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- Learn more about the tools and resources you'll have access to in the Cigna for Health Care Professionals online portal.

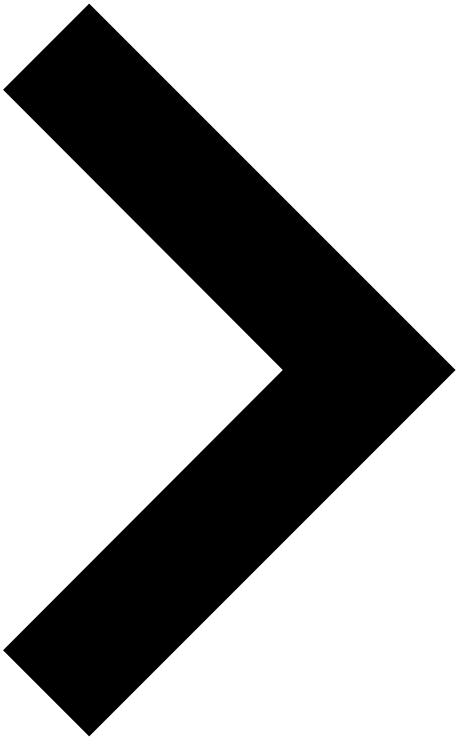
## • Log in to CignaforHCP

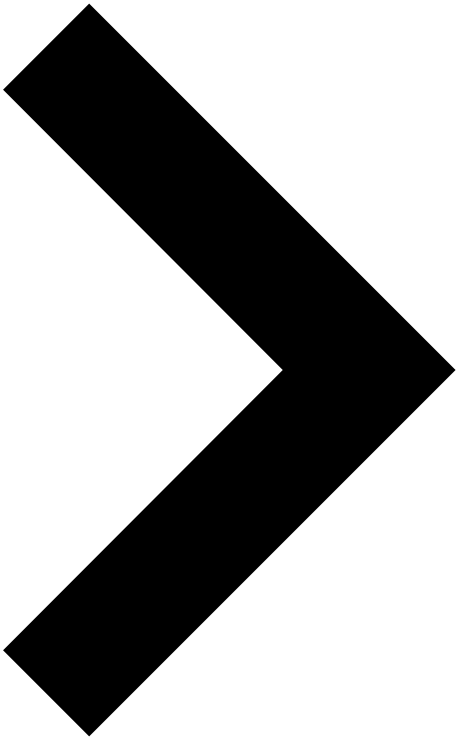


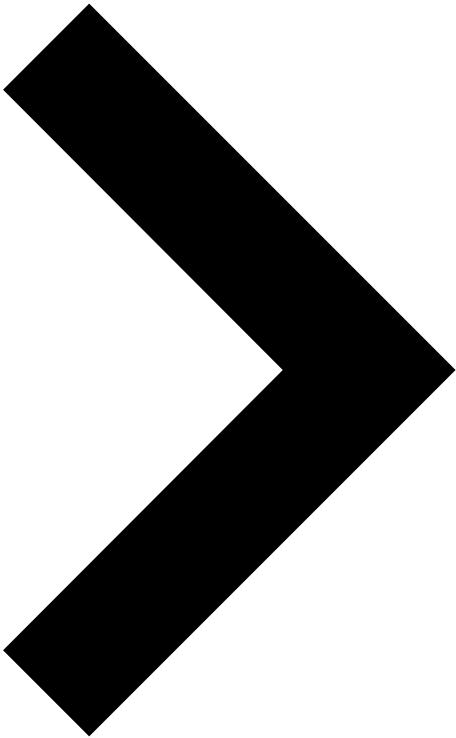
- For Providers:

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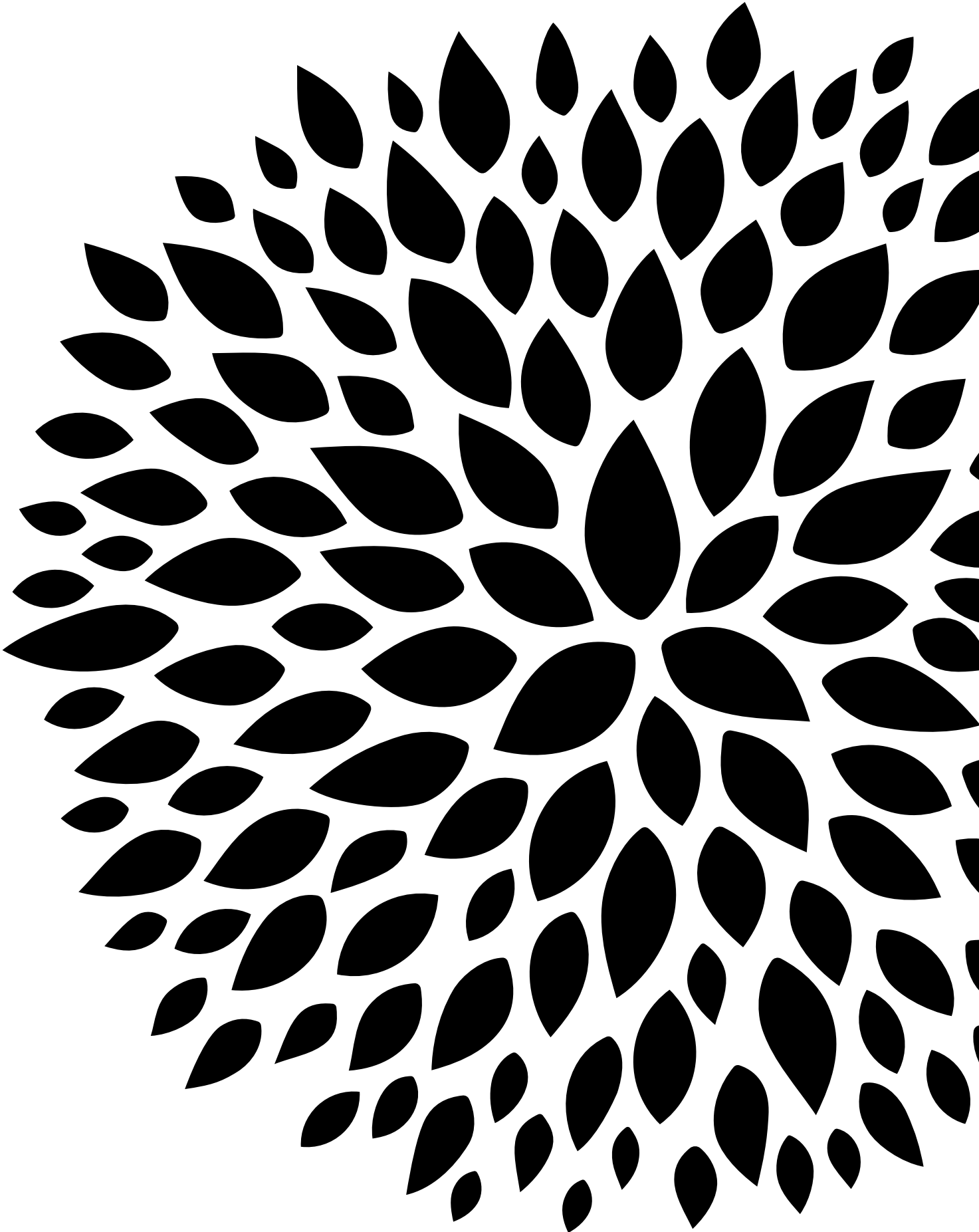




Claims Submission, Payments, and Filing

**Claims Submission, Payments, and Filing**

We make it easy for health care providers to submit claims. Learn more about how to file and pay claims with Cigna Healthcare<sup>SM</sup>.



## Interested in getting credentialed?

Find out how to join the Cigna Healthcare network.

Get Credentialed

**Cigna for Health Care Professionals Portal**

Log in to CignaforHCP.com

## How to Submit Claims

Submitting medical, dental, and behavioral claims electronically can help save time, money, and paperwork. In addition, electronic claim submissions can improve the accuracy of claim processing.

There are two options for submitting claims electronically to Cigna Healthcare:

### Direct Connection

- Free software from Post-N-Track allows providers to use a web-based service to:
  - Submit claims directly to Cigna.
  - Receive electronic remittance advice (ERA) statements.
  - Exchange electronic claim inquiry and response transactions.
- Post-N-Track: 1 (860) 257-2030 or email [info@post-n-track.com](mailto:info@post-n-track.com).

### Clearinghouse

- Change Healthcare: 1 (877) 469-3263 or go to [www.changehealthcare.com](http://www.changehealthcare.com).

**Note:** The electronic payor ID for claim submissions is 62308.

### A Note On Electronic Data Interchange (EDI) Vendors

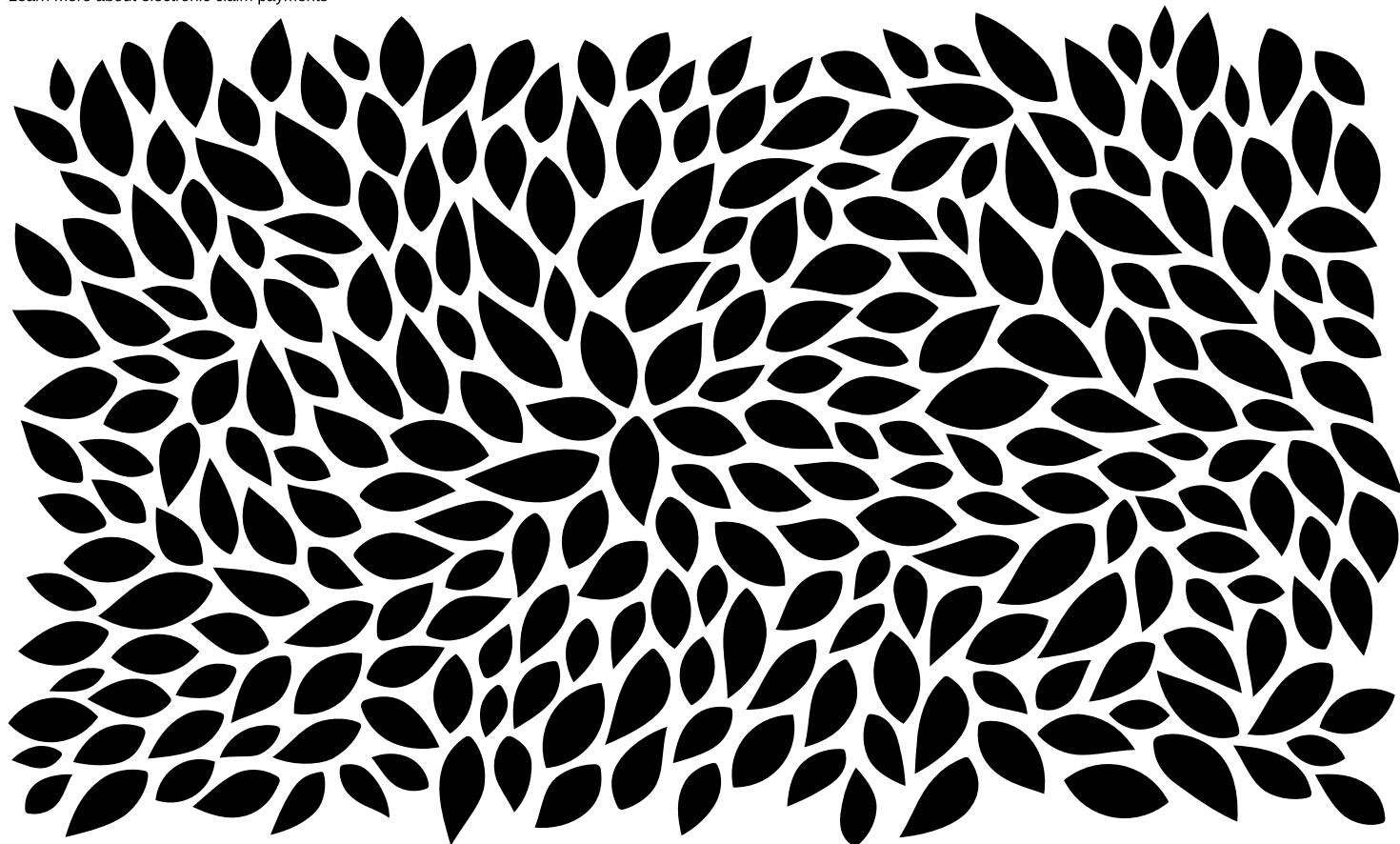
EDI vendors help automate your claims process and save money. Cigna Healthcare has connections with multiple vendors. Please work directly with your EDI vendor to submit claims electronically and for other EDI transactions.

Learn more about EDI vendors

## Electronic Claim Payments

Want to speed the delivery of your payments from Cigna Healthcare? Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) can help save time and reduce costs.

Learn more about electronic claim payments



## When to File Your Claims

Filing a claim as soon as possible is the best way to facilitate prompt payment. If you're unable to file a claim right away, please make sure the claim is submitted accordingly.

