



1901 Las Vegas Blvd. So.
Suite 101
Las Vegas, Nevada 89104-1309
(702) 892-7313
www.culinaryhealthfund.org

May 29, 2012

Dear Valued Culinary Provider:

The Culinary Health Fund will be implementing new prior authorization guidelines for implantable hormone pellets (CPT code 11980 and HCPCS code S0189) which will take effect June 15, 2012.

Culinary Health Fund considers implantable testosterone pellets (e.g., Testopel pellets) medically necessary as replacement therapy in males with conditions associated with a deficiency or absence of endogenous testosterone, specifically, for any of the following indications, *when there has been a failure or intolerance of patch, gels and injectable testosterone*:

1. Congenital or acquired primary hypogonadism (i.e., testicular failure due to cryptorchidism, bilateral torsion, orchitis, vanishing testes syndrome or orchidectomy); or
2. Congenital or acquired hypogonadotropic hypogonadism (i.e., idiopathic or gonadotropic LHRH deficiency, or pituitary – hypothalamic injury from tumors, trauma or radiation).

As a requirement of this pre approval policy, the attached form must be completed and all requested documentation submitted through Culinary Health Fund's utilization management vendor. **In addition, hormone pellets will be reimbursed at invoice cost plus 10%, so an invoice will need to be attached to any claim submission.**

Requests should be submitted to American Health Holding, Inc. (AHH) via their toll free number (866) 330-2307 or website at www.americanhealthholding.com prior to services being rendered. Please note that failure to obtain prior authorization will result in reimbursement for services being denied.

Thank you in advance for your cooperation in this matter. If you have any questions regarding this notification, please feel free to contact Provider Services at (702) 892-7313.

Sincerely,

Cindy Pearson
Sr. Manager of Healthcare Networks



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Culinary Health Fund Prior Authorization Form – Implantable Hormone Pellets

Member and Physician Information	
Date	
Member Name	
Member ID Number	
Member Age	
Physician Name	
Physician Specialty	
Physician Address	
Physician Telephone	
Physician Fax/E-mail	
Indicate medication requested (i.e. Testopel), include dosing & frequency:	
Please provide diagnosis/physical symptoms being treated	
ICD9/ICD 10 code(s)**	
** ICD9/ICD 10 codes are required to process all requests.**	
Please provide patient's height	
Please provide patient's weight	
Please attach applicable lab work, including total testosterone, free testosterone, LH, FSH, or prolactin. **Lab reports are REQUIRED to process all requests.**	
Previous Medications Used (Please Indicate Dates and Outcome)	
Gel/Topical	
Patch	
Injectable	

For Culinary Health Fund Use Only	
Date Reviewed	
Approved/Denied (circle one) By	
Approval Expiration Date	
Comments	