

RADIOLOGY PRECERTIFICATION

How it works for you

The right care. At the right time. In the right setting.

This is what we want for you. That's why we follow a process called precertification.

Precertification means getting approval from the health plan before getting care. Your plan may require this for services like routine hospital stays or outpatient procedures. In precertification, Cigna or its approved vendor reviews medical criteria to determine if the service is covered under your plan.

Who is in charge of getting precertification?

- **If your doctor is in the Cigna network**, he or she starts the process. First, your doctor requests a non-emergency MRI, CT or PET scan. Then your doctor contacts Cigna and gives the needed information for review.*
- **If your doctor is not in the Cigna network**, and your plan covers out-of-network care, you should start the process. First, call the number on the back of your Cigna ID card. Your doctor may be asked for more information.

What happens next?

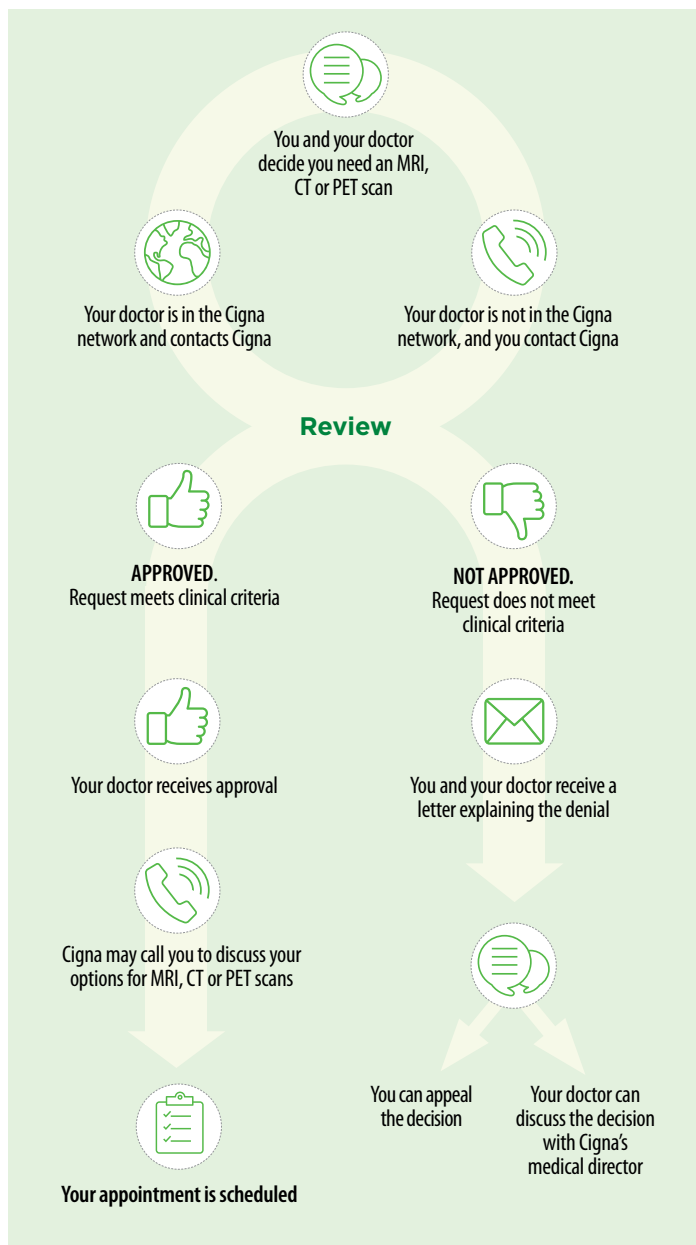
The request is reviewed using established medical criteria for that procedure. After this review, one of two things will happen:

Approved. If the request meets the criteria, your doctor will get approval. Then your appointment will be scheduled. Appointments should not be scheduled until your doctor's office gets approval.

The chart on the next page outlines the expected timing for approvals.

* In certain cases, your doctor will give this information to an ancillary company we work with that helps manage these requests.

Radiology Precertification: How it works



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

*Timing assumes all necessary clinical information has been submitted by the doctor. If information is missing, approval may be delayed.

Not approved. Sometimes the request doesn't meet the required medical criteria based on the information given. If it doesn't, the service will be denied. If this happens:

- Both you and your doctor will get a written letter explaining:
 - The reason for the denial
 - How you can appeal the decision
 - A number to call if you have any questions
- Your doctor will also get a faxed notice. He or she can talk about the decision with Cigna's medical director, if needed.

We might call you

After the service is approved, Cigna helps make sure you're getting the best price. We look at other in-network radiology centers and hospitals. Then, we compare costs with the facility your doctor requested. We may find a lower cost option. If so, we will call you to discuss your choices.

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 another facility is not possible due to your unique circumstances.

Better choices can come from better information

Several types of facilities in the Cigna network offer radiology services – like outpatient centers and hospitals. Costs for radiology services can vary greatly based on where you get the service. For example, an independent radiology center can cost much less than a hospital outpatient radiology department.

When you need to have a MRI, CT or PET scan, it's important to:

- Talk to your doctor about your options. Think through all factors before making your choice.
- Check **myCigna.com** and the online directory. Look at information about places offering MRI, CT or PET scans. Compare costs.



At Cigna, we're with you every step of the way. For more information, visit **myCigna.com**. Or call the number on the back of your Cigna ID card.