**If you are...****submit by...**

A participating health care provider 90 days after the date of service  
 An out-of-network provider 180 days after the date of service

If services are rendered on consecutive days, such as for a hospital confinement, the limit will be counted from the last date of service.

As always, you can appeal denied claims if you feel an appeal is warranted.

**Remember:** Your contract with Cigna Healthcare prohibits balance billing your patient if claims are denied because they were not submitted within the time frame outlined above.

**Deadline Exceptions**

There are some exceptions to these deadlines. These include:

- Applicable law requires a longer filing period
- Provider agreement specifically allows for additional time
- In Coordination of Benefits situations, timely filing is determined from the processing date indicated on the primary carrier's explanation of benefits (EOB) or explanation of payment (EOP)
- Medicare (Cigna Healthcare for Seniors): In accordance with Medicare processing rules, non-participating health care providers have 15 to 27 months to file a new claim. Medicare patients' claims must be filed no later than the end of the calendar year following the year in which the services were provided. However, the filing limit is extended another full year if the service was provided during the last three months of the calendar year.
- If Medicare is the primary payer, timely filing is determined from the processing date indicated on the primary carrier's explanation of benefit (EOB)
- If Medicare is the Secondary Payer (MSP), the initial claim must be submitted to the primary payer within our timely filing period. An initial determination on a previously adjudicated claim may be reopened for any reason for one year from the date of that determination. After one year and prior to four years from the date of determination, "good cause" is required for Medicare to reopen the claim. In general, Medicare does not consider a situation where (a) Medicare processed a claim in accordance with the information on the claim form and consistent with the information in the Medicare's systems of records and; (b) a third party mistakenly paid primary when it alleges that Medicare should have been primary to constitute "good cause" to reopen.
- If a claim was timely filed originally, but Cigna Healthcare requested additional information. If a resubmission is not a Cigna Healthcare request, and is not being submitted as an appeal, the filing limit will apply.
- Extraordinary circumstances<sup>1</sup>

If you are not currently registered for the Cigna for Health Care Professionals website, go to [CignaforHCP.com](https://CignaforHCP.com) and click on the Login/Register link.

• 1

Cigna Healthcare may request appropriate evidence of extraordinary circumstances that prevented timely submission (e.g., natural disaster).

**Clean Claim Requirements**

At Cigna Healthcare, our goal is to process all claims at initial submission. Before we can process a claim, it must be a "clean" or complete claim submission, which includes the following information, when applicable:

- Primary carrier explanation of benefits (EOB) when Cigna Healthcare is the secondary payer
- Prescription for physical therapy
- Itemization of dates for physical therapy from facility
- Prosthesis invoice
- Trip notes for ambulance transport
- Standard Diagnostic Related Groupings (DRG) or Revenue codes (facility)
- Standard Health Care Procedure Coding System (HCPCS) code sets and modifiers
- Standard Current Procedural Terminology (CPT<sup>®</sup>) code sets and modifiers
- Standard International Classification of Diseases (ICD-10) codes, tenth revision
- Accurate entries for all the fields of information contained in the UB04 [PDF]<sup>2</sup> or CMS-1500 forms [PDF]<sup>2</sup>

**Claims Requiring Clinical Documentation**

Except as noted, we routinely require clinical documentation at the time a claim is submitted for the following categories of claims to be considered complete:

- Codes to which an assistant surgeon modifier (80, 81, or 82), assistant-at-surgery modifier (AS), or co-surgeon modifier (62) is attached that do not normally require surgical assistance or co-surgeons
- An 'unlisted code' as defined in the Index of CPT under 'Unlisted Services and Procedures'
- A code that is not otherwise specified (NOS)
- A code that is not otherwise classified (NOC)
- Procedures that are potentially cosmetic
- Procedures that may be experimental/investigational/unproven
- Procedures that are medically necessary for some indications and not for others
- Services performed in an unexpected place of service, such as office services performed in an outpatient surgery center
- Codes appended with a modifier indicating additional or unusual services (e.g., 22, 23, 24, 53, 59, or 66)
- Modifier 25 - Evaluation & Management (E/M) service codes that disallow with a **CMS/NCCI Incidental Edit** (also called Column 1/Column 2 Code Edits) designated by CMS as '1'<sup>2</sup>
- Modifier 59 - Non-Evaluation & Management (E/M) service codes that disallow with a **CMS/NCCI Mutually Exclusive Edit** designated by CMS as '1'<sup>2</sup>

The supporting documentation requirement is on selected code edits when modifier 25 or 59 is billed. It is not an across the board requirement for all uses of these modifiers.

A specific list of Cigna Healthcare combinations that require documentation is available on the Cigna for Health Care Professionals online portal at [CignaforHCP.com](https://CignaforHCP.com). To view, click on "Resources Claim Editing Procedures."

**Types of clinical documentation that may be requested include:**

- Emergency room notes
- Facility notes
- Anesthesia notes and time
- Facility/MD notes
- Operative notes
- Radiology interpretation and report
- Lab results
- MD office notes

This policy is not designed to limit our right to require submission of medical records for precertification purposes.<sup>3</sup>

**Editing Claims with Cigna Healthcare**

ClaimsXten Clear Claim Connection™, our code edit disclosure tool powered by McKesson, allows users to enter CPT and HCPCS coding scenarios and to immediately view the audit result. Clinical edit rationales, as well as edit sourcing, are provided for any code that is not allowed in Clear Claim Connection.

Clear Claim Connection is accessible through the Cigna for Health Care Providers portal at [CignaforHCP.com](https://CignaforHCP.com). Once logged on, you may review the Clear Claim Connection Frequently Asked Questions for more information.

Cigna Healthcare is committed to providing solutions that can minimize your administrative costs while helping to reduce the complexity of doing business with us.

- 2

Claims processing will not be delayed when the submission of supporting documentation is indicated in box 19 of the electronic claim submission or when attached to a paper claim. When supporting documentation is indicated on an electronic claim submission, the supporting documentation can be mailed to Cigna Healthcare address on the back of the patient identification card.

- 3

State legislation and/or plan-specific language supersede Cigna Healthcare administrative guidelines.

#### **Find in-network providers**

See what hospitals, facilities, and specialists are in-network with Cigna Healthcare.

#### **View drug formularies**

Search our prescription drug lists to find covered medications for your patients.







