



NetworkNews

FOR PROFESSIONALS IN THE CIGNA NETWORK

CIGNA and Great-West Healthcare News

As you may be aware, CIGNA acquired Great-West Healthcare, the health care division of Great-West Life & Annuity Insurance Company, on April 1, 2008. Together, we are working to integrate the two companies to provide a common experience for health care professionals.

Important Information to Know

- Until you are notified otherwise, there are no changes to your reimbursement or contract with CIGNA or Great-West Healthcare, including claims submission. Continue to use the standard claim submission process you currently use when working with CIGNA and Great-West Healthcare. The patient ID card will identify the appropriate contact for claim submission.
- You should continue to follow all current CIGNA and/or Great-West Healthcare policies, processes and procedures. As of November 2008, there are no changes to:
 - Claims addresses and electronic data interchange (EDI) payer ID numbers;
 - Verifying eligibility and coverage, checking claim status, or submitting precertification requests;

- Individual coverage and programs: plan designs, health improvement programs, and networks;
- Patient ID cards; and
- Service telephone numbers and contacts.

What Has Changed

- **Coverage Policies** – As of September 15, 2008, coverage policies for many services have been combined.
- **Precertification List** – A combined precertification list has been developed and becomes effective January 1, 2009. These integrated precertification changes are available for viewing as of October 1, 2008. The

process for obtaining precertification requests is not changing at this time. Health care professionals should continue to follow the procedures they have been using through CIGNA, Great-West Healthcare or the authorized delegate as they do today.

What to Look For

- As we continue to integrate hospital/health system contracts, we will notify you of any updates.
- In 2009, we will begin to integrate Reimbursement Policies and Code Auditing Procedures. We will proactively communicate any changes that will impact you and your practice.

Network Participation

At this time, if you are contracted only with the CIGNA or Great-West Healthcare network, you are considered participating only in that one network. If you wish to join either the CIGNA or Great-West Healthcare provider network, you will need to follow the standard contracting procedure for each.

To request participation in a network, contact:

CIGNA
1.800.88CIGNA (882.4462)

Great-West Healthcare
1.888.663.8081



For More Information

A Contact Support Tool and Frequently Asked Questions are available on each website. We will proactively communicate changes that may impact you and your practice over the coming months. Continue to visit us online for additional information:

	CIGNA for Health Care Professionals www.cignaforhcp.com 1.800.88CIGNA (882.4462)	Great-West Healthcare Secure Provider Portal www.greatwesthealthcare.com/providers 1.800.663.8081
Contact Support Tool	Click on 'Important Information: Great-West Healthcare is now part of CIGNA' in the <i>News You Can Use</i> column	Information located on the main web page
Frequently Asked Questions	Click on 'Important Information: Great-West Healthcare is now part of CIGNA' in the <i>News You Can Use</i> column	Information located on the main web page

CIGNA is committed to providing you with the best possible service. We look forward to continuing our relationship with you to support the delivery of quality health care to your patients. ■

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New Capabilities: Individual Cost Estimates, Automatic Payments

The health care industry is changing. Health care coverage is shifting from copay plans that do not clearly explain the cost of services, to deductible and coinsurance plans that provide greater visibility into the cost of care. Covered individuals are being asked to make informed decisions about their health care, and do not always understand what they have to pay or why. As more people become health care consumers, there is a need for greater visibility into cost, quality and simplified payment processes.

CIGNA has developed two solutions to help address these needs.

With **Automatic Claim Forwarding (ACF)**, CIGNA Choice Fund® plan participants can choose to have their out-of-pocket costs paid directly out of their health care spending account(s). After claim processing, if funds are available, CIGNA automatically sends payment to the health care professional on behalf of the CIGNA Choice Fund covered individual, usually along with CIGNA's portion of the payment. ACF is highly encouraged by CIGNA and is currently active on over 85% of our Choice Fund covered individuals. The goal of ACF is to help reduce collection time and expense for health care professionals while allowing covered individuals greater control over their health care fund.

The **CIGNA Health ePassSM Estimator** is designed to make it easy and convenient for covered individuals to understand what they need to pay for care. Developed in partnership with Thomson Reuters, the CIGNA Health ePass Estimator provides a real-time estimate of the patient's out-of-pocket costs. The Estimator considers an individual's coverage (deductible and out-of-pocket accumulators), as well as a health care professional's contract with CIGNA, for the specific services being rendered. The result is an easy-to-read "Patient Advice" sheet that can be used with covered individuals to aid in financial discussions.

