

NetworkNews

FOR HEALTH CARE PROFESSIONALS IN THE CIGNA NETWORK

Go Green! Go Electronic!



We listened to your feedback and you now have the option to receive important updates from CIGNA via email. If you would like to receive information, such as this newsletter via email, go to www.cigna.com, Health Professionals in the Customer Care section. Then click on 'Go Green, Go Electronic' under Helpful Links. Simply fill in some basic information to begin receiving email communications from CIGNA.

IMPORTANT NOTE: If you are a registered user of the CIGNA for Health Care Professionals (www.cignaforhcp.com) website, please check the My Profile page to make sure your information is accurate. If you are not a registered user, but would like to begin using the CIGNA for Health Care Professionals website, go to www.cignaforhcp.com and click on 'Register Now'. ■

New Tools for CIGNA plans

At CIGNA, we are creating tools to help provide greater visibility into cost, quality and simplified payment processes. We have developed several new capabilities that can make it easier for you to determine the amount owed by your patients covered by CIGNA health plans, as well as help determine payment options.

As participation increases in our plans with coinsurance and deductible elements, including CIGNA Choice Fund®, we continually strive to make it easier for you to determine what individuals covered by these plans may owe for your services, and help facilitate payment discussions with them. Many individuals covered by a CIGNA Choice Fund plan have Automatic Claim Forwarding (ACF) enabled so the amount they owe is paid directly out of their health care spending account(s). After claim processing, if funds are available, CIGNA automatically sends payment to you on behalf of the individual with CIGNA Choice Fund coverage, usually along with CIGNA's portion of the payment. ACF is currently active for over 85 percent of our Choice Fund membership. ACF offers significant bad debt mitigation through automatic and direct payments of the covered individual's portion of the bill, while helping to lower administrative costs by limiting the need to bill the covered individual.

Fund Balance Added to EDI 270/271

We have recently added the fund balance of a covered individuals' CIGNA Choice Fund Health Reimbursement Account (HRA) to the outgoing response

of the electronic Eligibility & Benefits (E&B) verification (also referred to as the EDI 270/271). This allows you to see if there is a fund associated with that covered individual's deductible, and if funds are available in their HRA to cover the amount they owe. If the individual has funds available, and ACF is enabled, you will automatically be paid directly by CIGNA. Health Savings Account (HSA) and Medical Flexible Spending Account (FSA) balances will not be added to the 270/271; however, later this year, limited balance information for these accounts will be available through the CIGNA Cost of Care Estimator.

Cost of Care Estimator

In spring 2009, we will nationally release the CIGNA Cost of Care Estimator. The CIGNA Cost of Care Estimator can allow both you and your patients with CIGNA coverage to know the total cost to be charged for medical services based on the covered individual's specific CIGNA health plan. The Estimator's real-time treatment cost estimates detail portions of the bill to be paid by the individual's CIGNA health plan, by the individual's HRA or HSA, and out-of-pocket, if necessary. You can quickly obtain estimates using your existing desktop technology, so you do not need to invest in new technologies to use the Estimator tool.

Unlike other "real-time adjudication" payment systems, the CIGNA Cost of Care Estimator informs the covered individual and health care professional of the estimated cost of services and how much may be owed **prior** to services being



delivered. The itemized cost estimate is generated by Thomson Reuter's proprietary treatment cost calculation tool and can be printed as an easy-to-read "Explanation of Estimate" to be shared with patients to aid in financial discussions. The Estimator will be available to registered users of the CIGNA for Health Care Professionals website (www.cignaforhcp.com), and we are currently working with other systems to integrate it into their current Eligibility & Benefits functionality. The Estimator can be used for all covered individuals in our PPO and OAP plans, including Choice Fund, and will be available to physicians, hospitals and facilities.

The CIGNA Cost of Care Estimator will be an important tool that can assist in minimizing confusion, late payments of medical bills and potential bad debt issues. Using the CIGNA Cost of Care Estimator can be beneficial as it provides estimates for many types of medical services, interacts easily and effectively with current systems and serves as a basis of pre-care financial discussion to help avoid after-the-fact collection issues.

