

WORKING WITH CIGNA

2020 Arkansas Medical Society

Together, all the way.®



Better health.

We're in it together.

- IFP Connect Network
- High-Tech Radiology Site of Care
- Digital Solutions
- Payer Solutions and Shared Administration Accounts
- Updates and Resources
- Q&A

AGENDA



Better health.

We're in it together.

IFP CONNECT NETWORK®

Providing local, personalized care



Cigna IFP Connect

Key Features



PCP selection encouraged,
not required
(exception: IL)



Referral encouraged,
not required
(exception: IL)



No out-of-network
benefits



No away-from-home
care




In- and out-of-network
coverage for emergency
care*

*For emergency medical conditions as defined in the plan documents.



IFP Connect Network: Sample ID card

Identifies the network
↓



Cigna Health and Life Insurance Company
Medical/Rx

Group: 00884700
Issuer (80840)
ID: 999999890
Name: JOHN DOE

No Referral Required
Network Set T103

RxBIN 017010 **RxPCN 0518GWH**
RxGrp 00884700 **RxID 105870055 00**

Primary Care	\$60-0%
Specialist	Ded-50%
Urgent Care	\$75-0%
ER	Ded-50%
Hospital	Ded-50%

Connect:
Knoxville/Chattanooga

G

You may have to show this card when you receive care. This doesn't guarantee coverage. Not using this card correctly is fraud. For emergencies, call 911 or get immediate care. Contact your doctor after you get emergency services. If you don't know if your situation is an emergency, call your doctor or our 24/7 Health Information Line. **Customers:** Your plan may limit or exclude out-of-network (OON) benefits. Check your plan documents for precertification or other requirements that may apply to services from OON Providers. **Health Care Professionals:** Check your provider contract for precertification requirements.

Customers: myCigna.com **Health Care Professionals:** CignaforHCP.com

Medical Claims PO Box 188061 Chattanooga, TN 37422-8061 Payer ID #62308

Rx Claims Pharmacy Service Center, PO Box 188053, Chattanooga TN 37422-8053
For Premium, Billing and Enrollment Questions please call: 1-877-900-1237
For Benefit and Claim questions please call: 1-866-494-2111

For Pharmacists Only: 800-351-9170

R619A (1/16) Mask 606 Issue Date: 09/02/20

*For illustrative purposes only

**If a patient shows up without an ID card, you can identify the patient's plan and network by accessing one of our electronic tools or calling Customer Service



Better health.

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HIGH-TECH RADIOLOGY SITE OF CARE



High-tech Radiology Site of Care Medical Necessity Review

On August 1, 2020, we expanded our precertification requirements for computed tomography (CT) scans and magnetic resonance imaging (MRI) to include a medical necessity review of the site of care. This requirement applies for customers with fully insured benefit plans and those who are covered under the Cigna employees benefit plan.*

What this means to you and your patients with Cigna plans

eviCore healthcare (eviCore) will approve:

- › Precertification requests that include an appropriate site of care, and are in accordance with the terms of our coverage policy and the customer's benefits.

- › An outpatient hospital setting when medically necessary, as defined in the Site of Care: High-tech Radiology policy and the customer's benefit plan.

Standard Cigna benefit plans will not cover a service or a site of service as medically necessary if there is a lower-cost clinically equivalent alternative.

How to submit precertification requests

You can continue to submit precertification requests for these services to eviCore by logging in to the eviCore website ([eviCore.com](https://www.eviCore.com) > PROVIDERS).

View the updated policy

You can access the updated Site of Care: High-tech Radiology policy by going to the Cigna for Health Care Professionals website ([CignaforHCP.com](https://www.CignaforHCP.com)) > Get questions answered: Resources > Coverage Policies > Policy Updates > Policy Updates December 2019 > [Site of Care: High-tech Radiology – \(0550\)](#).



* We may not review the site of care in all geographic markets, pending regulatory approval and/or network considerations.





