



ONLINE CLAIM RECONSIDERATION

CignaforHCP.com user overview

Together, all the way.®

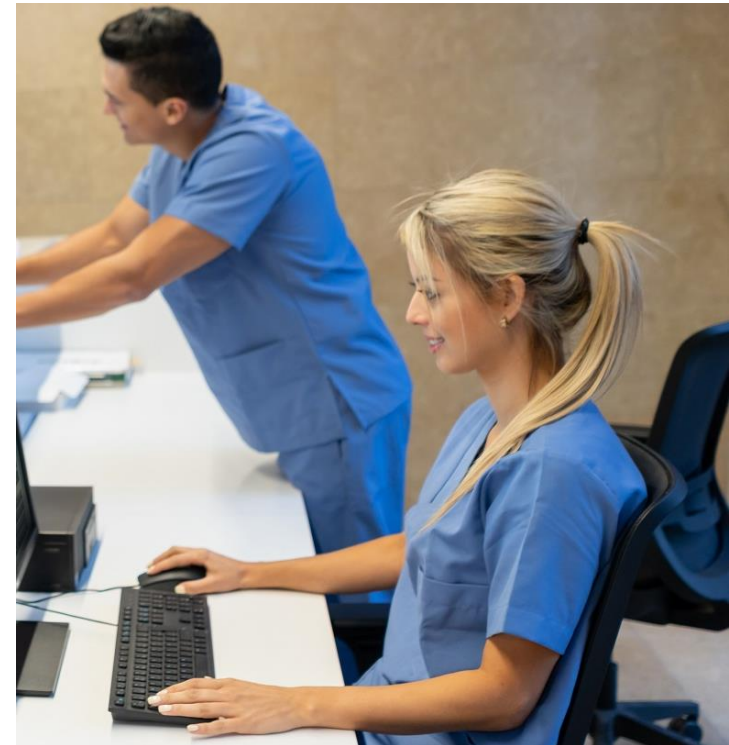


What is online claim reconsideration?

Online claim reconsideration is a new feature on the Cigna for Health Care Professionals website (CignaforHCP.com) where you can request a finalized claim be reviewed for possible adjustment.

Key features:

- Request a claim review at your fingertips.
- Eliminates the need to call Cigna Customer Service to request a review or check the status of a review.
- Follow a brief online questionnaire to determine if your request is a simple adjustment, or requires a written appeal or a corrected claim.
- Gives a notes and documentation section for you to describe your reason for the request and upload any needed documentation.
- Assigns a reference number to your request.
- Easily check the status of the request.
- Requests typically take five to 10 days.



Begin with a claim search

The screenshot shows the Cigna web application interface. At the top left is the Cigna logo. To the right is a search bar labeled "Search Resources" and a "Logout" button. Below the logo is a navigation menu with "Dashboard", "Patients", "Claims", "Reports", "Working", "Cigna", and "Resources". The "Claims" menu item is highlighted, and a dropdown menu is open showing "Search Claims", "Submit a Claim", and "View Claim Coding Edits". A green arrow points from the text "Initiate a claim search" to the "Search Claims" option. Below the navigation is a "Claims Search" section with two tabs: "Patient Information" and "Claim / Reference Number". The "Patient Information" tab is active. It contains several search criteria fields: "Patient ID/Date of Birth" (selected), "Patient ID/Name", "Date of Birth/Name", "Patient ID/Date of Birth/Name", and "Provider Generated Patient Account Number". There is a question "Which combination do I use?". Below these are "Date Of Service" fields for "From" and "To", both set to "08/03/2019". There is a note "Enter or select the date of service for up to a 6-month range." Below that are "Patient Id" (975010674) and "Patient Date Of Birth" (11/09/1965). At the bottom is a "Select a Tax Identification Number (TIN)" dropdown menu. A green arrow points from the text "Enter search criteria" to the "Patient Id" and "Patient Date Of Birth" fields. At the very bottom, there is a note: "To expedite your search, type the first few digits of the Tax ID Number. The TIN will automatically move to the top of the list."