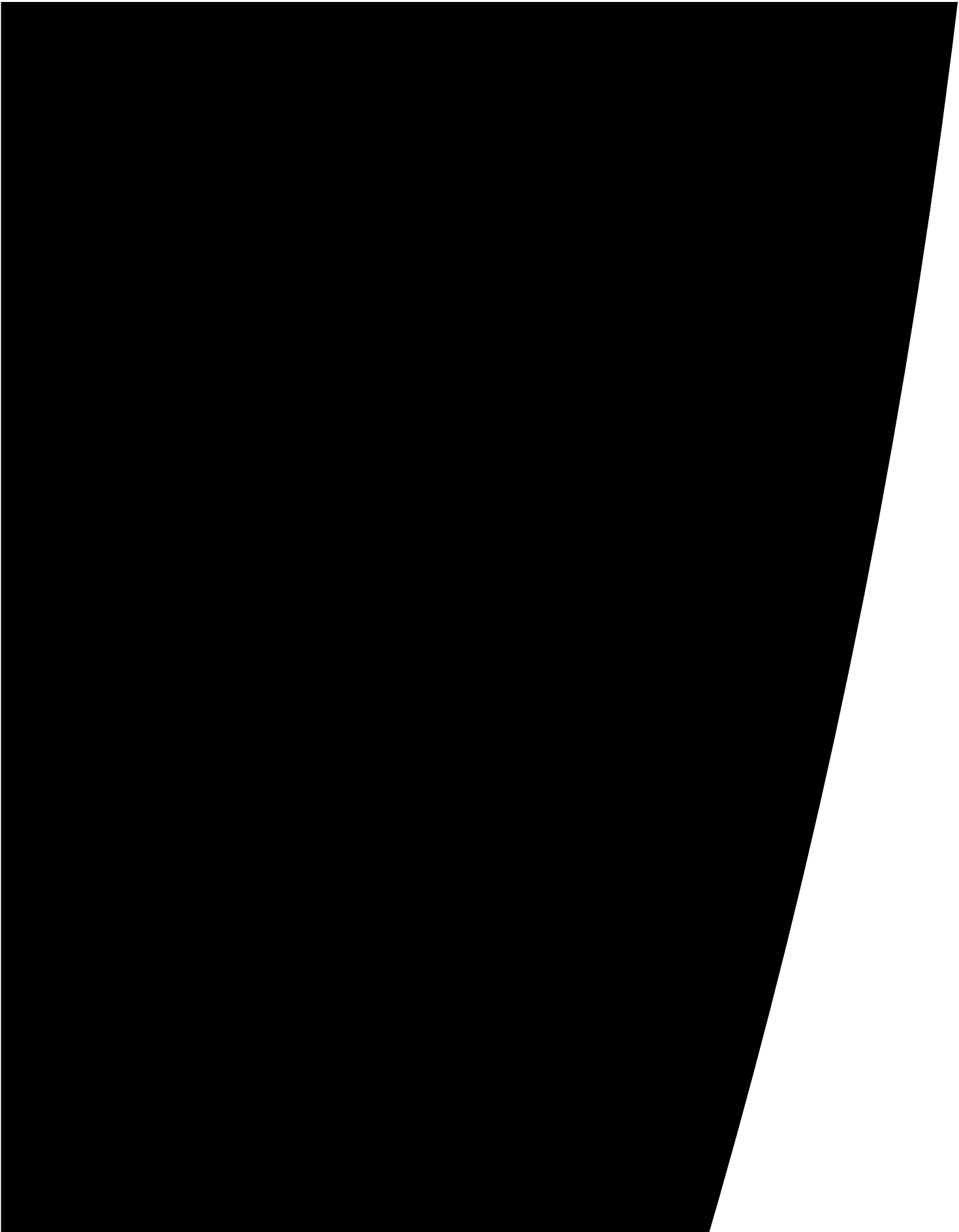


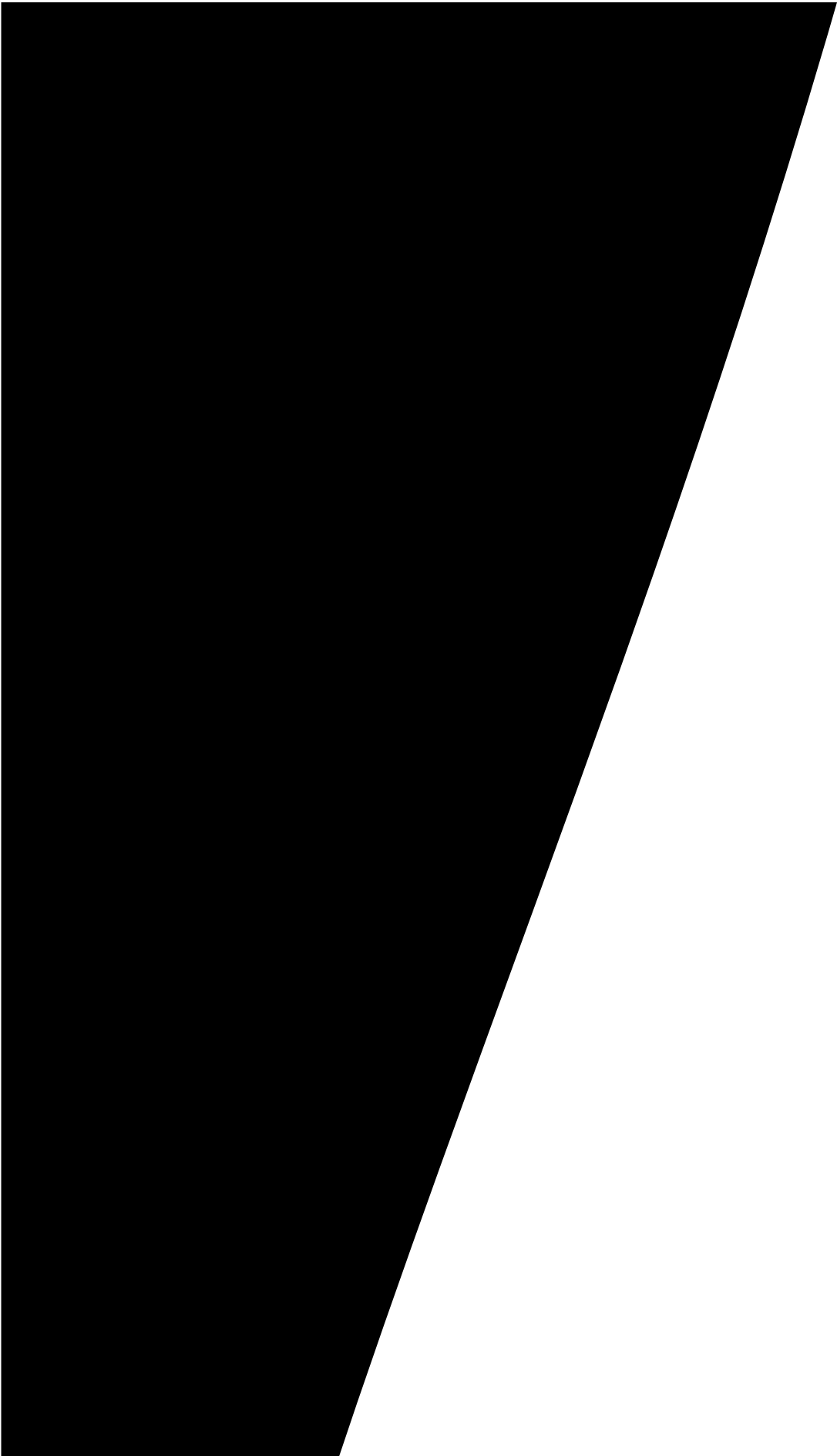


**Cigna for Health Care Professionals Online Portal**

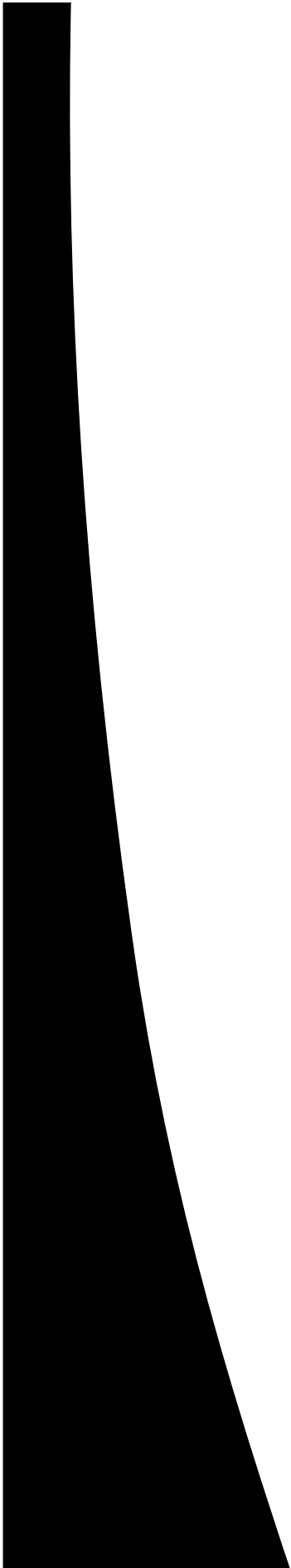
Easily manage your patients' benefits and perform day-to-day office tasks such as checking claims status, updating your provider directory information, and more.

[Log in](#) [Register](#) [Learn more](#)



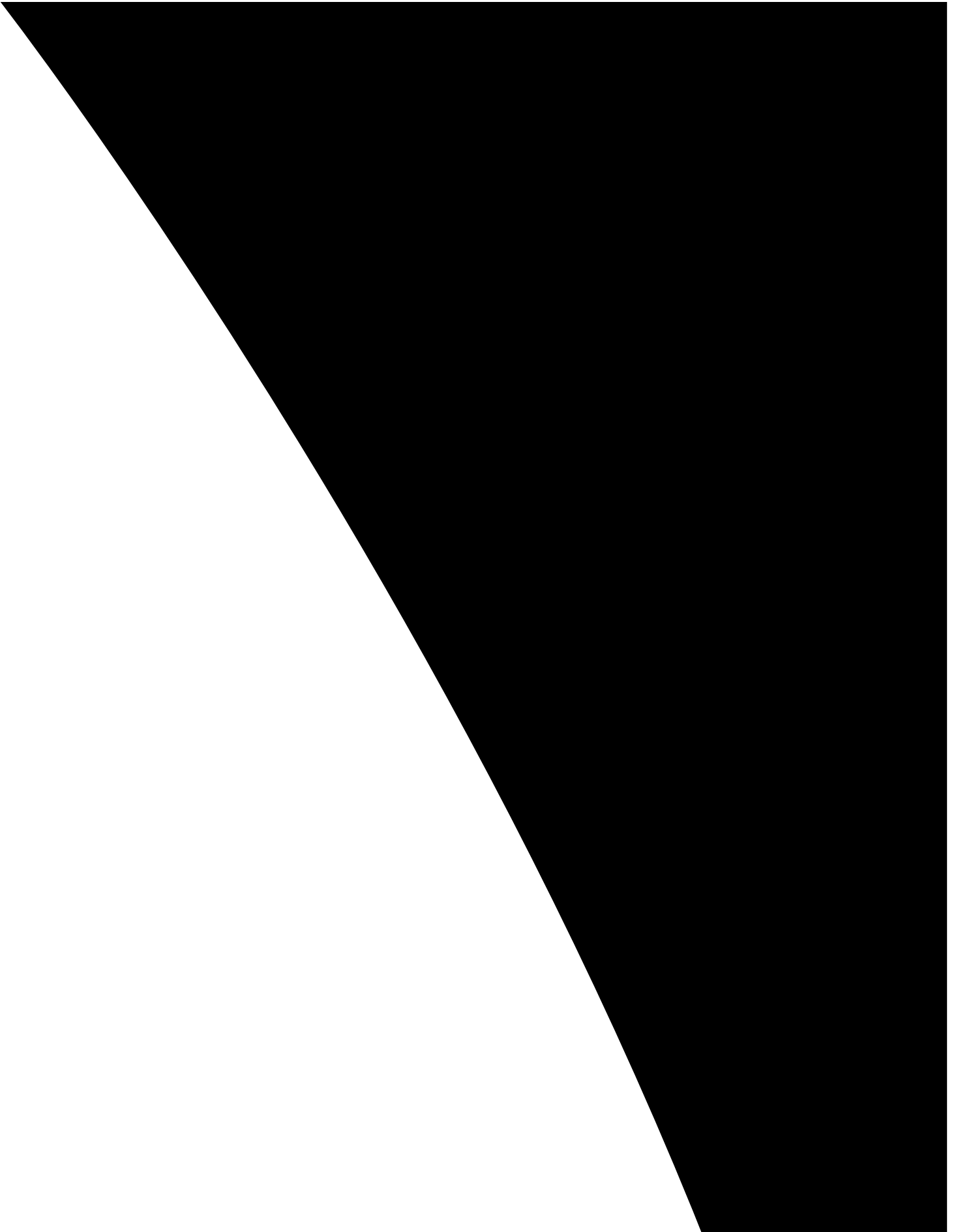


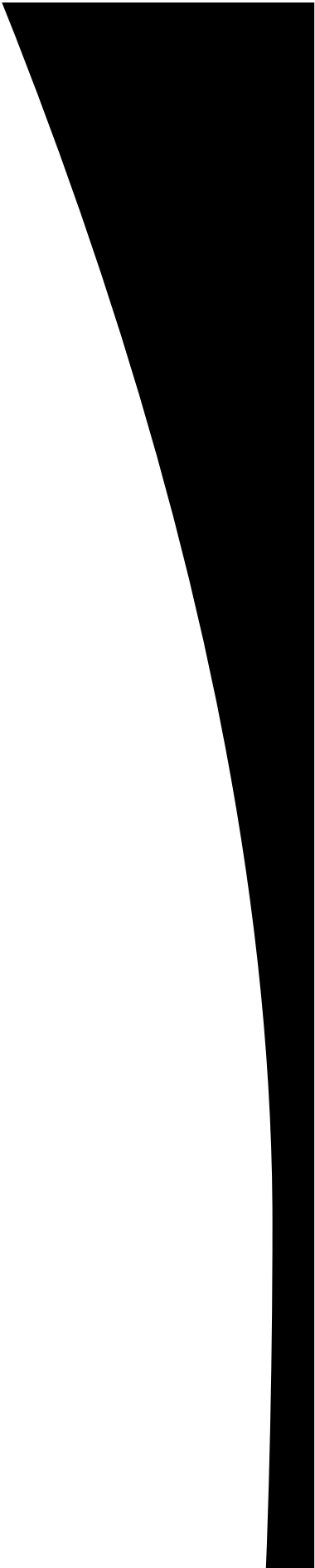
















**More Coverage and Claims**

- Precertifications
- Appeals and Disputes
- Coverage Policies
- Electronic Claim Payments
- Referrals
- HIPAA Compliance and Transaction Standards

< Back to Coverage and Claims

**You May Also Be Interested In:**

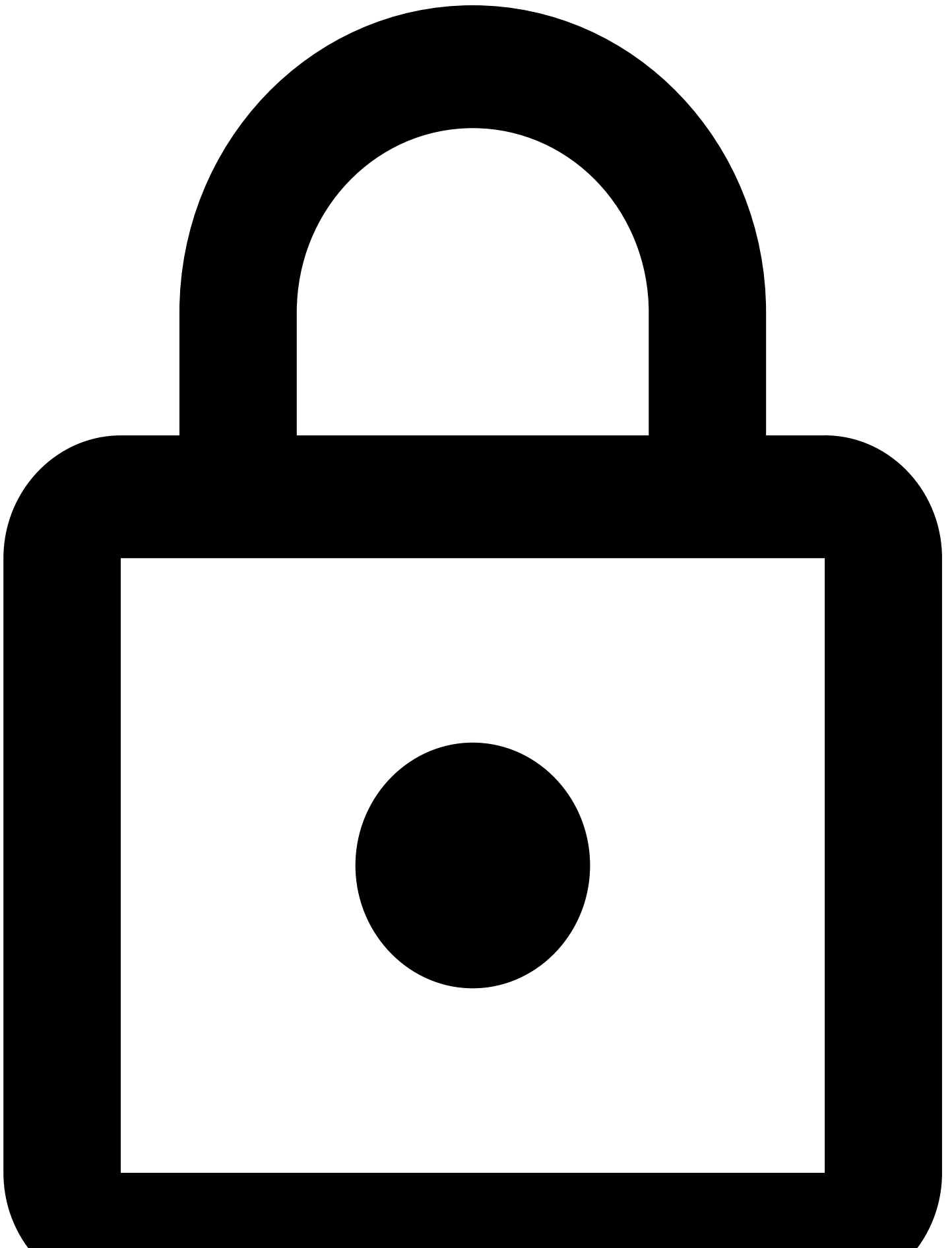
- Credentialing
- Pharmacy
- Language Assistance Services
- Health Care Provider Resources
- Why Join Our Network

**Related Resources**

- Medical Claim Form (English) [PDF]
- UB04 Claim Form [PDF]
- CMS 1500 Health Insurance Claim Form [PDF]
- Dental Claim Form [PDF]
- Patient Claim Forms

I want to...

