

# NetworkNews

March 2011

FOR HEALTH CARE PROFESSIONALS PARTICIPATING IN THE CIGNA AND GWH-CIGNA NETWORKS

## Cultural Competency – Increase Quality of Care and Improve Patient Compliance

The scenarios to the right are real-life challenges patients can face each day. These challenges can result in health disparities – preventable differences in people's ability to achieve optimal health.

Quality health care requires effective communication between patients and their health care professionals. However, nearly half of all physicians in the United States report that their ability to provide quality care is affected by difficulty communicating with patients because of language or cultural barriers.<sup>1</sup> The Institute of Medicine and the National Quality Forum have outlined measures that physicians and their practices can take to help reduce these barriers and improve communication between physicians and their patients who speak foreign languages in the United States.<sup>2</sup>

Cultural competency in health care is the ability of health care professionals to understand a patient's diverse values, beliefs and behaviors, and to customize interventions to meet the patient's social, cultural and linguistic needs. Cultural competency training

can help practitioners build skills to better understand, and to communicate and effectively interact with patients in cross-cultural encounters.<sup>2</sup>

The challenges health care professionals face in providing quality health care to all of their patients will continue to grow as the population continues to diversify in the United States. Although disparities can stem from many factors beyond the physician-patient encounter, the ability of physicians to communicate effectively with patients and understand their cultural and social context is critical in effectively caring for a diverse patient population.<sup>1</sup>

### Training Resources

- A Physician's Guide to Culturally Competent Care – U.S. Department of Health & Human Services: Explore engaging cases and learn about cultural competency in health care. Receive nine free CME credits (physicians and physician assistants) or nine contact hours (nurse practitioners). For more information visit <https://cccm.thinkculturalhealth.hhs.gov/>.



**Maria** has been prescribed kidney dialysis treatments three times a week, but she doesn't speak English and is having trouble scheduling her appointments.



**Hakim** met with a nutritionist about a diabetes meal plan, but the nutritionist prescribed foods strictly forbidden in his culture, and he doesn't know what to eat now.



**John** complained of symptoms that indicate he is at risk for colon cancer but is hesitant to schedule a colonoscopy – he feels that if he has cancer, it is God's will.

- Quality Interaction – America's Health Insurance Plans (AHIP): Through this clinical online program, increase awareness of racial and ethnic disparities in health care, and the importance of effective cross-cultural care. Earn 2.5 free CME, CEU or CCU credits. For more information visit [www.ahip.org/disparities/QIModules/quality.html](http://www.ahip.org/disparities/QIModules/quality.html). ■

<sup>1</sup> James D. Reschovsky, Ellyn R. Boukus. Modest and Uneven: Physician Efforts to Reduce Racial and Ethnic Disparities. Issue Brief No. 130. February 2010. Center for Studying Health System Change.

<sup>2</sup> Betancourt, Joseph R., et al., "Defining Cultural Competence: A Practical Framework for Addressing Racial/Ethnic Disparities in Health and Health Care," Public Health Reports, Vol. 118 (July/August 2003).

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# POLICY UPDATES

## Clinical, Reimbursement, and Administrative Policy Updates

In an effort to help support access to quality care for plan participants, CIGNA routinely reviews clinical, reimbursement and administrative policies, medical coverage positions, and the precertification process and requirements. The following table provides a summary of recent updates. You may also view new and updated policies prior to implementation on the CIGNA for Health Care Professionals website ([www.cignaforhcp.com](http://www.cignaforhcp.com)).

