

**Cataract Surgery
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 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.

Cataract Surgery Precertification Information Request Form

About this form

You can't use this form to initiate a precertification request. To initiate a request, call our Precertification Department or you can submit your request electronically. **Failure to complete this form and submit all medical records we are requesting may result in the delay of review or denial of coverage.**

This form replaces all other 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:

- **Looking for a quick and easy way to submit?** Use our provider portal on Availity® to also upload clinical documentation, check statuses, and make changes to existing requests. **Register today at www.availity.com or learn more about Availity at www.availity.com/aetnatraining.**
- Send your information via confidential fax to: Precertification - All Commercial and Medicare using FaxHub: **1-833-596-0339**
 - The fax number above (FaxHub) is for clinical information only. Please send specific information that supports your medical necessity review. Please continue to send all other information (claims etc.) to appropriate fax numbers.
- 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 #508 Cataract 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 :

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

Cataract Surgery Precertification Information Request Form

Section 1: Provide the following general information
If submitting request electronically, complete member name, ID and reference number only

Member name:	Reference number (required):
Member ID:	Member date of birth:
Member Phone Number:	
Requesting provider/facility name:	
Requesting provider/facility NPI:	
Requesting provider/facility phone number: 1- - -	
Requesting provider/facility fax number: 1- - -	
Assistant/co-surgeon name (if applicable):	TIN:

Section 2: Procedure Information

Which eye are you performing surgery on? Right Left

What is the primary procedure for cataract extraction (CPT code)? _____

What is the primary diagnosis (ICD-10)? _____

Please submit a separate form for each eye.

Section 3: Provide the following documentation for your request

Does the member have phacomorphic glaucoma? Yes No

Does the member have phacolytic glaucoma? Yes No

Does the member have a dislocated or subluxated lens? Yes No

If yes to any question in section 3, stop and proceed to section 6.

Section 4: Select the indication (s) that applies to your patient

Most current exam	OD	OS
Testing Date:		
Best Corrected Visual Acuity (BCVA) performed on same day as Manifest refraction without glare testing:		
Best Corrected Visual Acuity (BCVA) performed on same day as Manifest refraction with glare testing:		
Date BCVA performed:		
Snellen exam:	/	/
Previous exam	OD	OS
Testing Date:		
Best Corrected Visual Acuity (BCVA) performed on same day as Manifest refraction without glare testing:		
Best Corrected Visual Acuity (BCVA) performed on same day as Manifest refraction with glare testing:		
Date BCVA performed:		
Snellen exam:	/	/

Continued

Cataract Surgery Precertification Information Request Form

Member Name:	Member DOB:
Member ID:	Reference Number:

Member Phone Number:

Section 4: Select the indication (s) that applies to your patient (continued)

Optional but helpful. The Visual Function Index (VF-14) is a brief questionnaire designed to measure functional impairment for patients due to a cataract. It consists of 18 questions covering 14 aspects of visual function affected by cataracts. The VF-14 shows high internal consistency and is a reliable, valid instrument providing information not conveyed by visual acuity or general health status measures.

<p style="text-align: center;">General Functioning</p> <p>Please answer the following using patient information.</p>	<p>Points</p> <p>Utilizing the following point system please assign a point to each question.</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">Response</th> <th style="padding: 5px;">Points</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">not applicable</td> <td style="padding: 5px;">N/A</td> </tr> <tr> <td style="padding: 5px;">no</td> <td style="padding: 5px;">4</td> </tr> <tr> <td style="padding: 5px;">yes, with a little difficulty</td> <td style="padding: 5px;">3</td> </tr> <tr> <td style="padding: 5px;">yes, with a moderate amount of difficulty</td> <td style="padding: 5px;">2</td> </tr> <tr> <td style="padding: 5px;">yes, with a great deal of difficulty</td> <td style="padding: 5px;">1</td> </tr> <tr> <td style="padding: 5px;">yes, and am unable to do the activity</td> <td style="padding: 5px;">0</td> </tr> </tbody> </table>	Response	Points	not applicable	N/A	no	4	yes, with a little difficulty	3	yes, with a moderate amount of difficulty	2	yes, with a great deal of difficulty	1	yes, and am unable to do the activity	0
Response	Points														
not applicable	N/A														
no	4														
yes, with a little difficulty	3														
yes, with a moderate amount of difficulty	2														
yes, with a great deal of difficulty	1														
yes, and am unable to do the activity	0														

(1) Does the patient have any difficulty, even with glasses, reading small print, such as labels on medicine bottles, a telephone book or food labels?	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> N/A
(2) Does the patient have any difficulty, even with glasses, reading a newspaper or a book?	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> N/A
(3) Does the patient have any difficulty, even with glasses, reading a large-print book or large-print newspaper or numbers on a telephone?	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> N/A
(4) Does the patient have any difficulty, even with glasses, recognizing people when they are close to you?	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> N/A
(5) Does the patient have any difficulty, even with glasses, seeing steps, stairs or curbs?	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> N/A
(6) Does the patient have any difficulty, even with glasses, reading traffic signs, street signs, or store signs?	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> N/A
(7) Does the patient have any difficulty, even with glasses, doing fine handwork like sewing, knitting, crocheting, carpentry?	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> N/A
(8) Does the patient have any difficulty, even with glasses, writing checks or filling out forms?	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> N/A
(9) Does the patient have any difficulty, even with glasses, playing games such as bingo, dominos, card games, mahjong?	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> N/A
(10) Does the patient have any difficulty, even with glasses, taking part in sports like bowling, handball, tennis, golf?	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> N/A
(11) Does the patient have any difficulty, even with glasses, cooking?	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> N/A
(12) Does the patient have any difficulty, even with glasses, watching television?	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> N/A

Continued

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Member Name:	Member DOB:
Member ID:	Reference Number:
Member Phone Number:	
Section 4: Select the indication (s) that applies to your patient (continued)	
Driving - Check the correct answer below	
(13) Does the patient currently drive a car?	<input type="checkbox"/> Yes, go to 14 <input type="checkbox"/> No, go to 16
(14) How much difficulty does the patient have driving during the day because of their vision?	<input type="checkbox"/> No difficulty (4 points) <input type="checkbox"/> A little difficulty (3 points) <input type="checkbox"/> A moderate amount of difficulty (2 points) <input type="checkbox"/> A great deal of difficulty (1 point)
(15) How much difficulty does the patient have driving at night because of their vision?	<input type="checkbox"/> No difficulty (4 points) <input type="checkbox"/> A little difficulty (3 points) <input type="checkbox"/> A moderate amount of difficulty (2 points) <input type="checkbox"/> A great deal of difficulty (1 point)
(16) Has the patient ever driven a car?	<input type="checkbox"/> Yes, go to 17 <input type="checkbox"/> No, stop
(17) When did they stop driving?	<input type="checkbox"/> Less than 6 months ago <input type="checkbox"/> 6-12 months ago <input type="checkbox"/> More than 12 months ago
(18) Why did they stop driving?	<input type="checkbox"/> Vision <input type="checkbox"/> Other illness <input type="checkbox"/> Other reason
Section 5: Provide the following documentation for your request	
<ul style="list-style-type: none"> Current history and physical Office notes directly related to the patient's condition for which treatment is proposed Description of proposed treatment 	
Section 6: Read this important information	
<p>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.</p>	
Section 7: Sign the form	
<p>Just remember: You can't use this form to initiate a precertification request. To initiate a request, please submit electronically or call our Precertification Department.</p>	
Signature of person completing form:	
Date: / /	
Contact name of office personnel to call with questions:	
Telephone number: 1- - -	