

Passport by Molina Healthcare

Cosmetic & Reconstructive surgery request form

For Date of Service Change please complete areas marked with** only

Member Name** _____ Member ID** _____ Member DOB _____

Requesting physician / Provider**

Rendering Provider Name _____ Tax ID _____

Phone _____ Fax _____

MD Name	
MD Phone	
MD Fax	

Inpatient Outpatient Observation

Clinical Information

Date of Service**

Procedure:

CPT	Description

Previous Associated Surgeries:



Clinical Summary:

Clinical information and supportive documentation should consist of current physician order, relevant notes supporting the request and recent diagnostics. To determine Medical Necessity, in conjunction with independent professional medical judgment, Passport uses nationally recognized evidence-based guidelines (MCG), third party guidelines, CMS guidelines, state/commonwealth guidelines, guidelines from recognized professional societies, and advice from authoritative review articles and textbooks.

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