

Enhancing lives, together

Improving the health and vitality of those we serve



Agenda

Welcome!

- Policy updates
- Virtual care
- Digital solutions
- Claim submission, payments, and appeals
- Provider resources
- Q&A

**Advocating for
better health at
every step of the
way, at every stage**

Policy updates



We support access to quality, cost-effective care

When we review our coverage, reimbursement, and administrative policies, we take into consideration one or more of the following:

- Evidence-based medicine.
- Professional society recommendations.
- Centers for Medicare & Medicaid Services guidance.
- Industry standards.
- Other existing Cigna HealthcareSM policies.

Note: Reimbursement and modifier policies apply to all claims.

For more information:

Log in to the Cigna for Health Care Professionals website (CignaforHCP.com)

- > Resources
- > Coverage Policies
- > Policy Updates.

If you are not registered for the website, go to CignaforHCP.com > [Register](#).



We review precertification policies

Easy-to-access guidelines

Precertification can be complicated. Knowing the right place to start can make a big difference.

You can find complete information about when and where to submit precertification requests to Cigna Healthcare and our national ancillary vendors by going to CignaforHCP.com > Resources > Precertification.

Updates

As a result of our precertification policy reviews, we make updates to our precertification list.

Codes may be subject to the following:

- Code editing.
- Benefit plan exclusions.
- Post-service review for coverage.



To view the complete list of services that require precertification:

Log in to CignaforHCP.com

- > Resources
- > Clinical Reimbursement Policies and Payment Policies
- > Precertification Policies.

If you are not registered for the website, go to CignaforHCP.com > [Register](#).



Precertification updates

To help ensure that we are administering benefits properly, we routinely review our precertification policies for potential updates.

As a result of a recent review, we want to make you aware that we have updated our precertification list.

January 2025	• Added five CPT codes
May 2025	• Added three CPT codes
July 2025	• Added three CPT codes



To view the complete list of services that require precertification:
Log in to CignaforHCP.com
> Resources
> Clinical Reimbursement Policies and Payment Policies
> Precertification Policies.

Clinical, reimbursement, and administrative policy updates



For additional information:

- Log in to CignaforHCP.com
 - >Resources
 - >Clinical Reimbursement Policies and Payment Policies
 - >Reimbursement and Modifier Policies.

Effective	Policy name
March 2025	• Bilateral Procedures (M50) • Preventative Care Services (A004)
June 2025	• Evaluation and Management Services (R30)
July 2025	• DRG Readmission (R35)



Virtual care



Helping you deliver care

Virtual care (telehealth) coverage

We cover certain virtual care services per our [Virtual Care Reimbursement Policy \(R31\)](#).

More information is available at CignaforHCP.com/VirtualCare.

Cost-share

Standard customer cost-share applies to all covered virtual care services.

Accommodations

We will continue to allow facilities to bill for virtual care services on Form UB-04 until further notice.



Get reimbursed at the same rate as face-to-face visits

Common services

- Routine checkups
- General wellness visits
- New patient exams
- Behavioral assessments

Common codes

- Outpatient evaluation and management (E&M) codes for new and established patients (99202–99215)
- Physical and occupational therapy E&M codes (97161–97168)
- Telephone-only E&M codes (99441–99443)
- Annual wellness visit codes (G0438 and G0439)



Digital solutions

The right electronic tools for you
and your practice



A blurred background image showing a doctor's hands typing on a laptop. In the foreground, a stethoscope lies on a wooden desk. A large blue abstract shape on the right side of the image contains white text.

**We offer solutions to help
providers reduce their
administrative burden
and make it easier to do
business with us.**

Committed to making your life easier

Provider website

- Verify eligibility and benefits.
- Check claim status information.
- Submit reconsideration and appeals.
- View precertification status.
- Enroll and manage electronic funds transfer (EFT).
- Access remittance reports.
- Access resources, including video tutorials, clinical reimbursement and payment policies, and provider reference guides.

To take a self-guided tour:

Go to CignaforHCP.com > Quick website overview.

Trading partners and electronic data interchange (EDI) vendors

Health Information Portability and Accountability Act
5010 transactions

- Submit claims electronically, including coordination of benefit claims.
- Receive payment information, including claim status.
- Submit eligibility and benefit inquiries.
- Submit request for precertification review.

For more information about transaction availability:*

Go to Cigna.com/EDIVendors.



