



March 15, 2024

**Re: Reimbursement policy update – Unspecified laterality –
diagnosis codes effective June 16, 2024**

We routinely review our coverage, reimbursement, and administrative policies for potential updates. In that review, we take into consideration one or more of the following: evidence-based medicine, professional society recommendations, Centers for Medicare & Medicaid Services guidance, industry standards, and our other existing policies.

As a result of a recent review, we will administratively deny claims submitted with an unspecified laterality diagnosis code when it is the only code billed on the claim. Denials will include administrative appeal rights. However, a corrected claim should first be submitted for payment.

We will update the Diagnosis Coding Requirements (R47) reimbursement policy to reflect this change. This update is effective for dates of service on or after June 16, 2024.

Additional information

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

If you are not a registered user, please register so that you may log in and access all of our coverage, reimbursement, and administrative policies. To register, go to CignaforHCP.com and click Register. If you do not have Internet access or would like additional information, call Cigna Healthcare Provider Service at **800.88Cigna (882.4462)**.

Thank you for the care you provide to our customers.

Sincerely,

Julie B. Kessel, MD
Medical Officer for Coverage Policy
Clinical Performance & Quality Organization

At a glance

- We will administratively deny claims submitted with an unspecified laterality diagnosis code when it is the only code billed on the claim.
- A corrected claim may be submitted for payment.
- This update is effective for dates of service on or after June 16, 2024.
- For additional information, call Cigna Healthcare Provider Service at **800.88Cigna (882.4462)**.