Sinus Surgery
Precertification Information Request Form

Applies to:

Aetna plans

Innovation Health® plans

Health benefits and health insurance plans offered and/or underwritten by the following:

Allina Health and Aetna Health Insurance Company (Allina Health | Aetna)

Banner Health and Aetna Health Insurance Company and/or Banner Health and Aetna Health Plan Inc. (Banner|Aetna)

Sutter Health and Aetna Administrative Services LLC (Sutter Health | Aetna)

Texas Health + Aetna Health Plan Inc. and Texas Health + Aetna Health Insurance Company (Texas Health Aetna)

aetna®

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About this form

New form – effective **November 13, 2018.** This form will help you supply the right information with your precertification request. **Failure to complete this form and submit all of the medical records we are requesting may result in the delay of review.**

How to fill out this form

As the patient's attending physician, you must complete all sections of the form. You can use this form with all Aetna health plans, including Aetna's Medicare Advantage plans. You can also use this form with health plans for which Aetna provides certain management services.

When you're done

Once you've filled out the form, submit it and all requested medical documentation to our Precertification Department by:

- **(Preferred)** Upload your information electronically on our secure provider website on NaviNet® at **connect.navinet.net**.
    - Complete a Precertification Inquiry transaction for the patient.
    - When the inquiry is successful, click the "Add Attachment" link in the upper right corner of the screen.
    - Upload your document(s) and click "Attach." The window will close and you will return to Precert Inquiry screen.

- Send your information by confidential fax to:
    - Precertification – Commercial Plans: **859-455-8650**
    - Precertification – Medicare Advantage Standard Organization Determination: **859-455-8650**
    - Precertification – Medicare Advantage (expedited only): **860-754-5468**

- Mail your information to: **PO Box 14079**
  Lexington, KY 40512-4079

What happens next?

Once we receive the requested documentation, we'll perform a clinical review. Then we'll make a coverage determination and let you know our decision. Your administrative reference number will be on the electronic precertification response.

How we make coverage determinations

If you request precertification for a Medicare Advantage member, we use CMS benefit policies, including national coverage determinations (NCD) and local coverage determinations (LCD) when available, to make our coverage determinations. If there isn't an available NCD or LCD to review, then we'll use the Clinical Policy Bulletin referenced below to make the determination.

For all other members, we encourage you to review **Clinical Policy Bulletin #937: Sinus Surgeries** before you complete this form.

You can find the Clinical Policy Bulletins and Precertification Lists by visiting the website on the back of the member's ID card.

Questions?

If you have questions about how to fill out the form or our precertification process, call us at:

- HMO plans: **1-800-624-0756**
- Traditional plans: **1-888-632-3862**

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Section 1: Provide the following general information	
Member name:	**Administrative reference number (required)**
Member ID:	**Member date of birth:**
Requesting provider/facility/vendor name:	
Requesting provider/facility/vendor NPI:	
Requesting provider/facility/vendor phone number: 1- - -	
Requesting provider/facility/vendor fax number: 1- - -	
Assistant/co-surgeon name (if applicable):	**TIN:**

Section 2: Provide the following patient-specific information.
Describe the indication for the sinus surgery:
Will the surgery be image-guided? ☐ Yes ☐ No If yes, please provide the indication for image guidance.
How long has the patient had symptoms of persistent chronic rhino-sinusitis (i.e., 12 weeks)? Date symptoms started: / /
Document the medical therapy that has been tried and failed. Antibiotics: Start date / / End date / / Intranasal steroids: Start date / / End date / / Daily saline nasal irrigation: Start date / / End date / / Other (please describe):
Is this a re-do or revision sinus surgery? ☐ Yes ☐ No **If yes, please provide the following information:** Description of previous sinus surgery: Date of previous sinus surgery: / / How long has the patient had symptoms of persistent chronic rhino-sinusitis since surgery (i.e., 12 weeks)? Antibiotics after surgery: Start date / / End date / / Has the patient had endoscopic or CT imaging since surgery? ☐ Yes ☐ No **If yes, please submit report(s).**
Section 3: Provide the following documentation for your request
• Endoscopic and/or CT imaging of sinuses • Current history and physical • Description of proposed treatment • Laboratory/pathology reports, as applicable • Supporting medical records documenting clinical findings, conservative management with outcome, and current plan of care.

Section 4: Read this important information
Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Section 5: Sign the form **Just remember: You can't use this form to initiate a precertification request.** To initiate a request, you have to call our Precertification department. Or you can submit your request electronically.
Signature of treating doctor or other qualified healthcare provider:
Date: / /
Contact name of office personnel to call with questions: **Telephone number:** 1- - -