

New medical coverage policy to review medical necessity of flow cytometry, effective May 20, 2019

We will implement a new medical coverage policy, Flow Cytometry (0537), to review tests for medical necessity. This policy is effective for dates of service beginning May 20, 2019. The affected Current Procedural Terminology (CPT®) codes include:

86355 86359 86367 88185 88189

86356 86360 88182 88187

86357 86361 88184 88188

Information about this new policy will be included in an April 2019 Network News article.

Pass-through bills for laboratory services will be denied, effective May 21, 2019

We will deny bills processed on or after May 21, 2019, for pass-through laboratory services, meaning the services were not performed by the provider submitting the bill. Pass-through bills are submitted with modifier 90 in place of service (POS) 11 (office setting). The laboratories that perform these services should bill Cigna for them directly. We will reimburse them according to the customer's benefit plan. This change will:

- Affect all laboratory service codes billed with modifier 90 in POS 11.
- Be reflected in the Laboratory Services (R17) reimbursement policy and the Modifier Reimbursement Guide (MRG) policy.

Note: This policy is effective May 21, 2019.

Information about this update will be included in an April 2019 Network News article.

Reimbursement policy for infusion and injection administration services, effective May 18, 2019

We will no longer reimburse infusion and injection administration services billed by outpatient facilities. These services are considered incidental to the primary service and are not separately reimbursable. The update is effective for claims processed beginning May 18, 2019. The affected Current Procedural Terminology (CPT®) codes are 96360 through 96379, and 96521 through 96523.

Information about this update will be included in an April 2019 Network News article.#