



# WELCOME TO CIGNA DENTAL CARE<sup>®</sup> – ACCESS NETWORK

For Network General Dentists

# WELCOME TO CIGNA DENTAL CARE® – ACCESS NETWORK

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Thank you for joining the Cigna Dental Care® – Access Network. The information in this welcome kit will help you administer this plan as efficiently as possible. Our goal is to reduce your administrative burden, so you can spend more time at the heart of your practice – providing dental care to your patients, and our customers.

Use the links below to go directly to any section of the welcome kit.

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[FAQs for Total Cigna Dental PPO](#)

“Cigna Dental Care” is a brand name used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans (including Dental HMO plans), and plans with open access features. The Cigna Dental Care plan may not be available in all states.

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# CIGNA DENTAL CARE® – ACCESS NETWORK

## Frequently asked questions

This guide offers answers to questions that are commonly asked by our Cigna Dental Care® – Access Network General Dentists. A section with information specifically for network Specialists will follow. You can also find additional information in your Dental Office Reference Guide by logging in to [CignaforHCP.com](https://CignaforHCP.com) > *Resources* > *Reference Guides* > *Dental Reference Guides*.

### 1. What are the Cigna Dental Care plans Cigna offers to employer groups?

There are several Cigna Dental Care Standard and Value Plan options offered to employer groups. Each plan option has an associated Patient Charge Schedule.

The Patient Charge Schedule outlines the group's specific coverage level, lists all covered procedures, and states the member's associated out-of-pocket expenses (patient charges). The network General Dentist may not charge the patient more than the patient charge listed in the Patient Charge Schedule. Cigna provides a copy of the applicable Patient Charge Schedule to the member at the time of enrollment.

Patient Charge Schedules can show the patient charges in fixed dollar amounts or in coinsurance percentages. For Cigna Dental Care coinsurance percentage plans (Q Series), network general dentists or specialists calculate the patient's copay by multiplying the percentage listed in the Patient Charge Schedule by the dollar amount shown on their contracted fee schedule for the procedure(s): General Dentists use their DPPO Fee Schedule; Specialists use their Cigna Dental Care Contract Compensation Schedule.

To identify the Patient Charge Schedule that applies to a Cigna Dental Care member:

- Check your *Member list by dental office (MNMR0005)* / *Dental office roster monthly* (if applicable) OR
- Check the patient's eligibility at [CignaforHCP.com](https://CignaforHCP.com).
- Current copies of all Patient Charge Schedules can be downloaded:
  - from the patient's eligibility record at our Cigna for Health Care Professionals website at [CignaforHCP.com](https://CignaforHCP.com), or
  - by logging in to [CignaforHCP.com](https://CignaforHCP.com) > *Resources* > *Dental Resources* > *Patient Charge Schedules*.

You can also request copies by contacting the Cigna Dental Provider Services Unit at 1.800.Cigna24 (1.800.244.6224).

If an ADA code is listed on the Patient Charge Schedule, the service is covered. Procedures not listed on the Patient Charge Schedule are not covered and you can charge the patient your usual fee.

There are no annual maximums or deductibles on any Cigna Dental Care plans. Important highlights of Cigna Dental Care Patient Charge Schedule include:

- **Complex rehabilitation:** There is an additional charge per unit for multiple crown units/complex rehabilitation (6 or more units of crown and/or bridge in the same treatment plan require complex rehabilitation for each unit). For California plan participants, the complex rehabilitation fee applies starting with the sixth and additional units of crown or bridge in the same treatment plan.

- **Broken appointments:** Network dentists may charge their patients reasonable fees.

California plan participants: reasonable fees may be charged when appointments are broken with less than 24-hours' notice.

- **Value Plan Options:** These plans include options for alternate benefit provisions (see question 6), office visit copayments, and orthodontic coverage.



### 2. Can I receive my compensation through electronic funds transfer (direct deposit)?

Yes, this is the quickest way to get paid. The easiest way to enroll for electronic funds transfer (EFT) is by logging in to [CignaforHCP.com](http://CignaforHCP.com) > *Working with Cigna* > *Enroll in Electronic Funds Transfer Options*. If you are not yet registered for the website, go to [CignaforHCP.com](http://CignaforHCP.com) and click “Register Now.” Once you complete the registration process and your information has been validated, you can enroll in EFT. Note: upon enrollment, your PPO network payments will also be issued via EFT.

### 3. How do I verify a patient’s eligibility?

It is important to verify patient eligibility for dental plan benefits before rendering services. Patients should be assigned to your office. You can verify eligibility through these resources:

#### Cigna for Health Care Professionals website

- Log in to [CignaforHCP.com](http://CignaforHCP.com) > Patients.
- Enter a date in the *Eligibility as of* field.
- Enter any of the following combinations:
  - Patient ID and Patient Date of Birth; or
  - Patient ID, Patient Last Name, and Patient First Name; or
  - Patient Date of Birth, Patient Last Name, and Patient First Name.
- Click Search.

#### Cigna Dental Automated Eligibility System

- Call 1.800.Cigna24 (1.800.244.6224).
- Identify yourself as a Provider
- Enter your Tax ID number
- Request Eligibility
- You will be prompted to enter the Patient ID number and Patient’s Date of Birth.
- You will hear the patient’s name and be asked to confirm it.

#### Monthly Eligibility Reports (Member List by Dental Office) (if applicable)

You can view or print these reports online on the second business day of each month by logging in to [CignaforHCP.com](http://CignaforHCP.com) > *Reports* > *Search Office Management Reports*.

### 4. Where do I send my claims and claim appeals?

#### Electronic claim submission

You’ll get paid the fastest using this method. You can submit claims electronically with minimal cost and time. All you need are a computer, printer, internet access, and scanner (for non-digital X-rays).