* Availability varies by partner/vendor.

EFT enrollment

When you enroll, you'll be able to:

- Receive payments directly into your checking or savings account – no mail delays.
- Access funds on the day of payment.
- Receive bulk deposits instead of multiple separate checks.
- Increase efficiency and improve cash flow.
- View and share remittance reports on the day of payment.

To enroll in EFT:

Log in to CignaforHCP.com

- > Working With Cigna
- > Electronic Funds Transfer (EFT).*



* Requires the appropriate level of CignaforHCP.com access. Ask your Website Access Manager to assign you access to this functionality.

Search for a remittance report

Once your EFT enrollment is complete, you will be able to access and view your remittance reports online the same day you receive your electronic payment.

If searching by deposit, you can enter a dollar amount, leave the field blank for all deposits and zero pays, or enter 0 for zero pays only.*

3. Click Search.

Remittance Reports

Deposit Amount Patient Information Claim/Reference Number Remittance Tracking Number

You may search by Deposit Amount AND/OR Deposit Date.

Deposit Amount

Date of Deposit From To
The last week 04/28/2023 05/05/2023 *Enter or select the date of deposit up to a 6-month range*

☒ Search by TIN ☐ Search by TIN and NPI

Select TINs (CTRL+click to select multiple)

201437698
201527795
201528729
201720966
201807170

☒ Medical/Behavioral

1. Choose any of four ways to search for a remittance report and complete the listed fields.

2. Choose the Taxpayer Identification Number (TIN) involved in your search.

If you do not see the Remittance Reports link, you do not have the level of website access necessary to view reports. Ask your office's primary administrator for this website to assign you access to this functionality.

Digital ID cards are here

Cigna Healthcare continues to leverage the power of technology and data to accelerate its transition to fully adopt digital-only ID cards.*

Your patients with Cigna Healthcare coverage may already be presenting you with a digital version of their ID card. They can share it by:

- Showing it to you on their smart phone or tablet.
- Uploading it to your health portal (as technology allows).
- Emailing it directly to your office.
- Printing a copy.

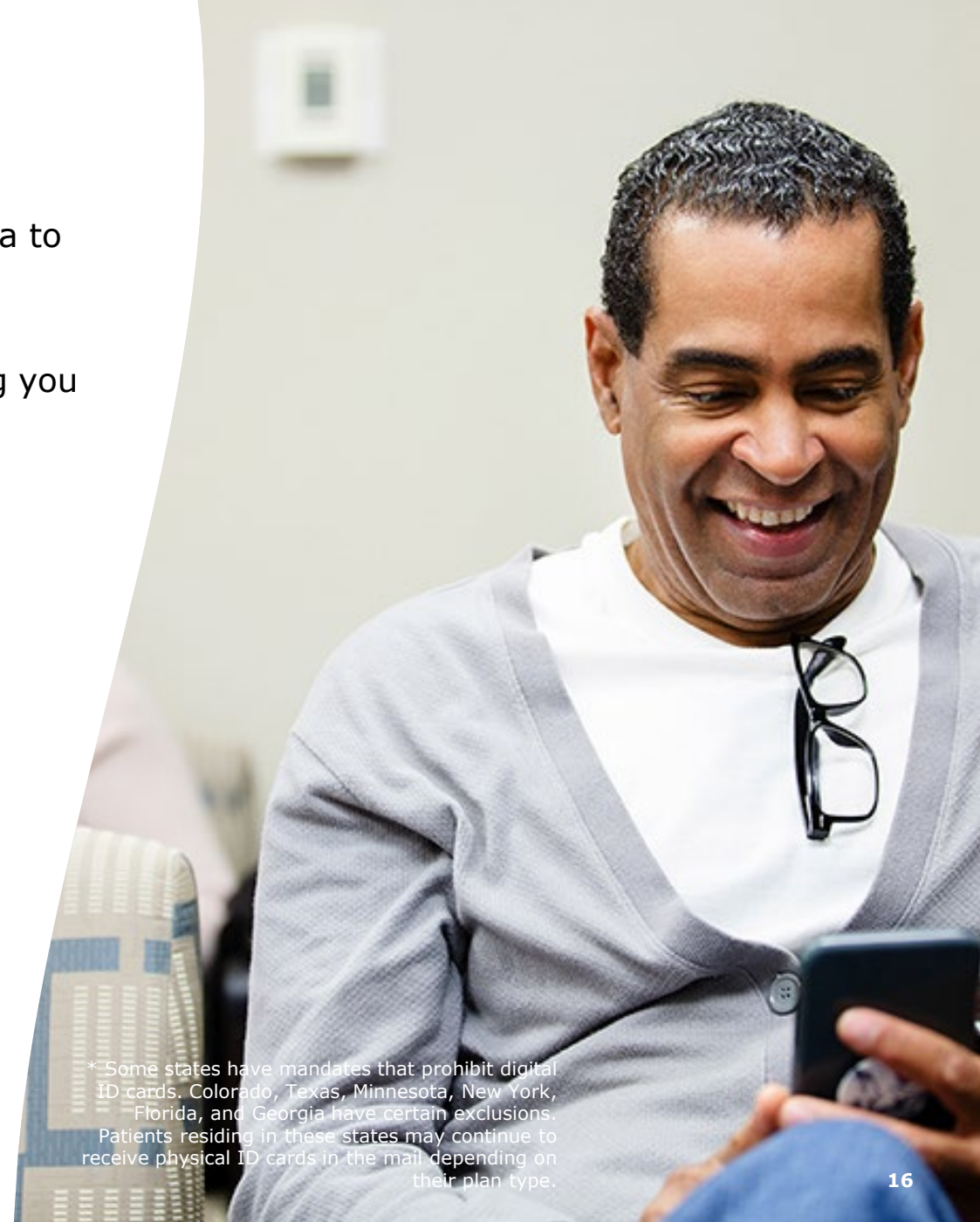
To learn more:

Go to CignaforHCP.com

- > Get questions answered: Resource
- > Medical Resources
- > Doing Business With Cigna: View Documents
- > [Digital ID cards](#).



* Some states have mandates that prohibit digital ID cards. Colorado, Texas, Minnesota, New York, Florida, and Georgia have certain exclusions. Patients residing in these states may continue to receive physical ID cards in the mail depending on their plan type.



Claim submission, payments, and appeals

Easily access claim information

Claim search feature

- Search function with broadened capabilities
- Claim information at an organizational level
- Flexibility
- Results in a table
- Filter option for results
- Report download option



Get a holistic view of your claims

To get started, click "Search Claims" from the claims drop-down menu.

To search for your claims, click the search option you would like to use.

The image shows two overlapping screenshots of the Cigna Healthcare website. The top screenshot shows the 'Claims' dropdown menu with 'Search Claims' highlighted. The bottom screenshot shows the 'Claims search' page with search filters and a search button. Dashed blue arrows point from the text instructions to the corresponding UI elements.

Cigna Healthcare

Search Resources 🔍 Logout 🔍 cloudqe ▾

Dashboard Patients ▾ Claims ▾ Reports ▾ Working With Cigna ▾ Resources ▾

Welcome,

Featured updates

Digital correspondence is now

Cigna Healthcare is continuing to leverage the power of digital correspondence to streamline the claim and precertification correspondence in the Messagix system. [View Claim Coding Edits](#)

Claims search

If your search contains Evernorth Behavioral processed claims, please navigate to [Provider.Evernorth.com](#) to view them.

Patient Claim number Tax identification number (TIN) All

☒ Date of birth/Cigna patient ID ☐ Name/Date of birth ☐ Name/Cigna patient ID ☐ Provider-assigned account number

Date of birth Patient ID

[Reset](#)

Display the claim information you need

Click “Download” to download the results.

- Flag claims to save them to your dashboard for easy access.
- Click the claim number to view in-depth details about the claim.
- Sort by any of the columns by clicking on the heading.

Claims search

If your search contains Evernorth Behavioral processed claims, please navigate to [Provider.Evernorth.com](#) to view them.

[Patient](#) [Claim number](#) [Tax identification number \(TIN\)](#) [All](#)

Search by claim number, patient or TIN to customize your results.

676 results [First](#) [Previous](#) Page 1 of 34 [Next](#) [Last](#)

[Download](#) [?](#)

Claim status [All](#)

Date [of service - Last 90 days](#)

Flag	Claim number	Claim status	Patient	Date of birth	Dates of service	Provider-assigned account number	Tax identification number (TIN)	Amount billed	Provider name
		Processed		01/08	11/13/2024-11/13/2024	--	5222	\$1,345.00	MD, Jill
		In process	Mouse, Mini	08/25	11/13/2024-11/13/2024	_111224	9131	\$1,550.00	MD, Joe

View pended claim details



Search for, identify, and check the status of the claim.

