

Arkansas Medical Society

2023



Agenda

COVID-19 update

Where to find helpful information

Improvements in precertification and prior authorization

Cigna Healthcare Payer Solutions and Shared Administration Accounts

Reimbursement policy updates & Resources



COVID-19

As of August 1, 2023 dates of service, Cigna Healthcare reimburses providers for covered COVID-19 related services (e.g., vaccine administration, infusion treatments, and COVID-19 testing) at contracted rates.

For more information, visit the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Medical Resources > Doing Business with Cigna > [Cigna's response to COVID-19](#).



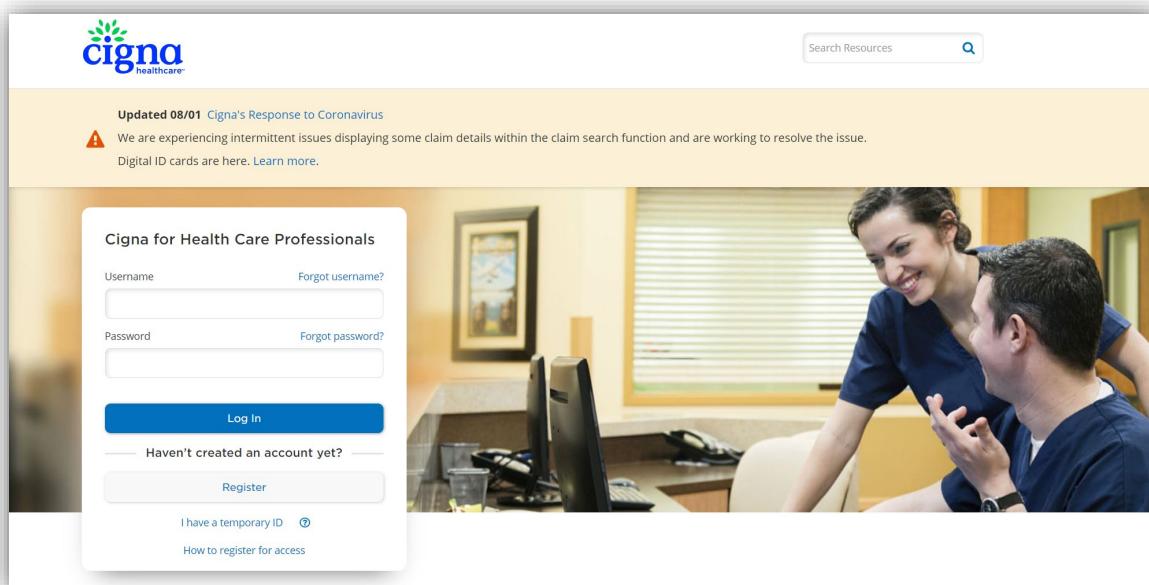
Where to find helpful information

For commercial plans and eviCore healthcare
services



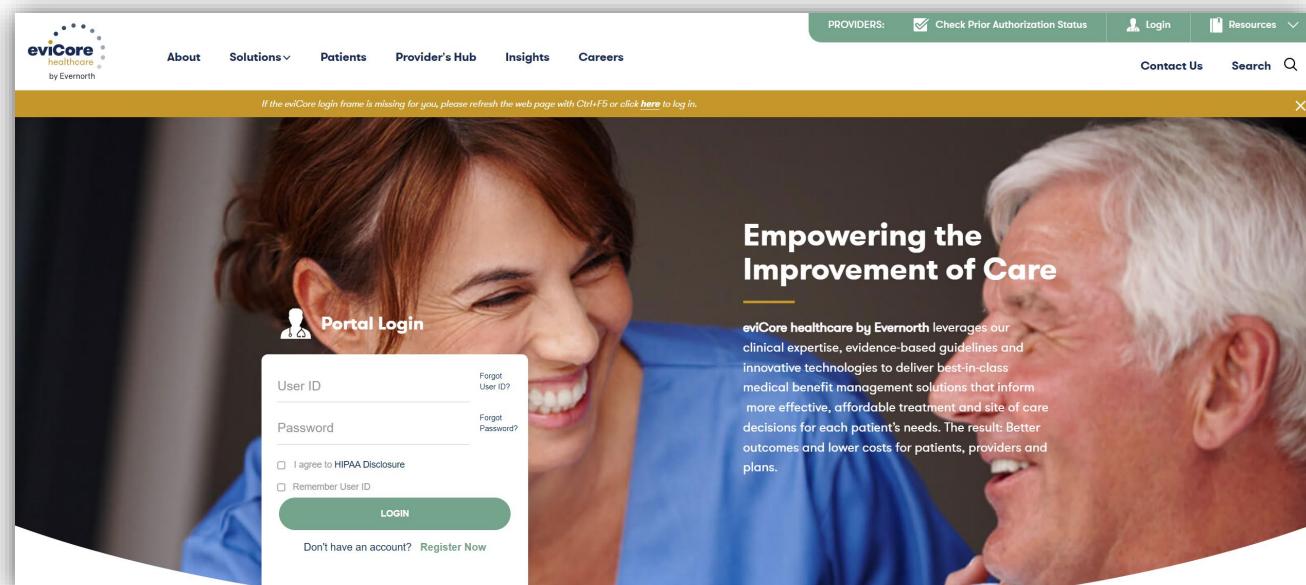
Online resources

Cigna for Health Care Professionals website (CignaforHCP.com)



