Coverage Policy Unit (CPU) - Monthly Policy Updates

Effective February 15, 2025 (unless otherwise noted)

Note – Log-in is needed for policy update sections marked with an asterisk *. Use this link to log-in, Cigna for Health Care Professionals > Resources > Reimbursement and Payment Policies.

Medical Coverage Policy	New, Updated, or Retired?	Comments
Bone Graft Substitutes – (0118)	Update	Minor changes in coverage criteria/policy: • No changes in coverage. • Changing not covered or reimbursable (NC/R) wording to not medically necessary (NMN) wording in a policy statement because the codes associated with that policy statement are implemented via precert. • Removing CPT Code 20930, as it is a spine code and in eviCore's Bone Graft Substitute policy.
Drug Testing – (0513)	Update	Important changes in coverage criteria: • Removed all criteria that isn't clinically managed.
Endometrial Ablation – (0013)	Update	Important changes in coverage criteria:

		• Removed sub-bullet criteria associated with endometrial ablation for the treatment of menorrhagia or excessive anovulatory bleeding because it wasn't being clinically managed or utilized.

Pharmacogenetic Testing – (0500)	Update	Minor changes in coverage criteria/policy:
		
		• Title changed from "Pharmacogenetic Testing for Non-Cancer Indications" to "Pharmacogenetic Testing".
		• Minor changes for clarification, no change to coverage:
		  ○ Revised benefit disclaimer verbiage to standard language.
		  ○ Removed "Medically Necessary" header.
		  ○ Removed "(this list may not be all inclusive)" from policy statement.

Pharmacy & Medical Prior Authorization - (1407)	Update	**Effective: 2/15/2025** Added Individual and Family Plan product-specific medical necessity criteria: Crexont, carbamazepine chewable, Neffy, Betimol, timolol hemihydrates ophthalmic, Undecatrex.
Recurrent Pregnancy Loss: Diagnosis and Treatment – (0284)	Update	Important changes in coverage criteria: • Remove policy statements in both the diagnostic testing and treatment sections because the services are not managed.
Transcatheter Closure of Cardiovascular Defects – (CP 0011)	Update	**Posted 11/15/2024; Effective 2/15/2024** Important changes in coverage criteria: • Removed the word "complex" from the ventricular septal defect bullet and replace with "muscular or perimembranous" for clarity. • Clarified the VSD bullet by adding "the individual is ≥5.2kg" to make it clear that this criteria applies to the pediatric population. • Changed the language for 'transcatheter closure of CVD for any other indication' and 'closure of ostium primum or sinus venosus ASDs' from EIU to NMN because this technology doesn't meet Cigna's definition of EIU.
Transthoracic Echocardiography in Adults – (0510)	Update	Important changes in coverage criteria: Expanding coverage to include scenarios addressing:

		• diagnosis and management of hypertrophic cardiomyopathy • individuals undergoing nonemergent, noncardiac surgery Other miscellaneous changes include: • removing older criteria • added hyperlinks on page 4 to help users 'jump' to the applicable criteria
Transthoracic Echocardiography in Children – (0523)	Update	Important changes in coverage criteria: • Expanding coverage for additional hypertrophic cardiomyopathy scenarios
Anesthesia Services for Interventional Pain Management Procedures in an Adult – (0551)	Update	• No change in coverage.
Autonomic Nerve Function Testing – (0506)	Update	• No change in coverage.
Bariatric Surgery and Procedures – (0051)	Update	• No change in coverage.
Diabetes Equipment and Supplies – (0106)	Update	• No change in coverage.
Hospice Care – (0462)	Update	• No change in coverage.
Laboratory Testing for Transplantation Rejection – (0465)	Update	• No change in coverage.
Neuropsychological Testing – (EN0258)	Update	• No change in coverage.
Peripheral Nerve Destruction for Pain Conditions – (0525)	Update	• No change in coverage.

