

# Endeavor Health Exception Request

## Member Request for Tier 1 Exception

**Form must be completed by enrolled employee.**

Customers enrolled in the Endeavor Health Plan (previously called the System Only Plan) can request an exception to use the Cigna Network at Endeavor Health Plan Tier 1 benefits. **This exception process does not apply to the HDHP High Deductible or EPO Plans.**

Customers, or the provider they are seeing, may contact Cigna to request an exception to the domestic Endeavor Health Network. If eligibility criteria are met, the designated Cigna team will review the request which takes approximately 10 business days. If approved, the member may use the approved provider at Endeavor Health Plan Tier 1 benefits, for the timeframe specified by Cigna.

### Eligibility criteria

The following criteria must be met by the member to be considered for an exception:

- Member must be enrolled in the Endeavor Health Plan (previously called the System Only Plan)
- The request must be made prior to the service OR no later than 90 days after the date of service.

### Reviewing Forms

**The member can request an exception for the following reasons:**

- Member requires medically necessary care or highly specialized services that are only available outside of the domestic network. For example, member requires Proton Therapy which is not available within the domestic network.
- Care may be available within the domestic network but due to reasons beyond the member's control the service cannot be provided. For example, there is a limited number of providers in the domestic network that offer a particular service, like fertility treatment, but that provider has an unreasonably long wait list for appointments.
- Member transitioning care from a Cigna network provider to a domestic Endeavor Health Network provider or if changing providers would cause a major disruption to their ongoing treatment. For example, the provider they were seeing left the domestic Endeavor Health Network, but the member needs to continue receiving their treatment while they transition to a new provider in the domestic Endeavor Health Network.

### Review/Approve requests for:

- Dialysis Centers (North Region employees, South Region has dialysis center) – 25-mile radius will apply.
- Skilled Nursing Facilities
- Transplants (other than autologous stem cell transplant, which NorthShore does)
- Elective Abortions
- Proton Therapy

### Review/Approve requests if there is limited availability/an unreasonably long wait list, based on member condition and/or medical urgency for:

- Dermatology
- Physical Therapy
- Pediatric Speech Therapy
- Reproductive Endocrinology
- Neurology
- Chiropractic
- Lactation Consultants (Dependent on availability in North Region)
- IVF

### Rare cases/specialty that may require additional review:

- Pediatric Interventional Radiology for Vascular Malformations Specialist for Adult Central Conducting Lymphatic Anomaly
- Laryngology for Spasmodic dysphonia
- Oncology- Sarcoma Specialist, Natural Killer T-Cell Lymphoma
- Orthopedic Surgery for limb lengthening
- Pediatric Ophthalmology - Eye Infection Specialist
- Pediatric Audiology for MED-EL Cochlear Implant
- Pediatric Orthopedics - Growth Plate Fracture Specialist
- Pediatric Spinal Specialist
- Pediatric Neurosurgery for NF1, Tethered spinal cord syndrome, and laminectomy

**In all cases, member must first be seen by a domestic network provider for evaluation. Cigna will determine the length of time an approval is valid based on provider type and member condition.**

# Endeavor Health Exception Request

Group Name: **Endeavor Health Network Plan** (previously called the System Only Plan)  
(\* denotes required information)

Group Number: **3345678**

\*Employee Name: \_\_\_\_\_

\*Cigna ID# or SSN#: \_\_\_\_\_  
(ID# begins with U on ID Card)

\*Date of Birth: \_\_\_\_\_

## PATIENT INFORMATION

\*Name: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_

\*Relationship to Employee: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*ZIP: \_\_\_\_\_

## **MEDICAL INFORMATION:**

Please list medical services related to your Tier-1 exception request. (you may need to obtain this information from your Endeavor Health Network Provider)

\*Diagnosis Code(s): \_\_\_\_\_

\*CPT/Procedure Code(s): \_\_\_\_\_

\*Date(s) of Service: \_\_\_\_\_

\*Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In all cases, member must first be seen by an Endeavor Health Network provider for evaluation.**

Please provide the following information about the Endeavor Health Provider:

\*Name of the Endeavor Health Network provider: \_\_\_\_\_

\*Endeavor Health Network Provider Phone#: \_\_\_\_\_ FAX#: \_\_\_\_\_

\*Endeavor Health Network Provider Address: \_\_\_\_\_

\_\_\_\_\_

# Endeavor Health Exception Request



**You may only request to see a Cigna provider for an exception.**

To locate a Cigna Provider – you may scan the QR code to search the provider directory or call Cigna Customer Service for assistance at 1.800.233.7137

**Please provide the following information about the Cigna Provider you are requesting to see:**

**\*Name of Cigna Provider:** \_\_\_\_\_

**\*Tax ID for the requested Cigna provider:** \_\_\_\_\_

(You may need to contact the provider to obtain this information)

**\*Address:** \_\_\_\_\_

**\*Phone #:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

**\*What type of services are being requested:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## What is the best way to reach you?

**\*Please provide your preferred method of contact:**

**Home or Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email** (to be used for exception form process only): \_\_\_\_\_

**Please allow 10 business days for the exception review process.**

I hereby authorize Cigna to obtain information and medical records from the above physician(s) / provider(s) in connection with making an informed decision regarding my request. I understand that I am entitled to a copy of this Authorization Form. I am aware that unauthorized services will be denied.

**\*Signature (Patient or Guardian):** \_\_\_\_\_

**\*Date:** \_\_\_\_\_

**Return completed form to:**

**Email:** [EndeavorSupport@Cignahealthcare.com](mailto:EndeavorSupport@Cignahealthcare.com) **Subject line:** Tier 1 Exception Requests

Questions? Please call Cigna Customer Service for Endeavor Health at **1.800.233.7137**