**Evernorth Behavioral Administrative Guidelines – Updated version available**

An updated version of the Evernorth Behavioral Administrative Guidelines for participating providers, clinics, and facilities is now available. The guidelines contain administrative guidelines and program requirements, policies, rules, and procedures pertaining to providing behavioral health services to covered patients. The updated guidelines became effective on September 1 and will be reviewed bi-annually to ensure the content remains relevant and up to date.

In September 2021, the Evernorth Behavioral Administrative Guidelines replaced the Behavioral Medical Management Program. The updated guidelines contain the same type of information previously found in the medical management program, but they are easier to read and navigateThe Evernorth Behavioral Administrative Guidelines can be found in the Resources section of Provider.Evernorth.com.

**Reimbursement policy update – Modifier 26 Professional Component for providers with provider-specific fee schedules**

Provider groups with provider-specific fee schedules, who were subject to an implementation delay of the update to the Modifier 26 Professional Component reimbursement policy, will be sent a letter on September 1 to notify them of their new effective date.

Effective dates vary based on the advance-notice requirements outlined in the amendment section of the provider’s agreement regarding a material change to their reimbursement terms. A copy of the amendment is included with the letter.

The update reduces reimbursement to $5 for Current Procedural Terminology (CPT®) codes billed with modifier 26 when the professional component/technical component payment indicator is 3 or 9. The update aligns with our current reimbursement policy, Modifier 26 Professional Component, and the Centers for Medicare & Medicaid Services National Physician Fee Schedule.

**Medical coverage policy update – Transcranial magnetic stimulation**

Effective September 15, the Transcranial Magnetic Stimulation (TMS) Medical Coverage Policy will include the treatment of obsessive-compulsive disorder (OCD).

With this update, an initial regimen (30 to 36 treatments) of TMS administered to treat OCD will be considered medically necessary when an individual meets all of the following criteria:\*

• Age 18 years or older

• Diagnosis of OCD as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders.

• Failure of two or more trials of psychopharmacologic medications for the treatment of OCD. A failed trial is defined as either of the following:

o Use of a psychopharmacologic medication at adequate therapeutic doses for at least eight weeks with no significant reduction in OCD symptoms, or

o Use of a psychopharmacologic medication with documented intolerance or medical contraindication.

• An adequate trial of an evidence-based psychotherapy known to be effective in the treatment of OCD, without significant improvement in OCD symptoms.

Repeat TMS (30 to 36 treatments) administered to treat OCD will be considered medically necessary when an individual meets all of the following criteria:

• Criteria was met for initial course of TMS

• Individual had more than a 30-percent improvement as evidenced by Yale-Brown Obsessive Compulsive Scale (Y-BOCS)

• Improvement has been maintained for at least two months after initial course of TMS

On September 13, we will communicate this information via email to impacted providers. An article about this update will also appear in the October edition of *Transformations*.

**For additional information**

Providers should call Provider Services at 800.926.2273 if they have questions about this topic.

\*Must be administered in an outpatient office setting using a device approved by the U.S. Food & Drug Administration. Transcranial magnetic stimulation for any other indication, including but not limited to, migraine headaches or as a maintenance therapy, is considered experimental, investigational, or unproven.

**Cigna Gene Therapy Program Alert – Zynteglo approved by the FDA for new indication**

Zynteglo® (betibeglogene autotemcel), from bluebird bio Inc., is the first gene therapy to treat adults and pediatric patients with transfusion-dependent β-thalassemia who require regular red blood cell transfusions. It was approved by the U.S. Food and Drug Administration (FDA) on August 17.

ß-thalassemia is a rare inherited blood disease caused by mutations in the hemoglobin β-(HBB) gene. ß-thalassemia decreases the amount and activity of hemoglobin. A major component of red blood cells, hemoglobin is responsible for carrying oxygen to all parts of the body. Transfusion-dependent β-thalassemia is the most severe form of the disease and is characterized by severe anemia.

The first qualified treatment centers will be ready to initiate apheresis in fourth quarter 2022, with the first infusion expected in first quarter 2023.

**Cigna LifeSOURCE Transplant Network program is expanding quality guidelines to include cost-efficiency parameters**

The Cigna LifeSOURCE Transplant Network® program is expanding its quality guidelines to include cost-efficiency parameters in addition to existing transplant outcome metrics. The assessment of cost efficiency is based on a review of average costs per transplant type at each facility compared to other transplant facilities within their respective region.

**Program changes**

Based on our review of these quality guidelines, the programs listed below will move from the Designated to the Contracted program level effective January 1, 2023:

• The adult bone marrow transplant/stem cell transplant and solid organ programs will move to the Contracted level.

• The move to the Contracted program level is independent of any upcoming review of transplant outcome data.

• Adding cost-efficiency parameters to the quality review will not impact any pediatric programs at this time.

Benefits for customers will be administered at the Contracted program level starting with new transplant candidates and referrals after the effective date of the change.

We will notify the 19 affected providers in September, and an article about the change will appear in the fourth quarter 2022 issue of *Network News*.

**Evernorth joins pilot to simplify oncology prior authorizations**

EvernorthSM recently joined the Health Level Seven International (HL7) Fast Healthcare Interoperability Resources (FHIR) Accelerator CodeX to accelerate work that drives better communication across the health care ecosystem and continues to optimize prior authorization. Further, Evernorth is collaborating with Varian, a Siemens Healthineers company, to apply this work through a radiation oncology-focused pilot.

The radiation oncology-focused pilot will use the FHIR standard to automate and expedite prior authorization processes between payers and providers. As a result, providers and payers will benefit from more efficient workflows and less administrative burdens, and patients will experience more timely access to care and improved treatment outcomes.

**About HL7**

HL7 is a nonprofit organization dedicated to providing a comprehensive framework and related standards for the exchange, integration, sharing, and retrieval of electronic health information that supports clinical practice and the management, delivery, and evaluation of health services.

**Oncology solutions – Flyer now available**

Our oncology care approach offers a seamless, integrated experience for providers and their patients with Cigna coverage. As part of our approach, we collaborate with oncology providers to:

• Provide high-value oncology management that improves the health, well-being, and peace of mind of those we serve

• Make cancer care more cost-effective for payers and patients

• Empower providers to achieve quality outcomes

Cigna offers several oncology programs that focus on early identification and management of cancer cases: integrated specialty care management, clinical consult, value-based pathways, clinical trial matching, Specialty Care Options Plus, and Cigna Pathwell Specialties SM.