Policy	Effective Date	Update	Where to Find Additional Information														
<b>Remicade</b>	January 1, 2011	<ul style="list-style-type: none"> <li>Remicade is considered non-preferred for new prescriptions only.</li> <li>New users will go through a two-step process with the preferred brands, Enbrel and Humira, before using a non-preferred brand, including Remicade.</li> <li>Precertification continues to be required for Remicade. Health care professionals will be informed of the two-step process to use preferred brands prior to Remicade when precertification is requested.</li> <li>Participants who were using Remicade prior to January 1, 2011 are not affected.</li> </ul>	CIGNA for Health Care Professionals website ( <a href="http://www.cignaforhcp.com">www.cignaforhcp.com</a> > Resources > Policies & Procedures > Coverage Positions/Criteria > Pharmacy Coverage Policy Index > Remicade)														
<b>Precertification Requirement – Injectables</b>	May 1, 2011	<p>Added injectable drug codes:</p> <table border="1"> <thead> <tr> <th>HCPCS Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>J9035</td> <td>Injection, bevacizumab, 10 mg (Avastin)</td> </tr> <tr> <td>J9055</td> <td>Injection, cetuximab, 10 mg (Erbix)</td> </tr> <tr> <td>J1300</td> <td>Injection, eculizumab, 10 mg (Soliris)</td> </tr> <tr> <td>J9303</td> <td>Injection, panitumumab, 10 mg (Vectibix)</td> </tr> <tr> <td>J9310</td> <td>Injection, rituximab, 100 mg (RituXan)</td> </tr> <tr> <td>J9355</td> <td>Injection, trastuzumab, 10 mg (Herceptin)</td> </tr> </tbody> </table>	HCPCS Code	Description	J9035	Injection, bevacizumab, 10 mg (Avastin)	J9055	Injection, cetuximab, 10 mg (Erbix)	J1300	Injection, eculizumab, 10 mg (Soliris)	J9303	Injection, panitumumab, 10 mg (Vectibix)	J9310	Injection, rituximab, 100 mg (RituXan)	J9355	Injection, trastuzumab, 10 mg (Herceptin)	CIGNA for Health Care Professionals website ( <a href="http://www.cignaforhcp.com">www.cignaforhcp.com</a> > Resources > Clinical Reimbursement Policies and Payment Policies > Precertification Policies)
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<b>CIGNA National Correct Coding Initiatives (NCCI) Editing for Facilities</b>	June 1, 2011	<ul style="list-style-type: none"> <li>Added approximately 685 edits to the existing list.</li> <li>Added Modifier 27 to existing modifier list.</li> <li>Changed the Correct Coding Indicator to four edit pairs.</li> <li>Deleted 43 edit pairs from existing list.</li> <li>CIGNA will reserve the right to modify this list consistent with the CMS quarterly updates and guidelines.</li> <li>Policy will continue to apply to all, or any portion of, a facility claim paid based on billed or a percentage of billed charges submitted to CIGNA on a UB-04.</li> </ul>	CIGNA for Health Care Professionals website ( <a href="http://www.cignaforhcp.com">www.cignaforhcp.com</a> > Resources > Clinical Reimbursement Policies and Payment Policies > Modifiers and Reimbursement Policies)														
<b>Assistant Surgeon – Modifiers 80, 81, 82 and Assistant-at-Surgery Modifier AS</b>	July 1, 2011	<ul style="list-style-type: none"> <li>Physicians rendering services as an Assistant Surgeon (modifiers 80 and 82) will be reimbursed at 16% of the surgeon's contracted rate, or usual and customary (U&amp;C) or maximum reimbursable charge rather than the current reimbursement rate of 20%. (Reimbursement for services represented by modifier 81 and modifier AS remains the same.)</li> </ul>	CIGNA for Health Care Professionals website ( <a href="http://www.cignaforhcp.com">www.cignaforhcp.com</a> > Resources > Clinical Reimbursement Policies and Payment Policies > Modifiers and Reimbursement Policies)														

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<b>Contiguous Body Parts</b>	July 1, 2011	<ul style="list-style-type: none"> <li>The highest allowable reimbursement amount will be paid at 100% of the fee schedule, maximum reimbursable charge (MRC), or usual and customary (U&amp;C) rate, while all subsequent procedures will be subject to the multiple radiology reduction and will be reimbursed at 50% of the technical component of the fee schedule, MRC or U&amp;C rate.</li> <li>Added CPT codes to families:</li> </ul> <table border="1"> <thead> <tr> <th>Family</th> <th>CPT Code</th> </tr> </thead> <tbody> <tr> <td>Family 1</td> <td>76870</td> </tr> <tr> <td>Family 2</td> <td>74261, 74262, 75571, 75572, 75573, 75574</td> </tr> <tr> <td>Family 3</td> <td>No additions</td> </tr> <tr> <td>Family 4</td> <td>75557, 75559, 75561, 75563, 77058, 77059</td> </tr> <tr> <td>Family 5</td> <td>70336, 70554</td> </tr> </tbody> </table>	Family	CPT Code	Family 1	76870	Family 2	74261, 74262, 75571, 75572, 75573, 75574	Family 3	No additions	Family 4	75557, 75559, 75561, 75563, 77058, 77059	Family 5	70336, 70554	CIGNA for Health Care Professionals website ( <a href="http://www.cignaforhcp.com">www.cignaforhcp.com</a> > Resources > Clinical Reimbursement Policies and Payment Policies > Modifiers and Reimbursement Policies)
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<b>Precertification Requirement – Nuclear Cardiac Services</b>	July 1, 2011	<ul style="list-style-type: none"> <li>Nuclear Cardiac Services (SPECT) will require precertification.</li> <li>Affected CPT codes: 78460-78499, A9502, and A9505.</li> </ul>	CIGNA for Health Care Professionals website ( <a href="http://www.cignaforhcp.com">www.cignaforhcp.com</a> > Resources > Clinical Reimbursement Policies and Payment Policies > Precertification Policies)												
<b>Transthoracic Echocardiography</b>	July 1, 2011	<ul style="list-style-type: none"> <li>CIGNA will reimburse transthoracic echocardiograms (TTEs) only when performed for proven and appropriate indications.</li> <li>The TTE policy and criteria will rely on evidence-based review of literature, as well as the recommendations of professional organizations (e.g., the American College of Cardiology).</li> <li>Precertification of TTEs will not be required.</li> <li>Denied services will be eligible for clinical appeal.</li> </ul>	CIGNA for Health Care Professionals website ( <a href="http://www.cignaforhcp.com">www.cignaforhcp.com</a> > eServices > Coverage Positions/ Criteria)												
<b>Refractive Vision Services</b>	Informational Only	<ul style="list-style-type: none"> <li>Refractory services associated with the fitting of the first pair of glasses or contacts following cataract or keratoconus surgery is covered under most core medical benefits.</li> <li>CPT 92015 must be billed in conjunction with an ICD-9 CM code for a routine vision/refractive diagnosis (e.g., 367.1 myopia; 367.4 presbyopia) for routine refractive care coverage to be processed correctly under a plan with a vision benefit rider or a vision benefit plan.</li> <li>Routine refractive services are generally excluded from core medical coverage, but may be covered under a separate vision benefit rider or buy-up.</li> </ul>	CIGNA for Health Care Professionals website ( <a href="http://www.cignaforhcp.com">www.cignaforhcp.com</a> > Resources > Clinical Reimbursement Policies and Payment Policies > Modifiers and Reimbursement Policies)												

CIGNA applies its reimbursement and modifier policies to claims for patients with GWH-CIGNA ID cards. While the policies have been integrated, please follow the existing procedures for submitting claims.