Select your claim

Search > Results

Claim Results

You searched for:

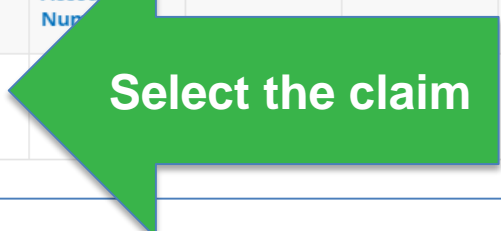
Patient ID: 97501067400 | Date of Birth: 11/09/1965 | Date of Service ranges from: 08/3/2019 - 08/3/2019

Modify Search

New Search

All Claims ▾


	Claim/Reference Number	Provider Generated Patient Account Number	Date(s) of Service	Date Received	Date Processed	Paid Amount	Charge Amount	Patient Responsibility	Servicing Provider	Status	Codes
🚩	1921960021				08/16/2019	\$0.00	\$699.00	--	CONNECTICUT HEALTHGRAD ES3	Denied	F2 A2 ...





Start a reconsideration request

Search > Results > 0432000650144

Claim Details

Claim 12345678690 

Start a Reconsideration 

USEFUL LINKS 

Claim/Reference Number: 0432000650144

Claim Status: **Processed**

Claim has to be in finalized status: Processed, Paid, Denied, or Duplicate.

Start

Claim Information

Claim/Reference Number: 0432000650144

Patient Name: CLYDE SCHOENING | [View Coverage](#)

Provider Generated Patient Account Number: --

Service Providers: PROVIDER MD/BAT

Date Received: 01/06/2020

Date Processed: 01/07/2020

HIPAA Status: A2: 19

Payment Information

Patient Responsibility: \$2,200.00

Claim Amount Paid: \$0.00

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
99211	01/02/2020	11	\$2,200.00	\$2,200.00	\$0.00	\$2,200.00	\$0.00	100%=\$0.00	0%=\$0.00	\$2,200.00



Fill in information to begin the questionnaire

Start a Reconsideration Close X

In order to ensure Cigna can process your request, you need to confirm some information first.

TIN
201437698

Provider Name
PROVIDER BAT ▼

State of Service
Illinois ▼

Claim Paid
 In-Network Out-of-Network

Continue to Reconsideration

Select the provider, the service state, and if the claim was processed as in-network or out-of-network.

Click to continue

Please note:


The questionnaire responses drive the path of the reconsideration request (Note: you can change your answers prior to clicking submit).

The paths are: (1) You can submit the reconsideration request, (2) you will be directed to submit a written appeal or (3) you may be directed to submit a corrected claim.

The reconsideration feature is unable to accept and process written appeals and corrected claims at this time. Please use other channels for these submission types.



What do I want to request for this claim?

Questionnaire 

Need Help ?

Previous Questionnaire Summary Confirmation

Questionnaire:

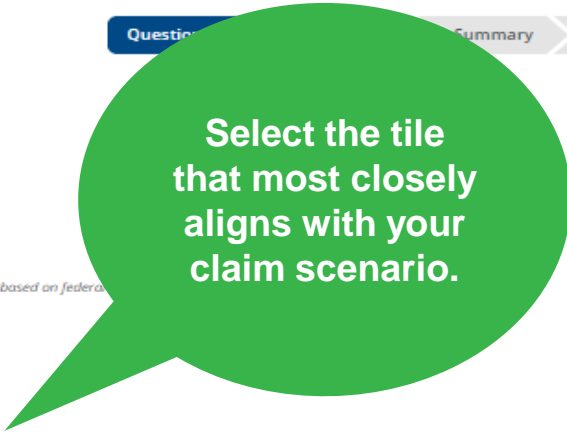
What do I want to request for this claim?

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

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

My issue is related to...

1 Precertification of Services Take actions regarding authorization information	2 Level of Care/Days or Unit Disputes Supplement claim with additional information regarding care provided
3 Medical necessity or Experimental/Investigational procedures Supplement claim with additional procedural details	4 Claim processed as out of network incorrectly or to the wrong provider Take actions to correct provider information
5 Claim denied or was not processed as expected Expand upon your expectations of the submitted claim	6 Corrections to a submitted claim Change fields on your submitted claim



Reconsideration help

Claim Details > Reconsideration

Claim 12345678690

Questionnaire

Reconsideration Help Close X Need Help ?

