



What is a prior authorization request?

Prior Authorization is a **cost-control process** that helps keep medical costs down. It also ensures that treatments are safe, efficient, and evidence based. Health insurance providers use Prior Authorization as a utilization management strategy which requires an evaluation of the medical necessity and cost-of-care implications of specific treatments, tests, and drugs given by medical care practitioners before administering them.

Prior Authorization is usually required if you need a complex treatment or specialty medications. Coverage will not happen without it. That's why beginning the prior authorization process early is important.



Who initiates it?

Typically, the healthcare provider submits a request to the insurance company on behalf of the patient.



When is it required?

Prior Authorization is required for specific non-emergency services, treatments, or prescriptions. A healthcare provider, like a primary care physician or hospital must get approval before performing certain procedures or prescribing certain medications.

Please note:

- For members enrolled in the Value plan, please note that prior authorization is strongly recommended, but not required by the plan.
- For members enrolled in either the Cigna PPO or Cigna HDHP, please note that a prior authorization may be required. If you don't get prior authorization prior to certain services being rendered, a penalty could reduce your benefits coverage (please consult with your provider or reference your plan documents).

Prior Authorization Contact Info – Marpai

- Members & Providers:
call **(844) 660-2288** or
- Visit **www.myMarpai.com** 24/7



Examples of Services that May Require Prior Authorization:

- Inpatient Hospital Confinements
- Inpatient Rehabilitation
- Dialysis Visits
- Home Health Care
- Specific Spinal Procedures
- Specialty Medications