Please note you will need to complete the registration process to log in if you are not registered for the CIGNA for Health Care Professionals website.

Go to [www.cignaforhcp.com](http://www.cignaforhcp.com) and click 'Register Now,' located in the left-side bar. You can also access the list through the Secured Provider Portal,

[www.gwhcignaforhcp.com](http://www.gwhcignaforhcp.com).

## POLICY UPDATES



### Evaluation and Management Coding Review

CIGNA will review Evaluation and Management (E&M) coding in 2011. We review the use of E&M coding practices to monitor for potential upcoding as part of our ongoing focus on helping to improve health care quality and affordability. Upcoding is the practice of consistently using billing or revenue codes that describe more extensive services than those actually performed, as defined by the Centers for Medicare and Medicaid Services (CMS). CIGNA expects physicians, consistent with standard industry practice, to select the CPT code that best represents the level of service performed when submitting claims for payment.

CIGNA has developed a process for monitoring physician billing practices specific to E&M coding. As part of this process, claims are evaluated and physician billing practices are compared to the claims of the physician's peers. Statistical analysis is conducted and physicians whose billing practices differ

from the peer group are evaluated further. Physicians who differ from the peer group may be contacted by CIGNA for further evaluation. This additional contact may be in the form of a letter and report, a telephone call or a meeting request. In some cases, chart review may be requested and performed. For most CIGNA-participating health care professionals, this program will not result in additional communication or interactions beyond this article.

#### Additional Information

For additional information about Current Procedural Terminology, visit: [www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt.shtml](http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt.shtml)

Current Procedural Terminology is available from the American Medical Association. Visit [www.amapress.org](http://www.amapress.org) or call 1.800.621.8335. ■

### Preventive Care Coverage Update

CIGNA has changed how preventive care claims are administered to better align with our preventive care policy.

Previously, services not included on CIGNA's list of covered preventive services may have been paid at the preventive care benefit level when submitted with a preventive care claim. Now, regardless of whether they are submitted separately or as part of a preventive care claim, services that are not on the list of preventive services will be considered for coverage under the patient's available non-preventive/routine care benefits, and patient cost-sharing may apply.

CIGNA's list of covered preventive benefits includes all of the United States Preventive Services Task Force (USPSTF) recommendations rated "A" or "B," including any new items that may not have been previously covered under our preventive care benefit but are now mandated for inclusion by the Patient Protection and Affordable Care Act. See below for examples of services not included in the list of covered preventive care benefits to which patient cost sharing may apply.

This change does not affect your fee schedule. All that is changing is the coverage category under which these non-preventive care services will be reimbursed. Patient cost-sharing will continue to be explained in the Explanation of Payment (EOP).

Additional services not covered as preventive care may be covered at a different benefit level. Information about eligibility and benefits for your patients with CIGNA coverage is available on our secure websites. For patients with GWH-CIGNA ID cards, visit [www.gwhcignaforhcp.com](http://www.gwhcignaforhcp.com) > Eligibility and Benefits Inquiry. For other CIGNA patients, visit [www.cignaforhcp.com](http://www.cignaforhcp.com) > View Member Eligibility and Benefits. For additional information on preventive care, including the full list of covered preventive services in A Guide to CIGNA's Preventive Health Coverage for Health Care Professionals, visit [www.cigna.com/health/provider/medical/care\\_guidelines.html](http://www.cigna.com/health/provider/medical/care_guidelines.html). ■

Services Not Covered as Preventive Care	
Effective October 1, 2010 as plans renew	Effective May 15, 2011 for plans that renewed on or after October 1, 2010
<ul style="list-style-type: none"> <li>■ Chest x-ray</li> <li>■ Vitamin D testing</li> <li>■ General health panels</li> <li>■ Comprehensive metabolic panels</li> <li>■ Basic metabolic panels</li> </ul>	<ul style="list-style-type: none"> <li>■ Electrocardiogram (EKG)</li> <li>■ Urinalysis</li> </ul> <p>For all other plans, coverage changes to EKG and urinalysis services will become effective on the renewal date.</p>

# ELECTRONIC TOOLS

## Receive Your CIGNA Remittance Reports Online

Did you know you will be able to access your CIGNA remittance reports [Direct Deposit Activity Reports (DDAR) and checkless Explanations of Payment (EOP)] for CIGNA medical plans\* online in early 2011?

If you currently receive electronic funds transfer (EFT) payments from CIGNA, you will soon be able to access remittance reports online using the secure CIGNA for Health Care Professionals website ([www.cignaforhcp.com](http://www.cignaforhcp.com)). The online remittance reports, which will be available in PDF format, will be an exact copy of the paper version you currently receive in the mail.

### Reconcile Payments Faster and Easier

Having access to remittance reports online means you can access the reports the same day you receive your deposit. Online remittance reports can also make it easy to store and search payment information, share it with your office staff, and obtain copies of reports

anytime, just by visiting the CIGNA for Health Care Professionals website.

