

# BENEFIT VERIFICATION AND PRIOR AUTHORIZATION REQUEST FORM



Submit via email at **ImbedBio@WalnutHillMedical.com** or Fax 214-774-0725  
Call 877-359-2608 with any questions.

Request Type

Distributor Name/Account Manager:

Is the patient part of a Clinical Study?  
If yes, what is the name of the study/trial/case series?

## Patient Information

Name	Date of Birth	Procedure Date
Address		Phone
Does patient reside in nursing home? Yes or No.	If yes, has the patient been there for over 100 days? Yes or No.	

## Physician Information

Name	NPI	Tax ID
Practice Name		
Practice Address		
Point of Contact	Phone	Email

## Facility Information

Facility Name	NPI	Tax ID
Facility Address		
Facility Type	Phone	Email
Point of Contact		

## Diagnosis Codes

Primary	Secondary/Other
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## Procedure (CPT) Enter Quantity for All That Apply

Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm;  
**15271** - first 25 sq cm or less wound surface area.      **15272** - each additional 25 sq cm wound surface area, or part thereof.  
**15273** - first 100 sq cm wound surface area, or 1% of body area of infants and children.  
**15274** - each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof.

Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm;  
**15275** - first 25 sq cm or less wound surface area.      **15276** - each additional 25 sq cm wound surface area, or part thereof.  
**15277** - first 100 sq cm wound surface area, or 1% of body area of infants and children.  
**15278** - each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof.

## A2005 - Microlyte matrix, per square centimeter - Enter Quantity for All that Apply

Number of Wounds	Number of Units - 3x3 Square Centimeter Sheet	Number of Units - 4x4 Square Centimeter Sheet
Total Area of Wound	Number of Units - 1.6 Millimeter Disc	Number of Units - 5x5 Square Centimeter Sheet
Dimensions of each wound:	Number of Units - 2x2 Square Centimeter Sheet	Number of Units - 10x10 Square Centimeter Sheet
Length      Width      Depth		

## Prior Authorization Request Checklist

Intake form	Front and back of insurance cards	Patient demographic sheet
Most recent clinical notes		