Radiofrequency Ablation (RFA) Thyroid Nodules – (0575)	Update	• No change in coverage.
Speech Therapy - (0177)	Update	• No change in coverage.
Tumor In Vitro Chemosensitivity and Chemoresistance Assays – (0203)	Update	• No change in coverage.
Plantar Fasciitis Treatments - (0097)	Update	• No change in coverage.
Complementary and Alternative Medicine - (EN0086)	Update	• No change in coverage.
Vagus Nerve Stimulation - (0350)	Update	• No change in coverage.
ASH Guidelines	**Update or New?**	**Provide list of policy names (return to top)** **Note – leave blank if no updates for the month**
		• No updates in February 2025
EviCore Guidelines	**Update or New?**	**Provide list of policy names (return to top)** **Note – leave blank if no updates for the month**
Cobranded Cigna-EviCore Gastrointestinal Endoscopic Procedure Guidelines	Update	**Posted 2/1/2025; Effective 5/1/2025:** Capsule Endoscopy: • No clinical changes. Esophagogastroduodenoscopy (EGD): Important changes in coverage criteria. • Clinical changes which expand coverage:

		◦ Updated cardiac workup requirements prior to EGD for chest pain without typical gastroesophageal reflux disease symptoms. ◦ Addition of indication for non-invasive testing for Barrett's esophagus. • Clinical change which limits coverage: ◦ Clarified annual EGD surveillance of established diagnosis of eosinophilic esophagitis is for disease stability or progression of disease. • New section/guideline: ◦ Added new section with criteria for EGD in the setting of inflammatory bowel disease.
Cobranded Cigna-EviCore High-Tech Imaging Guidelines	Update	**Posted 10/29/2024; Effective 2/1/2025:** Important changes in coverage criteria. Six guidelines were updated with clinical changes which expand coverage: • Breast Imaging • Chest Imaging • Musculoskeletal Imaging • Pediatric Neck Imaging • Pediatric and Special Populations Spine Imaging • Preface to the Imaging Guidelines Eleven guidelines were updated with clinical changes which both expand and limit coverage: • Abdomen Imaging • Head Imaging • Neck Imaging • Oncology Imaging • Pelvis Imaging • Peripheral Nerve and Neuromuscular Disorders (PNND) Imaging • Spine Imaging

		• Pediatric Abdomen Imaging • Pediatric Head Imaging • Pediatric Musculoskeletal Imaging • Pediatric and Special Populations Oncology Imaging Three guidelines were updated with no change in coverage: • Pediatric Chest Imaging • Pediatric Pelvis Imaging • Pediatric Peripheral Nerve and Neuromuscular Disorders (PNND) Imaging **Posted 11/8/2024; Effective 2/14/2025:** Important changes in coverage criteria. Two guidelines were updated with clinical changes that expand coverage: • Musculoskeletal Imaging • Spine Imaging One guideline was updated with no change in coverage: • Chest Imaging
Cobranded Cigna-EviCore Laboratory Management Guidelines	Update	**Posted 2/10/2025; Effective 2/10/2025:** Carrier Screening Panels, Including Targeted, Pan-Ethnic, Universal, and Expanded: • No clinical changes; updated to note that CPT code 81443 is not reimbursable.
Cobranded Cigna-EviCore Radiation Oncology Guidelines	Update	**Posted 2/1/2025; Effective 3/1/2025:** Important changes in coverage criteria. Two guidelines were updated with clinical changes which expand coverage: • Non-Malignant Disorders: ○ Moved treatment of keloid scar from section II to section I, and removed qualifying criteria. • Primary Craniospinal Tumors and Neurologic Conditions:

