

JULY 2024

Assistant at Cataract Review: Medicare Authorization Request

Medicare will not pay for an assistant at cataract-related procedures unless the Quality Improvement Organization (QIO) has approved the use of an assistant due to complicating medical factors. Acentra Health is the Beneficiary and Family Centered Care (BFCC) QIO for your Region.

	Region 1 CT, MA, ME, NH, RI, VT	Region 4 AL, FL, GA, KY, MS, NC, SC, TN	Region 6 AR, LA, NM, OK, TX	Region 8 CO, MT, ND, SD, UT, WY	Region 10 AK, ID, OR, WA
Toll-free Telephone	888-319-8452	888-317-0751	888-315-0636	888-317-0891	888-305-6759
Local Telephone	813-280-8256	813-280-8256	813-280-8256	813-280-8256	813-280-8256

Toll-free Fax: Visit www.acentraqio.com/contactus

Mailing Address: 5201 West Kennedy Blvd., Suite 900, Tampa, FL 33609

Beneficiary's name:

HIC#:

Surgeon's name:

Office phone: Assistant's

name:

If another assistant is substituted, Acentra Health must be notified by phone within 24 hours.

For scheduled procedures:

Please submit this authorization request at least 1 week prior to the scheduled procedure.

Date of scheduled procedure:

Include the following with this completed form:

1. History and physical
2. Documentation of complicating medical condition requiring an assistant during the cataract procedure.

For emergency procedures:

Please submit this authorization request within 48 hours of the procedure.

Date of emergency procedure:

Include the following with this completed form:

1. History and physical
2. Documentation of complicating medical condition requiring an assistant during the cataract procedure.
3. Documentation of emergency situation that required immediate surgery.