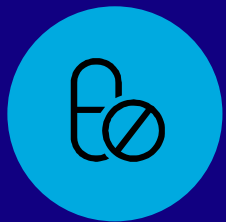


Working with Cigna

NC Healthcare Financial Management Association
2023 Health Insurance Institute





- Introductions
- Cigna ID Cards
- Provider Digital Solutions
- Claims 101
- Appeals 101
- Keeping you updated
- Resources
- Q&A

Cigna ID Cards



Quick Guide to Cigna ID Cards

PDF available at CignaforHCP.com

Cigna for Health Care Professionals

Username [Forgot username?](#)

Password [Forgot password?](#)

[Log In](#)

Haven't created an account yet?

[Register](#)

[I have a temporary ID](#)

[How to register for access](#)

Get questions answered

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

Before you log in - Quick access links

- Find the right forms**
Quickly locate the forms you need for authorizations, referrals, or filing or appealing claims with our Forms resource area.
- Review coverage policies**
Access information on Cigna standard health coverage plan provisions and financial 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.



QUICK GUIDE TO CIGNA ID CARDS

Together, all the way.®


Cigna

960220 12/21



Go to CignaforHCP.com > Resource > [Using ID Cards](#)

Using the Digital ID Card tool



INTRODUCING AN EASIER WAY TO VIEW SAMPLE CIGNA ID CARDS





The Quick Guide to Cigna ID cards interactive digital tool

The tool is easy to use:


- ▶ To access the Quick Guide to Cigna ID Cards digital tool, go to [Cigna.com](https://www.cigna.com) > Health Care Professionals > ID Card Details or go to [CignaforHCP.com](https://www.cigna.com/forHCP) > View Sample ID Cards.
- ▶ To view sample ID cards for only certain plan types, click "Filter Card By Category." Select one or more plan types – such as Managed Care Plans or Individual & Family Plans – from the categories that appear.
- ▶ Choose the image that most closely matches your patient's ID card.
- ▶ For more details about a section of the card, hover over each number shown on the card, or read the key on the right-hand side of the screen.
- ▶ To see the reverse side of the card, click "View the Back."
- ▶ To read more about the plan associated with the ID card, click "About This Plan."
- ▶ To view a different sample ID card, Click "View Another Card Type."

On every screen of the digital ID card tool, you can also click a green tab for "More information" about:

- ▶ The myCigna Mobile app
- ▶ More ways to access patient information when you need it
- ▶ Important contact information



Together, all the way.™



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900892 10/16 THN-2016-554 © 2016 Cigna. Some content provided under license.

Key features

- **Interactive, easy-to-navigate tool on Cigna.com**
- Quick online access to patient ID card samples, plan details and requirements, direct links to the provider directory, Provider Digital Solutions options, myCigna mobile app overview, important contacts, and more.

[View tool](#)

Provider Digital Solutions



Provider digital solutions

Committed to making your life easier

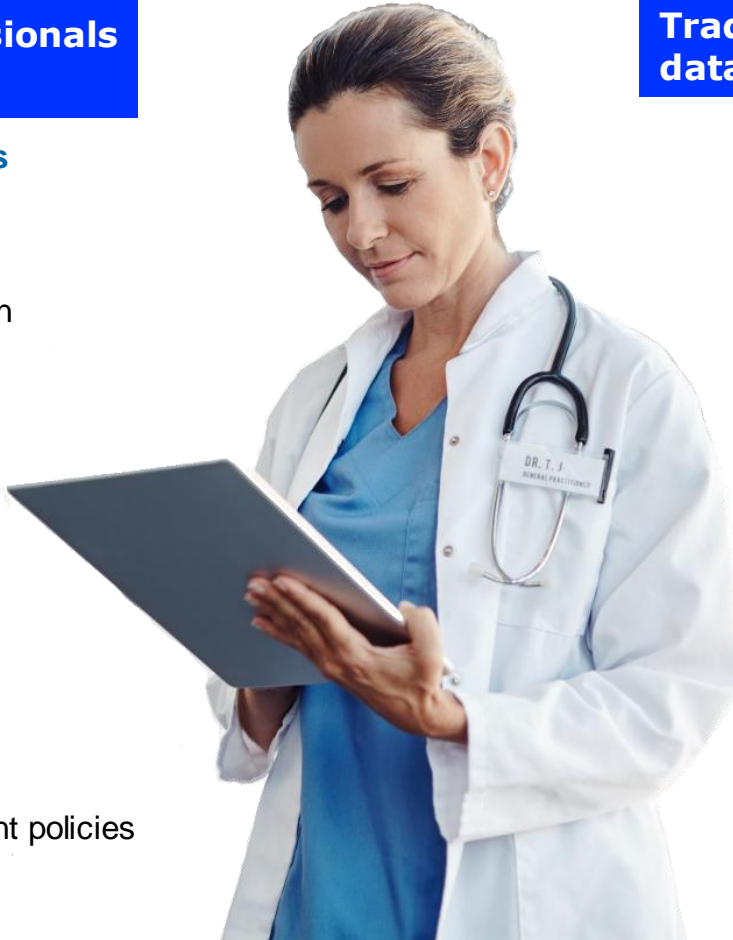
Cigna for Health Care Professionals website (CignaforHCP.com)