The Estimator was designed with health care professionals in mind and is intended to work with existing office technology, with minimal changes to current processes.

The Estimator is currently being tested in three areas – Phoenix, North Carolina and Chicago. Initial feedback indicates the tool is easy to use and provides valuable information. Feedback also indicates the estimates are helping individuals to better understand their financial responsibility and their health plan coverage.

Look for more information on the availability of the CIGNA Health ePass Estimator in your area soon. ■

Expanded Coding Guidelines for Limited Developmental Testing

On May 1, 2008, CIGNA began reimbursing CPT® code 96110 – limited developmental testing – when submitted with a preventive office visit code appended with modifier 25. This update aligns with the American Academy of Pediatrics coding guidelines for developmental testing.

The work involved in limited developmental testing is considered within the scope of a preventive office visit. A modifier should only be used to indicate work that is significant, separate, and distinct from the usual service performed.

CIGNA will continue to allow

both the preventive office visit CPT 99381 – 99397 and limited developmental testing if 96110 is appended with modifier 59.

Claims submitted with 96110 and a preventive office visit code 99381 – 99397 appended with modifier 25 now also allows both services.

Unlike 96110-59, which is processed in the claim systems, claims submitted with modifier 25 appended to the office visit code require manual processing. Please be aware this additional work may affect the turnaround timeframe. ■

Learn More About CIGNA – New eCourses Can Help

One of the challenges facing health care professionals today is staying current on the different policies of health plans and finding the time to do so while running an efficient office.

CIGNA is helping to make it easier to stay informed about CIGNA policies that impact you. We've added a new section to the CIGNA for Health Care Professionals website (www.cignaforhcp.com). The **Education and Help** section provides access to online learning material about CIGNA policies and procedures, electronic capabilities

and other information, categorized by topic. The **eCourses** are interactive, so you can play them on your computer *when it's convenient for you*. You can also download or print any eCourse to read on your own.

eCourses are available **free** to those registered on the CIGNA for Health Care Professionals website and require no special software.

To access the eCourses, log in to www.cignaforhcp.com and go to the Education and Help section. If you are not registered for the website, click on 'Register Now' to enroll. Visit the website often for new eCourses. ■





CIGNA *LifeSOURCE* Transplant Network® Update

In July, the CIGNA *LifeSOURCE* Transplant Network® launched its new website, www.cignalifesource.com. This website has an updated look and offers valuable transplant information and resource materials to covered individuals, employers and health care professionals. Future enhancements, including new search function capabilities, an online library of updated transplant program statistics and electronic referral forms, will be made during the remainder of this year into early 2009.

As part of the integration of Great-West Healthcare and CIGNA, on October 1, 2008, Great-West Healthcare began transitioning from its transplant network service vendor, Optum Health/United Resource Networks (URN) to the CIGNA *LifeSOURCE* Transplant Network. For services initiated **prior** to October 1, services will continue to be administered through the Optum Health/URN Transplant Network of participating health care professionals.

Effective October 1, Great-West Healthcare covered individuals initiating transplant services will automatically be referred to providers participating in the CIGNA *LifeSOURCE* Transplant Network.

CIGNA's integration with Great-West Healthcare will help broaden the CIGNA *LifeSOURCE* distribution of transplant referrals in key geographic areas of the country. Moreover, the combined capabilities will help bring more solutions to more customers in more places, thereby increasing our opportunity to help improve the health, well-being and security of the people we serve.

The CIGNA *LifeSOURCE* Transplant Network offers:

- Access to over 400 transplant programs at more than 110 Centers of Excellence;
- A national quality program and credentialing; and
- Experienced, dedicated staff with transplant-specific knowledge in case management, contracting, coverage design support, quality assurance, claims re-pricing and clinical support.

For information about the CIGNA *LifeSOURCE* Transplant Network:

- Visit CIGNA *LifeSOURCE* online at www.cignalifesource.com;
- Email CIGNA *LifeSOURCE* at lifesourceweb@cigna.com; or
- Call 1.800.668.9682. ■

ePrescribing Now Available

ePrescribing is now available for your patients who are covered by CIGNA Pharmacy. ePrescribing provides access to prescription eligibility, drug list and medication history, and allows you to electronically send prescriptions to a patient's pharmacy of choice. ePrescribing can be used during point-of-care, and prescriptions can be sent before the patient leaves the office.

ePrescribing provides:

- Significant patient safety advantages, including the ability to check for drug allergies or whether a prescription may conflict with another medication.
- Information you can use to discuss medication efficacy and

dosage adherence with your patient during point of care.

