

Reimbursement policy update – Revenue codes 960-989 for professional services when billed by facilities on a UB-04 claim form effective April 14

Cigna Healthcare routinely reviews its coverage, reimbursement, and administrative policies for potential updates. During that review, one or more of the following is taken into consideration: Evidence-based medicine, professional society recommendations, Centers for Medicare & Medicaid Services (CMS) guidance, industry standards, and other existing Cigna Healthcare policies.

As a result of a recent review, Cigna Healthcare will administratively deny revenue codes 960-989 for professional services when billed by facilities on a UB-04 claim form. Professional services should be billed on a CMS-1500 claim form. Denials will affect the claim line only and include administrative appeal rights. The Revenue Code Billing Requirements (R41) reimbursement policy will be updated to reflect this change. This update is effective for dates of service on or after April 14.

For more information about our policy updates, visit the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Coverage Policies > Policy Updates.

Reimbursement policy update – 3D rendering billed with Current Procedural Terminology code 76377

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As a result of a recent review, Cigna Healthcare will administratively deny Current Procedural Terminology (CPT®) code 76377 as incidental, consistent with the process in place for CPT code 76376. Denials will affect the claim line only and include administrative appeal rights.

The Omnibus Reimbursement Policy (R24) will be updated to reflect this change. This update is effective for dates of service on or after April 14.

Cigna Healthcare reference guides – Updated versions available

The Cigna Healthcare reference guides for participating providers, hospitals, ancillaries, and other health care providers have been revised as part of an annual update. The updated national and market-specific versions of the reference guides, which contain Cigna Healthcare administrative guidelines and program requirements, became effective on January 31.

Providers can access the updated guides by logging in to the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Medical Resources > Doing Business with Cigna > Health Care Professional Reference Guides.

Reimbursement update – CPT and HCPCS codes with a status B indicator

Cigna Healthcare will update the Code Editing Policy & Guidelines to add 10 codes with a status B indicator: Current Procedural Terminology (CPT®) codes 38204, 92921, 92925, 92929, 92934, 92938, 92944, and 97602 and Healthcare Common Procedure Coding System (HCPCS) codes A4262 and A4263. These codes will be administratively denied when billed with another service not indicated as bundled. This update is effective for dates of service on or after May 11.

Cigna Pathwell Specialty – FAQ now available for providers not in the Cigna Pathwell Specialty Network.

As previously communicated, in January 2024, Cigna Healthcare began offering Cigna Pathwell Specialty® — a benefit plan option paired with a national, designated, and cost-effective provider network for specialty injected and infused drugs — to more than 4 million additional customers.

As a result, additional providers who do not participate in the Cigna Pathwell Specialty Network are being asked to transition their patients with Cigna Pathwell Specialty coverage to a Cigna Pathwell Specialty Network-participating provider for infusion services.