		◦ Added epilepsy as an indication for stereotactic radiosurgery/fractionated stereotactic radiotherapy.
Cobranded Cigna-EviCore Spine Surgery Guidelines	New	**Posted 11/8/2024; Effective 2/6/2025:** New spine surgery guideline: • CMM-308: Intradiscal Procedures
Administrative Policy	**New, Updated, or Retired?**	**Comments**
Enteral Formula and Supplies – (A022)	New	New administrative policy.
Preventive Care Services – (A004)	Update	Minor changes in coverage criteria: • Added CPT codes 87626, 96041, 87626, • Deleted CPT codes 96040, 0500T, G0106, G0120, G0122 • Added HCPCS code Q0521 • Deleted HCPCS codes Q0516, Q0517, Q0518, Q0519, Q0520
Cigna Healthcare Drug Coverage Policy	**Update or New?**	**Summary of Changes** **(return to top)** **All policies/changes effective February 1, 2025, unless otherwise stated.**

Aflibercept - (IP0540)	Update	**Effective 2/1/2025**
		
		• Pavblu: Pavblu (biosimilar to Eylea) was added to the policy; conditions and criteria for approval for Pavblu are identical to those for Eylea.
		  ◦ Preferred Product Table:
		  ◦ Updated criteria from "Diabetic retinopathy to "Diabetic retinopathy (without diabetic macular edema) for Eylea and Eylea HD."
		  ◦ Added preferred product step requirement for Pavblu.

Cardiology – Tryvio - (IP0713)	New	**Effective: 2/1/2025** • New coverage policy.
Drugs Requiring Medical Necessity Review for Employer Plans - (1602)	Update	**Effective: 2/15/2025** • Added preferred product step requirement for the following product: Zoryve 0.15% cream • Removed preferred product requirements for Syndros (effective 4/1/2025)
Droxidopa - (IP0110)	Update	**Effective: 2/15/2025** • Policy name changed from Northera to Droxidopa.
Eflapegrastim - (IP0526)	Update	**Effective: 2/1/2025** • Removed preferred product requirements Employer Group and Individual and Family Plans.
Hematology – Gene Therapy – Casgevy (IP0615)	Update	**Effective: 2/20/2025** Sickle Cell Disease: 1. The word "cellular" was removed from the criterion regarding screening for certain viruses prior to collection of cells for manufacturing; the new criterion reads: Prior to collection of cells for manufacturing, screening is negative for ALL of the following. 2. The criterion regarding females/males of reproductive potential was clarified that the criterion pertains to patients of reproductive potential. Previously, the criterion read: "According to the prescribing physician, patient meets ONE of the following;" revised criterion reads: "According to the prescribing physician, a patient of reproductive potential meets ONE of the following." Transfusion-Dependent Beta-Thalassemia: 1. The word "cellular" was removed from the criterion regarding screening for certain viruses prior to collection of cells for manufacturing; the new

		criterion reads: Prior to collection of cells for manufacturing, screening is negative for ALL of the following. 2. The criterion regarding females/males of reproductive potential was clarified that the criterion pertains to patients of reproductive potential. Previously, the criterion read: "According to the prescribing physician, patient meets ONE of the following;" revised criterion reads: "According to the prescribing physician, a patient of reproductive potential meets ONE of the following."
Hepatology – Iqirvo - (IP0710)	New	**Effective 2/1/2025** • New coverage policy.
Hepatology – Livdelzi - (IP0711)	New	**Effective 2/1/2025** • New coverage policy.
Immunologicals – Nemluvio - (IP0714)	New	**Effective 2/15/2025** • New coverage policy.
Inflammatory Conditions – Adalimumab Products Preferred Specialty Management Policy for Individual and Family Plans - (PSM014)	Update	**Effective 2/1/2025** • Cosentyx subcutaneous was added to the Appendix as a Preferred Non-Adalimumab Product for hidradentitis suppurativa.
Inflammatory Conditions – Adalimumab Products Preferred Specialty Management Policy for	Update	**Effective 2/1/2025** • Cosentyx subcutaneous was added to the Appendix as a Preferred Non-Adalimumab Product for hidradentitis suppurativa.

