



The Benefits of Better Health

Spinal Surgery Authorization Form

Date of request: _____

Patient name: _____ Phone: _____

ID number: _____ Date of birth: _____

Member address: _____

DX: _____ ICD-10 code: _____

Physician: _____

Tax ID: _____

Address: _____

Contact: _____

Phone: _____ Fax: _____

Facility: _____

Tax ID: _____

Address: _____

Surgery information:

Check one: Inpatient Outpatient

Date of surgery: _____ Surgical levels: _____

Will the surgery include ...

- artificial disc? Yes No Unknown
- fusion enhancement products (e.g., BMP)? Yes No Unknown
- hardware/implantables (e.g., cages, spacers)? Yes* No Unknown

*If you checked "Yes" for hardware/implantables, please list device name, brand, and model number (if known): _____

Any implants submitted within a claim for surgical services but not prior authorized will be subject to review for medical necessity upon GEHA's receipt of the claim.



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CPT codes: Circle all that apply.

22100	22532	22812	63012	63101
22101	22533	22818	63015	63102
22102	22534	22819	63016	63103
22103	22548	22830	63017	63295
22110	22551	22840	63035	63300
22112	22552	22841	63042	63301
22114	22554	22842	63043	63302
22116	22556	22843	63044	63303
22206	22558	22844	63047	63304
22207	22585	22845	63048	63305
22208	22590	22846	63050	63306
22210	22595	22847	63051	63307
22212	22600	22848	63057	63308
22214	22610	22849	63066	63700
22216	22612	22850	63075	63702
22220	22614	22851	63076	63704
22222	22630	22852	63078	
22224	22632	22855	63081	0195T
22226	22633	22856	63082	0196T
22318	22634	22857	63085	0274T
22319	22800	22861	63086	0275T
22325	22802	22862	63087	
22326	22804	22864	63088	
22327	22808	22865	63090	
22328	22810	22899	63091	

Other CPT codes not listed above: _____

IMPORTANT: Submit letter of medical necessity, office notes and diagnostic tests (X-ray, MRI, CT, etc.). Fax completed form and supporting documents to OrthoNet at 877.304.4409.

Questions: Call OrthoNet at 877.304.4419.

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