

Lower Limb Prostheses including Microprocessor-Controlled Knee Precertification Information Request Form

Applies to:

Aetna plans

Innovation Health® plans

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

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

Lower Limb Prostheses including Microprocessor-Controlled Knee 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.**

New form – effective **January 11, 2018**. 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. This includes Innovation Health Plan, Inc. and Innovation Health Insurance Company.

When you're done

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

You can send it 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**

Or you can mail it 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 # 578: Lower Limb Prostheses**, 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 any questions about how to fill out the form or our precertification process, call us at **1-800-424-4047**.

Lower Limb Prostheses including Microprocessor-Controlled Knee Precertification Information Request Form

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- - -	

Section 2: Select the applicable prosthesis/component

Select the HCPCS code(s) that apply to your request:

L5856 Microprocessor (swing and stance phase)

L5857 Microprocessor (swing phase only)

L5858 Microprocessor (stance phase only)

L5859 Powered and programmable flexion/extension assist control – any type motor(s)

L5987 Shank foot system with vertical loading pylon

L5999 Lower extremity prosthesis, not otherwise specified

Provide complete description of L5999:

Provide any additional HCPCS codes, with descriptions that apply to your request:

Section 3: Provide the following documentation for your request

- Current history and physical
- Office notes related to the member's condition for which treatment is proposed
- Clinical assessment(s) of patient's rehabilitation potential
- Itemized invoice for the requested prostheses/components
- Details of repair versus replacement cost, if applicable

Lower Limb Prostheses including Microprocessor-Controlled Knee Precertification Information Request Form

Section 4: Provide the following information for a replacement prosthesis/component

Is this a replacement prosthesis/component? Yes No

If yes, select the reason for the repair or replacement:

Patient misuse
Provide details

Normal wear and tear

A physical change in the patient's condition (e.g., change in weight)

Provide the reason the current prosthesis/component is not meeting the patient's needs

If the current prosthesis/component is broken and cannot be repaired, provide the details of repair versus replacement cost

Section 5: Provide the following patient specific information for your request

Provide a detailed description of the lower limb prosthesis/components requested (e.g., Otto-Bock Genium Bionic Prosthetic System)

Select any of the following that applies to your patient:

- Healthy, active community ambulating adults (18 years of age or older)
- Knee disarticulation amputation
- Trans-femoral amputation from a non-vascular cause
- Gait management in spinal cord injury

Is this prosthesis being fitted and programmed by a qualified prosthetist? Yes No

Prosthetist name:

Prosthetist phone number: 1-

Prosthetist status: Participating Non-participating

Select the below criteria that applies to your patient *if requesting a power flexion-extension assist*:

- Has a microprocessor (swing and stance phase type) controlled (electronic) knee
- Weight greater than 110 lbs. and less than 275 lbs.
- Documented comorbidity of the spine and/or sound limb affecting hip extension and/or quadriceps function that impairs K-3 level function with the use of a microprocessor-controlled knee alone
- Able to make use of a product that requires daily charging
- Able to understand and respond to error alerts and alarms indicating problems with the function of the unit

Lower Limb Prostheses: Microprocessor-Controlled Precertification Information Request Form

Section 6: Select the patient's rehabilitation potential classification level (K-level) based on clinical assessment(s)

- Level 0:** Does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility.
- Level 1:** Has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator.
- Level 2:** Has the ability or potential for ambulation with the ability to traverse low-level environmental barriers such as curbs, stairs or uneven surfaces. Typical of the limited community ambulator.
- Level 3:** Has the ability or potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.
- Level 4:** Has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. Typical of the prosthetic demands of the child, active adult, or athlete.

Section 7: 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 8: 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- - -