



# Submitting claim reconsideration requests online

## Step-by-step user guide

This illustrated step-by-step user guide was designed to assist providers with submitting and checking the status of claim reconsideration requests online.

The steps below demonstrate how users of the Evernorth provider portal ([Provider.Evernorth.com](https://Provider.Evernorth.com)) with the appropriate access can check the status of and submit claim reconsideration requests directly online. Please note that users must have entitlement to view claims and have the “Reconsideration” website entitlement to use all features.

### Submitting a claim reconsideration request

Before starting your request, log in to the Evernorth provider portal ([Provider.Evernorth.com](https://Provider.Evernorth.com)).

Step	Action																				
1.	<p>Search for your claim by clicking “Claims.”</p> <div><div>DashboardPatientsClaimsReportsMy PracticeResources</div><div><h3>Claims Search</h3><div><div>Patient Information</div><div>Claim / Reference Number</div></div><div><div>Patient Information</div><div>Which combination do I use?</div><div><div><input type="radio"/> Patient ID/Date of Birth</div><div><input type="radio"/> Patient ID/Name</div><div><input checked="" type="radio"/> Date of Birth/Name</div><div><input type="radio"/> Patient ID/Date of Birth/Name</div><div><input type="radio"/> Provider Generated Patient Account Number</div></div><div><div>Date Of Service</div><div>From</div><div>To</div></div><div><div>The last 6 months</div><div>11/27/2024</div><div>05/27/2025</div></div></div></div></div>																				
2.	<p>Locate the claim and click on the claim number.</p> <div><table><tr><th>Claim/Reference Number</th><th>Provider Generated Patient Account Number</th><th>Date(s) of Service</th><th>Date Received</th><th>Date Processed</th><th>Paid Amount</th><th>Charge Amount</th><th>Patient Responsibility</th><th>Servicing Provider</th><th>Status</th></tr><tr><td>250992713400</td><td>C110P5137</td><td>03/21/2025</td><td>03/21/2025</td><td>03/26/2025</td><td>\$526.00</td><td>\$900.00</td><td>\$0.00</td><td>Evan Burke</td><td>PAID</td></tr></table></div>	Claim/Reference Number	Provider Generated Patient Account Number	Date(s) of Service	Date Received	Date Processed	Paid Amount	Charge Amount	Patient Responsibility	Servicing Provider	Status	250992713400	C110P5137	03/21/2025	03/21/2025	03/26/2025	\$526.00	\$900.00	\$0.00	Evan Burke	PAID
Claim/Reference Number	Provider Generated Patient Account Number	Date(s) of Service	Date Received	Date Processed	Paid Amount	Charge Amount	Patient Responsibility	Servicing Provider	Status												
250992713400	C110P5137	03/21/2025	03/21/2025	03/26/2025	\$526.00	\$900.00	\$0.00	Evan Burke	PAID												

3.

On the next screen, select “Start a Reconsideration.”

*Note: The claim must be in a finalized status for the button to display (paid, denied, processed or duplicate).*

Claim Search • Results • 250992713400

## Claim 250992713400

PAID

Start a Reconsideration

USEFUL LINKS

Patient and Payment Information | Supporting Information (0) | Reconsideration History (0) | Correspondence History (0)

Claim Information		Payment Information	
Claim/Reference Number:	250992713400	Other Insurance Paid:	\$0.00
Patient Name:	Bethany Troy	Your Plan Paid:	\$526.00
Provider Generated Patient Account Number:	C110P5137	Patient Responsibility:	\$0.00
Service Providers:	Evan Burke		
Date Received:	03/21/2025		
Date Processed:	03/26/2025		
Claim Status:	PAID		

If you have a question at any time during the process, click ? to access frequently asked questions and answers.

4a.

On the “Start a Reconsideration” pop-up window, select:

- The providers’ name
- The state where the services were rendered
- The appropriate radio button for if the claim processed In-Network or Out-of-Network
- Click “Continue to Reconsideration” to begin the Questionnaire

Start a Reconsideration Close X

In order to ensure Evernorth can process your reconsideration correctly, we need to confirm some information first.

TIN 467921378

Provider Name  
Select a provider

State of Service  
Select a state

Claim Paid  
☒ In-Network 
 ☐ Out-of-Network

Continue to Reconsideration

4b.

If the last claim processed date is outside of standard timeframes:

- A screen will appear for you to explain the reason.
- Four options will be displayed. Select one to continue.
- You will be directed to the next step.

*The screen will only appear if the last processed date is outside of the typical timeframes.*

5.

A screen will appear displaying six options.

- Pick the option that best describes the issue with the claim.
- The next screen that displays will be dependent on your selection.
- Click “Previous” at the top of the screen if you need to go back and make a different selection.

