CIGNA eServices

CIGNA for Health Care Professionals Website

E-mail CIGNA

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Learning Objectives

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

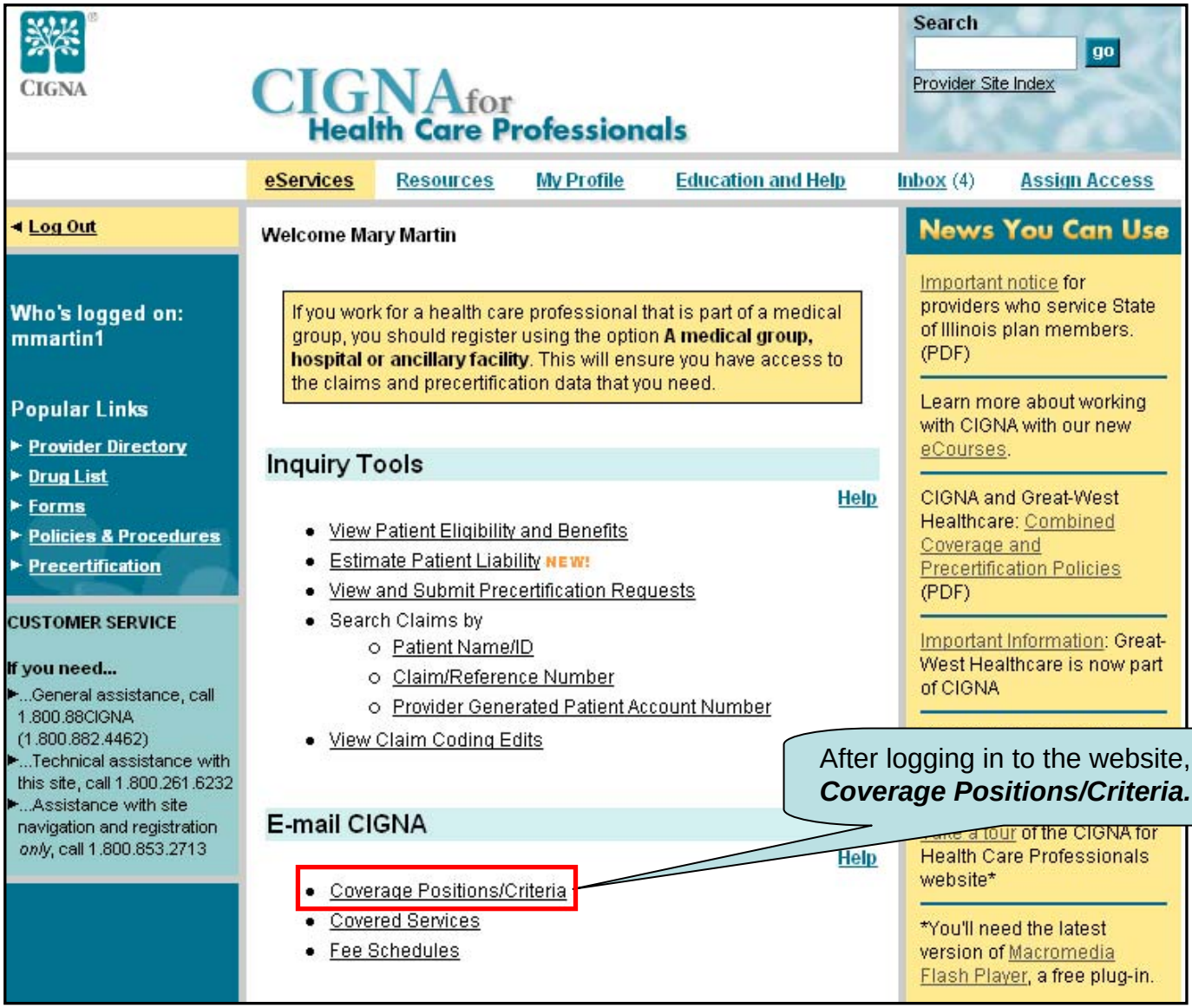
- ✓ Access CIGNA's Medical and Pharmacy Coverage Positions and Criteria
- ✓ Investigate if a service is covered under an individual's plan
- ✓ Request your Fee Schedule for a particular billing code

