Online precertification

A reference guide for CignaforHCP.com portal users

This reference guide provides essential information regarding the online precertification tool on the Cigna for Health Care Professionals (CignaforHCP.com) portal. Through the portal, entitled users can conveniently view and submit precertification (i.e., prior authorization) requests directly online.

In this guide, you will find key highlights, answers to frequently asked questions, and step-by-step navigation of the precertification tool — all designed to streamline your submission process. A brief video is also available, offering an overview of the tool.

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Highlights and key details

The table below highlights key details such as guidelines for uploading documents, timeframes for saving incomplete requests, and precertification history.
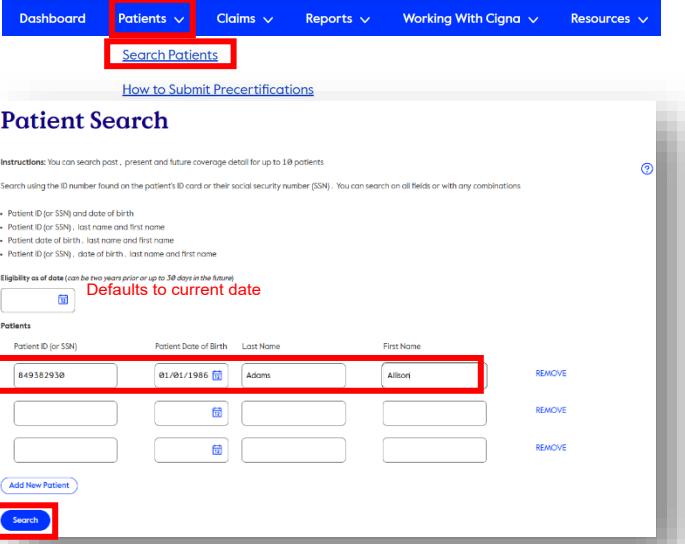
Topic	Information
Outpatient and inpatient submissions	- A procedure code is required for all services *except* for non-surgical inpatient stays. In these instances, the procedure code field can be skipped, and the form will be saved so you can continue. - A diagnosis code is required for all services. - Medical pharmacy precertification requests apply exclusively to infused or injectable medications and should be submitted on CignaforHCP.com. Cancer drugs managed by EviCore by Evernorth® should be submitted on EviCore.com. - When submitting a medical pharmacy request, please ensure that the National Drug Code (NDC) is between nine and 11 digits long, including leading zeros where applicable. - The *servicing provider* is the provider or facility that will perform the actual service or procedure for the patient. The authorization is tied to this provider because it ensures the correct location and clinician are approved. - The *requesting provider* is the provider who initiates the precertification request. This is often the referring physician or another provider coordinating care, but not necessarily the one performing the service.
Accessing EviCore.com	For precertification requests that involve EviCore-delegated codes, the EviCore system can be accessed directly from CignaforHCP.com. - If you already have an EviCore account, you will be automatically signed in, allowing you to continue your request on EviCore.com without needing to log in separately. - If you do not have an EviCore account, you will be guided through a registration process to create one before accessing the system. **Please note that any information entered into CignaforHCP.com will *not* carry over to EviCore.com.**

Uploading documents	When submitting documents, please adhere to the following guidelines: • Each file must not exceed 20 MB in size. • You can upload a maximum of 10 files with your initial precertification request. • If you need to attach additional files, you may do so after the initial 10 are attached and the determination has been returned. Simply go back into the pended request and attach up to 10 additional files. • Acceptable file formats include PDF, JPG, JPEG, TIFF, TIF, PNG, DOC, DOCX, TXT, GIF, XLS, and XLSX.
Saving incomplete requests	Each incomplete precertification request can be saved for 72 hours. The precertification will be listed with an action item of "Resume" in the precertification dashboard. Please note the following details: • Th 72-hour availability resets each time you save your request. • This timeframe excludes weekends; for example, if you save a request on Friday, it will remain available until Monday.
History	Precertification history, including requests voided by a user, will remain visible on CignaforHCP.com for a period of two years. This allows for easy reference and tracking of void submissions.
Medical Management levels	The following Medical Management levels are available in the online precertification tool: • Basic • Basic Low • Complete • Preferred Please note that PHS and PHS+ are *not* available currently.
Third-party precertifications	For precertifications that are not managed by Cigna Healthcare® or EviCore, the necessary contact information will be provided in the determination return and will include specific requirements.