The screenshot shows the Cigna for Health Care Professionals website. At the top left is the Cigna healthcare logo. A search bar with the placeholder "Search Resources" and a magnifying glass icon is at the top right. Below the header, a banner displays the text "Updated 08/01 Cigna's Response to Coronavirus" and a warning message: "We are experiencing intermittent issues displaying some claim details within the claim search function and are working to resolve the issue. Digital ID cards are here. [Learn more](#)." A large image of a healthcare professional in scrubs interacting with a patient is in the background. On the left, a sidebar contains a "Cigna for Health Care Professionals" login form with fields for "Username" and "Password", and buttons for "Log In", "Register", and "Forgot password?". Below the login form, links for "Haven't created an account yet?" and "I have a temporary ID" are provided.

eviCore healthcare by Evernorth website (eviCore.com)



The screenshot shows the eviCore healthcare by Evernorth website. At the top left is the eviCore healthcare by Evernorth logo. The top navigation bar includes links for "About", "Solutions", "Patients", "Provider's Hub", "Insights", and "Careers". On the right, there are links for "PROVIDERS: Check Prior Authorization Status", "Login", "Resources", "Contact Us", and a search bar. A banner at the top right says, "If the eviCore login frame is missing for you, please refresh the web page with Ctrl+F5 or click [here](#) to log in." A large image of a smiling healthcare professional interacting with a patient is on the right. On the left, a "Portal Login" form is displayed with fields for "User ID" and "Password", and checkboxes for "I agree to HIPAA Disclosure" and "Remember User ID". A "LOGIN" button is at the bottom. Below the login form, links for "Don't have an account? Register Now" are shown. To the right of the login form, a section titled "Empowering the Improvement of Care" contains text about eviCore's mission to deliver best-in-class medical benefit management solutions.



CignaforHCP.com 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.



Coverage policies on CignaforHCP.com

CignaforHCP.com Coverage Policies

Cigna coverage policies are tools to assist in interpreting standard health coverage plan provisions. Select one of the links below to access Cigna's medical or pharmacy coverage policies.

Browse Coverage Policies

Medical and Administrative A-Z Index
Here you can search alphabetically or by a Current Procedural Terminology or Healthcare Common Procedure Coding System code for a Cigna coverage position.
[View Documents](#)

Medical and Administrative Categories
Here you can browse within categories for a Cigna coverage position.
[View Documents](#)

Pharmacy (Drugs & Biologics) A-Z Index
Here you can search alphabetically for a drug name to see Cigna coverage position.
[View Documents](#)

Policy Updates
We routinely review our coverage positions and reimbursement and administrative policies for potential updates. Review a summary of upcoming policy changes.
[View Documents](#)

Cigna National Formulary Policies Index
Here you can search alphabetically by a drug that is part of the Cigna National Formulary.
[View Documents](#)

Supporting Websites
In certain markets, Cigna delegates utilization management of specific services, including chiropractic care, physical and occupational therapy and advanced radiology services. In these situations, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

- eviCore Guidelines (High Tech Imaging, Radiation Therapy, and Musculoskeletal Services)
- ASH - American Specialty Health (Therapy & Related Services)
- Cigna State Specific Guideline (AL, AR, CO, CT, MA, WA)

CignaforHCP.com Coverage Policies

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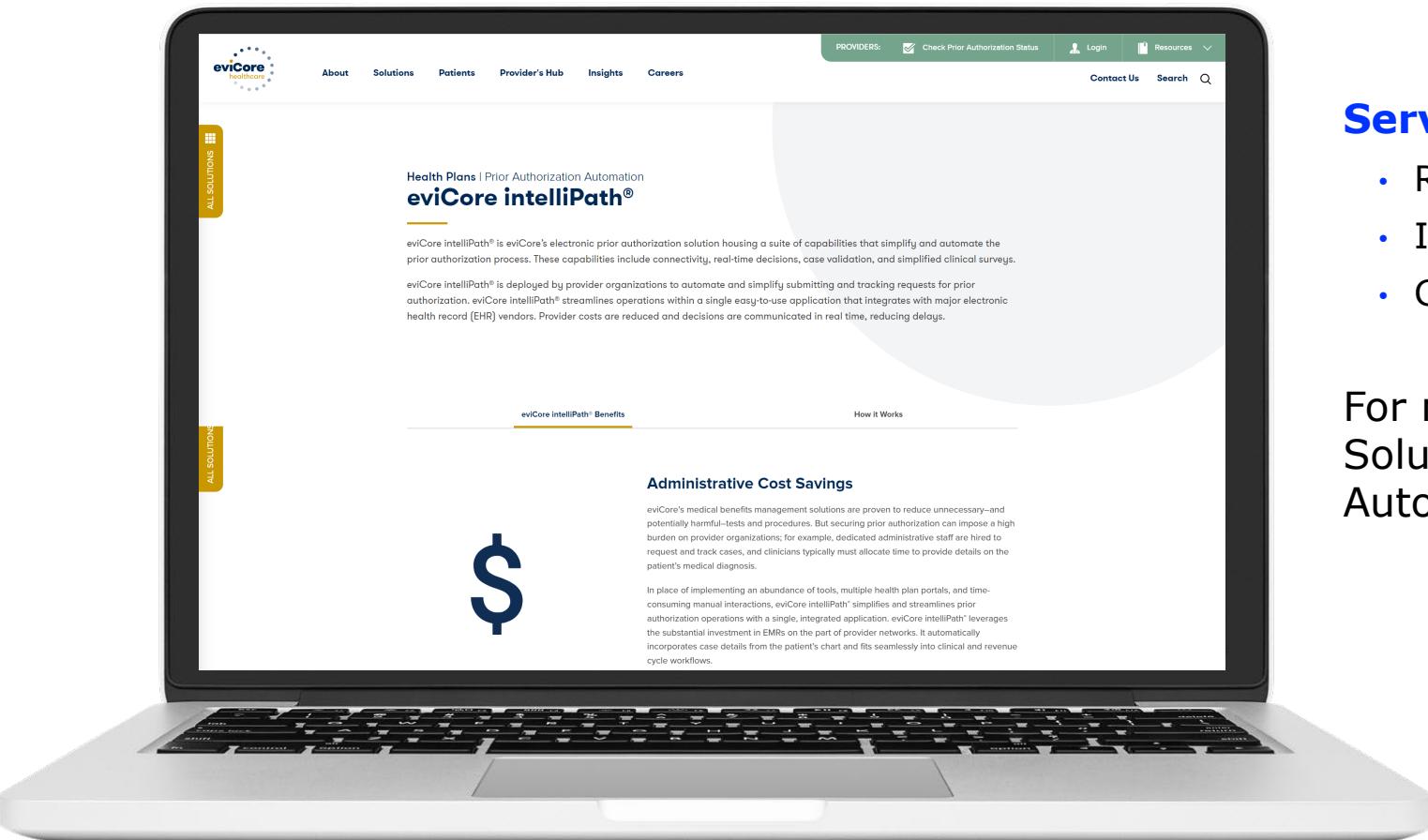
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Cigna National Formulary Policies A-Z Index
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[View Documents](#)