- Electronic Data Interchange (EDI) vendor or clearinghouse:
  - Change Healthcare (formerly Emdeon): [changehealthcare.com](http://changehealthcare.com)
  - DentalXchange: [dentalxchange.com](http://dentalxchange.com)
  - Tesia: [tesia.com](http://tesia.com)
  - Inmediata: [inmediata.com](http://inmediata.com) for Puerto Rico and the US Virgin IslandsVisit [Cigna.com/EDIVendors](http://Cigna.com/EDIVendors) to learn more.
- Connect with Cigna through **Post-n-Track**® ([post-n-track.com](http://post-n-track.com)) to submit claims with free software and free transactions.
- **NEA FastAttach**® ([nea-fast.com](http://nea-fast.com)): Submit radiographic (X-rays) images and other attachments at a discount (through the Cigna Network Rewards Program® for Cigna contracted dentists).

Use Payer ID **62308** for all electronic claims.

For additional information, download the Electronic Claim Submission flyer by logging in to [CignaforHCP.com](http://CignaforHCP.com) > *Resources* > *Payment Guidelines* > *Electronic Claim Submission*.

### Paper claim submission

Claims submitted via paper need to be on ADA claim forms and sent to the following addresses:  
Cigna Dental Care General Dentists: PO Box 188046, Chattanooga, TN 37422-8046

### Pended claims documentation through CignaforHCP.com

This feature is available for CHCP registered users with access to claim status inquiry to upload electronic attachments for pended claims requiring additional information. The pended claim functions will accept up to six files at a time for a total file size of 35 MB. Allowed file formats include: PDF, JPEG, GIF, TIF, PNG or BMP.

Log in to [CignaforHCP.com](https://CignaforHCP.com) > *Claims inquiry* > *Claims Detail* to view pended claims and related reason codes. Then, upload and submit the requested documentation for these pended claims. This option is not for original claim submissions. (Not available for patients with GWH-Cigna or “G” ID cards.)

### Medicare and other members

If an encounter/claim is received with missing information (e.g., tooth number, Member ID), the claim will be denied and you will be required to submit a new encounter/claim with the correct information for processing.

All encounter denials will show on your monthly Encounter error report. For all other claim denials, you will receive an EOB with the determination. In addition, for Medicare denials, you will receive copy of the member notification.

**Cigna Dental Care Claim appeals:** PO Box 188047, Chattanooga, TN 37422-8047

## 5. Do I need to send in radiographic images with my claims?

You do not have to send in radiographic images or preauthorize services done by a general dentist. There are no deductibles or annual maximums on Cigna Dental Care plans.

## 6. What is an alternate benefit provision?

An *alternate benefit* provision, also known as the least expensive professionally accepted treatment (LEPAT), is a benefit design that is applicable to certain Cigna Dental Care Patient Charge Schedules (PCS).

Cigna Dental Care plans that include the alternate benefit provision are:

- Plans that contain an “A” in the name (e.g., plans A20V8, GAS08, and P1A00).
- Legacy Cigna Dental Care plans that begin with an “LC” (e.g., LC060).
- The C series of plans (e.g., C0608, C20V8, or any prior series of C plans such as C1007).
- Certain custom schedules (e.g., State of NJ)

The alternate benefit provision applies when there are two or more clinically acceptable covered dental services available to treat a patient’s condition. Generally, coverage is provided for the less expensive service. When a patient opts for the more expensive procedure, then he or she is responsible for:

- The patient charge for the least costly covered service shown in the applicable Patient Charge Schedule, plus
- The difference between the dentist’s usual fee for the more expensive service and the usual fee for the least expensive service.

### Notes:

- This provision only applies to crowns and bridges (fixed partial dentures). It does not apply to prosthesis over implant services.
- The alternate benefit provision does NOT apply when the restorative material is the only difference between the two or more covered services (e.g., amalgam and composite restorations).

### Payments relating to alternate benefit schedules

When crowns and fixed partial dentures are performed under the Cigna Dental Care Value Plans with alternate benefits, Cigna Dental will not automatically generate supplemental payments, because the Patient Charge amount or the Alternate Benefit Provision may generate total charges higher than the

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supplemental payment schedule amount. If the crown or fixed partial denture meets the criteria for coverage and the applicable Patient Charge is less than your supplemental payment schedule amount, please call the Provider Services Unit at 1.800.Cigna24 (1.800.244.6224). Upon review, Cigna Dental will make a manual adjustment and provide the appropriate supplemental payment in your next check.

For more detailed information on the alternate benefit provision for Cigna Dental Care plans and a list of Cigna Dental Care plans that have this provision, log in to [CignaforHCP.com](http://CignaforHCP.com) > Resources > Dental Resources > Patient Charge Schedules > Alternate Benefit Provision.

### 7. Can I charge my patient for upgrades if brand name materials are used for orthodontic appliances?

Additional costs associated with optional/elective materials of a cosmetic nature (e.g., clear, ceramic, clarity, and decorative brackets) may be charged to the patient. If the patient opts for any of these, he or she will be responsible for the difference between Cigna's allowances for standard treatment and the dentist's regular fees for these optional/elective materials. The fees for these materials along with their description should be submitted on the claim form.

### 8. What if my claim is denied or I believe it was not paid accurately? Cigna Dental Care General Dentist claims

Please consult your *Encounter Error Report* (MNMR0387) for documentation of encounters that were submitted with errors. Log in to [CignaforHCP.com](http://CignaforHCP.com) > Reports > Office Management Reports. You may resubmit encounters by following the steps outlined in question 10.

