Baycare- Breakfast with the Plans

November 19, 2025

Agenda

Welcome

- Policy updates
- Precertification
- Professional Evaluation and Management Coding Accuracy (R49)
- Outpatient hospital physical and occupational therapy site-of-care review
- Virtual care
- Digital Solutions
- Claim submission, payments, and appeals
- Auto-recoupment policy
- Credentialing tips
- Provider resources
- Q&A

Advocating for better health at every step of the way, at every stage.

Policy Updates

Supporting access to quality, cost-effective care

When we review our coverage, reimbursement, and administrative policies, we take into consideration one or more of the following:

- Evidence-based medicine.
- Professional society recommendations.
- Centers for Medicare & Medicaid Services guidance.
- Industry standards.
- Other existing Cigna Healthcare® policies.

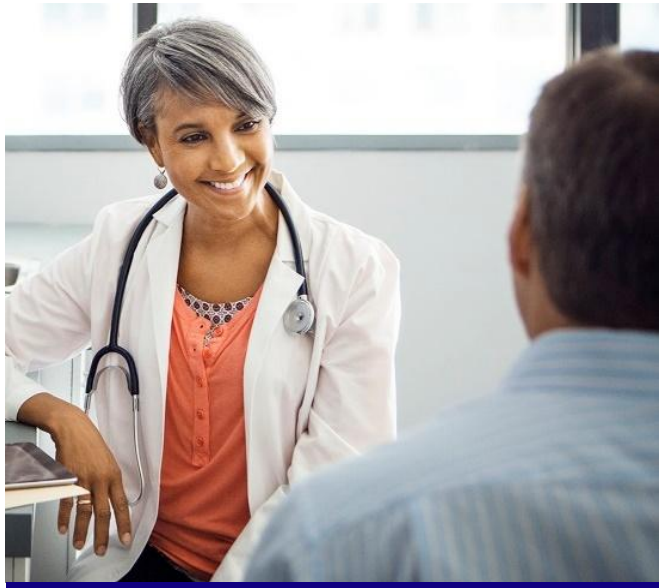
Note: Reimbursement and modifier policies apply to all claims.

For more information:

Log in to the Cigna for Health Care Professionals portal (CignaforHCP.com)
> Resources
> Coverage policies
> Policy updates

If you are not registered for the portal, go to CignaforHCP.com > Register.

Clinical, reimbursement, and administrative policy updates

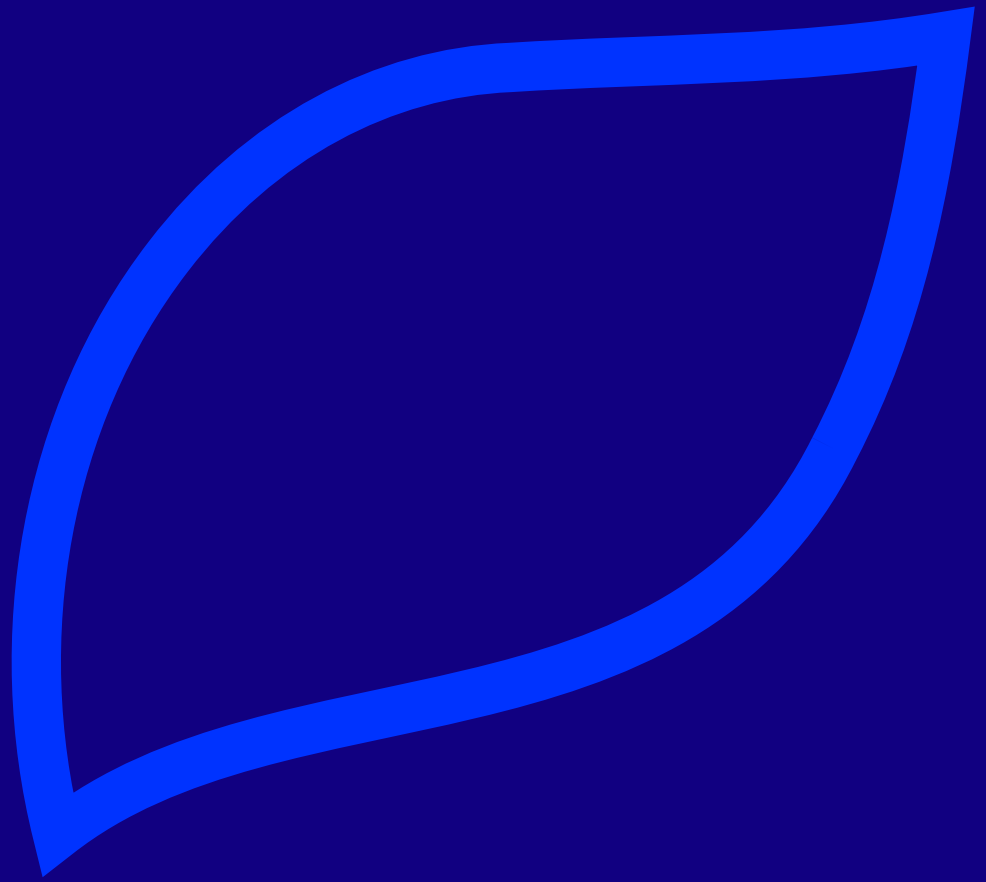


For additional information:

- Log in to CignaforHCP.com
  > Resources
  > Clinical Reimbursement Policies and Payment Policies
  > Reimbursement and Modifier Policies

Effective date	Policy name
September 2025	• Unlisted Procedure Codes (0583)
October 2025	• Site of Care: Outpatient Hospital Setting for Physical and Occupational Therapy (0600) • Preventive Care Services (A004) • Evaluation and Management Service (R30) • Evaluation and Management Coding Accuracy (R49)

Precertification



We review precertification (prior authorization) policies

Easy-to-access guidelines
Precertification can be complicated. Knowing the right place to start can make a big difference.

You can find complete information about when and where to submit precertification requests to Cigna Healthcare and our national ancillary providers by going to CignaforHCP.com > Resources > Precertification.

Updates
As a result of our precertification policy reviews, we make updates to our precertification list.

Codes may be subject to the following:

- Code editing.
- Benefit plan exclusions.
- Post-service review for coverage.

To view the complete list of services that require precertification:
Log in to CignaforHCP.com
> Resources
> Clinical Reimbursement Policies and Payment Policies
> Precertification Policies.

If you are not registered for the portal, go to CignaforHCP.com > Register.

New precertification check and dashboard features on CignaforHCP.com

For additional details, please refer to the following article:

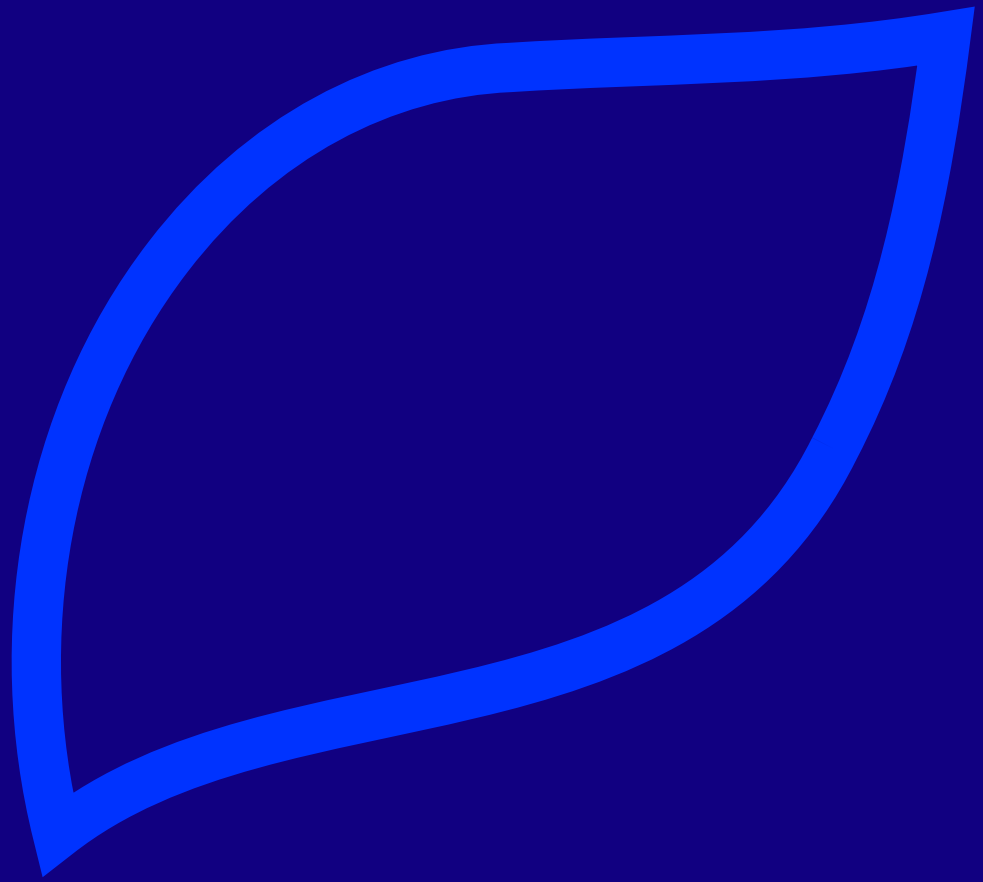
Precertification check and dashboard features on cignaforhcp.com

