

Diagnosis Related Group (DRG) Clinical Review Program

Quick Reference Guide for Participating Facilities

Released March 2012

The Diagnosis Related Group (DRG) Clinical Review Program is a data-driven claim review program for hospitals that are reimbursed using DRG payment methodology. This program enables us to review hospital claim coding and payment accuracy. These reviews may require supporting documentation, such as medical records, implant logs, and descriptions.

Claims requiring supporting documentation

DRG claims requiring supporting documentation will be pended. One or more of the codes below will appear on the initial Explanation of Payments (EOP) for pended claims, and will be sent to the billing address on file. We recommend you share this message with your hospital's reconciliation department so they may forward these requests to the medical records department as a reminder to provide a timely response to any medical records requests for this program.

PPO and OAP Claims	
Reason Not Covered (RNC) Code	Description
1242	To determine benefits, we need you to provide a copy of this letter with the following information: copy of medical records, admission/discharge records, imaging, lab reports, operative reports, orders, progress notes, medication/supplies/implant documentation. Please submit to Cigna, P.O. Box 188015, Chattanooga, TN 37422 or fax to: 859.410.2421. Failure to provide this information within 90 days will result in the closure of your file until the requested information is received.
1483	We received your claim for services which included charges for implants. Please submit the operative/procedure report and intraoperative/procedure record with the implant log and description to: Cigna, P.O. Box 188015, Chattanooga, TN 37422 or fax to 859.410.2421. After this information is received, the claim will be processed in accordance with plan benefit provisions. Failure to provide information within 90 days will result in the closure of your file until the requested information is received.
1488	We are in receipt of your claim. Please submit a copy of this letter and an itemized bill by rev code, date of service and charge for each service. For implant charges, please include the operative/procedure report and records with implant log and description to: Cigna, P. O. Box 188015, Chattanooga, TN 37422 or fax to 859.410.2421. After this information is received, the claim will be processed in accordance with plan benefit provisions. Failure to provide this information within 90 days will result in the closure of your file.
1489	We are in receipt of your claim. Please submit a copy of this letter and an itemized bill by Rev Code, date of service and charge for each service. For implant charges, please include the operative/procedure report and records with implant log and description to: Cigna, P. O. Box 188015, Chattanooga, TN 37422 or fax to 859.410.2421. After this information is received, the claim will be processed in accordance with plan benefit provisions.
HMO Claims	
Hold Code	Description
OS	In order to determine benefits payable, we need you to provide: A complete copy of the medical records and a complete itemized bill; admission and discharge summaries, admission history and physical, imaging reports, consultation reports, nursing notes, treatment/therapy notes, pathology and lab results, operative reports, physician orders, physician progress notes, medication administration records, any related emergency room visit records, and all relevant supplies and implant documentation, including invoices where available.
ZY	We have received your claim for services that include charges for implants. In order to determine benefits payable, we need you to submit the operative/procedure report and intraoperative/procedure record with implant log and description.



Claim submissions and reviews

To expedite review and processing, you may submit documentation with the initial claim. Cigna will make every attempt to use records that have already been received for a prior review before requesting medical records from your facility. If you submit claims electronically to Cigna, indicate on the electronic claim that the documentation will be sent through another channel. The indicators on the electronic claim include delivery method for sending attachment (e.g., fax, US mail), as well as the description code for the type of attachment (e.g., medical records). Documentation can be sent by mail or fax to our Complex Claim Unit:

Cigna
DRG Clinical Review
PO Box 188015
Chattanooga, TN 37422
Fax: 1.859.410.2421

Upon review of the documentation, the claim will be processed and reimbursed accordingly, and an EOP will be issued. Additionally, a letter will be sent to explain the determination of the payment made for the Diagnosis Related Group that was billed, the supporting rationale and appeal information. We do not expect these reviews to extend existing claim processing timeframes.

As follow up to the DRG case claim reviews for your hospital, we will email the specified contact at the facility, a DRG Clinical Review Monthly Summary Report that shows the status of the claims that are pending, in review, or closed. If you have any questions about this program or a report, please contact the Cigna contracting representative you have been working with concerning this program.

Policy information

To view the DRG Clinical Review policy, visit the secure Cigna for Health Care Professionals website (CignaforHCP.com> Resources >Clinical Reimbursement Policies and Payment Policies > Modifier and Reimbursement Policies). If you are not currently a registered user, go to CignaforHCP.com and click "Register Now," located in the left side bar.



THN-2012-092

"Cigna" is a registered service mark and the "Tree of Life" logo is a service mark of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, Cigna Behavioral Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.