

Amended Prior Authorization Requirements for plans with Cigna PPO/OAP

This document is intended to list amended prior authorization requirements and restrictions as determined by Cigna. This is only applicable to Wellfleet Student plans that offer the Cigna PPO or Cigna OAP provider network. Please refer to the Certificate of Coverage on the applicable school page accessed via <https://wellfleetstudent.com/> for more specifics on prior authorization (also known as pre-certification) requirements.

Cigna Coverage Policies can be found here: <https://static.cigna.com/assets/chcp/resourceLibrary/coveragePolicies/index.html>

Effective Month of Change	Cigna Coverage Policy #	Coverage Policy Title	Material Change Details
December 2022	0447	Autism Spectrum Disorders	Added not covered:) Transcranial stimulation) Weighted blankets
December 2022	0300	Bone Mineral Density Measurement	Added not covered:) Bone strength and fracture risk assessment from imaging scans other than DXA
December 2022	0174	Cardiac Resynchronization Therapy (CRT) and Advanced Cardiac Pacing Technologies	Added not covered:) left bundle branch pacing (LBBP)
December 2022	0514	Genetic Testing for Reproductive Carrier Screening and Prenatal Diagnosis	Expanded coverage:) embryo biopsy procedure, genetic test and pre-and post-test genetic counseling associated with preimplantation genetic testing (PGT for monogenic disorders [PGT-M] or PGT for chromosomal structural rearrangements [PGT-SR])
November 2022	0469	Nonpharmacological Treatments for Atrial Fibrillation	Expanded coverage:) percutaneous and surgical closure of the left atrial appendage i Added not covered:) Vein of Marshall alcohol ablation (VOM ethanol infusion))) closure of a peridevice leak (PDL) after a left atrial appendage occlusion
November 2022	0531	Surgical Treatments for Lymphedema and Lipedema	Change from not covered to covered:) excisional procedures (debulking and liposuction) for lymphedema) microsurgical treatment (e.g., microsurgical lymphatico-venous anastomosis, lymphatic- capsular-venous anastomosis, lymphovenous bypass) and vascularized lymph node transfer for the treatment of lymphedema Added not covered:) immediate lymphatic microsurgical reconstruction (e.g., Lymphatic Microsurgical Preventing Healing Approach [LYMPHA]) for the prevention of lymphedema
November 2022	0068	Tissue-Engineered Skin Substitutes	Added not covered:) Omeza collagen matrix) Permeaderm b) Permeaderm c) Permeaderm glove) Phoenix wound matrix
November 2022	0011	Transcatheter Closure of Cardiovascular Defects	Added not covered:) all other indications including but not limited to migraine and decompression illness prevention

