**Reimbursement policy update – Healthcare Common Procedure Coding System code G0463 billed without appropriate revenue codes effective August 12, 2023**

Cigna routinely reviews its coverage, reimbursement, and administrative policies for potential updates. During that review, one or more of the following is taken into consideration: Evidence-based medicine, professional society recommendations, Centers for Medicare & Medicaid Services guidance, industry standards, and Cigna’s existing policies.

As a result of a recent review, Cigna will administratively deny Healthcare Common Procedure Coding System (HCPCS) code G0463 for a hospital outpatient clinic visit for the assessment and management of a patient when billed without the appropriate revenue codes 510-529. Denials will include administrative appeal rights.

This update is effective for dates of service on or after August 12, 2023. Cigna will update the Revenue Code Billing Requirements (R41) reimbursement policy to reflect this change.

**Reimbursement policy update – Procedure and place of service effective August 12, 2023**

Cigna routinely reviews its coverage, reimbursement, and administrative policies for potential updates. During that review, one or more of the following is taken into consideration: Evidence-based medicine (EBM), professional society recommendations, Centers for Medicare & Medicaid Services (CMS) guidance, industry standards, and Cigna’s existing policies.

As a result of a recent review, Cigna will implement a new reimbursement policy, Procedure and Place of Service (R43), to administratively deny Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) codes when billed with an inappropriate place of service (POS) based on the code’s description or coding guidelines.

This update is effective for dates of service on or after August 12, 2023. Denials will include administrative appeal rights.

**Reimbursement update – Frequency limits to allergy laboratory, testing, and immunotherapy effective August 12, 2023**

Cigna routinely reviews its coverage, reimbursement, and administrative policies for potential updates. During that review, one or more of the following is taken into consideration: Evidence-based medicine (EBM), professional society recommendations, Centers for Medicare & Medicaid Services (CMS) guidance, industry standards, and Cigna’s existing policies.

As a result of a recent review, Cigna will apply daily medically unlikely edits (MUE), or frequency limits, to allergy laboratory, testing, and immunotherapy services. Cigna will administratively deny reimbursement for services above the MUE limit set by CMS. Denials will include administrative appeal rights.

This update is effective for dates of service on or after August 12, 2023. Cigna will update the Code Editing Policy and Guidelines to reflect this change.