Use the Medical and Administrative A-Z Index or the search function to find the information you need.



eviCore – Is precertification required?



Services provided by eviCore

- Radiology imaging
- Integrated oncology management
- Gastroenterology

For more information, visit eviCore.com > Solutions > Providers > Prior Authorization Automation > [eviCore intelliPath®](https://eviCore.com/solutions/providers/prior-authorization-automation/eviCore-intelliPath).



Precertification

For commercial plans and eviCore healthcare services



Precertification (i.e., prior authorization)

Benefits

- Provides information for providers and patients regarding the coverage of services
- Assists patients in receiving disease management, case management, and other available services
- Avoids services that may not be covered and unplanned charges for the patient
- Facilitates timely payment of claims to all providers
- Reduces duplication
- Patients receive evidence-based medicine/care
- Prior authorization process supports the quality pillar of evidence-based care/guidelines



Precertification can improve the affordability of health care. Importantly, this does not always equate to finding a lower-cost alternative. Often, we may recommend using the more expensive option first, which eliminates unnecessary and potentially harmful steps – saving time and costs while improving outcomes.

Submitting precertification requests – commercial medical plans

Use one of the following options to submit precertification requests for services for your patients with **commercial medical plans**.

- Use your practice management system or vendor – Health Care Request and Response (ANSI 278)
- Log in to CignaforHCP.com > Patients > View and Submit Precertification
- Call **800.88Cigna (882.4462)**
- Log in to eviCore.com based on service type

Refer to Cigna Healthcare's coverage policies on CignaforHCP.com to identify all required information.



How to appeal a decision: Log in to CignaforHCP.com > Patients > Search Patients > Precertification. After selecting the precertification you would like to appeal, click the "Start Appeal" button and follow the steps.



Submitting precertification requests – eviCore

eviCore services include cardiology, durable medical equipment, gastroenterology, home health, medical oncology, musculoskeletal, radiation oncology, radiology, and sleep.

1

Log in to
[eviCore.com](https://evicore.com)

2

If a staff member is
creating the request,
they should use the
[clinical worksheets](#)

3

Upload any
additional
information required
to the Certification
Summary page



Refer to [eviCore's checklist](#) to learn how
to speed up the prior
authorization process.



How to appeal a decision

Any requests submitted via eviCore can be [appealed](#).



New precertification dashboard on CignaforHCP.com

Precertification will be added to the dashboard

The dashboard is organized into three main sections: Patients, Claims, and Precertifications. Each section has a 'Recent' and 'Flagged' tab.

