

BETTER HEALTH. WE'RE IN IT TOGETHER.

Working together to provide affordable,
accessible, quality health care

NHHAM Meeting
Stephanie Picott
Mark Andrews
June 07, 2019

Offered by Cigna Health and Life Insurance Company or its affiliates

Together, all the way.®

THN-2019-032-ME



Agenda

- **Keeping you updated**
- **Telehealth services**
- **Peer-to-peer review process and appeals**
- **Provider Digital Solutions**
- **Pended claim attachments**
- **Patient and plan detail**
- **Registration and access**
- **Precertification**
- **Q&A**



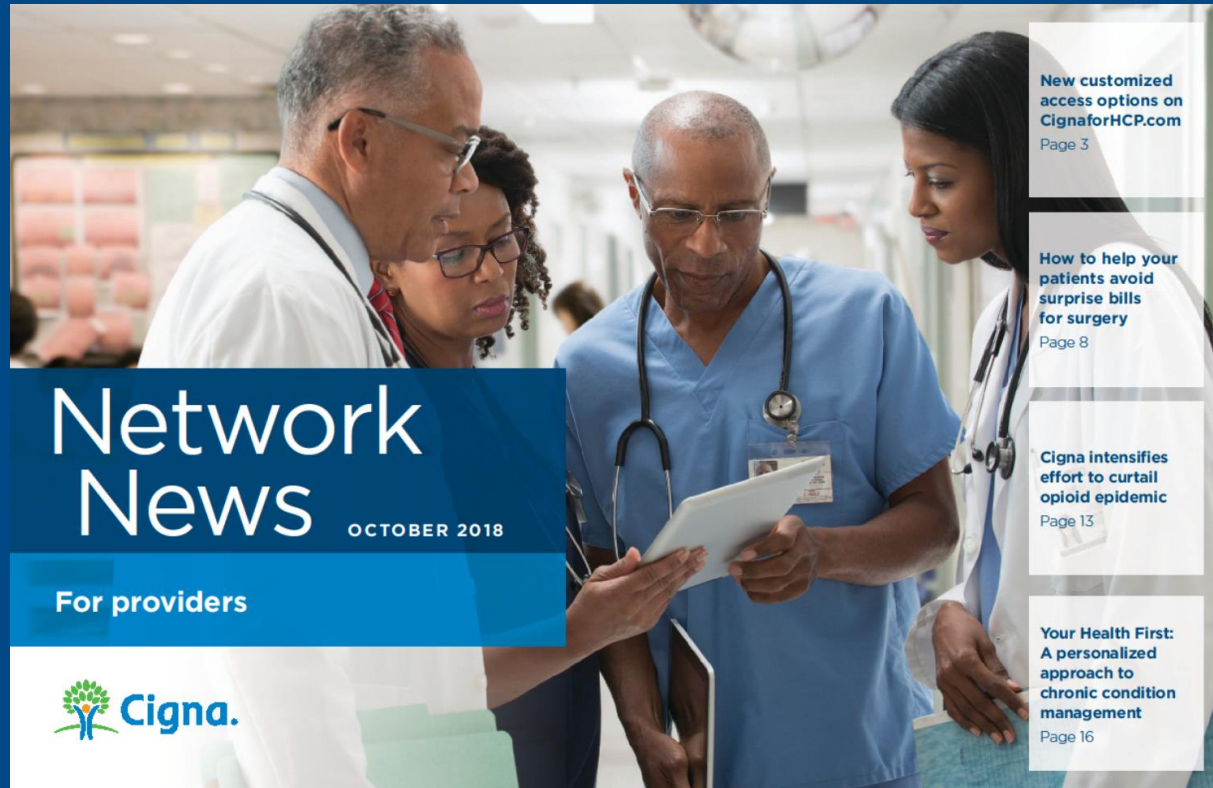
KEEPING YOU UPDATED

The latest information on policy, precertification, and coverage updates



resources

for you



- Quarterly *Network News*
- Go to the Cigna for Health Care Professionals website (CignaforHCP.com)
- Cigna Customer Service 1.800.88Cigna (882.4462)

