



Musculoskeletal (MSK) Procedures Frequently Asked Questions (FAQs)

EviCore
By EVERNORTH

Who is EviCore?

EviCore is an independent specialty medical benefits management company that provides utilization management services for Cigna Healthcare.

Which procedures will EviCore healthcare manage for the Musculoskeletal (MSK) program?

EviCore manages prior authorization for the Spine, Joint, and Pain procedures for Cigna customers. However, before requesting prior authorization through EviCore, providers should contact Cigna Provider Services at 800.230.6138 to verify member eligibility and benefits or visit [Cigna for Health Care Professionals](#).

Which Musculoskeletal services require prior authorization for Cigna Healthcare?

To see the complete procedure list delegated to EviCore, go to [Cigna Provider Resources | EviCore by Evernorth](#). Select solution resources> Select the correct solution> Select CPT Codes.

Spine Surgery

In scope procedures include Spinal Fusion, Spinal Decompressions, Discectomies, Disc Arthroplasty, Vertebroplasty, Kyphoplasty, Basivertebral Nerve Ablation, and Revision Surgery

Pain Management

In scope procedures include Epidural injections - Interlaminar/Transforaminal/Caudal facet joint injections/medial branch blocks; Sacroiliac joint injection, Epidurography/discography, Regional sympathetic block, Spinal denervation Radiofrequency Ablation (RFA), Monitored Anesthesia Care for interventional pain procedures, Spinal implants, Intrathecal drug pumps, Dorsal column stimulators.

Joint Surgery

In scope procedures include Arthroscopic procedures, Open procedures, and Joint replacements.

Note: For some surgical procedures that require the insertion or replacement of a device, multiple authorizations may be required to cover the procedure and the device(s).

- Authorizations should be created under each program owning the delegated CPT codes.
- Claims submitted without all the necessary authorization may not be reimbursable.

Does a patient have to have objective symptoms to qualify for an injection?

Yes. For an epidural injection, a patient must have a radiculopathy or radicular pattern confirmed on imaging or EMG/NCS. For a facet procedure, loading of the joint in extension and lateral rotation is needed. For sacroiliac joint injections, a patient must have three (3) of five (5) positive stress maneuvers of the sacroiliac joint.

How much conservative care is needed prior to an injection?

Six (6) weeks of conservative care is needed prior to an epidural steroid injection. Four (4) weeks of conservative care is needed prior to facet/medial branch nerve blocks and sacroiliac joint injections.

Is advanced imaging required prior to an epidural steroid injection?

Yes. For cervical and thoracic epidural injections, advanced imaging must be performed within the last 12 months.

Is imaging guidance needed for chronic pain procedures?

Yes. Fluoroscopic or CT scan image guidance is required for all interventional pain injections.

Will EviCore grant approval for a series of injections?

No. A series of injections will not be pre-service authorized. EviCore requires a separate pre-service authorization request for an Interventional Pain procedure for each date of service. The patient's response to prior interventional pain injections will determine if a subsequent injection is appropriate. Including the response to the prior interventional pain injection in the office notes will help avoid processing delays.

Will EviCore grant approval for multiple injections on the same date of service?

No, An epidural injection and facet joint injection in the same region is not allowed, except when there is a facet joint cyst compressing the exiting nerve root.

Will EviCore grant approval of more than 1 level interlaminar epidural, 2 levels transforaminal epidural, 3 level facet/medial branch nerve blocks in a single session?

No. No more than one (1) level interlaminar epidural, one (1) nerve root selective nerve root block, two (2) level therapeutic transforaminal epidural, three (3) level facet/medial branch nerve blocks are indicated in a single session.

Will EviCore grant approval of “Series of Three” injections (one a week)?

Not permitted, as deemed medically unnecessary (see prior question(s) for additional information).

Is there an annual limit on injections?

Yes. The limit of diagnostic facet/medial branch nerve blocks is two (2) prior to possible radiofrequency ablation. The limit of epidural steroid injections is three (3) per episode and 4 per 12 month period.

How should I space my procedures?