View and submit a precertification request: step-by-step navigation

Before starting your request, log in to the Cigna for Health Care Professionals portal (CignaforHCP.com).

Step	Action
1.	Navigate to Patient Search by clicking "Patients" and "Search Patients." Input the Patient ID or Social Security Number (SSN), Patient Date of Birth, Last Name, and First Name and click "Search."

2.	Select your patient's ID. After validating patient details, click "Confirm Patient."

3.	Click the "Precertifications" tab.

Note: If you do not see the Precertifications tab, you may not have the correct entitlements to view and submit precertification requests. Please refer to question one in the frequently asked questions section for more information.

4.	The Precertification tab displays all precertification requests for the Taxpayer Identification Number (TIN) for which you are registered. From here you can start a new precertification check or appeal an existing request. Click "Start Precertification Check." **Note:** For some patients, a "Start Precertification Check" button will not display, and you will instead see a "Next Steps" button. See question 4 in the frequently asked questions for more information.

5.	On the New Precertification check form, start by searching the Servicing Provider by entering a ZIP code, or by selecting from "Frequently selected providers."
5a.	If searching using a ZIP code, select the type of provider using the radio buttons (Facility or Individual Provider). Using the type ahead feature, begin entering the name of the servicing provider. Select the appropriate provider from the drop-down list.
5b.	Using the dropdown, select the Servicing Provider's address and TIN. Once complete, select "Save and Continue." **Note:** you will have the ability to edit the Servicing Provider's information, as needed, by clicking on the "Edit" button that appears once you've selected "Save and Continue."

6.	Continue with your precertification check by using the "Inpatient" or "Outpatient" radio buttons under "Service 1."

New Precertification

Servicing Provider ⓘ

🏛 203129831

🏥 Cleveland Center for Digestive Health & Endoscopy LLC

📍 3700 Park East Drive 100a Beachwood , OH . 44122

Edit

Service 1

Authorization Type
○ Inpatient   ○ Outpatient

Save and Continue

Does your patient need another service?

If your patient requires another service for a different type of authorization , type of service , place of service , level of urgency , or date of service , you can add multiple services to this submission .

⊕ Add Another Service

Check Precertification Requirements

NEW PRECERTIFICATION FOR:
Allison Adams
DOB: 1986-01-01 | Member ID: 849382930

STEPS:

Select Servicing Provider ✓

Enter Service Information ✓

Check Requirements ✓

Start Submission ✓

Tip: Each selection decides the responses to the drop-down fields that follow.

7.	Complete the form using drop-down options and click "Save and Continue" when complete. **Note:** For non-surgical inpatient stays, the procedure code is optional.

Service 1

Authorization Type
● Inpatient   ○ Outpatient

Type of Service

Surgical Inpatient ▾

Place of Service

Surgical ▾

Level of Urgency

Elective ▾

Admission Date

07/01/2025 📅

Primary Diagnosis Code

K55 - VASCULAR DISORDERS OF INTESTINE 🔍

You can add additional diagnosis codes later .

Procedure Code

44120 - ENTERECTOMY , RESECTION OF SMALL INTESTINE; SINGLE

⊕ Add Another Procedure Code

Save and Continue

Tip: Click "+ Add Another Procedure Code" to enter multiple procedure codes.

8.	Review entry to ensure it is complete. Click "Check Precertification Requirements" to review next steps based per code.

Tip: If more than one service is needed, click "+ Add Another Service" before continuing.

| 9. | Review the results and summary of your precertification entries. If more than one service was entered, each service and precertification decision will show.

