**Cigna digital ID cards replacing physical cards**

Cigna is promoting the use of digital ID cards on myCigna.com and the myCigna mobile app by no longer sending physical ID cards for medical, dental, and vision customers. Specific opt-out options will be available for clients at the account level (e.g., retirees), and where needed to meet legal requirements.

Several of our competitors are similarly updating their digital ID card processes.

Beginning May 26, Cigna will no longer provide physical ID cards to its new hires or employees with a qualifying life event. Additionally, at annual renewal, all employees will only receive digital ID cards if/when their plan changes. Cigna plans to suppress physical ID cards for additional customers, where legally allowed, by 2023.

**Computed tomography imaging contrast solution shortage**

There is currently a global supply chain shortage of the intravenous contrast solution used in computed tomography (CT) imaging.

While these shortages continue, providers may consider the alternative imaging options listed in eviCore healthcare’s (eviCore) evidence-based guidelines. Typically, when CT imaging with contrast solution cannot be performed due to allergies or poor renal function, the alternative study is CT imaging without contrast. However, there may be situations where magnetic resonance imaging (MRI) is appropriate.

Except where the guidelines explicitly indicate contrast solution, eviCore will approve CT imaging without contrast when requested rather than creating an alternative recommendation for a higher level of contrast solution that may not be possible given the imaging center’s contrast solution availability.

MRI will not be routinely authorized when CT imaging with contrast solution cannot be performed. MRI may be appropriate in cases where eviCore’s evidence-based guidelines explicitly support approval for MRI if contrast CT imaging is not clinically supported or if clinical questions that would affect patient management remain after CT imaging without contrast.

**Medical coverage policy update – Precertification and review of maze procedures considered experimental, investigational, or unproven (EIU) effective August 26, 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, professional society recommendations, Centers for Medicare & Medicaid Services guidance, industry standards, and our other existing policies.

As a result of a recent review, we will update the way we process claims for maze procedures billed with Current Procedural Terminology (CPT®) codes 33254, 33255, 33258, 33265, and 33266, which are considered experimental, investigational, or unproven (EIU) in most cases.

Effective for dates of service on or after August 26, 2022,\* these CPT codes will require precertification and review by a Cigna cardiologist, who will determine if the specific circumstance warrants a one-time authorization.

We will update the Nonpharmacological Treatments for Atrial Fibrillation (0469) medical coverage policy to reflect this change.

**Additional information**

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

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

Effective May 1, we expanded our Specialty Medical Injectables with Reimbursement Restriction list to include Opdualag™ (nivolumab and relatlimab-rmbw).\*

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.