

SPECIALIST ELIGIBILITY FORM (SEF)

Members of private health insurers are not eligible for benefit payments for surgery or treatment considered to be cosmetic pursuant to the Private Health Insurance Act.

For certain procedures/item numbers (set out on the back of this Form) private health insurers require this Form to be completed and signed by the treating doctor prior to surgery or treatment. For all other procedures/item numbers there is no requirement to complete this Form.

Member Name

Date of Birth *(please enter in format dd/mm/yyyy)*

Name of Private Health Fund

Membership Number

Medical Practitioner Name

Medical Practitioner Provider Number

Specialty

Medical Practitioner Email

Hospital

Proposed Admission Date *(please enter in format dd/mm/yyyy)*

Hospital Admissions Office Email

MBS Codes applicable to Surgery or Treatment

MCRP MBS Codes *(if applicable)*

MCRP MBS Codes Approval Date *(if applicable - dd/mm/yyyy)*

Underlying medical condition/s for which this surgery or treatment is required.

Describe the severity and duration of the signs and symptoms of the medical condition/s affecting the patient.

How will the surgery or treatment address the severity and duration of the signs and symptoms of the medical condition/s?

I HEREBY CERTIFY that the information in this Form is true and accurately reflects my clinical opinion. I believe my colleagues would regard the surgery or treatment as clinically necessary for the appropriate treatment of the patient. I understand that a private health insurer will rely on this information when determining benefits payable for that surgery or treatment

Medical Practitioner Signature

Date *(please enter in format dd/mm/yyyy)*

Please note that audits are periodically undertaken subsequent to surgery or treatment. To this end, a request for supporting documentation may be made to the medical practitioner subsequent to provision of the surgery or treatment.

PATIENT CONSENT

I give permission for my surgeon to provide, prior to the above treatment or procedure, this Form to my private health insurer and to provide, after the above treatment or procedure, any supporting documentation (which may include relevant clinical information such as referral letters, investigations and photographs) to my private health insurer, for the purposes of any audit my private health insurer wishes to undertake.

Patient Signature

Date *(please enter in format dd/mm/yyyy)*

Please return the completed Form to the Hospital Admission Department at least five working days before the surgery or treatment for checking that the member is financial and is otherwise entitled to cover under their policy.

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Procedures / MBS Item numbers that require the Specialist Eligibility Form to be completed.

PROCEDURE	MBS ITEM	ABBREVIATED MBS ITEM DESCRIPTION
Face/Head		
Meloplasty/ Facelift	45647	CONTOUR RESTORATION
	45587	MELOPLASTY
Surgery to the upper or lower eyelid (Blepharoplasty)	45617	UPPER EYELID, REDUCTION OF
	45623	PTOSIS OF EYELID
	45624	PTOSIS OF EYELID – revision
	42590	CANTHOPLASTY
Breast		
Breast reduction (bilateral/ unilateral)	45520	REDUCTION MAMMAPLASTY – with nipple repositioning
	45522	REDUCTION MAMMAPLASTY – without nipple repositioning
	31525	BREAST – not being a service associated with a service to which item 45585 applies
Breast augmentation (bilateral / unilateral)	45524	MAMMAPLASTY,AUGMENTATION – one breast
	45527	MAMMAPLASTY,AUGMENTATION – following mastectomy
Mastopexy (breast lift)	45556	BREAST PTOSIS – unilateral
Revision of breast augmentation	45548	BREAST PROSTHESIS – removal
	45551	BREAST PROSTHESIS – removal with excision of fibrous capsule
	45552	BREAST PROSTHESIS – removal and replacement
	45553	BREAST PROSTHESIS – removal and replacement following complication
	45554	BREAST PROSTHESIS – removal and replacement with formation of a new pocket
	45555	SILICONE BREAST PROSTHESIS – replacement with non-silicone implant
45556	BREAST PTOSIS – unilateral	
Breast Ptosis	45558	BREAST PTOSIS – bilateral
Trunk / Limbs		
Abdominoplasty / Apronectomy / Abdominal lipectomy	30165	LIPECTOMY – not being a service performed within 12 months after the end of a pregnancy
	30168	LIPECTOMY – 1 EXCISION
	30171	LIPECTOMY – 2 OR MORE EXCISIONS
	30174	LIPECTOMY – subumbilical excision
	30177	LIPECTOMY – radical abdominoplasty
Liposuction	45584	LIPOSUCTION
Scar revision		
Scar Revision	45506	SCAR – revision face or neck, not more than 3cm
	45512	SCAR – revision face or neck, more than 3cm
	45515	SCAR – revision other than face or neck, not more than 7cm
	45518	SCAR – revision other than face or neck, more than 7cm
Nose		
Rhinoplasty	45632	RHINOPLASTY – correction of lateral or alar cartilages
	45635	RHINOPLASTY – correction of bony vault only
	45638	RHINOPLASTY,TOTAL – nasal obstruction or post traumatic deformity
	45639	RHINOPLASTY,TOTAL – developmental deformity
	45641	RHINOPLASTY – with graft
	45644	RHINOPLASTY,TOTAL – with autologous graft
45650	RHINOPLASTY – secondary revision	