



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
May 2023	0557	COVID-19: In Vitro Diagnostic Testing	<p>Added not covered:</p> <ul style="list-style-type: none"> In vitro diagnostic testing COVID-19 infection screening of an asymptomatic individual antibody (serology) test for SARS-CoV-2 antibodies for: <ul style="list-style-type: none"> diagnose current or active infection determine need for COVID-19 vaccination assess immunity after COVID-19 vaccination surrogate neutralization testing to determine presence of SARS-CoV-2 antibodies <p>Expanded coverage:</p> <ul style="list-style-type: none"> An antibody (serology) test for SARS-CoV-2 antibodies for post-acute sequelae <p>Limited coverage:</p> <ul style="list-style-type: none"> In vitro diagnostic testing for COVID-19 infection
May 2023	0261	Donor Lymphocyte Infusion and Hematopoietic Progenitor Cell (HPC) Boost	<p>Added not covered:</p> <ul style="list-style-type: none"> HCP boost
May 2023	0058	External Counterpulsation	<p>Added not covered:</p> <ul style="list-style-type: none"> External counterpulsation for: <ul style="list-style-type: none"> microvascular angina long COVID syndrome to the existing
May 2023	0504	Omnibus Codes	<p>Added not covered:</p> <ul style="list-style-type: none"> Ingestible devices (vibrating capsule) for the treatment of constipation <p>Changed from not covered to covered:</p> <ul style="list-style-type: none"> radiofrequency ablation (RFA) for treatment of benign thyroid nodules
May 2023	0028	Plasma Brain Natriuretic Peptide in the Outpatient Setting	<p>Expanded coverage:</p> <ul style="list-style-type: none"> Natriuretic peptide testing for Stage A and Stage B American College of Cardiology (ACC) Heart Failure (HF) individuals Natriuretic peptide testing for children ages 14 and under at increased risk for endocardial biopsy who are status post heart transplant, when ordered in combination with echocardiography or electrocardiogram <p>Changed from covered to not covered:</p> <ul style="list-style-type: none"> Natriuretic peptide testing for risk stratification in a suspected acute coronary syndrome (ACS)
May 2023	0119	Rhinoplasty, Vestibular Stenosis Repair and Septoplasty	<p>Added not covered:</p> <ul style="list-style-type: none"> nasal nerve ablation using radiofrequency or cryoablation for the treatment of chronic rhinitis (e.g., RhinAer, ClariFix)
May 2023	0068	Tissue-Engineered Skin Substitutes	<p>Added not covered:</p> <ul style="list-style-type: none"> Added 24 skin substitutes <p>Changed from not covered to covered:</p> <ul style="list-style-type: none"> Parietene Macroporous Mesh

April 2023	0070	Allergy Testing and Non-Pharmacologic Treatment -	Expanded coverage: <ul style="list-style-type: none"> Removed the statement that in vitro allergy testing is considered not medically necessary when there is a negative skin test for the allergy in question.
April 2023	0547	Ambulatory External and Implantable Electrocardiographic Monitoring	Limited coverage: <ul style="list-style-type: none"> noninvasive ambulatory cardiac monitoring needs to be inconclusive or non-diagnostic prior to ICM placement for both cryptogenic stroke and recurrent or unexplained syncope added additional criteria to be met for recurrent or unexplained syncope: <ul style="list-style-type: none"> non-arrhythmic causes have been excluded prior to ICM placement
April 2023	0063	Headache and Occipital Neuralgia Treatment	Title change: <ul style="list-style-type: none"> “Headache and Occipital Neuralgia Treatment” to “Headache, Occipital and/or Trigeminal Neuralgia Treatment” Added not covered: <ul style="list-style-type: none"> occipital, trigeminal, sphenopalatine ganglion, and peripheral nerve blocks
April 2023	0335	Otoplasty and External Ear Reconstruction	Limited coverage: <ul style="list-style-type: none"> Additional criteria is required for photographic evidence for external ear reconstruction Expanded coverage: <ul style="list-style-type: none"> Added coverage for “functional need for eyewear use” for external ear molding.
April 2023	0529	Transcatheter Ablation for the Treatment of Supraventricular Tachycardia in Adults	Expanded coverage: <ul style="list-style-type: none"> removed the need for failure of pharmacologic rate control for atrial flutter
April 2023	0030	Wheelchairs/Power Operated Vehicles	Added not covered: <ul style="list-style-type: none"> sensor system for collision avoidance (e.g., LUCI)
March 2023	0118	Bone Graft Substitutes	Added not covered: <ul style="list-style-type: none"> allograft materials that undergo enhanced processing to retain and condense inherent cells/growth factors
March 2023	0121	Inflammatory Bowel Disease - Testing for the Diagnosis and Management	Added not covered: <ul style="list-style-type: none"> Prometheus® RiskImmune™ Risankizumab (Skyrizi) Tofacitinib (Xeljanz®) Upadacitinib (Rinvoq)
March 2023	0564	Lactation Consultation Services	Limited coverage: <ul style="list-style-type: none"> Change from no limit to lactation consultation services to 4 per each pregnancy
March 2023	0515	Miscellaneous Musculoskeletal Procedures	Added not covered: <ul style="list-style-type: none"> Percutaneous ablation of soft tissue for treatment of any musculoskeletal condition (e.g., tendinosis, tendinopathy)
March 2023	0504	Omnibus Codes	Changed from not covered to covered: <ul style="list-style-type: none"> Unilateral internal iliac stent graft placement
March 2023	0383	Transcranial Magnetic Stimulation	Limited coverage: <ul style="list-style-type: none"> Initial TMS for Treatment of Obsessive-Compulsive Disorder
February 2023	0106	Diabetes Equipment and Supplies	Added coverage: <ul style="list-style-type: none"> Dexcom G7 Expanded coverage:

			<ul style="list-style-type: none"> Continuous glucose monitoring when patients are on basal insulin
February 2023	0504	Omnibus Codes	Changed from covered to not covered: <ul style="list-style-type: none"> Implanted Wireless Pulmonary Artery Sensor (e.g., CardioMEMS HF System)
February 2023	0525	Peripheral Nerve Destruction for Pain Conditions	Added not covered: <ul style="list-style-type: none"> intercostal neuralgia
February 2023	0510	Transthoracic Echocardiography (TTE) in Adults	Added coverage: <ul style="list-style-type: none"> myocardial strain imaging for diagnosis of obstructive hypertrophic cardiomyopathy non-stress TTE for Lennox-Gastaut syndrome
February 2023	0523	Transthoracic Echocardiography (TTE) in Children	Added coverage: <ul style="list-style-type: none"> myocardial strain imaging for diagnosis of obstructive hypertrophic cardiomyopathy non-stress TTE for Lennox-Gastaut syndrome
February 2023	0519	Whole Exome and Whole Genome Sequencing for Non-Cancer Indications	Title change: <ul style="list-style-type: none"> From “Whole Exome and Whole Genome Sequencing” to “Whole Exome and Whole Genome Sequencing for Non-Cancer Indications” Changed from not covered to covered: <ul style="list-style-type: none"> whole genome sequencing for a subset of indications
January 2023	0048	Breast Implant Removal	Expanded coverage - removal of EITHER a silicone gel-filled OR saline-filled breast implant, with or without capsulectomy, to include: <ul style="list-style-type: none"> acute infection infection when there is failure, intolerance or contraindication to medical management exposure of a breast implant diagnosis of breast implant-associated squamous cell carcinoma (BIA-SCC)
January 2023	0266	Gender Dysphoria Treatment	Expanded coverage: <ul style="list-style-type: none"> allow electrolysis up to eight “30-minute timed sessions” Limited coverage: <ul style="list-style-type: none"> mastectomy to age 17 or over Change from covered to not covered: <ul style="list-style-type: none"> hair removal/hair transplantation removal of redundant facial skin laser hair removal
January 2023	0274	High Intensity Focused Ultrasound (HIFU)	Changed from not covered to covered: <ul style="list-style-type: none"> magnetic resonance guided focused ultrasound for essential tremor
January 2023	0499	Intensive Behavioral Interventions	Expanded coverage: <ul style="list-style-type: none"> severe behavior program for individuals with Autism Spectrum Disorder (ASD)
January 2023	0303	Lumbar Fusion for Spinal Instability and Degenerative Disc Conditions, Including Sacroiliac Fusion	Added not covered: <ul style="list-style-type: none"> Opti Mesh
January 2023	0500	Pharmacogenetic Testing for Non-Cancer Indications	Added not covered: <ul style="list-style-type: none"> gene expression classifiers for pharmacologic response
December 2022	0447	Autism Spectrum Disorders	Added not covered: <ul style="list-style-type: none"> Transcranial stimulation Weighted blankets
December 2022	0300	Bone Mineral Density Measurement	Added not covered: <ul style="list-style-type: none"> Bone strength and fracture risk assessment from imaging scans other than DXA

December 2022	0174	Cardiac Resynchronization Therapy (CRT) and Advanced Cardiac Pacing Technologies	<ul style="list-style-type: none"> • Added not covered: • left bundle branch pacing (LBBP)
December 2022	0514	Genetic Testing for Reproductive Carrier Screening and Prenatal Diagnosis	<ul style="list-style-type: none"> • 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	<p>Expanded coverage:</p> <ul style="list-style-type: none"> • percutaneous and surgical closure of the left atrial appendage i <p>Added not covered:</p> <ul style="list-style-type: none"> • 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	<p>Change from not covered to covered:</p> <ul style="list-style-type: none"> • 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 <p>Added not covered:</p> <ul style="list-style-type: none"> • immediate lymphatic microsurgical reconstruction (e.g., Lymphatic Microsurgical Preventing Healing Approach [LYMPHA]) for the prevention of lymphedema
November 2022	0068	Tissue-Engineered Skin Substitutes	<p>Added not covered:</p> <ul style="list-style-type: none"> • Omeza collagen matrix • Permeaderm b • Permeaderm c • Permeaderm glove • Phoenix wound matrix
November 2022	0011	Transcatheter Closure of Cardiovascular Defects	<p>Added not covered:</p> <ul style="list-style-type: none"> • all other indications including but not limited to migraine and decompression illness prevention
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	<p>Title changes from “Surgical Treatment of Gynecomastia” to “Gynecomastia Surgery”</p>
October 2022	0403	Male Sexual Dysfunction Treatment: Nonpharmacologic	<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	<p>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.</p>

October 2022	0209	Orthognathic Surgery	Added coverage: <ul style="list-style-type: none"> for oral surgical splints Added not covered: <ul style="list-style-type: none"> correction of contour defects fat grafting
October 2022	0240	Skin Cancer Surveillance Technologies	Title changes from “Malignant Melanoma Surveillance Technologies” to “Skin Cancer Surveillance Technologies” Expanded coverage to include nonmelanoma skin cancers which are basal cell carcinoma (BCC) and squamous cell carcinoma (SCC)
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	Added coverage: <ul style="list-style-type: none"> for drug-induced sleep endoscopy (DISE) Expanded coverage: <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	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 Added not covered: 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	Expanded coverage by removing all medical necessity criteria for prostatic urethral lift, water vapor thermal therapy and waterjet tissue ablation Added not covered for transperineal laser ablation
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 changes 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 non-syndromic 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	OT mnibherapusy 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)