

MEDICARE ADVANTAGE APPEALS AND CLAIM DISPUTES



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

REQUEST FOR APPEAL OR CLAIM DISPUTES/RECONSIDERATIONS					
Customer first Name:	MI:	Customer last Name:	Customer ID:	Customer Date of Birth:	Claim #:
Date of Service:	Provider name/contact name:		Provider NPI:	Phone Number:	Fax Number:
Provider Appeal Correspondence Address:					

APPEALS	
Reason for appeal: <input type="checkbox"/> Medical necessity <input type="checkbox"/> Observation or Inpatient Medical <input type="checkbox"/> Necessity Medical Necessity (MN) Denial <input type="checkbox"/> No prior authorization <input type="checkbox"/> Date of service on claim does not match authorization <input type="checkbox"/> Member not effective on date of service <input type="checkbox"/> Service or Item not covered	<input type="checkbox"/> Notification/precertification • Include precertification/prior authorization number <input type="checkbox"/> Exceeds benefit limit <input type="checkbox"/> Quantity billed exceeds amount authorized <input type="checkbox"/> Service provided before authorization was effective <input type="checkbox"/> Service not covered by Medicare <input type="checkbox"/> Not a covered benefit <input type="checkbox"/> Member in Hospice
Submit appeals to: Cigna Attn: Appeals Unit PO Box 24087 Nashville, TN 37202 Fax: 1-800-931-0149 For help, call: 1-800-511-6943	

CLAIM DISPUTES/RECONSIDERATIONS	
Reason for claim disputes: <input type="checkbox"/> Payment Issue <input type="checkbox"/> Request for medical records • Include copy of letter/request received <input type="checkbox"/> Coordination of Benefits <input type="checkbox"/> Invalid or Missing Modifier <input type="checkbox"/> NPI/TIN mismatch <input type="checkbox"/> Invalid DX/CPT codes <input type="checkbox"/> Claim was not paid in accordance with contract allowable <input type="checkbox"/> Not within the scope of contract <input type="checkbox"/> MUE (medically unnecessary edits)	<input type="checkbox"/> Duplicate Claim <input type="checkbox"/> 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 <input type="checkbox"/> Bundled Service <input type="checkbox"/> Claim Timely filing Denials <input type="checkbox"/> Additional information required <input type="checkbox"/> Itemized bill required <input type="checkbox"/> Duplicate claim <input type="checkbox"/> Post Service Claim Audit or Payment Recovery
Submit reconsiderations to: Cigna Attn: Claim Disputes/Reconsiderations PO Box 20002 Nashville, TN 37202 Fax: 1-615-401-4642 For help, call: 1-800-230-6138	

MEDICARE ADVANTAGE APPEALS AND CLAIM DISPUTES (Continued)

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