

Network News

JULY 2015

For health care professionals



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U.S. SUPREME COURT RULING: SUBSIDIES WILL CONTINUE FOR FEDERAL MARKETPLACE COVERAGE

In a 6-3 decision on June 25, 2015, the Supreme Court of the United States ruled that federal premium assistance tax credits (“subsidies”) will continue to be available for qualified individuals who purchase coverage on a federal Marketplace. The ruling affirmed an earlier decision by the Fourth Circuit Court of Appeals.

Qualified individuals will also continue to be eligible for subsidies for coverage on state-run Marketplaces, which was not in question in the case. The Marketplaces are commonly referred to as public exchanges.

The ruling is significant as 34 states offer coverage through federal Marketplaces, with more than 6.4 million individuals in those states receiving subsidies. This decision does not affect any other Affordable Care Act (ACA) provisions.

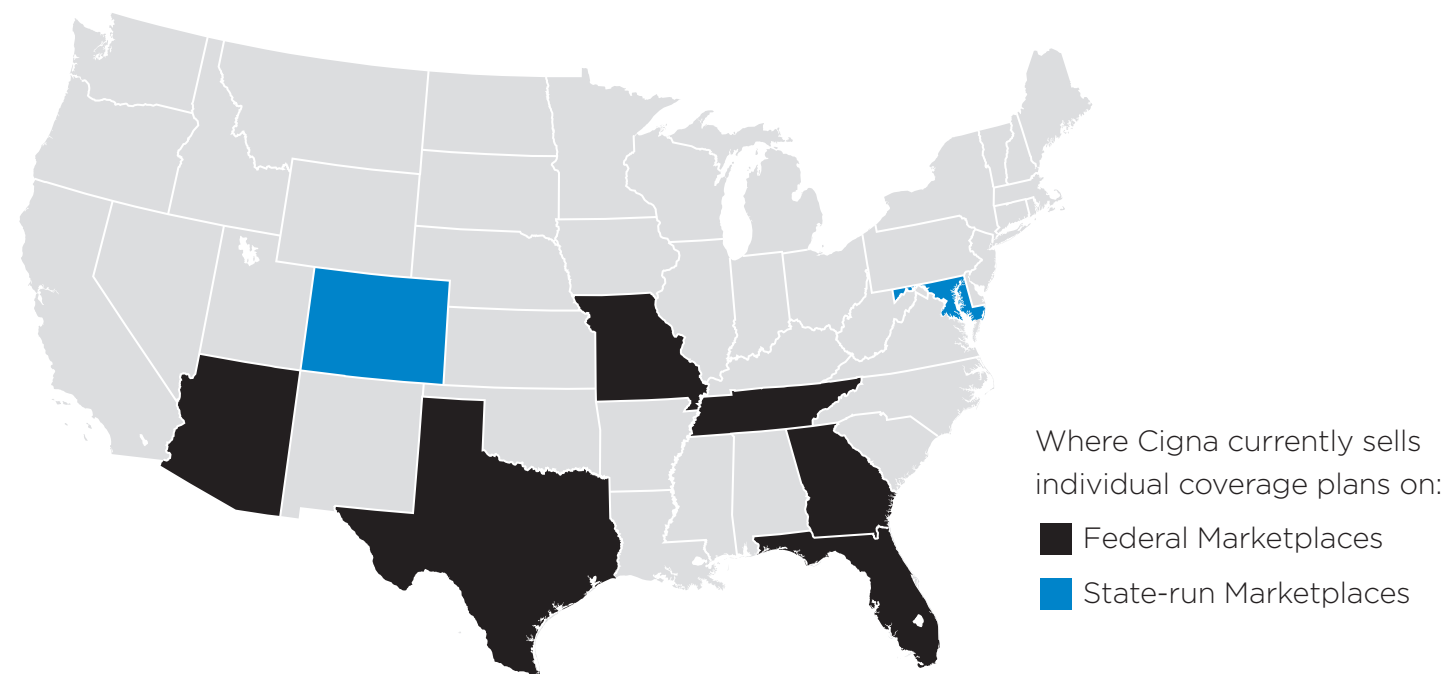
Nothing has changed as a result of this decision, and no action is required by individuals to continue their health coverage or subsidies.

Cigna’s participation on the Marketplaces

Cigna currently sells individual coverage plans on federal Marketplaces in six states (Arizona, Florida, Georgia, Missouri, Tennessee, and Texas), as well as on two state-run Marketplaces (Colorado and Maryland). This ruling ensures that qualifying individuals living in all of these states will continue to have access to subsidies for Marketplace coverage.

If you would like more information on the Supreme Court decision, please call 1.800.88Cigna (882.4462). If your patients with Cigna coverage have questions, please direct them to call the toll-free Customer Service number on the back of their Cigna ID card.

We encourage you to bookmark Cigna’s health care reform website, InformedOnReform.com, where we post the most recent guidance and regulatory information.



Background

The ACA provides that subsidies are available to consumers enrolled in “an Exchange established by the State.” The IRS interpreted this rule to make subsidies available to qualifying individuals who purchase coverage on a state Marketplace, as well as on a federal Marketplace. Today’s ruling affirms the IRS was reasonable in its interpretation. A series of lawsuits challenging the IRS’s interpretation to provide subsidies in connection with federal Marketplace coverage resulted in conflicting lower court decisions, and prompted the U.S. Supreme Court to hear this case.



CLINICAL, REIMBURSEMENT, AND ADMINISTRATIVE POLICY UPDATES

To support access to quality, cost-effective care for your patients with a Cigna insured or administered medical plan, we routinely review clinical, reimbursement, and administrative policies as well as our medical coverage positions, and our precertification requirements. As a reminder, reimbursement and modifier policies apply to all claims, including those for your patients with GWH-Cigna or “G” ID cards.

The following table lists planned updates to our coverage policies. Information about these changes, including an outline of the specific updates, is available on the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Reimbursement and Payment Policies > Coverage Policy Updates) at least 30 days prior to the effective date of the updated policy. On this page, you may also view new and updated policies in their entirety.

If you are not registered for CignaforHCP.com, please register so you can log in and access all policies. Go to CignaforHCP.com and click “Register Now.” If you do not have Internet access, please call Cigna Customer Service at 1.800.88Cigna (1.800.882.4462).