If you have additional questions or are unable to resolve your claim issue, call Provider Services at 1.800.Cigna24 (1.800.244.6224).

### 9. What if I need to refer a Cigna Dental Care patient to a specialist?

- For Cigna Dental Care plan participants to have these services covered, referrals must be made to Cigna Dental Care network specialists.<sup>1</sup> You can obtain a copy of the Cigna Dental Care specialty network directory by calling 1.800.Cigna24 (800.244.6224).
- Please complete the Cigna Specialty Referral Form for most specialties. Cigna Specialty Referral Forms are located in the Welcome to Cigna Dental Care kit as well as posted on [CignaforHCP.com](http://CignaforHCP.com). State mandated referral forms are also acceptable.
- The member must be referred to an in-network Specialist.
- X-rays must be sent along with the completed referral form.
- Pediatric treatment under age 7 and Orthodontic treatment do not require a referral.
- See the Specialty Referral Guidelines for complete details.
- If there are no contracted specialists within a 25-mile radius of your office or the plan participant's home ZIP Code, please call 1.800.Cigna24 (1.800.244.6224). You can also view a specialty list by logging in to [CignaforHCP.com](http://CignaforHCP.com) > Dashboard > Useful Links > Health Care Professional Directory.
- As a Cigna Dental Care dentist, you are required to perform routine specialty services and may be backcharged if you refer patients to a specialist. Please follow the referral guidelines shown in the *Dental Office Reference Guide* for your specialty.

### 10. What information do Cigna Dental Care General Dentist reports contain?

The reports listed below are available, except where noted, by logging in to [CignaforHCP.com](http://CignaforHCP.com) > Reports > Search Financial Reports for all reports showing capitation/supplemental payments and dental office statistical information; or *Search Office Management Reports* for member lists and Patient Charge Schedule changes.

#### • Member list by dental office (MNMR0005)

This roster report, if applicable, is available on the second business day of each month and it includes:

- Member/group effective and renewal dates.
- Group compensation.
- Plan benefit information, including pending changes.
- Detailed monthly payment adjustments.

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- **Supplemental and office visits payments closing report (MNMR0384)** – monthly  
This report details additional compensation (if applicable) provided by Cigna Dental for specific services based upon encounter data submitted by your office. (Refer to your Supplemental Fee Schedule attached to your Network General Dentist Agreement for more information).
- **Encounter error report (MNMR0387)**  
This shows claims that were not processed upon initial submission. It is very important that you review this report each month and send in additional/corrected information. To reprocess, simply indicate the updated information on the error report in the blank line area and return to the same address used for encounter submissions. You can also fax it in to us at 860.457.4948.
- **Dental office statistical report (MNMR0450)**  
This report shows month-to-date and year-to-date analyses of all procedures performed by each network dentist in your office, as well as the total of all treatments provided to plan participants.
- **Dental office analysis (MNMR0451)**  
This report provides month-to-date and year-to-date income data as well as key statistical information for your office.
- **Quarterly specialty directory** – an updated list of network specialists to whom you can refer your patients.

### 11. How can I obtain a copy of my Cigna Dental Care reports if I have misplaced them?

Reports for the current month are available online:

- Log in to [CignaforHCP.com](http://CignaforHCP.com) > Reports > Search Financial Reports or Search Office Management Reports.
- Enter your Dental Office number.
- Select the report(s) you want to view or print.

### 12. Will Cigna perform onsite visits to my office?

Cigna Dental conducts onsite Periodic Quality Assessments (PQAs) at contracted Cigna Dental Care General Dentist offices. A representative of Cigna's authorized designee schedules the PQAs and requests the dental office to make available copies of plan participants' clinical files during the onsite audit process. You can view the onsite evaluation form by logging in to [CignaforHCP.com](http://CignaforHCP.com) > Resources > Forms Center > Dental Forms > Sample PQA Form. Cigna Dental Network Management staff may also visit your office to ensure compliance and to investigate plan participant complaints.

### 13. Does Cigna offer any integrated health programs?

Yes, Cigna provides enhanced dental benefit for plan participants through:

- **Cigna Dental Oral Health Integration Program<sup>®</sup>**  
Dental plan participants may receive 100% reimbursement for their out-of-pocket payment to the dentist for certain dental services if they have any of these medical conditions: maternity, diabetes, heart disease, stroke, head and neck cancer radiation, organ transplants, and chronic kidney disease. For more information, refer to your *Dental Office Reference Guide* at [CignaforHCP.com](http://CignaforHCP.com) > Reference Guides > Dental Reference Guides.
- **Brush biopsy (Code D7288)**  
As part of our commitment to prevention and early detection of oral cancer, this procedure is covered by all Cigna Dental Care plans with a minimal or no patient copay (depending on the plan).

### 14. Where can I find additional details on items included in this FAQ Guide?

Please consult the Dental Office Reference Guides listed below according to your specialty. These can be found by logging in to [CignaforHCP.com](http://CignaforHCP.com) > Resources > Reference Guides > Dental Reference Guides > General Dentist Dental Office Reference Guide.

Cigna updates its reference guides periodically, and notifies dentists by email or fax when they are available. They can be download by logging in to [CignaforHCP.com](http://CignaforHCP.com) > Resources > Reference Guides > Dental Reference Guides.

### 15. How do I handle emergencies?

You should arrange for emergency coverage on a 24-hour-per-day, 7-day-per-week basis, such that members shall receive emergency care relating to their services within 24 hours of contacting the dental office (including messages left after hours) or within such lesser time as may be medically indicated and/or mandated by state law.

