Listed below are Frequently Asked Questions (FAQs) regarding the clinical policies and procedures for OrthoNet network providers who deliver therapy services to CIGNA members.

1). What is OrthoNet's role in the authorization process?

CIGNA HealthCare of Illinois has delegated Medical Management, Network Management and Claims processing responsibilities for occupational and physical therapy services to OrthoNet for all Managed Care and PPO products (CIGNA Indemnity is not covered under this arrangement).

**Effective March 15, 2008,** any member presenting to your facility for treatment for the first time on or after March 15th, will require authorization from OrthoNet for all therapy services provided after the initial evaluation.

Any member currently receiving therapy whose course of therapy treatment will end by April 15, 2008 will not need to have their visits authorized.

Any member currently undergoing a course of treatment that will continue past April 15, 2008 will need to have all visits beyond April 15, 2008 authorized by OrthoNet.

2). Does the initial evaluation need to be authorized?

Initial therapy visits do not require authorization in this program. However, all subsequent visits after the initial evaluation do require authorization from OrthoNet prior to the patient being treated.

Please follow the procedures outlined below for requesting additional therapy visits after the initial evaluation. Please make sure that you use an OrthoNet Fax Request Form for all therapy visit requests.

3). How do I submit a request for additional therapy visits?

A. Complete the Fax Request Form.

Providers should use the “CIGNA Therapy Fax Request Form” when submitting a request for therapy service approval. The form is available by either contacting the Provider Services Department (1-866-874-0727) or via download from www.orthonet-online.com. Providers should PRINT all requested information in black ink, printing one character per box. Providers should also completely fill in each circle that represents the corresponding NUMBER entry where applicable. Keep in mind that, in order to prevent any delays in processing, the form should be filled out completely, with no stray marks.
CIGNA Health Plan

The form should be a direct copy of the original. Please do not use forms that have been photocopied several times, are crooked or have any parts of the form cut off. In the “Therapy Provider Information” section, providers should list either the facility name or treating provider name with the corresponding provider identification number. Also, to identify offices with multiple locations, providers should complete the address, city, state and ZIP code fields of the location where the member is to be treated.

In the “Member Information” section, providers should fill in the member’s name, date of birth and CIGNA identification number, from left to right.

In the “Request Information” section, providers should fill in the appropriate request type circle and complete the fields that indicate the request type, service type, whether the visits will be used for post-operative therapy, date of initial evaluation, diagnosis and requested number of visits.

Frequently Asked Questions (Continued)

B. Submit the Fax Request Form.
   Please fax the completed form along with a copy of the completed PT/OT Initial Evaluation Report Form or its’ equivalent, to OrthoNet’s Medical Management Fax Server at 1-888-230-6265. Please submit only Fax Request Forms and any associated documents (i.e. written prescription) to this number.

   If you do not have any Fax Request Forms they may be obtained by accessing our website at www.orthonet-online.com or by calling OrthoNet’s Provider Services Department at 1-866-874-0727 and a package will be mailed to you.

C. Receive the authorization number.
   It is OrthoNet’s goal to review the request and supporting clinical data, verify eligibility/benefits, render a determination and assign an authorization number, if approved, within one (1) business day following the receipt of all necessary information.

   Providers will be notified via fax of the authorization number assigned and the number of visits approved.

4). Can I submit requests for additional therapy visits via the internet?

   OrthoNet Network providers can submit therapy service requests on-line for select post operative conditions after the initial evaluation via OrthoNet’s website - www.orthonet-online.com.

   To register for an OrthoNet web account please contact our Web Support Line at 1-800-771-3195.

   By establishing a web account with OrthoNet, additional features are available to practitioners which include the following:

   • Check status of authorization requests
   • Check status of submitted claims
   • Reprint copies of authorization letters
   • Submit online authorization requests for therapy services
CIGNA Health Plan

5). What will OrthoNet need to render a decision on my request?

In order for OrthoNet to promptly respond to your request, objective clinical data needs to be supplied. Examples of objective clinical data include, but are not limited to: strength, active range of motion, functional status, short and long term treatment goals, and a treatment plan.

This information may be supplied on OrthoNet’s PT/OT Initial Evaluation Report Form, Functional Progress Chart, or on your own forms or clinical notes that would supply the same information.

Frequently Asked Questions (Continued)

6). Who will be reviewing my request?