Planned medical policy updates

POLICY NAME	UPDATES	UPDATE EFFECTIVE DATE
Cardiac Rehab Phase II, Cognitive Rehab, IOL, Pulmonary Rehab, and Tilt Table Testing	We will apply existing code editing to certain services when billed on a UB-04 claim form (e.g., cardiac rehab, cognitive rehab, ophthalmology, physical therapy, and pulmonary rehab).	October 19, 2015
Nerve Conduction Velocity (NCV) and Electromyography (EMG)	Consistent with current coverage policy language, we will apply two code edits to these services. The first edit will determine if NCV is medically necessary. The second edit will determine if a medically necessary NCV test can be performed alone without the EMG. Affected Current Procedural Terminology (CPT®) codes include 95900, 95903, 95904, 95907, 95908, 95909, 95910, 95911, 95912, and 95913.	October 19, 2015
Obstructive Sleep Apnea (OSA) Diagnosis and Treatment (Home Portable Sleep Study)	We will apply a frequency edit to home and portable sleep studies, including CPT codes 95800, 95801, 95806, and Healthcare Common Procedure Coding System (HCPCS) codes G0398 and G0399. With this update, claims billed in excess of one visit per 30 days will be denied.	October 19, 2015
Drug Testing (Qualitative Drug Test Screening)	We will set a qualitative (presumptive) drug screening annual limit of 32, and a quantitative (definitive) drug testing limit of eight daily units and 128 annual units.	October 19, 2015

Please note that planned updates are subject to change. For the most up-to-date information, please visit CignaforHCP.com.

PRECERTIFICATION CHANGES

To help ensure that we are using the most current medical information available, we routinely review our precertification policies for potential updates. As a result of a recent review, we want to make you aware that we plan to update our precertification list, as noted in the table below.

Codes added to the precertification list on July 1, 2015.

CODE	DESCRIPTION
0392T	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (i.e., magnetic band)
C9453	Injection, nivolumab, 1 mg
C9454	Injection, pasireotide long acting, 1 mg
C9455	Injection, siltuximab, 10 mg
Q5101	Injection, filgrastim (G-CSF), biosimilar, 1 microgram
Q9976	Injection, ferric pyrophosphate citrate solution, 0.01 mg of iron
Q9977	Compounded drug, not otherwise classified

Codes to be added to the precertification list on August 27, 2015

CODE	DESCRIPTION
0905	Intensive outpatient services-psychiatric
0906	Intensive outpatient services-chemical dependency
0907	Community behavioral health program (day treatment)
0912	Partial hospitalization – less intensive
0913	Partial hospitalization – intensive
36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)
E0118	Crutch substitute, lower leg platform, with or without wheels, each
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education
H0035	Mental health partial hospitalization, treatment, less than 24 hours
H2036	Alcohol and/or other drug treatment program, per diem
J0887	Injection, epoetin beta, 1 microgram, (for ESRD on dialysis)
J1442	Injection, filgrastim (G-CSF), 1 microgram (Neupogen)
J1446	Injection, TBO-filgrastim, 5 micrograms (Granix)
J7686	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg
Q4074	Iloprost, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 20 mcg
S0090	Sildenafil citrate, 25 mg (Revatio)
S0201	Partial hospitalization services, less than 24 hours, per diem
S9480	Intensive outpatient psychiatric services, per diem

Codes to be removed to the precertification list on August 27, 2015*

CODE	DESCRIPTION
C9441	Injection, ferric carboxymaltose, 1 mg

To view an outline of these monthly precertification updates, as well as the complete list of services that require precertification of coverage, please log in to CignaforHCP.com and click on Precertification Policies under Useful Links. If you are not currently registered for the website, you will need to register to log in. Go to CignaforHCP.com and click on “Register Now.”

* Note: Removal from precertification is not a guarantee of payment. Codes may be subject to code editing, benefit plan exclusions, and post service review for coverage.



PRECERTIFICATION REQUIRED FOR YOUR PATIENTS WITH CIGNA GLOBAL HEALTH BENEFITS COVERAGE

Our precertification program is part of a robust medical management model that focuses on helping to ensure our customers receive cost-effective, medically necessary care that will be covered under their benefit plan.

To help ensure your patients with Cigna Global Health Benefits® (CGHB) coverage receive this level of care, please remember that precertification is required for inpatient and certain outpatient services rendered in the United States for those with this coverage.

What this means to you

When seeing a patient with CGHB coverage, you should request precertification for inpatient and certain outpatient services by calling the telephone number on the back of the their ID card or the CGHB Customer Service team at 1.800.441.2668. Please be aware that precertification does not guarantee coverage, and that treatments or services requiring precertification will not be covered unless precertification has been obtained.

Please also note that we partner with select key ancillary providers, such as eviCore healthcare (formerly MedSolutions | CareCore), to manage precertification for certain services, such as high-technology radiology and radiation therapy. In these cases, you should work directly with the ancillary provider to request precertification.

How to tell which patients with CGHB coverage require precertification for outpatient procedures

Cigna ID cards typically note if precertification is required for outpatient procedures. For consistency with other Cigna ID cards, CGHB ID cards will be updated to indicate that inpatient and outpatient services require precertification, when applicable. Until all cards are updated, however, we recommend that you call the CGHB precertification telephone number at 1.800.441.2668 for all of your patients with CGHB coverage.

Questions?

For more information about the precertification process, or to obtain the complete list of services requiring precertification, log in to the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Reimbursement and Payment Policies > Precertification Policies). If you are not registered for the website, you will need to register and log in to access these policies. Go to CignaforHCP.com and click "Register Now."

If you do not have Internet access, please call CGHB Customer Service at the number on your patient's ID card or 1.800.441.2668.

CARECORE AND MEDSOLUTIONS MERGE TO BECOME EVICORE HEALTHCARE

In December 2014, CareCore National and MedSolutions, Inc. announced a merger of their companies. On June 4, 2015, the company announced a new name – eviCore healthcare – and also unveiled a new logo.

There are no other changes or impacts to health care professionals as a result of this merger. You should continue to follow the same processes for the radiation therapy, high-technology radiology, and diagnostic cardiology services that CareCore National and MedSolutions have historically managed for your patients with Cigna coverage.

About our relationship with eviCore healthcare

We work with select benefit management companies to help Cigna customers access quality health care professionals, increase their quality of care and safety, and ensure that we cover services based on their benefit plan designs. eviCore healthcare helps us to reach these goals by performing our utilization management reviews and precertifications, as well as by providing a network of health care professionals to perform these services.

For additional information, please read eviCore healthcare's [press release](#).



REMINDER: RESET YOUR PASSWORD FOR CIGNAFORHCP.COM

As a reminder, all registered users of the Cigna for Health Care Professionals website (CignaforHCP.com) are required to reset their password every 120 days. This is important to help you provide better security for your office and patient information.