### 16. How can I promote my dental practice?

We offer each Cigna Dental network provider a free Brighter Profile® on the myCigna<sup>SM</sup> website/app dentist directory to help attract and retain patients. Cigna Dental customers use this dentist directory as part of their evaluation process when searching for a network dental professional.

You get all of these myCigna features to promote your practice for free<sup>2</sup>:

- Online profile highlighting your strengths
- Online appointment requests through Brighter Schedule®
- Verified patient reviews
- Automated patient communications

To activate or update your Brighter Profile, please visit [providers.brighter.com](http://providers.brighter.com) or call Brighter at 888.300.4742.

## Frequently Asked Questions for Cigna Dental Care Specialists

### 1. Do I need to send in radiographic images with my claims?

You are required to submit radiographic images with claims for procedures listed in the following chart.

Service	Procedure codes that require submission of X-rays*					
Endodontic Therapy	D3310	D3320	D3331	D3332	D3333	
Endodontic Retreatment	D3346	D3347	D3348			
Apexification/Recalcification	D3351					
Apicoectomy/Periradicular	D3410	D3421	D3425	D3426	D3427	D3430
Periodontic Surgical	D4249	D4260	D4261			
Periodontic Non-Surgical	D4341	D4342	D4346			
Implants	D6010	D6013	6081			
Oral and Maxillofacial Surgery	D7140	D7230	D7250	D7311	D7471	D7485
	D7210	D7240	D7310	D7320	D7472	
	D7220	D7241		D7321	D7473	

\* Cigna reserves the right to request additional X-rays on these and other procedures as deemed necessary for claims payment.

- Please contact 1.800.Cigna24 (1.800.244.6224) to verify member eligibility and benefits.
- Prior authorization is not mandatory. However, you can opt to submit a prior authorization form after completing an initial exam.
- For a claim for implant-related codes, please submit a complete series of radiographic images.
- For the return of radiographic images, please include a self-addressed, stamped envelope.
- When submitting claims electronically, you can submit accompanying radiographic images using *FastAttach*® through National Electronic Attachment (NEA) ([nea-fast.com](http://nea-fast.com)).

### 2. What if my claim is denied or I believe it was not paid accurately?

If the denial is based on your patient's coverage, please consult the *Patient Charge Schedule*. If the denial is based on administration of the claim, please consult your specialty Dental Office Reference Guide or call 1.800.Cigna24 (1.800.244.6224) for additional information.

If you have additional questions or are unable to resolve your claim issue, call Provider Services at 1.800.Cigna24 (1.800.244.6224).



### 3. Where do I send my Cigna Dental Care Specialist claims and claim appeals?

#### Electronic claim submission

You'll get paid the fastest using this method. You can submit claims electronically with minimal cost and time. All you need are a computer, printer, internet access, and scanner (for non-digital X-rays).

- **Electronic Data Interchange (EDI) vendor or clearinghouse:**

Change Healthcare (formerly Emdeon): [changehealthcare.com](http://changehealthcare.com)

DentalXchange: [dentalxchange.com](http://dentalxchange.com)

Tesia: [tesia.com](http://tesia.com)

Inmediata: [inmediata.com](http://inmediata.com) for Puerto Rico and the US Virgin Islands

Visit [Cigna.com/EDIVendors](http://Cigna.com/EDIVendors) to learn more.

- Connect with Cigna through **Post-n-Track®** ([post-n-track.com](http://post-n-track.com)) to submit claims with free software and free transactions.
- **NEA FastAttach®** ([nea-fast.com](http://nea-fast.com)): Submit radiographic (X-rays) images and other attachments at a discount (through the Cigna Network Rewards Program® for Cigna contracted dentists).

Use Payer ID **62308** for all electronic claims.

For additional information, download the Electronic Claim Submission flyer by logging in to [CignaforHCP.com](http://CignaforHCP.com) > Resources > Payment Guidelines > Electronic Claim Submission (PDF).

#### Paper claim submission

Claims submitted via paper need to be on ADA claim forms to the following address:

Cigna Dental Care Specialists: PO Box 188045, Chattanooga, TN 37422-8045

#### Pended claims documentation through CignaforHCP.com

This feature is available for CHCP registered users with access to claim status inquiry to upload electronic attachments for pended claims requiring additional information. The pended claim functions will accept up to six files at a time for a total file size of 35 MB. Allowed file formats include: PDF, JPEG, GIF, TIF, PNG or BMP.

Log in to [CignaforHCP.com](http://CignaforHCP.com) > *Claims inquiry* > *Claims Detail* to view pended claims and related reason codes. Then, upload and submit the requested documentation for these pended claims. This option is not for original claim submissions. (Not available for patients with GWH-Cigna or "G" ID cards.)

#### Medicare and other members

If an encounter/claim is received with missing information (e.g., tooth number, Member ID), the claim will be denied and you will be required to submit a new encounter/claim with the correct information for processing.

For all claim denials, you will receive an EOB with the determination. In addition, for Medicare denials, you will receive copy of the member notification.

**Cigna Dental Care Claim Appeals:** PO Box 188047, Chattanooga, TN 37422-8047

### 4. What if my Cigna Dental Care Specialist claim is denied or I believe it was not paid accurately?

If the denial is based on your patient's coverage, please consult the Patient Charge Schedule. If the denial is based on administration of the claim, please consult your specialty Dental Office Reference Guide or call 1.800.Cigna24 (1.800.244.6224) for additional information.

If you have additional questions or are unable to resolve your claim issue, call Provider Services at 1.800.Cigna24 (1.800.244.6224).

## Cigna Dental Care – Access Network frequently asked questions

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### 5. Where can I find additional details on Cigna Dental Care Specialist items included in this FAQ Guide?

