

# MEDICAL NECESSITY REVIEW

Helping you get the right care – for your health and your budget.

Medical Necessity Review (MNR) is a process where certain services are reviewed (such as chiropractic care) to determine if they are necessary and will be covered by your plan. This helps you avoid surprise bills and get the care or services you need. This helps you get healthy and get back to enjoying your life.

**Here's an example to show you how.**



Meet John. He's going to a chiropractor after an injury.

**After several visits, John is feeling better, and he's wondering how many more sessions he will need. John talks with his chiropractor. She tells John she thinks many more visits are necessary, based on his treatment plan.**

## Without MNR

John continues going to his chiropractor, even though he's not sure it's really making him better.

With each visit, he becomes more concerned about the time and money he's spending.

He has been receiving bills in the mail and worries that he won't be able to continue his treatment because of the costs.

John feels pressured to keep going because it's what his chiropractor said he needed, and he's worried about getting worse.

John also realizes that he is close to reaching the maximum number of visits allowed under his plan. He knows he needs to start paying for the full cost of each visit very soon. He doesn't know what to do.

Example used for illustrative purposes only. Not an actual customer experience.



## How does John know if services are helping him to get better?

MNR uses evidence-based clinical guidelines to determine if services are improving your condition and are covered under your plan.



**Health care providers who are not in the Cigna network set their own fees and can bill any amount they want. But providers who are in Cigna's network have agreed to certain prices. Also, they can't bill for services that are found not to be medically necessary. That's why seeing a provider in the Cigna network can mean much lower costs for you.**



## With MNR

John's chiropractor submits the treatment plan and clinical notes for MNR.

The review finds that the clinical data does not support the additional number of visits John's chiropractor requested for him.

After speaking with a medical professional who reviewed the request, John's chiropractor agrees that he does not need the originally requested number of visits.

John's chiropractor lets John know how many visits have been approved for coverage. If John does need additional visits in the future, his chiropractor will submit a new request for coverage based on John's status at the time.

John finishes up his chiropractic care knowing he's getting better. He's saving money and feels good about knowing he still has visits available under his plan for future needs.

