

OVERVIEW OF THE NEW “**OTHER SERVICES**”
PROGRAM & ADDITIONAL CODES BEING
DELEGATED UNDER EXISTING EVICORE
PROGRAMS

Cigna/EviCore Prior Authorization Delegation

Provider orientation session for Cigna
HealthcareSM

Prior Authorization (PA) Delegation Overview | What changed on March 7, 2026?

EviCore will be managing additional services; approximately 600 codes were delegated under existing EviCore programs or under “Other Services.”

Services under Existing Programs

- + Durable Medical Equipment (DME) will become fully delegated (UM management by EviCore), including 1st level appeals
 - + **Shared Administration Repricing (SAR) and Payer Solutions** memberships **will remain intake-only**
- + All other programs currently delegated to EviCore, except for Lab, Medical Oncology and Radiation Therapy, will include additional codes

Services under “Other Services” (new program)

- + Newly delegated Outpatient surgery codes
- + Cosmetic Procedures
- + Experimental/Investigational/Unproven (EIU) procedures
- + Unlisted codes
- + Any other code that does not fall into an existing EviCore program

Some services (codes) may fall under multiple programs

- + Please refer to the **Comprehensive Code list** to determine which codes fall under which EviCore programs



Procedures Requiring Devices

For some surgical procedures that require the insertion or replacement of a device, multiple authorizations may be required to cover the procedure and the device(s).

- Authorizations should be created under each program owning the delegated CPT codes.
- The [Cigna Comprehensive Code List - Effective 03/07/2026](#) found on
 - [Cigna Provider Resources | EviCore by Evernorth](#) should be referenced for direction.
- Claims submitted without all the necessary authorization may not be reimbursable.



Cigna HealthcareSM Prior Authorization Services

Applicable Membership		Applicable Services	
In scope for the new codes	Out of scope for the new codes	In scope for the new codes	Out of scope for the new codes
<div>+ Commercial (OAP/PPO/HMO)</div> <div>+ Individual & Family Plans (IFP)</div> <div>+ Global</div>	<div>+ SAR</div> <div>+ Payer Solution</div>	<div>+ Outpatient</div> <div>+ Inpatient – Level of Care review will be included for some programs</div>	<div>+ Emergency Rooms</div> <div>+ Observation Services</div> <div>+ Maternity</div>

Providers should verify member eligibility and benefits on the secured provider log-in section on the Cigna for Health Care Professionals website at: [CHCP - Resources - Medical Plans & Products](#)

For a complete list of codes managed by EviCore and additional detail about the newly delegated services, please visit the Provider Resource site at: [Cigna Provider Resources | EviCore by Evernorth](#)

Other Services | New program

For services not previously managed by EviCore, we created a new program under which those CPT codes will be managed. This new program, called “Other Services,” is for Cigna HealthcareSM membership only.

- + Experimental/Investigational/Unproven (EIU) procedures *(some EIU codes will fall into existing EviCore Programs)*
- + Some OBGYN Procedures
- + Potentially Cosmetic Procedures such as Plastic Surgeries, etc.
- + Newly delegated Outpatient surgery codes that don't fall into an existing EviCore program
- + Any other code that does not fall into an existing EviCore program such as Nephrology & Neurology

Please visit [Cigna Provider Resources | EviCore by Evernorth](#) to view the comprehensive code list for the procedures.



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Sleep and DME services

- + Polysomnography & Sleep Study
- + DISE (Drug-induced sleep endoscopy)
- + HGNS (Hypoglossal Nerve Stimulation)

- + Home Ventilators
- + Orthoses & Prostheses
- + Electrical Stimulators
- + Mobility Devices
- + Patient Lifts
- + Compressor & Appliances

Please visit [Cigna Provider Resources | EviCore by Evernorth](#) to view a complete code list for the procedures

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Cardiovascular Solution | Services

Imaging *(currently built on the MedSolutions portal)*

- + Stress Testing
 - + Myocardial Perfusion Imaging (Single-photo Emission Computerized Tomography [SPECT] & Positron Emission Tomography [PET])
 - + Stress Echocardiography
- + Cardiac Computerized Tomography (CT) & Magnetic Resonance Imaging (MRI) Echocardiography
 - + Transthoracic (TTE)
 - + Transesophageal (TEE)

Devices

- + Diagnostic Heart Catheterization
- + Pacemakers, Cardiac Valves, and other Implantable Devices

Cardiovascular Peripheral Vascular Disease (PVD)

- + Non-Coronary Angioplasty & Stent Placement
- + Non-Coronary Atherectomy
- + Cerebrovascular Angioplasty & Stent Placement
- + Isolated Iliac Branched Endograft Placement
- + Venous Interventions: Venoplasty and Stenting
- + Varicose Vein/Venous Insufficiency Therapy
- + Vascular Embolization: Arterial & Venous

Cardiac Surgery and Cardiac Electrophysiology (new)

- + Ablations and other Surgeries
- + Placement, Replacement, Repositioning, Repair, or Removal of Cardiac Devices

Please visit [Cigna Provider Resources | EviCore by Evernorth](#) to view a complete code list for the procedures



Musculoskeletal Advanced Procedures Services

(Pain and Joint case are currently built on the MedSolutions portal)

- + Decompression procedures-
Laminectomy/Laminotomy/Laminoplasty
- + Cervical, Thoracic and Lumbar Fusions
- + Vertebroplasty/Kyphoplasty & Disc Arthroplasty
- + Basivertebral Nerve Ablation
- + Pain Injections
- + Nerve Stimulators
- + Large Joint Replacement

Please visit [Cigna Provider Resources | EviCore by Evernorth](#) to view a complete code list for the procedures



Gastroenterology services

- + EGD
 - + Choose GEEGD as the procedure code
- + POEM (Peroral Endoscopic Myotomy)
 - + Choose AVEGD as the procedure code

Please visit [Cigna Provider Resources | EviCore by Evernorth](#) to view a complete code list for the procedures



Submitting Requests

Necessary Information for Prior Authorization



To obtain prior authorization on the very first submission, the provider submitting the request will need to gather information within four categories:



Member

- ✓ Health Plan ID
- ✓ Member name
- ✓ Date of birth (DOB)



Referring (Ordering) Physician

- ✓ Physician name
- ✓ National provider identifier (NPI)
- ✓ Phone & fax number



Supporting Clinical

- ✓ Pertinent clinical information to substantiate medical necessity for the requested service
- ✓ CPT/HCPCS Code(s)
- ✓ Diagnosis Code(s)
- ✓ Previous test results



Rendering Facility

- ✓ Facility name
- ✓ Address
- ✓ National provider identifier (NPI)
- ✓ Tax identification number (TIN)
- ✓ Phone & fax number

All Clinical Information pages must include the patient/member's name and at least one additional identifier.

Additional Documentation Needed

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



A hold letter will be faxed to the requesting provider requesting additional documentation.



The provider must submit the additional information to EviCore.



EviCore will review the additional documentation and reach a determination.

The hold letter will inform the provider about what clinical information is needed as well as the **date by which it is needed (Due date)**.

Requested information must be received within the timeframe as specified in the hold letter, or EviCore will render a determination based on the original submission.

Determination notifications will be sent to the member and be available to the provider on the Web portal 24/7.

I've received a request for additional clinical information. What's next?



Important to note: If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is not held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed.

Once the determination is made, notifications will go out to the provider and member, and status will be available on [EviCore.com](https://www.evicore.com)

There are three ways to supply the requested information:

1. Upload directly into the case via the provider portal at [EviCore.com](https://www.evicore.com). **All Clinical Information pages must include the patient/member's name and at least one additional identifiers.**
2. Request a Clinical Consultation / Peer to peer (P2P). This consultation can be requested via the EviCore website (see slide 48 for instructions) and must occur prior to the due date referenced.
3. Fax (least efficient): Please refer to the Quick Reference Guide (QRG) to find the program fax number.

