



Request For Provider Payment Review

CIGNA HealthCare companies strive to informally resolve issues raised on initial contact whenever possible. In addition, if your issue involves a denial and it cannot be resolved by a Customer Service representative, we offer a two-level, internal provider payment review process described below.

Grievance/Appeal Process for Denials

Someone not involved in the initial decision will review your appeal. All supporting documentation you present will be reviewed along with the terms of the participant's benefit plan and/or your CIGNA HealthCare provider contract and its Program Requirements, and a determination will be made. If you are not satisfied with the decision of the first level review, you may request a second level of review. Second level reviews for medical necessity denials and appeals related to experimental or investigational exclusions will be reviewed by another provider in a same or similar specialty of the ordering or treating provider.

You should request an appeal as soon as possible. Generally, providers seeking to overturn a partial payment or payment denial decision must do so within 180 calendar days of the initial payment or denial, and second level provider payment reviews must be submitted within 60 calendar days of the date of the first level review determination. Timeframes may vary depending upon applicable laws and/or the provider contract.

Step 1: Contact CIGNA HealthCare's Customer Service Department at the toll-free number listed on the back of the CIGNA HealthCare participant ID card to review any denials/payment reductions. If a Customer Service representative is unable to alter the initial decision, you will be advised at that time of your right to request a provider payment review.

Step 2: Prepare your appeal. Complete and accurate preparation of your appeal will facilitate a timely and thorough review.

Requests for review should include:

1. A completed Request for Provider Payment Review form or letter of appeal requesting review and indicating the reason(s) why you believe the denial is incorrect. If submitting a letter, please include all information requested on this form.
2. Include a copy of the original claim and the Explanation of Payment (EOP) or Explanation of Benefits (EOB), if applicable.
3. For reviews with a clinical component, such as denied hospital days or services denied for no prior authorization, supporting documentation should include a narrative describing the situation, an operative report and medical records, as applicable.

CIGNA HealthCare Subscriber/Member Name: _____ Subscriber ID#: _____

Patient Name: _____ Date of Birth _____ State of Residence _____

Date(s) of Service: _____ Procedure/Type of Service: _____

Indicate below where any grievance/appeal correspondence should be directed:

Office/Facility Name: _____

Street/PO Box: _____ City: _____ State: _____ Zip: _____

Step 3: Mail the completed Request for Provider Payment Review form or letter of grievance/appeal along with all supporting documentation to the appropriate address identified on this form. (These addresses are intended only for appeals of denials. Any other requests (e.g. a claim) will be directed to the appropriate CIGNA HealthCare location, which may result in a delay in handling your request.

Step 4: A coverage decision will be communicated to you.

If a decision is made to alter the initial decision and issue additional payment, you will be notified of the payment adjustment through an Explanation of Payment (EOP) or Explanation of Benefits (EOB).

If a decision is made to uphold our initial decision, you will be notified in writing.

Claim Grievances/Appeals Mailing Addresses

Please, submit your grievance/appeal to:

Provider State of Operations	Grievance/Appeal Submission Address
Arizona HealthCare for Seniors (Medicare + Choice)	Government Programs Appeal Unit, First Floor CIGNA HealthCare of Arizona 11001 N. Black Canyon Hwy. Phoenix, AZ 85029
All Others	CIGNA HealthCare PO Box 5225 Scranton, PA 18505-5225

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In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. In California, HMO plans are offered by CIGNA HealthCare of California, Inc. In Virginia, HMO plans are offered by CIGNA HealthCare of Virginia, Inc. and CIGNA HealthCare Mid-Atlantic, Inc. In North Carolina, HMO plans are offered by CIGNA HealthCare of North Carolina, Inc. All other medical plans in these states are insured or administered by Connecticut General Life Insurance Company.