E-mail CIGNA

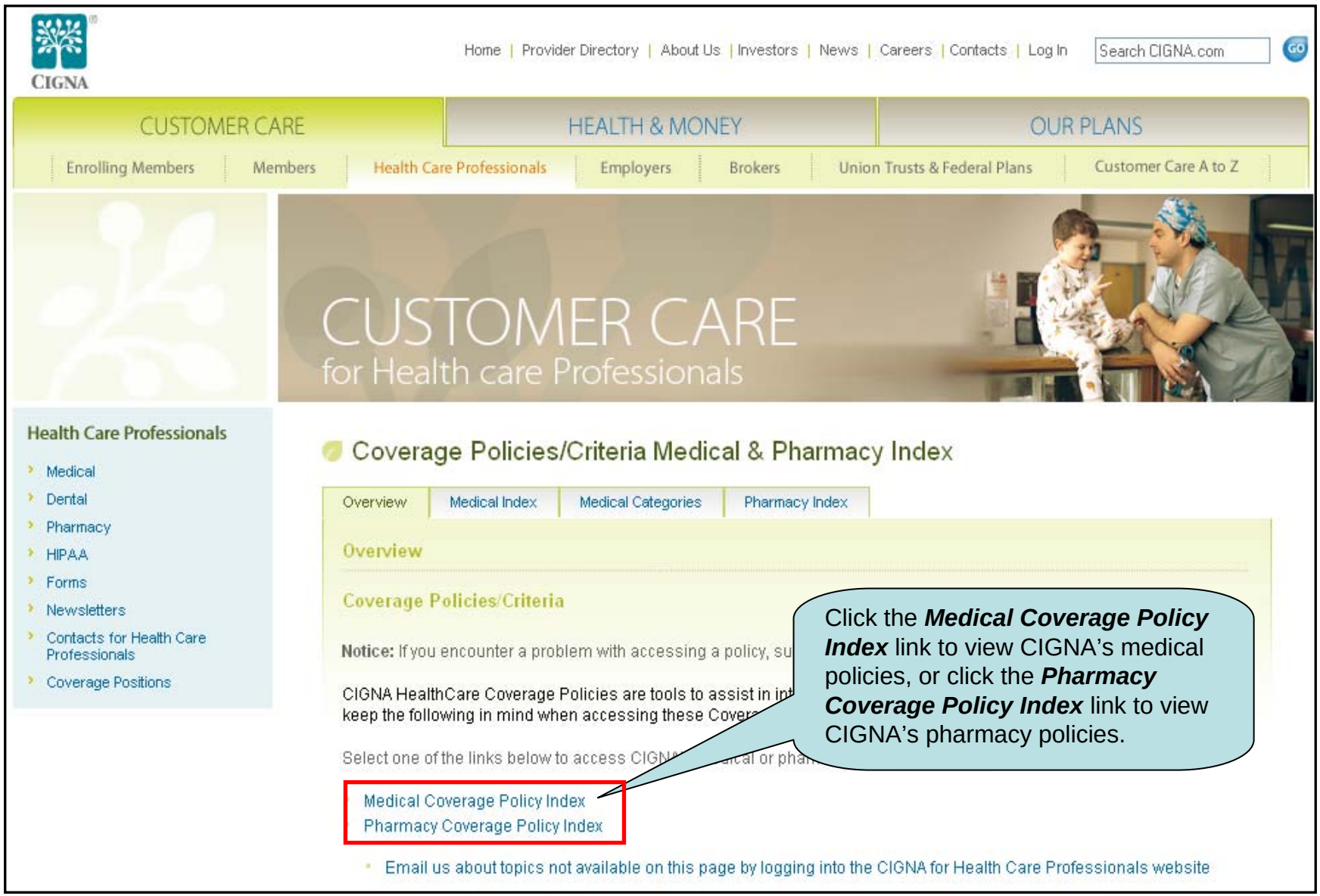
E-mail CIGNA offers a fast and convenient way to:

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

Coverage Positions/Criteria

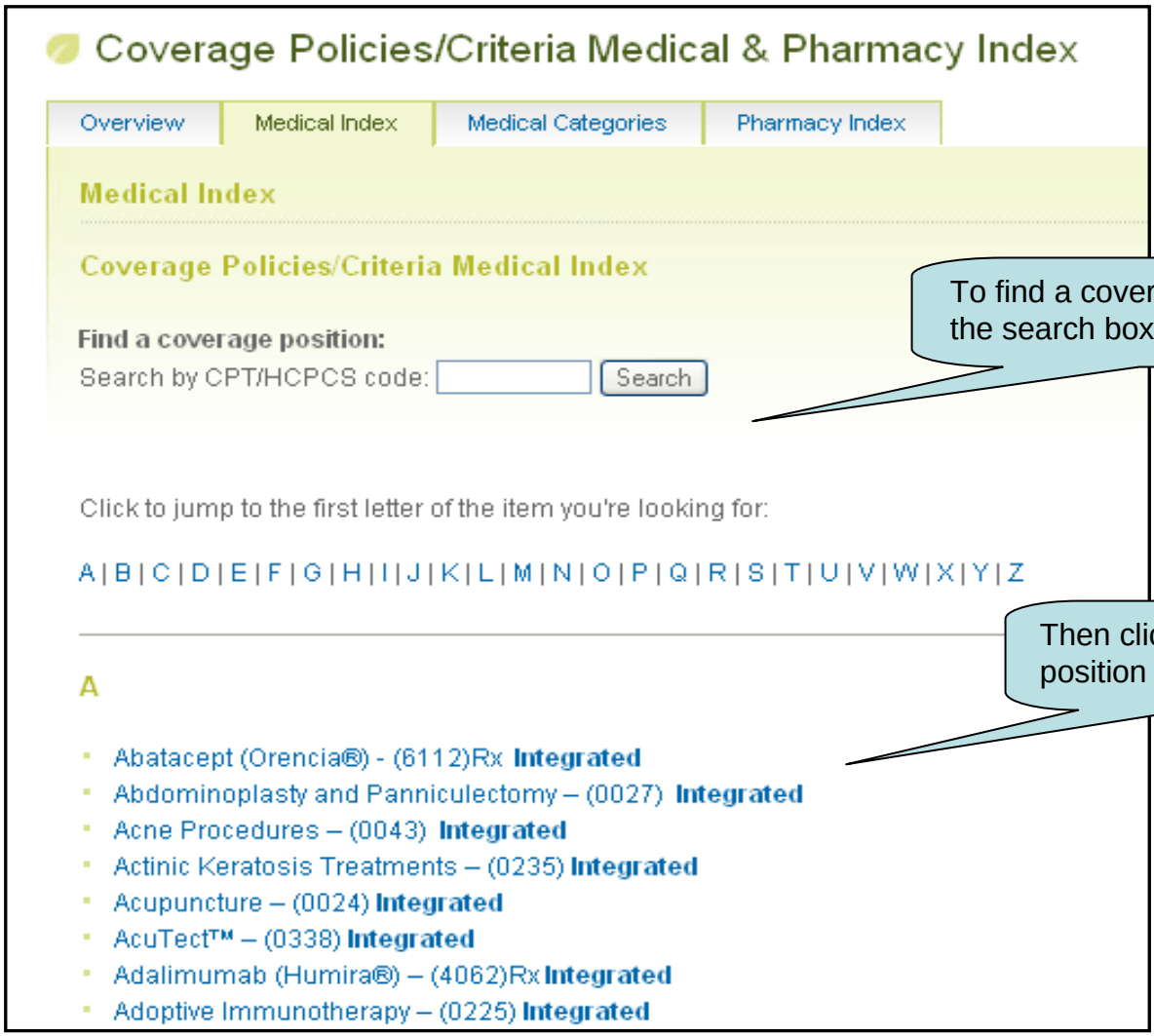


Coverage Positions/Criteria



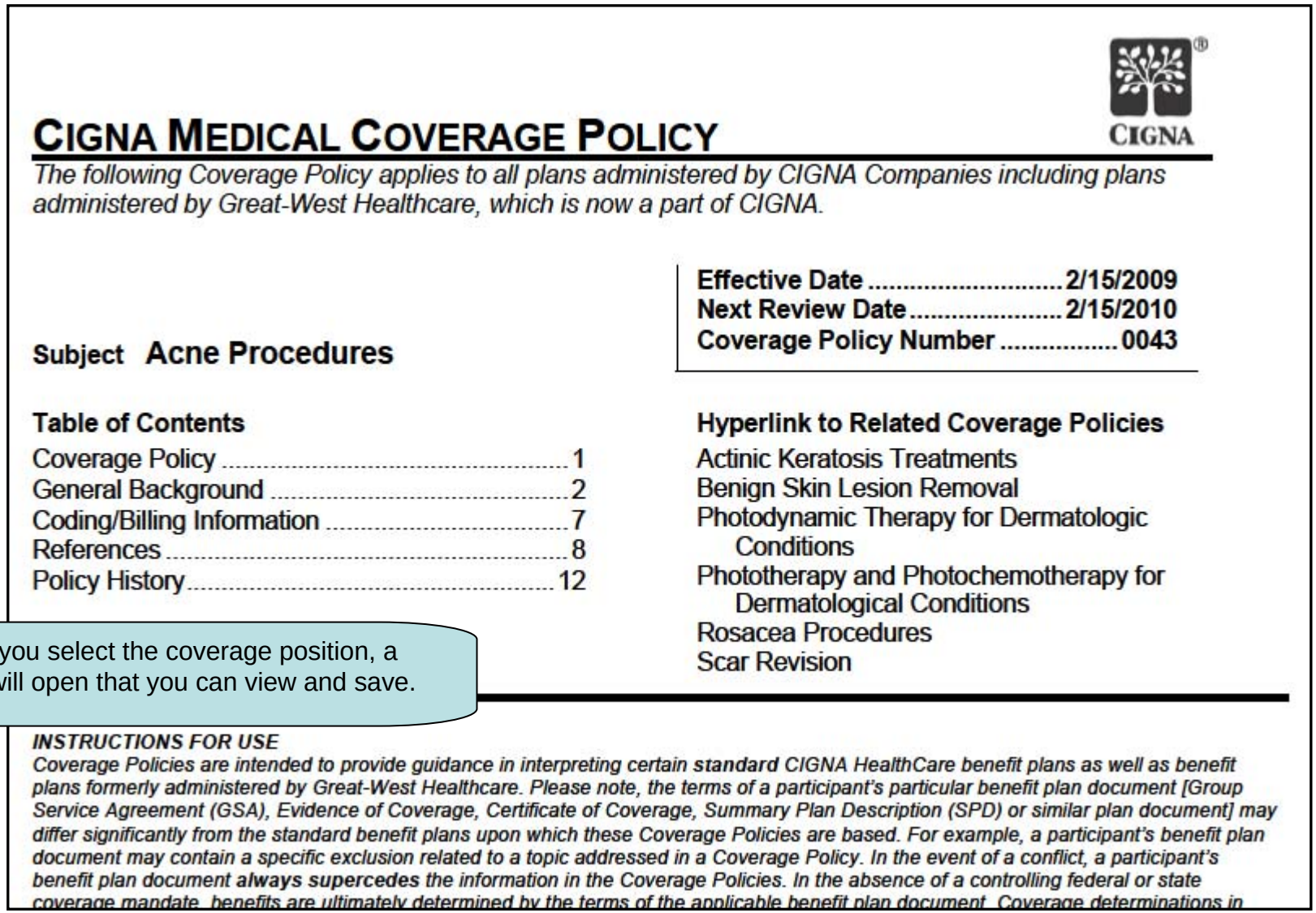
Coverage Positions/Criteria

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



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

Then click the coverage position you wish to view.



CIGNA MEDICAL COVERAGE POLICY

CIGNA

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.

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

Subject **Acne Procedures**

Table of Contents

Coverage Policy 1
General Background 2
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Hyperlink to Related Coverage Policies

