

# Submitting claim reconsideration requests online

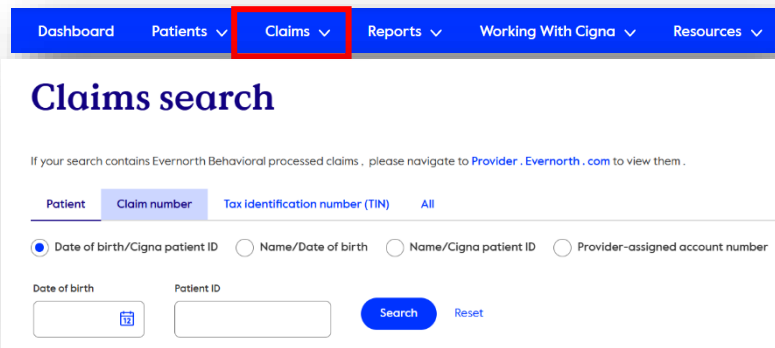
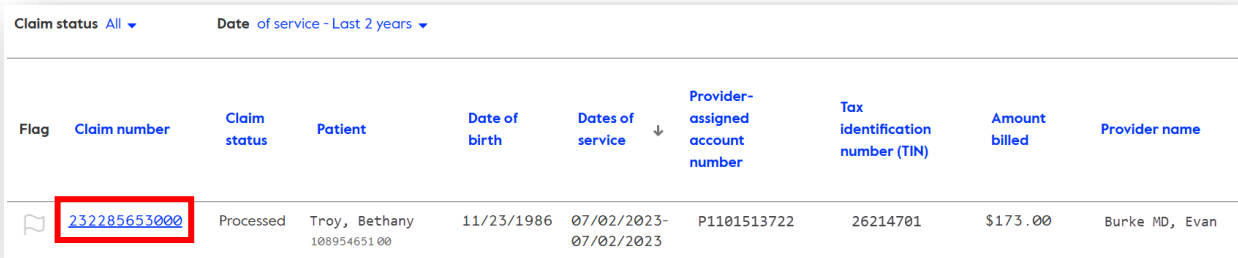
## Step-by-step user guide

**This illustrated step-by-step user guide was designed to assist providers with submitting and checking the status of claim reconsideration requests online.**

The steps below demonstrate how users of the Cigna for Health Care Professionals portal ([CignaforHCP.com](https://CignaforHCP.com)) with the appropriate access can check the status of and submit claim reconsideration requests directly online. Please note that users must have entitlement to view claims and have the "Reconsideration" website entitlement to use all features.

### Submitting a claim reconsideration request

Before starting your request, log in to the Cigna for Health Care Professionals portal ([CignaforHCP.com](https://CignaforHCP.com)).

Step	Action
1.	<p><b>Search for your claim by clicking "Claims."</b></p> 
2.	<p><b>Locate the claim and click on the claim number.</b></p> 

3.

**On the next screen, select "Start a Reconsideration."**

**Note:** The claim must be in a finalized status for the button to display (paid, denied, processed or duplicate).

Claim Search > 232285653000

## Claim 232285653000

PROCESSED

USEFUL LINKS | Print | Help

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

Claim Information		Payment Information	
Claim/Reference Number:	232285653000	Patient Responsibility:	\$43.23
Patient Name:	Bethany Troy <a href="#">View Coverage</a>	Claim Amount Paid:	\$43.22
Provider Generated Patient Account Number:	P1101513722		
Service Providers:	Burke MD, Evan		
Date Received:	08/02/2023		
Date Processed:	08/28/2023		
Claim Status:	PROCESSED		

If you have a question at any time during the process, click ? to access frequently asked questions and answers.

4a.

**On the "Start a Reconsideration" pop-up window, select:**

- The Provider Name.
- The state where the services were rendered.
- The appropriate radio button for if the claim processed In-Network or Out-of-Network.
- Click "Continue to Reconsideration" to begin the Questionnaire.

### Start a Reconsideration

Close X

In order to ensure Cigna can process your reconsideration correctly, we need to confirm some information first.

TIN  
262157500

Provider Name  
Select a provider

State of Service  
Select a state

Claim Paid  
☒ In-Network ☐ Out-of-Network

Continue to Reconsideration

4b.

### If the last claim processed date is outside of standard timeframes:

- A screen will appear for you to explain the reason.
- Four options will be displayed. Select one to continue.
- You will be directed to the next step.

