

FORM 5384REG - Page 1 of 2 (Eff. 01/2024)

Pre-authorization Request Form Medical Services
Commercial and Individual members:

Fax: 1-855-207-1209

Administrative Services Only (ASO) members:

Fax: 1-844-679-7763 Mail to: PO Box 1106 Lewiston, ID 83501-1106

SURGICAL SITE OF SERVICE ADDITIONAL INFORMATION FORM

Note: This form must be completed and submitted at the time of preauthorization request submission to ensure timely and accurate processing. If this information is not submitted with the preauthorization request, the site of service may be denied.

Patient Information				
Last Name	First Name		Middle Initial	
Member ID		Date of Birth		
Date(s) of Service		1		
Procedure Codes				
	MEDICAL POLICY CRITERI	IA		
 □ There is no geographically accessible privileges; or □ An ASC's specific guideline regarding the procedure requires discontinuing may preoperative or postoperative inpatient of the individual is using substances or may that may interact with the anticipated and thistory of significant hemodynamic instant procedures; □ Age 17 years and younger; □ The service being performed is in conjunct department and they are being performed and they are being performed. □ American Society of Anesthesiologists (□ Body mass index (BMI) is over 40; □ Bleeding disorder requiring replacements. □ Complex anticoagulation management and transfusion anticipated; □ Sickle cell disease; □ Clinical documentation that cardiovascutally accessed. □ Symptomatic cardiac arrhythmia detectory of cerebrovascular accident. □ History of cerebrovascular accident. □ History of myocardial infarction (MI) □ Implantable cardioverter-defibrillato. □ Implanted pacemaker. □ Mechanical cardiovascular support. □ Peripheral vascular disease (PVD) □ Ongoing evidence of myocardial iscontinuous. 	instead of an ambulatory surgery centrone or more of the following criteria are ry center within 25 miles that can provide ambulatory surgical center that has ble ambulatory surgical center available ambulatory surgical procedure monetoring or treatment; ledications (e.g., cocaine, amphetamin esthetic regimen or lead to withdraware ability during a prior surgical procedure ambulatory and procedure ambulatory surgical center available ambulatory surgical center that has been ambulatory surgical center available a	ter or physician office for surge met: ide the necessary care for the the necessary equipment for e at which the individual's physician ditions prevents the use of ar seizure medication), which near mes, monoamine oxidase inhibital syndrome; e and is considered at risk for equires the use of a hospital commence to a coagulation defect; wing factors: MS) or plain angioplasty within lA) within past 3 months AD] or total artificial heart)	e patient due to the procedure; of the procedur	

	Prolonged surgery (> 3 hours); Advanced liver disease (Model for End-Stage Liver Disease [MELD] So Diabetes, when uncontrolled (HgbA1c>8%) or with recurrent diabetic keepend stage renal disease (ESRD0; Stage 4 or 5 chronic kidney disease; Incompletely treated skin or wound infection; Pregnancy;	etoacidosis (DKA) or severe hypoglycemia;
	Pulmonary risk is increased, including but not limited to: □ Abnormal airway □ Prior difficult intubation □ Active respiratory infection □ Chronic obstructive pulmonary disease (COPD) (FEV1 < 50%) □ Medical conditions that are commonly connected with difficult airway Syndrome, and Epidermolysis Bullosa) □ Poorly controlled asthma (FEV1 < 80% despite medical manageme Moderate to severe sleep apnea (moderate = apnea hypopnea (Alsevere = AHI or RDI >30/hr) □ Dependent on a ventilator or continuous supplemental oxygen. Personal history or family history of complication of anesthesia such a History of any of the following gastrointestinal conditions that would in □ Documented history of achalasia	ent) dI) or respiratory disturbance index (RDI) ≥15 and ≤30 s malignant hyperthermia; crease risk for aspiration:
	 □ Documented history of delayed gastric emptying disorder or gastro History of any of the following neurological diagnoses that would incre □ Active multiple sclerosis □ Myasthenia gravis □ Severe motor disorder (e.g., severe Parkinson's, or other severe not A condition is present that will require the use of restraints; History of total joint infection; Individual is awaiting major organ transplant; Risk of procedure-specific complication; Provider documents a requirement for overnight recovery based on a 	eurological dysfunction)
con	e use of a hospital outpatient department for surgical services instead of sidered not medically necessary when the above criteria are not met. LIST OF INFORMATION.	
	QUIRED INFORMATION: information below must be submitted for review to determine whether p	policy criteria are met. If any of these items are not
• •	mitted, it could impact our review and decision outcome. History and physical/chart notes American Society of Anesthesiologists (ASA) score, as applicable Clinical documentation for specific policy criteria (refer to the Policy Crit requested For specific services requiring prior authorization in addition to the site of	teria) that qualifies the individual for the site of service
	rtify that the criteria has been met to use of a hospital outpatient departr sician's office as defined above.	ment instead of an ambulatory surgery center or
•		
Pro	ovider Signature	Date
Pro	ovider Name (please print)	Office Phone Number
		Fax Number