PROVIDER DIGITAL SOLUTIONS

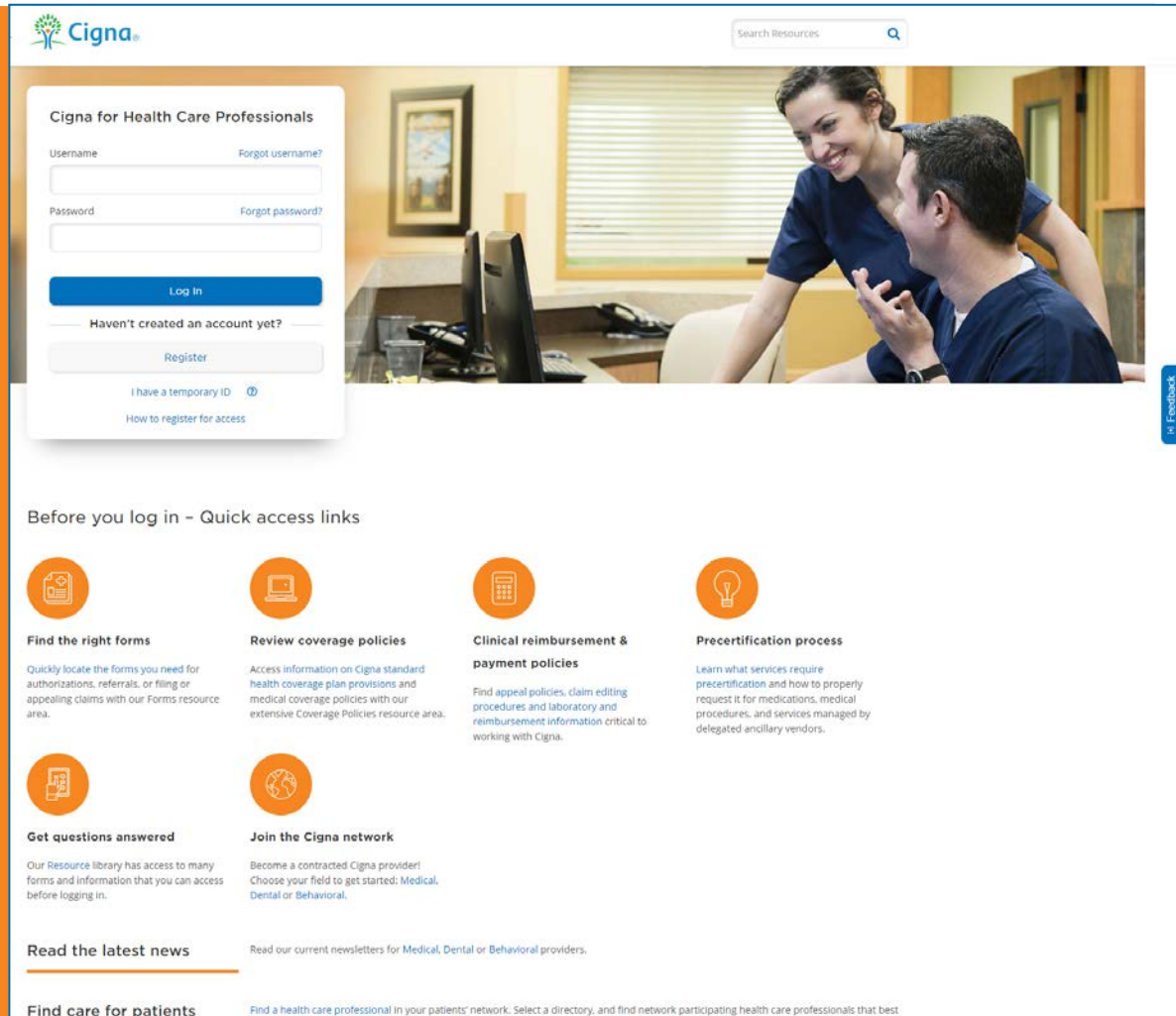
CignaforHCP.com modernization and our future enhancements

Together, all the way.®



The CignaforHCP.com has a new look – beginning with the login or guest page

- More modern and fresh look
- Optimized user experience: Eliminates unnecessary clicks
- Improved performance and quicker response time
- Policies and other information accessible without logging in
- Login fields at the top of the page



The screenshot displays the CignaforHCP.com login interface. At the top left is the Cigna logo, and at the top right is a search bar labeled "Search Resources". The main content area features a "Cigna for Health Care Professionals" login box on the left, which includes fields for "Username" and "Password", each with a "Forgot" link. Below these fields is a blue "Log In" button, followed by a link for "Haven't created an account yet?" and a "Register" button. At the bottom of the login box are links for "I have a temporary ID" and "How to register for access". To the right of the login box is a large photograph of two healthcare professionals in a clinical setting. Below the login box and photo is a section titled "Before you log in - Quick access links" containing six links, each with an icon and a brief description: "Find the right forms" (forms icon), "Review coverage policies" (laptop icon), "Clinical reimbursement & payment policies" (calculator icon), "Precertification process" (lightbulb icon), "Get questions answered" (question mark icon), and "Join the Cigna network" (globe icon). At the bottom of the page are two more links: "Read the latest news" and "Find care for patients". A vertical "Feedback" link is located on the far right edge of the page.

