**Medical coverage policy update – Implementation delay for frequency limitation for COVID-19 antigen and molecular testing**

Cigna Healthcare is delaying implementation of the update to its COVID-19: In Vitro Diagnostic Testing (0557) medical coverage policy, originally scheduled for October 14. The update would deny COVID-19 antigen and molecular testing as not medically necessary when administered at a frequency greater than two per day or 12 in a 12-month rolling time frame.

As a result of conversations with internal partners, this medical coverage policy change is being reevaluated and implementation will be delayed. Letters were not mailed to affected providers on July 14 as originally intended. Cigna Healthcare plans to implement the policy update at a future date and will notify affected providers in advance.

**Medical coverage policy update – Transthoracic echocardiography codes effective October 25**

Cigna Healthcare will update the Transthoracic Echocardiography in Adults (0510) medical coverage policy to remove 151 International Classification of Diseases, Tenth Revision (ICD-10), codes and add eight ICD-10 codes.

Denials will include medical necessity appeal rights. This update is effective for dates of service on or after October 25.

**Additional information**

A letter will be sent by July 25 to notify affected providers. Information about this policy update will be included in the fourth quarter 2023 issue of Network News and posted on the Cigna for Health Care Professionals website (CignaforHCP.com)

**Medical coverage policy update – Frequency limitation for COVID-19 antigen and molecular testing effective October 14:**

Cigna Healthcare will deny COVID-19 antigen and molecular testing as not medically necessary when administered at a frequency greater than two per day or 12 in a 12-month rolling time frame.

This update is effective for dates of service on or after October 14. Denials will include medical necessity appeal rights. The COVID-19: In Vitro Diagnostic Testing (0557) medical coverage policy will be updated to reflect this change.

**Medical coverage policy update – Vascular embolization or occlusion for benign prostatic hyperplasia considered experimental, investigational, or unproven effective October 14:**

Cigna Healthcare will deny claims for vascular embolization or occlusion billed with Current Procedural Terminology codes 37242 and 37243 as experimental, investigational, or unproven for the treatment of benign prostatic hyperplasia.

This update is effective for dates of service on or after October 14. Denials will include medical necessity appeal rights. The Benign Prostatic Hyperplasia (BPH) Treatments (0159) medical coverage policy will be updated to reflect this change.

**Reimbursement policy updates – Anesthesia claims submitted with unbundled codes or modifier AD effective October 14:**

Cigna Healthcare will make the following updates effective for dates of service on or after October 14:

Anesthesia claims submitted with unbundled codes The unbundled Current Procedural Terminology (CPT®) code will be administratively denied when billed with one or more anesthesia codes by the same provider on the same day. Denials will include administrative appeal rights.

Reimbursement for anesthesia claims submitted with modifier AD Reimbursement for anesthesia claims submitted with modifier AD and CPT codes 00100–01999 will be reduced to four units – a combination of three base units and one time unit. Denials will include administrative appeal rights.

Additional information will be sent to affected providers by July 14. Information about the update will also be included in the fourth quarter 2023 issue of Network News and on the Cigna for Health Care Professionals website (CignaforHCP.com).