PRIOR AUTHORIZATION for RHINOPLASTY

For authorization, please complete this form, include patient chart notes to document information and FAX to the PEHP Prior Authorization Department at (801) 366-7449 or mail to: 560 East 200 South Salt Lake City, UT 84102. If you have prior authorization or benefit questions, please call PEHP Customer Service at (801) 366-7555 or toll free at (800) 753-7490.

Section I: PATIENT INFORMATION

Name (Last, First MI):	DOB:	Age:	PEHP ID #:

Section II: PROVIDER INFORMATION

Date Requested:		Service Provider Name:
Service Provider NPI #:	Service Provider Tax ID #:	Service Provider Address:

Contact Person:	Phone: ( )	Facsimile: ( )

Section III: PRE-AUTHORIZATION REQUEST

Nature of Request: *Please check.* ☐ Auth Extension ☐ Pre-Auth ☐ Retro Auth ☐ Urgent	**Requested Date of Service:**	**Place of Service:** *Please check.* ☐ Ambulatory Surgical Center ☐ Inpatient ☐ Office ☐ Outpatient

Facility Name:	**Facility NPI #:**	**Facility Tax ID #:**
Facility Address:	**Facility Phone:** ( )	**Facility Facsimile:** ( )
Primary Diagnosis/ICD-10 Code:	**Secondary Diagnosis/ICD-10 Code:**	

Service (s) Requested: *Please list all requested services/CPT codes regardless of pre-auth requirement.*

Procedure/Service: _____ CPT/HCPCS code: _____

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Procedure/Service: _____ CPT/HCPCS code: _____

QUESTION	YES	NO	COMMENTS/NOTES
1. Are the patient's symptoms related to an accidental injury that occurred within the past five years?	☐	☐	*Please provide date/type of injury.*
2. Is rhinoplasty being performed to correct a nasal deformity secondary to congenital cleft lip and/or palate?	☐	☐	
3. Is rhinoplasty being requested to correct a chronic non-septal nasal airway obstruction from vestibular stenosis (collapsed internal valves) due to trauma, disease, or congenital defect?	☐	☐	
3. a. Does the patient have prolonged, persistent obstructed nasal breathing?	☐	☐	
3. b. Does the physical examination confirm moderate to severe vestibular obstruction?	☐	☐	
3. c. Is nasal airway obstruction causing significant symptoms (e.g., chronic rhinosinusitis, difficulty breathing)?	☐	☐	
3. d. Have obstructive symptoms persisted despite conservative management for 3 months or greater, which includes, where appropriate, nasal steroids or immunotherapy?	☐	☐	
3. e. Do photographs (standard 4-way: anterior posterior, right and left lateral views, and base of nose (also known as worm's eye view confirming vestibular stenosis; this view is from the bottom of nasal septum pointing upwards) demonstrate an external nasal deformity?	☐	☐	*Please submit photographs.*
3. f. Is significant obstruction of one or both nares documented by nasal endoscopy, computed tomography (CT) scan or other appropriate imaging modality.	☐	☐	*Please submit imaging reports.*
3. g. Could airway obstruction be corrected by septoplasty and turbinectomy alone?	☐	☐	

Additional Comments:

Please fax completed form and medical records to 801-366-7449.