



HEALTHCARE COOPERATIVE

Common Ground Healthcare Cooperative
PO Box 1630
Brookfield, WI 53008-1630
T: 877.825.9293 | F: 414.918.8038

Vagus Nerve Stimulator for Depression

Prior Authorization Request

Date _____

Form with sections: Member information, Provider information, Procedure information. Includes fields for member name, SMID, date of birth, provider name, telephone number, fax number, place of service, facility address, scheduled date, requested service, procedure code, diagnosis, and diagnosis code.

Answer all of the following questions.

For coverage of the vagus nerve stimulator for depression complete the following questions:

- Member has diagnosis of major chronic or recurrent depression ... Yes No
Attempt and failure of 4 medication and/or ECT treatment regimens as prescribed by a physician ... Yes No

For replacement/revision complete the following questions:

- This is a replacement or revision ... Yes No
System is under warranty ... Yes No
System can be repaired ... Yes No

By signing this form, the provider attests that the above information is accurate and documented in the medical record. CGHC 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.

<p>Mail or fax form to: Common Ground Healthcare Cooperative PO Box 1630 Brookfield, WI 53008-1630 T: 877.825.9293 F: 414.918.8038</p>

If you have any questions, please contact Customer Service at 1.877.514.2442.