Effective October 15, users with "Patient Search (Precertification & Benefits)" entitlement now have access to these features.

New capabilities at a glance:

- **Get real-time results:** Instantly confirm whether precertification is required for a service.
- **Simplify your workflow**: Eliminate manual searches. With just one query, the tool provides instant, up-to-date information using the latest procedure codes.
- **Support documentation needs:** Download a PDF summary when precertification is not required.
- **Access any time:** conveniently available 24/7
- **Track submitted requests in a new dashboard:** View the status of medical precertification requests submitted by phone, mail, or electronically
- **Appeal denied requests directly in the portal:** Submit appeals online for denied precertification requests—no need to call or fax.

Professional Evaluation and Management Coding Accuracy



Professional Evaluation and Management Coding Accuracy (R49)

Cigna Healthcare implemented a new Evaluation and Management (E/M) Coding Accuracy (R49) medical reimbursement policy on October 1, 2025. This policy will review certain claims billed with CPT E/M codes 99204-99205, 99214-99215, and 99244-99245 for billing and coding accuracy.

- Services may be adjusted by one level **only** for providers who our records indicate as having a consistent pattern of coding at a higher E/M level for routine services compared to their peers.
- Applies **only** to claims billed with level 4 and 5 Evaluation and Management (E/M) services from affected providers where the submitted billing information does not support level of service billed.
- Adjustments will be applied only to individual claim lines where the billing information does not substantiate the reported service level.
- ***Almost 99 percent of all in-network providers will remain unaffected by this policy, including more than 97 percent of providers who bill level 4 and 5 E/M codes.***
- For adjusted claims, reconsideration process offered (details are on explanation of payments for affected claims); should not lead to material increase in appeals. Bypass process also available for providers with >5 claims adjusted.

Policy does not lead to claims being pended or denied, or delay patient care in any way. Rather than delaying payment and requesting supporting documentation for the billed code upon receipt of the claim, payment will be issued promptly for the lower-level adjusted code.

Professional Evaluation and Management Coding Accuracy (R49) (cont.)

How claims are assessed

- To identify the small number of providers who may be affected by this policy update, Cigna Healthcare took a conservative approach and reviewed claims over a 12-month period, with a focus on providers who consistently billed diagnosis codes and higher-level E/M codes not typically associated with complex cases requiring additional decision-making time.
- Policy utilizes human-developed claim-based criteria as an initial screening mechanism to detect potential discrepancies, examining relevant claim data, associated diagnoses, and any additional services rendered during the same encounter.
- Individual claim reviews will continue to leverage this human-developed criteria, and will be supported by ClaimsXten, an industry-standard code editing platform that facilitates accurate claims processing in adherence to Cigna Healthcare's reimbursement policies. This process will also be subject to regular audits and will be adjusted as needed.
- Extra consideration to the added complexity that certain visits may entail across various services, age groups, and specialty types. This is accounted for when determining if a provider has a pattern of coding at a higher E/M level compared to peers.

Professional Evaluation and Management Coding Accuracy (R49) (cont.)

Reconsideration

- Providers who believe their clinical documentation supports reimbursement for the originally submitted level for the E/M service can submit the customer's full record of the encounter to the secure Cigna Healthcare fax number **833.392.2092** for prompt review.
- Cigna Healthcare does not rely on algorithms to make final determinations. Claims submitted for reconsideration will be evaluated by certified coders. This ensures all documents relative to AMA E/M coding guidelines are considered, and a thorough coding review is completed, before a final determination is made.
- If the clinical documentation substantiate that the original codes were accurate as submitted, claims will be adjusted, and an updated explanation of payment (EOP) will be issued.
- Administrative appeal rights are available if the original determination is upheld, though we expect very few claims to warrant appeal.
- Providers who have experienced at least five adjusted claims, and believe they are billing in alignment with AMA guidelines, can request to have their claims bypassed from the policy by emailing EMCodingAccuracy@CignaHealthcare.com.

Outpatient hospital physical and occupational therapy site-of-care review

Outpatient hospital physical and occupational therapy site-of-care review

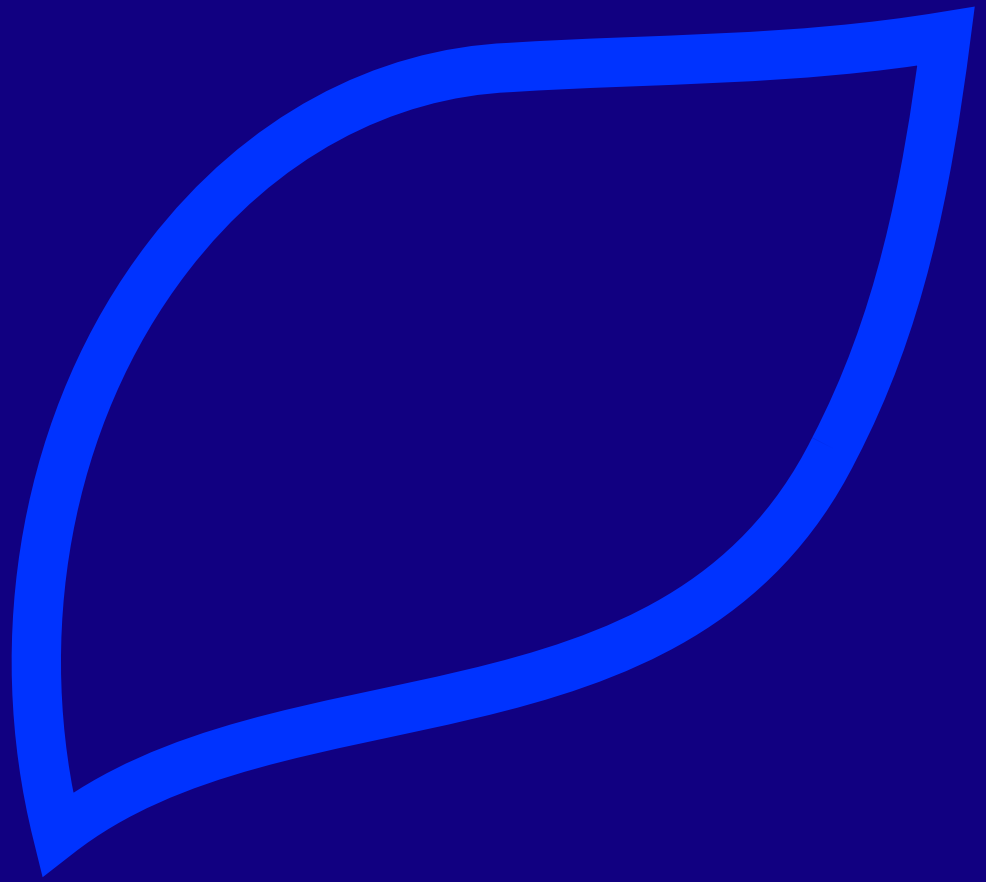
Beginning October 1, American Specialty Health® (ASH), a Cigna Healthcare® national ancillary provider, began managing the medical necessity review of outpatient hospital sites of care for Cigna Healthcare–contracted providers who render physical therapy and occupational therapy (PT/OT) services for patients with Cigna Healthcare commercial plans and Individual & Family Plans.* ASH will also be responsible for medical necessity review of requested PT/OT services.