Patient information and transactions

- Eligibility and benefits
 - Procedure code benefit lookup
 - ID card
- Patient out-of-pocket cost estimation (medical, behavioral)
- Claims status inquiry
- Claims reconsideration and appeal
- Precertification status
- Precertification decision appeal
- Electronic funds transfer (EFT) – enrollment and management
- Remittance reports

Resources

- Video tutorials
- Cigna formularies / drug list
- Cigna ID card guide
- Clinical reimbursement and payment policies
- Forms
- Provider reference guides



Trading partners and electronic data interchange (EDI) vendors

HIPAA* 5010 transactions

- Eligibility and benefits inquiry and response (270/271)
- Health service review / precertification
 - Request and review (278RR)
 - Notification (discharge) (278N)
 - Inquiry (278I)
- Electronic claim submission (837)
- Claim acknowledgement (277CA)
- Claims status inquiry and response (276/277)
- Electronic remittance advice (835)

Transaction availability varies by partner / vendor.

For more information, visit [Cigna.com/EDIVendors](https://www.cigna.com/EDIVendors).



Not yet registered for CignaforHCP.com? Go to [CignaforHCP.com](https://www.cignaforhcp.com) > Register. * Health Information Portability and Accountability Act.

Electronic Transaction Savings Opportunities

Significant savings are available to health care providers who choose electronic over manual transactions

Transaction	Estimated per transaction:		Potential Saving
	Manual	Electronic	
Eligibility and benefit verification	Manual	\$8.36	\$7.32
	Electronic	\$1.04	
Prior authorization	Manual	\$10.80	\$5.93
	Electronic	\$4.87	
Claim submission	Manual	\$4.69	\$2.96
	Electronic	\$1.73	
Claim attachments	Manual	\$5.69	\$2.48
	Electronic	\$3.21	
Claim status inquiry	Manual	\$11.18	\$9.15
	Electronic	\$2.03	
Claim payment	Manual	\$5.50	\$3.25
	Electronic	\$2.25	
Remittance report	Manual	\$6.14	\$4.02
	Electronic	\$2.12	



Source: CAQH, 2022 Index

Electronic data interchange

Helping you streamline workflow and increase productivity



For the list of EDI vendors and transactions they support, visit **Cigna.com/EDIVendors**. If you have questions about transactions submitted through your EDI vendor, please contact the vendor directly.

- **Submit claims electronically** to Cigna (**837**), including corrected claims and COB claims.
- **Receive payment information** (**835**), including the amount paid and when the check or EFT was issued.
Enroll through your EDI vendor.
- **Submit eligibility and benefit inquiries** (**270/271**) and track claim status (**276/277**) through your EDI vendor.
 - Receive a real-time response in seconds.
 - Obtain benefit information, including medical and dental preventive care, vision, maternity, infertility, allergy injections, well-child care, and inpatient and outpatient psychiatric services.
 - Receive remaining health plan deductible and coinsurance amounts.
 - Obtain COB and shared administration or alliance information.
 - Obtain claim status and receive responses using the HIPAA standard health care claim status codes.
- **Submit precertification review or referral requests** (**278**) for medical health care services.
 - Request for review and response (**278RR**)
 - Notification (discharge only) (**278N**)
 - Inquiry (**278I**)

Cigna for Health Care Professionals website



The website provides secure, 24/7 access to patient and claim information.

- See eligibility and coverage detail.
- Look up benefits and precertification requirements by procedure code.
- Generate a benefit reference number.
- Estimate patient out-of-pocket costs.
- View precertification status and submit a precertification decision appeal.
- Search and view claims.
- Submit a reconsideration or appeal request.
- View medical claim coding edits.
- Access remittance reports.
- View episodes of care reports.
- Enroll and manage EFT.
- Update provider directory information.
- Review fee schedules.
- Assign or update website access.
- Check policy coverage.
- Review patient feedback.

Easily access all your tools from your personalized "home page."

View and quickly access recent patient and claim searches or view your flagged patients and claims.