Email: NetworkNewsEditor@Cigna.com to be added to the distribution



Coverage policy updates

policy and coverage updates

August 2019

- **Medical Coverage Updates**
 - Vitamin D Testing (0526)
 - Drug-Eluting Devices for Use Following Endoscopic Sinus Surgery (0481)
- **Venous Angioplasty**
 - Venous Angioplasty With or Without Stent Placement for Adults (0541)
- **Spinal Fusion Services**
 - Lumbar Fusion for Spinal Instability and Degenerative Disc Conditions, Including Sacroiliac Fusion (0303)
 - Cervical Fusion (0527)
 - Bone, Cartilage and Ligament Graft Substitutes (0118)
- **Orthotic prescriptions with no evaluation**
 - Cranial Orthotic Devices for Deformational and Positional Plagiocephaly (0056)
 - Lower Limb Orthoses and Shoes (0150)
 - Myoelectric Devices: Upper Limb (0233)
 - Knee Braces (0362)
 - Spinal Orthoses (0394)

May 2019

- **Facility Evaluation and Management**
 - Facility Routine Services, Supplies and Equipment Reimbursement Policy (R12)

April 2019

- **Peripheral angioplasty**
 - Percutaneous Revascularization of the Lower Extremities in Adults (0537)

March 2019

- **Perfusionist services**
 - Facility Routine Services, Supplies and Equipment Reimbursement Policy (R12)
- **Ashkenazi Jewish laboratory panel**
 - Genetic Testing Panels (R28)
 - Genetic Testing for Reproductive Carrier Screening and Prenatal Diagnosis (0514)

Information about these updates is available on the Cigna for Health Care Professionals website (CignaforHCP.com).



TELEHEALTH SERVICES



Telehealth services – additional information

Medical providers who are interested in participating in telehealth services through Cigna Telehealth Connection may initiate the contracting process with American Well or MDLIVE directly at:

AmericanWell.com

or

MDLIVE.com

OR

For questions about Cigna Telehealth Connection, providers can call:

**Cigna Customer Service at
1.800.88Cigna (882.4462)**



PEER-TO-PEER REVIEW PROCESS AND APPEALS



Peer-to-peer review process



Request a peer-to-peer review before filing an appeal. It may result in a reversal of a previous coverage decision.



This review provides an opportunity to provide additional clinical information.



Initiate by calling:
1.800.88Cigna
(882.4462),
option 3



If the peer-to-peer review does not result in a revised coverage decision, you may still submit an appeal through our appeal process.



To file an appeal

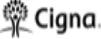
Appeals

- Our process offers a single level of appeal.
- Appeals must be initiated within 180 calendar days of the date of the initial payment or denial decision.
- Decisions are made and communicated within 60 days of appeal receipt.
- Arbitration may be used as a final resolution step after the internal Cigna process is complete.
- CignaforHCP.com > Resources > Clinical Reimbursement Policies and Payment Policies > Claim Appeals > Appeal Policy and Procedures for Health Care Professionals.

Note:

Appeals policies may vary by state; statute supersedes Cigna policy. For details on state-specific dispute policies, see the claim appeal information posted on the website.

Request for Health Care Professional Payment Review



BEFORE PROCEEDING, NOTE THE FOLLOWING:

- Corrected claims should be submitted to the claim address on the back of the patient's Cigna ID card. If the claim in question has had no payments to date and/or you are submitting additional information for the initial review of payment, please forward to the address on the back of the customer's identification card.
- Fee Schedule or reimbursement terms for multiple patients do not require individual appeals. Contact Cigna's Customer Service Department for further assistance. If you are a contracted Health Care Professional and you feel your contract is being inappropriately applied, please contact your Provider Services Representative at Cigna.

STEP 1:
Contact Cigna's Customer Service Department at the toll-free number listed on the back of the patient's Cigna ID card to review any adverse determinations/payment reductions. If a Customer Service representative is unable to change the initial decision, you will be advised at that time of your right to request an appeal.

STEP 2:
Complete and mail this form and/or appeal letter along with all supporting documentation to the address identified in Step 3 on this form. Your appeal should be submitted within 180 days and allow 60 days for processing your appeal, unless other timelines are required in your Provider Agreement or by state law.

