

## **APPENDIX F**

### **CIGNA Specialty Network Information and Forms**





## **Specialty Networks**

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CIGNA supports the concept that all licensed behavioral health practitioners, by virtue of their license, are competent to treat most behavioral health disorders. Some disorders, treatment modalities, testing, and participant groups are better treated by practitioners with special knowledge and skills in such areas. CIGNA recognizes that the special knowledge and skills can be gained through various types of education as well as through experience. To better service our participants with complex conditions, CIGNA has implemented a process of specialty privileging which offers practitioners the opportunity to identify those areas in which they specialize.

In order to claim a specialty in the designated areas, practitioners must meet one or more of the education or experience requirements for each of the listed specialty disorders, treatment modalities or populations. For most of the specialties the practitioner simply signs an attestation that he/she meets the requirements. Specialties in which proof of certification or training is required before the specialty is assigned are Dialectic Behavioral Therapy (DBT), EMDR, Outpatient Treatment with Buprenorphine and Neuropsychological Testing. Each month a 15 % random sampling of practitioners are asked to submit the documentation for the specialties they attested to having.

If a practitioner does not meet the criteria for any of the specialties, the specialties will be removed from their data profile. It will not affect the practitioner's network status or payment for services. However, CIGNA will only refer participants needing the specialty services to practitioners having that specialty listed. Practitioners will continue to be paid for these services provided to participants who self refer.



## CIGNA Specialty Network Worksheet

CIGNA (CIGNA) supports the concept that all licensed behavioral health providers, by virtue of their license, are competent to treat most behavioral health disorders. And that some disorders, treatment modalities, testing, and patient groups are better treated by providers with special knowledge and skills in such areas. We recognize that the special knowledge and skills can be gained through various types of education as well as through experience.

We have defined those disorders, treatment modalities, testing, and patient groups that we believe can best be served by providers with special knowledge and skills, as well as the criteria that must be met to demonstrate the accumulation of the knowledge and skills.

**If you are interested in adding or maintaining a specialty under your profile please see the list below for additional requirements. Please mark the appropriate specialty checkbox and sign the attestation below.**

### CRITERIA

In order to claim a specialty in the designated areas, you must meet one or more of the following conditions.

1. Certification by a nationally recognized certifying organization.
2. An internship, fellowship, or formal training program in an accredited institution focusing on treatment of one of the designated disorders or groups of patients, use of one of the designated treatment modalities, or neuropsychological testing.
3. An accumulation of continuing education units or course work focused on current treatment of one of the designated disorders or groups of patients, use of one of the designated treatment modalities, or neuropsychological testing.
4. Significant work experience focused on current treatment of one of the designated disorders or groups of patients. The depth and breadth of experience must demonstrate that you have gained the knowledge and skill to be considered a specialist.

### SPECIALTIES

*Please check the specialties for which you meet the criteria.*

#### Disorders

- Alcohol/Substance Abuse / Dual Diagnosis
- Autism – Testing and Assessment
- Autism – Treatment
- Developmental Disorders
- Eating Disorders
- Pain Management
- Sexual Disorders
- Sexual Offenders

#### Patient Age Groups

- Children (1-5 years old)
- Children (6-12 years old)
- Adolescents (13-17 years old)
- Geriatric patients (65 or older)

#### Diagnostic Testing

- Neuropsychological Testing\*\*\*

Member of the American Board of Clinical Neuropsychology or the American Board of Professional Neuropsychology

#### Or each of the following:

Completion of courses in neuropsychology including: neuroanatomy, neuropsychological testing, neuropathology, or neuropharmacology; Completion of internship, fellowship, or practicum in neuropsychological assessment at an accredited institution, Two years of supervised professional experience in neuropsychological assessment

#### Treatment Modalities

- Dialectic Behavioral Therapy (DBT)\*\*\*      Successful completion of Parts I & II Training in DBT
- EMDR\*\*\*      Successful completion of Level I & II Training in EMDR
- Outpatient Detoxification with Buprenorphine\*\*\*      Applies to physicians only

\*\*\* If you check one of these treatment specialties, please return a copy of certification and/or official documentation of successful training completion. If the documents are not included with this attestation, the specialty will not be included on your CIGNA profile.



