

Cigna Healthcare

administrative quick tips

Reference Guide

Thank you for your participation in our network. The goal of this guide is to help ease your administrative burden so you can spend more time focusing on the heart of your practice – providing care to patients.

Cigna for Healthcare Professionals website

On the Cigna for Health Care Professionals website (CignaforHCP.com), you can easily manage patient information, review coverage policies, and find important information, on demand.

Our convenient, easy-to-use digital tools can help streamline your office workflow, increase productivity, and reduce administrative burden and the time it takes to perform administrative tasks.

- Verify patient [eligibility and benefits, and check network status](#).
- Generate a [benefit reference number](#).
- Access [digital ID cards](#).
- Use [procedure code benefit look-up](#).
- View precertification status.
- Check the status of a claim and [upload attachments for pended claims](#).
- Use the [Clear Claim Connection](#) Cigna Healthcare coding edit tool.
- Submit [claim reconsiderations and appeals](#).
- Enroll in electronic funds transfer and access [remittance reports](#).
- Request professional fee schedules.
- Access [resources](#) on topics, including (but not limited to):
 - [Provider Reference Guides](#).
 - [Clinical Reimbursement and Payment Policies](#).
 - [Webinar schedules](#) for provider website training.

Provider Newsroom

Valuable information relevant to your practice is readily available and easy to access with the Cigna Healthcare Provider Newsroom (ProviderNewsroom.com). Visit often to keep current on topics such as policy updates, health plans, network news, programs and resources to help close gaps in care, and provider education.

Learn how to use CignaforHCP.com today.

You must be [registered](#) for the website and have the appropriate entitlements to use many of the website features.

Watch the overview by visiting CignaforHCP.com > Resources > Medical Training and Education > [CignaforHCP.com overview](#).

Claim reconsiderations and appeals

The [online claim reconsideration](#) feature on [CignaforHCP.com](#) allows you to request that a finalized claim be reviewed for possible adjustment.

If you cannot submit an online claim reconsideration, refer to the explanation of payment for contact information.

Please be sure to provide the correct address, including file number and/or department (if applicable), to ensure we can contact you with a response.

Examples:

Claim reconsideration requests

- Fee schedule dispute
- Claim edits
- Policy-related issue
- Out-of-network error

Claim appeals

- Clinical with medical record submission
- Benefit/coverage denials
- Failure to secure precertification

Claims attachment submissions

High-dollar submissions

Claims with billed amount of \$75K or greater.

Fax: 859.410.2421

Attachments for medical records or itemized bills must include a cover letter with the following information:

- Cigna Healthcare claim number
- Patient name
- Cigna Healthcare patient ID number

All other non-high-dollar submissions

Fax: 859.410.2422

Electronic submissions

When submitting claims via electronic data interchange transaction 837, indicate in the PWK (claim supplemental information) segment of Loop 2300 that clinical notes will be faxed or mailed. *Do not put the actual notes in the segment.*

Notes must include:

- Patient name.
- Patient Cigna Healthcare ID.
- Patient date of birth.
- Date of service.
- Total amount billed.
- Provider Taxpayer Identification Number (TIN).

Please ensure all faxed pages were sent and received.

Claim escalations

If you are not able to resolve a claim issue by following standard channels (via [CignaforHCP.com](#) or by calling Customer Service at **800.882.4462**), please work with your Provider Relations Representative and provide the following information:

- Patient name
- Patient date of birth
- Cigna ID number
- Date of service
- Billed charges
- Provider TIN
- Reason for dispute
- Provider expectation

Third-party administrator claim escalations

When a Cigna Healthcare plan is administered by a third-party administrator (TPA), Cigna Healthcare manages claim pricing while the TPA performs eligibility verification, application of benefits, and claim processing. *Refer to the patient's ID card for TPA contact information.*

For a list of TPAs, visit [CignaforHCP.com](#) > Get questions answered: Resource > Medical Resources > Medical Plans and Products > [Shared Administration Repricing active accounts](#).

If claim escalation is necessary, engage your Provider Relations Representative and provide them with the following information:

- Patient name
- Patient Cigna Healthcare ID
- Reference number
- TPA name
- Date(s) of contact to TPA (must be within the last 30 days)
- Name of TPA contact
- Outcome of call

For additional information about TPAs, visit [CignaforHCP.com](#) > Get questions answered: Resource > Medical Resources > Medical Plans and Products > [Payer Solutions](#).

Credentialing

Initiate credentialing by sending a request to MedicalOnboarding@Evernorth.com. Please include current CAQH ID, TIN, and NPI.

Contact the Cigna Healthcare Credentialing team at **800.882.4462** if you have not received acknowledgment of your request within 7-14 business days.

Provider data updates

Submit provider data updates to Intake_PDM@Evernorth.com.