



Surgery Prior Authorization Request

For Family Care Partnership Program Members ONLY

Please complete this form and fax along with supporting clinical documentation to: Community Care Utilization Management Fax: 414-384-8272, phone: 262-207-9393, please call UM with any questions.

Incomplete forms or lack of supporting clinical may cause delay in determination or administrative denial for lack of clinical information.

Member Name:	D.O.B:	Medicare ID #:
		Medicaid ID #:
Member Phone:	Member Address:	
Requesting Provider Name/Clinic:		
Address:		
Clinical Contact/Title:	Phone Number:	Fax Number:
Servicing Provider Name/Clinic:		
Tax ID:	NPI #:	
Address:		
Clinical Contract/Title:	Phone Number:	Fax Number:

Request Type	
<input type="checkbox"/> Standard <input type="checkbox"/> Expedited	Expedited is defined as: Care and services that provide the physician indicates or the HMO determines that following the ordinary time frame could jeopardize the member's health or ability to regain maximum function.
Please explain rationale for the urgency:	

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205 Bishops Way, Brookfield, WI 53005 • Phone: 262-207-9393 • Fax: 414-384-8272



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Request Information				
Diagnosis or Symptom Information:				ICD-10:
CPT code:	Description:	Qty/Freq:	Start Date:	End Date:
CPT code:	Description:	Qty/Freq:	Start Date:	End Date:
CPT code:	Description:	Qty/Freq:	Start Date:	End Date:

Please Select One:	
<input type="checkbox"/>	Anticipate Outpatient Service Only.
<input type="checkbox"/>	Anticipate Observation stay for _____ hours.
<input type="checkbox"/>	Anticipate Inpatient Admission for _____ days. Anticipated Date of Admission: Click or tap to enter a date.

This form is ONLY needed for the following codes listed below requiring UM review: Rhinoplasty - 30400, 30401, 30420, 30430, 30435, 30450, 30460, 30462, 30469; Blepharoplasty (eyelid) - 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924; Septoplasty (deviated septum repair) – 30520 and 30465; Cleft lip/palate repair – 42299; TMJ – 20553, 21299, 21499; Shoulder Arthroscopies/surgeries – 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828, 23700, 23929, 29806, 29807; Hip replacement – 27125, 27130, 27132, 27137, 27138, 27275; Knee Arthroscopy/surgeries – 29881, 29877, 29880, 29875, 29876, 29879; Cataract, anterior/posterior segment, extraocular muscles and ocular adnexa – 65710, 65730, 65750, 65755, 65756, 65757, 65770, 65772, 65775, 65778, 65779, 65780, 65781, 65782, 65785, 65800, 65810, 65815, 65820, 65850, 65855, 65860, 65865, 65870, 65875, 65880, 65900, 65920, 65930, 66030, 66130, 66150, 66155, 66160, 66170, 66172, 66174, 66179, 66180, 66183, 66184, 66185, 66225, 66250, 66500, 66505, 66600, 66605, 66625, 66630, 66635, 66680, 66682, 66700, 66710, 66720, 66740, 66761, 66762, 66770, 66820, 66821, 66825, 66830, 66830, 66840, 66850, 66852, 66920, 66930, 66940, 66982, 66983, 66985, 66990, 66999, 67005, 67010, 67015, 67025, 67027, 67030, 67031, 67036, 67039. 67040, 67041, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67113, 67115, 67120, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67225, 67228, 67229, 67250, 67255, 67299, 67311, 67312, 67314, 67316, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 67999, 68399, 68899; Nonspecific procedure codes – 27299, 43499, 49329, 4999, 27599, 29999, 43499, 44799, 49999, 31299, 42699; Pace Makers and defibrillators – 33206, 33207, 33208, 33212, 33213, 33214, 33227, 33228, 33229, 33233; Gender dysphoria related surgeries – 19303, 19304, 19318, 19325, 19350, 21270, 30400, 30410, 30465, 21209, 31599, and 15876.

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