



HEALTHCARE COOPERATIVE

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

Panniculectomy

Prior Authorization Request

Date _____

Form with sections: Member information, Provider information, Procedure information. Includes fields for member name, SMID, date of birth, provider name, telephone number, fax number, place of service, scheduled date of service, requested service/procedure, procedure code(s), diagnosis, and diagnosis code(s).

Answer all of the following questions.

Does the member's medical record contain documentation of recurrent rashes, dermatitis with skin ulceration and caused by the pannus that has not responded to conventional treatment for a period of 3 months? ... Yes No

If yes, submit medical record documentation supporting the above.

There is a presence of significant functional deficit that prohibits or profoundly impairs the ability to perform activities of daily living due to a significant physical deformity or disfigurement resulting from excess skin folds, and surgery is expected to restore or greatly improve the functional deficit. ... Yes No

Is the panniculectomy being performed as a secondary procedure to allow the primary surgical procedure to be performed and/or be successful (e.g. removal of the pannus for an incisional hernia repair) ... Yes No

If yes, submit medical record documentation supporting the above.

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: Common Ground Healthcare Cooperative
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If you have any questions, please contact Customer Service at 1.877.514.2442.