Cigna LifeSOURCE is committed to providing access to quality transplant care, improved health and lower costs.
Introducing the Cigna LifeSOURCE Health Care Provider Manual May 2018 edition. If you have the previous edition, please be sure to replace it with this up-to-date version.

Enclosed you will find information regarding contacts, claims, terminology, network requirements and more. This document provides a comprehensive guide to the policies and procedures Cigna LifeSOURCE employs to help you manage Cigna's customers who face transplant.

Please note, state law may supersede information provided in this manual. Please check your facility’s contract for state-specific information. To check state-specific information, please visit the Cigna for Professionals website (CignaforHCP.com). You must register to view the site, but registration is free.

We hope this Health Care Provider Manual helps you as we work together to help ensure that Cigna LifeSOURCE customers – your patients – receive quality transplant care.

Sincerely,
The Cigna LifeSOURCE Team
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The Components of Cigna LifeSOURCE

The Cigna LifeSOURCE Transplant Network focuses on quality service to our customers and health care providers. They include:

- National quality program and credentialing
- A comprehensive transplant case management unit
- Coverage positions
- Specially trained claims personnel
- Dedicated contracting and clinical staff
- Travel benefits

Health care and transplant professionals head up the Cigna LifeSOURCE Team. This team of dedicated individuals works to uphold and improve all aspects of the Cigna LifeSOURCE Transplant Network®.
The Cigna LifeSOURCE Transplant Network identifies the stages of transplantation as “zones.”

Zone 1
Evaluation

This is the candidacy period. The customer is evaluated by the transplant team to determine if he or she is an acceptable candidate for a transplant. Please contact the transplant case management department prior to referring the patient for a transplant consultation to ensure the correct authorizations are in place.

This zone includes all diagnostic tests performed on the customer and a live donor, if applicable. The transplant center is expected to provide all diagnostic tests. Such tests are not to be outsourced.

While some tests, such as colorectal testing, gynecological and dental exams, may seem less critical to transplant, they are required to ascertain the health status of Cigna LifeSOURCE customers facing transplant. If you are in doubt about required testing, please consult customers’ case manager.

Unless otherwise stated in your facility’s contract, the zone begins when the customer starts the evaluation and must be preapproved by Cigna for the evaluation. It ends on the date the patient is accepted into the hospital’s transplant program or deemed not acceptable as a transplant candidate.
Zone 2

Pre-transplant

Zone 2 is the pre-transplant period that occurs after Zone 1 and continues until the day prior to the transplant procedure or the beginning of the transplant event. Non-transplant related care (for the underlying disease condition) is typically excluded from this zone. Please contact the transplant case management department prior to listing the patient for a transplant to ensure that correct authorizations are in place.

Solid Organs

For solid organs, this zone includes transplant-related care only for routine surveillance of the recipient as needed to maintain the recipient’s candidacy status. This includes any testing that would need to be done to determine organ function, clinic visits, registry charges, etc. Zone 2 does not include ongoing maintenance care such as renal dialysis.

BMT/SCT/Cord Blood

In typical contract language for autologous bone marrow/stem cell transplants, the beginning of this zone is represented by the acceptance of the participant into the hospital’s transplant program unless your facility’s contract specifies otherwise.

For allogeneic bone marrow/stem cell transplants, the candidacy zone typically starts after the recipient has been accepted into the program and ends the day prior to the transplant event.

Please note, approval is only given for one year at a time. When a patient approaches one year in Zone 2, the case manager will contact your transplant program to find out the status of the patient and to assess whether or not to extend Zone 2 approval.
Zone 3

Transplant Event

For solid organ transplants, Zone 3 typically begins on the day of or the day prior to the transplant procedure and ends when the recipient is discharged from the hospital.

For autologous- and allogeneic-related bone marrow/stem cell transplants, the transplant event zone typically begins with mobilization.

For allogeneic unrelated bone marrow/stem cell/cord blood transplants, Zone 3 typically begins with the onset of preparative regimen. It may end on the day of discharge from the transplant admission. Please refer to your facility's contract.

Zone 3 includes living donor services for up to 30 days after the date of donation.

All transplant-related services for recipient provided during this time are included in the Zone 3 rate unless there is a specific exclusion referenced in the contract. Please refer to your specific contract for terms related to the management and treatment of the underlying disease.

The Zone 3 start date and end date is specific to each transplant facility's contract. Please consult your contract to determine the exact end date.

Note: The infusion of stem cells including donor cells that is being done as a “boost” to enhance cell recovery is not considered to be a transplant and will be included in the Zone 3 rate if performed during the Zone 3 period.
Zone 4
Post-transplant Follow-up

The time period typically included in this zone is one year.

Your facility's contract should be reviewed for the specific amount of time and the services included in this zone.

Zone 4 includes all transplant-related follow-up care for the recipient.
Cigna LifeSOURCE and Quality Performance

The foundation of the Cigna LifeSOURCE Transplant Network is our quality performance program and credentialing process managed through the Network Performance Review Committee (NPRC).

The credentialing process is essential in assuring quality performance and in providing Cigna customers and their families with access to excellence in transplant care. Each transplant program under network consideration begins the credentialing process by completing a Request for Information (RFI). The Cigna LifeSOURCE network uses the United Network for Organ Sharing (UNOS) standardized RFI form for all solid organ transplant procedures and the American Society of Blood and Marrow Transplantation (ASBMT) standardized RFI form for all bone marrow/stem cell procedures to support consistency in the process. The RFI provides program-specific data which is evaluated against the Cigna LifeSOURCE performance guidelines, which are developed for each transplant type. Critical components evaluated in the RFI include the following.

- Annual volumes of transplant procedures
- Patient survival
- Graft survival
- Transplant wait time
- Mortality on wait list
- Facility support
- Readmission rates
- Complication rates
- Team stability
- Team training and experience
- Quality improvement program
- Protocols (patient selection, pre- and post-transplant management)
- Patient safety
- Communication systems
Quality Review Process

To ensure ongoing quality in its network, Cigna LifeSOURCE annually evaluates each transplant program to determine continued compliance with established guidelines (please review the following pages for more details).

The following steps are followed to review the quality of each transplant program that has been designated as a Cigna LifeSOURCE Program of Excellence.

1. For solid programs, a review of the most recent outcome and volume data on [https://www.srtr.org/](https://www.srtr.org/) and [https://optn.transplant.hrsa.gov/](https://optn.transplant.hrsa.gov/) is used to determine if the program continues to meet the Cigna LifeSOURCE transplant program inclusion guidelines. Pediatric program one-year observed versus expected values are considered with the Program of Excellence, demonstrating the observed values to be equal to or less than the expected.

   Adult program outcomes are indexed based on a calculated Relative Performance Index (RPI). This RPI is determined from four statistical components; the upper bound credible interval of the hazard ratio for mortality rate, graft and patient one-year survival rates and the lower bound credible interval of the hazard ratio for waitlist transplant rates. These metrics are evaluated for each program to create the RPI and then compared with their peers in the same UNOS region. Programs in the upper half of the Relative Performance Index (RPI) for each UNOS region will remain as Programs of Excellence.

2. Solid Organ Programs of Excellence that fall into the lower half of the RPI may move to the Supplemental tier level.

3. For BMT programs, a review of the YTD volumes, and 100-day outcomes and utilization data information as presented on the standardized ASBMT RFI form will determine if the program is listed as a Program of Excellence or Supplemental.
Communicating Your Staff and Program Changes

While the Director of Quality will ask you in the annual review if you have had any changes in your transplant staff or operation of your transplant program, it is important that you let us know when any changes happen. This is a requirement of most Cigna LifeSOURCE contracts. Please email Adriana Mariani at Adriana.Mariani@Cigna.com with any personnel changes or program status changes.
Performance Guidelines for Network Inclusion

All facilities being considered for the Cigna LifeSOURCE Transplant Network must (1) be a Cigna participating provider for all lines of business and (2) maintain hospital accreditation. (e.g., Joint Commission of Hospital Accreditation or the National Integrated Accreditation for Healthcare Organizations (NIAHO) by Det Norske Veritas (DNV) Healthcare).