We hope these new capabilities help you and your patients covered by CIGNA plans better understand amounts that are owed and the options available for payment. ■

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CIGNA Medicare Access[®] ICD-9 Coding Tips

ICD-9 coding requirements can be overwhelming due to the level of specificity required. CIGNA is committed to providing resources that can assist you in correctly coding diagnoses for individuals covered by CIGNA Medicare Access plans. Updated sample encounter forms/superbills are available on the CIGNA for Health Care Professionals website (www.cignaforhcp.com), and include the latest 2009 ICD-9 and CPT codes. To access, log in to www.cignaforhcp.com, go to Resources > Benefit Plans and Products > CIGNA Medicare Access Plans.

Examples of new ICD-9 codes for 2009 include:

- 249.00-249.91 Secondary Diabetes Mellitus
- 780.60-780.65 Fever will need fifth digit
- 339.10-339.12 Tension Headache
- 346.40-346.43 Menstrual Migraine
- 707.20-707.25 Pressure Ulcer
- 599.70-599.72 Hematuria will need fifth digit

Additional resources can be found at the following website:

<http://www.cdc.gov/nchs/dataawh/ftpser/ftp9/icdguide08.pdf> ■

See page 5 for information on future required changes to ICD codes.

The following chart provides valuable tips that can help you avoid common ICD-9 coding mistakes. You can also contact us at HCCCoding@CIGNA.com for assistance with coding questions.

Diabetes with Manifestations

Diabetes Mellitus (ICD-9 code 250.00) is recorded when there is no mention of complications.

Diabetes with Manifestations is a two-part code:

- Code 250.4X and 583.81 (nephropathy) for diabetes with renal manifestation
- Code 250.5X and 362.01 (retinopathy) for diabetes with ophthalmic manifestation
- Code 250.6X and 357.2 (polyneuropathy) for diabetes with neurological manifestation
- Code 250.7X and 443.9 (peripheral vascular disease/PVD) for diabetes with peripheral circulatory disorders

For patients that are prediabetic or borderline, use ICD-9 code 790.29, not a diabetic code.

Cancers with Metastasis Location

If cancer spreads to another location, then both the primary and secondary areas should be recorded. Use ICD-9 code 199.1 when the location is unknown.

Coding Example: A patient is diagnosed with breast cancer. The physician records ICD-9 code 174.9 for the primary cancer. Several months later, the patient's cancer spreads from the breast to the liver. The physician should record ICD-9 code 197.7 as the secondary cancer, in addition to the primary cancer diagnosis.

History of Cancer

If a patient is still receiving cancer treatment, code the active cancer code(s). Once the patient is no longer receiving cancer treatment and/or the cancer has been excised from its site, code the history of malignant neoplasm.

- V10.3 = history of breast cancer
- V10.46 = history of prostate cancer

Rheumatoid Arthritis

ICD-9 codes vary depending on the patient having arthritis or rheumatoid arthritis. ICD-9 code 714.0 has been established specifically for patients with rheumatoid arthritis.

Chronic Hepatitis C

Use ICD-9 code 070.54 for patients that are diagnosed with chronic Hepatitis C.

Alcohol & Drug Dependence

ICD-9 code 305.XX represents non-dependent abuse of alcohol. This includes cases where the patient may be a binge or recreational drinker, but is not dependent on alcohol.

ICD-9 codes 303.9X should be assigned to patients that are dependent on alcohol. Select one of the following codes based on the degree of dependency:

- 303.90 = alcohol dependence unspecified
- 303.91 = alcohol dependence continuous
- 303.92 = alcohol dependence episodic
- 303.93 = alcohol dependence in remission

ICD-9 code 304.XX should be utilized for drug dependence.

CVA (Stroke) & Late Effects

It is common for a patient to suffer additional conditions, called late effects, after having a stroke. Examples of late effects include Hemiplegia/Hemiparesis, Aphasia, Dysphasia, Ataxia, and Dysphagia. Separate ICD-9 codes have been established in order to document this occurrence.

Coding Example: A patient has a stroke/CVA with cerebral infarction. ICD-9 code 434.91 would apply to this scenario. After the initial episode, the patient suffers from Hemiplegia as a result of the stroke. In this case, use ICD-9 code 438.20.

ICD-9 code 436 (acute, but ill-defined, cerebrovascular disease) should not be used when the documentation states stroke or CVA.