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

Special Circumstances

Retrospective Authorization Requests



Must be submitted within 15 business days from the date of services*



Retrospective requests for inpatient surgeries are not managed by EviCore and will need to be submitted through Cigna Healthcare



When authorized, the start date will be the submitted date of service

*SAR, Global, Payer Solutions and NALC members have 365 days to submit a retro requests



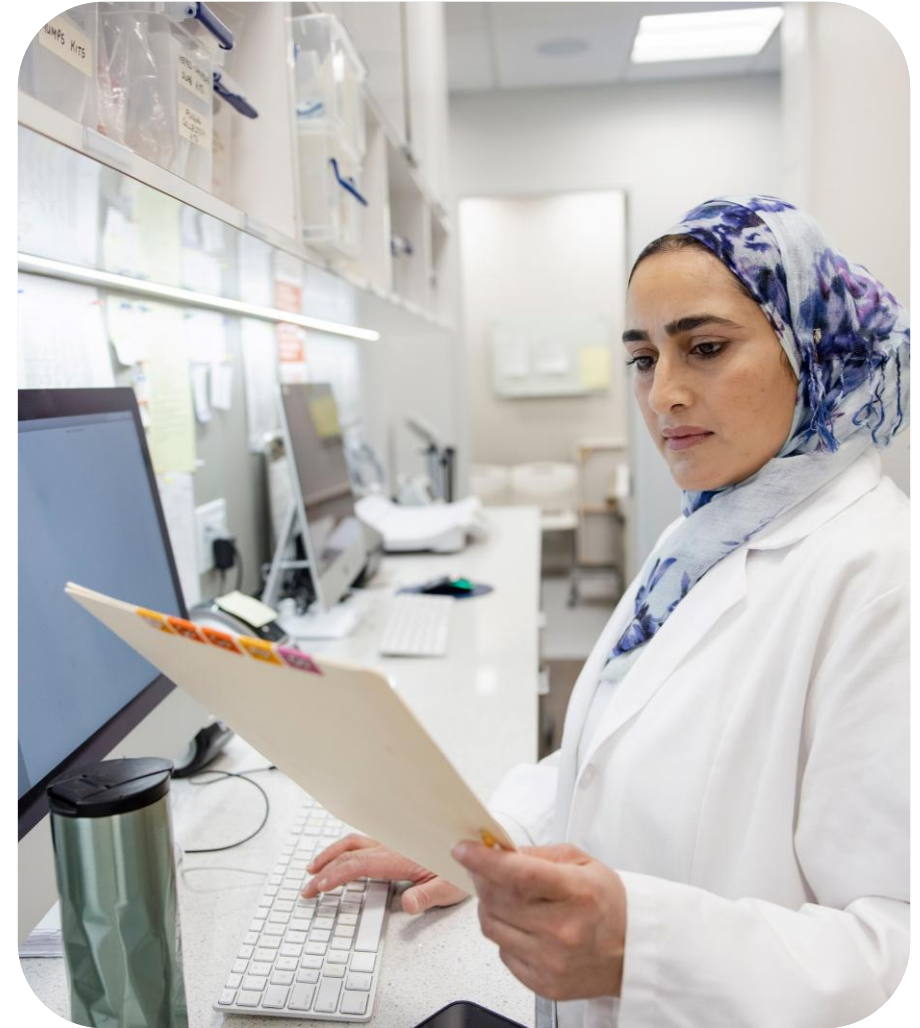
Special Circumstances (continued)

Urgent Prior Authorization Requests

- + EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the customer
- + Can be initiated on provider portal or by phone
- + Urgent cases are typically reviewed within 24 to 72 hours

Updates and Extensions

- + If updates are needed on an existing authorization, providers can contact EviCore by phone
- + If the authorization is not updated and a different facility location or CPT code is submitted on the claim, it may result in a claim denial
- + One-time extensions will be allowed on active outpatient authorizations if appropriate
- + Inpatient authorizations extensions will not be allowed
- + Inpatient Concurrent bed day review / length of stay extensions management will be managed by Cigna



Prior Authorization Determination Outcomes

Determination Outcomes

- + Approved Requests: Depending on the services requested, authorizations are generally valid for 45-180 days from the date of the determination. Please refer to the approval letter for specifics.
- + Partially Approved Requests: In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved, as well as post-decision options for denied codes, including denied Level of Care (if applicable)
- + Denied Requests: If a request is determined as inappropriate based on evidence-based guidelines, a notification with the rationale for the decision and post-decision/ appeal rights will be issued.

Notifications

- + Authorization letters will be faxed to the rendering provider.
- + Web-initiated cases will receive e-notifications.
- + Members will receive a letter by mail.
- + Approval information can be printed on demand from the [EviCore portal](#).



Special Circumstances

Alternative Recommendation



An alternative recommendation may be offered based on EviCore's evidence-based clinical guidelines



The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request



Providers have up to 5 business days to contact EviCore to accept the alternative recommendation



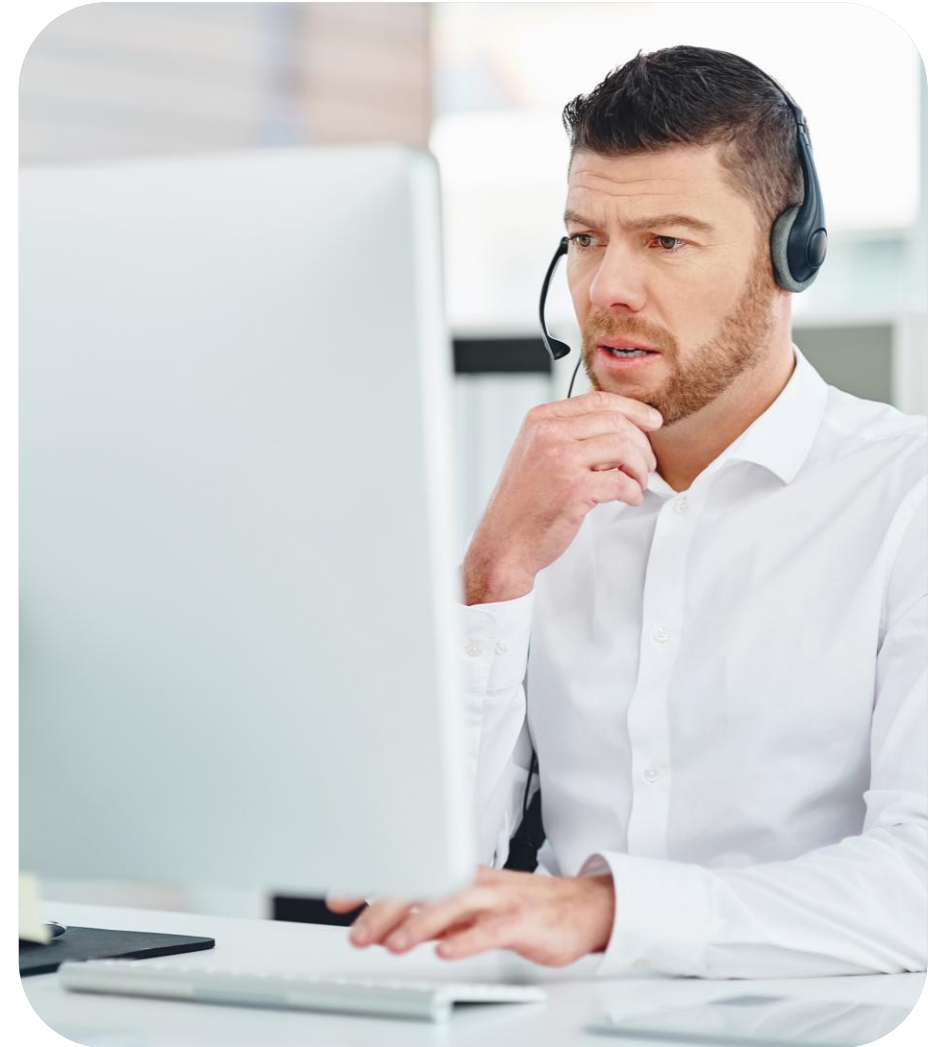
Post-Decision Options

Reconsiderations

- + Reconsiderations can be requested after the determination as long as an appeal has not been filed.
- + Reconsiderations can be requested in writing or verbally via a Clinical Consultation (Peer-to-Peer (P2P)) with an EviCore physician.

