

CIGNA for Health Care Professionals Website

E-mail CIGNA

At the end of this course, you will be able to:

- ✓ Access CIGNA's Medical and Pharmacy Coverage Positions and Criteria
- ✓ Investigate if a service is covered under an individual's plan
- ✓ Request your Fee Schedule for a particular billing code

E-mail CIGNA offers a fast and convenient way to:

- View coverage positions and criteria
- Verify covered services
- Request fee schedules





CIGNA for Health Care Professionals

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Who's logged on:
mmartin1

Popular Links

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CUSTOMER SERVICE

If you need...

- ▶ ...General assistance, call 1.800.88CIGNA (1.800.882.4462)
- ▶ ...Technical assistance with this site, call 1.800.261.6232
- ▶ ...Assistance with site navigation and registration only, call 1.800.853.2713

Welcome Mary Martin

If you work for a health care professional that is part of a medical group, you should register using the option **A medical group, hospital or ancillary facility**. This will ensure you have access to the claims and precertification data that you need.

Inquiry Tools

- [View Patient Eligibility and Benefits](#)
- [Estimate Patient Liability NEW!](#)
- [View and Submit Precertification Requests](#)
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Important Information: Great-West Healthcare is now part of CIGNA

Help

After logging in to the website, click **Coverage Positions/Criteria.**

Help

[Take a tour of the CIGNA for Health Care Professionals website*](#)

*You'll need the latest version of [Macromedia Flash Player](#), a free plug-in.

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for Health care Professionals

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Overview

Coverage Policies/Criteria

Notice: If you encounter a problem with accessing a policy, su

CIGNA HealthCare Coverage Policies are tools to assist in int
keep the following in mind when accessing these Cover

Select one of the links below to access CIGNA's medical or pha

Click the *Medical Coverage Policy Index* link to view CIGNA's medical policies, or click the *Pharmacy Coverage Policy Index* link to view CIGNA's pharmacy policies.

[Medical Coverage Policy Index](#) [Pharmacy Coverage Policy Index](#)

▪ Email us about topics not available on this page by logging into the CIGNA for Health Care Professionals website

The **Medical Index** can be searched by code or using the alphabetical settings. Click the coverage position you wish to view.

Coverage Policies/Criteria Medical & Pharmacy Index

[Overview](#)[Medical Index](#)[Medical Categories](#)[Pharmacy Index](#)

Medical Index

Coverage Policies/Criteria Medical Index

Find a coverage position:

Search by CPT/HCPCS code:

To find a coverage position, use the search box or the alpha list.

Click to jump to the first letter of the item you're looking for:

[A](#) | [B](#) | [C](#) | [D](#) | [E](#) | [F](#) | [G](#) | [H](#) | [I](#) | [J](#) | [K](#) | [L](#) | [M](#) | [N](#) | [O](#) | [P](#) | [Q](#) | [R](#) | [S](#) | [T](#) | [U](#) | [V](#) | [W](#) | [X](#) | [Y](#) | [Z](#)

A

- Abatacept (Orencia®) - (6112)Rx **Integrated**
- Abdominoplasty and Panniculectomy – (0027) **Integrated**
- Acne Procedures – (0043) **Integrated**
- Actinic Keratosis Treatments – (0235) **Integrated**
- Acupuncture – (0024) **Integrated**
- AcuTect™ – (0338) **Integrated**
- Adalimumab (Humira®) – (4062)Rx **Integrated**
- Adoptive Immunotherapy – (0225) **Integrated**

Then click the coverage position you wish to view.



CIGNA MEDICAL COVERAGE POLICY

The following Coverage Policy applies to all plans administered by CIGNA Companies including plans administered by Great-West Healthcare, which is now a part of CIGNA.

Subject Acne Procedures

Table of Contents

Coverage Policy	1
General Background	2
Coding/Billing Information	7
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Policy History	12

Once you select the coverage position, a PDF will open that you can view and save.

Effective Date 2/15/2009
Next Review Date 2/15/2010
Coverage Policy Number 0043

Hyperlink to Related Coverage Policies

[Actinic Keratosis Treatments](#)
[Benign Skin Lesion Removal](#)
[Photodynamic Therapy for Dermatologic Conditions](#)
[Phototherapy and Photochemotherapy for Dermatological Conditions](#)
[Rosacea Procedures](#)
[Scar Revision](#)

INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain standard CIGNA HealthCare benefit plans as well as benefit plans formerly administered by Great-West Healthcare. Please note, the terms of a participant's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a participant's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a participant's benefit plan document always supercedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in

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Overview

Coverage Policies/Criteria

Notice: If you encounter a problem with accessing a policy, such as strange error messages, try refreshing your browser.