A single tracking number on your remittance reports, ERA and EFT helps make reconciling payments easier. Here's where this number can be located:

- On the EFT report from your bank, identified as the 'Payment Trace Number'
- On your ERA, in the 'Reference Identification Field' (or TRN02)
- On the right side of the first page of your online remittance report

### Easy to Access

If you're already registered for the CIGNA for Health Care Professionals website and have access to claims status inquiry, you will automatically have access to online remittance reports when they become available in early 2011. You will be able to log in to the CIGNA for Health Care Professionals website ([www.cignaforhcp.com](http://www.cignaforhcp.com)) and click the 'Remittance Reports' link under the Inquiry Tools section on the

eServices page. You will also be able to access the online remittance report for a specific claim from the Claim Status Inquiry Detail webpage.

*Primary Administrators:* If you have staff who don't yet have access to claim status inquiry and will need access to online remittance reports, log in to [www.cignaforhcp.com](http://www.cignaforhcp.com) > Assign Access > Add a New User/Modify a User > Check Claim Status.

If you're not yet registered for the CIGNA for Health Care Professionals website, visit [www.cignaforhcp.com](http://www.cignaforhcp.com) and click 'Register Now'. Once you complete the required registration information and create your user information, you will be able to access your remittance reports online when they become available in early 2011. For step-by-step registration directions, go to [www.cignaforhcp.com](http://www.cignaforhcp.com) and click 'Learn How to Register and Log In.'

**Note:** If you are enrolled for Electronic Remittance Advice (ERA) – ANSI 835, you will still receive your ERA through your EDI vendor.

## Not Enrolled for EFT with CIGNA?

Log in to [www.cignaforhcp.com](http://www.cignaforhcp.com) and click Resources > Clinical Reimbursement Policies and Payment Policies > Reimbursement > Electronic Funds Transfer (EFT). Click 'Direct Deposit Authorization Form' at the bottom of the page to access the form. Mail the completed form to the address on the form to enroll.

In addition to accessing your online remittance reports when they become available in early 2011, use the CIGNA for Health Care Professionals website ([www.cignaforhcp.com](http://www.cignaforhcp.com)) for secure and easy access to real-time transactions, such as precertification, claim status, and eligibility and benefits that can help you and your staff work more efficiently, allowing you to focus on caring for your patients. ■

\*Online remittance reports will not be available for the GWH-CIGNA network.

## New eCourses Available

New Electronic Data Interchange (EDI) eCourses have been added to the **Education and Help** section of the CIGNA for Health Care Professionals website ([www.cignaforhcp.com](http://www.cignaforhcp.com)): **EDI Eligibility and Benefits, EDI Claim Status Inquiry, EDI Electronic Claim Submission, and Electronic Payment and Remittance Advice.**

Each eCourse provides a summary of the benefits of using EDI and the information available to you through CIGNA's EDI offerings. Access these eCourses when it's convenient for you and in the format you prefer – take it online, or save or print it as a PDF.

eCourses are available at no cost to registered users of the CIGNA for Health Care Professionals website. Log in to [www.cignaforhcp.com](http://www.cignaforhcp.com) > Education and Help. If you are not registered, visit the CIGNA for Health Care Professionals website today and click 'Register Now' to enroll. ■



eCourse	Topics Covered
<b>EDI Eligibility and Benefits</b>	<ul style="list-style-type: none"> <li>■ What is EDI?</li> <li>■ Information needed to successfully submit an eligibility and benefit inquiry</li> <li>■ Information returned on an eligibility and benefit response</li> </ul>
<b>EDI Electronic Claim Submission</b>	<ul style="list-style-type: none"> <li>■ What is EDI?</li> <li>■ CIGNA Payer IDs</li> <li>■ Information needed to successfully submit an electronic claim</li> <li>■ Submitting coordination of benefit claims</li> <li>■ Claim acknowledgments</li> </ul>
<b>EDI Claim Status Inquiry</b>	<ul style="list-style-type: none"> <li>■ What is EDI?</li> <li>■ Information needed to successfully submit a claim status inquiry</li> <li>■ Information returned on a claims status response</li> </ul>
<b>EDI Electronic Payment and Remittance Advice</b>	<ul style="list-style-type: none"> <li>■ What is Electronic Funds Transfer (EFT)?</li> <li>■ Enrolling in EFT</li> <li>■ What is Electronic Remittance Advice (ERA)?</li> <li>■ Information available on ERA</li> <li>■ Enrolling in ERA</li> </ul>

# ELECTRONIC TOOLS

## Transparent Cost of Care

The CIGNA Cost of Care Estimator® can help you accurately estimate what your patients with CIGNA administered medical plans may owe for your services, and what you can expect to be paid from CIGNA on their behalf. This can help reduce administrative costs, lower patient bad debt and shorten your revenue cycle.

Available on the CIGNA for Health Care Professionals website ([www.cignaforhcp.com](http://www.cignaforhcp.com)), the CIGNA Cost of Care Estimator's Explanation of Estimate (*shown to the right*) provides a simple, clear explanation of the key elements of payment for medical procedures and treatments, and is designed to correspond with the CIGNA Explanation of Benefits your patient receives.

Judi Lento, a Practice Administrator at Sekine, Rasner & Brock OB/GYN in Jacksonville, FL, finds value in printing out a CIGNA Explanation of Estimate for every patient with a CIGNA administered medical plan. "Our patients really appreciate getting accurate information in advance, and the CIGNA Cost of Care Estimator has helped our practice save hundreds of thousands of dollars," said Lento. "The Estimator approach is truly revolutionary because unlike real-time claims adjudication, it does not require purchasing technology and re-keying information into our practice management system."