To help make it easier to remember, we will begin sending an automated message two weeks in advance of the required reset date. During this time, you will be able to change your password whenever it's most convenient for you. Of course, you can reset your password even more frequently if you choose. Log in to CignaforHCP.com > Settings and Preferences (top of screen) > Password > Create a new password. It's easy, and takes less than a minute.

Keep your password confidential

For the same reason you change your password, it's also important that you do not share it with anyone. Be vigilant about password protection to help keep your office and patient information secure.

Need to register for the Cigna for Health Care Professionals website?

It's easy to register for CignaforHCP.com or to delegate access to other office members. To register, click "Register Now" on the CignaforHCP.com login page. You'll need the Tax Identification Number (TIN), and either the address or license number of the health care professional in your office. To have website access delegated to you, ask your primary administrator to grant you access under your own user ID.



eServices WEBINAR SCHEDULE

You're invited to join interactive, web-based demonstrations of the Cigna for Health Care Professionals website (CignaforHCP.com). Learn how to navigate the site and perform timesaving transactions such as precertification, claim status inquiries, electronic funds transfer (EFT) enrollment and more. The tools and information you'll learn can help you and your patients with Cigna coverage.

TOPIC	DATE	TIME (PST / MST / CST / EST)	LENGTH	MEETING NUMBER
Online Precertification	Wednesday, July 29 2015	10:00 AM / 11:00 AM / Noon / 1:00 PM	45 min.	716 255 388
CignaforHCP.com Overview	Thursday, August 6, 2015	9:00 AM / 10:00 AM / 11:00 AM / Noon	90 min.	714 083 463
Eligibility & Benefits/Cigna Cost of Care Estimator	Friday, August 14, 2015	Noon / 1:00 PM / 2:00 PM / 3:00 PM	45 min.	717 959 537
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Tuesday, August 18, 2015	10:30 AM / 11:30 AM / 12:30 PM / 1:30 PM	45 min.	710 087 556
Online Precertification	Wednesday, August 26, 2015	8:30 AM / 9:30 AM / 10:30 AM / 11:30 AM	45 min.	717 578 098
CignaforHCP.com Overview	Thursday, September 3, 2015	11:00 AM / Noon / 1:00 PM / 2:00 PM	90 min.	715 355 447
Eligibility & Benefits/Cigna Cost of Care Estimator	Tuesday, September 8, 2015	Noon / 1:00 PM / 2:00 PM / 3:00 PM	45 min.	716 468 777
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Friday, September 18, 2015	10:00 AM / 11:00 AM / Noon / 1:00 PM	45 min.	719 937 759
Online Precertification	Thursday, September 24, 2015	9:00 AM / 10:00 AM / 11:00 AM / Noon	45 min.	718 652 729

Preregistration is required for each webinar:

1. Go to Cignavirtual.webex.com.
2. Enter the meeting number provided in the webinar listing.
3. Click "Join" and then click "Register."
4. Enter the requested information. The password for each webinar is 123456.
5. You'll receive a confirmation email with meeting details.

To join the audio portion of the webinar:

Dial 1.888.Cigna.60 (1.888.244.6260) and enter passcode 645904# when prompted.

Questions?

Contact Prov_eSvcs_Atlantic@Cigna.com



2016 CIGNA CARE DESIGNATION, AND PHYSICIAN QUALITY AND COST-EFFICIENCY DISPLAYS

Cigna regularly evaluates physician quality and cost-efficiency information. We recognize physicians who meet specific criteria by assigning them a Cigna Care Designation, or a physician quality and cost-efficiency display, for a given specialty.

Currently, the 2015 Cigna Care Designations, and physician quality and cost-efficiency information, are displayed in our online health care professional directories at Cigna.com and myCigna.com. They are identified by unique symbols (for quality criteria) and stars (for cost efficiency).* We typically update this information annually.

Existing physician profiles will display through 2016

We are extending the time frame for Cigna Care Designation, and physician quality and cost-efficiency ratings to apply. As a result of this change, **the existing 2015 physician profiles will remain in effect and continue to display in our online directories through December 31, 2016.**

If you have inquiries related to your status, including reconsideration requests, please email them to PhysicianEvaluationInformationRequest@Cigna.com.

Methodology for the current displays

For more information about the methodology we used to determine the 2015 Cigna Care Designation and physician quality and cost-efficiency displays, please review the 2015 Cigna Care Designation and Physician Quality and Cost-efficiency Displays Methodology Whitepaper at Cigna.com/CignaCareDesignation.

If you have questions, please call Cigna Customer Service at 1.800.88Cigna (882.4462).

*Cost-efficiency displays are available only on myCigna.com for individuals with Cigna coverage.

CIGNA QUALITY INITIATIVES AVAILABLE ONLINE

We want you to have the latest information about our quality initiatives and health management programs, care guidelines, and utilization management. We hope you find these resources helpful when considering care options for your patients with Cigna-administered coverage.

The details of our quality initiatives are just a few clicks away on the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Medical Resources > Commitment to Quality > [Quality](#)).

Care guidelines

To view Cigna care guidelines visit CignaforHCP.com > Resources > Medical Resources > Clinical Health and Wellness Programs > [Care Guidelines](#).

Utilization management

We base utilization management decisions on appropriateness of care and services, standardized evidence-based criteria, and existence of coverage. We do not reward health care professionals for issuing denials of coverage. There are no financial incentives in place for utilization management decision makers that encourage or influence decision making. Your patients have the right to disagree with a coverage decision, and we can provide them with instructions on how to submit an appeal. Your patients can also elect to obtain care at their own expense.

The following services are available to your patients, free-of-charge, when you submit a utilization management request:

- › Language line services
- › Telecommunications device for the deaf (TDD) and teletypewriter (TTY) services. Any deaf, hearing-impaired, or speech-impaired person in the United States can access these services through the 711 dialing code to the Telecommunications Relay Services (TRS). It interfaces with the existing phone equipment used by hearing-impaired persons.

If you have questions about our quality initiatives, including how we are progressing in meeting our quality goals, or want to request a paper copy of this information, please call Cigna Customer Service at 1.800.88Cigna (882.4462).



CIGNA FOUNDATION EMBRACES HEALTH EQUITY IN WORLD OF DIFFERENCE GRANT PROGRAM

On April 14, 2015, the Cigna Foundation announced that it will tackle the health equity challenges around the globe through its World of Difference grant program, and is seeking applications from nonprofits in the United States and around the world.

The Cigna Foundation will work with dedicated nonprofit partners, and use the knowledge and expertise of Cigna's professionals, to help people overcome barriers to their health and well-being related to factors such as ethnicity, race, gender, age, education, economic status, and place of residence.

