

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)



Spinal 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 submit your request electronically. Or you can call our Precertification Department.

Failure to complete this form and submit all of the medical records we are requesting may result in the delay of review or denial of coverage.

Effective **January 1, 2020**, this form replaces all other Spinal 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 website on the Provider Portal at **www.Availity.com**.
- Send your information by confidential fax to:
 - Precertification – Commercial Plans: **859-455-8650**
 - Precertification - Medicare Advantage Standard Organization Determination: **859-455-8650**
 - Precertification - Medicare Advantage (expedited only): **860-754-5468**
- 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 spinal surgery precertification for an Aetna Medicare Advantage member, we use Centers for Medicare & Medicaid Services benefit policies – when available – to make a coverage determination. These benefit policies include National Coverage Determinations (NCD) and Local Coverage Determinations (LCD). If no NCD or LCD is available, we'll use the Aetna Clinical Policy Bulletins (CPB) referenced below to make the coverage determination.

For all other members, we encourage you to review **CPB #16: Back Pain – Invasive Procedures**, **CPB #411: Bone and Tendon Graft Substitutes**, **CPB #591: Intervertebral Disc Prostheses**, and **CPB #743: Spinal Surgery: Laminectomy and Fusion** 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**

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Section 1: To be completed by the Precertification Department

Member name:	Administrative 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- - -	
Referring physician name:	
Referring physician phone number: 1- - -	Referring physician phone number: 1- - -

Section 2: Provide the following patient specific information

Is this a re-do or revision surgery? Yes No

Will any of the following neuromonitoring be used? (check all that apply)

- Somatosensory evoked potentials (SSEPs)
 Motor evoked potentials (MEPs)
 Electromyography (EMG)

Who will be billing for the neuromonitoring? Surgeon Hospital Name:
NPI: Participating or Non-Participating
Address:
Phone: Fax:

If the surgeon is billing, provide the CPT codes:

Which of the following conditions is being treated? (check all that apply)

- Spinal stenosis
 Fracture
 Instability
 Pseudoarthrosis
 Tumor
 Deformity (e.g., kyphosis, listhesis, sagittal imbalance, flat back, scoliosis)

Has the patient completed a course of formal physical therapy **within the past year**? Yes No

If yes, when did the physical therapy start? / /

How many weeks of physical therapy were completed?

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Section 3: Provide the following information for all cervical, thoracic or lumbar requests

Procedure: Provide a detailed description. Refer to CPB #743.

Levels of surgery:

CPT codes requested:

Does this procedure require an endoscopic approach? Yes No

Will a C-arm be used for this procedure? Yes No

Select the planned procedure, if applicable:

- | | |
|--|---|
| <input type="checkbox"/> Anterior cervical disc fusion (ACDF) | <input type="checkbox"/> Interlaminar lumbar instrumented fusion (ILIF) |
| <input type="checkbox"/> ACDF with corpectomy | <input type="checkbox"/> Lumbar disc replacement |
| <input type="checkbox"/> Anterior lumbar interbody fusion (ALIF)
with posterior instrumentation | <input type="checkbox"/> Multiple level scoliosis correction surgery |
| <input type="checkbox"/> ALIF and posterolateral fusion | <input type="checkbox"/> Oblique Lateral Interbody Fusion (OLIF) |
| <input type="checkbox"/> ALIF with anterior instrumentation | <input type="checkbox"/> Posterior Cervical Decompression and Fusion (PCDF) |
| <input type="checkbox"/> Cervical Disc Replacement | <input type="checkbox"/> Posterior lumbar interbody fusion (PLIF) |
| <input type="checkbox"/> Cervical Laminoplasty | <input type="checkbox"/> PLIF/TLIF and posterolateral fusion |
| <input type="checkbox"/> Direct lateral interbody fusion (DLIF) | <input type="checkbox"/> Posterolateral fusion with posterior instrumentation |
| <input type="checkbox"/> Extreme lateral interbody fusion (XLIF) | <input type="checkbox"/> Transforaminal lumbar interbody fusion (TLIF) |

Section 4: Provide the following information for prosthetic intervertebral discs, instrumentation and bone grafts

Instrumentation: Provide a detailed description, including the manufacturer and name of implant. Refer to CPB #16.

Includes intervertebral body fixation devices or cages, interspinous or interlaminar distraction devices, interspinous fixation devices and dynamic stabilization spacers, rods, pedicle screws and plates.

Anterior instrumentation

CPT/HCPCS code:

Manufacturer (e.g., Biomed):

Device name (e.g., Lexus anterior cervical plate):

Description of device:

Posterior instrumentation

CPT/HCPCS code:

Manufacturer (e.g., Alphatec Spine):

Device name (e.g., MIS posterior fixation system):

Description of device:

Cage/Spacer

CPT/HCPCS code:

Manufacturer (e.g., Aesculap):

Device name (e.g., T-Space PEEK):

Description of device:

Does the cage contain plates and screws? Yes No

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Section 4 (continued): Provide the following information for prosthetic intervertebral discs, instrumentation and bone grafts

Bone grafts (allografts). Provide a detailed description, including the manufacturer and name of implant.

Refer to CPB #411.

CPT/HCPCS code(s):

Manufacturer (e.g., Allosource):

Implant name(s) (e.g., Allofuse):

Description of implant(s):

If a cadaver graft is being used, is it a 100% bone material? Yes No

Does the graft material include stem cells or materials other than bone? Yes No

Prosthetic intervertebral discs. Refer to CPB # 591.

CPT/HCPCS code:

Manufacturer (e.g., Synthes):

Device name (e.g., ProDisc C Total Disc Replacement):

Description of device:

Section 5: Provide the following information for assistant/co-surgeon, if applicable

Assistant/co-surgeon name and NPI:

CPT codes requested:

Section 6: Provide the following documentation for your request

Medical records related to the member's condition for which treatment is proposed, including the following:

- Documentation of all clinical findings
- Detailed neurological/orthopedic examination
- Conservative therapy, including type, duration and outcome
- Physical therapy notes, including duration and outcome
- Current plan of care
- All radiological and imaging reports (myelogram, CT, MRI, spinal X-rays)

Section 7: Preparing for Surgery

Member confirms there is a plan in place to address post-op needs (meals, sleep area, bathroom, first floor set-up, etc.)?

Yes No

Is there a need for a home safety evaluation prior to surgery (to assess for rugs, living environment, the hallways can safely be navigated, etc.)? Yes No

If needed, your office will order all post-operative durable medical equipment (cane, walker, crutches, shower seat, bedside commode, braces, etc.)? Yes No

Your office will schedule post-op appointments prior to surgery? Yes No

Member has transportation to and from the facility in addition to transportation for all follow-up appointments?

Yes No

The member has a means to fill any prescriptions post operatively? Yes No

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Section 8: Read this important information

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.

Section 9: Sign the form

Just remember: You can't use this form to initiate a precertification request. To initiate a request, you have to submit your request electronically. Or you can call our Precertification Department.

Signature of treating doctor or other qualified healthcare provider:

Date: / /

Contact name of office personnel to call with questions:

Telephone number: 1- - -