Appeals

- + EviCore will process first-level pre-service appeals for outpatient and inpatient services (ASO and Fully-Insured customers only).
- + Appeal requests can be submitted in writing or verbally via a Clinical Consultation with an EviCore physician.
- + A written notice of the appeal decision will be mailed to the member and faxed to the provider. Status is available on the Web Portal 24/7.



EviCore Provider Portal

Access and Compatibility

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

Access resources on the EviCore Provider Portal

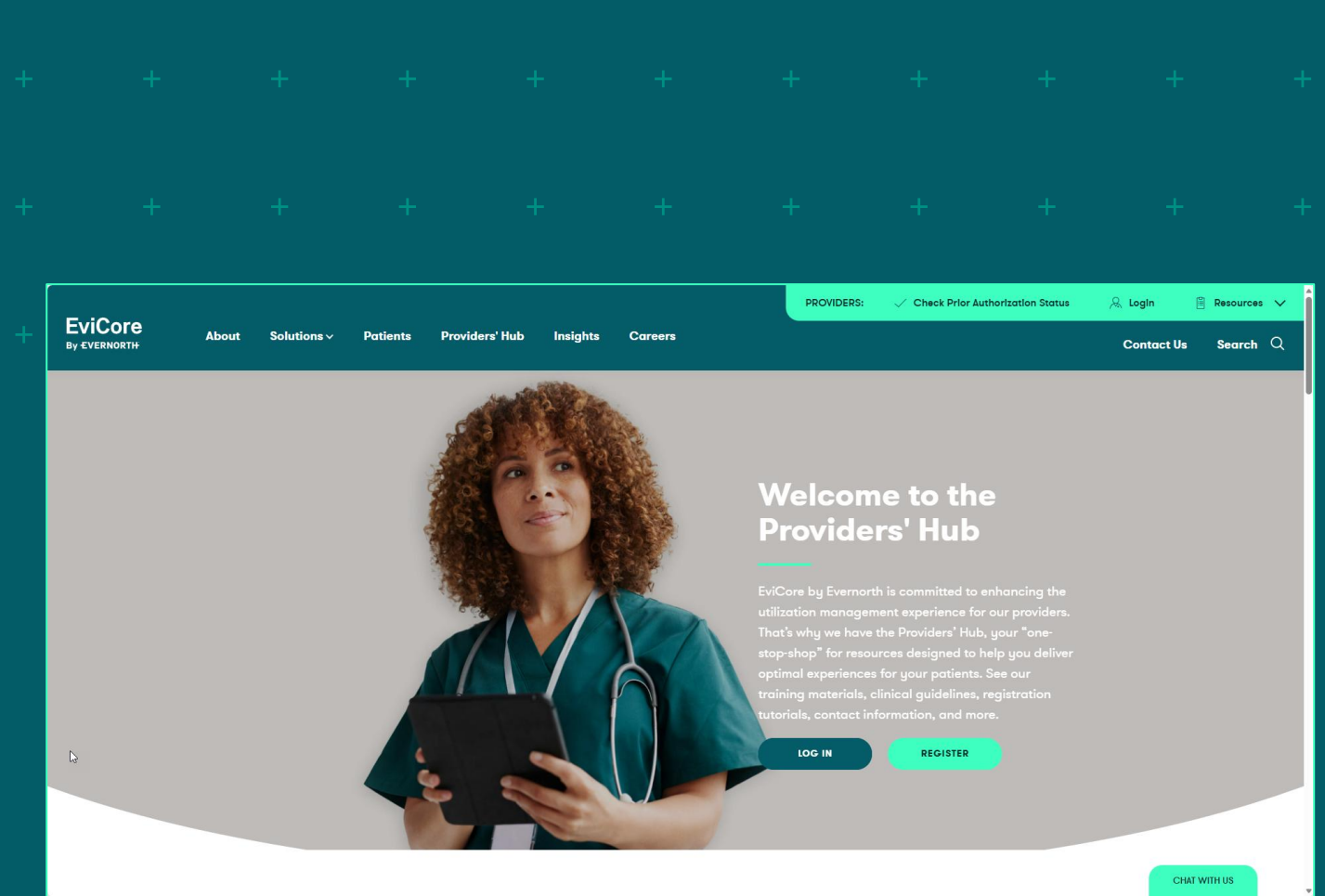
Visit evicore.com/provider

Already a user?

Log in with User ID & Password

Don't have an account?

