



Martin Wolfe <martinwolfe@gmail.com>

prior auth - Moh's example

1 message

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Here's a realistic **Prior Authorization Request** example from a dermatology office specifically for **Mohs micrographic surgery** — a common treatment for certain skin cancers.

PRIOR AUTHORIZATION REQUEST FORM – MOHS SURGERY

Provider Name: Dr. Michael Haiken, MD
Practice Name: Haiken Dermatology
NPI: 1234567890
Phone: (555) 123-4567
Fax: (555) 987-6543
Address: 123 SkinCare Blvd, Fort Myers, FL 33907

Patient Information:

Name: Mary Smith
DOB: 06/22/1958
Insurance: UnitedHealthcare – Florida
Member ID: UHC456789012
Group #: 2233445566

Procedure Requested

CPT Code(s):

- 17311 – Mohs micrographic technique, first stage, head/neck/hands/genitalia
- 17312 – Each additional stage
- 12051 – Layered closure (if applicable)

Diagnosis Code (ICD-10):

- C44.311 – Basal cell carcinoma of skin of nose

Proposed Date of Service: August 12, 2025
Procedure Location: Haiken Dermatology In-Office Surgical Suite
Facility NPI: 1234567890

Clinical Justification / Medical Necessity

Patient presents with a **biopsy-confirmed basal cell carcinoma (BCC)** on the left nasal ala. Lesion is approximately 1.1 cm in diameter with ill-defined borders. Due to the location on the central face and risk of cosmetic and functional disfigurement, **Mohs surgery is the recommended approach** for maximal tissue preservation and highest cure rate.

Mohs is indicated based on:

- Location: high-risk anatomic site (H-zone of the face)
- Tumor type: infiltrative BCC

- Size >1cm on face
- History of sun damage and prior nonmelanoma skin cancers

Alternative treatments such as electrodesiccation and curettage or excision would result in greater tissue loss or increased recurrence risk.

Attachments Included:

- Biopsy pathology report
 - Clinical photograph
 - Progress notes
 - Surgical plan
-

Requesting Provider Signature: _____
Date: 07/28/2025

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