In addition, each program at a facility must meet the following accreditations prior to network consideration.

› Centers for Medicare and Medicaid Service (CMS) certification – for solid organ programs – cms.hhs.gov
› Foundation for the Accreditation of Cellular Therapy (FACT) accreditation – for bone marrow transplant (BMT) programs – factwebsite.org
› National Marrow Donor Program (NMDP) participation – for BMT programs – marrow.org

1 **Minimum volume guidelines**

**Solid organ program annual volume guidelines**
Must be met for two consecutive calendar years unless otherwise specified.

<table>
<thead>
<tr>
<th></th>
<th>Adult</th>
<th>Pediatric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart</td>
<td>12</td>
<td>Average of 5 in the 2 most recent years</td>
</tr>
<tr>
<td>Lung</td>
<td>12</td>
<td>Minimum of 1 in the 2 most recent years</td>
</tr>
<tr>
<td>Liver</td>
<td>12*</td>
<td>5</td>
</tr>
<tr>
<td>Kidney</td>
<td>30**</td>
<td>5</td>
</tr>
<tr>
<td>Intestinal</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>PTA/PAK/SPK***</td>
<td>6 – kidney program must be approved</td>
<td>n/a</td>
</tr>
</tbody>
</table>

* Adult liver – 12 total combined deceased and living donor.
** Adult kidney – 30 total combined deceased and living donor.
*** Pancreas Transplant Alone (PTA), Pancreas After Kidney (PAK), Simultaneous Pancreas Kidney (SPK)

**Bone marrow transplant/stem cell transplant (BMT/SCT) program annual volume guidelines**
Must be met for two consecutive calendar years unless otherwise specified.

› Adult: 50 total, with at least 25 being allogeneic
› Pediatric: 15 total
Performance Guidelines for Network Inclusion
(continued)

2 Solid organ program annual outcome guidelines for Program of Excellence and Supplemental network tiers

**Program of Excellence**

Adult programs in the upper half of the Relative Performance Index (RPI) for each United Network for Organ Sharing (UNOS) region will be considered for the Program of Excellence tier.

**The RPI is based on four statistical components**

The upper bound of the credible (or confidence) interval of the hazard ratio for the mortality rate, graft and patient one-year survival rates; and the lower bound credible interval of the hazard ratio of the waitlist transplant rate. The waitlist transplant rate will not be included in the RPI calculation for the adult heart and lung transplant programs.

- **Graft Failure Ratio (O/E):** Number of observed graft failures compared with those expected based on the national experience.
- **Patient Death Ratio (O/E):** Number of observed patient deaths compared with those expected based on the national experience.
- **Transplant rate among waitlist patients:** Measures how frequently patients on a program’s waiting list undergo transplantation in a current year based on national experience.
- **Mortality rate among waitlist patients:** Measures how frequently patients listed for transplant at a program die before undergoing transplant.

**Supplemental**

Includes transplant programs in the lower half of the RPI by UNOS region and programs that do not meet minimum volumes.

For Pediatric Heart and Lung programs, the transplant program must have the one year data reported in the Scientific Registry of Transplant Recipients (SRTR) website. For new program network consideration, the program must be in existence for a minimum of two years performing transplants.

3 Ventricular Assist Device (VAD) Network

- **Heart transplant program must be contracted as a Program of Excellence in the Cigna LifeSOURCE Transplant Network in order for the VAD program to be included in the Cigna LifeSOURCE VAD Network.** The VAD program must obtain and maintain CMS certification for Destination Therapy and hold accreditation by the Joint Commission or DNV Healthcare.
Performance Guidelines for Network Inclusion
(continued)

4 BMT/SCT program annual outcome standards – Program of Excellence and Supplemental

Program of Excellence
› Adult and pediatric must have FACT certification and NMDP participation.
› 100-day survival standards must be met: 90% for autologous and 60% for allogeneic.
› Programs should not be listed as “underperforming” on the Annual Center for International Blood and Marrow Transplant Research (CIBMTR) Transplant Center Specific Survival Report. Programs currently designated as POE that are listed as “underperforming” (-1) on this report for TWO consecutive years will move from the POE network level to the Supplemental level during the annual survey of network transplant programs.
› If programs move to the Supplemental level, they must have TWO consecutive years of performing as expected or better than expected to be reinstated to the POE level.

Supplemental:
› BMT/SCT adult and pediatric programs must achieve FACT and NMDP transplant center certification, and demonstrate active program volumes each year.

5 Programs currently in the LifeSOURCE network
› Programs of Excellence must continue to meet the minimum volume and outcome performance requirements on an annual basis.
› Programs must comply with the Annual Review of Transplant Programs. Programs that do not respond may be subject to administrative action under the terms of their agreement with Cigna.
› Programs of Excellence that do not continue to meet the minimum volume, experience statistically lower than expected graft or patient outcomes, or their RPI is lower than the 50th percentile in their UNOS region, may move to the Supplemental level.
› Supplemental programs that are at risk of losing accreditations or certifications will be removed from the Supplemental listing.
› Programs should not be listed as “underperforming” in the Annual CIBMTR Transplant Center Specific Survival Report. Programs listed as underperforming (-1) on this report for TWO consecutive years - will move from the Program of Excellence to Supplemental status during the annual survey of network transplant programs.
Customer Handbook

As Cigna customers are identified as potential transplant patients, they are sent a handbook called, “By Your Side.”

This customer handbook includes extensive information on how a customer can best use his or her benefits.

If your Cigna patient does not have a handbook, he or she can get one from his or her Transplant Case Manager.

Note: Cigna-HealthSpring Medicare Advantage customers (excluding Cigna-HealthSpring Arizona Medicare Advantage customers) do not receive a customer handbook.
Role/Relationship of Case Manager

Purpose
The Transplant Case Management Unit includes Utilization Review and Case Management services. It is designed to objectively monitor, evaluate and positively influence the provision and cost of medical care rendered to those customers referred for transplant case management services in accordance with the terms of the customer’s benefit plan.

Goals and objectives
The Transplant Case Management Unit’s goal is to effectively use available health care resources to ensure and provide quality and appropriate care. This is accomplished by:

› Consistently evaluating procedures and/or treatments to determine the appropriate level of care and health care setting in which the care is to be rendered. This includes transplant-related and other medical services required by a transplant patient while his/her case is “open.”

› Providing and promoting access to appropriate and cost-efficient health care services through appropriate referral to a Cigna LifeSOURCE facility, providing customer education, facilitating communication and developing partnerships among consumers, health care providers and Cigna in an effort to enhance cooperation and appropriate use of health care services.

› Managing all transplant participants, especially those who are considered at risk of requiring extensive or ongoing health care services or of developing significant health care complications, and facilitating coordination and continuity of care to assist health care providers in achieving optimal medical outcomes.

› Delivering our services in a customer-service-focused platform. This includes allowing reasonable access and timely communication of decisions made during the transplant case management process.

› Providing services in compliance with requirements of regulatory and accrediting bodies.

› Maintaining strict adherence to participant confidentiality.

› Partnering with the National Quality Review Council to identify and improve transplant service and provide effective monitoring and evaluation of participant care and services.

› Promptly identifying and analyzing opportunities to improve service level, implementing action and follow-up.

› Communicating quality-of-care concerns, as appropriate, to the Cigna Health Plans, Cigna LifeSOURCE medical director(s) and/or Council.

Please call the Transplant Case Manager assigned to your patient prior to providing any services.

