Instructions for submitting a Massachusetts Prior Authorization Form Electronically

For Medical Providers

To submit a Massachusetts prior authorization form electronically, providers must register for access to Cigna’s online prior authorization tool.

To initiate registration for the tool, send an email to PMAG@Cigna.com. Include the following information with your submission:

- Provider or facility name
- Mailing address
- Email address
- Contact name
- Contact telephone number

If you prefer to submit a prior authorization form via fax, please send it to 866.873.8279.

To contact Cigna’s Coverage Review Team, please call the phone number listed on the back of the customer’s ID card or 800.Cigna24 (800.244.6224).
CT/CTA/MRI/MRA PRIOR AUTHORIZATION FORM

**SECTION 1. MEMBER DEMOGRAPHICS**

| Patient Name (First, Last): | DOB: |
| Health Plan: | Member ID: |
| | Group #: |

**SECTION 2. ORDERING PROVIDER INFORMATION**

| Physician Name (First, Last): | NPI: |
| Primary Specialty: | Tax ID: |
| Phone #: | Fax #: |
| Contact Name: |

**SECTION 3. FACILITY INFORMATION**

| Facility Name: | Facility Tax ID: |
| | NPI: |
| Address: | City: |
| | State: |
| | Zip: |
| Phone #: | Fax #: |
| Date of Service: |

**SECTION 4. EXAM REQUEST**

- [ ] CT
- [ ] MRI
- [ ] CTA
- [ ] MRA

| CPT Code(s): | Description: |
| ICD Diagnosis Code(s): | Description: |
| Date of first office visit for this condition with any provider: |
| Date of most recent office visit for this condition with any provider: |

**SECTION 5. SELECT APPLICABLE BODY REGION AND CHECK REASON(S) FOR STUDY (CHECK ALL THAT APPLY)**

- [ ] ABDOMINAL/ PELVIS

  - [ ] Abd/Pelvis Combination Study
  - [ ] Yes
  - [ ] No

<table>
<thead>
<tr>
<th>Chronic Pain (more than 48 hours)</th>
<th>Abdominal/Pelvic Trauma</th>
<th>Kidney/Urethral Obstruction or Calculus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal/Pelvic Mass</td>
<td>Anemia</td>
<td>Jaundice, Abnormal Liver Function Tests</td>
</tr>
<tr>
<td>Suspected Inflammatory Bowel Disease</td>
<td>Fever of Unknown Origin [FUO]</td>
<td>Endometrial Abnormality</td>
</tr>
<tr>
<td>Appendicitis, Diverticulitis, or Abscess</td>
<td>Ascites</td>
<td>Staging (malignancy)</td>
</tr>
<tr>
<td>Suspected Hemochromatosis</td>
<td>Prostate Neoplasm</td>
<td>Suspected Aneurysm/Dissection/AVM</td>
</tr>
<tr>
<td>Abdominal or Pelvic Mass</td>
<td>Pre- or post-OP evaluation</td>
<td>MRCP</td>
</tr>
<tr>
<td>Suspected Vascular Disease, Mesenteric Ischemia</td>
<td>Lower extremity edema</td>
<td>Lower extremity claudication</td>
</tr>
<tr>
<td>Suspected Renal Artery Stenosis</td>
<td>Significant weight loss (10% of body weight over 6 months or less)</td>
<td>Suspected abnormality of pelvic bones or muscular structures</td>
</tr>
<tr>
<td>Hernia</td>
<td>Transplant</td>
<td>Pelvic Floor Dysfunction</td>
</tr>
<tr>
<td>Pancreatic or adrenal mass seen on other imaging</td>
<td></td>
<td>Other (describe):</td>
</tr>
</tbody>
</table>

- [ ] SPINE

  - [ ] Neurological Deficits
  - [ ] Trauma or recent injury
  - [ ] Known or suspected infection
  - [ ] Unilateral Muscle wasting
  - [ ] Persistent Pain
  - [ ] Pre- or post-OP Evaluation
  - [ ] Radiculopathy
  - [ ] Suspected Multiple Sclerosis (not applicable for CT or for MRI of lumbar region)
  - [ ] Possible Fracture
  - [ ] Other (describe): |

**PRIOR /CURRENT TREATMENT(S)**

- [ ] Check One (Prior Treatment) | Check all treatments that apply
- [ ] No Prior Treatment
- [ ] 3–5 weeks of treatment
- [ ] 6 or more weeks of treatment

