



CIGNA REIMBURSEMENT POLICY

The following Reimbursement Policy applies to all plans administered by CIGNA Companies including plans formerly administered by Great-West Healthcare, which is now a part of CIGNA.

Effective Date 07/01/2011

[Policy History/Updates:](#)

Reimbursement Policy Number R21

Subject Pre-certification

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Related Policies:

- Preoperative Inpatient Admissions (CP0402)
- Anesthesia and Facility Services Dental Treatment (CP0415)

INSTRUCTIONS FOR USE

Reimbursement policies are intended to supplement certain **standard** CIGNA HealthCare benefit plans. Please note, the terms of individual's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these reimbursement policies are based. For example, an individual's benefit plan document may contain a specific exclusion related to a topic addressed in a reimbursement policy. In the event of a conflict, an individual's benefit plan document **always supercedes** the information in a reimbursement policy. Proprietary information of CIGNA. Copyright ©2011 CIGNA

Requirements for Pre-certification

Inpatient

CIGNA benefit plans and participating provider agreements outline pre-certification requirements for customers (i.e., individuals covered under CIGNA administered plans) and participating providers, respectively.

- Pre-certification is required for non-emergent inpatient admissions (often two business days prior to admission).
- Pre-certification is not required for maternity admissions with an anticipated stay of up to 48 hours after vaginal delivery, or 96 hours after a Cesarean section.
- Notification of all emergent admissions is required shortly after admission (typically within one business day of admission).

Outpatient

- Pre-certification is required for specified outpatient services for any CIGNA administered plan with Personal Health Solutions Plus (PHS+) medical management.
- A complete listing of services requiring pre-certification or notification can be viewed on CIGNA for HealthCare Professionals at www.cignaforhcp.com > Pre-certification under Popular Links and www.GWHCIGNAforHCP.com/provider > Pre-certification.

Dental Services

- Dental services are typically not covered under medical plans. However, if dental procedures are performed in a facility, the medical plan may cover the anesthesia and facility charges in which case pre-certification is required for all anesthesia and/or facility charges.
- Please consult CIGNA Coverage Policy #0415 Anesthesia and Facility Services for Dental Treatment for further details and medical necessity criteria.

Failure to Obtain Pre-certification

- Failure of customer to obtain pre-certification when required for out-of-network benefits may result in a reduction of benefits per plan terms.
- Failure of participating provider to obtain pre-certification when required under participating provider agreement will result in a denial of reimbursement for the service. Customers are not financially responsible for the cost of such services due to member hold harmless provisions in provider agreements.
- Denials for failure to obtain pre-certification may be appealed through standard member and provider appeal procedures, as applicable.
- Denials for lack of pre-certification by participating providers will be reversed on appeal if CIGNA determines that either:
 - 1) The services were of an emergent or urgent nature and that obtaining pre-certification would have compromised the patient's care, OR
 - 2) There were extenuating circumstances that prevented pre-certification in a timely manner (e.g., natural disaster, individual presents wrong insurance, etc.)

If the administrative denial for lack of pre-certification is reversed for either of the reasons above, then the request will be reviewed for medical necessity.

General Background

Purposes of Pre-Certification

Pre-certification prior to services being provided allows CIGNA the opportunity to:

1. Confirm the patient's eligibility and available benefits based upon the current enrollment information;
2. Confirm the medical necessity of the proposed services;
3. Evaluate the proposed setting and level of care to determine if it is clinically sound, safe and cost-effective;
4. Educate health care professionals and/or customers regarding the availability of more cost effective participating providers;
5. Facilitate timely referrals to disease management and similar programs;
6. Engage timely case management resources to assist with continuity of care and service coordination;
7. Direct the customer to a participating provider when appropriate, and
8. Facilitate timely payment of claims.

While eligibility, available benefits, and medical necessity can be determined after the service is provided, the failure to pre-certify denies CIGNA the opportunity to effectively engage in these other aspects of the pre-

certification process which are designed to assist our customers to have access to high quality and cost effective care in the most appropriate setting.