*Note: Corrections to a claim cannot be submitted through the online reconsideration tool. You can continue with the following choices:*

- *Add another insurance document for the patient*
- *You submitted the correct patient, but the claim paid to an incorrect patient*
- *Add an unlisted procedure code description*
- *Add a drug name to a service line*
- *Mark the claim as from an accident*

The screenshot shows the 'Claim Details' page for a reconsideration process. At the top, it says 'Claim Details • Reconsideration' and displays the claim number 'Claim 250992713400'. Below this is a 'Questionnaire' section with a progress bar showing four steps: 1. Questionnaire (active), 2. Documents, 3. Summary, and 4. Confirmation. A 'Previous' button is on the left, and a 'Need Help ?' link is on the right. The main heading is 'What do I want to request for this claim?'. Below this is a note: 'Please choose a topic below to proceed to the reconsideration process. Your request maybe handled as an adjustment or appeal, which will be determined at the time of processing. The decision will be based on federal and/or state law, accreditation standards and a detailed review of the circumstances of the request.' The section 'My issue is related to...' contains six options in a grid:

- Claim was denied for precertification of services**
  - Claim was denied for no precertification
  - Claim processed incorrectly for emergency or urgent care services
  - Appeal & dispute a precertification or denied claim
- Level of Care/Days or Unit Disputes**
  - Appeal & dispute a claim for level of care or days authorized
  - Appeal & dispute units on the claim and the units paid/authorized
  - Appeal & dispute a claim due to a delay in treatment
- Medical necessity or experimental/investigational procedures**
  - Appeal & dispute a claim denial due to medical necessity
  - Appeal & dispute a denial related to experimental, investigational or unproven procedure
  - Appeal & dispute a claim denial related to cosmetic procedure
- Claim processed as out-of-network incorrectly or to the wrong provider**
  - Provider has completed credentialing
  - Claim processed out-of-network incorrectly
  - Claim paid to a specialist contract incorrectly
- Claim denied or was not processed as expected**

Expand upon your expectations of the submitted claim
- Corrections to a submitted claim**

Corrected claims can not be submitted through the online reconsideration tool.\*

You can continue with the following choices:

  - Add an other insurance document for the patient
  - You submitted the correct patient but the claim paid to an incorrect patient
  - Add an unlisted procedure code description
  - Add a drug name to a service line
  - Mark the claim as from an accident

At the bottom, there is a link: '\* click here for information on sending in corrected claims.' and an 'Exit' button.

6.

On the next screen, choose an option that best describes the reason for your request.

Note:

- The screen you see will be dependent on your previous selection, so the screenshot below may not match what you see.
- You can save your work and finish the request later by clicking “Save for later.” Saving your work creates an “Open Draft” request that has not yet been submitted. You, or another user with the “Reconsideration” website entitlement, must update or submit an Open draft within five calendar days.

The screenshot shows a web interface for 'Claim Details' under the 'Reconsideration' section. The claim number is 250992713400. The page is titled 'Questionnaire' and includes a 'Need Help' link. A progress bar at the top indicates four steps: 1. Questionnaire (active), 2. Documents, 3. Summary, and 4. Confirmation. Below the progress bar, the text 'Questionnaire' is followed by 'Choice One: Corrections to a submitted claim'. A prompt asks the user to 'Choose one of the following options to continue'. There are three options presented in boxes: 1. 'Attach information about other insurance for the patient.' 2. 'The correct patient was on the claim you submitted, but the claim was paid for a different patient.' 3. 'Change the following' with a bulleted list: 'Add a description for an unlisted procedure code', 'Add a drug name for a service line', and 'Mark the claim as from an accident'. At the bottom, there are two buttons: 'Save for Later' and 'Exit'.

7.

Your selection in steps 5 and 6 determines if your request will be sent to the adjustment team or the national appeals team.

Note: for an **appeal**, you will first need to select the appropriate radio button for “Provider” or “Patient”. Then, click “Continue” to proceed to the notes and documentation upload screen **or** click “Save for Later” to create an Open Draft for your request. Finish and submit the request within five calendar days.

The screenshot shows a 'Next Steps' section. It instructs the user to 'Add the precertification number, your explanation and any attachments to the Documents screen.' Below this, it asks 'Is this appeals request on behalf of the provider or the patient?'. There are two radio buttons: 'Provider' (selected) and 'Patient'. At the bottom, there are three buttons: 'Continue' (highlighted in teal), 'Save for Later', and 'Exit'.

8a.

If you clicked “Continue” in step 7, the request will proceed to the documentation step.

Verify the submitter contact information and enter the precertification number, if applicable.

Type a note to explain your request.

You may be required to include attachments to continue. See step 8b.

Claim Details • Reconsideration

## Claim 250992713400

Documents Need Help ?

Previous Questionnaire Documents Summary Confirmation

Questionnaire

**Choice One:** Corrections to a submitted claim

**Choice Two:** Attach information about other insurance for the patient.

**Request Type:** Reconsideration

**Next Steps:** Attach the proof of other insurance and any explanation to the Documents screen.

Submitter Contact Information

First Name  Last Name  Phone  -  -  Email

Address Line 1  Address Line 2  City  State  Zip Code

If you make any changes above, please also update your contact information under [Settings & Preferences](#).

Precertification Number

Enter the precertification number associated with this request

Notes

Please add any optional notes you feel would be helpful in the reconsideration. When you are finished, click continue.