Please consult the Dental Office Reference Guides listed below according to your specialty. These can be found by logging in to [CignaforHCP.com](http://CignaforHCP.com) > Resources > Reference Guides > Dental Reference Guides.

- Endodontist Dental Office Reference Guide
- Oral Surgeon Dental Office Reference Guide
- Orthodontist Dental Office Reference Guide
- Pediatric Dentist Dental Office Reference Guide
- Periodontist Dentist Dental Office Reference Guide

Cigna updates its reference guides periodically, and notifies dentists by email or fax when they are available. They can be download by logging in to [CignaforHCP.com](http://CignaforHCP.com) > Resources > Reference Guides > Dental Reference Guides.

**Please note:** If any information contained in this FAQ is different from, or in any way conflicts with, the terms of your Network Dentist Agreement and/or any Cigna Dental Office Reference Guide(s), then the terms of the Network Dentist Agreement, and/or the appropriate Cigna Dental Office Reference Guide(s) will supersede the information in this FAQ.



1 Some state laws may allow participants to access care from any provider. Contact your Customer Service associate to inquire if your state allows participants to choose any provider.

2 Brighter Profile features may vary by Cigna Dental product, provider type or customer plan.

“Cigna Dental Care” is a brand name used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans (including Dental HMO plans), and plans with open access features. The Cigna Dental Care plan may not be available in all states.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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# DENTAL OFFICE BACKCHARGES

## Cigna Dental Care® – Access Network

When providing care to your patients, you can help to ensure that no backcharges are incurred. Backcharges primarily classified into the categories described below.<sup>1</sup> Additional details can be found in the *General Dentist Dental Office Reference Guide*.<sup>2</sup>

- **Supplemental payments (if any) for duplicate procedures**  
Cigna may recover overpayment from future compensation due to the duplicate submission of services by the dental office. To avoid being charged for duplicate supplemental payments, submit the request only one time for each procedure performed.
- **Failure to provide for emergency services**  
You are expected to provide appropriate emergency care services for assigned plan enrollees as stated in your *Network General Dentist Agreement*. If it becomes necessary for another dentist to provide emergency services due to your unavailability, you will be backcharged for the dollar amount needed to cover the associated cost of services provided.
- **Specialty referrals not in accordance with Cigna Dental guidelines**  
To avoid being backcharged, please follow the guidelines for specialty referrals as described in the Specialty Referral section of the *General Dentist Dental Office Reference Guide*.
- **Failure to rectify overcharges or inappropriate charges for covered services**  
If Cigna determines that your patient has been overcharged, or that inappropriate fees were charged not in accordance with the plan guidelines, you may be required to assist with the financial rectification of these overages. If you do not provide resolution of the overcharges and/or inappropriate fees directly to your patient, this may result in a backcharge.
- **Failure to provide requested patient records or respond to patient inquiries and complaints promptly**  
You are expected to cooperate with Cigna to assure that patient inquiries, complaints, and grievances are resolved promptly. Your failure to provide requested patient records or respond in a timely manner to assist in the resolution of patient inquiries, complaints and/or grievances may result in a backcharge.
- **Retreatment or replacement of inadequate services**  
You must cooperate with Cigna to provide retreatment, replacement, and/or rectification of dental services that you have completed that are determined to be inadequate. If you do not offer resolution for inadequate services that you have provided and it becomes necessary for another dentist to correct that treatment, you may be backcharged for the dollar amount needed to cover the associated cost(s) of services provided.



<sup>1</sup> Please note that other backcharges may occur that are not classified into one of these categories. This information can be found in the Dental Office Backcharges policy contained in the General Dentist Dental Office Reference Guide.

<sup>2</sup> If any information contained in this Dental Office Backcharges document is different from, or in any way conflicts with, the terms of your Network Dentist Agreement and/or any Cigna Dental Office Reference Guide(s), then the terms of the Network Dentist Agreement, and/or the appropriate Cigna Dental Office Reference Guide(s) will supersede the information in these guidelines.

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## Member list by dental office

JANE A DEER DMD

FOR CUSTOMER SERVICE

**1.800.Cigna24 (1.800.244.6224)**  
**or visit [www.cignaforhcp.com](http://www.cignaforhcp.com)**

*Please have the Customer ID or the employee's social security number available when calling Customer Service or writing to us.*

### Payment summary

	THIS MONTH (\$)	YEAR-TO-DATE (\$)
Gross payment	14.21	14.21
<b>Total compensation</b>	<b>\$14.21</b>	<b>\$14.21</b>

### Report summary

Subscribers:	1
Non-spousal dependents:	4
<b>Total members:</b>	<b>5</b>

REFERENCE INFORMATION

Report date: Oct 3, 2013  
 Report number: MNMR0005  
 Dental office number: XX 123456

## Members as of Sep 1, 2013

MEMBER NAME	MEMBER ID	DATE OF BIRTH	REL.	STATUS	PCS	GROUP NAME	EFFECTIVE DATE	TERM DATE	AMOUNT (\$)	BACK DATE	SEE NOTE
CHIPS, CHOCOLATE	123040376-02	Oct 28, 1994	NS	Active	F1-05	TEST AMY	Jan 1, 2013		2.46	Sep 1, 2013	
CHIPS, VANILLA	123040376-03	Oct 28, 1994	NS	Active	F1-05	TEST AMY	Jan 1, 2013		2.46	Sep 1, 2013	
CHIPS, WOOD	123040376-05	Mar 11, 1993	NS	Active	F1-05	TEST AMY	Jan 1, 2013		2.46	Sep 1, 2013	
CHIPS, BUTTERSCOTCH	123040376-04	Dec 11, 1989	NS	Active	F1-05	TEST AMY	Jan 1, 2013		2.46	Sep 1, 2013	
CHIPS, POTATO	123040376-01	Sep 11, 1966	SU	Active	F1-05	TEST AMY	Jan 1, 2013		4.37	Sep 1, 2013	

**Total compensation this month**

**\$14.21**

### Member relationship (REL.)

- SU - Subscriber
- SP - Spouse
- NS - Non-spousal dependant

### Notes

- B - Benefit group change
- C - PCS code change
- E - Effective date change
- I - Inactivated
- N - New member
- R - Reinstatement
- TI - Transfer in
- TO - Transfer out
- X - Instead of fixed monthly payments for this member, you will be paid a predetermined amount for services rendered and submitted through the standard encounter submission process.