- Access to the CIGNA drug list, which can help you prescribe clinically appropriate, cost-effective medications.
- Administrative efficiencies by eliminating the need for written, telephone or fax delivery of a prescription and subsequent phone calls to explain handwritten prescriptions or renew a prescription.

For more information about ePrescribing and the software requirement, visit the CIGNA for Health Care Professionals website at www.cignaforhpc.com. ■

Submit Corrected Claims Electronically

Electronic Submission of Claims (Electronic Data Interchange or EDI) can help reduce paperwork, eliminate printing and mailing expenses and improve claim payment accuracy. But did you know that you can also submit corrected claims electronically? To submit your corrected claim, make the necessary corrections, update the Claim Frequency Code and submit. It's that easy!

For corrected claims, the Claim Frequency Type Code in Loop 2300, Segment CLM05 should specify the frequency of the claim (this is the third position of the Uniform Billing Claim Form Bill Type) using one of the following codes:

- 1 – Original (admit through discharge claim)
- 7 – Replacement (replacement of prior claim)
- 8 – Void (void/cancel of prior claim)

We offer two options to submit claims electronically to us: connect directly to CIGNA systems using **free** software from Post-N-Track™ or use a clearinghouse.

Post-N-Track software is offered free to health care professionals. Contact Post-N-Track at 1.860.257.2030 or log in to www.Post-N-Track.com and click 'Enroll.'

Post-N-Track is easy to install and the software can be downloaded in less than 5 minutes. No changes are required to your existing claim system. The software is easy to use and no training is necessary.

If you do not have an existing relationship with a clearinghouse, you can contact Emdeon (formerly WebMD®) at 1.877.469.3263 or at www.transact.emdeon.com to register.

The CIGNA HealthCare payer ID is 62308. For CIGNA Medicare Access, use payer ID 86033.

Important note: At this time, the functionality to submit corrected claims is not available for former Great-West Healthcare plan participants. Please continue to submit claims electronically through your existing clearinghouse relationship using Great-West Healthcare payer ID 80705.

For questions about claims submitted through your clearinghouse, please contact the clearinghouse directly. For questions about CIGNA claim processing, call 1.800.88CIGNA (882.4462). For questions about Great-West Healthcare claim processing, call the Customer Service number listed on the back of your patient's ID card. ■

Enhanced Online Chronic Care Management Capabilities

CIGNA provides online resources to covered individuals who may be experiencing signs of disease or who are already dealing with disease. These resources can provide support and tools to help evaluate symptoms and decide the best course of care before they lead to a more serious illness. These online resources include:

- Online Depression/Anxiety Program: Our multi-step coaching program for depression and anxiety includes education steps, a progress tracker, a daily diary and featured articles. All individuals whose employers offer the Well Aware for Depression program have access to this information. Individuals do not, however, need to be enrolled in the CIGNA depression program to access this information.
- Personal program website, www.myWellAware.com: This website provides information to individuals about their chronic condition – including asthma,

diabetes, chronic obstructive pulmonary disease (COPD), heart disease, low back pain, weight complications, and targeted conditions. The information includes program materials, condition-specific articles, a goal tracker, and a searchable health library.

These online programs and tools are available, at no additional charge, to covered individuals who have access to our traditional chronic care programs by telephone. Participants will receive weekly email reminders to encourage ongoing participation in the online program, and inform them when their personal website is updated with new information.

The online depression/anxiety coaching program and personal chronic care websites will be available fourth quarter 2008 and will provide information to help your patients manage their care more effectively and take an active role in their health care. ■

Save Time with Online Precertification

Did you know?

- Depending on your specialty, many procedures that require precertification can be automatically approved online.
- The Precertification Inquiry function provides you with an up-to-date status of a precertification request, whether submitted by phone, fax, or online.
- Using online precertification allows you to easily keep track of your submissions. Once you log in to the precertification tool, go to Office Central > Referral/Auth Log. You can view all your completed submissions and any that are incomplete. To finish an incomplete submission, click the covered individual's name and you will return to where you left off in the submission process.