## Now Available for More Plans

The CIGNA Cost of Care Estimator is now available for your patients in CIGNA HMO and Network medical plans (HMO, Network-EPP, HMO Open Access, Network Open Access, HMO POS-Flex, Network POS-DPP, HMO POS Open Access and Network POS Open Access),

and for patients in CIGNA PPO, EPO, Open Access Plus (OAP/OAPIN), and CIGNA Choice Fund® plans.

## Start Using the CIGNA Cost of Care Estimator Today


To use the CIGNA Cost of Care Estimator, log in to the CIGNA for Health Care Professionals website

([www.cignaforhcp.com](http://www.cignaforhcp.com)), and click 'Estimate Patient Liability.' If you are not yet registered to use the website, visit [www.cignaforhcp.com](http://www.cignaforhcp.com) and click 'Register Now.'

## Expanded Access – Coming Soon

In addition to its availability on the CIGNA for Health Care Professionals

website ([www.cignaforhcp.com](http://www.cignaforhcp.com)), the CIGNA Cost of Care Estimator will be available through multipayer websites later in 2011 (such as Availity, NaviNet, Passport Health Communications and RealMed). We'll share more information about this expansion soon. ■



### CIGNA Cost of Care Estimate as of February 1, 2011

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**John Q Public**  
CIGNA Identification Number 123456789

Health Care Professional or Facility: BLACKWOOD DONALD J MD  
Benefit Category: Hospital Outpatient – Related to an illness  
Include Anesthesiology? No  
Service Date: 02/01/2011  
Service Description: 99214-OFFICE/MODERATE/COMPLE Modifier(s) Applied: SG, Units 1

In Network: No  
Plan Name: Point of Service-Choice Fund HSA Open Access Plus

**Customer Service**  
Call the toll-free number on the back of your CIGNA ID card

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**Explanation of estimate**  
This estimate shows what you should expect to pay for the specific health care service(s) indicated above. This is only an estimate - it is not a guarantee of coverage for charges made by your health care professional or facility. The final amount you owe may change from this estimate for several reasons: (1) your benefits change, (2) your coverage ends, (3) you have other claims processed before you receive these services, (4) you receive fewer, more or different services, (5) you reach your plan's out-of-pocket maximum (when it starts to pay 100% for covered services), or (6) the amount in your health account changes (if applicable\*).

<b>Estimated total cost of service (before CIGNA payment)</b>	<b>\$76.96</b>	This is the total estimated amount as of February 1, 2011, for the service(s) noted above, based on CIGNA's discount. This includes the amount CIGNA will pay and the amount that will be your responsibility.
Your deductible responsibility	\$76.96	This amount you owe is calculated based on your yearly maximum deductible of \$400.00 and your paid-to-date amount of \$0.00 (as of the date of this estimate).
Your coinsurance responsibility	\$0.00	This amount is determined by subtracting the amount remaining from the estimate after your deductible is met.
Your copay responsibility	\$0.00	Your copay for this health care professional or facility, based on your plan design.
<b>Estimate of your total responsibility (after CIGNA payment)</b>	<b>\$76.96</b>	The anticipated amount you will owe after your plan benefits are applied to the estimated cost. This includes any deductible, coinsurance or copay. This amount might be lower if you've reached your out of pocket maximum.
Anticipated payment from your health account (for account-based plans only)*	\$50.00	Based on the money available in your health account(s) as of February 1, 2011, this is the amount that is anticipated to be paid directly to your health care professional or facility.
<b>Estimate of what you owe**</b>	<b>\$26.96</b>	This is the estimate of what you'll owe after any health account payment.

\*This applies only if you are enrolled in a plan with a health account, such as a Health Reimbursement Account (HRA), Health Savings Account (HSA) and/or Flexible Spending Account (FSA). Anticipated HRA/HSA and/or FSA payments will only be applied if you are enrolled in automatic claim forwarding.

\*\*Your health care professional may collect a portion of the estimated amount and/or bill you directly for the final amount after your claim is processed.

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# PHARMACY UPDATES

## CIGNA Pharmacy Step Therapy Program to Expand

Most pharmacy benefit plans include a step therapy program to encourage the use of lower cost, clinically appropriate generic or preferred-brand medications. For many conditions, several medication options are available. Step therapy helps an individual and his or her physician choose the most cost-effective, therapeutically appropriate medication as the first option, before other, more costly, prescription medication options are considered. If a first- or second-step medication is not effective, individuals try another medication, moving first to preferred- brand medications and then to non-preferred brands.

As a prescribing physician, you may currently receive information about CIGNA's Step Therapy program, which includes medication to treat hypertension, hypercholesterolemia and gastric acid conditions. Beginning in May 2011, the CIGNA Step Therapy program will expand to include medications to treat 11 additional common medical conditions:

- ADD/ADHD agents
- Atypical antipsychotic agents
- Beta adrenergic nebulizer solutions for asthma
- Bone resorption inhibitors
- Hypnotics
- Inhaled nasal steroids (Allergy)
- NSAIDs (non-narcotic pain relievers)
- Oral narcotic analgesics for acute pain
- SSRI/SNRI (depression medications)
- Topical immunomodulators
- Urinary tract antispasmodics

To help minimize disruption, the first fill of a medication subject to step therapy requirements will be covered without interruption, but will trigger a written notification to you and your patient, informing them of the action that needs to be taken before the next fill.