How the medical necessity review process works

- If you determine after the initial covered assessment/visit that the patient should continue receiving PT/OT services in an outpatient hospital setting, you can submit a medical necessity review request to ASH for approval.
- ASH will approve an outpatient hospital setting when it is medically necessary, as defined in the Site of Care: Outpatient Hospital Setting for Physical and Occupational Therapy – (0600) medical coverage policy.
- Medical necessity review request decisions will typically be made within one business day of receipt of all necessary clinical information.
- If ASH determines it is not medically necessary to continue PT/OT services in an outpatient hospital setting:
  - ✓ An ASH concierge team member will outreach to the patient to identify in-network PT/OT locations or virtual service options.
  - ✓ A letter will be mailed to both the provider and patient within one business day explaining the decision.

*Implementation for Individual & Family Plans is dependent on state regulatory requirements.

Virtual Care



Helping you deliver care

Virtual care (telehealth) coverage

We reimburse certain virtual care services per our Virtual Care Reimbursement Policy (R31). This policy continues to govern what we do and don't reimburse for telehealth.

More information is available at CignaforHCP.com/VirtualCare.

Reimbursement

Cigna Healthcare continues to reimburse covered services at 100% of face-to-face rates.

No updates to policy as a result of CMS changes

- Because Cigna Healthcare no longer has Medicare Advantage plans, changes in Medicare coverage do not result in any required changes for our Commercial line of business.
- As always, our clinical team will review the latest CMS coverage guidelines, industry standards, and feedback from providers to help inform potential changes.

Get reimbursed at the same rate as face-to-face visits

Common services reimbursable

- Routine checkups
- General wellness visits
- New patient exams
- Behavioral assessments

Common codes reimbursable

- Outpatient evaluation and management (E&M) codes for new and established patients (99202–99215)
- Physical and occupational therapy E&M codes (97161–97168)
- Telephone-only E&M codes (98008-98015)
- Annual wellness visit codes (G0438 and G0439)

Digital Solutions

The right electronic tools for you and your practice

We offer solutions to help providers reduce their administrative burden and make it easier to do business with us.

Committed to making your life easier

Provider portal

- Verify eligibility and benefits.
- Check claim status information.
- Submit reconsideration (includes appeals).
- Check precertification requirements.
- View precertification status.
- Enroll and manage electronic funds transfer (EFT).
- Access remittance reports.
- Access resources, including video tutorials, clinical reimbursement and payment policies, and provider reference guides.

To take view tutorials and resources:
Go to CignaforHCP.com > Resources > Medical Education and Training

Trading partners and electronic data interchange (EDI) vendors

Health Information Portability and Accountability Act 5010 transactions

- Submit claims electronically, including coordination of benefit claims.
- Receive payment information, including claim status.
- Submit eligibility and benefit inquiries.
- Submit request for precertification review.

For more information about transaction availability:*
Go to Cigna.com/EDIvendors.

Digital ID cards are here

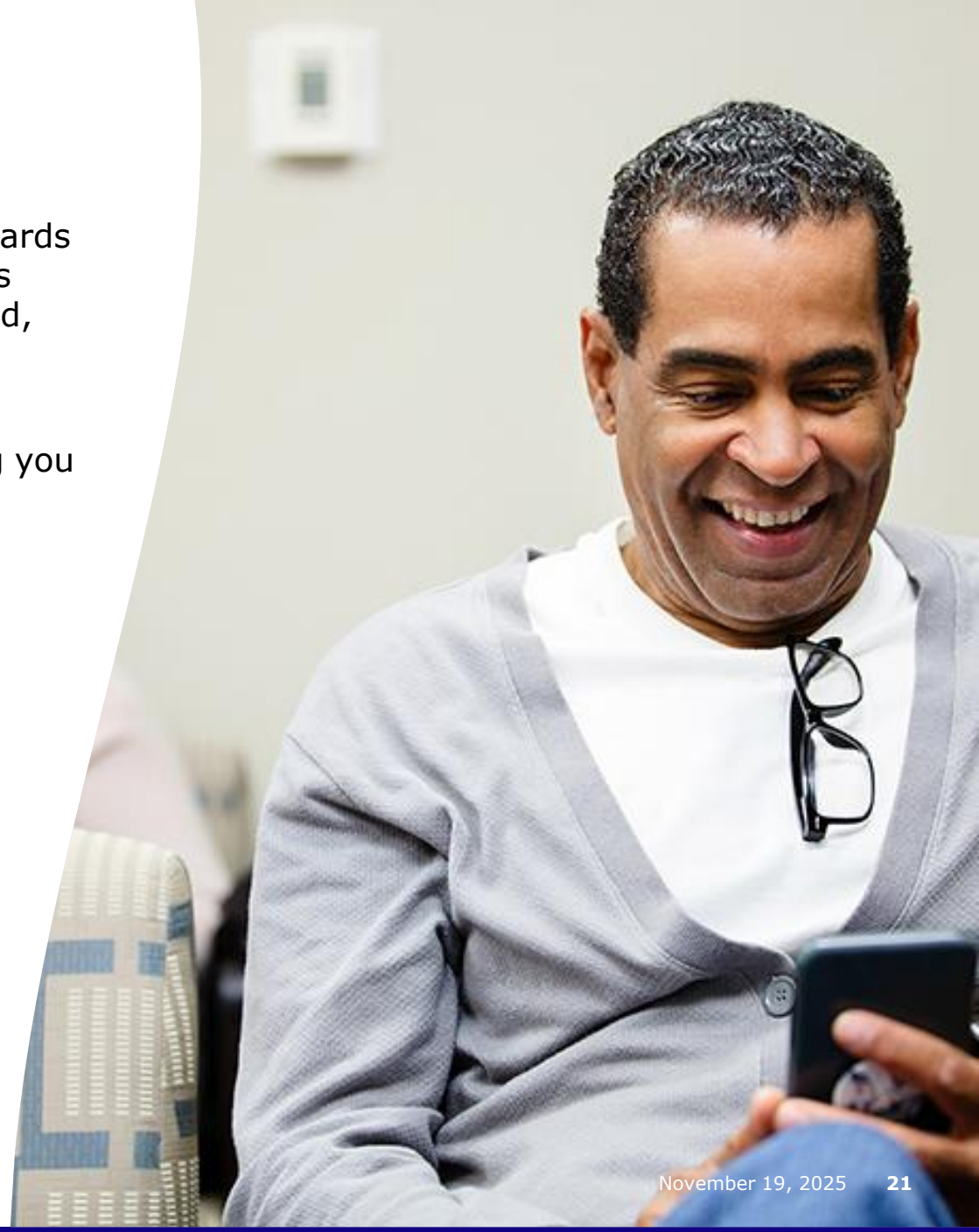
Cigna Healthcare continues its effort to transition physical customer ID cards to fully digital. Digital ID cards enable real-time updates for benefit plans and other important information, as well as offer greater efficiency, speed, and security over physical ID cards.*

Your patients with Cigna Healthcare coverage may already be presenting you with a digital version of their ID card. They can share it by:

- Showing it to you on their smart phone or tablet.
- Uploading it to your health portal (as technology allows).
- Emailing it directly to your office.
- Printing a copy.

