CLAIM APPEAL PROCESS

For Participating Health Care Providers

September 2020

Most claim issues can be remedied quickly: We strive to resolve them informally when you first contact us. If this isn't possible, **we offer a single-level, internal provider appeal process** for post-service payment denials and payment disputes. If you have questions about a denial or payment, call Cigna Customer Service at the toll-free number on your patient's ID card.

Time frame to submit appeals

You must submit all appeals in writing within 180 calendar days of the date of the:

- Initial payment or denial notice, **or**
- Last payment adjustment if the appeal relates to a payment that was adjusted by Cigna.

Note that time frames are subject to applicable laws and the terms of a provider's Cigna Agreement.

Turnaround time for appeal decisions

We make and communicate appeal decisions by letter or explanation of payment (EOP) within 60 days of the date we receive the appeal.

Claim appeal prevention tips

We encourage you to take the steps below to help prevent having to file an appeal.

- Obtain a copy of your patient's ID card and confirm the plan shown matches your contract, such as health maintenance organization (HMO), preferred provider organization (PPO), Open Access Plus (OAP), Network Point of Service (POS), or LocalPlus®. If you are not contracted for the plan type, you may not receive the reimbursement you expect.
- Verify benefits by calling Cigna Customer Service at the toll-free number listed on your patient's ID card. Ask clarifying questions to confirm that the specific procedure or Current Procedural Terminology (CPT®) code is covered under the plan, and that you have met all of the plan requirements for coverage.
- Verify precertification requirements by logging in to CignaforHCP.com > Resources > Reimbursement and Payment Policies > Precertification Policies.
- Remember that when you refer your patient to a provider that does not participate in the Cigna network, the patient will often have greater financial responsibility or potentially no coverage at all. Locate participating providers by going to Cigna.com > Find a Doctor, Dentist or Facility.
- To avoid potential delays, and ensure your appeal will receive a full and thorough review, confirm that all claim information is complete and accurate – check CPT codes, International Classification of Diseases, 10th Revision (ICD-10) codes, dates of service, modifiers, etc.

Appeal submission methods

You may request an appeal either via the Request for Health Professional Payment Review form (recommended) or an appeal letter.

Request for Health Care Professional Payment Review Form. To help you fully document the circumstances around your appeal request and expedite a timely review, we encourage you to download and complete this form – including checking off the appropriate box that best describes the reason for the appeal. You can download and print a copy of this form by going to CignaforHCP.com > Find the Right Forms > Medical Forms > Request for Health Professional Payment Review.

Letter. If you submit your appeal by letter instead of using the form, be sure to include all of the same information that is requested on the form, and specify that it is for a health care provider appeal.

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Appeals for denials and other payment disputes: Documentation to attach

Carefully review the message(s) on your EOP to learn the reason for a denial of services or a payment reduction. This will help you determine what supporting information you need to submit with your appeal request, as outlined below.

Authorization of coverage denial
Attach any clinical documents, medical records, and other pertinent information, including your plan of treatment, to support coverage of your patient's condition.

Claim bundling denial
Review the claim bundling or edit information on CignaforHCP.com using the Clear Claim Connection tool. If you disagree with the reimbursement after reviewing the information, submit clinical information and other supporting documentation to substantiate the reason for overriding the bundling or edit decision.

Inpatient facility denial *(admission, level of care, or length of stay)*
Attach the complete facility records, including orders, progress notes, history, physical, consultations, results of any testing, operative report, discharge summary, and any other documents to substantiate the admission, level of care, or length of stay.

Medical necessity dispute
Attach clinical documents, medical records, operative report, results of testing, progress notes, and any other pertinent information to support your request.

Modifier reimbursement dispute
Review the modifier reimbursement information by logging in to CignaforHCP.com > Resources > Clinical Reimbursement Policies and Payment Policies > Modifier and Reimbursement Policies. If you disagree with the reimbursement after reviewing the applicable policy, submit an appeal with any relevant clinical information and other supporting documentation.

When an appeal may not be needed

Claim processing errors
If you believe a claim was not processed correctly, call Cigna Customer Service at the toll-free number on your patient's ID card. A Customer Service Representative will review the processing and request an adjustment, if appropriate.

Corrected bills and incomplete submissions
If the original claim you submitted contained an error or was incomplete, submit a corrected claim to the address on your patient's ID card.

Failure to obtain precertification when required
Ordering physicians must obtain precertification of services, when required, before performing them. If this was not done due to urgent, emergency, or extenuating circumstances, submit your claim with clinical information, medical records, and other pertinent information for review. *We will not clinically review services that do not meet this criteria and deny them due to the failure to obtain precertification.*

As a reminder, please contact eviCore healthcare to obtain precertification review of certain services (e.g., high-tech radiology, diagnostic cardiology, radiation therapy, musculoskeletal services).

Contract and fee disputes
Review your provider agreement to ensure you are contracted for the relevant plan type (HMO, PPO, OAP, Network POS, LocalPlus, etc.). Then if you have questions about how payment was applied, call Cigna Customer Service at the toll-free number on your patient's ID card. If it is determined that the payment is inaccurate, the Customer Service Representative may be able to submit a correction request and an appeal may not be necessary.

If it is determined that an appeal is necessary, include the information listed below with your appeal.

- Relevant Form CMS-1500 or Form UB-92
- Relevant EOP
- Statement of the line items you are appealing
- Copy of the contract being referenced in your appeal
- Expected payment and how you arrived at the calculation
- Pertinent correspondence and supporting documentation (operative report, medical records, etc.)

Note that fee schedule or reimbursement terms for multiple patients may not require individual appeals.

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Out-of-network claim payment
If the claim was processed for out-of-network care and you are a participating provider for the patient's plan type, call Cigna Customer Service at the toll-free number on your patient's ID card. A Customer Service Representative will review the processing and request an adjustment, if appropriate.

Untimely claim submission disputes
We will consider claims submitted within three months (90 days) of the date of service for participating health care providers, except where state law or the provider's contract allows for more time. To challenge an untimely submission determination, send proof of timely submission to the claim address on the back of the patient's ID card. Acceptable proof includes the electronic data interchange (EDI) receipt log or evidence that a claim was submitted to another payer due to misinformation received from the patient.

Questions?

For a full outline of our appeals policies, including additional tips and information, visit the Cigna for Health Care Professionals website (CignaforHCP.com) > Clinical reimbursement & payment policies > Claim Appeals Policies and Procedures.

Together, all the way.™

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