



July 25, 2024

Re: Cigna Healthcare Medicare Advantage reimbursement policy update – Facility claims for emergency room evaluation and management services effective August 25, 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 (CMS) guidance, industry standards, and our other existing policies.

As a result of a recent review, we will review facility claims submitted with emergency room (ER) evaluation and management Current Procedural Terminology (CPT®) code 99285 for billing and coding accuracy. Claims may be adjusted and reimbursed at a more appropriate CPT code level.

Administrative appeal rights are available. We will update the Emergency Room Services (MAR36) reimbursement policy to reflect this change.

This update is effective for dates of service on or after August 25, 2024, and applies if the customer was discharged from the ER.

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 Medicare Advantage Provider Service at **800.230.6138**. In Arizona, call **800.627.7534**.

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 review facility claims submitted with emergency room (ER) evaluation and management Current Procedural Terminology (CPT®) code 99285 for billing and coding accuracy.
- Claims may be adjusted and reimbursed at a more appropriate CPT code level.
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