Submit Corrected Claims Electronically



Electronic Submission of Claims (Electronic Data Interchange or EDI) can help reduce paperwork, eliminate printing and mailing expenses, and improve claim payment accuracy. But did you know that you can also submit corrected claims electronically? To submit your corrected claim, make the necessary corrections, update the Claim Frequency Code and submit. It's that easy!

For corrected claims, the Claim Frequency Type Code in Loop 2300, Segment CLM05 should specify the frequency of the claim (this is the third position of the Uniform Billing Claim Form Bill Type) using one of the following codes:

- 1 – Original (admit through discharge claim)
- 7 – Replacement (replacement of prior claim)
- 8 – Void (void/cancel of prior claim)

Electronic Medicare Part A Coordination of Benefit (COBA) Claims Submitted to CIGNA

CIGNA has participated in the Medicare Coordination of Benefits Agreement (COBA) process for Part B Medicare for many years. As of January 1, 2009, Medicare Part A claims are automatically forwarded to CIGNA through the electronic

We offer two options to submit claims electronically to us: connect directly to CIGNA systems using **free** software from Post-N-Track™ or use a clearinghouse.

Post-N-Track software is offered free to health care professionals. Contact Post-N-Track at 1.860.257.2030 or log in to www.Post-N-Track.com and click 'Enroll'. Post-N-Track is easy to install and the software can be downloaded in less than 5 minutes. No changes are required to your existing claim system. The software is easy to use and no training is necessary.

If you do not have an existing relationship with a clearinghouse, you can contact Emdeon® (formerly WebMD®) at 1.877.469.3263 or at www.transact.emdeon.com to register.

The CIGNA HealthCare payer ID is 62308. For CIGNA Medicare Access, use payer ID 86033.

Important note: At this time, the functionality to submit corrected claims is not available for former Great-West Healthcare plan participants. Please continue to submit claims electronically through your existing clearinghouse relationship using Great-West Healthcare payer ID 80705.

For questions about claims submitted through your clearinghouse, please contact the clearinghouse directly. For questions about CIGNA claim processing, call 1.800.88CIGNA (882.4462). For questions about Great-West Healthcare claim processing, call the Customer Service number listed on the back of your patient's ID card. ■

Medicare COBA process, so health care professionals no longer need to submit Medicare Part A COBA claims to CIGNA. The Medicare Explanation of Benefit (EOB) will indicate the claim has been forwarded to CIGNA, when CIGNA is the secondary payer. ■



Alternate Member Identifiers (AMI)

Keeping health information secure is a priority and responsibility CIGNA takes very seriously. To help protect the privacy of our covered individuals and reduce the risk of identity theft, CIGNA no longer uses Social Security Numbers (SSNs) as an external identifier. Although most employers continue to provide CIGNA with SSNs for their employees, not all customers do. When received, CIGNA uses the SSNs internally to generate a unique, CIGNA-assigned Alternate Member Identifier (AMI) that appears in place of the SSN on documents such as the CIGNA ID card and Explanation of Payment (EOP). The CIGNA-assigned AMI is nine digits beginning with "U" followed by eight numeric digits.

In addition, a limited number of approved CIGNA customers now provide CIGNA with employer-assigned alternate member identifiers. For these customers, the customer-assigned identifiers are what will appear on external documents such as ID cards and EOPs, instead of

the CIGNA AMI. Customer-assigned identifiers will vary in format and can be numeric or alphanumeric.

You should always refer to and use the identifier on the individual's ID card when making inquiries to CIGNA. The identifier on the individual's ID card may not always begin with 'U'. Please do not inquire using SSNs because CIGNA will not always have the covered individual's SSN on file.

We are also in the process of transitioning the use of SSNs as identification numbers for Great-West Healthcare covered individuals. During this transition, you may see Great-West Healthcare covered individuals presenting ID cards with either "ID Employee SSN" or "ID 100100100"

For questions about these Great-West Healthcare individuals, refer to the customer service number on the covered individual's ID card or contact the Great-West Provider Solutions Unit at 1.888.663.8081. ■

Great-West Healthcare Integration News

CIGNA continues to consolidate the former Great-West Healthcare network. Health care professionals are reminded to continue to use the standard processes you have been using for your patients with Great-West Healthcare coverage, including:

- Claims addresses and electronic data interchange (EDI) payer identification numbers;
- Contact information to verify eligibility and benefits, check claim status, or submit precertification requests; and
- Provider service telephone numbers, contacts and websites (www.greatwesthealthcare.com/providers).