Patients Recent		
Patient Name	Date of Birth	Patient ID
CHASECVG ALEXANDERGHJ	12/27/1974	100799146
EVEN DE MICHELE	02/05/1974	100745751
JENOVIN ROY	03/04/1970	U93036655
REBECCA CAMEROON	04/05/2008	U93008610

Claims Recent			
Patient Name	Claim Reference	Submitted Amount	Date(s) of Service
MOGAAN TERRY	0431916333335	\$120.00	04/09/2019

Access:

- Clinical reimbursement policies.
- Reference Guides.
- Medical and behavioral plans and products.
- Clinical health and wellness programs.
- Tutorials.

Access recent Cigna news in the Latest Updates section.

Leave feedback about your experience by clicking the Feedback tab.



CignaforHCP.com > Working with Cigna

We want to make it as easy as possible for you to do business with us



Dashboard

Patients

Claims

Reports

Working With Cigna

Resources



Manage important data

- Add or modify user access (website access manager).
- Update provider demographic information.
- Enroll or update EFT account information.



Request information

- Submit a coverage position inquiry.
- Request a fee schedule.
- Request a participating provider agreement.



Find Information

- Search coverage policies and criteria.
- View past demographic updates.
- Review and respond to patient reviews.

CignaforHCP.com > Resources

Find information and policies, and learn materials

Find when and where to submit medical precertification requests and pharmacy prior authorization request to Cigna and our national ancillary providers.

- Medical procedures
- Durable medical equipment
- High-tech imaging
- And other services

Access the Cigna *Network News* newsletter, wellness program information, medical plan details, and more.

Find policies for:

- Claims.
- Appeals.
- Reimbursement.
- Precertification.
- Modifiers.
- And more.

Access learning materials that can help you work more efficiently with Cigna.

Dashboard

Patients

Claims

Reports

Working With Cigna

Resources

Resources



Precertification

Learn how to properly request precertification for medical procedures, delegated ancillary vendors, and medications.



Medical Resources

Explore our newsletters, case management and wellness programs, medical plans, and more.



Pharmacy Resources

Find information, drug lists and prior authorization forms.



Behavioral Health Resources

Review treatment guidelines for level of care determinations and clinical practice.



Behavioral Administrative Guidelines

Find the most relevant, up-to-date information on working together. This document is part of your contract.



Reimbursement and Payment Policies

Find appeal policies, claim editing procedures, laboratory, and reimbursement information.



Coverage Policies

Know how to interpret our standard health coverage plan provisions.



Forms Center

Easily find the right form for the right purpose.



Reference Guides

Review reference guides to help make doing business with Cigna easier.



Medical Education and Training

Learn how Cigna tools can help make your job easier.



Behavioral Education and Training

Learn how Cigna tools can help make your job easier.



Medical/Behavioral Education and Training

Learn how Cigna tools can help make your job easier.



Drug List

Search for medications covered by Cigna plans.



Using ID Cards

View sample Cigna customer ID cards with descriptions of the fields on the cards.

Claims 101



Claim denial reasons

Avoid potential claim payment **delays.**

Frequent **claim denial reasons:**

- **Duplicate claim submissions**
 - claim already in process
 - claim previously processed
- **Missing information**
 - Medicare explanation of benefit (EOB)
 - Other insurance EOB
 - Revenue codes itemization

Carefully review the message(s) on your Explanation of Payment (EOP) to determine the reason for a denial of services or a payment reduction. If you have questions about a denial, please call the Cigna Customer Service toll-free number on the patient's ID card.

Duplicate claim denials

Submit **corrected claims** electronically.

In the Claim Frequency Type Code in Loop 2300, Segment CLM05, specify the frequency of the claim. (On the UB04, this is the third position in the Type of Bill Box or on the CMS 1500, it is Box 22 - Resubmission Code.)

Use one of these codes:

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

When a corrected claim is submitted, you will receive a “duplicate to claim already in process” denial message and the corrections will be applied to the original claim.

Medicare and other insurance

Submit **COB** (coordination of benefits) **claims** electronically.

- Both primary and secondary (COB) claims can be submitted to us electronically.
- You don't have to submit Medicare Part A and Part B coordination of benefits agreement (COBA) claims to us, as the Medicare explanation of benefit (EOB) or electronic remittance advice (ERA) will show that those claims have been forwarded to us as the secondary payer.
- Talk to your EDI vendor about COB information.
- Secondary claims may be submitted to Cigna electronically. Coordination of benefits information is billed in Loops 2320 and 2330 on the electronic claim form. For further information, check with your clearinghouse or vendor.

Requests for additional information

Respond to **requests for information** timely.

