



Pain Management Prior Authorization Request Form

- Instructions:** 1. Use this form when requesting prior authorization of Pain Management services 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 call OrthoNet provider services toll free at 1-844-504-8091.

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.

PROVIDER INFORMATION:

Fax Date: / /

Number of pages faxed : (including this cover page)

Facility or Provider Name

Street Address

City

State

ZIP

Telephone Number

() -

Fax Number

() -

Healthfirst Provider ID

National Provider Identifier (NPI)

Provider Tax ID Number

Facility NPI Number Individual NPI Number Facility TIN Number Individual TIN Number

PATIENT INFORMATION:

First Name

Last Name

Date of Birth

/ /
 Month Day Year

Healthfirst Member ID Number

Medicaid Member ID Number

OR

Primary Diagnosis Code

1.

Spinal Region(s) which applies: Cervical Thoracic Lumbar Sacral

2. Requested Procedure(s): Epidural Steroid Injection Facet Joint Injection Facet Medial Branch Nerve Block: Local Steroid RFA
- Spinal Cord Stimulator: Trial Implant Pain Pump: Trial (Narcotic - Baclofen - Prialt) Implant (Narcotic - Baclofen - Prialt)

3. Please provide exact Epidural Levels or Facet Joint Levels or exact Medial Branch Nerves to be injected

Site of Injection: Left Right Bilateral

(Must be completed in order to process request)

4. Previous Epidural or Facet Injections(s)? Yes No

If yes, ___% Pain Relief lasted ___ weeks from last (Epidural or Facet injection) performed on Date: _____

CPT Code(s):

Anticipated Date of Service(s)

/ /
 Month Day Year

Requested Facility for Surgery/Procedure(s) (If Applicable)

City

State

Facility Tax ID Number

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Shade Circles Like This -----> Not Like This ----->