Your request for additional visits will be reviewed by a licensed rehabilitation professional. Furthermore, OrthoNet has board-certified physicians and professionals that are experienced in the areas of orthopedics, neurology, pediatrics and sports medicine who are also part of the utilization review process.

7). When will the decision be made?

OrthoNet understands the importance of the continuity of care for patients receiving rehabilitation services. In order to maintain this continuity, OrthoNet’s goal is to review the request and supporting clinical data, verify eligibility/benefits, render a determination and assign an authorization number, if approved, within one (1) business day following the receipt of all necessary information.

8). How will I find out about the decision?

OrthoNet will fax all notification letters to providers after a decision has been made. These letters will be sent to the fax number that we have on file for each provider location. This is why it is especially important for facilities that have more than one location to specify the treating location on the Fax Request Form. Providers who have established a web account with OrthoNet can check the status of requests online at www.orthonet-online.com. Providers can also reprint copies of authorization letters using this web account.

9). Why do I have to use OrthoNet’s Fax Request Form?

Due to the high volume of requests and updates received daily at OrthoNet, it is imperative that all fax submissions be accompanied by an OrthoNet Fax Request Form. This enables OrthoNet to identify, route, track and review all submissions in a prompt and efficient manner. Submissions without the form or incomplete forms can not be processed.

Providers who have established a web account with OrthoNet can submit initial requests for the first set of additional therapy services after the initial evaluation online for select post operative conditions via OrthoNet’s website - www.orthonet-online.com without the requirement to submit a Therapy Fax Request Form. Although the Fax Request Form is not utilized during this process, the same type of information is required for submission.
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10). Can I treat prior to authorization?

If you treat a patient prior to OrthoNet’s authorization determination, for those visits, please be advised that authorization may not have been given and/or the patient might not be eligible for benefits. Should you need to, you may call OrthoNet’s Provider Service Department at 1-866-874-0727 to ascertain the status of a member’s authorization request.

Frequently Asked Questions (Continued)

Our authorizations all bear expiration dates. Should you wish to request an extension of an unexpired authorization, please call OrthoNet’s Provider Service Department at 1-866-874-0727 prior to the expiration date of the current authorization. OrthoNet’s policy is that expiration dates will be extended if calls are received prior to the expiration date as long as it fits within the member’s benefit timeframes.

11). Where do I submit claims?

Paper claims can be mailed to OrthoNet at the following address:

OrthoNet
ATTN: Claims Department
P.O. Box 5016
White Plains, NY 10602

OrthoNet can not accept and/or process any faxed claims.

Electronic submissions are accepted using WebMD. You must provide WebMD # 13381 as the Payor identification number. If you have any questions on electronic submissions, you may contact WebMD directly at 1-800-845-6592.

12). Where do I send claim appeals?

Only those claims processed by OrthoNet are subject to appeal through OrthoNet. Claim Appeals can be mailed to OrthoNet at the following address:

OrthoNet
ATTN: Claims Appeal Department
P.O. Box 5054
White Plains, NY 10602

You may also fax the information to OrthoNet’s Correspondence Department at 1-914-949-4929.

13). What is the claims filing time?

OrthoNet Network providers have 90 days from the date of service to submit their claims. If a provider wishes to have their claims adjudicated, it must be requested within 90 days from the last denied or paid date on the claim.
14). Can I verify claims status online?

By establishing a web account with OrthoNet at - www.orthonet-online.com, OrthoNet contracted providers can review status of all claims for services authorized by OrthoNet.

To register for an OrthoNet web account please contact our Web Support Line at 1-800-771-3195.

Frequently Asked Questions (Continued)

15). Does OrthoNet provide other services through its website?

OrthoNet’s website, www.orthonet-online.com, provides network practitioners with a variety of tools to reduce the administrative burden. In addition, it contains useful information regarding OrthoNet’s active programs, policies and procedures, and can be used to download forms and obtain answers to frequently asked questions for all programs managed by OrthoNet.

By establishing a web account with OrthoNet, additional features are available to practitioners which include the following:

- Check status of authorization requests
- Check status of submitted claims
- Reprint copies of authorization letters
- Submit online authorization requests for therapy services

By utilizing the various features of OrthoNet’s website, network provider offices can save significant administrative time. To register for an OrthoNet web account please contact our Web Support Line at 1-800-771-3195.

If you should have additional questions regarding this program please visit our website at www.orthonet-online.com or contact OrthoNet’s Provider Services Department at 1-866-874-0727 for further assistance.