

# Cigna Medicare Advantage Non Contracted Provider Appeals and Disputes Form



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

## Request for appeal or dispute

Customer First Name:	MI:	Customer Last Name:	Customer's ID Number:	Date of Birth:	Claim Number:
Date(s) of Service:		Provider Name / Contact Name:	Provider NPI:	Provider Telephone Number:	
Address:		City:	State:	Zip Code:	Provider's Contact Email:

## Non Contracted Provider Appeals:

Reason for appeal:	Submit appeals to:
<input type="checkbox"/> Medical Necessity and/or Level of Care Denial <input type="checkbox"/> Denied for no authorization ( <i>including OON denials</i> ) <input type="checkbox"/> Denied for no referral <input type="checkbox"/> DRG Payment Discrepancy <input type="checkbox"/> Downcoding Discrepancy <input type="checkbox"/> Overpayment Recovery Issue <input type="checkbox"/> Claim Bundling Discrepancy <input type="checkbox"/> Lack of Medical Records Denial  <i>For payment issues related to Medicare allowable rates - see below.</i>	Cigna Medicare Advantage Appeals PO Box 188081 Chattanooga, TN 37422 Fax #: 855-350-8671  For all Non Contracted Provider Appeals a completed Waiver of Liability is required in order to process your appeal. The Waiver of Liability Statement must be signed. Your appeal request will not be considered without receipt of a signed Waiver of Liability Statement. You can either mail or fax your completed request, including the attached Waiver of Liability.

## Non Contracted Provider Payment Disputes:

A non-contracted provider is also permitted to request an independent review <b>if the amount paid for a covered service is less than the amount that would have been paid under original Medicare.</b>  For all other reasons, refer to the Appeal Request Reasons and address/fax above.	<b>Submit disputes to:</b> Cigna Medicare Services Attn: Medicare Claims Department Non Contracted Provider Payment Disputes PO Box 20002 Nashville, TN 37202
<p><b>Note:</b> If you have multiple appeal 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 appeal. <b>You may use the space starting on the next page to briefly describe your reason for appeal.</b></p>	
<p><b>Definitions</b></p> <p><b>Non Contracted Provider Appeal:</b> A disagreement when the Plan is denying or recouping part or all of a payment for which the non-contracted provider asked, such as for DRG coding, medical necessity, inpatient level of care determination, bundling rules, or emergency facility charges. Appeals (reconsiderations) from a non-contracted provider must follow the regulations outlined at 42 CFR §422 Subpart M.</p> <p><b>Non Contracted Provider Dispute:</b> A disagreement about the amount that a non-contracted provider could have collected if the beneficiary were in original Medicare.</p>	

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## Waiver of Liability Statement

\_\_\_\_\_  
Enrollee's Name

\_\_\_\_\_  
Enrollee ID Number

\_\_\_\_\_  
Provider

\_\_\_\_\_  
Date of Service

\_\_\_\_\_  
Health Plan

I hereby waive any right to collect payment from the above-mentioned enrollee for the aforementioned services for which payment has been denied by the above-referenced health plan. I understand that the signing of this waiver does not negate my right to request further appeal under 42 CFR §422.600.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date