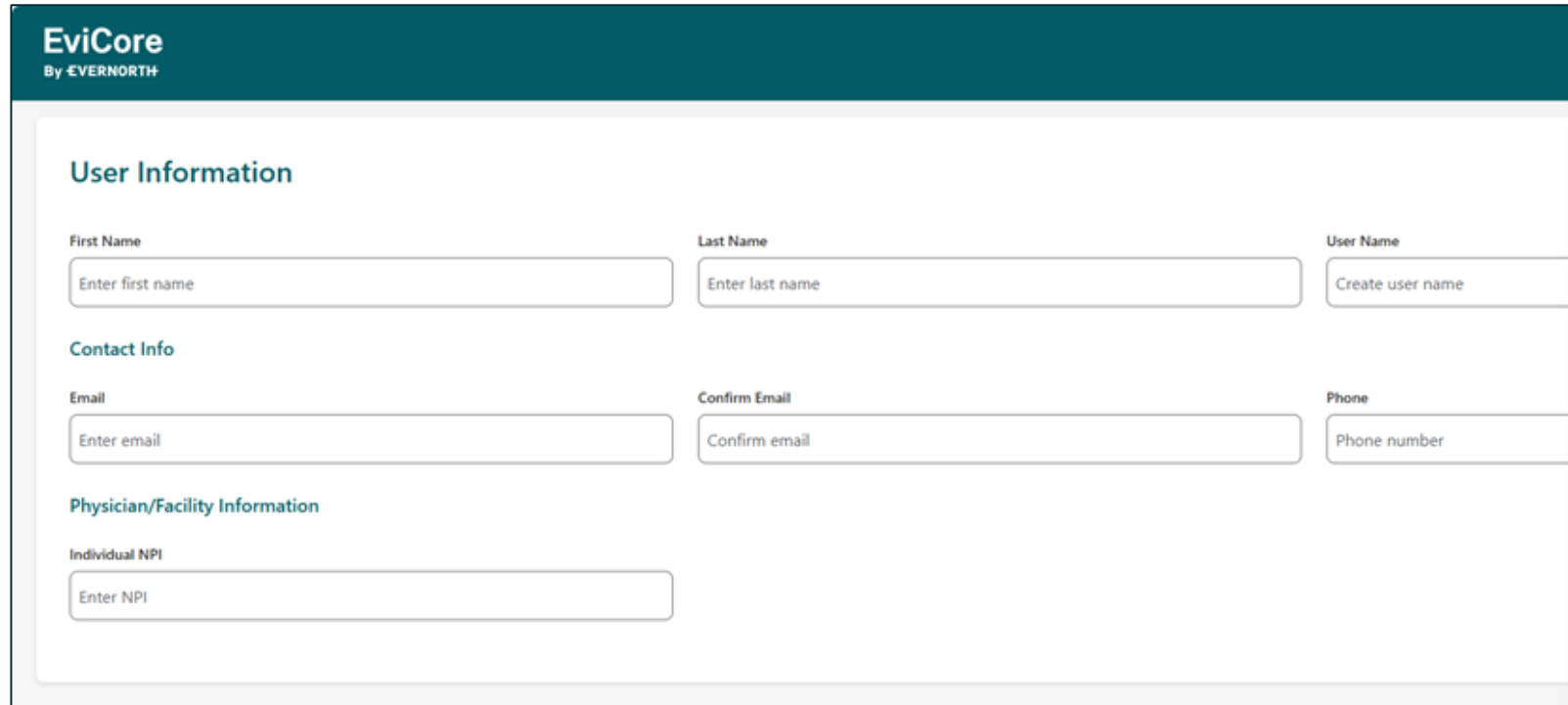
Click Register Now



EviCore's website is compatible with all web browsers. You will need to disable pop-up blockers to access the site.

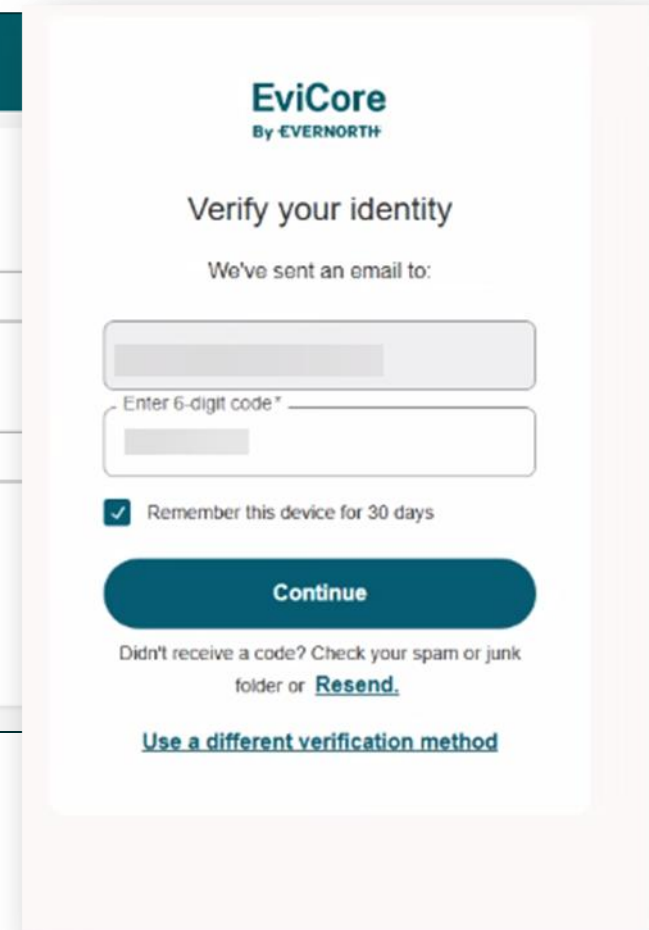
Creating an Account

Complete the Registration online form and follow the instructions for creating your password and setting up your two Factor Authentication.



The registration form is titled "EviCore By EVERNORTH" and is divided into three main sections: "User Information", "Contact Info", and "Physician/Facility Information".

- User Information:** Contains three input fields: "First Name" (placeholder: "Enter first name"), "Last Name" (placeholder: "Enter last name"), and "User Name" (placeholder: "Create user name").
- Contact Info:** Contains three input fields: "Email" (placeholder: "Enter email"), "Confirm Email" (placeholder: "Confirm email"), and "Phone" (placeholder: "Phone number").
- Physician/Facility Information:** Contains one input field: "Individual NPI" (placeholder: "Enter NPI").



The verification screen is titled "EviCore By EVERNORTH" and "Verify your identity". It displays the message "We've sent an email to:" followed by a blurred email address. Below this is an input field for "Enter 6-digit code*". A checkbox labeled "Remember this device for 30 days" is checked. A large teal "Continue" button is present. At the bottom, it says "Didn't receive a code? Check your spam or junk folder or [Resend.](#)" and "[Use a different verification method](#)".

Clinical Certification Request | Initiating a Case

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Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal
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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
- ☒ Other Services [?]
- ☐ Pharmacy Drugs (Express Scripts Coverage)
- ☐ Radiation Therapy Management Program (RTMP)
- ☐ Radiology and Cardiology/Vascular Intervention
- ☐ Sleep Management

CONTINUE

[Click here for help](#)

Select the appropriate program. Notice that the Other Services program includes a “?” You can click this link to see codes under Other Services before starting the request.

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Other Services code list

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Resources

Add Provider

MedSolutions Portal

Unified Dashboard

Evicore CRM

Help / Contact Us

Monday, February 9, 2026 4:33 PM

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

Other Services [?]

Pharmacy Drugs (Express Scripts Coverage)

Radiation Therapy Management Program (RTMP)

Radiology and Cardiology/Vascular Intervention

Sleep Management

CONTINUE

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Click the question mark [?] to open the Other Services

CPT Code List

CPT Code List

Disclaimer: This list of codes is provided for general reference to help you understand the types of services commonly requested under this program. For details about which codes require prior authorization or specific prior authorization requirements, please check your health plan's website.

CPT Code	CPT Code Description
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve
64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver
64654	Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunnelling, connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system), and intraoperative interrogation and programming
64714	Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus
64999	Unlisted procedure, nervous system
65710	Keratoplasty (corneal transplant); anterior lamellar

Close

Clinical Certification | Search for and Select Provider

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCHCLEAR SEARCH

	Provider
SELECT	
SELECT	
SELECT	
SELECT	
SELECT	

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:

SEARCH

	Practitioner Name	NPI	Address	City	State	ZipCode	Phone	Fax
SELECT	Y (Selected)	9		PORTLAND	OR	5	(5	

BACK

CONTINUE

Search for and select the **Practitioner/Group** for whom you want to build a case. If you do not already have the **Practitioner/Group** in your account, you can search by NPI.

Clinical Certification | Search for and Select Provider

Choose Your Insurer

Requesting Provider: Al [redacted]

Please select the insurer for this authorization request.

Please Select a Health Plan [v]

BACK

CONTINUE

[Click here for help](#)

Urgent Request? You will be required to upload relevant clinical info at the end of this process.

Don't see the insurer you're looking for? Please call the number on the back of the member card.

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Attention!

Do you want to add this NPI ([redacted]) to your account for future requests ?

YES

NO

You can add that NPI to your account by selecting YES. By doing so, that provider will appear on your selection list the next time you build a case.

Clinical Certification Request | Select Health Plan

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Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

CIGNA

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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.

- Choose [Cigna](#) for the request
- Another drop down will appear to select the appropriate address for the **provider**
- Select **CONTINUE**

Clinical Certification Request | Enter Contact Information

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Add Your Contact Info

Provider's Name:*

AL

Who to Contact:*

Fax:*

(5

Phone:*

(503)

Ext.:

Cell Phone:

Email:*

li

☒ 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.

BACK

CONFIRM FAX AND CONTINUE

[Click here for help](#)

• Enter the **Provider's name** and appropriate information for the point of contact individual

• Provider name, fax and phone will pre-populate. It is important to edit as necessary to assure you are receiving any case updates and final determination notices.