REQUESTS FOR REVIEW SHOULD INCLUDE:

1. This completed form and/or an appeal letter requesting an appeal review and indicating the reason(s) why you believe the claim payment is incorrect and should be changed. If submitting a letter, please include all information requested on this form. If only submitting a letter, please specify in the letter this is a Health Care Professional Appeal.
2. Include a copy of the original claim and the Explanation of Payment (EOP) or Explanation of Benefits (EOB), if applicable.
3. For reviews involving a previous clinical denial, such as denied hospital days, level of care, medical necessity or services denied for no prior authorization, supporting documentation should include a narrative describing the situation, an operative report and medical records, as applicable.

PLEASE COMPLETE:

Are you contracted with Cigna? Yes No Tax ID #: _____ NPI #: _____

Have services been rendered? Yes No

If no, and these services require prior authorization, we will resolve your appeal request for benefit coverage as expeditiously as possible and within the time permitted by applicable law.

Please check the issue that best describes your appeal. The initial decision was related to:

- Mutually exclusive, incidental or bundling procedure code denial
- Your Cigna contract and the Fee Schedule or reimbursement terms
- Modifier reimbursement. List modifier(s): _____
- Inpatient Facility denial (level of care, length of stay, delayed treatment day)
- Experimental/Investigational procedure
- Medical necessity of the service
- Timely claim filing (without proof)
- Pre-certification/Authorization not obtained
- Request for in-network benefits
- Benefit plan exclusion or limitation
- Maximum Reimbursable Amount
- Non Participating Anesthesiologist, Radiologist, or Pathologist requesting in-network benefits
- Other (please indicate): _____

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844767a Rev. 06/2013 (Continued on next page) ©2013 Cigna



PROVIDER DIGITAL SOLUTIONS



Provider Digital Solutions

committed to making your life

easier

**#1 overall rank among
eight major payers* for
ease of doing business**

Cigna was recognized as the number one payer when it comes to timeliness, accuracy, and transparency of claim transactions with providers.



* 2016 PayerView® Report™ by athenahealth®

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PENDED CLAIM ATTACHMENTS

CignaforHCP.com



Claim Details screen enhancements



Pended claim attachments

- Electronically submit supporting documentation for pended claims.
- Pend reason codes clearly explain what additional information is needed.

CLAIMS

DASHBOARD CLAIM SEARCH

Claims Search

[-] HIDE RESULTS

You searched for:

Date of Birth: 06/25/1967 | Member First Name: Robyn | Subscriber Last Name: Fuller | Date of Service ranges from: 10/26/2011 - 4/26/2012 | [View Coverage](#)

MODIFY SEARCH NEW SEARCH

Claim/Reference Number	Provider Generated Patient Account Number	Date(s) of Service	Date Received	Date Processed	Paid Amount	Charge Amount	Patient Responsibility	Servicing Provider	Status	Codes
0431205000100	STP_01	01/01/2012	02/19/2012	02/22/2012	\$600.00	\$600.00	\$0.00	BABA MD/TIMOTHY W	Paid	A2...
1707091100102	SIT835MS108B	06/28/2011	07/09/2011	In-Process	\$1,576.71	\$2,000.00	\$40.00	TECH MEDSOLUTIONS	Pending	P1:45...

When you use this feature, we'll be able to process your pended claims more quickly.



Pended claim attachments details

Claim 1707091100102

[VIEW DETAILS IN NEW TAB](#)

Claim/Reference Number: 1707091100102

Claim Status: Pending [Upload supporting documents](#)

Claim Information

Claim/Reference Number: 1707091100102

Patient Name: ROBYN FULLER
[Coverage](#)

Provider Generated Patient Account Number: SIT835M

Service Providers: TECH M

Date Received: 07/09/2011

Date Processed: In-Process

HIPAA Status: [P1:45](#)

Payment Information

Patient Responsibility: \$40.00

[UPLOAD SUPPORTING DOCUMENTS](#)

You can upload new supporting documents for your claims.

Claim information

Claim Reference Number: 1707091100102
 Claim Status: Pending Date Received: 07/09/2011
 Patient Name: ROBYN FULLER Date Processed: In-Process
 HIPAA Status: A2: 19 - Pending/In Process-The claim or encounter is in the adjudication system. Awaiting benefit determination.

