Cigna Medical Coverage Policies – Clinical Information to Establish Medical Necessity

Effective October 1, 2020

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.

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Clinical Information to Establish Medical Necessity

eviCore applies an evidence-based approach to evaluate the most appropriate medically necessary care for each patient. This evaluation requires submission of medical records pertinent to the test or treatment being requested by the provider.

If the medical records provided do not provide sufficiently detailed information to understand the patient's current clinical status, then the medical necessity for the request cannot be established and the request cannot be approved.

Specific elements of a patient's medical records commonly required to establish medical necessity include, but are not limited to:

- Recent virtual or in-person clinical evaluation which includes a detailed history and physical examination
- Laboratory studies
- Imaging studies
- Pathology reports
- Procedure reports
- Reports from other providers participating in treatment of the relevant condition

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