

Cigna: Benefit Verification

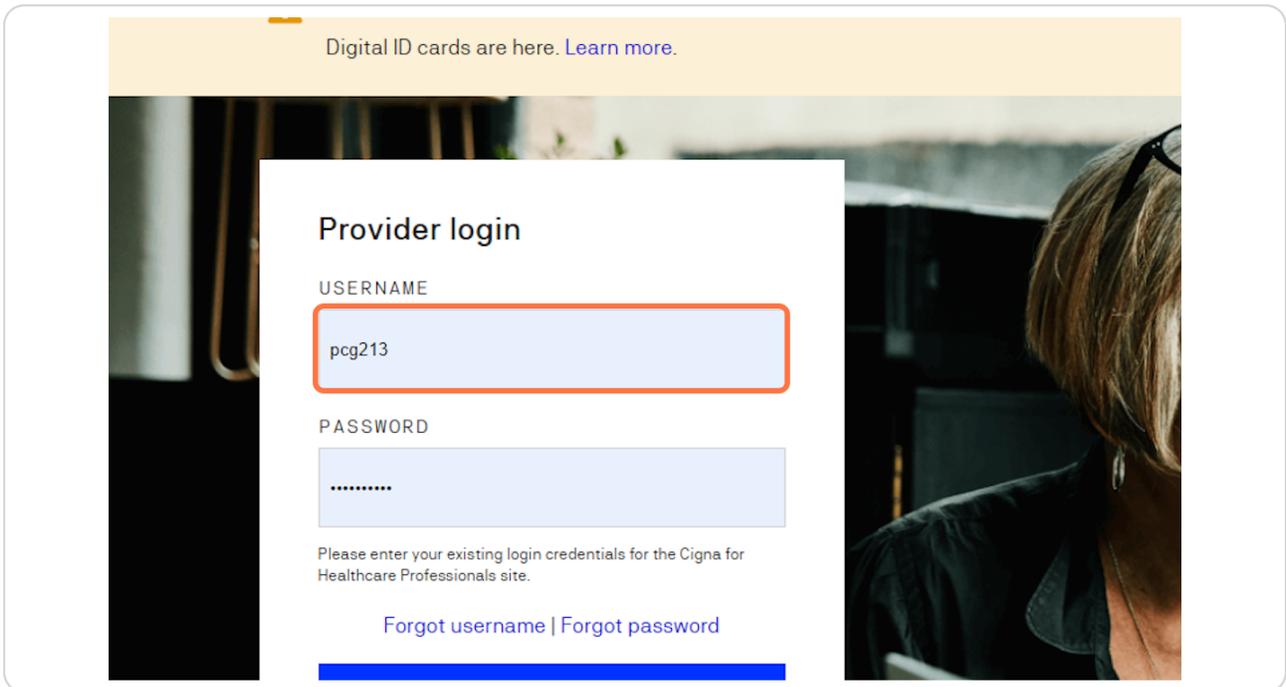
Steps to verify client insurance benefits via Cigna Provider Portal

16 Steps [View most recent version on Tango.us](#) 

Created by	Creation Date	Last Updated
Progress Counseling Group	August 11, 2023	October 21, 2023