Upload supporting documents

Choose a file to upload. You can upload six files for a combined maximum size of 35MB per submission. You will be notified if the files you want, click Submit to attach them to your claim. Multiple submissions are possible.
 Accepted file types: .png, .bmp, .gif, .jpg, .jpeg, .tif, .tiff, .pdf.
 Upload and download times will vary depending on your Internet connection. For submissions larger than 35MB

Pending submission

Step 1: Choose and upload file

Step 2: Submit supporting files

Procedures

Procedure Code	Dates Of Service	Amount Charged	Allowed Amount	Amount Not Covered
27409	06/28/2011	\$0.00	\$616.71	\$0.00
78001	06/28/2011	\$0.00	\$1,000.00	\$0.00
Totals		\$2,000.00	\$1,616.71	\$2,000.00

Explanation of Remark Codes

151 - To process this claim we need to know if the patient has other medical or dental insurance. If so, please contact Customer Service at the phone number on the back of your ID card. You can also mail the information to the address shown on this EOB or go to www.mycigna.com to enter the information on line.

About attachments

You can:

- Send up to six files at a time, for a total file size of 35 MB. (The maximum size for an individual file is 10 MB.)
- Submit files in any of these formats: BMP, GIF, JPEG, PDF, PNG, or TIF.
- Easily convert a Microsoft file into a PDF. Note that PDF files cannot be more than 998 pages.
- Name files with a maximum of 128 characters, including the file extension.



PATIENT AND PLAN DETAIL

CignaforHCP.com



Patient and Plan Detail tab enhancements – patient ID card



View patient's ID card

You can now view your patients' ID card on-line and print a copy.

The screenshot shows the Cigna patient portal navigation bar with the 'PATIENTS' tab highlighted. Below the navigation bar, there are tabs for 'Coverage Details' and 'Estimate Costs'. A 'SCROLL TO:' dropdown menu is visible. The main content area displays patient information: 'ELIGIBILITY AS OF DATE CAN BE TWO YEARS PRIOR OR UP TO 30 DAYS IN THE FUTURE' with a date selector set to 07/11/2018 and an 'UPDATE' button. Patient details include: Patient ID: U01234567, Coverage From: 01/01/2002, Account #: 123456, Account Name: ABC Group, Coverage To: Present, and Plan: Choice Fund HSA Open Access Plus - CareLink. A link 'View patient's ID card' is highlighted with an orange arrow.

Below the patient information, a 'TEMPORARY ID CARD' window is open, showing a 'Medical ID Card' preview. The preview is divided into 'Front' and 'Back' sections. The 'Front' section includes the Cigna logo, issue date (07/21/2018), and subscriber information for John E. Doe. The 'Back' section contains important notices, hospital admission instructions, and emergency contact information. A 'PRINT' button is located at the bottom left of the preview, also highlighted with an orange arrow.

Effective July 2018

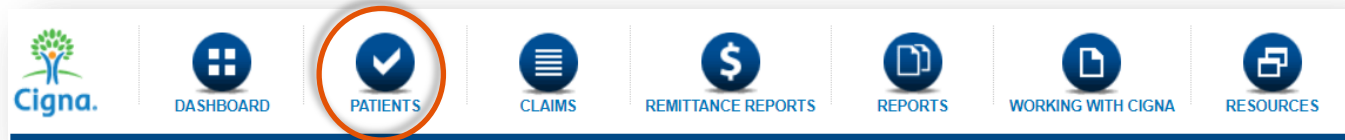


Patient Coverage Details screen enhancements (continued)



Are you a participating provider for this patient?

Click on the link to quickly view whether you are a participating provider in the network aligned to this patient's plan.



PATIENT AND PLAN DETAIL

Patient Detail	Plan and Network Detail	Contacts
Name: John E Doe ID#: U01234567 01 Is this patient in-network?	Plan Type: Choice Fund HSA Open Access Plus Plan Funding Type:ASO HRA: No HSA: Yes FSA: No Other Insurance: No	Provider Services: 800.88Cigna 800.882.4462 Member Services: CHC OF SCRANTON END STATE 800.244.6224

Select a Tax Identification Number (TIN) and Provider
Select a TIN/Provider to see if the patient is in-network for the selected provider

Patient Name: Doe, John E Patient ID: U01234567 Plan: Open Access Plus | Network: OA001
TIN: 123456789 Clear List
Provider/Group: ABC Hospital

Provider	Is this patient in-network for this provider?	Provider's contracted plan(s) & network(s)
ABC Hospital	<input checked="" type="checkbox"/> This patient is in-network for this provider.	<ul style="list-style-type: none">AllianceGPPOHMOHMO ConnectOAP<ul style="list-style-type: none">OA001 - NATIONAL OAPOA002 - CARELINKOA012 - LOCALPLUS HPOA013 - LOCALPLUS SAROAP Connect

Notification, Referral, and Precertification Requirements tab enhancements – Provider Directory links



Link to Provider Directory

Need to search for a participating specialist or facility when referring a patient? Now you can link to the provider directory from the patient screens.