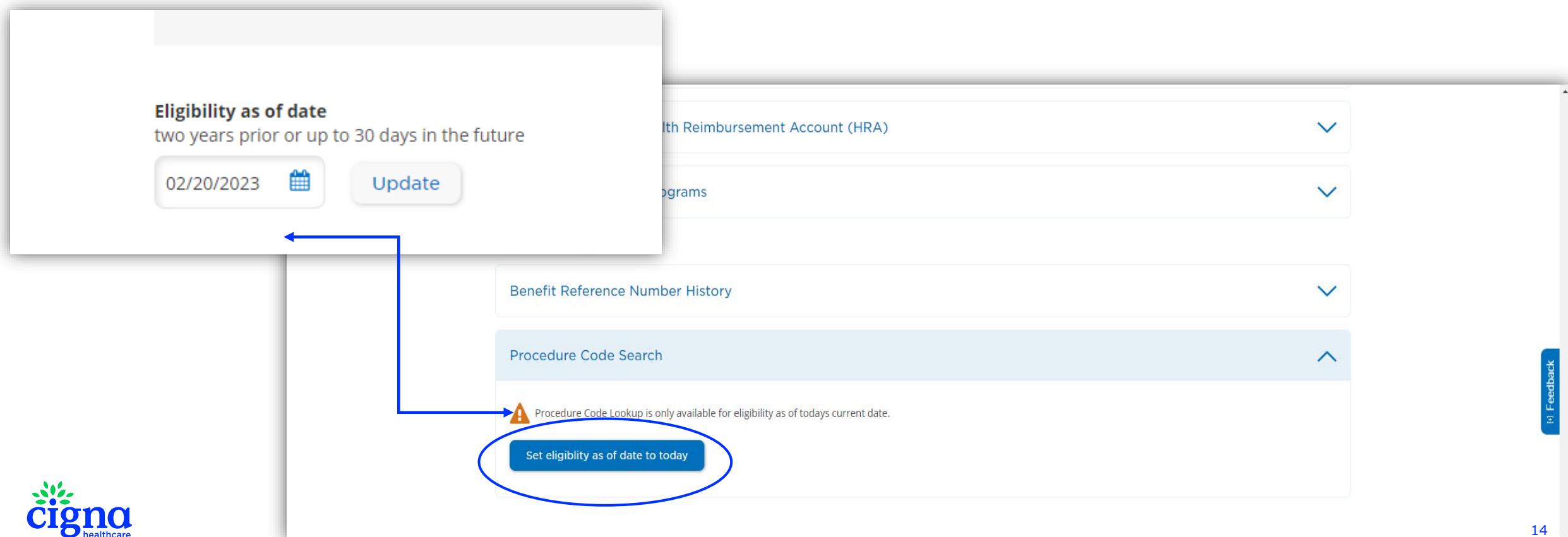
- Patients | Recent:** Shows 5 patient entries, all marked as 'Covered'. Each entry includes the patient's first name, last name, date of birth, and patient ID (0123456789).
- Claims | Recent:** Shows 4 claim entries. The first is 'Processed' (Claim Ref: 1709142201606, \$392.00, 09/13/2022). The second is 'Paid' (Claim Ref: 7192223691347, \$52,534.10, 07/19/2022-08/16/2022). The third is 'In-Process' (Claim Ref: 222431707500, \$264.00, 09/17/2022). The fourth is 'Processed' (Claim Ref: 1709142201606, \$392.00, 09/13/2022).
- Precertifications | Recent:** Shows 4 precertification entries for 'ALLISON ADAMS' (Patient ID: 123456789). Each entry is 'Approved' with a green checkmark. The details include a precertification number (#12345678), requesting provider (JOHNATHAN, JONES), servicing provider (MURRAY, MARY), and dates of service (00/00/0000 - 00/00/0000).

On the right side, there is a 'Messages' sidebar with a 'View Message Center' button.



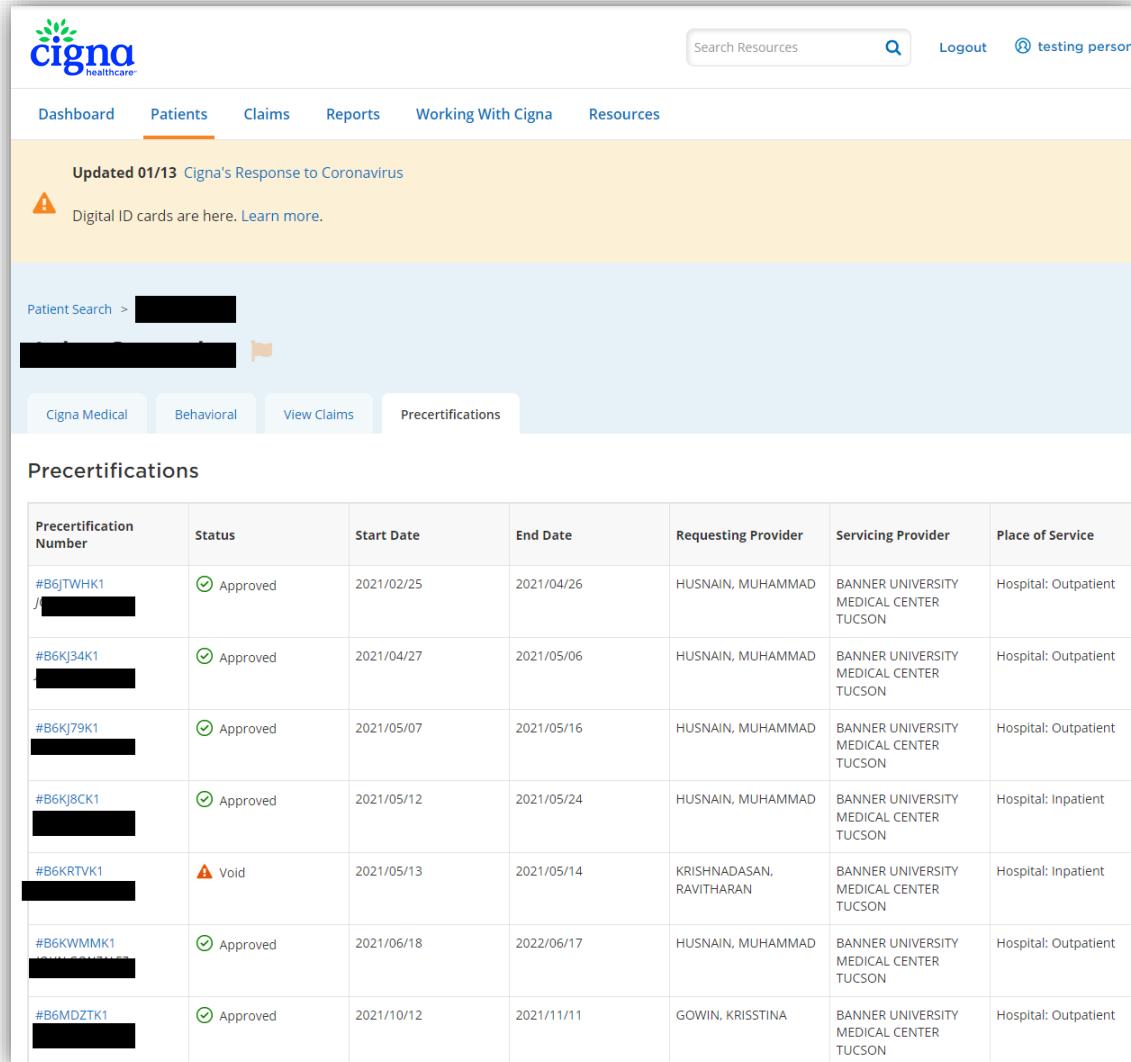
Eliminate scrolling to set eligibility date to current date

