

Skilled Home Private Duty Nursing Care 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®

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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 31, 2018**, this form replaces all other Skilled Home Private Duty Nursing Care 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. 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 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 # 136: Skilled Home Private Duty Nursing Care**, 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**.

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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- - -	

Section 2: Provide the following patient-specific information

Is this an initial request or an extension request? Initial Extension
 Start date of skilled home private duty nursing care : / /

Hours per day patient needs private duty nursing:
 Number of visits requested:
 Check all that apply to the patient:
 Patient is being transitioned from an inpatient setting to home
 The additional skilled nursing care will prevent a hospital admission
 Patient meets the clinical criteria for confinement in a skilled nursing facility (SNF), but a SNF bed is not available

Describe the patient's home care needs in detail

Describe the patient's current living situation

Is there a caregiver in the patient's home? Yes No
 If yes, what is the caregiver's relationship to the patient?

Is the patient confined to the house? Yes No

Section 3: Complete this section for patients on ventilators

Date the patient became ventilator dependent: / /
 Hours per day the patient is ventilator dependent:

Section 4: Provide the following documentation for your request

- Letter of medical necessity
- Physician orders, including duration of services and treatment plan signed by physician
- History and physical
- **Extension requests:** nursing /clinical assessment summary notes and at least 1-2 weeks of shift notes

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Section 5: 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 6: 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- - -