**Reimbursement policy update – Evaluation and management codes billed with injection administration and testosterone drug codes**

Cigna will administratively deny evaluation and management (CPT®) codes 99211–99215 billed with CPT code 96732 (injection administration) and HCPCS codes J1071 or J3145 (testosterone drugs) by the same provider on the same claim, for the same date of service, and when there are no other services billed on the claim.

The effective date is based on date of service, and varies based on state-regulated notice requirements:

• **Colorado, Kentucky, Ohio, and Texas:** April 25

• **All other states:** April 16

Only the E&M codes on the claim will be denied, and administrative appeal rights will be available. We will update the Evaluation and Management Services (R30) reimbursement policy to reflect this change.

**Medical coverage policy update – Peripheral nerve block procedures considered experimental, investigational, or unproven effective April 16, 2023**

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 deny claims for peripheral nerve block procedures billed with Current Procedural Terminology (CPT®) codes 64505, 64400, and 64405 as experimental, investigational, or unproven (EIU) regardless of the diagnosis. CPT code 64450 will also be denied as EIU *only* when submitted with a headache and/or trigeminal/occipital neuralgia diagnosis. Denials will include medical necessity appeal rights. This update is effective for dates of service on or after April 16, 2023. We will update the Headache and Occipital Neuralgia Treatment (0063) medical coverage policy to reflect this change.