We recognize that there may be cases when initial use of a second- or third-level step therapy drug is medically necessary. In these instances, you can request prior authorization for coverage at any time for your patient. Requests for prior authorization can be made using the CIGNA HealthCare Prior Authorization Form, which is available on [www.cigna.com](http://www.cigna.com) or by calling the CIGNA Pharmacy Services Center at 1.800.244.6224. All prior authorization requests should be faxed at least seven days before the patient's next refill. Step Therapy drugs requiring prior authorization are listed on the CIGNA Prescription Drug list on the secure CIGNA for Health Care Professionals website ([www.cignaforhcp.com](http://www.cignaforhcp.com)) with an "ST" indicator. A separate prescription drug list for patients with GWH-CIGNA ID cards is available on the Secured Provider Portal ([www.gwhcignaforhcp.com](http://www.gwhcignaforhcp.com)). The list on the Secured Provider Portal also indicates the drugs that are included in the Step Therapy program. ■



## New Value Prescription Drug List

CIGNA Pharmacy is introducing the Value Prescription Drug List (VPDL) as an alternative to the Standard Prescription Drug List (SPDL). The new list was developed in response to clients seeking lower-cost pharmacy benefit plans. Clients will select one of the two drug lists when they purchase CIGNA Pharmacy coverage. Beginning in May 2011, your patients with CIGNA Pharmacy coverage may have a plan that uses the VPDL.

The VPDL maintains a clinically complete pharmacy program for your patients and supports improved health outcomes and lower total medical costs. In addition to the usual exclusion for over-the-counter (OTC) drugs, certain classes of drugs with OTC alternatives are excluded from the VPDL (e.g., allergy and stomach acid), as well as lifestyle drugs

(e.g., drugs for weight loss, smoking cessation, and erectile dysfunction).

## Viewing Patient-Specific Drug Coverage Information

The eligibility and benefit tool on the secure, CIGNA for Health Care Professionals website has been enhanced to allow health care professionals to view the drug list associated with a patient's CIGNA Pharmacy plan. To access eligibility and benefit information, including the drug list, go to [www.cignaforhcp.com](http://www.cignaforhcp.com). Your patients also have access to the drug list aligned with their plan through the secure [myCIGNA.com](http://myCIGNA.com) customer website.

The drug list posted on [www.cigna.com](http://www.cigna.com) will include a notation next to medications that may not be preferred drugs for some CIGNA Pharmacy plans. ■

# INTEGRATION UPDATES

## Network Differences

CIGNA is taking a staged approach to integrating the CIGNA and GWH-CIGNA networks. Until further notice, CIGNA will maintain a separate network, including different contractual relationships with ancillary vendors, for individuals who have ID cards that include “GWH-CIGNA” in the upper right corner.

Services you provide to individuals with the GWH-CIGNA ID card are considered in-network if:

- You have a provider agreement that identifies a Great-West Healthcare company
- You have been notified in writing that individuals covered under plans formerly administered by Great-West Healthcare are now covered under your CIGNA participating provider agreement

Services you provide to individuals with the CIGNA ID card are considered in-network if:

- You have a provider agreement that identifies Connecticut General Life Insurance Company or a CIGNA HealthCare HMO

CIGNA maintains different referral and service channels for each network. The ID card will identify the correct channels. ■

## Ancillary Vendor and Facility Referrals

Contractual relationships with ancillary vendors vary by network. Referring your patients with CIGNA-administered coverage to facilities and health care professionals participating in the network associated with their plan can help ensure your CIGNA patients maximize their benefits and minimize their out-of-pocket expense.

When making referrals, access our online directories to find participating facilities:

- CIGNA network – [www.cignaforhcp.com](http://www.cignaforhcp.com)
- GWH-CIGNA network – [www.gwhcignaforhcp.com](http://www.gwhcignaforhcp.com)



## Claim and Service Channels

Each CIGNA network has a separate claim address/submission process, payer ID number, precertification procedure, and Customer Service number. The patient ID card will direct you to the correct information. ■

## Revised GWH-CIGNA ID Cards

Beginning in May, you will notice changes to newly issued GWH-CIGNA ID cards. The revised cards will include the following changes:

- Rx ID number added to front of card
- Customer service number and claim addresses will move to the back of the card
- Customer website will appear in a blue bar on the left side of the card; the health care professional website will remain on the back of the card.

These changes are being made to meet National Council for Prescription Drug Programs (NCPDP) and state-specific requirements. Currently 26 states have adopted NCPDP standards, while others have state-specific requirements. For example, Texas requires that additional copays be listed on the card, including the diabetic copay. North Carolina requires a bar code on the front of the card. Newly issued cards to customers in states with additional requirements will show those changes.

The GWH-CIGNA network indicator will continue to appear in the upper right corner of all GWH-CIGNA ID cards. ■

## Brand Changes

The Great-West Healthcare name and logo have been removed from most printed and electronic communications, as follows:

- All electronic data interchange (EDI) transactions for your patients with GWH-CIGNA ID cards no longer include the “Great-West Healthcare” name.
- The ERA payers previously shown as “GreatWestHealthcare-CIGNA” now displays “GWH-CIGNA” as the payer name. You may also see the CIGNA logo on the ERA depending on the vendor you use.
- All other EDI transactions, including eligibility and benefits response (271) and claim status response (277) include the CIGNA name. The company name, “GreatWestHealthcare-CIGNA,” has been replaced with “GWH-CIGNA.”