Documents Summary Information

Previous

Questionnaire:

What do I want to r

Please chose a topic below to proceed

Your request maybe handled as an adjustment or appeal accreditation standards and a detailed review of the circ

My issue is related to...

- Precertification of S
Take actions regarding autho
- Medical necessity of Experimental/Invesl
Supplement claim with additi

- 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?
- Can I save a draft and complete it later?
Yes. The draft will be saved for five days
- I started a reconsideration, but it's no longer showing.
- Why can't I start a reconsideration?
- How far back can I review claim reconsideration history?
- How long will my reconsideration take?
- What reconsideration requests can I see on CignaforHCP.com?
- Can I make changes once I've submitted a reconsideration?
- Can I expedite my request online?
- Can I cancel my submitted reconsideration request?
- Why can't I submit an online appeal?
- Is there a limit on the size of an attachment?
- What kind of files can I upload as an attachment?
- Can I password protect my document?

If you need assistance, check out the frequently asked questions and answers.

- or Unit Disputes
inal information regarding care
- out of network wrong provider
er information



Example 1: Dispute an authorization decision

Questionnaire

Need Help ?
Previous **Questionnaire** Documents Summary Confirmation

Questionnaire:


What do I want to request for this claim?

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


Your request maybe 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...

Precertification of Services Take actions regarding authorization information	Level of Care/Days or Unit Disputes Supplement claim with additional information regarding care provided
Medical necessity or Experimental/Investigational procedures Supplement claim with additional procedural details	Claim processed as out of network incorrectly or to the wrong provider Take actions to correct provider information
Claim denied or was not processed as expected Expand upon your expectations of the submitted claim	Corrections to a submitted claim Change fields on your submitted claim



See where you are in the process.



Select



Example 1: My issue is related to Precertification of Services

- This part of the questionnaire will have choices related to precertifications.
- Chose the most appropriate option.
- The next step is dependent upon the tile you choose here.
- Note: You can save your request and complete it later. *(Within 5 days)*

Choice One: Percertification of Services

Choose one of the following options to continue

Precertification required, but no service provided

Denied but Precertification is On-File

Dispute Denied Authorization

Processed incorrectly for Emergency/Urgent Care

Dispute partially processed Authorization

Dispute failure to obtain Pre-cert or Auth

Dispute Level of Car/Days or Unit

Denied but I have a Precertification Number

Save for Later

Click



Checking the status in the reconsideration history section

Claim Details

Claim 12345678690

Pending Reconsideration

*Open Request in Progress

USEFUL LINKS | |

RECONSIDERATION NUMBER	LAST MODIFIED BY	LAST DATE MODIFIED	STATUS
Open Draft	Beh claims	6/25/2020 at 3:22 PM	Draft

[Reconsideration History](#)

Claim Information

Claim/Reference Number: 1921960021

Patient Name: LEROY LEV | [View Coverage](#)

Provider Generated Patient Account Number: --

Service Providers:

Date Received:

Date Processed:

HIPAA Status:

Procedures

Payment Information

Patient Responsibility:

Claim Amount Paid:

Status

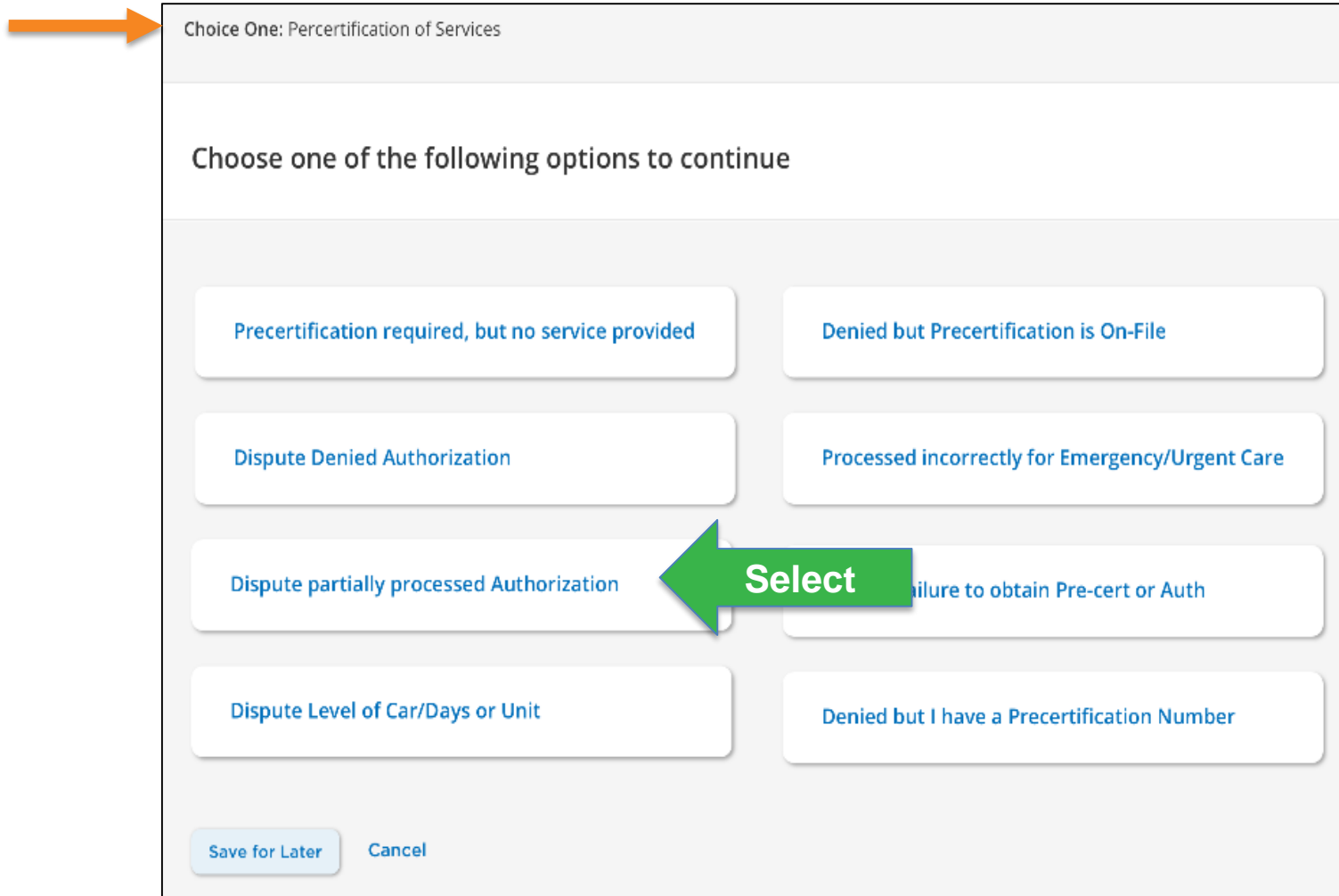
Only one reconsideration request can be open at a time for each claim.

- Open Draft – request was started and saved, but not submitted. *Reconsideration access is required to open and review the details of a draft.*
- An open draft will remain open for five calendar days.
- Anyone with reconsideration access can update or complete the request.

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Example 1: If I choose Dispute an Authorization



Choice One: Percertification of Services

Choose one of the following options to continue

- Precertification required, but no service provided
- Denied but Precertification is On-File
- Dispute Denied Authorization
- Processed incorrectly for Emergency/Urgent Care
- Dispute partially processed Authorization** (Selected)
- Failure to obtain Pre-cert or Auth
- Dispute Level of Car/Days or Unit
- Denied but I have a Precertification Number

Save for Later Cancel



Example 1: Dispute an Authorization (continued)

- Disputing an authorization results in a message – *Cannot Submit a Reconsideration Request.*
- This dispute requires an appeal so you can't proceed with the request.

Questionnaire Need Help ?