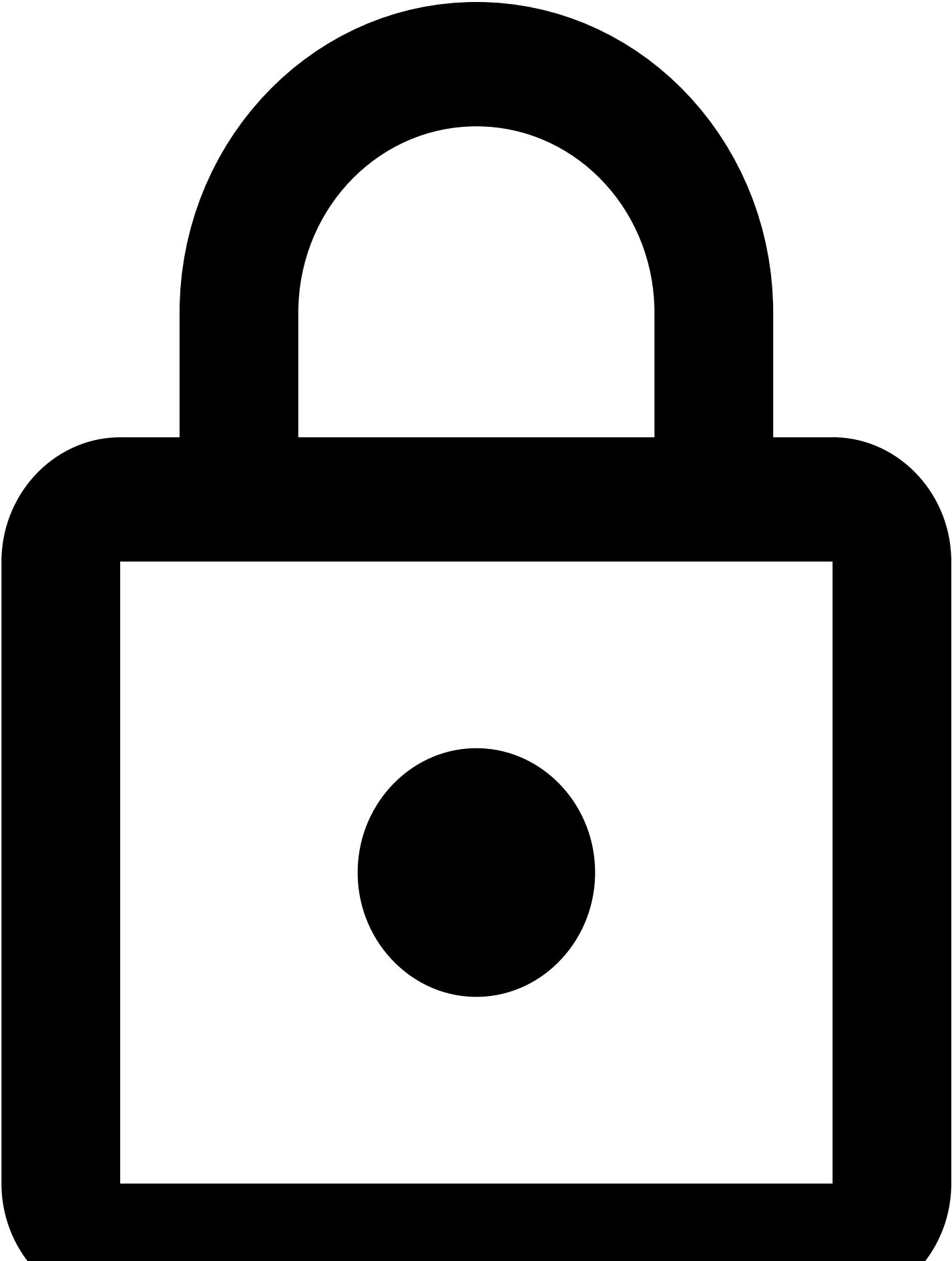
- Get an ID card





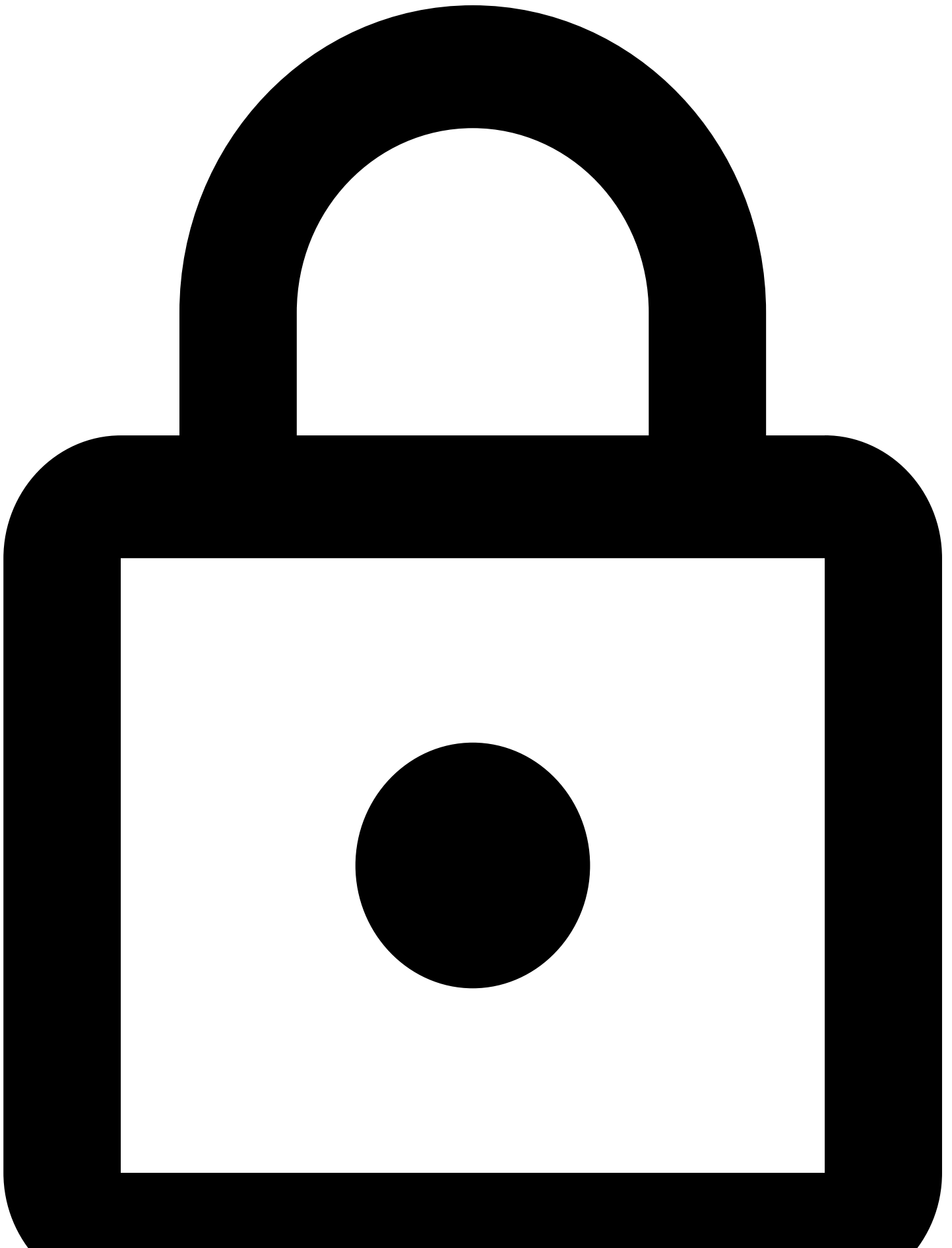
- File a claim





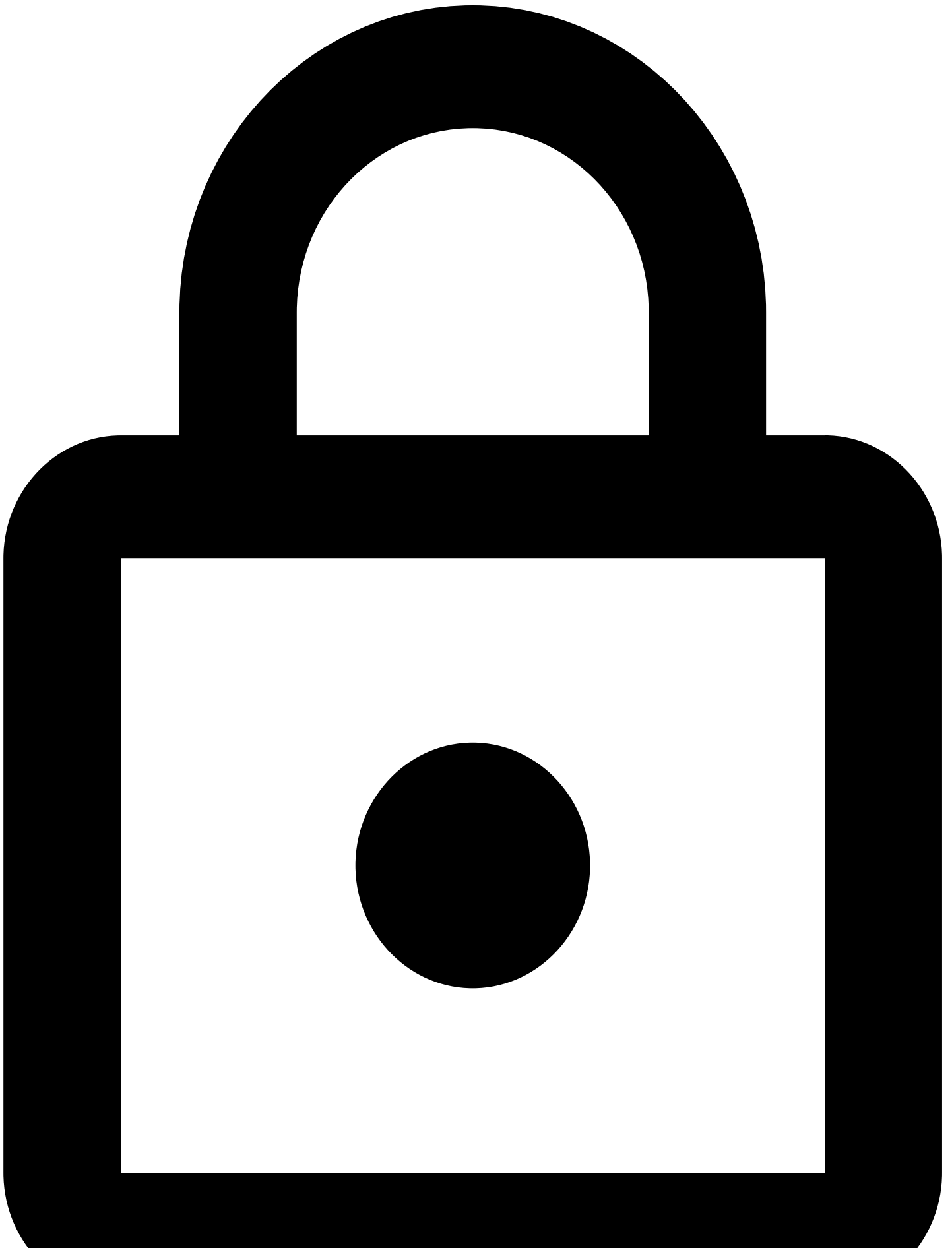


- [View my claims and EOBs](#)

