

REQUESTED PROCEDURES AND/OR SERVICES

If you need more codes authorized, please attach a separate form.

Diagnosis Code	CPT/ HCPCS Code	# Units/ Visits	DME Purchase Price	Procedure/ Device Description

If hardware and/or implant will be used, please provide brand(s) and model number(s) below:

Anesthesia: Yes No

If yes, specify type: Local Conscious Sedation General

Assistant Surgeon: Yes No **If yes**, assistant surgeon name/NPI:

Surgical Approach: Open Laparoscopic Endoscopic Robotic Other Will a computerized navigation system be used? Yes No N/A

If this request is for PT, OT, or ST, please indicate the number of visits for each type: Rehabilitative visits
Habilitative visits Visits already used

DOCUMENTATION SUBMISSION

Submit completed form with relevant clinical notes and medical necessity information via email as follows:

- For Commercial Plans (Large Employer, Small Employer, Self-Funded, and Individual): **commercialUMintake@imail.org**
- For SelectHealth Community Care (Medicaid/CHIP): **medicaidUMintake@imail.org**
- For SelectHealth Advantage (Medicare): **medicareUMintake@imail.org**

Need other submission options? Call **800-442-5305** for assistance.

