CIGNA FOR HEALTH CARE PROFESSIONALS WEBSITE (CignaforHCP.com)

Claim Status Inquiry

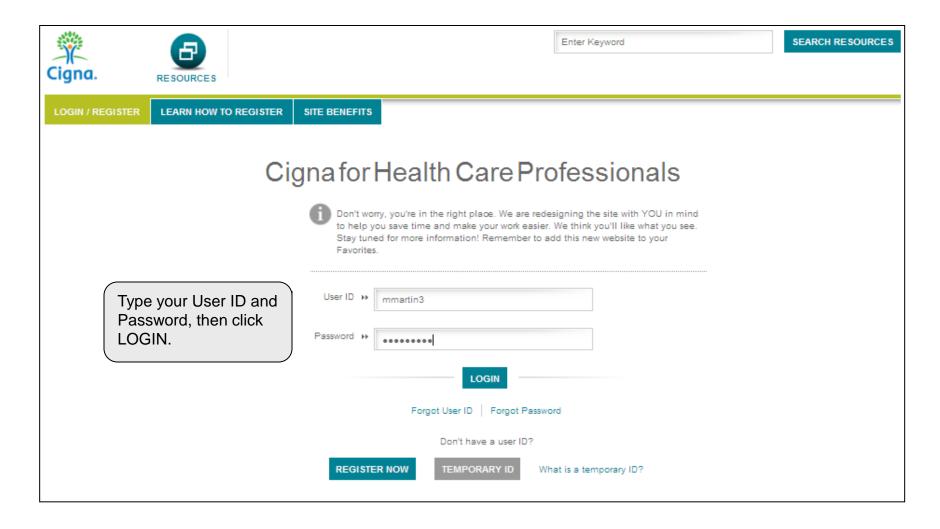
This eCourse explains how to view and access the:

- Status of your Cigna medical and behavioral claims
- Service line details for each claim, including amount not covered, coinsurance, patient responsibility, and remark codes
- Payment information, including claim paid amount, check number, when a check or electronic fund transfer was issued, payment method, date it cleared
- Remittance report associated with an electronic fund transfer
- Claim coding edits tool





