



Spinal Surgery Prior Authorization Request Form

Instructions: 1. Use this form as the fax cover sheet when requesting Spinal Surgery prior authorization for Healthfirst members.
 2. Please complete and Fax this request form along with all supporting clinical documentation to OrthoNet at 1-844-478-8250.
 3. For assistance in completing this form, please contact OrthoNet toll free at 1-844-504-8091.
 4. Please PRINT, in black ink, one character per box for ALL requested information and completely fill in each circle for selection where applicable.

NOTE: The information transmitted is intended only for the person or entity to which it is addressed and may contain CONFIDENTIAL material. If you receive this material / information in error, please contact the sender and delete or destroy the material/information.

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Fax Date: / / Number of pages faxed :
 (including this cover page)

Healthfirst Member ID Number OR Medicaid Member ID Number

First Name Last Name Date of Birth / /
 Month Day Year

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Provider Name

Street Address

City State ZIP

Telephone Number Ext Fax Number
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Healthfirst Provider ID National Provider Identifier (NPI) Provider Tax ID Number

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Diagnosis Code (ICD-10) Spinal Level(s): Anticipated Date of Service / /
 Month Day Year

Setting:
 Inpatient
 Outpatient
 Office

Please attach to this fax clinical notes including the initial evaluation, all follow-up notes dated within the last 3 months with patient's symptoms, exam findings, all prior conservative management, documentation of surgical plan and related imaging reports dated within the last 12 months.

If surgical plan includes an artificial disc please list product and manufacturer name: _____

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CPT Code: <input type="text"/>	Qty <input type="text"/>	CPT Code: <input type="text"/>	Qty <input type="text"/>	CPT Code: <input type="text"/>	Qty <input type="text"/>	CPT Code: <input type="text"/>	Qty <input type="text"/>
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Requested Facility for Surgery/Procedure(s) (If Applicable)

City State Facility Tax ID Number

For Internal Office Use Only
 OA OS OP

61295