Users are now able update the eligibility date to today by clicking the “Set eligibility as of date to today” button. This updates the calendar to the current date without scrolling back to the top of the screen.



Starting an appeal from the Precertifications page

Current experience: User must go into the precertification to start an appeal.



Search Resources

Dashboard Patients Claims Reports Working With Cigna Resources

Updated 01/13 Cigna's Response to Coronavirus

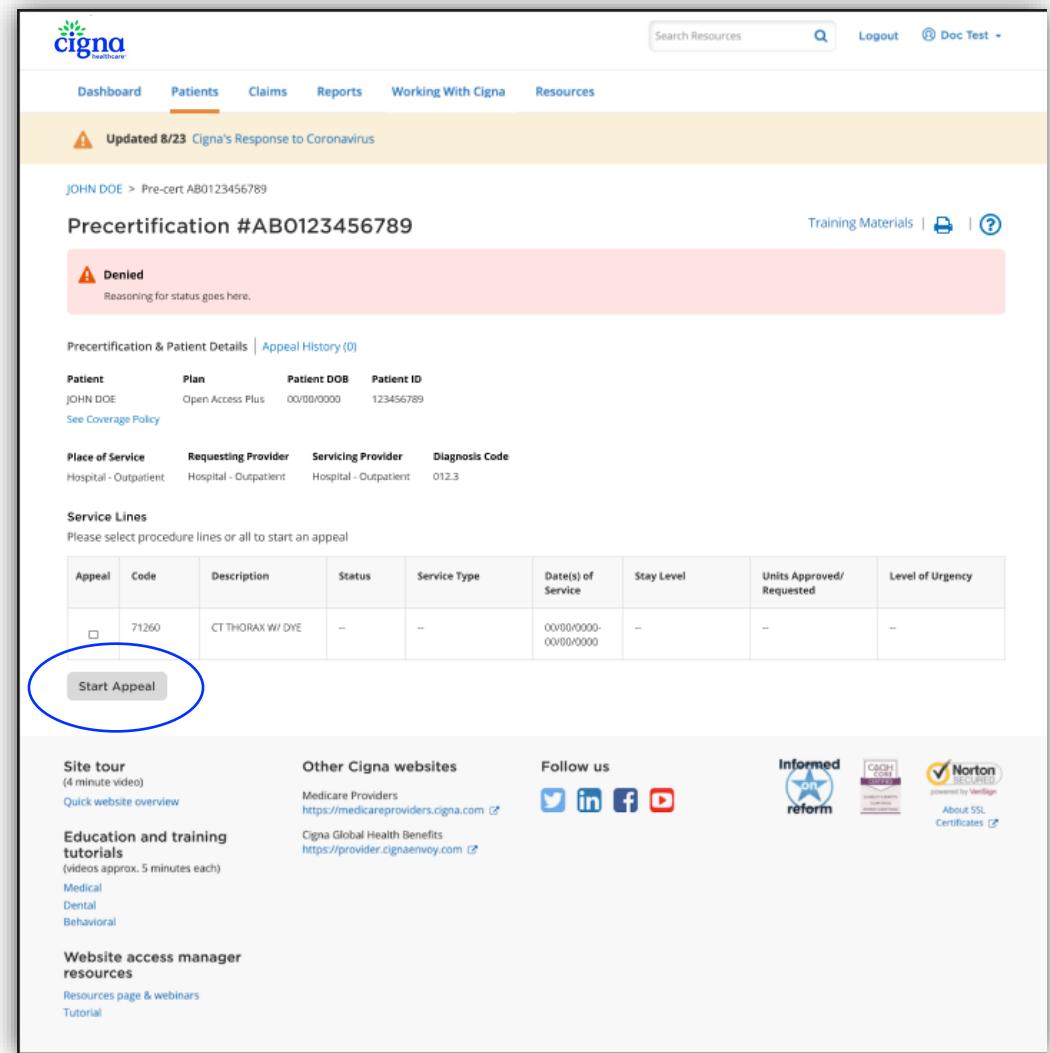
Digital ID cards are here. Learn more.