Log in to www.cignaforhcp.com for more information about online precertification, and other CIGNA eServices.

Participating health care professionals in the Great-West Healthcare network can also submit precertification requests by accessing the 'Request for Initial Precertification Review' page at www.greatwesthealthcare.com/providers. In many instances, a response will be provided via email or phone within 24 – 72 hours. Response times may vary depending on the type of request and if additional information is required. ■



CIGNA Specialty Pharmacy Introduces TheraCareSM

CIGNA is enhancing specialty pharmacy offerings with the introduction of TheraCare, a new targeted condition specialty drug therapy management program. The purpose of the TheraCare program is to help improve the focus on quality health care, improve patient safety and productivity, and increase adherence to care guidelines.

Through TheraCare, CIGNA's integrated specialty pharmacy clinical team can help covered individuals understand their condition, medication, the medication's common side effects and why it is important to take these medications exactly as prescribed by their doctor. The TheraCare program targets covered individuals identified as using specialty injectible medications for 16 chronic conditions, among them rheumatoid arthritis, multiple sclerosis, hepatitis C and adult growth hormone deficiency.

Covered individuals identified for program participation are contacted via telephone by Therapy Support Coordinators who educate them on the availability of the program and encourage their participation. Covered individuals who agree to participate will be enrolled in the TheraCare program and can participate in a series of telephone and mail outreach

conducted by both Therapy Support Coordinators and Registered Nurses (RNs). The outreach includes educating the individual about their condition(s), their medication(s) and potential side effects, through ongoing monthly calls. Throughout therapy, the program monitors for preauthorizations that are set to expire and facilitates the re-authorization process with the goal of avoiding gaps in therapy approval and risk for non-adherence. Pharmacists are also available for individual consultation when needed.

Physicians with a patient identified as a candidate for the TheraCare program will be contacted through a letter explaining the program and how it can assist them in treating their CIGNA patient. Additional letters will be sent to the physician letting them know if the patient has agreed to enroll, if further medical information is needed, if the patient has completed the program or if the patient is unresponsive to outreach efforts.

To learn more about the TheraCare program, contact your Provider Service Representative. If you would like to know if your patient is eligible for the TheraCare program, please call the telephone number located on your patient's CIGNA ID card. ■

CIGNA Medicare Access® PFFS – New Plan Features and Service Areas

CIGNA Medicare Access plans will have new features and an expanded service area beginning January 1, 2009. Plans will be offered to employer groups nationwide, as well as directly to individuals, in over 1,500 counties in the following 28 states:

Alabama	Arizona	Arkansas	California	Colorado	Florida
Georgia	Hawaii	Illinois	Indiana	Louisiana	Maine
Massachusetts	Missouri	New Hampshire	New Mexico	New York	North Carolina
Ohio	Oregon	Pennsylvania	South Carolina	Tennessee	Texas
Vermont	Virginia	Washington	West Virginia		

CIGNA Medicare Access plans are Medicare Advantage Private Fee-for-Service plans authorized by the Centers for Medicare and Medicaid Services. CIGNA Medicare Access plans can be offered with or without prescription drug coverage and replace Original Medicare Parts A and B. These plans provide additional coverage beyond Original Medicare such as preventive care, out-of-pocket maximums and unlimited hospitalization. Individual plans will now also include preventive dental coverage and some plans will include Part D prescription drug coverage. These plans do not require referrals or authorizations, although admission notification for all inpatient stays (hospitalizations, skilled nursing and rehabilitation) is requested.

Highlights of the 2009 individual CIGNA Medicare Access plans include:

- Four standard plan designs available to individuals in over 1,500 counties in 28 states;
- Both Medicare Access and Medicare Access Plus RxSM plans are available with \$0 premium;
- Maximum out-of-pocket limits between \$2,000 and \$3,800;
- Hospital inpatient copays as low as \$30 for days one – six;
- Outpatient laboratory services and diagnostic tests with lower individual cost share than Original Medicare (10% – 15% coinsurance); and
- Preventive dental services at 75%.

Employer group plans provide the same coverage as original

Medicare and are often customized to include lower copays, lower out-of-pocket limits and annual routine physicals.

Covered individuals are required to notify you that they have a CIGNA Medicare Access plan prior to receiving services. Their ID card will have the CIGNA Medicare Access plan logo, and any applicable copay may be collected at the time of the service.

