

Updated August 2023

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. Kepro is the Beneficiary and Family Centered Care (BFCC) QIO for your Region. Please see our website at www.keproqio.com for additional information.

	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
Toll-free Fax	Visit www.keproqio.com/contactus .				
Mailing Address	5700 Lombardo Center Dr. Suite 100 Seven Hills, OH 44131	5201 W. Kennedy Blvd. Suite 900 Tampa, FL 33609	5201 W. Kennedy Blvd. Suite 900 Tampa, FL 33609	5700 Lombardo Center Dr. Suite 100 Seven Hills, OH 44131	5700 Lombardo Center Dr. Suite 100 Seven Hills, OH 44131

Beneficiary's name: _____

HIC#: _____

Surgeon's name: _____

Office phone: _____

Assistant's name: _____

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

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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.
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