

Unacceptable principal diagnosis codes

May 2022

Dear Provider,

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, on August 13, 2022, we will implement a new reimbursement policy, Unacceptable Principal Diagnosis Codes (R38), for claims billed with an unacceptable principal diagnosis code.

Unacceptable principal diagnosis is a coding convention in ICD-10. Those identified codes do not describe a current illness or injury, but a circumstance which influences a patient's health status. These codes are considered to be unacceptable principal diagnosis codes.

What this means to you

Beginning on August 13, 2022, we will deny claims when an unacceptable principal diagnosis code is the only diagnosis code billed.* Denials will be administrative and include administrative appeal rights.

Additional information

For more information about our reimbursement policies, log in to the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Reimbursement and Payment Policies > Reimbursement and Modifier Policies > Reimbursement Policies).

If you are not a registered user, please register so that you may log in and access all of our coverage, reimbursement, and administrative policies. To register, go to CignaforHCP.com > Register.

If you have any questions, please call Cigna Customer Service at 800.88Cigna (882.4462).

Thank you for the care you provide to our customers.

Sincerely,



Julie B. Kessel, MD
Medical Officer for Coverage Policy
Clinical Performance & Quality Organization

* This does not apply to Place of Service code 81 (laboratory).



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