To learn more:

Go to CignaforHCP.com
> Get questions answered: Resource
> Medical Resources
> Doing Business With Cigna: View Documents
> Digital ID cards



Claim search, and reconsiderations

Easily access claim information

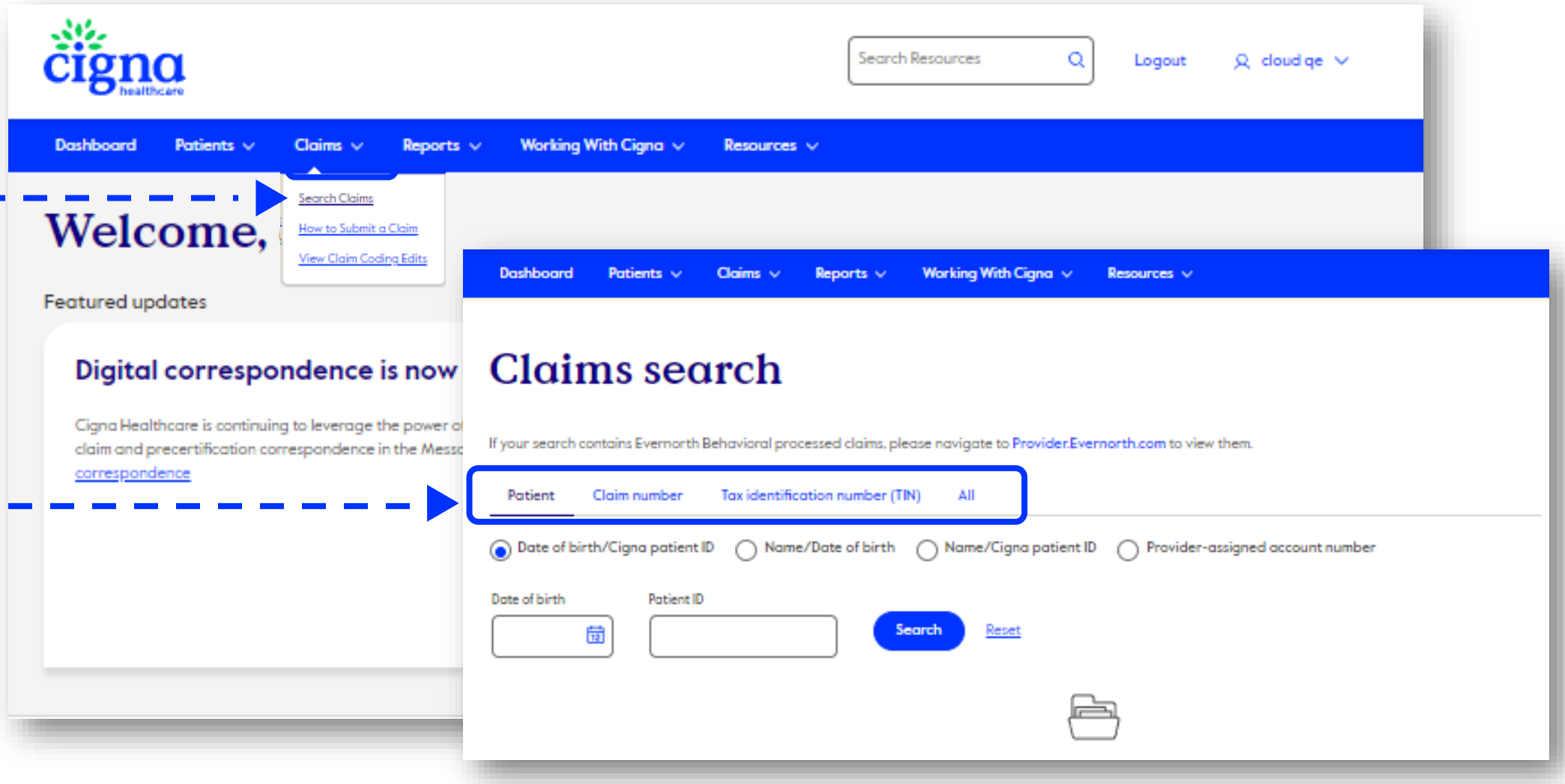
Claim search feature

- Search function with broadened capabilities
- Claim information at an organizational level
- Flexibility
- Results in a table
- Filter option for results
- Report download option

Get a holistic view of your claims

To get started, click "Search Claims" from the claims drop-down menu.

To search for your claims, click the search option you would like to use.



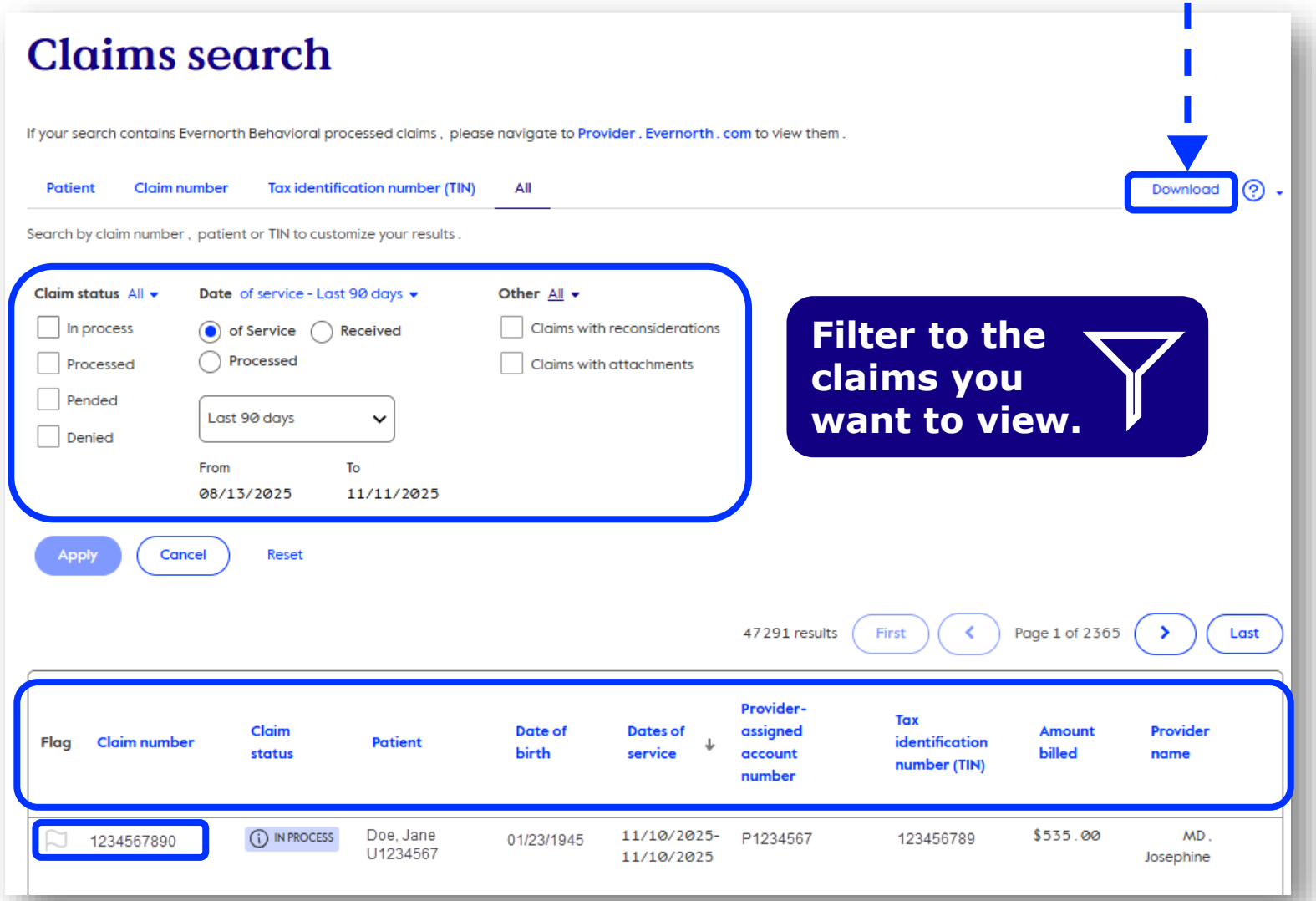
Display the claim information you need

Flag claims to save them to your dashboard for easy access.

Click the claim number to view in-depth details about the claim.

Sort by any of the columns by clicking on the heading.

