



**Phone:** (802) 847-4862 **Fax:** (802) 847-6213  
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**Pre-Approval Form  
Fletcher Allen Preferred and Preferred Plus Plans**

*(Revised: 01/01/2012)*

Primary Care Physician:	Fax:
Phone:	Ordering Provider:
Today's Date:	Phone:
Patient Name:	Fax:
DOB:	Rendering/Ordering Facility:
Member I.D. #	Phone:
Diagnosis:	Fax:
Date of Service:	

**Please indicate reason for this request; and any supporting medical information: ie: labwork, radiology, clinical notes and/or consultation reports, (please attach any pertinent clinical information).**

**Please check  appropriate procedure(s):**

<b>Ancillary</b>		<b>Medical</b>
Speech Therapy	Interleuken-2	Air Medical transport
<b>Diagnostic Testing</b>	Lymex vaccine	Cardiac Rehabilitation
**CT Scan –	Mitoxantrone for MS	Diabetic Foot Care
Cervical	PegIntron	Dialysis (renal or peritoneal)
Lumbar Spine	Pevnar (age over 24 mos)	Enteral therapy
Sacral/Sacrum	Remicade	Hyperbaric O2 (HBO)
	Synagis	Infertility Treatments/Surgical Correction
	<b>Durable Medical Equipment (DME): All cost greater than \$500, including but not limited to:</b>	
Genetic Testing	All Rental DME	Infertility Correction
**MRI –	Continuous Passive Motion Devices	Medical Foods**
Breast	Cranial Prosthetics (Wigs)**	Pain Management Programs
Cardiac	Electrical bone stimulator	Psoriasis treatment/PUVA Lights
Cervical	Electric Wheelchair/scooters	<b>Surgical:</b>
Lumbar	Erectile dysfunction devices	Autologous chondrocyte implantation
Sacral/Sacrum		
**MRS	Foot Orthotics	Breast augmentation/reduction surgery
**Myelograms –	Insulin Pump and supplies	Breast surgery in males
Cervical	Light therapy for seasonal affective disorder	Circumcision**
Lumbar	Lymphedema pumps	Dermabrasion
Full Spine	Orthotic devices (braces)	Laser, port wine stains/rosacea
Neuropsychological Evaluation & Testing	Pressure garments	Rhinoplasty
PET Scans	Prosthetic devices, external, terminal devices	Sclerotherapy
Video EEG Monitoring	Sacral nerve stimulator for urinary incontinence	**Septoplasty
<b>Drug Therapy</b>	ThAIRpy vest/pneumatic devices	**Sinus Surgery/FESS Procedure
Amevive	Vitajet injector	Transplants (Organ/Stem Cell/Bone marrow transplant/corneal)
Belimumab	Wheelchair and accessories	Uvulopalatopharyngoplasty (UPPP)
Botulinum Toxin Treatment	<b>General</b>	Varicose Vein Surgery
Flolan	All Cosmetic or Reconstructive procedures**	
Gamma Globulin (IVIG)	All Experimental/Investigational**	
Genzyme Cerazyme	All inpatient admissions	
GnRH, Lupron, Zolodex	All requests for out of network services	
Growth Hormone Therapy	Home Health/Hospice	
Hemophilia factor	Skilled Nursing Facility Admissions	
Ipilimumab		

\*\*Participating provider and facility is financially liable for failure to obtain Pre-Approval. All other, member is financially liable For non-covered balances.