

# 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 access more of our

information electronically. To access and receive information such as our newsletter, important updates and new services, simply log in to the **CIGNA for Health Care Professionals** website and register.

If you are a registered user, 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 and receive electronic updates, go to [www.cignaforhcp.com](http://www.cignaforhcp.com) and click on 'Register Now.' ■

## CIGNA Care Designation & Quality and Cost-Efficiency Information for 2010 Now Available for Review

CIGNA annually evaluates physician quality and cost-efficiency information, designating those who meet specific criteria as CIGNA Care physicians.

CIGNA Care designation information will be available to participants in the online provider directory on [www.cigna.com](http://www.cigna.com), as well as on our secure website for participants, beginning September 14, 2009. The quality and cost-efficiency displays will be available only on the secure website for participants beginning December 28, 2009. By using a methodology consistent with national standards and incorporating health care professional feedback, CIGNA will be able to provide participants with relevant information.

### CIGNA Care Designation

The CIGNA Care designation is a benefit plan design option made available to employers, unions and other groups sponsoring group health benefit plans. Physicians in certain specialties who meet or exceed specific quality and cost-efficiency criteria receive the CIGNA Care designation. While overall physician reimbursement is unchanged, the benefit design is intended to encourage participants covered by these plans to consider using a CIGNA Care designated physician. Participants are afforded a

lower coinsurance or co-payment level for services provided by CIGNA Care designated physicians than if they were to select a participating, non-designated physician.

Because the CIGNA Care designation reflects only a partial assessment of quality and cost-efficiency for select physician specialties, we encourage participants to consider all relevant factors and to speak with their treating physician when selecting a specialist for their care. Participants are informed that the CIGNA Care designation should not be the sole basis for their decision-making.

### Physician Quality and Cost-Efficiency Information

Symbols are used to indicate which quality criteria are met and star (\*) designations illustrate cost-efficiency for participating physicians in 24 specialties, including Primary Care (i.e., Family Practice, Pediatrics, and Internal Medicine). CIGNA's quality evaluation is based on:

- National Committee for Quality Assurance (NCQA) recognition for Diabetes care, Cardiac and Stroke care, Spine care, Physician Practice Connections or Patient Centered Medical Home;
- Performance on select evidence-based quality measures;

- Satisfaction of our board certification criteria;
- A Bariatric Surgeon practicing in one of CIGNA's Certified Centers for Bariatric Surgery; and
- American Board of Internal Medicine Process Improvement Module Completion (ABIM-PIM).

Cost-efficiency stars reflect a physician's cost-efficiency relative to peers using the ETG methodology. This methodology reviews medical costs for an episode of care and includes case-mix adjustment to help account for differences in the severity of patients' illnesses.

### Additional Information

The CIGNA Care Designation and Physician Quality and Cost-Efficiency Profiles Methodology is available on the secure CIGNA for Health Care Professionals website at [www.cignaforhcp.com](http://www.cignaforhcp.com). Once you have logged in, click on the 'Resources' tab at the top of the page, and view the document under the 'Being a CIGNA HealthCare Provider' section. If you are not currently registered for the website, go to [www.cignaforhcp.com](http://www.cignaforhcp.com) and click on 'Register Now.' If you do not have internet access, call the CIGNA Customer Service Center at 1.800.88CIGNA (882.4462). ■



### Featured Articles:

ePrescribing Adds Enhancements for Medicare .....	2
Ensure Delivery of Your DDARs .....	2
Great-West Integration News.....	3
CIGNA Medicare Access® ICD-9 Coding Tips .....	4
CIGNA Cost of Care Estimator Now Available! .....	5
Mixed Services Protocols.....	6

### Administrative Updates:

Reference Guides Available Online.....	7
Modifier and Payment Policies .....	7
Precertification of Coverage.....	7
Submitting Information Changes .....	7
Tools for Improving Claim Processing .....	7
Use the Network .....	7

## Ensure Delivery of Your DDARs

CIGNA is committed to helping you reduce your administrative costs and improve your revenue cycle.

Electronic Funds Transfer (EFT), also known as Direct Deposit, is a convenient service that electronically reimburses you for claim payments. When you sign up for EFT, you receive a weekly Direct Deposit Activity Report (DDAR) for each deposit which shows the deposit transaction and details the claims processed and payments included in that fund transfer. It is important that you receive this report so you can reconcile payments you have received from CIGNA.