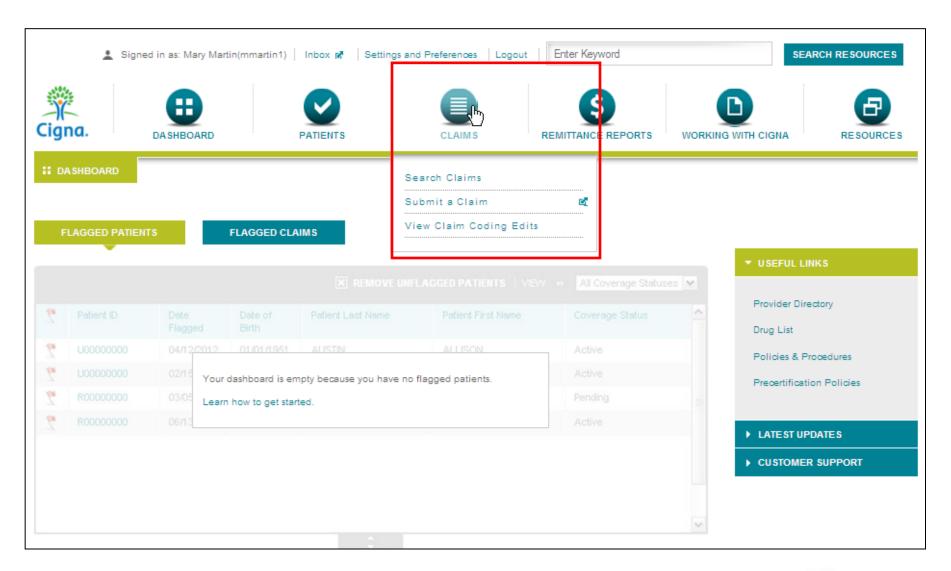
LOG IN TO THE WEBSITE





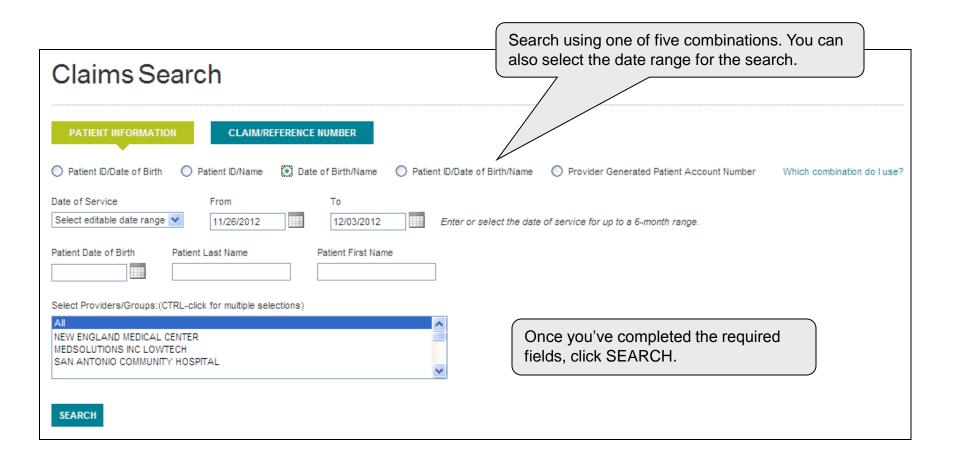
SEARCH FOR CLAIMS

Click CLAIMS > Search Claims to begin a medical or behavioral claims search



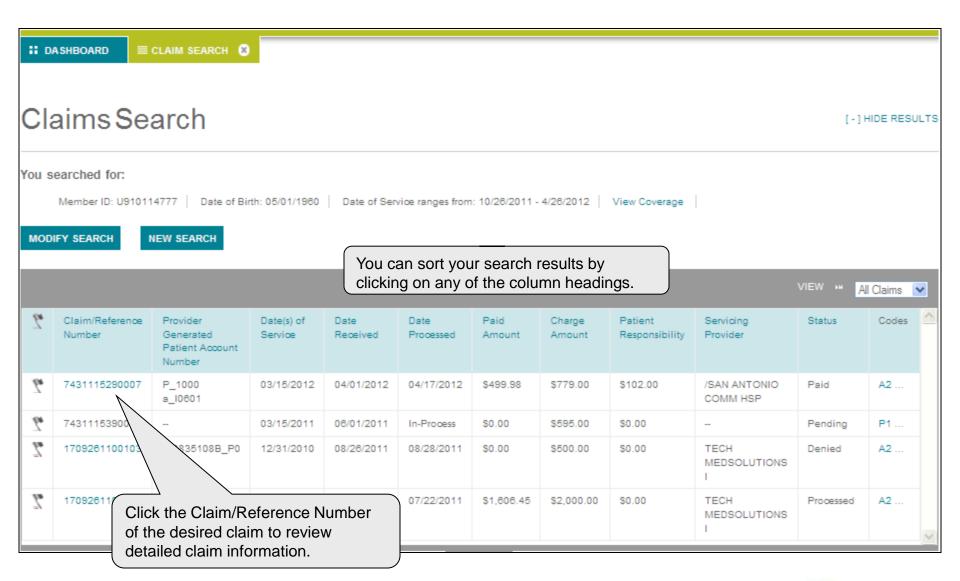


SEARCH FOR CLAIMS





SELECT A CLAIM





VIEW CLAIM DETAILS

On this page you can view all the details of a claim. View details in a new tab, so the page is Click DETACH to open a new window with easy to open again the claim details. Detach allows you to later. compare the claim details to other web pages, without having to toggle back and forth between pages. Claim 7431115290007 VIEW DETAILS IN NEW TAB DETACH | USEFUL LINKS ▼ | 📇 | ? Claim/Reference Number: ... 7431115290007 Claim Status: Paid Print the page for your records, if desired. Claim Information Payment Information Patient Responsibility: \$102 Member Name: KELLY TRENT | View Coverage Claim Amount Paid: \$499.98 Provider Generated Patient P_1000 a_10601 Account Number: Service Providers: /SAN ANTONIO COMM HSP Date Received: 06/01/2011 HIPAA Status: A2: 19 Payment Details Checks that indicate a paid amount greater than the paid amount listed in the details above indicate a bulk payment made to the provider that includes payments for other claims. Payee's Name Payee's Address Payment Method Check Amount Remittance Tracking Number Check Status Check Issued Check Cleared /SAN ANTON PO BOX 5001 \$499.98 111220090000004 Paid 04/14/2012 04/17/2012 FFT IO COMM HSP UPLAND, CA 91785-5001

VIEW CLAIM DETAILS

Scroll down to view all the details of a chosen claim: payment details, procedure details involved in the claim, and the associated remittance report.