If an entry requires precertification, it will display "Requires Precertification."

To continue with submitting a precertification request online, click "Start Precertification Submission" button.

Once you submit a precertification request, you can track its status in the portal under the patient's profile. |
|---|---|

9a.	For codes not requiring precertification, it will display "Does Not Require Precertification." You can download a confirmation for your records.

Tip: Download the confirmation for your records.

9b.	If the authorization is managed by a third party, those details will appear in the detailed code list.

10.	If submitting a precertification request: When you click the "Start Precertification Submission" button, a pop-up will appear before you are routed to the next screen.

You are now leaving CignaforHCP . com

To complete precertification you will be leaving this site .

Continue

After confirming, you'll be routed to the Precertification Request form.

Precertification Request

Review the Servicing Provider Details included in this prior authorization request. Complete required fields, and review phone number before proceeding to the Requesting Provider Details.

Servicing Provider Details (1 Total)

Servicing Provider

TIN	NPI
039372837	999999999

First Name	Last Name	Facility Name
Lisa	Smith	Einstein Hospital

Address
Jean Baptiste Point du Sable Lake Shore Dr., Suite 8000,
Los Angeles, CA 93823

Phone Number
###-###-####
A phone number is required for this provider.

Alison Adams
DOB: 03/23/1987 | Member ID: 849382930

STEPS:
Enter Servicing Provider Details
Enter Requesting Provider Details
Review Entries
Submit Form

As you work to complete the precertification steps, you can keep track of your progress via the tracker on the right side of the screen.

10a.	Complete the necessary details.

Diagnosis Code
R00
Date of Admission
08/28/2025
Requested Days

Please provide a number of days

Enter requested days, as applicable.

Procedures

Procedure Code	Start Date	Requested Units	Modifier (optional)	Actions
93248	8/28/2025			⋯

Please complete procedure details

Option to edit procedure codes to indicate the unit type and quantity and add modifiers where needed.

Additional Diagnosis Codes (optional)
Type a diagnosis code with three to seven characters and hit 'Enter' to add it. Please be sure to enter accurate diagnosis code(s) to avoid delays.

Option to add additional diagnosis codes.

Requesting Provider
Please complete requesting provider details
Edit

Enter requesting provider information. See step 10b.

Supporting Documentation ℹ
Choose file...   Browse   Upload

Option to upload supporting documentation.

Save   Submit

cigna healthcare

10b.	To enter requesting provider information, select edit. A pop-up will appear. Enter the necessary information.
	When searching for the requesting provider, information will automatically populate.
	Tip: If you cannot find the provider you are looking for, click here to enter the information manually.
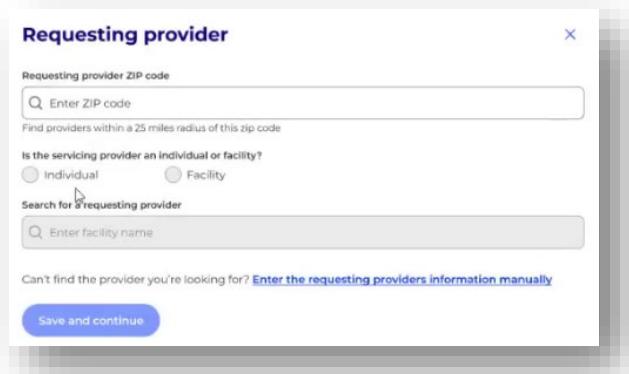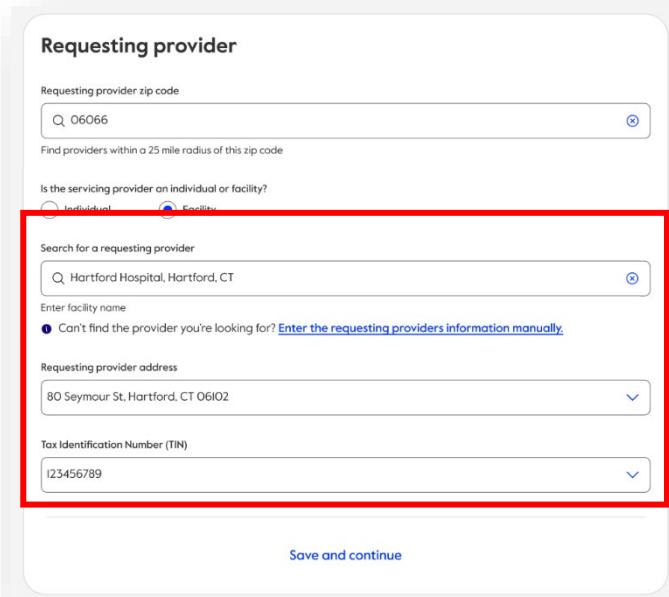
| 10c. | If the precertification request involves pharmacy codes, you will also see a field requesting the Medication Name or NDC code. Once you complete that value, you will need to select "Frequency" using the drop-down menu, as well as the "Route" type.

