ELECTRONIC DATA INTERCHANGE (EDI)

ELECTRONIC CLAIM SUBMISSION
for dental health care professionals

What's Inside?

- Required information to submit an electronic claim

- Submitting coordination of benefit information

- Understanding corrected claims

- How to get started

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WELCOME

At Cigna, we want to help you make the most of your time and provide the tools to help lower your administrative costs.

Using electronic claim submission is faster, provides more accurate claim payment, and is less expensive than submitting paper claims.

This course is designed to provide information on submitting dental claims and encounters electronically to Cigna.

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WHAT IS EDI?

EDI is the electronic exchange of health care information between health care professionals and facilities, payers, and vendors.

Patient information is transferred between health care professionals and payers in a standardized and secure way.

Research* has shown that health care professionals who use EDI transactions can save time and money through:

- Improving claim accuracy, while decreasing the chance of transcription errors or missing data

- Reducing paperwork, and eliminating printing and mailing expenses

- Eliminating the need to submit claims to multiple locations

- Utilizing one user ID and password to access and interact with multiple health plans

Health Care Professional

Vendors | Vendors | Vendors

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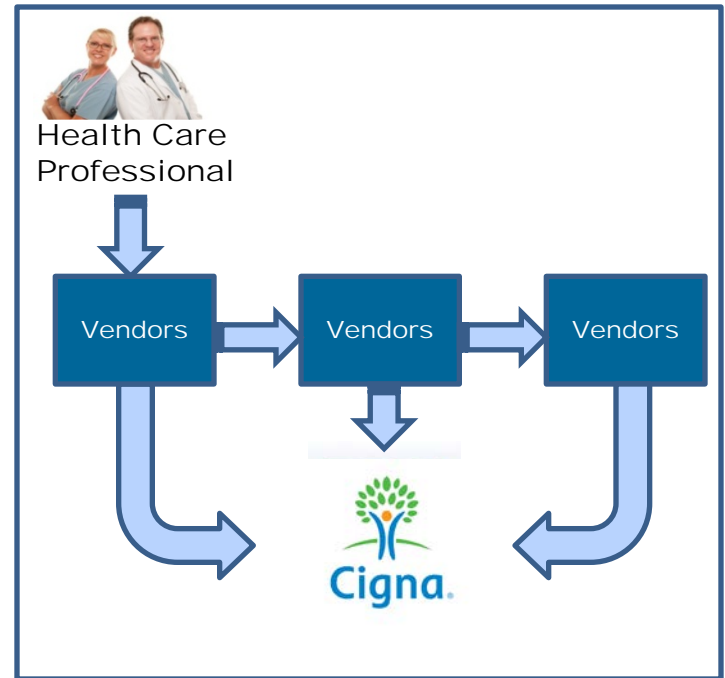
* Source: Milliman, "Electronic Transaction Savings Opportunities for Physician Practices," 2006.

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EDI TRANSACTION TYPES AND PAYER ID

Electronic claim submission allows you to submit claims quickly, track claims received, and save time on resubmissions.

You can submit various claim types through your clearinghouse, practice management system, or EDI vendor, including:

- Dental, including encounters and predeterminations
- Professional
- Institutional
- Coordination of benefits (secondary, tertiary, etc.)
- Corrected claims

Use Payer ID 62308 when submitting all dental electronic claims.

Both primary and secondary (coordination of benefits or COB) claims can be submitted electronically to Cigna.

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INFORMATION NEEDED TO SUCCESSFULLY SUBMIT AN ELECTRONIC CLAIM

Patient's ID number (Can be submitted with or without the suffix, for example: U12345678 or U1234567**01**)	Date of service, include seat date or prep date if applicable *Cannot be a future date*
Patient's date of birth	Diagnosis codes (ICD-9 or ICD-10) not required
Patient's first and last name	Standard code sets (e.g., CDT, HCPCS, NDC) and description of procedure.
Patient's address	Predetermination identification number, if obtained
If the patient is not the subscriber: Subscriber's name, ID number, and date of birth **Note**: If the patient ID includes a suffix, the patient is considered the subscriber for claim submission.	The street address of the billing provider. **Note**: When submitting the billing address: • It must be a street address • The ZIP code must be nine digits • P.O. Boxes can be submitted in the "Pay to Provider" field only
Name, Taxpayer Identification Number (TIN), and National Provider Identifier* (NPI) of the billing provider are required	Office address can be submitted in the Service Facility Location field
Name and NPI are required for the: • Rendering provider • Referring physician	• Charge amount for each procedure • Standard office fee/Usual Customary Reasonable for each procedure • Claims with a $0 claim amount or service line amount not accepted

* If enrolled in electronic funds transfer (EFT) with a payment bulking preference of NPI, the submitted billing provider NPI is used to bulk or group your payments and remittances. To learn more, access the EDI Electronic Payment and Remittance Advice eCourse on the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > eCourses.