Legacy Drug List Plans - (PSM003)		
Inflammatory Conditions – Adalimumab Products Preferred Specialty Management Policy: Standard/Performance, Value/Advantage, and Total Savings Prescription Drug Lists - (PSM013)	Update	**Effective 2/1/2025** • Cosentyx subcutaneous was added to the Appendix as a Preferred Non-Adalimumab Product for hidradentitis suppurativa.
Inflammatory Conditions – Bimzelx Prior Authorization Policy - (IP0658)	Update	**Effective 2/1/2025** • Hidradenitis Suppurativa: This newly approved condition was added to the policy. • Updated the Preferred Specialty Management Policy note.
Inflammatory Conditions – Cosentyx Intravenous Prior Authorization Policy - (IP0683)	Update	**Effective 2/1/2025** • Updated dosing for each indication.
Inflammatory Conditions – Cosentyx Subcutaneous Prior Authorization Policy - (IP0678)	Update	**Effective 2/1/2025** • Updated the Preferred Specialty Management Policy note.
Inflammatory Conditions Preferred	Update	**Effective 2/1/2025**

Specialty Management Policy for Employer Plans: Standard/Performance, Value/Advantage, Total Savings Prescription Drug Lists - (PSM001)		• Hidradenitis Suppurativa was added as a targeted indication in this policy. Adalimumab products (Cyltezo/adalimumab-adbm, adalimumab-adaz, Simlandi/adalimumab-ryvk) and Cosentyx subcutaneous are Preferred Products for Hidradenitis Suppurativa; Bimzelx was added to Step 2b and is directed to a trial of one Preferred Product.
Inflammatory Conditions Preferred Specialty Management Policy for Employer Plans: Legacy Prescription Drug Lists - (PSM017)	Update	**Effective 2/1/2025** • Hidradenitis Suppurativa was added as a targeted indication in this policy. Adalimumab products (Humira [NDCs starting with 00074], Cyltezo/adalimumab-adbm, adalimumab-adaz, Simlandi/adalimumab-ryvk) and Cosentyx subcutaneous are Preferred Products for Hidradenitis Suppurativa; Bimzelx was added to Step 2b and is directed to a trial of one Preferred Product.
Inflammatory Conditions Preferred Specialty Management Policy for Individual and Family Plans - (PSM002)	Update	**Effective 2/1/2025** • Hidradenitis Suppurativa was added as a targeted indication in this policy. Adalimumab products (adalimumab-adbm, adalimumab-adaz, Simlandi/adalimumab-ryvk) and Cosentyx subcutaneous are Preferred Products for Hidradenitis Suppurativa; Bimzelx was added to Step 3b and is directed to a trial of two Preferred Products.
Inflammatory Conditions – Infliximab Intravenous Products Prior Authorization Policy - IP0660	Update	**Effective 2/15/2025** • Immunotherapy-Related Toxicities Associated with Checkpoint Inhibitor Therapy: Myalgia and myositis were removed from the examples of immunotherapy-related toxicities associated with checkpoint inhibitor therapy.

Inflammatory Conditions – Velsipity Prior Authorization Policy - (IP0691)	Update	**Effective 2/1/2025** • Updated the note associated with the trial of one systemic agent for ulcerative colitis with the following: A trial of a mesalamine product does not count as a systemic therapy for ulcerative colitis. • Updated the Preferred Specialty Management Policy note.
Oncology (Injectable – CAR-T) – Breyanzi - (IP0130)	Update	**Effective: 2/15/2025** • Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma: Added new condition of approval that the patient has histologic transformation to diffuse large B-cell lymphoma and the patient has del(17p)/TP53 mutation or is chemotherapy refractory or unable to receive chemoimmunotherapy.
Sickle Cell Disease – L-glutamine for Individual and Family Plans - (IP0475)	Update	**Effective: 2/15/2025** • Generic L-glutamine oral powder was added to the policy. • Policy name was changed from Sickle Cell Disease – Endari to Sickle Cell Disease – L-glutamine
Somatostatin Analogs – Lanreotide Products - (IP0323)	Update	**Effective: 2/15/2025** • Policy Title Updated from "Somatostatin Analogs – Lanreotide Products (Non-Oncology Indications)" to "Somatostatin Analogs – Lanreotide Products" FDA Approved Indications • Added criteria for: 1) Carcinoid Syndrome, 2) Neuroendocrine Tumor(s) [NETs] of the Gastrointestinal Tract, Lung, Thymus (Carcinoid Tumors), and Pancreas (including glucagonomas, gastrinomas, vasoactive intestinal peptides-secreting tumors [VIPomas], insulinomas)