Precertification Lists

As of January 1, 2009, CIGNA and former Great-West Healthcare now use one combined precertification list. The master precertification list is available on our secure websites:

www.greatwesthealthcare.com and www.cigna.com.

Coverage Policies

As of December 15, 2008, most CIGNA and former Great-West Healthcare coverage policies were consolidated. There are 15 CIGNA coverage policies and 12 Great-West Healthcare coverage

policies that have not been consolidated, and they are clearly indicated on the combined list. The complete list of consolidated coverage policies is available on www.greatwesthealthcare.com and www.cigna.com.

Transplant Network Integration

CIGNA *LifeSOURCE* Transplant Network® is now the transplant network provider for patients covered under Great-West Healthcare administered plans. Transplant services initiated prior to October 1, 2008, will continue to be administered through the Optum Health/URN Transplant Network of participating health care professionals.

Outlook 2009 – Planned Integration Activities

Reference Guides

We are beginning the process of aligning the reference guides applicable to both the CIGNA and former Great-West Healthcare provider agreements. You will find common layouts and formats between the two guides, and aligned information where appropriate.

The Great-West Healthcare and CIGNA reference guides are still two separate documents and each include policies and procedures that are not yet aligned.

For the Great-West Healthcare, now part of CIGNA Reference Guide, go to www.greatwesthealthcare.com/providers. For the CIGNA Physicians, Hospitals, Ancillaries, and other Health Care Professionals Reference Guide go to www.cignaforhcp.com.

Great-West Healthcare Secure Provider Portal

The Secure Provider Portal is your online resource for electronic transactions, and online information and support. By mid-year, we will unveil a new, redesigned site with improved navigation and streamlined information to make your online experience even more useful. The website address will remain the same:

www.greatwesthealthcare.com/providers.

EDI and eServices Message

To determine where to go when you have questions regarding a particular patient's coverage, refer to the patient's ID card which identifies the provider service telephone number and website. We are working on changes and enhancements

which will be communicated as they are implemented. For more information, review the Great-West Healthcare Integration Frequently Asked Questions available on www.greatwesthealthcare.com and www.cignaforhcp.com.

Network Participation

In most markets, CIGNA now has two networks: the CIGNA network and the network that CIGNA acquired from Great-West Healthcare. If you are currently contracted for only one of these networks, you are considered participating only in that one network. If you wish to be considered for participation in the other, contact:

CIGNA

1.800.88CIGNA (882.4462)

Great-West Healthcare

1.888.663.8081

CIGNA is committed to providing you with the best possible service. We look forward to continuing our relationship with you to support the delivery of quality health care to your patients. ■

For More Information

A Contact Support Tool and Frequently Asked Questions are available on each website. We will communicate changes that may impact you and your practice over the coming months. Continue to visit us online for additional information:

	CIGNA for Health Care Professionals 1.800.88CIGNA (882.4462)	Great-West Healthcare Secure Provider Portal 1.800.663.8081
Web Address	www.cignaforhcp.com	www.greatwesthealthcare.com/providers
Contact Support Tool	Click on "Important Information: Great-West Healthcare is now part of CIGNA" in the <i>News You Can Use</i> column	Information located on the main web page
Frequently Asked Questions	Click on "Important Information: Great-West Healthcare is now part of CIGNA" in the <i>News You Can Use</i> column	Information located on the main web page



New Enhancements to Electronic Remittance Advice (ERA)

CIGNA continually strives to improve our systems and make it easier to work with us. We've heard your feedback and are enhancing the CIGNA ERA.

To improve automatic posting, two new fields will be added to the ERA showing the claim received date and the allowed amount. In addition, we will begin using the Class of Contract field within the ERA to identify processed claims for individuals covered by Open Access Plus plans.