# TOTAL CIGNA DENTAL PPO

## Frequently asked questions

This guide offers answers to questions that are commonly asked by our Cigna Dental PPO network dentists. You can also find additional information in your PPO Dental Office Reference Guide by logging in to [CignaforHCP.com](https://CignaforHCP.com) > *Resources* > *Reference Guides* > *Dental Reference Guides*.

### 1. How do I determine my PPO compensation?

Your compensation is based upon your Contracted Fee Schedule (or your Usual and Customary Fee in the rare instance that it may be lower for a given procedure). The dental plan payment will be calculated after deductibles, coinsurance, alternate benefits, and other plan limitations are applied.

#### Special programs for PPO offices

Cigna Dental is working to bring more patients into your practice by expanding access to its PPO network. Your participation in these programs can help you to increase your income stream by providing access to a new source of patients. You may choose to be added or removed from these programs by calling our Provider Service Unit at 1.800.Cigna24 (1.800.244.6224). At the prompts, say "Provider," enter your Tax ID number, say "Contracting," and "Dental" to speak to a representative.

- **CignaPlus Savings<sup>®</sup>** is a discount dental program that requires plan participants to pay the office's PPO contracted fee *in full* directly to the network dentist. This is not insurance, so there are no claim forms to file. You will be able to identify plan participants when they present their ID cards prior to receiving services. The card will be printed with the Cigna logo and the phrases: "This is not insurance" and "The cardholder is directly responsible for all payments to the Dentist." It may also show the words, "Cigna Dental Network Access." (You are eligible to participate in this program if you are a Cigna Dental PPO Advantage network dentist only.)
- **Cigna Dental Shared Administration<sup>SM</sup>** is available to some Cigna plan participants through Taft Hartley Funds and their contracted third-party administrators (TPAs). It operates the same as a standard Cigna PPO plan, except that all claims are submitted to and paid by the TPA, and not by Cigna. You can verify a patient's eligibility for benefits under this program and find out where to submit claims for payment by calling the toll-free number on the participant's ID card. This should be done before providing services. Plan participants are responsible for paying deductibles and coinsurance. There is no balance billing. You will be reimbursed according to your Cigna Dental fee schedule.

### 2. Can I receive my compensation through electronic funds transfer (direct deposit)?

Yes, this is the quickest and safest way to get paid. The easiest way to enroll for electronic funds transfer (EFT) is by logging in to [CignaforHCP.com](https://CignaforHCP.com) > *Working with Cigna* > *Enroll in Electronic Funds Transfer Options*. If you are not yet registered for the website, go to [CignaforHCP.com](https://CignaforHCP.com) and click "Register Now." Once you complete the registration process and your information has been validated, you can enroll in EFT.

### 3. How do I verify a patient's eligibility?

It is important to verify patient eligibility for dental plan benefits before rendering services. Patients are subject to plan maximums and deductibles. You can verify eligibility through these resources:

- **Cigna for Health Care Professionals website:** Log in to [CignaforHCP.com](https://CignaforHCP.com) > Patients. Enter a date in the *Eligibility as of* field. Enter any of the following combinations:
  - Patient ID and Date of Birth
  - Patient ID, Last Name, and First Name
  - Patient Date of Birth, Last Name, and First Name
  - Patient ID, Date of Birth, Last Name, and First Name

Click Search.



## PPO frequently asked questions

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- **Cigna Dental Automated Eligibility System:** Call 1.800.Cigna24 (1.800.244.6224). Identify yourself as a “Provider”; request “Eligibility.” You will be prompted to enter the Member ID Number and Patient’s Date of Birth. You will hear the patient’s name and be asked to confirm it. Then, at the prompts, state that you are a Dental caller and enter your Taxpayer Identification Number.

### 4. Where do I send my PPO claims and any claim appeals?

You can submit claims and encounters electronically with minimal cost and time. You’ll get paid the fastest using this method. All you need are a computer, printer, internet access, and scanner (for non-digital X-rays).

- **Electronic Data Interchange (EDI) vendor or clearinghouse:**

- Change Healthcare (formerly Emdeon): [dental.changehealthcare.com](http://dental.changehealthcare.com)
- DentalXchange: [dentalxchange.com](http://dentalxchange.com)
- Tesia: [tesia.com](http://tesia.com)
- Inmediata: [inmediata.com](http://inmediata.com) for Puerto Rico and the US Virgin Islands

Visit [Cigna.com/EDIVendors](http://Cigna.com/EDIVendors) to learn more.

- Connect with Cigna through **Post-n-Track®** ([post-n-track.com](http://post-n-track.com)) to submit claims with free software; free transactions.
- **NEA FastAttach®** ([nea-fast.com](http://nea-fast.com)): Submit X-rays and other attachments at a discount (through the Cigna Network Rewards Program® for Cigna contracted dentists).

Use Payer ID **62308** for all electronic claims.

