



## Coverage Policy Unit (CPU) - Monthly Policy Updates

Effective March 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 March 2023.

### Modified Medical Coverage Policies

#### [Ambulatory External and Implantable Electrocardiographic Monitoring - \(0547\)](#)

- Advance notification of important **changes** in coverage criteria, effective **April 15, 2023**:
  - Removing ICD-10 diagnosis codes from allowed/covered list that do not meet criteria for external cardiac monitoring.
    - Codes previously approvable (unspecified and unsupported codes) will now be denied if billed with noncovered codes or billed alone.
- [Bone, Cartilage, and Ligament Graft Substitutes – \(0118\)](#)
  - Minor **change** in coverage criteria/policy:
    - Clarified denial statement for cell-based materials to read:
      - "cell-based substitutes (e.g., mesenchymal stem cells used alone, added to other biomaterials for grafting, or seeded onto scaffolds, including allograft materials that undergo enhanced processing to retain and condense inherent cells/growth factors)."
- [Inflammatory Bowel Disease - Testing for the Diagnosis and Management – \(0121\)](#)
  - Important **changes** in coverage criteria:
    - Added Prometheus® RiskImmune™ to serological and/or genetic markers experimental, investigational or unproven (EIU) list for diagnosis or management of inflammatory bowel disease.
    - Added the following drugs to therapeutic drug monitoring (TDM) EIU list for management of inflammatory bowel disease:
      - Risankizumab (Skyrizi).
      - Tofacitinib (Xeljanz®).
      - Upadacitinib (Rinvoq)
  - Minor **change** in coverage policy:
    - Removed "biologic" from policy statement.
- [Miscellaneous Musculoskeletal Procedures – \(0515\)](#)
  - Important **change** in coverage criteria:
    - Added EIU statement "Percutaneous ablation of soft tissue for treatment of any musculoskeletal condition (e.g., tendinosis, tendinopathy) is considered experimental, investigational or unproven."

- [Nucleic Acid Pathogen Testing – \(0530\)](#)
  - Minor **change** in coverage policy:
    - Combined bullets “tinea” and “onychomycosis” to reflect “skin and/or nail fungal infections (e.g., tinea, onychomycosis)”.
- [Omnibus Codes – \(0504\)](#)
  - Important **changes** in coverage criteria:
    - Changed CPT code 34717 (Endovascular repair of iliac artery at the time of aortoiliac artery endograft placement by deployment of an iliac branched endograft) from not covered to covered.
    - Reviewed EIU status of CPT code 34718 (Endovascular repair of iliac artery, not associated with placement of an aortoiliac artery endograft at the same session, by deployment of an iliac branched endograft):
      - No changes made – remains EIU.
    - Reviewed EIU status for neurology, OB/GYN, urology and services that are not FDA approved) (7 topics, 10 codes):
      - No changes made – all remain EIU.
- [Transcranial Magnetic Stimulation – \(0383\)](#)
  - Minor **changes** in coverage criteria/policy:
    - Clarified content of headers.
    - Clarified timing of depression rating scale and maintenance of improvement for major depressive disorder (MDD).
    - Added Yale-Brown Obsessive Compulsive Scale to list of criteria for initial transcranial magnetic stimulation (TMS) for obsessive-compulsive disorder (OCD).
    - Clarified timing of OCD rating scale for repeat TMS.
    - Separated out maintenance therapy EIU statement for increased visibility.

## Retired Medical Coverage Policies

- No policies retired for March 2023.

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

- No new CPGs for February 2023.

## Modified Cigna-ASH Cobranded CPGs

- One policy updated with no change in coverage.

## New Cigna-eviCore Cobranded Guidelines

- No new guidelines for March 2023.