Receiving a DDAR can help you and your staff:

- Reconcile your accounts and help ensure timely posting of payments
- Reduce secondary billing of patients

- Eliminate the need to call CIGNA for duplicate copies

To save time and money, please be sure that DDARs are being routed to your correct address. If you work in a hospital or group setting, please be sure the DDARs are routed to you at the correct department or mail stop.

Samples of a DDAR and its Advice Sheet are available on [www.cigna.com](http://www.cigna.com) under 'Customer Care > Health Professionals > Medical > Reimbursement > Electronic Funds Transfer (EFT)'; or directly via: [http://www.cigna.com/customer\\_care/healthcare\\_professional/medical/electronic\\_fund\\_trans.html](http://www.cigna.com/customer_care/healthcare_professional/medical/electronic_fund_trans.html). You may wish to share these samples with your mail room or other departments that may come in contact with DDARs, so they can identify and know where to route them. ■

## Laboratory Services

You and your patients have greater choice and access to an extensive list of quality patient service centers by using a CIGNA in-network laboratory. Our network includes two of the largest national laboratories, Laboratory Corporation of America (LabCorp) and Quest Diagnostics, Inc. Services at either

of these labs can cost your patients 70%–75% less than the same services provided by some hospital-based facilities and some other laboratories. Contact LabCorp at [www.labcorp.com](http://www.labcorp.com) or 1.888.522.2677, or Quest Diagnostics, Inc. at [www.questdiagnostics.com](http://www.questdiagnostics.com) or 1.800.377.7220. ■

## Service Enhancements to Better Serve You

### New Hours of Availability for CHCP

The secure CIGNA for Health Care Professionals (CHCP) website ([www.cignaforhcp.com](http://www.cignaforhcp.com)) is generally available 24 hours a day, 7 days a week. Precertification transactions are available Monday through Saturday from 7:00 am to 12 midnight EDT, and Sunday from 2:00 pm to 7:00 pm EDT.

The site may be unavailable Sundays from 12:01 am until 10:00 am EDT to allow for regular maintenance.

### CIGNA Customer Call Centers to Be Open 24/7

Beginning July 24, we will be extending our customer service hours to 24/7 – **24 hours a day, seven days a week** for our individual customers and health care professionals. Representatives will be available to answer inquiries for medical, dental and pharmacy health benefit plans. ■

## ePrescribing Adds Enhancements for Medicare

If you use ePrescribing for your Medicare patients with CIGNA Pharmacy coverage, you will notice enhanced coverage information, including:

- A notification appears when looking up a drug indicating that the formulary status is based on the CIGNA standard formulary and that individual coverage may vary;
- The ability to flag quantity limits;
- New information for step therapy medications; and
- Copay information has been added.

The added information can help you to prescribe the most clinically appropriate, cost-effective medications for your Medicare patients.

ePrescribing is the electronic capability that allows physicians to access pharmacy information and send prescriptions for patients. CIGNA enabled the tool last year for CIGNA Pharmacy participants. The tool has received increased attention in the physician community last year because of the incentives announced by Medicare. Beginning this year, Medicare increased payments to doctors who send prescriptions electronically. Under the provision, physicians utilizing ePrescribing for Medicare patients receive an extra 2% in their reimbursement rates during 2009 and 2010, 1% more in 2011 and 2012, and 0.5% more in 2013. In addition, physicians who do not adopt electronic prescribing will see their reimbursement rates drop by 1% in 2012, 1.5% in 2013 and 2% in 2014.

For more information about ePrescribing and the software requirements, visit the secure CIGNA for Health Care Professionals website at [www.cignaforhcp.com](http://www.cignaforhcp.com). ■



# Great-West Healthcare Integration News

*As the integration of Great-West Healthcare progresses, preserving service quality and ensuring your patient's access to high quality health care remains our top priority.*

## Reimbursement Policy Integration

CIGNA is continuing the process of integrating Great-West Healthcare policies to help simplify the administrative process. To that end, beginning on August 6, 2009, Great-West Healthcare reimbursement and modifier policies will align with CIGNA policies. CIGNA uses a standard approach to modifier application based on guidelines from the Centers for Medicare and Medicaid Services (CMS) and the American Medical Association (AMA).

The updated reimbursement policies are available now on the CIGNA for Health Care Professionals website at [www.cignaforhcp.com](http://www.cignaforhcp.com). To find the integrated reimbursement policies, click on 'Resources,' 'Secure Information,' 'Look Up Information About,' 'Modifier.'