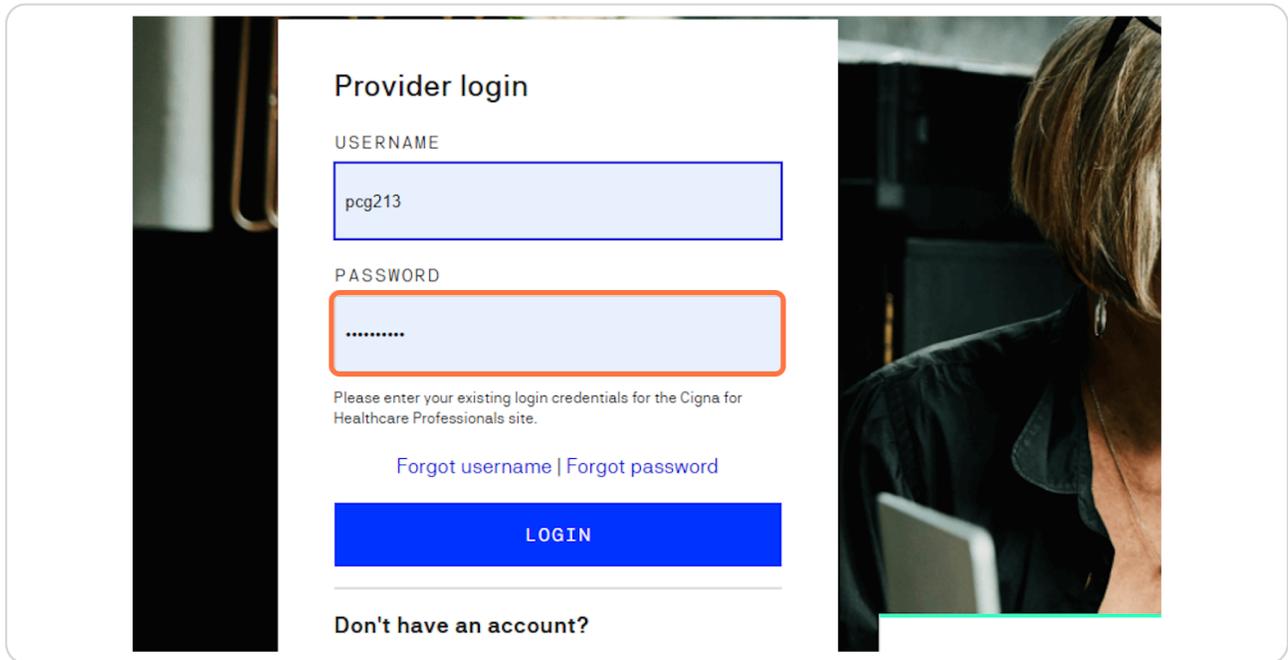
STEP 1

Enter USERNAME



STEP 2

Enter PASSWORD



Provider login

USERNAME

PASSWORD

Please enter your existing login credentials for the Cigna for Healthcare Professionals site.

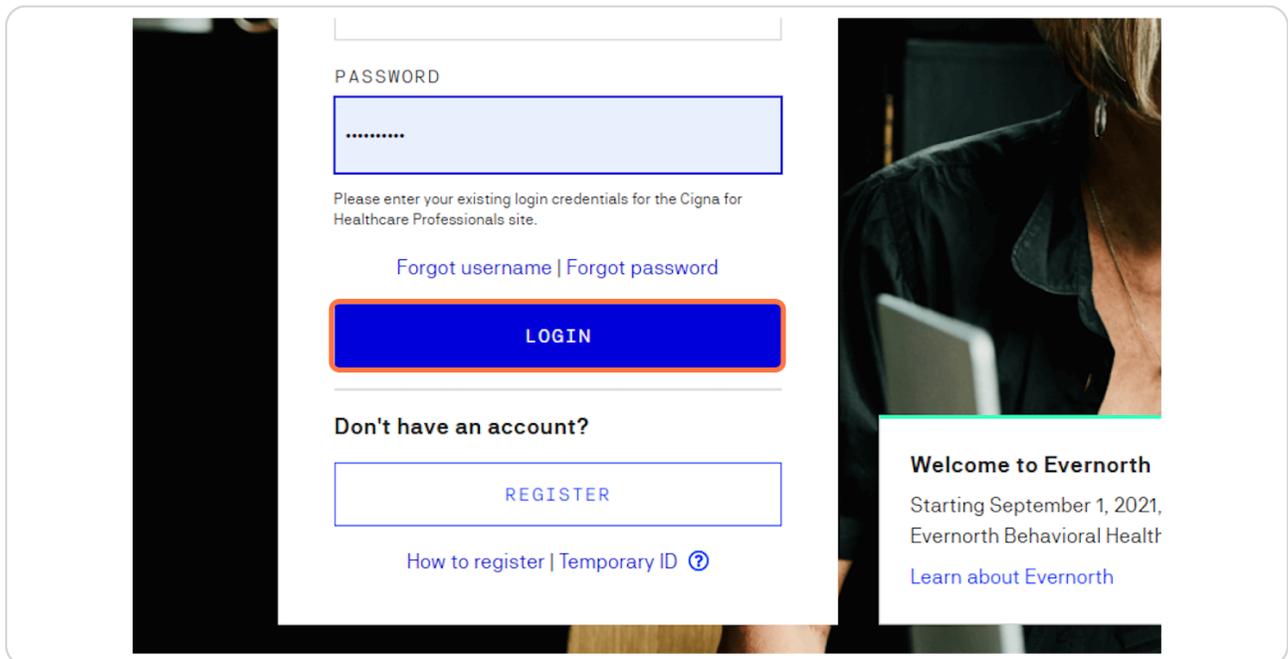
[Forgot username](#) | [Forgot password](#)

