ORGD
Standard Organization Determination
Information Request Form

Applies to:

Aetna plans

Innovation Health® plans

Health benefits and health insurance plans offered and/or underwritten by:

Allina Health and Aetna Health Insurance Company (Allina Health | Aetna)

About this form

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

Once completed, this form contains confidential information. Only the individual or entity it's addressed to can use it. If you're not the intended recipient, or the employee or agent responsible for delivering the form to the intended recipient, you can't disseminate, distribute or copy the completed form. If you received the completed form in error, call us at **1-800-624-0756**

How to fill out this form: *This form is to be used for Aetna Medicare Advantage plans ONLY*

As the patient's attending physician, you must complete Sections 2 through 6 of the form.

When you're done

Once you've filled out the form, submit it **and** all requested medical documentation to our Predetermination Department by:

- We prefer you submit predetermination 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.
- Send your information via confidential fax to: Predetermination: 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.
- To expedite requests, submit the request electronically (EDI) or call us at **1-800-624-0756.**

What happens next?

We will perform a clinical review once we receive the requested documentation. Then we'll make a coverage determination and let you know our decision.

How we make coverage determinations

We use CMS benefit policies, including national coverage determinations (NCD) and local coverage determinations (LCD) when available, to make our coverage determinations. If there is not an available NCD or LCD to review, then the applicable Clinical Policy Bulletin will be used as a resource in decision making.

You can find the Clinical Policy Bulletins by visiting the website on the back of the member's ID card.

Fax to: Predetermination Department	
Section 1: To be completed by the Predetermination Department	
Member name:	
Member ID:	**Member date of birth:**
Reference Number:	
Requesting provider/facility name:	
Requesting provider/facility NPI:	
Requesting provider/facility phone number: 1- - -	
Requesting provider/facility fax number: 1- - -	
This is not an approval. Your request may require clinical review and a decision is pending. We'll contact your office/facility once we make a coverage determination.	
Section 2: Provide the following general information	
Date of procedure: / /	
Diagnosis code(s):	
CPT/HCPCS codes, with descriptions, which best describe the service(s) you'll provide. (For drugs/injectables, include any administration codes.)	

Fax to: Predetermination Department	
Member name:	
Member ID:	**Reference Number:**

Section 3: Provide the following patient-specific information (if applicable for the request)

The patient's symptoms ☐ N/A

A description of your clinical findings for this patient ☐ N/A

Any conservative management, with outcome, related to this patient's condition ☐ N/A

The anticipated outcome of the proposed treatment ☐ N/A

Any additional details to be considered for this request ☐ N/A

Section 4: Provide the following documentation for your request

- Current history and physical
- Office notes related to the member's condition for which treatment is proposed
- Description of proposed treatment
- Lab/pathology and x-ray reports, if applicable
- For DME:
  - Product description(s)
  - Detailed usage instructions
- For potential experimental/investigational procedures:
  - FDA or applicable medical society position
  - Published medical literature to support the procedure or item's use in the treatment of the member's diagnosis
- For cosmetic procedures:
  - Photographic documentation or patient's condition, if applicable

Section 5: 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.

Fax to: Predetermination Department	
Member name:	
Member ID:	**Reference Number:**
Section 6: Sign the form	
Signature of person completing form:	
Date: / /	
Contact name of office personnel to call with questions: **Telephone number: 1- - -**	