**Gastroenterology precertification program for most Cigna commercial customers**

Effective January 1, 2022, precertification for the gastroenterology procedures listed below will be required for most Cigna commercial (non-Medicare) customers.

• Esophagoscopy/esophagogastroduodenoscopy

• Most capsule endoscopies

Our goal is to help ensure that these tests and procedures are medically necessary according to evidence-based guidelines. We have delegated precertification for these procedures to eviCore healthcare.

**Code Editing Policy and Guidelines update – Add-on codes billed without a base code**

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, we will review outpatient facility UB-04 claims and deny charges for add-on codes billed without a base code or when the base code is denied.

Add-on codes are eligible for payment only when reported with the appropriate primary procedure performed by the same facility, on the same date of service, for the same customer.

Administrative appeal rights will be available. This update is effective for claims processed on or after December 1, 2021. We will update the Code Editing Policy and Guidelines to reflect this change.

**Additional Information**

For more information about our policies, log in to the Cigna for Health Care Professionals website (CignaforHCP.com).

**Reimbursement policy update – Facility claims for emergency room evaluation and management services, effective January 1, 2022**

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, we will review facility (UB-04) claims submitted with emergency room (ER) evaluation and management (E&M) Current Procedural Terminology (CPT®) codes 99284 and 99285 for billing and coding accuracy. Claims may be adjusted and reimbursed at one CPT code level lower.

This update is effective for claims processed on or after January 1, 2022, and applies if the customer was discharged from the ER. Administrative appeal rights are available.

We will update the Emergency Room Services (R36) reimbursement policy to reflect this change.

**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 – Modifier 26: Professional component**

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 deny separate reimbursement for Current Procedural Terminology (CPT®) codes billed modifier 26 for the professional component of a service or procedure when the CMS National Physician Fee Schedule does not recognize the existence of a professional component for a particular code.

This update aligns with our current reimbursement policy, Modifier 26 – Professional Component (M26), and the CMS National Physician Fee Schedule.

The effective date is based on the claims processing date, and varies by state-regulated notice requirements:

• Illinois: November 1

• California, Minnesota, and Nevada: November 11

• Delaware, Massachusetts, Maine, North Carolina, New Hampshire, Puerto Rico, Rhode

Island, Tennessee, Virginia, Vermont, and Washington: November 26

• Arkansas, Colorado, Kentucky, Ohio, and Texas: December 26

• All other states: October 27

**Additional information**

For more information about our policy updates, visit the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Coverage Policies > Policy Updates.