

CIGNA HealthCare Billing Dispute Resolution Instructions and Form

Please note:

- **If this dispute pertains to services rendered on or before 04/22/04, you should submit a “CIGNA HealthCare Retained Claims Form”, if appropriate.**
- **You must include the appropriate filing fee with this form.**

The Billing Dispute Resolution Process is available to resolve disputes over the application of coding and payment rules and methodologies to patient-specific, factual situations.

Instructions: Please be sure that your submission meets the requirements set forth below.

A. Date of Service

You must be able to answer “Yes” to this question.

Is the date of service after 4/22/2004?

Yes _____ No _____

B. Exhaustion of Internal Appeals

You must be able to answer “Yes” to one of the two questions listed below.

1. Has CIGNA HealthCare notified you that the internal appeals process has been exhausted?

Yes _____ No _____

OR

2. Has CIGNA HealthCare failed to communicate a notice of decision within 45 calendar days from CIGNA HealthCare’s receipt of all documentation needed to complete your internal appeal?

Yes _____ No _____

C. Amount in Dispute

The amount in dispute (the additional amount you believe CIGNA HealthCare should have paid) for the single or multiple claims must be more than \$500.

1. Is the amount of the single or multiple claim(s) in dispute more than \$500?

Yes _____ No _____

2. If you answered “No” to question C1, have you previously filed and deferred consideration of similar claims within one (1) year, and if so, does the filing of this claim result in an aggregate amount of greater than \$500?

Yes _____ No _____

3. If you answered “No” to C2, would you like this request to be deferred? (Note: The filing fee is payable with your first submission.)

Yes _____ No _____

Physicians, physician groups and physician organizations must exhaust CIGNA HealthCare’s internal appeal process before submitting a Billing Dispute for External Review. Physicians, physician groups and physician organizations are deemed by implication to have exhausted (**implied exhaustion**) CIGNA HealthCare’s internal appeals process if CIGNA HealthCare does not communicate a notice of decision within 45 calendar days from the receipt of all documentation needed to complete the internal appeal.

Deadline: Eligible billing disputes must be submitted on this form within **90 calendar days** of exhaustion (or implied exhaustion) of CIGNA HealthCare’s internal appeals process.

All supporting documentation that the physician, physician group, or physician organization wishes to be considered by the Billing Dispute Administrator must be attached to this form. Examples include Explanation of Payment(s), the final appeal denial letter and additional clinical information. The Billing Dispute Administrator may request additional documentation from you. Any such additional documentation must be submitted within **30 calendar days** of the Billing Dispute Administrator’s request.

CIGNA HealthCare Billing Dispute Resolution Form

Please send this completed form, all supporting documentation and the filing fee to the Billing Dispute Administrator, HAYES Plus®, Inc.

HAYES Plus, Inc.

157 S. Broad Street, Suite 400

Lansdale, PA 19446

Phone: 215.855.0615 Fax: 215.855.5318

Physician Information

Treating Physician Name (as submitted on claim)		Tax Identification Number (as submitted on claim)	
Billing Address (Street, City, State, ZIP)			
Telephone Number Office () ext.		Fax Number Office ()	
Contact Name	Contact Phone Number	Contact Email	

Codes/Modifiers Disputed

A specific code set must be identified; a minimum of two codes must be entered below.

Note: To see examples of the types of disputes eligible for review, please refer to the attached Example Billing Dispute Category List.

CPT® Code (primary)	CPT Code® (secondary)	(and/or) Modifier
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Claim Information

If your billing dispute contains multiple claims for the same code set, please attach a separate sheet noting the physician's name, member's name, member's ID, date of service and claim number.

Member Name	Member ID Number	Member Group Number (optional)
Member Address (Street, City, State, ZIP)		

Request for Physician Billing Dispute External Review

Date of Service	Claim Number (indicated on CIGNA HealthCare's Explanation of Payment)
Amount in dispute (the amount you believe you are entitled to receive in this dispute) \$	Filing fee: (Please check one.) _____ \$50.00 Claim amount between \$500.00 and \$1,000.00 _____ \$50.00 +5% of amount of dispute which exceeds \$1000.00 _____ No amount is enclosed because this claim is an aggregate of a deferred claim for which a filing fee has previously been paid. Amount enclosed: _____ Make check payable to Hayes Plus, Inc.
The decision of Hayes Plus, Inc. is final and binding on CIGNA HealthCare and the physician, physician group, or physician organization only with respect to the specific case under review by Hayes Plus, Inc. Participating providers may access CIGNA HealthCare's physician website (www.cignaforhcp.com) or Hayes Plus' website (www.hayesinc.com) for further information.	
Comments	
I hereby acknowledge the terms of the Billing Dispute External Review Process and further certify the accuracy of the material and information submitted with the request.	
Signature of Physician	Date

Please attach supporting documentation: Explanation of Payment (EOP), final appeal denial letter, additional clinical information, etc.

BILLING DISPUTE CATEGORY LIST EXAMPLE

The following list contains examples of situations that may be eligible for submission to the Billing Dispute External Review Process, which allows physicians to challenge CIGNA HealthCare's application of its coding and payment rules and methodologies to patient-specific, factual situations after exhausting CIGNA HealthCare's internal appeals processes. This list is not an exhaustive list of every dispute that is eligible for the Billing Dispute External Review Process, but is provided to assist you to submit valid disputes for External Review. CIGNA HealthCare's existing processes will continue to address issues that are not eligible for the Billing Dispute External Review Process, such as the reimbursement rates set by CIGNA through its fee schedules, or for the maximum allowable reimbursement for out-of-network physicians.

HAYES Plus Inc. will determine whether your dispute is eligible for review. To assist HAYES Plus Inc. with the determination, please indicate the type of billing dispute you are raising.

Examples of Billing Disputes eligible for review include:

- Assistant Surgeons (includes modifier 82) – Eligible/Non Eligible
- Consultation on X-ray Examination, Written Report (CPT code 76140)
- Modifier 22 – Unusual Procedural Services
- Modifier 23 – Unusual Anesthesia
- Modifier 24 – Unrelated Evaluation & Management Service by the Same Physician During a Postoperative Period
- Modifier 25 – Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service
- Modifier 51 – Multiple Procedures
- Modifier 59 – Distinct Procedural Service
- Modifier 62 – Two Surgeons
- Modifier 66 – Surgical Team
- Therapies – Modalities Per Date of Service
- Reduction of the Intensity of an E&M Code(s).
- Reduction of the Intensity of a Service (other than an E&M code)
- Other "bundling" edits (Please specify the CPT or HCPCS codes at issue.)