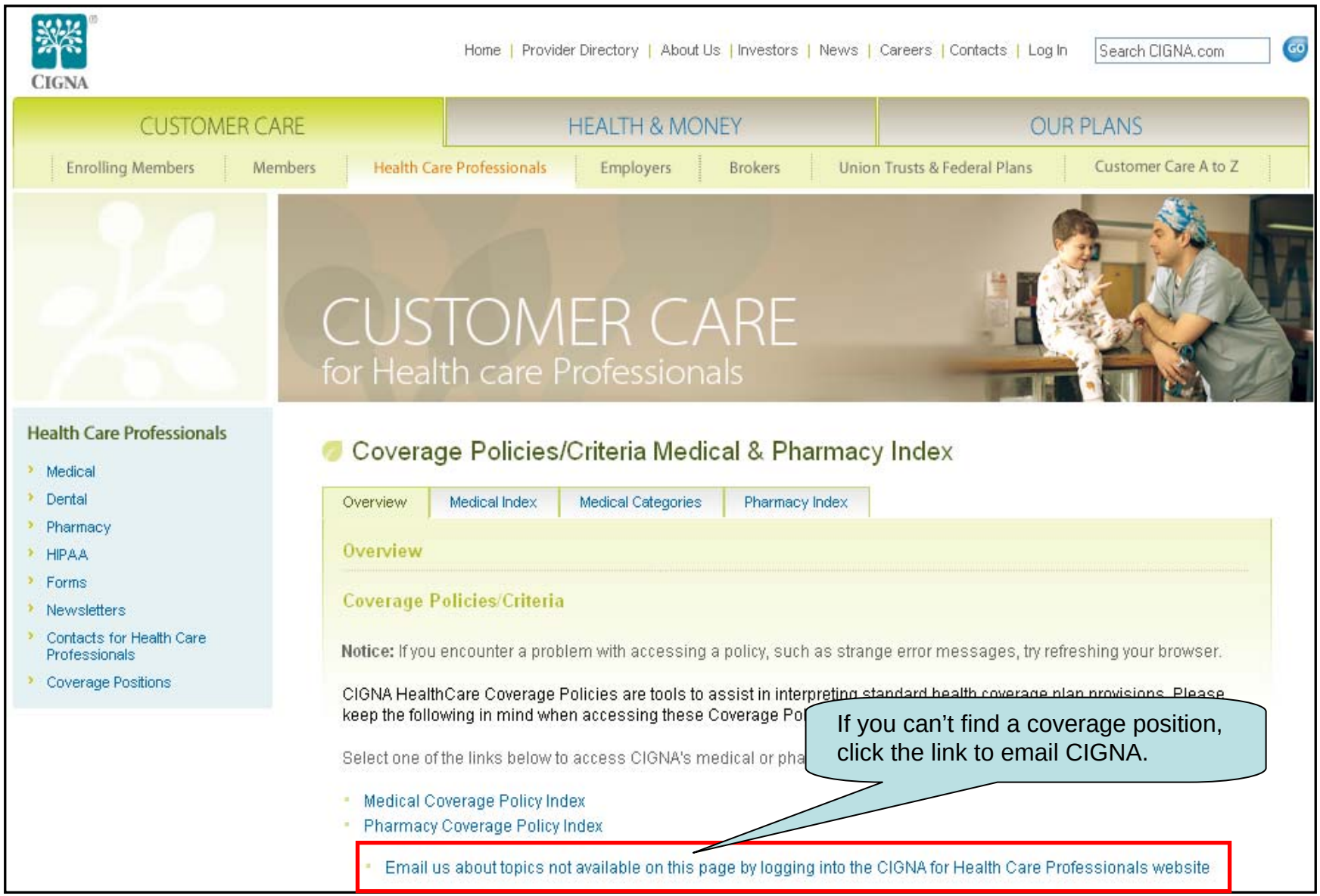
Actinic Keratosis Treatments
Benign Skin Lesion Removal
Photodynamic Therapy for Dermatologic Conditions
Phototherapy and Photochemotherapy for Dermatological Conditions
Rosacea Procedures
Scar Revision

