

OUTPATIENT PRECERTIFICATION CATEGORIES

The outpatient precertification categories are a list of optional medical services available (except where requirements are noted) at the group level. The following is a detailed list of categories offered and descriptions/ examples of each service (not inclusive of all services contained within each category).

CATEGORY	DESCRIPTION
Chiropractic	Enhanced Medical Necessity Review (MNR) after the initial 5 visits for participating ancillary network providers. Limited to states and geographic areas where ancillary network providers are available, and for services performed by those participating providers.
Cochlear implants	Select device implants and replacements Examples: Osseointegrated, cochlear or auditory brain stem implant
Diagnostic radiology	High-tech radiology service done in outpatient or ambulatory setting – Includes the Informed Choice program, from eviCore healthcare (formerly CareCore MedSolutions), which encourages use of in-network testing locations for customers undergoing an MRI, CT or PET scan Examples: Computed Tomography (CT), Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Myocardial Perfusion Imaging, Positron Emission Tomography (PET), Cardiac blood pool imaging and cardiac tests including Diagnostic cardiac catheterizations and Stress echocardiograms
Durable medical equipment	Durable medical equipment with potential to not be medically necessary (possible convenience items) Examples: Seat lifts, TENS, pumps, wheelchairs, power operated vehicles, speech generating devices, insulin infusion pump, osteogenesis stimulators, neuromuscular stimulators
Erectile dysfunction	Inflatable and non inflatable prosthesis surgeries and procedures including removal or replacement Examples: Penile implants (does not include erectile dysfunction drugs)
Gastric bypass	Surgery for weight reduction Examples: Gastrectomy, gastric restrictive procedures, laparoscopic sleeve, revision of stomach-bowel fusion
Home health care <i>Recommended for the management of high-cost specialty drugs</i>	Category designed for clinician billing for home infusion therapy procedures (See home infusion therapy) Examples: Registered nurse, licensed practical nurse or aid in the home

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CATEGORY	DESCRIPTION
Home infusion therapy <i>Recommended for the management of high-cost specialty drugs</i>	Intravenous, enteral and parenteral services Examples: Home infusion therapy for immunotherapy, continuous medications, hydration, total parenteral nutrition, pain management
Injectable medications <i>Recommended for the management of high-cost specialty drugs</i>	Select drugs given intravenously or by injection Examples: Immune globulin, drugs for factor deficiencies, interferon, Rituxan®, some chemotherapeutic agents, botox
Oral pharynx procedures	Inpatient, invasive procedures for treatment of snoring or obstructive sleep apnea Examples: Uvullectomy, LAUP procedures, palatopharyngoplasty (PPP), uvulopalatopharyngoplasty (UPP)
Orthotics and prosthetics	Devices with potential to not be medically necessary Examples: Helmets, extremity prosthetic additions, electric prosthetic joints, facial prosthesis provided by nonphysician, voice amplifiers, cranial remolding orthosis, lower extremity orthosis, knee brace
Outpatient procedures (not otherwise categorized) <i>Does not include all outpatient surgeries</i>	Surgeries and procedures that may not be medically necessary Examples: Facial reconstruction, varicose vein treatment, breast reconstruction or reduction, blepharoplasty, rhinoplasty
Physical Therapy/ Occupational Therapy (PT/OT)	Enhanced Medical Necessity Review (MNR) after the initial 5 visits for participating ancillary network providers. Limited to states and geographic areas where ancillary network providers are available, and for services performed by those participating providers.
Potential experimental/ investigational/ unproven procedure <i>Recommended for the management of high-cost specialty drugs</i>	Procedures and surgeries which may be experimental, investigational or for which effectiveness is not proven Examples: Keratoplasty, total disc arthroplasty, molecular pathology and gene analysis, air ambulance, private duty nursing (PDN), arthrodesis, external defibrillator, biologic implant (Medical necessity review performed after confirmation that benefit exists)
Sleep management program	Sleep services including diagnostic, sleep therapy and sleep supplies Examples: Obstructive sleep apnea, diagnostic or therapeutic sleep studies
Speech therapy	Treatment of speech disorders, speech pathology in the home Examples: Treatment and services of speech, language and voice. Can also be performed in the home setting
Spinal procedures	Surgeries and procedures of the spine Examples: Allograft/osteopromotive material for spine surgery, osteotomy, percutaneous vertebroplasty, arthrodesis, laminectomy, vertebral corpectomy, destruction by neurolytic agent, laminotomy, facet joint nerve destruction, spinal cord decompression
Therapeutic radiology	Use of radiology for treatment of tumors Examples: Brachytherapy, proton beam therapy, radiotherapy
Transplant <i>Required opt-in with Cigna LifeSOURCE Transplant Network®</i>	Prior authorization of transplants and transplant-related services starting from the outpatient evaluation testing through and including services post-transplant. For more information please refer to the "Utilization Management At A Glance" document. Examples: Adult or pediatric, living or cadaveric donors for heart, heart/lung, intestinal, liver, pancreas, pancreatic islet cell, multivisceral solid organ transplants; preparation for and including allogeneic/autologous hematopoietic/ bone marrow transplants; transplant related travel and lodging

CATEGORY	DESCRIPTION
Unlisted procedures	<p>Procedures given miscellaneous identifiers when they cannot be categorized into established codes; many codes end in "99"</p> <p>Examples: Vascular surgery, miscellaneous DME, unclassified drugs/biologics including antineoplastics, lower extremity prosthesis</p>

Note: Examples are not inclusive of all services contained within each example and are subject to change without notice. Please provide CPT/HCPC code for review by exception committee if authorization is required.

Precertification for Chiropractic and Physical Therapy/Occupational Therapy (PT/OT) is defined as Medical Necessity Review (MNR) after the initial 5 visits and is only available for select geographies performed by participating providers in the American Specialty Health (ASH) network.