If you are not currently registered for the CIGNA for Health Care Professionals website, you will need to complete the registration process to log in. All health care professionals in the Great-West Healthcare network have the ability to register and access the website, even if you are not part of the CIGNA network. To register, go to [www.cignaforhcp.com](http://www.cignaforhcp.com) and click on 'Register Now,' located in the left side bar.

A Modifier and Reimbursement Policy Detail Grid gives an overview of policy changes and is available on the Great-West Healthcare secure health care professionals portal. To view the Grid, log in to [www.greatwesthealthcare.com/providers](http://www.greatwesthealthcare.com/providers).

While policies are integrating, the process for submitting Great-West Healthcare claims will not change. Continue to use the Great-West Healthcare contact information currently found on the back of the Great-West Healthcare ID card. For all other inquiries and access to online tools for Great-West Healthcare, continue to use the Great-West Healthcare portal at [www.greatwesthealthcare.com/providers](http://www.greatwesthealthcare.com/providers).

## National Provider for Home Services

CareCentrix is now the exclusive national provider of home health, home infusion, and durable medical equipment for Great-West Healthcare. As of June 1, 2009, CareCentrix coordinates, manages and integrates home care services and benefits for all Great-West Healthcare participants through its national network of contracted providers.

All new service requests for home health, home infusion and durable medical equipment for Great-West Healthcare plan participants should be directed to CareCentrix at 1.800.411.2305. Precertification may be required for new service requests.

It is important to remember that CIGNA and Great-West Healthcare maintain separate networks of specialty care and other services for health care professionals. Always refer to the CIGNA or Great-West Healthcare Provider Directory, maintained separately on each website, for a list of participating health care professionals:

- **CIGNA**  
[www.cignaforhcp.com](http://www.cignaforhcp.com)
- **GREAT-WEST HEALTHCARE**  
[www.greatwesthealthcare.com/providers](http://www.greatwesthealthcare.com/providers)

## Hemodialysis Pre-notification Requirement

Beginning on September 15, pre-notification will be required for all new hemodialysis services for Great-West Healthcare participants whose benefit plans require pre-certification for inpatient admission and outpatient procedures. The Great-West Healthcare ID card will identify whether the benefit plan requires inpatient admission and outpatient procedure pre-certification. To pre-notify for a participant's initial hemodialysis service, call Great-West Healthcare Customer Services at 1.800.633.8081.

## Pharmacy Benefits Transition

Effective November 1, 2009, Great-West Healthcare pharmacy benefits management will fully transition from Express Scripts Inc. (ESI) to CIGNA Pharmacy. CIGNA Pharmacy participants will receive new ID cards in late October

for the November 1 transition. The transition will provide CIGNA Pharmacy participants access to:

- CIGNA Home Delivery Pharmacy (formerly Tel-Drug);
- CIGNA Specialty Pharmacy;
- CIGNA's pharmacy network; and
- Access to clinical programs.

As of November 1, health care professionals need to contact CIGNA Specialty Pharmacy for pre-certification, exception requests and to order specialty medications. Health care professionals who order and administer injectable medications to their patients in the office will be also be impacted by this change. For more information or to order specialty medications as of November 1, contact CIGNA Specialty Pharmacy at 1.800.351.3606.

In addition, with the transition, health care professionals in the former Great-West Healthcare network with ePrescribing software will be able to access data on patients with CIGNA Pharmacy coverage. With ePrescribing software, you can electronically access prescription eligibility, formulary and medication history online, and electronically send prescriptions to the participant's choice of pharmacy.

## Updated EOPs and EOBs

Explanation of Benefit (EOB) and Explanation of Payment (EOP) documents have been redesigned. The EOBs and EOPs are now formatted in a clearer and easier to read style. For more information, access the "Explanation of Payment Sample" under Important Updates on the health care professional website: [www.greatwesthealthcare.com/providers](http://www.greatwesthealthcare.com/providers).

## Health Care Professionals Website

The secure website for health care professionals has been redesigned with improved navigation and streamlined information to enhance the user experience. The Health Care Professional website is your online resource for electronic transactions, and online information and support. The website address remains the same:

[www.greatwesthealthcare.com/providers](http://www.greatwesthealthcare.com/providers).

