



Nasal Surgeries Authorization

Refer to the back of the patient's ID card under the heading Prior Authorization for the appropriate contact information.

Purpose of this form

You can use this form to initiate your precertification request. The form will also help you know what supporting documentation is needed for GEHA to review your request.

How to complete the form

We recommend reviewing [GEHA's coverage policy for Surgical treatment of sinus disease](#) and [GEHA's coverage policy for Rhinoplasty and other Nasal surgeries](#) before completing this form. You can find our coverage policies at [Provider resources](#). These will allow you to see the criteria used to determine medical necessity and procedures that are not allowable.

For us to review your request properly and to avoid delay, you must complete all sections of the form and provide the necessary supporting documentation. If you have questions about the form or need help, you can speak with a surgical specialist at 800.821.6136, ext. 3100.

After you have completed the form

Our reviews are completed within 15 days from the time that we receive complete information. Please allow for this time when scheduling the procedure. We are not able to consider a request "urgent" unless waiting the regular time limit for authorization could seriously jeopardize a patient's life, health or ability to regain maximum function.



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Date of request: _____ Anticipated service date: _____
 Patient name: _____ Phone: _____
 Preferred pronouns: _____ (optional)
 ID number: _____ Date of birth: _____
 Member address: _____

Physician: _____
 Tax ID: _____
 Address: _____

 Contact: _____
 Phone: _____ Ext. _____ Fax: _____
 DX: _____ ICD-10 code: _____

List primary CPT/procedure codes: _____
 Please specify for each code if Bilateral or Single: _____

IMPORTANT: In addition to this form, submit:

- History and physical within 12 months from request of authorization,
- Relative office notes to include pre-procedure examination including the extent of the member's symptoms, pathology report and testing reports not already listed,
- For post procedure submissions, include operative and/or procedure reports,
- Pertinent radiological imaging results (i.e., X-ray, CT) including after optimal medical therapy
- Documentation of all tried and failed treatments (include name of medication & dates tried)

Rhinoplasty will require the following as well as information above:

- Color photographs (time and date stamped) that document the external nasal deformity including a standard 4-way view: anterior-posterior, right and left lateral views, and base of nose (this view is from the bottom of nasal septum pointing upwards).
- Relevant history of accidental or surgical trauma, congenital defect, or disease

Submit completed form and supporting documents to:

GEHA
 P.O. Box 21542
 Eagan, MN 55121

Fax: 816.257.3255 or
 Color photos to secure email:
caremanagementsurgery@geha.com

Questions: Call GEHA at 800.821.6136, ext. 3100

All benefit payments are subject to review for any applicable deductibles, coinsurance, maximums, medical necessity and patient eligibility on the date that the service is provided or the supply delivered.