

## Claim Submission Methods and Timely Filing Policy

### Electronic Submission:

Through clearinghouse Payor ID: 52192 or 63092 (number varies by clearinghouse)

### Paper Submission:

- Claims Mailing Address

**Cigna-HealthSpring**  
**PO Box 981804**  
**El Paso, TX 79998**

### Special Instructions:

- Claims should be submitted on the correct CMS form, original forms and not photocopied.
- There should be no hand writing or markings on the form as the system may not accept the claim.
- Corrected claims can be resubmitted via paper, on CMS1500 by entering a “7” on box 22 as the Resubmission code, followed by the original claim number in the Original Reference Number box. On UB-04 via paper, Submit with the third digit of Type of Bill, as “7”
- Corrected claims can also be submitted electronically via a clearinghouse.

For additional billing resources, visit <http://www.nucc.org/> and <http://www.nubc.org/>

### TIMELY FILING: (Based on standard contract)

Type of Claim	Timely Filing Policy
Initial Filing	120 days from the date of service
Secondary Filing	120 days from the date on the Primary carrier's Explanation of Payment (EOP)
Filed to Incorrect Carrier	120 days from the denial date on the incorrect carrier's Explanation of Payment (EOP)
Corrected Claims	180 days from the original claim received date on the Cigna-HealthSpring's Explanation of Payment (EOP)

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