

Musculoskeletal Level of Care Total Knee and Hip Replacement

Frequently Asked Questions

What is the relationship between eviCore healthcare and Cigna?

eviCore is a Cigna company and provides coverage for advanced radiology, musculoskeletal, diagnostic cardiology, medical oncology, radiation therapy and gastroenterology services for Cigna. This is an extension of those services.

What is the Musculoskeletal Level of Care Program?

The level of care program, also referred to as the musculoskeletal total knee replacement and total hip replacement coverage update in communications Cigna sent to providers, has been developed to support our efforts to provide customers with Cigna coverage for the right care, at the right place and at the right time. As a part of this program, precertification for musculoskeletal large joint procedures will include a medical necessity review for both the services requested and inpatient level of care. An initial goal length of stay (GLOS) will be provided for any approved inpatient admission as well. Concurrent bed day / length of stay management is not part of the eviCore musculoskeletal Level of Care program, you may contact Cigna if further information is needed.

What procedures will require Level of Care precertification through eviCore?

The Level of Care program will only be applied to the following musculoskeletal services currently managed by eviCore:

Category	CPT® Code	CPT® Code Description
Large Joint- Hip	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY), WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT
Large Joint- Knee	27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS
Large Joint- Knee	27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT
Large Joint- Knee	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)
Large Joint- Shoulder	23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY
Large Joint- Shoulder	27447	ANTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG TOTAL SHOULDER)

The program will begin on January 1, 2021.

Which members will be included in the program?

This program includes Cigna customers with fully insured and self-insured coverage, whose plans require submission of precertification requests for musculoskeletal procedures.

How will ordering providers know if a member is included in the Level of Care program?

Providers do not need to do anything if a member is included in the Level of Care program. The precertification pathway will seamlessly recognize eligible cases based on whether one of the four CPT codes above is requested.

How will the Level of Care Program impact ordering providers?

The ordering provider will continue to request precertification for musculoskeletal procedure codes delegated for medical necessity, and provide the requested level of care as historically done. eviCore will now perform medical necessity review for inpatient level of care. If a provider directs a patient to an inpatient hospital setting, they will need to identify the clinical condition(s) that warrants the need for the service to be performed there. If there is no clinical rationale, eviCore will deny coverage for the service at the inpatient hospital setting.

How will the Level of Care Program impact customers?

Cigna customers under the level of care program may receive a denial of coverage for musculoskeletal services if their provider requests the service to be performed at an inpatient hospital setting and that setting is determined to not be medically necessary.

Will the precertification process change?

There will be **no** changes to the current process for requesting precertification when requesting coverage for services are provided at any ambulatory location, such as hospital outpatient or ambulatory surgery centers.

Note: When requesting coverage for an outpatient hospital setting, providers will not need to identify the clinical rationale for selecting that location. Providers and/or staff can continue to request precertification for musculoskeletal services by logging into evicore.com or by contacting our call center at 800.918.8924.

What are the hours of operation for the contact call center?

eviCore healthcare's precertification call center is available Monday through Friday from 8:00 AM to 7:00 PM EST at 800.918.8924. In addition, our website, evicore.com, is available 24 hours a day, 7 days a week for providers to submit precertification requests.

Will emergency requests require Level of Care review?

No, emergency musculoskeletal requests will not be subject to level of care review by eviCore. Services performed in an emergency room setting are excluded from precertification. However, if the date of service is within 2 business days, eviCore will treat the case as Customer Expedited and process the determination within 1 business day.

What if the requested procedure is approved but the inpatient level of care is denied or if the inpatient level of care is approved and the procedure is denied?

In either of these scenarios, services requested in the inpatient level of care will not be covered. You can follow the directions in the denial letter for post decision options. If the inpatient level of care is denied and the procedure is approved, you can resubmit the request with an outpatient setting.

What if an inpatient setting is approved, and a length of stay extension is needed?

eviCore will perform utilization review to determine medical necessity for an inpatient admission. If the precertification procedure and level of care request is determined to be clinically appropriate, an approval will include an initial length of stay. Cigna will continue to manage any length of stay extension requests.

What is a Reconsideration?

Providers and/or staff may be able to request a reconsideration of a denied or partially approved case by submitting additional clinical information without the need for a physician to participate. Reconsideration must be requested on or before the anticipated date the services will be performed.



What is a clinical consultation?

We welcome requests for a clinical consultation with an eviCore Medical Director. In certain instances, additional clinical information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval. A clinical consultation can only be performed by a requesting Physician, Nurse Practitioner or Physician Assistant.

How do I submit a request for a clinical consultation or Reconsideration for the Level of Care?

You can call our call center at 800.918.8924 to discuss the decision with a physician reviewer. You may also submit a request for a clinical consultation on eviCore.com.

What clinical guidelines will be used for the Level of Care program?

eviCore will be utilizing the evidence based guidelines from MCG Health for the medical necessity determination of an inpatient admission. If you would like to view or access the clinical policy, please contact MCG Health directly.

Will the requested site be notified if the request is denied?

If a request for a precertification is denied, the ordering provider, the requested site and the member will be notified.