## Email Addresses and Fax Numbers Changing

Great-West Healthcare email addresses ending in @gwl.com are being phased out and replaced with email addresses ending in @cigna.com. Email addresses for Regional Provider Relations Offices have been updated and are available in the Contact Us page of the Health Care Professionals website: [www.greatwesthealthcare.com/providers](http://www.greatwesthealthcare.com/providers). Fax numbers beginning with (303) 801-xxxx are being transitioned. As new numbers are established, communications will be updated with the new fax numbers.

## EDI and eServices Message

Continue to refer to the participant's ID card to determine where to go when you have questions regarding a particular participant's coverage. The ID card identifies the appropriate provider service telephone number and website. For more information, review the Great-West Healthcare Frequently Asked Questions available on [www.greatwesthealthcare.com](http://www.greatwesthealthcare.com) and [www.cignaforhcp.com](http://www.cignaforhcp.com). ■

## For More Information

Helpful documents, including 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:

	<b>CIGNA for Health Care Professionals</b> <b>1.800.88CIGNA (882.4462)</b>	<b>Great-West Healthcare Secure Provider Portal</b> <b>1.800.663.8081</b>
Web Address	<a href="http://www.cignaforhcp.com">www.cignaforhcp.com</a>	<a href="http://www.greatwesthealthcare.com/providers">www.greatwesthealthcare.com/providers</a>

**Contact Support Tool & Frequently Asked Questions**

Click on 'Important Information: Great-West Healthcare is now part of CIGNA' in the *News You Can Use* column

Information located on the main web page



# 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 CIGNA Medicare Access plan participants. Updated sample encounter forms/superbills are available on the CIGNA for Health Care Professionals website ([www.cignaforhcp.com](http://www.cignaforhcp.com)), and include the latest 2009 ICD-9 and CPT codes.

To access, log in to [www.cignaforhcp.com](http://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/ftp/cd9/icdguide08.pdf> ■

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](mailto:HCCCoding@CIGNA.com) for assistance with coding questions.

<p><b>Diabetes with Manifestations</b></p>	<p>Diabetes Mellitus (ICD-9 code 250.00) is recorded when there is no mention of complications.</p> <p>Diabetes with Manifestations is a two-part code:</p> <ul style="list-style-type: none"> <li>■ Code 250.4X and 583.81 (nephropathy) for diabetes with renal manifestation</li> <li>■ Code 250.5X and 362.01 (retinopathy) for diabetes with ophthalmic manifestation</li> <li>■ Code 250.6X and 357.2 (polyneuropathy) for diabetes with neurological manifestation</li> <li>■ Code 250.7X and 443.9 (peripheral vascular disease/PVD) for diabetes with peripheral circulatory disorders</li> </ul> <p>For patients that are pre-diabetic or borderline use ICD-9 code 790.29, not a diabetic code.</p>
<p><b>Cancers with Metastasis Location</b></p>	<p>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.</p> <p><b>Coding Example:</b> 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.</p>
<p><b>History of Cancer</b></p>	<p>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.</p> <ul style="list-style-type: none"> <li>■ V10.3 = history of breast cancer</li> <li>■ V10.46 = history of prostate cancer</li> </ul>
<p><b>Rheumatoid Arthritis</b></p>	<p>ICD-9 codes vary depending on if a patient has arthritis or rheumatoid arthritis. ICD-9 code 714.0 has been established specifically for patients with rheumatoid arthritis.</p>
<p><b>Chronic Hepatitis C</b></p>	<p>Use ICD-9 code 070.54 for patients that are diagnosed with chronic Hepatitis C.</p>
<p><b>Alcohol &amp; Drug Dependence</b></p>	<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> <li>■ 303.90 = alcohol dependence unspecified</li> <li>■ 303.91 = alcohol dependence continuous</li> <li>■ 303.92 = alcohol dependence episodic</li> <li>■ 303.93 = alcohol dependence in remission</li> </ul> <p>ICD-9 code 304.XX should be utilized for drug dependence.</p>
<p><b>CVA (Stroke) &amp; Late Effects</b></p>	<p>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.</p> <p><b>Coding Example:</b> 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.</p> <p>ICD-9 code 436 (acute, but ill-defined, cerebrovascular disease) should not be used when the documentation states stroke or CVA.</p>



# CIGNA Cost of Care Estimator Now Available!

CIGNA is pleased to announce the successful launch of our CIGNA Cost of Care Estimator on April 20. The CIGNA Cost of Care Estimator can help accurately estimate what your patients with CIGNA administered plans may owe for your services, and provide you and your patients with a printed Explanation of Estimate (shown), so there are no financial surprises. The Estimator is easy for you to use and easy for your patients to understand.