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

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*

Coverage Positions/Criteria



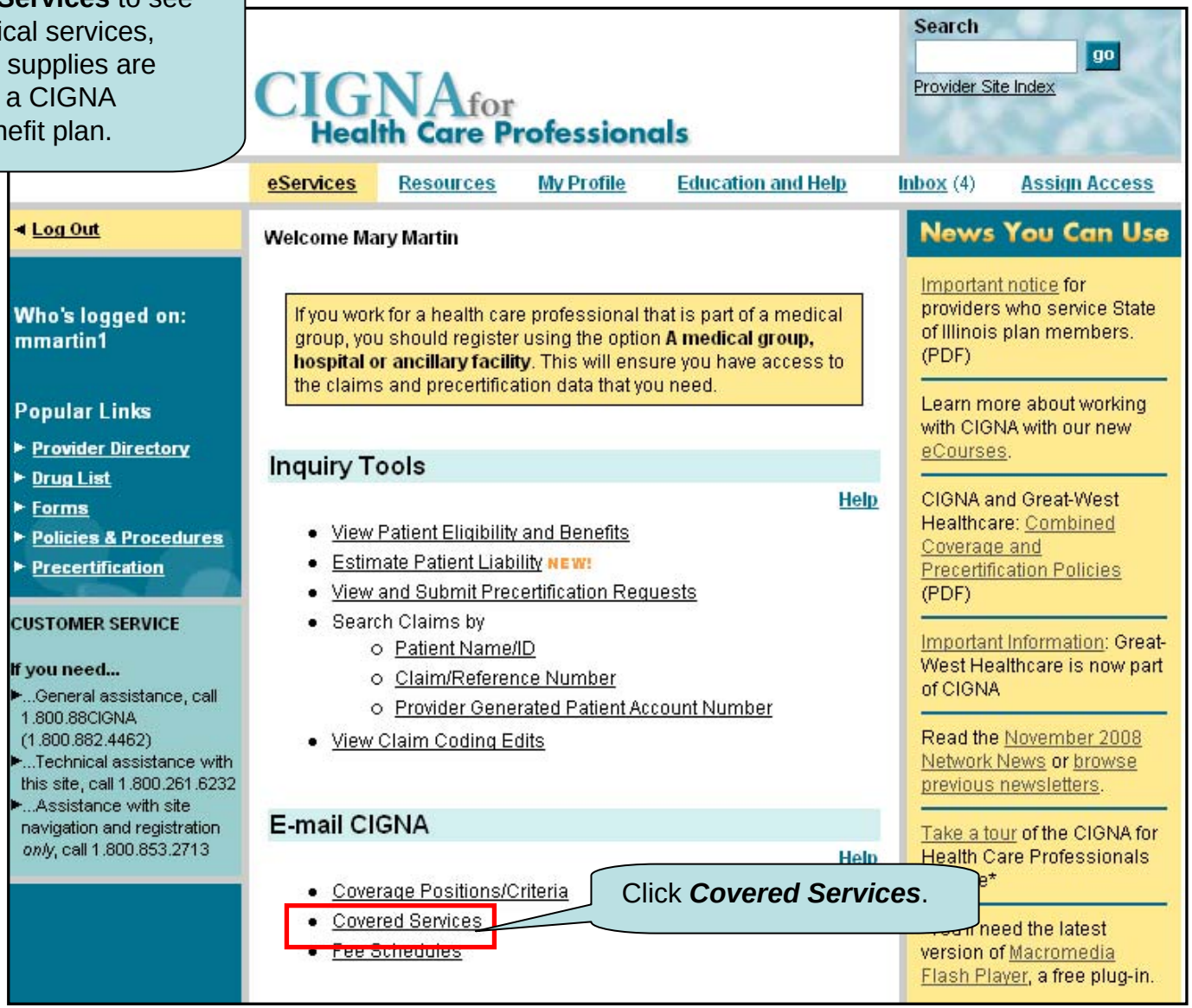
Coverage Positions/Criteria

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

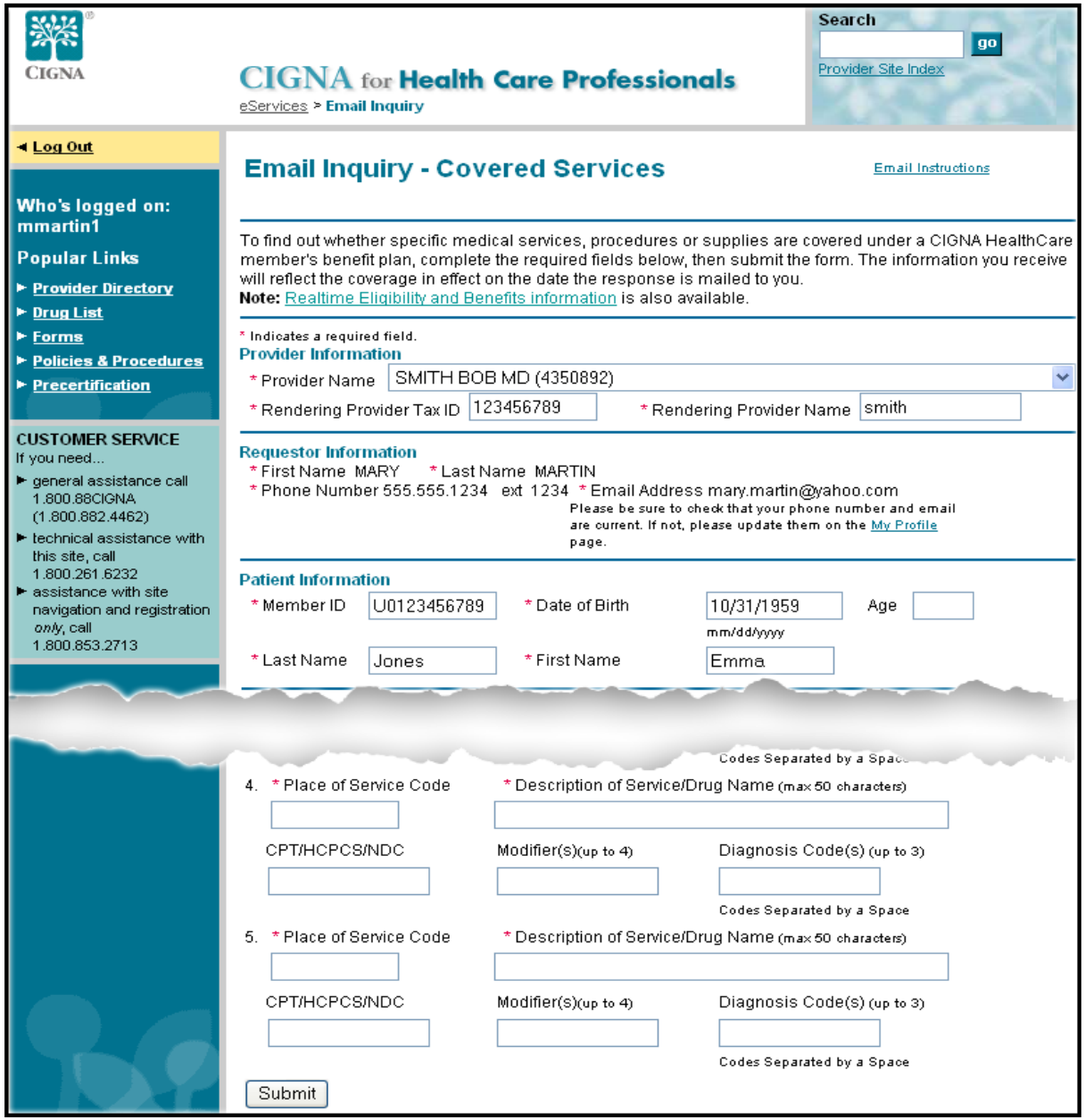
You should receive a response through your secure CIGNA Inbox within 48 hours.

Covered Services

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



Covered Services



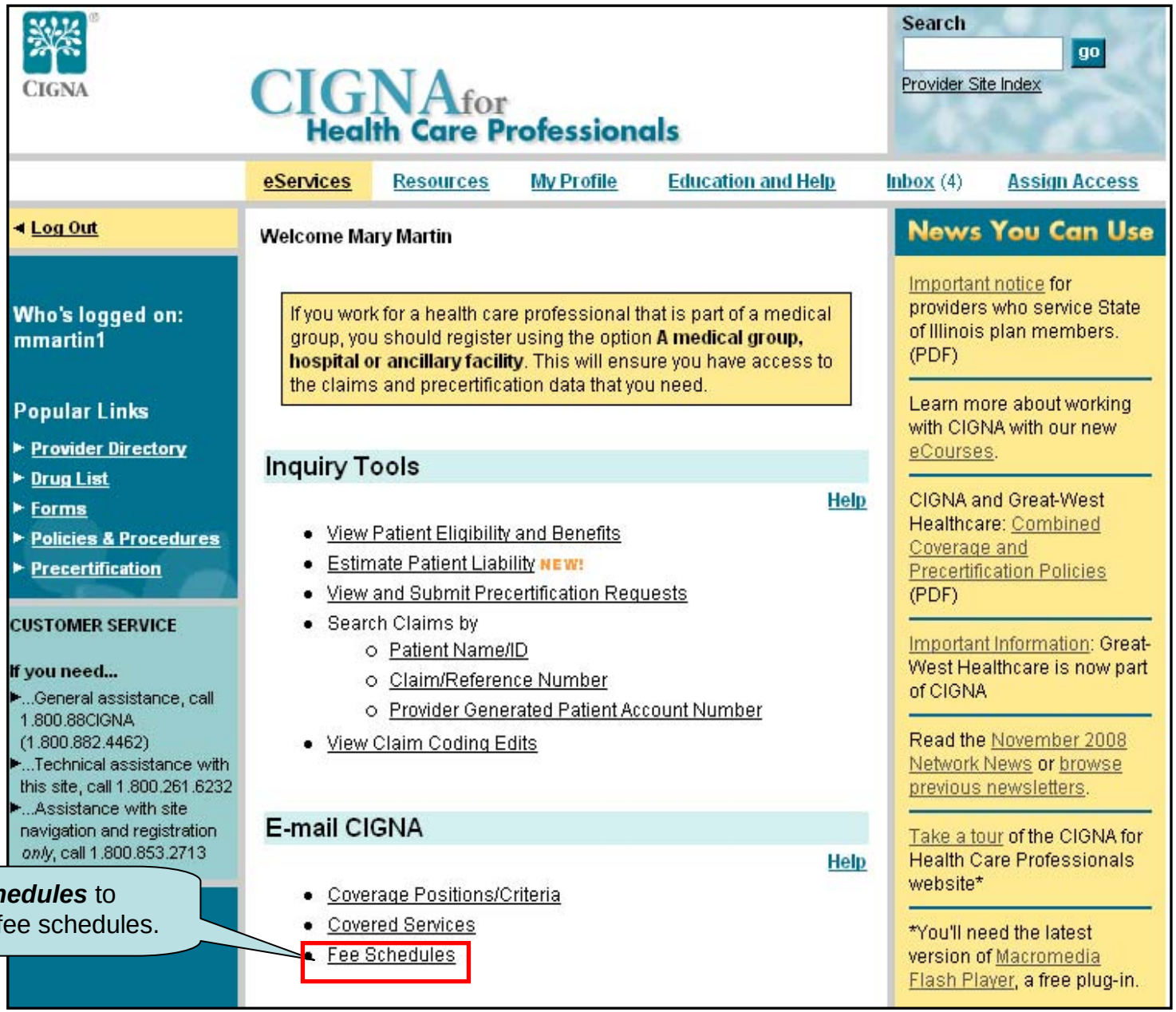
Email Inquiry – Covered Services is used to obtain specific information on patient covered services.