Inpatient Admissions

- Pre-certification is typically required two business days prior to the admission date for all elective, inpatient admissions. If coverage is approved, a pre-certification number will be given to the customer, health care professional and/or facility.
- Notification of all emergent admissions, including observation stays, is typically required within one business day of the admission.
- Pre-certification of maternity admissions with an anticipated stay of up to 48 hours after vaginal delivery, or 96 hours after a Cesarean section, is not required. However, if CIGNA is notified, a case manager can be assigned to help coordinate care needs and to monitor discharge needs.
- Pre-certification is required for elective admissions to other inpatient facilities such as skilled nursing facilities, inpatient hospice and rehabilitation centers. When notified, CIGNA will assign a new pre-certification number if coverage is available and medically necessary under the individual's benefit plan.

Note: Assuming no change in eligibility or coverage, the pre-certification number assigned to an inpatient admission applies to all anticipated covered services associated with that inpatient stay. Charges resulting from delays in service, undisclosed care that could have been provided in a less intensive setting, or any other non-covered service, are not included within the scope of an inpatient pre-certification. Transfer to another inpatient facility requires a separate approval and pre-certification number.

Outpatient – Personal Health Solutions Plus (PHS+)

Pre-certification is required for specified outpatient services for any CIGNA administered plan with Personal Health Solutions Plus (PHS+) medical management.

A complete listing of services requiring pre-certification or notification can be viewed on CIGNA for HealthCare Professionals at www.cignaforhcp.com > Pre-certification under Popular Links and www.GWHCIGNAforHCP.com/provider > Pre-certification.

To determine if pre-certification is required, refer to the back of the customer's CIGNA ID card. Most cards will say "Inpatient admission," or "inpatient admission and outpatient procedures."

For CIGNA administered plans:

- The referring professional is generally responsible for obtaining pre-certification for all in-network procedures requiring pre-certification, and
- The rendering provider is responsible for verifying pre-certification in advance.
- Hold harmless provisions in participating provider agreements preclude customers from being billed for services rendered by a participating provider when reimbursement is administratively denied due to failure to obtain required pre-certification.
- The customer (plan participant) is responsible for obtaining pre-certification for non-emergent services provided by non-participating health care professionals and/or facilities.

Emergent Services

For the purposes of this pre-certification policy only, emergent services are defined to be those services provided to an individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) which are medical, psychiatric, surgical, hospital and related health care services and testing, including ambulance service, that are required to treat a sudden unexpected onset of a bodily injury or serious sickness which could reasonably be expected by a prudent layperson to result in serious medical complications, loss of life or permanent impairment to bodily functions in the absence of immediate medical attention.

Urgent Services

For the purpose of this pre-certification policy only, urgent services are defined to be those services provided to an individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) which are medical, psychiatric, surgical, hospital or related health care services and testing that are not emergency services, but which are determined by CIGNA, in accordance with generally accepted medical standards, to have been necessary to treat a condition requiring prompt (i.e. within 24 hours) medical attention.

Medicare Primary

Pre-certification of coverage when Medicare is primary is **not** required *except* in the following situations:

- Transplant services (inpatient or outpatient);
- Services not covered by Medicare;
- Medicare benefits exhausted; when CIGNA becomes primary; and
- Medicare Risk products administered by CIGNA.

Home Health Care and Home Infusion

Home health care and home infusion services require pre-certification.

Information Needed for Pre-certification Review

The following information is required for pre-certification when applicable:

■ Participant name and ID number	■ Participant date of birth
■ Diagnosis including ICD-9-CM	■ Requesting or referring health care professional
■ Servicing health care professional, vendor or facility	■ Pertinent medical history and justification for service
■ Date of injury (if applicable)	■ Anticipated length of stay for inpatient stays
■ Date of request	■ Additional insurance coverage (if applicable)
■ Place of service and level of care (inpatient and outpatient)	■ Description and code for procedure, service or item to be pre-certified (CPT-4 or HCPCS)

NOTE: Even if a service is pre-certified, all associated charges and code(s) may not be separately reimbursable. For example, associated code(s) may be considered incidental or mutually exclusive when billed with other codes.

References

1. CPT[®], Current Procedural Terminology, Professional Edition, Copyright[®] 2010 American Medical Association
2. HCPCS, Health Care Procedure Coding System, National Level II Medicare Codes, Copyright[®] 2010 Practice Management Information Corporation (PMIC)

Policy History/Updates

Date	Change/Update
07/01/2011	Policy effective for CIGNA HealthCare
04/18/2011	Definitions of Emergent and Urgent for this policy only added.
04/01/2011	Posting date for CIGNA HealthCare

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