"Our purpose is to be a positive force for change in the lives of individuals and communities throughout the U.S. and around the world," explained David Figliuzzi, Executive Director of the Cigna Foundation. "Our work in health equity revolves around the belief that everyone deserves a chance to be healthy and secure, and that we can help to remove the barriers people face to achieving their best health. We've heard the global health equity call to action, and we're prepared to dedicate our financial and people resources to it."

World of Difference grants: Priorities for this year

Last year, the Cigna Foundation created the World of Difference grants to provide significant financial and professional support to nonprofit organizations working to improve women's health, children's wellness, senior care, and health equity.

This year, health equity is the top priority for Cigna Foundation funding. Health equity falls squarely within the area known as the social determinants of health, defined by the World Health Organization as the circumstances in which people are born, grow up, live, work, and age, as well as the system that deals with illness in that environment. To improve health equity, programs need to consider the conditions of daily life for those who struggle to be healthy and well.

"We've heard the global health equity call to action, and we're prepared to dedicate our financial and people resources to it."

David Figliuzzi,
Executive Director, Cigna Foundation

Recent recipients of World of Difference grants

The World of Difference grants will invest in nonprofit initiatives related to health education, research, direct medical services, and prevention. The following are a few examples of recent health equity partners that the Cigna Foundation selected for World of Difference grants.

- › [Community Solutions](#), working to reduce emergency room use and improve life in a Hartford, Connecticut neighborhood.
- › The [University of Maryland HAIR program](#), providing colorectal cancer prevention information to African Americans through barbershops and hair salons.
- › [The New York Botanical Garden](#), teaching the medical community how to understand and speak with Latino and Caribbean patients about their use of plant-based remedies.
- › The [Healthy Smiles Mobile Dental Foundation](#), providing oral health services to underserved children in California.
- › [Arogya World](#), creating and distributing chronic disease prevention information through mobile phone apps in India.

Grant application information for nonprofit organizations

The World of Difference grants range from \$50,000 to \$150,000. To be considered, programs must be innovative, and show impact and clear metrics. Pilots with new concepts will be considered. Priority is given to programs that are sustainable and scalable, with the potential to expand. Nonprofits must be highly collaborative, and proposals should include opportunities for Cigna skills-based volunteerism and the use of Cigna expertise.

Nonprofit organizations working in health equity, and wishing to apply for a grant, are invited to visit the website: EasyMatch.com/CignaGiving.

About the Cigna Foundation. *The Cigna Foundation, founded in 1962, is a private foundation funded by contributions from Cigna Corporation (NYSE: CI) and its subsidiaries. The Cigna Foundation is committed to working together with nonprofit organizations that are creating innovative approaches to improving the health and security of individuals and communities everywhere. The Foundation's primary grantmaking focus is on health equity, with an emphasis on sharing the expertise and energies of Cigna's people with our nonprofit partners.*



PARTICIPATE IN THE LEAPFROG HOSPITAL SURVEY

Cigna encourages hospitals to participate in the Leapfrog Hospital Survey. We use hospital performance information collected from the survey in our Centers of Excellence Hospital Value Profile. This self-reported public data is one of the criteria used to assess participating hospitals for the Cigna Centers of Excellence program.

Missed the June deadline?

You can still participate in the survey. Hospitals that submitted a 2015 survey by June 30, 2015 will be included in Leapfrog's first release of 2015 survey results in late July, and will fully replace all 2014 survey results. At the end of July, and monthly thereafter, Leapfrog will update and release results on the fifth business day of the following month based on 2015 surveys (re)submitted by the end of the month. The results can be viewed at LeapFrogGroup.org/cp. If you complete and submit a survey, or update a survey and resubmit it, by the month's end, results for your hospital will be reflected in the next monthly update, based on surveys submitted by the end of the previous month.

For more information about the Leapfrog survey and how to participate, please visit LeapFrogGroup.org.

HSA BANK TO ADMINISTER CIGNA CHOICE FUND HEALTH SAVINGS ACCOUNTS

Health savings accounts provide your patients with a convenient and easy way to spend and track their health care dollars. They also simplify the reimbursement process for you by helping to ensure payments are timely and accurate.

On July 1, 2015, HSA Bank® began administrating health savings accounts for your patients with Cigna Choice Fund® accounts. This change is a result of the bank's recent acquisition of JPMorgan Chase & Co. (JPMC), which previously provided this service. The transition is expected to be completed in the first quarter of 2016.

There will be no change when using the Cigna Cost of Care Estimator® for patients with Cigna Choice Fund accounts administered by HSA Bank. In addition, please note that this change will not affect Cigna Choice Fund health reimbursement accounts (HRAs) or flexible spending accounts (FSAs).

What you need to know

We will continue to process and provide reimbursement for the medical portion of your claims, and then forward them to HSA Bank to process the remaining balance. Our reimbursements will continue to be made based on your current elections – electronic funds transfer (EFT) or paper checks. Explanation of payments (EOPs) will also be delivered based on your election – 835/electronic remittance advice (ERA) or paper.

Please note that HSA Bank does not currently provide EFTs or ERAs, and will therefore send only paper checks and EOPs.

Your patients with health savings accounts can continue to use their debit card to pay for services provided. They also still have two options for paying their remaining balances. They can either elect to pay them automatically or on an individual basis. In keeping with a plan's benefits, health care professionals can also bill patients for the balance of any claims not paid by Cigna.

How to verify eligibility

You can continue to verify eligibility the same way as before. Either submit an eligibility and benefit inquiry (270/271) through your electronic data interchange (EDI) vendor, log in to the Cigna for Health Care Professionals website (CignaforHCP.com > Patients > Search Patients), or view the patient's ID card.

For additional information, call Cigna Customer Service at 1.800.88Cigna (882.4462).



COMING SOON: CULTURAL COMPETENCY DESIGNATION OPPORTUNITY

If you're an office-based health care professional, be on the lookout for an email from Cigna in early September. We'll be inviting you to participate in training to achieve our new Cultural Competency Designation. We've collaborated with the Georgetown University National Center for Cultural Competence to develop an assessment, as well as learning opportunities, to help you obtain this designation.

Physicians who complete the established training will be identified in an Adobe PDF listing in our online directory on Cigna.com and myCigna.com. This will let patients know who has completed the training and are recognized as providing culturally competent care.

There will be a limited number of designation opportunities. Please be sure to respond to the email in a timely manner if you're interested in achieving this designation.

GET CONNECTED. SIGN UP FOR EMAIL COMMUNICATIONS

Is your desk strewn with paper? Piled high with stacks of letters?

We can help reduce the clutter by delivering reminders, updates, and other important information directly to your email inbox.

Electronic communication can be convenient for you and a timely and efficient way for us to connect and communicate.

