

# June 2022

Provider eConnection



## The Final IPN Newsletter

### A LETTER FROM THE IPN STAFF

*This is the final scheduled IPN provider newsletter so we would like to take a moment to thank you for allowing us to serve the provider community for the last 30 years! We have truly enjoyed working with our provider partners and building some amazing relationships. We look forward to what the future holds. Many of the IPN staff will move to positions within PacificSource Health Plans and may be working with your offices in other capacities. So, instead of goodbye, how about we say SEE YOU SOON?!*

---

### IPN TRANSITION

Although IPN will not send monthly newsletters, updates related to the transition including run-out repricing, FAQs, or general updates will be posted under the IPN Transition section of IPN's [website](#). Please check monthly for updates. Note: IPN staff will be available to take calls through December 31, 2022.

---

### CREDENTIALING, RECREDENTIALING & DEMOGRAPHIC UPDATES

IPN will continue to handle credentialing applications for new providers, as well as recredentialing and demographic updates for existing providers, **submitted on or before June 30, 2022**. Such information will be reported to all payors found on the [IPN Client List](#). Credentialing and recredentialing applications, as well as other demographic changes, submitted on July 1, 2022 or later, will *only* be used for participation with PacificSource Health Plans.

This means providers should continue to report all adds, changes and terminations to IPN and complete any other documentation, including recredentialing requests, sent by IPN or IPN payors. Failure to report updates and/or complete such documentation may result in termination from the network and participation with payors.

**NOTE:** Separate contracting, credentialing, recredentialing and/or other demographic documentation may be required by payors in order to support any direct agreement. This includes, but is not limited to Cigna, CorVel, Health Net Federal Services, PacificSource Health Plans and Moda. To learn more about the IPN Transition, or direct contracts visit [www.ipnmd.com/Providers/Newsletters/](http://www.ipnmd.com/Providers/Newsletters/).

## Payor News

### PACIFICSOURCE HEALTH PLANS

#### General Information

For news, tools, and key resources, visit [Pacificsource.com/providers/medical](http://Pacificsource.com/providers/medical).

## Provider Data Verification Changes

PacificSource Health Plans recently made the announcement they will begin verifying provider demographic information through [BetterDoctor](#), a Quest Analytics solution beginning August 1, 2022.

Currently IPN sends provider data verifications (PDVs) forms to verify demographic information on a quarterly basis and will continue to do so through June 2022. Providers should continue to complete and return these forms to IPN as the information is reported to all payors.

### How often is verification required?

- CMS (the Centers for Medicare and Medicaid Services) requires health plans to reach out to providers on a quarterly basis.

### How will BetterDoctor's provider data attestation platform work?

- BetterDoctor receives a provider roster from PacificSource Health Plans.
- BetterDoctor sends outreach to providers via fax, email or phone.
- Providers validate and update data via the BetterDoctor portal using a unique token.
- The validated data is reviewed and exported back to PacificSource to update source systems and, ultimately, the provider directory.

### Can large groups or health systems submit a roster instead?

- Yes, for groups with 10 or more providers! On or after August 1, 2022, groups can send a signed [Roster as Attestation Agreement](#) and a current roster to [rosters@questanalytics.com](mailto:rosters@questanalytics.com) to begin the process.

### What are the consequences of not complying with outreach requests?

- Failure to verify provider information limits the ability to ensure members have access to the most up-to-date information. Furthermore, it may result in provider(s) being removed from the health plan's print and online provider directories. In some states, payments may be delayed, or for a repeated pattern of non-responsiveness, health plan participation agreements may be terminated.

Read more on [Quest Analytics BetterDoctor](#) or visit [PacificSource Articles](#) for updates.

---

## CIGNA HEALTH

### Cigna Reference Guide

Click [here](#) to read the revised Cigna Reference Guide for participating physicians, hospitals, ancillaries, and other health care professionals.

### Computed Tomography Imaging Contrast Solution Shortage

There is currently a global supply chain shortage of the intravenous contrast solution used in computed tomography (CT) imaging. While these shortages continue, providers may consider the alternative imaging options listed in eviCore healthcare's (eviCore) evidence-based guidelines. Typically, when CT imaging with contrast solution cannot be performed due to allergies or poor renal function, the alternative study is CT imaging without contrast. However, there may be situations where magnetic resonance imaging (MRI) is appropriate. Except where the guidelines explicitly indicate contrast solution, eviCore will approve CT imaging without contrast when requested rather than creating an alternative recommendation for a higher level of contrast solution that may not be possible given the imaging center's contrast solution availability. MRI will not be routinely authorized when CT imaging with contrast solution cannot be performed. MRI may be appropriate in cases where eviCore's evidence-based guidelines explicitly support approval for MRI if contrast CT imaging is not clinically supported or if clinical questions that would affect patient management remain after CT imaging without contrast.

### Digital ID Cards Replacing Physical Cards

Cigna is promoting the use of digital ID cards on myCigna.com and the myCigna mobile app and will no longer send physical ID cards for medical, dental, and vision customers. Specific opt-out options will be available for clients at the account level (e.g., retirees), and where needed to meet

legal requirements. As of May 26, Cigna no longer provides physical ID cards to its new hires or employees with a qualifying life event. Additionally, at annual renewal, all employees will only receive digital ID cards if/when their plan changes. Cigna plans to suppress physical ID cards for additional customers, where legally allowed, by 2023.