You do not need to sign a contract to see individuals with a CIGNA Medicare Access plan. A beneficiary enrolled in these plans is free to use any physician who accepts both Original Medicare payment and CIGNA's Terms and Conditions of payment.

Patient-Centered Medical Home Pilot

As part of our ongoing efforts to help improve health care quality, CIGNA launched a Patient-Centered Medical Home pilot on June 1, 2008, with Dartmouth-Hitchcock Medical Center in New Hampshire.

A Patient-Centered Medical Home model of care is designed to provide patients with a comprehensive, coordinated approach to their care, which can, in turn, lead to improved quality and lower costs. Patients receive a high level of coordinated and integrated care across all levels of the health care system, managed by their primary care physician (PCP) and physician staff. As incentive, the participating PCPs receive enhanced payments for care coordination and may be eligible for additional payments dependent upon their impact on improved quality and management of costs.

CIGNA now offers two options to submit electronic claims for covered individuals with CIGNA Medicare Access plans:

- Connect directly to CIGNA systems using free software from Post-N-Track. Contact Post-N-Track at 1.860.257.2030, or log in to www.Post-N-Track.com and click 'Enroll.'
- Through your clearinghouse. If you do not have an existing relationship with a clearinghouse, contact Emdeon at 1.877.469.3263 or www.transact.emdeon.com to register. The CIGNA Medicare Access payer ID is 86033.

Paper claims can be submitted to:

CIGNA Medicare Access
PO Box 696018
San Antonio, TX 78269-6018

If you are enrolled to receive the Electronic Remittance Advice (ERA) for CIGNA covered individuals, you will now receive them for CIGNA Medicare Access covered individuals.

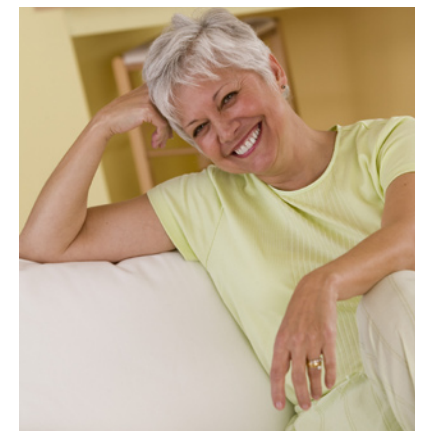
For more information about CIGNA Medicare Access plans, visit www.cignaforhcp.com or www.cignamedicare.com, or call 1.800.577.9410. ■

The premise is that the higher level of care can save patients the expense of unnecessary tests and additional doctor visits, and avoid trips to the hospital.

The program, one of the first medical home pilots being established by a private-sector health service company, will be an ongoing initiative. The first evaluation of program results will take place after the program has been operational for at least 12 months. The pilot is intended to help CIGNA gather additional data about the effectiveness of this model in improving quality of care and reducing medical costs. Dartmouth-Hitchcock provides care to approximately 17,600 CIGNA individuals, a large enough population for valid evaluation.

Dartmouth-Hitchcock has participated in a Centers for

Medicare and Medicaid Services Group Practice demonstration and, as a result, has developed the required core capabilities to participate in this pilot. Dartmouth-Hitchcock is also applying for the National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home recognition. ■





New Changes to Claim Remittance Advice

As part of our efforts to make it easier to work with us, changes were made in October to improve the CIGNA Claim Remittance Advice page of our Explanation of Payments (EOPs) and Direct Deposit Activity Reports (DDARs). The Claim Remittance Advice page lists claim adjustments, such as Late Payment Interest (LPI), IRS withholdings and refund acknowledgments. It is the last page of your EOP or DDAR, when applicable.

We have added several identifiers to make it easier to identify the covered individual impacted by the claim adjustments. In addition to the CIGNA Claim Reference number currently shown, we now also provide the covered individual's name, ID number and the patient account number generated by your office (if submitted on the original claim).

Additional enhancements include:

- A remark code or statement indicating the claim impact
- The date of service
- Column headings consistent with those provided on the EOP or DDAR

These enhancements do not impact any information contained in the Electronic Remittance Advice (ERA).

