

WHAT IS IT? HOW DOES IT WORK?

Helping you get the right care at the right time in the right setting is important. That's why we follow specific guidelines in a process called precertification.

Precertification is getting approval from the health plan before receiving services like routine hospital stays or outpatient procedures. In precertification, Cigna reviews your medical coverage to determine if the service is covered under your plan.

Who is responsible for getting precertification?

- **If your doctor participates in the Cigna network**, he/she begins the precertification process by requesting non-emergency MRI, CT or PET scan services. Your doctor contacts Cigna and provides all the necessary information for review.
- **If your doctor is not in the Cigna network** and your plan covers out-of-network services, you should begin the precertification process by calling the number on the back of your Cigna ID card. Your doctor may be asked for additional information to be included in the review.

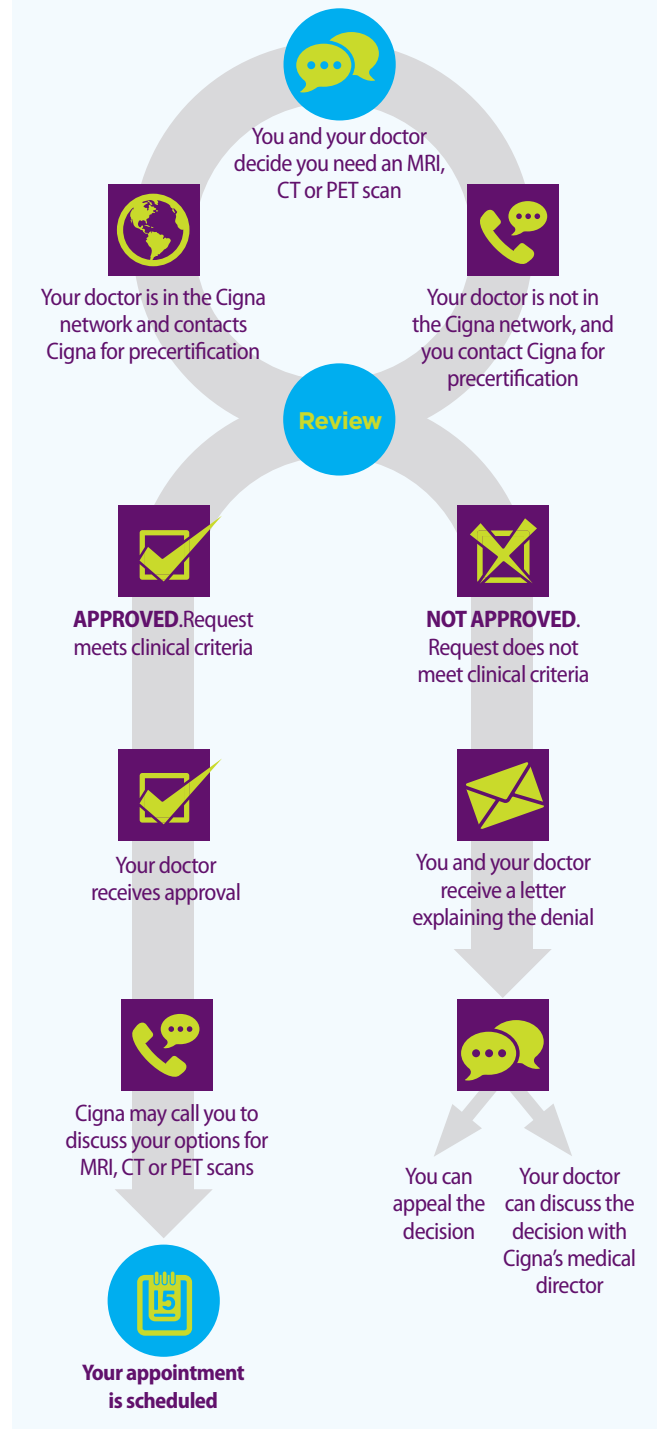
What happens next?

The precertification request is reviewed using established clinical criteria for that procedure. Following this review, one of two things will happen:

Approved. If the request meets the clinical criteria, your doctor will receive approval and your appointment will be scheduled. Appointments should not be scheduled until your doctor's office receives the approval.

The chart on the next page outlines the expected timing for precertification approvals. It's important to remember that timing is based on Cigna having all of the necessary clinical information. If we are missing information, approval may be delayed.

Radiology Precertification: How it works



High-tech radiology service type	Expected authorization turnaround time*
Routine	2 business days
Urgent	Same day
Inpatient	Immediate services are performed. No precertification is required
Emergency room	

Not approved. Sometimes the request does not meet the required clinical criteria based on the information provided and the service will be denied. When this happens:

- Both you and your doctor will receive a written letter explaining the reason for the denial, how you can appeal the decision and a number to call if you have any questions.
- Your doctor will also receive a faxed notification and be offered the opportunity to discuss the decision with Cigna’s medical director. Denials are normally issued within two business days.

We might call you

After the service is approved, Cigna checks to see if there are places in our network that will perform your procedure at a lower cost than the radiology center or hospital your doctor requested. If we find lower cost options, an Informed Choice team member will call you to discuss your options.

Will I always get a call?

Calls will not be made in all cases. We won’t call if:

- Your doctor’s request is the lowest cost option for you.
- It’s an urgent or emergency situation.
- When the choice of another facility is not available due to your unique circumstances.

Better choices can come from better information

Several types of facilities in the Cigna network, including outpatient centers and hospitals, provide radiology services. Costs for radiology services can vary greatly, depending on where the service is provided. For example, a high-tech radiology service provided by an independent radiology center can be considerably less costly than the same service provided in the outpatient radiology department of a hospital.

That’s why, when you need to have a MRI, CT or PET scan, it’s important to:

- Talk to your doctor about your options and consider all relevant factors when making decisions related to your health care.
- Check **myCigna.com** and the online directory for information about facilities offering MRI, PCT or PET scans and compare related costs.

When it comes to understanding your health, health coverage and health spending, myCigna.com is the place to go. You can also call the customer service at the number on the back of your Cigna ID card.



The health care professionals and facilities who participate in Cigna’s network are independent practitioners solely responsible for the treatment provided to their patients. They are not agents of Cigna.”

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