



### 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
August 2023	0266	Gender Dysphoria Treatment	<p><b>Added coverage:</b></p> <ul style="list-style-type: none"> <li>initial mastectomy for an individual age 15 to 17 years</li> </ul> <p><b>Added not covered:</b></p> <ul style="list-style-type: none"> <li>mastectomy for individuals under age 15 years</li> </ul> <p><b>Expanded coverage:</b> removed criteria for 6 months of hormone therapy prior to hysterectomy, salpingo-oophorectomy, orchiectomy, vaginectomy, vaginoplasty, and reconstructive genital surgeries</p>
August 2023	0549	Head and Neck Ultrasound	<p><b>Added coverage:</b> ultrasound of head and neck soft tissues for indication of hypercalcemia</p>
August 2023	0068	Tissue-Engineered Skin Substitutes	<p><b>Added coverage</b> for AmnioBand for venous stasis ulcers</p> <p><b>Added not covered:</b></p> <ul style="list-style-type: none"> <li>Barrera™ SL and Barrera™ DL</li> <li>Biovance® 3L or Biovance® Tri-Layer</li> <li>Cygnus dual</li> <li>DermaBind SL</li> <li>DuraSorb® Monofilament Mesh/ Polydioxanone Surgical Scaffold™</li> <li>EPIEFFECT™</li> <li>Esano™ A</li> <li>Esano™ AAA</li> <li>Esano™ AC</li> <li>Esano™ ACA</li> <li>Orion Amniotic Membrane</li> <li>VIAGENEX™ Matrix Amnion Allograft</li> <li>VIAGENEX™ Max Umbilical Cord Membrane</li> <li>WoundPlus™ Membrane</li> <li>Xcell Amnio Matrix®</li> </ul>
July 2023	0051	Bariatric Surgery and Procedures	<p><b>Expanded coverage:</b> For adolescents: adding percentage of 95th percentile on growth chart to align with prevailing standard used to describe and assess class 2 and 3 obesities in children</p>
July 2023	0504	Omnibus Codes	<p><b>Changed from not covered to covered:</b> Bioimpedance Spectroscopy to measure extracellular fluid differences between limbs</p>
July 2023	0031	Phototherapy, Photochemotherapy, and Excimer Laser Therapy for Dermatologic Conditions	<p><b>Limited coverage:</b> A twelve week trial of a topical corticosteroid instead of an eight week trial is required for vitiligo for both office based phototherapy/photochemotherapy and office based excimer laser therapy</p>

July 2023	0309	Surgical Treatment of Chest Wall Deformities	<p><b>Added coverage:</b> Poland syndrome: Breast reconstruction revision surgery of the affected breast when there is severe physical deformity/disfigurement and functional deficit</p> <p><b>Added not covered:</b> Poland syndrome: Breast reconstruction of the contralateral breast to achieve symmetry in the absence of a severe physical deformity or disfigurement of the contralateral breast accompanied by functional deficit Poland syndrome: Breast reconstruction revision surgery following initial treatment when performed for the sole purpose of improving appearance</p> <p><b>Limited coverage:</b> Poland syndrome: Surgical treatment of a chest wall deformity, including initial chest reconstruction, by adding additional criterion requiring either preoperative frontal photographs or imaging</p>
July 2023	0431	Wearable Cardioverter Defibrillator and Automatic External Defibrillator	<p><b>Changed from not covered to covered:</b> nonwearable AED for a small subset of patients who are 1-8 years of age</p>
June 2023	0493	Comparative Genomic Hybridization (CGH)/Chromosomal Microarray Analysis (CMA) for Selected Hereditary Conditions	<p><b>Added coverage:</b></p> <ul style="list-style-type: none"> <li>low-pass whole genome sequencing for the same indications and criteria as chromosomal microarray</li> </ul>
June 2023	0035	Glaucoma Surgical Procedures	<p><b>Added coverage:</b></p> <ul style="list-style-type: none"> <li>goniotomy (i.e. trabeculotomy, trabeculotomy ab interno) for the reduction of intraocular pressure in an individual with glaucoma with performed using an FDA approved device iStent infinite® Trabecular Micro-Bypass System Model iS3</li> </ul>
June 2023	0139	Minimally Invasive Spinal Procedures and Trigger Point Injections	<p><b>Changed from not covered to covered:</b></p> <ul style="list-style-type: none"> <li>bone-anchored annular device (i.e., Barricaid® Annular Closure Device [ACD] [Intrinsic Therapeutics, Washington, DC])</li> <li>Intraosseous radiofrequency nerve ablation of the basivertebral nerve (i.e., INTRACEPT® Intraosseous Nerve Ablation System)</li> </ul>
June 2023	0153	Plasmapheresis	<p><b>Added not covered:</b></p> <ul style="list-style-type: none"> <li>alzheimer's disease</li> <li>autoimmune dysautonomia</li> <li>idiopathic inflammatory myopathies</li> <li>immune checkpoint inhibitors, immune-related adverse events</li> <li>paraneoplastic autoimmune retinopathies</li> <li>thrombotic microangiopathy (TMA), pregnancy associated transplantation, intestine</li> <li>vaccine-induced immune thrombotic thrombocytopenia (VITT)</li> </ul> <p><b>Changed from not covered to covered:</b></p> <ul style="list-style-type: none"> <li>Erythropoietic protophyria</li> <li>liver disease</li> </ul>
June 2023	0519	Whole Exome and Whole Genome	<p><b>Added coverage:</b></p> <ul style="list-style-type: none"> <li>whole exome sequencing (WES)/whole genome sequencing (WGS) retesting</li> </ul>

