



### 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
February 2023	0106	Diabetes Equipment and Supplies	<b>Added coverage:</b> <ul style="list-style-type: none"> <li>Dexcom G7</li> </ul> <b>Expanded coverage:</b> <ul style="list-style-type: none"> <li>Continuous glucose monitoring when patients are on basal insulin</li> </ul>
February 2023	0504	Omnibus Codes	<b>Changed from covered to not covered:</b> <ul style="list-style-type: none"> <li>Implanted Wireless Pulmonary Artery Sensor (e.g., CardioMEMS HF System)</li> </ul>
February 2023	0525	Peripheral Nerve Destruction for Pain Conditions	<b>Added not covered:</b> <ul style="list-style-type: none"> <li>intercostal neuralgia</li> </ul>
February 2023	0510	Transthoracic Echocardiography (TTE) in Adults	<b>Added coverage:</b> <ul style="list-style-type: none"> <li>myocardial strain imaging for diagnosis of obstructive hypertrophic cardiomyopathy</li> <li>non-stress TTE for Lennox-Gastaut syndrome</li> </ul>
February 2023	0523	Transthoracic Echocardiography (TTE) in Children	<b>Added coverage:</b> <ul style="list-style-type: none"> <li>myocardial strain imaging for diagnosis of obstructive hypertrophic cardiomyopathy</li> <li>non-stress TTE for Lennox-Gastaut syndrome</li> </ul>
February 2023	0519	Whole Exome and Whole Genome Sequencing for Non-Cancer Indications	<b>Title change:</b> <ul style="list-style-type: none"> <li>From "Whole Exome and Whole Genome Sequencing" to "Whole Exome and Whole Genome Sequencing for Non-Cancer Indications"</li> </ul> <b>Changed from not covered to covered:</b> <ul style="list-style-type: none"> <li>whole genome sequencing for a subset of indications</li> </ul>
January 2023	0048	Breast Implant Removal	<b>Expanded coverage - removal of EITHER a silicone gel-filled OR saline-filled breast implant, with or without capsulectomy, to include:</b> <ul style="list-style-type: none"> <li>acute infection</li> <li>infection when there is failure, intolerance or contraindication to medical management</li> <li>exposure of a breast implant</li> <li>diagnosis of breast implant-associated squamous cell carcinoma (BIA-SCC)</li> </ul>
January 2023	0266	Gender Dysphoria Treatment	<b>Expanded coverage:</b> <ul style="list-style-type: none"> <li>allow electrolysis up to eight "30-minute timed sessions"</li> </ul> <b>Limited coverage:</b> <ul style="list-style-type: none"> <li>mastectomy to age 17 or over</li> </ul> <b>Change from covered to not covered:</b> <ul style="list-style-type: none"> <li>hair removal/hair transplantation</li> <li>removal of redundant facial skin</li> <li>laser hair removal</li> </ul>
January 2023	0274	High Intensity Focused Ultrasound (HIFU)	<b>Changed from not covered to covered:</b> <ul style="list-style-type: none"> <li>magnetic resonance guided focused ultrasound for essential tremor</li> </ul>
January 2023	0499	Intensive Behavioral Interventions	<b>Expanded coverage:</b> <ul style="list-style-type: none"> <li>severe behavior program for individuals with Autism Spectrum Disorder (ASD)</li> </ul>
January 2023	0303	Lumbar Fusion for Spinal Instability and Degenerative Disc	<b>Added not covered:</b> <ul style="list-style-type: none"> <li>Opti Mesh</li> </ul>

		Conditions, Including Sacroiliac Fusion	
<b>January 2023</b>	0500	Pharmacogenetic Testing for Non-Cancer Indications	<b>Added not covered:</b> <ul style="list-style-type: none"> <li>gene expression classifiers for pharmacologic response</li> </ul>