Signing up to receive communications, including *Network News*, by email is simple. Submit your name, title, email, mailing address (city, state, and ZIP code), and Taxpayer Identification Number (TIN) to NetworkNewsEditor@Cigna.com with Cigna Email in the subject line.

We'll add you to our email list, and our communications team will be in touch to confirm your connection.



ICD-10 UPDATE

We remain focused on operational readiness as we move closer to the October 1, 2015 ICD-10 compliance date. Part of our efforts includes testing. All external testing with health care professionals concluded in March 2015. We are continuing to perform internal tests to help ensure optimal claim intake and claim processing, and to validate applications such as reporting and analytics. You may check the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Medical Resources > [ICD-10](#)) for the results of the internal ICD-9 and ICD-10 testing we completed as of February 2015.

Revised CMS-1500 paper claim form

As of March 31, 2014, the Centers for Medicare & Medicaid Services (CMS) no longer accepts the CMS-1500 Health Insurance Claim Form (version 08/05). Professional and supplier paper claims are only accepted by CMS on the revised [CMS-1500](#) Health Insurance Claim form (version 2/12).*

The newest version of the form includes the following information to increase functionality:

- › Indicators for differentiating between ICD-9-CM and ICD-10-CM** diagnosis codes
- › Expansion of the number of possible diagnosis codes to 12
- › Qualifiers to identify the following provider roles (on item 17):
 - › Ordering
 - › Referring
 - › Supervising

For additional information about the [CMS-1500](#) claim form and to obtain a copy, please visit the National Uniform Claim Committee (NUCC) website at NUCC.org.

Claim submissions tips

As of October 1, 2014, Cigna only accepts the [CMS-1500](#) form (version 2/12)

Once received, your paper claims are electronically scanned, sorted, and stored. This helps reduce manual keying errors and improve the response time on your paper claims.

You can help us by following these guidelines when completing and submitting paper claims:

- › Use the [UB-04](#) claim form for hospital charges or the [CMS-1500](#) form for all other claims. Please use original claim forms, which scan better than copied versions.
- › Use machine-printed forms whenever possible. If you need to handwrite information, please use black ink.
- › Make sure that all the appropriate [UB-04](#) form fields and [CMS-1500](#) form fields are completed. This will help avoid returned claims due to missing information.
- › Refer to the patient's current Cigna ID card to be sure that you have the appropriate customer ID number and suffix, as well as the correct address for submitting claims.

Note: It is important to include the patient's Cigna ID number on all claim attachments and correspondence.

While we maintain processes for handling paper claims, we strongly recommend electronic filing.

To learn more, go to Cigna.com > Health Care Professionals > Resources > Doing Business with Cigna > [How to Submit Claims to Cigna](#).

*The Administrative Simplification Compliance Act (ASCA) requires that Medicare claims be sent electronically unless certain exceptions are met. Some Medicare health care professionals qualify for these exceptions and send their claims to Medicare on paper. For more information about ASCA exceptions, please contact the Medicare Administrative Contractor (MAC) who processes your claims. Claims sent electronically must abide by the standards adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

** Although the revised CMS-1500 claim form has functionality for accepting ICD-10 codes, do not submit ICD-10 codes on claims for dates of service prior to October 1, 2015.

This article is being rerun from the April 2015 *Network News* to correctly reference the UB-04 form rather than the UB-92 form.



ARIZONA MEDICARE ADVANTAGE PRESCRIPTION DRUG PLANS: WHERE TO SEND APPEALS

If you have patients with Arizona Medicare Advantage Prescription Drug (AZ-MAPD) plan coverage through Cigna, please be sure to use the correct form and contact information when submitting appeals after being notified that your prior authorization request for a medical item, service, or medication has been denied.

Cigna AZ-MAPD plan names include:

Cigna-HealthSpring Preferred (HMO) – Groups: 4010, 4011, and 4100-4225

Cigna-HealthSpring Preferred Plus (HMO) – Groups: 4040 and 4041

Cigna-HealthSpring Achieve Plus (HMO SNP) – Groups: 4050 and 4051

TYPE OF APPEAL REQUEST	FORM NAME	WHERE TO FIND THE FORM*	CONTACT
<p>Appeals for medical care</p> <p><i>Use when you want us to reconsider coverage of a medical item or service your patient has not yet received after it has been denied via the initial coverage decision process.</i></p>	<p>Request for Reconsideration of Medicare Denial of Medical Coverage form</p>	<p>CignaHealthSpring.com > Customer Tools > 2015 Customer Forms > Medicare Advantage (Part C) Forms (Arizona Only) > Medical Pre-service Appeal Form (Organizational Determination)</p> <p>Paper form: Click here</p> <p>Online form: Go to CignaHealthSpring.com and follow the path shown above.</p>	<p>Cigna Medicare Services Medicare Appeal Dept. 25500 North Norterra Drive Phoenix, AZ 85085 Fax: 1.866.567.2474 Phone: 1.800.973.2580 (option 2)</p>
<p>Appeals for Part D prescription drugs</p> <p><i>Use when you want us to reconsider coverage of a medication your patient has not yet received after it has been denied via the initial coverage decision process, or when reimbursement has been denied if your patient has already received the medication.</i></p>	<p>Request for Redetermination of Medicare Prescription Drug Denial form</p>	<p>CignaHealthSpring.com > Customer Tools > 2015 Customer Forms > Medicare Advantage (Part C) Forms (Arizona Only) > Redetermination Request Form</p> <p>Paper form: Click here</p> <p>Online form: Go to CignaHealthSpring.com and follow the path shown above.</p>	

*We do not require the use of any specific form for requesting an appeal.

Note that you will find these forms under the Medicare Advantage (Part C) Forms (Arizona Only) section of the Cigna-HealthSpring website, and not the Prescription Drug Plans (Part D) Forms section. In addition, whenever we issue a denial for a patient with AZ-MAPD coverage, we will also send a notice that includes instructions on how to appeal the decision, along with the appropriate form to submit.

Correct use of Cigna forms

If using a Cigna form to submit your appeal when a prior authorization request has been denied, please be sure to use the correct one for a patient with AZ-MAPD coverage. Mailing addresses are different on each Cigna form. For example, if you submit a Coverage Determination form for an appeal instead of a Request for Redetermination form, it may be misrouted, preventing a timely and thorough review of the appeal request.



SUPPORTING YOUR PATIENTS THROUGH CIGNA SPECIALTY PHARMACY SERVICES

About Cigna Specialty Pharmacy Services

Specialty medications are complex and require extensive management – from ordering to administration of the drugs. The integration of Cigna pharmacy and medical benefits can make managing this process a lot easier for you and your patients. We can help to improve health outcomes by providing robust, collaborative support through our dedicated teams across pharmacy, medical, and other Cigna-administered benefits.