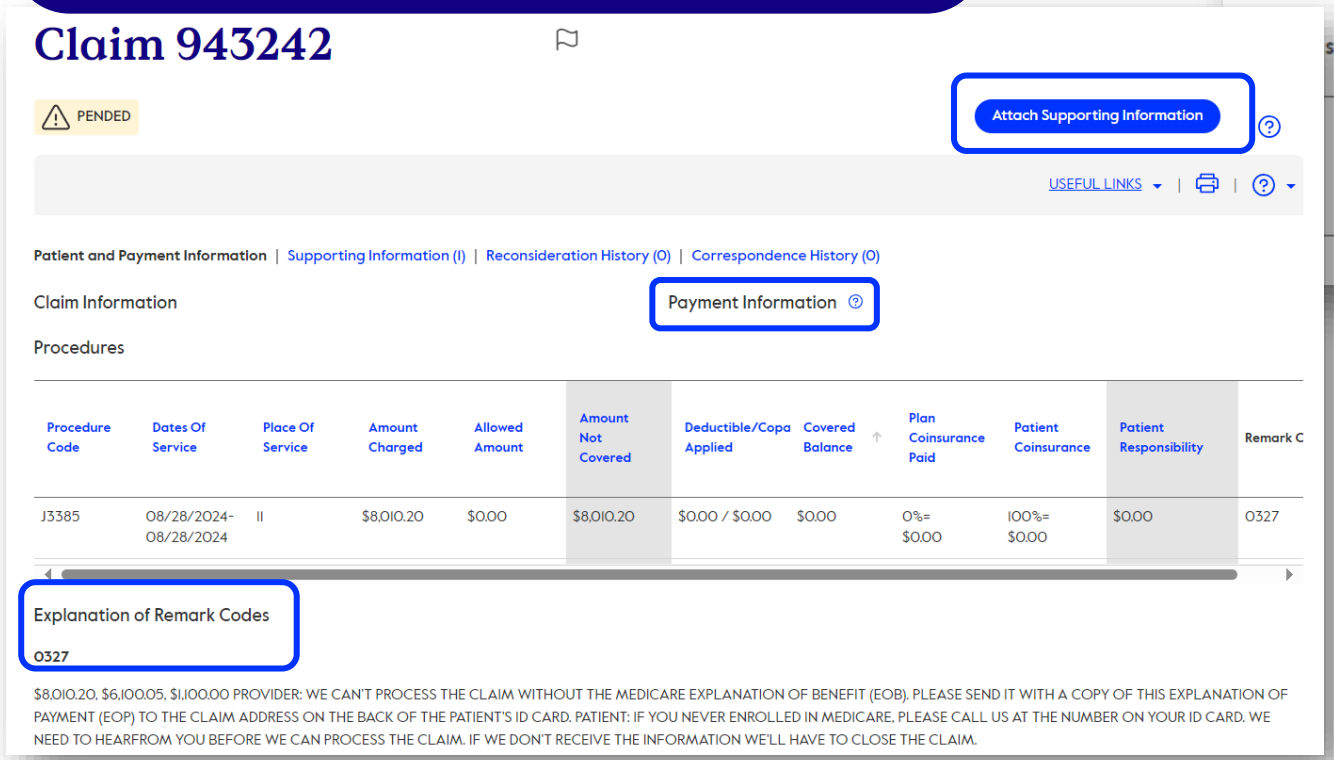
Click "Download" to download the results.

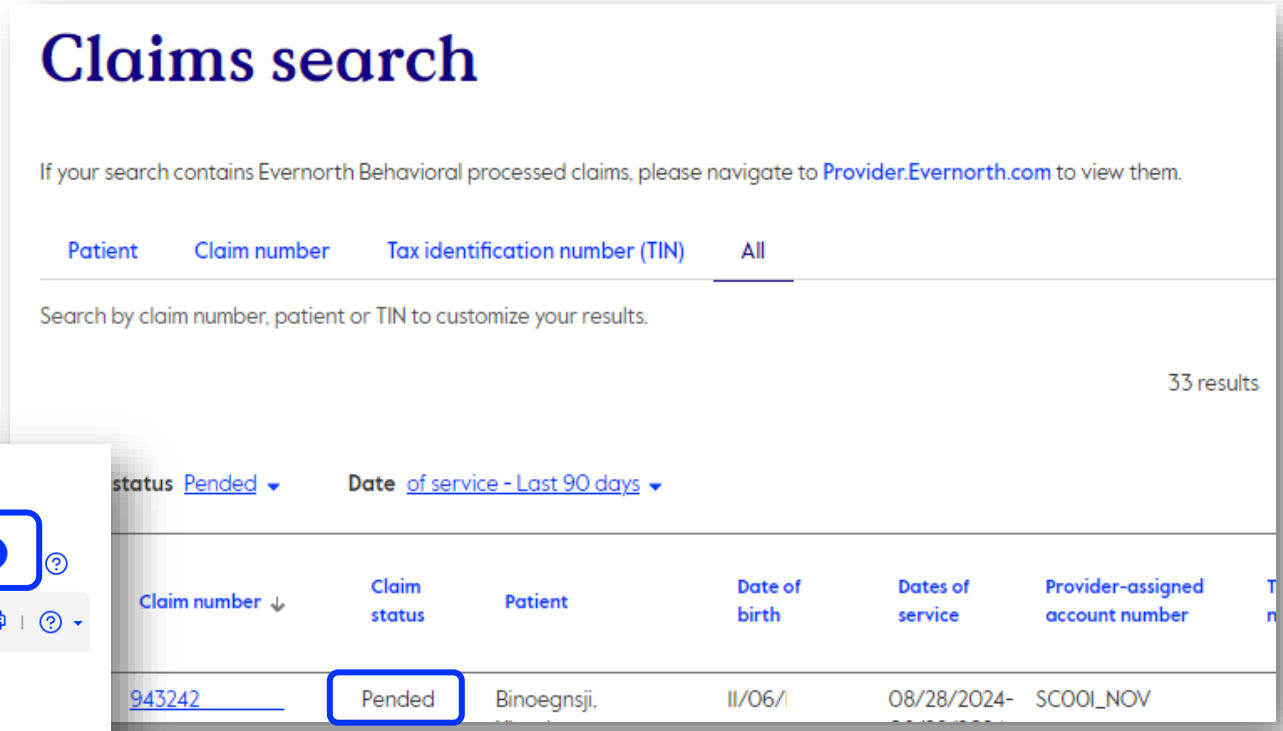


Filter to the claims you want to view.

View pended claim details

Search for, identify, and check the status of the claim.





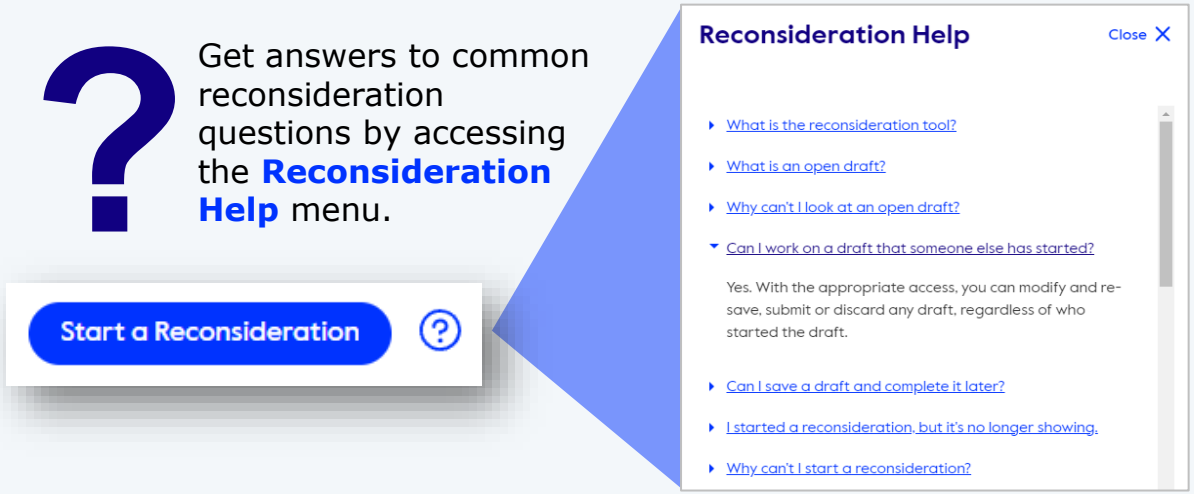
Pended claim details

- Know why a claim is pended by the remark code description.
- Access help by clicking "?".
- View previously submitted attachment details, including who and when.

