



The Precertification Process

This document explains what you need to know about the precertification process.

What Is Precertification?

Precertification is advanced confirmation of whether a procedure, treatment, or service is medically necessary (currently provided by Cigna). It helps ensure that the participant gets the right care in the right setting. It may save you from costly and unnecessary services. Precertification is not approval that the benefit is covered by the Plan.

Who Is Responsible for Requesting Precertification?

- In-network: The doctor is responsible.
- Out-of-network: You are responsible.

How to Request Out-of-Network Precertification

To request precertification, call **800-768-4695**. Be ready with the following information:

- The name of the doctor or facility
- The procedure code(s)
- The date of the service (if known)

Don't forget, with out-of-network providers, your out-of-pocket costs will be higher. Also, your coverage may be reduced or denied if they don't get precertification.

What to Do if Precertification Has Been Denied

Check back with the doctor. It is possible that the **doctor needs to submit more documentation**, or the **doctor may need to request a peer-to-peer review**. If you

still have questions, you can contact Cigna at **800-768-4695**. If issues persist, assistance will be provided through the Fund's administrator, BeneSys, at **855-617-2478**. Please **follow this process**; it has been designed for efficiency and to achieve ultimate success.

Some Services That Require Precertification*

INPATIENT SERVICES

All inpatient admissions and non-obstetric observation stays such as:

- Acute hospitals, skilled nursing facilities, rehabilitation facilities, long-term acute care facilities
- Hospice care, transfers between inpatient facilities
- Experimental and investigational procedures
- Cosmetic procedures
- Maternity stays longer than 48 hours (vaginal delivery) or 96 hours (cesarean section)

OUTPATIENT SERVICES

- Certain outpatient surgical procedures
- High-tech radiology (MRI, CAT scans, PET scans, nuclear cardiology)
- Injectable drugs (other than self-injectables)
- Durable medical equipment (insulin pumps, specialty wheelchairs, etc.)
- Home health care, home infusion therapy
- Dialysis (to direct to a participating facility)
- External prosthetic appliances
- Speech/Physical/ABA therapy
- Cosmetic or reconstructive procedures
- Infertility treatment
- Sleep management
- Transplants
- Radiation therapy
- Musculoskeletal services (major joint surgery and pain management services)

* This list does NOT include all services that require precertification. It is important to ask your doctor!

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