The screenshot shows the Cigna patient portal navigation bar with the 'PATIENTS' tab highlighted. Below the navigation bar is a table titled 'NOTIFICATION, REFERRAL AND PRECERTIFICATION REQUIREMENTS' with three columns: 'Medical Management Level', 'In-Network', and 'Out-of-Network'. Below the table are several links, with 'Provider Directory' highlighted in an orange box.

Medical Management Level : Complete	In-Network	Out-of-Network
Failure to Notify Cigna	Applies	Applies
Precertification not approved	Applies	Applies
Additional days not approved	Applies	Applies
Emergency Service Notification	2 Business Days	2 Business Days
Outpatient Precertification	Yes	Yes
Inpatient Precertification	Yes	Yes
Continued Stay Review	Yes	Yes
Referral Required	No	No

[View Coverage Positions](#)
[View Medical Precertification Information](#)
[View Referral Requirements](#)
[View Pharmacy Prior Authorization](#)
[Provider Directory](#)
[Behavioral Directory](#)

Effective March 2018



Notification, Referral, and Precertification Requirements tab enhancements – Referral Required indicator



Referral Required

The Referral Required indicator is available for patients with Cigna SureFit®, as well as those with other plans.

NOTIFICATION, REFERRAL AND PRECERTIFICATION REQUIREMENTS		
Medical Management Level : PHS+	In-Network	Out-of-Network
Failure to Notify Cigna	--	50%
Precertification not approved	--	100%
Additional days not approved	--	100%
Emergency Service Notification	48 hours	48 hours
Outpatient Precertification	Yes	Yes
Inpatient Precertification	Yes	Yes
Continued Stay Review	Yes	Yes
Referral Required	No	No

Frequency and utilization data



Frequency and utilization data

For certain patient benefits, you will be able to see the number of visits used and the number remaining.

Cigna | DASHBOARD | **PATIENTS** | CLAIMS | REMITTANCE REPORTS | REPORTS | WORKING WITH CIGNA | RESOURCES

- ▶ NOTIFICATION, REFERRAL AND PRECERTIFICATION REQUIREMENTS
- ▶ HEALTH AND WELLNESS PROGRAMS
- ▶ ABORTION SERVICES
- ▶ ADULT PREVENTIVE CARE
- ▶ ADVANCED RADIOLOGICAL IMAGING
- ▶ CARDIAC REHABILITATION
- ▶ CHILD MEDICAL CARE
- ▼ CHIROPRACTIC CARE

i This benefit cross-accumulates: In-Network applies toward Out-of-Network and Out-of-Network applies toward In-Network.

PCP	In-Network			Out-of-Network		
	Amount	Met	Remaining	Amount	Met	Remaining
Coinsurance	20%			20%	--	--
Maximum Visits (Per Calendar Year)	10	0	10	10	0	10
-- Utilization Data is not available for this benefit.						

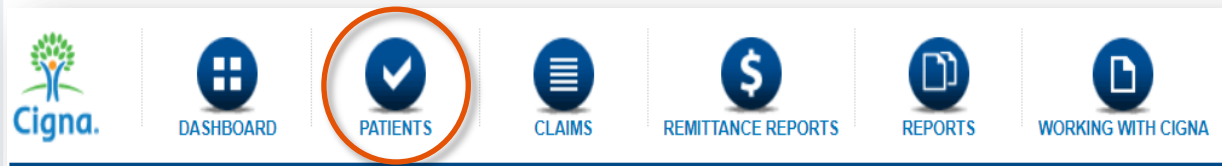
Specialist	In-Network			Out-of-Network		
	Amount	Met	Remaining	Amount	Met	Remaining
Coinsurance	20%	--	--	30%	--	--
Maximum Visits (Per Calendar Year)	10	0	10	10	0	10
-- Utilization Data is not available for this benefit.						