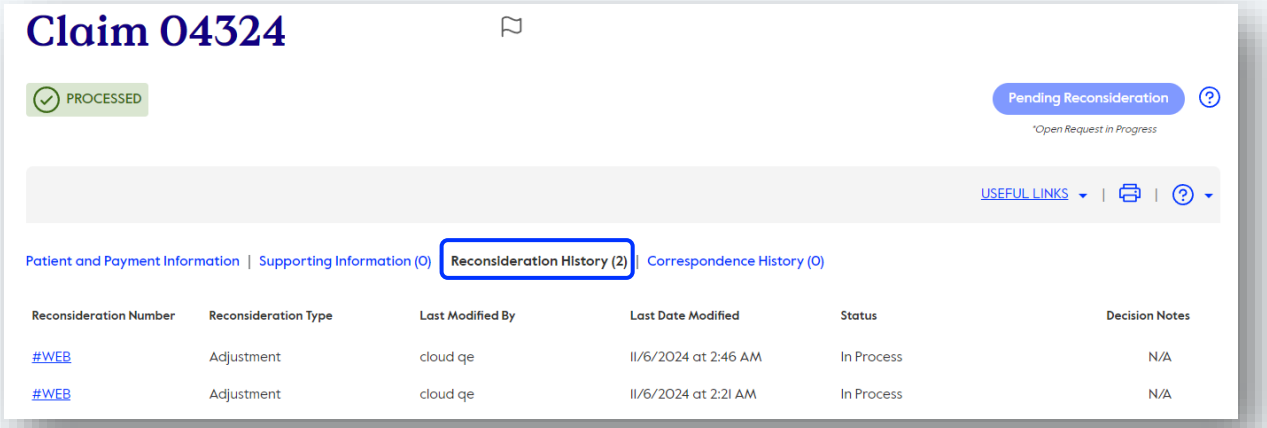
Find the answers you need

Claim reconsiderations (includes appeals)

Get answers to common reconsideration questions by accessing the **Reconsideration Help** menu.



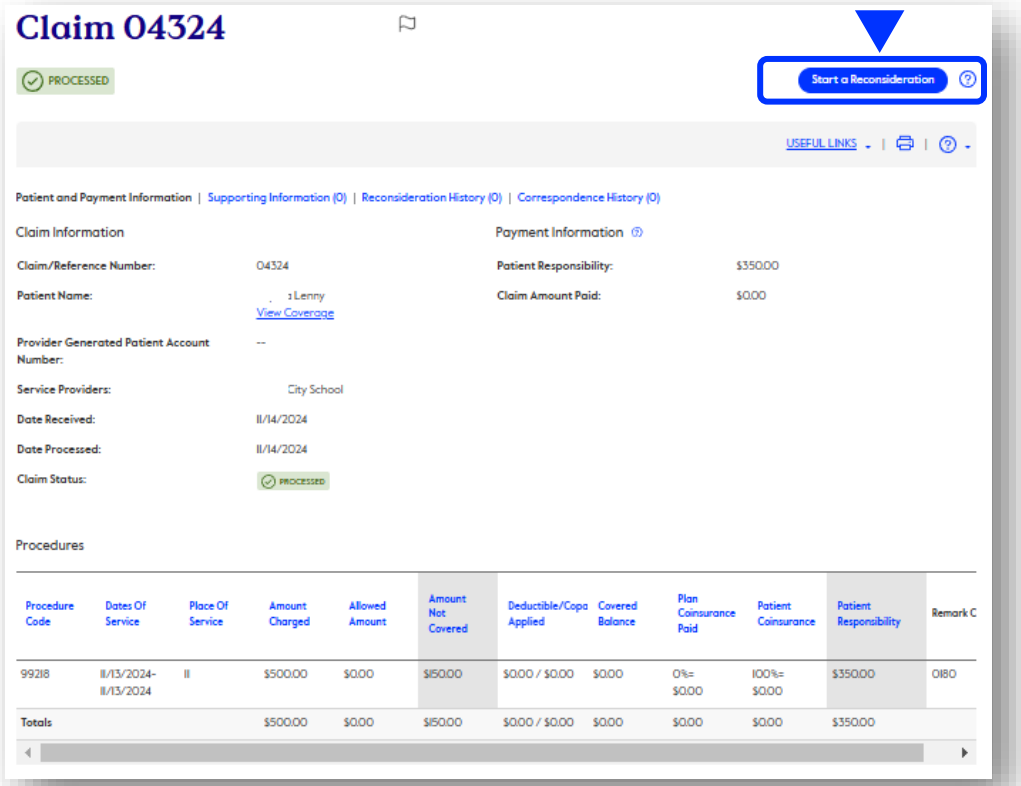
The **Reconsideration History** section will display status and the Cigna Healthcare processor's name and decision notes.



Experience an improved process

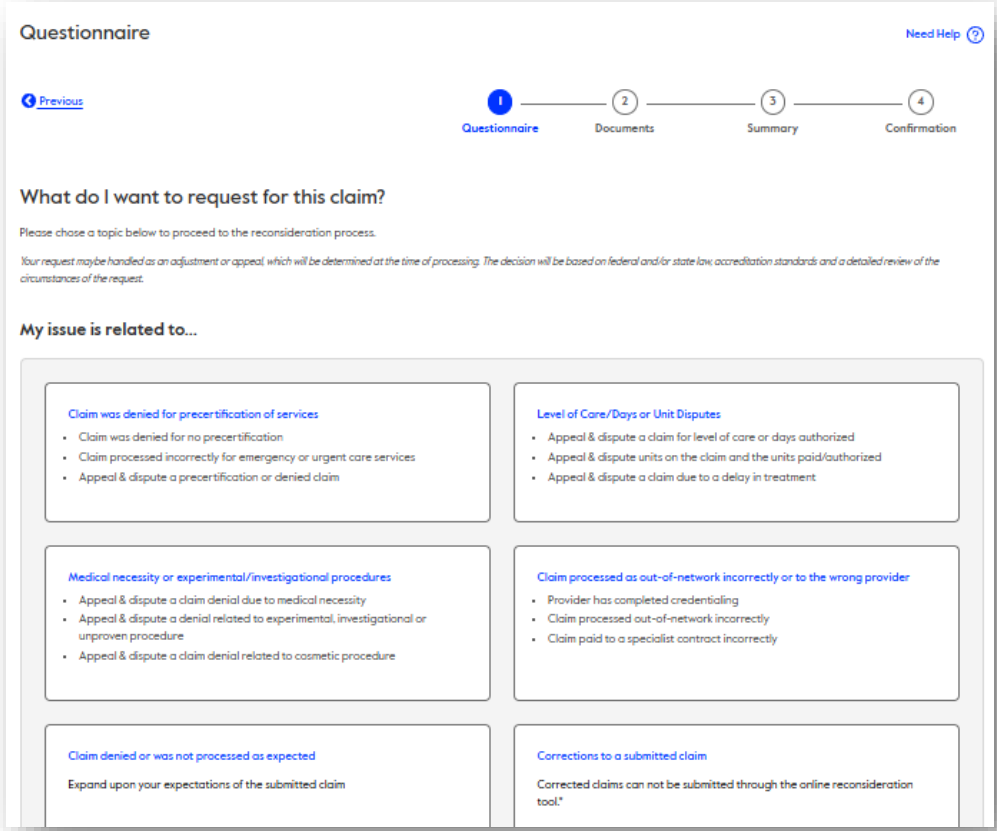
You no longer need to call to start a claim reconsideration for an adjustment or appeal.

Start a reconsideration
Access the reconsideration button directly from the claim details screen.



Step-by-step guidance speeds up and simplifies the process.

- Describe your reason for the request in the notes section.
- Attach documentation, if needed.



Auto-recoupment policy (payment offsets)

Auto-recoupment policy

Expanded recoupment process

Auto-recoupment (i.e., payment offsets) for overpaid claims will be broadened, allowing for smoother and faster recoveries for certain claims beginning October 1, 2025.

Streamlined operations

Providers no longer need to process paper requests or mail checks, improving operational efficiency and reducing manual work.

Vendor managed offsets

Three vendors now handle the offset process, enhancing reliability and transparency in payments and claim management (Cotiviti, Johnson & Rountree Premium, Inc., and The Rawlings Company).

Auto-recoupment policy (cont.)

