Harvard Pilgrim HealthCare

Cholecystectomy
Medicare Advantage Prior Authorization Request Form — Fax: 866-874-0857

ONLY COMPLETED FORMS CAN BE PROCESSED
Harvard Pilgrim reserves the right to request additional clinical information.
Incomplete forms or lack of supporting documentation may delay response time.

Please check the box below only if request meets the definition of "expedited."

☐ Expedited: Medicare defines expedited requests as those where "applying the standard time for making a determination could seriously jeopardize the enrollee's health, life, or ability to regain maximum function."

Member name:	DOB:
Member ID # (Harvard Pilgrim HMO, PPO, POS):	Requesting provider name:
Requesting provider NPI #:	Requesting provider phone #:
Requesting provider Fax #:	Requested setting: ☐ SDC ☐ Other (describe):
Facility name/location:	Facility NPI #:
Planned date of service:	Diagnosis: ICD-10 code:

Click to view *Harvard Pilgrim's Medical Review Criteria for Cholecystectomy Policy.*

Requested Procedure (check all codes that apply)			
☐ 47562 ☐ 47600	☐ 47563 ☐ 47605	☐ 47564 ☐ 47610	☐ 47579

Condition	Criteria (Check all that apply)
Acute Acalculous Cholecystitis	1. Must have all: ☐ Temperature >100.4 F (38.0 C) ☐ Elevated WBC (above normal) ☐ Absence of gallstones or sludge on ultrasound Documented consideration given to percutaneous cholecystostomy tube insertion.

Continued

Condition	Criteria (Check all that apply)
Acute Acalculous Cholecystitis, *continued*	2. Must have one: ☐ Gallbladder wall thickening and pericholecystic fluid on ultrasound ☐ No visualization of gallbladder on HIDA scan 3. Must have one: ☐ Biliary colic or pain in upper abdomen or back ☐ Intolerance of feeding ☐ Nausea or vomiting
Acute Cholecystitis	1. Must have all: ☐ Temperature >100.4 F (38.0 C) ☐ Elevated WBC (above normal) ☐ Biliary colic, or pain in upper abdomen or back ☐ Nausea or vomiting ☐ Right upper quadrant (RUQ) tenderness to manual or sonographic probe palpation 2. Must have one: ☐ Gallstones with gallbladder wall thickening or pericholecystic fluid on ultrasound ***or*** ☐ No visualization of gallbladder on HIDA scan
Acute Biliary Colic	Must have all: ☐ ER visit for acute abdomen refractory to narcotics ☐ US documenting gallstone ☐ RUQ tenderness to palpation (Positive sonographic Murphy's sign)
Biliary Colic	Must have all: ☐ Recurrent pain in upper abdomen or back ☐ Gallstones or sludge on imaging
Biliary Dyskinesia	Must have all: ☐ Recurrent postprandial pain in upper abdomen or back ☐ Absence of gallstones or sludge (by ultrasound) ☐ Gallbladder ejection fraction <35% (by CCK-HIDA scan) or <50% with reproduction of pain by CCK injection
Gallbladder Polyp	Must have one: ☐ Polyp size >10 mm ☐ Growth in size on serial imaging ☐ Sessile polyp
Gallbladder Wall Abnormality	Must have one (please attach imaging results): ☐ Calcified gallbladder wall without metastases (on imaging) ☐ Gallbladder mucosal wall thickening (on ultrasound) without metastases (on imaging) ☐ Suspected cancer of gallbladder
Pancreatitis	Must have any: ☐ Common Bile Duct stones or sludge or enlargement on imaging ☐ Presence of stones or sludge on the gallbladder with documented pancreatitis ☐ Recurrent idopathic pacreatitis

History of Gallstone Ileus ***or*** Suspected Chronic Cholecystitis	History of gallstone Ileus confirmed by CT, plain film of ultrasound ***or*** Must have both: ☐ Recurrent pain in upper abdomen or back ☐ Gallstones or sludge on imaging
Describe previous treatments and outcomes, if applicable.	
I attest that this form has been completed by me or my designee and that all information is true and correct.	MD Name