Cigna Specialty Pharmacy Services creates a personalized experience that can educate and motivate patients to become active, accountable, and confident. We offer tools to connect and engage them along their health care journey. Our therapy management teams are specially trained to provide coaching on drug therapy and side effects, monitor and encourage optimal adherence, and manage the prior-authorization process. They provide focused clinical support – all designed to help optimize your patient's total health, productivity, and performance, while reducing avoidable costs.

Our relationship with you is important to us, and we want to be sure we're keeping you up to date on some great happenings within Cigna Specialty Pharmacy Services to help provide support to you and your patients.

Limited distribution drug access

Certain medications, known as limited distribution drugs (LDDs), are used to treat conditions affecting only a small number of patients with special requirements. Because of this, the manufacturer may choose to limit the distribution of a drug to only a few pharmacies, or as recommended by the U.S. Food and Drug Administration (FDA)

in order for the drug to be approved.

Cigna Specialty Pharmacy Services has access to 97% of all LDD medications utilizing a contracted pharmacy network, helping to ensure customers have access to required medications. For a list of LDDs available through Cigna Specialty Pharmacy Services, [click here](#). LDDs are also included on the therapeutic class-specific order forms that are available to physicians on the Cigna for Health Care Professionals website ([CignaforHCP.com](#) > Resources > Forms Center > Pharmacy Forms > [Home Delivery Pharmacy Forms](#)). A user ID and password are not required to access this page.

Home infusion therapy services and support

It takes hard work and many steps to set up a patient for infusions. Cigna Specialty Pharmacy Services makes the process smooth and easy, because we're here every step of the way. Our medical directors, pharmacists, and health advisors with nursing backgrounds can work with you and your patient to help coordinate a move from an outpatient facility to home administration for infusion medications when appropriate, allowing your patients to receive treatment in the comfort of their homes. Our health advisors can help to manage

the process, and serve as your patient's advocates to support positive health outcomes. The integration of pharmacy and medical benefits can give us a big picture view of your patient's needs, supporting the work of our health advisors as they assist your patients through their complex therapy.

Additional information about Cigna Specialty Pharmacy support and infusion medications is available on the Cigna for Health Care Professionals website ([CignaforHCP.com](#) > Resources > Pharmacy Resources > [Specialty Pharmacy](#)). Prescription order forms for infusion medications are available at [CignaforHCP.com](#) > Resources > Forms Center > Pharmacy Forms > [Home Delivery Pharmacy Forms](#). A user ID and password are not required for access to this page. For more information, or to order specialty medications, call us at 1.800.351.3606, extension 144.

Smart Pill Bottle: An innovative way to help improve adherence

Working with Genentech, the distributor of the oncology medication Tarceva® (erlotinib), and AdhereTech, manufacturer of the Smart Pill Bottle, Cigna Specialty Pharmacy Services is offering a Smart Pill Bottle program that can help patients adhere to their medication regimen. Patients who have a diagnosis of lung or pancreatic cancer, and have been prescribed Tarceva, are eligible to participate. The Smart Pill Bottle incorporates wireless technology, similar to a standard cell phone, that is programmed to notify patients and remind them to take their medication.

It can help to improve patient medication adherence by providing a better understanding of patient behaviors and concerns with taking their medication.

To learn more about the Smart Pill Bottle program, you or your patients who are taking Tarceva can call Cigna Specialty Pharmacy Services at 1.800.351.3606. The Cigna Home Delivery order form for Tarceva is available at [CignaforHCP.com](#) > Resources > Forms Center > Pharmacy Forms > Home Delivery Pharmacy Prior Authorization Forms > [Tarceva CHDP](#). Prescriptions can be faxed to 1.800.351.3616.

URAC accreditation

Recently, Cigna Specialty Pharmacy Services earned full accreditation from URAC for its service, safety, and improvement-oriented processes that help patients get the most out of their medications. Cigna Pharmacy Benefit Management, Health Management, and Health Utilization were previously accredited by URAC for other customer-focused programs.

URAC is an independent, nonprofit organization that promotes health care quality through its accreditation, education, and measurement programs. Its rigorous, nationally recognized accreditation process typically lasts several months, and includes an extensive review of different benchmarks, programs, and operations. Click here to read the [press release](#).



CIGNA SPECIALTY PHARMACY SERVICES FOR FERTILITY TREATMENT

The Cigna Specialty Pharmacy (CSP) Services Fertility Team is one of 11 health condition teams we formed to provide personalized support for specific specialty conditions. It can provide value to both you and your patients who are dealing with health issues related to fertility.

“The fertility health condition team is essential to our specialty pharmacy, as they provide both the service and caring support that these patients need,” said Specialty Pharmacist Christina Tolomeo. “Fertility regimens can be complicated, and our patients need support to understand and guide them through the approval and delivery process to help ensure that they receive their medications on the exact day they are needed.”

Proactive support with paperwork, benefits, and assistance programs

Specialty medications are complex and require extensive management, and the CSP Fertility Team can make handling the paperwork as simple as possible. They also take it one step further by proactively informing patients of their benefit plan information on shipped orders.

In addition, the fertility team can assist with out-of-pocket medication costs. They can connect patients with existing copayment assistance programs and apply the proceeds to fertility medication orders whenever possible.

Medications taken on time

Timing is everything when it comes to treating fertility issues. The CSP Fertility Team can offer patients assistance with receiving their medications on time, every time.

Faster start of fertility treatments

When medication therapy is coordinated through the CSP Fertility Team, the team immediately begins the prior authorization process. We work with the clinical staff, the pharmacy services center, the patient, and the health care professional to help ensure the prior authorization is approved as soon as possible.

First step: Encourage your patients to call

When the team has direct contact with a patient from the beginning, they can welcome the patient and verify fertility drug coverage days or weeks prior to starting treatment. Please encourage your patients to call the CSP Fertility Team at 1.800.351.3606, extension 145.



CIGNA MEDICAL GROUP OFFERS DIABETES EDUCATION RESOURCES

If your patient with Cigna-administered coverage has been diagnosed with diabetes mellitus (DM), their insurance may cover a Cigna Medical Group (CMG) diabetes education program. These programs are provided by our team of CMG-certified diabetes educators, which consists of both registered nurses and registered dietitians, and is recognized by the American Diabetes Association. These programs are offered at CMG clinics across the Phoenix-Metro Area for convenient patient scheduling options. Your patients can call us at 1.623.876.2355 for the closest location.

Who is eligible for the CMG diabetes education program?

