

# Pre-Determination of Medical Benefits



This form will assist you in obtaining a pre-determination as to whether a particular service or supply will be eligible under the Johnson & Johnson Health Care Plan and if it meets the medical necessity guidelines. The processing time will usually be ten working days from the date this form and all necessary documentation are received by Aetna. However, in many instances, you may obtain a pre-determination of medical benefits by calling the Aetna member services phone number printed on the front of your Aetna ID card. Aetna will confirm the pre-determination of medical benefits in writing to you.

Determination of eligibility will be based solely on the information you provide. *If the information on the actual claim differs in any way from the information you submit on this form, appropriate adjustments will be made.*

Payment of benefits is subject to the provisions of the Johnson & Johnson Health Care Plan, including eligibility, medical necessity, coordination of benefits, etc., at the time services are rendered. Aetna will not be able to process your request unless all of the necessary information is provided.

**Instructions:**

If you want to obtain a pre-determination, you should:

- Complete Part I.
- You or your provider should complete Part II. (If additional space is needed, a separate statement may be included.)
- Provide statements of medical necessity from the referring physician and the provider of service.
- Provide descriptive brochures for durable medical equipment and prosthetic devices, where applicable.
- Return this form with any required information to:

**Attn: Johnson & Johnson Clinical Claim Review – U21S – TMMA 0195**  
**Aetna**  
**PO Box 818047**  
**Cleveland, OH 44181-8047**  
**Fax Number: 1-859-455-8650**

**PART I: PATIENT INFORMATION — TO BE COMPLETED BY EMPLOYEE/RETIREE**

Employer Name <b>Johnson &amp; Johnson Family of Companies</b>			
Employee/Retiree Name (Print) First, Middle, Last	Patient Name	Birthdate (MM/DD/YYYY)	Relationship
Mailing Address Street	City	State	ZIP Code
<input type="checkbox"/> I hereby request a pre-determination of services or supplies described below and authorize disclosure of the necessary information to Aetna.			Employee/Retiree Identification Number
Employee/Retiree Signature			Date

**PART II: DESCRIPTION OF SERVICES OR SUPPLIES — TO BE COMPLETED BY THE PROVIDER (OR EMPLOYEE/RETIREE IF DETAILS ARE AVAILABLE)**

Name of the Provider Performing Surgery, Service or Name of Supply Company (Print)		National Provider Identifier	
Service to be Performed: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Physician's Office <input type="checkbox"/> Other			
Provider Address (ZIP Code Required)			Telephone Number
Diagnosis and Procedures, Services or Supplies to be Performed or Provided			
Diagnosis Code (ICD10)	Narrative Description	Approximate Date of Service	
Procedure Code (CPT-4)	Narrative Description	Date of Service	Fee To Be Charged
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Signature of Person Completing This Section(Provider or Employee/Retiree)		Date	Total Fee To Be Charged \$

## MISREPRESENTATION

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Attention Alabama Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**Attention Arkansas, District of Columbia, Rhode Island and West Virginia Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Attention California Residents: For your protection California law requires notice of the following to appear on this form:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Attention Colorado Residents:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Attention Florida Residents:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**Attention Kansas Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may have violated state law.

**Attention Kentucky Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Attention Louisiana Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application is guilty of a crime and may be subject to fines and confinement in prison. **Attention Maine and Tennessee Residents:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**Attention Maryland Residents:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Attention Missouri Residents:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, denial of insurance and civil damages, as determined by a court of law. Any person who knowingly and with intent to injure, defraud or deceive an insurance company may be guilty of fraud as determined by a court of law.

**Attention New Jersey Residents:** Any person who includes any false or misleading information on an application for an insurance policy or knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**Attention North Carolina Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and subjects such person to criminal and civil penalties.

**Attention Ohio Residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Attention Oklahoma Residents:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Attention Oregon Residents:** Any person who with intent to injure, defraud, or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated state law.

**Attention Pennsylvania Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Attention Puerto Rico Residents:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

**Attention Texas Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any intentional misrepresentation of material fact or conceals, for the purpose of misleading, information concerning any fact material thereto may commit a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

**Attention Vermont Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

**Attention Virginia Residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

**Attention Washington Residents:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**Attention New York Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

**Patient Signature:**

**Date:**

**You may want to request a Pre-Determination of Medical Benefits for services and supplies such as:**

- Inpatient or Outpatient Surgery
- Intravenous Therapy  
(for example, for treating Lyme Disease)
- Maternity
- Hospice Care
- Durable Medical Equipment  
(for example, wheelchairs)
- Pre-Admission Testing
- Physical, Speech, or other therapies
- Private Duty Nursing
- Ambulatory Surgical Care
- Home Health Care
- Other ongoing treatments

When you request a pre-determination of medical benefits, or submit an actual claim, several factors are used to determine how benefits would be payable:

**1. Whether the service or supply is Medically Necessary.**

The Johnson & Johnson Health Care Plan pays benefits only for eligible expenses that are determined to be medically necessary. Under the plan, "medically necessary" means a service, confinement or supply provided by a physician for the diagnosis or treatment of a sickness or injury and must be generally accepted by the medical community as appropriate for the condition being treated or diagnosed. The fact that a physician may prescribe, order, recommend, or approve a service or supply does not, in itself, make it medically necessary or make it a covered medical expense under the Johnson & Johnson Health Care Plan.

**2. Whether your physician or other health care provider is an approved provider for the specific service or supply.**

A "physician" is a legally licensed practitioner of the healing arts acting within the scope of his or her license. "Hospital" means a legally operated institution which:

- is approved or licensed by the American Hospital Association,
- provides a broad range of 24-hour a day medical and surgical services under the supervision of a staff of licensed physicians,
- is primarily engaged in providing inpatient medical treatment,
- has organized facilities for surgical and medical diagnosis and treatment, and
- has 24-hour licensed registered nurse (R.N.) service.

The term "hospital" does **not** include any institution (or part of one) that is used primarily as a:

- rest facility, or
- nursing facility or facility for the aged,
- facility for the care or treatment of drug addiction or alcoholism,
- convalescent facility,
- school, or
- facility that furnishes primarily domiciliary or custodial care.

In general, providers do not charge for completing a pre-determination of medical benefits form, claim form, or any form of this nature. However, should your provider charge for completing this form, you are responsible for the cost.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512

(CA HMO customers: PO Box 24030 Fresno, CA 93779),

**1-800-648-7817**, **TTY: 711**,

**Fax: 859-425-3379** (CA HMO customers: **860-262-7705**), **CRCoordinator@aetna.com**.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at

**<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at **1-800-368-1019, 800-537-7697 (TDD)**.

*Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and their affiliates (Aetna).*

**TTY: 711**

English	To access language services at no cost to you, call the number on your ID card.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços lingüísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.