Epidural injections require a two (2) week outcome prior to preauthorization of a subsequent epidural. Radiofrequency ablation of the medial branch nerves from C 2 -3 to L 5- S 1 require a six (6) month interval. Therapeutic sacroiliac joint injections require a two (2) month interval.

Are there thresholds for outcome from a prior procedure to obtain certification for a subsequent procedure?

Yes. An epidural steroid injection must have at least two (2) of the following: 1) 50% or greater relief of radicular pain, 2) increased level of function / physical activity, 3) and/or decreased use of medication and/or additional medical services such as Physical Therapy / Chiropractic care. A diagnostic facet/medial branch nerve block must have at least 80 % relief from the anesthetic. Two (2) facet/medial branch nerve blocks with at least 80% relief are needed for radiofrequency ablation. A therapeutic sacroiliac joint injection following a diagnostic injection must have ≥75% pain relief. A repeat therapeutic sacroiliac joint injection must have ≥75% pain relief and either an increase in level of function or reduction in use of pain medication and/or medical services such as PT/chiropractic care.

Are there cases which use the interlaminar epidural CPT 62323 which are not part of the delegated EviCore preauthorization program?

Yes. EviCore manages CPT 62323 when the injectate includes a steroid, local anesthetic, or contrast for interventional pain injections. Requests for injectates other than steroids, local anesthetic, or contrast will be directed to the health plan for management.

Will EviCore grant approval for a series of injections?

No. A series of injections will not be preservice authorized. EviCore requires a separate pre-service authorization request for an Interventional Pain procedure for each date of service. The patient's response to prior interventional pain injections will determine if a subsequent injection is appropriate. Including the response to the prior interventional pain injection in the office-notes may help avoid processing delays.

Who needs to request prior authorization through EviCore?

All ordering (requesting) physicians are required to obtain prior authorization for services prior to the service being rendered in an office, inpatient or outpatient setting.

How do I request prior authorization through EviCore?

Providers and/or staff can request prior authorization in one of the following ways:

Web Portal

The EviCore portal is the quickest, most efficient way to request prior authorization and is available 24/7. Providers can request authorization by visiting [Provider's Hub | EviCore by Evernorth](#).

Call Center

EviCore's call center is open from 7 a.m. to 7 p.m. local time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling **866-668-9250**.

Fax

Providers and/or staff can fax prior authorization requests by completing the clinical worksheets found on EviCore's website at [Clinical Worksheets & Online Forms | EviCore by Evernorth](#)

Where can I access EviCore healthcare's clinical worksheets and guidelines?

EviCore's clinical worksheets and guidelines are available online 24/7 and can be found by visiting one of the following links:

- + [Clinical Worksheets & Online Forms | EviCore by Evernorth](#)
- + [EviCore Cigna Commercial Membership | EviCore by Evernorth](#)

Who needs to request prior authorization through EviCore?

All ordering (requesting) physicians are required to obtain prior authorization for services prior to the service being rendered in an office, inpatient or outpatient setting. EviCore's call center is open from 7:00 a.m. – 8:00 p.m. CST. Providers and/or staff can request prior authorization and revise existing cases by calling **866-668-9250**.

How do I check an existing prior authorization request for a member?

Our web portal provides 24/7 access to check the status of existing authorizations. To check the status of your authorization request, please visit [Provider's Hub | EviCore by Evernorth](#) and sign in with your login credentials.

What information is required when requesting prior authorization?

When requesting prior authorization, please ensure the proprietary information is readily available:

Member

- First and Last Name
- Date of Birth
- Member ID

Ordering Provider

- First and Last Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Number

Rendering (Performing) Provider

- Facility Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Street Address

Clinical(s)

- Requested Procedure Code (CPT Code)
- Signs and symptoms
- Imaging/X-ray reports
- Results of relevant test(s)
- Working diagnosis
- Patient history, including previous therapy

Note: EviCore suggests utilizing the clinical worksheets when requesting authorization of Spine Surgeries services.

What verification elements are required when clinical documentation is provided to EviCore?

EviCore requires a name (first and last) and one additional identifier from the list below.

