Clinical, reimbursement, and administrative policy updates

To support access to quality, cost-effective care for your patients with a medical plan administered by Cigna, we routinely review clinical, reimbursement, and administrative policies for potential updates. As a reminder, reimbursement and modifier policies apply to all claims, including those for your patients with GWH-Cigna or "G" ID cards. The table below outlines updates to our policies.

Planned policy updates*

Name	Description of service	Update	Effective date
Infusion and injection administration services	Infusion and injection administration services are considered incidental to the primary service, and are not separately reimbursable. Affected Current Procedural Terminology (CPT®) codes: 96360-96379 and 96521-96523.	We will no longer separately reimburse infusion and injection administration services billed by a facility. Note that in November 2018, we began applying this update to claims from emergency departments. We are now applying this update to all areas within a facility. This aligns with our current reimbursement policies for Facility Routine Services, Supplies and Equipment (R12) and Pharmacy and Infusion Services (R14).	May 18, 2019 for claims processed on or after this date.
Pass-through bills for laboratory services	Pass-through billing occurs when providers bill for laboratory services they have not actually performed. For example, a provider draws blood in the office setting (place of service [POS] code 11), sends it to an outside laboratory for processing, and then bills Cigna for this service.	We will deny claims for pass-through laboratory services, which are those that are submitted for reimbursement with modifier 90 in POS code 11. The processing laboratories should bill Cigna directly, and we will reimburse them according to a customer's benefit plan.	May 18, 2019 for claims processed on or after this date.
Flow Cytometry (0537)	Flow cytometry is a laboratory test used to detect and sort normal cells from abnormal cells. It is useful for some disorders but not for others. Flow cytometry is most often used for certain cancers (such as leukemia and lymphoma), human immunodeficiency virus (HIV), primary immunodeficiency disorders, and for monitoring cells after organ transplantation. Affected CPT codes: 86355, 86356, 86357, 86359, 86360, 86361, 86367, 88182, 88184, 88185, 88187, 88188, and 88189.	We will implement a new medical coverage policy, Flow Cytometry (0537), to review tests for medical necessity.	May 20, 2019 for claims with dates of service on or after this date.
Daily routine supplies in outpatient settings	Routine supplies are included in the facility fee, and are not separately reimbursable.	We will expand our current edits to deny claims for routine supplies provided in an outpatient setting.	July 15, 2019 for claims processed

		This aligns with our Facility Routine Services, Supplies and Equipment (R12) reimbursement policy.	on or after this date.
Duplex Scan to Evaluate for Carotid Artery Stenosis (0542)	A carotid duplex scan uses ultrasound to look for blockages or narrowing in the carotid arteries. Because the carotid arteries bring blood from the heart to the brain, blocked carotid arteries are a risk factor for stroke. Affected CPT code: 93880.	We will implement a new medical coverage policy, Duplex Scan to Evaluate for Carotid Artery Stenosis (0542), to review duplex scans for carotid artery stenosis screening for medical necessity.	July 15, 2019 for claims with dates of service on or after this date.
Facility evaluation and management	Evaluation and management (E&M) codes will be denied. All other services on the claim will be reimbursed according to the terms of the customer's benefit plan and the facility's agreement.	We will update our Facility Routine Services, Supplies and Equipment (R12) reimbursement policy, and deny claims for E&M services billed by a facility on a uniform billing (UB) claim form.	July 15, 2019 for claims processed on or after this date.
Genetic Testing for Reproductive Carrier Screening and Prenatal Diagnosis (0514)	Sequencing-based noninvasive prenatal testing (NIPT) is a genetic test used to assess whether a pregnant woman is at increased risk of having a fetus affected by certain genetic disorders. Affected CPT codes: 81420, 81507, and 0009M.	We will update our Genetic Testing for Reproductive Carrier Screening and Prenatal Diagnosis (0514) medical coverage policy to support review for sequencing-based non-invasive prenatal testing for medical necessity.	July 15, 2019 for claims with dates of service on or after this date.
Intraoperative Neurophysiological Monitoring (IONM) Studies	POS code 11 is an office setting. POS code 15 is used to bill for services provided in a mobile unit. IONM services are only reimbursable when provided in the same location where the surgery is being performed, i.e. an operating room setting.	We will update our Facility Routine Services, Supplies and Equipment reimbursement policy (R12), and deny claims for intraoperative neurophysiological monitoring (IONM) studies and other monitoring codes when billed with Place of Service (POS) codes 11 and 15.	This is effective for claims processed on or after July 15, 2019.
Pneumatic Compression Devices and Compression Garments (0354)	Pneumatic compression devices are machines with an attached inflatable garment. The device has multiple chambers that inflate one after the other to stimulate circulation in the right direction.	We will update our Pneumatic Compression Devisces and Compression Garments (0354) medical coverage policy. We will deny pneumatic pump claims billed with International Classification of Diseases, 10th revision (ICD-10) code I87.1 as not medically necessary. Additionally, we will deny claims billed with Healthcare Common Procedure Coding System (HCPCS) code E0676 as experimental, investigational, and unproven (EIU) for any indication in the home setting.	July 15, 2019 for claims with dates of service on or after this date.
Outpatient Code Editing	As a reminder we use ClaimsXten®, a market-leading, rules-based software application, to help expedite and improve the	We will expand our current edits to apply outpatient code editing to additional contract types, including	July 15, 2019 for claims with dates of

	accuracy of medical and behavioral claims submitted on a Centers for Medicare & Medicaid Services (CMS)-1500 claim form, and for certain claims submitted on a UB-04 claim form.	mixed percent off charges (POC) contract types.	service on or after this date.

Coverage policy monthly updates

To view our existing policies, including an outline of monthly coverage policy changes and a full listing of medical coverage policies, log in to the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Coverage Policies).

If you are not registered for this website, go to CignaforHCP.com and click Register Now. If you do not have Internet access, and would like additional information, please call Cigna Customer Service at **1.800.88Cigna (882.4462)**.

* Please note that the planned updates are subject to change. For the most up-to-date information, please visit CignaforHCP.com.