SecurityHealth Plan℠
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

Lung Volume Reduction Surgery

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)		
Contact person name (print)	Telephone number	Fax number

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

Answer all of the following questions.

Does the member have one of these medical conditions:
- Severe emphysema ☐ Yes ☐ No
- Disabling dyspnea ☐ Yes ☐ No
- Evidence of severe air trapping ☐ Yes ☐ No

Is the member 75 years old or less ☐ Yes ☐ No

For a member who has cardiac ejection fraction, is it less than 45% ☐ Yes ☐ No
If yes, what is the ejection fraction ______________________
There is no history of congestive heart failure ☐ Yes ☐ No
There is no history of myocardial infarction within 6 months of consideration for surgery ☐ Yes ☐ No

Does the member have a history and physical examination consistent with emphysema ☐ Yes ☐ No

Has the member not smoked for 4 or more months ☐ Yes ☐ No

Does the member have all of the following on preoperative work-up:
- CT scan evidence of bilateral emphysema ☐ Yes ☐ No
- Forced expiratory volume in 1 second (FEV1) (maximum of pre- and post-bronchodilator values) less than or equal to 45% of predicted and, if aged 70 years or older, FEV1 15% of predicted or more ☐ Yes ☐ No
  If yes, what is the FEV1 results ______________________
- Plasma cotinine less than or equal to 13.7 ng/ml (if not using nicotine products) or carboxyhemoglobin less than or equal to 2.5% (if using nicotine products) ☐ Yes ☐ No
  If yes, what is the plasma cotinine results ______________________
  What is the carboxyhemoglobin results ______________________

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- Post-bronchodilator total lung capacity (TLC) greater than or equal to 100% of the predicted value and residual volume (RV) greater than or equal to 150% of predicted value . . . . . ☐ Yes ☐ No
  - If yes, what is the TLC results ____________________
- Resting partial pressure of carbon dioxide (PaCO2) less than or equal to 60 mm Hg on room air. . . . . ☐ Yes ☐ No
  - If yes, what is the PaCO2 results ____________________
- Resting partial pressure of oxygen (PaO2) 45 mm Hg or greater . . . . . ☐ Yes ☐ No
  - If yes, what is the PaO2 results ____________________
- Six-minute walk test greater than 140 meters. . . . . ☐ Yes ☐ No
  - If yes, what is the result of the six-minute walk ____________________

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.

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