Electronic precertification and referral submission eCourse for medical and behavioral providers to help you successfully submit electronic precertification requests
At Cigna, we want to help you make the most of your time, and provide the tools to help you lower your administrative costs.

Using electronic precertification and referral submission (the ANSI 278 transaction) is faster than using paper, allows Cigna to process your requests faster, and is less expensive than manual and phone requests.

This course will provide you with information about submitting electronic precertification and referral requests to Cigna.
WHAT IS ELECTRONIC DATA INTERCHANGE?

Electronic data interchange (EDI) is the electronic exchange of health care information between providers and facilities, payers, and vendors.

With EDI, patient information is transferred between providers and payers in a standard and secure way. Research* shows that health care professionals who use EDI transactions can save time and money by:

- Reducing paperwork, and eliminating printing and mailing expenses
- Saving time on the phone and fax when they electronically submit precertification or referral requests


**This is an industry-wide, standard electronic transaction.

EDI includes electronic precertification and referral requests, also known as the ANSI 278 transaction.**

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PRECERTIFICATION VERSUS REFERRAL

Different data elements are needed

**Precertification**

**Definition:** The process of submitting a request for coverage prior to:
- Hospital admissions
- Certain inpatient services
- Selected outpatient procedures, treatments, and services

**Purpose:** To determine the patient’s eligibility, benefit coverage, medical necessity, location, and appropriateness of service.

**Our response:** May be “pended,” “approved,” or “denied.”

**Referral**

**Definition:** The process of a primary care physician (PCP) referring a patient to a specialist for specific services or conditions.

**Purpose:** To manage patient care by ensuring the patient receives the right care, at the right place, at the right time.

**Our response:** “We have received your request and no further action is required.”
ELECTRONIC REQUEST CHANNELS: PRECERTIFICATION AND REFERRAL

Cigna offers options for you to complete your requests

Option 1: NaviNet (precertification requests only)
There are two ways to access NaviNet to submit precertification requests to Cigna:*

- **Cigna for Health Care Professionals website** ([CignaforHCP.com](http://CignaforHCP.com))
  Note that as a registered user of this website, you will also have access to other functionality and information.

- **NaviNet website** ([NaviNet.net](http://NaviNet.net))
  You can directly submit precertification requests to multiple payers at this website.

Option 2: EDI 278 transaction
Perform 278 real-time and batch transaction precertification and referral requests via your EDI trading partner or clearinghouse.

* NaviNet is currently not available for referral requests, or for precertification requests for behavioral health, substance use, dental requests, or for patients with GWH-Cigna or “G” ID cards.

To learn more about precertification requests go to CignaforHCP.com > Resources > Medical Resources > Doing Business with Cigna > Precertification > Online Precertification.
278 TRANSACTION

How to submit precertification and referral requests
Add the information in the tables below to help Cigna process your referral request more quickly.

### Requester information

<table>
<thead>
<tr>
<th>Requesting PCP</th>
<th>NPI #</th>
<th>Contact name</th>
<th>Contact phone and fax number</th>
</tr>
</thead>
</table>

### Patient information

<table>
<thead>
<tr>
<th>Member name</th>
<th>DOB</th>
<th>Member ID (from the patient’s ID card)</th>
<th>Member diagnosis</th>
</tr>
</thead>
</table>

### Specialist information

<table>
<thead>
<tr>
<th>Specialist name</th>
<th>NPI #</th>
<th>Specialist phone and fax number</th>
</tr>
</thead>
</table>

To avoid delays in processing your referral, please confirm your EDI vendor is using “SC” for specialty care review in the Request Category Code field (UM01 segment).

* The elements described on this page are not required in the ANSI 278 transaction, however, when they are provided, it will help us to process your requests faster and more efficiently.
**INFORMATION TO INCLUDE ON YOUR 278 REQUEST* (CONT.)**

**Precertification**

Add the information in the tables below to help Cigna process your **precertification** request more quickly.

<table>
<thead>
<tr>
<th>Requester information:</th>
<th>Subscriber information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requester name</td>
<td>Subscriber name</td>
</tr>
<tr>
<td>Requester address</td>
<td>Subscriber ID (from the patient’s ID card)</td>
</tr>
<tr>
<td>Requester city, state, ZIP code</td>
<td>Subscriber address</td>
</tr>
<tr>
<td>Requester contact information</td>
<td>Subscriber city, state, ZIP code</td>
</tr>
<tr>
<td>Requester provider information</td>
<td></td>
</tr>
</tbody>
</table>

* The elements described on this page are not required in the ANSI 278 transaction, However, when they are provided, it will help us to process your requests faster and more efficiently.
INFORMATION TO INCLUDE ON YOUR 278 REQUEST (CONT.)

