Cigna Removes 25% of Medical Services from Prior Authorization List



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In a significant move aimed at simplifying the healthcare experience and improving patient outcomes, Cigna Healthcare has declared the elimination of prior authorization requirements for nearly 25 percent of medical services. This move entails the removal of over 600 prior authorization codes from their commercial plans, in addition to the 1,100 medical services that have already been freed from prior authorization since 2020.

Prior authorization requires physicians and facilities to obtain approval from a patient's health plan before prescribing certain medication or conducting certain non-emergency medical procedures. The effective implementation of the announcement will result in less than 4 percent of medical services necessitating prior authorization for most Cigna Healthcare commercial policyholders. The insurer also plans to abolish prior authorization requirements for another 500 codes for its Medicare Advantage plans before the end of 2023.

In tandem with this development, the Centers for Medicare & Medicaid Services (CMS) is advocating for changes to prior authorization standards, urging health insurers to automate the prior authorization process and expedite decision-making. In a rule proposed in December 2022, CMS suggested that certain payers, including Medicare Advantage organizations, should adopt electronic prior authorization and provide decisions within 72 hours for urgent requests and 7 days for non-urgent requests. Additionally, Congress is contemplating legislation that would require Medicare Advantage payers to process prior authorization requests electronically and accelerate decisions for regularly approved items and services.

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