

# Hip Surgery for Impingement Syndrome Precertification Information Request Form

**Applies to:**

**Aetna plans**

**Innovation Health® plans**

**Health benefits and health insurance plans offered, underwritten and/or administered 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®**

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna). Aetna provides certain management services on behalf of its affiliates.

# Hip Surgery for Impingement Syndrome Precertification Information Request Form

## About this form

**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. **Failure to complete this form and submit all of the medical records we are requesting may result in the delay of review.**

Effective **May 25, 2018**, this form replaces all other Hip Surgery for Impingement Syndrome precertification information request documents and forms. This form will help you supply the right information with your precertification request. You don't have to use the form. But it will help us adjudicate your request more quickly.

## 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 via 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 #736: Femoro-Acetabular Surgery for Hip Impingement Syndrome** before you complete this form.

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

## Questions?

If you have any questions about how to fill out the form or our precertification process, call us at **1-800-424-4047**.

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## Section 1: Provide the following general information

<b>Member name:</b>	<b>Administrative reference number (required):</b>
<b>Member ID:</b>	<b>Member date of birth:</b>
<b>Requesting provider/facility name:</b>	
<b>Requesting provider/facility NPI:</b>	
<b>Requesting provider/facility phone number:</b> 1-       -       -	
<b>Requesting provider/facility fax number:</b> 1-       -       -	
<b>Assistant/co-surgeon name (if applicable):</b>	<b>TIN:</b>

## Section 2: Provide the following patient-specific information.

<input type="checkbox"/> Diagnosis of definite femoro-acetabular impingement confirmed by imaging <ul style="list-style-type: none"> <li><input type="checkbox"/> Cam Impingement (alpha angle greater than 50 degrees)</li> <li><input type="checkbox"/> Pincer Impingement (acetabular retroversion or coxa profunda)</li> <li><input type="checkbox"/> Pistol Grip Deformity (nonspherical femoral head shape)</li> </ul> <p><b>Submit radiology report(s) (X-rays, MRI or CT scans)</b></p>
<input type="checkbox"/> Moderate to severe symptoms typical of FAI (hip pain that is worsened by flexion activities (e.g., squatting or prolonged sitting)) that significantly limits activities <p><b>Specify duration of symptoms</b></p>
<input type="checkbox"/> Positive impingement sign with sudden pain on 90 degree hip flexion with adduction and internal rotation or extension and external rotation
<input type="checkbox"/> Failure to respond to all available conservative treatment options including the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> Activity modification    <input type="checkbox"/> Pharmacological intervention    <input type="checkbox"/> Physiotherapy</li> </ul>
<input type="checkbox"/> Member is 15 years of age or older or skeletally mature (as indicated by epiphyseal closure)
<input type="checkbox"/> Absence of advanced osteoarthritis change on preoperative Xray (Tonnis grade 2 or more) or severe cartilage injury (Outerbridge grade III or IV).
<input type="checkbox"/> Absence of joint space narrowing on plain radiograph of the pelvis. Joint space is not less than 2 mm wide anywhere along the source. <p><b>Submit X-ray report(s)</b></p>
<input type="checkbox"/> Member does not have generalized joint laxity especially in diseases connected with hypermobility of the joints, such as Marfan syndrome and Ehlers-Danlos syndrome.
<input type="checkbox"/> Member does not have osteogenesis imperfecta.

## Section 3: Provide the following documentation for your request

- Current history and physical
- Description of proposed treatment
- Lab/pathology and radiology reports (X-rays, MRI, CT), if applicable
- Supporting medical records documenting clinical findings, conservative management with outcome and current plan of care.

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## 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 health care provider:**

**Date:**        /        /

**Contact name of office personnel to call with questions:**

**Telephone number:**