CIGNA HealthCare Coverage Policies are tools to assist in interpreting standard health coverage plan provisions. Please keep the following in mind when accessing these Coverage Policies:

Select one of the links below to access CIGNA's medical or pharmacy coverage policies:

- [Medical Coverage Policy Index](#)
- [Pharmacy Coverage Policy Index](#)

▪ [Email us about topics not available on this page by logging into the CIGNA for Health Care Professionals website](#)

If you can't find a coverage position, click the link to email CIGNA.

Email Inquiry - Coverage Positions / Criteria

[Email Instructions](#)

The Coverage Position inquiry form allows Providers to request a CIGNA HealthCare coverage criteria regarding medical or pharmacy technology topics for which we do not yet have a Coverage Position posted on our web site.

* Indicates a required field.

Provider Information

* Provider Name

* Rendering Provider Tax ID

* Rendering Provider Name

Requestor Information

* First Name Lucky * Last Name Precert

* Phone Number (860)226-7376 ext

* Email Address amanda.kingston@cigna.com

Please be sure to check that your phone number and email are current. If not, please update them on the [My Profile](#) page.

Procedure Information

* Category

* CPT/HCPCS

* Diagnosis Code(s) (up to 4)

* Name of Technology/ Device (Medical Policy) or Name of Drug/ Pharmaceutical (Pharmacy Policy) for which you are requesting a Coverage Position

Additional Description of Technology/ Device or Name of Drug/ Pharmaceutical, if necessary
(max 100 characters)

Submit

Enter the information in the required fields, then click **Submit**.

You should receive a response through your secure CIGNA Inbox within 48 hours.

Use **Covered Services** to see if specific medical services, procedures, or supplies are covered under a CIGNA customer's benefit plan.

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Welcome Mary Martin

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Click *Covered Services*.

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Email Inquiry - Covered Services

[Email Instructions](#)

To find out whether specific medical services, procedures or supplies are covered under a CIGNA HealthCare member's benefit plan, complete the required fields below, then submit the form. The information you receive will reflect the coverage in effect on the date the response is mailed to you.

Note: [Realtime Eligibility and Benefits Information](#) is also available.

* Indicates a required field.

Provider Information

* Provider Name * Rendering Provider Tax ID * Rendering Provider Name

Requestor Information

* First Name MARY * Last Name MARTIN
 * Phone Number 555.555.1234 ext 1234 * Email Address mary.martin@yahoo.com
 Please be sure to check that your phone number and email are current. If not, please update them on the [My Profile](#) page.

Patient Information

* Member ID * Date of Birth Age
 mm/dd/yyyy
 * Last Name * First Name

4. * Place of Service Code

CPT/HCPCS/NDC

* Description of Service/Drug Name (max 50 characters)

Modifier(s)(up to 4)

Diagnosis Code(s) (up to 3)

Codes Separated by a Space

5. * Place of Service Code

CPT/HCPCS/NDC

* Description of Service/Drug Name (max 50 characters)

Modifier(s)(up to 4)

Diagnosis Code(s) (up to 3)

Codes Separated by a Space

Email Inquiry – Covered Services

is used to obtain specific information on patient covered services.

Enter the information in the required fields, then click **Submit** at the bottom of the page.

You should receive a response through your secure CIGNA Inbox within 48 hours.



If your contact information is incorrect, update your **My Profile** page before submitting this request.



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Click **Fee Schedules** to request your fee schedules.

Search

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By completing this form, you can submit a **Fee Schedule** request for a range of codes, or up to 25 individual codes.

Email Inquiry - Fee Schedule

[Email Instructions](#)

If you are requesting your fee schedule for a particular billing code, complete the required fields below, then submit the form. The information you receive will reflect the fee schedule in effect on the date the response is mailed to you unless otherwise specified.

* Indicates a required field.