For additional information, download the Electronic Claim Submission flyer by logging in to [CignaforHCP.com](http://CignaforHCP.com) > Resources > Payment Guidelines > Electronic Claim Submission.

### Paper claim submission

Mail to: Cigna Dental, PO Box 188037, Chattanooga, TN 37422-8037

Please note: All claims submitted on paper need to be on ADA claim forms.

### Claim appeals

Mail PPO Appeals to: Cigna Dental, PO Box 188044, Chattanooga, TN 37422-8044

### Pended claims documentation through [CignaforHCP.com](http://CignaforHCP.com)

Log in to [CignaforHCP.com](http://CignaforHCP.com) > Claims inquiry > Claims Detail to view pended claims and related reason codes. Then, upload and submit the requested documentation for these pended claims. This option is not for original claim submissions.

### Medicare and other members

If a claim is received with missing information (e.g., tooth number, Member ID) the claim will be denied and you will be required to submit a new claim with the correct information for processing. For all claim denials, you will receive an EOB with the determination. In addition, for Medicare denials, you will receive copy of the customer notification.

### 5. Do I need to send in X-rays with my claims?

The chart listing the procedure codes for which all PPO dentists are required to submit X-rays can be found at [CignaforHCP.com](http://CignaforHCP.com) > Resources > Dental Resources > Doing Business With Cigna > Radiographic Image (X-Ray) Submission and Return Policy - DPPO.

- When submitting a claim for implant-related codes, please submit a complete series of X-rays.
- When submitting claims electronically, X-rays can be submitted using *FastAttach* through National Electronic Attachment (NEA) ([nea-fast.com](http://nea-fast.com)).
- For the return of X-rays that are mailed in, please include a **self-addressed, stamped** envelope.

## PPO frequently asked questions

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### 6. What is an alternate benefit provision?

Also known as the least expensive professionally accepted treatment (LEPAT), this is a standard contract provision on all Total Cigna DPPO plans. On Cigna DPPO plans, the provision applies to posterior composite fillings, crowns and bridges, and prosthesis over implant services.

The provision applies when there are two or more clinically acceptable covered dental services available to treat a patient's condition. Generally, coverage is provided for the less expensive service. When a patient opts for the more expensive procedure, then he or she is responsible for:

- The coinsurance for the least costly covered service, plus
- The difference between the dentist's contracted fee for the more expensive covered procedure and the dentist's contracted fee for the least costly covered service.

### 7. Can I charge my patient for upgrades if brand name materials are used for orthodontic appliances?

Additional costs associated with optional/elective materials of a cosmetic nature (e.g., clear, ceramic, clarity, and decorative brackets) may be charged to the patient. If the patient opts for any of these, he or she will be responsible for the difference between Cigna's allowances for standard treatment and the dentist's regular fees for these optional/elective materials. The fees for these materials along with their description should be submitted on the claim form.

### 8. What if my PPO claim is denied or I believe it was not paid accurately?

Please consult the *Explanation of Benefits (EOB)* for the patient in question to obtain the appropriate denial reason codes. You may resubmit the claim through the normal channels.

If you have additional questions or are unable to resolve your claim issue, call Provider Services at 1.800.Cigna24 (1.800.244.6224).

### 9. What can I charge a PPO patient for services that are not covered by the plan?

Legislation has been enacted in some states that impacts Cigna Dental PPO contracts.

- If you are a contracted PPO dentist in one of the states that has such legislation, you are no longer required to charge your contracted fee.
- If you are a contracted PPO dentist in a state **without** this legislation, your existing contractual terms are still binding. Should your state pass similar legislation, you will be notified and accommodated.

For a list of the states that have such legislation, log in to [CignaforHCP.com](http://CignaforHCP.com) > *Resources* > *Dental Resources* > *Doing Business with Cigna* > *Noncovered Services Legislation*. All claims will be processed according to the applicable state requirements. Please note that requirements of each state law may vary.

### 10. What if I need to refer a PPO patient to a specialist?

Cigna PPO plan participants may choose in-network or out-of-network specialty dentists. However, referrals to in-network specialists will usually result in cost savings for the patient.

You can obtain a specialty listing by calling 1.800.Cigna24 (1.800.244.6224) or by logging in to [CignaforHCP.com](http://CignaforHCP.com) > *Dashboard* > *Useful Links – Provider Directory*.

### 11. Does Cigna offer any integrated health programs?

Yes, Cigna provides enhanced dental benefit for plan participants through:

- **Cigna Dental Oral Health Integration Program®**  
Dental plan participants may receive 100% reimbursement for their out-of-pocket payment to the dentist for certain dental services if they have any of these medical conditions: maternity, diabetes, heart disease, stroke, head and neck cancer radiation, organ transplants, and chronic kidney disease. For more information, refer to your *Dental Office Reference Guide*. Log in to [CignaforHCP.com](http://CignaforHCP.com) > *Reference Guides* > *Dental Reference Guides*.
- **Brush biopsy (Code D7288)**  
DPPO coverage for this procedure varies depending on the participant's plan design and should be confirmed by calling the Customer Service Center at 1.800.Cigna24 (1.800.244.6224).

### 12. Where can I find additional details on PPO items included in this FAQ guide?

## PPO frequently asked questions

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Please consult the *PPO Dental Office Reference Guide* (also available in Spanish) by logging in to [CignaforHCP.com](http://CignaforHCP.com) > Resources > Reference Guides > Dental Reference Guides. Cigna updates its reference guides periodically and notifies dentists by email or fax when they are available. The PPO Dental Office Reference Guide is part of your PPO contract with Cigna.

