



April 17, 2019

Re: Facility reimbursement policy and outpatient code editing updates, effective July 15, 2019

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 want to make you aware that we will make the following updates:

Facility evaluation and management

We will update our Facility Routine Services, Supplies and Equipment (R12) reimbursement policy and deny claims for evaluation and management (E&M) services billed by a facility on a UB claim form. Only the E&M code will be denied. All other services on the claim will be reimbursed according to the terms of the customer's benefit plan and the facility's Agreement. This update is effective for claims processed on or after July 15, 2019.

Outpatient facilities, including oncology clinics, urgent care facilities, behavioral health care, emergency rooms, and Veterans Affairs Medical Centers in Maryland are excluded from this update.

Daily routine supplies in outpatient settings

Effective July 15, 2019, we will expand our current edits to deny claims for routine supplies provided in an outpatient setting. Routine supplies are included in the facility fee and are not separately reimbursable. This aligns with our Facility Routine Services, Supplies and Equipment (R12) reimbursement policy. This update is effective for claims processed on or after July 15, 2019.

Outpatient code editing

Effective July 15, 2019, we will expand our current edits to apply outpatient code editing to additional contract types, including mixed percent off charges (POC) contract types.

As a reminder, we use ClaimsXten[®], a market-leading, rules-based software application, to help expedite and improve the accuracy of medical and behavioral claims submitted on a Centers for Medicare and Medicaid Services (CMS) 1500 claim form and for certain claims submitted on a UB04 claim form.

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At a glance

- We will update our Facility Routine Services, Supplies and Equipment (R12) reimbursement policy and deny claims for evaluation and management (E&M) services billed by a facility on a UB claim form.
- We will expand our current edits to deny claims for routine supplies provided in an outpatient setting as not separately reimbursable.
- We will expand our current edits to apply outpatient code editing to additional contract types, including mixed percent off charges (POC) contract types.
- Policy and claim editing information is available by logging in to the Cigna for Health Care Professionals website (CignaforHCP.com > Clinical Reimbursement Policies and Payment Policies).
- For additional information, call Cigna Customer Service at 1.800.88Cigna (882.4462).



A more detailed summary of ClaimsXten is available by logging in to the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Clinical Reimbursement Policies and Payment Policies > Claim Editing Policies and Procedures).

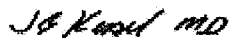
Additional information

For more information about our policies, please log in to CignaforHCP.com (Resources > Clinical Reimbursement Policies and Payment Policies).

If you are not a registered user, please register so you may log in and access all of our coverage, reimbursement, and administrative policies. Go to CignaforHCP.com and click "Register Now." If you do not have Internet access or would like additional information, please call Cigna Customer Service at 1.800.88Cigna (882.4462).

Thank you for the care you provide our customers.

Sincerely,



Julie B. Kessel, MD
Senior Medical Director