For information about claim processing policies, please visit www.cignaforhcp.com, or call 1.800.88CIGNA (882.4462). ■

Quality Initiatives Online

CIGNA is committed to providing access to the latest information about our programs, as well as details about guidelines and procedures. Log in to the CIGNA for Health Care Professionals secure website at www.cignaforhcp.com, go to the Resources page > Being a CIGNA HealthCare Provider > Quality Initiatives to view information about:

■ Accreditation	– National Committee for Quality Assurance (NCQA) – URAC (formerly the Utilization Review Accreditation Committee) – Joint Commission on Accreditation of Health Care Organizations (JCAHO)
■ Clinical Programs	– Preventive Care – Recent Initiatives – Chronic Care
■ Member and Provider Satisfaction Outcomes	– Measurements of Success
■ Pharmacy	– Clinical management programs
■ Patient Safety	– The Leapfrog Group
■ Provider Recognition	– Physician quality and cost-efficiency profiles – CIGNA Care Network®
■ Provider Credentialing and Recredentialing	
■ Medical Record Reviews	– Other important information
■ Continuity and Coordination of Care	
■ Medical Technology	
■ Medical Ethics	
■ Advantages of Being a CIGNA Healthcare Participating Provider	

Utilization Management decisions are based on appropriateness of care and service and existence of coverage. CIGNA does not reward practitioners for issuing denials of coverage. Financial incentives for utilization management decision-makers do not encourage decisions that result in under-utilization. Covered individuals have the right to disagree with a coverage decision and obtain care at their own expense.

CIGNA Care Guidelines are also available by logging in to the CIGNA for Health Care Professionals secure website at www.cignaforhcp.com, go to the Resources page > Member Health & Wellness > Care Guidelines to view information about:

■ Preventive Health Benefits	
■ Behavioral Health Guidelines	– Primary Care Guidelines for Depression in Adults – Attention-Deficit/Hyperactivity Disorder in School-Aged Children – Helping Patients With Alcohol Problems
■ Care Guidelines for Disease Management	– Well Aware for asthma – Well Aware for diabetes – Well Aware for people with cardiac disorders – Well Aware for adult back pain – Well Aware for depression – Well Aware for weight complications – Well Aware for COPD (chronic obstructive pulmonary disease) – Well Aware for targeted conditions *

For questions about the quality program, including how CIGNA is progressing in meeting our quality goals, or to request a paper copy of this information, call 1.800.88CIGNA (882.4462). ■

* These conditions include acid-related stomach disorders, atrial fibrillation, decubitus ulcer, fibromyalgia, hepatitis C, inflammatory bowel disease, irritable bowel syndrome, osteoarthritis, osteoporosis and urinary incontinence.



New CPT Codes for Screening and Brief Intervention for Alcohol and Substance Abuse

Screening and brief intervention for alcohol and substance abuse are techniques used to help identify and intervene with people who may be using alcohol or drugs in harmful ways and who may be at risk for related problems. New CPT codes have been released with the goal that ambulatory medical practices will increase screenings and, if appropriate, provide brief intervention to motivate individuals for behavior change.

Structured screenings can be conducted through the use of a validated tool, such as The Alcohol Use Disorders Identification Test (AUDIT), available in The Clinicians Guide to Helping People Who Drink Too Much (NIAAA, 2005 edition). This tool, as well as additional resources and information on screening and brief intervention, are available online at <http://apps.cignabehavioral.com/web/basicsite/provider/treatingBehavioralConditions/treatingBehavioralConditions.jsp>.

A brief intervention seeks to motivate the patient to decrease or discontinue use of alcohol or other substances. Intervention can include feedback, advice, motivation enhancement strategies, joint decision-making, plans for follow-up and possibly a referral to a specialized health care professional or program in CIGNA's network for substance abuse treatment.

When using codes 99408 and 99409, the screening instrument used and the nature of the intervention activity should be documented in the clinical record. The work effort for codes 99408 and 99409 is separate and distinct from all other Evaluation and Management (E/M) services performed in the same clinical session. If the screening shows no intervention is required, the work effort for screening should be included within the appropriate E/M or preventive medicine service. ■

99408	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT) and brief intervention services; 15 to 30 minutes
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99409	Greater than 30 minutes
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CIGNA encourages screening and early intervention to help reduce possible alcohol and drug use.

Tools for Improving Claim Processing

CIGNA upgraded to ClaimCheck® Knowledge Base Version 41 on July 21, 2008. The code editing results displayed on Clear Claim Connection, CIGNA's disclosure tool, are set to default to the updated Knowledge Base version. Registered users may enter HCPCS or CPT® codes and specific modifiers to review clinical edit clarifications.