Cigna routinely evaluates claims for coding, billing accuracy, and appropriateness and may request supporting claim payment information such as:

- An itemized bill
- Medical records

Once the claims review is completed, we will:

- process and reimburse the claim accordingly
- issue an explanation of payment
- send you a letter explaining any charges determined to be not payable

Visit the secure Cigna for Health Care Professionals website for a list of the Not-Payable Reason Codes, including descriptions and reconsideration criteria, at CignaforHCP.com > Resources > Reimbursement and Payment Policies > Clinical Claim Review Not Payable Reason Codes.



Claim submission tips

Refer to these **additional** claim submission **tips**.

- Include the Present On Admission (POA) indicator for all diagnosis codes submitted on the inpatient claim form. Refer to the Hospital Acquired Conditions Reimbursement Policy located on the secure Cigna for Health Care Professional website at CignaforHCP.com > Resources > Clinical Reimbursement Policies and Payment Policies > Modifiers and Reimbursement Policies for more information.
- Submit newborn claims with the following information:
 - the subscriber's Cigna ID number *without* the suffix
 - the subscriber's first and last names (not the mother, unless she is the subscriber)
 - the patient's first name and last name, or Newborn, Baby Boy, Baby Girl, Twin A, Twin B, etc.)
 - the patient's date of birth
 - the patient's gender

Payer solutions: Third-party administrators

Understand the **Payer Solutions** we offer.

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

For these relationships, we:

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

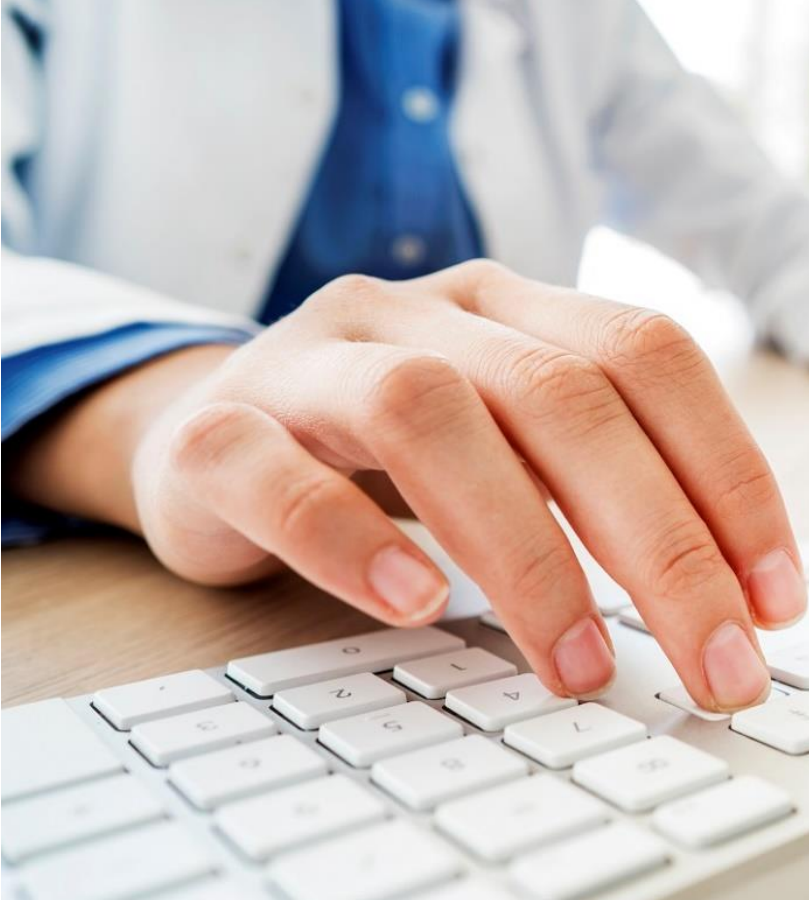
TPAs and insurance companies:

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



Cigna Payer Solutions

Claims and appeals: Points of interaction



Claim flow

- Provider submits claim electronically to Cigna (payer ID 62308) or to the address on the patient's ID card.
- Cigna 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 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 for:

- Reimbursement issues.
- Pricing appeals.
- General contract questions.

Call **888.663.8081**.



Identifying the type of account:



Payer Solutions or Shared Administration

Patient Search > Results

Search Results

Modify Search New Search ?