- [ ] BREAST MRI DIAGNOSTIC
- [ ] BREAST MRI SCREENING

| Abnormal/inconclusive mammogram or ultrasound | Evaluate extent of invasive cancer | Evaluation of symptomatic patients with breast implants, for detection of implant rupture |
| Suspected Recurrence of Breast Cancer | Evaluation axillary node metastasis | Positive Margins Post-OP |
| Mass evaluation post surgery | Dense breast tissue | 6 months follow up abnormal MRI (birads3) |
### REQUEST FOR ANNUAL SCREENING FOR BREAST CANCER (If yes, check reason(s) below)

- [ ] Lifetime risk 20% or greater as defined by BRACA PRO or other models
- [ ] BRCA1 and BRCA2 mutation
- [ ] History of lobular or ductal carcinoma in situ on biopsy
- [ ] Li-Fraumeni Syndrome, Cowden Syndrome
- [ ] Radiation therapy to chest between ages 10–30
- [ ] Bannayan-Riley-Ruvcaba Syndrome

### BRAIN/HEAD

- [ ] Known or suspected tumor/mass or metastasis
- [ ] Recent significant head trauma
- [ ] Known or suspected stroke
- [ ] Brain infection or abscess
- [ ] Abnormal neurological exam

- [ ] New onset of seizures
- [ ] Pre- or post-OP evaluation
- [ ] Suspected Multiple Sclerosis (not for CT)
- [ ] Follow up treatment
  - (surgery/chemotherapy/radiation)
- [ ] Breakthrough seizures
- [ ] Vascular abnormalities (AVM Aneurysm Dissection Stenosis, Obstruction)
- [ ] Suspected acoustic neuroma
- [ ] Suspected pituitary adenoma and elevated prolactin (>20 ng/ml)

### CHEST

- [ ] Chest wall or pleural mass
- [ ] Follow up trauma
- [ ] Significant Hemoptysis
- [ ] Persistent unexplained wheeze
- [ ] Lesion on chest x-ray suggestive of malignancy or metastatic disease
- [ ] Standard staging or post therapy follow-up for patient with a pathologically proven malignancy
- [ ] Congenital Heart Disease
- [ ] Acquired Pediatric Heart Disease

- [ ] Suspected vascular abnormality, aneurysm, AVM, congenital anomaly
- [ ] Suspected Pulmonary Embolus
- [ ] Persistent infiltrate/pneumonia despite 4–6 weeks antibiotic therapy
- [ ] Suspected/know asbestosis or other pneumoconiosis
- [ ] Chest x-ray results:
  - Normal
  - Abnormal
  - Not performed in past 2 months

### SINUS, FACE, NECK, ORBIT

- [ ] Sinusitis
  - Acute (less than 3 months)
  - Chronic (more than 3 months)
  - Recurrent — (4 or more episodes/yr)

- [ ] Sinusitis Treatment
  - No antibiotic treatment
  - Failure single course antibiotics
  - Failure 2 or more courses antibiotics

### UPPER/LOWER EXTREMITIES

- [ ] Joint locking
- [ ] Joint infection/inflammation
- [ ] Avascular/Aseptic Necrosis
- [ ] Charcot joint
- [ ] Ligament, tendon, or fibrocartilage tear

- [ ] Pre- or post-OP evaluation
- [ ] Soft tissue abscess
- [ ] Tarsal coalition (feet)
- [ ] Requested as part of arthrogram
- [ ] Meniscal or labral tear
- [ ] Abnormal plain film, bone scan, or ultrasound
- [ ] Rotator cuff tear (shoulder)

### PERSISTENT PAIN AND/OR DISABILITY (IF YES, CHECK REASON(S) BELOW)

- [ ] No prior treatment
- [ ] 3–5 weeks of treatment
- [ ] 6 or more weeks of treatment

- [ ] NSAIDS
- [ ] Splinting/brace/sling
- [ ] Home exercise program

- [ ] Physical therapy
- [ ] Chiropractic treatment
- [ ] Oral/Intra-articular Steroids

### SECTION 6. DOCUMENT EXAM FINDINGS, PRIOR TESTS, RESULTS, AND DATES

(INCLUDE TREATMENT DESCRIPTION FOR CONSERVATIVE THERAPY DURATION, PRIOR IMAGING, AND ANY TRAUMA HISTORY)

---

Providers should consult the health plan’s coverage policies, member benefits, and medical necessity guidelines to complete this form.
Providers may attach any additional data relevant to medical necessity criteria.