



Coverage Policy Unit (CPU) - Monthly Policy Updates

Effective May 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 May 2023.

Modified Medical Coverage Policies

- [Bone Graft Substitutes – \(0118\)](#)
 - Important **changes** in coverage criteria:
 - Updated title from “Bone, Cartilage, and Ligament Graft Substitutes” to current title.
 - Limited scope to only bone graft materials:
 - Removed content for allograft materials used for facet fusion, ligament and meniscus reconstruction, and bone filler/articular cartilage materials and added to [Miscellaneous Musculoskeletal Procedures – \(0515\)](#)
- [COVID-19: In Vitro Diagnostic Testing – \(0557\)](#)
 - Important **changes** in coverage criteria, posted **April 17, 2023**, effective **May 12, 2023**:
 - Molecular and antigen testing:
 - Updated coverage criteria for molecular and antigen testing to consider testing medically necessary only when there is a clinical concern for symptomatic COVID-19 infection.
 - Updated to note screening of asymptomatic individual (Z11.52 and Z11.59) is considered not medically necessary.
 - Antibody (serology) testing:
 - Updated criteria to include testing for post-acute sequelae as medically necessary indication.
 - Added new criteria noting antibody (serology) test for SARS-CoV-2 antibodies is considered not medically necessary to:
 - Diagnose current or active infection.
 - Determine need for COVID-19 vaccination.
 - Assess immunity after COVID-19 vaccination.
 - Added new criteria for surrogate neutralization testing to determine presence of SARS-CoV-2 antibodies as not medically necessary.
- [Diagnostic Nasal/Sinus Endoscopy, Functional Endoscopic Sinus Surgery \(FESS\) and Turbinectomy – \(0554\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Added covered ICD-10 code J34.3 for CPT 31240 to coding information section for clarification.

- [Donor Lymphocyte Infusion and Hematopoietic Progenitor Cell \(HPC\) Boost – \(0261\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Clarified that HPC boost is considered experimental, investigational or unproven (EIU) for any other indication.
 - Updated wording to align with standard language:
 - Changed “condition” to “indication.”
- [External Counterpulsation – \(0058\)](#)
 - Minor **change** in coverage criteria/policy:
 - Clarified “any other indication” EIU statement noting that long COVID syndrome and microvascular angina are also considered EIU.
- [Miscellaneous Musculoskeletal Procedures – \(0515\)](#)
 - Important **changes** in coverage criteria:
 - Added content for allograft materials used for facet fusion, ligament and meniscus reconstruction, and bone filler/articular cartilage materials from [Bone Graft Substitutes – \(0118\)](#).
- [Omnibus Codes – \(0504\)](#)
 - Important **changes** in coverage criteria:
 - Completed April annual review of:
 - Endocrine – one topic:
 - Changed radiofrequency ablation (RFA) for treatment of benign thyroid nodules from not covered to covered.
 - Gastroenterology – seven topics, including one new topic:
 - Added ingestible devices (vibrating capsule) for treatment of constipation (CPT 91299, HCPCS A9999) as EIU.
 - Reviewed six gastroenterology topics with no change in current EIU position:
 - Wide-Area Transepithelial Tissue Sampling with Computer-Assisted 3D Analysis (WATS3D).
 - Transanal Radiofrequency Therapy for Fecal Incontinence (e.g., SECCA Procedure).
 - 13C-Spirulina Gastric Emptying Breath Test (GEBT).
 - Rectal control system for vaginal insertion (e.g., Eclipse System).
 - Cytotoxic distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (i.e., ELISA) (CPT code 0176U; (IBS) irritable bowel syndrome [IBS]).
 - Esophageal mucosal integrity testing by electrical impedance, transoral.
 - Oncology – one topic:
 - Updated policy statement for clarification only for tumor treatment fields (TTF) therapy (e.g., Optune™) (HCPCS Codes A4555, E0766).
- [Plasma Brain Natriuretic Peptide in the Outpatient Setting – \(0028\)](#)
 - Important **changes** in coverage criteria:
 - Expanded coverage of CPT 83880 (Natriuretic peptide) for:
 - Stage A and Stage B American College of Cardiology (ACC) Heart Failure (HF) individuals.
 - Children ages 14 and under at increased risk for endocardial biopsy who are status-post heart transplant, when ordered in combination with echocardiography or electrocardiogram.
 - Updated CPT 83880 for risk stratification in suspected acute coronary syndrome (ACS) to not covered.

