**Reimbursement policy update: Implementation delay for evaluation and management codes billed with modifier 25 and minor procedures**

We recently sent a letter informing you about an update we planned to make regarding reimbursement for claims submitted with evaluation and management (E&M) Current Procedural Terminology (CPT®) codes 99212, 99213, 99214, and 99215 and modifier 25 when a minor procedure is billed.

We are currently reevaluating this reimbursement policy change, which will delay implementation.

**What this means**

The Modifier 25 – Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service reimbursement policy update will *not* go into effect on August 13, 2022, as originally scheduled.

We will communicate a new implementation date and details after our internal evaluation is complete.

**eviCore flyer promotes web authorization**

A new eviCore healthcare (eviCore) flyer promoting the use of the web authorization service is available for providers. The flyer can be found on the eviCore provider website under Training Resources.

Provider-facing teams can share the flyer with their provider contacts or direct them to the eviCore website.

**Reimbursement policy update – Debridement procedures for stage 1 and stage 2 pressure ulcers effective October 15**

Cigna will update the way it processes claims submitted with Current Procedural Terminology­­­ (CPT®) codes 11042, 11043, 11044, 11045, 11046, and 11047. Claims with these codes processed on or after October 15 will be administratively denied when billed with a stage 1 or stage 2 pressure ulcer diagnosis without a stage 3 or stage 4 pressure ulcer diagnosis.

Our existing Omnibus Reimbursement Policy (R24) will be updated to reflect this change. Denials will include administrative appeal rights.

**Additional information**

We will send letters to affected providers on July 15. 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).

**Reimbursement policy update – Implementation delay for modifier 26 professional component change in payment for provider-specific fee schedules**

The Modifier 26 – Professional Component reimbursement policy update did **not** go into effect on July 1, as originally scheduled for provider groups tied to provider-specific fee schedules.

The update would reduce reimbursement to $5 for Current Procedural Terminology­­­ (CPT®) codes billed with modifier 26 when the professional component/technical component (PC/TC) payment indicator is 3 or 9.

As a result of conversations with our provider partners, we are reevaluating this reimbursement policy change and will delay implementation.

We will send follow-up letters to affected providers who received the original notification, informing them that the July 1 implementation is delayed.

We plan to implement the policy update at a future date and will notify affected providers in advance.

**Site of care for oncology products effective October 1, 2022 (the below is from the letter):**

Effective October 1, 2022, we will expand our prior authorization requirements for certain oncology drugs to include a medical necessity review of the site of care. This expansion will help us ensure appropriate coverage for your patients who have Cigna coverage. The list of affected drugs is included on the Cigna Specialty Care OptionsSM and Cigna Specialty Care Options PlusSM flyer, which is available on the Cigna for Health Care Professionals website. Please see the “Additional information” section below for details on how to access the flyer.

**Site-of-care review**

We will review the site of care when an outpatient hospital setting (higher-intensity setting) is requested for the affected drugs. If the outpatient hospital setting is not medically necessary, we will attempt to redirect the patient to a less-intensive level or site of care, such as a non-hospital-affiliated freestanding infusion center (when available), provider’s office, or patient’s home.

There are situations where the outpatient hospital setting is medically necessary due to the patient’s clinical condition. In such cases, we will provide authorization for the outpatient hospital setting. Providers who utilize a physician office fee schedule will not be subject to the site-of-care review.

After consultation with the prescribing provider during the prior authorization process, a Cigna medical director may deny continued authorization of coverage if it is not medically necessary for the patient to receive services in an outpatient hospital setting.

**Additional information**

The Specialty Care Options and Specialty Care Options Plus flyer is available on the Cigna for Health Care Professionals website (CignaforHCP.com > Get questions answered: Resource > Reimbursement and Payment Policies > Precertification Policies). Providers must log in to access the flyer. We recommend you review the flyer frequently, as the list of drugs is subject to change and may be changed without prior notice.

The Medication Administration Site of Care coverage policy is available at CignaforHCP.com > Review coverage policies: information on Cigna standard health coverage plan provisions > Pharmacy (Drugs & Biologics) A-Z Index: View Documents > Medication Administration Site of Care - (1605).