

**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."

Patient Information	Person Completing Form				
Patient name:	Name:				
HPHC member ID #:	Phone #:				
Date of birth:	Fax #:				
Requesting Provider/Facility	Servicing Provider/Facility				
Last name: _____	Last name: _____				
First name: _____	First name: _____				
Title (NP, PA):	Title (NP, PA):				
HPHC provider ID #:	Address:				
NPI #:					
Service start date: _____	HPHC provider ID # (if known)				
Service end date: _____					
Diagnosis:	Tax ID #:				
ICD-10 code:					
Service type: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Observation <input type="checkbox"/> Other	Number of visits/units requested:				
Service location:	Authorization type:				
Procedure code(s)					
<table border="1" style="width:100%; height:20px;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table>					

Please attach any applicable clinical documentation.

If you have any questions about this process, please contact the Medicare Advantage Provider Service Center at  
**888-609-0692.**

*(Continued)*

Procedure	Criteria
<p><input type="checkbox"/> Hemangioma Treatment</p> <p><input type="checkbox"/> Port Wine Stain Treatment</p> <p>Photographs documenting the size, location and characteristics of the hemangioma or Port Wine stain are required.</p>	<p>Must have one:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Visible above clothing on the face, neck, or ears</li> <li><input type="checkbox"/> Impairs vital structures and treatment is medically necessary to prevent complications</li> <li><input type="checkbox"/> Describe impairment: _____</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> History of recurrent bleeding, ulceration or infection <b>or</b> (Hemangioma only)</li> <li><input type="checkbox"/> Is pedunculated (attached with a narrow, stalk-like base)</li> <li><input type="checkbox"/> Associated with Kasabach-Merritt Syndrome (KMS) <b>or</b> (Port-Wine Stain only)</li> </ul> <p>Involves the vasculature of the eye and central nervous system, and treatment in medically necessary to prevent complications (e.g., glaucoma, retinal detachment, intellectual disability)</p>
<p><b>Scar Revision (Surgical Procedures)</b></p> <p>Photographs documenting the size and location of the scar are required.</p>	<p>Must have one:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Result of a prior mastectomy or lumpectomy procedure</li> <li>Impairs physical function (e.g., movement of a joint)</li> <li><input type="checkbox"/> Is causing significant symptoms (e.g. intense pain, burning, itching) that do not respond to local and or systemic medications (e.g., analgesics, corticosteroids, antibiotics)</li> <li><input type="checkbox"/> History of intermittent and recurrent breakdown that does not respond to physician-supervised local treatment</li> </ul> <p>Dates and response to conservative treatments:</p> <p>_____</p> <p>_____</p>
<p><b>Dermabrasion</b></p>	<p>Must have diagnosis of actinic keratosis as reasonable and medically necessary when documentation confirms <b>all</b> the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Conventional methods (cryotherapy, excision) of removal are impractical (numerous lesions)</li> <li><input type="checkbox"/> Treatment failure of 5-Fluorouracil, Efudex or Imiquimod</li> </ul>

Procedure	Criteria
<p><b>Panniculectomy, and (see next table row)</b></p> <p>Frontal and lateral photographs (taken when the patient is standing erect) are required, and must demonstrate the degree of the pannus and any related skin conditions.</p>	<p>Must have all:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Weight loss of at least 75 lbs, <b>and</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Weight has been stable for at least 6 months following life-style changes, <b>or</b></li> <li><input type="checkbox"/> Weight has been stable for at least 12 months following Bariatric surgery</li> </ul> </li> <li><input type="checkbox"/> Grade 2 or higher (on ASPS scale) occlusive overhanging pannus and <b>any</b> of the following supported by clinical documentation:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> A physical functional impairment that interferes with activities of daily living</li> <li><input type="checkbox"/> Symptomatic intertriginous ulcerations or macerations that do not respond to good personal hygiene and several months of physician-supervised local treatment</li> <li><input type="checkbox"/> Two or more pannus related skin infections within 12 months, that required systemic antibiotics</li> </ul> </li> <li><input type="checkbox"/> The procedure can reasonably be expected to restore functionality and/or resolve associated medical complication</li> </ul>
<p><b>Excision of excess/redundant skin and subcutaneous tissue</b></p> <p>Photographs demonstrating the degree of skin redundancy and related skin conditions required.</p>	<p>Removal of redundant skin (e.g., from thighs, hips, buttocks, and/or arms) is authorized when medical record documentation confirms a member meets <b>all</b> the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Weight loss of at least 75 lbs, <b>and</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Weight has been stable for at least 6 months following life-style changes or medical intervention, <b>or</b></li> <li><input type="checkbox"/> Weight has been stable for at least 12 months following bariatric surgery</li> </ul> </li> <li><input type="checkbox"/> Presence of significant excess/redundant skin or skin folds and any of the following supported by detailed clinical documentation:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> A physical functional impairment that interferes with activities of daily living</li> <li><input type="checkbox"/> Symptomatic intertriginous ulcerations or macerations that do not respond to good personal hygiene and several months of physician-supervised local treatment</li> <li><input type="checkbox"/> Two or more pannus related skin infections within 12 months, that required systemic antibiotics</li> </ul> </li> </ul>