



## FAQ for Site of Care

1. If I have been treating a patient since before October 1<sup>st</sup>, do I need to submit for approval?

- Answer: No.

For most hospitals, the SOC program started October 2025. Program is only for Cigna Customers (Customers) who have had a therapy evaluation completed on or after October 1, 2025. For patients who are in care prior to this date, they can continue care as needed. This also holds true for hospitals where the program may have started on a different date in that any patient active in care before that start date can continue care.

2. What are the criteria for patients to stay in the hospital outpatient setting?

- Answer: Cigna Policy o600 is the best guide for the criteria to stay in hospital outpatient therapy. General criteria are provided relative to allowed diagnoses and procedures that apply to both pediatric and adult patients. Specific lists of ICD-10 codes or CPT codes are not available as they cannot be exhaustive. It is best to submit if you feel that your patient meets the complexity criteria and the case is not automatically approved from the initial intake, you will have the opportunity to submit your reasoning why your patient should stay in the hospital setting and upload your evaluation for the ASH PT or OT to review.

3. Can I submit the intake for my patient before I evaluate them so I know if they can stay in the hospital setting?

- Answer: No.

The intake should only be submitted after the initial evaluation (and any medically necessary covered services provided during the initial evaluation visit), and the claim will be adjudicated regardless of the Site of Care Determination. If the patient clearly does not meet policy criteria upon initial contact to schedule an appointment at the hospital setting, it would be best practice to tell the patient to schedule their care at a freestanding in network clinic. They can go to MyCigna.com or call the number on the back of the card to learn what clinics are available. They can also be referred to the ASH Concierge for assistance.

4. What diagnoses or procedures are needed on the intake?
  - Answer: Medical/Referral Diagnosis should always be submitted vs. a PT or OT diagnosis. Meaning, what is their medical condition? As examples, use ICD-10 codes for the type of stroke, medical reason for developmental delay, TBI or level of SCI. Do not use abnormality of gait or generalized weakness as the only diagnosis codes. You can certainly add them as you have up to 4 spaces for ICD-10 codes and all are considered. For CPT codes, do not put in any treatment code, like 97110. Put in the procedure that is the reason why they need care. As an example, amputation of limb or kidney transplant.
5. Who should fill out the intake form?
  - Answer: The intake form can be filled out by the PT or OT or by an administrative person per the workflow at the particular hospital. However, the intake form should always be completed with accurate information and clinical input is required. Accurate diagnoses are key, as well as any applicable procedures. Specialized equipment and/or personnel should be selected only if they are medically necessary for care and outcomes and these personnel or equipment do not exist elsewhere in the area.
6. If the initial intake is approved, do I need to get additional visits approved?
  - Answer: Yes.

Additional visits and/or an extended time frame can be requested for medical necessity review using the modification form and uploading the patient progress note on the site of care intake portal for that specific patient. This will be reviewed by a peer clinician for medical necessity.
7. How long does it take to get a decision after the intake is completed.
  - Answer: Decisions will be made within one (1) business day.
8. Does this program apply to all Cigna programs, including Medicare?
  - Answer: No.

This program is for Cigna's commercial business. It does **not** apply when Cigna is secondary insurance, for Medicare/Medicaid plans, TPAs, or for customers evaluated prior to 10/1/2025.
9. If a Cigna customer is redirected to a freestanding outpatient clinic, what happens?



- Answer: The Cigna customer will receive an outreach call within one (1) business day to assist with next steps when they are redirected. The outreach call is from an ASH concierge who helps with identifying available freestanding outpatient clinics within the 10-mile access area from the patient's address, and scheduling, if the customer desires.
10. Will the Cigna customer receive an additional covered evaluation at the freestanding outpatient clinic they are directed to?
- Answer: Yes.  
  
The new therapist will evaluate the patient to develop their plan of care. This evaluation is also covered, as well as medically necessary services provided the same day.
11. Where can I find the information on the provider's training sessions?
- Answer: A recording of the webinar for viewing can be found at <https://siteofcare.ashlink.com/Cigna>. ASH can also do a separate live webinar if needed. Contact Cigna if this is desired.
12. Who do I call if I have questions, Cigna or American Specialty Health?
- Answer: For any clinically related question or question regarding the intake process, contact American Specialty Health at 833-695-1781; Option 1 for Customer Service or the 4-digit ext. of the Clinical Quality Evaluator (CQE) as noted on MNR Response form if needed. The CQE is PT or OT you contact for any peer-to-peer calls related to a specific patient submission.  
  
For general program and benefit questions, please contact Cigna using the phone number found on the back of the Cigna Customer's insurance ID card.
13. If a peer-to-peer reviewer calls the clinic to reach the PT to discuss a case, do they have to interrupt their clinic time to immediately respond to the call or can they respond when their schedule is available?
- Answer: No, they do not need to stop treating their patient to take the call.  
  
They can call the peer PT back when their schedule allows. They can also schedule a time that works best for them.
14. If a patient has a surgical procedure and must immediately visit physical or occupational therapy right after a procedure, do I need to complete the intake form for this program?



- Answer: No.

If a patient requires PT or OT services immediately post-surgery such as gait training with crutches or splint fabrication, there is no need for completion of the intake, as the program does not apply under these circumstances.

If the patient requires outpatient physical or occupational therapy at the hospital setting after the post-surgery services are completed, an evaluation after that time is required by accessing the site of care intake to determine the most appropriate site of care.

15. Are all Cigna markets included in this program?

- Answer: No.

Excluded Markets: this requirement excludes Customers seeking services in: Nebraska, New Mexico, Hawaii, North Dakota, Idaho, Iowa, Michigan, Minnesota, Montana, Oregon, Puerto Rico, South Dakota, Virgin Islands, Washington, and Wyoming, Guam, and American Samoa and Other Non-Hawaii Pacific Islands.