



Coverage Policy Unit (CPU) - Monthly Policy Updates

Effective July 15, 2023 (unless otherwise noted)

Note – Log-in is required for policy update sections marked with an asterisk *. Use this link to log-in, [Cigna for Health Care Professionals](#) > Resources > Reimbursement and Payment Policies.

New Medical Coverage Policies

- No new policies for July 2023.

Modified Medical Coverage Policies

- [Bariatric Surgery and Procedures - \(0051\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Adults:
 - Added class 2 or 3 obesity to corresponding body mass index (BMI) for adults.
 - Adolescents:
 - In addition to BMI criteria, added 95th percentile to growth chart, the prevailing standard used to describe and assess class 2 and 3 obesities in children.
- [Implantable Cardioverter Defibrillator \(ICD\) - \(0181\)](#)
 - Advance notification of important **changes** in coverage criteria, effective **October 15, 2023**:
 - Expanded coverage:
 - Removed revascularization status as a criteria to be met.
 - Removed time frames associated with myocardial infarction (MI) and nonsustained ventricular tachycardia (NSVT).
 - Consolidated specific conditions with more generic terms that encompass more than one condition.
 - Added two new indications for unexplained syncope:
 - Cardiac sarcoidosis with documented spontaneous sustained ventricular tachycardia.
 - Inducible sustained monomorphic ventricular tachycardia (VT) on electrophysiological study.
 - Removed term “asymptomatic” when used to explain nonsustained ventricular tachycardia (NSVT).
 - Changed ICD is appropriate for post acute myocardial Infarction (MI) (\leq 40 days) and revascularization to ICD is appropriate for post acute myocardial Infarction (MI) (\leq 40 days) and/or revascularization.
 - Changed time frame for a primary prevention ICD for post-acute MI from greater than 40 days to greater than or equal to 40 days.
 - For an ICD Post MI with ischemic cardiomyopathy:
 - Added LVEF less than or = to 30% with NHYA class I.
 - Changed LVEF from 36-40% to 40% and under.
 - Added nonischemic cardiomyopathy due to Lamin AC mutation (a new genetic condition for ICD placement).
 - Limited coverage:

- Added additional criteria to be met when requesting an implantable cardioverter defibrillator (ICD) for unexplained syncope due to long QT syndrome:
 - Syncope while receiving beta-blockers, OR
 - Beta-blockers are contraindicated.
 - Changed time frame for ICD placement post-acute MI from less than or equal to 40 days to less than 40 days.
 - Removed coverage statements for primary prevention ICD:
 - Post-acute MI (≤ 40 days) with pre-existing chronic cardiomyopathy (≥ 90 days 3 months) and ANY of the following:
 - Left ventricular ejection fraction (LVEF) $< 30\%$ due to old infarction. New York Heart Association (NYHA) class I.
 - LVEF $< 35\%$ due to old infarction. NYHA class II-III.
 - LVEF $< 35\%$ due to nonischemic causes. NYHA class I-III.
 - Post-MI (> 40 Days) with ischemic cardiomyopathy, with recent percutaneous coronary intervention (PCI) or coronary artery bypass graft (CABG) (≤ 3 months), and ANY of the following:
 - No known pre-existing cardiomyopathy, LVEF ≤ 35 .
 - Pre-existing documented cardiomyopathy. LVEF $\leq 35\%$ on guideline-directed medical therapy > 3 months before PCI/CABG.
 - LVEF $\leq 40\%$, with need for permanent pacemaker post-revascularization.
 - Removed NYHA class I as a covered indication for an ICD due to nonischemic cardiomyopathy.
 - Added additional criteria to be met when requesting an ICD for cardiac sarcoidosis:
 - Sustained VT.
 - Survivors of sudden cardiac arrest (SCA).
 - LVEF $\leq 35\%$.
 - LVEF $> 35\%$ with syncope and/or evidence of myocardial scar by cardiac MRI or positron emission tomographic (PET) scan.
 - LVEF $> 35\%$, with inducible sustained ventricular arrhythmia (VA).
 - Removed cardiac amyloidosis with heart failure from the primary prevention ICD covered list
 - Minor change:
 - Added additional risk factors that may put a patient with hypertrophic cardiomyopathy (HCM) at increased risk of sudden cardiac death (SCD).
- [Omnibus Codes \(0504\)](#)
- Important **changes** in coverage criteria:
 - Reviewed Bioimpedance Spectroscopy to measure extracellular fluid differences between limbs CPT Code 93702.
 - Changed from not covered to covered.
 - Added word “type”.
 - Reviewed Otolaryngology and Ophthalmology.
 - No changes made.