The next Knowledge Base upgrade to Version 42 is expected to be implemented in April 2009.

Clear Claim Connection and ClaimCheck information is available online to registered users of the CIGNA for Health Care Professionals website at www.cignaforhcp.com.

Important Note about Great-West Healthcare Covered Individuals:

At this time, no changes will be made to the ClaimCheck Knowledge Base Version 39 currently being used for these individuals. Information regarding the Clinical Guidelines and Medical and Surgical Policies is available at www.greatwesthealthcare.com/providers. ■

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

Reference Guides Available Online

The U.S. Virgin Island market reference guides are now available, along with our other reference guides, on the secure CIGNA for Health Care Professionals website at www.cignaforhcp.com. The guides can be easily downloaded and printed. To request a hard copy or a CD-ROM, call 1.877.662.8041. For other assistance, call 1.800.88CIGNA (882.4462).

Participating health care professionals for individuals covered under the former Great-West Healthcare can download and print the Great-West Healthcare Provider Handbooks at www.greatwesthealthcare.com/providers. To request a hard copy, call 1.888.663.8081. ■

Precertification of Coverage

CIGNA continually reviews its precertification process and requirements in an effort to support access to quality care for covered individuals. Updates to our precertification requirements are made throughout the year, most recently in August 2008.

A combined precertification list for Great-West Healthcare and CIGNA has been developed and becomes effective January 1, 2009. These integrated precertification changes are now available for viewing.

Important note: The process for obtaining precertification is not changing on January 1, 2009. Health care professionals will still need to contact CIGNA, Great-West Healthcare or the authorized delegate as they do today.

Log in to www.cignaforhcp.com and click 'Precertification' under 'Popular Links' for an updated version of the list of services requiring precertification of coverage. You can also access the list through the Great-West Healthcare website, www.greatwesthealthcare.com/providers. ■

Submitting Information Changes

Have you recently changed addresses, specialties, phone numbers, tax identification numbers, or have doctors left your group? It is important that CIGNA and Great-West Healthcare are notified of these changes. This demographic information is used to process claims, send you communications and is published in CIGNA and Great-West Healthcare provider directories.

Submit changes electronically using the online form available on the CIGNA for Health Care Professionals website at www.cignaforhcp.com and on the Great-West Healthcare website at www.greatwesthealthcare.com/providers. ■

For more information, call:

■ 1.800.88CIGNA (882.4462) for CIGNA changes.

■ 1.888.663.8081 for Great-West Healthcare changes.

Modifier and Payment Policies

CIGNA has developed a standardized approach to modifier application based on guidelines from the Centers for Medicare and Medicaid Services and the American Medical Association. CIGNA has also developed payment policies for specific coding and payment guidelines.

These policies can help support more rapid and efficient electronic claim adjudication and payment and decrease administrative costs.

For additional information, visit www.cignaforhcp.com. ■

Cultural Competency and Health Disparities

Cultural and linguistic barriers can have a profound impact on the delivery of health care to diverse populations. Removing those barriers and reducing health care disparities is a critical component of CIGNA's overall health care strategy.

In an increasingly diverse world, CIGNA recognizes the importance of gaining knowledge to help enhance physician-patient interactions, patient compliance, clinical outcomes and patient loyalty. To help you and your staff find important information about cultural competency, we have developed the Cultural Competency and Health Literacy Resources Sheet, available on www.cignaforhcp.com on the Resources page. In addition, CIGNA has identified the following online Continuing

Medical Education (CME) opportunities for health care professionals to help build knowledge and skills in interacting with diverse populations.

Cultural Competency CME Opportunities:

- "Cultural Competence Online for Medical Practice (CCOMP). A Clinician's Guide to Reduce Cardiovascular Disparities." Learn effective cross-cultural approaches to care for African-American patients with cardiovascular disease, especially hypertension. The training uses videos with real patient scenarios and is case-based. Access this training at: <http://www.c-comp.org/>.

- America's Health Insurance Plans (AHIP) now offers "Quality Interactions®: A Patient-Based Approach to Cross-Cultural Care." This interactive program focuses on common clinical and cross-cultural scenarios that help build knowledge and skills for delivering quality care to diverse populations. Access this training at: <http://qualityinteractions.org/ahip/index.html>. ■



Go Green! Go Electronic!



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