The e-notification box is checked by default to enable email notices for any updates on case status changes. Make sure to uncheck this box if you prefer to receive faxed notices.

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Clinical Certification Request | Enter Member Information

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Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*

MM/DD/YYYY

Patient Last Name Only:*

?

When entering patient details, please review and confirm the

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

Attention!

Time: 7/30/2025 4:23 PM

Has this procedure been performed?

☐ Yes

☐ No

Submit

Answer whether the procedure has been performed. This is the indicator as to whether the case needs to be a **retrospective(retro)** review. If retro reviews are allowed, and **YES** is chosen, the case will proceed accordingly.

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Clinical Certification Request | Enter Member Information

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Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*

MM/DD/YYYY

Patient Last Name Only:*
 [?](#)

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

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

Enter **member information**, including: patient ID number, date of birth, and last name then click **ELIGIBILITY LOOKUP**

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Clinical Certification Request | Enter Member Information

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Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*

04/

MM/DD/YYYY

Patient Last Name Only:*

koch

[?]

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

LOOKUP AGAIN

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT	Y		Y KOCH,		F	SALEM, OR 97304

BACK

Confirm your patient's information and click **SELECT** to continue

[Click here for help](#)

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Clinical Certification Request

Enter Requested Procedure and Diagnosis

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Thursday, Jan 20, 2026 1:24 PM

Requested Service + Diagnosis

This procedure will be performed on 1/20/2026.

CHANGE

Sleep Management Procedures

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

95783

POLYSOM <6 YRS >=4 ADD W/ PAP

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

Maximum number of CPT codes added.

Diagnosis

Primary Diagnosis Code: G47.33

Description: Obstructive sleep apnea (adult) (pediatric)

[Change Primary Diagnosis](#)

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

Secondary diagnosis is optional for Sleep Management

LOOKUP

BACK

CONTINUE

- + Select the appropriate **CPT code** for your case request. Depending on the program that you selected, the procedure codes will be different in the drop down.
- + Select the appropriate **Diagnosis code(s)** for your case request.

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Clinical Certification Request

Enter Requested Procedure and Diagnosis

Add Site of Service

Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options will be provided as you enter information. By entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI:

Zip Code:

TIN:

City:

Site Email (optional)

BACK

Click here for help

Attention!

Will you be rendering this procedure in your office?

Yes

No

LOOKUP SITE

80% Complete

Provider and NPI

(CIGNA)

Patient

EDIT

Service

1/20/2026

95783 POLYSOM <6 YRS >=4 ADD

W/ PAP

G47.33 Obstructive sleep apnea

(:)

EDIT

Feedback

Clinical Certification Request | Site Selection

Add Site of Service

Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI:

Zip Code:

Site Name:

TIN:

City:

☒ Starts with

☐ Exact match

LOOKUP SITE

Search for the **site of service** where the procedure will be performed (for best results, search with NPI)
Select the specific site where the procedure will be performed

Site Email (optional)

	Name	Address
<div>SELECT</div>	SALEM HOSPITAL PRO FEE	1233 EDGEWATER STREET SALEM, OR 97304
<div>SELECT</div>	SALEM HOSPITAL PRO FEE	610 HAWTHORNE AVE SE SALEM, OR 97301
<div>SELECT</div>	SALEM HOSPITAL PRO FEE (SELECTED)	890 OAK ST SE SALEM, OR 97301
<div>SELECT</div>	SALEM HOSPITAL PRO FEE	875 OAK ST SE STE 4030 SALEM, OR 97301

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Clinical Certification Request | Clinical Certification

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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 "Continue," you will not be able to edit the Provider, 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 on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from eviCore.

BACK

CONTINUE

- Verify that all information is entered and correct
- You will not have the opportunity to make changes after this point

Clinical Certification Request | Standard or Urgent Request?



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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

Choose File

No file chosen

UPLOAD

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

- If the case is **standard**, select **Yes**
- If your request is **urgent**, select **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 5MB size)
- Your case will only be considered urgent if there is a successful upload



Clinical Certification Request | Proceed to Clinical Information

Example Questions

Proceed to Clinical Information

 Will there be any additional procedures needing prior authorization for the same patient, date of service, and site of service?

☐ Yes ☐ No

SUBMIT

Attention!

Is this a request for a bilateral procedure of a previously requested authorization?

YES **NO**

 Which anatomy will be examined with the requested study?

☐ Hip ☐ Knee ☐ Ankle

SUBMIT

☐ Finish Later

Did you know?
You can save a certification request to finish later.

- **Clinical Certification** questions may populate based on the information provided
- You can save your request and '**Finish later**' if needed. Please make sure to complete the case by the end of the day to avoid the case expiring.
- Select **Certification Requests in Progress** to resume a saved request (this function is **not** available for single sign on (SSO) users)

Clinical Certification Request | Proceed to Clinical Information

Example Questions for services to be performed Inpatient

A request for inpatient stay has been made for this procedure. Please indicate all that apply for this surgery:

Please indicate all that apply to this procedure:

- ☒ No complex surgical approach or situation anticipated other than what is listed below
- ☐ Prolonged airway monitoring is required (e.g. for severe sleep apnea, open neck procedures)
- ☐ There is an aspect or feature of the procedure that indicates a likely need for prolonged postoperative care or monitoring

If your patient is at high anesthetic risk, please indicate the reason(s):(Choose any that apply)

- ☒ Patient is not high anesthetic risk
- ☐ ASA (American Society of Anesthesiologists) class IV or greater (severe systemic disease that is a constant threat to life)
- ☐ Severe frailty
- ☐ Severe valvular (e.g. aortic stenosis) disease, heart failure, or symptomatic coronary artery disease
- ☐ Symptomatic chronic lung disease (e.g. asthma, COPD)
- ☐ Severe renal disease (e.g. on dialysis, GFR <30 ml/min/1.73m2 or <.5ml/sec/1.73m2)
- ☐ BMI > 40 kg/m2 WITH hemodynamic or respiratory problems (e.g. severe obstructive sleep apnea, hypoventilation)
- ☐ Complex chronic condition in children (e.g. ventilator-dependent, neuromuscular, genetic, or immunologic disease)
- ☐ Other patient condition or finding that places patient at increased anesthetic risk such that prolonged postoperative inpatient monitoring or treatment is anticipated

Other (specify):

Failure to answer all level of care questions will result in authorizations being reviewed as an outpatient request. This will require a new inpatient request to be made with all the questions answered.

Based on the information provided, this request for an inpatient stay has to be reviewed. Changing to an outpatient setting will skip this review. Would you like to change the place of service for the requested surgery?

- ☐ No, we prefer to have an inpatient stay for this patient.
- ☐ Yes, we will perform this surgery in an outpatient setting with no expected inpatient stay.

Clinical Certification Request | Proceed to Clinical Information

Example Questions for services to be performed Inpatient (continued)

Do either of the following apply: (Choose all that apply)

- | | |
|--|---|
| ☐ Procedure requires discontinuing drugs or other therapy (e.g. arrhythmic or antiseizure medication) necessitating pre- or post-operative inpatient monitoring/treatment | ☐ Patient has history of preoperative use of drugs that may interact with anesthesia (e.g. monoamine oxidase inhibitors, cocaine, amphetamines) and will require longer post-operative monitoring or treatment |
| | ☒ Neither of the above |

Does the patient require preoperative inpatient care required for any clinically significant disease or condition listed below?

