

ADVANCED PREPARATION FOR YOUR HEALTH SERVICES

Precertification for inpatient and outpatient services in the U.S.



Through precertification in the U.S., Cigna® can help you lower costs, avoid unnecessary procedures and support you as you recover after a procedure.



What is precertification?

Precertification is the process of determining in advance whether a procedure, treatment or service is medically necessary and whether it will be covered under your health care plan. It also helps ensure you get the right care in the most appropriate setting – potentially saving you from costly and unnecessary services.



Who is responsible for getting the precertification?

- › **Direct contracted (in-network):** Your doctor is responsible.
- › **Non-contracted (out-of-network):** You're responsible if you choose to see an out-of-network doctor and your plan covers non-contracted (out-of-network) services. To get precertification, call the toll-free number on your Cigna ID card. You'll need the name of the doctor or facility, the procedure or procedure code and the date of service when you call. Remember, when you go out-of-network, your out-of-pocket costs may be higher and your claim could be denied if not medically necessary.

Cigna Global Health Benefits®





What services need to be precertified?

Your doctor will help you decide which procedures require a hospital stay and which can be handled on an outpatient basis. Inpatient services include procedures, treatments and services that you receive in a hospital or related facility that require you to stay overnight. Outpatient services don't require an overnight stay. Here are some examples of services requiring precertification:

This list does not include all services requiring precertification.

INPATIENT SERVICES	OUTPATIENT SERVICES	
<ul style="list-style-type: none"> › All inpatient admissions and non-obstetric observation stays such as: <ul style="list-style-type: none"> – Acute hospitals – Skilled nursing facilities – Rehabilitation facilities – Long-term acute care facilities – Hospice care – Transfers between inpatient facilities › Experimental and investigational procedures › Cosmetic procedures › Maternity stays longer than 48 hours (vaginal delivery) or 96 hours (Cesarean section) 	<ul style="list-style-type: none"> › Certain outpatient surgical procedures › High-tech radiology (MRI, CAT scans, PET scans) › Injectable drugs (other than self-injectable) › Durable medical equipment (insulin pumps, specialty wheelchairs, etc.) › Home health care/home infusion therapy › Dialysis (to direct to a participating facility) › External prosthetic appliances 	<ul style="list-style-type: none"> › Speech therapy › Cosmetic or reconstructive procedures › Infertility treatment › Diagnostic cardiology › Radiation therapy › Sleep management › Musculoskeletal services › Physical and occupational therapy › Chiropractic services



What if I have questions about my coverage?

Visit **CignaEnvoy**® or call the toll-free number on your Cigna ID card



Using the Cigna network saves time and money

To find a participating doctor, use the health care directory on **CignaEnvoy.com**.

Together, all the way.®



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