Patient and Plan Detail tab enhancements – plan renewal indicator and health account status



HRA, HSA, and FSA* information and plan renewal indicator

Quickly see when your patient's plan renews, and if your patient has one of these health accounts.



▼ PATIENT AND PLAN DETAIL		
Patient Detail	Plan and Network Detail	Contacts
Name: John E Doe ID#: U01234567 01 Am I in-network for this patient?	Plan Type: Choice Fund HSA Open Access Plus - CareLink Plan Funding Type: ASO Plan Renews On: Calendar Year HRA: Yes HSA: Yes FSA: Yes Other Insurance: No	Provider S 800.88Cign 800.882.44 Member S CIGNA CO 888.992.44
Gender: Female Date of Birth: 01/20/1968	Initial Coverage Date: 01/01/2002 Current Coverage From: 01/01/2002 Current Coverage To: Present Other Insurance Verified: 04/01/2018	Claims: CIGNA PO Chattanoog

*Health reimbursement account (HRA), health savings account (HSA), and flexible spending account (FSA)

Effective November 2017 and April 2018



REGISTRATION AND ACCESS

CignaforHCP.com



CignaforHCP.com: Website access manager



New website access manager role

Manages how users within the group register for and obtain the appropriate level of access to the website.

Navigation Bar: Cigna logo, DASHBOARD, PATIENTS, CLAIMS, REMITTANCE REPORTS, REPORTS, WORKING WITH CIGNA, RESOURCES.

Management Buttons: FLAGGED PATIENTS, FLAGGED CLAIMS, MANAGE USERS.

Table:

Patient ID	Date Flagged	Date of Birth	Patient Last Name	Patient First Name
U00000000				
U00000000				
R00000000				
R00000000				

Assign Access - For website access managers only
[Add or Modify User Access](#)
You can choose to add new users, modify existing users access levels or reset passwords for users.

Delegation History Report
This report shows the complete history of all user activity. Select the practice or facility for which you would like a report. Microsoft Excel is the recommended application for viewing this report.
All Practices/Facilities [v] **DOWNLOAD**

Update Demographic Information
Update Listing in Health Care Professional Directory
Update any HCP information that displays in our Health Care Professional Directory.
[View Past Updates Submitted](#)
Review past submissions.

Electronic Funds Transfer (EFT)
Enroll in Electronic Funds Transfer (EFT) Options
Enroll a new EFT account. Complete enrollment by confirming your information and agreeing to the Terms of Service.
[Manage EFT Settings](#)
You may select a Tax ID you want to view from the list and modify its existing EFT account settings.

Information Requests
[Search Coverage Policies / Criteria](#)
Find out if a patient is covered by Cigna for a particular...

SignaforHCP.com: Add or modify access



Assign necessary website entitlements

The website access manager controls which Taxpayer Identification Numbers (TINs) and website entitlements a user needs for their role.

Manage User Access

HOW DO YOU WANT TO ASSIGN ACCESS

ASSIGN TIN & LEVELS OF ACCESS

CONFIRM

RECEIVE CREDENTIALS

How do you want to assign access?

Please select the way you would like to assign access

- ASSIGN ACCESS BY INDIVIDUAL TIN**
You have the option to assign different levels of access to each TIN and user combination
- ASSIGN ACCESS BY GROUP OF TINs**
You can assign the same level of access for all users and desired TINs

Entitlements

Apply entitlements based on Job role

- | | |
|---|--|
| <input type="checkbox"/> Delegate access and view delegation history report | <input type="checkbox"/> Directory updates |
| <input type="checkbox"/> Patient search (eligibility and benefits) | <input type="checkbox"/> Enroll and manage electronic funds transfer (EFT) |
| <input type="checkbox"/> Claims search | <input type="checkbox"/> Precertification - view and submit |
| <input type="checkbox"/> Remittance reports | <input type="checkbox"/> Clinical reports (iCollaborate, CCC Reporting Portal) |

CignaforHCP.com: Settings and Preferences



View and request access

Through the Settings and Preferences menu, users can view their website entitlements and request access to new TINs if needed.