Cigna®

Search Resources

Cigna for Health Care Professionals

Username [Forgot username?](#)

Password [Forgot password?](#)

[Log In](#)

[Haven't created an account yet?](#)

[Register](#)

[I have a temporary ID](#)

[How to register for access](#)

Before you log in - Quick access links

[Find the right forms](#)
Quickly locate the forms you need for authorizations, referrals, or filing or appealing claims with our Forms resource area.

[Review coverage policies](#)
Access information on Cigna standard health coverage plan provisions and medical coverage policies with our extensive Coverage Policies resource area.

[Clinical reimbursement & payment policies](#)
Find appeal policies, claim editing procedures and laboratory and reimbursement information critical to working with Cigna.

[Precertification process](#)
Learn what services require precertification and how to properly request it for medications, medical procedures, and services managed by delegated ancillary vendors.

[Get questions answered](#)
Our Resource library has access to many forms and information that you can access before logging in.

[Join the Cigna network](#)
Become a contracted Cigna provider! Choose your field to get started: Medical, Dental or Behavioral.

[Read the latest news](#)
Read our current newsletters for Medical, Dental or Behavioral providers.

[Find care for patients](#)
Find a health care professional in your patients' network. Select a directory, and find network participating health care professionals that best

Feedback



Dashboard

Easily view recent searches or flagged items.

Navigate to pages using top navigation.

Latest Updates keep you apprised of new information

The screenshot displays the Cigna dashboard for user 'mohamed musthafa'. The top navigation bar includes links for Dashboard, Patients, Claims, Reports, Working With Cigna (highlighted with a dropdown menu), and Resources. The dropdown menu for 'Working With Cigna' contains: Manage User Access, Delegation History Report, Request Fee Schedule, Enroll in Electronic Funds Transfer (EFT) Options, Manage EFT Settings, Directory Update, and Patient Reviews.

The main content area is divided into three sections:

- Welcome, mohamed**: A greeting message.
- Patients | Recent**: A table listing recent patient searches.
- Claims | Flagged**: A table listing flagged claims.
- Latest Updates**: A section for recent news and updates.

Patient Name	Patient ID	DATE OF BIRTH
PATRICIA REARDON Coverd	100699758	
RYE KENTO Coverd	U93032941	07/04/1975
CALY JENSEN Coverd	100745484	03/06/1984
BKTK WMXOSVKMBOO Coverd	100654982	07/30/1965
PATRICIA REARDON Coverd	100699758	08/08/1973

Patient Name	Status	CLAIM REFERENCE	SUBMITTED AMOUNT	DATE OF SERVICE
RANDHIR KAPOOR	Paid	1903M0037800	\$0.00	03/20/2019-03/21/2019
RANDHIR KAPOOR	Paid			

Latest Updates

- 9/12/19 Latest issue of Transformations newsletter available [Learn More](#)
- 09/10/2019 Policy Updates [Learn More](#)
- 08/28/2019 Join us for a free webinar [Learn More](#)
- 7/31/2019 July 2019 Network News Now Available [Learn More](#)
- 7/25/19 Latest issue of Transformations newsletter available [Learn More](#)
- Where to find remittance reports on this site [Learn More](#)
- 06/29/2018 Policy Updates [Learn More](#)
- 04/11/2018

NOTE: New screens are conceptual design and content. It may not be the final view.



Patient Benefit search and Verification

Ensure you have the right patient to prevent billing errors



Patient search



After locating your patient from the Search results, Click patient ID to view details ,

Patient Search > Results

Search Results

[Modify Search](#) [New Search](#) [?](#)

PATIENT RESULTS AS OF 06/08/2020

	Patient ID	Date of Birth	Last Name	First Name	Relationship	Location	Coverage Date(s)	Coverage Status	Account	Notes
	U92814641	01/01/1951	Skates	Stella	Self	101 SKATES STREET GLASTONBURY, CT 06033	01/01/2006 - Present	Active	5120057-COMBINED INTERFACE REGRESSION	
	 Covered									



Verify patient



Pop-up to review and confirm the result is the correct patient
Must confirm to proceed or close
Appears on all new searches.