← Previous **Questionnaire** Documents Summary Confirmation

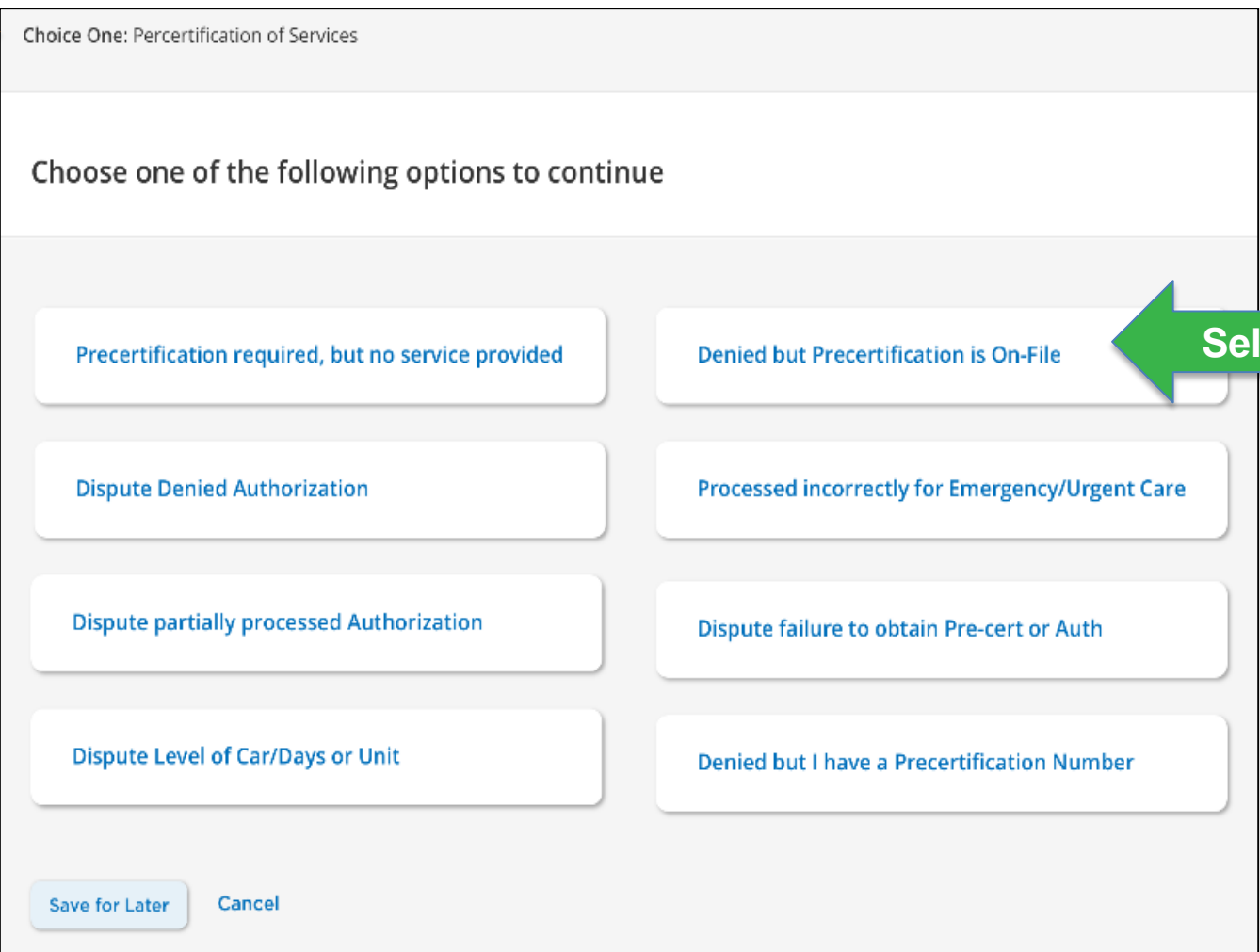
Questionnaire:
Reconsideration Request Timeframe: I have a non-standard c
Next Steps: Explain your
Choice One: Percertification of Services
⚠ Choice Two: Dispute partially Processed Authorization

Cannot Submit a Reconsideration Request
Reason: Appeals Process

You have chosen an option that is part of the appeals process. The appeals process cannot be continued here. [Click here](#) for information on the appeals process.

