

# TRANSITION OF CARE

# CONTINUITY OF CARE

See how they work.

## What is Transition of Care?

Transition of Care (TOC) allows customers to continue to receive services for specific procedures during coverage transitions.

A TOC service is a dental procedure that begins while you're covered under one carrier and is finished while you're covered under a different carrier. Typically, TOC services require more than one trip to the dental office for completion. TOC applies to orthodontic treatment and some general dentistry services, such as root canal therapy, crowns, partials or bridges.

With TOC, you may be able to continue to receive services for specified dental procedures with dental providers who are not in the Cigna network at in-network coverage levels. You must apply for TOC at enrollment or when there is a change in your medical plan. You must apply no later than 30 days after the start date of your new coverage.

## What is Continuity of Care?

With Continuity of Care (COC), you may be able to receive services at in-network coverage levels for specific dental services when your dental care provider leaves your plan's network.

Typically, COC services require more than one trip to the dental office for completion. COC applies to orthodontic treatment and some general dentistry services, such as root canal therapy, crowns, partials or bridges.

COC is for a defined period of time. You must apply for COC within 30 days of being notified of your dental care provider's termination.

## How do TOC and COC work?

- ▶ You must already be under treatment for the condition noted on the TOC/COC request form.
- ▶ **If the request is approved for dental procedures:**
  - You will receive the in-network level of coverage for treatment of the qualifying service. You must receive care from specific dental care provider(s) only for the period of time approved by Cigna.
  - If your plan includes out-of-network coverage, you may choose to continue care with out-of-network providers beyond the time frame approved by Cigna; however, you'll typically get better benefits if you stay in-network.
  - TOC/COC applies only to treatment of the specific approved dental service with the dental provider named on the request form. All other conditions must be performed by an in-network dental provider for you to receive in-network coverage.
- ▶ The availability of TOC/COC does not guarantee that a treatment is dentally necessary. Depending on the actual request, a dental necessity determination may still be required for a service to be covered.

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

953144 01/21

## **Examples of dental conditions that may qualify for TOC/COC include but are not limited to:**

- › Root canal treatment
- › Crowns/bridgework
- › Full/partial dentures
- › Implants
- › Orthodontic treatment

## **Examples of conditions that do not qualify for TOC/COC include but are not limited to:**

- › Cleanings/exams
- › Periodontal services
- › Fillings

## **What time frame is allowed for transitioning to a new in-network dental care provider?**

Cigna may determine that transitioning to an in-network dental care provider is inappropriate or unsafe for certain conditions that qualify for TOC/COC. In such cases, Cigna will authorize services provided by an out-of-network dental care provider for a specified period of time (usually 90 days). In other cases, services may be approved until care has been completed or transitioned to an in-network dental care provider, whichever comes first.

## **If I am approved for TOC/COC for dental, can I receive in-network coverage for a non-related service?**

In-network coverage levels that are part of TOC/COC only apply to the approved dental services. They cannot be applied to another dental service.

You need to complete a TOC/COC request form for each unrelated dental service. You must complete this form no later than 30 days after your plan becomes effective or your dental care provider leaves your plan's network.

## **Can I apply for TOC/COC if I am not currently in treatment or seeing a dental care provider?**

You must already be in treatment for the dental service that is noted on the TOC/COC request form.

## **How do I apply for TOC/COC coverage?**

You must submit your request in writing, using the TOC/COC request form. This form must be submitted at the time of enrollment, when your dental plan changes or when your dental care provider leaves the Cigna network. It cannot be submitted more than 30 days after your plan's start date or notification of your dental care provider's termination.

After receiving your request, Cigna will review and evaluate the information provided. Then, we will send you a letter informing you whether your request was approved or denied. A denial will include information about how to appeal the determination.

# TOC/COC request form



Use a separate form for each condition. Photocopies are acceptable. Attach additional information if needed. Please work with your dental provider to complete the information below.

Employer		Plan #	Employee Date of Enrollment in Plan (mm/dd/yyyy)	
Employee Name			Employee ID	Work Phone
Home Address	Street	City	State	ZIP
Patient's Name		Patient's Social Security # or Alternate ID	Patient's Birth Date (mm/dd/yyyy)	Relationship to Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Self

- Has the patient started root canal treatment for a specific tooth that is in progress and not complete?  Yes  No  
If yes, please provide the tooth number and date the root canal treatment started. \_\_\_\_\_
- Has the patient started crown and/or bridgework for a specific tooth/teeth that is in progress and not complete?  Yes  No  
If yes, please provide the tooth number(s) involved and the prep date. \_\_\_\_\_
- Has the patient started treatment for an upper and/or lower denture that is in progress and not complete?  Yes  No  
If yes, please provide the arch(es) involved and the prep date. \_\_\_\_\_
- Has the patient started treatment for an upper and/or lower partial denture that is in progress and not complete?  Yes  No  
If yes, please provide the arch(es) involved and the prep date. \_\_\_\_\_
- Has the patient started treatment for implant work that is in progress and not complete?  Yes  No  
If yes, please provide the tooth number(s) involved and date(s) of extraction. \_\_\_\_\_
- Has the patient started treatment for implant prosthesis work related to the implant(s) that is in progress and not complete?  Yes  No  
If yes, please provide the tooth number(s) involved and the prep date. \_\_\_\_\_
- Is the patient currently receiving orthodontic treatment?  Yes  No  
If yes, please provide the date the patient was banded. \_\_\_\_\_
- If you did not answer "Yes" to any of the above questions, please describe the dental service(s) in progress for which the patient is requesting TOC/COC. Note: Dental treatment plans (not in progress) do not qualify for TOC/COC.  
\_\_\_\_\_  
\_\_\_\_\_

9. Please complete the dental care provider information requested below.

Group Practice Name	
Dental Care Provider Name	Dental Care Provider Phone #
Dental Care Provider Specialty	
Dental Care Provider Tax ID & License Number	
Reason for Service(s)	

I hereby authorize the above health care provider to give Cigna, or its affiliates and contracted parties, any and all information and medical records necessary to make an informed decision concerning my request for Transition of Care/Continuity of Care. I understand I am entitled to a copy of this authorization form.	
Signature of Patient or Guardian	Date (mm/dd/yyyy)

**Submit this request form to:**

Cigna Dental  
 Attention: Transition of Care/Continuity of Care  
 PO Box 188037  
 Chattanooga, TN 37422  
 Fax 860.730.3939

## Instructions for completing the TOC/COC request form

When the form is completed, it must be signed by the patient for whom the TOC/COC is being requested. If the patient is a minor, a guardian's signature is required.

The first few sections of the form apply to the employee. When the form asks for the patient's name, enter the name of the person who is receiving care and is requesting TOC/COC.

To help ensure a timely review of your request, please return the form as soon as possible. You must apply for TOC within 30 days of the start date of your plan. For COC, please return this form along with a copy of the Provider Termination letter you received from Cigna. We must receive both documents within 30 days of the date on the Provider Termination letter.

**Completed TOC/COC request forms must be received no later than 30 days after your plan becomes effective or your dental care provider leaves your plan's network.**

**TOC/COC requests will be reviewed within 10 days of receipt.**



Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Cigna HealthCare of Connecticut, Inc., and Cigna Dental Health, Inc. and its subsidiaries.

953144 Hub 01/21 © 2021 Cigna. Some content provided under license.