

Cigna Medical Coverage Policies – Supplemental Information: CMS Hierarchies & Application Guidelines

Effective November 01, 2023



Instructions for use

The following coverage policy applies to health benefit plans administered by Cigna. Coverage policies are intended to provide guidance in interpreting certain standard Cigna benefit plans and are used by medical directors and other health care professionals in making medical necessity and other coverage determinations. Please note the terms of a customer's particular benefit plan document may differ significantly from the standard benefit plans upon which these coverage policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a coverage policy.

In the event of a conflict, a customer's benefit plan document always supersedes the information in the coverage policy. In the absence of federal or state coverage mandates, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of:

1. The terms of the applicable benefit plan document in effect on the date of service
2. Any applicable laws and regulations
3. Any relevant collateral source materials including coverage policies
4. The specific facts of the particular situation

Coverage policies relate exclusively to the administration of health benefit plans. Coverage policies are not recommendations for treatment and should never be used as treatment guidelines.

This evidence-based medical coverage policy has been developed by eviCore, Inc. Some information in this coverage policy may not apply to all benefit plans administered by Cigna.

These guidelines include procedures eviCore does not review for Cigna. Please refer to the [Cigna CPT code list](#) for the current list of high-tech imaging procedures that eviCore reviews for Cigna.

CPT® (Current Procedural Terminology) is a registered trademark of the American Medical Association (AMA). CPT® five digit codes, nomenclature and other data are copyright 2023 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values or related listings are included in the CPT® book. AMA does not directly or indirectly practice medicine or dispense medical services. AMA assumes no liability for the data contained herein or not contained herein.

Table of Contents

<u>Guideline</u>	<u>Page</u>
Medicaid and Medicare Hierarchy and Application.....	3

Medicaid and Medicare Hierarchy and Application

CMS.AD.100.A
v1.0.2023

Guideline	Page
Medicaid.....	3
Medicare Policy.....	5
Medicare/Medicaid Dual Membership.....	6

Medicaid

Medicaid Hierarchy

1. Medicaid state-specific policy
2. eviCore's evidence-based guidelines or the appropriate alternative guideline utilized by a program/health plan in place of eviCore's guidelines
3. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines should also be reviewed for individuals under 21 years of age as applicable for coverage determination

Application of Medicaid Policy

The state Medicaid policy will be reviewed first to determine if the information provided is instructive to the clinical case at hand. For the purpose of this policy, sufficient clinical criteria to render a medical necessity decision is defined as the presence of a state Medicaid policy that addresses the service/procedure/test/equipment and the member condition (indication) and supplies sufficient clinically relevant detail to be instructive to the case. See the numbered items below for specific guidance:

1. State Medicaid policy addresses clinical scenario: (service/procedure/test/equipment AND member condition AND Medical Necessity criteria):
 - a. Medicaid policy will be utilized and cited for determining medical necessity
 - b. If specific medical necessity criteria are present in the state policy, but are limited or less detailed than eviCore or alternative guideline, the state policy would still be applied and cited, as this would be considered sufficient information to render a decision
2. State Medicaid policy addresses service/procedure/test/equipment, but does NOT cover member condition in question or provide specific medical necessity criteria for this indication and does not contain relevant clinical information to be instructive

- to the case/clinical scenario, eviCore guidelines or alternative guidelines, as appropriate, will be utilized and cited
3. State policy exists for service/procedure/test/equipment AND member condition but NO medical necessity criteria exist for this indication. The state policy would still be instructive to the case clinical scenario and Medicaid will be utilized and cited.
 4. (Example: Service is requested to address a member condition and the state policy indicates that the service is indicated for this member condition without providing specific criteria regarding under which circumstances the service would be indicated for this condition. This is considered instructive, and the state policy would be applied/cited.)
 5. If no clinical information is provided with a request, the above hierarchy is still applied. If there is an applicable state-specific Medicaid policy, the Medicaid policy would be utilized and cited to request clinical information/documentation. If there is no applicable state-specific Medicaid policy, eviCore guidelines or alternative guidelines, as appropriate, will be utilized and cited

Note The scope of this policy is to outline the default order in which policy sources will be used during a delegated medical necessity determination. The Medicaid hierarchy outlined here may be superseded by Plan- and State-specific Hierarchy policies, where applicable, based on eviCore client’s contracts with a state Medicaid entity.

Application and citation of policy

State Medicaid Policy exists	State Medicaid policy addresses service/procedure/test/equipment	State policy addresses member condition and/or is instructive to the case	State Medicaid Policy provides specific medical necessity criteria relevant to service and member condition	Application and Citation of Policy
Y	Y	Y	Y	State Medicaid policy applied and cited
Y	Y	Y	N	State Medicaid policy applied and cited
Y	Y	N	N	eviCore criteria applied and cited

State Medicaid Policy exists	State Medicaid policy addresses service/procedure/test/equipment	State policy addresses member condition and/or is instructive to the case	State Medicaid Policy provides specific medical necessity criteria relevant to service and member condition	Application and Citation of Policy
Y	N	N	N	eviCore criteria applied and cited

Medicare Policy

Hierarchy and Application of Medicare Policy

Medicare Advantage medical policies identify the clinical criteria for determining when medical services are considered ‘reasonable and necessary’ (medically necessary). Medicare Advantage plans are required by CMS to provide the same medical benefits to Medicare Advantage members as original Medicare. As such, whenever possible, Medicare Advantage medical necessity decisions are based on Medicare coverage manuals, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) used in conjunction with an LCD, when available. If there is no applicable NCD, LCD, or LCA (used in concert with an LCD), for the service under review, then other evidence-based criteria may be applied. In addition, each member’s unique clinical situation is considered in conjunction with current CMS guidelines.

The following hierarchy is used to determine Medicare Advantage Medical Policy:

1. CMS Coverage Manuals or other CMS-Based Resource: Coverage provisions in interpretive manuals are instructions that are used to further define when and under what circumstances items or services may be covered (or not covered)
2. National Coverage Determinations (NCD)
 - a. Local Coverage Determinations (LCD)
 - b. Local Coverage Articles (LCA), when used on conjunction with LCD
3. eviCore’s evidence-based guidelines or the appropriate alternative guideline utilized by a program/health plan in place of eviCore’s guidelines

Note Where a Medicare Administrative Contractor (MAC) has adopted the Palmetto GBA MoIDX® Program's criteria for the LCDs governing molecular and genomic tests within their jurisdiction, eviCore's Laboratory Management program will follow the MoIDX criteria published by the MACs for those jurisdictions.

Medicare/Medicaid Dual Membership

Hierarchy and Application for dual eligible Medicare/Medicaid

Individuals enrolled in both Medicare and Medicaid are considered to be dually eligible. For individuals with both Medicare and Medicaid, the following hierarchy should be applied.

1. CMS Coverage Manuals
2. National Coverage Determinations (NCD)
3. Local Coverage Determinations (LCD)
4. Local Coverage Articles (LCA) – when used in conjunction with an LCD
5. Medicaid Coverage Policies (if Medicare/Medicaid (MMP) or Medicare/Medicaid Special Needs plans)
6. Evidence based clinical policies (eviCore) or the appropriate alternative guideline utilized by a program/health plan in place of eviCore's guidelines