## What is the CIGNA Cost of Care Estimator?

The Estimator is an electronic tool that estimates the total cost and patient liability for specific medical services. By providing personalized, itemized cost estimates and explaining the sources of payment, the Estimator can help your patients in CIGNA administered plans understand their benefits and how much they owe for specific services.

## Why use the CIGNA Cost of Care Estimator?

The Estimator can help facilitate a financial discussion between you and your patients in CIGNA administered plans prior to care so that expectations for financial responsibility are appropriately set. It can help your patients understand what the total cost of treatment will be, what their CIGNA benefit plans will cover, and how much they will owe out of pocket – before service is rendered. The printed Explanation of Estimate clearly illustrates “the math” and helps educate your patients about what their CIGNA administered plan will cover and what they should expect to owe.

The Estimator was tested through a market trial for over 18 months and across care settings. Results from the trial revealed positive responses from patients:

- 90% indicated estimates are valuable and helped them understand their financial obligation and benefits.
- 73% indicated that having an estimate made them more likely to pay their bill.

## How does the CIGNA Cost of Care Estimator work?

To access the Estimator, simply log in to the secure CIGNA for Health Care Professionals website ([www.cignaforhcp.com](http://www.cignaforhcp.com)) and click on ‘Estimate Patient Liability’. After you enter some basic information about your patient and the service(s) for which you want an estimate, in seconds you will receive an estimate that details the total cost, how your patient’s CIGNA coverage is applied, and what they can expect to pay from their CIGNA health accounts and/or out of pocket, based on information available at the time the estimate is generated.

You can view this estimate on your computer screen and print an Explanation of Estimate to give to your patient and keep in their file. Estimates can be generated at any time prior to or during the patient’s visit to the office or facility.

## When can I use the CIGNA Cost of Care Estimator?

The Estimator is available for professional and outpatient services in all care settings (e.g., outpatient facility, specialty office), and is available for your patients in CIGNA Preferred Provider Organization (PPO), Open Access Plus (OAP), Open Access Plus In-network (OAPIN), and Exclusive Provider Organization (EPO) health plans, including all individuals covered by a CIGNA Choice Fund® plan. Future enhancements to the Estimator include making it available to additional plan types.

The Estimator will soon be available for inpatient facility services, and additional methods for accessing the Estimator will be available later in 2009. ■



**CIGNA Cost of Care Estimate as of June 10, 2008**

**John Q Public**  
**CIGNA Identification Number 123456789**

**Customer Service**  
 Call the toll-free number on the back of your CIGNA ID

Health Care Professional or Facility: St. Francis Hospital and Medical Center  
 Benefit Category: Hospital – Outpatient – Other Outpatient – Facility Services  
 Service Date: 6/10/2008  
 Service Description: 43248-UPPER GI ENDOSCOPY/GUIDE WIRE Modifier(s) Applied: SG  
 43239-UPPER GI ENDOSCOPY, BIOPSY Modifier(s) Applied: SG  
 In Network: Yes  
 Plan Name: CHOICE FUND HRA OPEN ACCESS PLUS

**Explanation of estimate**  
 This is an estimate of the amount you will owe for the medical service(s) specified above, based on information as of the time this estimate was generated. Your health care professional might collect a portion of the amount estimated to be your responsibility at the time of service and/or bill you directly for the final amount due after the claim is processed.

<b>Estimated total cost of service (before CIGNA payment)</b>	<b>\$1,300.00</b>	This is the total estimated amount as of June 10, 2008, for the service(s) noted above, including any amount CIGNA will pay and any amount that will be your responsibility.
My deductible responsibility	\$1000.00	The estimated deductible amount you owe is calculated based on your yearly maximum deductible of \$4000.00 and estimate).
My coinsurance responsibility	\$30.00	The coinsurance amount is determined by taking the amount remaining from the estimate after your deductible is met and applying your coinsurance rate.
My co-pay responsibility	\$0.00	Your co-pay for this health care professional or facility, based on your plan design.
<b>Estimate of my total responsibility (after CIGNA payment)</b>	<b>\$1,030.00</b>	The anticipated amount you will owe after your plan benefits are applied to the estimated cost, including any deductible, coinsurance or co-payment. This amount might be lower if you've reached your out of pocket maximum.
Anticipated payment from my health account	\$250.00	Based on the funds available in your Health Reimbursement Account as of June 10, 2009, this is the amount that is anticipated to be paid directly to your health care professional or facility.
<b>Estimate of what I owe</b>	<b>\$780.00</b>	This is the estimate of what you'll owe after any Health Reimbursement Account payment.* If your health care professional or facility collects any payment from you, CIGNA suggests that they collect a portion of the estimate (in most cases 50% of the amount you owe).