- [Rhinoplasty, Vestibular Stenosis Repair and Septoplasty – \(0119\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Updated to note the following are considered EIU:
 - Repair of nasal valve collapse with absorbable nasal implant(s).
 - Radiofrequency of nasal valve for treatment of nasal airway obstruction.
 - Posterior nasal nerve ablation using radiofrequency or cryoablation for treatment of chronic rhinitis.
- [Tissue-Engineered Skin Substitutes – \(0068\)](#)
 - Important **changes** in coverage criteria:
 - Reformatted covered products section by indication.
 - Removed Parietene macroporous mesh:
 - It is a completely synthetic mesh.
 - Added 24 products as EIU.

Retired Medical Coverage Policies

- No policies retired for May 2023.

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

- No new CPGs for May 2023.

Modified Cigna-ASH Cobranded CPGs

- [Complex Lymphedema Therapy \(Complete Decongestive Therapy\) – \(CPG157\)](#)
 - Minor **changes**:
 - Added not covered (not medically necessary) statement for vasopneumatic compression:
 - Aligns with existing procedure-to-diagnosis (PXDX) edit for CPT code 97016 and with:
 - [Chiropractic Care – \(CPG278\)](#).
 - [Occupational Therapy – \(CPG155\)](#).
 - [Physical Therapy – \(CPG135\)](#).
- Updated one other CPG with no change in coverage.

New Cigna-eviCore Cobranded Guidelines

- No new guidelines for May 2023.

Modified Cigna-eviCore Cobranded Guidelines

- [Comprehensive Musculoskeletal Management guidelines](#)
 - Originally provided advance notification on **February 15, 2023**, of important **changes**, effective **May 31, 2023**:
 - Updated six musculoskeletal (MSK) joint guidelines with no change in coverage criteria.
 - Updated MSK interventional pain guidelines:
 - Limited coverage in CMM 200 Epidural Steroid Injections by adding advanced diagnostic imaging within the prior 24 months for presumed radiculopathy/radiculitis.

- Expanded coverage in CMM 203 Sacroiliac Joint Procedures to allow two diagnostic injections.
 - Restricted coverage in CMM 211 Spinal Cord and Dorsal Root Ganglion Stimulation by adding EIU statement for other than tonic-low or high-frequency (e.g., burst) stimulation and for “closed loop” stimulation.
 - Updated five additional guidelines with no changes in coverage criteria.
- [High-Tech Radiology \(HTR\)/Cardiology Imaging guidelines](#)
 - Advance notification of important changes, posted **May 15, 2023**, effective **August 15, 2023**.
 - Breast and Oncology:
 - One change limiting coverage.
 - One change expanding coverage.
 - Cardiac – General:
 - One change limiting coverage.
 - Five changes expanding coverage.
 - Head – Pediatric:
 - One change expanding coverage.
 - Preface:
 - One change limiting coverage.
 - The following guidelines had no mid-year updates:
 - Abdomen – Pediatric.
 - Abdomen – General.
 - Cardiac – Pediatric.
 - Chest – General.
 - Chest – Pediatric.
 - Head – General.
 - Musculoskeletal – General.
 - Musculoskeletal – Pediatric.
 - Neck – General.
 - Neck – Pediatric.
 - Oncology – Pediatric.
 - Pelvis – General.
 - Pelvis – Pediatric.
 - Peripheral Nerve Disorders – General.
 - Peripheral Nerve Disorders – Pediatric.
 - Peripheral Vascular Disease – General.
 - Peripheral Vascular Disease – Pediatric.
 - Spine – General.
 - Spine – Pediatric.
 - Pacemaker.

New Administrative Policies

- No new policies for May 2023.

Modified Administrative Policies

- [Preventive Care Services - \(A004\)](#)
 - Important **changes**, effective **May 12, 2023**:
 - Added COVID-19 as preventive service (routine immunization) per Advisory Committee on Immunization Practices (ACIP)/Centers for Disease Control and Prevention (CDC).