Please note that if a participant has Medicare as their primary insurance due to end stage renal disease or kidney transplant the Transplant Case Management Unit will not manage those transplant participants.
Contact Listing for Transplant Case Management Unit

Pittsburgh Care Center
Attn: Transplant Case Management
2000 Park Lane Drive
Pittsburgh, PA 15275

Hours of operation 8:00 am–6:00 pm EST

General LifeSOURCE Case Management Transplant Unit numbers

<table>
<thead>
<tr>
<th>Number</th>
<th>Type of line/response</th>
<th>Intended uses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.800.668.9682</td>
<td>Prompts will direct the caller to the appropriate confidential mailbox</td>
<td>All new referrals should go to this number</td>
</tr>
<tr>
<td></td>
<td>Calls regarding urgent requests will be returned within two hours. Other calls will be returned within 24–48 hours</td>
<td>Questions from facilities or other sources in regard to an active case should be directed to this line for contact with the case manager</td>
</tr>
<tr>
<td></td>
<td>All urgent requests require confirmation that the physician responsible has specifically stated that a determination is medically urgent.</td>
<td></td>
</tr>
<tr>
<td>1.877.598.2484</td>
<td>FAX</td>
<td>General FAX number</td>
</tr>
</tbody>
</table>

The Transplant Case Manager is your direct link to all pre-authorizations for transplant and non-transplant related services. Once your patient enters transplant case management, all services are handled by the assigned case manager for total patient care.

Examples of when the case manager should be contacted include, but are not limited to:

- Prior to the patient’s transplant consultation
- To obtain Zone 1 evaluation testing approval
- Prior to any movement between Zones
- Prior to listing for the transplant
- Prior to any inpatient admission, whether transplant related or not
- Prior to all specific tests, such as MRI, CT Scans, PET Scans, etc.
- Prior to scheduling any home health care, DME, infusions (including IVIG), etc.
- To obtain pre-authorization per benefit plan specific requirements

Frequent contact with the assigned case manager is vital to ensuring that all care is approved and authorized. If there is any question as to whether a service requires pre-authorization, the assigned case manager will be able to accurately advise you. This partnership helps to provide the best care and coverage for our customer/your patient.
Criteria Tools

Coverage Positions/Clinical Resource Tools/Criteria

When appropriate, the following guidelines are used for prior authorization, concurrent and retrospective review of coverage for transplant-related services, non-transplant services and procedures, inpatient admissions and home care services.

- Coverage Positions (CPs) are developed and maintained under the Cigna Clinical Review Unit (CRU) medical management unit under the direction of Cigna LifeSOURCE medical director(s). These are developed, maintained and reviewed for all transplant procedures, including living donors.

Cigna LifeSOURCE recognizes that transplant procedures are varied and change as medicine advances. Thus, we have posted our coverage criteria for transplantation on a website so that we may keep it up to date.

For up-to-date Cigna LifeSOURCE coverage criteria for various transplant procedures, please visit the Cigna website at Cigna.com/health/provider/medical/index.html

Click on Review coverage policies, then on View Documents under Medical Administrative A-Z Index or Medical and Administrative Categories. From there, click on the procedure to find the appropriate Cigna LifeSOURCE criteria.

- Milliman Care Guidelines for elective and emergent, inpatient, outpatient and home care services.

- Optimal Treatment Guidelines (OTG) for appropriateness of surgical procedures and alternative diagnostic and treatment approaches.

- Tools to Administer Benefits (TABS), and Administrative Policies and Procedures (APP).
Clinical Coverage Decisions and Appeals

Prior authorization

While Cigna has eliminated some precertification (prior authorization) requirements, we still believe precertification in situations such as transplant continues to deliver value for you and your patients.

Precertification is required for all zone movement.

- Consultations for transplant should be preapproved even if not asking for evaluation approval
- Should be used to facilitate agreement to zone dates
- Serves as point of entry to validate eligibility and coverage
- Precertification required for all IVIG, Cardiac Assist Devices, Clinical Trials and Donor Searches (related and unrelated)

Please note that prior authorization must be obtained for additional surgical procedures that are performed on the same day as the transplant procedure or in the same admission as the transplant.

Authorization process

1. Call 800.668.9682 and follow phone prompts to reach a transplant referral analyst; fax to 877.598.2824

2. An analyst assigns the case to a Transplant Case Manager and benefit specialist

3. The case manager will contact you and inform you of the customer’s basic transplant coverage

4. If transplant is recommended following evaluation, contact Transplant Case Manager with evaluation results including:

   - Results of evaluation testing
   - Letter recommending transplant event approval
Clinical Coverage Decisions and Appeals (continued)

**Coverage determinations**
Only a Medical Director can deny authorization for clinically based services. A participant, his or her authorized representative, or a health care provider has the right to appeal a denial of coverage for services.

**Appeals of coverage determinations**
This process generally includes provisions for expedited appeals (where appropriate), at least one level of internal appeal and, in many instances, an external review conducted by an independent review organization. The appeals process may be adjusted to comply with state and/or federal guidelines.

**Clinical trial determinations**
A Cigna customer’s participation in a clinical trial is dependent upon that participant’s specific benefit language and on legislative mandates. Please discuss with the Transplant Case Manager as soon as you think a participant might be a candidate for a clinical trial prior to signing them up for the trial.
Transplant Case Management Referral Process

1. Use the editable Referral Form at https://CignaLifeSOURCE.com under Healthcare Providers. Download the form, add the information requested and fax to 1.877.598.2484.
2. Call the Transplant Case Management Unit at 1.800.668.9682 (see below).
3. Fax a copy of the form on pages 22 and 23 to 1.877.598.2484.

If you choose to call, please provide the Transplant Referral Analyst with the following:
- Patient’s first name and last name, with spelling
- Patient’s Cigna ID number
- Caller’s name and return phone number
- Transplant type requested and date of planned evaluation or procedure (if known)

Case is assigned to a Transplant Case Manager who will:
1. Work with a Coverage Specialist to verify the eligibility of the customer
2. Review coverage information
3. Contact the health care provider/facility
4. Contact the customer

You must contact the Transplant Case Manager before providing any services.
Cigna LifeSOURCE Transplant Network® Referral Form

Complete this editable Referral Form found at CignaLifeSOURCE.com under Healthcare providers and fax it to 1.877.598.2484. An example of the form is found on this page and continued on page 23.

*Indicates a required field.

Date: ______________________________________________________________________

* Name of person making referral: ______________________________________________________________________

* Call back number: ______________________________________________________________________

* Patient’s name: ______________________________________________________________________

* Date of birth: ______________________________________________________________________

* Insured’s ID #: ______________________________________________________________________

* Member’s ID #: ______________________________________________________________________

* Group Account #: ______________________________________________________________________

* Employer: ______________________________________________________________________

* Patient’s address:____________________________________________________________________

____________________________________________________________________________________

* Patient’s Phone: ______________________________________________________________________

Doctor information

* Name: ______________________________________________________________________

* Address: ______________________________________________________________________

* City: ___________________________ * State: ______ * ZIP code:____________________

* Phone: ______________________________________________________________________

* TIN: ______________________________________________________________________
**Facility information**

* Name: ____________________________________________________________

* Address: __________________________________________________________

* City: ___________________________  * State: ______  * ZIP code: ____________

* Phone: __________________________________________________________

* TIN: ____________________________________________________________

* Transplant coordinator: ____________________________________________

* Phone: __________________________________________________________

* Financial coordinator: _____________________________________________

* Phone: __________________________________________________________

**Transplant information**

* Transplant type: _________________________________________________

* Diagnosis: _______________________________________________________

* Has patient started evaluation?  □ Yes  □ No

If so, when? _________________________________________________________

Is patient on dialysis? (if applicable)  □ Yes  □ No

If so, when started? _________________________________________________

Type of dialysis  □ Hemodialysis  □ Peritoneal

If bone marrow transplant (check applicable)

□ Auto  □ Allo  □ Related  □ Unrelated

If lung transplant (check applicable)  □ Single  □ Double

* Other Insurance?  □ Yes  □ No

If so, what company? _________________________________________________

Who is the primary carrier? ____________________________________________

This is not a request for medical records; no payment will be made for medical records sent. Submitting this Referral Form does not guarantee services will be certified as medically necessary and/or covered under the applicable health benefit plan. Once the completed form is returned, a Transplant Case Manager should contact you within 24–48 hours.

Thank you
Medical Documentation Checklists

Case managers in the Transplant Case Management Unit use checklists similar to the following to ensure all needed tests have been done and submitted. We hope you can use them as a guide to Cigna’s needs as we manage your patients’ coverage.

