



**Submit via fax or mail to:**

Health Services Advisory Group, Inc.  
Attn: Medicare Beneficiary Protection, Asst. at Cataract Review

5201 W. Kennedy Blvd. #900  
Tampa, FL 33609

Fax: 813-354-0737  
Phone: 866-800-8750

# Assistant at Cataract Review Medicare Authorization Request

Medicare will not pay for an assistant at cataract-related procedures unless its local Quality Improvement Organization (QIO) has approved the use of an assistant due to complicating medical factors. Health Services Advisory Group, Inc. (HSAG) is the Medicare QIO for the state of California. Please see our Web site at [www.hsag.com](http://www.hsag.com) for details.

**To request an authorization, please first notify HSAG by calling 866-800-8750, then submit this completed form and the accompanying documentation via fax or mail.**

Beneficiary's Name: \_\_\_\_\_ HIC#: \_\_\_\_\_

Surgeon's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Assistant's Name: \_\_\_\_\_

*If another assistant is substituted, HSAG must be notified by phone within 24 hours. Call us at 866-800-8750.*

### 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:

History and physical

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:

History and physical

Documentation of complicating medical condition requiring an assistant during the cataract procedure.

Documentation of emergency situation that required immediate surgery.