		Sequencing for Non-Cancer Indications	<b>Added not covered:</b> <ul style="list-style-type: none"> <li>concurrent WES and WGS.</li> </ul>
<b>May 2023</b>	0028	Plasma Brain Natriuretic Peptide in the Outpatient Setting	<b>Expanded coverage:</b> <ul style="list-style-type: none"> <li>Natriuretic peptide testing for Stage A and Stage B American College of Cardiology (ACC) Heart Failure (HF) individuals</li> <li>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</li> </ul> <b>Changed from covered to not covered:</b> <ul style="list-style-type: none"> <li>Natriuretic peptide testing for risk stratification in a suspected acute coronary syndrome (ACS)</li> </ul>
<b>May 2023</b>	0119	Rhinoplasty, Vestibular Stenosis Repair and Septoplasty	<b>Added not covered:</b> <ul style="list-style-type: none"> <li>nasal nerve ablation using radiofrequency or cryoablation for the treatment of chronic rhinitis (e.g., RhinAer, ClariFix)</li> </ul>
<b>May 2023</b>	0068	Tissue-Engineered Skin Substitutes	<b>Added not covered:</b> <ul style="list-style-type: none"> <li>Added 24 skin substitutes</li> </ul> <b>Changed from not covered to covered:</b> <ul style="list-style-type: none"> <li>Parietene Macroporous Mesh</li> </ul>
<b>April 2023</b>	0070	Allergy Testing and Non-Pharmacologic Treatment -	<b>Expanded coverage:</b> <ul style="list-style-type: none"> <li>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.</li> </ul>
<b>April 2023</b>	0547	Ambulatory External and Implantable Electrocardiographic Monitoring	<b>Limited coverage:</b> <ul style="list-style-type: none"> <li>noninvasive ambulatory cardiac monitoring needs to be inconclusive or non-diagnostic prior to ICM placement for both cryptogenic stroke and recurrent or unexplained syncope</li> <li>added additional criteria to be met for recurrent or unexplained syncope: <ul style="list-style-type: none"> <li>non-arrhythmic causes have been excluded prior to ICM placement</li> </ul> </li> </ul>
<b>April 2023</b>	0063	Headache and Occipital Neuralgia Treatment	<b>Title change:</b> <ul style="list-style-type: none"> <li>"Headache and Occipital Neuralgia Treatment" to "Headache, Occipital and/or Trigeminal Neuralgia Treatment"</li> </ul> <b>Added not covered:</b> <ul style="list-style-type: none"> <li>occipital, trigeminal, sphenopalatine ganglion, and peripheral nerve blocks</li> </ul>
<b>April 2023</b>	0335	Otoplasty and External Ear Reconstruction	<b>Limited coverage:</b> <ul style="list-style-type: none"> <li>Additional criteria is required for photographic evidence for external ear reconstruction</li> </ul> <b>Expanded coverage:</b> <ul style="list-style-type: none"> <li>Added coverage for "functional need for eyewear use" for external ear molding.</li> </ul>
<b>April 2023</b>	0529	Transcatheter Ablation for the Treatment of Supraventricular Tachycardia in Adults	<b>Expanded coverage:</b> <ul style="list-style-type: none"> <li>removed the need for failure of pharmacologic rate control for atrial flutter</li> </ul>
<b>April 2023</b>	0030	Wheelchairs/Power Operated Vehicles	<b>Added not covered:</b> <ul style="list-style-type: none"> <li>sensor system for collision avoidance (e.g., LUCI)</li> </ul>

