



July 17, 2019

Re: Reimbursement and medical coverage policy updates effective October 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 will make the following changes:

Evaluation and Management

We will implement a new reimbursement policy, Evaluation and Management (R30), and deny claims billed with Current Procedural Terminology (CPT®) consultation codes as not valid. The affected CPT codes are 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, and 99255. The policy is effective for claims processed beginning October 19, 2019.

Please note that claims can be resubmitted with the appropriate non-consultative evaluation and management (E&M) code that describes the service.

Scrotal Ultrasound and Head and Neck Ultrasound

We will implement two new medical coverage policies, Scrotal Ultrasound (0548) and Head and Neck Ultrasound (0549), and apply medical necessity criteria for scrotal ultrasounds and head and neck ultrasounds. The affected CPT codes are 76536 and 76870. The policies are effective for dates of service beginning October 21, 2019.

Angioplasty (Extracranial, Intracranial) and Endoluminal Flow Diverting Stents

We will implement a new medical coverage policy, Angioplasty (Extracranial, Intracranial) and Endoluminal Flow Diverting Stents (0545), and require precertification for extracranial and intracranial angioplasty and endoluminal flow diversion procedures. We will review for medical necessity of the procedure and the level of care.

The affected CPT codes are 37215, 37216, 37217, 37218, 61630, 61635, 61624, 0075T, and 0076T. The policy is effective for dates of service beginning October 25, 2019.

At a glance

We will implement the following new reimbursement policy:

- Evaluation and Management (R30), which will deny claims billed with Current Procedural Terminology (CPT®) codes for consultation services as not valid.

We will implement the following new medical coverage policies:

- Scrotal Ultrasound (0548) and Head and Neck Ultrasound (0549) to apply medical necessity criteria.
- Angioplasty (Extracranial, Intracranial) and Endoluminal Flow (0545) Diverting Stents to require precertification. Procedures will be reviewed for medical necessity of the procedure and level of care.
- Implantable Electrocardiographic Event Monitors (0547) to review devices for medical necessity.

For additional information, refer to the Cigna for Health Care Professionals website (CignaforHCP.com), or call Cigna Customer Service at 1.800.88Cigna (882.4462).

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Implantable Electrocardiographic Event Monitors

We will implement a new medical coverage policy, Implantable Electrocardiographic Event Monitors (0547), to review the use of these devices for medical necessity. This update affects claims billed with CPT code 33285 and Healthcare Common Procedure Coding System (HCPCS) codes C1764 and E0616. The policy is effective for dates of service beginning October 25, 2019.

Additional information

For more information about our policies, please visit the Cigna for Health Care Professionals website at 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 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