These enhancements to the ERA will be made this spring. ■

Electronic Transactions and ICD-10 Required Changes

The Department of Health and Human Service (HHS) recently issued rules for the implementation of revisions to the current HIPAA standards for electronic health care transactions and requirements to use the International Classification of Diseases, Tenth Revision, or ICD-10. The ICD-10 proposed rule would concurrently adopt the ICD-10-CM for diagnosis coding for all professional and institutional health care services and ICD-10-PCS for procedure coding for all inpatient hospital procedures and replaces ICD-9 volumes 1, 2 & 3. The new rules impact the U.S. health care industry – health plans, hospitals, doctors and other health care professionals.

The proposed implementation dates, pending review by the Obama administration, are January 1, 2012 for the HIPAA transaction standards and October 1, 2013 for the ICD-10 code change. CIGNA has begun to assess and quantify business functions and supporting technology applications that are impacted by 5010/ICD-10 so we may best derive value from these changes. The enhanced and expanded code sets will allow for increased specificity to potentially generate better data on procedure and diagnosis trends, resulting in enhanced patient care and safety. The updated system also has the potential to enhance the health care professional experience by improving claim adjudication and reimbursement.

CIGNA will continue to update health care professionals of our continuing progress in meeting these implementation dates. ■

California Language Assistance Law

Effective January 1, 2009, California law requires health plans to provide Language Assistance Program (LAP) services to eligible enrollees with limited English proficiency (LEP). To support this requirement, CIGNA has implemented LAP services for eligible CIGNA participants including individuals covered by CA HMO (including CIGNA "Network") and individuals covered under a CA sitused PPO account.

CIGNA Language Assistance Program eligible enrollees are entitled to the following free services:

- Spanish or Traditional Chinese translation of documents considered "vital" according to CA law;
- Interpreter services at each point of contact, such as at a doctor's office or when calling customer service; and
- Notification of rights to LAP services.

CA Capitated Provider Groups are responsible for:

- Inserting or including the LAP notification to English vital documents sent to covered HMO individuals; and
- Encouraging physicians to offer CIGNA's free telephone interpreter services to LEP patients, and if refused, documenting Patient Refusal in the patient's medical record.

For more detailed information, refer to the CIGNA California Physician, Hospital, Ancillary, and other Health Care

Professionals Reference Guide or visit the CIGNA website, www.cigna.com, click on Health Professional > Medical > Policies and Procedures and Guidelines or follow the link: www.cigna.com/customer_care/healthcare_professional/medical/policies_procedures_guidelines.html

Racial and Linguistic Diversity at a Glance

CIGNA collects language preference, race and ethnicity data for CA-eligible enrollees. Until we have a statistically valid number of records, we are using California demographic data as a proxy for our membership. Following is an overview of that data:

- 42% of the California population (over 5 years old) speak a language other than English;
- Spanish (28%) and Cantonese/Mandarin (3%) are top languages spoken in California;
- California racial/ethnic demographics:
 - 77% Caucasian
 - 36% Hispanic
 - 12% Asian
 - 7% African American
 - 1% American Indian
 - <1% Native Hawaiian/other Pacific Islander.

For more information about CIGNA's Language Assistance Program, contact our customer service department at 1.800.88CIGNA (882.4462). ■



Free yourself from the phone and help improve efficiency using our online tools!

CIGNA and Great-West Healthcare secure websites can help you simplify administrative tasks and improve office efficiency.

As a registered user of the CIGNA for Health Care Professionals website (www.cignaforhcp.com), you can:

- Access eligibility and benefit information, including amount applied to deductible, out-of-pocket and lifetime maximums;
- Submit and view the status of any precertification request, including those submitted by phone or by fax. All submissions receive an immediate response, some an immediate approval;
- View claim status including paid, pending, denied and claims received, but not yet processed;
- Request fee schedule information;
- Inquire about claim coding and covered services;
- Designate access to the site to other users at different security levels; and
- Access policy and procedure information, including CIGNA reference guides.

Not registered? Get started today by visiting www.cignaforhcp.com and clicking 'Register Now'. For a tutorial of the website, access our *Website Overview* eCourse, located in the **Education and Help** section.

As a registered user of the Great-West Healthcare Secure Provider Portal (www.GreatWestHealthcare.com/Providers), you can:

- Access eligibility and benefit information, including deductible, out-of-pocket, and lifetime maximums;
- Look up details of claims processed under your Tax Identification Number;
- View precertification requirements and submit requests;
- Submit changes to a health care professional's demographic information;
- View important updates, regulatory changes and notices, or any significant changes to policies or processes; and
- Access current policy and procedure information, including the Great-West Healthcare, now part of CIGNA reference guide.