Please add any notes or supporting information that will aid in your request....

0/1000 characters

Attachments What should I attach?

Attach up to 10 files - each file with a maximum size of 64MB. Accepted file types: .png .bmp .gif .jpg .jpeg .tif .tiff .pdf.

**Attachment agreement**

In order to expedite your reconsideration request, only submit attachments that contain pertinent information regarding your request. Please do not attach documents you've received from Cigna (e.g., EOBs, fee schedules, policies, claim copies) as it may delay the processing of your request. If you have questions about what you should attach, please reference the 'What should I attach' link above.

Click 'Accept' to continue with attachments.

**This section is required in order for your reconsideration to be correctly processed**

8b.

If your request requires supporting documentation, review the “Attachment Agreement” and click “Accept”. Drag and drop or browse your computer to locate the supporting documentation files.

**File requirements:**

- 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 five characters and cannot exceed 128 characters or contain any spaces or special characters except: hyphen ( - ), at ( @ ), period ( . ), exclamation ( ! ), underscore ( \_ ) and ampersand ( & ).
- Two files cannot have the exact same name.

Unsure what to attach? Click on the [What should I attach?](#) link for assistance.

*Note: if your request is an adjustment, you will not see an option to upload supporting documentation. Please use the “notes” section to include any additional information about your request.*

**Once you have completed these actions, you will have three options to choose from:**

1. “Continue” to proceed to the next step
2. “Save for Later” to save a draft of your work to return and submit later
3. “Exit” to discard your request.

9.

If you clicked “Continue” in step 8, your request will proceed to the Summary screen.

This step allows you to review what you have included in the request and are about to submit for processing.

Once you submit a request, it cannot be changed. If you need to make changes, click “Previous” to make them.

If your submission looks correct, click “Submit,” “Save for Later,” or “Exit” to discard your request.

Claim Details • Reconsideration

## Claim 250992713400

Summary [Need Help ?](#)

[Previous](#) [Questionnaire](#) [Documents](#) **[Summary](#)** [Confirmation](#)

Confirmation of Claim Submission Details

Questionnaire

**Choice One:** Corrections to a submitted claim

**Choice Two:** Attach information about other insurance for the patient.

**Request Type:** Reconsideration

**Next Steps:** Attach the proof of other insurance and any explanation to the Documents screen.

Supporting Documents

Contact

First Name Last Name  
000-000-0000  
emailaddress@email  
111 Old Ferry, Room 600  
New York, NY 10016

Submission Details

Provider Name: MEDNICK AMY TIN: 465886834  
State of Service: LA

Notes

No notes added

Attachments

Nurses SM.jpg

[Submit](#) [Save for Later](#) [Exit](#)

10.

If you submitted your request in step 9, you will be directed to the “Confirmation” screen.

Here you can:

- Copy the **Reconsideration Request Number**

#WEB1

1

Copy Number

- Download a detailed **copy of the confirmation page.**

Download as PDF

**Note:** Standard turnaround times for adjustments apply. The turnaround time for processing appeals may be dependent on your contract requirements, and federal and state mandates.

Checking the status of a reconsideration request

Before starting your request, log in to the Evernorth provider portal ([Provider.Evernorth.com](#)).

Step

Action

1.

Search for your claim by clicking “Claims.”

Dashboard

Patients

Claims

Reports

My Practice

Resources

Claims Search

Patient Information

Claim / Reference Number

Patient Information

Which combination do I use?

☐ Patient ID/Date of Birth

☐ Patient ID/Name

☒ Date of Birth/Name

☐ Patient ID/Date of Birth/Name

☐ Provider Generated Patient Account Number

Date Of Service

From

To

The last 6 months

11/27/2024

05/27/2025

2.

Locate the claim and click on the “Claim number”.

Claim/Referenc Number	Provider Generated Patient Account Number	Date(s) of Service	Date Received	Date Processed	Paid Amount	Charge Amount	Patient Responsibility	Servicing Provider	Status
250992713400	C110P5137	03/21/2025	03/21/2025	03/26/2025	\$526.00	\$900.00	\$0.00	Evan Burke	PAID

3.

Click the “Reconsideration History” tab.

Patient and Payment Information | Supporting Information (0) **Reconsideration History (1)** | Correspondence History (0)

*Note: Only one reconsideration request can be open at a time. Each claim can have up to five requests.*

4.

On the “Reconsideration History” screen, view:

- The **type** of request
- Who the request was **submitted by**
- The **submission date**
- The **status**
- **Decision Notes**

Click on [?](#) to learn more about the status of your request.

To view decision notes, click on “Read Notes.”

*Note: If the reconsideration request has not been submitted yet, the reconsideration number will display as “Open Draft.” Users with access can click “Open Draft,” finish the request, and submit it.*


Patient and Payment Information

Supporting Information (0)

Reconsideration History (1)

Correspondence History (0)

Reconsideration History

Reconsideration Number	Type	Submitted By	Submission Date	Status	Decision Notes
#WEB825019	Adjustment	cloud qe	4/14/2025 at 5:15 PM	Adjusted 	<a href="#">Read Notes</a>