

## Rhinoplasty

### 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)		
Contact person name (print)	Telephone number	Fax number
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 this for a rhinoplasty .....  Yes  No

Is this to correct chronic non-septal nasal airway obstruction from vestibular stenosis due to trauma, disease, or congenital defect .....  Yes  No

If due to trauma, date (month/day/year) of trauma \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Does the member have any of the signs/symptoms/treatments:

- Prolonged, persistent obstructed nasal breathing .....  Yes  No
- Physical examination confirming moderate to severe vestibular obstruction .....  Yes  No
- Airway obstruction will not respond to septoplasty and turbinectomy alone .....  Yes  No
- Nasal airway obstruction is causing significant symptoms (e.g. chronic rhinosinusiti) .....  Yes  No
- Nasal airway obstruction is causing difficulty breathing .....  Yes  No
- Obstructive symptoms persist despite conservative management for 4 weeks .....  Yes  No
- Obstructive symptoms persist greater than 4 weeks, which includes where appropriate, nasal steroids or immunotherapy .....  Yes  No
- There is significant obstruction on one or both nares, documented by nasal endoscopy, computed tomography (CT) scan or other appropriate imaging modality .....  Yes  No

For nasal airway obstruction, is this being performed as an integral part of a medically necessary septoplasty .....  Yes  No

- Is there gross nasal obstruction.....  Yes  No
- Is this on the same side as the septal deviation.....  Yes  No

Is the procedure for congenital anomalies.....  Yes  No

Is the procedure for Pierre Robin.....  Yes  No

Is the procedure for Apert syndrome.....  Yes  No

Is the procedure for Fraser syndrome.....  Yes  No

Is the procedure for Binder syndrome.....  Yes  No

Is the procedure for Goldenhar syndrome.....  Yes  No

Is the procedure for nasal dermoids.....  Yes  No

Is the procedure for Tessier nasal cleft or associated with a cleft lip or cleft palate.....  Yes  No

**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.

**Mail or fax form to:** Security Health Plan  
Health Services Department  
PO Box 8000  
Marshfield, WI 54449-8000  
Fax 715-221-6616

**Marshfield Clinic providers route to:**  
Health Services Department  
Routing location, SHP

**If you have any questions, please contact Customer Service at 1-800-548-1224.**