PATIENT RESULTS AS OF 06/01/2022

	Patient ID	Date of Birth	Last Name	First Name	Relationship	Location	Coverage Date(s)	Coverage Status	Account	Notes
  Payer Solutions					Self		03/01/2022 - 07/31/2022	Payer Solutions		




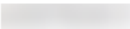
Patient search results

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

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


Eligibility as of date
two years prior or up to 30 days in the future

08/29/2022  [Update](#)


Patient ID: 
Account #: 3328406

Coverage From: 01/01/2013
Account Name: APWU HEALTH PLAN


Coverage To: 08/29/2022
Plan: APWU HEALTH PLAN

 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 and Plan Details

 APWU HEALTH PLAN is responsible for administering the eligibility for patient's plan. Please call **800.222.2798** for additional coverage information. [Shared Administration](#)

Benefit Details

 APWU HEALTH PLAN is responsible for administering Benefit Details aspect for patient's plan. Please call **800.222.2798** for additional coverage information. [Shared Administration](#)



The Patient Eligibility and Benefits page

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

Resource pages

Payer Solutions and Shared Administration

Resources » Medical Resources » Medical Plans And Products

Medical Plans And Products

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

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



Resource 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.

Go to CignaforHCP.com > Get questions answered: Resource > Medical Resources > Medical Plans and Products.



When to send claims to Cigna

It's best to submit claims as soon as possible



If you're unable to file a claim right away, Cigna will consider:

- Participating provider claims submitted three months (90 days) after the date of service.

OR

- Out-of-network claims submitted six months (180 days) after the date of service.
- If services are rendered on consecutive days, such as for a hospital confinement, the limit will be counted from the last date of service.

Tips for submitting a claim



- Cigna makes it easy for health care providers to submit claims using Electronic Data Interchange (EDI). You can submit both primary and secondary (including coordination of benefit [COB]) claims to us electronically.
- To help ensure timely and accurate payments, include complete and correct information on each claim submission:
 - Contracted Taxpayer Identification Number (TIN)
 - National Provider Identifier (NPI)
 - Provider's name, as reported to Cigna
 - TIN owner's name, billing address, and telephone number as reported to the Internal Revenue Service

Does your organization have more than one organization or Type 2 NPI?

Use the most appropriate organization NPI as your primary identifier when submitting the “billing provider” on claims. Also, you must continue to include the federal TIN for tax reporting purposes.

For more information about how to submit a claim, go to CignaforHCP.com > Resources > Clinical Reimbursement and Payment Policies > [Claim Policies and Procedures](#).



- * Fully insured plans are not subject to the timely filing time frame.
- ** Unless a longer period is required by applicable law.

Appeals 101



Appeal process

Cigna strives to informally resolve issues raised by providers on initial contact whenever possible. If issues cannot be resolved informally:

- > **Cigna offers a single-level, internal appeal process** to resolve contractual disputes regarding post-service payment denials and payment disputes. Processes may vary due to state mandates or contract provisions.
- > The appeal must be initiated in writing or using our website (cignaforhcp.com) within 180 calendar days of the date of the initial payment or denial decision.
- > Arbitration may be used as a final resolution step after the internal Cigna process is complete.

Patients with Cigna ID cards	Patients with GWH-Cigna or “G” ID cards
National Appeals PO Box 188011 Chattanooga, TN 37422 Fax: 1.877.815.4827	Cigna National Appeals PO Box 188062 Chattanooga, TN 37422-8062 Fax: 1.877.804.1679

Appeal prevention tips

Avoid having to file an appeal.

There are steps you can take to avoid having to file an appeal:

- Confirm the plan information on the patient's ID card matches your contract (e.g., PPO, Open Access Plus, Network POS).
- Verify benefits by asking clarifying questions to confirm if the procedure or CPT® code is covered under the plan, and that you have met all plan requirements for coverage.
- Check the Cigna for Health Care Professionals website at CignaforHCP.com to confirm conditions for coverage based upon the medical criteria outlined.
- Verify precertification requirements.
- Refer patients to Cigna-participating providers.

To file an appeal

We offer a single level of appeal that must be initiated within 180 calendar days from the date of the initial payment or denial decision. We make and communicate decisions within 60 days from the date we receive the appeal request.*

Ways to request an appeal

Online: Registered users of CignaforHCP.com have the ability to submit and check the status of appeals and claim reconsideration requests online. For more information, view the [instructions to submit appeals and claim reconsiderations online](#).

Mail: Submit a completed [Request for Health Professional Payment Review](#) form,** which will help us to understand the circumstances surrounding your appeal request.



Claim adjustment and appeals guidelines

For more information about how to submit an appeal, go to [CignaforHCP.com](#) > Clinical reimbursement & payment policies > Claims Appeals Policies and Procedures > [Cigna HealthCare Appeal Policy and Procedures](#).