Close Start new Reconsideration

Example 2: If I choose Denied but Precertification is On-File



Choice One: Percertification of Services

Choose one of the following options to continue

Precertification required, but no service provided	Denied but Precertification is On-File Select
Dispute Denied Authorization	Processed incorrectly for Emergency/Urgent Care
Dispute partially processed Authorization	Dispute failure to obtain Pre-cert or Auth
Dispute Level of Car/Days or Unit	Denied but I have a Precertification Number

Save for Later Cancel



Example 2: Denied but Precertification is On-File (continued)

- An appeal is not required in this case, so you can proceed to the next step in the questionnaire.
- Click “Continue” to proceed to the notes and documents screen, save your work for later, or cancel your request.


Questionnaire Need Help ?

[Previous](#) Questionnaire Documents Summary Confirmation

Questionnaire:
Reconsideration Request Timeframe: I have a non-standard contract with extended processing times
Next Steps: Explain your non-standard contract on the "Documents" screen.

Choice One: Percertification of Services
Choice Two: Denied but Precertification is On-File


Next Steps:
Proceed to the Documents section and add the precertification number to the notes

[Continue](#) [Save](#) 

Example 2: Denied but Precertification is On-File (continued)

- Advances to the Documents portion of the request.
- In the notes section you can explain there is a precertification on file and provide the number. There is a 1,000 character limit.

Supporting Document Upload Need Help ?

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

Questionnaire:
Reconsideration Request Timeframe: I have a non-standard contract with extended processing times
Next Steps: Explain your non-standard contract on the "Documents" screen.

Choice One: Percertification of Services
Choice Two: Denied but Precertification is On-File
Next Steps: Proceed to the Documents section and add the precertification number in the notes

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

Notes

Authorization is on file. # 456798

0/1000 characters

Input a note here, and scroll down to attach a file if needed.



Example 2: Upload supporting documentation

- You can upload supporting documentation for your request if needed.
- You can drag and drop the files, or browse your computer to attach a file.
- See the status of your upload.

You can attach up to 10 files.

Maximum size of each file is 64MB.

Reminder: The site is secure. It is not necessary to encrypt or password-protect files.



Drag and Drop your files here
or
[Browse your computer](#)

Click X to remove a file.

Uploads (35.0 KB/36 MB)

- X Document 1 (10 KB)
- X PT 8506504 Precert PDF (10 KB)
- X RFuller Precert.pdf (15 KB)

Upload successful!

File uploading...

⚠ This upload failed as the file was too large. Please try reuploading a smaller file size.

Two files cannot have the same file name.

Continue

Click


Important note: Upload only necessary documentation for this specific claim. Do not attach a list of claims or upload claims for submission.



Example 2: Review before submitting

- Before submitting the request, review your submission.
- Click “Previous” if you need to change something, save for later, cancel or “Submit Reconsideration”.

Summary Need Help ?

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

Confirmation of Claim Submission Details

Provider Name: [REDACTED]
State of Service: Ohio
TIN: [REDACTED]

Questionnaire

Choice One: Precertification of Services
Choice Two: Denied but I have a Precertification Number


Supporting Documents

Notes:

Authorization is on file. # 456798. Also attaching a copy.

Attachments

Document 1
PT 8506504 Precert PDF

[Submit Reconsideration](#) 

Example 2: Receive a confirmation number

- You can click “Copy Number” to copy the reference number.
- You can download a copy of the request to print or save.

Confirmation Need Help ?

Questionnaire Documents Summary Confirmation

Claim Reconsideration Number **#9371** Copy Number [Download a PDF](#)

Patient	Robyn
Patient DOB	6/12/1954
Patient ID	#U027
State of Service	Ohio
Type of Request	Precertification
Date(s) of Service	2/7/2020
Provider Name	Amy Acton
TIN	042312909
Submitted by	Sam Jones on 6/17/2020 at 2:56pm

To check the status of a reconsideration request

- Find the claim: Is it in your recent searches on the dashboard, or did you flag the claim so it would stay on your dashboard? If no, simply search for your claim.
- Go to the “Claim Details, Reconsideration History” section and check the status.

