

# Electroencephalographic (EEG) Video Monitoring 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)**



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## 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 the medical records we are requesting may result in the delay of review.**

This form replaces all other Electroencephalographic (EEG) Video Monitoring 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:

- We prefer you submit precertification requests electronically. Use our provider portal on Availity® to also upload clinical documentation, check statuses, and make changes to existing requests. **Register today at [availity.com/aetnaproviders](https://www.availity.com/aetnaproviders).**
- Precertification- Commercial and Medicare (including expedited) 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 # 322: Electroencephalographic (EEG) Video Monitoring**, 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	
<b>Member name:</b>	<b>Reference number (required)</b>
<b>Member ID:</b>	<b>Member date of birth:</b>
<b>Requesting provider/facility name:</b>	
<b>Requesting provider/facility phone number:</b> 1-     -     -	
<b>Requesting provider/facility fax number:</b> 1-     -     -	
<b>Requesting provider/facility NPI:</b>	
Section 2: Provide the following patient-specific information.	
Does the patient's diagnosis remain uncertain after recent within the past 90 days): Complete neurological examinations? <input type="checkbox"/> Yes <input type="checkbox"/> No Standard EEG studies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have non-neurological causes of symptoms (e.g., syncope, cardiac arrhythmias, sleep problems) been ruled out? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where will the procedure be performed? <input type="checkbox"/> Home/Ambulatory <input type="checkbox"/> Facility	
What type of clinician oversight applies to the procedure to be performed? <input type="checkbox"/> Unattended <input type="checkbox"/> Intermittently attended <input type="checkbox"/> Attended for duration of study	
Will interpretation be done in <input type="checkbox"/> real time or <input type="checkbox"/> not real time?	
Has the patient had a recent video EEG? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the date(s):        /     /                      /     /                      /     /	
Section 3: Select the EEG video monitoring indication(s) that applies to your patient	
<input type="checkbox"/> To differentiate epileptic events from psychogenic seizures <input type="checkbox"/> To establish the first diagnosis of a seizure disorder after negative routine EEG <input type="checkbox"/> To establish the specific type of epilepsy in poorly characterized seizure types where such characterization is medically necessary to select the most appropriate treatment <input type="checkbox"/> To establish the diagnosis of epilepsy and to evaluate response to treatment in persons with clinical symptoms consistent with epilepsy and abnormal routine EEG is consistent with epilepsy <input type="checkbox"/> To titrate medication dosages <input type="checkbox"/> For identification and localization of a seizure focus in persons with intractable epilepsy who are being considered for surgery <input type="checkbox"/> Other; Please specify:	

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<b>Member ID:</b>	<b>Reference number (required)</b>
<b>Section 4: Provide the following documentation for your request</b>	
<ul style="list-style-type: none"><li>• Neurological examinations</li><li>• Standard and video EEG studies</li><li>• Current history and physical</li><li>• Office notes related to the member's condition for which treatment is proposed</li><li>• Description of proposed treatment</li><li>• Lab/pathology and x-ray reports, if applicable</li></ul>	
<b>Section 5: Read this important information</b>	
<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>	
<b>Section 6: Sign the form</b>	
<p><b>Just remember: You can't use this form to initiate a precertification request.</b> To initiate a request, you have to call our Precertification department. Or you can submit your request electronically.</p>	
<b>Signature of treating doctor or other qualified healthcare provider:</b>	
<b>Date:</b> /        /	
<b>Contact name of office personnel to call with questions:</b>	
<b>Telephone number:</b> 1-        -        -	