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

- [Eculizumab IV \(Soliris\) - \(IP0549\)](#)
 - Supports medical precertification and prior authorization.
 - Moved Soliris from Complement Inhibitors – (1103), which will be retired.
 - Added age requirement for paroxysmal nocturnal hemoglobinuria (PNH).
 - Eighteen years of age or older.
 - Added dosing information.
- [Nembutal \[pentobarbital\] Injection – \(IP0557\)](#)
 - Supports pentobarbital injection (Nembutal).
 - Removed Seconal (secobarbital) capsules:
 - No longer available.
 - Replaces Nembutal [pentobarbital] Injection and Seconal [secobarbital] capsules – (P0095), which is being retired.
- [Ravulizumab-cwvz IV \(Ultomiris\) - \(IP0550\)](#)
 - Supports medical precertification and prior authorization.
 - Moved Ultomiris from Complement Inhibitors – (1103), which will be retired.
 - Includes dosing information.
- **Supports pharmacy prior authorization:**
 - [Furosemide On-Body Infusor - \(IP0551\)](#)
- **Supports medical precertification:**
 - [Coagulation Factor X - \(IP0554\)](#)
 - Moved Coagadex from [Clotting Factors and Antithrombin – \(8007\)](#).
 - [Factor XIII A-Subunit \(Recombinant\) - \(IP0553\)](#)
 - Moved Tretten from [Clotting Factors and Antithrombin – \(8007\)](#).
 - [Factor XIII \(Plasma-Derived\) - \(IP0552\)](#)
 - Moved Corifact from [Clotting Factors and Antithrombin – \(8007\)](#).
 - [Rebyota - \(IP0556\)](#)
 - [Von Willebrand Factor \(Recombinant\) - \(IP0555\)](#)
 - Moved Vonvendi from [Clotting Factors and Antithrombin – \(8007\)](#).
- **Supports medical necessity review:**
 - [Antihemophilic Factor \(Recombinant\) – \(IP0564\)](#)
 - Effective **May 15, 2023**.

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

- [Aldesleukin for Non-Oncology Uses \(Proleukin\) - \(IP0407\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Updated to current template and language standards.
 - Added dosing information.
- [Alpha1-Proteinase Inhibitors – \(IP0387\)](#)
- [FEIBA - \(IP0354\)](#) and

- [Fibrinogen Products - \(IP0357\)](#) and
- [Pretomanid – \(IP0384\)](#) and
- [Protein C Concentrate - \(IP0342\)](#) and
- [Sevenfact – \(IP0355\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Updated to current template and language standards:
 - No changes to criteria.
 - Supports medical precertification criteria.
- [Attention Deficit Hyperactivity Disorder \(ADHD\) Stimulants – \(IP0477\)](#)
 - Important **changes** in coverage criteria, effective **May 15, 2023**:
 - Added criteria for new product, dextroamphetamine transdermal system (Xelstrym).
 - Updated criteria for Vyvanse chewable tablets.
 - Minor format updates.
- [Clobazam – \(IP0106\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Updated to current template and language standards.
 - Simplified criteria language.
 - No changes to criteria.
- [Clotting Factors and Antithrombin – \(8007\)](#)
 - Important **changes** in coverage criteria:
 - Removed Corifact, Coagadex, Tretten, and Vonvendi and placed each into a new stand-alone coverage policy:
 - [Coagulation Factor X - \(IP0554\)](#)
 - [Factor XIII A-Subunit \(Recombinant\) - \(IP0553\)](#)
 - [Factor XIII \(Plasma-Derived\) - \(IP0552\)](#)
 - [Von Willebrand Factor \(Recombinant\) - \(IP0555\)](#)
- [Corticosteroid/Long-Acting Beta2-Agonist Combination Inhalers – \(IP0022\)](#)
 - Important **changes** in coverage criteria:
 - Updated to current template and language standards.
 - Added new product:
 - Fluticasone-salmeterol HFA oral inhalation.
 - Updated numbers of preferred alternative products required for brand name Advair HFA.
- [COVID-19 Drug and Biologic Therapeutics - \(2016\)](#)
 - Important **changes** in coverage criteria:
 - Added criteria for vilobelimab consistent with Emergency Use Authorization (EUA) issued on **April 4, 2023**, for treatment of coronavirus disease 2019 (COVID-19) in hospitalized adults when initiated within 48 hours of receiving invasive mechanical ventilation (IMV), or extracorporeal membrane oxygenation (ECMO).
 - Removed Regiocit criteria:
 - Added to [Unassigned Drug or Biologic Code Medical Precertification - \(1701\)](#).
- [Dichlorphenamide - \(IP0204\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Updated to current template and language standards.
 - Added new generic dichlorphenamide tablets.
 - Changed initial authorization duration from 12 months to 3 months.
- [Elapegedemase-lvlr – \(IP0399\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Updated to current template and language standards:

- No changes to criteria.
 - Updated wording from mutations to pathogenic variants.
 - Supports medical precertification criteria.
- [Hydroxyprogesterone Caproate - \(IP0370\)](#)
 - important **changes** in coverage criteria, effective **April 11, 2023**:
 - Updated to reflect withdrawal of Makena and removed approval criteria:
 - FDA withdrew approval for Makena and its generics.
 - Makena and its generics are now unapproved and cannot lawfully be distributed in interstate commerce.
- [Isotretinoin Low Dose – \(IP0193\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Updated to current template and language standards.
 - Added diagnosis requirement.
 - Changed authorization duration from 12 months to 6 months.
- [Lenacapavir – \(IP0546\)](#)
 - Minor **changes** in coverage criteria/policy, effective **May 15, 2023**:
 - Updated dosing section to correct dosing regimen.
- [Long-Acting Muscarinic Antagonist \(LAMA\)/Long-Acting Beta₂-Agonist \(LABA\) Combination Inhalers - \(IP0020\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Updated to current template and language standards.
 - Added additional criteria to Bevespi Aerosphere.
- [Maribavir – \(IP0394\)](#) and
- [Migalastat - \(IP0400\)](#) and
- [NovoSeven RT – \(IP0356\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Updated to current template and language standards:
 - No changes to criteria.
 - Supports prior authorization criteria.
- [Metoclopramide Nasal Spray - \(IP0085\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Updated to current template and language standards:
 - No changes to criteria.
- [Omega-3 Fatty Acid Products – \(IP0051\)](#)
 - Important **changes** in coverage criteria:
 - Updated to current template and language standards.
 - Removed example products and disease descriptions.
- [Opioid Induced Constipation Therapy – \(IP0401\)](#)
 - Important **changes** in coverage criteria:
 - Revised criteria for Relistor tablet, Movantik, and Symproic.
- [Patisiran – \(IP0418\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Updated to current template and language standards.
 - Supports medical precertification criteria for Onpattro injection.
 - Removed criterion requiring no history of live transplant.
 - Added dosing information.

- [Pyrimethamine – \(IP0348\)](#)
 - Important **changes** in coverage criteria:
 - Updated to current template and language standards.
 - Removed criterion screening noting pyrimethamine is taken in combination with leucovorin from all indications.
 - Simplified criteria across all indications.
- [Quantity Limitations – \(1201\)](#)
 - Minor **change** in coverage criteria/policy, effective **May 15, 2023**:
 - Updated Oxbryta for additional dosage.
- [Sarilumab – \(IP0233\)](#)
 - Important **change** in coverage criteria, effective **May 15, 2023**:
 - Added new condition of approval for polymyalgia rheumatica.
- [Short-Acting Beta₂-Agonist Inhalers – \(IP0040\)](#) and
- [Sinecatechins – \(IP0393\)](#) and
- [Topical Vitamin D Analogs – \(IP0361\)](#)
 - Minor **changes** in coverage criteria/policy, effective **May 15, 2023**:
 - Updated to current template and language standards.
 - No changes to criteria.
- [Tadalafil \(Cialis®\) for Employer Group Plans – \(IP0097\)](#)
 - Minor **changes** in coverage criteria/policy, effective **April 15, 2023**:
 - Corrected entry - this was reported incorrectly in the April Monthly Newsletter as being effective **April 1, 2023**.
 - Updated to current template and language standards.
 - No changes to criteria.
- [Tascenso ODT - \(IP0514\)](#)
 - Important **changes** in coverage criteria:
 - Added preferred product requirements, requiring steps through fingolimod capsules and dimethyl fumarate, to Tascenso ODT 0.5 mg tablets.
- [Thyroid Hormone Supplements - \(IP0060\)](#)
 - Minor **changes** in coverage criteria/policy:
 - Added Ermeza (levothyroxine sodium oral solution) and Adthyza Thyroid (levothyroxine and liothyronine oral tablet).
 - Aligned Thyquidity approach to other liquid products.
- [Unassigned Drug or Biologic Code Medical Precertification - \(1701\)](#)
 - Important **change** in coverage criteria:
 - Added Regiocit criteria:
 - Removed from [COVID-19 Drug and Biologic Therapeutics - \(2016\)](#).

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

- Complement Inhibitors – (1103)
 - Replaced with [Eculizumab IV \(Soliris\) - \(IP0549\)](#) and [Ravulizumab-cwz IV \(Ultomiris\) - \(IP0550\)](#).
- Nembutal [pentobarbital] injection and Seconal [secobarbital] capsules – (P0095)
 - Replaced with [Nembutal \[pentobarbital\] Injection – \(IP0557\)](#).

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 May 2023.

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

- No updates for May 2023.

* Modified Precertification List – Medicare Business

- No updates for May 2023.

* New Reimbursement Policies

- No new policies for May 2023.

* Modified Reimbursement Policies

- Genetic Testing Panels – (R28)
- Revenue Code Billing Requirements - (R41)
 - Effective **May 1, 2023**:
- Virtual Care – (R31)

* Other Modified Coding and Reimbursement Documents

- No updates for May 2023.

* ClaimsXten Documents

- No updates for May 2023.