About the process

- Before an overpayment is offset, provider will receive a notification letter from one of the vendors.
- Provider will have opportunity to respond and take actions:
- Refund the requested overpayment amount in full. The overpayment will not be offset.
- Dispute the overpayment by contacting the vendor via the methods indicated in the notification letter. The vendor will respond to all disputes.*
- If provider does not respond, the overpayment will be offset as indicated in the letter.

Option to initiate the offset payment earlier

- To initiate the offset payment before the response time has elapsed, provider may contact the vendor via one of the methods listed in overpayment notification letter to start the process earlier.

How to view offset transactions

- Provider can access offset transaction details via an 835 electronic remittance advice transaction.
- Reviewing the remittance report (explanation of direct deposit activity).
- Logging in to the Cigna for Health Care Professionals Portal (CignaforHCP.com).
- Reviewing the explanation of payment document, when available.

- **Note: Please continue working with all overpayment vendors for manual recoveries that require repayment via check because not all overpayments are eligible for offsetting.**

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* **If the vendor confirms there is an overpayment, provider will be notified and given additional time to respond.**

Credentialing tips

Credentialing tips

- Ensure the CAQH Provider Data Portal is updated with the correct Taxpayer Identification Number (TIN), Provider Group, and all required information.
- Initiate credentialing with Cigna Healthcare by submitting provider demographic information (including CAQH ID) to MedicalOnboarding@Evernorth.com or by calling Cigna Healthcare Provider Service at 800.88Cigna (800.882.4462).
- **Note:** You will receive an email to acknowledge receipt of credentialing requests submitted to Medical Onboarding within seven to 10 days.
- There is a 60-day average turnaround for credentialing requests. We will meet compliance requirements for states that require a shorter turnaround.
- Submissions that have discrepancies or are incomplete will be reviewed by our Regional Credentialing Committee. Reviews will increase the turnround time.
- To check credentialing status, contact Cigna Healthcare Provider Service at 800.88Cigna (800.882.4462).

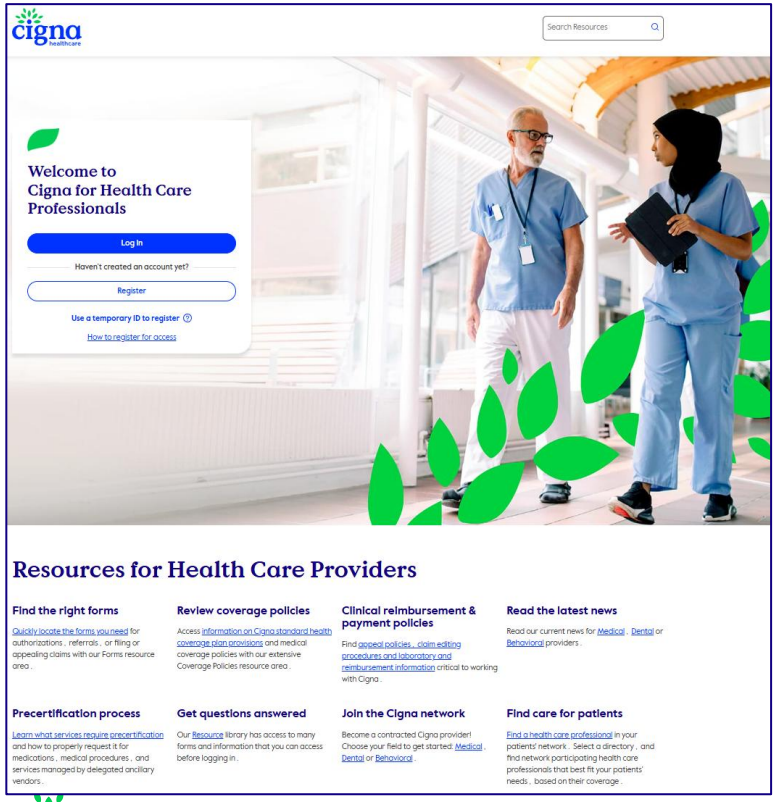
Provider Resources

Tools to make your life easier

Easily access the information you need

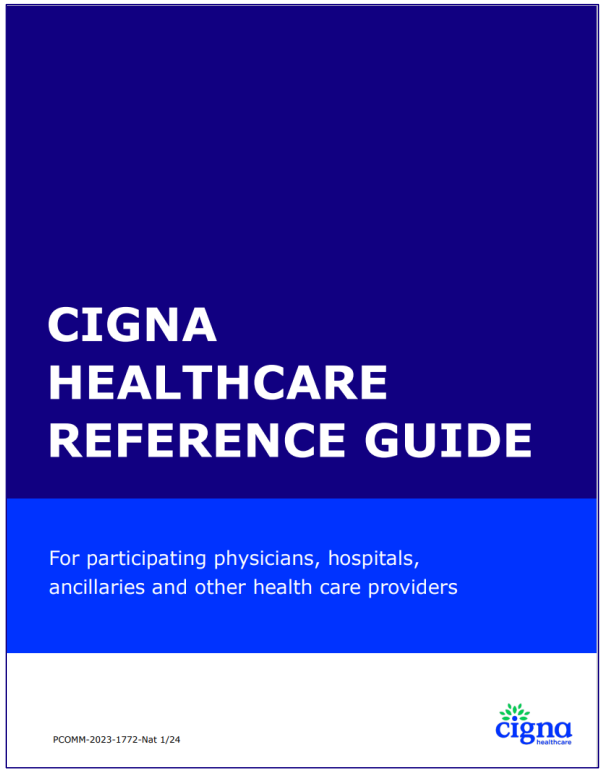
Provider portal

Go to the Cigna for Health Care Professionals portal (CignaforHCP.com).



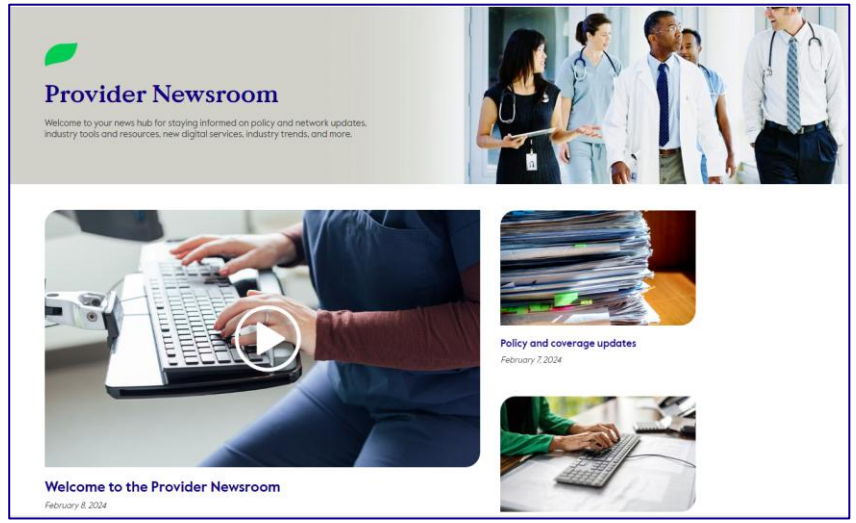
Provider Reference Guide

Log in to CignaforHCP.com > Resources > Reference Guides.



Provider Newsroom

Access news and updates on topics that are most important to you — all in one place. Go to ProviderNewsroom.com.



Note: The Provider Newsroom replaced these provider newsletters: *Network News, Network Insider, and Transformations*.

Use our resources to improve your experience

Digital solutions

Access our self-service tools to improve your office's efficiency and reduce your administrative burden. For more information, visit the Medical Education and Training resource page.

Webinars

Learn how to navigate CignaforHCP.com and perform time-saving transactions (e.g., eligibility and benefits inquiries, claim status inquiries, EFT enrollment). To register for a webinar, view the webinar schedule.

