

New medical coverage policy to review peripheral angioplasty procedures for medical necessity, effective April 1, 2019

We will implement a new medical coverage policy, Percutaneous Revascularization of the Lower Extremities in Adults (0537), to review peripheral angioplasty procedures for medical necessity. This policy is effective for dates of service beginning April 1, 2019. The precertification requirement only affects customers who are age 18 or older.

The policy will be available on the Cigna for Health Care Professionals website (CignaforHCP.com), and included in an April 2019 Network News article.

CignaforHCP.com – patients’ Cigna ID cards now accessible online

In July 2018, a new feature was added to the Cigna for Health Care Professionals website (CignaforHCP.com) that allows providers to view and print an ID card for a patient with Cigna-administered coverage. This functionality is accessible on the Coverage Details screen for a patient.

To view and print their patients’ Cigna ID cards, providers should:

1. Log in to CignaforHCP.com.
2. Click Patients.
3. Conduct a Patient Search.
4. When results appear, click the Patient ID Number.
5. On the Coverage Details screen, click “View patient’s ID card.”

The ID card will open in a new window, where providers can view and print it.

We will inform providers about this enhancement in an article in the January 2019 Network News.

Medical policy updates for perfusion services and Ashkenazi Jewish laboratory panel, effective March 2019

In alignment with our current Facility Routine Services, Supplies and Equipment Reimbursement Policy (R12), we will deny claims submitted by a perfusionist for individual services when billed with Current Procedural Terminology (CPT®) codes 99190, 99191, and 99192. Individual perfusionist services are not separately reimbursable and are included in the facility payment. This update is effective for claims processed beginning March 17, 2019.

Additionally, we will implement a new reimbursement policy, Genetic Testing Panels (R28), and update our Genetic Testing for Reproductive Carrier Screening and Prenatal Diagnosis Coverage Policy (0514). Effective for dates of service beginning March 18, 2019, if individual gene tests that make up an Ashkenazi Jewish laboratory panel are billed separately, the individual gene codes will be rebundled into the appropriate single panel code (CPT 81412), and reviewed for medical necessity.

Information about the changes will also be included in an article in the April 2019 issue of Network News.#