Allegiance℠
by Cigna Healthcare

DME 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

Office Contact:	Phone Number:	Request 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:
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. Complete description of DME for which pre-treatment review is requested;
2. Diagnosis and medical records regarding the condition supporting the request;
3. Physician's prescription and/or letter of medical necessity;
4. Itemized statement of cost of the DME;
5. Written treatment plan;
6. If surgical implants, an estimate of itemized costs of the implants and supplies; and
7. 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. Please 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.