March 2023	0118	Bone Graft Substitutes	<b>Added not covered:</b> <ul style="list-style-type: none"> <li>allograft materials that undergo enhanced processing to retain and condense inherent cells/growth factors</li> </ul>
March 2023	0121	Inflammatory Bowel Disease - Testing for the Diagnosis and Management	<b>Added not covered:</b> <ul style="list-style-type: none"> <li>Prometheus® RiskImmune™</li> <li>Risankizumab (Skyrizi)</li> <li>Tofacitinib (Xeljanz®)</li> <li>Upadacitinib (Rinvoq)</li> </ul>
March 2023	0564	Lactation Consultation Services	<b>Limited coverage:</b> <ul style="list-style-type: none"> <li>Change from no limit to lactation consultation services to 4 per each pregnancy</li> </ul>
March 2023	0515	Miscellaneous Musculoskeletal Procedures	<b>Added not covered:</b> <ul style="list-style-type: none"> <li><a href="#">Percutaneous ablation of soft tissue for treatment of any musculoskeletal condition (e.g., tendinosis, tendinopathy)</a></li> </ul>
March 2023	0504	Omnibus Codes	<b>Changed from not covered to covered:</b> <ul style="list-style-type: none"> <li>Unilateral internal iliac stent graft placement</li> </ul>
March 2023	0383	Transcranial Magnetic Stimulation	<b>Limited coverage:</b> <ul style="list-style-type: none"> <li>Initial TMS for Treatment of Obsessive-Compulsive Disorder</li> </ul>
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</b> - removal of EITHER a silicone gel-filled OR saline-filled breast implant, with or without capsulectomy, to include: <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 Conditions, Including Sacroiliac Fusion	<b>Added not covered:</b> <ul style="list-style-type: none"> <li>Opti Mesh</li> </ul>
January 2023	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>
December 2022	0447	Autism Spectrum Disorders	<b>Added not covered:</b> <ul style="list-style-type: none"> <li>Transcranial stimulation</li> <li>Weighted blankets</li> </ul>
December 2022	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>
December 2022	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>
December 2022	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>
November 2022	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</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>
November 2022	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>
November 2022	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>

November 2022	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>
November 2022	0234	Varicose Vein Treatments	<b>Changed from not covered to covered:</b> <ul style="list-style-type: none"> <li>VenaSeal</li> </ul> <b>Added not covered:</b> <ul style="list-style-type: none"> <li>external valvuloplasty</li> <li>ambulatory selective varicose vein ablation under local anesthetic (ASVAL)</li> </ul>
October 2022	0195	Gynecomastia Surgery	<b>Title changes</b> from “Surgical Treatment of Gynecomastia” to “Gynecomastia Surgery”
October 2022	0403	Male Sexual Dysfunction Treatment: Nonpharmacologic	<b>Added not covered:</b> <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>
October 2022	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.
October 2022	0209	Orthognathic Surgery	<b>Added coverage:</b> <ul style="list-style-type: none"> <li>for oral surgical splints</li> </ul> <b>Added not covered:</b> <ul style="list-style-type: none"> <li>correction of contour defects</li> <li>fat grafting</li> </ul>
October 2022	0240	Skin Cancer Surveillance Technologies	<b>Title changes</b> from “Malignant Melanoma Surveillance Technologies” to “Skin Cancer Surveillance Technologies” <b>Expanded coverage</b> to include nonmelanoma skin cancers which are basal cell carcinoma (BCC) and squamous cell carcinoma (SCC)
October 2022	0486	Subtalar Joint Implantation (Subtalar Arthroereisis)	<b>Title change</b> from “Subtalar Arthroereisis” to “Subtalar Joint Implantation (Subtalar Arthroereisis)”
October 2022	0158	Surgical Treatments for Obstructive Sleep Apnea	<b>Added coverage:</b> <ul style="list-style-type: none"> <li>for drug-induced sleep endoscopy (DISE)</li> </ul> <b>Expanded coverage:</b> <ul style="list-style-type: none"> <li>hypoglossal nerve stimulation device to lower minimum age from 22 to 18 years of age</li> </ul>
September 2022	0555	Ambulance Services	<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  <b>Added not covered:</b> ambulance transport for the sole purpose of participation in a clinical trial
September 2022	0545	Angioplasty (Extracranial, Intracranial) and Intracranial Aneurysm Repair	<b>Expanded coverage</b> of intracranial stent placement to include posterior circulation aneurysms
September 2022	0159	Benign Prostatic Hyperplasia (BPH) Treatments	<b>Expanded coverage</b> by removing all medical necessity criteria for prostatic urethral lift, water vapor thermal therapy and waterjet tissue ablation  <b>Added not covered</b> for transperineal laser ablation

September 2022	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)