You can start using the website immediately once you register. Visit www.GreatWestHealthcare.com/Providers and click "Register." A User's Guide and registration instructions are available at the **Help & User Tools** link, located on the home page.

CIGNA and Great-West Healthcare offer eligibility and benefits, claim status, claim submission, and electronic remittance advice (ERA) through HIPAA EDI transactions. These transactions are available for CIGNA through Emdeon (www.transact.emdeon.com) and Post-N-Track (www.post-n-track.com). For a list of clearinghouses available for Great-West transactions, go to www.greatwesthealthcare.com/providers and click on the **EDI Information** link under "Important Updates" on the home page. ■

Sample EOP Available

We have created a sample Explanation of Payment (EOP) document to help clarify the content included on the EOPs you receive from CIGNA. This sample document is available on the CIGNA for Health Care Professionals website (www.cignaforhcp.com) under Resources > Policies, Procedures Guidelines & Forms > Reimbursement.

A sample EOP for the former Great-West Healthcare is available on the Great-West Health Care Secure Provider Portal (www.greatwesthealthcare.com/providers) under Administrative Guidelines > General Information. ■

ADMINISTRATIVE UPDATES

Modifier and Payment Policies

CIGNA has developed a standardized approach, based on guidelines from the Centers for Medicare and Medicaid Services (CMS) and the American Medical Association, to modifier application. CIGNA has also developed payment policies for specific coding and payment guidelines.

CIGNA will apply CMS National Correct Coding Initiative (NCCI) Incidental and Mutually Exclusive edits and will adopt many CMS modifier guidelines beginning April 20, 2009. Modifier policies being updated are Modifiers 21, 22, 25, 59, 80, 81, 82 and AS. Modifier 25 (NCCI incidental edits) and modifier 59 (mutually exclusive edits) will require supporting documentation, beginning April 20, 2009.

These policies can help support more rapid and efficient electronic claim adjudication and payment, and decrease administrative costs.

For additional information, including individual modifier and payment policies, log in to www.cignaforhcp.com, go to Resources > Modifiers and Reimbursement policies. ■

Precertification of Coverage

CIGNA continually reviews its precertification process and requirements in an effort to support access to quality care for covered individuals. Updates to our precertification requirements are made throughout the year, most recently in January 2009. This update included new 2009 CPT® and HCPCS codes.

As of January 1, 2009, CIGNA and the former Great-West Healthcare now use one combined precertification list. The process for obtaining precertification has not changed. Contact CIGNA, former Great-West Healthcare or the authorized delegate, as you do today, to request precertification.

Log in to www.cignaforhcp.com and click on 'Precertification' under 'Popular Links' for an updated version of the list of services requiring precertification of coverage. You can also access the list through the former Great-West Healthcare website, www.greatwesthealthcare.com/providers. ■

Tools for Improving Claim Processing

ClaimCheck is a code auditing software that can expedite accurate claim processing. CIGNA will implement ClaimCheck® 8.5 Knowledge Base Version 42 beginning April 20, 2009. This update replaces the current ClaimCheck 5.0 Knowledge Base Version 41.

Viewing claim code edits can be made easier with Clear Claim Connection™. Clear Claim Connection will default to Knowledge Base 42 on that date, but will also continue to offer Knowledge Base Version 41 for CPT and HCPCS code review. This disclosure tool, powered by McKesson, allows the user to enter CPT and HCPCS codes and immediately view audits. Clinical Edit Clarifications offer the rationale behind a ClaimCheck edit for the selected date range.

ClaimCheck and Clear Claim Connection information is available on the secure CIGNA for Health Care Professionals website at www.cignaforhcp.com. To view, click on 'eServices\View Claim Coding Edits'.

Important Note for Great-West Healthcare: At this time, no changes will be made to the ClaimCheck Knowledge Base currently being used for individuals covered by Great-West Healthcare. Information regarding the Clinical Guidelines and Medical and Surgical Policies is available at www.greatwesthealthcare.com/providers.