Patients covered under the Cigna plans listed below may be eligible, at the copayment or cost listed.

- › Cigna Medicare – no copayment
- › Medicare A and B – no copayment for:
 - › The first 10 visits (only allowed once)
 - › Three visits per year after the first 10
- › Commercial – copayment is the same as the primary care physician (PCP) copay
- › Fee-for-service – check with the CMG service team for cost

Options available

- › Individual 1:1 – DM appointments, with insulin training, diet, hypoglycemic and hyperglycemic signs and symptoms, DM disease management, etc.
- › Class series, including a Saturday option

CMG providers

Please refer your patient through the electronic health record using the Follow Up/Referral tab in the Orders section. Referral is listed under Diabetes Education Classes or Diabetes Educator Referral.

Non-CMG providers

To refer a patient, fax the following information to 1.623.876.2103.

- › Patient name and date of birth
- › Patient contact and demographic info
- › Order for diabetes education (preference for class series or 1:1 sessions)
- › Diagnosis codes
- › Recent progress notes
- › Any recent, available DM-related lab work.

Questions?

Please call us at 1.623.876.2355.



Our affordability programs and supporting relationships with ancillary providers help directly address our customer and client goals of lower costs, access to quality services, and increased customer engagement. These programs can help us meet these goals by expanding access to quality health care professionals, increasing quality of care and patient safety, and helping to ensure that we cover services based on benefit plan designs.

THE VALUE OF IN-NETWORK REFERRALS

With health care costs continuing to rise, it's more important than ever to be conscious of how much your patients are paying for the care they receive.

As a health care professional in our network, you have the ability to improve the quality and financial value of the services your Cigna patients receive – directly through the care you provide and the referral choices you make.

What's important to know is that referrals have a direct affect on your patients' cost, experience, and quality of care. In many cases, your patients may be unaware that the health care professional you refer them to is out-of-network – and that the costs associated with seeing that out-of-network health care professional may be a big financial burden to them.

That's why the referral choices you make are directly connected to your patients' overall quality of care and out-of-pocket costs.

In-network lab referrals make a difference

Did you know that one of the biggest drivers of your patients' health care costs is laboratory expenses?

Cigna customers save, on average, 77% when an in-network lab is used compared with an out of network lab.*

*Savings based on average 2014 lab costs from our national labs compared with out-of-network laboratory costs.

When patients need laboratory services performed, they trust and rely on you to refer them for the appropriate testing, in the most affordable setting.

Keep in mind that if you refer patients to an out-of-network laboratory – or send their test specimens to a non-participating laboratory or pathologist – they will be responsible for the out-of-network charges according to their plan's benefits. These costs can be considerable, especially for patients who do not have out-of-network benefits.

We're trying to make it easier for you

We understand the challenges you face in working across multiple networks to ensure that you refer patients to appropriate in-network health care professionals and facilities.

To help make this process easier for you, we offer you and your patients access to our extensive network of regional and national labs, including Laboratory Corporation of America (LabCorp) and Quest Diagnostics. These in-network labs can provide general and specialty laboratory and pathology testing in locations that are convenient and cost effective for both you and your patients.

To find the most up-to-date list of our in-network laboratories, please visit the online Cigna Health Care Professional Directory at CignaforHCP.com or Cigna.com.

The big picture

We're committed to providing you with timely and relevant information that will help you provide quality and cost-effective care to your patients. Watch this short [video](#) about how referring your patients to a participating laboratory can minimize their out-of-pocket costs, while ensuring they receive quality care.

By working together, we can help improve the quality and financial value for your patients when they receive health care services.

The Benefits of Referring Patients to In-Network Labs



HELPING YOUR PATIENTS SAVE ON RADIOLOGY SERVICES

We strive to provide our customers with cost-effective, quality services. As a trusted health care professional, you play an important role in helping us fulfill that commitment. Through referrals, you can help your patients make more informed choices about their health, the services they receive, and how they spend their health care dollars.

For instance, did you know that costs for radiology services can vary greatly, depending on where the service is provided? On average, high-technology radiology services like MRI, CT, and PET scans provided by an independent radiology center are about \$1,000 less than the same scan provided in the outpatient radiology department of a hospital.* To help our customers realize that savings, we provide them with access to a network of more than 3,000 independent radiology locations nationwide where they can receive services at highly competitive rates.

As a reminder, individuals should always be encouraged to select a facility that is conveniently located and offers the lowest cost. In fact, your patients with Cigna coverage may already be familiar with our Informed Choice program, which proactively contacts some customers to provide them with these cost comparisons so they can choose the most convenient and cost-effective facility for having their MRI, CT, or PET scan.

For the most current list of network facilities, please visit our website at Cigna.com, click “Find a doctor,” then search for “Radiology & Imaging Services” under “Find a place by type.” Be sure to enter your patient’s ZIP code to find facilities close to them.

If you would like additional information about the benefits of referring your patients with Cigna coverage to these cost-effective facilities, please call Cigna Customer Service at 1.800.88Cigna (882.4462).

If you would like more information about our Informed Choice program, please visit Cigna.com/InformedChoice.

*Based on Cigna’s average cost difference of independent radiology centers versus outpatient radiology departments.



MARKET MEDICAL EXECUTIVES CONTACT INFORMATION

Cigna Market Medical Executives (MMEs) are an important part of our relationship with health care professionals. They provide personalized service within their local regions and help answer your health care-related questions. MMEs cover specific geographic areas so they are able to understand the local community nuances in health care delivery. This allows them to provide you with a unique level of support and service.

NORTHEAST REGION

Peter McCauley, Sr., MD, CPE <i>Regional Medical Director</i>	IL, IN, MN, ND, SD, WI, MI	1.312.648.5131
Frank Brown, MD	DC, MD, VA	1.804.344.2384
Jack Davidson, MD, MBA	KS, MO, NE, IA, ND, SD	1.314.290.7313
Robert Hockmuth, MD	CT, MA, ME, NH, RI, VT	1.603.268.7567
Tiffany Lingenfelter-Pierce, MD	CT, MA, ME, NH, RI, VT	1.603.203.4317
Ronald Menzin, MD	NJ, NY	1.631.247.4526
E. David Perez, MD	NJ, NY	1.646.658.7157
Christina Stasiuk, DO	DE, OH, PA, WV	1.215.761.7168