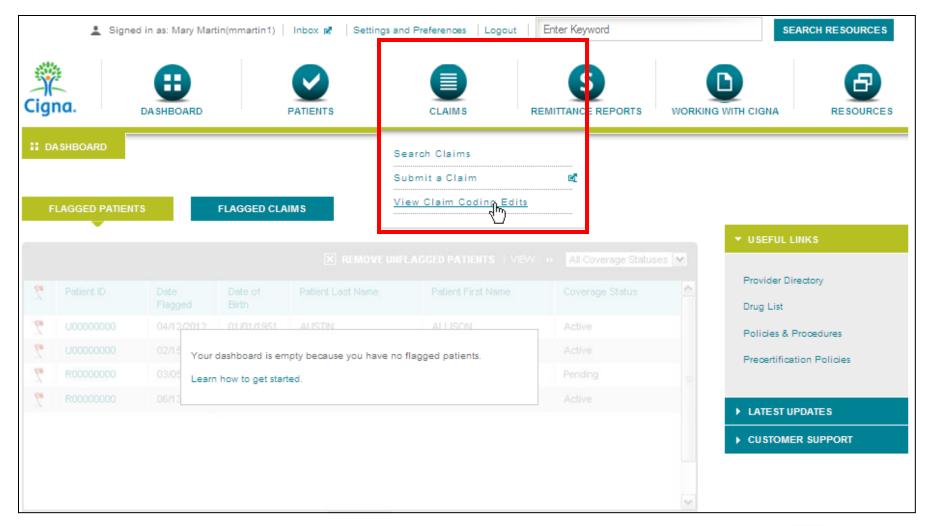


Click View PDF to view the remittance report, then you can save it or email it.

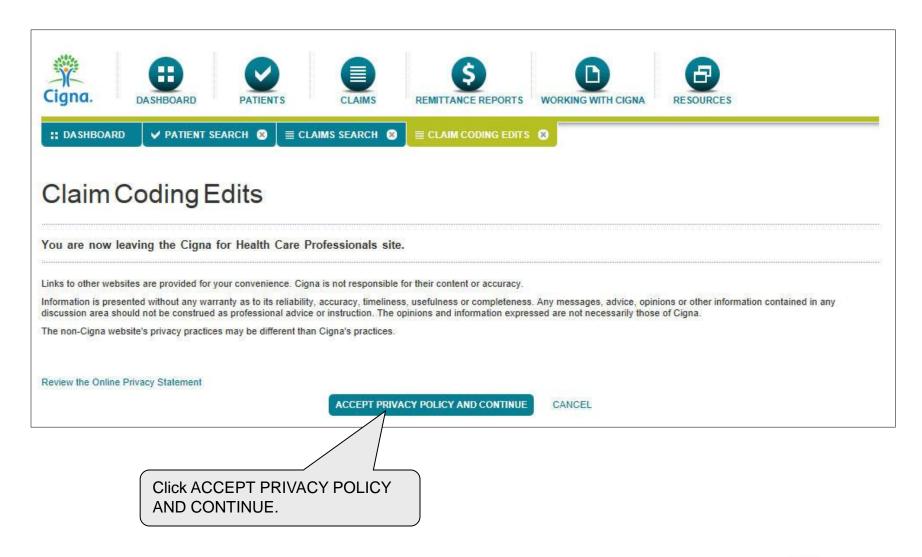




View Claim Coding Edits provides access to Clear Claim Connection, a tool that allows you to search for coding edits before or after submitting a medical claim.

