

PRECERTIFICATION DETERMINATIONS FOR CIGNA GPPO MEMBERS

SUMMARY

This section explains the process and requirements for precertification determinations pertaining specifically to CIGNA Gate Keeper members. Gate Keeper Members are identified with ID cards that have a PCP's name listed on the front of the ID card, or the card says "Open Access Plus".

Utilization Management's responsibility in reviewing determinations for procedures or services is to establish medical necessity only. Benefits and eligibility must be verified each time a member is to see a physician.

Providers may submit precertification determinations to Managed Care Consultants (MCC) Utilization Management department in the following ways:

- **BY PHONE:** (702) 792-2994 (FOR EMERGENT SITUATIONS ONLY)
- **BY FAX:** (702) 933-6677 FOR PRECERTIFICATION DETERMINATIONS
- **By Internet** WWW.MCCNEVADA.COM Under Providers/Precertifications
- **BY MAIL MCC:** 311 NORTH PECOS ROAD, STE. 100
HENDERSON NV 89074

You may also view requirements for precertification and download the most current Utilization Management precertification forms via our website at www.mccnevada.com.

When submitting a precertification request please the following:

- A copy of the members card
- A completed precertification form
- Name of referring physician
- Name of network physician/facility performing the requested service
- ICD-9 / CPT codes pertinent to the requested service
- Clinical Documentation to support the service request
- Contact Name, phone number, location if provider has more than one location

PRECERTIFICATION AUTHORIZATIONS FOR CIGNA GPPO MEMBERS (CONT'D)

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The following specialty services must have a request for precertification after the first 6 visits. The first 6 visits will require a written referral from the PCP's office to the specialist listing the specific diagnosis faxed to the specialist office. A new script will be required if the diagnosis changes.

- **CHIROPRACTICS**
- **PHYSICAL THERAPY**
- **OCCUPATIONAL THERAPY**
- **MENTAL HEALTH SERVICE**

For all services listed above precertification determinations must be accompanied by clinical documentation that clearly demonstrates medical necessity for services, a new treatment plan and a summary of results of previous services.

Many office procedures do not require a precertification with a valid referral on file in the specialist office. The faxed referral from the PCP's office should be in the patients file for each diagnosis.

For CIGNA PPO (This member may be identified by the PPO listed on the ID card, There will be no PCP's name or the words "Open Access Plus" listed on the front of the ID card) precertification please refer to the member's ID card. The precertification phone numbers for the specified group will be listed on the back of the member's card. Please call for each member each time a service is required.

For Open Access Members identified with ID cards that say "Open Access" Precertification is required through MCC Utilization Department. For Members with Open Access Plus (Open Access Plus listed on ID card), no precertification determination is required for Out Patient Services, only hospitalization which must be sent to MCC Utilization Department.

Notification of pregnancy will still be required of OB/GYN's to MCC upon diagnosis of pregnancy, as this initiates enrollment in the CIGNA HealthCare Healthy Babies prenatal education and support programs.

CIGNA has a \$0.00 dollar precertification determination policy. All services procedures must have precertification determination sent to MCC or CIGNA as applicable to see if Precertification determination is required.