Provider Information

* Provider Name

* Rendering Provider Tax ID * Rendering Provider Name

* Rendering Provider Zip Code

Requestor Information

* First Name MARY * Last Name MARTIN
* Phone Number 555.555.1234 ext 1234 * Email Address mary.martin@yahoo.com

If your phone number and email are not current, please update them on the [My Profile](#) page.

Procedure/Service Information

* Date of Service (mm/dd/yyyy)
* Plan
* Location

* Are you looking for:

A range of code(s)
 Individual code(s)

* Provider's Specialty

* Type of Service Provided

Radiology
 Pathology
 Evaluation and Management
 Injectables
 All

Enter the information in the required fields, then click **Submit**.

This screen provides confirmation of your request. You will also receive an email confirmation at the address listed under **My Profile**.

The email confirmation will contain a projected response date. Most requests will be returned in two to three days, but allow up to 10 calendar days.

The screenshot shows a web page with the CIGNA logo and navigation links. The main content area is titled "Email Inquiry: Confirmation" and contains text about receiving an inquiry and a projected response date. A "Search" bar and a "Provider Site Index" link are also visible.

CIGNA for Health Care Professionals

eServices > Email Inquiry

Email Inquiry: Confirmation

We received your inquiry on Thu Aug 27 13:08:26 2009. You will receive an email notification with the case number corresponding to this inquiry and a projected response date.

When your response is ready, we'll send an email notification containing a link to your secure email response.

Return to [CIGNA for HealthCare Professionals](#)

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Make sure the email address you provided is accurate. If it is not, you can update it by clicking ***My Profile***.

The screenshot shows the CIGNA for Health Care Professionals website. The navigation bar includes links for eServices, Resources, **My Profile**, Education and Help, **Inbox (4)**, and Assign Access. A callout box points to the **My Profile** link, stating: "Make sure the email address you provided is accurate. If it is not, you can update it by clicking ***My Profile***." Another callout box points to the **Inbox (4)** link, stating: "To retrieve your fee schedule, log in to the website and click ***Inbox***."