Note: Pharmacy injectables do not apply. For pharmacy medical authorizations please call the patients' health plan. For more information, view Specialty Medical Injectables with Reimbursement Restriction.

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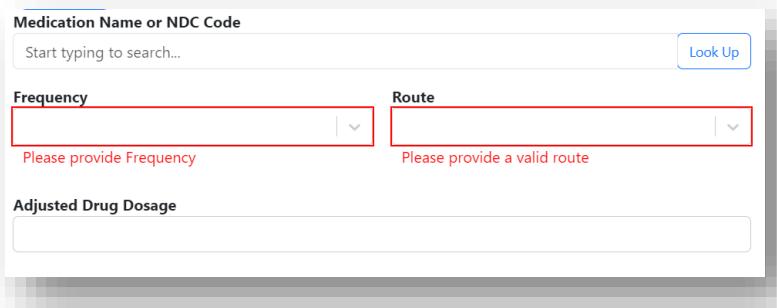
11.	Once this form has been completed, you can either Save your work or Continue. Saved work will be stored for 72 hours. After 72 hours, you must make additional changes and save your work, or it will be deleted from the system. To continue with the precertification process, select "Continue."
12.	Review entries.
13.	Once you have completed your review, there are three actions you can take: • "Save" your work for 72 business hours. After 72 hours, you must either make additional changes and save your work, or it will be deleted from the system. • Go "Back" to correct any details that need correction. • "Submit" to proceed with the precertification process.
14.	After clicking "Submit," the following message will appear if your request was successfully sent to Cigna Healthcare, and you will be redirected to "Visit Dashboard Now."
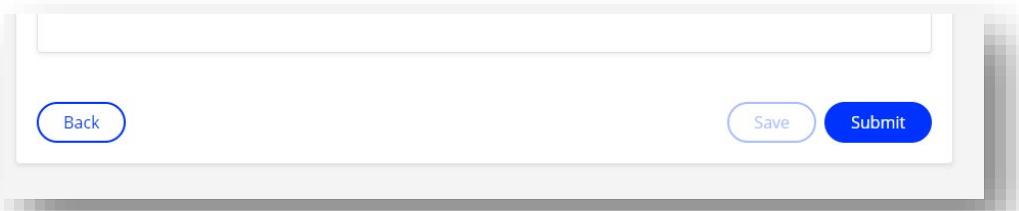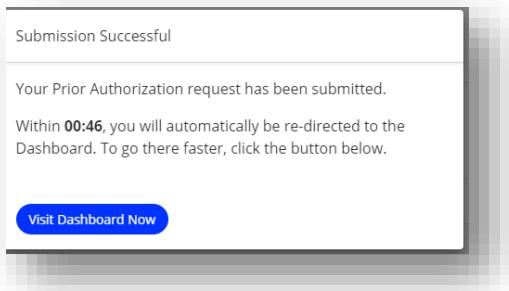
15.	From your precertification dashboard, you can navigate to a patient's precertification details where you can view the status and actions you can perform.