For customers whose ID card displays:	Mail to:
Cigna Network	Cigna Appeals Unit PO Box 188011 Chattanooga, TN 37422
GWH-Cigna or "G"	Cigna PO Box 188062 Chattanooga, TN 37422-8062

*Appeals policies may vary by state. Statutes supersede Cigna policy. For details on state-specific dispute policies, see the claim appeal information posted on the website.

****Download the form** from the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) > Find the right forms > Medical Forms > [Request for Health Professional Payment Review](#)).



Keeping you updated

COVID-19 resources, coverage and reimbursement policies, and precertification updates



Coverage and updates for telehealth and cost share

How Cigna covers virtual care (telehealth)

On January 1, 2021, we implemented the new Virtual Care Reimbursement Policy.

View the full policy at CignaforHCP.com/VirtualCare.

Through April 11, 2023:

- Customers' cost share will be waived for COVID-19-related virtual services (e.g., telephonic screening).

In addition, until further notice:

- We will continue to make additional virtual care accommodations by allowing:



- Facilities to bill on a Form UB-04.
- Providers and facilities to bill certain home health codes.
- Healthcare Common Procedure Coding System (HCPCS) code G2012 to be billed for quick 5-10 minute phone conversations.
- Most synchronous technology to be used (e.g., FaceTime, Skype, Zoom).
- eConsult Current Procedural Terminology (CPT®) codes 99446-99449, 99451, and 99452.
- Preventive care services CPT codes 99381-99387 and 99391-99397.



For additional information about these updates:

Go to CignaforHCP.com > [Cigna's Response to Coronavirus](#).

Coverage and updates for telehealth and cost share

Cost share

Cigna will waive customer copayment and cost share for COVID-19 services as outlined below.

Service	Description	Cost share waived through:
Initial COVID-19 screening	Performed virtually or at an office, emergency room, urgent care center, “drive-thru” specimen collection center, or other facility	April 11, 2023
Specimen collection	Performed by a health care provider	
Laboratory test	Performed by state, hospital, commercial laboratory, or other provider	
Treatment	Cigna will cover COVID-19 for those who are covered under Medicare or other applicable state regulations	February 15, 2021*

For additional information about these updates:

Go to CignaforHCP.com > [Cigna’s Response to Coronavirus](#).



* As of February 16, 2021 dates of service, cost share applies for any COVID-19-related treatment. Inpatient COVID-19 care that began on or before February 15, 2021, and continued after February 16, 2021, will have cost share waived for the entire course of the facility stay. Certain employer group exceptions may apply to this guidance.

Coverage and updates for the COVID-19 vaccine

COVID-19 vaccine administration

- Cigna covers the administration of the COVID-19 vaccine with no customer cost share (i.e., no deductible or copayment) when delivered by any provider.
- Cigna will reimburse the administration of the vaccine at the established [CMS* rates](#).
- Cigna will **not** reimburse providers for the cost of the vaccine itself.
- Additional U.S. Food & Drug Administration (FDA) emergency use authorization (EUA)-approved vaccines will be covered consistent with this guidance.

Billing

- CPT codes to bill: **0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0031A, 0034A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, and M0201**
- No additional modifiers are necessary to include on the claim.
- An evaluation and management (E&M) service and COVID-19 vaccine administration code should only be billed when a significant and separately identifiable E&M visit was performed at the same time as the administration of the vaccine.

For additional coverage information, review the Drug and Biologic Coverage Policy (2029): [COVID-19 Vaccine](#).**

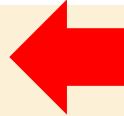
* Centers for Medicare & Medicaid Services.

** Go to [CignaforHCP.com](#) > Review coverage policies > Pharmacy (Drugs & Biologics) A-Z Index > [COVID-19 Vaccine – \(2029\)](#).

Keeping you updated



Updated 04/03 [Cigna's Response to Coronavirus](#)



Digital ID cards are here. [Learn more.](#)

Cigna's response to COVID-19

Cigna Coronavirus (COVID-19) Interim Billing Guidance for Providers for Commercial Customers

Last updated July 22, 2022 - *Highlighted text indicates updates*

On July 15, 2022, the Secretary of Health and Human Services (HHS) renewed the national public health emergency (PHE) period for COVID-19 through October 13, 2022. Consistent with the new end of the PHE period, Cigna has extended cost-share waivers for COVID-19 diagnostic testing and related office visits through October 13, 2022. We also continue to make additional key accommodations related virtual care and over-the-counter testing as outlined on this page.

▶ [Current interim coverage accommodations for commercial Cigna medical services:](#)

▶ [Interim billing guidelines for Coronavirus \(COVID-19\)](#)

▶ [Provider frequently asked questions for Coronavirus \(COVID-19\)](#)



Virtual Care Reimbursement Policy

Visit [CignaforHCP.com/Virtualcare](#) for information about our new Virtual Care Reimbursement Policy, effective January 1, 2021.



