**eviCore healthcare’s peer-to-peer clinical consultation process**

eviCore healthcare (eviCore) has enhanced its peer-to-peer clinical consultation process for the services it offers. As a result, other clinical providers within a practice, including nurse practitioners and physician assistants, may now initiate a peer-to-peer consultation. Additionally, providers have the opportunity to schedule peer-to-peer consultations via the eviCore portal (eviCore.com) or by telephone.

**Reimbursement policy update – Diagnosis related group (DRG) readmissions effective October 18**

We routinely review our coverage, reimbursement, and administrative policies for potential updates. In that review, we take into consideration one or more of the following: Evidence-based medicine (EBM), professional society recommendations, Centers for Medicare & Medicaid Services (CMS) guidance, industry standards, and our other existing policies.

As a result of a recent review, we will implement a new reimbursement policy, DRG Readmissions (R35), to update the way we process claims for inpatient readmissions to the same hospital within 72 hours of discharge. We will review an acute hospital readmission to determine whether it was clinically related to the initial admission.

The new policy only applies to participating hospitals with diagnosis related group (DRG) contracts and is effective for claims with a discharge date on or after October 18, 2021.

**Additional information**

For more information about our reimbursement policies, log in to the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Reimbursement and Payment Policies > Reimbursement and Modifier Policies > Reimbursement Policies.

**Reimbursement policy update – Venipuncture billed with CPT code 36415**

We routinely review our coverage, reimbursement, and administrative policies for potential updates. In that review, we take into consideration one or more of the following: Evidence-based medicine, professional society recommendations, Centers for Medicare & Medicaid Services ( CMS ) guidance, industry standards, and our other existing policies.

As a result of a recent review, we will update the way we process venipuncture claims.

Effective for claims processed on or after October 16, 2021, we will administratively deny claims submitted with Current Procedural Terminology (CPT®) code 36415 for venipuncture as incidental and not separately reimbursable when billed with certain laboratory codes by the same provider, for the same patient, on the same day. Denials will include administrative appeal rights.