

# TREATMENT AUTHORIZATION REQUEST

## PATIENT OR CLIENT INFORMATION *(For patient use only)*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_ / \_\_\_ / \_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_

## INSURANCE HEALTH PLAN

Insurance Co. \_\_\_\_\_ Subscriber \_\_\_\_\_ DOB \_\_\_ / \_\_\_ / \_\_\_

Policy # \_\_\_\_\_ Group / Plan # \_\_\_\_\_

Insurance Co. Phone (     ) \_\_\_\_\_

Patient / Client Signature \_\_\_\_\_ Date \_\_\_\_\_

*For all questions please contact your insurance provider directly.*

## PROCEDURE INFORMATION & PRODUCT SELECTION *(For doctor use only)*

Procedure Date \_\_\_ / \_\_\_ / \_\_\_

- ICD Code Selection:
- 58514: Cesarean delivery only
  - 58150: Total abdominal hysterectomy (corpus and cervix), with or without removal of tubes, with or without removal of ovary(s)
  - Other: \_\_\_\_\_

- Product Selection:
- Post Op Panty Compression + Incision Care (Open Procedure)
  - Post Op Panty Compression Only (Laparoscopic)

Size:  S/M (2-8)  L/XL (10-16)  1X/2X (18-24)

*When billing Post Op Panty, suggested HCPCS coding is A9999.*

## PROVIDER INFORMATION

Requesting Provider \_\_\_\_\_ Phone Number (     ) \_\_\_\_\_

Address \_\_\_\_\_ NPI # \_\_\_\_\_

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

## ADDITIONAL CLINICAL JUSTIFICATION

Patient has/will have the above surgical procedure and presents with the need to minimize surgical edema and pain for safe and efficient return to function. Recommending Post-Op Panty for incision area edema control and abdominal support during return to function post-operatively.

Goal is improved activity tolerance with return to light ADLs in 4-12 weeks.

Quantity: \_\_\_ Duration: \_\_\_\_\_

*Please send clinical notes and any supporting documentation.*