In order to perform the most complete review possible, Transplant Case Managers typically request the information in the transplant-specific checklists on the following pages. Please include all documents that include or refer to the information the physician or hospital reviewed or relied upon in reaching the decision to transplant a patient. Please note that an authorization for coverage decision will NOT be made until these records are received and reviewed.
Referral

Medical documentation necessary for referral for evaluation – obtain from PCP or SCP

The following information should be requested of all participants.

› Letter of medical necessity describing transplant procedure
  or
› Clinical data to support the request
Stem Cell/Bone Marrow Transplant – Adult Allogeneic

These checklists are to be used as a guide and are not absolute. Please contact your patient’s case manager if you have questions or concerns.

Cardiopulmonary
- Chest x-ray or CT of the chest
- EKG
- Echocardiography
- Pulmonary function testing with DLCO and ABG (on room air)

Labs
- CBC, chemistry panel, liver profile and renal profile
- ABO blood type & HLA typing (allogeneic only)
- HIV status
- Hepatitis serologies

Cancer surveillance
- Age 50 and older – age and condition appropriate colon cancer screening (can include colonoscopy or sigmoidoscopy or fecal occult blood test x3, computed tomographic (CTC)/virtual colonoscopy, stool-based deoxyribonucleic acid (DNA) (Cologuard))
- Females age 21 and older – gynecological exam with Pap smear within the past three years unless ANC < 1000
- Females age 50 and older – mammography within the past three years

Other requirements
- Recent history and complete physical examination (including rectal/pelvic, breast and oral/dental, unless contraindicated)
- Psychosocial evaluation performed
- Dental clearance, if abnormal physical exam
- PPD testing for tuberculosis with history of exposure, past history or family history of tuberculosis, or abnormal chest x-ray
- Protocol or written transplant treatment plan
- Additional testing or clearance required by the transplant team to address any comorbidities not included above

Please include all documents that include or refer to the information the doctor or hospital reviewed or relied upon in reaching the decision to transplant this patient. Please note that an authorization for coverage decision will NOT be made until these records are received and reviewed.
Stem Cell/Bone Marrow Transplant – Pediatric Allogeneic

These checklists are to be used as a guide and are not absolute. Please contact your patient's case manager if you have questions or concerns.

Cardiopulmonary
- Chest x-ray or CT of the chest
- EKG
- Echocardiography

Labs
- CBC, chemistry panel, liver profile and renal profile
- ABO blood type and HLA typing (allogeneic only)
- HIV status
- Hepatitis serologies

Other requirements
- Recent history and complete physical examination (including oral/dental component and breast/rectal/pelvis examination as age and condition appropriate)
- Psychosocial evaluation of caregivers performed at the transplant center
- Protocol or written transplant treatment plan
- Additional testing or clearance required by the transplant team to address any comorbidities not included above
- PPD testing for tuberculosis with history of exposure, past history, family history of tuberculosis or abnormal chest x-ray
- Dental clearance, if abnormal physical exam

Please include all documents that include or refer to the information the doctor or hospital reviewed or relied upon in reaching the decision to transplant this patient. Please note that an authorization for coverage decision will NOT be made until these records are received and reviewed.
Stem Cell/Bone Marrow Transplant – Adult Autologous

These checklists are to be used as a guide and are not absolute. Please contact your patient’s case manager if you have questions or concerns.

Cardiopulmonary
- Chest x-ray or CT of the chest
- EKG
- Echocardiography

Labs
- CBC, chemistry panel, liver profile and renal profile
- HIV status
- Hepatitis serologies
- ABO blood type

Cancer surveillance
- Age 50 and older – age and condition appropriate colon cancer screening (can include colonoscopy or sigmoidoscopy or fecal occult blood test x3, computed tomographic (CTC)/virtual colonoscopy, stool-based deoxyribonucleic acid (DNA) (Cologuard))

- Females age 21 and older – gynecological exam within the past three years unless ANC < 1000

- Females age 50 and older – mammography within the past three years

Other requirements
- Recent history and complete physical examination (including rectal/pelvic, breast and oral/dental, unless contraindicated)

- Psychosocial evaluation performed

- Dental clearance, if abnormal physical exam

- PPD testing for tuberculosis with history of exposure, past history or family history of tuberculosis, or abnormal chest x-ray

- Protocol or written transplant treatment plan

- Additional testing or clearance required by the transplant team to address any comorbidities not included above

Please include all documents that include or refer to the information the doctor or hospital reviewed or relied upon in reaching the decision to transplant this patient. Please note that an authorization for coverage decision will NOT be made until these records are received and reviewed.
# Stem Cell/Bone Marrow Transplant – Pediatric Autologous

These checklists are to be used as a guide and are not absolute. Please contact your patient’s case manager if you have questions or concerns.

**Cardiopulmonary**
- Chest x-ray or CT of the chest
- EKG
- Echocardiography

**Labs**
- CBC, chemistry panel, liver profile and renal profile
- HIV status
- Hepatitis serologies
- ABO blood type

**Other requirements**
- Recent history and complete physical examination (including oral/dental component and breast/rectal/pelvis examination as age and condition appropriate)
- Psychosocial evaluation of caregivers performed at transplant center
- PPD testing for tuberculosis with history of exposure, past history or family history of tuberculosis, or abnormal chest x-ray
- Protocol or written transplant treatment plan
- Additional testing or clearance required by the transplant team to address any comorbidities not included above
- Dental clearance, if abnormal physical exam

Please include all documents that include or refer to the information the doctor or hospital reviewed or relied upon in reaching the decision to transplant this patient. Please note that an authorization for coverage decision will NOT be made until these records are received and reviewed.
Heart or Heart/Lung Transplant – Adult

These checklists are to be used as a guide and are not absolute. Please contact your patient’s case manager if you have questions or concerns.

Cardiopulmonary
- Chest x-ray or CT chest
- EKG
- Echocardiography or cardiac catheterization
- Pulmonary function tests: spirometry, volumes, DLCO and room air arterial blood gas
- VQ scan or CT angiogram: For heart/lung transplants if history of DVT or pulmonary embolism

Labs
- CBC, chemistry panel, liver profile and renal profile
- HIV status
- ABO blood type
- Hepatitis serologies

Cancer surveillance
- Age 50 and older – age and condition appropriate colon cancer screening (can include colonoscopy or sigmoidoscopy or fecal occult blood test x3, computed tomographic (CTC)/virtual colonoscopy, stool-based deoxyribonucleic acid (DNA) (Cologuard))
- Females age 21 and older – gynecological exam within the past three years unless ANC < 1000
- Females age 50 and older – mammography within the past three years

Other requirements
- Recent history and complete physical examination (including rectal/pelvic, breast and oral/dental, unless contraindicated)
- Psychosocial evaluation performed at the transplant center
- Documentation of candidacy approval by Selection Committee
- Dental clearance, if abnormal physical exam
- PPD testing for tuberculosis with history of exposure, past history or family history of tuberculosis, or abnormal chest x-ray
- Additional testing or clearance required by the transplant team to address any comorbidities not included above
- New York Heart Association Functional Class

Please include all documents that include or refer to the information the doctor or hospital reviewed or relied upon in reaching the decision to transplant this patient. Please note that an authorization for coverage decision will NOT be made until these records are received and reviewed.
Heart or Heart/Lung Transplant – Pediatric

These checklists are to be used as a guide and are not absolute. Please contact your patient’s case manager if you have questions or concerns.

**Cardiopulmonary**
- Chest x-ray or CT chest
- EKG
- Echocardiography or cardiac catheterization

**Labs**
- CBC, chemistry panel, liver profile and renal profile
- HIV status
- ABO blood type
- Hepatitis serologies

**Other requirements**
- Recent history and complete physical examination (including oral/dental component and breast/rectal/pelvis examination as age and condition appropriate)
- Psychosocial evaluation of caregivers performed at the transplant center
- Documentation of candidacy approval by Selection Committee
- Dental clearance if abnormal physical exam
- PPD testing for tuberculosis with history of exposure, past history or family history of tuberculosis, or abnormal chest x-ray
- Additional testing or clearance required by the transplant team to address any comorbidities not included above
- New York Heart Association Functional Class

Please include all documents that include or refer to the information the doctor or hospital reviewed or relied upon in reaching the decision to transplant this patient. Please note that an authorization for coverage decision will NOT be made until these records are received and reviewed.
Kidney Transplant – Adult

These checklists are to be used as a guide and are not absolute. Please contact your patient’s case manager if you have questions or concerns.

