

CLINICAL, REIMBURSEMENT, AND ADMINISTRATIVE POLICY UPDATES

To support access to quality, cost-effective care for your patients with a medical plan administered by Cigna, we routinely review clinical, reimbursement, and administrative policies for potential updates. As a reminder, reimbursement and modifier policies apply to all claims, including those for your patients with "G" ID cards.

Planned medical policy updates*

POLICY NAME	DESCRIPTION OF SERVICE	UPDATE	EFFECTIVE DATE
Professional Services Performed by Facility Owned Practices (R40)	Allergy procedures and treatments include, but are not limited to, allergy testing and allergen immunotherapy.	We will administratively deny facility claims for allergy procedures or treatments that were previously billed on a professional claim form by a rendering provider for the same service, same patient, and same date of service.	February 18, 2023, for dates of service on or after this date.
Code Editing Policy and Guidelines	Medical unlikely edits (MUE), or frequency limits, are set by the Centers for Medicare & Medicaid Services (CMS) to limit how often a particular service may be billed. It is the maximum units of service that a provider would report under most circumstances for a single patient on a single date of service.	We will administratively deny reimbursement for the portion of an outpatient facility claim that is above the MUE limit set by CMS.	February 18, 2023, for dates of service on or after this date.
Health Care Common Procedure Coding System (HCPCS) National Level II Modifiers	Modifier QZ is used when a certified registered nurse anesthetist (CRNA) performs anesthesia services without medical direction by a physician.	Reimbursement for claims submitted with modifier QZ for services rendered by a CRNA will be reduced by 15 percent.	February 18, 2023, for dates of service on or after this date.
Omnibus Reimbursement Policy (R24)	Current Procedural Terminology (CPT®) code 19364 is used for breast reconstruction with free flap procedures, regardless of the free flap technique used.	We will only reimburse claims for free flap breast reconstruction billed with CPT code 19364. We will administratively deny HCPCS codes S2066, S2067, and S0268.	March 12, 2023, for dates of service on or after this date.
Anesthesia Services (R39)	Anesthesia modifiers identify who provided the service and if medical direction was given.	We will administratively deny the claim line when anesthesia CPT codes are not billed with modifier AA, AD, QK, QX, QY, or QZ.	March 12, 2023, for dates of service on or after this date.

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* Please note that the planned updates are subject to change. For the most up-to-date information, please visit [CignaforHCP.com](https://cignaforhcp.com).

