

## ONLINE PRE-CERTIFICATION APPEALS

### For Behavioral Health Providers

Registered users of the Evernorth Provider website ([Provider.Evernorth.com](https://Provider.Evernorth.com)) have the ability to submit and check the status of appeals and claim reconsideration requests online.

#### + Access needed to submit appeals or reconsideration requests:

To submit **claim appeals or reconsideration requests**, you must be able to view claims on the site and have access to the “Reconsideration” website entitlement. *Note: If you only have the ability to view claims, you will only be able to review and check the status of the claim appeal or reconsideration requests. You will not be able to create and submit them.*


To submit or check the status of **appeals for precertification decisions**, you must be able to view eligibility and benefit information for patients as well as have access to the “Precertification” website entitlement. Ask your practice’s website access manager for access to these entitlements if you need them.




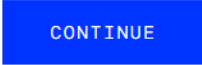

#### + Steps to submit a request or check the status of a request:






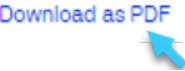
1. Log in to [Provider.Evernorth.com](https://Provider.Evernorth.com)
2. Click on the request type below that corresponds to your need
  - [Steps to submit a claim reconsideration or appeal request](#)
  - [Steps to check the status of a claim reconsideration or appeal request](#)
  - [Steps to appeal a precertification decision](#)
  - [Steps to check the status of a precertification appeal](#)

#### + Steps to submit a claim reconsideration or appeal request

(Claim Details screen)

Step	Action
1	<p><b>Search</b> for and select your claim to access the claim details.</p> <p>DASHBOARD PATIENTS <b>CLAIMS</b> REPORTS MY PRACTICE RESOURCES</p>
2	<p><b>Select</b> <b>START A RECONSIDERATION</b> at the top right of your screen.</p> <p><i>The claim must be in a finalized status for the button to display (paid, denied, processed or duplicate).</i></p> <p><b>If you have a question at any time during the process, click  to access frequently asked questions and answers.</b></p>

3	<p>On the <b>Start a Reconsideration</b> screen, select:</p> <p>The provider.</p> <p>The state where the services were rendered.</p> <p>The appropriate radio button for if the claim processed In-Network or Out-of-Network.</p> <p></p> <p>Click</p>
4	<p><b>If the last claim processed date is outside of standard time frames</b>, a screen will appear for you to explain the reason.</p> <p>Four options will display. Select one of them to continue. You will then be directed to the next step.</p> <p><b><i>This screen will only appear if the last processed date is outside of typical time frames.</i></b></p>
5	<p><b>What do I want to request for this claim?</b></p> <p>A screen with six options will display. Pick the one that best describes the issue with the claim. The next screen that displays will depend on your selection.</p> <p><b>Note:</b> Click  <b>Previous</b> at the top of the screen if you need to go back and make a different selection.</p>
6	<p>On this screen, <b>select the more detailed reason for your request.</b></p> <p></p> <p><b>Note:</b> You can save your work and finish the request later by clicking .</p> <p><b>Saving your work creates an “open draft” request that has not yet been submitted. You must update or submit an open draft within 5 calendar days.</b></p>
7	<p>Depending on your selection in step 5, the next screen will let you know if you can proceed with the request. If your request requires a <b>corrected claim</b>, you cannot proceed and will be directed to submit a corrected claim using your normal claim submission process.</p> <p><b>Please do not upload new or corrected claims.</b></p>
8	<p>Your selection in steps 5 and 6 determines if your request will be sent to the <b>adjustment</b> team or if it will be sent to the national <b>appeals</b> team.</p> <p>For an appeal, you will first need to select the appropriate radio button:</p> <p><b>IS THIS APPEALS REQUEST ON BEHALF OF THE PROVIDER OR THE PATIENT?</b></p> <p><input checked="" type="radio"/> Provider <input type="radio"/> Patient</p> <p></p> <p>2) Click to proceed to the notes and documentation upload screen <b>OR</b></p> <p></p> <p>3) Click to create an open draft of your request that can be finished and submitted at a later time.</p> <p><b>Saving your work creates an “open draft” request that has not yet been submitted. You must update or submit an open draft within 5 calendar days.</b></p>