- | | |
|--|---|
| ☒ Patient has no disease requiring preoperative inpatient care | ☐ Hypotension |
| ☐ Severe infection | ☐ Hypoxemia |
| ☐ Altered mental status | ☐ Other serious condition or finding that requires preoperative inpatient care (i.e. cannot be treated in any other setting) |
| ☐ Dangerous arrhythmia | |

Does your patient have adequate postoperative care and support available? (Choose any that apply)

- | | |
|---|---|
| ☒ Patient has adequate care and support | ☐ Patient will have post-procedure incapacitation, does not have adequate assistance at home, and alternate level of care cannot be arranged |
| ☐ Patient lives remote from medical facility, procedure has urgent complication potential, and temporary nearby residence cannot be arranged | |

Failure to answer all level of care questions will result in authorizations being reviewed as an outpatient request. This will require a new inpatient request to be made with all the questions answered.

Based on the information provided, this request for an inpatient stay has to be reviewed. Changing to an outpatient setting will skip this review. Would you like to change the place of service for the requested surgery?

- ☐ No, we prefer to have an inpatient stay for this patient.
- ☐ Yes, we will perform this surgery in an outpatient setting with no expected inpatient stay.

Clinical Certification Request | Request for Clinical Upload

EviCore

By EVERNORTH

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------

Proceed to Clinical Information

Clinical Upload

Please upload any additional clinical information that justifies the medical necessity of this request.

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

Choose File

Test clinical.docx

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

UPLOAD

SKIP UPLOAD

If **additional information** is required, you will have the option to upload more clinical information for review.

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 # and indicates ‘Your case has been sent to clinical review’

Clinical Certification Request | Criteria Met

Summary of Your Request

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

Your case has been Approved.

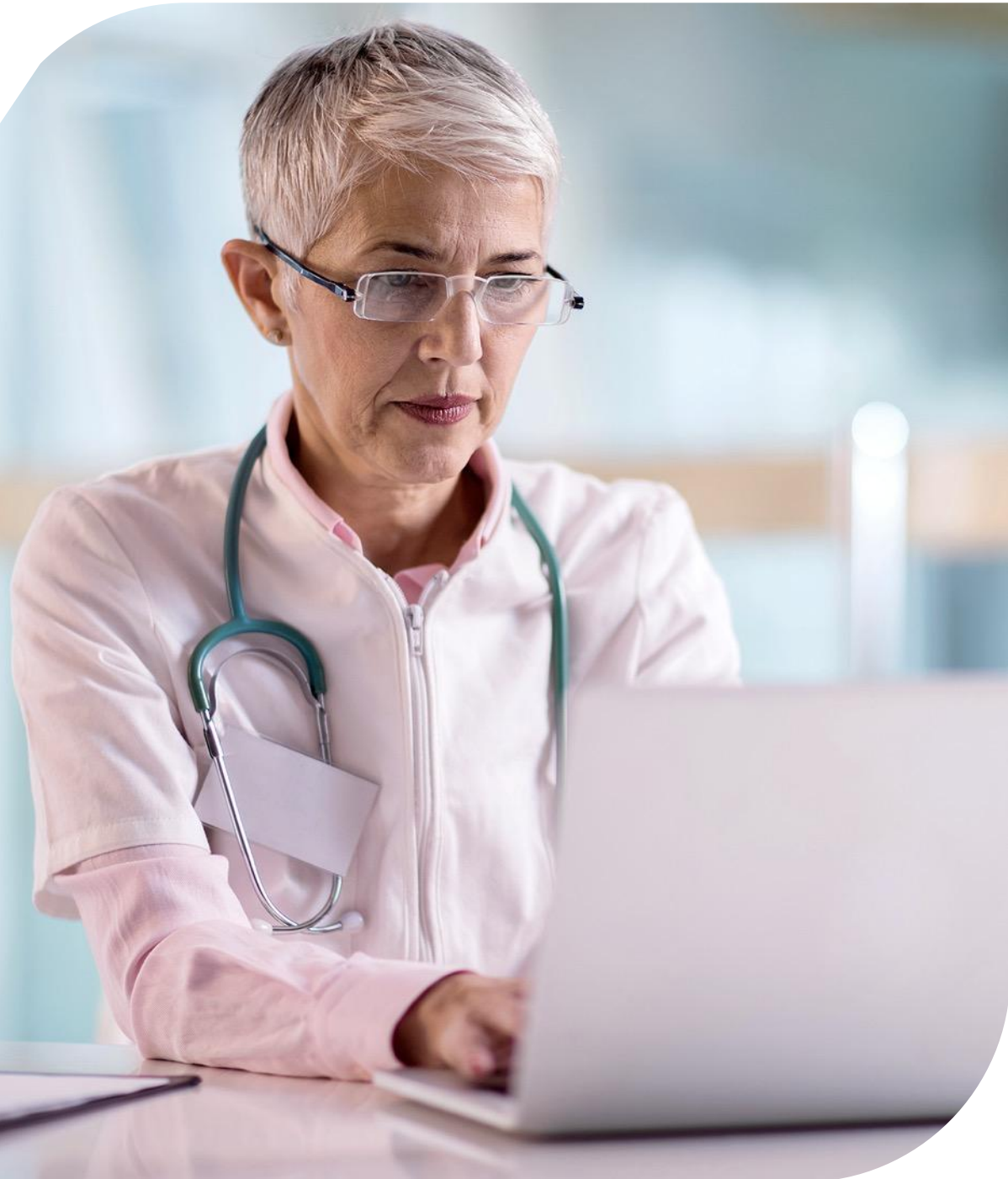
Provider Name:	DR. BHARATH MANU ARKARA VEETHI	Contact:	1-800-368-7262
Provider Address:	1200 6TH AVE NW SAINT CLOUD, MN 56301	Phone Number:	320-734-1100
		Fax Number:	320-734-1100
Patient Name:	ANTHONY VALLE	Patient Id:	ANTHONY
Insurance Carrier:	WELLS FARGO		
Site Name:	CLINICAL RESEARCH CENTER	Site ID:	1000000
Site Address:	875 LAMAR BLVD CLINICAL, FL 32709		
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided		
CPT Code:	73721	Description:	MRI LOWER EXTREMITY JOINT W/O
Authorization Number:	1000000000		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL

PRINT

CONTINUE

If your request is authorized during the initial submission, you can **PRINT** the summary of the request for your records.



Authorization Lookup Feature

EviCore
By EVERNORTH

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification
------	-----------------------	-----------------------------	--------------------	------------------------

Tuesday, February 17, 2026 3:00 PM

Authorization Lookup

Search by Member Information | **Search by Authorization Number/NPI** | Or

Required Fields

Provider NPI:

Auth/Case Number:

☐ Use External ID

SEARCH Use External ID only for previous eP360 users

- + View and print any correspondence associated with the case
- + Search by member information OR by case number with ordering national provider identifier (NPI)
- + Review post-decision options, submit appeal, and schedule a peer-to-peer

EviCore Resources

Clinical Guidelines

How do I access clinical policy and guidelines for Cigna Healthcare members?

- + Cigna Healthcare policies can be found here: [CHCP - Resources - Medical, Behavioral, and Administrative Policy Index](#)
- + EviCore guidelines created in collaboration with Cigna Healthcare can be found here: [EviCore Cigna Commercial Membership | EviCore by Evernorth](#)
- + For services that require inpatient review and level of care considerations, Milliman Care Guidelines (MCG) is one of the elements in Cigna and EviCore’s decision-making process.