Note: Claim coding edit results are guidelines and are not a guarantee of an actual claim payment. ■

Reference Guides Available Online

The CIGNA reference guides are available on the secure CIGNA for Health Care Professionals website at www.cignaforhcp.com. They can be easily downloaded and printed. To request a hard copy or a CD-ROM, call 1.877.662.8041. For other assistance, call 1.800.88CIGNA (882.4462).

Participating health care professionals for individuals covered under the former Great-West Healthcare can download and print the Great-West Healthcare Reference Guide at www.greatwesthealthcare.com/providers. To request a hard copy, call 1.888.663.8081. ■

Submitting Information Changes

Have you recently changed addresses, specialties, phone numbers, tax identification numbers or have doctors left your group? It is important that CIGNA and the former Great-West Healthcare are notified of these changes. Demographic information is used to process claims, send you communications and is published in CIGNA and former Great-West Healthcare provider directories.

Submit changes electronically using the online form available on the CIGNA for Health Care Professionals website at www.cignaforhcp.com and on the Great-West Healthcare website at www.greatwesthealthcare.com/providers.

For more information, call:

■ 1.800.88CIGNA (882.4462) for CIGNA changes.

■ 1.888.663.8081 for Great-West Healthcare changes. ■



Medicare Offers Incentive Bonus for ePrescribing

As you may be aware, the Centers for Medicare and Medicaid Services (CMS) recently started paying a 2 percent bonus on top of regular fees to practitioners who use ePrescribing technology for Medicare patients. Plans are to scale back the bonus program to 1 percent in 2011, and by 2012 the incentive program will include a 1 percent penalty for doctors not prescribing electronically.

Surescripts-RxHub published a summary of the impact of the Medicare Improvements for Patients and Providers Act (MIPPA) on ePrescribing on their website: www.surescripts.com. Click on "Overview of MIPPA Incentive Program," in the "SureScripts News" section (published January 14, 2009).

Last year, CIGNA enabled ePrescribing for individuals with CIGNA Pharmacy coverage. With ePrescribing software, you:

- can electronically access prescription eligibility, formulary and medication history online; and
- have the capability to electronically send prescriptions to your patient's choice of pharmacy.

If you currently use ePrescribing for other payers, you can use the same software and hardware to access electronic information for your patients with CIGNA Pharmacy coverage. If your office is not currently ePrescribing, you must purchase the software and hardware to ePrescribe. Once enabled, this technology will provide access for individuals covered by multiple payers.

The eHealth Initiative's Electronic Prescribing Resources offers a comprehensive repository of information on ePrescribing, including resources for software and hardware. Access this information at: www.ehealthinitiative.org/eRx/. ■

Submitting Preventive Care Claims

Most CIGNA plans cover the full cost of preventive care services when they are received from a health care professional participating in the CIGNA network. A covered individual's benefit can be fully maximized when claims for preventive services are submitted with a "well-person" diagnosis code as the primary (first) diagnosis on the claim.

By submitting a claim for preventive services with a "well-person" diagnosis code as the primary diagnosis, you can help your patient receive their preventive benefits. Additionally, receiving full payment of the benefit from CIGNA can help alleviate the need for your office to pursue the patient for any applicable coinsurance/deductible payments.

Additional services not covered as preventive care may be covered at a different benefit level. For individuals with CIGNA coverage, visit www.cignaforhcp.com for benefit and eligibility information, or call 1.800.88CIGNA (882.4462). For additional information on preventive care, including A Guide to CIGNA's Preventive Health

Benefits for Health Care Providers, visit www.cigna.com/health/provider/medical/care_guidelines.html.

For individuals with Great-West Healthcare coverage, visit www.greatwesthealthcare.com/providers for benefit and eligibility information, or call 1.800.663.8081. ■

Examples of "well-person" diagnosis codes include, but are not limited to:

Preventive Benefit	Examples of well-person ICD-9 codes ¹
Comprehensive Preventive Evaluation and Management Services	V70, V72.3, V20.2
Immunizations	V03.X, V04.X, V05.X, V06.X, V20.2
Preventive Medicine, Individual Counseling	V70, V72.3, V20.2

¹ *International Classification of Diseases, 9th Revision, Copyright © 2008, Practice Management Information Corporation*



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