

APPEALS AND RECONSIDERATION

Request form

Complete the top section of this form completely and legibly. Check the box that most closely describes your appeal or reconsideration reason. Be sure to include any supporting documentation, as indicated below. Requests received without required information cannot be processed.

Request for appeal or reconsideration

Customer first name:	MI:	Customer last name:
Customer ID #:	Customer date of birth (MM/DD/YYYY):	
Claim #:	Date of service (MM/DD/YYYY):	
Provider name/contact name:	Provider NPI:	
Provider phone #:	Provider's contact email address:	

Appeals

Reason for appeal:

- Medical necessity
- Notification/precertification
 - Include precertification/prior authorization number
- Referral denial
- Payer policy

Submit appeals to:

Cigna-HealthSpring
Attn: Appeals Unit
PO Box 24087
Nashville, TN 37202

Fax: **1-800-931-0149**
For help, call: **1-800-511-6943**

Reconsiderations

Reason for reconsideration:

- Payment issue
- Duplicate claim
- Retraction of payment
- Request for medical records
 - Include copy of letter/request received
- Request for additional information
 - Include copy of letter/request received
 - Provide missing or incomplete information
 - Coding dispute
 - Timely filing
 - Remittance Advice (RA), Explanation of Benefits (EOB), or other documentation of filing original claim
- Coordination of Benefits

Submit reconsiderations to:

Cigna-HealthSpring
Attn: Reconsiderations
PO Box 20002
Nashville, TN 37202

Fax: **1-615-401-4642**
For help, call: **1-800-230-6138**

Note: If you have multiple reconsideration requests for the same health care professional and payment issue, please indicate this in the notes below and include a list of the following: Customer ID #, Claim #, and date of service. If the issue requires supporting documentation as noted above, it must be included for each individual claim. If no additional documentation is required for your appeal or reconsideration request, fax in only this completed coversheet. You may use the space below to briefly describe your reason for appeal or reconsideration.

Definitions

Payment issue: Was not paid in accordance with the negotiated terms

Coordination of benefits: Could not fully be processed until information from another insurer has been received

Duplicate claim: The original reason for denial was due to a duplicate claim

Medical necessity: Medical clinical review

Pre-certification/notification of prior-authorization or reduced payment: Failure to notify or pre-authorize services or exceeding authorized limits

Payer policy clinical: Incorrectly reimbursed because of the payers payment policy

Referral denial: Invalid or missing primary care physician (PCP) referral

Request for additional information: Missing or incomplete information *reply via sender*

Request for medical records: Please include copy of letter/request received

Retraction of payment: Retraction of full or partial payment

Timely filing: The claim whose original reason for denial was untimely filing