

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®

Obesity Surgery 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 obesity surgery 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 #157: Obesity Surgery**, 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:

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

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Section 2: Provide the following patient-specific information - Continued

Has the member participated in either of the following?

A physician-supervised nutrition and exercise program (including dietician consultation, low calorie diet, increased physical activity, and behavioral modification) for a cumulative total of 6 months (180 days) or longer in duration within 2 years prior to surgery, with participation in one program of at least 3 consecutive months Yes No

OR

A multi-disciplinary surgical preparatory regimen within 6 months prior to surgery of at least 3 consecutive months (90 days) duration (including behavior modification program, consultation with a dietician or nutritionist, documentation in the medical record of the member's participation each visit, exercise regimen (unless contraindicated), substantial face-to-face component and reduced-calorie diet program supervised by dietician or nutritionist Yes No

Note: Program must have a substantial face-to-face component (must not be entirely delivered remotely)

Section 3: Provide the following patient-specific information for patient age 18 years or older

(Skip to Section 4 if patient is an adolescent)

Does the member have severe obesity that has persisted for at least the last 2 years (24 months)? Yes No

Does the member have any of the following severe co-morbidities?

- Clinically significant obstructive sleep apnea
- Coronary heart disease
- Type 2 diabetes mellitus
- Medically refractory hypertension (blood pressure > 140 mmHg systolic and/or 90 mmHg diastolic despite concurrent use of 3 anti-hypertensive agents of different classes)

Section 4: Provide the following patient-specific information for adolescent patient who has completed bone growth

Is the member's body mass index (BMI) > 40? Yes No

Does the member have any of the following severe co-morbidities?

- Clinically significant obstructive sleep apnea Type 2 diabetes mellitus Pseudotumor comorbidities

Is the member's body mass index (BMI) > 50? Yes No

Does the member have any of the following severe co-morbidities?

- Medically refractory hypertension Dyslipidemias
- Nonalcoholic steatohepatitis Venous stasis disease
- Significant impairment in activities of daily living Intertriginous soft-tissue infections
- Stress urinary incontinence Gastroesophageal reflux disease
- Obesity-related psychosocial distress Weight-related arthropathies that impair physical activity

Section 5: Provide the following patient-specific information for Vertical Banded Gastroplasty (VBG) requests only

Does the member have any of the following co-morbid medical conditions?

- Complications from extensive adhesions involving the intestines from prior major abdominal surgery, multiple minor surgeries, or major trauma
- Hepatic cirrhosis with elevated liver function tests
- Inflammatory bowel disease (Crohn's disease or ulcerative colitis)
- Poorly controlled systemic disease (American Society of Anesthesiology (ASA) Class IV)
- Radiation enteritis

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Section 6: Provide the following documentation for your request

- Current history and physical
- Office notes related to the member's condition
- Lab/pathology and x-ray reports, if applicable
- Medical records documenting any past weight loss attempts, including physician-supervised nutrition and exercise programs or multi-disciplinary surgical preparatory regimen
- Pre-operative psychiatric clearance for members who:
 - Are currently under the care of a psychologist/psychiatrist, or
 - Have a severe psychiatric disturbance (schizophrenia, borderline personality disorder, suicidal ideation, severe depression), or,
 - Are currently prescribed psychotropic medications
- Sleep study results, if the member has a diagnosis of obstructive sleep apnea

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- - -