**Note:** This screen will only appear if the last processed date is outside of the typical timeframes.

**⚠ This claim is outside of the standard timeframes to allow a reconsideration .**

This claim was last processed on 08/28/2023 , which is 631 days .

*Timeframe for an In-Network claim is 180 days .*

**Please choose an option below to continue with a reconsideration**

I have proof the submission was timely .

I would like to submit an appeal on this claim .

My state has extended processing timeframes or I have a non-standard contract .

I have another reason outside the standard timeframe . (COB issue , Natural Disaster , etc)

5.

### A screen will appear displaying six options.

- Pick the option that best describes the issue with the claim.
- The next screen that displays will be dependent on your selection.
- Click “Previous” at the top of the screen if you need to go back and make a different selection.

**Note:** Corrections to a claim cannot be submitted through the online reconsideration tool. You can continue with the following choices:

- Add another insurance document for the patient.
- You submitted the correct patient, but the claim paid to an incorrect patient.
- Add an unlisted procedure code description.
- Add a drug name to a service line.
- Mark the claim as from an accident.

Claim Details > Reconsideration

**Claim 232285653000**

Questionnaire Need Help ?

Previous 1 Questionnaire 2 Documents 3 Summary 4 Confirmation

**Reconsideration Request Timeframe:** I have proof the submission was timely.  
**Next Steps:** Attach the proof of timely filing and any explanation to the Documents screen.

**What do I want to request for this claim?**

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

*Your request might 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 claim 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. \*

You can continue with the following choices:

- Add an other insurance document for the patient
- You submitted the correct patient but the claim paid to an incorrect patient
- Add an unlisted procedure code description
- Add a drug name to a service line
- Mark the claim as from an accident

\* [click here](#) for information on sending in corrected claims.

6.

**On the next screen, choose an option that best describes the reason for your request.**

**Note:**

- The screen you see will be dependent on your previous selection, so the screenshot below may not match what you see.
- You can save your work and finish the request later by clicking "Save for later." Saving your work creates an "Open Draft" request that has not yet been submitted. You, or another user with the "Reconsideration" website entitlement, must update or submit an Open Draft within five calendar days.

7.

**Your selection in steps 5 and 6 determines if your request will be sent to the adjustment team or the national appeals team.**

**Note:** For an **appeal**, you will first need to select the appropriate radio button for "Provider" or "Patient." Then, click "Continue" to proceed to the notes and documentation upload screen **or** click "Save for Later" to create an Open Draft for your request. Finish and submit the request within five calendar days.



8a.

If you clicked "Continue" in step 7, the request will proceed to the documentation step.

Verify the submitter contact information and enter the Precertification Number, if applicable.

Type notes to explain your request.

You may be required to include attachments to continue.

See step 8b.

Claim Details > Reconsideration

## Claim 232285653000

Documents Need Help ?

[Previous](#) Questionnaire **2 Documents** 3 Summary 4 Confirmation

Questionnaire

Reconsideration Request Timeframe: I have proof the submission was timely .

Next Steps: Attach the proof of timely filing and any explanation to the Documents screen .

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

Choice Two: The provider has completed credentialing .

Request Type: Reconsideration

Next Steps: Add your explanation to the Documents screen .

Submitter Contact Information

First Name  Last Name  Phone     Email

Address Line 1  Address Line 2  City  State  Zip Code

If you make any changes above , please also update your contact information under [Settings & Preferences](#) .

Precertification Number

Enter the precertification number associated with this request

Notes

Please add any optional notes you feel would be helpful in the reconsideration . When you are finished , click continue .

n/a

4/1000 characters

Attachments

Attach up to 10 files - each file with a maximum size of 64MB . Accepted file types : .png .bmp .gif .jpg .jpeg .tif .tiff .pdf .

What should I attach?

Attachment agreement

In order to expedite your reconsideration request , only submit attachments that contain pertinent information regarding your request . Please do not attach documents you've received from Cigna (e . g . , EOBs , fee schedules , policies , claim copies) as it may delay the processing of your request . If you have questions about what you should attach , please reference the 'What should I attach' link above .

Click 'Accept' to continue with attachments .

Accept

This section is required in order for your reconsideration to be correctly processed

Continue Save for Later Exit



8b.

