Allegiance℠ by Cigna Healthcare

STANDARD 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, Inc.
P.O. Box 3018
Missoula, MT 59806-3018

Sent By: Requested Date: Scheduled Date:

Patient Name:	Participant ID#:	Group ID No.:	Patient Date of Birth:
Provider Name:	Provider Address:	Provider TIN & NPI:	Provider Phone: Provider Fax:
Facility Name:	Facility Address:	Facility TIN & NPI:	Facility UR Phone: Facility UR Fax:
ICD-10 Codes:		CPT Codes:	

*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.

Inpatient ☐ Outpatient ☐

Please provide the following information:

1. A complete description of the procedure(s) or treatment(s) for which a pre-treatment review is requested
2. A complete diagnosis and all medical records regarding the condition that supports the requested procedure(s) or treatment(s), including, but not limited to, informed consent form(s) all lab and/or x-rays, color photos, or diagnostic studies
3. Email address _____(only necessary if wanting to provide color photos securely-Allegiance will reach out to you to obtain)
4. An itemized statement of the cost of such procedure(s) or treatment(s) with corresponding CPT or HCPCS codes
5. The attending Physician's prescription, if applicable
6. A Physician's referral letter, if applicable
7. A letter of medical necessity
8. A written treatment plan
9. Any other information deemed necessary to evaluate the pre-treatment review request

Upon receipt of all required information, the Plan will provide a written response to the written request for pre-treatment. lease allow 3 business days for a response.

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.