**Cardiopulmonary**
- Chest x-ray or CT chest
- EKG
- Cardiac clearance if abnormal from physical exam or history of heart failure or heart disease

**Labs**
- CBC, chemistry panel, liver profile and renal profile
- Estimated GFR or creatinine clearance, if not on dialysis
- HIV status
- ABO blood type
- Hepatitis serologies

**Cancer surveillance**
- Age 50 and older – age and condition appropriate colon cancer screening (can include colonoscopy or sigmoidoscopy or fecal occult blood test x3, computed tomographic (CTC)/virtual colonoscopy, stool-based deoxyribonucleic acid (DNA) (Cologuard))
- Females age 21 and older – gynecological exam within the past three years unless ANC < 1000
- Females age 50 and older – mammography within the past three years

**Other requirements**
- Recent history and complete physical examination (including rectal/pelvic, breast and oral/dental)
- Psychosocial evaluation performed at the transplant center
- Documentation of candidacy approval by Selection Committee
- Dental clearance if abnormal physical exam
- PPD testing for tuberculosis with history of exposure, past history or family history of tuberculosis, or abnormal chest x-ray
- Additional testing or clearance required by the transplant team to address any comorbidities not included above

Please include all documents that include or refer to the information the doctor or hospital reviewed or relied upon in reaching the decision to transplant this patient. Please note that an authorization for coverage decision will NOT be made until these records are received and reviewed.
Kidney Transplant – Pediatric

These checklists are to be used as a guide and are not absolute. Please contact your patient’s case manager if you have questions or concerns.

**Cardiopulmonary**
- Chest x-ray or CT chest
- EKG

**Labs**
- CBC, chemistry panel, liver profile and renal profile
- Estimated GFR or creatinine clearance if not on dialysis
- HIV status
- ABO blood type
- Hepatitis serologies

**Other requirements**
- Recent history and complete physical examination (including oral/dental component and breast/rectal/pelvis examination as age and condition appropriate)
- Psychosocial evaluation of caregivers performed at the transplant center
- Documentation of candidacy approval by Selection Committee
- Dental clearance, if abnormal physical exam
- PPD testing for tuberculosis with history of exposure, past history or family history of tuberculosis, or abnormal chest x-ray
- Additional testing or clearance required by the transplant team to address any comorbidities not included above

Please include all documents that include or refer to the information the doctor or hospital reviewed or relied upon in reaching the decision to transplant this patient. Please note that an authorization for coverage decision will NOT be made until these records are received and reviewed.
Liver, Intestine or Multivisceral Transplant – Adult

These checklists are to be used as a guide and are not absolute. Please contact your patient’s case manager if you have questions or concerns.

Cardiopulmonary
- Chest x-ray or CT chest
- EKG
- Cardiac clearance if abnormal from physical exam or history of heart failure or heart disease
- Arterial blood gas and/or pulse oximetry (on room air)

Labs
- CBC, chemistry panel, liver profile and renal profile
- HIV status
- Hepatitis serologies
- ABO blood type
- Abdominal CT or MRI or ultrasound
- Estimated GFR or creatinine clearance if creatinine over 2.0

Cancer surveillance
- Age 50 and older – age and condition appropriate colon cancer screening (can include colonoscopy or sigmoidoscopy or fecal occult blood test x3, computed tomographic (CTC)/virtual colonoscopy, stool-based deoxyribonucleic acid (DNA) (Cologuard))
- Females age 21 and older – gynecological exam within the past three years unless ANC < 1000
- Females age 50 and older – mammography within the past three years

Other requirements
- Recent history and complete physical examination (including rectal/pelvic, breast and oral/dental)
- Psychosocial evaluation performed at the transplant center
- Documentation of candidacy approval by Selection Committee
- MELD Score
- Dental clearance, if abnormal physical exam
- PPD testing for tuberculosis with history of exposure, past history or family history of tuberculosis, or abnormal chest x-ray
- Additional testing or clearance required by the transplant team to address any comorbidities not included above

Please include all documents that include or refer to the information the doctor or hospital reviewed or relied upon in reaching the decision to transplant this patient. Please note that an authorization for coverage decision will NOT be made until these records are received and reviewed.
Liver, Intestine or Multivisceral Transplant – Pediatric

These checklists are to be used as a guide and are not absolute. Please contact your patient’s case manager if you have questions or concerns.

**Cardiopulmonary**
- Chest x-ray or CT chest
- EKG
- Arterial blood gas and/or pulse oximetry (on room air)

**Labs**
- CBC, chemistry panel, liver profile and renal profile
- HIV status
- Hepatitis serologies
- ABO blood type
- Estimated GFR or creatinine clearance if creatinine over 2.0

**Other requirements**
- Recent history and complete physical examination (including oral/dental component and breast/rectal/pelvis examination as age and condition appropriate)
- Abdominal CT or MRI or ultrasound
- Psychosocial evaluation of caregivers performed at the transplant center
- Documentation of candidacy approval by Selection Committee
- PELD score
- Dental clearance, if abnormal physical exam
- PPD testing for tuberculosis with history of exposure, past history or family history of tuberculosis, or abnormal chest x-ray
- Additional testing or clearance required by the transplant team to address any comorbidities not included above

Please include all documents that include or refer to the information the doctor or hospital reviewed or relied upon in reaching the decision to transplant this patient. Please note that an authorization for coverage decision will NOT be made until these records are received and reviewed.
Lung Transplant – Adult

These checklists are to be used as a guide and are not absolute. Please contact your patient’s case manager if you have questions or concerns.

Cardiopulmonary
- Chest x-ray or CT chest
- Pulmonary function tests: spirometry, volumes, DLCO and room air arterial blood gas
- EKG
- Echocardiography or right heart catheterization
- Exercise performance assessment or 6-minute walk
- MRI or CT of Thorax
- CT angiogram or VQ scan if history of DVT or pulmonary embolism, or evidence of pulmonary hypertension on echocardiography or cardiac catheterization

Labs
- CBC, chemistry panel, liver profile and renal profile
- Estimated GFR or creatinine clearance if creatinine is greater than 2.0
- HIV status
- ABO blood type
- Hepatitis serologies

Cancer surveillance
- Age 50 and older – age and condition appropriate colon cancer screening (can include colonoscopy or sigmoidoscopy or fecal occult blood test x3, computed tomographic (CTC)/virtual colonoscopy, stool-based deoxyribonucleic acid (DNA) (Cologuard))

- Females age 21 and older – gynecological exam within the past three years unless ANC < 1000
- Females age 50 and older – mammography within the past three years

Other requirements
- Recent history and complete physical examination (including rectal/pelvic, breast and oral/dental, unless contraindicated)
- Psychosocial evaluation performed at the transplant center
- Documentation of candidacy approval by Selection Committee
- Dental clearance, if abnormal physical exam
- PPD testing for tuberculosis with history of exposure, past history or family history of tuberculosis, or abnormal chest x-ray
- Additional testing or clearance required by the transplant team to address any comorbidities not included above
- New York Heart Association Functional Class

Please include all documents that include or refer to the information the doctor or hospital reviewed or relied upon in reaching the decision to transplant this patient. Please note that an authorization for coverage decision will NOT be made until these records are received and reviewed.
Lung Transplant – Pediatric

These checklists are to be used as a guide and are not absolute. Please contact your patient’s case manager if you have questions or concerns.