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.

Fee Schedules

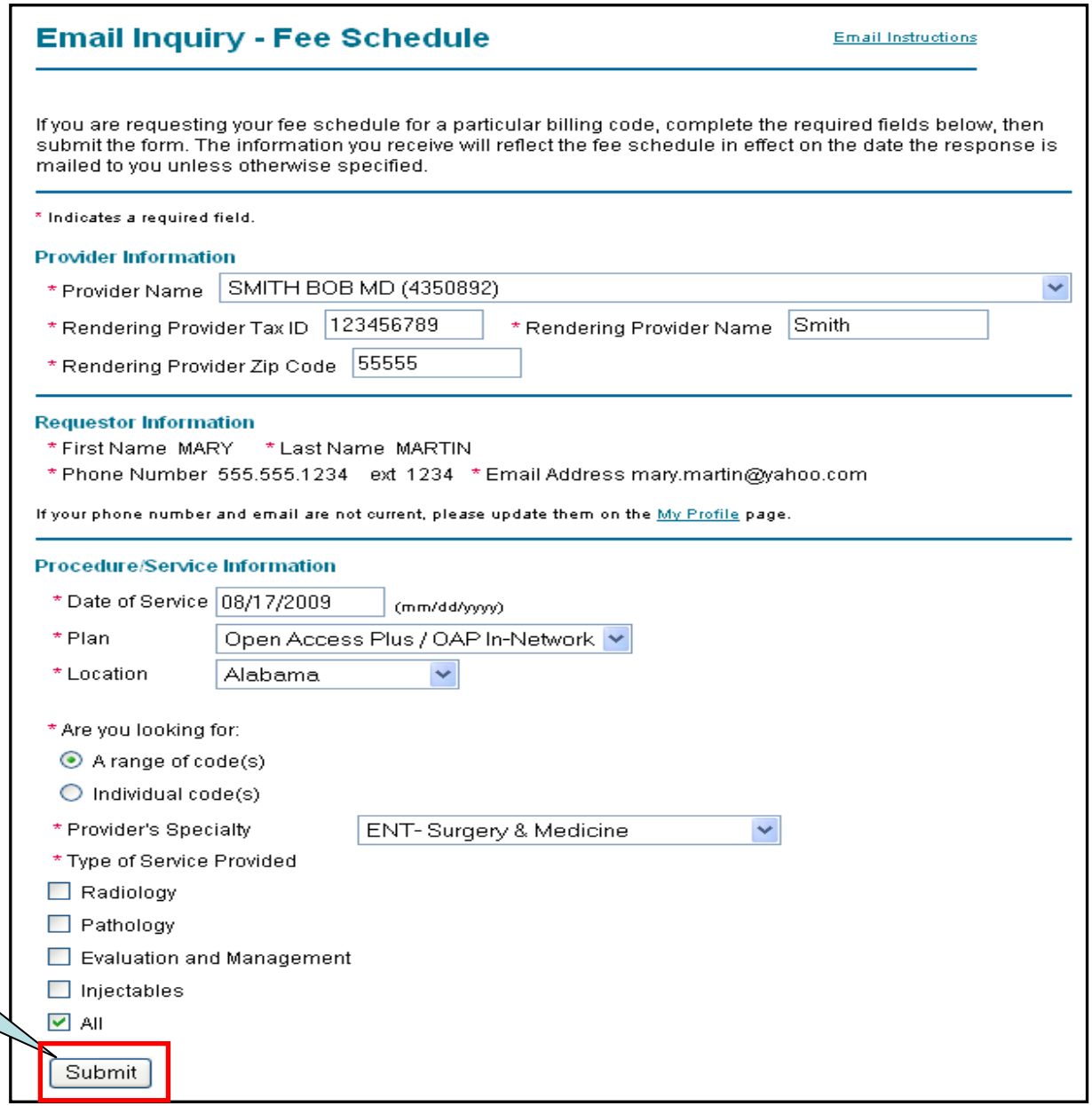


Click ***Fee Schedules*** to request your fee schedules.

