



# CIGNA BEHAVIORAL QUICK REFERENCE GUIDE

## Provider reference guide for benefit administration

If you have questions about benefits administration for a patient with Cigna-administered coverage, you can quickly find key information on their Cigna ID card.

### Cigna ID number

The format of a Cigna ID number will indicate the type of plan your patient has. See the examples below.

| ID number identifiers                                         | ID number examples                | Plan type                                                  |
|---------------------------------------------------------------|-----------------------------------|------------------------------------------------------------|
| Begins with "U"                                               | U12345678, U19283746, U1233218903 | Standard Cigna plan                                        |
| Numerical and begins with a "10"                              | 101234567, 109876543, 10918273601 | Cigna Connect Individual and Family Plans<br>Cigna SureFit |
| Numerical, nine digits, begins with a year (e.g., "20: 2020") | 201234567, 199876543, 201222333*O | Employee Assistance Program (EAP) code                     |
| ID number follows no pattern or format                        | 12M345678, A3456789102, 5Q67L8PK9 | Possibly a Cigna plan administered by a third party        |

### Plan contact information

| Plan                                                        | Benefits and eligibility <sup>1</sup>           | Claims                                      | Precertification <sup>2</sup> (PHP and higher) <sup>3</sup> | Appeals             |
|-------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|-------------------------------------------------------------|---------------------|
| Standard Cigna                                              | <b>800.926.2273</b>                             | <b>800.926.2273</b>                         | <b>800.926.2273</b>                                         | <b>800.926.2273</b> |
| Cigna Connect Individual and Family Plans and Cigna SureFit | <b>877.299.0658</b>                             | <b>866.494.2111</b>                         | <b>866.494.2111</b>                                         | <b>866.494.2111</b> |
| EAP                                                         | <b>800.926.2273</b>                             | <b>800.926.2273</b>                         | <b>800.926.2273</b>                                         | <b>800.926.2273</b> |
| Third-party administrator (TPA)                             | Refer to Cigna ID card for the TPA phone number | Refer to Cigna ID card for TPA phone number | <b>866.494.4872<sup>4</sup></b>                             | <b>866.494.4872</b> |

<sup>1</sup> For applied behavior analysis (ABA) benefits/eligibility, call the Autism Case Coordinator team at **877.279.7603**.

<sup>2</sup> ABA requests can be made through the [Assessment Request Form](#), the [Prior Authorization Form](#), or by calling **877.279.7603**.

<sup>3</sup> All intensive outpatient (IOP) requests, regardless of plan type, should be made through the [IOP Request Form](#).

<sup>4</sup> TPA accounts only require prior authorization for higher levels of care (e.g. inpatient, residential, or detox).

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## Claims

There are three ways to submit claims to Cigna: Via mail, fax, or an electronic data interchange (EDI) vendor. Depending on your patient's plan, the mailing or fax address will be different. However, when using an EDI vendor, the payer ID **62308** will be the same for all plans listed below.

| Plan                                | Claims address, fax number, and payer ID                                                                             |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Standard Cigna PPO                  | Cigna Behavioral Health<br>PO Box 182223, Chattanooga, TN 37422<br>Fax: <b>859.410.2422</b> , Payer ID: <b>62308</b> |
| Standard Cigna HMO or POS           | Cigna<br>PO Box 188022, Chattanooga, TN 37422<br>Fax: <b>859.410.2422</b> , Payer ID: <b>62308</b>                   |
| Cigna Connect IFP and Cigna SureFit | Cigna<br>PO Box 188061, Chattanooga, TN 37422<br>Fax: <b>877.804.1443</b> , Payer ID: <b>62308</b>                   |

| Plan | Claims address, fax number, and payer ID                                                                             |
|------|----------------------------------------------------------------------------------------------------------------------|
| EAP  | Cigna Behavioral Health<br>PO Box 188022, Chattanooga, TN 37422<br>Fax: <b>859.410.2422</b> , Payer ID: <b>62308</b> |
| TPA  | Cigna<br>PO Box 188061, Chattanooga, TN 37422<br>Fax: <b>877.804.1443</b> , Payer ID: <b>62308</b>                   |

To check for account-specific addresses or fax numbers, please call Provider Services at **800.926.2273**.

For more information about EDI vendors, visit [Cigna.com](https://www.cigna.com) > Health Care Providers > Coverage and Claims > Claims > [Electronic Data Interchange Vendors](#).

