



PRIOR AUTHORIZATION: WHAT TO EXPECT

Prior authorization (also called precertification) is a review process where your health care provider asks Cigna for approval prior to giving certain procedures, treatments, services, or medications. In-network doctors are responsible for submitting all necessary information to Cigna to complete prior authorization. We recommend you call Cigna at **(888) 806-5094** if you are unsure whether your upcoming procedure requires prior authorization.

Your service will not be covered if prior authorization is denied. Many denials are due to insufficient records submitted to Cigna by the treating doctors. If this is the case, please work with your doctor to submit any missing information to Cigna.

Kaiser note: Kaiser members receive coordinated care within Kaiser's health care system. Follow Kaiser's provider guidance regarding referrals, scheduling, and any approvals that may apply.

HOW THE PROCESS WORKS

- Your doctor submits the prior authorization request with the information needed for review.
 - If your doctor is out-of-network, you assume responsibility for the precertification process.
- The request is reviewed pursuant to Cigna's clinical policy, which is based on trusted medical research and guidelines. If key details or records are missing, the review will be delayed until your doctor can provide the missing information.
- Routine reviews generally take about five business days once complete paperwork has been submitted.
- If a request is not approved, your doctor may discuss alternatives, submit additional information, or pursue next-step review options.

HOW TO HELP AVOID DELAYS

- Ask your doctor's office whether prior authorization has been submitted and approved before you schedule services.
- Confirm where the service will be performed and use myCigna.com to review in-network options and compare pricing when available.
- Make sure your doctor sends complete clinical information with the initial request whenever possible.

EXAMPLES REQUIRING PRECERTIFICATION

- Some examples of when precertification may be required are:
 - Medical procedures
 - Medications
 - Behavioral health services
 - Home health care
 - Durable medical equipment
 - Imaging / MRI
- Precertification is not required for urgent care center and emergency room treatment.

WHERE TO GET HELP

- Visit myCigna.com or contact Cigna One Guide at (888) 806-5094 for more immediate status updates and to review in-network solutions.
- For Kaiser members, contact your Kaiser care team directly, or Kaiser member services at (800) 464-4000, with questions about referrals, scheduling, or plan-specific requirements.
- For all members, you can contact your Alliant benefit advocate at kong@alliant.com or (925) 357-6831 for additional questions.

Reminder: Approval timing depends on the completeness of the information submitted and the type of service being reviewed.

For full plan details, members should refer to their Cigna or Kaiser plan materials and contact their carrier directly with benefit questions.

