PROCEDURE CODE BENEFIT LOOKUP INSTRUCTIONS

For Health Care Providers

June 2021

Registered users of the Cigna for Health Care Professionals website (CignaforHCP.com) have the ability to obtain benefit detail at the procedure code level. To use this feature, you must have the "patient search" entitlement. If you do not have access to "patient search," contact your organization's website access manager and request this entitlement.

Before starting your request or checking the status of a request:

- Log in to CignaforHCP.com
- Search for and select your patient
- Verify the patient selected is your patient

Steps for Procedure Code Benefit Lookup
(Patient and Plan Details screen)

Step	Action
1	**Select** "Lookup Procedure Codes" in the Benefits tile just below the coverage status: **Benefits** ⊕ Lookup Procedure Codes *Note: At this time, the "Lookup Procedure Codes" option is not available for HMO and Network patients.*
2	**Before initiating a Procedure Code Benefit Lookup:** Ensure the "Eligibility as of" date is the current day. Note for Physical therapy/Occupational therapy/Chiropractic services: Prior authorization for the benefit may be managed by a national ancillary vendor. Please contact the appropriate vendor. (See the Precertification page for additional details.)

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Step	Action
3	**Conduct the search:**

1) Begin by entering your CPT/REV/HCPCS Code (with the exception of J codes) or a keyword in the "Procedure" field.

Procedure

2) Choose the appropriate code from the drop-down menu.

Procedure

9250

92504 - EAR MICROSCOPY EXAMINATION

92507 - SPEECH/HEARING THERAPY

3) A message will display if diagnosis is not required.

Diagnosis Code

Diagnosis code entry not required

4) If a diagnosis is required, select a diagnosis from the drop-down menu.

Diagnosis Code

Choose Diagnosis

Choose Diagnosis
Other Dx
F804 - SPEECH AND LANGUAGE DEVELOPMENT DELAY DUE TO HEARING
F8081 - CHILDHOOD ONSET FLUENCY DISORDER
F840 - AUTISTIC DISORDER
F841 - COGNITIVE COMMUNICATION DEFICIT

If your diagnosis is not listed, select "Other Diagnosis."

5) Select the place of service from the drop-down menu.

Place of Service

Choose Place of Service

Choose Place of Service
11 - Office
21 - Inpatient Hospital
22 - Outpatient Hospital

Note: Selections in the drop-down menu may vary.

6) Repeat as needed for up to 10 codes.

7) Click "See Full Benefits" to view results, or "Clear all Codes" to clear your selections.

See Full Benefits   Clear all Codes

4	**View the results:**

The procedure code benefit lookup results do not represent 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 is determined on the basis of the facts existing when services are rendered.

Items included in results:

- Procedure code and description
- Place of service
- Benefit category under which the code rests
- Alert when precertification is required
- Link to coverage policy page
- In-network, out-of-network, and/or preferred benefits (whichever is applicable)
- Coinsurance and/or copayment
- Remaining deductible
- Customer's out-of-pocket maximum costs
- Limitations with tracking (when applicable)
- Notes of explanation

Code	Procedure	Diagnosis Code			
92507	SPEECH/HEARING THERAPY ⚠ Precertification required* Place of Service: Office Coverage policy	Other Dx **Speech Therapy** In-Network **Coinsurance** **20%** notes *This benefit does apply to member's out-of-pocket maximum*	**Deductible** *(Per Calendar Year)* Individual remaining: ○ $3,000.⁰⁰ Total: $3,000.00 notes	**Out-Of-Pocket Maximum** *(Per Calendar Year)* Individual remaining: ○ $1,525.¹⁶ Total: $4,000.00 notes	**Limitations** *(Visits 1 Through 60) (Per Calendar Year)* **Allowed visits** 60 **Completed** 4 **Remaining** 56 ▮ notes

If the search is initiated for multiple codes, the first code will open by default. The remaining codes will be listed below. Click the carat ⌄ on the right side of the screen to open and view the results.

5	**Next steps:** After viewing results, you may choose from three options: [Generate Benefit Reference Number] [Edit Codes] Clear all Codes 1. Generate Benefit Reference Number will create a reference number you can copy and paste into your practice management system. A record is created that is saved and accessible on CignaforHCP.com for two years. You can also save this file for your records. If you choose to print a copy, landscape orientation is recommended. 2. Select "Edit Codes" to make changes to the codes you searched. 3. Select "Clear all Codes" if you do not wish to save your search results.
6	After viewing results, you may choose from three options: [Generate Benefit Reference Number] [Edit Codes] Clear all Codes 1. Select "Generate Benefit Reference Number" to create a reference number you can copy and paste into your practice management system. A record is created that is saved and accessible on CignaforHCP.com for two years. You can also save this file for your records. 2. Select "Edit Codes" to make changes to the codes you searched. 3. Select "Clear all Codes" if you do not wish to save your search results.

Frequently asked questions

1. **Will I be able to look up procedure codes for all my Cigna patients?**
   You will be able to look up codes for patients whose claims are processed paid by Cigna and have PPO or OAP products. HMO and Cigna Global will be added later in 2021.

2. **Will all CignaforHCP.com users have access to this feature?**
   No. A CignaforHCP.com user must have the Patient Search entitlement to access the feature.

3. **What information does a procedure code lookup include?**
   When you perform a procedure code lookup, you are able to view the patient's:

   - Deductible and remaining deductible
   - Maximums
   - Coinsurance and copayment
   - Frequencies and limitations, when applicable
   - Precertification requirement. The user will receive a link to precertification resources and the following message: *Modifiers are not used in benefit determinations. The addition of a modifier may change precertification requirements.*

4. **If I receive a message indicating the procedure code I entered is valid but not available, what does it mean?**
   You entered a code that a valid code, but not available yet in the feature. In the future, more specialties and codes will become available.

5. **How can I save my query and results?**
   You may generate a benefit reference number (BRN), which you may use to populate your electronic medical record (EMR) system. You may download or print a detail summary for your records.

6. **What is the recommended page orientation to save or print my BRN results?**
   It is recommended you save your results in landscape orientation.

7. **How long will the BRN be available on CignaforHCP.com?**
   BRN history is available for two years after the request is made.