Patient Search > Results

Search Results

[Modify Search](#) [New Search](#) [?](#)

PATIENT RESULTS AS OF 06/08/2020

	Patient ID	Date of Birth	Last Name	First Name	Relationship	Location	Coverage Date(s)	Coverage Status	Account	Notes
	U92814641	01/01/1951	Skates	Stella	Self	101 SKATES STREET GLASTONBURY, CT 06033	01/01/2006 - Present	Active	5120057-COMBINED INTERFACE REGRESSION	
	 Covered									

Patient Verification

Please confirm this is your patient:

Name: STELLA SKATES




DOB: 01/01/1951

ID: U92814641

Address: 101 SKATES STREET
GLASTONBURY, CT 06033

[Confirm Patient](#) [Close](#)

Site tour [Quick website overview](#) Other Cigna websites [Follow us](#)



Procedure code benefit lookup

Access your patient's benefit information with ease by using a procedure code



Benefit search

After locating your patient from the Patient Detail screen, start your benefit search here.

Coverage Status

Deductible
Eligible in-network preventive care is covered 100%

Individual Deductible*: \$600.00
Met: \$600.00 Remaining: \$0.00

Family Deductible*: \$1,000.00
Met: \$1,000.00 Remaining: \$0.00

Coinsurance: 10%

Benefits
View covered services and share of costs:

OR

Out-of-Pocket Maximum

Individual Out-of-Pocket Maximum: \$2,500.00
Met: \$2,500.00 Remaining: \$0.00

Family Out-of-Pocket Maximum: \$4,000.00
Met: \$4,000.00 Remaining: \$0.00



Code lookup

Enter the procedure code, or search by description. You may be prompted to include the diagnosis code and/or the place of service.

Procedure Code Search

Procedure Code Lookup
Start the process by searching with the CPT Code below
For PT/OT/Chiro: Prior authorization for the benefit may be managed by a national ancillary vendor. Please contact the appropriate vendor (Pre-Certification page).

Procedure	Diagnosis Code	Place of Service
97140 - MANUAL THERAPY 1/> REGIONS	Choose Diagnosis	Awaiting diagnosis code entry



Procedure code benefit lookup

Access your patient's benefit information with ease by using a procedure code



Results

Procedure Code Search

Procedure Code Benefits/Results

Clear all Codes

Expand All

111	<div>Surgery</div> <div>(Pre-certification required*)</div> <div>Place of Service:</div> <div>Inpatient Hospital</div> <div>See related services</div>	<div>M009 - Pyogenic arthritis, unspecified - as a primary diagnosis</div> <div>Hospital Inpatient Services and Professional Services</div> <div> <div>ABC CSN Network</div> <div>CSN Network deductible is waived</div> <div>Coinurance: 15%</div> </div> <div> <div>In-Network</div> <div>In-Network deductible is waived</div> <div>Coinurance: 25%</div> </div> <div> <div>Out-of-Network</div> <div>Out-of-Network deductible is waived</div> <div>Coinurance: 45%</div> </div>	<div>^</div>
300	Laboratory - General	<div>M009 - Pyogenic arthritis, unspecified - as a primary diagnosis</div>	<div>▼</div>
420	<div>Physical Therapy</div> <div>(Pre-certification required*)</div> <div>Place of Service:</div> <div>Skilled Nursing Facility</div>	<div>M009 - Pyogenic arthritis, unspecified - as a primary diagnosis</div> <div>Skilled Nursing Facility</div> <div> <div>ABC CSN Network</div> <div>CSN Network deductible is waived</div> <div>Coinurance: 15%</div> </div> <div> <div>In-Network</div> <div>In-Network deductible is waived</div> <div>Copayment: \$50</div> </div> <div> <div>ABC CSN Network</div> <div>Out-of-Network deductible is waived</div> <div>Coinurance: 45%</div> </div>	<div> <div>Limitations (per calendar year)</div> <div>7 completed23 remaining</div> <div> <div></div> <div>30 allowed visits*</div> </div> </div> <div> <div>^</div> </div>

Generate Benefit Reference Number

Edit Codes

Clear all Codes

- View benefits by code and procedure.
- Open the benefits for related services.
- See the completed and remaining status bar when the benefit has limitations
- Generate a Benefit Reference Number and save your search.



