

INSTRUCTIONS TO SUBMIT APPEALS & CLAIM RECONSIDERATIONS ONLINE

For Health Care Providers

November 2020

Registered users of the Cigna for Health Care Professionals website (CignaforHCP.com) have the ability to submit and check the status of appeals and claim reconsideration requests online.

Access needed to submit appeals or reconsideration requests:

To submit **claim appeals or reconsideration requests**, you must be able to view claims on the site and have access to the “Reconsideration” website entitlement. *Note that if you only have the ability to view claims, you will only be able to review and check the status of the claim appeal or reconsideration requests, but not create and submit them.*

To submit or check the status of **appeals for precertification decisions**, you must be able to view eligibility and benefit information for patients as well as have access to the “Precertification” website entitlement. Ask your practice’s website access manager for access to these entitlements if you need them.

Steps to submit a request or check the status of a request:

- Log in to CignaforHCP.com
- Click on the request type below to be taken directly to the steps for that request type

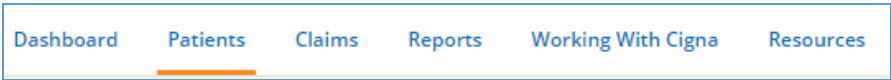
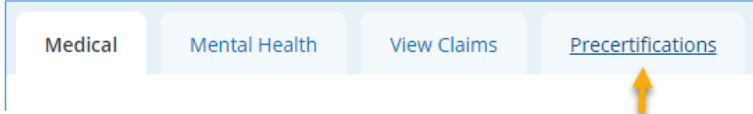

[Precertification decision appeal](#)

[Claim reconsideration or appeal](#)

Precertification decision appeal

Steps to appeal a precertification decision

(Patient search)


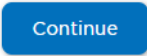
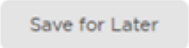




Step	Action
1	Search for , select and confirm your patient. 
2	Click on the Precertifications tab. 
3	Locate and select the precertification you want to appeal. <i>If you have a question at any time during the process, click  to access frequently asked questions and answers.</i>

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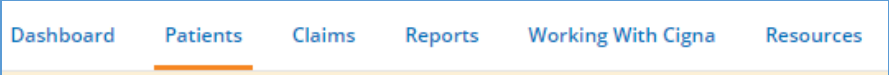
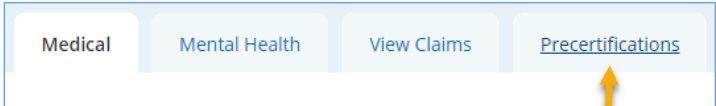

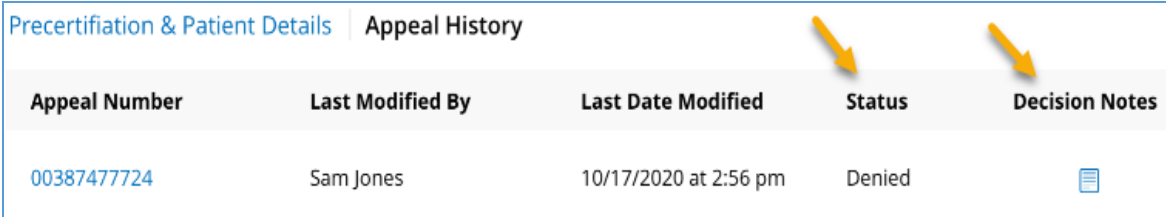
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Steps to appeal a precertification decision *continued*

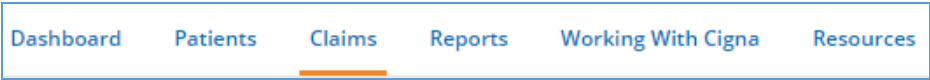




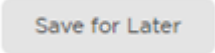
Step	Action
4	<p>Check the box next to the service line(s) you are appealing and click  .</p> <p><i>If a service line selected is managed by eviCore, a message will redirect to the eviCore website.</i></p>
5	Review and update as needed, the Submitter Contact Information .
6	Select the State of Service from the drop down box.
7	Type a note to explain your request and upload necessary supporting documentation.
8	<p>Click on  to proceed or  .</p> <p><i>Saving your work creates an “open draft” request that has not yet been submitted. You must update or submit an open draft within five calendar days.</i></p>
9	<p>If you clicked Continue in step 8, you will proceed to the Summary screen where you can review all the details of the appeal prior to submission. If a correction is needed, click  Previous .</p> <p>If no changes are needed, click on  .</p>
10	<p>If you submitted your request in step 9, you will be directed to the Confirmation page.</p> <p></p> <p>Here you can copy the Appeal Reference Number or download a detailed copy of the confirmation page.</p> <p></p> <p><i>The time frame for processing appeals is impacted by state mandates, contract requirements, etc.</i></p>

How to check the status of a precertification appeal (Claim Details screen)

Step	Action
1	<p>Search for, select and confirm your patient.</p> 
2	<p>Click on the Precertifications tab.</p> 
3	Locate and select the applicable precertification.
4	<p>Click on the Appeal History tab.</p> 
5	<p>Select the precertification, review the status and decision notes.</p>  <p>To view the details of the request, click the blue appeal number.</p> <p><i>If the appeal has not been submitted yet, the number and status will display as Open Draft. Website users with precertification access can click “Open Draft”, finish the request, and submit it.</i></p>

Claim reconsideration or appeal

Steps to submit a claim reconsideration or appeal request (Claim Details screen)