Express Scripts discount prescription program

Introducing Parachute Rx: A program for your uninsured and unemployed patients, offering deeply discounted generic and non-generic medications.



[Centers for Medicare & Medicaid Services \(CMS\) COVID-19 vaccine resources](#)

[Cigna Coronavirus \(COVID-19\) Resource Center](#)

[Resources to support your mental health](#)
[Live-guided relaxation by telephone](#)

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

[Pre-recorded wellness podcasts](#)

[Additional emotional support resources](#)

Additional Resources

[Cigna Medicare Advantage Billing guidelines and telehealth](#)

[Evernorth Behavioral Health Interim Telehealth Guidance](#)

[Cigna Dental Interim Communication to Providers](#)

COVID-19 resources on CignaforHCP.com

Go to CignaforHCP.com

- Select Cigna's Response to Coronavirus

Resources include:

- Interim billing guidelines.
- Frequently asked questions.
- Interim telehealth guidance.
- Additional resources.

Other coverage and reimbursement policy updates

Sample updates



January 2023

Evaluation and Management Services (R30)

We will administratively deny evaluation and management (E&M) Current Procedural Terminology (CPT®) codes 99211-99215 billed with CPT code 96372 (injection administration) and Healthcare Common Procedure Coding System (HCPCS) codes J1071 or J3145 (testosterone drugs) by the same provider on the same claim, for the same date of service, and when there are no other services billed on the claim. Effective April 16, 2023

For additional information about these updates, go to CignaforHCP.com > Review coverage policies > Policy Updates.



* International Classification of Diseases, 10th Revision, Clinical Modification.

Precertification updates



**See our website
(cignaforhcp.com) for a list
of CPT codes that require
Precertification (including a
list of CPT codes that have
been added and removed)**



**For a complete list of services requiring precertification:
Log in to CignaforHCP.com > Resources > Reimbursement and
Payment Policies > Precertification Policies.**

Policy update

Commercial plans, Cigna Medicare Advantage plans, and eviCore healthcare services



Reimbursement policy update



Revenue codes 270–279 billed without a procedure code

– Cigna will implement a new reimbursement policy, Revenue Code Billing Requirements (R41)*, to administratively deny revenue codes 270–279 when billed without a procedure code.

The effective date is based on date of service and varies based on state-regulated notice requirements:

- **Colorado, Kentucky, Ohio, and Texas:** June 1
- **All other states:** May 1

**Applies only to the Cigna commercial medical line of business*

Reimbursement policy update

Modifier -25



Resources and additional information:

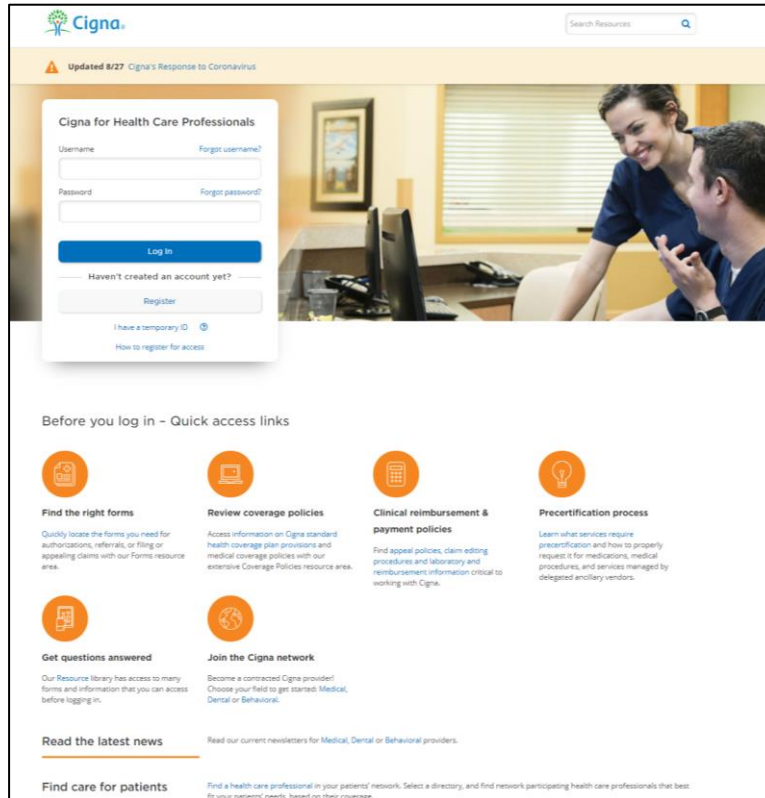
- Modifier and reimbursement policies are available on the Cigna for Health Care Professionals website.
 - > ([CignaforHCP.com](https://cignaforhcp.com) > Resources > Clinical Reimbursement Policies and Payment Policies > Modifiers and Reimbursement Policies).
- A **video overview** is also available.
 - > <https://link.videopatform.limelight.com/media/?mediaId=18f497b1213f45a3ac625e65160b1e14&width=540&height=321&playerForm=LVPPlayer&embedMode=html&htmlPlayerFilename=limelightjs-player.js&orgid=6540f51f4b444780ba7c63c5e866d66a>
- Additional information was shared April 12, 2023 in a Provider Communications Update.
- This topic will also be included in the second quarter 2023 issue of *Network News*.