Claims status detail enhancements



Attachments may now be submitted on former Great West claims



Enhanced remark codes

Procedure Code	Date Of Service	Place Of Service	Amount Charged	Allowed Amount	Amount Not Covered	Deductible Copay Applied	Covered Balance	Plan Coinsurance Paid	Patient Coinsurance	Patient Responsibility
0403	10/03/2019	13	\$136.76	\$97.36	\$39.40	\$0.00	\$97.36	100%+	0%+	\$0.00
0403	10/03/2019	13	\$486.24	\$346.15	\$140.09	\$0.00	\$346.15	100%+	0%+	\$0.00
Totals			\$623.00	\$443.51	\$179.49	\$443.51	\$443.51	\$443.51	\$0.00	\$0.00

Remark Codes

0189
 \$39.10, \$140.09 – This charge is denied as payment for this service is included in the global fee or case rate reimbursement. The patient is not responsible to pay this amount.

0311
 \$39.10, \$140.09 – This charge is denied as payment for this service is included in the global fee or case rate reimbursement. The patient is not responsible to pay this amount.

6745
 \$39.10, \$140.09 – This charge is denied as payment for this service is included in the global fee or case rate reimbursement. The patient is not responsible to pay this amount.

Additional Remark Code Clarification: Your contract includes a global fee or case rate for certain reimbursements. These services were denied as: your case rate for the date(s) on this claim was paid on a different claim. Your patient is not responsible for individual services that paid under a global fee or case rate.

Remark Code Clarification: Your contract includes a global fee or case rate for certain reimbursements. These services were denied as: your case rate for the date(s) on this claim was paid on a different claim. Your patient is not responsible for individual services that paid under a global fee or case rate.

- Remark Code Clarification
- Supplemental explanations are provided on certain Cigna remark codes
- Supplemental explanations are only viewable on Cignafor HCP.com



Online claims reconsideration

Submit requests quickly and easily



Start a Reconsideration

Access directly from the claim details screen.

Claim Details [Back to results](#)

Claim #93714393777 ✓ Paid [Start a Reconsideration](#) ?

*Maximum of 5 online reconsiderations per claim

[USEFUL LINKS](#)

[Reconsideration History](#)

RECONSIDERATION NUMBER	SUBMITTED BY	DATE SUBMITTED	STATUS
#00387477724	Sam Jones	10/17/2018 at 2:56 pm	Adjusted
#83729577599	Jill Stein	8/22/2018 at 1:22 pm	Adjusted
#17405726662	Harry Jacobs	6/03/2018 at 12:30pm	Claim Processing Upheld
#48362905986	Alicia Roberts	5/23/2018 at 4:50 pm	Adjusted
#34057876762	Nick Saban	5/23/2018 at 4:50 pm	Adjusted



History and status

- View submitted claim reconsideration requests and their status.
- Receive a reference number.
- See who submitted the request and when



Online claims reconsideration

Submit requests quickly and easily



Online form

- Gives step-by-step guidance.
- Speeds up and simplifies the process with a questionnaire.
- Gives ability to attach documentation.
- Provide additional details in the notes.

The screenshot shows a web interface for a claims reconsideration questionnaire. At the top, there are navigation tabs: 'Questionnaire' (active), 'Documents', 'Summary', and 'Confirmation'. A 'Previous' link with a back arrow is on the left. Below the navigation, a hand cursor icon points to the 'Questionnaire' section. The main heading is 'What do I want to request for this claim?'. Below this, a sub-heading says 'Please chose a topic below to proceed to the reconsideration process.' (note the typo 'chose'). A small disclaimer follows: 'Your request maybe handled as an adjustment or appeal, which will be determined at the time of processing. The decision will be based on federal and/or state law, accreditation standards and a detailed review of the circumstances of the request.' Below the disclaimer, the text 'My issue is related to...' is followed by a grid of six selectable options, each in a white box with a blue border. The options are: 1. 'Precertification of Services' with the description 'Take actions regarding authorization information'. 2. 'Level of Care/Days or Unit Disputes' with the description 'Supplement claim with additional information regarding care provided'. 3. 'Medical necessity or Experimental/Investigational procedures' with the description 'Supplement claim with additional procedural details'. 4. 'Claim processed as out of network incorrectly or to the wrong provider' with the description 'Take actions to correct provider information'. 5. 'Claim denied or was not processed as expected' with the description 'Expand upon your expectations of the submitted claim'. 6. 'Corrections to a submitted claim' with the description 'Change fields on your submitted claim'.

[Previous](#)

Questionnaire Documents Summary Confirmation

Questionnaire:

What do I want to request for this claim?

Please chose a topic below to proceed to the reconsideration process.

Your request maybe handled as an adjustment or appeal, which will be determined at the time of processing. The decision will be based on federal and/or state law, accreditation standards and a detailed review of the circumstances of the request.

My issue is related to...

