



Abdominoplasty/Panniculectomy/Lipectomy For Abdominal Contouring Authorization Form

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 Abdominoplasty/Panniculectomy/Lipectomy](#) 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.



Abdominoplasty/Panniculectomy/ Lipectomy Authorization

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

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 all proposed CPT/procedure codes: _____

IMPORTANT: In addition to this form, submit:

___ Medical records that demonstrate the current surgical indication and document relevant clinical findings.

___ Legible color photographic evidence demonstrating clinical findings as noted.

___ For post procedure submissions, include operative and/or procedure reports.

___ If the member has a history of prior bariatric surgery, then relevant history including the procedure(s) performed, timing of prior procedure(s), documentation of surgical follow-up and weight trends, etc.

➤ Evidence of significant weight loss (Generally greater than 100 pounds). If the weight loss is secondary to performance of bariatric surgery, additional criteria must also be met including: (PLEASE NOTE:)

○ Weight stability for 6 months

○ A waiting period of 18 months following bariatric surgery before a panniculectomy can be undertaken. (If performed prematurely, there is the potential for a second panniculus to develop once additional weight loss has occurred)

___ What Is the Grade that panniculus hangs below the pubis?

___ Three months of medical treatment?

❖ Documented treatment

❖ Has there been topical antifungals tried?

❖ Topical/and or systemic corticosteroids?

❖ Local or systemic Antibiotics.



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.