I hereby certify and attest that all of the information above is true and accurate. I understand that any information provided pursuant to this attestation that is subsequently found to be untrue and/or incorrect could result in my termination from the CIGNA Network. Furthermore, I will cooperate with CIGNA during a specialty documentation audit, if requested, to verify that I meet the outlined criteria on the Specialty Network Worksheet.

I wish to participate in the above specialty network(s)

I wish to decline participation in the above specialty networks

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**Provider Name (Please Print)**

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**Provider Signature**

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**Date**



## Clinical Specialty – Privileging Attestation SAP – Substance Abuse Professional

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Practitioner Name

Practitioner ID

- SAP ( Substance Abuse Professional) per DOT regulations.

I hereby certify and attest that I have met the DOT requirements (effective 1.1.2004) for providing SAP services. *SUBSTANCE ABUSE CERTIFICATION THROUGH YOUR STATE (E.G. CAC, CASAC, LADC, ETC) IS NOT SUFFICIENT AND DOES NOT MEET THIS CRITERIA.* These requirements include successfully completing a qualification training course recognized by the Department of Transportation (DOT) and satisfactorily completing a post training examination administered by a nationally recognized professional or training organization. Both training and examination certification documents must be attached to the signed attestation form.

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Practitioner Signature

Date

- I wish to Decline Participation in the above selected specialty network.

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Practitioner Signature

Date

**With this attestation, you MUST return copies of your DOT approved SAP training and examination certificates.**

**Signed attestations with no supporting documents will NOT be processed.**

- Signed SAP attestation form
- Training certificate of attendance (Proof of CEU attendance at an approved training course, meeting DOT requirements of 40 CFR Part 40.281(c).)
- Examination certificate (Successful completion of the SAP examination, meeting the DOT requirements of 40 CFR Part 40.281(c).)



## **Crisis Stabilization and Intermediate Care**

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CIGNA is committed to providing excellent service and quality of care to CIGNA participants. CIGNA Clinical Operations and Provider Relations staff have worked together to better understand crisis stabilization services. As a result, CIGNA has defined crisis stabilization services to provide different access levels based on the participant's needs.

### **Crisis Stabilization**

Crisis stabilization represents an active intervention whereby a participant can be seen for a crisis appointment within 6 to 24 hours with a primary goal of stabilization. This particular access level is targeted to those practitioners who are interested in crisis stabilization services and are also available to CIGNA clinical staff for the purpose of coordinating a crisis intervention. In addition to an active intervention, the appointment can also include, if clinically necessary, a same day psychiatric consultation. It is expected the active intervention be conducted by a licensed mental health professional, the key elements being to assess, stabilize and proactively identify the most appropriate level of care for the participant at that time. The intervention should include the following components:

- A detailed explanation of the presenting problems and precipitating events
- A comprehensive psychiatric and medical history
- A description of the nature of the participant's impairments and the nature of any safety or risk issues (S/I, H/I)
- Whether substance abuse or chemical dependency issues are present
- A mental status exam
- A psychosocial evaluation including a systems analysis of the participant's family and support network
- Documentation of any current treatment practitioners, description of the services provided and medications, if any (including names, dosages, and frequencies on meds prescribed)

It is expected the practitioner may have to intervene for an extended period of time, including holding the participant in their office when hospitalization is required. For this level of expertise and intervention, authorization and reimbursement will be made under procedure code 99245. In certain circumstances and according to a care manager's discretion, the service may be authorized and reimbursed as an extended 90801. The care manager will inform the practitioner of which procedure code is being authorized at the time of arranging the service.

In addition to a definition, it is critical both parties, you and our clinical staff, be clinically and philosophically on the same page. Following is a list of key objectives for providing crisis stabilization services:

- In a timely manner, crisis stabilization practitioners will respond to requests for assistance with participants that are in crisis. Practitioners will make themselves available through the use of pagers, and /or answering services to CIGNA as well as their participants after hours. Their voice mails should not instruct participants to go to the nearest ER.
- Crisis stabilization practitioners will be able to intensify treatment plans as needed for their participants in order to prevent hospitalization as clinically indicated.
- Crisis stabilization practitioners will develop short-term, evidence-based treatment plans incorporating a systems approach.



- Crisis stabilization practitioners will include in their treatment planning, effective collaboration between CIGNA, psychiatrists, PCP's, and other community resources prior to requesting any higher level of care.
- Crisis stabilization practitioners will have a clear understanding of managed care philosophy, as well as an understanding of CIGNA's policies and procedures regarding claims and utilization review processes and CIGNA online resources.

