**Level of care management for spinal procedures effective October 1**

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 manage requests for coverage of inpatient level of care (LOC) for spinal procedures.

Effective for dates of service on or after October 1, 2021, we will manage the LOC for Current Procedural Terminology (CPT®) codes 22558, 22612, 22600, 22630, 22633, and 22856 to encourage redirection from inpatient to outpatient (up to 23 hours) stays. Consideration of coverage for an inpatient stay will be based on medical necessity using MCG. Please note that these codes already require precertification for medical necessity.

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

Effective, July 1, we will expand our Specialty Medical Injectables with Reimbursement Restriction list to include EXONDYS 51 (eteplirsen) and VILTEPSO® (viltolarsen).

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.

\*Cigna may grant approval for coverage of an initial dose to a facility when medical necessity is met to allow arrangements to obtain the drug from a Cigna-contracted specialty pharmacy.

**Reimbursement policy update – Outpatient facility blood draw and venipuncture**

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 outpatient facility blood draw and venipuncture claims.

Effective for claims processed on or after September 12, 2021, we will administratively deny claims submitted with Current Procedural Terminology (CPT®) codes 36400, 36405, 36406, 36410, 36415, 36416, 36591, and 36592 because reimbursement for these routine services is included in the facility payment.

Denials will include administrative appeal rights.

We will update the Facility Routine Services, Supplies, and Equipment (R12) reimbursement policy to reflect this change.

**Additional information**

For more information about our reimbursement policies, log in to the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Reimbursement and Payment Policies > Reimbursement and Modifier Policies > Reimbursement Policies.