**If your request requires supporting documentation, review the "Attachment Agreement" and click "Accept." Drag and drop or browse your computer to locate the supporting documentation files.**

**File requirements:**

- Attach up to 10 files: each file with a maximum size of 64MB.
- Accepted file types: png, bmp, gif, jpeg, tif, tiff, or pdf.
- File names must be at least five characters and cannot exceed 128 characters or contain any spaces or special characters except: hyphen ( - ), at ( @ ), period ( . ), exclamation ( ! ), underscore ( \_ ) and ampersand ( & ).
- Two files cannot have the exact same name.

Unsure what to attach? Click on the [What should I attach?](#) for assistance.

**Note:** If your request is an adjustment, you will not see an option to upload supporting documentation. Please use the "Notes" section to include any additional information about your request.

**Once you have completed these actions, you will have three options to choose from:**

1. "Continue" to proceed to the next step.
2. "Save for Later" to save a draft of your work to return and submit later.
3. "Exit" to discard your request.

9.

**If you clicked "Continue" in step 8, your request will proceed to the Summary screen.**

This step allows you to review what you have included in the request and are about to submit for processing.

Once you submit a request, it cannot be changed. If you need to make changes, click "Previous" to make them.

If your submission looks correct, click "Submit," "Save for Later," or "Exit" to discard your request.

**Claim 232285653000**

Summary [Need Help?](#)

[Previous](#) [Questionnaire](#) [Documents](#) **[Summary](#)** [Confirmation](#)

Confirmation of Claim Submission Details

Questionnaire

**Reconsideration Request Timeframe:** I have proof the submission was timely.

**Next Steps:** Attach the proof of timely filing and any explanation to the Documents screen.

**Choice One:** Claim processed as out-of-network incorrectly or to the wrong provider

**Choice Two:** The provider has completed credentialing.

**Request Type:** Reconsideration

**Next Steps:** Add your explanation to the Documents screen.

Supporting Documents

Contact

First Name Last Name  
000-000-0000  
Name@email  
Address  
City, ID 83333

Submission Details

Provider Name Name TIN: 22003387  
State of Service: IL

Notes  
n/a

Attachments  
697537259.JPG .jpg

[Submit](#) [Save for Later](#) [Exit](#)

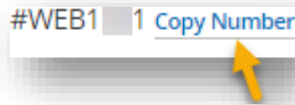


10.

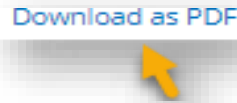
If you submitted your request in step 9, you will be directed to the "Confirmation" screen.

Here you can:

- Copy the **Reconsideration Request Number**.



- Download a detailed **copy of the confirmation page**.



**Note:** Standard turnaround times for adjustments apply. The turnaround time for processing appeals may be dependent on your Cigna Healthcare® contract requirements, and federal and state mandates.

### Checking the status of a reconsideration request

Before starting your request, log in to the Cigna for Health Care Professionals portal ([CignaforHCP.com](https://CignaforHCP.com)).

Step

Action

1.

Search for your claim by clicking “Claims.”

Dashboard

Patients

Claims

Reports

Working With Cigna

Resources

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

Search

Reset

2.

Locate the claim and click on the “Claim number.”

Claim status All

Date of service - Last 2 years

Flag

Claim number

Claim status

Patient

Date of birth

Dates of service

Provider-assigned account number

Tax identification number (TIN)

Amount billed

Provider name

232285653000

Processed

Troy, Bethany  
10895465100

11/23/1986

07/02/2023-  
07/02/2023

P1101513722

26214701

\$173.00

Burke MD, Evan



3.

Click the “Reconsideration History” tab.

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

**Note:** Only one reconsideration request can be open at a time. Each claim can have up to five requests.

4.

On the “Reconsideration History” screen, view:

- The **type** of request
- Who the request was **submitted by**
- The **submission date**
- The **status**
- **Decision Notes**

Click on [?](#) to learn more about the status of your request.

To view decision notes, click on “View Notes.”

**Note:** If the reconsideration request has not been submitted yet, the reconsideration number will display as “Open Draft.” Users with access can click “Open Draft,” finish the request, and submit it.

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

#### Reconsideration History

Reconsideration  
Number:

#WEB825019

Type:

Adjustment

Submitted By:

cloud qe

Submission Date:

4/14/2025 at 5:15 PM

Status

Adjusted [?](#)

Decision Notes

[Read Notes](#)