Claims: Frequently Asked Questions

Who is responsible for submitting my claims?

If my provider participates in Cigna Behavioral Health’s network, who submits the claims?
If you are seeing an in-network provider, it's the provider's responsibility to submit all claims to Cigna Behavioral Health.

If my provider does not participate in Cigna Behavioral Health’s network, who submits the claims?
Out-of-network providers are not required by Cigna Behavioral Health to submit claims. They may do so as a courtesy, but often our members submit their own claims when seeing an out-of-network provider.

If I have paid my provider in full, how do I request that reimbursement be sent to me?
The payment authorization box at the bottom of the claim form dictates to whom reimbursement will be sent. If it's signed, payment will be mailed to the provider directly. If not, the payment will be sent to the member directly.

If I have requested reimbursement, what address will it be sent to?
The payment will be sent to the policyholder at the address on file for them.

What is required on a claim form for the claim to be processed?
- Employee Name
- Patient Name
- Date of Birth
- ID Number or Social Security Number of the policyholder
- Type of Service/Procedure Code
- Provider Name/Credentials
- Provider Address
- Provider Tax ID Number
- Date of Service (mm/dd/yyyy)
- Diagnosis Code (DSM or ICD-9 format)
- Charge for Service

What is required on the receipt from the provider?
- Proof of payment is needed on the receipt. If the receipt is serving as the itemized bill, then everything from the preceding question is required.
- Employee Name
- Patient Name
- Type of Service/Procedure Code
- Provider Name/Credentials
- Provider Address
- Provider Tax ID Number
- Provider Name Credentials
- Diagnosis Code (DSM or ICD-9 format)
- Charge for Service

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What do the following terms mean?

- **Procedure code** - This code corresponds with the type of service that was done (e.g. an initial visit is coded as 90801)
- **Diagnosis code** - The reason for treatment, usually listed as a numeric code with a decimal point (e.g. adjustment disorder is coded as 309.28)
- **Provider Tax ID #** - The provider's federal ID number, necessary for the processing of all claims. This is the number providers use to report their earnings to the Internal Revenue Service.
- **Date of service** - Date of the appointment/visit
- **Coordination of benefits (COB)** - If a member is covered under more than one benefit plan (e.g. coverage through their own plan and also their spouse’s), benefits are coordinated so payments won't be duplicated. All families must submit COB information annually, if using benefits, in order to expedite the claims paying process.
- **Medical necessity** - Means services and supplies which under the terms of the applicable plan are considered to be "Medically Necessary". No service is eligible for benefit unless it is medically necessary. The criteria for determining if supplies or services are medically necessary are contained in Cigna Behavioral Health, Inc.’s clinical guidelines and/or in state laws, if applicable.
- **Co-payment/coinsurance** - Means the amount of money a person receiving services must pay out of pocket toward care that is eligible for benefit. This could be a percentage of the overall charge (coinsurance) or a flat dollar amount (co-payment). The amount is based on the terms of the benefit plan.

If I've been given a Cigna Behavioral Health authorization number, where do I put it on the claim form?

Include the authorization number either at the top of the provider’s itemized bill or at the top of the claim form.

How do I get paid, rather than the provider?

A member may only be reimbursed when the provider they are seeing is out-of-network with Cigna Behavioral Health. Therefore, when submitting claims to Cigna Behavioral Health using our out-of-network claim form (for services rendered by an out-of-network provider), you can request that payment be mailed to you directly by leaving the payment authorization box on the bottom of the form blank. Please note that in these cases payment will be issued to the policyholder at the address on file.

How long do I have to submit my claim for reimbursement?

You have one year from the date of service to file a claim for reimbursement unless your plan specifies otherwise.

Why can't I fax claims to Cigna Behavioral Health?

Due to the large volume of claims we receive daily, Cigna Behavioral Health only accepts mailed claims from members due to the potential staffing and systems issues that could be created if we accepted faxed claims. Such issues might result in delayed claim processing in general.

How many claims can I submit on one claim form?

For out-of-network providers, you may submit multiple dates of service on one claim form, as long as all claims are submitted for reimbursement in a timely manner. However, only one provider per claim form can be submitted.

For in-network providers, the provider is responsible for claim submission.
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For in-network providers, the provider is responsible for claim submission.

Can I submit claims for two different members on the same claim form?
No. If you are submitting claims for more than one member, please use separate claim forms.

Why can I only get limited claim information when I call for my spouse or adult dependent?
Claims information, as well as any other specific information regarding the care an adult has received, is considered personal health information (PHI) and is protected under federal HIPAA law. Cigna Behavioral Health can only give general information without a specific release.

What is the turnaround time for claim processing and/or payment?
An average of 30 days from the receipt of the claim.

What information will I need to provide if I call Cigna Behavioral Health regarding my claims?
The date of service, the name of the provider who provided the services, and the total amount charged for the service.

Am I able to check claims status on the Cigna Behavioral Health website?
No, claims status is not retrievable on the Cigna Behavioral Health website. For this information, please call the phone number on the back of your insurance card and follow the prompts regarding behavioral health.

What is the “ID number” for the plan?
The ID number on your card can be used to access information in our system only if your medical coverage is through Cigna. Otherwise, Cigna Behavioral Health uses the policyholder’s social security number to access your information.

If Cigna doesn’t provide my medical benefits, will I have a Cigna identification number?
If you do not have Cigna as your medical benefits carrier, you will not have a Cigna identification number. Your ID number will be the policyholder’s social security number.

How do I get an out-of-network claim form?
To print out-of-network claim forms go to www.cignabehavioral.com. Choose “Visit our Education & Resource Center” and select “Forms”. You may also request out-of-network claim forms by calling the toll-free phone number on the back of your insurance card.

How do I find a network provider?
To locate an in-network provider, use our online directory at www.cignabehavioral.com or call the number on the back of your insurance card for assistance.

How do I appeal a denial of payment?
Although filing an appeal is rarely necessary due to our close working relationship with contracted behavioral health professionals, Cigna Behavioral Health has a comprehensive appeal process. You can start this process by contacting us at the toll-free number on your ID card. The process and number of appeals available does vary from plan to plan. You should follow the appeal process outlined in your benefit plan summary.