- [Phototherapy, Photochemotherapy, and Excimer Laser Therapy for Dermatologic Conditions \(0031\)](#)
 - Important **changes** in coverage criteria:
 - Limited coverage by requiring a twelve week trial of a topical corticosteroid instead of an eight week trial for vitiligo for both office-based phototherapy/photochemotherapy and office-based excimer laser therapy.
 - Minor **changes** in coverage criteria/policy:
 - Clarified examples for phrase “conventional medical therapy”.
- [Surgical Treatment of Chest Wall Deformities \(0309\)](#)
 - Important **changes** in coverage criteria:
 - Added coverage for repeat/revision breast reconstruction in Poland syndrome, for the affected side, with criteria.
 - Limited coverage for the surgical treatment of Poland syndrome by adding additional criterion requiring either preoperative frontal photographs or imaging.
 - Added not covered statement for:
 - breast reconstruction in Poland syndrome, for the contralateral breast in the absence of severe physical deformity and functional deficit.
 - repeat/revision breast reconstruction in Poland syndrome when performed for the sole purpose of improving appearance.
 - Minor **changes** in coverage criteria/policy:
 - Clarified coverage is for initial breast reconstruction treatment to the affected side in Poland Syndrome.
- [Wearable Cardioverter Defibrillator and Automatic External Defibrillator - \(0431\)](#)
 - Important **changes** in coverage criteria:
 - Changed from not covered to covered for nonwearable AED for small subset of patients who are 1-8 years of age.
 - Advance notification of minor **change** in coverage criteria, effective **October 15, 2023**:
 - Reflects immediate effective changes and changes that require advance notification from [Implantable Cardioverter Defibrillator \(ICD\) – \(0181\)](#).

Retired Medical Coverage Policies

- No policies retired for July 2023.

New Cigna-American Specialty Health (ASH) Cobranded Clinical Practice Guidelines (CPGs)

- No new CPGs for July 2023.

Modified Cigna-ASH Cobranded CPGs

- Updated 2 Cigna-American Speciality Health (ASH) CPGs with no changes to coverage.

New Cigna-eviCore Cobranded Guidelines

- No new guidelines for July 2023.

Modified Cigna-eviCore Cobranded Guidelines

- No updates for July 2023.

New Administrative Policies

- No new policies for July 2023.

Modified Administrative Policies

- [Authorized Generics – \(A008\)](#)
 - Important **changes** in coverage criteria/policy:
 - Removed Suprep.

New Drug and Biologic Coverage Policies: Effective July 1, 2023 unless otherwise noted

- **Supports pharmacy prior authorization:**
 - [Progesteron - Employer Group Plans - \(IP0548\)](#)
- **Supports medical precertification:**
 - [Velmanase - \(IP0563\)](#)

Modified Drug and Biologic Coverage Policies: Updates in this section effective July 1, 2023 unless otherwise noted

- [Adalimumab – IP0245](#)
 - Minor **changes** in coverage criteria/policy, effective **July 15, 2023**:
 - Added new covered strength of Amjevita.
- [Aflibercept – \(IP0540\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Added dosing for retinopathy of prematurity.
- [Brands with Bioequivalent Generics \(IP0011\)](#)
 - Important **changes** in coverage criteria:
 - Added DDAVP injection, Furadantin oral suspension and Suprep.
- [Caplacizumab-yhdp – \(IP0161\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Updated format to current template and language standards.
 - No changes to criteria intent.
 - Supports medical precertification criteria for Employer Group and IFP plans.
 - Added dosing.
- [Carglumic Acid - \(IP0438\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Updated format to current template and language standards.
 - No changes to criteria intent.
 - Supports prior authorization criteria for IFP plans.
- [Casimersen - \(IP0137\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Updated format to current template and language standards.
 - No changes to criteria intent.
 - Supports medical precertification criteria for Employer Group and IFP plans.

- [Desmopressin Sublingual Tablets - \(IP0127\)](#)
 - Important **changes** in coverage criteria:
 - Added nephrologist.
 - Added evaluation/treatment for common causes of nocturia.
- [Drugs/Biologics Not Covered Unless Approved Under Medical Necessity Review Employer Group Plans: Standard, Performance, or Legacy Prescription Drug List \(1601\)](#) and
- [Drugs/Biologics Not Covered Unless Approved Under Medical Necessity Review Employer Group Plans: Employer Group Plans: Value, Advantage, or Cigna Total Savings Prescription Drug List \(1602\)](#)
 - Important **changes** in coverage criteria:
 - Updated format to current template and language standards:
 - Asacol HD.
 - Colazal.
 - Delzicol.
 - Dipentum.
 - Gemtesa.
 - Mupirocin 2% cream (added).
 - Myrbetriq.
 - Striverdi Respimat (added).
 - Syndros solution (added).
 - Added new criteria:
 - Alphagan P 0.1%.
 - Fosrenol powder packet.
 - Oxybutynin 2.5mg tablet.
 - Pentasa 250 mg.
 - Removed Pentasa prerequisite.
- [Elexacaftor/Tezacaftor/Ivacaftor – \(IP0434\)](#)
 - Minor **changes** in coverage criteria:
 - Added new oral granule dosage formulation.
 - Updated age to two years or older in accordance with FDA label changes for Trikafta.
- [Interferon beta-1b - \(IP0256\)](#)
 - Important **changes** in coverage criteria:
 - Added preferred product prerequisite step to Employer Group formularies through Betaseron for Extavia.
- [Ivacaftor \(Kalydeco®\) – \(IP0431\)](#)
 - Minor **changes** in coverage criteria:
 - Updated ages in accordance with FDA label changes for Kalydeco and Trikafta.
- [Levoketoconazole – \(IP0389\)](#)
 - Minor **changes** in coverage criteria:
 - Updated format to current template and language standards.
 - Simplified criteria to current language standards.
 - No changes to criteria intent.
 - Supports medical necessity exception criteria for Employer Group and IFP benefit plans.
- [Methotrexate for Injection - \(IP0411\)](#)
 - Important **changes** in coverage criteria:
 - Updated format to current template and language standards.
 - Moved Rasuvo from preferred brand to non-preferred brand.
 - Moved Otrexup from non-preferred brand to preferred brand.

