

# Cardiac Catheter Ablation and Radioablation Precertification Information Request Form

**Applies to:**

**Aetna plans**

**Innovation Health® plans**

**Health benefits and health insurance plans offered and/or underwritten  
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)**



PCFX

# Cardiac Catheter Ablation and Radioablation Precertification Information Request Form

## About this form

**Do not use this form to initiate a precertification request.** To initiate a request, submit electronically on Availity or call our Precertification Department. Submit your medical records to support the request with your electronic submission.

We've made it easy for you to authorize services and submit any requested clinical information. Just use our provider portal on Availity®. Register today at [Availity.com/aetnaproviders](https://www.availity.com/aetnaproviders). Once your account is ready, you can start submitting authorization requests right away.

- For additional information on Availity, go to <https://www.aetna.com/health-care-professionals/resource-center/availity.html>

## Requesting authorizations on Availity is a simple two-step process

Here's how it works:

1. Submit your initial request on Availity with the Authorization (Precertification) Add transaction.
2. Then complete a short questionnaire, if asked, to give us more clinical information.
  - If you receive a pended response, then complete this form and attach it to the case electronically.

**This form will help you supply the right information with your precertification request. Typed responses are preferred. Failure to complete this form and submit all medical records we are requesting may result in the delay of review or denial of coverage.**

## 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:

- If your request was submitted via telephone, you can either:
  - Access our provider portal via Availity; enter the Reference number provided and attach this form and all requested medical documentation to the case or
  - Send your information by confidential fax to:
    - **Precertification** - Commercial and Medicare using FaxHub: [1-833-596-0339](tel: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.
  - If you do not have fax or electronic means to submit clinical:
    - Mail your information to: **PO Box 14079**  
**Lexington, KY 40512-4079**  
(Please note mailing will add to the review response time)

# Cardiac Catheter Ablation and Radioablation Precertification Information Request Form

## 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 #165: Cardiac Catheter Ablation and Radioablation**, 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 questions about how to fill out the form or our precertification process, call us at:

- HMO plans: [1-800-624-0756](tel:1-800-624-0756) (TTY: [711](tel:711))
- Traditional plans: [1-888-632-3862](tel:1-888-632-3862) (TTY: [711](tel:711))
- Medicare plans: [1-800-624-0756](tel:1-800-624-0756) (TTY: [711](tel:711))

## Cardiac Catheter Ablation and Radioablation Precertification Information Request Form

Section 1: Provide the following general information	
Typed responses are preferred. If the responses cannot be typed, they should be printed clearly	
Member name:	Reference number (required)
Member ID:	Member date of birth:
Member phone number:	
Requesting provider name:	Requesting provider NPI:
Requesting provider phone number: 1-     -     -	
Requesting provider fax number: 1-     -     -	
Requesting facility phone number: 1-     -     -	
Requesting facility fax number: 1-     -     -	
Has the procedure been scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the date of service:	
Section 2: Provide the following patient- specific clinical indications for ablation	
Section 2a Atrial Fibrillation (AF)	
Does the patient have any of the following:	
Select all that apply:	
<input type="checkbox"/> Atrial Fibrillation (AF) when drugs are not tolerated or are contraindicated	
<input type="checkbox"/> AF with inadequately controlled ventricular rates	
<input type="checkbox"/> AF with an identified accessory pathway	
<input type="checkbox"/> Heart failure with reduced ejection fraction due to medically refractory AF amenable to catheter ablation	
<input type="checkbox"/> Hypertrophic cardiomyopathy with AF that is drug-resistant, drugs are not tolerated or are contraindicated, or the member does not wish to take them	
<input type="checkbox"/> Symptomatic AF amenable to catheter ablation where symptoms persist despite rate control	
<input type="checkbox"/> Symptomatic paroxysmal AF when rhythm control is desired	
Section 2b: Atrioventricular nodal reentrant tachycardia (AVNRT)	
Does the patient have atrioventricular node reentrant tachycardia? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Section 2c:	
Does the patient have any of the following:	
Select all that apply:	
<input type="checkbox"/> Atrial Flutter	
<input type="checkbox"/> Focal or multifocal atrial tachycardia	
<input type="checkbox"/> Junctional tachycardia that is drug-resistant, drugs are not tolerated or are contraindicated, or the member does not wish to take them	
<input type="checkbox"/> Tachycardia-mediated cardiomyopathy	
<input type="checkbox"/> Tachy-brady syndrome/sinus node dysfunction	
Section 2d: Accessory pathways	
Does the patient have accessory pathway tachycardia (including pre-excitation syndrome (e.g., Wolff-Parkinson-White syndrome))? <input type="checkbox"/> Yes <input type="checkbox"/> No	

# Cardiac Catheter Ablation and Radioablation Precertification Information Request Form

<b>Fax to:</b> Precertification Department	<b>Fax number:</b> <a href="tel:1-833-596-0339">1-833-596-0339</a>
<b>Member name:</b>	
<b>Member ID:</b>	<b>Reference Number:</b>
Provide the following documentation for your request	
<ul style="list-style-type: none"><li>• Current history and physical applicable to procedure</li><li>• Office notes directly related to the member's condition for which treatment is proposed</li><li>• Description of proposed treatment</li></ul>	
<b>Section 3: Read this important information</b>	
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.	
<b>Section 4: Sign the form</b>	
<b>Just remember: You can't use this form to initiate a precertification request.</b> To initiate a request, you may submit your request electronically or call our Precertification Department.	
<b>Signature of person completing form:</b>	
<b>Date:</b> /     /	
<b>Contact name of office personnel to call with questions:</b>	
<b>Telephone number:</b> 1-     -     -	