\*The estimate of what you owe after your health account payment does not include any automatic payments made directly to the health care professional from a Health Savings Account or Flexible Spending Account.

This estimate allows the individual and health care professional or facility to better understand how much the individual will need to pay for a specific health care service. It does not guarantee payment to the health care professional or facility, and is based on the individual's benefit coverage and eligibility at the time the estimate is provided. Depending on the treatment, additional services from this or other health care professionals might be necessary that are not included in this estimate. The estimate does not affect CIGNA's actual claim process or payment accuracy.



# Learning Made Simple with eCourses

Need to learn about CIGNA policies, programs or services but don't have a lot of time? CIGNA has made it easier. Just log in to the CIGNA for Health Care Professionals website ([www.cignaforhcp.com](http://www.cignaforhcp.com)) and click on the 'Education and Help' section. You'll find a list of free electronic courses available for immediate access or download. eCourses currently available are:

- CIGNA Provider Overview
- Online Precertification
- Claim Status Inquiry
- Laboratory Referrals
- Registration and Log In
- Managing Access
- Eligibility and Benefits
- CIGNA Cost of Care Estimator
- Website Overview

If you are not already registered for the CIGNA for Health Care Professionals website, click on 'Register Now' to enroll. A 'Registration and Log In' course is available on the home page if you have questions during the registration process.

Remember to check the website regularly for new eCourses. ■

## Unlisted Codes Policy

The CIGNA Unlisted Codes Policy is a guideline of current processes for Unlisted Codes. The policy was established to promote transparency of existing processes and is not a change in policy or reimbursement.

CIGNA will provide reimbursement for unlisted codes when used to report covered medically necessary services, devices, procedures and drugs when appropriate supporting documentation is submitted with the claim.

Supporting documentation for services, devices and procedures billed with unlisted codes should include:

- a clear description of the service, device or procedure provided
- reference to whether the service, device or procedure was provided separately from any other service, device or procedure rendered
- information to establish medical necessity for the service, device or procedure

Supporting documentation for drugs billed with unlisted codes should include:

- the name of the drug
- the dosage
- National Drug Code (NDC)
- Information to establish medical necessity for the administration of the drug

To view the Unlisted Codes Policy, as well as other CIGNA Reimbursement Policies, visit [www.cignaforhcp.com](http://www.cignaforhcp.com) and click 'Modifier and Reimbursement Policies' on the 'Resources' page. ■

# Mixed Services Protocols

CIGNA has simplified Mixed Services benefit and claim rules to more clearly identify services that are medical or behavioral for more accurate and timely payment, beginning in April 2009. These Mixed Services Protocols are benefit and claim rules intended to distinguish behavioral health costs from medical/surgical costs when a customer selects both CIGNA medical benefits and CIGNA Health Solutions behavioral health coverage.

These new claim routing rules allow claims for services with a behavioral health diagnosis but delivered by a non-behavioral health professional to be processed appropriately as a medical benefit. This protocol change was initiated to help improve satisfaction with CIGNA coverage, increase claim auto-adjudication and reduce administrative costs. Some examples of the new protocols include:

### Acute Care General Hospital Services

- The Room & Board bed type is the primary determinant for claim processing.
- If the patient is in a medical bed during the entire stay (one claim); CIGNA medical is responsible for all inpatient hospital charges (room, board and ancillary).
- If the patient is in a psychiatric bed during the entire stay (one claim); CIGNA Health Solutions is responsible for all inpatient hospital charges (room, board and ancillary).
- If the patient's stay is split between medical, detox, and behavioral beds during the same admission (one claim), CIGNA medical is responsible for medical bed, board and all ancillary services during the entire stay. CIGNA Health Solutions is responsible for the detox and behavioral bed days, but not the ancillary services. The detox bed days will be administered by CIGNA medical as a medical benefit if the patient does not have detox as a behavioral benefit.