Status meanings:

- **Approved:** indicates the precertification request was approved.
- **Partially Approved:** Indicates that one or more services within the precertification request were approved, while others were denied. If any services were denied, the "Appeal" option will be available for those specific services.
- **Incomplete:** indicates a saved precertification. Select "Resume" to return to your work and complete the request within 24 hours.
- **Void:** indicates that the precertification request has been canceled.
- **Pending:** if there is an option to "Modify" it indicates that you can attach any clinical documents needed by Cigna Healthcare for determination.
- **Denied:** indicates the precertification request was denied. You can initiate an appeal by selecting the "Appeal" option.

Frequently asked questions

Access and getting started

1. **Why am I unable to see the Precertifications tab?**
Access to the Precertifications tab requires a specific entitlement: "Patient Search." If the tab isn't visible in your portal view, it's likely that this entitlement hasn't been assigned to your account. Please reach out to your website access manager to confirm or request access.

2. **What type of services can be viewed in the Precertifications tab?**
Medical precertifications submitted by phone, mail, or electronically will be displayed on the precertification dashboard.

   Note: Users will only be able to view precertification requests submitted under the Taxpayer Identification Number (TIN) under which they are registered.

3. **What's the difference between a precertification check and a precertification submission?**
   - **Precertification check**: This is the first step in the process. It allows users to verify whether a specific medical procedure or service requires precertification before it is performed. If precertification is *not* required, users can print the determination for their records. No clinical or administrative documentation is submitted during this step.
   - **Precertification submission**: This step occurs *after* a check confirms if precertification is required. Users must submit all necessary clinical and administrative information for review. Cigna Healthcare will then evaluate the request and issue an approval or denial.

4. **What happens if my organization uses a utilization management (UM) system that is not supported by the precertification check feature?**
   If your UM system is not supported, the "Start Precertification Check" button will not appear under the Precertification tab after searching for a patient. Instead, you will receive an alert indicating that precertification check and submission is not available for that patient. A "Next steps" button will guide you on whether precertification is required and how to proceed with submitting a request.
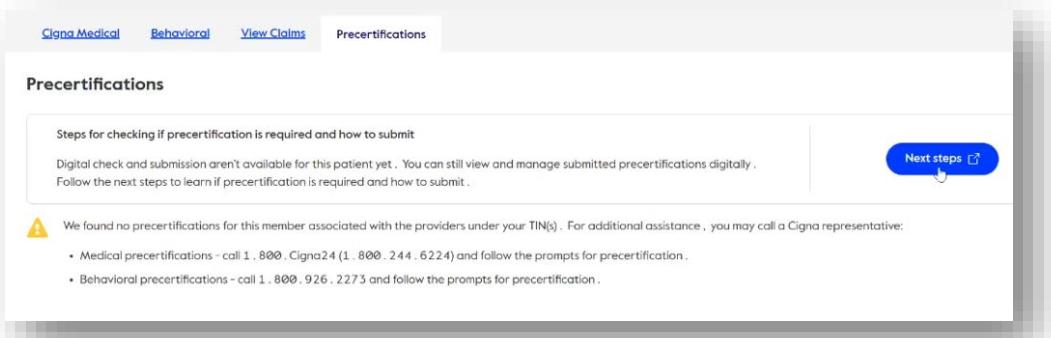
5. **Do providers who offer both behavioral and medical care have access to online precertification on CignaforHCP.com and Provider.Evernorth.com?**
   Currently, online precertification tools are available only for medical services. Providers must use CignaforHCP.com to access these features. Online precertification for behavioral services is not yet supported.

Submitting requests

6. **Which fields are required on the precertification submission request screen?**
   Authorization Type, Type of Service, Place of Service, Level of Urgency, Admission Date (if applicable), Primary Diagnosis Code, Procedure Code (except for non-surgical inpatient stays), Servicing Provider/Facility Name, and Servicing Provider Address are all required fields.

