Security Health Plan[SM]

Promises kept, plain and simple.®

1515 North Saint Joseph Avenue
PO Box 8000
Marshfield, WI 54449-8000

1.800.472.2363 | 715.221.9555
TTY: 711

Port Wine Stain/Abnormal Vascular Lesion Treatment

Prior Authorization Request

Date ______________________________

Member information

Member name (print)	SMID	Date of birth (month/day/year)

Provider information

Provider name (print)	Telephone number	Fax number

Place of service: ☐ Ambulatory Surgery Center ☐ Hospital outpatient ☐ Hospital inpatient ☐ Provider's office ☐ Other ______________________________

Facility where services will be provided (include address if the provider provides services at more than one practice location)

Procedure information

Scheduled date of service (month/day/year)	Requested service/procedure	Procedure code(s)

Diagnosis	Diagnosis code(s)	No. of requested sessions

Answer all of the following questions.

The port wine stain/vascular lesion is located on the face and/or neck .... ☐ Yes ☐ No

If no, location of the port wine stain/vascular lesion ______________________________

Is the member over 18 .... ☐ Yes ☐ No

For members over 18 years of age, for lesions located on the face and neck, when there is documented:

- Significant physical functional impairment .... ☐ Yes ☐ No
- Recurrent bleeding .... ☐ Yes ☐ No
- Infection .... ☐ Yes ☐ No
- Ulceration or obstructed vision .... ☐ Yes ☐ No

Hemangiomas of infancy, does the member have:

- Association with Kasabach-Merritt syndrome .... ☐ Yes ☐ No
- Result in a documented functional impairment .... ☐ Yes ☐ No
- Compromising vital structures (e.g. nose, eyes, ears, lips or larynx) .... ☐ Yes ☐ No
- Symptomatic (e.g. bleeding, painful, ulcerated, prior infection, or pedunculated and symptomatic) .... ☐ Yes ☐ No

What is the member's treatment plan:

- Sclerosing therapy .... ☐ Yes ☐ No
- Laser therapy .... ☐ Yes ☐ No
- Surgical excision .... ☐ Yes ☐ No
- Cryosurgery/Cryotherapy .... ☐ Yes ☐ No

831-00057-17 (02/18) © 2014 – 2018 Security Health Plan of Wisconsin, Inc.

- Embolization . . . . ☐ Yes ☐ No
- Radiotherapy . . . . ☐ Yes ☐ No
- Intralesional steroids . . . . ☐ Yes ☐ No

Will this treatment or options be done: ☐ Alone ☐ Combination

Will the member be receiving pulsed dye laser therapy . . . . ☐ Yes ☐ No

- Pyogenic granuloma on the face or neck . . . . ☐ Yes ☐ No
- Symptomatic scrotal hemangiomas and symptomatic cavernous hemangiomas . . . . ☐ Yes ☐ No
- Keloids or other hypertrophic scars which are secondary to an injury or surgical procedure . . . . ☐ Yes ☐ No
- Causes significant pain requiring chronic analgesic . . . . ☐ Yes ☐ No
- Results in significant functional impairment . . . . ☐ Yes ☐ No

Multiple, superficially located glomangiomas in the face and neck,
where surgical excision is not practical . . . . ☐ Yes ☐ No

Will the member have verrucae (warts) treatment . . . . ☐ Yes ☐ No

The member's conventional therapies have been tried and failed:
topical chemotherapy, curettage, elecrtrodesiccation and cryotherapy . . . . ☐ Yes ☐ No

By signing this form, the provider attests that the above information is accurate and documented in the medical record. Security Health Plan may, at its discretion, request medical records to make a final coverage determination.

____ ____________________
Provider signature Date

Pre-service decisions: Initial review is received and a coverage determination is made within fourteen (14) calendar days of receipt of request. The member and/or provider are notified in writing of a denial decision within fourteen (14) calendar days of receipt of the request.

Urgent pre-service decisions: Initial review is received and a coverage determination is made within seventy-two (72) hours of receipt of request.

Mail or fax form to:	Security Health Plan Health Services Department PO Box 8000 Marshfield, WI 54449-8000 Fax 715-221-6616	**Marshfield Clinic providers route to:** Health Services Department Routing location, SHP

If you have any questions, please contact Customer Service at 1-800-548-1224.

 © 2014 – 2018 Security Health Plan of Wisconsin, Inc.