**Convenience care clinics – Place of Service code update**

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 guidance, industry standards, and our other existing policies.

As a result a recent review, effective January 1, 2022, we will update the way we administer customer cost share for convenience care clinics.

What this means to you

Beginning January 1, 2022, you must use Place of Service (POS) code 17 (walk-in retail health clinic) instead of POS code 11 (office) when you bill for convenience/retail care services. This will help ensure your patients with Cigna coverage have a lower or no cost share associated with services provided at a convenience care clinic. This change does not impact your convenience care clinic fee schedule or reimbursement.

Before collecting a cost share, you should verify your patient’s benefits. While some Cigna ID cards list the cost share for convenience care clinics, others only list the cost share for primary care providers, which is not always the same. If there isn’t a convenience care clinic cost share listed, there are other ways to verify benefits:

• Log in to the Cigna for Health Care Professionals website (CignaforHCP.com) and navigate to the Patients tab. Then, enter your patient’s ID number and date of birth or name.

• Call Cigna Customer Service at the number on the back of the patient’s ID card or at 800.88Cigna (882.4462).

**Medical coverage policy update – Physical therapy services for mixed par percent of charges contracts effective February 12, 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 of a recent review, we will update the way we process claims for physical therapy services billed with Current Procedural Terminology (CPT®) codes 97016 and 97026.

Effective for claims with dates of service on or after February 12, 2022, we will expand our existing policy to include all provider contract types, and continue to deny services billed with these codes as not medically necessary. Medical necessity appeal rights will be available.

**Additional information**

For more information about our coverage policies, visit the Cigna for Health Care Professionals website (CignaforHCP.com > Review coverage policies).

**Reimbursement policy update – Outpatient facility blood draws and venipuncture for mixed par percent of charges contracts effective February 12, 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 of a recent review, we will update the way we process outpatient facility blood draw and venipuncture claims. Effective for claims processed on or after February 12, 2022, we will expand our existing policy to include all provider contract types, and continue to administratively deny claims submitted with Current Procedural Terminology (CPT®) codes 36400, 36405, 36406, 36410, 36415, 36416, 36591, and 36592.

Reimbursement for these routine services is included in the facility payment. Denials will include administrative appeal rights.

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 – Pulse oximetry claims for mixed par percent of charges contracts effective February 12, 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 of a recent review, we will update the way we process outpatient facility blood draw and venipuncture claims. Effective for claims processed on or after February 12, 2022, we will expand our existing policy to include all provider contract types, and continue to administratively deny claims submitted with Current Procedural Terminology (CPT®) codes 36400, 36405, 36406, 36410, 36415, 36416, 36591, and 36592.

Reimbursement for these routine services is included in the facility payment. Denials will include administrative appeal rights.

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).

**Specialty Medical Injectable with Reimbursement Restriction list expansion**

We are expanding our Specialty Medical Injectables with Reimbursement Restriction list to include the specialty medical injectables listed below\*.

|  |  |
| --- | --- |
| **Name**  | **Effective date**  |
| NEXVIAZYME® (avalglucosidase alfa-ngpt)  | November 1, 2021  |
| ALDURAZYME® (laronidase) Cerezyme® (imiglucerase) ELAPRASE® (idursulfase) MEPSEVII® (vestronidase alfa-vjbk) Naglazyme® (galsulfase) REVCOVI® (elapegademase-lvlr) VIMIZIM® (elosulfase alfa)                  | January 1, 2022 |

Our Specialty Medical Injectables with Reimbursement Restriction guidelines state that certain injectables must be dispensed and their claims must be submitted by a Cigna-contracted specialty pharmacy, unless otherwise authorized by Cigna.

The reimbursement restriction list:

• Applies when the specialty medical injectable is administered in an outpatient hospital setting.

• Applies to specialty medical injectables covered under the customer’s medical benefit. Coverage is determined by the customer’s benefit plan.

• Does not apply when the specialty medical injectable is administered in a provider’s office, non-hospital-affiliated ambulatory infusion suite, or home setting.

\*Cigna may grant approval for coverage of an initial dose to a facility when medical necessity is met to allow arrangements to obtain the drug from a Cigna-contracted specialty pharmacy.