April 12, 2024



Re: Reimbursement policy update – Evaluation and management codes billed with an International Classification of Diseases, 10th Revision, Clinical Modification Z diagnosis code effective July 14, 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 the medical evaluation and management (E&M) code when billed with a preventive E&M code and only an International Classification of Diseases, 10th Revision, Clinical Modification Z diagnosis code on the claim. Denials will affect the claim line only and include administrative appeal rights.

At a glance

- We will administratively deny the medical evaluation and management (E&M) code when billed with a preventive E&M code and only an International Classification of Diseases, 10th Revision, Clinical Modification Z diagnosis code on the claim.
- This update is effective for dates of service on or after July 14, 2024.
- For additional information, call Cigna Healthcare Provider Service at 800.88Cigna (882.4462).

We will update the Evaluation and Management (R30) reimbursement policy to reflect this change. This update is effective for dates of service on or after July 14, 2024.

Additional information

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Thank you for the care you provide to our customers.

Sincerely,

S& Kusel MD

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

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April 12, 2024

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