**Medical coverage and reimbursement policy updates – Physical therapy, occupational therapy, and chiropractic services**

**Physical therapy, occupational therapy, and chiropractic claims for greater than four units (60 minutes) of timed service**

We will deny physical therapy (PT), occupational therapy (OT), and chiropractic claims submitted with greater than four units (60 minutes) of timed, short-term rehabilitation services per patient, per day, per provider as being not medically necessary.

We will update the Omnibus Codes (0504) medical coverage policy to reflect this change.

**Modifiers CO and CQ reimbursement reduction for physical or occupational therapy assistant services**

We will update the way we process claims submitted with modifiers CO and CQ for services rendered by a PT or OT assistant to reduce reimbursement of these modifiers by 15 percent.

This update more closely aligns with industry standards, including the Centers for Medicare & Medicaid Services’ National Physician Fee Schedule, which reimburses these services at 85 percent.

We will update the Health Care Common Procedure Coding System (HCPCS) National Level II Modifiers reimbursement policy to reflect this change.

**Effective date**

These updates are based on the date of service and vary by state-regulated notice requirements:

• **Texas, Colorado, Kentucky, and Ohio**: November 1

• **All other states**: October 15

**Additional information**

Affected providers were notified by August 1. Emails were sent to providers with valid email addresses. Providers who do not have a valid email address were notified by mail.

Information about this policy update will be included in an article in the fourth quarter 2022 issue of *Network News*, and posted on the Cigna for Health Care Professionals website (CignaforHCP.com).

**Cigna LifeSOURCE Transplant Network – Updated provider reference guide available**

Updates have been made to the Cigna LifeSOURCE Transplant Network® Provider Reference Guide for transplant facilities and physicians. The updated guide, which contains edits made throughout the entire guide, became effective on August 1.

**Cigna reference guides – Updated versions now available**

Cigna reference guides for participating physicians, hospitals, ancillaries, and other health care professionals have been revised as part of a midyear update. The updated national and market-specific versions of the reference guides, which contain Cigna’s administrative guidelines and program requirements, became effective on August 16.

The guides can be accessed by registered users of the Cigna for Health Care Professionals website (CignaforHCP.com) in the Health Care Professional Reference Guides section.

**Evernorth Behavioral Health launches network flexibility on January 1, 2023**

As Evernorth Behavioral Health rolls out network flexibility on January 1, 2023, we will introduce custom networks to our plan offerings.

In alignment with Cigna medical business and industry standards, the networks that support these plans may be refined by geography, specialty, quality metrics, virtual/digital capabilities, Individual & Family Plans/exchange plans, etc.

On September 1, we will send an email or letter and FAQ document to all contracted providers to inform them about our custom networks.