A screenshot of the CignaforHCP.com user interface. At the top, the user is signed in as John Smith (jsmith10). The navigation menu includes 'Inbox', 'Settings and Preferences' (circled in orange), and 'Logout'. Below the navigation is a search bar and a row of icons for Dashboard, Patients, Claims, Remittance Reports, Reports, Working with Cigna, and Resources. A secondary navigation bar shows 'DASHBOARD', 'PATIENT SEARCH', 'PREFERENCES' (circled in orange), and user profiles for Betty Stone, John Jones, and Peter Buckner. The main content area is titled 'Settings & Preferences' and features a sidebar with 'Personal Information', 'Security & Login', 'Online Access' (circled in orange), 'Communication Preferences', and 'Opioid Pledge'. The main content includes sections for 'Add Access Rights From Temp ID/PW', 'Request TIN Access' (with an orange arrow pointing to 'Add TIN'), and 'View Access Rights' (with an orange arrow pointing to 'View Access Rights').

IS PRECERTIFICATION REQUIRED?

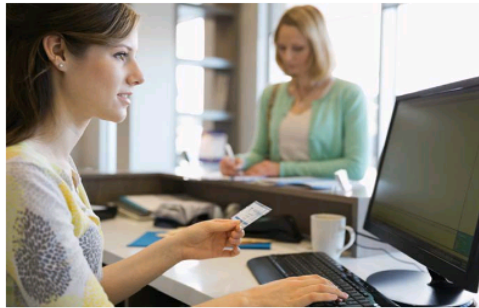
CignaforHCP.com and Electronic Data Interchange



Precertification on CignaforHCP.com

You can access the new precertification page on CignaforHCP.com > Learn about the precertification process, or go to CignaforHCP.com/precertification.

Precertification



PRECERTIFICATION GUIDELINES

Precertification can be complicated. Knowing the right place to start can make a big difference.

Below you will find when and where to submit precertification requests to Cigna and Cigna's national ancillary vendors for the following:

- Medications
- Medical Procedures
- Durable Medical Equipment
- HI-Tech Imaging
- And other services

You'll also find answers to some of the most [frequently asked questions](#) related to precertification.

First, determine if precertification is required

To view the complete list of services that require precertification of coverage:

- [Log in to CignaforHCP.com](#)
- Click on "Precertification Policies" under "Useful Links"

Not registered yet? [Go to CignaforHCP.com](#) and click on "Register Now"

Please note: Precertification of coverage is not required for emergency services. However, emergency services that result in an inpatient hospital admission must be reported within one business day of the admission unless dictated otherwise by state mandate.

Then, follow the service specific precertification process

Medications

To request prior authorization for medications, please visit [PromptPA](#).

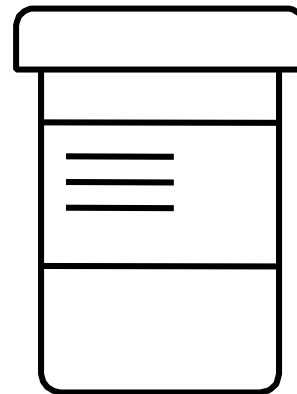


Precertification on CignaforHCP.com (continued)

After determining if the service requires precertification, you can request precertification in a number of ways.

FOR MEDICAL PROCEDURES that Cigna directly manages, request precertification:

- Log in at NaviNet.net
- Log in to the Cigna for Health Care Professionals website (CignaforHCP.com > Patient > View and Submit Precertifications)
- Use your practice management system or vendor
- Call Cigna Customer Service at 1.800.88Cigna (800.882.4462)



FOR MEDICATIONS, request prior authorization through PromptPA™.



Cigna for Health Care Professionals website

Does my patient's plan require precertification?



Log in to the Cigna for Health Care Professionals website (CignaforHCP.com)

Search for your patient. Once on the Coverage Details page, scroll down to the Notification, Referral and Precertification Requirements section.

Medical Management Level : PHS	In-Network	Out-of-Network
Failure to Notify Cigna	Applies	Applies
Pre-certification not approved	Applies	Applies
Additional days not approved	Applies	Applies
Emergency Service Notification	2 Business Days	2 Business Days
Outpatient Precertification	Yes	Yes
Inpatient Precertification	Yes	Yes
Continued Stay Review	Yes	Yes
Referral Required	Yes	Yes

[View Coverage Positions](#)
[View Medical Precertification Information](#)
[View Referral Requirements](#)
[View Pharmacy Prior Authorization](#)



Cigna for Health Care Professionals website

Does this outpatient service require precertification?



if coverage details indicate that outpatient services require precertification:

Click [View Medical Precertification Information](#). This will bring you to the Precertification Policies page.