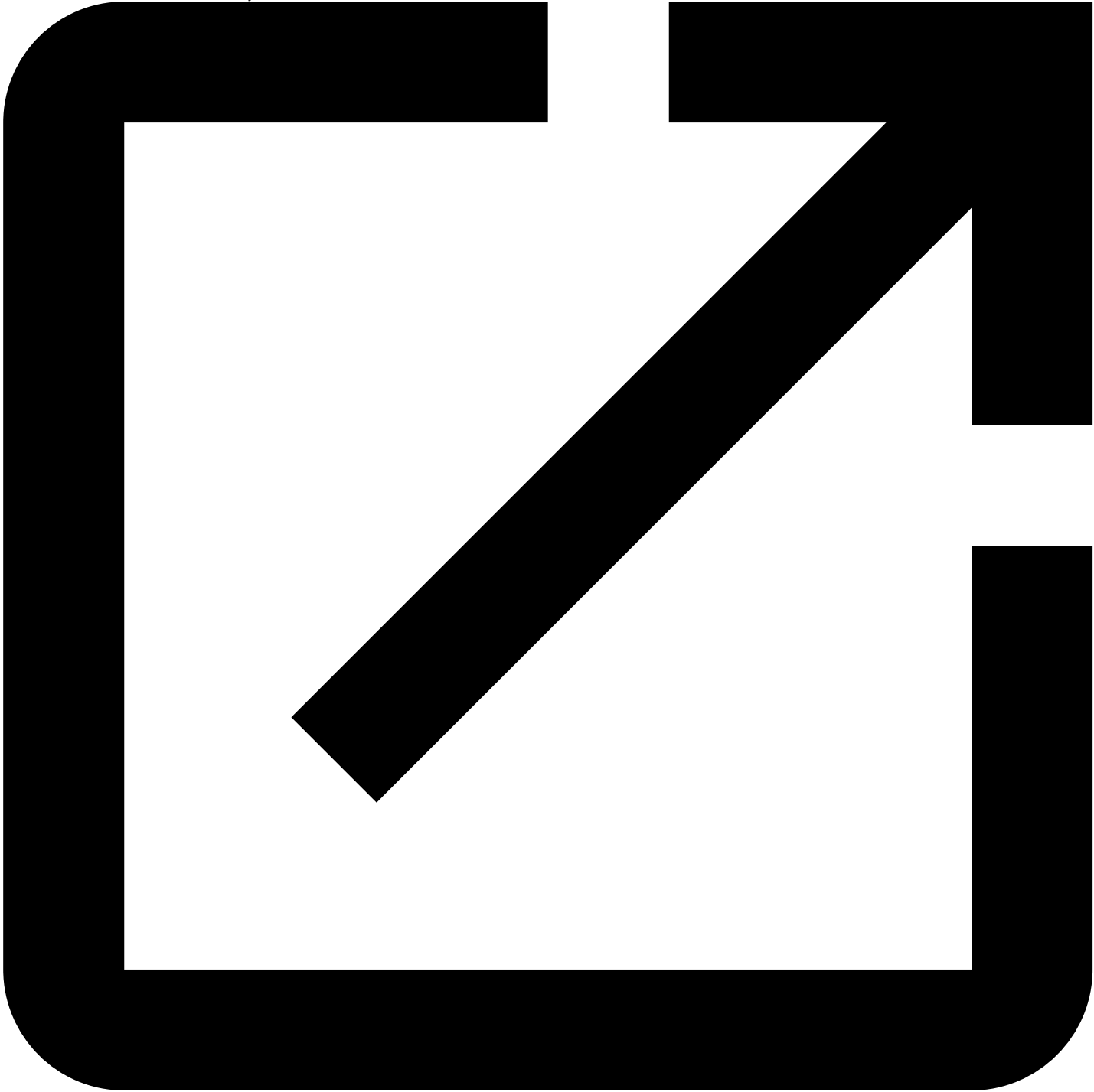




- Check coverage under my plan



- See prescription drug list
- Find an in-network doctor, dentist, or facility

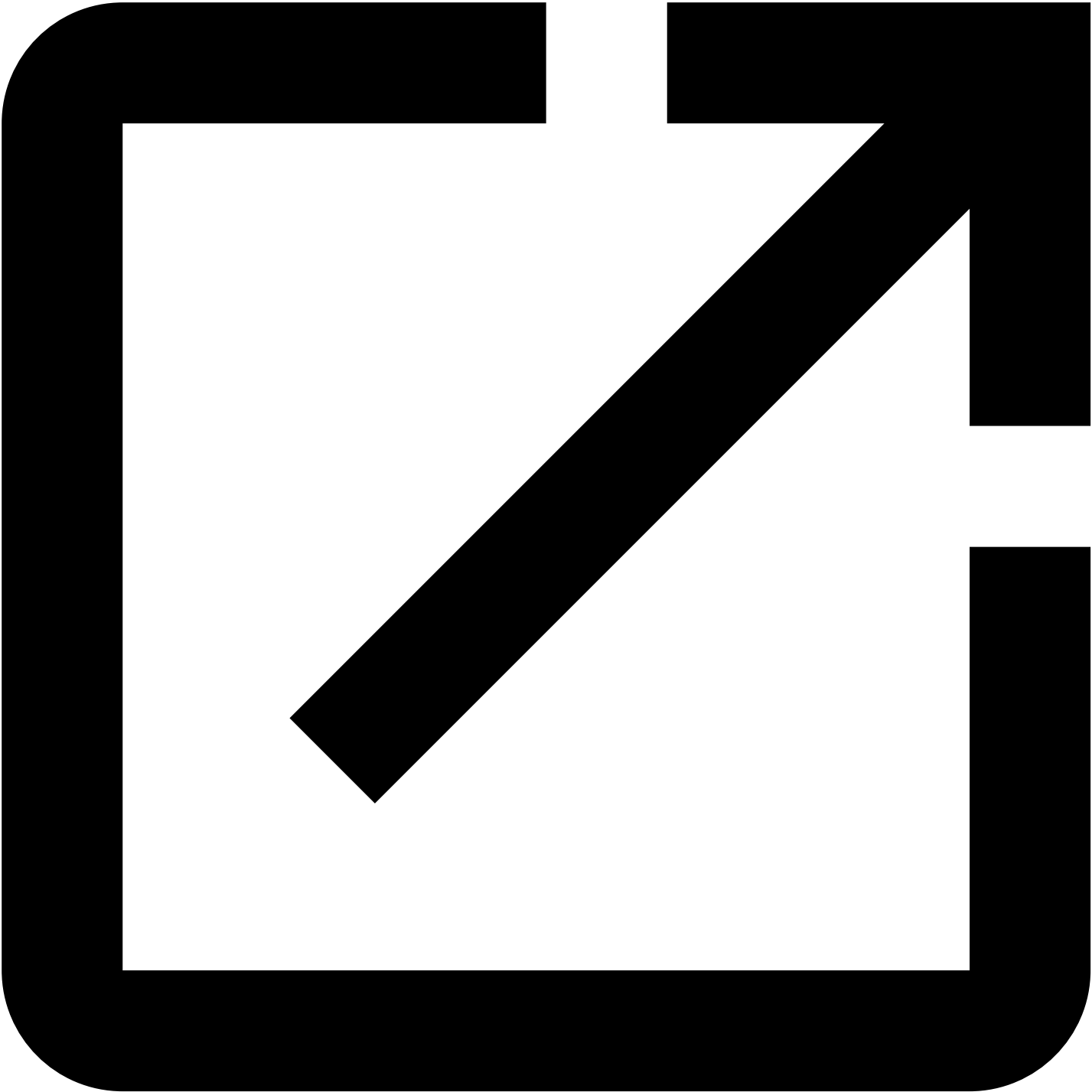


- Find a form
- Find 1095-B tax form information
- View the Cigna Healthcare Glossary
- Contact Cigna Healthcare

Audiences

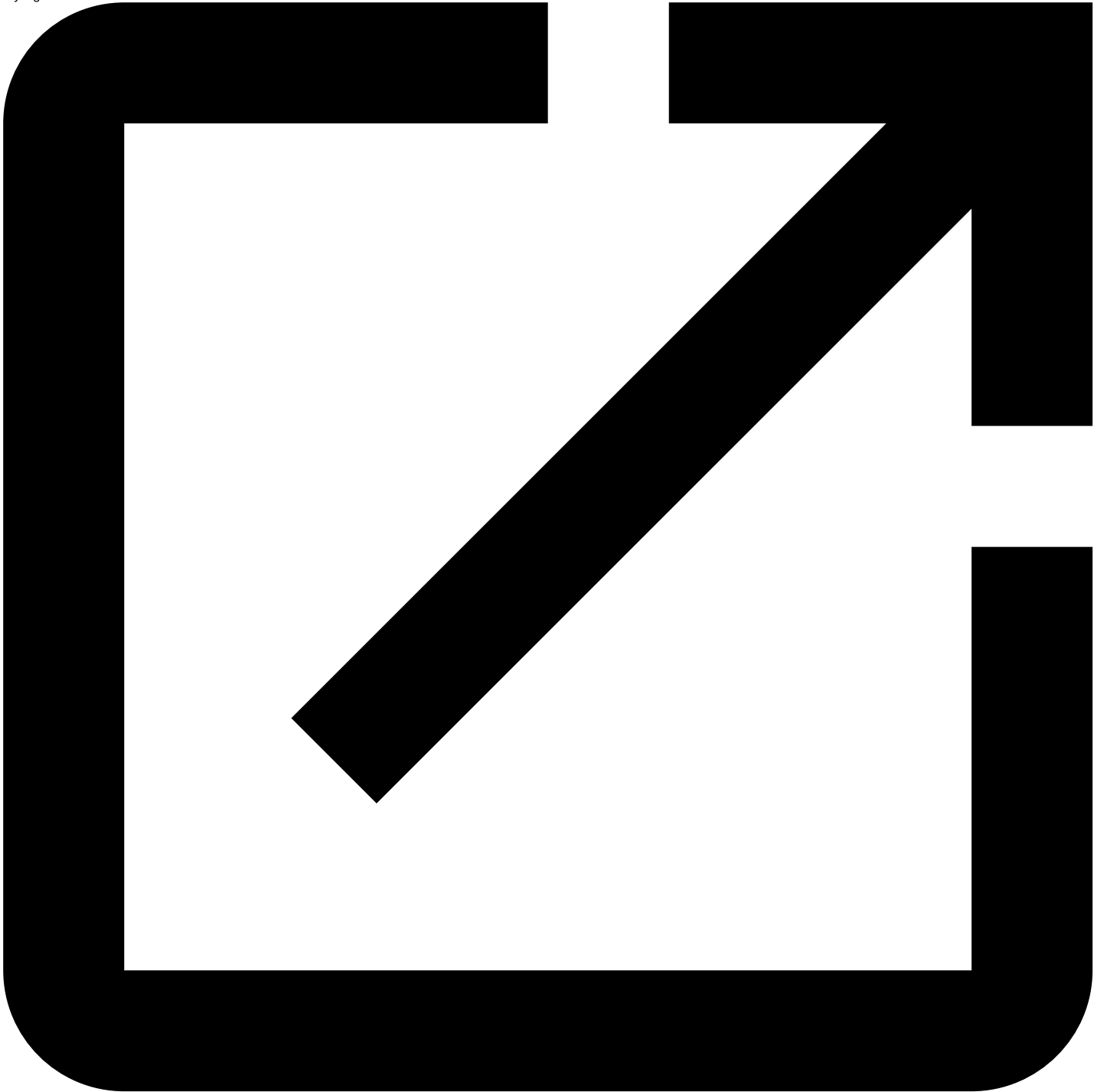
- Individuals and Families
- Medicare
- Employers
- Brokers
- Third Party Administrators