Search Resources

Resources > Coverage Policies > Medical and Administrative A-Z Index

Medical , Behavioral , and Administrative Policy A-Z

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z

Document Title	Document Type	Document Size	Effective Date
A			
Ablative Treatment for Malignant Breast Tumor - (0540)	PDF	244kB	10/15/2025



Cigna Commercial Membership Clinical Guidelines



Supplemental Information

Comprehensive Musculoskeletal Management Guidelines

Gastrointestinal Endoscopic Procedure Guidelines

High-Tech Imaging and Cardiology Guidelines

Peripheral Vascular Intervention

Provider Resource Website

EviCore's Provider Engagement team maintains the Cigna Healthcare provider educational resources to assist providers and their staff with the EviCore prior authorization process. Access these helpful resources by clicking here: [Cigna Provider Resources | EviCore by Evernorth](#)

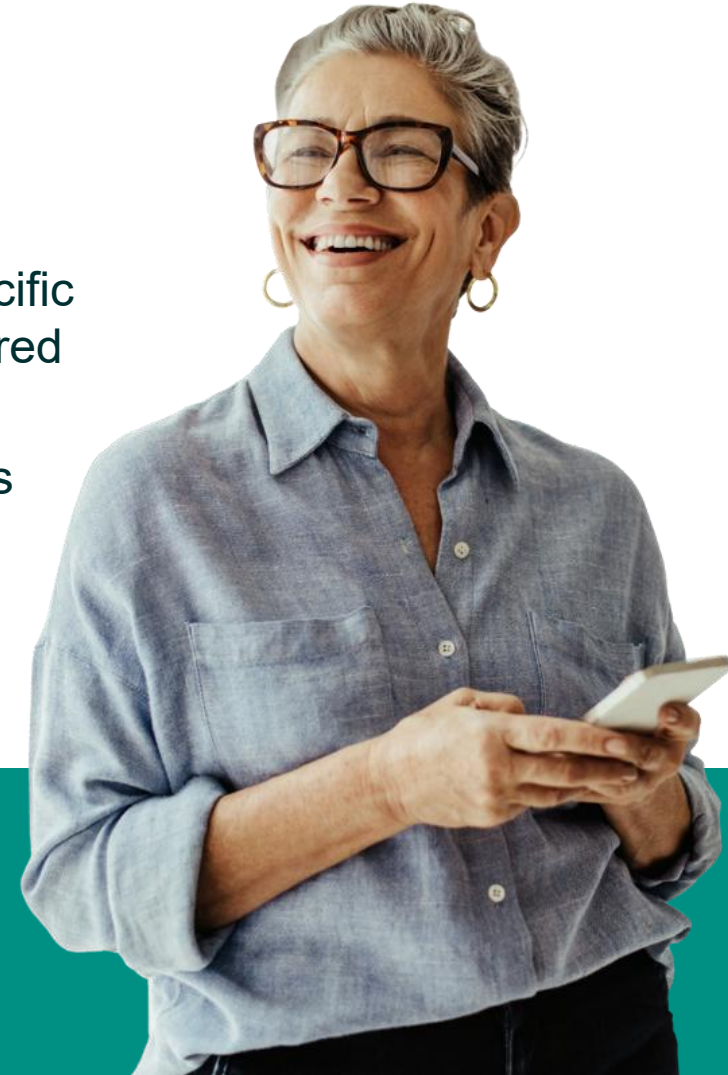
This page will include:

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

EviCore also maintains online resources not specific to health plans, such as guidelines and our required clinical information checklist.

To access these helpful resources, visit EviCore's [Provider's Hub | EviCore by Evernorth](#).

Cigna Healthcare resources are also available through the Cigna for Healthcare Professionals website (www.Cignaforhcp.com) or 800.88Cigna Healthcare (800.882.4462).



Call Center CareCore National Intake

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

Web-Based Services and Portal Support

- + [ECRM Consumer Service Portal - ECRM Consumer Support](#)
- + Live chat
- + Phone: **800-646-0418** (option 2).

[ECRM Resources | EviCore by Evernorth](#)

Provider Engagement

Regional team that works directly with the provider community.

[Provider Engagement map and contacts](#)



EviCore's Dedicated Teams



ECRM

(EviCore Communication Relationship Management)

EviCore is introducing a new way of submitting service requests for providers. **It's replacing clientservices@evicore.com.** These requests will be initiated through EviCore's new and streamlined self-service application, ECRM.

For assistance with membership, claims, provider network issues, etc., submit the issue to our dedicated teams via ECRM:

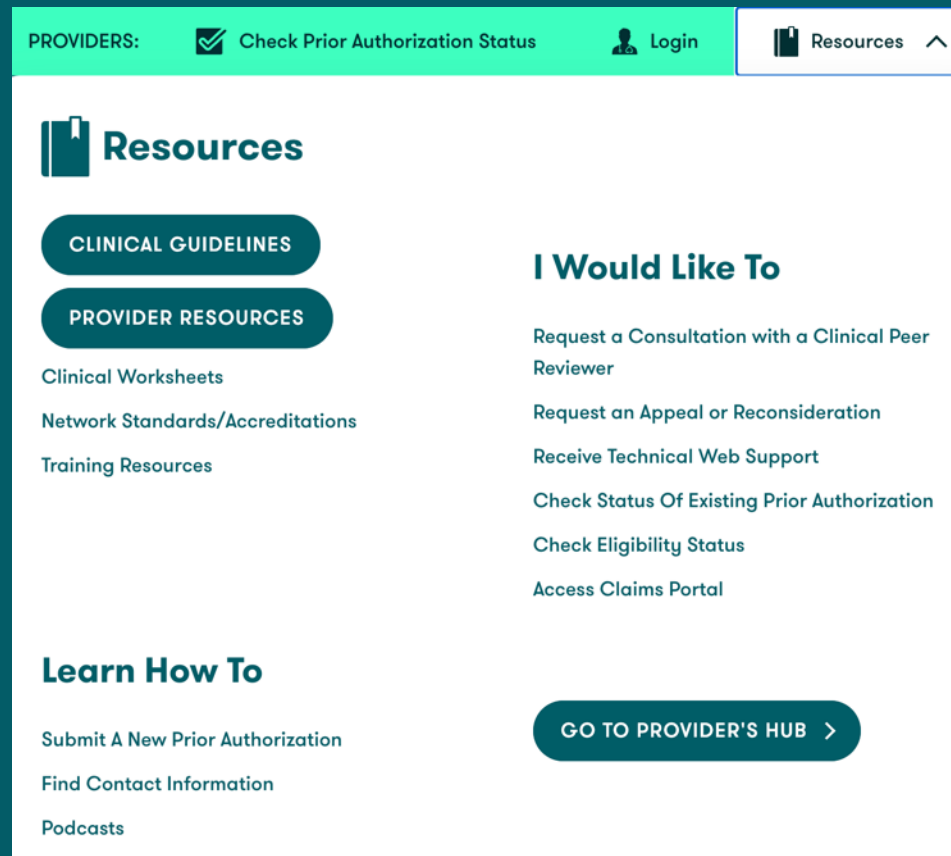
- + Access: [ECRM Services](#)
- + ECRM educational resources: [ECRM Resources](#) | [EviCore by Evernorth](#)
- + Trouble using ECRM? Send an email to: ECRMSupport@EviCore.com



Quick Access

Every EviCore.com web page includes a “Resources” drop down link that includes quick access to:

- + Podcasts and training resources.
- + A link to Find Contact Information for the member’s health plan.
- + Clinical Worksheets which are great tools to use for submitting requests.
- + A quick link for practitioners, and others who do not have a portal login, to request a clinical consultation (Peer to Peer (P2P)).



Provider Training Opportunities



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

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!



EviCore's Provider Newsletter

Stay up-to-date with our free provider newsletter

To subscribe:

- + Visit [EviCore.com](https://www.EviCore.com)
- + Scroll down to the section titled Stay Updated With Our Provider Newsletter
- + Enter a valid email address

Thank you!

