

Cigna Dental Insurance: How to Spot It and Process Claims Correctly

We know how important it is for you to be paid for the services you provide at your pediatric office. To maintain the financial health of your practice, claims need to be accepted and paid in a timely way.

As your revenue cycle partner, we have noticed an increase in rejections. The reason? Using Cigna Dental insurance. Have you experienced these denials? If so, here's what's happening and how you can be proactive about this issue.

In the OP system, Cigna Dental insurance will validate, allowing claims to be submitted. Unfortunately, these claims will be rejected at the payer level. This is because Cigna Dental is a standalone dental policy that provides coverage for certain dental benefits and services only. It does not provide coverage for any medical services, including those in pediatrics.

At this point in the process, turnaround time slows down. Now, someone from your practice will need to contact the patient's parent, get the accurate insurance information, and update the claim. This extra step creates a delay in your practice receiving payment for the services the patient received.

How do you prevent this issue from occurring in the future?

As a best practice, we recommend asking the patient's caregiver to present their insurance card to one of your front desk team members when they check in at your office. If this is not possible, the group name will alert the staff member that the listed insurance is a dental plan.