- Swapped criteria approaches for Rasuvo and Otrexup.
- [Oncology Medications – \(1403\)](#)
 - Important **changes** in coverage criteria:
 - Updated biosimilar and multisource brand criteria to current template and language standards.
 - Added multisource brand criteria requirement for Nexavar (sorafenib) for Employer Group Plans
 - Added preferred product prerequisite step criteria: Keytruda over Jemperli and Tecentriq for respective matched covered indications.
 - Added Krazati and Vegzelma.
- [Setmelanotide for Employer Group Plans – \(IP0104\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Updated format to current template and language standards.
 - No changes to criteria intent.
 - Supports prior authorization criteria for Employer Group benefit plans.
 - Added dosing.
- [Teplizumab-mzvw – \(IP0537\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Updated coding information.
 - No changes to criteria intent.
- [Tezepelumab - \(IP0412\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Updated format to current template and language standards.
 - No changes to criteria intent.
 - Supports prior authorization criteria for Employer Group and formulary exception criteria for IFP benefit plans.
 - Added dosing.
- [Varenicline Nasal Solution – \(IP0395\)](#)
 - Minor **changes** in coverage criteria; effective **July 15, 2023**:
 - Revised cyclosporin emulsion terminology.
- [Voretigene Neparvovec-rzyl – \(IP0160\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Updated format to current template and language standards.
 - No changes to criteria intent.
 - Supports medical precertification criteria for Luxturna subretinal injection for Employer Group and IFP benefit plans.
 - Added dosing.

Retired Drug and Biologic Coverage Policies: Effective July 1, 2023 unless otherwise noted

- Dronabinol Oral Solution - (IP0378), and
- Mupirocin - (IP0390), and
- Pulmonary Long-Acting Beta2-Agonist Inhalers - (IP0359)
 - Replaced with:

- [Drugs/Biologics Not Covered Unless Approved Under Medical Necessity Review Employer Group Plans: Standard, Performance, or Legacy Prescription Drug List \(1601\)](#) and
 - [Drugs/Biologics Not Covered Unless Approved Under Medical Necessity Review Employer Group Plans: Employer Group Plans: Value, Advantage, or Cigna Total Savings Prescription Drug List \(1602\)](#)
- COVID-19 Vaccine - (2029)
- Routine Immunizations - (9001)
 - Replaced with:
 - [Preventive Care Services – \(A004\)](#), effective **July 15, 2023**.

Cigna National Formulary (CNF) Coverage Policies

- Cigna National Formulary (CNF) policies are located on the [CNF Policies A-Z Index](#).
 - Policies are listed alphabetically by document title
 - Document titles include the policy type and may include the drug name, class, and/or condition
 - Policies can also be searched by a product identification (ID) number, which is a unique identifier to a specific product/policy.
 - When applicable, searching by product ID helps locate the corresponding CNF policy.
 - Details of updates to each CNF policy are located under the “Revision History” section.
- More information about Cigna's drug lists can be found at [Prescription Drug Lists and Coverage | Cigna](#)
- More information about Cigna's drug lists **changes** can be found at [CHCP - Resources - Cigna's Prescription Drug Lists](#).
 - CNF formulary changes can be found in the Prescription Drug List Changes document under **Cigna National Prescription Drug List**, located at the bottom of the page.

CareAllies Medical Necessity Guidelines

- No updates for July 2023.

* Modified Precertification List – Commercial (Non-Medicare) Business

- Changes to Precertification List effective July 2023

* Modified Precertification List – Medicare Business

- Changes to Precertification List effective July 2023

* New Reimbursement Policies

- No new policies for July 2023.

* Modified Reimbursement Policies

- Genetic Testing Panels - (R28)

* Other Modified Coding and Reimbursement Documents

- No updates for July 2023.

* ClaimsXten Documents

- No updates for July 2023.