Peer-to-Peer (P2P) Scheduling Tool

Schedule a P2P Request

If your case is eligible for a Peer-to-Peer (P2P) consultation, a link will display, allowing you to proceed to scheduling without any additional messaging

1. Log-in to your account at EviCore.com
2. Perform **Clinical Review Lookup** to determine the status of your request
3. Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a Peer-to-Peer consultation
4. Note carefully any messaging that displays*

Authorization Lookup

Authorization Number: NA
Case Number:
Status: Denied
P2P Status:

P2P AVAILABILITY

P2P AVAILABILITY

[Request Peer to Peer Consultation](#)

Authorization Lookup

Authorization Number: NA
Case Number:
Status: Denied
P2P Eligibility Result: Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.
P2P Status:

ALL POST DECISION OPTIONS

*In some instances, a Peer-to-Peer consultation is allowed, but the case decision can not be changed. In such cases, you can still request a **Consultative-Only Peer-to-Peer**. You can also click on the **ALL POST-DECISION OPTIONS** button to learn what other action can be taken.

Once the **Request Peer-to-Peer Consultation** link is selected, you will be transferred to our scheduling software via a new browser window.

Schedule a P2P Request (cont.)

1. Upon first login, you will be asked to confirm your default time zone
2. You will be presented with the Case Number and Member Date of Birth
3. Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**
4. To proceed, select **Lookup Cases**
5. You will receive a confirmation screen with member and case information, including the Level of Review for the case in question
6. Click **Continue** to proceed

Schedule a P2P Request (con't.)

1. You will be prompted with a list of EviCore Physicians / Reviewers and appointment options
2. Select any of the listed appointment times to continue
3. You will be prompted to identify your preferred days and times for a Peer-to-Peer consultation (all opportunities will be automatically presented)
4. Click on any **green checkmark** to **deselect** that option and then click **Continue**

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type MSK Spine Surgery

Level of Review Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone

US/Eastern

Continue >

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

< Prev Week 5/18/2020 - 5/24/2020 (Upcoming week) Next Week >

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT	-	-	-	-	-	-
6:30 pm EDT	-	-	-	-	-	-
6:45 pm EDT	-	-	-	-	-	-

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT	2:00 pm EDT	4:15 pm EDT	3:15 pm EDT	-	-	-
3:45 pm EDT	2:15 pm EDT	4:30 pm EDT	3:30 pm EDT	-	-	-
4:00 pm EDT	2:30 pm EDT	4:45 pm EDT	3:45 pm EDT	-	-	-
4:15 pm EDT	2:45 pm EDT	5:00 pm EDT	4:00 pm EDT	-	-	-
Show more...	Show more...	Show more...	Show more...	-	-	-

Schedule a P2P Request (con't.)

1. Update the following fields to ensure the correct person is contacted for the Peer-to-Peer appointment:
 - + Name of Provider Requesting P2P
 - + Phone Number for P2P
 - + Contact Instructions
2. Click **Submit** to schedule the appointment
3. You will be presented with a summary page containing the details of your scheduled appointment
4. Confirm contact details

P2P Info

Date: Mon 5/18/20
Time: 6:30 pm EDT
Reviewing Provider: [icon]

Case Info

1st Case

Case #	
Episode ID	
Member Name	
Member DOB	
Member State	
Health Plan	
Member ID	
Case Type	MSK Spine Surgery
Level of Review	Reconsideration P2P

P2P Contact Details

Name of Provider Requesting P2P: Dr. Jane Doe

Contact Person Name: Office Manager John Doe

Contact Person Location: Provider Office

Phone Number for P2P: (555) 555-5555

Alternate Phone: (xxx) xxx-xxxx

Requesting Provider Email: droffice@internet.com

Contact Instructions: Select option 4, ask for Dr. Doe

Scheduling

Scheduled

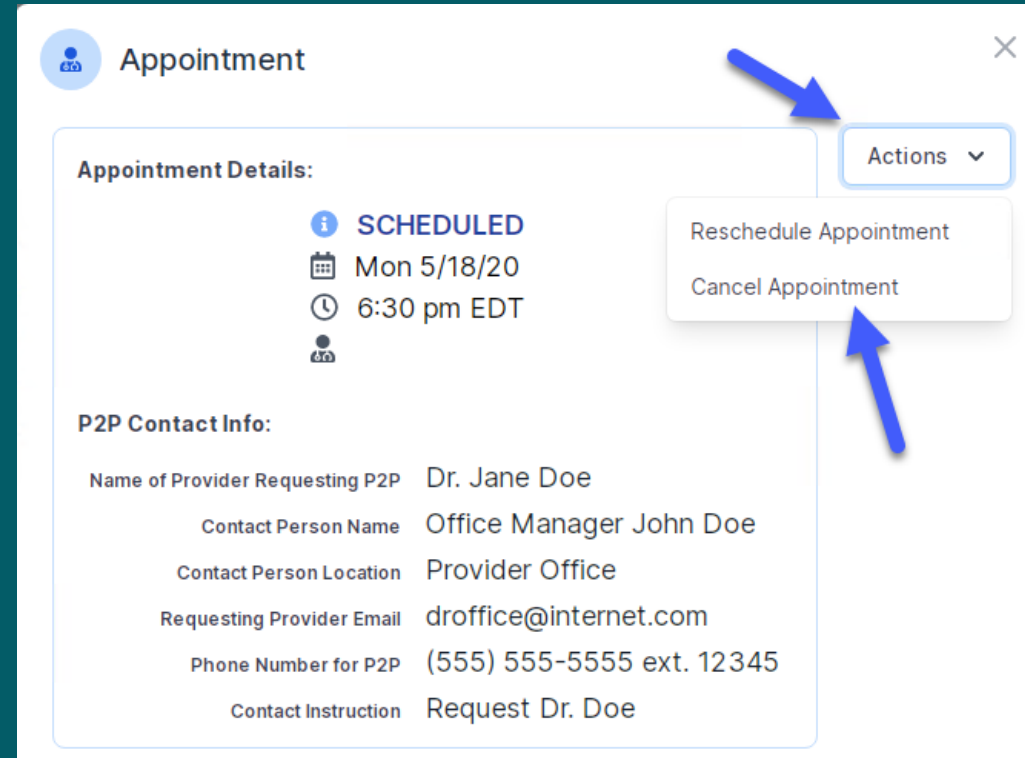
Mon 5/18/20 - 6:30 pm EDT

SCHEDULED

Cancel or Reschedule a P2P Appointment

To cancel or reschedule an appointment:

1. Access the scheduling software and select **My P2P Requests** on the left-pane navigation
2. Select the request you would like to modify from the list of available appointments
3. When the request appears, click on the schedule link. An appointment window will open
4. Click on the **Actions** drop-down and choose the appropriate action
 - + **If choosing to reschedule**, select a new date or time as you did initially
 - + **If choosing to cancel**, input a cancellation reason
5. Close the browser once finished



The screenshot shows a modal window titled "Appointment" with a close button (X) in the top right corner. The window is divided into two main sections: "Appointment Details:" and "P2P Contact Info:". The "Appointment Details:" section includes a status indicator "SCHEDULED" with an information icon, a date "Mon 5/18/20", a time "6:30 pm EDT", and a small icon of two people. The "P2P Contact Info:" section contains a table with the following information:

Name of Provider Requesting P2P	Dr. Jane Doe
Contact Person Name	Office Manager John Doe
Contact Person Location	Provider Office
Requesting Provider Email	droffice@internet.com
Phone Number for P2P	(555) 555-5555 ext. 12345
Contact Instruction	Request Dr. Doe

On the right side of the "Appointment Details:" section, there is an "Actions" drop-down menu. A blue arrow points to this menu, and another blue arrow points to the "Cancel Appointment" option in the expanded menu. The "Reschedule Appointment" option is also visible in the menu.