



Administrative Policy

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Coverage Policy Number A018

Cigna Healthcare Medicare Advantage Coverage Policy Development and Application

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PURPOSE

*Administrative Policies are intended to provide further information about the administration of **standard** Cigna benefit plans. In the event of a conflict, a customer’s benefit plan document **always supersedes** the information in an Administrative Policy. Coverage determinations require consideration of 1) the terms of the applicable benefit plan document; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Administrative Policies and; 4) the specific facts of the particular situation. Administrative Policies relate exclusively to the administration of health benefit plans. Administrative Policies are not recommendations for treatment and should never be used as treatment guidelines.*

Administrative Policy

Medical necessity criteria used for Medicare Advantage determinations may be described in certain Cigna Healthcare Coverage Policies as “Not Covered or Reimbursable.” These terms reflect Cigna Healthcare’s descriptions for the criteria solely used for benefit determinations in its commercial insurance business.

Notwithstanding, the criteria listed in Cigna Healthcare’s Coverage Policies outline coverage criteria developed through an objective process based on scientific evidence that follows generally accepted and current standards of medical practice, as well as authoritative clinical practice guidelines.

As a result, these criteria are appropriate for use in making determinations of whether services rendered to enrollees of Medicare Advantage plans are reasonable and necessary when a Medicare statute, regulation, NCD or LCD does not fully establish coverage criteria.

Coding Information

Notes:

1. This list of codes may not be all-inclusive since the American Medical Association (AMA) and Centers for Medicare & Medicaid Services (CMS) code updates may occur more frequently than policy updates.
2. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Not Medically Necessary:

CPT®* Code	Description	Policy
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)	0354
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	0354
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	0525
81418	Drug metabolism (e.g., pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis	0500
81443	Genetic testing for severe inherited conditions (e.g., cystic fibrosis, Ashkenazi Jewish-associated disorders [e.g., Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolysaccharidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (e.g., ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	0514
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	0052
81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin embedded tissue, algorithm reported as a recurrence score	0520
81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of predicted main cancer type and subtype	0520
81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (e.g., positive or negative for high probability of usual interstitial pneumonia [UIP])	0052
95999	Unlisted neurological or neuromuscular diagnostic procedure	0509

***Current Procedural Terminology (CPT®) ©2024 American Medical Association: Chicago, IL.**

Reference

1. Title XVIII of the Social Security Act (SSA): Section 1862(a)(1)(A), codified at 42 U.S.C. § 1395y(a)(1)(A). Available at URL address: https://www.ssa.gov/OP_Home/ssact/title18/1862.htm.
2. Items or services specifically excluded. Notwithstanding any other provision of this title [42 USCS §§ 1395 et seq.], no payment may be made under part A or part B [42 USCS §§ 1395c et seq. or 1395j et seq.] for any expenses incurred for items or services — (1)(A) which, except for items and services described in a succeeding subparagraph or additional preventive services (as described in section 1861(ddd)(1) [42 USCS § 1395x(ddd)(1)]), are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member. 42 U.S.C. § 1395y(a)(1)(A).

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