

# Cigna Healthcare Supplemental Health Solutions

## Critical Illness claims checklist

Please prepare the following to fill out and submit your Critical Illness claim with ease.

### Employee Basic Information

*Also required when claimant is a child or spouse.*

- ☐ Name
- ☐ Home address
- ☐ Social security number
- ☐ Date of birth
- ☐ Name of employer at time of claim
- ☐ Was the employee considered actively employed on the date of the diagnosis? If no, what was the reason?

### Critical Illness Information

Simply provide:

- ☐ Completed physician statement  
(**preferred option** for fastest claim processing time)

### OR

- ☐ All medical records related to the covered Critical Illness, including pathology if applicable. Please refer to page 2 for a list of required documentation. If your diagnosis is not listed on page 2, please provide all related medical records.

Once information is gathered, please refer to the **How to File a Claim flyer** to submit your claim.

### Please note:

- If you are filing a claim on behalf of an insured claimant who is deceased, also provide the death certificate **and** a disclosure authorization for the deceased, which can be obtained from the policy holder's Human Resources department.
- Records can be obtained by contacting your medical provider or via your online medical portal.

Specific conditions require specific documentation. For a list of those conditions/documentation, please refer to the table below.

<b>Advanced Heart Failure</b>	<ul style="list-style-type: none"> <li>Echocardiogram, Nuclear Scan, or Cardiac Catheterization Reports</li> <li>Hospital admission records/reports showing elevated BNP and abnormal left ventricular function</li> </ul>
<b>Advanced Obesity</b>	<ul style="list-style-type: none"> <li>Bariatric surgery report</li> <li>Medical records showing body mass index (BMI)</li> <li>Records of clinically significant obesity-related comorbidity</li> <li>Provider statement confirming the customer failed to achieve and maintain medically managed weight loss</li> <li>Evaluation report from a Metabolic and Bariatric Surgery Accreditation Quality Improvement Program (MBSAQIP) accredited bariatric program within the previous six months, including nutritional evaluation, clearance by mental health provider, and medical recommendation</li> </ul>
<b>Aortic or Cerebral Aneurysm</b>	<ul style="list-style-type: none"> <li>Records of the repair procedure</li> </ul>
<b>Benign Brain Tumor</b> Either the medical records <b>OR</b> the pathology are required, not both.	<ul style="list-style-type: none"> <li>Medical records or clinical documentation supporting the diagnosis</li> <li>Pathology/biopsy/tissue specimen results diagnosing the benign brain tumor</li> </ul>
<b>Blindness</b>	<ul style="list-style-type: none"> <li>Visual Acuity results</li> <li>Visual Field testing if vision loss is for visual field loss</li> <li>Evidence of permanency and irreversible loss of vision in both eyes from history of vision loss and diagnosis</li> </ul>
<b>Cancer/Carcinoma in Situ</b>	<ul style="list-style-type: none"> <li>Oncology records</li> <li>Biopsy/pathology results</li> <li>All medical records for the last 12 months before date of diagnosis for the lookback investigation</li> </ul>
<b>Coronary Artery Disease</b>	<ul style="list-style-type: none"> <li>Echocardiogram</li> <li>Angiogram</li> <li>Cardiac Catheterization report</li> <li>Operative note from coronary artery bypass graft (CABG)</li> <li>Medical records documenting the percentage blockage of blood flow to the heart</li> </ul>
<b>Crohn's Disease</b>	<ul style="list-style-type: none"> <li>Physician records documenting chronic inflammation of the digestive tract</li> <li>Biopsy results</li> </ul>
<b>End Stage Renal (Kidney) Failure</b>	<ul style="list-style-type: none"> <li>Records from dialysis center, if listed on claim form, or from nephrologist documenting chronic irreversible failure of both kidneys and date of dialysis prescription</li> <li>Office notes/history from nephrologist</li> <li>Renal biopsy is available</li> </ul>
<b>Heart Attack</b>	<ul style="list-style-type: none"> <li>Echo or imaging study</li> <li>EKG results</li> <li>Laboratory results including biomarkers</li> <li>Post myocardial infarction (MI) evidence of permanent heart damage; can be from cardiac catheterization, echocardiogram or stress test</li> </ul>
<b>Invasive Cancer</b>	<ul style="list-style-type: none"> <li>Medical records, including biopsy/pathology results</li> </ul>
<b>Major Organ Failure</b>	<ul style="list-style-type: none"> <li>Medical records documenting placement on a national registry for organ matching administered by UNOS and recommendation from a physician to undergo a human-to-human organ transplant</li> </ul>
<b>Paralysis</b>	<ul style="list-style-type: none"> <li>Records indicating the complete, irreversible and permanent loss of function in two or more non-severed limbs, not resulting from stroke, multiple sclerosis or cerebral palsy</li> </ul>
<b>Parkinson's Disease</b>	<ul style="list-style-type: none"> <li>Neurology notes showing clinical findings of signs related to Parkinson's disease</li> </ul>
<b>Pulmonary Embolism</b>	<ul style="list-style-type: none"> <li>Physician records</li> <li>Imaging results confirming thrombus in pulmonary circulation</li> </ul>
<b>Severe Sepsis</b>	<ul style="list-style-type: none"> <li>Hospital records from sepsis hospitalization</li> <li>Medical records documenting organ dysfunction and blood pressure of less than or equal to 100 systolic</li> </ul>
<b>Skin Cancer</b>	<ul style="list-style-type: none"> <li>Biopsy results</li> </ul>
<b>Stroke</b>	<ul style="list-style-type: none"> <li>All neuro imaging studies results</li> <li>Documentation that neurological deficits exist after four days</li> </ul>

\*The list of documentation needed is a detailed sample only. Additional medical records may be required if deemed necessary during the claim review process.