Fee Schedules

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

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



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: SMITH BOB MD (4350892)
* Rendering Provider Tax ID: 123456789
* Rendering Provider Name: Smith
* Rendering Provider Zip Code: 55555

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: 08/17/2009 (mm/dd/yyyy)
* Plan: Open Access Plus / OAP In-Network
* Location: Alabama

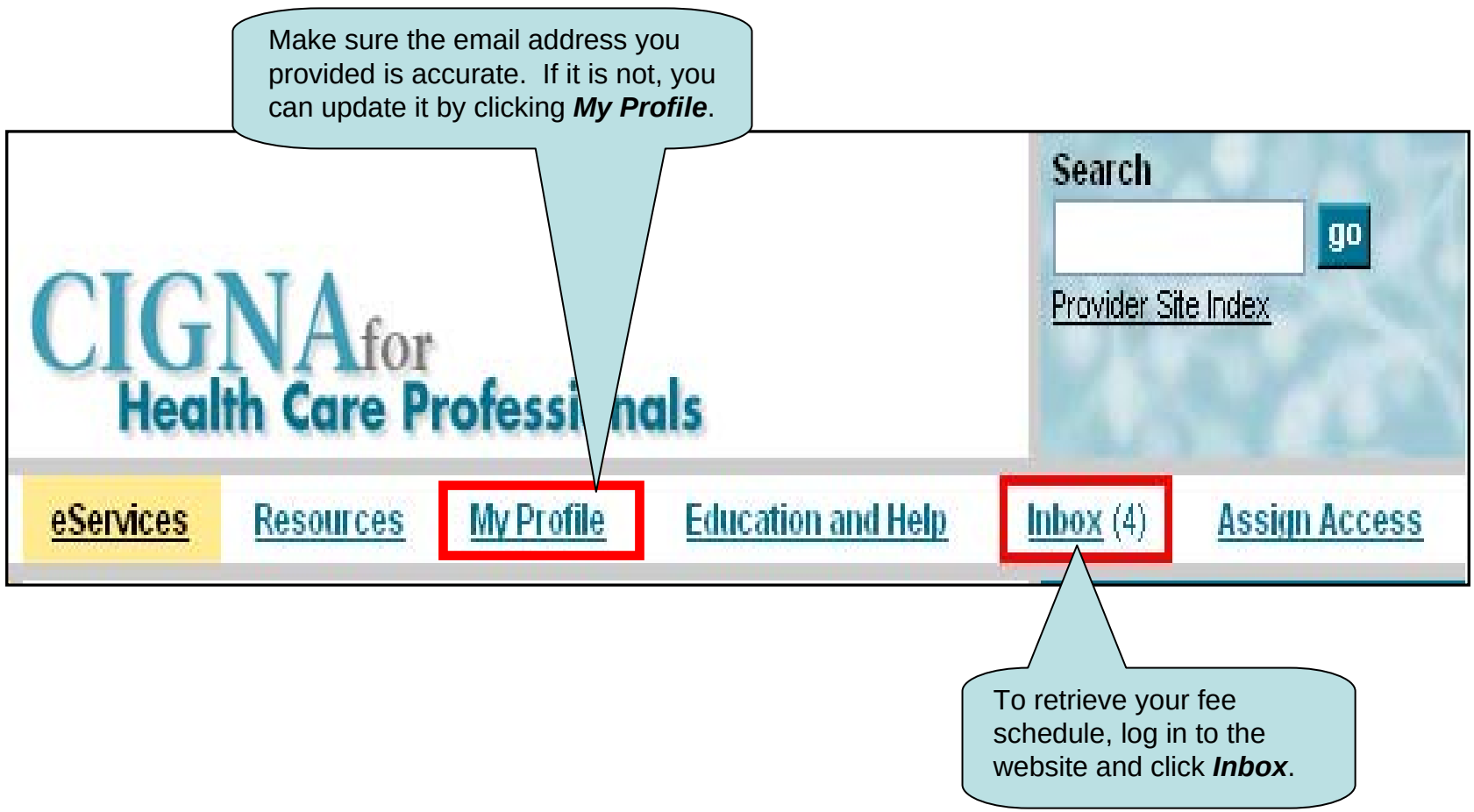
* Are you looking for:
  - (•) A range of code(s)
  - ( ) Individual code(s)
* Provider's Specialty: ENT- Surgery & Medicine
* Type of Service Provided
  - [ ] Radiology
  - [ ] Pathology
  - [ ] Evaluation and Management
  - [ ] Injectables
  - [x] All

