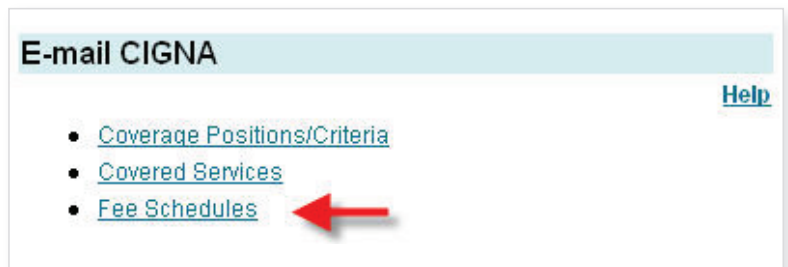


# Online Fee Schedule Inquiry Feature

At CIGNA, we want to help you make the most of your time and have the tools you need to handle your administrative details. The online fee schedule inquiry feature at the CIGNA for Health Care Professionals website allows you to conveniently request a fee schedule online and save you time without having to spend time on the phone. This can allow you more time to spend on the most important part of health care – assisting your patients.

## Step 1

Registered users of the CIGNA for Health Care Professionals website can request information about CIGNA fee schedules online. Simply log in to [www.cignaforhcp.com](http://www.cignaforhcp.com) and click on **Fee Schedules** in the **E-mail CIGNA** section.



## Step 2

By completing a brief form, you can submit a fee schedule request for a range of codes or up to 25 individual codes.

See *Tips to Complete the Fee Schedule Form* at the end of this fact sheet for more information on completing the form.

**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

\* Rendering Provider Tax ID  \* Rendering Provider Name

\* Rendering Provider Zip Code

**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  (mm/dd/yyyy)

\* Plan

\* Location

\* Are you looking for:

A range of code(s)

Individual code(s)

\* Provider's Specialty

\* Type of Service Provided

Radiology

Pathology

Evaluation and Management

Injectables

All

### What else can I do on the CIGNA for HealthCare Professionals website?

The CIGNA for Health Care Professionals website offers secure and easy access to many useful and time-saving features such as:

- Real-time transactions for eligibility and benefits, precertification, and claim status
  - CIGNA Cost of Care Estimator, which can estimate the total cost of service and patient liability for specific medical services
- Information on CIGNA policies and procedures.

If you are not registered to use the CIGNA for Health Care Professionals website, go to [www.cignaforhcp.com](http://www.cignaforhcp.com), click on Register Now and start using it today.



### Step 3

Once you click **Submit**, you will receive a confirmation that your fee schedule request has been received, as well as an email confirmation at the email address you provided when you registered to use the CIGNA for Health Care Professionals website. The email confirmation will contain a projected response date; most requests will be returned to you in 2 to 3 days, but allow for up to 10 calendar days.

#### Email Inquiry: Confirmation

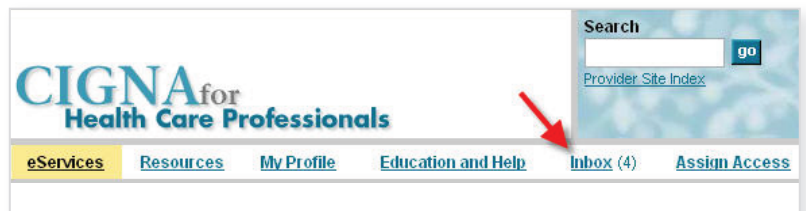
We received your inquiry on Wed Dec 10 11:31:25 2008 . You will receive an email notification with the case number corresponding to this inquiry and a projected response date.

When your response is ready, we'll send an email notification containing a link to your secure email response

Return to [CIGNA for HealthCare Professionals](#)

### Step 4

When the fee schedule is ready, you will receive an email notification at the email address you provided when you registered to use the CIGNA for Health Care Professionals website. Make sure the email address you provided is accurate; if it is not, you can update it by clicking on **My Profile** on the website. Information is effective as of the date of the response from CIGNA.



To retrieve your fee schedule, log in to the CIGNA for Health Care Professionals website and access your **Inbox**. You will see a message with the subject *RE: Your CIGNA HealthCare Fee Schedule*.

### Step 5

Click the Subject line to open the message. Messages remain in your In-box for 60 days.

Inbox		Help		Return to CIGNA for Health Care Professionals	
Delete		Check Mail			
From	Received	Expires	Subject		
<input type="checkbox"/> CIGNA Provider Inter...	April 15	June 14	<a href="#">Re: Your CIGNA HealthCare Provider A...</a>		
<input type="checkbox"/> CIGNA Provider Inter...	April 15	June 14	<a href="#">Re: Your CIGNA HealthCare Provider D...</a>		
<input type="checkbox"/> CIGNA Provider Inter...	April 15	June 14	<a href="#">Re: Your CIGNA HealthCare Benefit Re...</a>		
<input type="checkbox"/> CIGNA Provider Inter...	April 15	June 14	<a href="#">Re: Your CIGNA HealthCare Fee Schedu...</a>		

## Step 6

Click **Download** to save the attachment at your desired location.\*

\* Due to their large size, fee schedule attachments download as a zipped (compressed) file. If you do not have software that allows you to unzip the fee schedule, free software is available on the Internet.

