



Inpatient Level of Care Frequently Asked Questions (FAQs)



What is the Level of Care Program?

The level of care program 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 any surgeries/services that need to be performed in an inpatient setting 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. Concurrent bed day / length of stay management is not part of the EviCore 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 services managed by EviCore that require an inpatient stay.

What impact will the Level of Care Program have on ordering providers?

The ordering provider will continue to request precertification for 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 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.

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 stay extension is needed?

EviCore will perform utilization review to determine medical necessity for 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.



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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.

Where do I submit questions or concerns regarding this program?

For assistance with membership, claims, provider network issues, etc., submit the issue to our dedicated teams via EviCore Communication Relationship Management (ECRM).

Access: [ECRM Services](#) (most efficient) or call 800-646-0418 (Option 4).

Who can I contact if I experience issues with the EviCore portal?

Access: [ECRM Services](#) (most efficient) or call 800-646-0418 (Option 2).