Common Ground Healthcare Cooperative
PO Box 1630
Brookfield, WI 53008-1630
T: 877.825.9293 | F: 715.221.9749

Breast Reconstruction

Prior Authorization Request

Date _____

I

Member information		
Member name (print)	SMID	Date of birth (month/day/year)
Provider information		
Provider name (print)	Telephone number	Fax number
Place of service: ☐ Ambulatory Surgery Center ☐ Hospital outpatient ☐ Hospital inpatient ☐ Provider's office ☐ 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.

Member has a history of mastectomy or lumpectomy ..... ☐ Yes ☐ No

Member has a ruptured implant(s) post augmentation without mastectomy ..... ☐ Yes ☐ No

Member is experiencing pain symptoms ..... ☐ Yes ☐ No

Will autologous fat grafting be used during surgery ..... ☐ Yes ☐ No

Member will have mastectomy or lumpectomy ..... ☐ Yes ☐ No

What donor sites will autologous fat injection or transfer come from _____

_____

Will acellular demal matrices be used during surgery (supporting documentation for use of graft must be submitted)..... ☐ Yes ☐ No

If yes, what type:

☐ Alloderm ☐ Alloderm-RTU ☐ DermaMatrix ☐ FlexHD ☐ Strattice ☐ Other

Does member have Poland syndrome..... ☐ Yes ☐ No

By signing this form, the provider attests that the above information is accurate and documented in the medical record. CGHC 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:

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If you have any questions, please contact Customer Service at 1.877.514.2442.