools do not provide claim resolution, providers should contact Cigna Healthcare through [Cigna for Health Care Professionals](#) or 1.800.88Cigna (800.882.4462). All inquiries regarding Cigna Healthcare claims submissions should be directed to Cigna Healthcare.

Detailed claims information is available on the Cigna Healthcare website ([Cigna for Health Care Professionals](#) > Get questions answered: Resource > Reimbursement and Payment Policies)



# Thank you