- International



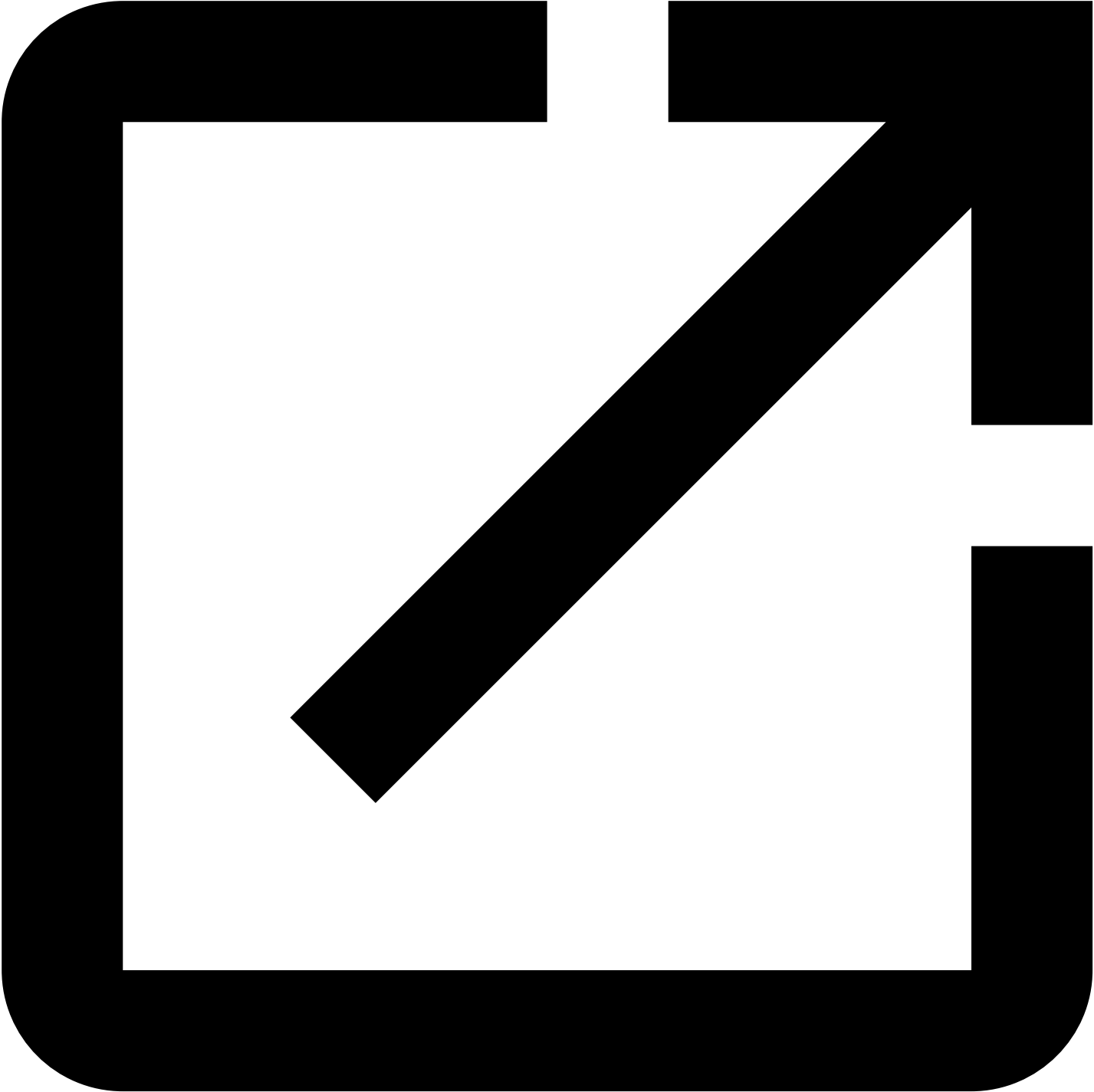
Manage Your Account

- myCigna Member Portal

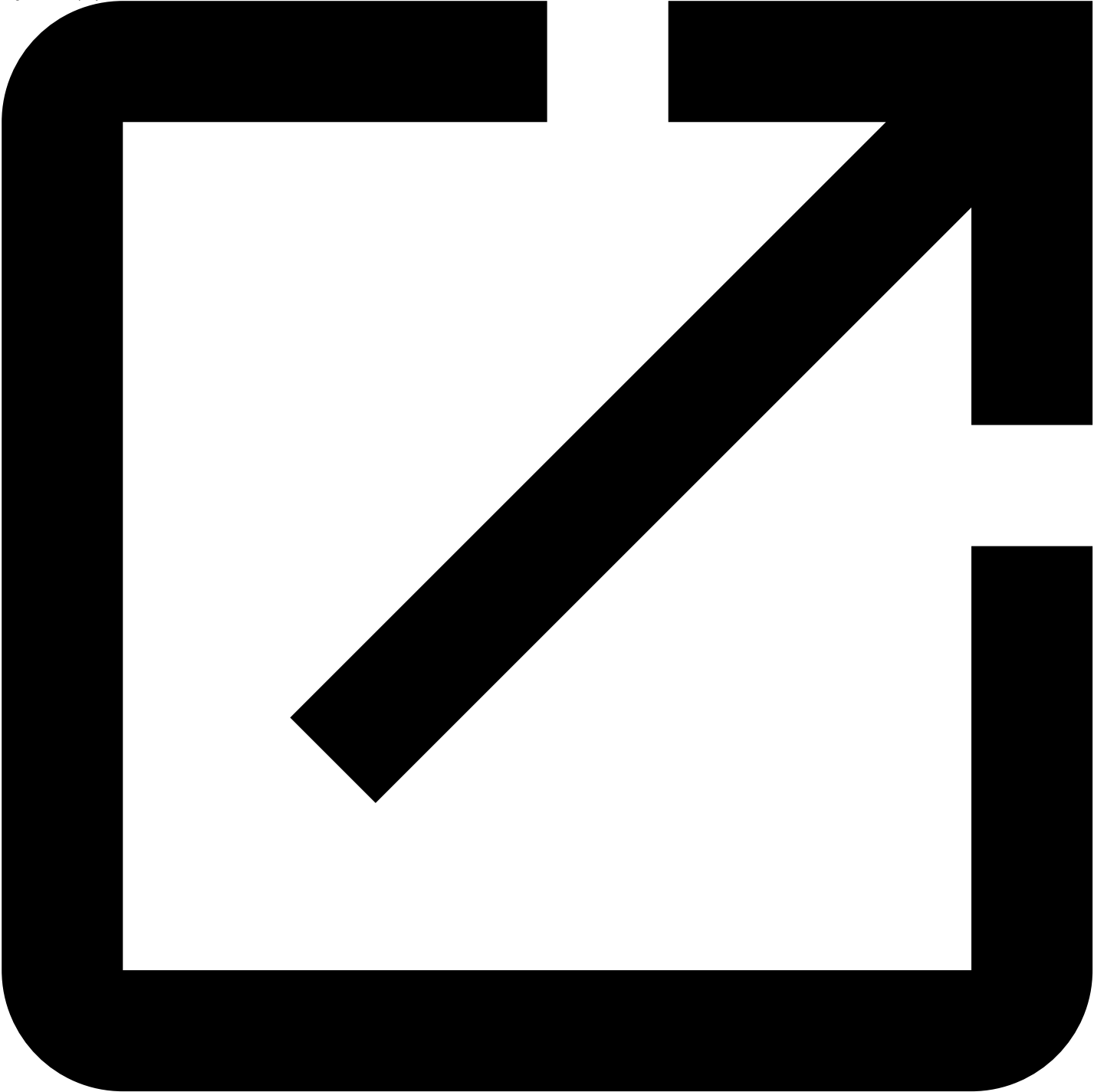




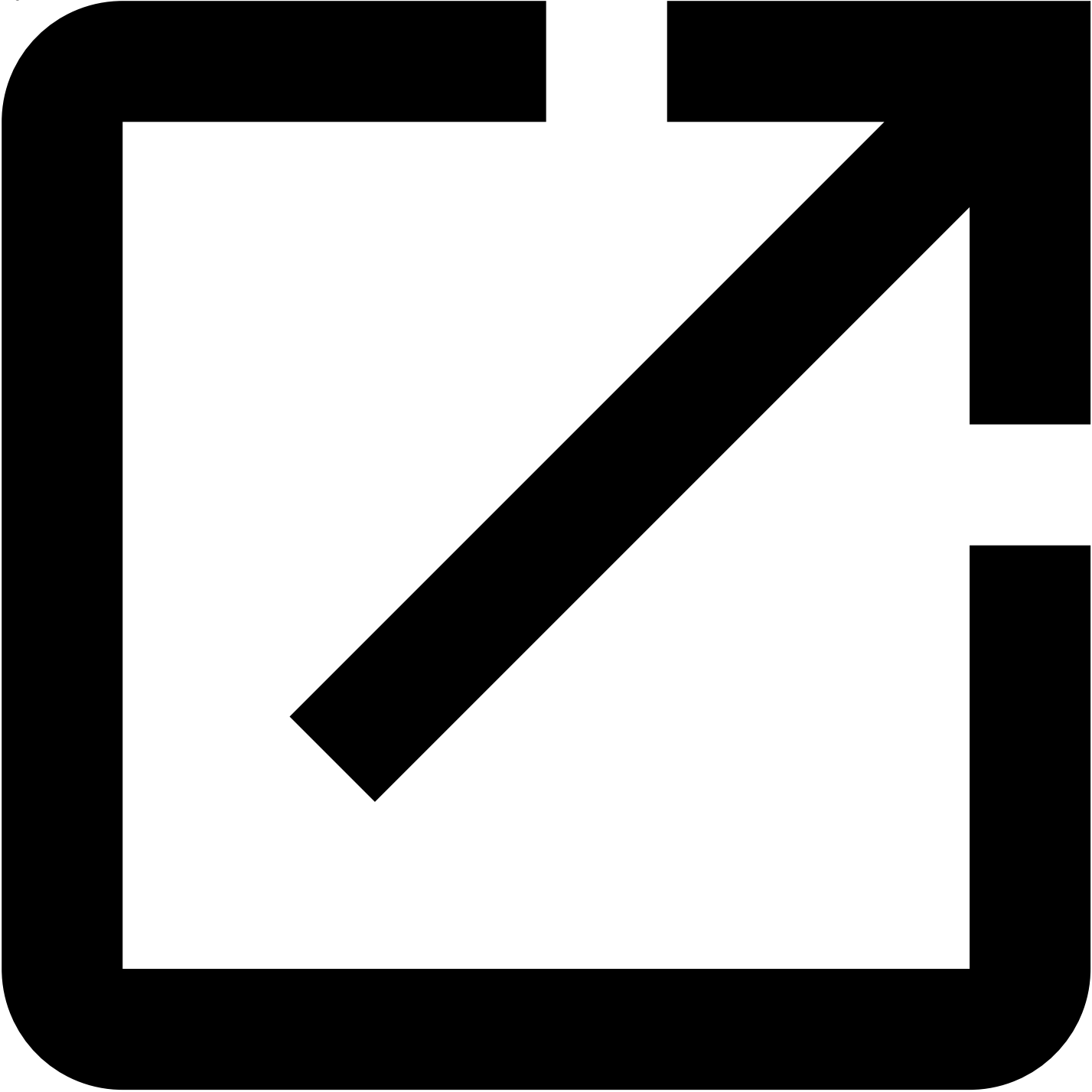
- Provider Portal



- Cigna for Employers