## Modified Cigna-eviCore Cobranded Guidelines

- [Capsule Endoscopy guidelines](#)
  - Advance notification of important **change**, posted **March 7, 2023**, effective **June 15, 2023**:
    - Added coverage criteria for motility capsule endoscopy.
  - Advance notification of minor **changes**, posted **March 7, 2023**, effective **June 15, 2023**:

- Changed wording from “policy” to “guidelines”.
  - Added “Cigna” in appropriate places to indicate guideline is cobranded.
  - Added discussion of specific CPT codes being used for specific types of capsules.
  - Removed statement “these guidelines are for initial procedures unless otherwise stated” for clarity.
  
- [Gastrointestinal Endoscopic Procedure Esophagogastroduodenoscopy \(EGD\)](#)
  - Advance notification of important **change**, posted **March 7, 2023**, effective **June 15, 2023**:
    - Expanded coverage by adding new indication for surveillance EGD:
      - Surveillance EGD may be done for individuals with gastric ulcers without clear etiology (no NSAID use, no H. pylori, etc.).
  - Advance notification of minor **changes**, posted **March 7, 2023**, effective **June 15, 2023**:
    - Changed wording from “policy” to “guidelines”.
    - Added “Cigna” in appropriate places to indicate that this is a cobranded guideline.
    - Added section that discusses:
      - Repeat EGDs need to meet criteria for therapeutic EGDs.
      - The unbundling of ERCP and diagnostic EGD codes.
    - Removed redundant statements.
    - Reworded language for clarity.
  
- [High-Tech Radiology \(HTR or Imaging\) guidelines](#)
  - Originally provided advance notification on **December 15, 2022**, of important **changes**, effective **March 15, 2023**:
    - Updated informational document “Clinical Information to Establish Medical Necessity”.
    - Expanded coverage in six guidelines:
      - Abdomen.
      - Breast.
      - Chest.
      - Head.
      - Pediatric Abdomen.
      - Pediatric Cardiac.
    - Expanded and/or limited coverage in eight guidelines:
      - Cardiac.
      - Neck.
      - Oncology.
      - Pelvis.
      - Peripheral Vascular Disease.
      - Pediatric Head.
      - Pediatric Musculoskeletal.
      - Pediatric Oncology.
    - No changes to remaining ten guidelines:
      - Musculoskeletal.
      - Peripheral Nerve Disorders.
      - Preface.
      - Spine.
      - Pediatric Chest.
      - Pediatric Neck.
      - Pediatric Pelvis.
      - Pediatric Peripheral Nerve Disorders.
      - Pediatric Peripheral Vascular Disease.
      - Pediatric Spine.

- [Pacemaker guidelines](#)
  - Originally provided advance notification on **December 15, 2022**, of important **changes**, effective **March 15, 2023**:
    - Updated guidelines with both positive and adverse changes in coverage.
- [Sleep Disorders Diagnosis and Treatment guidelines](#)
  - Originally provided advance notification on **December 15, 2022**, of important **changes**, expanding coverage, effective **March 15, 2023**:
    - Changed mean PA pressure from greater than or equal to 25 mm Hg to greater than 20 mmHG on right heart catheterization for pulmonary hypertension.
    - Added information to support echo findings for pulmonary hypertension when right heart catheterization is not available.
    - Added indication for "Pediatric diagnostic sleep study can be performed as a screening for OSA in children with Down syndrome even without symptoms of obstructive sleep apnea."

## New Administrative Policies

- No new policies for March 2023.

## Modified Administrative Policies

- [Authorized Generics - \(A008\)](#)
  - Minor **changes**:
    - Removed Amitiza and Suprep.

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

- [Lecanemab - \(IP0547\)](#)
  - Effective **March 15, 2023**.
  - Addresses non-coverage of lecanemab (Leqembi).
- **Supports pharmacy prior authorization:**
  - [Apomorphine \(Apokyn\) - \(IP0530\)](#)
  - [Opicapone - \(IP0532\)](#)
- **Supports medical necessity review:**
  - [Etranacogene dezaparovec-drlb - \(IP0535\)](#)

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

- [Alemtuzumab - \(IP0213\)](#)
  - Minor **changes** in coverage criteria/policy:
    - Updated to current template and language standards.
    - Added option for patients who previously failed Kesimpta, Ocrevus or Tysabri, to not have to meet requirement to fail two disease-modifying therapies for multiple sclerosis.
- [Anakinra – \(IP0243\)](#)
  - Minor **change** in coverage criteria/policy, effective **March 15, 2023**:
    - Removed Coronavirus Disease 2019 (COVID-19) from conditions not covered section.