**Cardiopulmonary**
- Chest x-ray or CT of the chest
- Room air arterial blood gas
- EKG
- Echocardiography or right heart catheterization

**Labs**
- CBC, chemistry panel, liver profile and renal profile
- HIV status
- ABO blood type
- Hepatitis serologies

**Other requirements**
- Recent history and complete physical examination (including oral/dental component and breast/rectal/pelvis examination as age and condition appropriate)
- Psychosocial evaluation of caregivers performed at the transplant center
- Documentation of candidacy approval by Selection Committee
- Dental clearance, if abnormal physical exam
- PPD testing for tuberculosis with history of exposure, past history or family history of tuberculosis, or abnormal chest x-ray
- Additional testing or clearance required by the transplant team to address any comorbidities not included above
- New York Heart Association Functional Class

Please include all documents that include or refer to the information the doctor or hospital reviewed or relied upon in reaching the decision to transplant this patient. Please note that an authorization for coverage decision will NOT be made until these records are received and reviewed.
Pancreas or Kidney/Pancreas Transplant – Adult

**Cardiopulmonary**
- Chest x-ray or CT chest
- EKG
- Cardiac clearance if abnormal from physical exam or history of heart failure or heart disease

**Labs**
- CBC, chemistry panel, liver profile and renal profile
- Estimated GFR or creatinine clearance if creatinine greater than 2.0
- Hgb A1C
- HIV status
- ABO blood type
- Hepatitis serologies
- C-peptide level

**Cancer surveillance**
- Age 50 and older – age and condition appropriate colon cancer screening (can include colonoscopy or sigmoidoscopy or fecal occult blood test x3, computed tomographic (CTC)/virtual colonoscopy, stool-based deoxyribonucleic acid (DNA) (Cologuard))
- Females age 21 and older – gynecological exam within the past three years unless ANC < 1000
- Females age 50 and older – mammography within the past three years

**Other requirements**
- Recent history and complete physical examination (including rectal/pelvic, breast and oral/dental)
- Psychosocial evaluation performed at the transplant center
- Documentation of candidacy approval by Selection Committee
- Dental clearance, if abnormal physical exam
- PPD testing for tuberculosis with history of exposure, past history or family history of tuberculosis, or abnormal chest x-ray
- Additional testing or clearance required by the transplant team to address any comorbidities not included above

Please include all documents that include or refer to the information the doctor or hospital reviewed or relied upon in reaching the decision to transplant this patient. Please note that an authorization for coverage decision will NOT be made until these records are received and reviewed.
Pancreas or Kidney/Pancreas Transplant – Pediatric

These checklists are to be used as a guide and are not absolute. Please contact your patient’s case manager if you have questions or concerns.

**Cardiopulmonary**
- Chest x-ray or CT chest
- EKG

**Labs**
- CBC, chemistry panel, liver profile and renal profile
- Hgb A1C
- HIV status
- ABO blood type
- Hepatitis serologies
- Estimated GFR or creatinine clearance if creatinine greater than 2.0

**Other requirements**
- Recent history and complete physical examination (including oral/dental component and breast/rectal/pelvis examination as age and condition appropriate)
- Psychosocial evaluation of caregivers performed at the transplant center
- Documentation of candidacy approval by Selection Committee
- Dental clearance, if abnormal physical exam
- PPD testing for tuberculosis with history of exposure, past history or family history of tuberculosis, or abnormal chest x-ray
- Additional testing or clearance required by the transplant team to address any comorbidities not included above

Please include all documents that include or refer to the information the doctor or hospital reviewed or relied upon in reaching the decision to transplant this patient. Please note that an authorization for coverage decision will NOT be made until these records are received and reviewed.
Medicare Eligibility – End Stage Renal Disease (ESRD) and Kidney Transplants

› Does the patient have end stage renal disease and is on dialysis?

› Will the patient be receiving a kidney transplant without having started dialysis prior to the transplant?

If you answered yes to either of the above questions, the patient may be eligible for Medicare Part A and Part B, regardless of age.

Follow up with the Transplant Case Manager to review the patient’s Health Benefit Plan for coverage limitations that may apply when they are eligible for Medicare. The benefit plan may assume enrollment in BOTH MEDICARE PART A&B and pay as SECONDARY even if the patient is not enrolled in Medicare. Follow up with the Transplant Case Manager to discuss the patient’s particular benefit plan.
Claims Submissions

Cigna has several lines of business that account for the transplant referrals that Cigna LifeSOURCE submits to your transplant programs. To ensure accurate and timely claim processing and repricing, please follow these instructions.

› Submit claims to the correct address noted below.
› For questions about where to send a transplant claim for all business lines noted below, please call 800.287.0539.
› Please do not submit claims electronically.
› Do not submit claims to the address on the member’s insurance card.

To check on the status of transplant claims, please call the applicable customer service number below or send an email, if applicable, and provide the following information.

1. Patient’s name
2. Patient’s ID number
3. Dates of service for claims in question
4. Billed charges amount

For Cigna Healthcare members

Including Cigna West, Cigna Global and Shared Administration Repricing (Taft-Hartley) except SAMBA account:

Mail claims to:
Cigna LifeSOURCE Transplant Claims
7555 Goodwin Road
Chattanooga, TN 37421

Customer service for Cigna HealthCare, Cigna Global and Shared Administration: 800.287.0539
Customer service for Cigna West: 855.219.4895

For the SAMBA account:

Mail claims to:
Cigna LifeSOURCE SAMBA
PO Box 188007
Chattanooga, TN 37422

Customer service: 800.287.0539

For Medicare Select Arizona members

Mail claims to:
Cigna LifeSource Transplant Claims
PO Box 38639
Phoenix, AZ 85069

Customer service: 800.627.7534

For Network Access Clients (NAC), including Cigna-HealthSpring and Payer Solutions

Referral letters are typically sent to the transplant program financial coordinator and the managed care office, identifying these individuals and instructing that claims should be submitted to the following address. Please do not submit claims to Chattanooga for these individuals.

Please submit claims to the following address.

Cigna LifeSOURCE NAC Transplant Claims
PO Box 3539
Scranton, PA 18505

Or email them to LifeSOURCENACClaims@Cigna.com

For inquiries, please submit an email to NACServiceRequests@Cigna.com with the information requested above.
Bundle Billing

- If the hospital and physicians are reimbursed under a single Zone 3 case rate, the hospital must bill all hospital and physician claims for services rendered during the transplant admission, or transplant period, as one packet with a cover sheet.

  Interim bills for Zone 3 will be accepted as long as a cover sheet is included with each submission. The Zone 3 case rate payment will be made on the first packet submission. Contract terms and provisions will continue to apply to processing of any subsequent Zone 3 claims. For bone marrow/stem cell transplants, a global packet after each bone marrow/stem cell infusion may be submitted, but the global packet must include all applicable claims for that transplant period.

- If the hospital and physician group have separate Zone 3 case rates, the hospital and physician group must bundle bill their respective claims as outlined above.

Note: Shared Administration Repricing (SAR) and Network Access Clients (NAC) will not process a global case rate zone payment unless all hospital and physician claims are included in the packet, even if there is no inlier or outlier provisions that would apply.
Sample Claims Cover Sheet

<table>
<thead>
<tr>
<th>To: Cigna LifeSOURCE Transplant Network 7555 Goodwin Road Chattanooga, TN 37421</th>
<th>From: Facility Name Department Address City, State, Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments should be made to: Facility Name Tax ID: 99-9999999 Address NPI: 123456789 City, State, Zip</td>
<td></td>
</tr>
</tbody>
</table>

Contact name: ______________________________
Contact number: ______________________________
Date submitted: ______________________________
Patient name: ______________________________
Customer’s ID#: ______________________________
Type of transplant: ______________________________
Auth #: ______________________________

Transplant payment summary

Zone 3 dates: ______________________________
(beginning and end date of zone)

Total hospital charges: ______________________________
Total physician charges: ______________________________
Total billed charges: ______________________________

Expected case rate: ______________________________
Expected reimbursement: ______________________________

Expected outlier reimbursement:
(if applicable) ______________________________

Comments: (any special instructions or comments)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Required Claim Documentation

› Multiple zones should not be billed on one UB claim form, unless specifically identified otherwise in your contract. Typically, the charges for each zone should be on a separate UB claim form.

› Charges for non-transplant-related care should be submitted on a separate UB claim form from the transplant-related care charges.

› Claims for split years must either be submitted with separate UB claim forms for each year OR with an itemization that includes revenue codes and dates of service for each charge.