Precertification of Services
Take actions regarding authorization information

Level of Care/Days or Unit Disputes
Supplement claim with additional information regarding care provided

Medical necessity or Experimental/Investigational procedures
Supplement claim with additional procedural details

Claim processed as out of network incorrectly or to the wrong provider
Take actions to correct provider information

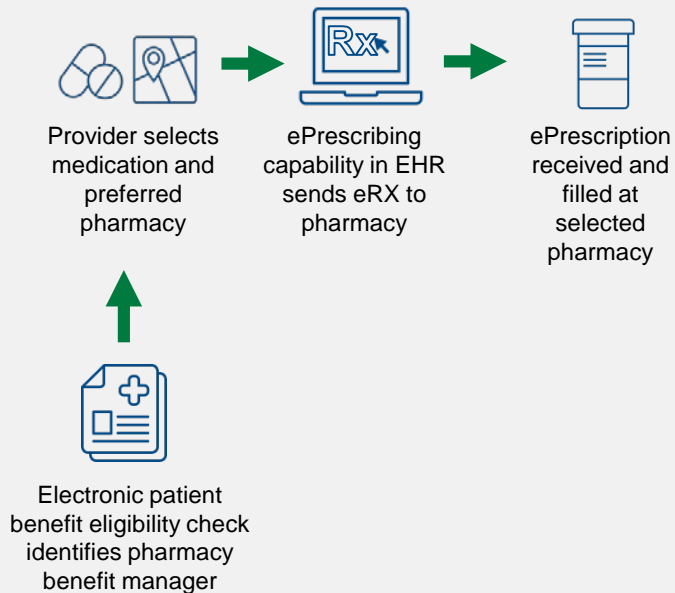
Claim denied or was not processed as expected
Expand upon your expectations of the submitted claim

Corrections to a submitted claim
Change fields on your submitted claim

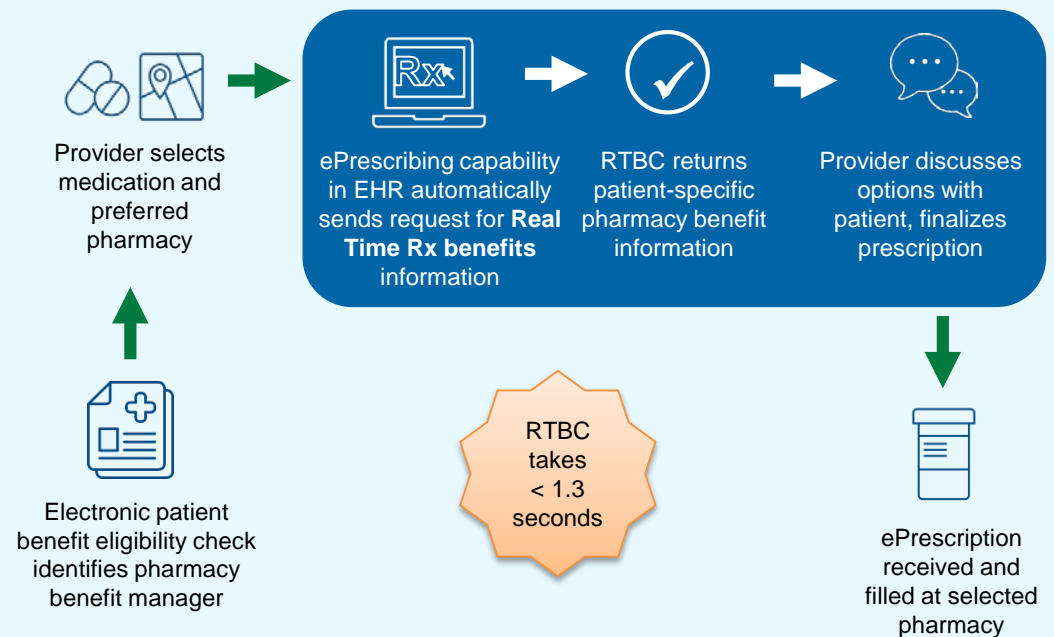
Real time benefit check

Real time benefit check (RTBC) delivers actionable prescription information through an automatic service within providers' existing EMR ePrescribing workflow

Standard ePrescribing workflow



ePrescribing workflow with RTBC



CIGNAFORHCP.COM AND THIRD-PARTY ADMINISTRATORS

Payer Solutions and Shared Administration Accounts



Understand the Payer Solutions we offer.