NOTIFICATION, REFERRAL AND PRECERTIFICATION REQUIREMENTS

Medical Management Level : PHS+	In-Network	Out-of-Network
Failure to Notify Cigna	--	50%
Precertification not approved	--	100%
Additional days not approved	--	100%
Emergency Service Notification	48 hours	48 hours
Outpatient Precertification	Yes	Yes
Inpatient Precertification	Yes	Yes
Continued Stay Review	Yes	Yes
Referral Required	No	No

[View Coverage Positions](#)

[View Medical Precertification Information](#)

[View Referral Requirements](#)

[View Pharmacy Prior Authorization](#)

[Provider Directory](#)

[Behavioral Directory](#)



Cigna for Health Care Professionals website

Master Outpatient Precertification List



Precertification Policies

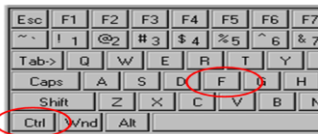
- Learn about our precertification policies, requirements and affected procedures
- [Master Outpatient Precertification List](#) a detailed listing of procedures and corresponding codes.
- [Oncology Drugs Requiring Precertification through eviCore Healthcare](#)
- [R21 - Precertification Reimbursement Policy](#)

- [Notification of Changes to Precertification List](#)
- [Dialysis Prenotification](#)
- [Precertification Policy](#)
- [Medicare Primary — Precertification Policy](#)
- [Obtaining Precertification](#)
- [Services Requiring Precertification - For APWU patients requiring precertification, call 1.800.582.1314.](#)
- [Outpatient – Personal Health Solutions Plus \(PHS+\)](#)
- [Failure to Obtain Precertification](#)

Click Master Outpatient Precertification List

This is a searchable, detailed listing of procedures and corresponding codes for services that require precertification.

To search for a procedure code, click Ctrl + F.



MASTER PRECERTIFICATION LIST		
For Providers		
August 2018		
Code	Code Description	Addition / Removal
Revenue Code 0333	Radiology-Therapeutic and/or Chemotherapy Administration-Radiation Therapy	Precertification delegated to eviCore healthcare (formerly CareCore) National Radiation Therapy Program; Added 02/27/2016
Revenue Code 0305	Intensive outpatient services-psychiatric	Added 08/27/2015



Cigna for Health Care Professionals website

General precertification information and the Master Outpatient Precertification List



From the Resources tab, you can also find:

- General precertification information. Click Precertification.
- The Master Outpatient Precertification List. Click Reimbursement and Payment Policies > Precertification Policies > Master Outpatient Precertification List.



BROWSE RESOURCES DOCUMENTS



Precertification

Learn how to properly request precertification for medical procedures, delegated ancillary vendors, and medications.



Medical Resources

Explore our newsletters, case management and wellness programs, medical plans, and more.



Pharmacy Resources

Find information, drug lists and prior authorization forms.



Behavioral Health Resources

Review treatment guidelines for level of care determinations and clinical practice.



Behavior Management

Find the up-to-date working to document contract.



Reimbursement and Payment Policies

Find appeal policies, claim editing procedures, laboratory, and reimbursement information.



Coverage Policies

Know how to interpret our standard health coverage plan provisions.



Forms Center

Easily find the right form for the right purpose.



Reference Guides

Review reference guides to help make doing business with Cigna easier.



eCourses

Learn how can help easier.



Electronic data interchange: Eligibility and Benefits 270/271 transaction

Does this service category require precertification?



To find the precertification indicators on the 271 response:

Look in the eligibility and benefit (EB) segment for each Service Type Code (STC). The indicator will be shown in the second from the last field.

Please see example below.

```
EB*C*IND*98***23*0.00***N*Y~  
MSG*Medical~|  
MSG*Telehealth through contracted vendor~  
III*ZZ*99~  
EB*C*IND*98***23*0.00***N*W~  
MSG*Medical~  
MSG*PCP~  
MSG*Specialist~  
MSG*Behavioral~  
MSG*Drug Abuse~  
MSG*Psychiatric~  
MSG*Alcohol Abuse~
```

EB = Eligibility or benefits

98 = Service type code for physician office visit

N = Precertification is not required for service type code 98



Q&A

Thank you.



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