### **Intermediate Care**

Intermediate Care is a level of intervention that provides precautionary and preventive care to a participant who presents with a level of acuity that if not addressed within 48-hours, could escalate to a higher level of care. The goal of our Intermediate Care network is to successfully link complex cases with practitioners who have the clinical expertise to manage specific diagnoses/problems for ongoing treatment. It is expected the intervention be conducted by a licensed mental health professional, the key elements being to assess, stabilize and proactively identify the most appropriate level of care for the participant at that time. The intervention should include the following components:

- A comprehensive psychiatric and medical history
- A description of the nature of the participant's impairments and the nature of any safety or risk issues (S/I, H/I)
- Comprehensive evaluation of substance abuse or chemical dependency issues
- A psychosocial evaluation including a systems analysis of the participant's family and support network. Identify any barriers for successful treatment plan
- Documentation of any current treatment practitioners, description of the services provided and medications, if any (including names, dosages, and frequencies on meds prescribed)

Following is a list of key objectives for Intermediate Care services:

- Practitioners will be able to intensify treatment plans as needed for their participants in order to prevent unnecessary hospitalization as clinical indicated
- Practitioners will develop short-term, evidenced-based treatment plans incorporating a systems approach
- Practitioners will include in their treatment planning, effective collaboration between CIGNA, psychiatrists, PCP's and other community resources prior to requesting any higher level of care

*NOTE: If the acuity of the participant's condition does not allow for preauthorization of coverage, contact CIGNA as soon as possible. Please be prepared to provide the following information to the CIGNA clinical staff:*

- *Participant's name, age, and participant identification number.*
- *History, diagnosis, indications, and nature of the immediate crisis.*
- *Alternative treatment provided or considered.*
- *Treatment goals, estimated length of stay, and discharge plans.*



## Attestation for Participation

\_\_\_\_\_  
Practitioner Name (print)

\_\_\_\_\_  
Practitioner No. E-mail Address

**I wish to provide the service(s) described below.** I recognize the unique definition and clinical objectives of these services and will work with each accepted referral to meet them. In return, CIGNA will work to ensure each appointment is appropriately authorized and will reimburse for the services provided.

Please circle which of the following services you are interested in providing

### **CRISIS 24/7**

Crisis 24/7 practitioners will make themselves available through the use of pagers, and/or answering services to CIGNA as well as their participants after hours and on weekends. Their voice mails should not routinely instruct participants to go to the nearest ER, unless determined to be medically necessary.

### **CRISIS NON-24/7**

Crisis Non-24/7 practitioners will make themselves available for crisis appointments during business hours only (8:00 AM-6:00 PM).

### **INTERMEDIATE CARE**

This level of intervention provides precautionary and preventive care to a participant who presents with a level of acuity that if not addressed within 48-hours, could escalate to a higher level of care.

### **MEET & GREET**

This pre-discharge visit is conducted by a contracted non-MD practitioner for the purpose of coordinating and scheduling an ambulatory follow-up appointment, 2-7 days after discharge.

\_\_\_\_\_  
Practitioner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Practitioner Name (Print)

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Crisis Contact Number (Circle Type: Office, Cell, Pager)

Once completed, please return to:  
CIGNA, Provider Relations Department  
Fax: (XXX) XXX-XXXX



## **Meet and Greet Appointments**

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A Meet-&-Greet appointment is a pre-discharge visit conducted by a participating non-MD practitioner for the purpose of coordinating and scheduling the ambulatory follow-up appointment, 2-7 days after discharge. The practitioner will enter the facility as a visitor; therefore the practitioner does not need to be credentialed with the facility. Please note that the Meet-&-Greet service is usually performed during visiting hours, but scheduling may vary by facility.

A Meet-&-Greet appointment is a CIGNA-initiated service for which prior authorization must be obtained from a CIGNA care manager or care coordinator. Claims should be submitted with CPT code 99499 (unlisted evaluation/management services). The claim will be processed and paid as long as there is a comment in the inpatient authorization and the practitioner includes a written description of the service provided, i.e. "pre-discharge consultation or Meet-&-Greet". Without a written description by the practitioner, the claim will be denied for lack of information. A co-pay for this service depends upon the participant's benefit plan. For most plans there is no co-pay.