

Abdominoplasty

Prior Authorization Request

Date _____

Member information		
Member name (print)	SMID	Date of birth (month/day/year)
Provider information		
Provider name (print)	Telephone number	Fax number
Place of service: <input type="checkbox"/> Ambulatory Surgery Center <input type="checkbox"/> Hospital outpatient <input type="checkbox"/> Hospital inpatient <input type="checkbox"/> Provider's office <input type="checkbox"/> Other _____		
Facility where services will be provided (include address if the provider provides services at more than one practice location)		
Procedure information		
Scheduled date of service (month/day/year)	Requested service/procedure	Procedure code(s)
Diagnosis	Diagnosis code(s)	

Answer all of the following questions.

Is the abdominoplasty being performed:

- Due to trauma or surgery to the anterior wall that resulted in the loss of muscle or fascial integrity Yes No
- Due to congenital abnormalities..... Yes No
- To correct or relieve a structural defect of the abdominal wall..... Yes No

If yes to any of these questions above, please submit medical documentation.

By signing this form, the provider attests that the above information is accurate and documented in the medical record. Security Health Plan may, at its discretion, request medical records to make a final coverage determination.

Provider signature _____ Date _____

Pre-service decisions: Initial review is received and a coverage determination is made within fourteen (14) calendar days of receipt of request. The member and/or provider are notified in writing of a denial decision within fourteen (14) calendar days of receipt of the request.

Urgent pre-service decisions: Initial review is received and a coverage determination is made within seventy-two (72) hours of receipt of request.

<p>Mail or fax form to: Security Health Plan Health Services Department PO Box 8000 Marshfield, WI 54449-8000 Fax 715-221-6616</p>	<p>Marshfield Clinic providers route to: Health Services Department Routing location, SHP</p>
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If you have any questions, please contact Customer Service at 1.800.472.2363.