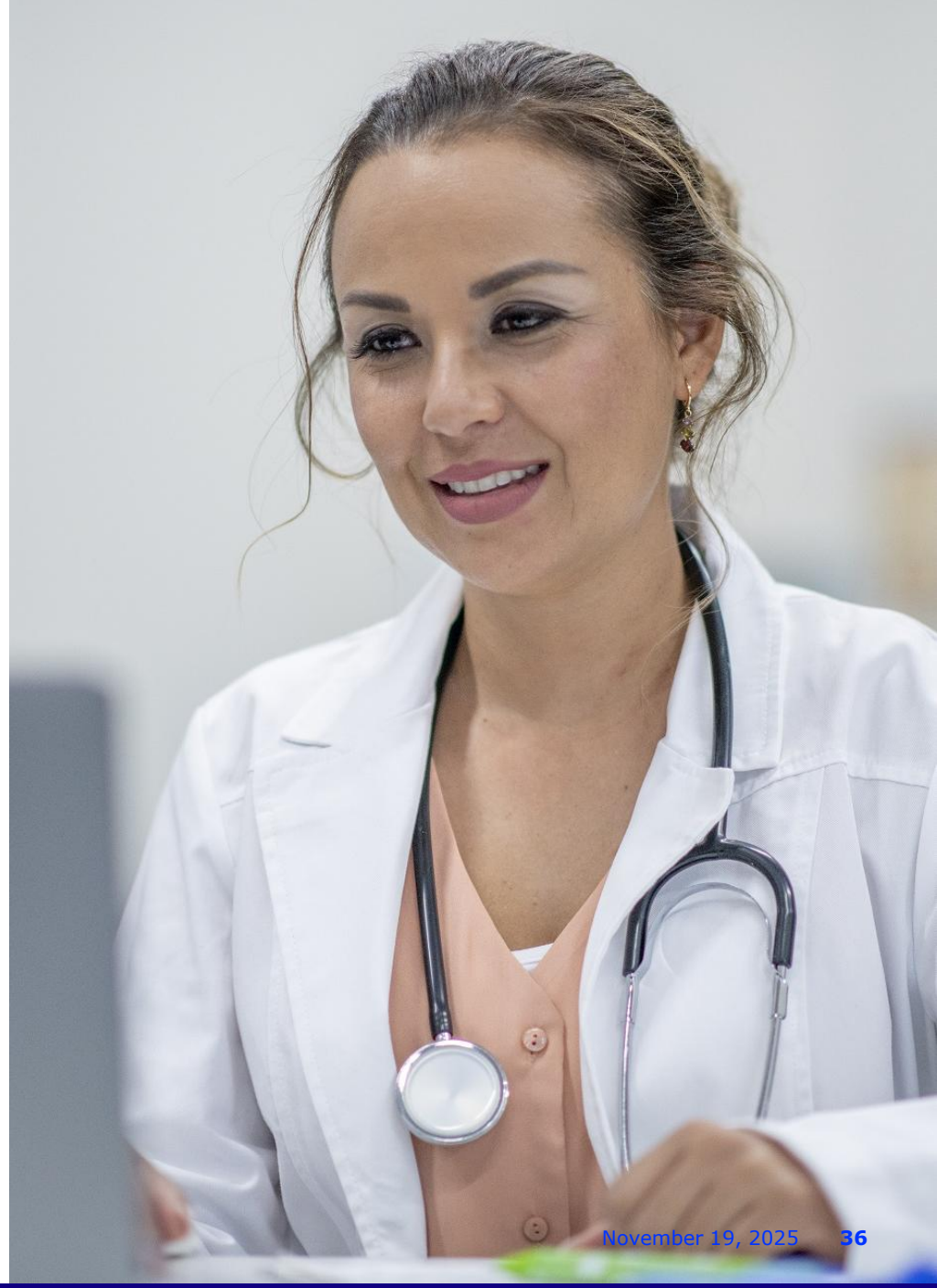
Quick Guide to Cigna Healthcare ID Cards

View sample ID cards with descriptions of the various fields on the cards. You may save, download, or print card guides for use in your office.

Questions?

Call Cigna Healthcare Provider Service at

800.88Cigna (882.4462).



Update your demographic information

We use your demographic information to:

- Publish online provider directories.
- Send important communications to you.
- Process claims.
- Assign a primary care provider to individuals whose plan requires one but who haven't made a selection.
- Comply with state laws.
- Determine network adequacy.

To submit demographic changes:*

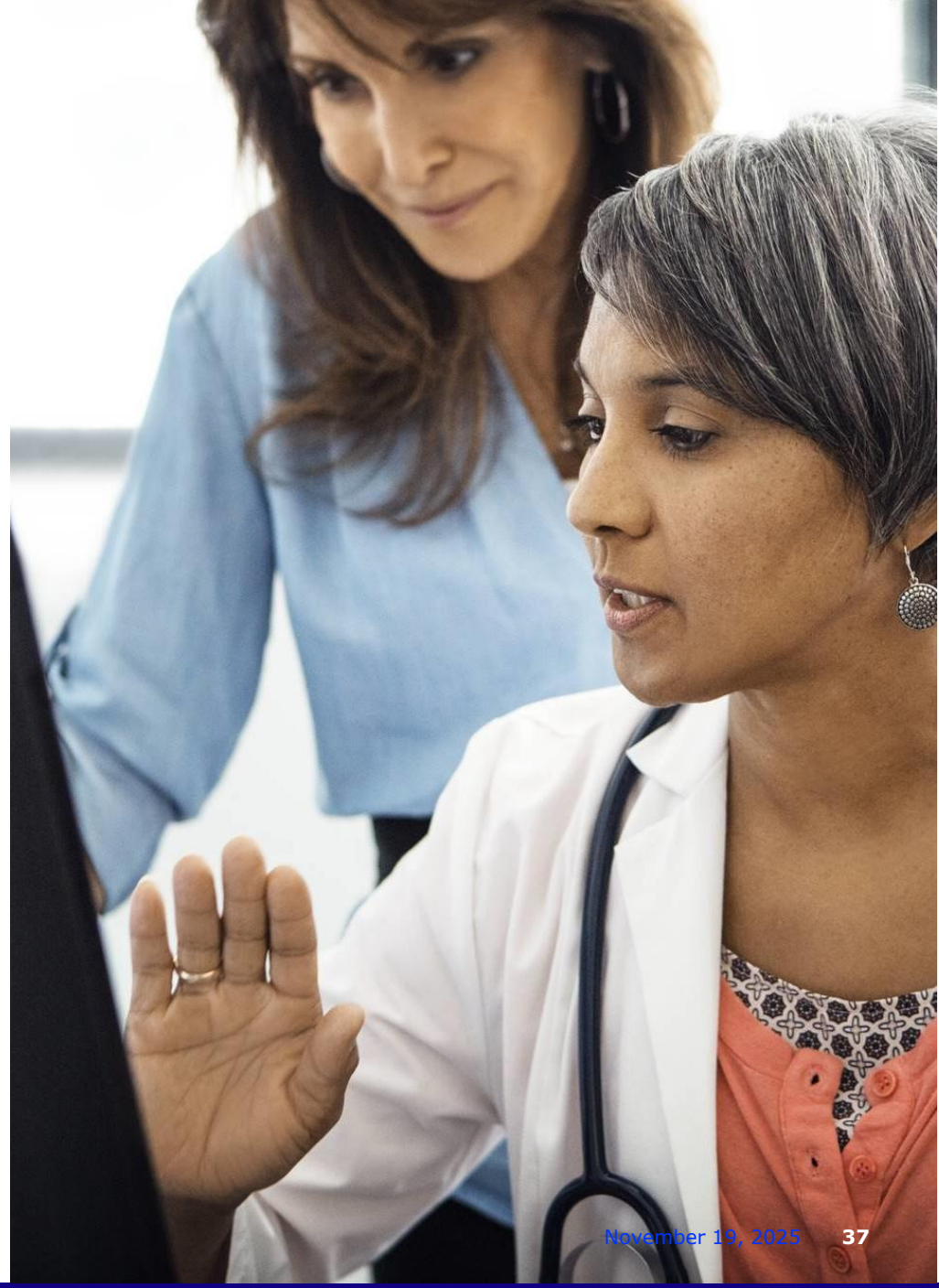
Log in to CignaforHCP.com
> Working With Cigna
> Directory update

You may also submit demographic changes as directed below.

- Practitioner and group changes
  Fax: **877.358.4301** *or*
  Email Intake_PDM@evernorth.com
- Hospital and ancillary changes only
  Fax: **646.459.2180**

Please notify us in writing

90 days before changing your office or billing address, telephone number, Taxpayer Identification Number (TIN), National Provider Identifier (NPI), or specialty.



Q&A

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