Claim 8652

✓ Paid Start a Reconsideration

USEFUL LINKS | |

Patient and Payment Information | **Reconsideration History (1)**

Reconsideration Number	Reconsideration Type	Last Modified By	Last Date Modified	Status	Decision Notes
#WEB1:	Adjustment	ten iell	8/31/2020 at 10:51 AM	Adjusted	

Payment Details

Checks that indicate a paid amount greater than... made to the provider that includes payments for other claims.

Payee's Name	Payee's Address	Issued	Check Cleared	Payment Method

Status: Received, In Process, Adjusted, Upheld (reason in notes), Pended for Review, or Request Failed (Virus)



Is your request outside of standard timeframes?

- This screen will pop up only if the last date the claim was processed is outside standard timeframes.
- In order to continue, you will need to make a selection and click one of the four tiles.
- The next step depends on the tile you choose.

Questionnaire



Need Help ?

Questionnaire

Documents

Summary

Confirmation

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

This claim was last processed on 03/02/2019, which is 372 days.

Timeframe for an Out-of-Network claims is 365 days

Please choose an option to continue with a reconsideration

I have proof the submission was timely.

Upload proof on the documents screen

I would like to submit an appeal on this claim.

Will redirect you to submit an appeal*

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

Provide a note or upload proof on the documents screen

I have another reason outside of the standard timeframe (COB issue, natural disaster, etc.).

Provide a note or upload information on the documents screen

Cancel

**At this time, we are unable to accept appeals using online reconsideration.*



Reconsideration feature access

Click on triangle, then choose **Settings & Preferences**

The screenshot shows the Cigna portal dashboard. At the top left is the Cigna logo. To the right is a search bar labeled "Search Resources" and a "Logout" button. A user profile dropdown menu is open, showing "Signed in as (teresa)", "Settings & Preferences" (highlighted with an orange arrow), and "Logout". Below the navigation bar is a yellow banner with an orange warning icon and the text "Updated 8/27 Cigna's Response to Coronavirus". The main content area starts with "Welcome, teresa". Below this are two panels: "Patients | Recent" and "Latest Updates".

Patients Recent		
	DATE OF BIRTH	PATIENT ID
Covered	[Redacted]	[Redacted]
	DATE OF BIRTH	PATIENT ID

Latest Updates	
10/6/20	Claim appeal prevention tips Learn more
9/29/20	



Reconsideration access (continued)

The screenshot shows the Cigna website interface. At the top left is the Cigna logo. To the right is a search bar labeled 'Search Resources' and a 'Logout' button. Below the navigation bar are links for 'Dashboard', 'Patients', 'Claims', 'Reports', 'Working With Cigna', and 'Resources'. A yellow banner contains an update: 'Updated 8/27 Cigna's Response to Coronavirus'. The main section is titled 'Settings & Preferences' and includes a sidebar with 'Personal Information', 'Security & Login', 'Online Access', and 'Communication Preferences'. The 'Online Access' section is active and contains three options: 'Add access rights from temporary ID/Password', 'View TIN access', and 'View access rights'. A green arrow points from the 'Online Access' sidebar item to the text 'Click Online Access'. Another green arrow points from the 'View access rights' option to the text 'Click View access rights'.



Reconsideration access (continued)

Add access rights from temporary ID/Password
Provide the temporary ID/password you received from your website access manager [Add temporary ID/Password](#)

Request TIN access
Provide the TIN you would like access to [Add TIN](#)

View TIN access
Select a TIN from the list below to view your current access rights and the website access managers associate with them

Select a TIN

Choose TIN

CignaforHCP.com Access (what do these mean?):

- Patient search (eligibility and benefits)
- Claims search
- **Reconsideration**
- Remittance reports (835) and delivery preferences
- Precertification - view and submit
- Clinical reports

Website access managers:

Me	mel:	.6095	Lin:	38
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[Close](#)

After October 29, 2020, if you don't see Reconsideration, speak to your website access manager.



CONGRATULATIONS!

You have completed the
Online Claim Reconsideration
eCourse.



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