Effective Month of Change	Cigna Coverage Policy #	Coverage Policy Title	Material Change Details
November 2022	0234	Varicose Vein Treatments	<p>Changed from not covered to covered:</p> <ul style="list-style-type: none">) VenaSeal <p>Added not covered:</p> <ul style="list-style-type: none">) external valvuloplasty) ambulatory selective varicose vein ablation under local anesthetic (ASVAL)
October 2022	0195	Gynecomastia Surgery	Title change from "Surgical Treatment of Gynecomastia" to "Gynecomastia Surgery"
October 2022	0403	Male Sexual Dysfunction Treatment: Non-pharmacologic	<p>Added not covered:</p> <ul style="list-style-type: none">) nerve grafting after a prostatectomy) application of amniotic-derived allografts to nerve bundles during a radical prostatectomy
October 2022	0504	Omnibus Codes	Limited coverage by adding a separate policy statement noting that timed physical therapy (PT), occupational therapy (OT) or chiropractic treatment visits beyond one hour per day, per provider are not medically necessary.
October 2022	0209	Orthognathic Surgery	<p>Added coverage:</p> <ul style="list-style-type: none">) for oral surgical splints <p>Added not covered:</p> <ul style="list-style-type: none">) correction of contour defects) fat grafting
October 2022	0240	Skin Cancer Surveillance Technologies	<p>Title change from "Malignant Melanoma Surveillance Technologies" to "Skin Cancer Surveillance Technologies"</p> <p>Expanded coverage to include nonmelanoma skin cancers which are basal cell carcinoma (BCC) and squamous cell carcinoma (SCC)</p>
October 2022	0486	Subtalar Joint Implantation (Subtalar Arthroereisis)	Title change from "Subtalar Arthroereisis" to "Subtalar Joint Implantation (Subtalar Arthroereisis)"
October 2022	0158	Surgical Treatments for Obstructive Sleep Apnea	<p>Added coverage:</p> <ul style="list-style-type: none">) for drug-induced sleep endoscopy (DISE) <p>Expanded coverage:</p> <ul style="list-style-type: none">) hypoglossal nerve stimulation device to lower minimum age from 22 to 18 years of age
September 2022	0555	Ambulance Services	<p>Limited coverage for non-emergent ambulance transportation home by adding it should be upon completion of required medically necessary and covered diagnostic and/or therapeutic services</p> <p>Added not covered:</p> <ul style="list-style-type: none">) ambulance transport for the sole purpose of participation in a clinical trial
September 2022	0545	Angioplasty (Extracranial, Intracranial) and Intracranial Aneurysm Repair	Expanded coverage of intracranial stent placement to include posterior circulation aneurysms
September 2022	0159	Benign Prostatic Hyperplasia (BPH) Treatments	<p>Expanded coverage by removing all medical necessity criteria for prostatic urethral lift, water vapor thermal therapy and waterjet tissue ablation</p> <p>Added not covered for transperineal laser ablation</p>
September 2022	0152	Breast Reduction	Changed from not covered to covered for breast reduction or mastopexy prior to mastectomy when a nipple sparing mastectomy is planned

September 2022	0160	Electrical Stimulation Therapy and Devices in a Home Setting	Title change to clarify that this policy addresses devices in a home setting
September 2022	0052	Genetic Testing for Hereditary and Multifactorial Conditions	Expanded coverage for multigene panel testing for nonsyndromic hearing loss by removing family history criterion. Added coverage for multigene panel testing for global developmental delay and intellectual disability.
September 2022	0549	Head and Neck Ultrasound	Expanded coverage to include infection
September 2022	0129	Heart, Lung and Heart-Lung Transplantation	Expanded coverage for lung transplantation from a deceased donor by removing functional status of New York Heart Association class III or IV criteria
September 2022	0546	Home Ventilators	Expanded coverage to include continued use of a home ventilator
September 2022	0446	Metatarsophalangeal Joint Replacement	Added not covered for personalized (i.e., customized, patient-specific 3D printed) first metatarsophalangeal joint implants
September 2022	0548	Scrotal Ultrasound	Limited coverage of scrotal ultrasound for nonpalpable testes
September 2022	0383	Transcranial Magnetic Stimulation	Changed from not covered to covered transcranial magnetic stimulation for obsessive-compulsive disorder
August 2022	0106	Diabetes Equipment and Self-Management	Added coverage for Freestyle Libre 3 therapeutic continuous glucose monitoring system (CGMS)
August 2022	0175	Fetal Surgery	Changed from not covered to covered fetoscopic endoluminal tracheal occlusion (FETO) for left congenital diaphragmatic hernia
August 2022	0528	Laser Interstitial Thermal	Expanded coverage to include recurrent primary malignant neoplasms
August 2022	0504	Omnibus Codes	Added coverage for the Tula® System
August 2022	0533	Stem Cell Transplantation: Blood Cancers	Expanded coverage of autologous HSCT for the treatment of multiple myeloma Limited coverage for allogeneic HSCT in multiple myeloma
August 2022	0561	Thymus Tissue Transplantation	New Policy Added coverage for thymus tissue transplantation (Rethymic® allogeneic thymus tissue)