Outpatient Precertification Information for Members

What is Precertification?

Precertification is a review process where CIGNA HealthCare physicians, nurses and/or pharmacists work with your physician to determine whether a procedure, treatment or service is a covered benefit. The precertification process provides information to your physician on what your benefits will be for a procedure, treatment or service.

CIGNA HealthCare requires precertification for selected outpatient procedures, treatments, and services. When a request for precertification comes in to CIGNA HealthCare from your provider, a CIGNA HealthCare nurse evaluates the request using nationally recognized guidelines to assist with the review. These guidelines are consistent with sound clinical principles and processes, and have been developed with involvement from actively practicing health care providers. CIGNA HealthCare nurses determine which services are covered based on the benefit plan, and using these guidelines. When guidelines do not exist, clinical resource tools based on clinical evidence are used.

Any time a CIGNA HealthCare nurse is unable to approve coverage for clinical reasons; the case is referred to a CIGNA HealthCare physician who considers each case individually. The CIGNA HealthCare physician may speak with your physician to obtain additional information. Your physician will be notified in writing if a request for precertification cannot be approved based on the information that CIGNA HealthCare received, and your plan benefits.

Outpatient Precertification Requirements and Your Provider

Your provider must call the toll-free number listed on your ID card to precertify designated services. In an emergency, seek care immediately, then call your primary care doctor as soon as possible for further assistance and directions on follow-up care within the number of hours noted on your ID Card. Failure to do so may affect benefits. Refer to your plan documents for your precertification requirements.
Precertification is Required for the following Outpatient Services and Procedures:

Procedures on the precertification list may be specifically excluded under your benefit plan. Please refer to your benefit plan document to determine benefit availability and the terms and conditions of coverage.

Outpatient Surgery, Services and Procedures:
- Skin Removal or Enhancement
- Lipectomy
- Breast Reduction/Breast Enlargement
- Gynecomastia
- Back/Spine
- Gastric Bypass
- Oral/TMJ
- Treatment of Varicose Veins
- Specific Eye, Ear and Nose Procedures
- Erectile Dysfunction
- Uvulopharyngopaletoplasty

Outpatient Tests:
- MRI, CT and PET Scans
- Genetic Testing

Outpatient Treatment:
- Infertility Treatment
- Acupuncture
- Biofeedback

Outpatient Therapy (Short-Term Rehabilitation):
- Speech Therapy

External Prosthetic Appliances:
- Orthotics, Braces, Splints

Durable Medical Equipment:
- Specific classes of equipment will require prior authorization

Home Health Home Infusion:
- When covered by an FFS or discount Provider
- Insulin Pumps

Others:
- Services provided by a Non-participating Provider
- Unlisted Outpatient Procedures
- Experimental and Investigational Procedures.

** This list is not all-inclusive. There may be account-specific information that applies to you. Please check with your Benefits Administrator for any exceptions. If you do not precertify your procedure, your benefits may be lowered or denied.