- [Antihyperglycemic \(Non-insulin\) - \(P0098\)](#)
  - Important **changes** in coverage criteria, effective **March 15, 2023**:
    - Added conditions not covered section.
- [Avonex \(interferon beta-1a\) - \(IP0254\)](#) and
- [Cladribine - \(IP0261\)](#) and
- [Dalfampridine - \(IP0024\)](#) and
- [Dimethyl fumarate - \(IP0266\)](#) and
- [Diroximel fumarate - \(IP0253\)](#) and
- [Glatiramer - \(IP0257\)](#) and
- [Interferon beta-1b - \(IP0256\)](#) and
- [Monomethyl fumarate - \(IP0255\)](#) and
- [Natalizumab - \(IP0215\)](#) and
- [Ocrelizumab - \(IP0212\)](#) and
- [Peginterferon - \(IP0263\)](#) and
- [Ponesimod - \(IP0264\)](#) and
- [Rebif \(interferon beta-1a\) - \(IP0265\)](#) and
- [Siponimod - \(IP0262\)](#) and
- [Teriflunomide - \(IP0252\)](#)
  - Minor **changes** in coverage criteria/policy:
    - Updated to current template and language standards.
      - No changes to criteria.
- [Botulinum Therapy - \(1106\)](#)
  - Important **changes** in coverage criteria:
    - Added FDA labeled indication for Xeomin:
      - “Neurogenic detrusor overactivity (NDO) in pediatric individuals age 5 years or older.”
    - Updated chronic sialorrhea for Botox to include pediatrics and removed standard of care therapies.
- [Brands with Bioequivalent Generics - \(IP0011\)](#)
  - Minor **changes** in coverage criteria/policy, effective **March 15, 2023**:
    - Added:
      - Amitiza.
      - Latuda.
      - Tranxene T-tab.
  - Minor **changes** in coverage criteria/policy, effective **July 1, 2023**:
    - Added:
      - Alphagan P 0.15%.
      - Combigan.
      - Fosrenol.
      - Lialda.
      - Pentasa 500 mg.
      - Renagel.
      - Renvela tablets and powder packet.
      - Suprep.
- [Givosiran – \(IP0118\)](#) and
- [Maralixibat – \(IP0341\)](#) and
- [Pitolisant – \(IP0292\)](#) and
- [Solriamfetol – \(IP0102\)](#)
  - Minor **changes** in coverage criteria/policy, effective **March 15, 2023**:
    - Updated to current template and language standards.
      - No changes to criteria.