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SUBMITTING COORDINATION OF BENEFIT CLAIMS

Coordination of benefits (COB) claims (secondary, tertiary, etc.) can be submitted electronically to save you time copying primary explanation of payments (EOPs).

To submit COB claims electronically, information from the primary payer's electronic remittance advice (ERA) or EOP must be populated within the electronic claim, including:

- Subscriber Information must be updated to reference the subscriber of the COB payer. The subscriber from the primary payer should be entered in the "Other Subscriber Information" fields.

- Payer Paid, Total Non-Covered and Remaining Patient Liability amounts from primary payer at both the claim and service line level, if available

- Claim Adjustment Reason Codes (may require converting the primary payer's EOP into the standard coding used in an ERA)

- Adjudicated Procedure Code (may be different than Submitted Procedure Code)

- Primary payer's Claim Adjudication Date

Electronic COB submission is easiest if you receive an ERA, and your practice management or account receivable system is able to automatically populate information from the ERA into the electronic COB claim.

To learn more about ERA, access the Electronic Payment and Remittance eCourse on the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > eCourses.

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ADDITIONAL CLAIM SUBMISSION TIPS

Attachments

X-ray attachments can be submitted electronically to Cigna using National Electronic Attachment (NEA) *Fast*Attach™.
To submit non-digital X-rays electronically, a scanner will also be needed.

For more information, go to nea-fast.com.

Predetermination

When submitting a request, indicate the type of transaction as Request for Predetermination or Preauthorization.

After performing approved services, refer to the predetermination number in the "remarks" or "notes" section of your electronic claim.

Predeterminations with a service date will not be accepted.

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CORRECTED CLAIMS MADE EASY

A corrected claim is a claim that was originally submitted with incorrect or missing information and is resubmitted with the correct or updated information.

Corrected claims can be submitted electronically by completing the claim information and updating the Claim Frequency Code with:

7 = Replacement (replacement of prior claim)

8 = Void (void/cancellation of prior claim)

The Claim Frequency Code allows us to recognize the electronic submission as a corrected claim, instead of a duplicate claim submission.

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CLAIM ACKNOWLEDGMENTS AND TIMELY SUBMISSION

A primary benefit of submitting claims electronically is the timely notification of whether your claims have been accepted or rejected.

- Initial validation is done by your vendor to improve claim accuracy. The data integrity validation makes sure all required fields are complete and that only active codes are being submitted.

- Upon receipt of the claim, Cigna completes data integrity validation and confirms the patient is a Cigna customer with active coverage. Cigna also validates that the codes submitted are consistent with the age and gender of the patient. A claim acceptance at this point can serve as proof of timely filing.

It's best to submit claims as soon as possible.

If you're unable to file a claim right away, Cigna will consider:

- DHMO general dentist claims – Submit within 90 calendar days after the date of service

- DHMO specialist claims – Submit within 180 calendar days after the date of service

- DPPO claims – Submit within 365 calendar days after the date of service

Other state guidelines may apply.

If a claim is not accepted, the claim acknowledgment will indicate if the patient does not have Cigna coverage or if there is a data error within the claim.

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HOW TO GET STARTED SUBMITTING CLAIMS ELECTRONICALLY

EDI offers flexibility in working with vendors of your choice.

Submitting claims electronically can be done with minimal cost and time. All you need are a computer and internet access. Then, simply choose how you want to connect with Cigna.

- You do not have to purchase additional software to work with Cigna.

- You can connect directly to Cigna using the Post-n-Track® web service, or through an EDI vendor.

- The Post-n-Track web service is free to health care professionals in the Cigna network. To enroll, contact Post-n-Track at 860.257.2030, or visit Post-n-Track.com/Cigna.

Find out how much you can save

The Return on Investment (ROI) Calculator, developed by the National Dental EDI Council (NDEDIC), lets you quickly calculate the time and money that your office can save by submitting claims electronically. Visit the NDEDIC ROI calculator: (NDEDIC.org).

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WORKING WITH VENDORS TO SUBMIT CLAIMS

How does this work?

1. Your vendor converts your claim information into the ANSI X12 format.

2. Cigna then transmits claim status information to your vendor in the ANSI X12 format.

3. Your vendor reformats the information into a readable format.

4. How the claim and claim acknowledgment information is displayed can vary by vendor.

Questions?

For questions about claims submitted through your EDI vendor, contact your vendor directly.

For questions about Cigna claim processing, call 1.800.Cigna24 (1.800.244.6224)

Companion Guides, providing detailed information regarding our required data guidelines, are available from vendors who directly contract with Cigna to submit electronic claims.

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Congratulations!
You've completed the
Electronic Data Interchange (EDI)
Electronic Claim Submission eCourse

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