**Applies only to the Cigna commercial medical line of business*

Resources for you

CignaforHCP.com, reference guide, and *Network News*

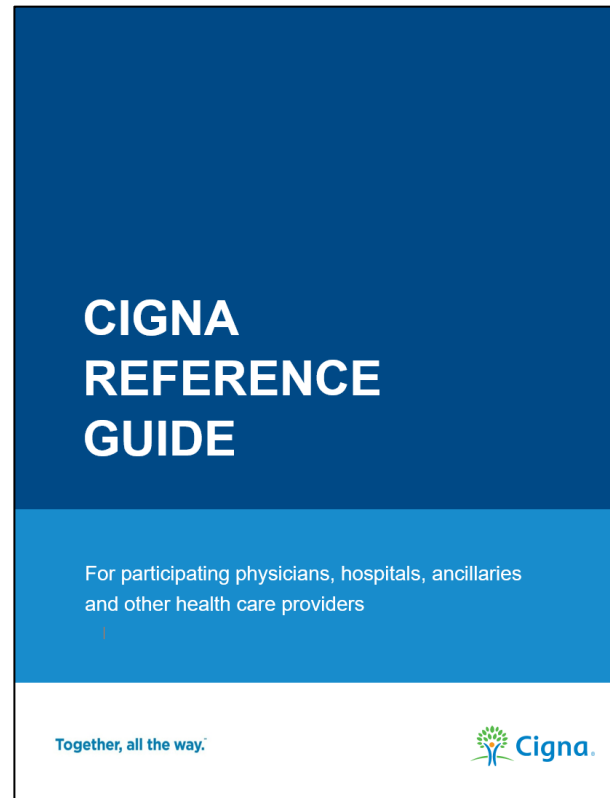
CignaforHCP.com



Go to CignaforHCP.com.

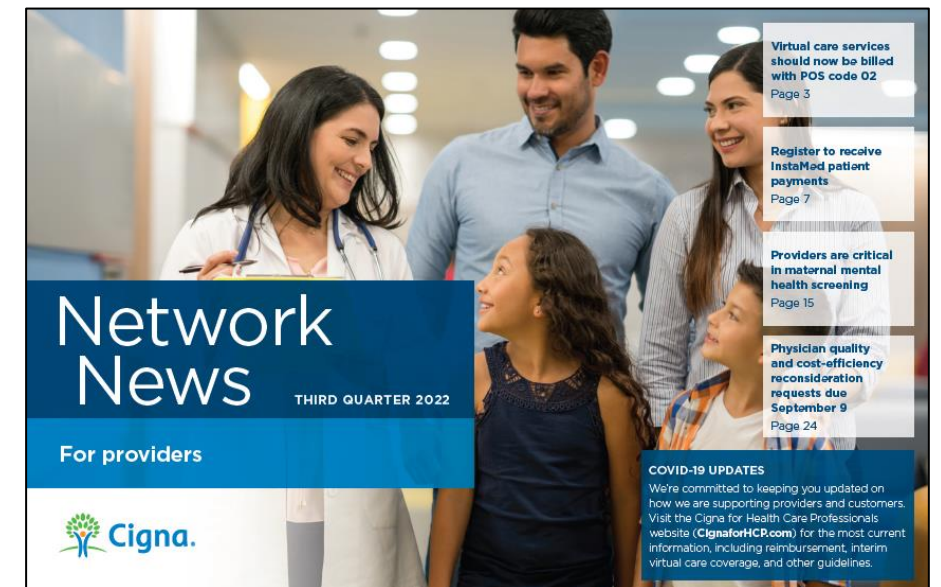


Reference Guide



Log in to CignaforHCP.com
> Resources > Reference Guides.

Network News



To be added to the quarterly *Network News* distribution list, email NetworkNewsEditor@Cigna.com.

Contacts and support



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

Questions?

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