7. **Which codes can be used when requesting a precertification?**
   Cigna Healthcare utilizes International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes. You are also able to enter Current Procedural Terminology (CPT®), revenue, diagnosis related group, and Healthcare Common Procedure Coding System (HCPCS) (including J-codes) codes for precertification requests.

8. **What is the difference between a requesting provider and a servicing provider, and why are they important in the precertification process?**

   Servicing provider:
   The servicing provider is the clinician or facility that will *perform* the service or procedure. Authorizations are tied to the servicing provider because they ensure the correct location, provider, and network status are approved for the patient's care.

   Requesting provider:
   The requesting provider is the one who *submits* the precertification request. This is typically the referring or ordering provider who is coordinating care, but not necessarily the provider performing the service.

   Why both matter:
   Including both providers ensures accuracy and visibility throughout the precertification process:
   - The **servicing provider** must be listed correctly for the authorization to apply to the right provider and location.
   - The **requesting provider** is listed so that they can maintain visibility into the case and can track the request.

9. **Is a requesting provider able to submit a precertification request for a servicing provider?**
   Yes. A requesting provider can submit a precertification request for a servicing provider.

10. **Can a requesting provider view a precertification request submitted by a servicing provider?**
    Yes. As long as the requesting provider is listed on the precertification request, it will appear under the Precertifications tab in Patient Details and can be viewed by both providers.

11. **Can the requesting provider and servicing provider be the same?**
    Yes. If the provider performing the service is also the one submitting the precertification request, that provider serves as both the requesting provider and the servicing provider.

12. **Will I lose my entered information if I click "Back" in my browser while completing a precertification check?**
Yes. If you attempt to leave the page—such as by clicking "Back" in your browser—the pop-up below will appear. However, the tool allows users to navigate back and forth *within* the form without losing information. Your data will remain intact unless you refresh the page, click "back" in your browser, exit the tool, or log out.
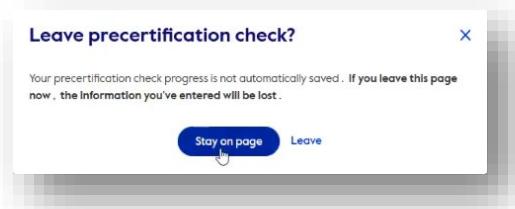
Note: For precertification requests, you can choose to save your progress and return to complete your request within 72 hours. Please refer to question eighteen for more information.

13. **Can I enter past or future dates on a precertification request?**
Yes. Users can retroactively enter a Service Date up to 15 days prior to the current date, or up to 180 days in the future, in the Request Date field. For requests with service dates beyond the 15-day retroactive window, users should contact Provider Services at 800.882.4462 to submit the precertification request.

14. **What happens if a duplicate precertification request is submitted?**
If the system detects the duplication upfront, the request will not proceed through the precertification process. However, if the duplication is *not* identified immediately, the request may be submitted, and a message may appear afterward indicating that it is a duplicate.

15. **Can I save frequently referred-to providers for future precertification requests?**
No, users cannot manually save frequently referred-to providers to a list at this time. However, those that are selected often will automatically appear under the "Frequently selected providers" tab when initiating a new precertification request.

16. **How do I submit a precertification request for bilateral procedures?**
Modifiers should be used to identify bilateral procedures.

17. **How do I request precertification for observation?**
Observation is an outpatient option. Please submit the request in the same manner you do today.

Note: The Admission Date field will not be visible if an outpatient option is selected.

18. **How do I submit a precertification request for a newborn who does not yet have a customer ID number or a legal name?**
You should call Cigna Healthcare Provider Services at 800.882.4462 to submit these requests. Online requests can only be submitted for customers with active eligibility.

19. **Are emergency admissions part of this new precertification process?**
Yes. You can use the online precertification submission tool for emergency admission notifications.