Patient Search > [REDACTED]

Cigna Medical Behavioral View Claims Precertifications

Precertifications

Precertification Number	Status	Start Date	End Date	Requesting Provider	Servicing Provider	Place of Service
#B6JTWHK1 [REDACTED]	Approved	2021/02/25	2021/04/26	HUSNAIN, MUHAMMAD	BANNER UNIVERSITY MEDICAL CENTER TUCSON	Hospital: Outpatient
#B6KJ34K1 [REDACTED]	Approved	2021/04/27	2021/05/06	HUSNAIN, MUHAMMAD	BANNER UNIVERSITY MEDICAL CENTER TUCSON	Hospital: Outpatient
#B6KJ79K1 [REDACTED]	Approved	2021/05/07	2021/05/16	HUSNAIN, MUHAMMAD	BANNER UNIVERSITY MEDICAL CENTER TUCSON	Hospital: Outpatient
#B6KJ8CK1 [REDACTED]	Approved	2021/05/12	2021/05/24	HUSNAIN, MUHAMMAD	BANNER UNIVERSITY MEDICAL CENTER TUCSON	Hospital: Inpatient
#B6KRTVK1 [REDACTED]	Void	2021/05/13	2021/05/14	KRISHNADASAN, RAVITHARAN	BANNER UNIVERSITY MEDICAL CENTER TUCSON	Hospital: Inpatient
#B6KWMMK1 [REDACTED]	Approved	2021/06/18	2022/06/17	HUSNAIN, MUHAMMAD	BANNER UNIVERSITY MEDICAL CENTER TUCSON	Hospital: Outpatient
#B6MDZTK1 [REDACTED]	Approved	2021/10/12	2021/11/11	GOWIN, KRISSTINA	BANNER UNIVERSITY MEDICAL CENTER TUCSON	Hospital: Outpatient



Search Resources

Dashboard Patients Claims Reports Working With Cigna Resources

Updated 8/23 Cigna's Response to Coronavirus

JOHN DOE > Pre-cert AB0123456789

Precertification #AB0123456789

Denied
Reasoning for status goes here.

Precertification & Patient Details | [Appeal History \(0\)](#)

Patient	Plan	Patient DOB	Patient ID
JOHN DOE	Open Access Plus	00/00/0000	123456789
See Coverage Policy			

Place of Service Requesting Provider Servicing Provider Diagnosis Code

Hospital - Outpatient	Hospital - Outpatient	Hospital - Outpatient	012.3
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Service Lines
Please select procedure lines or all to start an appeal

Appeal	Code	Description	Status	Service Type	Date(s) of Service	Stay Level	Units Approved/Requested	Level of Urgency
<input type="checkbox"/>	71260	CT THORAX W/ DYE	--	--	00/00/0000-00/00/0000	--	--	--

Start Appeal

Site tour (4 minute video)
Quick website overview

Other Cigna websites
Medicare Providers <https://medicareproviders.cigna.com>
Cigna Global Health Benefits <https://provider.cignaenvoy.com>

Follow us [Twitter](#) [LinkedIn](#) [Facebook](#) [YouTube](#)

Informed [on reform](#) [Cigna Quality](#) [Norton Secured](#)
About SSL Certificates

Starting an appeal from the Precertifications page

Patient Search > U42351673 01

John Doe

Cigna Medical Behavioral View Claims Precertifications

Precertifications

Flag	Precertification Number	Status	Patient	Date of birth	Dates of Service	Tax Identification Number (TIN)	Requesting Provider	Servicing Provider	Place of Service	Appeal
P	#OP0649984901	✓ Approved	John Doe 0123456789	00/00/0000	2020/09/16 - 2020/09/16	0123456789	JANE JONES	ROBERT RED	Hospital - Outpatient	Appeal
P	#OP0649984902	✓ Approved	John Doe 0123456789	00/00/0000	2020/09/16 - 2020/09/16	0123456789	ALEX ADAMS	Not Available	Hospital - Outpatient	Appeal

Site tour
(4 minute video)
Quick website overview

Education and training tutorials
(videos approx. 5 minutes each)
Medical
Dental
Behavioral

Website access manager resources
Resources page & webinars
Tutorial

Other Cigna websites
Medicare Providers
<https://medicareproviders.cigna.com>
Cigna Global Health Benefits
<https://provider.cignaenvoy.com>

Follow us

Future experience:
Users will now be
able to start an
appeal from the
Precertifications tab.