- [Glecaprevir/Pibrentasvir- \(IP0187\)](#)
  - Minor **changes** in coverage criteria/policy, effective **March 15, 2023**:
    - Updated to current template and language standards.
    - Added criteria allowing completion of course of therapy already started.
- [Glucose Test Strips - \(IP0272\)](#)
  - Important **change** in coverage criteria, effective **March 15, 2023**:
    - Added GE333 glucose test strips.
- [Hereditary Angioedema – C1 Esterase Inhibitors \(IV\) - \(IP0315\)](#) and
- [Hereditary Angioedema – C1 Esterase Inhibitors \(SC\) - \(IP0316\)](#) and
- [Hereditary Angioedema - Ecallantide - \(IP0336\)](#) and
- [Hereditary Angioedema – Icatibant - \(IP0335\)](#) and
- [Hereditary Angioedema - Lanadelumab-flyo - \(IP0334\)](#)
  - Important **changes** in coverage criteria:
    - Updated to current template and language standards.
    - Expanded criteria to include coverage for C1INH normal HAE caused by mutations known to cause disease in ANGPT1, PLG and KNG1 genes.
- [HMG-CoA Reductase Inhibitors \(Statins\) and Combination Products - \(IP0064\)](#)
  - important **change** in coverage criteria:
    - Added generic Liptruzet:
      - Aligned medical exception criteria with Roszet generic.
- [Ledipasvir/Sofosbuvir - \(IP0186\)](#)
  - Important **changes** in coverage criteria, effective **March 15, 2023**:
    - Updated to current template and language standards.
    - Simplified criteria for genotype 1 (adult).
    - Added criteria related to guidelines for genotype 1, 4, 5, and 6 and decompensated cirrhosis.
    - Added criteria allowing completion of course of therapy already started.
- [Lumasiran – \(IP0095\)](#)
  - Important **changes** in coverage criteria, effective **March 15, 2023**:
    - Updated to current template and language standards.
    - Updated language for genetic testing confirmation for initial approval criteria 1A.
    - Added option for individual to have plasma oxalate level  $\geq 20 \mu\text{mol/L}$  as alternative to elevated urinary oxalate excretion for initial approval criteria 2.
    - Added dosing information.
    - Clarified criteria intent in continuation of therapy section:
      - Added “from baseline.”
- [Ofatumumab - \(IP0260\)](#)
  - Minor **changes** in coverage criteria/policy:
    - Updated to current template and language standards.
    - Added age restriction aligned to FDA indication.
- [Onasemnogene Apeparovvec-xioi - \(IP0185\)](#)
  - Important **changes** in coverage criteria, effective **March 15, 2023**:
    - Revised genetic testing requirement to current language standards.
    - Added laboratory monitoring criteria.
    - Removed reauthorization section:
      - Product is one-time treatment only.

- [Ophthalmic Prostaglandin Analogs - \(IP0027\)](#)
  - Important **change** in coverage criteria:
    - Added Tafluprost (generic for Zioptan) as preferred product.
- [Pegloticase - \(IP0269\)](#)
  - Important **changes** in coverage criteria:
    - Modified criteria for treatment of gout.
    - Changed initial approval duration to 12 months.
- [Pirfenidone - \(IP0311\)](#)
  - Important **changes** in coverage criteria:
    - Updated to current template and language standards.
    - Extended current approach for tablets to capsules.
    - Added multi-source brand preferred product criteria approach to:
      - Esbriet 267 mg and 801 mg tablets.
      - Esbriet 267 mg capsules.
- [Step Therapy – Value and Advantage Prescription Drug Lists \(Employer Group Plans\) – \(1802\)](#)
  - Important **change** in coverage criteria:
    - Added Caplyta to Step 3 for atypical antipsychotic agents.
- [Tetracycline Antibiotics – \(IP0396\)](#)
  - Minor **change** in coverage criteria/policy:
    - Added Minocycline ER (generic for Minolira ER).

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

- Antiparkinson Agents - (IP0076)
  - No longer needed; products moved to other policies.
- Lumateperone - (IP0071)
  - Effective **March 15, 2023**.
  - No longer needed; product moved to step therapy policies.
- Plecanatide - (IP0018)
  - Effective **March 15, 2023**.
  - No longer needed; product will become a preferred brand.

## 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 March 2023.

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

- Changes to Precertification List effective April 2023
  - Effective **April 1, 2023**:

## \* Modified Precertification List – Medicare Business

- No updates for March 2023.

## \* New Reimbursement Policies

- Anesthesia Services - (R39)
  - Effective **March 12, 2023**.
- Revenue Code Billing Requirements – (R41)
  - Effective **May 1, 2023**:

## \* Modified Reimbursement Policies

- Healthcare Common Procedure Coding System (HCPCS) National Level II Modifiers - (MHPCS)
  - Effective **March 12, 2023**:
- Modifier 25 - Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or other Service - (M25)
  - Effective **May 25, 2023**:
- Omnibus Reimbursement Policy - (R24)
  - Effective **March 12, 2023**:

## \* Other Modified Coding and Reimbursement Documents [\(return to top\)](#)

- No updates for March 2023.

## \* ClaimsXten Documents [\(return to top\)](#)

- No updates for March 2023.