### Direct Contracting

The third party agreement between Cigna and IPN will end on June 30, 2022. Many IPN providers will now have direct contracts with Cigna, effective July 1. To learn more about direct contracting, please call 1-800-88CIGNA or email [PSSCentral@cigna.com](mailto:PSSCentral@cigna.com).

### Network News

The second quarter 2022 Network News is now available [here](#).

### Reimbursement Policy Update

Cigna routinely reviews coverage, reimbursement, and administrative policies for potential updates. In that review, consideration is taken of one or more of the following: Evidence-based medicine, professional society recommendations, Centers for Medicare & Medicaid Services guidance, industry standards, and other existing policies. Below are a few updates:

***Evaluation and Management Codes with Modifier 25*** Cigna will require the submission of office notes on claims submitted with evaluation and management (E&M) Current Procedural Terminology (CPT®) codes 99212, 99213, 99214, and 99215 and modifier 25 when a minor procedure is billed. The E&M line will be denied if documentation that supports that a significant and separately identifiable service is not provided. Denials will include administrative appeal rights. This update is effective for claims processed on or after August 13, 2022. Please note that the requirement to submit documentation only applies to claims that include one or more office-based minor procedures. The reimbursement policy, *Modifier 25 – Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service*, will be updated to reflect this change. The required office notes must be submitted via the dedicated fax number, 833.462.1360. Claims should continue to be submitted electronically and must have the attachment indicator selected.

***Maze procedures considered experimental, investigational, or unproven (EIU)*** Cigna will update the processing of claims for maze procedures billed with Current Procedural Terminology (CPT®) codes 33254, 33255, 33258, 33265, and 33266, which are considered experimental, investigational, or unproven (EIU) in most cases. Effective for dates of service on or after August 26, 2022,\* these CPT codes will require precertification and review by a Cigna cardiologist, who will determine if the specific circumstance warrants a one-time authorization. Cigna will update the *Nonpharmacological Treatments for Atrial Fibrillation (0469)* medical coverage policy to reflect this change.

***Specialty Medical Injectables with Reimbursement Restriction List Expansion*** Effective May 1, Cigna expanded the *Specialty Medical Injectables with Reimbursement Restriction* list to include Opdualag™ (nivolumab and relatlimab-rmbw).\* The Specialty Medical Injectables with Reimbursement Restriction guidelines state that certain injectables must be dispensed and their claims must be submitted by a Cigna-contracted specialty pharmacy, unless otherwise authorized by Cigna. The reimbursement restriction list:

- Applies when the specialty medical injectable is administered in an outpatient hospital setting.
- Applies to specialty medical injectables covered under the customer's medical benefit. Coverage is determined by the customer's benefit plan.
- Does not apply when the specialty medical injectable is administered in a provider's office, non-hospital-affiliated ambulatory infusion suite, or home setting.

### ***SPRAVATO Coverage Change***

Effective July 1\*, Cigna will change how it covers SPRAVATO®. Cigna will cover SPRAVATO under the pharmacy benefit but will no longer cover the drug under the medical benefit. SPRAVATO (esketamine) is a nasal spray for treatment-resistant depression in adults who have not benefited from other treatments and major depressive disorder with acute suicidal ideation or behavior. For customers who do not have Cigna pharmacy benefits, the pharmacy plan administrator will determine coverage. This change should not affect most behavioral health providers since Evernorth Behavioral Health has always advised that they should leverage a customer's pharmacy benefits for SPRAVATO.

## MESSAGES FROM IPN'S MOST SEASONED STAFF MEMBERS...

*"It has been such a pleasure to work with our provider groups across Idaho. Personally, I have learned so much from each of you and will forever take this knowledge into my future. While working in Healthcare is always evolving, we all seem to cross paths again. Thank you for the many years of working together making IPN such a success. Cheers to the next adventure!"*

**Amy Campbell**



*"It has been an honor and a pleasure to work with the Idaho providers for the past 11 years in my roles here at IPN. Healthcare is ever changing and this is just one more chance to make all of us better and stronger. Thank you for your commitment to the Idaho members and for providing them with quality healthcare. I wish you all well,"*

**Gina Stewart**

*"I am so grateful to have worked with IPN since 2009. This job has afforded me endless opportunities to meet people in the healthcare industry who I can now call friends. It has also helped me grow personally and professionally. I will be leaving healthcare at the end of 2022 and moving into education - it is truly bittersweet. I am excited for this new endeavor but will miss working with providers. I wish you all the best."*

**Megan Smith**



*"It has been my pleasure to serve as your Provider Relations Representative for the past 4 years and I have thoroughly enjoyed getting to know a lot of you on a personal level. I look forward to continuing to work with you in a similar role, serving our PacificSource members. Thank you!"*

**Michelle Ridlon**

---



## Contact IPN

[www.ipnmd.com](http://www.ipnmd.com)

p: 866.476.1076 | f: 208.433.4605 | e: [ipn@ipnmd.com](mailto:ipn@ipnmd.com)