› There may be other instances in which an itemization is required in order to process your claim. When an itemization is requested, it should always include the revenue code and date of service for each charge.

› Charges for donor should be billed under the recipient’s name and ID number and should be clearly marked as a donor claim. The donor’s name can be included as a remark and the donor’s authorization number should be included on the claim.

Once a patient enters transplant case management, all claims for that patient are handled by our dedicated transplant claims teams – including non-transplant-related services. This dedicated claims service continues for one year post-transplant to ensure that all transplant-related claims are reimbursed accurately.
Cigna Internal Health Care Provider Appeal Policy

1. Payment appeal process

In the event that hospital has a dispute with respect to a payment, the dispute shall be submitted to the Cigna National Appeals Organization within 180 days of the date of receipt of the explanation of payment, for review and resolution.

2. Arbitration of disputes

Disputes regarding hospital's payment that are not resolved through the aforementioned process and any other dispute between the parties regarding the performance or interpretation of the health care provider agreement shall be resolved by arbitration between the parties. Either party may initiate arbitration by providing written notice to the other party.

The terms and conditions of the arbitration provision in the health care provider agreement shall control.

If hospital fails to request an appeal or arbitration of hospital's payment dispute within the applicable time frames, Cigna's last determination regarding the dispute shall be binding on hospital. Hospital shall not bill the participant for payments that are denied on the basis that hospital failed to submit the request for review or arbitration within the required time frames.

For more information on how to appeal a denial, please contact the patient's Transplant Case Manager.
Cigna LifeSOURCE Travel Benefit

Cigna offers a transplant travel benefit to eligible participants up to $10,000 when they choose a Cigna LifeSOURCE Program of Excellence. This benefit covers eligible transportation and lodging for the transplant recipient and one caregiver (up to two caregivers for a dependent minor) when traveling to and from their home and the Cigna LifeSOURCE transplant facility. The recipient must participate in the transplant case management program to be eligible for this benefit. The travel program is available only when Cigna has authorized coverage for a transplant at a Cigna LifeSOURCE Transplant Network facility that is contracted for the specific transplant being requested and when the facility is located more than 60 miles (one-way) from the recipient’s home. The customer must receive approval from their case manager in order to use this benefit. This benefit may not be the same for all customers.
Air Ambulance Transport for Transplant

Air ambulance transport is covered when medically necessary only if: The individual’s medical condition is such that transportation by basic or advanced life support is required; land ambulance is not clinically appropriate due to the medical condition; or land ambulance transportation is not available or feasible.

Important points to note:
1. Coverage for air ambulance transport is limited to the closest appropriate Cigna LifeSOURCE Transplant Network Center of Excellence or other facility as approved by Cigna LifeSOURCE.

2. All air ambulance transport, if covered, for a transplant event or related service is a core medical benefit and is not eligible for reimbursement under the Transplant Travel Benefit. The standard air ambulance benefit applies.

3. Air ambulance transport provided solely for the convenience of the individual is not a covered benefit. Air ambulance is considered a convenience for an individual who chooses to remain outside a reasonable driving distance from the transplant facility while on the waiting list. An individual is expected to remain within a reasonable driving distance from the transplant facility to allow safe transport to the transplant facility within the time frame specified by the facility when an organ becomes available for transplantation.

Cigna has contracted with several air ambulance companies for which we have very competitive rates. Please work with the LifeSOURCE Case Manager to contact a contracted air ambulance provider when appropriate and medically necessary. If an urgent situation arises after business hours, please contact the Health Information Line at 800.856.9286 to arrange for these services.
Vendors and Partners

Cigna LifeSOURCE contracts with various companies for ancillary services.

**Coram® CVS Specialty® infusion services (Coram)**

Coram, a CVS Health company, provides outpatient and in-home infusion and nutrition care, education and coordination to help patients on their path to better health. Coram brings together experienced clinicians, expertise and a drive to do what’s best for patients. This valuable combination increases access to quality care for all patients, especially for complex and chronic cases, while delivering excellent health outcomes and lowering overall health care costs.

As a preferred infusion provider for Cigna LifeSOURCE Transplant Network, Coram delivers high-quality, personalized care to your transplant patients in their home or alternate care setting. With infusion pharmacies and local infusion suites nationwide, Coram can provide services to 97% of the people in the United States.

Coram provides comprehensive pre- and post-transplant therapies, including:

- Anti-infectives
- Immunoglobulins (IVIG, SCIG)
- Immunosuppressive therapies
- Nutritional support (parenteral and enteral nutrition)
- Cardiac/inotropic therapies

Call **800.423.1411** to make a referral. Coram accepts referrals seven days a week.

**CareCentrix**

CareCentrix provides home health services to Cigna customers including those being served through Cigna LifeSOURCE. CareCentrix, with over 30 years of experience, provides quality support to transplant recipients at home.

Go to **CareCentrix.com** for more information about CareCentrix.
Vendors and Partners
(continued)

Cigna Home Delivery Pharmacy
Many Cigna LifeSOURCE customers are eligible to participate in Cigna Home Delivery Pharmacy’s transplant pharmacy prescription program. This program can help customers save substantially on the medication they will need post-transplant. The customer must be eligible for Cigna Home Delivery Pharmacy coverage.

Who is eligible?
Your patients who have Cigna pharmacy coverage.

Transplant discharge orders
As your eligible transplant patient is preparing to be discharged from the hospital, Cigna Home Delivery Pharmacy can ship his or her medications overnight, directly to your transplant facility.

How do I submit an order?
› Call 1.800.351.3606, Option 101 to speak with a specialist to place your order
› Call Steve Wolf, Clinical Transplant RPh at 412.505.7809
› Or fax 1.800.351.3616

If your facility handles the patient’s order at time of discharge, each patient will be supplied a complimentary Transplant Wellness Kit when their order is handled by Cigna Home Delivery Pharmacy.

› Digital BP Monitor
› Seven-day medication chest
› Digital thermometer
› Pill splitter
› Convenient storage tote bag

What medications are supplied?
Cigna Home Delivery Pharmacy dispenses all prescription-only medications associated with transplants including:

› Immunosuppressive medication
› Antiviral medication
› Antifungal medication
Vendors and Partners
(continued)

› Antibiotics
› Self-injectable medication
› Some transplant-related OTC medication
› Diabetes supplies
› Blood pressure and cholesterol medication

What is the billing process?
Cigna Home Delivery Pharmacy can bill Cigna directly for the medications. It can also bill Medicare as either a primary or secondary payer for covered immunosuppressive medication for eligible customers.

How soon will the customer receive the order?
Orders are shipped in time to meet the “needs by” date the customer indicates when the order is placed. We can ship most orders overnight as long as they are received by 3:00 pm EST.

How are medications shipped?
› Overnight shipping available directly to patient or transplant facility
› No charge for overnight shipping
Vendors and Partners
(continued)

Cigna Behavioral Health

Many Cigna LifeSOURCE customers may have access to Cigna Behavioral Health coverage. The psychological impact of serious illness often calls for treatment. Many of your patients have access to benefits including crisis counseling by phone, one-on-one counseling, inpatient psychiatric counseling and more.

Remember, for the entire time your patient is in Transplant Case Management through Cigna LifeSOURCE your client must still work with his or her Transplant Case Manager for behavioral health coverage. The case manager will work with Cigna Behavioral Health.

Your patient must confirm his or her behavioral health coverage through his or her Transplant Case Manager.