## Appeals

There are two categories of appeals: Administrative and medical necessity.

| Appeal type                                         | PPO plans                                                                                             | HMO and POS plans, and EAP                                                                            | IFP and SureFit plans                                                                                                                    |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| Medical necessity (e.g., authorization denials)     | Cigna Behavioral Health Appeals<br>PO Box 188064<br>Chattanooga, TN 37422<br>Fax: <b>877.815.4827</b> | Cigna Behavioral Health Appeals<br>PO Box 188064<br>Chattanooga, TN 37422<br>Fax: <b>877.815.4827</b> | Cigna Behavioral Health Appeals<br>PO Box 188064<br>Chattanooga, TN 37422<br>Fax: <b>877.815.4827</b>                                    |
| Administrative (e.g., timely filing, rate disputes) | Cigna<br>Attn: NAO<br>PO Box 188011<br>Chattanooga, TN 37422<br>Fax: <b>866.380.5278</b>              | Cigna Behavioral Health Appeals<br>PO Box 188064<br>Chattanooga, TN 37422<br>Fax: <b>877.815.4827</b> | Cigna Connect Individual and Family Plans and Cigna SureFit Appeals<br>PO Box 23487<br>Chattanooga, TN 37422<br>Fax: <b>877.804.1679</b> |

For more information about filing appeals, visit [Cigna.com](https://www.cigna.com) > Health Care Providers > Coverage and Claims > [Appeals and Disputes](#).

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## Claim form guidance

For claims that you will mail or fax to Cigna, complete the CMS-1500 claim form. The fields listed below, at minimum, are required to promptly process your claims. To access the form, visit [Cigna.com](https://www.cigna.com) > Health Care Providers > Coverage and Claims > Claims > [CMS1500 Claim Form](#).

|                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1.</b> <b>Cigna ID number.</b> Some patients using EAP may not have a Cigna ID. In this case, you should use the EAP code as an ID number.                                                                    | <b>24.</b> a. <b>Date of Service.</b> Do not bill date ranges on one line (e.g., 12/01/2019-12/05/2019). Only bill one date of service per line (e.g., 12/01/2019-12/01/2019).<br>b. <b>Place of service.</b> "02" for telehealth/virtual care or "11" for in-office visit.<br>d. <b>Current Procedural Terminology (CPT®) code.</b> Use CPT code 99404. Modifiers are generally <i>not</i> required unless billing for telehealth/virtual care, which is "95."<br>f. You do not need to include your exact contracted rate. Most providers include their cash-pay rate.<br>j. Rendering provider's individual National Provider Identifier (NPI). |
| <b>2.</b> Patient's name.                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>3.</b> Patient's date of birth.                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>4.</b> Policy holder's name.                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>5.</b> An address must be present. If the patient is the subscriber, complete block 7. If the patient is a dependent, complete block 5. You may complete both blocks if you are unsure who the subscriber is. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>7.</b>                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>12.</b> The patient does not need to sign each claim. If you have the patient's signature on file (e.g., on a Consent for Treatment form), then indicate "Signature on File" or "SOF."                        | <b>25.</b> Taxpayer Identification Number (TIN).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>13.</b> See block 12 notes.                                                                                                                                                                                   | <b>28.</b> Total charged amount.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>21.</b> Valid ICD-10 behavioral health diagnosis code.                                                                                                                                                        | <b>31.</b> Provider's signature. The signature can be printed, stamped, or signed (must be legible).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>23.</b> <b>EAP only.</b> EAP code.                                                                                                                                                                            | <b>32.</b> Address where services were performed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                  | <b>33.</b> <b>Pay-to name and billing address.</b> The "pay-to name" and "billing address" field must be accurate and match what is on file with Cigna Behavioral Health. If they are not a match, payment will be delayed.                                                                                                                                                                                                                                                                                                                                                                                                                        |

## Cigna for Health Care Professionals website

Register for the Cigna for Health Care Professionals website ([CignaforHCP.com](https://www.cignaforhcp.com)) to enroll in electronic funds transfer (EFT), check benefits and eligibility, view claim status, and more. Visit [CignaforHCP.com](https://www.cignaforhcp.com) > [Register Now](#). If you need web assistance, call the appropriate phone number below.

- Website assistance **800.853.2713**
- Login assistance **855.221.0273**
- Technical assistance **800.261.6232**

## How to apply to the Cigna Behavioral network

For information about individual, clinical, and facility applications, visit [CignaforHCP.com](https://www.cignaforhcp.com) > Resources > Behavioral Resources > Doing Business with Cigna > [Credentialing](#). If you are an individual provider who is already contracted and credentialed with Cigna Behavioral, but need to be linked to a new TIN, please call **800.926.2273**.

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