Step	Action
1	Search for and select your claim to access the claim details. 
2	Select  at the top right of your screen. <i>The claim must be in a finalized status for the button to display (paid, denied, processed or duplicate).</i> If you have a question at any time during the process, click  to access frequently asked questions and answers.
3	On the Start a Reconsideration screen, select: 1) The provider. 2) The state where the services were rendered. 3) The appropriate radio button for if the claim processed In-Network or Out-of-Network. 4) Click 
4	If the last claim processed date is outside of standard time frames , a screen will appear for you to explain the reason. Four options will display. Select one of them to continue. You will then be directed to the next step. <i>This screen will only appear if the last processed date is outside of typical time frames.</i>
5	What do I want to request for this claim? A screen with six options will display. Pick the one that best describes the issue with the claim. The next screen that displays will be dependent upon your selection. Note: Click  Previous at the top of the screen if you need to go back and make a different selection.
6	On this screen, select the more detailed reason for your request. <i>Note: You can save your work and finish the request later by clicking </i> <i>Saving your work creates an “open draft” request that has not yet been submitted. You must update or submit an open draft within five calendar days.</i>
7	Depending on your selection in steps 5 and 6, the next screen will let you know if you can proceed with the request. If your request requires a corrected claim , you cannot proceed and will be directed to submit a corrected claim using your normal claim submission process. Please do not upload corrected claims.

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Steps to submit a claim reconsideration or appeal request *continued*



Step	Action
8	<p>Your selection in steps 5 and 6 also determines if your request can be handled as a simple adjustment request or if it will be handled as an appeal.</p> <p>1) For an appeal, you will first need to select the appropriate radio button:</p> <div data-bbox="289 346 1117 478" data-label="Form"> <p>Is this appeals request on behalf of the provider or the patient? ?</p> <p><input checked="" type="radio"/> Provider <input type="radio"/> Patient</p> </div> <p><i>Note: if you choose “patient” then you will be required to attach the patient’s authorization of representation.</i></p> <p>2) Click Continue to proceed to the notes and documentation upload screen OR</p> <p>3) Click Save for Later to create an open draft of your request that can be finished and submitted at a later time.</p>
9	<p>If you clicked Continue in step 8, the request will proceed to the documentation step.</p> <div data-bbox="289 846 1037 905" data-label="Diagram"> </div> <p>For an appeal, verify and update as needed, the submitter contact information and enter the precertification number if applicable. This part of step 9 does not apply for simple adjustment requests.</p> <p>In the documentation section, you can type a note to explain your request and upload required supporting documentation.</p> <p><i>Unsure what to attach? Check out the What should I attach? link for assistance. .</i></p> <p>Once you have completed these actions, you will have three options:</p> <ol style="list-style-type: none"> 1) Click Continue to proceed to the next step OR 2) Click Save for Later to save a draft of your work to come back and submit later OR 3) Click Exit to discard your request.
10	<p>If you clicked Continue in step 8, your request will proceed to the Summary step.</p> <div data-bbox="289 1419 1037 1478" data-label="Diagram"> </div> <p>This step allows you to review what you have included in the request so far and are about to submit for processing.</p> <p>If you need to make changes, click Previous and make them. <i>Once you submit a request, it cannot be changed.</i></p> <p>If your submission looks correct, click Submit or Exit to discard your request.</p>

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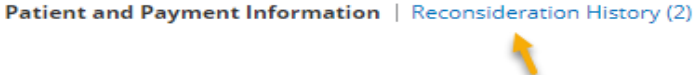
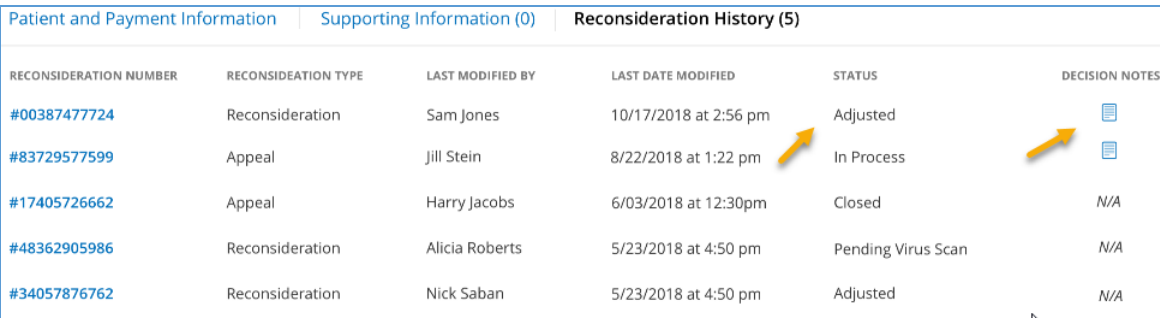
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Steps to submit a claim reconsideration or appeal request *continued*

Step	Action
11	<p>If you submitted your request in step 10, you will be directed to the Confirmation page.</p>  <p>Here you can copy the Reconsideration Request Number or download a detailed copy of the confirmation page.</p>  <p>The typical time frame for processing a simple adjustment or reconsideration is five to 10 business days. The time frame for processing appeals is impacted by state mandates, contract requirements, etc.</p>

How to check the status of a claim reconsideration or appeal request (Claim Details screen)

Step	Action
1	<p>After finding the claim, click the Reconsideration History tab.</p>  <p>Only one reconsideration or appeal request can be in an open status at a time. Each claim can have up to five requests.</p>
2	<p>Review the status and decision notes.</p>  <p>To review the details of the request, click the blue reconsideration number.</p> <p>If the reconsideration request has not been submitted yet, the reconsideration number will display as Open Draft. Website users with reconsideration access can click Open Draft, finish the request, and submit it.</p>



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