Claim 943242

PENDING

Attach Supporting Information

USEFUL LINKS

Patient and Payment Information | Supporting Information (1) | Reconsideration History (0) | Correspondence History (0)

Claim Information

Payment Information

Procedures

Procedure Code	Dates Of Service	Place Of Service	Amount Charged	Allowed Amount	Amount Not Covered	Deductible/Copa Applied	Covered Balance	Plan Coinsurance Paid	Patient Coinsurance	Patient Responsibility	Remark C
J3385	08/28/2024-08/28/2024	II	\$8,010.20	\$0.00	\$8,010.20	\$0.00 / \$0.00	\$0.00	0%=\$0.00	100%=\$0.00	\$0.00	0327

Explanation of Remark Codes

0327
\$8,010.20, \$6,100.05, \$1,100.00 PROVIDER: WE CAN'T PROCESS THE CLAIM WITHOUT THE MEDICARE EXPLANATION OF BENEFIT (EOB). PLEASE SEND IT WITH A COPY OF THIS EXPLANATION OF PAYMENT (EOP) TO THE CLAIM ADDRESS ON THE BACK OF THE PATIENT'S ID CARD. PATIENT: IF YOU NEVER ENROLLED IN MEDICARE, PLEASE CALL US AT THE NUMBER ON YOUR ID CARD. WE NEED TO HEAR FROM YOU BEFORE WE CAN PROCESS THE CLAIM. IF WE DON'T RECEIVE THE INFORMATION WE'LL HAVE TO CLOSE THE CLAIM.

Claims search

If your search contains Evernorth Behavioral processed claims, please navigate to [Provider.Evernorth.com](#) to view them.

Patient Claim number Tax identification number (TIN) All

Search by claim number, patient or TIN to customize your results.

33 results

status Pending Date of service - Last 90 days

Claim number	Claim status	Patient	Date of birth	Dates of service	Provider-assigned account number
943242	Pending	Binoegnsji,	11/06/1	08/28/2024-	SC001_NOV



Pended claim details

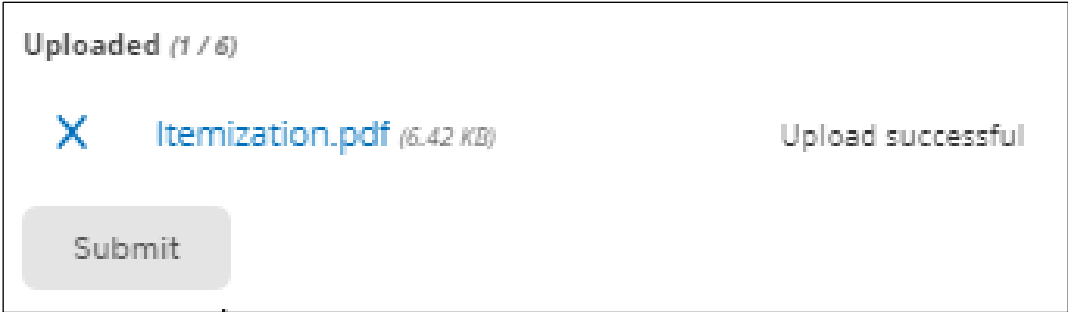
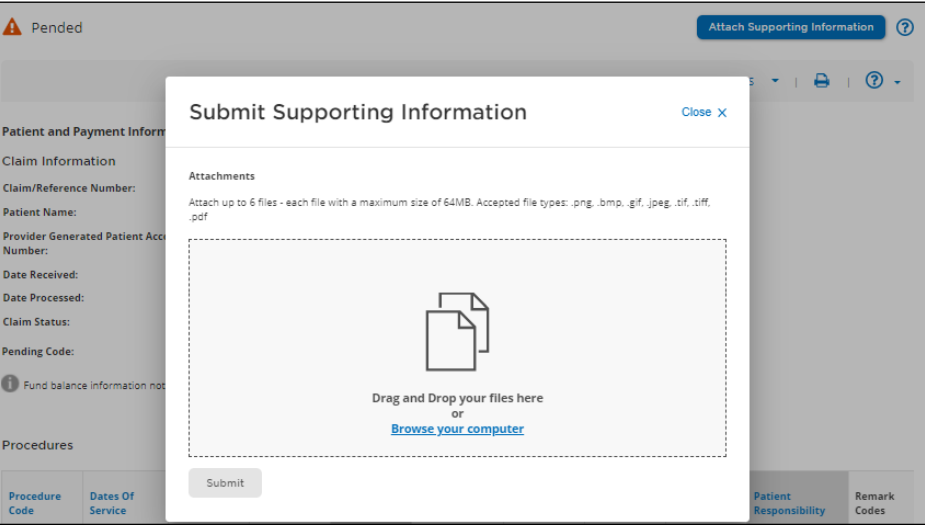
- Know why a claim is pended by the remark code description.
- Access help by clicking "?".
- View previously submitted attachment details, including who and when.