LOGIN

[Don't have an account?](#)

STEP 3

Click on LOGIN



Provider login

USERNAME

PASSWORD

Please enter your existing login credentials for the Cigna for Healthcare Professionals site.

[Forgot username](#) | [Forgot password](#)

LOGIN

[Don't have an account?](#)

REGISTER

[How to register](#) | [Temporary ID](#) 

Welcome to Evernorth

Starting September 1, 2021,
Evernorth Behavioral Health

[Learn about Evernorth](#)

STEP 4

Click on Search Patients

Your password is expired. [Please change it now](#) to avoid being locked out

EVERNORTH
HEALTH SERVICES

DASHBOARD PATIENTS CLAIMS REPORTS M

Search Patients

Updated 06/23 [Evernorth Behavioral Health's Response to Coror](#)

 We are experiencing intermittent issues displaying some claim de
Digital ID cards are here. [Learn more.](#)

STEP 5

Enter Member ID

ELIGIBILITY AS OF DATE (CAN BE TWO YEARS PRIOR OR UP TO 30 DAYS IN TH

08/11/2023 

Patients

Patient ID (or SSN)	Patient Date of Birth	Last Name
<input type="text" value="123456789"/>	<input type="text" value=""/> 	<input type="text"/>
<input type="text"/>	<input type="text" value=""/> 	<input type="text"/>
<input type="text"/>	<input type="text" value=""/> 	<input type="text"/>

STEP 6

Enter Date of Birth

123			
Patient ID (or SSN)	Patient Date of Birth	Last Name	
<input type="text" value="27140603"/>	<input type="text" value="08/03/1994"/> 	<input type="text"/>	
<input type="text"/>	<input type="text"/> 	<input type="text"/>	
<input type="text"/>	<input type="text"/> 	<input type="text"/>	

STEP 7

Click on SEARCH

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> 	<input type="text"/>
<input type="text"/>	<input type="text"/> 	<input type="text"/>
<input type="button" value="ADD NEW PATIENT"/>		
<input type="button" value="SEARCH"/>		

STEP 8

Select Patient ID

PATIENT RESULTS AS OF 08/11/2023				
	Patient ID	Date of Birth	Last Name	First Name
🚩	123456789	08/03/1994		
🚩				

STEP 9

Click on CONFIRM PATIENT in Popup window

Please

SE

Name

DOB

ID

Address

ast
ame

ct

*To update address information, the member should contact the customer service number listed on the back of their identification card.

CONFIRM PATIENT Close

STEP 10

Click on In-Network

Initial Coverage Date

Current Coverage

Contract Year From

Contract Year To

Coverage Status **In-Network** ▼

The "Select Network" dropdown allows you to see benefits based on your patient'

STEP 11

Review DEDUCTIBLE and OUT OF POCKET MAXIMUM information

Contract Year From 10/01/2022

Contract Year To 09/30/2023

Coverage Status **In-Network** ▼

The "Select Network" dropdown allows you to see benefits based on your patient's network.