SOUTHEAST REGION

Jordan Ginsburg, MD <i>Regional Medical Director</i>		1.314.610.0095
Robert W. Hamilton, MD	AL, GA	1.404.443.8820
Michael Howell, MD, MBA, FACP	FL, USVI	1.407.833.3130
Edward Hunsinger, MD	NC, SC	1.860.902.6671
Renee McLaughlin, MD	AR, KY, MS, TN	1.423.763.6764
Mark J. Netoskie, MD, MBA, FAAP	LA, South TX	1.713.576.4465
Frederick Watson, DO, MBA, CPE	North TX, OK	1.972.863.5119

WEST REGION

Jennifer Gutzmore, MD <i>Regional Medical Director</i>	Southern CA	1.818.500.6459
Jacob Asher, MD	Northern CA	1.415.317.1613
John Keats, MD	AZ, NV	1.480.426.6779
Mark Laitos, MD	CO, NM, UT, WY	1.303.566.4705
John Sobeck, MD	AK, HI, ID, MT, OR, WA	1.206.625.8861

NATIONAL

Nicholas Gettas, MD

Chief Medical Officer, 1.804.240.9935
Cigna Regional Accounts

Reasons to call your MME

- ▶ Ask questions and obtain general information about our clinical policies and programs.
- ▶ Ask questions about your specific practice and utilization patterns.
- ▶ Report or request assistance with a quality concern involving your patients with Cigna coverage.
- ▶ Request or discuss recommendations for improvements or development of our health coaching, affordability, or cost-transparency programs.
- ▶ Recommend specific physicians or facilities for inclusion in our networks, or identify clinical needs within the networks.
- ▶ Identify opportunities to enroll your patients in Cigna health advocacy programs.



GO GREEN — GO ELECTRONIC

Would you like to reduce paper to your office? Sign up now to receive certain announcements and important information from us right to your email box. When you register for the secure Cigna for Health Care Professionals website, CignaforHCP.com, you can:

- › Share, print, and save – electronic communications make it easy to circulate copies
- › Access information anytime, anywhere – view the latest updates and time-sensitive information online when necessary

When you register, you will receive some correspondence electronically, such as *Network News*, while certain other communications will still be sent by regular mail.

If you are a registered user, please check the “My Profile” page to make sure your information is current. If you are not a registered user but would like to begin using the website and receive electronic updates, go to CignaforHCP.com and click “Register Now.”

CULTURAL COMPETENCY TRAINING AND RESOURCES

As the population in the United States continues to diversify, it’s important to obtain a better understanding of culturally driven health care preferences. That’s why Cigna has identified and created relevant cultural competency resources specifically for health care professionals and office staff.

Relevant toolkits, articles, and videos are just a few clicks away. Don’t forget to check out one of the most popular resources: CultureVision™. Gain insights on culturally relevant patient care for over 60 cultural communities, or take a cultural competency self-assessment to learn more about yourself.

Visit either of these websites to learn more.

Cigna.com > Health Care Professionals > Resources > [Cultural Competency Training and Resources](#)

CignaforHCP.com > Resources > Medical Resources > Doing Business with Cigna > [Cultural Competency Training and Resources](#)

USE THE NETWORK

Help your patients keep medical costs down by referring them to health care professionals in our network. Not only is that helpful to them, but it’s also good for your relationship with Cigna, as it’s in your contract.

There are exceptions to using the network – some are required by law, while others are approved by Cigna before you refer or treat the patient. Of course, if there’s an emergency, use your professional discretion.

For a complete list of Cigna participating physicians and facilities, go to Cigna.com > Health Care Professionals > Resources > Find a Doctor.

REFERENCE GUIDES

Cigna Reference Guides for participating physicians, hospitals, ancillaries, and other health care professionals contain many of our administrative guidelines and program requirements. The Reference Guides include information pertaining to participants with Cigna and “G” or GWH-Cigna ID cards.

Access the guides

You can access the Reference Guides by logging in to CignaforHCP.com > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides. You must be a registered user to access this site. If you are not registered for the website, click on “Register Now.” If you prefer to receive a paper copy or CD-ROM, call 1.877.581.8912 to request one.



HAVE YOU MOVED RECENTLY? DID YOUR PHONE NUMBER CHANGE?

Check your listing in the Cigna directory

We want to be sure that Cigna customers have the right information they need to reach you when seeking medical care. We also want to accurately indicate whether you are accepting new patients. Please check your listing in our health care professional directory, including your office address, telephone number, and specialty. Go to Cigna.com > Health Care Professionals > Health Care Professionals Directory.

If your information is not accurate or has changed, it's important to notify us – it's easy. Submit changes electronically using the online form available on the Cigna for Health Care Professionals website at CignaforHCP.com. After you log in, select “Working with Cigna” on your dashboard, and then choose the appropriate link for an individual or group health care professional. You will be directed to the online form to complete and submit. You may also submit your changes by email, fax, or mail as noted to the right.

Please note that as part of our ongoing effort to help ensure accurate information is displayed in the directory, we may call you in the coming months to verify your information. We'll take just a few minutes of your time to validate information with you over the phone.

IF YOU ARE LOCATED IN:	
AL, AR, DC, FL, GA, KY, LA, MD, MS, NC, OK, PR, SC, TN, TX, USVI, VA	Email: Intake_PDM@Cigna.com Fax: 1.888.208.7159 Mail: Cigna PDM, 2701 North Rocky Pointe Dr. Suite 800 Tampa, FL 33607
CT, DE, IL, IN, MA, ME, MI, MN, NH, NJ, NY, OH, PA, RI, VT, WI, WV	Email: Intake_PDM@Cigna.com Fax: 1.877.358.4301 Mail: Two College Park Dr. Hooksett, NH 03106
AK, AZ, CA, CO, KS, MO, NV, OR, UT, WA, WY	Email: Intake_PDM@Cigna.com Fax: 1.860.687.7336 Mail: 400 North Brand Blvd. Suite 300 Glendale, CA 91203

URGENT CARE FOR NONEMERGENCIES

People often visit emergency rooms for non-life-threatening situations, even though they usually pay more and wait longer. Why? Because they often don't know where else to go.

You can give your patients other options. Consider providing them with same-day appointments when it's an urgent problem. And, when your office is closed,

consider directing them to a participating urgent care center, rather than the emergency room, when appropriate.

For a list of Cigna's participating urgent care centers, view our Health Care Professionals Directory at Cigna.com > Health Care Professionals > Resources > Find a Doctor.

Letters to the editor

Thank you for reading *Network News*. We hope you find the articles to be informative, useful, and timely, and that you've explored our digital features that make it quick and easy to share and save articles of interest.

Access the archives

To access articles from previous issues of *Network News*, visit Cigna.com > Health Care Professionals > Newsletters. Article topics are listed for each issue.

Your comments or suggestions are always welcome. Please email NetworkNewsEditor@Cigna.com or write to:

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Together, all the way.™



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