**Unacceptable principal diagnosis codes**

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 of a recent review, on February 12, 2022, we will implement a new reimbursement policy, Unacceptable Principal Diagnosis Codes (R38), for claims billed with an unacceptable principal diagnosis code.

Unacceptable principal diagnosis is a coding convention in ICD-10. Those identified codes do not describe a current illness or injury, but a circumstance which influences a patient’s health status. These codes are considered to be unacceptable principal diagnosis codes.

**What this means to you**

Beginning on February 12, 2022, we will deny claims when an unacceptable principal diagnosis code is the only diagnosis code billed.

\* Denials will be administrative and 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).

\* This does not apply to Place of Service code 81 (laboratory).