Submit the requested information

1. Attach up to six files. — — — — —
2. See the status of the upload and click “Submit.”

Each file may be a maximum of 64MB. Total of 999 pages.

File types: .bmp, .png, .jpg, .gif, .tif, and .pdf.



3. Receive a reference number.

Patient and Payment Information Supporting Information (1) Reconsideration History (0)			
Reference Number	Status	Submitted By	Date Submitted
1610458266259	In Process	Donna Smith	1/12/2021 at 8:31 AM

Find the answers you need

Claim reconsiderations and appeals



Get answers to common reconsideration questions by accessing the **Reconsideration Help** menu.

Start a Reconsideration



Reconsideration Help

Close X

- ▶ [What is the reconsideration tool?](#)
- ▶ [What is an open draft?](#)
- ▶ [Why can't I look at an open draft?](#)
- ▼ [Can I work on a draft that someone else has started?](#)

Yes. With the appropriate access, you can modify and re-save, submit or discard any draft, regardless of who started the draft.
- ▶ [Can I save a draft and complete it later?](#)
- ▶ [I started a reconsideration, but it's no longer showing.](#)
- ▶ [Why can't I start a reconsideration?](#)

The **Reconsideration History** section will display status and the Cigna Healthcare processor's name and decision notes.

Claim 04324



✓ PROCESSED

Pending Reconsideration



*Open Request in Progress

USEFUL LINKS | | ?

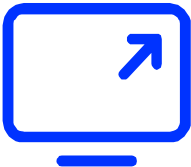
Patient and Payment Information | Supporting Information (0) **Reconsideration History (2)** | Correspondence History (0)

Reconsideration Number	Reconsideration Type	Last Modified By	Last Date Modified	Status	Decision Notes
#WEB	Adjustment	cloud qe	11/6/2024 at 2:46 AM	In Process	N/A
#WEB	Adjustment	cloud qe	11/6/2024 at 2:21 AM	In Process	N/A



Experience an improved process

You no longer need to call to start a claim reconsideration or appeal



Start a reconsideration — — —
Access the reconsideration button directly from the claim details screen.

Claim 04324

PROCESSED

Start a Reconsideration

USEFUL LINKS

Patient and Payment Information | Supporting Information (0) | Reconsideration History (0) | Correspondence History (0)

Claim Information

Payment Information ⓘ

Claim/Reference Number: 04324

Patient Responsibility: \$350.00

Patient Name: J Lenny

Claim Amount Paid: \$0.00

Provider Generated Patient Account Number: --

Service Providers: City School

Date Received: 11/14/2024

Date Processed: 11/14/2024

Claim Status: PROCESSED

View Coverage

Procedures

Procedure Code	Dates Of Service	Place Of Service	Amount Charged	Allowed Amount	Amount Not Covered	Deductible/Copa Applied	Covered Balance	Plan Coinsurance Paid	Patient Coinsurance	Patient Responsibility	Remark C
99218	11/13/2024-11/13/2024	II	\$500.00	\$0.00	\$500.00	\$0.00 / \$0.00	\$0.00	0%=\$0.00	100%=\$0.00	\$350.00	OIRO
Totals			\$500.00	\$0.00	\$500.00	\$0.00 / \$0.00	\$0.00	\$0.00	\$0.00	\$350.00	

- Step-by-step guidance speeds up and simplifies the process.
- Describe your reason for the request in the notes section.
 - Attach documentation, if needed.

Questionnaire

Need Help ⓘ

Previous

1

2

3

4

Questionnaire

Documents

Summary

Confirmation

What do I want to request for this claim?

Please choose a topic below to proceed to the reconsideration process.