Submit

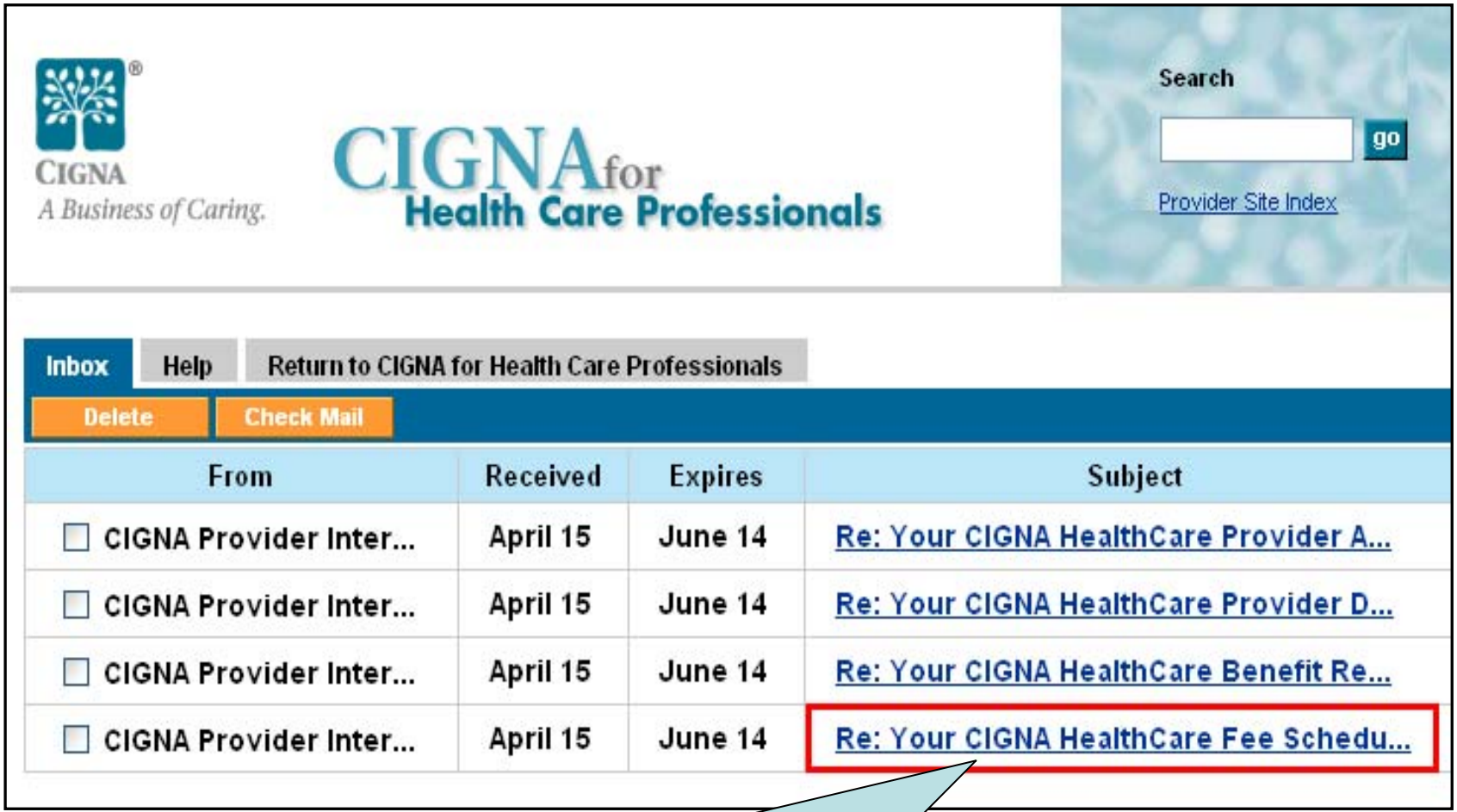
This screen provides confirmation of your request. You will also receive an email confirmation at the address listed under **My Profile**.

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.

Fee Schedules



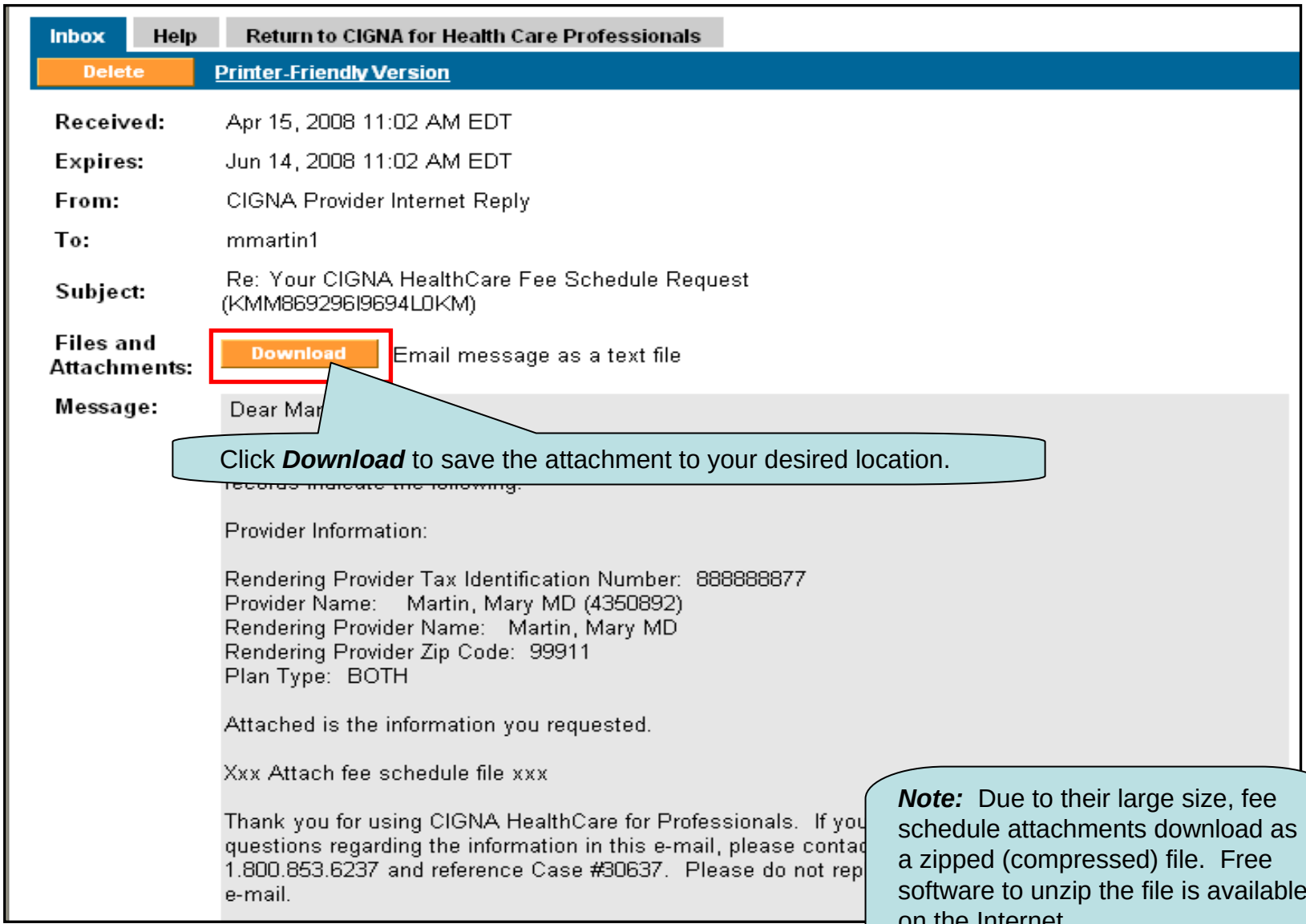
Fee Schedules



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

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

Fee Schedules



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.

Fee Schedules

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

Conclusion

Congratulations!

You've completed the
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E-mail CIGNA eCourse

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