

## **Cigna to Stop Paying on Professional Component of Clinical Pathology (PCCP)**

About three weeks ago, APS started receiving letters for their pathology groups from Cigna stating that Cigna “will deny reimbursement for Current Procedural Terminology (CPT®) codes billed with modifier 26 when applied inappropriately based on the CMS National Physician Fee Schedule. According to CMS payment policies, there are identified CPT and Healthcare Common Procedure Coding System (HCPCS) codes where modifier 26 is not applicable.”

This change is set to go into effect with Cigna for claims processed on or after July 10, 2021. Not all pathology groups received this letter; however, APS believes that even if a group did not receive this letter, this is a new Cigna national policy that is going into effect. This letter was mailed directly to the hospital addressed to individual pathologists or sometimes the group name. The letter itself is cryptic and does not explicitly say that it is referring to PCCP. APS as well as other leading industry experts agree that this letter is addressing PCCP billing by pathology groups.

The California Society of Pathologists (CSP) has notified its members of this announcement and is on board with helping fight this cause. The College of American Pathologists (CAP) issued a very well written letter to Cigna asking them to rescind this policy on April 23, 2021. The CAP argued all of the reasons why PCCP billing is a valid service payable to pathologists citing many legal precedents for these services.

APS is optimistic that CAP and other state pathology societies efforts will help Cigna recognize this erroneous policy they are about to implement. Pathology groups across the country should be aware that this new policy could significantly impact their practice’s revenue.

APS will continue to stay on top of this topic and provide updates as they are available. If you have any questions, please contact your APS Practice Manager.