



May 17, 2019

**Re: Medical coverage policy updates, effective August 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 five updates:

**Drug-eluting stents following endoscopic sinus surgery**

Effective for dates of service beginning August 19, 2019, we will deny claims for drug-eluting stents following sinus surgery as being experimental, investigational, and unproven (EIU). This update aligns with our current medical coverage policy, Drug-Eluting Devices for Use Following Endoscopic Sinus Surgery (0481). The affected Healthcare Common Procedure Coding System (HCPCS) codes are C1874, C1875, C1876, C1877, C2617, and C2625.

**Orthotic prescriptions with no evaluation**

Effective for dates of service beginning August 19, 2019, we will deny claims billed for orthotic prescriptions costing \$250 or greater as not medically necessary if the referring provider did not conduct an in-person evaluation of the patient within six months before the date of service. Additionally, claims that do not include a referring provider will be pended for additional information. This update applies to spine, knee, and lower and upper limb orthotic devices.

To make these changes, we will implement a new medical coverage policy, Orthotic Devices and Shoes (0543). Refer to the medical coverage policy for a list of affected Current Procedural (CPT®) codes.

**Note:** The new policy will replace the following existing policies:

- Cranial Orthotic Devices for Deformational and Positional Plagiocephaly (0056)
- Lower Limb Orthoses and Shoes (0150)
- Myoelectric Devices: Upper Limb (0233)
- Knee Braces (0362)
- Spinal Orthoses (0394)

**Vitamin D testing**

Effective for dates of service beginning August 19, 2019, we will update our current medical coverage policy, Vitamin D Testing (0526), to add a frequency limit of two lab tests in a 365-day rolling period for claims billed with CPT 82306 (Vitamin D; 25 Hydroxy). This frequency limit does *not* apply to vitamin D testing for chronic kidney disease and malabsorption syndromes. Additionally, please note that this does not affect other terms of our policy regarding vitamin D testing, including coverage for routine vitamin D screening.

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We also will limit testing per date of service to one code. As such, we will deny claims billed with CPT code 82652 (Vitamin D; 1, 25 Dihydroxy) in combination with CPT code 82306 as being duplicative.

**Spinal fusion-related services**

Effective for dates of service beginning August 23, 2019, we will update three coverage policies to require precertification for spinal fusion-related codes. We will review these codes under the precertification requirements for the primary procedure. The affected medical coverage policies are Lumbar Fusion for Spinal Instability and Degenerative Disc Conditions, Including Sacroiliac Fusion (0303); Cervical Fusion (0527); and Bone, Cartilage and Ligament Graft Substitutes (0118). Refer to each updated medical coverage policy for a list of affected CPT codes.

**Venous angioplasty with or without stent placement**

Effective for dates of service beginning August 23, 2019, we will update our current medical coverage policy, Venous Angioplasty With or Without Stent Placement for Adults (0541), to require precertification. This policy affects adults age 18 and older. The affected CPT codes are 37238, 37239, 37248, and 37249.

**Additional information**

For more information about our policies, please visit the Cigna for Health Care Professionals website at [CignaforHCP.com](http://CignaforHCP.com) (Resources > Coverage Policies > Policy Updates).

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](http://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