Please continue to submit all EDI transactions for your patients with GWH-CIGNA ID cards to 80705. ■

## Updates to the Secured Provider Portal [www.gwhcignaforhcp.com](http://www.gwhcignaforhcp.com)

### Eligibility and Benefit Detail

The Eligibility and Benefits Inquiry tool on the Secured Provider Portal ([www.gwhcignaforhcp.com](http://www.gwhcignaforhcp.com)) can now be searched 18 months in the past and 30 days in the future. The “Benefits as of” field shows the date of the eligibility and benefits information displayed. On the response page, you can now change the “Benefits as of” field to view eligibility and benefits information effective on another date.

### Users Guide

The Secured Provider Portal User Guide has been updated and is now available on the website, [www.gwhcignaforhcp.com](http://www.gwhcignaforhcp.com) > Important Updates. Refer to the User Guide for step-by-step directions to: log in to check the detail of processed claims, confirm the eligibility and benefits of a patient, submit precertification requests and update demographic information about your practice or facility.

### Web Address

The Secured Provider Portal new address is [www.gwhcignaforhcp.com](http://www.gwhcignaforhcp.com). Please update your bookmark to the new address. The former address, [www.greatwesthealthcare.com/providers](http://www.greatwesthealthcare.com/providers), will still take you to the correct website, but users are directed to an interim page reminding them of the new address. ■

### Secure Websites

In the coming months, you will hear about plans to transition to one website for both networks. Until that time, please continue to use CIGNA’s separate websites for health care professionals to access directories, reference guides and administrative tools that can help you and your staff work more efficiently. ■



## GENERAL UPDATES

### Eligibility and Benefit Enhancements



A CAQH Initiative

CIGNA received the CAQH® Committee on Operating Rules for Information Exchange® (CORE) Phase I health plan certification in April 2010. Throughout 2010 and into 2011, CIGNA has continued to make enhancements to expand the plans that return a CORE Phase I-compliant eligibility and benefit response. CIGNA now supports a CORE Phase I-compliant response for all medical and dental plans, including GWH-CIGNA networks, CIGNA International Expatriate Business, CIGNA Medicare Advantage HMO in Arizona, CIGNA Voluntary, and CIGNA Behavioral Health.

The CORE objectives are to generate cost savings, promote the adoption of a single set of rules and enhance interoperability in health care. In order to achieve these objectives, the CORE rules include both infrastructure and data content requirements that assist with securely streamlining electronic patient data exchanges across the wide range of current information technology systems. The objectives of CORE align with CIGNA's strategy to continue to reduce the complexity of doing business with us and help eliminate administrative work.

CIGNA CORE Phase I certification enhancements include implementing the 270/271 eligibility and benefit transaction for the CIGNA Voluntary and Medicare Advantage HMO plans. In addition, we can provide you more detailed copayment and coinsurance information, as applicable, for:

- Chiropractic services
- Hospital inpatient services
- Professional office visits
- Emergency services
- Hospital outpatient services

Enhancements to the data content of CIGNA's 270/271 may affect the information presented through your clearinghouse or vendor. These changes are available to vendors that support HIPAA ANSI 270/271 transactions. For the latest information on clearinghouse vendors and transactions they support, visit [www.CIGNA.com/EDIVendors](http://www.CIGNA.com/EDIVendors).

The enhancement to provide more detailed copayment and coinsurance information for CIGNA's medical and dental plans\* also applies to the CIGNA for Health Care Professionals website ([www.cignaforhcp.com](http://www.cignaforhcp.com)) for CIGNA networks and the Secured Provider Portal ([www.gwhcignaforhcp.com](http://www.gwhcignaforhcp.com)) for GWH-CIGNA networks. ■

\* Detailed eligibility and benefit information is not currently available on the CIGNA for Health Care Professionals website for CIGNA Voluntary or Medicare Advantage HMO plans. To learn more about CAQH and the CORE initiative, go to [www.caqh.org](http://www.caqh.org).



### New CIGNA Paper Claim and Correspondence Addresses and Fax Numbers

If you submit paper medical claims or correspondence to CIGNA, note that some mailing addresses and fax numbers have changed effective January 1, 2011. Refer to the tables in the November 2010 issue of Network News ([www.cigna.com](http://www.cigna.com) > Health Professionals > Newsletters) for new addresses and fax numbers.

CIGNA ID cards will continue to show the Scranton, PA address for claims and correspondence submission until they are updated throughout 2011. Disregard the Scranton, PA address on the ID card and submit all medical claims and correspondence to the appropriate Chattanooga, TN address shown in the tables of the November 2010 issue of Network News. The Chattanooga address should be selected based on the address previously used for claims and correspondence submissions. For example, claims previously sent to PO Box 5200, Scranton, PA, should now be sent to PO Box 182223, Chattanooga, TN. Medical claims and correspondence for patients with GWH-CIGNA or Great-West ID cards are not affected by this change.