Inbox
Help
Return to CIGNA for Health Care Professionals

Delete
Printer-Friendly Version

**Received:** Apr 15, 2008 11:02 AM EDT  
**Expires:** Jun 14, 2008 11:02 AM EDT  
**From:** CIGNA Provider Internet Reply  
**To:** mmartin1  
**Subject:** Re: Your CIGNA HealthCare Fee Schedule Request (KMM869296I9694L0KM)

**Files and Attachments:** Download Email message as a text file

**Message:**

Dear Mary Martin,

Thank you for your inquiry regarding your CIGNA HealthCare Fee Schedule. Our records indicate the following:

Provider Information:

Rendering Provider Tax Identification Number: 888888877  
 Provider Name: Martin, Mary MD (4350892)  
 Rendering Provider Name: Martin, Mary MD  
 Rendering Provider Zip Code: 99911  
 Plan Type: BOTH

Attached is the information you requested.

Xxx Attach fee schedule file xxx

Thank you for using CIGNA HealthCare for Professionals. If you have any questions regarding the information in this e-mail, please contact us at 1.800.853.6237 and reference Case #30637. Please do not reply to this e-mail.

Disclaimer: Actual reimbursement for a particular clinical situation will, as always, depend upon the particular clinical situation and will be subject to the terms and conditions of the participant's benefit plan and your provider agreement, including but not limited to, provisions regarding coordination of benefits and claim coding and bundling. To the extent of any conflict between the fee information enclosed and the fees set forth in your provider agreement, your provider agreement will control. The information that we are providing to you is confidential and proprietary and, pursuant to your provider agreement and cannot be used or disclosed for any purpose other than your practice management and billing activities.

## Step 7

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

## Tips to Complete the Fee Schedule Form

<b>Provider Name</b>	<ul style="list-style-type: none"> <li>Select the provider association/group name for which you are requesting the information.</li> </ul>
<b>Rendering Provider Tax ID</b>	<ul style="list-style-type: none"> <li>Enter the provider's 9-digit Tax ID without hyphens or spaces.</li> </ul>
<b>Rendering Provider Name</b>	<ul style="list-style-type: none"> <li>Enter the name of the provider requesting the information.</li> </ul>
<b>Rendering Provider Zip Code</b>	<ul style="list-style-type: none"> <li>Enter the 5-digit zip code of the provider's physical address.</li> </ul>
<b>Requestor Information</b>	<ul style="list-style-type: none"> <li>Your email address and phone number are automatically populated in the form.</li> <li>If your phone number or email address is not correct, you should first update it on the <b>My Profile</b> page of the CIGNA for Health Care Professionals website before completing the fee schedule inquiry request. If your requestor information is not correct, you won't receive the notification when the fee schedule inquiry is available.</li> </ul>
<b>Date of Service</b>	<ul style="list-style-type: none"> <li>Enter the date of the planned procedure using MM/DD/YYYY.</li> <li>Date of Service can be the current date or a date within the next 90 days.</li> </ul>
<b>Plan</b>	<ul style="list-style-type: none"> <li>Select the appropriate plan for which you are contracted.</li> <li>If you are not sure what plan to select, reference the individual patient's ID Card or use the <b>Resources</b> page of the CIGNA for Health Care Professionals website.</li> </ul>
<b>Location</b>	<ul style="list-style-type: none"> <li>Select the location of the provider for whom you are requesting the fee schedule.</li> <li>If you choose CA, TX, NC, VA, or FL, you have the option to request your entire fee schedule.</li> </ul>
<b>Are you looking for</b>	<ul style="list-style-type: none"> <li>Choose if you are requesting the fee schedule for a range of codes or individual codes.</li> </ul>

### If you choose "Are you looking for" a range of codes...

<b>Provider's Specialty</b>	<ul style="list-style-type: none"> <li>Select the desired specialty. You must select one specialty per inquiry.</li> </ul>
<b>Type of Service Provided</b>	<ul style="list-style-type: none"> <li>Select from four types of services (Radiology, Pathology, Evaluation and Management, Injectables, or All).</li> </ul>

### If you choose "Are you looking for" individual codes...

<b>CPT/HCPCS/ASA</b>	<ul style="list-style-type: none"> <li>Enter a 5-character, alphanumeric code. You can submit up to 25 codes.</li> </ul>
<b>Modifier</b>	<ul style="list-style-type: none"> <li>Select the desired Modifier (All, Global, Professional or Technical).</li> </ul>