

**Total Ankle Arthroplasty
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)**



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)

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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 #645: Total Ankle Arthroplasty**, 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))

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Section 1: Provide the following general information	
Typed responses are preferred. If the responses cannot be typed, they should be printed clearly	
Member name:	
Member ID:	Member date of birth:
Member phone number:	
Reference number (required)	
If you do not have a reference number, DO NOT use this form. Please submit your request electronically through Availity at www.availity.com or call 888-632-3862 (TTY: 711) or 1-800-624-0756 (TTY: 711) to initiate precertification.	
Requesting provider name:	Requesting provider NPI:
Requesting provider phone number: 1- - -	
Requesting provider fax number: 1- - -	
Physician status: <input type="checkbox"/> Participating <input type="checkbox"/> Non-participating	
Section 2: Provide the following general information	
Facility name:	
Facility fax number: 1-	Facility status: <input type="checkbox"/> Participating <input type="checkbox"/> Non-participating
Assistant/Co-surgeon name and TIN (if applicable):	
Date of procedure: / /	

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Fax to: Precertification Department	Fax number: 1-833-596-0339
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Member name:

Member ID:	Reference Number:
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Section 3: Provide the following patient specific information

Why is a total ankle arthroplasty being performed?

Select all that apply:

- Total ankle arthroplasty (TAA) is being used to replace an arthritic or severely degenerated ankle
- Patient is skeletally mature
- Patient has moderate or severe pain with loss of ankle mobility and function
- Imaging is consistent with severe arthritis/degeneration of the ankle due to osteoarthritis (degenerative arthritis), post traumatic arthritis or inflammatory arthritis
- Patient has failed at least 6 months of conservative management including:
 - Physical therapy
 - Non-steroidal anti-inflammatory drugs
 - Orthoses as indicated

Does the patient have a failed total ankle prosthesis?

Yes No

<p>Does the member have any of the following contraindications?</p> <p>Select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Absence of the medial or lateral malleolus <input type="checkbox"/> Active or prior deep infection in the ankle joint or adjacent bones <input type="checkbox"/> Avascular necrosis of the talus <input type="checkbox"/> Charcot joint <input type="checkbox"/> Hindfoot or forefoot mal-alignment precluding plantigrade foot <input type="checkbox"/> Insufficient bone or musculature such that proper component positioning or alignment is not possible <input type="checkbox"/> Insufficient ligament support that cannot be repaired with soft tissue stabilization <input type="checkbox"/> Lower extremity vascular insufficiency <input type="checkbox"/> Neuromuscular disease resulting in lack of normal muscle function about the affected ankle <input type="checkbox"/> Peripheral neuropathy (may lead to Charcot joint of the affected ankle) 	<ul style="list-style-type: none"> <input type="checkbox"/> Poor skin and soft tissue quality about the surgical site <input type="checkbox"/> Prior arthrodesis (fusion) at the ankle joint <input type="checkbox"/> Prior surgery or injury that has adversely affected ankle bone quality <input type="checkbox"/> Psychiatric problems that hinder adequate cooperation during peri - operative period <input type="checkbox"/> Severe anatomic deformity in adjacent ankle structures, including hindfoot, forefoot and knee joint <input type="checkbox"/> Severe ankle deformity (e.g., severe varus or valgus deformity) that would not normally be eligible for ankle arthroplasty <input type="checkbox"/> Severe osteoporosis, osteopenia or other conditions resulting in poor bone quality, as this may result in inadequate bony fixation <input type="checkbox"/> Significant mal-alignment of the knee joint
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Fax to: Precertification Department	Fax number: 1-833-596-0339
Member name:	
Member ID:	Reference Number:
Section 4: Provide the following information for implant	
Implantation: Provide a detailed description, including the manufacturer and name of implant. Refer to CPB #645.	
CPT/HCPCS code: Manufacturer (e.g., Depuy): Device name (e.g., Agility LP Total Ankle):	
Section 5: Provide the following documentation for your request	
<ul style="list-style-type: none"> Current history and physical Description of proposed treatment Lab/pathology and radiology reports (X-rays, MRI, CT), if applicable Supporting medical records documenting clinical findings, conservative management with outcome and current plan of care 	
Section 6: 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 7: Sign the form	
Just remember: You can't use this form to initiate a precertification request. To initiate a request, you may submit your request electronically or call our Precertification Department.	
Signature of person completing form:	
Date: / /	
Contact name of office personnel to call with questions:	
Telephone number: 1- - -	