For more information on Cigna Behavioral Health, please visit CignaBehavioral.com.
Contact Information
Cigna Lifesource Unit

Cigna LifeSOURCE Unit
Hours of Operation: 8:00 am–5:00 pm EST

<table>
<thead>
<tr>
<th>Cigna LifeSOURCE Unit</th>
<th>Position</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deborah Rodriguez</td>
<td>VP: Cigna LifeSOURCE</td>
<td>1.860.902.2985</td>
<td><a href="mailto:Deborah.Rodriguez@Cigna.com">Deborah.Rodriguez@Cigna.com</a></td>
</tr>
<tr>
<td>Dr. Stephen Crawford</td>
<td>Medical Director</td>
<td>1.770.261.3485</td>
<td><a href="mailto:Stephen.Crawford@Cigna.com">Stephen.Crawford@Cigna.com</a></td>
</tr>
<tr>
<td>Dr. Mark W Brunvand</td>
<td>Medical Director</td>
<td>1.770.779.6776</td>
<td><a href="mailto:Mark.Brunvand@Cigna.com">Mark.Brunvand@Cigna.com</a></td>
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<tr>
<td>Adriana Mariani</td>
<td>Director of Quality</td>
<td>1.860.902.2973</td>
<td><a href="mailto:Adriana.Mariani@Cigna.com">Adriana.Mariani@Cigna.com</a></td>
</tr>
<tr>
<td>Susan Farhat</td>
<td>AVP, Contracting and Health Care Provider Relations</td>
<td>1.770.261.3634</td>
<td><a href="mailto:Susan.Farhat@Cigna.com">Susan.Farhat@Cigna.com</a></td>
</tr>
<tr>
<td>Karen Wood</td>
<td>Director, Health Care Provider Contracting</td>
<td>1.860.902.4386</td>
<td><a href="mailto:Karen.Wood@Cigna.com">Karen.Wood@Cigna.com</a></td>
</tr>
<tr>
<td>Macara Herron</td>
<td>Manager, Health Care Provider Contracting</td>
<td>1.256.597.2483</td>
<td><a href="mailto:Macara.Herron@Cigna.com">Macara.Herron@Cigna.com</a></td>
</tr>
<tr>
<td>Mary Wayne</td>
<td>Provider Services Specialist</td>
<td>860.226.1135</td>
<td><a href="mailto:Mary.Wayne@Cigna.com">Mary.Wayne@Cigna.com</a></td>
</tr>
</tbody>
</table>

Cigna LifeSOURCE Transplant Case Management and Referral Line 1.800.668.9682
Cigna LifeSOURCE Customer Service 1.800.287.0539

Please see Claims Submission page for additional customer service contact information.
Network Access Clients

Network Access Clients (NACs) are clients who have contracted with Cigna specifically to access the Cigna LifeSOURCE Transplant Network for their payors needing transplantation benefit management and support. These clients do not have benefit plans for which Cigna is the claims administrator and include Cigna Payer Solutions. Cigna has this arrangement with approximately 400 different payors as of the date of this Health Care Provider Manual, and the list continues to grow. The list of NACs is updated regularly and will be distributed annually.

Referral process

The customer initiates the referral process by filling out an online referral form and forwarding to Cigna LifeSOURCE. One of our Transplant Care Coordinators (TCC) will review the referral form to ensure that the benefits are adequate and that the form is complete. The TCC will then forward a referral letter via fax to the appropriate contacts at your organization – typically the Financial Coordinator at the transplant program and the managed care office. The TCC will also follow up with a telephone call to ensure that the referral letter has been received, and that the case is set up correctly in your systems for submission of claims to Cigna LifeSOURCE. (A sample copy of a referral letter is included on page 55.)

The TCC will follow up on a regular basis with the transplant program and the payor’s case manager to check on the status of the case – whether the patient continues to be a candidate for transplant, to confirm zone dates and to confirm the date that the case is closed. This helps to keep all parties informed and to ensure that everyone is in agreement on the status of the customer, whether pre-transplant admissions are transplant related or not, and to ensure accuracy in repricing of claims.
Network Access Clients

Claims process
A dedicated post office box has been set up for the NAC claims. Each referral letter will note this address to ensure that you submit NAC claims to the correct address:

Cigna LifeSOURCE NAC Claims
PO Box 3539
Scranton, PA 18505

This is a separate post office box from the Cigna LifeSOURCE claims address for Cigna customers. Please be careful to note the correct mailing address for the NAC claims for each NAC referral. If NAC claims are mailed to the LifeSOURCE address for Cigna customers, they will most likely be denied and returned to your billing department.

Claims are repriced by a dedicated Cigna LifeSOURCE claims repricer and the average turnaround time is five business days. The payor is instructed to pay within 30 days of the date the claim is received and repriced, and a specific due date is provided on the claims cover sheet. The claims and claims cover sheet are sent to the appropriate payor for processing. If there are any questions or concerns about an amount that the payor has paid on a particular claim (or batch of claims) or if there is nonpayment of a claim, please contact the NAC claims team per the information provided on page 41. (A sample Claims Cover Sheet is provided on page 43.)

Cigna LifeSOURCE will reprice claims for all four zones. At the time we find out that a case is ready to be closed under the terms of our agreement, we will fax a letter stating that Cigna LifeSOURCE is preparing to close the case, provide the case closure date, and request final submission of claims.
**Cigna LifeSource Transplant Network Referral Notification**

This notification is NOT an authorization for services. Please contact the case manager below for authorizations. ALL questions regarding benefits and eligibility MUST be directed to the payor listed below.

<table>
<thead>
<tr>
<th>Today’s date</th>
<th>January 31, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transplant Facility</td>
<td>University Hospital</td>
</tr>
<tr>
<td>Transplant Type</td>
<td>Liver</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Member Name</th>
<th>John Smith</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Number</td>
<td>12345678</td>
</tr>
<tr>
<td>Social Security Number</td>
<td>000-22-0001</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>1/1/1960</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Referral Date</th>
<th>1/31/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation Start Date</td>
<td>2/2/2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Payor</th>
<th>ABC Health Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Group</td>
<td>XYZ Corporation</td>
</tr>
<tr>
<td>Case Manager Name</td>
<td>Sue Smith</td>
</tr>
<tr>
<td>Case Manager’s Phone Number</td>
<td>222-333-4444</td>
</tr>
<tr>
<td>Claims Contact at Payor</td>
<td>John Jones</td>
</tr>
<tr>
<td>Claims Contact’s Phone Number</td>
<td>222-333-5555</td>
</tr>
</tbody>
</table>

**Transplant Care Coordinator Name:** Mary Smith, RN  
**Phone Number:** 999-999-9999  
**Fax Number:** 777-777-7777  
**Email Address:** Mary.Smith@company.com

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**Claims should be submitted to:**  
Cigna LifeSource NAC Claims  
PO Box 3539  
Scranton, PA 18505

**Claims sent via FedEx ONLY should be submitted to:**  
Cigna LifeSource NAC Claims  
53 Glenmaura National Blvd  
Moosic, PA 18507-2132

Please do not submit the claims to the Cigna LifeSOURCE address in Chattanooga as they will be denied due to member not being a Cigna member.

Claims will be repriced and forwarded to Payor within 5 business days of receipt by Cigna.

The above-named Payor has signed a direct Service Agreement with Cigna for access to the Cigna LifeSOURCE Participation Agreement between Cigna Health Corporation, Inc. and the above-named Facility for the above-named Patient. The Service Agreement provides the following terms:

- Payor is responsible for verifying Patient’s benefits and eligibility for transplant services. Payor is not responsible for covering transplant services that it has not authorized. Any dispute about coverage is solely between the patient and the Payor.
- The Payor will pay for the transplant services and supplies that are covered under the Patient’s benefit contract and provided by the Hospital and Group pursuant to Hospital and Group’s Participation Agreement with Cigna LifeSOURCE. The Service Agreement creates direct obligations of Payor to Hospital and Group, and if Payor fails to perform its obligation to Hospital or Group, Hospital and Group will have a direct cause of action against Payor.
- The Payor agrees to have the claim processed promptly so that payment is received by the applicable provider within 30 calendar days of receipt of claims by the designated payor designee, and in accordance to required criteria of a “clean” claim (a “clean” claim is completed in compliance with UB92 and HCFA 1500 requirements or its successors and includes a claims coversheet from Cigna LifeSource Transplant Network.) Prompt payment state laws will apply.
- The Payor will reimburse Hospital per the terms of the Cigna LifeSOURCE Transplant Network agreement between Hospital and Cigna Health Corporation for all hospital and professional transplant related services for zones 1—4. All exclusions and terms of the Cigna LifeSOURCE agreement apply.