

Medical coverage policy update – Drug testing effective November 14

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 (EBM), professional society recommendations, Centers for Medicare & Medicaid Services (CMS) guidance, industry standards, and our other existing policies.

As a result of a recent review, we will deny claims for drug testing for more than seven classes as not medically necessary. Denials will include medical necessity appeal rights.

This update is effective for dates of service on or after November 14, 2021. We will update our Drug Testing (0513) medical coverage policy to reflect this change.

Additional information

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

Medical coverage policy update – Nucleic acid pathogen testing effective November 14

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 (EBM), professional society recommendations, Centers for Medicare & Medicaid Services (CMS) guidance, industry standards, and our other existing policies.

As a result, we will update the way we process claims for nucleic acid pathogen testing to review diagnosis codes to determine medical necessity. Denials will include medical necessity or administrative (incorrect coding) appeal rights. This update is effective for claims with dates of service on or after November 14, 2021.

We will update our Nucleic Acid Pathogen Testing (0530) medical coverage policy with a list of affected diagnosis codes.

Additional information

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

Reimbursement policy update – Evaluation and management services billed with impacted cerumen removal effective November 14

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 (EBM), professional society recommendations, Centers for Medicare & Medicaid Services (CMS) guidance, industry standards, and our other existing policies.

As a result of a recent review, we will administratively deny evaluation and management (E&M) services as not separately reimbursable when billed with the removal of impacted cerumen when the removal is the sole reason for the visit.

This update affects E&M Current Procedural Terminology (CPT®) codes 99202-99205 and 99211-99215 billed with codes 69209 or 69210 for cerumen removal.

We will update the Evaluation and Management Services (R30) reimbursement policy to reflect this change. This update is effective for CMS 1500 claims processed on or after November 14, 2021. Denials will include administrative appeal rights.

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.

Reimbursement update – Frequency editing effective November 14

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 (CMS) guidance, industry standards, and our other existing policies.

As a result of a recent review, we will update the way we process claims billed with modifiers on claims with codes containing frequency limits. We will no longer allow modifier overrides where frequency limits are assigned. Denials will be administrative and will include administrative appeal rights.

This update is effective for claims processed on or after November 14, 2021. We will update the Code Editing Policy and Guidelines to reflect this change.

Additional Information

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