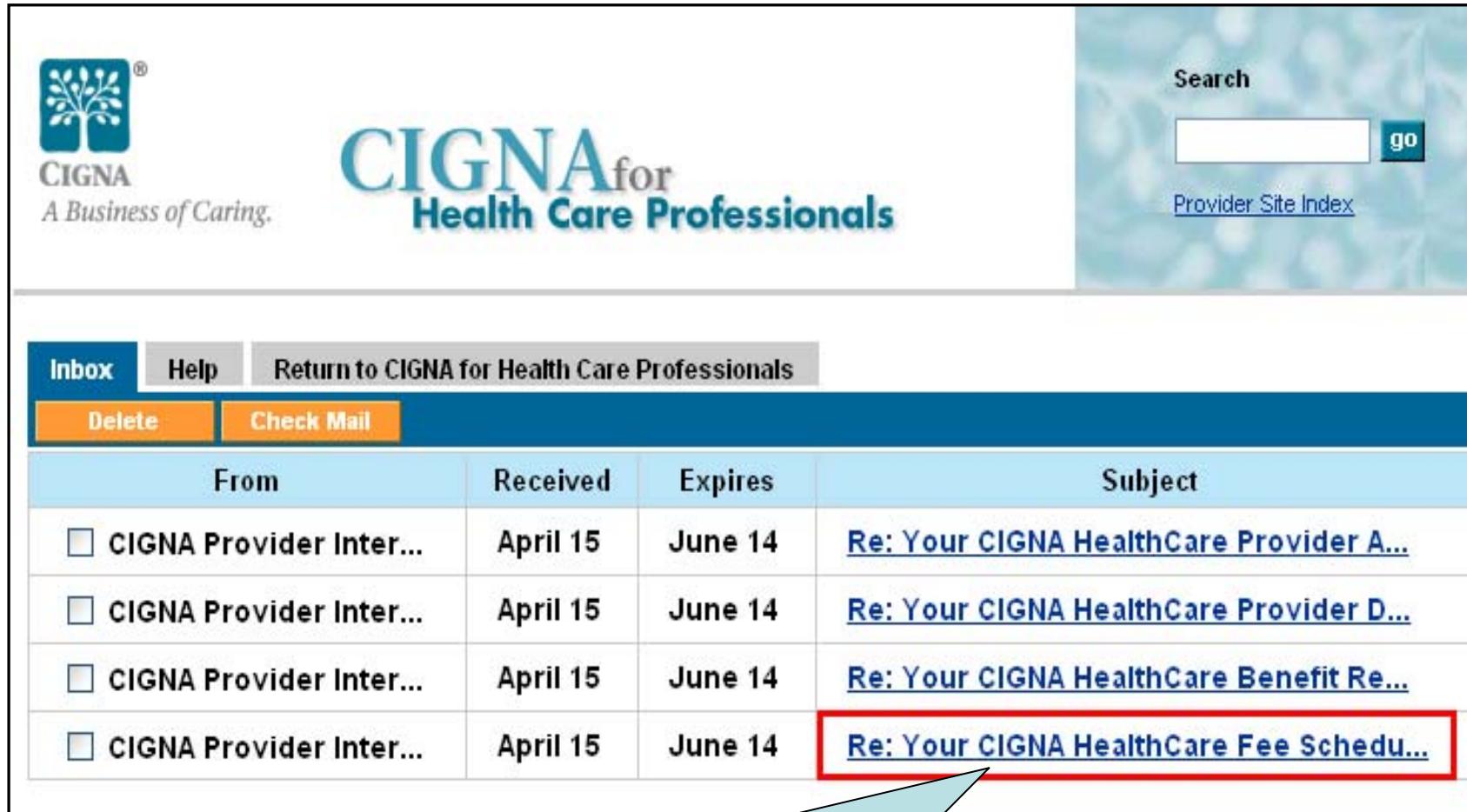
Search go

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CIGNA for Health Care Professionals

eServices Resources **My Profile** Education and Help **Inbox (4)** Assign Access

To retrieve your fee schedule, log in to the website and click ***Inbox***.



Inbox Help [Return to CIGNA for Health Care Professionals](#)

[Delete](#) [Check Mail](#)

From	Received	Expires	Subject
<input type="checkbox"/> CIGNA Provider Inter...	April 15	June 14	Re: Your CIGNA HealthCare Provider A...
<input type="checkbox"/> CIGNA Provider Inter...	April 15	June 14	Re: Your CIGNA HealthCare Provider D...
<input type="checkbox"/> CIGNA Provider Inter...	April 15	June 14	Re: Your CIGNA HealthCare Benefit Re...
<input type="checkbox"/> CIGNA Provider Inter...	April 15	June 14	Re: Your CIGNA HealthCare Fee Schedu...

Click the subject link for the fee schedule message you wish to view.

Note: Messages remain in your **Inbox** for 60 days.

Inbox **Help** **Return to CIGNA for Health Care Professionals**

Delete **Printer-Friendly Version**

Received: Apr 15, 2008 11:02 AM EDT

Expires: Jun 14, 2008 11:02 AM EDT

From: CIGNA Provider Internet Reply

To: mmartin1

Subject: Re: Your CIGNA HealthCare Fee Schedule Request
(KMM86929619694LOKM)

Files and Attachments: **Download** Email message as a text file

Message: Dear Mar

Click **Download** to save the attachment to your desired location.

Provider Information:

Rendering Provider Tax Identification Number: 888888877
Provider Name: Martin, Mary MD (4350892)
Rendering Provider Name: Martin, Mary MD
Rendering Provider Zip Code: 99911
Plan Type: BOTH

Attached is the information you requested.

Xxx Attach fee schedule file xxx

Thank you for using CIGNA HealthCare for Professionals. If you have questions regarding the information in this e-mail, please contact 1.800.853.6237 and reference Case #30637. Please do not reply to this e-mail.

Note: Due to their large size, fee schedule attachments download as a zipped (compressed) file. Free software to unzip the file is available on the Internet.

The unzipped fee schedule opens as a Microsoft Excel file.

Provider ID:	1234567			
Tax ID:	987654321			
Zip Code:	01234			
Product Type:	HMO			
CPF Sched ID:				
Date of Service:	01/01/2009			
Service Code	Modifier	Allowed Amount	Network Name	Research Text
J0152		\$XX.00	MID-ATLANTIC HMO	
J0170		\$XX.00	MID-ATLANTIC HMO	
J0180		\$XX.00	MID-ATLANTIC HMO	
J0190		\$XX.00	MID-ATLANTIC HMO	NEED NDC, DRUG TYPE, AMT

Congratulations!

You've completed the
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