Allegiance℠
by Cigna Healthcare

HOME HEALTH & HOSPICE PRE-TREATMENT REQUEST

Please return below form and clinicals to Attn: Utilization Management

Fax: (855) 999-3896

Phone: (800) 877-1122

Mail: Allegiance Benefit Plan Management
P.O. Box 2339
Missoula, MT 59806

Office Contact:	Phone Number:	Requested Date:	Scheduled Date:
Patient Name:	Participant ID#:	Group ID No.:	Patient Date of Birth:
Ordering Provider:	Address:	TIN & NPI:	Phone Number: Fax Number:
Servicing Provider:	Address:	TIN & NPI:	Phone Number: Fax Number:
Please indicate all therapies that will be performed: (example: Skilled Nursing, Physical Therapy or Occupational Therapy)			
CPT Code(s):		Date Range:	ICD-10 Code(s)

*Home Health services will be reviewed/approved by date range not by visit count.

*Requests that include unlisted procedure code(s) will require additional documentation supporting the use of that code(s). If documentation is not submitted supporting the requested unlisted code(s) your request may be delayed and/or denied. Unlisted codes will not be considered eligible if accurate and listed codes are available to describe the requested service or procedure.

Please provide the following information:

1. Treatment plan;
2. Diagnosis;
3. Estimated length of treatment;
4. Medical records regarding need that supports request for services;
5. Physician prescription (if applicable);
6. Names of medications; and
7. Any other information deemed necessary to evaluate the pre-treatment request.

Upon receipt of all required information, the Plan will provide a written response to the written request for pre-treatment.

The benefits available are conditional on the participant's employment status, plan eligibility, payment of premium, amount of benefits remaining, plan provisions and plan exclusions. If information obtained at the time of claim places the service(s) in an excluded category or definition, the claim will not be payable. The benefits quoted are not guaranteed. Final determination of benefits to be paid will be made at the time a claim is submitted for payment, with review of the necessary medical records and other information.