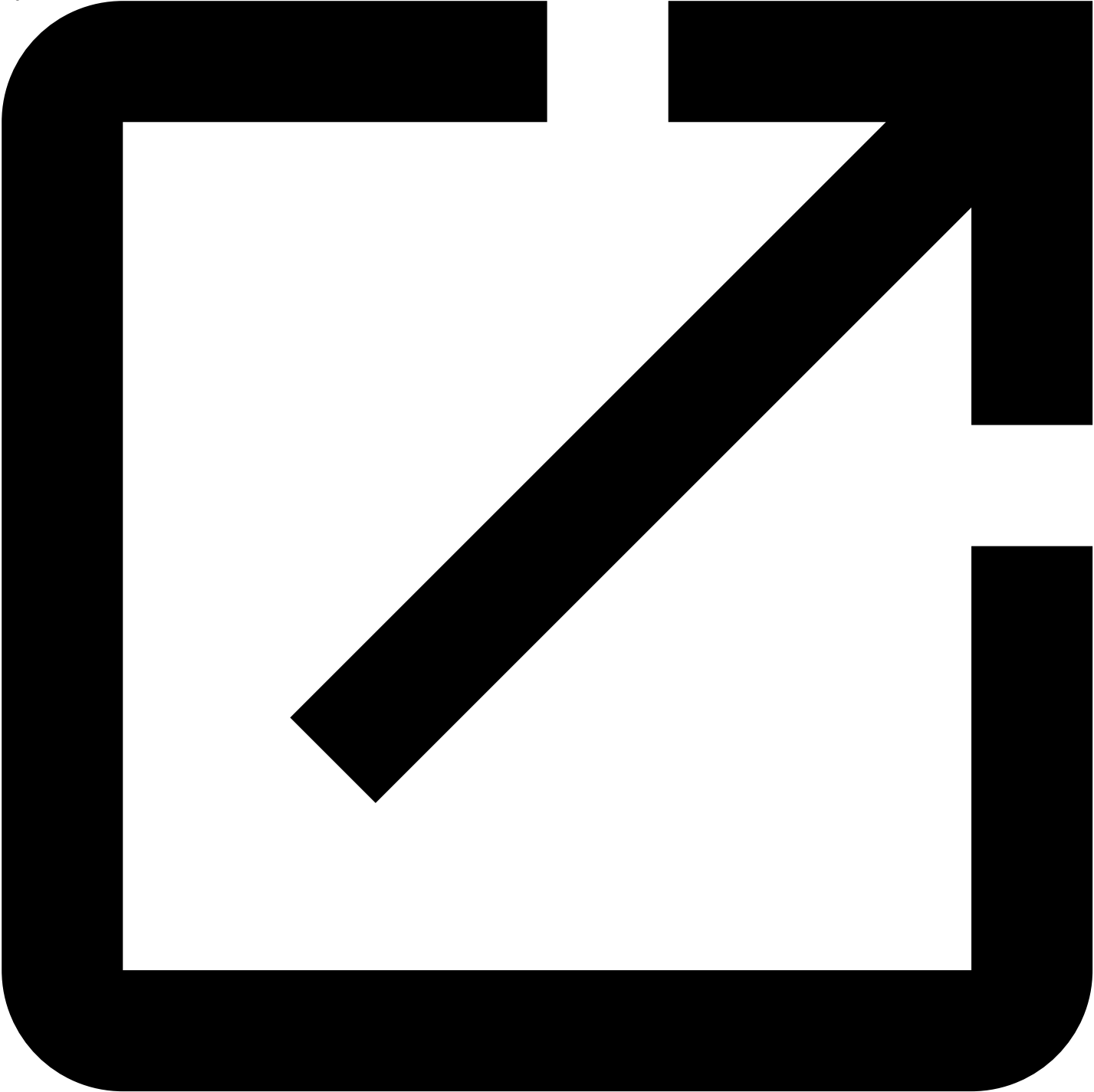
- Cigna for Brokers



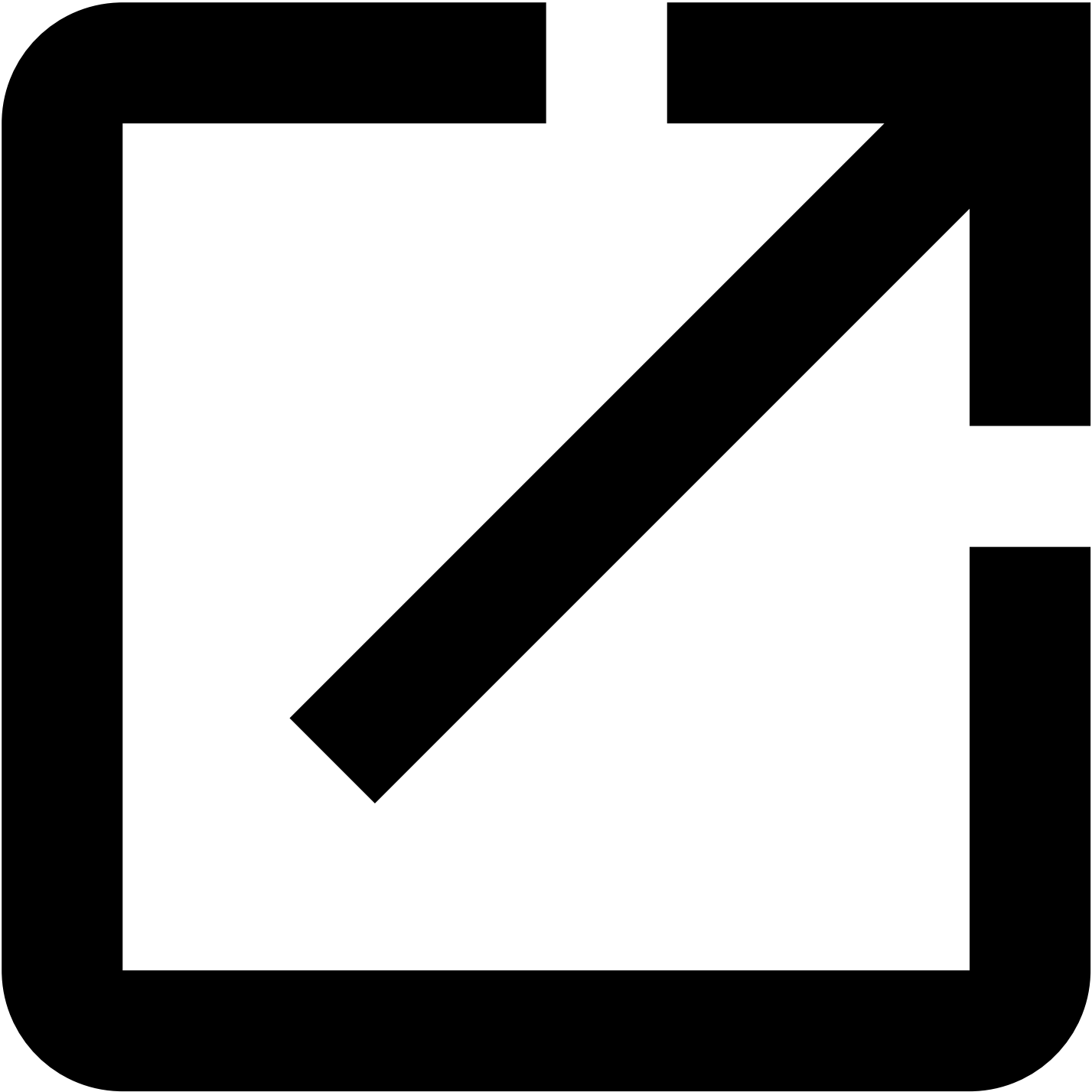
Cigna Healthcare Information

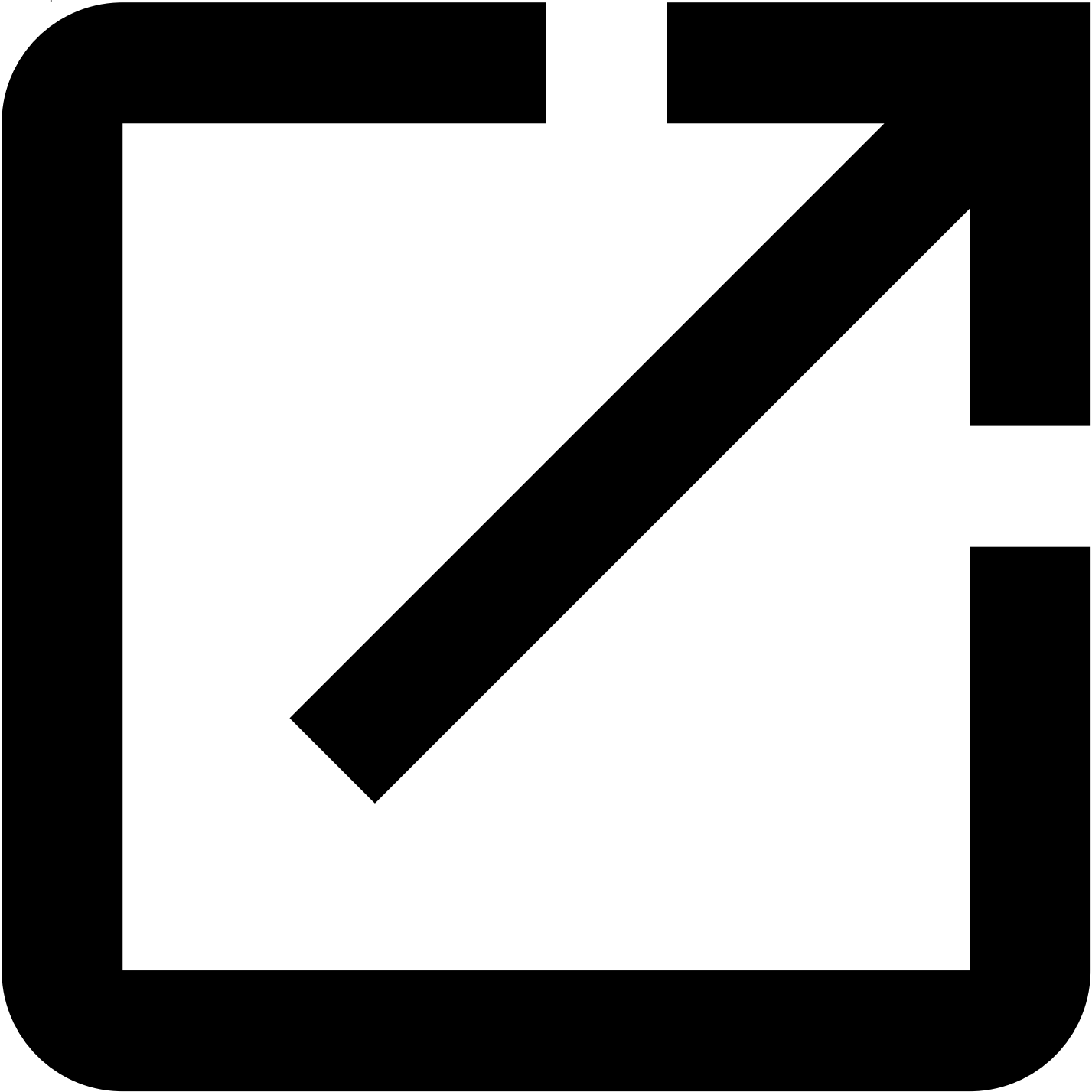
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- Cigna Healthcare News

