

Health Care Professionals

ClaimCheck[®]

Frequently Asked Questions
Updated: May 2011



ClaimCheck[®] is an automated code auditing tool developed by McKesson that we use for all medical products to help expedite and improve the accuracy of claim processing.

- On May 23, 2011, we updated ClaimCheck 8.5 to Knowledge Base Version 47 and National Correct Coding Initiative (NCCI) Version 17.0 Incidental and Mutually Exclusive code edits.
- On October 17, 2011, we will update ClaimCheck 8.5 Knowledge Base Version 47 to NCCI Version 17.1 Column 1/Column 2 (Incidental) and Mutually Exclusive code edits.

1. What types of claims does ClaimCheck audit?

We apply ClaimCheck auditing to professional claims.

2. Does CIGNA modify ClaimCheck edits?

We may modify or customize ClaimCheck edits to comply with medical Coverage Policies, contracts, or mandated benefits.

ClaimCheck edits, whether created by McKesson or customized by us, are available on Clear Claim Connection[™].

3. Are ClaimCheck edits based on Centers for Medicare and Medicaid Services (CMS) guidelines?

While some CIGNA ClaimCheck edits equate to CMS guidelines, not all code audit results match exactly.

4. Does CIGNA apply CMS editing guidelines?

We apply CMS NCCI Incidental and Mutually Exclusive edits to professional claims.

5. Is there a list of all of the ClaimCheck edits?

There is no published, comprehensive list of the over four million ClaimCheck edits. Instead, we provide access to all ClaimCheck edits, and the clinical logic supporting them, by offering the Clear Claim Connection disclosure tool.

Clear Claim Connection Frequently Asked Questions are available on the secure CIGNA for Health Care Professionals website (www.cignaforhcp.com > Clinical Reimbursement Policies and Payment Policies > Claim Editing Procedures [under 'Resources']).

6. What are the benefits to using ClaimCheck 8.5.?

ClaimCheck 8.5 enables us to align more closely with CMS processing and allows improved auditing capabilities, including modifier recognition, processing, and the application of CMS/NCCI edits.

7. Is additional ClaimCheck information available?

The Clear Claim Connection disclosure tool allows the user to enter code combinations, immediately view results, and read the Clinical Edit Clarifications.

Clear Claim Connection and Frequently Asked Questions are available on the secure CIGNA for Healthcare Professionals website (www.cignaforhcp.com > eServices > View Claim Coding Edits).

Additionally, please refer to the 'Code Edit Policy' for an overview of ClaimCheck policies. To view this policy, please log in to the CIGNA for Health Care Professionals website (www.cignaforhcp.com > Resources > Clinical Reimbursement Policies and Payment Policies > Claim Editing Procedures).

8. Is supporting documentation required on specific code edits when billing modifiers 25 or 59?

We continue to require supporting documentation on specific code edits for Modifiers 25 and 59.

Modifier 25: Supporting documentation is required on 57 code combinations submitted with a modifier 25. To view the list of code combinations, please log in to the CIGNA for Health Care Professionals website

(www.cignaforhcp.com > Resources > Clinical Reimbursement Policies and Payment Policies > Claim Editing Procedures).

Modifier 59: Supporting documentation is required on 4 code combinations (approximately 1% of claims submitted with a modifier 59). To view the list of code combinations, please log in to the CIGNA for Health Care Professionals website (www.cignaforhcp.com > Resources > Clinical Reimbursement Policies and Payment Policies > Claim Editing Procedures).

You can continue to submit claims electronically to us, even if supporting documentation is required. Please indicate in the PWK segment of Loop 2300 of the electronic claim that the documentation will be sent through another channel.

The indicators on the electronic claim include the delivery method (PWK02) for sending the attachment (e.g., fax, mail), as well as the description code (PWK01) for the type of attachment (e.g., physician report, operative notes). If the indicator is sent in a comment or note field of the electronic claim, we will not recognize that attachments were sent. Please work with your electronic data interchange (EDI) vendor to ensure the correct fields on the electronic claim are completed.

Supporting documentation can be faxed to us at 1.859.410.2422 or sent by mail to the CIGNA address on the back of the patient's ID card.

For additional information, please refer to the specific CIGNA Modifier and Reimbursement Policies, which are available on the secure CIGNA for Healthcare Professionals website (www.cignaforhcp.com > Resources > Clinical Reimbursement Policies and Payment Policies > Modifiers and Reimbursement Policies).

Recent History/Updates

5/16/2011	Updated with NCCI Version 17.1 implementation date.
02/15/2011	Updated with Knowledge Base 47 and NCCI Version 17.0 implementation date.
11/10/2010	Updated Modifier 25 and 59 List changes and ClaimCheck Knowledge Base and NCCI Version update information effective February 21, 2011.
07/12/2010	Updated NCCI version information effective July 19, 2010
4/15/2010	Updated with Knowledge Base 45 and NCCI Version 16.0 implementation date. Updated Modifier 59 code combinations implementation date.
2/15/2010	Updated with Knowledge Base 44 implementation date.
5/22/2009	Updated with Knowledge Base 43 implementation date.
4/22/2009	Updated with Modifier 25 and Modifier 59 documentation and code list changes.
2006-2008	Annual or bi-annual updates to the ClaimCheck Frequently Asked Questions to provide Knowledge Base update notification.

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