20. **Can I use the precertification tool to submit an inpatient notification?**
No, inpatient notifications cannot be submitted through the online precertification request tool. To submit inpatient, discharge, and transfer notification requests, please contact Provider Services at 800.882.4462

Saving, modifying, and accessing requests

21. **Can I save a precertification request that has not been completed?**
Yes. If a precertification request has been started but not yet submitted to Cigna Healthcare, users can choose to save their progress and return to it within 72 hours. To resume, go to the Precertifications tab under patient details and select "Resume" under Actions in the dashboard. Saved requests will automatically be deleted after 72 hours if they are not submitted.

Key details:

- The 72-hour window resets each time you save the request. You can continue saving and extending the request as many times as needed.
- This timeframe excludes weekends. For example, a request saved on Friday will remain available until Monday.

22. Can I manually delete a saved precertification request?
Yes. During the 72-hour period after saving a precertification request, users can access the request and manually delete it if needed. If the request is not submitted or deleted within that timeframe, it will be automatically removed.

23. Can I save a precertification requirement determination?
No. You cannot save a precertification requirement determination within the portal. However, if the determination indicates that precertification is *not* required, you can download and save a summary for your records.

24. Can I modify an approved or partially approved precertification request?
No. Once a determination has been provided, changes cannot be made to the request. If you need to update the service date, contact Provider Services at 800.882.4462 for assistance. If the change involves the facility or procedure codes, a new request is required. This ensures network status is confirmed and allows review of any requirements associated with updated codes.

25. What information can I modify in a pending request?
If you submitted a Cigna Healthcare-managed precertification request in the CignaforHCP.com portal, and there is an option to "modify" on a pending request, it indicates that you can attach any clinical documents needed by Cigna Healthcare for determination.

Please note:
- Service dates cannot be changed/modified through the portal. To update the service date, please contact Provider Services at 800.882.4462**.**
- Facility or procedure code changes require a new precertification request. You will need to void the existing pending request and submit a new one with the updated codes and dates. This ensures accurate network validation and allows review of any requirements associated with the revised codes.
- Precertification requests delegated to EviCore by Evernorth® that are in pending status will *not* appear on CignaforHCP.com. You must log in to the EviCore Provider portal to view or manage those requests.

26. How can I retrieve a precertification request that I previously saved or submitted?
You can save and access up to 15 previously submitted requests via the Precertification tile on your home dashboard. For patient-specific requests, go to the Patient Details page and select the Precertifications tab to view the precertification dashboard, where saved or submitted requests are stored for the patient.

27. How do I finish an incomplete request that was saved?
To resume a saved request, go to the Precertifications tab under Patient Details and select "Resume" under Actions in the dashboard.

Managing and tracking requests

28. How long will it take for the precertification request to appear in the patient's record after it is submitted?
For requests managed by Cigna Healthcare, the status and details typically appear within nine to 24 hours after submission.

Requests delegated to EviCore will appear on the CignaforHCP.com portal once they're sent to Cigna Healthcare. You can also view them almost in real time on the EviCore provider portal's precertification dashboard.

29. What statuses will I be able to see on the precertification dashboard?
The precertification dashboard can be found under the Precertification tab under Patient Details and displays whether a precertification request has been approved, partially approved, void, pending, denied, or if it is incomplete.

30. Will precertification statuses be accessible on the home dashboard?
Yes. Precertification request statuses can be flagged and added to your main home dashboard. Up to 15 precertification requests may be saved there.

31. Will I receive updates regarding the status of a precertification request, and how will they be delivered?
Updates are provided whenever there is a change in the status of a precertification request and are delivered through the Messaging Center. Users will also see updates reflected in the precertification dashboard and patient's record.

32. Will the name of the user (not a provider) who submitted the precertification request be viewable?
No. The name of the user will not be viewable.

33. Will I be able to view precertification requests managed by EviCore?
Yes. Approved or denied precertification requests managed by EviCore will be available on CignaforHCP.com. Please note that pended statuses will not display on CignaforHCP.com and are only available through the EviCore Provider portal.