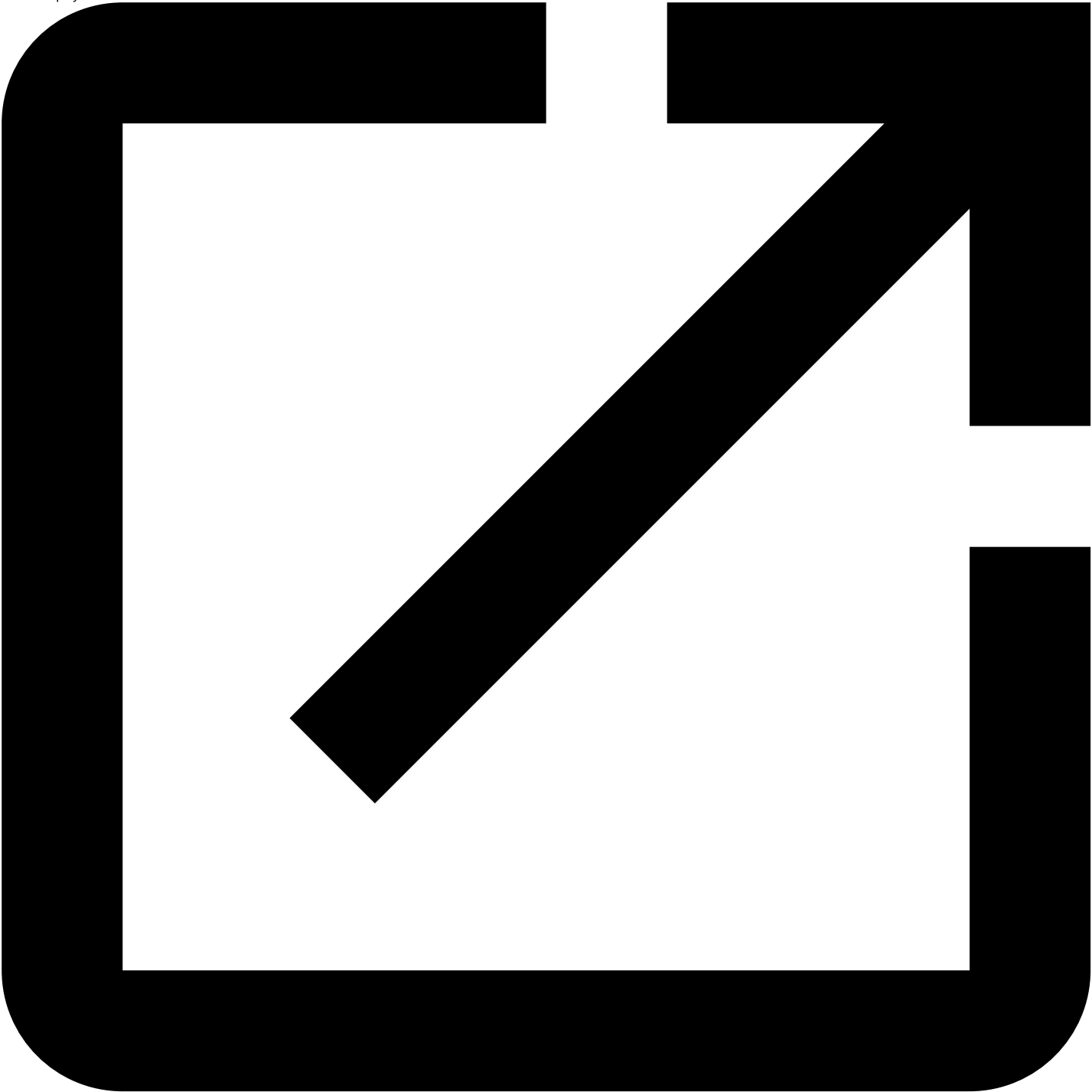


• Careers

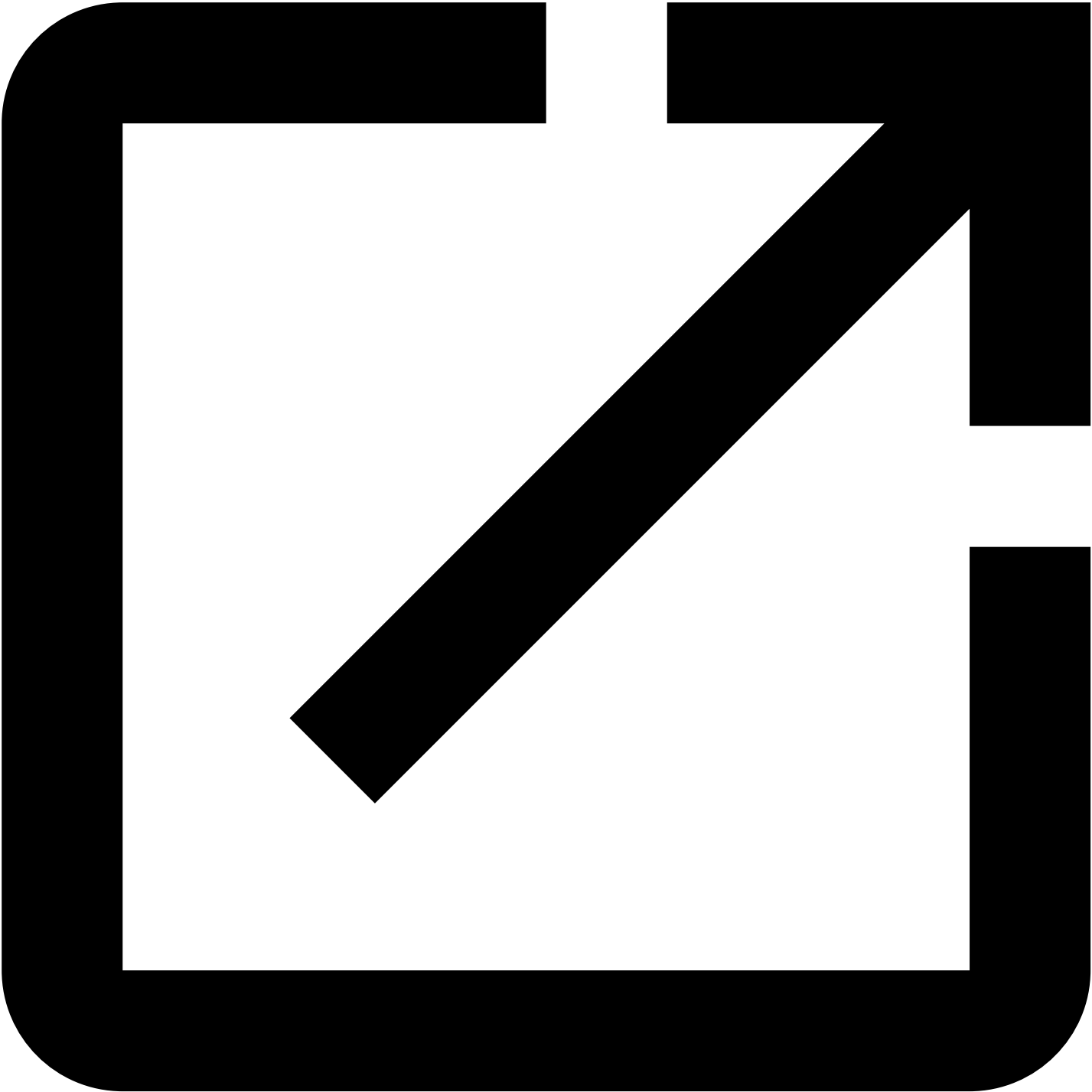




- Health Equity

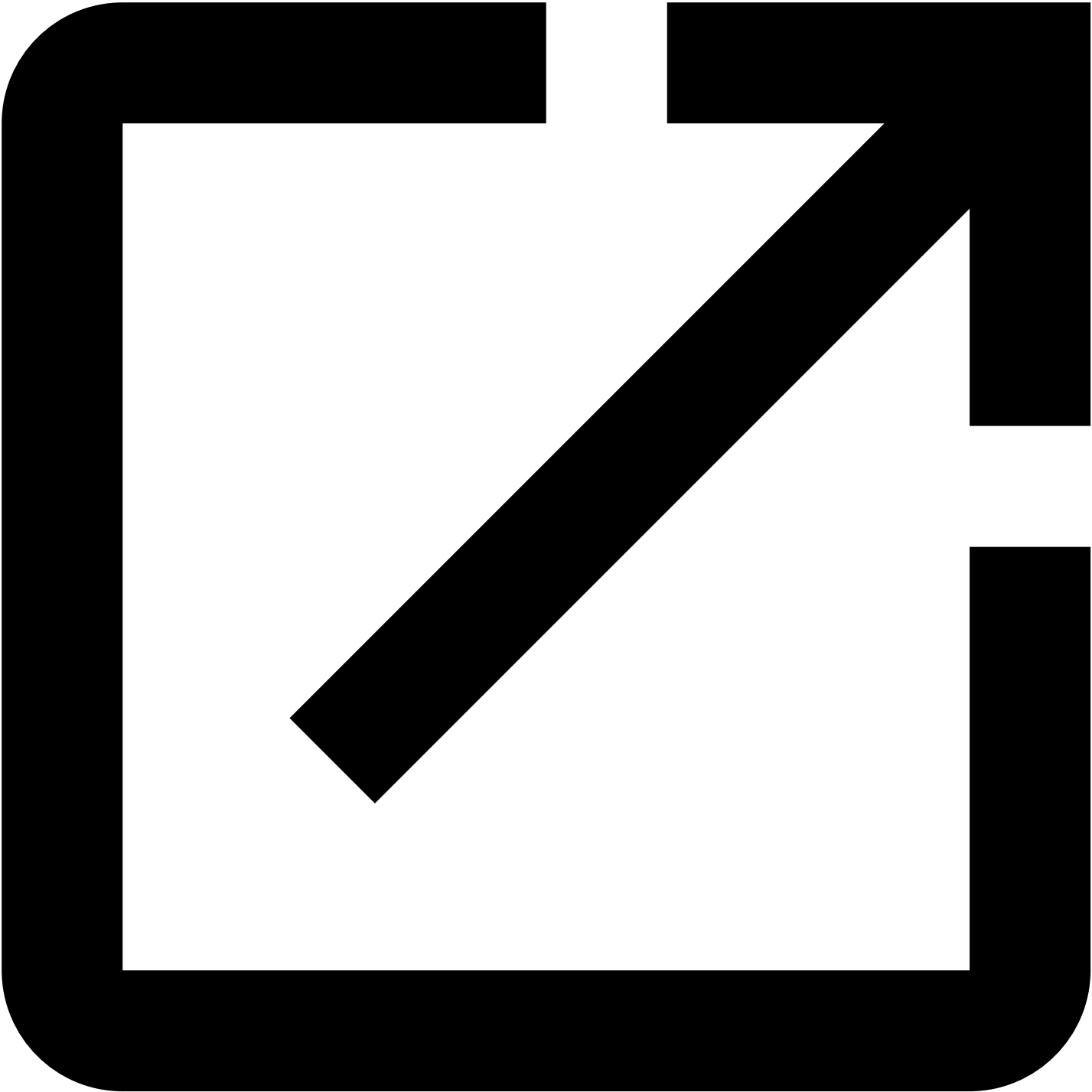


- Investors

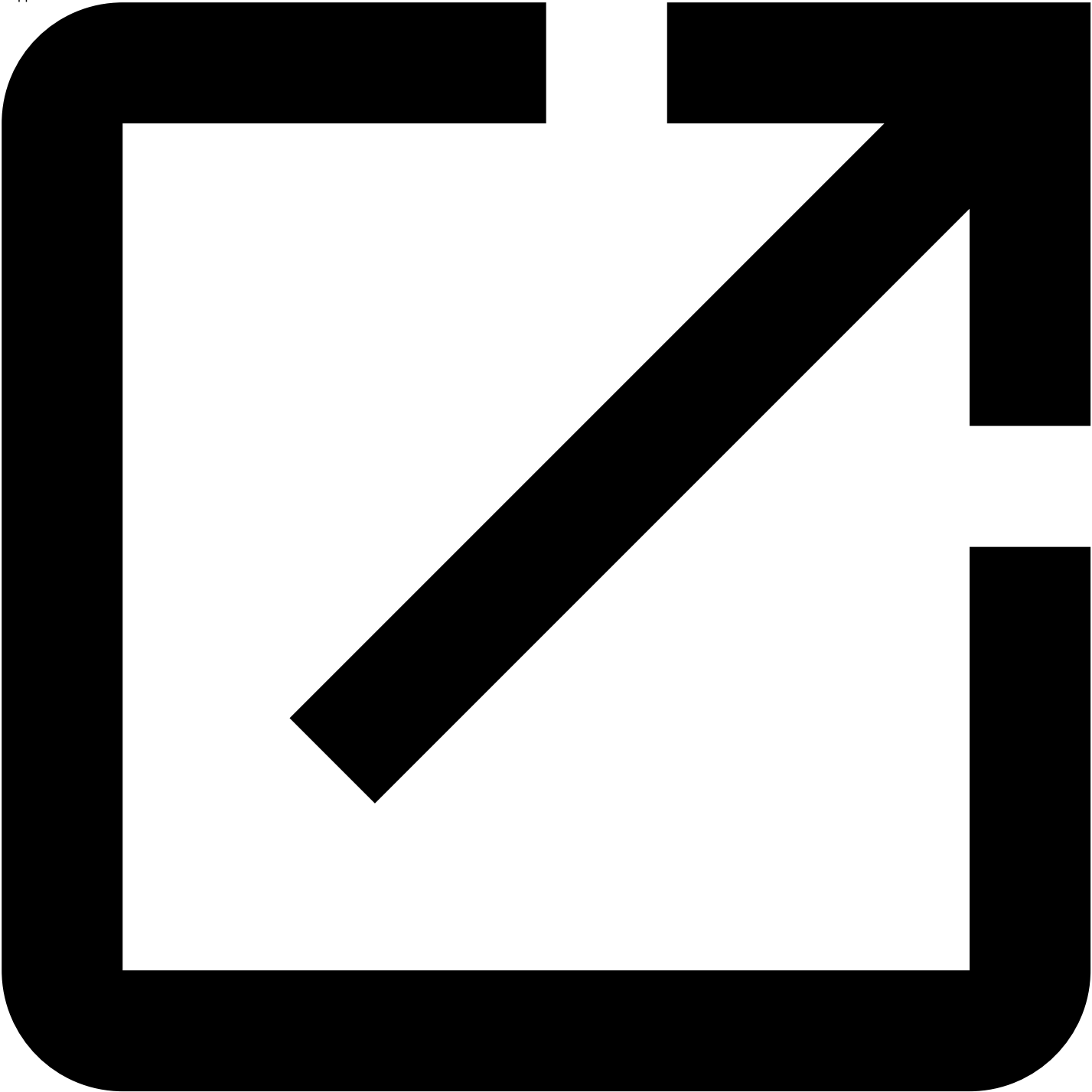




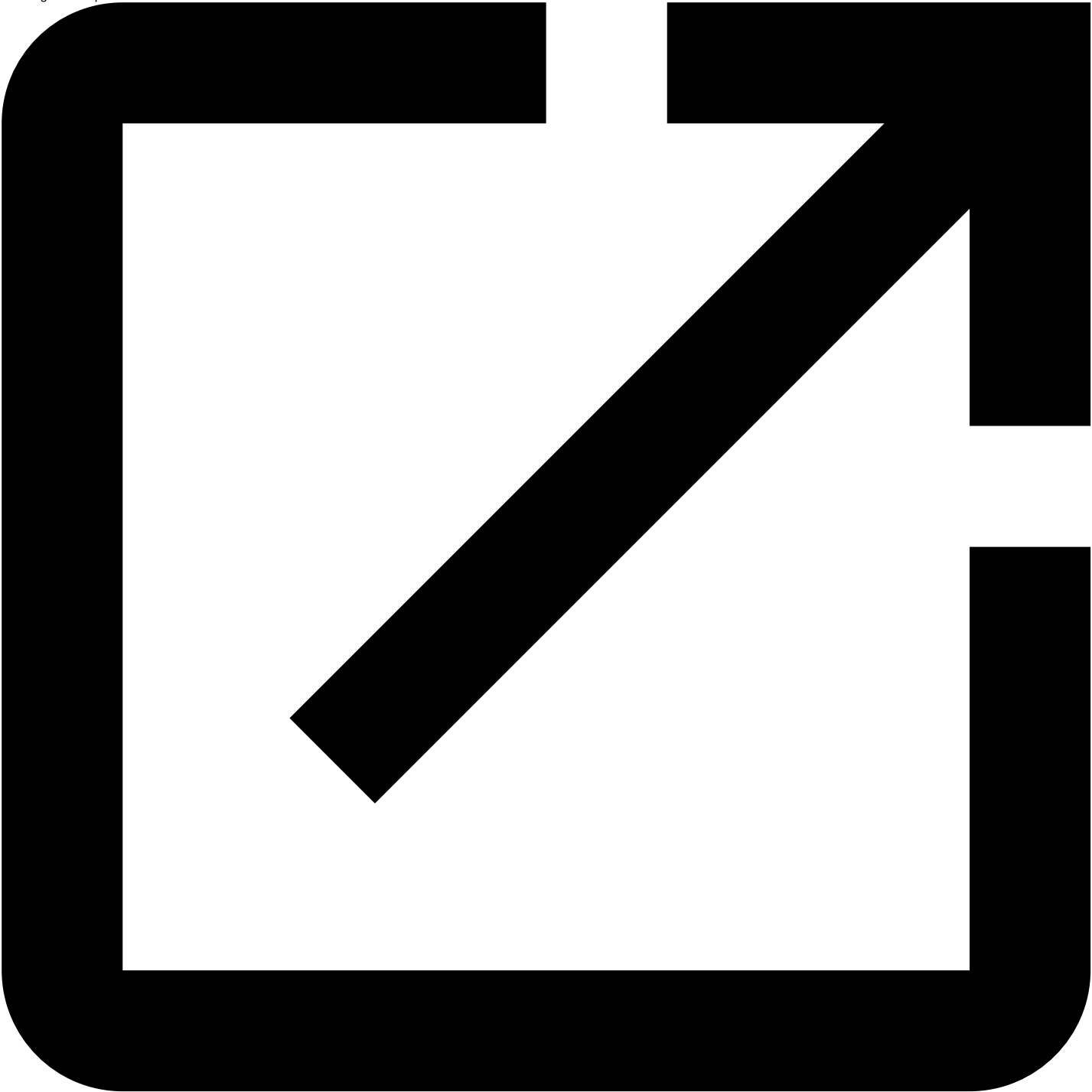
• Newsroom



- Suppliers



- The Cigna Group



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- Customer Rights
- Accessibility
- Non-Discrimination Notice
  
- Language Assistance [PDF]
- Report Fraud
- Sitemap
- Washington Consumer Health Data Privacy Notice
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