### Emergency Room Services

- All emergency room charges are processed under CIGNA medical for both referrals and self-admits. If the patient is moved from the emergency room to Observation, the Observation charges are processed under CIGNA medical. Emergency room charges will be processed under behavioral if the patient is admitted directly from the emergency room to an inpatient behavioral bed using one of the following revenue codes: 114, 116, 124, 126, 134, 136, 144, 146, 154, 156, or 204.

### Professional Services

- Services of psychiatrists or other behavioral health professionals will be processed under behavioral.
- Services of all other physicians or health care professionals will be processed under medical.

### Primary Care Physician or Medical Specialist Visit

- If a primary care physician office visit is billed with a behavioral diagnosis code, the claim will process under medical.

### Neuropsychological Testing

- All Neuropsychological testing performed by either behavioral or medical health care professionals will be processed under medical. CPT codes include: 96105, 96110, 96111, 96116, 96118, 96119, 96120, and 96125. ■

## ADMINISTRATIVE UPDATES

### Reference Guides Available Online

The 2009 CIGNA Health Care National and State-Specific Reference Guides are now available on the secure CIGNA for Health Care Professionals website at [www.cignaforhcp.com](http://www.cignaforhcp.com).

With the updates, you will find:

- one combined guide for physicians, hospitals, ancillary facilities and other health care professionals;
- integrated policies from the former Great-West Healthcare, where applicable; and
- revised format and wording that is consistent with the CIGNA brand.

The CIGNA guides are available on the [www.cignaforhcp.com](http://www.cignaforhcp.com) website under the Resources tab, 'Look up information about,' 'Provider Reference Guides.' The CIGNA guides can be downloaded and printed. To request a hard copy, call 1.877.662.8041. The CD-Rom is currently being created and will be available soon. For other assistance, call 1.800.88CIGNA (882.4462).

The 2009 Great-West Healthcare, now part of CIGNA, Reference Guide has also been updated. Participating health care professionals in the former Great-West Healthcare network can download and print the Great-West Healthcare guide at [www.greatwesthealthcare.com/providers](http://www.greatwesthealthcare.com/providers). To request a hard copy, call 1.888.663.8081. ■

### Modifier and Payment Policies

CIGNA has revised its guidelines for approval of a subset of claims submitted with modifiers based on guidelines from the Centers for Medicare and Medicaid Services (CMS) and the American Medical Association (AMA).

In response to recent feedback, the Modifier 25 policy and Modifier 59 policy have been updated to reflect a significant reduction in the supporting documentation requirements. For the complete list of 200 current code combinations that require supporting documentation when modifiers 25 or 59 are billed, log in to the secure CIGNA for Health Care Professionals website ([www.cignaforhcp.com](http://www.cignaforhcp.com)) and click Resources > Claim Editing Procedures. CIGNA will continue to dialogue with physicians on more efficient ways to monitor correct use of modifiers with claim submission.

You can continue to submit claims electronically to CIGNA, even if supporting documentation is required. Indicate in box 19/Loop 2300 of the electronic claim that the documentation will be sent through another channel. The indicators on the electronic claim include the delivery method for sending the attachment (i.e., fax, mail), as well as the description code for the type of attachment (i.e., physicians' report, operative notes). Supporting documentation can be faxed to CIGNA at 1.570.496.2945 or sent via mail to the CIGNA address on the back of the participant's ID card.

As part of the integration of Great-West Healthcare, CIGNA will apply its reimbursement and modifier policies to Great-West Healthcare claims beginning on August 6, 2009. While the policies will be integrated, the procedure for submitting claims will remain the same. For detailed information about the reimbursement and modifier policy integration, refer to the article on page 3.

For additional information on CIGNA Modifiers and Reimbursement Policies, visit [www.cignaforhcp.com](http://www.cignaforhcp.com) and click '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 plan participants. 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](http://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](http://www.greatwesthealthcare.com/providers). ■

### 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](http://www.cignaforhcp.com) and on the Great-West Healthcare website at [www.greatwesthealthcare.com/providers](http://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. ■

## Tools for Improving Claim Processing

ClaimCheck® is a code auditing software that can expedite accurate claim processing. CIGNA plans to implement ClaimCheck 8.5 Knowledge Base Version 43 with National Correct Coding Initiative (NCCI) Version 15.2 beginning August 17, 2009.

Viewing claim code edits can be made easier with Clear Claim Connection™. This disclosure tool, powered by McKesson, allows users to enter CPT and HCPCS codes and immediately view audit results. Clinical Edit Clarifications present NCCI edit information or offer the rationale behind a ClaimCheck edit.