### General FAQs

#### 1. What information is available on the Cigna for Health Care Professionals website (CignaforHCP.com)?

This website contains many tools to efficiently handle your administrative tasks with Cigna Dental. It offers 24/7 easy, secure access to:

- Patients' eligibility and benefits.
- Claim detail and payment information.
- Electronic fund transfer advices (available the same day as the electronic payment).
- Dental office reference guides and commonly used forms.
- Cigna Network Rewards Program<sup>®</sup> information.

**How to register** – There are two ways you can register for CignaforHCP.com:

- **Register directly online for the website.** If your office does not have a primary administrator for the website, go to [CignaforHCP.com](http://CignaforHCP.com) > Register Now and complete the registration form.

**Important:** To have the immediate ability to view patients' eligibility and benefits information, enter the dentist's Social Security Number and date of birth in the optional fields. Otherwise, you will have limited use of the website until you receive an outreach call from Cigna to verify your information and receive full access.

- **Gain access from your office's primary administrator for the website.** If someone in your dental office is already registered for CignaforHCP.com, and has been designated as the office's primary administrator for the website, he or she may be able to grant immediate, full, and secure access to you. The administrator can assign access by logging in to [CignaforHCP.com](http://CignaforHCP.com) > Working with Cigna > Assign Access > Modify Existing Users / Add New Users. Once the required information has been completed, the administrator will receive a temporary ID and password for you.

For **general assistance**, call **1.800.882.4462**. For assistance with **website navigation and registration only**, call **1.800.853.2713**.

#### Tips on how to use the website

For printable step-by-step instructions on how to perform many of your office's routine transactions with Cigna on this website, log in to [CignaforHCP.com](http://CignaforHCP.com) > Resources > eCourses > *Using this Website*.

#### 2. What is the complaint process for my patients?

If your patients with Cigna Dental coverage have questions or concerns about any matters relating to services or benefits, Customer Service is available to assist them at 1.800.Cigna24 (1.800.244.6224). They may also write to: Cigna Dental Health, PO Box 188047, Chattanooga, TN 37422-8047.

Note that offices are required to provide copies of X-rays, treatment plans, and notes as requested by the Cigna Dental Complaint and Appeals Department.

#### 3. How do I obtain supplies or manuals?

Many resources are available for download at the Cigna for Health Care Professionals website:

- **Forms** (including the Dental Office Supply Requisition Form and the Dental Claim Form): Log in to [CignaforHCP.com](http://CignaforHCP.com) > Resources > Forms Center > Dental Forms
- **PPO Dental Office Reference Guide**  
Log in to [CignaforHCP.com](http://CignaforHCP.com) > Resources > Reference Guides > Dental Reference Guides



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### 4. What is the Cigna Network Rewards Program®?

This program offers discounts to Cigna network dentists from a wide variety of vendors representing products and services in these categories such as office supplies and equipment, practice management tools, dental labs, education, website development and services, consulting and legal services, and health and wellness.

**Network dentists are automatically eligible for the program discounts.**

To view the entire list of vendors and their discounted products and services, log in to [CignaforHCP.com](https://CignaforHCP.com) > *Resources* > *Dental Resources* > *Cigna Network Rewards Program*.

### 5. Who can I contact if I have questions or need support?

Many of your administrative questions can be handled through these resources:

- **Cigna Dental Provider Services Unit**

The Provider Services Unit specializes in taking dental provider calls, including escalated claims and administrative issues. Representatives can be reached Monday through Friday, from 9:00 a.m. - 7:00 p.m. ET by calling 1.800.Cigna24 (1.800.244.6224). At the prompts, say “Provider,” enter your Tax ID number, say “Contracting,” and “Dental.”

- **Your Cigna Professional Relations Manager**

Whenever you need assistance with questions or concerns that cannot be addressed through routine channels, your designated Cigna Professional Relations manager can assist you. You can locate the manager assigned to you by logging in to [CignaforHCP.com](https://CignaforHCP.com) > *Resources* > *Dental Resources* > *Doing Business with Cigna* > *Professional Relations Team*.

When sending email correspondence, please make sure to include your office name, Taxpayer Identification Number and state so we can identify your account and promptly respond to your inquiry.

### 6. How do I notify Cigna Dental of updates to my personal or dental practice information?

Some of the necessary forms are available by logging into [CignaforHCP.com](https://CignaforHCP.com) > *Resources* > *Forms Center* > *Dental Forms*.

You can also call 1.800.Cigna24 (1.800.244.6224) and speak to a Cigna Provider Service Unit representative to request this paperwork. At the prompts, say “Provider,” enter your Tax ID number, say “Contracting,” and “Dental.”

Please mail the completed form(s), or any other letters or written correspondence to:

Cigna Dental, PO Box 459027, Sunrise, FL 33345-9956

### 7. How can I promote my dental practice?

We offer each Cigna Dental network provider a free Brighter Profile® on the myCigna<sup>SM</sup> website/app dentist directory to help attract and retain patients. Cigna Dental customers use this dentist directory as part of their evaluation process when searching for a network dental professional.

You get all of these myCigna features to promote your practice for free<sup>1</sup>:

- Online profile highlighting your strengths
- Online appointment requests through Brighter Schedule®
- Verified patient reviews
- Automated patient communications

To activate or update your Brighter Profile, please visit [providers.brighter.com](https://providers.brighter.com) or call Brighter at 888.300.4742.

## PPO frequently asked questions

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**Please note:** If any information contained in this FAQ is different from, or in any way conflicts with, the terms of your Network Dentist Agreement and/or any Cigna Dental Office Reference Guide(s), then the terms of the Network Dentist Agreement, and/or the appropriate Cigna Dental Office Reference Guide(s) will supersede the information in this FAQ.

1 Brighter Profile features may vary by Cigna Dental product, provider type or customer plan.



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