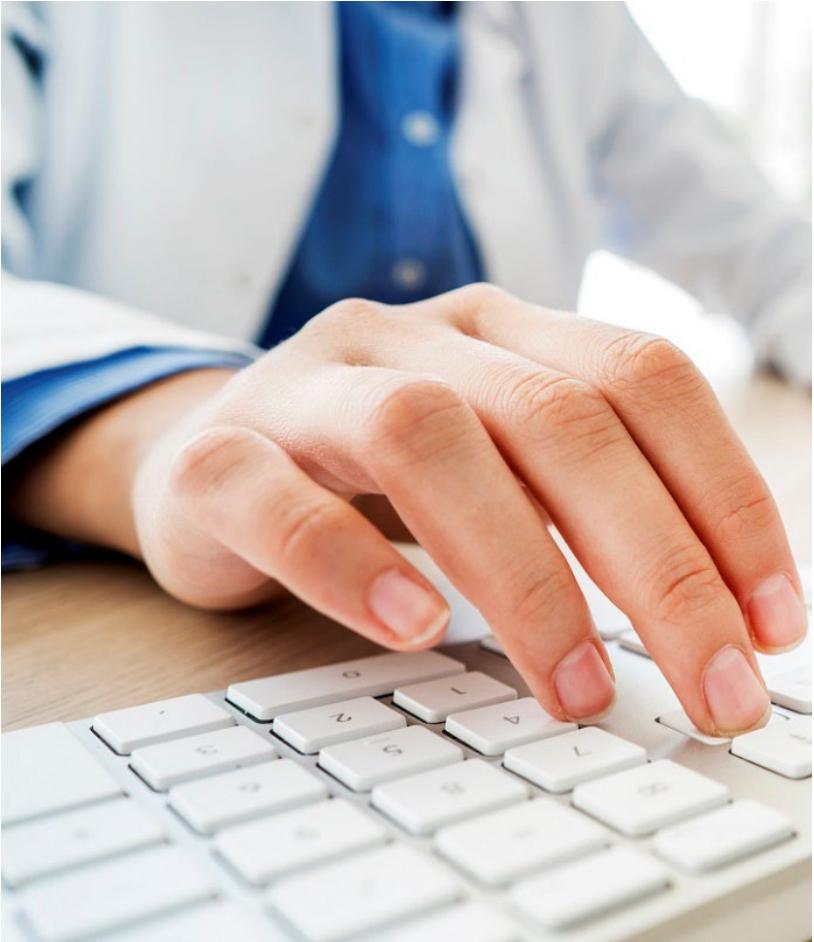
CHCP.com and Third-Party Administrators

Cigna Healthcare Payer Solutions and Shared Administration Accounts



Cigna Payer Solutions

Claims and appeals: Points of interaction



Claim flow

- Provider submits claim electronically to Cigna Healthcare (payer ID 62308) or to the address on the patient's ID card.
- Cigna Healthcare prices the claim based on the network-contracted rate, and forwards it to the payer for reimbursement based on the customer's eligibility and benefits.
- The payer remits payment following contractually agreed-upon turnaround requirements.

Where to send appeals

- Send appeals of **clinical denials** to Cigna Healthcare using the contact information supplied in the denial letter(s).
- Send **appeals of application** of contract rates to the address on your patient's ID card.

Contact payer for:

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

Call the phone number on the patient's ID card.

Contact Cigna Healthcare for:

- Reimbursement issues
- Pricing appeals
- General contract questions

Call **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 [REDACTED]	[REDACTED]	[REDACTED]	Allan	09/01/2011	Present	Shared Administration/ Alliance Patient	[REDACTED] BENEFIT PLAN	
	24 [REDACTED]	[REDACTED]	[REDACTED]	Sheila	01/01/2018	Present	Payer Solutions		

A red arrow points to the 'Coverage Status' column header in the table.



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 NEW TAB](#)

[COVERAGE DETAILS](#) [ESTIMATE COSTS](#) [VIEW CLAIMS](#)

ELIGIBILITY AS OF: 04/08/2019 DETACH USEFUL LINKS ?

Patient ID: U92810582 01
Account #: Coverage From: 07/01/2013
Account Name: Coverage To: Present
Plan:

i TZ RESOURCEONE ADMINISTRATORS is responsible for administering various aspects of this patient's plan, which may include claim processing, utilization management or eligibility verification. For additional coverage information, call 800.967.2077.

i 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.



Patient Eligibility and Benefits page

Under the **Coverage Details** section, when the patient's benefits are not managed by Cigna Healthcare, the website will indicate the TPA name and phone number.



Resource pages

Payer Solutions and Shared Administration

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 Advantage Plans (Part C)	Online Resource	--	04/13/2020
Cigna Medicare Advantage Plans - Employer Group	Online Resource	--	04/13/2020
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	--	04/07/2020
Cigna SureFit®	Online Resource	--	06/16/2021
Indemnity	Online Resource	--	04/07/2020
LocalPlus®	Online Resource	--	02/26/2020
Open Access Plus	Online Resource	--	04/07/2020
Cigna + Oscar Plans	Online Resource	--	10/01/2020
Payer Solutions	Online Resource	--	01/04/2022
Point of Service (POS)	Online Resource	--	04/07/2020
Preferred Provider Organization (PPO)	Online Resource	--	04/07/2020
Shared Administration Repricing	Online Resource	--	12/22/2021
Strategic Alliances	Online Resource	--	09/07/2020
Viant/Beech Street Client Listing	Online Resource	--	



Resource web pages exist for each plan type

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

For more information, visit CignaforHCP.com >
Get questions answered: Resource > Medical Resources > Medical Plans and Products.

Recent policy updates

Coverage and reimbursement policies and
precertification updates



Reimbursement policy updates



Anesthesia claims submitted with unbundled codes

Effective October 14, Cigna Healthcare will administratively deny the unbundled Current Procedural Terminology (CPT®) code when billed with one or more anesthesia codes by the same provider on the same day. The Anesthesia Services (R39) reimbursement policy will be updated to reflect this change.

Reimbursement for claims submitted with modifier AD

Effective October 14, Cigna Healthcare will reduce reimbursement to four units for anesthesia claims submitted with modifier AD and CPT codes 00100–01999. The Anesthesia Services (R39) and Healthcare Common Procedure Coding System (HCPCS) National Level II Modifiers reimbursement policies will be updated to reflect this change.

Somatic nerve injection claims submitted with unbundled codes

Effective November 12, Cigna Healthcare will implement a new reimbursement policy, Professional Bundled Services (R44), that will administratively deny the unbundled imaging CPT code when billed with one or more somatic nerve injection codes by the same provider on the same day.

Arkansas Prior Authorization Exemption Program

Arkansas Gold Carding Law



October 9, 2023

24

Overview of Arkansas Provider Prior Authorization Exemption Process:

Once Providers submit Preauthorization requests, they should expect Cigna to respond using the following process:

- A provider is not required to request an exemption to qualify for the exemption.
- Cigna will determine Providers who submit authorization requests for Medical services and Providers who submit authorization requests for Behavioral services.
- Cigna will determine Provider/Physician/Facility Preauthorization Exemption for Specific Health Care Services.
- Cigna will Communicate status to Providers via notification letters.
- Cigna will apply Provider/Physician Preauthorization Exemption for Specific Health Care Services in Cigna systems with first exemption period valid until 9/30/2024.
 - *Internal Staff can provide information to providers/physicians about the preauthorization exemption process using their chosen communication method.*
- Provider evaluations to take place once per year using 6 months of data, exemptions beyond 9/30/2024 will be valid for 12 months.