9	<p>If you clicked Continue in step 8, the request will proceed to the <b>documentation step</b>.</p> <p>  </p> <p><b>Verify</b> and update as needed, enter the <b>submitter contact information</b> and precertification number, if applicable.</p> <p>In the documentation section, you can <b>type a note to explain your request</b>.</p>
10	<p>If your request requires <b>supporting documentation</b>, review the <b>Attachment Agreement</b> and click <b>Accept</b>. Drag and drop or browse your computer to locate the supporting documentation files.</p> <p><i>Unsure what to attach? Check out the <a href="#">What should I attach?</a> link for assistance.</i></p> <p><i>Attach up to 10 files - each file with a maximum size of 64MB. Accepted file types: .png, .bmp, .gif, .jpeg, .tif, .tiff, .pdf. File names must be at least 5 characters and cannot exceed 128 characters and contain any spaces or special characters <b>except</b>: hyphen ( - ), at ( @ ), period ( . ), exclamation ( ! ), underscore ( _ ) and ampersand ( &amp; ). Two files cannot have the exact same name.</i></p> <p>Once you have completed these actions, you will have three options:</p> <ol style="list-style-type: none"> <li>1) Click Continue to proceed to the next step <b>OR</b></li> <li>2) Click Save for Later to save a draft of your work to come back and submit later <b>OR</b></li> <li>3) Click <b>Exit</b> to discard your request.</li> </ol>
11	<p>If you clicked Continue in step 10, your request will proceed to the <b>Summary step</b>.</p> <p>  </p> <p>This step allows you to review what you have included in the request and are about to submit for processing.</p> <p>If you need to make changes, click <a href="#">Previous</a> and make them. Once you submit a request, it cannot be changed.</p> <p>If your submission looks correct, click  or <b>Exit</b> to discard your request.</p>
12	<p>If you submitted your request in step 11, you will be directed to the <b>Confirmation</b> page.</p> <p>  </p> <p>On the Confirmation page, you can copy the Reconsideration Request Number or download a detailed copy of the confirmation page.</p> <p>   </p> <p><b>The typical time frame for processing a simple adjustment or reconsideration is 5 to 10 business days. The time frame for processing appeals is affected by state mandates, contract requirements, etc.</b></p>

## + Steps to check the status of a claim reconsideration or appeal request

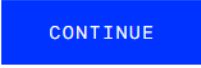



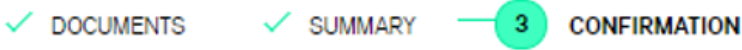

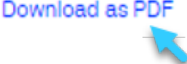
(Claim Details screen)

Step	Action												
1	<p>After finding the claim, click the <b>Reconsideration History tab</b>.</p> <p><a href="#">PATIENT AND PAYMENT INFORMATION</a>   <a href="#">SUPPORTING INFORMATION (0)</a>   <a href="#">RECONSIDERATION HISTORY (1)</a></p> <p><b>Only one reconsideration or appeal request can be open at a time.</b> <b>Each claim can have up to 5 requests.</b></p>												
2	<p><b>Review the status and decision notes.</b></p> <table><thead><tr><th>Reconsideration Number</th><th>Reconsideration Type</th><th>Last Modified By</th><th>Last Date Modified</th><th>Status</th><th>Decision Notes</th></tr></thead><tbody><tr><td><a href="#">#WEB20</a></td><td>Appeal</td><td>testing person</td><td>12/14/2021 at 11:21 PM</td><td>Received</td><td>N/A</td></tr></tbody></table> <p>To review the details of the request, click the blue reconsideration number.</p> <p><b>If the reconsideration request has not been submitted yet, the reconsideration number will display as Open Draft.</b> Website users with reconsideration access can click Open Draft, finish the request, and submit it.</p>	Reconsideration Number	Reconsideration Type	Last Modified By	Last Date Modified	Status	Decision Notes	<a href="#">#WEB20</a>	Appeal	testing person	12/14/2021 at 11:21 PM	Received	N/A
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## + Steps to appeal a precertification decision

