



Coverage Policy Unit (CPU) - Monthly Policy Updates

Effective September 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 September 2023.

Modified Medical Coverage Policies

- The following Medical Coverage Policies had updates for September 2023:
 - [Diaphragmatic/Phrenic Nerve Stimulation 0391](#)
 - [Heart, Lung, and Heart Lung Transplantation 0129](#)
 - [Miscellaneous Musculoskeletal Procedures 0515](#)
 - [Nutritional Support 0136](#)
 - [Pancreatic Islet Cell Transplantation 0107](#)
- The following Behavioral Health Coverage Policies were rebranded to **Evernorth effective 8/23/2023**, with no change in coverage:
 - EN0086 Complementary and Alternative Medicine
 - EN0258 Neuropsychological Testing
 - EN0383 Transcranial Magnetic Stimulation
 - EN0499 Intensive Behavioral Interventions

Retired Medical Coverage Policies

- The following policy is retired effective 9/15/2023:
 - Fecal Bacteriotherapy 0516

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

- No new CPGs for September 2023.

Modified Cigna-ASH Cobranded CPGs

- The following Cigna-ASH Cobranded CPGs had updates for September 2023:
 - [Electrodiagnostic Testing \(EMG/NCV\) CPG 129](#)
 - [Occupational Therapy CPG 155](#)
 - [Spinal Ultrasound CPG 038](#)

New Cigna-eviCore Cobranded Guidelines

- No new guidelines for September 2023.

Modified Cigna-eviCore Cobranded Guidelines

- The following [Cigna-eviCore Cobranded Guidelines](#) had updates September 2023:
 - Gastrointestinal Endoscopic Procedure Esophagogastroduodenoscopy (EGD)
 - High-tech Radiology (HTR) / Cardiology Imaging guidelines (**Effective October 1, 2023**):
 - Oncology (General) Imaging
 - Radiation Oncology Guidelines:
 - Bone Metastases
 - Brachytherapy of the Coronary Arteries
 - Non-Small Cell Lung Cancer
 - Small Cell Lung Cancer
- An additional 41 guidelines had no changes to coverage.

New Administrative Policies [\(return to top\)](#)

- No new policies for September 2023.

Modified Administrative Policies [\(return to top\)](#)

- No updates for September 2023.

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

- Supports review for medical necessity:
 - [Efgartigimod Subcutaneous Injection - \(IP0574\)](#)
 - [Nadofaragene firadenovec-vncg – \(IP0579\)](#) (Effective 9/15/2023)
 - [Rozanolixizumab - \(IP0575\)](#)

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

- The following Drug and Biologic Coverage Policies had updates September 2023:
 - [Abatacept Intravenous – IP0232](#)
 - [Abatacept Subcutaneous – IP0231](#)
 - [Adalimumab – IP0245](#)
 - [Anakinra – IP0243](#)
 - [Apremilast – IP0226](#)
 - [Atogepant – IP0377](#)
 - [Baricitinib - IP0225](#)
 - [Belimumab Intravenous – IP0429](#)
 - [Belimumab Subcutaneous – IP0430](#)
 - [Brodalumab – IP0246](#)

- [Certolizumab – IP0244](#)
- [Cyanocobalamin Nasal Spray – IP0170](#)
- [Deucravacitinib - IP0538](#)
- [Drug and Biologic Medical Necessity \(Non-Injectables\) – Medical Benefits – 2028](#)
- [Eculizumab - IP0549 \(Effective 9/15/2023\)](#)
- [Efgartigimod Intravenous – IP0376 \(Effective 9/15/2023\)](#)
- [Eteplirsen – IP0135](#)
- [Fenfluramine – IP0042](#)
- [Golimumab Subcutaneous – IP0237](#)
- [Guselkumab - IP0234](#)
- [HMG-CoA Reductase Inhibitors \(Statins\) and Combination Products - IP0064](#)
- [Immune Globulin – 5026](#)
- [Insulin Glargine - P0023](#)
- [Ixekizumab - IP0224](#)
- [Metreleptin - IP0340 \(Effective 9/15/2023\)](#)
- [Miltefosine – IP0210](#)
- [Oral Antihistamines – IP0190](#)
- [Ozanimod - IP0214](#)
- [Parathyroid Hormone – IP0177](#)
- [Prenatal Vitamins – IP0035 \(Effective 9/15/2023\)](#)
- [Quantity Limitations – 1201](#)
- [Ravulizumab-cwvs Intravenous – IP0550 \(Effective 9/15/2023\)](#)
- [Sarilumab – IP0233](#)
- [Secukinumab – IP0223](#)
- [Step Therapy – Legacy Prescription Drug Lists \(Employer Group Plans\) – 1803](#)
- [Tildrakizumab – IP0236](#)
- [Tocilizumab Subcutaneous – IP0227](#)
- [Tofacitinib – IP0230](#)
- [Upadacitinib – IP0229](#)
- [Ustekinumab Intravenous – IP0240](#)
- [Ustekinumab Subcutaneous – IP0239](#)
- [Vocabria - IP0124 \(Effective 9/15/2023\)](#)

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

- No retired policies for September 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.
 - 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 September 2023.

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

- No updates for September 2023.

* Modified Precertification List – Medicare Business

- No updates for September 2023.

* New Reimbursement Policies

- No new policies for September 2023.

* Modified Reimbursement Policies

- The following Reimbursement policies had updates for September 2023:
 - R17 - Laboratory Services
 - R24 - Omnibus Reimbursement Policy
 - R28 - Genetic Testing Panels

* Other Modified Coding and Reimbursement Documents

- No updates for September 2023

* ClaimsXten Documents

- Code Editing Policy and Guidelines