Deductible

Eligible in-network preventive care is covered 100%

Family Deductible: \$2,800.00

Met: \$2,800.00 **Remaining:** \$0.00

- Benefit does apply to member's out-of-pocket maximum
- Out of network amounts apply to in-network
- Out-of-Network Deductible Cross Accumulates to In-Network Deductible

Coinurance: 20%

- This benefit does apply to member's out-of-pocket maximum

Lifetime Maximum: Unlimited

--- Utilization Data is not available for this benefit.

Benefits ⓘ

[LOOKUP PROCEDURE CODES](#)

[GENERATE BENEFIT REFERENCE #](#)

OR

[SEE GENERAL BENEFITS](#)

Out-of-Pocket Maximum

Family Out-of-Pocket Maximum: \$6,000.00

Met: \$3,922.29 **Remaining:** \$2,077.71

- Out of network amounts apply to in-network
- Out-of-Network Out-of-Pocket Maximum Cross Accumulates to In-Network Out-of-Pocket Maximum

[Feedback](#)

[BACK TO TOP](#)

STEP 12

Click on LOOKUP PROCEDURE CODES

Network 

Network allows you to see benefits based on your patient's network.

Benefit

What services are covered

Remaining: \$0.00

Member's out-of-pocket

Apply to in-network

Medical Cross Accumulates

Benefits 

LOOKUP PROCEDURE CODES

GENERATE BENEFIT REFERENCE #

OR

SEE GENERAL BENEFITS

Out-of-Pocket

Family Out-of-Pocket Maximum

Met: \$3,922.29

- Out of network amount
- Out-of-Network Out-Accumulates to In-Network Maximum

STEP 13

Enter Procedure Code or search by description

Procedure Code Lookup

Start the process by searching with the CPT/REV/HCPCS (excluding J Codes) Code or a Keyword below

For PT/OT/Chiro: Prior authorization for the benefit may be managed by a national ancillary vendor. Please

Procedure	Diagnosis Code
<input type="text" value="90837"/> 	Awaiting code entry
90832 - PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	
90833 - PSYCHOTHERAPY, 30 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION	
90834 - PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	
90836 - PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION	
90837 - PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	

STEP 14

Select correct Procedure Code

Procedure Code Search

Procedure Code Lookup
Start the process by searching with the CPT/REV/HCPSCS (excluding J Codes) Code or a Keyword below

For PT/OT/Chiro: Prior authorization for the benefit may be managed by a national ancillary vendor. Please contact the appropriate vendor ([Precertification page](#))

Procedure	Diagnosis Code	Place of Service
<input type="text" value="90837"/>	Awaiting code entry	Awaiting code entry
90837 - PSYCHOTHERAPY, 60 MINUTES WITH PATIENT		

[Clear all Codes](#)

EVERNORTH
HEALTH SERVICES

[Site map](#) [Database, Education and Training](#) [Medical providers](#) [Contact Us](#)

STEP 15

Select Place of Service

11 = In Office

10 + Telehealth

at the appropriate vendor ([Precertification page](#)).

Place of Service

11 - Office

STEP 16

Review Coinsurance/Copay information

Coinsurance % is the percentage of the contracted rate client is responsible for. This varies by client and procedure. Not necessary to quote a dollar amount.

SPECIALIST FACILITY

90837 - PSYCHOTHERAPY, 60 MINUTES WITH PATIENT

IN-NETWORK OUT-OF-NETWORK

In-Network

No Precertification Required

Prior authorization requirements may be different based on the network information for the servicing provider. Participation in a Strategic Alliance or out-of-network situations may impact the precertification requirements displayed here.

Place of Service: Office

Coverage policy

Coinsurance

20%
Notes

No applicable designations

Deductible (Per Policy year)

Family remaining:
Deductible Met
Total: \$2,800.00
Notes

No applicable designations

Out-Of-Pocket Maximum (Per Policy year)

Family remaining:
\$2,077.71
Total: \$6,000.00
Notes

Feedback

GENERATE BENEFIT REFERENCE NUMBER EDIT CODES GENERAL BENEFITS Clear all Codes BACK TO TOP

Tango

Never miss a step again. Visit [Tango.us](https://tango.us)