(Patient search)

Step	Action
1	<p><b>Search for:</b> Select and confirm your patient.</p> <p>DASHBOARD PATIENTS CLAIMS REPORTS MY PRACTICE RESOURCES</p>
2	<p>Click on the <b>Precertifications</b> tab.</p> <p>CIGNA MEDICAL BEHAVIORAL VIEW CLAIMS PRECERTIFICATIONS</p>
3	<p>Locate and select the precertification you want to appeal.</p> <p><b>If you have a question at any time during the process, click ? to access frequently asked questions and answers.</b></p>
4	<p><b>Check the box</b> next to the precertification or service line(s) you are appealing and click</p> <p>START APPEAL</p> <p><i>If a service line selected is managed by eviCore, a message will redirect to the eviCore website.</i></p>
5	<p>Review and update as needed and enter the <b>Submitter Contact Information</b>.</p>
6	<p>Select the <b>Submitting Provider</b> and <b>State of Service</b> from the drop down boxes.</p>

7	<b>Type a note</b> up to 1000 characters to explain your request.
8	<p>If your request requires <b>supporting documentation</b>, review the <b>Attachment Agreement</b> and click <b>Accept</b>. Drag and drop or browse your computer to locate the supporting documentation files.</p> <p><i>Attach up to 10 files - each file with a maximum size of 64MB. Accepted file types: .png, .bmp, .gif, .jpeg, .tif, .tiff, .pdf. File names must be at least 5 characters and cannot exceed 128 characters or contain any spaces or special characters <b>except</b>: hyphen ( - ), at ( @ ), period ( . ), exclamation ( ! ), underscore ( _ ) and ampersand ( &amp; ). Two files cannot have the exact same name.</i></p>
9	<p>Click on  to proceed or .</p> <p><i>Saving your work creates an “open draft” request that has not yet been submitted.</i>  <b>You must update or submit an open draft within 5 calendar days.</b></p>
10	<p>If you clicked Continue in step 9, you will proceed to the <b>Summary screen</b> where you can review all the details of the appeal, prior to submission. If a correction is needed, click  <b>Previous</b>.</p> <p>If no changes are needed, click on .</p>
11	<p>If you submitted your request in step 10, you will be directed to the <b>Confirmation</b> page.</p> <p></p> <p>Here you can copy the <b>Appeal Reference Number</b> or download a detailed copy of the confirmation page.</p> <p> </p> <p><b>The time frame for processing appeals is impacted by state mandates, contract requirements, etc.</b></p>

**+ Steps to check the status of a precertification appeal**  
**(Patient search)**

Step	Action
1	<p><b>Search for:</b> Select and confirm your patient.</p> <p>DASHBOARD <b>PATIENTS</b> CLAIMS REPORTS MY PRACTICE RESOURCES</p>
2	<p><b>Click on</b> the Precertifications tab.</p> <p></p>
3	Locate and select the applicable precertification.

4


Click on the **Appeal History** tab.

PRECERTIFICATION & PATIENT DETAILS | [APPEAL HISTORY \(1\)](#)

5

**Review the status and decision notes.**

PRECERTIFICATION & PATIENT DETAILS | [APPEAL HISTORY \(1\)](#)

Appeal Number	Last Modified By	Last Date Modified	Status	Decision Notes
<a href="#">00387477724</a>	Sam Jones	10/17/2020 at 2:56 pm	Denied	

To view the details of the request, click the blue reconsideration number.

If the appeal has not been submitted yet, the number and status will display as Open Draft. Website users with precertification access can click Open Draft, finish the request, and submit it.