Your request may be handled as an adjustment or appeal, which will be determined at the time of processing. The decision will be based on federal and/or state law, accreditation standards and a detailed review of the circumstances of the request.

My issue is related to...

Claim was denied for precertification of services

- Claim was denied for no precertification
- Claim processed incorrectly for emergency or urgent care services
- Appeal & dispute a precertification or denied claim

Level of Care/Days or Unit Disputes

- Appeal & dispute a claim for level of care or days authorized
- Appeal & dispute units on the claim and the units paid/authorized
- Appeal & dispute a claim due to a delay in treatment

Medical necessity or experimental/investigational procedures

- Appeal & dispute a claim denial due to medical necessity
- Appeal & dispute a denial related to experimental, investigational or unproven procedure
- Appeal & dispute a claim denial related to cosmetic procedure

Claim processed as out-of-network incorrectly or to the wrong provider

- Provider has completed credentialing
- Claim processed out-of-network incorrectly
- Claim paid to a specialist contract incorrectly

Claim denied or was not processed as expected

Expand upon your expectations of the submitted claim

Corrections to a submitted claim

Corrected claims can not be submitted through the online reconsideration tool.*

Provider resources

Tools to make your life easier



Easily access the information you need

Provider portal

Go to the Cigna for Health Care Professionals portal(CignaforHCP.com).



Search Resources

Username

Forgot [username](#) or [password](#)?

Password

Log In

Register

[I have a temporary ID](#)

[How to register for access](#)

Welcome to Cigna for Health Care Professionals

Have not created an account yet?

Register

[I have a temporary ID](#)

[How to register for access](#)

Resources for Health Care Providers

Find the right forms

Quickly locate the forms you need for authorizations, referrals, or filing or appealing claims with our Forms resource area.

Review coverage policies

Access information on Cigna standard health coverage plan provisions and medical coverage policies with our extensive Coverage Policies resource area.

Clinical reimbursement & payment policies

Find general policies, claim editing procedures and laboratory and reimbursement information critical to working with Cigna.

Read the latest news

Read our current news for Medical, Dental or Behavioral providers.

Precertification process

Learn what services require precertification and how to properly request it for medications, medical procedures, and services managed by delegated ancillary vendors.

Get questions answered

Our Resource library has access to many forms and information that you can access before logging in.

Join the Cigna network

Become a contracted Cigna provider! Choose your field to get started: Medical, Dental or Behavioral.

Find care for patients

Find a health care professional in your patients' network. Select a directory, and find network participating health care professionals that best fit your patients' needs, based on their coverage.

Provider Reference Guide

Log in to CignaforHCP.com > Resources > Reference Guides.

CIGNA HEALTHCARE REFERENCE GUIDE

For participating physicians, hospitals, ancillaries and other health care providers

PCOMM-2023-1772-Nat 1/24



Provider Newsroom

Access news and updates on topics that are most important to you — all in one place. Go to ProviderNewsroom.com.

Provider Newsroom

Welcome to your news hub for staying informed on policy and network updates, industry tools and resources, new digital services, industry trends, and more.

Policy and coverage updates

February 7, 2024

February 6, 2024

Note: The Provider Newsroom replaced these provider newsletters: *Network News*, *Network Insider*, and *Transformations*.

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Use our resources to improve your experience

Digital solutions

Access our self-service tools to improve your office's efficiency and reduce your administrative burden. For more information, visit the [Medical Education and Training resource page](#).

Webinars

Learn how to navigate [CignaforHCP.com](#) and perform time-saving transactions (e.g., eligibility and benefits inquiries, claim status inquiries, EFT enrollment). To register for a webinar, view the [webinar schedule](#).

