Who is responsible for getting precertification?

If you use a health care professional in Cigna's network, your doctor will work with Cigna to arrange for precertification. If your plan includes out-of-network benefits and you use a health care professional who doesn't participate with Cigna, you are responsible for obtaining precertification.

What is case management?

Through case management, a Cigna nurse helps coordinate services among your doctors and across different care settings, such as a hospital, rehabilitation facility and your home. The nurse will also identify community resources for services that may not be covered by your benefit plan.

How can I get more information?

Visit **myCigna.com** for a number of convenient, helpful resources. You can check the status of referrals and claims, learn about and compare drug treatment options, compare hospitals according to your specific needs and preferences, identify and monitor your health status and more.

- Call the Cigna 24-Hour Health Information Line to speak with a nurse anytime, day or night. You can also listen to audiotapes on hundreds of health topics.

Call Cigna Customer Service at the number on the back of your Cigna ID card.

We're here to help.

Cigna

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PRECERTIFICATION AND CASE MANAGEMENT– WHEN YOU NEED IT. HOW YOU GET IT.

Understand the process and your role.

Together, all the way.℠

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At Cigna, we want to make sure that you have access to the right care, at the right time, in the right setting. And, we want to keep costs down for you. That's why we require precertification for hospital admissions and select outpatient services (based on your plan).

What is a primary care physician?

For medical care, your first stop should be your primary care physician (PCP). Your PCP is your personal doctor who coordinates your care and keeps your medical history. Your PCP can determine if you need specialty care or hospitalization.

Your plan may require you to choose a PCP for yourself and covered dependents. Even if it's not required, it's still a good idea to choose a PCP.

What is precertification?

Precertification is a review process where Cigna nurses, pharmacists and/or physicians work with your doctor to determine:

- If a procedure, treatment or service is covered.
- Your level of coverage for a procedure, treatment or service if you use a provider who is not in the Cigna network.

How does the process work?

Cigna nurses evaluate precertification requests. They determine what services are covered based on nationally-recognized guidelines and your plan coverages. When guidelines don't exist, the nurses use clinical resource tools based on clinical evidence.

If the Cigna nurse is unable to approve coverage, the case is referred to a Cigna doctor for review. He or she may speak with your doctor to obtain additional information. You and your doctor will be notified in writing if a request for precertification cannot be approved.

Review process

TYPE OF REVIEW	WHEN DOES IT OCCUR?	WHEN IS THE DECISION MADE?
Future (Prospective)	When Cigna receives the request before you receive care.	Within 10 calendar days from receipt of the request.*
Current (Concurrent)	When Cigna receives the request while you are receiving care. In a hospital, skilled nursing facility, or rehab facility.	Within one calendar day from receipt of the request.*
Past (Retrospective)	When Cigna receives the request after you have received care.	Within 30 calendar days from receipt of the request.*
Urgent (Prospective Urgent)	If your situation requires a decision right away. (To request expedited review on a weekend, please call the Cigna 24-Hour Health Information Line℠ at the toll-free number on your ID card.)	Within 3 calendar days of the request.*

*If all necessary information is received.

You and your provider will be notified verbally or electronically and by mail.
Licensed doctors will determine coverage denials that are based on clinical reasons. Denial letters will explain the reason for the decision and details on how to submit additional information and/or proceed through the formal appeals process, should you disagree with the coverage decision.