Cigna contracts with third-party administrators (TPAs), selected insurers, and claim administrators (referred to collectively as “payers”) to share the administration of self-funded Administrative Services Only (ASO) plans. We also contract with several insurance companies that issue individual and group insurance policies.

For these relationships, we:

- provide access to our network
- perform medical management and utilization reviews
- re-price claims according to our contracted rates and claims logic
- provide clinical appeals management
- provide contract dispute resolution

TPAs and insurance companies:

- maintain eligibility
- administer benefits
- pay claims for these shared accounts on their own systems



Payer solutions: Points of interaction

Claim flow:

- Claims should be submitted to Cigna (payer ID 62308 or to the claims mailing address on the patient's ID card)
- Cigna prices the claims based on the network contracted rates
- The priced claim is then forwarded to the payer for payment based on the patient's eligibility and benefits
- The payers then remit payment following contractually agreed upon turnaround requirements

Clinical and contract-related appeals:

- Appeals of clinical denials should be sent to Cigna using the contact information supplied in the denial letter(s)
- Appeals of application of contract rates should go to the address on the patient's ID card

Contact the payer* for:

- Eligibility
- Benefits
- Precertification
- Claims status
- Non-pricing appeals

* The contact phone number is located on the patient's ID card

Contact Cigna* for:

- Reimbursement issues
- Pricing appeals
- General contract questions

* The contact phone number for Cigna is 888.663.8081



Identifying the type of account: Payer Solutions or Shared Administration

Patient Search

[MODIFY SEARCH](#)[NEW SEARCH](#)[\[-\] HIDE RESULTS](#)

PATIENT RESULTS AS OF 04/25/2019

	Patient ID	Date of Birth	Patient Last Name	Patient First Name	Coverage From	Coverage To	Coverage Status	Account	Notes
	N3			Allan	09/01/2011	Present	Shared Administration/ Alliance Patient	BENEFIT PLAN	
	24			Shelia	01/01/2018	Present	Payer Solutions		



Patient search results

When searching for a patient, the Coverage Status column indicates if the plan is Shared Administration or Payer Solutions.



Identifying a patient with third-party administrator (TPA) coverage

Martha Brown

[VIEW DETAILS IN N](#)

COVERAGE DETAILS

ESTIMATE COSTS

VIEW CLAIMS

[DETACH](#) | [USEFUL LINKS](#) | [PRINT](#)

ELIGIBILITY AS OF: 04/08/2019



Patient ID: U92810582 01
Account #:

Coverage From: 07/01/2013
Account Name:

Coverage To: Present
Plan:

- TZ RESOURCEONE ADMINISTRATORS is responsible for administering various aspects of this patient's plan, which may include claim processing, utilization management, and eligibility verification. For additional coverage information, call 800.967.2077.
- This is not a guarantee of coverage or that the coverage amounts shown will remain unchanged until the date services are rendered. Any claim submitted is subject to all plan provisions including eligibility requirements, exclusions, limitations and state mandates. Coverage will be determined on the basis of the facts existing when services are rendered.



The Patient Eligibility and Benefits page

Under the coverage details section when the patient's benefits are not managed by Cigna, the website will indicate the TPA name and phone number.



CignaforHCP.com > Resources > Medical Resources > Medical Plans and Products

Resources >> Medical Resources >> Medical Plans And Products

Medical Plans And Products

An overview of more than 10 Cigna medical plans including indemnity, HMO and network, Medicare, open access, PPO and more.

Document Title	Document Type	Document Size	Last Updated
Cigna Choice Fund®	Online Resource	--	04/12/2016
Cigna Medicare Rx®	Online Resource	--	04/19/2016
Cigna-HealthSpring Medicare Advantage Employer Plans-Phoenix 2017	PDF	572KB	02/28/2017
Cigna-HealthSpring Medicare Advantage Individual Plans 2017	PDF	457KB	02/09/2017
Cigna Indemnity Vision Care	Online Resource	--	
Cigna Medicare Surround®	Online Resource	--	09/16/2014
Cigna Network Vision	Online Resource	--	04/12/2016
Cigna Vision Plans	Online Resource	--	04/12/2016
Cigna Vision PPO	Online Resource	--	04/12/2016
HMO and Network	Online Resource	--	
Cigna SureFit®	Online Resource	--	05/25/2018
Indemnity	Online Resource	--	
LocalPlus®	Online Resource	--	04/12/2016
Open Access Plus	Online Resource	--	
Open Access Plus plans, administered by QualCare	Online Resource	--	02/13/2018
Payer Solutions	Online Resource	--	08/02/2018
Point of Service (POS)	Online Resource	--	
Preferred Provider Organization (PPO)	Online Resource	--	
Seton Insurance Company plans	Online Resource	--	12/15/2016
Shared Administration	Online Resource	--	12/05/2018
Strategic Alliances	Online Resource	--	03/01/2019
Viant/Beech Street Client Listing	Online Resource	--	



Resource pages exist for each plan type.

