



The Benefits of Better Health

**Pain Management Authorization**

(epidurals, facets, ablations, spinal stimulators, pain pumps)

Date of request: \_\_\_\_\_ Anticipated service date: \_\_\_\_\_

Patient name: \_\_\_\_\_ Phone: \_\_\_\_\_

ID number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Member address: \_\_\_\_\_

Provider name: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

**The clinical information below is mandatory to evaluate medical necessity and should be completed by physician or other clinical staff.**

Place of service:  Hospital inpatient  Hospital outpatient  Surgery center  Office

Is this procedure diagnostic?  Yes  No Is this procedure therapeutic?  Yes  No

Applicable area:  Cervical  Thoracic  Lumbar  Sacral

What levels? \_\_\_\_\_

Is this a pre-service or post-service request?  Pre-service  Post-service

Primary diagnosis: \_\_\_\_\_ ICD-10 codes: \_\_\_\_\_

List all proposed CPT/HCPCS procedure codes – including any anesthesia or sedation\* required for pain management procedures: \_\_\_\_\_

*\*Note: Any anesthesia or sedation submitted within a claim for pain management services but not prior authorized will be subject to review for medical necessity upon GEHA's receipt of the claim.*

Date last procedure was performed: \_\_\_\_\_

Was type of procedure was it?  Epidural  Facet  Radio frequency

What percentage pain relief and for how long? \_\_\_\_\_

What conservative treatments have been tried for the chief complaint/primary diagnosis being treated?

\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT: In addition to this form, submit (1) a complete history and physical, (2) an applicable current/complete clinical note that is legible, (3) a procedure report [if this is a post-procedure request] and (4) all pertinent test results.**

**Fax completed form and supporting documents to OrthoNet at 888.539.3049.**

Questions: Call OrthoNet at 877.304.4399.

Payable benefits are subject to the terms and conditions of the Health Benefit Plan.