Appeals:

- At the insurer's expense, a provider has a right to a review of a reversal of a prior authorization exemption within twelve (12) months of receiving proper notice of recission from an insurer, to be conducted by an independent review organization (IRO). The IRO will complete an expedited review no later than the thirtieth day after the date a provider files the request for a review. The insurer is bound by the decision of the IRO.



Impacted Arkansas Groups:

Impacted Arkansas Plans:

- Fully Insured Group Plans
- Fully Insured Individual Plans (Cigna does not participate in the marketplace in Arkansas)
- Fully Insured Plans Issued Outside State Insuring Residents in This State
- Self-Funded Non-Federal Government Plans

Plans Not Impacted:

- Dental & Vision Policies
- Federal Employee Plans
- Self-Funded ERISA Plans
- Prescription Plans (Until January 1, 2025)

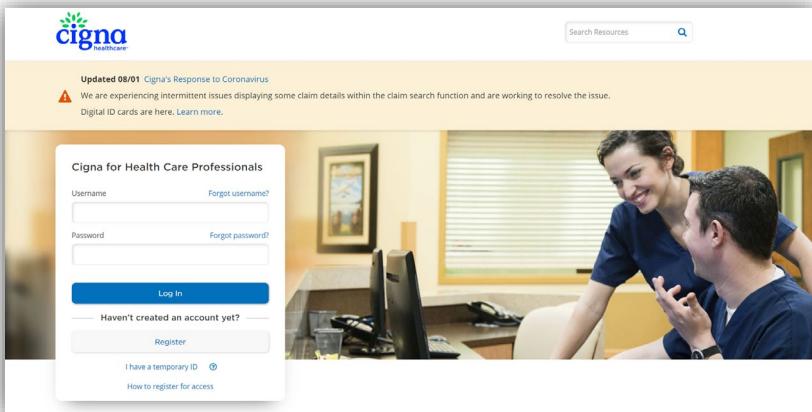


Additional provider resources

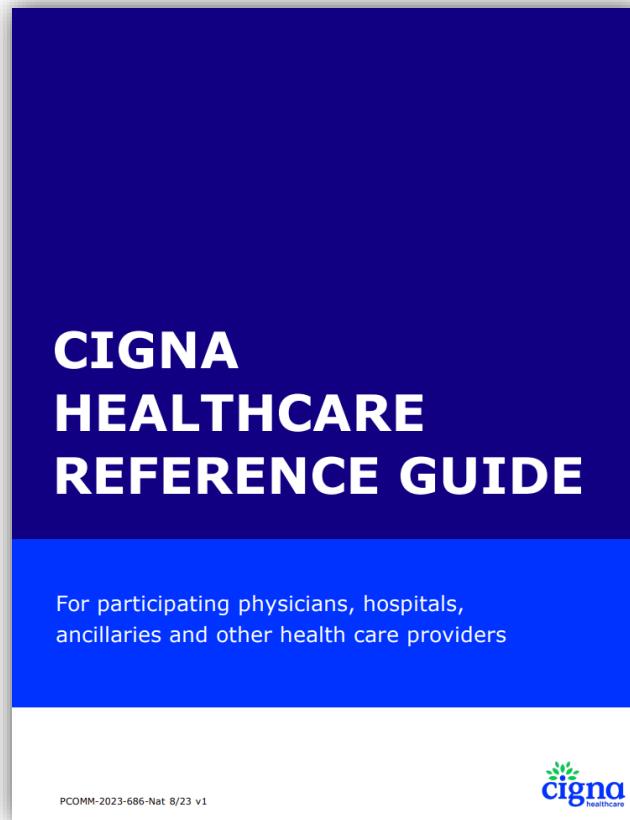


Provider resources

Provider portal (CignaforHCP.com)



Cigna Healthcare Reference Guide



[CignaforHCP.com > Resources > Reference Guides](#)

Cigna Healthcare Network News for Providers

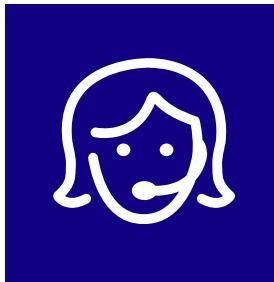


[Cigna.com > For Providers > Provider Resources > Cigna Healthcare Network News for Providers](#)

To be added to the quarterly distribution, email NetworkNewsEditor@Cigna.com.



Contacts and support



Resource	Contact information
Webinars	CignaforHCP.com > Education and training tutorials
Digital solutions <ul style="list-style-type: none">• Electronic claims submission• EFT payment and remittance reports• ePrescribing	CignaforHCP.com > Get questions answered: Resource > Medical Resources > Doing Business With Cigna
Your electronic data interchange (EDI) vendor	Don't have an EDI vendor? Visit Cigna.com/EDIVendors .
Cigna Healthcare Customer Service	800.88Cigna (882.4462)
Your Provider Relations Executive	Lindy Alexander Email: Lindy.Alexander@Cigna.com Phone: 479.225.4297



Questions?



All Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Express Scripts, Inc., or their affiliates.

PCOMM-2023-1408-AR 09/2023