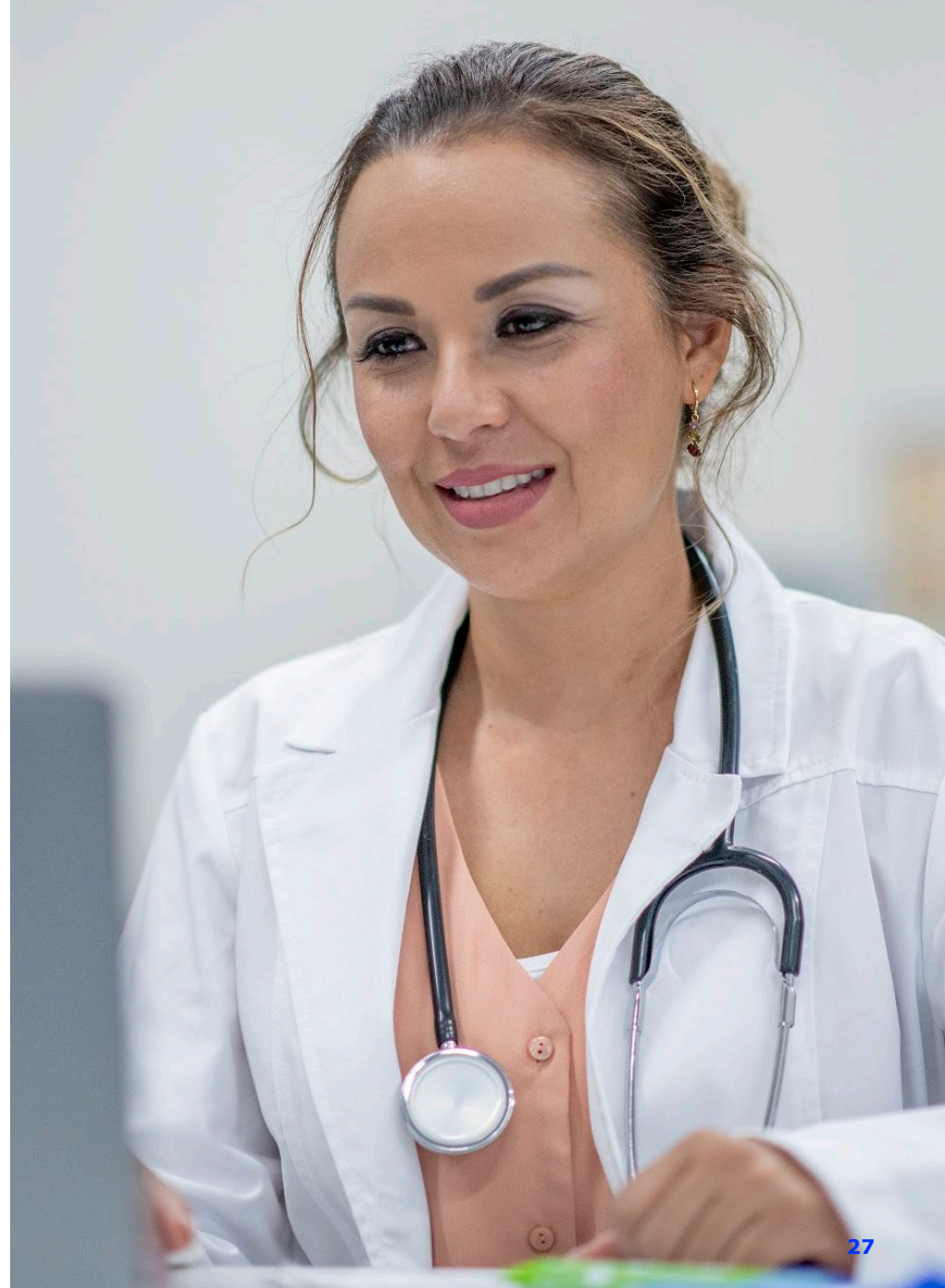
Quick Guide to Cigna Healthcare ID Cards

View sample ID cards with descriptions of the various fields on the cards. You may save, download, or print [card guides](#) for use in your office.

Questions?

Call Cigna Healthcare
Provider Service at

800.88Cigna
(882.4462).



Update your demographic information

We use your demographic information to:

- Publish online provider directories.
- Send important communications to you.
- Process claims.
- Assign a primary care provider to individuals whose plan requires one but who haven't made a selection.
- Comply with state laws.
- Determine network adequacy.

To submit demographic changes:*

Log in to CignaforHCP.com

- > Working With Cigna
- > Directory update

You may also submit demographic changes as directed below.

- Practitioner and group changes
Fax: **877.358.4301** or
Email Intake_PDM@evernorth.com
- Hospital and ancillary changes only
Fax: **646.459.2180**

Please notify us in writing

90 days before changing your office or billing address, telephone number, TIN, National Provider Identifier, or specialty.



* If your contract is through a third party to which Cigna Healthcare has access, submit all demographic changes through the third-party contracting entity.

Q&A



All Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Express Scripts, Inc., or their affiliates.

PCOMM-2025-XXX 01/2025