ClaimCheck and Clear Claim Connection information is available on the secure CIGNA for Health Care Professionals website at [www.cignaforhcp.com](http://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](http://www.greatwesthealthcare.com/providers).

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

## Use the Network

CIGNA and Great-West Healthcare, now part of CIGNA, contractually require its participating providers to direct patient referrals to other in-network contracted physicians and facilities, except in the case of an emergency or as otherwise required by law or unless approved by CIGNA in advance of the service being provided. Failure to adhere to this requirement may result in further action up to and including termination from the network.

Referring to health care professionals that participate in the CIGNA network identified on the patient ID card can help ensure your patients maximize the benefits available through their CIGNA or Great-West Healthcare plans and minimize their out-of-pocket expense.

For a complete listing of CIGNA participating physicians and facilities, access the online provider directory at [www.cigna.com](http://www.cigna.com). For a complete listing of Great-West participating physicians and facilities, access the Great-West online provider directory at [www.greatwesthealthcare.com](http://www.greatwesthealthcare.com). ■

# Quest Diagnostics Offers Online and IVR Patient Appointment Scheduling

Quest Diagnostics, Incorporated, offers your patients two convenient options for scheduling their lab testing appointments.

Individuals can schedule an appointment at a Quest Diagnostics patient service center either online at [www.QuestDiagnostics.com/appointment](http://www.QuestDiagnostics.com/appointment), or via an interactive voice response (IVR) system by calling 1.888.277.8772. Both options promote stress-free scheduling for your patients.

For additional information, visit the Quest Diagnostics website at:

[www.QuestDiagnostics.com/appointments](http://www.QuestDiagnostics.com/appointments) or call Quest Diagnostics at 1.888.277.8772.

For a complete listing of participating laboratories available in your area, access our online provider directory at [www.cigna.com](http://www.cigna.com), select 'Provider Directory' at the top of the page, then select the 'Facility/Ancillary' category. ■



829566 07/09 ©2009 CIGNA

We reference CIGNA and Great-West Healthcare to accommodate all covered individuals. For CIGNA covered individuals, disregard Great-West Healthcare references. "CIGNA" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Behavioral Health, Inc., Intacorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. in California, HMO plans are offered by CIGNA HealthCare of California, Inc. and Great-West Healthcare of California, Inc. in Connecticut, HMO plans are offered by CIGNA HealthCare of Connecticut, Inc. in North Carolina, HMO plans are offered by CIGNA HealthCare of North Carolina, Inc. in Virginia, HMO plans are offered by CIGNA HealthCare Mid-Atlantic, Inc. All other medical plans in these states are insured or administered by CGLIC. CGLIC has acquired the business of Great-West HealthCare from Great-West Life & Annuity Insurance Company (GWL). Certain products continue to be provided by GWLA (Life, Accident and Disability), and Excess Loss). GWLA is not licensed to do business in New York. In New York, these products are sold by GWLA's subsidiary, First Great-West Life & Annuity Insurance Company. White Plains, N.Y. Rights in all marks are reserved by their respective owners. "CIGNA Medicare Services" and "CIGNA Medicare Access Plus Rx" are service marks, and "CIGNA Medicare Access" and the "Tree of Life" logo are registered service marks, of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. CIGNA Medicare Access and CIGNA Medicare Access Plus Rx are offered in Arizona by CIGNA HealthCare of Arizona, Inc., and in all other states by Connecticut General Life Insurance Company, and not by CIGNA Corporation. Each of these CIGNA Corporation operating subsidiaries are Medicare Advantage organizations which contract with the federal government. Except when offered by employers, these plans are not available in all states. ■

**ACCESS THE ARCHIVES!**  
To access articles from previous issues of Network News, visit [www.cigna.com](http://www.cigna.com) and click on 'Health Professionals' and 'Newsletters.' Article topics are listed for each of the archived issues.  
To access the current Network News on the Great-West Healthcare website, visit [www.greatwesthealthcare.com/providers](http://www.greatwesthealthcare.com/providers) and click on the 'Health Care Professional Newsletter' link under 'Important Updates.' ■

[www.cignaforhcp.com](http://www.cignaforhcp.com)

Department C&PS  
900 Cottage Grove Road – Rtg: B7NC  
Hartford, CT 06152

PRESORTED  
STANDARD  
U.S. POSTAGE PAID  
LONG PRAIRIE, MN  
PERMIT NO.266