

## PRECERTIFICATION

**IMPORTANT:** Consistent with applicable Colorado law, the sole responsibility for obtaining any necessary Precertification regarding the utilization of the Participating Provider level of benefits rests with the Participating Provider, who recommends or orders Covered Services, and not with the Covered Person.

**Medical Review Program** means the organization or program that: (1) evaluates proposed treatments and/or services to determine Medical Necessity; and (2) assures that the care received is appropriate and Medically Necessary to the Covered Person's health care needs. If the Medical Review Program determines that the care is not Medically Necessary, Pre-certification will be denied.

Medical Review Program for providers accessed via the Cigna PPO Network outside the KP states will be performed by the Cigna Payer Solutions. CIGNA PPO Network Providers will obtain any necessary Pre-certification on Your behalf. Providers may contact them at 1-888-831-0761.

**The following treatment or services must be pre-certified by the Medical Review Program when identified as a Covered Service (see the SCHEDULE OF BENEFITS (Who Pays What) section under your plan:**

1. All Inpatient admissions\* and services including:
  - (a) Inpatient Rehabilitation Therapy Admissions including Comprehensive Rehabilitation Facility admissions related to services provided under an inpatient multidisciplinary rehabilitation program
  - (b) Inpatient Mental Health and Substance Use Disorder admissions and services including Residential Services
  - (c) Long Term Acute Care and Sub-acute admissions
2. Skilled Nursing Facility
3. Non-Emergent Air or Ground Ambulance Transport
4. Amino Acid-Based Elemental Formulas
5. Clinical Trial
6. Medical Foods
7. Dental and Endoscopic Anesthesia
8. Durable Medical Equipment
9. Genetic Testing
10. Home Health and Home Infusion Services
11. Hospice Care
12. Imaging Services (Magnetic Resonance Imaging or MRI, Magnetic Resonance Angiography or MRA,

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Computerized Tomography or CT, Computerized Tomography Angiography or CTA, Positron Emission Tomography or PET, Electron Beam Computerized Tomography or EBCT, Single Photon Emission Computerized Tomography or SPECT)

13. Infertility Services
14. Observation stays
15. Outpatient Injectable Drugs
16. Outpatient Procedures
17. Outpatient Surgery
18. Pain Management Services
19. Prosthetic and Orthotic Devices
20. Radiation Therapy Services
21. Reconstructive Surgery
22. TMJ/Orthognathic Surgery
23. Transplant Services including pre-transplant and post-transplant services

\*Pre-certification is not required for emergency admissions. You or Your attending Physician should notify the Medical Review Program of the admission no later than twenty-four (24) hours following an emergency admission or as soon as reasonably possible.

NOTE: The above list is subject to change. For the most current information, please call the Medical Review Program at 1-888-525-1553 or 711 (TTY).