Medical claims or correspondence mailed after December 31, 2010 to a Scranton address listed in the table of the November 2010 issue of Network News are being redirected by the United States Postal Service to the Chattanooga location. Please make the appropriate changes to the addresses and fax numbers. ■

### Urgent Care for Non-emergencies

Treatment of non-emergency or low-severity conditions in an emergency room can significantly increase your patients' out-of-pocket costs compared to treatment at an urgent care center or a physician's office. Please consider providing same-day appointment availability in your office. When your office is closed, consider whether it would be appropriate to refer your patients to a participating urgent care clinic instead of the emergency room for non-life threatening conditions. For a list of CIGNA's participating urgent care centers, view our Provider Directory at [www.cigna.benefitnation.net/cigna/docdir.aspx](http://www.cigna.benefitnation.net/cigna/docdir.aspx). ■

# HELPFUL REMINDERS

## Reference Guides Updated

CIGNA's Reference Guides containing our administrative guidelines were updated and posted in January 2011. CIGNA's Guides combine information for physicians, hospitals, ancillary facilities, and other health care professionals.

Access the new CIGNA Reference Guide at either of the websites below. State-specific guides are also updated and posted, where applicable. You must be a registered user to access these sites.

- [www.cignaforhcp.com](http://www.cignaforhcp.com) > Resources > Reference Guides > Health Care Professional Reference Guides
- [www.gwhcignaforhcp.com](http://www.gwhcignaforhcp.com) > Tools & Resources > Healthcare Professional Reference Guide

Call 1.877.662.8041 to request a paper copy or a CD-ROM.

To promote administrative ease, the CIGNA Reference Guide now includes information pertaining to participants with GWH-CIGNA ID Cards. Please discontinue use of the separate Great-West Health Care Reference Guides and refer to the CIGNA Reference Guide for all CIGNA business. ■

## Tell Us What's Changed

Have you recently changed addresses, specialties, phone numbers, tax identification numbers or have doctors left your group? It is important to notify CIGNA of these changes. Demographic information is used to process claims, send you communications and is published in the CIGNA provider directories.

Submit changes electronically using the online form available on the CIGNA for Health Care Professionals website at [www.cignaforhcp.com](http://www.cignaforhcp.com) and on the Secured Provider Portal at [www.gwhcignaforhcp.com](http://www.gwhcignaforhcp.com).

For more information, call:

- 1.800.88CIGNA (882.4462) for CIGNA changes.
- 1.888.663.8081 for GWH-CIGNA changes. ■

## Use the Network

CIGNA contractually requires participating providers to direct participant referrals to other participating, contracted physicians and facilities, except in the case of an emergency, as otherwise required by law, or unless approved by CIGNA in advance of the service being provided.

Referring participants to other participating providers helps preserve the intent of the participant to remain in-network for care. This maximizes the benefits available through their CIGNA plans and helps them to minimize their out-of-pocket expenses.

For a complete listing of:

- CIGNA participating physicians and facilities, access the CIGNA online provider directory at [www.cigna.com](http://www.cigna.com).
- Participating physicians and facilities that provide in-network services to individuals with GWH-CIGNA ID cards, access the online provider directory at [www.gwhcignaforhcp.com](http://www.gwhcignaforhcp.com). ■

## Tools for Improving Claim Processing

CIGNA currently uses ClaimCheck® 8.5, a code auditing software, to expedite accurate claim processing. On May 23, 2011, CIGNA will update our ClaimCheck software to reflect Knowledge Base Version 47, NCCI Version 17.0 Column 1/Column 2 (Incidental) and Mutually Exclusive code edits.

You may view code edits by using Clear Claim Connection™. This disclosure tool allows users to enter CPT codes, Health Care Common Procedure Coding System (HCPCS) codes and immediately view the code audit results prior to submitting a claim. Clear Claim Connection shows NCCI edit definitions and the rationale behind a ClaimCheck edit.

More ClaimCheck and Clear Claim Connection information is available on the CIGNA for Health Care Professionals website ([www.cignaforhcp.com](http://www.cignaforhcp.com) > eServices > View Claim Coding Edits). You will need to complete the registration process to log in if you are not registered for the CIGNA for Health Care Professionals website. Go to [www.cignaforhcp.com](http://www.cignaforhcp.com) and click on 'Register Now,' located in the left-side bar. You can also access the list through the Secured Provider Portal, [www.gwhcignaforhcp.com](http://www.gwhcignaforhcp.com). Visit the Secured Provider Portal ([www.gwhcignaforhcp.com](http://www.gwhcignaforhcp.com) > Tools & Resources > Clinical Edit Verification) to learn more about code edits on claims associated with GWH-CIGNA ID cards. ■

*Note: Claim coding edit results are guidelines and not a guarantee of claim payment.*



## Go Green – Go Electronic

Would you like to reduce paper in your office? Sign up now to receive certain announcements and important information from us right in your email box. When you register for the secure CIGNA for Health Care Professionals website, [www.cignaforhcp.com](http://www.cignaforhcp.com), you can:

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

By registering, you will receive some correspondence electronically, including Network News and other select communications. Certain correspondence will still be sent via regular mail.

If you are a registered user, please check the My Profile page to make sure your information is current. If you are not a registered user, but would like to begin using the CIGNA for Health Care Professionals website and receive electronic updates, go to [www.cignaforhcp.com](http://www.cignaforhcp.com) and click 'Register Now.' ■



## Access the Archives

Visit [www.cigna.com](http://www.cigna.com) > Health Professionals > Newsletters to access articles from previous issues of Network News. Article topics are listed for each of the archived issues.

To access the current Network News on the Secured Provider Portal, visit [www.gwhcignaforhcp.com](http://www.gwhcignaforhcp.com) > Health Care Professional Newsletter > Important Updates. ■

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The term "Health care professional" is referred to in contracts as "provider".

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