<b>December 2022</b>	0447	Autism Spectrum Disorders	<b>Added not covered:</b> <ul style="list-style-type: none"> <li>Transcranial stimulation</li> <li>Weighted blankets</li> </ul>
<b>December 2022</b>	0300	Bone Mineral Density Measurement	<b>Added not covered:</b> <ul style="list-style-type: none"> <li>Bone strength and fracture risk assessment from imaging scans other than DXA</li> </ul>
<b>December 2022</b>	0174	Cardiac Resynchronization Therapy (CRT) and Advanced Cardiac Pacing Technologies	<ul style="list-style-type: none"> <li><b>Added not covered:</b></li> <li>left bundle branch pacing (LBBP)</li> </ul>
<b>December 2022</b>	0514	Genetic Testing for Reproductive Carrier Screening and Prenatal Diagnosis	<ul style="list-style-type: none"> <li><b>Expanded coverage:</b></li> <li>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])</li> </ul>
<b>November 2022</b>	0469	Nonpharmacological Treatments for Atrial Fibrillation	<b>Expanded coverage:</b> <ul style="list-style-type: none"> <li>percutaneous and surgical closure of the left atrial appendage i</li> </ul> <b>Added not covered:</b> <ul style="list-style-type: none"> <li>Vein of Marshall alcohol ablation (VOM ethanol infusion)</li> <li>closure of a peridevice leak (PDL) after a left atrial appendage occlusion</li> </ul>
<b>November 2022</b>	0531	Surgical Treatments for Lymphedema and Lipedema	<b>Change from not covered to covered:</b> <ul style="list-style-type: none"> <li>excisional procedures (debulking and liposuction) for lymphedema</li> <li>microsurgical treatment (e.g., microsurgical lymphatico-venous anastomosis, lymphatic- capsular-venous anastomosis, lymphovenous bypass) and vascularized lymph node transfer for the treatment of lymphedema</li> </ul> <b>Added not covered:</b> <ul style="list-style-type: none"> <li>immediate lymphatic microsurgical reconstruction (e.g., Lymphatic Microsurgical Preventing Healing Approach [LYMPHA]) for the prevention of lymphedema</li> </ul>
<b>November 2022</b>	0068	Tissue-Engineered Skin Substitutes	<b>Added not covered:</b> <ul style="list-style-type: none"> <li>Omeza collagen matrix</li> <li>Permeaderm b</li> <li>Permeaderm c</li> <li>Permeaderm glove</li> <li>Phoenix wound matrix</li> </ul>
<b>November 2022</b>	0011	Transcatheter Closure of Cardiovascular Defects	<b>Added not covered:</b> <ul style="list-style-type: none"> <li>all other indications including but not limited to migraine and decompression illness prevention</li> </ul>

<b>November 2022</b>	0234	Varicose Vein Treatments	<p><b>Changed from not covered to covered:</b></p> <ul style="list-style-type: none"> <li>VenaSeal</li> </ul> <p><b>Added not covered:</b></p> <ul style="list-style-type: none"> <li>external valvuloplasty</li> <li>ambulatory selective varicose vein ablation under local anesthetic (ASVAL)</li> </ul>
<b>October 2022</b>	0195	Gynecomastia Surgery	<b>Title changes</b> from “Surgical Treatment of Gynecomastia” to “Gynecomastia Surgery”
<b>October 2022</b>	0403	Male Sexual Dysfunction Treatment: Nonpharmacologic	<p><b>Added not covered:</b></p> <ul style="list-style-type: none"> <li>nerve grafting after a prostatectomy</li> <li>application of amniotic-derived allografts to nerve bundles during a radical prostatectomy</li> </ul>
<b>October 2022</b>	0504	Omnibus Codes	<b>Limited coverage</b> 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.