		Other Uses with Supportive Evidence • Added criteria for: Pheochromocytoma and Paraganglioma
Somatostatin Analogs – Octreotide Long-Acting Products - (IP0489)	Update	**Effective: 2/15/2025** • Policy name changed from Somatostatin Analogs – Sandostatin LAR Depot to Somatostatin Analogs – Octreotide Long-Acting Products. The generic octreotide intramuscular injection was added, where relevant, throughout the policy.
Erectile Dysfunction – Alprostadil Products for Individual and Family Plans - (IP0425)	Update	• No change in coverage.
Erectile Dysfunction – Avanafil - (IP0100)	Update	• No change in coverage.
Erectile Dysfunction – Vardenafil - (IP0099)	Update	• No change in coverage.
Faricimab – (IP0542)	Update	• No change in coverage.
Fentanyl Transmucosal Products - (IP0381)	Update	• No change in coverage.
Metabolic Disorders – Nitisinone - (IP0146)	Update	• No criteria changes.
Metabolic Disorders – Primary Hyperoxaluria – Oxluma - (IP0095)	Update	• No criteria changes.
Metabolic Disorders – Primary Hyperoxaluria Medications – Rivfloza - (IP0629)	Update	**Effective 2/15/2025** • No criteria changes.

Miglastat - (IP0400)	Update	• No criteria changes.
Ophthalmology - Vascular Endothelial Growth Factor Inhibitors – Susvimo - (IP0349)	Update	• No criteria changes.
Psychiatry – Zurzuvae - (IP0607)	Update	**Effective 2/15/2025** • No criteria changes.
Sildenafil (Viagra) – (IP0098)	Update	**Effective 2/1/2025** • No criteria changes.
Tadalafil (Cialis) for Employer Group Plans – (IP0097)	Update	**Effective 2/1/2025** • No criteria changes.
Tadalafil (Cialis) for Individual and Family Plans – (IP0101)	Update	**Effective 2/1/2025** • No criteria changes.
Immune Globulin – (CP5026)	Update	**Effective 2/1/2025.** • No criteria changes. Updated HCPCS Coding: • Removed J1599 • Added J1552 (effective date 1/1/2024) Updated ICD-10-CM Diagnosis Coding:

		• Added T45.AX5A, T45.AX5D, T45.AX5 (effective date 10/1/2024)
CareAllies Medical Necessity Guideline	**New, Updated, or Retired?**	**Comments**
		• All above updates apply
Precertification Policy*	**New, Updated, or Retired?**	**Comments**
Precertification Policies	Update	February 2025 Prior Authorization Requirements • For February 2025, Cigna removed 40 CPT and 50 HCPCS from prior authorization.
Reimbursement Policy*	**New, Updated, or Retired?**	**Comments**
Procedure and Place of Service - (R43)	Update	• Policy updated.
Evaluation and Management Services - (R30)	Update	• Policy updated.
Virtual Care - (R31)	Update	• Policy updated.
Coding and Billing Accuracy - (R46)	New	• Policy updated effective 01/13/2025

Other Coding and Reimbursement Documents	New, Updated, or Retired?	Comments
		• No updates for February 2025

ClaimsXten Documents*	New, Updated, or Retired?	Comments
		• No updates for February 2025

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