Precertification (cont.)

Add the information in the tables below to help Cigna process your precertification request more quickly.

**Dependent information if different from subscriber**
Information about the dependent involved in the precertification request:

<table>
<thead>
<tr>
<th>Dependent ID (from the patient’s ID card)</th>
<th>Dependent address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent city, state, ZIP code</td>
<td>Dependent date of birth</td>
</tr>
<tr>
<td>Dependent gender</td>
<td>Dependent relationship to subscriber</td>
</tr>
</tbody>
</table>

**Patient event detail information**
Information about the health events involved in the precertification request, as appropriate:

<table>
<thead>
<tr>
<th>Previous review authorization number</th>
<th>Date of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient diagnosis</td>
<td>Onset of current symptoms or illness date</td>
</tr>
<tr>
<td>Accident date</td>
<td>Event date</td>
</tr>
<tr>
<td>Event date</td>
<td>Admission date</td>
</tr>
<tr>
<td>Discharge date</td>
<td>Last menstrual period date</td>
</tr>
</tbody>
</table>

* The elements described on this page are not required in the ANSI 278 transaction, however, when they are provided, it will help us to process your requests faster and more efficiently.
**INFORMATION TO INCLUDE ON YOUR 278 REQUEST (CONT.)**

**Precertification (cont.)**

Add the information in the tables below to help Cigna process your **precertification** request more quickly.

<table>
<thead>
<tr>
<th>Patient event provider information</th>
<th>Service provider information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information about the provider requesting precertification:</td>
<td>Information about the provider delivering the treatment requested for precertification:</td>
</tr>
<tr>
<td>Requesting provider name</td>
<td>Servicing provider name</td>
</tr>
<tr>
<td>Requesting provider address</td>
<td>Servicing provider supplemental identification</td>
</tr>
<tr>
<td>Requesting provider city, state, ZIP code</td>
<td>Servicing provider address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service level information</th>
<th>Service provider information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information about the details of the service being requested for precertification:</td>
<td>Information about the provider delivering the treatment requested for precertification:</td>
</tr>
<tr>
<td>Previous precertification reference number</td>
<td>Servicing provider city, state, ZIP code</td>
</tr>
<tr>
<td>Service date</td>
<td>Servicing provider contact information</td>
</tr>
</tbody>
</table>

To avoid delays in processing your precertification requests, please confirm your EDI vendor is using “AR” for admission review or “HS” for health services review in the Request Category Code field (UM01 segment).

* The elements described on this page are not required in the ANSI 278 transaction, However, when they are provided, it will help us to process your requests faster and more efficiently.
278 REAL-TIME AND BATCH TRANSACTIONS

Cigna supports the use of real-time and batch 278 transactions

Real-time transactions
When you submit your precertification or referral request in a 278 real-time transaction, you will receive an electronic response within 20 seconds (average time), indicating the request has been pended for review. You will receive a final response with the outcome of your request via fax or phone.

Batch transactions
You can submit multiple precertification and referral requests directly to Cigna in one ANSI 278 transaction through your EDI vendor.* You will receive an electronic response by 7:00 a.m. EST on the third-business day from the time the 278 transaction is received.

Every effort is made to either approve or deny (and not pend) requests. Approved requests for precertification will contain the authorization number.

if you are interested in using the 278 batch transaction, please contact your EDI vendor.

* Currently not available through NaviNet.
Cigna offers options for you to check the status of your precertification and referral requests.

**NaviNet (precertification only)**
There are two ways to access NaviNet to check the status of your precertification requests.* No matter how you submitted your request – online, by fax, or by phone – you can view its status online using the precertification tracking number or patient name.

- **Cigna for Health Care Professionals website** *(CignaforHCP.com)*
  As a registered user of this website, you will also have access to other functionality and information.

- **NaviNet website** *(NaviNet.net)*
  You can directly check the status of precertification requests with multiple payers at this website. If you have questions about your precertification request, call NaviNet Customer Care at 1.888.482.8057.

**Cigna (precertification and referral)**
If you prefer to call Cigna directly to check the status of your precertification or referral submissions, use the phone numbers below.

- **Medical**
  Precertification requests: 1.800.88Cigna (882.4462)
  Referral requests: 1.866.494.2111
  *Chose the prompt for specialist referral*

- **Behavioral**
  Precertification requests: 1.800.926.2273

* NaviNet is currently not available for behavioral health, substance abuse, dental requests, or for patients with GWH-Cigna or “G” ID cards.
Congratulations!

You have completed the Electronic Data Interchange Electronic Precertification and Referral Submission eCourse.

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

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