

## Prior Authorization Guide

*Emergent care does not require prior authorization for services\**

<b>ELECTIVE INPATIENT ADMISSIONS</b>	
Elective admissions - not limited to: <ul style="list-style-type: none"> <li>• Acute rehabilitation facility</li> <li>• Behavioral health and substance abuse facility – Cigna Behavioral Health 800-866-6534</li> </ul>	<ul style="list-style-type: none"> <li>• Hospice</li> <li>• Hospital</li> <li>• Long Term Acute Care</li> <li>• Skilled Nursing Facility</li> <li>• Scheduled Hospitalizations</li> </ul>
<b>OUT-OF-AREA (OOA) SERVICES</b>	
<ul style="list-style-type: none"> <li>• <b>OOA</b> – All services outside of San Diego County</li> </ul>	
<b>OUTPATIENT PROCEDURES/SERVICES/EQUIPMENT</b>	
<ul style="list-style-type: none"> <li>• <b>AMBULANCE</b> <ul style="list-style-type: none"> <li>○ Non-emergency air or ground transportation</li> </ul> </li> <li>• <b>BARIATRIC SURGERY AND CARE</b></li> <li>• <b>BEHAVIORAL HEALTH AND SUBSTANCE ABUSE</b> <ul style="list-style-type: none"> <li>○ Authorized by Cigna Behavioral Health – 800-866-6534</li> <li>○ Prior authorization <b>not</b> required for office visits</li> </ul> </li> <li>• <b>BLOOD PRODUCTS</b></li> <li>• <b>CARDIAC REHABILITATION</b></li> <li>• <b>CHEMOTHERAPY</b></li> <li>• <b>COSMETIC SERVICES</b></li> <li>• <b>CYBERKNIFE</b></li> <li>• <b>DENTAL</b> – consultations and procedures that are covered under medical benefit</li> <li>• <b>DERMATOLOGY</b> <ul style="list-style-type: none"> <li>○ Dermabrasion/chemical peel</li> <li>○ Chemical exfoliation and electrolysis</li> <li>○ Laser treatment</li> <li>○ Skin injections and implants</li> </ul> </li> <li>• <b>DURABLE MEDICAL EQUIPMENT (DME)</b> <ul style="list-style-type: none"> <li>○ Diabetic supplies - test strips</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>EXPERIMENTAL/ INVESTIGATIONAL SERVICES/CLINICAL TRIALS AND NEW TECHNOLOGIES</b></li> <li>• <b>HEARING AIDS</b></li> <li>• <b>HOME HEALTH SERVICES</b></li> <li>• <b>INFERTILITY SERVICES</b> <ul style="list-style-type: none"> <li>○ GIFT/ZIFT/In vitro fertilization is excluded from coverage</li> </ul> </li> <li>• <b>INFUSION THERAPY</b></li> <li>• <b>INTENSITY MODULATED RADIATION THERAPY (IMRT)</b></li> <li>• <b>NEURO AND SPINAL CORD STIMULATOR</b></li> <li>• <b>ORTHOTICS</b></li> <li>• <b>OUTPATIENT DIAGNOSTIC TESTS</b> <ul style="list-style-type: none"> <li>○ CT</li> <li>○ MRI/MRA</li> <li>○ Nuclear Cardiology</li> <li>○ PET</li> </ul> </li> <li>• <b>SURGICAL PROCEDURES</b> <ul style="list-style-type: none"> <li>○ All procedures done at freestanding surgery center or outpatient department of hospital</li> <li>○ Blepharoplasty</li> </ul> </li> <li>• <b>PHYSICAL THERAPY</b></li> <li>• <b>PROSTHETICS</b></li> <li>• <b>PROTON THERAPY</b></li> <li>• <b>PULMONARY REHABILITATION</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>OCCUPATIONAL THERAPY</b></li> <li>• <b>RADIATION THERAPY</b></li> <li>• <b>SECOND OPINION</b> (out-of-network)</li> <li>• <b>SPEECH THERAPY</b></li> <li>• <b>SOME SPECIALTY CARE REFERRALS</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>STEREOTACTIC RADIOSURGERY AND STEREOTACTIC BODY RADIOTHERAPY (SBRT)</b></li> <li>• <b>TRANSGENDER SERVICES</b></li> <li>• <b>TRANSPLANT RELATED SERVICES</b></li> </ul>

**\*What are Emergency Services?**

Emergency services are services for a medical and/or psychiatric screening, examination, and evaluation by a physician, or, to the extent permitted by applicable law, by other appropriate licensed persons under the supervision of a physician, to determine if an emergency medical condition or active labor exists and, if it does, the care, treatment, and surgery, if within the scope of that person's license, necessary to relieve or eliminate the emergency medical condition, within the capability of the facility.

"Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in (1) placing the patient's health in serious jeopardy; (2) serious impairment to bodily functions; (3) serious dysfunction of any bodily organ or part. "Active labor" means a labor at a time at which either there is inadequate time to effect safe transfer to another hospital prior to delivery or a transfer may pose a threat to the health and safety of the patient or the unborn child. A patient is "stabilized" or "stabilization" has occurred when, in the opinion of the treating physician, or other appropriate licensed persons acting within their scope of licensure under the supervision of a treating physician, the patient's medical condition is such that, within reasonable medical probability, no material deterioration of the patient's condition is likely to result from, or occur during, the release or transfer of the patient.