



HEALTHCARE COOPERATIVE

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

Septoplasty

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/fax numbers, place of service, facility address, contact person, scheduled date, requested service, procedure code, diagnosis, and diagnosis code.

Answer all of the following questions.

Is this for a septoplasty Yes No

Does the member have clinical findings of septal deviation or septal spurring..... Yes No

Has the member received maximum medical treatment for symptoms:

- Recurrent episodes of rhinosinusitis needing antibiotics (4 or more per year). A thorough allergy assessment to rule out allergic rhinosinusitis and elimination of rebound nasal congestion from overuse of nasal decongestant spray as a cause of rhinitis must be documented Yes No
• Recurrent epistaxis related to septal deformity after other causes ruled out Yes No
• Chronic rhinosinusitis for more than 12 weeks Yes No
• Nasal airway obstruction caused by septal deviation/deformity that has been poorly responsive to appropriate medical therapy for at least 6 weeks (e.g. intranasal steroids, nasal lavage, oral steroids, etc.)..... Yes No

Is this performed in association with cleft lip/cleft palate repair..... Yes No

Is this required for surgical repair of vestibular stenosis (surgery to repair collapsed internal valves leading to nasal obstruction)..... Yes No

Is this for an extracorporeal septoplasty Yes No

- Is the initial correction of an extremely deviated nasal septum that cannot adequately be corrected with an intranasal approach Yes No

Is there an asymptomatic septal deformity that prevents access to other intranasal areas when such access is required to perform surgical procedures (e.g. ethmoidectomy)..... 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: **Common Ground Healthcare Cooperative**
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If you have any questions, please contact Customer Service at 1.877.514.2442.