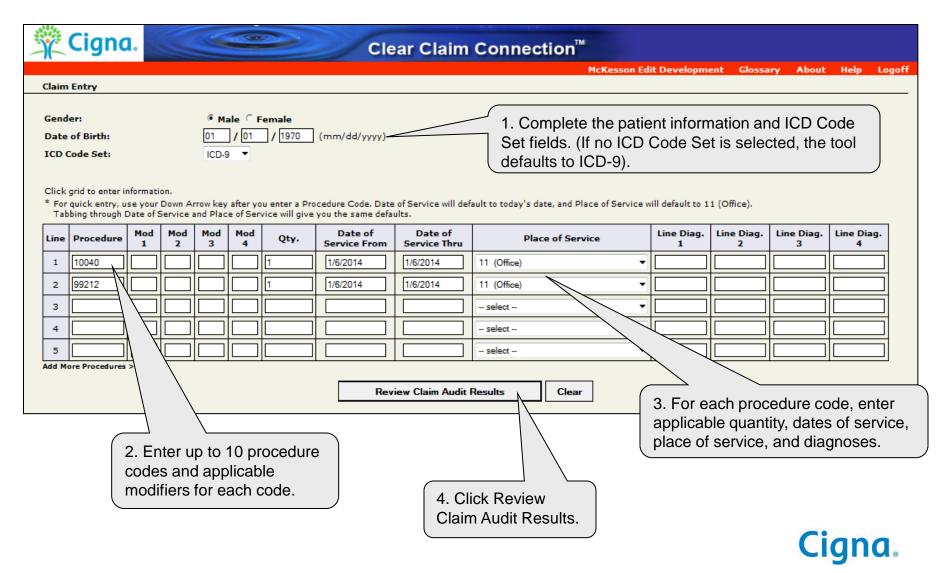




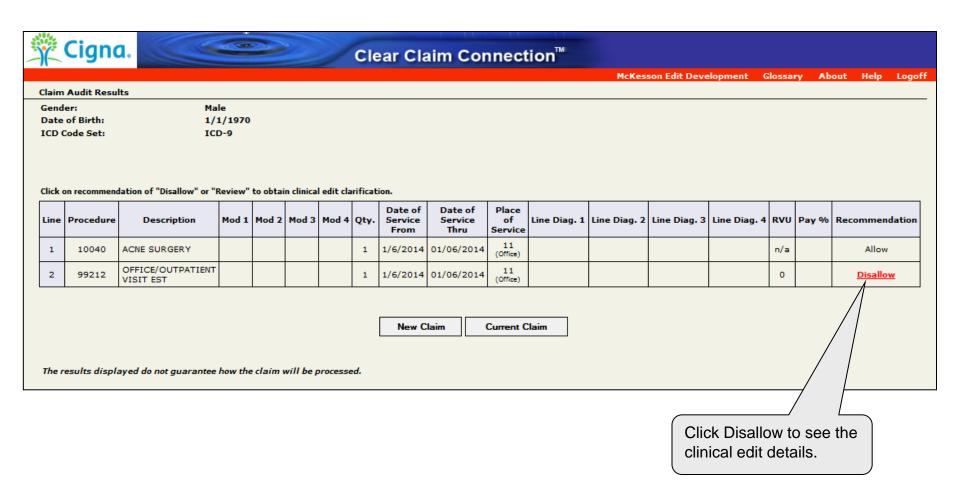




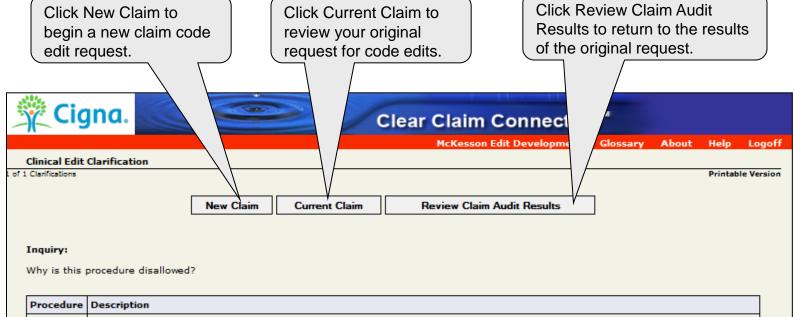
Here is an example of the steps to request claim coding edits. Note that while certain fields are optional (Modifier, Place of Service, Diagnosis), their use may affect the code editing outcome.



Here is an example of claim coding edit request results.







Procedure	Description
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS:- A PROBLEM FOCUSED HISTORY;- A PROBLEM FOCUSED EXAMINATION;- STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PHYSICIANS, OTHER QUALIFIED HEALTH CARE PROFESSIONALS, OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM (S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESEN
10040	ACNE SURGERY (EG, MARSUPIALIZATION, OPENING OR REMOVAL OF MULTIPLE MILIA, COMEDONES, CYSTS, PUSTULES)

Response:

CMS often publishes coding instructions in its rules, manuals, and notices. Physicians must utilize these instructions when reporting services rendered to Medicare patients. The CPT Manual also includes coding instructions which may be found in the "Introduction", individual chapters, and appendices. In individual chapters the instructions may appear at the beginning of a chapter, at the beginning of a subsection of the chapter, or after specific CPT codes. Physicians should follow CPT Manual instructions unless CMS has provided different coding or reporting information. The American Medical Association publishes CPT Assistant which contains coding guidelines. CMS does not review nor approve the information in this publication. In the development of NCCI edits, CMS occasionally disagrees with the information in this publication. If a physician utilizes information from CPT Assistant to report services rendered to Medicare patients, it is possible that Medicare Carriers (A/B MACs processing practitioner service claims) and Fiscal Intermediaries may utilize different criteria to process claims.

Therefore, this procedure is not recommended for separate reimbursement.



Congratulations! You've completed the Cigna for Health Care Professionals Website Claim Status Inquiry eCourse

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Offered by: Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company.

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