**Medical coverage policy update – Frequency limitation for multiple intra-articular corticosteroid injections effective September 17**

Cigna Healthcare will deny intra-articular corticosteroid injections for the treatment of chronic osteoarthritic joint pain as not medically necessary when administered at a frequency greater than either four in a 12-month rolling time frame or two per day. This update is effective for dates of service on or after September 17. Denials will include medical necessity appeal rights. The Miscellaneous Musculoskeletal Procedures - (0515) medical coverage policy will be updated to reflect this change.

**Additional information**

Letters will be sent by June 16 to notify affected providers. Information about the update will also be included in the third quarter 2023 issue of *Network News* and posted on the Cigna for Health Care Professionals website (CignaforHCP.com).

**Reimbursement policy update – Revenue codes 249–259 and 637 billed without a procedure code effective September 17**

Cigna Healthcare will administratively deny revenue codes 249–259 and 637 when billed without a procedure code. This update is effective for dates of service on or after September 17. The Revenue Code Billing Requirements (R41) reimbursement policy will be updated to reflect this change. Denials will include administrative appeal rights. However, rather than appealing, providers may re-bill the previously denied revenue code with the corresponding Current Procedural Terminology or Healthcare Common Procedure Coding System code for payment.

**Additional information**

Letters will be sent by June 16 to notify affected providers. Information about the update will also be included in the third quarter 2023 issue of *Network News* and posted on the Cigna for Health Care Professionals website (CignaforHCP.com).

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

Effective June 1, Cigna Healthcare expanded its Specialty Medical Injectables with Reimbursement Restriction list to include QalsodyTM (tofersen).\* Our Specialty Medical Injectables with Reimbursement Restriction guidelines state that certain injectables must be dispensed and their claims must be submitted by a Cigna Healthcare–contracted specialty pharmacy, unless otherwise authorized by Cigna Healthcare.

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, nonhospital-affiliated ambulatory infusion suite, or home setting.

\*Cigna Healthcare 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 Healthcare–contracted specialty pharmacy.

**Complex Claim Review program expansion**

The Complex Claim Review program focuses on billing and coding accuracy of large-dollar claims submitted by participating and nonparticipating facilities. Effective for dates of service on or after June 15, Cigna Healthcare will expand its noncontracted edit to identify and review all applicable nonparticipating and indemnity claims. Providers will have administrative and medical necessity appeal rights.