34. Are approved precertification requests a guarantee of benefits for the patient?
No. Some procedure codes are subject to exclusion. Please review the patient's benefits for full coverage details.

35. Can I appeal a denied precertification request?
Yes. To initiate an appeal, go to the Precertifications tab under Patient Details and select the "Appeal" button under Actions in the precertification dashboard. For requests managed by EviCore, appeals must be submitted directly through the EviCore Provider portal using their existing process.

36. How long does it take for uploaded documents to be matched to my precertification request?
All requests pending clinical review require manual matching of uploaded documents. This process typically takes up to one business day. We appreciate your patience as we work toward automation.

Trouble shooting

37. I submitted a precertification request, but it's not showing up on my dashboard. What happened?
This may occur if the provider's name or address entered doesn't exactly match our system records. In such cases, a temporary provider ID may have been assigned, which prevents the request from appearing on your dashboard. We're working to reduce these mismatches. If clarification about the status of a request is needed, please contact Provider Services at 800.882.4462.

38. Why does my request show a "Processing" status instead of a clear determination?
Some requests may temporarily display a "Processing" status. We recommend checking back later or contacting Provider Services at 800.882.4462 if additional clarification is needed.

39. Why did I receive an "Unable to determine" message when checking precertification requirements?
In rare cases, the tool may not be able to determine if precertification is required. If this happens, please contact Provider Services at 800.882.4462 for assistance. We are monitoring this issue and working to reduce its occurrence.

40. Why is the diagnosis code used when the precertification request was submitted now different in the Precertification & Patient Details page?
The diagnosis code that is available in the Precertification & Patient Details may not match what was submitted if the patient is receiving ongoing care for an existing diagnosis. The existing diagnosis is what will be returned in the inquiry transaction.

41. What should I do if the provider address or Tax Identification Number (Tax ID) listed is incorrect or missing?
Incorrect or missing provider address or Tax ID information may be due to a data mismatch with our directory. Start by reviewing the provider listing in our directory to confirm the details. You can do this by visiting Cigna.com > Find a Doctor.

If the issue is with your own address:
If updates are needed, you can submit demographic changes by logging in to CignaforHCP.com and navigating to Working With Cigna > Directory Update.

You may also submit changes using the following contact methods:
- Practitioner and group changes:
  - Fax: 877.358.4301
  - Email: Intake_PDM@Evernorth.com
- Hospital and ancillary changes:
  - Fax: 646.459.2180
  - Email: CPOCIMs@Evernorth.com

If the issue is with another provider's address:
To report incorrect demographic information for another provider:
- Online: Search for the provider in the directory and click "Incorrect Info? Let us know" to fill out the online form.
- Email or phone: Contact us at Providerupdates@Cigna.com or call 800.882.4462.

Tax ID issues:
If you need to add a new Tax ID or update an existing one, please use the contact methods below.

Note: Tax ID updates cannot be submitted online.

- **Medical providers**
  - Individual: email Intake_PDM@Evernorth.com
  - Facility and ancillary: email CPOCIMs@Evernorth.com
- **Behavioral providers**
  - Phone: 800.926.2273

Attachments and technical requirements

42. Are there any browser limitations to use the online precertification tool?
No. The tool is compatible with all major browsers.

43. What is the size limitation on supporting documentation attachments?
The size limitation for all supporting documentation is 20 MB. There is also a 10-file limit for individual precertification requests. If you need to attach additional files, you may do so after the initial 10 are attached and the determination has been returned. Simply go back into the pended request and attach up to 10 additional files. Files must be attached one at a time.

44. Which file types can be uploaded?
The following files are acceptable: PDF, JPG, JPEG, TIFF, TIF, PNG, DOC, DOCX, TXT, GIF, XLS, and XLSX.

Contact information

If you have questions about the precertification process, need technical assistance, help accessing the portal, or wish to report an issue, please contact Provider Services at **800.882.4462**.