<b>October 2022</b>	0209	Orthognathic Surgery	<p><b>Added coverage:</b></p> <ul style="list-style-type: none"> <li>for oral surgical splints</li> </ul> <p><b>Added not covered:</b></p> <ul style="list-style-type: none"> <li>correction of contour defects</li> <li>fat grafting</li> </ul>
<b>October 2022</b>	0240	Skin Cancer Surveillance Technologies	<p><b>Title changes</b> from “Malignant Melanoma Surveillance Technologies” to “Skin Cancer Surveillance Technologies”</p> <p><b>Expanded coverage</b> to include nonmelanoma skin cancers which are basal cell carcinoma (BCC) and squamous cell carcinoma (SCC)</p>
<b>October 2022</b>	0486	Subtalar Joint Implantation (Subtalar Arthroereisis)	<b>Title change</b> from “Subtalar Arthroereisis” to “Subtalar Joint Implantation (Subtalar Arthroereisis)”
<b>October 2022</b>	0158	Surgical Treatments for Obstructive Sleep Apnea	<p><b>Added coverage:</b></p> <ul style="list-style-type: none"> <li>for drug-induced sleep endoscopy (DISE)</li> </ul> <p><b>Expanded coverage:</b></p> <ul style="list-style-type: none"> <li>hypoglossal nerve stimulation device to lower minimum age from 22 to 18 years of age</li> </ul>
<b>September 2022</b>	0555	Ambulance Services	<p><b>Limited coverage</b> 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><b>Added not covered:</b> ambulance transport for the sole purpose of participation in a clinical trial</p>
<b>September 2022</b>	0545	Angioplasty (Extracranial, Intracranial) and Intracranial Aneurysm Repair	<b>Expanded coverage</b> of intracranial stent placement to include posterior circulation aneurysms
<b>September 2022</b>	0159	Benign Prostatic Hyperplasia (BPH) Treatments	<p><b>Expanded coverage</b> by removing all medical necessity criteria for prostatic urethral lift, water vapor thermal therapy and waterjet tissue ablation</p> <p><b>Added not covered</b> for transperineal laser ablation</p>
<b>September 2022</b>	0152	Breast Reduction	<b>Changed from not covered to covered</b> 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	<b>Title changes</b> to clarify that this policy addresses devices in a home setting
September 2022	0052	Genetic Testing for Hereditary and Multifactorial Conditions	<b>Expanded coverage</b> for multigene panel testing for non-syndromic hearing loss by removing family history criterion. <b>Added coverage</b> for multigene panel testing for global developmental delay and intellectual disability.
September 2022	0549	Head and Neck Ultrasound	<b>Expanded coverage</b> to include infection
September 2022	0129	Heart, Lung, and Heart Lung Transplantation	<b>Expanded coverage</b> 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	<b>Expanded coverage</b> to include continued use of a home ventilator
September 2022	0446	Metatarsophalangeal Joint Replacement	<b>Added not covered</b> for personalized (i.e., customized, patient-specific 3D printed) first metatarsophalangeal joint implants
September 2022	0548	Scrotal Ultrasound	<b>Limited coverage</b> of scrotal ultrasound for nonpalpable testes
September 2022	0383	Transcranial Magnetic Stimulation	<b>Changed from not covered to covered</b> transcranial magnetic stimulation for obsessive-compulsive disorder
August 2022	0106	Diabetes Equipment and Self-Management	<b>Added coverage</b> for Freestyle Libre 3 therapeutic continuous glucose monitoring system (CGMS)
August 2022	0175	Fetal Surgery	<b>Changed from not covered to covered</b> fetoscopic endoluminal tracheal occlusion (FETO) for left congenital diaphragmatic hernia
August 2022	0528	Laser Interstitial Thermal	<b>Expanded coverage</b> to include recurrent primary malignant neoplasms
August 2022	0504	OT mnibherapusy Codes	<b>Added coverage</b> for the Tula® System
August 2022	0533	Stem Cell Transplantation: Blood Cancers	<b>Expanded coverage</b> of autologous HSCT for the treatment of multiple myeloma <b>Limited coverage</b> for allogeneic HSCT in multiple myeloma
August 2022	0561	Thymus Tissue Transplantation	<b>New Policy</b> <b>Added coverage</b> for thymus tissue transplantation (Rethymic® allogeneic thymus tissue)