- + Member identification number and date of birth
- + Correct case number/Episode ID
- + Full address (Street, City, State and zip code)
- + Full phone number including area code
- + Driver's license number or other government-issued ID

Although it is desirable, Patient Identity Verifiers are not required on every page. If there are no conflicting identifiers present, it is acceptable to assume each page is a continuation of the prior page. A Cover Page with two Patient Identifiers present will satisfy HIPAA verification if no Patient discrepancy is present within subsequent pages.

How long is the authorization valid?

Authorizations are valid for 90 - 180 days. If the service is not performed within the authorized timeframe, make sure to contact EviCore by calling **866-668-9250**. Services performed outside of the authorized timeframe may result in claims payment denials.

What is the most effective way to get authorization for urgent requests?

Urgent requests are defined as a condition that is a risk to the patient's health, the ability to regain maximum function, and/or the patient is experiencing severe pain that requires a medically urgent procedure. Urgent requests may be initiated on our web portal at EviCore.com or by contacting our intake center at **866-668-9250**. Urgent requests will be processed within 24 to 72 hours from the receipt of complete clinical information.

Important: Please select urgent for those cases that truly are urgent and not simply for a "quicker" review. Also note that if a request is selected as urgent but does not meet guidelines to be considered urgent, the case may be reassigned as a routine case.

Do Musculoskeletal services performed in an inpatient setting at a hospital or emergency room setting require prior authorization?

EviCore will review the surgery pre-service authorization request and will collect the requested place of service during the pre-service authorization process. **Pre-service authorization is not required for services performed in an emergency room.**

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

There will be no change when ordering providers refer patients to an ambulatory surgery center. If a provider directs a patient to an outpatient hospital setting and there is an alternative ambulatory surgery center available, he or she will need to identify the clinical condition 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 outpatient hospital setting.

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How will the program impact service locations?

Hospitals may see a reduction in the number of outpatient procedures approved at their facilities. Ambulatory surgery centers may see an increase in the number of MSK procedures approved at their facilities.

How will the Site of Care Program impact customers?

Cigna customers may receive a denial of coverage for MSK procedures if their provider requests the service to be performed at an outpatient hospital setting, unless that setting is determined to be medically necessary. EviCore will attempt to contact customers who have approved procedures, but the site of service denied to explain the reason for the denial.

If a requested procedure is approved but the site is denied and the requesting provider wishes to change the site of care to a preferred site, what should he or she do?

The ordering provider will need to contact EviCore to request a new precertification.

What if the requested procedure is approved but the inpatient Site of Care is denied or if the inpatient Site of Care is approved and the procedure is denied?

In either of these scenarios, services rendered in the requested place of service will not be covered. You can follow the directions in the denial letter for post decision options. If the inpatient Site of Care is denied and the procedure is approved, you can resubmit the request with an ambulatory surgical center.

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

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

How does an ordering provider know what ASC(s) are in network, and if they have surgical privileges at that facility?

It is up to the provider to know which facilities they are privileged at, and/or what covering physicians they will be using at the Cigna in-network facility. Then, to confirm the ASC is in-network, prior to rendering services, it is required that the provider either utilize the online CignaforHCP.com portal at **Cigna for Health Care Professionals** or contact Cigna Provider Services. The telephone # is 1-800- 88Cigna, then select network participation.



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Does EviCore review cases retrospectively if no authorization was obtained?

Retrospective requests are only accepted for procedures performed in the outpatient setting and must be submitted within 1 business day following the date of service. Please have all clinical information relevant to your request available when you contact EviCore.

What are my options if I receive an adverse determination?

The referring and rendering provider will receive a denial letter that contains the reason for denial as well as reconsideration and appeal process.

Where can providers view the site of care coverage policy?

The Site of Care: Outpatient Hospital for Select Musculoskeletal Procedures coverage policy is available at [EviCore Cigna Commercial Membership | EviCore by Evernorth](#) > Comprehensive Musculoskeletal Management Guidelines.

Where do I submit my claims?

All claims will continue to be filed directly with Cigna Healthcare.

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).

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page at: [Cigna Provider Resources | EviCore by Evernorth](#)