

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)



Ptosis Surgery Precertification Information Request Form

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 medical records we are requesting may result in the delay of review or denial of coverage.**

This form replaces all other Ptosis Surgery 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:

- **(Preferred)** Upload your information electronically on our secure provider portal at www.Availity.com.
- Email requests that require photographs to:
 - Commercial Plans: VFAXPrecert@aetna.com
 - Medicare Advantage Plans: MedicarePrecert@aetna.com
- Send your information via confidential fax to: 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. Thank you.
- 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 #84: Ptosis 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 at:

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

Ptosis Surgery Precertification Information Request Form

Section 1: Provide the following general information

Member name:	Reference number (required):
Member ID:	Member date of birth:
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: Select the procedure(s) that applies to your patient

<input type="checkbox"/> Blepharoplasty <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral <input type="checkbox"/> Ptosis (blepharoptosis repair) <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral <input type="checkbox"/> Brow ptosis repair <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral	<input type="checkbox"/> Canthoplasty <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral <input type="checkbox"/> Ectropion repair <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral <input type="checkbox"/> Entropion repair <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral
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Section 3: Select the indication(s) that applies to your patient

Correct prosthesis difficulties in an anophthalmia socket
 Remove excess tissue of the upper eyelid causing functional visual impairment
Submit the following:
 Photographs in straight gaze* **Visual field test with and without the eyelid or brow taped****

Repair defects predisposing to corneal or conjunctival irritation
 Corneal exposure
 Ectropion (eyelid turned outward)
 Entropion (eyelid turned inward)
 Pseudotrachiasis (inward misdirection of eyelashes caused by entropion)

Relieve painful symptoms of blepharospasm
 Treat peri-orbital sequelae of thyroid disease and nerve palsy
 Relieve excessive lower lid bulk
 Repair eyelid ectropion or entropion causing corneal or conjunctival injury due to ectropion, entropion or trichiasis
 Repair for laxity of the muscles of the upper eyelid causing functional visual impairment
Submit the following:
 Photographs in straight gaze* **Visual field test with and without the eyelid or brow taped****

Repair for laxity of the forehead muscles causing functional visual impairment **Submit the following:**
 Photographs in straight gaze* **Visual field test with and without the eyelid or brow taped****

Other; Please Specify

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Member ID:	Reference Number:
Section 4: Provide the following documentation for your request	
<ul style="list-style-type: none"> • Current history and physical applicable to procedure • Office notes directly related to the member's condition for which treatment is proposed • Description of proposed treatment • *Photographic documentation (straight gaze) of the patient's condition, as indicated above Note: Submit Copies of photographs rather than originals. Photographs will not be returned. • **Visual field test with and without the eyelid or brow taped, as indicated above 	
Section 5: 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 6: Sign the form	
<p>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.</p>	
Signature of person completing form:	
Date: / /	
Contact name of office personnel to call with questions:	
Telephone number: 1- - -	