Each page has a link to a list of active Payer Solutions and Shared Administration accounts. The lists contain contact information including TPA website links, if available.



Better health.

We're in it together.

KEEPING YOU UPDATED

The latest updates and resources available



COVID-19 Resources on CignaforHCP.com

Login to CignaforHCP.com and select Cigna's Response to Coronavirus

[Dashboard](#)

[Resources](#)



Updated 8/27

[Cigna's Response to Coronavirus](#)

Resources include:

- Interim billing guidelines
- Frequently asked questions
- Interim Telehealth Guidance
- Additional resources

► [Interim Billing Guidelines for Coronavirus \(COVID-19\)](#)

► [Provider Frequently Asked Questions for Coronavirus \(COVID-19\)](#)



The Brave of Heart Fund

To provide financial, behavioral, and emotional support to families of healthcare workers who lose their lives in the fight against COVID-19.



Find a COVID-19 testing center

Testing locations will vary in your local area. When sending patients for testing, we recommend checking with your local health department system. Your patients can also simply search for "COVID-19 testing near me."



Express Scripts discount prescription program

Coronavirus (COVID-19) Resource Center

Resources to support your mental health

Live-guided relaxation by telephone

- Available for all providers at no cost
- Every Tuesday at 5:00pm ET
- Call [866.205.5379](tel:866.205.5379), enter passcode 113 29 178, and then press #

Pre-recorded wellness podcasts

Additional emotional support resources

Additional Resources

[Cigna Medicare Billing guidelines and telehealth](#)

[Cigna Behavioral Health Interim Telehealth Guidance](#)

[Cigna Dental Interim Communication to Providers](#)

[QualCare Workers Compensation Interim billing guidance](#)



Coverage updates for telehealth and cost-share

Telehealth:

Cigna will cover virtual care through **December 31, 2020** as follows:

For COVID-19 related screening (i.e., quick phone or video consult):

- By a provider: No cost-share for customer
- Through a virtual vendor (e.g., MDLive): No cost-share for customer

For non-COVID-19 related services (e.g., oncology visit, routine follow-up care)

- By a provider: Standard customer cost-share
- Through a virtual vendor (e.g., MDLive): Standard customer cost-share



Cost-share:

Cigna will waive customer co-pay and cost-share through **October 31, 2020** for screening, testing and treatment related to COVID-19.

This includes:

- The initial COVID-19 screening
- Specimen collection by a health care provider
- Laboratory test
- Treatment

Additional information about these updates and others is available on the Cigna for Health Care Professionals website (CignaforHCP.com).



Recent coverage policy and precertification updates

Policy and coverage updates:

May 2020

- Care Integration Services (R32)

June 2020

- Care Integration Services (R32)
- Endometrial Ablation (0013)
- Transthoracic Echocardiography (TTE) in Adults (0510)

August 2020

- Intraoperative Monitoring (0509)
- National Correct Coding Initiatives (NCCI) editing for Facilities (R09)
- Nucleic Acid Pathogen Testing (0530)
- Omnibus Reimbursement Policy (R24)

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

Precertification changes:

Codes added to the precertification list on July 1, 2020:

- We added 23 new Current Procedural Terminology (CPT®) codes.
- We added 37 new Healthcare Common Procedure Coding System (HCPCS) codes.

We removed seven existing CPT codes from the precertification list on July 1, 2020

A complete list of precertification changes is available on the Cigna for Health Care Professionals website (CignaforHCP.com).



Provider SOLUTIONS & OPERATIONS

Name	Title	Telephone number	Email address
Lindy Alexander	Experience Manager	479.846.0205	Lindy.Alexander@Cigna.com
Violet Scheel	Director, Network Management Arkansas	501.882.5542	Violet.Scheel@Cigna.com
Eric Moxley	AVP Network Management	770.261.3642	Eric.Moxley@Cigna.com
Celestine Hoskins-Love	Network Administrator, Cigna Medicare	501.747.4781	Celestine.Love@Cigna.com
Dr. James Lancaster	Sr. Medical Director	615.595.3124	James.Lancaster@Cigna.com



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