

**Proton Beam Radiotherapy  
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)**



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

This form replaces all other Proton Beam Radiotherapy 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:

- 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://availity.com/aetnaproviders).
- Send your information via confidential fax to: Precertification – 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 #270: Proton Beam and Neutron Beam Radiotherapy** 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**
- Medicare plans: **1-800-624-0756**



## Proton Beam Radiotherapy Precertification Information Request Form

<b>Member name:</b>	<b>Reference number (required):</b>
<b>Section 2: Provide the following patient-specific information (continued).</b>	
<b>3.</b> Is planned treatment curative?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4.</b> Is the area to be treated abutting or overlapping a previously irradiated area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5.</b> a. Is the patient being treated on a clinical trial?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If yes, what is the NCT trial number?	
<b>6.</b> What is the total planned dose?	
What is the number of proton beam radiotherapy fractions?	
<b>Section 3: Provide the following documentation for your request</b>	
<ul style="list-style-type: none"> <li>• Radiation oncologist consultation note(s)</li> <li>• Current history and physical</li> <li>• Medical records related to the patient's condition for the proposed treatment, including the following: <ul style="list-style-type: none"> <li>– Detailed radiation treatment plan</li> <li>– Documentation of all clinical findings</li> <li>– Type, duration and outcome of any prior surgical or radiotherapy treatment</li> </ul> </li> <li>• All radiology and imaging reports documenting the presence or absence of metastatic disease</li> </ul>	
<b>Section 4: 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 5: 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 may submit your request electronically or call our Precertification Department.</p>	
<b>Form completed by:</b>	<b>Title:</b>
<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-     -     -	
<b>Contact name of radiation oncologist personnel to call with questions:</b>	
<b>Telephone number:</b> 1-     -     -	
<b>Contact name of radiation facility personnel to call with questions:</b>	
<b>Telephone number:</b> 1-     -     -	